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A comparative in vitro analysis of amoxicillin-clavulanic acid and seven comparative agents in 15,499

paediatric respiratory isolates

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REVISED ABSTRACT

Background: Several large scale adult surveillance studies have demonstrated the ongoing effectiveness of amoxicillin-clavulanic acid (A/C) even after 20 years of clinical use. This is a retrospective collection of data comprising over 15,000 paediatric respiratory isolates collected from several surveillance studies conducted in 47 countries over a period of 5 years. The in vitro activity of A/C and 7 comparators are reported for S. pneumoniae, H. influenzae, M. catarrhalis and S. pyogenes. Not all antimicrobials were tested in all studies, or against all isolates. Methods: Regional reference laboratories used broth microdilution technique according to NCCLS guidelines. Results: A/C at the Augmentin ES-600 PK/PD breakpoint of <=4 mcg/mL for S. pneumoniae, was the most active agent tested with 96.5% susceptible including 83.5% and 88.6% susceptible for PRSP and ERSP, respectively. Conclusions: A/C activity was comparable to or better than comparator agents against all the key respiratory pathogens including resistant strains involved in paediatric respiratory infections

Table with 5 columns: Drug/MIC50/%Sus, H. influenzae n=5,170, S. pneumoniae n=8,040, PRSP n=1,728, ERSP n=1,986. Rows include Amox-Clav, Ampicillin, Penicillin, Cefaclor, Cefuroxime, Azithro, Erythro, and Trimeth-Sulfa.

PK/PD breakpoint of <=4/2 mcg/mL applied for Augmentin ES-600
NCCLS breakpoint of <=2/1 mcg/mL applied for conventional Augmentin.
Amoxicillin-clavulanic acid was tested in a 2:1 ratio; trimethoprim-sulfamethoxazole was tested in a 1:19 ratio; MICs displayed are based on the amoxicillin and trimethoprim content.

INTRODUCTION

After greater than 20 years of use as an oral and parenteral antimicrobial agent, amoxicillin-clavulanic acid has maintained exceptional in vitro activity against respiratory tract pathogens [1] in spite of ever increasing resistance reported for other antimicrobial agents. This retrospective analysis provides in vitro data from a large global paediatric population for amoxicillin-clavulanic acid and 14 comparator agents against key respiratory tract pathogens, Streptococcus pneumoniae (including penicillin-resistant and macrolide-resistant), Streptococcus pyogenes, Haemophilus influenzae, and Moraxella catarrhalis isolates. A compilation of paediatric data (age <= 12 years) was collected from six multiple-centre global surveillance studies as follows: The Aegus Study; The Augmentin Global Surveillance Study; The International Surveillance Study; Alexander Network Swiss Data; SOAR in Africa and Middle East; and SPARS in Russia. The isolates were collected globally from 183 participating centres in 47 countries during 1998 - 2002. The antimicrobial agents analysed from each study and presented in this report are those which are relevant to paediatric infections.

Amoxicillin-clavulanic acid (Augmentin) was developed to enhance the activity of amoxicillin against beta-lactamase producing bacteria by the addition of clavulanic acid, a very active beta-lactamase inhibitor. The resistance of S. pneumoniae to several antibacterials is increasing world-wide [2, 3]. High doses of amoxicillin have been shown to lead to improved eradication of penicillin-resistant S. pneumoniae [4]. Augmentin ES is a novel 14:1 ratio of amoxicillin-clavulanic acid developed to provide improved activity of amoxicillin with serum concentrations above the MIC of the infecting pathogen for a longer proportion of the dosing interval (i.e. higher T>MIC) while retaining the same dose of clavulanate to ensure activity against beta-lactamase producing pathogens. This formulation was developed to provide effective empirical treatment in children with infections where involvement of penicillin-resistant S. pneumoniae (PRSP) is suspected and to cover beta-lactamase producing organisms that cannot be ruled out.

MATERIALS & METHODS

- Susceptibility testing was conducted by broth microdilution, according to NCCLS recommended procedures using custom Sensiitre (TREK Diagnostics, Westlake, OH) or MicroScan (Dade Behring, CA) panels [5].
Trays were incubated under ambient conditions at 35°C for 20-24 hours and the lowest concentration showing no growth was read as the MIC.
Quality control testing was performed daily as specified by the NCCLS using the following QC strains: E. coli ATCC 35218, H. influenzae ATCC 49247, S. aureus ATCC 29213 and S. pneumoniae ATCC 49619.
The results are summarized according to organism and phenotype. MIC50s, MIC ranges and susceptibility percentages are reported for all antibiotics as defined by the NCCLS unless otherwise indicated [6].

