



Oct 29, 2024



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# DROP-CRE Advisory Committee

# Agenda

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History, goals, and objectives



Membership housekeeping



Epi update



Prevention program overview



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# **DROP-CRE**

## **History, Goals, and Objectives**

# Drug-Resistant Organism Prevention and Coordinated Regional Epidemiology Network (DROP-CRE)

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## History

Public health academic partnership  
Initiated September 2012



## Goals

Detect and contain high-priority  
antimicrobial resistant pathogens

# Drug-Resistant Organism Prevention and Coordinated Regional Epidemiology Network (DROP-CRE)

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## Objectives



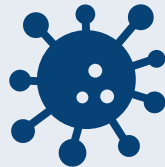
Monitor Oregon antimicrobial resistant organism epidemiology and assess needs for prevention and response



Coordinate statewide education about carbapenem-resistant and other antimicrobial resistant (AR) organisms



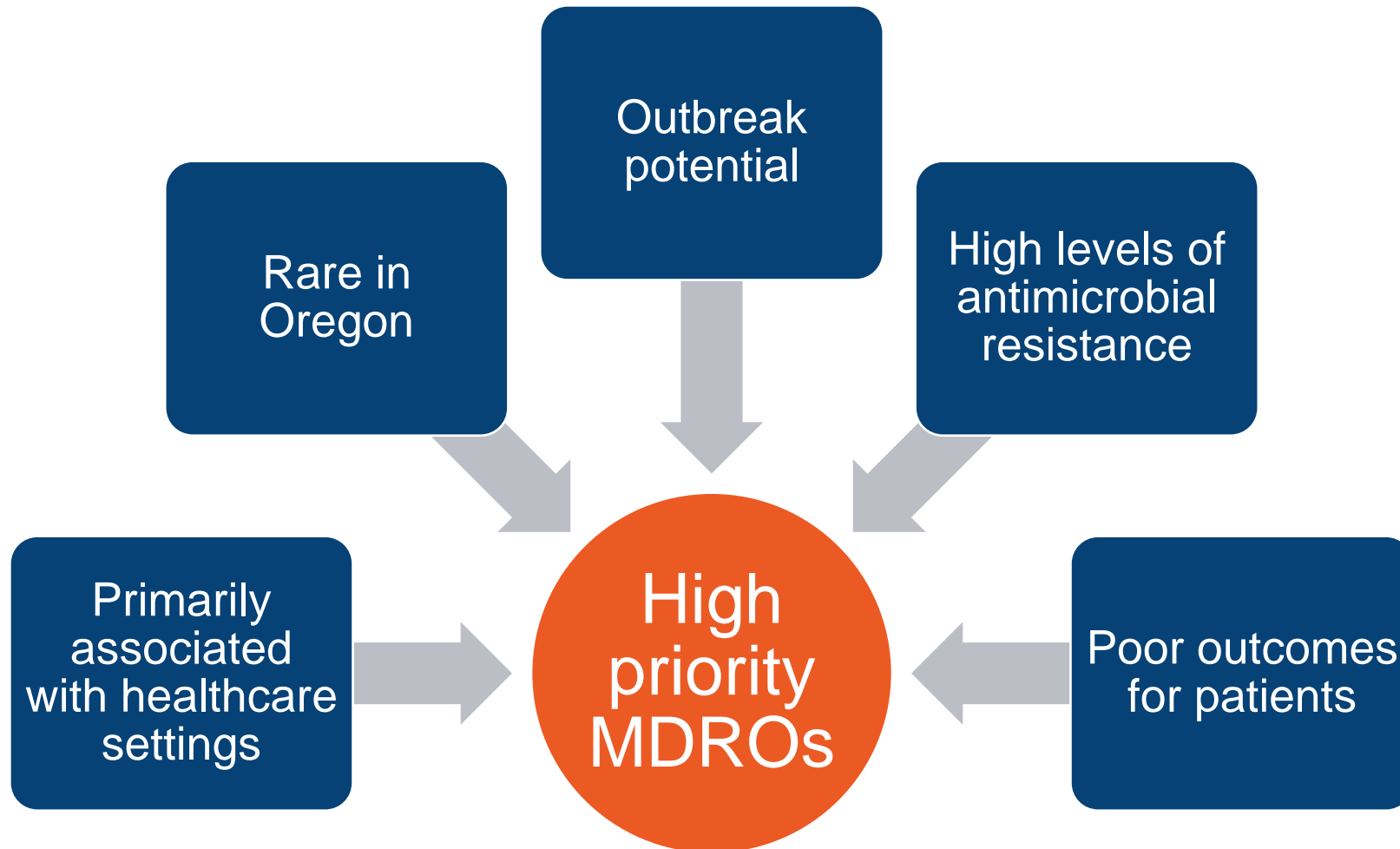
Develop laboratory capacity and promote consistent laboratory practices for the rapid detection of carbapenemase-producing and other AR organisms



Provide outbreak assistance

# DROP-CRE focuses on emerging pathogen threats

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# DROP-CRE focuses on emerging pathogen threats

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*Candida auris*



*Candida auris*  
source: CDC

Carbapenemase producing organisms (CPOs)



