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Antimicrobial susceptibility of anaerobic bacteria

Antimicrobial susceptibility profiles of anaerobic bacteria, isolated from human clinical specimens, within different European and surrounding countries. A joint ESGAI study

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ABSTRACT

Objectives: Studies on the antimicrobial susceptibility profile of anaerobic bacteria are underrepresented in the literature. Within this study we aim to give an extensive overview of the differences in antimicrobial susceptibility profiles between different European and surrounding countries.

Methods: Minimal inhibitory concentration (MIC) data of different antibiotics were collected from 10 participating laboratories, representing an equal number of countries. All MIC's were determined using Etest, according to the protocol used by the participating laboratory. Anaerobic genera represented by at least 10 clinical isolates were included in the study.

Results: Each country tested different antibiotics, sometimes depending on the kind of infection and/or the anaerobic species isolated. All countries tested clindamycin and metronidazole. Resistance rates differed remarkably between the different countries. Especially in Kuwait, resistance was high for all tested antibiotics. Unexpected metronidazole resistance was observed for Finegoldia magna isolates, Peptoniphilus isolates and Eggerthella lenta isolates.

Conclusions: Due to the extensive differences in antimicrobial susceptibility profile of anaerobic bacteria isolated within different countries, we strongly recommend to perform this kind of study on a regular basis.

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proper anaerobic culture of clinical specimens. Therefore, antibiotic susceptibility testing is not performed and treatment of patients suffering from an infection in which anaerobic bacteria are involved is often empirical.

Within this ESCMID Study Group for Anaerobic Infections (ESGAI) study we aim to provide insight in the current status of the antibiotic susceptibility profile, by showing the resistance rates of different anaerobic genera, isolated in different European and surrounding countries.

2. Material and methods

2.1. Bacterial strains

All included anaerobic strains were isolated in the period of one year, 2017, from a variety of clinical specimens, in the country of origin. Participating laboratories originate from: Split, Croatia; Kuwait City, Kuwait; Leipzig, Germany; Brussels, Belgium; Montpellier, France; Istanbul, Turkey; Ljubljana, Slovenia; Szeged, Hungary; La Chaux-de-Fonds, Switzerland and Groningen, the Netherlands. All strains were identified, at the laboratory of isolation, by Matrix Assisted Laser Desorption Ionization Time-of-Flight Mass Spectrometry (MALDI-TOF MS), using either the Biotype system (Bruker Daltonics, Germany) or the Vitek MS system (bioMérieux, France). Only genera represented with at least 10 isolates were included.

2.2. Antibiotic susceptibility testing

All participating laboratories determined the MIC-values for the different antibiotics using Etest (bioMerieux, France and Liaflichem, Italy), according to their own guidelines. Resistance was interpreted using EUCAST breakpoints. For cefoxitin and tigecycline no EUCAST breakpoints were available, for these antibiotics CLSI breakpoints were applied. An overview of all tested antibiotics, including breakpoints differ for gram-negative (G-) and gram-positive (G+) anaerobic bacteria.

The percentage resistance for the tested antibiotics, if performed in at least two countries, in the different countries is represented in Fig. 1. Further results, range, MIC50 and MIC90, are shown in Table 1 of the supplementary data.

All countries determined the MIC-value of an antibiotic belonging to the class of penicillin’s using Etest, except for France where antibiotic disks were used. Penicillin was tested by 7 different countries, but not for all gram-negative genera. The resistance for the Bacteroides group varied from 90.6% (68/75) in Turkey to 100% (n = 196) in Kuwait. The percentage resistance varied most within the genus Prevotella and was lowest among Fusobacterium isolates. Ampicillin was only tested in Germany, amoxicillin only in the Netherlands and piperacillin only in Kuwait. Percentage resistance within the Bacteroides group in these three countries was 73.4% (138/188), 96.5% (167/173) and 51.6% (101/196), respectively.

An antibiotic belonging to the class of penicillin antibiotics together with a beta-lactamase inhibitor (amoxicillin-clavulanic acid or piperacillin-tazobactam) was tested in all countries. Resistance for amoxicillin-clavulanic acid was relatively high (≈ 20%) for Parabacteroides isolates in France (21.7%, 5/23) and Slovenia (17.3%, 14/81), while it was relatively high for Bacteroides isolates in Kuwait and Belgium, 32.6% (64/196) and 21.3% (32/150), respectively.

Clindamycin was tested in all countries, with the exception of France where the MIC value for clindamycin was only tested on a selection of anaerobic isolates, while for Bacteroides isolates an antibiotic disk was used, yielding an insufficient number of isolates per genus. Resistance for clindamycin was roughly similar for Bacteroides in all countries (≈ 25%), with the exception of Belgium and Kuwait where the resistance was 41.9% (62/148) and 84.2% (165/196), respectively. This high rate of resistance for clindamycin was also observed for Prevotella isolates in Kuwait, namely 89.2% (64/72). Fusobacterium isolates showed the lowest resistance rate in all countries which tested a sufficient number of isolates.

