

# Screening for CPO/CPE in Demark

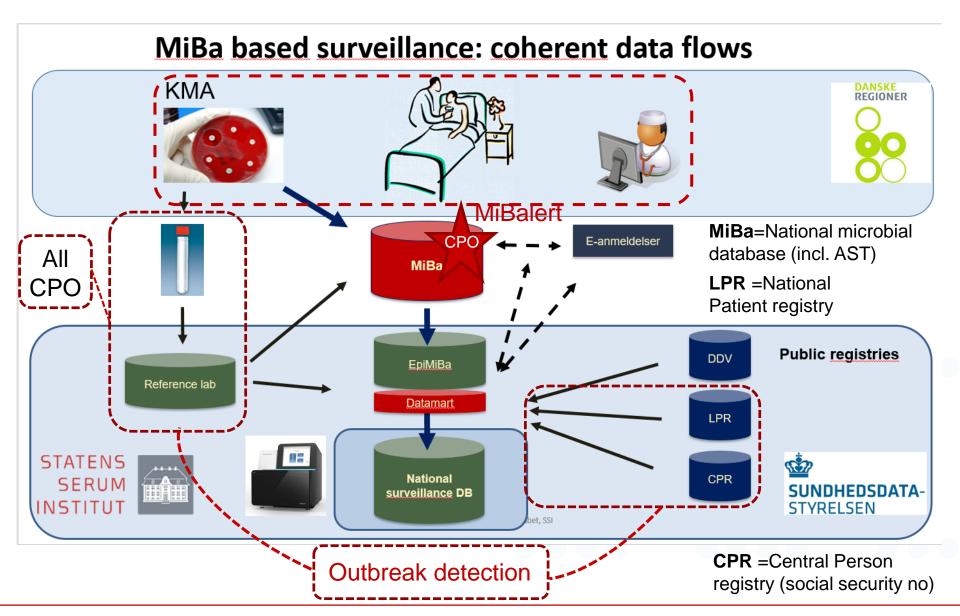


Henrik Hasman
Senior scientist
Statens Serum Institut



## NATIONAL SURVEILLANCE SYSTEM OF DK





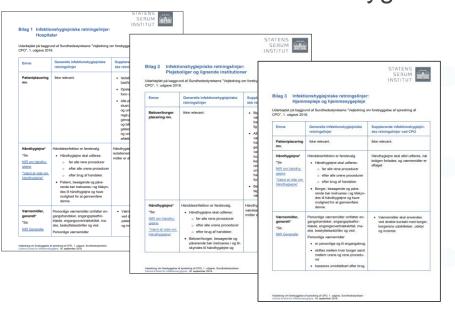
## NATIONAL GUIDELINES FOR CPO IN DK



National guidelines for detection and containment of CPO (Sept., 2018)



- Mandatory reporting by clinicians of CPE
- Mandatory submission of all CPO isolates to SSI
- All submitted isolates are subjected to WGS analysis
- SSI has the mandate and obligation to investigate CPO outbreaks
- Outbreaks are tracked in a central database and reported back to the relevant hospitals.
- Three supplementary guidelines in relation to infection hygene control
  - Hospitals
  - Nursing homes
  - Home care



## GENERAL RISK SITUATIONS FOR CPO



• Questionaire at time of hospitalization

Form 1a: Risc situations for CPO To be asked at beginning of all hospitalization events					
At hospitalization please ask the following question	If the answer is yes, then the listed criteria below should also apply:				
1. Is the patient known to be CPO positive?					
2. Has the patient had any direct contact with a CPO positive person (e.g. in the household or similar)?					
3. Has the patient been receiving treatment in a hospital or clinic abroad within the last 6 months (excluding The Nordic countries)?	<ul><li>a) The stay lasted more than 24 hours, or</li><li>b) An invasive operation has been performed regardless of the length of the stay.</li></ul>				
4. Has the patient been staying abroad outside the Nordics and recived treatment with antibiotics during this stay?					

## ADDITIONAL RISK SITUATIONS FOR CPO



Desides the general risk situations listed in Form 1a, certain additional known risk factors/situations may apply less frequently, thus not requiring all patients to be asked on a routinely basis. Here, the physician may have prior knowledge about the patient to suspect an increased risk for CPO carriage. In these case, the questions in Form 1b should be asked.

