Meeting Minutes
Utah Healthcare-associated Infection Prevention Governance Committee (UHIP-GC)
July 20, 2021

Attendees

Adrienne Butterwick, Alicia Banning, Alicia Beckstead, Andrew Pavia, Angie Powell, Angela Weil, April Clements, Arlen Jarrett, Brittany Carver, Cherie Frame, Cristal Saltas, Danene Price, Devin Beard, Jeanmarie Mayer, Josh Mongillo, Janelle Kammermamn, Julia Lewis, Kris Dascomb, Linda Egbert, Linda Rider, Mark Fisher, Matt Hansen, Maureen Vowles, Michelle Matheu, Michelle Hofmann, Morna Williams, Patricia Watkins, Rebekah Ess, Rhonda Hensley, Scarlett Thomas, Valerie Lambiase

Agenda Topics

Introductions (April Clements): 3:00-3:10 pm

Announcements (Linda Egbert): 3:10-3:15 pm

UHIP Structure, Purpose, Mission Statement (Linda Egbert): 3:15-3:25 pm

Situational Awareness 3:25-3:50 pm

- COVID-19 (April Clements)
- Communicable Disease Rule and Reporting (Josh Mongillo)
- Multidrug-resistant organisms (MDRO) in Utah (Josh Mongillo)
- MDRO Registry (Josh Mongillo)
- Surveillance Screening for Carbapenemase-producing organisms (CPO) and *Candida aureus* – current recommendations (Maureen Vowles)

Active Surveillance for CRA/CRE/CA (Jeannie Meyer): 3:50-4:00 pm

Communications (Dr. Jeanmarie Mayer): 4:00-4:20 pm

- Communications Study Poster
- Infection Control Transfer Form

Next Meeting Discussion/Questions: 4:20-4:30 pm

Discussion

Introductions (April Clements): 3:00-3:10

Intermountain Medical Center (IMC): Cherie Frame, Michelle Matheu, Andy Pavia, Kristen Dascomb

Rural Independent Hospitals: Angie Powell (Gunnison Valley)

Steward: Patty Watkins, Arlen Jarrett

University of Utah: Jeannie Mayer, Mark Fisher ARUP, Rhonda Hensley ARUP, Alisha Banning (AB)

Veteran's Administration (VA): Julia Lewis, Valerie Lambiase

Comagine Health: Adrienne Butterwick

Dialysis Centers: Morna Williams

Local Health Departments (LHD): Alicia Beckstead (Central)

Long-term Acute Care Hospitals (LTACH): Lisa Pearson (South Davis Community Hospital [SDCH])

Home Health Association (HHA): Matt Hansen

Association for Professionals in Infection Control and Epidemiology (APIC): Excused this week

Utah Healthcare Association (UHA): Brittany Carver

Utah Department of Health (UDOH): Linda Egbert, Linda Rider, Scarlett Thomas, April Clements, Janelle Kammerman, Danene Price, Becky Ess, Maureen Vowles, Josh Mongillo, Devin Beard, Cristal Sicard, Angela Weil

Announcements (Linda Egbert): 3:10-3:15 pm

- Dr. Angela Dunn is no longer the Utah state epidemiologist. Beginning July 6, 2021, Dr. Leisha Nolan is the new Utah State Epidemiologist. She will be joining our committee as she is able to participate.
- Dr. Michelle Hofmann, Deputy Director of UDOH, will also join as available.

UHIP Structure, Purpose, Mission Statement (Linda Egbert): 3:15-3:25 pm

- The UHIP Governance Committee was established in 2010 with the intent to bring a wide variety of healthcare organizations together to discuss healthcare-associated infections across the state of Utah. When the COVID-19 pandemic began, we took a hiatus.
- Do we have the appropriate representation on this call? Who may be missing? We may need to bring in ad hoc members as we discuss topics like antimicrobial stewardship. We may branch into subcommittees as needed.
- Mission Statement: UHIP-GC is organized and staffed by UDOH. Membership is comprised of stakeholders from a wide range of healthcare affiliated organizations with the purpose of preventing and reducing healthcare-associated infections in Utah. Review and let Linda Egbert or Dr. Mayer know if you think anything should be added to the mission statement.

