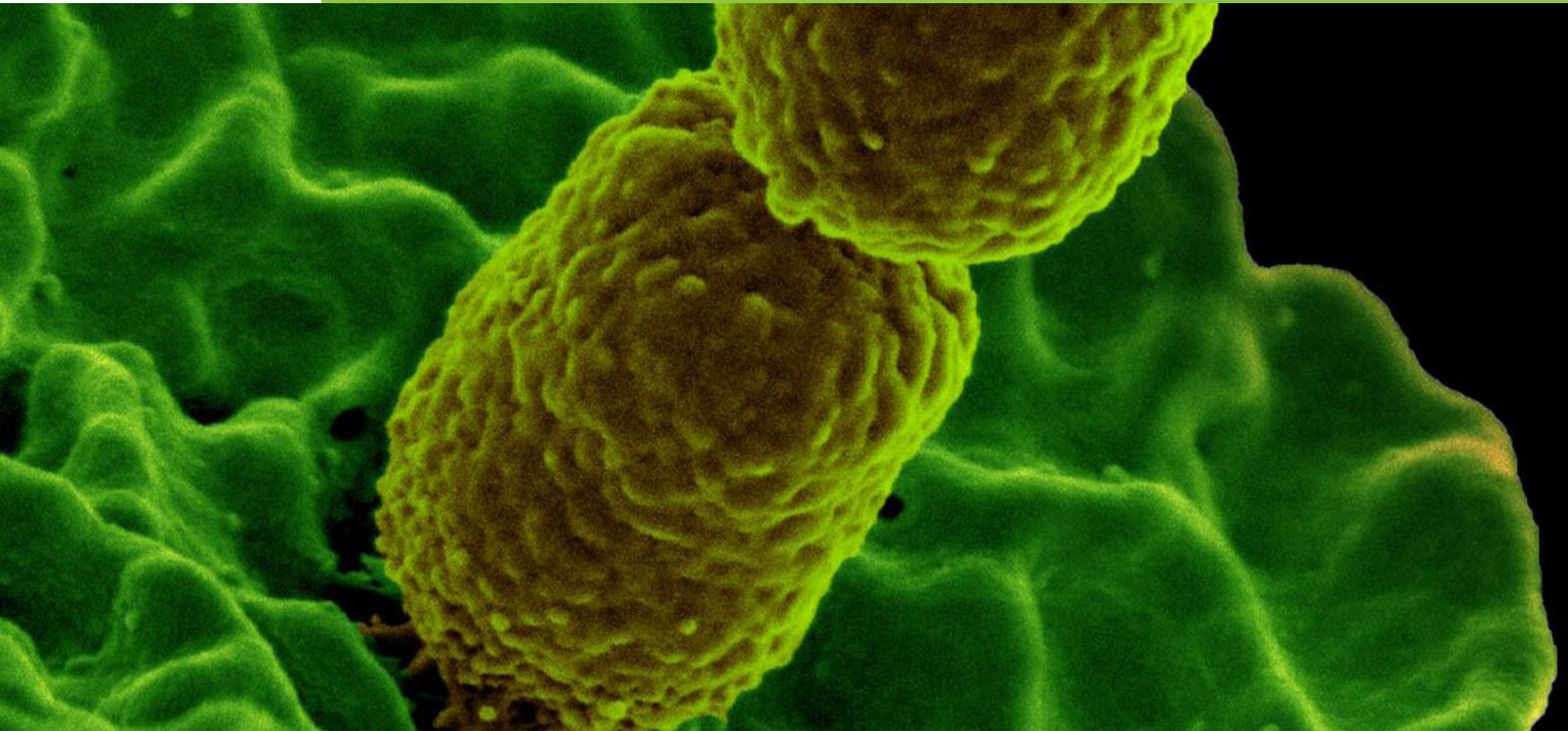


Carbapenem-resistant Enterobacteriaceae



Did you know...

CRE

Enterobacteriaceae is a family of bacteria that normally reside in human intestines but which can cause infections elsewhere in the body.¹ Carbapenem-resistant Enterobacteriaceae (CRE) are resistant bacteria and considered an **urgent threat** by the CDC², which classifies different microbes by level of concern in regard to antibiotic resistance and other criteria. Carbapenem is considered a last line of defense antibiotic³, so the ability of Enterobacteriaceae like *Klebsiella* and *E. coli*² to become resistant to this drug is especially worrisome.

PUBLIC HEALTH & FINANCIAL IMPACT

Each year, CRE causes 9,000 drug-resistant infections², and almost all of these infections occur in patients who are undergoing serious medical treatments.³ Even more concerning, CRE causes death in up to half of patients whose bloodstream becomes infected³ with the microbe. Not surprisingly, this bacteria has significant financial impact, as each CRE infection is estimated to cost hospitals \$29,157 (95% CR \$22,993 - \$35,503).⁴

Where is CRE found?

For environmental cleaning, the Prevention Strategies listed in the CDC's CRE Toolkit (updated Nov 2015)⁵ note:

- CRE have been found in sink drains in patient rooms
- Equipment and patient supplies could possibly become contaminated if stored within the zone where splash or aerosolization from sinks could occur
- Facilities should perform daily cleaning that include areas in close proximity to the patient (e.g., bed rails, patient tray)
- Surfaces around sinks should be cleaned and disinfected regularly
- Terminal cleaning of CRE patient rooms should be performed, and consideration should be given to monitor the process to ensure adequate cleaning and disinfection

For more CRE information, visit
www.cdc.gov/hai/organisms/cre/cre-toolkit

What is the CDC doing to help?²

- Tracking CRE presence and risk factors through two systems
 - **National Healthcare Safety Network**
 - **Emerging Infections Program**
- Providing CRE outbreak support
- Developing CRE prevention and testing methods
- Promoting improved antibiotic prescribing

What can hospitals and administrators do?^{2,3}

- Enforce CDC guidelines for prevention, detection, tracking and reporting
- Ensure laboratories can identify CRE and quickly communicate or alert clinical staff as needed
- Learn about CRE trends within their facility and the surrounding facilities
- Require communication regarding infection status, especially CRE, during patient transfers
- Participate in or launch regional CRE prevention efforts, encourage wise antibiotic use
- Additionally, the CDC has continued to release updates to CRE Toolkits. For more information, visit www.cdc.gov/hai/pdfs/cre/CRE-guidance-508.pdf

What can providers do?²

- Stay informed about CRE cases in your hospital and track infection rates
 - Adhere to infection control methods for every patient encounter (contact precautions for CRE)
 - Dedicate staff, rooms, and equipment to CRE patients
 - Temporary medical devices should be removed as soon as they are no longer needed
 - Prescribe antibiotics wisely and modify prescriptions, if needed, based on culture results
- For more information, visit www.cdc.gov/antibiotic-use/healthcare



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