



# Vancomycin Activity towards *Clostridioides difficile* Over Three Decades in Chicago

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## Background

- In 2017, the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiologist of America (SHEA) updated the *C. difficile* (CD) treatment guidelines recommending vancomycin as the preferred therapy for *C. difficile* infections (CDI).
- Contrary to previous reports, recent data has indicated that the CD vancomycin minimum inhibitory concentration (MIC) have increased.

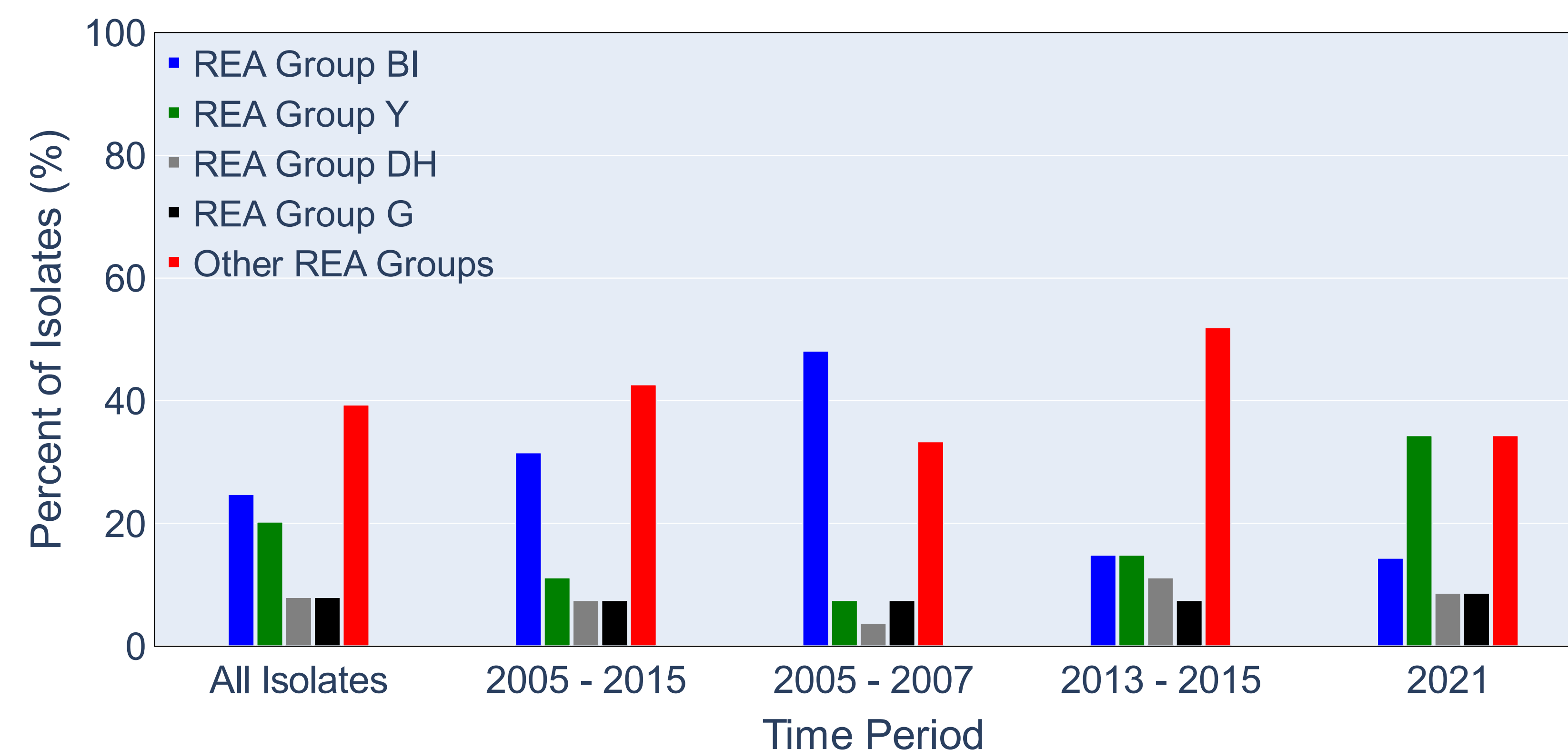
## Objective

- To determine if the vancomycin MIC has increased significantly, we assessed the *in vitro* vancomycin minimum inhibitory concentration (MIC) for clinically relevant CD isolates collected across three decades to determine if there is a notable increase in the vancomycin MIC since these guidelines were published.

