Fact sheet

Acinetobacter

What is Acinetobacter?

Acinetobacter is a group of bacteria commonly found in soil and water, but they can survive on various surfaces (moist and dry). Acinetobacter bacteria can also be found on the skin of healthy people, especially healthcare personnel.

While there are many types or "species" of Acinetobacter and all can cause human disease, Acinetobacter baumannii accounts for about 80% of reported infections. Unfortunately, strains of A. baumannii that are multi-drug (antibiotic) resistant are becoming a problem in healthcare settings worldwide.

How is Acinetobacter spread?

These bacteria are most often spread person-to-person in healthcare settings through contact with infected or colonized people (people who carry the bacteria and can spread it, but do not have symptoms), particularly contact with wounds or stool. They can cause infections when they enter the body, often through medical devices like intravenous catheters, urinary catheters, through wounds caused by injury or surgery or exposure in the environment.

Outbreaks of drug-resistant Acinetobacter infections typically occur in intensive care units and healthcare settings housing very ill patients. Acinetobacter infections rarely occur outside of healthcare settings.

Who is most at risk?

Acinetobacter poses very little risk to healthy people. However, people who have weakened immune systems, chronic lung disease, or diabetes may be more susceptible to Acinetobacter infections. Hospitalized patients, especially very ill patients on a ventilator, those with a prolonged hospital stay, or those who have open wounds, are also at greater risk for drug-resistant Acinetobacter.

What type of health problems are caused by Acinetobacter?

Acinetobacter causes a variety of diseases ranging from pneumonia to serious blood or wound infections. Symptoms vary depending on the disease.

How is Acinetobacter treated?

Acinetobacter species are innately resistant to many commonly prescribed antibiotics. Decisions on treatment of infections with Acinetobacter should be made on a case-by case basis by a healthcare provider. A microbiology laboratory must run tests to determine which antibiotics will treat the infection. Acinetobacter has acquired resistance to virtually all antibiotics capable of treating this type of infection, including a class of antibiotics called carbapenems. These infections are referred to as carbapenem-resistant Acinetobacter (CRAB) infections.

How can Acinetobacter be prevented?

Acinetobacter can live on the skin and may survive in the environment for several days. Careful attention to infection control procedures such as hand hygiene and environmental cleaning can reduce the risk of transmission.

To prevent spreading drug-resistant Acinetobacter bacteria between patients, the Centers for Disease Control & Prevention (CDC) recommends use of contact isolation precautions, enhanced environmental cleaning, dedicated patient care equipment, and prudent use of antibiotics. Healthcare personnel should follow specific infection control precautions, such as wearing gowns and gloves when entering the room of a patient infected with drug-resistant Acinetobacter and strict adherence to hand hygiene.

To prevent the spread of infections, patients should also clean their hands frequently, including:

- before preparing or eating food
- before touching eyes, nose, or mouth
- before and after changing wound dressings or bandages
- after using the restroom
- after blowing nose, coughing, or sneezing
- after touching hospital surfaces, such as bed rails, bedside tables, doorknobs, remote controls, or the phone.

Where can I get more information?

- Your personal healthcare provider
- Utah Department of Health and Human Services Healthcare Associated Infections/Antimicrobial Resistance Program: 801-538-6191
- Centers for Disease Control and Prevention (CDC)

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