

Los Angeles County Department of Public Health

Health Officer Order for the Reporting of Carbapenem-Resistant *Enterobacteriaceae* (CRE) and Antimicrobial Resistance (AR)

A Review of the Reporting Requirements and Instructions

February 2017



Overview

- CRE Overview and Definition
- Reporting for Facilities Enrolled in NHSN
 - Group info
 - Required elements
- Reporting for Facilities Not Enrolled in NHSN
 - Using the CRE Epidemiology Report Form- SNFs only
- Antibigram Reporting Instructions
 - How to submit
 - Recommendations for preparation
- Updates and Resources



CRE in Los Angeles County

- Voluntary CRE data reported into NHSN in 2015 from 22 hospitals
 - Pooled mean HO rate: 0.94 per 10,000 pt days
- Public Health Lab Enhanced CRE surveillance program
 - Over 600 isolates submitted by 30 laboratories in LAC
 - Predominant carbapenemase identified: KPC
- No current estimates of CRE since 2010-2012 CRKP surveillance period



CRE and AR Health Officer Order

- Issued January 19, 2017 to acute care hospitals and skilled nursing facilities (SNFs) in Los Angeles County
- Mandated the following:
 - Facilities enrolled in NHSN report CRE via LabID
 - SNFs not enrolled in NHSN report via submission of CRE Epidemiology Report Form and lab report to LACDPH Morbidity Unit
 - All facilities that create an antibiogram to provide the most recent report to LACDPH annually



Reporting in Other Health Jurisdictions

- Pasadena Public Health Department and Long Beach Department of Health and Human Services issued their own Orders with the same reporting mandate to ACHs and SNFs in their jurisdictions
 - Facilities in those jurisdictions who are enrolled in NHSN will also join the LA County CRE NHSN group to fulfill the reporting requirement
 - Facilities not enrolled in NHSN will report to their local health department



CRE Surveillance Definition

Any *Escherichia coli*, *Klebsiella oxytoca*, *Klebsiella pneumoniae*, or *Enterobacter spp.* demonstrating resistance by one or more of the following methods:

- Resistant to imipenem, meropenem, doripenem, or ertapenem by standard susceptibility testing methods (i.e., minimum inhibitory concentrations of ≥ 4 mcg/mL for doripenem, imipenem and meropenem or ≥ 2 mcg/mL for ertapenem) **OR**
- Production of a carbapenemase (e.g., KPC, NDM, VIM, IMP, OXA-48) demonstrated using a recognized test (e.g., polymerase chain reaction (PCR), metallo- β -lactamase test, modified-Hodge test, Carba-NP, Carbapenem Inhibition Method (CIM)).



Reporting for Facilities Enrolled in NHSN



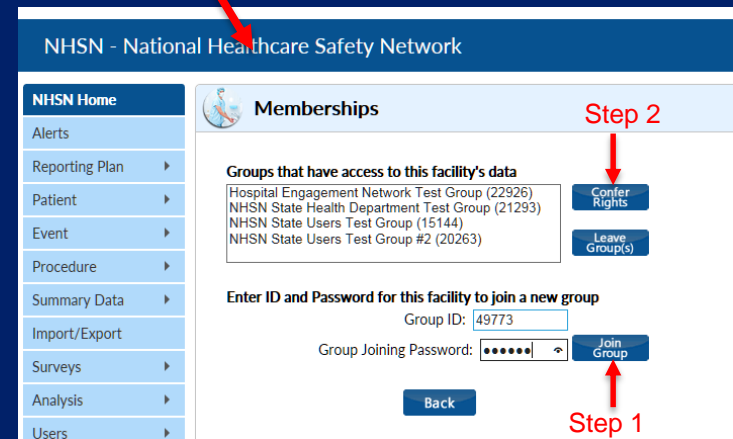
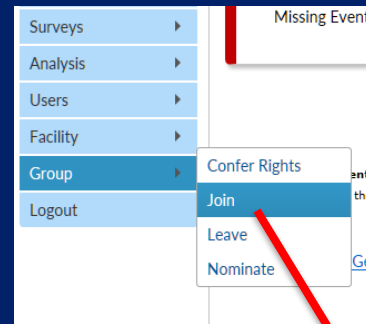
Compliance with Reporting Via NHSN

- Join new LA County CRE Group
- Confer rights to new group – **February 28th** deadline
- Add CRE to monthly reporting plan
- Create custom reporting fields
- Note this applies to all healthcare facilities enrolled in NHSN within Los Angeles County, Pasadena, and Long Beach Public Health jurisdictions



