

In Vitro Activity of Delafloxacin Tested against Isolates of *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Moraxella catarrhalis*

Robert K. Flamm, Paul R. Rhomberg, Michael D. Huband, David J. Farrell

JMI Laboratories, North Liberty, Iowa, USA

Delafloxacin, an investigational anionic fluoroquinolone, is active against a broad range of Gram-positive and Gram-negative bacteria. In this study, 200 *Streptococcus pneumoniae* (plus 30 levofloxacin-resistant isolates), 200 *Haemophilus influenzae*, and 100 *Moraxella catarrhalis* isolates selected primarily from the United States (2014) were tested against delafloxacin and comparator agents. Delafloxacin was the most potent agent tested. MIC₅₀ and MIC₉₀ values against all *S. pneumoniae* isolates were 0.008 and 0.015 μg/ml. Delafloxacin susceptibility was not affected by β-lactamase status against *H. influenzae* and *M. catarrhalis*.

Delafloxacin is an investigational anionic fluoroquinolone antibacterial currently in phase III development for the treatment of acute bacterial skin and skin structure infections (ABSSSIs) (NCT01811732 and NCT01984684). Unlike other quinolones, which usually have a binding preference for DNA gyrase or topoisomerase IV, delafloxacin is equally potent against both enzymes (1). This dual targeting is believed to help reduce the selection of resistant mutants *in vitro* (1). Additionally, the anionic structure of delafloxacin may enhance its potency in acidic environments, which may be characteristic of the milieu at an infection site (2).

(This work was presented in part in abstract form at the joint Interscience Conference of Antimicrobial Agents and Chemotherapy [ICAAC] and International Congress of Chemotherapy and Infection [ICC] 2015 meeting.)

Delafloxacin is active against a broad range of Gram-positive and Gram-negative bacteria, including anaerobes and atypical bacteria (*Chlamydia* and *Mycoplasma*) (1, 3–8). It is highly active against pathogens that are found in skin and soft tissue infections, including fluoroquinolone-resistant staphylococci, methicillin-resistant *Staphylococcus aureus*, methicillin-resistant coagulase-negative staphylococci, β-hemolytic streptococci, enteric bacteria, *Pseudomonas aeruginosa*, and anaerobes (1, 3, 5, 7). Delafloxacin is also active against bacteria associated with respiratory tract infections (RTI; hospital and community acquired), including activity against fluoroquinolone-resistant *Streptococcus pneumoniae* (1, 3–6, 8).

Two hundred *S. pneumoniae* isolates (plus 30 isolates selected for levofloxacin resistance), 200 *Haemophilus influenzae* isolates, and 100 *Moraxella catarrhalis* isolates were selected for this study, primarily from United States medical centers from the SENTRY surveillance platform. These isolates were collected from January through December 2014. MIC values were determined for *S. pneumoniae* and *H. influenzae* according to the broth microdilution method described in CLSI document M07-A10 (9); broth microdilution methods used for *M. catarrhalis* were as described in CLSI document M45-Ed3 (10). Dry-form panels (Thermo Fisher Scientific, Cleveland, OH, USA) to test *S. pneumoniae* and frozen-form panels (JMI Laboratories) to test delafloxacin, levofloxacin, and ciprofloxacin against *H. influenzae* and *M. catarrhalis* isolates were used and consisted of three media types: cation-

adjusted Mueller-Hinton broth (CA-MHB), CA-MHB plus 2.5% to 5.0% lysed horse blood, and *Haemophilus* test medium. Quality control ranges and interpretive criteria used for the comparator compounds were those published in CLSI document M100-S26 and by EUCAST (11, 12).

