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# **BSAC surveillance of Gram-negative bacteria:**

*... a review of non-susceptibility*

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# Disclosures



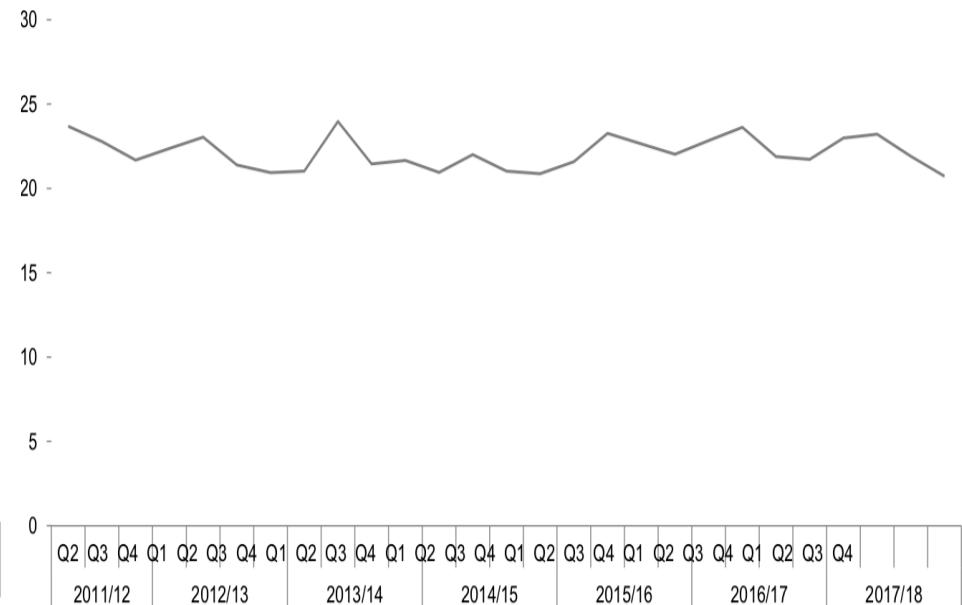
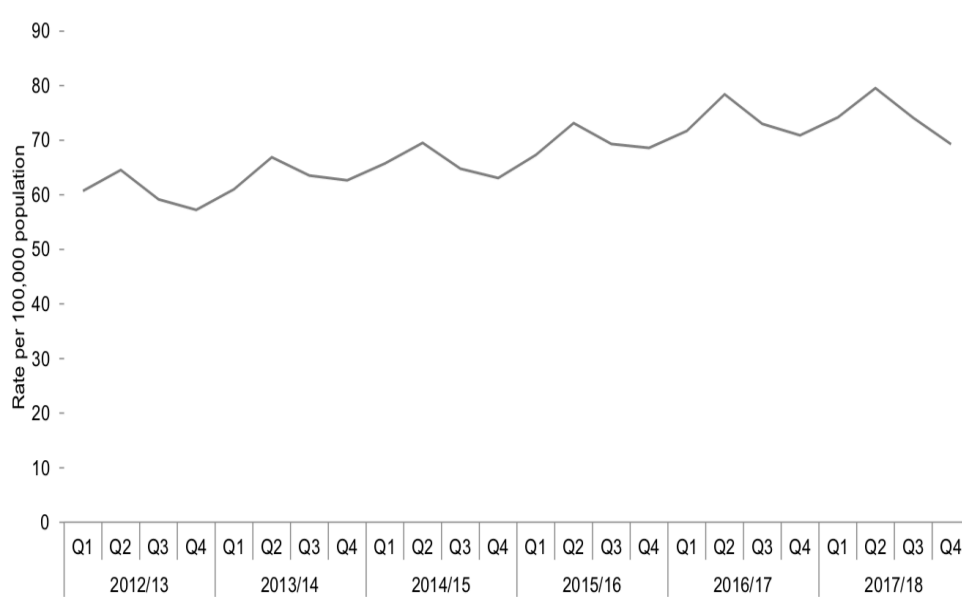
Consult / advisory – Accelerate. Achaogen. Adenium. Allegra.

Credit for the work presented is due to Shazad Mushtaq,  
Aiysha Chaudhry , Rachael Adkin & Team at PHE

