



Antibiotic



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Overview



- **O ANTIBIOTICS**
- Antibiotic use in LIVESTOCK and RISKS FOR HUMANS
- **O ANTIBIOTIC RESISTANCE**

definition, origin, evolution, causes and consequences

- MECHANISMS of resistance
 - strategies that bacteria use to resist antibiotics
- TRANSFER of resistant bacteria and genes

What is antibiotic?

Anti = "against" and bios = "life"





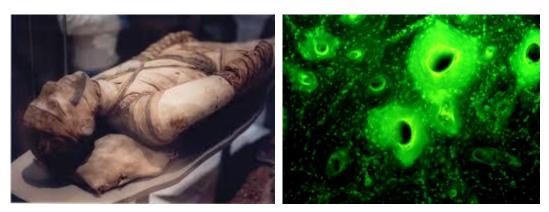
antibiosis – life is used to destroy another life





History of antibiotics

"Natural, synthetic/semisynthetic compound that can inhibit or kill sensitive microbes"

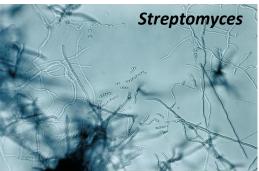


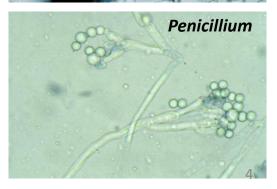
Antibiotics and egyptian mummies (1980, tetracycline, Nubia 550 years B.C.)



"beer" with Streptomycetes and tetracycline



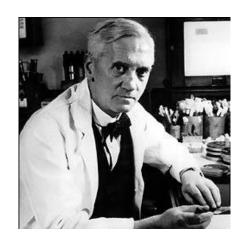




History of antibiotics

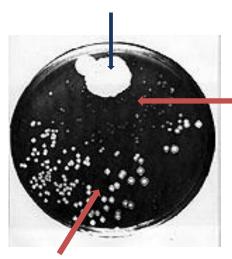
- Penicillin in 1929 Alexander Fleming
- 2nd World War
- Golden era of antibiotics
- 5 150 types used today

Penicillium notatum

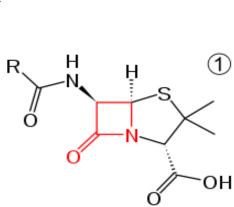


Alexander Fleming (1881-1955)

Staphylococcus aureus



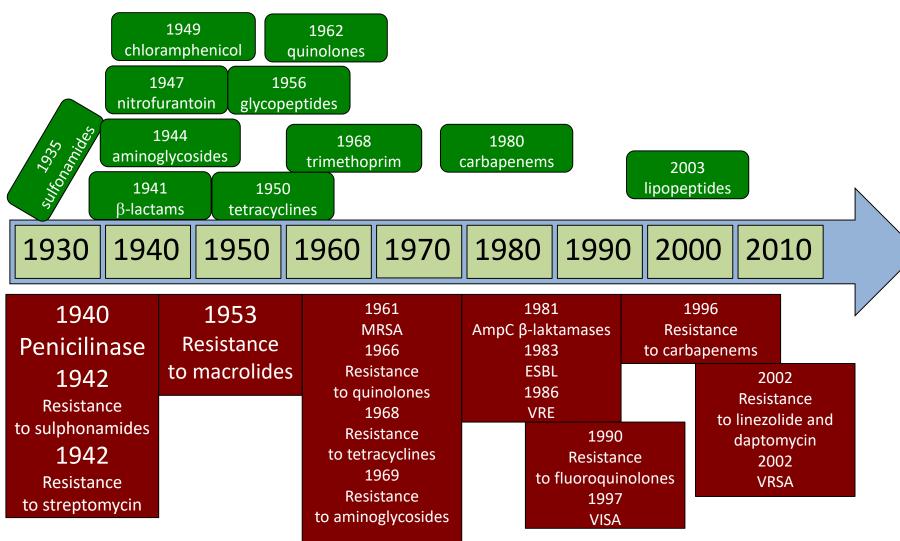
Inhibited colonies of Staphylococcus aureus



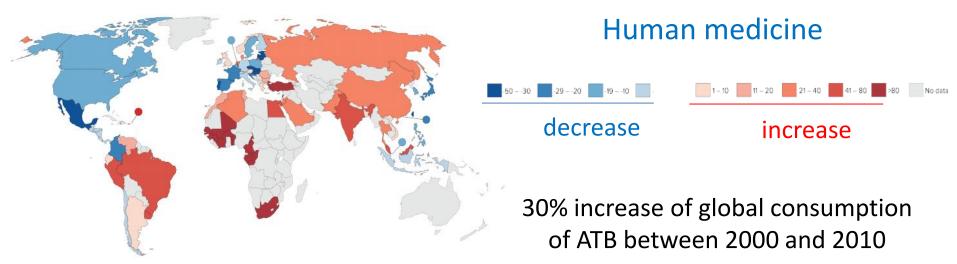
Thanks to PENICILLIN

... He Will Come Home!

