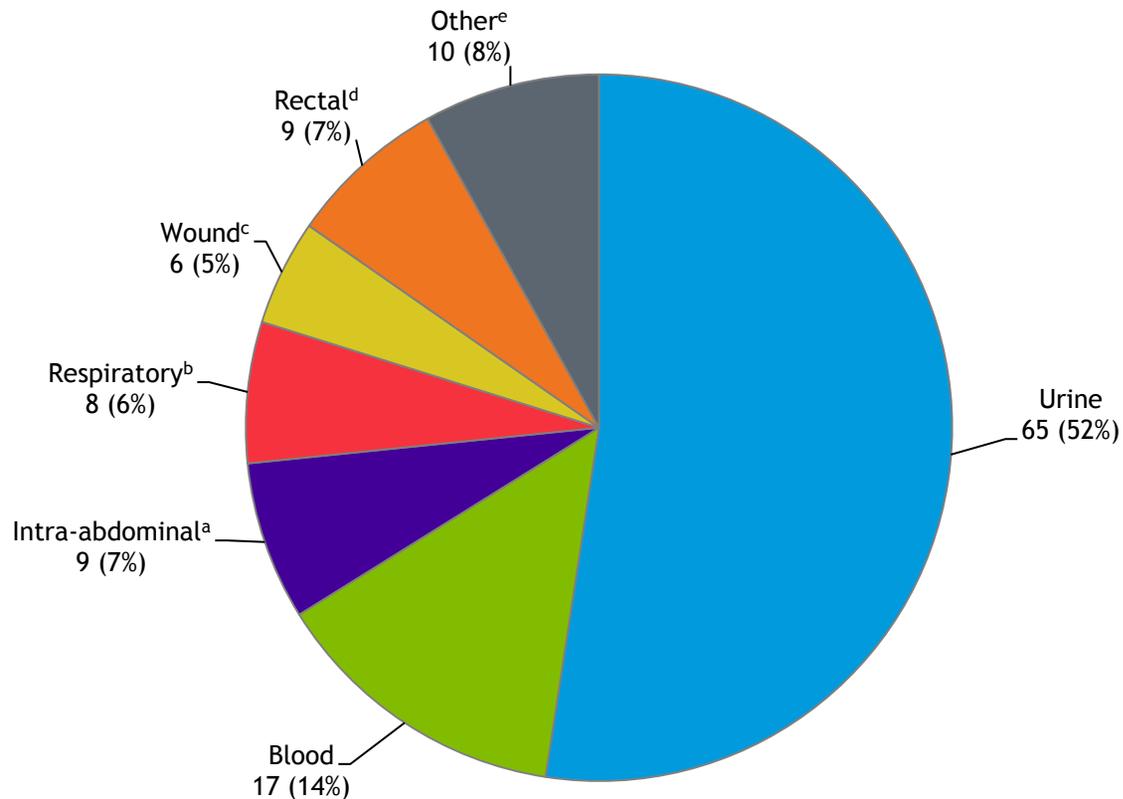


Carbapenem-Resistant Enterobacteriaceae (CRE)

Incident* cases by specimen - Colorado, 2013 (N=124)



*Incident CRE cases are defined as carbapenem non-susceptible (intermediate or resistant to ertapenem, imipenem, meropenem or doripenem) and extended-spectrum cephalosporin resistant *E. coli*, *Enterobacter* species, or *Klebsiella* species > 30 days after a previous incident case. In the Denver metropolitan area, clinical laboratories report CRE using the 2012 (M100-S22) or more recent Clinical and Laboratory Standards Institute (CLSI) minimum inhibitory concentration (MIC) antimicrobial susceptibility breakpoints for surveillance purposes. Outside the Denver metropolitan area, clinical laboratories may report CRE based on the CLSI antimicrobial susceptibility breakpoints currently applied in their laboratory, which can include previous years (e.g., 2011 M100-S21).

^aIntra-abdominal: body fluid from a JP drain, peritoneal fluid, colovesical fistula body fluid, liver abscess, nephrostomy, peripancreatic fluid, abdominal retroperitoneal tissue, abdominal abscess, biliary abscess drainage.

^bRespiratory: bronchoalveolar lavage (2), sputum (3), tracheal aspirate, unspecified respiratory aspirate, unspecified respiratory specimen.

^cWound: drainage from whipple procedure, ischial flap site drainage, heel.

^dRectal swabs are considered screens for CRE.

^eOther: bone, unspecified body fluid (2), catheter tip, unspecified drainage, fluid from JP drain, sphenoid sinus, unspecified tissue, joint tissue, urethra tissue.