

Carbapenemase-Producing Enterobacterales (CPE)

Introduction

The information in this leaflet answers some of the commonly asked questions about **Carbapenemase-Producing Enterobacterales (CPE)**. This includes why and how patients are screened and information for patients who test positive.

Understanding CPE

The gut of every normal, healthy human contains bacteria called Enterobacterales. While in the gut, the bacteria cause no harm and help us to digest our food. This is called colonisation. However, bacteria that are not normally harmful can get into the wrong place and cause infection, for example, in the urinary tract, wounds or bloodstream.

CPE is a strain of these bacteria which have developed a resistance to a group of antibiotics called carbapenems. Carbapenems are an important group of antibiotics that doctors often rely on to fight infections where treatment with other antibiotics has failed.

It is important to stop the spread of CPE in our hospitals. This will make sure that these antibiotics continue to be available to treat infections in the future.

How do people get CPE?

People at most risk of having CPE are those that have received care in a healthcare setting. This may have been in the UK or abroad in the last 12 months or if you live with someone known to have CPE.

How is CPE spread?

CPE can be spread from one person to another by unwashed hands or from contact with dirty equipment or surfaces. This can lead to colonisation or an infection if CPE enters the body from the urethra or bladder, through a wound or if in hospital, a drip or drain.

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Patient Information

CPE cannot be spread through the air but can survive on equipment and surfaces, such as toilets, commodes, bedrails, tables, chairs and door handles.

Effective cleaning and good hand hygiene by all staff, patients and visitors can reduce the spread of CPE.

Why are patients tested for CPE?

CPE can be found when specimens, such as urine, blood and wound swabs are tested in the laboratory or by routine screening samples taken before or during hospital admission.

By knowing which patients are carrying CPE, we can make sure that they receive the best care to prevent the spread of CPE and CPE infections.

Infections caused by CPE can be difficult to treat. It is very important to know that someone is carrying CPE so that if an infection develops, medical staff can quickly identify the best antibiotic to treat it.

Which patients are screened for CPE?

Patients who are admitted or have a planned admission will be assessed at the time of admission or in the pre-admission clinic, to decide if they are at risk of carrying CPE and need testing.

You may be asked to be tested for CPE if you:

- have been in a UK hospital outside of Gloucestershire (including when receiving dialysis while on holiday).
- have been an inpatient in a hospital abroad.
- have been in contact with someone with CPE.
- have been identified as having CPE in the past.
- are admitted from a care facility that provides higher levels of care, such as long-term ventilation.

Additionally, you may be asked to be tested if:

- during your hospital stay you have come into contact with someone with CPE (for example have been in the same bay).
- you are admitted to a setting such as the Critical Care Unit.

**Patient
Information****How will I be tested for CPE?**

If you need a sample to be taken for testing, a nurse will insert a swab a small distance into your rectum (bottom).

Alternatively, you may be asked to provide a sample of faeces (poo).

Other samples may be needed, for example if you have a wound or urinary catheter.

Your privacy and dignity will be respected at all times when these samples are being taken.

All swabs and samples will be sent to the laboratory to be tested for CPE. You may be asked to stay in a single room until the result of your test is known.

The results usually take 2 to 3 days, your care will not be delayed while you are waiting for the results. The clinical team looking after you will inform you of the results.

What happens if my CPE test is positive?

If your test for CPE is positive, it means that you are carrying CPE bacteria in your gut. This does not normally cause problems in people who are fit and healthy and you may not suffer any ill effects. If you are not showing any signs of infection, no treatment is needed.

If you do get an infection, it is helpful for your doctor to know that you are carrying CPE so that they can quickly identify the best antibiotic to treat your infection.

How will I be cared for in hospital?

If you have tested positive for CPE, you will be asked to stay in a single room during your hospital stay. This will be until your doctors are satisfied that there is no risk of spreading CPE to other patients.

Health care workers will clean their hands regularly, and use gloves and aprons or gowns while they are looking after you.

Patient Information

The most important thing you can do to prevent infection is to wash your hands well with soap and water after going to the toilet. You can also use the alcohol-based hand gel. It is essential that you avoid touching any of your medical devices such as urinary catheters or intravenous drips. This will help reduce the risk of you developing an infection caused by CPE.

Can I still have visitors?

Patients with CPE can still have visitors while they are in hospital. Visitors who may be more vulnerable to infection, children and babies are advised to avoid visiting. Visitors or carers do not usually need to wear gloves and aprons unless they are carrying out personal care. If this is the case, it is important that gloves and aprons are removed and hands washed before leaving the room.

All visitors must wash their hands when they enter and leave your room.

What happens when I leave hospital?

Before you leave hospital, you will be given a card advising that you have had a positive CPE result. Should you or a member of your household be admitted to hospital you should let the staff know that you have had CPE and can show them this card.

While there is a chance that you may still be a carrier of CPE when you go home, quite often this will go away with time. No special measures or treatment are required as any infection will have been treated before your discharge.

You do not need to take any extra precautions at home, other than washing your hands well with soap and water, especially after going to the toilet. If a relative or friend is helping care for you at home, ask them to wash their hands with soap and water before and after they give care to you.

Bed linen, clothes and other laundry can be washed as normal.

If you go back into hospital or another healthcare environment, it is important that you let the staff caring for you know that you have had a positive test for CPE in the past. This will make sure that you receive the best care to prevent the spread of CPE and to reduce the risk of you developing a CPE infection.

**Patient
Information**

Further information

If you would like more information about CPE, please speak to a member of the nursing or medical team caring for you. They may contact the local Infection Prevention and Control Team on your behalf.

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>