

# WELSH HEALTH CIRCULAR

Issue Date: 11 February 2016



Llywodraeth Cymru  
Welsh Government

**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 Secretary 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:**

Jenny Thorne, Head, HCAIs & Blood Safety Policy Branch – [jenny.thorne@wales.gsi.gov.uk](mailto:jenny.thorne@wales.gsi.gov.uk) or Rhian Pound-McCarthy [rhian.pound-mccarthy@wales.gsi.gov.uk](mailto:rhian.pound-mccarthy@wales.gsi.gov.uk) Tel: 029 2082 6440

**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.<sup>1 2</sup>. 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<sup>3 4</sup> 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;

---

<sup>1</sup> [PHE CPE: non-acute and community toolkit \(June 2015\)](#)

<sup>2</sup> [PHE CPE: early detection, management and control toolkit for acute trusts \(June 2014\)](#)

<sup>3</sup> [Hospital Infection Society: Prevention and control of multi resistant Gram negative bacteria - recommendations from a Joint Working Party \(2016\)](#)

<sup>4</sup> [Management of Multi-Drug Resistant Organisms in Healthcare Settings \(2006\)](#) Healthcare Infection Control Practices Advisory Committee, Centres for Disease Control and Prevention

- 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 \(AMRHAi\) 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*<sup>5</sup> 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:

Dr Robin Howe	029 2074 5422	<a href="mailto:robin.howe@wales.nhs.uk">robin.howe@wales.nhs.uk</a>
Dr Maggie Heginbothom	029 2040 2532 ext 5724	<a href="mailto:Margaret.heginbothom@wales.nhs.uk">Margaret.heginbothom@wales.nhs.uk</a>
Dr Mandy Wootton (Specialist Antimicrobial Chemotherapy Unit)	029 2074 6581	<a href="mailto:Mandy.wootton@wales.nhs.uk">Mandy.wootton@wales.nhs.uk</a>

and/or Gail Lusardi, Consultant Nurse for the HCAI programme (029 2040 2473 ext 5608, [Gail.Lusardi@wales.nhs.uk](mailto:Gail.Lusardi@wales.nhs.uk)).

<sup>5</sup> [draft Antimicrobial Resistance Delivery Plan](#)