

Ceftazidime-avibactam Activity Tested Against Contemporary (2012) Gram-negative Organisms Causing Bloodstream Infections in United States (USA) Medical Centers

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Abstract

Background: Avibactam is a novel non-β-lactam β-lactamase (BL) inhibitor that inhibits Ambler class A, C, and some D enzymes (eg, ESBL, KPC, and AmpC). The activity of the novel BL inhibitor combination ceftazidime-avibactam (CAZ-AVI) and comparator agents were evaluated against gram-negative bacilli (GNB) isolated from patients with bloodstream infections (BSI).

Methods: 1,462 GNB, including 1,269 Enterobacteriaceae (ENT), were collected from 73 USA hospitals and tested for susceptibility (S) by reference broth microdilution methods in a central monitoring laboratory (JMI Laboratories). ENT strains with an ESBL-phenotype were tested by Check MDR-CT 101 for genes encoding ESBLs, KPC and selected plasmidic AmpC enzymes. CAZ-AVI was tested with AVI at fixed 4 μg/mL.

Results: 99.8% of ENT strains were inhibited at a CAZ-AVI MIC of ≤4 μg/mL (CLSI S breakpoint for CAZ). Only 2 ENT strains had CAZ-AVI MIC at >4 μg/mL: a *Providencia* spp. (8 μg/mL) and an *E. aerogenes* (16 μg/mL). 99.0% (1,256/1,269) of ENT strains were meropenem (MER)-S. CAZ-AVI was very active against ESBL-phenotype *E. coli* (12.7%) and *K. pneumoniae* (KPN; 15.1%), MER-non-S (MIC, ≥2 μg/mL) KPN and CAZ-non-S *E. cloacae* (ECL; see Table 1). All ECL strains were inhibited at CAZ-AVI MIC of ≤1 μg/mL. Among ESBL-phenotype KPN, the highest CAZ-AVI MIC was only 2 μg/mL, whereas 24.4% of strains were MER-resistant (R). Among *P. aeruginosa*, 96.5% of strains were inhibited at a CAZ-AVI MIC of ≤8 μg/mL (CLSI S breakpoint for CAZ), and S rates for MER, CAZ and piperacillin/tazobactam were 79.4, 83.0 and 73.6%, respectively. The most active compounds tested against MER-non-S PSA were colistin (MIC_{50/90}, 1/2 μg/mL; 100.0% S), amikacin (MIC_{50/90}, 4/16 μg/mL; 96.6% S) and CAZ-AVI (MIC_{50/90}, >/>32 μg/mL; 86.2% inhibited at ≤8 μg/mL). CAZ-AVI was also active against *P. mirabilis* (MIC₉₀, 0.06 μg/mL), *K. oxytoca* (MIC₉₀, 0.25 μg/mL), *S. marcescens* (MIC₉₀, 0.5 μg/mL), *E. aerogenes* (MIC₉₀, 0.25 μg/mL), *Citrobacter* spp. (MIC₉₀, 0.5 μg/mL) and *H. influenzae* (MIC₉₀, 0.03 μg/mL).

Conclusions: CAZ-AVI demonstrated potent activity against GNB isolated from patients with BSI in USA hospitals (2012), including organisms R to most currently available agents, such as KPC-producing ENT and MER-non-S PSA.

Introduction

Infections caused by gram-negative bacteria are of great concern. These organisms are very efficient at up-regulating or acquiring antimicrobial resistance genes. Furthermore, they have available to them a wide array of resistance mechanisms, often using multiple mechanisms against the same agent or using a single mechanism to affect multiple antimicrobials. β-lactamase-mediated resistance, in particular, represents a significant clinical threat because of the mobile nature of the genes encoding these enzymes. Inhibition of β-lactamases, thereby allowing the β-lactam to retain target concentrations at the sites of inhibition of penicillin-binding proteins (PBPs), is an important strategy to restore the utility of β-lactam compounds.

Avibactam is a non-β-lactam β-lactamase inhibitor that very effectively inactivates class A, C and some D β-lactamases, with low IC₅₀ (concentration resulting in 50% inhibition) values and low turnover numbers. Therefore, avibactam protects β-lactams from hydrolysis by a variety of enzymes. We evaluated the activity of ceftazidime combined with avibactam against a large collection of contemporary gram-negative clinical isolates recovered from patients with bloodstream infections (BSI).

