

P1123 **Epidemiology of pandrug-resistant *Acinetobacter baumannii* infections in a tertiary care university hospital in Crete, Greece.**

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Background: During the last decade a notable increase in the resistance rates of carbapenem resistant *Acinetobacter baumannii* (CRAB) isolates to tigecycline and colistin has been reported in several Greek hospitals, where CRAB is already endemic. The emergence of these resistant strains limits the therapeutic options and is associated with high rates of morbidity and mortality, especially in intensive care unit patients.

Materials/methods: All healthcare acquired infections (based on the definitions of the European Centre of Disease Prevention and Control) caused by pandrug-resistant *Acinetobacter baumannii* (PDRAB) have been recorded from July 2014 to June 2017. The identification and antimicrobial susceptibility testing of clinical isolates was performed by the automated system VITEK-2. The results were interpreted according to CLSI guidelines, except for tigecycline for which FDA recommendations were used. Additionally, determination of the minimal inhibitory concentration to colistin was assessed by E-test.

Results: The first case of infection caused by PDRAB in our hospital was recorded in July 2014. Thereafter, the incidence of infections due to PDRAB per 1000 patient days increased from 0.088 in the second semester of 2014 to 0.219 in the first semester of 2017. A total of 63 infections in 54 patients have been recorded during this period. Most patients (75%) were male, with a median age of 69.5 years. A rapidly fatal underlying disease was identified in 46.3% of patients while half of them (51.8%) had a prior hospitalization within the last 6 months. Most infections occurred in the intensive care unit (66.7%). Bloodstream infections (33.3%), pneumonia (20.6%) and other lower-respiratory tract infections (27%) were the most commonly recorded infections, with a mortality rate at 28 days after the onset of infection, 68.75%, 46.16% and 37.5% respectively. Crude mortality at 28 and 90 days was 48% and 57% respectively.

Conclusions: An alarming increase in incidence of infections due to PDRAB (an established in our hospital life-threatening pathogen) has been detected during the last three years. Implementation of multimodal infection prevention and control strategies is urgently needed.

