



Call for Cases: Multistate Cluster of Extensively Drug-Resistant Bacteria

Date: December 9, 2025

This call for cases from the Washington State Department of Health (WA DOH) is directed to hospital clinical laboratories and hospital infection prevention teams in Washington regarding a multistate cluster of extensively drug-resistant bacteria that is currently under investigation.

- The Centers for Disease Control and Prevention (CDC) is investigating a multistate cluster of healthcare-associated OXA-23-producing *Acinetobacter baumannii* and NDM-1-producing *Enterobacter cloacae* complex, which may be linked to an (as-yet unidentified) medical device.
- Clinical labs should perform a retrospective review for cases that meet inclusion criteria, described below.
- Infection preventionists and hospital epidemiologists should review the description of the cluster below and work with their clinical or reference lab to ensure submission of isolates that meet case criteria.
- Local and Tribal Health Jurisdictions in Washington should be aware of this multistate cluster and report hospitalized patients with burns or complex wounds whose carbapenem-resistant *Acinetobacter baumannii* or carbapenem-resistant *Enterobacter cloacae* complex isolates were not submitted to the Washington State Public Health Laboratories (PHL) for carbapenemase testing.

Current Situation

The Centers for Disease Control and Prevention (CDC) is investigating a multistate cluster of healthcare-associated Oxacillinase-23-like (OXA-23) producing *Acinetobacter baumannii* and New Delhi Metallo- β -lactamase-1 (NDM-1) producing *Enterobacter cloacae* complex identified through whole genome sequencing (WGS). As of December 9, 2025, 35 patients in 5 states have been identified, with collection dates from April to November 2025. **Currently, no related cases from Washington have been reported.** Within each species, isolates are closely

related by WGS analysis and are distinct from other U.S. isolates, suggesting a common source such as a medical product. A suspect medical product has not been identified at this time.

Actions Requested

Hospital Clinical Laboratories

- Perform a retrospective review of isolates from hospitalized patients (from April 1, 2025, to the present), in conjunction with facility infection prevention, to identify any cases that meet the following criteria:
 - Carbapenem-resistant *A. baumannii* (if no mechanism testing performed) or OXA-23-producing *A. baumannii*, identified from any specimen source from acute care hospital patients with burns or other complex wounds.
 - NDM-producing *E. cloacae* complex or *E. hormaechei* (if identified to species level) from any specimen source from acute care hospital patients with burns or other complex wounds.
 - If mechanism testing was not performed, report *E. cloacae* complex or *E. hormaechei* (if identified to species level) resistant to all carbapenems and third- and fourth-generation cephalosporins tested.
 - Any carbapenem-resistant *A. baumannii* and NDM-*E. cloacae* complex isolated within a four-week period from the same patient, regardless of presence of burns or wounds.
- **Report any cases that meet the above criteria** to your [Local Health Jurisdiction](#).
- **Submit any available isolates** (not already submitted) to the Washington State Public Health Laboratories (PHL); follow instructions on the [Antibiotic Resistance Lab Test Menu](#).

Infection Preventionists, Hospital Epidemiologists, and Other Clinicians

- Work with your clinical lab or reference lab to ensure carbapenem-resistant isolates are submitted to the Washington State Public Health Laboratories according to [notifiable conditions](#) and [provisional reporting](#) rules.

Local Health Jurisdictions

- Work with WA DOH Healthcare Associated Infections and Antimicrobial Resistance Section to learn whether isolates from hospital patients with burns or other complex wounds identified by clinical laboratories were submitted to PHL for mechanism testing.
- Promptly investigate cases of OXA-23-producing *A. baumannii* or NDM-producing *E. cloacae* complex from any specimen source from acute care hospital patients with burns or other complex wounds.

- CDC and WA DOH will provide notification and additional guidance if any Washington cases are linked by whole genome sequencing to this multistate cluster of OXA-23-producing *A. baumannii* or NDM-producing *E. cloacae* complex.

Background

Based on whole genome sequencing, CDC identified this multistate cluster of healthcare-associated, OXA-23 producing *Acinetobacter baumannii* and NDM-producing *Enterobacter cloacae* complex isolates, with 35 patients in 5 jurisdictions (CO, FL, GA, KY, TX) reported April through November 14, 2025. All patients had OXA-23-like-producing *A. baumannii* isolated, and three case-patients in three states also had NDM-producing *E. cloacae* complex isolated. Within each species, isolates are closely related by WGS analysis and are distinct from other U.S. isolates, suggesting a common source such as a medical product. A suspect medical product has not been identified.

Specimen sources for *A. baumannii* include wounds (n = 14), respiratory tract (7), urine (3), and blood (2). Specimen sources for *E. cloacae* complex include urine (n=1), wound (1), and respiratory tract (1). Preliminary epidemiologic findings indicate that most affected case-patients had complex wounds*, such as third-degree burns, diabetic foot ulcers, and decubitus ulcers. There are no known epidemiological links between patients from different states; however, 22 patients are part of two acute care hospital clusters in two states where patients in each cluster had overlapping stays on common units. Investigations to identify common exposures, including medical products and devices, among patients are underway. Strain-specific details are as follows. The *A. baumannii* isolates in this cluster harbor the blaOXA-23 carbapenemase gene (or the variant blaOXA-1325) and are Oxford MLST (STOX) 540, an uncommon ST in the United States. Antimicrobial susceptibility testing of three isolates from three states showed that isolates were susceptible only to cefiderocol and sulbactam-durlobactam. *E. cloacae* complex isolates in this cluster are ST 270 (Miyoshi-Akiyama scheme) and are identified as *E. hormaechei* by sequence-based taxonomy using average nucleotide identity (ANI) or 16S ribosomal RNA sequencing analysis. Some MALDI ToF MS libraries may also be able to identify *E. cloacae* complex isolates to species level. Antimicrobial susceptibility testing by reference broth microdilution showed the isolates were susceptible to amikacin, gentamicin, tigecycline, aztreonam-avibactam, and cefiderocol.

*For the purposes of this investigation, complex wounds are defined as wounds involving more extensive damage that may affect deeper layers of skin and underlying tissue (e.g., subcutaneous tissue, muscle and bone) and requiring specialized wound care (e.g., debridement, surgery, specialized dressings or products).

Resources

- [WA DOH Carbapenem-resistant Enterobacteriaceae \(CRE\) and other Carbapenem-Resistant Organisms](#)

- [WA DOH Provisional Reporting of Carbapenem Resistant \(CR\) Organisms and Carbapenemase Producing Organisms \(CPO\)](#)
- [WA DOH ARLN Lab Test Menu](#)

Contact:

To report suspected cases, or for any other questions, please contact your [Local Health Jurisdiction](#).