

Introduction

The 5th nationwide surveillance of bacterial respiratory pathogens in 2010 has been excuted by a team of three academic societies of Japan.

Materials & Methods

- 1) Surveillance period: January - September, 2010
- 2) Cooperative institutes: 33 Hospitals throughout Japan.
- 3) Strains tested: Isolated from sputum, trans-tracheal aspirates (TTA) including bronchoscopy (identified by qualitative culture and Gram-staining etc) of adult patients who was well-diagnosed as respiratory tract infection(RTI) [community-acquired pneumonia (CAP), hospital-acquired pneumonia (HAP), acute exacerbations of chronic respiratory diseases (AECRD), and others].
- 4) Antibacterial agents tested: 42 agents as listed in Table 2.
- 5) Susceptibility test: Conducted at the surveillance central laboratory (Kitasato University, Lab. for Antimicrob. Agents) according to the CLSI standards for broth microdilution methods.
- 6) For classification of penicillin susceptibility in *Streptococcus pneumoniae*, M-100 S-17 (January, 2007) was employed.
- 7) Determination of β-lactamase: Nitocefin method for detection of *Haemophilus influenzae* penicillinaze.

Table 1 Number of bacterial strains tested

Bacterial species	2006	2007	2008	2009	2010
<i>Staphylococcus aureus</i>	205	226	189	130	206
<i>Streptococcus pneumoniae</i>	200	257	211	127	190
<i>Streptococcus pyogenes</i>	9	6	6	4	4
<i>Moraxella catarrhalis</i>	91	120	106	70	74
<i>Haemophilus influenzae</i>	165	206	187	123	182
<i>Klebsiella pneumoniae</i>	74	122	126	78	139
<i>Pseudomonas aeruginosa</i>	143	171	162	103	160
Total	887	1108	987	635	955

