Discharge of MDRO patients to RCHEs

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Content

- What are emerging MDRO?
- Find and confine strategy
- Discharge to RCHEs

Emerging MDROs

- Prevalence MDROs:
  - MRSA,
  - ESBL+ve GNR
- Emerging MDROs:
  - VRE (抗萬古霉素腸道鏈球菌)
  - CRE PCR +ve (抗碳青霉烯腸道桿菌)
  - VISA/VRSA (抗萬古霉素金黃葡萄球菌)
  - MRPA (耐多藥綠膿假單胞菌)

Laboratory surveillance on multi-antimicrobial resistant bacteria

Results for specimens received up till November 2011:

Organism	Date of receipt of specimen / isolate			
	2009	2010	2011	
			Jan-Oct	Nov
Staphylococcus aureus with reduced susceptibility to glycopeptides:				
- Vancomycin-intermediate *Staphylococcus aureus* (VISA)	2	3	4	0
- Vancomycin-resistant *Staphylococcus aureus* (VRSA)	0	0	0	0
Vancomycin-resistant enterococcus (VRE)	1	24	80	18
Enterobacteriaceae with reduced susceptibility to carbapenems mediated by various molecular classes of carbapenemases:*				
- NDM	1	1	2	1 (NDM+IMP: 1)
- Non-NDM	3 (IMI: 1; IMP: 2)	12 (IMP: 8; KPC: 4)	14 (IMI: 1; IMP: 7; KPC: 4; VIM: 1; KPC+VIM: 1)	1 (IMP: 1)

http://www.chp.gov.hk/en/epidemiology/29/97/119/564.html

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Find and Confine Strategy

	MRSA	ESBL+ve GNR	CRE (PCR+ve)	VRSA	VRE	MRPA	MDRA
Inform CICO	No	No	**Yes**	**Yes**	**Yes**	**Yes**	No
Send isolate to PHLSB	No	No	**Yes**	**Yes**	**Yes**	No	No
Contact tracing / screening	No	No	**Scope:** 1. Trace and screen adjacent patients or within the same cubicle /room 2. Repeated screening is not recommended 3. No call back screening for already discharged non-RCHE contacts 4. Risk assessment for deciding extension the tracing procedures beyond the cubicle level, environmental or staff screening 5. Contact screening will be performed for discharged RCHE contacts.				No
Discharge back to RCHE	Allowed	Allowed	Prerequisites: 1. Inform ICB before discharge 2. Discharge with education pamphlet				Allowed

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Enhanced measures for suspected VRE outbreaks Drafted CCIDER Dec 21, 2011

Measures in controlling VRE upsurge were discussed, agreed and summarized as follows. It was noted that HA hospitals should implement the following measures in controlling VRE upsurge as far as practicable, the goal is to ***keep the prevalence of VRE in hospital setting to the minimum***

1. **Hand hygiene :** In addition to existing efforts in the promotion and enforcement of hand hygiene, to conduct scheduled HH round for all staff and patients in the ward with VRE case. The use of hand rub preparation containing 0.5% Chlorhexidine in 70% alcohol could also be considered.
2. **Excreta handling :** Extra care and attention in handling patients' faeces, especially those coming from VRE carriers. A dedicated team for the task, during a specific time period, should be in place. The presence of ICN for patrolling and the use of disposable bedpans have been suggested.
3. **Environmental hygiene :** The need for frequent cleansing, with disposable wipes, is recommended. Hospital support including additional manpower is viewed as essential.
4. **Isolation :** Single room isolation of VRE case, if available. Cohorting of VRE cases in ward area with door, washing basin, and toilet facilities (or the use of disposable bedpans) are recommended. Cluster plan to cater the operational needs.
5. **Case and contacts tracking** To prevent VRE spread from unidentified silent carriers, all VRE cases and their potential VRE contacts (i.e. patients in the same ward of a VRE case) should be tagged in both CMS/MDRO tagging system, to allow screening upon subsequent admission to any HA hospitals.

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Enhanced measures for suspected VRE outbreaks Drafted CCIDER Dec 21, 2011

6. **Contacts tracing** Contacts are defined as patients staying in the same ward during the period when there is any case of VRE, date back to the time of admission of the VRE case.
7. **Antibiotic Stewardship Programme** Rational use of vancomycin according to IMPACT guideline.
8. **Notification to CENO** Report to CHP CENO during office hours. Outside office hour, call CHP MCO. HOCT meeting to be conducted in accordance to outbreak management guideline.

   Reporting criteria as follows: 1 index case and 2 or more positive VRE cases identified through contacts screening of the whole ward.
9. **Admission screening** Preemptive infection control measures should be applied for all patients tagged as VRE carriers or contacts upon hospital admission. Other admission screening and regular inpatient screening should follow HOCT's decision.

