CHICAGO

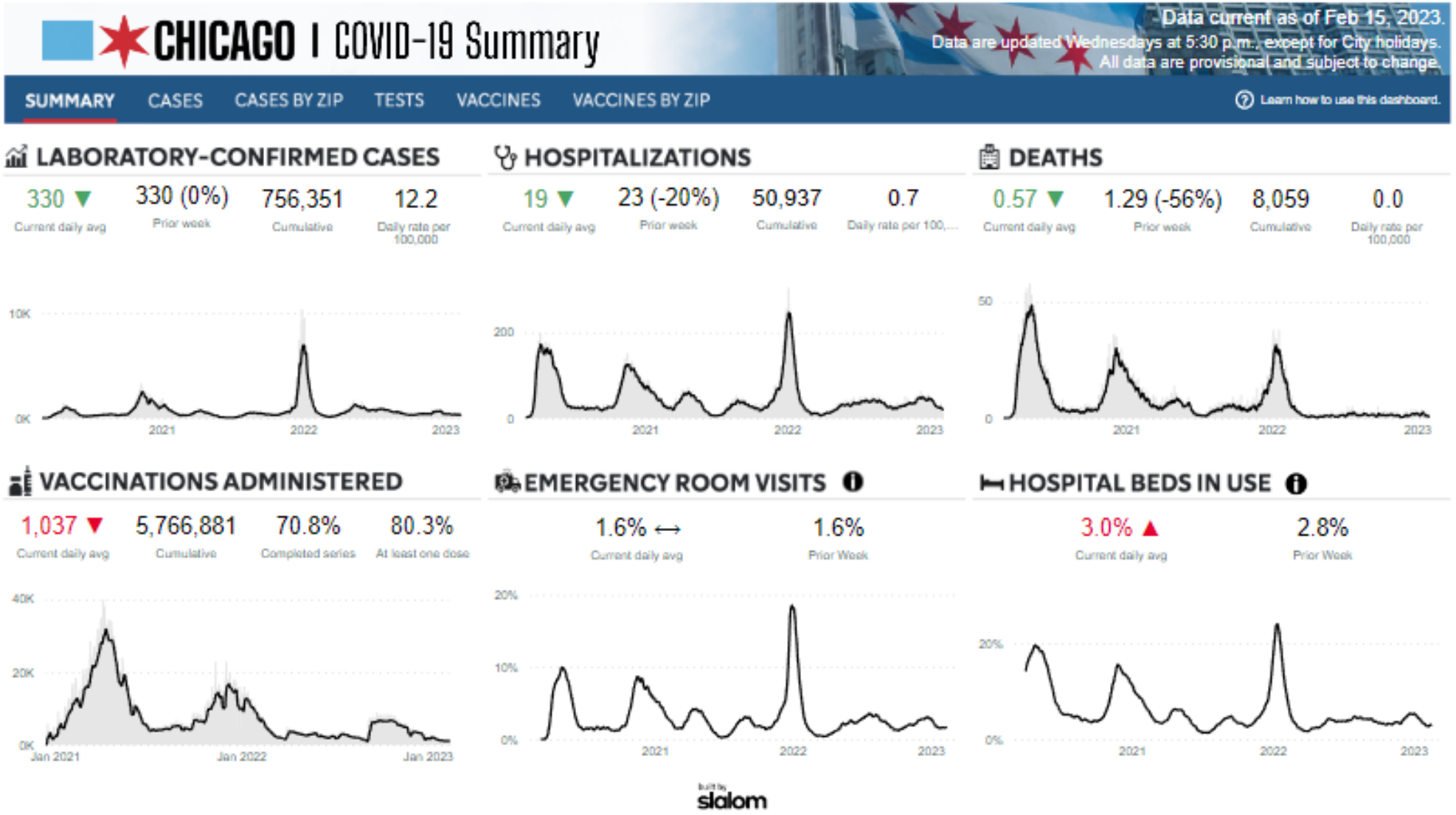
COVID-19
Chicago Long Term Care Roundtable

02-16-2023

Agenda

- COVID-19 Epidemiology
- COVID-19 Reminders, Updates, and FAQs
- Project Firstline
- MDRO 101
- Questions & Answers

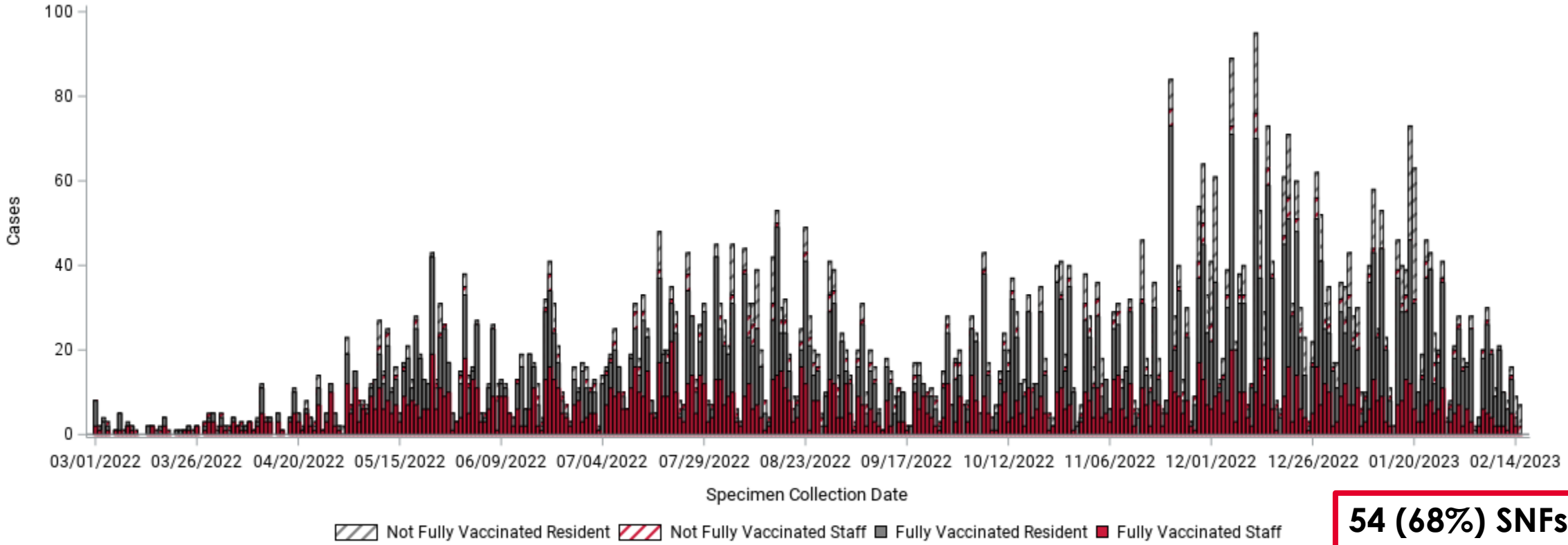
Chicago Dashboard



Source: https://www.chicago.gov/city/en/sites/covid-19/home/covid-dashboard.html

SNF COVID-19 Cases

(Mar. 1, 2022 – Feb. 15, 2023)



Data Sources: INEDSS (Illinois state) and REDCap (facility self report)

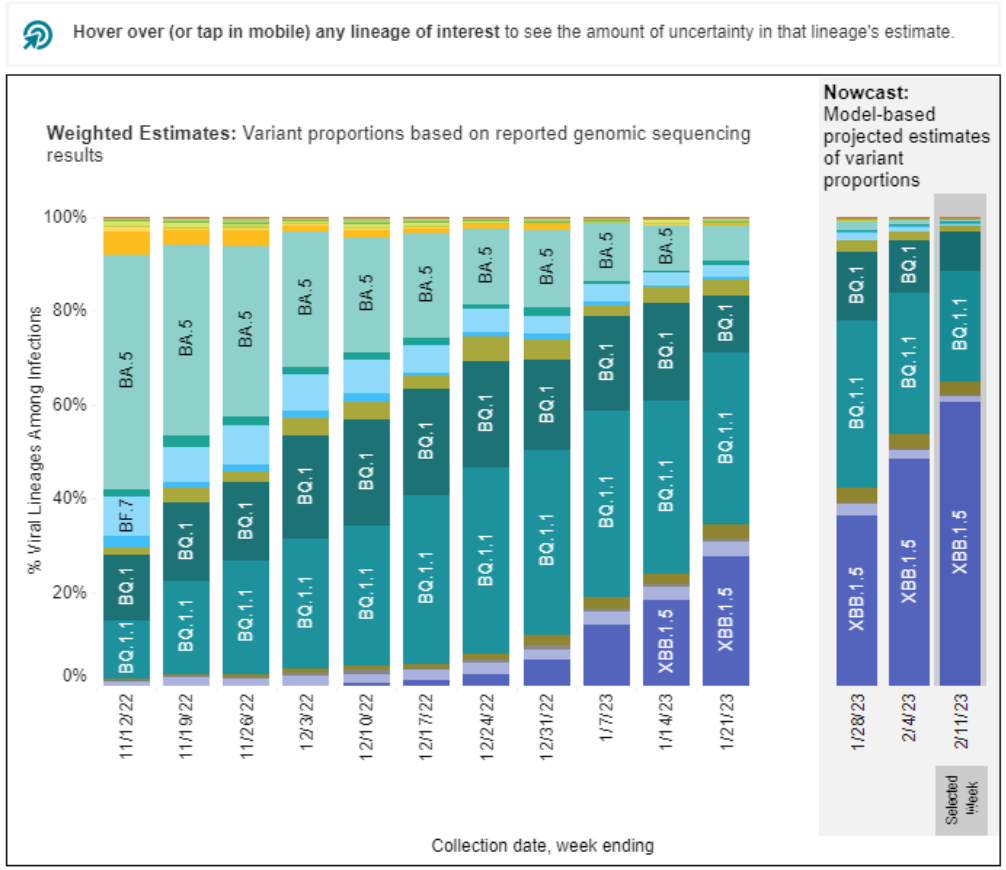
A fully vaccinated case occurs when the positive test specimen was collected at least 14 days after the individual completed their COVID vaccination

Fully vaccinated cases may be underestimated due to delayed reporting

54 (68%) SNFs have active outbreaks

COVID-19 Variant Proportions

Weighted and Nowcast Estimates in HHS Region 5 for Weeks of 11/6/2022 – 2/11/2023



Nowcast Estimates in HHS Region 5 for 2/5/2023 – 2/11/2023

Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	XBB.1.5	VOC	60.4%	56.1-64.6%
	BQ.1.1	VOC	23.7%	21.1-26.5%
	BQ.1	VOC	8.2%	7.3-9.2%
	CH.1.1	VOC	2.7%	1.8-3.9%
	XBB	VOC	1.7%	1.3-2.1%
	BN.1	VOC	1.4%	1.0-1.8%
	BA.5	VOC	0.6%	0.5-0.8%
	BF.7	VOC	0.6%	0.5-0.7%
	BA.5.2.6	VOC	0.2%	0.1-0.3%
	BF.11	VOC	0.1%	0.1-0.2%
	BA.2	VOC	0.1%	0.1-0.2%
	BA.2.75	VOC	0.1%	0.0-0.1%
	BA.4.6	VOC	0.0%	0.0-0.0%
	BA.2.75.2	VOC	0.0%	0.0-0.0%
	B.1.1.529	VOC	0.0%	0.0-0.1%
	BA.2.12.1	VOC	0.0%	0.0-0.0%
	BA.4	VOC	0.0%	0.0-0.0%
	BA.1.1	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.1%	0.1-0.3%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

\# BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, XBB and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.2.75.2, CH.1.1 and BN.1, BA.2.75 sublineages are aggregated with BA.2.75. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BF.11, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. Except XBB.1.5, sublineages of XBB are aggregated to XBB. For all the other lineages listed, their sublineages are aggregated to the listed parental lineages respectively. Previously, CH.1.1 was aggregated to BA.2.75. Lineages BA.2.75.2, XBB, XBB.1.5, BN.1, BA.4.6, BF.7, BF.11, BA.5.2.6 and BQ.1.1 contain the spike substitution R346T.

