Disparities seen in carbapenem-resistant Enterobacterales bloodstream infection outcomes

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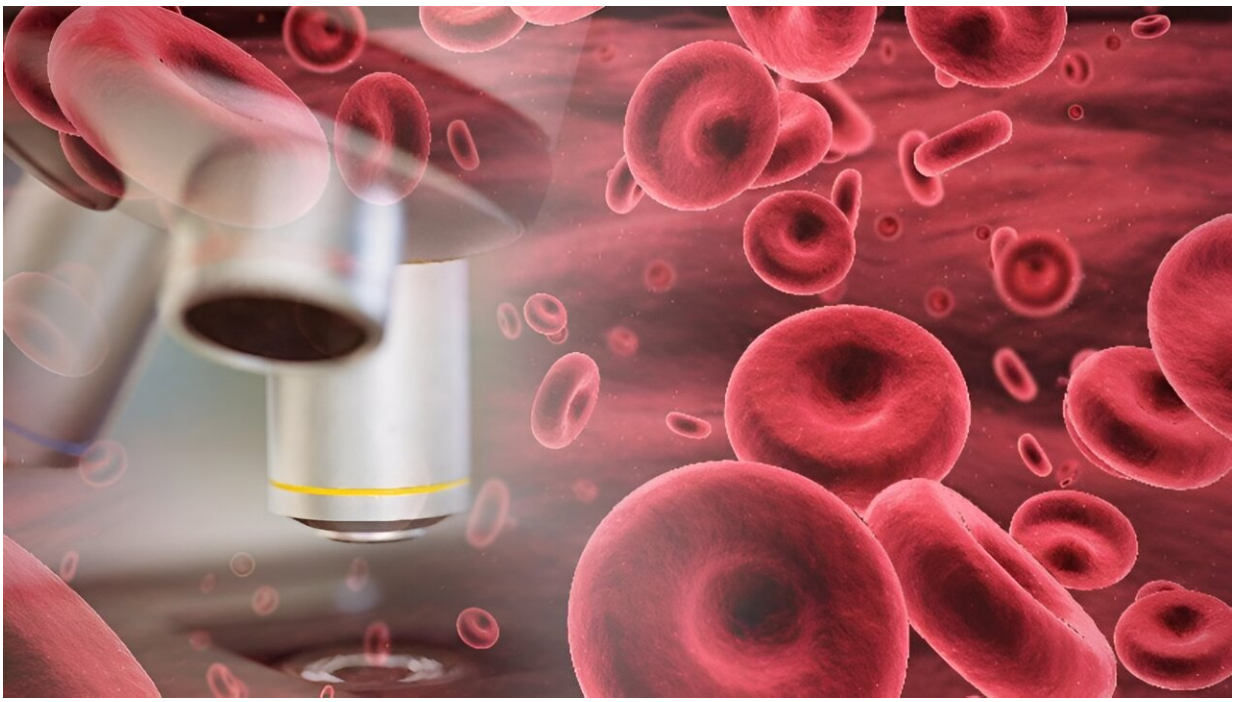

Black female patients hospitalized for carbapenem-resistant Enterobacterales (CRE) bloodstream infections (BSI) face increased 30-day mortality, according to a study presented at the annual European Society of Clinical Microbiology and Infectious Diseases Global

Congress, held April 27–30 in Barcelona, Spain.

Felicia Ruffin, Ph.D., from the Duke University School of Medicine in Durham, North Carolina, and colleagues investigated the relationship between the outcomes of Black and white patients with CRE BSI. The analysis included 362 patients in U.S. hospitals (April 2016 to November 2019) with BSI caused by CRE.

The researchers found that the distribution desirability of outcome ranking (no clinical response at 30 days; unsuccessful discharge or readmitted within 30 days; renal failure postculture or Clostridium difficile infection) was similar among the groups of Black and white patients. However, for 30-day mortality, the interaction between race and sex was an independent predictor. Specifically, Black women had increased 30-day mortality versus white women and Black men.

"Our findings that Black women experience higher mortality after (CRE) bloodstream infections compared with white women and Black men illustrates the importance of combining race and sex when evaluating racial and sex-related disparities in infectious disease outcomes in future studies," Ruffin said in a statement.

"The distribution of comorbid conditions was different between Black and white patients and may contribute to disparities. The root causes of disparities in antimicrobial-resistance infections will require larger sample sizes and more in-depth analyses of the sources of infection in patient groups."

More information: Press Release
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