



Antimicrobial Susceptibility of 42,938 Pathogens Isolated from Patients in Canadian Hospitals: CANWARD Study 2007-2016

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REVISED ABSTRACT

Background: CANWARD is a national, annual, ongoing surveillance study assessing pathogens causing infections in Canadian hospitals and their antimicrobial resistance patterns.

Methods: From 2007 to 2016, 42,938 pathogens were collected from patients attending hospital clinics, emergency rooms, medical and surgical wards, and intensive care units in tertiary-care hospitals across Canada. Antimicrobial susceptibility testing was performed using CLSI broth microdilution methods with >40 marketed and investigational antimicrobial agents.

Results: Specimen source composition of the 42,938 isolates was 43.5% blood, 33.1% respiratory, 13.2% urine and 10.2% wound specimens. Patient demographic characteristics were: 54.64% male/female; 13.1/44.2/42.7% patients aged <17/18-64/≥65 years; and 38.1/24.8/19.0/18.1% patients located in medical and surgical wards/emergency rooms/ICUs/clinics. The most common pathogens were: *E. coli* (EC 19.6%), methicillin-susceptible *Staphylococcus aureus*-MSSA (16.6%), *Pseudomonas aeruginosa* (PA 9.0%), *Streptococcus pneumoniae* (SPN 6.1%), *Klebsiella pneumoniae* (KP 6.1%), *Enterococcus* spp. (5.4%), methicillin-resistant *S. aureus*-MSSA (4.6%), and *Haemophilus influenzae* (4.1%). Susceptibility rates (SR) for EC were: 99.9% for meropenem (MER) and tigecycline (TGC), 99.7% erapenem (ERT), 97.6% piperacillin-tazobactam (PTZ), 91.8% ceftazidime (CAZ), 90.5% gentamicin (GEN), 77.0% ciprofloxacin (CIP) and 73.2% TMP-SMX (SXT). SR for PA were: 98.3% ceftolozane/tazobactam (C/T), 94.8% colistin, 84.1% PTZ, 82.9% ceftazidime (CAZ), 81.1% MER, 79.4% GEN and 75.2% CIP. SR for MRSA were: 100% for linezolid (LZD) and telavancin (TLV), 99.9% daptomycin (DAP) and vancomycin, 99.2% TGC, and 93.9% SXT. Rates of resistant organisms between 2007-2016 increased significantly for ESBL-producing EC (3.4%-12.4%) as well as VRE (1.8%-2.8%), whereas MRSA rates (26.1%-16.5%) 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 C/T, colistin, PTZ, CAZ and MER. 99-100% of MRSA were susceptible DAP, LZD, TLV, and vancomycin.

INTRODUCTION

Infections caused by antimicrobial resistant Gram-positive organisms such as methicillin-resistant *Staphylococcus aureus* (MRSA), community associated-CA and healthcare associated-HA), vancomycin-resistant *Enterococcus species* (VRE), penicillin-resistant *Streptococcus pneumoniae* (PRSP), and Gram-negative bacilli such as extended spectrum β-lactamase (ESBL) producing *Escherichia coli* and *Klebsiella species* 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 limited as these organisms frequently display a multidrug resistant (MDR) and potentially and extremely drug resistant (XDR) phenotype (1,2).

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 2007-2016, 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 2007-2016, inclusive.
- To assess the activity of antimicrobials against respiratory, urinary, bacteremic and wound/IV site pathogens in Canadian patients affiliated with hospitals from 2007-2016, inclusive.

REFERENCES

- Zhanel GG, DeCorby M, Adam HJ, et al. 2010. Antimicrobial Agents and Chemotherapy; 54(11): 4684-4693.
- Zhanel GG, Adam HJ, Baxter M, et al. 2013. Journal of Antimicrobial Chemotherapy; 68 (Suppl 1): 7-22.

