

Antimicrobial Susceptibility of 39,816 Pathogens Isolated from Patients in Canadian Hospitals: CANWARD Study 2007-2015

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REVISED ABSTRACT

Background: CANWARD is a national, annual, Public Health Agency of Canada (PHAC) endorsed surveillance study assessing pathogens causing infections in Canadian hospitals and their antimicrobial resistance patterns.

Methods: From 2007 to 2015, 39,816 pathogens were collected from tertiary-care hospitals across Canada. Antimicrobial susceptibility testing was performed using CLSI broth microdilution methods with >45 marketed and investigational agents.

Results: Specimen source composition of the 39,816 isolates was 43.7% blood, 32.7% respiratory, 13.4% urine and 10.2% wound specimens. Patient demographic characteristics were: 54.5/45.5% male/female; 13.1/44.4/42.5% patients aged <17/18-64/≥65 years; and 38.0/24.9/19.0/18.1% patients located in medical and surgical wards/emergency rooms/ICUs/clinics. The most common pathogens were: *E. coli* (EC 19.6%), MSSA (16.6%), *P. aeruginosa* (PA 8.9%), *S. pneumoniae* (SPN 6.4%), *K. pneumoniae* (KP 6.1%), MRSA (4.6%), *H. influenzae* (4.1%), and *Enterococcus* spp. (4.0%). Susceptibility rates (SR) for EC were: 99.9% for meropenem (MER) and tigecycline (TGC), 99.7% ertapenem (ERT), 97.6% piperacillin-tazobactam (PTZ), 93.5% cefepime, 92.1% ceftazidime (CTR), 90.5% gentamicin (GEN), 76.9% ciprofloxacin (CIP) and 73.1% TMP-SMX (SXT). SR for PA were: 94.6% colistin, 84.4% PTZ, 83.0% ceftazidime (CAZ), 80.8% MER, 78.7% GEN and 74.7% CIP. SR for MRSA were: 100% for linezolid (LZD) and telavancin (TLV), 99.9% daptomycin (DAP) and vancomycin, 99.5% cefepime, 99.1% TGC, and 93.7% SXT. Rates of resistance in organisms between 2007-2015 increased significantly for ESBL-producing EC (3.4%-12.3%) as well as VRE (1.8%-4.4%), whereas MRSA rates (26.1%-19.4%) significantly declined.

Conclusions: EC, MSSA, PA, SPN, KP, and MRSA are the most common pathogens in Canadian hospitals. SR for EC were highest for MER, TGC, ERT and PTZ. SR for PA were highest for colistin, PTZ, CAZ and MER. 99-100% of MRSA were susceptible DAP, LZD, TLV, cefepime and vancomycin.

INTRODUCTION

Antibiotic resistant infections is a Canadian and global crisis (1,2). Resistant pathogens including methicillin-resistant *Staphylococcus aureus* (MRSA - community associated (CA) and healthcare associated (HA)), vancomycin-resistant *Enterococcus* species (VRE), penicillin-resistant *Streptococcus pneumoniae* (PRSP), extended spectrum β -lactamase (ESBL) producing *Escherichia coli* and *Klebsiella pneumoniae* and fluoroquinolone-resistant and carbapenem-resistant Enterobacteriaceae and *Pseudomonas aeruginosa* are increasing in prevalence in Canada and around the world (1,2). Available therapeutic options for the treatment of these antibiotic resistant organisms are severely limited as these organisms frequently display a multidrug resistant (MDR) phenotype.

The ongoing goal of the CANWARD study is to assess pathogens associated with and antimicrobial resistance patterns in respiratory, bacteremic, urinary, and wound/IV site infections in Canadian hospitalized patients on medical/surgical wards (W), emergency rooms (ER), outpatient clinics (C) and intensive care units (ICU).

PURPOSE

- To determine the pathogens associated with respiratory, urinary, bacteremic and wound/IV site infections in Canadian patients affiliated with hospitals from 2007-2015, inclusive.
- To determine the prevalence of antimicrobial resistance in pathogens associated with respiratory, urinary, bacteremic and wound/IV site infections in Canadian patients affiliated with hospitals from 2007-2015, inclusive.
- To assess the activity of antimicrobials against respiratory, urinary, bacteremic and wound/IV site pathogens in Canadian patients affiliated with hospitals from 2007-2015, inclusive.