Methods

Bacterial isolates: A total of 1,462 gram-negative organisms, including 1,269 Enterobacteriaceae, 141 *Pseudomonas aeruginosa*, 27 *Acinetobacter* spp. and 25 *Haemophilus influenzae* were consecutively collected from 73 USA hospitals in 2012. Only clinically significant isolates were included in the study (1 per patient episode). Species identification was confirmed when necessary by Matrix-Assisted Laser Desorption Ionization-Time Of Flight Mass Spectrometry (MALDI-TOF MS) using the Bruker Daltonics MALDI Biotyper (Billerica, Massachusetts, USA) by following manufacturer instructions.

Antimicrobial susceptibility testing: All isolates were susceptibility tested using the reference broth microdilution method as described by the Clinical and Laboratory Standards Institute (CLSI). Ceftazidime-avibactam was tested with avibactam at a fixed concentration of 4 μg/mL. Categorical interpretations for all antimicrobials were those found in M100-S23 (2013) and quality control (QC) was performed using *Escherichia coli* ATCC 25922 and *P. aeruginosa* ATCC 27853. All QC results were within ranges as published in CLSI (M100-S23, 2013) documents.

Screening for β-lactamases: Isolates displaying the CLSI criteria for ESBL phenotype (MIC >1 μg/mL for aztreonam and/or ceftazidime and/or ceftriaxone; M100-S23), as well as any Enterobacteriaceae with ceftazidime-avibactam MIC >4 μg/mL, were tested for β-lactamase-encoding genes using the microarray based assay Check-MDR CT101 kit (Check-Points, Wageningen, Netherlands). The assay was performed according to the manufacturer's instructions. This kit has the capabilities to detect genes encoding CTX-M Groups 1 (referred as CTX-M-15-like), 2, 8+25 and 9 (referred as CTX-M-14-like), TEM wild-type (WT) and ESBL, SHV WT and ESBL, ACC, ACT/MIR, CMYII (which has the ability to detect the majority of the non-intrinsic genes encoding CMY-2-like variants), DHA, FOX, KPC and NDM-1.

Results

Overall, 99.8% of Enterobacteriaceae strains were inhibited at a ceftazidime-avibactam MIC of ≤4 μg/mL (MIC_{50/90}, 0.12/0.25 μg/mL), which is the susceptibility breakpoint established by the CLSI for ceftazidime tested alone (Table 1 and Figure 1). Only 2 Enterobacteriaceae strains had ceftazidime-avibactam MIC values at >4 μg/mL: a *Providencia* spp. (8 μg/mL) and an *Enterobacter aerogenes* (16 μg/mL; Table 1), and none of the tested β-lactamase-encoding genes was detected in these strains

The most active agents tested against Enterobacteriaceae were ceftazidime-avibactam (MIC_{50/90}, 0.12/0.25 μg/mL, 99.8% inhibited at ≤4 μg/mL), meropenem (MIC_{50/90}, ≤0.06/≤0.06 μg/mL, 99.0% susceptible) and tigecycline (MIC_{50/90}, 0.25/1 μg/mL, 98.6% susceptible; Table 2)

Ceftazidime-avibactam was very active against ESBL-phenotype *E. coli* (12.7%; MIC_{50/90}, 0.12/0.5 μg/mL, 100.0% inhibited at ≤2 μg/mL), *Klebsiella pneumoniae* (15.1%; MIC_{50/90}, 0.25/0.5 μg/mL, 100.0% inhibited at ≤2 μg/mL), meropenem-non-susceptible (MIC, ≥2 μg/mL) *K. pneumoniae* (3.7%; MIC_{50/90}, 0.5/2 μg/mL, 100.0% inhibited at ≤2 μg/mL), and ceftazidime-non-susceptible (MIC, ≥8 μg/mL) *E. cloacae* (26.8%; MIC_{50/90}, 0.25/0.5 μg/mL, 100.0% inhibited at ≤1 μg/mL; Table 1)