MATERIALS & METHODS

Participating Sites:

From January 2007 to October 2016, 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, 13 in 2016) in major population centres in 8 of the 10 provinces in Canada were recruited (see Appendix and references 1 and 2). 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 through October 2016, inclusive, 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 were excluded. We also excluded anaerobic organisms. 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, 2015 and 2016; 7718, 5283, 5374, 4960, 3788, 2802, 3511, 3174, 3206 and 3126 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 (CLSI, 2015 M7-A10). Antimicrobial minimum inhibitory concentration (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 (M7-A10, 2015). 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 2007-2016

Gender	N	% Total	Age Group	N	% Total
Female	19,498	45.4	≤17 years	5,607	13.0
Male	23,437	54.6	18 - 64 years	19,003	44.3
	42,935*		≥65 years	18,325	42.7
*demographics unknown for 3 isolates			*demographics unknown for 3 isolates		
Ward Type	N	% Total	Specimen Source	N	% Total
Clinic	7,753	18.1	Blood	18,686	43.5
ER	10,634	24.8	Respiratory	14,212	33.1
ICU	8,141	19.0	Urine	5,649	13.2
Medical	12,819	29.9	Wound	4,391	10.2
Surgical	3,584	8.2		42,938	
	42,931*		*demographics unknown for 7 isolates		

