STATENS SERUM INSTITUT

Staphylococcus aureus bacteraemia

Cases in Denmark 2024

This report describes the laboratory and clinical characteristics of the 2,461 cases of *Staphylococcus aureus* bacteraemia (SAB) in Denmark in 2024. SAB has been surveyed by submission of blood culture isolates since 1957. The National Reference Laboratory for Antimicrobial Resistance (NRL-AMR) at Statens Serum Institut has undertaken strain characterization and collection of clinical and epidemiological information in collaboration with the Danish Departments of Clinical Microbiology (DCM).

Acknowledgement

Isolates from SAB cases were received from all DCMs. We are grateful for their voluntary submission.

Lone Ryste Hansen Kildevang, Ditte Marie Brix and Stine Frese are thanked for technical assistance in the laboratory.

The location of the Danish Departments of Clinical Microbiology. The colors indicate the five regions which provide tax-paid health services to the Danish population

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List of abbreviations

CC:	Clonal complex
CLSI:	Clinical and Laboratory Standards Institute
DCM:	Department of Clinical Microbiology
DCRS:	Danish Civil Registration System
EUCAST:	The European Committee on Antimicrobial Susceptibility Testing
ICD-10:	International Classification of Diseases
LA-CC398:	Livestock associated clonal complex 398
***luk*F/S-pv:**	Genes encoding the Panton-Valentine leucocidin
***mec*A:**	The gene encoding for methicillin resistance
***mec*C:**	The gene coding for a variant *mec*A gene
MiBa:	The Danish Microbiology Database
MLST:	Multi Locus Sequence Typing
MSSA:	Methicillin-susceptible *Staphylococcus aureus*
MRSA:	Methicillin-resistant *Staphylococcus aureus*
NPR:	The Danish National Patient Register
PCR:	Polymerase Chain Reaction
SAB:	*Staphylococcus aureus* bacteraemia
***spa*:**	The gene encoding the staphylococcal protein A

1. Materials and Methods

1.1 *Staphylococcus aureus bacteraemia* (SAB) episodes

The Departments of Clinical Microbiology in Denmark referred one *S. aureus* isolate per bacteraemia episode to the NRL-AMR as part of the voluntary national SAB surveillance established in 1957. Subsequent isolates from the same patient were only included if the positive blood cultures were drawn at least one month apart (new episode).

Medical information on comorbidities and secondary foci (assessed three months after the onset of SAB) was extracted from The Danish National Patient Register (NPR) for each patient with SAB. The register contains information for all occasions a resident is in contact with the health care system in Denmark (Lynge *et al.* 2011). Comorbidities listed in the Charlson comorbidity index (1987) were extracted based on the ICD-10 codes by Quan et al. (2005); for intravenous drug use the definition of Elixhauser *et al.* (1998) was used. A comorbidity index score was calculated based on the revised weights by Quan *et al.* (2011). Thirty-day all cause case fatality was calculated based on data extracted from the Danish Civil Registration System (DCRS, Pedersen *et al.* (2006)). Demographic data was obtained from the homepage of Statistics Denmark https://www.statistikbanken.dk/20021.

Negative binomial regression analysis was used to analyse for trends for incidence of SAB, number of methicillin-resistant SAB and prevalence of *spa* types and clonal complex in relation to the total number of SAB cases (Stata 14.2, StataCorp, College Station, USA).

1.2 Typing

PCR detection of the *spa* gene confirmed the submitted isolates to be *S. aureus*. The PCR simultaneously detected the *spa*, *mec*A, *mec*C, and *luk*F/S-pv genes (*pvl*) (Stegger *et al.* 2012). The isolates were typed by sequencing of the *spa* gene. *spa* types were annotated using Bionumerics 8.1 (Applied Maths, Sint-Martens-Latem, Belgium) and Ridom SeqSphere+ 10.0.0 (Ridom GmbH, Münster, Germany). *spa* types were approximated to multilocus sequence typing (MLST) clonal complexes (CC).

1.3 Antimicrobial susceptibility data

The NRL-AMR extracted data on antimicrobial susceptibility from the Danish Microbiology Database (MiBa). The first *S. aureus* isolate per patient per year from blood was included. Results from antimicrobial susceptibility testing to penicillin, erythromycin, clindamycin, tetracycline, rifampicin, gentamicin, fusidic acid, sulfamethizol-trimethoprim, linezolid, mupirocin, vancomycin, and moxifloxacin were retrieved.

2. Results

2.1 Cases and incidence

In 2024, a total of 2,461 cases of SAB were recorded (Figure 1) of which 2,203 patients (90%) had their first episode. This is a small decrease compared to the number of cases in 2023 (2,571). The number of cases has in general increased every year, most notably in the last decade. The number of cases in 2024 was thus 25% higher compared to 2015. The Danish population constituted 5,961,249 citizens by January 1st 2024 and the incidence rate of SAB was 41.3/100,000 inhabitants (Figure 2). The incidence rate has increased in average by 3% each year in the last decade. Methicillin-resistant *S. aureus* (MRSA) was identified from 47 cases (1.9%) (Figure 3) and the incidence rate of SAB-MRSA was 0.79/100,000 inhabitants (Figure 4). In the last ten years there has been no significant changes in the numbers of SAB MRSA in relation to annual numbers of SAB. There were more males than females (64% males vs. 36% females) among the cases of SAB in 2023. This proportion has been relatively constant with males comprising 60%-64% of cases during the last 20 years.