Delafloxacin was 128-fold (MIC₅₀) and 64-fold (MIC₉₀) more active than levofloxacin against all *S. pneumoniae* isolates (Table 1). The delafloxacin MIC₅₀ and MIC₉₀ values for *S. pneumoniae* were 0.008 and 0.015 μg/ml, respectively, with the highest MIC value at 0.12 μg/ml (Table 1). The MIC₅₀ and MIC₉₀ values for delafloxacin (0.008 and 0.015 μg/ml) and levofloxacin (1 and 1 μg/ml) were unchanged for multidrug-resistant (MDR; nonsusceptible to at least two of penicillin, ceftriaxone, levofloxacin, tetracycline, trimethoprim-sulfamethoxazole, and erythromycin) isolates and the penicillin-susceptible, -intermediate, and -resistant subsets of *S. pneumoniae* (Table 1). Delafloxacin and levofloxacin retained activity against nine ceftriaxone-nonsusceptible isolates (Table 1). MIC values for delafloxacin were increased 16- to 32-fold (MIC₅₀ and MIC₉₀, 0.12 and 0.5 μg/ml) relative to the general population of *S. pneumoniae* when tested against levofloxacin-resistant *S. pneumoniae*.

Delafloxacin was 8-fold more potent than the next most potent agent, i.e., ceftaroline (MIC₉₀, 0.12 μg/ml; 100.0% susceptible), against *S. pneumoniae* (Table 1). Susceptibilities to erythromycin (52.5% susceptible), trimethoprim-sulfamethoxazole (75.5% susceptible), tetracycline (81.0% susceptible), and meropenem (86.0% susceptible) were compromised (Table 1). Against penicillin-resistant isolates, delafloxacin was 16-fold more active than the next potent comparator, i.e., ceftaroline (MIC₉₀, 0.015 versus 0.25 μg/ml) (Table 1). Susceptibilities for most antimicrobials

Received 29 April 2016 Returned for modification 17 May 2016

Accepted 18 July 2016

Accepted manuscript posted online 25 July 2016

Citation Flamm RK, Rhomberg PR, Huband MD, Farrell DJ. 2016. *In vitro* activity of delafloxacin tested against isolates of *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Moraxella catarrhalis*. Antimicrob Agents Chemother 60:6381–6385. doi:10.1128/AAC.00941-16.

Address correspondence to Robert K. Flamm, robert-flamm@jmilabs.com.

Copyright © 2016, American Society for Microbiology. All Rights Reserved.

TABLE 1 Activity of delafloxacin and comparator antimicrobial agents tested against isolates of *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Moraxella catarrhalis*

