MINUTES OF MEETING

HSE Health Protection Surveillance Centre

Title of Meeting:	CPE Expert Group		
Purpose of Meeting:	Refer to Agenda		
Location of Meeting:	HPSC		
Attendees:	**In person:** Cathy Barrett Boyce (CBB), Infection Prevention & Control Nurse, IPCI representative 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) Clodagh Cruise (CC), Surveillance Scientist, Naas General Hospital, SSAI representative Dr. Rob Cunney (RC), Consultant Microbiologist, HSE-HPSC Representative Dr. Jerome Fennell (JF), Consultant Microbiologist, ISCM Representative Prof. Hilary Humphreys (HH), Prof. of Clinical Microbiology & Consultant Microbiologist, Chairperson of CPE Expert Group Shane Keane (SHK), Principal Environmental Health Officer, Environmental Health Dr. Kevin Kelleher (KK), Director HPSC & Assistant National Director, Health & Wellbeing: Public Health & Childcare Anita Kelly (AK), Surveillance Assistant, HSE-HPSC, Administrative Support to the CPE Expert Group Mags Moran (MM), Community Infection Prevention & Control Nurse Manager Dr. Sarah O'Brien (SOB), Specialist Registrar in Public Health Medicine, HPSC Elaine Phelan (EP), Specialist Medical Scientist, Academy of Clinical Science and Laboratory Medicine Medical Scientist (ACSLM) Representative Dr. Rachel Grainger (RG), Microbiology Higher Specialist Training Representative **By telephone:** Colette Cowan (CC), Chief Executive Officer, University of Limerick Hospitals Group, Management representative Dr. Jacinta Mulroe (JM), Specialist Registrar in Public Health Medicine, HPSC		
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 Dr. Catherine Fleming (CF), Consultant in Infectious Disease, ISDI Representative Dr. David O'Hanlon (DH), General Practitioner Representative Dr. Siobhan Kenneally (SK), Consultant Geriatrician, National Clinical Advisory Group Lead, Social Care Division & Clinical Lead Integrated Care Programme for Older People Dr. Margaret O'Sullivan (MOS), Consultant in Public Health Medicine, Faculty of Public Health Medicine RCPI Representative		
Date/Time of Meeting:	Wednesday, 10th January 2018, 10.30am, HPSC offices	Date/Time of Next Meeting:	Wednesday, 7th February 2018, 11.30am, HPSC offices
Prepared by:	Anita Kelly	Date Circulated:	2nd February 2018

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1	**Introductions** As there were a number of new members to the Group, introductions were made. All were welcomed to the Group by the Chair (HH). **Minutes from previous meeting** There were no proposed amendments to the minutes.	
2	**Matters arising** A patient representative is being sought. It is hoped that a representative will be available at the next meeting. The Group was asked if occupational health should be involved. It was agreed to seek a representative from occupational health. The group was advised that the members of the CPE Expert Group would be published on the Department of Health website. HH advised that the process of reviewing documents between meetings needs to be tighter with strict adherence to deadlines. (See below) MC added that feedback had been excellent and valuable. RC suggested a HSE-based platform for sharing documents. AK to follow up.	**AK following up on patient representative.** **KK to write to the Faculty of Occupational Health (RCPI) requesting an occupational health representative.** **AK to speak to IT about shared platform.**
3	**Discussion of screening document reviewed by the group** *"Requirements for screening of patients for CPE in the acute hospital sector" Version 3.0* A discussion was held around the screening for haematology/ transplant wards and renal dialysis patients (line 35), in the context of prioritising high-risk patients/resources. Renal dialysis patients were deemed a cause for concern due to a recent incident, and risk of transmission in dialysis units is considered high. It was agreed that the screening document should be as comprehensive as possible as this was screening guidance for the state. While it is important to prioritise higher-risk groups, evidence and epi-data is required for grading patient groups. Patient priorities are initially to be based on local risk assessment. The biggest challenge at the moment is to ensure all hospitals are carrying out screening, so the extent of the problem can be accurately ascertained.	

