

May 29, 2013

Dear Chief Executive Officer and Infection Preventionist:

New York State Public Health Law (PHL) § 2819 requires New York State hospitals to report certain hospital-acquired infections (HAIs). The list of required indicators is periodically reviewed by the New York State Department of Health (Department) in consultation with a Technical Advisory Workgroup (TAW) authorized under PHL§2819(2)(f). This letter is to inform you that effective **July 1, 2013, in addition to the current indicators**, hospitals will be newly required to report **laboratory-identified carbapenem-resistant Enterobacteriaceae (CRE) –*Escherichia Coli* and CRE-*Klebsiella* infections** from all specimen types for inpatients facility-wide, using the National Healthcare Safety Network (NHSN). The Department will provide training and technical assistance to assist Infection Preventionists in complying with the new reporting requirements for CRE.

The six month period of time between July 1, 2013 and December 31, 2013 will be considered a pilot reporting period. The purposes of the pilot phase are to:

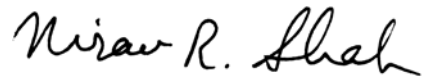
- 1) Assess state and regional CRE rates. Hospital-specific CRE rates during the pilot period will **not** be publically reported.
- 2) Assure the completeness and accuracy of reporting.
- 3) Evaluate the impact of differences in laboratory testing and patient risk factors on CRE rates.
- 4) Assist facilities in responding to CRE cases and carrying out infection prevention strategies.

The Department will discuss preliminary results of the pilot with the TAW before proceeding to publicly report hospital-specific rates for a future time period. The Department does not expect laboratories to perform additional testing beyond existing protocols to determine carbapenem non-susceptibility; that is, specific testing for the presence of a carbapenemase is not required for the purposes of NHSN reporting. Please see the NHSN definitions for more information about which isolates should be reported (available at <http://www.cdc.gov/nhsn/acute-care-hospital/cdiff-mrsa/index.html>).

The new reporting requirement is being implemented in response to the recent spread of these resistant organisms that are associated with high mortality rates and a recent federal Centers for Disease Control and Prevention (CDC) recommendation for a rapid and aggressive effort by health departments to coordinate CRE control efforts (CDC Vital Signs report, available at <http://www.cdc.gov/vitalsigns/hai/cre/>). The website has a link to the new CDC toolkit that provides facility-level prevention strategies.

Thank you for your commitment to the Department's HAI reporting program and for your efforts to reduce HAIs and improve patient care. For further information, contact your HAI regional representative (Marie Tsivitis in the Metropolitan region, Peggy Hazamy in the Western/Central region and Karen Zanni in the Capital region) or the HAI reporting program at hai@health.state.ny.us or 518-474-3343.

Sincerely,

A handwritten signature in black ink that reads "Nirav R. Shah". The signature is written in a cursive style with a large, prominent 'N' and 'S'.

Nirav R. Shah, M.D., M.P.H.
Commissioner of Health