

# HAI/AR monthly digest

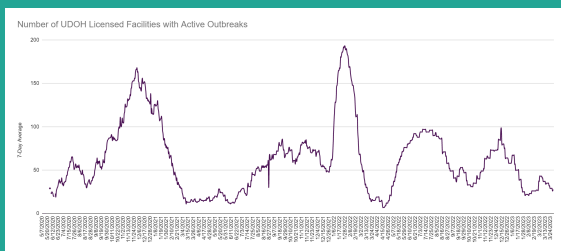
Utah Department of Health and Human Services Healthcare Associated Infections/Antimicrobial Resistance Program

Issue 21 | April 2023

Did you read this month's digest?

[Yes](#) [No](#)

## Utah LTCF situational update



## DHHS COVID-19 guidance documents for LTCFs

We are in the process of migrating all of our COVID-19 documents to our [HAI/AR program webpage](#). New and updated documents will be posted here.

Our documents can still be found on the long-term care facilities webpage, under the [For Long-Term Care Facility Providers](#) section.

## Mental health resources

Visit the [mental health resources site](#) for information on available mental health resources in Utah.

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## Updates

### HAI/AR updates

### Changes to COVID-19 information and investigations

In preparation for the end of the public health emergency in May, HAI/AR has several COVID-19-related changes in the works. We changed our investigation process in March and have included a new chart to reflect the new data.

Additionally, the COVID-19 communicable disease rule has been updated. You no longer need to report negative antigen test results.

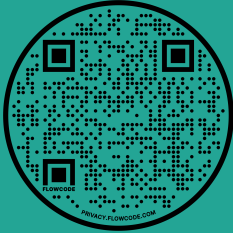
As we adjust to these new changes, we will also modify this digest to focus less on COVID-19. This may include formatting and content changes in future digests.

### C. auris in Utah

- No in-state transmission of *Candida auris* has been identified to date. Fewer than five cases of *C. auris* have been diagnosed in people who are from other states.
- Significant *C. auris* outbreaks are occurring in neighboring states. We recommend you:
  - Screen admissions from outside states (including Nevada) with known *C. auris* outbreaks.
  - We strongly recommend using the [interfacility transfer form](#) to communicate MDRO status upon transferring residents to other healthcare settings.

## Questions?

For questions, visit our [long-term care facilities webpage](#) or email us at [hai@utah.gov](mailto:hai@utah.gov).



- Additional *C. auris* information is available in the resources section at the end of this digest.

## Long-term care representatives needed

- We are looking for long-term care representatives to participate on the Utah Healthcare Infection Prevention Governance Committee (UHIP-GC) to provide leadership and direction for healthcare-associated infection prevention and reporting activities in Utah. Email [HAi@utah.gov](mailto:HAi@utah.gov) for more information.

## Comagine Health updates

Comagine Health's **free** 1:1 infection prevention and control coaching will help your team provide the safest care for your residents through . . .

- expert-designed solutions for your home and your staff's specific needs
- coaching for busy staff who "do it all" as well as new infection prevention specialists
- evidence-based tools to improve your culture of safety

Completion of the coaching and consultation services provides access to additional **free** resources:

- one year of local and national APIC memberships
- technology solutions, such as webcams, tablets, speakers, and mobile hotspots
- PPE solutions: fit testing kits, N-95 masks, gloves, face shields, gowns
- air purifiers and a year's supply of filter refills from Medify Air

Next webinar: Navigating infection control training requirements in long-term care.

- Join Comagine Health for an overview of staff training requirements for infection prevention and control, as required by CMS and licensing.
- April 25, 2023 at 12 p.m. MST. Register [here](#).

## New Project Firstline modules

Project Firstline has launched several [new self-paced modules](#). The reservoirs and pathways two-part series explores where germs come from and how germs spread. There is also a new hand hygiene module, which teaches hand hygiene principles and proper steps for handwashing. Check them out!

## CDC updates

### **VIM Carbapenem resistant *Pseudomonas aeruginosa* (CRPA) via contaminated artificial tears**

The CDC released a statement on artificial tears contaminated by VIM CRPA, which can be found [here](#). The artificial tears in question are EzriCare and Delsam Pharma's artificial tears. The CDC recommends patients stop using EzriCare or Delsam Pharma's artificial tears pending additional information and guidance from CDC and FDA.

If patients were advised to use EzriCare or Delsam Pharma's artificial tears by their healthcare provider, they should follow up with their healthcare provider for recommendations about alternative treatment options. Patients who have used EzriCare or Delsam Pharma's artificial tears and who have signs or symptoms of an eye infection should seek medical care immediately.