Figure 1. Number of SAB cases in Denmark 1960-2024

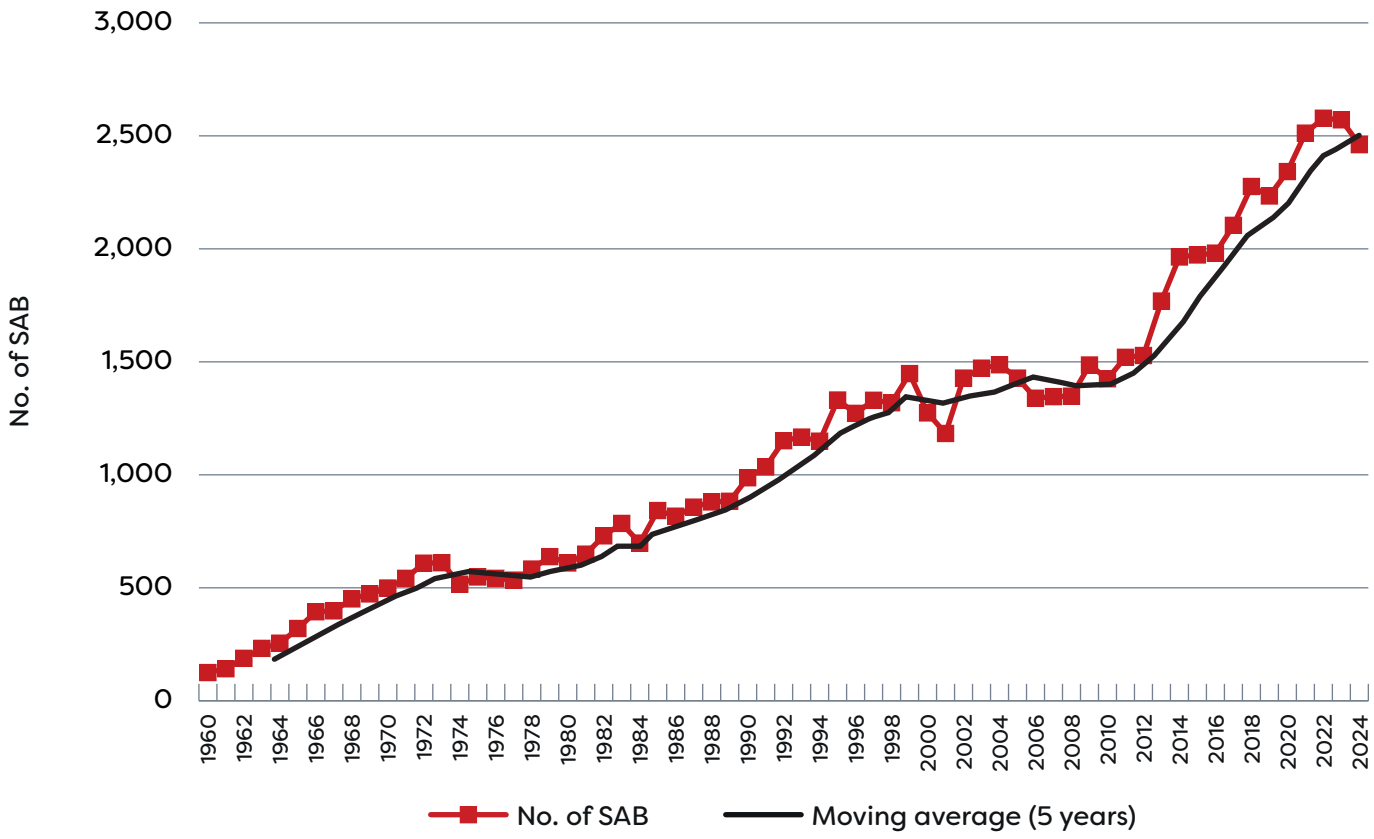


Figure 2. Incidence rate of SAB in Denmark per 100,000 inhabitants 1990-2024

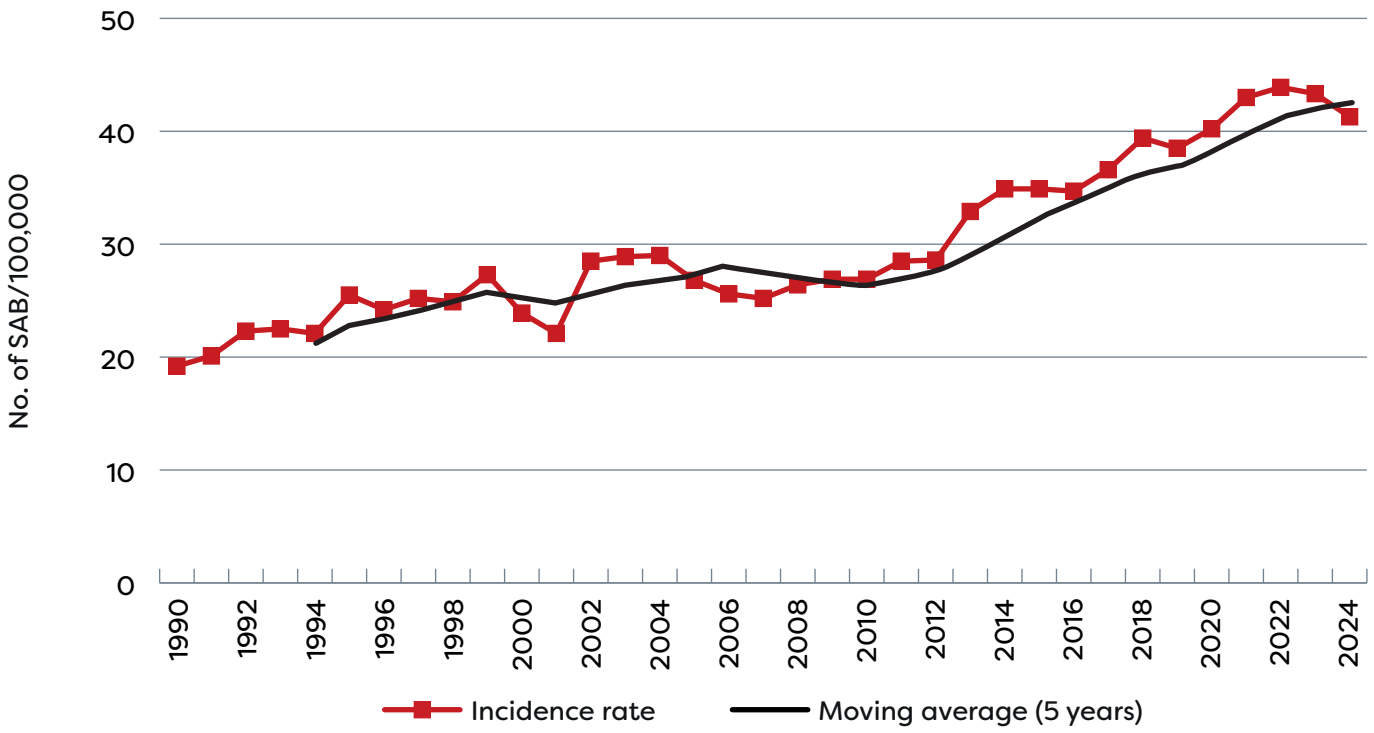


Figure 3. Number of SAB MRSA cases in Denmark 2005-2024

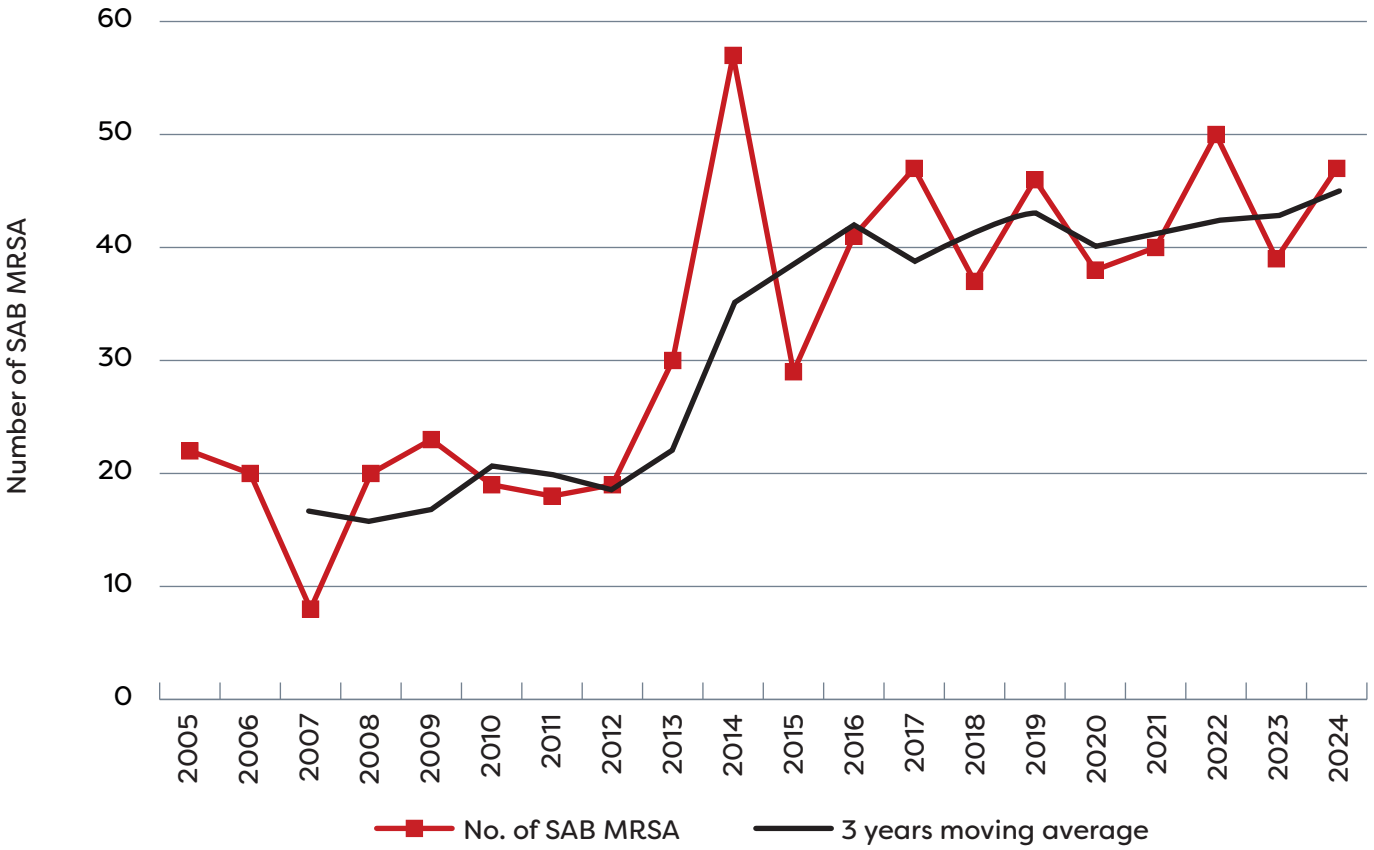
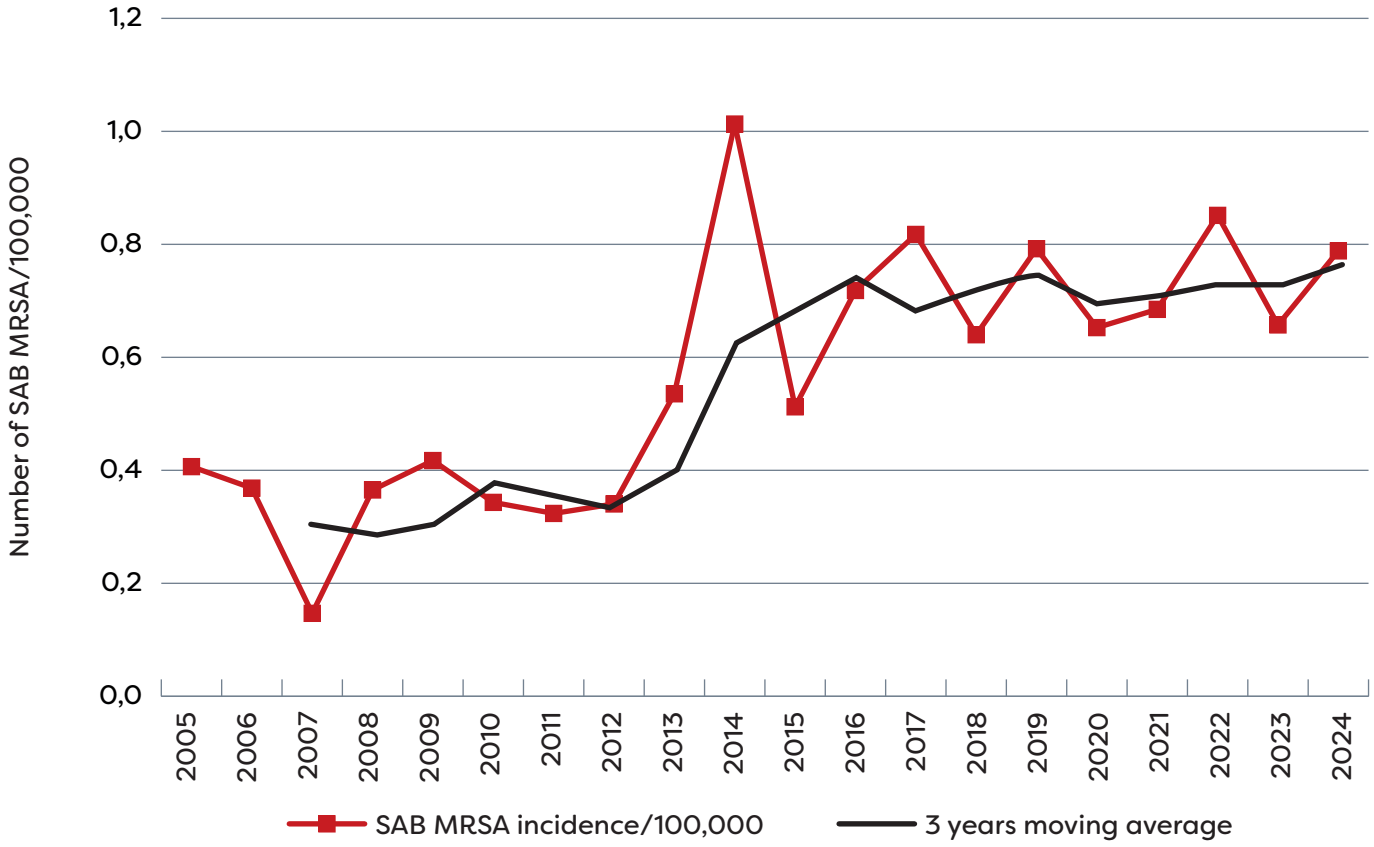


Figure 4. Incidence rate of SAB MRSA cases in Denmark per 100,000 inhabitants 2005-2024



2.2 Age distribution

Eighty-four percent of the SAB patients in 2024 were older than 50 years and 29% were older than 80 years (Figure 5). The Danish population only included 4.6% older than 80 years in 2024 and the incidence of SAB among people above 80 years of age (261/100,000 inhabitants) was eight times higher than for the rest of the population (30.7/100,000 inhabitants). In the last decade the incidence for age groups 71-80 and 80+ increased significantly with 1.5% and 2.7% per year, respectively (Figure 6). A significant increase in incidence was also seen in the age group 11-20 (5%). The remaining age groups saw no significant changes in the incidence.

