ESCMID Global

Abstract Book 2025

35th Congress of the European Society of Clinical Microbiology and Infectious Diseases

2025

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ESCMID Global 2025 Abstract Programme – Note from the Directors

This comprehensive collection of the abstracts presented at ESCMID Global 2025, held in Vienna from 11 to 15 April 2025, is a testament to the outstanding contributions of the ESCMID scientific community to the congress. The engagement from the global scientific community continues to grow, further enriching ESCMID Global as a hub for groundbreaking research.

This year, ESCMID Global saw 7,183 abstracts submitted during the regular call and 344 late-breaker abstracts, confirming the upward trend observed in 2024. Abstract submission rates by category have remained stable, with confirmed notable contributions in fields like bacterial susceptibility and resistance, and bacterial and viral infections (16%, 14.5% and 13% of total submissions, respectively). A new category in public health and vaccinology was introduced this year, receiving 4.3% of submissions. Overall, 126 countries contributed to the abstract submission; 49% of submissions came outside of Europe, including 15% from low- and middle-income countries.

Of the 7,527 submitted abstracts, 5,368 were presented during the congress and are collected in this book. Among them, 1,015 abstracts were selected for oral presentations across various sessions in halls and arenas, while 4,353 abstracts were designated as paper posters, contributing to an overall acceptance rate of 71%. The diversity and excellence of the research presented form the foundation of the congress' scientific exchange and educational value. The insights and breakthroughs shared at this year's congress are expected to drive future advancements, ultimately enhancing patient care and public health worldwide.

Once again, we extend our heartfelt thanks to all abstract submitters, whose invaluable contributions will significantly enrich the congress. A special appreciation goes to the more than 1,117 dedicated reviewers, who collectively generated a total of 36,381 reviews, ensuring a robust and high-quality review process, and to the ESCMID Global 2025 Programme Committee members, whose insight and dedication were instrumental in shaping an innovative, diverse and well curated programme.

Giulia De Angelis
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About ESCMID Global Abstract Book

We are pleased to present the abstract book for ESCMID Global 2025, held in Vienna, Austria, 11-15 April 2025. This book is a collection of over 5000 abstracts presented during the congress, whether delivered as oral presentations or uploaded to the ESCMID ePoster repository per congress guidelines. Abstracts are organised into 13 categories, representing the main research topics covered by the congress in addition to late breaking submissions. Poster abstracts are further organised by subcategories, providing a more granular subdivision of all topics.

Each abstract underwent a peer-review process, and was evaluated by at least three reviewers. Our esteemed panel of over 1,000 reviewers consisted of ESCMID Global faculty who participated in the congress as a speaker or chair in the last five years and who, with expertise and diligence, have ensured the high quality of the selected abstracts. The average number of reviews per abstract was 5. This year, the cut-off score for acceptance and inclusion in congress materials was 3.5 out of a maximum score of 6 points.

The abstracts included in this book remain unedited, with no alterations made to the text or figures, ensuring that the original contributions of the authors are preserved. Authors provided their consent to publish their abstracts during submission. The abstract submitters are solely responsible for the content presented, its quality and originality, and abstract authorship. ESCMID does not assume responsibility for any abstract content.

We extend our deepest gratitude to the contributors and reviewers for their invaluable efforts, not only enriching this abstract book but also being the cornerstone of this congress' success. Your dedication and expertise have ensured that high-quality research is presented at ESCMID Global. We hope this abstract book serves as a valuable resource, and as a testament to your outstanding contributions.

Sincerely,
ESCMID Office

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Background
Multidrug-resistant organisms (MDROs) frequently complicate the evolution of war-related injuries. Our objective was to investigate the antimicrobial resistance mechanisms of imported multidrug-resistant (MDR) gram-negative (GN) bacteria from nine Ukrainian war casualties transferred to the Helios Kliniken Schwerin, Germany or the Queen Astrid Military Hospital, Brussels, Belgium.

