One Health and the control and prevention of antimicrobial resistance: Perspectives from human medicine

Cornelius J. Clancy, M.D.

Chief, Infectious Diseases VA Pittsburgh Healthcare System Director, XDR Pathogen Lab and Mycology Research Unit University of Pittsburgh

One Health, One Planet 2019 Phipps Conservatory and Botanical Gardens Pittsburgh, PA 14 March 2019



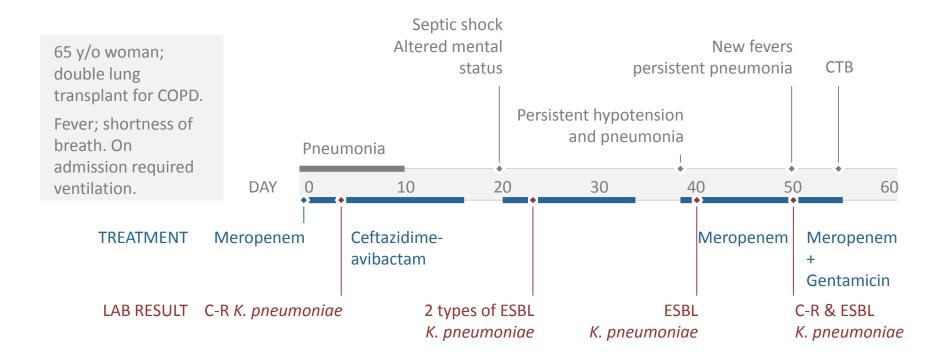








An illustrative case, 2019



The rise of CRE* superbugs

MBC NEWS

HEALTH MAR 5, 2015, 12:27 AM ET

Two More Hospitals Report 'Superbugs' on Endoscopes

By MAGGIE FOX



Hospitals Plagued by Unbeatable 'Superbugs'

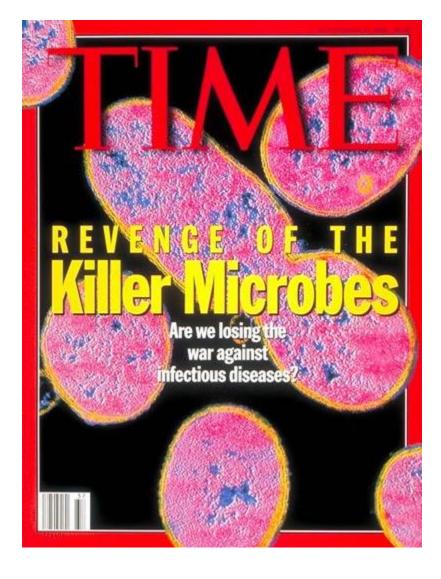
Nov 29, 2012 11:11 AM CST

Hospitals Plagued by Unbeatable 'Superbugs'

'USA TODAY' FINDS THOUSANDS OF CASES IN RECENT YEARS

(NEWSER) - US hospitals are quietly fighting an incredibly high stakes war that they look unlikely to win against "superbugs" that resist even the most potent antibiotics available, a USA Today investigation has concluded. The paper has compiled evidence showing that hospitals across the country have seen thousands of infections from... More »





*Carbapenem Resistant Enterobacteriaceae

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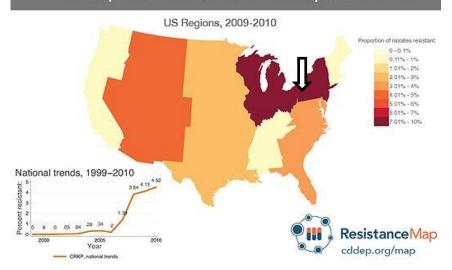
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Carbapenem-resistant Klebsiella pneumoniae



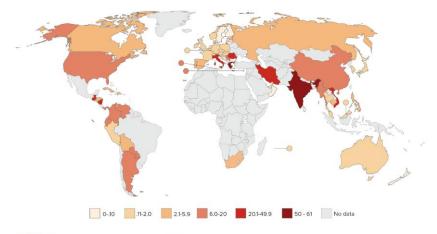


FIGURE 1-3: Percentage of carbapenem-resistant Klebsiella pneumoniae, by country (most recent year, 2011–2014) Source: CDDEP 2015, WHO 2014 and PAHO, forthcoming

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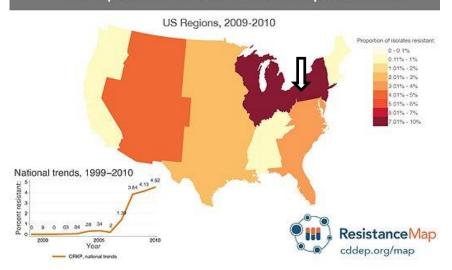
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10 million deaths due to drug-resistant infections per year in 2050

