

In vitro Activity of Gemifloxacin Against Recent Clinical Isolates of Bacteria in Korea

Gemifloxacin is an enhanced-affinity fluoroquinolone with broad-spectrum antibacterial activity. In Korea, resistant bacteria are relatively more prevalent than in other industrialized countries. In this study, we studied the in vitro activities of gemifloxacin, gatifloxacin, moxifloxacin, levofloxacin, ciprofloxacin, and other commonly used antimicrobial agents against 1,689 bacterial strains isolated at four Korean university hospitals during 1999-2000. Minimum inhibitory concentrations (MICs) were determined using the agar dilution method of National Committee for Clinical Laboratory Standards. Gemifloxacin had the lowest MICs for the respiratory pathogens: 90% of *Streptococcus pneumoniae*, *Moraxella catarrhalis*, and *Haemophilus influenzae* were inhibited by 0.06, 0.03, and 0.03 mg/L, respectively. Gemifloxacin was more active than the other fluoroquinolones against methicillin-susceptible *Staphylococcus aureus*, coagulase-negative staphylococci, streptococci, and *Enterococcus faecalis*. The MIC_{90s} of gemifloxacin for *Klebsiella oxytoca*, *Proteus vulgaris*, and non-typhoidal *Salmonella* spp. were 0.25, 1.0, and 0.12 mg/L, respectively, while those for other Gram-negative bacilli were 4-64 mg/L. In conclusion, gemifloxacin was the most active among the comparative agents against Gram-positive species, including respiratory pathogens isolated in Korea.

Key Words : Fluoroquinolone; Gemifloxacin; Korea; *Streptococcus pneumoniae*; *Haemophilus influenzae*

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INTRODUCTION

In the face of the increasing worldwide problem of antimicrobial resistance, many classes of antimicrobial agents have become less useful for therapy (1). Fluoroquinolones continued to be used for the treatment of various infections, because they are active against both Gram-positive, and Gram-negative bacteria (2-4). However, resistance to the second-generation fluoroquinolones has increased against many bacterial species. Gemifloxacin is a new fluoroquinolones under development with enhanced affinity for topoisomerase IV, and DNA gyrase, and has the lowest minimum inhibitory concentrations (MICs) against clinical isolates of *Streptococcus pneumoniae* (5-7). In Korea, resistant bacteria are relatively more prevalent than in other industrialized countries, and are a serious problem currently (8). In this study, we tested the in vitro activity of gemifloxacin, and comparative agents against recent Korean bacterial isolates.

MATERIALS AND METHODS

A total of 1,689 clinical bacterial isolates were collected from four Korean university hospitals during 1999-2000. *Neisseria gonorrhoeae* isolates were obtained, mostly from female patients. Identifications of species were performed by conventional methods or through the usage of commercial kits. Isolates were stored in skim milk at -70°C until required.

Antimicrobial susceptibility was determined, using the National Committee for Clinical Laboratory Standards (NCCLS) agar dilution method (9) with Mueller-Hinton agar (BBL, Cockeysville, MD, U.S.A.), except for streptococci, *N. gonorrhoeae*, and *Haemophilus influenzae*, for which 5% lysed sheep blood-supplemented Mueller-Hinton agar, IsoVitalX (BBL)-supplemented GC agar, and Haemophilus Test Medium, respectively, were used.

The antimicrobial agents used were: gemifloxacin (LGCI, Seoul, Korea), gatifloxacin (Bristol-Myers Squibb, Princeton,

NJ, U.S.A.), ciprofloxacin, and moxifloxacin (Bayer, Wuppertal, Germany), levofloxacin (Daiichi Pharmaceutical, Tokyo, Japan), amoxicillin-clavulanic acid, and ceftazidime (Glaxo-SmithKline, Harlow, U.K.), ceftriaxone (Roche, Basel, Switzerland), imipenem (MSD, Elkton, VA, U.S.A.), spectinomycin (Upjohn, Bridgewater, NJ, U.S.A.), and penicillin G, ampicillin, oxacillin, cefuroxime, erythromycin, gentamicin, tetracycline, and vancomycin (Sigma, St. Louis, MO, U.S.A.). The ratio of amoxicillin to clavulanic acid was 2:1. As the breakpoints of ciprofloxacin for *S. pneumoniae* is not defined by the NCCLS, the criteria used by Doern et al. (10) were applied, i.e., an MIC ≥ 4 mg/L as resistant, and ≤ 1 mg/L as susceptible. Quality controls were performed using *Staphylococcus aureus* ATCC 29213, *Enterococcus faecalis* 29212, *S. pneumo-*

niae ATCC 49619, *Escherichia coli* ATCC 25922, *Pseudomonas aeruginosa* ATCC 27853, *N. gonorrhoeae* ATCC 49226, *H. influenzae* ATCC 49247 or *H. influenzae* ATCC 49766, depending on test organisms.