Carbapenem-resistant *Klebsiella pneumoniae*  
source: CDC



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# Housekeeping / Membership

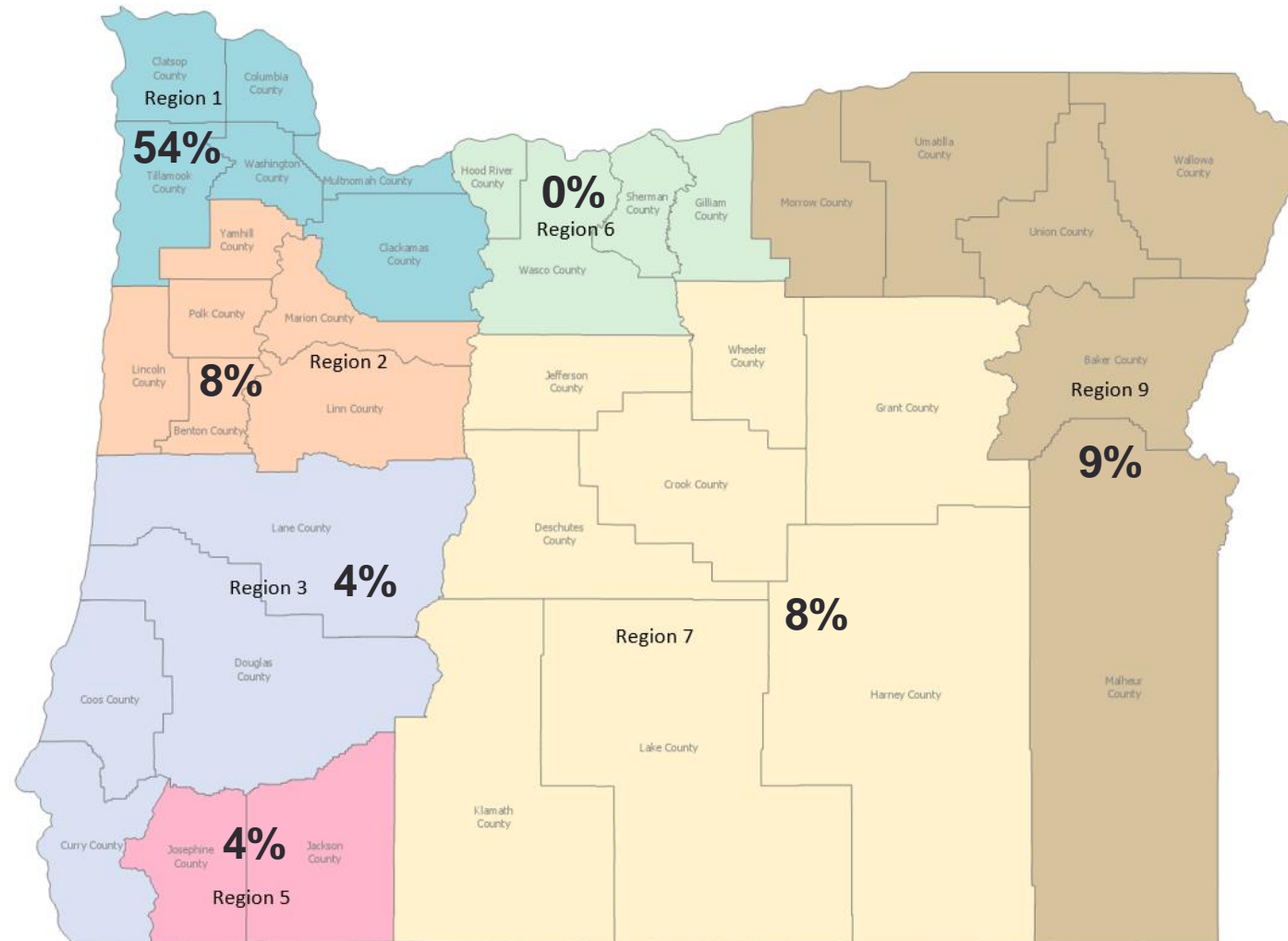


# DROP-CRE Advisory Committee Membership

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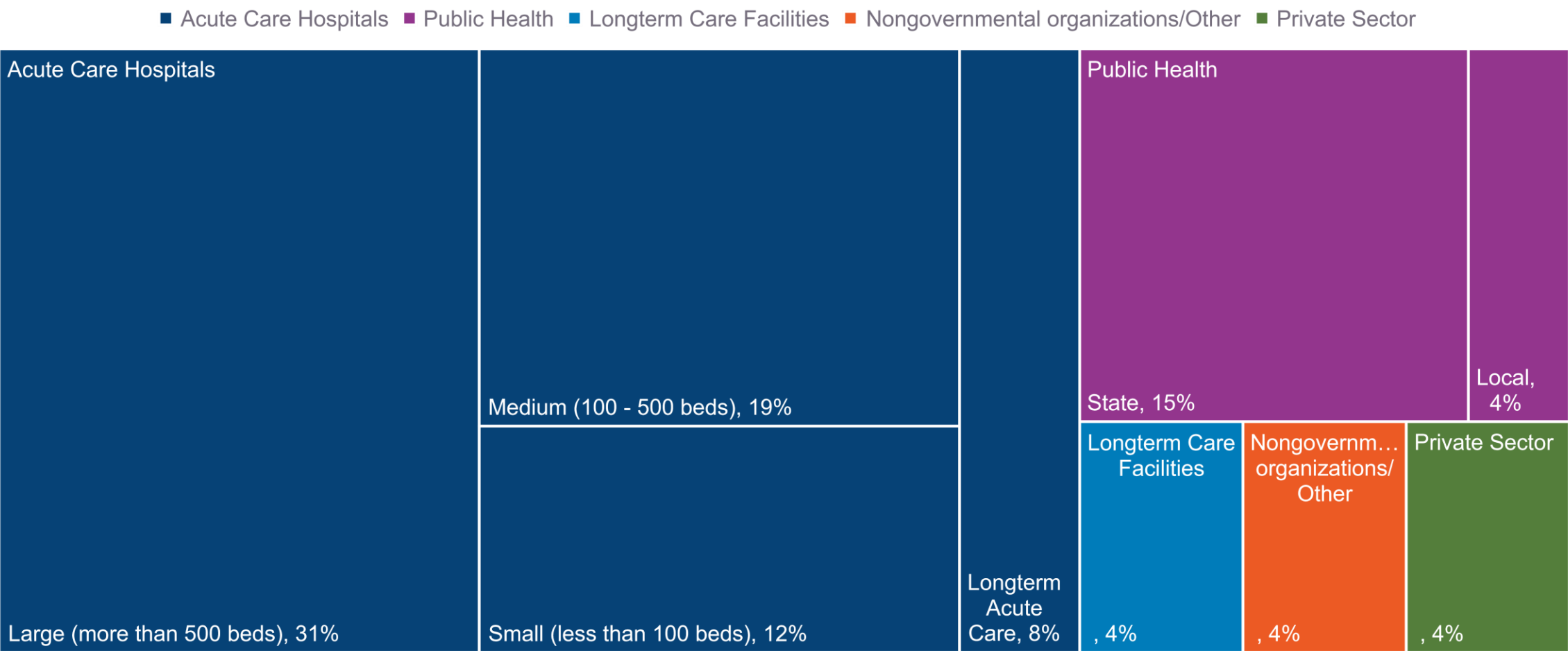
- Minimum advisory committee commitment:
  - 1 annual meeting (virtual), 2 years of participation
  - May be asked for contributions to resources, guidance documents, etc. as needed and available
  - Smaller group of OHA staff and consultants meets monthly to carry out this work
- 2025 = renewal year

# Current DROP-CRE Invitees



OR Region	% invitees (N=26)
Region 1	54%
Region 2	8%
Region 3	4%
Region 5	4%
Region 6	0%
Region 7	8%
Region 9	8%
Statewide	15%
Total	100%

