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

**AURA**
Antimicrobial Use and Resistance in Australia

# CARAlert data update 44

1 April 2026 – 30 June 2026

**September 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 April 2026 to 30 June 2026. This data update 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 slightly lower compared to the previous three-month period (*n* = 836 versus *n* = 849, down 1.5%).
- Just over one-half of the CARs reported were carbapenemase-producing *Enterobacterales* (CPE) (alone or in combination with other CARs (451/836, 53.9%)).
- 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 2.3% (*n* = 905 versus *n* = 926).
- Azithromycin-nonsusceptible (low-level resistance, minimum inhibitory concentration [MIC] < 256 mg/L) *Neisseria gonorrhoeae* was the second most reported CAR (237/836, 28.3%).
- Multidrug-resistant (MDR) *Shigella* species was the third most reported CAR (43/836, 5.1%). The number of reports decreased compared to the previous three months (*n* = 43 versus *n* = 60, down 28.3%).
- The number of ceftriaxone-nonsusceptible *N. gonorrhoeae* reported decreased compared to the previous three-month period (*n* = 5 versus *n* = 21, down 76.2%).
- Where the setting was known, just over three-quarters of CARs were reported from hospital settings (496/653, 76.0%). There were 154 (23.6%) reports from the community, and three reports from aged care homes.

## Carbapenemase-producing *Enterobacterales*

- The number of CPE reported (either alone or in combination with other CARs) was similar to the number reported in the previous three-month period (*n* = 451 versus *n* = 454).
- NDM (194/451, 43.0%), IMP (130/451, 28.8%), OXA-48-like (79/451, 17.5%), NDM+OXA-48-like (29/451, 6.4%) and KPC (6/451, 1.3%) types accounted for 97.0% of all CPE reported during this period.
- The number of NDM-types reported (either alone or co-produced with other carbapenemase types) increased compared to the previous three months (*n* = 230 versus *n* = 195, up 17.9%). The increase was notable in Queensland (*n* = 47 versus *n* = 27, up 74.1%) and Victoria (*n* = 90 versus *n* = 79, up 13.9%), where there was increased screening activity.
- The number of IMP-types reported decreased compared to the previous three months (*n* = 130 versus *n* = 179, down 27.4%).
- Six KPC-producing *Klebsiella pneumoniae* isolates were reported from New South Wales (NSW) (*n* = 4) and Victoria (*n* = 2). An additional four isolates co-producing KPC-2 and NDM were reported from NSW (*n* = 2, *K. pneumoniae* [1], *Enterobacter cloacae* complex [1]) and Victoria (*n* = 2, *K. pneumoniae* [1], *E. cloacae* complex [1]).

- Where the setting was known, 92.0% (381/414) of CPE were reported from hospitals and 7.2% (30/414) were reported from the community. There were three reports from aged care homes.
- Thirty-seven hospitals had more than one report of NDM-types; these were in Victoria (*n* = 13), Queensland (*n* = 11), NSW (*n* = 8), South Australia (SA) (*n* = 2), Western Australia (WA) (*n* = 2) and the Australian Capital Territory (ACT) (*n* = 1). Ten hospitals from Victoria [6], SA [2], Queensland [1] and NSW [1] had five or more reports.
- Thirteen hospitals from NSW (*n* = 7) and Queensland (*n* = 6), had more than two reports of IMP-types. Two hospitals from NSW had 10 or more reports.

## *Salmonella* and *Shigella* species

- There were 36 ceftriaxone-nonsusceptible *Salmonella* species reported during this reporting period, from Victoria (*n* = 20), WA (*n* = 7), Queensland (*n* = 3), SA (*n* = 3), NSW (*n* = 2) and one from the ACT. There were 32 non-typhoidal species that all produced an extended-spectrum β-lactamase (ESBL [27]) or a plasmid-mediated AmpC (*n* = 5). All four typhoidal species reported produced an ESBL (Victoria *n* = 3, SA *n* = 1).
- There were 43 MDR *Shigella* species reported in this period: 29 *S. sonnei*, 13 *S. flexneri*, and one unspecified species. A large majority (26/29, 89.7%) of *S. sonnei* isolates were ceftriaxone/cefotaxime-resistant and produced an ESBL.

## 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* = 237 versus *n* = 205, up 15.6%). Three-quarters of the reports (178/237, 75.1%) were from Queensland (*n* = 115) and WA (*n* = 63).

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

- There were five reports of ceftriaxone-nonsusceptible *N. gonorrhoeae*, down 76.2% from the previous three-month reporting period (*n* = 21). The reports were from Victoria (*n* = 4) and WA (*n* = 1).

## 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 this period.

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

- Ten carbapenemase-producing *Acinetobacter baumannii* complex were reported during this period, one more than in the previous three months (*n* = 9). The reports were from Victoria (*n* = 5), NSW (*n* = 2), and one each from Queensland, SA and the Northern Territory.
- The number of carbapenemase-producing *Pseudomonas aeruginosa* isolates reported was similar to the number reported in the previous three months (*n* = 20 versus *n* = 21). Four different types were reported (NDM [10], IMP [5], VIM [4], KPC [1]).

## Linezolid-resistant *Enterococcus* species

- There were 24 linezolid-resistant *Enterococcus* species reported this period, up from *n* = 13 in the previous three-month reporting period. There were 13 *E. faecium* (Queensland [10] and Victoria [3]); and 11 *E. faecalis* reports (NSW [4], Victoria [3], and two each from Queensland and WA).

## *Candidozyma* (*Candida*) auris

- There were four *Candidozyma* (*Candida) auris* reported this period (down from *n* = 6 in the previous three months). The reports were from Queensland (*n* = 3) and SA (*n* = 1).

## 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 were three *Escherichia coli* isolates reported with transmissible colistin resistance (*mcr-1.1*) either alone (WA [1]) or coproduced with NDM (Victoria [2]) during this period. An additional *Enterobacter kobei* isolate coproduced NDM and *mcr-10.1*.

## *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 April 2026 – 30 June 2026, and year to date 2025 and 2026

| Species | Critical resistance | State or Territory (April–June 2026) | | | | | | | | Quarterly | | | Year to date | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 2026 | 2026 | | | | |
| | | NSW | Vic | Qld | SA | WA | Tas | NT | ACT | Jan–Mar | Apr–Jun | Relative change* | 2025 | 2026 | Relative change* |
| *Acinetobacter baumannii* complex | Carbapenemase-producing | 2 | 5 | 1 | 1 | 0 | 0 | 1 | 0 | 9 | 10 | ▲ 11.1% | 24 | 19 | ▼ 20.8% |
| *Candidozyma* (*Candida*) *auris* | – | 0 | 0 | 3 | 1 | 0 | 0 | 0 | 0 | 6 | 4 | – | 9 | 10 | ▲ 11.1% |
| *Enterobacterales* | Carbapenemase-producing | 124 | 112 | 99 | 38 | 36 | 1 | 3 | 7 | 428 | 420 | ▼ 1.9% | 865 | 848 | ▼ 2.0% |
| | Carbapenemase- and ribosomal methyltransferase-producing | 0 | 22 | 5 | 0 | 1 | 0 | 0 | 0 | 26 | 28 | ▲ 7.7% | 60 | 54 | ▼ 10.0% |
| | Carbapenemase- producing and transmissible resistance to colistin | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | – | 1 | 3 | – |
| | Ribosomal methyltransferase-producing | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | – | 4 | 8 | – |
| | Transmissible resistance to colistin | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | – | 0 | 2 | – |
| *Enterococcus* species | Linezolid-resistant | 4 | 6 | 12 | 0 | 2 | 0 | 0 | 0 | 13 | 24 | ▲ 84.6% | 29 | 37 | ▲ 27.6% |
| *Mycobacterium tuberculosis* | Multidrug-resistant – at least rifampicin- and isoniazid-resistant strains | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | – | 2 | 3 | – |
| *Neisseria gonorrhoeae* | Azithromycin-nonsusceptible (low-level)† | 5 | 32 | 115 | 19 | 63 | 1 | 2 | 0 | 205 | 237 | ▲ 15.6% | 824 | 442 | ▼ 46.4% |
| | Azithromycin-nonsusceptible (high-level)§ | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 1 | – | 0 | 5 | – |
| | Ceftriaxone-nonsusceptible | 0 | 4 | 0 | 0 | 1 | 0 | 0 | 0 | 14 | 5 | ▼ 64.3% | 18 | 19 | ▲ 5.6% |
| | Ceftriaxone-nonsusceptible and azithromycin-nonsusceptible (low-level) † | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | – | 2 | 4 | – |
| | Ceftriaxone-nonsusceptible and azithromycin nonsusceptible (high-level) § | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | – | 3 | 3 | – |
| | Gentamicin-resistant | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | – | 0 | 0 | – |

**Table 1** (continued)

| Species | Critical resistance | State or territory (April–June 2026) | | | | | | | | Quarterly | | | Year to date | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 2026 | 2026 | | | | |
| | | NSW | Vic | Old | SA | WA | Tas | NT | ACT | Jan–Mar | Apr–Jun | Relative change* | 2025 | 2026 | Relative change* |
| *Neisseria meningitidis* | Ciprofloxacin-nonsusceptible | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | – | 3 | 0 | – |
| *Pseudomonas aeruginosa* | Carbapenemase-producing | 14 | 3 | 1 | 2 | 0 | 0 | 0 | 0 | 21 | 20 | ▼ 4.8% | 44 | 41 | ▼ 6.8% |
| *Salmonella* species | Ceftriaxone-nonsusceptible | 2 | 20 | 3 | 3 | 7 | 0 | 0 | 1 | 48 | 36 | ▼ 25.0% | 80 | 84 | ▲ 5.0% |
| *Shigella* species | Multidrug-resistant | 6 | 24 | 8 | 4 | 1 | 0 | 0 | 0 | 60 | 43 | ▼ 28.3% | 148 | 103 | ▼ 30.4% |
| *Staphylococcus aureus* complex | Linezolid-nonsusceptible | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | – | 1 | 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 14 August 2026)** | **159** | **233** | **248** | **68** | **112** | **2** | **6** | **8** | **849** | **836** | **▼ 1.5%** | **2,118** | **1,685** | **▼ 20.4%** |

