Frequency and Antimicrobial Susceptibility of Gram-negative Bacteria Isolated from Patients with Bloodstream Infections in United States (US) Medical Centers (2020–2021)

INTRODUCTION

The development of various ƀ-lactamase inhibitor combinations markedly increased the armamentarium to treat infections caused by GNB in recent years.

We evaluated the frequency and antimicrobial susceptibility of GNB causing bloodstream infection (BSI) in US medical centers.

METHODS

A total of 5,796 isolates were consecutively collected from patients with BSI in 31 US medical centers.

Among those isolates, 2,893 (49.9%) were GNB and selected for evaluation, including 2,434 Enterobacterales and 296

Only isolates determined to be significant by local criteria as the reported probable cause of infection were included in the program.

Carbapenem-resistant Enterobacterales (CRE) isolates were defined as displaying imipenem and/or meropenem MIC ôÔ4 mg/L; and indole-positive Proteeae due to their intrinsically elevated MIC values.

Multidrug resistance (MDR) was defined as nonsusceptible (CLSI breakpoints) to at least 3 antimicrobial classes (Magiorakos et al., 2012).

Isolates were susceptibility tested by the CLSI broth microdilution test method.