Figure 5. Age distribution of SAB patients and the Danish population in 2024 (%)

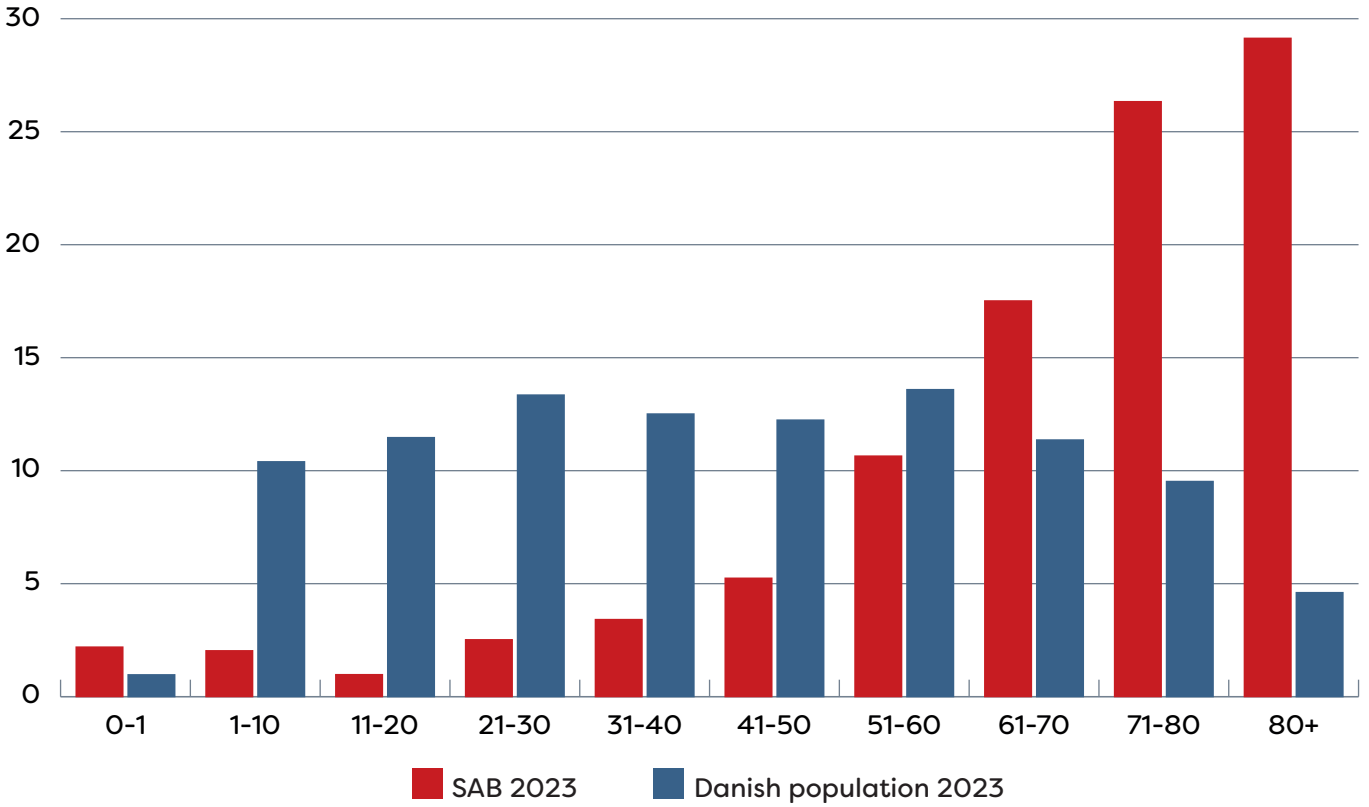
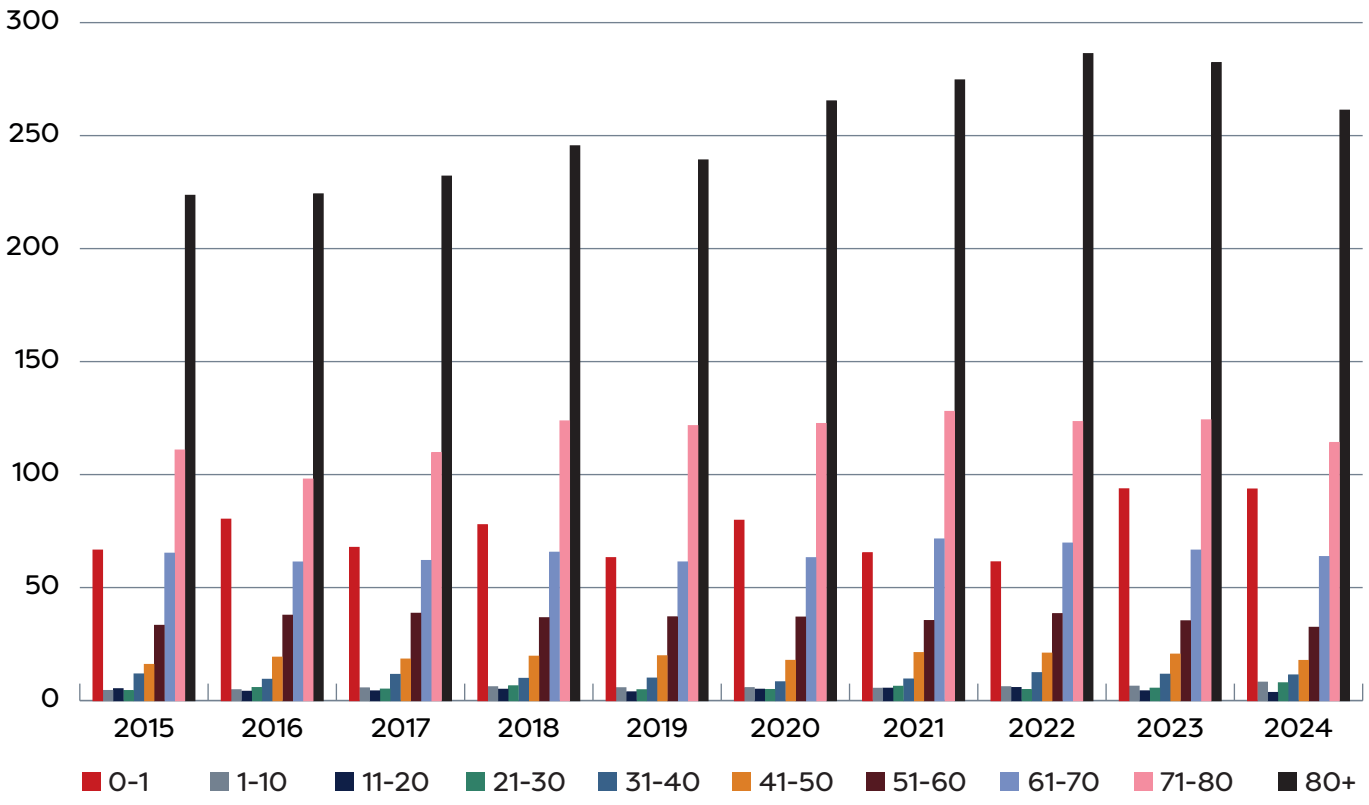