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 April 2026 – 30 June 2026

| Species | Critical resistance | Setting | | | | | Total |
|---|---|---|---|---|---|---|---|
| | | Public hospital | Private hospital | Aged care home | Community | Unknown | |
| *Acinetobacter baumannii* complex | Carbapenemase-producing | 9 | 0 | 0 | 0 | 1 | 10 |
| *Candidozyma* (*Candida*) *auris* | – | 4 | 0 | 0 | 0 | 0 | 4 |
| *Enterobacterales* | Carbapenemase-producing | 320 | 34 | 3 | 29 | 34 | 420 |
| | Carbapenemase- and ribosomal methyltransferase-producing | 23 | 1 | 0 | 1 | 3 | 28 |
| | Carbapenemase- producing and transmissible resistance to colistin | 2 | 1 | 0 | 0 | 0 | 3 |
| | Ribosomal methyltransferase-producing | 3 | 0 | 0 | 0 | 1 | 4 |
| | Transmissible resistance to colistin | 1 | 0 | 0 | 0 | 0 | 1 |
| *Enterococcus* species | Linezolid-resistant | 22 | 0 | 0 | 0 | 2 | 24 |
| *Mycobacterium tuberculosis* | Multidrug-resistant – at least rifampicin- and isoniazid-resistant strains | 0 | 0 | 0 | 0 | 0 | 0 |
| *Neisseria gonorrhoeae* | Azithromycin-nonsusceptible (low-level)* | 33 | 0 | 0 | 108 | 96 | 237 |
| | Azithromycin-nonsusceptible (high-level)† | 0 | 0 | 0 | 0 | 1 | 1 |
| | Ceftriaxone-nonsusceptible | 0 | 0 | 0 | 1 | 4 | 5 |
| | Ceftriaxone-nonsusceptible and azithromycin-nonsusceptible (low-level)* | 0 | 0 | 0 | 0 | 0 | 0 |
| | Ceftriaxone-nonsusceptible and azithromycin-nonsusceptible (high-level)† | 0 | 0 | 0 | 0 | 0 | 0 |
| | Gentamicin-resistant | 0 | 0 | 0 | 0 | 0 | 0 |
| *Neisseria meningitidis* | Ciprofloxacin-nonsusceptible | 0 | 0 | 0 | 0 | 0 | 0 |
| *Pseudomonas aeruginosa* | Carbapenemase-producing | 15 | 0 | 0 | 2 | 3 | 20 |
| *Salmonella* species | Ceftriaxone-nonsusceptible | 13 | 1 | 0 | 7 | 15 | 36 |
| *Shigella* species | Multidrug-resistant | 13 | 1 | 0 | 6 | 23 | 43 |
| *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 14 August 2026)** | | **458** | **38** | **3** | **154** | **183** | **836** |

* Azithromycin MIC < 256 mg/L

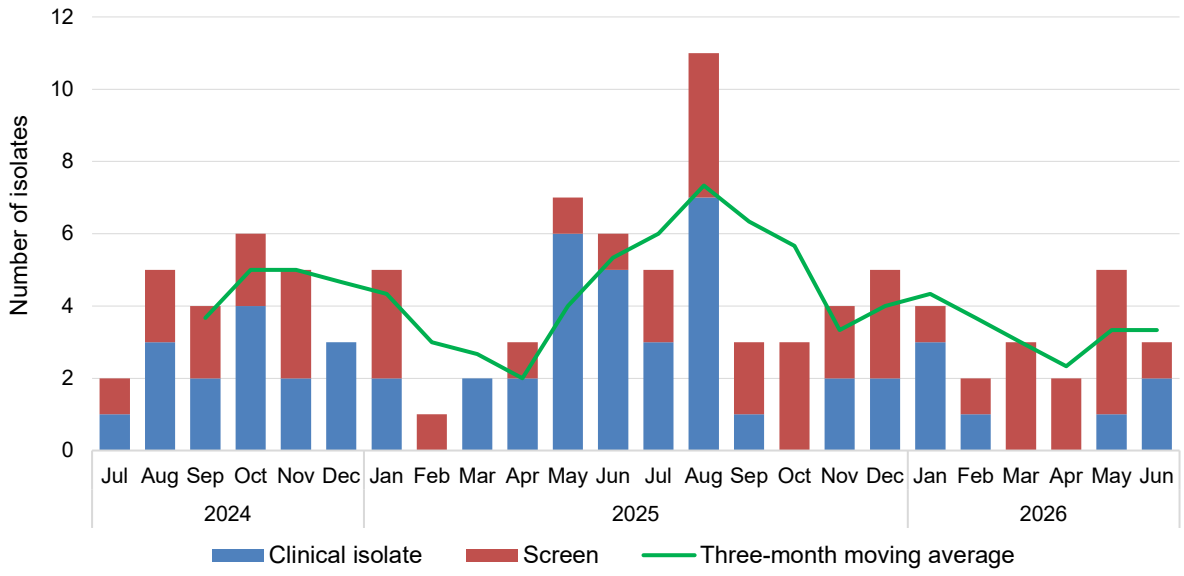
† Azithromycin MIC ≥ 256 mg/L

# Summary by CAR

## *Acinetobacter baumannii* complex

### National data

**Figure 1** Carbapenemase-producing *Acinetobacter baumannii* complex, 24-month trend by specimen type, national, 1 July 2024 – 30 June 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 April 2026 – 30 June 2026

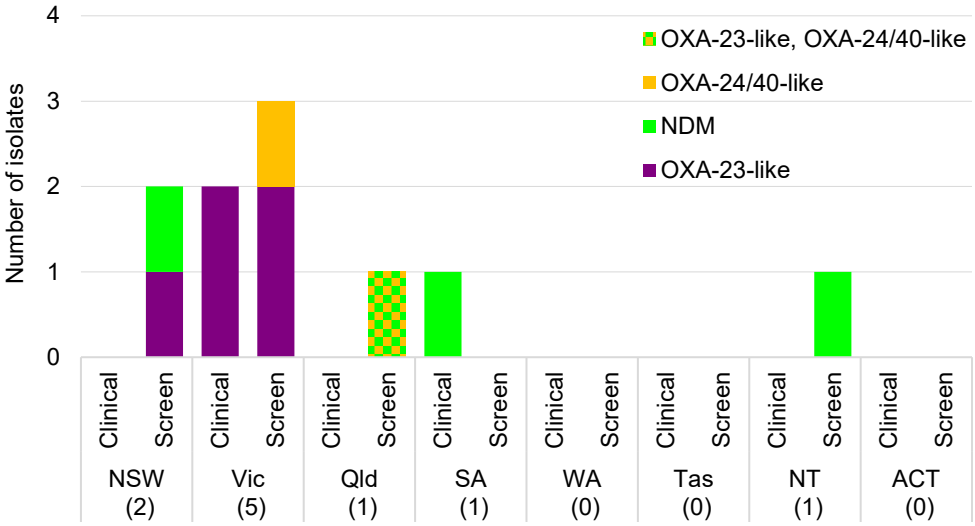


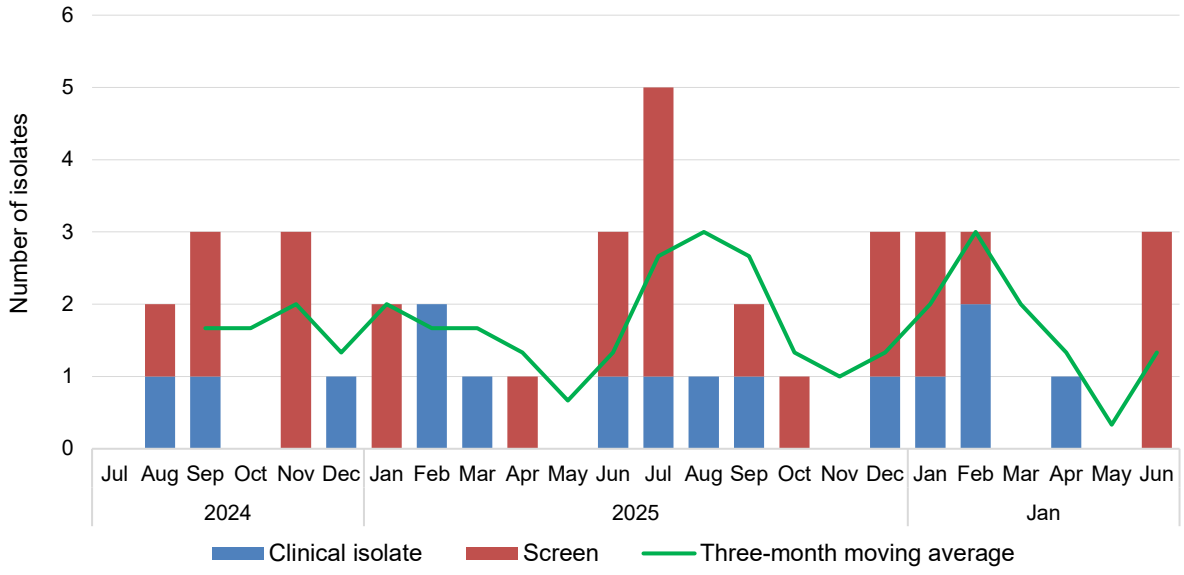
**Table 3** Carbapenemase-producing *Acinetobacter baumannii* complex, number reported by setting, by state and territory, 1 April 2026 – 30 June 2026

| Setting | State or territory | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|
| | NSW | Vic | Qld | SA | WA | Tas | NT | ACT | |
| Total | 2 | 5 | 1 | 1 | 0 | 0 | 1 | 0 | 10 |
| Public hospital | 2 | 4 | 1 | 1 | 0 | 0 | 1 | 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 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |

