



# MANAGEMENT OF ANTIMICROBIAL-RESISTANT ORGANISMS

## CoP MEETING – RVH IPAC HUB

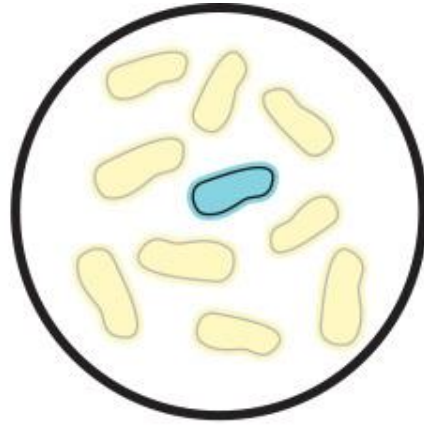
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# WHAT IS ANTIMICROBIAL RESISTANCE?

- Occurs when germs like bacteria and fungi develop the ability to defeat the drugs designed to kill them.
- Causes significant level of infections and deaths worldwide.
- Drug resistance to even one antimicrobial can be serious.
- Presence of antibiotics and antifungals can cause bacteria and fungi to adapt, accelerating antimicrobial resistance.
- Misuse and overuse of antibiotics promotes antimicrobial resistance.



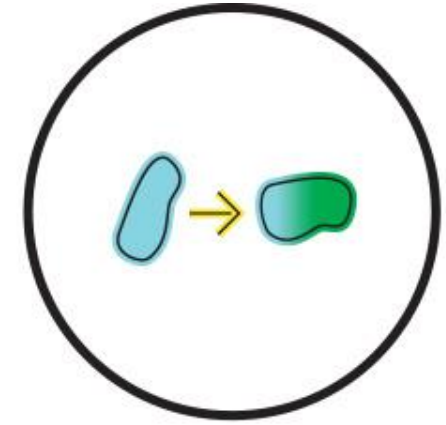
Our body is **home to countless microbes**.  
Some may be resistant to antibiotics



