

# Nationwide Surveillance of Bacterial Pathogens Isolate from Patients with Lower Respiratory Infections in Japan

Y. Niki<sup>1)</sup>, S. Kohno<sup>1)</sup>, N. Aoki<sup>1)</sup>, A. Watanabe<sup>1)</sup>, M. Yagisawa<sup>1)</sup>, J. Sato<sup>1)</sup> & H. Hanaki<sup>2)</sup>

1) Japanese Society of Chemotherapy (JSC) Surveillance Committee & 2) Kitasato University

## Introduction

Japanese Society of Chemotherapy (JSC) conducted the third nationwide surveillance of bacterial respiratory pathogens in 2008. We compared the JSC date of respiratory pathogens for past three years.

## Materials & Methods

- 1) Surveillance period : January – August, 2008.
- 2) Cooperative institutes : 33 Hospitals throughout Japan.
- 3) Strains tested : Isolates obtained from sputum, specimens by trans-tracheal aspiration (TTA) and/or bronchoscopy (confirmed by qualitative culture, by Gram-staining etc.) of well-defined adult respiratory tract infection (RTI) patients [ community-acquired pneumonia (CAP), hospital-acquired pneumonia (HAP), acute exacerbations of chronic respiratory diseases (AECD), and others ].
- 4) Antibacterial agents tested : 44 agents as listed in Table. 2.
- 5) Susceptibility test : Conducted at the central laboratory (Kitasato University, Anti-infection Drugs Research Center) according to CLSI standards for broth micro dilution methods.
- 6) For classification of penicillin susceptibility in *Streptococcus pneumoniae*, M-100 S-17 (January, 2007) was employed.
- 7) Determination of  $\beta$ -lactamase Nitrocefin method and Cica-Beta Test [ Kanto Chemicals, Tokyo ; for detection of extended-spectrum  $\beta$ -lactamase (ESBL) and metallo- $\beta$ -lactamase (MBL)].

Table.1 Bacterial Strains

	<i>Staphylococcus aureus</i>	<i>Streptococcus pneumoniae</i>	<i>Streptococcus pyogenes</i>	<i>Moraxella catarrhalis</i>	<i>Haemophilus influenzae</i>	<i>Klebsiella pneumoniae</i>	<i>Pseudomonas aeruginosa</i>	Total
Numbers collected	197	260	7	111	220	130	172	1097
Numbers Tests	189	211	6	106	187	126	162	987

Fig.1 Proportions of *S. aureus*, *S. pneumoniae* and *H. influenzae* under stratifications for past three years

