

Acinetobacter Baumannii & Multi-Resistant Acinetobacter Baumannii (MRAB)

Fact Sheet

What is Acinetobacter Baumannii?

Acinetobacter is a group of bacteria (germs), commonly found in the environment, like in soil and water. While there are many types, the most common of these that cause infections is *Acinetobacter baumannii*, which accounts for most of the *Acinetobacter* infections in humans. *Acinetobacter baumannii* can cause infections in the blood, urinary tract, and lungs (pneumonia), in wounds in other areas of the body.

These bacteria (germs) are constantly finding new ways to avoid the effects of the antibiotics used to treat the infections they cause. Antibiotic resistance occurs when the germs no longer respond to the antibiotics designed to kill them. When resistant to multiple antibiotics, they're **multidrug-resistant**.

What is the difference between infection and colonisation?

Infection means that bacteria (germs) are in or on the body and makes you sick, which results in signs and symptoms such as fever, pus from a wound, diarrhoea or pneumonia.

Colonisation means you carry the bacteria in or on your body, but you do not become sick. People who are colonised will not have signs or symptoms. Colonised patients are sometimes given treatment to prevent infection developing.

Both colonised and infected people can spread the bacteria to other patients.

How can you tell if I have Acinetobacter Baumannii or Multi-Resistant Acinetobacter Baumannii (MRAB)?

The only way you can tell if you have *Acinetobacter baumannii* is if your doctor notes infection signs and symptoms (fever, pus from wound, pneumonia etc) and orders a laboratory test of your blood, saliva or wound discharge.

To determine if you have MRAB, the laboratory specimen will show the antibiotic sensitivities depending on the response to each antibiotic (R = Resistant, S = Sensitive).

Am I likely to get an Acinetobacter Baumannii or MRAB infection?

People most at risk of developing an *Acinetobacter baumannii* or MRAB (although these are rare) infection are those who:

- have been in hospital a long time
- have low immunity
- are dialysis, cardiac, surgical, or intensive care patients.

How is Acinetobacter Baumannii or MRAB spread between patients?

Both can be spread by touching the skin of an infected or colonised person (Direct Contact), or by touching a surface (Indirect Contact) that has the bacteria (germs) on it, for example hospital beds, tables, shared equipment.

How can you prevent Acinetobacter Baumannii or MRAB from spreading?

Regular and thorough hand washing is one of the most successful ways to help stop the spread of *Acinetobacter baumannii* or MRAB. People should wash their hands regularly, particularly after going to the toilet. Health workers treating you should wash their hands each time they enter and leave your room. This will kill the bacteria and stop it spreading to other patients. You should not hesitate to discuss the importance of good hand cleaning with any of the staff caring for you.

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Health workers may also take further steps to help stop the spread of MRAB between patients by:

- Moving you to a single room in the hospital.
- Wearing a gown, or apron, and gloves if they are providing direct care.
- Cleaning by housekeeping staff removes many bacteria that live on surfaces in your hospital room.

How is Acinetobacter Baumannii or MRAB infections treated?

Acinetobacter infections are generally treated with antibiotics. The antibiotic is determined by the sensitivities from the laboratory tests.

However, MRAB is often resistant to commonly prescribed antibiotics. Patients with an MRAB infection may need to be cared for by a specialist doctor so they get the right treatment and antibiotics.

How can I protect my family and friends from infection?

The staff will give your visitors advice about strict hand washing with water and liquid soap when they enter and leave your room. It is also important that they do not have any contact with your wounds or soiled bandages.

Exposure to someone with MRAB should not harm healthy people, including pregnant women, children, and babies.

What happens when I get home?

Thorough hand washing is essential for you and everyone else in the home. Normal household cleaning practices are sufficient.

Towels, clothes, bed sheets and other items that might have pus or MRAB on them can be washed

in a domestic washing machine. No special washing temperature is recommended. All eating utensils and dishes can be washed as normal.

It is important that you always tell your doctor, nurse, paramedic, or other health care provider that you have previously had MRAB. This will help to prevent the future spread of MRAB.

How is Acinetobacter Baumannii or MRAB infections treated?

Talk to your doctor or the nurses caring for you. If you wish to speak with the Infection Control department, ask your nurse to contact us. Our office hours are 8am to 4pm Monday to Friday. Our contact numbers are:

- Office: (02) 9480 9433
- Office: (02) 9480 9732

References

NSW Dept of Health; Infection Prevention and Control Policy PD2017_013

National Health and Medical Research Council; Australian Guidelines for Infection Prevention and Control in Healthcare (2019)

Centers for Disease Control and Prevention (CDC); Acinetobacter in Healthcare Settings Factsheet (November 13, 2019)