Fig.1 Proportions of MRSA and MSSA isolated in past five years

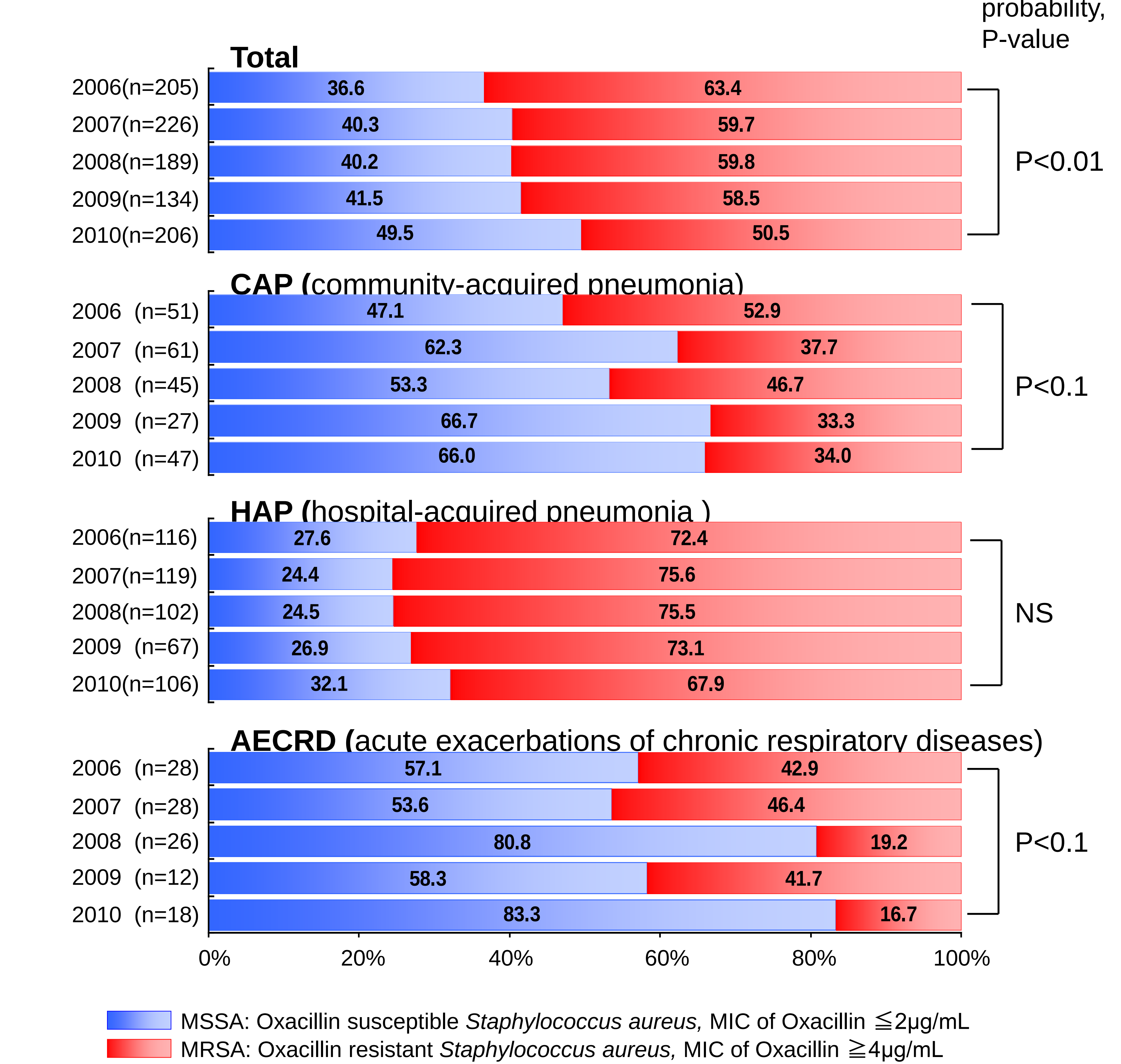


Fig.2 Proportions of PSSP,PISP and PRSP