Cefoxitin was tested in France, Kuwait and Turkey. Bacteroides isolates from Kuwait showed the highest resistance, 73.8% (145/196), while in France the resistance to cefoxitin was 7.8% (32/409). Resistance rates among Parabacteroides isolates from France were

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Abbreviations: FR, France; SU, Switzerland, BE, Belgium; DE, Germany; KW, Kuwait; TR, Turkey; NL, the Netherlands; SL, Slovenia; HR, Croatia; HU, Hungary.

a Breakpoints differ for gram-negative (G-) and gram-positive (G+) anaerobic bacteria.
b CLSI breakpoints are used.

Table 1 An overview of the tested antibiotics for each country.
13% (3/23), while none of the isolates of Turkey (n = 12) showed resistance.

As for clindamycin, metronidazole was also tested by all participating countries, even though Switzerland is missing due to an insufficient number of isolates tested with Etest within a genus. Resistance was highest in Kuwait and Germany. In Germany the resistance was relatively high among isolates of the genera *Fusobacterium* and *Prevotella*, 4.2% (1/24) and 5.9% (5/85). In Kuwait the resistance among *Bacteroides* isolates was 6.5% (13/196). Only in Turkey and Croatia, there were no isolates resistant to metronidazole.

Resistance to a carbapenem antibiotic was tested in all countries using Etest, except in France where antibiotic disks were used. The highest resistance rates were encountered in Belgium and Kuwait. The resistance for meropenem was 9.6% (19/196) for *Bacteroides* isolates from Kuwait and 4% (6/150) for Belgian isolates. In Kuwait

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**Fig. 1.** Heatmaps of the percentage resistance per antibiotic of gram-negative anaerobic bacteria, shown in a grey-scale. A white block indicates that that specific antibiotic is not tested by the participating laboratory or the entity was present with <10 isolates. Abbreviations: Countries, FR: France; SU: Switzerland; BE: Belgium; DE: Germany; KW: Kuwait; SL: Slovenia; TR: Turkey; HU: Hungary; NL: the Netherlands; HR: Croatia. Anaerobic genera, A: *Bacteroides*; B: *Parabacteroides*; C: *Prevotella*; D: *Porphyromonas*; E: *Fusobacterium*.
and Slovenia also one *Prevotella* isolate showed resistance to a carbapenem. None of the clinical isolates from Germany, Turkey, Hungary, Croatia and the Netherlands showed resistance to a carbapenem antibiotic.

### 3.2. Gram-positive anaerobic bacteria

The percentage resistance, of gram-positive anaerobic bacteria which were isolated in 10 different countries, for the different antibiotics is presented in Fig. 2. More extensive data, range, MIC$_{50}$ and MIC$_{90}$ are presented in Table 2 in the supplementary data.

Of the beta-lactam antibiotics, most countries tested penicillin (Fig. 2). In Germany, ampicillin was tested and resistance was found only among the peptostreptococci (11.1% (3/27); supplementary data, Table 2). In the Netherlands, amoxicillin resistance was encountered only among the clostridia (2.7% (1/37); supplemental data, Table 2). Piperacillin was only tested in Kuwait. Resistance was found among different GPAC genera. Resistance towards penicillin varied among the anaerobic genera (Fig. 2). In each country several genera showed resistance against penicillin, with a resistance of 35% (7/20) for peptostreptococci isolates in Kuwait being the highest.

As for the gram-negative anaerobic bacteria, amoxicillin-clavulanic and/or piperacillin-tazobactam were tested in several of the participating countries. Surprisingly, a relatively high percentage of resistance for amoxicillin-clavulanic was encountered for peptostreptococci in Kuwait and Slovenia, 45% and 8.6%, respectively. Also, *Eggerthella lenta* isolates from Germany showed a relatively high percentage of resistance for piperacillin-tazobactam, 12.5% (2/16).

Cefoxitin was only tested in Kuwait and Turkey. Isolates belonging to the GPAC genera, *Peptostreptoccus*, *Peptoniphilus* and *Finegoldia*, showed resistance for this antibiotic. *Cutibacterium* and *Clostridium* isolates were susceptible to cefoxitin.

Carbapenem antibiotics, imipenem, meropenem and ertapenem, were tested by about half of the participating countries (supplementary data, Table 2). Resistance among *F. magna* and *Peptostreptococcus* isolates was only observed in Kuwait. Of the *F. magna* isolates 5.5% (1/18) was resistant to imipenem and 5.5% (1/18) for meropenem. Meropenem resistance was also observed among 5% (1/20) of the peptostreptococci isolates. In Slovenia 1% (2/208) of the clostridia isolates showed resistance to imipenem.

