

**Antibiotic Resistance**

**&**

**ABST**

# Contents

- What is Antibiotic resistance?
- What are the resistant mechanisms?
- What is an ABST (Antibiotic sensitivity testing)?
- Who are the important bugs?

MRSA, VRSA, VISA, ESBL, VRE, CRE, MDROs



## How Antibiotic Resistance Happens

**1.**

Lots of germs.  
A few are drug resistant.



**2.**

Antibiotics kill  
bacteria causing the illness,  
as well as good bacteria  
protecting the body from  
infection.



**3.**

The drug-resistant  
bacteria are now allowed to  
grow and take over.

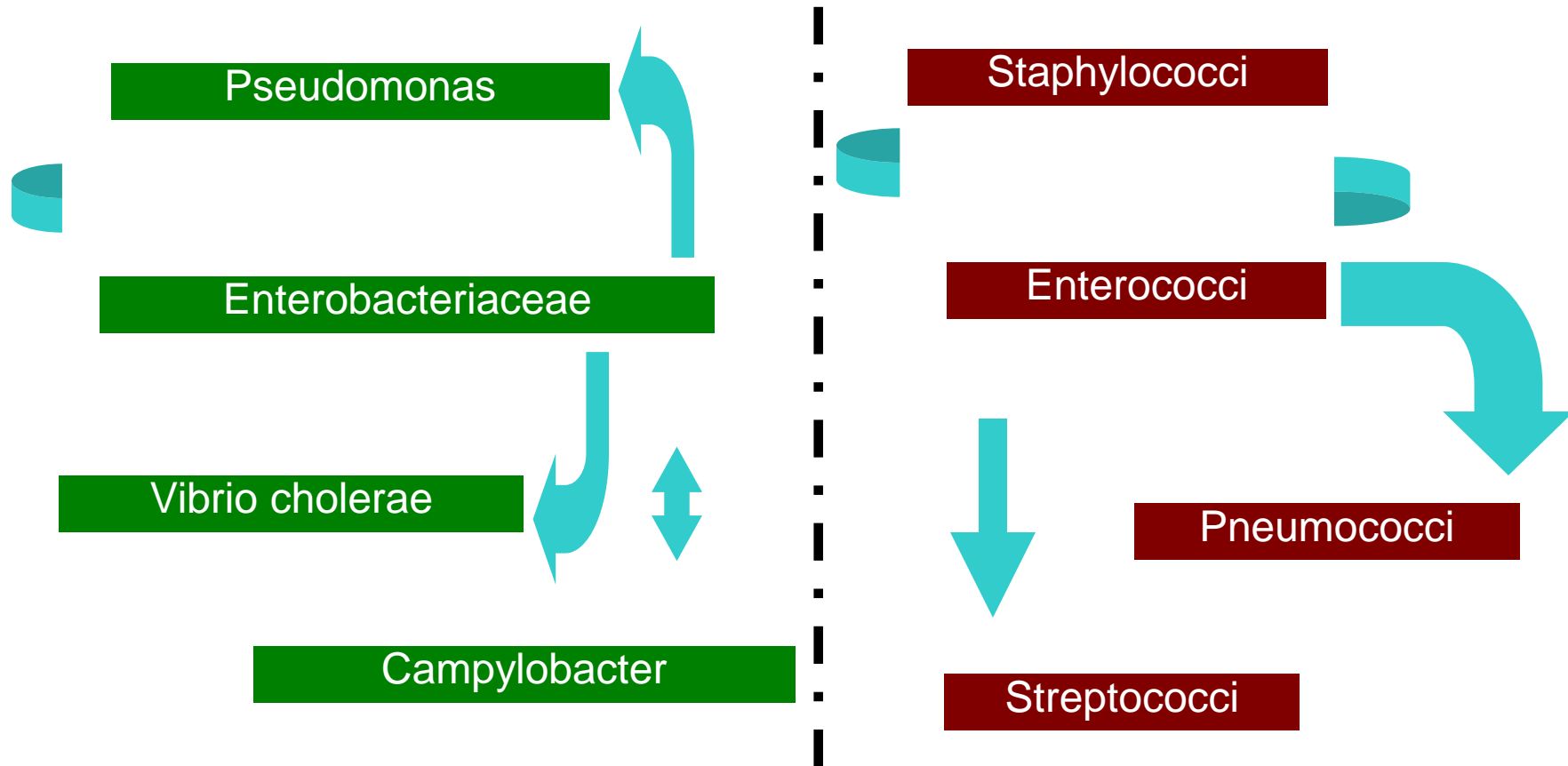


**4.**

Some bacteria give  
their drug-resistance to  
other bacteria, causing  
more problems.



