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

March 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 – March 2026

There were 110 newly detected CPE cases reported by HSE acute hospitals with 89.1% of those cases identified from screening samples (asymptomatic colonisation) and 10.9% identified from diagnostic samples (Table 1).

- Case numbers for March 2026 were higher than for February 2026 (Figure 1).
- HSE Dublin & North East was the HSE regional health area (RHA) with the highest number of cases this month (Figure 2).
- 7 HSE acute hospitals reported active outbreaks this month; 7 reported outbreak status in February 2026 (Table 2 and Figure 3).

Table 1: Total newly detected CPE cases and screening samples collected in HSE acute hospitals, March 2026

Total new CPE cases identified	110
New cases identified from rectal swabs/ faeces (Screening)	98 (89.1%)*
New cases identified from any other site (Diagnostic)	12 (10.9%)*
Total number of screening samples collected	36,672

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

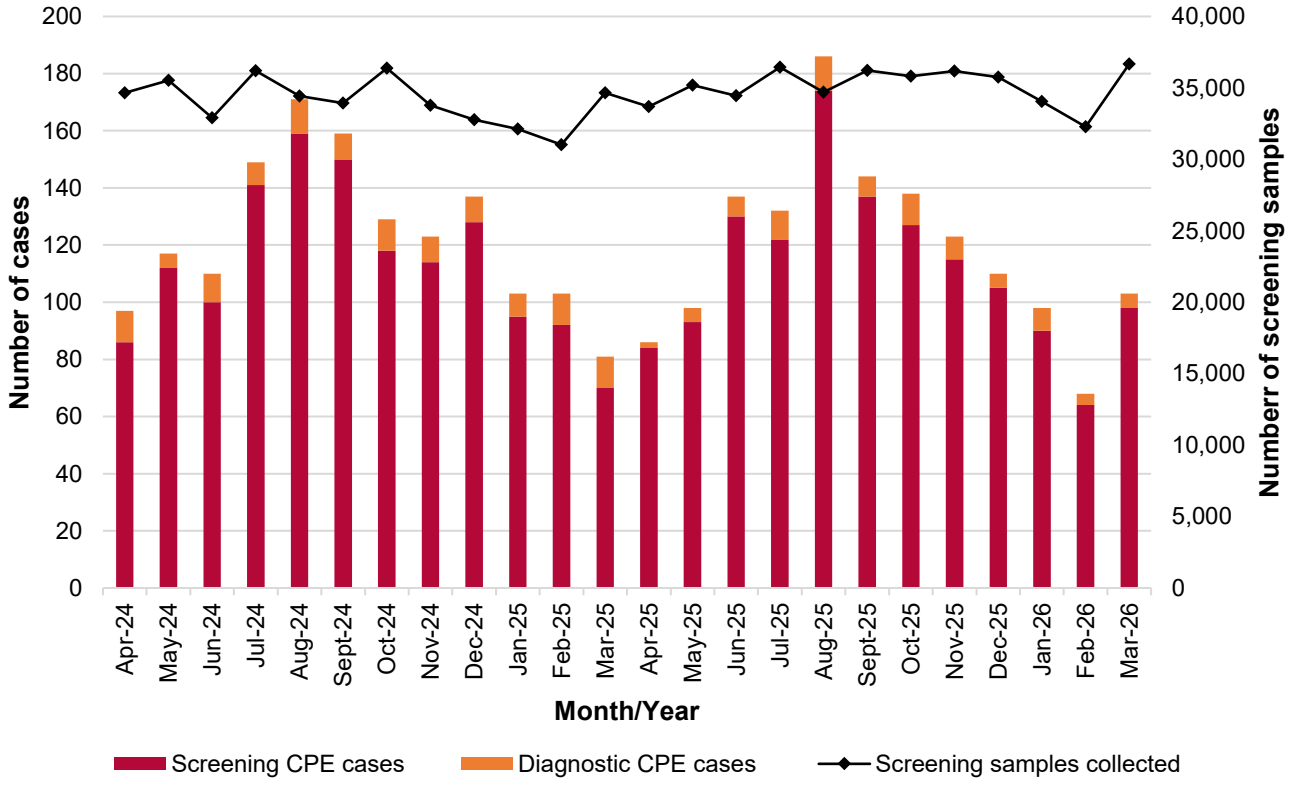

Figure 1: National total number of newly detected CPE cases and screening samples collected, April 2024 – March 2026

