

Decreased susceptibility to didecyldimethylammonium chloride among clinical strains of Pseudomonas aeruginosa, a ten years retrospective study, at the University Hospital of Caen, France.

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INTRODUCTION

- **Didecyldimethylammonium chloride (DDAC)** is a quaternary ammonium compound (QACs) used in several disinfection process in hospital and in veterinary environments.
- Throughout 2018, numerous strains of *Pseudomonas aeruginosa* (**PSAE**) isolated in the University Hospital (UH) of Caen showed a decreased susceptibility to DDAC, according to the **NF EN-13727+A2 guidelines** (1).
- Mechanisms involved are not fully understood, but first studies suggested the involvement of the resistance-nodulation-division efflux pump MexAB-OprM (2).
- Decreased susceptibility to disinfectant agents is a major concern to public health as it allows pathogens to **persist in their environment**.

AIM

To assess the emergence of DDAC decreased susceptibility among clinical strains of PSAE isolated in a French UH over the last decade.

METHOD

Over the period 2011 – 2020 :

Random inclusion of 10 strains / years of clinical PSAE strains (100 in total) from the microbiology department of the UH of Caen.

Determination of **Minimum inhibitory concentrations** (MICs), in triplicate by broth dilution method.

According to the International Organization for Standardization (3).

Decrease susceptibility cutoff corresponding to the **concentration of DDAC in a disinfectant** *solution* in regard of the manufacturer's instructions.

> $MIC < 62.9 \text{ mg}.L^{-1}$ Susceptible strain (S)

 $MIC > 62.9 \text{ mg}.L^{-1}$ **Decrease susceptible strain (DS)**

1024 512 256 128 64 32

mg.L⁻¹ of DDAC 0,5

> Standard strain ATCC 27853 (duplicate)

> > S strain (triplicate)

DS strain (triplicate)

Determination of MICs to DDAC on microplate.

SCCC<mark>S</mark>CCC







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RESULTS

<u>Notes</u> ^a The following sample types were categorized as "Others": biopsy, ocular, auricular, genital, wound and unknown origin.

Among the 100 strains, the three main origins were (Table I):

- **1)** respiratory samples \rightarrow 25 strains
- 2) urinary samples \rightarrow 21 strains
- 3) blood culture or catheter samples \rightarrow 15 strains

CONCLUSIONS

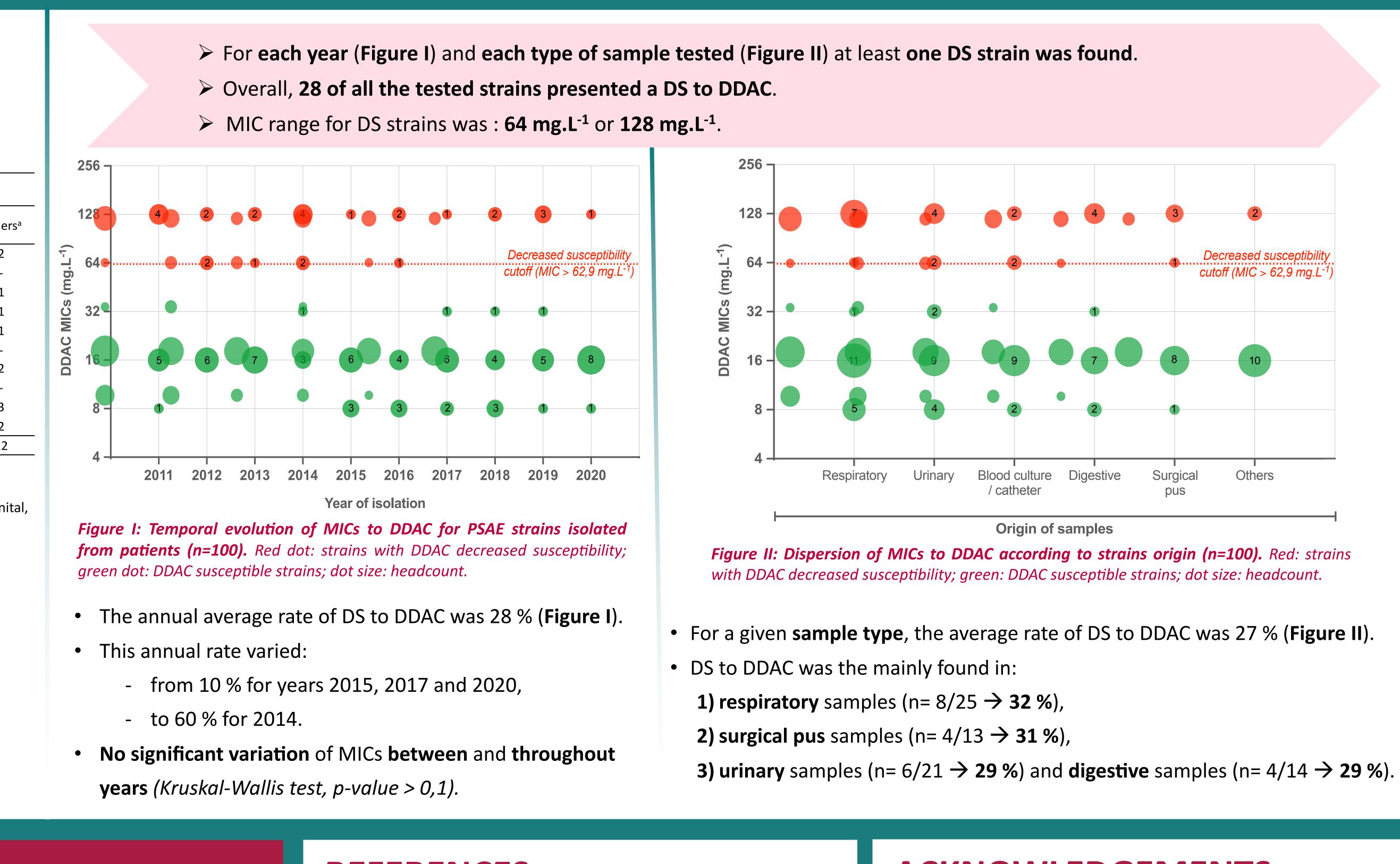
- 1. The decreased susceptibility to DDAC is **not a new phenomenon** but steady over time and still present.
- **2. As nearly one-third** of the tested strains have a decreased sensitivity to CDMA, this could explain, in part, why PSAE is a **persistent bacteria in hospital**.
- 3. Studies are ongoing to 1) Test PSAE strains isolated from hospital environment samples and from animals 2) Explore the mechanism(s) involved in DS to DDAC.

Table I: Repartition of strains origins.

- Isolation year	Strain origin					
	Respiratory	Urinary	Blood culture/Catheter	Digestive	Surgical pus	Others
2011	1	1	4	-	2	2
2012	2	-	6	-	2	-
2013	3	1	2	2	1	1
2014	2	4	-	1	2	1
2015	2	3	2	-	2	1
2016	2	3	-	4	1	-
2017	2	6	-	-	-	2
2018	6	1	-	3	-	-
2019	3	-	-	2	2	3
2020	2	2	1	2	1	2
Total	25	21	15	14	13	12







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