

Beta-lactam antibiotics

Penicillins

Target - Cell wall - interfere with cross linking
Actively growing cells

Bind to **Penicillin Binding Proteins**

Enzymes involved in cell wall synthesis

Activity of an Antibiotic

Affinity for target

Permeability properties
(ability to get to the target)

Stability to bacterial enzymatic degradation

Bacterial modifications:

- 1 – Mutate target - ? More than one protein
Importance of the target –
? Essential
2. Permeability – Size/charge considerations
? Substrate for an efflux pump
3. Selection for mutants that destroy the antibiotic

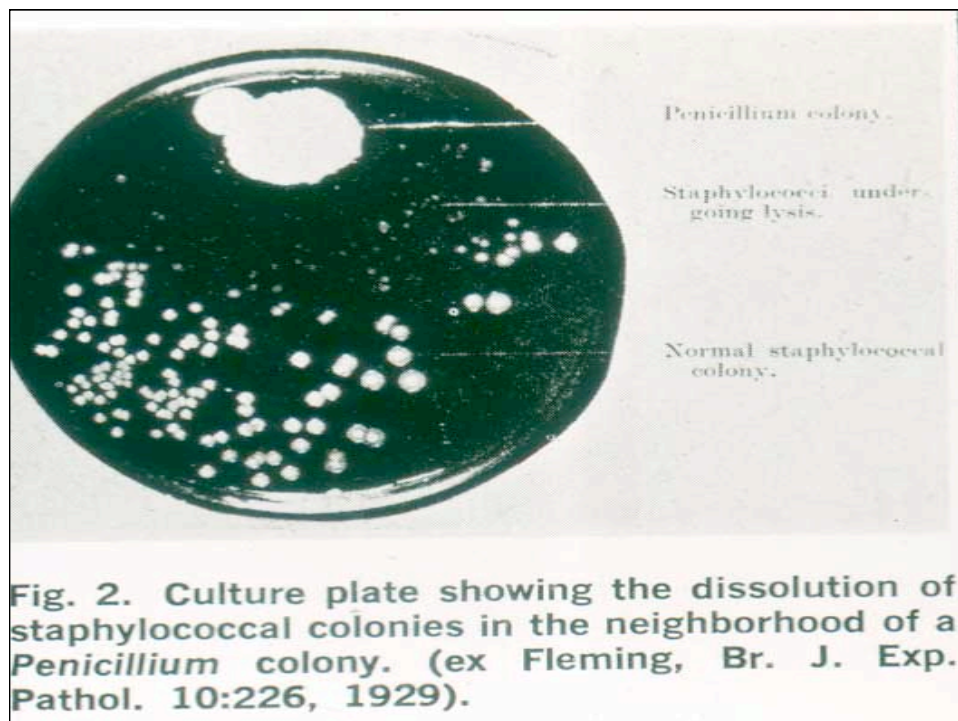
WHO discovered the penicillins??

Abess Hildegarde von Bingen ?

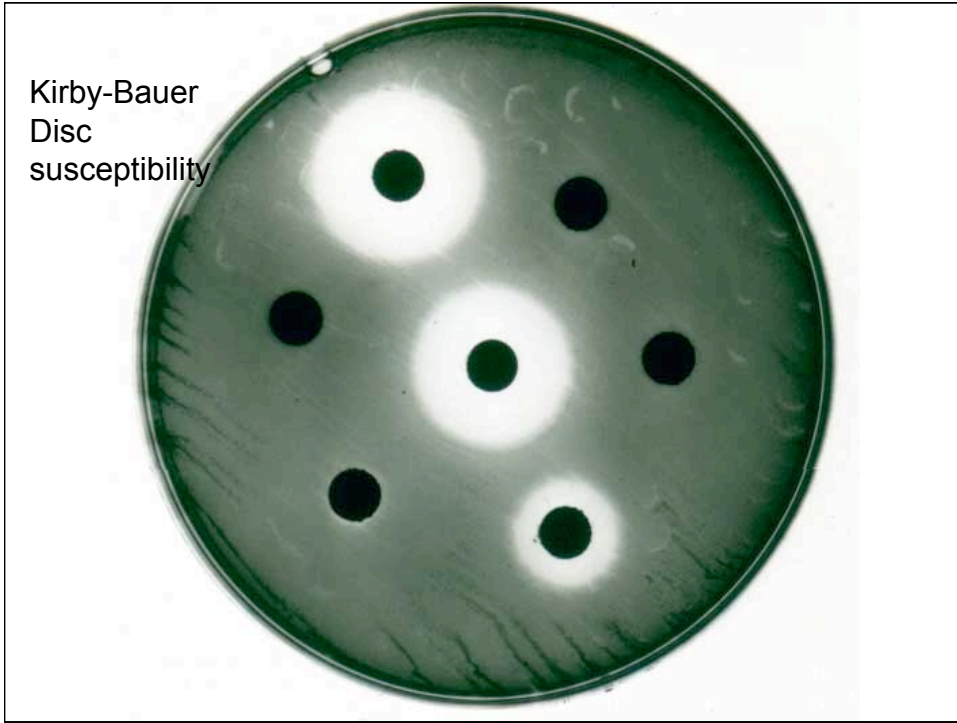
“Good things that grow on the sides of trees...”