Among 72 ESBL-phenotype *E. coli* strains tested for β-lactamase-encoding genes, 56 (77.8%) carried *bla*_{CTX-M-15-like} and/or *bla*_{CTX-M-14-like}, 16 (22.2%) harbored *bla*_{CMY}, three (4.2%) strains carried both *bla*_{CTX-M-15-like} and *bla*_{CMY} two (2.8%) strains were positive for *bla*_{SHV} (ESBL) and one (1.4%) strain harbored a *bla*_{TEM} (ESBL; data not shown)

Only 75.6% of ESBL-phenotype *K. pneumoniae* strains were susceptible to meropenem, 55.6% were susceptible to gentamicin and 33.3% were susceptible to levofloxacin. Tigecycline was active against 97.8% of strains at the CLSI S susceptible breakpoint and the highest ceftazidime-avibactam MIC was only 2 μg/mL (Tables 1 and 2)

The most frequent β-lactamase-encoding genes among ESBL-phenotype *K. pneumoniae* were *bla*_{CTX-M-15-like} (25 strains, 55.6%), *bla*_{SHV} (ESBL; 22 strains, 48.9%) and *bla*_{KPC} (11 strains, 24.4%). Furthermore, eight (17.8%) strains carried both *bla*_{CTX-M-15} and *bla*_{SHV}, six (13.3%) strains harbored both *bla*_{SHV} and *bla*_{KPC}, two (4.4%) strains had both *bla*_{CTX-M-15} and *bla*_{KPC} and one (2.2%) strain had *bla*_{CTX-M-15}, *bla*_{SHV} and *bla*_{KPC} (data not shown)

Ceftazidime-avibactam was also active against *Proteus mirabilis* (MIC_{50/90}, 0.03/0.06 μg/mL; highest MIC, 0.12 μg/mL), *K. oxytoca* (MIC_{50/90}, 0.06/0.25 μg/mL; highest MIC, 1 μg/mL), *Serratia marcescens* (MIC_{50/90}, 0.12/0.5 μg/mL; highest MIC, 1 μg/mL), *E. aerogenes* (MIC_{50/90}, 0.12/0.25 μg/mL; 97.6% [40/41] inhibited at ≤0.5 μg/mL) and one strain with ceftazidime-avibactam MIC of 16 μg/mL and *Citrobacter* spp. (MIC_{50/90}, 0.12/0.5 μg/mL; highest MIC of 0.5 μg/mL; Tables 1 and 2)

Against *P. aeruginosa*, the activity of ceftazidime-avibactam (MIC_{50/90}, 2/8 μg/mL; 96.5% inhibited at ≤8 μg/mL) was greater than that of ceftazidime alone (MIC_{50/90}, 2/>32 μg/mL; 83.0% susceptible at ≤8 μg/mL; Tables 1 and 2 and Figure 2). Susceptibility rates for meropenem and piperacillin/tazobactam were 79.4 and 73.6%, respectively

The most active compounds tested against meropenem-non-susceptible *P. aeruginosa* (MIC, ≥4 μg/mL) were colistin (MIC_{50/90}, 1/2 μg/mL; 100.0% susceptible), amikacin (MIC_{50/90}, 4/16 μg/mL; 96.6% susceptible) and ceftazidime-avibactam (MIC_{50/90}, 4/>32 μg/mL; 86.2% inhibited at ≤8 μg/mL; Tables 1 and 2). Furthermore, ceftazidime-avibactam inhibited 79.2% of ceftazidime-non-susceptible *P. aeruginosa* at MICs of ≤8 μg/mL; Table 1)

Ceftazidime-avibactam exhibited modest activity against *Acinetobacter baumannii* with MIC_{50/90} of 16/>32 μg/mL and 33.3% of strains inhibited at ≤8 μg/mL (Table 1)

Ceftazidime-avibactam was very active against *H. influenzae* (MIC_{50/90}, ≤0.015/0.03 μg/mL) with the highest MIC value at 0.25 μg/mL; Table 1).