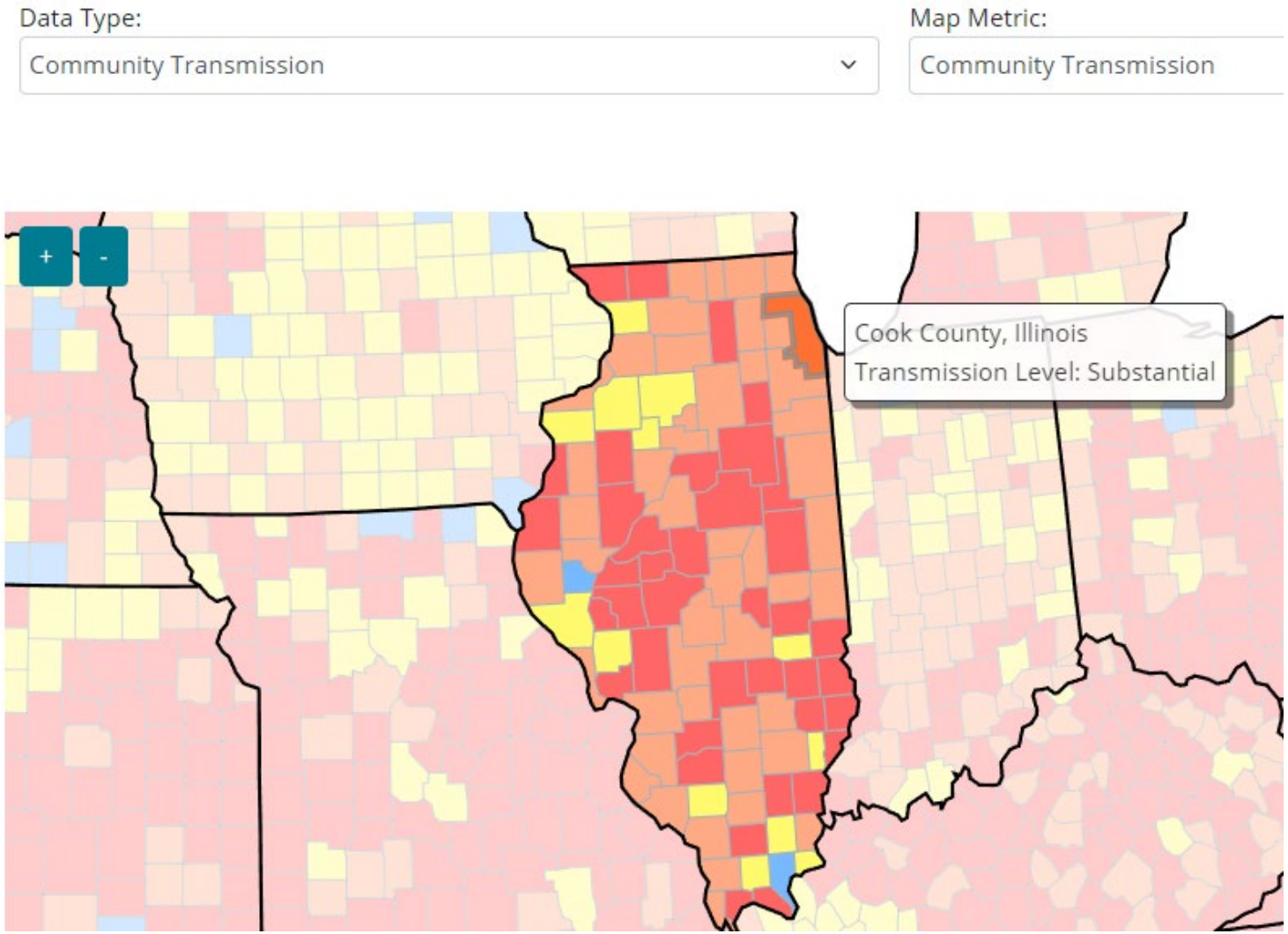
Source: https://covid.cdc.gov/covid-data-tracker/#variant-proportions

Reminder: CDC COVID Data Tracker

Indicator - If the two indicators suggest different transmission levels, the higher level is selected	**Low Transmission Blue**	**Moderate Transmission Yellow**	**Substantial Transmission Orange**	**High Transmission Red**
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs[1] that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%

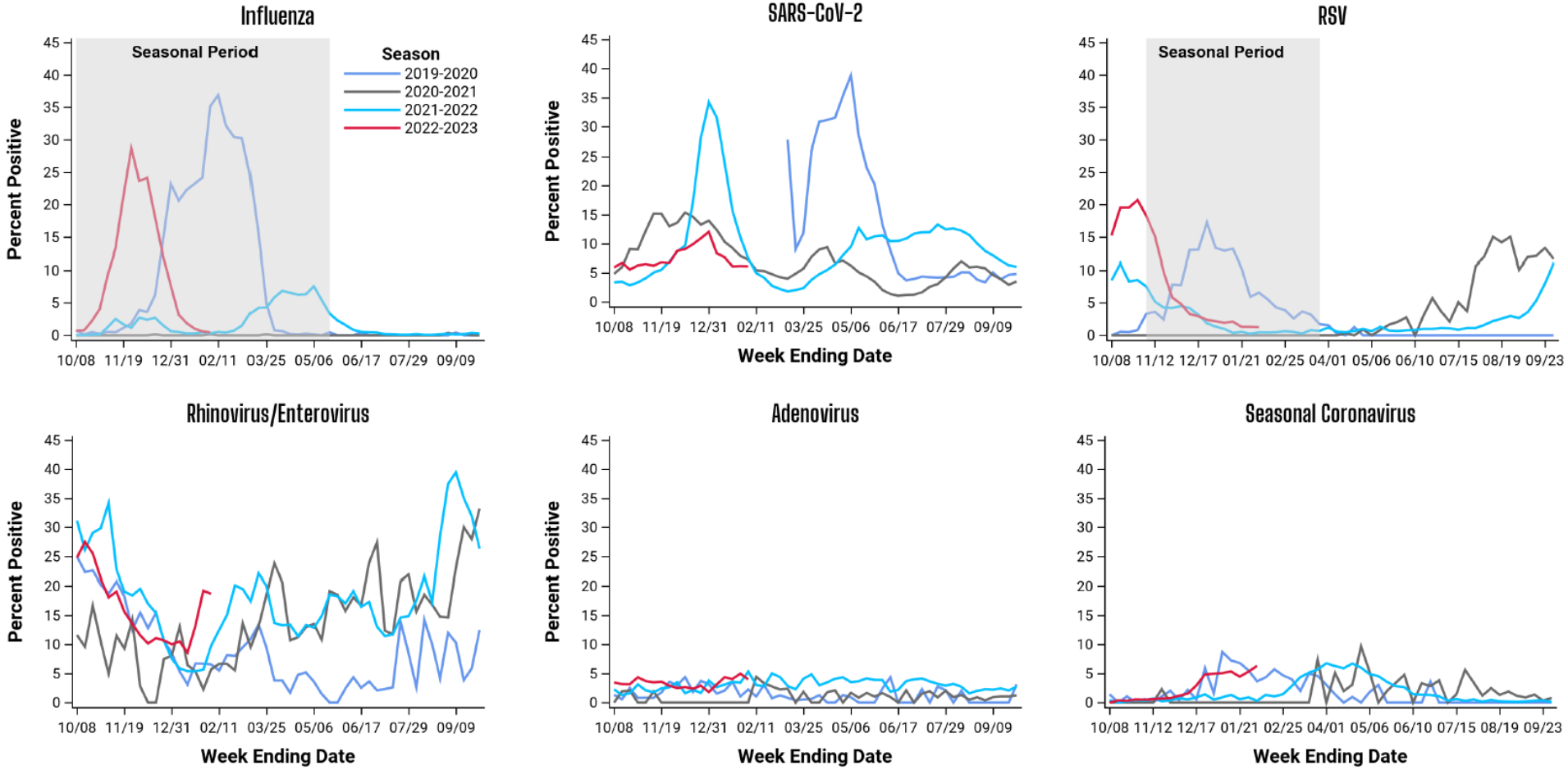
Note: Community transmission levels will now be updated weekly

CDC COVID Data Tracker: Cook County



Source: https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Illinois&data-type=Risk&list_select_county=17031

Chicago Respiratory Virus Surveillance Report – Seasonal Trends



Chicago Respiratory Virus Surveillance Report

	Week Ending February 4, 2023		Since October 2, 2022	
Respiratory Pathogen	# Tested	% Positive	# Tested	% Positive
Influenza*	4,581	0.4	106,949	11.3
RSV*	3,422	1.2	81,701	7.7
SARS-CoV-2*	5,122	6.1	134,112	7.5
Parainfluenza	1,471	1.3	31,750	2.9
Rhinovirus/Enterovirus	1,006	18.7	22,583	16.0
Adenovirus	1,006	4.0	22,286	3.3
Human Metapneumovirus	1,006	4.7	22,673	1.2
Seasonal Coronaviruses†	1,470	6.3	32,199	2.4

*Represents both dualplex and multiplex PCR data. All other data represents only multiplex panels that include the specified pathogens;† Four seasonal coronavirus strains include 229E, NL63, OC43, and HKU1.

Reminder: Minimum Routine Staff Testing Frequency

Vaccination Status	Community Transmission Level	Testing Frequency
Not up to date	All	No required routine testing*
Up to date**	All	No required routine testing*

* Unless symptomatic, had a high-risk exposure, or your facility is in outbreak and performing unit/broad-based testing.
** An individual has received all COVID-19 vaccinations for which they are eligible

Sources: https://coronavirus.illinois.gov/resources/executive-orders/display.executive-order-number-16.2022.html; https://ilsos.gov/departments/index/register/volume46/register_volume46_issue_9.pdf

Reminder: Minimum Routine Resident Testing Frequency

Vaccination Status	Community Transmission Level	Routine Testing Frequency
Not up to date*	All	No required routine testing**
Up to date*	All	No required routine testing**
New and readmissions, regardless of vaccination status	Low, Moderate, Substantial	No required routine testing**
New and readmissions, regardless of vaccination status***	High	Upon admission, 48 hours after 1st negative test, 48 hours after 2nd negative test (i.e., days 0, 2, 4)

*Excluding new/readmissions when community transmission is high
**Unless symptomatic, following a high-risk exposure, or your facility is in outbreak and performing broad-based testing.
***Unless COVID+ within the prior 30 days

Outbreak Support Interest

If CDPH was able to provide temporary onsite outbreak-related support (e.g., assistance maintaining line lists, reporting cases, advising on infection prevention/control measures) would that be helpful?

Air Sampling Pilot – Can you participate?

- **We are looking for one SNF to participate in the 2-month pilot program**
- **What does participation require?**
  - Host an air sampler at your SNF and exchange cartridges twice a week
  - Send cartridges via courier once a week the first 2 weeks
  - Give us any feedback about sound, cartridge exchange, acceptability, anything!
- **We will:**
  - Pick up cartridges for the last 6 weeks of the pilot
  - Provided that data collection and testing is successful, we will provide a data summary at the completion of the pilot
- **We will NOT:**
  - Ask you to change any infection control processes. This is only a pilot – not tied to regulation.
  - Test for anything but SARS-CoV-2

Contact: V. Eloesa McSorley – veronica.mcsorley@cityofchicago.org

New National Forum for LTC IPs

- The American Healthcare Association (ACHA) and the Association for Professionals in Infection Prevention and Control (APIC) are setting up a forum for LTC IPs and IPC champions to:
  - Rapidly disseminate updates, tools, and resources
  - Foster collaboration
  - Share experiences between IPs

- If you are interested in participating, complete this brief survey.

