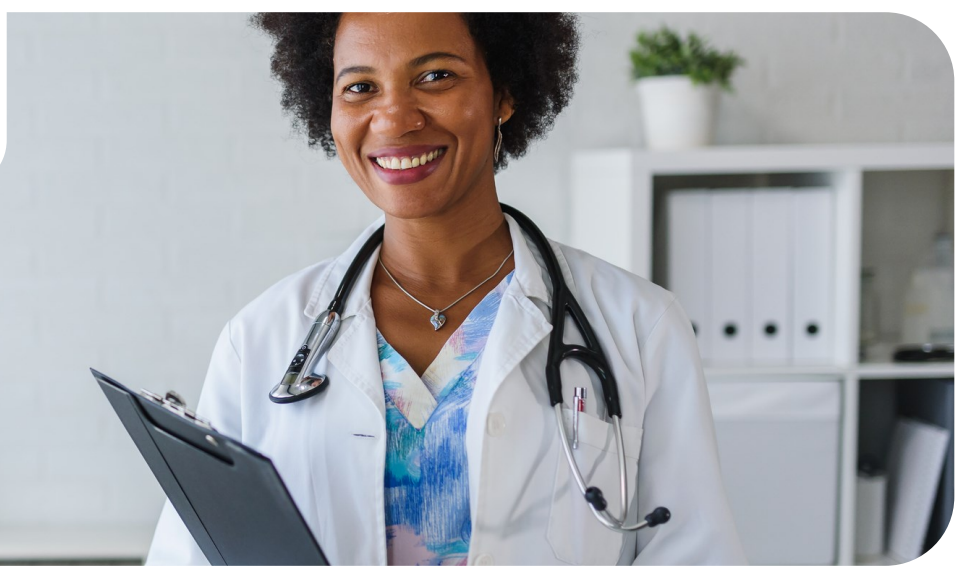
Indiana Department of Health

Update for Post-Acute Care Clinicians

March 2023

Spotlight



Candid conversations: Candida auris and other MDROs

The designated Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for the state of Indiana, Qsource, recently partnered with staff at the Indiana Department of Health to create an informational video focused on Candida auris. This video covers the topics of clinical implications of the pathogen Candida auris including clinical infections, colonization, epidemiology, steps to take when a case is identified at a facility, and a testimonial from an infection preventionist at a long-term care facility with experience in handling these cases.

CLICK THIS LINK

Updates

Evusheld is not authorized

Evusheld is not currently FDA-authorized for use in the United States until further notice by the agency.

Data show Evusheld is unlikely to be active against certain SARS-CoV-2 variants. According to the most recent Centers for Disease Control and Prevention (CDC) Nowcast data, these variants are projected to be responsible for more than 90% of current infections in the United States. This means that Evusheld is not expected to provide protection against developing COVID-19 if exposed to those variants.

Outbreak of extensively resistant *Pseudomonas* infections

The CDC is investigating 55 highly resistant *Pseudomonas aeruginosa* infections that have been reported in 12 states. Patients had a variety of presentations including keratitis, endophthalmitis, respiratory infection, urinary tract infection, and sepsis. Patient outcomes include permanent vision loss resulting from cornea infection, hospitalization, and one death due to systemic infection.

Thirty-five patients are linked to four healthcare facility clusters. The dates of specimen collection (bronchial wash, cornea, urine, blood, and others) were from May 2022 to January 2023. These specimens were collected in both outpatient and inpatient healthcare settings.

The investigation thus far has found epidemiologic linkage with certain artificial tear preparations. FDA warned to stop using EzriCare Artificial Tears or Delsam Pharma's Artificial Tears due to potential bacterial contamination and also recommended that Global Pharma recall Delsam Pharma's Artificial Eye Ointment due to potential bacterial contamination.