Antibiotics and resistance – Timeline

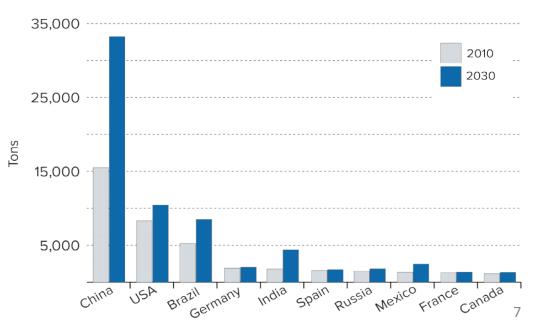


Inscreasing antibiotic use



Farm animals

2010-2030: 67% increase



Antibiotic resistance

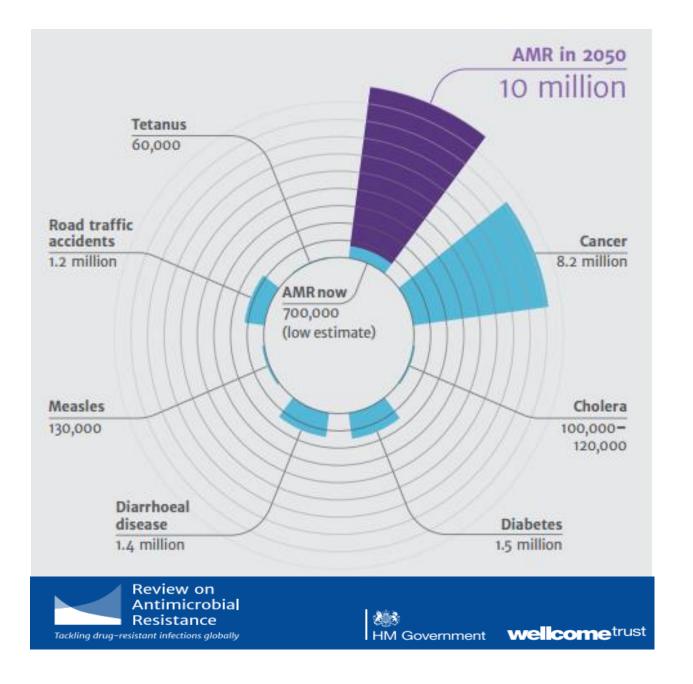
Resistance to antibiotics is the ability of bacteria and other microorganisms to resist the effects of an antibiotic to which they were once sensitive

- Worldwide problem
- Misuse and overuse of antibiotics
- Threatens effective prevention and treatment of infectious diseases
- Increased mortality and morbidity
- Persistence of infections and increased risk of transfer to other individuals
- Economic costs
- Threat for modern society

EUROPE

25 000 death/year from MDR hospital infections

€1.5 billion / year - costs of extra health-care costs and productivity losses

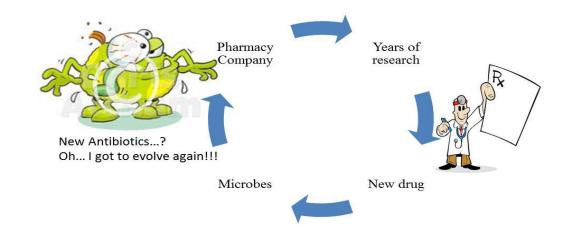


Antibiotic resistance

- Increasing, multiresistance, novel mechanisms
- Absence of effective antibiotics and limited development of novel drugs

teixobactin

 Predictions of a medical catastrophe and return to preantibiotic era

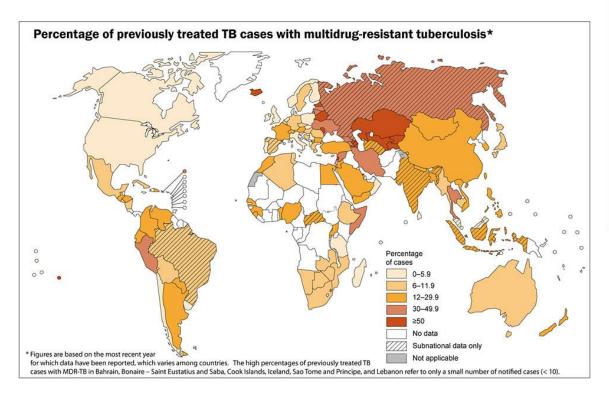


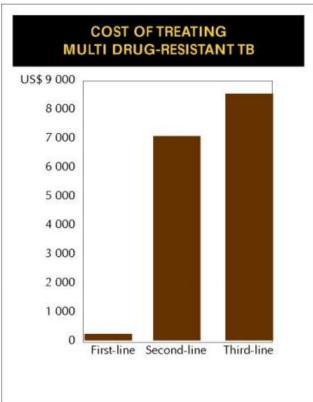
The discovery dates of distinct classes of antibiotics. No new classes Penicillins - 1928 have been discovered 1930 Sulfonamides - 1932 since 1987. 1940 Aminoglycosides | Bacitracin (topical) - 1943 Tetracyclines - 1945 Nitrofurans - 1946 Mmyxins | Phenicols - 1947 Cephalosporins - 1948 1950 Glycopeptides | Nitroimidazoles | Streptogramins - 1953 Cycloserine | Novobiocin - 1955 Rifamycins - 195 Trimethoprim - 1961 1960 Quinolones | Lincosamides | Fusidic acid - 1962 Fosfomycin - 1969 Mupirocin - 1971 1970 Carbapenems - 1976 Oxazolidinones - 1978 Monobactams - 197 1980 Lipopeptides - 1987 1990 2000 **Discovery Void**