CDPH Project Firstline

Alison VanDine, MPH

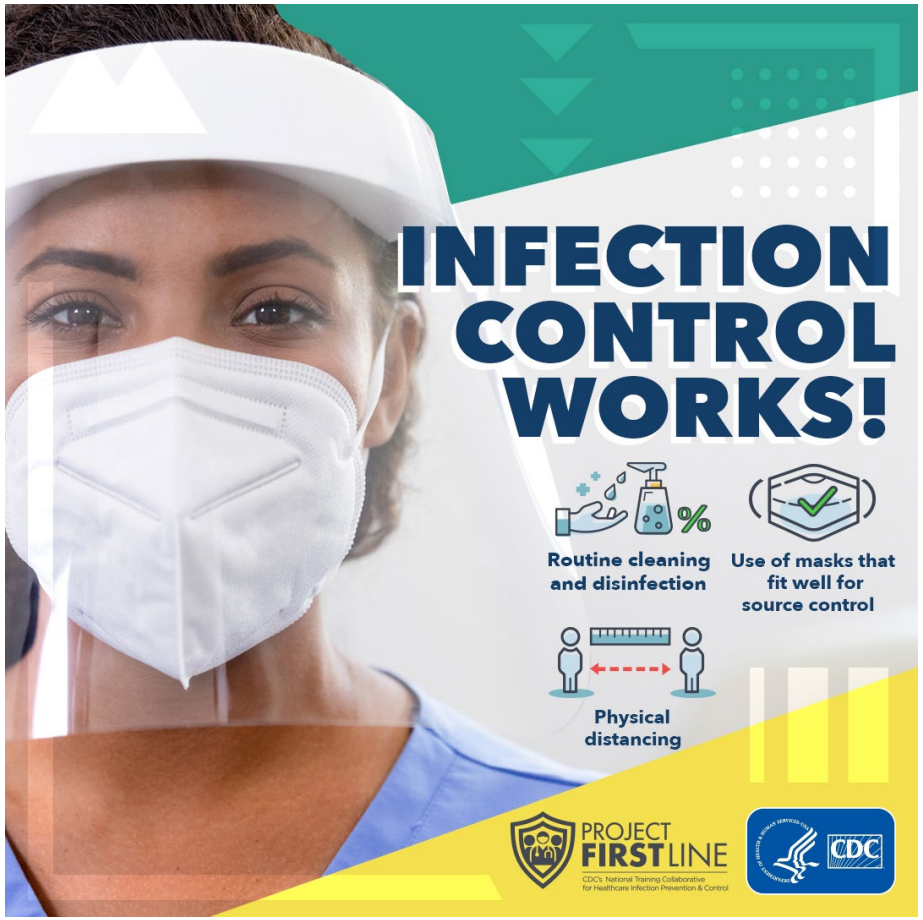
Infection Prevention Specialist | Project Firstline Lead

PROJECT FIRSTLINE
CDC's National Training Collaborative for Healthcare Infection Prevention & Control

CDPH Chicago Department of Public Health

What is Project Firstline?

- **WHAT IS PROJECT FIRSTLINE?**
  - The Chicago Department of Public Health is proud to be a partner of Project Firstline, the CDC's National Training Collaborative for Healthcare Infection Control.
  - Together, we are providing engaging and effective infection prevention and control (IPC) training for the frontline healthcare workforce.
- **CONTACT OUR TEAM!**
  - Our PFL-Chicago Team is available to answer your IPC questions, schedule onsite trainings (earn CEU credits), direct you to free CDC educational materials, and more!
  - *Visit our HAN page or contact us at projectfirstline@cityofchicago.org* to learn more.



PROJECT FIRSTLINE
CDC's National Training Collaborative for Healthcare Infection Prevention & Control

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New SNF IPC Resources - EBP

- **November 15, 2022, Continuing Education Webinar: Implementation and Use of Enhanced Barrier Precautions in Nursing Homes**
  - Webpage: https://www.cdc.gov/infectioncontrol/training/safe-healthcare-webinars.html#Webinar-EBPinNH
  - Video: https://www.youtube.com/watch?v=WD87c4PP6pE&list=PLvrp9iOILTQayOi5Igk08QDgv3GHROtCf&index=24
  - Sides: https://www.cdc.gov/infectioncontrol/pdf/webinarslides/Webinar-EBPinNH-Nov2022-Slides-508.pdf
- **Pre-Implementation Tool - Enhanced Barrier Precautions:**
  - https://www.cdc.gov/hai/pdfs/containment/Pre-Implementation-Tool-for-Enhanced-Barrier-Precautions-508.pdf
- **Observations Tool - Enhanced Barrier Precautions Implementation:**
  - https://www.cdc.gov/hai/pdfs/containment/Observations-Tool-for-Enhanced-Barrier-Precautions-Implementation-508.pdf
- **Observations Tool Summary Spreadsheet:**
  - https://www.cdc.gov/hai/excel/containment/Spreadsheet-to-Capture-and-Summarize-EBP-Observations.xlsx
- **Enhanced Barrier Precautions Letter to Nursing Home Leadership:**
  - https://www.cdc.gov/hai/pdfs/containment/Enhanced-Barrier-Precautions-Letter-for-Nursing-Home-Leadership-508.pdf

CDPH Project Firstline Newsletter

- In 2023, we will be sending Infection Prevention Essentials Newsletters.
  - These newsletters will contain tools & resources for a variety of topics to support your infection control efforts.
- Stay up to date on the latest Project Firstline resources and register today!
  - Survey Link: https://www.surveymonkey.com/r/5GXVJWK

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Multi Drug Resistant Organisms

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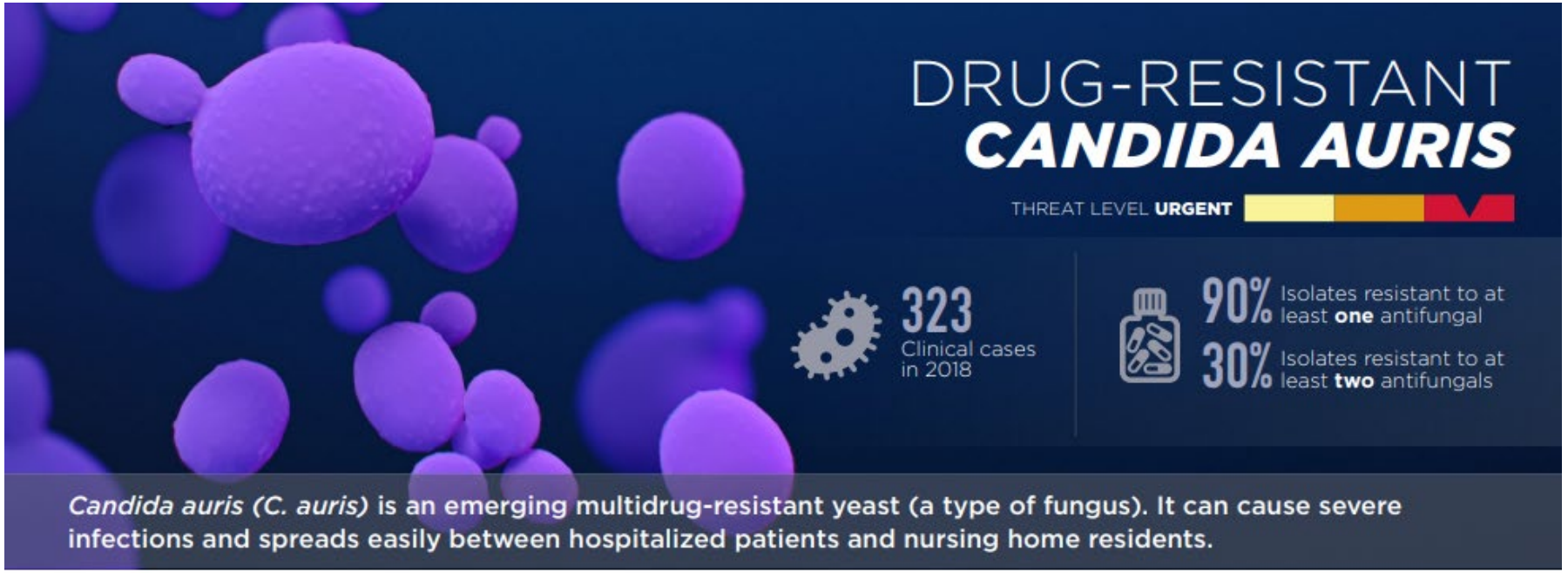
Infection Prevention Specialist

Overview

- Overview of Multi-Drug Resistant Organisms (MDROs)
- What is reportable in IL/Chicago?
- How do you report cases?
  - XDRO
  - I-NEDSS
- Examples
- Q&A

What is “MDRO”?

- Multi-drug resistant organism
- Typically includes the following:
  - Candida auris (C. auris)
  - Carbapenem-resistant Enterobacterales (CRE)
  - Carbapenem-resistant *Acinetobacter baumannii* (CRAB)
  - Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)



WHAT YOU NEED TO KNOW

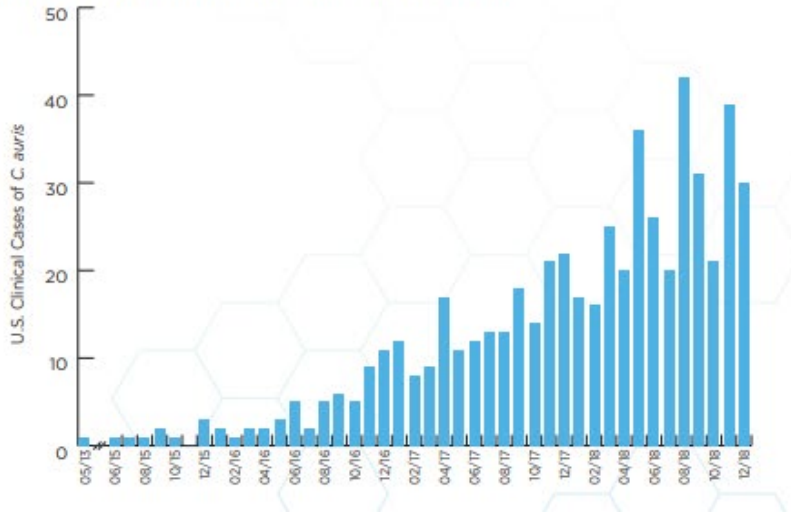
- *C. auris,* first identified in 2009 in Asia, has quickly become a cause of severe infections around the world.
- *C. auris* is a concerning drug-resistant fungus:
  - Often multidrug-resistant, with some strains (types) resistant to all three available classes of antifungals
  - Can cause outbreaks in healthcare facilities
  - Some common healthcare disinfectants are less effective at eliminating it
  - Can be carried on patients' skin without causing infection, allowing spread to others

Data represents U.S. cases only. Isolates are pure samples of a germ.

