

***Salmonella* spp.**  
**Fluoroquinolone Testing (continued)**

Summary of FQ WG Decisions  
6-29-14

# *Salmonella* spp.

## Fluoroquinolone Resistance

Genotype	Phenotype	
	Ciprofloxacin MIC ( $\mu\text{g/ml}$ )	Nalidixic Acid
Wild type (No resistance)	0.008-0.06	Usually susceptible
Chromosomal <i>gyrA</i> (single mutation)	0.12 - 2.0	Usually resistant
Chromosomal <i>gyrB</i> (single mutation)	0.12 – 0.5	Usually susceptible
Chromosomal <i>gyrA</i> , <i>gyrB</i> (multiple mutations)	$\geq 4.0$	Resistant
PMQR (e.g. <i>qnr</i> or <i>aac(6')-Ib-cr</i> )	0.12 - 2.0	Often susceptible

PMQR, plasmid-mediated quinolone resistance - newer mechanism and less common than chromosomal gyrase mutations

# ***Salmonella* spp.**

## **Fluoroquinolone AST and Reporting History**

<b>CLSI Standard</b>	<b>Fluoroquinolone Breakpoints</b>
M100-S21 (2011)	One set of breakpoints for all Enterobacteriaceae including <i>Salmonella</i> spp. Nalidixic acid screen for reduced ciprofloxacin susceptibility in extraintestinal isolates of <i>Salmonella</i> spp.
M100-S22 (2012)	Lower ciprofloxacin breakpoints for <i>S. Typhi</i> and extraintestinal <i>Salmonella</i> spp.
M100-S23 (2013)	Lower ciprofloxacin, levofloxacin and ofloxacin breakpoints for use with all <i>Salmonella</i> spp.
M100-S24 (2014)	No changes

Unanswered Question:

*What disk can best predict reduced FQ susceptibility?*

# Enterobacteriaceae (Table 2A)

FLUOROQUINOLONES									
NOTE: Reevaluation of fluoroquinolones is ongoing. See comment (2).									
B	Ciprofloxacin	5 µg	≥21	16–20	≤15	≤1	2	≥4	(34) For testing and reporting of <i>Enterobacteriaceae</i> except for <i>Salmonella</i> spp.
B	Levofloxacin	5 µg	≥17	14–16	≤13	≤2	4	≥8	
B	Ciprofloxacin	5 µg	≥31	21–30	≤20	≤0.06	0.12–0.5	≥1	(35) For testing and reporting of <i>Salmonella</i> spp. (including <i>S. Typhi</i> and <i>S. Paratyphi</i> A–C). See comment (2).
B	Levofloxacin	–	–	–	–	≤0.12	0.25–1	≥2	
B	Ofloxacin	–	–	–	–	≤0.12	0.25–1	≥2	(36) If MIC testing is not performed or if interpretive criteria cannot be implemented, see comment (39).
U	Lomefloxacin or	10 µg	≥22	19–21	≤18	≤2	4	≥8	
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Test/Report Group	Antimicrobial Agent	Disk Content	Zone Diameter Interpretive Criteria (nearest whole mm)				MIC Interpretive Criteria (µg/mL)				Comments
			S	SDD	I	R	S	SDD	I	R	
QUINOLONES											
O	Cinoxacin	100 µg	≥ 19		15–18	≤ 14	≤ 16		32	≥ 64	See comment (24).
O	Nalidixic acid	30 µg	≥ 19		14–18	≤ 13	≤ 16		–	≥ 32	(38) These interpretive criteria are for urinary tract isolates of <i>Enterobacteriaceae</i> and for all isolates of <i>Salmonella</i> .  (39) Until laboratories can implement the current interpretive criteria for ciprofloxacin, levofloxacin, and/or ofloxacin, nalidixic acid may be used to test for reduced fluoroquinolone susceptibility in <i>Salmonella</i> . Strains of <i>Salmonella</i> that test resistant to nalidixic acid may be associated with clinical failure or delayed response in fluoroquinolone-treated patients with salmonellosis.  Note that nalidixic acid may not detect all mechanisms of fluoroquinolone resistance.