Methods
We conducted a retrospective study of all MDR GN strains (from epidemiological and/or clinical specimens) isolated within 48 hours following hospitalisation admission in Belgium or Germany. Bacterial identification relied on MALDI-TOF MS (Bruker Daltonics). Antimicrobial susceptibility testing (AST) was initially done either with the Vitek 2 system (bioMérieux) or the BD Phoenix™ M50 System (Becton Dickinson). Additional testing was done using disk diffusion (bioMérieux) and broth microdilution (MICRONAUT-S MDR MRGN Screening plates, Bruker). Results were reported using the EUCAST clinical breakpoints version 2024. Immunochromatographic (NG-Test CARBA 5®, BioTRADING and Coris Resist Oxa 23, International Medical Products) and PCR assays were used to detect carbapenemases. Bacteria were classified according to their resistance profile as stated in Magiorakos *et al*[1].

Results
All patients were initially hospitalised in Ukrainian hospitals following war-related traumas and subsequently transferred to Belgium or Germany, mainly for the treatment of extensive burn wounds and fracture-related osteomyelitis. Their demographic characteristics are summarized in Table 1. We detected 23 MDR GN isolates (Figure 1), 8 from clinical and 15 from surveillance specimens. All produced at least one carbapenemase. The most common were NDM (48%), followed by OXA-48 (20%), IPM (16%), VIM, KPC, OXA-72 and OXA-23 (4% each). Overall susceptibility of GN isolates to meropenem, ceftolozan-tazobactam, ceftazidime-avibactam, quinolones, aminoglycosides, cefiderocol, and colistin was respectively 0%, 0%, 5%, 9%,14%, 35%, and 77%. All *Pseudomonas aeruginosa* isolates produced metallo-b-lactamases (75% IMP, 25% VIM), aztreonam was active in 50% of them, but all were susceptible to cefiderocol and colistin. Only 20% of Enterobacterales and 25% of *Acinetobacter baumannii* were susceptible to cefiderocol, and 71% and 75% to colistin, respectively.

Conclusions
Our study adds to the alarming growing evidence of emerging resistance, even to the latest antibiotics, in Ukrainian war casualties.

Figure 1. Multidrug-resistant Gram-negative bacteria in 9 Ukrainian war casualties treated in two centres in Belgium and Germany

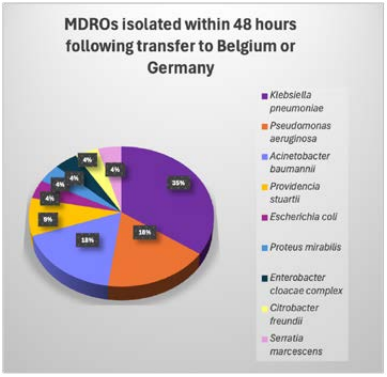

Table 1. Demographic characteristics of patients

Demographic characteristics of patients (n=9)	
Median age at admission	38 years
Gender	8M/1F
Median hospitalisation in Ukraine	42 days
Mean MDROs per patient at arrival in Belgium/Germany	2,6

References
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P1309 | 02544

Multidrug-resistant organisms amidst ongoing conflict in Ukraine: surveillance and resistance patterns

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Background
Multidrug-resistant organisms (MDROs) represent a growing global health threat, significantly complicating the treatment of infectious diseases. In countries like Ukraine, where ongoing armed conflict has severely disrupted healthcare infrastructure and access to essential medications, the spread of MDROs within and outside of the country poses a major challenge to both military and civilian health. This study provides an overview of the resistance profiles of bacterial isolates circulating in Ukraine to better understand the broader implications of MDROs in the context of the ongoing conflict.

Methods
We collected clinical bacterial isolates from five medical facilities (A-E) in Kharkiv, Ukraine over a 10-month period. Isolates were subjected to secondary identification and antimicrobial susceptibility testing (AST) using the automated Vitek2 system. Whole genome sequencing (WGS) was performed to identify genetic determinants of resistance, examine the diversity of sequence types present, and to perform cgMLST to identify isolates sharing a high level of genetic similarity.

