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**Control of colonisation
with extended-spectrum
β-lactamase-producing
bacteria: reply to Zandstra et al.**

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Dear Editor,

We thank Dr Zandstra and colleagues for their interest in our study [1]. First, as they correctly identified, our study focused on a better understanding of the current epidemiology of ESBL-PE in ICUs, and on factors associated with infections due to these multi-drug resistant Gram-negative bacilli (MDR-GNB) in the current context of an increasingly high carriage rate in the hospital or in the community—whether in the Paris area or many other places around the world—in order to help intensivists better targeting, and if possible, contain the increasing empiric use of carbapenems and spiralling resistance. While preventing spread of these organisms is a major objective, this is rather the central theme of the large EU-funded (FP-6) MOSAR-ICU trial (www.Mosar-sic.org) which hopefully will soon be published [2], and of which this study was a substudy.

Second, the citation of our paper that “additional measures may be warranted to control the spread of the latter (*Klebsiella*, *Enterobacter*) species”, in no way excluded the use of SDD for this purpose, aside from strengthening contact precautions. We are grateful to the authors of their recalling our

earlier experience with SDD during one of the first large outbreak of ESBL-producing *K. pneumoniae* in the late 1980s [3], and still believe this study stands as a proof-of-concept landmark study. However, Zandstra et al. also very well know that SDD has not been widely accepted for routine use outside of the Netherlands—i.e., in areas where resistance rates are substantially higher—despite the numerous published studies and meta-analyses, for a number of reasons [4]. The most recent large Dutch trial [5] shows only limited effects on outcomes of patients, and we do not know whether its results are generalizable to other settings; besides, in the current context where colimycin is back as a last-resort antibiotic therapy for patients infected with carbapenamase-producing GNB, there is the more than ever worrisome concern of possible emergence of resistance to colimycin in patients receiving SDD.

The epidemiological context has markedly changed since the first ESBL outbreaks in the eighties, and now that these organisms are endemic worldwide, we believe the time has indeed come to reassess the potential value of SDD to control MDR-GNB, and especially ESBL-PE. This will be the focus of the next FP-7 EU-funded project we will be running soon, called R-GNOSIS (http://ec.europa.eu/research/health/infectious-diseases/antimicrobial-drug-resistance/projects/086_en.html), where the impact of SDD, and oro-pharyngeal decontamination with antibiotics or with chlorhexidine on colonization and infection rates with MDR-GNB will be compared within a large trial in European ICUs with endemic resistance rates.

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