Species (no. isolates) and antimicrobial	MIC ($\mu\text{g/ml}$)			Result (%) using criteria from ^a :			
	MIC ₅₀	MIC ₉₀	Range	CLSI		EUCAST	
				S	R	S	R
<i>S. pneumoniae</i> (200)							
Delafloxacin	0.008	0.015	≤ 0.004 to 0.12				
Levofloxacin	1	1	0.5 to >4	98.5	1.0	98.5	1.5
Amoxicillin-clavulanate	≤ 1	2	≤ 1 to >8	94.0	3.5 ^b		
Moxifloxacin	≤ 0.12	0.25	≤ 0.12 to 4	99.0	0.5	98.5	1.5
Ceftaroline	≤ 0.015	0.12	≤ 0.015 to 0.5	100.0	^b	99.5	0.5
Ceftriaxone	≤ 0.06	1	≤ 0.06 to 8	83.5	4.5 ^c	83.5	1.5
				95.5	1.5 ^b		
Clindamycin	≤ 0.25	≤ 0.25	≤ 0.25 to >2	90.0	10.0	90.0	10.0
Erythromycin	≤ 0.12	>16	≤ 0.12 to >16	52.5	45.5	52.5	45.5
Meropenem	≤ 0.06	0.5	≤ 0.06 to 2	86.0	3.0	86.0	0.5 ^c
						100.0	0.0 ^b
Penicillin	≤ 0.06	1	≤ 0.06 to 8	67.0	6.5 ^d	67.0	33.0 ^c
				67.0	33.0 ^c	67.0	2.5 ^b
				97.5	0.5 ^f		
Tetracycline	≤ 0.5	>8	≤ 0.5 to >8	81.0	19.0	81.0	19.0
Trimethoprim-sulfamethoxazole	≤ 0.5	4	≤ 0.5 to >4	75.5	13.5	82.0	13.5
<i>S. pneumoniae</i> (MDR) (82)							
Delafloxacin	0.008	0.015	≤ 0.004 to 0.12				
Levofloxacin	1	1	0.5 to >4	97.6	1.2	97.6	2.4
Moxifloxacin	≤ 0.12	0.25	≤ 0.12 to 4	98.8	1.2	98.8	1.2
Amoxicillin-Clavulanate	≤ 1	4	≤ 1 to >8	85.4	8.5 ^b		
Ceftaroline	0.06	0.12	≤ 0.015 to 0.5	100.0	^b	98.8	1.2
Ceftriaxone	0.5	2	≤ 0.06 to 8	62.2	11.0 ^c	62.2	3.7
				89.0	3.7 ^b		
Clindamycin	≤ 0.25	>2	≤ 0.25 to >2	75.6	24.4	75.6	24.4
Erythromycin	8	>16	≤ 0.12 to >16	8.5	87.8	8.5	87.8
Meropenem	0.12	0.5	≤ 0.06 to 2	67.1	7.3	67.1	1.2 ^c
						100.0	0.0 ^b
Penicillin	0.25	2	≤ 0.06 to 8	28.0	15.9 ^d	28.0	72.0 ^c
				28.0	72.0 ^c	28.0	6.1 ^b
				93.9	1.2 ^f		
Tetracycline	≤ 0.5	>8	≤ 0.5 to >8	53.7	46.3	53.7	46.3
Trimethoprim-sulfamethoxazole	1	>4	≤ 0.5 to >4	46.3	28.0	61.0	28.0
<i>S. pneumoniae</i> penicillin resistant (>1 $\mu\text{g/ml}$) (13)							
Delafloxacin	0.008	0.015	0.008 to 0.015				
Levofloxacin	1	1	0.5 to 1	100.0	0.0	100.0	0.0
Moxifloxacin	≤ 0.12	0.25	≤ 0.12 to 0.25	100.0	0.0	100.0	0.0
Amoxicillin-clavulanate	8	8	2 to >8	15.4	53.8 ^b		
Ceftaroline	0.12	0.25	0.06 to 0.5	100.0	^b	92.3	7.7
Ceftriaxone	1	8	0.5 to 8	7.7	46.2 ^c	7.7	23.1
				53.8	23.1 ^b		
Clindamycin	≤ 0.25	>2	≤ 0.25 to >2	53.8	46.2	53.8	46.2
Erythromycin	>16	>16	≤ 0.12 to >16	7.7	92.3	7.7	92.3
Meropenem	0.5	1	0.5 to 2	0.0	46.2	0.0	7.7 ^c
						100.0	0.0 ^b
Penicillin	2	4	2 to 8	0.0	100.0 ^d	0.0	100.0 ^c
				0.0	100.0 ^c	0.0	38.5 ^b
				61.5	7.7 ^f		
Tetracycline	>8	>8	≤ 0.5 to >8	30.8	69.2	30.8	69.2
Trimethoprim-sulfamethoxazole	4	>4	≤ 0.5 to >4	15.4	84.6	15.4	84.6
<i>S. pneumoniae</i> ceftriaxone nonsusceptible (>1 $\mu\text{g/ml}$) (9)							
Delafloxacin			≤ 0.004 to 0.015				
Levofloxacin			1 to 2	100.0	0.0	100.0	0.0
Moxifloxacin			≤ 0.12 to 0.25	100.0	0.0	100.0	0.0
Amoxicillin-clavulanate			≤ 1 to >8	33.3	55.6 ^b		
Ceftaroline			0.03 to 0.5	100.0	^b	88.9	11.1
Ceftriaxone			2 to 8	0.0	100.0 ^c	0.0	33.3
				0.0	33.3 ^b		
Clindamycin			≤ 0.25 to >2	66.7	33.3	66.7	33.3
Erythromycin			1 to >16	0.0	100.0	0.0	100.0

(Continued on following page)

TABLE 1 (Continued)