RESULTS AND DISCUSSION

The activities of gemifloxacin, and the other antimicrobial agents against common respiratory pathogens are shown in Table 1. All isolates of *S. pneumoniae*, except one, were inhibited by ≤ 0.25 mg/L of gemifloxacin. One *S. pneumoniae* isolate with a gemifloxacin MIC of 2 mg/L was inhibited by 32 mg/L of levofloxacin, 64 mg/L of ciprofloxacin, 8 mg/L of moxi-

Table 1. In vitro activity of gemifloxacin, and other antimicrobial agents against recent clinical isolates of *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Moraxella catarrhalis*

Organism (no. of isolates tested), and antimicrobial agent	MIC (mg/L)			Organism (no. of isolates tested), and antimicrobial agent	MIC (mg/L)		
	Range	50%	90%		Range	50%	90%
<i>Streptococcus pneumoniae</i> , all (103)				Moxifloxacin			
Gemifloxacin	0.015-2	0.03	0.06	Gatifloxacin	$\leq 0.008-0.5$	0.015	0.03
Moxifloxacin	0.12-8	0.25	0.25	Levofloxacin	$\leq 0.008-0.25$	0.015	0.06
Gatifloxacin	0.03-8	0.5	0.5	Ciprofloxacin	$\leq 0.008-0.25$	0.015	0.03
Levofloxacin	0.5-32	1	2	Ampicillin	0.06->128	16	128
Ciprofloxacin	0.5-64	2	4	Cefuroxime	$\leq 0.03-16$	1	4
Penicillin	$\leq 0.008-8$	2	4	Ceftriaxone	$\leq 0.008-32$	≤ 0.008	0.06
Ceftriaxone	0.015-4	1	2	Amoxicillin-clavulanic acid	$\leq 0.008-16$	1	8
Erythromycin	0.03->128	128	>128	<i>H. influenzae</i> , β -lactamase positive (48)			
<i>S. pneumoniae</i> , Penicillin susceptible (9)				Gemifloxacin	$\leq 0.008-0.12$	≤ 0.008	0.03
Gemifloxacin	0.03-0.06	0.03		Moxifloxacin	$\leq 0.008-1$	0.03	0.06
Moxifloxacin	0.12-0.25	0.25		Gatifloxacin	$\leq 0.008-0.25$	0.015	0.03
Gatifloxacin	0.5	0.5		Levofloxacin	$\leq 0.008-0.25$	0.015	0.12
Levofloxacin	1-2	1		Ciprofloxacin	$\leq 0.008-0.12$	0.015	0.03
Ciprofloxacin	1-4	2		Ampicillin	4->128	32	128
Penicillin	$\leq 0.008-0.06$	0.015		Cefuroxime	$\leq 0.03-16$	1	4
Ceftriaxone	0.015-1	0.03		Ceftriaxone	$\leq 0.008-32$	≤ 0.008	0.06
Erythromycin	0.03->128	0.06		Amoxicillin-clavulanic acid	$\leq 0.008-16$	2	8
<i>S. pneumoniae</i> , Penicillin intermediate (16)				<i>H. influenzae</i> , β -lactamase negative (25)			
Gemifloxacin	0.015-0.12	0.03	0.06	Gemifloxacin	$\leq 0.008-0.03$	≤ 0.008	0.03
Moxifloxacin	0.12-0.25	0.25	0.25	Moxifloxacin	$\leq 0.008-0.06$	0.015	0.06
Gatifloxacin	0.06-0.5	0.25	0.5	Gatifloxacin	$\leq 0.008-0.5$	0.015	0.03
Levofloxacin	1-2	1	2	Levofloxacin	$\leq 0.008-0.12$	0.015	0.06
Ciprofloxacin	0.5-4	1	4	Ciprofloxacin	$\leq 0.008-0.25$	0.015	0.03
Penicillin	0.12-1	0.5	1	Ampicillin	0.06-2	0.5	2
Ceftriaxone	0.015-4	0.25	1	Cefuroxime	0.015-4	0.5	2
Erythromycin	0.03->128	64	>128	Ceftriaxone	$\leq 0.008-1$	0.015	0.06
<i>S. pneumoniae</i> , Penicillin resistant (78)				Amoxicillin-clavulanic acid	0.015-16	1	4
Gemifloxacin	0.015-2	0.03	0.06	<i>Moraxella catarrhalis</i> (60)			
Moxifloxacin	0.12-8	0.25	0.25	Gemifloxacin	$\leq 0.008-0.03$	0.015	0.03
Gatifloxacin	0.03-8	0.5	0.5	Moxifloxacin	$\leq 0.008-0.12$	0.03	0.06
Levofloxacin	0.5-32	1	2	Gatifloxacin	0.03-0.25	0.03	0.06
Ciprofloxacin	1-64	2	4	Levofloxacin	0.03-0.5	0.06	0.06
Penicillin	2-8	4	4	Ciprofloxacin	$\leq 0.008-1$	0.03	0.06
Ceftriaxone	0.12-4	1	2	Penicillin	0.5-32	16	32
Erythromycin	0.03->128	128	>128	Erythromycin	0.12-1	0.25	0.5
<i>Haemophilus influenzae</i> , all (73)				Tetracycline	0.25-1	0.5	1
Gemifloxacin	$\leq 0.008-0.12$	≤ 0.008	0.03				

