Utah Department of Health & Human Services

Meeting Minutes

Laboratory and Surveillance Utah Healthcare Infection Prevention Governance Committee

Date: 5/6/2023

Attendees:
Abby, Alessandro rossi, Ashley Miller, Ashley Young, Bea Jensen, Bert Lopansri, Devin Christensen, Elena Snelton, Giulia De Vettori, Jeanmarie Mayer, Kimberly Wilkerson, Kristin Dascomb, Linda Rider, Louise Saw, Mark Fisher, Natali Baker, Rhonda Hensley, Sarah Rigby, Susan Cheever, Troy Thomas
Agenda Topics:
Introductions 1:00–1:05 Giulia De Vettori Action Steps/Plan 1:05–1:25 Angela Weil/Dr Rossi Situational Awareness 1:30–1:50 Giulia De Vettori Convene
Discussion:

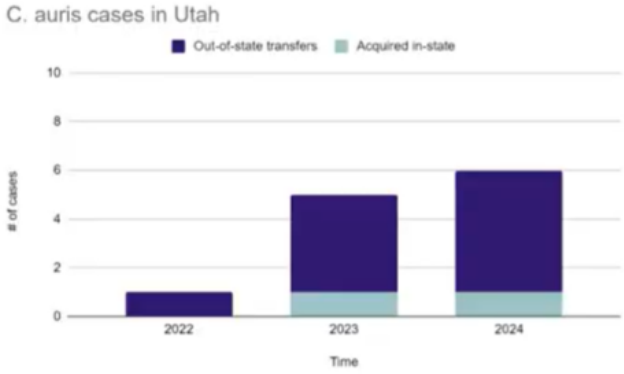
Introductions - Giulia De Vettori

- Thanks everyone for coming
- Review/clarification on minutes from last meeting:
    - Dr Jeanmarie Mayer had a question about the chat from the minutes to the last meeting
        - For the question: “What do you do if you identify Acinetobacter baumanii by culture?” Who was answering that question? UPHL? The notes from the chat were hard to follow.
        - Alessandro Rossi: The question was to the University of Utah
        - Jeanmarie: Believes ARUP interprets reportable conditions if it is from a clinical culture. Needs to verify with ARUP if they send isolates for further testing if the sample was collected for a screening
        - Rhonda Hensley checked, and ARUP is only sending isolates from clinical samples to UPHL for carbapenamase testing, not from screening (see discussion below)
    - Typo on sepiod
    - Still have not converted over to carba 5
- Approve minutes - Dr Mayer moved for approval of the minutes from the last meeting, saying we will clarify in this meeting which isolates are sent to UPHL, and Alessandro also approved
- No new members on this call

Action Steps/Plan - Giulia De Vettori/Angela Weil and Alessandro Rossi

- Giulia shared the following chart indicating that the first C. auris case in Utah was a Nevada

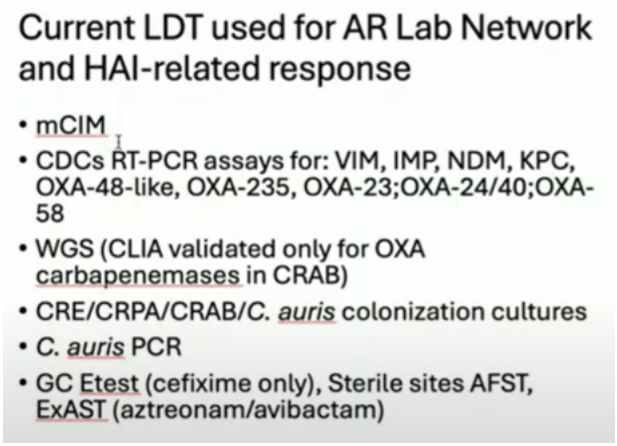
transfer in 2022, 5 total cases in 2023—one of them was first locally acquired case in Utah—December 2023, In the first quarter of 2024, we have found 6 total cases in Utah, one locally acquired
    - this represents both screening and clinical cultures



