

Definition of a MDR-GNB outbreak	<ul style="list-style-type: none"> ▪ Occurrence of two new healthcare-associated cases, colonized or infected, epidemiologically linked. ▪ For <i>Acinetobacter</i> resistant to ≥ 5 classes of antibiotics, the occurrence of one colonized or infected case in a non-isolated patient must raise suspicions of an outbreak. An alert status must be set up and the measures described for an outbreak must be implemented.
Contact screening	<ul style="list-style-type: none"> ▪ Screening on day 0, day 7 and day 14: <ul style="list-style-type: none"> ▪ of close contacts (patients who stayed more than 24 hours in the same room as a confirmed, non-isolated case); ▪ of more distant contacts (patients who stayed on the same ward as a confirmed, non-isolated case); ▪ of contacts who received care from the same staff, if a transmission via staff is suspected. ▪ Weekly screening of the ward affected for at least four weeks after the last confirmed case has been discharged. ▪ Staff screening is not recommended.^a ▪ Some care facilities perform screening on admission to and discharge from a ward where there is an outbreak. ▪ Environmental screening should be considered if an outbreak persists despite implementation of prevention and control measures, in particular in cases of <i>Acinetobacter</i> and <i>Pseudomonas</i>.
Additional precautions	<ul style="list-style-type: none"> ▪ Implement additional precautions to prevent contact transmission for close contacts while waiting for the results of screening tests.^b ▪ Implement additional precautions to prevent contact transmission for more distant contacts who have been transferred to another ward while waiting for the screening results.^b ▪ Cohorting with dedicated staff for the cohorted carriers.
Alert	<ul style="list-style-type: none"> ▪ Place an alert in the medical record of close and more distant contacts who have been discharged so that they may be screened and implement additional precautions to prevent contact transmission on a preventive basis while waiting for the results when a patient is readmitted.^c ▪ Notify the receiving centre when a carrier or contact is transferred to another centre.
Regional public health authority	<ul style="list-style-type: none"> ▪ Report the outbreak to the Direction de santé publique (DSPu) [regional public health authority].

^a On an exceptional basis, when the epidemiological study shows a strong suspicion of transmission via a staff member, screening of the suspected persons could be performed.

^b Depending on the sensitivity of the screening tests performed at the microbiology laboratory and the local epidemiology, the contact precautions may be discontinued if the result at day 7 is negative.

^c If there are a large number of contacts, it may be more advisable to perform systematic screening of all patients who were hospitalized during the outbreak.

End of outbreak

End of outbreak	<ul style="list-style-type: none"> ▪ When no new case has been discovered for a minimum of four consecutive weeks, following the identification of the last confirmed case.
Regional public health authority	<ul style="list-style-type: none"> ▪ Inform the DSPu of the end of the outbreak in accordance with regional procedures.

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Measures to Prevent and Control Transmission of Multidrug-Resistant Gram-Negative Bacilli (Excluding Carbapenemase-Producing Enterobacteriaceae) in Acute Care Settings in Québec

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ACKNOWLEDGEMENTS

Marco Bergevin, Hôpital de la Cité-de-la-Santé

Charles Frenette, Hôpital général de Montréal

Marie Gourdeau et l'équipe de PCI de l'Hôpital de l'Enfant-Jésus

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Claude Tremblay et l'équipe de PCI de l'Hôtel-Dieu de Québec

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LINGUISTIC REVISION

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The translation of this publication was made possible with funding from the Public Health Agency of Canada.

This document is available in its entirety in electronic format (PDF) on the website of the Institut national de santé publique du Québec at: <http://www.inspq.qc.ca>.

The French version is entitled Mesures de prévention et de contrôle de la transmission des bacilles à Gram négatif multirésistants autres que les entérobactéries productrices de carbapénémases dans les milieux de soins aigus au Québec and is also available on the website of the Institut national de santé publique du Québec at: <http://www.inspq.qc.ca>

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LEGAL DEPOSIT – 3rd QUARTER 2018
BIBLIOTHÈQUE ET ARCHIVES NATIONALES DU QUÉBEC
ISBN: 978-2-550-81065-0 (FRENCH PDF)
ISBN: 978-2-550-81783-3 (PDF)

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Publication No: 2425

