



Activity of Meropenem-Vaborbactam and Comparators Against European Carbapenem-Resistant Enterobacterales Isolates Producing KPC Carbapenemase (2018-2020)

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Objective

Meropenem-vaborbactam (MVB) is a combination of a carbapenem, and a carbapenemase inhibitor developed to inhibit Class A and C beta-lactamases, including the common *Klebsiella pneumoniae* carbapenemase (KPC).

MVB was approved by the European Medicines Agency for the treatment of complicated urinary tract infections (cUTI), including acute pyelonephritis, complicated intra-abdominal infections (cIAI), hospital-acquired bacterial pneumonia, ventilator-associated pneumonia, and bacteremia (BSI) associated with any of the infections listed above.

The objective of this study was to analyse the activity of MVB and comparators against KPC-producing carbapenem-resistant Enterobacterales (CRE) collected in European hospitals from 2018 to 2020 as part of the SENTRY Antimicrobial Surveillance Program.

Methods

- A total of 16,866 Enterobacterales clinical isolates were consecutively collected from hospitalized patients in 39 sites from 19 European countries.
- Susceptibility testing was performed using the CLSI broth microdilution method. EUCAST (2022) interpretive criteria were used.
- All infection types were included (Figure 1).
- 679 CRE were identified as having an MIC >2 mg/L to meropenem and/or imipenem. Whole genome sequencing was performed on each CRE isolate; 227 isolates contained *bla*_{KPC}.
 - 226/227 isolates with *bla*_{KPC} also contained 1-6 additional beta-lactamase enzymes including various *bla*_{TEM}, *bla*_{SHV} and *bla*_{CTX-M}. 6 isolates also contained a metallo-beta-lactamase, *bla*_{VIM-1} or *bla*_{NDM-1}.
 - Species containing *bla*_{KPC}: *Citrobacter freundii* species complex (1), *Enterobacter cloacae* species complex (2), *Escherichia coli* (6), and *Klebsiella pneumoniae* (218).



