Summary Report on Carbapenemase-Producing Enterobacterales (CPE) in Ireland

September 2026

RESIST

Antimicrobial Resistance & Infection Control Programme

Background Information

Data sources used in this report

The data within this report comes from two sources: the HSE's Business Information Unit (BIU) and the National CPE Reference Laboratory Service (NCPERLS).

- **BIU:** The HSE's BIU gathers and maintains a central repository of service data from all hospital and community-based health services nationwide. The CPE data from the BIU in this report comes solely from the HSE's acute hospital services. All acute HSE hospitals are required to report CPE data to the BIU on a monthly basis.

- **NCPERLS:** The NCPERLS is based at Galway University Hospital and has provided reference services for CPE isolates since October 2012. NCPERLS data is comprised largely from samples sent by the HSE's acute hospitals, but also includes data from other acute hospitals, private hospitals and community healthcare services.

Screening samples vs diagnostic samples

- **Screening samples:** Isolates from screening samples (rectal swabs/ faeces) reflect detection of asymptomatic gut colonisation with CPE in the absence of clinical CPE infection. CPE screening samples are generally collected from patients based on national guidance.

- **Diagnostic samples:** In general, isolates from diagnostic samples are likely to reflect clinical infection. Diagnostic samples are collected from a specific site (e.g. urine, wound, blood, any site other than rectal swabs/ faeces) based on a clinical suspicion of infection.

- As detailed in this report, the **large majority** of new CPE cases in Ireland each month are detected via **screening of asymptomatic patients** in acute hospitals. This early detection of CPE during patients' contact with the healthcare system allows for early application of measures to control spread.

BIU Data

Key Points – September 2026

- Due to the industrial action, no data were received from the BIU for September 2026.

National CPE Reference Laboratory Service (NCPERLS) Data

Key Points – September 2026

- There were 139 newly detected CPE cases received by the NCPERLS during September 2026 with 82% of those cases identified from screening samples (asymptomatic colonisation) and 18% identified from diagnostic samples (Table 3).
- Over the past 12 months, OXAs compose the largest proportion of carbapenemase type nationally at 64.9% (Figure 4). Distribution of carbapenemase type varies by region (Figure 4).
- The most common OXA type was OXA-48 (60.5% of all OXA) followed by OXA-244 (25.4%), OXA-181 (8.7%) and others (Figure 5).
- *Escherichia coli* continues to be the most commonly detected species carrying CPE, making up 43.5% of newly detected cases in 2025 and 43.3% of newly detected cases in 2026 YTD (Figure 6).

Table 3: Total newly detected CPE cases reported by the NCPERLS, September 2026

Total new CPE cases identified	139
New cases identified from rectal swabs/ faeces (Screening)	114 (82%)*
New cases identified from any other site (Diagnostic)	25 (18%)*

*The percentages indicate the proportions of new cases identified from screening samples vs new cases identified from diagnostic samples.