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	It was noted that screening would increase as the numbers with CPE rise. The importance of multiple swabs to ensure CPE detection was discussed even when there is a significant time gap between sampling. It was agreed to enter "Process has not yet been defined" (line 104/105). Resources are necessary and addressing resource issues is the next stage in the process. KK advised that NPHET would be seeking significant funding to address the emergency. It was agreed that a clean version of this document would be distributed for final review (one week deadline), and signed off (10/1/18) if no major revisions.	**MC to provide AK with clean version for circulation to the group.**
4	**Discussion of interventions document reviewed by the group** *"Provisional guidance relating to CPE interventions for control of transmission of CPE in the acute hospital sector" Version 3.0* Definition for CPE required in point 1. It was agreed to include points around antimicrobial stewardship (AMS). Definitions and actions for "possible" and "probable" outbreak also need to be clarified in the document, along with the requirement to investigate if there are links between cases. It was suggested that hospital cases be deemed an outbreak until further assessed. KB is to update an existing document on an acute hospital CPE outbreak control checklist, and to include relevant points in this document. Subheadings are required for the section "What are key considerations for CPE outbreak control?" It was noted that resource implications to implement this guidance are huge. After KB and RC have edited this document, and MC has ratified, this document will be circulated to the group again for comment. If only minor edits suggested, a clean copy will be produced and signed-off before the next meeting. If major edits are suggested, the document will be discussed further at the next meeting.	**RC to include points on AMS, and KB to update outbreak control list, and to suggest inclusion of relevant points in this document.** **Clean document to be circulated to the group, with comments required to enable sign-off by the next meeting (if changes are minor).**
5	**Next documents for review** MC will review the open disclosure document, and then send to AK for circulation to the group. Two other documents were proposed for review: Assessing evidence of an Outbreak, and Assessing Evidence of Closure of an Outbreak. MC to send drafts of these documents to AK. All	**MC to review open disclosure document and send all three docs for review to AK for circulation to the group.**

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	documents will have line numbers included. The aim is to ensure revised papers are circulated to the group the Friday prior to the next meeting. Therefore, there will be a clear deadline and it will be assumed that non-responders are happy with the draft. Comments and feedback should be forwarded on the template review form to AK (HPSC). She in turn will compile the feedback and forward to MC sufficiently in advance of the next meeting so that he can re-draft in time.	
6	**Updates** MC advised the Group of data received from the hospitals each month. Another outbreak in the Mercy Hospital, Cork, was announced yesterday with four cases. Screening is to take place. There is concern about levels of screening in the south of the country. Currently 11,000 screens per month are taking place, which needs to rise to about 25,000 screens. KK Advised the group that NPHET are now meeting fortnightly after meeting on 11th January. They will be preparing a monthly report on CPE, which will develop over time. This report will be circulated to this group after it has been signed-off (after 22nd of each month). A business case is being put forward for resources (to support screening, reference lab, and to put in place a control team). General resources are required for IPC and AMR (both hospital and community), and the consequences of these initiatives. Capital is also required to develop more isolation facilities, and to upgrade existing facilities. Making CPE colonisation notifiable is still in process. A DOH report completed in Dec 17 on the extent of the problem is to be circulated to the Group.	**KK to provide details to AK of this document for circulation.**
7.	**Surveillance data** Whether to include the data on CIDR was discussed. It was deemed important that local health get involved, with enhanced roles a possibility. Data protection was mentioned in the context of data sharing, and the importance of defining and agreeing data fields for inclusion, and whether patient IDs will be required.	
8.	**AOB** Dates for the next few meetings will be disseminated by AK. Declaration of conflict of interest to be completed by members of the group.	**Send meeting dates to the group (AK)** **AK to source document for circulation.**