isolated in past five years

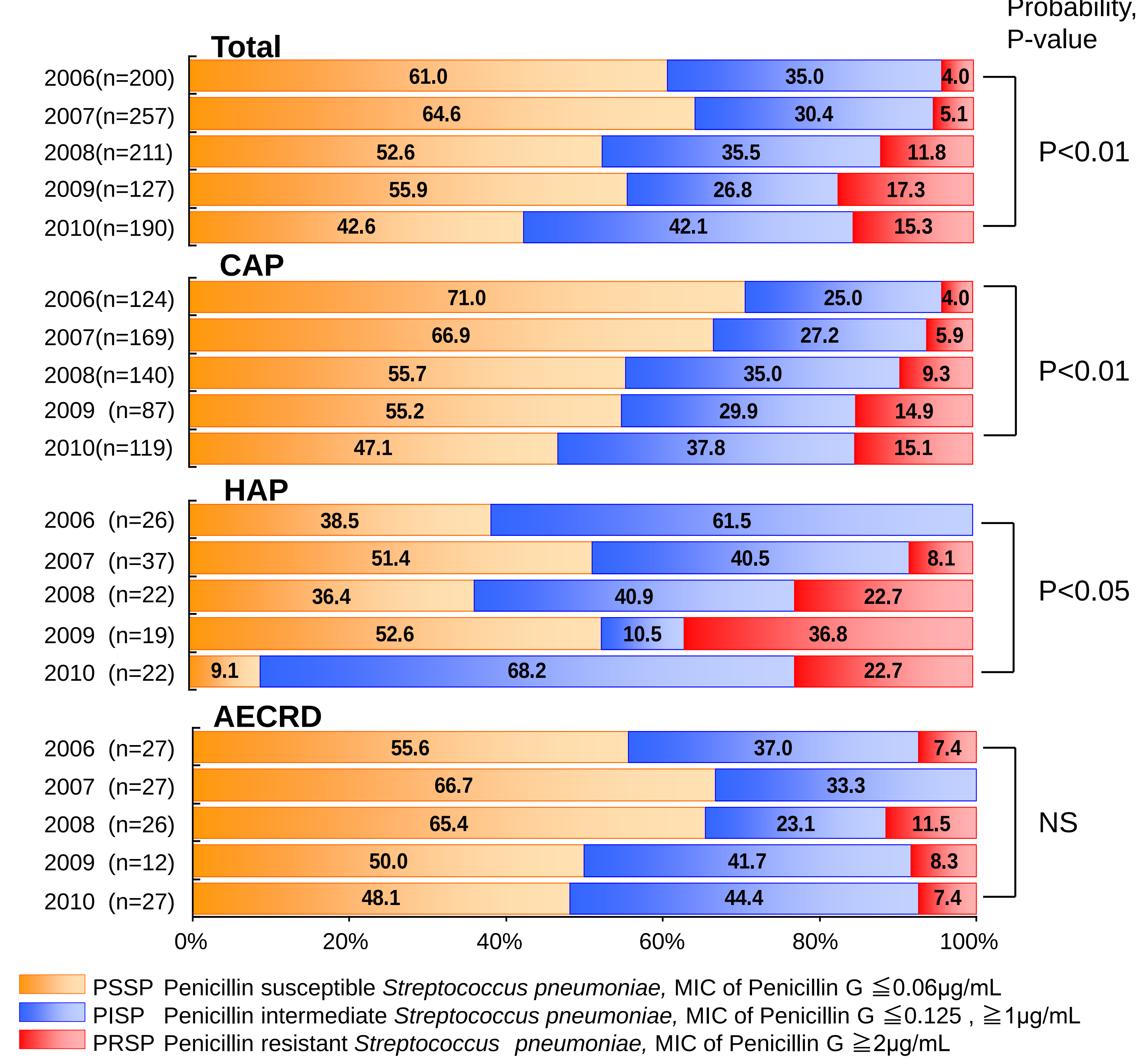


Fig.3 Proportions of BLNAS,BLNAI,BLNAR and BLPAR isolated in past five years

