

Community-wide Surveillance for Carbapenemase Producing Organisms (CPO) Statistical Report for 2023 Quarter 3

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Surveillance Definitions (Years Updated)

Report Date (2023)

For this report, the date of specimen collection is used for case counts by months.

Carbapenemase-Producing Organisms (CPO) (2023)

Any specimen that meets confirmatory laboratory evidence:

- Positive phenotypic test for carbapenemase production OR
- Molecular test detecting a carbapenemase gene OR
- Next generation sequencing detecting a carbapenemase gene.

CPO cases will be classified as either clinical case (collected for diagnosing/treating disease), or as screening case (collected for detecting colonization).

Duplicates (2023)

Duplicates are defined as the same organism/carbapenemase combination regardless of collection source and date. A screening case can be counted as a new clinical case if with the same organism/carbapenemase combination, but a clinical case cannot be counted as a new screening case with same organism/carbapenemase combination.

Carbapenem Resistant Enterobacteriaceae (CRE) (2022)

Enterobacteriaceae that meets the following criteria:

- Resistant to ANY carbapenem antimicrobial (i.e., MIC of ≥ 4 mcg/ml for doripenem, meropenem, or imipenem OR ≥2 mcg/ml for ertapenem) OR
- Documented to produce carbapenemase

In addition:

• For bacteria that have intrinsic imipenem nonsusceptibility (i.e., *Morganella morganii, Proteus spp., Providencia spp.*), resistant to carbapenems other than imipenem is required.

Carbapenem Resistant Pseudomonas aeruginosa (CRPA) (2022)

Pseudomonas aeruginosa isolated from any body site* that meets the following criteria:

- Resistant to imipenem, meropenem, or doripenem based on current Clinical and Laboratory Standards Institutes Standards (CLSI) M100 standards (≥ 8 mcg/mL);
 AND/OR
- Demonstrates production of a carbapenemase by a recognized method (e.g., CarbaNP or Polymerase chain reaction (PCR) or other methods).

Carbapenem Resistant Acinetobacter (CRA) (2022)

Acinetobacter isolated from any body site that meets the following criteria:

- Resistant to imipenem, meropenem, or doripenem based on current Clinical and Laboratory Standards Institutes Standards (CLSI) M100 standards (≥ 8 mcg/mL);
 AND/OR
- Demonstrates production of a carbapenemase by a recognized method (e.g., CarbaNP or PCR or other methods).

Carbapenem Resistant Organisms (CRO) (2017)

Any organisms meeting the above definitions for CRE, CRPA, and CRA are considered CRO.

Carbapenemase Producing Organisms (CPO) (2017)

Any organisms producing carbapenemase which is laboratory-confirmed are defined as CPO.

Multi-Drug Resistant Bacilli – Carbapenem Resistant (MDRB-CR) (2010-2016)

A case is defined as an infection with an MDRB-CR organism of one patient per hospitalization per year regardless of resident status. Infection with a second species of MDRB-CR organism in the same patient is counted as a separate case. Infections with those Gram-negative bacilli that are constitutively resistant to carbapenems, specifically Stenotrophomonas, Aeromonas & Chryseobacterium, are not counted as cases.

MDRB-CR organisms refer to Gram negative bacilli that are resistant to three or more classes of antibiotics, one of which must be Carbapenem.

Patient's Residency (SINCE 2010)

Patients from out of jurisdiction (OOJ) are included in the surveillance report as long as isolates meet the above surveillance definitions.

^{*}Excluding isolates from patients with cystic fibrosis (CF).

