

Some multidrug-resistant bacterial infections down in U.S.

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(HealthDay)—From 2012 to 2017, there were decreases in the incidence

of some multidrug-resistant (MDR) bacterial infections in hospitalized patients in the United States, according to a study published in the April 2 issue of the *New England Journal of Medicine*.

John A. Jernigan, M.D., from the U.S. Centers for Disease Control and Prevention in Atlanta, and colleagues used data from patients hospitalized in a cohort of 890 U.S. hospitals during 2012 to 2017 to generate national case counts for infections caused by methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant enterococcus (VRE), extended-spectrum cephalosporin resistance in Enterobacteriaceae suggestive of extended-spectrum beta-lactamase (ESBL) production, carbapenem-resistant Enterobacteriaceae, carbapenem-resistant acinetobacter species, and MDR *Pseudomonas aeruginosa*.

The researchers found that these pathogens caused an estimated 622,390 infections among hospitalized patients in 2017; 83 and 17 percent had onset in the community and onset in the hospital, respectively. Most of the infections were MRSA and ESBL (52 and 32 percent, respectively). Decreases in incidence were seen for MRSA infection (from 114.18 to 93.68 per 10,000 hospitalizations), VRE infection (from 24.15 to 15.76 per 10,000), and MDR *P. aeruginosa* infection (from 13.10 to 9.43 per 10,000) from 2012 to 2017 (decreases ranged from –20.5 to –39.2 percent). There was a 53.3 percent increase in the incidence of ESBL infection (from 37.55 to 57.12 cases per 10,000 hospitalizations), driven by an increase in community-onset cases.

"Antimicrobial resistance remains an important threat to health in the United States," the authors write.

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