

Carbapenem Resistant Enterobacteriaceae (CRE): Contact with CRE

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What does 'CRE' mean?

CRE stands for 'Carbapenem Resistant Enterobacteriaceae'. These are bacteria that usually live harmlessly in the gut of some people. This is called 'colonisation' (a person is said to be a 'carrier'). However, if the bacteria get into the wrong place, such as the bladder or bloodstream, they can cause infection.

Carbapenems are one of the most powerful types of antibiotics. So CRE are strains of these bacteria which are resistant to the antibiotics.

Why does carbapenem resistance matter?

Carbapenem antibiotics can only be given in hospital directly into the bloodstream. Until now, doctors have relied on them to successfully treat certain 'difficult' infections when other antibiotics have failed to do so. In a hospital, where there are many vulnerable patients, spread of resistant bacteria can cause problems.

Does carriage of CRE need to be treated?

If a person is a carrier of CRE, they do not need to be treated. However, if the bacteria have caused an infection, then antibiotics will be required.

How is CRE spread?

If a patient in hospital is carrying these bacteria, they can get into the ward environment and can also be passed on by direct contact with that particular patient. For that reason, the patient will normally be accommodated in a single room. Effective environmental cleaning and good hand hygiene by all – staff and patients – can reduce the risk of spread significantly.

Do I need to be screened?

Occasionally, it isn't immediately known that a patient is carrying these bacteria and so they may not be placed into a single room straight away. Screening will be offered if you have shared the same bay (or ward) with a patient who has been found to be carrying CRE. This screening is offered as there is a slight chance that you could have picked up these bacteria and are carrying CRE too.

How will I be screened for CRE?

Screening usually involves taking a rectal swab by inserting it just inside your rectum (bottom). Alternatively, you may be asked to provide a sample of faeces. The swab/sample will be sent to the laboratory and you will normally be informed of the result within two to three days. If the result is negative, the doctors or nurses may wish to check that a further two samples are negative before you can be accommodated on the main ward. These measures will not hinder your care in any way. If all results are negative no further actions are required.

What happens if the result is positive?

If the result is positive, please ask your doctor or nurse to explain this to you in more detail. You will be accommodated in a single room whilst in hospital. If you have an infection, you will need to have antibiotics. However, if there are no signs of infection and you are simply 'carrying' the bacteria, no treatment is required.

Further information

If you have any queries, please contact the infection prevention and control department based at North Devon District Hospital, on **01271 322680**.

References

Public Health England: <https://www.gov.uk/government/collections/carbapenem-resistance-guidance-data-and-analysis>

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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