

Tays / Infection Unit
Patient instructions 10.42.06

Information for CPE Carriers

A bacterial sample taken from you has tested positive for CPE bacteria. CPE stands for carbapenemase-producing Enterobacteriae. This means that the bacteria produce an antibiotic-breaking enzyme called carbapenemase. CPE bacteria are intestinal bacteria that have developed resistance to antibiotics. Information about CPE carriage is recorded in your medical records as a risk factor.

Infections of the urinary tract and wounds are the most common infections caused by CPE bacteria. Common antibiotics do not work against an infection caused by CPE bacteria. In such a case, few antibiotics are available to treat the infection. CPE bacteria may also be detected solely as intestinal bacterial carriage.

CPE is most commonly found in individuals who have been hospitalised abroad. The risk is greatest for patients treated in hospitals in Asia, India, Russia, Greece and Italy. Patients who have received hospital treatment abroad are screened for these bacteria. Sometimes these bacteria may be detected in individuals who have not been hospitalised abroad.

CPE carrier is a person who has been found to have CPE bacteria. CPE carriage is not a disease but an abnormality in the body's normal bacterial flora. CPE infection is an infection caused by CPE bacteria.

As a patient in the inpatient ward and at the clinic

In inpatient care at a hospital, you will have a private patient room and a toilet. Every person entering the room must practice good hand hygiene. This means disinfecting one's hands before entering and upon leaving the room. The staff will guide you and your loved ones on good hand hygiene. When seeking treatment, it is advisable to mention your CPE status, as it may affect potential antibiotic treatment.

Staff will wear a protective gown and gloves when treating you. Protective clothing is not worn for popping in to bring medication or a meal tray, for example. In a housing service unit and at home, healthcare staff will wear protective equipment when treating you.

You will be treated normally at the health clinic and oral health care. Observe good hand hygiene when visiting the clinic. If you have exuding wounds, the staff will wear protective equipment while treating you.

Things to consider at home

CPE carriage does not affect life at home, at work, in hobbies or in personal relationships. You can meet your friends and family as usual. If you have open or purulent wounds, do not go to a swimming hall or public sauna. The spread of bacteria at home can be prevented with regular household hygiene practices:

- Wash your hands after using the toilet, before preparing food, and before eating.
- Wash and dry your hands before and after handling wounds and catheters.
- Hygiene products are for personal use only.
- Regular cleaning agents are sufficient for cleaning.
- Laundry can be washed normally.

If you have any questions, you can contact the Tays hygiene nurse at tel. 044 4729385.

Monitoring CPE carriage

There is no antibiotic available to eradicate CPE bacteria. CPE may disappear from the body on its own. Its disappearance can be monitored systematically through screening samples.

- Carriage monitoring may be started at the earliest one year after CPE was first detected or last found in bacterial culture samples.
- If CPE bacteria were found in a wound, the wound must be healed before starting carrier status monitoring.
- If you have a chronic wound, you can ask the hygiene nurse for instructions at tel. 044 472 9385.
- Monitoring samples should be taken in a situation where you have not had antibiotic treatment for a week.
- An indwelling catheter or cystofix is not an obstacle to monitoring.

CPE carriage monitoring samples

Request referrals and instructions for CPE screening samples from your local health center or occupational health services. Show this instruction when requesting carriage monitoring samples.

Sample collection sites:

MDRsVi 9690 as a stool sample or rectal mucosal swab sample three times, approximately every one and a half months. There must be at least three months between the first and last sample collection. Additionally

- If you have a cystofix, MDRsVi 9690 will be taken from the catheter insertion site three times, and a single urine bacterial culture sample (U-BaktVi 1155) will be collected.
- If you have an indwelling catheter, a single urine bacterial culture sample (U-BaktVi 1155) will be collected.

CPE follow-up samples can be taken as instructed at home, at a nurse's appointment, during inpatient care, at another healthcare unit, or in home care. You can collect the samples yourself at home, provided that sample collection and storage follow the sampling instructions.

If no carbapenemase-producing CPE bacteria are found in the aforementioned samples, you can inquire about the removal of the risk record by contacting the hygiene nurse of the Tays Infection Unit at 044 472 9385.

You can call yourself or ask a doctor or nurse to call. The decision to remove the CPE risk record is made by the Infection Unit.

Required information when calling:

- skin condition and health status
- regular medication and most recent antibiotic course
- VRE carriage monitoring samples and their results

If CPE bacteria are still detected in the monitoring samples, a new round of monitoring can be started after one year.