Department *of* Health & Human Services

Meeting Minutes

Utah Healthcare Infection Prevention Governance Committee

Date: 2/17/2026

Attendance

Ailene Bascomb, Alessandro Rossi, Amelia Salmonson, Andrew Pavia, Angela Weil, Annette Atkinson, April Clements, Bert Lopansri, Chrissy Radloff, Devin Beard, Elena Snelton, Emily Spivak, Hannah Imlay, Janelle Kammerman, Jeanmarie Mayer, Jesse Harbour, Jessica Payne, Julia Lewis, Justin Morales, Leisha Nolen, Linda Rider, Lisa Evans, Louise Saw, Lydia Furrow, Mark Fisher, Michelle Vowles, Pamela Gomez, Rhonda Hensley, Sarah Phillips, Sarah Rigby, Susan Cheever, Tamara Sheffield, Tariq Mosleh

Agenda Topics

Technical Information (April Clements)

- 3:00–3:05 Welcome
    - Thank you for taking the time to meet with us and share your expertise
        - These meetings are important to the work we do
- 3:05–3:10 Approve minutes and updates
    - September meeting minutes were sent out Friday so everyone could review them. Are there two people who will vote to approve them?
    - Tariq and Devin moved to approve and seconded
        - Dr Mayer noticed some confusion in the wording of her presentation. She will send corrections, and the minutes will be accepted with corrections
    - moving forward, minutes will be shared by email, agendas will be posted online with a note that meeting minutes are available to anyone upon request

Subcommittee Updates

- 3:10–3:30 Subcommittee leads will give updates
    - Antimicrobial Stewardship (AS) subcommittee updates - Tariq Mosleh
        - Over the past year we have focused on antimicrobial stewardship
        - Implementation at nursing homes, community pharmacies, critical access hospitals, and other types of facilities
            - education

        - visits (ICARs), consultations, and an ECHO series in conjunction with the University of Utah
      - implementation of stewardship activities
      - data analysis
    - Tomorrow we will have an ECHO lecture at noon, Dr Christina Yen
      - https://physicians.utah.edu/echo/post-acute-care
      - Over the last 3 years we have provided 28 presentations from AS and infections disease (ID) experts across the state as well as national and international
    - We have been completing yearly assessments in healthcare settings, starting with nursing homes as a major focus
      - published a paper in AJIC journal last year
    - Performed assessment of community pharmacies' implementation of AS
      - a paper on that was also published last year in the Journal of Antimicrobial Chemotherapy
    - In collaboration with pharmacists and clinicians from other states, published a review paper in ASHE
    - Focused on data analysis of pharmacy data
      - Our research was recently accepted for publication in AJIC Journal, so that will be published soon
    - AS ECHO series has been extended beyond post-acute care to other clinical settings
    - Will continue AS assessment in different healthcare settings
    - We support antibiotic awareness week as part of our grant, and we plan to expand our efforts there
      - We hope to find some organizations that will light their buildings purple in support
    - Have made the first application for a rural health grant that was recently announced and will continue with the process of applying for those funds
      - hoping to enhance AS in rural settings, dental practices
      - provide software that will provide data analysis and feedback
    - Reach out with questions to Tariq: tmosleh@utah.gov
  - Surveillance/ Lab updates
    - Last met in September and we discussed several lab applications
      - measles PCR test that went live in September, we have since tested 30 specimens
        - initiated testing using only naso-pharingial swabs, but now can accept throat swabs and will be validating urine tests shortly
      - colonization screening for group A strep has been completed
        - the drive to implement this test was assisting HAI in investigating an outbreak in healthcare facilities

        - went live with sulbactam-durlobactam for acinetobacter-now available for patient care
        - validated imipenem-relebactam for CRE and CRPA
        - validated meropenem-vaborbactam for CRE
    - wastewater surveillance for CRE and CRPA and are monitoring monthly at all Utah wastewater treatment plants
    - CRPA method is promising at detecting outbreaks, but results are not yet live - updates will come
- MDRO updates - Elena Snelton
    - Goals: MDRO awareness and making sure infection preventionists have the knowledge and tools needed to do their jobs effectively and efficiently
    - Action items
        - Promote resources in meetings and in the HAI Digest
        - Update the MDRO guide
        - Have partnered with local APIC chapter to invite all IPs to join meetings whether they are members or not
        - Use the HAI digest to spotlight timely resources and share important messages/invitations with IPs
            - January Digest spotlighted Norovirus
            - April's Digest will spotlight Project Firstline training modules and a QAPI plan that we designed using those modules as the foundation
            - In April we will continue to promote attendance at the local APIC chapter meetings
        - Updated the MDRO Guide so content is current and aligns with our practices
            - Plan to update the wording, but because of ADA accessibility requirements, we will leave the guide on our website as an archived document until we are ready to publish a version that has been made completely ADA compliant
        - Reviewed California's MDRO Dashboard to determine if any of the features would be useful to Utah
    - State is still working on updates to communicable disease rule to make sure we are in alignment with updates
    - We are seeing reductions in number of isolates being submitted to UPHL
        - We are seeing fewer MDROs, but the number of CRO's detected seems pretty concordant with the number of isolates being sent to the lab
        - We want to make sure nothing is being missed
    - changed quarterly subcommittee meetings to 2X/year
        - have reviewed list and adjusted day and time-next subcommittee meeting in May and look forward to seeing many of you there