Antibiotic resistance - economic burden

Multiresistant Mycobacterium tuberculosis

penicilin \$0.24 linezolid \$86.90 360 x as much





Source: Farmer et al. The Global Impact of Drug Resistant Tuberculosis, Harvard Medical School and Open Society Institute: pp. 168,1999

Hot issues in antimicrobial resistance

Bacteria

HIV

malaria

influenza

WHO priority pathogens list for R&D of new antibiotics

Priority 1: CRITICAL

- · Acinetobacter baumannii, carbapenem-resistant
- · Pseudomonas aeruginosa, carbapenem-resistant
- · Enterobacteriaceae, carbapenem-resistant, ESBL-producing

Priority 2: HIGH

- · Enterococcus faecium, vancomycin-resistant
- · Staphylococcus aureus, methicillin-resistant, vancomycin-intermediate and resistant
- · Helicobacter pylori, clarithromycin-resistant
- · Campylobacter spp., fluoroquinolone-resistant
- · Salmonellae, fluoroquinolone-resistant
- · Neisseria gonorrhoeae, cephalosporin-resistant, fluoroquinolone-resistant

Priority 3: MEDIUM

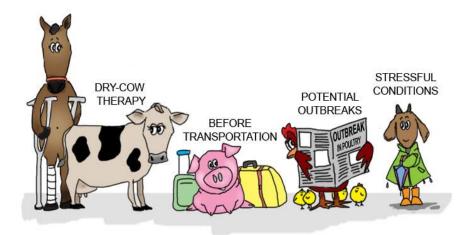
- Streptococcus pneumoniae, penicillin-non-susceptible
- · Haemophilus influenzae, ampicillin-resistant
- · Shigella spp., fluoroquinolone-resistant



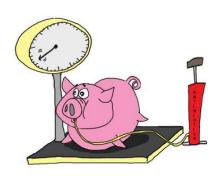
All veterinary antibiotics have they analogues in human medicine – cross-resistance!

Therapeutic – prophylactic - metaphylactic

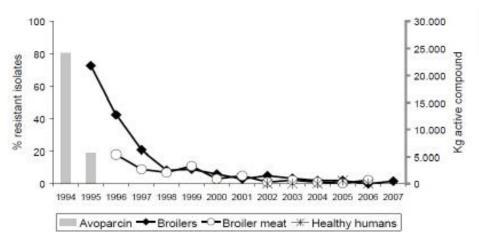
Growth promoters





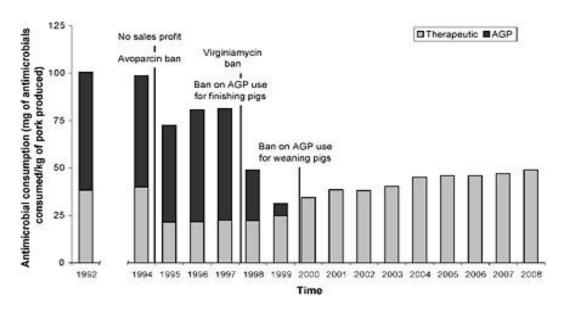


1st January 2006 – no antibiotics as growth promoters in EU



Glycopeptide resistance of Enterococcus faecium in Denmark

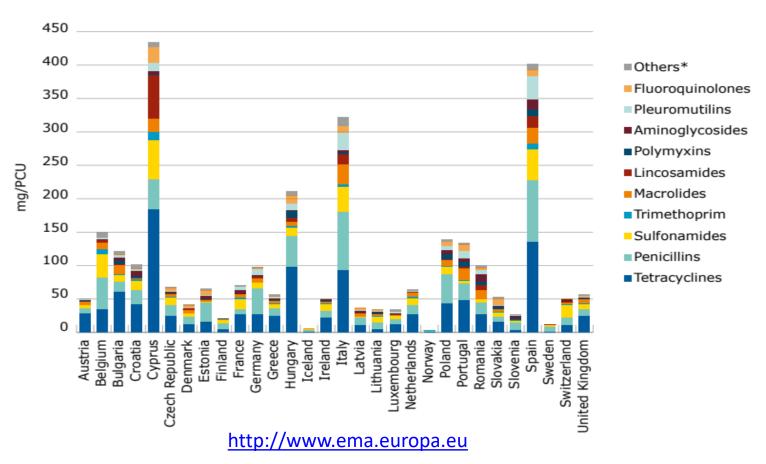
Hammerum A. Emerging Infectious Diseases 2007, 13.