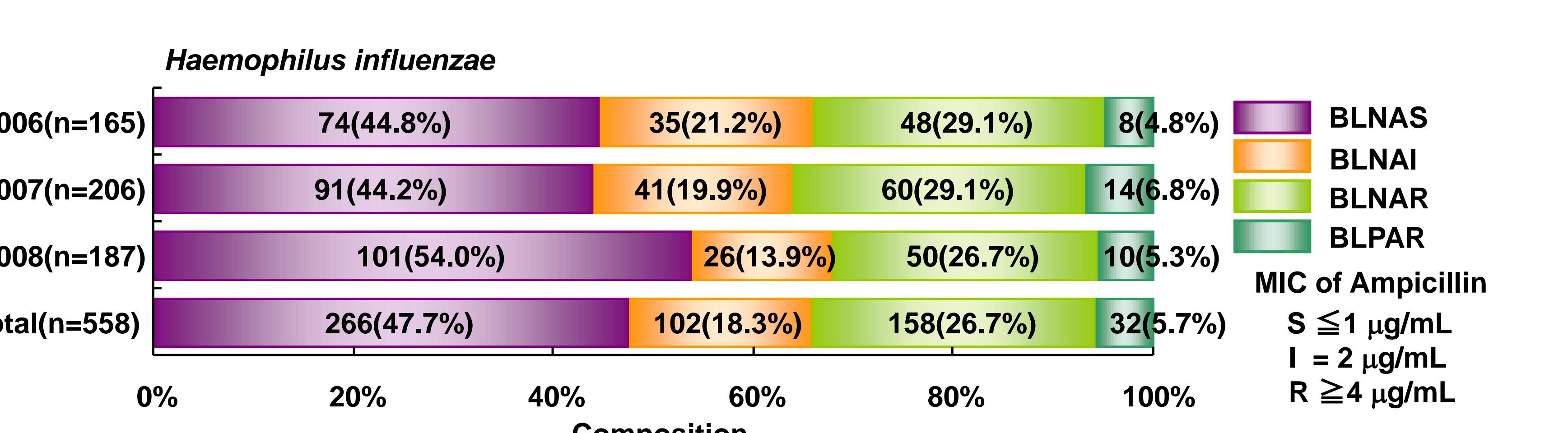
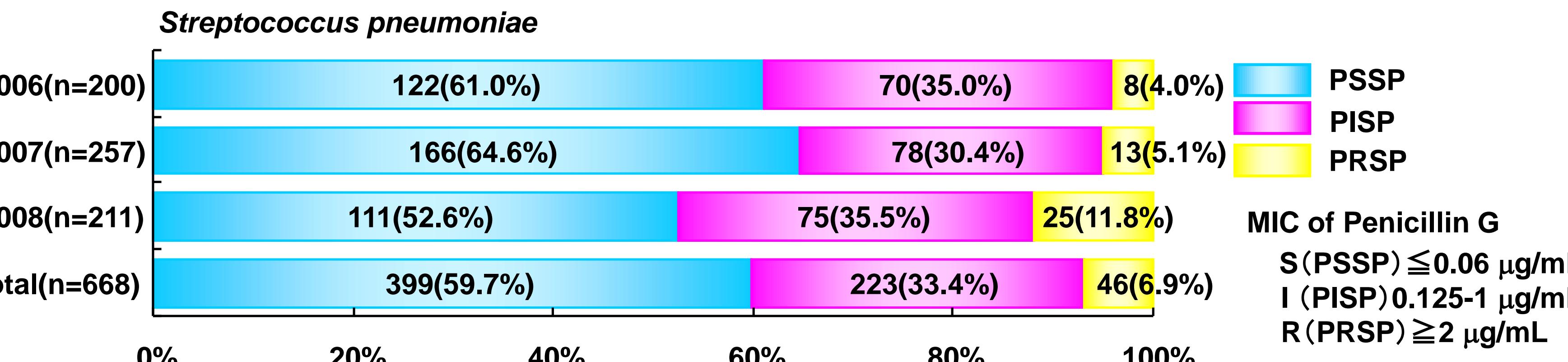
