

# Antibiotic resistance: What's in store for patients and how do we help?

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**Figure 4. Percentage of Enterobacteriaceae isolates from HAIs non-susceptible to third-generation cephalosporins, by country, ECDC PPS 2011–2012**

Non-susceptible isolates (%)

<20

20 to <30

30 to <40

40 to <50

$\geq 50$

<10 isolates or no data

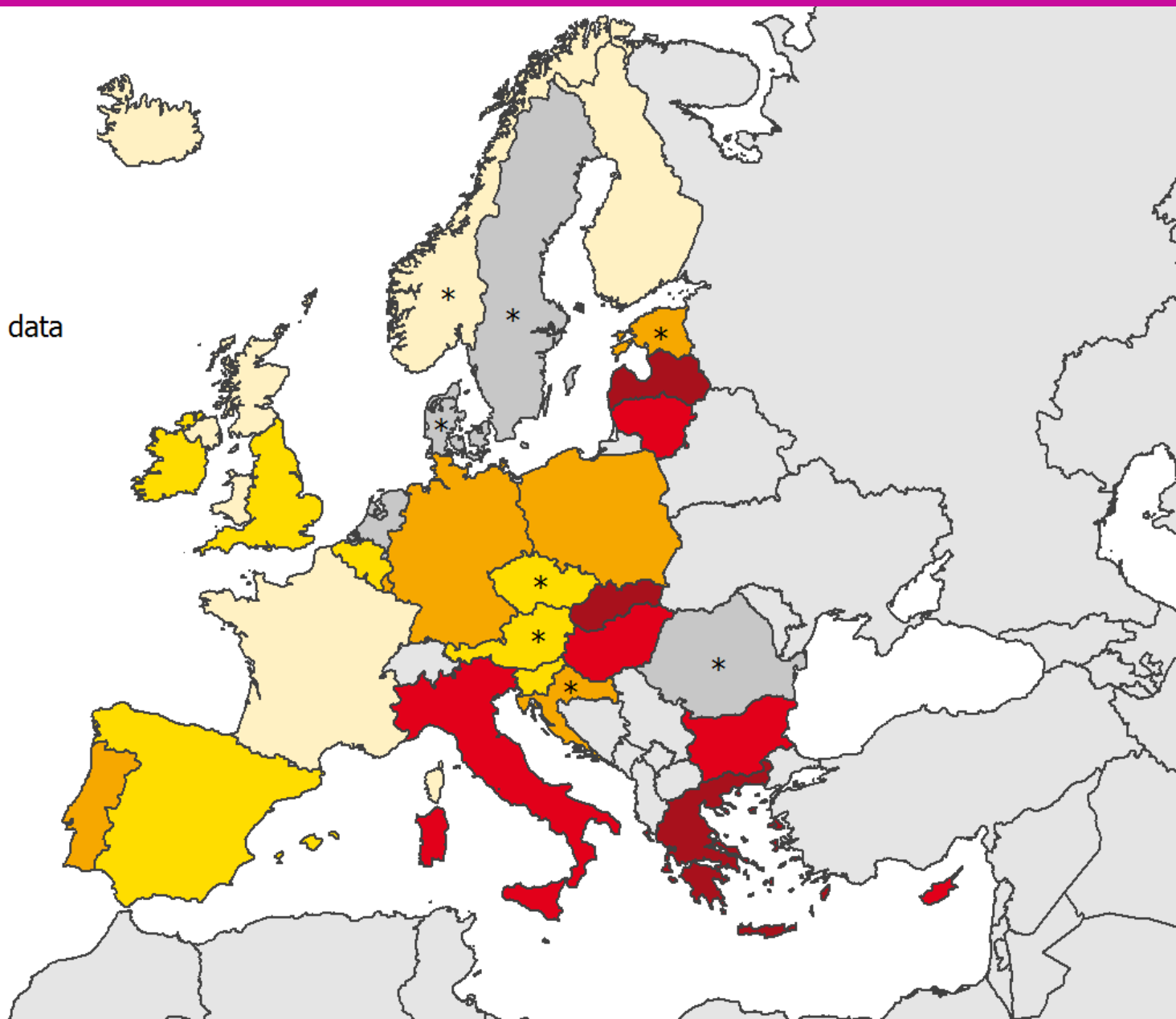
Not included

Non-visible countries

Liechtenstein

Luxembourg

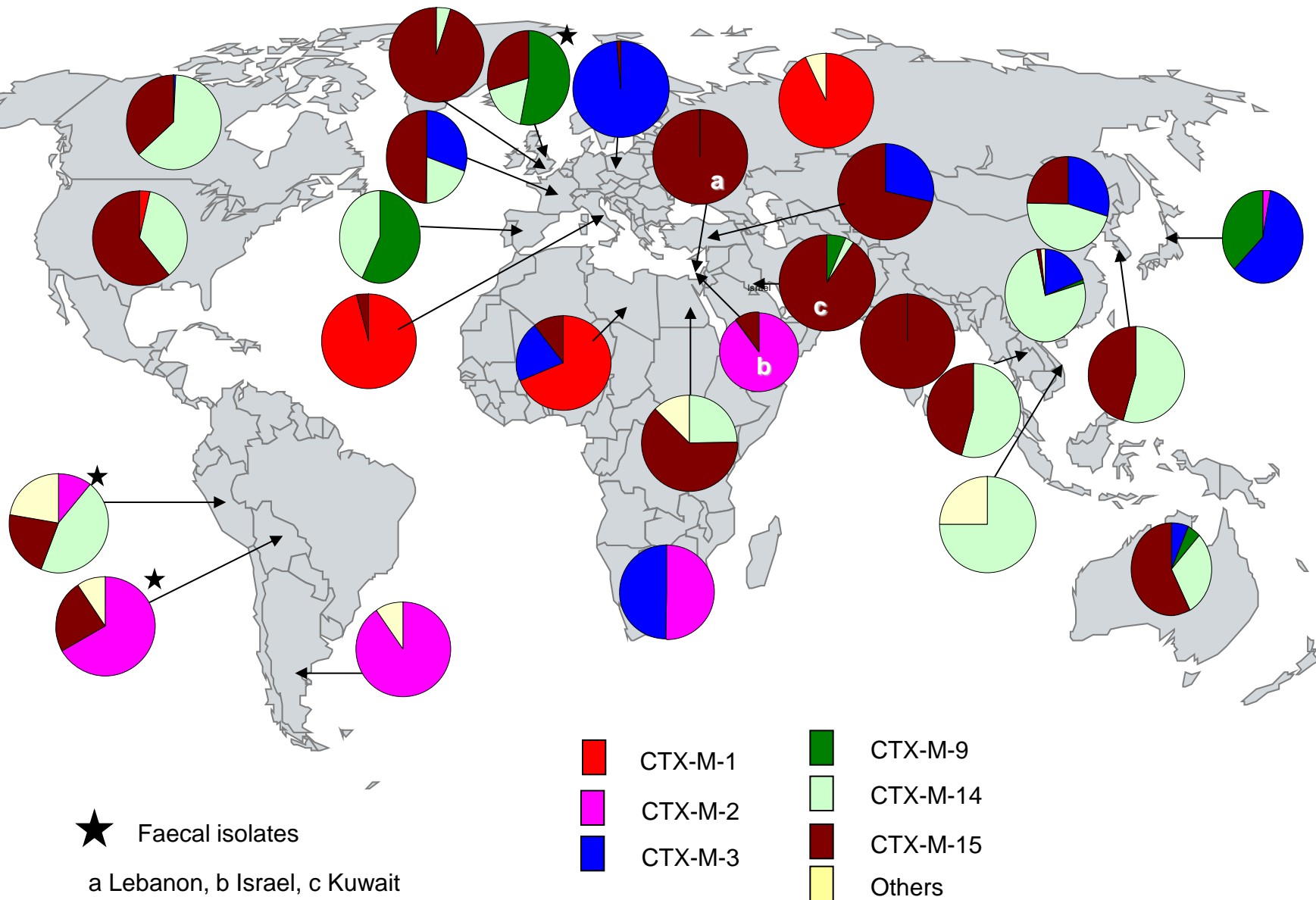
Malta



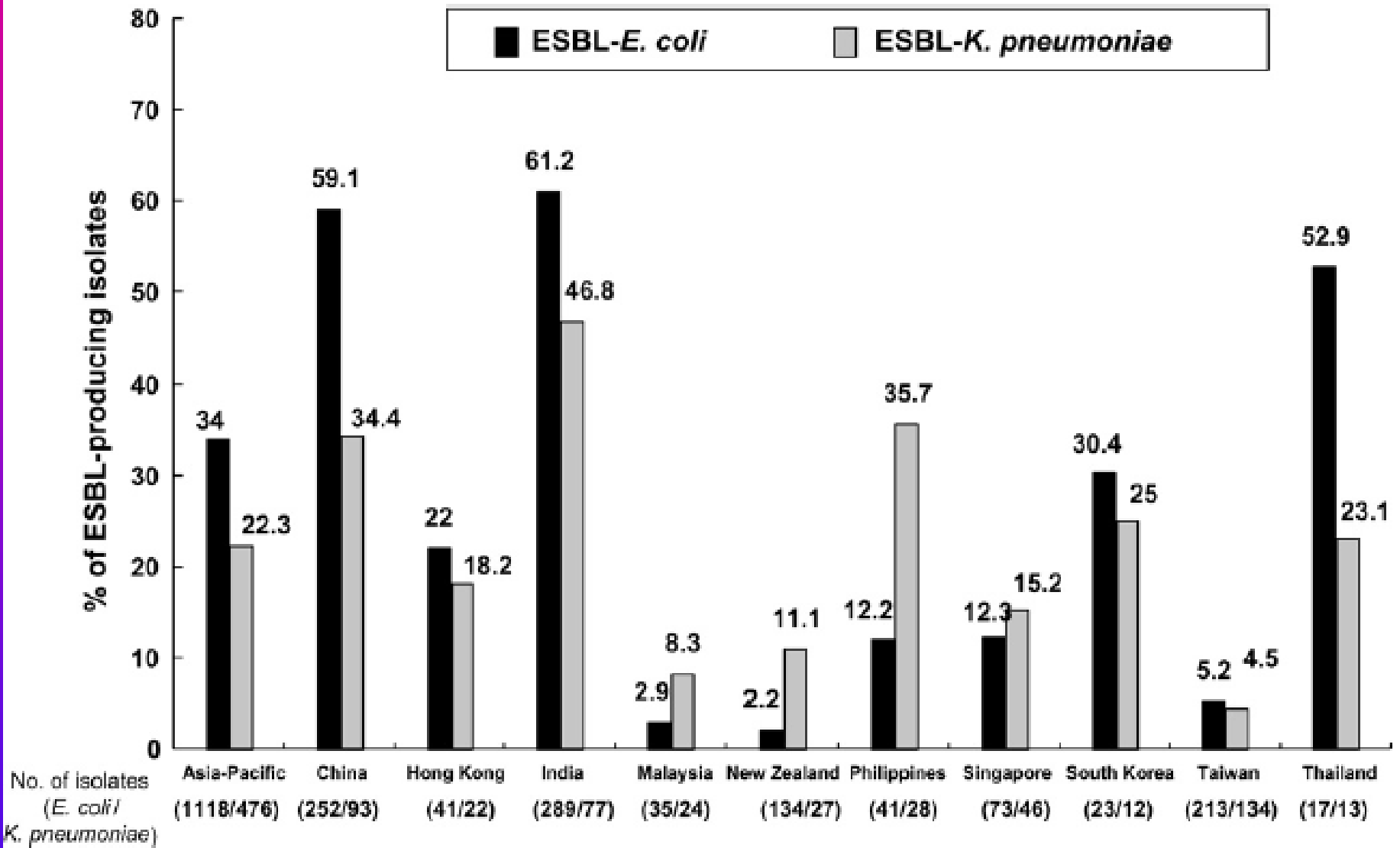
# ESBL definition

“ an ESBL is any  $\beta$ -lactamase, ordinarily acquired and not inherent to a species, that