# *Candidozyma* (*Candida*) *auris*

## National data

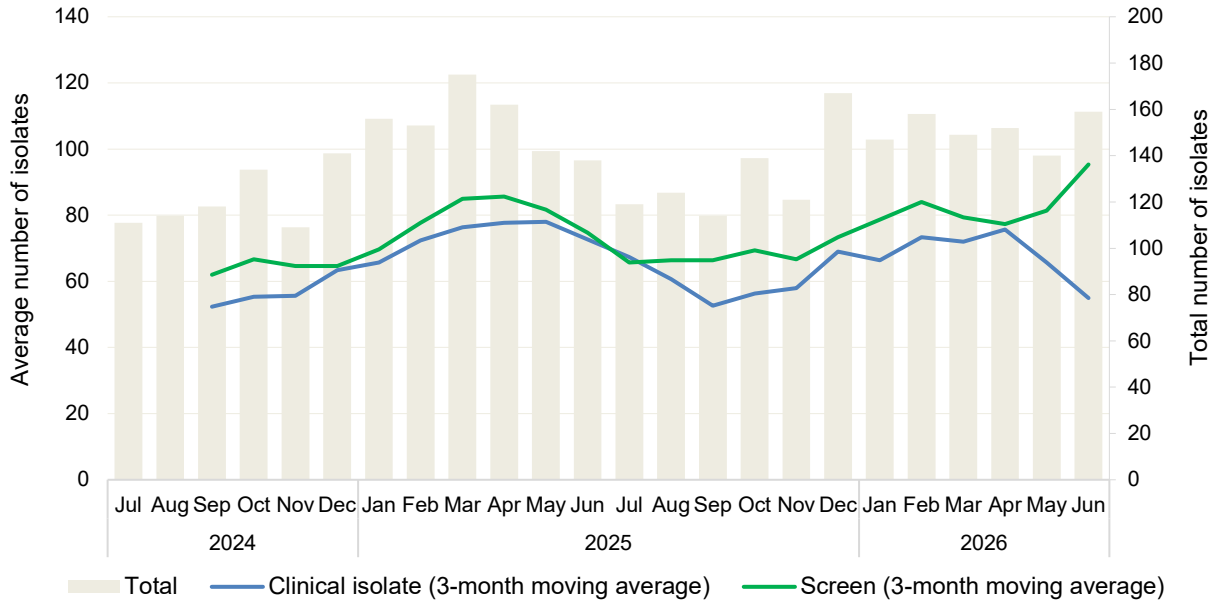
**Figure 3** *Candidozyma* (*Candida*) *auris*, 24-month trend by specimen type, national, 1 July 2024 – 30 June 2026



# *Enterobacterales*

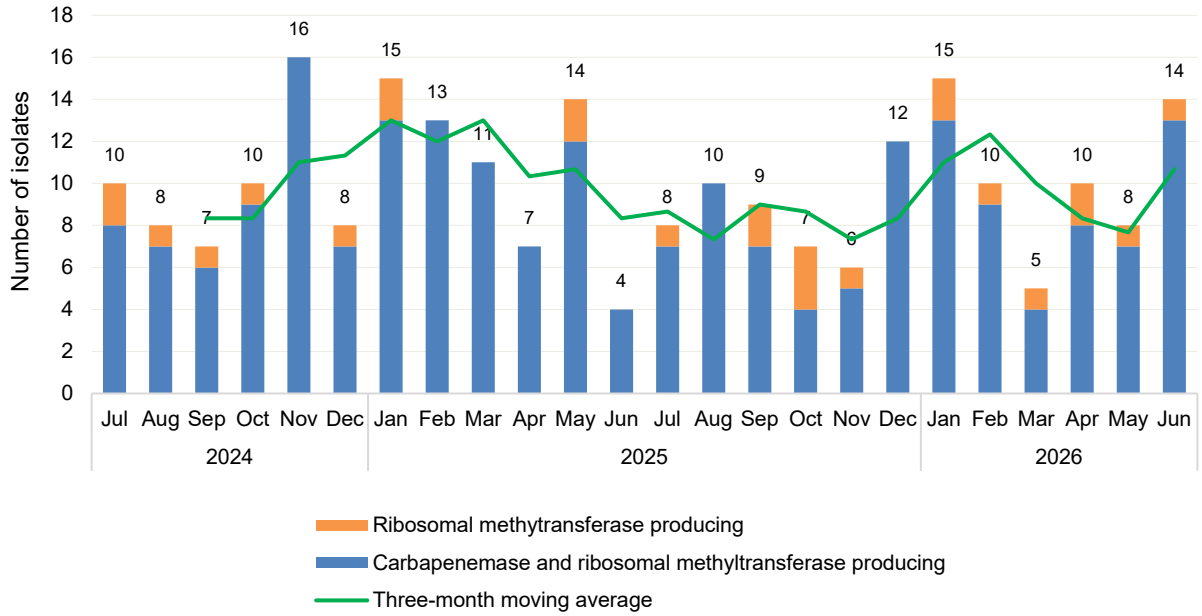
## National data

**Figure 4** Carbapenemase-producing *Enterobacterales**, 24-month trend by specimen type, national, 1 July 2024 – 30 June 2026



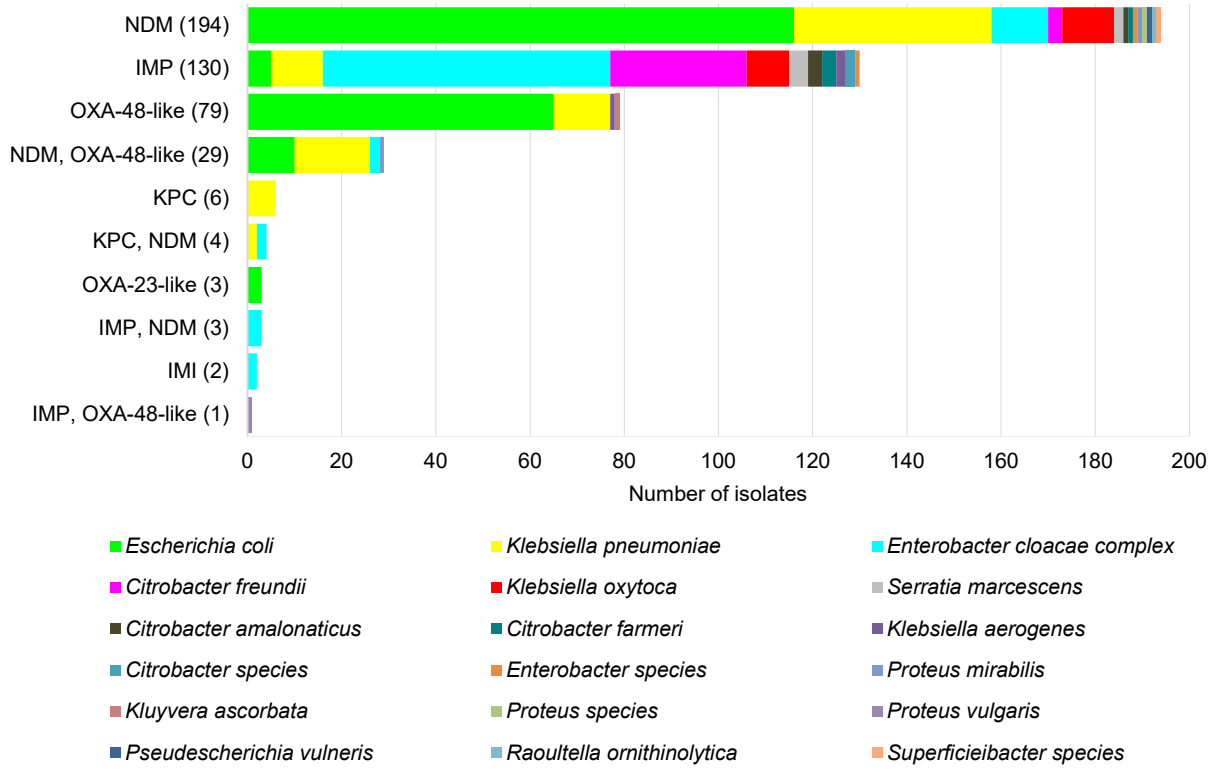

* Carbapenemase-producing alone or in combination with ribosomal methyltransferases or transmissible resistance to colistin

**Figure 5** Ribosomal methyltransferase-producing *Enterobacterales**, 24-month trend, national, 1 July 2024 – 30 June 2026



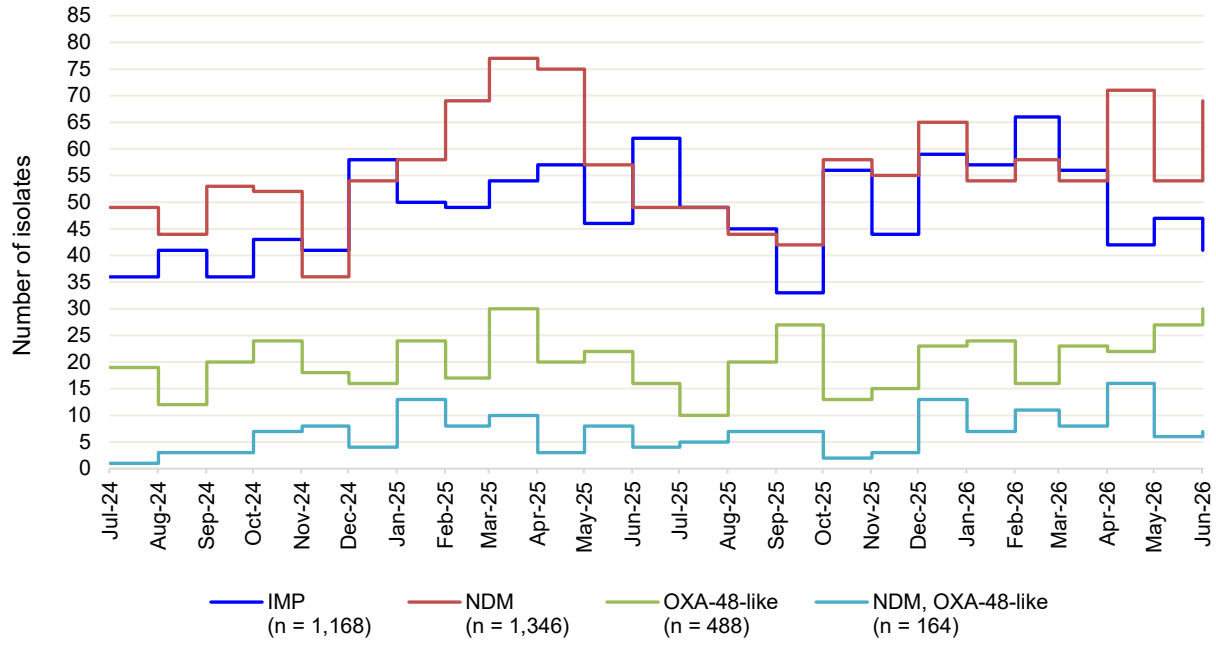

* Ribosomal methyltransferases alone, or in combination with carbapenemase(s)