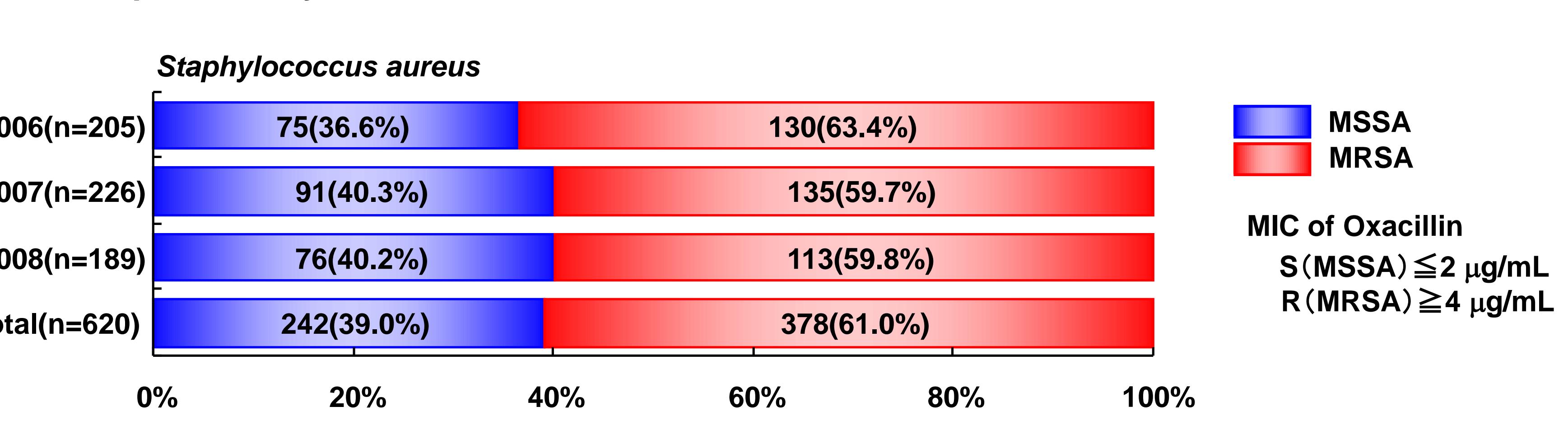
