
COMMUNITY AND PUBLIC HEALTH

To Private Hospitals and Aged Residential Care Facilities

20th December 2018

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Telephone: 03 364 1777

Fax: 03 379 6484

Message forwarded from the Ministry of Health

Screening recommendations for patients exposed to carbapenemase-producing Enterobacteriaceae at Middlemore hospital.

Advisory summary:

There have been two cases of carbapenemase-producing Enterobacteriaceae (CPE) possibly acquired in Middlemore Hospital (MMH) surgical wards in late November/early December 2018. As a result, MMH surgical wards have been declared a Transmission Risk Area (TRA) for CPE.

All patients who have been admitted to these wards from 31 October 2018 for 24 hours or more should be screened until further notice for CPE if they are admitted to any other health care or age-related residential care facility. Please note that this advice for screening does NOT apply to patients from the Emergency Department or the medical and surgical assessment areas in MMH or from Manukau surgical centre.

MMH will notify health care or aged-related residential care facilities of any patients who have been directly admitted into these facilities following discharge from a surgical ward since 31 October 2018. The care facilities themselves will need to identify and screen patients who are admitted from the community and who may have been exposed to CPE at MMH.

MMH will arrange screening for relevant care facilities in the Auckland region: please contact InfectionPrevention@middlemore.co.nz to arrange this screening. Health care and aged-related residential care facilities in the rest of New Zealand should contact the local laboratory to make appropriate arrangements.

If you are unsure whether your patient was on a surgical ward in MMH during the applicable time period, please contact InfectionPrevention@middlemore.co.nz for confirmation.

If a patient is found positive for CPE, an appropriate Infection Prevention and Control plan should be implemented.

Screening: Recommended samples

A faecal specimen or rectal swab with visible faecal material are the minimum recommended sample types for CPE screening.

Additional sample types should be considered where appropriate, in line with local and national infection prevention guidance documents - that is:

- urine, if symptomatic or urinary catheter/nephrostomy/stent in situ
- swab from wounds and insertion sites of invasive medical devices and catheters
- lower respiratory tract specimens, if intubated.

For more information please refer to the Guidelines on Infection Prevention & Control and Management of CPE: <https://www.health.govt.nz/publication/infection-prevention-control-and-management-carbapenemase-producing-enterobacteriaceae-cpe>

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▪ Christchurch office: PO Box 1475, Christchurch 310 Manchester Street, Christchurch, Telephone 03 364 1777, Facsimile 03 379 6484, ▪ Ashburton Office: PO Box 110, Ashburton, Telephone 03 307 6902, Facsimile 03 307 6904 ▪ South Canterbury Office: PO Box 510, Timaru, Telephone 03 687 2600, Facsimile 03 688 6091, ▪ West Coast Office: PO Box 443, Greymouth, Telephone 03 768 1160, Facsimile 03 768 1169

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Background information

The decision to declare MMH a TRA has been made by the Ministry of Health in consultation with MMH and follows the Guidelines on Infection Prevention & Control and Management of CPE. It is based on the following information:

- there have been two confirmed cases of CPE [*Klebsiella pneumoniae* with New Delhi metallo- β -lactamase (NDM)] at MMH from an unknown source
- neither of the two patients have obvious risk factors for community acquisition of CPE. One patient screened negative for CPE early in their admission which suggests hospital acquisition of CPE from an unknown source or index case within MMH.

For further information, contact the Communicable Diseases team in the Christchurch office.

Dr Ramon Pink
Medical Officer of Health

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