CITY OF PHILADELPHIA

OFFICE OF THE HEALTH COMMISSIONER
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Palak Raval-Nelson, PhD , MPH
Health Commissioner

MEMORANDUM

To: James P. Leonard, Commissioner
Department of Records

Cc: Zoey Chenitz,
Senior Attorney, Legislation and Legal Counsel Unit, Law Department

Benjamin Hartung, Public Policy Advisor – Division of Chronic Disease and Injury Prevention, Department of Public Health

From: Palak Raval-Nelson, PhD, MPH, Health Commissioner
Department of Public Health

Date: 8/26/2025

Re: Amendments to Regulations Governing the Control of Communicable and Noncommunicable Diseases and Conditions Regarding Carbapenemase-Producing Organisms

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In accordance with § 8-407(a) of the Philadelphia Home Rule Charter, submitted herewith for legal review and approval are the "Amendments to Regulations Governing the Control of Communicable and Noncommunicable Diseases and Conditions Regarding Carbapenemase-Producing Organisms" which has been approved by the Board of Health; and (2) the Law Department approval for this regulation.

The following procedural actions have been taken:

Regulation approved by the Board of Health	8/14/2025
Regulation approved by the Law Department	8/26/2025

It is requested that the attached "Amendments to Regulations Governing the Control of

Communicable and Noncommunicable Diseases and Conditions Regarding Carbapenemase-Producing Organisms" be filed for final action by the Department of Records.

Attachments:
Law Department approval memorandum
Amendments to Regulations Governing the Control of Communicable and Noncommunicable Diseases and Conditions Regarding Carbapenemase-Producing Organisms

City of Philadelphia
Law Department

Memorandum

TO: Palak Raval-Nelson, PhD, MPH, Health Commissioner

FROM: Zoey Chenitz, Senior Attorney

DATE: August 26, 2025

SUBJECT: Amendments to Regulations Governing the Control of Communicable and Noncommunicable Diseases and Conditions

I have reviewed the attached "Amendments To Regulations Governing The Control Of Communicable And Noncommunicable Diseases And Conditions" that was submitted to the Law Department and find the regulation amendment to be legal and in proper form. In accordance with Section 8-407(a) of The Philadelphia Home Rule Charter, you may forward this Regulation to the Department of Records where it will be made available for public inspection.

Attachment

	CITY OF PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH	BOARD OF HEALTH: 8/14/2025 LAW DEPARTMENT: 8/26/2025 RECORDS DEPARTMENT:

AMENDMENTS TO REGULATIONS GOVERNING THE CONTROL OF COMMUNICABLE AND NONCOMMUNICABLE DISEASES AND CONDITIONS

WHEREAS, Section 6-201 of the Philadelphia Health Code authorizes the Board of Health to establish lists of reportable diseases and conditions; and

WHEREAS, Section 6-202 of the Health Code requires health care providers and laboratories identifying such reportable diseases and conditions, designated by the Board, to report the occurrence of such diseases and conditions to the Department of Public Health; and

WHEREAS, The Board of Health has adopted regulations, entitled *Regulations Governing the Control of Communicable and Non-communicable Diseases and Conditions* ("Regulations"); and

WHEREAS, The Regulations, in sections 2 and 10, contain a list of such diseases and the methods of reporting the occurrence thereof; and

WHEREAS, the Philadelphia Board of Health passed regulations effective on or about March 4, 2018 declaring "Carbapenem-resistant *Enterobacteriaceae*" and "pandrug-resistant organisms" to be infectious diseases of public health importance and added them as reportable conditions within the *Regulations Governing the Control of Communicable and Non-communicable Diseases and Conditions*; and

WHEREAS, the Council of State and Territorial Epidemiologists (CSTE) released a position statement in 2022 that expanded the case definition from "Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae" to "Carbapenemase-Producing Organisms" and expanded acceptable laboratory criteria; and

WHEREAS, resistance to carbapenem antibiotics, typically reserved for severe and life-threatening infections, results in limited or no options for treating affected patients; and

WHEREAS, carbapenemases are enzymes that cause resistance to carbapenem antibiotics; and

WHEREAS, carbapenemase-producing organisms are bacteria that carry carbapenemase genes on mobile plasmids that can be easily transferred between bacteria; and

WHEREAS, carbapenemase-producing organisms can cause invasive infections in humans if transmitted through direct contact with infected or colonized persons, or contaminated environmental surfaces; and

WHEREAS, transmission of carbapenemase-producing organisms most frequently occurs in healthcare settings; and

WHEREAS, patients can be colonized with carbapenemase-producing organisms for months or years, during which they can spread the organism and resistance genes to others; and

WHEREAS, the Board of Health finds colonization and/or infection with carbapenemase-producing organisms to be a significant public health threat, and should therefore be included on the list of reportable conditions in the Regulations;

NOW, THEREFORE, the Board of Health hereby amends the *Regulations Governing the Control of Communicable and Non-communicable Diseases and Conditions* to read as follows (additions in **Bold** and deletions in ~~Strikethrough~~):

REGULATIONS GOVERNING THE CONTROL OF COMMUNICABLE AND NONCOMMUNICABLE DISEASES AND CONDITIONS

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2. REPORTABLE DISEASES AND CONDITIONS

The Board declares the following diseases, unusual outbreaks of illness, noncommunicable diseases and conditions, poisonings and occupational diseases to be reportable:

(a) Diseases

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( ) **Carbapenemase-producing organisms** ~~Carbapenem-resistant Enterobacteriaceae~~ as detailed below. Both healthcare providers and laboratories must report test results.