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

Organism (n) / Antimicrobial Agent	% S	% I	% R	MIC ₅₀	MIC ₉₀	Range Min	Range Max
Staphylococcus aureus, MSSA (n=7146)							
Amikacin	99.56%	0.44%	4	4	0.12	32	
Ceftazidime	100%		0.5	0.5	≤0.06	2	
Ceftiprole			4	4	0.25	256	
Ceftriaxone	86.45%	2.96%	10.60%	0.5	4	≤0.06	>16
Ciprofloxacin	75.97%	0.53%	23.50%	0.25	>32	≤0.03	>32
Clarithromycin	93.47%	0.41%	6.12%	≤0.12	≤0.12	≤0.12	>8
Clindamycin	100%		0.25	0.25	≤0.03	1	
Daptomycin	99.00%	0.75%	0.25%	≤0.12	≤0.12	≤0.12	16
Doxycycline	98.09%	0.08%	1.82%	≤0.5	≤0.5	≤0.5	>32
Ertapenem	90.10%	0.33%	9.57%	0.25	1	≤0.06	>32
Levofloxacin	99.93%	0.07%	2	4	≤0.12	8	
Linezolid	90.43%	0.76%	8.82%	≤0.06	0.25	≤0.06	>16
Moxifloxacin	99.96%	0.04%	16	16	≤0.5	64	
Nitrofurantoin	100%		0.06	0.06	0.008	0.12	
Telavancin	99.89%		0.12	0.25	≤0.03	1	
Tigecycline	97.34%	0.33%	2.33%	≤0.5	≤0.5	≤0.5	>64
Tobramycin	99.47%	0.53%	≤0.12	≤0.12	≤0.12	>8	
TMP-SMX	100%		1	1	≤0.12	2	
Vancomycin	100%		0.5	0.5	≤0.25	1	
Staphylococcus aureus, MRSA (n=1963)							
Cefazolin	99.88%	>32	>32	1	>32		
Ceftiprole	99.71%	0.29%	1	2	0.25	4	
Ceftriaxone		>64	>64	2	>256		
Ciprofloxacin	17.42%	0.36%	82.22%	>16	>16	≤0.06	>16
Clarithromycin	15.13%	0.41%	84.46%	>32	>32	≤0.03	>32
Clindamycin	53.89%	0.05%	46.06%	≤0.12	>8	≤0.12	>8
Daptomycin	99.90%		0.10%	0.25	0.5	0.06	4
Doxycycline	97.53%	1.06%	1.41%	≤0.12	1	≤0.12	16
Gentamicin	92.92%	0.25%	6.83%	≤0.5	1	≤0.5	>32
Levofloxacin	14.06%	0.85%	85.94%	>32	>32	≤0.12	>32
Linezolid	100%		2	4	≤0.12	4	
Moxifloxacin	18.03%	3.52%	78.45%	8	>16	≤0.06	>16
Nitrofurantoin	100%		16	16	8	32	
Telavancin	100%		0.06	0.06	0.015	0.12	
Tigecycline	99.18%		0.25	0.5	≤0.03	2	
Tobramycin	59.11%	0.82%	40.07%	≤0.5	>64	≤0.5	>64
TMP-SMX	94.09%	5.91%	≤0.12	≤0.12	≤0.12	>8	
Vancomycin	99.85%	0.15%	1	1	≤0.12	4	
Staphylococcus epidermidis (n=945)							
Amox Clavulanate		1	8	≤0.06	32		
Cefazolin		1	64	≤0.5	>128		
Cefepime		4	64	≤0.25	128		
Cefotaxime		8	>32	≤0.06	>32		
Ceftiprole		0.5	1	≤0.03	4		
Ceftriaxone		8	>64	≤0.25	>64		
Ciprofloxacin	46.80%	1.49%	51.71%	4	>16	≤0.06	>16
Clarithromycin	33.62%	1.49%	64.89%	>32	>32	≤0.03	>32
Clindamycin	57.52%	1.49%	40.98%	≤0.12	>8	≤0.12	>8
Daptomycin	100%		0.12	0.25	≤0.03	1	
Doripenem			1	16	≤0.03	>32	
Doxycycline	96.63%	1.80%	1.57%	0.25	1	≤0.12	32
Ertapenem			2	>32	≤0.03	>32	
Gentamicin			≤0.5	>32	≤0.5	>32	
Levofloxacin	44.24%	1.56%	54.21%	4	>32	≤0.12	>32
Linezolid	100%		0.5	1	≤0.12	4	
Meropenem			2	>32	≤0.03	64	
Moxifloxacin	48.51%	8.21%	43.28%	1	>16	≤0.06	>16
Pip-Tazo			≤1	16	≤1	128	
Telavancin	98.98%	1.02%	0.06	0.12	0.015	0.25	
Tigecycline			0.12	0.25	≤0.03	1	
Tobramycin	63.12%	12.44%	24.43%	≤0.5	32	≤0.5	>64
TMP-SMX	60.34%	39.66%	1	8	≤0.12	>8	
Vancomycin	100%		1	2	≤0.12	4	
Streptococcus pneumoniae (n=2626)							
Amox Clavulanate	97.96%	1.20%	0.84%	≤0.06	0.12	≤0.06	16
Ceftiprole	99.89%	0.11%	≤0.03	0.06	≤0.03	1	
Ceftriaxone	99.40%	0.44%	0.16%	≤0.06	≤0.06	≤0.06	4
Cefuroxime	93.49%	1.88%	4.84%	≤0.25	≤0.25	≤0.25	>16
Chloramphenicol	98.78%	1.22%	2	4	≤0.12	32	
Ciprofloxacin	96.92%	3.08%	1	2	≤0.06	>16	
Clarithromycin	78.45%	3.49%	18.07%	≤0.03	4	≤0.03	>32
Clindamycin	92.83%	0.52%	6.65%	≤0.12	≤0.12	≤0.12	>64
Daptomycin			0.06	0.12	≤0.03	0.5	
Doxycycline	86.73%	1.28%	11.98%	≤0.25	2	≤0.25	>16
Ertapenem	99.00%	0.96%	0.04%	≤0.06	0.12	≤0.06	4
Impipenem	93.79%	4.43%	1.77%	≤0.03	≤0.03	≤0.03	1
Levofloxacin	99.04%	0.16%	0.80%	1	1	≤0.06	32
Linezolid	99.32%	0.68%	1	1	≤0.12	4	
Meropenem	95.15%	3.13%	1.72%	≤0.06	≤0.06	≤0.06	2
Moxifloxacin	99.08%	0.44%	0.48%	0.12	0.25	≤0.06	8
Penicillin	82.58%	13.24%	4.18%	≤0.03	0.25	≤0.03	>8
Pip-Tazo			≤1	≤1	≤1	8	
Telavancin			0.008	0.015	≤0.002	0.03	
Tigecycline	99.72%	0.28%	≤0.015	0.06	≤0.015	0.25	
TMP-SMX	84.97%	6.30%	8.73%	≤0.12	2	≤0.12	>8
Vancomycin	100%		≤0.25	0.25	≤0.12	1	
Streptococcus pneumoniae (n=2626)							
Amox Clavulanate	97.96%	1.20%	0.84%	≤0.06	0.12	≤0.06	16
Ceftiprole	99.89%	0.11%	≤0.03	0.06	≤0.03	1	
Ceftriaxone	99.40%	0.44%	0.16%	≤0.06	≤0.06	≤0.06	4
Cefuroxime	93.49%	1.88%	4.84%	≤0.25	≤0.25	≤0.25	>16
Chloramphenicol	98.78%	1.22%	2	4	≤0.12	32	
Ciprofloxacin	96.92%	3.08%	1	2	≤0.06	>16	