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Enhanced measures for suspected VRE outbreaks Drafted CCIDER Dec 21, 2011

10. **RCHE discharge** VRE carriers and contacts could be discharged back to RCHE after joint assessment by ICB of CHP, CICO and CGAT of HA to adequately equipped homes. SWD was ready to provide IC consumable supports, staff education and training. Medical social problem should be referred to social workers. Discharge with education pamphlets.
11. **Reinforcement team** An Infection Control Reinforcement team to visit the wards with VRE upsurge to suggest and share experience in better control the spread would be conducted, upon initiation from HAHO CCIDER or cluster / hospital. The composition of the team could be cross cluster and multidisciplinary, with ICB representatives, CICO, CCIDER chairman, subject officer and experts in the field.

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Discharge Information Sheet

- Chinese Version
- English Version
- Purpose: Prevent the spread of emerging MDROs among RCHE residents

Discharge Information Sheet

- Standard precaution (SP) if no risk factors
- SP & Modified contact precaution if there are risk factors
- Risk factors
  - Indwelling catheters (e.g. urinary catheter, Tenckhoff catheter or nasogastric tube, etc),
  - Skin lesions (e.g. pressure sores),
  - Open wounds (e.g. tracheostomy sites),
  - Uncontained diarrhea
  - Antibiotic treatment
  - Sign and symptoms of infection

Modified Contact Precaution

1. Single room or cohorting or residents without risk factors
2. All vulnerable non-MDRO residents should not be assigned to live with confirmed MDRO residents in the same room
3. Appropriate signage
4. Gown and gloves if the staff will have direct contact with the resident or contaminated objects
5. Use 1 in 99 diluted household bleach for routine environmental decontamination.

Modified Contact Precaution

6. Increase the frequency of environmental cleaning (at least three times per day) for frequently touched areas
7. Dedicate the specific use of non-critical items. Otherwise they should be cleaned and disinfected thoroughly after each use.

Standard and Contact Precaution

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預防安老院舍院友感染抗藥性細菌

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預防安老院舍院友感染抗藥性細菌之12步

防感染 保安康
- 防疫注射莫遲疑
- 感染因素要防備
- 醫療儀器早移除

早確診 速診治
- 諮詢醫生作診斷
- 現有資源須善用

抗生素 應慎用
- 慎思使用抗生素
- 治療感染要恰當
- 適時停用抗生素

防擴散 要盡早
- 盡早隔離病原體
- 快速切斷感染鏈
- 雙手衞生常注意
- 識別抗藥性院友

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Workflow for Discharge Planning

- Form 1 / Form 2 / Form 4
- Hospital ICT inform: ICB and CGAT
  - Form I discharge planning
  - Form 2 hospital contacts (contact tracing)
- Joint assessment visit by CICO / HICT / CGAT / ICB for discharge assessment

Discharge from Hospital

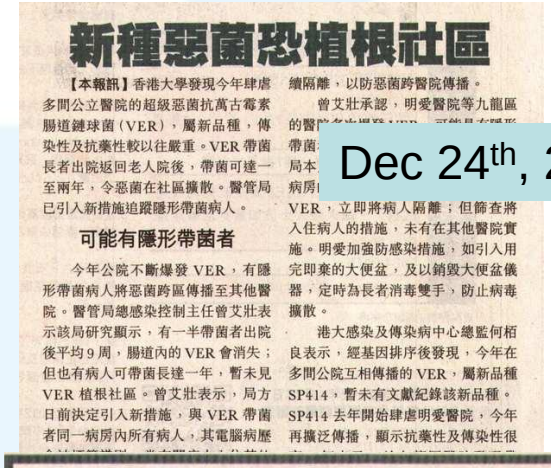
- To RCHE
  - Joint assessment team
    - HICT, CICO, CGAT / CNS of HA and ICB of CHP
  - Assess
    - The resident
    - The home: environment, infection control practice
    - Other residents
  - Assistance
    - Infection control advice / education
    - Financial support for purchase of PPE

Training of RCHE staff

- Regular RCHE staff training by CHP/EHS/LORCHE
- Targeted MDRO training
  - January 19th, 2012
  - February 9th, 2012

Points to Share

- Stigmatization of carrier
- Sentiment of other residents
- Sentiment / concerns of RCHE staff
- Resources
- Media interest



新種惡菌恐植根社區

【本報訊】香港大學發現今年肆虐多間公立醫院的超級惡菌抗萬古霉素腸道鏈球菌（VER），屬新品種，傳染性及抗藥性較以往嚴重。VER帶菌長者出院返回老人院後，帶菌可達一至兩年，令惡菌在社區擴散。醫管局已引入新措施追蹤隱形帶菌病人。