Joining **New** LA County CRE NHSN Group

- In the left menu bar select Group →Join
- In the Memberships page:
- Enter Group ID: **49773**
- Enter Group Joining Password: **lacdph** (all lowercase)
- Click 'Join Group'
- Click the LA County CRE name in the Groups box
- Click 'Confer Rights'



Conferring Rights

- Order requires the inclusion of patient identifiers for all CRE cases
 - Specified Identifiers: Name, Gender, DOB, Ethnicity, Race
 - Surveys: going from 2017 forward (leave 'to' blank)

Define Rights-Patient Safety

! Please select the rights that facilities joining "LA County CRE" will confer

General

View Options

Patient

With All Identifiers

Without Any Identifiers

With Specified Identifiers

Gender DOB Ethnicity Race

Medicare # Name SSN Patient ID Birthweight (NICU only)

Monthly Reporting Plan

Data Analysis

Facility Information

Surveys

Year	To	Year	Survey Type
2017			(All)



Conferring Rights (cont.)

Under MDRO/CDI Events:

1. Location Type: FACWIDE
2. Location: FacWIDEIn
 - i. **NOTE:** Selecting FacWIDEIn will automatically add ED and 24-HR observation areas to your reporting locations.
3. Specific Organism Type: CRE – CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella)
4. Event Type: LABID – Laboratory-identified MDRO or CDI Event
 - i. **NOTE:** Do not select Blood Specimens only. The Health Officer Order specifies CRE from any specimen source is to be reported.

MDRO/CDI Events
Includes Applicable Denominators and "No Events" Indicators

Plan	Month	Year	Month	Year	Location Type	Location	Other Location Requirements
In	January	2017	To		FACWIDE	FacWIDEIn	
Specific Organism Type:					Event Type:		
<input type="checkbox"/> ACINE - MDR-Acinetobacter <input type="checkbox"/> CDIF - C. difficile <input type="checkbox"/> CEPHRKLEB - CephR-Klebsiella <input checked="" type="checkbox"/> CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella) <input type="checkbox"/> MRSA - MRSA <input type="checkbox"/> MSSA - MSSA <input type="checkbox"/> VRE - VRE					LABID - Laboratory-identified MDRO or CDI Event		




Adding CRE to Monthly Reporting Plan

- If you already have LabID CRE in your monthly reporting plan check to make sure you are reporting **All Specimens**
- From NHSN menu bar selecting Reporting Plan → Find
 - In Month field select ‘January’
 - In Year field select ‘2017’
 - Once in the January 2017 plan scroll down to bottom of screen and select ‘Edit’



Adding CRE to Monthly Reporting Plan (cont.)

 **Add Monthly Reporting Plan**

Mandatory fields marked with *

Facility ID *: NHSN State Users Test Facility #1 (ID 15164) ▼

Month *: January ▼

Year *: 2017 ▼

No NHSN Patient Safety Modules Followed this Month

Multi-Drug Resistant Organism Module

Locations		Specific Organism Type					
FACWIDEIN - Facility-wide Inpatient (FacWIDEIn) ▼		CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella) ▼					
Process and Outcome Measures							
Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	
<input type="checkbox"/>	▼	▼	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ER - EMERGENCY ROOM ▼		CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella) ▼					
Process and Outcome Measures							
Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	
<input type="checkbox"/>	▼	▼	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
LAB ID ER - LAB ID ER ▼		CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella) ▼					
Process and Outcome Measures							
Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	
<input type="checkbox"/>	▼	▼	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
OBS - 24 HOUR OBS ▼		CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella) ▼					
Process and Outcome Measures							
Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	
<input type="checkbox"/>	▼	▼	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



Custom Reporting Fields

- Additional information is being requested for reported cases including prior healthcare exposures
- Note: 5 Custom Fields must be created in the order listed on the next slide, as NHSN will label the variables 'custom 1', 'custom 2', etc.



Custom Reporting Fields (cont.)

1. **ADMIT_FACILITY:** name of facility that transferred the patient to your facility
2. **DATE_LAST_CRE:** Enter the date of the last CRE positive test for the patient in the current admission, regardless of specimen source
3. **DISCHARGED_TO:** If known, indicate the name of the facility to which the patient was discharged
4. **DIED:** Indicate Yes, No, or Unk if the patient died during current hospitalization
5. **DATE_DEATH.D/C:** Enter the date the patient was discharged; or if the patient died, enter the date of death here



Creating Custom Fields (cont.)

