4 多剤耐性菌
Multidrug-resistant bacteria

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Summary

Multidrug-resistant（MDR）has been defined as acquired non-susceptibility to at least one agent in three or more antimicrobial categories. In Japan, three MDR bacterial infection, methicillin-resistant *Staphylococcus aureus*（MRSA）, multidrug-resistant *Pseudomonas aeruginosa*（MDRP）and multidrug-resistant *Acinetobacter* spp.（MDRA）are sentinel and notifiable disease under the infection control law. MRSA emerged and became endemic among healthcare settings in Japan during 1980s. In early 1990s, about 70% of *S. aureus* were resistant to methicillin and its drastic increase was a drive force for establishment of infection control programs in Japan. Since late 2000, not only MRSA but also MDRP cases of infection has been decreasing which may due to the improved infection control practices. MDRA, which is highly endemic in most of the Asian countries, is still rare in Japan as only 38 cases were reported in 2015. In addition to research and development of new antimicrobial agents, further implementation of antimicrobial stewardship and infection control measurement is crucial to contain MDR bacteria.

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I 多剤耐性菌の定義

多剤耐性（multidrug-resistant：MDR）は，その言葉通りであれば1剤以上，つまり複数の抗菌薬に対する耐性を示す．しかし，多様な薬剤耐性菌の出現と蔓延が問題となるなか，臨床的に重要な抗菌薬のほとんどに耐性の場合を多剤耐性と呼ぶ一方で，同じ系統に属する複数の抗菌薬（例：いずれも第3世代セファロスポリン系抗菌薬であるセフタジジムとセフォタキシム）に耐性であっても多剤耐性と呼びうるため，異なる研究や地域別の比較が困難な状況となっていた．これらの問題に対応すべく，2012年に米国と欧州の専門家らを中心とした検討班により，MDR のほか，extensively drug-resistant

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