**Figure 6** Carbapenemase-producing *Enterobacterales**, number reported by carbapenemase type and species, national, 1 April 2026 – 30 June 2026




* Carbapenemase-producing (*n* = 420), carbapenemase and ribosomal methyltransferase-producing (*n* = 28), carbapenemase-producing and transmissible resistance to colistin (*n* = 3)

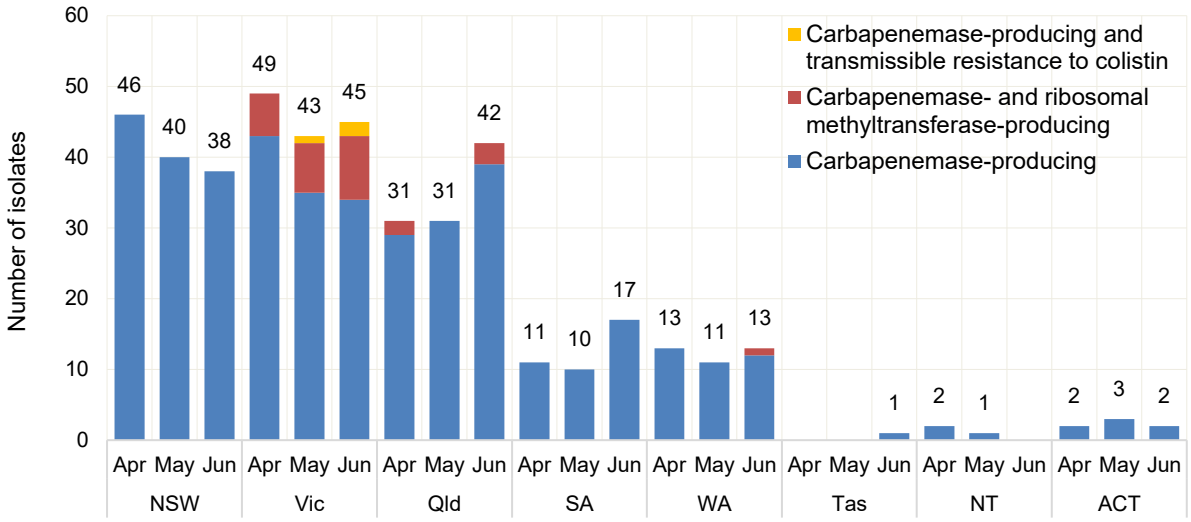
**Figure 7** Top four reported carbapenemase types*, 24-month trend, national, 1 July 2024 – 30 June 2026




* 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 April 2026 – 30 June 2026




* Carbapenemase-producing (*n* = 420), carbapenemase and ribosomal methyltransferase-producing (*n* = 28), carbapenemase-producing and transmissible resistance to colistin (*n* = 3)

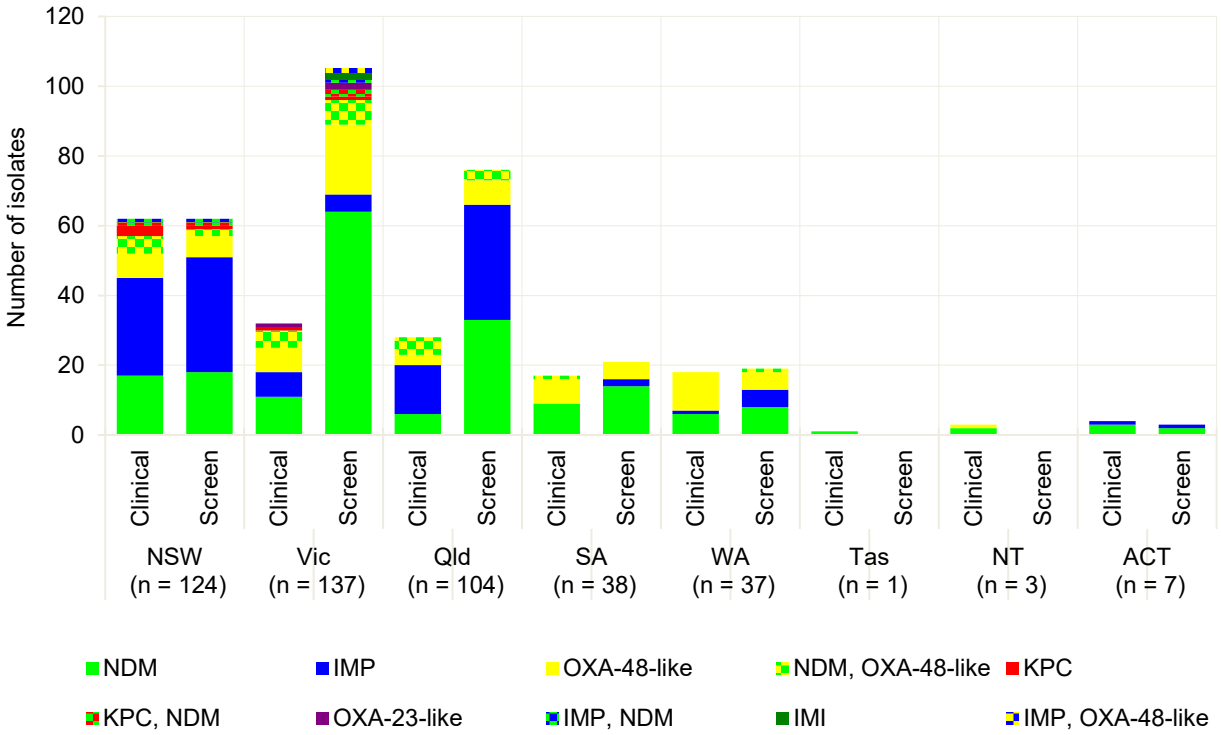
**Figure 9** Top four reported carbapenemase types from *Enterobacterales*, by state and territory and nationally, 24-month trend, (three-month moving average), 1 July 2024 – 30 June 2026

| Type | NSW | Vic | Qld | SA | WA | Tas | NT | ACT | Australia |
|---|---|---|---|---|---|---|---|---|---|
| IMP | 32<br>14 | 8<br>1 | 22<br>14 | 1<br>0 | 6<br>2 | <1<br>0 | <1<br>0 | 1<br>0 | 61<br>38 |
| NDM | 21<br>12 | 25<br>14 | 13<br>4 | 18<br>2 | 5<br>1 | 1<br>0 | 2<br>0 | 2<br>0 | 74<br>45 |
| OXA-48-like | 8<br>4 | 12<br>5 | 3<br>1 | 4<br>0 | 5<br>0 | <1<br>0 | <1<br>0 | 1<br>0 | 26<br>15 |
| NDM+OXA-48-like | 5<br>1 | 5<br>0 | 3<br>0 | 1<br>0 | 2<br>0 | 0<br>0 | 0<br>0 | <1<br>0 | 12<br>2 |
| All types | 64<br>37 | 47<br>28 | 35<br>21 | 21<br>3 | 14<br>4 | 1<br>0 | 2<br>0 | 3<br>0 | 163<br>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

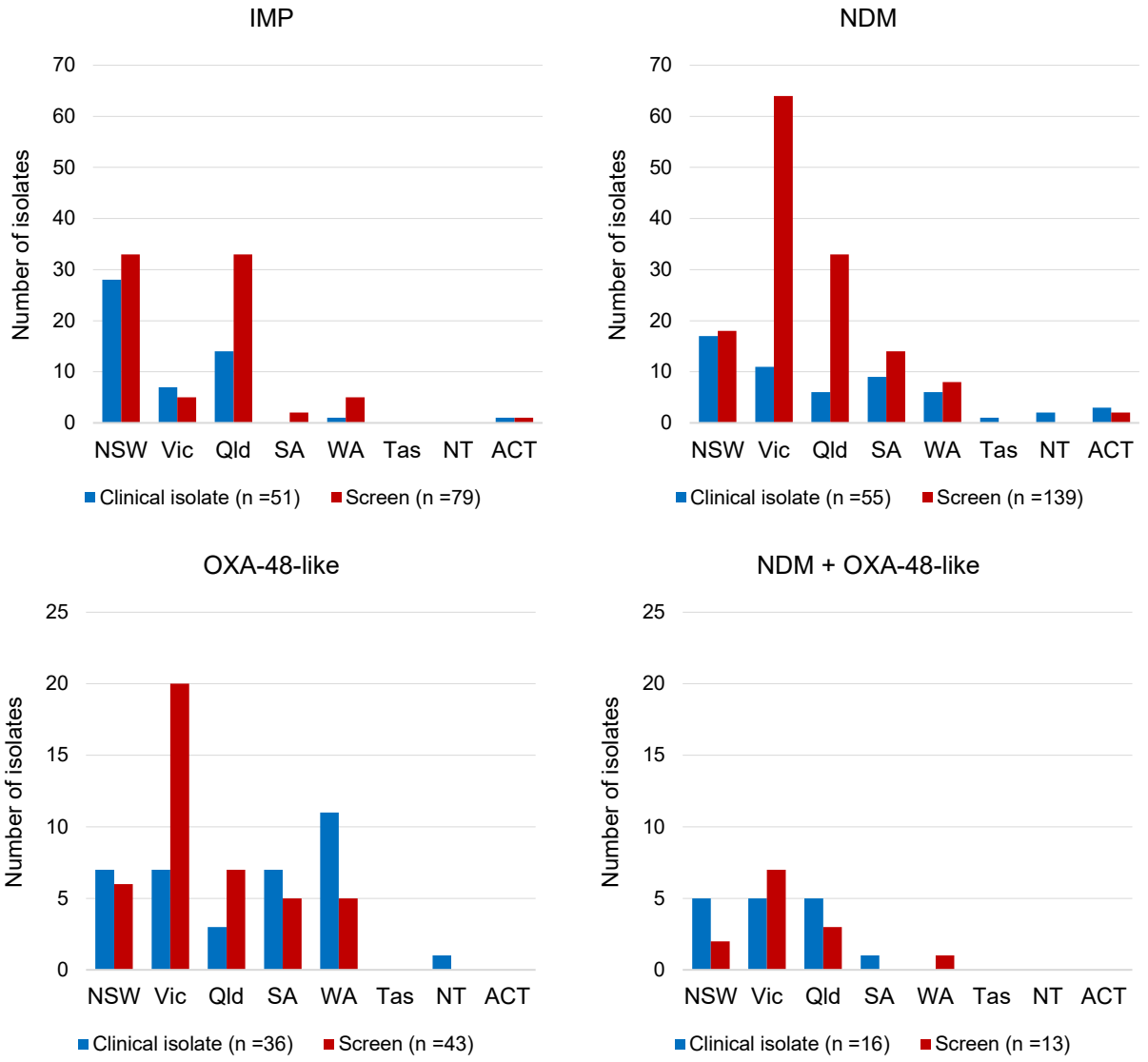
Notes:
1. Line graphs represent three-month moving average for the period 1 July 2024 to 30 June 2026, for each type, where maximum monthly average was greater than one.
2. Numbers in each cell represent maximum (top) and minimum (bottom) monthly average.