Blame for the presentation is due to me

Pfizer, I.A.Z, comprising <10% of portfolio value

# Incidence of *E. coli* bacteraemia, England; mandatory surveillance

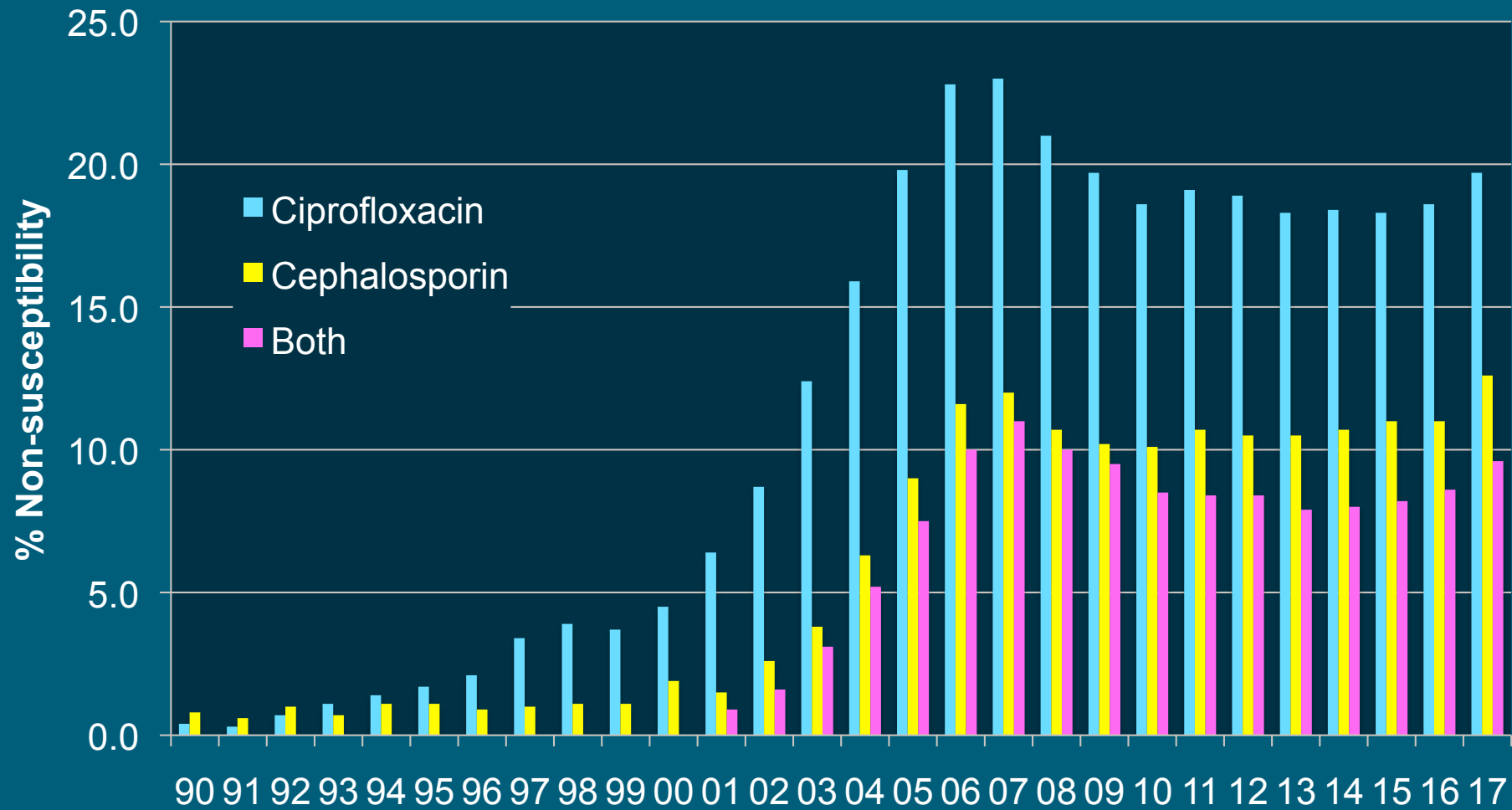


All

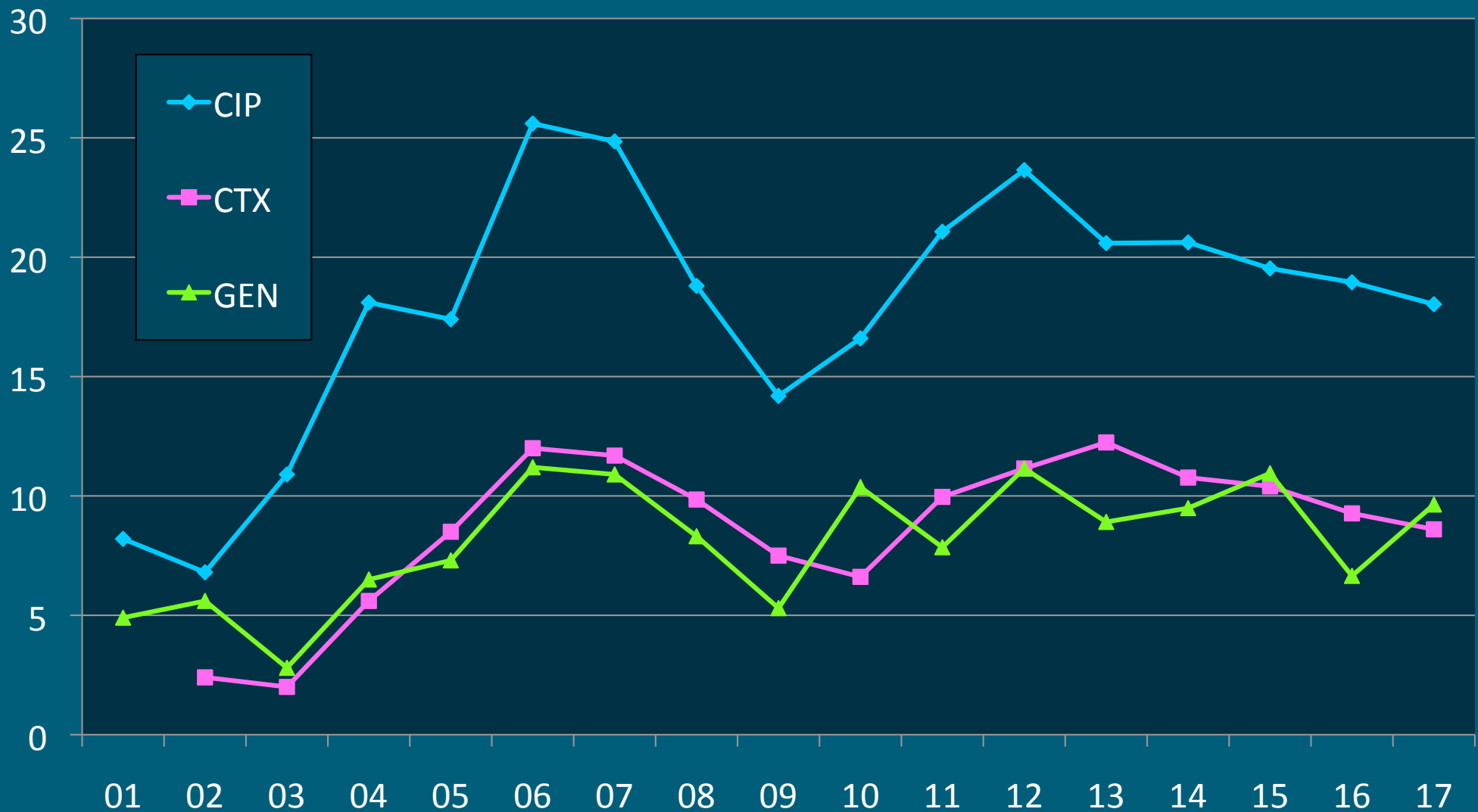
Hospital-onset

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/726399/Quarterly\\_Epidemiological\\_Commentary\\_June\\_18\\_Edit.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/726399/Quarterly_Epidemiological_Commentary_June_18_Edit.pdf)

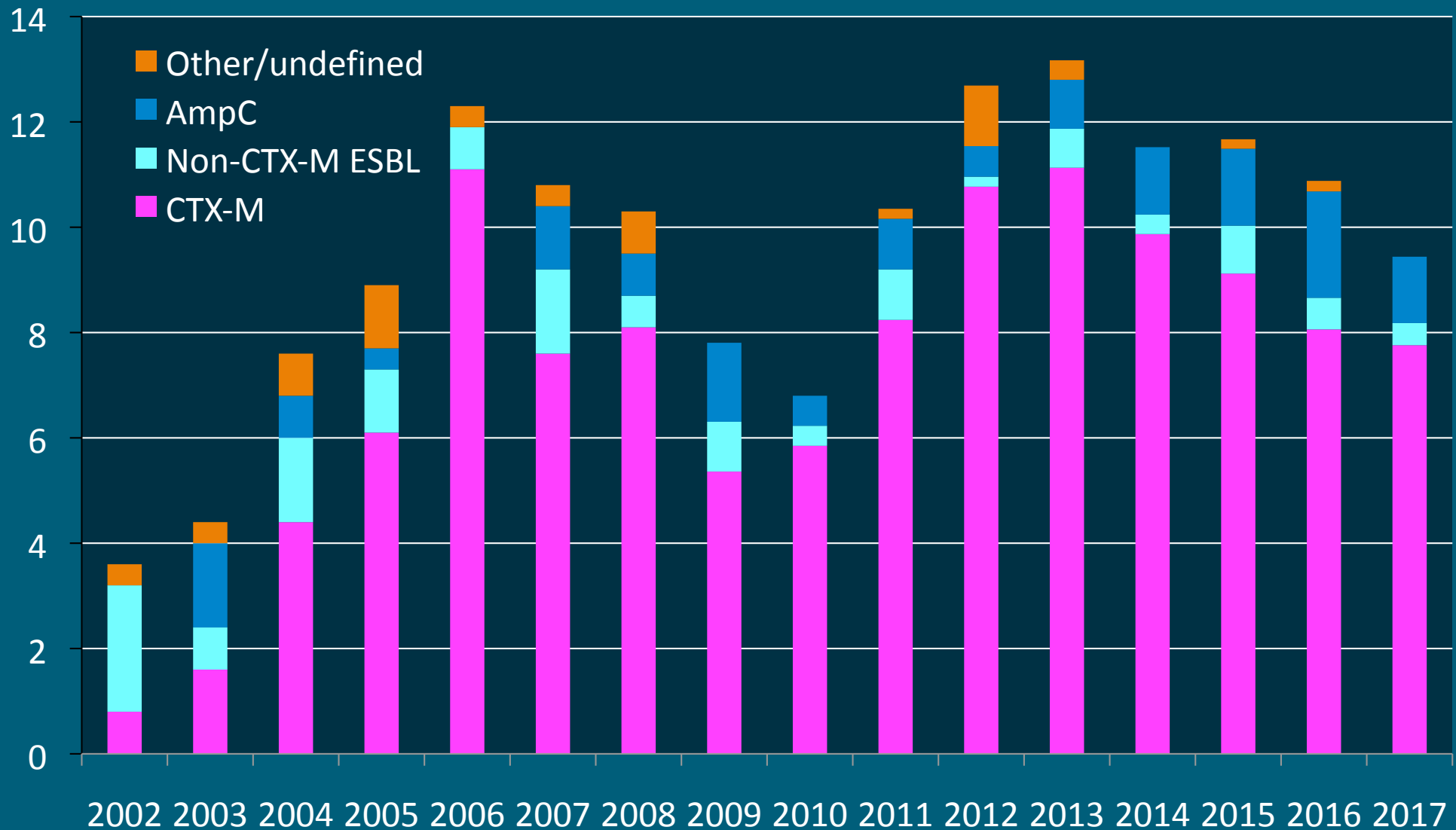
# % Non-susceptibility among bloodstream *E. coli*



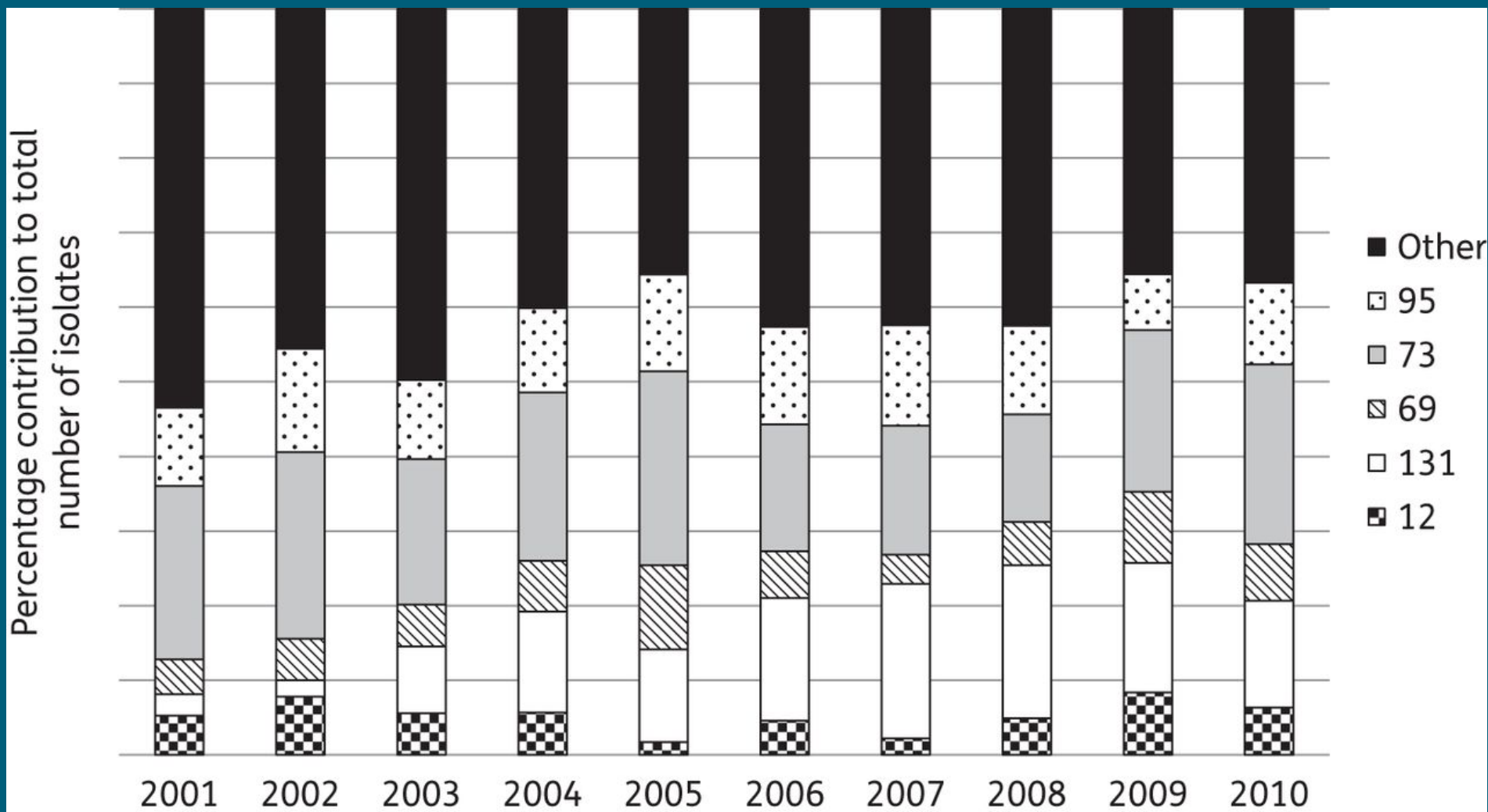
# *E. coli* ciprofloxacin, cefotaxime, gentamicin, % NS over time



