



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

January 8, 2016

Dear Infection Preventionist,

Thank you for all that you do to partner with us regarding public health in Minnesota. I am writing now to notify you that the Minnesota Department of Health (MDH) is expanding surveillance for carbapenem-resistant Enterobacteriaceae (CRE) to include statewide reporting of these pathogens. This will begin on January 1, 2016. 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 CRE reporting and information for laboratories located in Hennepin and Ramsey counties is available here: <http://www.health.state.mn.us/divs/idepc/dtopics/cre/reporting.html>.

In 2009, a Minnesota clinical laboratory identified the first carbapenemase-producing CRE isolate in the state. The MDH Public Health Laboratory (PHL) confirmed the presence of the *Klebsiella pneumoniae* carbapenemase (KPC) resistance gene and MDH initiated voluntary reporting of CRE from all Minnesota healthcare facilities. In 2011, MDH initiated population-based sentinel surveillance for multidrug-resistant Gram-negative bacilli (GNB) in Hennepin and Ramsey counties, including CRE. During 2014, there were 141 CRE cases reported among Minnesotans. Of 20 individuals with a KPC positive infection, 8 (40%) resided outside of Hennepin and Ramsey counties. Statewide reporting will be especially useful for monitoring the occurrence of healthcare-associated CRE infections throughout the state.

The definition of CRE will also change on January 1, 2016. It will include Enterobacteriaceae isolated from any body site, resistant (based on current Clinical and Laboratory Standards Institute guidelines) to any carbapenem antibiotic or with production of a carbapenemase (such as KPC) demonstrated by testing such as polymerase chain reaction (PCR), modified Hodge test, etc., if such testing is done. Statewide surveillance for CRE will include the submission of laboratory isolates to the 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 CRE 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 Medora Witwer at 651-201-5414 or [Medora.Witwer@state.mn.us](mailto:Medora.Witwer@state.mn.us).

Sincerely,

A handwritten signature in black ink, appearing to read "Edward P. Ehlinger". The signature is fluid and cursive, with a long horizontal stroke at the end.

Edward P. Ehlinger, M.D., M.S.P.H.

Commissioner

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