floxacin, and 8 mg/L of gatifloxacin. Gemifloxacin (MIC₉₀ 0.06 mg/L) was 4 to 64-fold more potent than the other quinolones (MIC₉₀ 0.25-4 mg/L), and ≥ 32-fold more potent than the non-quinolone comparators (MIC₉₀ 2->128 mg/L) for *S. pneumoniae*. The percentage of strains with a ciprofloxacin MICs of ≥ 4 mg/L was 14%, and those with a levofloxacin MICs of ≥ 8 mg/L was 1.5%. These results indicate that the resistance rates were higher than in the United States (11), and in Japan (12).

Ninety-one percent of *S. pneumoniae* (94/103) were penicillin non-susceptible, but 90% of the isolates were inhibited by ≤ 0.06 mg/L of gemifloxacin. These results were similar to those from other reports (6, 7), although two studies from North America showed a statistically significant association between resistance to penicillin, and fluoroquinolone (13, 14).

In this study, the rates of β-lactamase-producing *H. influenzae*, and *Moraxella catarrhalis* were found to be higher than those reported in other countries, 66%, and 95%, respectively

Table 2. In vitro activity of gemifloxacin, and other antimicrobial agents against other Gram-positive aerobes

Organism (no. of isolates tested), and antimicrobial agent	MIC (mg/L)			Organism (no. of isolates tested), and antimicrobial agent	MIC (mg/L)		
	Range	50%	90%		Range	50%	90%
Methicillin-susceptible <i>Staphylococcus aureus</i> (86)				Gatifloxacin			
Gemifloxacin	0.015-0.5	0.06	0.12	Levofloxacin	0.5-64	1	64
Moxifloxacin	0.03-32	0.12	0.25	Ciprofloxacin	0.25-64	1	32
Gatifloxacin	0.03-4	0.12	0.25	Ampicillin	0.25-8	1	4
Levofloxacin	0.015-4	0.25	0.5	Erythromycin	0.25->128	>128	>128
Ciprofloxacin	1-32	0.5	1	Tetracycline	0.5-128	64	128
Oxacillin	≤0.12-2	0.5	1	Vancomycin	0.5-4	2	4
Erythromycin	≤0.12->128	0.5	>128	<i>Enterococcus faecium</i> (82)			
Gentamicin	≤0.12->128	1	64	Gemifloxacin	0.015-128	16	64
Vancomycin	≤0.12-2	1	1	Moxifloxacin	0.03-64	16	32
Methicillin-resistant <i>S. aureus</i> (88)				Gatifloxacin	0.015-128	16	32
Gemifloxacin	0.03->128	4	>128	Levofloxacin	0.015->128	32	64
Moxifloxacin	0.015->128	16	128	Ciprofloxacin	≤0.008->128	32	>128
Gatifloxacin	0.06->128	8	>128	Ampicillin	0.5->128	>128	>128
Levofloxacin	0.25->128	32	>128	Erythromycin	≤0.12->128	>128	>128
Ciprofloxacin	0.25->128	64	>128	Tetracycline	0.25->128	0.5	64
Oxacillin	4->128	>128	>128	Vancomycin	0.25->128	1	>128
Erythromycin	0.25->128	>128	>128	<i>S. pyogenes</i> (41)			
Gentamicin	0.5->128	128	>128	Gemifloxacin	0.015-0.25	0.06	0.25
Vancomycin	0.5-2	1	2	Moxifloxacin	0.015-0.5	0.25	0.5
Methicillin-susceptible coagulase-negative staphylococci (60)				Gatifloxacin	0.03-0.5	0.12	0.5
Gemifloxacin	≤0.008-1	0.03	0.12	Levofloxacin	0.015-2	0.5	1
Moxifloxacin	0.015-4	0.12	0.25	Ciprofloxacin	0.06-2	0.5	1
Gatifloxacin	0.015-4	0.12	0.25	Penicillin	≤0.008-0.5	0.015	0.06
Levofloxacin	0.03-8	0.25	0.25	Ceftriaxone	≤0.008-0.06	0.015	0.03
Ciprofloxacin	0.015-8	0.25	0.5	Erythromycin	0.015->128	0.06	4
Oxacillin	≤0.12-0.25	0.25	0.25	<i>S. agalactiae</i> (30)			
Erythromycin	≤0.12->128	0.25	>128	Gemifloxacin	0.015-0.25	0.06	0.25
Gentamicin	≤0.12-128	0.5	16	Moxifloxacin	≤0.008-0.25	0.25	0.25
Vancomycin	≤0.12-2	1	2	Gatifloxacin	0.12-0.5	0.25	0.25
Methicillin-resistant coagulase-negative staphylococci (63)				Levofloxacin	0.25-2	0.5	1
Gemifloxacin	≤0.008-8	0.12	1	Ciprofloxacin	0.5-4	2	1
Moxifloxacin	0.015-8	0.25	4	Penicillin	≤0.008-1	0.06	0.25
Gatifloxacin	0.03-8	0.25	4	Ceftriaxone	0.015-0.5	0.06	0.12
Levofloxacin	0.12-32	0.25	8	Erythromycin	0.06->128	0.25	>128
Ciprofloxacin	0.015->128	0.25	128	Viridans streptococci (28)			
Oxacillin	0.5->128	4	128	Gemifloxacin	≤0.008-2	0.06	0.25
Erythromycin	≤0.12->128	64	>128	Moxifloxacin	≤0.008-8	0.25	0.5
Gentamicin	0.25->128	64	128	Gatifloxacin	≤0.008-4	0.25	1
Vancomycin	≤0.12-2	1	2	Levofloxacin	≤0.008-32	1	2
<i>Enterococcus faecalis</i> (78)				Ciprofloxacin	≤0.008-64	1	4
Gemifloxacin	≤0.008-8	0.25	8	Penicillin	≤0.008-32	0.25	4
Moxifloxacin	0.06-32	0.5	16	Ceftriaxone	≤0.008-32	0.12	2
				Erythromycin	≤0.008->128	0.06	>128

Table 3. In vitro activity of gemifloxacin, and other antimicrobial agents against Enterobacteriaceae, glucose-nonfermenters, and *Neisseria gonorrhoeae* (Table 3. Continued nest)

