

Date: 25/11/2016

FREEDOM OF INFORMATION REQUEST FOI/013113 – CRE infections

1. How many patients have been

-colonised

-infected

with CRE infections for each of the past 10 years in your trust?

1 in patient isolate in last 10 years.

2. Does your trust have universal screening of patients for CRE when they are admitted, screening of patients with high risk factors or no formal screening policy? Yes

3. How many patients were screened for CRE when they were admitted and deemed high risk for a CRE infection?  
4 patients.

4. How many isolation rooms does your hospital have for isolating CRE patients? See below

5. How many isolation rooms have en suite bathrooms? See below

Q 4 & 5 - There are no specific isolation rooms for CRE patients. The hospital has approximately 250 side rooms with en-suites which are used as isolation rooms when needed.

6. What is your policy if there is no side room available for isolating patients with CRE? All patients with alert organisms are barrier nursed in a ward in the event of a side room not being available.

Can you please list the precise microbiological techniques used in each hospital in your trust to identify or confirm the following infections.

- Clostridium difficile EIA for GDH antigen and toxin
- Penicillin resistant streptococcus pneumonia
- Macrolide-resistant Group A Streptococcus
- Clindamycin-resistant Group B Streptococcus
- Meticillin resistant Staphylococcus aureus (MRSA)
- Vancomycin resistant / intermediate Staphylococcus aureus
- Glycopeptide-resistant enterococci
- Multi-drug resistant Pseudomonas aeruginosa
- Multi-drug resistant Acinetobacter Antimicrobial susceptibility following
- Drug resistant campylobacter EUCAST guidelines.
- Fluconazole-resistant Candida albicans
- Carbapenemase-Producing Enterobacteriaceae (CPE)
- ESBL-Producing Enterobacteriaceae
- AmpC-Producing Enterobacteriaceae
- Drug resistant non-typhoidal Salmonella
- Drug resistant Salmonella typhi / paratyphi
- Drug resistant Shigella
- Drug resistant TB (MRDTB, XDRTB, Pan-DRTB) All isolates are referred to regional MTB reference laboratory

For example – the sort of answer I am seeking is:

For Meticillin resistant Staphylococcus aureus (MRSA) we test nose and groin swabs using chromagar.

For CPE – If we suspect this organism we grow a culture and send the isolate to Public Health England's laboratory at Colindale for confirmation.