



HSE Health Protection  
Surveillance Centre



## MINUTES OF MEETING

Title of Meeting:	CPE Expert Group Meeting		
Purpose of Meeting:	Monthly meeting		
Location of Meeting:	HPSC		
Attendees:	<p><b>In person:</b>            Professor Hilary Humphreys (HH), Professor of Clinical Microbiology &amp; Consultant Microbiologist, Chairperson of CPE Expert Group            Dr. Karen Burns (KB), Consultant Clinical Microbiologist &amp; Honorary Clinical Senior Lecturer, RCSI. HSE-HPSC Representative            Professor Martin Cormican (MC), HSE HCAI/AMR Clinical Lead &amp; Director of the CPE Reference Lab (CPERL)            Clodagh Cruise (CC), Surveillance Scientist, Naas General Hospital, SSAI representative            Dr Rob Cunney (RC), Consultant Microbiologist, HSE-HPSC Representative            Marguerite Kelly (MK), RGN, MSc Nursing, MSc in Advanced Practice (Infection Disease, Prevention and Control)            Dr Fiona Kevitt (FK), Consultant Occupational Health Physician, Dr Steevens Hospital and Faculty of Occupational Medicine (FOM) representative            Bernie O'Reilly, Voluntary member of Patients For Patient Safety Ireland (PFPSI), and Patient Representative            Shane Keane (SHK), Principal Environmental Health Officer, Environmental            Dr. Margaret O'Sullivan (MOS), Consultant in Public Health Medicine, Faculty of Public Health Medicine RCPI Representative            Dr. Anne Sheahan (AS), Specialist in Public Health Medicine, Antimicrobial Resistance and Infection Control Team</p> <p><b>By telephone:</b>            Mags Moran (MM), Community Infection Prevention &amp; Control Nurse Manager            Elaine Phelan (EP), Specialist Medical Scientist, Academy of Clinical Science and Laboratory Medicine Medical Scientist (ACSLM) Representative</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            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 &amp; Assistant National Director, Health &amp; Wellbeing: Public Health &amp; Childcare            Dr Jerome Fennell (JF), Consultant Microbiologist, ISCM Representative            Health            Dr. Siobhan Kenneally (SK), Consultant Geriatrician, National Clinical Advisory Group Lead, Social Care Division &amp; Clinical Lead Integrated Care Programme for Older People            Dr. Rachel Grainger (RG), Microbiology Higher Specialist Training Representative            Alison Maguinness, Infection Prevention and Control Nurse Specialist, Infection Prevention &amp; Control Ireland (IPCI) representative            Angela Tysall (AT), Lead in Open Disclosure, HSE Quality Improvement Division</p>		
Date/Time of Meeting:	10.30am, Wednesday 7 <sup>th</sup> November 2018	Date/Time of Next Meeting:	10.30am, Wednesday, 16 <sup>th</sup> January 2019
Prepared by:		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><b>Item 1</b> – layout unclear. Should read</p> <ul style="list-style-type: none"> <li>- Noted that TD would no longer be the patient representative and a replacement should be sought.</li> <li>- KK is continuing to seek a public health contact in UK.</li> </ul> <p><b>Item 2</b></p> <ul style="list-style-type: none"> <li>- delete last line as incomplete</li> <li>- Delete words 'to minimise upset'</li> </ul> <p><b>Item 4</b></p> <ul style="list-style-type: none"> <li>- The sentence 'They will be allocated based on 1 per 1000 CPE screenings' should read the posts of Medical Scientists will be allocated on 1 per 1000 CPE screenings.</li> <li>- Paragraph 2 - include the word updated after KK in first sentence</li> </ul>	<p><b>Minutes of 5<sup>th</sup> Sept will be amended to reflect changes</b></p>
3	<p><b>Matters arising</b></p> <p>On agenda</p>	
4	<p><b>Review of draft guideline documents under review</b></p> <p><i>“ National Standards in Infection Prevention and Control in Community Services 2018 (HIQA)”</i></p> <p><i>“Information Leaflet – your guide to the National Standards for Infection Prevention and control in Community Services (HIQA)”</i></p> <p><i>“FAQ about the National Standards for Infection Prevention and Control in Community Services (HIQA)”</i></p> <p>Agreed that the Information Leaflet highlights the need to inform patients of their AMRO status. Also need to ensure that the Standards are referenced in our documentation</p> <p><i>“Memo: To Consultant Microbiologists and Infectious Disease Physicians – NDM producing Acinetobacter species”</i></p> <p>This is a technical memo prepared by MC and circulated to Consultant Microbiologists and Infectious Disease Consultants</p> <p><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></p> <p>This document was circulated for information. It includes guidance on declaring that a person need no longer be considered as carrying CPE based on 12 months elapsed since a positive test and at least 3 screening samples reported as not detected ruing the 12 month period. MC suggested that could be used on an interim basis in Ireland pending specific national guidance on this issue.</p> <p>MC highlighted that feedback from frontline staff was important and will</p>	<p><b>MC will circulate to the Group for information</b></p> <p><b>Review of current guidelines in 2019 – screening requirement document in 1<sup>st</sup> instance. MC to prepare update to the screening document guidelines for consideration at next</b></p>

