

# Antibiotic Resistance Laboratory Network Northeast Update and Expanded Drug Susceptibility Testing

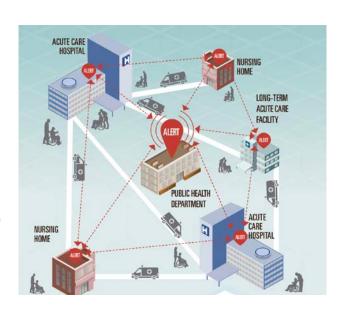
Elizabeth Nazarian
Northeast Regional AR Lab Network Lead
Wadsworth Center, NYSDOH



Clindamycin-resistant Group B Streptococcus

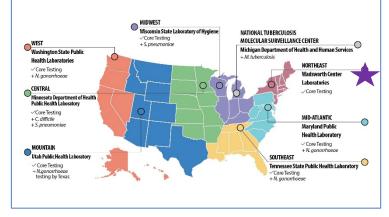
#### AR Lab Network

- Provides gold standard methods and diagnostics in all 50 states, 5 larges cities, and Puerto Rico, and includes 7 Regional labs with expanded testing capabilities
- Testing complements CDC's
   Containment Strategy to help identify, respond and contain the urgent and serious threats and keep new threats from spreading
- In 2018, the AR Lab Network tested 14,054
   CRE and 10,279 CRPA.
- 40% CRE and 3.5% CRPA were found to contain one of the 5 main carbapenemases



## Wadsworth Center Northeast Regional Laboratory

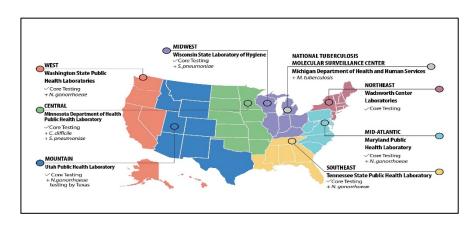
7 Regional Labs

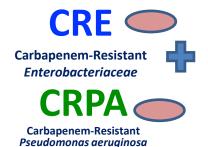


#### Core Testing:

- CRO Colonization testing
- CRE/CRPA Isolate Characterization
- Confirmation/Detection Discordant or Novel mechanisms
- Emerging threats (*mcr* genes and MDR *Acinetobacter* spp.)
- Pan-resistance
- Candida susceptibility (Mycology Laboratory)
- Candida auris identification and screening (Mycology Laboratory)

## **AR Lab Network Laboratories**





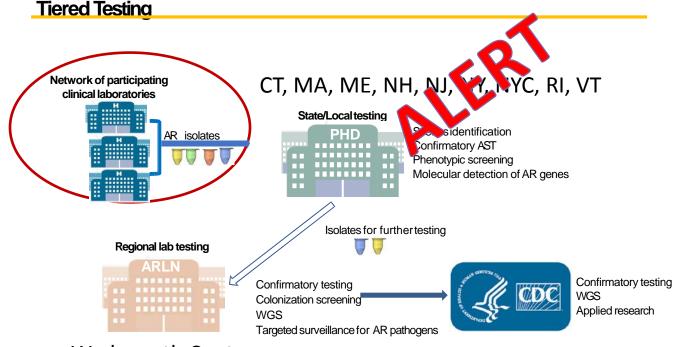
Acquired
Carbapenemase genes:

bla<sub>KPC</sub>
bla<sub>NDM</sub>
bla<sub>IMP</sub>
bla<sub>OXA-48</sub>

CP-CRPA

(CP= carbapenemase producing)

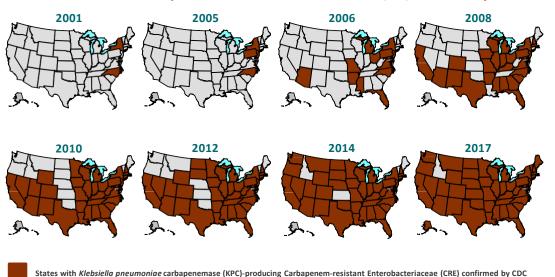
## **AR Lab Network Testing Approach**



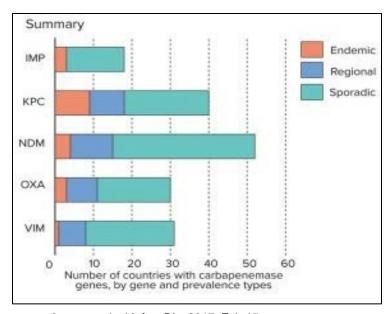
Wadsworth Center
Northeast

## Rapid Spread of Carbapenemase-Producing (CP) Enterobacteriaceae in the United States

KPC-CRE found in the US spread from 2 states in 2001 to 49 states, DC, and PR in 16 years