Figure 6. Incidence of SAB per age group among Danish cases 2015-2024



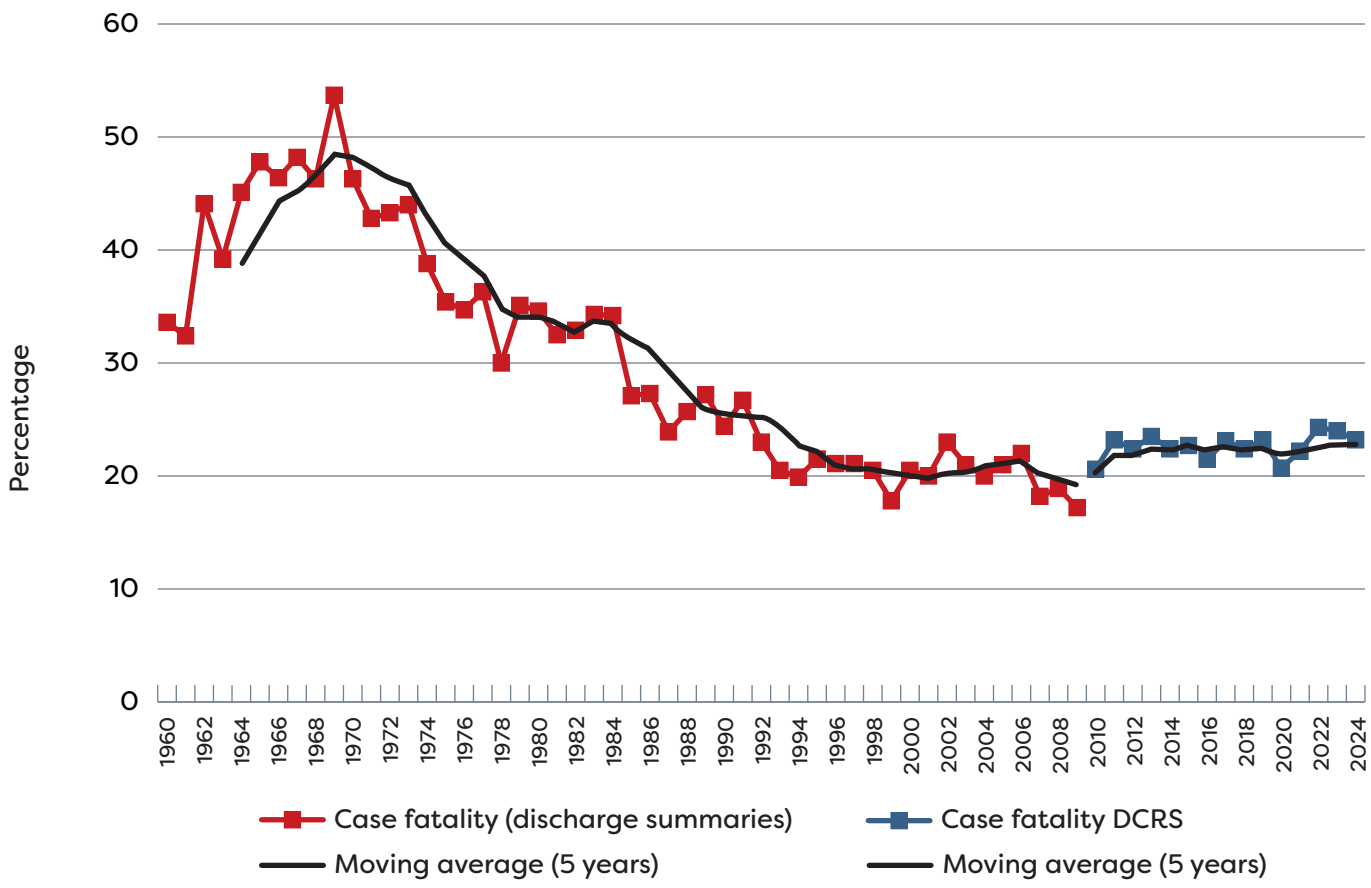
2.3 Case fatality

The 30-day all-cause case fatality was 23% in 2024 (Table 1). The rate has been between 21-24% in the last decade (Figure 7), but was more than 40% in the beginning of the 1970'ies and above 30% until the mid-80'ies. There was no difference in 30-day all-cause case fatality between men and women (22.3% and 24.9%, respectively, p=0.16, Fisher's exact test). Case fatality was higher in patients between 0-1 year, compared to patients between 1-60. Patients above 80 years had a case fatality rate of 39% (Table 1). The case fatality rate has been relatively constant for all age groups the last decade..

Table 1. Case fatality among Danish SAB patients in 2024 by age group and in total

Age group (years)	0-1	1-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	80+	Total
No. SAB	54	50	24	62	84	129	262	431	648	717	2,461
No. case fatality	6	1	2	1	0	12	26	86	157	281	572
% case fatality	11	2	8	1.6	0	9	10	20	24	39	23

Figure 7. 30-day all-cause case fatality (%) of Danish SAB patients 1960-2024



Until 2009, data was extracted from discharge notes. From 2010 and onwards 30-day, all-cause case fatality was extracted from the Danish Civil Registration System (DCRS)

The most prevalent *spa* types among the 572 isolates from cases dying within 30 days did not differ from the overall distribution of *spa* types. Thus, the outcome of SAB did not seem to depend on the specific type of *S. aureus* causing infection. Four patients with a *pvl* positive isolate (see section 2.6) died within thirty days from a positive blood culture. The proportion (12.5%) was lower, but not significantly different from *pvl* negative cases (23.4%, p=0.20, Fisher's exact test). However, in the last decade 15.4% of patients with a *pvl* positive isolate died, compared to 22.9% with a *pvl* negative isolate. This difference is significant (p=0.0029, Chi-square test with Yates correction). Thirty-day case fatality among cases with MRSA was lower, but not significantly different from cases with MSSA (12.8% vs. 23.4%, p=0.11, Fisher's exact test).

2.4 Secondary infections

In 2024, 25% of the cases was registered with one or more secondary infections within three months after SAB, corresponding to 618 patients. Endocarditis was the most prevalent secondary infection, followed by spondylitis, prosthetic infection, and arthritis (Table 2). Myositis, abdominal abscesses and tenosynovitis were all registered in less than 1%. The prevalence of secondary infections in SAB patients did not show any significant changes in the last 10 years (Figure 8), except for arthritis which decreased by in average 2.7% each year (p=0.033). With the increasing numbers of cases, increasing numbers of secondary infections have been recorded, most notably for endocarditis (Figure 9).

Table 2. The most common secondary infections (%) among Danish SAB patients in 2024, recorded until three months after admission

Endocarditis	Spondylitis	Prosthetic infection	Arthritis	Osteomyelitis	Central nervous system
10.5	5.7	4.9	3.0	2.2	1.7

Figure 8. Prevalence of specific secondary infections (%) among Danish SAB patients 2015-2024, recorded until three months after admission

