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<th>Risk factors for infection or colonization by levofloxacin-resistant Streptococcus pneumoniae in Hong Kong</th>
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ABSTRACTS OF THE IDSA 38th ANNUAL MEETING

160 Safety and Effectiveness Comparisons of Clarithromycin Extended Release with Troleftaxol in Community-Acquired Pneumonia

WILLIAM N SOKOL, JAMES G BULLMAN, MATTHEW D ACAMPOARA, JAMES DRENC, TODD BUXMAN, and GERARD F NOTARIO, Abbott Lab, Abbott Park, IL, Health Research Inst., Newport Beach, CA, Meltonia Medical Research Inst., Charlotte, NC, and Parkway Medical Ctr, Birmingham, AL.

Background: Community-acquired pneumonia (CAP) is the sixth leading cause of death in the U.S. The objective of this study was to compare the safety and effectiveness of clarithromycin extended release (CLA ER) and troleifaxol in the treatment of community-acquired pneumonia (CAP). Methods: A double-blind, randomized, parallel-group, multicenter study in adult patients with CAP who received either CLA ER, 1000 mg QD for 7 days (n=89), or TROLEX 250 mg QD for 7 days (n=86). Safety evaluations were done up to Day of Cure Visit (DOS 14-21). Safety was assessed by clinical examination, laboratory tests, and vital signs. The investigator's opinion of the severity of all adverse events was made by the investigator. There were no statistically significant differences between CLA ER and TROLEX groups in the clinical care rates, bacteriological care rates, pathogen eradication rates, and radiographic improvement rates in the clinically and bacteriologically evaluable populations of patients. Conclusions: CLA ER was comparable to TROLEX in treating patients with CAP. Both treatments were effective in resolving the signs and symptoms of CAP. Side effects were mild and tolerable by the patients with CAP.

170 Community Acquired Pneumonia: Changing Practice Over 5 Years and Role of Levofloxacin

ROBERT A DONOCA, PAMELA J TIBURSON, GEORGE B BADER, RYELYN JACOBSON, LINDA SWEENEY, and JOHN ATKINS, Lifeshot, Cranston, RI, and Brown Medical School, Providence, RI.

Introduction: We retrospectively evaluated patterns of prescribing for community-acquired pneumonia (CAP) over a five-year period and analyzed changes in diagnosis, duration, and antibiotic prescribing patterns (ABP). Methods: We reviewed medical records of patients (n=31) with CAP (ICD-9 480-488) discharged from 1/1995 to 9/1996. The diagnosis of CAP was confirmed by chest x-ray and medical history. The primary outcome measures were duration of therapy (days), change in prescribing practices (improvement or deterioration), and duration of hospital stay (days). Results: The mean duration of therapy was 10 days (SD=1.5), with a range of 7-14 days. The change in prescribing practices was significant (p<0.05) for all outcome measures. Conclusions: The duration of therapy decreased significantly (p<0.05) over the five-year period. The change in prescribing practices was significant for all outcome measures.

171 Levofloxacin in the Treatment of Community-Acquired Pneumonia Due to Penicillin-Resistant and -Susceptible Pneumococci and Other Pathogens

JAMES E KAHN, BARBARA A WIESINGER, JO-ANN SCOTT-MARSHALL, and WILLIAM H H CLENDEN, Ortho-McNeil-Pharmaceutical, Raritan, NJ.

Streptococcus pneumoniae remains the most common cause of community-acquired pneumonia (CAP) and is responsible for substantial morbidity and mortality. Widespread concern about drug-resistant pneumococci has prompted clinicians to seek other therapeutic options for CAP. Our recent experience suggests that levofloxacin may have an important role in the antibiotic regimen. Patients with CAP were enrolled in this study. Levofloxacin 500 mg qd iv or oral was selected as the control regimen. Conclusions: Levofloxacin 500 mg qd iv or oral was selected as the control regimen. The results of this study confirm the importance of levofloxacin (500 mg qd iv or oral) in the treatment of community-acquired pneumonia associated with drug-resistant pneumococci.

172 Risk Factors for Infection or Colonization by levofloxacin-resistant Staphylococcus pneumoniae in Hong Kong

PAI-LEUNG BU, CLINTY WS TSE, WAI-HING CHAN, TZE-KIN KUSOK, TAI-KEUNG NG, CHENG WAI-CHEE, ROBERT H T LAU, and the Mragent Hong Kong, Hong Kong, Hong Kong, Hong Kong, Hong Kong, Hong Kong, Hong Kong, Hong Kong, and Yen Chun Hospital, Hong Kong.

Background: The rate of levofloxacin-resistant Staphylococcus pneumoniae (LRSP) was found to increase from 0.3% in 1995 to 5.9% in 1998 in Hong Kong. Objectives: To assess factors contributing to the epidemic spread of LRSP colonization/ infection. A case control study was conducted to identify and quantify potential risk factors associated with LRSP colonization/ infection. A case was defined as a patient who was admitted to one of the three hospitals during the period of 1 July 1998 to 30 September 1999, and was either clinically infected or colonized by LRSP. The controls were matched cases with similar demographic profiles.

Duration of Hospital Stay

3 Days to 4-6 Weeks

7 Days or More

No

Yes

0.001

5.01

0.03

0.1

0.003

0.02

0.01

0.001

Risk factors for infection or colonization by levofloxacin-resistant Staphylococcus pneumoniae in Hong Kong