Figure 1. MIC distributions for ceftazidime-avibactam and ceftazidime when testing 1,269 Enterobacteriaceae isolates from bloodstream infections

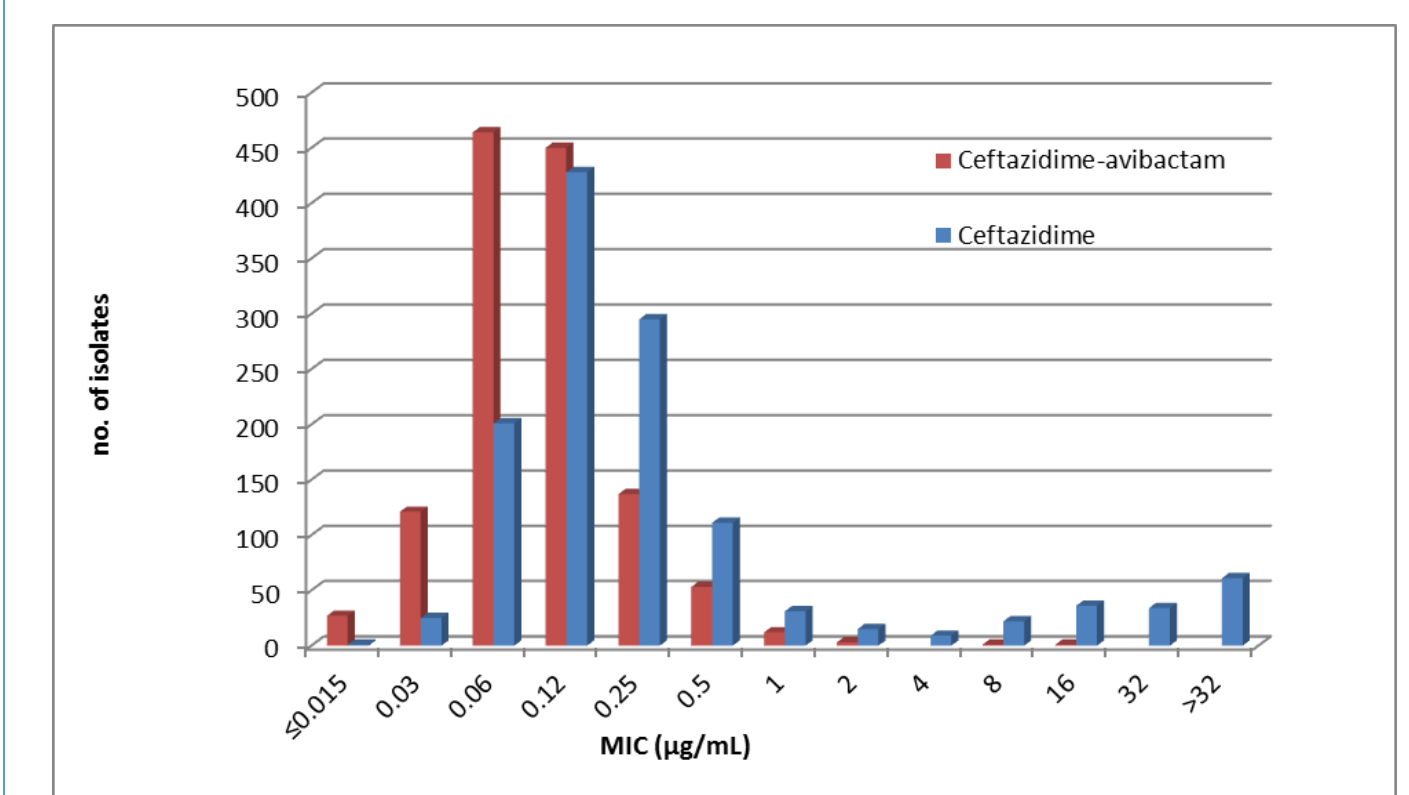


Figure 2. MIC distributions for ceftazidime-avibactam and ceftazidime when testing 141 *P. aeruginosa* isolates from bloodstream infections