## Methods

- We performed antimicrobial agar dilution susceptibility testing on 89 clinically relevant CD isolates collected within Chicagoland area.
- Isolates were selected from 3 separate time periods:
  - 2005 – 2007
  - 2013 – 2015
  - 2021
- Isolates were selected based on the prevalence of restriction endonuclease analysis (REA) strain types within each time period.
- Isolates within each REA group were selected randomly without knowledge of clinical outcome or additional antimicrobial susceptibility data
- Treatment response to vancomycin was reviewed for patients from the 2021 time period to assess clinical outcomes if CD isolates had a vancomycin MIC of  $\geq 16$   $\mu\text{g/ml}$ .

## REA Groups



## Vancomycin MIC per Time Period

	No. Isolates	MIC ( $\mu\text{g/ml}$ )			Resistant Isolates	
		MIC <sub>50</sub> ( $\mu\text{g/ml}$ )	MIC <sub>90</sub> ( $\mu\text{g/ml}$ )	Range ( $\mu\text{g/ml}$ )	Resistant <sup>a</sup> (%)	Highly Resistant <sup>b</sup> (%)
<b>All Isolates</b>	89	2	4	1 - >16	8 (9.0%)	4 (4.5%)
<b>2005 – 2007</b>	27	2	4	2 – 8	2 (7.4%)	0
<b>2013 – 2015</b>	27	2	4	1 – 8	2 (7.4%)	0
<b>2021</b>	35	2	16	2 - >16	4 (11.1%)	4 (11.4%)

a. Vancomycin resistance defined as  $\geq 8$   $\mu\text{g/ml}$  per CLSI m100 epidemiological cutoff

b. Highly resistance defined as  $\geq 16$   $\mu\text{g/ml}$

## Vancomycin MIC per REA Group

REA Group	All Isolates		2005 – 2015		2021		p-value
	No. Isolates	Geometric Mean MIC ( $\mu\text{g/ml}$ )	No. Isolates	Geometric Mean MIC ( $\mu\text{g/ml}$ )	No. Isolates	Geometric Mean MIC ( $\mu\text{g/ml}$ )	
<b>All Isolates</b>	89	2.55	54	2.33	35	2.91	0.06
<b>REA Group BI (RT027)</b>	22 (24.7%)	3.53	17 (31.5%)	2.68	5 (14.3%)	12.13	<0.01
<b>REA Group Y (RT014/020)</b>	18 (20.2%)	2.33	6 (11.1%)	2.34	12 (34.3%)	2.38	0.23
<b>REA Group DH (RT106)</b>	7 (7.8%)	2.21	4 (7.4%)	2.31	3 (8.6%)	2	0.44
<b>REA Group G (RT002)</b>	7 (7.8%)	2	4 (7.4%)	2.31	3 (8.6%)	2	1
<b>Other REA Groups</b>	35 (64.8%)	2.34	23 (42.6%)	2.33	12 (34.3%)	2.38	0.56

## Results

- The *in vitro* vancomycin geometric mean MIC against all 89 CD isolates was 2.53  $\mu\text{g/ml}$  with a MIC<sub>50</sub> of 2  $\mu\text{g/ml}$  and MIC<sub>90</sub> of 4  $\mu\text{g/ml}$ .
- Comparing the 3 timeframes, the geometric mean vancomycin MICs from 2005-2007, 2013-2015, and 2021 were 2.39, 2.27, and 2.91, respectively ( $p=0.11$ ).
- Comparison of the isolates collected from 2005 – 2015 to 2021, the *in vitro* vancomycin geometric mean MICs were 2.33 and 2.91, respectively ( $p = 0.06$ ).
- REA group BI was the most common strain group to have an increased *in vitro* vancomycin MIC within the 2021 cohort as 4 of the 5 isolates tested had a MIC of 16  $\mu\text{g/ml}$ .
- All 4 patients had a resolution of symptoms on vancomycin and two suffered from a recurrent infection within  $\leq 4$  weeks of the vancomycin treated primary infection.

## Conclusion

- The vancomycin MIC against CD has trended upwards slightly over the past 20 years.
- We hypothesize that this increase is due to increased use of oral vancomycin for the treatment of CDI. However, these data indicate that the majority of isolates still have a MIC of  $\leq 4$   $\mu\text{g/ml}$  and an elevated MIC does not appear to impact clinical outcomes.
- Further study is required to determine if this upward trend in vancomycin MIC continues and if this could have any potential clinical implications.

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