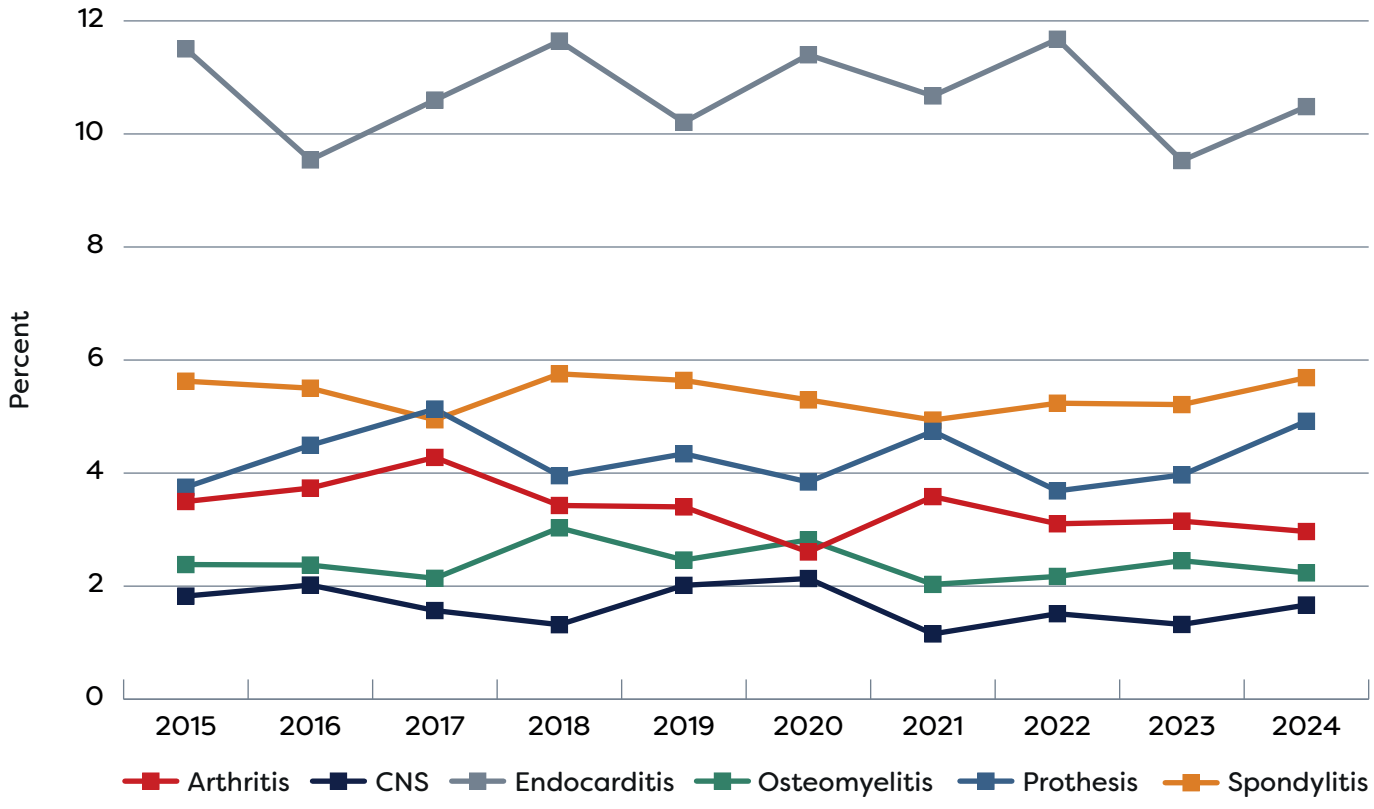
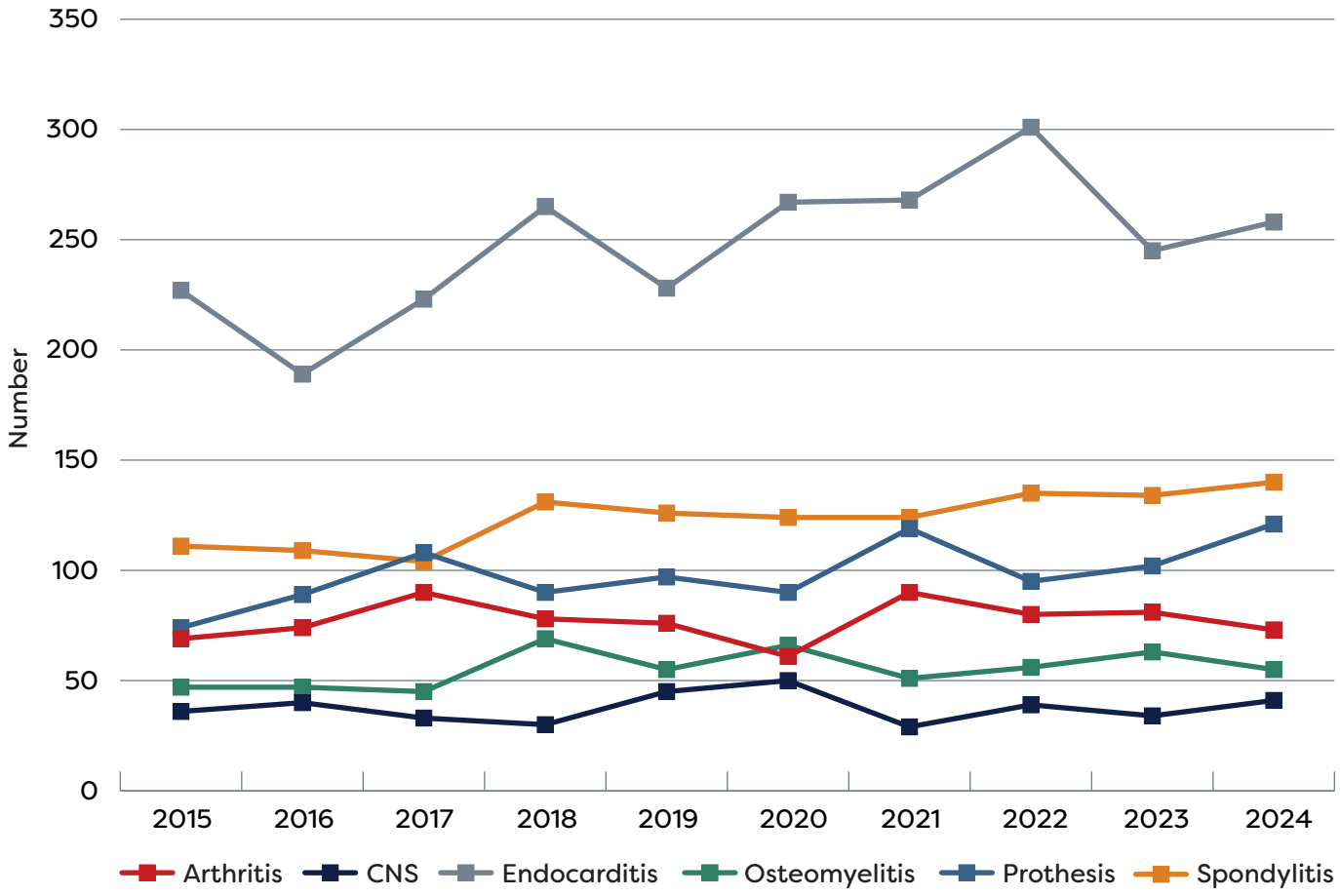


Figure 9. Number of secondary infections among Danish SAB cases 2015-2024, recorded until three months after admission



2.5 Comorbidities

SAB is often associated with comorbidity. In 2024, 906 cases (37%) had no comorbidities registered or a comorbidity index score (CIS) of 0, while 934 cases (38%) had a CIS of 1-2, and 621 cases (25%) had a score of more than 2. This distribution has been constant during the last decade. Comorbidities were more often seen in older patients (Table 3). Malignancy (23%), diabetes without chronic complication (19%), and cerebrovascular disease (15%) were the most frequently registered comorbidities among SAB patients in 2024 (Table 4). These three comorbidities have been among the most prevalent for the last ten years. Overall, the prevalence of comorbidities has been very stable for this period (Figure 10).