can rapidly hydrolyse or confer resistance to, oxyimino-cephalosporins (not carbapenems) or any  $\beta$ -lactamase mutant, within a family that has an enhanced ability to do so”.

# Proportions and country distributions of CTX-M ESBL genotypes



# SMART study for 2008. *E. coli* / *Klebsiella* in IAI



# Report from Prof Xiao Head of Ministry of Health National Antibacterial Resistance Investigation Net,2012

新华社 (Xinhua News Agency) 据调查发现, 中国每年生产抗生素原料大约 21 万吨, 其中有 9.7 万吨抗生素用于畜牧养殖业, 占年总产量的 46.1%。养殖业滥用抗生素现象引发社会各界关注和热议。

210,000 tons antibiotic produced annually

% of antibiotics used in Food animals

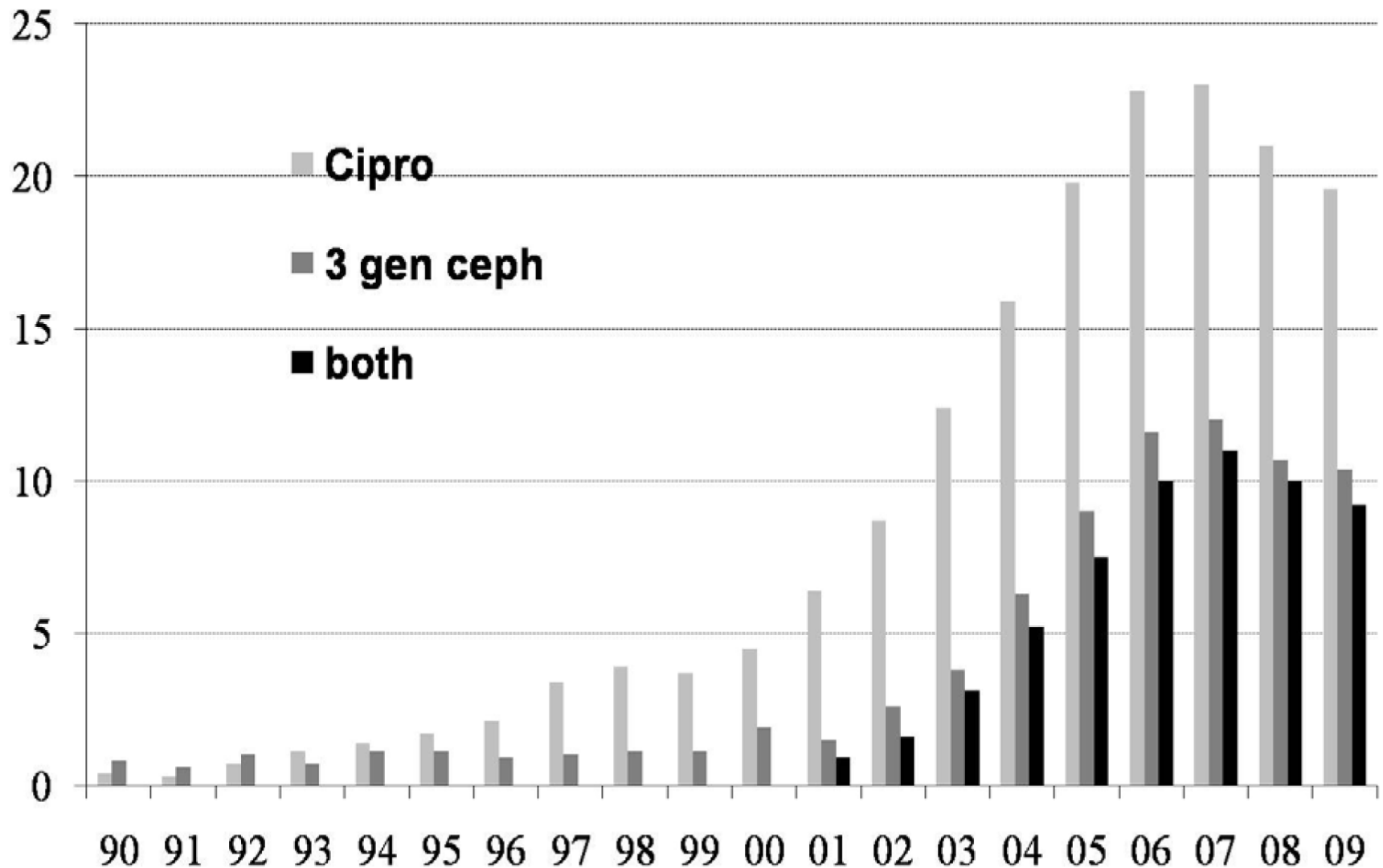
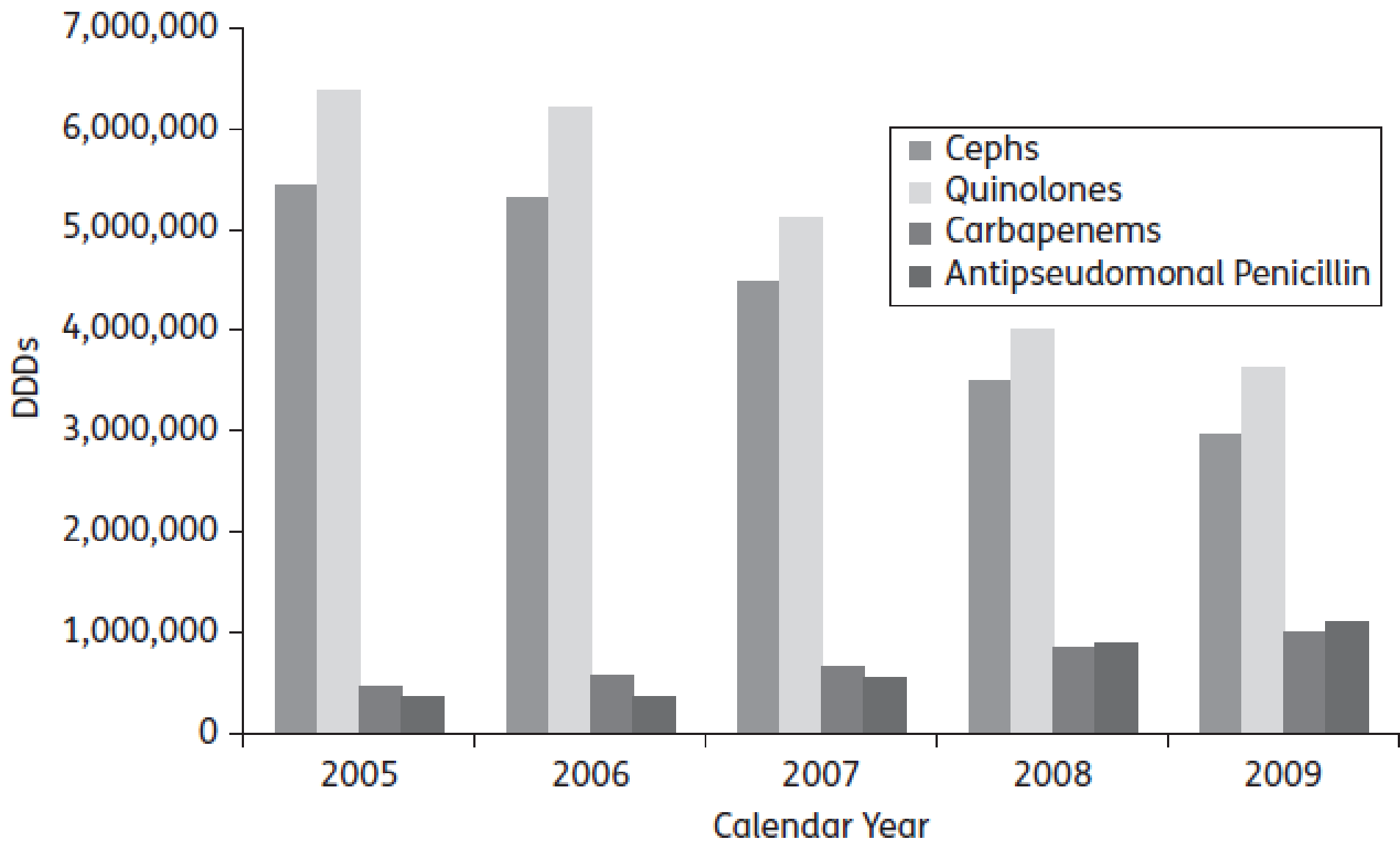