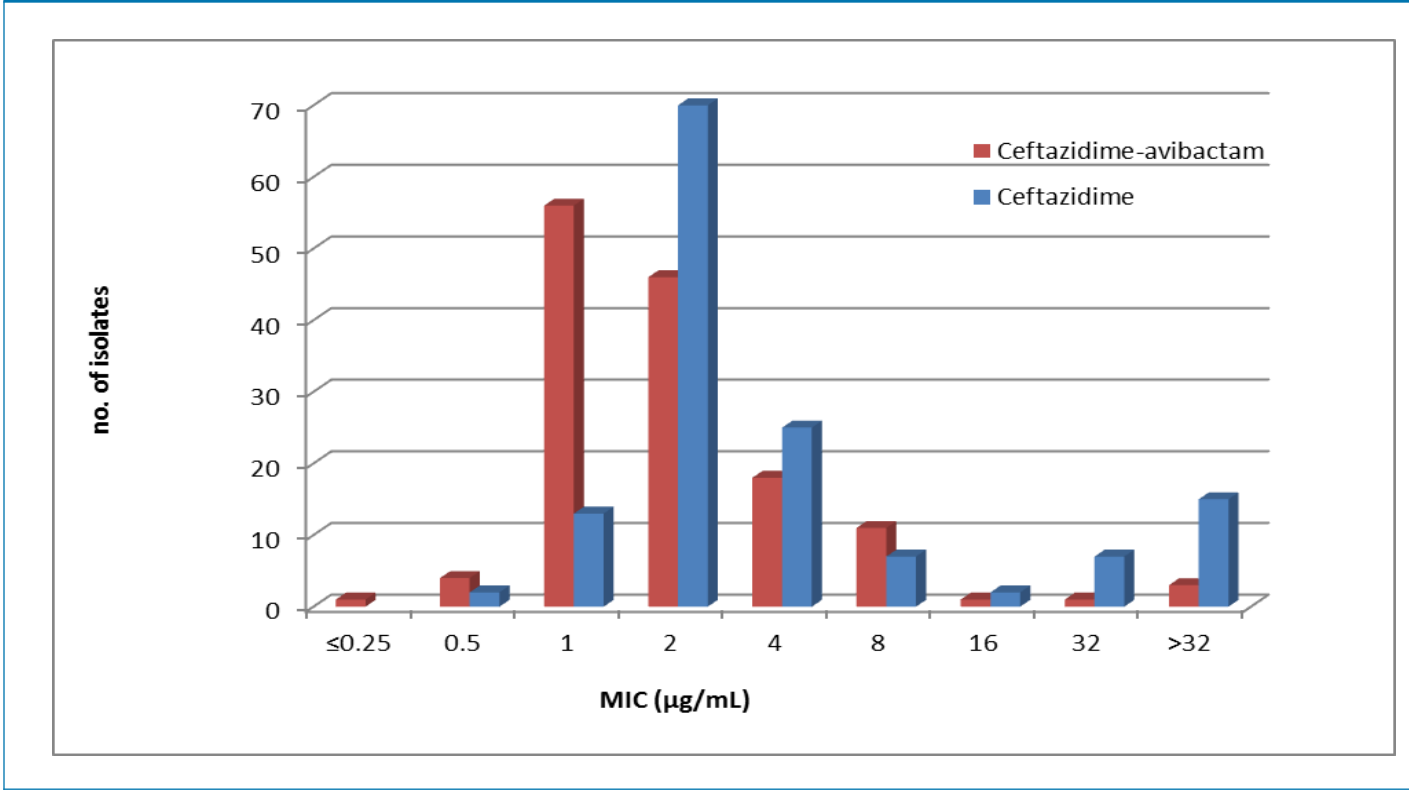


Table 1. Summary of ceftazidime-avibactam activity tested against the organisms causing bloodstream infections in USA medical centers (2012)

