

CARBAPENEM-RESISTANT **ACINETOBACTER**

THREAT LEVEL **URGENT**



8,500

Estimated cases
in hospitalized
patients in 2017



700

Estimated
deaths in 2017



\$281M

Estimated attributable
healthcare costs in 2017

Acinetobacter bacteria can survive a long time on surfaces. Nearly all carbapenem-resistant *Acinetobacter* infections happen in patients who recently received care in a healthcare facility.

WHAT YOU NEED TO KNOW

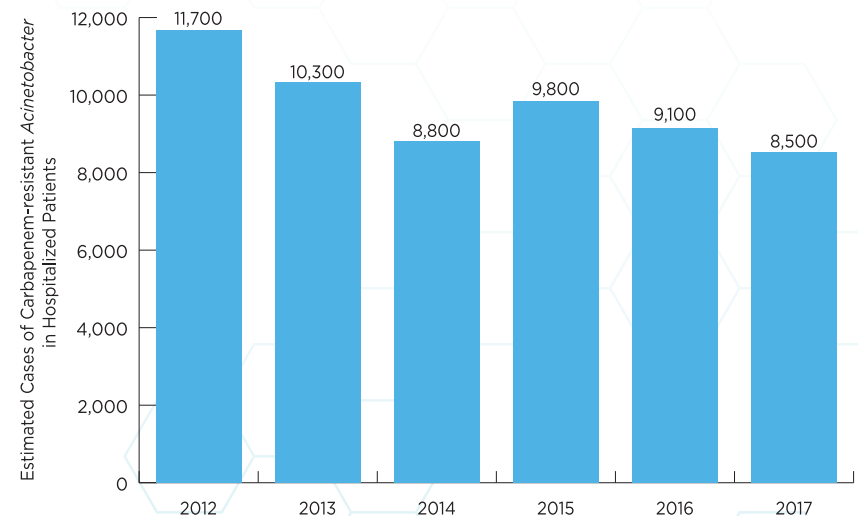
- Carbapenem-resistant *Acinetobacter* cause pneumonia and wound, bloodstream, and urinary tract infections. These infections tend to occur in patients in intensive care units.
- Carbapenem-resistant *Acinetobacter* can carry mobile genetic elements that are easily shared between bacteria. Some can make a carbapenemase enzyme, which makes carbapenem antibiotics ineffective and rapidly spreads resistance that destroys these important drugs.
- Some *Acinetobacter* are resistant to nearly all antibiotics and few new drugs are in development.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

CASES OVER TIME

Continued infection control and appropriate antibiotic use are important to maintain decreases in carbapenem-resistant *Acinetobacter* infections.



A THREAT IN HEALTHCARE

Acinetobacter is a challenging threat to hospitalized patients because it frequently contaminates healthcare facility surfaces and shared medical equipment. If not addressed through infection control measures, including rigorous cleaning and disinfection, outbreaks in hospitals and nursing homes can occur.

Acinetobacter is already resistant to many antibiotics. Resistance to carbapenems further reduces patient treatment options. Overall rates of carbapenem-resistant *Acinetobacter* cases have decreased; however, carbapenem-resistant *Acinetobacter* that can produce carbapenemases, which can spread to other germs and amplify the problem of resistance through mobile resistance elements (e.g., DNA), appear to be increasing.

This increase of carbapenemase production threatens to reverse decreases of carbapenem-resistant *Acinetobacter* cases. Infections caused by carbapenem-resistant *Acinetobacter baumannii* are of particular concern because they are frequently difficult to treat with available antibiotics.

TREATMENT OVER TIME

Treatment options for infections caused by carbapenem-resistant *Acinetobacter baumannii* are extremely limited. There are few new drugs in development.

PERCENT OF GERMS THAT TESTED NON-SUSCEPTIBLE (NOT SENSITIVE) TO OTHER TYPES OF ANTIBIOTICS

Select Antibiotics	2013	2014	2015	2016	2017
Any fluoroquinolone	98%	93%	97%	92%	89%
Any extended-spectrum β -lactam	80%	75%	81%	79%	75%
Ampicillin/sulbactam	62%	62%	59%	64%	61%
Trimethoprim/sulfamethoxazole	84%	74%	81%	77%	66%

Germs refer to isolates (pure samples of germs) from eight of CDC's Emerging Infections Program sites. See Technical Appendix for antibiotic susceptibilities details.



ONLINE RESOURCES

About *Acinetobacter* in Healthcare Settings

www.cdc.gov/hai/organisms/acinetobacter.html

Surveillance of Gram-negative Healthcare Infections

www.cdc.gov/hai/eip/mugsi.html