REFERENCES

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MATERIALS & METHODS

Participating Sites:

From January 2007 to December 2015, sentinel hospital sites (12 in 2007, 10 in 2008, 15 in 2009, 14 in 2010, 15 in 2011, 12 in 2012, 15 in 2013, 13 in 2014 and 13 in 2015) in major population centres in 8 of the 10 provinces in Canada were recruited. These sites were geographically distributed in a population based fashion: (BC [1 site], Alberta [1 site], Saskatchewan [1 site], Manitoba [1 site], Ontario [3-5 sites], Quebec [2-4 sites], Maritimes [1-2 sites]).

Bacterial Isolates: Tertiary-care medical centres submitted pathogens from patients attending hospital clinics, emergency rooms, medical and surgical wards, and intensive care units. From January 2007 to October 2015, each study site was asked to submit clinical isolates (consecutive, one per patient, per infection site) from inpatients and outpatients with respiratory, urine, wound, and bloodstream infections. The medical centres submitted "clinically significant" isolates from patients with a presumed infectious disease. Surveillance swabs, eye, ear, nose and throat swabs, as well as anaerobes, were excluded. Isolate identification was performed by the submitting site and confirmed at the reference site as required, based on morphological characteristics and antimicrobial susceptibility patterns. Isolates were shipped on Amies semi-solid transport media to the coordinating laboratory (Health Sciences Centre, Winnipeg, Canada), subcultured onto appropriate media, and stocked in skim milk at -80°C until minimum inhibitory concentration (MIC) testing was carried out. In 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014 and 2015; 7714, 5283, 5374, 4960, 3788, 2803, 3511, 3174 and 3206 isolates were collected, respectively (1,2).

Antimicrobial Susceptibilities: Following 2 subcultures from frozen stock, the in vitro activity of selected antimicrobials was determined by broth microdilution in accordance with the Clinical and Laboratory Standards Institute (CLSI) guidelines (M7-A10, 2015). Antimicrobial MIC interpretive standards were defined according to CLSI breakpoints (M100S, 2015). Susceptibility testing could not be performed with all agents due to lack of space on the susceptibility panels. Antimicrobial agents were obtained as laboratory grade powders from their respective manufacturers. Stock solutions were prepared and dilutions made as described by CLSI. The MICs of the antimicrobial agents for the isolates were determined using 96-well custom designed microtitre plates. These plates contained doubling antimicrobial dilutions in 100µl/well of cation adjusted Mueller-Hinton broth and inoculated to achieve a final concentration of approximately 5 x 10⁵ CFU/ml then incubated in ambient air for 24 hours prior to reading. Colony counts were performed periodically to confirm inocula. Quality control was performed using ATCC QC organisms including: *S. pneumoniae* 49619, *S. aureus* 29213, *E. faecalis* 29212, *E. coli* 25922, and *P. aeruginosa* 27853.

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RESULTS

Table 1. National demographics of patients/isolates from CANWARD 2007-2015

Gender	N	% Total	Age Group	N	% Total
Female	18,107	45.5	<17 yrs	5,199	13.1
Male	21,706	54.5	18 - 64 yrs	17,685	44.4
			≥65 yrs	15,929	42.5
				39,813*	

*Demographics incomplete for 3 isolates

Ward Type	N	% Total	Specimen Source	N	% Total
Clinic	7,189	18.1	Blood	17,421	43.7
ER	9,929	24.9	Respiratory	13,001	32.7
ICU	7,543	19.0	Urine	5,326	13.4
Medical	11,838	29.7	Wound	4,068	10.2
Surgical	3,310	8.3		39,816	
				39,809*	

*Demographics incomplete for 7 isolates

Table 2. Antimicrobial activity against the most common Gram-positive cocci isolated from Canadian hospitals