**Antibiotics kill the bacteria**  
causing the infections as well as the good bacteria



The antibiotic-**resistant bacteria** are now able to **grow and take over**



Some bacteria may **give** their antibiotic **resistance to other bacteria**



Normal bacterium

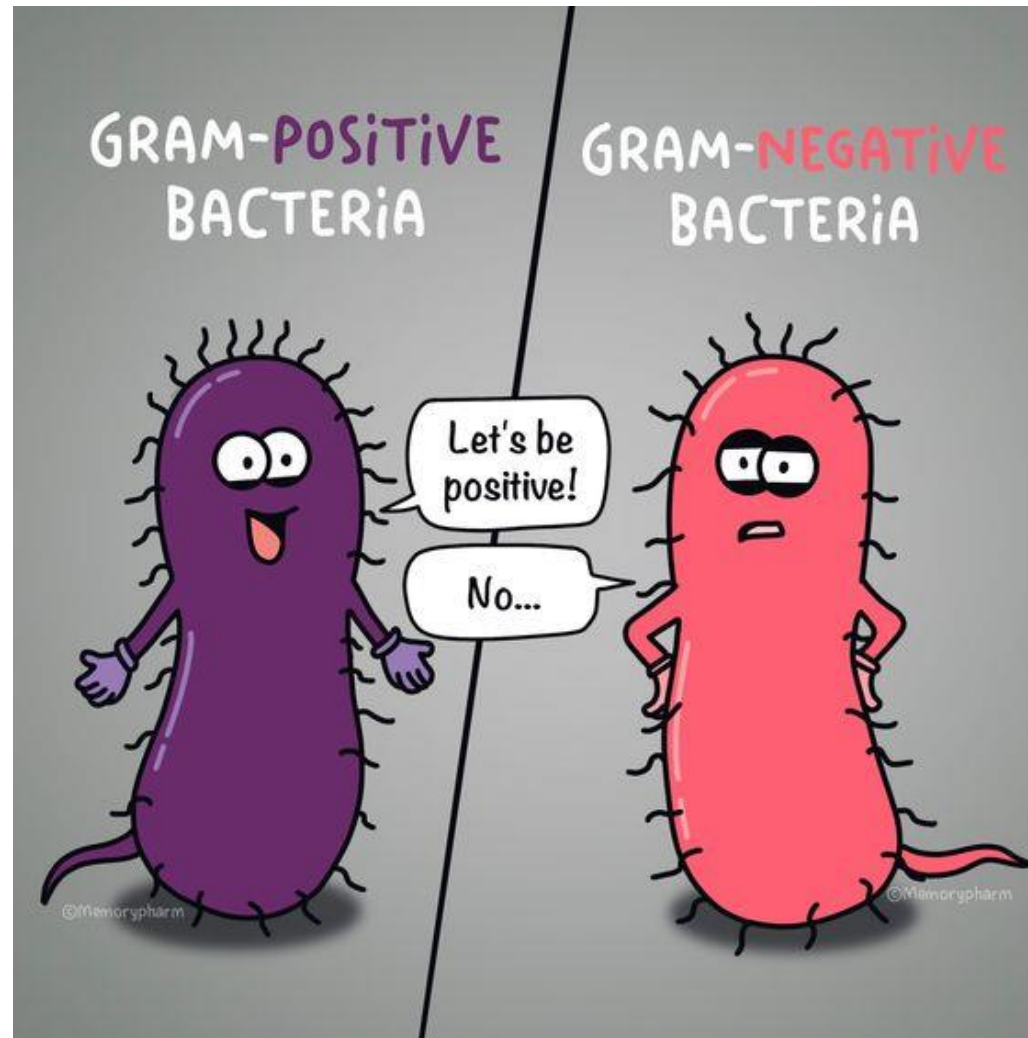


Resistant bacterium



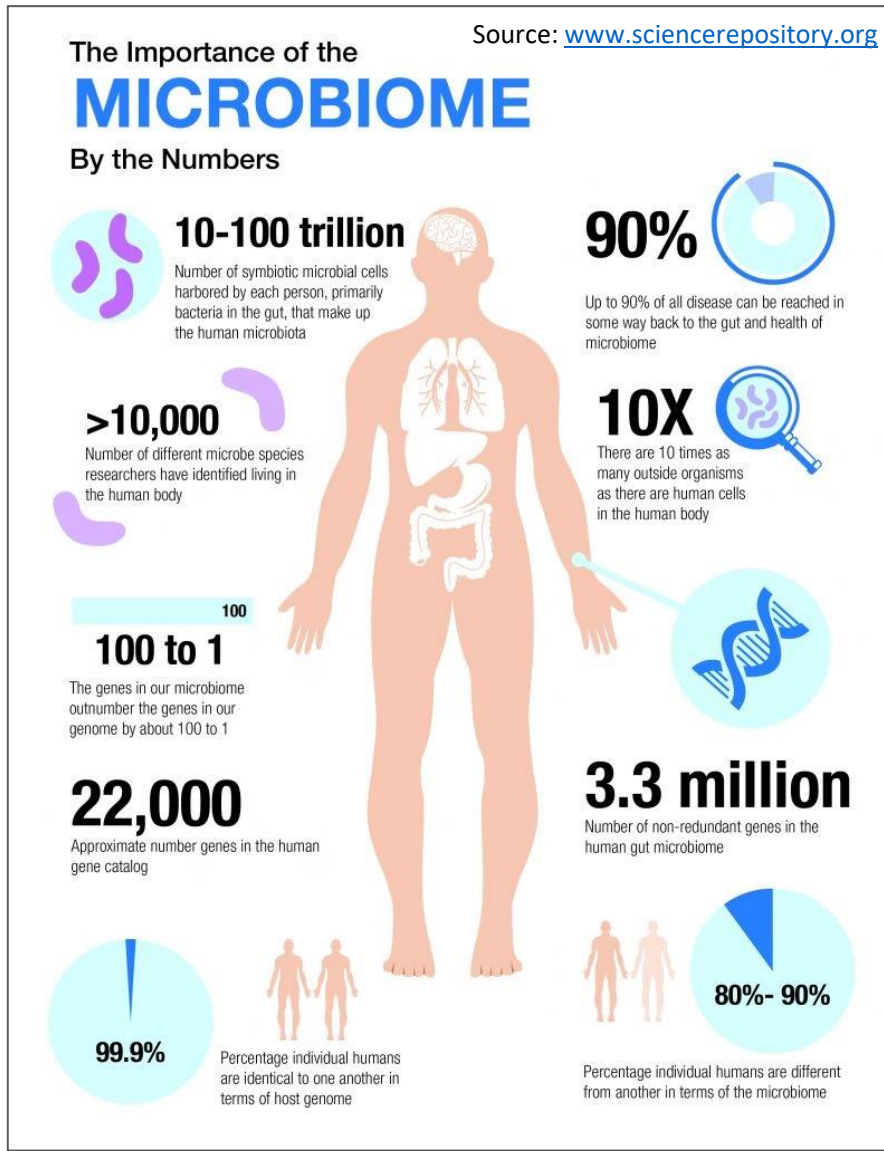
Dead bacterium

# GRAM STAIN FOR IDENTIFICATION



# ANTIMICROBIAL-RESISTANT ORGANISMS (AROs) OF CONCERN

- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- Vancomycin-resistant enterococcus (VRE)
- Carbapenemase-producing *Enterobacteriaceae* (CPEs)
- *Candida auris*