Major Findings

Table 1: Reported CRO by Month, Washoe County, 2023

| Month | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Total |
|---------------|-----|-----|-----|-----|-----|------|------|-----|------|-------|
| CRE | 1 | 4 | 4 | 5 | 6 | 1 | 2 | 3 | 6 | 32 |
| CRPA | 0 | 3 | 4 | 2 | 10 | 4 | 3 | 5 | 1 | 32 |
| CRA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other CROs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 1 | 7 | 8 | 7 | 16 | 5 | 5 | 8 | 7 | 64 |

Table 1-1: Descriptive Statistics for Reported CRO Cases, Washoe County, Q3 2023 & 2023 Cumulative

| | | Quart | ter 3 | 2023 Cu | mulative | |
|---------------------------|---|----------|----------------|----------|----------------|--|
| Cha | aracteristics | No. | Percent (%) | No. | Percent (%) | |
| Age | Median | 69 years | NA | 73 years | NA | |
| | Minimum | 1 year | NA | 1 year | NA | |
| | Maximum | 75 years | NA | 93 years | NA | |
| Gender | Male | 9 | 45.00 | 31 | 48.44 | |
| | Female | 11 | 55.00 | 33 | 51.56 | |
| Race/Ethnicity | White, non-Hispanic | 15 | 75.00 | 52 | 81.25 | |
| | White, Hispanic | 3 | 15.00 | 6 | 9.38 | |
| | Asian | 0 | 0.00 | 1 | 1.56 | |
| | Black | 2 | 10.00 | 2 | 3.13 | |
| | American Indian/ Alaskan Native | 0 | 0.00 | 1 | 1.56 | |
| | Other | 0 | 0.00 | 2 | 3.13 | |
| | Unknown | 0 | 0.00 | 0 | 0.00 | |
| Washoe County Resident | Yes | 20 | 100.00 | 56 | 87.50 | |
| | No | 0 | 0.00 | 8 | 12.50 | |
| | Unknown | 0 | 0.00 | 0 | 0.00 | |
| Specimen Type | Urine | 11 | 55.00 | 34 | 53.13 | |
| | Respiratory | 2 | 10.00 | 8 | 12.50 | |
| | Wound | 6 | 30.00 | 15 | 23.44 | |
| | Rectal | 0 | 0.00 | 0 | 0.00 | |
| | Invasive (e.g., blood, cerebrospinal fluid) | 0 | 0.00 | 3 | 4.69 | |
| | Other | 0 | 0.00 | 0 | 0.00 | |

| | Surgical | 0 | 0.00 | 0 | 0.00 |
|---------------|--------------------------|----|--------|----|--------|
| | Unknown* | 1 | 5.00 | 4 | 6.25 |
| Facility Type | Inpatient | 8 | 40.00 | 26 | 40.63 |
| | Outpatient | 11 | 55.00 | 29 | 45.31 |
| | Long Term Acute Care | 0 | 0.00 | 4 | 6.25 |
| | Intensive Care Unit | 0 | 0.00 | 1 | 1.56 |
| | Skilled Nursing Facility | 1 | 5.00 | 4 | 6.25 |
| Total** | | 20 | 100.00 | 64 | 100.00 |

^{*}Initial result not received from testing hospital.

Carbapenemase Producing Organism (CPO)

Table 2: Characteristics of Reported CPO Cases, Washoe County, 2023

| Month/ Year Reported | Resistance Mechanism | Organism | Active Infection or Colonization | Source of Detection | # of Contacts | Case notes |
|----------------------------|-------------------------|--------------------------|--|------------------------|------------------|--|
| 2/2023 | KPC | Klebsiella pneumoniae | Active | Routine Reporting | 0 | Within the 12 months prior to diagnosis, case had extensive hospital stay and antibiotic use. No travel history. |
| 5/2023 | KPC | Klebsiella pneumoniae | Active | Routine Reporting | 0 | SNF and ACH hospitalizations within the past 12 months. History of antibiotic use. |
| 5/2023 | NDM | E. coli | Active | Routine Reporting | 0 | Self caths Indiana pouch. Extensive antibiotic history. No international or domestic hospitalizations within the past 12 months. |

