INSTRUCTIONS FOR COMPLYING WITH THE 2017
CRE REPORTING REQUIREMENTS

The following instructions relate to the Health Officer Order for Reporting of Carbapenem-Resistant
Enterobacteriaceae (CRE) and Antimicrobial Resistance of Bacterial Pathogens,
issued on January 19, 2017. These instructions were updated April 2019.

Updated information and instructions for CRE reporting can be found at:
http://publichealth.lacounty.gov/acd/Diseases/CRE.htm

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1 Surveillance Definition

1.1 Reporting Requirements
Effective January 19, 2017 all acute care hospitals and skilled nursing facilities (SNFs) are mandated to report carbapenem-resistant Enterobacteriaceae (CRE) and submit an antibiogram annually. Reporting of CRE to the Los Angeles County Department of Public Health (LACDPH) will follow the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Multidrug-Resistant Organism (MDRO) and Clostridium difficile Infection (CDI) Module: report all first CRE positive tests per patient, per calendar month, per location, regardless of specimen source except when a unique blood source is identified, that were collected on or after January 1st, 2017. Events should be reported within 7 days of identification, unless exemption is granted by LACDPH. SNFs are to follow the same surveillance rule above and report to the LACDPH Morbidity Unit via NHSN if enrolled, or via fax beginning February 28, 2017. If reporting via fax submit the completed CRE epi form and include the lab report with susceptibility results.

1.2 CRE Definition
LACDPH will follow the CDC NHSN MDRO and CDI Module CRE surveillance definition, which define CRE as any Escherichia coli, Klebsiella oxytoca, Klebsiella pneumoniae, or Enterobacter spp. demonstrating resistance by one or more of the following methods:

1. Resistant to imipenem, meropenem, doripenem, or ertapenem by standard susceptibility testing methods (i.e., minimum inhibitory concentrations of ≥4 mcg/mL for doripenem, imipenem and meropenem or ≥2 mcg/mL for ertapenem) OR
2. Production of a carbapenemase (e.g., KPC, NDM, VIM, IMP, OXA-48) demonstrated using a recognized test (e.g., polymerase chain reaction (PCR), metallo-β-lactamase test, modified-Hodge test, Carba-NP, Carbapenem Inhibition Method (CIM)).
2 Submitting Data via the National Healthcare Safety Network – All NHSN Enrolled Facilities

2.1 Joining the LA County CRE NHSN Group
All facilities enrolled in NHSN must join the LA County CRE NHSN group and report via NHSN to comply with the Health Officer Order. This is different group from the one through which many of you are already sharing CLABSI, SSI, CDI and MRSA/VRE bacteremia data with LACDPH.

1. In the left menu bar select Group → Join
2. This will take you to the Memberships page where you can view the groups you have joined that have access to your facility’s data
3. Enter Group ID: 49773
4. Enter Group Joining Password: lacdph (all lowercase)
5. Click ‘Join Group’
6. After you have joined the group

2.2 Conferring Rights
To comply with the Health Officer Order, conferred rights to CRE data with patient identifiers in the MDRO/CDI Events module is required. Please note the following elements must be present in the conferred rights template you accept.

1. Select the group named LA County CRE in the ‘Groups that have access to this facility’s data’ box
   a. Click ‘Confer Rights’
2. Under General:
   a. Select patient data with specified identifiers
      i. Ensure the following identifiers are selected: Gender, DOB, Ethnicity, Race, Name
   b. Select Monthly Reporting Plan, Data Analysis, and Facility Information
3. Under Surveys:
   a. Enter 2017 in the first Year field
   b. Leave ‘To’ year blank
   c. Survey type: Hospital Survey Data
4. Under MDRO/CDI Events:
   a. Plan: In
   b. Month: January
   c. Year: 2017
   d. Leave ‘To’ fields blank
   e. Location Type: FACWIDE
   f. Location: FacWIDEIn
      i. **NOTE**: Selecting FacWIDEIn will automatically add ED and 24-HR observation areas to your reporting locations.
   g. Specific Organism Type: CRE – CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella)
   h. Event Type: LABID – Laboratory-identified MDRO or CDI Event
      i. **NOTE**: Do not select Blood Specimens only. The Health Officer Order specifies CRE from any specimen source is to be reported.

