#### Dynamics of serotype/serogroup specific antibiotic resistance of Streptococcus pneumoniae in Switzerland (2004-2013) **P0175**

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# Introduction and Purpose

- disease (IPD) and for acquisition and exchange of antibiotic resistance.
- 7-valent pneumococcal conjugate vaccine (PCV7) was added to the infant vaccine schedule in Switzerland in late 2006 and was replaced by PCV13 in 2011.
- There was a significant decline in PCV7 serotypes among adults with IPD in Switzerland (Meichtry et al.).
- PCVs may have influenced not only incidence of pneumococcal disease but also antibiotic resistance.
- A surveillance of the dynamics of antibiotic resistance within both invasive and colonizing S. pneumoniae is important.
- non-invasive and invasive pneumococcal isolates from Switzerland from 2004-2013.

# Methods

- pneumoniae at the NZPn (National Reference Laboratory for Pneumococcal Disease)

- demographic groups were used for analyses. P<0.05 is considered significant.
- were adjusted adjusted for age group, geographical origin and serotype/serogroup.

## . Characteristics of isolates included in this study

- In total, 2,067 non-invasive and 10,152 invasive pneumococcal isolates were analysed from January 2004 to December 2013.
- The patient population for the non-invasive S. pneumoniae differed from the invasive populations by a significant higher proportion of children below the age of 5 years and by consisting of outpatients exclusively (Table 1).
- Roughly a fourth of all isolates were retrieved from the west as compared to the rest of Switzerland.
- Overall, 26 serotypes/serogroups were identified with an prevalence of >0.7% of which 20 serotypes/serogroups were either significantly more often found in non-invasive or invasive isolates, respectively.

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• Nasopharyngeal colonization by Streptococcus pneumoniae is a prerequisite for invasive pneumococcal

• **Objective of the study:** To simultaneously describe the dynamics of antibiotic resistance in *S. pneumoniae* in

Swabs were collected by sentinel general practitioners and paediatricians for culturing non-invasive S.

• All clinical microbiology laboratories were obliged to send invasive S. pneumoniae isolates to the NZPn.

• Invasive and non-invasive S. pneumoniae isolates were cultured and serotyped using standardised methods (Quellung reaction). Antibiograms were received for penicillin, Co-trimoxazole, ceftriaxone and erythromycin.

•  $2x2 \chi^2$ -tests and Cochran-Armitage test of trend, to examine time trends of resistance rates within distinct

• Serotype/serogroup specific antibiotic resistance of invasive and colonizing S. pneumoniae isolates was calculated by multivariate logistic regression analysis. Odds ratios (OR) with 95% confidence intervals (95%CI)

#### Results

# Table 1: Characteristics of invasive and non-invasive pneumococcal isolates from Switzerland (2004-2013)

|                    | Non-In | vasive | Invasive |      |      |
|--------------------|--------|--------|----------|------|------|
|                    | Ν      | %      | Ν        | %    | Р    |
| Total isolates     | 2067   |        | 10152    |      |      |
| Age (years)        |        |        |          |      |      |
| <5                 | 1317   | 63.7   | 624      | 6.1  | .000 |
| 5-64               | 684    | 33.1   | 3889     | 38.3 |      |
| >64                | 65     | 3.1    | 5017     | 49.4 |      |
| NA                 | 1      | 0.0    | 622      | 6.1  |      |
| Region             |        |        |          |      |      |
| West               | 841    | 40.7   | 2593     | 25.5 | .000 |
| Other              | 1224   | 59.2   | 7559     | 74.5 |      |
| NA                 | 2      | 0.1    | 0        |      |      |
| Serotype/Serogroup |        |        |          |      |      |
| 1 (PCV13)          | 21     | 1.0    | 472      | 4.6  | .000 |
| 3 (PCV13)          | 305    | 15.0   | 1373     | 13.5 | .09  |
| 4 (PCV13)          | 34     | 1.7    | 604      | 5.9  | .000 |
| 6a (PCV13)         | 126    | 6.2    | 334      | 3.3  | .000 |
| 6b (PCV13)         | 99     | 4.9    | 264      | 2.6  | .000 |
| 6c                 | 21     | 1.0    | 112      | 1.1  | .8   |
| 7f (PCV13)         | 52     | 2.6    | 955      | 9.4  | .000 |
| 8                  | 14     | 0.7    | 515      | 5.1  | .000 |
| 9                  | 22     | 1.1    | 306      | 3.0  | .000 |
| 9v (PCV13)         | 52     | 2.6    | 468      | 4.6  | .000 |
| 10                 | 43     | 2.1    | 137      | 1.3  | .01  |
| 11                 | 103    | 5.1    | 203      | 2.0  | .000 |
| 12                 | 2      | 0.1    | 88       | 0.9  | .000 |
| 14 (PCV13)         | 90     | 4.4    | 967      | 9.5  | .000 |
| 15                 | 109    | 5.3    | 188      | 1.9  | .000 |
| 18c (PCV13)        | 56     | 2.7    | 235      | 2.3  | .2   |
| 19a (PCV13)        | 142    | 7.0    | 681      | 6.7  | .7   |
| 19f (PCV13)        | 269    | 13.2   | 368      | 3.6  | .000 |
| 20                 | 6      | 0.3    | 80       | 0.8  | .02  |
| 22f                | 53     | 2.6    | 459      | 4.5  | .000 |
| 23                 | 60     | 2.9    | 172      | 1.7  | .000 |
| 23f (PCV13)        | 147    | 7.2    | 475      | 4.7  | .000 |
| 24                 | 12     | 0.6    | 76       | 0.7  | .4   |
| 33                 | 17     | 0.8    | 112      | 1.1  | .3   |
| 35                 | 63     | 3.1    | 127      | 1.3  | .000 |
| 38                 | 22     | 1.1    | 76       | 0.7  | .1   |
| Other              | 99     | 4.9    | 305      | 3.0  | .000 |
| NA                 | 28     | 1.4    | 0        | 0.0  | ND   |

