**GP Letter**

**Re: Multidrug resistant organism – Carbapenemase-producing Enterobacterales (CPE) [Infection/Colonisation]**

*Patient Name:*

*DOB:*

*MRN*

*Address:*

Dear [Insert Dr Name],

During a recent hospital admission, [Patient Name] was identified as being [infected/ colonised] with a multidrug resistant organism known as carbapenemase-producing Enterobacterales (CPE). CPE are an emerging highly antimicrobial resistant group of pathogens. CPE have caused a number of significant outbreaks globally, mostly within hospital settings. Please see the attached quick reference guide for further information on CPE.

Please list carbapenemase-producing Enterobacterales (CPE) [infection/colonisation] as an active significant problem on your records for this patient so that it appears on any referral letter, especially for admission to either an acute or long term facility. The most important role you can play is to help ensure that a health service, long-term residential care facility or other healthcare setting is aware of your patient’s CPE status.

However, any new infection episodes may not be due to CPE and usual investigation is suggested. If you are concerned the patient may have an infection with CPE, please contact the Infectious Diseases or Clinical Microbiology teams at [insert healthcare facility] via the switchboard.

[Insert healthcare facility] will have an active alert on file for any readmissions, but because there is no universal patient identifier in NSW, you (and your patient’s) roles are critical.

As part of a patient information package, your patient has been given a fact sheet with some information about CPE and guidance for minimising risk of spread at home and in hospital.
If there are any questions, please do not hesitate to contact the Infection Prevention Service here at [Insert healthcare facility].

[Insert IPC contact information]

Yours sincerely,

[Insert Name]

[Insert Title]

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| **Primary Care CPE Quick Reference Guide** |
| **What is carbapenemase-producing Enterobacterales (CPE)?** | *Enterobacterales* are a family of Gram-negative bacteria which are part of the normal gut flora. They can also spread outside the gut and cause serious infections such as bacteraemia, pneumonia, urinary tract and wound infections.Carbapenems are a group of broad-spectrum antibiotics that are effective against most Gram-negative infections and are a last line of treatment for these infections. Carbapenemase enzymes (e.g. KPC, NDM, IMP and VIM) produced by *Enterobacterales* can confer resistance to carbapenems and other important antibiotics, i.e. penicillins, cephalosporins, monobactams, aminoglycosides and fluoroquinolones. |
| **Who is at risk?** | In Australia currently, the major risk factor for acquiring CPE is overseas travel, especially when medical care or treatment in a healthcare facility including clinics or residential aged care is involved. Additional risk factors are:* Prolonged hospitalisation
* Dialysis or chemotherapy in the previous 12 months
* Multiple or recent exposure to different antibiotics
* Indwelling medical devices
* Organ or stem cell transplant recipients
* Mechanical ventilation
* Admission to an intensive care unit
* Diabetes mellitus
* Prior vancomycin-resistant Enterococci (VRE) colonisation
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| **What is required from primary care?** | The most important role you can play as a primary carer is to help ensure that a health service, long-term residential care facility or other healthcare setting is aware of your patient’s CPE status. This means advising the health service or facility in writing or by phone whenever you are referring your patient. |
| **Screening and early detection (only if requested)** | CPE screening is not routinely used in community. If required, the preferred option is a rectal swab or faeces, which should be collected by a competent practitioner; stool samples may be used as a second alternative. Swabs from wounds and device related sites may provide additional information if requested. |
| **Treatment of infection** | If an infection is due to CPE, discuss treatment with Infectious Diseases or Clinical Microbiology. Most patients will not have an infection due to CPE, but if you are concerned about this, contact ID or Clinical Microbiology as above. |
| **Infection prevention and control** | Generally, there are no special measures required for your GP practice when seeing these patients, other than thorough hand hygiene using an alcohol-based hand rub or soap and water (before and after seeing the patient). If there is a possibility of contact with blood or body fluids, contact precautions should be used (gown/plastic apron). For usual GP consultation, standard precautions will be adequate. Routine cleaning of your office space and waiting area is sufficient. |
| **Further Information** | For more detailed guidance on prevention and management of CPE, please refer to, NSW Guideline and Toolkit for CPE [Insert web link].Royal Australian College of General Practitioners[, *Infection prevention and control standards for general practices and other office-based and community-based practices*](http://www.racgp.org.au/your-practice/standards/infectioncontrol/) (5th edition).  |