Australian Commission on **Safety and Quality** in Health Care

AURA
Antimicrobial Use and Resistance in Australia

CARAlert data update 43

1 January 2026 – 31 March 2026

June 2026

safetyandquality.gov.au

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Title: CARAlert data update 43: 1 January 2026 – 31 March 2026
Preferred citation: Australian Commission on Safety and Quality in Health Care. CARAlert data update 43: 1 January 2026 – 31 March 2026. Sydney: ACSQHC; 2026.

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Contents

Data Summary

This report provides an update on data submitted to the National Alert System for Critical Antimicrobial Resistances (CARAlert) for the reporting period: 1 January 2026 to 31 March 2026, and complements previous analyses of and updates on CARAlert data and the CARAlert Data Explorer.

National overview

- The number of critical antimicrobial resistances (CARs) reported was similar to the previous three-month period (*n* = 815 versus *n* = 816).
- Just over one-half of the CARs reported were carbapenemase-producing *Enterobacterales* (CPE) (including those with ribosomal methyltransferase) (438/815, 53.7%).
- The number of CPE (either alone or in combination with other CARs) reported to date this year, compared with the same period last year, decreased by 9.5% (*n* = 438 versus *n* = 484).
- Azithromycin-nonsusceptible (low-level resistance, minimum inhibitory concentration [MIC] < 256 mg/L) *Neisseria gonorrhoeae* was the second most reported CAR (206/815, 25.3%).
- Multidrug-resistant (MDR) *Shigella* species was the third most reported CAR (55/815, 6.7%). The number of reports decreased compared to the previous three months (*n* = 55 versus *n* = 91, down 39.6%).
- The number of ceftriaxone-nonsusceptible *N. gonorrhoeae* were reported was similar to the previous three-month period (*n* = 21 versus *n* = 20). Three isolates were also azithromycin-nonsusceptible (high-level resistance, MIC ≥ 256 mg/L).
- Where the setting was known, a little over two-thirds of CARs were reported from hospital settings (473/656, 72.1%). There were 179 (27.3%) reports from the community, and four reports from aged care homes.

Carbapenemase-producing *Enterobacterales*

- The number of CPE reported (either alone or in combination with other CARs) increased slightly compared to the previous three-month period (*n* = 438 versus *n* = 428).
- IMP (176/438, 40.2%), NDM (157/438, 35.8%), OXA-48-like (60/438, 13.7%), NDM+OXA-48-like (26/438, 5.9%) and KPC (9/438, 2.1%) types accounted for 97.7% of all CPE reported during this period.
- The number of NDM-types reported (either alone or co-produced with other carbapenemase types) decreased compared to the previous three months (*n* = 186 versus *n* = 204, down 8.8%), mostly in South Australia (SA) (*n* = 14 versus *n* = 21, down 33.3%) and Western Australia (WA) (*n* = 12 versus *n* = 17, down 29.4%).
- The number of IMP-types reported increased compared to the previous three months (*n* = 176 versus *n* = 159, up 10.7%), most notably in Victoria (*n* = 20 versus *n* = 9).
- Nine KPC-producing *Enterobacterales* were reported from Victoria (*n* = 6; *Klebsiella pneumoniae* [3], *Citrobacter freundii* [1], *K. oxytoca* [1], *Escherichia coli* [1]); Queensland (*n* = 2; *K. pneumoniae*) and WA (*n* = 2; one each of *K. pneumoniae* and *C. amalonaticus*). In addition, one *K. pneumoniae* co-producing KPC-2 and NDM-1 was reported from Queensland.

- Where the setting was known, 92.3% (361/391) of CPE were reported from hospitals and 6.9% (27/391) were reported from the community. There were three reports from aged care homes.
- Thirty-two hospitals had more than one report of NDM-types; these were in Victoria (*n* = 11), New South Wales (NSW) (*n* = 10), Queensland (*n* = 5), SA (*n* = 3), WA (*n* = 2) and the Northern Territory (NT) (*n* = 1). Eight hospitals from Victoria (*n* = 5), NSW (*n* = 2), and Queensland (*n* = 1) had five or more reports.
- Seventeen hospitals (NSW *n* = 7, Queensland *n* = 7, Victoria (*n* = 2), WA (*n* = 1)) had more than two reports of IMP-types. Two hospitals from NSW and one from Queensland had 10 or more reports.

Salmonella and *Shigella* species

- There were 42 ceftriaxone-nonsusceptible *Salmonella* species reported during this reporting period, from Victoria (*n* = 19), WA (*n* = 13), NSW (*n* = 5), two each from Queensland and the Australian Capital Territory (ACT), and one from SA. There were 35 non-typhoidal species all produced an extended-spectrum β-lactamase (ESBL [32]) or a pAmpC (*n* = 3). All seven typhoidal species reported (Victoria (*n* = 5), and one each from NSW and the ACT), produced and ESBL.
- There were 55 MDR *Shigella* species reported in this period: 34 *S. sonnei*, 19 *S. flexneri*, and two *S. dysenteriae*. Almost all (33/34, 97.1%) of *S. sonnei* isolates were ceftriaxone/cefotaxime-resistant and produced an ESBL. Almost one-third of MDR *S. flexneri* were susceptible to ceftriaxone/cefotaxime (6/19, 31.6%).

Azithromycin-nonsusceptible (low-level resistance, MIC < 256 mg/L) *Neisseria gonorrhoeae*

- There was an increase in the number of reports of this CAR compared with the previous three-month reporting period (*n* = 206 versus *n* = 172, up 19.8%). Almost three-quarters of the reports (151/206, 73.3%) were from Queensland (*n* = 92) and WA (*n* = 59).

Ceftriaxone- and/or azithromycin-nonsusceptible *Neisseria gonorrhoeae*

- There were 21 reports of ceftriaxone-nonsusceptible *N. gonorrhoeae*, similar to the previous three-month reporting period (*n* = 20). The reports were from NSW (*n* = 8), Victoria (*n* = 8), WA (*n* = 3), and Queensland (*n* = 2).
- Seven of the ceftriaxone-nonsusceptible *N. gonorrhoeae* reports from Victoria also had low-level resistance (*n* = 4) or high-level resistance (*n* = 3) to azithromycin.

Gentamicin-resistant *Neisseria gonorrhoeae*

- No gentamicin-resistant *N. gonorrhoeae* were reported in this period.

Ciprofloxacin-nonsusceptible *Neisseria meningitidis*

- There were no reports of ciprofloxacin-nonsusceptible *N. meningitidis* during in this period.

Carbapenemase-producing *Acinetobacter baumannii* complex and *Pseudomonas aeruginosa*

- Nine carbapenemase-producing *Acinetobacter baumannii* complex were reported during this period, down from *n* = 12 in the previous three-months. The reports were from NSW (*n* = 3), Victoria (*n* = 3), WA (*n* = 2), Queensland (*n* = 1).
- The number of carbapenemase-producing *Pseudomonas aeruginosa* isolates reported decreased compared to the previous three months (*n* =21 versus *n* = 35, down 40.0%). Four different types were reported (NDM [9], IMP [6], VIM [4], GES [2]).

Linezolid-resistant *Enterococcus* species

- There were nine linezolid-resistant *Enterococcus* species reports this period, up from *n* = 4 in the previous three-month reporting period. There were seven *E. faecium* reports, from Victoria (*n* = 5) and Queensland (*n* = 2); and two *E. faecalis* reports, one each from Victoria and the ACT.

Candidozyma (*Candida*) auris

- There were six *Candidozyma* (*Candida) auris* reports this reporting period (up from *n* = 4 in the previous three months). The reports were from SA (*n* = 3) and WA (*n* = 3).

Linezolid- or vancomycin-nonsusceptible *Staphylococcus aureus* complex

- There were no reports of linezolid- or vancomycin-nonsusceptible *Staphylococcus aureus* complex isolates during this period.

Transmissible colistin resistance

- There was one report from SA of an *Escherichia coli* isolate with transmissible colistin resistance (*mcr-1.1*) during this period.

Streptococcus pyogenes with reduced susceptibility to penicillin

- No cases of *Streptococcus pyogenes* with reduced susceptibility to penicillin were reported during this period.

National summary

Table 1 Number of critical antimicrobial resistances, by state and territory, 1 January 2026 – 31 March 2026, and year to date 2025 and 2026

Species	Critical resistance	State or Territory (January–March 2026)								Quarterly			Year to date		
										2025	2026				
		NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Oct–Dec	Jan–Mar	Relative change*	2025	2026	Relative change*
Acinetobacter baumannii complex	Carbapenemase-producing	3	3	1	0	2	0	0	0	12	9	▼ 25.0%	8	9	▲ 12.5%
Candidozyma (*Candida*) *auris*	–	0	0	0	3	3	0	0	0	4	6	–	5	6	▲ 20.0%
Enterobacterales	Carbapenemase-producing	149	110	93	18	36	2	3	1	407	412	▲ 1.2%	447	412	▼ 7.8%
	Carbapenemase- and ribosomal methyltransferase-producing	0	23	1	0	2	0	0	0	21	26	▲ 23.8%	37	26	▼ 29.7%
	Carbapenemase- producing and transmissible resistance to colistin	0	0	0	0	0	0	0	0	0	0	–	0	0	–
	Ribosomal methyltransferase-producing	0	2	0	1	0	0	1	0	4	4	–	2	4	–
	Transmissible resistance to colistin	0	0	0	1	0	0	0	0	0	1	–	0	1	–
Enterococcus species	Linezolid-resistant	1	5	2	0	0	0	1	0	4	9	–	13	9	▼ 30.8%
Mycobacterium tuberculosis	Multidrug-resistant – at least rifampicin- and isoniazid-resistant strains	0	0	0	0	0	0	0	0	0	0	–	0	0	–
Neisseria gonorrhoeae	Azithromycin-nonsusceptible (low-level)†	14	32	92	9	59	0	0	0	172	206	▲ 19.8%	405	206	▼ 49.1%
	Azithromycin-nonsusceptible (high-level)§	2	1	0	0	0	0	0	0	1	3	–	0	3	–
	Ceftriaxone-nonsusceptible	8	1	2	0	3	0	0	0	14	14	0.0%	7	14	▲ 100%
	Ceftriaxone-nonsusceptible and azithromycin-nonsusceptible (low-level) †	0	4	0	0	0	0	0	0	3	4	–	0	4	–
	Ceftriaxone-nonsusceptible and azithromycin nonsusceptible (high-level) §	0	3	0	0	0	0	0	0	3	3	–	2	3	–
	Gentamicin-resistant	0	0	0	0	0	0	0	0	0	0	–	0	0	–

