

## Health Update

### Update to Drug-Resistant Organism Reporting Requirements in Philadelphia Concerning Carbapenem-resistant Organisms

September 26, 2025

On August 14, 2025, the Philadelphia Board of Health passed an amendment to the Regulations Governing the Control of Communicable and Non-Communicable Diseases regarding carbapenemase-producing organisms (CPOs). CPOs are a group of multidrug-resistant organisms (MDROs), including *Enterobacteriales*, *Pseudomonas spp.*, and *Acinetobacter spp.*, which have been classified as an urgent threat by the Centers for Disease Control and Prevention (CDC)<sup>1</sup>. CPOs produce a carbapenemase enzyme that confers resistance to carbapenem antibiotics, last-line drugs for treating MDRO infections, making CPO infections difficult to treat. Efforts are needed to prevent and contain CPOs due to their ability to spread rapidly and the associated high mortality.

Carbapenem-resistant *Enterobacteriales* (CRE) and pandrug-resistant organisms (PDRO) have been reportable in Philadelphia since 2018. The reportable condition change discussed here will impact the CRE and PDRO reporting requirements as follows: Instead of all CRE cases being reportable, reporting will be required for carbapenemase-producing organisms (CPO)<sup>2</sup>, which will include a subset of CRE, carbapenem-resistant *Acinetobacter*, and carbapenem-resistant *Pseudomonas* cases. PDROs will remain reportable regardless of the bacterial species and the organism's carbapenemase-production status.

A case of CPO is defined as a culture yielding a bacterium that is in the order *Enterobacteriales* (e.g., *Klebsiella*, *Enterobacter*, *Escherichia coli*, *Proteus*, *Serratia*, etc.), or *Acinetobacter spp.* or *Pseudomonas spp.*, that is documented to produce a carbapenemase by means of a phenotypic or genotypic laboratory test. Tests include but are not limited to MicroScan, E-test, disk diffusion test, Modified Hodge Test (MHT), Metallo- $\beta$ -lactamase test, Carba NP, Carbapenem Inactivation Method (CIM), Modified CIM (mCIM), polymerase-chain reaction (PCR), and Gene Xpert CarbaR.

Report all cases of CPO, including any bacterial species and cases identified from diagnostic testing, as well as surveillance/screening testing. If carbapenemase-production testing is not conducted, report both diagnostic and surveillance/screening cases of carbapenem-resistant organisms, as follows: Report all CRE, and report pan non-susceptible *Acinetobacter spp.* and *Pseudomonas spp.* PDPH can coordinate carbapenemase-production testing at the public health laboratory for these isolates. Please report all CPO case patients receiving medical care in Philadelphia, regardless of the location of the patient's residence.

All positive test results should be reported to PDPH within 5 days, with the exception of CPO clusters/outbreaks, which should be reported within 24 hours of detection. A [CPO/CRE case report form](#) should be filled out and faxed to PDPH at (215) 238-6947. Cases may be reported to PDPH via phone at (215) 685-6748. Isolates should be retained for one month. PDPH will follow up to coordinate further testing as needed.

## Guidance and Resources to Contain Drug-Resistant Organisms and Stop Transmission

Early action can prevent the spread of these organisms in healthcare facilities.

Healthcare facilities that have identified a single patient or multiple patients with CPOs, whether infected or colonized, should:

- Place patients with these drug-resistant organisms on transmission-based precautions for the duration of their healthcare stay.
- Notify PDPH of the case(s) and consult on implementing appropriate isolation precautions for your specific care setting.
- Ensure healthcare workers are adhering to proper hand hygiene and personal protective equipment practices.
- Dedicate a room and equipment to the patient whenever possible.
- Ensure environmental cleaning and disinfection practices meet policies and guidelines and that effective healthcare-grade disinfectants are used for the targeted organism(s).
- At minimum, screen patients who are epidemiologically linked to the index patient (i.e. patients who shared a room) and place patients on isolation precautions if they test positive.
- If the patient is transferred, ensure that information about the infection or colonization is communicated to the receiving unit or facility.

Please contact the HAI/AR Program with any questions at 215-685-4501 or [HAI.PDPH@Phila.gov](mailto:HAI.PDPH@Phila.gov).

More information and resources can be found at the links below:

- [CPO/CRO Reporting Form](#)
- [CPO FAQ on Reporting](#)
- [CPO/CRO Checklist for LTCFs](#)

### References:

1. Centers for Disease Control and Prevention (U.S.) (2019). Antibiotic resistance threats in the United States, 2019. <https://www.cdc.gov/antimicrobial-resistance/data-research/threats/index.html>
2. CSTE Position statement 22-ID-04: Change in Case Definition from Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE) to Carbapenemase-Producing Organisms (CPO) [https://cdn.ymaws.com/www.cste.org/resource/resmgr/ps/ps2022/22-ID-04\\_CPO.pdf](https://cdn.ymaws.com/www.cste.org/resource/resmgr/ps/ps2022/22-ID-04_CPO.pdf)