

DC Antibiotic Resistant Laboratory Network (ARLN) Overview

DC ARLN Area	Definition	Sampling Scheme	Shipping Method	Other comments										
CRE	<p>Enterobacteriaceae Isolates that meet the following criteria should be submitted to the DC PHL:</p> <ul style="list-style-type: none"> Resistant to any carbapenem antibiotic following current CLSI M100 guidelines. <table border="1" style="margin-left: 40px;"> <thead> <tr> <th style="text-align: center;">Antibiotic</th> <th style="text-align: center;">MIC (µg/ml)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">doripenem</td> <td style="text-align: center;">≥4</td> </tr> <tr> <td style="text-align: center;">ertapenem</td> <td style="text-align: center;">≥2</td> </tr> <tr> <td style="text-align: center;">imipenem</td> <td style="text-align: center;">≥ 4</td> </tr> <tr> <td style="text-align: center;">meropenem</td> <td style="text-align: center;">≥4</td> </tr> </tbody> </table> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> Found to be a carbapenemase-producer via Carba-NP test, MBL-screen, PCR, or other phenotypic or genotypic carbapenemase test <p>NOTE: For Proteus, Providencia, or Morganella spp. resistant to imipenem, please only submit if the isolate is also resistant to another carbapenem antibiotic.</p>	Antibiotic	MIC (µg/ml)	doripenem	≥4	ertapenem	≥2	imipenem	≥ 4	meropenem	≥4	<ul style="list-style-type: none"> One clinical isolate per patient- source should be submitted each month. No priority is given to state of residence (send isolate regardless of the patient’s home state) No priority is given to sensitivity. 	<ul style="list-style-type: none"> Submit the CRE isolate, antibiotic susceptibility report, requisition, and chain of custody to the DC PHL during the next with your next scheduled twice-weekly PHL pickup.** <p>** Send high priority isolates (those listed in Table-1) as soon as they’re received. Call 202-481-3937 to schedule a DC PHL courier.</p>	<ul style="list-style-type: none"> This is being conducted as routine ARLN surveillance
Antibiotic	MIC (µg/ml)													
doripenem	≥4													
ertapenem	≥2													
imipenem	≥ 4													
meropenem	≥4													
CRPA	<p>Carbapenem-resistant Pseudomonas aeruginosa Isolates that meet the following criteria should be submitted to the DC PHL:</p> <p>MIC ≥8 µg/mL for any:</p> <ul style="list-style-type: none"> Doripenem Imipenem Meropenem 	<ul style="list-style-type: none"> Submit the first 10 unique clinical isolates each month. No priority is given to source (e.g. blood, wound, urine, etc.). No priority is given to state of residence (send isolate regardless of the patient’s home state). No priority is given to sensitivity. 	<ul style="list-style-type: none"> Submit the CRPA isolate, antibiotic susceptibility report, requisition, and chain of custody to the DC PHL as quickly as possible with your next scheduled pickup. 	<ul style="list-style-type: none"> This is being conducted as routine ARLN surveillance 										

Table-1: High Priority CRE/CRPA Isolates (Send Immediately to DC PHL)

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| <ul style="list-style-type: none"> Positive for the following resistance mechanisms: NDM, OXA-48, OXA-48-like, VIM, IMP, mcr type resistance | <ul style="list-style-type: none"> Suspected novel resistance Suspected pan resistance Anything else your lab deems noteworthy and has prior approval from DOH.HAI@dc.gov |
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CRAB	<p>Carbapenemase-producing <i>Acinetobacter baumannii</i> and <i>mcr</i>-gene - harboring ESBLs</p> <p><u>Current surveillance criteria for labs:</u></p> <p>Phenotype 1</p> <ul style="list-style-type: none"> Any <i>Acinetobacter baumannii</i> that is R to a carbapenem Can be from any body site <p>Phenotype 2</p> <ul style="list-style-type: none"> Any <i>E. coli</i> or <i>Klebsiella spp</i> that is R to a third-generation cephalosporin (ceftriaxone, ceftazidime, or cefotaxime) Or, if submitting lab tests for ESBL production, any ESBL-producing <i>E. coli</i> or <i>Klebsiella spp</i> Can be from any body site 	<ul style="list-style-type: none"> Submit the first 25 unique clinical isolates each month 	<ul style="list-style-type: none"> All specimens are shipped directly to the Maryland State Laboratory using a designated FedEx account. 	<ul style="list-style-type: none"> This is being conducted as part of ARLN Targeted Surveillance Includes a maximum of one clinical lab in DC
<i>Candida auris</i>	<p>Culture of <i>C. auris</i> from any body site, including blood, wound, skin, ear, urine, rectum, respiratory secretions, or other body fluids.</p> <p>OR</p> <p>Detection of <i>C. haemulonii</i> from urine, respiratory tract, or normally sterile site (e.g., blood) by a laboratory instrument not equipped to detect <i>C. auris</i> (i.e., not MALDI-TOF or ribosomal DNA sequencing as of February 2017) and isolate is not available for further testing.</p>	<ul style="list-style-type: none"> Contact DOH.HAI@dc.gov 	<ul style="list-style-type: none"> Contact DOH.HAI@dc.gov 	<ul style="list-style-type: none"> Pre-approval from DC Health HAI Program is required
Drug-Resistant Gonorrhea	<p>Clinical isolates obtained from patients with documented treatment failure.</p>	<ul style="list-style-type: none"> Contact DOH.HAI@dc.gov 	<ul style="list-style-type: none"> All specimens are shipped directly to the Maryland State Laboratory using a designated FedEx account. 	<ul style="list-style-type: none"> Pre-approval from DC Health HAI Program is required
Colonization Screening	<ul style="list-style-type: none"> Contact DOH.HAI@dc.gov 	<ul style="list-style-type: none"> Contact DOH.HAI@dc.gov 	<ul style="list-style-type: none"> All specimens are shipped directly to the Maryland State Laboratory using a designated FedEx account. 	<ul style="list-style-type: none"> Pre-approval from DC Health HAI Program is required