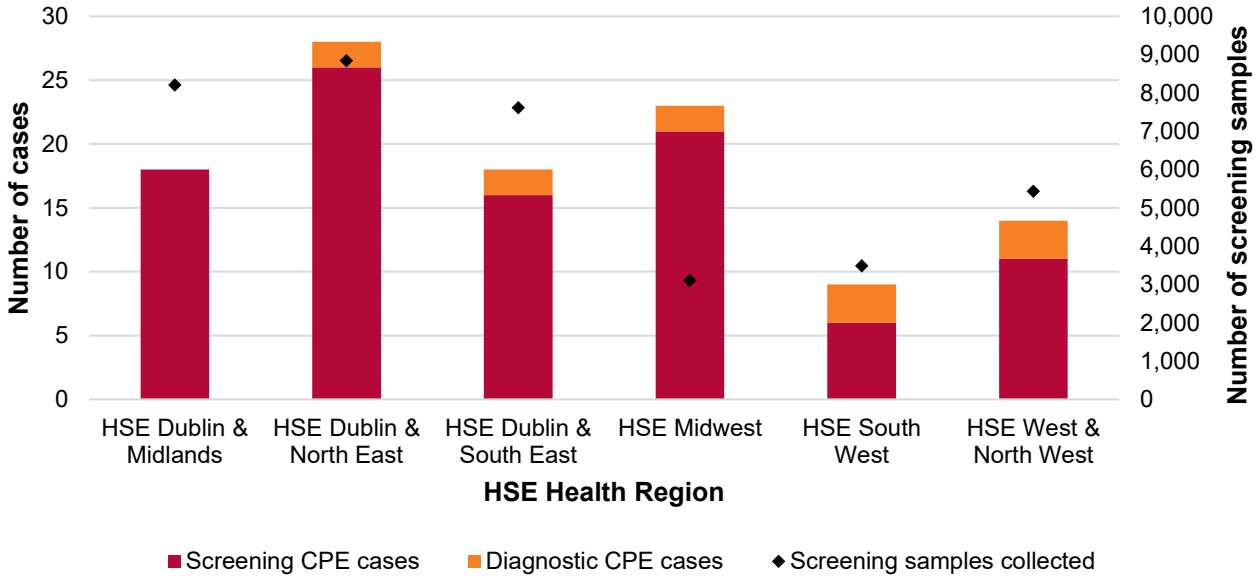

Figure 2: Number of newly detected CPE cases and screening samples collected by HSE RHA, March 2026

Table 2. Hospitals reporting current CPE outbreaks by HSE RHA, March 2026

Health region	Hospitals reporting CPE outbreaks
HSE Dublin & Midlands	-
HSE Dublin & North East	Beaumont Hospital
	Cavan General Hospital
	Connolly Hospital
HSE Dublin & Southeast	UH Waterford
	Tipperary University Hospital
HSE Mid-West	UH Limerick
HSE Southwest	-
HSE West & North West	Sligo University Hospital
Total count	**7**

NOTE: **43 of 50** hospitals have provided data returns to the question "Do you have an active/current CPE outbreak in your hospital during this month?".

