LETTER TO THE EDITOR

Addendum to:

Coagulase-negative Staphylococcus bacteraemia accounts for one third of Staphylococcus bacteraemia in a French university hospital

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Dear Editor,

The study conducted in 2008 in our hospital was repeated in 2010 to confirm the epidemiological trends published in this article. The definitions and the methodology were exactly the same except that vancomycin, teicoplanin and daptomycin Minimum Inhibitory Concentrations (MIC) were systematically determined by E-Test method for all methicillin-resistant (MR) strains and that a Staphylococcus strain was defined as « multiresistant » when it was MR and resistant to 3 other classes of antibiotics.

One hundred and fifty Staphylococcus bacteraemia occurred in 2010. Forty coagulase negative Staphylococcus (CoNS) were isolated, giving an incidence of CoNS bacteraemia of 0,51 per 1000 admissions. CoNS were found to represent in 2010 one quarter (26,7%) of all Staphylococcus bacteraemia in Reims hospital.

Epidemiological trends were comparable to those previously reported in this article :

- S. epidermidis was the most frequently isolated species among CoNS,
- the differences between population experiencing CoNS and SA bacteraemia were the same as previously reported, except that CoNS bacteraemia were more frequently nosocomial in 2010
- the mortality rate was 28,1% for SA bacteraemia and 20,0% for CoNS bacteraemia respectively (p=0,31). Factors significantly associated with mortality such as acute renal failure were the same as previously reported for SA and CONS bacteraemia.

MR CoNS were in 2010 more frequently « multiresistant » than MR SA (16/26 versus 3/23; p=0,0005). Vancomycin, teicoplanin and daptomycin MIC 50 and MIC 90 were more elevated in MR CoNS than in MR SA : 2,00 and 3,00 mg/l versus 1,50 and 1,50 mg/l (p=0,0001), 6,00 and

16,00 mg/l versus 0,75 and 2,00 mg/l ($p=0,0001$) and 0,25 and 0,50 mg/l versus 0,13 and 0,25 mg/L ($p=0,0025$) respectively.

CoNS are more resistant to antibiotics and consistently account for one quarter to one third of *Staphylococcus bacteraemia* in our hospital.