

## Laboratory and Surveillance Utah Healthcare Infection Prevention Governance Committee

Date: 06/08/2023

### Attendees:

Alessandro Rossi, Ashley Young, Elena Snelton, Giulia De Vettori, Jeanmarie Mayer, Jeff Rogers, Linda Rider, Lisa Evans, Louise Saw, Mark, Natali Baker, Becky Ess, Rhonda Hensley, Sarah Rigby, Tara Ford, 385-\*\*\*-\*\*\*99

### Agenda Topics:

#### Introductions

1:00–1:05 Welcome (Giulia De Vettori)

#### Action Steps/Plan

1:05–1:25 Action Steps/Plan 1–4 (Dr. Rossi)

#### Subcommittee Outcomes

1:25–1:30 Outcomes 1–5 (Dr. Rossi)

#### Situational Awareness

1:30–1:50 Current state of Lab/Surveillance (Giulia De Vettori)

#### Convene

### Discussion:

#### Introductions

- Alessandro is in attendance today.
- Joshua Mongillo (deputy epidemiologist) has left the team and is in the process of being replaced.
- Giulia introduced Jeff Rogers and Ashley Young, who are the MDRO epis with HAI/AR

#### Action Steps/Plan

1. Assessment of *C. auris* testing capacity
  - Dr. Rossi wanted to review everyone's testing capacity, so we know where we stand if a *C. auris* outbreak does occur at some point in the future
  - UPHL does a PCR that CDC developed in NY.
    - They can extract DNA from the swab that allows them to process specimens in parallel
      - Capacity of 200 screenings a day
    - They also have a faster method of extraction
      - 24 samples at a time, so capacity would be 100 a day
    - This extraction allows for whole genome sequencing (which is unique to Utah, we are one of just three ARLN labs that can sequence *C. auris*).
  - Recently ARUP went live with their PCR test and Intermountain has their own testing capacity (nobody from Intermountain was present to discuss).

- Dr. Mayer said the hospital is ordering 1–3 labs a day. They are mainly ordering PCRs for newly admitted individuals who were treated in other outbreak states.
- Rhonda said there have only been 8–10 orders. Jennie Stanchfield does not anticipate a capacity concern.

## 2. Culture recovery of organism

- Discussion about ARUP developing a culture-based test
  - Alessandro shared this publication:
    - Study about 100 surveillance methods and a new chromogenic medium that helps with recognition of *C. auris* colonies. This allows for a quicker turnaround with the same sensitivity.
      - a. The study went up to 14 days with plating, but UPHL plates at 4–5 days
    - Dr. Mayer asked if the PCR is more sensitive than culture. Alessandro said the PR is 10x more sensitive.
      - a. PCRs that are positive have a 20% culture negative.
  - Rhonda said they have been valuating a *C. auris* chromagar from Hardy
    - UHPL uses BD bpl
- Mark asked if the enrichment broth ensures only *C. auris* grows or if there are other organisms? Dr. Mossi says there is some breakthrough, but the selection is stringent.
  - 40 degree incubation, a 10% salt solution
- Dr. Mayer asked about the 5% of specimens that are indeterminate. What is the difference between indeterminate and inhibited? Also, what should healthcare do with either of those results?
  - Inhibited is unable to determine if there is nucleic acid (something prevents the PCR from working correctly. Indeterminate samples are at the limit of detection, and repeated samples could go either way.
    - These are the ones that are unlikely to yield anything by culture, but you should still account for partial inhibition and amplification
      - a. Samples could be barely detectable due to competition. This will be problematic in any PRC test, which will be even less successful if cultured.
        - i. The question still remains about an inhibited sample from a patient coming from a location with an outbreak and wanting to avoid prolonging isolation for longer than necessary.
          - 1. This is also going to trickle down and affect admissions to long term care
      - b. For case by case assistance from DHHS, April and Angela are the best contacts.
  - Rhonda said that they have tested a total of 17 samples ( all clients). 0%
  - Hologic Panther Fusion *C. auris* test and Cepheid tests upcoming

## 3. Literature reviews for updated/novel testing procedures

## 4. Collaborate on validation processes

- UHPL is halfway through the validation testing for gonorrhea testing

- The only regional labs in our network that can perform this test is Washington and eventually Maryland.
  - We could probably accept samples this summer when they are ready.
    - UPHL uses the e-test, per CDC requirements.