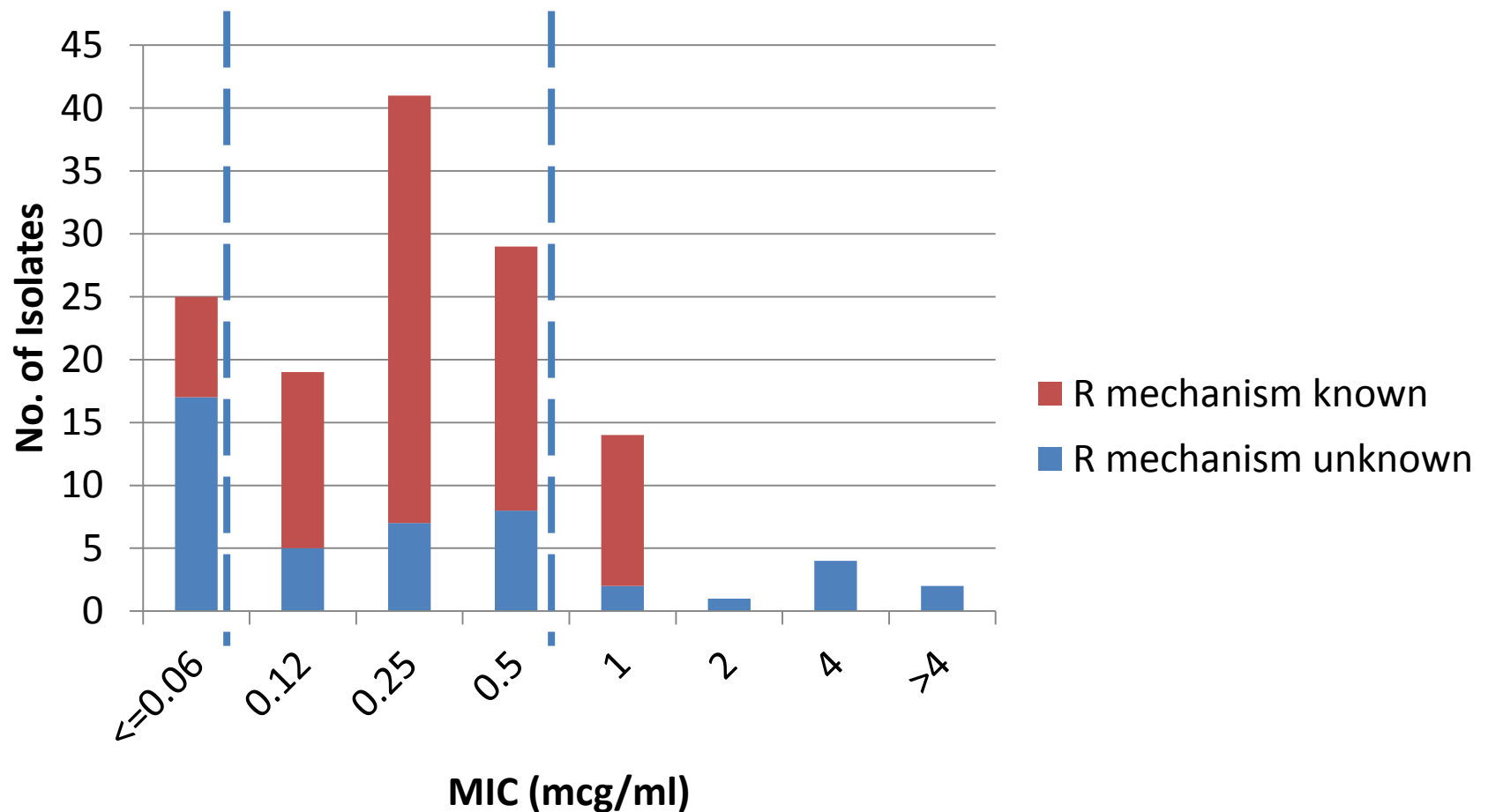
# Salmonella spp.

Agent	MIC (µg/ml)			Zone (mm)		
	Susc	Int	Res	Susc	Int	Res
Ciprofloxacin						
CLSI	≤0.06	0.12-0.5	≥1	≥31	21-30	≤20
→ FDA (Typhi)	≤0.06	0.12-0.5	≥1	≥31	21-30	≤20
FDA (Enterobac.)	≤1	2	≥4	≥21	16-20	≤15
→ EUCAST (Salmonella)	≤0.06	-----	≥0.12 (>0.06)	→ -----Use Peflox disks-----		
Levofloxacin						
→ CLSI	≤0.12	0.25-1	≥2	-----	-----	-----
FDA (Enterobac.)	≤2	4	≥8	≥17	14-16	≤13
EUCAST (Enterobac.)	≤1	-----	≥4 (>2)	≥22	19-21	≤18
Ofloxacin						
→ CLSI	≤0.12	0.25-1	≥2	-----	-----	-----
FDA (Enterobac.)	≤2	4	≥8	≥16	13-15	≤12
EUCAST (Enterobac.)	≤0.5	-----	≥2(>1)	≥22	19-21	≤18
Pefloxacin						
EUCAST	-----	-----	-----	≥24	-----	<24

