HSE Health Protection Surveillance Centre

MINUTES OF MEETING

Title of Meeting:	CPE Expert Group Meeting		
Purpose of Meeting:	Regular Routine Meeting		
Location of Meeting:	Boardroom, HPSC		
Attendees:	**In person:** Professor Hilary Humphreys (HH), Professor of Clinical Microbiology & Consultant Microbiologist, Chairperson of CPE Expert Group Dr. Karen Burns (KB), Consultant Clinical Microbiologist & Honorary Clinical Senior Lecturer, RCSI. HSE-HPSC Representative Professor Martin Cormican (MC), HSE HCAI/AMR Clinical Lead & Director of the CPE Reference Lab (CPERL) Dr. Rob Cunney (RC), Consultant Microbiologist, HSE-HPSC Representative Dr Fiona Kevitt (FK), Consultant Occupational Health Physician, Dr Steevens Hospital and Faculty of Occupational Medicine (FOM) representative Alison Maguinness (AMG), Infection Prevention and Control Nurse Specialist, Infection Prevention & Control Ireland (IPCI) representative Dr. Anne Sheahan (AS), Specialist in Public Health Medicine, Antimicrobial Resistance and Infection Control Team Shirley Keane, Programme Manager Alex Lloyd (AL), Research Assistant for the microbiology team, HPSC **By telephone:** Dr. Margaret O'Sullivan (MOS), Consultant in Public Health Medicine, Faculty of Public Health Medicine RCPI Representative Dr Catherine Fleming, Consultant in Infectious Diseases, Infectious Diseases Society of Ireland Dr. Jerome Fennell (JF), Consultant Microbiologist, ISCM Representative Health Elaine Phelan (EP), Specialist Medical Scientist, Academy of Clinical Science and Laboratory Medicine Medical Scientist (ACSLM) Representative Clodagh Cruise (CC), Surveillance Scientist, Naas General Hospital, SSAI representative		
Apologies:	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 Colette Cowan (CC), Chief Executive Officer, University of Limerick Hospitals Group, Management representative Dr David Hanlon (DH) General Practitioner Representative Dr. Kevin Kelleher (KK), Director HPSC & Assistant National Director, Health & Wellbeing: Public Health & Childcare Marguerite Kelly (MK), RGN, MSc Nursing, MSc in Advanced Practice (Infection Disease, Prevention and Control) Dr. Siobhan Kenneally (SK), Consultant Geriatrician, National Clinical Advisory Group Lead, Social Care Division & Clinical Lead Integrated Care Programme for Older People Angela Tysall (AT), Lead in Open Disclosure, HSE Quality Improvement Division Bernie O'Reilly (BOR), Voluntary member of Patients For Patient Safety Ireland (PFPSI), and Patient Representative Shane Keane (SHK), Principal Environmental Health Officer, Environmental Health Mags Moran (MM), Community Infection Prevention & Control Nurse Manager Dr. Rachel Grainger (RG), Microbiology Higher Specialist Training Representative		
Date/Time of Meeting:	10.30am, Wednesday 20th March 2019	Date/Time of Next Meeting:	10.30am, Wednesday, 22nd May 2019
Prepared by:	Alex Lloyd	Date Circulated:	

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1.	**Introductions and apologies –** noted. **Conflicts of Interest –** A signed conflict of Interest form was received from Jerome Fennell. Others are to follow. There were no conflicts of interest germane to the issues discussed.	**HH**
2	**Minutes from previous meeting** The minutes were accepted without amendment.	
3	**Matters arising** Outlined on the agenda: 1. Review revised screening guidelines. 2. Review draft guidelines for laboratory detection. 3. Review research priorities document. 4. Updates on following up CPE contacts and Public Health. 5. Query about renal dialysis. 6. Correspondence from CMO.	
4	**Review of draft guideline documents under review** **'Requirements for Screening for Carbapenemase-Producing Enterobacterales (CPE)'** MC received feedback from a number of members and has incorporated the feedback and responded to each of those providing feedback. The number of samples to be collected from a Contact was considered. The consensus is that it should remain at 4 samples for the present. It was agreed that separate sections on guidance for maternity and Children's Hospitals were appropriate as per current draft. The section on children was updated from previous draft to include guidance on infants born to women that are CPE positive. The guidance indicates that the infant is not considered a CPE contact however if the infant is admitted to NICU then screening is necessary. CF stated that there was some repetition in the document and it would be preferable if possible to try to summarise some of the content. It was agreed to review and seek to reduce repetition. There was discussion on the amalgamation of the definition of CPE exposure and CPE contact. It was agreed that a box defining a CPE contact would be useful. The group discussed the length of time considered as significant exposure. It was agreed that 4 hours was not practical to implement and that the revised document should specify 12 hours. There was discussion of the value of preparing specific CPE guidance for the hospice setting. All further comments and feedback to be send to MC by email for review. **'Guidance Relating to Laboratory Detection of Carbapenemase Producing Enterobacterales (CPE)'** MC acknowledged the work of Maria Molloy in preparation of this document. MC defined the purpose of this draft document is to discuss general laboratory approaches rather than just specific molecular	**MC to update and finalise.**

