

# Case I

In a rehabilitation center including inpatient wards for orthopedic, spinal, stroke rehabilitation and an ICU the policy is for strict contact isolation with preferable cohorting of carbapenem-resistant Enterobacteriaceae carriers. CRE carriers receive the same physiotherapy and activities as other inpatients, the staff are required to wear gowns and gloves and cleanse all surfaces after working with a carrier (ChlorClean). CRE carriers are not restricted to their rooms if ambulatory, but are asked not to visit other patient beds, or stay around the nurse's station and other patient care areas.

It has been brought to the attention of infection control nurse that a social group has been formed that meets in the evenings in one of the lecture halls of the center. They bring food and drink, socialize, exchange experiences etc. Rumors say they share a smoke. One of the group, is a 70-years old man, who is a CRE carrier in rehabilitation following spinal surgery. The patient is on a wheelchair and has a urinary catheter. CRE carriage was known from before admission to the rehabilitation center (respiratory sample) and is still positive on rectal screening.

The nurse asks you whether to stop this patient from going to the meeting? Should he wear gown and gloves to go there?

ML Moro: Stop the patient from going to the meeting

B Cookson: Allow the patient to go to the meeting

## Case II

I am devising guidelines for the empirical antibiotic treatment in my hospital and now considering empirical treatment for community-associated complicated UTI (community-acquired or healthcare associated, with/ without catheter). Rates of resistance to the relevant antibiotics, among patients  $\geq 80$  years on admission to the hospital for the last three years are listed below. The usual practice in the hospital until now was to administer ertapenem or piperacillin-tazobactam. Aminoglycosides have not been used.

|                         | % susceptible |
|-------------------------|---------------|
| Amikacin                | 96%           |
| Ceftriaxone             | 60%           |
| Ceftazidime             | 70%           |
| Ciprofloxacin           | 59%           |
| Piperacillin-tazobactam | 83%           |
| Ertapenem               | 84%           |

Gram negative BSIs, blood cultures taken on admission

E. Tacconelli: Aminoglycosides as my policy

L. Pagani: Other antibiotic as my policy