Fleming –

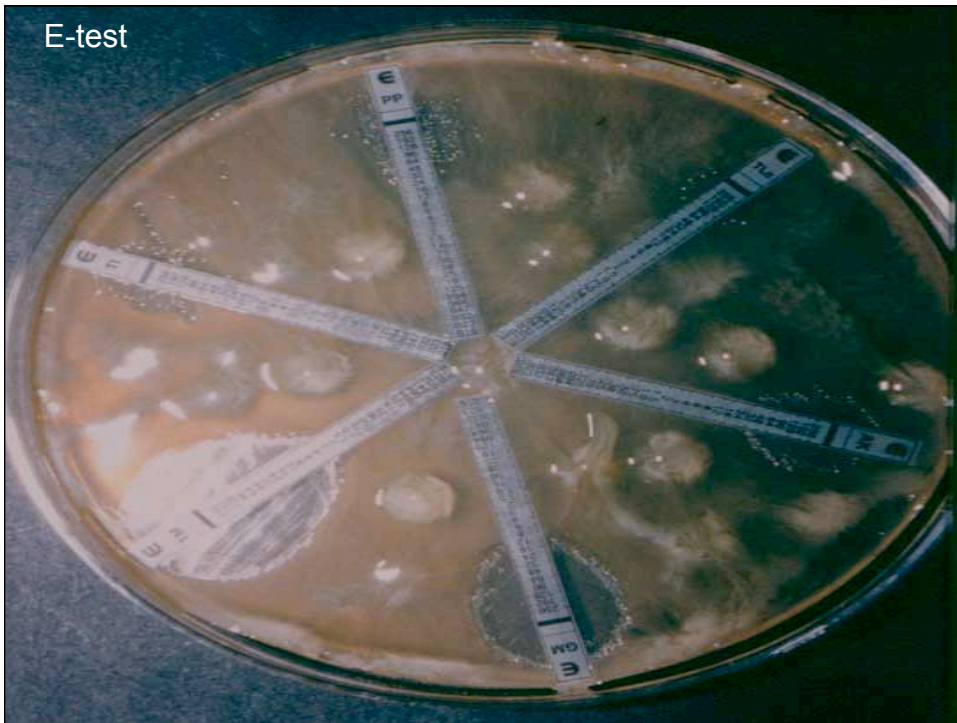
Florey – WWII....

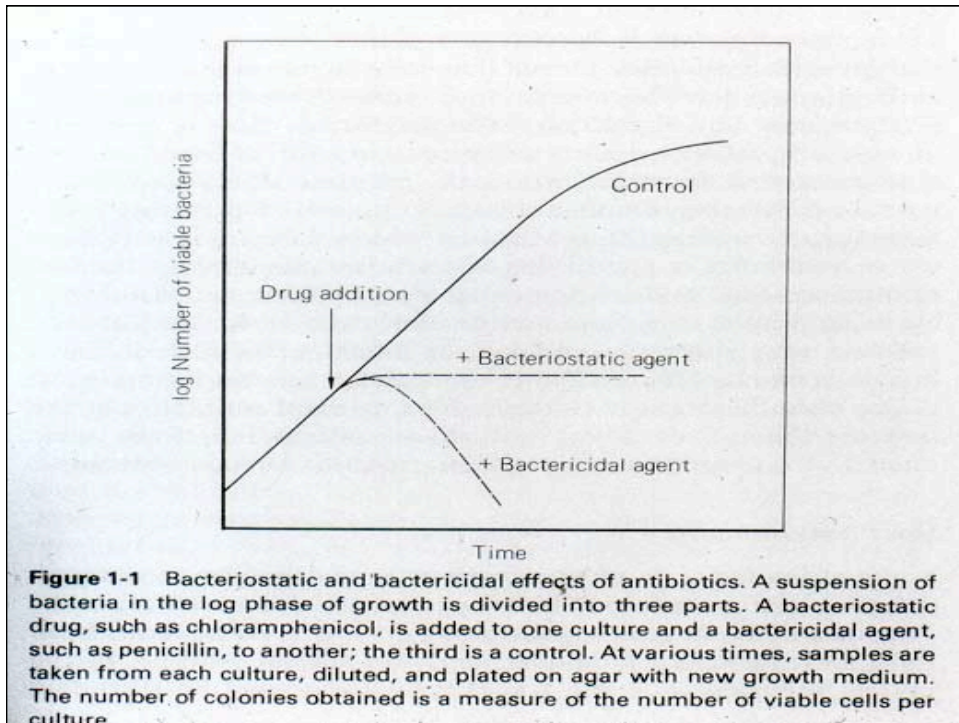
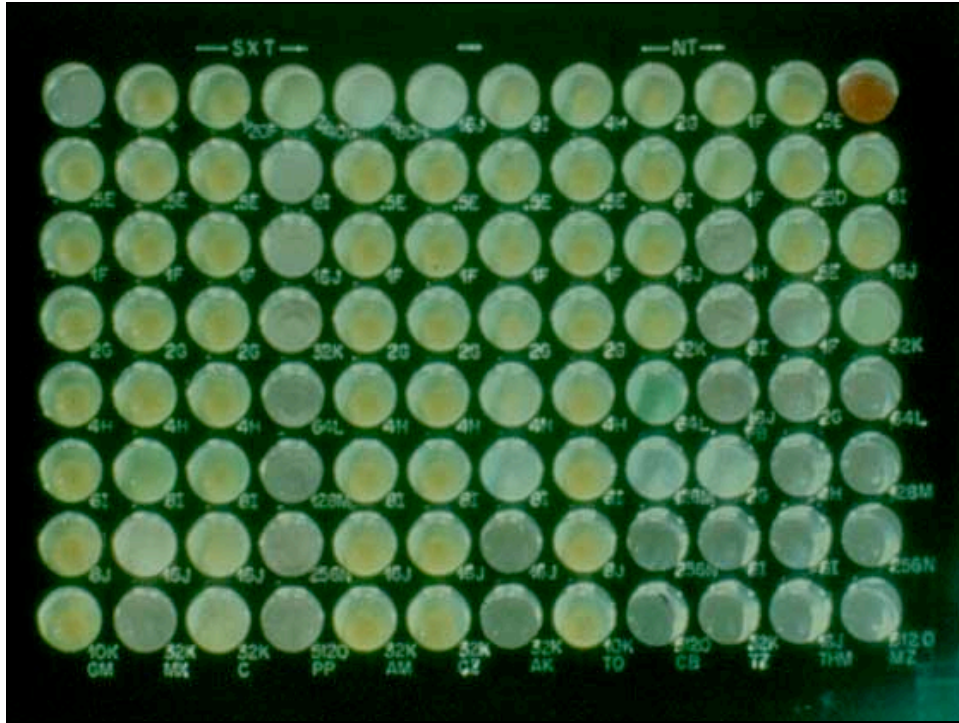