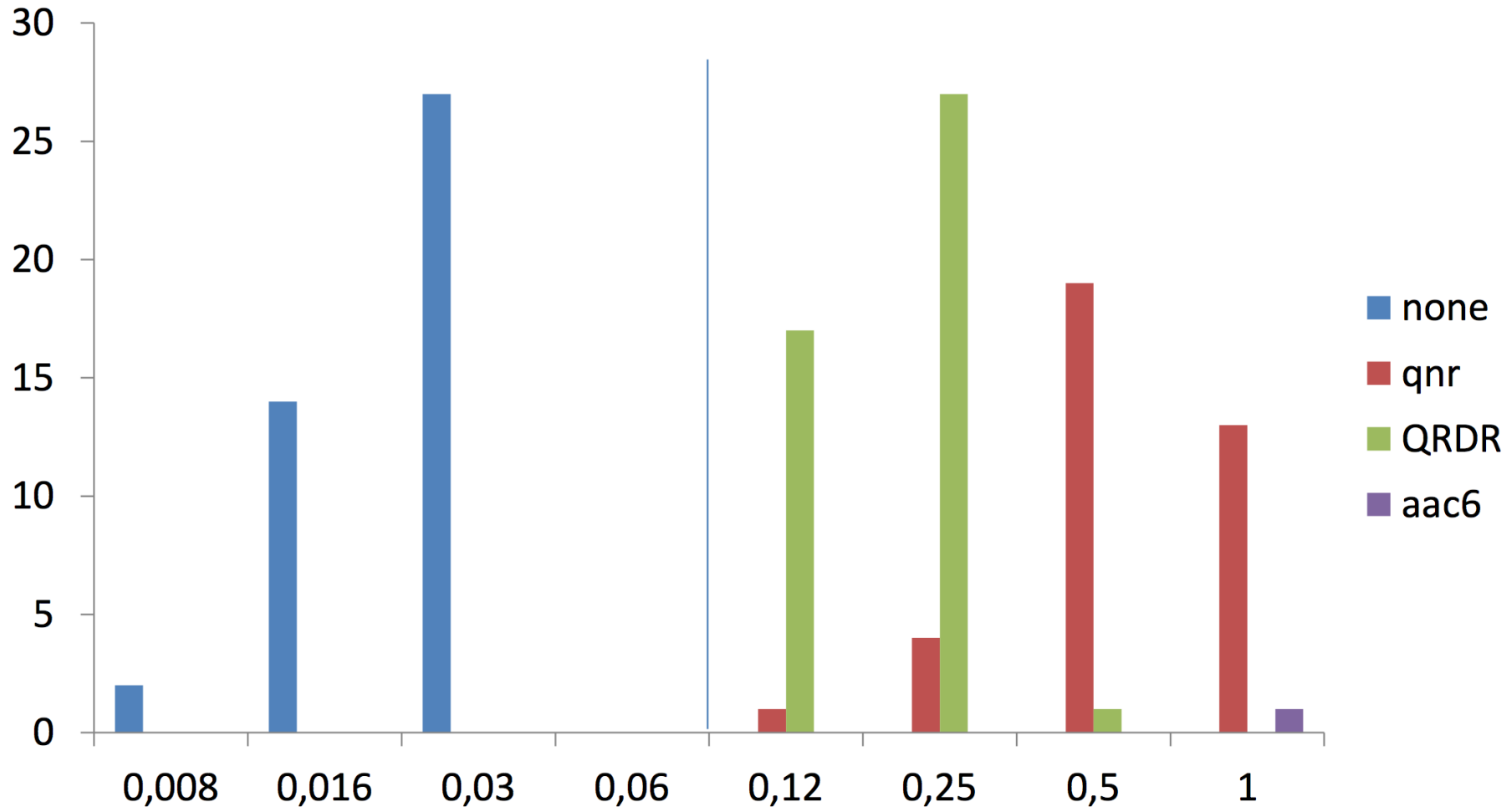
# FQ WG June 2014 Presentations

- Data presented from EUCAST (Robert Skov)
- Data presented from UCLA

# UCLA Studies: Distribution of Ciprofloxacin MICs (n=136)



# Ciprofloxacin MIC (after retest) vs resistance mechanism



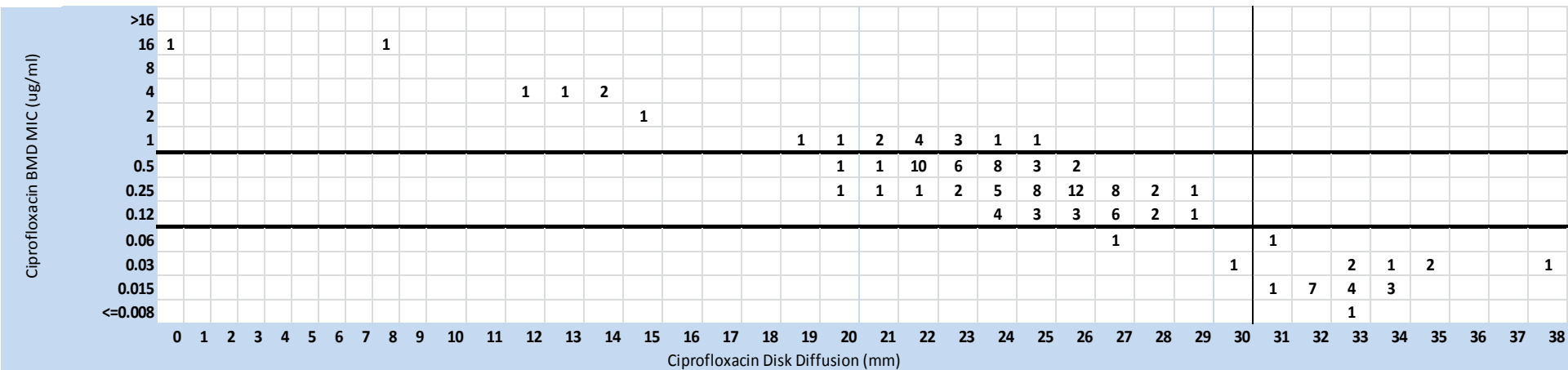
# UCLA Data: MIC vs. DD for Select FQs

Agent	CA (%)	VME	ME	mE
Ciprofloxacin	89.0	0	0	11.0
Levofloxacin	94.9	0	0	5.1
Ofloxacin	80.1	0	0	19.9
Nalidixic Acid	90.4	0	0	9.6

# Surrogate Disk for FQ Resistance in *Salmonella* spp.

- Our definition –
  - A disk and zone cutoff that most reliably identifies *Salmonella* isolates that are not susceptible to FQs based on current ciprofloxacin susceptible or not susceptible (I + R) MIC breakpoints
  - Assumption – ciprofloxacin MIC (using CLSI reference method) accurately differentiates FQ susceptible from FQ not susceptible isolates
- Errors calculated:
  - VME = total false S/total not susceptible
  - ME = total false not susceptible/total susceptible

# Ciprofloxacin MIC vs Ciprofloxacin DD (n=136)



Current BP (%)	
VME	0
ME	8.0
CA	98.5
≤30 mm	

# Ciprofloxacin 5 µg vs fluoroquinolone resistance mechanism

CLSI Enterobactereaceae  
Resistant Breakpoint

Zone diameter	Resistance mechanism			
	none	qnr	QRDR	aac6
20		3		3
21		8		3
22		18	2	
23		50	2	
24		42	6	
25		39	12	
26		21	57	
27		19	67	
28		11	57	
29	1	9	35	
30	6	2	25	
31	23		6	
32	50		1	
33	61			
34	44			
35	29			
36	23			
37	14			
38	3			
39	4			

CLSI Enterobactereaceae  
Susceptible Breakpoint

# Ciprofloxacin MIC vs Nalidixic Acid DD (n=136)

Cipro BMD MIC (ug/ml)	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
>16																											
16		2																									
8																											
4		4																									
2		1																									
1	12										2	1	1						1								
0.5	19										1	1		5	2												
0.25	36												1	1		1	1			1							
0.12	17																					1					
0.06	1																			1							
0.03																		2		1		2	2				
0.015																	1		1		2	7	1		1	2	
<=0.008																											1

