

# MULTI-DRUG RESISTANT ORGANISMS (MDROs)



**MULTI-DRUG RESISTANT ORGANISMS (MDRO)**

Infection Prevention & Control  
Boot Camp For Long-Term Care Facility  
Infection Preventionists

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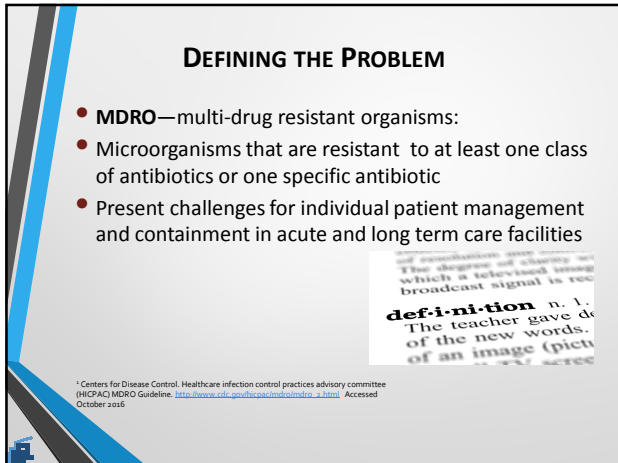
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**DEFINING THE PROBLEM**

- **MDRO**—multi-drug resistant organisms:
- Microorganisms that are resistant to at least one class of antibiotics or one specific antibiotic
- Present challenges for individual patient management and containment in acute and long term care facilities

**def-i-ni-tion** n. 1. The degree of clarity with which a television image or broadcast signal is received.  
The teacher gave de- of the new words. of an image (pict

\* Centers for Disease Control, Healthcare infection control practices advisory committee  
HICPAC MDRO Guideline: <http://www.cdc.gov/hai/guidelines/index.html>, Accessed October 2015

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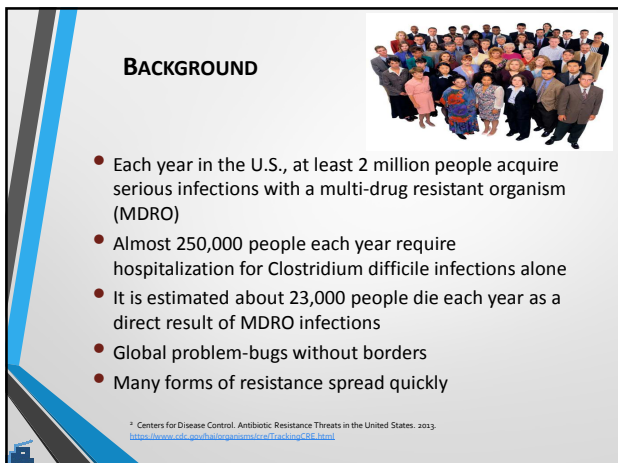
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**BACKGROUND**



- Each year in the U.S., at least 2 million people acquire serious infections with a multi-drug resistant organism (MDRO)
- Almost 250,000 people each year require hospitalization for Clostridium difficile infections alone
- It is estimated about 23,000 people die each year as a direct result of MDRO infections
- Global problem-bugs without borders
- Many forms of resistance spread quickly

\* Centers for Disease Control, Antibiotic Resistance Threats in the United States, 2013  
<https://www.cdc.gov/drugresistance/about/Tracking-AR.html>

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# MULTI-DRUG RESISTANT ORGANISMS (MDROs)

## Infection

- Presence of pathogen
- Organism growth & invasion of host
- Presence of clinical signs & symptoms

## Colonization

- Presence of microorganism
- No tissue invasion
- Absence of clinical signs & symptoms

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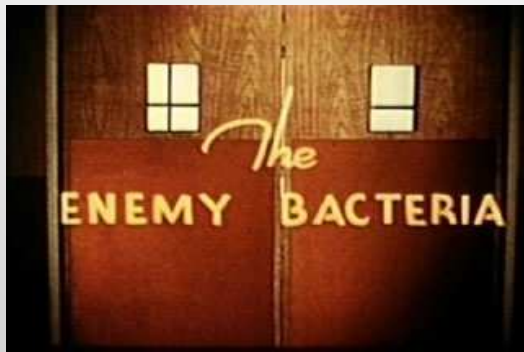
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## SIGNIFICANT PATHOGENS

- MRSA (methicillin resistant staphylococcus aureus)
- VRE (vancomycin resistant enterococcus)
- ESBL (extended spectrum beta lactamase)
- ABC (acinetobacter baumannii complex)
- Clostridium Difficile
- CRKP (KPC or CRE)
- NDM1 (New Delhi Metallo beta-lactamase)
- mcr1 gene (gene mediated Colistin-resistant E. coli)



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# MULTI-DRUG RESISTANT ORGANISMS (MDROs)

## MECHANISMS OF ANTIBIOTIC RESISTANCE

- Drug destruction by enzyme within organism (inactivation of drug)
- Alteration of drug receptor/target sites
- Decreased drug permeability or active efflux of the antibiotic
- Chromosomal drug resistance occurs by spontaneous mutation in the gene locus that controls susceptibility to a drug

<sup>3</sup> Medscape. Insights into Antibiotic Resistance Through Metagenomic Approaches. <http://www.medscape.com/viewarticle/947888>. Last accessed October 2, 2016.