Kirby-Bauer
Disc
susceptibility

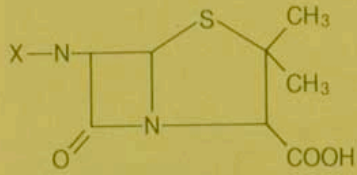
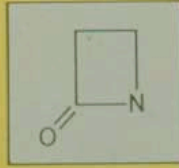


E-test

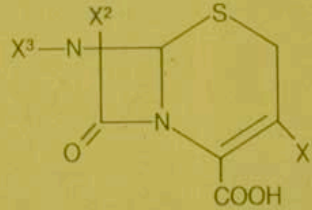




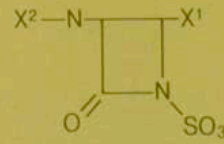
What Is a β -Lactam?



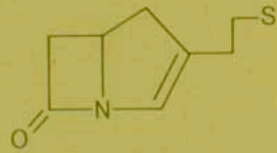
Penicillins



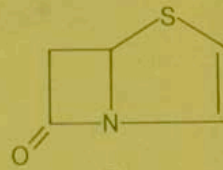
Cephalosporins



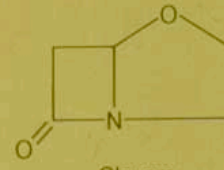
Monobactams



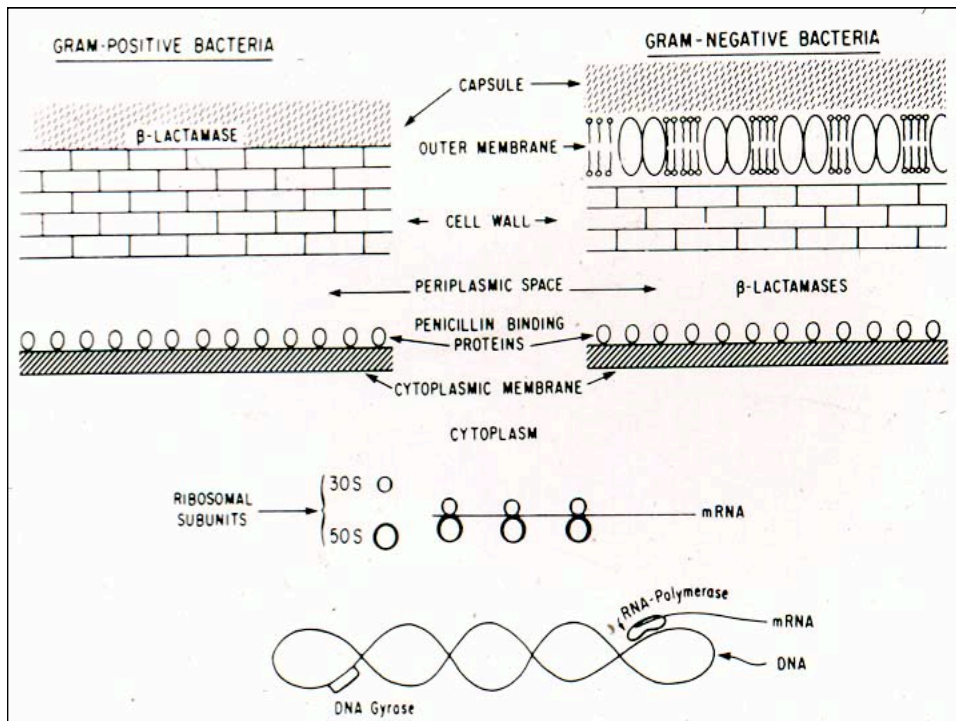
Carbapenems

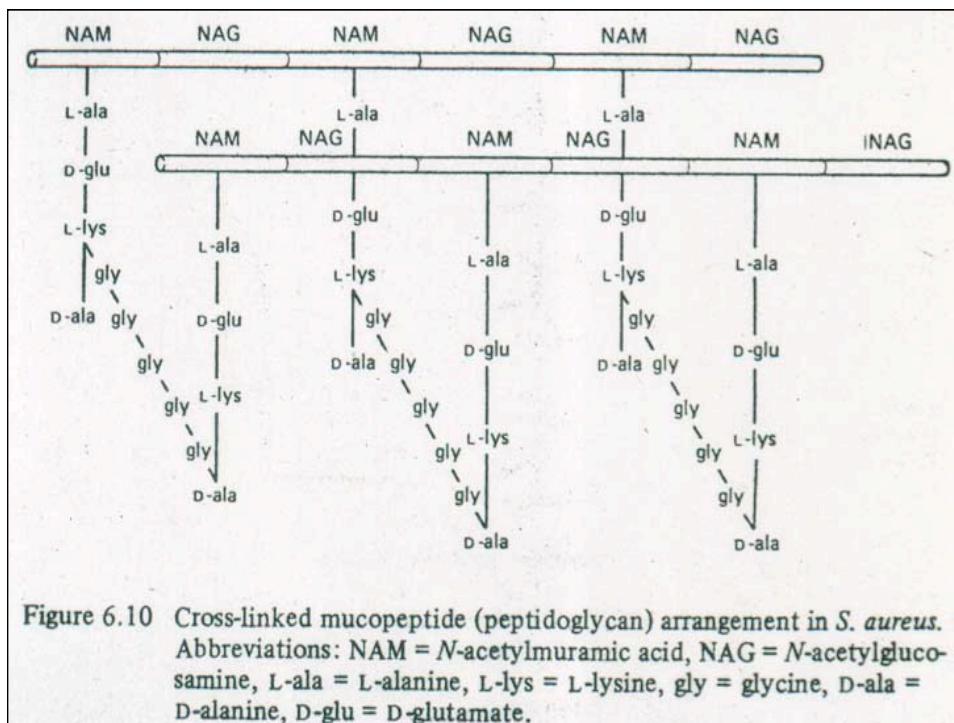
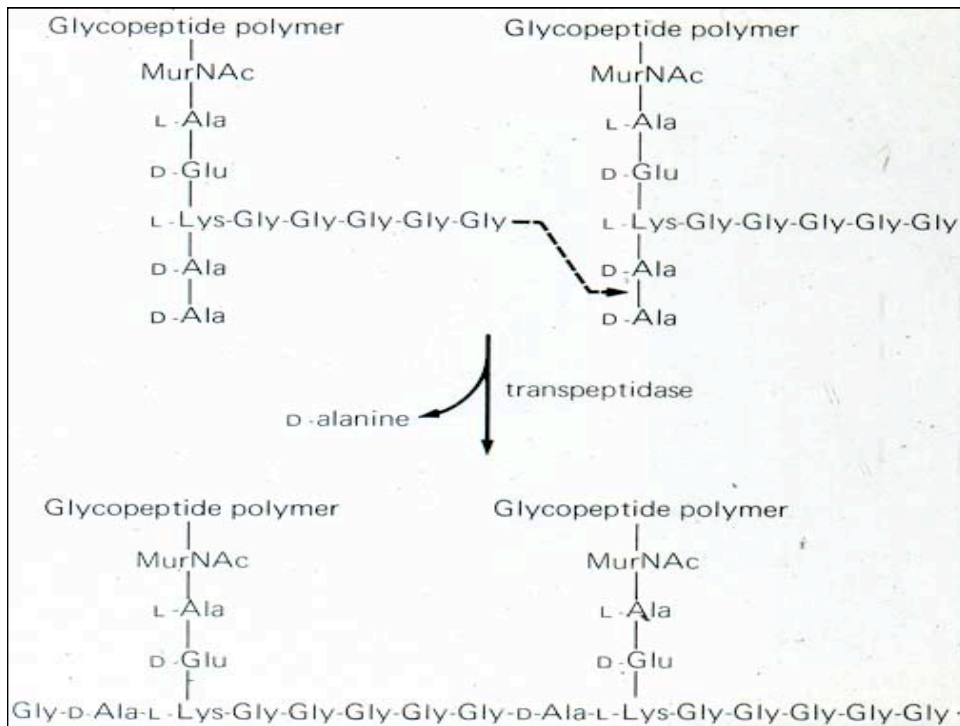