Form Type *:

Form *:

Description *:

Status *:

Define Custom Fields

<input type="button" value="Delete"/>	Label	Type	Status
<input type="checkbox"/>	ADMIT_FACILITY	Alphanumeric	Active
<input type="checkbox"/>	DATE_LAST_CRE	Date	Active
<input type="checkbox"/>	DIED	Alphanumeric	Active
<input type="checkbox"/>	DISCHARGED_TO	Alphanumeric	Active
<input type="checkbox"/>	DATE_DEATH.D/C	Date	

1. Click under 'Label' field and type in ADMIT_FACILITY
2. Click under 'Type' field and from drop down menu select Alphanumeric
3. Click under 'Status' field and select 'Active'
4. Click 'Add Row' to add the next Custom Variable Field and continue until all 5 variables are created



Summary Data Entry

- For each month you report into NHSN, you must enter corresponding facility level data
 - i.e., Total Patient Days, Total Facility Admissions, etc.
- **Note:** if you did not have a positive test for one or more of the specific CRE organisms in the Summary Data months, you must check the ‘Report No Events’ box for the individual organism

MDRO & CDI Infection :						
Specific Organism Type	CRE-Ecoli	Report No Events	CRE-Enterobacter	Report No Events	CRE-Klebsiella	Report No Events
Infection Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event (All specimens)	* <input checked="" type="checkbox"/>	<input type="checkbox"/>	* <input checked="" type="checkbox"/>	<input type="checkbox"/>	* <input checked="" type="checkbox"/>	<input type="checkbox"/>
LabID Event (Blood specimens only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Sample Event Entry – Patient Information

Facility ID *:	NHSN State Users Test Facility #1 (ID 15164) ▼	Event #:	
Patient ID *:	123	Find	Find Events for Patient
Secondary ID:		Social Security #:	
Last Name:	Beiber	Medicare #:	
Middle Name:		First Name:	Justin
Gender *:	M - Male ▼	Date of Birth *:	12/12/1989 3
Ethnicity:	NOHISP - Not Hispanic or Not Latino ▼		
Race:	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
	<input checked="" type="checkbox"/> White		

Ensure that you are entering the required patient information fields, including name, DOB, Gender, and Race/Ethnicity



Sample Event Entry – Event Information

Event Type *: LABID - Laboratory-identified MDRO or CDI Event

Date Specimen Collected *: 01/13/2017

Specific Organism Type *: CREKLEB - CRE-Klebsiella

Was the bacterial isolate tested for carbapenemase? *: Y - Yes

If Yes, which tests were done (check all that apply): *

- PCR-KPC - Polymerase chain reaction - Klebsiella pneumoniae carbapenemase
- PCR-NDM - Polymerase chain reaction - New Delhi metallo-β-lactamase
- PCR-IMP - Polymerase chain reaction - Imipenemase
- PCR-VIM - Polymerase chain reaction - Verona Integron-encoded metallo-β-lactamase
- PCR-OXA-48-like - Polymerase chain reaction - Oxacillinase-48 like
- MHT - Modified Hodge Test
- CNP - Carba NP
- MBL_E - Metallo-β-lactamase E-test
- MBL_S - Metallo-β-lactamase screen
- OTHCTM - Other (please specify)
- UNKCTM - Unknown

Did the isolate test positive for carbapenemase? *: Y - Yes

If Yes, please identify which carbapenemase were identified (check all that apply): *

- (KPC) Klebsiella pneumoniae carbapenemase
- (NDM) New Delhi metallo-β-lactamase
- (IMP) Imipenemase
- (VIM) Verona integron-encoded metallo-β-lactamase
- (OXA-48 like) Oxacillinase-48 like
- (NS-Carba) Nonspecific carbapenemase activity (e.g., MHT or Carba NP)
- (NS-MBL) Nonspecific metallo-β-lactamase activity (e.g., MBL E-test or MBL screen)
- OTHCDT - Other (please specify)
- UNKCDT - Unknown

Outpatient *: N - No

Specimen Body Site/Source *: CARD - Cardiovascular/ Circulatory/ Lymphatics

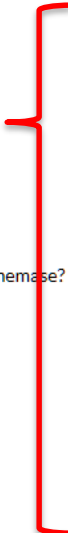
Specimen Source *: BLDSPC - Blood specimen