Ban of antibiotic growth promoters and the impact on therapeutic use of antibiotics

Sales of antibiotics for animal use decrease by 13% in Europe between 2011 and 2015

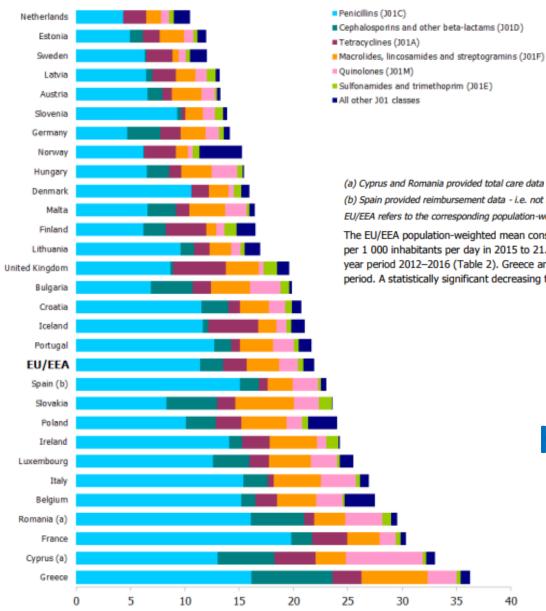
Figure 3. Sales for food-producing species, in mg/PCU, of the various veterinary antimicrobial classes, for 30 European countries, in 2015¹



^{*} Amphenicols, cephalosporins, other quinolones and other antibacterials (classified as such in the ATCvet system).

Differences between countries can be partly explained by differences in animal demographics, in the selection of antimicrobial agents, in dosage regimes, in type of data sources, and veterinarians prescribing habits and prices.

Figure 2. Consumption of antibacterials for systemic use (ATC group J01) and ATC group level 3 in the community, EU/EEA countries, 2016, expressed as DDD per 1 000 inhabitants per day



DDD per 1 000 inhabitants per day

- (a) Cyprus and Romania provided total care data (i.e. including the hospital sector).
- (b) Spain provided reimbursement data i.e. not including consumption without a prescription and other non-reimbursed courses. EU/EEA refers to the corresponding population-weighted mean consumption.

The EU/EEA population-weighted mean consumption of antibacterials for systemic use decreased from 22.4 DDD per 1 000 inhabitants per day in 2015 to 21.9 in 2016, but there was no statistically significant trend for the fiveyear period 2012-2016 (Table 2). Greece and Spain showed a statistically significant increasing trend for this period. A statistically significant decreasing trend was observed for Finland, Luxembourg, Norway and Sweden.

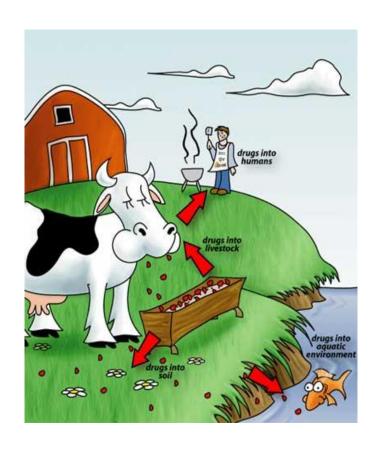
> **Antibiotics in** human medicine

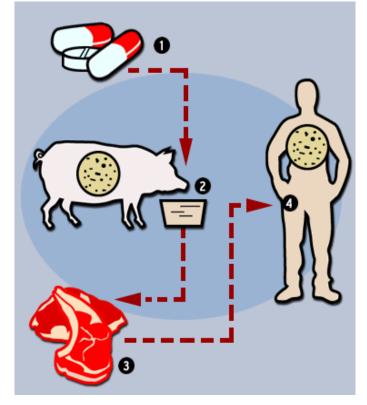
Antibiotics in veterinary medicine – risk for humans

Risk antibiotic groups

fluoroquinolones cephalosporins of 3rd and 4th generation aminoglycosides

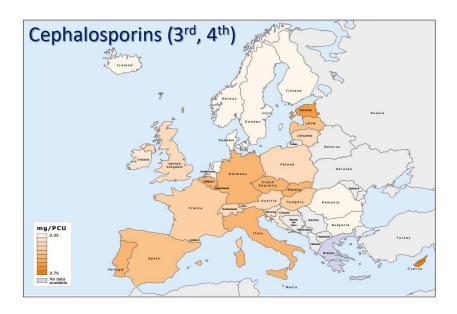
polymyxins

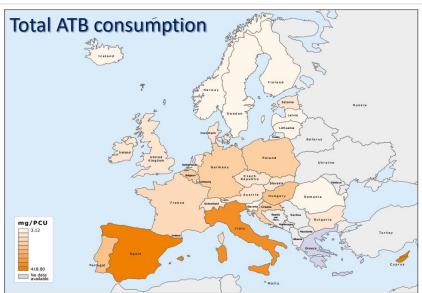




Antibiotics in veterinary medicine





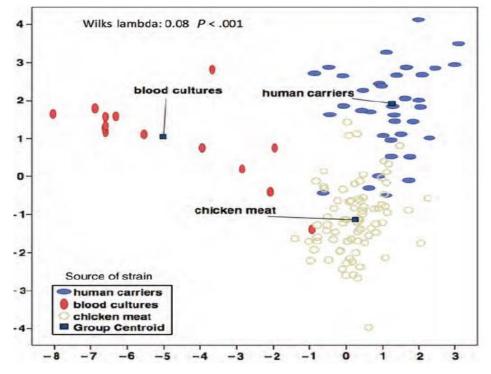




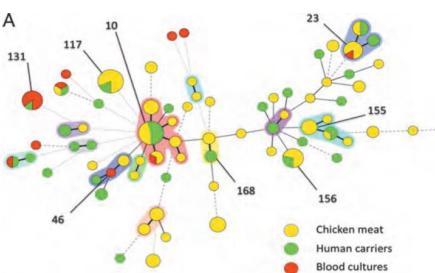
Antibiotics in veterinary medicine – risk for humans

