

Oregon Antimicrobial Resistance Laboratory Update

September 26, 2025

Dear Oregon Microbiology Community,

The Oregon Public Health Division would like to extend our gratitude for your dedication and support of antimicrobial resistance (AR) surveillance in Oregon. As part of a national effort led by the Centers for Disease Control and Prevention (CDC) [Antimicrobial Resistance Lab Network \(ARLN\)](#), your contributions help us contain the spread of antimicrobial-resistant pathogens, advancing patient safety across the state.

We recognize that laboratory professionals often work under challenging circumstances, and we deeply appreciate the expertise, time, and care you bring to this work. Our team remains committed to supporting you and ensuring that, together, we continue to protect the health of Oregonians through strong science, collaboration, and shared purpose.

With that spirit of collaboration in mind, we're pleased to share highlights from the past year's AR surveillance efforts, along with important updates and reminders for the year ahead.



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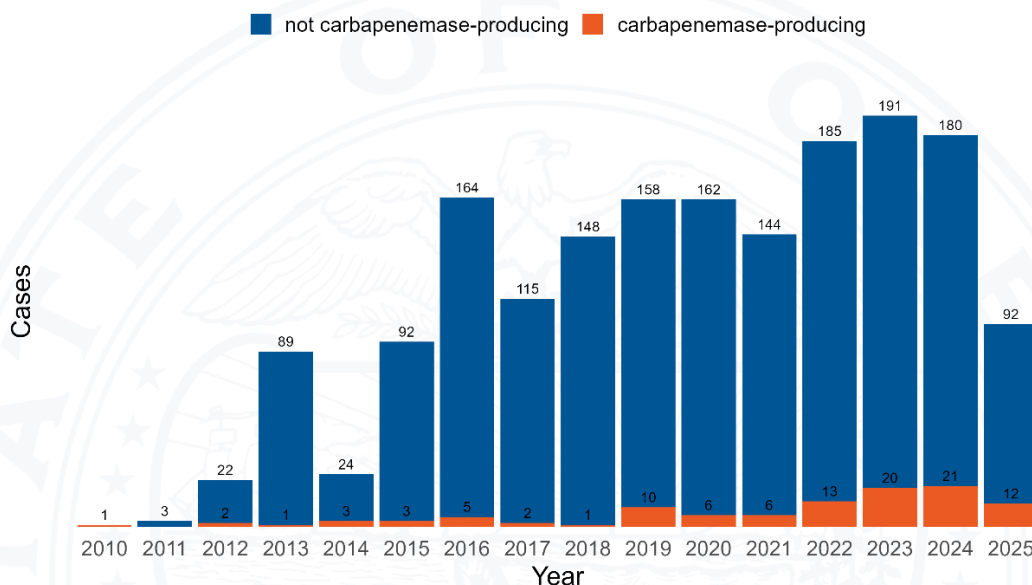
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AR Surveillance Summary

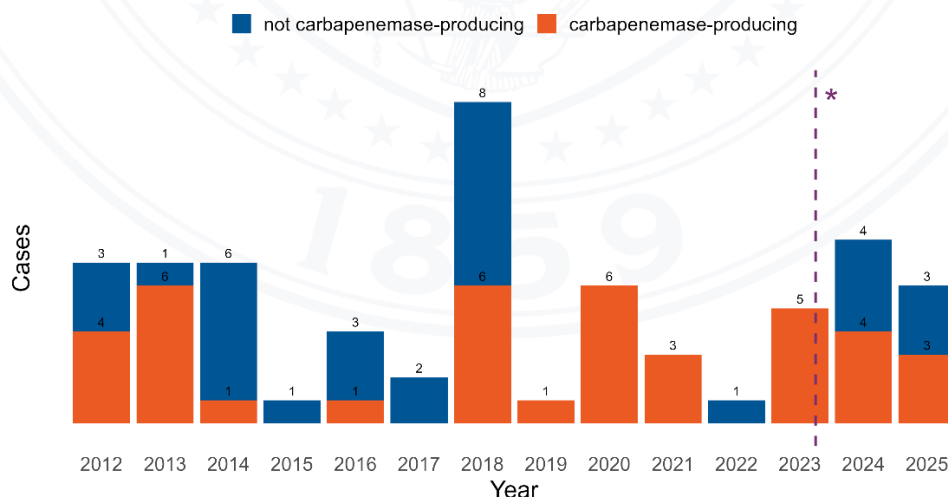
In Oregon, reporting is required for carbapenem-resistant Enterobacterales (CRE) and carbapenem-resistant *Acinetobacter* (CRA). Oregon had 190 CRE cases in 2024, and we are on pace for similar numbers this year. The vast majority of specimens are from urine.