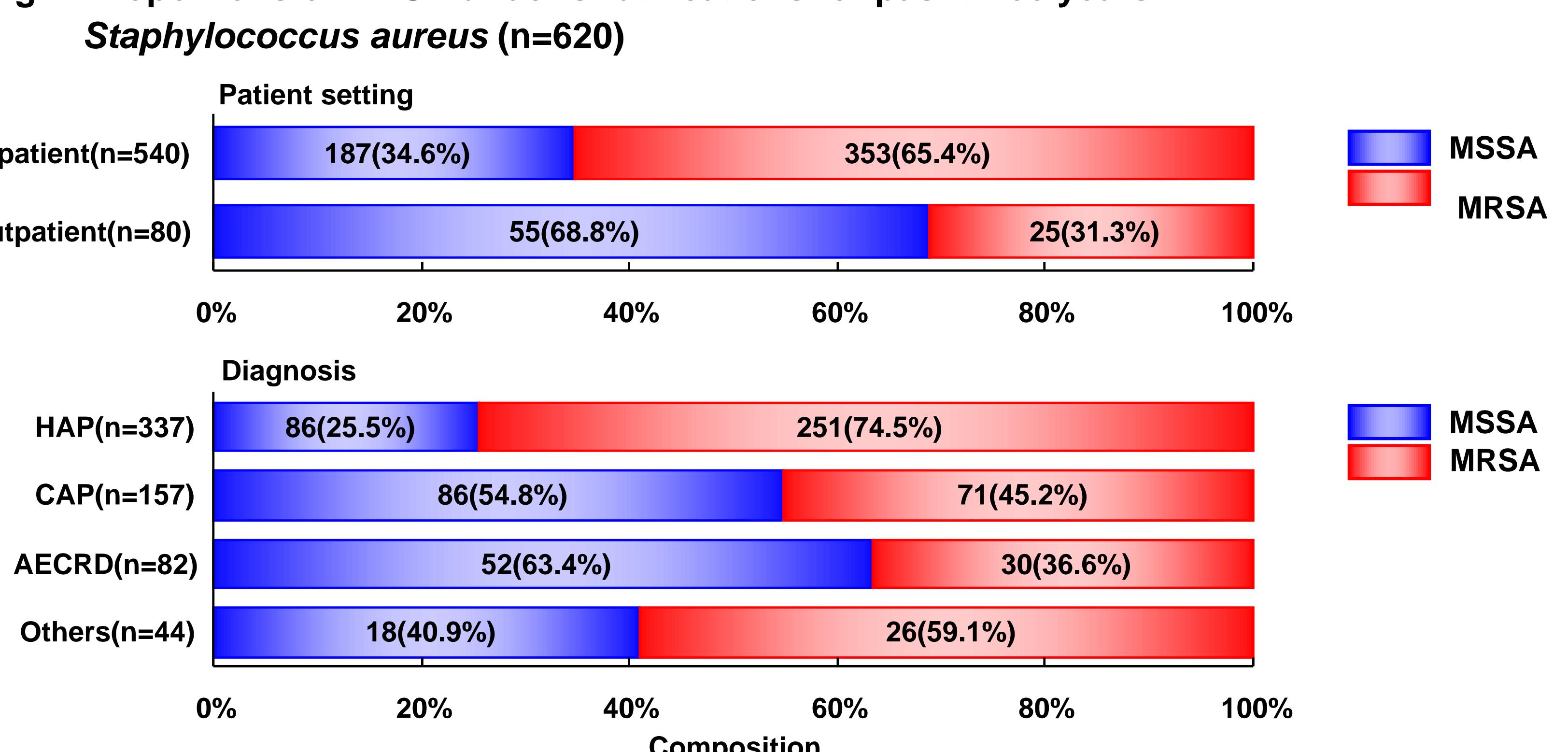
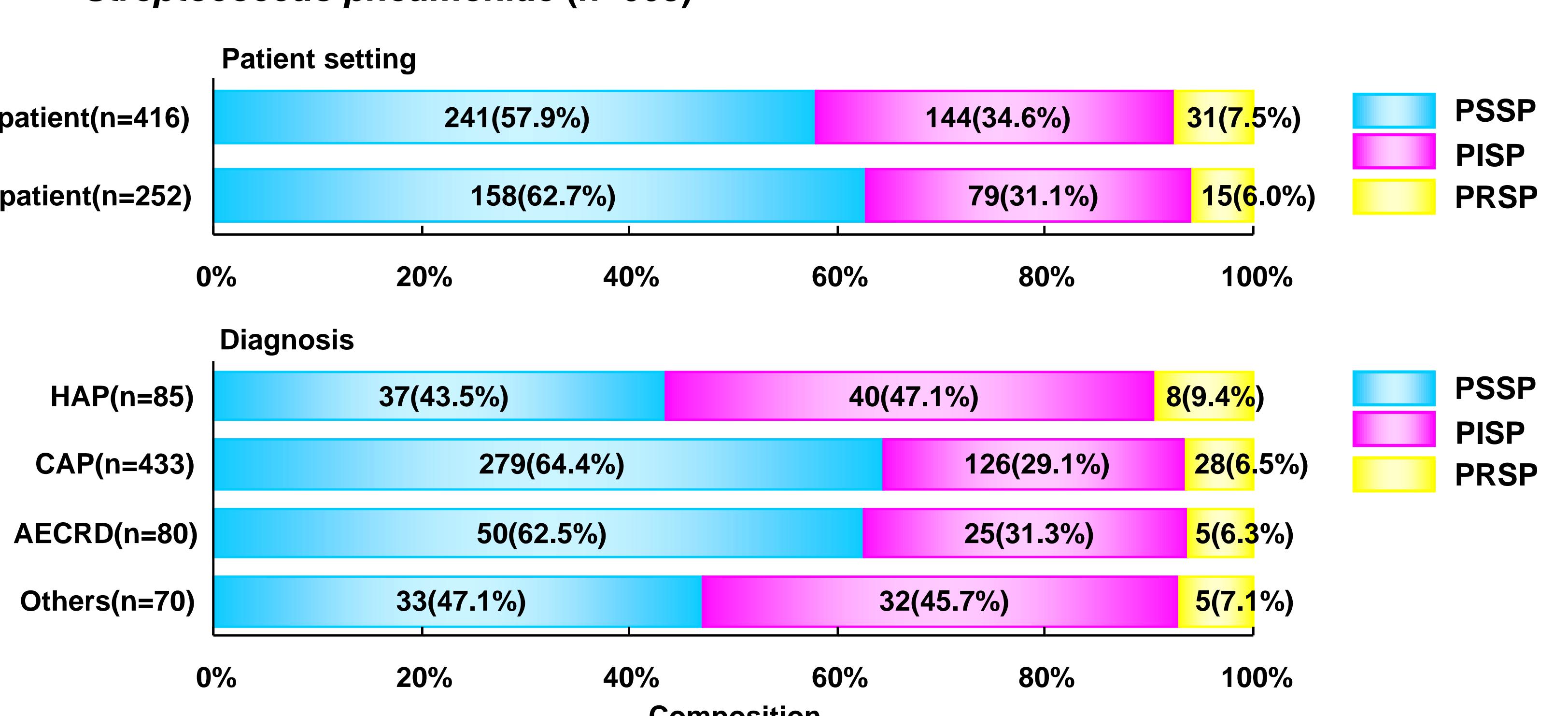