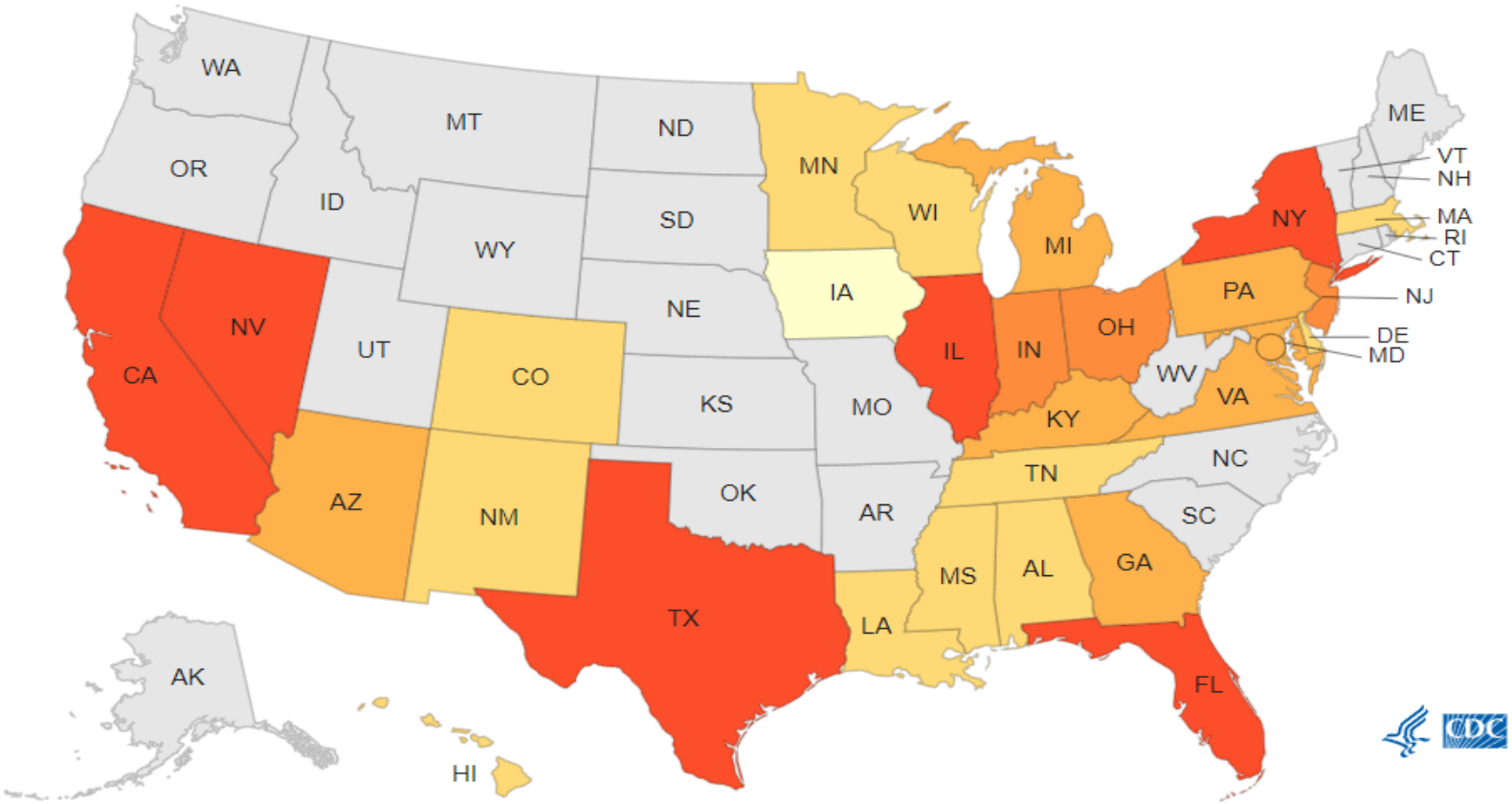
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CASES OVER TIME

C. auris began spreading in the United States in 2015. Reported cases increased 318% in 2018 when compared to the average number of cases reported in 2015 to 2017.



Reported clinical cases of *Candida auris* Jan 2022- December 31, 2022

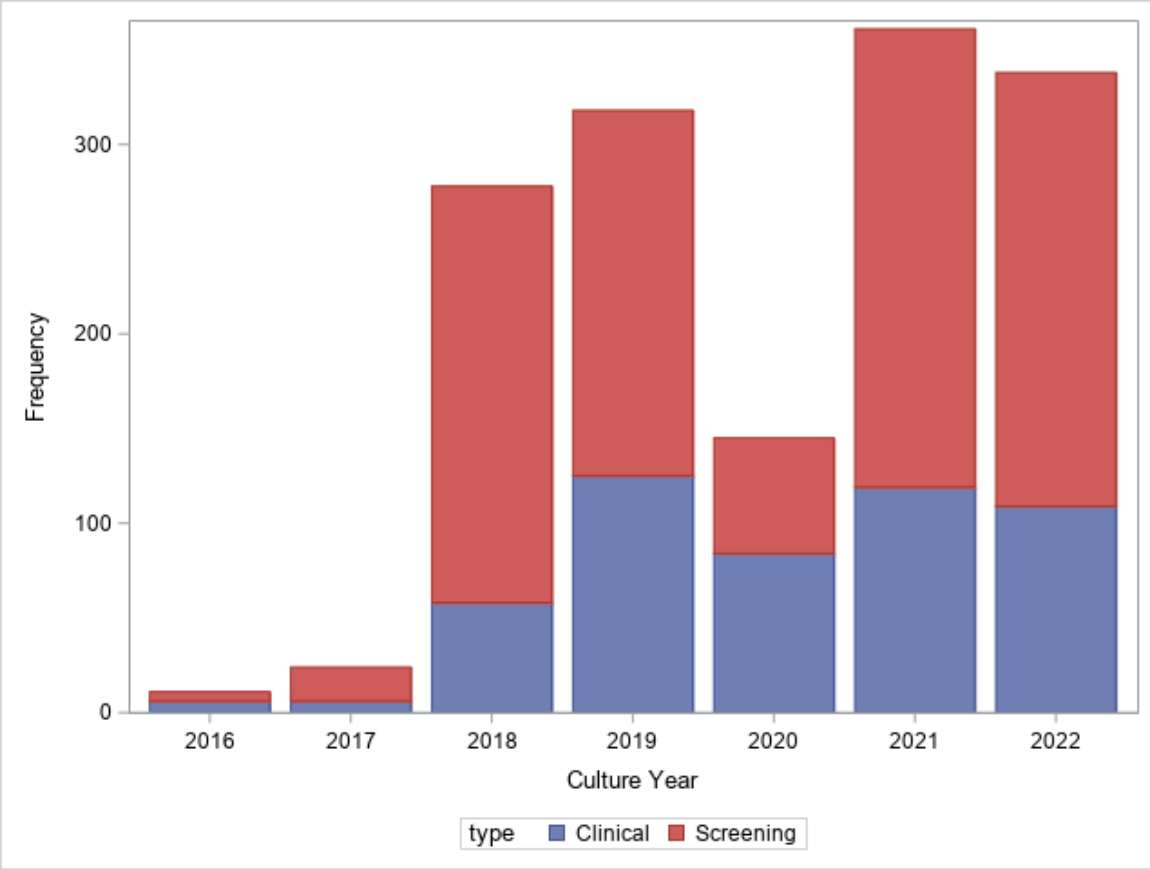


Number of *C. auris* clinical cases through December 31, 2022

In the most recent 12 months, there were 2,377 clinical cases and 5,754 screening cases (January 2022 - December 2022).

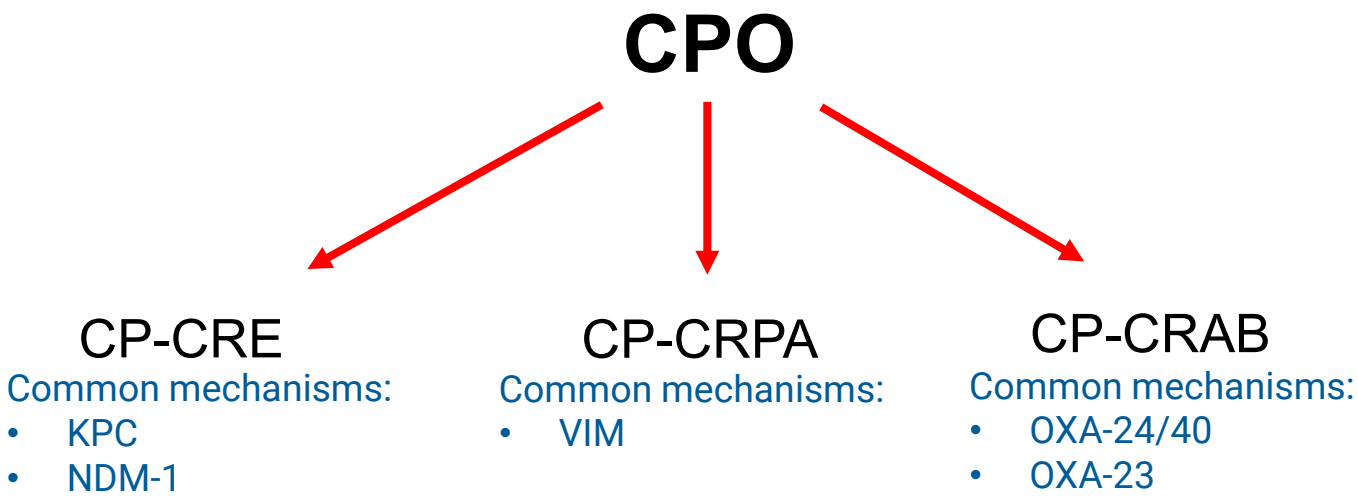
- 0 clincial cases and at least 1 screening case
- 1 to 10
- 11 to 50
- 51 to 100
- 101 to 500
- 501 to 1000
- 1001 or more

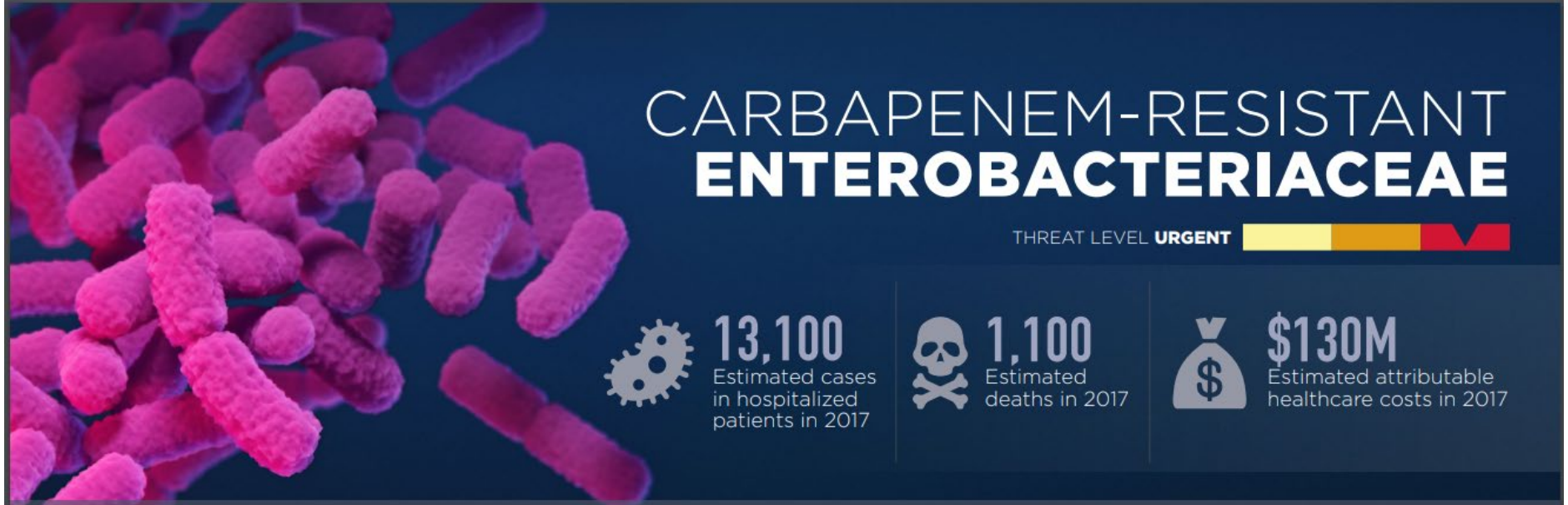
C. auris cases in Chicago by specimen type, 2016–2022



Carbapenemase-Producing Organisms (CPOs)

- **CRE, CRPA** and **CRAB** can produce carbapenemases
- In Chicago, we routinely track the following mechanisms of resistance:
  - KPC
  - NDM-1
  - VIM
  - IMP
  - OXA-28
  - OXA-24/40
  - OXA-23





CARBAPENEM-RESISTANT ENTEROBACTERIACEAE

THREAT LEVEL **URGENT**

13,100 Estimated cases in hospitalized patients in 2017

1,100 Estimated deaths in 2017

$130M Estimated attributable healthcare costs in 2017

Carbapenem-resistant Enterobacteriaceae (CRE) are a major concern for patients in healthcare facilities. Some bacteria in this family are resistant to nearly all antibiotics, leaving more toxic or less effective treatment options.