Species (no. isolates) and antimicrobial	MIC ($\mu\text{g/ml}$)			Result (%) using criteria from ^a :			
				CLSI		EUCAST	
	MIC ₅₀	MIC ₉₀	Range	S	R	S	R
Meropenem			0.06 to 2	33.3	44.4	33.3	11.1 ^c
Penicillin			0.25 to 8	0.0	66.7 ^d	100.0	0.0 ^b
				0.0	100.0 ^e	0.0	100.0 ^f
				55.6	11.1 ^f	0.0	44.4 ^b
Tetracycline			≤ 0.5 to >8	22.2	77.8	22.2	77.8
Trimethoprim-sulfamethoxazole			2 to >4	0.0	77.8	0.0	77.8
<i>S. pneumoniae</i> levofloxacin-resistant ($>4 \mu\text{g/ml}$) (30)							
Delafloxacin	0.12	0.5	0.015 to 1				
Levofloxacin	>4	>4	>4 to >4	0.0	100.0	0.0	100.0
Moxifloxacin	2	4	0.25 to >4	20.0	26.7	20.0	80.0
Amoxicillin-clavulanate	≤ 1	8	≤ 1 to 8	66.7	13.3 ^b		
Ceftaroline	0.03	0.12	≤ 0.015 to 0.5	100.0	^b	96.7	3.3
Ceftriaxone	0.12	2	≤ 0.06 to 8	63.3	16.7 ^c	63.3	6.7
				83.3	6.7 ^b		
Clindamycin	≤ 0.25	>2	≤ 0.25 to >2	76.7	20.0	80.0	20.0
Erythromycin	2	>16	≤ 0.12 to >16	43.3	56.7	43.3	56.7
Meropenem	0.12	1	≤ 0.06 to 1	66.7	23.3	66.7	0.0 ^e
						100.0	0.0 ^b
						43.3	56.7 ^c
Penicillin	0.12	4	≤ 0.06 to 8	43.3	30.0 ^d	43.3	56.7 ^c
				43.3	56.7 ^e	43.3	13.3 ^b
				86.7	3.3 ^f		
Tetracycline	≤ 0.5	>8	≤ 0.5 to >8	50.0	50.0	50.0	50.0
Trimethoprim-sulfamethoxazole	≤ 0.5	>4	≤ 0.5 to >4	50.0	46.7	53.3	46.7
<i>H. influenzae</i> (200)							
Delafloxacin	≤ 0.001	0.004	≤ 0.001 to 0.25				
Ciprofloxacin	0.015	0.015	0.004 to >2	99.0		98.5	1.5
Levofloxacin	0.015	0.03	0.008 to >2	99.0		99.0	1.0
Amoxicillin-clavulanate	≤ 1	2	≤ 1 to 8	99.5	0.5	99.0	1.0
Ampicillin	≤ 0.25	>8	≤ 0.25 to >8	75.5	23.5	75.5	24.5
Azithromycin	0.5	2	0.12 to >4	99.5		1.0	0.5
Ceftaroline	0.008	0.015	0.002 to 0.06	100.0		98.5	1.5
Ceftazidime	0.06	0.12	≤ 0.015 to 0.5	100.0			
Meropenem	≤ 0.06	0.12	≤ 0.06 to 0.5	100.0		99.5	0.0 ^e
						100.0	0.0 ^b
Tetracycline	0.5	0.5	0.25 to 8	98.5	1.5	98.0	1.5
Trimethoprim-sulfamethoxazole	≤ 0.5	>4	≤ 0.5 to >4	65.0	29.5	65.0	32.5
<i>M. catarrhalis</i> (100)							
Delafloxacin	0.008	0.008	0.004 to 0.015				
Ciprofloxacin	0.03	0.06	0.015 to 0.06	100.0		100.0	0.0
Levofloxacin	0.06	0.06	0.03 to 0.12	100.0		100.0	0.0
Amoxicillin-clavulanate	≤ 1	≤ 1	≤ 1 to ≤ 1	100.0	0.0	100.0	0.0
Ampicillin	1	2	≤ 0.25 to 8				
Azithromycin	0.03	0.06	0.015 to 0.5	99.0		99.0	0.0
Ceftaroline	0.03	0.12	≤ 0.008 to 0.25				
Ceftazidime	0.06	0.12	≤ 0.015 to 0.25	100.0			
Meropenem	≤ 0.06	≤ 0.06	≤ 0.06 to ≤ 0.06			100.0	0.0
Penicillin	>0.12	>0.12	≤ 0.03 to >0.12				
Tetracycline	≤ 0.12	0.25	≤ 0.12 to 0.25	100.0	0.0	100.0	0.0
Trimethoprim-sulfamethoxazole	≤ 0.5	≤ 0.5	≤ 0.5 to 2	93.0	0.0	93.0	3.0

^a Criteria as published by CLSI (11) and EUCAST (12). S, susceptible; R, resistant; intermediate percentages are not presented.