### **Subcommittee Outcomes**

1. Increase adherence to the CD rule and submission of appropriate specimens.
2. Well represented participation of Utah labs.
3. Education on best testing practices for different MDROs/emerging infections.
  - a. Outcomes of CDC workgroup
4. Written materials to disseminate
  - a. Lab guidance
5. Increase awareness of and use of special lab testing available at the ARLN and UPHL
  - a. Validation of antimicrobial resistance testing for new antifungal: Ibrexafungerp
    - i. This is being studied as a potential treatment for multidrug resistance *C. auris*.
      1. This will be available for clinical use
      2. There is only one lab in San Antonio that offers it, the same that did the study showing it is effective against *C. auris*.
  - b. Any new challenges to public health?
    - i. Dr. Rossi asked if anyone is experiencing challenges with submission of isolates?
      1. Previously there were challenge with *Pseudomonas*
      2. Dr. Mayer is not aware of any challenges. Mark said there had been a question about what to do with a carbapenem resistant *Pseudomonas* that is recovered on a surveillance culture (and if additional susceptibility testing is needed to determine if it is a carbapenemase-producing organism (whether it should be forwarded to UPHL).
        - a. The internal decision is to only process clinical cultures.
  - c. Strategies to increase participation - who can we invite?
    - i. Dr. Mayer mentioned that Bert is on service, which can interfere with his attendance. It may be good to have him designate someone to attend in his stead.
    - ii. Alessandro mentioned direct outreach to interested parties.
    - iii. It may be helpful to pull some of the information from the monthly UPHL call.
    - iv. We may also have consider that this is a bad time and look into alternative time windows
    - v. Do we have a lab representative from each health network? Elena was here, but we don't know if there is a lab representative from the VA on the invite.

### **Situational Awareness**

- Scheduling more PPS this summer for CRAB and *C. auris*
  - One facility was colonized with CRAB. HAI went to screen the facility a few weeks ago and a second screening was conducted yesterday.
  - Another facility had an out of state transfer who was positive for *C. auris*. We will be going in next week to screen.
  - These PPS are all arising out of a positive case in the facility first.

- There is also a VIM CRPA situation, where we are trying to determine if they are associated with the outbreak from the artificial tears. We will have Jeff talk about this more in our next meeting.

### Open Discussion

#### Convene

Every eight weeks

- 1 hour meetings moving forward

Minutes will be posted to the HAI website and will be sent out on Monday

- <https://epi.health.utah.gov/uhip-governance-minutes/>

#### Next Meeting Discussion/Questions

- Continue the C. auris discussion
- More information on the PPS

Next Meeting: July 27, 2023

Meeting comments:

Rhonda Hensley1:01 PM

I can't get microphone unblocked

Alessandro Rossi (DHHS)1:02 PM

maybe try to disconnect and reconnect

Rhonda Hensley1:02 PM

ok

Rhonda Hensley1:05 PM

My camera and microphone is blocked. I can hear you and if I need to say anything, I'll put it in the chat.

Jeanmarie Mayer1:08 PM

how many a day from Utah?

Rhonda Hensley1:09 PM

We haven't had very many orders. I hear around 8-10.

Alessandro Rossi (DHHS)1:10 PM

What's the capacity?

Rhonda Hensley1:11 PM

Jennie Stanchfield says she does not anticipate a capacity concern

Alessandro Rossi (DHHS)1:12 PM

<https://www.chromagar.com/en/product/chromagar-candida-plus/>

Rhonda Hensley1:13 PM

We've been evaluating a C. auris chromagar from Hardy

Jeanmarie Mayer1:16 PM

what do you plate to from the broth?

Rhonda Hensley1:18 PM

Have you tried Hardy C. auris chromagar?

Jeanmarie Mayer1:19 PM

@arup - have you been seeing any inhibited or indeterminate results from the PCRs?

Rhonda Hensley1:21 PM

<https://hardydiagnostics.com/g343>

Rhonda Hensley1:25 PM

We have tested a total of 17 samples ( all clients). 0% inhibition so far. Only one sample from U of U. are they still sending to UHPL?

Rhonda Hensley1:26 PM

we do not report indeterminate

Jeanmarie Mayer1:28 PM

@rhonda - how are samples that are indeterminate reported? As not detected?

Rhonda Hensley1:31 PM

it's either detected or not detected

Elena (VA)1:31 PM

I need to jump off for another obligation. Giulia, will you let me know if I miss anything I'll need to know?

Thanks! :)

You1:31 PM

of course!:)

Rhonda Hensley1:31 PM

we have decided to create a specific c. auris culture. It will be a few months

You1:31 PM

thanks, Elena!

Rhonda Hensley1:32 PM

We do report inconclusive for PCR

Jeanmarie Mayer1:33 PM

i have 10 min

Rhonda Hensley1:33 PM

i can stay on until 2

Ashley Young (DHHS)1:33 PM

i have to hop off, but thank you!!

Jeanmarie Mayer1:37 PM

was not planning on sending CRPA from CRO screening

Rhonda Hensley1:37 PM

I haven't heard of any submission problems now that we have the provider code clarified

Jeanmarie Mayer1:37 PM

We will submit CPRA from clinical specimens that are R to tol/taz

Mark1:40 PM

worst

name

ever

You1:42 PM

Brexafemme is the brand name!

Jeanmarie Mayer1:43 PM

that trade name is terrible also!

Jeanmarie Mayer1:47 PM

so these are select pps in facilities that have had cases?

Rhonda Hensley1:54 PM

bye