Organism/subset (no. tested)	No. of isolates (cumulative %) inhibited at MIC (μg/mL):											MIC ₅₀	MIC ₉₀		
	≤0.015	0.03	0.06	0.12	0.25	0.5	1	2	4	8	16			32	>32
Enterobacteriaceae (1,269)	27 (2.1)	121 (11.7)	464 (48.2)	450 (83.7)	137 (94.5)	53 (98.7)	12 (99.6)	3 (99.8)	0 (99.8)	1 (99.9)	1 (100.0)	--	--	0.12	0.25
<i>E. coli</i> (568)	24 (4.2)	50 (13.0)	249 (56.9)	207 (93.3)	26 (97.9)	6 (99.8)	5 (99.8)	1 (100.0)	--	--	--	--	--	0.06	0.12
ESBL-phenotype (72)	--	2 (2.8)	15 (23.6)	34 (70.8)	10 (84.7)	5 (91.7)	5 (98.6)	1 (100.0)	--	--	--	--	--	0.12	0.5
<i>Klebsiella</i> spp. (353)	1 (0.3)	13 (4.0)	148 (45.9)	121 (80.2)	46 (93.2)	19 (98.6)	3 (99.4)	2 (100.0)	--	--	--	--	--	0.12	0.25
<i>K. pneumoniae</i> (298)	1 (0.3)	8 (3.0)	122 (44.0)	106 (79.5)	38 (93.2)	19 (98.7)	2 (99.3)	2 (100.0)	--	--	--	--	--	0.12	0.25
ESBL-phenotype (45)	--	--	3 (6.7)	11 (31.1)	14 (62.2)	13 (91.1)	2 (95.6)	2 (100.0)	--	--	--	--	--	0.25	0.5
meropenem-non-susc (MIC, ≥2 μg/mL; 11)	--	--	--	--	4 (36.4)	4 (72.7)	1 (81.8)	2 (100.0)	--	--	--	--	--	0.5	2
<i>K. oxytoca</i> (55)	--	5 (9.1)	26 (56.4)	15 (83.6)	8 (98.2)	0 (98.2)	1 (100.0)	--	--	--	--	--	--	0.06	0.25
<i>P. mirabilis</i> (70)	2 (2.9)	36 (54.3)	27 (92.9)	5 (100.0)	--	--	--	--	--	--	--	--	--	0.03	0.06
<i>E. cloacae</i> (109)	--	--	6 (5.5)	5 (55.0)	33 (85.3)	13 (97.2)	3 (100.0)	--	--	--	--	--	--	0.12	0.5
ceftazidime-non-susc (MIC, ≥8 μg/mL; 29)	--	--	1 (3.4)	54 (55.0)	10 (55.2)	11 (83.1)	2 (100.0)	--	--	--	--	--	--	0.25	0.5
<i>E. aerogenes</i> (41)	--	1 (2.4)	7 (19.5)	20 (68.3)	9 (90.2)	3 (97.6)	0 (97.6)	0 (97.6)	0 (97.6)	1 (100.0)	--	--	--	0.12	0.25
<i>M. morgani</i> (23)	--	13 (56.5)	6 (82.6)	3 (95.7)	1 (100.0)	--	--	--	--	--	--	--	--	0.03	0.12
<i>Citrobacter koseri</i> (11)	--	--	5 (45.5)	4 (81.8)	2 (100.0)	--	--	--	--	--	--	--	--	0.12	0.25
<i>C. freundii</i> (14)	--	--	6 (42.9)	4 (71.4)	4 (100.0)	--	--	--	--	--	--	--	--	0.25	0.5
<i>S. marcescens</i> (55)	--	--	6 (10.9)	28 (61.8)	13 (85.5)	7 (98.2)	1 (100.0)	--	--	--	--	--	--	0.12	0.5
<i>P. vulgaris</i> (5)	--	2 (40.0)	3 (100.0)	--	--	--	--	--	--	--	--	--	--	0.06	--
<i>Providencia</i> spp. (20)	--	6 (30.0)	7 (65.0)	2 (75.0)	4 (95.0)	0 (95.0)	0 (95.0)	0 (95.0)	1 (100.0)	--	--	--	--	0.06	0.25
<i>P. aeruginosa</i> (141)	--	--	--	--	1 (0.7)	4 (3.5)	56 (43.3)	46 (75.9)	18 (88.7)	11 (96.5)	1 (97.2)	1 (97.9)	3 (100.0)	2	8
meropenem-non-susc (MIC, ≥4 μg/mL; 29)	--	--	--	--	--	1 (3.4)	4 (17.2)	13 (62.1)	7 (86.2)	1 (89.7)	0 (89.7)	3 (100.0)	4	>32	
ceftazidime-non-susc (MIC, ≥16 μg/mL; 24)	--	--	--	--	--	--	2 (8.3)	4 (25.0)	4 (41.7)	1 (83.3)	1 (87.5)	3 (100.0)	8	>32	
<i>A. baumannii</i> (27)	--	--	--	--	--	1 (3.7)	2 (11.1)	5 (29.6)	1 (33.3)	8 (63.0)	5 (81.5)	5 (100.0)	16	>32	
<i>H. influenzae</i> (25)	17 (68.0)	6 (92.0)	1 (96.0)	0 (96.0)	1 (100.0)	--	--	--	--	--	--	--	--	≤0.015	0.03

