







## Results

Most isolates were from bloodstream infections ( $n=2,483$ ), followed by urinary tract infections ( $n=1,851$ ) and patients hospitalized with pneumonia ( $n=1,480$ ).

The most common species was *Escherichia coli* ( $n=2,895$ ) followed by *Klebsiella pneumoniae* ( $n=1,279$ ).

Against CRE, cefiderocol had higher susceptibility (96.5/84.3%, CLSI/EUCAST) than the BL/BLI combinations (Table 1).

Cefiderocol maintained activity against isolates resistant to the BL/BLI combinations, including ceftazidime-avibactam-resistant isolates (Table 1, Figure 2).

## Conclusions

Cefiderocol had broad activity against European Enterobacterales isolates, including those resistant to approved BL/BLI combinations.

These data suggest that cefiderocol is an important option for the treatment of serious infections caused by CRE and BL/BLI-resistant Gram-negative pathogens that have limited treatment options.

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