How is CRE spread?
CRE can be spread person-to-person in health care settings through direct contact with patients or residents who are colonized or infected with CRE. It can also be spread via health care workers’ hands after they care for patients or residents for are colonized or infected with CRE.

Who is at risk for CRE?
- Healthy individuals do not usually get CRE infections. Individuals with longer hospital or long-term care facility stays, open wounds, tracheostomies, or invasive devices like ventilators or urinary catheters are at risk for infection with CRE.
- Individuals with weakened immune systems are also at risk for infection with CRE.

How are CRE infections treated?
- The most commonly prescribed antibiotics are not effective against CRE infections. Treatment decisions should be made on a case-by-case basis by a health care provider.
- Colonized individuals who do not show active signs of infection do not need to be treated or decolonized.

Why is CRE prevention important?
- Infections caused by CRE are difficult to treat and are associated with increased mortality and high health care costs.
- Some types of CRE (carbapenemase-producing CRE) can pass on their resistance to carbapenem antibiotics to other bacteria and can lead to widespread antibiotic resistance.
- Cases of CRE have been reported in all regions of the state.
What can health care facilities do to prevent the spread of CRE?

Careful attention to infection prevention measures, such as hand hygiene, the proper use of gowns and gloves, thorough environmental cleaning, and the use of dedicated equipment and supplies can help reduce the risk of transmission within facilities.

- Practice consistent hand hygiene with alcohol-based hand sanitizer (ABHS) or soap and water.
  - Staff should perform hand hygiene before and after changing dressings, providing patient or resident care (such as bathing, dressing, or changing linen), and accessing indwelling devices.
  - Staff should also perform hand hygiene before preparing or eating food, and after using the bathroom.
  - Patients and residents should be encouraged to perform hand hygiene often.

- Increase the frequency of environmental cleaning and disinfection, especially for high-touch surfaces.

- Whenever possible, use single-use, disposable, non-critical equipment, or dedicate equipment to one patient or resident.

  Thoroughly clean and disinfect all patient and resident care equipment after use.

- Follow appropriate precautions and ensure personal protective equipment (PPE) is used properly.
  - The type of precautions that should be used with patients and residents will depend on a number of factors, including whether an individual is colonized or infected with a targeted MDRO or has indwelling medical devices or wounds.
  - Health care personnel must understand what type of precautions should be followed, and have access to the appropriate PPE to keep themselves and others safe.
  - Using appropriate precautions may also involve placing patients or residents who are infected or colonized with a targeted MDRO in a private room.
  - For more information on the type of precautions that should be used, see the appropriate resources:
    - CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, Appendix A
    - CDC Information on Enhanced Barrier Precautions in Nursing Homes

- Facilities should clearly communicate an individual’s MDRO status when a patient or resident is transferred to or receives care at another health care facility.

  When an individual who is colonized or infected with an MDRO is transferred to another health care facility, leaves the facility for an outpatient clinic visit, or receives other ancillary services, the receiving facility must be informed of the individual’s MDRO status, so that proper precautions can be taken in those settings.

For more information, visit the Wisconsin Healthcare-Associated Infections Prevention Program’s webpage.