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## MRSA

- *Staphylococcus aureus* is a bacteria carried by healthy people in a variety of body sites (30% on skin, 20-30% in nares)
- One of the most prominent pathogens associated with community, hospital and livestock-associated infections
- Within two years after introduction of Methicillin, resistance was observed
- Transmitted by direct or indirect contact with persons harboring the organism or from the environment
- *Staphylococcus aureus* is a frequent asymptomatic colonizer of humans
- Mild-to-severe skin infections are amongst the most common MRSA related diseases



<sup>4</sup> Chatterjee SS, Otto M. Improved understanding of factors driving methicillin-resistant *Staphylococcus aureus* epidemic waves. *Clinical Epidemiology* 2013; 7: 205-217. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3800000/>. Accessed October 4, 2016

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## VRE

- Vancomycin Resistant *Enterococcus* (faecalis or faecium)
- *Enterococci* are commonly found in the intestinal tract of humans
- Can be transmitted through fecal-oral route
- Can cause life threatening infections like endocarditis (heart valves)
- A hearty organism that can survive on environmental surfaces for a long time (5 days to 46 months)

<sup>5</sup> Centers for Disease Control. Healthcare associated infections. <https://www.cdc.gov/HAI/organisms/vre/vre.html>. Accessed October 4, 2016

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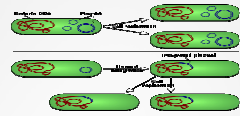
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# MULTI-DRUG RESISTANT ORGANISMS (MDROs)

## ESBL



- Extended-spectrum beta lactamase-this is an enzyme developed by the organism
- Mostly found in gram negative organisms enterobacteriaceae like *E. coli* and *Klebsiella pneumoniae*.
- This enzyme is carried on plasmids (DNA of the organism) which can be transferred to another organism
- This is a mutation whereby an enzyme produced by the organism inactivates certain antibiotics by adding an H<sub>2</sub>O molecule (called hydrolysis) e.g., penicillins and cephalosporins

<sup>6</sup> DeBusscher J, Zhang L, Buxton M, et al. Persistent extended-spectrum  $\beta$ -Lactamase urinary tract infection. Emerging Infectious Diseases 2009, November. <http://www.cdc.gov/eid/article15/11/2009-11-2009> Accessed October 4, 2016

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## ACINETOBACTER

- Also called ABC (*acinetobacter baumannii* complex)
- This organism is found naturally in the soil and water
- This organism has an inherent resistance to antibiotics
- Outbreaks caused by this organism typically happens in ICUs or sub-acute units
- This organism can live on the skin and can survive on the environment for months
- *Acinetobacter* infections usually involve organ systems that have a high fluid content e.g., respiratory tract, urinary tract, peritoneal fluid



<sup>7</sup> Cunha BA, Bronze MS, et al. Acinetobacter. Medscape. <http://emedicine.medscape.com/article/26891-overview> Accessed October 4, 2016

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CRE



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# MULTI-DRUG RESISTANT ORGANISMS (MDROs)

## Background

- The first case of carbapenem-resistant enterobacteriaceae (CRE) was identified in the U.S in 2001 in North Carolina<sup>8</sup>
- The director of the CDC, Tom Frieden, has referred to CRE as a "nightmare bacteria"
- According to the CDC, the CRE bacterium are one of the top 3 urgent threats in the US<sup>9</sup>
- According to LAC Public Health CRE is endemic in LA County
- Mortality rates from CRE may be as high as 50%<sup>9</sup>
- Limited treatment options for treating CRE infection<sup>8,9</sup>

<sup>8</sup> Carbapenem-resistant Enterobacteriaceae (CRE) Control and Prevention Toolkit. <http://www.ahrq.gov/professionals/quality-patient-safety/qaent/ahrq-cre-control-prevention-toolkit.html>

<sup>9</sup> Watkins DR, Bonomo RA. Increasing prevalence of carbapenem-resistant Enterobacteriaceae and strategies to avert a looming crisis. Expert Review of Anti-Infective Therapy 2013;11(6):543-545. <http://www.tandfonline.com/doi/full/10.1080/14737175.2013.810602>. Last accessed July 2016.

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## Background (continued)



- Experts believe the main reasons for increase in this resistant strain of organism is due to:
  - Over-use or inappropriate use of antibiotics
  - Poor hygienic conditions and lack of adequate environmental cleaning and disinfection
  - Organisms contain mobile genetic material (plasmids) that contain antibiotic (ATB) resistance genes (easily transferred to other organisms)
  - Travel

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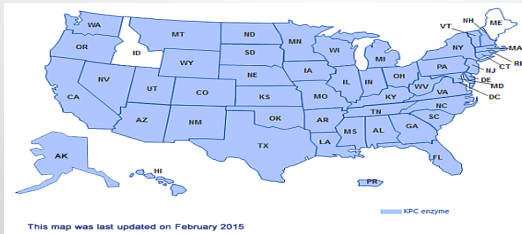
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## CRE CASES REPORTED TO CDC BY FEBRUARY 2015



Centers for Disease Control and Prevention. Healthcare-Associated Infections (HAI): Tracking CRE. <http://www.cdc.gov/hai/organisms/cre/trackingCRE.html>. Last accessed 12-31-15.

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