

# In vitro activity of cefiderocol and comparators against multi-drug resistant *Acinetobacter baumannii* isolates

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## BACKGROUND

*Acinetobacter baumannii* is an aerobic Gram-negative bacterium which causes facultative hospital infections and in settings like Greece exhibits high resistance rates against most antimicrobial agents<sup>1</sup>. Cefiderocol is a siderophore cephalosporin intended to treat infections due to multi-drug resistant (MDR) Gram negative aerobic bacteria<sup>2</sup>.

## AIM

The aim of our study was to assess the *in vitro* activity of cefiderocol and comparators against multidrug (MDR) resistant *A. baumannii* isolates.

## METHODS

A total of 29 MDR *A. baumannii* strains recovered from clinical samples (23 blood, 2 central line catheters, 2 bronchial aspirates, 1 pus and 1 urine) from January to April 2022 were included in the study. Species identification and antimicrobial susceptibility testing for most comparators were performed with the Vitek®2 automated system (*bioMérieux*, France) except for colistin tested by the broth microdilution method using the ComASP™ Colistin 0.25-16 µg/mL panel (Liofilchem®) and tigecyclin tested by Liofilchem® MIC Test Strips. Cefiderocol MICs were determined via the Liofilchem® MIC Test Strips on Mueller Hinton II Agar (BD™). MIC<sub>50</sub> and MIC<sub>90</sub> were calculated for all antimicrobials and EUCAST 2022 clinical breakpoints<sup>3</sup> were applied wherever applicable. Susceptibility to tigecyclin was interpreted according to the FDA breakpoints and to cefiderocol according to the EUCAST PK/PD breakpoints. *Pseudomonas aeruginosa* ATCC25853 and *Klebsiella pneumoniae* ATCC700603 were used as quality control.

## RESULTS

Cefiderocol MICs ranged from 0.064 to >256 mg/L with the majority of the isolates being susceptible. The comparators had very low to zero susceptibility rates against the tested isolates. MIC<sub>50</sub>, MIC<sub>90</sub>, MIC range and susceptibility rates are displayed analytically on Table 1.

## CONCLUSIONS

Cefiderocol exhibited potent *in vitro* activity against MDR *Acinetobacter baumannii* isolates. It seems to be a valuable option where limited or no therapeutic alternatives are available.

## REFERENCES

- 1)ECDC Surveillance Atlas - Antimicrobial resistance <https://www.ecdc.europa.eu/en/antimicrobial-resistance/surveillance-and-disease-data/data-ecdc>
- 2)Zhanel et al. Cefiderocol: A Siderophore Cephalosporin with Activity Against Carbapenem-Resistant and Multidrug-Resistant Gram-Negative Bacilli. *Drugs*. 2019 Feb;79(3):271-289
- 3)EUCAST Breakpoint tables and dosages v 12.0 (2022) : [https://www.eucast.org/eucast\\_news/news\\_singleview/?tx\\_ttnews%5Btt\\_news%5D=464&cHash=ea8540c0fbdaa71b3bbcb3bf765239de](https://www.eucast.org/eucast_news/news_singleview/?tx_ttnews%5Btt_news%5D=464&cHash=ea8540c0fbdaa71b3bbcb3bf765239de)

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**Table S1.** Antimicrobial activity of cefiderocol and comparators against MDR *A. baumannii* isolates

Antimicrobial agent	MIC <sub>50</sub> (mg/L)	MIC <sub>90</sub> (mg/L)	MIC range (mg/L)	Susceptibility (%) EUCAST/FDA
Cefiderocol	2	>256	0.064->256	69.0
Meropenem	≥16	≥16	≥16-≥16	0.0
Imipenem	≥16	≥16	≥16-≥16	0.0
Colistin	8	>16	0.25->16	34.5
Tigecyclin	4	≥8	0.5-32	18.5
Ciprofloxacin	≥4	≥4	≥4-≥4	0.0
Levofloxacin	≥8	≥8	4-≥8	3.4
Amikacin	≥64	≥64	16-≥64	0.0
Trimethoprim/sulfamethoxazole	≥320	≥320	≥320-≥320	0.0