Penem



Clavam





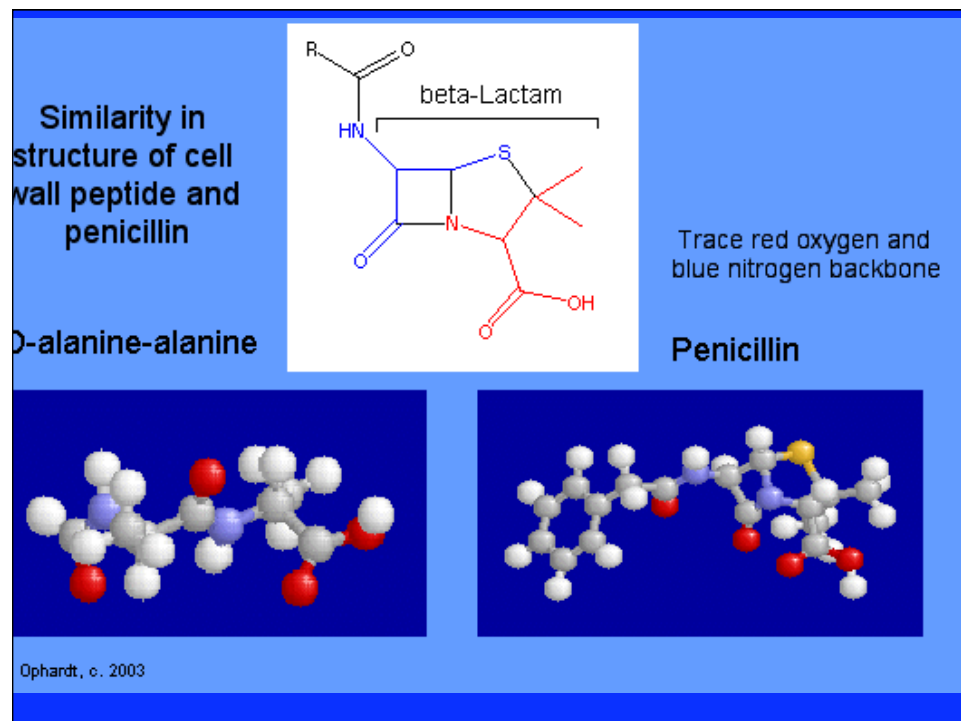
Penicillin binding proteins

Transpeptidases

Carboxypeptidases

Differ in Gram (+) and in Gram (-) bacteria

Differ in abundance

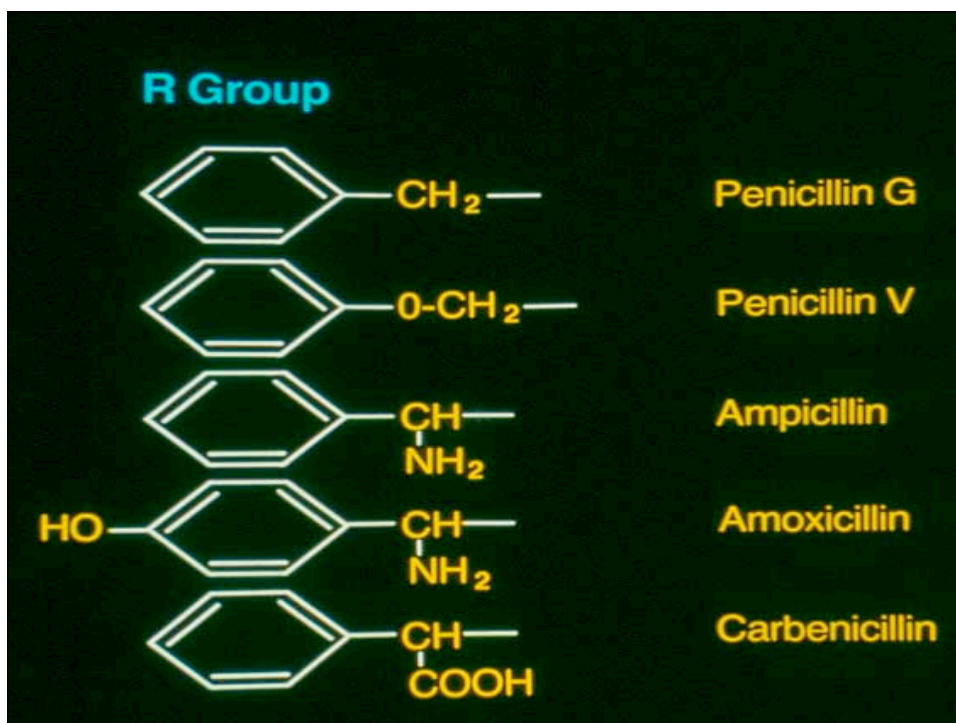


Activity of the beta-lactam antibiotic:

Affinity for critical PBP's (number of copies of the target)

Ability to get to the target (permeability properties –
more of an issue for Gram negs)

Stability to beta-lactamases - degradation



Beta-lactamases - cleave the beta-lactam ring -
inactivate the drug -
Open ring - can't bind to the target

Co-evolved with the penicillin binding proteins

Share a ser-X-X-lys - binding site for interactions

Gram positives - Secreted into the environment

Gram negatives - Secreted into the periplasmic space

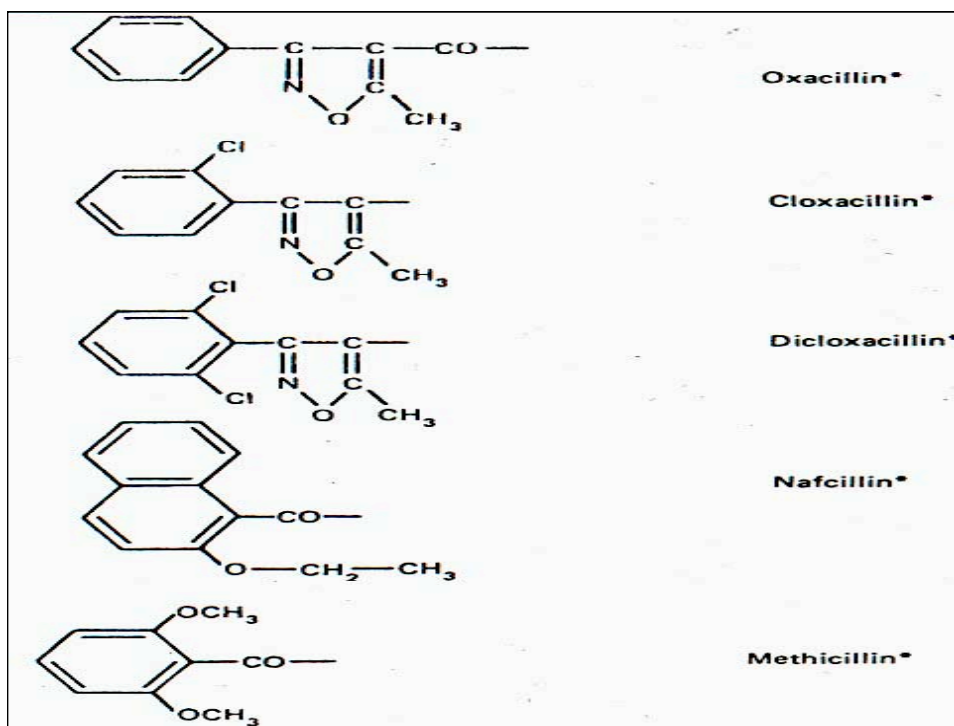
ANTI-staphylococcal penicillins

“semi-synthetic”