Review on Antimicrobial Resistance, Wellcome Trust and UK Department of Health

Carbapenem-resistant Klebsiella pneumoniae



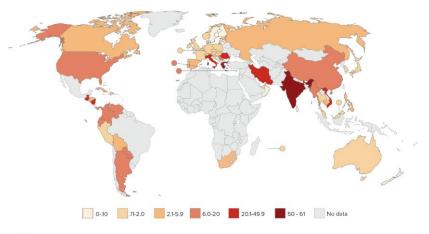
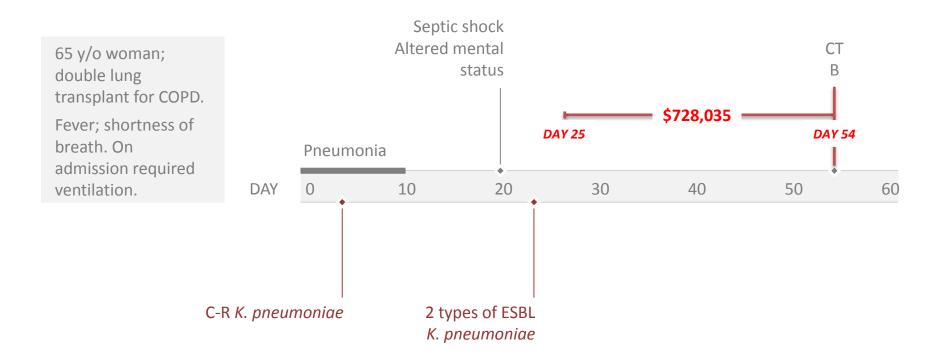


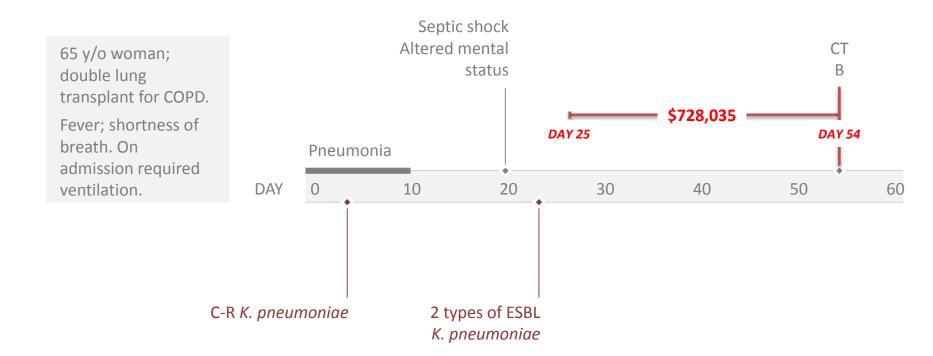
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An illustrative case, 2019



An illustrative case, 2019



Lost global production due to antimicrobial resistance 2016-2050: \$100 trillion

Review on Antimicrobial Resistance, Wellcome Trust and UK Department of Health

Antibiotic resistance threats

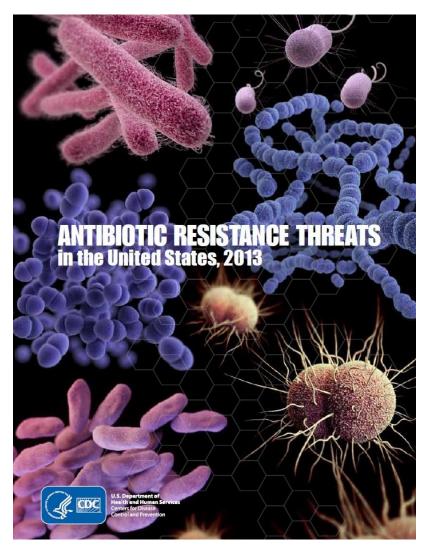


table.2

Urgent Threats

Clostridium difficile Carbapenem-resistant Enterobacteriaceae Neisseria gonorrhoeae

Serious Threats

Multidrug-resistant Acinetobacter Drug-resistant Campylobacter Fluconazole-resistant Candida Extended spectrum Enterobacteriaceae Vancomycin-resistant Enterococcus Multidrug-resistant Pseudomonas aeruginosa Drug-resistant nontyphoidal Salmonella Drug-resistant Salmonella serotype Typhi Drug-resistant Shigella Methicillin-resistant Staphylococcus aureus Drug-resistant Streptococcus pneumoniae Drug-resistant tuberculosis

Concerning Threats

Vancomycin-resistant *Staphylococcus aureus* Erythromycin-resistant Group A *Streptococcus* Clindamycin-resistant Group B *Streptococcus*

Table 2. US Centers for Disease Control and Prevention list of the greatest drug-resistant microbial threats in the United States.⁶

CDC: Antibiotic Resistance Threats in the US, 2013 (http://www.cdc.gov/drugresistance/threat-report-2013/index.html)

History of penicillin resistance



"... the thoughtless person playing with penicillin is morally responsible for the death of the man who finally succumbs to infection with the penicillin-resistant organism." 26 June, 1945

"Surveys of hospitals have found that practices to improve antimicrobial use are frequently inadequate and not routinely implemented"

Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America Guidelines for Developing an Institutional Program to Enhance Antimicrobial Stewardship

Timothy H. Dellit,¹ Robert C. Owens,² John E. McGowan, Jr.,³ Dale N. Gerding,⁴ Robert A. Weinstein,⁵ John P. Burke,⁶ W. Charles Huskins,⁷ David L. Paterson,⁸ Neil O. Fishman,⁹ Christopher F. Carpenter,¹⁰ P. J. Brennan,³ Marianne Billeter,¹¹ and Thomas M. Hooton¹²

