

Carbapenemase Producing Organisms

Revision Dates

Case Definition	June 2015
Reporting Requirements	June 2015

Case Definition

Confirmed Case

Laboratory confirmation of a carbapenemase by molecular methods in any carbapenem non-susceptible^[1] *Enterobacteriaceae* or *Acinetobacter* species.

**The following probable case definition is provided as a guideline to assist with case finding and public health management, and a case report form should not be submitted to Alberta Health.*

Probable Case*

Enterobacteriaceae

Laboratory confirmation of a carbapenemase by secondary phenotypic testing in any ertapenem and/or meropenem and/or imipenem non-susceptible^[1] isolate.

Acinetobacter species

Laboratory confirmation of an isolate that is non-susceptible^[1] to imipenem and/or meropenem. Secondary phenotypic testing is not required for *Acinetobacter* species.

^[1] Non-susceptible includes intermediate and complete resistance to the carbapenems according to the most current Clinical and Laboratory Standards Institute (CLSI) interpretive breakpoint guidelines.

Reporting Requirements

1. Physicians/Health Practitioners and others

A physician, health practitioner or person in charge of an institution shall in accordance with Sections 22(1) or 22(2) of the *Public Health Act*, notify the Medical Officer of Health (MOH) (or designate) of the health zone, of all probable and suspect cases in the prescribed form by mail, fax or electronic transfer within 48 hours (two days); and all confirmed cases by the fastest means possible (FMP) i.e., direct voice communication.

2. Laboratories

Section 15(1)(b) of the *Public Health Act*, requires that all laboratories, including regional laboratories and the Provincial Laboratory for Public Health (ProvLab), shall report all positive laboratory identification of *Acinetobacter* that is intermediate or resistant to carbapenems and all positive secondary phenotypic laboratory results for *Enterobacteriaceae* by the FMP to the:

- Chief Medical Officer of Health (CMOH) (or designate),
- MOH (or designate),
- Infection Prevention and Control (if relevant) and
- Attending/ordering physician or health practitioner.

3. Alberta Health Services and First Nations and Inuit Health Branch

- The MOH (or designate) shall notify the CMOH (or designate) by the FMP of all confirmed cases.
- The MOH (or designate) shall forward the preliminary Carbapenem Producing Organism (CPO) report form of all confirmed cases to the CMOH (or designate) within seven days (one week) of notification and the final CPO report form within two weeks of notification.
 - This reporting responsibility applies to Alberta residents when the infection was likely acquired within or outside Alberta. It also applies to non-Alberta residents when the infection was likely acquired within Alberta.
- Where the MOH receives notification of a confirmed, probable or suspect case in an Albertan that was likely acquired outside the boundaries of the health zone, the MOH shall in accordance to Section 25 of the *Public Health Act*, immediately notify the MOH of the health zone where the case was likely acquired.
- Where a MOH receives notification of a confirmed case in a non-Alberta resident likely acquired outside Alberta, the MOH shall immediately forward to the CMOH the following information by fax or electronic transfer:
 - name,
 - date of birth,
 - out-of-province health care number,
 - out-of-province address and phone number,
 - attending physician (locally and out-of-province) and
 - positive laboratory report.