Add bulky side chains to provide

STERIC HINDRANCE to protect the
Beta-lactam nucleus –

Gram positives – secrete bla's – “cloud”



Anti-staphylococcal penicillins

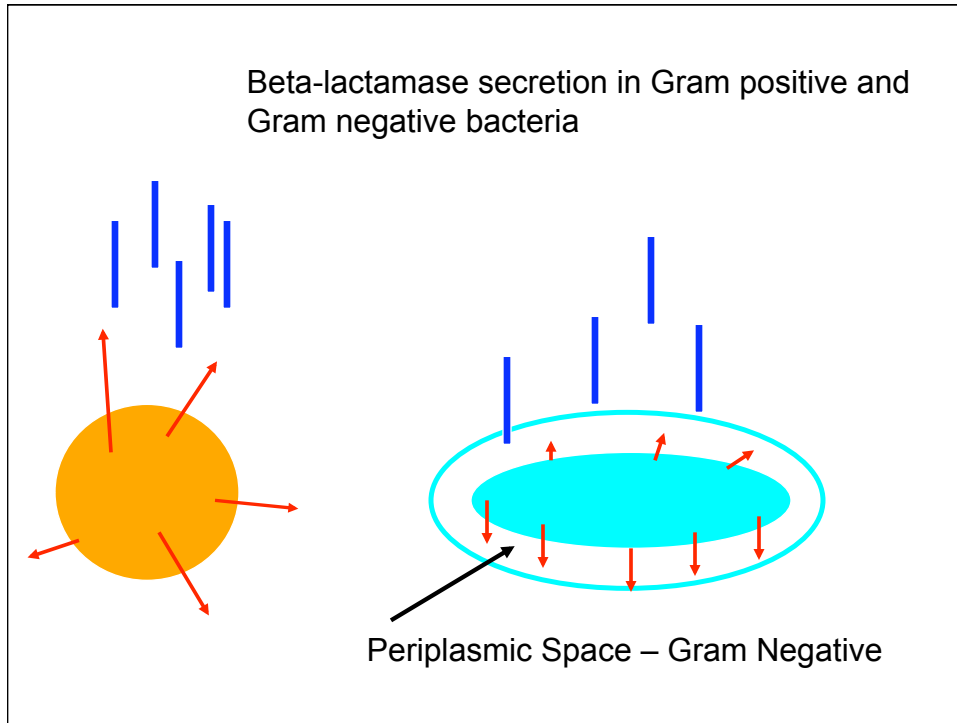
Strategy - Add a bulky side group to block beta-lactamase

(Methicillin) - renal toxicity

Nafcillin

Oxacillin

Cloxacillin (di-clox) - oral drugs



Capsule – No barrier

Peptidoglycan – No barrier

Outer wall – Porins Control access

Cytoplasmic Membrane – Lipid Bilayer

Beta-lactamases

Regulation - Constitutive - Chromosomal (*E.coli*)

Plasmid mediated -
copy number dependent

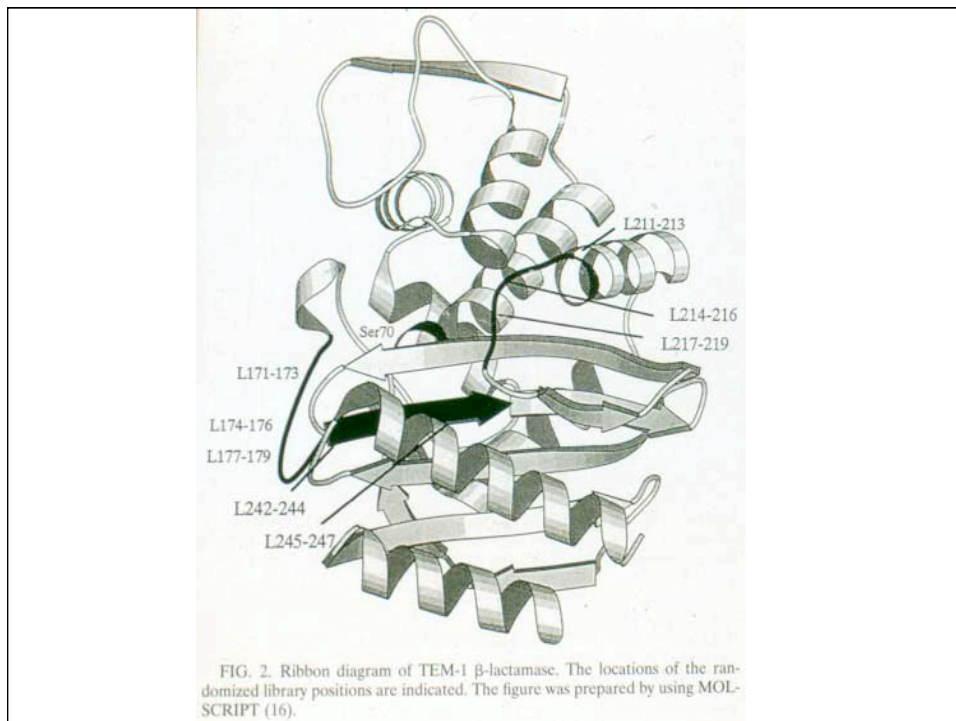
Inducible - chromosomal - SPACE
organisms - as a model