\* P-value calculated with 2x2 x2-test.

# 2. Influence of PCV on antibiotic resistance in S. pneumoniae

- For <u>invasive</u> pneumococcal isolates, trend tests showed significantly decreasing antibiotic resistance rates for distinct age groups for penicillin, erythromycin and Co-trimoxazole (Table 2).
- For children aged less than 5 years with noninvasive pneumococcal isolates, decreasing antibiotic resistance rates were also shown for penicillin, erythromycin and Co-trimoxazole.
- Overall, the resistance rates for all tested antibiotics were significantly higher in very young study subjects.

### 3. Serotype/serogroup specific antibiotic resistance of S. pneumoniae

- Multivariate logistic regression analysis revealed 10 serotypes with significantly higher antibiotic resistance rates of which eight were covered by PCV13 (Figure).
- The serotypes most resistant for penicillin (19A), Co-trimoxazole (9V) and erythromycin (14) were simultaneously identified within noninvasive and invasive isolates.
- A future focus should be given to the potentially rising, non-PCV13 serogroups 15 and 35 as they are also associated with increased antibiotic resistance.

## **Reference (further reading):**

Serotype epidemiology of invasive pneumococcal disease in Swiss adults: a nationwide population-based study. Meichtry J, Born R, Küffer M, Zwahlen M, Albrich WC, Brugger SD, Mühlemann K, Hilty M. Vaccine. 2014 Sep 8;32(40):5185-91

### Table 2: Time trends of antibiotic resistance rates in % (n), Switzerland 2004-2013

Age gro <5 year invasiv

5-64 ye invasiv

>64 yea invasive

<5 year non-inv

<sup>a</sup> TMP-SMX; Co-trimoxazole <sup>b</sup> Exact *P* values for Cochran-Armitage trend tests. Statistical tests include all numbers from 2004-2013 but only 2004 and 2013 are shown.

# Figure: Multivariate logistic regression analysis of serotype/serogroup specific antibiotic resistance\*.







\* The 'other' serotypes (below 1%) served as the reference group. TMP-SXT; Co-trimoxazole. Ery; erythromycin. Pen; penicillin. Adj. OR; Adjusted Odds ratio (see Methods)

Conclusions

- colonizing and invasive pneumococcal isolates.
- Decreasing resistance rates were attributable to the reduction of more resistant serotypes due to the introduction of PCV7 and PCV13.
- Certain non-PCV13 serotypes prone to carry resistance have to be carefully monitored in the future.

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| oup    | Antibiotic           | 2004      | 2013      | $P^b$  |
|--------|----------------------|-----------|-----------|--------|
| rs     | penicillin           | 15.1 (11) | 3.4 (1)   | .77    |
| е      | ceftriaxone          | 2.4 (2)   | 0 (0)     | .41    |
|        | erythromycin         | 26.5 (18) | 11.1 (3)  | .02    |
|        | TMP-SMX <sup>a</sup> | 31.3 (20) | 11.1(3)   | .08    |
| ears   | penicillin           | 14.4 (43) | 6.9 (25)  | .03    |
| е      | ceftriaxone          | 1.5 (5)   | 1.9 (7)   | .26    |
|        | erythromycin         | 15.6 (46) | 8.1 (29)  | .01    |
|        | TMP-SMX <sup>a</sup> | 31.7 (82) | 15.6 (52) | <.0001 |
| ars    | Penicillin           | 7.2 (29)  | 7.1 (34)  | .12    |
| е      | ceftriaxone          | 0.7 (3)   | 1.0 (5)   | .21    |
|        | erythromycin         | 11.4 (44) | 11.1 (51) | .24    |
|        | TMP-SMX <sup>a</sup> | 22.6 (80) | 4.8 (23)  | <.0001 |
| rs     | penicillin           | 21.6 (40) | 9.7 (3)   | .03    |
| /asive | ceftriaxone          | 1.4 (3)   | (0)       | .14    |
|        | erythromycin         | 20.3 (38) | 9.7 (3)   | .015   |
|        | TMP-SMX <sup>a</sup> | 30.6 (52) | 25.9 (7)  | .0008  |

## As for 2013 antibiotic resistance rates are on an all-time low for distinct age groups/ and antibiotics both for