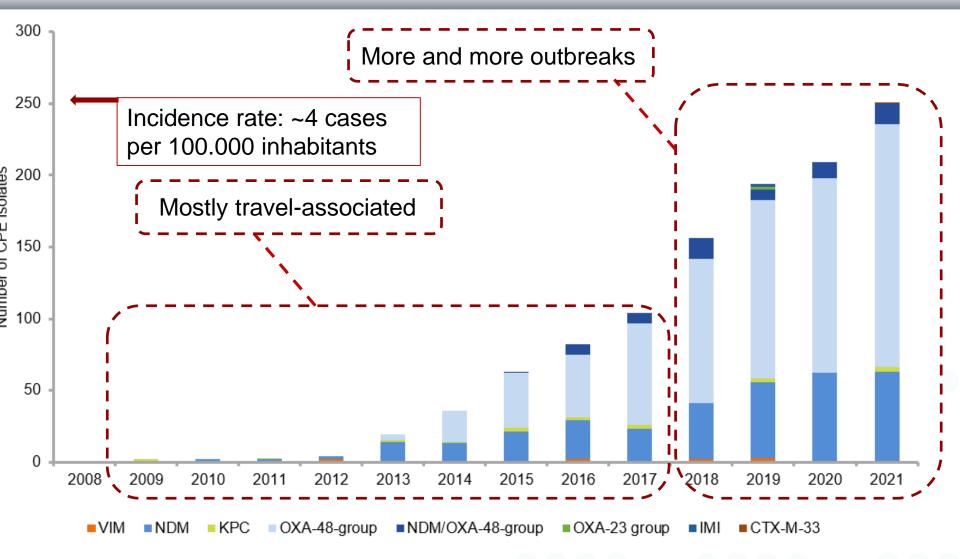
### Form 1b: Special risk situations for CPO

To be asked at beginning of all hospitalization events, if the physician find it appropriate or if the patient is already aware that he/she/they is in a risk situation.

Persons who have, within the last 6 months	<ul> <li>Been hospitalized in a CPO-positive department</li> <li>Been staying in a CPO-positive nursing home (or similar)</li> <li>Been staying in confined spaces with poor sanitary conditions (e.g. war zones, refugee camps, foreign forster homes ect.)</li> </ul>
Persons who have, within the last 6 months	- Been in dialysis treatment or have received anti-neoplastic medical treatment.

## **CPO IN DENMARK**

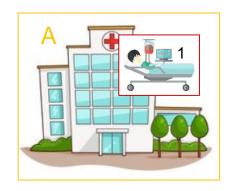


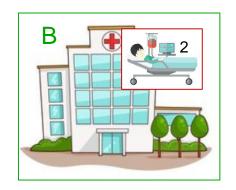


All isolates are submitted to WGS (Illumina) and analyzed (Ridom SeqSphere+) to detect genomic (clonal) clusters across departments, hospitals and regions.

