Introduction. *Acinetobacter baumannii* (ACB) is a ubiquitous microorganism in soil and water, known to cause outbreaks of multidrug-resistant (MDR) Hospital-Acquired Infection (HAI) (Figure 1, Ref. 1-4). We describe an experience of containment of the intra-unit spread of MDR-ACB in a 24 bed step-down unit of an urban community hospital in the South Bronx, NY.

Methods. Between January and March of 2015, 7 patients had urine or respiratory cultures growing MDR-ACB, of 2 sensitivity patterns (labeled as A & B). The cases were identified through daily Isolation List electronically distributed to the leadership. The Infection Practitioners (IPs) collected and analyzed information on each patient (Table 1). The implementation of Infection Control (IC) strategies (Figure 2) in accordance with national recommendations (5,6) was directed and monitored by the collaborative leadership team. Surveillance cultures from tracheostomy site, as well as rectal and nasal swabs were done on admission to the unit, and on day ≥ 3 of stay in all patients with respiratory support.

Results. Only 1 case was a HAI, the others represented colonization. There was no identified commonality toward a room/person. The common denominator was respiratory support, either through Endotracheal Tube (2) or tracheostomy (5).

All patients with MDR-ACB-positive cultures were placed on contact isolation, with dedicated room equipment and cohorted nursing care. See the summary of IC measures (Figure 2). Hand Hygiene was closely monitored by Nurse Manager and IPs. Two additional patients were identified with MDR-ACB colonization between 4/19/15 and 4/23/15 (Figure 2).

Conclusion. After terminal cleaning of the unit, none of the 14 patients with surveillance cultures obtained on day ≥ 3 of stay in the were positive for MDR-ACB in the time period between 4/25/15 and 5/25/15. The surveillance cultures from 51 new patients admitted to the ward were negative for this microorganism. There were no additional cases of MDR-ACB infection diagnosed. Proactive containment of spread of MDR-ACB was accomplished by cohorting of care, compulsive hand hygiene and environmental cleaning, led by collaborative multidisciplinary leadership team.