

Frequently Asked Questions

Q: What are CRAB?

A: *A. baumannii* are a group of bacteria that are found in the healthcare environment (e.g., water, environmental surfaces, devices), and are naturally resistant to many antibiotics. CRAB are resistant to carbapenems, “last-resort” antibiotics such as meropenem and imipenem; this resistance can occur through production of carbapenemase enzymes such as NDM and OXA-23, which can inactivate carbapenem and other antibiotics. Carbapenemase-producing CRAB are of particular concern due to their increased resistance and transmissibility.

Q: How do CRAB spread?

A: CRAB spread very easily in healthcare settings. Infected and colonized patients as well as the environment can serve as sources of transmission. CRAB can persist for long periods of time in the healthcare environment, including mobile medical equipment.

Q: Where have we seen outbreaks of CRAB?

A: In California, we have identified CRAB outbreaks in short-stay acute care hospitals (ACH), long-term acute care hospitals (LTACH), and skilled nursing facilities (SNF) (with and without subacute units).

Q: Who is at risk of CRAB?

A: Generally, healthy individuals will not have CRAB. Risk factors include prior healthcare exposure, mechanical ventilation, and presence of indwelling medical devices such as urinary catheters or endotracheal tubes.

Q: How do I know if a patient/resident has CRAB?

A: Always look for lab reports or documentation of CRAB upon and during admission. Call the transferring facility if this information is not available or apparent. Clinical cultures can identify *A. baumannii* isolates that are resistant to carbapenem (meropenem, imipenem, doripenem) antibiotics. Common specimen sources include wound, respiratory, and urine.

Q: How do we screen patients/residents for CRAB?

A: If the patient has negative or unknown CRAB status, screen the patient for CRAB by collecting specimens for culture. This includes for wound, if present; sputum or endotracheal aspirate if trached/vented; and urine if urinary catheter present. Some labs will also be able to process rectal swabs. Obtain carbapenemase testing for CRAB isolates to identify NDM, OXA-23 or other carbapenemase genes.

Separately, the Antibiotic Resistance (AR) Laboratory Network can support rectal colonization testing on a limited basis, in coordination with your local health department or the HAI Program.

Q: When should we screen patients/residents for CRAB?

A: Screen patients/residents:

- In response to a patient/resident newly-identified with CRAB; use the [CDPH Screening Decision Tree](#):
 - Always screen roommates and those who shared a bathroom.
 - Consider screening those who shared primary healthcare personnel (HCP) or a device.
 - Conduct point prevalence survey (PPS) if new case in LTACH (facility-wide) or subacute unit of SNF; consider PPS in non-subacute units of SNF or in ACH on affected unit(s). Screen patients every 2 weeks until 2 consecutive negative PPS resulted.
- In response to an ongoing outbreak/transmission
 - See PPS guidance above.
- Considered at-risk of being colonized or infected with CRAB, such as patients admitted:
 1. from a known outbreak facility
 2. from LTACH or SNF (particularly those with risk factors described in 3. below)
 3. who are trached or vented, with other indwelling devices, or open or draining wounds

Q: Is there a clearance protocol for patients with CRAB?

A: At this time, there is no clearance or decolonization protocol for patients with CRAB. Once identified with CRAB, we consider them colonized indefinitely. Patients/residents should remain on Contact precautions (or Enhanced Standard precautions if SNF) for the duration of their admission.

Q: What infection control measures do I implement when a patient/resident is identified with CRAB?

A: As with patients with other multidrug-resistant organisms (MDRO):

- Place the patient on Contact precautions, ideally in a single room if possible. If there is no evidence of transmission/outbreak¹ in the facility, consider implementing Enhanced Standard precautions if SNF.
- Dedicate medical equipment as much as possible, consider single-use, disposable.
- If >1 patient CRAB in facility, consider cohorting geographically, and dedicating primary nursing staff.
- Ensure cleaning and disinfection with an agent with claims for *A. baumannii* with the correct contact time.
- Carry out routine adherence monitoring of hand hygiene, environmental cleaning, and Contact precautions practices in the facility – on all shifts.

Q: Does soap and water or alcohol-based hand sanitizer work better against CRAB?

A: Alcohol-based hand sanitizer is the preferred method for cleaning hands if not visibly soiled. If hands are visibly soiled, wash with soap and water.

Q: What do I do when a patient CRAB is discharged?

¹2 consecutively negative PPS and no newly-identified epidemiologically-linked (shared room, bathroom, medical equipment or healthcare personnel) patients with CRAB cultures.

A: Communicate (ideally verbally) the patient's CRAB status to the receiving facility or home health agency; always use an [interfacility transfer form](#). For patients discharged home, provide a letter to give to their healthcare provider if readmitted to a healthcare facility in the future.

Q. Where can I find more information about CRAB?

A: Visit the [CDPH website](#) for Carbapenem-resistant and Carbapenemase-producing Organisms, [CDC website](#) for *Acinetobacter* in Healthcare Settings, or contact Sacramento County Public Health.