# THE COMPLICATED (REGIONAL) OUTBREAK SITUATION AND THE COMPLICATED (REGIONAL)



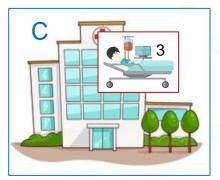


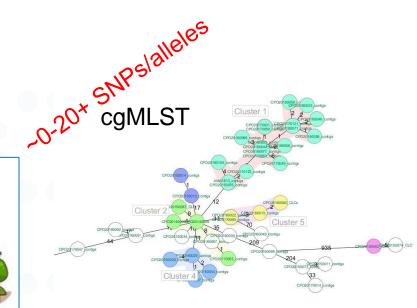


E. coli NDM+



E. coli ST1 (CT1) blaNDM-1





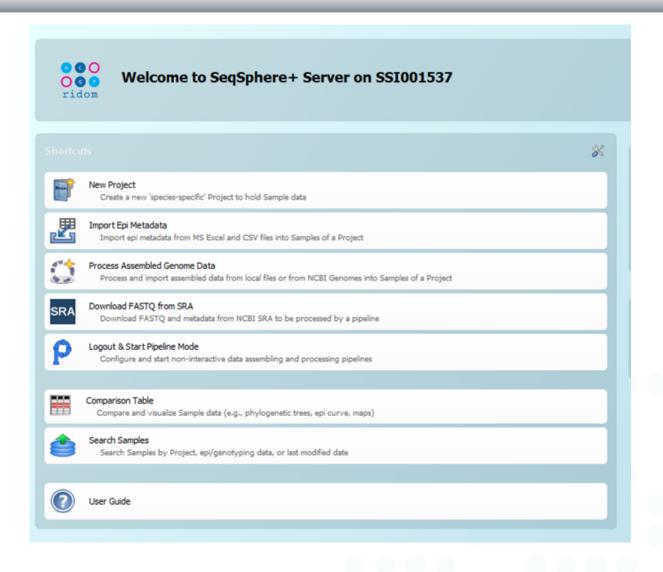
## WGS-BASED SURVEILLANCE AT SSI



- 2013 : Pilot projekts
- 2014 : WGS of ESBL/pAmpC E. coli from blood infections
- 2014 : WGS of CPO's (all isolates)
- 2015 : WGS of clinical VRE + all LRE
- 2016 : MinION Nanopore (selected isolates but later all CPO)
- 2018 : WGS of ESBL/pAmpC K. pneumoniae from bloodinfections

