

## Epi Update for Friday, March 24, 2023

CENTER FOR ACUTE DISEASE EPIDEMIOLOGY (CADE)  
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Items for this week's Epi Update include

- **Increasing threat of spread of antimicrobial-resistant fungus in U.S health care facilities**
- **Highly pathogenic avian influenza A(H5N1) update**
- **Meeting announcements and training opportunities**

### **Increasing threat of spread of antimicrobial-resistant fungus in U.S health care facilities**

CDC recently issued a press release describing the increasing risk of antimicrobial-resistant (AR) fungus in health care facilities. According to CDC data published in the *Annals of Internal Medicine*, *Candida auris* spread at an alarming rate in U.S. health care facilities in 2020-2021. CDC also reported a tripling in 2021 of the number of cases that were resistant to echinocandins, the antifungal medicine most recommended for treatment of *C. auris* infections.

CDC has deemed *C. auris* an urgent AR threat because it is often resistant to multiple antifungal drugs, spreads easily in health care facilities, and can cause severe infections with high death rates. *C. auris* is usually not a threat to healthy people. People who are very sick, have invasive medical devices, or have long or frequent stays in health care facilities are at increased risk for acquiring *C. auris*.

CDC noted *C. auris* spread in the U.S. since it was first reported nationally in 2016, with 3,270 clinical cases (in which infection is present) and 7,413 screening cases (in which the fungus is detected but not causing infection) reported through December 31, 2021. Clinical cases have increased nationally each year since 2016, with the most rapid rise occurring during 2020-2021. CDC continued to see an increase in national case counts for 2022.

During 2019-2021, 17 states identified their first *C. auris* case ever. Nationwide, clinical cases rose from 476 in 2019 to 1,471 in 2021. Screening cases tripled from 2020 to 2021, for a total of 4,041. Screening is important to prevent spread by identifying patients carrying the fungus so infection prevention controls can be implemented.

To date, Iowa HHS has detected two *C. auris* cases since it was first made reportable in December 2019. Both cases had received extensive medical care in an area of the U.S. outside of Iowa with high *C. auris* prevalence and did not represent transmission in Iowa.

To view the full CDC press release, visit [www.cdc.gov/media/releases/2023/p0320-cauris.html](https://www.cdc.gov/media/releases/2023/p0320-cauris.html).

### **Highly pathogenic avian influenza A(H5N1) update**

CDC recently released a technical report on highly pathogenic avian influenza (HPAI) A(H5N1) viruses summarizing the situation in wild birds, poultry, non-human mammals, and humans. The report covers the evolution of HPAI in birds, human cases, and what is being done to monitor and prepare for changes to the virus that may allow easier transmission in humans.

Article highlights include:

- A new clade of HPAI emerged in 2020 that has become widespread globally, causing record numbers of outbreaks in wild, backyard, and commercial farm birds.
- In 2022 and 2023, HPAI A(H5N1) virus has been detected in over 100 mammals, which is not surprising given the large number of birds affected and the close proximity of these mammals to birds.
- There have been 10 A(H5N1) human cases reported in 2022 and 2023, although 2-3 of them are thought to represent environmental contamination, including the case in the United States. All cases had extensive poultry exposures (such living in the same space with infected birds). No human to human transmission has been identified, and no changes have been identified in circulating viruses that allow it to easily bind to the human upper respiratory tract.
- The US public health system continues to monitor HPAI in birds and other mammals, as well as human exposures, to quickly detect viral changes that allow for easier transmission among humans. Given the large number of infections in birds, more sporadic detections in humans and other mammals are expected.
- Public health labs in all US states have the ability to test for AH5N1 viruses, with further characterization by CDC as needed.
- The US and international public health system have developed candidate vaccine viruses that are available to vaccine manufacturers if needed.

To view the full report, visit [www.cdc.gov/flu/avianflu/spotlights/2022-2023/h5n1-technical-report.htm](http://www.cdc.gov/flu/avianflu/spotlights/2022-2023/h5n1-technical-report.htm).

As a reminder, the name highly pathogenic avian influenza (HPAI) describes how the virus affects birds, and does not indicate how the virus would behave in humans.

### **Meeting announcements and training opportunities**

Many factors can lead to bacterial growth in health care facility water systems - a critical hazard to patient safety. The Joint Commission (TJC) requires facilities to comply with standard EC.02.05.02 and four Elements of Performance for water management programs that address *Legionella* and other waterborne pathogens. Implementing a comprehensive water management plan in health care facilities is crucial to preventing contamination by waterborne pathogens, assuring safe patient care, especially for individuals who are critically ill or immunocompromised. Join Iowa HHS on April 12 at 12 noon for a free webinar, *TJC Compliance with Water Management Plans*. During this webinar you will learn how to understand the key elements of TJC standard, EC.02.05.02, and four Elements of Performance for water management programs, describe the chief components of a Comprehensive Water Management Plan (CWMP), and examine CDC tools and resources available for developing and enhancing a CWMP. One hour of continuing education credits are available. To register, visit [ecri.zoom.us/webinar/register/WN\\_RclEso\\_dRF6t4r12s1zqJg](https://ecri.zoom.us/webinar/register/WN_RclEso_dRF6t4r12s1zqJg).

### **Have a healthy and happy week!**

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