



Pat Quinn, Governor
LaMar Hasbrouck, MD, MPH, Director

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MEMORANDUM

To: Hospital Chief Executive Officer, Long Term Acute Care Hospital Executive Officer, Long Term Care Facility Executive Officer, Long Term Care Director of Nursing or Designate, Hospital-affiliated Clinical Laboratory Director, Independent or Free-standing Laboratory Director

CC: Facility Medical Director, Facility Infection Preventionist, Facility Laboratory Director, Facility Microbiologist, Facility Quality Director, Medical Director of the Illinois Department of Public Health (IDPH), Regional Offices of IDPH, IDPH Office of Health Care Regulation, Local Health Departments, Telligen, Illinois Hospital Association, Illinois Critical Access Hospital Network, Metropolitan Chicago Healthcare Council, Illinois APIC chapters, Life Services Network, Illinois Council on Long Term Care, Illinois Health Care Association.

From: Mary Driscoll, RN, MPH
Chief, Division of Patient Safety and Quality

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HAI Prevention Coordinator, Division of Patient Safety and Quality

Date: September 4, 2013

Subject: **XDRO registry**

Carbapenem-resistant Enterobacteriaceae (CRE) are considered extensively drug resistant organisms (XDROs) that have few antibiotic treatment options and high mortality rates. CRE are increasingly detected among patients in Illinois, including acute and long term care healthcare facilities.

In response to the CRE public health threat, the Illinois Department of Public Health (IDPH) has amended the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) Rules (see addendum) to require reporting of CREs to IDPH.

All hospitals, hospital-affiliated clinical laboratories, independent or free-standing laboratories, longer-term care facilities, and long-term acute care hospitals in Illinois will be required to report CRE isolates that meet surveillance criteria to IDPH through a tool called the XDRO registry, **effective November 1, 2013**. Note: This implementation date supersedes the date specified in Section 690.1520 (e).

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The purpose of the XDRO registry is two-fold:

1. Improve CRE surveillance: The first CRE-positive culture per patient/resident encounter that meets the surveillance criteria must be reported to the XDRO registry.
2. Improve inter-facility communication: Healthcare facilities can query the XDRO registry to see whether a patient has been previously reported as CRE-positive, facilitating prompt implementation of appropriate infection control measures.

To access the XDRO registry, users will log into the IDPH Web Portal. Current I-NEDSS (Illinois National Electronic Disease Surveillance System) users will be granted automatic access to the XDRO registry. If you do not currently use I-NEDSS, you must register for access to the XDRO registry through the IDPH Web Portal at <http://portalhome.dph.illinois.gov/>. IDPH Web Portal registration can take up to two weeks, so please initiate this process as soon as possible.

IDPH will host webinars on **October 15, 2013 (10-11 AM)** and **October 17, 2013 (1-2 PM)** to provide further information on how to sign up and access the XDRO registry and what information will need to be reported. Details on how to register for one of these two webinars is forthcoming and will be posted to the IDPH Division of Patient Safety and Quality website: <http://www.idph.state.il.us/patientsafety/>

If you have questions regarding any of the above information that require attention before the webinars in October, please call the Division of Patient Safety and Quality at (312) 814-2915.

Addendum

Please review the following adopted amendments for details about the surveillance definition for CRE isolates that are required to be reported through the XDRO registry:

(Source: Amended at 37 Ill. Reg. 12063, effective July 15, 2013) Available at:
http://www.idph.state.il.us/rulesregs/2013_Rules/Adopted/77_IAC_690_6-19.pdf

Illinois Department of Public Health
Title 77: Public Health
Chapter I: Department Of Public Health
Subchapter K: Communicable Disease Control and Immunizations
Part 690
Control of Communicable Diseases Code

SUBPART D: DEFINITIONS

Section

690.900 Definition of Terms

SUBPART I: REGISTRIES

Section

690.1500 Extensively Drug-Resistant Organism Registry
690.1510 Entities Required to Submit Information
690.1520 Information Required to be Reported
690.1530 Methods of Reporting XDRO Registry Information
690.1540 Availability of Information

Synopsis of surveillance definition for CREs required to be reported to the XDRO registry (This is not a complete listing of reporting requirements):

The first CRE isolate obtained from any source during each unique patient/resident encounter, including those obtained for active surveillance or clinical decision making that meets the surveillance criteria must be reported to the XDRO registry within seven calendar days after the test result is finalized.

Reporting facilities shall report carbapenem-resistant enterobacteriaceae (e.g., *E. coli*, *Klebsiella* species, *Enterobacter* species, *Proteus* species, *Citrobacter* species, *Serratia* species, *Morganella* species, or *Providentia* species) based on laboratory test results:

- 1) Molecular test (e.g., polymerase chain reaction (PCR) specific for carbapenemase;
- 2) Phenotypic test (e.g., Modified Hodge) specific for carbapenemase production; or
- 3) For *E. coli* and *Klebsiella* species only: nonsusceptible to one of the following carbapenems: doripenem, meropenem, or imipenem and resistant to all of the following third generation cephalosporin that were tested: ceftriaxone, cefotaxime, and ceftazidime.