## Prevalence Worldwide Carbapenemase Genes (KPC,NDM, OXA, VIM, IMP)



Logan et al., J Infect Dis. 2017. Feb 15

### **Regional Laboratory Testing Updates...**

• CRAB - Detection of OXA-23, -24/40, -58

Multiplex in Isolates and Rectal Swabs — April

22, 2019

The state of the stat

**EMAG®** 

93 Alerts from 5 Jurisdictions

- OXA-23 (88)
- OXA-24/40 (5)



#### **Regional Laboratory Testing Updates...**

 Limitations with IMP variant detection by Cepheid Carba-R (IMP-1 only)



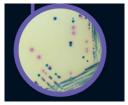






**EMAG®** 

- Validation of CDC IMP assay for Isolates and Rectal Swabs
- Validation of CDC MCR-1/MCR-2 assay for Isolates and Rectal Swabs
- Validation of mSuperCARBA™ CHROMagar for efficient and enhanced isolate recovery from positive colonization screenings
- 84% isolate recovery



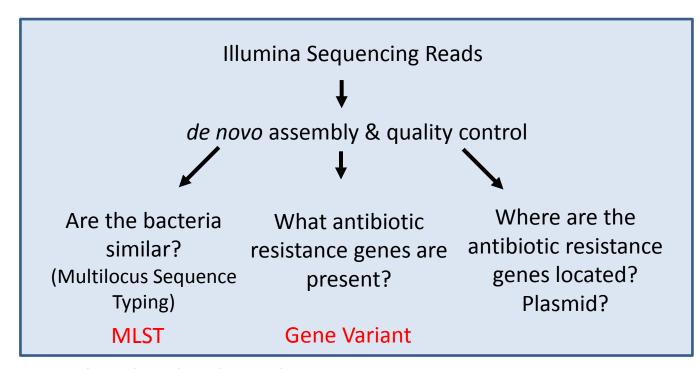
## **Regional Laboratory Testing Updates...**

## Whole-genome sequencing (WGS)

- Identify all AR genes in genome
  - Database includes over 5,500 unique genes
- Identify emerging and novel AR mechanisms
- Identify AR genes to the variant level ( $bla_{KPC-2}$  vs  $bla_{KPC-5}$ )

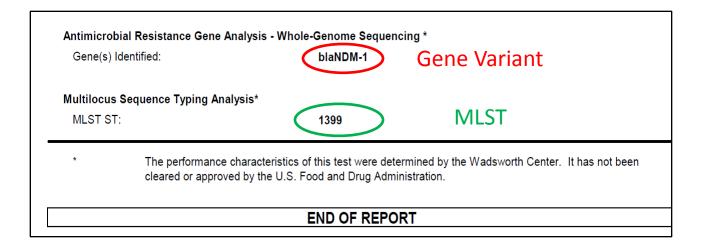
- Outbreak investigations
  - Identify transmission events between patients

# Antibiotic Resistance WGS at Wadsworth: Pipeline Overview



Total analyzed with pipeline: >800

## **Supplemental Reporting through LIMS**



## A Look at the DATA.....

## AR Lab Network –Northeast Regional Laboratory 2018 Testing

#### **CRE Isolate Submission**

- 834 Tested
- 542 identified as CP-CRE (65%)
  - 479 KPC
  - 46 NDM
  - 21 OXA-48 like
  - 1 KPC/NDM
  - 1 NDM/OXA-48

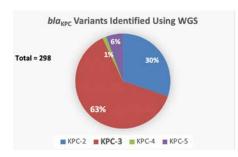
#### **CRPA Isolate Submission**

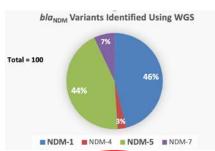
- 1418 Tested
- 55 identified as CP-CRPA (~4%)
  - 29 VIM
  - 15 KPC
  - 3 OXA-2/OXA50 like
  - 2 NDM
  - 2 IMP
  - 1 IMP/NDM