Figure 3.2 Antibiotic resistance rates among *E. coli* from cases of bacteraemia in England, Wales and Northern Ireland between 1990–2009. (Cipro: ciprofloxacin; 3GSc.)

Antimicrobial Usage in Hospital in England, n=175  
Cephalosporins, Quinolones,  
Carbapenems and Antipseudomonal penicillin





# Faecal carriage of CTX-M ESBL in community faeces samples

- 727 samples cultured on chromID confirmed by double disc diffusion & API 20E
  - 80 samples gave *E. coli* CTX-M +ve
  - All analysed by PFGE, 10 groups identified
- One example typed by MLST,  
All isolates screened by PCR for ST131.

# Demography of Birmingham

Total population: 997,087

<b>Ethnicity</b>	<b>% Population</b>
White	67.0
Asian	21.0
Black	6.7
Chinese	3.2
Other	1.4

**TESCO**  
// // // //

**CLUBCARD**

*Every little helps*



## Origins Info - Empowering Diversity Insight

[Business Decision Makers Overview](#) | [Technical Decision Makers Overview](#)

# Applying OriginsInfo to give Cultural Ethnic Linguistic groupings

571 European

152 Middle Eastern/South Asian

(MESA includes 4 African & 2 Chinese)

4 Unassigned

Distribution of CTX-M genotypes according to global origin

Global origin	<i>bla</i> <sub>CTX-M</sub>	<i>bla</i> <sub>CTX-M 9/14</sub>	<i>bla</i> <sub>CTX-M 15</sub>	ST131/Others
Europe n=571	46 (8.1%) <sup>a</sup>	15 (2.5%)	31(5.4%) <sup>a</sup>	8/23
MESA n=152	34 (22.4%) <sup>a</sup>	7 (4.5%)	27 (17.8%) <sup>a</sup>	6/21

<sup>a</sup> p < 0.0002

# CARBAPENEM ANTIBIOTICS...

*Start with greater coverage—  
Consider using an initial broad-spectrum antibiotic...*

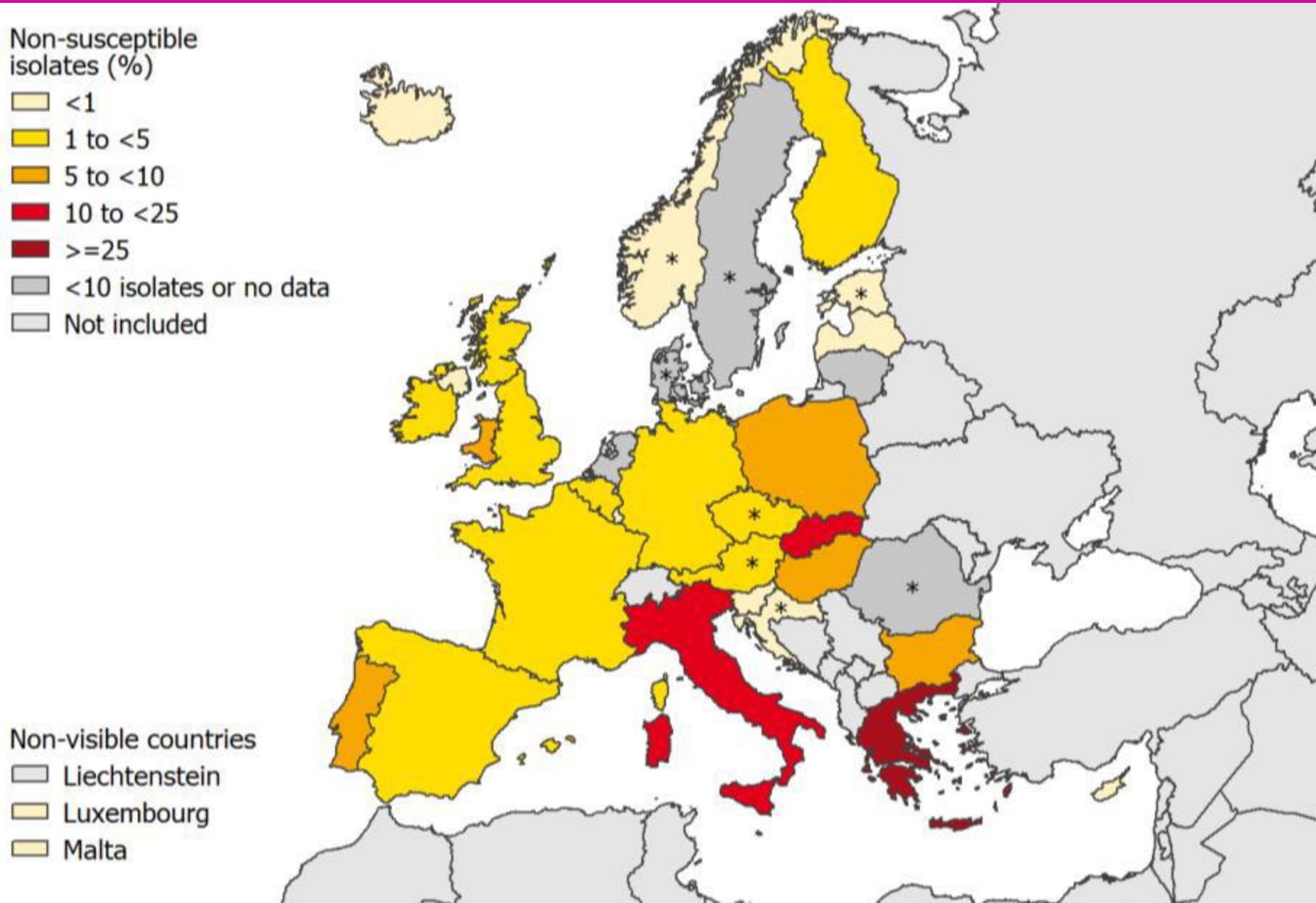


*...and you could decrease the risk of hospital mortality in  
your critically ill patients with serious infections in the ICU.<sup>1</sup>*