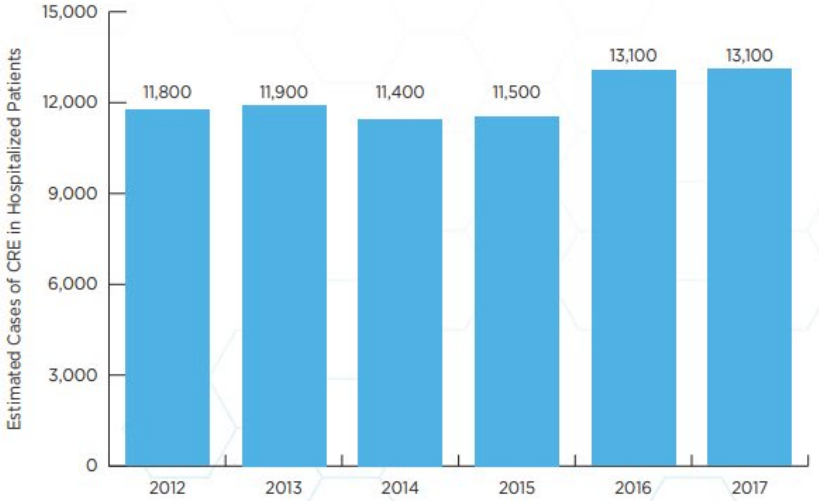
WHAT YOU NEED TO KNOW

- Patients who require devices (e.g., catheters) and patients taking long courses of some antibiotics are most at risk for CRE infections.
- CRE can carry mobile genetic elements that are easily shared between bacteria. Approximately 30% of CRE carry a mobile genetic element that can make an enzyme, which makes carbapenem antibiotics ineffective and rapidly spreads resistance that destroys these important drugs.
- Preventing CRE infections and containing the spread of carbapenem resistance is important to protect people.

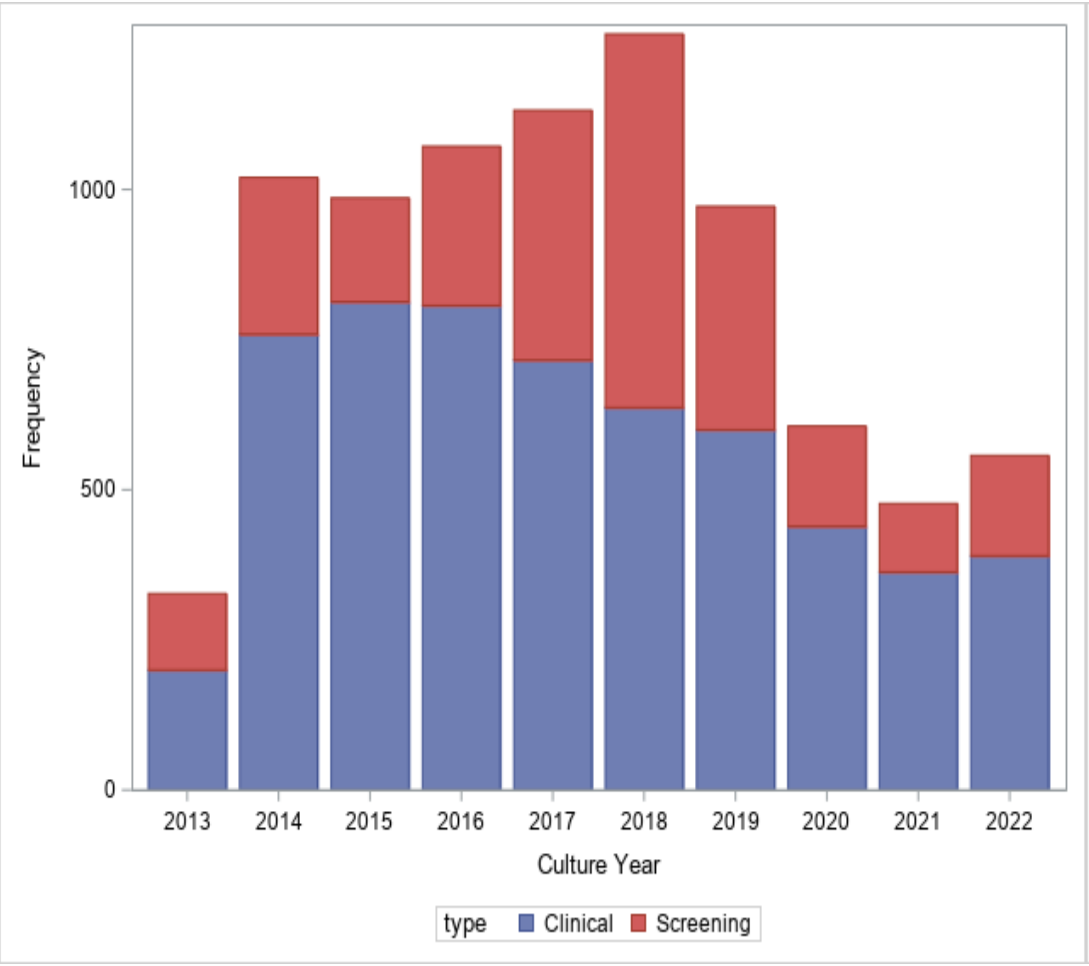
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

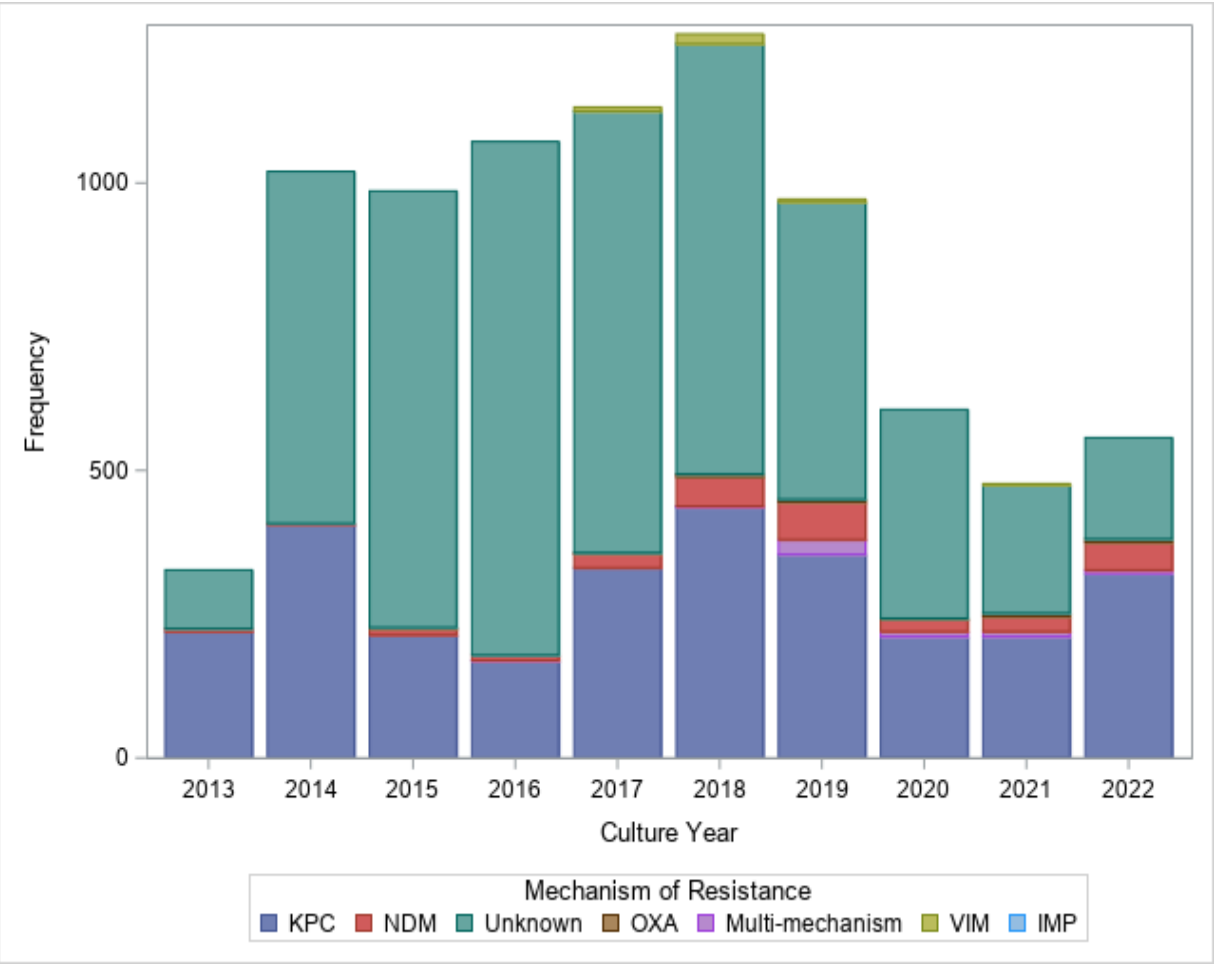
CASES OVER TIME

Containment strategies have prevented further spread of some types of CRE in the United States, but continued action is needed.



CRE cases in Chicago by specimen type and mechanism of resistance, 2013–2022





Background

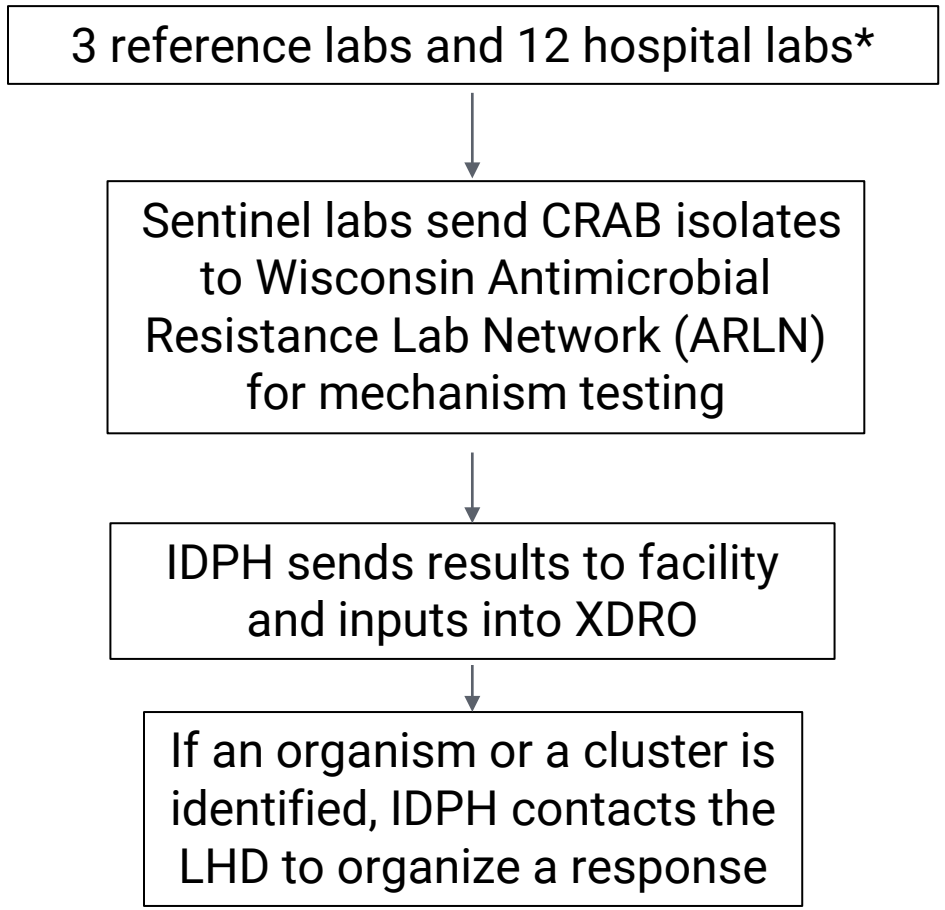
Carbapenem Resistant Acinetobacter Baumanii (CRAB):

- Can cause pneumonia, wound, bloodstream, and urinary tract infections
- Can survive for long periods on environmental surfaces
- Carries mobile genetic elements that are easily shared between bacteria
- Some are resistant to all antibiotics