¹Harboview Medical Center and the University of Washington, Seattle; ³Maine Medical Center, Portland; ³Emory University, Atlanta, Georgia; ¹Hines Veterans Affairs Hospital and Loyola University Stricth School of Medicine, Hines, and ³Stroger (Dock County) Hospital and Rush University Medical Center, Chicago, Illinois; ⁴University of Utah, Salt Lake City, ³Mayo Clinic College of Medicine, Rochester, Minnesota; ¹University of Hitsburgh Medical Center, Pittsburgh, and ⁴University of Ponnsylvenia; Philadelphia, Pennsylvania; ¹⁴William Beaumont Hospital, Royal Oak, Michigar; ¹⁰Othsrer Health System, New Orleans, Louisiane; and ⁴University of Miami, Miami, Miami, Florida

Clin Infect Dis 2007; 44:159-77

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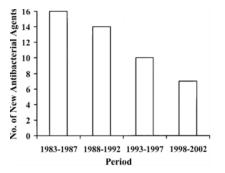
Clin Infect Dis 2007; 44:159-77

MAJOR ARTICLE

Trends in Antimicrobial Drug Development: Implications for the Future

Brad Spellberg,¹ John H. Powers,³ Eric P. Brass,¹² Loren G. Miller,¹² and John E. Edwards, Jr.¹²

'Research and Education Institute and Department of Medicine, Harbor–University of California, Los Angeles (UCLA), Medical Center, Torrance, and 'David Geffen School of Medicine, UCLA, Los Angeles, Californiar, and 'Office of Drug Evaluation IV, Center for Drug Evaluation and Research, US Food and Drug Administration, Rockville, Maryand



Dearth of New Drugs

The number of new antibiotics approved for sale in the United States has dwindled.

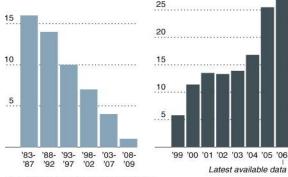
... For Hardier Germs

Acinetobacter germs in U.S. hospitals that are resistant to a powerful antibiotic often used as a last line of treatment.

30% Acinetobacter germs

resistant to impenem

20 antibiotics approved for sale



Sources: Infectious Diseases Society of America; Resources for the Future

THE NEW YORK TIMES

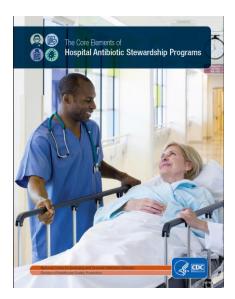
Mandates for Antimicrobial Stewardship (AMS)



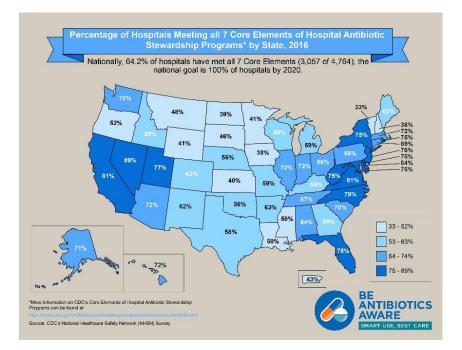




CENTERS FOR DISEASE CONTROL AND PREVENTION

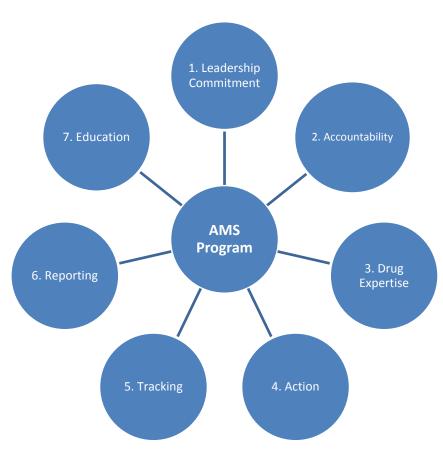


CDC Core Elements of AMS Hospitals Nursing homes Outpatient



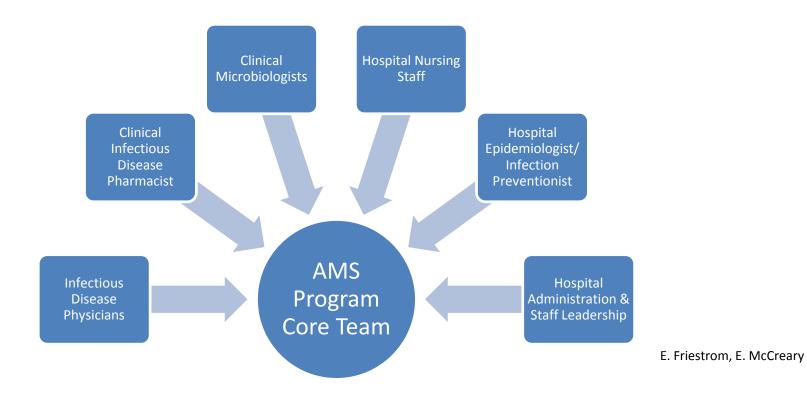
Core elements of AMS programs

- Leadership commitment
 - Human, financial, IT resources
- Accountability
 - Single leader (M.D.) responsible for program outcomes
- Drug expertise
 - Single leader (Pharmacist) responsible for improved antibiotic use
- Action
 - Implementing at least one recommended action
- Tracking
 - Monitoring prescribing and resistance
- Reporting
 - Regular reporting on antibiotic use and resistance
- Education
 - Optimal prescribing and resistance



E. Friestrom, E. McCreary

Core AMS team



"There is no single template for a program to optimize antibiotic prescribing"



Does AMS work?

