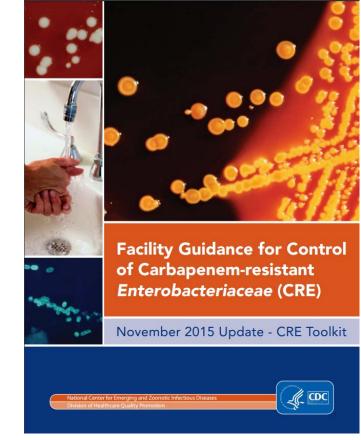
# Carbapenem-Resistant Enterobacteriaceae (CRE): Implementing a Regional Response

Michael Lin, M.D. M.P.H. Associate Professor of Medicine Division of Infectious Diseases Rush University Medical Center, Chicago, IL On behalf of the Chicago CDC Prevention Epicenter Program

Disclosures Funding: The Centers for Disease Control and Prevention Product Support: Sage Products, LLC; OpGen, Inc.

### Introduction

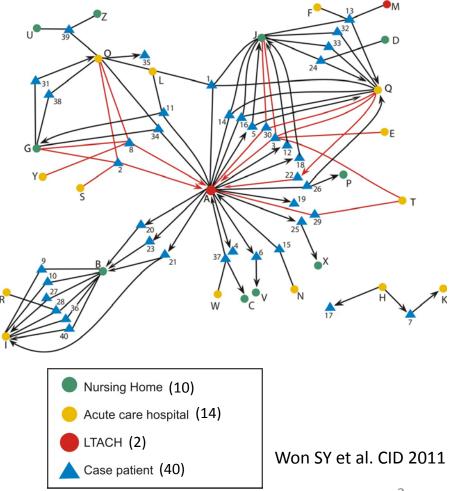
- Carbapenem-resistant *Enterobacteriaceae* (CRE) are a public health threat
  - Cause serious infections
  - Few antibiotic options
  - Spread via contaminated healthcare worker hands or equipment
- To prevent spread, identify CREcolonized patients and institute infection prevention measures



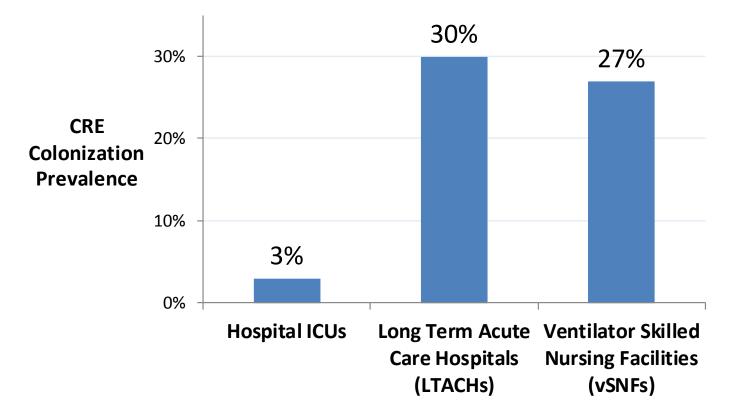
https://www.cdc.gov/hai/organisms/cre

#### CRE Epidemics are Regional Problems that Require Regional Control

- An outbreak in one facility expands to other facilities
- Patients visit multiple facilities, but health information (e.g. CRE status) is poorly shared



#### Post-Acute Care Facilities: High Burden of CRE



<sup>1</sup> Lin MY et al, CID 2013 ; <sup>2</sup> Prabaker K et al, ICHE 2012; unpublished REALM point prevalence surveys

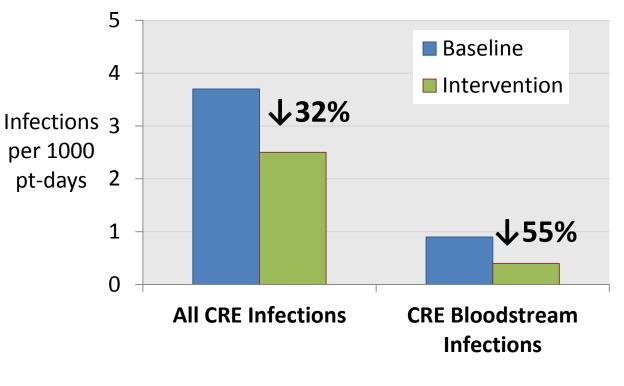
### Two Key Strategies for Regional Control of CRE

- **1. Implementing prevention strategies** that reduce CRE transmission in high prevalence facilities
- 2. Improving inter-facility communication as CRE-colonized patients move from one healthcare facility to another, to maintain infection control precautions

### **CRE Prevention Bundle Reduces CRE Burden**

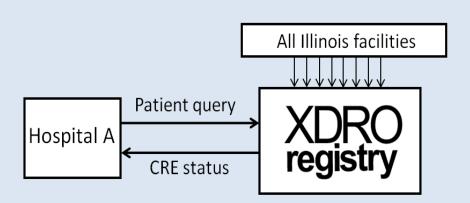
#### **CRE Bundle:**

- 1. Rectal screening for CRE
- 2. Contact Precautions; Cohorts and private rooms
- 3. Daily bathing with chlorhexidine
- Healthcare worker education and adherence monitoring



### Illinois XDRO Registry Improves Communication

**1. Mandatory CRE reporting** 



2. CRE information exchange (inter-facility communication)

# Chicago PROTECT Project (2016-2020)

CDC-funded project to implement a CRE control program in the Chicago region

- Mathematical modeling to identify highest-impact facilities
- Cost-benefit analysis
- Targeted intervention to control CRE

Intervention	Post-Acute Care Facilities (n=15)	Hospitals (n=24+)
CRE prevention bundle	X	
XDRO registry	X	x

## Conclusions

- The spread of CRE is a major public health threat
- Effective CRE prevention requires regional cooperation among healthcare facilities, coordinated by strong public health leadership
- Our experience with Chicago PROTECT will provide a blueprint to guide future prevention efforts in other regions