5. Save the template

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2.3 Adding CRE to Monthly Reporting Plan

1. **Note**: if you already have LabID CRE reporting in your monthly plan please check to make sure you are reporting **All Specimens**

2. In the NHSN menu bar on the left of the screen select Reporting Plan → Find

3. In Month field enter January

4. In Year field enter 2017
5. Once you are in the January 2017 plan scroll down and select ‘Edit’
6. Scroll down to the Multi-Drug Resistant Organism Module section of the template and click ‘Add Row’
7. In Locations dropdown select ‘FACWIDEIN’
8. In Specific Organism Type select ‘CRE – CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella)’
9. Check the box under Lab ID Event All Specimens
   a. **NOTE**: do not select Blood Specimens Only. The Health Officer Order specifies CRE from any specimen source is to be reported.
10. Save your monthly reporting plan. This same plan should be used for all reporting months going forward.

### 2.4 Custom Reporting Fields

Custom fields will no longer need to be reported.

### 2.5 Entering CRE Events into NHSN

1. Enter patient information as defined in rights template, including patient Name, DOB, Gender, Ethnicity and Race (these are required for LACDPH reporting)
2. In Event Type select LABID-Laboratory-identified MDRO or CDI Event
3. Complete all required fields indicated with an * under Event Information
   a. In Specific Organism Type select the CRE organism that was detected in your laboratory (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella)
   b. A new field will appear under when you select a CRE organism asking if the isolate was tested for presence of a carbapenemase – indicate Yes or No
   c. If you answer Yes, indicate the test method used in your laboratory and the identified carbapenemase as well as the carbapenemase that was identified
   d. If your answer is Other, or if you detect a carbapenemase that is not listed on this form please contact Acute Communicable Disease Control Program at (213) 240-7941 immediately to report.
Sample patient data entry:

Patient information:

- Facility ID: NHSN State Users Test Facility #1 (ID: 15156)
- Patient ID: 12
- Last Name: Beber
- Middle Name: 
- Gender: M - Male
- Ethnicity: NHISP - Not Hispanic or Not Latino
- Race: White
- Date of Birth: 12/13/1989
- Event #: 
- Social Security #: 
- Medicare #: 
- First Name: Justin
Event Information:

Event Type: LABID - Laboratory-identified MDRO or CDI Event
Date Specimen Collected: 01/13/2017
Specific Organism Type: CRE/KLEB - CRE-Klebsiella
Was the bacterial isolate tested for carbapenemase? Y: Yes

If Yes, which tests were done (check all that apply):

- [ ] PCR-KPC - Polymerase chain reaction - Klebsiella pneumoniae carbapenemase
- [ ] PCR-NDM - Polymerase chain reaction - New Delhi metallo-β-lactamase
- [ ] PCR-IMP - Polymerase chain reaction - Imipenemase
- [ ] PCR-VIM - Polymerase chain reaction - Verona Integron-encoded metallo-β-lactamase
- [ ] PCR-OXA-48-like - Polymerase chain reaction - Oxacillinase-48 like
- [ ] MHT - Modified Hodge Test
- [ ] CNP - Carba NP
- [ ] MBL - Metallo-β-lactamase E-test
- [ ] MBLs - Metallo-β-lactamase screen
- [ ] OT/ICTM - Other (please specify)
- [ ] UNKCDT - Unknown

Did the isolate test positive for carbapenemase? Y: Yes

If Yes, please identify which carbapenamase were identified (check all that apply):

- [ ] (KPC) Klebsiella pneumoniae carbapenemase
- [ ] (NDM) New Delhi metallo-β-lactamase
- [ ] (IMP) Imipenemase
- [ ] (VIM) Verona Integron-encoded metallo-β-lactamase
- [ ] (OXA-48 like) Oxacillinase-48 like
- [ ] (NS-Carba) Nonspecific carbapenemase activity (e.g., MHT or Carba NP)
- [ ] (NS-MBL) Nonspecific metallo-β-lactamase activity (e.g., MBL E-test or MBL screen)
- [ ] OT/ICTM - Other (please specify)
- [ ] UNKCDT - Unknown

Outpatient: N - No
Specimen Body Site/Source: CARD - Cardiovascular/ Circulatory/ Lymphatic
Specimen Source: BLD/SPC - Blood specimen
Date Admitted to Facility: 01/08/2017
Location: 235 - ICU
Date Admitted to Location: 01/11/2017

Additional Patient Information:

Last physical overnight location of patient immediately prior to arriving into facility (applies to specimen(s) collected in outpatient setting or ≤4 days after): NURS - Nursing Home/Skilled Nursing Facility

Has patient been discharged from your facility in the past 4 weeks? Y: Yes
Date of last discharge from your facility: 12/20/2016

Has the patient been discharged from another facility in the past 4 weeks? Y: Yes
If yes, from where (Check all that apply):
- [ ] Nursing Home/Skilled Nursing Facility
- [ ] Other Inpatient Healthcare Setting (i.e., acute care hospital, IRF, LTAC, etc.)