# Genetic exchange of antimicrobial resistance genes



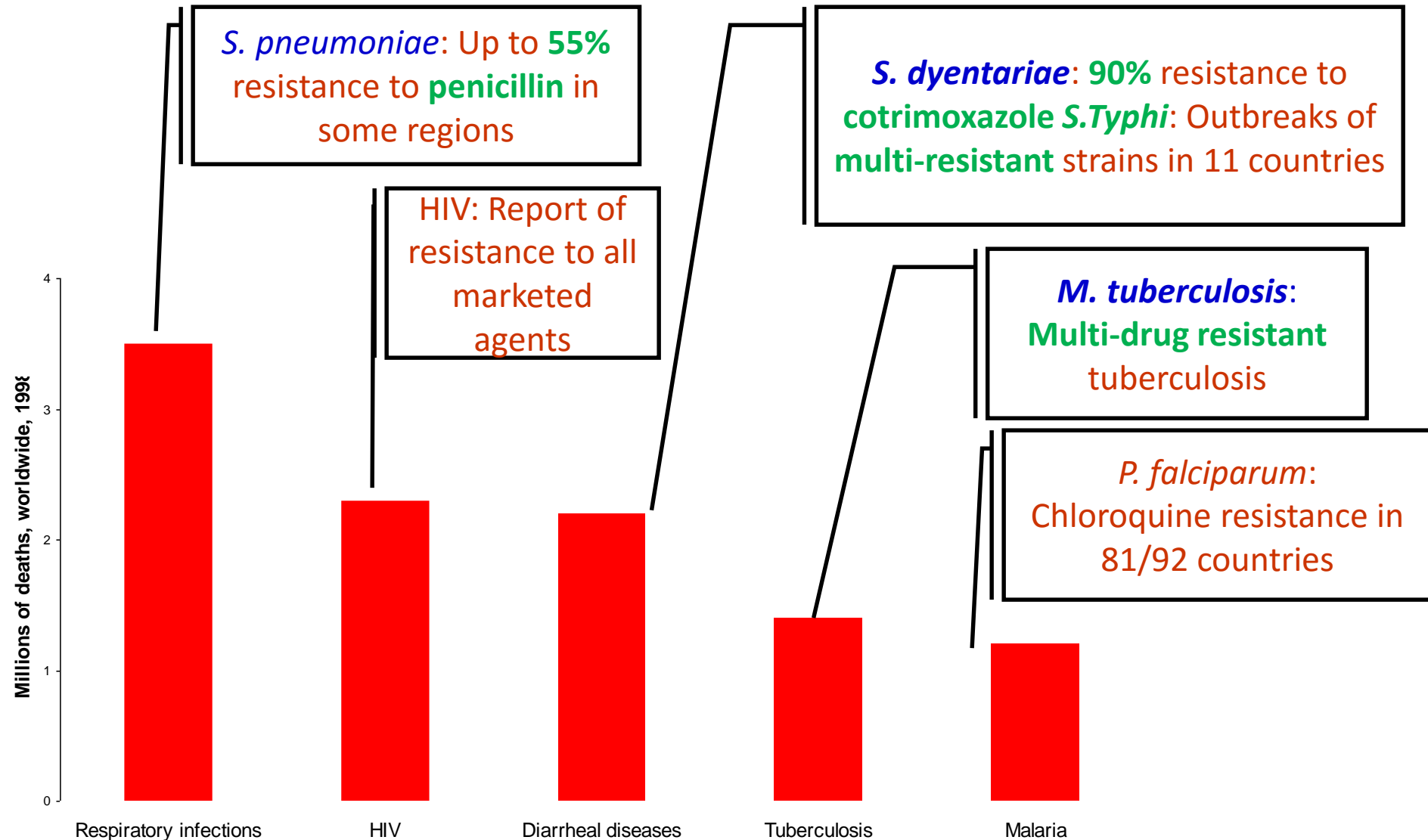
# NATIONAL SUMMARY DATA

Estimated minimum number of illnesses and  
deaths caused by antibiotic resistance\*:

At least  **2,049,442** illnesses,  
 **23,000** deaths

*\*bacteria and fungus included in this report*

# Leading global infectious diseases



# Antibiotic resistant infections

Diseases	Agent	Resistances
Pneumonia	<i>S pneumoniae</i>	Penicillin
Dysentery	<i>S dysenteriae</i>	Multiple resistances
Typhoid	<i>S typhi</i>	Multiple resistances
Gonorrhea	<i>N gonorrhoeae</i>	Penicillin and tetracycline
Tuberculosis	<i>M tuberculosis</i>	Rifampicine and INH
Nosocomial infections	<i>S aureus</i>	Methicillin, vancomycin
	<i>E species</i>	Vancomycin
	<i>Klebsiella, Pseudomonas</i>	Multiple resistances

# Antimicrobial resistance

- Results from **misuse, overuse, under/ inadequate use** of antimicrobials
- **Costs** money, undermines effectiveness of health delivery programs
- Threat to **global stability** and **national security**



# Natural & acquired resistance

## Natural resistance

- Chromosomal genetic support
- Affect almost all species strains
- Existed before antibiotic use (*Enterobacter sp.* - amoxicillin)

## Acquired resistance (mutation)

- Chromosomal, plasmidic or transposon genetic support
- Affects a fraction of strains
- Increased with antibiotic use  
(extended spectrum beta-lactamase producing *E. coli*)

**What are the antibiotic  
resistant mechanisms?**

# Mechanisms of resistance

## Prevent antibiotic reaching its target

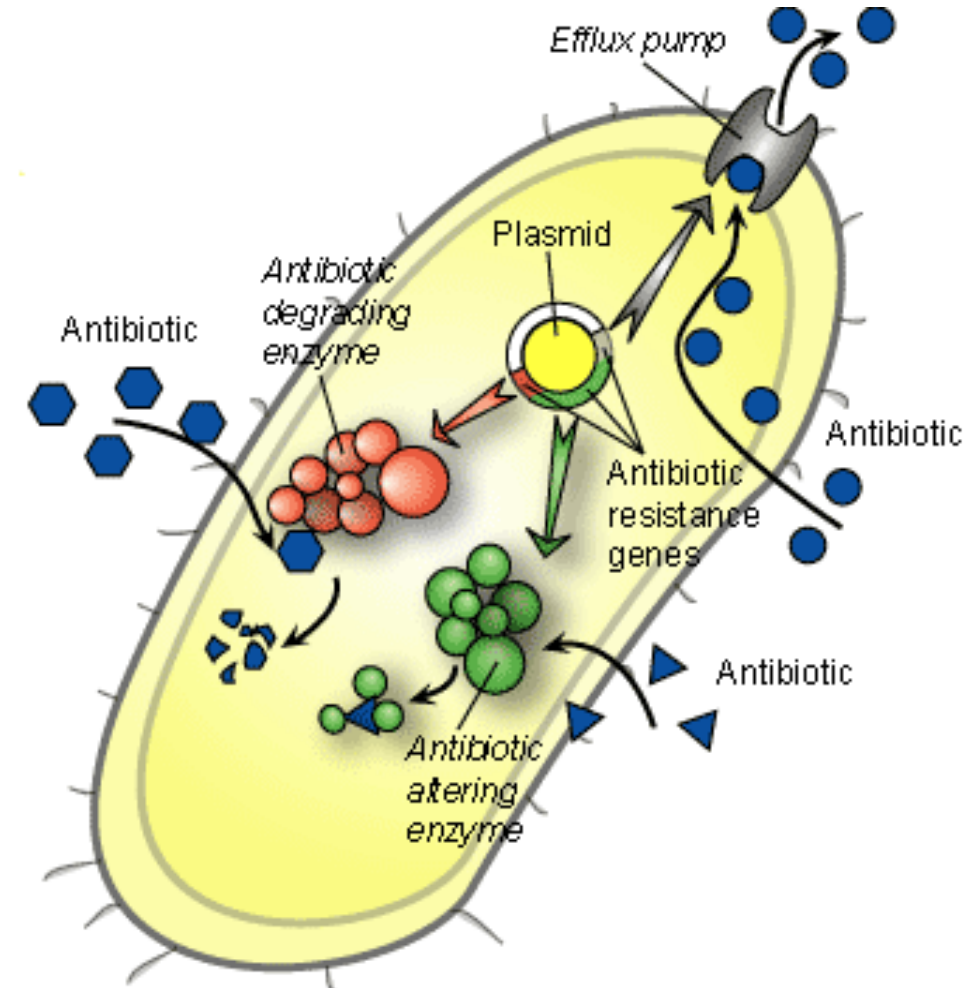
- Impaired cell membrane permeability
- Efflux phenomenon