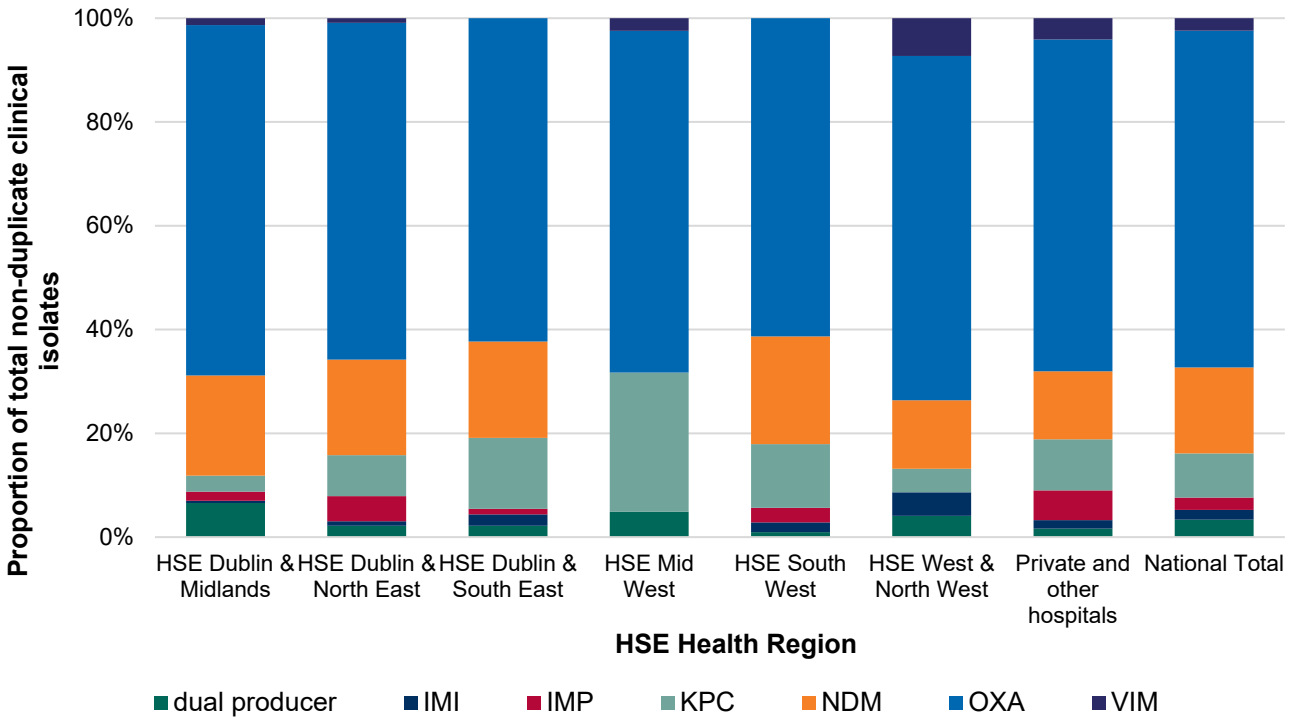


Figure 4: Distribution of carbapenemase type of newly detected CPE cases by region, October 2025 to September 2026

NOTE: Dual producers include: GES-24/OXA-48, IMP-4/KPC-2, IMP-4/OXA-48, KPC-2/OXA-48, NDM-1/OXA-181, NDM-1/OXA-48, NDM-5/OXA-1205, NDM-5/OXA-1207, NDM-5/OXA-181, NDM-5/OXA-232, NDM-5/OXA-244, NDM-5/OXA-48, NDM-5/OXA-484, VIM-1/OXA-48, VIM-1/KPC-2