Results

Figure 1. KPC-Producing Isolates by Infection Type

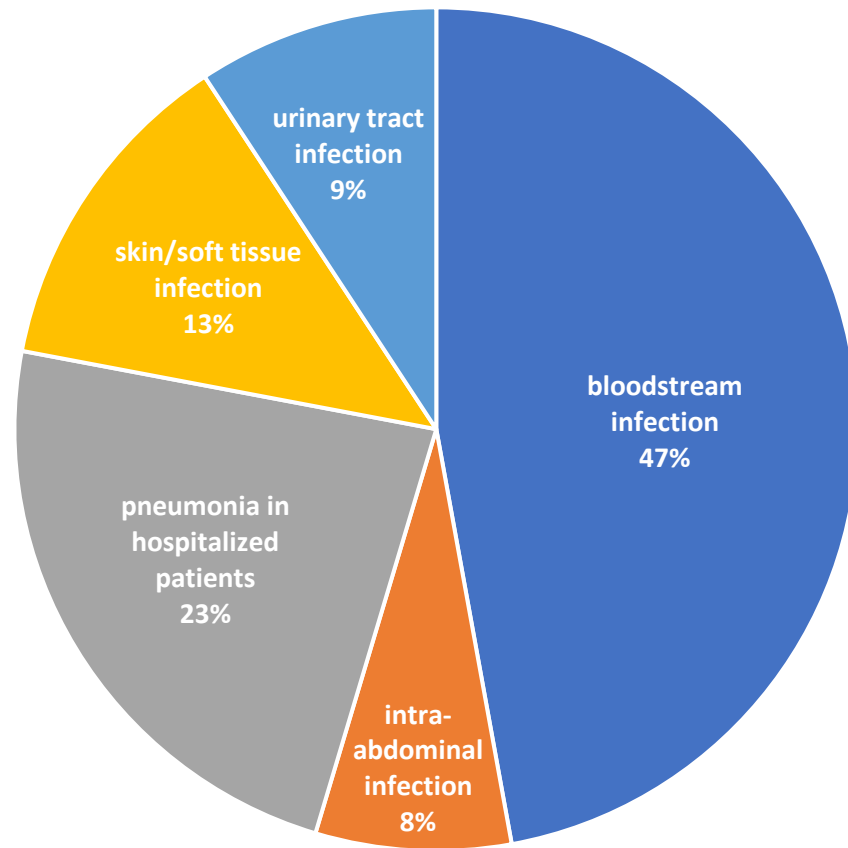
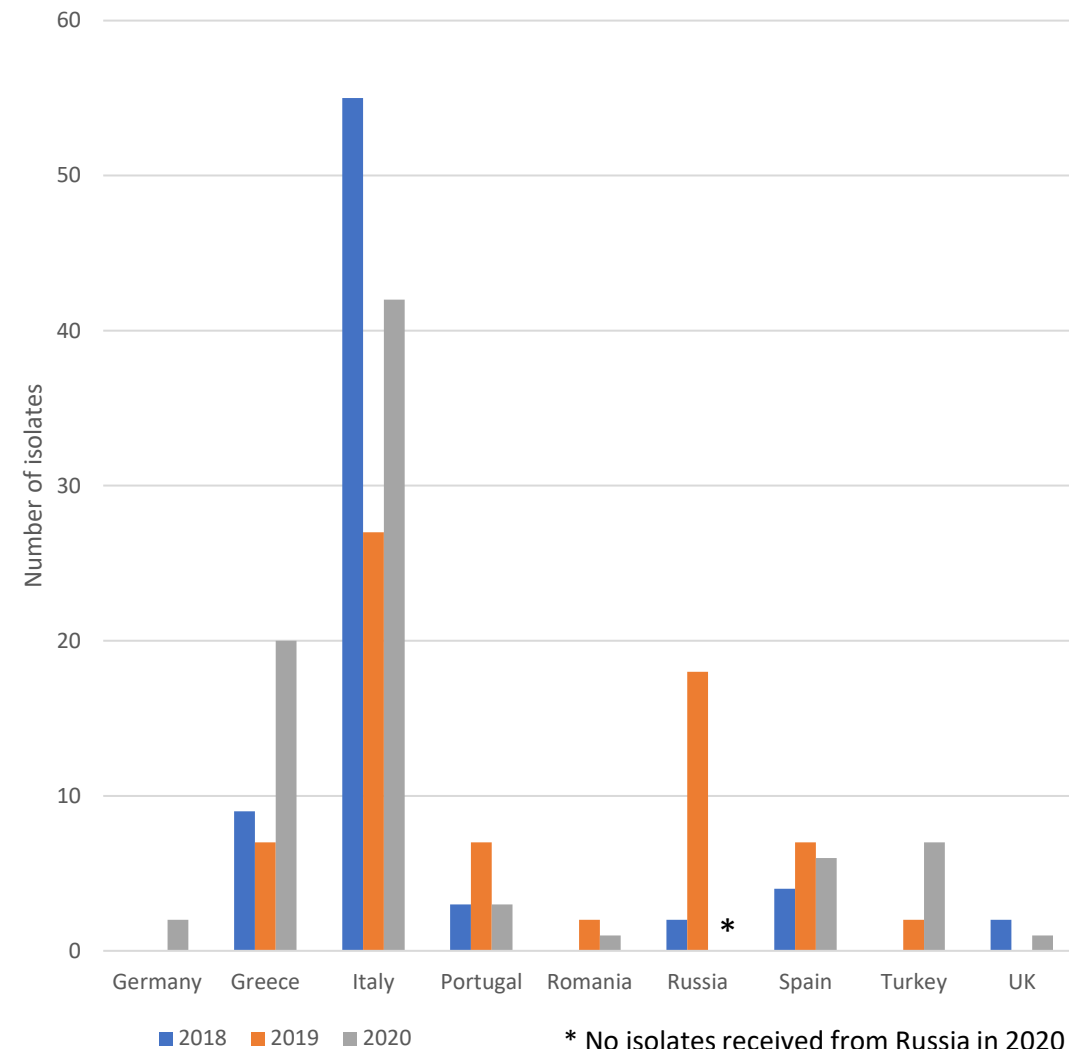


Figure 2. KPC-Producing Isolates by Country and Year



* No isolates received from Russia in 2020



Results

Table 1. Activity of Meropenem-vaborbactam and Comparator Antimicrobial Agents Tested Against 227 KPC-producing European Isolates (2018-2020)

Antimicrobial agent	mg/L		EUCAST ^a		
	MIC ₅₀	MIC ₉₀	%S	%I	%R
Meropenem-vaborbactam	0.25	2	97.4		2.6
Meropenem	>32	>32	3.1 ^b 3.1 ^c	14.1	96.9 82.8
Imipenem	>8	>8	0.0	3.5	96.5
Amikacin	8	>32	50.2 ^d		49.8
Aztreonam	>16	>16	0.0	0.0	100.0
Cefepime	>32	>32	0.4	0.4	99.1
Ceftazidime	>32	>32	0.0	0.4	99.6
Colistin	0.25	>8	83.7		16.3
Gentamicin	2	>16	53.7 ^d		46.3
Levofloxacin	>32	>32	6.2	0.4	93.4
Piperacillin-tazobactam	>128	>128	0.0		100.0

^a Criteria as published by EUCAST (2021).