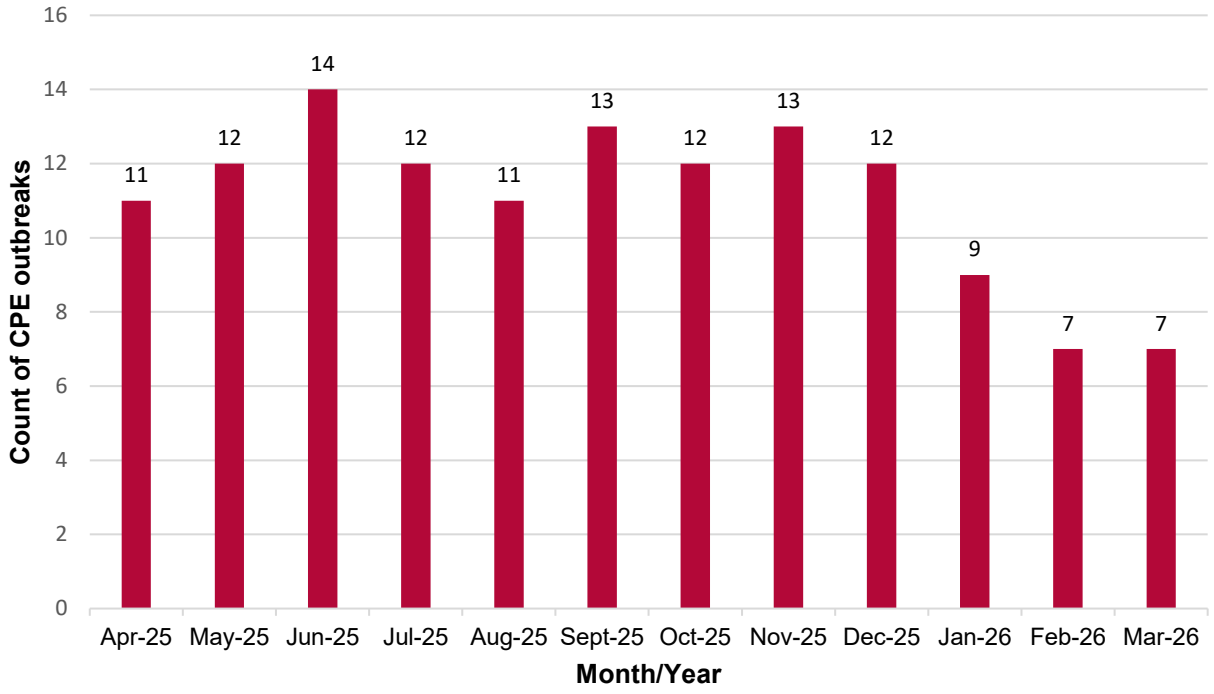

Figure 3: Monthly number of HSE acute hospitals reporting outbreaks, April 2025 to March 2026

National CPE Reference Laboratory Service (NCPERLS) Data

Key Points – March 2026

- NOTE: As of January 2025, quarterly quotas have been implemented for the number of isolates detected from screening samples that can be sent to NCPERLS for whole genome sequencing. These quotas only apply to Model 4 hospitals. This may result in under-reporting of the total number of cases identified from screening samples each month as well as variations in the species and carbapenemase types that are presented. Cases from diagnostic samples are not affected. Also to note that there are exceptions to the quarterly quotas during a CPE hospital outbreak which would add to variations seen for the proportions of species and carbapenemase types.

- There were 76 newly detected CPE cases received by the NCPERLS during March 2026 with 78.9% of those cases identified from screening samples (asymptomatic colonisation) and 21.1% identified from diagnostic samples (Table 3).

- Over the past 12 months, OXAs compose the largest proportion of carbapenemase type nationally at 67.6% (Figure 4). Distribution of carbapenemase type varies by region (Figure 4).

- The most common OXA type was OXA-48 (61.4% of all OXA) followed by OXA-244 (26.8%), OXA-181 (7.7%) 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 48.4% of newly detected cases in 2026 YTD (Figure 6).