Results
368 bacterial isolates were collected, 113 (31%) of which were recovered from wound and 255 (69%) from other samples. 74% of wound and 70% of non-wound were non-susceptible to carbapenems and displayed multi- or extensively drug-resistant phenotypes. The predominant pathogens infecting wounds were *Acinetobacter baumannii* (35%), *Klebsiella pneumoniae* (25%), and *Pseudomonas aeruginosa* (21%). In contrast, the leading pathogen for the non-wound cohort was *K. pneumoniae* (57% of isolates), followed by *A. baumannii* (14%), *Escherichia coli* (10%) and *P. aeruginosa* (7%). WGS revealed several known, epidemic clonal lineages of *K. pneumoniae*, *A. baumannii*, *P. aeruginosa*, and *E. coli*, as well as high-priority resistance genes, such as NDM-1, OXA-48, IMP, GES, VIM, armA, and CTX-M.

Conclusions
Our data show that he ongoing conflict in Ukraine has exacerbated the spread of MDROs, with both civilian and military healthcare systems facing significant challenges in controlling the spread of resistant strains. This study underscores the need for urgent action to strengthen surveillance, enhance infection control practices, and implement effective antimicrobial stewardship programs across all healthcare settings. The findings can inform targeted interventions, including the selection of effective first-line antibiotics in Ukraine's evolving healthcare context.

P1310 | 02552

Cefiderocol activity against resistant bacteria from patients with ventilator associated pneumonia from European and US hospitals

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Background
Ventilator associated pneumonia (VAP) treatment is often complicated by Gram-negative resistance resulting in limited treatment options. Cefiderocol is a siderophore cephalosporin with activity against Gram-negative bacteria, including multi-drug-resistant isolates. The activity of cefiderocol and comparators was evaluated against carbapenem-non-susceptible (CarbNS) and difficult-to-treat resistant (DTR) phenotypes of Gram-negative bacteria isolated from hospitalized patients with VAP from European and US hospitals.

Methods
3,475 Gram-negative isolates from VAP patients were collected in the SENTRY Antimicrobial Surveillance Program from 2020-2023 including 1,877 Enterobacterales, 1,100 *Pseudomonas aeruginosa* (PSA), 239 *Acinetobacter baumannii*-calcoaceticus complex (ABC) and 219 Stenotrophomonas maltophilia. Minimum inhibitory concentrations were determined according to CLSI procedures using the broth microdilution method. CarbNS subsets were defined as non-susceptibility to meropenem and imipenem while the DTR phenotype was defined as non-susceptibility to aztreonam (except ABC), cefepime, ceftazidime, ceftriaxone (for Enterobacterales only), imipenem, meropenem, ciprofloxacin and levofloxacin. Susceptibility was assessed according to 2024 CLSI, FDA, and EUCAST breakpoints.

Results
4.3% and 3.3% of Enterobacterales, 25.9% and 6.9% of PSA, 64% and 62.7% of ABC tested as CarbNS and DTR, respectively. 100% of S. maltophilia tested as CarbNS. > 86% of CarbNS and > 90% DTR Enterobacterales isolates were susceptible to cefiderocol, whereas beta-lactam/beta-lactamase inhibitor (BL/BLI) combinations inhibited only < 63% of CarbNS and DTR Enterobacterales (Table). Against CarbNS and DTR PSA, cefiderocol was the most active agent with ≥95% and 88% susceptibility, respectively. Only <85% and <57% of CarbNS and DTR PSA were susceptible to BL/BLI combinations, respectively. CarbNS and DTR ABC were also highly susceptible for cefiderocol (>88% and >88%, respectively) and was more active than ampicillin/sulbactam, imipenem/relebactam, and minocycline for both subsets. >99% of S. maltophilia isolates were susceptible to cefiderocol and cefiderocol was the most potent agent with MIC50/90 values of 0.06/0.25 mg/L.

Conclusions
Cefiderocol showed good *in vitro* activity against Enterobacterales, PSA, ABC, and S. maltophilia isolates from patients with VAP, including CarbNS and DTR subsets for which treatment options are limited. Cefiderocol is a valuable treatment option for hospitalized patients on mechanical ventilation at risk for a Gram-negative infection.

