Delafloxacin Activity against Drug-Resistant Streptococcus pneumoniae, Haemophilus influenzae, Haemophilus parainfluenzae, and Moraxella catarrhalis from US Medical Centers (2014–2018)

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Introduction

- Delafloxacin is an anionic fluoroquinolone (FQ) antimicrobial that was approved in 2017 by the United States (US) Food and Drug Administration for the treatment of acute bacterial skin and skin structure infections
- Delafloxacin recently completed a successful clinical trial for treatment of community-acquired bacterial pneumonia (CABP)
- In the present study, *in vitro* susceptibility (S) results for delafloxacin and comparator agents were determined for CABP pathogens, including Streptococcus pneumoniae, Haemophilus influenzae, Haemophilus parainfluenzae, and Moraxella catarrhalis clinical isolates from US hospitals participating in the SENTRY Antimicrobial Surveillance Program during 2014–2018
- We also examined the activity of delafloxacin and quinolone comparators against various antibiotic-resistant phenotypes, including erythromycin and levofloxacinresistant (R) S. pneumoniae and S. pneumoniae nonsusceptible to 3 or more first line therapies

Materials and Methods

- A total of 1,978 S. pneumoniae, 1,128 H. influenzae, 684 M. catarrhalis, and 43 H. parainfluenzae isolates were collected from community-acquired respiratory tract infections (CARTI) during 2014–2018 from US hospitals
- Sites included only 1 isolate/patient/infection episode, and isolate identifications were confirmed at JMI Laboratories
- Susceptibility testing was performed according to CLSI broth microdilution methodology, and CLSI (2019) breakpoints were applied, where applicable
- Other antimicrobials tested included levofloxacin and moxifloxacin (not tested in 2015)
- Multidrug-resistant (MDR) S. pneumoniae isolates were categorized as being nonsusceptible (NS) to amoxicillin-clavulanate, erythromycin, and tetracycline
- Other resistant phenotypes were erythromycin-resistant, tetracycline-resistant, levofloxacin-NS, or penicillin-NS
- β-lactamase presence was determined for Haemophilus spp. and M. catarrhalis
- Levofloxacin-R S. pneumoniae isolates were sequenced and the guinoloneresistance determining region (QRDR) was examined to identify the mutations in gyrase (GyrA/B) and topoisomerase (ParC/E) genes responsible for the levofloxacin resistance
- Select isolates at the levofloxacin-susceptible breakpoint of 2 mg/L were also sequenced

Table 1 Activity of delafloxacin, levofloxacin, and moxifloxacin against S. pneumoniae
H. influenzae, H. parainfluenzae, and M. catarrhalis with various resistant phenotypes

Organism (n)	Delafloxacin	Levofloxacin	Moxifloxacin				
Phenotype (n)	MIC _{50/90} (mg/L)	MIC _{50/90} (mg/L)	MIC _{50/90} (mg/L, n ^a)				
S. pneumoniae (1,978)	0.015/0.03	1/1	≤0.12/0.25 (1,687)				
ERY-R (933)	0.015/0.03	1/1	≤0.12/0.25 (804)				
MDR (85)	0.03/0.03	1/2	≤0.12/0.25 (75)				
PEN-NS ^b (746)	0.015/0.03	1/1	≤0.12/0.25 (638)				
LEV-R (14)	0.12/0.12	>4/>4	2/2 (11)				
H. influenzae (1,128)	≤0.001/0.002 (1,069)	≤0.015/0.03	0.03/0.06 (965)				
BL positive (363)	≤0.001/0.002 (346)	≤0.015/0.03	0.03/0.06 (318)				
LEV-R (5)	0.25/-	>2/-	>2/-				
H. parainfluenzae (43)	0.008/0.015 (42)	0.03/0.12	0.12/0.25 (10)				
M. catarrhalis (684)	0.004/0.008 (682)	0.03/0.06	0.06/0.06 (598)				
BL positive (589)	0.004/0.008 (587)	0.03/0.06	0.06/0.06 (585)				
ERY-R, erythromycin-resistant; MDR, multidrug-resistant (amoxicillin-clavulanate, erythromycin, and tetracycline-NS); PEN-NS, penicillin nonsusceptible;							

LEV-R, levofloxacin resistant; BL, *β*-lactam. Number of isolates shown for moxifloxacin, not tested in 2015.

^bOral breakpoints: susceptible ≤ 0.06 ; intermediate 0.12-1.0; resistant $\geq 2 \text{ mg/L}$ (CLSI M100, 2019).