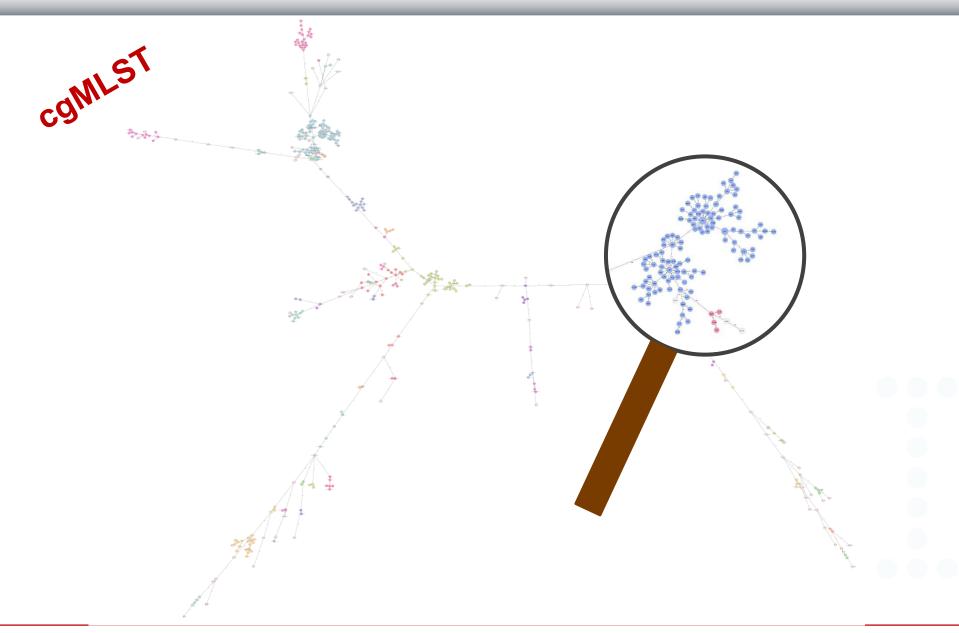
# cgMLST ANALYSER I SEQSPHERE+





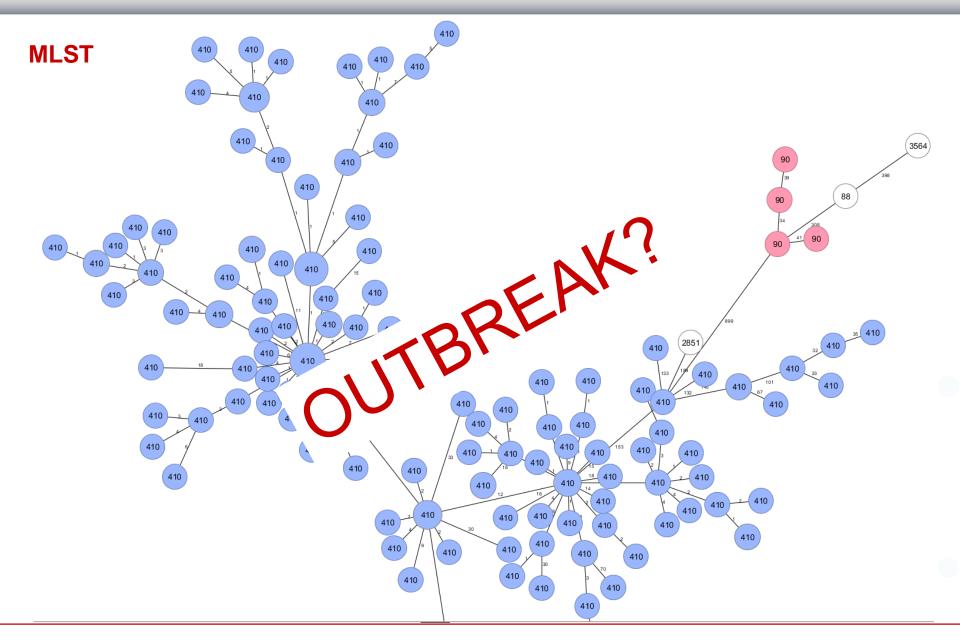
# CPO IN DENMARK – E. COLI 2014-2022





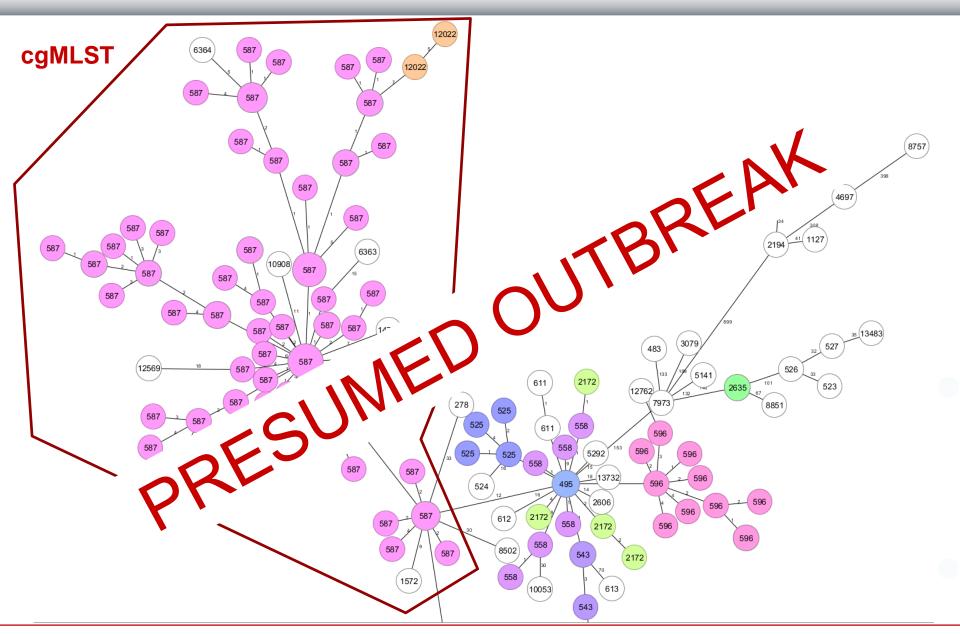
## CPO IN DENMARK - E. COLI ST410





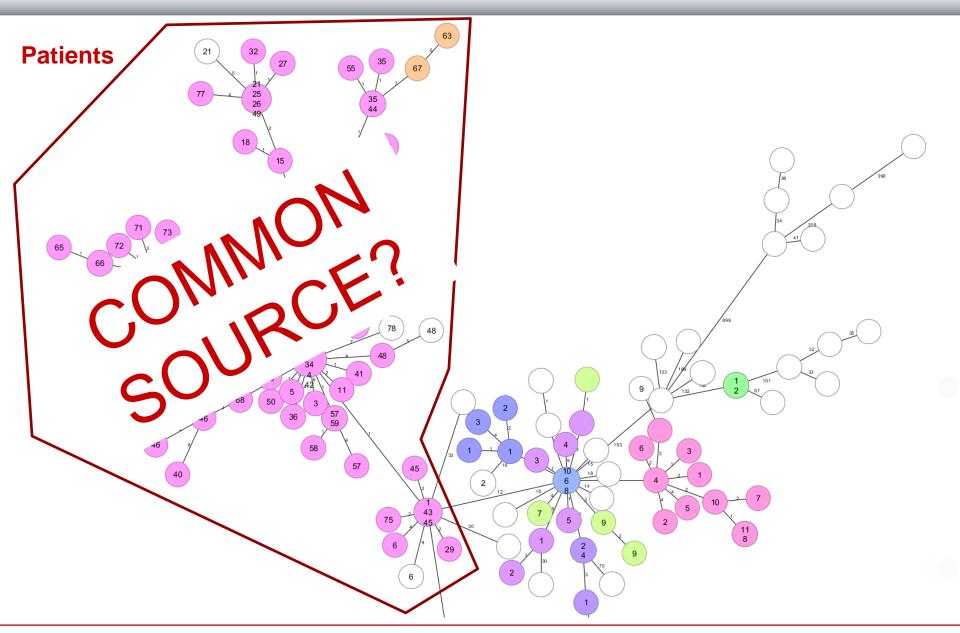
## CPO IN DENMARK – E. COLI ST410





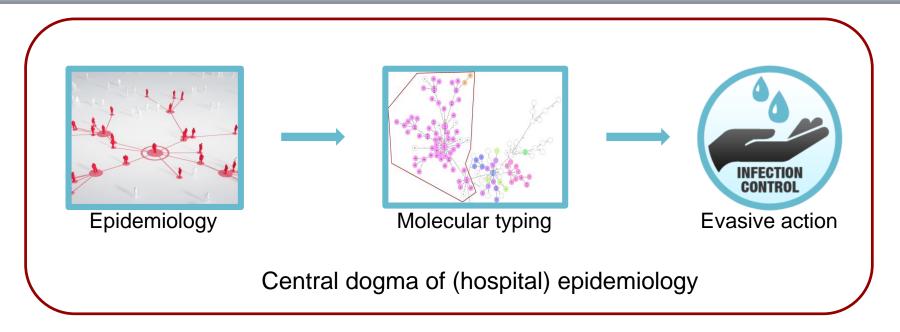