Figure 1. Carbapenem-resistant Enterobacterales (CRE) cases among Oregon residents, Nov 2010 – Jul 2025



Close to half CRA cases are carbapenemase-producing. It is important that all labs send CRA isolates to the state lab for carbapenemase testing. Identifying CP-CRA ensures facilities implement measures quickly to prevent the spread. CRA reporting became mandatory in 2023.

Figure 2. Carbapenem-resistant Acinetobacter (CRA) cases among Oregon residents, Nov 2010 – July 2025



*CRA became reportable October 2023. It is likely that some cases between 2012-2023 were missed.

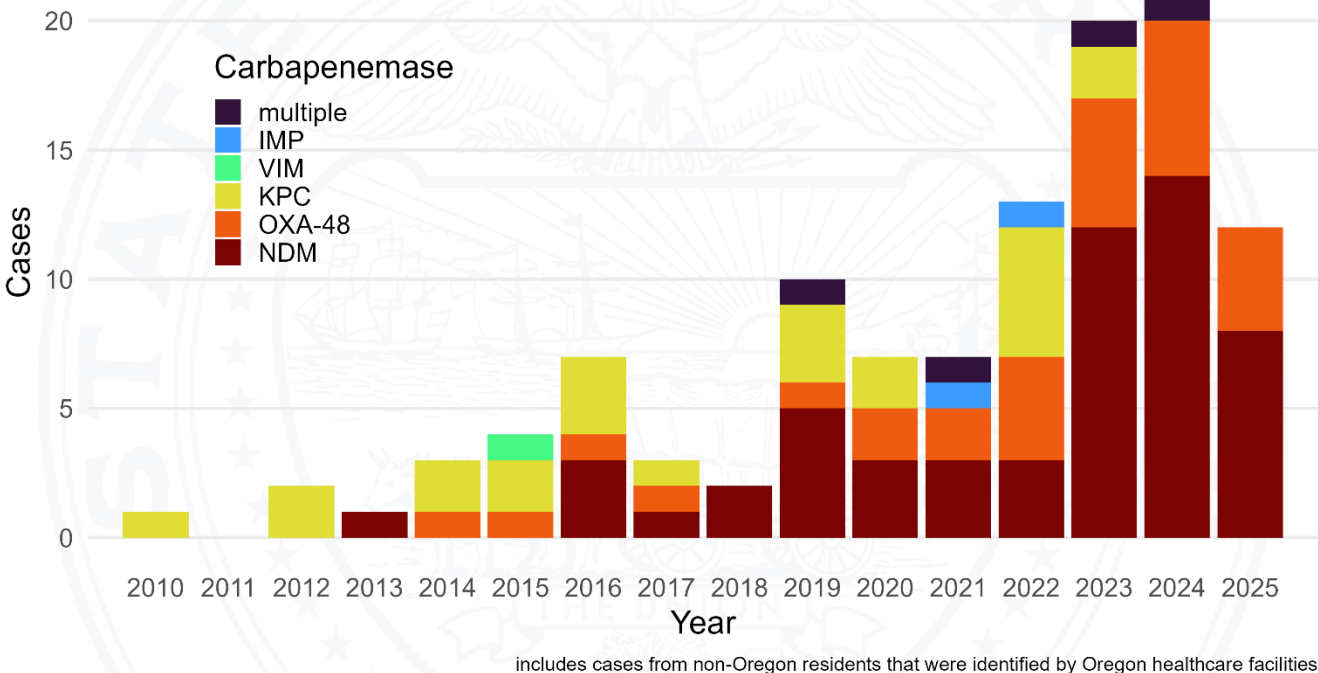
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We continue to monitor the prevalence of major carbapenem resistance gene mechanisms, including the “big five” carbapenemase genes IMP (active-on-imipenem), KPC (Klebsiella pneumoniae carbapenemase), NDM (New Delhi metallo-β-lactamase), OXA-48 (oxacillinases), and VIM (Verona integron-mediated metallo-β-lactamase). We detected 21 carbapenemase-producing organism (CPO) cases in 2024 and are on track for a similar number this year.

