<<Date>>

Dear Doctor <<Name>>,

Thank you for your ongoing care of <<Patient>>. In addition to the discharge summary, this letter is also being provided in order to alert you to the fact that <<Patient>> has been identified as having a multi-resistant organism known as carbapenemase-producing *Enterobacteriaceae* (CPE). Your patient has been identified as having <<CPE organism>> infection / colonisation <<delete one>>.

CPE is found in patients in hospitals and clinics around the world, including southern Europe and South-East Asia. Healthy people do not usually get CPE infections. However, it is important to know that people may carry CPE in their bowel or in a wound, without symptoms.

**The most important role you can play as a primary carer is to help ensure that a health service, long-term residential facility or other healthcare setting is aware of your patient’s CPE status. This means advising the health service or facility in writing or by phone whenever you are referring your patient.**

This healthcare facility will have an alert for any readmission, but because there is no universal patient identifier in Victoria your (and your patient’s) roles are critical.

If your patient is admitted to a healthcare or residential care setting, in addition to usual practice, such as staff regularly washing their hands or using alcohol-based hand rub, the staff will use special practices to reduce the risk of spreading CPE to other patients which may include: a single room or a room with other patients with CPE; and wearing a gown and gloves for all patient contact.

Infection control precautions for patients with CPE **must be instituted every time** they are admitted to a healthcare or residential care facility and maintained until discharge (even if screening specimens taken are negative for CPE). A case of CPE, whether colonised or infected, can excrete CPE intermittently for many months. As a result, the current *Victorian Guideline on carbapenemase-producing Enterobacteriaceae for health services* states: “once a person is identified as a case of CPE, they should be considered potentially infectious indefinitely”.

Your patient has been given a fact sheet with some guidance for minimising risk of spread at home and in hospital.

Generally, there are no special measures required for your GP practice when seeing these patients, other than thorough hand hygiene using soap and water or an alcohol-based hand rub. Contact precautions should be used where there is a risk of direct or indirect transmission that is not effectively contained by standard precautions alone. Routine cleaning of your office space and waiting area is sufficient.

**More information is available from:**

Department of Health and Human Services, [*Victorian Guideline on carbapenemase-producing Enterobacteriaceae for health services*](https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines), version 2 (April 2017) <https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines>

Department of Health and Human Services, [*Victorian Guideline on carbapenemase-producing Enterobacteriaceae for long-term residential care facilities*](https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines) (April 2017) <https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines>

Royal Australian College of General Practitioners[, *Infection prevention and control standards for general practices and other office-based and community-based practices*](http://www.racgp.org.au/your-practice/standards/infectioncontrol/) (5th edition) <www.racgp.org.au/your-practice/standards/infectioncontrol>