

Activity of Fusidic-Acid Tested Against Contemporary *Staphylococcus aureus* Collected from United States Hospitals

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Background:

Fusidic acid (FA) is an established anti-staphylococcal agent used in clinical practice in Europe, Australia and Canada for at least three decades. FA is currently under clinical development for therapy of acute bacterial skin and skin-structure infections (ABSSSI) in the USA. This study assessed the activities of FA and comparators tested *against S. aureus* isolates.

Methods:

S. aureus (7,340) were collected from 51 institutions distributed within all USA census regions in 2008–2009. Identification was performed by standard algorithms and Vitek 2. Isolates were tested for susceptibility (S) by CLSI methods (M07-A8 and M100-S20). *S. aureus* were analyzed based on resistance (R) patterns. A pan-R pattern was defined as *S. aureus* exhibiting an R phenotype to at least 5 antimicrobial classes (projected breakpoint).

Results:

Isolates were mainly from bacteremia (46.0%), SSSI (31.5%) and respiratory tract infections (16.6%). Overall, FA inhibited 99.6% of tested *S. aureus* at ≤ 1 $\mu\text{g/mL}$. FA (MIC_{50/90}, 0.12/0.25 $\mu\text{g/mL}$) and tigecycline (TG; MIC_{50/90}, 0.12/0.25 $\mu\text{g/mL}$; 100.0% S) showed equivalent activity against *S. aureus*, while FA was two-to 16-fold more active than daptomycin (DA; MIC_{50/90}, 0.25/0.5 $\mu\text{g/mL}$; 99.9% S), vancomycin (VA; MIC_{50/90}, 1/1 $\mu\text{g/mL}$; 100.0% S) and linezolid (LZ; MIC_{50/90}, 2/2 $\mu\text{g/mL}$; 99.9% S). Gentamicin (97.9% S), tetracycline (95.5% S) and trimethoprim/ sulfamethoxazole (98.6% S) also exhibited coverage against nearly all *S. aureus*. FA had consistent modal MIC and MIC₅₀ values (0.12 $\mu\text{g/mL}$) across all R subsets. Only FA (MIC₉₀, 0.25 $\mu\text{g/mL}$), TG (MIC₉₀, 0.25 $\mu\text{g/mL}$), DA (MIC₉₀, 0.5 $\mu\text{g/mL}$), VA (MIC₉₀, 1 $\mu\text{g/mL}$) and LZ (MIC₉₀, 2 $\mu\text{g/mL}$) sustained potency against strains with pan-R patterns.

Conclusion:

FA demonstrated potent activity against this current collection of *S. aureus* from USA hospitals. FA activity was comparable to TG, which were at least two-fold more active than other agents with similar clinical indications.

Organism/ Resistance pattern ^a (no. tested/% of total)	Number (cumulative %) inhibited at MIC ($\mu\text{g/mL}$)							
	≤ 0.06	0.12	0.25	0.5	1	2	4	8
All <i>S. aureus</i> (7,340/100.0)	1070(14.6)	5327(87.2)^b	<u>826(98.4)</u>	70(99.4)	20(99.6)	10(99.8)	9(99.9)	8(100.0)
2008 <i>S. aureus</i> (3,962/54.0)	397(10.0)	3066(87.4)	<u>434(98.4)</u>	48(99.6)	5(99.7)	3(99.8)	3(99.8)	6(100.0)
2009 <i>S. aureus</i> (3,378/46.0)	673(19.9)	2261(86.9)	<u>392(98.5)</u>	22(99.1)	15(99.6)	7(99.8)	6(99.9)	2(100.0)
MRSA (3,877/52.8)	493(12.7)	2884(87.1)	<u>435(98.3)</u>	38(99.3)	15(99.7)	8(99.9)	3(>99.9)	1(100.0)
MSSA (3,463/47.2)	577(16.7)	2443(87.2)	<u>391(98.5)</u>	32(99.4)	5(99.6)	2(99.6)	6(99.8)	7(100.0)
OX, ER, CP (1,364/18.6)	149(10.9)	1017(85.5)	<u>184(99.0)</u>	9(99.6)	3(99.9)	2(100.0)	–	–
OX, ER, CL, CP (1,156/15.7)	97(8.4)	859(82.7)	<u>168(97.2)</u>	20(99.0)	7(99.6)	4(99.9)	1(100.0)	–
OX, ER (751/10.2)	141(18.8)	574(95.2)	27(98.8)	3(99.2)	4(99.7)	0(99.7)	2(100.0)	–
ER (729/10.0)	115(15.8)	523(87.5)	<u>83(98.9)</u>	5(99.6)	1(99.7)	1(99.9)	1(99.9)	1(100.0)
ER, CP (177/2.4)	27(15.3)	125(85.9)	<u>20(97.2)</u>	2(98.3)	2(99.4)	1(100.0)	–	–
OX, CL, CP (137/1.9)	23(16.8)	104(92.7)	7(97.8)	2(99.3)	0(99.3)	0(99.3)	0(99.3)	1(100.0)
ER, CL, CP (112/1.5)	12(10.7)	83(84.8)	<u>16(99.1)</u>	1(100.0)	–	–	–	–
Pan-R (170/2.4)	31(18.2)	116(86.5)	<u>22(99.4)</u>	22(99.0)	0(99.0)	1(100.0)	–	–

a. Most prevalent resistance patterns noted among *S. aureus*. MRSA = methicillin-resistant *S. aureus*; MSSA = methicillin-susceptible *S. aureus*. CL, clindamycin; CP, ciprofloxacin; ER, erythromycin; and OX, oxacillin. Pan R = pan resistance phenotype (resistance at least 5 antimicrobial classes). Criteria for susceptibility were those published by CLSI (M100-S20, 2010). Intermediate and resistant results grouped as resistant.

b. Modal MIC and MIC₅₀ values are bold, while MIC₉₀ results are underlined.