CDC's *Antibiotic Resistance Threats in the United States, 2019*

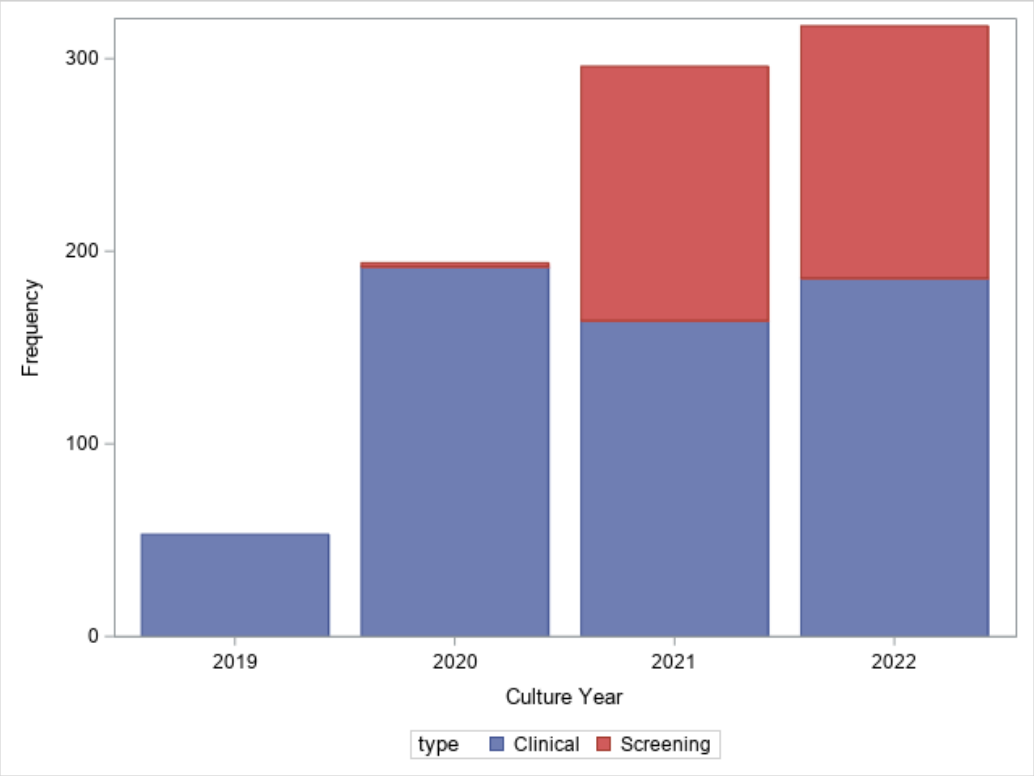
https://www.cdc.gov/drugresistance/biggest-threats.html

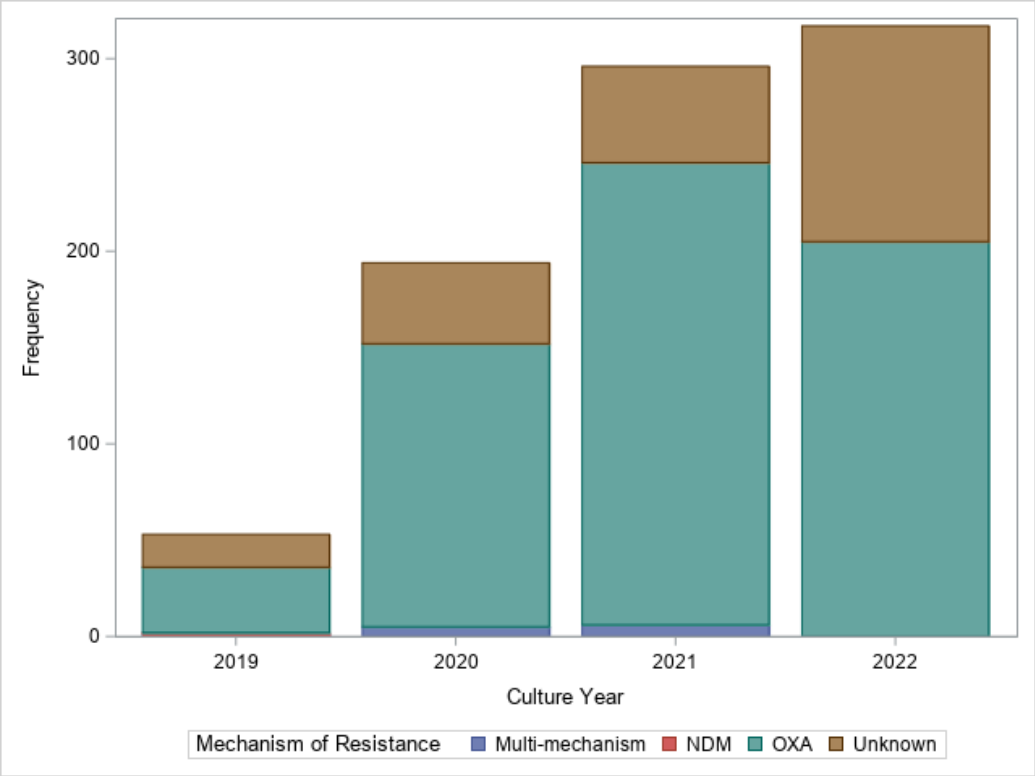
CRAB Pilot Surveillance began in Illinois in July 2019



*Outside of the pilot surveillance system, CRAB reporting is not mandatory.

CRAB cases in Chicago by specimen type and mechanism of resistance, 2019–2022





MULTIDRUG-RESISTANT *PSEUDOMONAS AERUGINOSA*

THREAT LEVEL **SERIOUS**

32,600 Estimated cases in hospitalized patients in 2017

2,700 Estimated deaths in 2017

$767M Estimated attributable healthcare costs in 2017

Pseudomonas aeruginosa (P. aeruginosa) **causes many types of healthcare-associated infections, including pneumonia, bloodstream infections, urinary tract infections, and surgical site infections.**

WHAT YOU NEED TO KNOW

- *P. aeruginosa* infections usually occur in people in the hospital or with weakened immune systems. It is particularly dangerous for patients with chronic lung diseases.
- Some types of multidrug-resistant (MDR) *P. aeruginosa* are resistant to nearly all antibiotics, including carbapenems.
- Two to 3% of carbapenem-resistant *P. aeruginosa* carry a mobile genetic element that makes a carbapenemase enzyme. This enzyme makes carbapenem antibiotics ineffective. Mobile genetic elements are easily shared between bacteria, rapidly spreading resistance that destroys these important drugs.

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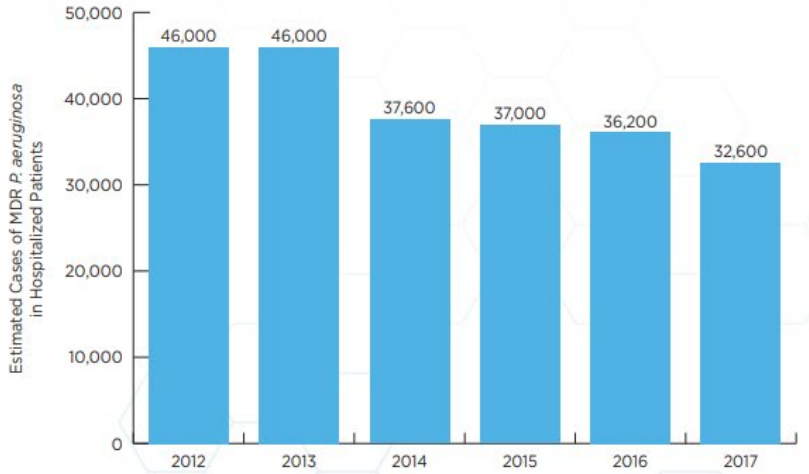
CASES OVER TIME

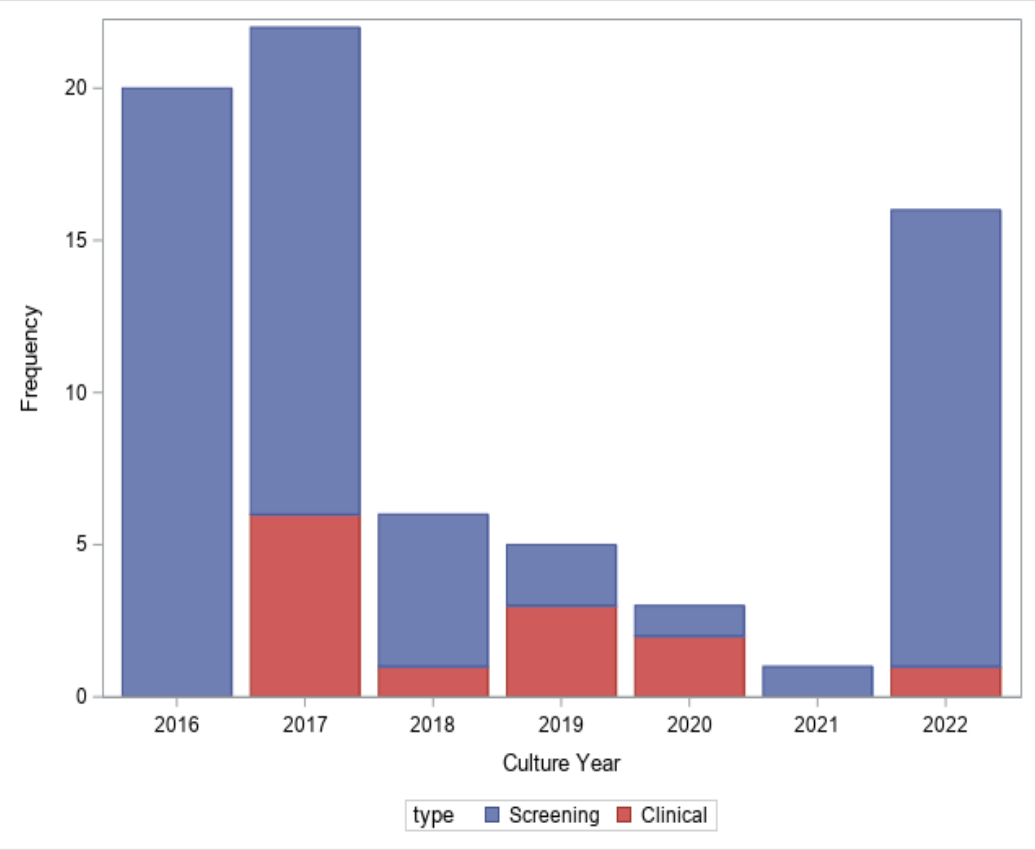
Continued infection control and appropriate antibiotic use are important to maintain decreases in MDR *P. aeruginosa* infections.