- Extended spectrum  $\beta$ -lactamase producing *Enterobacteriaceae* (ESBLs)
- *Clostridioides difficile*\*



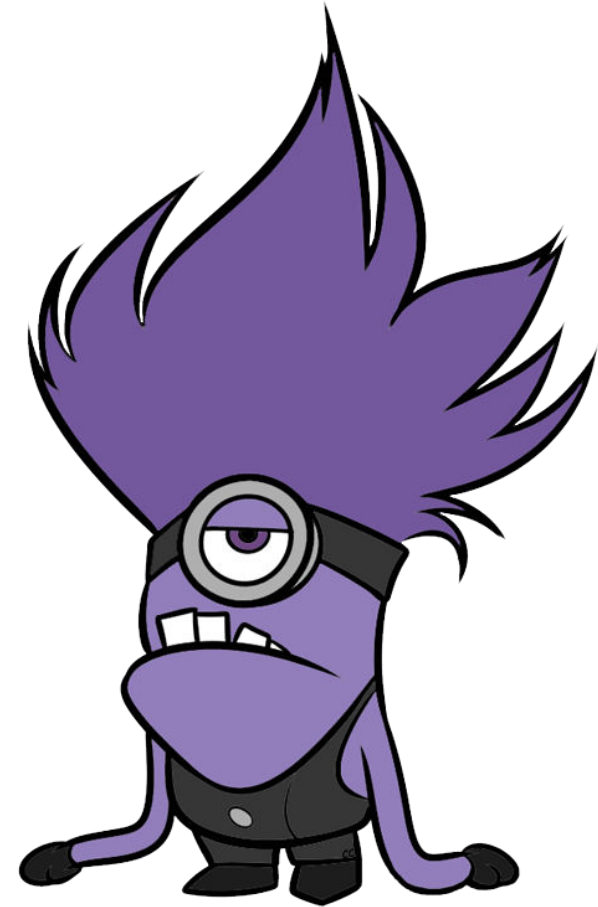
- Humans are colonized with around the same number of microbes as cells in the body (1:1)
- >10,000 number of different species identified living **in and on** the human body
- Colonized areas include skin, conjunctiva, urethra and bladder, vagina, uterus, oral cavity, lungs, nasal cavity, and the GI tract

# COLONIZATION VS INFECTION



Organisms are present with  
**no** symptoms or illness.

**But can be transmitted to others**



Organisms start invading bodily  
tissue, show clinical symptoms  
and cause disease.

# METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA)

- Can be either health care-associated or community-associated (CA-MRSA)
- Colonized residents are a major reservoir in a health care setting
- Is typically spread by direct **contact** with an infected wound or from contaminated hands, usually those of health care workers (HCWs)
- In Canada, the rate of MRSA bloodstream infection is increasing since past few years
- Hand hygiene and environmental surface cleaning are two important prevention measures

# VANCOMYCIN-RESISTANT *ENTEROCOCCUS* (VRE)

- Are strains of enterococci that are resistant to the antibiotic vancomycin
- Is spread from one person to another by **contact**, usually on the hands of caregivers
- Hands of HCWs can get contaminated when interacting with resident or from contaminated material or equipment
- Residents with colonized GI tract are the major reservoir
- Can survive for a prolonged period for few months under dry conditions
- Hand hygiene, good technique and proper use of disinfectants

## CARBAPENEMASE-PRODUCING *ENTEROBACTERIACEAE* (CPE/CPO)

- Are resistant to some of our most effective antibiotics – carbapenems
- Are also usually resistant to first-, second-, and third-generation cephalosporins and penicillins
- New Delhi metallo- $\beta$ -lactamase (NDM) is the most widespread carbapenemase in south central Ontario
- Colonized residents are the main reservoir for CPE. Can also be found in environmental reservoirs such as sinks and shower drains

## CPE (CONT.)

- Transmission of CPE occurs via direct or indirect **contact**
- Spreads from person to person by the hands of HCWs or shared medical equipment
- An individual is infectious for as long as he/she is colonized or infected
- Confirmed cases of CPE (colonization and infection) are designated **reportable** in the province of Ontario

# *CANDIDA AURIS*

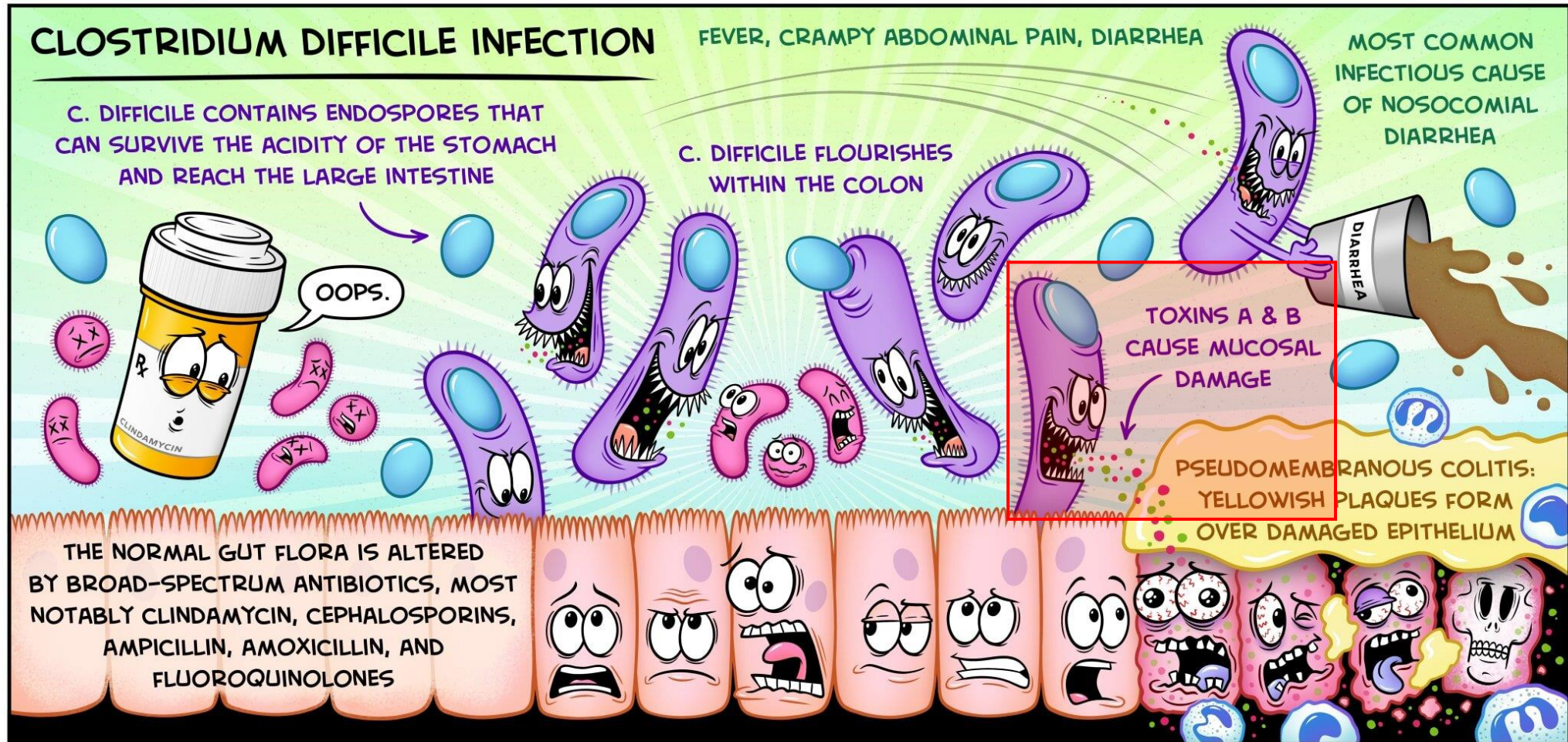
- Is a fungal pathogen and commensal of human skin
- *Candida* infections are usually multidrug-resistant
- Difficult to identify. Misidentification may lead to incorrect treatment
- Antibiotics used for bacterial infections increase the risk of *Candida*
- Transmission occurs from person to person via direct or indirect **contact**
- Adherence to hand hygiene, appropriate use of additional precautions, and environmental cleaning are important prevention measures
- ABHR is recommended when hands are not visibly soiled