Table 1 (continued)

Species	Critical resistance	State or territory (January–March 2026)								Quarterly			Year to date		
										2025	2026				
		NSW	Vic	Old	SA	WA	Tas	NT	ACT	Oct–Dec	Jan–Mar	Relative change*	2025	2026	Relative change*
Neisseria meningitidis	Ciprofloxacin-nonsusceptible	0	0	0	0	0	0	0	0	1	0	–	1	0	–
Pseudomonas aeruginosa	Carbapenemase-producing	10	4	0	1	6	0	0	0	35	21	▼ 40.0%	22	21	▼ 4.5%
Salmonella species	Ceftriaxone-nonsusceptible	5	19	2	1	13	0	0	2	43	42	▼ 2.3%	46	42	▼ 8.7%
Shigella species	Multidrug-resistant	14	21	7	6	6	0	0	1	91	55	▼ 39.6%	85	55	▼ 35.3%
Staphylococcus aureus complex	Linezolid-nonsusceptible	0	0	0	0	0	0	0	0	1	0	–	0	0	–
	Vancomycin-nonsusceptible	0	0	0	0	0	0	0	0	0	0	–	1	0	–
Streptococcus pyogenes	Penicillin reduced susceptibility	0	0	0	0	0	0	0	0	0	0	–	0	0	–
	Total (reported by 28 May 2026)	**206**	**228**	**200**	**40**	**130**	**2**	**5**	**4**	**816**	**815**	**▼ 0.1%**	**1,081**	**815**	**▼ 24.6%**

CAR = critical antimicrobial resistances; MIC = minimum inhibitory concentration; ▲ = increase; ▼ = decrease; – = not applicable

* Relative change = absolute change between period in 2025 and same period in 2026, for each CAR, expressed as a percentage of 2025 base, where five or more CARs reported per reporting period

† Azithromycin MIC < 256 mg/L

§ Azithromycin MIC ≥ 256 mg/L

Note: For this report, transmissible resistance to colistin refers to the presence of *mcr* genes other than *mcr-9*. This variant is not associated with a colistin resistant phenotype but is typically found on H12 plasmids which may carry $bla_{\text{IMP-4}}$.

Table 2 Number of critical antimicrobial resistance isolates, by setting, national, 1 January 2026 – 31 March 2026

Species	Critical resistance	Setting					Total
		Public hospital	Private hospital	Aged care home	Community	Unknown	
Acinetobacter baumannii complex	Carbapenemase-producing	9	0	0	0	0	9
Candidozyma (Candida) auris	–	3	1	1	1	0	6
Enterobacterales	Carbapenemase-producing	315	25	3	24	45	412
	Carbapenemase- and ribosomal methyltransferase-producing	20	1	0	3	2	26
	Carbapenemase- producing and transmissible resistance to colistin	0	0	0	0	0	0
	Ribosomal methyltransferase-producing	3	1	0	0	0	4
	Transmissible resistance to colistin	1	0	0	0	0	1
Enterococcus species	Linezolid-resistant	9	0	0	0	0	9
Mycobacterium tuberculosis	Multidrug-resistant – at least rifampicin- and isoniazid-resistant strains	0	0	0	0	0	0
Neisseria gonorrhoeae	Azithromycin-nonsusceptible (low-level)*	34	3	0	116	53	206
	Azithromycin-nonsusceptible (high-level)†	0	0	0	0	3	3
	Ceftriaxone-nonsusceptible	1	0	0	3	10	14
	Ceftriaxone-nonsusceptible and azithromycin-nonsusceptible (low-level)*	0	0	0	1	3	4
	Ceftriaxone-nonsusceptible and azithromycin-nonsusceptible (high-level)†	0	0	0	0	3	3
	Gentamicin-resistant	0	0	0	0	0	0
Neisseria meningitidis	Ciprofloxacin-nonsusceptible	0	0	0	0	0	0
Pseudomonas aeruginosa	Carbapenemase-producing	10	0	0	3	8	21
Salmonella species	Ceftriaxone-nonsusceptible	8	2	0	14	18	42
Shigella species	Multidrug-resistant	26	1	0	14	14	55
Staphylococcus aureus complex	Linezolid-nonsusceptible	0	0	0	0	0	0
	Vancomycin-nonsusceptible	0	0	0	0	0	0
Streptococcus pyogenes	Penicillin reduced susceptibility	0	0	0	0	0	0
Total (reported by 28 May 2026)		**439**	**34**	**4**	**179**	**159**	**815**

* Azithromycin MIC < 256 mg/L

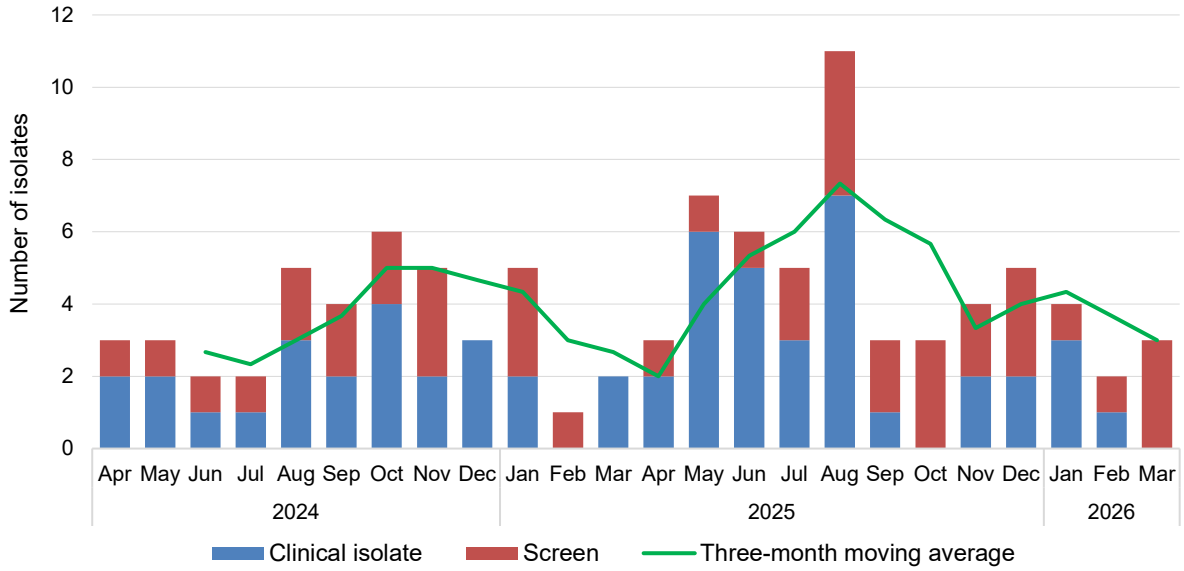
† Azithromycin MIC ≥ 256 mg/L

Summary by CAR

Acinetobacter baumannii complex

National data

Figure 1 Carbapenemase-producing *Acinetobacter baumannii* complex, 24-month trend by specimen type, national, 1 April 2024 – 31 March 2026



State and territory data

Figure 2 Carbapenemase-producing *Acinetobacter baumannii* complex, number reported by carbapenemase type and specimen type, by state and territory, 1 January 2026 – 31 March 2026

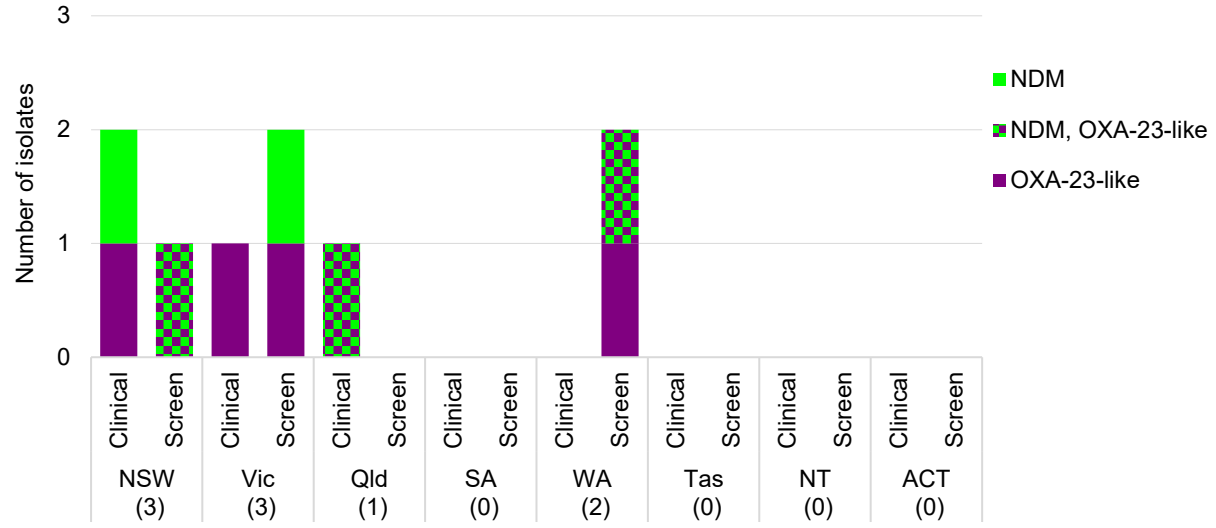


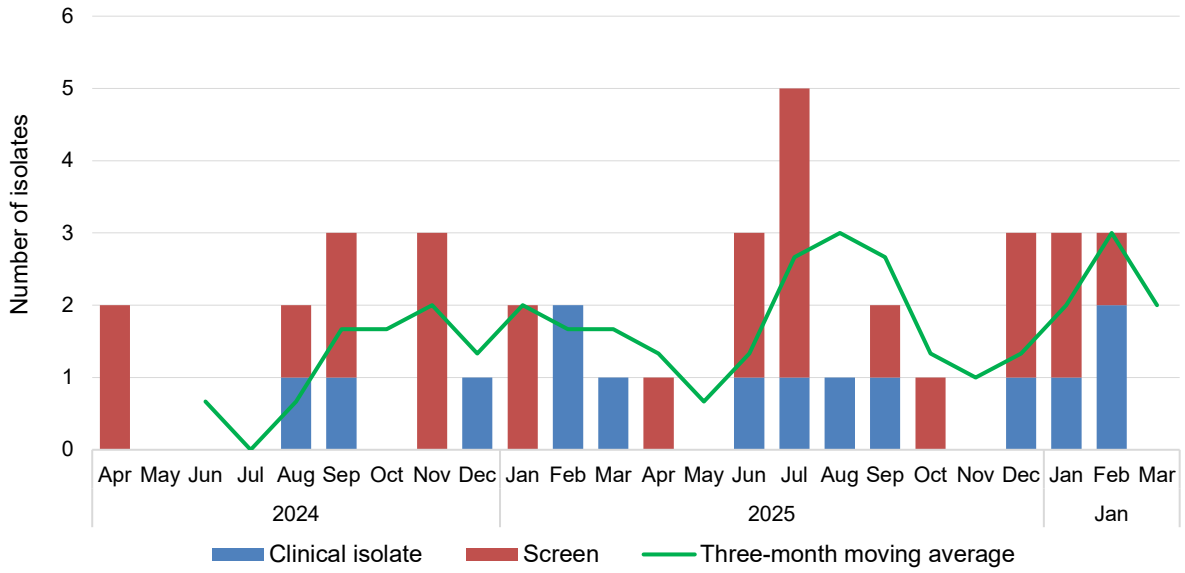
Table 3 Carbapenemase-producing *Acinetobacter baumannii* complex, number reported by setting, by state and territory, 1 January 2026 – 31 March 2026

