

### **Division of Laboratory Medicine**

Bacteriology

# Rapid/Routine Carbapenemase-Producing Enterobacteriaceae (CPE) Screen

In response to the increasing numbers of CPE producing clinical isolates of Enterobacteriaceae the Infection Control Consultant and Microbiology department have produced a protocol for CPE screening and detection. The isolation of a clinical CPE isolate prompts the Infection Prevention & Control Team to screen all possible patient contacts to reduce the transmission of resistance enzymes within the Trust.

Rapid & routine CPE screens are processed on a molecular platform; culture is only performed on positive samples for epidemiological & monitoring purposes.

## **General information**

#### **Collection container (including preservatives):**

Swab: Double headed Red topped swab; available from Microbiology. Please note Charcoal swabs are unsuitable for this test at the Oxford Road campus and will not be processed.



#### Specimen type: Screening of faeces/rectal swabs

Samples are stored in Microbiology for 7 days should any additional tests be requested.

**Specimen transport:** If processing is delayed, refrigeration is preferable to storage at ambient temperature. Delays of over 48hr are undesirable.

Type and minimum volume of sample: Not applicable

Special precautions: None

## **Laboratory information**

Measurement units: Threshold Cycle (CT)

Biological reference units: Not applicable

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#### Turnaround time:

Rapid CPE Screens: Designated wards agreed with IPC

Trafford Transfers: 2-4 hours from receipt into Microbiology Reception. The laboratory MUST be telephoned prior to the patient(s) being sampled.

Samples should be received in the laboratory before 6pm (Mon-Fri) and before 4pm (Weekends/Bank Holidays)

Routine CPE Screen: Designated wards agreed with IPC 24-72hrs

## **Clinical information**

Clinical decision points: Not applicable

**Factors known to significantly affect the results:** Faecal material must be visible on the cotton tip of the swab; failure to provide faecal material may produce a false negative screening result.

Some faecal products may prove inhibitory to the PCR process; samples will be reported as inhibitory and a repeat will be requested.

(Last updated November 2021)