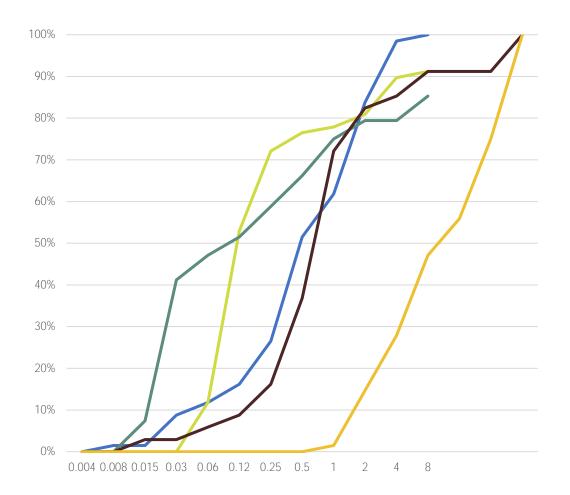
Objective

Methods

Results

Antimicrobial agent	mg/L		CLSI/FDA ^a	EUCAST ^a
	MIC ₅₀	MIC ₉₀	%S	%S
All (n=7,774)				
Cefiderocol	0.06	0.5	99.9	99.2
Meropenem	0.03	0.06	99.0	99.3
Meropenem-vaborbactam	0.03	0.06	99.8	99.9
Imipenem-relebactam	0.12	0.5	94.8 ^b	99.1
Ceftazidime- boitbat@arf o)(5)]T#T@N	IC /RIVOCI2	8>> BD 0.25 \	VBT676 9929 16	WBT/F 99.9 0
CRE ^{,c} (n=68)				
Cefiderocol	0.5	4	98.5	83.8
Meropenem	16	>32	1.5	14.7
Meropenem-vaborbactam	0.12	>8	79.4	85.3
Imipenem-relebactam	0.12	8	77.9 ^b	

Results



Results

Most isolates were from urinary tract infections (n=2,796), followed by bloodstream (n=2,047) infections.

The most common species was *Escherichia coli* (*n*=3,285) followed by *Klebsiella pneumoniae* (KPN, *n*=1,382).

The susceptibilities of all tested agents were >94% against all isolates.

CRE susceptibility to cefiderocol was 98.5/83.8% (CLSI/EUCAST).

Cefiderocol was active against BL/BLIresistant isolates.

Conclusions

Cefiderocol had broad activity against US Enterobacterales isolates, including those resistant to approved BL/BLI combinations.

These *in vitro* results suggest that cefiderocol is an important option for the treatment of infections caused by CRE and BL/BLIresistant pathogens that have limited treatment options.

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