**Figure 10** Carbapenemase-producing *Enterobacterales**, number reported by carbapenemase type and specimen type, by state and territory, 1 April 2026 – 30 June 2026




* Carbapenemase-producing (*n* = 420); carbapenemase- and ribosomal methyltransferase-producing (*n* = 28); carbapenemase-producing and transferrable resistance to colistin (*n* = 3)

**Figure 11** Top four reported carbapenemase-producing *Enterobacterales* types by specimen type, by state and territory, 1 April 2026 – 30 June 2026




Note: Other types include KPC (*n* = 6; NSW clinical [3], NSW screen [1], Vic clinical [1], screen [1]); KPC+NDM (*n* = 4; Vic screen [2], NSW clinical [1], NSW screen [1]); OXA-23-like (*n* = 3; Vic clinical [1], screen [2]); IMP+NDM (*n* = 3; NSW clinical [1], screen [1]; Vic screen [1]); IMI (*n* = 2; Vic screen); IMP+OXA-48-like (*n* = 1; Vic screen).

**Table 4** Top five carbapenemase types from *Enterobacterales*, number reported by setting, by state and territory, 1 April 2026 – 30 June 2026

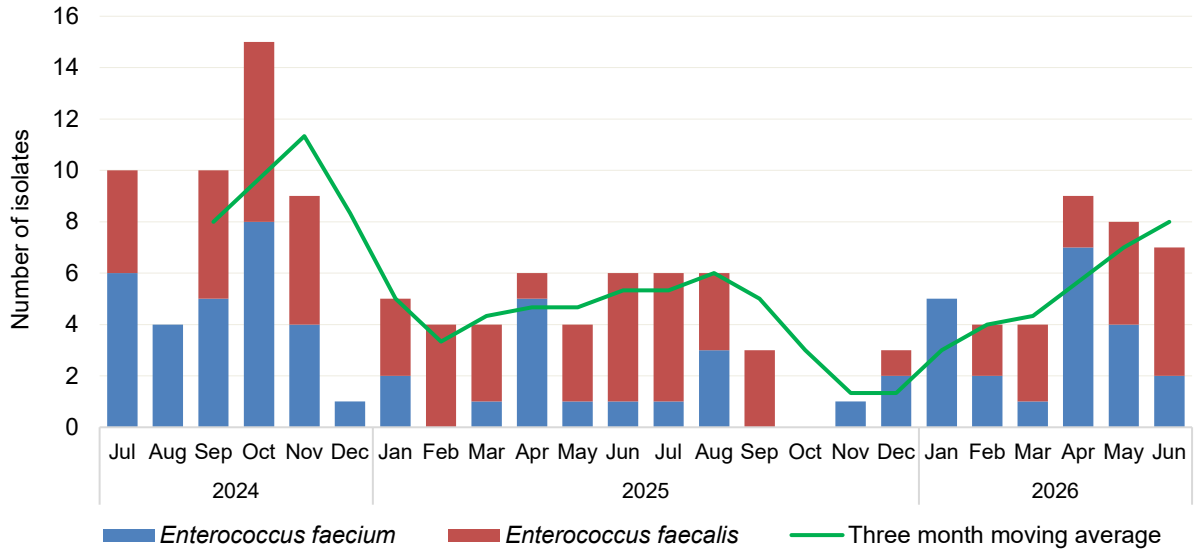
| Carbapenemase type | Setting | State or territory | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| | | NSW | Vic | Qld | SA | WA | Tas | NT | ACT | |
| NDM | Total | 35 | 75 | 39 | 23 | 14 | 1 | 2 | 5 | 194 |
| | Public hospitals | 27 | 51 | 33 | 18 | 7 | 0 | 0 | 4 | 140 |
| | Private hospitals | 0 | 7 | 4 | 0 | 4 | 0 | 0 | 0 | 15 |
| | Aged care homes | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 3 |
| | Community | 1 | 2 | 2 | 4 | 1 | 1 | 2 | 1 | 14 |
| | Unknown | 7 | 13 | 0 | 0 | 2 | 0 | 0 | 0 | 22 |
| IMP | Total | 61 | 12 | 47 | 2 | 6 | 0 | 0 | 2 | 130 |
| | Public hospitals | 60 | 8 | 34 | 2 | 4 | 0 | 0 | 1 | 109 |
| | Private hospitals | 1 | 2 | 11 | 0 | 2 | 0 | 0 | 1 | 17 |
| | Aged care homes | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Community | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| | Unknown | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| OXA-48-like | Total | 13 | 27 | 10 | 12 | 16 | 0 | 1 | 0 | 79 |
| | Public hospitals | 12 | 16 | 9 | 9 | 10 | 0 | 0 | 0 | 56 |
| | Private hospitals | 0 | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 4 |
| | Aged care homes | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Community | 1 | 2 | 1 | 3 | 3 | 0 | 1 | 0 | 11 |
| | Unknown | 0 | 7 | 0 | 0 | 1 | 0 | 0 | 0 | 8 |
| NDM, OXA-48-like | Total | 7 | 12 | 8 | 1 | 1 | 0 | 0 | 0 | 29 |
| | Public hospitals | 5 | 11 | 8 | 1 | 1 | 0 | 0 | 0 | 26 |
| | Private hospitals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Aged care homes | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Community | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| | Unknown | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| KPC | Total | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| | Public hospitals | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| | Private hospitals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 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 97.1% (438/451) of all carbapenemase-producing *Enterobacterales* reported for this period. Other types were KPC+NDM (*n* = 4, NSW [2], Vic [2]); OXA-23-like (*n* = 3, Vic); IMP+NDM (*n* = 3, NSW [2], Vic [1]); IMI (*n* = 2, Vic); IMP+OXA-48-like (*n* = 1, Vic).

