Utah Department of Health & Human Services

Meeting Minutes

Laboratory and Surveillance Utah Healthcare Infection Prevention Governance Committee

Date: 02/03/2025

Attendees:
Alessandro Rossi, Annette Atkinson, Ashley Miller, Bea Jensen, Bert Lopansri, Camille SCL Va, Devin Beard, Jeanmarie Mayer, Justin Morales, Kristin Dascomb, Linda Rider, Lisa Evans, Lisa Evans, Louise Saw, Mark Fisher, Rhonda Hensley, Sarah Rigby, Susan Cheever
Agenda Topics:
Introductions 1:00–1:05 Justin Morales Action Steps/Plan 1:05–1:25 Alessandro Rossi Situational Awareness 1:30–1:50 Annette Atkinson/Alessandro Rossi/Justin Morales Convene
Discussion:

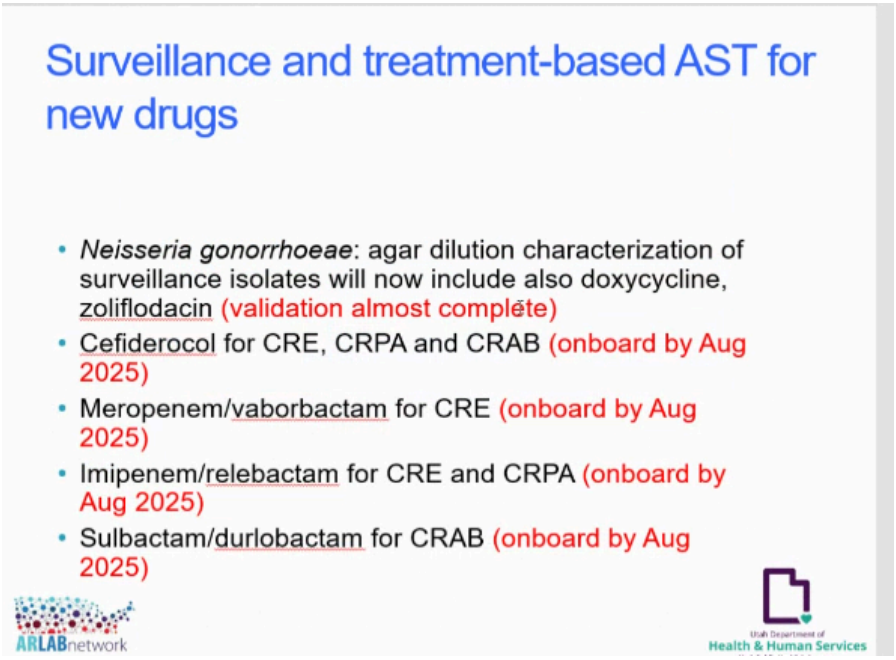
Introductions - Justin Morales

- Welcome
  - Approve Minutes
    - Alessandro/Linda
  - Introductions
    -

Action Steps/Plan - Alessandro Rossi

- Testing Parameters
  - Budget restraints
    - 2 million down to 1.1 million in current cycle
    - financial strain is significant
      - affects salaries, supplies, instrument servicing
    - Other grants like SHARP buffered some of the impact, but the impact is still significant
    - It is not clear what future funding will look like
    - Before the start of the new year it was confirmed that we can expect the current funding of about 1.1 million
    - Strategies
      - reduce redundant characterizations-will follow ARLN recommendations
        - now we check to see how recently an isolate has been tested
        - from same person with same species and mechanism-will only test one time per year

            - multiple isolates from the same patient in the same year will probably be canceled
        - some exception from different source if from a sterile site
    - more targeted antifungal testing
        - only submit rare Candida species
            - Dr Mayer-often lab doesn't speciate Candida unless it is C auris
        - Those who submit yeast isolates will receive the slides reminding you which isolates should not be sent to the state lab
        - AFST will be performed if information is needed for patient treatment
            - UPHL will test it if lab is not able to identify it
- New drugs are available for treatment if an organism appears to be pan resistant



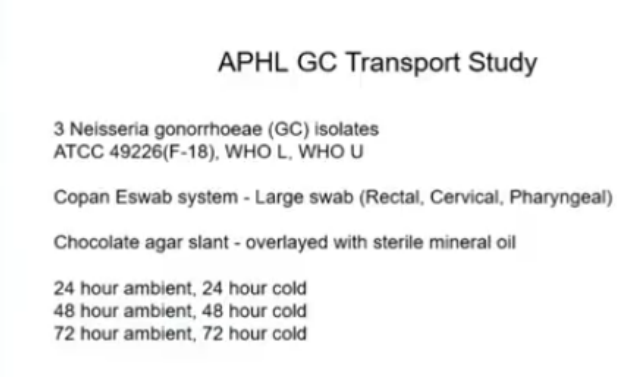
- Expanded AST is available now
- Can we perform expanded AST for labs outside of ATLN?
    - It is okay occasionally
    - We would need to know where to send result-facility of origin
        - fax or email to get result
- GC testing is live, got first samples from ARUP last week, were able to test GC isolate we received