# Cephalosporin-R mechanisms % prevalence in *E. coli*



# Clonal complexes among bloodstream *E. coli* : BSAC collection



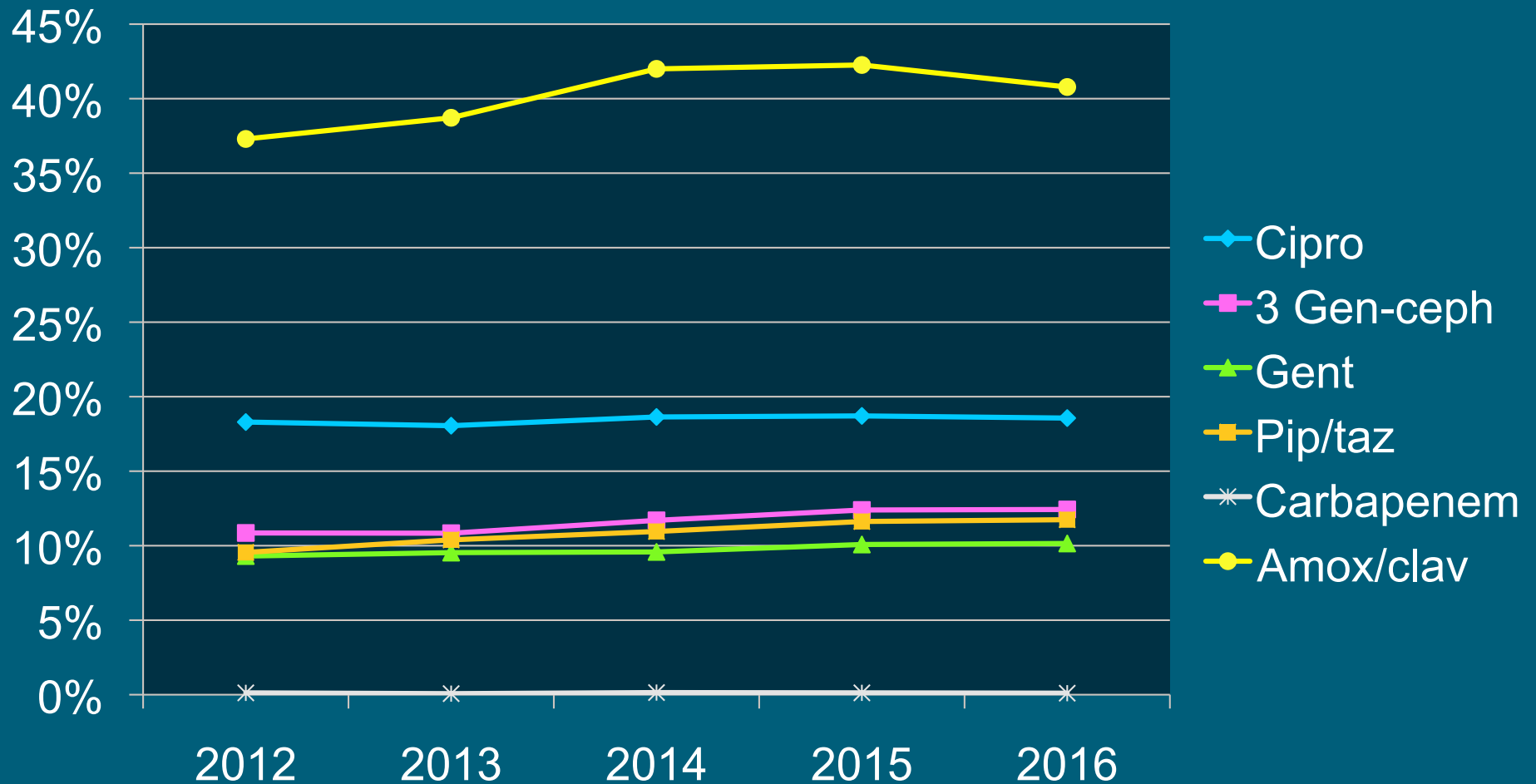
# Resistance by clonal complex *E. coli* from bacteraemia 2001-10



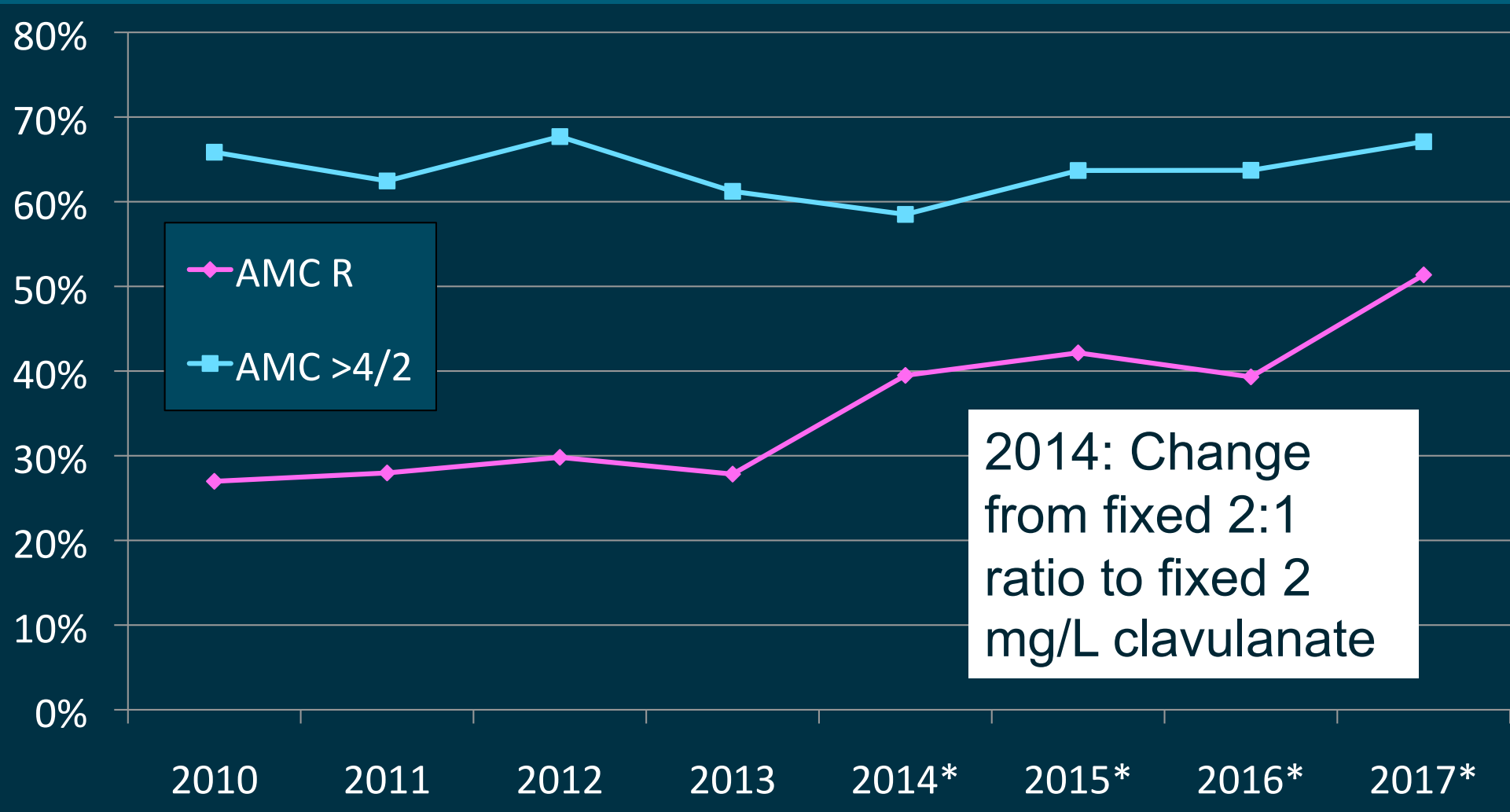
	N	% Non-susceptible, EUCAST				% ESBL +ve
		Cipro	Cefo-taxime	Pip/taz	Genta micin	
CC12	119	0.8	1.8	7.6	3.4	2.5
CC69	149	6.7	1.4	10.1	4.0	0.7
CC73	449	1.3	1.5	9.1	1.6	1.1
CC95	245	0.4	0	2.9	2.4	0
<b>CC131</b>	<b>302</b>	<b>64.2</b>	<b>35.0</b>	<b>22.2</b>	<b>20.2</b>	<b>32.5</b>
Other	902	15.2	5.3	9.3	6.4	3.5
All	2166	16.1	7.9	10.3	6.6	6.6