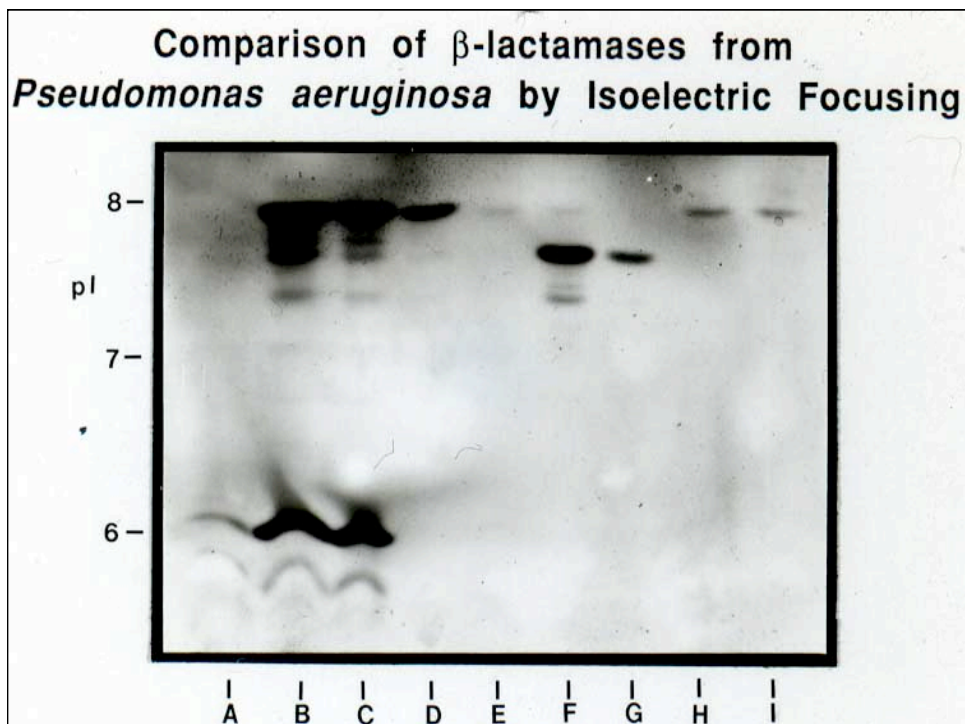
2-component signaling - (*ampD*, *ampE*, *ampR*)

Sensor

Response regulator

Transcriptional activator





Drugs in clinical use:

Penicillin G, VK

Ampicillin (+) clavulanic acid (beta-lactamase inhibitor)

(oral or parenteral)

Piperacillin - anti-*Pseudomonas* (+tazobactam)

(parenteral)

Spectrum - gram positive and gram negative -

Not inherently beta-lactamase stable

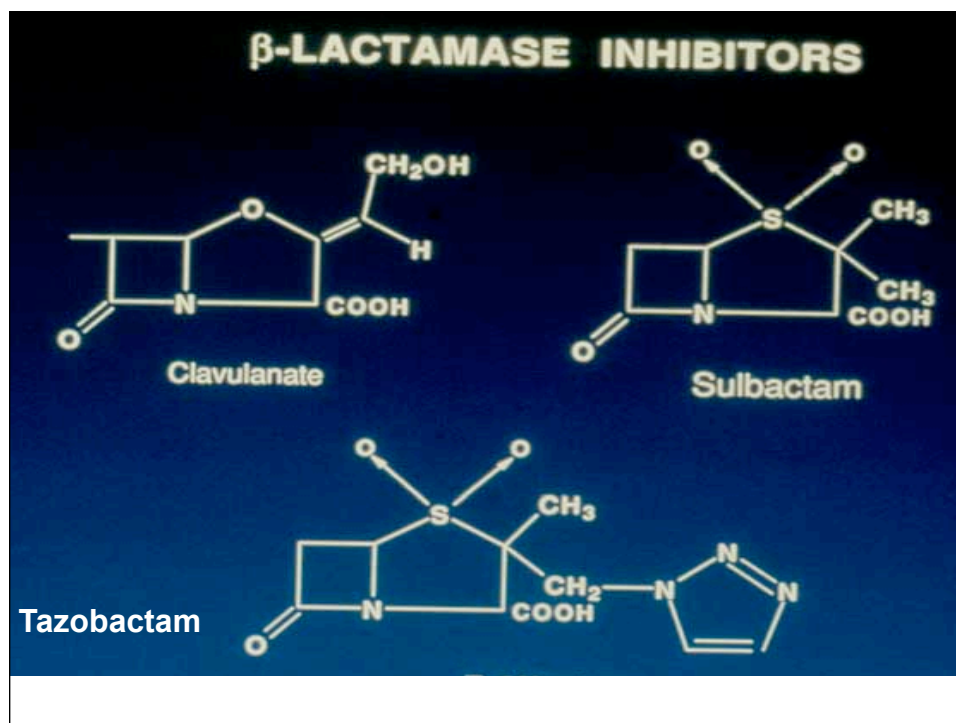
Spectrum - dependent upon permeability properties