# Current DROP-CRE Invitees





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# Survey # 1



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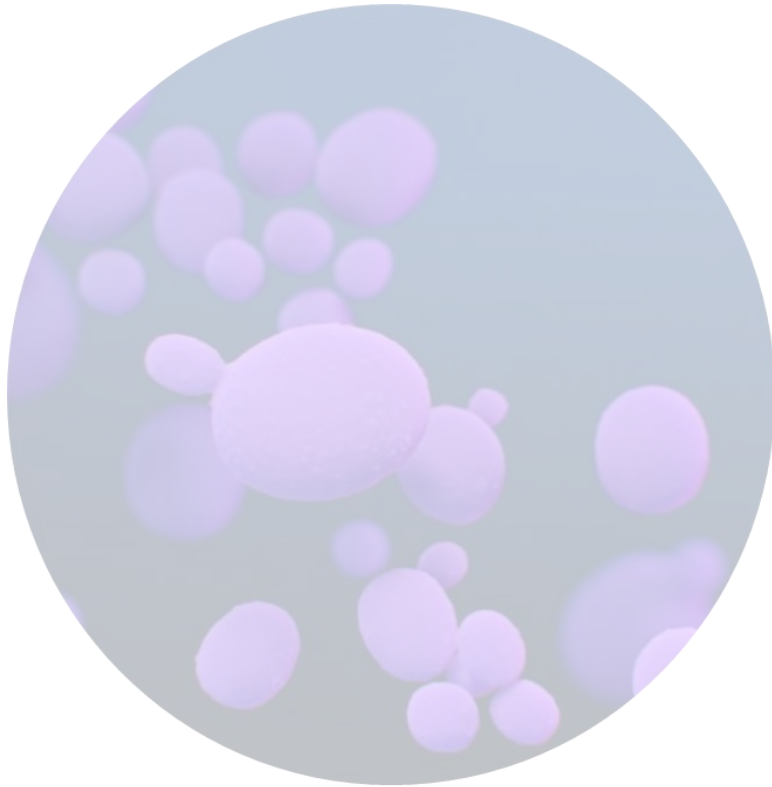
# High-priority MDROs

## Epi Update

# DROP-CRE focuses on emerging pathogen threats

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*Candida auris*



*Candida auris*  
source: CDC

Carbapenemase producing organisms (CPOs)



Carbapenem-resistant *Klebsiella pneumoniae*  
source: CDC

# Carbapenemase production varies by organism



## Carbapenem-resistant *Enterobacteriales* (CRE)

- Reportable since 2010
- 1639 cases since 2010
- approx. 8% CPO over past 5 years (n=91 since 2010)



## Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)

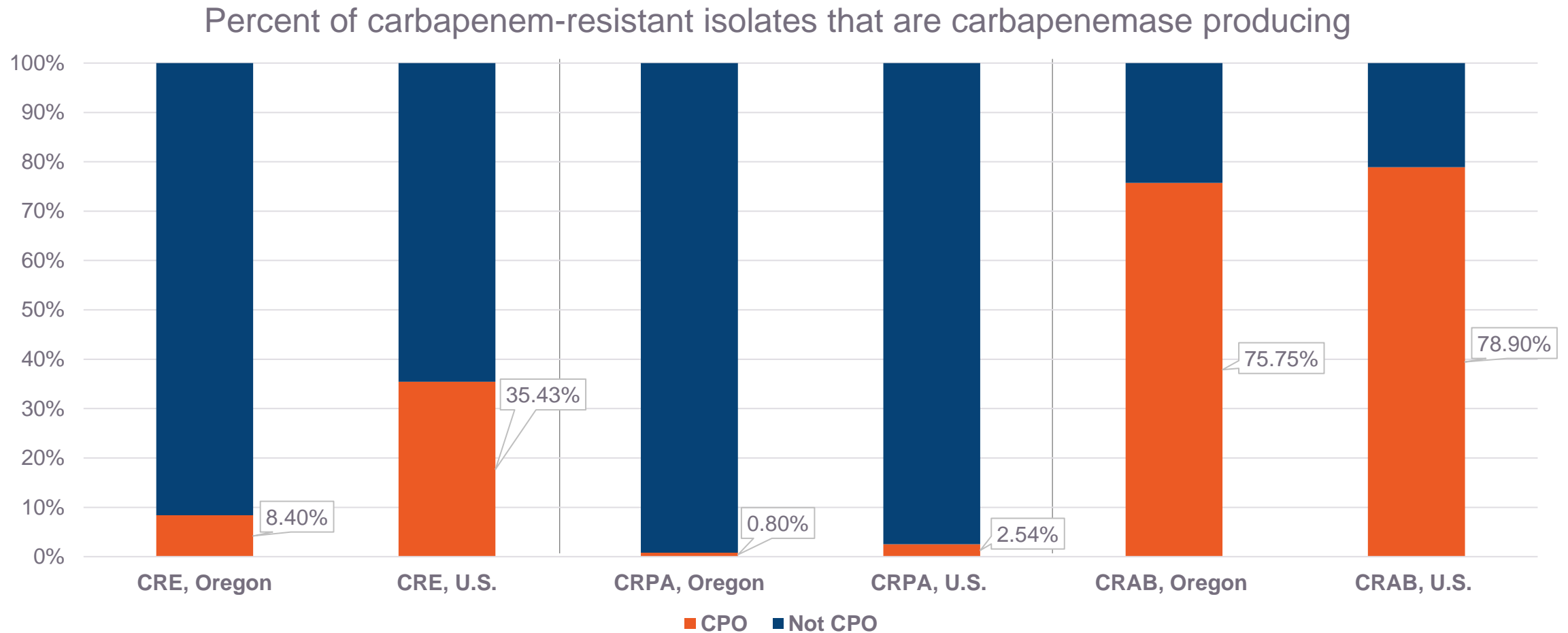
- Not reportable; voluntary submission of isolates for CPO testing
- 498 isolates since 2019
- <1% CPO (n=5)



