



**HSE Health Protection  
Surveillance Centre**



Seirbhís Síainte  
Níos Fearr  
á Forbairt

Building a  
Better Health  
Service

## 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>            Dr. Karen Burns (KB), Consultant Clinical Microbiologist &amp; Honorary Clinical Senior Lecturer, RCSI. HSE-HPSC Representative            Clodagh Cruise (CC), Surveillance Scientist, Naas General Hospital, SSAI representative            Dr. Rob Cunney (RC), Consultant Microbiologist, HSE-HPSC Representative            Tracey Dineen (TD), Patient Representative            Professor Hilary Humphreys (HH), Professor of Clinical Microbiology &amp; Consultant Microbiologist, Chairperson of CPE Expert Group            Dr. Kevin Kelleher (KK), Director HPSC &amp; Assistant National Director, Health &amp; Wellbeing: Public Health &amp; Childcare            Anita Kelly (AK), Surveillance Assistant, HSE-HPSC, Administrative Support to the CPE Expert Group            Alison Maguinness, Infection Prevention and Control Nurse Specialist, Infection Prevention &amp; Control Ireland (IPCI) representative            Bernie O'Reilly, Voluntary member of Patients For Patient Safety Ireland (PFPSI), and Patient Representative</p> <p><b>By telephone:</b>            Professor Martin Cormican (MC), HSE HCAI/AMR Clinical Lead &amp; Director of the CPE Reference Lab (CPERL)            Dr. Jerome Fennell (JF), Consultant Microbiologist, ISCM Representative            Dr Catherine Fleming (CF) Consultant in Infectious Disease, ISDI Representative            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. Rachel Grainger (RG), Microbiology Higher Specialist Training Representative            Dr David Hanlon (DH) General Practitioner Representative            Shane Keane (SHK), Principal Environmental Health Officer, Environmental Health            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 &amp; Clinical Lead Integrated Care Programme for Older People            Dr Fiona Kevitt (FK), Consultant Occupational Health Physician, Dr Steevens Hospital and Faculty of Occupational Medicine (FOM) representative            Dr. Joanne O'Gorman, Consultant Clinical Microbiologist, HPSC &amp; Rotunda Hospital            Dr. Margaret O'Sullivan (MOS), Consultant in Public Health Medicine, Faculty of Public Health Medicine RCPI Representative</p>		
Date/Time of Meeting:	9am, Wednesday, 11 <sup>th</sup> July 2018	Date/Time of Next Meeting:	10.30am, Wednesday, 5 <sup>th</sup> September 2018
Prepared by:	Anita Kelly	Date Circulated:	25 <sup>th</sup> July 2018

Item No.		Action by
1	<p><b>Minutes from previous meeting</b></p> <p>The Chair welcomed all to the meeting. He apologised for the early start to the meeting, which had seriously inconvenienced a number of members of the Group, and explained that the meeting time had been changed to accommodate the rescheduling of the NPHEM meeting, which was then subsequently cancelled at short notice.</p> <p><b>Minutes</b></p> <p>There were no proposed amendments to the minutes from the last meeting. One outstanding item remains: document sharing with PH UK. KK advised that his contact in Public Health UK has been out on sick leave, and he is still following up on this.</p> <p>The Chair asked whether the NPHEM had requested that that the Chair formally send guidelines produced by the Expert Group to the chair of NPHEM. KK indicated that he had forwarded them on behalf of the Chair and he understood that this sufficed.</p>	<p><b>KK advised that his contact in the UK is out ill, and he is still following up on this.</b></p>
2	<p><b>Matters arising</b></p> <p><u>Communications Guideline</u></p> <p>The Group was informed that the Oversight Group had met, chaired by the Chief Clinical Officer, and decided that there will be communication with the Hospital Group CEOs regarding action with respect to this guidance.</p> <p><u>Rapid risk assessment (RRA) on ceftazidime avibactam (CAZ-AVI)</u></p> <p>The Group was updated by KB on ceftazidime/avibactam, a new antibiotic drug launched which is active against some CPE. This RRA, recently published by ECDC, describes observed resistance very soon after drug launch. Two questions for consideration by the Group were: whether this drug needs to be restricted, and the necessity for susceptibility testing and how this would be carried out. MC advised that a recent specialist registrar working with the reference laboratory had carried out susceptibility testing of a series of isolates using the reference method. It was noted that all OXA-48 and KPC were susceptible but that NDM and VIM were not. MC advised that he would explore if the reference laboratory could undertake testing of all submitted CPE isolates for susceptibility to ceftazidime/aviabactam.</p> <p>It was further agreed to recommend that CAZ-AVI should go on every hospital's reserve list and that a similar approach should apply to all new broad spectrum antibiotics.</p> <p>There was discussion regarding the interpretation and management of situation in which a CPE gene is detected by molecular methods, but the isolate cannot be grown.</p>	<p><b>MC to send to AK the related documents for circulation to the Expert Group after they have issued to hospital group CEOs.</b></p> <p><b>MC to revert following discussion with colleagues in the reference laboratory.</b></p> <p><b>KB to contact SpR regarding her research on this, and KB will update ISCM, and recirculate the findings to the Group.</b></p> <p><b>MC to draft memo to microbiologists and infection control physicians advising them of this.</b></p> <p><b>MC to write a brief guide on PCR positive cases that cannot be grown.</b></p>