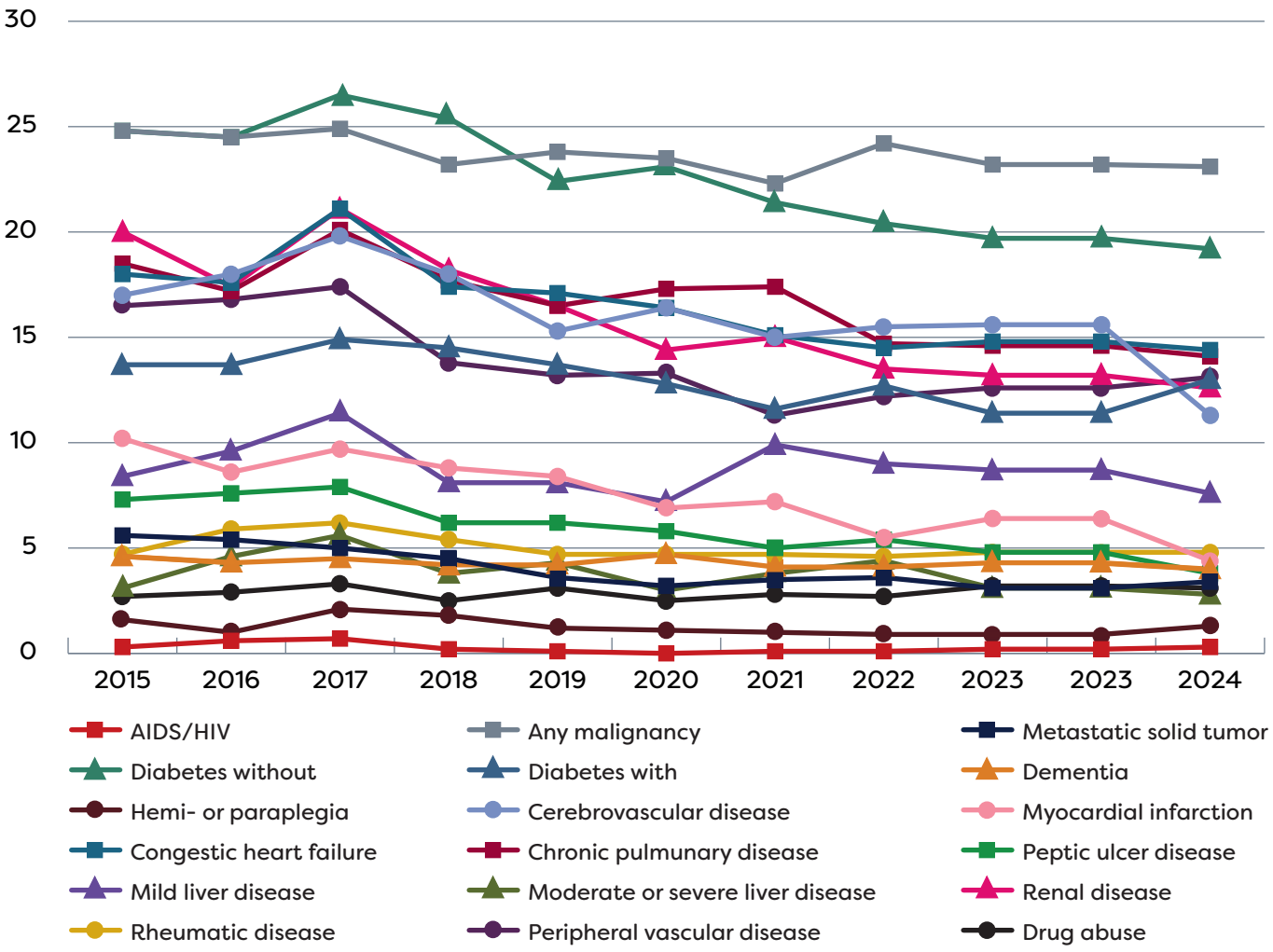
Table 3. Prevalence (%) of comorbidity index score (CIS) per age group among Danish SAB cases 2024

	Age group									
CIS	**0-1**	**1-10**	**11-20**	**21-30**	**31-40**	**41-50**	**51-60**	**61-70**	**71-80**	**80+**
0	94	60	75	45	40	30	36	36	32	35
1-2	6	38	25	45	43	38	39	38	38	39
>2	0	2	0	10	17	32	24	26	30	26

Table 4. Prevalence (%) of comorbidities among Danish SAB cases 2024

Comorbidity	Total
AIDS/HIV	<1
Any malignancy	23
Metastatic solid tumor	3
Diabetes without chronic complication	19
Diabetes with chronic complication	13
Dementia	4
Hemiplegia or paraplegia	1
Cerebrovascular disease	15
Myocardial infarction	4
Congestive heart failure	14
Chronic pulmonary disease	14
Peptic ulcer disease	4
Mild liver disease	8
Moderate or severe liver disease	3
Renal disease	13
Rheumatic disease	5
Peripheral vascular disease	11
Drug abuse	3

Figure 10. Prevalence (%) of comorbidities among Danish SAB patients 2015-2024



2.6 Typing

A total of 709 different *spa* types were identified, and the ten most common *spa* types accounted for 31% of the isolates (Table 5) while 466 *spa* types only were found in one case. Six isolates could not be typed. The diversity of *spa* types has been constant in the last decade as the number of different *spa* types closely follow the numbers of SAB cases. The top ten *spa* types in 2024 were the same as in 2023 with the exception of t571. This type has increased by in average 17% in the last decade and was the seventh most prevalent *spa* type in 2024. *spa* type t1451 which only was found among four SAB patients in 2015, has increased by in average 27% each year since and has in the last three years been among the ten most common *spa* types among Danish SAB patients. The remaining top ten *spa* types have been among the most prevalent since 2016 with some differences in ranking and some showed significant in- or decreases in the last decade (Table 5). Assignment to MLST CC was possible for 2,330 isolates (95%). In the remaining cases, assignment was not possible due to an unresolved relationship with MLST typing. A total of 30 MLST CC were assigned. The three most prevalent CC constituted 40% of the SAB isolates in 2024 while the 10 most prevalent constituted 84% (Table 6). The most remarkable change of CC in the last decade was for CC398, which had an annual significant increase of 17% (Table 6). The successful *spa* types t571 and t1451 both belong to CC398. Thirty-two SAB isolates were *pvl* positive (1.3%), of which four were MRSA (t008/CC8, t342/CC30 and t355/ST152/377). The *pvl* positive isolates were distributed among 22 different *spa* types and 11 MLST CC groups; four isolates had an unresolved relationship with MLST CC typing.

2.6.1 Livestock associated CC398 (LA-CC398)

CC398 MRSA isolates have a reservoir in livestock, in Denmark primarily pigs, and CC398 MSSA may also originate from animals. CC398 constituted 173 SAB cases (7%) in 2024 of which 7 were LA-MRSA. Two of the LA-MRSA patients had contact to livestock. One of the LA-MRSA patients died within 30 days of diagnosis (14.3%). Since 2007, 19 SAB patients with LA-MRSA have died within 30 days. Case fatality rate among SAB CC398 MSSA in 2024 was 22.3%.

Table 5. Number and prevalence of the ten most prevalent *spa* types among Danish SAB episodes in 2024 and the 10-year trend

spa type/CC group	Number (%)	Trend
t127/CC1	135 (5.5)	ns
t084/CC15	114 (4.6)	ns
t091/CC7	107 (4.3)	1.02
t002/CC5	83 (3.4)	0.97
t1451/CC398	71 (2.9)	1.27
t008/CC8	53 (2.2)	ns
t571/CC398	50 (2.0)	1.17
t230/CC45	50 (2.0)	0.95
t012/CC30	49 (2.0)	0.97
t021/CC30	47 (1.9)	ns

Trend is shown as significant in- or decrease per year of the particular *spa* type relative to the total number of SAB cases. Values below 1 denotes decrease, values above 1 denotes increase, ns denotes no significant trend.