Setting	State or territory								Total
	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	
Total	3	3	1	0	2	0	0	0	9
Public hospital	3	3	1	0	2	0	0	0	9
Private hospital	0	0	0	0	0	0	0	0	0
Aged care home	0	0	0	0	0	0	0	0	0
Community	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0

Candidozyma (Candida) auris

National data

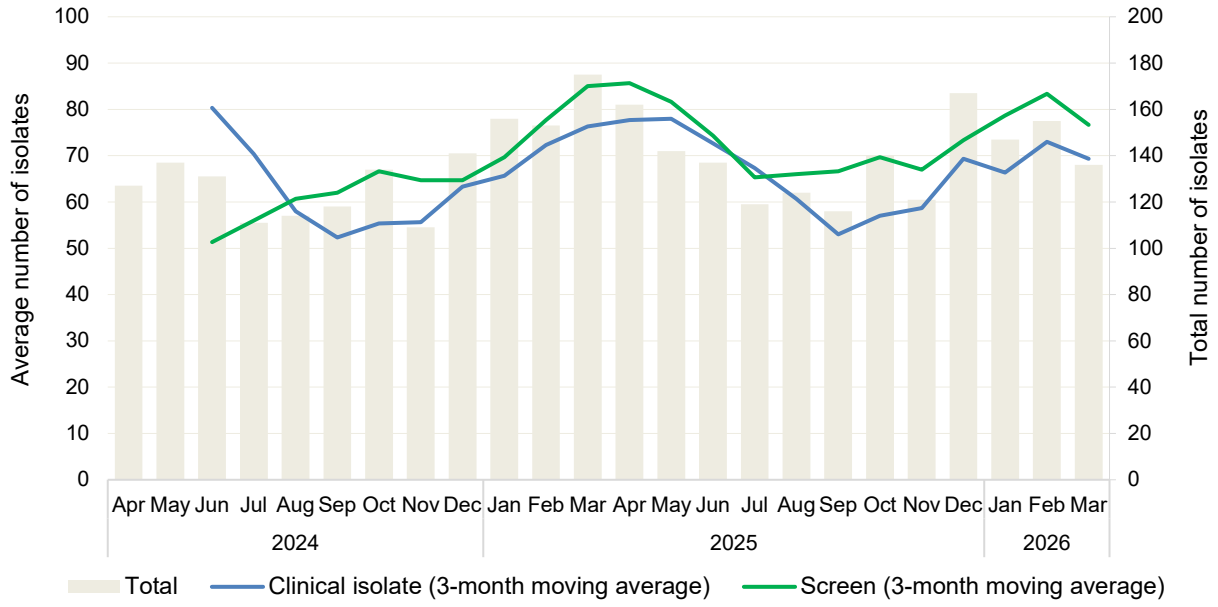
Figure 3 *Candidozyma* (*Candida*) *auris*, 24-month trend by specimen type, national, 1 April 2024 – 31 March 2026



Enterobacterales

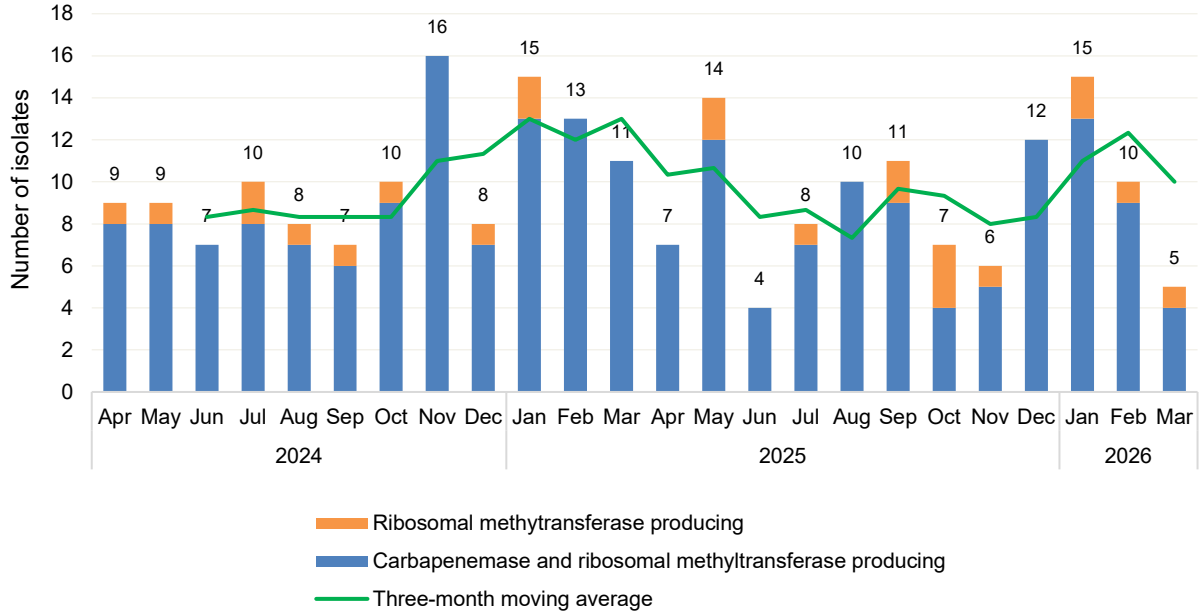
National data

Figure 4 Carbapenemase-producing *Enterobacterales**, 24-month trend by specimen type, national, 1 April 2024 – 31 March 2026



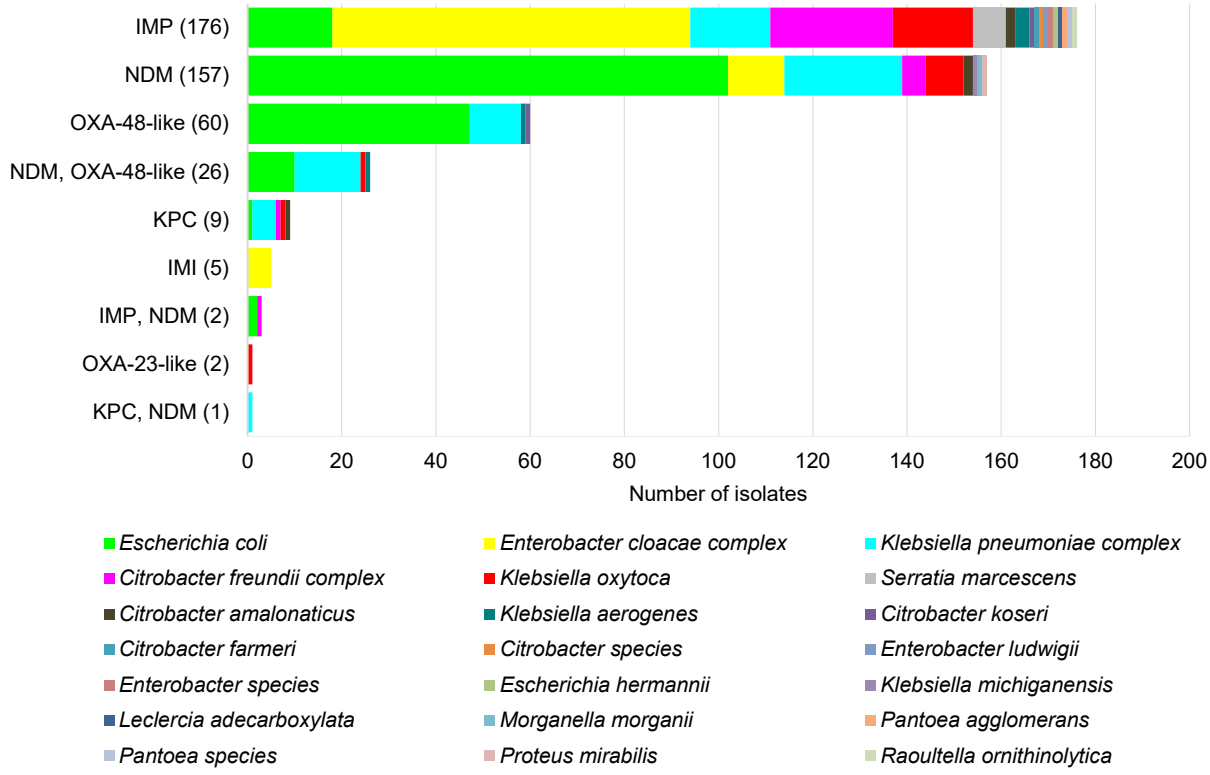
* Carbapenemase-producing alone or in combination with ribosomal methyltransferases or transmissible resistance to colistin

Figure 5 Ribosomal methyltransferase-producing *Enterobacterales**, 24-month trend, national, 1 April 2024 – 31 March 2026