# *Enterococcus* species

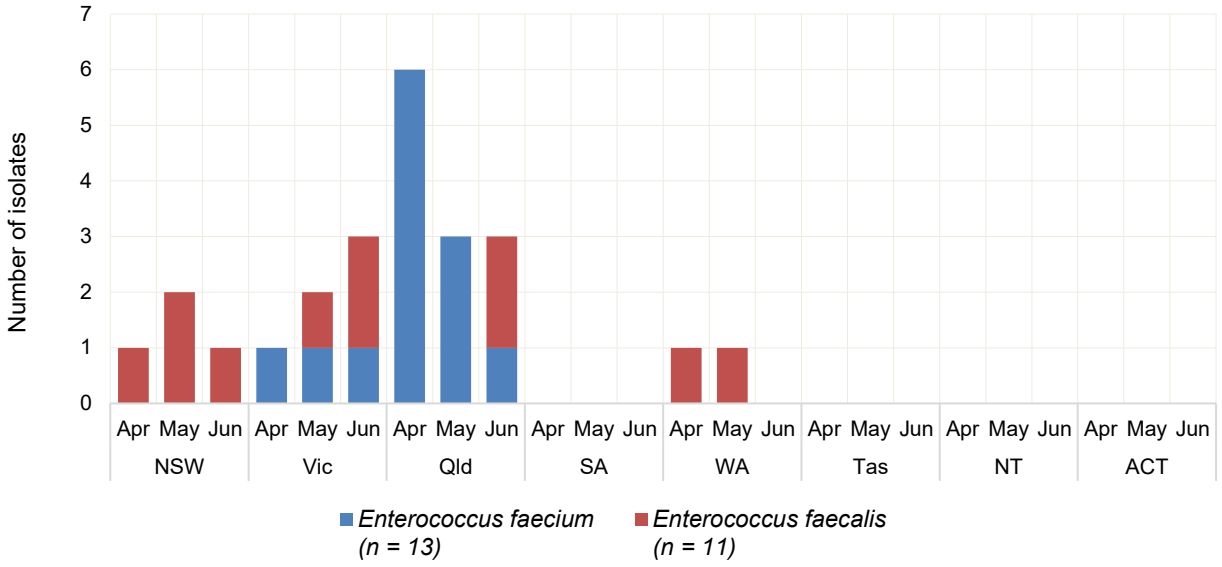
## National data

**Figure 12** Linezolid-nonsusceptible *Enterococcus* species, 24-month trend, national, 1 July 2024 – 30 June 2026




## State and territory data

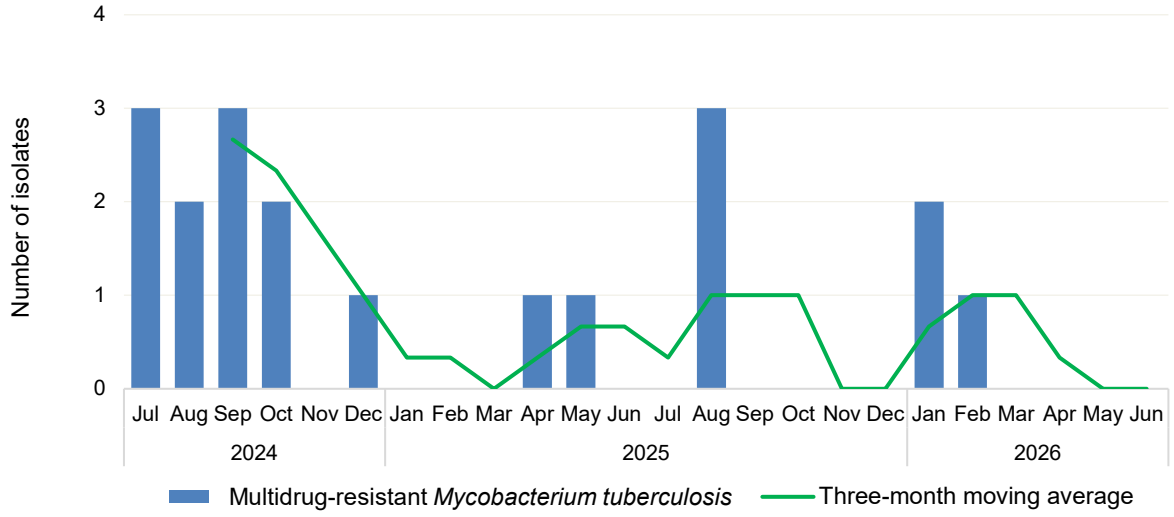
**Figure 13** Linezolid-nonsusceptible *Enterococcus* species, number reported by state and territory, 1 April 2026 – 30 June 2026



# *Mycobacterium tuberculosis*

## National data

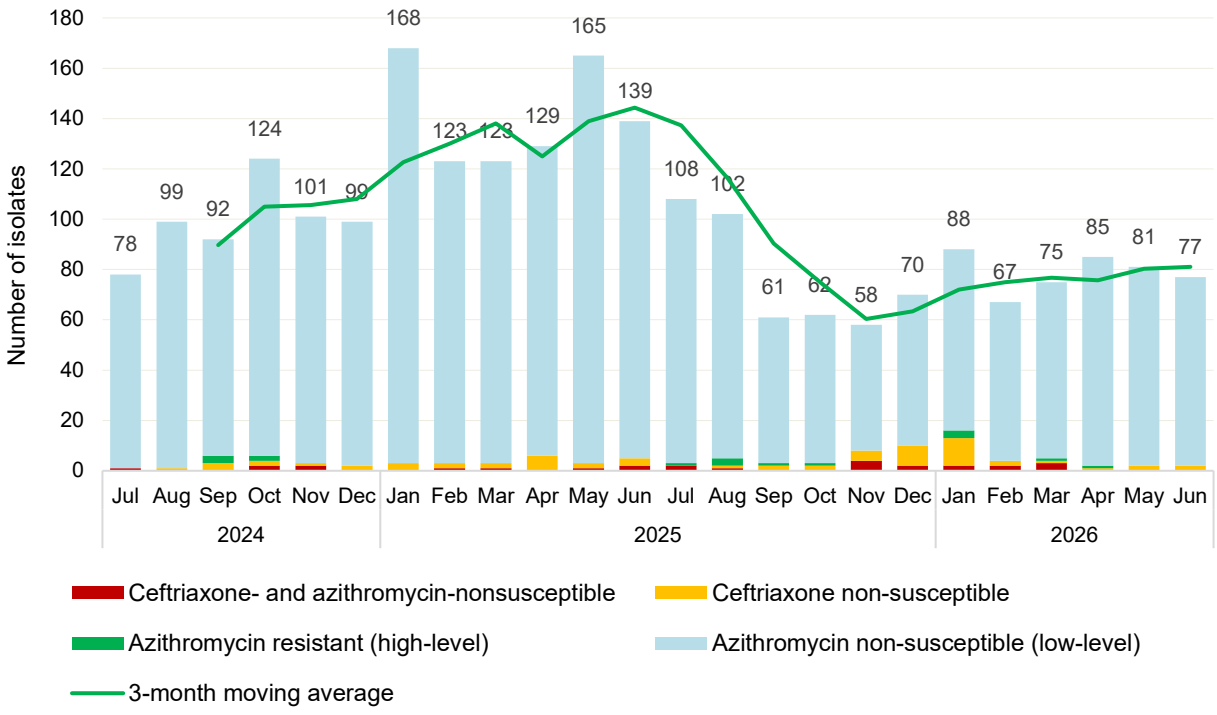
**Figure 14** Multidrug-resistant *Mycobacterium tuberculosis,* 24-month trend, national, 1 July 2024 – 30 June 2026




# *Neisseria gonorrhoeae*

## National data

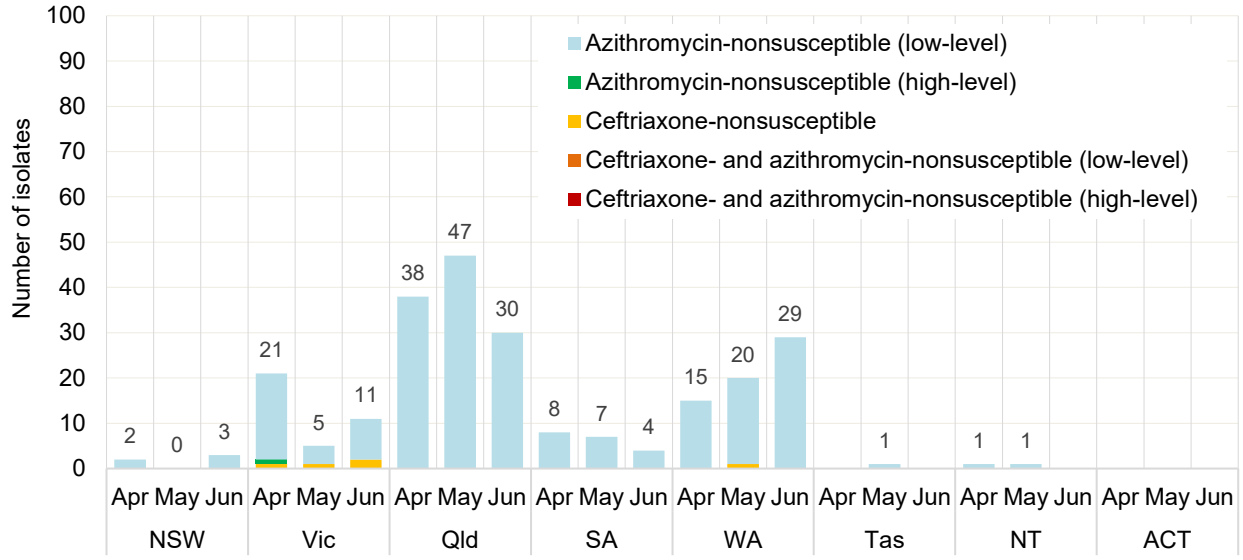
**Figure 15** Ceftriaxone- and/or azithromycin-nonsusceptible *Neisseria gonorrhoeae*, 24-month trend, national, 1 July 2024 – 30 June 2026




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 April 2026 – 30 June 2026

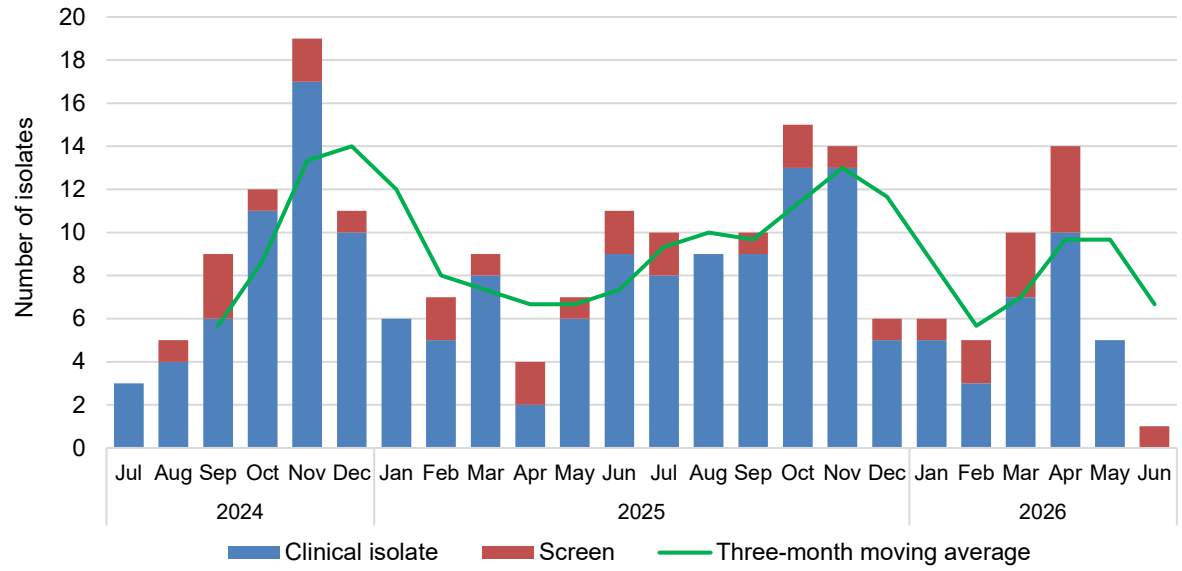



Note: Low-level = azithromycin MIC < 256 mg/L; high-level = azithromycin MIC ≥ 256 mg/L.

