REPORTING CRE: FAQ

GENERAL INFORMATION

WHY WERE CRE MADE REPORTABLE?

CRE are a growing public health problem. From 2010-2012, when CR Klebsiella pneumoniae (a type of CRE) was reportable, over 2,000 cases were reported to LA County Department of Public Health. Since then, reliable epidemiological and clinical information regarding CRE has not been readily available. Thus, the Long Beach Health Department, in conjunction with Los Angeles County (LAC), are increasing efforts to track and respond to CRE in order to prevent its spread.

WHAT DOES THE HEALTH DEPARTMENT PLAN TO DO WITH CRE INFORMATION?

The Health Department will use CRE reports to monitor trends, develop guidance and interventions for healthcare facilities, and identify and respond to outbreaks

WHO IS REQUIRED TO REPORT CRE?

Acute care hospitals (ACHs,) and skilled nursing facilities (SNFs) are the facilities mandated to report CRE. Other facility types are not required to report.

WHAT IS REQUIRED TO BE REPORTED?

Reporting of CRE in Long Beach will follow the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Multidrug-Resistant Organism (MDRO) and Clostridium difficile Infection (CDI) Module: report all first CRE-positive tests per patient, per calendar month, per location, regardless of specimen source or organism, which were collected on or after January 1st, 2017. SNFs are to follow the same surveillance rule above and report to the Long Beach via fax beginning February 28, 2017; include the lab report with susceptibility results and completed CRE Case Report Form when reporting. Note only clinical specimens are to be reported; do not report tests related to active surveillance.

WHAT IS THE CRE SURVEILLANCE DEFINITION?

Long Beach will follow the CDC NHSN MDRO and CDI Module CRE surveillance definition, which define CRE as any Escherichia coli, Klebsiella oxytoca, Klebsiella pneumoniae, or Enterobacter spp. Demonstrating resistance by one or more of the following methods:

1. Resistant to imipenem, meropenem, doripenem, or ertapenem by standard susceptibility testing methods (i.e., minimum inhibitory concentrations of ≥4 mcg/mL for doripenem, imipenem and meropenem or ≥2 mcg/mL for ertapenem); **OR**
2. Production of a carbapenemase (e.g., KPC, NDM, VIM, IMP, OXA-48) demonstrated using a recognized test (e.g., polymerase chain reaction (PCR), metallo-β-lactamase test, modified Hodge test, Carba-NP, Carbapenem Inhibition Method (CIM)).

Note that reporting is required if either criteria 1 or 2 above is met. Facilities cannot choose to apply only one of the criteria above, though not all clinical microbiology laboratories are capable of testing or routinely test for carbapenemases.

SHOULD ALL CLINICAL AND SURVEILLANCE CULTURE RESULTS BE REPORTED?

Only clinical results should be reported. Tests to detect the presence of CRE in the absence of signs of illness (ie. rectal screening) are considered as surveillance cultures, and are not to be reported.

SHOULD ALL INPATIENT AND OUTPATIENT CULTURE RESULTS BE REPORTED?

Results for specimens obtained from inpatients should be reported. Results for specimens collected from the ED should be reported only if the specimen was collected on the same calendar day as patient admission to the inpatient location.

SHOULD BOTH COMMUNITY-ONSET AND HEALTHCARE-ONSET CASES BE REPORTED?

Yes. All clinical CRE-positive specimens collected at your healthcare facility should be reported, regardless of type of onset.

DURING THE SAME ADMISSION, MY PATIENT HAS MULTIPLE POSITIVE CRE CULTURES. DO I REPORT THEM ALL?

Only one CRE report should be made per calendar month, except in the situations described below. Note that reporting is by calendar month so that for a patient with an isolate at the end of one month and a second isolate at the beginning of the next month, both would be reported.

DURING THE SAME MONTH, MY PATIENT IS FOUND TO HAVE CRE E. COLI AND, ON A LATER DATE, CRE KLEBSIELLA. DO I REPORT BOTH?

Yes, you would report both. While the NHSN definition indicates one CRE positive isolate per patient, per month, per location are to be reported, if the organisms are different during the same calendar month each separate organism would be reported. Duplicate CRE E. coli would not have been reportable, except as described in the next question.

DURING THE SAME MONTH, MY PATIENT IS FOUND TO BE CRE-POSITIVE IN ONE BODY SITE AND IS LATER FOUND TO BE CRE-POSITIVE IN ANOTHER BODY SITE. DO I REPORT BOTH?

The second CRE-positive specimen within a calendar month should be reported only if it is a blood specimen. If the second specimen within a calendar month is not a blood specimen, then you would not report the second isolate.