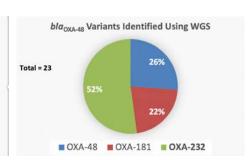


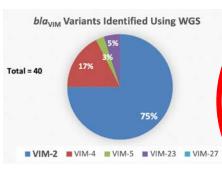
#### **CRE/CRPA Colonization Screening**

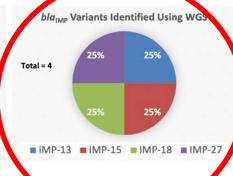
- 615 Rectal Swabs
- 4 States and NYC
- 70 Health care facilities

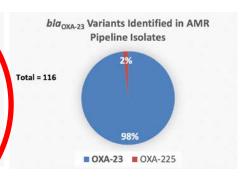




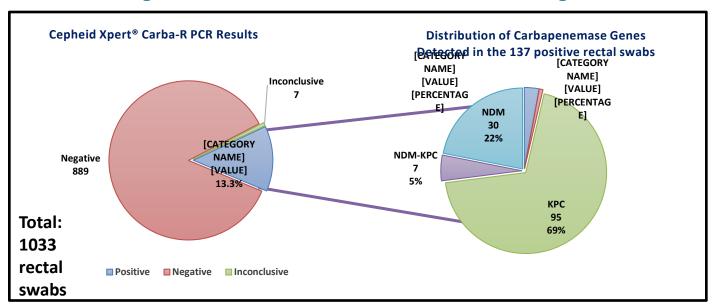








#### Northeast Region AR Lab Network CRE colonization screenings, 2017-2019

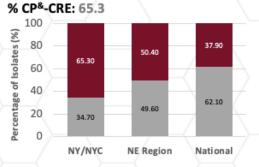


#### 2019 - >1300 rectal swabs tested

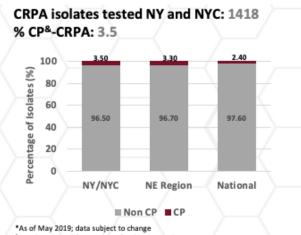


#### CRE and CRPA Isolate Testing, 2018\*

#### CRE isolates tested NY and NYC: 1088







\*Graphs adjusted for number of isolates tested

<sup>8</sup>CP is defined as PCR-positive for at least one of the carbapenemase genes tested

# Expanded Antimicrobial Susceptibility Testing (ExAST) for *Enterobacteriaceae*producing a metallo-beta-lactamase (MBL)

- NDM most prevalent MBL in Enterobacteriaceae
- Multidrug resistant due to additional AR genes
- Resistant to newer, more recently approved drugs for CRE:
  - Ceftazidime-avibactam
  - Meropenem-vaborbactam
  - Plazomycin
  - Imipenem-relebactam

(Mostly effective against KPC-producing CRE)



# Expanded Antimicrobial Susceptibility Testing (ExAST) for *Enterobacteriaceae*producing a metallo-beta-lactamase (MBL)

New Antimicrobials Submitted to FDA or in Phase 3 Trials:

- Cefidericol
- Aztreonam-avibactam
- Cefepime-taniborbactam

(Show efficacy for treatment of NDM-producing CRE)

Recommended Treatment: Aztreonam-avibactam (Aztreonam + Ceftazidime-Avibactam)

#### **How is AST performed for Aztreonam-avibactam?**

HP Printing technology repurposed for dispensing antibiotics instead of ink

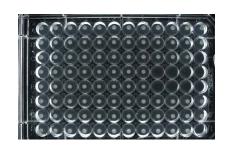


- HP D300e allows for inhouse creation of BMD panels with novel antibiotics
- The combinations are not yet included in commercially available BMD panels
  - Aztreonam
  - Ceftazidime-Avibactam
  - Aztreonam-Avibactam
  - Aztreonam-Ceftazidime-Avibactam

## **EXAST**

- Multi-site Pilot Validation
- Northeast and Mid-Atlantic Regions
- ExAST Validation sign-off February 28, 2019
- Testing requests received March 2019
- 18 isolates tested to date





"What you need to know to Access Expanded Antimicrobial Susceptibility Testing (ExAST) for Hard-to-Treat Infections at Wadsworth Center"

