



HSE Health Protection  
Surveillance Centre



## MINUTES OF MEETING

|                       |  |                            |   |
|-----------------------|--|----------------------------|---|
| Title of Meeting:     | CPE Expert Group Meeting   |                            |   |
| Purpose of Meeting:   | Monthly meeting  |                            |   |
| Location of Meeting:  | Boardroom, HPSC  |                            |   |
| Attendees:            | <p><b>In person:</b><br/>           Professor Hilary Humphreys (HH), Professor of Clinical Microbiology &amp; Consultant Microbiologist, Chairperson of CPE Expert Group<br/>           Dr. Karen Burns (KB), Consultant Clinical Microbiologist &amp; Honorary Clinical Senior Lecturer, RCSI. HSE-HPSC Representative<br/>           Professor Martin Cormican (MC), HSE HCAI/AMR Clinical Lead &amp; Director of the CPE Reference Lab (CPERL)<br/>           Dr. Rob Cunney (RC), Consultant Microbiologist, HSE-HPSC Representative<br/>           Dr Fiona Kevitt (FK), Consultant Occupational Health Physician, Dr Steevens Hospital and Faculty of Occupational Medicine (FOM) representative<br/>           Alison Maguinness (AMG), Infection Prevention and Control Nurse Specialist, Infection Prevention &amp; Control Ireland (IPCI) representative<br/>           Bernie O'Reilly (BOR), Voluntary member of Patients For Patient Safety Ireland (PFPSI), and Patient Representative<br/>           Shane Keane (SHK), Principal Environmental Health Officer, Environmental Health<br/>           Dr. Anne Sheahan (AS), Specialist in Public Health Medicine, Antimicrobial Resistance and Infection Control Team<br/>           Mags Moran (MM), Community Infection Prevention &amp; Control Nurse Manager<br/>           Elaine Phelan (EP), Specialist Medical Scientist, Academy of Clinical Science and Laboratory Medicine Medical Scientist (ACSLM) Representative<br/>           Clodagh Cruise (CC), Surveillance Scientist, Naas General Hospital, SSAI representative<br/>           Dr. Jerome Fennell (JF), Consultant Microbiologist, ISCM Representative<br/>           Health<br/>           Dr. Rachel Grainger (RG), Microbiology Higher Specialist Training Representative<br/>           Alex Lloyd (AL), Research Assistant for the microbiology team, HPSC</p> <p><b>By telephone:</b><br/>           Dr. Margaret O'Sullivan (MOS), Consultant in Public Health Medicine, Faculty of Public Health Medicine RCPI Representative<br/>           Dr Catherine Fleming, Consultant in Infectious Diseases, Infectious Diseases Society of Ireland</p> |                            |   |
| Apologies:            | <p>Professor Marc Bonten (MB), Head of the Department of Medical Microbiology, and head of the research group of Infectious Disease Epidemiology at the UMC Utrecht, The Netherlands, International expert representative<br/>           Colette Cowan (CC), Chief Executive Officer, University of Limerick Hospitals Group, Management representative<br/>           Dr David Hanlon (DH) General Practitioner Representative<br/>           Dr. Kevin Kelleher (KK), Director HPSC &amp; Assistant National Director, Health &amp; Wellbeing: Public Health &amp; Childcare<br/>           Marguerite Kelly (MK), RGN, MSc Nursing, MSc in Advanced Practice (Infection Disease, Prevention and Control)<br/>           Dr. Siobhan Kenneally (SK), Consultant Geriatrician, National Clinical Advisory Group Lead, Social Care Division &amp; Clinical Lead Integrated Care Programme for Older People<br/>           Angela Tysall (AT), Lead in Open Disclosure, HSE Quality Improvement Division</p>  |                            |   |
| Date/Time of Meeting: | 10.30am, Wednesday 16 <sup>th</sup> January 2019   | Date/Time of Next Meeting: | 10.30am, Wednesday, 20 <sup>th</sup> March 2019 |
| Prepared by:          | Alex Lloyd   | Date Circulated:           |   |