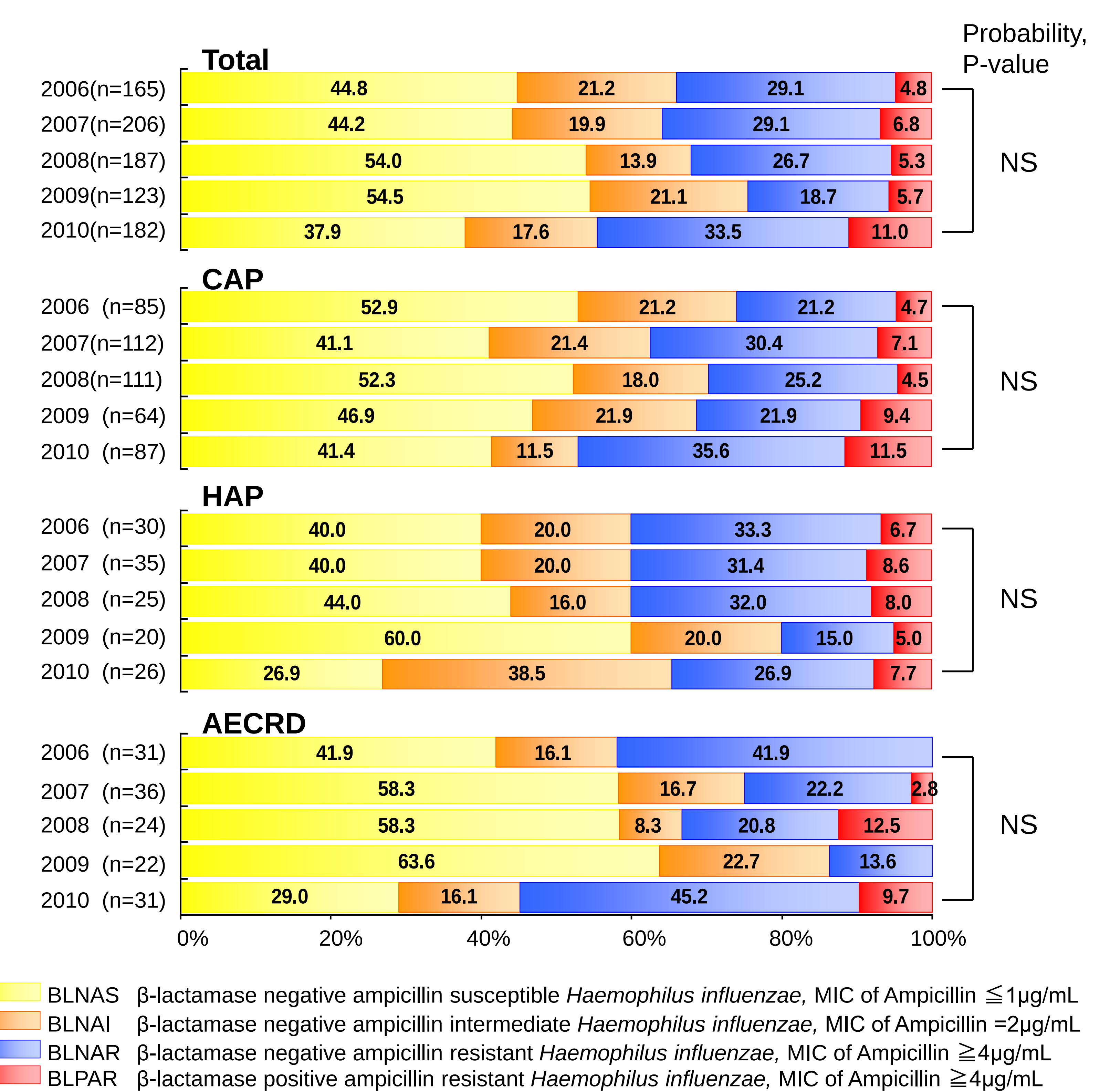


Table 2 Susceptibility of 3 major respiratory pathogens to antibacterial agents [MIC₉₀(μg/mL)]