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Results

- The activities of the 3 fluoroquinolones against CARTI pathogens are shown in Table 1 - Figure 1 shows the MIC distribution for delafloxacin against all isolates The most active fluoroquinolone against S. pneumoniae was delafloxacin with
- MIC_{50/90} values of 0.015/0.03 mg/L Only 14 S. pneumoniae isolates were levofloxacin resistant (0.7%)
- Levofloxacin-resistant isolates had delafloxacin MIC_{50/90} values of 0.12/0.12 mg/L (Table 1)
- All isolates with levofloxacin MIC values >4 mg/L had both gyrase and topoisomerase mutations, suggesting that levofloxacin resistance requires at least 2 mutations (Table 2)
- The most common mutations were in GyrA and ParC as previously described GyrB and ParE mutations were less common
- 15 isolates with a susceptible levofloxacin MIC of 2 mg/L were also sequenced (data not shown)

- Delafloxacin activities were similar when tested against the MDR, erythromycin, or penicillin-NS for S. pneumoniae phenotypes (Table 1)

- Delafloxacin was the most active fluoroquinolone against *H. influenzae*, H. parainfluenzae, and M. catarrhalis (Table 1 and Figure 1)
- Only 5 H. influenzae (0.4%) and 1 H. parainfluenzae were levofloxacin-NS with a delafloxacin MIC₅₀ value of 0.25 mg/L (Table 1) There were no levofloxacin-NS M. catarrhalis
- 363 *H. influenzae* were β -lactamase positive (32.2%)
- β-lactamase presence did not affect fluoroquinolone MIC values (Table 1)

Conclusions

- Delafloxacin demonstrated potent in vitro antibacterial activity against S. pneumoniae, H. influenzae, H. parainfluenzae, and M. catarrhalis from the **United States**
- Delafloxacin was active against MDR S. pneumoniae isolates that were NS to the agents commonly used as treatments for CABP (erythromycin, amoxicillin/ clavulanate, and tetracycline)
- Erythromycin resistant S. pneumoniae was common at 47.2%
- Delafloxacin had excellent activity against levofloxacin-R S. pneumoniae and levofloxacin-NS H. influenzae isolates
- Levofloxacin resistance in S. pneumoniae was 0.7% - Levofloxacin resistance in *H. influenzae* was 0.4%
- These data support delafloxacin as a potential treatment for CABP

- 14 lacked any QRDR mutations; 1 isolate had a ParC substitution (S79Y) Delafloxacin MIC_{50/90} values were 0.03/0.06 mg/L
- Erythromycin susceptibility was 52.1% and clindamycin susceptibility was 84.4% Tetracycline susceptibility was 78.1%
- 37.7% of S. pneumoniae isolates were penicillin-nonsusceptible
- The rate of MDR S. pneumoniae was 4.3%
- Distribution of S. pneumoniae resistant to erythromycin or tetracycline or
- nonsusceptible to penicillin by US census region is shown in Figure 2
- All 3 resistant phenotypes were most frequently found in the West South Central region and were the lowest in the Pacific region
- Only 2/43 (4.7%) *H. parainfluenzae* isolates were β -lactamase positive
- Most *M. catarrhalis* were β -lactamase positive (86.1%)

Tetracycline resistance was 21.6%





CARTI, community-acquired respiratory tract infection





Delafloxacin MIC (mg/L)

Table 2 Levofloxacin-resistant S. pneumoniae isolates with delafloxacin MIC values and guinolone-resistance mutations

Collection		Delafloxacin	Levofloxacin				
number	Organism	MIC (mg/L)	MIC (mg/L)	GyrA	GyrB	ParC	ParE
853694	S. pneumoniae	0.12	>4	S81F	WT	D83Y	WT
900190	S. pneumoniae	0.12	>4	S81Y	WT	S79F	WT
901469	S. pneumoniae	0.06	>4	S81F	WT	D83Y	WT
912320	S. pneumoniae	0.12	>4	S81F	WT	S79F	WT
935440	S. pneumoniae	0.12	>4	S81Y	WT	WT	D435N
936185	S. pneumoniae	0.12	>4	S81F	WT	S79F	WT
939459	S. pneumoniae	0.25	>4	WT	D435N	S79F	WT
942156	S. pneumoniae	0.12	>4	E85K	WT	S79Y	WT
960803	S. pneumoniae	0.12	>4	S81F	WT	S79F	WT
987525	S. pneumoniae	0.06	>4	S81F	WT	S79F	WT
993907	S. pneumoniae	0.06	>4	S81F	WT	D83N	WT
994209	S. pneumoniae	0.06	>4	WT	D435N	S79Y	WT
1025770	S. pneumoniae	0.12	>4	S81F	WT	S79F	WT
1049825	S. pneumoniae	0.12	>4	S81F	WT	S79F	WT

GyrA, gyrase A; GyrB, gyrase B; ParC, topoisomerase C; ParE, topoisomerase E; WT, wild type

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