

La comisión de Epidemiología de la RSCMV , tiene el honor de felicitar al Dr:

La Comisión de Epidemiología de la RSCMV, se complace en felicitar al Dr. Manuel A. Guzmán Blanco, especialista en medicina interna y enfermedades infecciosas, pionero en la vigilancia de la resistencia bacteriana en Venezuela, por sus declaraciones que fueron citadas de manera destacada en "Infections Diseases News" de April 2010, en relación al trabajo "MRSA in Latin America: special considerations" (#66.004) Este trabajo fue presentado recientemente en el "14th International Congress on Infectious Diseases" ; realizado en Miami, del 9 al 12 de Marzo de 2010.

El Dr Manuel Guzmán, goza de la más alta estima en la comunidad científica venezolana, de sus colegas, alumnos, amigos y sobre todo, de sus pacientes,.

Reiteramos una vez más nuestras felicitaciones al distinguido colega.

Puede revisar dicho trabajo en archivo anexo.

Comisión de Epidemiología
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<http://www.infectiousdiseaseneeds.com/article.aspx?id=62060>

<http://www.x-cd.com/isidmain2010/searchresults.html?searchField=66.004+&FormsButton1=Go&srcriteria=any>

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MRSA in Latin America: special considerations

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Until the year 2000, epidemiological surveillance in Latin America was conducted in only a few countries, including Venezuela and Argentina. Since then, with the support of the Pan American Health Organization (PAHO), a network for surveillance of bacterial resistance has been organized, which includes the majority of Latin American countries: the Monitoring/Surveillance Network for Resistance to Antibiotics.

Criteria for admission of surveillance centers to the network include concepts of standardization, quality control, supervision visits and regular data reporting. Results are published each year on the PAHO web site (www.paho.org). The data are collected during the daily work of selected laboratories in the region, with strong support from national and regional reference laboratories.

The Resistance Group of the Panamerican Infectious Diseases Association, under the leadership of Dr. Jose Maria Casellas has kept surveillance on the incidence of MRSA and updated reports are published on the API journal.

The methodology used for definition of a given strain as MRSA is different in each country. Some countries work with the Bauer and Kirby method using the oxacillin or cefoxitin disks, and others use automated methods like VITEK 1 or 2 (bioMérieux) and/or MicroScan (Dade Behring).

Confirmation tests such as the methicillin screen plate test are not widely used. The high cost of E-test strips does not permit their routine use in laboratories in the region, and rapid methods of *mecA* gene detection are not available for the majority of laboratories. Molecular analysis of MRSA strains is restricted to some centers in Brazil, Argentina, Chile, Mexico and Colombia. In cases of nosocomial outbreaks, the identity of MRSA strains is usually assumed from the phenotypic pattern of antibiotic resistance.

Nosocomial, multidrug-resistant MRSA is a growing problem in Latin America. Information gathered by the PAHO-sponsored program on nosocomial infections demonstrated that for the year 2004, MRSA prevalence was as follows: Argentina, 42% (n=5851 isolates); Bolivia, 36% (n=1167); Chile, 80% (n=246); Colombia, 47% (n=4214); Costa Rica, 58% (n=674); Cuba, 6% (n=80); Ecuador, 25% (n=1363); Guatemala, 64% (n=1483); Honduras, 12% (n=393); Mexico, 52% (n=497); Nicaragua, 20% (n=296); Paraguay, 44% (n=980); Peru, 80% (n=1407); Uruguay, 59% (n=1431) and Venezuela, 25% (n=2114).

Similarly, data submitted to the Pan-American Association of Infectious Diseases for the year 2006 showed the following rates of HA-MRSA: Argentina 51%; Bolivia 55%; Brazil 54%; Chile 29%; Ecuador 25%; Mexico 32%; Panama 28%; Paraguay 30%; Uruguay 24%; and Venezuela 27%

The first published report of CA-MRSA infections in Latin America came from Brazil , where three well characterized strains, isolated from patients with SSTIs or septic arthritis in 2003, harbored SCCmec typeIV, PVL, enterotoxin and #-hemolysin genes. A further report followed of a large outbreak of CA-MRSA infection that affected inmates in jails and people from the community in Montevideo, Uruguay, beginning in January 2002 . At the end of the outbreak, more than 1000 patients had been affected and 12 deaths had occurred. SSTIs accounted for more than 65% of the cases, but severe forms of pneumonia were reported, including 4 deaths. In this outbreak, TMP-SMX was very active in the treatment of skin infections .

Since those first reports, MRSA has been identified as the cause of community-acquired infections in several more countries across South America. In Lima, 27% resistance to methicillin was reported in isolates collected from 30 community-acquired infections in 2002 . Two cases of SSTI caused by CA-MRSA strains were reported from Bogotá in 2006 , and a report from the Colombian network of resistance surveillance showed an increase in CA-MRSA from 1% of *S. aureus* isolates in 2001 to 5.4% in 2006 [21].

The PAHO program has also included surveillance of community-acquired MRSA infections since 2005, and in Venezuela, 12.4% of 845 isolates of *S. aureus* from the community were resistant to oxacillin . However, no clinical information is available for these cases. A few isolated cases of CA-MRSA infection have been reported in Chile, but some of these were in people returning from cities in Uruguay or Brazil with a high incidence of MRSA .

MRSA is an increasing problem in Latin America, both in the healthcare environment and in the community.

In nosocomial *S. aureus* infections, the frequency of methicillin resistance has surpassed 50% in over half of the Latin American countries for which data were identified . Community-acquired-MRSA has been reported

in Latin America and even though large outbreaks such as the one that occurred in Uruguay – causing 12 deaths – have not been reported elsewhere, this example highlights the problem. Surveillance programs are only recently beginning to record CA-MRSA, and the true incidence of MRSA in the community is still largely unknown in the region.

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