The purpose of this study was to evaluate the potency and susceptibility patterns for cefepime (CPM) monitoring antimicrobial resistance trends of both nosocomial- and community-acquired pathogens. The SENTRY Antimicrobial Surveillance Program was initiated in 1997, with the primary purpose of gathering data on antimicrobial resistance in key regions of the world, with support from a broad array of participating laboratories. The SENTRY Program Participants Group. The JONES Group/JMI Laboratories, North Liberty, IA. [www.jmlaba.com]; 2) University of Iowa, College of Pharmacy, Iowa City, IA; and 3) Tufts University School of Medicine, Boston, MA.

**AMENDABLE METHODS**

**Background:** The SENTRY Program was initiated in 1997 as a global network of laboratories to monitor the prevalence and spread of multidrug-resistant organisms as well as antimicrobial susceptibility patterns associated with nosocomial infections. A broad spectrum of participating laboratories (both inpatient and outpatient) in a variety of geographic regions contributed isolates to the SENTRY Program. This allowed for the collection and analysis of national and international trends in antimicrobial resistance.

**Methods:** A total of 1,440 Enterobacter spp. isolates were tested against cefepime (CPM), ceftazidime (CTAX), ceftriaxone (CTRI), and imipenem (IMP). North America (NA) represented the largest provider of isolates from these four geographic regions, followed by South America (SA), Asia-Pacific (APAC), and Europe (EU), with the number of isolates ranging from 1,091 to 221. Isolates were collected from patients with various infections, including respiratory tract, urinary tract, bloodstream, and skin and soft tissue infections, and were obtained for different geographic regions.

**Results:** In total, 2,217 Enterobacter spp. were tested against CPM, CTAX, CTRI, and IMP in the SENTRY Program. Enterobacter spp. were isolated from various sources, including blood, urine, and respiratory samples. The most common sources were bloodstream infections (66%), respiratory tract infections (29%), and urinary tract infections (5%). CPM demonstrated very low resistance rates in all four geographic regions, ranging from 0.8% to 2.3%. Enterobacter spp. were isolated from different sources, with the highest proportion of isolates from bloodstream infections.

**DISCUSSION:** The results of this study suggest that cefepime is a potent and effective agent against Enterobacter spp. in all four geographic regions. The low resistance rates observed in this study are consistent with previous reports, indicating that cefepime remains an effective treatment option for the treatment of Enterobacter spp.-related infections. However, it is important to continue monitoring antimicrobial resistance patterns to ensure the appropriate use of cefepime and other antimicrobials.

**SELECTED REFERENCES**