# *Pseudomonas aeruginosa*

## National data

**Figure 17** Carbapenemase-producing *Pseudomonas aeruginosa*, 24-month trend by specimen type, national, 1 July 2024 – 30 June 2026



## State and territory data

**Figure 18** Carbapenemase-producing *Pseudomonas aeruginosa*, number reported by carbapenemase type and specimen type, by state and territory, 1 April 2026 – 30 June 2026

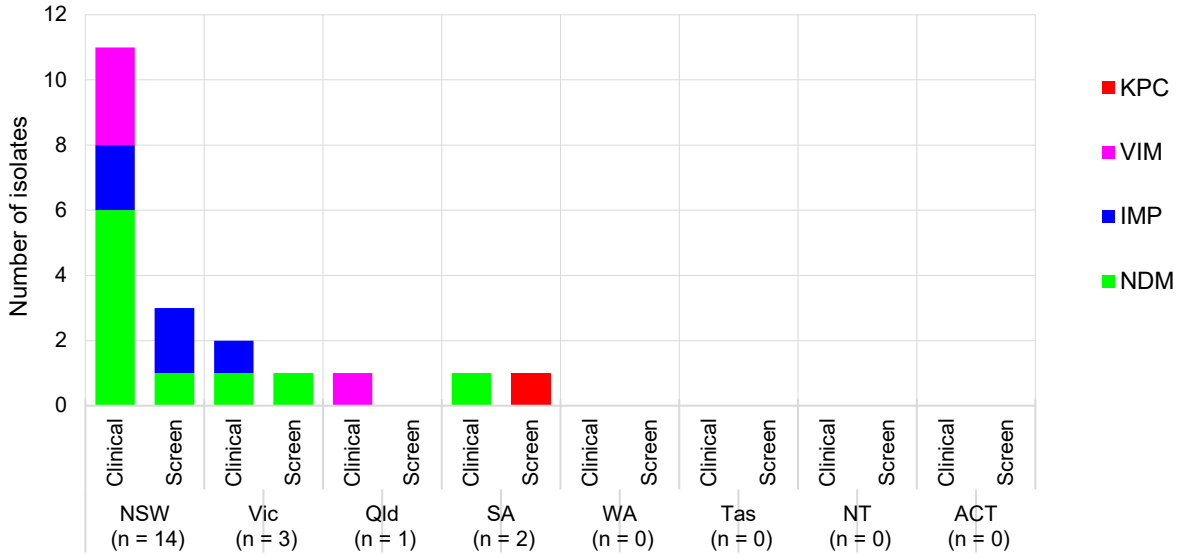



**Table 5** Carbapenemase-producing *Pseudomonas aeruginosa*, number reported by setting, by state and territory, 1 April 2026 – 30 June 2026

| Setting | State or territory | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|
| | NSW | Vic | Qld | SA | WA | Tas | NT | ACT | |
| Total | **14** | **3** | **1** | **2** | **0** | **0** | **0** | **0** | **20** |
| Public hospital | 12 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 15 |
| 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 | 0 | 0 | 0 | 0 | 2 |
| Unknown | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |

# *Salmonella* species

## National data

**Figure 19** Ceftriaxone-nonsusceptible *Salmonella* species, 24-month trend, national, 1 July 2024 – 30 June 2026

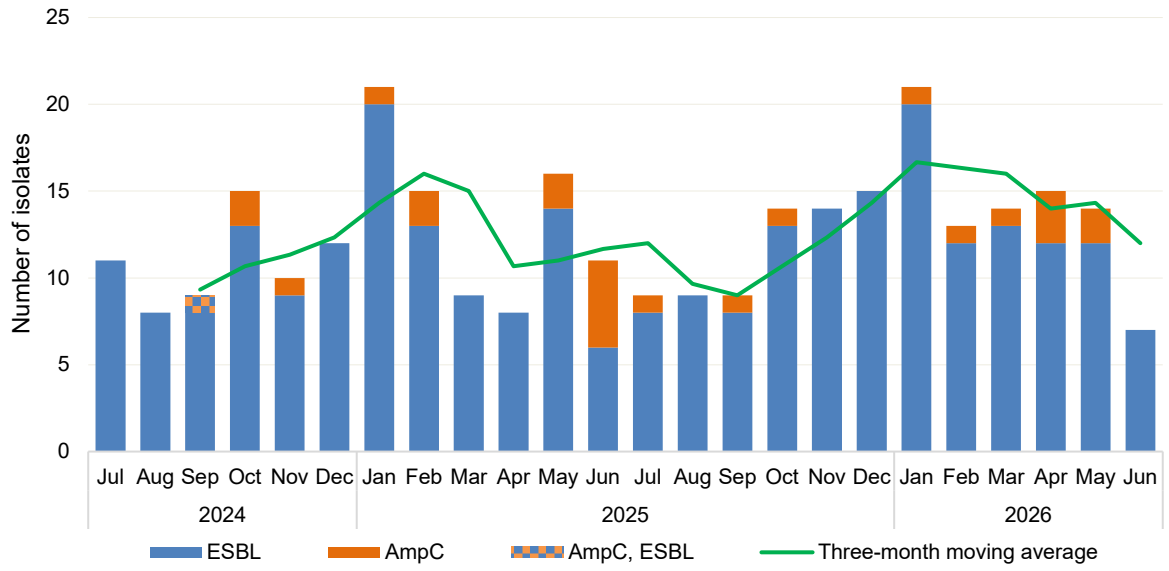
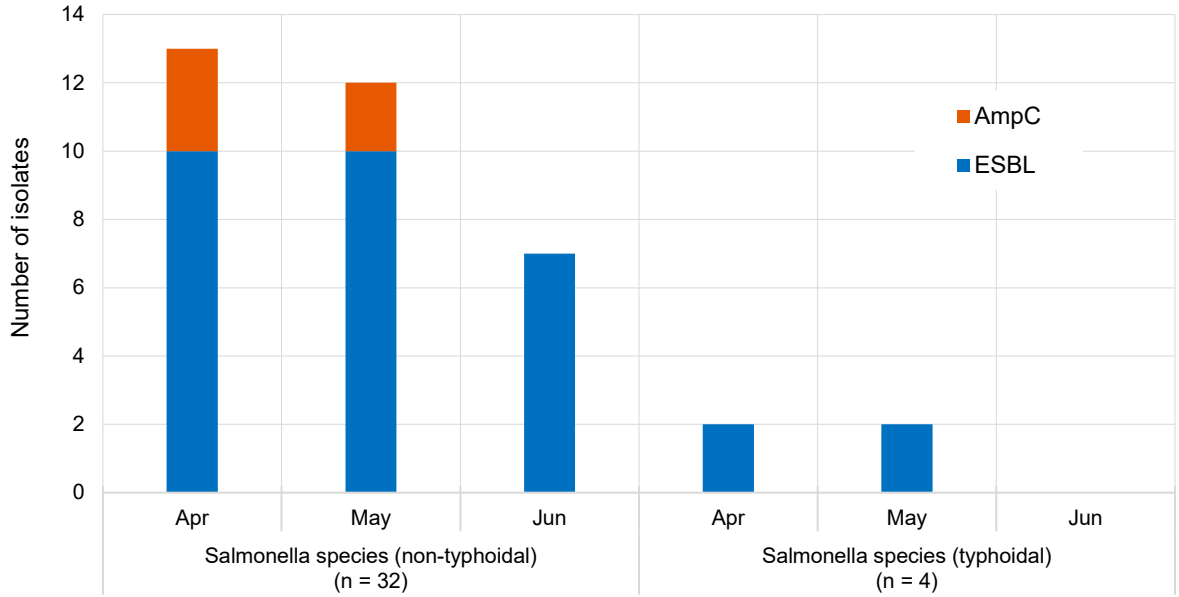
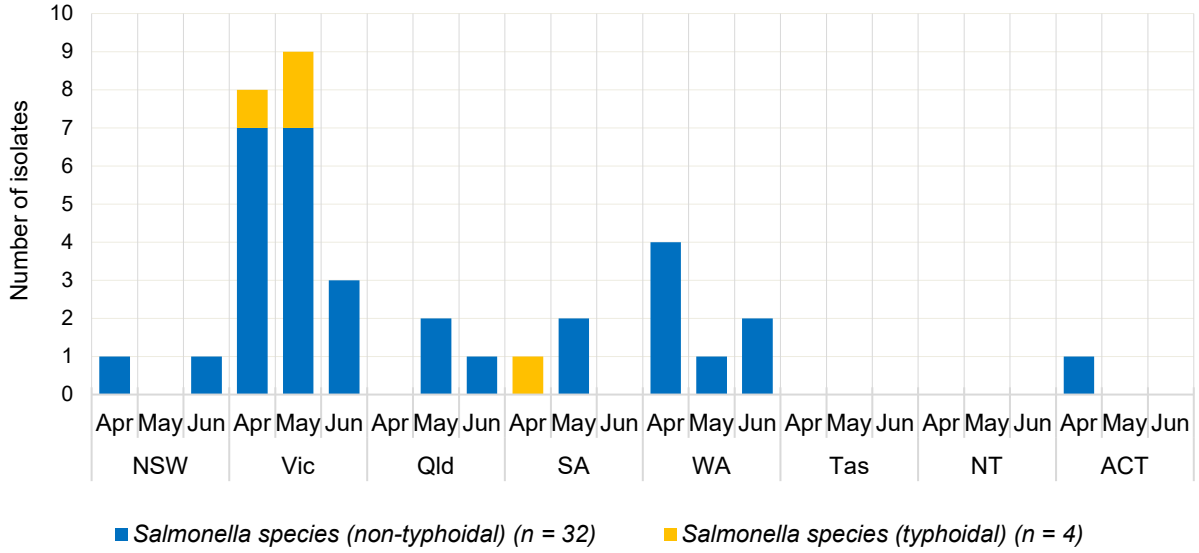



**Figure 20** Ceftriaxone-nonsusceptible *Salmonella* species, number reported by month, national, 1 April 2026 – 30 June 2026



## State and territory data

**Figure 21** Ceftriaxone-nonsusceptible *Salmonella* species, number reported by state and territory, 1 April 2026 – 30 June 2026