J Antimicrob Chemother 2011; **66**: 1223–1230 doi:10.1093/jac/dkr137 Advance Access publication 2 April 2011 Journal of Antimicrobial Chemotherapy

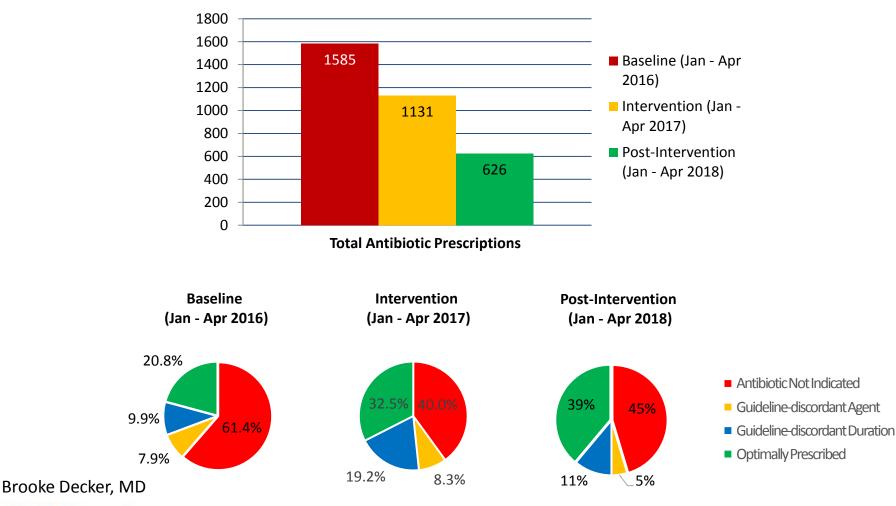
Impact of antimicrobial stewardship in critical care: a systematic review

Reham Kaki¹, Marion Elligsen², Sandra Walker^{2–4}, Andrew Simor^{1,4}, Lesley Palmay² and Nick Daneman^{1,4*}

¹Department of Medicine, University of Toronto, Toronto, Ontario, Canada; ²Department of Pharmacy, Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada; ³Faculty of Pharmacy, University of Toronto, Toronto, Ontario, Canada; ⁴Division of Infectious Diseases, Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada

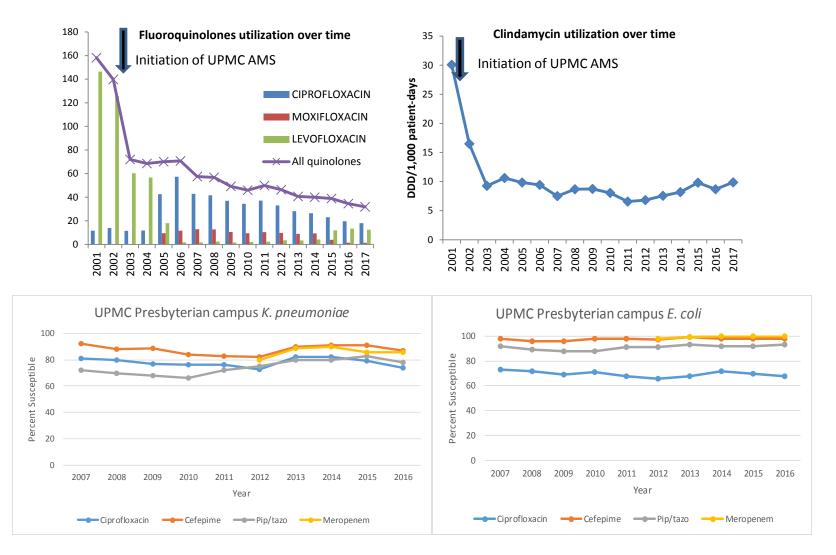
- 38 studies, 6 AMS intervention types
- Reduced utilization (11%-38%), lowered costs (US\$5-10/patient-day), shortened duration of treatment, reduced inappropriate use and adverse events/toxicity
- Not associated with increased nosocomial infection rates, lengths of stay, or mortality
- Interventions beyond >6 mos were associated with reduced resistance