Recommendations for healthcare providers:

- Immediately discontinue using EzriCare Artificial Tears, Delsam Pharma's Artificial Tears, and Delsam Pharma's Artificial Eye Ointment pending additional guidance from CDC and FDA.
- Advise patients who used these products to monitor for signs and symptoms of infection. Perform culture and antimicrobial susceptibility testing when clinically indicated.
- Healthcare providers treating patients for keratitis or endophthalmitis should ask patients if they have used any of the products listed above. Providers should consider performing culture and antimicrobial susceptibility testing to help guide therapy if patients report the use of any of these products.
- Healthcare providers treating VIM-GES-CRPA infections should consult with a specialist knowledgeable in the treatment of antibiotic-resistant bacteria to determine the best treatment option. VIM-GES-CRPA isolates associated with this outbreak are extensively drug-resistant. Isolates that underwent susceptibility testing at public health laboratories were not susceptible to cefepime, ceftazidime, piperacillin-tazobactam, aztreonam, carbapenems, ceftazidime-avibactam, ceftolozane-tazobactam, fluoroquinolones, polymyxins, amikacin, gentamicin, and tobramycin. A subset of three isolates that underwent antimicrobial susceptibility testing for cefiderocol at clinical laboratories or CDC were susceptible to this agent.
- Place patients infected or colonized with VIM-GES-CRPA and admitted to acute care settings in isolation and use Contact Precautions. For residents of skilled nursing facilities who are infected or colonized with VIM-GES-CRPA, use Enhanced Barrier Precautions if the resident does not have an indication for Contact Precautions.
- At this time, CDC does not recommend testing patients who have used this product and who are not experiencing any signs or symptoms of infection.

Communicable Disease Guidelines Changing April 1

Several changes have been made to the Indiana Communicable Disease (CD) Rule (410 IAC), including streamlined timeframes for reporting and updates to reportable diseases. Indiana Code Title 16 (Health 16-41-2-1) was amended in 2019. This amendment allows the Indiana Department of Health (IDOH) to publish and update the list of reportable communicable diseases and control measures on the IDOH website. External documents have been created to house this information, which will allow for updates and changes to be made more easily in the future. Additional reporting guidance documents were created to help clarify reporting requirements.

Sign up!

Receive updates via Indiana Health Alert Notifications

CLICK THIS LINK

The reporting timeframes have been streamlined to two options: immediately and within one working day. The number of immediately reportable diseases has decreased. **All communicable disease reporting changes highlighted below will go into effect April 1.**

Medicaid Alert

As many as 500,000 Hoosiers could be impacted by upcoming eligibility changes required by federal law. Your organizations and programs may serve some of these individuals. The changes are the result of the recently passed federal spending bill, which ends the pandemic-related eligibility provisions on March 31, 2023. This means regular determinations for coverage will begin again, and actions to adjust, reduce or eliminate coverage will be allowed beginning in April 2023.

The Indiana Family and Social Services Administration (FSSA) has been sending communications to Medicaid-covered individuals explaining the actions they need to take to maintain their eligibility, which include updating their contact information and responding to ongoing verification requests when there is a change in circumstances.

We ask that you also help spread the word so that Hoosiers do not suddenly lose coverage.

FSSA has provided flyers, social media toolkits and other resources to explain the change and next steps here. A poster with a QR code that can help individuals quickly update their contact information can be found here and is available in multiple languages. Please post flyers and share this information through your communications channels, including social media, to remind clients to submit their information promptly and to alert the programs that assist Hoosiers with the Medicaid redetermination process.

Clinician Calls

Join Monthly Webinars with CMO Dr. Lindsay Weaver

Chief Medical Officer Lindsay Weaver, M.D., FACEP, provides monthly the latest updates on prevailing clinical and public health concerns on statewide clinician call. Please send an email to Tami Barrett if you would like to receive an invitation to join the webinars. If you are unable to attend the live webinar, you will have the opportunity to review the slides after each webinar as they will be emailed to you. The 2023 webinars are planned on the following dates: March 24, April 28, May 26, June 30, July 28, Aug. 25, Sept. 29, Oct. 27 and Dec. 1.

Please complete this survey to suggest meeting topics: CLICK THIS LINK

To promote, protect, and improve the health and safety of all Hoosiers

Indiana Department of Health
2 North Meridian Street • Indianapolis, Indiana 46204 • 317-233-1325 • health.in.gov