#### What isolates can be submitted?



#### Enterobacteriaceae...

- Test non-susceptible to all beta-lactams including ceftazidime-avibactam or meropenem-vaborbactam

  OR
- Confirmed NDM, VIM or IMP by a molecular method

## What is the testing process?

**Isolate Confirmation** 



- Enterobacteriaceae MALDI-TOF MS
- Non-susceptible to beta-lactams GNX2F
- Carbapenemase production mCIM
- Carbapenemase gene-coded resistance Real-time PCR



#### **ExAST Panel**

- Aztreonam
- Ceftazidime-Avibactam
- Aztreonam-Avibactam
- Aztreonam-Ceftazidime-Avibactam

**Final Report** 





## **How is Testing Requested?**

- Healthcare Providers, Clinical Laboratories,
   State Public Health Laboratories and Epidemiologists
  - Pre-authorization/Approval Required

ARLNCORENY@health.ny.gov



- Pre-authorization Approval Form
- NYS Specific Requisition
- Guidance for Isolate Submission



## **Pre-authorization Form**

#### Section 1

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NEW Description of Wedgest	Specimen Collection Date Specime Organism; Specime is piate LDP (submitting facility or laboratory access Section 7: Submitter Contact Information	
	All information must be provided.	
Section 3: Submission Criteria (check all that apply)		
A copy of initial AST (raw data preferred) and molecular test results (if available) must be sent w isolate.	vith the	
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Enterobacteriaceae tests non-susceptible to all beta-lactams, including meropenem-vaborbact	am	
Enterobacteriaceae confirmed as an metallo-β-lactmase (MBL) producer with laboratory test (e Etest)	e.g. eCIM, MBL	
Enterobacteriaceae with: NDM gene IMP gene VIM gene		
		_
State Public Health Laboratory:		
Point of Contact Name:		
Phone Number:		
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Fax Number (results may be returned by secure fax):		

## **ExAST Specific Requisition**

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## **ExAST Testing**

## Example # 1:

 Physician request via State Epidemiologist *Escherichia coli*, NDM from Urine

Resistant to all drugs tested by Clinical Laboratory

#### Expanded Broth Microdilution Susceptibility

Ceftazidime/avibactam MIC: Resistant; >64/4 ug/ml
Aztreonam MIC: Resistant; 64 ug/ml

Aztreonam/avibactam MIC: Not interpretable; 8/4 ug/ml

[Note] For aztreonam-avibactam, a minimum inhibitory concentration (MIC) is reported without an

interpretation because clinical breakpoints for this drug combination have not been established.

This drug demonstrates in vitro activity against metallo-B-lactamase (MBL) producing

Enterobacteriaceae, Its clinical efficacy is under evaluation in clinical trials. Surveillance data indicate that MICs of MBL-producing Enterobacteriaceae (n=580) range from <=0.015/4 to 8/4 ug/ml.



## Example # 2:

- Clinical laboratory request via State Epidemiologist
   Klebsiella pneumoniae, nearly Pan-resistant
   from Tracheal Aspirate
  - Resistant to all drugs tested by Clinical Laboratory including ceftazidime-avibactam and meropenem-vaborbactam (Cefepime susceptible)

 Carbapenemase-production and molecular testing for carbapenemase genes not performed by Clinical laboratory

## Example # 2:

 Isolate forwarded for CP-CRE testing at Regional Laboratory

Klebsiella pneumoniae

NDM/OXA-48



Ceftazidime/avibactam MIC: Resistant; >64/4 ug/mI
Aztreonam MIC: Resistant; >64 ug/mI

Aztreonam/avibactam MIC: Not interpretable; 1/4 ug/mI

#### NOTES:

[1]

For aztreonam-avibactam, a MIC is reported without an interpretation because clinical breakpoints for the drug combination have not been established. This drug demonstrates in vitro activity against metallo-β-lactamase (MBL) producing Enterobacteriaceae. In a large surveillance study, the MICs of 580 MBL-producing Enterobacteriaceae ranged from ≤0.015/4 to 8/4 μg/mL with a mode of 0.125/4 μg/mL. The clinical efficacy of this drug combination for treating infections is unknown and under evaluation in a clinical trial. Because of limited treatment options, the 2018 Sanford Guide recommends the combination of ceftazidime-avibactam + aztreonam as a last resort for the treatment of serious infections caused by MBL-producing Enterobacteriaceae (Note: the agent in this regimen that is active against MBL-producing bacteria is aztreonam-avibactam). Please see the Sanford Guide for additional information if the ceftazidime-avibactam + aztreonam drug combination is considered for treatment.