Situational Awareness

3:30–3:45

- Measles updates - Amelia Salmanson
    - Reporting out 300 confirmed cases today
    - New cases over the last few weeks in Central Utah, Salt Lake County, Southwest, Tooele County, and new cases in Utah County
    - Monitoring all reports of possible measles
    - 25 hospitalized, 24 breakthrough
        - both represent 8% of all cases
    - Originally most of our cases were localized to a specific population with low vaccination rates, but now we are seeing more spread across the state
    - Students and extracurricular activities are driving spread right now
    - Dr. Pavia: People present at EDs with measles symptoms, staff are doing a good job of isolating cases, each time it creates a huge burden
        - ED staff at Primary Children's are putting all unvaccinated children in an isolation room
        - about ½ of suspect measles cases rule out
    - Dr. Mayer: U Health urgent care has overall been doing well - aside from an atypical presentation or a breakthrough
    - If each case costs $32,000-$42,000 we are looking at $9,600,000 to $12,600,000
        - time is the biggest cost with measles
            - hospitalizations and ED visits are costly for families
    - Amelia Salmanson: everyone is doing great with measles response - what we are dealing with is unprecedented
    - Alessandro: Could some healthcare exposures be reduced by telehealth visits and an at home test?
        - some people call first, but some just present to clinical facilities without warnings
        - some are treated by telehealth/drive up testing
        - some independent clinics do not collect samples, they just send people to the ED
        - Some of the patients have had pretty marginal O2 sats
            - If someone is breathing hard, it is an emergency
    - There are large independent facilities that do not collect specimens
        - This is a circumstance that the state is addressing
        - They could use a throat swab and UPHL will send a courier to pick them up
        - The state has not had a lot of request for PEP, and we have been able to provide all that has been asked for
        - Primary Children's has had a couple of recent exposures where they were able to provide PEP on the spot
            - 1st episode there were 17 vulnerable patients who were provided with PEP
- Respiratory Viruses - Pamela Gomez

- This has been a severe flu season so far, but COVID and RSV have been low
- We're seeing a slight increase in RSV, but still down from previous years
    - hospitalizations are up a little, but relatively low
    - lowest incidence in years except for the height of COVID isolations
        - success of maternal immunization and monoclonal antibodies
- COVID hospitalizations are trending up, but still lower than last two years
    - ICU bed occupancy is low
    - wastewater detection is low
- Flu seems to be trending downward
    - still seeing increase in visits for influenza-like illness
    - ICU visits for flu are decreasing
    - seeing increase of Flu B and downward trend for Flu A
    - End of flu season is April

- General MDRO updates
    - Carbapenamase-producing Organisms (CPO)
        - looking at trends 2021-2025
        - focus on CPOs and gene distribution as well as Candida auris
        - We mainly focus on the Big 5 CP genes and are aware that there are other genes that cause antibiotic resistance
            - VIM, NDM, KPC, IMP, and OXA-48
        - We are seeing additional CP genes that have similar impact to the big 5
        - Slides will be shared without case count numbers to protect privacy
        - data are de-duplicated - a person is included only once for a single organism in a single location even if there are multiple test results for the same person
            - If a new organism is found or an organism in a new location, a person would be counted twice
        - data suppression rules have been updated so to protect privacy we cannot share raw numbers for data with less than 11 instances
        - isolate submission did drop off in Fall 2025, but isolate submission aligned with carbapenem resistance
            - it is common to see a significant drop off of positive test results in quarter 4
        - We are beginning to see GES gene in CRPA
            - GES is difficult to identify, so it is probably underrepresented in identified cases
                - is only detected through whole genome sequencing
                - Please submit all pan-non susceptible isolates
        - Most CRPA is VIM
        - Alessandro can share the antibiogram
        - With CRA we see more OXA genes that are not big 5
            - OXA 23, OXA 235, etc.

