

034

MULTIDRUG-RESISTANT PSEUDOMONAS AERUGINOSA: ASSOCIATED EPIDEMIOLOGIC TRENDS AND CLINICAL RISK FACTORS (A1), Rachel Ngo, Meganne Kanatani. Ronald Reagan UCLA Medical Center, Los Angeles, CA (rngo@mednet.ucla.edu) IRB Approval pending.

Pseudomonas aeruginosa (PA) represents a major cause of serious hospital-acquired infections. Of concern is the emergence of multidrug-resistant PA (MDRPA), which has been associated with several risk factors, including prior exposure to antibiotics, immunocompromised state, and prolonged hospitalization. The purpose of this study was to determine the incidence of MDRPA at the Ronald Reagan University of California, Los Angeles Medical Center (RRUCLAMC) and identify potential risk factors. Between January 2002 and December 2008, all patients with positive blood isolates for PA and their associated susceptibilities were retrospectively identified. Isolates demonstrating intermediate or resistant susceptibilities according to the Clinical and Laboratory Standards Institute interpretive criteria were considered resistant. PA strains resistant to ≥ 3 classes of anti-pseudomonal antibiotics (beta-lactams, fluoroquinolones, carbapenems, and/or aminoglycosides) were classified as MDRPA. Over this 7-year period, two hundred ninety-one PA blood isolates were identified, of which 74 were MDRPA. Antimicrobial utilization increased in

three of the four major classes listed. Carbapenem and anti-pseudomonal beta-lactam utilization increased by over 100%, while fluoroquinolone use remained relatively unchanged. Aminoglycoside utilization increased the most by over 300%. Other results and conclusion will be presented.