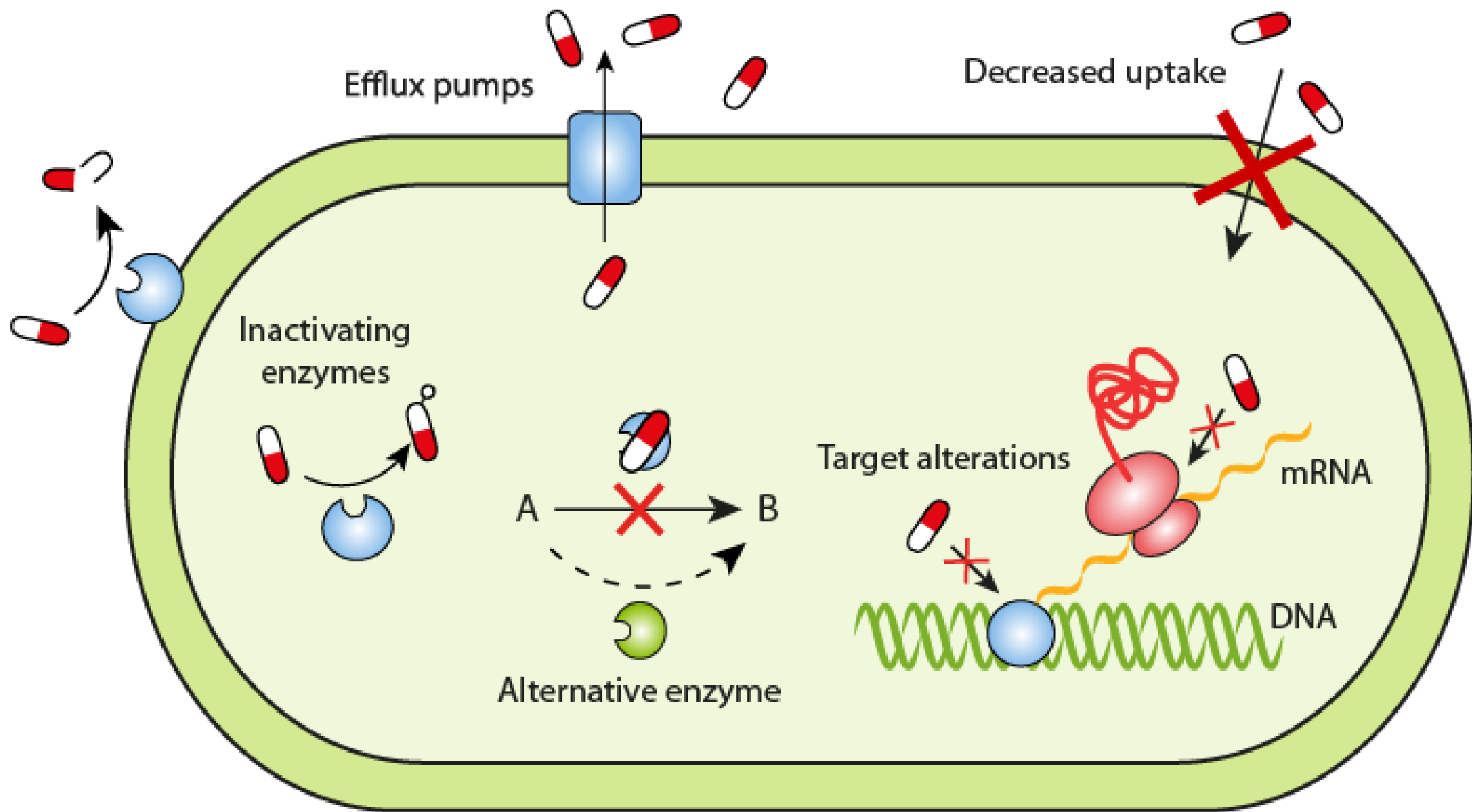
## Prevent the antibiotic binding to its target