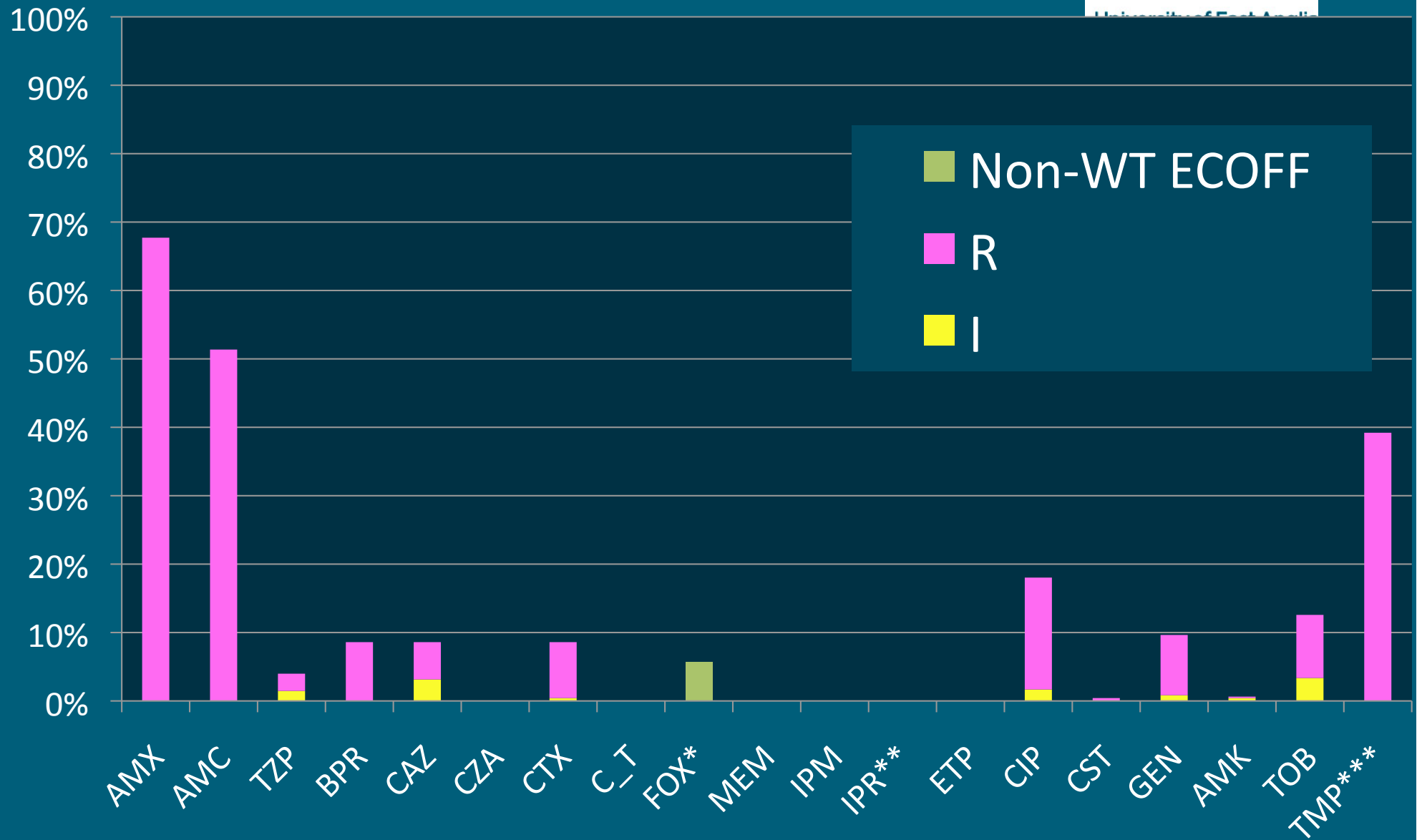
# *E. coli* in bacteraemia, England, ESPAUR



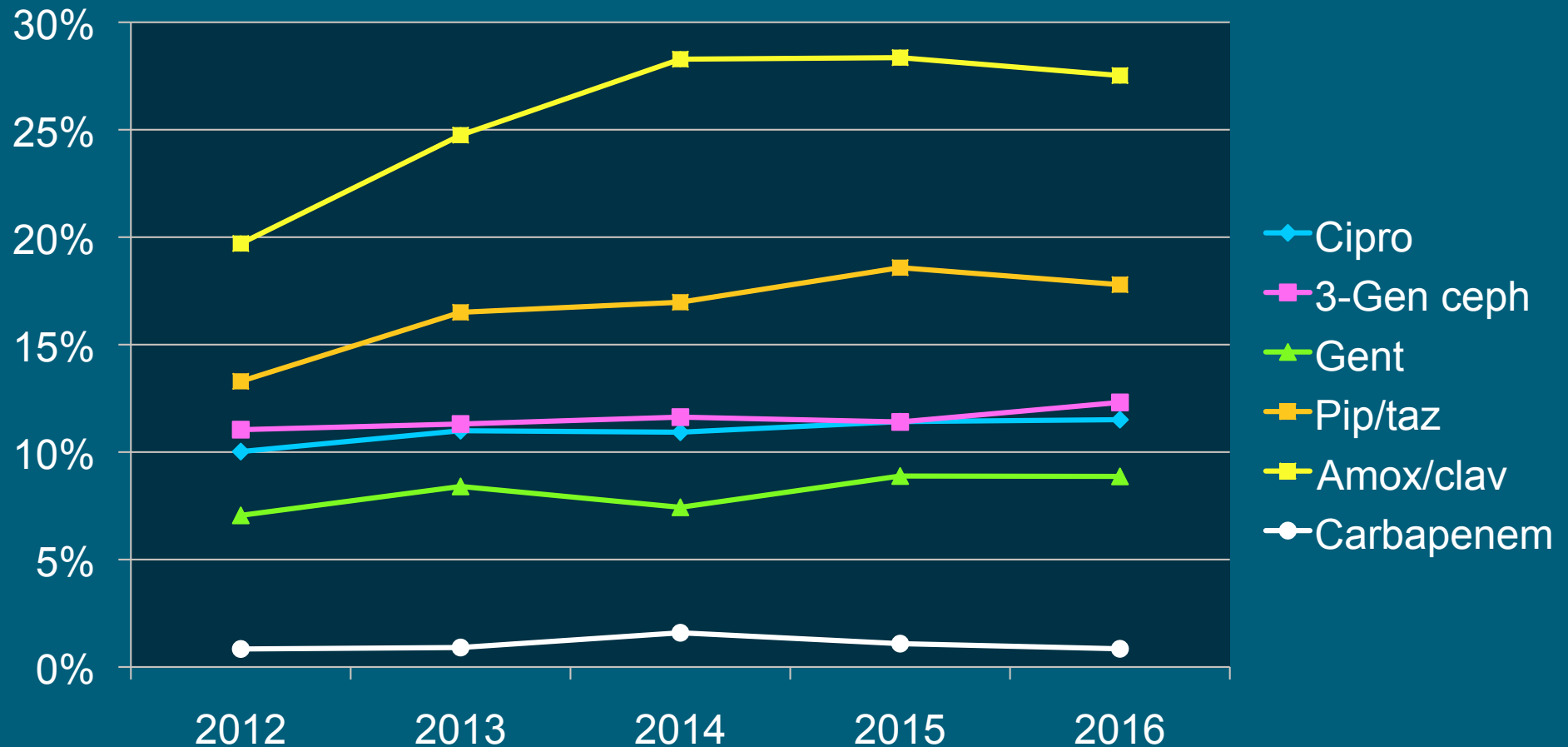
# % *E. coli* non-susceptibility to amoxicillin/clavulanate



