lates were found to be 23.3% (41/176) and intermediate resistance rate was 14.2% (25/176) for oral penicillin. Penicillin susceptibility testing, yielded a 43% overall resistance to penicillin with 42.3% of strains isolated from CSF(meningitis), and only 0.7% in other samples. Resistance to cefotaxime which were isolated from CSF was 3.8% and from non-meningitis was 2%. Erythromycin resistance was detected as 25%. No resistance was detected to moxifloxacin. The most common S.pneumoniae serotypes were determined as serotype 3(13.6%), 19A(9.1%), 19F(8%) and 6B(5.1%). Serotypes 19A and 19F exibited higher rates of penicilin and erythromycin resistance. The coverage rate for 13-valent conjugated vaccine is 49.4%.

Conclusion: Vaccination with 13-valent conjugated vaccine seems to be appropriate for adults in our country.

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Detection and identification of carbapenemase types in enterobacteriaceae isolates from blood cultures

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Background: The emergence of carbapenem resistance has been increasingly reported amongst Enterobacteriaceae and represents a major clinical concern. In this study we aim to determine carbapenemase existance and types in carbapenem resistant *Enterobacteriaceae* isolates from blood cultures.

Methods & Materials: We studied *Enterobacteriaceae* strains isolated from blood cultures in the Cerrahpasa Faculty of Medicine, medical microbiology laboratories during the 12 month period from March 2011 to May 2012. Antibiotic susceptibilities were determined by the disk diffusion method according to the CLSI guidelines. All isolates that showed an inhibition zone of < 23 mm to ertapenem disk get further investigation. The MICs of ertapenem, imipenem, meropenem were determined using E-test strips. PCR and sequencing were used to determine the for the VIM, IMP, KPC, OXA-48 and NDM encoding genes.

Results: Reduced susceptibility to ertapenem detected using disk diffusion in total 37 isolates. Among these bacteria, MIC_{90} values for ertapenem, imipenem, meropenem were > 32 µg/ml. bla OXA-48 was detected in 19 of 26 isolates of *Klebsiella* spp., 2 of 7 isolates of *Escherichia coli*, 3 of 4 isolates of *Enterobacter* spp. and VIM-5 was found in one *Klebsiella* spp. isolate. No IMP, NDM and KPC encoding genes were found among the isolates.

Conclusion: In conclusion, ertapenem disk diffusion test appears to have the highest sensitivity for screening. In our study, OXA-48 accounted for the most frequent carbapenemase-encoding gene. OXA-48 type carbapenemases are highly prevalent in our hospital setting. Determination of enzymes leading to carbapenem resistance in local and country level and providing epidemiological data contribute to rational use of carbapenemases used for life-threatening infections.

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Genetic detection of β -lactamase genes in *Klebsiella pneumoniae* and *Escherichia coli* isolates from wastewater



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Background: ESBLs are enzymes responsible for bacterial resistance to penicillins, aztreonam and cephalosporins and have been detected in several members of the *Enterobacteriaceae* family, commonly in *Klebsiella pneumoniae* and *Escherichia coli*. Both bacteria are commensals but are also opportunistic pathogens. Resistant bacteria are commonly found in wastewater treatment plants (WWTPs), where if decontamination fails, resistant bacteria may spread into the environment. The aim was to identify β -lactamases from resistant *K. pneumoniae* and *E. coli* isolated from wastewater samples.

Methods & Materials: Wastewater was collected in winter from three WWTPs. Samples were cultured on chromID ESBL media plates and colonies were identified using the MALDI-TOF MS system. Antibiotic susceptibility profiles were determined for confirmed isolates using the VITEK®2 automated system. Genomic DNA was extracted from the isolates and used in PCR assays.

Results: A total of six *K. pneumoniae* and 38 *E. coli* were identified from the influent and anaerobic zones of the WWTPs and had the ESBL-producing profile according to the MALDI-TOF MS and the VITEK®2 systems, respectively. For the *K. pneumoniae* isolates, 100% (6/6), 67% (4/6), 100% (6/6), 83% (5/6) and 67% (4/6) were positive for TEM, SHV, CTX-M group I, OXA-1-like and OXA-48-like detection, respectively. For the *E. coli* isolates, 100% (38/38), 21% (8/38), 79% (30/38), 13% (5/38), 37% (14/38), 55% (21/38) and 63% (24/38) were positive for TEM, SHV, CTX-M group I, CTX-M group III, CTX-M group IV, OXA-1-like and OXA-48-like detection, respectively. One isolate was positive for CTX-M group I and group III co-detection, while two isolates were positive for CTX-M group III and group IV co-detection. All isolates were negative for KPC and NDM.

Conclusion: Although several ESBL-producing *K. pneumoniae* and *E. coli* isolates were identified harbouring various β -lactamase genes, no isolates were identified from the effluent zones of the WWTPs, suggesting a functional system; however, a glitch in the treatment process may present a dissemination route of antibiotic resistant bacteria from WWTPs to the environment. Any dissemination route is worrisome as this will threaten public safety especially in cases where immunocompromised individuals may use the potentially infected water.

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