- We are not sure how many people have been screened for C. auris because negative results are not reported to the health department
    - most screening is done in acute care
    - we have tried to work with skilled nursing facilities to get more screening done there, but it is a slow process bring facilities on board
    - Will labs please let HAI/AR (Giulia De Vettori) know how many samples they have received from C. auris screening
- Dr. Rossi: Everything has been signed off and we can go live with the Neisseria Gonorrhoeae etest
    - for now we can accept only isolates, working with APHL to do a study on stability of primary specimens
        - that will serve as validation, which will open the way for us to be able to accept primary specimens
        - soon Nancy will send a message that the lab is ready to accept isolates to test for clinical antimicrobial susceptibility
- Ibrexafungerp validation is complete
    - This is an experimental drug
        - for candida auris that is multi-drug resistant
    - UPHL will be able to report MIC for this drug
    - Lab is completing paperwork and writing SOP

Situational Awareness

- Lab got Panther Fusion in March and are doing validation on it
    - When it is at full capacity, the capacity for C. auris screening will be about 250/day
    - for validation, doing PCR testing along with culture testing
- New FDA Testing Rule
    - Lab developed tests:
        - FDA testing rule for in vitro diagnostic devices
            - Addendum



        - cefixime is for research use only
    - New rule won't impact ARLN too drastically, but there are some changes in the wording
    - Purpose is to protect patients from harm by vetting lab developed tests more thoroughly
    - It will increase costs for testing/screening
    - There will be a webinar on May 14
        - https://www.fda.gov/medical-devices/medical-devices-news-and-events/webinar-final-rule-medical-devices-laboratory-developed-tests-05142024
    - ARUP is in a good place because they do a lot of validations through New York
    - Tests already in use should be safe
- ARUP is currently sending Ibrexa to Texas
    - For ARLN validation, we used the Texas lab as a gold standard
    - ARUP should not send non-Utah patient isolates, they usually do not send them to UPHL, though we do testing within the ARLN region
- A new grant optional project we have applied for is for surveillance on dermatophyte infections
    - a nasty ringworm infection
    - if we receive the grant, we will start to collect isolates and do antifungal susceptibility testing and whole genome sequencing
        - it would be nice to have support from other CLIA labs in the state that may have isolates
            - they could send UPHL dermatophyte isolates to help with the project
        - Dr. Mayer: We would have to check into how isolates have to be sent/shipped (resources questions)
        - We will know in July if we have funding
- Isolates sent to UPHL for CP testing:
    - Dr. Mayer: The way ARUP read the administrative (communicable diseases) rule, they would send the isolate if a patient has an "infection"
        - So if CR organisms are found through screening, isolates are not being sent to UPHL

        - With a screening, there is no confirmed infection, they may just be colonized
        - The semantics might need to be clarified in the administrative rule
            - Angela: There is also a phrase in the rule that says “clinical material.” Is that contributing to the confusion?
            - Mark: Which Isolates should be submitted from screenings?
                - CRA, CRE
                - CRPA-not enough testing is done to know if Pseudomonas found meets state reporting criteria
                    - testing method: CHROMagar
                - For screenings, ARUP does not do testing beyond confirming carbapenem resistance
        - UPHL would like to receive those isolates. It’s important data for outbreak investigations
        - Now that ARUP understands the expectation, the process can be changed internally to send isolates from CRE and CRA for UPHL CP testing
        - There have only been a few that were not sent
- Dr Mayer: Case managers are making lots of errors with the new transfer form
    - checking things that don’t need to be checked
- Kim is still the person to talk to about BioTerrorism rule-outs
    - there have been 3 lately
    - one was ruled out-pseudo tuberculosis
    - Rhonda is still waiting for documentation on latest rule-out

Next Meeting Discussion/Questions

- Invasive group A strep infections—what is the pervasive type
- Avian Flu
    - anything not typable, send to UPHL
    - Utah is not doing any dairy herd testing
    - there is a lot of shedding in milk, so there is potential danger in selling raw milk in Utah
    - We have an inventory of 800 H1 tests right now
    - Dairy workers with symptoms should be tested for flu
        - looking at implementing precautions (PPE) in dairy operations, but Utah is a pretty conservative state
        - Also needed in lab if doing testing on raw milk
    - There is financial compensation when bird flocks have to be culled, but not for cattle
        - cattle recover-don’t have to be destroyed

Next Meeting: Aug 5, 2024