Background

• Antimicrobial resistance rates in the major pathogens of community-acquired lower respiratory tract infection in the UK and Ireland, monitored by the BSAC Respiratory Resistance Surveillance Programme, have been quite stable from 1999/2000 to 2007/08 and are generally low by European standards.

• Hospital-acquired lower respiratory infections are also an important source of morbidity, are associated with substantial mortality, and are caused by a wider range of pathogens harbouring more diverse resistance mechanisms.

• From October 2008, BSAC surveillance has been extended to include hospital-acquired lower respiratory pathogens.

Methods

• Hospital-acquired isolates are defined as those first obtained in hospital >48 hours after admission; all others are treated as community-acquired.

• Over 20 laboratories collect up to a defined quota of isolates in each surveillance season, now Oct-Sept (previously Oct-April).

• The table shows the organisms collected, their planned total number, and the tests to be performed.

• After central identification of Enterobacteriaceae, only Escherichia coli, Klebsiella spp. and Enterobacter spp. are tested and reported. (Collecting laboratories do not routinely identify these organisms to species level.)

• MICs are measured and interpreted by BSAC methods.

• Detail: www.bsacsurv.org or JAC, 2008. 62, suppl 2 ii15 - ii28

Summary

• The greater diversity of hospital pathogens and the resistance burden they entail demands continuous development in the clinical approach to infections caused by these often difficult-to-treat organisms.

• The extension of BSAC surveillance to hospital-acquired lower respiratory tract infections will provide essential information on antimicrobial resistance in a critical therapeutic area.