# CPO IN DENMARK - E. COLI ST410





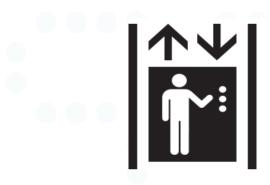
# **NOSOCOMIAL OUTBREAKS**







Direct chain of transmission



Indirect chain of transmission

## DAI - DRAIN ASSOCIATED INFECTIONS



Journal of Hospital Infection 93 (2016) 152-154

Available online at www.sciencedirect.com

Journal of Hospital Infection

ELSEVIER

Short report

Carbaper in sink di potential

J.S. Soothill\*

**Great Ormond Stree** 



ter et al. Antimicrobial Resistance 1186/s13756-017-0182-3

#### SEARCH

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#### **Open Access**

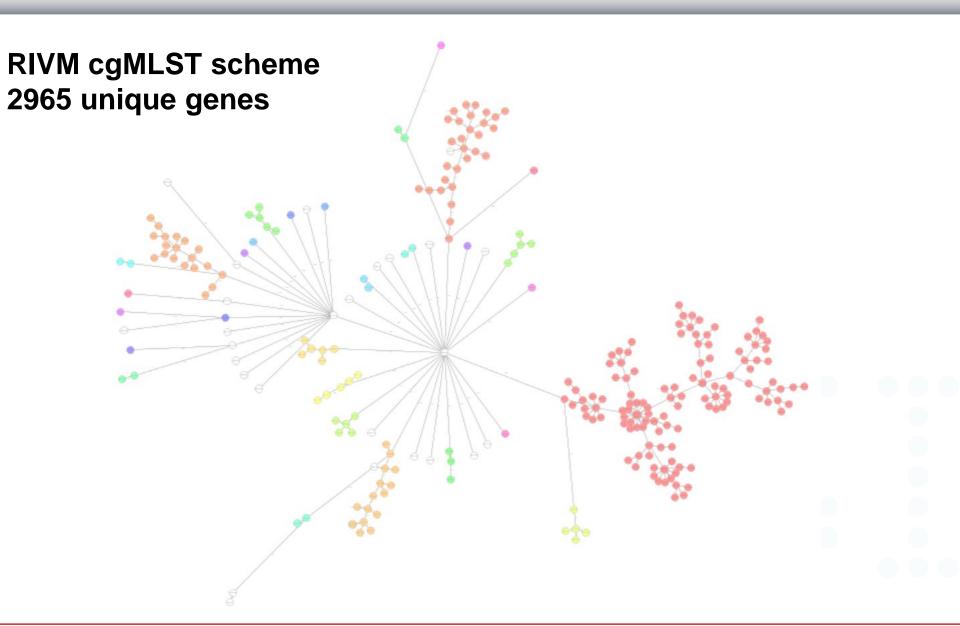


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, Helena Martini<sup>1</sup>,