- Supplementary targets
- Decreased affinity by target modification

## Inactivation before reaching the target

- Enzymatic Inhibition

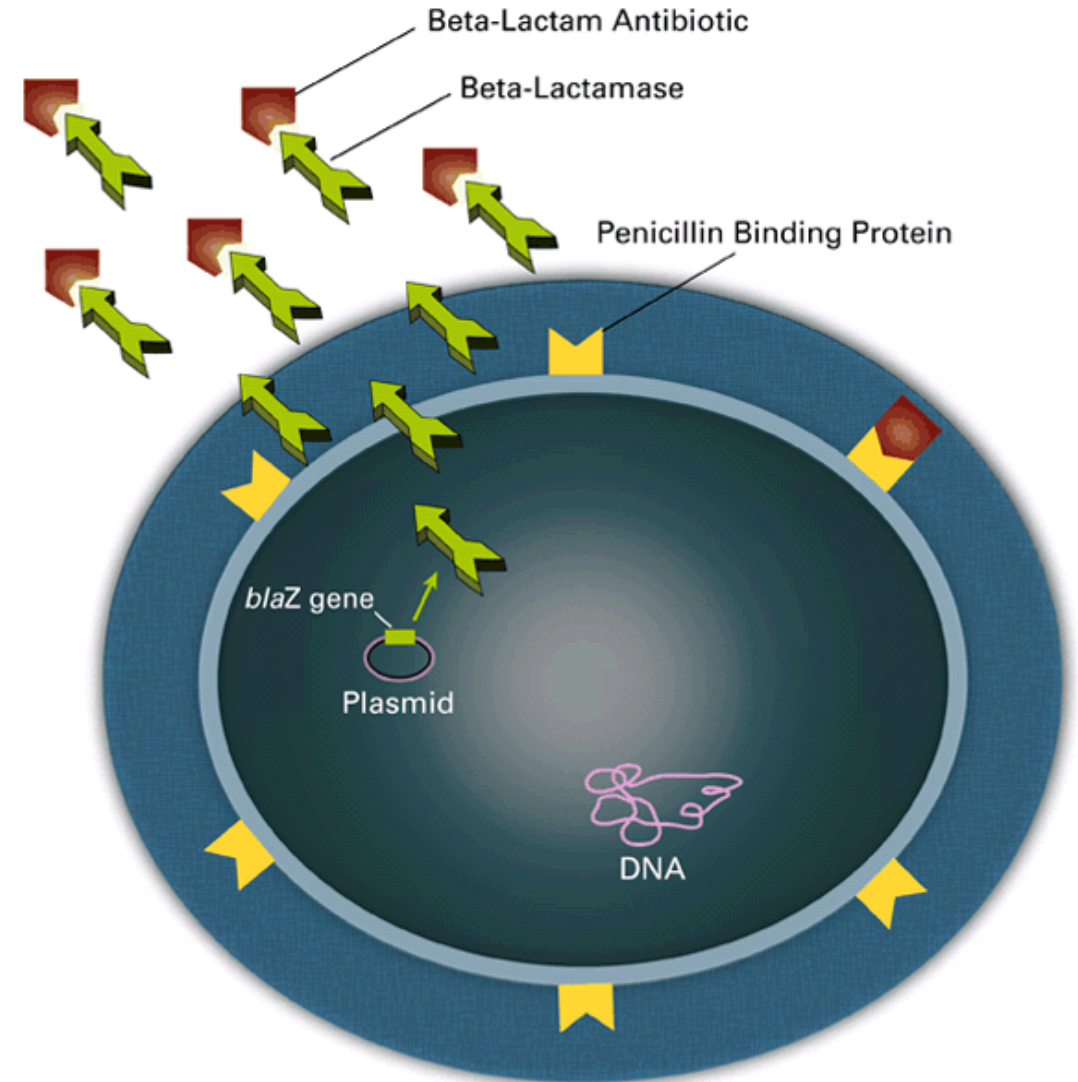




# Enzymatic Inhibition

## $\beta$ -Lactamases

- Primarily resistance to  $\beta$ -lactam antibiotics
- Inactivate the antibiotics by **splitting beta lactam ring**
- Selective pressure by the **widespread use of antimicrobial therapy** accelerated their development and spread.



# Enzymatic Inhibition

## $\beta$ -Lactamases

### Penicillinase

- First  $\beta$ -lactamase was described as a “**penicillinase**”  
hydrolyzing penicillin by *Escherichia coli* in 1940  
next years, rapid spread penicillin resistance among *S. aureus* isolates
- Among gram-negative organisms - Ampicillin resistance in the 1960s

# Enzymatic Inhibition

## β-Lactamases

### Extended-Spectrum β-Lactamases

- Capable of hydrolysing **monobactam** and **broad-spectrum Cephalosporins**
- Found primarily in