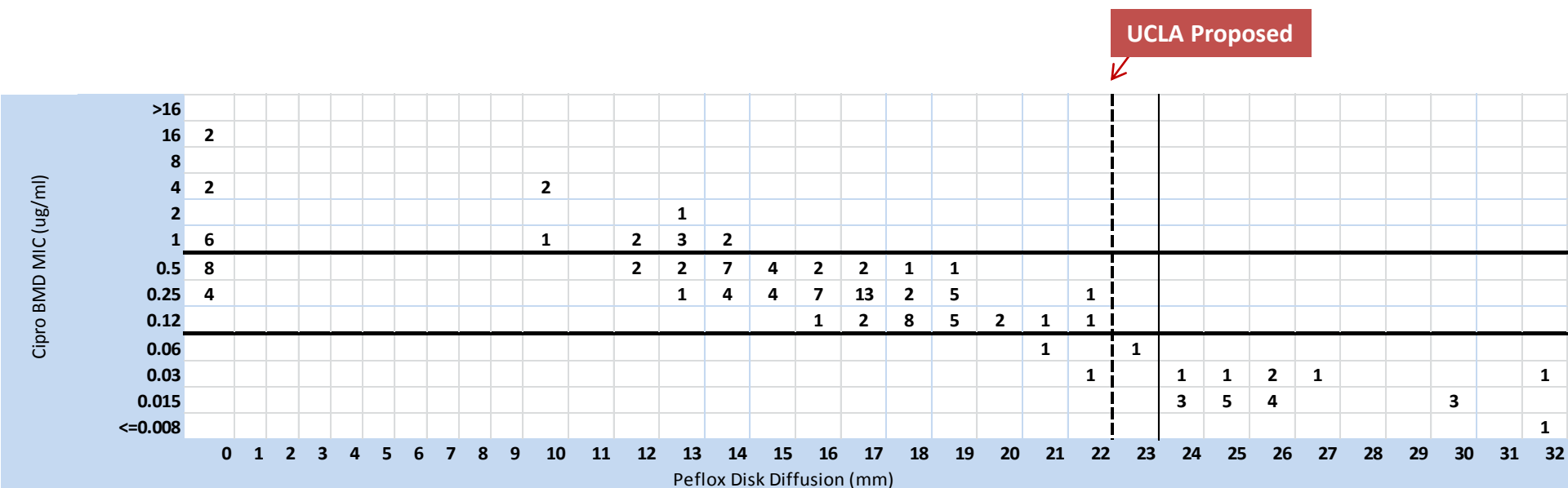
	Current BP (%)
VME	1.8
ME	20.0
CA	94.9

**≤18 mm**

Nalidixic acid 30 µg vs  
fluoroquinolone  
resistance mechanism

Zone diameter	Resistance mechanism			
	none	qnr	QRDR	aac6
6		13	270	
7				
8		4		
9		2		
10		17		
11		23		
12		42		
13		40		1
14		20		1
15		23		3
16		14		1
17		9		
18	1	3		
19	4	1		
20	13			
21	30	2		
22	53	2		
23	60	3		
24	60	3		
25	21	1		
26	3			
27	6			
28	5			
29	2			

# Ciprofloxacin MIC vs Pefloxacin DD (n=136)

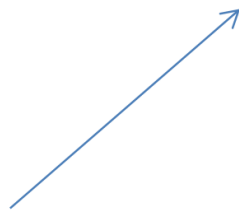


	EUCAST (%)	UCLA Proposed BP (%)
VME	0	0
ME	12.0	8.0
CA	97.8	98.5
	≤23 mm	≤22 mm

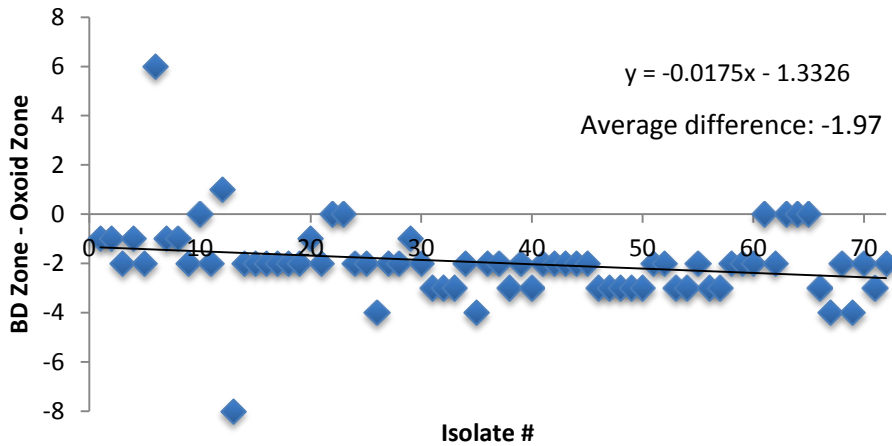
# Pefloxacin 5 µg vs fluoroquinolone resistance mechanism

Zone diameter	Resistance mechanism			
	none	qnr	QRDR	aac6
6			2	
10			2	
11		1		
12		11	3	
13		31		
14		37	4	1
15		38	18	
16		33	16	5
17		30	34	
18		13	46	
19		5	52	
20		8	49	
21		7	31	
22		4	12	
23		3	1	
24	1	1		
25	2			
26	28			
27	51			
28	73			
29	63			
30	21			
31	11			
32	5			
33	2			
34	1			