### Escherichia coli

Source	Carbapenemase	WGS	AZT/AVI MIC
Blood	NDM	NDM-5 CTX-M-15	0.06/4
Urine	NDM	NDM-5 TEM-1	8/4
Urine	NDM/OXA-48	NDM-5 OXA-48	8/4
Sputum	NDM/OXA-48	NDM-5 OXA-181	2/4
Blood	NDM	NDM-5 CTX-M-15 TEM-1	4/4
Perirectal	NDM	NDM-1 TEM-1	0.12/4
Perirectal	NDM	Pending	8/4

## Klebsiella pneumoniae

Source	Carbapenemase	WGS	AZT/AVI MIC
Tracheal Aspirate	NDM/OXA-48	NDM-5 OXA-232 CTX-M-15 SHV-11 TEM-1	1/4
Blood	NDM	NDM-1 CTX-M-15 SHV-11 TEM-1	0.25/4
Urine	NDM	NDM-9 CTX-M-15 SHV-11 TEM-1	0.25/4
Perirectal	NDM	NDM-5 CTX-M-15 SHV-11 TEM-1	0.25/4

NEW YORK Department of Health

#### Enterobacter cloacae

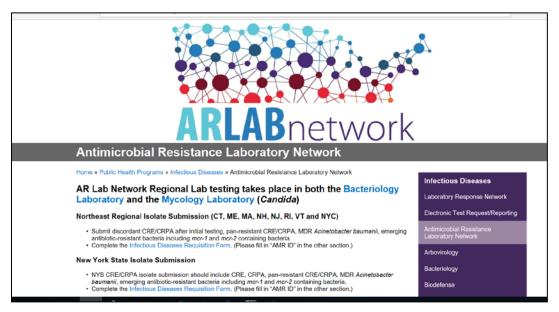
Source	Carbapenemase	WGS	AZT/AVI MIC
Urine	NDM	NDM-1	0.06/4
Blood	NDM	NDM-1 CTX-M-15 TEM-1	0.5/4
Urine	NDM	NDM-1 TEM-1	1/4
Blood	NDM	Pending	2/4

### Morganella morganii

Source	Carbapenemase	WGS	AZT/AVI MIC
Tracheal Aspirate	NDM/KPC	NDM-7 KPC-2 TEM-1	0.5/4

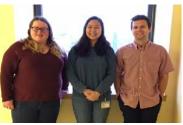
## ARLNCORENY@health.ny.gov

https://wadsworth.org/antimicrobial-resistance-laboratory-network



### Acknowledgements





# Wadsworth Center AR Team AR Fellows Wadsworth Center Core Facilities

NYS BHAI, NYS MARO, BCDC Epidemiology

Center for Disease Control and Prevention: ARX, DHQP

Association of Public Health Labs: Nikki Marchan, Kelly Wroblewski Clinical Laboratories
Sentinel Laboratories
State/City Public Health Labs
State/City HAI Epi/Teams



## Therapeutic Options for CRE Infections

- a		Activity for MDROs			
Drug Status	Drug	КРС	NDM	OXA-48 Like	
Drugs of Last Resort	Colistin	?	?	?	
	Tigecycline	$\checkmark$	$\checkmark$	$\checkmark$	
Recently Approved	Ceftazidime-avibactam	$\checkmark$	X	$\checkmark$	
	Meropenem- vaborbactam	$\checkmark$	X	X	
	Eravacycline	$\checkmark$	$\checkmark$	$\checkmark$	
	Plazomycin	1	?	$\checkmark$	
	Imipenem-relebactam	$\checkmark$	X	?	
Recently Submitted to	Cefidericol	$\checkmark$	$\checkmark$	$\checkmark$	
FDA or Phase 3	Aztreonam-avibactam	$\checkmark$		$\checkmark$	
	Cefepime- taniborbactam	$\checkmark$	$\checkmark$	$\checkmark$	