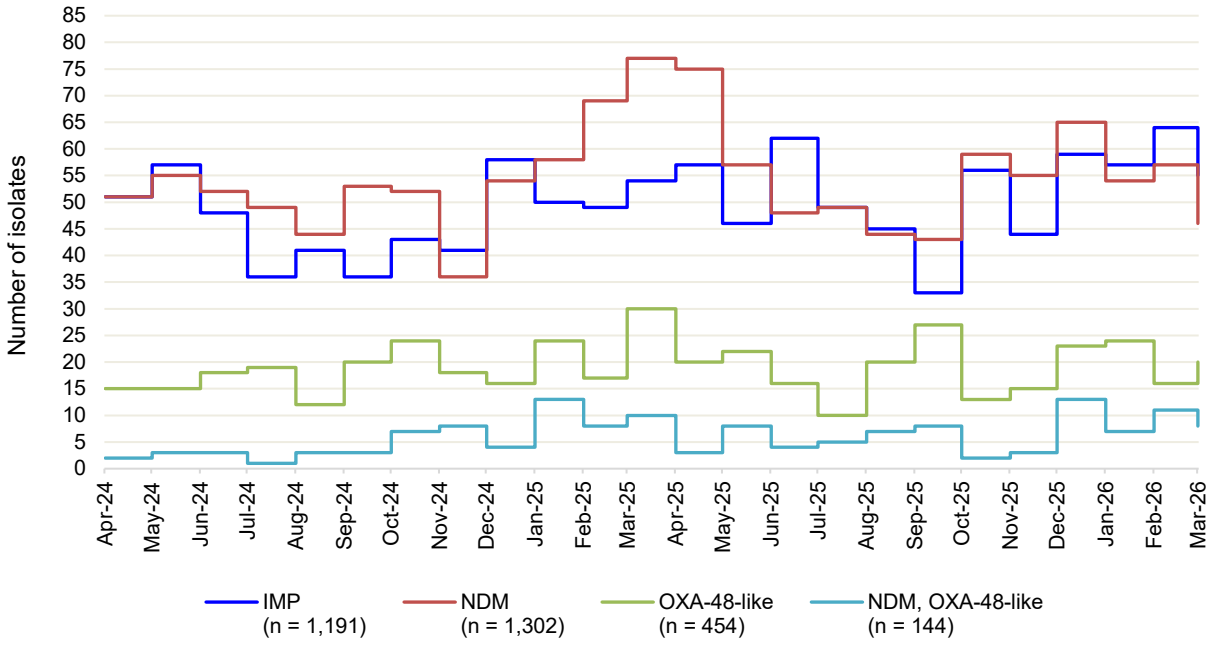
* Ribosomal methyltransferases alone, or in combination with carbapenemase(s)

Figure 6 Carbapenemase-producing *Enterobacterales**, number reported by carbapenemase type and species, national, 1 January 2026 – 31 March 2026



* Carbapenemase-producing (*n* = 412), carbapenemase and ribosomal methyltransferase-producing (*n* = 26), carbapenemase-producing and transmissible resistance to colistin (*n* = 0)

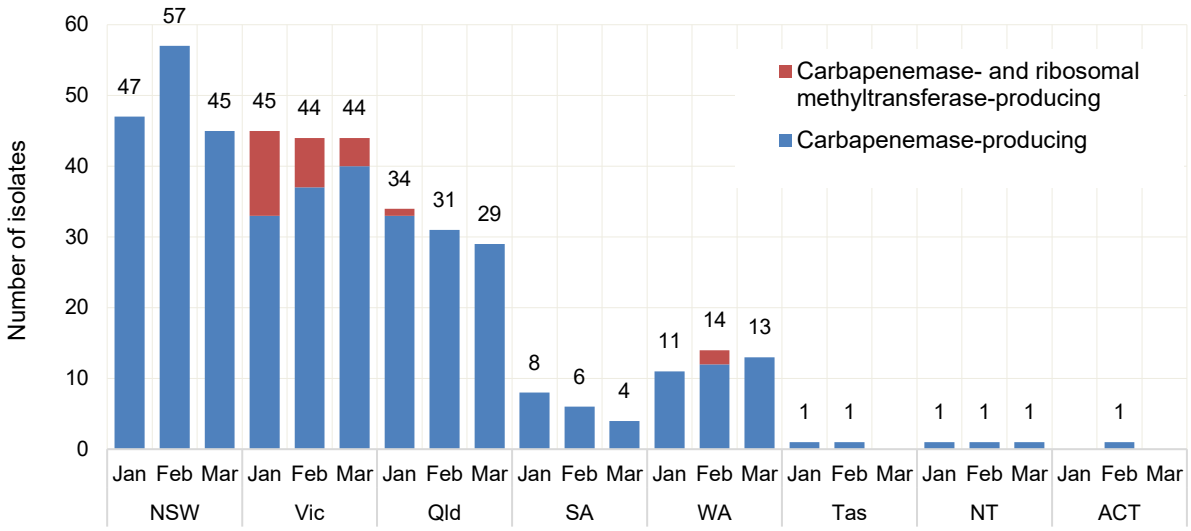
Figure 7 Top four reported carbapenemase types*, 24-month trend, national, 1 April 2024 – 31 March 2026



* Alone or in combination with another type for the reporting period

State and territory data

Figure 8 Carbapenemase-producing *Enterobacterales**, number reported by month, state and territory, 1 January 2026 – 31 March 2026



* Carbapenemase-producing (n = 412), carbapenemase and ribosomal methyltransferase-producing (n = 26), carbapenemase-producing and transmissible resistance to colistin (n = 0)

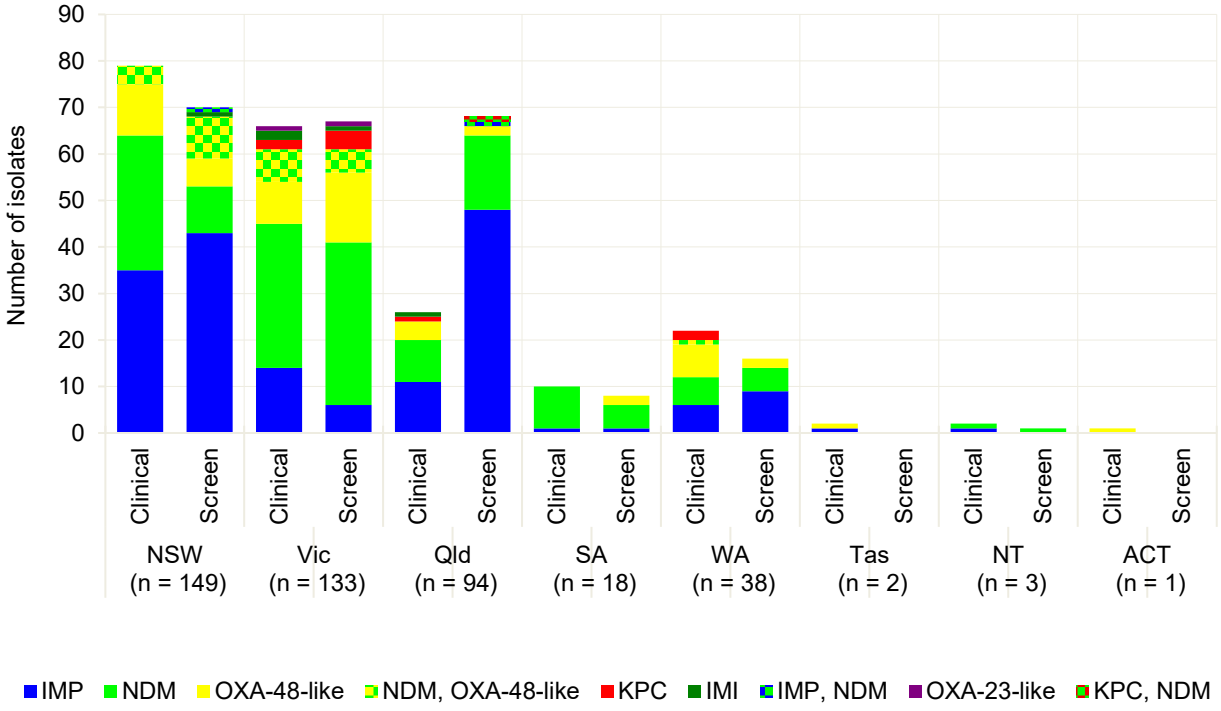
Figure 9 Top four reported carbapenemase types from *Enterobacterales*, by state and territory and nationally, 24-month trend, (three-month moving average), 1 April 2024 – 31 March 2026

Type	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
IMP	34 14	7 1	22 14	<1 0	5 2	<1 0	<1 0	1 0	60 38
NDM	21 12	26 14	10 4	18 2	5 1	2 0	2 0	2 0	74 45
OXA-48-like	8 3	12 5	3 1	3 0	5 0	<1 0	<1 0	1 0	24 15
NDM+OXA-48-like	5 0	4 0	2 0	1 0	2 0	0 0	0 0	<1 0	10 2
All types	64 37	46 29	30 21	21 3	14 3	2 0	2 0	3 0	163 114

Straight green line in cell = no carbapenemase type for that state or territory during the reporting period; Blank cell = maximum monthly average was one or less