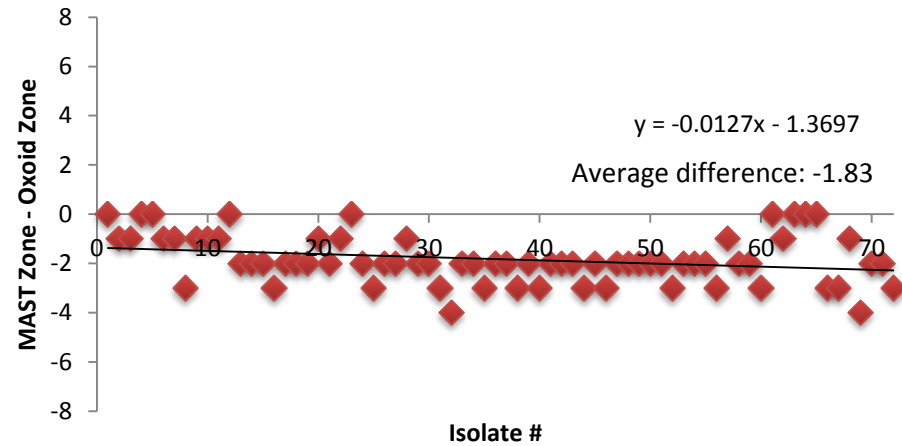
Proposed screenings breakpoint



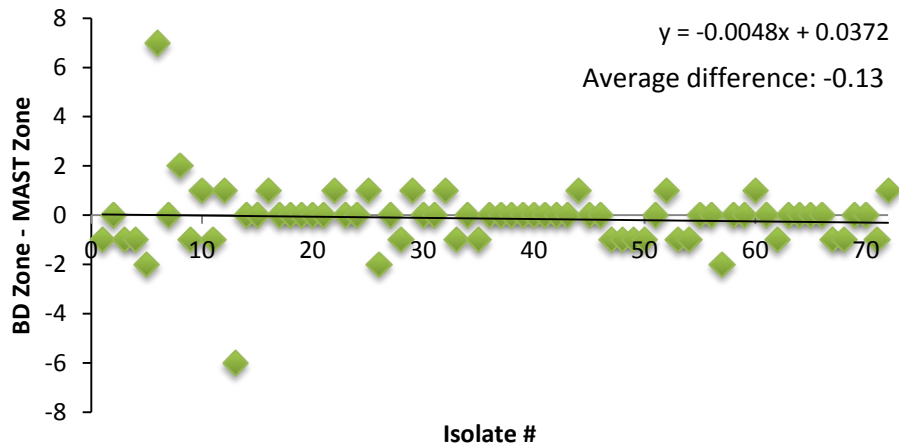
**BD vs. Oxoid**



**MAST vs. Oxoid**



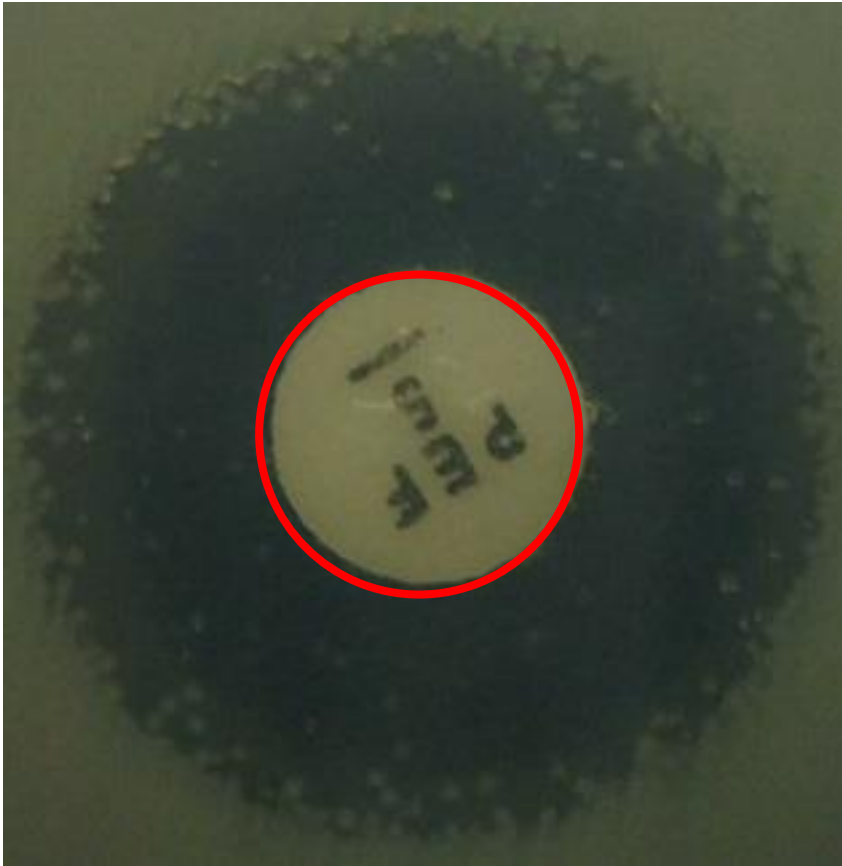
**BD vs. MAST**



## Three lots of