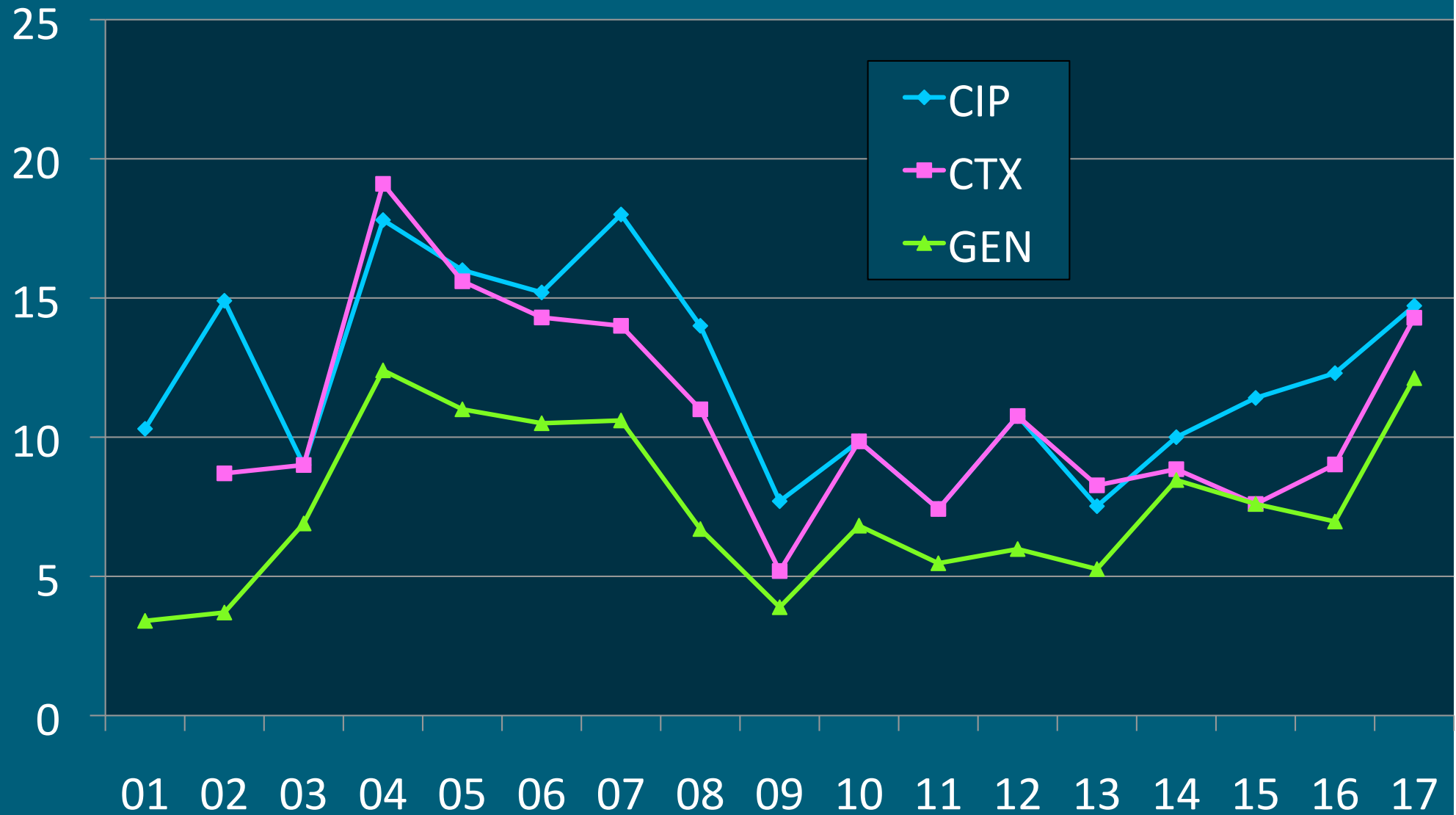
# % Non-susceptibility : *E. coli* (n=477)



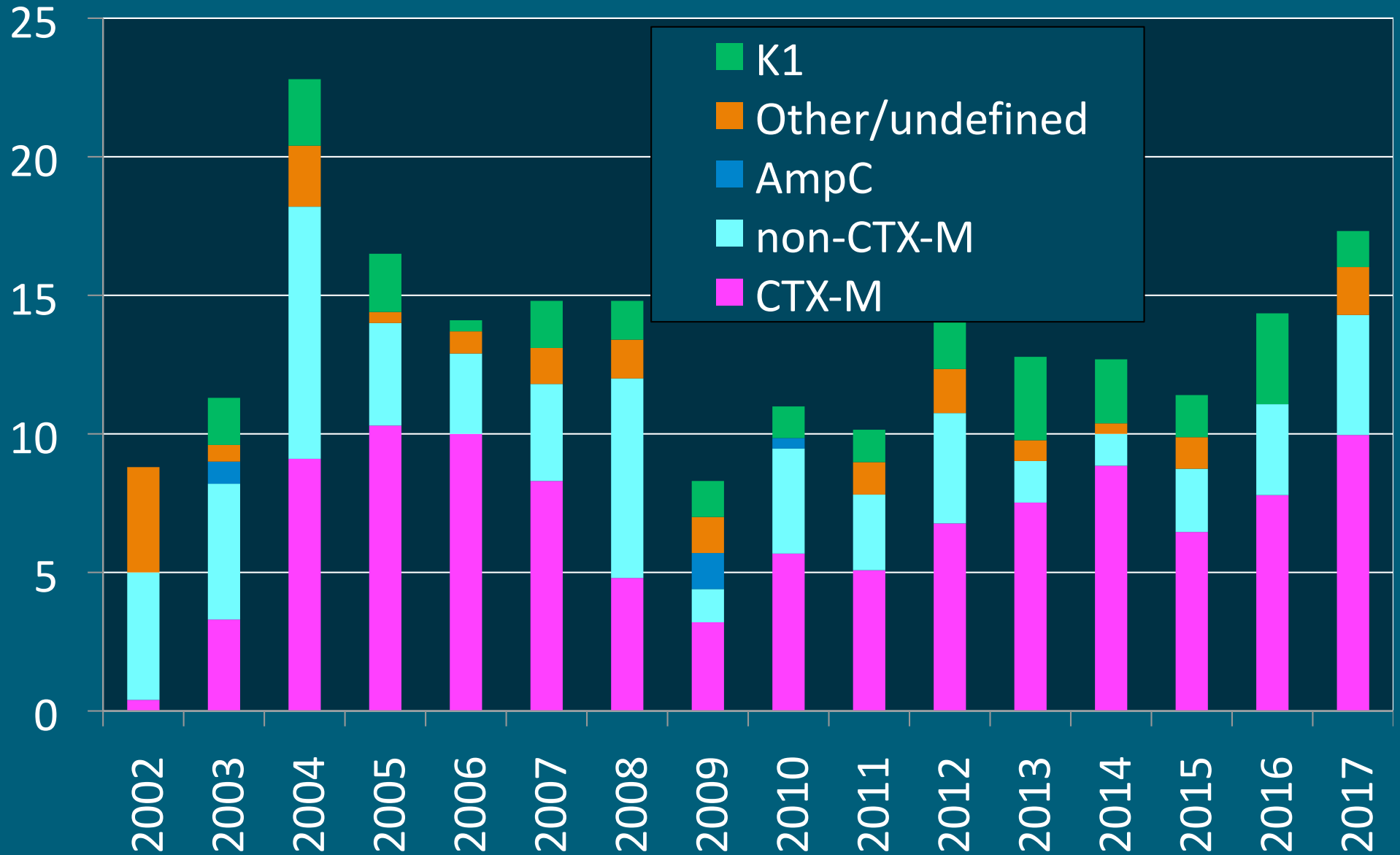
# *K. pneumoniae* in bacteraemia, England, ESPAUR