Date Admitted to Facility *: 01/08/2017

Location *: 235 - ICU

Date Admitted to Location *: 01/11/2017

Completion of this section is also required by the Health Officer Order if your laboratory tests for the presence of a carbapenemase



Sample Event Entry – Additional Patient Information

Last physical overnight location of patient immediately prior to arriving into facility (applies to specimen(s) collected in outpatient setting or <4 days after NURS - Nursing Home/Skilled Nursing Facility inpatient admission):

Has patient been discharged from your facility in the past 4 weeks?: Y - Yes
Date of last discharge from your facility *: 12/28/2016

Has the patient been discharged from another facility in the past 4 weeks?: Y - Yes
If yes, from where (Check all that apply): Nursing Home/Skilled Nursing Facility
 Other Inpatient Healthcare Setting
(i.e., acute care hospital, IRF, LTAC, etc.)

Documented evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event in any prior month?: N - No

Custom Fields

ADMIT_FACILITY: LAC SNF DATE_LAST_CRE: 01/19/2017
DIED: NO DISCHARGED_TO: LAC SNF
DATE_DEATH.D/C: 01/20/2017

- If the last physical overnight location for the patient was a SNF or other inpatient facility please complete this section regardless of when the specimen was collected during the admission.



NHSN Summary

- Ensure you join and confer rights to the new LA County CRE NHSN group
- Add CRE reporting of all specimens to monthly plan
- Create custom variables
- Ensure reporting of carbapenemase testing



Reporting for Facilities Not Enrolled in NHSN



Reporting in Other Jurisdictions

- SNFs in Pasadena Public Health Department or Long Beach Department of Health and Human Services jurisdictions will report to the appropriate health department
- Long Beach DHHS reporting info
 - Submit lab report via fax to (562) 570-4374
 - Questions to Emily Holman:
emily.holman@longbeach.gov
- Pasadena PHD reporting info
 - Submit CMR and lab report via fax to (626) 744-6115
 - Questions to (626) 744-6089





Reporting to LACDPH Morbidity Unit

- CRE Epidemiology Report Form will be available at <http://ph.lacounty.gov/acd/EpiForms.htm>
- Submit completed CRE Epi Form and laboratory report with susceptibility data to:
 - LACDPH Morbidity Unit at (888) 397-3778
- *Note: reference lab submission of lab report does not fulfill the reporting requirement; CRE Epi Form must be submitted*



CRE Epidemiology Form – Patient Information

- Similar to the standard LACDPH CMR form, include:
 - patient information (name, DOB, etc.)
 - reporting facility name, address
 - name and phone number of the person submitting the report

		CARBAPENEM-RESISTANT ENTEROBACTERIACEAE EPIDEMIOLOGY REPORT FORM <i>Klebsiella spp., Escherichia coli, and Enterobacter spp.</i> Only for use by Skilled Nursing Facilities				
Acute Communicable Disease Control 313 N. Figueroa St., Rm. 212, Los Angeles, CA 90012 213-240-7941 (phone), 213-482-4856 (facsimile) www.lapublichealth.org/acd						
PATIENT INFORMATION						
Patient Name-Last		First	Middle Initial	Date of Birth	Age	Sex
Race (check one)				Ethnicity (check one)		
<input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other: _____				<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino		
REPORTING FACILITY INFORMATION						
Reporting Facility Name			Name of Person Reporting		Reporting Facility Phone Number	
Reporting Facility Address- Number, Street			City	State	ZIP Code	

CRE Epidemiology Form - Diagnostic Information

- This section of the form is similar to the NHSN event entry form
 - Specimen and organism information
 - Testing methods
 - Was the isolate tested for carbapenemases?
 - If so, what was the result?