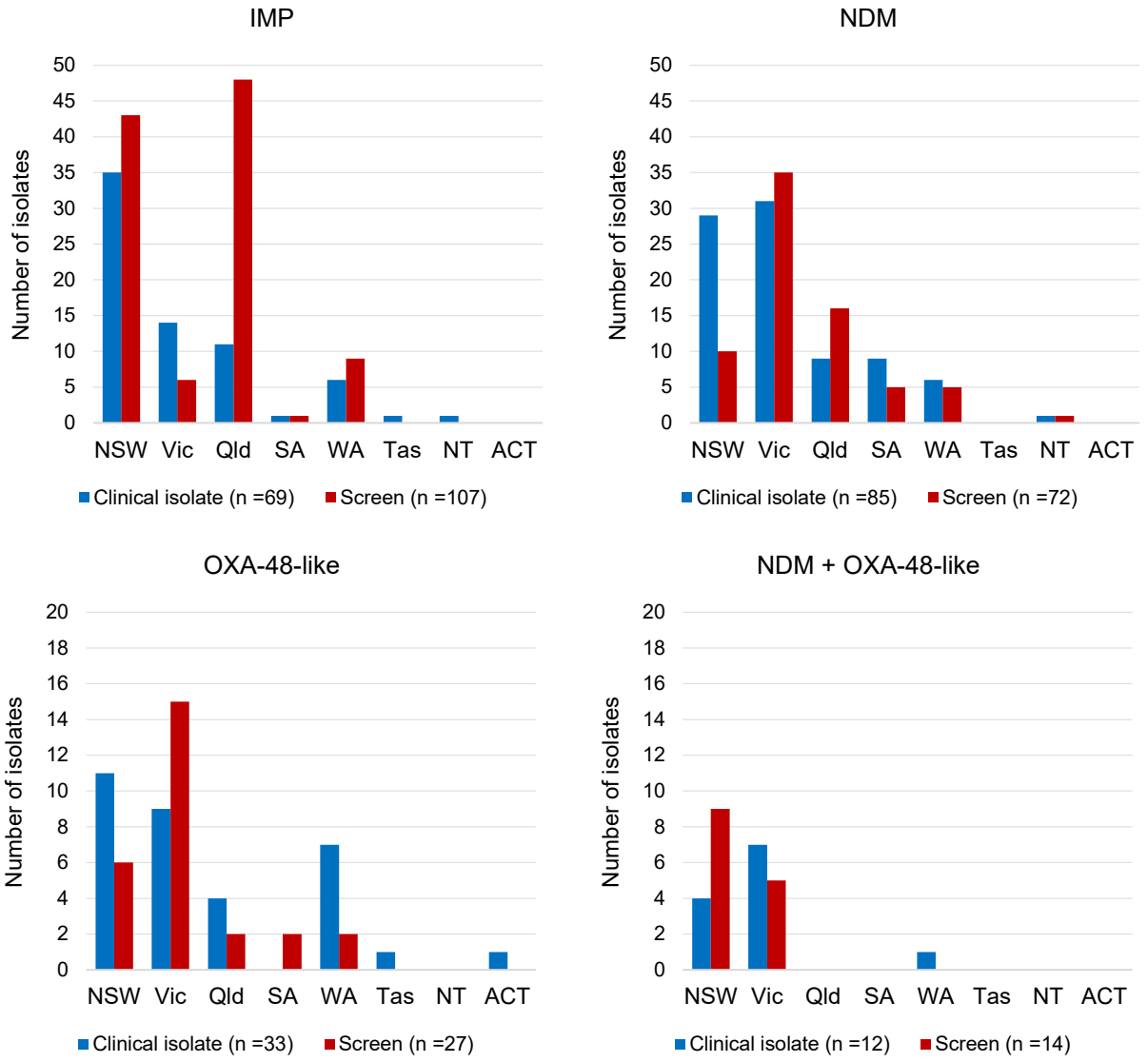
Notes:
1. Line graphs represent three-month moving average for the period 1 April 2024 to 31 March 2026, for each type, where maximum monthly average was greater than one.
2. Numbers in each cell represent maximum (top) and minimum (bottom) monthly average.

Figure 10 Carbapenemase-producing *Enterobacterales**, number reported by carbapenemase type and specimen type, by state and territory, 1 January 2026 – 31 March 2026



* Carbapenemase-producing (*n* = 412); carbapenemase- and ribosomal methyltransferase-producing (*n* = 26); carbapenemase-producing and transferrable resistance to colistin (*n* = 0)

Figure 11 Top four reported carbapenemase-producing *Enterobacterales* types by specimen type, by state and territory, 1 January 2026 – 31 March 2026



Note: Other types include KPC (*n* = 9; Vic clinical [2], screen [4]; WA clinical [2], Qld clinical [1]); IMI (*n* = 5; NSW screen [1]; Vic clinical [2], screen [1]; Qld clinical [1]); IMP+NDM (*n* = 2; NSW screen [1]; Qld screen [1]); OXA-23-like (*n* = 2; Vic clinical [1], screen [1]); KPC+NDM (*n* = 1; Qld screen).

Table 4 Top five carbapenemase types from *Enterobacterales*, number reported by setting, by state and territory, 1 January 2026 – 31 March 2026

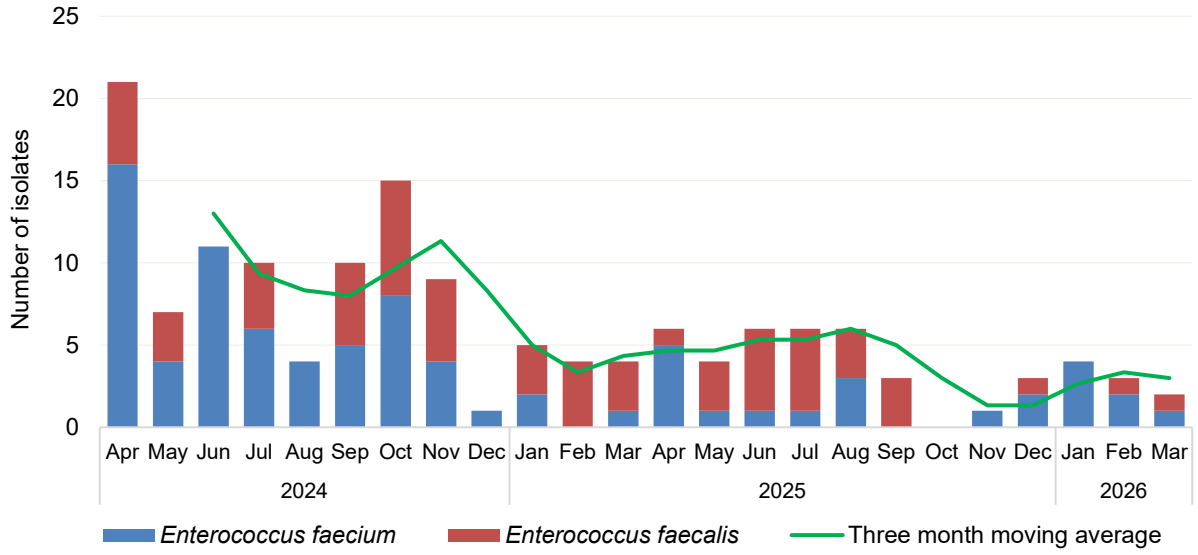
Carbapenemase type	Setting	State or territory								Total
		NSW	Vic	Qld	SA	WA	Tas	NT	ACT	
IMP	Total	78	20	59	2	15	1	1	0	176
	Public hospitals	73	18	45	2	12	1	1	0	152
	Private hospitals	0	1	11	0	3	0	0	0	15
	Aged care homes	0	0	0	0	0	0	0	0	0
	Community	3	0	3	0	0	0	0	0	6
	Unknown	2	1	0	0	0	0	0	0	3
NDM	Total	39	66	25	14	11	0	2	0	157
	Public hospitals	30	40	20	9	8	0	2	0	109
	Private hospitals	0	1	3	0	1	0	0	0	5
	Aged care homes	1	1	0	1	0	0	0	0	3
	Community	1	6	2	4	1	0	0	0	14
	Unknown	7	18	0	0	1	0	0	0	26
OXA-48-like	Total	17	24	6	2	9	1	0	1	60
	Public hospitals	16	12	5	2	4	1	0	1	41
	Private hospitals	0	2	1	0	1	0	0	0	4
	Aged care homes	0	0	0	0	0	0	0	0	0
	Community	0	1	0	0	3	0	0	0	4
	Unknown	1	9	0	0	1	0	0	0	11
NDM, OXA-48-like	Total	13	12	0	0	1	0	0	0	26
	Public hospitals	11	8	0	0	0	0	0	0	19
	Private hospitals	0	1	0	0	0	0	0	0	1
	Aged care homes	0	0	0	0	0	0	0	0	0
	Community	0	1	0	0	1	0	0	0	2
	Unknown	2	2	0	0	0	0	0	0	4
KPC	Total	0	6	1	0	2	0	0	0	9
	Public hospitals	0	5	1	0	1	0	0	0	7
	Private hospitals	0	0	0	0	1	0	0	0	1
	Aged care homes	0	0	0	0	0	0	0	0	0
	Community	0	0	0	0	0	0	0	0	0
	Unknown	0	1	0	0	0	0	0	0	1

Note: Top five carbapenemase types account for 97.7% (428/438) of all carbapenemase-producing *Enterobacterales* reported for this period. Other types were IMI (*n* = 5, Vic [3], NSW [1], Qld [1]); IMP+NDM (*n* = 2, NSW [1], Qld [1]); OXA-23-like (*n* = 2, Vic): KPC+NDM (*n* = 1, Qld).

Enterococcus species

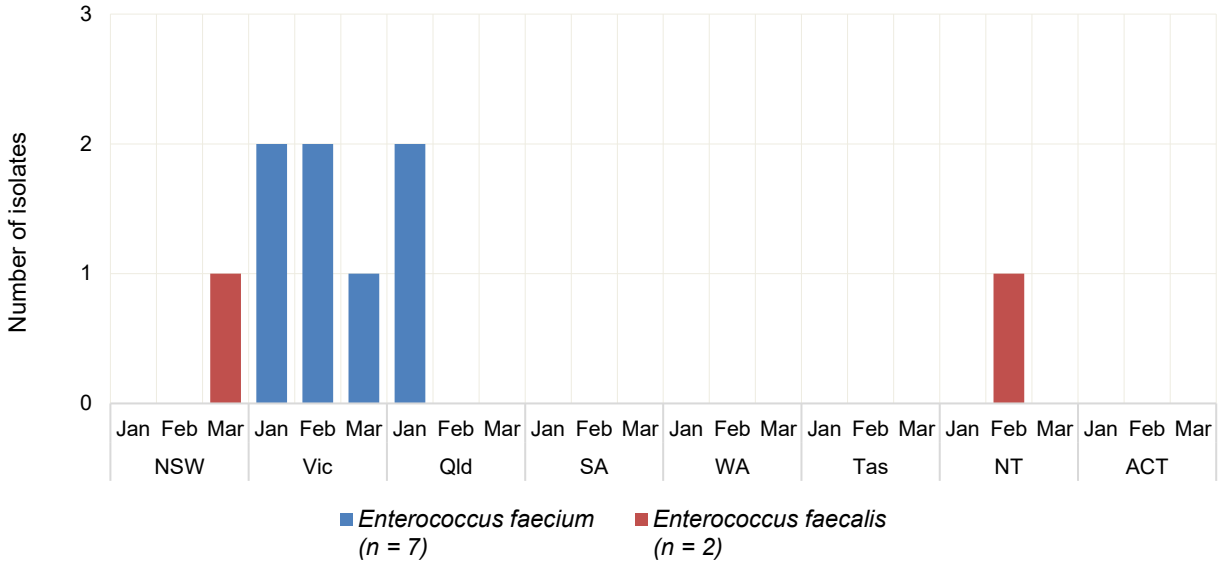
National data

Figure 12 Linezolid-nonsusceptible *Enterococcus* species, 24-month trend, national, 1 April 2024 – 31 March 2026