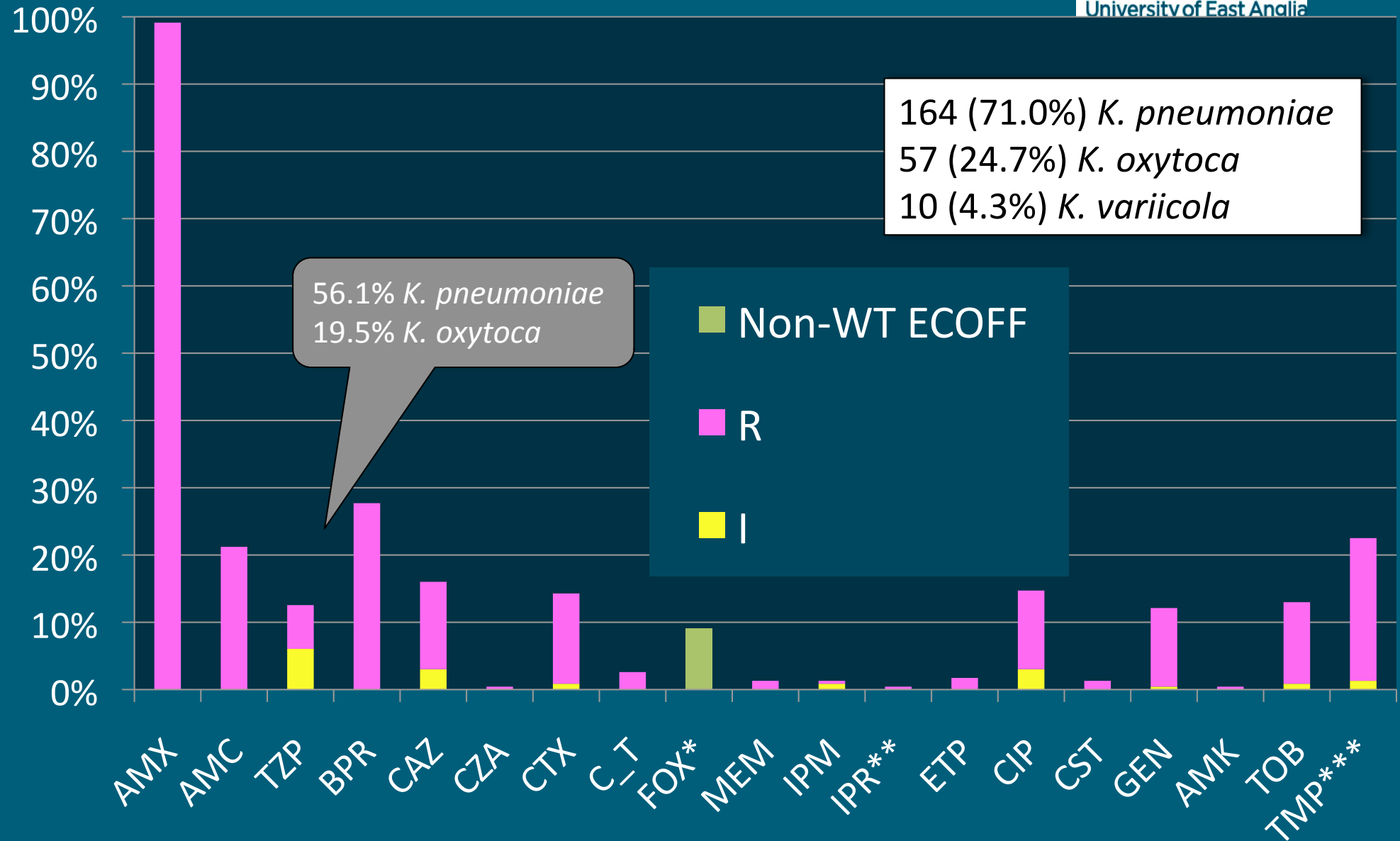
# *Klebsiella* ciprofloxacin, cefotaxime, gentamicin, % NS over time



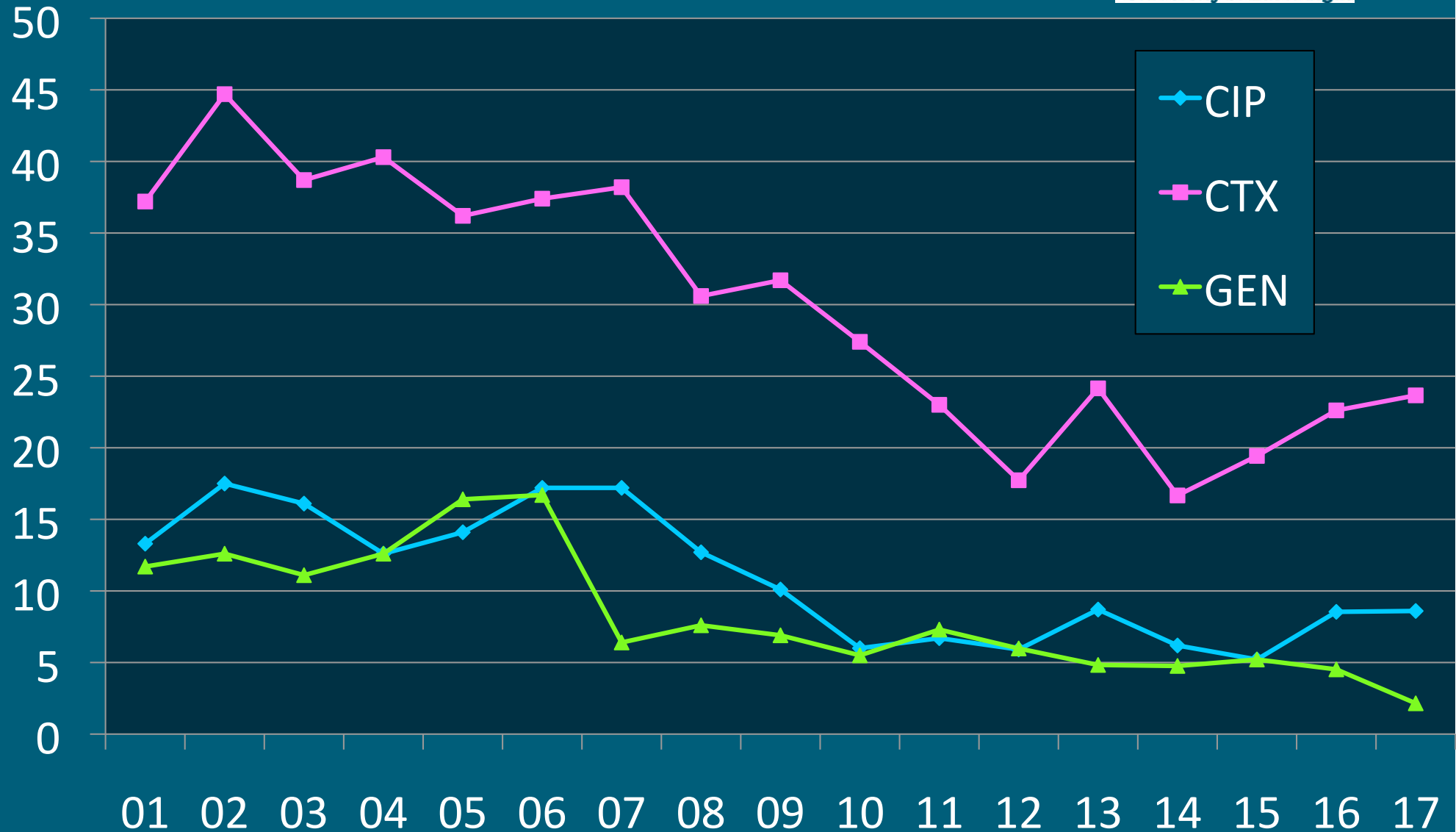
# Cephalosporin- R mechanisms % prevalence *Klebsiella* spp.