| Item No. |   | Action by   |
|----------|---|---|
| 1.       | <p><b>Introductions and apologies</b> - noted</p> <p><b>Conflicts of Interest</b> – none declared</p>   |   |
| 2        | <p><b>Minutes from previous meeting</b></p> <p>The following amendments were agreed</p> <p><u>List of attendees:</u></p> <ul style="list-style-type: none"> <li>– Clodagh Cruise will be removed from the apologies list and added to attendees list.</li> <li>– Alison Maguiness will be removed from the attendees list and added to the apologies list.</li> </ul>   | <p><b>Minutes of 7<sup>th</sup> November will be amended to reflect changes</b></p> |
| 3        | <p><b>Matters arising</b></p> <p>Outlined on the agenda:</p> <ol style="list-style-type: none"> <li>1. Amend minutes</li> <li>2. Discuss memo sent by MC</li> <li>3. Review screening for CPE document</li> <li>4. Review guidance for Healthcare Workers identified as CPE colonised or CPE contacts</li> <li>5. Review guide for treatment of infection with CPE</li> </ol> <p><u>KB updated the changes in notifiable infectious diseases legislation</u></p> <ul style="list-style-type: none"> <li>– The term CRE was changed to CPE in mid-December.</li> <li>– The case definitions need to be produced and uploaded onto the HPSC website.</li> <li>— A guidance note informing how CPE will be notified from January 2019 will be needed.</li> <li>– CPE will remain on enhanced surveillance.</li> </ul>  |   |
| 4        | <p><b>Review of draft guideline documents under review</b></p> <p><b>‘A Guide to Treatment of suspected or confirmed Infection with Carbapenem Resistant Organisms/CPE and surgical Prophylaxis of Colonised People’</b></p> <p>The work of Marie Philbin was acknowledged in preparation of this document. The intended readership of this is very specialist, and different from other guidance documents. HH suggested inclusion of a note below the title to inform readers that this document will be regularly updated.</p> <p>Title: The group discussed possibly rewording the title to either ‘Protocol’ or ‘Advice’. MC advised that ‘Guide’ was most suited.</p> <p>Amendment page 4, line 116: “sepsis” will be changed to “significant infections”</p> <p>Amendment, page 16: under practical issues, the word Bristol will be changed to Bristol Reference Laboratory.</p> <p>KB stressed that the document needs to be directed to a consultant microbiologist or infectious diseases physician. MC will amend this document to include changes and recirculate to the group. The guide will require a review date in 12 months.</p> | <p><b>MC to update, and finalise</b></p> <p><b>MC to update and finalise</b></p>    |

