



**Department of Health
& Human Services**

UHIP Laboratory and Surveillance

Meeting Minutes

3/23/2025

Attendees:

Abbi Adams, Abby Tate, Alessandro Rossi, Angela Weil, Annette Atkinson, April Clements, Ashley Miller, Bea Jensen, Bert Lopansri, Camille Donkin, Chrissy Radloff, Danielle Timothy, Devin Beard, Jeanmarie Mayer, Justin Morales, Kimberly Wilkerson, Linda Rider, Lisa Evans, Louise Saw, Lydia Furrow, Mark A Fisher, Sarah Rigby, Susan Cheever, Troy Thomas, 801-*** **00, *)

Discussion:

Introductions-Justin Morales

- Welcome
- Minutes from previous meeting approved by Alessandro Rossi and seconded by Annette Atkinson

Action Steps/Plan

- New antibiotic combinations - new AST for beta-lactam/inhibitor combinations
 - Planning to use this test for surveillance of resistance in the future
 - Sulbactam-durlobactam
 - Drug of choice for CRPA CRAB.
 - Meropenem-vaborbactam
 - Validated. Treatment of CRE, KPC.
 - Imipenem-relebactam
 - Also for CRE
- GES mechanism for CRPAs and pan-resistance
 - Started to see CRPAs expressing GES carbapenemases
 - GES includes both ESBL and real carbapenemases
 - Prevalent internationally (Mexico, Japan)
 - Still emerging in the US (localized in ARLN mountain region, highest from TX)
 - Importation from Mexico possible
 - Undetectable via commercial NAT-based admission/colonization screenings

- Considering bringing on a test to detect it
- ST309 is most prevalent seen by UPHL
- GES-GES tandem arrangement is common
- Susceptibility profiling
 - GES is always resistant to Imipenem-relebactam
 - usually susceptible to cefiderocol
 - 70% are resistant to ceftazidime/avibactam
- Several articles discuss GES
- CLSI Breakpoint updates for AST
 - Aztreonam-avibactam updates
 - Clinical labs should establish this, UPHL can assist
 - Also FDA approved tests for susceptibility testing.
 - UPHL will move away from custom-created tests.
 - You can order an isolate from CDC's AR isolate bank or from Laboratory Specialists Inc (30 isolates for purchase).
 - Or UPHL can share isolates that they have tested
 - Acinetobacter updates
 - Minocycline: doxycycline and tetracycline inferred
 - Neisseria gonorrhoeae updates
 - Ceftriaxone and cefixime, intermediate breakpoints established
 - Questions
 - What is the take home message for all these new breakpoints?
 - Some didn't have breakpoints previously. Others shifted to more restrictive breakpoints.

Situational Awareness - Annette Atkinson/Devin Beard

- Colonization screening prioritization
 - Previously, we have discussed CDC colonization screening, that we will have to restrict screening to a certain number of samples
 - Facilities were notified in March, that as of April 1, UPHL will not be accepting samples from large healthcare settings
 - One healthcare chain regularly sent samples and UPHL is working with them individually.
- Updated communicable disease rule
 - As part of the MDRO presentation below, Devin shared The Utah Communicable Disease Rule has been updated and is undergoing public comment period as we speak
 - <https://rules.utah.gov/wp-content/uploads/b20260315.pdf>
 - HAI/AR-related changes: carbapenem resistant Enterobacterales has replaced Enterobacteriaceae (increasing from order to species).
 - Question - how is that a change?

- It is not a major change because this has already been happening by labs and healthcare systems (this change was proposed over 2 years ago).
 - However, the rule now includes both carbapenem resistant AND carbapenemase producers.
 - A note about intrinsic resistance was not included.
 - This would be good feedback for the comment period, which you can give using [this form](#).
 - The comment period closes April 14, 2026.
- MDRO Situational awareness
 - Focus is CPOs and their gene distribution (confirmed cases) and C. auris cases
 - Data notes
 - UPHL and EpiTrax data, small counts will be suppressed in the notes.
 - Data is deduplicated, but individuals with multiple organism-gene combinations are counted as a separate case.
 - CPO trends (2021-2026)
 - Continued increase in cases through 2025, with variability between quarters
 - Overall increase is also seen from overall CP gene trends
 - NDM is overtaking KPC for CREs
 - OXA is overall the most prevalent (mostly Acinetobacter OXA)
 - GES has been added to the figure, a change from previous iterations
 - CP-CRPA is mostly VIM, due to the multistate outbreak.
 - GES is included, and is identified by sequencing. Please submit pan-resistant isolates for sequencing.
 - CP-CRA: OXA-23 and OXA-235 are the most predominant
 - CP-CRE is still predominately KPC, though NDM is increasing
 - A recent trend in OXA-48 in E. coli that does not have carbapenem resistance.
 - Candida auris (2022-2026)
 - First case identified in 2022, includes anyone who tested positive or received care in UT, or are UT residents.
 - 55 total cases. 23 were UT residents.
 - 47% of cases were identified in southern Utah (south of Utah County).
 - Not one major hotspot, cases are widespread.
 - Significantly more cases in 2025 compared to previous years.
 - Approaching half of those cases acquired from in-state transmission.

Next Meeting:

Next meeting: September 28, 2026 10 AM