(imipenem/cilastatin sodium, MSD)  
**TIENAM**<sup>TM</sup>

**Figure 47. Percentage of Enterobacteriaceae isolates from HAIs non-susceptible to carbapenems, by country (n=2787 isolates), ECDC PPS 2011–2012**



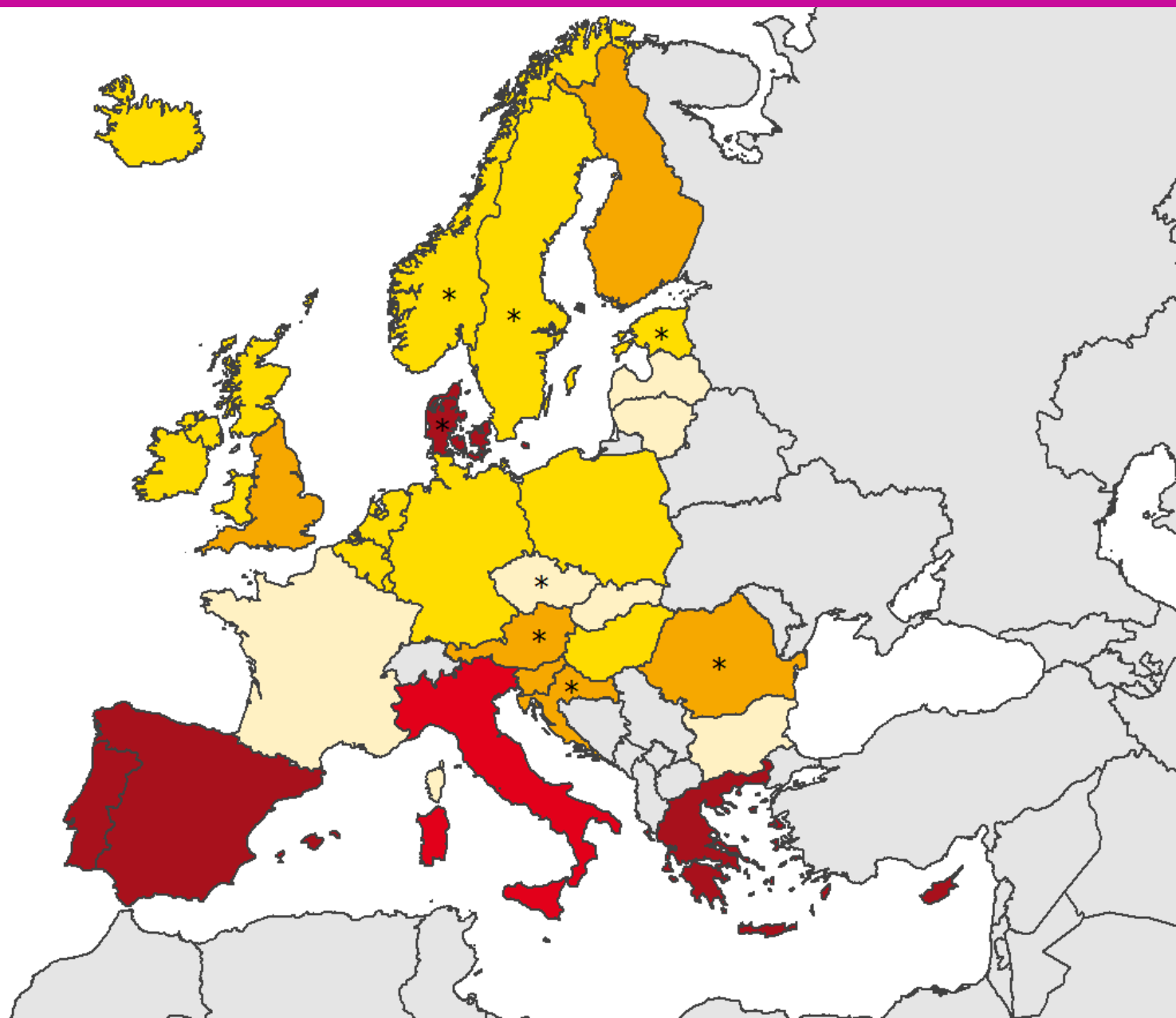
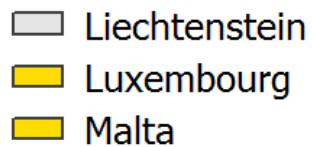


**Figure 76. Prevalence of carbapenem (J01DH) use (percentage of hospitalised patients receiving carbapenems), ECDC PPS 2011–2012**

Carbapenem use  
(% of patients)

