

Bongyoung Kim^{1*} (sobakas@hanyang.ac.kr), Ki Tae Kwon², Seong-yeol Ryu³, Seong-Heon Wie⁴, Jieun Kim¹, Hyun-uk Jo⁵, Se Yoon Park⁶, Kyung-Wook Hong⁷, Hye In Kim⁸, Hyun ah Kim³, Mi-Hee Kim⁴, Mi-Hyun Bae¹, Yong-Hak Sohn⁹, Jieun Kim⁶, Yangsoon Lee¹, Hyunjoo Pai¹

Division of Infectious Diseases, Department of Urology, or Department of Korea, ⁵Eulji ³Keimyung University, ⁴The Catholic University of Korea, ⁵Eulji

Background

The aim of this study was to examine the change in characteristics of communityonset ciprofloxacin-resistant (CIP-R) E. coli isolates causing community-acquired acute pyelonephritis (CA-APN) in South Korea between 2010-2011 and 2017-2018.

Methods

Study design

- Study period: Mar 2010 Feb 2011 & Sep 2017 Aug 2018
- Study hospitals: 12 hospitals during 2010-2011 & 8 hospitals

Collection of *E. coli* isolates

 E. coli samples isolated from the blood or urine were collected with CA-APN aged 19 years and more.

*Definition of CA-APN: i) presence of fever ($\geq 37.8^{\circ}$) ii) pyuria

- One isolate was collected from each patient.
- If *E. coli* was cultured simultaneously in blood and urine, the strains detected in the blood were chosen.

Antimicrobial susceptibility testing

- Disk diffusion test was performed for ampicillin, amikacin, gentamicin, tobramycin, trimethoprim/sulfamethoxazole, cefepime, cefotaxime, cefoxitin, ceftazidime.
- The breakpoints were defined in reference to the according to the Clinical and Laboratory Standards Institute (CLSI), and R or I were defined as resistance.

• Characterization of CIP-R *E. coli* isolates

• Phylogenetic typing, multilocus sequence typing (MLST), and molecular characterization of *β*-lactamase resistance and plasmid-mediated quinolone resistance (PMQR) determinants were performed.

Conclusion

Change in characteristics of community-onset ciprofloxacin-resistant *E. coli* isolates causing community-acquired acute pyelonephritis in South Korea

University, ⁶Soonchunhyang University, ⁷Gyeongsang National University, ⁸Daegu Fatima Hospital, ⁹Seegene Medical Foundation

Results

- A total of 346 and 300 *E. coli* isolates were collected during 2017-2018 and 2010-2011, respectively.
 - Among them, 76 (22.0%) and 77 (25.7%) were CIP-R.

Table 1. Change in antibiotic susceptibility of CIP-R *E. coli* isolates

		Isolates from 2010-2011	Isolates from 2017-2018	P-value
	Ampicillin	56/74 (75.7)	77/77 (100)	<0.001
	Amikacin	5/62 (8.1)	0/77 (0)	0.016
s during 2017-2018	Gentamicin	40/76 (52.6)	47/77 (61.0)	0.329
	Tobramicin	41/71 (57.7)	47/77 (61.0)	0.684
	Trimethoprim/ sulfamethoxazole	42/76 (55.3)	48/77 (62.3)	0.414
ed from patients	Cefepime	18/72 (25.0)	60/77 (77.9)	<0.001
	Cefotaxime	17/71 (23.9)	60/77 (77.9)	< 0.001
a (≥5-9 WBC/HPF)	Cefoxitin	19/57 (33.3)	7/77 (9.1)	<0.001
	Ceftazidime	19/75 (25.3)	32/77 (41.6)	0.034

^{Phylogenetic Gr.}





A. 2010-2011

Figure 1. Phylogenetic trees for CIP-R *E. coli* isolates

: Among uropathogenic CIP-R E. coli isolates in South Korea, ST131 predominance had become more prominent and the proportion of containing ESBL/PABL and/or PMQR determinants had increased.

B. 2017-2018





A. 2010-2011

qnrS



Table 2. Change in molecular characteristics of CIP-R *E. coli* isolates



Isolates from 2010-2011 (n=76)	Isolates from 2017-2018 (n=77)	P-value
4 (5.3)	0(0)	< 0.001
4 (5.3)	1 (1.3)	-
34 (44.7)	61 (79.2)	-
44 (44.7)	15 (19.5)	-
21 (27.6)	51 (66.2)	< 0.001
14 (18.4)	3 (3.9)	0.004
8 (10.5)	10 (13.0)	0.637
6 (7.9)	7 (9.1)	0.791
18 (23.7)	61 (79.2)	< 0.001
8 (10.5)	30 (39.0)	< 0.001
10 (13.2)	30 (39.0)	< 0.001
2 (2.6)	1 (1.3)	0.620
9 (11.8)	31 (40.3)	< 0.001
7 (9.2)	28 (36.4)	< 0.001
1 (1.3)	0 (0)	0.497
0 (0)	3 (3.9)	0.245

B. 2017-2018

Figure 2. Clonal clusters for CIP-R *E. coli* isolates