Item No.		Action by
	<p>inform review of guidance. The screening requirements document needs to be updated in light of feedback.</p> <p><b>Guidance relating to Healthcare Workers Identified as Colonised with Antimicrobial Resistant Organisms including Carbapenemase Producing Enterobacterales or Identified as CPE Contacts (CPE)</b></p> <p>This draft guidance document was reviewed by the group and some amendments agreed. The document will be updated to take account of these changes.</p> <p><b>A Guide to Treatment of Infection with Carbapenem Resistant Organisms</b></p> <p>The work of Marie Philbin was acknowledged in preparation of this document. The intended readership of this is very specialist. Very different from other guidance documents. Need to put at the beginning who is the primary audience for this document.</p> <p>Will require a review date in 12 months</p> <p>Also suggested that need to add a section on prophylaxis – abdo surgery and inpatients with known colonisation with CPE. Not for other regular surgery.</p>	<p><b>meeting.</b></p> <p><b>Update document to include recommendations from meeting and re-circulate – MC/HH</b></p> <p><b>MC to update and recirculate for further consideration</b></p>
5	<p><b>Updates</b></p> <p>MC informed group that NPHEt last met on 13<sup>th</sup> Sept. No date for next meeting. At the meeting of September 13<sup>th</sup> the representatives of DOH introduced discussion of declaring the public health emergency to be over. MC submitted his views on this to NPHEt as a ‘Reflections’ documents to NPHEt.</p> <p>The CPE Oversight Group is chaired by the CCO and they meet approximately monthly. The Implementation Team on CPE meets every two weeks and submits updates to NPHEt every two weeks. Suggestion that the CPE OG and Implementation Team will change to a HSE HCAI AMR Groups with a wider remit than CPE HH noted that there have been a lot of changes in the governance structure and has proposed that he will write to the CMO.</p> <p>The alignment of iNAP with the work of AMRIC, Implementation Group and CPE Expert Group was discussed. The AMRIC team are developing a 3 year Implementation Plan for the HSE that will align with iNAP but noted that this delivery on all of the iNAP plan is much wider than the HSE and is very dependent on adequate resourcing.</p> <p>The HCAI AMR CAG has met recently and are revising their TORs. MC has drafted them and sent to Chair of CAG who has agreed to circulation. This group will provide scientific advice on HCAI AMR but not CPE while the CPE Expert Group is in operation. They CAG is expected to meet four times in 2019</p> <p>MC advised that he is not aware of any new earmarked funding for HCAI /AMR in the allocation to the HSE for 2019 beyond the funding previously agreed to provide some support for CPE screening, the National team and to support staffing in one hospital. He indicated that his understanding is that there is no new funding earmarked to support development of IPC capacity in the community or hospital.</p>	<p><b>MC to circulate his ‘Reflections’ document to the group</b></p> <p><b>Chair to write to CMO with report on work of Expert Group to date and future priorities</b></p>

Item No.		Action by
	<p><b>Communications Process and CPE – how working in local areas</b></p> <p>The HSE Implementation team has worked with hospital groups to address the gap in relation to communication with CPE Contacts identified arising from the Expert Group guidance issued in July. Good progress has been made but there is still a lot of work to do. A full evaluation of the process will be completed and a report prepared by the team when the work is complete.</p>	
6	<p><b>New Guidance documents for consideration by Expert Group</b></p> <p>Agreed that consider two guidance documents per meeting</p> <p>Suggested that need 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 5<sup>th</sup> Sept will be amended to reflect changes – AS</li> <li>2. MC will circulate Memo on NDM producing Acinetobacter species to the Group for information</li> <li>3. Review of current guidelines in 2019 – screening requirement document in 1<sup>st</sup> instance</li> <li>4. Update ‘Guidance relating to Healthcare Workers Identified as Colonised with Antimicrobial Resistant Organisms including Carbapenemase Producing Enterobacterales or Identified as CPE Contacts (CPE’ document with recommended amendments</li> <li>5. Update ‘A Guide to Treatment of Infection with Carbapenem Resistant Organisms’ document to include recommendations from meeting and re-circulate</li> <li>6. MC to circulate his ‘Reflections’ document to the group</li> <li>7. Chair to write to CMO with report on work of Expert Group to date and future priorities</li> </ol>	
6	<p><b>AOB</b></p> <p>The next meeting will be held on <b>Wednesday 16<sup>th</sup> January at 10.30am.</b></p>	