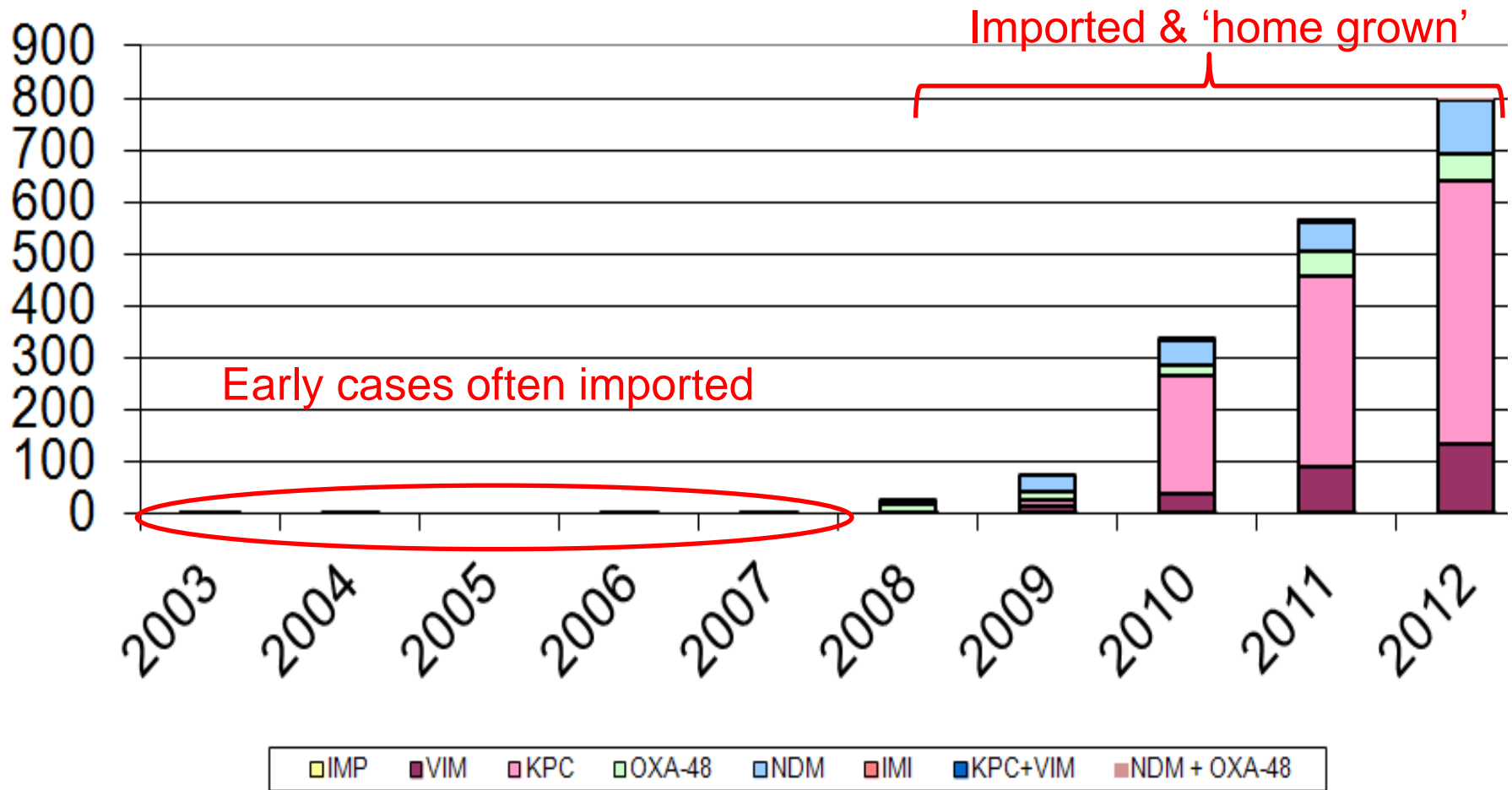


Non-visible countries



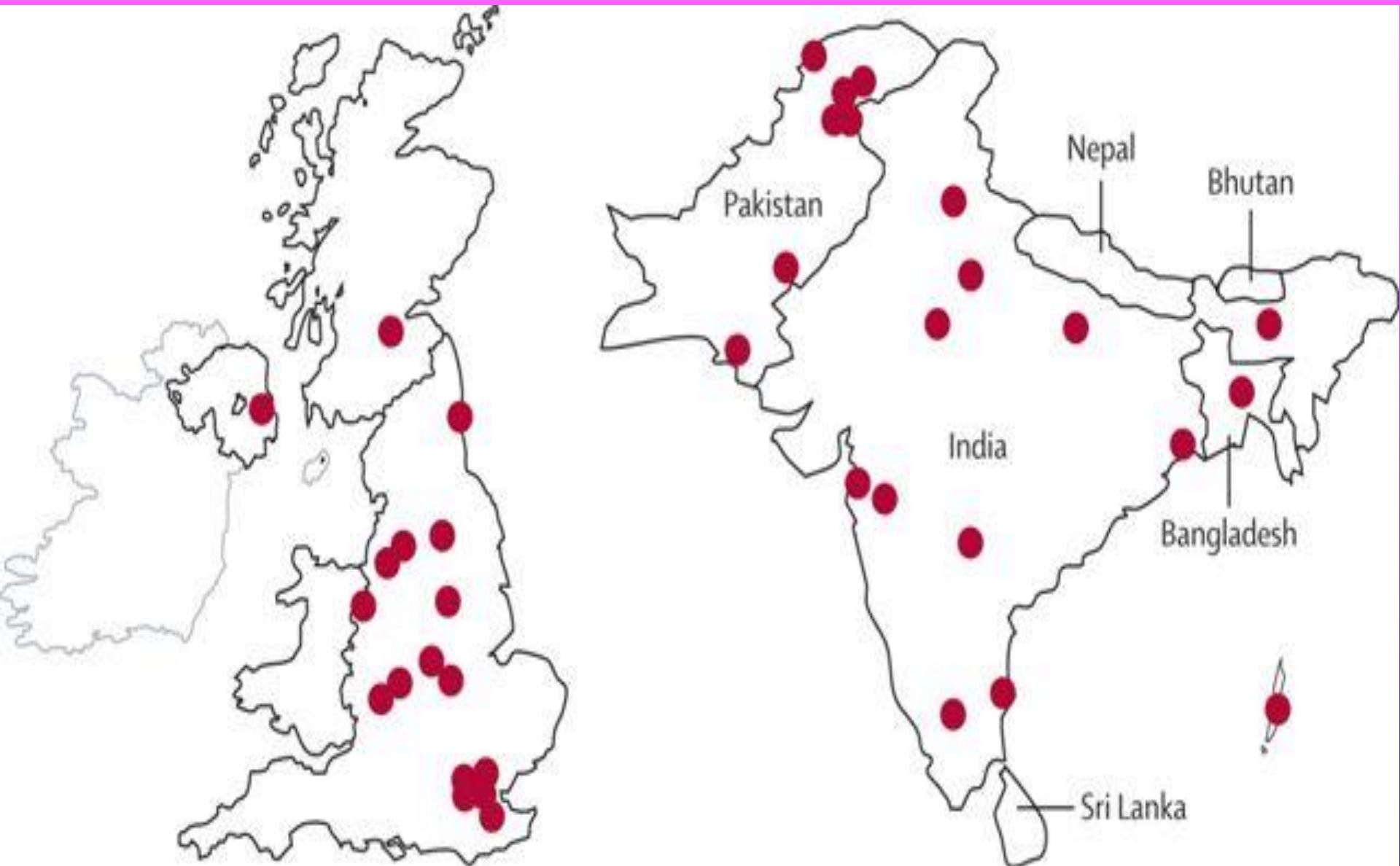


# Carbapenemase-producing Enterobacteriaceae in the UK (n = 1802)

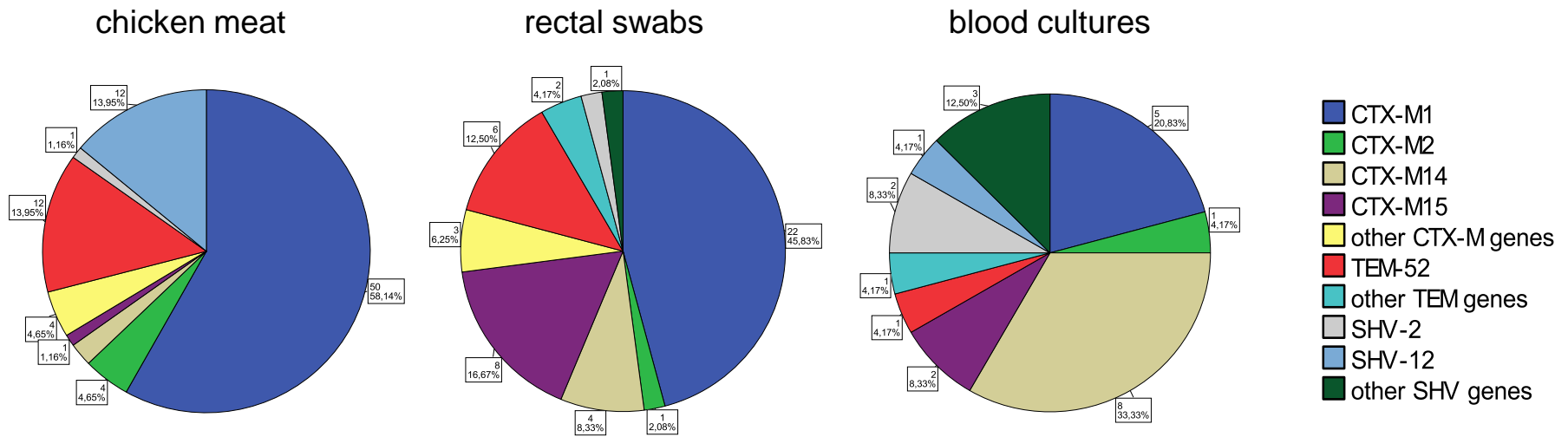


*Klebsiella* spp. 79%; *E. coli* 12%, *Enterobacter* spp., 7%; others 2%

# Distribution of NDM-1-producing Enterobacteriaceae strains in Bangladesh, India, Pakistan, and the UK

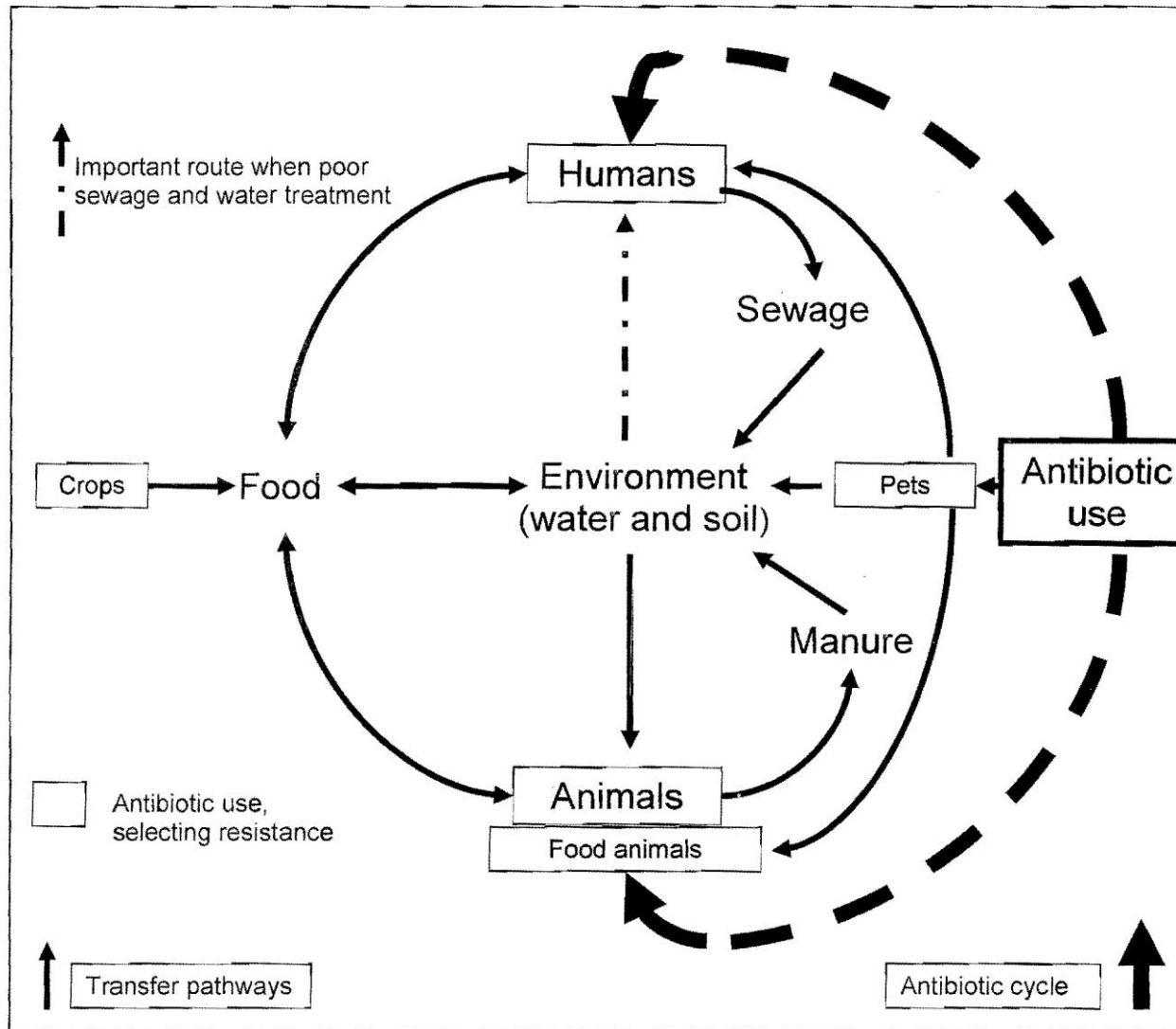


**Figure 1: Distribution of ESBL genotypes in chicken meat, rectal swabs and blood cultures**



Overdevest, Hawkey: et al 2011  
 Emerging Infectious Diseases **17**(Jul):1216-22

