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Multidrug-Resistant Infections in U.S. Hospitals. Reply

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The authors reply:

Le Guern and colleagues highlight the public health importance of ESBL-producing Enterobacterales, and they cite their data on colonization with ESBL-producing Enterobacterales. However, we would caution against direct comparisons between ESBL-producing Enterobacterales carriage and infection. Because of differences in virulence and other factors, the distribution of bacteria that cause infections can differ from that of colonizing flora. In a study of infections in 42 countries, E. coli and *K. pneumoniae* accounted for 91% of Enterobacterales with an ESBL phenotype.[1] Another study of clinically significant isolates showed that *E. coli* and klebsiella species accounted for 93% of all ESBL-producing Enterobacterales.[2] Furthermore, these bacteria have particular epidemiologic significance because they have contributed disproportionately to increasing rates of infection by ESBL-producing Enterobacterales, most likely because of dissemination of mobile genetic elements that have spread into highly successful lineages such as *E. coli* clonal group ST131.[3,4] For these reasons, we, like many other investigators, chose a definition focused on *E. coli* and klebsiella species to study the epidemiology of ESBL-producing Enterobacterales.[5]

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Since publication of their article, the authors report no further potential conflict of interest.