## Carbapenem-resistant *Acinetobacter* (CRA)

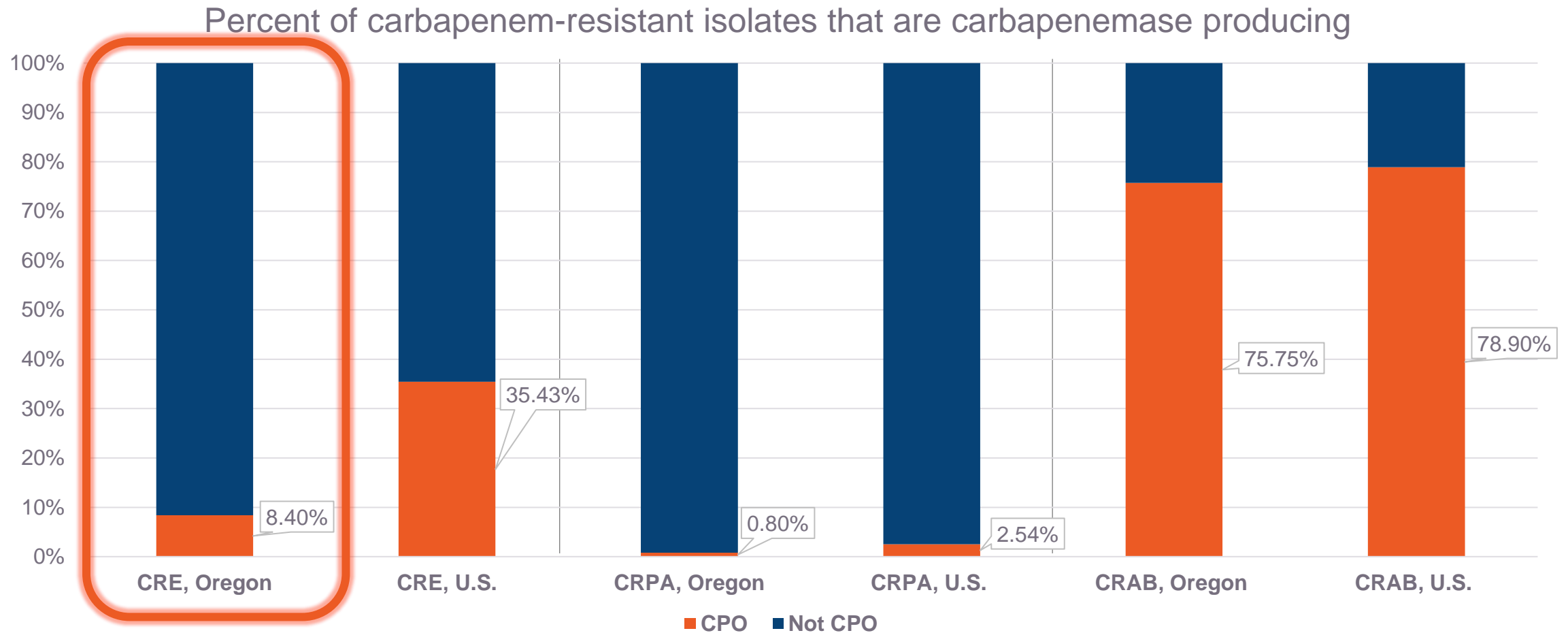
- Newly reportable in October 2023; regional CR-A. *baumannii* surveillance in Portland area since 2011
- 65 cases since 2011
- approx. 75% CPO

