

## FAQ: New Drug-Resistant Organism Reporting Requirements in Philadelphia

Healthcare-associated Infections and Antimicrobial Resistance (HAI/AR) Program

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### Retroactive Reporting

➤ **Q: Does my facility need to retroactively report CRE/C. *auris*/PDRO cases?**

**A: No.** The new CRE/C. *auris*/PDRO reporting requirements were announced in a Health Advisory released on April 25, 2018. Please start reporting current cases at the present time. Retroactive reporting is not requested.

➤ **Q: We reported several cases of CRE/C. *auris*/PDRO before 04/25/18. Do we need to submit another report?**

**A: No.** Voluntary CRE reporting has been in place since 2015, and we have captured all submitted reports. Please see instructions below for reporting multiple positive cultures in a single patient.

### Multiple CRE/PDROs for a Single Patient

➤ **Q: Does my facility need to report every positive CRE culture from the same patient?**

**A: No.** Please report the first positive result per hospital stay for patients known to be CRE positive. For patients who have numerous hospitalizations in a single year, you only have to submit a new report every 12 months. However, if a patient who was previously colonized with CRE/C. *auris*/ PDRO, now has a positive clinical culture associated with an infection, please submit a new report. Also please report when a patient known to have CRE 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 antibiogram.

➤ **Q: We have a patient who has already been reported to have CRE. Now their antibiogram looks different. Do we need to report this?**

**A: Yes**, if there has been a **significant change** in their antibiogram. We consider a **change significant** when a previously reported organism has developed resistance to a new class of drugs (e.g. if a patient initially has a CRE reported as sensitive to all aminoglycosides, but now has a CRE 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 (i.e. modified Hodge test, Carba NP, etc.) was previously negative, but is now positive. Do we need to report this?**

**A: Yes**, if the organism now tests positive for carbapenemase production, please submit a report.

## CRE in Records

- **Q: We just admitted a patient who was reported to be colonized with CRE. Do I need to report this patient even if we do not test them for CRE in my hospital?**  
**A: Yes.** *If there is a copy of the laboratory result documenting that CRE was detected in the originating health care facility, please report the case to the HAI/AR team. This will ensure we have comprehensive data on the burden of CRE in our region.*

## Out of Jurisdiction

- **Q: Do I need to report a CRE positive culture from a patient who does not live in Philadelphia? What if an international patient has a CRE positive culture?**  
**A: Yes.** *Please report ALL patients who have CRE isolated and are receiving medical care in Philadelphia, regardless of the location of the patient's residence. The HAI/AR team will communicate important results to the appropriate county or state health department.*
- **Q: Do we fill out the CRE form for specimens collected at our ambulatory sites?**  
**A: Yes.** *Please submit a report of CRE for patients who have CRE isolated from specimens collected at any ambulatory site located in Philadelphia AND for any specimens collected from patients with a Philadelphia home address.*

## CRE: Organism and Resistance

- **Q: When not performing molecular testing, meropenem can be a more specific indicator for carbapenem resistance than ertapenem. Which carbapenem do you want reported?**  
**A:** *We are requesting reports for any Enterobacteriaceae with non-susceptibility to any Carbapenem antibiotic(s).*
- **Q: Should intermediate resistance to meropenem be reported?**  
**A: Yes.** *We are requesting reports for any Enterobacteriaceae with non-susceptibility (intermediate/resistant) to any carbapenem.*

## PDRO: Organism and Resistance

- **Q: How do you define "pandrug-resistance"?**  
**A:** *PDROs are defined as bacteria or fungi that test intermediate or resistant to all routine antimicrobials they have been tested for. 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: I have a question about the recent advisory and reporting requirements for PDROs. Does this include organisms that are being tested for susceptibility to “last resort agents” such as Colistin, Ceftolozone-tazobactam, ceftazidime-avibactam, meropenem-vaborbactam**  
**A: Yes.** Please report all isolates that are resistant/intermediate 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 to 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 (e.g., *Achromobacter*, *Pseudomonas*)?**  
**A:** All bacteria or fungi with non-susceptibility to all drugs tested are reportable based on our case definition, but we do take intrinsic resistance into consideration 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 disease since they contribute to our ability to define the burden. Possibly utilize a data pull to simplify for the patient populations that may be colonized with these organisms.

#### Report Form

- **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: Yes.**
  
- **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 any inpatient or outpatient surgeries or any inpatient or outpatient procedures involving a scoping device were performed in the past year. If multiple, please include the latest date.
  
- **Q: For the report form question: “Infections Associated with Culture” (Clinical Data section), is this referring to NHSN-defined infections or clinically diagnosed infections?**  
**A:** This is referring to clinically diagnosed infections, with no NHSN definition restrictions.

#### HAI/AR Program’s Use of the Reported Data

- **Q: What will happen with the data 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.

## Reporting Issues due to Quantity

- **Q. We have a large number of CRE and/or PDRO 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](mailto:HAI.PDPH@phila.gov) or 215-685-4501, and we will work with your facility on streamlining the process for completing these reports.*