Extended-Spectrum β-Lactamase-Producing *Escherichia coli* From Retail Chicken Meat and Humans: Comparison of Strains, Plasmids, Resistance Genes, and Virulence Factors

Jan A. J. W. Kluytmans,^{1,2,3} Ilse T. M. A. Overdevest,^{1,2} Ina Willemsen,¹ Marjolein F. Q. Kluytmans-van den Bergh,¹ Kim van der Zwaluw,⁴ Max Heck,⁴ Martine Rijnsburger,³ Christina M. J. E. Vandenbroucke-Grauls,³ Paul H. M. Savelkoul,³ Brian D. Johnston,⁵ David Gordon,⁶ and James R. Johnson⁵







Antibiotics in veterinary medicine – risk for humans

Clonal Comparison of Staphylococcus aureus Isolates from Healthy Pig Farmers, Human Controls, and Pigs

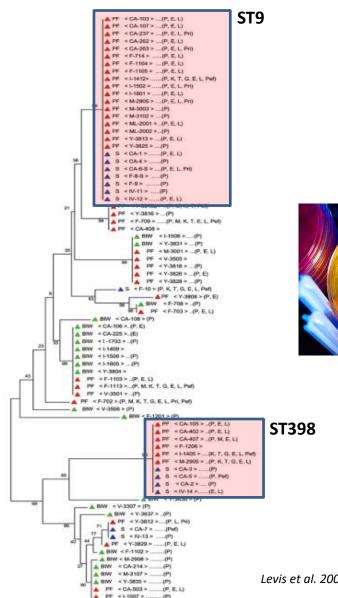
Laurence Armand-Lefevre,* Raymond Ruimy,* and Antoine Andremont*



insurance company workers

pig farm workers

🛕 pigs



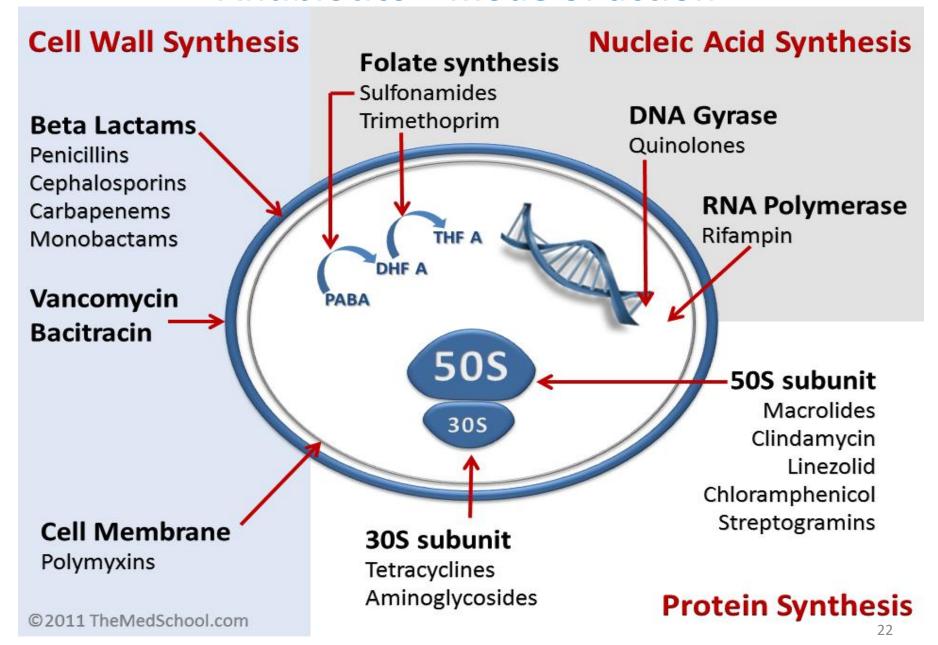
PF < M-2909 > (P)