Clindamycin was tested in all countries. *F. magna* and *Peptoniphilus* isolates from Kuwait showed the highest rate of resistance, 50% (9/18) and 53.8% (7/13), respectively. *Cutibacterium* isolates were most resistant in Kuwait and Turkey, 36.7% (4/11) and 32.8% (21/64), respectively. Resistance rates of almost 30% were encountered for clostridia isolated in Belgium (6/21, 28.6%).

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**Fig. 2.** Heatmaps showing the percentage resistance for the different antibiotics, for the gram-positive anaerobic genera. A white block indicates that that specific antibiotic is not tested by the participating laboratory or that the entity was present with <10 isolates. Abbreviations: countries, FR: France; SU: Switzerland; BE: Belgium; DE: Germany; KW: Kuwait; SL: Slovenia; TR: Turkey; HU: Hungary; NL: the Netherlands; HR: Croatia. Anaerobic genera, A: *Actinomyces*; B: *Clostridium*; C: *Cutibacterium*; D: *Eggerthella lenta*; E: *Anaerococcus*; F: *Peptoniphilus*; G: *Parvimonas micra*; H: *Finegoldia magna*; I: *Peptostreptococcus*. 
consumption per 1000 inhabitants per day. This fact is not re-
alyzed by Wybo et al. [10]. A decrease in clindamycin resis-
tance in Pevotella isolates is observed for Turkey; 15.6% (15/96) in this study
compared to 40.5% in the study by Unger-Toprak et al. [6]. For other
countries participating in both studies no differences were observed.

In general, metronidazole is the drug of choice to treat an
infection in which anaerobic bacteria play a role [11], especially as
gram-negative anaerobic bacteria are assumed to be susceptible for
this drug. Nowadays, more and more metronidazole resistant
Bacteroides and Prevotella clinical isolates, often multidrug resistant,
are popping up [12–15]. From the data collected within this
study we can conclude that the assumption of susceptibility for this
drug for gram-negative anaerobic bacteria is not valid anymore.
Resistance for metronidazole was observed among gram-negative
anaerobic bacteria derived from all participating countries, except
for the isolates from Turkey.

For the gram-positive anaerobic bacteria, isolates belonging to
the genera Cutibacterium, Actinomyces or Bifidobacterium are, in
general, considered to be resistant to metronidazole. We observed
resistance among the GPAC genera, especially F. magna. Shilnikova
et al. [16] encountered one F. magna isolate, which was not only
resistant to metronidazole but also multidrug resistant. In a study
by Novak et al. [17], in Croatia, metronidazole resistance was re-
ported in 28.6% of the isolated gram-positive anaerobic cocci
strains isolated in 2013. In this data set of clinical isolates from 2017,
metronidazole resistance was observed among 50% (6/12) of the
peptostreptococci isolates. The relatively high resistance rates for
Peptoniphilus spp. in Kuwait (2/13, 15.4%) has not been described
previously, either no resistance was encountered or isolates were
included in under the general name gram-positive anaerobic cocci
[8,9]. Also, no reports are available describing the metronidazole
resistance in E. lenta observed among isolates from Germany.
Resistance among C. non-difficile isolates is rare and can be observed
among isolates of Clostridium innocuum, Clostridium ramosum and Clostridium clostridiiforme [18]. We observed low
rates of resistance within the clostridia isolates from Germany and
Hungary. These were Clostridium innocuum, Clostridium bifermantans and
Clostridium perfringens isolates (data not shown).

Discrepancies were noted regarding the rate of resistance for
different kind of antibiotics belonging to the same category. This
can indicate that for some antibiotics the breakpoint is incorrect
and needs evaluation.

For a number of genera less than 30 isolates were encountered,
which can hinder the interpretation of the results presented in this
study. Furthermore, no limitation was set for certain groups of
patients.

This study shows that the antimicrobial susceptibility profile of
anaerobic bacteria differs remarkably between different countries
and that unexpected resistance patterns can be observed. This data
set confirms that the antimicrobial resistance rates are highest
among gram-negative anaerobic bacteria [19,20]. Considering the
limited amount of data available, regarding the antimicrobial sus-
cceptibility profile of the different European and surrounding
countries, we recommend to perform this study on a regular basis,
preferably every 5 year, using the data available in the different
laboratories. Furthermore, a standardization of antibiotics to be
tested for anaerobic bacteria, depending on the isolate and known
antibiotic susceptibility profiles, is proposed.

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Declaration of competing interest

None.
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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.anaerobe.2019.102111.

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