Table 6. Number and prevalence of the ten most prevalent CC groups among Danish SAB episodes in 2024 and the 10-year trend

CC group	Number (%)	Trend
CC45	343 (14)	0.97
CC15	340 (14)	1.02
CC30	297 (12)	ns
CC5	233 (9)	ns
CC1	226 (9)	ns
CC398	173 (7)	1.17
CC7	144 (6)	1.03
CC8	121 (5)	0.97
CC22	119 (5)	ns
CC97	71 (3)	ns

Trend is shown as significant in- or decrease per year of the particular *spa* type relative to the total number of SAB cases. Values below 1 denotes decrease, values above 1 denotes increase, ns denotes no significant trend.

2.7 Antimicrobial susceptibility testing

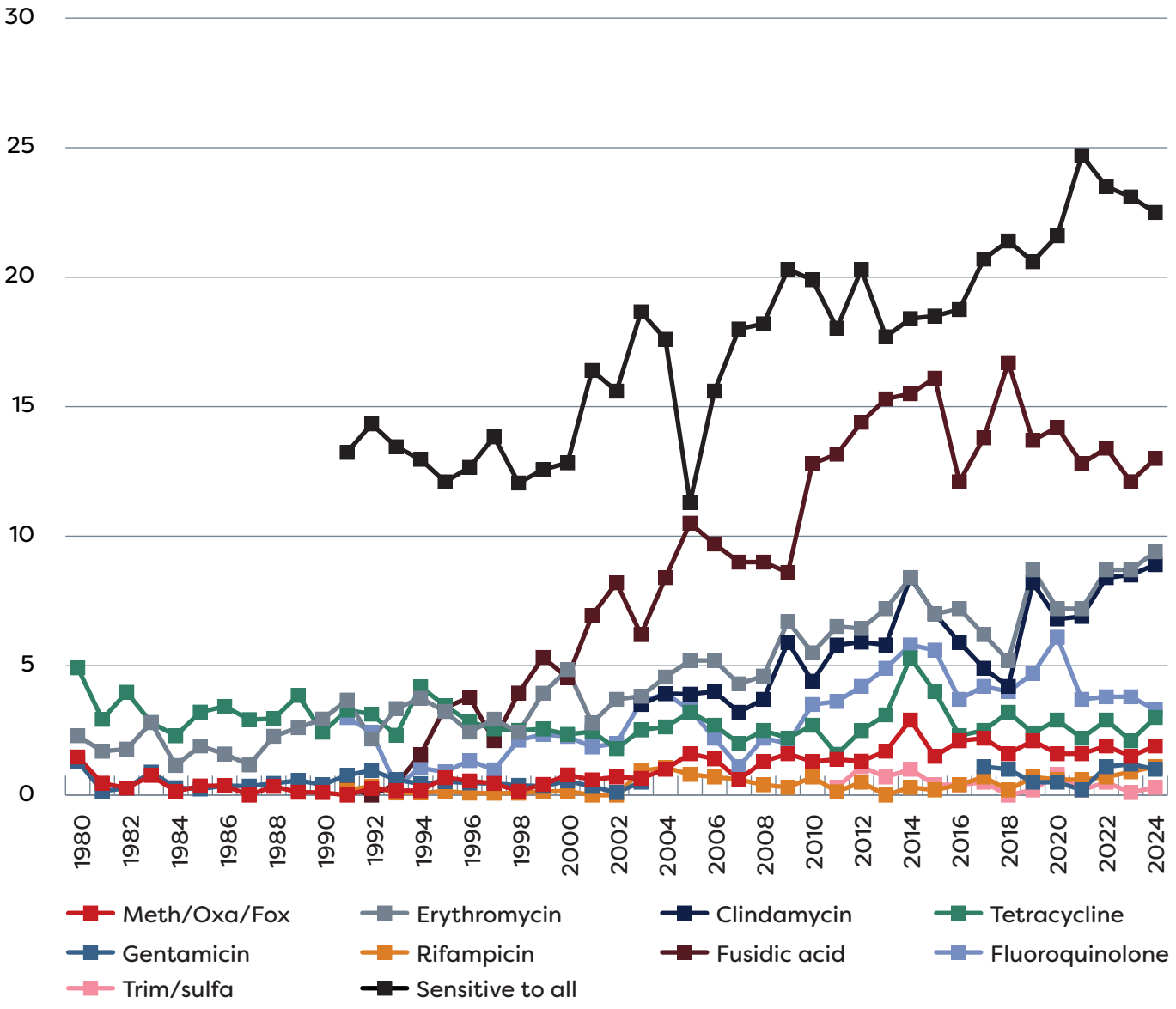
Data extracted from MiBa comprised 2,423 isolates. The DCMs included different antimicrobials in their susceptibility testing and only for penicillin almost all isolates were tested. Resistance to penicillin remained under 70% (69.0%; 67.9% in 2023) and resistance to fusidic acid increased to 13.0% (12.1% in 2023; Table 7). Resistance to the remaining antimicrobials were all below 10%. The percentage of fully susceptible isolates was almost the same in 2024 as in 2023 (22.5% and 23.1%, respectively). Figure 11 shows selected resistance prevalences from 1980 to 2024. Resistance to fusidic acid has increased from 0 to 15%, but in the last decade a minor decrease has been recorded. In the last 20 years resistance to erythromycin and clindamycin has increased from around 4-5% to 8-9%. The proportion of fully susceptible isolates also increased from 12-13% in the 1990'ies to 23-24% in recent years (Figure 11).

Table 7. Resistance prevalence among Danish SAB isolates 2024, retrieved from MiBa

Antimicrobial	Resistance (%)	Number of isolates tested
Penicillin	69.0	2,420
Methicillin#	1.9	2,461
Erythromycin	9.4	2,283
Clindamycin	8.9	2,276
Fusidic acid	13.0	1,893
Tetracycline	3.0	934
Moxifloxacin	3.3	1,981
Rifampicin	1.1	2,033
Linezolid	0	1,964
TMP/SXT*	0.3	697
Gentamicin	1.0	894
Mupirocin	0.5	1,196
Vancomycin	0	723

#=determined by PCR confirmation of mec genes
* TMP/SXT=trimethoprim/sulfamethizol

Figure 11. Prevalence of antimicrobial resistance in Danish SAB isolates (1980-2024)



3. Conclusions

The number of recorded SAB cases was lower than in 2023. The prevalence of MRSA cases was 1.9% and 22.5% of the isolates were susceptible to all of the tested antimicrobials. The 30 day all-cause case fatality rate was 23% and this rate has not changed since the beginning of the 1990'ies.

Almost two-thirds of all patients had at least one comorbidity registered, and three months after onset of SAB, one-fourth of all cases had a registered secondary infection, reflecting that SAB primarily affects patients with a compromised immune status and has severe consequences. The number of secondary infections continues to increase; an effect that is believed to be caused by the changing demographics of cases of SAB, i.e. a growing proportion of the very old that appear more susceptible to SAB *per se* and to complications.

The diversity of *S. aureus* causing bacteraemia is increasing, with 66% of *spa* types representing isolates only found in single SAB cases. Thus, few successful lineages accounts for the majority of SAB cases, with top ten representing 31% of all cases. *spa* type t1451 (CC398) continues to increase and is for the second year in a row among the top 10 *spa* types causing SAB in Danish patients. Another CC398 *spa* type, t571 made its way into the top 10 *spa* types.

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