

What do I do at home if I have CPE?

There are no special measures that you will need to take at home.

As the bacteria is found in the bowel, you should be careful with your hand washing after using the toilet.

People living in the same dwelling can pass bacteria to each other; therefore, if you or any of your household are admitted to hospital in the future, you should let the staff know that you have been found to have CPE or CPE contact.

Any further questions

Ask the staff looking after you to contact the Infection Prevention & Control Team or ring us on 020 7288 3261.

Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.PALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please email whh-tr.patient-information@nhs.net. We will try our best to meet your needs.

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Infection Prevention &
Control

CPE
(Carbapenemase Producing
Enterobacteriaceae)

A patient's guide



What is CPE?

CPE stands for Carbapenemase-producing Enterobacteriaceae. These are bacteria, usually Escherichia coli (E. coli) or Klebsiella that live in the bowel and become resistant to antibiotics. Most people that have this bacterium are colonised: the bacteria lives in them but do not cause harm. Unfortunately if they cause infection, this can be serious as there are few antibiotics to treat it.

How do people catch CPE?

It can be impossible to determine exactly how an individual has developed CPE colonisation but there are risk factors for being colonised.

CPE has been seen in hospitals outside the UK as well as in London. In some hospitals there has been cross infection from one patient to another.

To reduce the risk of cross infection, 'suspected carriers' are screened to determine if they do have the bacteria.

Who is a 'suspected carrier'?

At Whittington Health, if you are being admitted we will ask you questions to determine if you are at risk of being a suspected carrier.

1. Have you been an in-patient in a hospital outside the UK or in a UK city within the last 12 months?
2. Have you been told you have a resistant strain of E. coli or Klebsiella?

If the answer to either of these questions is 'yes' we will then screen you to determine carriage.

If a patient is found to be CPE positive within the hospital we may also screen nearby patients to ensure that there has been no spread.

How do you screen for CPE?

As CPE colonises the bowels, we need to take a swab from your rectum (bottom) to test to ensure you are not colonised. This is then sent to the laboratory. It takes around two working days for a result.

Whilst waiting for the result we may isolate you to reduce the risk of cross infection to others

What if the swab is negative?

If the swab is negative, you are not currently carrying CPE. But we may need to take another swab depending on risk of carriage.

Please remember that if you are re-admitted, you will be asked the questions again and will need to be screened again.

What if any of the swabs are positive?

If any of the swabs come back as positive, then you are considered CPE positive. If you are not currently in isolation, you will be isolated. Visitors will be asked to wash their hands thoroughly when leaving your room.

As CPE is very resistant, you may not be treated unless you have an infection. Even if treated, there is a possibility that not all of the bacteria will be killed. Further screening following treatment could show negative, but it may turn positive again in the future.

Therefore we have to assume that if you are positive once, you are positive always.

A diagnosis of CPE colonisation should not delay your discharge.