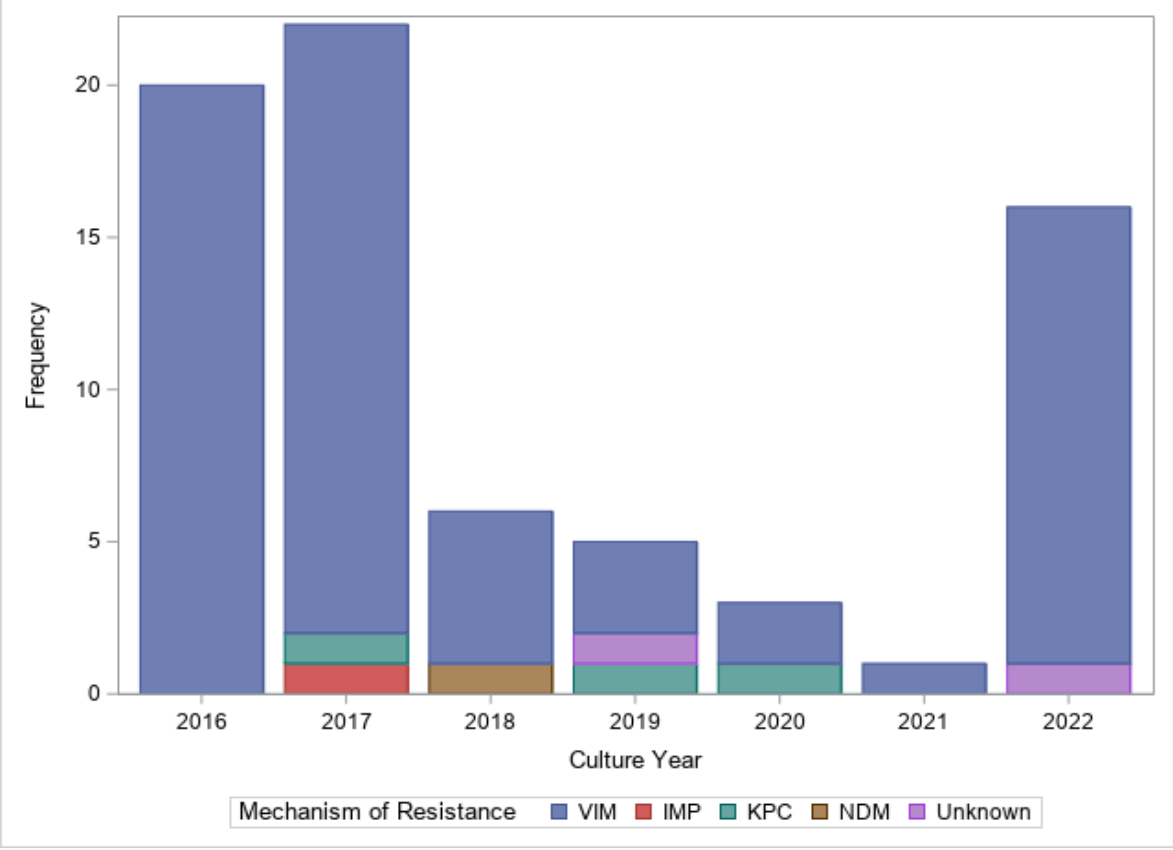


CP-CRPA Reporting in IL

- Not currently a mandatory reportable in IL, yet
- If a mechanism is identified(CP-CRPA), it should be added to the XDRO registry and INEDSS
  - CDPH will enter into XDRO Registry
  - CDPH will contact the facility to request a CRF be completed in INEDSS
- VIM-GES-CRPA Outbreak
  - Multi-state cluster of VIM-CRPA
    - May 2022 - Present
      - 56 isolates from 50 case patients in 11 states (Illinois is not included)
    - Associated with multiple different infection types
    - Infections linked to EzriCare Artificial Tears
    - Clinical labs that identify any CRPA from ocular specimen **OR** VIM-CRPA from any specimen source should submit isolate to IDPH
      - IDPH will send to WI for whole genome sequencing to determine if it is VIM-GES

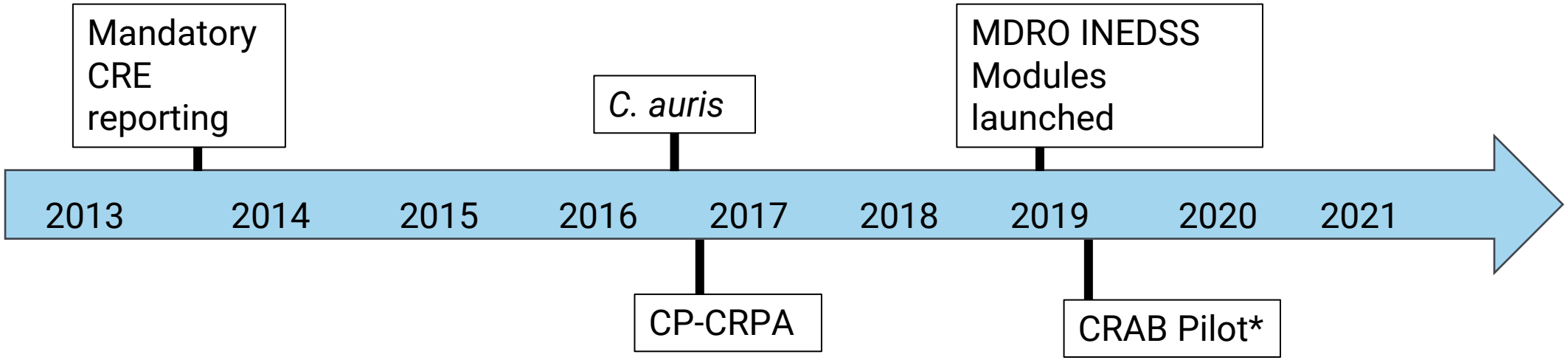
CP-CRPA cases in Chicago by specimen type and mechanism of resistance, 2016-2022





Reporting MDROs in Chicago

- MDROs are reported to the XDRO Registry
  - Facilities report CRE
  - Public health reports *C. auris*, CP-CRPA and CRAB on behalf of facilities



*CRAB is not reportable, but select labs/facilities in IL participate in a pilot study for surveillance

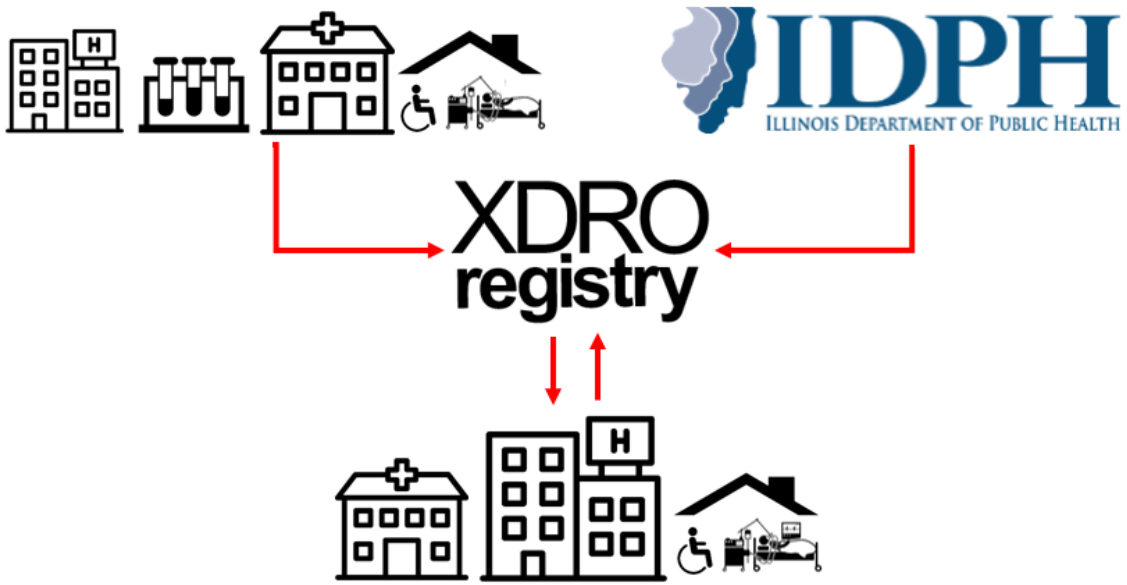
What's Reportable & How in Illinois

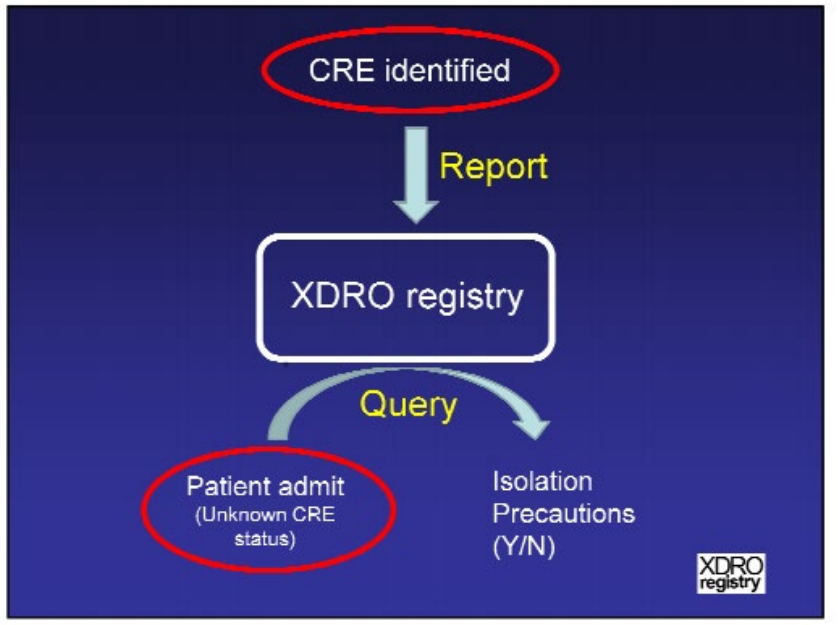
Disease	Mandatory Reportable?	How?
Carbapenem-resistant Enterobacterales	**Yes**, since 2013. 77 IL adm code 690.1500-1540	Labs/facilities enter reports directly into XDRO registry. INEDSS used for non-KPC CRE investigations.
Candida auris	**Yes**, since 2016. 77 IL adm code 690.295, 'Unusual Case…'	Labs/facilities enter into INEDSS. IDPH enters into XDRO registry.
Carbapenemase-producing *Pseudomonas aeruginosa (only if mechanism of resistance detected)*	**No**. Most often identified through point prevalence surveys (PPS).	LHD notifies IDPH, IDPH enters into XDRO registry.
Carbapenem-resistant *Acinetobacter baumannii*	**No**. IDPH-led pilot surveillance since 2019. May also be identified through PPS's.	IDPH enters labs from pilot surveillance or PPS's into XDRO.

Slide developed by IDPH

Extensively Drug-Resistant Organism (XDRO) Registry

- The Extensively Drug Resistant Organism (XDRO) Registry was created by the collaboration of the Illinois Department of Public Health, Medical Research Analytics and Informatics Alliance, and the Chicago CDC Prevention Epicenter
- The purpose of the XDRO registry is to **improve MDRO surveillance** and to **facilitate inter-facility communication**





Facilities must report the first CRE-positive per patient stay to XDRO

Reporting Rule

Starting November 1, 2013, the **first CRE-positive culture per patient stay** must be reported to the XDRO registry.