# Oregon remains a low prevalence state for CPOs



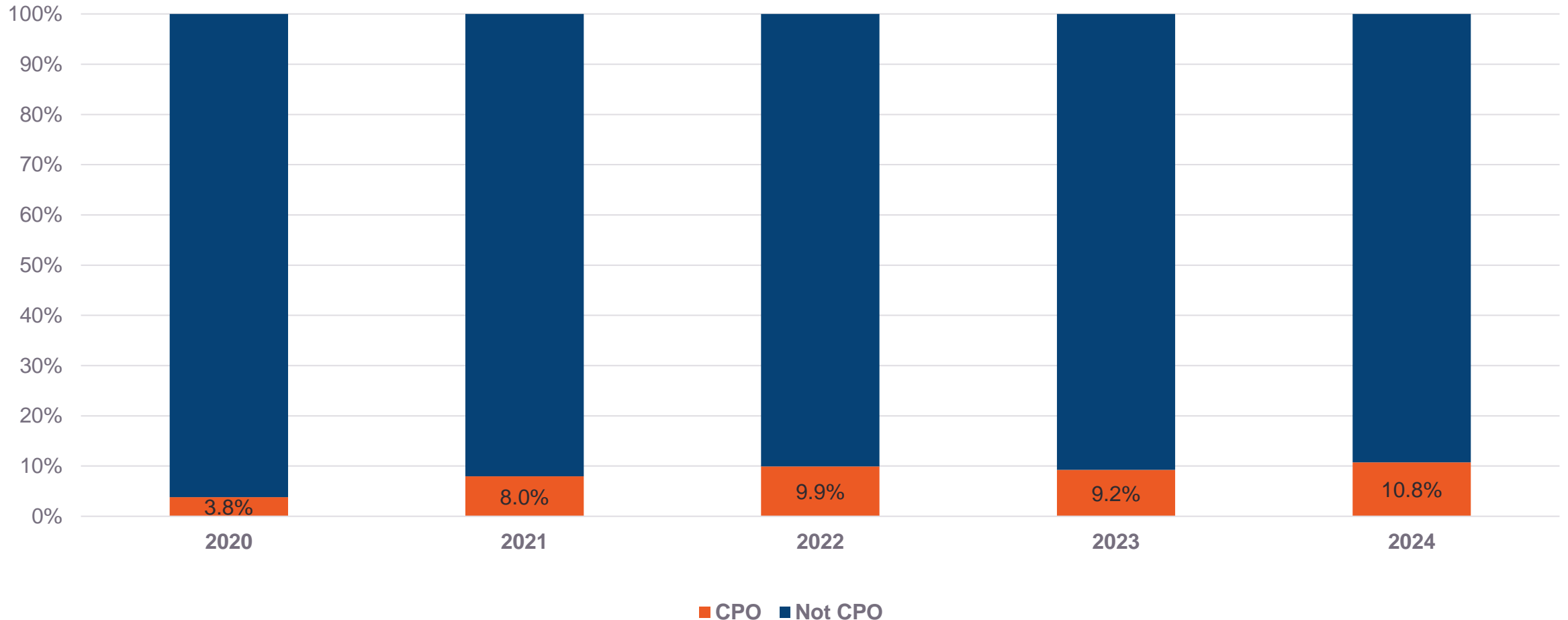


# Oregon remains a low prevalence state for CPOs



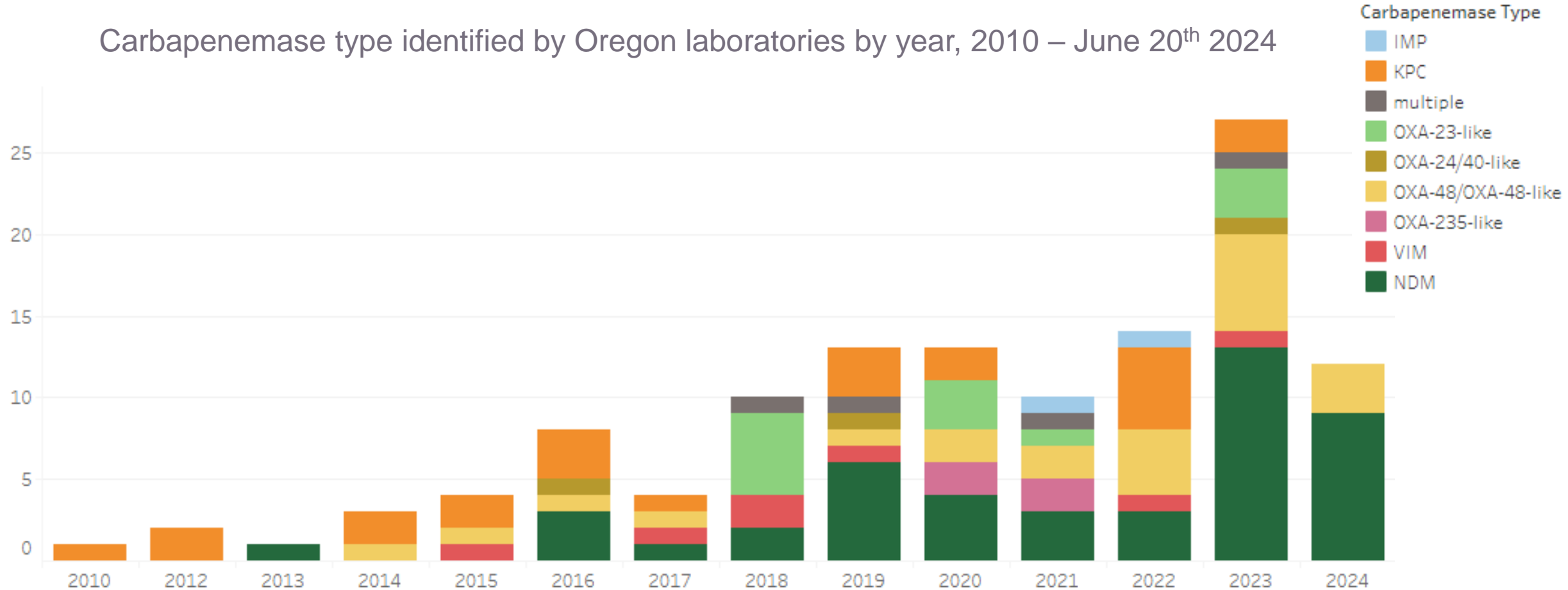
# CP-CRE as % of CRE low but increasing in Oregon

Percent of CRE isolates identified by OR laboratories that are carbapenemase producing, 2020-2024



# CPOs are rare in Oregon, but increasing

Carbapenemase type identified by Oregon laboratories by year, 2010 – June 20<sup>th</sup> 2024



# CDC reports national increase in pediatric CPOs

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## CDC reported increase in pediatric CPO consultations in 2023

- Including outbreaks in high acuity pediatric settings
- ~30% in NICU, also PICU, transplant, and burn units
- Most index cases had history of international travel or healthcare

## OHA participating in CDC special project

- Chart review concluding Nov 2024

# Oregon had first pediatric CPO case in 2023

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# DROP-CRE focuses on emerging pathogen threats

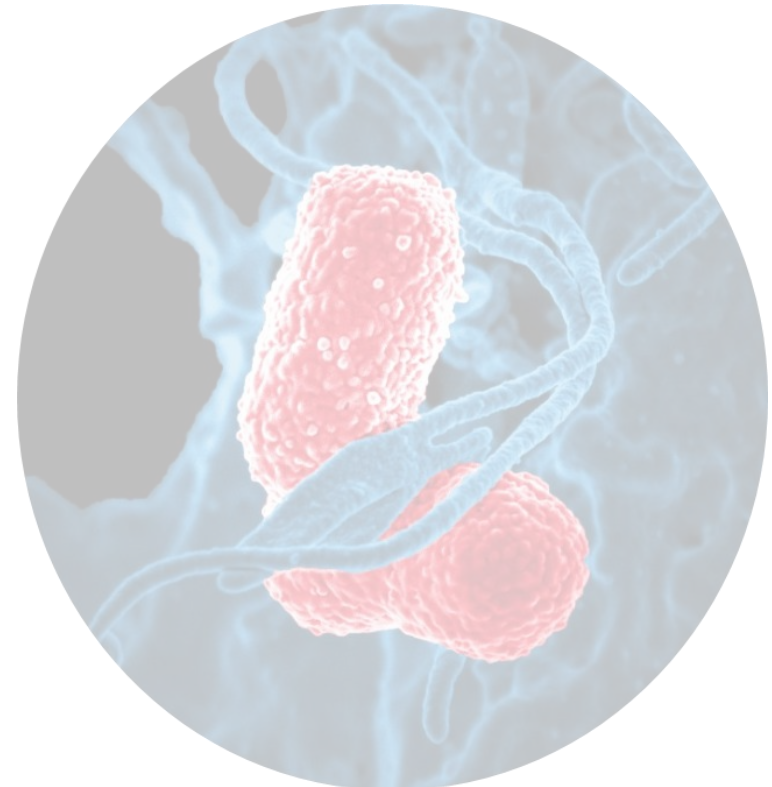
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*Candida auris*