Organism (no. of isolates tested), and antimicrobial agent	MIC (mg/L)			Organism (no. of isolates tested), and antimicrobial agent	MIC (mg/L)		
	Range	50%	90%		Range	50%	90%
<i>Escherichia coli</i> (81)				<i>Cefuroxime</i>			
Gemifloxacin	≤0.008->128	0.12	64		0.5->128	4	32
Moxifloxacin	≤0.008-128	0.25	64		<i>Ceftriaxone</i>	≤0.008-64	0.015 2
Gatifloxacin	≤0.008-64	0.06	8		<i>Imipenem</i>	0.06-8	1 4
Levofloxacin	≤0.008-128	0.25	16		<i>Amoxicillin-clavulanic acid</i>	0.5->128	4 64
Ciprofloxacin	≤0.008->128	0.12	>128		<i>Gentamicin</i>	0.25->128	2 >128
<i>Ampicillin</i>	2->128	>128	>128	<i>Non-typhoidal Salmonella spp.</i> (36)			
<i>Cefuroxime</i>	1->128	4	32	<i>Gemifloxacin</i>	≤0.008-0.5	0.03	0.12
<i>Ceftriaxone</i>	≤0.008->128	0.06	16	<i>Moxifloxacin</i>	≤0.008-4	0.12	1
<i>Imipenem</i>	0.03-1	0.25	0.25	<i>Gatifloxacin</i>	≤0.008-0.5	0.06	0.25
<i>Amoxicillin-clavulanic acid</i>	2->128	32	64	<i>Levofloxacin</i>	0.015-0.5	0.06	0.5
<i>Gentamicin</i>	0.25->128	1	>128	<i>Ciprofloxacin</i>	≤0.008-0.5	0.015	0.25
<i>Klebsiella pneumoniae</i> (81)				<i>Ampicillin</i>	0.5->128	2	>128
<i>Gemifloxacin</i>	0.03->128	0.06	4	<i>Cefuroxime</i>	2-16	8	8
<i>Moxifloxacin</i>	0.06->128	0.25	4	<i>Ceftriaxone</i>	0.03-1	0.12	0.12
<i>Gatifloxacin</i>	0.015->128	0.06	2	<i>Imipenem</i>	0.12-2	0.12	0.5
<i>Levofloxacin</i>	0.03->128	0.06	4	<i>Amoxicillin-clavulanic acid</i>	0.5->128	2	4
<i>Ciprofloxacin</i>	≤0.008->128	0.03	2	<i>Gentamicin</i>	0.5-16	0.5	2
<i>Ampicillin</i>	4->128	>128	>128	<i>Citrobacter freundii</i> (62)			
<i>Cefuroxime</i>	0.5->128	4	>128	<i>Gemifloxacin</i>	≤0.008-64	0.5	16
<i>Ceftriaxone</i>	0.015->128	0.06	128	<i>Moxifloxacin</i>	0.015-128	1	16
<i>Imipenem</i>	0.03-4	0.25	4	<i>Gatifloxacin</i>	0.015-32	0.5	4
<i>Amoxicillin-clavulanic acid</i>	0.5->128	8	64	<i>Levofloxacin</i>	0.015-32	0.25	8
<i>Gentamicin</i>	0.25->128	0.5	>128	<i>Ciprofloxacin</i>	≤0.008-32	0.06	4
<i>Klebsiella oxytoca</i> (55)				<i>Ampicillin</i>	2->128	>128	>128
<i>Gemifloxacin</i>	≤0.008-8	0.06	0.25	<i>Cefuroxime</i>	2->128	64	>128
<i>Moxifloxacin</i>	0.03-8	0.12	1	<i>Ceftriaxone</i>	0.015->128	0.5	>128