Antibacterial agent	<i>Staphylococcus aureus</i>				<i>Streptococcus pneumoniae</i>		<i>Haemophilus influenzae</i>	
	MSSA		MRSA					
	2006 n = 75	2010 n = 102	2006 n = 130	2010 n = 104	2006 n = 200	2010 n = 190	2006 n = 165	2010 n = 182
Penicillin G	16	8	64	32	1	2	8	32
Ampicillin	16	4	64	32	2	2	8	32
Ampicillin-sulbactam	2	1	32	32	2	2	4	8
Amoxicillin-clavulanic acid	2	1	32	32	1	1	8	8
Piperacillin	32	8	≥ 256	≥ 256	2	2	0.25	1
Piperacillin-tazobactam	2	1	≥ 256	≥ 256	2	2	0.125	0.125
Cefaclor	4	2	≥ 256	≥ 256	32	64	64	64
Cefdinir	0.5	0.5	≥ 128	≥ 128	4	4	8	8
Cefcapene	1	1	≥ 256	≥ 256	0.5	1	2	2
Cefditoren	1	1	≥ 128	≥ 128	0.25	0.5	0.25	0.25
Cefazolin	1	0.5	≥ 256	≥ 256	2	2	128	128
Cefmetazole	2	1	64	128	4	16	8	32
Cefotiam	1	1	≥ 256	≥ 256	2	4	64	64
Ceftazidime	8	8	≥ 128	≥ 128	8	8	0.5	0.5
Ceftriaxon	4	4	≥ 256	≥ 256	1	1	0.5	0.25
Cefepime	4	2	≥ 256	≥ 256	1	1	2	2
Cefozopran	1	1	64	64	1	1	16	16
Imipenem	≤ 0.06	≤ 0.06	64	64	0.125	0.25	4	2
Panipenem	≤ 0.06	≤ 0.06	32	32	≤ 0.06	0.125	2	2
Meropenem	0.125	0.125	32	32	0.25	0.25	0.5	0.25
Biapenem	≤ 0.06	≤ 0.06	64	64	0.25	0.25	8	4
Doripenem	≤ 0.06	≤ 0.06	16	16	0.25	0.25	1	1
Faropenem	–	0.125	–	≥ 256	–	0.25	–	2
Aztreonam							2	2
Gentamicin	32	8	128	64	8	8	1	2
Tobramycin	–	8	–	≥ 256	–	32	–	4
Amikacin	8	4	32	16	128	64	8	8
Arbekacin	1	0.5	2	1	32	32	4	4
Erythromycin	≥ 256	≥ 256	≥ 256	≥ 256	≥ 256	≥ 256	4	8
Clarithromycin	≥ 128	≥ 128	≥ 128	≥ 128	≥ 128	≥ 128	8	8
Azithromycin	≥ 128	≥ 128	≥ 128	≥ 128	≥ 128	≥ 128	1	2
Telithromycin	0.25	–	≥ 64	–	0.25	–	2	–
Ciprofloxacin	1	1	≥ 256	≥ 256	2	2	≤ 0.06	≤ 0.06
Levofloxacin	0.5	0.5	≥ 256	≥ 256	2	2	≤ 0.06	≤ 0.06
Tosufloxacin	0.25	0.125	≥ 32	≥ 32	0.25	0.25	≤ 0.06	≤ 0.06
Gatifloxacin	0.125	–	64	–	0.5	–	≤ 0.06	–
Moxifloxacin	–	0.125	–	32	–	0.25	–	≤ 0.06
Pazufloxacin	0.25	0.25	≥ 256	≥ 256	2	4	≤ 0.06	≤ 0.06
Garenoxacin	–	≤ 0.06	–	32	–	≤ 0.06	–	≤ 0.06
Sitafoxacin	–	≤ 0.06	–	8	–	≤ 0.06	–	≤ 0.06
Minocycline	0.25	0.125	16	16	8	32	0.5	0.5
Clindamycin	0.5	0.25	≥ 256	≥ 256	≥ 256	≥ 256	16	16
Vancomycin	1	1	1	1	–	0.5		
Teicoplanin	1	1	2	2	–	0.125		
Linezolid	4	2	4	2	–	1		
Oxacillin	0.5	0.5	≥ 256	≥ 256				
Cefoxitin	4	4	≥ 256	≥ 256				

decreased a 4-fold increased a 4-fold

Conclusion and Discussion:

This study analyzed the causative agents of well-diagnosed respiratory infections in Japan rather than the total isolates. Therefore, the results are true reflection of the epidemics of the respective pathogens. Statistic analysis was executed only on the data of 2006 and 2010. Following results were obtained.

- 1). The isolation frequency of MRSA was significantly reduced (p<0.01).
- 2). The frequencies of PISP and PRSP were significantly increased (p<0.01).
- 3). The MIC of ampicillin, piperacillin and gentamicin in MSSA decreased a 4-fold, yet that in MRSA was unchanged or marginal.
- 4). The MIC of minocycline in *S. pneumoniae* increased a 4-fold and that of penicillin G, ampicillin and cefmetazole in *H. influenzae* increased a 4-fold. The MICs of remaining antibiotics in both *S.pneumoniae* and *H. influenzae* were steady.

The decreased isolation frequency of MRSA is most likely attributable to the controlled and proper use of antibiotics. However, the frequency of PISP and PRSP seems to be increasing that has to be conducted by the academic societies executed this surveillance studies.