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	approaches for the detection of CPE. It was agreed that this was appropriate. MC briefly outlined the contents of the document; including recommendations, background information on CPE, laboratory detection of CPE (detected/not-detected), molecular detection of CPE, culture based detection, and suggestions on how to approach a molecular detection of CPE in the absence of culture confirmation. Appendix X discusses communicating a positive molecular result but with negative culture result with patients, and its significance. A protocol for environmental testing of CPE is also listed in the Appendix. HH opened the document up for discussion to the Expert Group. Feedback and any comments for inclusion from the rest of the group should be sent to MC for review. **'Research Questions on Carbapenemase-producing Enterobacterales (CPE), Data Sources & Possible Funding'** HH acknowledged RC, CC and MC for their work in preparation of this document. HH stated that the purpose of this document is to identify the gaps in CPE research. HH opened the document up for discussion, comments and criticisms. RC asked if there was a need for a Research Group to pursue funding to support research. HH suggested that research priorities be kept under regular review but another group or sub-group was not necessary. No further comments were made and the Expert Group noted and approved the document.	
5	**Updates** **Following up on CPE contacts and Public Health** MC informed the group that the only UHL has not completed communication with patients and that they have advised that they will complete communication by end of March. An report and evaluation of the process will be developed when all hospitals have completed their work. **Query about renal dialysis** HH received and email from Prof. George Mellotte (GM), Clinical Lead in Nephrology about an issue regarding CPE in the setting of renal dialysis. HH stated that we need to develop educational messages regarding renal dialysis. MC to develop a draft. **Correspondence CMO** HH wrote to the CMO to inform him about the work that the Group had completed and seeking guidance on where the CPE Expert Group was now *vis a vis* its governance. MC informed the group that NPHET met three weeks ago and that there was discussion of the governance of the CPE Expert Group in the event that the work of NPHET is brought to a conclusion. The importance of the work of the Group is acknowledged by NPHET. A number of options were examined. The group recommended exploring the idea that the CPE Expert Group could become a Committee of the Faculty of Pathology of RCPI for the present. MC will liaise with the Dean of the Faculty of Pathology.	**MC** **MC**

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6	**New Guidance documents for consideration by Expert Group** – It was previously agreed to develop guidance on Criteria for Clearance of CPE. However, it is now proposed to incorporate this into the revised guidance on CPE screening.	
7	**Actions:** **1. MC will update and finalise the 'Requirements for Screening for Carbapenemase-Producing Enterobacterales (CPE)' document, following group discussion.** **2. MC will take feedback for incorporation into the document on 'Guidance Relating to Laboratory Detection of Carbapenemase Producing Enterobacterales (CPE).** **3. MC to draft an document on educational message for renal dialysis** **4. MC will follow up on future arrangements for the CPE Expert Group.** **5. AL will circulate conflict of interest forms to all CPE Expert Group members to fill in.**	**MC** **MC** **HH** **MC** **AL**
6	**AOB** KB raised a query about patients having contact with positive environmental sources contaminated with CPE. It was agreed that people in such cases should be considered as CPE Contacts and to incorporate that into the CPE Screening Document. MC informed the group the number of newly detected cases of CPE from diagnostic samples was lower in 2018 in comparison to 2017. This may represent some progress towards improved control. A journalist requested access to the minutes from the CPE Expert Group. These were provided. The next meeting will be held on **Wednesday 22nd May 2019 at 10.30am.**	**KB** **MC** **MC**