WHAT IF THE PATIENT IS DISCHARGED BEFORE I GET THE POSITIVE CRE CULTURE REPORT? WHO IS RESPONSIBLE FOR REPORTING THEN—THE LABORATORY OR THE HEALTHCARE FACILITY?

The facility that orders and obtains the specimen is responsible for reporting the CRE case, regardless of when susceptibility reports arrive.

IF A PATIENT IS DISCHARGED WITHOUT CRE-POSITIVE LAB RESULTS, AND IS READMITTED TWO WEEKS LATER FROM ANOTHER HEALTHCARE FACILITY (E.G., REHABILITATION CENTER, DIFFERENT HOSPITAL, ETC.) WITH CRE, HOW DO I REPORT THIS?

If the CRE-positive specimen was collected in your healthcare facility, then your facility is responsible for reporting. However, you can indicate either in NHSN or in the CRE Case Report Form that the patient was discharged within the past 4 weeks from another healthcare facility (and include the facility name).

IF A HEALTHCARE FACILITY REPORTS A CRE-POSITIVE PATIENT WHO IS LATER TRANSFERRED TO ANOTHER FACILITY (I.E. A NURSING HOME OR OTHER HOSPITAL), DOES THE FACILITY THAT THE PATIENT WAS TRANSFERRED TO ALSO NEED TO REPORT THE SAME PATIENT?

No, the facility the patient was transferred to does not need to report the patient. This facility would only report CRE if a specimen for that patient was collected while they were admitted to their facility. Long Beach recommends notifying the facility to which the patient was transferred that they are CRE positive.

IF A PATIENT ALREADY HAD A CRE-POSITIVE CULTURE DURING A PREVIOUS VISIT, DO I HAVE TO REPORT THE PATIENT AGAIN IF THEY TEST CRE-POSITIVE ON ANOTHER ADMISSION?

Yes. Report the first CRE- positive culture for each separate patient admission. Thus, if a patient has two separate facility admissions and has a positive CRE culture in each admission (from specimens collected within your facility), both events should be reported.

LABORATORY INFORMATION

WHAT IF AN ISOLATE MEETS THE SUSCEPTIBILITY CRITERION, BUT CARBAPENEMASE TESTING IS NEGATIVE?

If an isolate meets either of the two surveillance criteria, it should be reported.

IF I DO NOT HAVE AN ON-SITE LABORATORY (I.E., I USE A REFERENCE LABORATORY), WHO IS RESPONSIBLE FOR REPORTING A CRE-POSITIVE PATIENT? SHOULD BOTH THE LAB AND MY FACILITY REPORT?

The facility that obtained the culture is responsible for reporting. In some situations the lab report may be received by the Health Department, but this does not absolve a facility from completing the reporting requirements listed above.

DOES THE LABORATORY HAVE TO REPORT CASES TO THE LONG BEACH HEALTH DEPARTMENT?

No. For all hospitals and SNFs enrolled in NHSN, all cases must be entered into NHSN. For SNFs not enrolled in NHSN, a CRE Case Report Form must be filled out and submitted along with the laboratory susceptibility report. However, laboratories should ensure that all CRE-positive specimens are being reported to their clinical and infection prevention staff in a timely manner.

USING NHSN TO SUBMIT CASE INFORMATION

WHEN SHOULD FACILITIES USE THE NATIONAL HEALTHCARE SAFETY NETWORK (NHSN) TO SUBMIT CASES?

All Long Beach ACHs are required to use NHSN to submit CRE-positive results. All SNFs that are enrolled in NHSN are also required to submit CRE results via NHSN. If a SNF is not currently enrolled in NHSN, they may fax reports to the Long Beach Health Department at 562.570.4374 and include the laboratory report with susceptibility results and the CRE Case Report Form. For SNFs interested in enrolling in NHSN please contact the Long Beach Department of Public Health at 562.570.4344, and they can provide guidance as you complete the enrollment process.

WHAT IF I NEED TO REPORT FOR MORE THAN ONE FACILITY?

Please report cases under the appropriate facility name/ID in NHSN.

CAN I ENTER INFORMATION INTO NHSN ABOUT A PATIENT WHO WAS FOUND TO BE CRE-POSITIVE EVEN IF THE CULTURE WAS COLLECTED BEFORE JANUARY 1ST, 2017?

For CRE cultures collected prior to January 1, 2017, reporting via NHSN is optional and at the discretion of the reporting facility. For SNFs not reporting in NHSN the start date is February 28, 2017.

WHAT IF I HAD ZERO CRE CASES IN ANY GIVEN MONTH/YEAR?