0.001

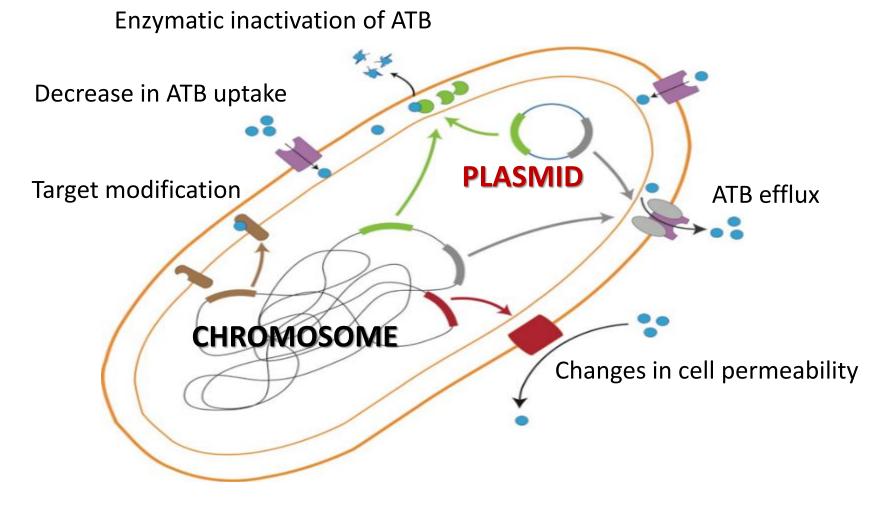


Levis et al. 2005, 2008 Emerging Infectious Diseases

Antibiotics – mode of action

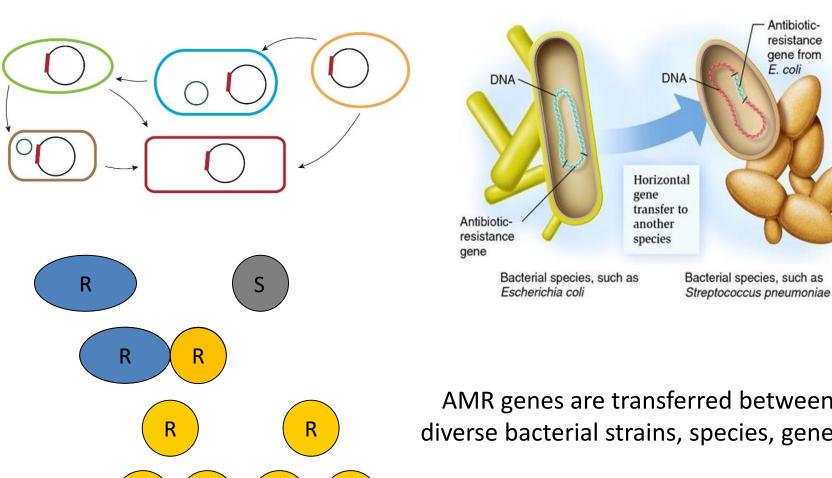


How bacteria become resistant to antibiotics?



ATB, antibiotic

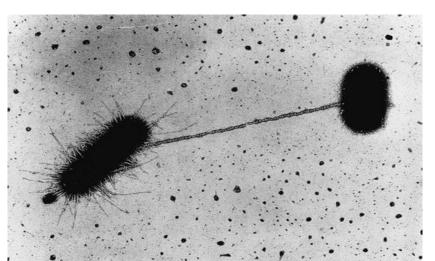
How is AMR disseminated?

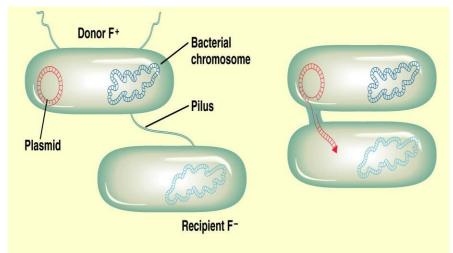


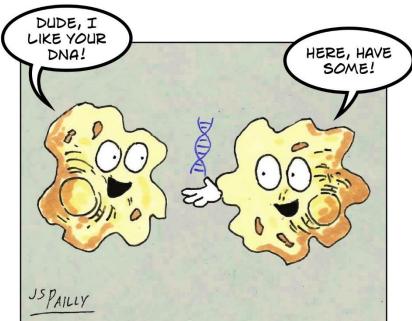
AMR genes are transferred between diverse bacterial strains, species, genera

Antibioticresistance gene from E. coli

How is AMR disseminated?

