



Dear Colleague

Antimicrobial Resistance

We wrote to you in November 2010 [http://www.sehd.scot.nhs.uk/cmo/CMO\(2010\)24.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2010)24.pdf) highlighting the threat of antimicrobial resistance and what we can all do to minimise this. We raised particular concern around the emergence of organisms resistant to carbapenems – antibiotics usually of last resort.

Since we wrote to you, extensive spread has occurred within a number of European countries, with some countries moving to an endemic situation. The number of carbapenemase-producing Enterobacteriaceae (CPEs) detected within the UK has also risen, with over 70 Trusts in England having isolated a carbapenemase producing organism. In Scotland there has been an increase in CPE detection, with 25 cases detected in 2012.

The key principles in combating this threat remain;

- early detection (through clinical alertness, good diagnostic practice and surveillance),
- containment (through infection control measures together with patient and contact screening as required), and
- prudent prescribing of antibiotics.

Awareness

The risk of carriage of a carbapenemase producing organism and other emerging resistant organisms remains highest in patients who have been hospitalised outside of Scotland. The risk is greatest in patients who have received prolonged hospital care and attended specialist units abroad such as intensive care and renal units.

From the Chief Medical Officer
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7 August 2013

CMO/SGHD(2013)14

Addresses

For action

Medical Directors, NHS Boards to circulate to relevant clinicians
Nurse Directors, NHS Boards
HAI Executive Leads
Infection Control Managers, Infection Control Doctors
Leads, Antimicrobial Management Teams

For information

Directors of Public Health, NHS Boards
Chairs, NHS Boards
Chief Executives, NHS Boards
CsPHM (Health Protection)
Directors Pharmacy, NHS Boards
Dental Lead Officers
Consultants in Dental Public Health
HAI Task Force, SAPG, SMVN

Further Enquiries

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Areas known to have high rates of CPE currently include: Greece, Israel, Cyprus, Malta, Turkey, Italy, the Balkans, India, Pakistan, Bangladesh, North Africa, Middle East and the USA. These rates are likely to change. Underdetection and underreporting may occur resulting in underestimation of the true extent of CPE occurrence in Europe. From the data above it is clear that CPE is also an issue in some hospitals in England.

Action

Hospitals should have systems in place to be able to rapidly identify:

- patients who have been transferred from a hospital abroad
- patients who have been hospitalised abroad within the last 12 months
- patients who have previously been positive for CPE at any body site

These patients should be immediately isolated and advice taken from the Infection Prevention and Control Team.

Infection Prevention and Control

UK guidance re CPE is in preparation. In the interim, *Guidance on non-prescribing control measures to prevent cross transmission of CPEs in acute settings* has been prepared by NSS on behalf of the HAI Task Force National Advisory Group This guidance is available, together with a prevention and management toolkit at:

<http://www.hps.scot.nhs.uk/haic/amr/publicationsdetail.aspx?id=55186>

Action:

- Boards should follow this guidance wherever possible
- Each NHS Board should develop a CPE action plan

Prudent prescribing

Between 2008 and 2011 prescribing of carbapenems in Scotland increased by 18%. SAPG (Scottish Antimicrobial Prescribing Group) is developing national guidance to support Boards in judicious use of broad spectrum antimicrobials, including carbapenems.

Diagnostic practices

The UK standards for laboratory detection and reporting of bacteria with carbapenemases represent a good standard of practice which all clinical microbiology laboratories are expected to work towards

http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317138520481

Surveillance

Boards should continue to follow guidance on national and local surveillance as recommended by Health Protection Scotland and SAPG.

We expect the above actions to be in place in Boards by December 2013.

Yours Sincerely

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Ros Moore

Bill Scott

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http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317138520481