*Monthly Newsletter*
*September 2012*

# ANSORP *NOW*

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## Dear ANSORP Investigators

Greetings from Seoul !
I hope all ANSORP investigators are doing well.

This is the 2012 September issue of ANSORP NOW. It provides update information and current status of ANSORP activities. "ANSORP NOW" is a monthly newsletter, delivered to all ANSORP investigators by e-mail and website of APFID (www.apfid.org). Please read this ANSORP NOW carefully to update our international collaboration. If you have any ideas, opinions, or issues that can be shared with other ANSORP investigators, please send us e-mails or FAX.

I always appreciate your active participation in the ANSORP activities.

Jae-Hoon Song, MD, PhD
Organizer, ANSORP
Founder & Chairman, APFID

## Current status of ANSORP studies

- **A prospective, hospital-based, multicenter surveillance on antimicrobial resistance and serotypes of *Streptococcus pneumoniae* in hospitalized patients over 50 years with invasive pneumococcal diseases or pneumonia in Asia**
  - Principle investigator : Dr. Jae-Hoon Song (Korea)
  - This investigator initiated study will be supported by Pfizer and is expected to be started later this year.

- **A prospective multi-center, multi-national serosurvey study for pertussis among children in Asian countries**
  - Principle investigators : Dr. Cheng-Hsun Chiu and Dr. Chun-Yi Lu (Taiwan), Dr. Yae-Jean Kim (Korea)
  - Study proposal has been finalized and submitted to Sanofi-Aventis. This study can be initiated soon.

- **Surveillance and correlation of antibiotic prescription and Gram-negative bacterial resistance in Asian hospitals**
  - Principle investigator : Dr. Li Yang Hsu (Singapore)
  - Budgeting and searching for sponsors are underway.

- **Antimicrobial Stewardship Programme (ASP) in Asia: Capacity Survey**
  - Principle investigator : Dr. David Lye (Singapore)
  - The study proposal is currently under preparation by PI.

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# Publications of APFID in September 2012

## Clinical predictors of *Pseudomonas aeruginosa* or *Acinetobacter baumannii* bacteremia in patients admitted to the ED

***Am J Emerg Med. 2012 Sep;30(7):1169-1175***

Kang CI, Chung DR, Peck KR, Song JH; the Korean Network for Study on Infectious Diseases (KONSID)

**ABSTRACT**

The identification of clinical characteristics that could identify patients at high risk for *Pseudomonas aeruginosa* or *Acinetobacter baumannii* bacteremia would aid clinicians in the appropriate management of these life-threatening conditions, especially in patients admitted to the emergency department (ED) with community-onset infections. To determine clinical risk factors for *P aeruginosa* or *A baumannii* bacteremia in patients with community-onset gram-negative bacteremia (GNB), a post hoc analysis of a nationwide bacteremia surveillance database including patients with microbiologically documented GNB was performed.

Ninety-six patients with *P aeruginosa* or *A baumannii* bacteremia were compared with 1230 patients with *Escherichia coli* or *Klebsiella pneumoniae* bacteremia. A solid tumor or hematologic malignancy was more likely to be associated with *P aeruginosa* or *A baumannii* bacteremia, whereas concurrent neurologic disease was less frequently seen. In regards to the site of infection, pneumonia was more common in *P aeruginosa* or *A baumannii* bacteremia, whereas a urinary tract infection was less frequently seen. Factors associated with *P aeruginosa* or *A baumannii* bacteremia in multivariate analysis included pneumonia (odds ratio [OR], 3.60; 95% confidence interval [CI], 1.86-6.99), hematologic malignancy (OR, 2.71; 95% CI, 1.26-5.84), male sex (OR, 2.17; 95% CI, 1.31-3.58), solid tumor (OR, 1.89; 95% CI, 1.15-3.12), and health-care-associated infection (OR, 1.88; 95% CI, 1.48-2.41). Our data suggest that an initial empirical antimicrobial coverage of *P aeruginosa* or *A baumannii* bacteremia should be seriously considered in patients with pneumonia, a hematologic malignancy, solid tumor, or health-care-associated infection, when GNB is suspected, even in community-onset infections.