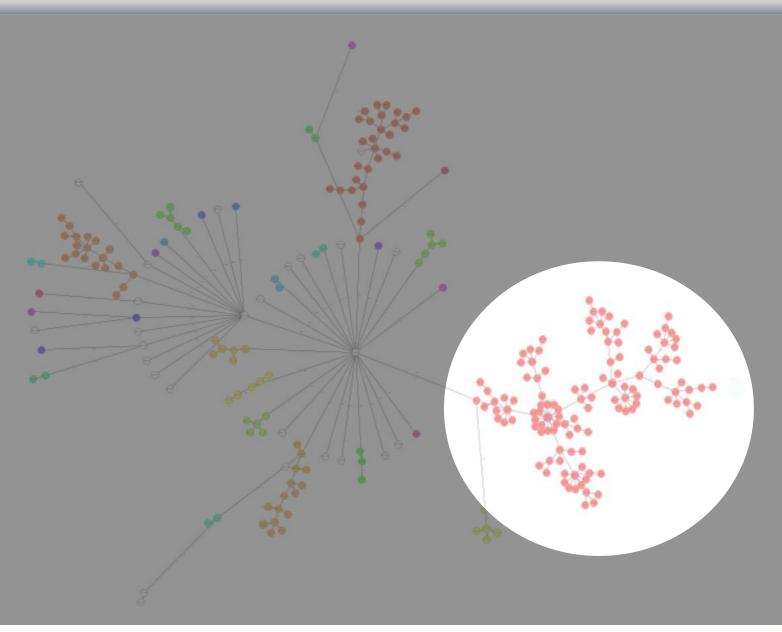
# CPE CITROBACTER FREUNDII IN DENMARK





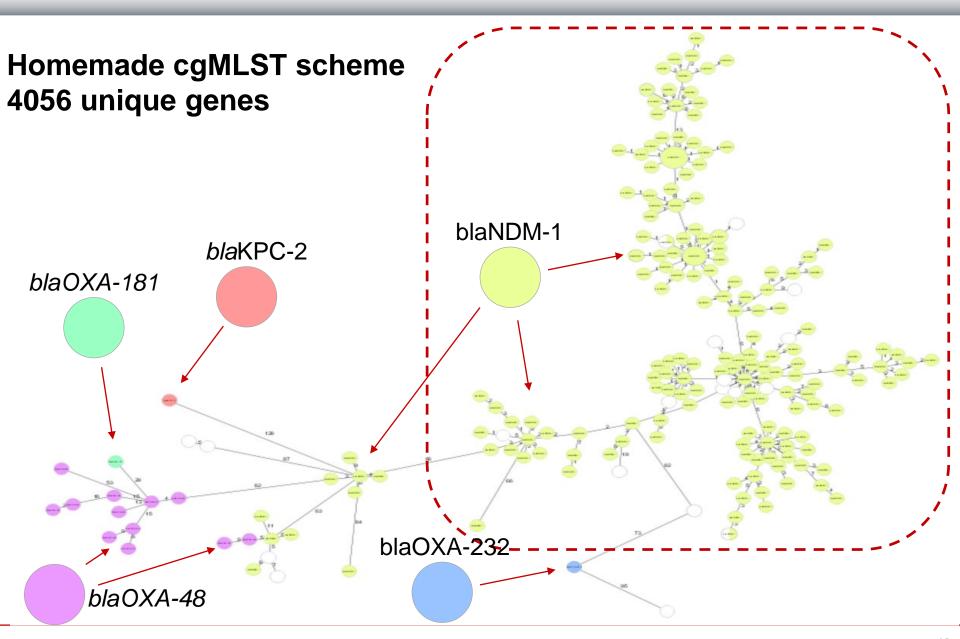
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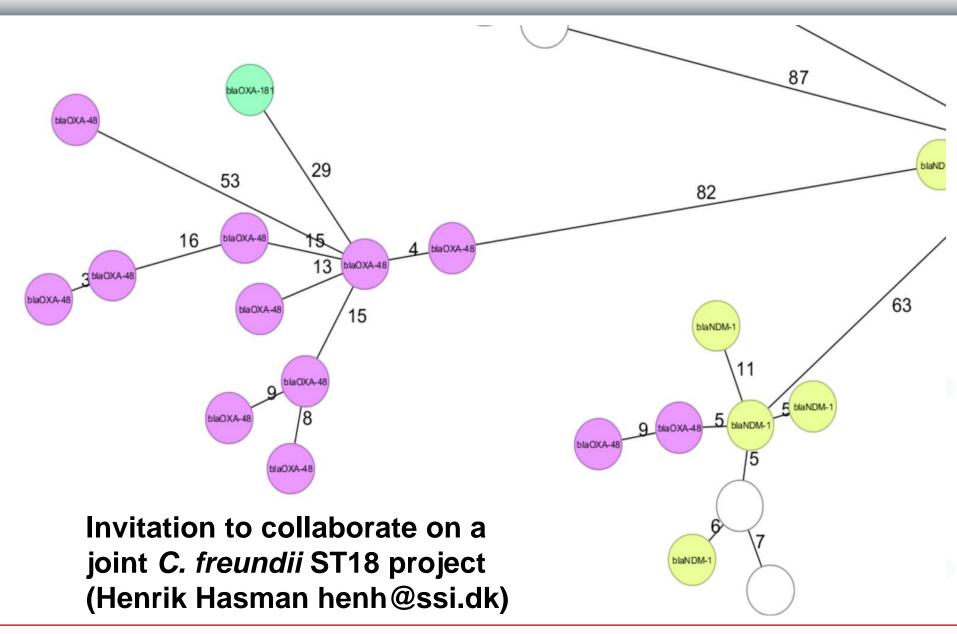
# C. FREUNDII ST18 – JOINT PROJECT?