<i>Gatifloxacin</i>	0.015-2	0.06	0.12	<i>Imipenem</i>	0.03-4	0.25	0.5
<i>Levofloxacin</i>	0.03-2	0.06	0.12	<i>Amoxicillin-clavulanic acid</i>	8->128	128	>128
<i>Ciprofloxacin</i>	≤0.008-2	0.015	0.06	<i>Gentamicin</i>	0.12->128	1	>128
<i>Ampicillin</i>	32->128	64	>128	<i>Enterobacter cloacae</i> (61)			
<i>Cefuroxime</i>	1->128	4	64	<i>Gemifloxacin</i>	≤0.008-64	0.25	16
<i>Ceftriaxone</i>	0.03->128	0.12	32	<i>Moxifloxacin</i>	0.015-128	2	16
<i>Imipenem</i>	0.12-1	0.25	0.5	<i>Gatifloxacin</i>	0.015-32	0.25	16
<i>Amoxicillin-clavulanic acid</i>	1->128	8	32	<i>Levofloxacin</i>	≤0.008-32	0.12	16
<i>Gentamicin</i>	0.25->128	0.5	2	<i>Ciprofloxacin</i>	≤0.008->128	0.12	16
<i>Proteus vulgaris</i> (42)				<i>Ampicillin</i>	2->128	>128	>128
<i>Gemifloxacin</i>	0.015-16	0.25	1	<i>Cefuroxime</i>	2->128	>128	>128
<i>Moxifloxacin</i>	0.12-16	0.5	4	<i>Ceftriaxone</i>	0.03->128	16	>128
<i>Gatifloxacin</i>	0.015-2	0.12	0.5	<i>Imipenem</i>	0.06-4	0.5	2
<i>Levofloxacin</i>	0.015-1	0.06	0.25	<i>Amoxicillin-clavulanic acid</i>	2->128	64	>128
<i>Ciprofloxacin</i>	0.015-1	0.03	0.25	<i>Gentamicin</i>	0.25->128	2	>128
<i>Ampicillin</i>	2->128	>128	>128	<i>Morganella morganii</i> (44)			
<i>Cefuroxime</i>	1->128	>128	>128	<i>Gemifloxacin</i>	0.03-32	0.25	16
<i>Ceftriaxone</i>	≤0.008-4	0.12	1	<i>Moxifloxacin</i>	0.03-64	1	32
<i>Imipenem</i>	0.03-8	2	4	<i>Gatifloxacin</i>	0.03-32	0.25	8
<i>Amoxicillin-clavulanic acid</i>	0.12->128	8	64	<i>Levofloxacin</i>	0.03-32	0.12	8
<i>Gentamicin</i>	0.25-16	0.5	4	<i>Ciprofloxacin</i>	≤0.008-128	0.06	8
<i>P. mirabilis</i> (63)				<i>Ampicillin</i>	16->128	>128	>128
<i>Gemifloxacin</i>	0.03-16	0.25	8	<i>Cefuroxime</i>	8->128	128	>128
<i>Moxifloxacin</i>	0.06-64	1	8	<i>Ceftriaxone</i>	≤0.008->128	0.5	32
<i>Gatifloxacin</i>	0.03-16	0.25	2	<i>Imipenem</i>	1-4	2	4
<i>Levofloxacin</i>	0.03-8	0.12	2	<i>Amoxicillin-clavulanic acid</i>	64->128	>128	>128
<i>Ciprofloxacin</i>	0.015-4	0.06	1	<i>Gentamicin</i>	0.25->128	1	64
<i>Ampicillin</i>	1->128	128	>128	<i>Providencia spp.</i> (32)			
				<i>Gemifloxacin</i>	0.06->128	2	16

