isolates during the study period, 1168 (81%) were carbapenemase producing (CP). The
nursing facilities from January 2016 to December 2018. LACDPH tested 1438 CRE
Microsoft Access and SAS. facility (HCF) staff and cases to obtain case characteristics. Data were analyzed via
enhanced CRE surveillance in 2016 to determine CRE prevalence and track emerging
non-KPC resistance mechanisms (IMP, NDM, OXA, and VIM) among CRE to de
unknown
Infections with carbapenem-resistant organisms (CRO) are
increasing worldwide and are associated with high mortality. Patients transferred from outside hospitals have been reported to be at increased risk of CRO colonization and infection. The rate of subsequent CRO infection in patients colonized with CRO is un-
known
Conclusion. Ienfections with carbapenem-resistant organisms (CRO) are associated with CRE colonization and infection. Further work is necessary to understand the role of CRO colonization and subsequent CRO infection. The association of CRO coloni-
was the most common non-KPC (n = 30) followed by OXA (n = 28). The proportion of CRE with no genotypic marker increased over the course of the study. Case char-
acteristics were obtained from 41 non-KPC CP CRE cases; median age was 66 years (range: 6-94 years); 12 (29%) expired. Among the 41 cases, 20 (49%) had a central line; 11 (27%) had surgery; 14 (34%) had antibiotics in the 6 months prior to culture date. Of the 41 cases, 11 (27%) had international healthcare exposure within 12 months with an invasive procedure and/or antibiotics.
Conclusion. Surveillance in a large urban setting suggests the molecular epi-
demiology of CRE is changing, with declining prevalence of KPC, increasing met-
allo- β-lactamase CP, and large proportion of isolates without resistance markers detected. Given the worrisome trends in non-KPC CRE, more systematic surveillance is warranted, potentially using more robust molecular epidemiology.