



DATE: June 16, 2016

TO: Hospitals, Nursing Homes, Diagnostic and Treatment Facilities, Clinical Laboratories, Local Health Departments, NYSDOH Regional Epidemiologists, and Wadsworth Center

FROM: NYSDOH Bureau of Healthcare Associated Infections

**Health Advisory:
Alert to New York State Healthcare Facilities of the First *mcr-1* Gene in *E. coli* Bacteria found in a Human in the United States**

Please distribute immediately to:
Hospital Epidemiologists, Infection Preventionists, Laboratory Directors, Infectious Diseases Physicians, Medical Directors, Nursing Directors, Risk Managers, Administrators and Pharmacy Directors

The New York State Department of Health (NYSDOH) is distributing the attached alert from the Centers for Disease Control and Prevention regarding the first *mcr-1* gene found in *Escherichia coli* bacteria in a human in the United States: <http://emergency.cdc.gov/han/han00390.asp>. The *mcr-1* gene makes bacteria resistant to the antibiotic colistin, which is used as a last-resort drug to treat patients with infections caused by multidrug-resistant bacteria, including carbapenem-resistant Enterobacteriaceae (CRE).

If you detect the *mcr-1* gene, or if you suspect or confirm colistin or polymixin B resistance in a clinical isolate that would normally be susceptible, from a patient receiving treatment in a healthcare facility within New York State, please contact your NYSDOH Regional Epidemiologist or contact the NYSDOH Central Office Bureau of Healthcare Associated Infections, Healthcare Epidemiology and Infection Control Program:

Western Regional Office	(716) 847-4503
Central New York Regional Office	(315) 477-8166
Metropolitan Area Regional Office	(914) 654-7149
Capital District Regional Office	(518) 474-1142
Central Office	(518) 474-1142

General questions or comments about this advisory can be sent to icp@health.ny.gov.

Alert to U.S. Healthcare Facilities: First *mcr-1* Gene in *E. coli* Bacteria found in a Human in the United States



Distributed via the CDC Health Alert Network
June 13, 2016, 13:35 EDT (1:35 PM EDT)
CDCHAN-00390

Summary

The Centers for Disease Control and Prevention (CDC) is collaborating in a coordinated public health response to the Department of Defense (DoD) announcement on May 26 of the first *mcr-1* gene found in bacteria from a human in the United States (<http://aac.asm.org/content/early/2016/05/25/AAC.01103-16.full.pdf+html>) (<http://aac.asm.org/content/early/2016/05/25/AAC.01103-16.full.pdf+html>) (<http://aac.asm.org/content/early/2016/05/25/AAC.01103-16.full.pdf+html>)). *Escherichia coli* (*E. coli*) bacteria carrying the *mcr-1* gene were found in a urine sample from a person in Pennsylvania with no recent travel outside of the United States who presented to a clinic with a urinary tract infection. The *mcr-1* gene makes bacteria resistant to the antibiotic colistin, which is used as a last-resort drug to treat patients with infections caused by multidrug-resistant bacteria, including carbapenem-resistant Enterobacteriaceae (CRE). The *mcr-1* gene exists on a plasmid, a small piece of DNA that is capable of moving from one bacterium to another, potentially spreading antibiotic resistance to other bacterial species. CDC is issuing this HAN notice as a reminder to U.S. healthcare facilities about recommendations to prevent antibiotic resistant infections and alert them to additional recommendations for detecting and reporting bacteria with the *mcr-1* gene.

Background

In November 2015, a report from China first described plasmid-mediated colistin-resistance caused by the *mcr-1* gene. Following that report, retrospective investigations of historical isolates from outside the United States have identified the rare occurrence of *mcr-1* in Enterobacteriaceae from the 1980s. Bacteria with this resistance mechanism have now been identified from humans, food, environmental samples, and food animals in at least 20 countries around the world. Most reports to date have identified the *mcr-1* gene in *E. coli*, but it has also been reported from *Salmonella* species, *Shigella sonnei*, and *Klebsiella pneumoniae*.

Three *mcr-1* producing *E. coli* have been identified in the United States as of June 7, 2016: one in a clinical specimen from a person in Pennsylvania and two from intestinal samples from pigs. The *E. coli* isolate from the patient was also resistant to antibiotics in at least five additional antibiotic classes, including cephalosporins, fluoroquinolones, sulfonamides, aminoglycosides, and tetracyclines. The sample from one pig also was resistant to other antibiotics, including ampicillin, streptomycin, sulfisoxazole, and tetracycline. No additional resistance was found in the isolate from the second pig. The presence of the *mcr-1* gene on a plasmid means that colistin resistance can be shared with other more resistant bacteria such as CRE, raising the possibility that untreatable bacteria could develop. A rapid public health response is underway to identify and contain any potential spread from the patient. CDC laboratories have developed protocols for testing microorganisms for the *mcr-1* gene and are performing screening tests to see if people in contact with the patient with *mcr-1* might be colonized with this organism. CDC is increasing its surveillance of human samples from U.S. healthcare settings. CDC's National Antimicrobial Resistance Monitoring System, in collaboration with the Food and Drug Administration (FDA) and the U.S. Department of Agriculture (USDA), will continue to look for *mcr-1* mediated colistin resistance in enteric bacteria from humans, retail meat, and food animals.