Situational Awareness 3:25-3:50 pm

- COVID-19 in Long-term Care Facilities (LTCF) (April Clements):
    - Resident vs. staff positives, mask mandates and holidays have impacted case counts in LTCF. We have not seen any cases with more than 20 residents for the past several months. Resolved an outbreak yesterday in the 11-20 resident range.
    - Vaccination status: LTCF are required to report staff and resident vaccination rates to the National Healthcare Safety Network (NHSN). We are seeing increases in staff vaccine rates: 63.5% (this only includes skilled nursing facilities). Vaccination has made a big difference in how sick our residents are. Deaths in LTCF leveled off as of March, 2021. With the Delta variant, we are seeing asymptomatic, symptomatic, and hospitalized individuals; however, the numbers are much lower than before vaccination.
    - Dr. Mayer: Working on vaccinating hospital discharges before residents are transferred to LTCF.
- Communicable Disease Rule and Reporting (Josh Mongillo)
    - Carbapenem-resistant Organisms (CRO) Utah 2018-2020 data
    - CRO organisms that are resistant to the carbapenem class of antibiotics, last-line treatment options.
    - Reportable CROs: carbapenem-resistant *Enterobacterales* (CRE) – *Klebsiella* sp., *E.coli*, *Enterobacter* sp., CRAB, CRPA, CRO are also reportable under the Utah Communicable Disease Rule, and tested at the Utah Public Health Laboratory (UPHL).
    - No current changes to the Disease Rule, although other members of the *Enterobacterales* order can be submitted to UPHL.
- MDROs in Utah (Josh Mongillo)
    - 2020: UPHL 485 carbapenem-resistant bacterial isolates
    - 2019: UPHL 458
    - Further carbapenemase analysis through mCIM testing and whole genome sequencing (WGS) can be performed at UPHL.
    - 2019: *E.coli*: 27, *Enterobacter*: 91, *Klebsiella*: 40, Other: 15
    - 2020: *E.coli*: 40, *Enterobacter*: 134, *Klebsiella*: 48, Other: 12
    - Utah compared to other states: 34.73% of CRE with at least one targeted carbapenemase gene detected by CDC. 14.49% of CRE tested in Utah. Utah appears to be a low prevalence state.

    - Are carbapenemase producing (CP) mechanisms common in Utah? KPC: 15 in 2019, 4 in 2020. NDM: 5 in 2019, 4 in 2020. OXA-48 7 in 2019, 1 in 2020.
    - Carbapenem-resistant *Acinetobacter baumannii* (CRAB) can survive a long time on surfaces, often found in inpatient individuals. Case counts are slightly decreasing. Focus on antibiotic stewardship (AS), environmental cleaning, patient transfer forms.
    - *Pseudomonas aeruginosa* is trending down. Two to three percent carry mobile genetic gene.
    - Verona Integron-Mediated carbapenem resistant *Pseudomonas aeruginosa* (VIM-CRPA) most common in Utah primarily due to medical tourism.
    - Pan-resistant CPRAs found in Utah.
    - Current CDC focus on CRPA: targeted testing for potential CP-CRPA, pan-resistant and novel CP mechanisms; 2020 – new reports of highly-resistant *Pseudomonas aeruginosa* among travelers with infections who underwent surgery or invasive procedures in Mexico.
- MDRO registry (Josh Mongillo)
    - Chrissy Radloff from the HAI team is working to create MDRO registry.
    - There is a lack of communication among facilities when transferring patients between health facilities. We are working to create an MDRO registry to allow manually querying the database for information.
    - We are hoping to beta test the system at the end of this month.
    - We are still figuring out how access to the system will be available. Sign up process for the portal.
- Surveillance Screening for CPOs and *Candida aureus*- current recommendations (Maureen Vowles)
    - We will send out Annual Lab Guidance soon. Discuss more information on reportable disease, resources for active and passive surveillance.
    - Mandate to protect patients from CRE; admission screening available free of charge through AR Lab Network.
    - *Candida auris*: emerging MDRO yeast, high mortality rate, highly resistant – most strains resistant to fluconazole.
    - No cases of *C. auris* in Utah to date. Clinical cases in over 20 states, including some in our region. We have a disease plan that will be sent out soon to facilities to provide training. Screen close contacts of healthcare workers (HCW) with newly identified *C. auris*, patients with overnight stay in a healthcare facility outside the U.S.
    - UDOH letter sent October, 2019 to clinical labs and hospital infection prevention programs; outlined ways to protect from *C. auris*; passive surveillance outline and offer rule out of *C. auris* on organisms by MALDI.
    - Started a regional subcommittee that meets monthly; discusses transfers across state borders.
    - AR Lab Network: *C. auris* – PCR based with BD MAX usually same day results, axillary/groin swab; CRE/CRPA – dual rectal swabs, PCR-based with Cepheid Crba-R same day results; CRAB – axillary/groin, sputum (vented), wound, culture-based with 2-3 day turnaround time.
    - https://uphl.utah.gov/arln-utah/ can download pdfs with instructions or email ARLNutah@utah.gov.
    - Lab Web Portal – will allow facilities to submit and see results for MDROs. Will be live soon.
    - Maureen will send a resource list with the minutes. AR Lab Network open M-F; will receive requests for all states in our region. A lot of the resources are being underutilized.

