

MONTANA LABORATORY SENTINEL

Updates from the MT Laboratory Services Bureau, 800-821-7284, www.lab.hhs.mt.gov

Surveillance Testing

CRE and CRPA

Just a reminder, the Montana Public Health Laboratory is requesting submission of carbapenem-resistant Enterobacteriaceae (CRE) and *Pseudomonas aeruginosa* (CRPA) isolates for further characterization and surveillance purposes. CDC's Epidemiology and Laboratory Capacity Cooperative agreement (ELC) is helping support this effort, as long as the following recommendations are followed.

For CRE, it is recommended that isolate collection be targeted to *Escherichia coli*, *Klebsiella oxytoca*, *Klebsiella pneumoniae*, and *Enterobacter* spp. that are resistant to imipenem, meropenem, doripenem, or ertapenem by standard susceptibility testing methods (i.e., minimum inhibitory concentrations of ≥ 4 $\mu\text{g/mL}$ for doripenem, imipenem or meropenem or ≥ 2 $\mu\text{g/mL}$ for ertapenem).

For CRPA, it is recommended that isolate collection include all *P. aeruginosa* isolates that are resistant to imipenem, meropenem, or doripenem by standard susceptibility testing methods (i.e., minimum inhibitory concentrations of ≥ 8 $\mu\text{g/mL}$). Muroid isolates should be excluded.

Click [here](#) to view the guidance document.

If the isolate does not meet the CDC recommendations, but testing is still requested, we are able to perform confirmatory testing for a \$145 charge which includes the Modified Carbapenem Inactivation Method (mCIM) for phenotypic detection of carbapenemase production and molecular testing which can detect and differentiate the 5 most prevalent carbapenemase gene families (cpt codes 87184 and 87801). You may order the molecular test only for a routine charge of \$107.00 (cpt code 87801), but CDC does recommend the combined testing for optimal result interpretation. We strongly encourage sending a copy of your antimicrobial susceptibility testing (AST) results along with your submissions.



Campylobacter spp.

Campylobacteriosis is a reportable disease and by Administrative Rule, known positive isolates/specimens are required to be submitted to MTPHL for possible further surveillance testing. A representative number of the submissions will be further characterized by whole genome sequencing, the remainder will be frozen down and stored for possible surveillance testing in the future. If you notice anything unusual, or would like to ensure your isolate is further characterized, please note this in the “Comment Section” on our standard requisition form when submitting.

Extended spectrum beta-lactamases (ESBL’s)

Thanks to those of you who are submitting a representative number of ESBL isolates to our laboratory. We have been performing confirmatory testing on these isolates and storing them for possible further surveillance testing in the future. As of July 30th, we will only be performing confirmatory testing upon request, so if you are interested in confirmation, please note this in the “Comment Section” on our standard requisition form. We strongly encourage sending a copy of your antimicrobial susceptibility testing (AST) results along with your submissions. CDC is very interested in isolates that are susceptible to all carbapenems and resistant to 3rd generation cephalosporins and we will be forwarding those isolates to our regional antimicrobial resistance network (ARLN) laboratory for further characterization. Thank you again for your participation.

Candida auris

Candida is one of the most common causes of healthcare-associated bloodstream infections in the United States and antifungal drug resistance in *Candida* is increasing. There are new and emerging species, like *Candida auris*, which can spread in healthcare settings and cause outbreaks. The MTPHL encourages you to submit all *Candida* isolates identified as “***Candida* spp. – not *C. albicans***” from a **sterile site**, or from sites deemed clinically significant, or *Candida* isolates that you are having difficulty with or unable to identify. We will forward these isolates to our regional antimicrobial resistance network (ARLN) laboratory for further characterization and susceptibility testing. Isolates identified as *C. albicans*, *C. dubliniensis*, *C. krusei*, *C. parapsilosis*, *C. lusitaniae* and *C. tropicalis* will **not** undergo susceptibility testing.

Please give us a call if you have any questions:

800-821-7284