Add a beta-lactamase inhibitor

Clavulanic acid -
Sulbactam
Tazobactam

Expands spectrum of activity
Anaerobes

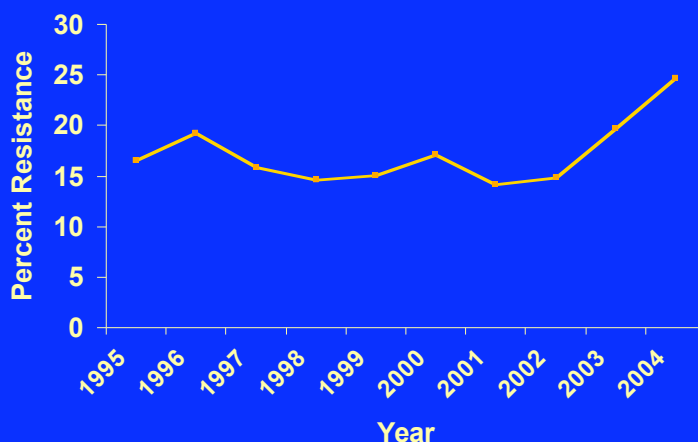
NOT effective against the beta-lactamases of the
SPACE organisms



Multiple mechanisms of resistance

- Porins - limit access to PBPs
- Efflux pumps - pump out drugs
- Inducible chromosomal beta-lactamases
- Constitutive plasmid mediated beta-lactamases
- Altered PBPs

3rd generation cephalosporin-resistant *Klebsiella pneumoniae* Among ICU Patients, 1995-2004



Source: National Nosocomial Infections Surveillance (NNIS) System

Rapid Spread of Carbapenem-Resistant *Klebsiella pneumoniae* in New York City

A New Threat to Our Antibiotic Armamentarium

Simona Bratu, MD; David Landman, MD; Robin Haag, RN; Rose Recco, MD; Antonella Eramo, RN; Maqsood Ak

Arch Intern Med. 2005;165:1430-1435.

ANTIMICROBIAL AGENTS AND CHEMOTHERAPY, Oct. 2006, p. 3396-3406 Vol. 50, No. 10 0066-4804/06/\$08.000.

High-Level Carbapenem Resistance in a *Klebsiella pneumoniae* Clinical Isolate Is Due to the Combination of blaACT-1 -Lactamase Production, Porin OmpK35/36 Insertional Inactivation, and Down-Regulation of the Phosphate Transport Porin PhoE

Frank M. Kaczmarek, Fadia Dib-Hajj, Wenchi Shang, and Thomas D. Gootz* Pfizer Global Research and Development, Groton, Connecticut 06340 7 July 2006

ESBL risk factors

Extended spectrum beta-lactamase production

Hospital associated infections

- Indwelling catheter
- Mechanical ventilation
- Increased length of stay
- ICU stays
- Gut colonization
- Emergency surgery

NEJM Vol 352:380-391 2005

The New {beta}-Lactamases
George A. Jacoby, M.D., and Luisa Silvia Munoz-Price, M.D.

Development of resistance:

- 1 - Acquisition of genetic material - transposons, IS elements plasmids
- 2- Selection of porin mutations - altered uptake
- 3- Induction of efflux pumps -

Multiple genetic mechanisms

Penicillin resistant *S. pneumoniae*

- Strain 19A - Otitis media (community)
- Altered PBPs
- PRSP (pen resistant versus PISP (intermediate susceptibility))
- NOT susceptible to FDA approved oral drugs
- ? Fluoroquinolone susceptible

Cases of Pneumococcal Acute Otitis Media by Serotype and Respiratory Season Among Rochester, New York, Children JAMA, Oct 2007

Year

No. of Cases

PCV7 Serotype

4 6B 9V 14 18C 19F

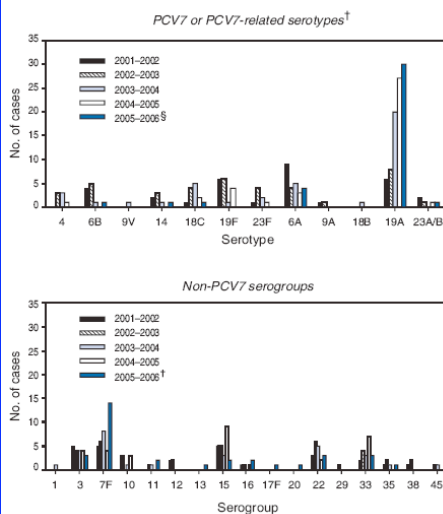
Non-PCV7 Serotype

3 6A 9V 11 14 15 19A 22F 23A 33F 35B

2003-2004	1 4 1 1 9 16 (57 %)	3 1 2 2 2 1 1 12 (43%)
2004-2005	1 1 2 4 (33)	1 2 1 2 1 1 8 (66 %)
2005-2006	1 4 5 (26)	3 1 1 5 1 1 1 14 (74%)

Abbreviation: PCV7, pneumococcal conjugate vaccine containing 7 serotypes.
 aThe **decrease** in isolation of PCV7 serotypes and **increase** in non-PCV7 serotypes over time are both significant at P < .001.
 Total number of *Streptococcus pneumoniae* isolates for each respiratory season and the percentage for that season.

FIGURE 2. Number of cases of invasive pneumococcal disease among persons aged <18 years, by PCV7* status of *Streptococcus pneumoniae* serotypes — Massachusetts, October 1, 2001–September 30, 2006



* Heptavalent pneumococcal conjugate vaccine.
 † PCV7-related serotypes are in the same serogroups as PCV7 vaccine serotypes (4, 6B, 9V, 14, 18C, 19F, and 23F).
 § Data are preliminary for 2005–2006.

Pharmacology of the penicillins

Absorption - Amoxicillin - acid stable
dosing - give more - longer intervals
Augmentin - amox + clav - diarrhea

Metabolism - minor

Excretion - Renal - tubular secretion
Increase serum levels with probenecid
Biliary - only ureido penicillins
Nafcillin

Distribution - Anions - charged - extracellular space
CSF - with inflammation
Concentrated in urine