AMS: Still a lot of work to do

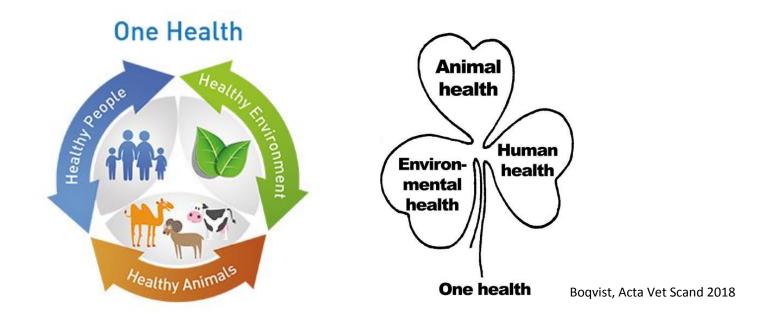


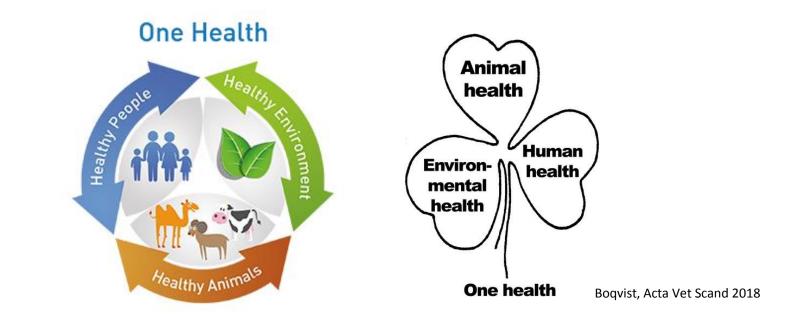


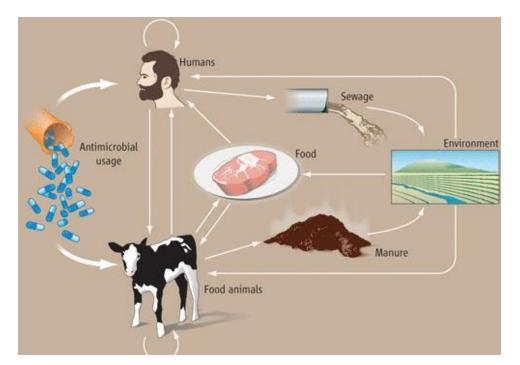
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M. Hong Nguyen, MD

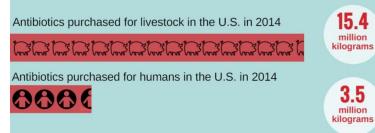






Antibiotic Resistance in Humans and Animals

A National Academy of Medicine Perspective



"Antimicrobials for livestock account for 80% of the antimicrobials purchased in the United States. To pretend that we can address antibiotic resistance that results from antimicrobial use by focusing on the 20% that occurs in humans and ignoring the 80% that occurs in animals is to fail as a society. We have a crisis of antibiotic resistance."

McEwen, Microbiol Spectrum 2018

One Health AMR Case Study 1: Colistin



Health

Antibiotic resistance: World on cusp of 'post-antibiotic era'

By James GallagherHealth editor, BBC News website 19 November 2015

One Health AMR Case Study 1: Colistin



Health

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Emergence of plasmid-mediated colistin resistance mechanism MCR-1 in animals and human beings in China: a microbiological and molecular biological study

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Published Online November 18, 2015 http://dx.doi.org/10.1016/ S1473-3099(15)00424-7

Louis D. Saravolatz, Section Editor

Colistin: The Revival of Polymyxins for the Management of Multidrug-Resistant Gram-Negative Bacterial Infections

Matthew E. Falagas^{1,2,3} and Sofia K. Kasiakou¹

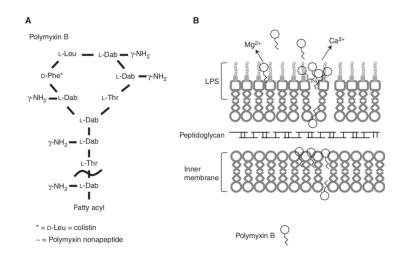
¹Alfa Institute of Biomedical Sciences (AIBS) and ²Department of Medicine, "Henry Dunant" Hospital, Athens, Greece; and ³Tufts University School of Medicine, Boston, Massachusetts

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- China, Brazil, Europe (certain countries)
 - Administered orally to pigs, poultry, calves for treatment, prophylaxis, metaphylaxis of diarrhea, <u>and/or</u> as growth promoter
 - Vastly exceeds use in humans (12,000 tonnes in China)
- Phenotypic resistance testing is technically difficult
 - Not included in routine surveillance of animals, environment, food, humans

Emergence of plasmid-mediated colistin resistance mechanism MCR-1 in animals and human beings in China: a microbiological and molecular biological study

Yi-Yun Liu*, Yang Wang*, Timothy R Walsh, Ling-Xian Yi, Rong Zhang, James Spencer, Yohei Doi, Guobao Tian, Baolei Dong, Xianhui Huang, Lin-Feng Yu, Danxia Gu, Hongwei Ren, Xiaojie Chen, Luchao Lv, Dandan He, Hongwei Zhou, Zisen Liang, Jian-Hua Liu, Jianzhong Shen