pefloxacin disks tested

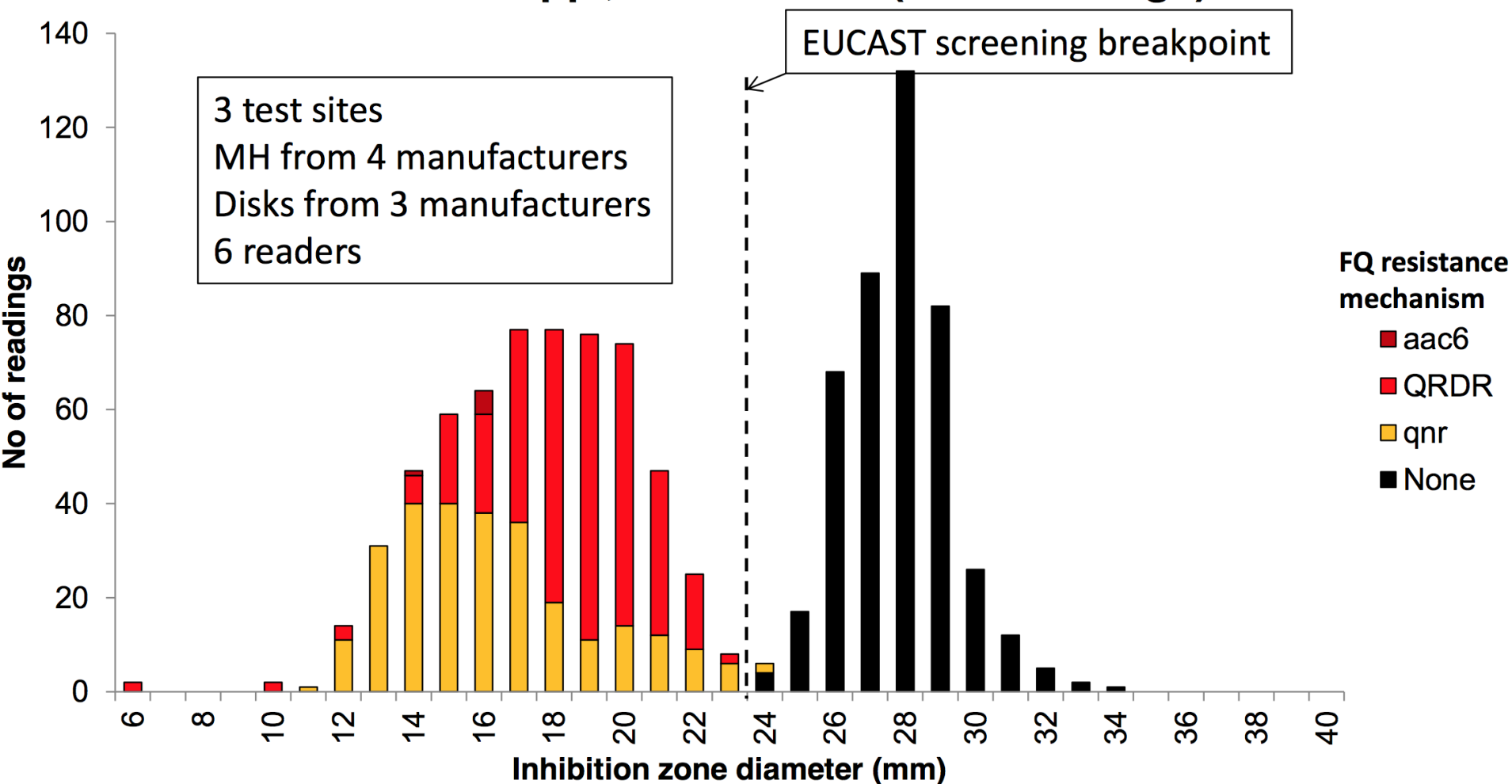
- Significantly larger zones with Oxoid disks vs. BD and MAST ( $p < 0.0001$ )
  - $\approx 2$  mm larger zones
- No difference in S/R interpretation for 72 isolates tested