- Dr Mayer: Since CDC sent health advisory saying flu should be subtyped promptly
    - in response to HAN, we implemented new prioritization scheme
        - We do routine surveillance once a week, but if we receive an H-5 rule out, we test it as fast as possible
        - if results are unsubtypable, as soon as we receive it, we do CDC mPCR
        - turn around time would be 24-48 hours from receipt
        - sequencing depends upon everything we have in house, but if it doesn't get sequenced, it doesn't get reported

            - Dr. Mayer-for outpatient, we send them to UPHL
            - Let UPHL know if an H-5 rule out is needed so results come quickly
    - With viral hemorrhagic fever, is CDC allowed to communicate with the local health departments when there is a patient of concern
        - Would you do testing?
    - Annette: It would work the same as always
        - we have to get a CDC PUI
        - CDC can have ono on one conversations with public health officials about serious matters, but they cannot do mass communication
            - they cannot publish
        - if CDC approved testing (situation meets their criteria) we would be given a PUI number
            - then we would run our biofire warrior panel
                - it does not have Lassa, but has all 4 Ebolas and Marburg, which are the current concerns
        - Hospital would contact the state and then the state epi would contact the CDC, who would notify the lab when testing is approved
            - We get the Warrior Panels through the CDC

Situational Awareness - Annette Atkinson/Justin Morales

- C auris update
    - We are in the tail end of a validation on the panther fusion
        - should be up and going by the end of this month
        - will increase the number of samples we can run in one day and decrease cost by about $3.00/sample
        - That will be good for C auris colonizations
- GC etest diagnostic
    - 2 samples are pending that came in last week
        - the lab has the media for them, but they came in on slants, so it took a couple of days to determine that they were pure and isolated
        - This week the lab will be testing them with strips for
            - azithromycin
            - cefixime
            - ceftriaxone
            - ciprofloxacin
        - that testing has been available since late spring 2024
        - no longer have to send isolates to Washington
        - we are in the middle of validation for primary samples, we have been working with APHL and Washington State Lab on a study
        - have not yet seen results



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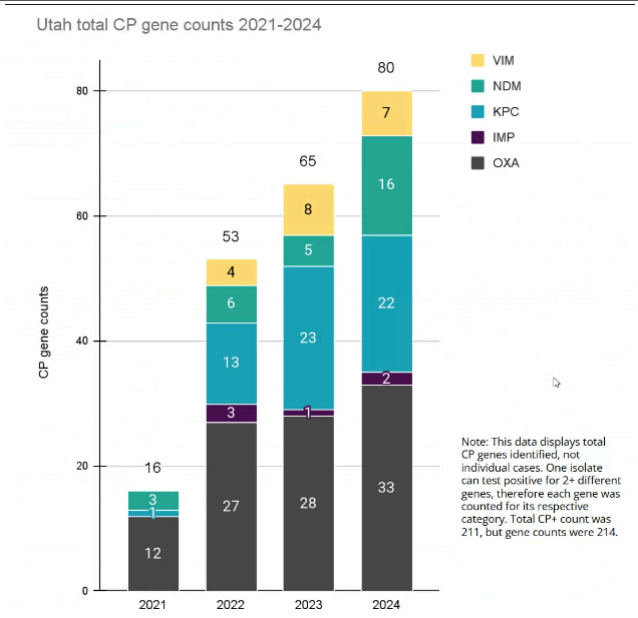
- Still have not validated the eswab minitips, which is what will be used for male urethral sampling
- We need the data from Maryland and then we will be able to accept clinical samples
- We should have results available on the samples we have by Thursday
- We will add the test request form to our website and make sure everyone in the state is notified

- MDRO Case slides
  - UPHL data-focusing not on carbapenem resistant organisms, but on organisms that are carbapenamase producing
  - Carbapenamase producing genes are highly transmissible
    - render beta lactam antibiotics inactive
  - We are most concerned about big 5:
    - VIM, OXA 48, NDM, KPC, IMP
    - Closely watched by CDC as well as us
  - We are working with the informatics team to get CP results not tested by UPHL to show up when positive
  - We de-duplicate data
  - Data obtained in and soon after 2020 may be impacted by difficulty of collecting samples
  - We are including all Enterobacterales, not just Enterobacteraciae



- Outbreak investigations include Point Prevalence Survey, which results in more organisms being identified
- For CRPA, VIM is most common
- For CRE, KPC and NDM are most common
- For CRA, Oxa is most common
- With the bump up in NDM this year, any patterns?
  - could be in response to a round of screening, but would have to follow up
- Candida Auris:
  - 19 cases have tested positive in Utah, more than half were non-utah residents
    - Many Nevada residents seek care in Southern Utah
    - 13 of the 19 first tested positive in Utah
    - Only a small handful appear to have happened as a result of in-state transmission
- How does CDC count cases
  - state in which it was identified is where it is counted by CDC
  - Most of the out of state transmission we see is from Nevada

Next Meeting Discussion/Questions

- Minutes will be posted to the HAI website after they are approved
  - https://epi.utah.gov/uhip-governance-minutes/

Next Meeting: May 5, 2025