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<b>To:</b>	Private hospitals and rest homes in the greater Wellington and Wairarapa regions
<b>From:</b>	Dr Annette Nesdale, Medical Officer of Health
<b>Date:</b>	<b>29 March 2019</b>
<b>Title:</b>	<b>National Health Advisory</b>

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Please distribute the following information to relevant staff in your organisation.

## Update on screening recommendations for patients exposed to carbapenemase-producing Enterobacteriaceae at Middlemore Hospital

### Advisory summary:

This advisory refers to the previous National Health Advisory “Screening recommendations for patients exposed to carbapenemase-producing Enterobacteriaceae (CPE) at Middlemore hospital (MMH)” sent on 20 December 2019.

As a result of the investigations and the systematic CPE screening carried out by MMH, the period that MMH surgical wards have been a Transmission Risk Areas (TRA) for CPE has been reviewed and is now from **6 November to 20 December 2018** (inclusive).

Therefore only patients who have been admitted to the surgical wards between 6 November and 20 December 2018 and who haven't been screened need to be screened for CPE if they are admitted to any other health care or age-related residential care facility.

The care facilities themselves will need to identify and screen patients who are admitted from the community and who may have been exposed to CPE at MMH.

### Screening: Recommended samples

A faecal specimen or rectal swab with visible faecal material are the minimum recommended sample types for CPE screening.

Additional sample types should be considered where appropriate, in line with local and national infection prevention guidance documents, that is:

- urine or urinary catheter/nephrostomy/stent in situ
- swab from wounds and insertion sites of invasive medical devices and catheters
- lower respiratory tract specimens, if intubated.

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For more information please refer to the **Guidelines on Infection Prevention & Control and Management of CPE**: <https://www.health.govt.nz/publication/infection-prevention-control-and-management-carbapenemase-producing-enterobacteriaceae-cpe>

## Background information

Two cases of CPE acquired in MMH surgical wards in late November/early December 2018 were notified to the Ministry in December 2018. As a result, MMH surgical wards were declared a TRA for CPE.

Between 29 November 2018 and 6 February 2019, MMH has carried out a series of point-prevalence screening surveys as well as discharge and residual screening for CPE on patients admitted to the surgical wards. No additional cases of CPE were detected, except in one patient found to have an unrelated OXA-48 with a history of travel to India.

At the end of February 2019 whole genome sequencing performed by the Environment Science and Research Institute (ESR) allowed the identification of the source of the infection. The source was a patient who came from a hospital in Southeast Asia and was admitted to MMH on 6 November 2018.

The decisions to declare MMH a TRA and to limit the TRA status of MMH to the period of 6 November to 20 December have been made by the Ministry of Health in consultation with MMH. The TRA status period is from the date of admission of the source patient to the date all CPE cases involved in this transmission event had been discharged.