**Introduction**

- Carbapenem-resistant Enterobacteriaceae (CRE) isolates are gaining great worldwide prominence due to their resistance to multiple classes of antibiotics.
- CRE isolates are prevalent in hospitals and have limited options available for therapy.
- CRE isolates are sensitive to tigecycline and colistin, but not to meropenem-vaborbactam.

**Materials and Methods**

- From 2016–2018, 246 KPC-producing Enterobacterales isolates were collected from bloodstream infections, pneumonia, and intra-abdominal infections in 39 European hospitals located in 19 countries.
- CRE isolates were submitted to whole genome sequencing on a MiSeq (Illumina, San Diego, CA).
- Categorical interpretations for all comparator agents were those found in European Committee on Antimicrobial Susceptibility Testing (EUCAST) breakpoint tables (version 10.0, 2020).
- Isolates carrying KPC were noted among 14 hospitals and 9 countries.

**Results**

- Only 1 isolate had a meropenem-vaborbactam MIC >8 mg/L and this isolate from Italy was KPC-2.
- Comparator agent activity varied some according to the infection sources and resistance mechanisms.

**Conclusions**

- These characteristics are not observed in some comparators active against KPC-producers.
- Comparator activity was compared to the isolates carrying KPC, and susceptibility to meropenem-vaborbactam was assessed.