*E. coli*

*K. pneumoniae*

*Enterobacter aerogenes*

*Morganella morganii*

*Salmonella* spp

# Enzymatic Inhibition

## β-Lactamases

### Carbapenemases

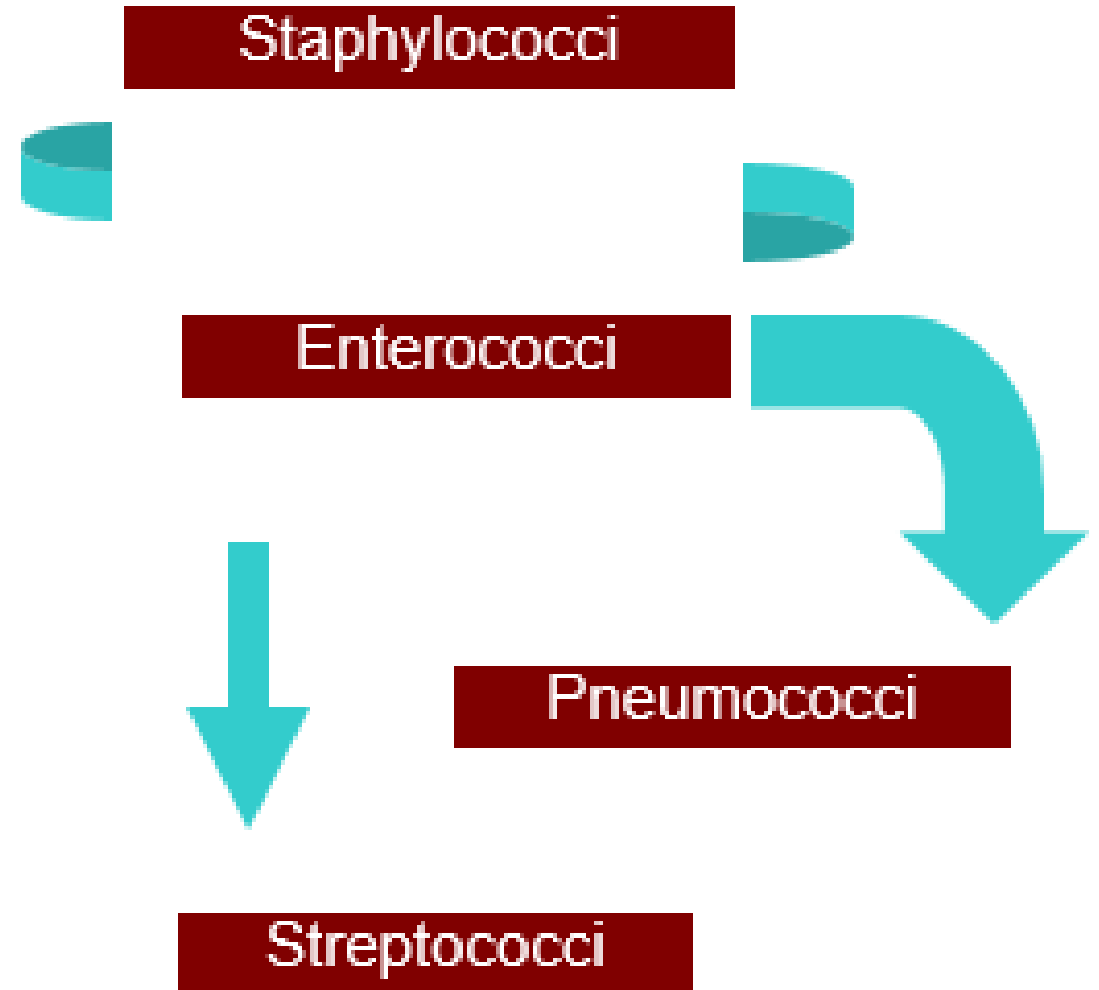
- Largest antibiotic resistance spectrum
- Hydrolyze
  - carbapenems (Imipenem, Meropenem, Eartapenem)
  - broad-spectrum penicillins (Ampicillin)
  - oxymino-cephalosporins (ceftazidime, ceftriaxone and cefotaxime)
  - cephamycins (cefoxitin and cefotetan)
- Organisms producing **Carbapenemases**
  - K. pneumoniae*
  - E. Coli*
  - Salmonella
  - Serratia
  - P. aeruginosa*



# Enzymatic Inhibition

## $\beta$ -lactamase in Gram-Positive Bacteria

- **Staphylococci** are the major pathogens that produce  $\beta$ -lactamase
- Staphylococcal  $\beta$ -lactamases hydrolyze penicillins
- $\beta$ -lactamases of **Enterococci** seems to be of staphylococcal origin.



# Enzymatic Inhibition

## Aminoglycoside Modifying Enzymes

- Most common cause for aminoglycoside resistance
- Confer antibiotic resistance through three general reactions:

N-acetylation

O-nucleotidylation

O-phosphorylation

# Enzymatic Inhibition

## Aminoglycoside Modifying Enzymes

- Modification of the antibiotic occur in the process of transport across the cytoplasmic membrane
- Common organisms