You must indicate in your NHSN monthly summary data entry that you did not have any CRE-positive cultures for any given month of the reporting period. For more information and/or scenarios pertaining to reporting CRE in the NHSN LabID Module, please visit:

ACHs: https://www.cdc.gov/nhsn/acute-care-hospital/cdiff-mrsa/

LTACHs: https://www.cdc.gov/nhsn/ltach/cdiff-mrsa/index.html

SNFs: https://www.cdc.gov/nhsn/ltc/cdiff-mrsa/index.html

USING THE CRE CASE REPORT FORM TO SUBMIT CASE INFORMATION

WHEN SHOULD FACILITIES USE THE CRE CASE REPORT FORM TO SUBMIT CASES?

Only SNFs that are not enrolled in NHSN should be reporting CRE via this form. Thus, if you have already reported a case via NHSN, you do not need to fill out this form.

WHO IS RESPONSIBLE FOR FILLING OUT THE FORM?

The Long Beach Health Department asks that your facility's designated infection preventionist fill out the CRE Case Report Form, with the assistance of clinical and/or laboratory staff as needed.

WHERE CAN I ACCESS THE FORM?

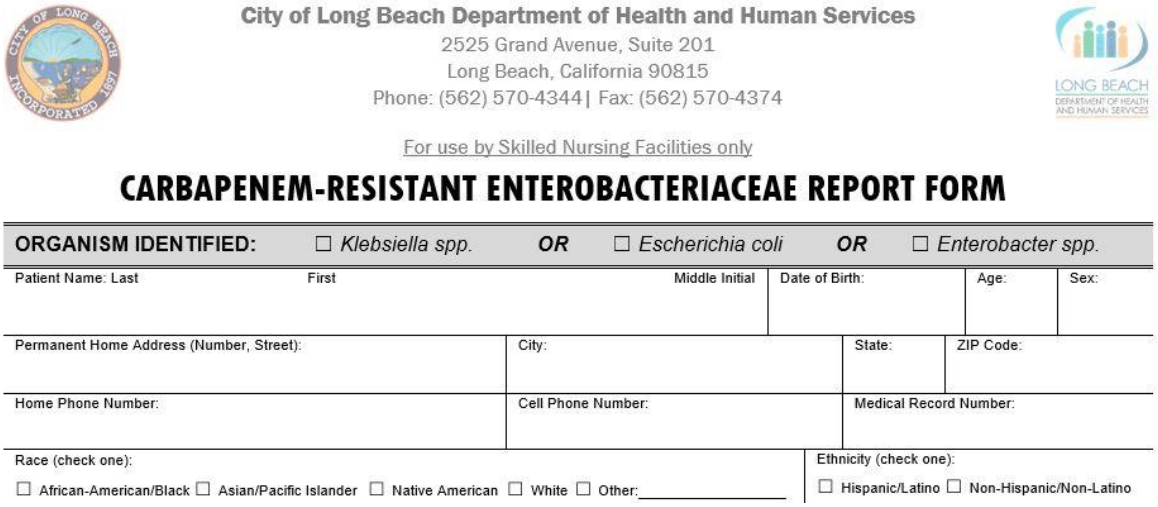
The CRE report form can be found on the Long Beach Department of Health and Human Services (LBDHHS) website at http://www.longbeach.gov/health/media-library/documents/diseases-and-condition/resources-for-providers/cre/cre-reporting-form/.

WHERE DO I SEND THE FORM?

The completed CRE form will be faxed to the Long Beach Health Department at **(562) 570-4374** along with the laboratory report indicating the specimen's susceptibility testing results.

HOW DO I FILL OUT THE FORM?

1. **Fill out the organism identified section:**
   Please check the box next to the organism that was identified and input all of patient's information (name, date of birth, age, sex, etc.).



City of Long Beach Department of Health and Human Services
2525 Grand Avenue, Suite 201
Long Beach, California 90815
Phone: (562) 570-4344 | Fax: (562) 570-4374

For use by Skilled Nursing Facilities only

CARBAPENEM-RESISTANT ENTEROBACTERIACEAE REPORT FORM

ORGANISM IDENTIFIED: ☐ *Klebsiella spp.* ***OR*** ☐ *Escherichia coli* ***OR*** ☐ *Enterobacter spp.*

Patient Name: Last	First	Middle Initial	Date of Birth:	Age:	Sex:

Permanent Home Address (Number, Street):	City:	State:	ZIP Code:

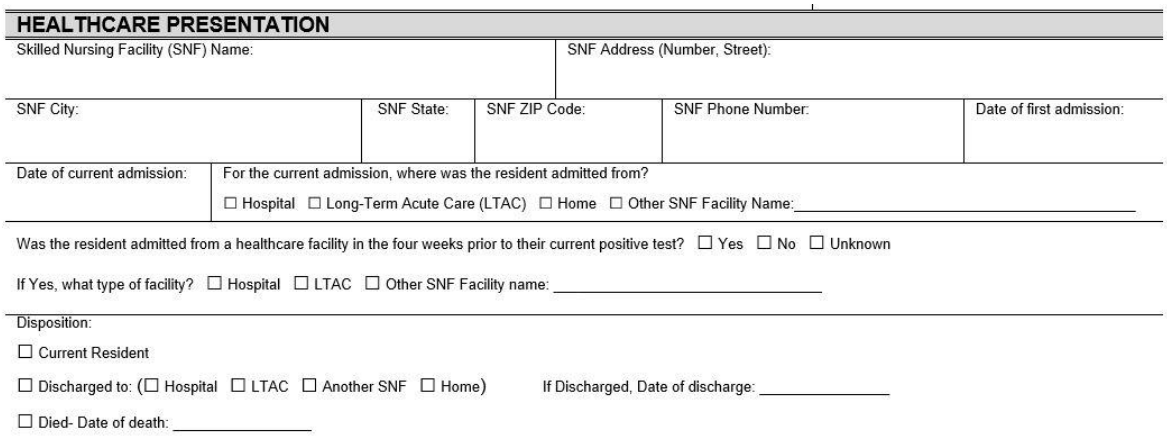
Home Phone Number:	Cell Phone Number:	Medical Record Number:

Race (check one):
☐ African-American/Black ☐ Asian/Pacific Islander ☐ Native American ☐ White ☐ Other:_____

Ethnicity (check one):
☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

2. **Fill out the healthcare presentation section:**

   In this section indicate the name and address of the SNF that is reporting the case, the date the patient was first admitted along with the date of current admittance. Also, denote where the resident was admitted from. If the resident was admitted from a different healthcare facility in the four weeks prior to their current positive test, please indicate that on the form along with the type of facility they were admitted from, as well as the name of the facility. At the time you are reporting the case, indicate the status of the resident in the "Disposition" as either a current resident, discharged to a different facility, or died.



HEALTHCARE PRESENTATION

Skilled Nursing Facility (SNF) Name:	SNF Address (Number, Street):

SNF City:	SNF State:	SNF ZIP Code:	SNF Phone Number:	Date of first admission:

Date of current admission:	For the current admission, where was the resident admitted from? ☐ Hospital ☐ Long-Term Acute Care (LTAC) ☐ Home ☐ Other SNF Facility Name:_____

Was the resident admitted from a healthcare facility in the four weeks prior to their current positive test? ☐ Yes ☐ No ☐ Unknown

If Yes, what type of facility? ☐ Hospital ☐ LTAC ☐ Other SNF Facility name: _____

Disposition:
☐ Current Resident
☐ Discharged to: (☐ Hospital ☐ LTAC ☐ Another SNF ☐ Home) If Discharged, Date of discharge: _____
☐ Died- Date of death: _____

3. **Fill out the diagnostic tests section:**

   Please enter the specimen collection date and the specimen source. Indicate if your laboratory tests for the presence of a carbapenemase (Yes, No, Unk); if Yes, select the type of test your laboratory performs to detect the presence of a carbapenemase. If the laboratory identified a carbapenemase, please check the box next to the type that was identified. If you answer "other" please specify the type detected. If you detect a carbapenemase that is not listed on this form, please contact the Long Beach Health Department at 562.570.4344 immediately to report.

DIAGNOSTIC TESTS (Attach laboratory results - REQUIRED)

Specimen collection date:	Specimen source: ☐ Blood ☐ Sputum ☐ Wound: (☐ sterile site OR ☐ non-sterile site) ☐ Urine ☐ Rectal swab ☐ Other: _____
Was the bacterial isolate tested for the presence of a carbapenemase? ☐ Yes ☐ No ☐ Unknown	If Yes, which tests were done (check all performed): ☐ Broth MIC ☐ PCR ☐ ETest ☐ Carba-NP ☐ MHT ☐ Unknown ☐ Other (specify):_____

If Yes, what carbapenemase was detected (check all that apply):

☐ Klebsiella pneumoniae carbapenemase (KPC) ☐ New Delhi metallo-β-lactamase (NDM) ☐ Imipenemase (IMP) ☐ OXA-48-like

☐ Verona integron-encoded metallo-β-lactamase (VIM) ☐ Negative/none detected ☐ Other (specify):_____

REMARKS

4. **Fill out the submitter information section**:

   For this section please provide the name of person who is submitting the form, their title, phone number and the date the form was completed.

SUBMITTER INFORMATION

Submitter Name:	Title:	Phone Number:	Date Completed:

Fax completed form and laboratory report to (562) 570-4374 **Last Updated: April 2017**

WHO SHOULD I CONTACT IF I HAVE ANY ADDITIONAL QUESTIONS?

If you have additional questions, please contact Emily Holman, Emerging Infectious Disease Response Coordinator, at **(562) 570-4344**.