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Figure 1: Map of China

| | Year | Positive isolates (%)/number of isolates | | |
|---|------|--|--|--|
| Escherichia coli | | | | |
| Pigs at slaughter | All | 166 (20.6%)/804 | | |
| Pigs at slaughter | 2012 | 31 (14·4%)/216 | | |
| Pigs at slaughter | 2013 | 68 (25.4%)/268 | | |
| Pigs at slaughter | 2014 | 67 (20.9%)/320 | | |
| Retail meat | All | 78 (14.9%)/523 | | |
| Chicken | 2011 | 10 (4.9%)/206 | | |
| Pork | 2011 | 3 (6.3%)/48 | | |
| Chicken | 2013 | 4 (25.0%)/16 | | |
| Pork | 2013 | 11 (22.9%)/48 | | |
| Chicken | 2014 | 21 (28.0%)/75 | | |
| Pork | 2014 | 29 (22.3%)/130 | | |
| Inpatient | 2014 | 13 (1.4%)/902 | | |
| Klebsiella pneumoniae | | | | |
| Inpatient | 2014 | 3 (0.7%)/420 | | |
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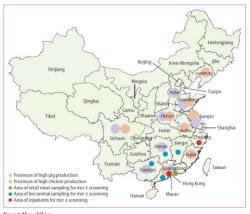
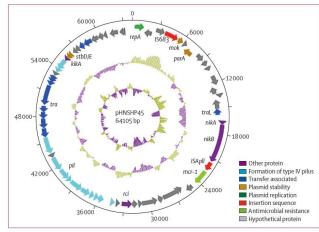


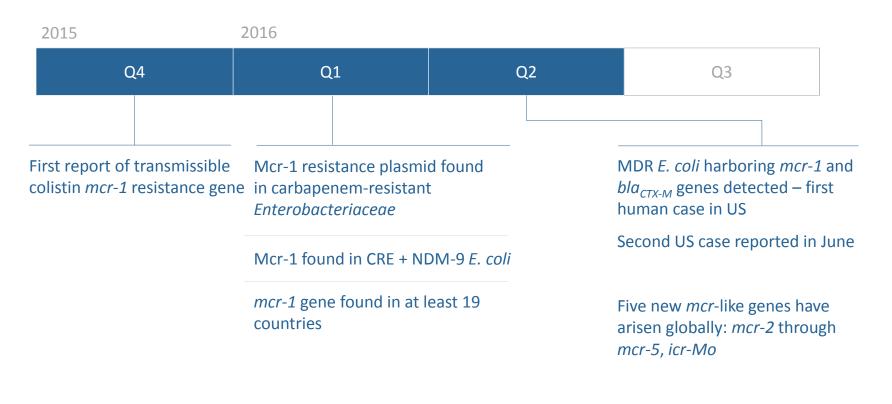
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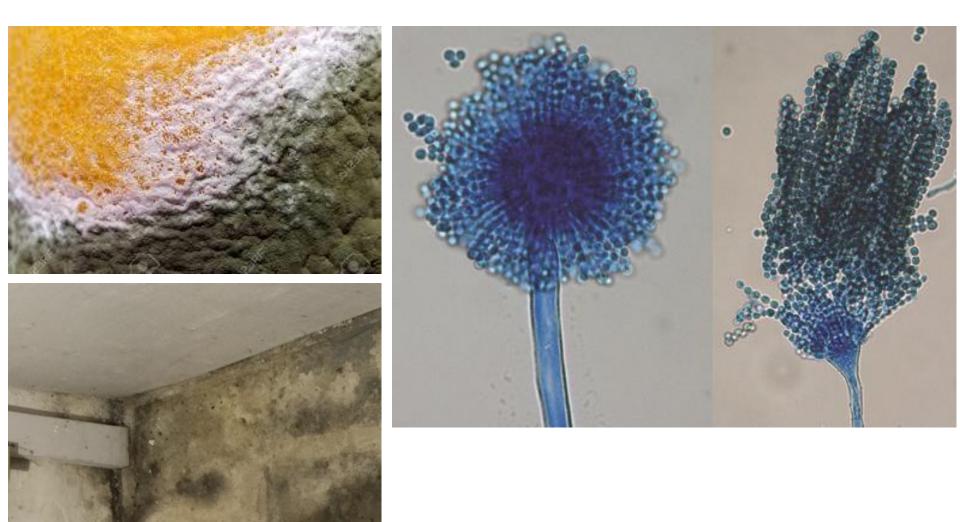
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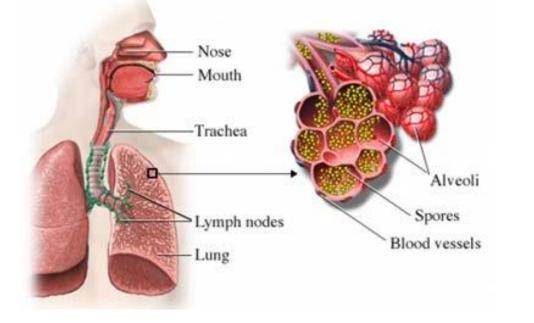
Figure 2: Structure of plasmid pHNSHP45 carrying mcr-1 from Escherichia coli strain SHP45

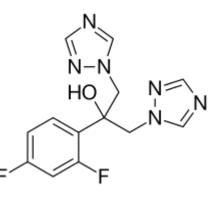
CRE: Our last line of defense is breached



Liu YY et al. Lancet Infect Dis. 2016 Feb;16(2):161-8. Du H Lancet Infect Dis. 2016 Jan 29. Yao X et al. Lancet Infect Dis. 2016 Jan 29, <u>Bloomberg</u>. AAC 2016 May 26 online; doi:10.1128/AAC.01103-16