Fig.2 Proportions of MRSA under stratifications for past three years



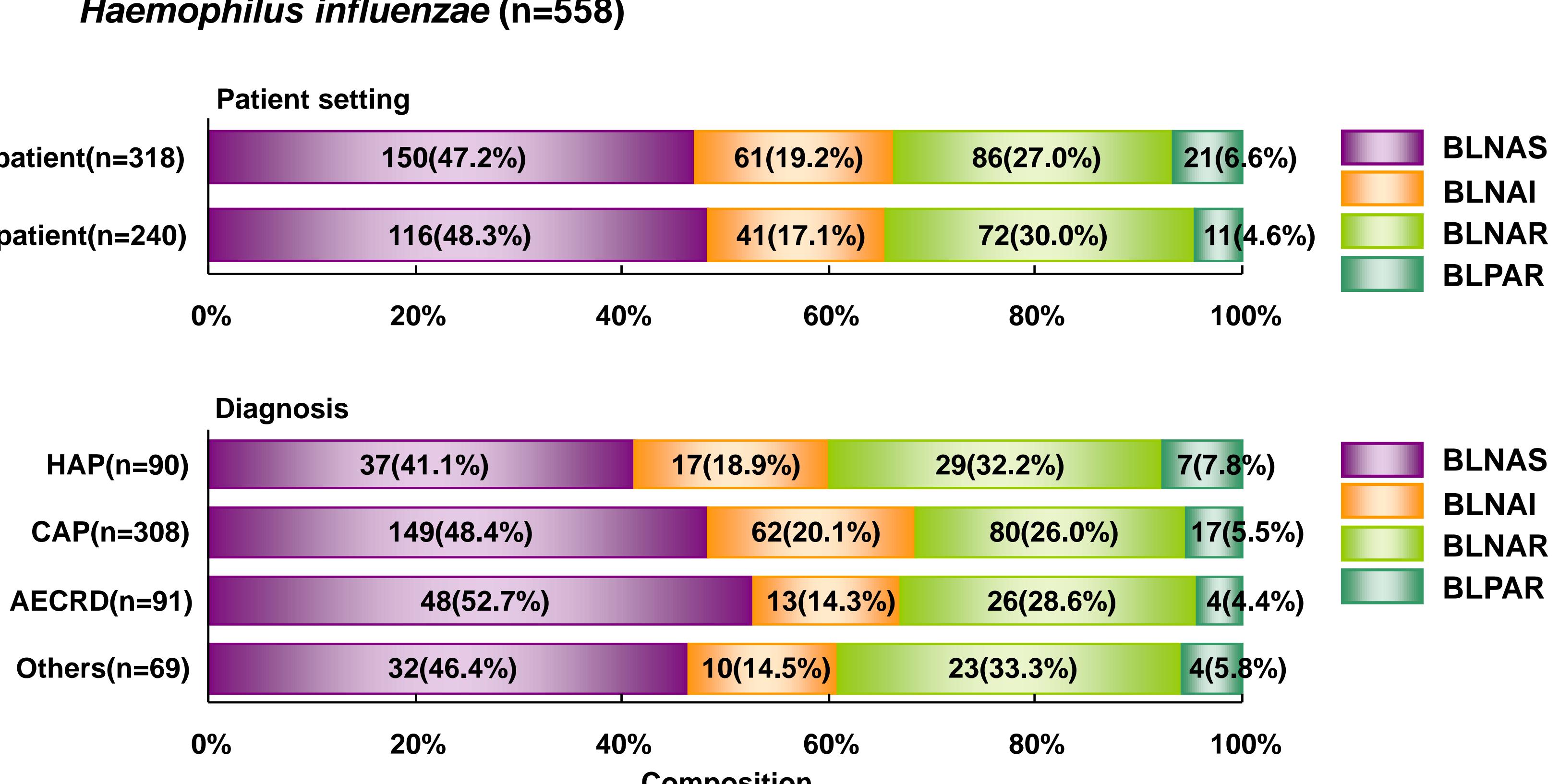
- MRSA was dominant (65.4%) in *S. aureus* isolated from inpatients whereas significantly less frequent (31.3%) in those from outpatients.
- Significantly high frequency (74.5%) of MRSA was noted in HAP patients than CAP (45.2%) or AECD (36.6%) patients.

Fig.3 Proportions of PISP and PRSP under stratifications for past three years



- Penicillin-nonsusceptible *S. pneumoniae* (PNSP; PISP+PRSP) tended to be more frequent in inpatients (42.1%) than in outpatients (37.1%).
- PNSP tended to be more frequent in HAP (56.5%) than in CAP (35.6%) and in AECD (37.5%).

Fig.4 Proportions of BLNAI, BLNAR and BLPAR under stratifications for past three years



- Ampicillin-nonsusceptible *H. influenzae* (ANSHI; BLNAI+BLNAR+BLPAR) tended to be same between inpatients (52.8%) and in outpatients (51.7%).
- Tendency of ANSHI were significantly the same in all types of respiratory infection.