# Pefloxacin 5 $\mu$ g Zones<sup>1</sup>

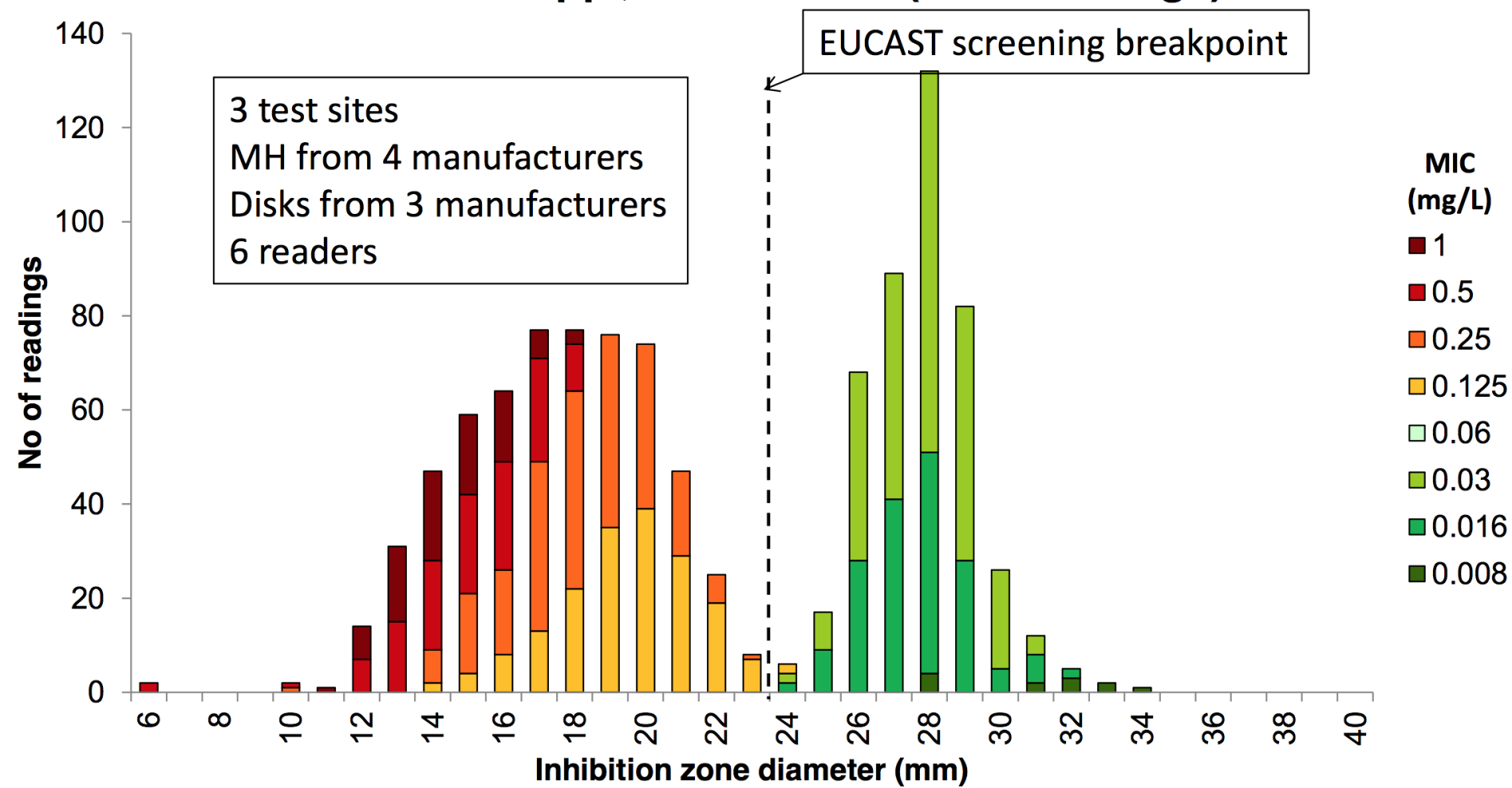


<sup>1</sup> BBL MHA II (single lot); Oxoid disks (single lot); 18 h incubation  
20/47 ciprofloxacin non-susceptible isolates appeared similar  
(Phase I)

# Pefloxacin 5 $\mu$ g vs. FQ resistance mechanism *Salmonella* spp., 126 isolates (1044 readings)



# Pefloxacin 5 $\mu$ g vs. Ciprofloxacin MIC *Salmonella* spp., 126 isolates (1044 readings)



# WG Vote

- Add Pefloxacin to M100 as a surrogate for ciprofloxacin resistance (7-0-0)
  - $\leq 23$  mm R
  - $\geq 24$  mm S
- Remove nalidixic acid (for *Salmonella*), ciprofloxacin disk diffusion breakpoints (6-1-0)
- Remove associated language for nalidixic acid from M100 (and associated documents)
- Discussion points:
  - pefloxacin not available everywhere (yet)
  - Issues with MHA brand (only one brand tested at UCLA, BBL, but more problems with ciprofloxacin noted when 3 manufacturers used)
  - nalidixic acid still very useful in South America (and ciprofloxacin DD has problems)
  - aac resistance mechanism will not necessarily be detected by pefloxacin
  - M23 QC study performed, presented at this meeting to QC WG

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