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FAQ: Drug-Resistant Organism Reporting Requirements in Philadelphia Concerning Carbapenemase-producing Organisms

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New Drug-Resistant Organism Reporting Requirements

- **Q: What will change with the new drug-resistant organism reporting requirements effective October 2025?**
  A: *Carbapenem-resistant Enterobacterales (CRE) and pandrug-resistant organisms (PDRO) have been reportable in Philadelphia since 2018. Following the reportable condition changes effective October 2025, PDROs will remain reportable, but the CRE reporting requirements will change. Instead of all CRE being reportable, reporting of carbapenemase-producing organisms (CPO) will be required, which will include a subset of CRE, as well as a subset of carbapenem-resistant Acinetobacter and Pseudomonas species.*

- **Q: How do we know which carbapenem-resistant organism (CRO) cases to report?**
  A: *If the clinical laboratory that you use performs either phenotypic or genotypic carbapenemase-production testing, report isolates that test positive. If the clinical laboratory you use does not perform carbapenemase-production testing, continue to report all CRE cases and pan non-susceptible (i.e., intermediate/resistant) Acinetobacter species and Pseudomonas species. PDPH can coordinate carbapenemase-production testing for these isolates at the public health laboratory.*

- **Q: What should we report if our facility does not perform carbapenemase-production testing?**
  A: *Continue to report all CRE cases and pan non-susceptible (i.e., intermediate/resistant) Acinetobacter species and Pseudomonas species. PDPH can coordinate carbapenemase production testing at the public health laboratory for these isolates.*

Organisms and Resistance

- **Q: For CRE, should intermediate resistance to carbapenems be reported?**
  A: Yes. *We request reports of any non-susceptible CRE cases (intermediate/resistant) to any carbapenem.*

- **Q: How do you define "pandrug-resistance"?**
  A: *PDROs are defined as bacteria or fungi that test intermediate or resistant to all routine antimicrobials to which they have been tested. Organisms that are subsequently tested for*

susceptibility to "last resort agents" (such as ceftazidime-avibactam) should be reported even if found to be susceptible to one or more of these agents.

- **Q: If an organism tests susceptible to a "last resort agent" (such as colistin, ceftolozane-tazobactam, ceftazidime-avibactam, meropenem-vaborbactam) but is otherwise resistant, should I report this as a PDRO?**
  A: Yes. *Please report all isolates that are intermediate/resistant to all "routinely tested antibiotics," even if additional testing shows susceptibility to "last resort antibiotics." Do not wait for the results of supplemental antibiotic testing (to "last resort antibiotics") to report organisms that are pandrug-resistant in the initial antibiotic susceptibility testing. If supplemental testing is done, please forward those results when available.*

- **Q: Are there any special considerations for organisms that have inherent drug resistance?**
  A: All bacteria or fungi with non-susceptibility to all drugs tested are reportable based on our case definition, but we consider intrinsic resistance when we process these case reports.

- **Q: What about PDROs isolated from patients with cystic fibrosis, where pandrug-resistant *Pseudomonas* is common?**
  A: *We cannot exclude patients from reporting based on their underlying medical conditions since they contribute to our ability to define the disease burden. Utilizing electronic lab reporting (ELR) and case reporting (ECR) are ways to alleviate some of the reporting burden for these highly colonized populations.*

Multiple CPO/CRO Cases for a Single Patient

- **Q: Does my facility need to report every positive CPO/CRO culture from the same patient?**
  A: *No.* *If the organism remains the same (i.e. same genus, species, resistance mechanism [if known], and susceptibility profile), please report the* ***first positive result per hospital stay*** *. For patients with numerous hospitalizations in a year, you only have to submit a new report every 12 months. However, if a patient who was* ***previously colonized*** *with a* **CPO/CRO** ***now has a positive clinical culture associated with an infection****, please submit a new report. Also, please report when a patient known to have a* **CPO/CRO** *has a culture that tests positive for a* ***different genus, species, or carbapenemase,*** *OR if there has been a* ***significant change in the organism's susceptibility profile****. Please contact us if you are unsure whether you need to report.*

- **Q: We have a CPO/CRO-positive patient who has already been reported to PDPH. Now, their antibiogram looks different. Do we need to report this?**
  A: *Yes.* *Please report if there has been a* ***significant change*** *in a* **CPO/CRO** *isolate's antibiogram. A* ***significant change*** *is defined as resistance to a new class of drugs (e.g., if a patient initially has a* **CPO/CRO** *reported as sensitive to all aminoglycosides, but now has a* **CPO/CRO** *that is resistant to one or more aminoglycosides). This should be reported.*

- **Q: We have a patient who has already been reported to have CRE. Their carbapenemase-production test (e.g., modified Hodge test, Carba NP, etc.) was previously negative but is now positive. Do we need to report this?**
  A: *Yes. If a CRE organism that previously did not have evidence of carbapenemase production now tests positive, please submit a report.*

Out of Jurisdiction

- **Q: Do I need to report a CPO/CRO positive culture from a patient who does not live in Philadelphia? What if an international patient has a CPO/CRO positive culture?**
  A: *Yes.* *Please report ALL patients who have a* **CPO/CRO** *isolated and are receiving medical care in Philadelphia, regardless of the location of the patient's residence. The HAI/AR team will communicate the results to the appropriate county or state health department.*

- **Q: Do we fill out the CPO/CRO form for specimens collected at our ambulatory sites?**
  A: *Yes.* *Please submit a report for patients with a* **CPO/CRO** *isolated from specimens collected at any ambulatory site located in Philadelphia, AND for any specimens collected from patients with a Philadelphia home address.*

Report Form

- **Q: For the report form question: "Infections Associated with Culture" (Clinical Data section), does this refer to NHSN-defined infections or clinically diagnosed infections?**
  A: *This is referring to clinically diagnosed infections. NHSN infection definitions are not used for this purpose.*

- **Q: For the report form question: "History of Healthcare Stays in the United States in the Previous Year" (Risk Factors section), is this only referring to inpatient stays?**
  A*: It refers to any overnight stays in healthcare facilities, such as acute care hospitals, skilled nursing and rehab facilities, as well as residential facilities for special populations where healthcare services are provided.*

- **Q: What should be included for the report form question: "Surgery/Procedure Involving a Scoping Device in the Past Year" (Risk Factors section)?**
  A: Please check "yes" if the patient has undergone any inpatient or outpatient surgeries or procedures involving a scoping device in the past year. If multiple, please include the latest date.

Retroactive Reporting

- **Q: Does my facility need to report CPO cases retroactively?**

A: *No.* *Previous CRE and PDRO reporting requirements should have covered reporting of most CPO cases. Report cases according to the new reporting requirements starting when the Health Alert announcing the reporting changes was released.*

HAI/AR Program's Use of the Reported Data

- **Q: What will happen once a case has been reported?**
  A: *The HAI/AR team may contact you for additional information. Data will be used only for public health and patient safety purposes. Aggregate data will be released publicly per PDPH's standard practices.*

Reporting Burden due to Quantity of Reports

- **Q. We have a large number of CPO/CRO cases to report. We are unable to complete this work in a timely fashion. Can you help us?**
  A. *Yes.* *Please contact us at* **HAI.PDPH@phila.gov** or **215-685-4501,** *and we will work with your facility on streamlining the process for completing these reports. Additionally, utilizing electronic lab reporting (ELR) and case reporting (ECR) can alleviate some of the reporting burden, which PDPH can help set up in collaboration with your institution's IT team.*