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Table 3. (Continued from the previous page) In vitro activity of gemifloxacin, and other antimicrobial agents against Enterobacteriaceae, glucose-nonfermenters, and *Neisseria gonorrhoeae*

Organism (no. of isolates tested), and antimicrobial agent	MIC (mg/L)			Organism (no. of isolates tested), and antimicrobial agent	MIC (mg/L)		
	Range	50%	90%		Range	50%	90%
Moxifloxacin	0.12->128	1	32	Moxifloxacin	0.015-64	8	32
Gatifloxacin	0.12->128	2	32	Gatifloxacin	0.03-32	4	16
Levofloxacin	0.06->128	1	32	Levofloxacin	0.06-32	4	16
Ciprofloxacin	0.03->128	0.5	64	Ciprofloxacin	0.06->128	32	128
Ampicillin	0.25->128	64	>128	Ampicillin	8->128	>128	>128
Cefuroxime	≤0.06->128	2	64	Cefuroxime	8->128	>128	>128
Ceftriaxone	≤0.008->128	0.03	0.5	Ceftriaxone	4->128	>128	>128
Imipenem	0.5-8	1	4	Imipenem	0.06-32	1	8
Gentamicin	0.25->128	8	128	Gentamicin	0.25->128	128	>128
Amoxicillin-clavulanic acid	0.25->128	64	>128	Amoxicillin-clavulanic acid	0.5->128	16	128
<i>Serratia marcescens</i> (61)				<i>Stenotrophomonas maltophilia</i> (63)			
Gemifloxacin	0.03->128	2	16	Gemifloxacin	0.12-16	1	4
Moxifloxacin	0.25-64	8	16	Moxifloxacin	0.12-16	1	4
Gatifloxacin	0.06-64	2	8	Gatifloxacin	0.06-8	0.5	4
Levofloxacin	0.03-64	2	8	Levofloxacin	0.015-16	0.5	4
Ciprofloxacin	≤0.008-64	1	8	Ciprofloxacin	0.5-32	2	16
Ampicillin	8->128	>128	>128	Ampicillin	64->128	>128	>128
Cefuroxime	32->128	>128	>128	Cefuroxime	1->128	>128	>128
Ceftriaxone	0.12->128	32	>128	Ceftriaxone	32->128	>128	>128
Imipenem	0.5-64	2	8	Imipenem	32->128	>128	>128
Amoxicillin-clavulanic acid	8->128	>128	>128	Gentamicin	1->128	128	>128
Gentamicin	0.25->128	16	>128	Amoxicillin-clavulanic acid	16->128	64	>128
<i>Pseudomonas aeruginosa</i> (83)				<i>Neisseria gonorrhoeae</i> (49)			
Gemifloxacin	0.25->128	4	128	Gemifloxacin	≤0.008-8	0.12	0.5
Moxifloxacin	0.5->128	16	128	Moxifloxacin	≤0.008-4	0.25	0.5
Gatifloxacin	0.5-128	4	64	Gatifloxacin	≤0.008-4	0.12	0.25
Levofloxacin	0.25-128	4	64	Levofloxacin	≤0.008-8	0.5	0.5
Ciprofloxacin	≤0.06-64	1	32	Ciprofloxacin	≤0.008-32	0.5	0.5
Ceftazidime	1-128	16	64	Penicillin	0.25->128	32	>128
Imipenem	0.25-128	2	16	Ceftriaxone	≤0.008-0.12	0.03	0.06
Gentamicin	0.5->128	8	>128	Tetracycline	0.5-4	2	4
<i>Acinetobacter baumannii</i> (84)				Spectinomycin			
Gemifloxacin	0.015-64	8	64		2-32	16	32