State and territory data

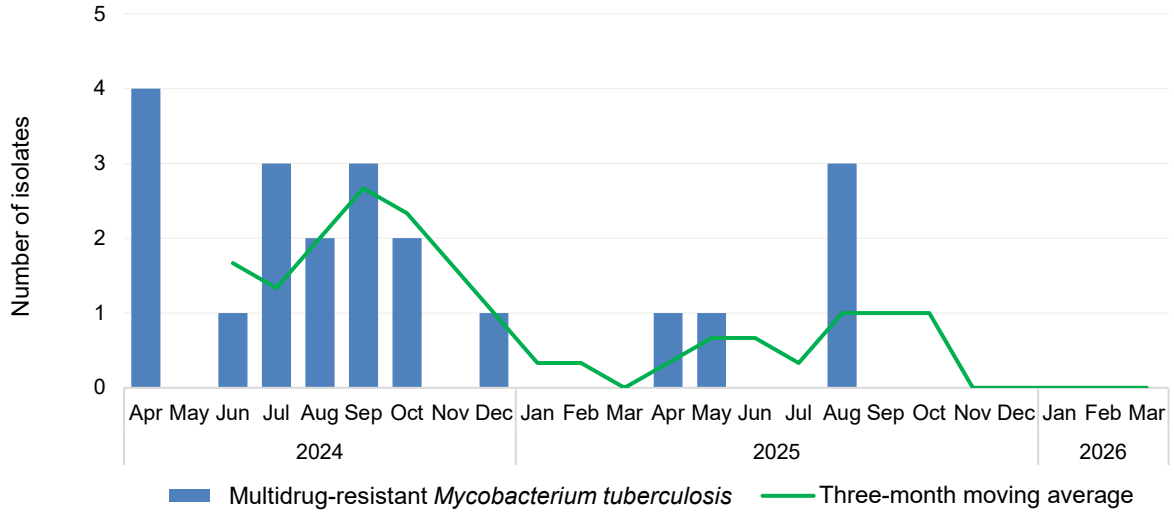
Figure 13 Linezolid-nonsusceptible *Enterococcus* species, number reported by state and territory, 1 January 2026 – 31 March 2026



Mycobacterium tuberculosis

National data

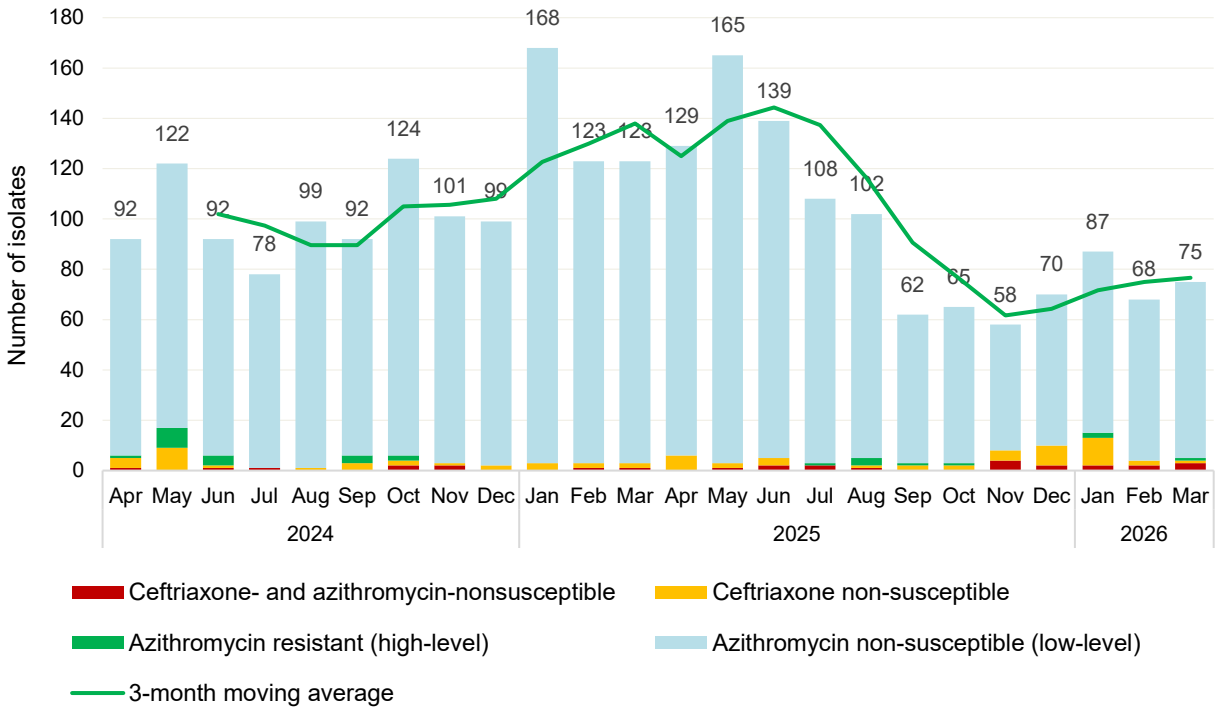
Figure 14 Multidrug-resistant *Mycobacterium tuberculosis,* 24-month trend, national, 1 April 2024 – 31 March 2026



Neisseria gonorrhoeae

National data

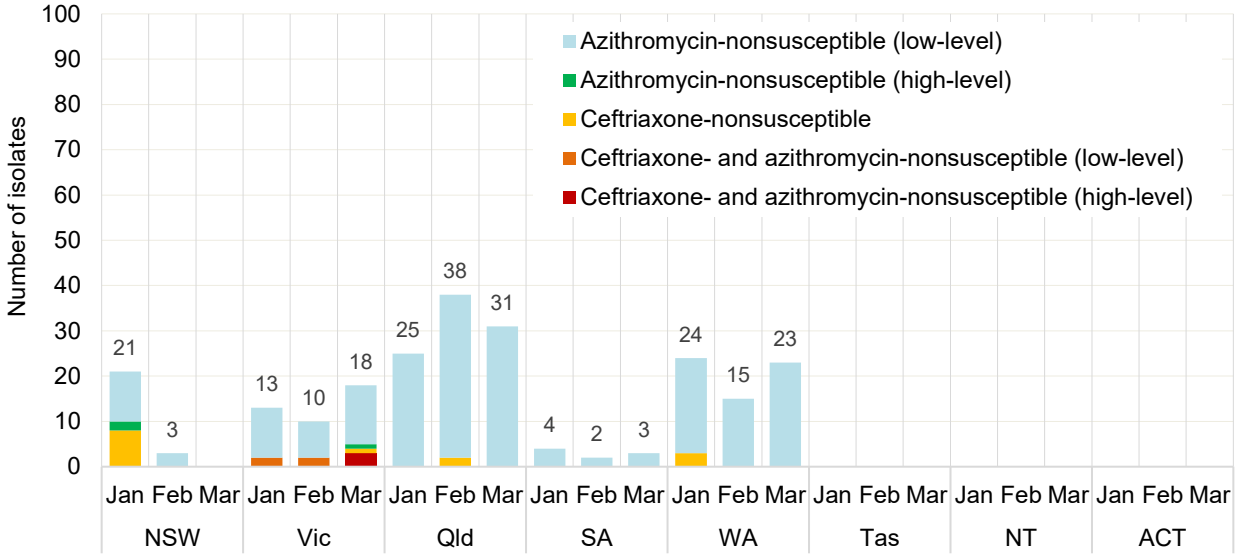
Figure 15 Ceftriaxone- and/or azithromycin-nonsusceptible *Neisseria gonorrhoeae*, 24-month trend, national, 1 April 2024 – 31 March 2026



Note: Low-level = azithromycin MIC < 256 mg/L; high-level = azithromycin MIC ≥ 256 mg/L.

State and territory data

Figure 16 Ceftriaxone- and/or azithromycin-nonsusceptible *Neisseria gonorrhoeae,* number reported by month, state and territory, 1 January 2026 – 31 March 2026

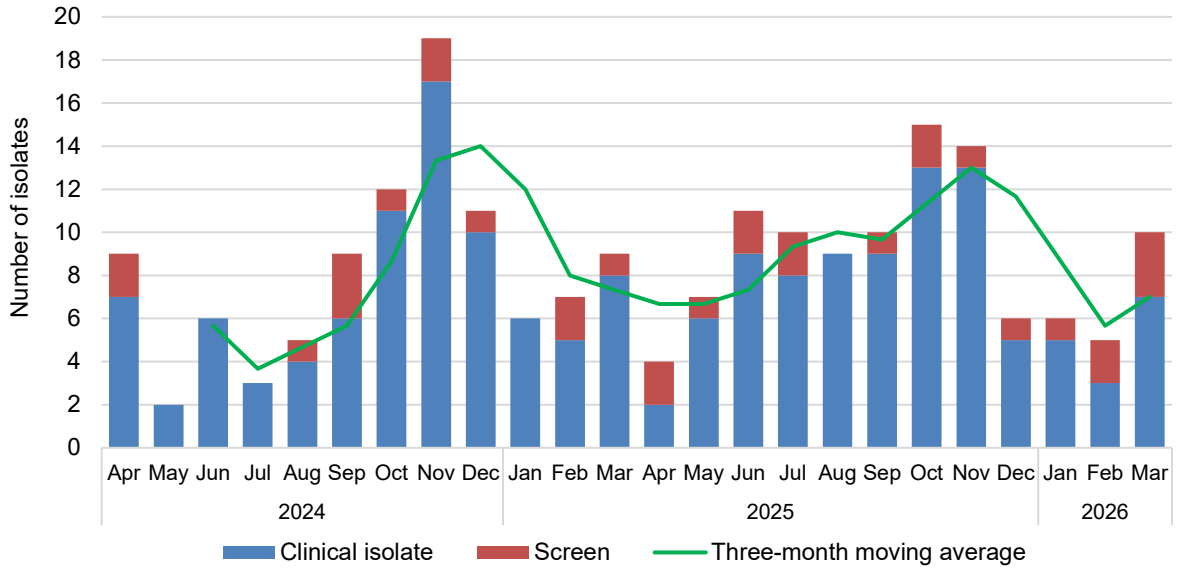


Note: Low-level = azithromycin MIC < 256 mg/L; high-level = azithromycin MIC ≥ 256 mg/L.