## Education/information

### Comagine Health's customized coaching and educational opportunities

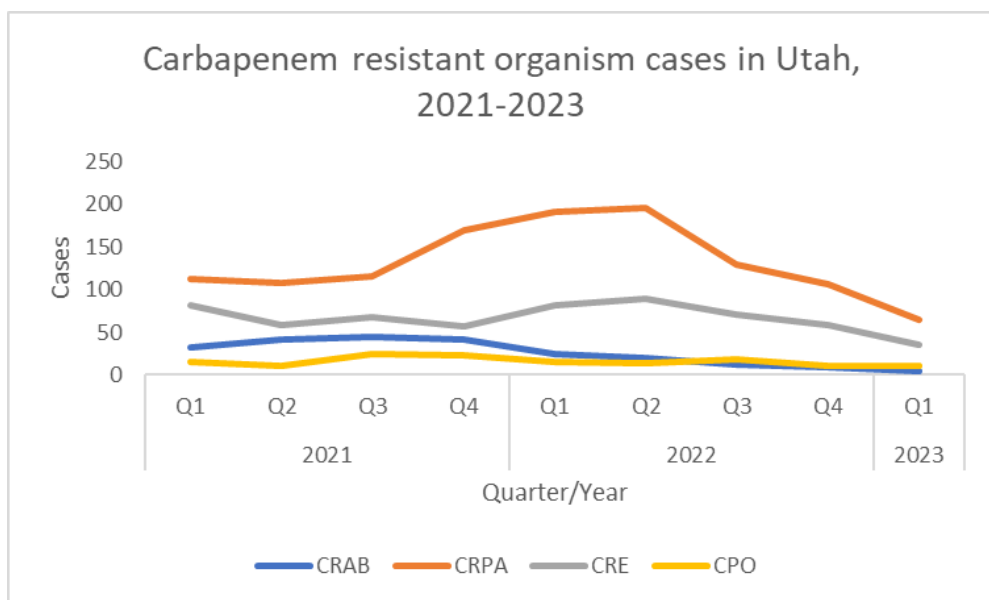
- Comagine Health has a team of dedicated infection prevention, quality improvement experts standing by to help you learn how to assess, strengthen, and sustain your infection prevention and control program.
- These resources are only available for a limited time to all long-term care settings in Utah: nursing facilities, assisted living, and intermediate care facilities.
- Email the Comagine team at [InfectionPreventionAdvisor@comagine.org](mailto:InfectionPreventionAdvisor@comagine.org) or check out their [website](#) to take advantage of this free support.

## Antimicrobial resistance in Utah

*As of March 31, 2023*

### **Carbapenem-resistant organisms (CRO)**

The CROs shown in the graph below include: carbapenem-resistant *Acinetobacter baumannii* (CRAB), carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), carbapenem-resistant Enterobacterales (CRE),\* and carbapenemase-producing organisms (CPO).\*\*



\*The Enterobacterales order contains multiple bacteria species which you are not required to report to Utah DHHS, but are of interest to the Centers for Disease Prevention and Control (CDC) and Utah DHHS. Therefore, the CRE count may not be a comprehensive count of all CRE cases in Utah.

\*\*The CPO counts are also included in the CRAB, CRE, and CRPA counts because CPOs are also carbapenem-resistant organisms.

## Resources

### Candida auris information

- The *C. auris* outbreak in Nevada continues. The CDC recommends screening any resident who received care from a Nevada facility within 6 months. Please contact the HAI/AR team at [hai@utah.gov](mailto:hai@utah.gov) to schedule a resident screening for *C. auris*.
- If your facility is a hospital or long-term acute care hospital, use [contact precautions](#).
- If your facility is a long-term care facility, skilled nursing facility, or rehabilitation facility use [enhanced barrier precautions](#).
  - These precautions apply to residents colonized or infected with an MDRO and all high-risk residents.

### Interfacility transfer form

The Utah Department of Health and Human Services [Interfacility Transfer Form](#) should be used for patient transfer to other healthcare facilities to communicate infection control precautions

to the next healthcare provider and prevent transmission of multidrug-resistant organisms (MDRO)s.

## Infection prevention guides

- The [Infection prevention and preparedness manual](#), a comprehensive resource for long-term care settings
- The [Multidrug-resistant organisms guide](#), an introduction to multidrug-resistant organisms for administrators and staff.

## Infection control assessment and response (ICAR)

For questions or to schedule an ICAR appointment for assisted living facilities, email [HAI@utah.gov](mailto:HAI@utah.gov).

## Immunization program

Staying up to date on COVID-19 immunizations is still one of the best ways to limit the spread of the virus and decrease hospitalizations and morbidity for high risk individuals. The long-term care facility immunization coordinator, [Jeni Lynne Demeny](#), is available to help you track immunizations.

## Project Firstline modules

You can find our self-paced Project Firstline modules [here](#). They are a great resource for staff training.

## CDC's COVID-19 healthcare guidance

The CDC's COVID-19 guidance for healthcare facilities can be found [here](#). Remember to reference [community transmission](#), rather than community levels.

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Thank you.