# Principal routes outlining the transfer pathways for antibiotic resistance genes between humans, animals, food and the environment



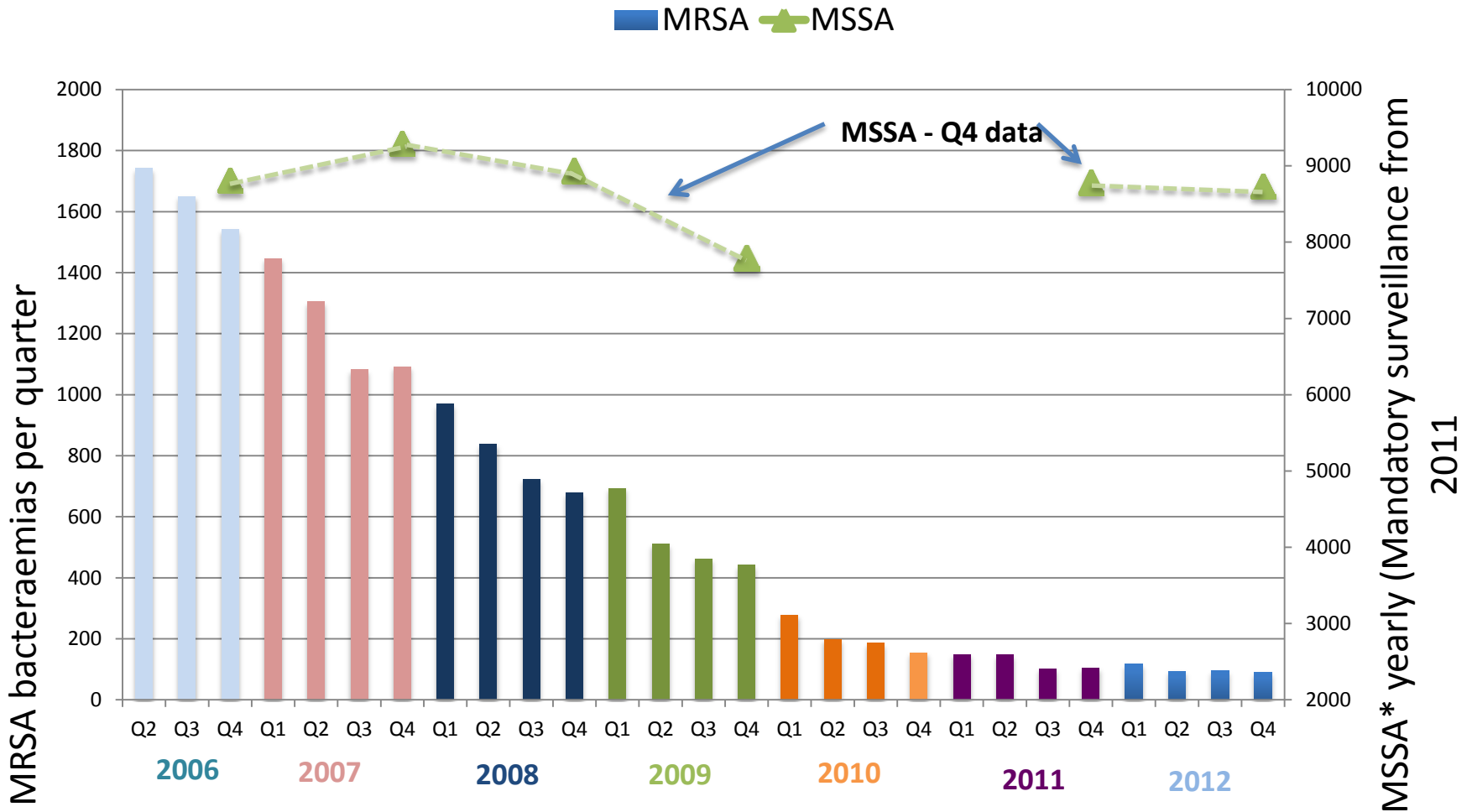
# UK 5 YEAR AMR STRATEGY

## 7 KEY AREAS

- 1. Improving infection prevention & control practices**
2. Optimising prescribing practice
3. Improving professorial education, training & public engagement
4. Developing new drugs treatment & diagnostics
5. Better access to and use of surveillance data
6. Better identification and prioritisation of AMR research
7. Strengthened international collaboration

DoH/DEFRA Sept 2013

# Trends in MRSA and MSSA 2007 - 2012



Source: Centre for Infections, Surveillance Team, Health Protection Agency, March 2013

\* No data available for 2010

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Figure 65. Prevalence of antimicrobial use (percentage of patients receiving antimicrobials) in acute care hospitals, ECDC PPS 2011–2012

Patients on antimicrobials (%)

<30

30 to <35

35 to <40

40 to <45

$\geq 45$

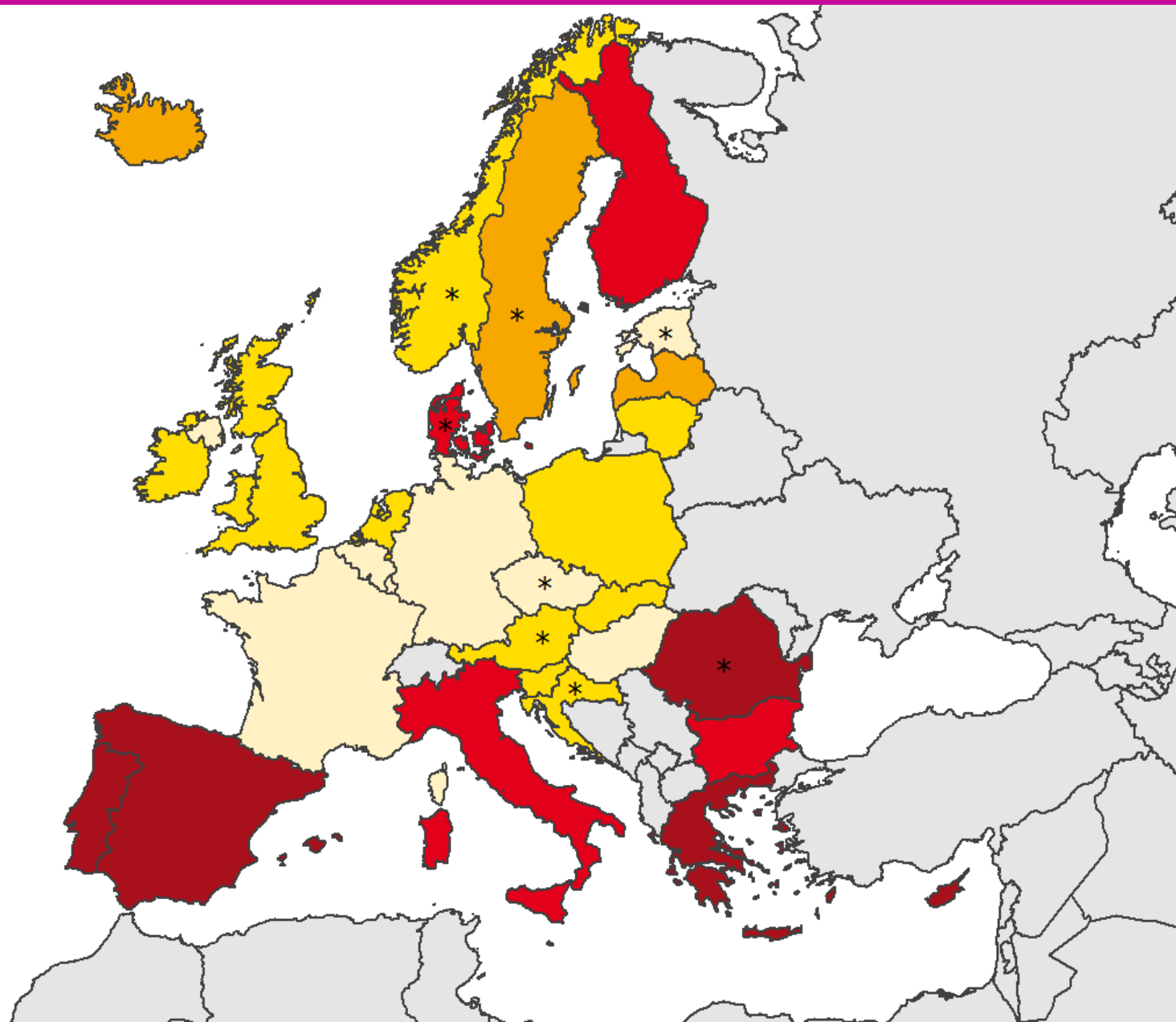
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Non-visible countries