# % Non-susceptibility among *Klebsiella* spp. (n=231)

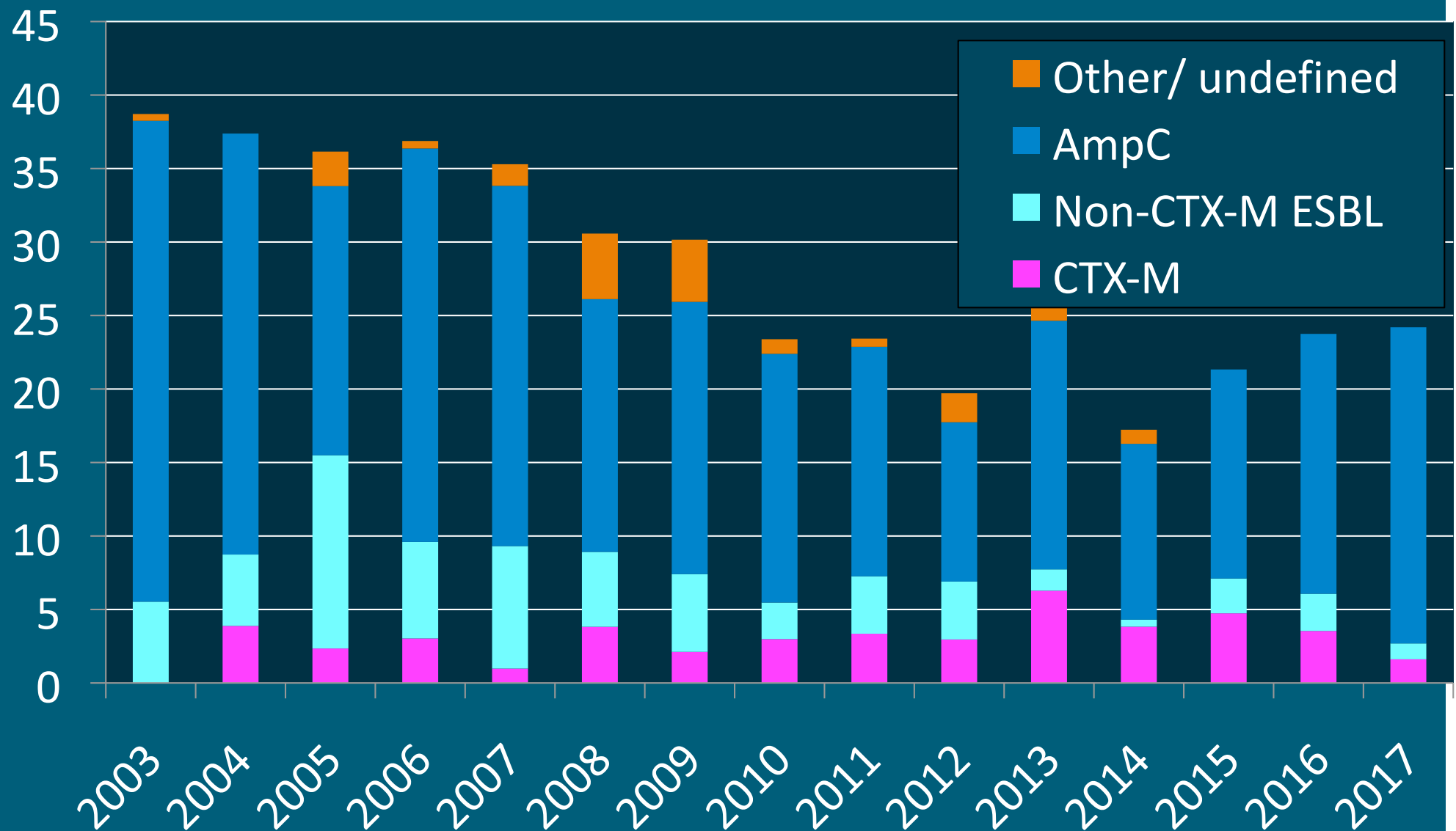


# *Enterobacter* ciprofloxacin, cefotaxime, gentamicin, % NS over time

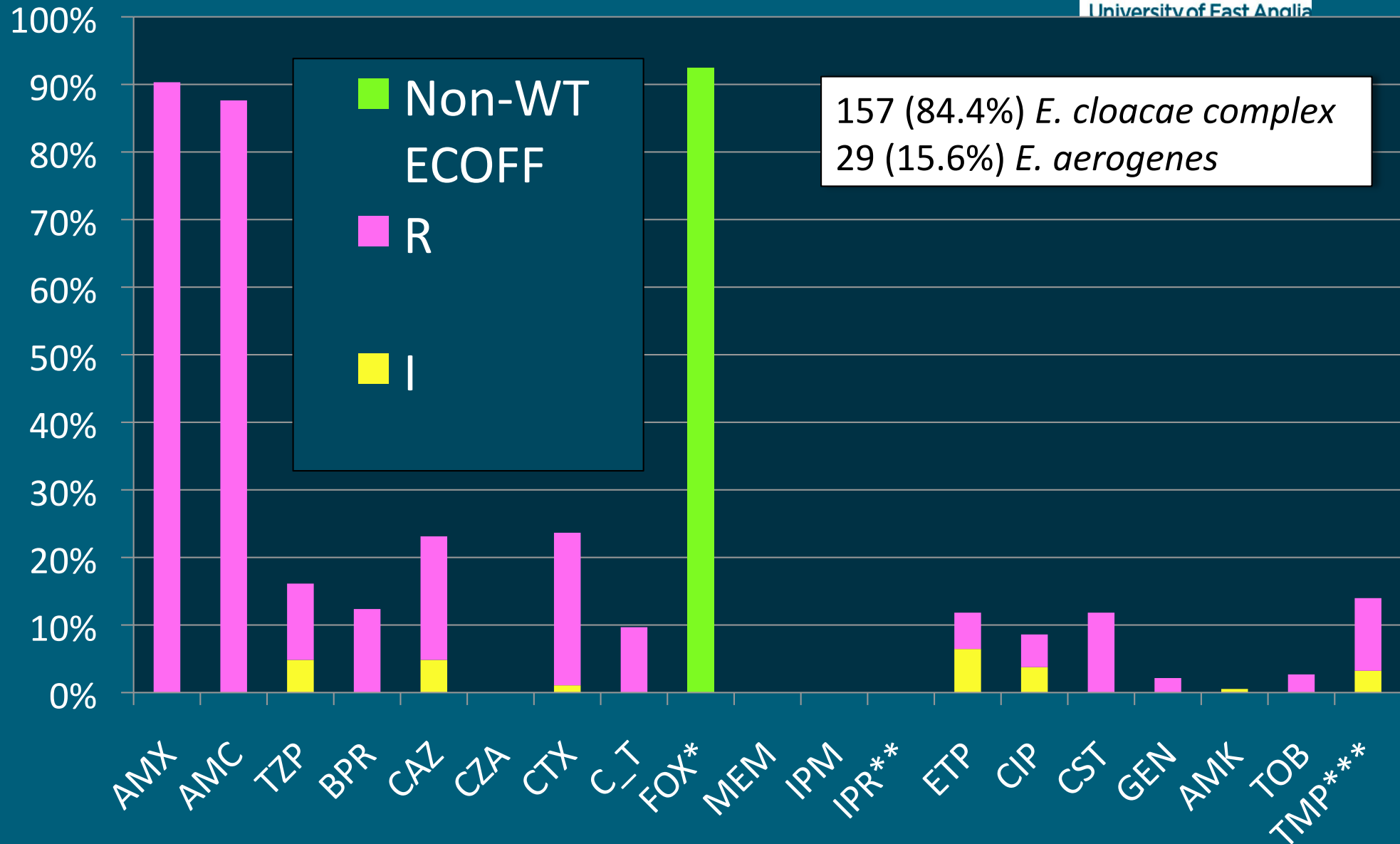




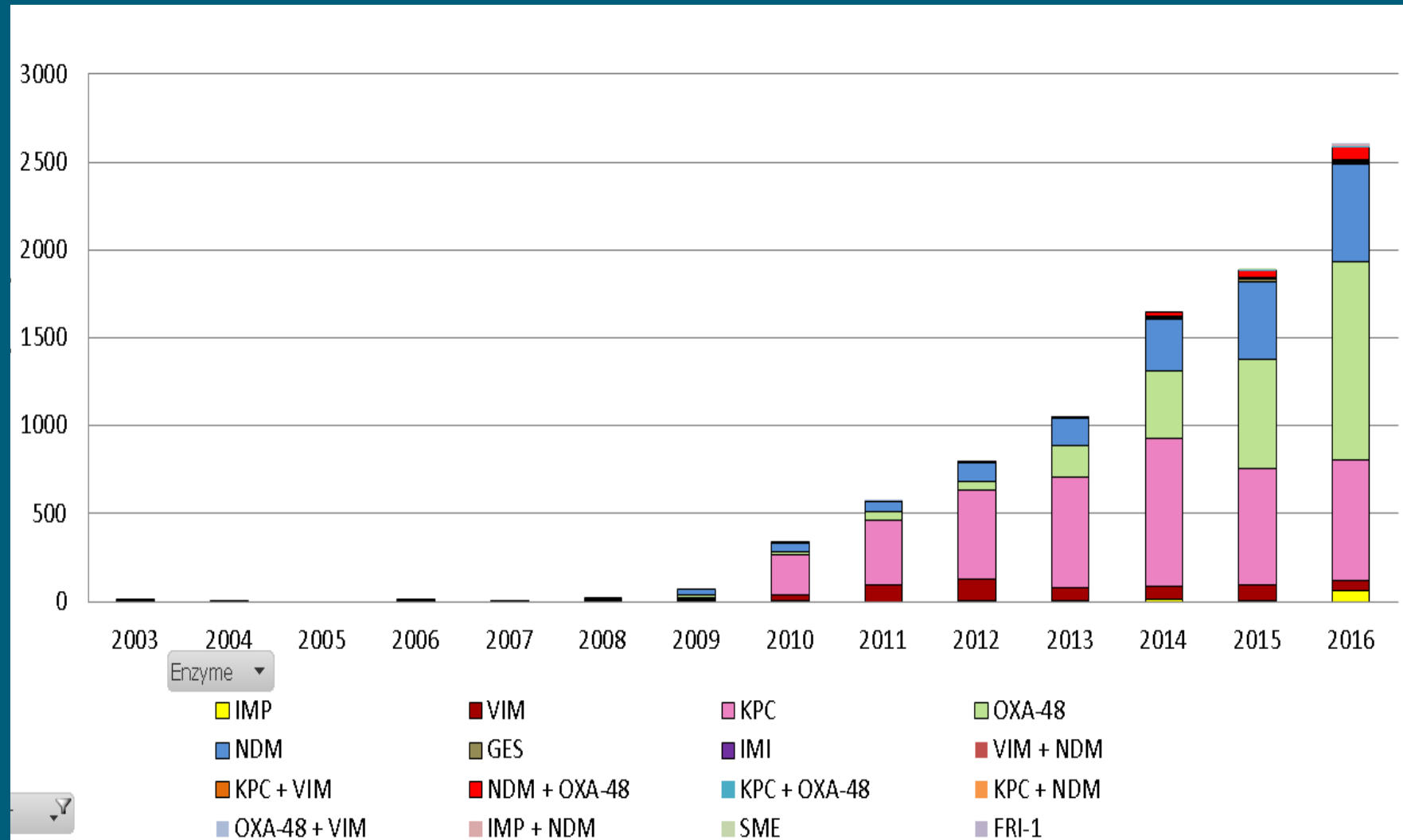
# Cephalosporin resistance % prevalence in *Enterobacter*



# % Non-susceptibility among *Enterobacter* spp. (n=186)



# Carbapenemase producing Enterobacteria referred to PHE



AMRHAI, unpublished data

# Carbapenemases in Enterobacteriaceae

## BSAC bacteraemia



2003/4 1 *Enterobacter* KPC (same patient both years)