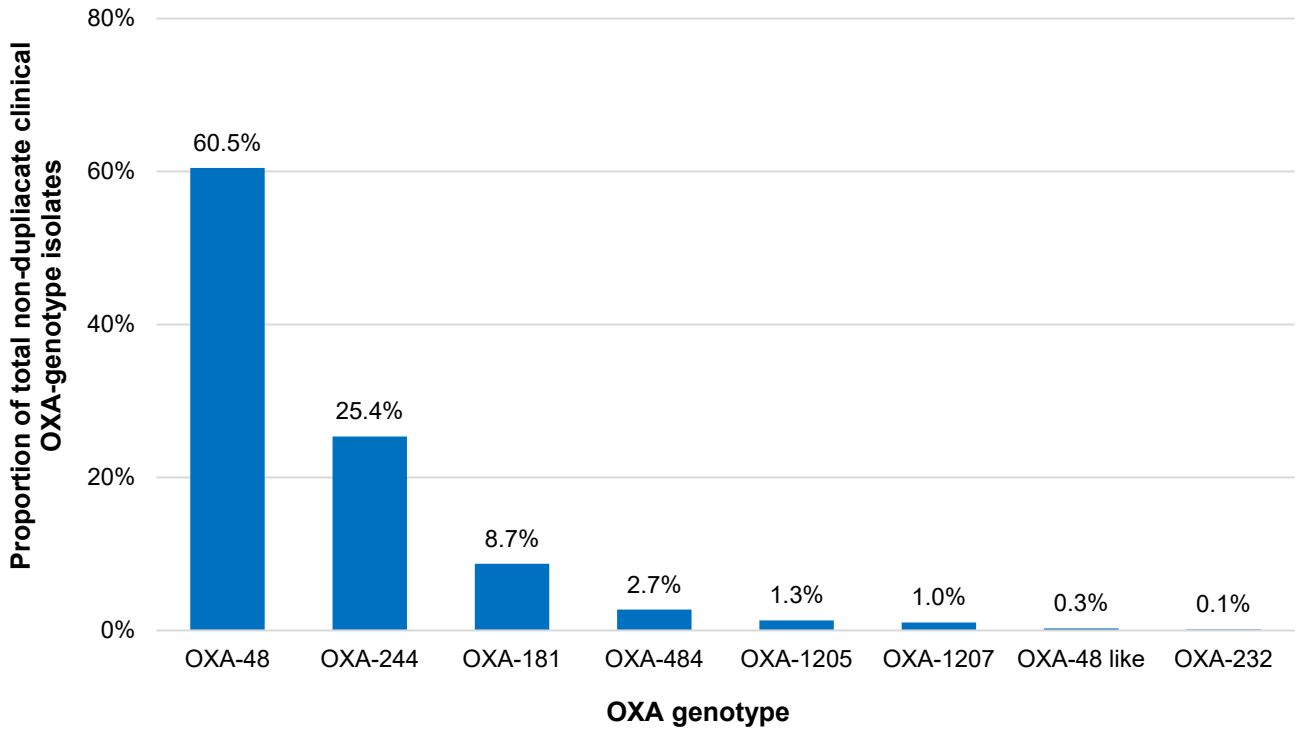


Figure 5: Proportion of OXA genotypes, October 2025 to September 2026

NOTE: Proportions shown represent the prevalence of OXA genes across all non-duplicate isolates, including dual producers (where two or more carbapenemase genes were detected). The “OXA-48 like” genotype is representative of a variant that has a poor or inconclusive ID and that cannot be confirmed by a second method.

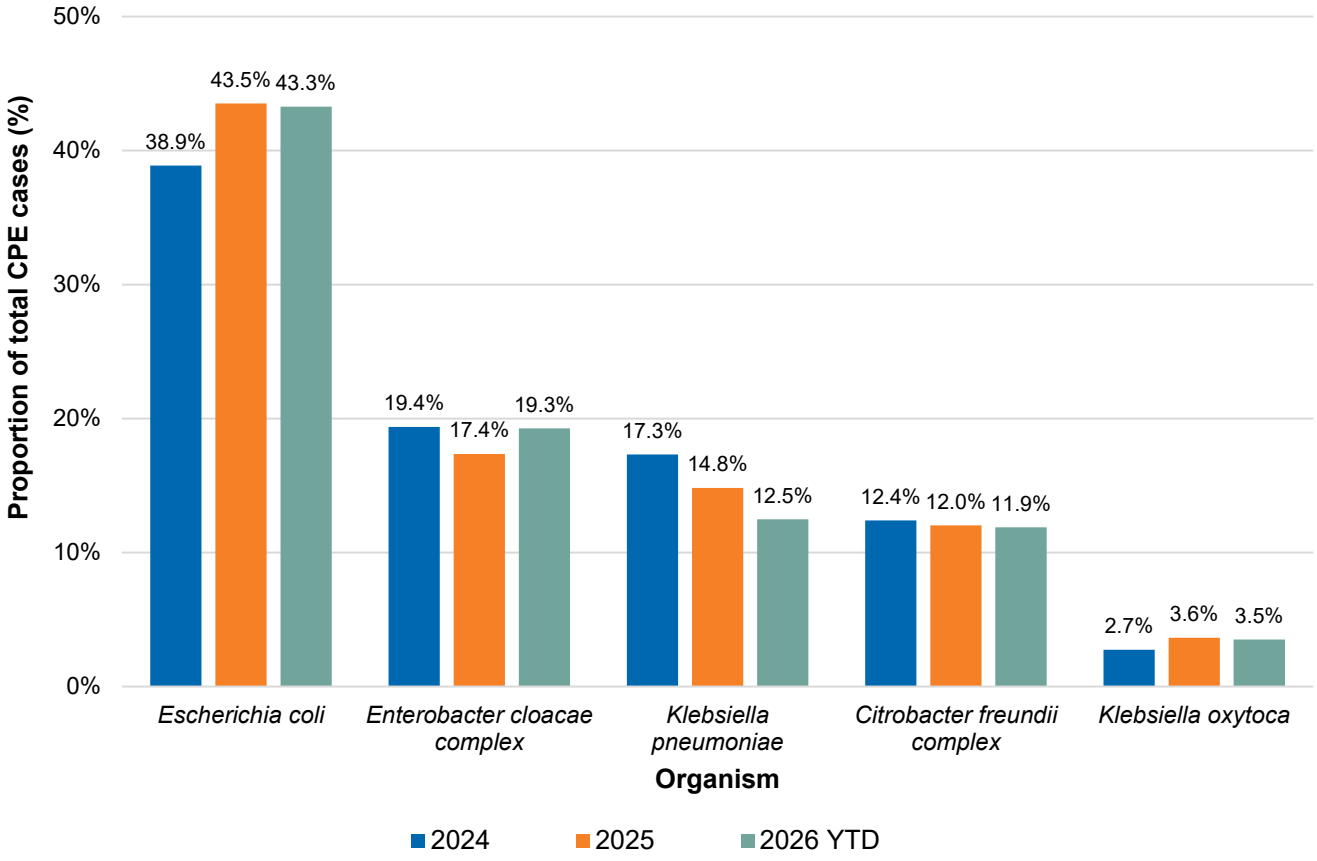


Figure 6: Top five most commonly detected CPE by species as proportion of total newly detected CPE cases per year, 2024 – 2026 (YTD).

NOTE: All remaining species comprise fewer than 2% of new cases and have been omitted from this graph for clarity.

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