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Department of Health Services

Date: September 26, 2011

To: Infection Preventionists in Acute Care, Critical Access, and Long Term Acute Care Hospitals

From: Jeffrey P. Davis, MD
Chief Medical Officer and State Epidemiologist for Communicable Diseases and Emergency Response

Re: Hospital Surveillance for Carbapenem-Resistant *Enterobacteriaceae*

Carbapenem-resistant *Enterobacteriaceae* or carbapenemase-producing *Enterobacteriaceae* (CREs) are emerging in the US as epidemiologically important healthcare-associated pathogens. They are resistant to almost all antimicrobial agents, and infections with these organisms are associated with high morbidity and mortality. In response to this healthcare threat CDC is urging state health departments to assess CRE prevalence in acute care facilities and to assist in developing prevention strategies.

Anecdotal information regarding CRE isolates obtained from a small number of clinical microbiology laboratories indicates the presence of CREs in some Wisconsin healthcare facilities, but no statewide patient-based surveillance has been conducted to quantify CRE prevalence in Wisconsin hospitals. Therefore surveillance for these organisms is necessary to determine prevalence, identify occurrences of transmission, and guide control efforts to prevent CREs from becoming endemic in healthcare settings.

Appendix A of DHS Chapter 145 states "any illness caused by an agent that is foreign, exotic or unusual to Wisconsin, and that has public health implications" is a reportable condition. I am therefore including carbapenem-resistant *Klebsiella* spp. and carbapenem-resistant *E. coli* to be communicable diseases for which general powers under Chapter 252 of the Wisconsin Statutes and DHS Chapter 145 apply.

From December 1, 2011 through May 31, 2012 all Wisconsin acute care hospitals (including children's, orthopedic, and heart hospitals), critical access hospitals and long term acute care hospitals should report cases of the above mentioned organisms among inpatients, following the LabID protocol in the National Healthcare Safety Network (NHSN) multidrug-resistant organism (MDRO) module. Behavioral health, psychiatric, AODA and rehabilitation hospitals are excluded from this requirement.

Hospital infection preventionists currently enrolled in NHSN should enter data themselves, but those not enrolled in NHSN may report cases directly to the DPH HAI Prevention Project Staff by telephone (608-266-1122). However, non-NHSN users must still follow the NHSN protocol for determining cases. Access the protocol at http://www.cdc.gov/nhsn/TOC_PSCManual.html, select item 12.

At the end of the reporting period, DPH staff will analyze the data, share results with facilities, and determine whether CRE surveillance should be extended beyond the initial six-month time interval.

A training webcast, "Surveillance for CRE Organisms Using NHSN," is scheduled for Thursday, October 13 from 2:00-3:00 pm, and will describe detailed instructions on NHSN case definitions, data entry,

laboratory instructions and infection control measures. The broadcast will be archived for future reference. Access at <http://dhsmedia.wi.gov/main/Viewer/?peid=01a5d534dcdd4c449561986ed90c45c9&autoStart=true>

Thank you for your partnership in this important surveillance project. Please contact Gwen Borlaug, CIC, MPH at 608-267-7711 or gwen.borlaug@wi.gov with questions or comments.

Reference: Centers for Disease Control and Prevention. Guidance for control of infections with carbapenem-resistant or carbapenemase-producing *Enterobacteriaceae* in acute care facilities. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5810a4.htm> Accessed March 23, 2009.