In the last three years, NDM has been the most prevalent carbapenemase in Oregon. [Nationally](#) and in the West region, KPC makes up 65% of carbapenemase genes detected.

Figure 3. CP-CRE cases identified in Oregon, by carbapenemase, Nov 2010 – Jul 2025



Admission Screening for CPO & *C. auris*

To prevent the spread of CPOs and *C. auris*, we recommend all acute care hospitals implement [admission screening](#). Seventeen facilities have implemented admission screening for CPO and *C. auris*. While most testing is performed free of charge through WA ARLN lab and OSPHL, a few facilities have brought CPO or *C. auris* testing in-house. Benefits from bringing that ability in-house include shorter turnaround time and less time spent packaging/reporting. Capacity to identify patients with these organisms ensures that staff use the appropriate precautions (i.e., PPE, environmental cleaning) to prevent the spread of these organisms.

Contact us if you would like more information at HA1@odhsoha.state.or.us.

Important Submission Reminders

Based on recent patterns and feedback we received, we want to share some important reminders:

1. **All CRA submissions are mandatory.** We have seen some confusion in facilities working under the assumption that only CRAB is reportable. This is incorrect. All CRA isolates must be reported to local public health and sent to the Oregon State Public Health Lab (OSPHL).
 - a. **Resources:** Please print and share the Multidrug-Resistant Organism [Reporting poster](#) with your staff. To receive a printed 11"x17" poster, email us at HAi@odhsoha.state.or.us.
2. **AST (antimicrobial susceptibility testing) results MUST be included with CRE/CRA isolates.**
3. **Dimorphism.** Please note on the test form if the isolate you are sending is showing dimorphism. Otherwise, it may get rejected as a mixed culture.

Insights from the 2024 HAI Lab Survey

Every year, we survey clinical laboratories in the state on their current testing methods and capacity. The information collected helps us:

- Contact the correct staff at your lab with questions
- Maintain an inventory of statewide testing capacity
- Identify additional support we need to provide

In 2024, 45 labs responded.

- 23 (51%) labs speciate *Candida* & have capacity for AST
- 18 (40%) labs can ID *Candida*
- 12 (26%) labs have capacity for CPO testing

Primary Method to Identify Gram-negative Bacilli	# of Labs Reporting
MALDI-TOF	12 (26%)
Microscan	10 (22%)
Vitek2	8 (17%)
Combination	7 (15%)
Other (Vitek, Sensititre)	2 (5%)

We are surveying labs again this year, so please remember to complete the survey using the link you received by email earlier this month. We will share more results from the survey in the future!

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Calling for more *Candida* spp. isolates

We would love to receive more *Candida* spp. isolates, especially from labs in the Portland Tri-County and eastern Oregon areas. If your lab already sends blood candidemia isolates, consider also submitting *Candida* spp. isolates from other sites.

Here's what we're looking for:

1. *Candida* spp. isolates (excluding *C. albicans*) **from wound, respiratory culture, or urine.**
2. Any number of isolates per month is welcome—you **don't need to send all your isolates to participate.**
3. **Free shipping** is provided through prepaid FedEx labels.
4. [Learn more](#) and [contact us](#) to get started.

Voluntary submission of isolates provides many benefits, including:

- Confirmation of *Candida* [species that are hard to identify](#) and rule-out of *C. auris* (i.e., suspected *C. haemulonii*, *C. duobushaemulonii*, *C. famata*, *C. guilliermondii*, *C. lusitanae*, or *C. parapsilosis*)
- Identification of the mechanism of echinocandin resistance
- [Expanded antimicrobial susceptibility testing](#) for hard-to-treat infections
- Whole genome sequencing for *C. auris* isolates
- Tracking of emerging resistance patterns, including monitoring of clades, detection of rare and critical AR genes

Questions?

