

Effect of Meropenem Concentration on the Detection of Low Numbers of Carbapenem-Resistant *Enterobacteriaceae*

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The nosocomial spread of carbapenem-resistant *Enterobacteriaceae* (CRE) is a serious concern for health care facilities (1, 2), and environmental sources are being increasingly implicated (3–6). Carbapenems can be used to select for CRE in environmental testing, but detection may be impacted when organisms are present in low numbers. Bacterial tolerance to carbapenems can increase as inoculum size increases (7, 8), but the impact of carbapenems on low inoculum sizes is not well studied. Here we report the effect of different meropenem concentrations on the detection of low numbers of CRE.

We tested 16 NDM- or KPC-producing *Enterobacteriaceae* strains on Mueller-Hinton agar (MHA) with various concentrations of meropenem (Table 1). Concentrations of 0.5, 1.0, 2.5, 5.0, or 10.0 μ g/ml were tested based on the concentrations used in other environmental CRE studies (9–11). MHA plates without antibiotic were used for comparison (control plates). The meropenem MIC for each isolate was determined with Etest strips (bioMérieux Clinical Diagnostics, Marcy l'Etoile, France). Clinical and Laboratory Standards Institute (CLSI) guidelines were followed for antibiotic quality control (12).

Log-phase cultures of each organism were serially diluted to inoculate triplicate plates with 50 to 150 organisms per plate. Colony counts were averaged for each triplicate set after overnight incubation. Percent recovery was calculated as the average colony count of the triplicate plates for each organism and meropenem concentration divided by the average colony count of the corresponding control plates. The statistical significance (P < 0.05) of

average CFU counts on control versus meropenem plates was assessed using a two-tailed Student *t* test.

All but one of the 16 isolates (KPC-R-2) could be detected at the lowest meropenem concentration (0.5 μ g/ml) (Table 1). A second KPC producer (KPC-CO-1) was detected at 0.5 μ g/ml meropenem, but with less than 50% recovery (P = 0.016). At 1 μ g/ml, two additional isolates, NDM-CO-4 and KPC-CO-4, had reduced CFU counts (recovery = 53% and 30%, respectively). At 2.5 μ g/ml meropenem, 12 isolates had significantly reduced CFU counts. Only three isolates (KPC-CO-2, KPC-R-1, and NDM-CO-5) were detected at 10 μ g/ml meropenem, and two had significantly reduced counts.

Inocula used to determine CLSI susceptibility breakpoints and MICs range from 10^4 cells per spot (agar dilution) to 5×10^5 cells per milliliter (broth microdilution) (13); however, in the environ-

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TABLE 1 MIC and	average recoveries	of organisms	by meropenem	concentration ^b
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Organism ID	Meropenem MIC (µg/ml) ^a	Avg no. of CFU on MHA with no antibiotics	% recovery (<i>P</i> value) with indicated concn (µg/ml) of meropenem				
			0.5	1	2.5	5	10
ATCC BAA-2146 (NDM)	>32	83	123 (0.245)	113 (0.322)	96 (0.745)	6 (0.008)	0 (0.008)
NDM-CO-1	>32	121	98 (0.880)	99 (0.911)	3 (0.001)	0 (0.002)	0 (0.002)
NDM-CO-2	>32	92	112 (0.150)	110 (0.140)	96 (0.606)	3 (0.001)	0 (0.002)
NDM-CO-3	>32	100	111 (0.319)	84 (0.210)	2 (0.006)	0 (0.007)	0 (0.007)
NDM-CO-4	>32	104	96 (0.694)	53 (0.017)	0 (0.005)	0 (0.005)	0 (0.005)
NDM-CO-5	>32	78	103 (0.818)	116 (0.222)	125 (0.162)	120 (0.120)	123 (0.088)
Env. KP NDM	>32	134	98 (0.648)	100 (0.940)	68 (0.005)	0 (0.002)	0 (0.002)
Env. EC NDM	24	101	91 (0.185)	84 (0.129)	1 (0.001)	0 (0.001)	0 (0.001)
Utah NDM	>32	68	98 (0.605)	91 (0.170)	0 (<0.001)	0 (<0.001)	0 (<0.001)
KPC-R-1	>32	52	103 (0.625)	97 (0.808)	106 (0.552)	69 (0.372)	76 (0.036)
KPC-R-2	8	53	0 (0.012)	0 (0.012)	0 (0.012)	0 (0.012)	0 (0.012)
KPC-CO-1	8	53	42 (0.016)	0 (0.010)	0 (0.010)	0 (0.010)	0 (0.010)
KPC-CO-2	>32	67	120 (0.086)	103 (0.818)	11 (<0.001)	20 (<0.001)	2 (0.001)
KPC-CO-3	12	71	88 (0.140)	92 (0.278)	40 (0.030)	8 (0.001)	0 (0.003)
KPC-CO-4	16	66	85 (0.320)	30 (0.049)	0 (0.011)	0 (0.011)	0 (0.011)
KPC-CO-5	16	74	105 (0.584)	99 (0.933)	9 (0.007)	16 (0.003)	0 (0.006)

^a MICs were determined by the meropenem Etest per the manufacturer's instructions.

^b ID, identifier; MHA, Mueller-Hinton agar; Env., environmental.

ment, bacteria are typically present in lower numbers. In this study, recovery was significantly reduced when plates were inoculated with approximately 100 cells, even when meropenem concentrations were much lower than the organism MIC. Testing other reduced inoculum sizes would better depict the effect of meropenem on the recovery of low numbers of organisms, but these results are limited to only one inoculum size. Recovery in liquid media was not evaluated as part of this study but is described elsewhere for three isolates (ATCC BAA-2146, KPC-R-1, KPC-R-2) (14). We did not evaluate the recovery of CRE in actual or simulated environments, which might also demonstrate the impact of meropenem on selectivity. Carbapenems may effectively suppress nontarget growth in CRE environmental studies; however, high carbapenem concentrations may also suppress CRE growth, leading to inaccurate conclusions about CRE prevalence in the environment.