# Interesting papers

## Insights into the global molecular epidemiology of carbapenem non-susceptible clones of *A. baumannii*

***Drug Resist Updat. 2012 Aug;15(4):237-247***

Karah N, Sundsfjord A, Towner K, Samuelsen O.

**ABSTRACT**

The global emergence of multidrug resistance (MDR) among Gram-negative bacteria has dramatically limited the therapeutic options. During the last two decades, *Acinetobacter baumannii* has become a pathogen of increased clinical importance due to its remarkable ability to cause outbreaks of infections and to acquire resistance to almost all currently used antibiotics, including the carbapenems. This review considers the literature on *A. baumannii* and data from multilocus sequence typing studies to explore the global population structure of *A. baumannii* and detect the occurrence of clonality, with the focus on the presence of specific resistance mechanisms such as the OXA-carbapenemases. The worldwide dissemination of MDR and carbapenem non-susceptible *A. baumannii* is associated with diverse genetic backgrounds, but predominated by a number of extensively distributed clones, such as CC92(B)/CC2(P) and CC109(B)/CC1(P), which have frequently been supplemented by acquired OXA-type carbapenemase genes.

*If you need PDF version of the papers, please contact ANSORP Project Manager (Dr. So Hyun Kim, shkim@ansorp.org).*

## Community-associated meticillin-resistant *S. aureus*: the case for a genotypic definition

***J Hosp Infect. 2012 Jul;81(3):143-148***

Otter JA, French GL.

**ABSTRACT**

**BACKGROUND:** New distinct strains of community-associated meticillin-resistant *Staphylococcus aureus* (CA-MRSA) have emerged as a cause of infection in previously healthy individuals in community settings. It is important to identify CA-MRSA for clinical management, epidemiological analysis, infection prevention and control, and regulatory reporting, but definitions and nomenclature of these strains are confused.

**AIM:** To review attempts to define CA-MRSA and propose a new definition.

**METHODS:** Non-systematic review.

**FINDINGS:** Epidemiological definitions were useful for differentiating CA-MRSA and HA-MRSA strain types in the past. However, although HA-MRSA strain types are rarely transmitted in the community, CA-MRSA strains have started to be transmitted in healthcare facilities, so epidemiological definitions are breaking down. CA-MRSA are community strains of *S. aureus* that have acquired the meticillin resistance gene, *mecA*. They are distinct from HA-MRSA and should be defined genetically. This may be done by combining genotypic typing by multi-locus sequence or *spa* with analysis of the staphylococcal cassette chromosome *mec*. Carriage of Panton-Valentine leukocidin or antimicrobial susceptibility profiles can be useful indicators of CA-MRSA but should not be used for their definition.

**CONCLUSION:** For full assessment of their epidemiology, MRSA infections should be characterized as: (1) caused by HA- or CA-MRSA strain types; (2) acquired in community or healthcare settings; and (3) onset in the community or healthcare facility.

# 9th ISAAR 2013 in Kuala Lumpur, Malaysia in March 2013

We attended 52nd ICAAC (Interscience Conference on Antimicrobial Agents and Chemotherapy) which was held on September 9-12 in San Francisco, USA to introduce scientific programs and world-renowned speakers of 9the ISAAR, which will be held in March 2013 in Malaysia, to participants of ICAAC 2012 and to promote their participation in ISAAR 2013. Many participants visited our booth and were very interested in the scientific programs of ISAAR.



We would like to cordially invite you to join the **9th International Symposium on Antimicrobial Agents and Resistance (ISAAR 2013)**, which will be held at Kuala Lumpur Convention Center (KLCC) in Kuala Lumpur, Malaysia from March 13 to 15, 2013.

Please visit **www.isaar.org** for updates to the program and additional information to enhance your participation in this important meeting on infectious diseases and antimicrobial resistance. We hope that many ANSORP investigators can join the ISAAR 2013.


**IMPORTANT DATES**

- Deadline for Abstract Submission — Jan 28, 2013
- Deadline for Early Registration — Feb 20, 2013
- Deadline for Late Registration — Mar 1, 2013

*We always appreciate your active contribution to ANSORP activities.*
*If you have any questions, or issues that can be shared with other ANSORP investigators, please let us know them at any time.*