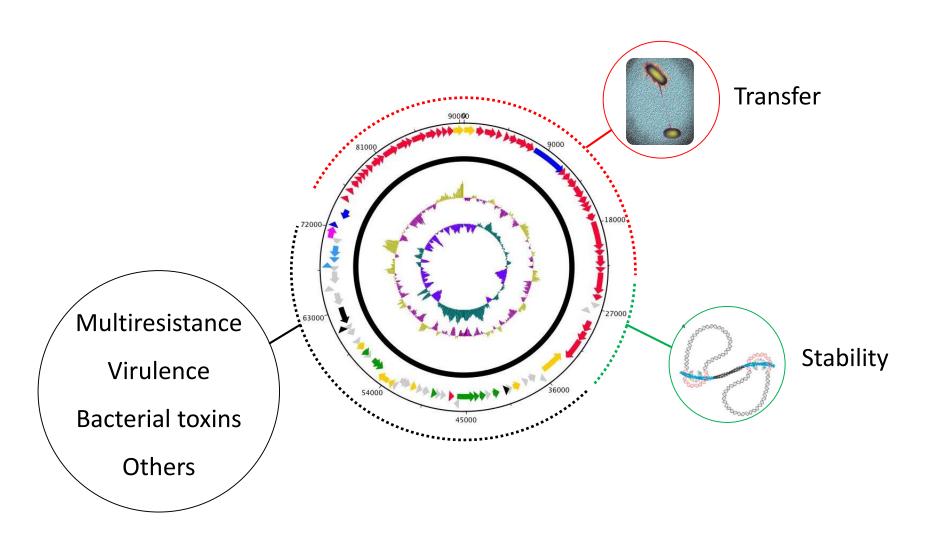




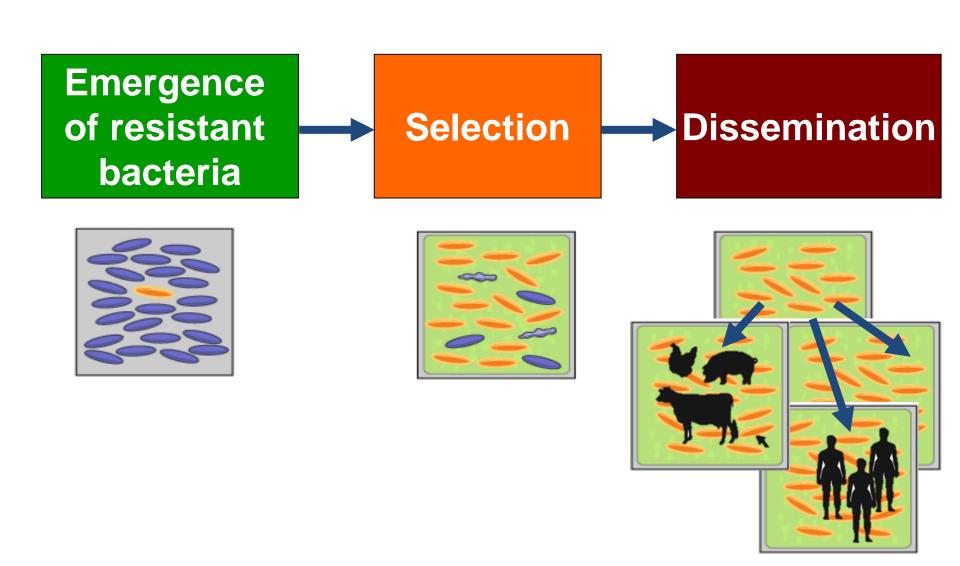


http://leavingbio.net/b25cteria/

Plasmids in dissemination of AMR



3 Steps in antibiotic resistance



Origin of resistant bacteria

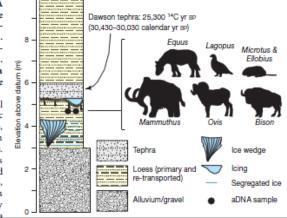
Antibiotic resistance is ancient

Vanessa M. D'Costa^{1,2}*, Christine E. King^{3,4}*, Lindsay Kalan^{1,2}, Mariya Morar^{1,2}, Wilson W. L. Sung⁴, Carsten Schwarz³, Duane Froese⁵, Grant Zazula⁶, Fabrice Calmels⁵, Regis Debruyne⁷, G. Brian Golding⁴, Hendrik N. Poinar^{1,3,4} & Gerard D. Wright^{1,2}

The discovery of antibiotics more than 70 years ago initiated a period of drug innovation and implementation in human and animal health and agriculture. These discoveries were tempered in all cases by the emergence of resistant microbes12. This history has been interpreted to mean that antibiotic resistance in pathogenic bacteria is a modern phenomenon; this view is reinforced by the fact that collections of microbes that predate the antibiotic era are highly susceptible to antibiotics3. Here we report targeted metagenomic analyses of rigorously authenticated ancient DNA from 30,000-year-old Beringian permafrost sediments and the identification of a highly diverse collection of genes encoding resistance to \(\beta\)-lactam, tetracycline and glycopeptide antibiotics. Structure and function studies on the complete vancomycin resistance element VanA confirmed its similarity to modern variants. These results show conclusively that antibiotic resistance is a natural phenomenon that predates the modern selective pressure of clinical antibiotic use.

with high concentrations of Escherichia coli harbouring the gfp (green fluorescent protein) gene from Aequorea victoria (Supplementary Information).

After fracturing of the samples (Supplementary Fig. 3), total DNA was extracted from a series of five subsamples taken along the radius of each core (Supplementary Information). Quantitative polymerase







2. Selection of resistant bacteria

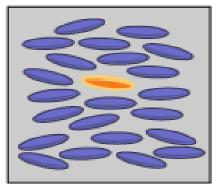


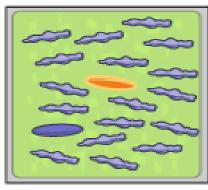
A bunch of bacteria, including a resistant variety...

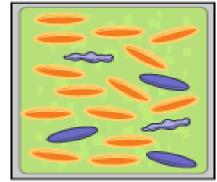
...get bathed in antibiotics, Most of the normal bacteria die.

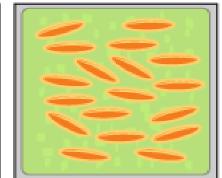
The resistant bacteria multiply and become more common.

