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Close long-term contacts between individuals with discordant colonisation status of carbapenem-resistant Enterobacteriaceae do not result in bacterial transmission

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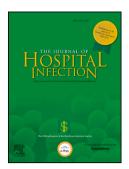
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## ACCEPTED MANUSCRIPT

Close long-term contacts between individuals with discordant colonisation status of 1 carbapenem-resistant Enterobacteriaceae do not result in bacterial transmission 2 3 Stefan Borgmann<sup>1\*</sup>, Beate Rieß<sup>1</sup>, Yvonne Pfeifer<sup>2</sup> 4 5 <sup>1</sup>Klinikum Ingolstadt, Dept. of Infectious Diseases and Infection Control, Ingolstadt, Germany 6 7 <sup>2</sup>Robert Koch Institute, Nosocomial Pathogens and Antibiotic Resistance, Wernigerode, 8 Germany 9 10 \*Corresponding author: 11 Stefan Borgmann Klinikum Ingolstadt 12 Dept. Infectious Diseases and Infection Control 13 14 Krumenauerstr. 25 D-85049 Ingolstadt 15 Phone: ##49 841 880 2020 16 Fax: ##49 841 880 2849 17 E-mail: stefan.borgmann@klinikum-ingolstadt.de 18 19 20 Running title 21 No transmission of carbapenem-resistant Enterobacteriaceae 22 23 **Keywords:** 24 Carbapenemase, Escherichia coli, Klebsiella pneumoniae, OXA-48, NDM, vancomycin-25 resistant Enterococcus faecium 26 27 Sir, 28 invasive medical devices and antibiotic treatment have been identified as the most important 29 factors for acquisition of carbapenem-resistant Enterobacteriaceae (CRE) in hospitals [1]. To contain the spread of CRE, barrier/contact precautions have been most frequently performed 30 31 [2]. However, patient isolation obviously has disadvantages, e.g. increased number of 32 adverse events and a negative impact on patient mental well-being, including higher scores for depression and anxiety [3,4]. The residence of a CRE colonised patient together with a 33 34 non-colonised healthy individual in the same room would remain the only risk factor when 35 both undergo contact isolation. Here we investigated two CRE colonised patients, each 36 accompanied by a relative during their stay at the early rehabilitation ward of the hospital of Ingolstadt (ERWIN). 37

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