(15). Although all of the isolates were inhibited by ≤ 1 mg/L of all of the fluoroquinolones tested, gemifloxacin had the lowest MIC₅₀, and MIC₉₀, regardless of β -lactamase production. This finding is consistent with other reports (5-7, 16, 17).

The MIC₉₀s of gemifloxacin for methicillin-susceptible *S. aureus* (MSSA), and methicillin-susceptible, and -resistant coagulase-negative staphylococci were 0.12, 0.12, and 1 mg/L, respectively (Table 2). In the present study, gemifloxacin was 2 to 128-fold more potent than the other quinolones (MIC₉₀ 0.25-128 mg/L), and 2 to ≥ 128 -fold more potent than the non-quinolone comparators (MIC₉₀ 0.25->128 mg/L) for these isolates. Most of the methicillin-resistant *S. aureus* (MRSA) isolates were less susceptible than MSSA to all of the fluoroquinolones.

None of the *E. faecalis* isolates in this study were resistant to vancomycin, while 20% of the *Enterococcus faecium* isolates were vancomycin resistant (Table 2). The MIC₅₀ (0.25 mg/L), and MIC₉₀ (8 mg/L) of gemifloxacin were 2 to 8-fold lower than the other quinolones for *E. faecalis*. Gemifloxacin was the most

potent of the fluoroquinolones studied against *E. faecalis*; however, strains with reduced gemifloxacin susceptibilities were noted, particularly in *E. faecium*. For streptococci other than *S. pneumoniae*, the MIC₉₀ of gemifloxacin was 0.25 mg/L, which was 1- to 16-fold lower than that of the other quinolones.

The in vitro activity of fluoroquinolones against Gram-negative bacilli was found to vary significantly, depending on species. In general, the MICs of ciprofloxacin were lower than those of the other quinolones for Gram-negative bacilli, except for *E. coli*, *Providencia* spp., *Acinetobacter baumannii*, and *Stenotrophomonas maltophilia*. The MIC₉₀s of gemifloxacin for *K. oxytoca*, *Proteus vulgaris*, and non-typhoidal *Salmonella* were 0.25, 1.0, and 0.12 mg/L, respectively, while those for other Enterobacteriaceae were 4-64 mg/L, which were similar to or slightly higher than those of ciprofloxacin (Table 3). None of the *N. gonorrhoeae* isolates tested were susceptible to penicillin. The MIC₉₀ of ciprofloxacin was 0.5 mg/L, and 92% of *N. gonorrhoeae* were non-susceptible to ciprofloxacin. This rate was higher than that of other reports. Ciprofloxacin-non-sus-

ceptible *N. gonorrhoeae* also showed reduced susceptibility to other fluoroquinolones, but the MIC₅₀s of gemifloxacin, and gatifloxacin were 4-fold lower than that of ciprofloxacin.

The quinolones are absorbed quickly, attaining maximum plasma concentration within 1-2 hr of oral administration. The maximum plasma concentrations (bronchial mucosa: plasma ratios) were 1.2 mg/L (7.2), 1.2 mg/L (2.1), 3.9 mg/L (1.7), 5.1 mg/L (1.6), and 2.3 mg/L (1.7) with a single oral administration of 320 mg gemifloxacin, 200 mg moxifloxacin, 400 mg gatifloxacin, 500 mg levofloxacin, and 500 mg ciprofloxacin, respectively (18, unpublished data). Therefore, it was considered those concentrations of fluoroquinolones in bronchial mucosa were 8.6, 2.5, 6.6, 8.2, 3.9 mg/L, respectively.

In conclusion, gemifloxacin was most active in vitro against Gram-positive species, including respiratory pathogens isolated in Korea. Therefore, gemifloxacin should be useful for the treatment of the majority of respiratory, and other infections, especially those due to Gram-positive cocci.