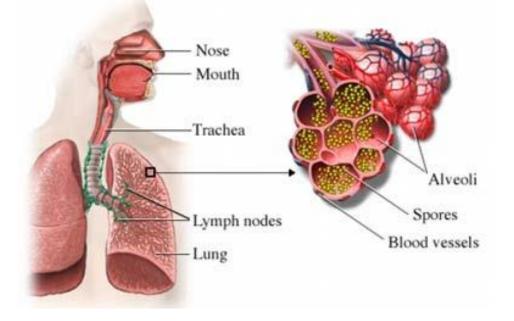


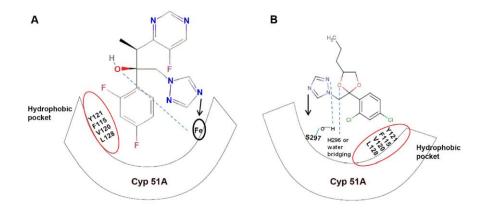


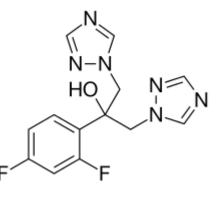


Azole antifungals

Chowdhary Plos Pathogens 2013



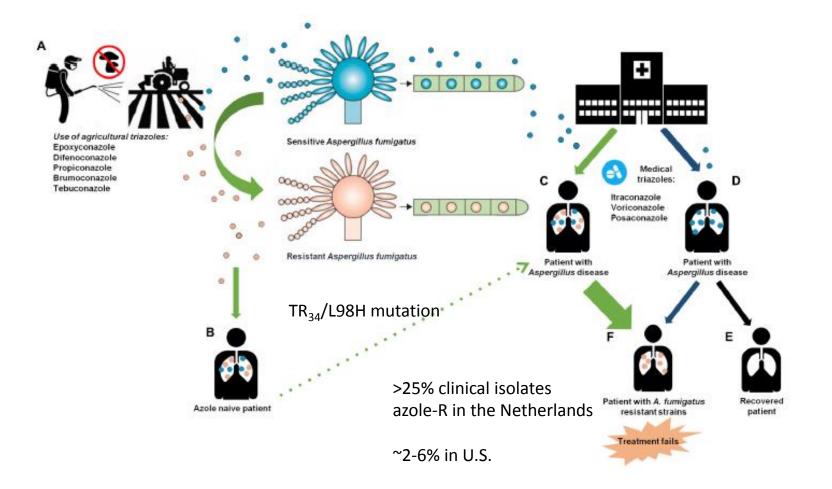




Azole antifungals

Crop protection, wood preservation, fruit and vegetable mildew and rust

Chowdhary Plos Pathogens 2013

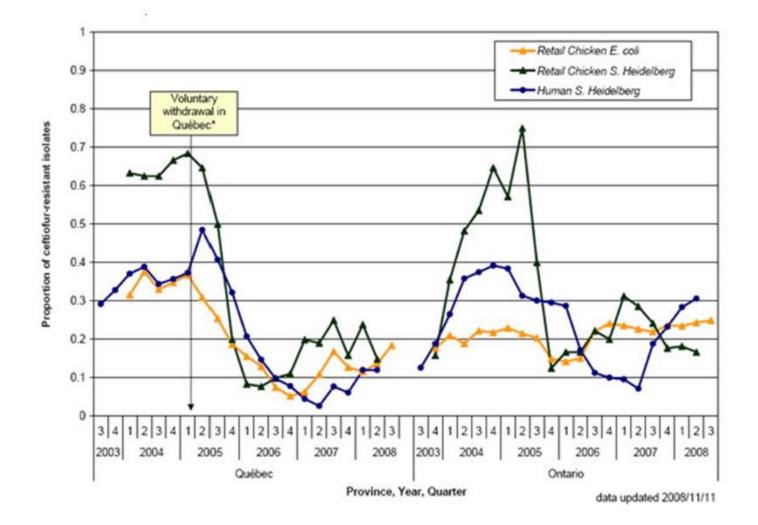


Case Study 3: AMS in the poultry industry

- Ceftiofur was administered to eggs or day-old hatchery chicks as prophylaxis against *E. coli* or egg yolk infections
 - Canadian Integrated Program for Antimicrobial Resistance Surveillance
 - High rates of ceftiofur resistant Salmonellla
 - Ceftriaxone cross-resistance

McEwen, Microbiol Spectrum 2017; CPIARS 2009

Case Study 3: AMS in the poultry industry



Case Study 3: AMS in the poultry industry

- Japan, 2012
 - Voluntary withdrawal of ceftiofur use in hatcheries
 - Decrease in cephalosporin-R *E. coli* in broilers
- Canada, 2014
 - Ceftiofur voluntary ban by Canadian poultry industry <u>http://www.chickenfarms.ca/wjat-we-do/antibiotics/faq/</u>
- Europe
 - Label claim for ceftiofur use in day-old chicks withdrawn
- U.S.
 - Off-label use of 3rd generation cephalosporin banned