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Table 1. List of Countries and Number of Investigative Sites that contributed Paediatric data from 1998 through 2002.

Table with 4 columns: Country, Investigative Sites, Country, Investigative Sites. Lists countries like Argentina, Australia, Austria, Belgium, Brazil, Canada, Czech Republic, Denmark, Egypt, Finland, France, Germany, Greece, Hong Kong, Hungary, Indonesia, Ireland, Israel, Italy, Japan, Jordan, Kenya, Korea, Kuwait.

Table 2. In Vitro Activities of Amoxicillin-Clavulanic Acid and Comparative Antimicrobial Agents against 8,040 Paediatric Isolates of Streptococcus pneumoniae Susceptible, Intermediate and Resistant to Penicillin and Erythromycin.

Large table with 10 columns: Organism, Drug, % Sus, % Int, % Res, MIC50, MIC90, Range. Rows include S. pneumoniae, Penicillin-Susceptible, Penicillin-Intermediate, Penicillin-Resistant, Erythromycin-Susceptible, Erythromycin-Intermediate.

Table with 10 columns: Erythromycin - Resistant n=1,986, Amox-Clav (4), Amox-Clav (2), Ampicillin, Penicillin, Cefaclor, Cefuroxime, Azithromycin, Erythromycin, Trimeth-Sulfa.

na = NCCLS breakpoints are not defined for this organism/drug combination
PK/PD breakpoints (amoxicillin component) of susceptible <=4, intermediate = 8 and resistant >16 mcg/mL applied to new formulation of amoxicillin-clavulanic acid (Augmentin ES-600)
NCCLS breakpoints (amoxicillin component) of susceptible <=2, intermediate = 4 and resistant > mcg/mL applied for conventional amoxicillin-clavulanic acid; amoxicillin-clavulanic acid was tested in a 2:1 ratio; MICs displayed are based upon amoxicillin content.
Trimethoprim-sulfamethoxazole was tested in a 1:19 ratio; MICs displayed are based on the trimethoprim content.
The International Surveillance Study did not include erythromycin.

Table 3. Penicillin Susceptibility Rates against S. pneumoniae by Country.

Table with 6 columns: Country, Total N, Penicillin Susceptible n(%)*, Penicillin Intermediate n(%), Penicillin Resistant n(%), Penicillin Non-Susceptible n(%). Lists countries like Argentina, Australia, Austria, Belgium, Brazil, Canada, Czech Republic, Denmark, Finland, France, Germany, Greece, Hong Kong, Hungary, Indonesia, Ireland, Israel, Italy, Japan, Jordan, Kenya, Korea, Luxembourg, Mexico, New Zealand, Oman, Pakistan, Poland, Portugal, Russia, Saudi Arabia, Singapore, Slovak Republic, South Africa, Spain, Sweden, Switzerland, Taiwan, The Netherlands, United Kingdom, United States, Total.

Table 4. In Vitro Activities of Amoxicillin-Clavulanic Acid and Comparative Antimicrobial Agents against 5,170 Paediatric Isolates of Haemophilus influenzae, with Beta-lactamase positive and negative strains.

Table with 10 columns: Organism, Drug, % Sus, % Int, % Res, MIC50, MIC90, Range. Rows include Haemophilus influenzae, Beta-lactamase Positive, Beta-lactamase Negative.

na = NCCLS breakpoints are not defined for this organism/drug combination
Amoxicillin-clavulanic acid was tested in a 2:1 ratio; trimethoprim-sulfamethoxazole was tested in a 1:19 ratio; MICs displayed are based on the amoxicillin and trimethoprim content.
Erythromycin 0 100 0 0.5 0.5 0.5
*Not all strains tested were screened for beta-lactamase activity.

RESULTS

Table 4. H. influenzae beta-lactamase Positive Rates by Country.

Table with 4 columns: Country, Strains tested for Beta-lactamase (n), Beta-lactamase Positive (n), % Beta-lactamase Positive (%). Lists countries like Argentina, Australia, Austria, Belgium, Brazil, Canada, Czech Republic, Denmark, France, Germany, Greece, Hong Kong, Italy, Japan, Mexico, New Zealand, Poland, Portugal, Russia, Saudi Arabia, Singapore, Slovakia, South Africa, Spain, Sweden, Switzerland, Taiwan, The Netherlands, United Kingdom, United States, Total.