*K. pneumoniae*

enterococci

*S. aureus*

*S. epidermidis*

# Enzymatic Inhibition

## Other enzymes

- **Chloramphenicol Acetyltransferase**

Resistance to chloramphenicol in Gram-positive and gram-negative organisms

- **Macrolide-, Lincosamide-, Streptogramin-Inactivating enzymes**

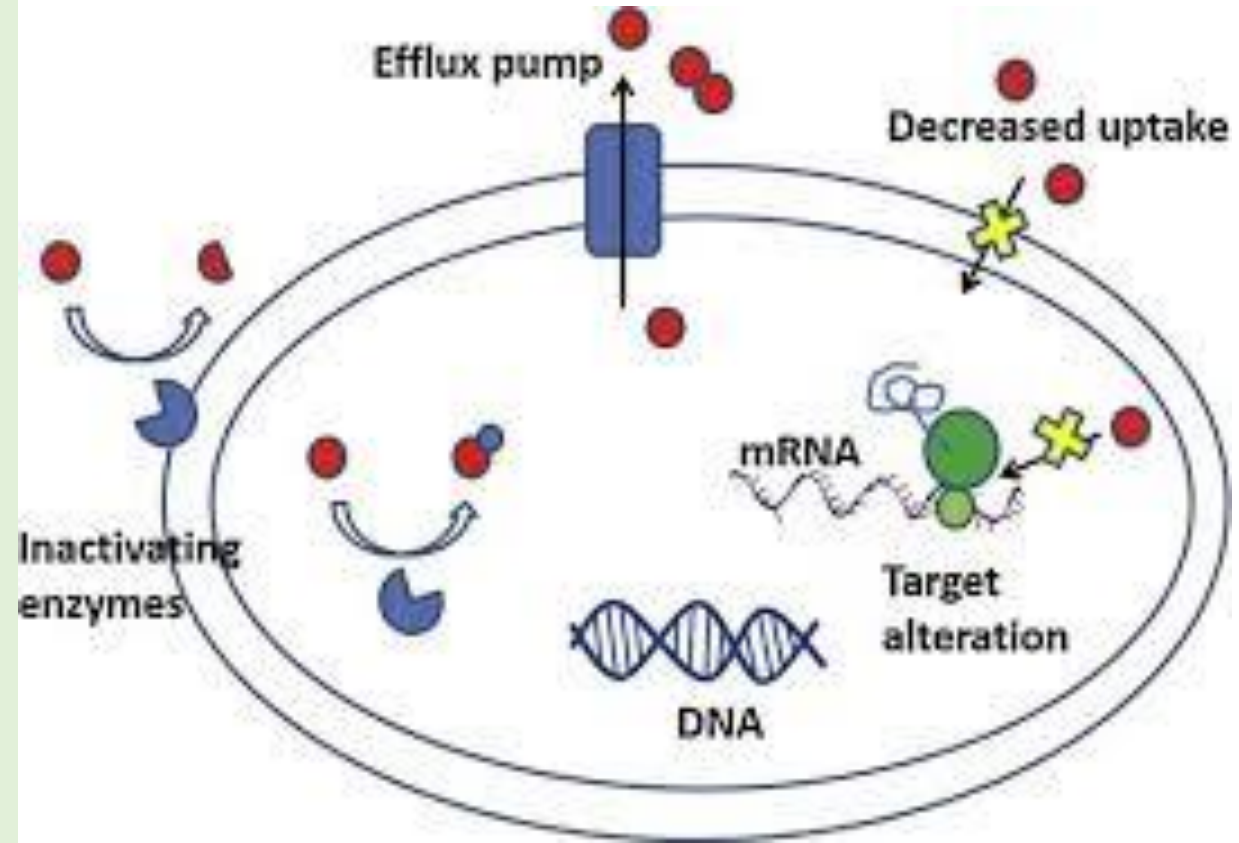
Erythromycin esterases in *E. coli*

- **Tetracycline-inactivating enzyme (TetX)**

Bacteroides spp

# Promotion of Antibiotic Efflux

- Common mechanism of resistance in many clinically relevant pathogens.
- *E. coli*, *Shigella* spp., and other enteric organisms express a membrane transporter system that leads to multidrug resistance by drug efflux



# Promotion of Antibiotic Efflux

## Tetracyclines

- **Enteric gram-negative organisms** - decreased accumulation of **Tetracycline** through the **active efflux** of the antibiotic across the cell membrane
- **Decreased uptake** from the extracellular environment also accounts for decreased accumulation of tetracycline inside resistant cells

# Promotion of Antibiotic Efflux

## Macrolides and Streptogramins

- Active efflux mechanism causes resistance to macrolides, streptogramins and azalides (eg: azithromycin)

*Streptococcus pneumoniae*

*Staphylococcus pyogenes*

*S. aureus*

*S. epidermidis*

# Promotion of Antibiotic Efflux

## $\beta$ -Lactams

**Multidrug efflux pumps** in the inner and outer membrane

$\beta$ -lactam resistance in ***P. aeruginosa***

Periplasmic  $\beta$ -lactamases protect the bacterium from  $\beta$ -lactam agents



# Promotion of Antibiotic Efflux

## Fluoroquinolones

- Active efflux of fluoroquinolones

enteric bacteria

Staphylococci

# Altered Target Sites

## Alteration of Ribosomal Target Sites

### Macrolides, Lincosamides, Streptogramins B (MLSB)

- Resistance to a wide variety of antimicrobial agents, including tetracyclines, macrolides, lincosamides, streptogramins, and the aminoglycosides
- **Failure** of the antibiotic **to bind** its **target site** or sites on the **ribosome**  
disrupts its ability to **inhibit protein synthesis** and cell growth

# Altered Target Sites

## Alteration of Ribosomal Target Sites

MLSB resistance – common organisms

*S. aureus*

*Streptococcus sanguinis*

*B. fragilis*

*Clostridium perfringens*

*S. pneumoniae*

# Altered Target Sites

## Alteration of Ribosomal Target Sites

### Aminoglycosides

- In **Enterobacteriaceae** and **nonfermenting gram-negative bacteria**
- This is now recognized as a major mechanism of resistance to all **parenteral aminoglycosides**

# Altered Target Sites

## Alteration of Cell Wall Precursor Targets

- Resistance of **enterococci** to **vancomycin** through target site alterations
- Resistance to vancomycin and teicoplanin in

*S. pyogenes*

*S. sanguis*

# Alteration of Target Enzymes

## Resistance to $\beta$ -Lactams

- $\beta$ -Lactam antibiotics inhibit bacteria by binding covalently to **PBPs** in the cytoplasmic membrane
- These target proteins catalyze the **synthesis of the peptidoglycan** that forms the **cell wall of bacteria**
- **Alterations of PBPs** can lead to  **$\beta$ -lactam antibiotic resistance**

# Alteration of Target Enzymes

## Resistance to $\beta$ -Lactams

- Decrease in the affinity of the PBP
- Change in the amount of PBP produced by the bacterium

Eg: Penicillin-resistant strains of *S. pneumoniae*

# Alteration of Target Enzymes

## MRSA Resistance

- In *S. aureus*, methicillin resistance is due to **mecA gene**, which encodes **PBP2a**, a protein with **low affinity for  $\beta$ -lactam antibiotics**
- Confer resistance to methicillin, nafcillin, oxacillin, and cephalosporins
- The mecA gene is in the larger staphylococcal cassette chromosome mec (**SCCmec**), which appears to have been acquired by horizontal transfer from a **coagulase-negative Staphylococcus** species.



# Alteration of Target Enzymes

- **Reduced penicillin-binding affinity** of PBPs of  $\beta$ -lactamase-negative, penicillin-resistant strains of

*N. gonorrhoeae*

*Neisseria meningitides*

*H. influenzae*

# Alteration of Target Enzymes

## Quinolones

DNA gyrase (bacterial topoisomerase II)

Topoisomerase IV

- DNA gyrase is the primary site of action in Gram-negative bacteria
- **Mutations** in chromosomal loci of **DNA gyrases** cause **resistant** to **nalidixic acid** and the **newer fluoroquinolones** in members of **Enterobacteriaceae** and ***P. aeruginosa***.