DIAGNOSTIC TESTS		
Organism identified: <input type="checkbox"/> <i>Klebsiella spp.</i> <input type="checkbox"/> <i>E. coli</i> <input type="checkbox"/> <i>Enterobacter spp.</i>		Date of collection: _____
Specimen source: <input type="checkbox"/> Blood <input type="checkbox"/> Sputum <input type="checkbox"/> Wound- sterile site <input type="checkbox"/> Wound- non-sterile site <input type="checkbox"/> Urine <input type="checkbox"/> Rectal swab <input type="checkbox"/> Other: _____		
Patient status at time specimen was collected:	Was the bacterial isolate tested for the presence of a carbapenemase?	If Yes, which tests were done (<i>check all performed</i>):
<input type="checkbox"/> Colonization <input type="checkbox"/> Infection <input type="checkbox"/> Unsure/unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Broth MIC <input type="checkbox"/> PCR <input type="checkbox"/> ETest <input type="checkbox"/> CarbaNP
If Yes, what carbapenemase was detected (<i>check all that apply</i>):		
<input type="checkbox"/> <i>Klebsiella pneumoniae</i> carbapenemase (KPC) <input type="checkbox"/> New Delhi metallo- β -lactamase (NDM) <input type="checkbox"/> Imipenemase (IMP) <input type="checkbox"/> OXA-48-like		
<input type="checkbox"/> Verona integron-encoded metallo- β -lactamase (VIM) <input type="checkbox"/> Negative/none detected <input type="checkbox"/> Other specify: _____		

CRE Epidemiology Form - Healthcare Presentation

- Information for this section should be taken from the resident's current admission
 - If resident was admitted from a different healthcare facility in the 4 weeks prior to current positive test, indicate the type of facility and its name (if known)
 - Indicate if and where the resident has been discharged to, or if they have died- include dates

HEALTHCARE PRESENTATION		
Date of admission:	Has the patient been a resident of your facility for more than 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Was the resident admitted from a healthcare facility in the four weeks prior to their current positive test? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
If Yes, what type of facility? <input type="checkbox"/> Hospital <input type="checkbox"/> LTAC <input type="checkbox"/> Other SNF	Disposition: <input type="checkbox"/> Current resident <input type="checkbox"/> Discharged to hospital <input type="checkbox"/> Discharged to LTAC <input type="checkbox"/> Discharged to another SNF <input type="checkbox"/> Discharged home <input type="checkbox"/> Date of discharge: _____ <input type="checkbox"/> Died - Date of Death: _____	
Facility name: _____		
Additional notes:		

Non-NHSN Reporting Summary

- For facilities in Pasadena and Long Beach:
 - Report to your health department using the appropriate CMR form
- For facilities in LAC:
 - Report to the LACDPH Morbidity Unit
 - Complete the CRE Epidemiology Report Form, and include the final lab report including susceptibility testing



Antibiogram Reporting Instructions



Submission of Antibigram Data

- Mandated facilities include:
 - General acute care hospitals
 - Long-term acute care hospitals
 - Skilled nursing facilities
- Submit annual antibiograms via email by June 1st
 - LA County and Long Beach: hai@ph.lacounty.gov
 - Pasadena: hai@cityofpasadena.net



Requirements

- Submit data in Excel format (.xls or .xlsx)
- Include (%S) from all specimen sources
- Report number of isolates tested for each drug-bug combo
- Report 1 year of inpatient data only

*More information can be found in **Section 1** of the “Instructions for Complying with the 2017 Antibiogram Reporting Requirements” document*



Recommendations for Preparation of an Antibiogram

- Include only final, verified results
- Include only drugs that are routinely tested
 - Do not include those tested on request, by reflex, or via stepped/cascade testing protocol
- Include the first isolate per patient per year
- Exclude results obtained from surveillance studies
- Use most current breakpoints (when possible)

*More information can be found in **Section 2** of the “Instructions for Complying with the 2017 Antibiogram Reporting Requirements” document*



Example Submission Template

Organism Name	Total number of isolates (N)	Ampicillin		Ceftaroline		Ceftriaxone		Ciprofloxacin	
		N isolates tested	%S	N isolates tested	%S	N isolates tested	%S	N isolates tested	%S
<i>E. faecalis</i>									
<i>E. faecium</i>									
<i>Enterococcus spp.</i>									
<i>Methicillin-resistant Staphylococcus aureus</i>									
<i>Methicillin-sensitive Staphylococcus aureus</i>									
<i>Streptococcus agalactiae</i> (Group B Strep)									
<i>Streptococcus pneumoniae</i> (Group A Strep)									
<i>Streptococcus pneumoniae</i> (meningitis)									
<i>Streptococcus pyogenes</i>									
N/A: not applicable									
*less than 30 isolates tested									



1. Available at: <http://publichealth.lacounty.gov/acd/antibiogram.htm>



Antimicrobial Stewardship & Resources

LACDPH Website:

<http://publichealth.lacounty.gov/acd/AntimicrobialStewardship.htm>

Acute Communicable Disease Control <ul style="list-style-type: none">News & UpdatesDiseases & ConditionsHealth Care Professionals<ul style="list-style-type: none">Guidelines/ManualsReporting a DiseaseMaterialsLos Angeles Health Alert Network (LAHAN)Skilled Nursing FacilitiesResourcesInfo for the Public (FAQ's)<ul style="list-style-type: none">Report a ProblemHealth AdvisoriesHealth Ed MaterialsReports, Publications & PresentationsFrequently Used Links	Acute Communicable Disease Control <h3>Antimicrobial Stewardship</h3> <p>Antimicrobial stewardship is a set of coordinated approaches to improve the use of antimicrobials, such as antibiotics, within a healthcare facility. Antimicrobial stewardship is not only important in preventing the spread of antimicrobial resistance, but also improves patient outcomes and reduces costs for healthcare facilities.</p> <p>Everyone in a healthcare facility has a role in making sure antimicrobials are used appropriately. Check out the additional resources below to learn more about how you and your facility can develop and/or improve your antimicrobial stewardship program.</p> <h4>New Resources</h4> <ul style="list-style-type: none">2015 Los Angeles County Department of Public Health Hospital Questionnaire Regarding Nurse Competency and Education in Antimicrobials: A Summary (10-28-16)2015 IACDPH Hospital Questionnaire Regarding Antimicrobial Stewardship Programs: Final Results (6-20-16)NQF Antibiotic Stewardship Playbook (May 2016)IDSA/SHEA Guidelines for Implementing an Antibiotic Stewardship Program (May 2016) <h4>Additional Resources</h4> <ul style="list-style-type: none">CDC: Core Elements of Hospital Antibiotic Stewardship ProgramCDC: Core Elements of Antibiotic Stewardship for Nursing HomesCDC: Stewardship Program ExamplesCDPH: 2015 Antimicrobial Stewardship Program (ASP) Toolkit	 <p>Get Smart About Antibiotics Week November 14-20, 2014</p> <p>GET SMART Know When Antibiotics Work</p> <p>www.cdc.gov/getsmart</p> <h3>Get Smart: Know When Antibiotics Work</h3> <p>Tri-fold Brochure (English) (Spanish)</p>  <p>USE ANTIBIOTICS WISELY Talk with your healthcare provider about the right antibiotic for your health.</p> <p>GET SMART Know When Antibiotics Work</p> <p>Co-sponsored by: Los Angeles County Department of Public Health Public Health CDC IDSA</p> <p>Cold or Flu, Antibiotics Don't Work for You.</p> <p>Co-sponsored by: The County of Los Angeles and the County of Orange County of Los Angeles Department of Public Health County of Orange Department of Public Health</p>
Contact Information <p>County of Los Angeles Department of Public Health Acute Communicable Disease Control 313 N. Figueroa Street, #212 Los Angeles, CA 90012 Phone: (213) 240-7941 Fax: (213) 483-4556</p>	<h3>Get Smart: Know When Antibiotics Work</h3> <p>Rx Pad</p>	

Updates & More Resources

LACDPH Website:

<http://publichealth.lacounty.gov/acd/antibiogram.htm>

The screenshot displays the LACDPH website interface. At the top left is the County of Los Angeles Public Health logo. A search bar is located next to it. To the right are social media icons for Instagram, Facebook, Twitter, and YouTube. The main navigation bar includes links for Home, About, FAQ, Comment, Contact Us, and A-Z Index. The page title is "Acute Communicable Disease Control". A left sidebar lists various categories under "Acute Communicable Disease Control", including News & Updates, Diseases & Conditions, Health Care Professionals, Guidelines/Manuals, Reporting a Disease, Materials, Los Angeles Health Alert Network (LAHAN), Skilled Nursing Facilities, and Resources. The main content area is titled "Acute Communicable Disease Control" and "Antibiograms". The text explains that antibiograms provide information on antimicrobial susceptibility rates for bacterial pathogens, used to guide treatment for infections like carbapenem resistant enterobacteriaceae (CRE). A right sidebar features a "Get Smart About Antibiotics Week" logo for November 14-20, 2016, and a link to a tri-fold brochure in English and Spanish.



LACDPH CONTACTS

- LA County hospitals: contact your LA County LPHN
- LA County SNFs: hai@ph.lacounty.gov
- CRE reporting updates:
<http://publichealth.lacounty.gov/acd/Diseases/CRE.htm>
- Antibigram reporting updates:
<http://publichealth.lacounty.gov/acd/antibiogram.htm>