可能有隱形帶菌者

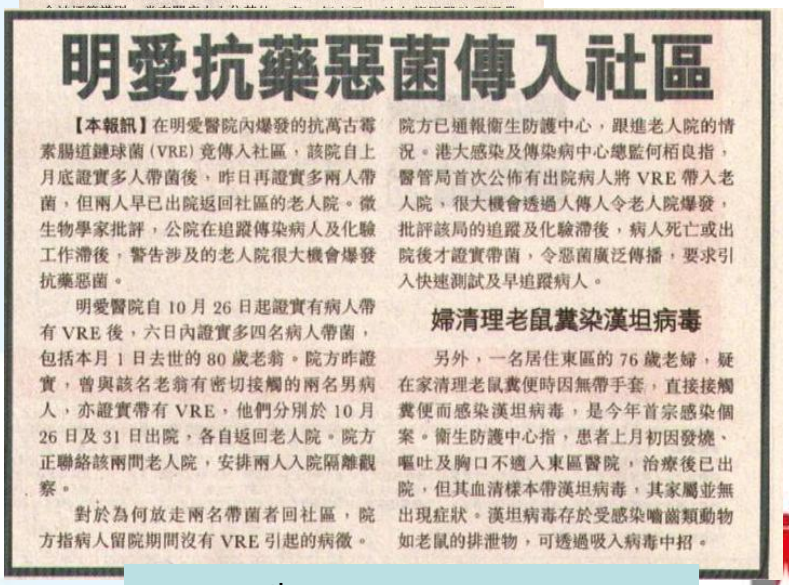
今年公院不斷爆發VER，有隱形帶菌病人將惡菌跨區傳播至其他醫院。醫管局總感染控制主任曾艾壯表示該局研究顯示，有一半帶菌者出院後平均9周，腸道內的VER會消失；但也有病人可帶菌長達一年，暫未見VER植根社區。曾艾壯表示，局方日前決定引入新措施，與VER帶菌者同一病房內所有病人，其電腦病歷

續隔離，以防惡菌跨醫院傳播。

曾艾壯承認，明愛醫院等九龍區的醫院[illegible]帶菌[illegible]局本[illegible]病房[illegible]VER，立即將病人隔離；但篩查將入住病人的措施，未有在其他醫院實施。明愛加強防感染措施，如引入用完即棄的大便盆，及以銷毀大便盆儀器，定時為長者消毒雙手，防止病毒擴散。

港大感染及傳染病中心總監何栢良表示，經基因排序後發現，今年在多間公院互相傳播的VER，屬新品種SP414，暫未有文獻紀錄該新品種。SP414去年開始肆虐明愛醫院，今年再擴泛傳播，顯示抗藥性及傳染性很

Dec 24th, 2011 Apple Daily



明愛抗藥惡菌傳入社區

【本報訊】在明愛醫院內爆發的抗萬古霉素腸道鏈球菌（VRE）竟傳入社區，該院自上月底證實多人帶菌後，昨日再證實多兩人帶菌，但兩人早已出院返回社區的老人院。微生物學家批評，公院在追蹤傳染病人及化驗工作滯後，警告涉及的老人院很大機會爆發抗藥惡菌。

明愛醫院自10月26日起證實有病人帶有VRE後，六日內證實多四名病人帶菌，包括本月1日去世的80歲老翁。院方昨證實，曾與該名老翁有密切接觸的兩名男病人，亦證實帶有VRE，他們分別於10月26日及31日出院，各自返回老人院。院方正聯絡該兩間老人院，安排兩人入院隔離觀察。

對於為何放走兩名帶菌者回社區，院方指病人留院期間沒有VRE引起的病徵。院方已通報衞生防護中心，跟進老人院的情況。港大感染及傳染病中心總監何栢良指，醫管局首次公佈有出院病人將VRE帶入老人院，很大機會透過人傳人令老人院爆發，批評該局的追蹤及化驗滯後，病人死亡或出院後才證實帶菌，令惡菌廣泛傳播，要求引入快速測試及早追蹤病人。

婦清理老鼠糞染漢坦病毒

另外，一名居住東區的76歲老婦，疑在家清理老鼠糞便時因無帶手套，直接接觸糞便而感染漢坦病毒，是今年首宗感染個案。衞生防護中心指，患者上月初因發燒、嘔吐及胸口不適入東區醫院，治療後已出院，但其血清樣本帶漢坦病毒，其家屬並無出現症狀。漢坦病毒存於受感染嚙齒類動物如老鼠的排泄物，可透過吸入病毒中招。

Nov 4th, 2011 Apple Daily

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THANK YOU

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