^{**}Represents number of testing events. A single person may count more than once if not considered a duplicate isolate (see definition of "Duplicates")

| | | | | | | | Recent discharge |
|--|--------|-----|------------|--------|-----------|---|-------------------|
| | | | Klebsiella | | Routine | | from LTAC. |
| | 5/2023 | NDM | _ | Active | Reporting | 0 | Extensive |
| | | | pneumoniae | | Reporting | | antibiotic and |
| | | | | | | | dialysis history. |

 $\label{eq:kpc-klebsiella} KPC\text{-}\textit{Klebsiella pneumonia} \ carbapenemase, NDM\text{-}New \ Delhi \ Metallo-\beta\text{-}lactamase, VIM\text{-}Verona \ Integron\text{-}encoded } \\ Metallo-\beta\text{-}lactamase$

Carbapenem Resistant Enterobacteriaceae (CRE)

Table3: Carbapenem Resistant Enterobacteriaceae, Washoe County, 2019-2023

| Year | Total N CRO | No. CRE | Proportion (%) | | CRE Organisms | | | | | | | | | | | | |
|-------|-------------------|------------|-------------------|----|---------------|----|---------|----|----|----|----|----|----|----|----|----|-------|
| | | | | EC | EA | KP | E. coli | PM | CF | SM | СВ | КО | PS | PR | ММ | KA | Citro |
| | | | | | | | | | | | | | | | | | spp. |
| 2019 | 94 | 27 | 28.72 | 13 | 1 | 9 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2020 | 90 | 48 | 53.33 | 27 | 2 | 8 | 6 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| 2021 | 77 | 36 | 46.75 | 21 | 3 | 5 | 2 | 0 | 0 | 2 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| 2022 | 145 | 62 | 42.76 | 39 | 0 | 6 | 3 | 1 | 1 | 2 | 0 | 0 | 0 | 1 | 2 | 7 | 0 |
| 2023* | 64 | 32 | 50.00 | 12 | 0 | 6 | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 |

EC-Enterobacter cloacae, EA-Enterobacter aerogenes, KP-Klebsiella pneumonia, PM-Proteus mirabilis,

CF-Citrobacter freundii, SM-Serratia marcescen, CB-Citrobacter braakii, KO-Klebsiella oxytoca,

PS- Providencia stuartii, PR- Providencia rettgeri, MM- Morganella morganii, Citro sp.-Citrobacter species

KA- Klebsiella aerogenes

^{*1} Klebsiella ozaenae, 2 Hafnia alvei not included in table organisms

Reported Incidence of CRO (2023)

The reported incidence for January 2023-September 2023 was 2. cases per 10,000 patient days. Figure 1 illustrates the reported incidence rate of CRO from 2011 through 2023.

6.0 5.0 5.0 No. Cases per 10,000 4.0 Patient Days 3.0 3.0 2.5 2.0 1.8 1.0 1.2 1.0 8.0 0.6 0.0 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 Report Year 2010-11 Baseline Threshold Rate

Figure 1. Reported Incidence (per 10,000 Patient Days) of CROs, Washoe County, 2011-Q3 2023

Table 4: CRO Cases Resistant to 3+ Classes of Antibiotics by Month, Washoe County, 2019-2023

| Year | Jan | Feb | Mar | Apr | May | Jun | July | Aug | Sep | Oct | Nov | Dec | Total |
|-------|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-------|
| 2019 | 11 | 9 | 11 | 6 | 10 | 9 | 9 | 13 | 3 | 11 | 3 | 7 | 102 |
| 2020 | 5 | 8 | 6 | 4 | 4 | 8 | 9 | 9 | 1 | 8 | 15 | 7 | 84 |
| 2021 | 8 | 7 | 6 | 7 | 3 | 0 | 10 | 8 | 2 | 6 | 4 | 8 | 69 |
| 2022 | 5 | 8 | 5 | 8 | 11 | 8 | 12 | 8 | 12 | 6 | 8 | 5 | 96 |
| 2023 | 1 | 5 | 5 | 6 | 14 | 4 | 3 | 4 | 4 | 0 | 0 | 0 | 46 |
| Total | 30 | 37 | 33 | 31 | 42 | 29 | 43 | 42 | 22 | 31 | 30 | 27 | 397 |

^{*}Beginning 2017, reporting criteria changed

Severity of Drug-Resistance among CRO (2023)

- Proportion of resistance to three classes of antibiotics: 71.88 (46/64)
- Proportion of resistance to four or more classes of antibiotics: 56.25 (36/64)
- Proportion pan-resistance*: 0.00 (0/64)

^{*}Pan-resistance is defined as non-susceptible to all tested drugs at the clinical lab.