        - With CP CRE, we are seeing a lot of variety, seeing more NDM than in previous years and NDM is more common in outpatient (about ⅓)
            - fewer treatment options for NDM, so it might be outcompeting KPC
            - possibly community transmission and/or agricultural
        - If you have questions, contact Devin Beard devinbeard@utah.gov
    - Candida auris
        - So far we have not seen C auris in 2026
            - will check because a doctor in the meeting reported a recent case
        - definition for instate case is a little loose because it is sometimes difficult to determine exact status
        - We are working to encourage communication in interfacility transmission to ensure proper precautions
    - Oxa 48-like E. Coli
        - began surveillance in Aug 2022
        - cases have really exploded since 2024
            - most detection in acute care hospitals
            - most cases are identified through clinical specimens rather than screening
            - wound and urine are the most common sources
            - many of the cases are found by mistake
                - they were submitted in error despite lack of resistance to carbapenems, but were tested and found to have the CP gene
                - We are exploring the question
- Reports - April Clements
    - Annual HAI report
        - will be released as a pdf
        - will see this for 30 day review soon
    - Healthcare worker influenza vaccination coverage report
        - This report will include acute care care hospitals this year and will not list all of the long-term care facilities it has shown in the past as the immunization program publishes a report on that
- For questions, reach out to HAI@utah.gov

Discussion

3:45-4:30

- Vaccination rates and trends - Jessica Payne
    - USIIS did not begin collecting immunization data until the early 2000s
    - we don't have data for most adults
    - estimate is about 90%

    - about 10% of kindergarteners across the state do not have documentation of 2 doses of MMR
        - If you include online students, about 11% lack that documentation
        - not evenly distributed across the state
        - MMR uptake has increased as Utah cases increased
            - 20-30% more in each month
    - School immunization data is the best source of info for childhood immunization data
    - visit the dashboard for more information https://avrpublic.dhhs.utah.gov/imms_dashboard/
    - contact Jessica Payne with questions jessicapayne@utah.gov
- Wastewater algorithm - Angela Weil/Lydia Furrow
    - We have a map of wastewater catchment areas
    - We are working to develop an algorithm to determine how we can use wastewater surveillance of C auris to guide response
    - email has not proven effective, so when we identify suspected cases that have not been detected, we will call facilities directly
    - about 90% of identified cases have been in either acute care hospitals, long-term acute care facilities, or ventilator capable skilled nursing facilities
    - This plan is more useful in smaller sewer shed districts
    - We reach out through facility visits, education, collaboration with local health departments, facility administrators
    - Southwest is the only jurisdiction that has made it to the level of sustained detection
    - the larger the sewer shed, the lower the sensitivity
    - With CRO, it's really helpful to know who to screen
- UPHL - Annette Atkinson
    - Recommendations for prioritization of colonization testing requests for the detection of carbapenamase-producing organisms
        - approved by CDC and state of Utah in December
            - We have rolled this out to the rest of the region already
        - will be sending messages to facilities and labs
            - as of April, UPHL will not be accepting samples from ACHs
            - will reserve lab capacity for LTCF
    - Validations for extended ASTs
        - Are getting susceptibility tests for imipenem-relebactam for CRE and CRPA and meropenem-vaborbactam for CRE into their system, so those should be available soon
        - validating gradient strip for avibactam-aztreonam so they will be able to report out all of the MIC values and interpretations
    - Cefiderocol is on hold by CDC

Lab sub-committee will meet the 4th Monday in March/September - next meeting March 23
Antimicrobial Stewardship sub-committee 3rd Tuesday in April/October - next meeting April 21

MDRO sub-committee 3rd Tuesday in May/November - next meeting May 19
Contact HAI if you did not receive a calendar invitation to sub-committee meetings you plan to attend

Next meeting August 18, 2026 Discussion/Questions

Bi-annually - February & August

- Next meeting August 2026

Agendas will be posted to the HAI website

- https://epi.health.utah.gov/uhip-governance-minutes/
- Please note, historical meeting minutes have been pulled from the website due to the new data suppression guidelines. They are available upon request by contacting HAI@utah.gov.

Mission:

Protect the residents of Utah by reducing and preventing the occurrence of healthcare-associated infections and antimicrobial resistant organisms.

Vision:

Create healthy environments by eliminating inappropriate antimicrobial use and healthcare associated infections in healthcare systems throughout Utah.

Purpose:

To provide leadership and direction for healthcare-associated infection prevention and reporting activities in Utah.