

ing and detection of the source. All clinicians, infection control nurses and environmental health officers are being encouraged to assist in improving case investigation form (CIF) completion and history taking. Clinicians are requested to support data collection through completion of CIFs and submission by email to outbreak@nicd.ac.za. CIFs may be found on the NICD website 'Diseases A-Z' section, under 'Listeriosis'

Source: Division of Public Health Surveillance and Response; Centre for Enteric Diseases, NICD/NHLS (outbreak@nicd.ac.za)

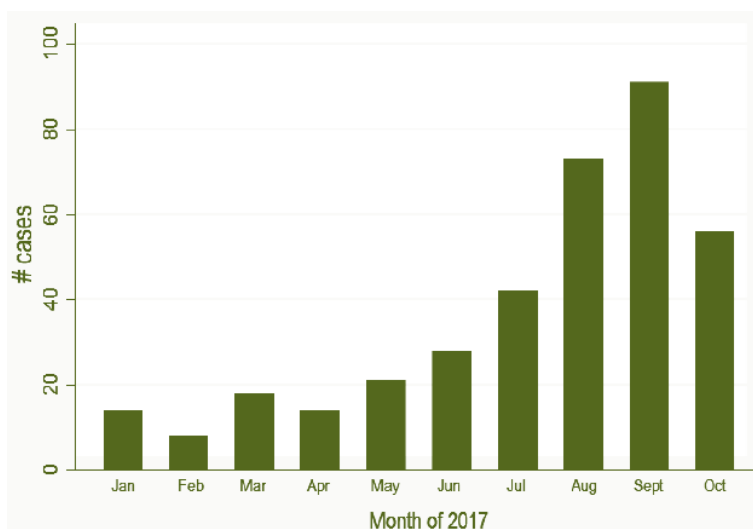


Figure 6. Number of isolates/cases of *Listeria monocytogenes* from public and private sector laboratories, January to 24 October 2017

5 SURVEILLANCE FOR ANTIMICROBIAL RESISTANCE

a Carbapenemase-resistant Enterobacteriaceae—a monthly update

The Antimicrobial Resistance Laboratory and Culture Collection (AMRL-CC) of the Centre for Healthcare-associated infections, Antimicrobial Resistance and Mycoses (CHARM) at the NICD has been testing referred isolates of suspected carbapenemase-producing Enterobacteriaceae (CPE) for the presence of selected carbapenemases. CPE have become a threat to healthcare and patient safety worldwide by compromising empiric antibiotic therapeutic choices and increasing morbidity, hospital costs and the risk of death. We are receiving clinically significant isolates from all specimen types based on antimicrobial susceptibility testing criteria for molecular confirmation. For September 2017, a total of 109 Enterobacteriaceae isolates was received. Seventy-three isolates were screened, 64 of which expressed the carbapenemases of interest. One isolate expressed a combination of two carbapenemases (NDM and OXA-48 and variants) (Table 1). The majority of the screened isolates were *Klebsiella pneumoniae* (61) followed by *Enterobacter cloacae* (7).

It is important to note that these figures do not represent the current burden of CPEs in South Africa. The AMRL-CC is currently running a surveillance

programme at national sentinel sites for CPE infections in patients with bacteraemia which will be able to provide representative data to inform public health policy and highlight priorities for action. Controlling the spread and limiting the impact of CPEs in South Africa requires intensive efforts in both the public and private healthcare sectors going forward. NHLS and private laboratories are encouraged to submit suspected CPE isolates based on antimicrobial susceptibility testing (AST) criteria to AMRL-CC, NICD/NHLS. Please telephone (011) 555 0342/44 or email: olgap@nicd.ac.za; for queries or further information.

Source: Centre for Healthcare-associated infections, Antimicrobial Resistance and Mycoses, NICD-NHLS; (olgap@nicd.ac.za)