Background: Multidrug-resistant Acinetobacter baumannii (MDR AB) infections continue to spread worldwide and are considered a serious public health concern. A recent report by the Centers for Disease Control and Prevention (CDC) estimated a large database to assess outcomes and resource utilization associated with multidrug-resistant (MDR) Acinetobacter baumannii (AB) patients.

Methods: Data was derived from the Premier Hospital Database, a US hospital administrative database containing hospital discharge data files, including diagnoses and procedures categorized by ICD codes, medications, and costs associated with MDR AB patients. The study population included all adult patients (≥18 years) admitted to participating hospitals between Jan. 2009 and Jun. 2014 with a confirmed isolation of MDR AB. Key outcomes included healthcare resource utilization (Table 2), and costs associated with MDR AB (16,832 cases). AB resistance/threat assessment was conducted using the CLSI standards. Isolates were classified as MDR or non-MDR based on the CLSI criteria.

Conclusions: MDR AB patients treated with TIG or COL have high mortality and substantial resource utilization, including high hospital costs, long hospital length of stay and high readmission rates. AKI was common (11.7% in the TIG cohort and 17.8% in COL) and was associated with substantial incremental costs of $13,596. Among 60,000 cases of AB-related hospitalizations, 13.9% died, and 36.3% were treated with an AB. Further research is needed to identify strategies to reduce AKI and substantial hospital mortality and resource utilization in these high-risk patients.

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References: