**Background.** *Aerococcus urinae* is an emerging urinary pathogen frequently identified by MALDI-TOF. It is generally susceptible to β-lactams, however, its susceptibility pattern to fluoroquinolones (FQ) remains variable. The goals of this study were to evaluate the performance of the gradient diffusion method (Etest) to determine FQ resistance compared with broth microdilution (BMD) and to estimate the resistance rate of *A. urinae* toward FQ in Quebec hospitals.

**Methods.** Two hundred seven consecutive isolates of *A. urinae* from urinary tract specimens originating from five hospitals in Quebec and Montreal were identified by MALDI-TOF (Vitek MS and Bruker). All isolates were tested with the BMD and gradient diffusion methods. BMD was carried out in triplicate and was conducted in accordance with CLSI guidelines (M45-A3). Isolates with insufficient growth at 24 hours were reincubated and evaluated at 48 hours. The gradient diffusion method was carried out using Etest strips on MH agar with 5% sheep blood.

**Results.** Of the 207 isolates of *A. urinae*, 52 (25%) gave uninterpretable results using the BMD method (insufficient growth = 20; trailing = 32). We obtained the following results for the remaining 155 isolates:

| FQ          | Susceptible, n (%) | Intermediate, n (%) | Resistant, n (%) |
|-------------|--------------------|---------------------|------------------|
| Ciprofloxacin| 105 (67%)          | 16 (10%)            | 35 (23%)         |
| Levofloxacin | 114 (74%)          | 6 (4%)              | 35 (23%)         |

BMD readings were often complicated by noticeably poor growth. The categorical agreement of the Etest was 83% for ciprofloxacin and 95% for levofloxacin. Four very major errors were identified in a preliminary manner on 11% (4/35) of the ciprofloxacin-resistant isolates and 11% (4/35) of the levofloxacin-resistant isolates. Agar dilution will be done to confirm these results.

**Conclusion.** In our experience, the method recommended by the CLSI for *A. urinae* susceptibility testing of FQ presented several problems, including insufficient growth and difficulty in reading. The Etest appears to be a promising method for susceptibility testing of FQ for urinary tract isolates, but will first require a further comparison with agar dilution methods. In our study, the rate of FQ non-susceptibility of *A. urinae* was 27% for levofloxacin and 33% for ciprofloxacin. Therefore, FQ cannot be empirically recommended for the treatment of urinary tract infections caused by *A. urinae*.

**Disclosures.** J. M. Leduc, bioMérieux: Investigator, Research grant.

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2002. Evaluation of the BioFire® Pneumonia Panel in ICU Patients With Suspected Ventilator-Associated Pneumonia

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**Methods.** A total of 117 different BAL specimens were processed. Positive culture was defined as growth and difficult reading. The Etest was done to confirm these results.

**Results.** Following results for the remaining 155 isolates:

| FQ          | Susceptible, n (%) | Intermediate, n (%) | Resistant, n (%) |
|-------------|--------------------|---------------------|------------------|
| Ciprofloxacin| 105 (67%)          | 16 (10%)            | 35 (23%)         |
| Levofloxacin | 114 (74%)          | 6 (4%)              | 35 (23%)         |

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**Conclusion.** In our experience, the method recommended by the CLSI for *A. urinae* susceptibility testing of FQ presented several problems, including insufficient growth and difficulty in reading. The Etest appears to be a promising method for susceptibility testing of FQ for urinary tract isolates, but will first require a further comparison with agar dilution methods. In our study, the rate of FQ non-susceptibility of *A. urinae* was 27% for levofloxacin and 33% for ciprofloxacin. Therefore, FQ cannot be empirically recommended for the treatment of urinary tract infections caused by *A. urinae*.

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