

Protecting, Maintaining and Improving the Health of All Minnesotans

Notification Letter to Minnesota Hospital Infection Preventionists (IPs) Regarding Reporting of Carbapenem-resistant *Acinetobacter baumannii* (CRAB)

February 26, 2020

Dear Infection Preventionist,

The Minnesota Department of Health (MDH) initiated population-based sentinel surveillance for CRAB in Hennepin and Ramsey counties in 2011. This letter is to inform you that MDH will be expanding surveillance to include statewide reporting of carbapenem-resistant *Acinetobacter baumannii* (CRAB), beginning March 1, 2020. MDH will be conducting this surveillance pursuant to Minnesota Rules 4605.7000 to 4605.7900. Specifically, Minnesota Rules, 4605.7080, permits the Commissioner of Health to require reporting of newly recognized or emerging diseases and syndromes suspected to be of infectious origin or previously controlled or eradicated infectious disease if certain criteria are met. Documentation on the approved proposal for this change as well as details on CRAB reporting and information for laboratories is available at <u>Carbapenem-resistant Acinetobacter baumannii</u> (CRAB) (https://www.health.state.mn.us/diseases/crab/index.html).

In 2019, the MDH Public Health Laboratory (MDH-PHL) implemented a multiplex real-time PCR that detects three CRAB-specific carbapenemase genes (OXA-23, OXA-24, and OXA-58). The MDH-PHL currently tests all CRAB isolates received through sentinel surveillance for OXA-23, OXA-24, and OXA-58, along with five other carbapenemase genes (KPC, NDM, OXA-48, IMP, and VIM). Approximately 20% of the CRAB isolates tested from Minnesota facilities are carbapenemase-producing (CP), with the majority producing OXA-23 or OXA-24. Rapid identification of CP-CRAB and immediate implementation of infection control measures are key to controlling transmission in health care facilities.

The case definition for reporting includes CRAB isolated from any body site that is resistant to any carbapenem based on current Clinical and Laboratory Standards Institute guidelines, or that demonstrates the presence or production of a carbapenemase, if such testing is done. Statewide surveillance for CRAB will include the submission of isolates to the MDH-PHL for further characterization, the submission of susceptibility and other specimen test results, and demographic and clinical case report information.

Your participation in this surveillance program is greatly appreciated. Your hospital will be instrumental in the characterization of CRAB throughout Minnesota and in contributing to the

prevention and control of these highly resistant bacteria. If you have any questions about this letter, please contact Brittany Pattee (brittany.vonbank@state.mn.us) at 651-201-5414 or Paula Snippes Vagnone (peaula.snippes@state.mn.us) at 651-201-5581.

Sincerely,

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