CARBAPENEM-RESISTANT ACINETOBACTER

**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.

**CASES OVER TIME**

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

*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.
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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 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

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

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

This fact sheet is part of CDC’s 2019 Antibiotic Resistance Threats Report. The full report, including data sources, is available at www.cdc.gov/DrugResistance/Biggest-Threats.html.