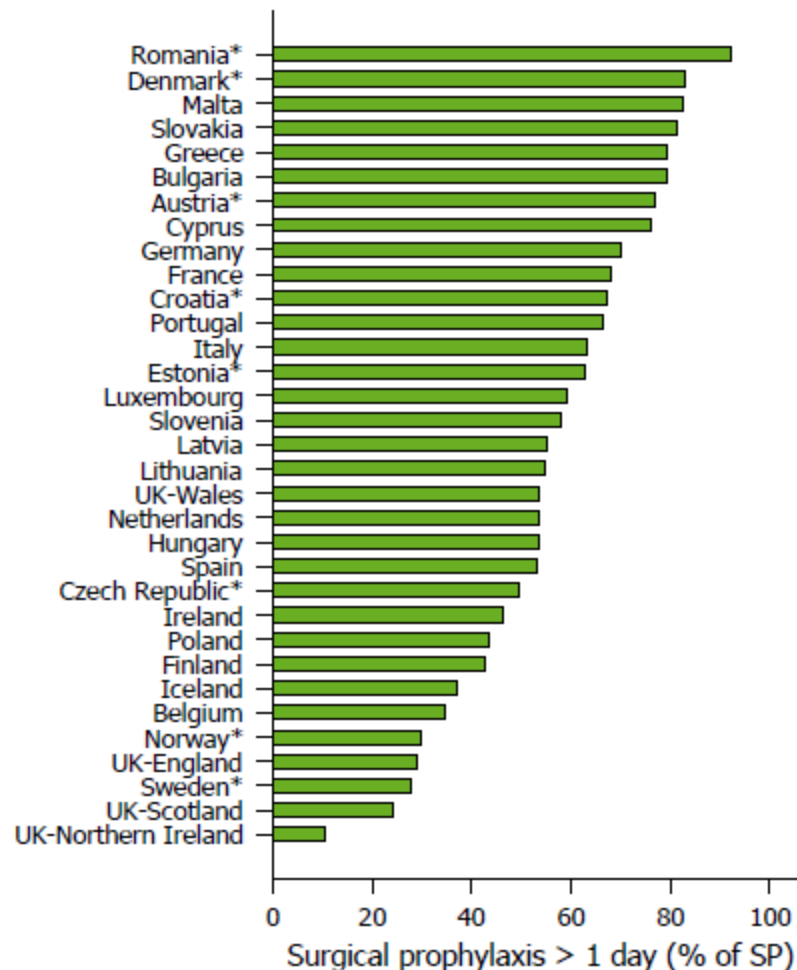
Liechtenstein

Luxembourg

Malta



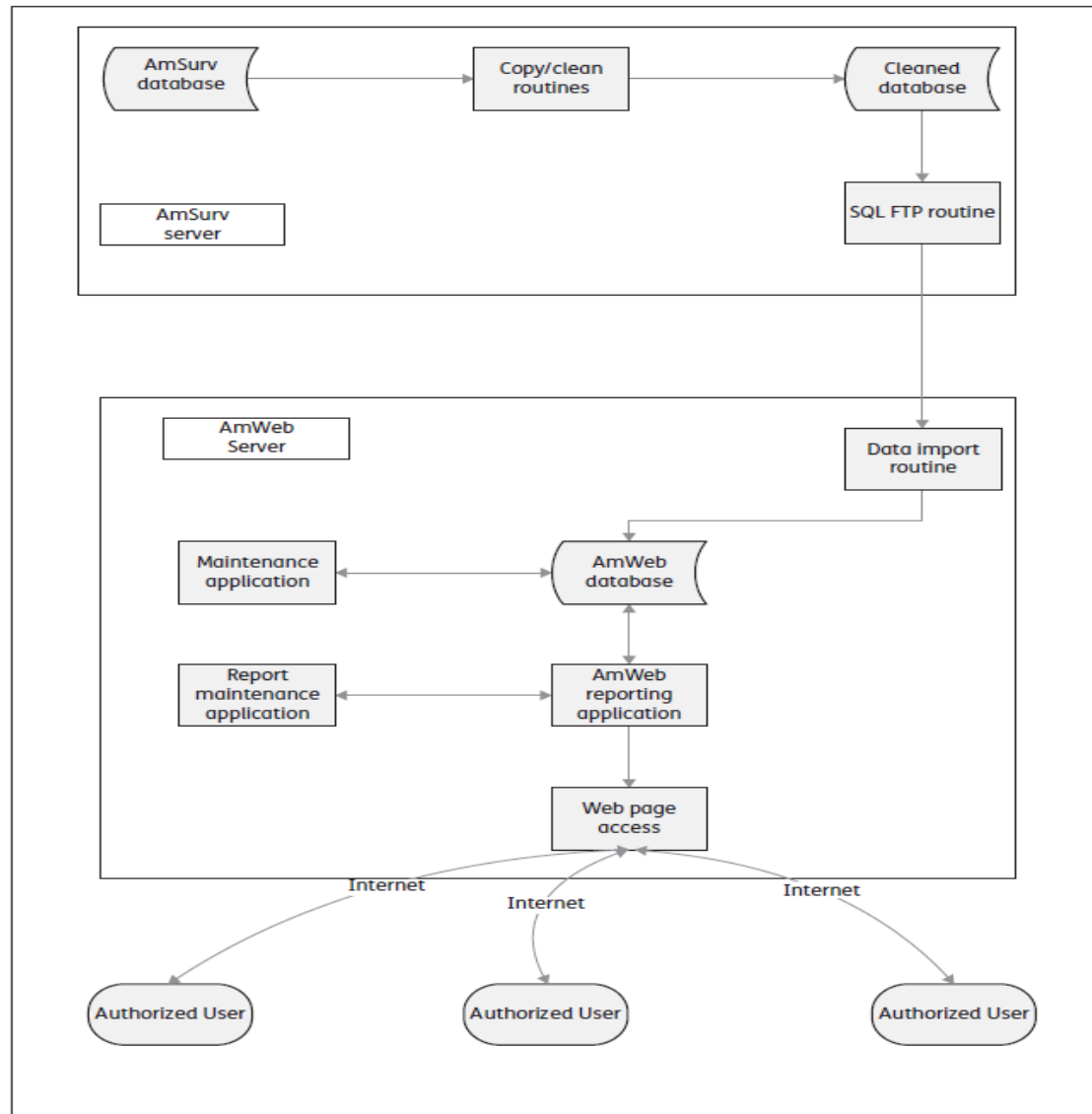
**Figure 69. Surgical prophylaxis given for more than one day as a percentage of the total antimicrobials prescribed for surgical prophylaxis, by country, ECDC PPS 2011–2012**



*SP=surgical prophylaxis.*

*\*PPS data representativeness was poor in Austria, Croatia, Czech Republic, Estonia, Norway and Romania and very poor in Denmark and Sweden.*

# AmWeb process map



# AmWeb drug/bug report maintenance screen

Public Health England  
AntWeb National

Home Reports **Maintenance** User Profiles Manage Users

**Maintenance Screens**

- User Defined Combos
- Antibiotic Panels

Logged in as: dironmonger [Log Out](#)