Eventually, the entire infection evolves into a resistant strain.









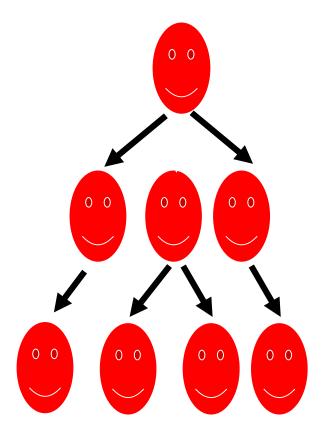
normal bacterium resistant bacterium



dead bacterium

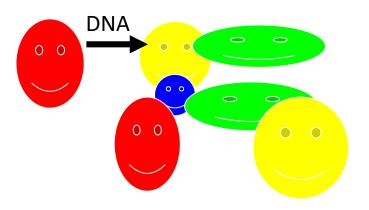
3. Dissemination of resistant bacteria

Clonal dissemination



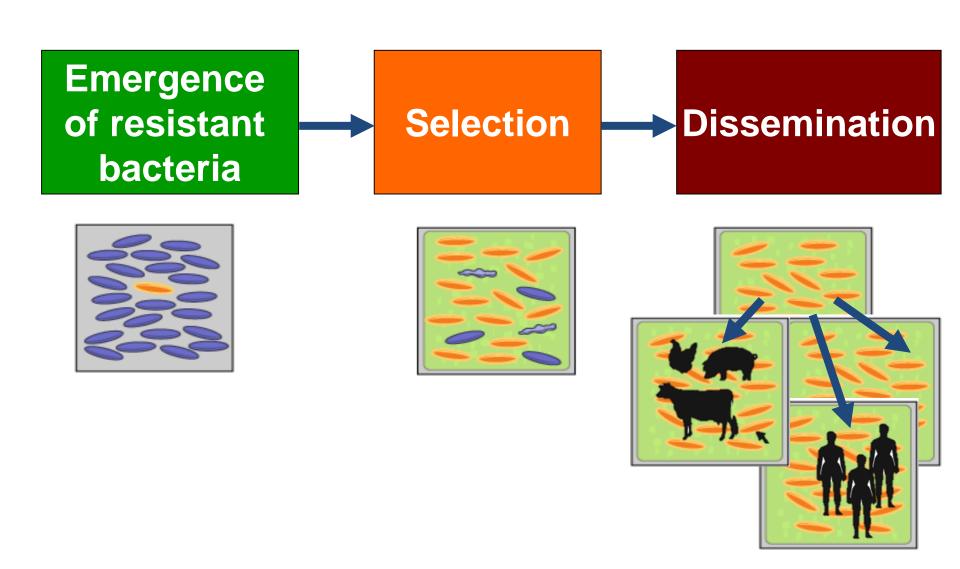
→ Successful bacterial lineages

Horizontal transfer of genetic information

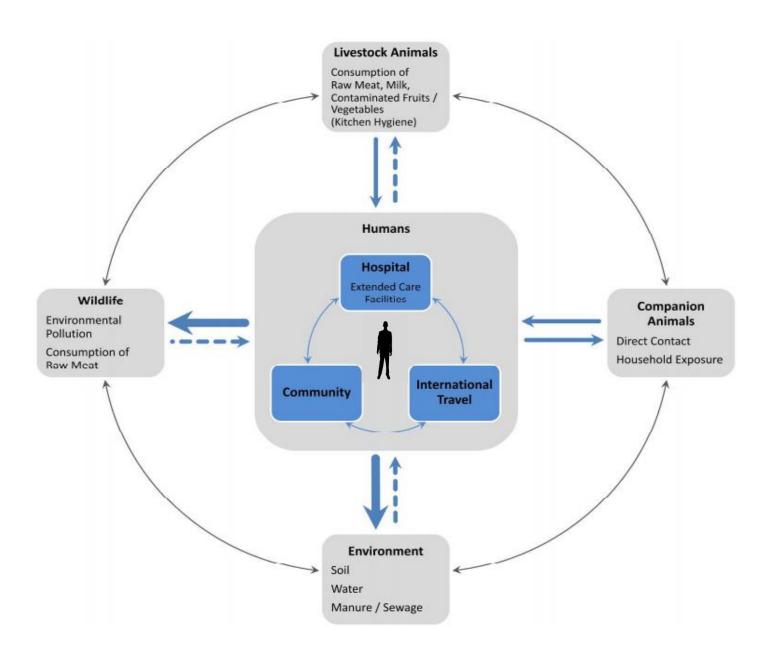


→ Successful resistance genes

3 Steps in antibiotic resistance



Transfer of resistant bacteria



To conclude...

- Misuse, overuse, under/inadequate use of antimicrobials
- Costs money and lives
- Threat to global stability and national security
- Antibiotic resistant bacteria are found everywhere
- Increasing resistance and multiresistance
- Emergence and worldwide transmission of multiresistant clones
- Dissemination accelerated by gene transfer



To conclude...

- Antibiotic policy
- National and international programs to combat resistance
- Hygiene and infection control strategies
- Novel antibiotics
- Alternative treatment methods