Pseudomonas aeruginosa

National data

Figure 17 Carbapenemase-producing *Pseudomonas aeruginosa*, 24-month trend by specimen type, national, 1 April 2024 – 31 March 2026



State and territory data

Figure 18 Carbapenemase-producing *Pseudomonas aeruginosa*, number reported by carbapenemase type and specimen type, by state and territory, 1 January 2026 – 31 March 2026

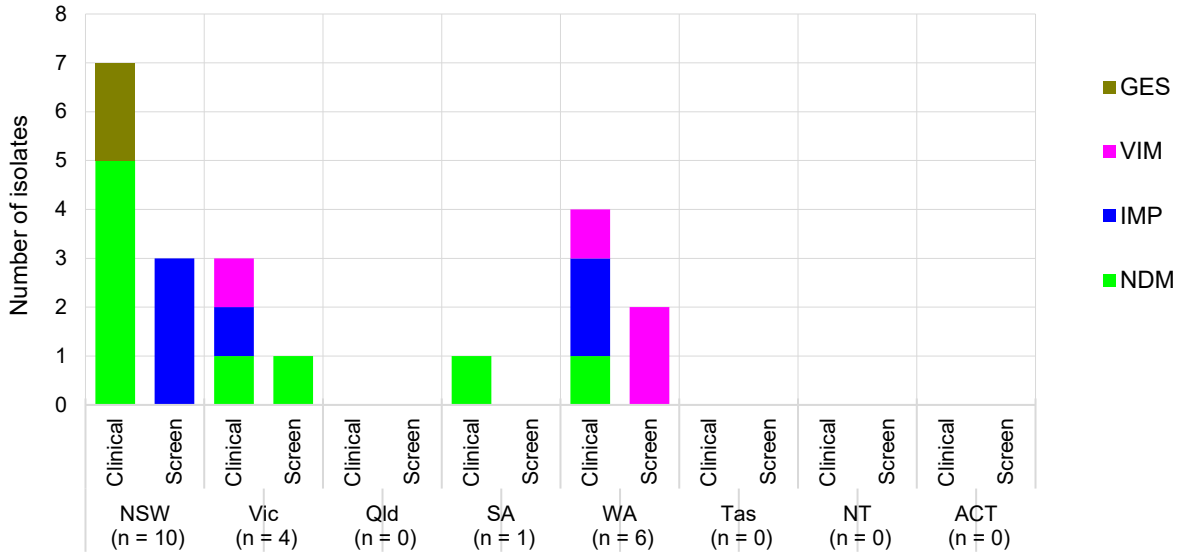


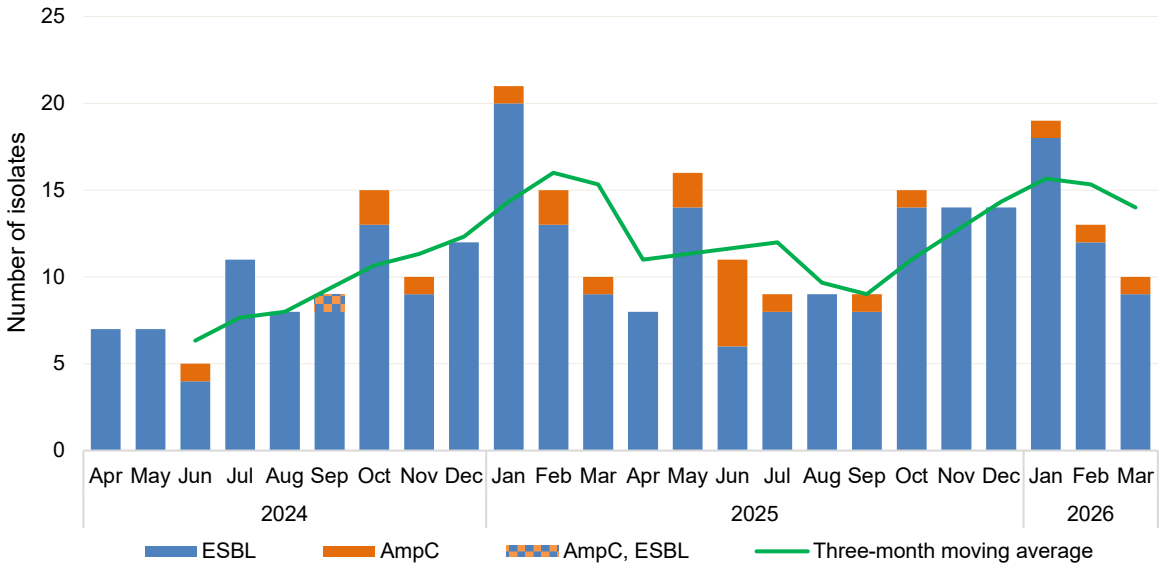
Table 5 Carbapenemase-producing *Pseudomonas aeruginosa*, number reported by setting, by state and territory, 1 January 2026 – 31 March 2026

Setting	State or territory								Total
	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	
Total	10	**4**	0	1	6	0	0	0	21
Public hospital	7	1	0	0	2	0	0	0	10
Private hospital	0	0	0	0	0	0	0	0	0
Aged care home	0	0	0	0	0	0	0	0	0
Community	0	1	0	1	1	0	0	0	3
Unknown	3	2	0	0	3	0	0	0	8

Salmonella species

National data

Figure 19 Ceftriaxone-nonsusceptible *Salmonella* species, 24-month trend, national, 1 April 2024 – 31 March 2026



Shigella species

National data

Figure 20 Multidrug-resistant *Shigella* species, 24-month trend, national, 1 April 2024 – 31 March 2026

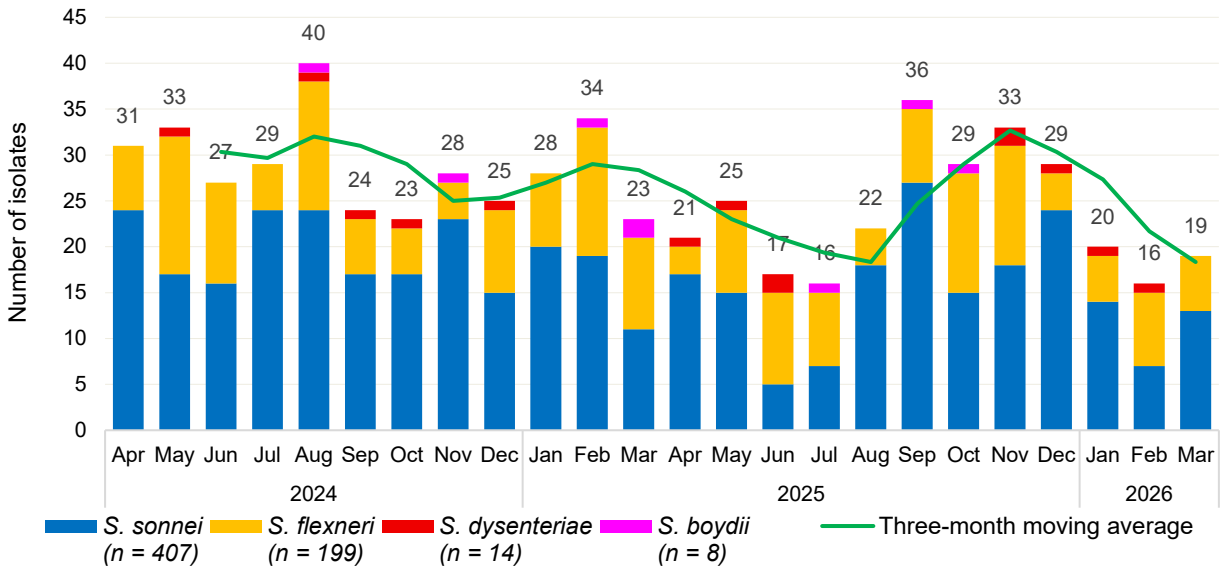
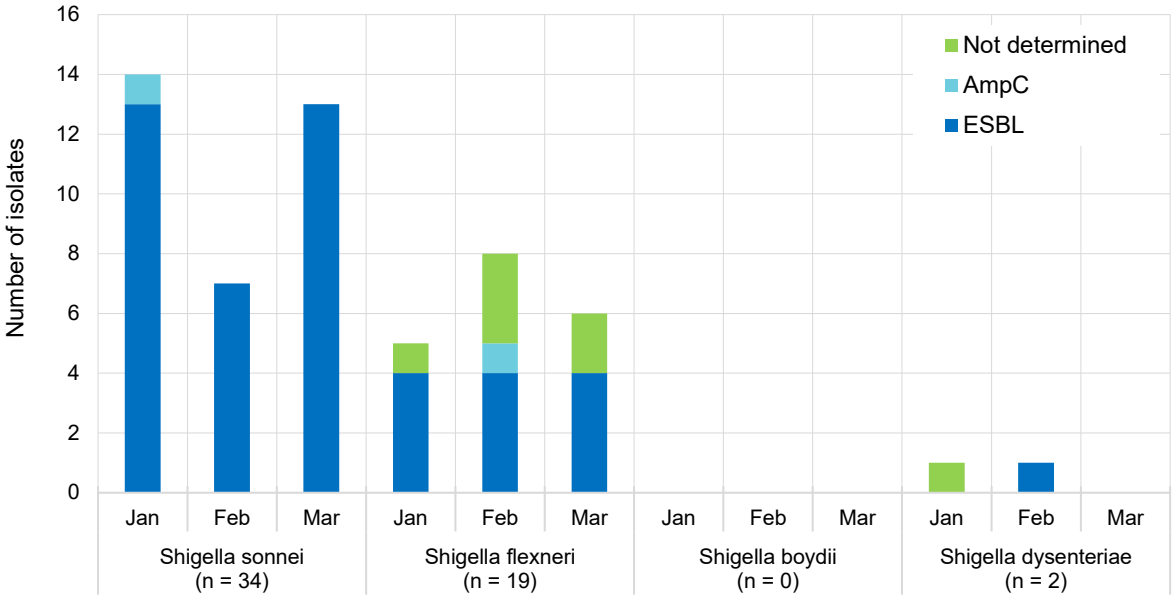