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

Total new CPE cases identified	76
New cases identified from rectal swabs/ faeces **(Screening)**	60 (78.9%) *
New cases identified from any other site **(Diagnostic)**	16 (21.1%) *

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

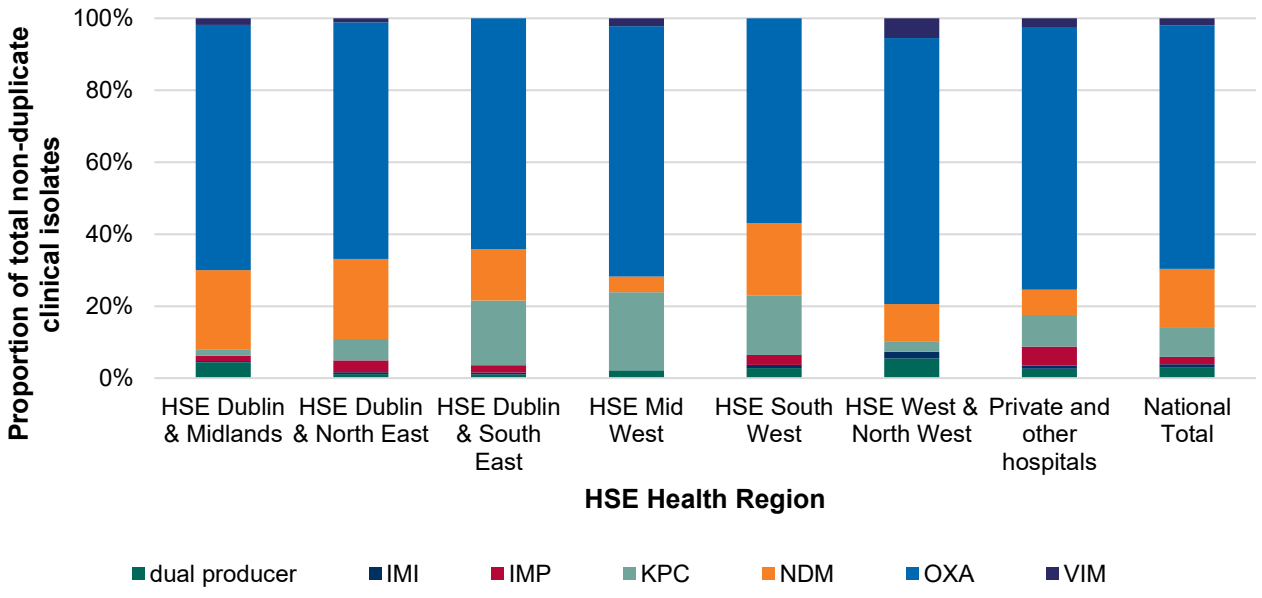

Figure 4: Distribution of carbapenemase genotype of newly detected CPE cases by region, April 2025 – March 2026

NOTE: Dual producers include: OXA/VIM, OXA/NDM, OXA/IMP, OXA/KPC and KPC/NDM.