*Candida auris*  
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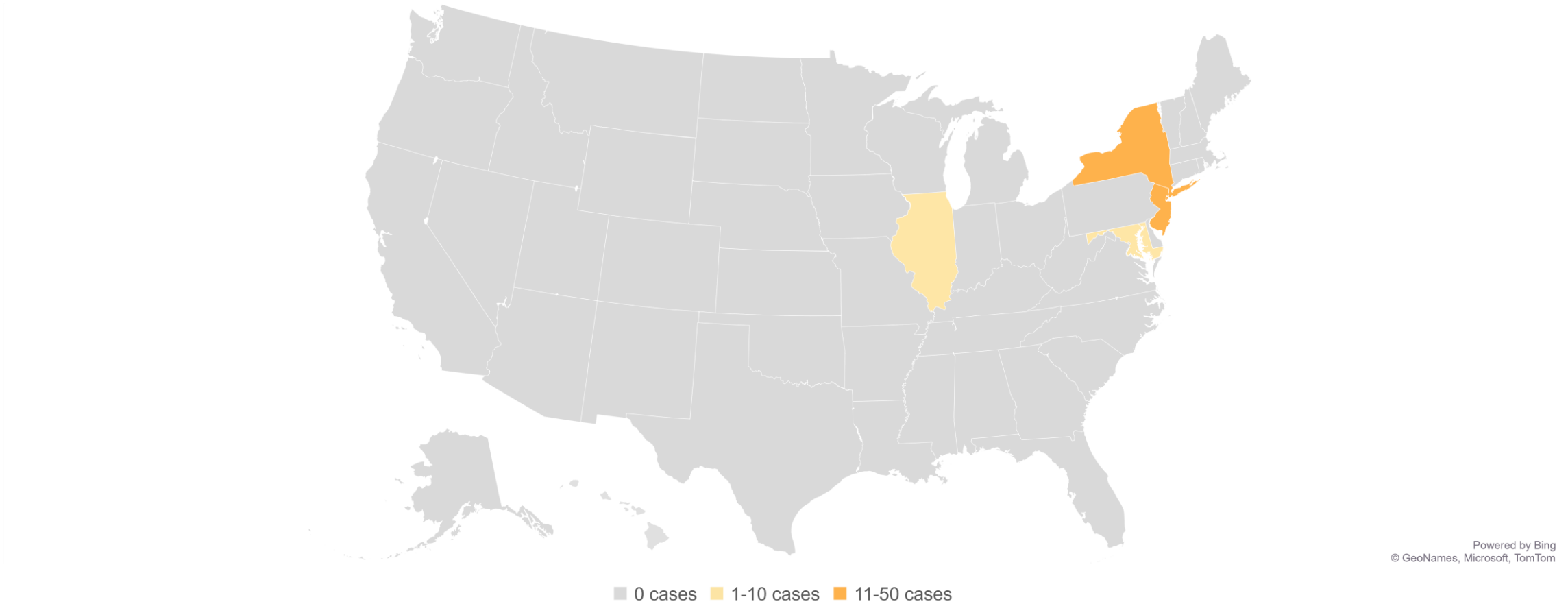
Carbapenemase producing organisms (CPOs)



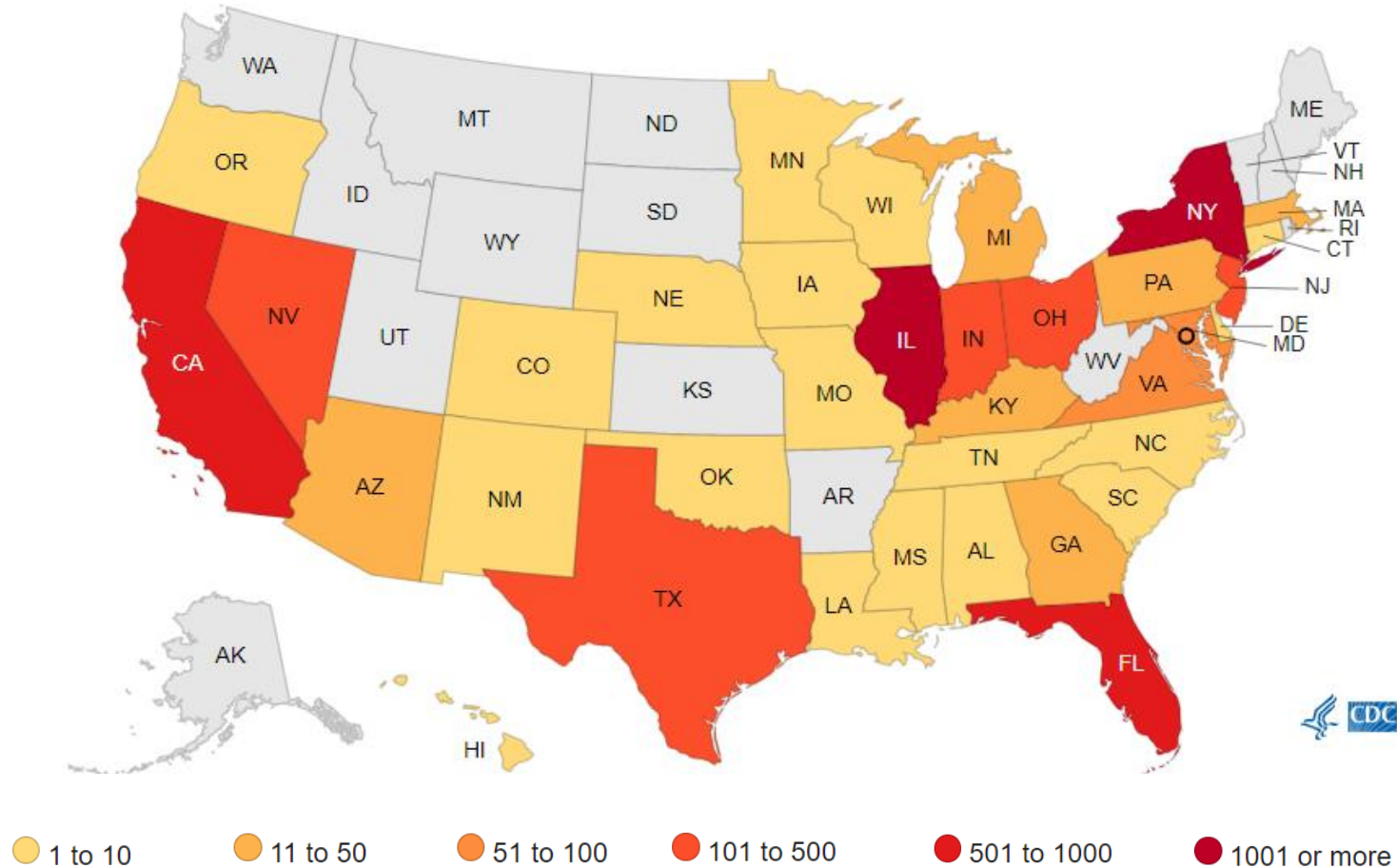
Carbapenem-resistant *Klebsiella pneumoniae*  
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# *Candida auris* has spread quickly across the US

First reported clinical cases of *Candida auris* in the United States, 2013 - 2016