^b Using nonmeningitis breakpoints.

^c Using meningitis breakpoints.

^d Using oral breakpoints.

^e Using parenteral meningitis breakpoints.

^f Using parenteral nonmeningitis breakpoints.

were generally decreased among penicillin-resistant isolates compared to those of the general population, with the exception of the fluoroquinolones and ceftaroline. For example, susceptibilities to erythromycin, trimethoprim-sulfamethoxazole, and ceftriaxone

were 7.7%, 15.4%, and 53.8%, respectively (Table 1). The highest MIC for delafloxacin was 16-fold lower than that for the most potent comparator, i.e., moxifloxacin (0.015 versus 0.25 $\mu\text{g/ml}$), and 32-fold lower than that for ceftaroline (0.015 versus 0.5 $\mu\text{g/ml}$).

ml) against ceftriaxone-nonsusceptible *S. pneumoniae* (Table 1). The fluoroquinolones (levofloxacin and moxifloxacin) and ceftaroline retained activity (100.0% susceptible) against ceftriaxone-nonsusceptible *S. pneumoniae*; however, many of the other antimicrobials showed decreased activity compared to the normal population. Ceftaroline (MIC₉₀, 0.12 µg/ml; 100.0% susceptible) demonstrated the most potent activity against levofloxacin-resistant *S. pneumoniae*, followed by delafloxacin (MIC₉₀, 0.5 µg/ml), meropenem (MIC₉₀, 1 µg/ml; 66.7% susceptible), and ceftriaxone (MIC₉₀, 2 µg/ml; 83.3% susceptible). Limited activity with moxifloxacin was noted (MIC₉₀, 4 µg/ml; 20.0% susceptible).

The MIC₅₀ and MIC₉₀ values for delafloxacin against *H. influenzae* were ≤0.001 and 0.004 µg/ml (highest MIC value at 0.25 µg/ml) (Table 1). For levofloxacin, the MIC₅₀ and MIC₉₀ values were 0.015 and 0.03 µg/ml; however, two isolates were not susceptible (MIC, >2 µg/ml) (Table 1). The activities of delafloxacin and levofloxacin against *H. influenzae* were unaffected by β-lactamase status (data not shown). Both delafloxacin and levofloxacin were active against *M. catarrhalis*, although delafloxacin was 8-fold more active than levofloxacin (Table 1).

Delafloxacin was the most potent agent tested against *H. influenzae* (Table 1). The MIC₉₀ (0.004 µg/ml) was 4-fold and 8-fold lower than those for ciprofloxacin and levofloxacin, respectively (Table 1). Ciprofloxacin and levofloxacin susceptibilities were 99.0%, and all isolates were susceptible to ceftaroline, ceftazidime, and meropenem (Table 1). Tetracycline (93.8% versus 100.0% for β-lactamase-negative isolates) and trimethoprim-sulfamethoxazole (62.5% versus 65.8%) susceptibilities were lower for the β-lactamase-positive isolates (data not shown). Delafloxacin was the most potent agent tested against *M. catarrhalis*, exhibiting an MIC₉₀ (0.008 µg/ml) that was 8-fold lower than those for ciprofloxacin and levofloxacin (Table 1). All isolates were susceptible to amoxicillin-clavulanate, ceftazidime, ciprofloxacin, levofloxacin, and tetracycline (Table 1).