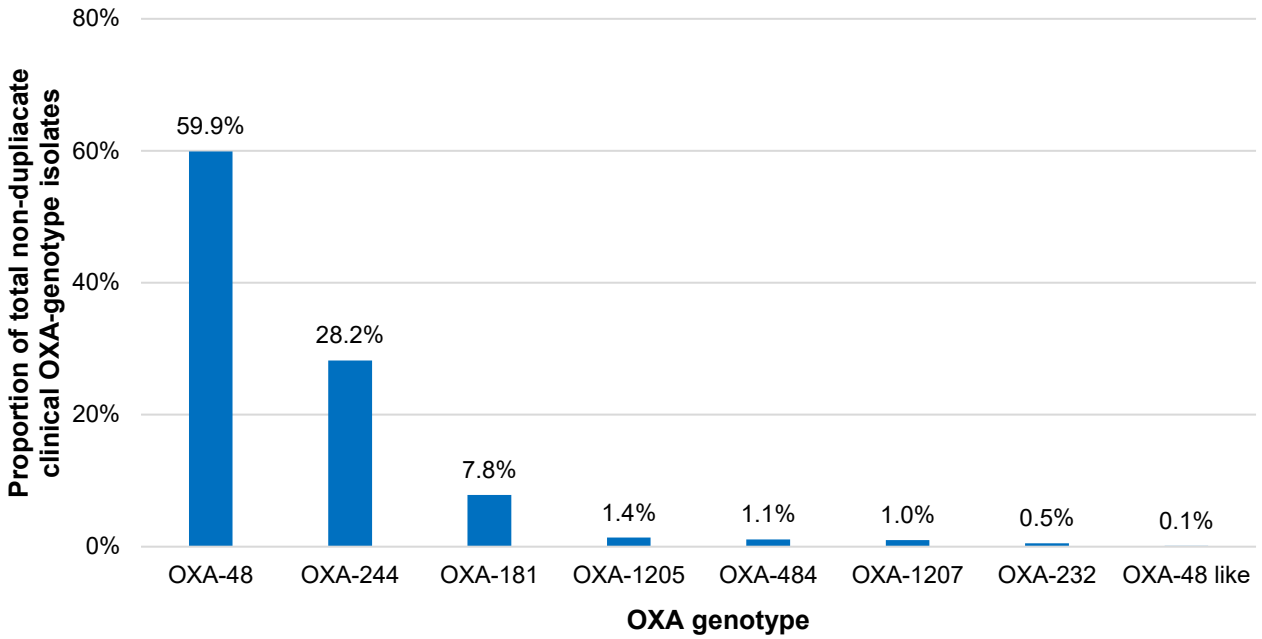

Figure 5: Proportion of OXA genotypes, April 2025 – March 2026.

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.

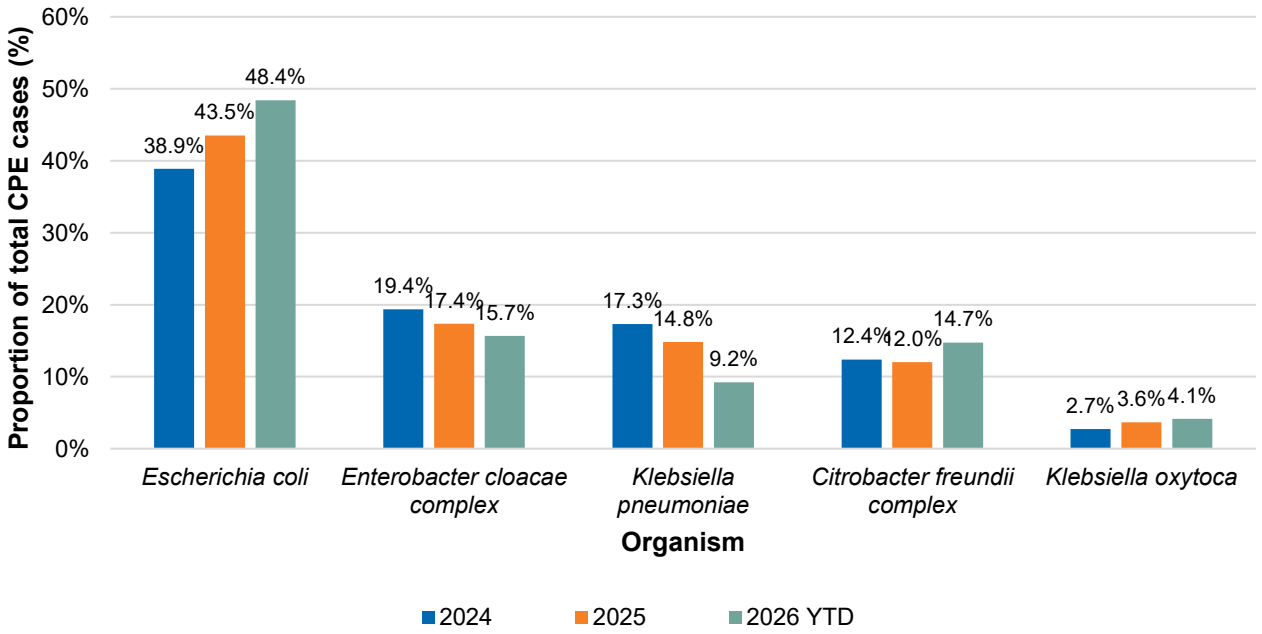

Figure 6: Top five most commonly detected CPE by species as proportion of total newly detected CPE cases per year, 2024 – 2026 (YTD).

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

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