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REFERENCES

- 1. Centers for Disease Control and Prevention. 2013. Vital signs: carbapenem-resistant *Enterobacteriaceae*. MMWR Morb Mortal Wkly Rep 62: 165–170.
- Bratu S, Landman D, Haag R, Recco R, Eramo A, Alam M, Quale J. 2005. Rapid spread of carbapenem-resistant *Klebsiella pneumoniae* in New York City: a new threat to our antibiotic armamentarium. Arch Intern Med 165:1430–1435. http://dx.doi.org/10.1001/archinte.165.12.1430.
- Leitner E, Zarfel G, Luxner J, Herzog K, Pekard-Amenitsch S, Hoenigl M, Valentin T, Feierl G, Grisold AJ, Hogenauer C, Sill H, Krause R, Zollner-Schwetz I. 2015. Contaminated handwashing sinks as the source of a clonal outbreak of KPC-2-producing *Klebsiella oxytoca* on a hematology ward. Antimicrob Agents Chemother 59:714–716. http://dx.doi.org /10.1128/AAC.04306-14.
- Kotsanas D, Wijesooriya WR, Korman TM, Gillespie EE, Wright L, Snook K, Williams N, Bell JM, Li HY, Stuart RL. 2013. "Down the drain": carbapenem-resistant bacteria in intensive care unit patients and handwashing sinks. Med J Aust 198:267–269. http://dx.doi.org/10.5694 /mja12.11757.

- 5. Conlan S, Thomas PJ, Deming C, Park M, Lau AF, Dekker JP, Snitkin ES, Clark TA, Luong K, Song Y, Tsai YC, Boitano M, Dayal J, Brooks SY, Schmidt B, Young AC, Thomas JW, Bouffard GG, Blakesley RW, Mullikin JC, Korlach J, Henderson DK, Frank KM, Palmore TN, Segre JA. 2014. Single-molecule sequencing to track plasmid diversity of hospital-associated carbapenemase-producing *Enterobacteriaceae*. Sci Transl Med 6:254ra126. http://dx.doi.org/10.1126/scitranslmed.3009845.
- Weber DJ, Rutala WA, Kanamori H, Gergen MF, Sickbert-Bennett EE. 2015. Carbapenem-resistant *Enterobacteriaceae*: frequency of hospital room contamination and survival on various inoculated surfaces. Infect Control Hosp Epidemiol 36:590–593. http://dx.doi.org/10.1017/ice .2015.17.
- Harada Y, Morinaga Y, Kaku N, Nakamura S, Uno N, Hasegawa H, Izumikawa K, Kohno S, Yanagihara K. 2014. In vitro and in vivo activities of piperacillin-tazobactam and meropenem at different inoculum sizes of ESBL-producing *Klebsiella pneumoniae*. Clin Microbiol Infect 20: 0831–0839. http://dx.doi.org/10.1111/1469-0691.12677.
- Bedenić B, Vraneš J, Beader N, Jajić-Benčić I, Plečko V, Uzunović-Kamberović S, Kalenić S. 2009. Effect of inoculum size of *Enterobacteriaceae* producing SHV and CTX-M extended-spectrum β-lactamases on the susceptibility to β-lactam combinations with inhibitors and carbapenems. Med Glas 6:166–172.
- Walsh TR, Weeks J, Livermore DM, Toleman MA. 2011. Dissemination of NDM-1 positive bacteria in the New Delhi environment and its implications for human health: an environmental point prevalence study. Lancet Infect Dis 11:355–362. http://dx.doi.org/10.1016/S1473 -3099(11)70059-7.
- Thurlow CJ, Prabaker K, Lin MY, Lolans K, Weinstein RA, Hayden MK. 2013. Anatomic sites of patient colonization and environmental contamination with *Klebsiella pneumoniae* carbapenemase-producing *Enterobacteriaceae* at long-term acute care hospitals. Infect Control Hosp Epidemiol 34:56–61. http://dx.doi.org/10.1086/668783.
- 11. Zhang C, Qiu S, Wang Y, Qi L, Rongzhang H, Xuelin L, Shi Y, Hu X, An D, Li Z, Li P, Wang L, Cui J, Wang P, Huang L, Klena JD, Song H. 2014. Higher isolation of NDM-1 producing *Acinetobacter baumannii* from the sewage of the hospitals in Beijing. PLoS One 8:e64857. http://dx .doi.org/10.1371/journal.pone.0064857.
- 12. Clinical and Laboratory Standards Institute. 2014. Performance standards for antimicrobial susceptibility testing; 24th informational supplement. CLSI document M100-S24. Clinical and Laboratory Standards Institute, Wayne, PA.
- 13. Clinical and Laboratory Standards Institute. 2012. Methods for dilution antimicrobial susceptibility tests for bacteria that grow aerobically; approved standard—ninth ed. CLSI document M07-A9. Clinical and Laboratory Standards Institute, Wayne, PA.
- Tanner WD, VanDerslice JA, Toor D, Benson LS, Porucznik CA, Goel RK, Atkinson RM. 2015. Development and field evaluation of a method for detecting carbapenem-resistant bacteria in drinking water. Syst Appl Microbiol 38:351–357. http://dx.doi.org/10.1016/j.syapm.2015.03.010.