**Carbapenem-Resistant Acinetobacter baumannii (CRAB)**

Fact Sheet for Health Care Settings

*Acinetobacter baumannii* is a type of bacteria commonly found in the environment, including in soil and water. While generally harmless in the environment, *Acinetobacter baumannii* is a key cause of healthcare-associated infections, particularly in individuals who are immune-compromised. This is in part because many *Acinetobacter baumannii* bacteria are resistant to a group of antibiotics called carbapenems. Carbapenems are considered the last line of defense to treat multidrug-resistant bacterial infections, so infections caused by carbapenem-resistant *Acinetobacter baumannii* (CRAB) bacteria can be very difficult to treat. CRAB can cause pneumonia, as well as wound, bloodstream and urinary tract infections.

**How is CRAB spread?**

CRAB can be spread person-to-person in health care settings through direct contact with patients or residents who are colonized or infected with CRAB, or via health care workers’ hands following care of those individuals. It can also be spread via contaminated surfaces in the patient’s or resident’s environment.

**Who is at risk for CRAB?**

- **Healthy individuals do not usually get CRAB infections.** Individuals with longer hospital or long-term care facility stays, open wounds, tracheostomies, or invasive devices like ventilators or urinary catheters are at risk for infection with CRAB.

- Individuals with weakened immune systems, chronic lung disease, or diabetes are also at risk for infection.

**How are CRAB infections treated?**

- The most commonly prescribed antibiotics are not effective against CRAB infections. Treatment decisions should be made on a case-by-case basis by a health care provider.

- Colonized individuals who do not show active signs of infection do not need to be treated or decolonized.

**Why is CRAB prevention important?**

- Infections caused by CRAB are difficult to treat and are associated with increased mortality and high health care costs.

- Some types of CRAB (carbapenemase-producing CRAB) can pass on their resistance to carbapenem antibiotics to other bacteria and can lead to widespread antibiotic resistance.

- It can be difficult to eliminate CRAB once it is found in a facility, since the organism can live on skin and may survive in the environment for months.
Practice consistent hand hygiene with alcohol-based hand sanitizer (ABHS) or soap and water.

- Staff should perform hand hygiene **before and after** changing dressings, providing patient or resident care (such as bathing, dressing, or changing linen), and accessing indwelling devices. Staff should also perform hand hygiene before preparing or eating food, and after using the bathroom.
- Patients and residents should be encouraged to perform hand hygiene often.

Increase the frequency of environmental cleaning and disinfection, especially for high-touch surfaces.

Whenever possible, use single-use, disposable, non-critical equipment or dedicate equipment to one patient or resident.

Thoroughly clean and disinfect all patient and resident care equipment after use.

Follow appropriate precautions and ensure personal protective equipment (PPE) is used properly.

- The type of precautions that should be used with patients and residents will depend on a number of factors, including whether the individual is colonized or infected with a targeted MDRO or has indwelling medical devices or wounds.
- Health care personnel must understand what type of precautions should be followed, and have access to the appropriate PPE to keep themselves and others safe.
- Using appropriate precautions may also involve placing patients or residents who are infected or colonized with a targeted MDRO in a private room.
- For more information on the type of precautions that should be used, see the below resources:
  - [CDC Information on Enhanced Barrier Precautions in Nursing Homes](https://www.cdc.gov/hai/pdfs/haipracticeguideline-highriskpatients.pdf)

Facilities should clearly communicate a patient’s or resident’s MDRO status when an individual is transferred to or receives care at another health care facility.

When an individual who is colonized or infected with an MDRO is transferred to another health care facility, leaves the facility for an outpatient clinic visit, or receives other ancillary services, the receiving facility must be informed of the individual’s MDRO status, so that proper precautions can be taken in those settings.

For more information, visit the [Wisconsin Healthcare-Associated Infections Prevention Program’s webpage](https://healthsampling.com/).