| Item No. |   | Action by  |
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|          | <p><b>‘Guidance Relating to Healthcare Workers Identified as Colonised with Antimicrobial Resistant Organisms including Carbapenemase Producing Enterobacterales (CPE) or Identified as CPE Contacts’</b></p> <p>This draft guidance document was reviewed by the group and amendments agreed. The finalised document will be updated to take account of these changes.</p> <p>Title page: the note below the title will be removed.</p> <p>Page 7: AMG asked if there was a more up-to-date reference to replace Vonberg <i>et al.</i>, 2006, on page 7 of the document. HH agreed to provide an additional reference.</p> <p>Page 8, point 6 under the specific guidance, will be amalgamated into point 10. Point 8 will be amalgamated into point 4. Point 7 will be modified as follows: ‘In general, restriction of the scope of practice of a healthcare worker colonised with AMRO including CPE is <b>not</b> required’. The word ‘advised’ will replace the word ‘reminded’ in point 9.</p> <p><b>‘Requirements for Screening for Carbapenemase-Producing Enterobacterales (CPE)’</b></p> <p>The group discussed the two options of screening for CPE in hospitals (universal or selective). RC clarified that, the aim of screening is to interrupt transmission, not to identify everyone. Ideally, selective screening is preferable. However, universal might be more suitable, to avoid missing patients at high risk. KB advised that the focus of resources should be directed to selective screening. However, MC addressed the difficulties for IPCNs to identify high risk patients with selective screening. AMG and MM agreed it is easier to screen everybody.</p> <p>Based on this, the hospitals have been divided into the maternity (lower risk) and the paediatric (higher risk). It was agreed that quarterly screening will be acceptable in the maternity hospitals.</p> <p>The number of samples to be collected needs to be defined, as one sample is not sensitive enough. AMG highlighted the issue of identifying CPE following patients CPE inadvertently managed without PPE. In relation to psychiatric hospitals, routine screening is not necessary, unless the patient is admitted to an acute hospital.</p> <p>The definition of contact needs to be clarified. KB submitted feedback highlighting the need for categorisation of contact. The document needs re-working to reflect the discussion. Feedback and any comments for inclusion from the rest of the group to be sent to MC by email.</p> <p><b><i>Australian Guideline - Recommendations for the control of CPE: a guide for acute care health facilities. Australian Commission on Safety and Quality in Healthcare</i></b></p> <p>RC suggested that the CPE expert group adopt the Australian Guidance approach, for declaring a person no longer considered as carrying CPE.</p> | <p><b>MC to reword and recirculate for further consideration</b></p> |
| 5        | <p><b>Updates</b></p> <p>MC informed group that NPHET last met on 21<sup>st</sup> December 2018. No date has been set for next meeting. At the meeting on the 21<sup>st</sup> December the representatives of DOH did not declare the public health emergency to be over. However, MC said the DOH is keen to declare the emergency over soon. MC stated that, despite improved screening and guidance, issues involving transmission are still prominent. In addition, if the emergency is</p>   | <p><b>MC</b></p>   |

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|          | <p>declared over, there is uncertainty as to what will happen to the CPE Expert Group.</p> <p>MC and HH informed the group that the Minister of Health issued a press release regarding €20million funding towards CPE, over a three-year programme. However, MC is awaiting confirmation from the HSE. HH will make a formal enquiry in the next ten days if no updates are received before then. Data from CPE reports will be included to support the funding case.</p>  | <p><b>HH to write to CMO with report on work of Expert Group to date and future priorities</b></p> |
| 6        | <p><b>New Guidance documents for consideration by Expert Group</b></p> <p>The group agreed to consider two guidance documents per meeting. It was suggested to consider developing guidance on:</p> <ul style="list-style-type: none"> <li>- Criteria for Clearance of CPE</li> <li>- Management of Patients who are CPE positive on Molecular Testing but not confirmed by culture.</li> </ul>   |  |
| 7        | <p><b>Actions:</b></p> <ol style="list-style-type: none"> <li>1. Minutes of 7<sup>th</sup> November will be amended to reflect changes</li> <li>2. MC will re-work the 'Requirements for Screening for Carbapenemase-Producing Enterobacterales (CPE)' document, following group discussion.</li> <li>3. Update and finalise 'A Guide to Treatment of suspected or confirmed Infection with Carbapenem Resistant Organisms/CPE and surgical Prophylaxis of Colonised People' document with recommended amendments.</li> <li>4. Update and finalise 'Guidance Relating to Healthcare Workers Identified as Colonised with Antimicrobial Resistant Organisms including Carbapenemase Producing Enterobacterales (CPE) or Identified as CPE Contacts' document with recommended feedback.</li> <li>5. HH will circulate the letter forwarded to the CMO outlining the activities of the Expert Group to date, future priorities and an enquire about funding.</li> </ol> | <p>AL<br/>MC</p> <p>HH</p>   |
| 6        | <p><b>AOB</b></p> <p>HH received and email from Prof. George Mellotte, Clinical Lead in Nephrology about an issue regarding patient management of CPE for dialysis. RC advised a separate room is necessary. This issue requires further guidance. A meeting will be arranged with Prof. Mellotte and the team to discuss the issues. HH will update the CPE expert team the outcome.</p> <p>The next meeting will be held on <b>Wednesday 20<sup>th</sup> March 2019 at 10.30am.</b></p>   | <p>HH</p>  |