Documented evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event in any prior month? N: No
2.6 Summary Data Entry
Entry of monthly denominator data is required in order to complete reporting in NHSN. Please enter the number of patient days and admissions for your facility for the indicated month. If your facility did not identify any CRE during the month you are submitting denominator data, please ensure you check the “Report No Events” box next to the individual CRE organism for which you are reporting no events.

<table>
<thead>
<tr>
<th>Specific Organism Type</th>
<th>CRE-E. coli</th>
<th>Report No Events</th>
<th>CRE-Enterobacter</th>
<th>Report No Events</th>
<th>CRE-Klebsiella</th>
<th>Report No Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection Surveillance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LabID Event (All specimens)</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LabID Event (Blood specimens only)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

2.7 Reporting Time Frame
Events are to be reported into NHSN within seven (7) calendar days of receiving the final positive laboratory report. If you are unable to meet the reporting time frame for any reason, an exemption can be granted. Email hai@ph.lacounty.gov to request a reporting time frame exemption.
3 Submitting Data to Morbidity Unit – Skilled Nursing Facilities Only

3.1 Completing CRE Epi Form

For SNFs not enrolled in NHSN, compliance with the CRE reporting mandate will be met through completion of the CRE Epi form available at [http://ph.lacounty.gov/acd/EpiForms.htm](http://ph.lacounty.gov/acd/EpiForms.htm). This completed form will be faxed to the LACDPH Morbidity Unit at (888) 397-3778 along with the laboratory report indicating the specimen’s susceptibility testing results.

SNFs are to utilize the CRE definition at the beginning of this document for their residents. We understand that reference labs may submit laboratory results to LACDPH, however the completion of the CRE epi form is still required to be submitted in order to consider the case report complete and in compliance with the reporting mandate.

3.2 Patient and Facility Information

This form requires completion of patient information (name, date of birth, age and sex) in addition to reporting facility information. Please indicate the name and address of the SNF that is reporting the case, as well as the name of the person that is reporting and their contact information.

3.3 Diagnostic Information

In this section indicate the organism identified, date the specimen was collected and the specimen source. If known, indicate if the patient was colonized or infected with the organism identified; if you are not sure if the patient had an infection select ‘Unsure/unknown.’ Indicate if your laboratory tests for the presence of a carbapenemase (Yes, No, Unk); if Yes, select the type of test your laboratory performs to detect the presence of a carbapenemase. If the laboratory identified a carbapenemase, please check the box next to the type that was identified. If you answer is ‘Other’ please specify the type detected. If you detect a carbapenemase that is not listed on this form, please contact Acute Communicable Disease Control Program at (213) 240-7941 immediately to report.
3.4 Healthcare Presentation

Information for this section should be taken from the resident’s current admission. Please indicate the date of admission, and note if this resident has been in your facility for more than three months. If the resident was admitted from a different healthcare facility in the four weeks prior to their current positive test, please indicate that on the form along with the type of facility they were admitted from as well as the name of the facility. At the time you are reporting the case, indicate the status of the resident in the ‘Disposition’ as either currently in your facility, discharged to a different facility, or died.

<table>
<thead>
<tr>
<th>Date of admission</th>
<th>Was the patient a resident of your facility for more than 3 months?</th>
<th>Was the resident admitted from a healthcare facility in the four weeks prior to their current positive test?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes □ No □ Unk</td>
<td>□ Yes □ No □ Unk</td>
</tr>
</tbody>
</table>

If Yes, what type of facility?

□ Hospital □ LTAC □ Other SNF

Disposition:

□ Current resident □ Discharged to hospital □ Discharged to LTAC □ Discharged to another SNF
□ Discharged home □ Date of discharge: ____________ □ Died - Date of Death: ____________

Additional notes: ____________________________________________

3.5 Reporting Time Frame

Events are to be reported to the Morbidity Unit within seven (7) calendar days of receiving the final positive laboratory report. If you are unable to meet the reporting time frame for any reason, an exemption can be granted. Email hai@ph.lacounty.gov to request a reporting time frame exemption.

If you have additional questions, please contact the Acute Communicable Disease Program at (213)240-7941 or hai@ph.lacounty.gov.