Figure 1. Antibacterial Activity of Cefiderocol and comparators against Carbapenem-Non-Susceptible (CarbNS) and Difficult-to-treat Resistant (DTR) Gram-negative Pathogens in the SENTRY Antimicrobial Surveillance Program in 2020-2023

Organism Group Agent	MIC_{50} (mg/L)	MIC_{90} (mg/L)	MIC range (mg/L)	%S* CLSI	%S* FDA	%S* EUCAST
CarbNS - Enterobacterales (n=81)						
Cefiderocol	1	4	0.008 to 64	95.1	95.1	86.4
Imipenem-relebactam	0.5	>8	0.12 to >8	50.6	50.6	50.6
Meropenem-vaborbactam	2	>8	≤0.015 to >8	53.1	53.1	60.5
Ceftazidime-avibactam	2	>32	0.06 to >32	60.5	60.5	60.5
Ceftolozane-tazobactam	>16	>16	1 to >16	4.9	4.9	4.9
DTR – Enterobacterales (n=62)						
Cefiderocol	1	2	0.03 to 8	96.8	96.8	90.3
Imipenem-relebactam	0.5	>8	0.12 to >8	53.2	53.2	53.2
Meropenem-vaborbactam	2	>8	≤0.015 to >8	54.8	54.8	61.3
Ceftazidime-avibactam	2	>32	0.12 to >32	62.9	62.9	62.9
Ceftolozane-tazobactam	>16	>16	8 to >16	0.0	0.0	0.0
CarbNS - *Pseudomonas aeruginosa* (n=285)						
Cefiderocol	0.12	0.5	≤0.004 to >64	98.9	95.4	98.2
Imipenem-relebactam	1	8	0.25 to >8	80.4	80.4	80.4
Meropenem-vaborbactam	8	>8	1 to >8	NA	NA	50.2
Ceftazidime-avibactam	4	16	0.5 to >32	83.1	83.1	83.1
Ceftolozane-tazobactam	1	>16	0.25 to >16	84.9	84.9	84.9
DTR - *Pseudomonas aeruginosa* (n=76)						
Cefiderocol	0.12	2	0.015 to >64	97.4	88.2	96.1
Imipenem-relebactam	2	>8	0.25 to >8	50.0	50.0	50.0
Meropenem-vaborbactam	>8	>8	1 to >8	NA	NA	18.4
Ceftazidime-avibactam	16	>32	2 to >32	47.4	47.4	47.4
Ceftolozane-tazobactam	4	>16	1 to >16	56.6	56.6	56.6
CarbNS - *Acinetobacter baumannii-calcoaceticus complex* (n=153)						
Cefiderocol	0.25	2	0.06 to >64	96.7	88.9	92.8
Imipenem-relebactam	>8	>8	>8 to >8	NA	0	NA
Ampicillin-sulbactam	64	>64	16 to >64	0	0	NA
Colistin	0.5	>8	0.12 to >8	0	0	69.9
Minocycline	16	16	0.25 to >32	20.9	20.9	NA
DTR - *Acinetobacter baumannii-calcoaceticus complex* (n=150)						
Cefiderocol	0.25	2	0.06 to >64	96.7	88.7	92.7
Imipenem-relebactam	>8	>8	>8 to >8	NA	0	NA
Ampicillin-sulbactam	64	>64	16 to >64	0	0	NA
Colistin	0.5	>8	0.12 to >8	NA	NA	69.3
Minocycline	16	16	0.25 to >32	20.7	20.7	NA
***Stenotrophomonas maltophilia* (n=219)**						
Cefiderocol	0.06	0.25	≤0.004 to 2	99.5	NA	100.0
Levofloxacin	1	4	0.12 to 32	84.9	NA	NA
Minocycline	0.5	1	0.12 to 8	93.2	NA	NA
Trimethoprim-sulfamethoxazole	≤0.12	0.5	≤0.12 to >4	96.3	NA	NA

MIC, minimum inhibitory concentration; S, susceptible; n, number of isolates; CarbNS, carbapenem non-susceptible; DTR, Difficult-to-treat Resistance; NA, not applicable
a. According to 2024 CLSI, FDA & EUCAST breakpoints

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