## C. FREUNDII ST18 – JOINT PROJECT?





# CPO ISOLATES (2022) AND UKRAINE



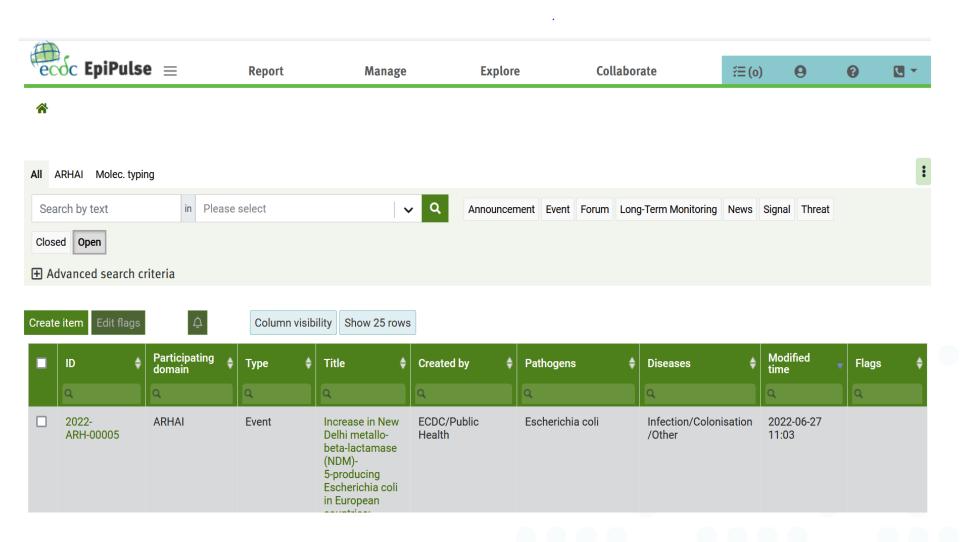




Patient	Species	Proveart	Rejse	CarbapenemaseNGS	MLST1
7	K. pneumoniae	podning axil	Ukraine	blaNDM-1, blaOXA-48	ST23
7	K. pneumoniae	podning axil	Ukraine	blaNDM-1	ST307
7	P. aeruginosa	podning axil	Ukraine	blaNDM-1	ST773
6	K. pneumoniae	urin	Ukraine	negativ	ST23
6	A. baumannii	cicatrice	Ukraine	blaOXA-72	STNovel
5	K. pneumoniae	podning rectum	Ukraine	blaNDM-1, blaOXA-232	ST5859
5	E. coli	podning rectum	Ukraine	blaOXA-181	ST101
4	E. coli	podning rectum	Ukraine	blaNDM-5	ST361
3	E. coli	podning rectum	Ukraine	blaOXA-48	ST405
2	A. baumannii	cicatrice	Ukraine	blaOXA-72	STNovel
1	E. coli	podning rectum	Ukraine	blaKPC-3	ST131

## NATIONAL FOCAL POINTS AMR - EPIPULSE





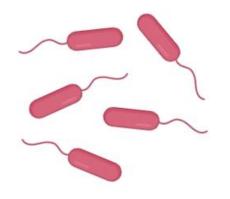
# QUESTIONS PLEASE?

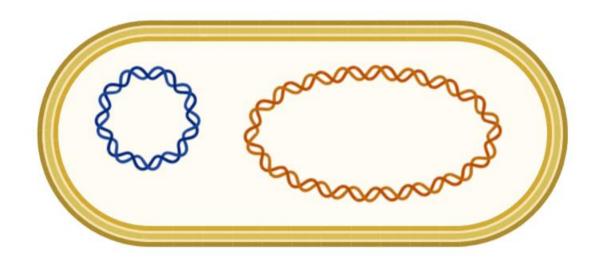




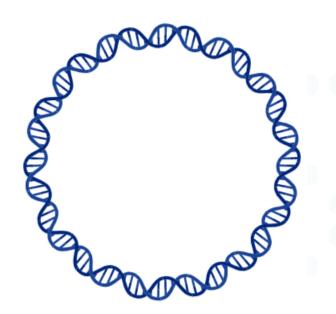
# PLASMID SEQUENCING













## ILLUMINA VS MINION DATA



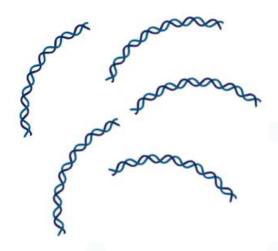




Read error rate: 0.1% – 1%

Genome coverage: 98%\* - 100%





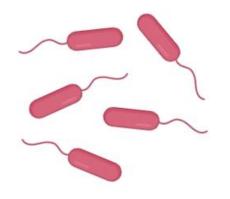
Read error rate: 5% – 15%

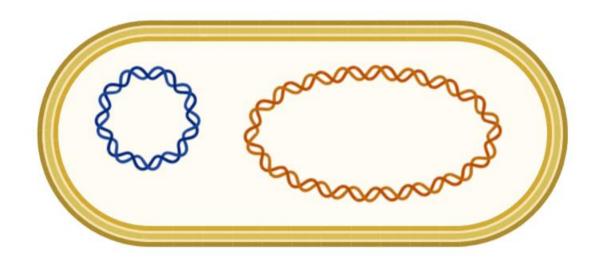
Genome coverage: ~100%\*\*

<sup>\*</sup> Bias from Tagmentation insertion sites

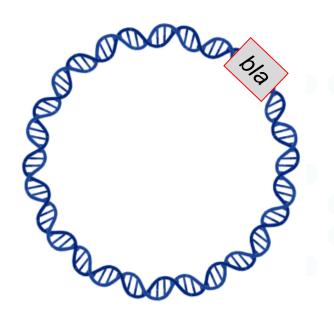
# PLASMID SEQUENCING













## ILLUMINA VS MINION DATA



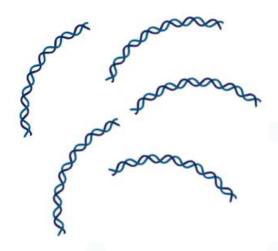




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Genome coverage: 98%\* - 100%





Read error rate: 5% – 15%

Genome coverage: ~100%\*\*

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# ILLUMINA ASSEMBLY USING SPADES