### Clinical cases of *C. auris* reported in the U.S., 2016 - 2022





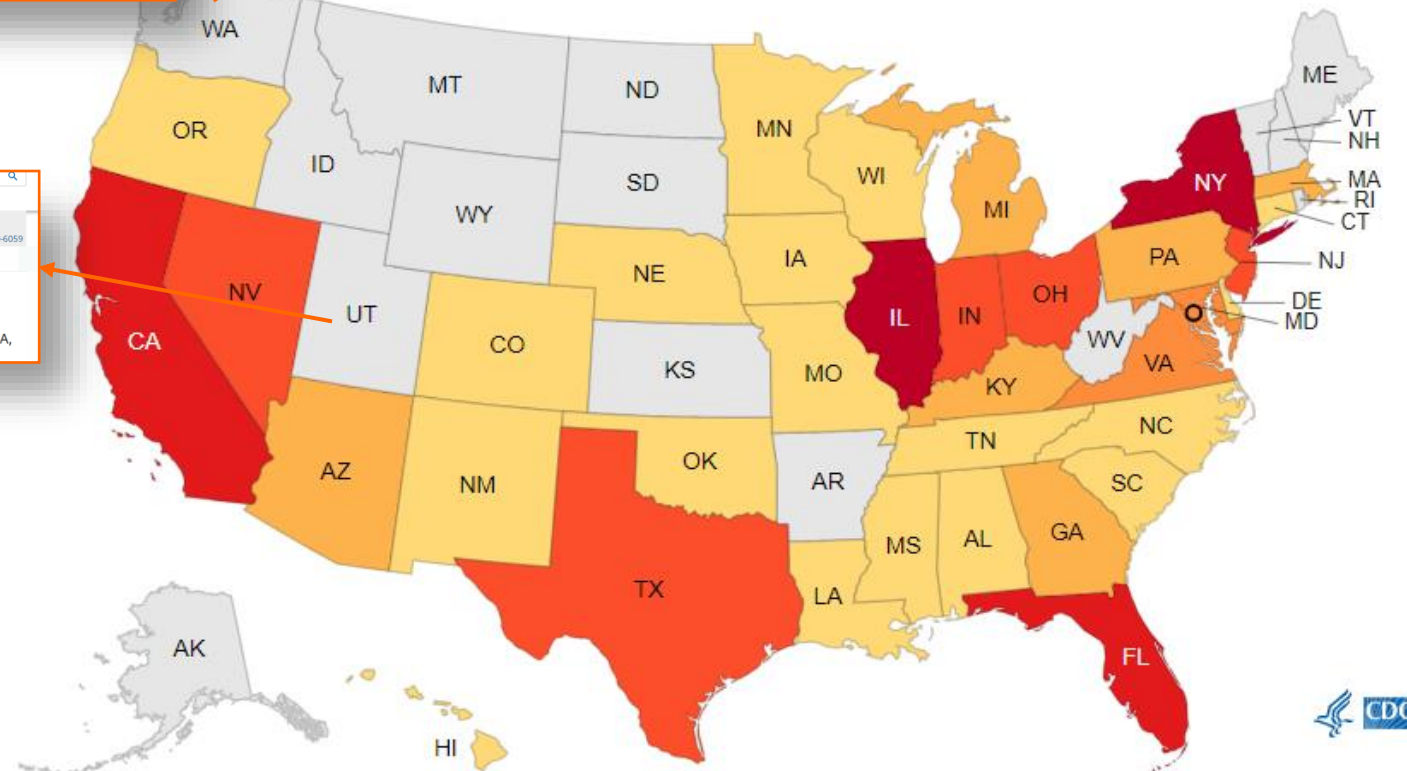
# Candida auris has spread quickly across the US

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ADVISORY  
Aug. 5, 2024

Ongoing transmission of *Candida auris*  
identified in Washington



Clinical cases of *C. auris* reported in the U.S., 2016 - 2022

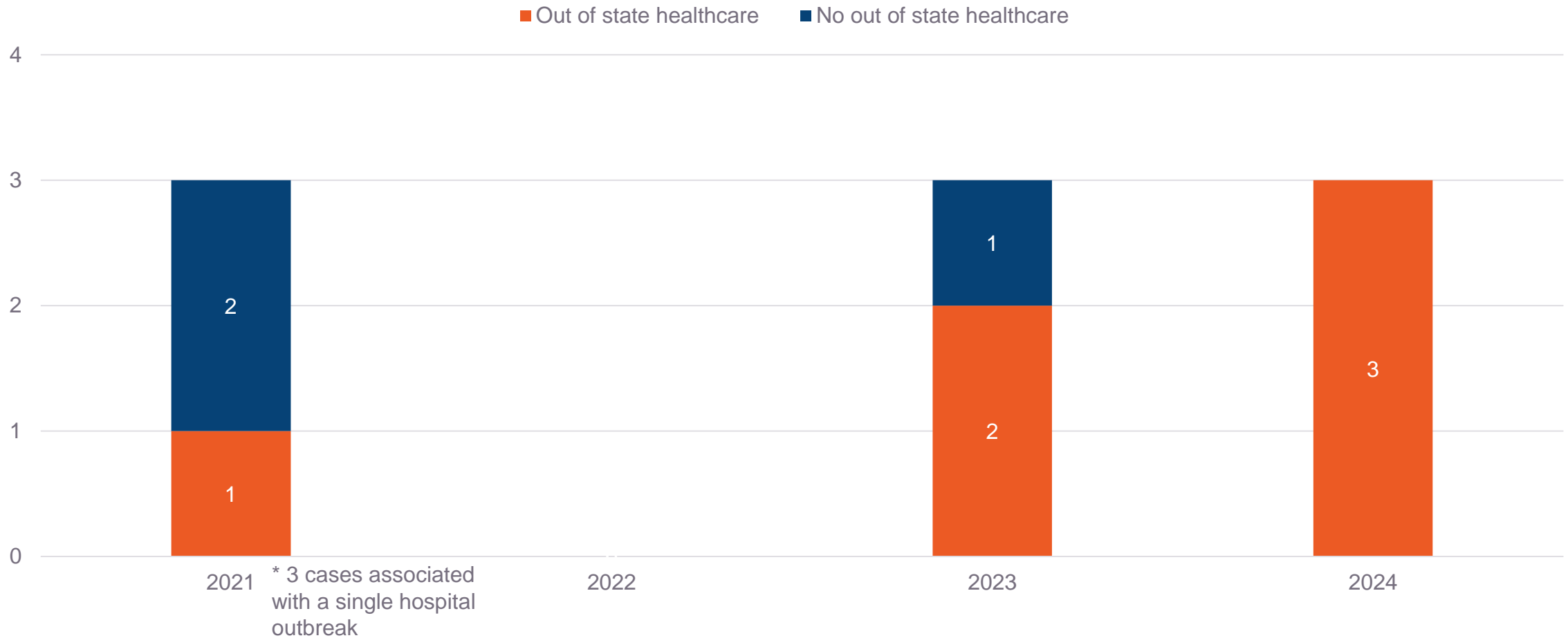


1 to 10   11 to 50   51 to 100   101 to 500   501 to 1000   1001 or more



# *Candida auris* remains rare in Oregon

*Candida auris* cases identified in Oregon residents, Dec 2021 - Oct 2024





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# **High-priority MDROs**

## **Prevention Program Overview**

# Prevention program overview

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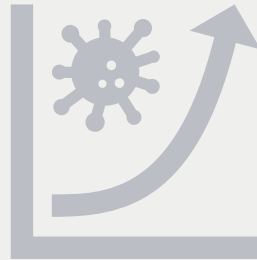
## Education

