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Antimicrobial Suscetibility Profiles of Human *Campylobacter jejuni* and *Campylobacter coli* from Argentina: National Surveillance 2007-2012

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BACKGROUND: *C. jejuni* and *C. coli* are one of the main etiologic agents of bacterial diarrhea worldwide. Erythromycin (ERY) and ciprofloxacin (CIP) are the first choice antibiotics (ATB) to treat patients with severe campylobacteriosis. The aim of this work was to study the susceptibility profile of *Campylobacter* spp. of human origin received at the National Reference Laboratory between 2007 and 2010 as part of the "National Surveillance Program of *Campylobacter* spp."

METHODS: 1107 *Campylobacter* spp. isolates: 968 (88%) *C. jejuni* and 131 (12%) *C. coli* were recovered from feces (1097) and blood culture (2), from 14 hospitals and 7 provinces. The age range of the patients was 1 mo - 86 yrs, with 55.3% under 2 yrs. MICs were determined by the agar dilution method (CLSI criteria M7- A9, M45-A2 y M100-S23).

RESULTS: The percentages of resistance (R), MIC₅₀/MIC₉₀ (µg/ml) for the ATB studied were: ERY 3.5 , 1/4; azitromicin (AZI) 3.5, 0.25/0.5; CIP 64.1, 8/32 and tetracyclin (TET) 31.7, 0.25/128. There was no resistant isolates to nitrofurantoin, chloramphenicol and gentamicin. 27% of the isolates showed R to both CIP and TET, 2.4% to CIP, TET and ERY and 0.7% to CIP and ERY. There were no significant differences in R percentages during the period of study. *C. coli* showed higher R levels to ERY (11.6%) than *C. jejuni* (2.98%) ($p \leq 0.001$). TET showed greater variation in the percentages of R between htls (7%-66%). ERY and AZI had the same percentage of R but AZI was 2-3 times more active than ERY.

CONCLUSIONS: Macrolides continues to be the drugs of choice to treat *Campylobacter* spp. Considering the scarce accessibility to susceptibility testing of clinical laboratories, national surveillance is still a fundamental tool to establish the empirical treatment for *Campylobacter* spp.