# Protection of Target Site

## Tetracyclines

- Protect the ribosome from tetracycline action
- Eg: Gram-positive organisms, Mycoplasma, Ureaplasma, Campylobacter, Neisseria spp

# Multiple resistant Mechanisms

- **Multiple mechanisms** are in operation at the same time within **individual bacterial cells**.
- Multiple antibiotic-resistance expression leads to phenotypes of multidrug resistance (**MDR**), or **panresistance**
- Common MDROs
  - Gram-negative bacteria
    - P. aeruginosa*

# Control of antibiotic resistance

- **Rational** antibiotic usage
- **Curtailement** of the unnecessary use of antibiotics in situations such as **animal husbandry**
- Development of a greater **understanding** of
  - how antimicrobial **resistance spreads**
  - **intelligent use** and development of improved bacterial vaccines
  - **antibiotic stewardship**
  - implementation of effective **infection control** strategies

# ABST



# Antimicrobial susceptibility tests

- **Solid** media (diffusion)
  - Disk diffusion (Kirby-Bauer)
  - E-tests
- Minimum inhibitory concentration [**MIC**]
  - The smallest concentration of antibiotic that inhibits the growth of organism
- **Beta lactamase** production: quick screening method

# Disc diffusion testing

- Antibiotic-impregnated discs placed on an agar plate
- Resulting zones of inhibition is measured
- Assess the susceptibility / resistance (standard tables)

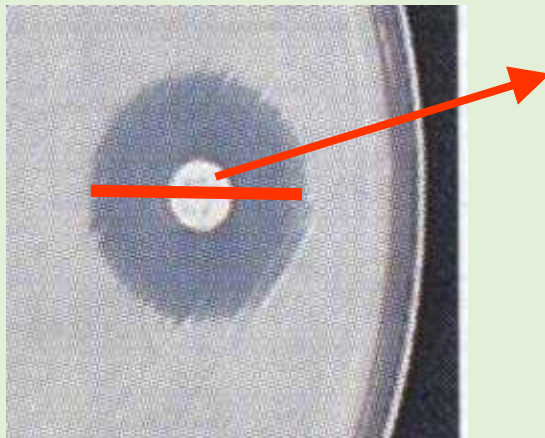
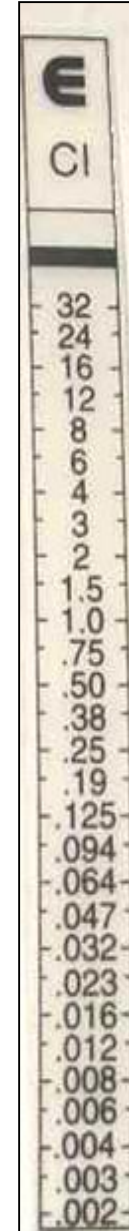


Table 2A Enterobacteriaceae M2-Disk Diffusion	
20	Table 2A. Zone Diameter Interpretive Standards a
Testing Conditions	
Medium:	Mueller-Hinton agar
Inoculum:	Growth method or direct colony s