* Not all studies required testing for beta-lactamase in H. influenzae
Percentages are reported only for countries where Total N > 20.

Table 6. In Vitro Activities of Amoxicillin-Clavulanic Acid and Comparative Antimicrobial Agents against 995 Paediatric Isolates of Moraxella catarrhalis with Beta-lactamase positive and negative strains.*

Table with 5 columns: Organism, Drug, MIC50, MIC90, Range. Rows include Moraxella catarrhalis, Beta-lactamase Positive, Beta-lactamase Negative.

*Breakpoints are undefined for M. catarrhalis, NCCLS (M100-S14), 2002.
Amoxicillin-clavulanic acid was tested in a 2:1 ratio; trimethoprim-sulfamethoxazole was tested in a 1:19 ratio; MICs displayed are based on the amoxicillin and trimethoprim content.
Erythromycin 0 100 0 0.5 0.5 0.5
*Not all strains tested were screened for beta-lactamase activity.

Table 7. In Vitro Activities of Amoxicillin-Clavulanic Acid and Comparative Antimicrobial Agents against 1,294 Paediatric Isolates of Streptococcus pyogenes.

Table with 8 columns: Organism, Drug, % Sus, % Int, % Res, MIC50, MIC90, Range. Rows include Streptococcus pyogenes, Amox-Clav, Ampicillin, Penicillin, Cefaclor, Cefuroxime, Azithromycin, Erythromycin, Trimeth-Sulfa.

na = NCCLS breakpoints are not defined for this organism/drug combination.
Streptococcal strains that are susceptible to penicillin are considered susceptible to this beta-lactam -NCCLS document no. (M100-S14), 2004.
Amoxicillin-clavulanic acid was tested in a 2:1 ratio; trimethoprim-sulfamethoxazole was tested in a 1:19 ratio; MICs displayed are based on the amoxicillin and trimethoprim content.
One strain had a MIC of 2 mcg/mL against ampicillin but could not be recovered for confirmation.

Table 8. Frequency Distribution (n) and Cumulative Percents Inhibited of Amoxicillin-Clavulanic Acid against 15,499 Paediatric Respiratory Pathogens.*

Table with 8 columns: MIC (mcg/mL) / n / % b. Rows include MIC values: =0.12, 0.25, 0.5, 1, 2, 4, 8, =16, 7432, 1891, 2687, 1456, 1331, 369, 280, 53, 47.89, 60.07, 77.45, 86.89, 95.47, 97.85, 99.66, 99.92.

* Includes all S. pneumoniae (n=8,040), H. influenzae (n=5,170), M. catarrhalis (n=995) and S. pyogenes (n=1,294) in this study.
*Amoxicillin-clavulanic acid was tested in a 2:1 ratio; MICs displayed are based on the amoxicillin content.

CONCLUSIONS

- The percentage of S. pneumoniae isolates that are non-susceptible to penicillin is 39.4% in this global study. Penicillin non-susceptibility rates varied by country (where n's >20) from the lowest rate of 2.5% in The Netherlands to the highest rate of 85.9% in Hong Kong.
The global rate of beta-lactamase positive H. influenzae was 23.6% in strains screened for beta-lactamase production. Beta-lactamase positive rates varied by country (where n's >20) from 1.3% in Russia to 40.9% in the United States.
Using the PK/PD breakpoint of <=4/1 mcg/mL for high dose amoxicillin/clavulanic acid (Augmentin ES) for S. pneumoniae, 97% of all the S. pneumoniae paediatric respiratory strains evaluated in this study are susceptible to Augmentin ES; 83.5% of penicillin-resistant S. pneumoniae are susceptible; and 89% of erythromycin-resistant S. pneumoniae strains are susceptible.
Augmentin ES demonstrates excellent in vitro activity against all strains of H. influenzae, S. pneumoniae, M. catarrhalis and S. pyogenes with MIC50s of 2, 2, 0.25 and 0.03 mcg/mL, respectively.
Amoxicillin-clavulanic acid inhibited 97.9% and 95.5% of all paediatric respiratory strains at a MIC of <=4 mcg/mL and <=2 mcg/mL, respectively.
Augmentin ES should be considered in the empirical treatment of children with infections where involvement of penicillin-resistant S. pneumoniae is suspected, or possible, and beta-lactamase producing pathogens cannot be ruled out.