Table.2 Susceptibility of 3 major respiratory pathogens to antibacterial agents for past three years

antibacterial agent	<i>Staphylococcus aureus</i> (n=620)			<i>Streptococcus pneumoniae</i> (n=668)			<i>Haemophilus influenzae</i> (n=558)		
	MIC range	MIC <sub>50</sub>	MIC <sub>90</sub>	MIC range	MIC <sub>50</sub>	MIC <sub>90</sub>	MIC range	MIC <sub>50</sub>	MIC <sub>90</sub>
Penicillin G	$\leq 0.06 - 128$	16	32	$\leq 0.06 - 4$	$\leq 0.06$	1	$\leq 0.06 - 256$	2	8
Ampicillin	0.125 - 128	16	64	$\leq 0.06 - 8$	0.125	2	$\leq 0.06 - 256$	2	8
Ampicillin/Sulbactam	0.125 - 64	8	32	$\leq 0.06 - 8$	0.125	2	$\leq 0.06 - 16$	2	8
Aoxicillin/Clavulanate	0.125 - $\geq 128$	16	32	$\leq 0.06 - 8$	$\leq 0.06$	1	$\leq 0.125 - 32$	2	8
Piperacillin	0.5 - $\geq 256$	64	$\geq 256$	$\leq 0.06 - 8$	$\leq 0.06$	2	$\leq 0.06 - 256$	$\leq 0.06$	0.25
Piperacillin/Tazobactam	0.25 - $\geq 256$	64	128	$\leq 0.06 - 4$	$\leq 0.06$	2	$\leq 0.06 - 2$	$\leq 0.06$	0.125
Cefadroxil	0.5 - $\geq 256$	128	$\geq 256$	$\leq 0.06 - 16$	1	32	$\leq 0.125 - 128$	8	32
Cefdinir	$\leq 0.06 - 128$	64	$\geq 128$	$\leq 0.06 - 16$	0.25	4	$\leq 0.06 - 256$	1	8
Cefcapene	0.25 - $\geq 256$	$\geq 256$	$\geq 256$	$\leq 0.06 - 16$	0.25	0.5	$\leq 0.06 - 8$	0.25	2
Cefditoren	0.25 - $\geq 128$	64	$\geq 128$	$\leq 0.06 - 8$	0.125	0.5	$\leq 0.06 - 2$	$\leq 0.06$	0.25
Cefazolin	0.25 - $\geq 256$	128	$\geq 256$	$\leq 0.06 - 8$	0.25	2	$\leq 0.25 - 256$	8	128
Cefotiam	0.25 - $\geq 256$	64	$\geq 256$	$\leq 0.06 - 16$	0.25	4	$\leq 0.25 - 128$	4	64
Ceftazidime	4 - $\geq 128$	$\geq 128$	$\geq 128$	$\leq 0.06 - 64$	4	8	$\leq 0.06 - 8$	0.125	0.5
Ceftriaxone	2 - $\geq 256$	$\geq 256$	$\geq 256$	$\leq 0.06 - 8$	0.25	1	$\leq 0.06 - 1$	$\leq 0.06$	0.25
Cefepime	0.5 - $\geq 256$	64	$\geq 256$	$\leq 0.06 - 8$	0.25	1	$\leq 0.06 - 16$	0.5	2
Cefozopran	0.25 - $\geq 256$	16	64	$\leq 0.06 - 8$	0.25	1	$\leq 0.06 - 256$	4	8
Cefmetazole	0.5 - 128	16	64	$\leq 0.06 - 32$	0.5	8	$\leq 0.5 - 128$	4	16
Aztreonam							$\leq 0.06 - 16$	0.25	2
Imipenem	$\leq 0.06 - 128$	16	64	$\leq 0.06 - 2$	$\leq 0.06$	0.25	$\leq 0.06 - 32$	1	4
Piperacilline	$\leq 0.06 - 256$	8	32	$\leq 0.06 - 1$	$\leq 0.06$	0.125	$\leq 0.06 - 16$	0.5	2
Meropenem	$\leq 0.06 - 128$	8	32	$\leq 0.06 - 2$	$\leq 0.06$	0.25	$\leq 0.06 - 2$	$\leq 0.06$	0.5
Biapenem	$\leq 0.06 - 128$	16	64	$\leq 0.06 - $					