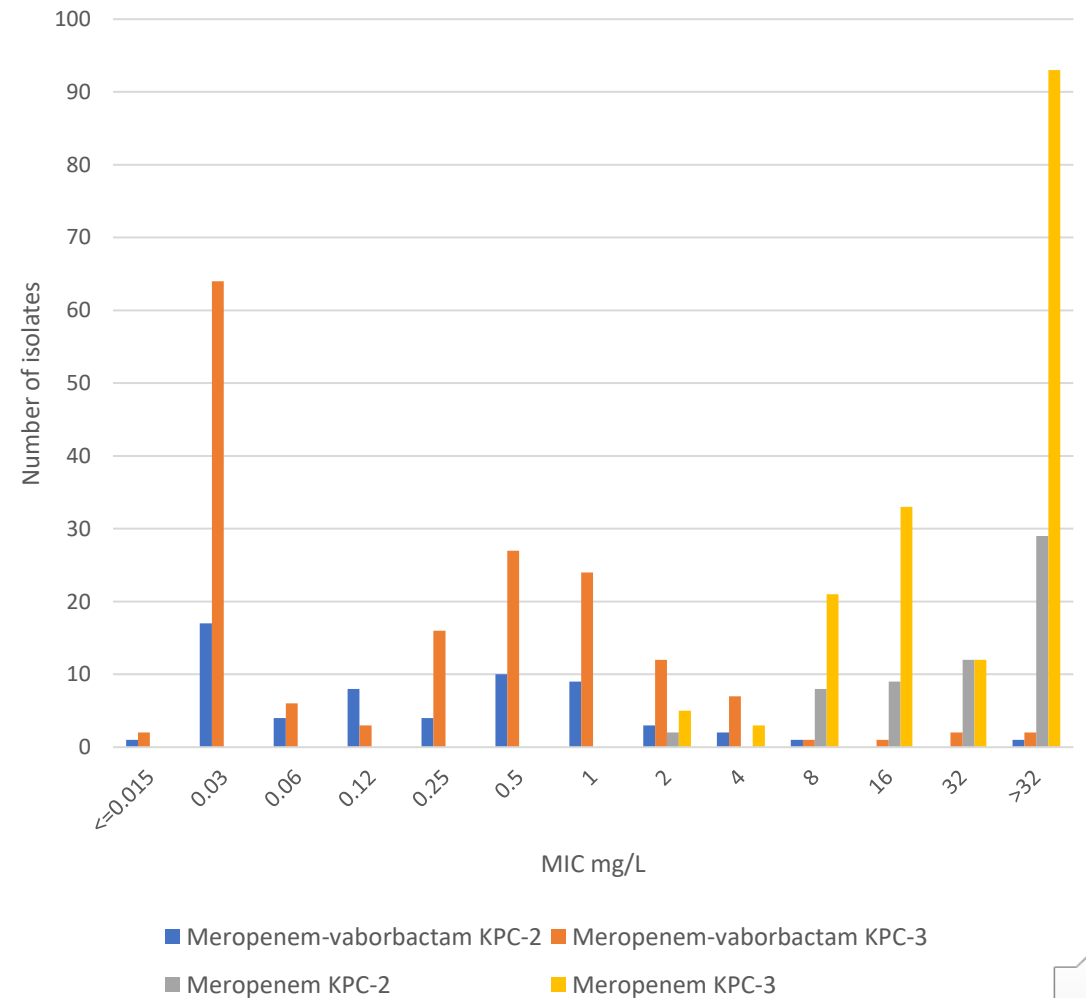
^b Using meningitis breakpoints.

^c Using non-meningitis breakpoints.

^d For infections originating from the urinary tract. For systemic infections, aminoglycosides must be used in combination with other active therapy.

Organisms include *Citrobacter freundii* species complex (1), *Enterobacter cloacae* species complex (2), *Escherichia coli* (6), and *Klebsiella pneumoniae* (218).

Figure 3 MIC distributions of KPC 2 & 3 Producing Isolates



Results

- The most common KPC-producing species were *Klebsiella pneumoniae* (KPN; $n = 218$) and *Escherichia coli* ($n = 6$; Table 1).
- Bloodstream infections had the most KPC-producing isolates (Figure 1).
- The number of KPC-producing isolates varied by country and year (Figure 2).
- Of the 227 KPC-producing isolates, 167 produced KPC-3 and 60 had KPC-2. MVB activity was similar against both groups (Figure 3).
- The susceptibility to MVB was 97.4%, the highest of the agents tested; meropenem susceptibility was 3.1% (Table 1).
 - 6 MVB-resistant isolates contained both KPC and a metallo-beta lactamase, either VIM-1 or NDM-1.
 - All but 1 isolate also contained other beta-lactamase enzymes, CTX-M-15 ($n = 71$) was the most common extended spectrum beta-lactamase (ESBL).

Acknowledgements

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Conclusions

- KPC prevalence varied by country.
 - Italy had the highest number of KPCs.
 - The number of KPCs declined in Italy but increased in Greece and Turkey from 2018 to 2020.
- MVB had potent *in vitro* activity against CRE isolates producing KPC and had the highest susceptibility of tested agents.
- These *in vitro* data suggest that MVB is a useful treatment for infections caused by CRE that produce KPC and ESBLs.

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