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Multidrug-Resistant Infections in U.S. Hospitals

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Jernigan et al. reported national estimates of multidrug-resistant bacterial infections in the U.S.[1], but extended-spectrum-β-lactamase-producing *Enterobacterales* (ESBL-E) were underestimated. Indeed, only *Klebsiella spp*. (excepted *Klebsiella aerogenes*) and *Escherichia coli* isolates were included in the pathogen phenotype definition (see Table S2 in the Supplementary Appendix of the article, available at NEJM.org).

From January 2008 to March 2020, we conducted a retrospective study in our center on ESBL-E carriage using rectal swabs culture. A total of 128,374 samples from 42,587 patients were included. Each ESBL-E isolate was counted only once per patient. Out of 9,945 isolates from 8,099 patients, *Klebsiella spp*. (excepted *K. aerogenes*) and *E. coli* represented 78.11% of all the ESBL-E isolates, *Enterobacter* (and *K. aerogenes*) 16.38%, *Citrobacter* 3.96%, and other *Enterobacterales* 1.55%.

Because *Enterobacter* spp.*, K. aerogenes,* and *C. freundii* naturally produce an AmpC cephalosporinase[2], ESBL production cannot be inferred only from the antimicrobial susceptibility results. Additional phenotypic confirmatory tests are needed[3], which explains the underestimation in this study based on antimicrobial susceptibility data.

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