- Drug classification
 - Limit use of medically important antibiotics

TABLE 1 Classification of importance of antimicrobial classes for human health and animal health

| Category | Human health (WHO) (<u>42</u>) | Animal health (OIE) (<u>162</u>) |
|----------------------|---|--|
| Critically important | Aminoglycosides Ansamycins Carbapenems and other penems Cephalosporins (3rd and 4th generation) Phosphonic acid derivatives Glycopeptides Glycylcyclines Lipopeptides Macrolides and ketolides Monobactams Oxazolidinones Penicillins (natural, aminopenicillins, and antipseudomonal) Polymyxins Quinolones Drugs used solely to treat tuberculosis or other mycobacterial diseases | Aminoglycosides Amphenicols Cephalosporins (3rd and 4th generation) Macrolides Penicillins (natural, aminopenicillins, aminopenicillins with beta-lactamase inhibitor, antistaphylococcal) Fluoroquinolones Sulfonamides Diaminopyrimidines Tetracyclines |
| Highly important | Amidinopenicillins Amphenicols Cephalosporins (1st and 2nd generation) and cephamycins Lincosamides Penicillins (antistaphylococcal) Pleuromutilins Pseudomonic acids Riminofenazines Steroid antibacterials Streptogramins Suffonamides, dihydrofolate reductase inhibitors, and combinations Tetracyclines | Ansamycin—rifamycins Cephalosporins (1st and 2nd generation) Ionophores Lincosamides Phosphonic acid Pleuromutilins Polymyxins (including bacitracin and other polypeptide 1st-generation quinolones (flumequin, miloxacin, nalidixic acid, oxolinic acid) |
| Important | Aminocyclitols Cyclic polypeptides Nitrofurantoins Nitroimidazoles | Aminocoumarin Arsenical Bicyclomycin Fusidic acid Orthosomycins Ouinoxalines Streptogramins Thiostrepton |

- AMS
 - Align medical, animal, agricultural activities
 - Regulatory
 - Antimicrobials in animal growth promotion
 - Extra-label fluoroquinolone, 3rd generation cephalosporin use in animals
 - Prescription-only antibiotics for veterinary use
- Surveillance and research
- Improved sanitation, hygiene and infection prevention
- New therapeutics, diagnostic tests, vaccines

- Communication, education, and training
 - Views on moral implications of antibiotic use
 - Physicians, Veterinarians
 - Limit inappropriate use and resistance ("do no harm")
 - Poultry industry leaders
 - Responsibility to business and employees
 - Interviews with farmers in India indicated that antibiotics are viewed as vitamins and feed supplements

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 - Poultry industry leaders
 - Responsibility to business and employees
 - Interviews with farmers in India indicated that antibiotics are viewed as vitamins and feed supplements
- Human medicine needs to get its own house in order

Acknowledgments

UPMC AMS and XDR Pathogen Lab VAPHS AMS

UPMC AMS

- M. Hong Nguyen MD (Director)
- Ryan Bariola MD (System AMS)
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- Ryan Shields PharmD
- Erin McCreary PharmD, Rachel Marini PharmD, Tina Khadem PharmD, Greg Eschenauer PharmD, Bonnie Falcione PharmD, Ryan Rivosecchi Pharm D
- Ghady Haidar MD, EJ Kwak MD, Alex Viehman MD
- Lloyd Clarke, Diana Pakstis, Ellen Press

UPMC XDR Pathogen Lab

Binghua Hao PhD, Shaoji Cheng PhD

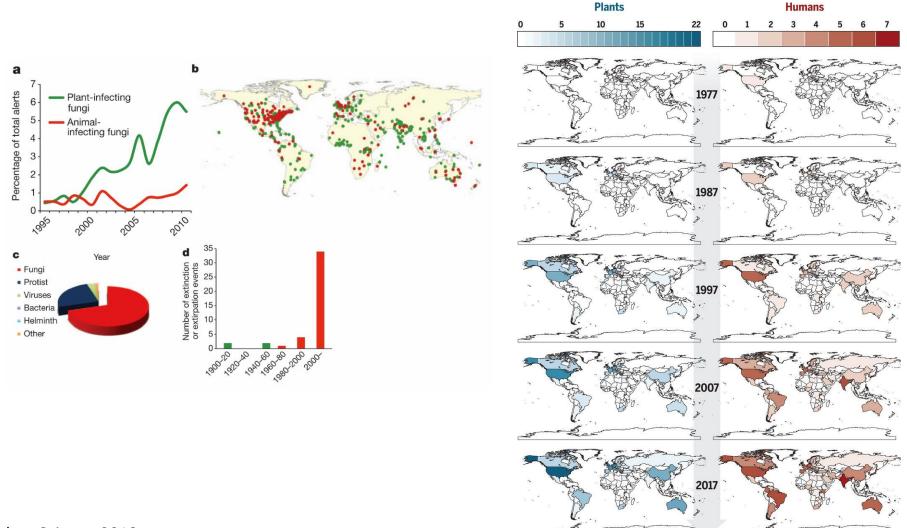
VAPHS AMS

- Brooke Decker MD (Director)
- Deanna Buehrle PharmD
- Jae Hong, MD





Worldwide emergence of fungal disease and antifungal-R



Fisher, Science 2018