2005-8 None

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2009 1 *Enterobacter* IMP & 1 *Klebsiella* NDM

2010 1 *Enterobacter* IMP, 1 *Enterobacter* VIM; 1 *Klebsiella* VIM

2011 2 *Klebsiella* VIM & 2 *Klebsiella* OXA-48

2012 1 *Klebsiella* VIM

2013 1 *Klebsiella* KPC; 1 *Enterobacter* OXA-48

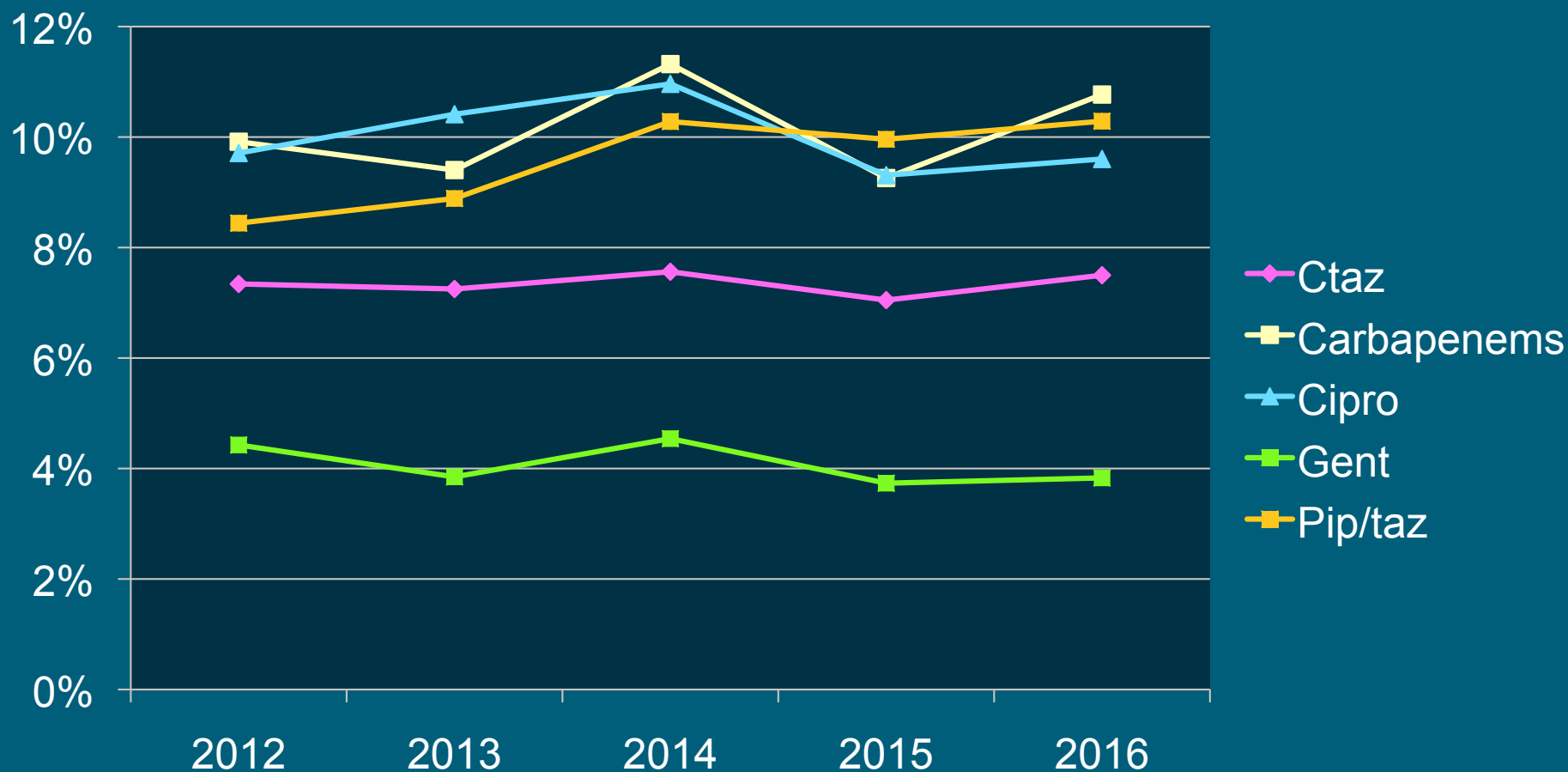
2014 None

2015 1 *Klebsiella* KPC, 2 *Klebsiella* OXA-48, 1 *E. coli* OXA-48; 1 *Serratia* OXA-48

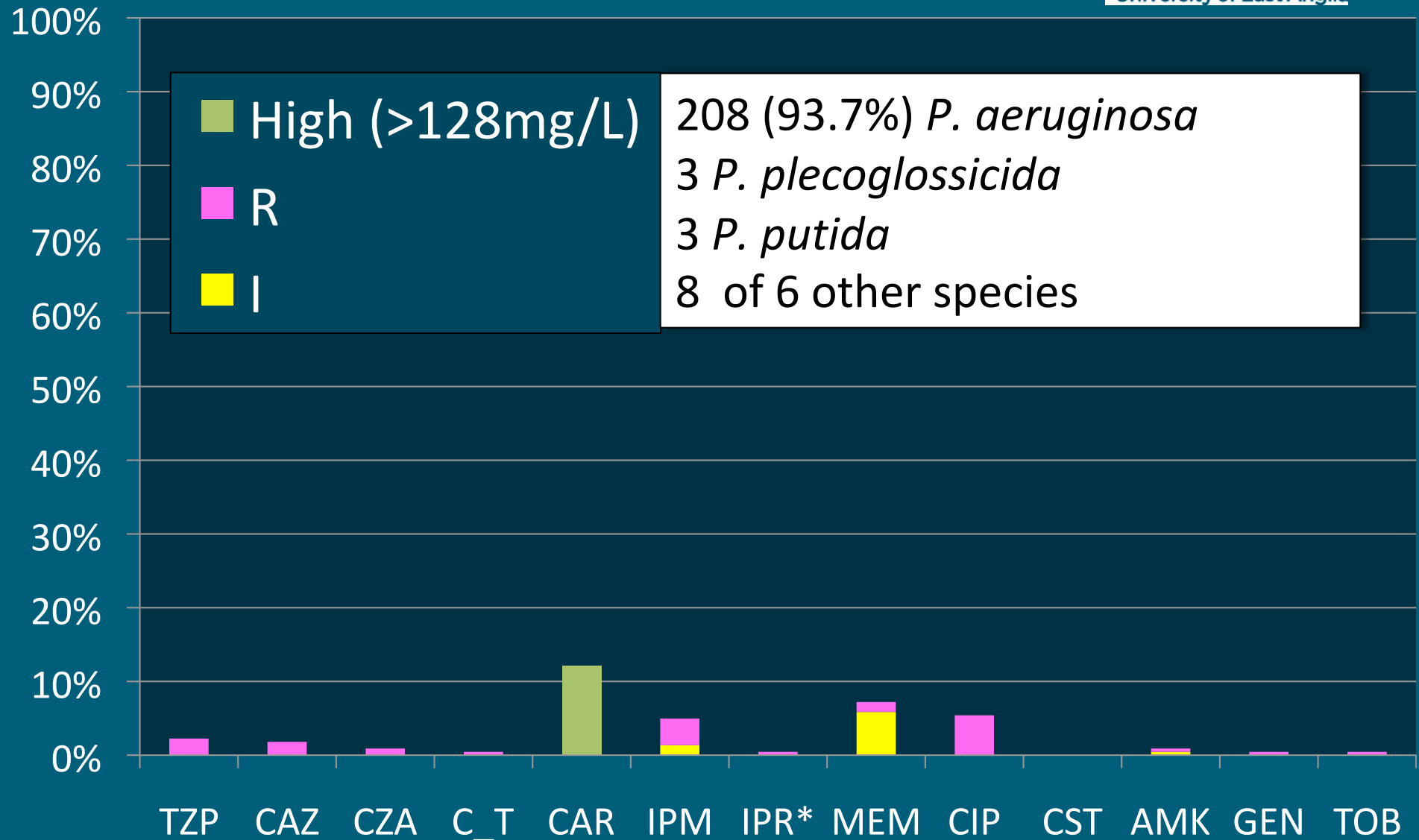
2016 None

2017 2 *Klebsiella* KPC<sup>+</sup>, 1 *Klebsiella* NDM<sup>+</sup>, 1 *Serratia* OXA-48<sup>+</sup>

# *P. aeruginosa* in bacteraemia, England, ESPAUR



# % Non-susceptibility among *Pseudomonas* spp. (n=222)



# In summary



- Stable resistance rates in gram-negatives
  - Contrary to perception of worldwide rises
- Declines in ESBLs, cipro-R and gent-R rates have stopped
- History teaches that such stability ends in sudden shifts, e.g.:
  - Global rise in ST131 *E. coli* around 2002/3
  - Rise in ST258/KC *K. pneumoniae* in Italy from 2008
  - Rise in EMRSA from 1992/3
- And, whilst rates are stable, incidence is rising, e.g. for *E. coli*