In a bacterial respiratory surveillance program conducted from 1997 to 2002 throughout Canada (CROSS), the delafloxacin MIC₅₀ and MIC₉₀ values were 0.008 and 0.015 µg/ml when tested against 6,991 isolates of *S. pneumoniae* (13). These values were similar for delafloxacin when it was tested against 389 penicillin-resistant strains (MIC₅₀ and MIC₉₀, 0.015 and 0.015 µg/ml) (13). The MIC₅₀ and MIC₉₀ values for delafloxacin tested against 200 contemporary *S. pneumoniae* isolates from the United States in this study were also 0.008 and 0.015 µg/ml, respectively, and the MIC₉₀ for delafloxacin tested against penicillin-resistant isolates matched that of the CROSS study. This indicates that delafloxacin maintained its potency despite the selective pressure of fluoroquinolone use in the intervening decade. In a study of the comparative activity of delafloxacin against Gram-positive and Gram-negative pathogens, Harnett et al. (5) demonstrated that the MIC₅₀ and MIC₉₀ values for delafloxacin tested against *H. influenzae* were both 0.001 µg/ml, and the MIC₅₀ and MIC₉₀ values for delafloxacin against *M. catarrhalis* were both 0.008 µg/ml. The data from our current study are consistent with the highly potent nature of the activity of delafloxacin, with MIC₅₀ and MIC₉₀ values of ≤0.001 and 0.004 µg/ml against *H. influenzae* and ≤0.008 and ≤0.008 µg/ml against *M. catarrhalis*.

Overall, delafloxacin was the most potent compound tested against *S. pneumoniae*, *H. influenzae*, and *M. catarrhalis* in our study. It was active against penicillin-resistant, ceftriaxone-nonsusceptible, and levofloxacin-resistant subsets of *S. pneumoniae*.

Although delafloxacin demonstrated potent activity against levofloxacin-resistant organisms, MIC values were increased compared to those in wild-type organisms. The MIC₅₀ and MIC₉₀ values were 0.008 and 0.015 µg/ml against the collection of 200 *S. pneumoniae* and 0.12 and 0.5 µg/ml against 30 levofloxacin-resistant isolates, which is a 16- to 32-fold increase. This level of cross-resistance suggests some overlap in the binding targets of DNA gyrase and topoisomerase IV. The potent activity of delafloxacin against pathogens frequently associated with community-acquired pneumonia (*S. pneumoniae*, *H. influenzae*, and *M. catarrhalis*), including those that are MDR, indicates that further study in community-acquired bacterial pneumonia is warranted.

ACKNOWLEDGMENTS

We thank J. Oberholser and M. Janecek for the preparation of the manuscript and the JMI staff members for scientific assistance in performing the study.

This study was funded under a service agreement with Melinta Therapeutics, Inc.

JMI Laboratories, Inc., received research and educational grants in 2014 to 2015 from Achaogen, Actavis, Actelion, Allergan, American Proficiency Institute (API), AmpliPhi, Anacor, Astellas, AstraZeneca, Basilea, Bayer, BD, Cardeas, Cellceutix, CEM-102 Pharmaceuticals, Cembra, Cerexa, Cidara, CorMedix, Cubist, Debiopharm, Dipexium, Dong Wha, Durata, Enteris, Exela, Forest Research Institute, Furiex, Genentech, GSK, Helperby, ICPD, Janssen, Lannett, Longitude, Medpace, Meiji Seika Kasha, Melinta, Merck, Motif, Nabriva, Novartis, Paratek, Pfizer, Pocrad, PTC Therapeutics, Rempex, Roche, Salvat, Scynexis, Seachaid, Shionogi, Tetraphase, The Medicines Co., Theravance, Thermo Fisher, VenatoRX, Vertex, Wockhardt, Zavante, and some other corporations.

Some JMI employees are advisors/consultants for Allergan, Astellas, Cubist, Pfizer, Cembra, and Theravance.

FUNDING INFORMATION

This study was funded under a service agreement with Melinta Therapeutics, Inc.