Table 2. Activity of ceftazidime-avibactam and comparator antimicrobial agents tested against gram-negative organisms causing bloodstream infections in USA medical centers (2012)

Organism (no. tested) / Antimicrobial agent	MIC (μg/mL)		%S / %I / %R	CLSP ^a	Organism (no. tested) / Antimicrobial agent	MIC (μg/mL)		%S / %I / %R	CLSP ^a	Organism (no. tested) / Antimicrobial agent	MIC (μg/mL)		%S / %I / %R	CLSP ^a
	50%	90%				50%	90%				50%	90%		
Enterobacteriaceae ^b (1,269)	0.12	0.25	(99.8) ^c		meropenem-non-susceptible (MIC, ≥2 μg/mL; 11)	0.5	2	(100.0) ^c		<i>Proteus mirabilis</i> (70)	0.03	0.06	(100.0) ^c	
Ceftazidime-avibactam	0.12	16	87.9 / 1.8 / 10.3		Ceftazidime-avibactam	0.5	2	(100.0) ^c		Ceftazidime-avibactam	0.03	0.06	(100.0) ^c	
Ceftazidime	0.12	16	87.9 / 1.8 / 10.3		Ceftazidime	>32	>32	0.0 / 0.0 / 100.0		Ceftazidime	0.06	0.12	98.6 / 1.4 / 0.0	
Ceftriaxone	≤0.06	>8	85.2 / 0.7 / 14.1		Ceftriaxone	>8	>8	0.0 / 0.0 / 100.0		Ceftriaxone	≤0.06	≤0.06	94.3 / 1.4 / 4.3	
Piperacillin/tazobactam	2	16	91.9 / 3.3 / 4.8		Piperacillin/tazobactam	>64	>64	0.0 / 0.0 / 100.0		Piperacillin/tazobactam	≤0.5	1	100.0 / 0.0 / 0.0	
Meropenem	≤0.06	≤0.06	99.0 / 0.1 / 0.9		Meropenem	>8	>8	0.0 / 0.0 / 100.0		Meropenem	≤0.06	0.12	100.0 / 0.0 / 0.0	
Levofloxacin	≤0.12	>4	80.3 / 1.2 / 18.5		Levofloxacin	>4	>4	16.2 / 0.0 / 81.8		Levofloxacin	≤0.12	>4	65.7 / 7.2 / 27.1	
Gentamicin	≤1	8	89.7 / 0.8 / 9.5		Gentamicin	4	>8	54.5 / 9.1 / 36.4		Gentamicin	≤1	>8	84.3 / 2.8 / 12.9	
Tigecycline ^d	0.25	1	98.6 / 1.4 / 0.0		Tigecycline ^d	0.5	2	100.0 / 0.0 / 0.0		Tigecycline ^d	2	4	87.1 / 12.9 / 0.0	
<i>Escherichia coli</i> (568)	0.06	0.12	(100.0) ^c		<i>Klebsiella oxytoca</i> (55)	0.05	0.25	(100.0) ^c		<i>Serratia marcescens</i> (55)	0.12	0.5	(100.0) ^c	
Ceftazidime-avibactam	0.12	4	90.3 / 1.4 / 8.3		Ceftazidime-avibactam	0.12	0.5	98.2 / 0.0 / 1.8		Ceftazidime-avibactam	0.25	0.5	100.0 / 0.0 / 0.0	
Ceftazidime	0.12	4	90.3 / 1.4 / 8.3		Ceftazidime	0.12	0.5	98.2 / 0.0 / 1.8		Ceftazidime	0.25	0.5	100.0 / 0.0 / 0.0	
Ceftriaxone	≤0.06	>8	87.9 / 0.0 / 12.1		Ceftriaxone	≤0.06	0.25	92.7 / 0.0 / 7.3		Ceftriaxone	0.25	1	90.9 / 0.0 / 9.1	
Piperacillin/tazobactam	2	8	94.5 / 1.8 / 3.7		Piperacillin/tazobactam	2	8	94.5						