CPO Testing (2023)

Table 5: Pan-resistance Rate, Washoe County, 2019-2023

| Year | Total N Cases | No. Pan- resistance | Proportion (%) | Organisms (No. pan-resistant) |
|------|------------------|------------------------|-------------------|---|
| 2019 | 91 | 3 | 3.30 | Pseudomonas aeruginosa (1), K. pneumoniae (2) |
| 2020 | 89 | 2 | 2.25 | Citrobacter sp. (1), K. pneumoniae (1) |
| 2021 | 76 | 0 | 0.00 | - |
| 2022 | 145 | 1 | 0.69 | Pseudomonas aeruginosa |
| 2023 | 44 | 0 | 0.00 | - |

Table 6 and 7 may not equal the total isolates recorded. Not all specimens are forwarded to the Nevada State Public Health Laboratory for testing. Table 7 may not identify the organisms that were PCR positive as some specimens were only tested for mechanism.

Table 6: Modified Carbapenem Inactivation Method (mCIM) Testing, Washoe County, 2019-2023

| | | | and perferring the detection (mental) resulting, trustice estately, 2023 | | | | | | | | | | | |
|-------|----------------------|-------|--|----|-----------|------------|----|----|----|-----------------------------|------|--|--|--|
| Year | Total N Tested | | No. Positive | | | | | | | | | | | |
| | | Total | KP | PA | PP/ PF | E. coli | EC | KO | SM | Organism not isolated | | | | |
| 2019 | 77 | 6 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7.79 | | | |
| 2020 | 81 | 5 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6.17 | | | |
| 2021 | 71 | 5 | 0 | 2 | 1 | 1 | 1 | 0 | 0 | 0 | 7.04 | | | |
| 2022* | 109 | 3 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 2.75 | | | |
| 2023 | 53 | 4 | 4 3 0 0 1 0 0 0 | | | | | | | | | | | |
| Total | 391 | 23 | 12 | 3 | 1 | 2 | 2 | 0 | 0 | 0 | 5.88 | | | |

^{*} One CPO is not included in Table 6 as they were identified by PCR testing and not mCIM.

KP-Klebsiella pneumoniae, PA-Pseudomonas aeruginosa, PP/PR-Pseudomonas fluorescens/putida, KO-Klebsiella oxytoca, SM-Serratia marcescen, EC-Enterobacter cloacae

Table 7: Polymerase Chain Reaction (PCR) Testing, Washoe County, 2019-2023

| Year | Total N Tested | | No. Positive | | | | | | | | | | |
|-------|----------------------|-------|---------------|----|-----------|------------|----|----|-----------------------------|-------|--|--|--|
| | | Total | KP | PA | PP/ PF | E. coli | КО | EC | Organism not isolated | | | | |
| 2019 | 12 | 7 | 6 | 3 | 0 | 0 | 1 | 2 | 0 | 58.33 | | | |
| 2020 | 7 | 5 | 4 | 0 | 0 | 1 | 0 | 0 | 0 | 71.43 | | | |
| 2021 | 6 | 3 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 50.00 | | | |
| 2022 | 6 | 4 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 66.67 | | | |
| 2023 | 27 | 4 | 4 3 0 0 1 0 0 | | | | | | | | | | |
| Total | 58 | 23 | 14 | 5 | 1 | 3 | 1 | 3 | 1 | 39.66 | | | |

KP-Kleibsiella pneumoniae, PA-Pseudomonas aeruginosa, PP/PR-Pseudomonas fluorescens/putida

