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Epi Watch is a monthly newsletter from the Pinellas County Health Department. For more information, or to add your e-mail address to the distribution list, please contact the Editor.

Further information about the prevention of CRE transmission is available in CDC's CRE toolkit:

<http://www.cdc.gov/hai/organisms/cre/cre-toolkit/>

"The reason for collecting, analyzing and disseminating information on a disease is to control that disease. Collection and analysis should not be allowed to consume resources if action does not follow."

Foegen, W.H. et al. (1976). Int. J of Epidemiology, 5:29-37.

To report diseases by phone call:
(727) 507-4346

To report diseases by fax (other than HIV/AIDS) use:
(727) 507-4347

New Carbapenem-Resistant Enterobacteriaceae Warrant Additional Action by Healthcare Providers

Carbapenem-resistant Enterobacteriaceae (CRE) infections are untreatable or difficult-to-treat multidrug-resistant organisms that are emerging in the United States. Because of increased reports of these multidrug-resistant organisms, the Centers for Disease Control and Prevention (CDC) is alerting clinicians about the need for additional prevention steps regarding CRE.

Infections with CRE are most commonly seen in people with exposure to healthcare settings such as hospitals and long-term care facilities. Patients whose care requires ventilators, catheters (intravenous or urinary) and patients who are taking long courses of certain antibiotics are among those at risk for CRE infections.

While still uncommon, reports of unusual forms of CRE (e.g., New Delhi Metallo- β -lactamase and Verona Integron-mediated Metallo- β -lactamase) in the United States are increasing. Of the 37 unusual forms of CRE that have been reported in the United States since surveillance was initiated, the last 15 have been reported since July, 2012.

This increase highlights the need for U.S. healthcare providers to act aggressively to prevent the emergence and spread of these unusual CRE organisms.

Because the vast majority of these unusual organisms were isolated from patients who received overnight medical treatment outside of the United States, additional measures described in this summary are now recommended to be taken when such patients are hospitalized in the United States.

Recommendations

CDC continues to recommend that facilities follow the CDC guidance for preventing the spread of CRE in healthcare settings. Facilities should:

- Ensure that the patient is on Contact Precautions.
- Reinforce and evaluate adherence to hand hygiene and Contact Precautions for healthcare personnel who come into contact with the patient (e.g., enter the patient's room).
- Since clinical cultures will identify only a minority of patients with CRE, screen epidemiologically linked patient contacts for CRE colonization with stool, rectal, or perirectal cultures. A laboratory-based screening protocol is available by visiting: www.cdc.gov/HAI/pdfs/labSettings/Klebsiella_or_Ecoli.pdf
- Should the patient be transferred to another healthcare facility, ensure that the presence of CRE colonization or infection is communicated to the accepting facility.
- Dedicate rooms and staff to CRE patients when possible. It is preferred that staff caring for CRE patients do not also care for non-CRE patients.
- Remove temporary medical devices as soon as they are no longer needed.
- In addition to that guidance, CDC now also recommends the following:

When a CRE is identified in a patient (infection or colonization) with a history of an overnight stay in a healthcare facility (within the last 6 months) outside the United States, send the isolate to a reference laboratory for confirmatory susceptibility testing and test to determine the carbapenem resistance mechanism; at a minimum, this should include evaluation for KPC and NDM carbapenemases.

Selected Reportable Diseases in Pinellas County

Disease	2013 January	2012 January	2012 Total
AIDS**	*	2	136
Animal Rabies			
Arboviral Illness (Human):			3
Dengue			
EEE			
SLE			
WNV			
CA/LaCrosse			
Campylobacteriosis	3	4	65
Chlamydia	339	338	3813
Creutzfeldt-Jakob Disease (CJD)			1
Cryptosporidiosis		1	29
Cyclosporiasis			1
<i>E. coli</i> O157:H7			
<i>E. coli</i> Shiga Toxin (+)		1	11
Giardiasis	2	1	32
Gonorrhea	133	76	1028
<i>H. influenzae</i> : Invasive Disease			7
Hansen's Disease			
Hemolytic Uremic Syndrome (HUS)			
Hepatitis, Acute Viral:		1	4
A			
B	2	2	17
C	4		5
Hepatitis B: Pregnant Woman +HBsAg		2	16
Hepatitis, Chronic Viral		13	212
B	16		
C	208	96	1749
HIV**	*	26	205
Lead Poisoning: Children < 6 years:			2
Legionellosis	2	1	4
Listeriosis			5
Lyme Disease			3
Malaria			2
Meningitis: Bacterial, Cryptococcal, Mycotic			6
Meningococcal Disease			
Mercury Poisoning			
Mumps			
Pertussis			7
Rabies, possible exposure	11	4	202
Salmonellosis	7	15	205
Shigellosis		1	19
Streptococcal Disease, Inv. Group A		1	6
<i>S. pneumoniae</i> , Inv. Disease (DR)	8	3	16
<i>S. pneumoniae</i> , Inv. Disease (Suscept)	3	2	25
Syphilis: Total	10	12	132
Infectious (P and S)	3	2	25
Early Latent	5	6	45
Congenital			
Late Syphilis (Late Latent; Neurosyphilis)	2	4	29
Tuberculosis	1	1	18
<i>Vibrio</i> Infections		2	10

Provisional cases reported by the Pinellas County Health Department. Blank cells indicate no cases reported. For a complete list of reportable diseases and guidelines for reporting, please visit: http://www.doh.state.fl.us/disease_ctrl/epi/index.html

* HIV and AIDS data for January, 2013 is temporarily unavailable. It is expected that the data will become available at the beginning of March, 2013. Please contact the Pinellas County Health Department at (727) 824-6932 if you need assistance with this information.