REFERENCES

1. Nilius AM, Shen LL, Hensey-Rudloff D, Almer LS, Beyer JM, Balli DJ, Cai Y, Flamm RK. 2003. *In vitro* antibacterial potency and spectrum of ABT-492, a new fluoroquinolone. *Antimicrob Agents Chemother* 47:3260–3269. <http://dx.doi.org/10.1128/AAC.47.10.3260-3269.2003>.
2. Lemaire S, Tulkens PM, Van Bambeke F. 2011. Contrasting effects of acidic pH on the extracellular and intracellular activities of the anti-gram-positive fluoroquinolones moxifloxacin and delafloxacin against *Staphylococcus aureus*. *Antimicrob Agents Chemother* 55:649–658. <http://dx.doi.org/10.1128/AAC.01201-10>.
3. Almer LS, Hoffrage JB, Keller EL, Flamm RK, Shortridge VD. 2004. *In vitro* and bactericidal activities of ABT-492, a novel fluoroquinolone, against Gram-positive and Gram-negative organisms. *Antimicrob Agents Chemother* 48:2771–2777. <http://dx.doi.org/10.1128/AAC.48.7.2771-2777.2004>.
4. Hammerschlag MR, Roblin PM. 2004. The *in vitro* activity of a new fluoroquinolone, ABT-492, against recent clinical isolates of *Chlamydia pneumoniae*. *J Antimicrob Chemother* 54:281–282. <http://dx.doi.org/10.1093/jac/dkh304>.
5. Harnett SJ, Fraise AP, Andrews JM, Jevons G, Brenwald NP, Wise R. 2004. Comparative study of the *in vitro* activity of a new fluoroquinolone, ABT-492. *J Antimicrob Chemother* 53:783–792. <http://dx.doi.org/10.1093/jac/dkh180>.
6. Waites KB, Crabb DM, Duffy LB. 2003. Comparative *in vitro* susceptibilities and bactericidal activities of investigational fluoroquinolone ABT-492 and other antimicrobial agents against human mycoplasmas and ureaplasmas. *Antimicrob Agents Chemother* 47:3973–3975. <http://dx.doi.org/10.1128/AAC.47.12.3973-3975.2003>.
7. Goldstein EJ, Citron DM, Merriam CV, Warren YA, Tyrrell KL, Fernandez HT. 2003. *In vitro* activities of ABT-492, a new fluoroquinolone, against 155

- aerobic and 171 anaerobic pathogens isolated from antral sinus puncture specimens from patients with sinusitis. *Antimicrob Agents Chemother* 47:3008–3011. <http://dx.doi.org/10.1128/AAC.47.9.3008-3011.2003>.
8. Zhanel GG, Palatnick L, Nichol KA, Low DE, Hoban DJ. 2003. Antimicrobial resistance in *Haemophilus influenzae* and *Moraxella catarrhalis* respiratory tract isolates: results of the Canadian Respiratory Organism Susceptibility Study, 1997 to 2002. *Antimicrob Agents Chemother* 47:1875–1881. <http://dx.doi.org/10.1128/AAC.47.6.1875-1881.2003>.
 9. Clinical and Laboratory Standards Institute. 2015. Methods for dilution antimicrobial susceptibility tests for bacteria that grow aerobically; approved standard—10th ed. CLSI document M07-A10. Clinical and Laboratory Standards Institute, Wayne, PA.
 10. Clinical and Laboratory Standards Institute. 2015. Methods for antimicrobial dilution and disk susceptibility testing of infrequently isolated or fastidious bacteria; 3rd ed. CLSI document M45-Ed3. Clinical and Laboratory Standards Institute, Wayne, PA.
 11. Clinical and Laboratory Standards Institute. 2016. Performance standards for antimicrobial susceptibility testing; 26th informational supplement. CLSI document M100-S26. Clinical and Laboratory Standards Institute, Wayne, PA.
 12. EUCAST. 2016. Breakpoint tables for interpretation of MICs and zone diameters, version 6.0, January 2016. http://www.eucast.org/clinical_breakpoints/.
 13. Zhanel GG, Palatnick L, Nichol KA, Bellyou T, Low DE, Hoban DJ. 2003. Antimicrobial resistance in respiratory tract *Streptococcus pneumoniae* isolates: results of the Canadian Respiratory Organism Susceptibility Study, 1997 to 2002. *Antimicrob Agents Chemother* 47:1867–1874. <http://dx.doi.org/10.1128/AAC.47.6.1867-1874.2003>.