### Manage your drug/bug combination

is rule enabled?  Master Rule system  user defined

**Organism:**  name ESCHERICHIA COLI  group

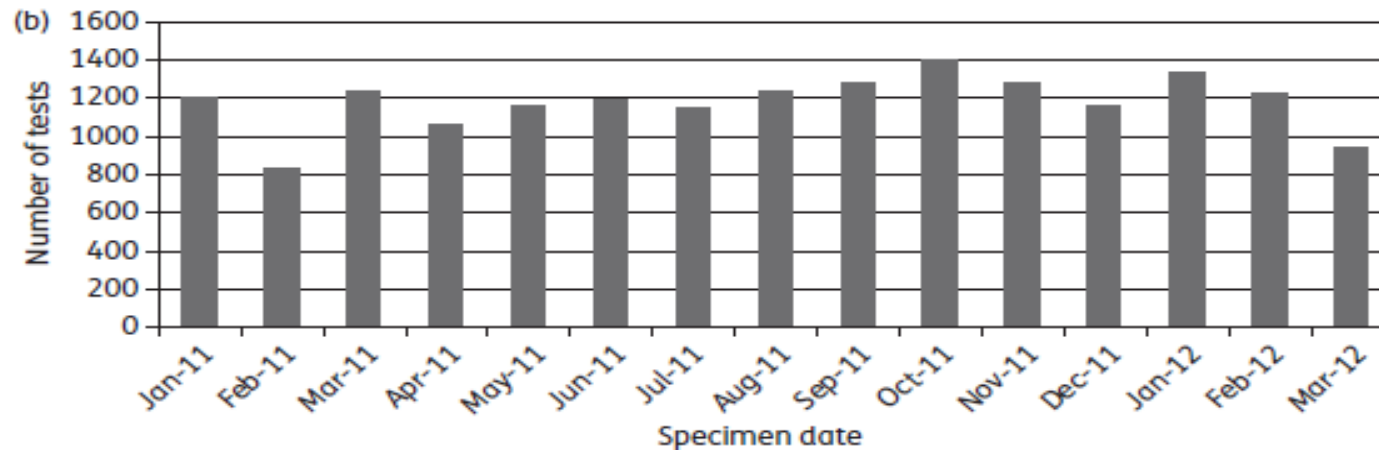
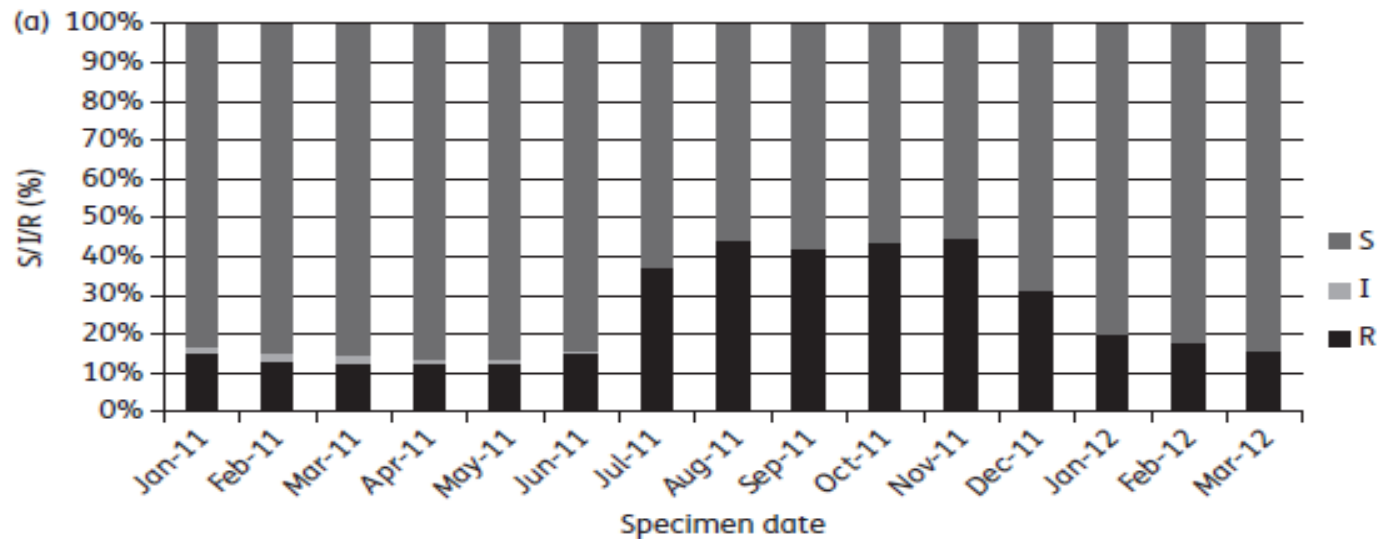
**Antibiotic:**  name CIPROFLOXACIN  generic name  group

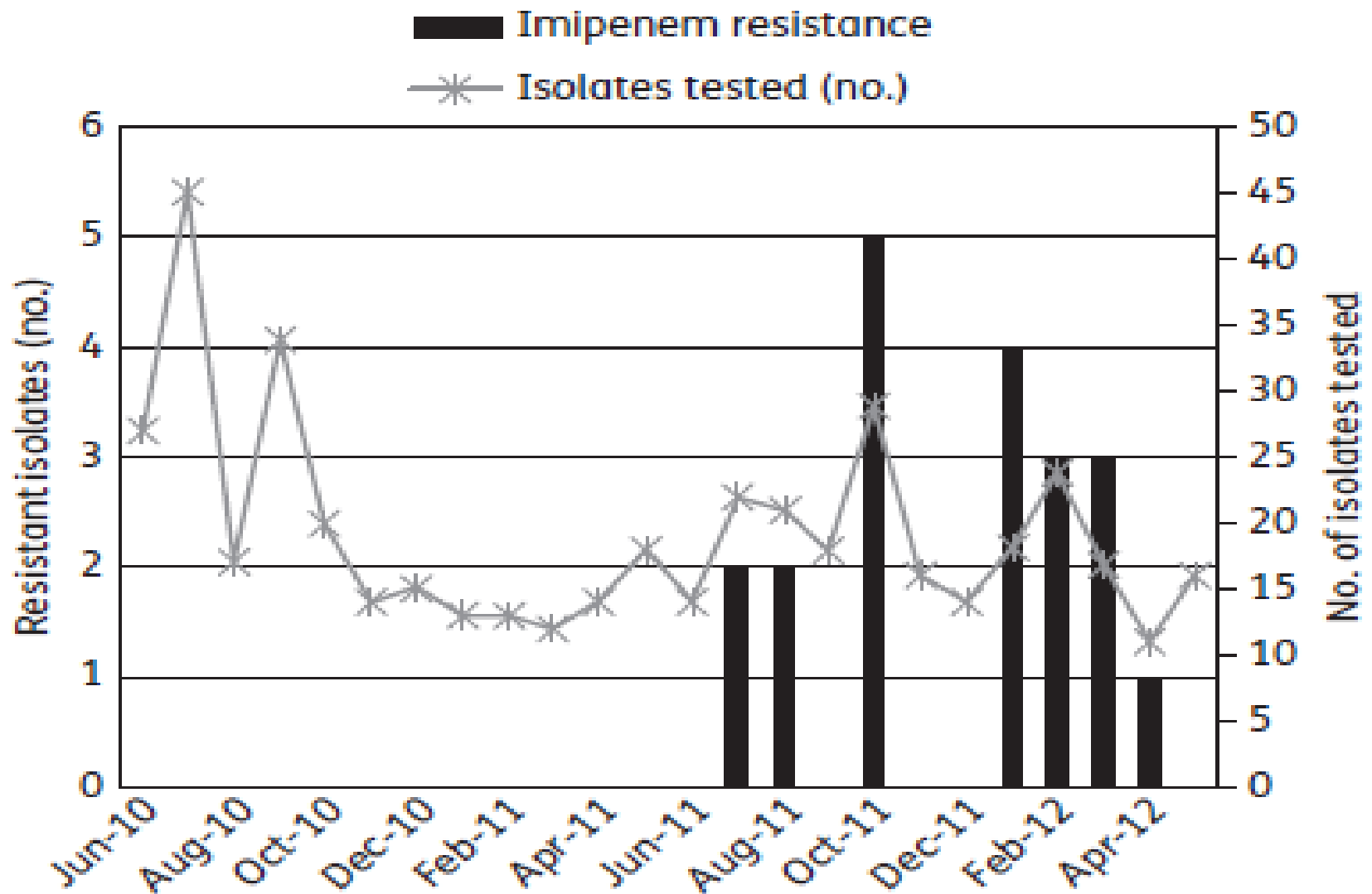
**Specimens:**  All  site URINE  class

**Requester Source:**  All  Acute hospital  GP  Community trust / other

(a) Distribution of resistance profile *E. coli* from all specimens for co-amoxiclav in Lab Jan-Mar 2012

(b) Number of *E. coli* isolates from all specimens, tested in Lab A





**Figure 5.** Results of susceptibility testing to imipenem for *K. pneumoniae* isolates from all specimens, reported by Laboratory B, together with totals of *K. pneumoniae* isolates tested against imipenem by Laboratory B.

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- 7. Strengthened international collaboration**

# Joint China-UK Centre for the Molecular Diagnosis of Infection (CUCMDI)

Joint Directors Professor Wen-en Liu and Professor Peter Hawkey



Xiangya Hospital, Changsha, China



# PCR ribotypes of *C. difficile* from 21 patients at Xiangya Hospital, Changsha

