

HAI Prevention Stories from the States



Minnesota Targets Carbapenem-resistant Enterobacteriaceae

Carbapenem-resistant Enterobacteriaceae (CRE) are bacteria that cause healthcare-associated infections that have emerged in the United States as a serious public health threat. They are resistant to almost all drugs, difficult to treat, and are associated with high death rates (up to 40% in some studies).

In response to this healthcare threat, CDC has urged state health departments to find out how common CRE are in acute care facilities in their states and to assist in developing prevention strategies for their hospitals.

In February 2009, the Minnesota Department of Health's Public Health Laboratory first detected a CRE isolate. In March, the Department of Health began tracking CRE to better understand the incidence and types of resistance mechanisms causing CRE in Minnesota.

In 2010, the Minnesota Department of Health partnered with the Association for Professionals in Infection Prevention and Control (APIC)-Minnesota (MN) Emerging Pathogens Task Force and other national experts to develop recommendations and best practices for the prevention and control of CRE in acute care and long-term acute care hospitals. In 2011, these recommendations were tailored to meet the unique needs of long-term care facilities.

These recommendations continue to guide Minnesota healthcare facilities in CRE prevention. To date, no outbreaks or transmission of CRE have been reported among facilities that have conducted active surveillance testing.

Recommendations

developed to guide Minnesota healthcare facilities in CRE prevention

No outbreaks

of CRE reported in Minnesota facilities hunting for these infections

Strengthened relationships

with laboratories and infection preventionists in healthcare facilities across the state

1 of 10

state health departments in CDC's Emerging Infections Program (EIP) network and 1 of 5 conducting CRE surveillance

What Minnesota Accomplished

Minnesota strongly encourages clinical laboratory staff and infection preventionists to work together at the facility level to create a successful CRE infection prevention and control program.

The recommendations developed for acute care and long-term acute care hospitals address:

- Laboratory capacity to identify CRE
- Isolation precautions to prevent the spread of CRE
- Active surveillance testing/screening to detect CRE infections
- Communication of patient CRE status upon transfer between facilities to ensure appropriate use of isolation precautions
- Antimicrobial stewardship to prevent drug resistance

The tailored recommendations for nursing homes additionally address:

- Social activities to promote resident activity while reducing the risk of CRE
- Ways to safely provide physical and occupational therapy without spreading CRE
- Antimicrobial stewardship to prevent drug resistance

These recommendations are meant to build upon existing MDRO policies and practices to address the unique concerns presented by these highly resistant organisms.

In developing and promoting these recommendations, the Minnesota Department of Health has strengthened its relationships with clinical laboratories and infection preventionists in healthcare facilities throughout the state.

CDC's Role

The Minnesota Department of Health recommendations expand upon guidance published by CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC) in the 2009 *Morbidity and Mortality Weekly Report, Guidance for Control of Infections with Carbapenem-Resistant or Carbapenemase-Producing Enterobacteriaceae in Acute Care Facilities*. CDC subject matter experts provided technical guidance and feedback during the development of these recommendations, tailored for Minnesota healthcare facilities.

What Minnesota Learned

- Communication is an essential component of CRE infection prevention and control recommendations because patients are often moved within the hospital or transferred to another health care facility.
- Successful prevention and control of CRE requires close collaboration between laboratory and infection prevention staff.
- Surveillance for CRE is labor and time intensive but worth the effort.

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