# ESBL-PRODUCING BACTERIA

- Produce enzymes called extended-spectrum  $\beta$ -lactamases
- Become resistant to penicillin and cephalosporin antibiotics
- Risk factors similar to other AROs but can cause UTIs in healthy people
- Capable of causing colonization and infection
- Transmission occurs from person to person via direct or indirect **contact**
- Hand hygiene, cleaning and disinfection of medical equipment, and routine environmental cleaning are important prevention measures

# *CLOSTRIDIoidES DIFFICILE* INFECTION (CDI)

- Most common cause of infectious diarrhea in hospitals and LTCHs
- Can occur following the use of antimicrobials in high doses or over a prolonged period of time
- *C. difficile* produces spores that are resistant to destruction, and can survive for long periods in the environment (up to 5 months)
- Transmission occurs from person to person via direct or indirect **contact**
- Hand washing (not sanitizing), use of additional precautions, and thorough environmental cleaning are three important prevention measures
- Confirmed cases designated as **reportable** in the province of Ontario



# PREVENTION MEASURES

- All AROs mentioned mostly spread via **contact**, either through contaminated hands, medical equipment, or environmental surfaces.
- Hand hygiene is one of the most important step in prevention.
- Usage of **Contact or Enhanced Contact Precautions** in addition to routine practices for residents colonized or infected with an ARO.
- Cleaning and disinfecting patient care environment and shared equipment with appropriate products.
- Screening of residents upon admission with risk factors for AROs.

# RECOMMENDATIONS FOR ADDITIONAL PRECAUTIONS

ORGANISM	COLONIZATION	INFECTION
MRSA	✓	✓
VRE	✓	✓
CPE	✓	✓
<i>C. Difficile</i>	✗	✓
<i>Candida auris</i>	✓	✓
ESBLs	✗	✓

# CLEANING AND DISINFECTION

- 1:10 dilution of freshly-mixed household bleach or approved sporicidal product should be used for *C. difficile* spores. Alcohol and common hospital disinfectants **are not** effective against spores.
- Accelerated hydrogen peroxide (AHP) one-step cleaning and disinfectant wipes (0.5%) can kill most AROs with general contact time of 1 minute.
- Quats (quaternary ammonium compounds) wipes can kill most AROs (with a contact time of usually 4-5 minutes depending on the product used).



# DECOLONIZATION

- Medical intervention to remove antimicrobial-resistant pathogen.
- Can reduce likelihood of a resident developing life-threatening HAIs.
- Common sites of bacterial colonization include nasal passage, groin, oral cavity and skin.
- Prolonged or widespread use of antibiotics for decolonization may promote antibiotic resistance.
- Decolonization for VRE, CPE, and ESBL is not effective and not recommended.
- Decolonization for MRSA can be considered in certain conditions.

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# QUESTIONS?