- Provided on request
- Proactive and responsive ICARs
- Updated materials
- Project Firstline
- Newsletter
- Crosscutting



## Infection Prevention and Control (IPC)

- Proactive and responsive ICARs
- Dedicated staff
- IPC learning collaboratives



## Surveillance

- Robust routine
- Expanding capacity
- ARLN partnership
- Routine PPS
- Admission screening
- Wastewater
- CDC special projects



## Interfacility Communication

- Required by law
- HIE/Collective
- Reinforced frequently



## Antimicrobial Stewardship

- Honor roll
- ORASN
- AWARE
- LTC collaborative

# Prevention program overview

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- Virtual or on-site presentations on request to all facility types
- Updated guidance and education materials
  - [Project Firstline MDRO](#) printable materials (available soon)
  - Updated CRE investigative guidelines published Oct 2024
  - [OHA CRO Toolkit](#) published 2023
  - [Website](#)
  - [Lab posters](#)
  - Translations into multiple languages
- Quarterly [newsletter](#)
- [Lab consortium](#)
- Crosscutting – education incorporated into all prevention and response activities

# Prevention program overview

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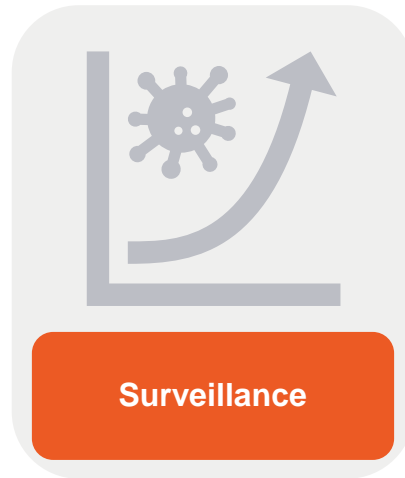


- On request trainings with OHA IPs and epis
- Proactive and responsive ICARs
  - Approx. 84 MDRO focused since 2020
- Newly funded MDRO IP positions
- IP learning collaborative in each region

# Prevention program overview

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- CPO surveillance
  - All CRE and CRA tested at OSPHL for CPO
  - CRPA voluntary submission
- Emerging Infectious Pathogens (EIP) surveillance including *Candida*
- Expanding OSPHL testing capacity
- Public-facing dashboards (under development)

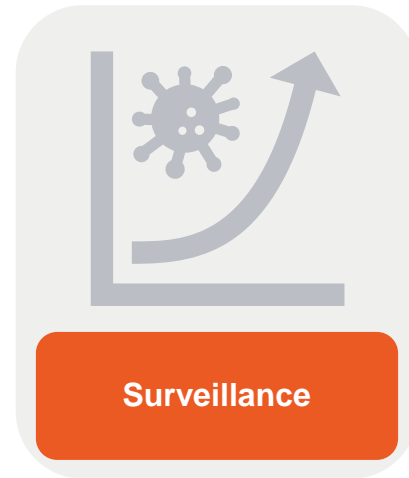


- Partnership with ARLN
- Routine PPS at influential facilities
  - 5 completed thus far
- Admission screening
  - 17+ facilities
- Wastewater surveillance
  - Planning and initial site visits this year; starting in 2025
- Participation in CDC special surveillance projects
  - E.g., pediatric case review

# Prevention program overview

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- CPO surveillance
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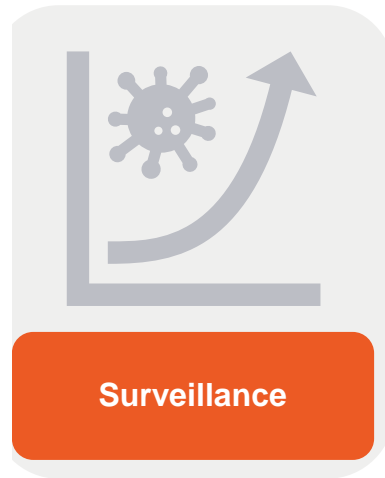
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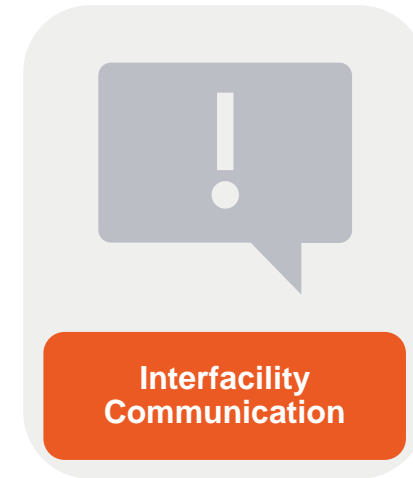
- **Expanding OSPHL testing capacity**
  - Added AST
  - Validating Carba R
  - Plans to add *C. auris*
  - WGS for characterizing regional epi
    - CRA genomic analysis
    - NDM genomic analysis (planned)



# Prevention program overview

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- Interfacility transfer notice required by OR law
- Reinforced in every guidance document, consultation, ICAR, response, etc.
- Health Information Exchange/Collective



# Prevention program overview

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- New antimicrobial stewardship honor roll program
- Oregon Antibiotic Stewardship Network (ORASN) hospital engagement
- Antibiotic use analyses using APAC data for outpatient and telehealth providers
- Oregon Alliance Working for Antibiotic Resistance Education (AWARE) Coalition for community engagement and education
- Longterm care facility collaborative scheduled to start Jan 2025



# Prevention program overview

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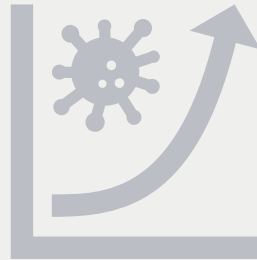
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## Antimicrobial Stewardship

- Honor roll
- ORASN
- AWARE
- LTC collaborative



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## Survey # 2



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# **High-priority MDROs**

## **Discharge & Transfer Notifications**

# Discharge planning and transfer notification challenges

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## Challenges

- Anecdotal and observed lack of notification on transfer
- Anecdotal and observed LTCF refusal to accept high priority-MDRO patients
- Scope of problem is unclear

## Possible solutions

- Training for discharge planners
- Continued education and training for LTCFs
- Your ideas?



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## Survey # 3





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# **DROP-CRE**

## **Name update**

# Time for a new name

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**Drug Resistant Organism and  
Coordinated Regional  
Epidemiology  
(DROP-CRE)**

- Reflect scope of work beyond CRE
- **Your ideas?**



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## Survey # 4 - 5

# Thank you

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