Active Surveillance for CRA/CRE/CA (Jeannie Meyer): 3:50-4:00 pm

- How can we start conducting more active surveillance in our state? We need to identify individuals who have had overnight hospitalization outside of the country. Consider looking at individuals who have been admitted from long-term acute care (LTAC) facilities or ventilator skilled nursing facilities (vSNF) and perform screening

on those with wound ventilator. Not as many admissions from vSNF, what is the census level? The vSNF in southern Utah is no longer accepting ventilator patients.

- Kris Dascomb: We do have a CRE screening process. CRE screening is invasive, physicians and nursing staff will often shy away from this screening; culture-based; will add additional questions if there are outbreaks.
- Andy Pavia: NICU patients are screened for CRE, in-house, culture-based. Consider switching to Crba-R. Screening seven days or older. Have picked up some non-enzymatic cases.
- Mark Fisher: Easy to overload PCR with sputum and overload sensitivity. Offer both culture and PCR for screening.
- Invasive specimens: Can we collect stool if there is a barrier to rectal swab? Mark would not necessarily recommend stool, but it can work. Some of the literature shows that stool can replace rectal swab.
- Kris and Michelle: In the past few months we saw more carbapenem-resistant *Pseudomonas*; seeing more in ICU, particularly COVID-19 patients; *Stenotrophomonas* as well.
- Dr. Mayer: We have seen some *Pseudomonas*, not clustered or patterned; will continue to keep an eye on it. Next meeting, discuss using AR Lab for more screening.

Communications (Dr. Jeanmarie Mayer): 4:00-4:20 pm

- Communications Study Poster
    - Will send out slides to the group.
    - Looked at discharge transfers across University, LTACH, rehabilitation facilities that had transfers back and forth. Interviewed infection preventionists (IP) and nurses who admitted patients. One-third of the time the transfer form was used. Fifteen percent of patients had MDRO; also looked at patients who had another infection. Dense interconnected network of MDRO transfer. We need to work on standardizing and improving MDRO communication.
- Infection Control Transfer Form
    - Review transmission form. Are there things we need to change on this?
    - Link to Transfer Form: https://epi.health.utah.gov/wp-content/uploads/2019/08/Interfacility_Transfer_Form.pdf

Next Meeting Discussion/Questions: October 21, 2021

- Antibiotic Stewardship – Epicenter stewardship projects. HAI team is working on improving AS and starting an AS program. Consider starting an AS subcommittee.
- MDRO Registry
- Promote active surveillance
- Pseudomonas in facilities