Organism (no. tested) / Antimicrobial Agent	% S	% I	% R	MIC ₅₀	MIC ₉₀	MIC (µg/mL) Range
Staphylococcus aureus, MSSA (n=6594)						
Doxycycline	99.54%	0.46%	4	4	0.12	> 32
Ceftriaxone	100%	0.25	0.5	≤0.06	2	> 32
Cefepime	99.24%	0.41%	6.35%	0.5	≤0.12	> 256
Ciprofloxacin	86.31%	2.99%	10.69%	0.5	4	> 0.06 - > 16
Clarithromycin	75.67%	0.44%	23.89%	0.25	> 32	> 0.03 - > 32
Clindamycin	83.24%	0.41%	6.35%	0.5	≤0.12	> 256
Daptomycin	100%	0.25	0.25	0.03	1	> 0.03 - 1
Doxycycline	99.02%	0.72%	0.26%	0.12	0.12	> 16
Gentamicin	98.01%	0.09%	1.90%	0.5	≤0.5	> 32
Levofloxacin	90.10%	0.33%	9.57%	0.25	1	> 0.06 - > 32
Linezolid	100%	2	2	0.06	> 16	> 16
Moxifloxacin	90.32%	0.74%	8.93%	0.025	0.25	> 0.06 - > 16
Nitrofurantoin	100%	16	16	0.5	32	> 32
Telavancin	100%	0.03	0.06	0.008	0.12	> 0.03 - 1
Tigecycline	99.91%	0.12	0.25	0.03	1	> 0.03 - 1
Tobramycin	97.35%	0.29%	2.36%	0.5	≤0.5	> 0.5 - > 64
Trimethoprim Sulfamethoxazole	99.44%	0.56%	0.56%	0.12	0.12	> 16 - > 8
Vancomycin	100%	1	1	0.12	> 2	> 2
Staphylococcus aureus, MRSA (n=1851)						
Cefazolin	0.13%	99.87%	> 32	> 32	1	> > 32
Ceftriaxone	99.54%	0.45%	1	2	0.5	> 4
Cefepime	99.54%	0.45%	1	2	0.5	> 4
Ciprofloxacin	16.96%	0.38%	82.66%	> 16	> 16	> 0.06 - > 16
Clarithromycin	14.07%	0.39%	84.65%	> 32	> 32	> 0.03 - > 32
Clindamycin	53.47%	0.05%	46.48%	> 0.25	> 8	> 0.12 - > 8
Daptomycin	99.95%	0.05%	0.25	0.5	0.6	> 2
Doxycycline	97.43%	1.08%	1.49%	0.12	1	> 0.12 - > 16
Gentamicin	92.60%	0.27%	7.13%	0.5	1	> 0.5 - > 32
Levofloxacin	14.06%	0.94%	85.94%	> 32	> 32	> 0.12 - > 64
Linezolid	100.00%	2	2	0.06	> 16	> 16
Moxifloxacin	17.61%	3.46%	78.93%	> 8	> 16	> 0.06 - > 16
Nitrofurantoin	100%	16	16	8	32	> 32
Telavancin	100%	0.06	0.06	0.03	0.12	> 0.03 - 1
Tigecycline	99.14%	0.26%	0.5	0.03	0.2	> 0.03 - 1
Tobramycin	97.32%	0.95%	41.14%	> 0.5	> 64	> 0.5 - > 64
Trimethoprim Sulfamethoxazole	93.73%	6.27%	> 0.12	> 0.12	> 8	> 8
Vancomycin	99.89%	0.11%	1	1	0.12	> 4
Streptococcus pneumoniae (n=855)						
Amoxicillin Clavulanate	1	8	8	0.06	32	> 0.06 - 32
Cefazolin	1	64	64	0.5	> 0.5	> 128
Cefepime	8	32	32	0.06	> 32	> 0.06 - > 32
Ceftriaxone	100%	0.5	1	0.06	4	> 0.06 - 4
Cefuroxime	45.99%	1.42%	52.59%	4	> 16	> 0.06 - > 16
Ciprofloxacin	33.77%	1.30%	64.94%	> 32	> 32	> 0.03 - > 32
Clarithromycin	56.20%	1.42%	42.38%	> 0.25	> 8	> 0.12 - > 8
Daptomycin	100.00%	0.12	0.25	0.03	1	> 0.03 - 1