Recommendations

Given the discovery of *mcr-1* in a person in Pennsylvania, CDC reiterates the importance of measures to prevent transmission of antibiotic resistant bacteria, including those resistant to colistin or carrying the *mcr-1* gene. CDC recommends the following:

- **Infection Prevention:** Healthcare providers should follow Standard and Contact Precautions (http://www.cdc.gov/hicpac/2007IP/2007ip_part3.html) (http://www.cdc.gov/hicpac/2007IP/2007ip_part3.html) (http://www.cdc.gov/hicpac/2007IP/2007ip_part3.html) for any patients colonized or infected with antibiotic resistant bacteria, including patients who are found to have *mcr-1* mediated resistant organisms. Healthcare facilities should follow manufacturers' instructions for device cleaning and reprocessing.

- **Laboratory Testing:** If laboratories are testing to determine whether colistin can be used clinically, Enterobacteriaceae isolates with a minimum inhibitory concentration (MIC) to colistin of 4 µg/ml or higher should be tested for confirmation and the presence of *mcr-1*. Thus far, all microorganisms that have contained the *mcr-1* gene can safely be tested in a biosafety level-2 (BSL-2) laboratory. Isolates should be sent to CDC for confirmatory testing via the state or local public health department, per the [CDC test directory](http://www.cdc.gov/laboratory/specimen-submission/detail.html?CDCTestCode=CDC-10223) (<http://www.cdc.gov/laboratory/specimen-submission/detail.html?CDCTestCode=CDC-10223>) (<http://www.cdc.gov/laboratory/specimen-submission/detail.html?CDCTestCode=CDC-10223>) (<http://www.cdc.gov/laboratory/specimen-submission/detail.html?CDCTestCode=CDC-10223>), if local testing is not available. The results and test method that were used for initial colistin testing should be included with any isolates submitted for confirmatory testing. CDC laboratories are in the process of validating a rapid polymerase chain reaction (PCR) test to detect *mcr-1* in bacteria with elevated colistin MICs. It is not necessary to test Enterobacteriaceae with intrinsic colistin resistance (e.g., *Proteus*, *Providencia*, *Morganella*, and *Serratia* species). Additionally, since *Enterobacter* species often have MICs of >=2 mcg/ml to colistin, they should be sent for *mcr-1* testing only if other risk factors exist, such as a recent history of travel outside the United States to a country where *mcr-1* has been found to be more common (<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=21403>) (<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=21403>) (<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=21403>) .
- **Validation of Laboratory Testing:** CDC is making test-bacteria with elevated colistin MICs, available to laboratories, researchers, and others through the [FDA-CDC Antimicrobial Resistance Bacteria Isolate Bank](http://www.cdc.gov/drugresistance/resistance-bank/) (<http://www.cdc.gov/drugresistance/resistance-bank/>) (<http://www.cdc.gov/drugresistance/resistance-bank/>) (<http://www.cdc.gov/drugresistance/resistance-bank/>)) for use in validation of colistin-resistance testing in U.S. clinical laboratories.
- **Environmental Cleaning:** Healthcare facilities should ensure rooms where patients with antibiotic-resistant infections have been placed receive thorough daily and terminal cleaning.
- **Reporting to Public Health:** Healthcare facilities and laboratories should adhere to local reporting requirements for all antibiotic resistant infections. If Enterobacteriaceae with *mcr-1* are identified from patients, healthcare facilities and laboratories should notify local or state public health authorities as quickly as possible, and inform clinicians caring for the patient and responsible infection prevention staff.
- **Preparing food safely:** Cook all meat, poultry, and fish to its proper internal temperature to kill bacteria (<http://www.foodsafety.gov/keep/charts/mintemp.html>) (<http://www.foodsafety.gov/keep/charts/mintemp.html>)

(<http://www.foodsafety.gov/keep/charts/mintemp.html>) , viruses, and other foodborne pathogens, regardless of antibiotic resistance.

For More Information

1. CDC Facility Guidance for Control of CRE: November 2015 Update:
<http://www.cdc.gov/hai/pdfs/cre/CRE-guidance-508.pdf>
(<http://www.cdc.gov/hai/pdfs/cre/CRE-guidance-508.pdf>)
2. Responding to new Forms of Antibiotic Resistance:
<http://www.cdc.gov/hai/pdfs/toolkits/Responding-to-New-Forms-of-Antibiotic-Resistance.pdf>
(<http://www.cdc.gov/hai/pdfs/toolkits/Responding-to-New-Forms-of-Antibiotic-Resistance.pdf>)
3. Biosafety in Microbiological and Biomedical Laboratories, 5th Edition:
<http://www.cdc.gov/biosafety/publications/bmbl5/BMBL.pdf>
(<http://www.cdc.gov/biosafety/publications/bmbl5/BMBL.pdf>)
4. CDC Vital Signs Report: Making Health Care Safer, Protect Patients from Antibiotic Resistance: <http://www.cdc.gov/vitalsigns/protect-patients/index.html>
(<http://www.cdc.gov/vitalsigns/protect-patients/index.html>)

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HAN Message Types

- **Health Alert:** Conveys the highest level of importance; warrants immediate action or attention. Example: HAN00001
- **Health Advisory:** Provides important information for a specific incident or situation; may not require immediate action. Example: HAN00346
- **Health Update:** Provides updated information regarding an incident or situation; unlikely to require immediate action. Example: HAN00342
- **Info Service:** Provides general information that is not necessarily considered to be of an emergent nature. Example: HAN00345

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This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations.

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Additional Resources

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- [HAN Types](#)
- [Sign Up for HAN E-mail Updates](#)
- [HAN Jurisdictions](#)



(<http://www.cdc.gov/zika/pregnancy/>)



(<http://www.ready.gov/>)



File Formats Help:

How do I view different file formats (PDF, DOC, PPT, MPEG) on this site?

(<http://www.cdc.gov/Other/plugins/>)

(<http://www.cdc.gov/Other/plugins/#pdf>)

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(<http://www.cdc.gov/phpr/index.htm>)