Poster Number: 846



Trends in Acinetobacter baumannii antibiotic resistance rates Aisling R. Caffrey¹⁻⁴, Emily O'Neill^{1,3}, Haley Appaneal ¹⁻⁴, Vrishali Lopes¹, Kerry L. LaPlante^{1-3,5}

¹ Infectious Diseases Research Program, Providence Veterans Affairs Medical Center, Providence, RI, United States, ²Center of Innovation in Long-Term Support Services, Providence Veterans Affairs Medical Center, Providence, RI, United States, ³College of Pharmacy, University of Rhode Island, Kingston, RI, United States, ⁴ School of Public Health, Brown University, Providence, RI, ⁵Warren Alpert Medical School of Brown University, Division of Infectious Diseases, Providence, RI

ABSTRACT

Background: Carbapenem-resistant *Acinetobacter baumannii* is described as an urgent threat by the Centers for Disease Control and Prevention and several older studies have indicated increasing resistance in Acinetobacter. We sought to describe these trends in the national Veterans Affairs (VA) Healthcare System.

Methods: We assessed A. baumannii positive clinical cultures collected from VA patients (≥ 18 years) from 2010 to 2018. We categorized cultures based on location at the time of collection: VA medical center (VAMC), community living center (CLC), or outpatient (Outpt). Multidrug resistance (MDR) and extensive drug resistance (XDR) were defined as resistance to > 1 drug in > 3 or all of the following categories, respectively: extendedspectrum cephalosporins (es-CS), fluoroquinolones (FQ), aminoglycosides (AMG), carbapenems (CARB), piperacillin/tazobactam (PIP/TAZ), and ampicillin/sulbactam (AMP/SUL). Joinpoint Software was used for regression analyses of trends over time and to estimate annual average percent changes (AAPC) with 95% confidence intervals.

Results: We identified 19,376 A. baumannii positive cultures over the study period (53% VAMCs, 4% CLCs, 43% Outpts), which represented 0.5% of all positive cultures in the VA. In VAMCs, the number of A. baumannii cultures decreased significantly by 11.9% per year. Of all positive cultures in VAMCs, the proportion that were A. baumannii decreased significantly by 5.4% per year. Similar trends were observed in CLCs, while Outpt cultures remained stable. Over the 9-year study period, resistance decreased significantly, with MDR decreasing by 10.2% per year and XDR decreasing by 9.4%. Carbapenem resistance decreased significantly by 4.9% per year in VAMCs (2010, 39%; 2018 28%) and 11.3% in Outpts (2010, 12%; 2018, 6%). Similar annual significant decreases were observed with AMG (9.4%), es-CS (1.4%), and FQ (7.4%) in VAMCs; es-CS (2.7%) and FQ (5.6%) in CLCs; and AMG (9.5%) and FQ (8.2%) in Outpts. **Conclusion:** In the national VA Healthcare System, the prevalence of A. *baumannii* is decreasing, as is the resistance previously observed with this organism. MDR A. baumannii still made up one-third of cultures in VAMCs and CLCs in 2018, and thus remains a treatment challenge.

INTRODUCTION

Carbapenem-resistant Acinetobacter baumannii (CRAB) was upgraded to an urgent threat by the CDC in 2019. Despite reductions in CRAB infections in the United States, coresistance to other antibiotics in CRAB is a major concern as standard-of-care antibiotics may be ineffective, presenting unique treatment challenges.

OBJECTIVE

Identify trends in resistance rates of *A. baumannii* isolates across the Veterans Affairs (VA) Healthcare System nationally.

METHODS

- A. baumannii clinical cultures, 2010 to 2018 collected in VA medical centers (VAMC), community living centers (CLC), or outpatient clinics (Outpt).
- For resistance, included the first isolate per patient, per facility, per year. Antibiotic susceptibility based on latest Clinical Laboratory Standards Institute breakpoints to numeric minimum inhibitory concentrations (MIC) data were available. Where MIC values were not available, we used the reported textual interpretations (i.e., resistant [R], intermediate [I], or susceptible [S]).
- Time trends assessed with Joinpoint (JP) regression, to calculate average annual percent changes (AAPC) and 95% confidence intervals (CI).



A. baumannii counts (AAPC -11.9%, 95% CI -13.6% to -10.3%)*

Indicates p-value <0.05. Aminoglycosides (amikacin, gentamicin, tobramycin), Carbapenems (imipenem, meropenem, doripenem), ES-CS = Extended-spectrum Cephalosporins (cefepime, ceftazidime, cefotaxime, ceftriaxone), Fluoroquinolones (ciprofloxacin, levofloxacin), Antipseudomonal penicillin's + β-lactamase inhibitors (piperacillin/tazobactam, clavulanate/ticarcillin), Amp/Sul = Ampicillin/Sulbactam, SMX/TMP Sulfamethoxazole/Trimethoprim, Tetracyclines (tetracycline, minocycline, doxyclycline).

ID Week 2020, October 21st -25th 2020, Virtual Event

—ES-CS (AAPC -1.4%, 95% CI, -2.6% to -0.2%)*





Ampicillin/Sulbactam

We observed significant decreases in A. baumannii clinical cultures among VA inpatient populations over our recent 9 year study period. Significant decreases were observed in A. baumannii resistance, including MDR (10.2%), XDR (9.4%), CRAB (4.9% VAMC, 11.3% Outpt). In 2018, CRAB was 28% in VAMCs and 36% in long-term care, which present challenges to effective treatment despite these improvements in resistance.

Citation: CDC. Antibiotic Resistance Threats in the United States, 2019. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2019. Acknowledgements: The information presented are those of the authors and do not necessarily reflect the position or policy of the United States Department of Veterans Affairs. Funding: This work was funded in part by Shinogi, Inc. Conflicts of Interest: KLL has received research funding or is an advisor/consultant for Merck, Pfizer Pharmaceuticals, Ocean Spray Cranberries, Inc., Nabriva Therapeutics US, Inc., Melinta Therapeutics, Inc., and Tetraphase Pharmaceuticals. ARC has received research funding from Pfizer, Merck (Cubist), and Shionogi. No other financial disclosures.

Contact: Aisling_Caffrey@uri.edu



CONCLUSIONS