Doripenem	99.95%	1	16	0.03	> 32	> 0.03 - > 32
Doxycycline	96.06%	2.25%	1.69%	0.25	1	> 0.12 - > 32
Ertapenem	100%	4	> 32	> 32	> 32	> 0.03 - > 32
Gentamicin	100%	0.5	> 32	> 32	> 32	> 0.5 - > 32
Levofloxacin	44.24%	1.56%	54.21%	> 0.5	> 64	> 0.12 - > 32
Linezolid	100%	1	1	0.12	4	> 0.12 - 4
Meropenem	100%	2	32	0.03	64	> 0.03 - 64
Moxifloxacin	47.88%	7.19%	44.93%	1	> 16	> 0.06 - > 16
Pip-Tazo	100%	1	32	0.12	> 128	> 0.12 - > 128
Telavancin	100%	0.12	0.03	0.25	0.12	> 0.03 - > 32
Tigecycline	100%	0.12	0.5	0.03	1	> 0.03 - 1
Tobramycin	60.23%	12.22%	27.56%	2	32	> 0.5 - > 64
Trimethoprim Sulfamethoxazole	59.32%	40.68%	1	8	> 0.12	> 8
Vancomycin	100%	1	2	0.12	> 4	> 0.12 - 4
Streptococcus pneumoniae (n=2502)						
Amoxicillin Clavulanate	97.86%	1.26%	0.88%	≤0.06	0.12	> 0.06 - 16
Ceftriaxone	99.82%	0.18%	0.18%	0.03	0.06	> 0.03 - 1
Cefuroxime	99.37%	0.46%	0.17%	0.12	0.12	> 0.06 - 4
Cefuroxime	93.50%	1.93%	4.57%	0.25	0.5	> 0.25 - > 16
Chloramphenicol	98.60%	1.40%	2	4	0.12	> 32
Ciprofloxacin	96.76%	3.24%	2	2	0.06	> 16
Clarithromycin	78.56%	3.57%	17.86%	0.03	4	> 0.03 - > 32
Clindamycin	82.85%	0.55%	6.80%	0.06	0.12	> 0.12 - > 64
Daptomycin	86.59%	1.26%	12.15%	0.06	0.12	> 0.03 - 0.5
Doxycycline	98.95%	1.01%	0.04%	0.06	0.12	> 0.06 - 4
Ertapenem	93.50%	4.59%	1.91%	0.03	0.03	> 0.03 - 1
Impipenem	98.99%	0.17%	0.84%	0.06	0.06	> 0.06 - > 32
Linezolid	100%	1	1	0.12	2	> 0.12 - 2
Meropenem	95.08%	3.15%	1.77%	0.06	0.06	> 0.06 - 2
Moxifloxacin	99.03%	0.46%	0.50%	0.12	0.25	> 0.06 - 8
Penicillin	82.44%	13.21%	4.35%	0.03	0.25	> 0.03 - > 8
Pip-Tazo	100%	0.08	0.015	0.002	0.03	> 0.03 - 1
Tigecycline	99.75%	0.03	0.06	0.015	0.25	> 0.03 - 1
Tobramycin	84.78%	6.40%	8.82%	0.12	2	> 0.12 - > 8
Trimethoprim Sulfamethoxazole	100%	0.25	0.25	0.12	> 2	> 0.12 - 2
Streptococcus agalactiae (n=653)						
Amoxicillin Clavulanate	100%	0.06	0.06	0.06	0.25	> 0.06 - 0.25
Cefepime	100%	0.03	0.03	0.03	0.06	> 0.03 - 0.06
Ceftriaxone	100%	0.12	0.12	0.06	0.25	> 0.06 - 0.25
Cefuroxime	100%	0.25	0.25	0.25	0.5	> 0.25 - 0.5
Chloramphenicol	97.42%	2.58%	2	4	0.5	> 8
Ciprofloxacin	100%	0.5	2	0.25	> 16	> 0.5 - > 16
Clarithromycin	69.64%	4.74%	25.63%	0.03	32	> 0.03 - > 32
Clindamycin	82.73%	0.84%	16.43%	0.12	> 64	> 0.12 - > 64
Daptomycin	100%	0.12	0.25	0.03	0.5	> 0.03 - 0.5
Streptococcus agalactiae (n=653)						
Amoxicillin Clavulanate	1					