A confirmed case of **carbapenemase-producing organism** ~~Carbapenem-resistant Enterobacteriaceae~~ consists of a clinical or screening/surveillance culture yielding a bacterium ~~in the family *Enterobacteriaceae*~~:

~~1. that tests resistant to at least one carbapenem antibiotic (minimum inhibitory concentrations of ≥ 4 mcg/ml for meropenem, imipenem, and doripenem OR ≥ 2 mcg/ml for ertapenem) OR~~

~~2. that is documented to produce a carbapenemase by means of a laboratory test. Tests shall include, but not be limited to, MicroScan, E-test, disk diffusion test, Modified Hodge Test (MHT), Metallo β lactamase test, Carba NP, Carbapenem Inactivation Method (CIM), Modified CIM (mCIM), polymerase chain reaction (PCR), and Xpert CarbaR.~~

1. **that tests positive in a phenotypic test for carbapenemase production, with or without identification of the specific carbapenemase genes. Tests include, but are not limited to, metallo-β-lactamase test, modified Hodge test, Carba NP, carbapenem inactivation method (CIM), modified carbapenem inactivation method (mCIM), EDTA-modified carbapenem inactivation method (eCIM), or immunochromatography tests (ICT); or**
2. **that tests positive in a molecular test for a carbapenemase gene. Tests include, but are not limited to: Xpert Carba-R, VERIGENE, Streck ARM-D, Cepheid, validated laboratory-developed, nucleic acid amplification test (NAAT); or**
3. **that has a carbapenemase gene detected by next-generation sequencing (NGS); or**

4. **that tests positive for a carbapenamase gene without bacterial species identification.**

All test results shall be reported to PDPH within 5 business days of the receipt of the results with two exceptions:

1. All unusual **carbapenemase-producing organism** ~~Carbapenem-resistant *Enterobacteriaceae*~~ clusters, outbreaks, and occurrences should be reported immediately to PDPH.
2. **All cases of pan-resistant carbapenemase-producing organism** ~~Carbapenem-resistant *Enterobacteriaceae*~~ should be reported immediately to PDPH. A pan-resistant bacterium is defined as an organism with non-susceptibility to all **currently available** antibacterial agents tested (i.e. all antibacterial agents tested for susceptibility are either intermediate or resistant).

If a facility does not have carbapenamase testing capacity, the following should be reported to PDPH:

1. **Any carbapenem resistant *Enterobacterales***
2. **Pan-resistant *Acinetobacter* species**
3. **Pan-resistant *Pseudomonas* species**

Elements to report: Specimen source, collection date, organism/carbapenemase test results, antimicrobial susceptibility testing (AST) results, and indication for testing (i.e., clinical or screening)

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10. REGULATIONS PERTAINING TO THE CONTROL OF THE INFECTED INDIVIDUALS, CONTACTS, AND ENVIRONMENT FOR EACH REPORTABLE DISEASE

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( ) **Carbapenemase-producing organisms** ~~Carbapenem-resistant *Enterobacteriaceae*~~

(1) Reporting. Both healthcare providers and laboratories must report test results. All test results shall be reported to PDPH within 5 business days of the receipt of the results, with two exceptions: (1) all unusual **carbapenemase-producing organism** ~~Carbapenem-resistant *Enterobacteriaceae*~~ clusters, outbreaks, and occurrences should be reported immediately to PDPH and (2) all cases of pan-resistant **carbapenemase-producing organisms** ~~Carbapenem-resistant *Enterobacteriaceae*~~ shall be reported immediately to PDPH.

(2) Isolation. Hospitalized patients shall be placed on Contact Precautions and in a private room for the duration of all current and future healthcare stays. Patients in a long-term care facility shall be placed on Contact Precautions or Enhanced Barrier Precautions **using all recommended personal protective equipment (PPE)** and placed in a private room (if available) for the duration of all current and future healthcare stays. **Facilities may cohort patients with the same bacteria and resistance mechanism following CDC recommendations.** Prior to inter-facility transfer, the facility transferring the patient shall notify the receiving facility of the colonization or infection.

(3) Concurrent Disinfection. Daily disinfection that includes areas in close proximity to the patient, high-touch surfaces in the room, as well as surfaces around sinks and toilets. Immediate cleaning and disinfection of equipment or surfaces contaminated with blood, serum, urine, purulent discharges, feces, and other bodily fluids or infectious materials. Reusable equipment should be dedicated to the colonized or infected patient whenever possible. Shared reusable medical equipment should be disinfected immediately after use.

(4) Terminal disinfection. Terminal cleaning shall consist of thorough wet cleaning and disinfection.

(5) Quarantine. No quarantine is required.

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