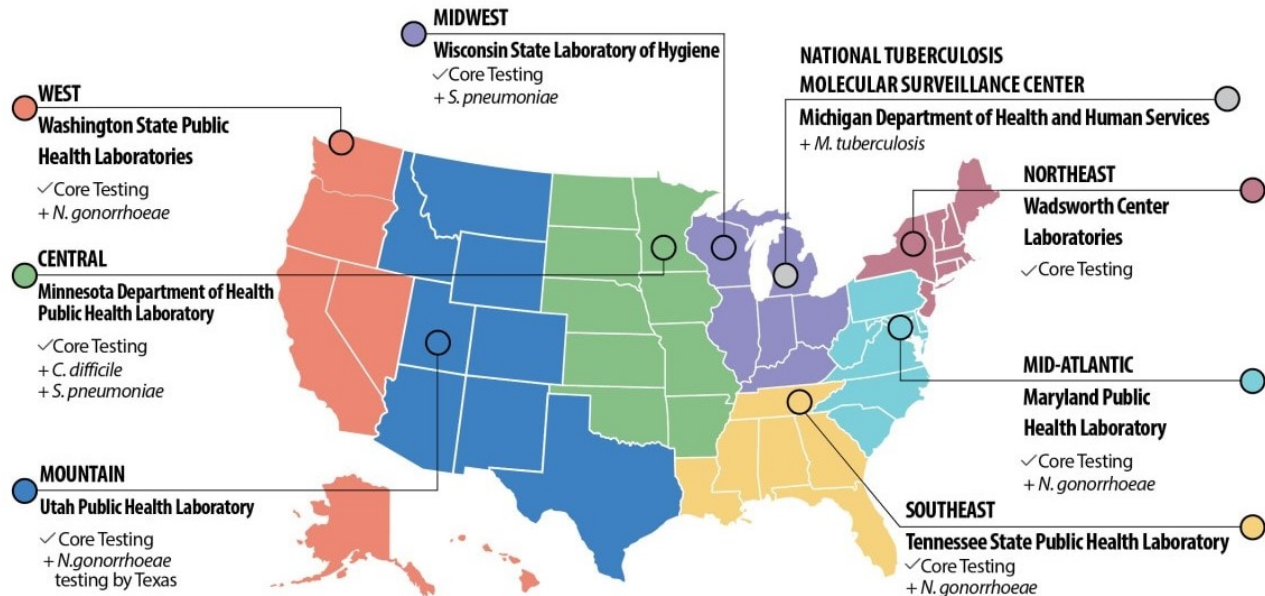
If you have any questions or want more information about submitting isolates, please contact the Healthcare-Associated Infection (HAI) program at HAI@odhsoha.state.or.us.

Thank You!

Once again, thank you for your invaluable contributions and active participation in the Antimicrobial Resistance Laboratory Network. Your specimen submissions are essential to fulfilling our mission. Together, we continue to expand testing efforts and national awareness, protecting our communities from the evolving threat of antimicrobial resistance.

Information about the Antimicrobial Resistance Laboratory Network (ARLN)

The Centers for Disease Control and Prevention (CDC) established the Antimicrobial Resistance Laboratory Network (ARLN) in 2016 as part of an action plan to combat antibiotic-resistant bacteria. The mission of the ARLN is to track the prevalence of antimicrobial-resistant organisms, identify outbreaks, and prevent the spread of these organisms.



The Washington State Public Health Laboratory (WSPHL) in Shoreline, Washington serves as the West region reference laboratory. Initial laboratory testing is conducted at the Oregon State Public Health Laboratory (OSPHL), with additional testing performed at WSPHL. WSPHL plays a crucial role in our surveillance efforts, providing additional support and expertise in the testing process.

What ARLN does:

- Provides additional support for state public health labs
- Performs additional testing for resistance mechanisms
- Carbapenemase testing on carbapenem-resistant Enterobacterales (CRE), carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) and carbapenem-resistant *Acinetobacter baumannii* (CRAB)
 - o Resolves questionable or discordant results
 - o Cultures for colonization screening
- *Candida* spp. surveillance:
 - o Confirms *Candida auris* ID and tests for susceptibility
 - o Monitors resistance among *Candida non-albicans* species
 - o Tests screening specimens for *C. auris* colonization

<https://www.cdc.gov/antimicrobial-resistance-laboratory-networks/php/about/domestic.html>
<https://arpsp.cdc.gov/profile/arln/cpo>

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