Item No.		Action by
3	<p><b>Review of draft guideline documents under review</b></p> <p>A discussion was held around whether to combine the two documents under review in to a single document. It was agreed that the documents would be best as two separate documents as different healthcare workers may prefer to access their own more focused document.</p> <p><i>“Hospital outpatient, day-care, and visiting for people colonised with AMRO, including CPE”</i></p> <p>It was agreed that it should be indicated in the document that patients colonised with CPE, or who are CPE contacts, should always bring their card with them and show to the healthcare worker. It was also agreed that the draft guidance which recommends that toilets are cleaned hourly is not practical. It was agreed that guidance should explicitly state how many times the toilet facilities should be cleaned. In L.253, the specific areas to be cleaned should be outlined.</p> <p><i>“Guidance relating to CPE for healthcare workers working in the community (non-residential care)”</i></p> <p>It was noted that the hand hygiene recommendations should be amended to ensure alignment with national guidance re alcohol based hand rub. It was noted that issues with procurement of hand gel for healthcare workers have been resolved and all allied healthcare workers now have access to hand gel. It was noted that some primary care centres have requested that they are fitted with hand-gel dispensers. Some buildings don’t currently have this. Agreed that hourly cleaning of toilets is not practical in GP practices and this should be reconsidered.</p> <p>It was agreed that enhanced PPE should only be used in very specific circumstances as reflected in the draft document.</p> <p>It was agreed to include Standard Precautions, Contact Precautions and Transmission Based Precautions in the glossary.</p> <p><b>Other discussion</b></p> <p>It was agreed that where there was a pressing need to provide guidance on a specific issue, but where no guidance was yet signed-off, a draft, clearly marked with the watermark “draft”, could be provided. The only exception to this might be if the draft version still included controversial or contentious issues that had not been resolved.</p> <p><b>Next documents for review</b></p> <p>It was agreed by the Group that a new listing of what is next for the Group to address should be created. MC will consider this and send a proposed listing in advance of the next meeting. It was acknowledged that NPHE would also need to be consulted for their instructions to the Group.</p>	<p><b>Feedback to AK by 19th July. Revised document will be circulated in early August.</b></p> <p><b>Feedback to AK by 19th July. Revised document will be circulated in early August.</b></p> <p><b>MC to speak to some GP colleagues regarding the cleaning of GP practices.</b></p> <p><b>MC to make list of next steps for the Group and circulate prior to the next meeting.</b></p>

Item No.		Action by
4	<p><b>Updates</b></p> <p>The Group was advised that HSE and Department of Health discussions had results in an agreement to support 25 medical scientists and 12.5 clerical posts to support implementation of CPE screening to pursue a target of 25,000 CPE screens per month. It was noted that recruitment of medical scientists could be challenging due to a shortage of medical scientists. It had been suggested that medical laboratory aides could be recruited as an interim measure where medical scientist are not available.</p> <p>In the last three weeks 18, 11, and 9 cases, respectively of new CPE colonised patients have been detected. Outbreaks are ongoing in a number of hospitals.</p>	
5	<p><b>Actions</b></p> <ol style="list-style-type: none"> <li>1. MC to distribute communication with hospital group CEOs to the Group for their information after they have issued</li> <li>2. KK to follow up with PH UK</li> <li>3. KB to follow up with SpR, inform the ICSM and the Group</li> <li>4. MC to write a one-page guide on situations where PCR testing is positive for CPE, but the potential CPE cannot be grown</li> <li>5. MC to follow up advised to place CAZ-AVI on the reserve list in hospitals</li> <li>6. AK to receive all feedback from the Group on the two documents for review by 19<sup>th</sup> July latest</li> <li>7. MC will recirculate these documents in early August after implementing the feedback suggested</li> <li>8. MC to provide a listing of proposed next priorities for the Group</li> <li>9. The Group members to consider any opportunities for research into the gaps in evidence around CPE.</li> </ol>	
6	<p><b>AOB</b></p> <p>The next meeting will be held on <b>Wednesday, 5<sup>th</sup> September, at 10.30am</b></p>	