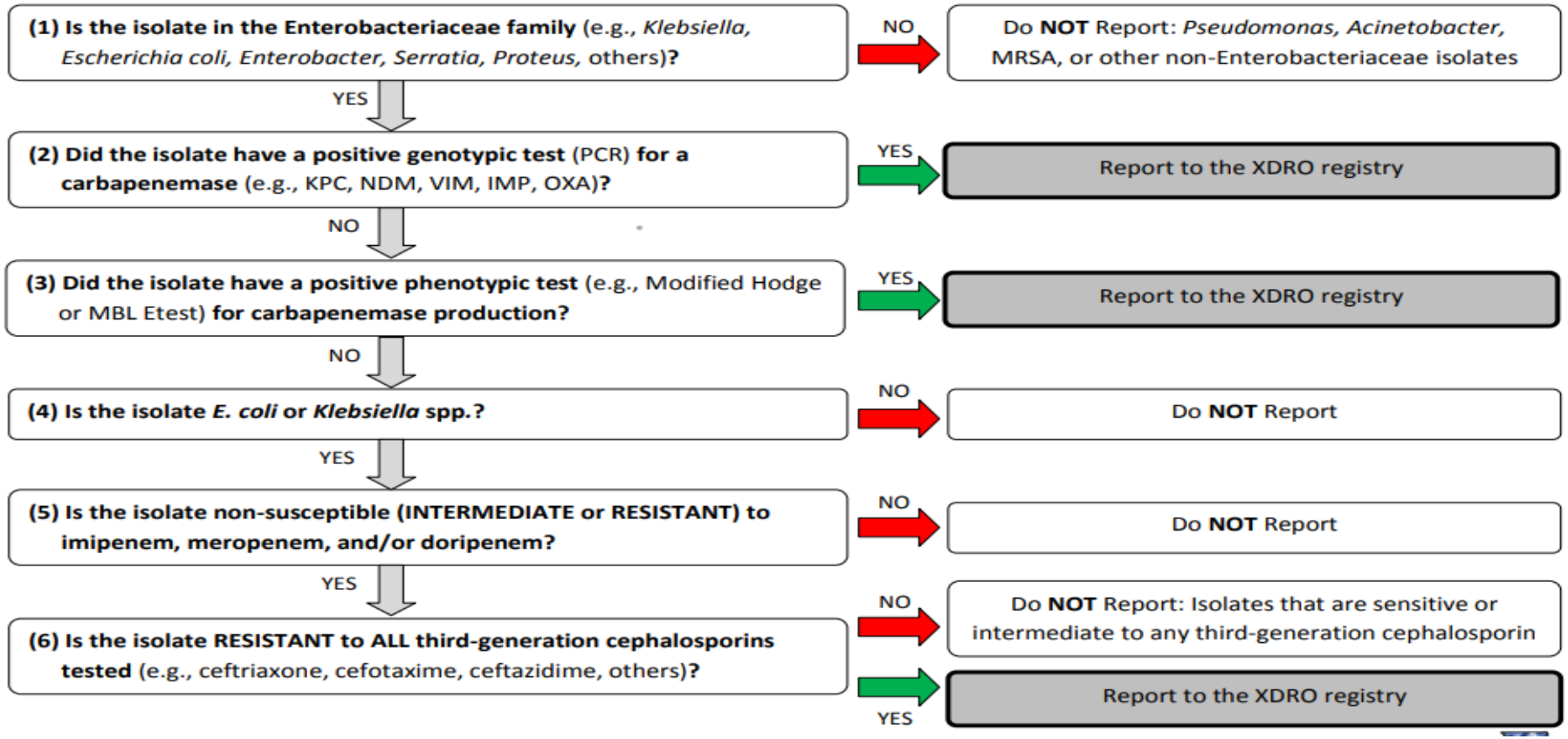
CRE definition

Enterobacterales (e.g., E. coli, Klebsiella species, Enterobacter species, Proteus species, Citrobacter species, Serratia species, Morganella species, or Providentia species) with one of the following laboratory test results:

1. Molecular test (e.g., polymerase chain reaction [PCR]) specific for carbapenemase;
2. Phenotypic test (e.g., Modified Hodge) specific for carbapenemase production;
3. For **E. coli and Klebsiella** species only (excluding K. aerogenes): non-susceptible (intermediate or resistant) to ONE of the following carbapenems (doripenem, meropenem, or imipenem) AND resistant to ALL of the following third generation cephalosporins tested (ceftriaxone, cefotaxime, and ceftazidime). *Note: ignore ertapenem for this definition.*

Consult with your microbiology laboratory regarding which CRE tests are available. For some laboratories, only #3 will be available.

Report Carbapenem-Resistant Enterobacteriaceae (CRE) isolates to the XDRO registry



XDRO FAQ's

- **A laboratory will report CRE on my facility's behalf. Does my facility still need access to the registry?**

Healthcare facilities are strongly encouraged to sign up for access, even if a laboratory is reporting on their behalf, so they can search the registry for CRE-positive patients. If a laboratory is reporting CRE on your facility's behalf, you must let the Illinois Department of Public Health know at DPH.XDROregistry@illinois.gov.

- **I have CRE to report, but do not have access to the registry yet. What should I do?**

While waiting for access, you can send an email to DPH.XDROregistry@Illinois.gov to document that you are trying to report CRE in compliance with the law, but do not have access to the XDRO registry yet. Please do not include any patient identifiers in your email. Once you obtain access, you must report the CRE event to the registry.

C. auris, CP-CRPA and CRAB can be reported to I-NEDSS or by encrypted email or fax

- I-NEDSS contains modules for each MDRO
- **Report all *C. auris* cases to I-NEDSS**
  - IDPH/CDPH will enter cases into XDRO on behalf of the facility
- If you **do not** have access to I-NEDSS, please let CDPH know
  - In the meantime:
    - Email lab results via encrypted email to Kelly Walblay (Kelly.Walblay@cityofchicago.org) **OR**
    - Fax lab results to Kelly Walblay at (312) 746-6388
- **Although not yet reportable in IL**, can report CP-CRPA and CP-CRAB to I-NEDSS as well

Case report forms may be requested for select MDROs

- In order for CDPH to collect epidemiologic data on certain MDROs, we ask facilities to complete case report forms (CRFs) as part of public health investigation and response
- CRFs contain info on demographics, invasive devices, type of care received, previous healthcare stays and medications
- **CDPH currently collects CRFs for the following:**
  - **Non-KPC CRE**
  - **CP-CRPA**
  - **Clinical *C. auris***
- CDPH will reach out to facilities when a CRF is needed
- CRFs can be completed through REDCap: https://redcap.link/MDROcasereportform

Examples

Example 1:

SOURCE: U CLEANCATCH

URINE CULTURE SEE BELOW

Final Report

RESULT # 1

Carbapenem-resistant Enterobacteriaceae (CRE) - Klebsiella pneumoniae

Greater than 100,000 colony forming units per mL

Susceptibility profile is consistent with a probable ESBL.

RESULT # 2 SEE BELOW

Escherichia coli, identified by an automated biochemical system.

Greater than 100,000 colony forming units per mL

Susceptibility profile is consistent with a probable ESBL.

SUSCEPTIBILITY Comment

** S = Susceptible; I = Intermediate; R = Resistant **

P = Positive; N = Negative

MICS are expressed in micrograms per mL

Antibiotic RSLT#1 RSLT#2 RSLT#3 RSLT#4

Amoxicillin/Clavulanic Acid R>=32 I =16

Ampicillin R>=32 R>=32

Cefazolin R>=64 R>=64

Cefepime R>=32 I =8

Ceftriaxone R>=64 R>=64

Cefuroxime R>=64 R>=64

Ciprofloxacin R>=4 S =1

Ertapenem S<=0.12

Gentamicin S<=1 S<=1

Imipenem R>=16 S<=0.25

Levofloxacin R>=8 S =1

Meropenem R>=16 S<=0.25

Nitrofurantoin R>=512 S<=16

Piperacillin/Tazobactam R>=128 S =8

Tetracycline S =4 R>=16

Tobramycin R>=16 S<=1

Trimethoprim/Sulfa R>=320 R>=320

Performed at: ITASK, LabCorp Itasca

150 Spring Lake Drive, Itasca, IL, 601432091

The lab did PCR test and was able to determine the presence of Carbapenem- resistant Enterobacteriacea

Resistant to 3rd generation Cephalosporin

Non-susceptible to atleast 1 carbapenem

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Ceftriaxone R>=64 R>=64
Cefuroxime R>=64 R>=64
Ciprofloxacin R>=4 S =1
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Resistant to 3rd generation Cephalosporin

Non-susceptible to atleast 1 carbapenem

Report to XDRO

Example 2:

1. KLEBSIELLA PNEUMONIAE URN NEG PANEL 1 Ent: *06/11-0156 INFCE*

Target	Route	Dose	RX	AB	Cost	M.I.C.	IQ	NP
AMOXICILLIN/CLA			S			<=2		
AMPICILLIN			R			16		
AMPICILLIN/SULB			S			4		
CEFTRIAXONE			S			<=1		
CEFEPIME			S			<=1		
CEFAZOLIN			NR			<=4		
CIPROFLOXACIN			S			<=0.25		
ERTAPENEM			S			<=0.5		
GENTAMICIN			S			<=1		
IMIPENEM			S			<=0.25		
LEVOFLOXACIN			S			<=0.12		
NITROFURANTOIN			I			64		
PIPERACILLIN/TA			S			<=4		
TOBRAMYCIN			S			<=1		
TRIMETHOPRIM/SU			S			<=20		

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AMPICILLIN			R			16		
AMPICILLIN/SULB			S			4		
CEFTRIAXONE			S			<=1		
CEFEPIME			S			<=1		
CEFAZOLIN			NR			<=4		
CIPROFLOXACIN			S			<=0.25		
ERTAPENEM			S			<=0.5		
GENTAMICIN			S			<=1		
IMIPENEM			S			<=0.25		
LEVOFLOXACIN			S			<=0.12		
NITROFURANTOIN			I			64		
PIPERACILLIN/TA			S			<=4		
TOBRAMYCIN			S			<=1		
TRIMETHOPRIM/SU			S			<=20		

Do *NOT* Report to XDRO

Example 4:

SPECIMEN DESCRIPTION: BLOOD
GRAM SMEAR: YEAST
GRAM SMEAR: (CRITICAL/ALERT VALUE)
GRAM SMEAR: CALLED TO, READ BACK AND CONFIRMED TO (RN) ON 11/6/18 AT 2347 BY
CULTURE: CANDIDA AURIS NOTE:
CULTURE: implement contact precautions as soon as possible per infection prevention policy.
CULTURE: this susceptibility report provides only quantitative mic results. there are no
CULTURE: clsi criteria for interpretation.
CULTURE: CALLED TO, READ BACK AND CONFIRMED [CANDIDA AURIS] BY
CULTURE: RN) AT 2015 ON 11/8/18 TO FML9240.
REPORT STATUS: FINAL 11/11/2018

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CULTURE: CALLED TO, READ BACK AND CONFIRMED [CANDIDA AURIS] BY
CULTURE: RN) AT 2015 ON 11/8/18 TO FML9240.
REPORT STATUS: FINAL 11/11/2018

Report to CDPH

(Only IDPH can report *C. auris* to *XDRO)*

Example: 5

Microbiology**********

Urine Culture | Final

1st Report: [redacted] 1445
Greater than 100,000 CFU/mL Gram-negative bacilli
Identification and susceptibility in progress

2nd Report: [redacted], 1414
Gram-negative bacilli identified as
*CRE Klebsiella pneumoniae

Carba-R PCR results:

IMP	Not Detected
VIM	Not Detected
NDM	Not Detected
KPC	Not Detected
OXA48	Detected

This assay is intended for use as an aid to infection control in the detection of carbapenem-resistant bacteria that colonize patients in healthcare settings. A negative result does not preclude the presence of other resistance mechanisms.

Example: 5

Microbiology**********

Urine Culture | Final

1st Report: [redacted] 1445
Greater than 100,000 CFU/mL Gram-negative bacilli
Identification and susceptibility in progress

2nd Report: [redacted], 1414
Gram-negative bacilli identified as
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This assay is intended for use as an aid to infection control in the detection of carbapenem-resistant bacteria that colonize patients in healthcare settings. A negative result does not preclude the presence of other resistance mechanisms.

Report to XDRO

Scenario:

- Patient had a CRE positive (meeting the reporting requirement) urine culture on 06/27:

Scenario:

- Patient had a CRE positive (meeting the reporting requirement) urine culture on 06/27: add to XDRO

Scenario:

- Patient had a CRE positive (meeting the reporting requirement) urine culture on 06/27: add to XDRO
- Patient had a CRE positive (meeting the reporting requirement) urine culture on 06/28:

Scenario:

- Patient had a CRE positive (meeting the reporting requirement) urine culture on 06/27: add to XDRO
- Patient had a CRE positive (meeting the reporting requirement) urine culture on 06/28: no need to add to XDRO

Scenario:

- Patient had a CRE positive (meeting the reporting requirement) urine culture on 06/27: add to XDRO
- Patient had a CRE positive (meeting the reporting requirement) urine culture on 06/28: no need to add to XDRO

- The patient was discharged and re-admitted on 07/01 and had another CRE positive culture on new admission :

Scenario:

- Patient had a CRE positive (meeting the reporting requirement) urine culture on 06/27: add to XDRO
- Patient had a CRE positive (meeting the reporting requirement) urine culture on 06/28: no need to add to XDRO

- The patient was discharged and re-admitted on 07/01 and had another CRE positive culture on new admission : add to XDRO

If a patient has two separate facility admissions and has a positive CRE culture on each admission, both events should be reported.

Query Example:

- A patient is admitted to your facility with an unknown status:

✓Query XDRO: Previous record of CRE from 2019 : place the patient on isolation precautions.

✓If subsequent positive cultures are identified on this encounter add them to XDRO (1st CRE event per patient per healthcare facility encounter).

Questions & Answers

For additional resources and upcoming events, please visit the CDPH LTCF HAN page at:
https://www.chicagohan.org/covid-19/LTCF