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REFERENCES

- Kunin CM. Antibiotic Armageddon. *Clin Infect Dis* 1997; 25: 240-1.
- Cormican MG, Jones RN. Antimicrobial activity and spectrum of LB20304, a novel fluoronaphthyridone. *Antimicrob Agents Chemother* 1997; 41: 204-11.
- Hannan PC, Woodnutt G. In vitro activity of gemifloxacin (SB 265805; LB20304a) against human mycoplasmas. *J Antimicrob Chemother* 2000; 45: 367-9.
- Oh JI, Paek KS, Ahn MJ, Kim MY, Hong CY, Kim IC, Kwak JH. In vitro and in vivo evaluation of LB20304, a new fluoronaphthyridone. *Antimicrob Agents Chemother* 1996; 40: 1564-8.
- Deshpande LM, Jones RN. Antimicrobial activity of advanced-spectrum fluoroquinolones tested against more than 2000 contemporary bacterial isolates of species causing community-acquired respiratory tract infections in the United States. *Diag Microbiol Infect Dis* 2000; 37: 139-42.
- King A, May J, French G, Phillips I. Comparative in vitro activity of gemifloxacin. *J Antimicrob Chemother* 2000; 45(Suppl 1): 1-12.
- Wise R, Andrews JM. The in-vitro activity and tentative breakpoint of gemifloxacin, a new fluoroquinolone. *J Antimicrob Chemother* 1999; 44: 679-88.
- Lee K, Chang CL, Lee NY, Kim HS, Hong KS, Cho HC, Korean Nationwide Surveillance of Antimicrobial Resistance Group. Korean nationwide surveillance of antimicrobial resistance of bacteria in 1998. *Yonsei Med J* 2000; 41: 497-506.
- National Committee for Clinical Laboratory Standards. *Performance Standards for Antimicrobial Susceptibility Testing-Tenth Informational Supplement (Aerobic Dilution): M100-S10 (M7)*. Wayne, PA: NCCLS, 2000.
- Doern GV, Heilmann KP, Huynh HK, Rhomberg PR, Coffman SL, Brueggemann AB. Antimicrobial resistance among clinical isolates of *Streptococcus pneumoniae* in the United States during 1999-2000, including a comparison of resistance rates since 1994-1995. *Antimicrob Agents Chemother* 2001; 45: 1721-9.
- Sahm DF, Peterson DE, Critchley IA, Thornsberry C. Analysis of ciprofloxacin activity against *Streptococcus pneumoniae* after 10 year of use in the United States. *Antimicrob Agents Chemother* 2000; 44: 2512-4.
- Yamaguchi K, Miyazaki S, Kashitani F, Iwata M, Kanda M, Tsujio Y, Okada J, Tazawa Y, Watanabe N, Uehara N. Activities of antimicrobial agents against 5,180 clinical isolates obtained from 26 medical institutions during 1998 in Japan. *Jpn J Antibiot* 2000; 53: 387-408.
- Chen DK, McGeer A, de Azavedo JC, Low DE. Decreased susceptibility of *Streptococcus pneumoniae* to fluoroquinolones in Canada. *N Engl J Med* 1999; 341: 233-9.
- Whitney CG, Farley MM, Hadler J, Harrison LH, Lexau C, Reingold A, Lefkowitz L, Cieslak PR, Cetron M, Zell ER, Jorgensen JH, Schuchat A. Increasing prevalence of multidrug-resistant *Streptococcus pneumoniae* in the United States. *N Engl J Med* 2000; 343: 1917-24.
- Doern GV, Jones RN, Pfaller MA, Krugler K. *Haemophilus influenzae* and *Moraxella catarrhalis* from patients with community-acquired respiratory tract infections: antimicrobial susceptibility patterns from the SENTRY Antimicrobial Surveillance Program (United States and Canada, 1997). *Antimicrob Agents Chemother* 1999; 43: 385-9.
- McCloskey L, Moore T, Niconovich N, Donald B, Broskey J, Jakielaszek C, Rittenhouse S, Coleman K. In vitro activity of gemifloxacin against a broad range of recent clinical isolates from the USA. *J Antimicrob Chemother* 2000; 45(Suppl 1): 13-21.
- Rittenhouse S, McCloskey L, Broskey J, Niconovich N, Jakielaszek C, Poupard J, Coleman K. In vitro antibacterial activity of gemifloxacin and comparator compounds against common respiratory pathogens. *J Antimicrob Chemother* 2000; 45(Suppl 1): 23-7.
- Zhanel GG, Noreddin AM. Pharmacokinetics and pharmacodynamics of the new fluoroquinolones: focus on respiratory infections. *Curr Opin Pharmacol* 2001; 1: 459-63.