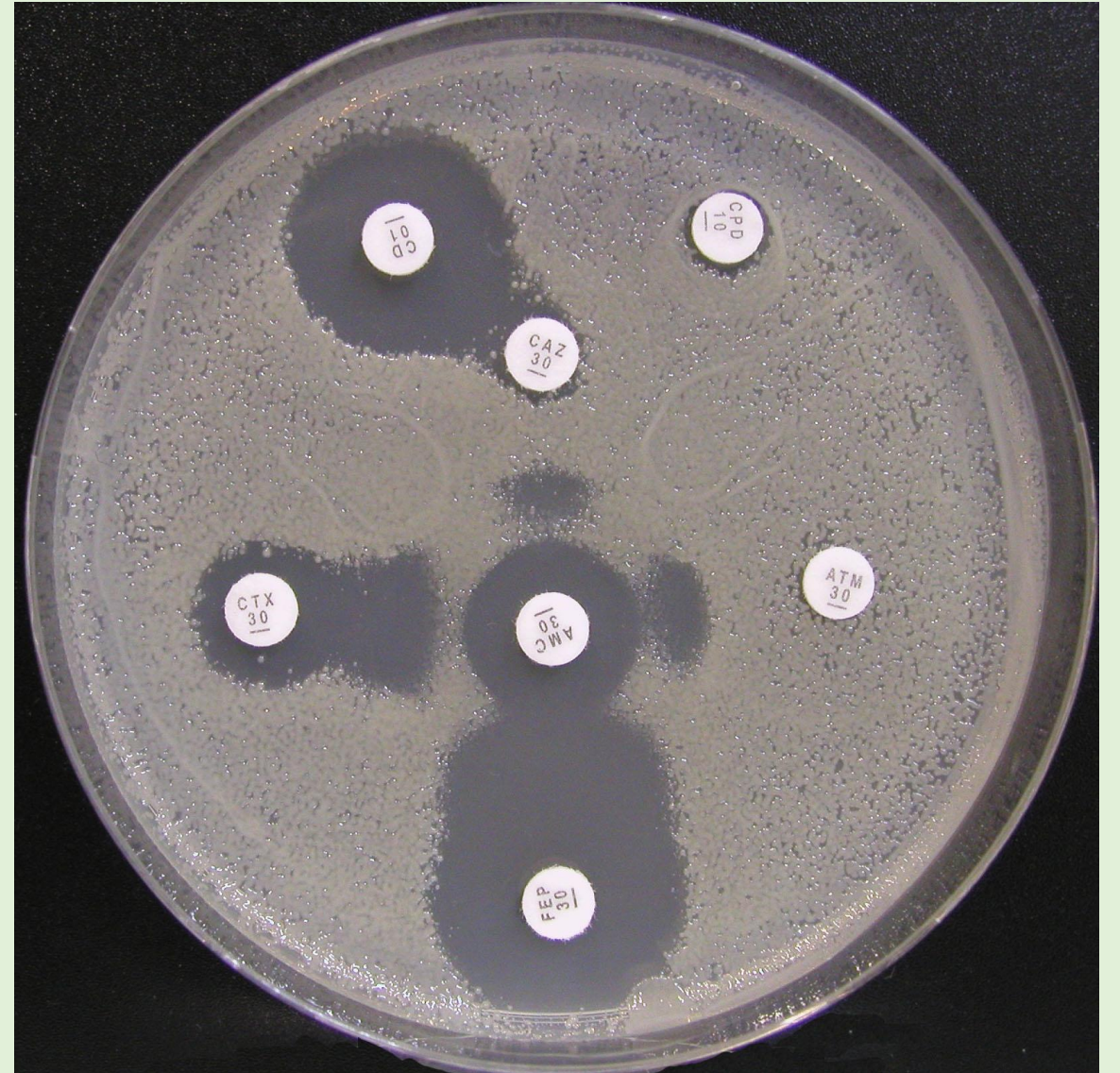


# E-test – test MIC

- Plastic strips with a predefined gradient of
  - One antibiotic
- One strip per antibiotic
- Wide range of antibiotics
- Easy to use
- Expensive



# ESBL





# MRSA

## cefoxitin disk screen test



- $\geq 22$  mm: sensitive.
- $< 22$  mm: resistant (MRSA).
- MIC:  $\geq 4$   $\mu\text{g/ml}$   $\rightarrow$  MRSA

# Inducible clindamycin resistance

- Though clindamycin is sensitive according to lab report, resistant in vivo
- Can be detected by D test



**Figure 1:** Isolate with inducible clindamycin resistance showing flattening of clindamycin zone adjacent to erythromycin disk

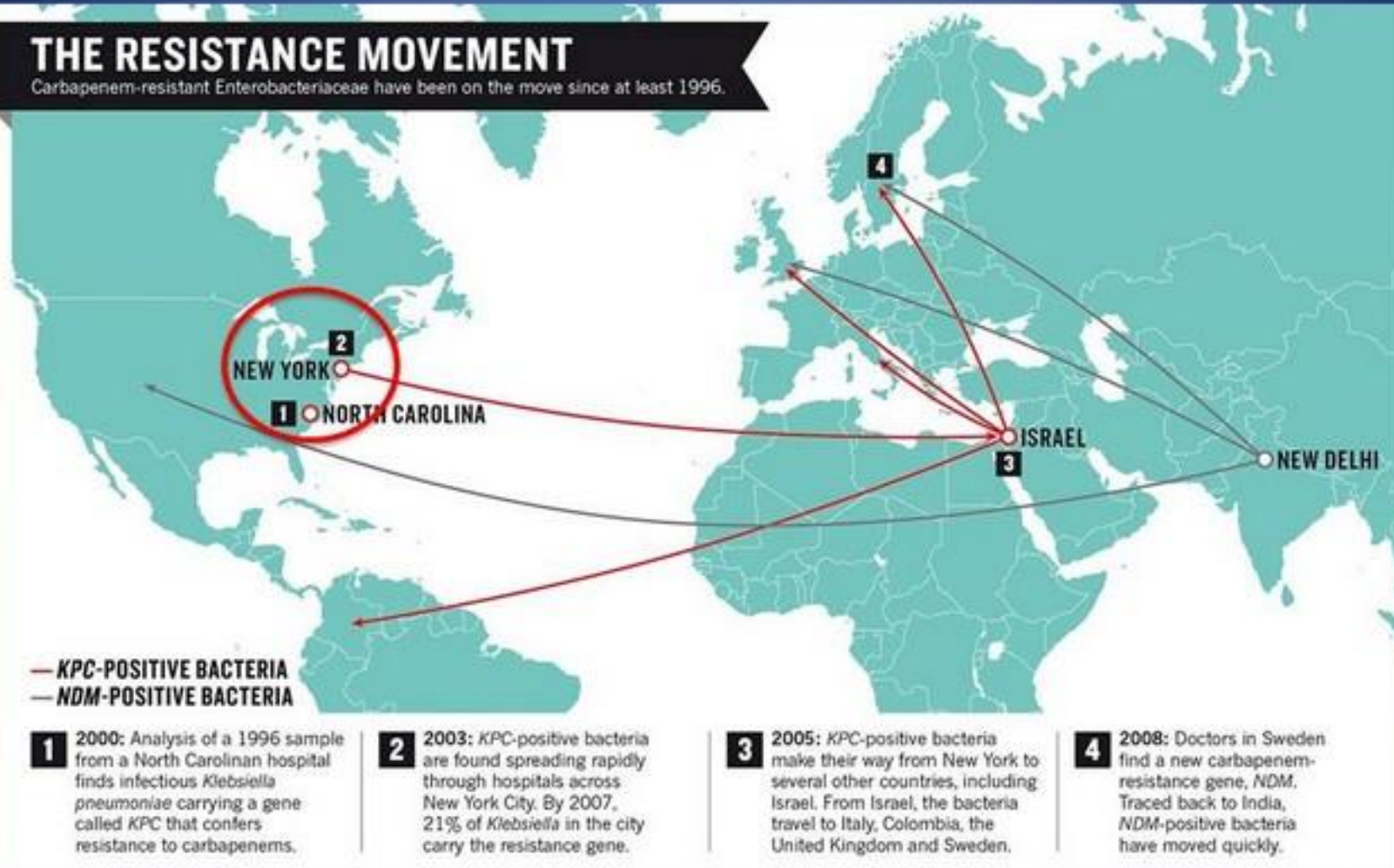
# Carbapenem Resistant Enterobacteriaceae (CRE)



# Emergence of carbapenem resistant Enterobacteriaceae

## THE RESISTANCE MOVEMENT

Carbapenem-resistant Enterobacteriaceae have been on the move since at least 1996.





# MDROs

Eg: *Pseudomonas aeruginosa*, *Acinetobacter*

