WELSH HEALTH CIRCULAR

Issue Date: 11 February 2016

STATUS: ACTION & INFORMATION

CATEGORY: QUALITY AND SAFETY

Title: Guidance on infection prevention and control of Carbapenemase-producing Enterobacteriaceae (CPE) and other multi drug resistant organisms (MDRO)

Date of Expiry/Review: 11 February 2017

For action by Board:
- Chairs
- Chief Executives
- Board Secretaries
- Secretary to the Board Group
- Nurse Directors
- Medical Directors
- Directors of Public Health
- Infection Control Doctors & Nurses
- Hospital Chief Pharmacists
- PHW HCAI & AMR Programme Leads & CCDCs
- CNHS Direct Wales
- NWSSP for distribution to GP practices, community pharmacies & general dental practices
- Ambulance Trust

For Welsh Government action (or information)
- DG/Chief Executive NHS Wales
- Deputy Chief Exec NHS Wales
- Professional & Policy Leads
- DHSS Operations Team
- DHSS Comms Team
- DHSS Digital Team

Action required:
See paragraphs 4 - 7

Senders: Ruth Hussey, Chief Medical Officer/Medical Director and Jean White, Chief Nursing Officer

DHSS Welsh Government Contact:
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Enclosure(s): None
1. The spread of Carbapenemase-producing Enterobacteriaceae (CPE) internationally and within certain UK regions is of particular concern for healthcare services in Wales. The purpose of this WHC is to draw your attention to available guidance and to reinforce the key principles in combatting the threat of CPE:

- Early detection (through clinical alertness, good diagnostic practice, and surveillance);
- Containment (through infection control measures and patient/contact screening); and
- Prudent prescribing of antibiotics.

2. Carbapenems are a powerful group of broad spectrum beta-lactam (penicillin-related) antibiotics. In many cases, these are our last effective defence against infections caused by multi-resistant bacteria, such as some strains of *Klebsiella pneumoniae* and *Escherichia coli*.

3. Although the current identification of CPE in Wales to date has been small in numbers, most varieties have been seen. Therefore there is an urgent need for health boards and trusts to have key management strategies in place to identify and deal with CPE and other multi drug resistant organisms (MDRO) to prevent spread across healthcare settings.

4. Public Health England (PHE) has already produced comprehensive guidance on CPE management for use in primary and secondary care settings.\(^1\)\(^2\). Health boards and trusts need to adopt, adapt (to meet local need) and incorporate this guidance as part of the MDRO policy for the organisation. Additionally, each organisation must have a clear management plan for CPE and other MDRO incorporating MDR-GNB guidance\(^3\)\(^4\) and *MRSA*.

5. Key areas to be addressed by the policy and plans are:

- an admission screening policy that will identify which patients need to be screened for MRSA, MDRO and CPE incorporating the clinical risk assessment approach already in place for *MRSA*;
- identification of the risk of CPE: based on PHE guidance, current MDRO data, the local population and the patient population utilising services. Consideration will need to be given to patient transfers in from countries outside the UK or from health care organisations within the UK known to have high rates of CPE and/or MDRO;
- specialist units where patient groups and/or procedures/treatments are deemed to pose a ‘high risk’ for transmission and where additional measures may be required;

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1. **PHE CPE: non-acute and community toolkit (June 2015)**
2. **PHE CPE: early detection, management and control toolkit for acute trusts (June 2014)**
- a clear specification for isolation and testing of patients deemed to be at risk of CPE. This will be assisted by an updated list of risk organisations/regions being prepared by Public Health Wales’ Antimicrobial Resistance Programme (ARP). The Microbiology Methods Development and Standardisation Group will issue a laboratory standard operating procedure (SOP) for CPE screening at the end January 2016;

- a clear plan for effectively communicating the resistant organism status of a patient within the organisation and between healthcare services on transfer, discharge or death; and

- ensuring that the community guidance is incorporated into the MDRO policy/procedure.

6. Health boards and trusts will need to train front line teams (especially admission teams and ambulance staff) so that they have a heightened awareness of MDRO and CPE and the actions they need to follow.

7. Health Boards and trusts should develop their MDRO screening procedures jointly with Public Health Wales’ Microbiology services or their own Microbiology service.

8. It is hoped that information sharing on MDRO patients will be improved with the roll out of the electronic IP&C systems to teams in Wales in the next year.

9. Reporting arrangements and confirmation tests in Wales will be through the PHW Specialist Antimicrobial Chemotherapy Unit (SACU) and the Antimicrobial Resistance Programme for Wales. PHW will work with Public Health England’s Antimicrobial resistance and healthcare associated infections (AMRHAL) reference unit in the monitoring and surveillance of antimicrobial resistance, including carbapenem-resistant bacteria.

10. Prudent antimicrobial prescribing policies and the implementation of the Antimicrobial Delivery Plan will also underpin the prevention of MDRO and CPE for the future.

11. PHW will offer support to health boards and trusts to develop local MDRO management plans and policies if required. Specialist advice can be sought by contacting the Antimicrobial Resistance Programme:

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draft Antimicrobial Resistance Delivery Plan