



# CRE Surveillance: 2017

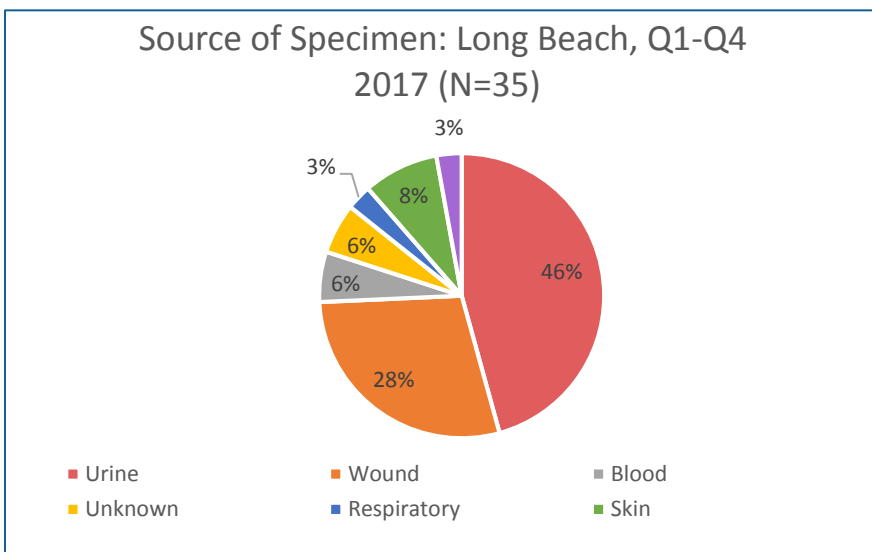
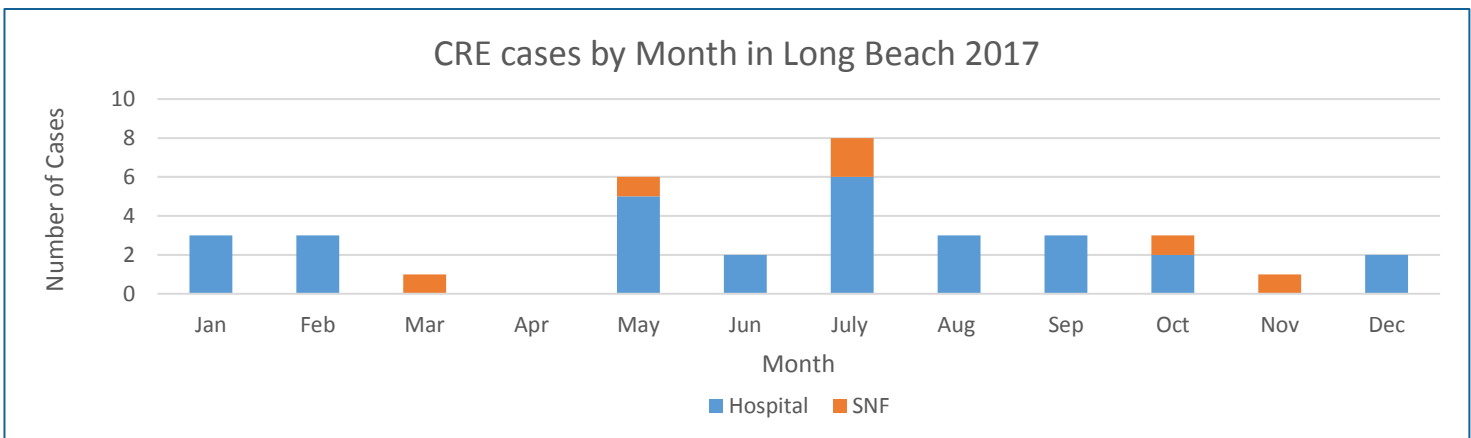
## Long Beach Epidemiology Report Quarters 1- 4



In Quarter 1 of 2017, there were seven cases of carbapenem-resistant enterobacteriaceae (CRE) reported, in Quarter 2 there were eight cases, in Quarter 3 there were 14 cases, and in Quarter 4 there were six cases. The most common organism associated with the reported cases was *Klebsiella pneumoniae* (91%). Many of the CRE cases (49%) were community acquired, while 31% of the cases were hospital acquired. The most common specimen sources were urine (46%), followed by wound (28%), and blood (6%). This data comes from both the National Healthcare Safety Network (NHSN) and California Reportable Disease Information Exchange (CalREDIE). As a reminder, effective January 19, 2017, all acute care hospitals and skilled nursing facilities must report all CRE cases and submit an antibiogram annually. Resources are available on the [Long Beach Department of Health and Human Services](http://longbeach.gov/health/) (LBDHHS) website, or contact Nick Lefranc, Biosurveillance Specialist, at [Nick.Lefranc@longbeach.gov](mailto:Nick.Lefranc@longbeach.gov) with any questions.

**Table 1: Characteristics of CRE cases in Long Beach, Q1-Q4 2017**

Number of Cases 2017	Organism				Acquired		
	<i>K. pneumoniae</i>	<i>Enterobacter</i>	<i>E. coli</i>	Unknown	Community	Hospital	Unknown
35	32	2	1	0	17	11	7



**Table 2: Carbapenemase Testing, Q1-Q4 2017**

Carbapenemase positive	13
<i>Klebsiella pneumoniae</i> carbapenemase (KPC)	9
Unknown Carbapenemase*	4

\*Modified Hodge Test