EC-Enterobacter cloacae, KO-Klebsiella oxytoca

Antibiotic Susceptibility

Table 8. Antibiotic Susceptibility for CRE and CRPA, Washoe County, 2023

| Antimicrobial Class or Subclass | | CRE (n=32 | 2) | CRPA (n=32) | | | | |
|------------------------------------|--------|-------------|-------------|-------------|-------------|-------------|--|--|
| | # | # | % | # | # | % | | |
| | Tested | Susceptible | Susceptible | Tested | Susceptible | Susceptible | | |
| Penicillins | | | | | | | | |
| Ampicillin | 46 | 0 | 0.00 | 27 | 0 | 0.00 | | |
| Piperacillin | 0 | 0 | 0.00 | 5 | 4 | 80.00 | | |
| Cephems | | | | | | | | |
| Cefazolin | 52 | 0 | 0.00 | 0 | 0 | 0.00 | | |
| Cefepime | 53 | 22 | 41.51 | 55 | 43 | 78.18 | | |
| Cefotaxime | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | |
| Cefotetan | 2 | 1 | 50.00 | 0 | 0 | 0.00 | | |
| Cefoxitin | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | |
| Ceftazidime | 28 | 4 | 14.29 | 34 | 24 | 70.59 | | |
| Ceftriaxone | 55 | 9 | 16.36 | 0 | 0 | 0.00 | | |
| Cefuroxime | 26 | 2 | 7.69 | 0 | 0 | 0.00 | | |
| Cephalothin | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | |
| β-Lactam/β- lactamase | | | | | | | | |

| inhibitor combinations | | | | | | |
|---------------------------------|----|----|--------|----|----|--------|
| Amoxicillin- clavulanic acid | 4 | 0 | 0.00 | 0 | 0 | 0.00 |
| Ampicillin- sulbactam | 48 | 0 | 0.00 | 27 | 0 | 0.00 |
| Piperacillin- tazobactam | 56 | 14 | 25.00 | 50 | 33 | 66.00 |
| Ticarcillin- clavulanic acid | 0 | 0 | 0.00 | 4 | 0 | 0.00 |
| Fluoroquinolones | | | | | | |
| Ciprofloxacin | 55 | 34 | 61.82 | 52 | 37 | 71.15 |
| Levofloxacin | 46 | 30 | 65.22 | 40 | 25 | 62.50 |
| Moxifloxacin | 9 | 8 | 88.89 | 0 | 0 | 0.00 |
| Aminoglycosides | | | | | | |
| Amikacin | 28 | 28 | 100.00 | 45 | 44 | 97.78 |
| Gentamicin | 56 | 56 | 100.00 | 57 | 46 | 80.70 |
| Tobramycin | 54 | 47 | 87.04 | 51 | 48 | 94.12 |
| Sulfonamides | | | | | | |
| Trimethoprim | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| Trimethoprim-sulfamethoxazole | 56 | 37 | 66.07 | 0 | 0 | 0.00 |
| Monobactams | | | | | | |
| Aztreonam | 26 | 4 | 15.38 | 37 | 13 | 35.14 |
| Tetracyclines | | | | | | |
| Tetracycline | 28 | 19 | 67.86 | 1 | 1 | 100.00 |
| Tigecycline | 23 | 22 | 95.65 | 0 | 0 | 0.00 |
| Nitrofurans | | | | | | |
| Nitrofurantoin | 21 | 12 | 57.14 | 0 | 0 | 0.00 |
| Carbapenems | | | | | | |
| Imipenem | 11 | 0 | 0.00 | 20 | 0 | 0.00 |
| Meropenem | 34 | 17 | 50.00 | 56 | 15 | 26.79 |
| Doripenem | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| Ertapenem ¹ | 49 | 6 | 12.24 | 0 | 0 | 0.00 |

 $^{^{1}}$ Pseudomonas aeruginosa and Acinetobacter have intrinsic resistance to Ertapenem.