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Inform rather than ambush CPE patient contacts



Sir,

Carbapenemase-producing Enterobacteriaceae (CPE) are endemic in many Irish hospitals [1], resulting in CPE being declared a public health emergency by the Irish Government in October 2017 [2]. Subsequently, an expert group mandated that all CPE contacts (those exposed to CPE-positive patients) discharged to the community should be advised of their status retrospectively and prospectively from September 2018. Prior to this, no agreed national health system approach existed.

However, beginning in 2011, St John's Hospital (SJH), a voluntary hospital in Limerick with 89 inpatient and 10 day-care beds, proactively disclosed CPE exposures. In the 18-month period since January 2017, eight exposure incidents have resulted in 38 direct patient contacts. Of those, 16 CPE contacts were discharged before exposure was confirmed. Each of these contacts was informed via proforma letter accompanied by a CPE factsheet, followed by a telephone call. It was notable that being informed was universally appreciated. Each person availed of screening opportunities and, fortunately, none of the contacts tested positive.

Conversely, 13 patients presented at SJH as CPE contacts, having been exposed to the bacteria in another healthcare facility. They were not advised using the process outlined above, but were advised of their status upon presentation for day-case procedures between January and August 2018. Each patient met individually with an infection control nurse. Reaction to learning that they were at risk of colonization was unanimous annoyance at not being informed of their exposure to CPE, and questioning of the reasons why. Despite this, all underwent tests to determine whether colonization had actually occurred.

Declaration of the Irish public health emergency is probably prudent. The decision to inform patients of CPE status is appropriate. While there is relatively scant insight regarding the impact of CPE diagnosis and subsequent treatment on patients' lives, as part of a quality improvement programme, we

previously sought to understand the experiences of such patients [3]. Arising from those overwhelmingly negative patient perspectives, we recommend that patients should not be confronted with unexpected bad news regarding CPE exposure in what may potentially be perceived as an intimidating clinical environment, and certainly not unless a suitably trained professional is present to provide any necessary information and counselling. While arguably not ideal in every case, providing information to affected people while they are at home, or at least in familiar and comfortable surroundings, represents a compassionate and patient-centred approach. This approach needs to continue, however, with provision of understandable information regarding the implications of test results for those patients found to be CPE positive, allied to care and support by appropriately resourced teams.

Conflict of interest statement

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