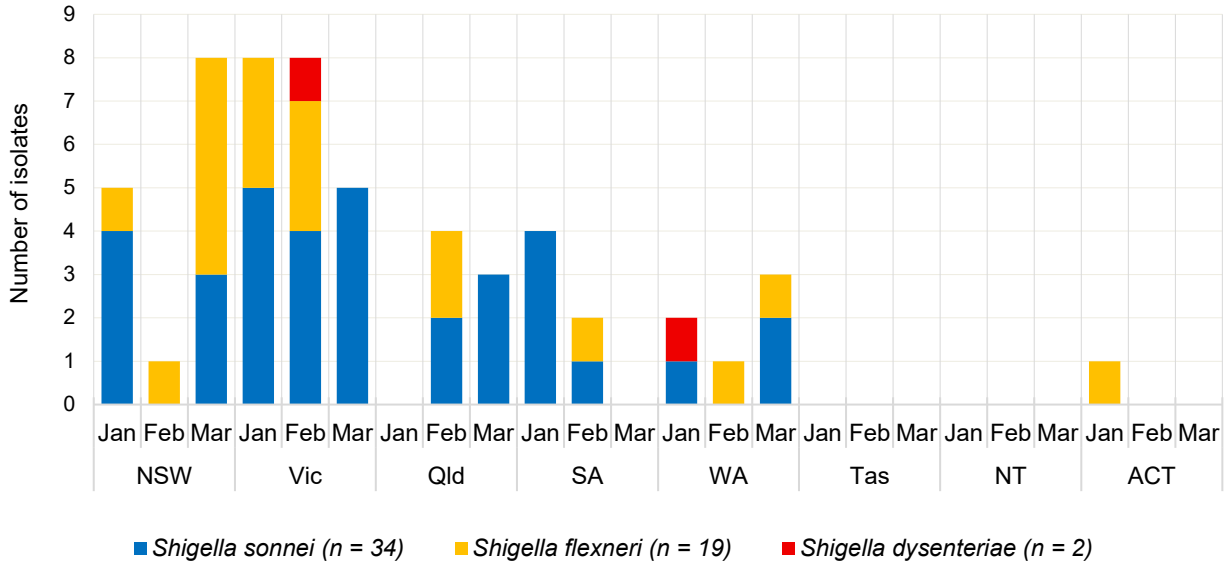
Figure 21 Multidrug-resistant *Shigella* species, number reported by month, national, 1 January 2026 – 31 March 2026



Note: Not determined = multidrug-resistant, ceftriaxone/cefotaxime susceptible.

State and territory data

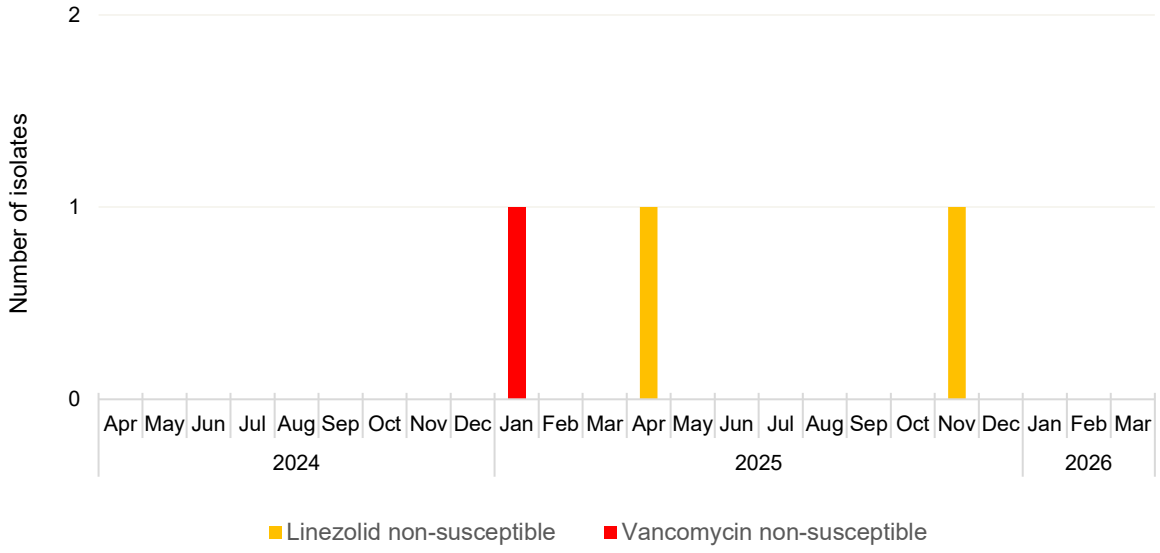
Figure 22 Multidrug-resistant *Shigella* species, number reported by state and territory, 1 January 2026 – 31 March 2026



Staphylococcus aureus

National data

Figure 23 Linezolid- or vancomycin-nonsusceptible *Staphylococcus aureus,* number reported by month, national, 1 April 2024 – 31 March 2026



State and territory data

There were no linezolid- or vancomycin-nonsusceptible *S. aureus* were reported during this reporting period.

Appendix

Data Notes

The following are important considerations for interpreting National Alert System for Critical Antimicrobial Resistances (CARAlert) data:

- Participation in CARAlert is voluntary
- The data are based on the date that the isolate with the confirmed critical antimicrobial resistance (CAR) was collected
- States and territories refer to the state or territory within which the hospital is located, or within which the patient resides for isolates from the community. If place of residence is unknown or overseas, the state or territory of the originating laboratory is reported
- The same CAR/type/species is not submitted where the sample originated from the same patient who had the previous CAR, and the isolate was collected on the same day, or collected in the same admission or within three months
- Number of CARs reported does not always equal the number of patients, as patients may have more than one CAR, or species, detected in a specimen
- Cut-off date for data that are included in the CARAlert Data Explorer, data updates and reports is four weeks after the end of each reporting period
- Data may vary from that previously published as the reported number of CARs may have been updated to include additional submissions received or removed after the previous publication date; comparison between data updates and reports may be influenced by delays in confirming laboratories reporting CARs to CARAlert due to late submission, which also means that the data analysed in this data update may not be complete for the time period at the time of publication
- National summary data are provided; comparison across states and territories is provided for organisms where large numbers are reported and a comparison is meaningful
- Local operating procedures for laboratories may not currently include testing for all the critical resistances included in CARAlert; however, all laboratories are encouraged to actively screen for CARs
- The CARAlert system generates a weekly summary email alert to report information on confirmed CARs to authorised officers from confirming laboratories, state and territory health authorities, the Australian Centre for Disease Control (CDC) and the Australian Commission on Safety and Quality in Health Care (the Commission). Authorised officers in each state and territory have direct access to the CARAlert web portal for further information about their jurisdiction, including the name of the public hospital in which a patient with a confirmed CAR was cared for, and to extract reports on their data.

About AURA and CARAlert

The Antimicrobial Use and Resistance in Australia (AURA) surveillance program provides essential information to develop and implement strategies to prevent and contain antimicrobial resistance in human health and improve antimicrobial use across the acute and community healthcare settings. AURA is coordinated by the CDC. AURA supports the National Safety and Quality Health Service (NSQHS) Preventing and Controlling Infections Standard and Australia's National Antimicrobial Resistance Strategy – 2020 and beyond.

CARAlert was established by the Commission in March 2016 as a component of the AURA surveillance program. Funding for CARAlert is provided by the CDC, with contributions from the states and territories by meeting the costs of confirmatory testing and data submission processes.

CARAlert is based on routine processes used by pathology laboratories for identifying and confirming potential CARs. Participating confirming laboratories submit data to CARAlert on priority organisms with critical resistance to last-line antimicrobial agents, which can result in significant morbidity and mortality. Isolates collected from patients are reported to CARAlert as either a clinical isolate, that is a specimen (e.g., from blood, urine, wound) taken to guide clinical diagnosis, or as a screen for infection prevention and control purposes. No patient-level data are held in the CARAlert system.

CARAlert data on confirmed cases of CARs can be used to identify seasonal, geographic and national trends. The potential for CARAlert to act as an early warning system for CAR outbreaks to enable timely infection prevention and control responses is dependent on timely reporting of CARs by confirming laboratories.

The CARAlert Data Explorer, an interactive data dashboard, was published in June 2025. The Data Explorer offers customised analytics and trends for CARs and is complementary to CARAlert data updates and annual reports.

The CARs reported to CARAlert are listed in Table A1. These CARs were drawn from the list of high-priority organisms and antimicrobials which are the focus of the AURA surveillance program.[1]

[1] Australian Commission on Safety and Quality in Health Care. AURA 2023: fifth Australian report on antimicrobial use and resistance in human health. Sydney: ACSQHC; 2023.

Table A1 Critical antimicrobial resistances reported to CARAlert, 2026

Species	Critical Resistance
Acinetobacter baumannii complex*	Carbapenemase-producing†
Candidozyma (*Candida*) *auris*†	–
Enterobacterales	Carbapenemase-producing and/or ribosomal methyltransferase-producing
	Transmissible colistin resistance†
Enterococcus species	Linezolid-resistant
Mycobacterium tuberculosis	Multidrug-resistant – resistant to at least rifampicin and isoniazid
Neisseria gonorrhoeae	Ceftriaxone-nonsusceptible and/or azithromycin-nonsusceptible
	Gentamicin-resistant§
Neisseria meningitidis	Ciprofloxacin-nonsusceptible§
Pseudomonas aeruginosa	Carbapenemase-producing†
Salmonella species	Ceftriaxone-nonsusceptible
Shigella species	Multidrug-resistant
Staphylococcus aureus#	Vancomycin- or linezolid-nonsusceptible**
Streptococcus pyogenes	Penicillin reduced susceptibility

* For CARAlert, *A. baumannii* complex includes *A. baumannii*, *A. calcoaceticus*, *A. dijkshoorniae*, *A. nosocomialis*, *A. pittii* and *A. seifertii*

† Reported to CARAlert from July 2019

§ Reported to CARAlert from January 2023

\# For CARAlert, *S. aureus* includes *S. argenteus* and *S. schweitzeri*

** Reporting of daptomycin-nonsusceptible *S. aureus* was suspended from January 2023

Note: Low level-azithromycin-nonsusceptible *N. gonorrhoeae* was excluded from the weekly summary following review in 2018.

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