# *Shigella* species

## National data

**Figure 22** Multidrug-resistant *Shigella* species, 24-month trend, national, 1 July 2024 – 30 June 2026

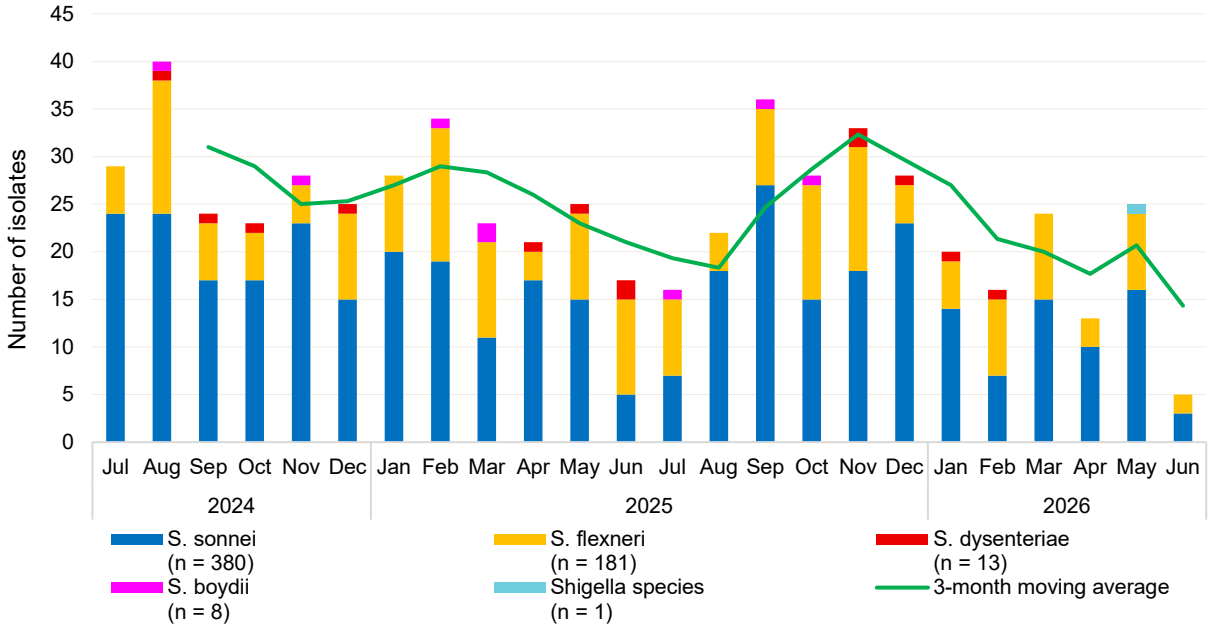
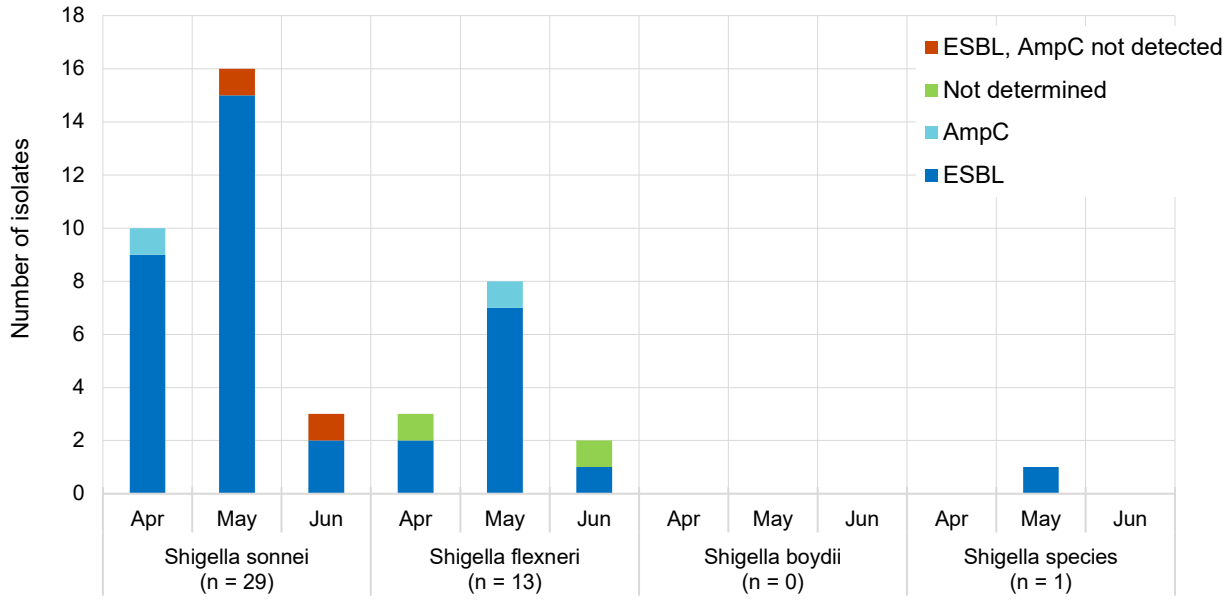


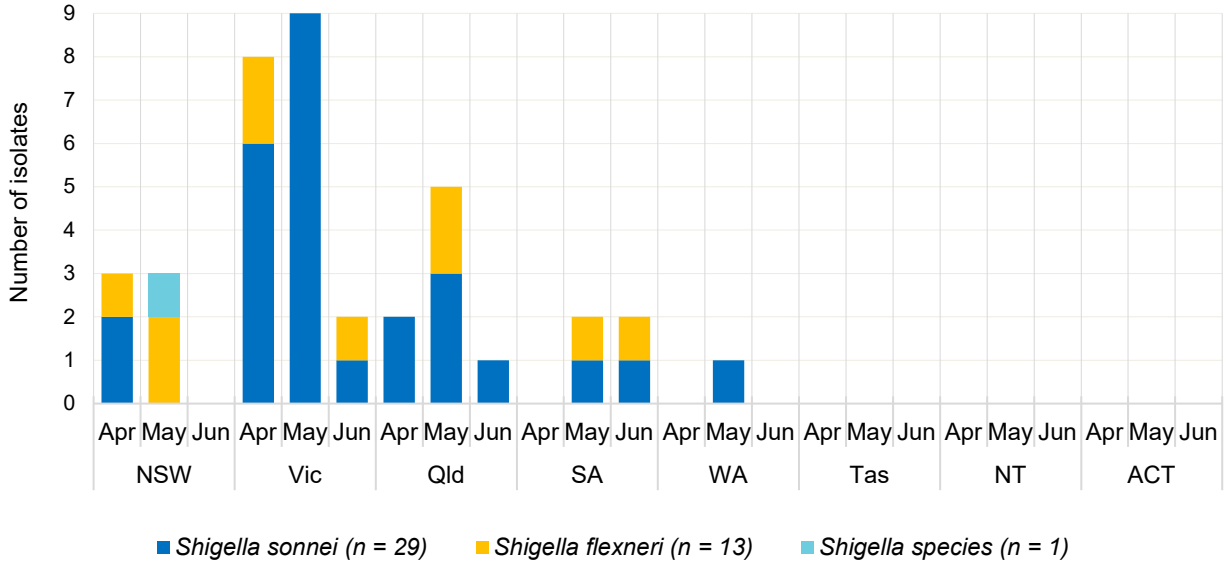
**Figure 23** Multidrug-resistant *Shigella* species, number reported by month, national, 1 April 2026 – 30 June 2026




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

## State and territory data

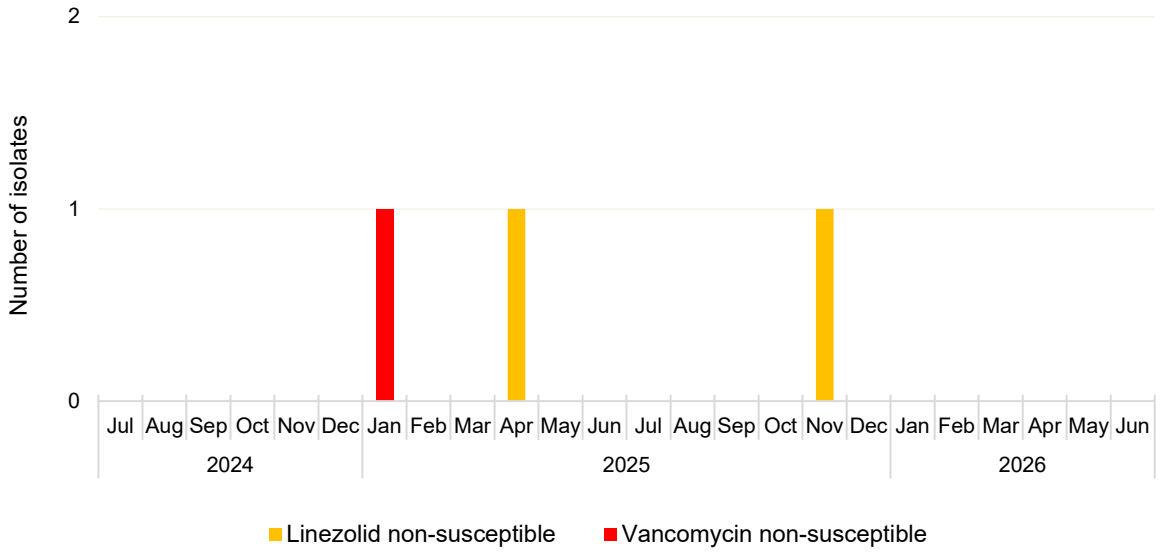
**Figure 24** Multidrug-resistant *Shigella* species, number reported by state and territory, 1 April 2026 – 30 June 2026



# *Staphylococcus aureus*

## National data

**Figure 25** Linezolid- or vancomycin-nonsusceptible *Staphylococcus aureus*, number reported by month, national, 1 July 2024 – 30 June 2026




## State and territory data

There were no linezolid- or vancomycin-nonsusceptible *S. aureus* 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 the isolate with the confirmed critical antimicrobial resistance (CAR) was collected.
- States and territories refer to the state or territory in which the hospital is located, or in which the patient resides for isolates from the community. If the 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.
- The 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.
- The 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 those previously published as the reported number of CARs may have been updated to include additional submissions received or removed after the previous publication date; comparisons 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 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 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 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 to identify and confirm 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 either as a clinical isolate, that is, a specimen (e.g., from blood, urine, or a 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 the 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 complements 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 that 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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