

Battling the Dementors (Fighting Antimicrobial Resistance)

AR Lab Network Activities at the WSLH

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Outline

- What's the AR Lab Network?
- What do we test?
- What does antimicrobial resistance look like in Wisconsin?
- What's next?



What's the AR Lab Network?



AR Threats Report 2019

2.8M+ antibiotic-resistant infections each year

35k+ deaths from antibiotic resistance each year

Plus: 223,900 cases and 12,800 deaths from *Clostridioides difficile*

**AND INCREASES
IN INFECTIONS
CAUSED BY:**

↑ **315%**

Erythromycin-resistant
invasive group A strep

↑ **124%**

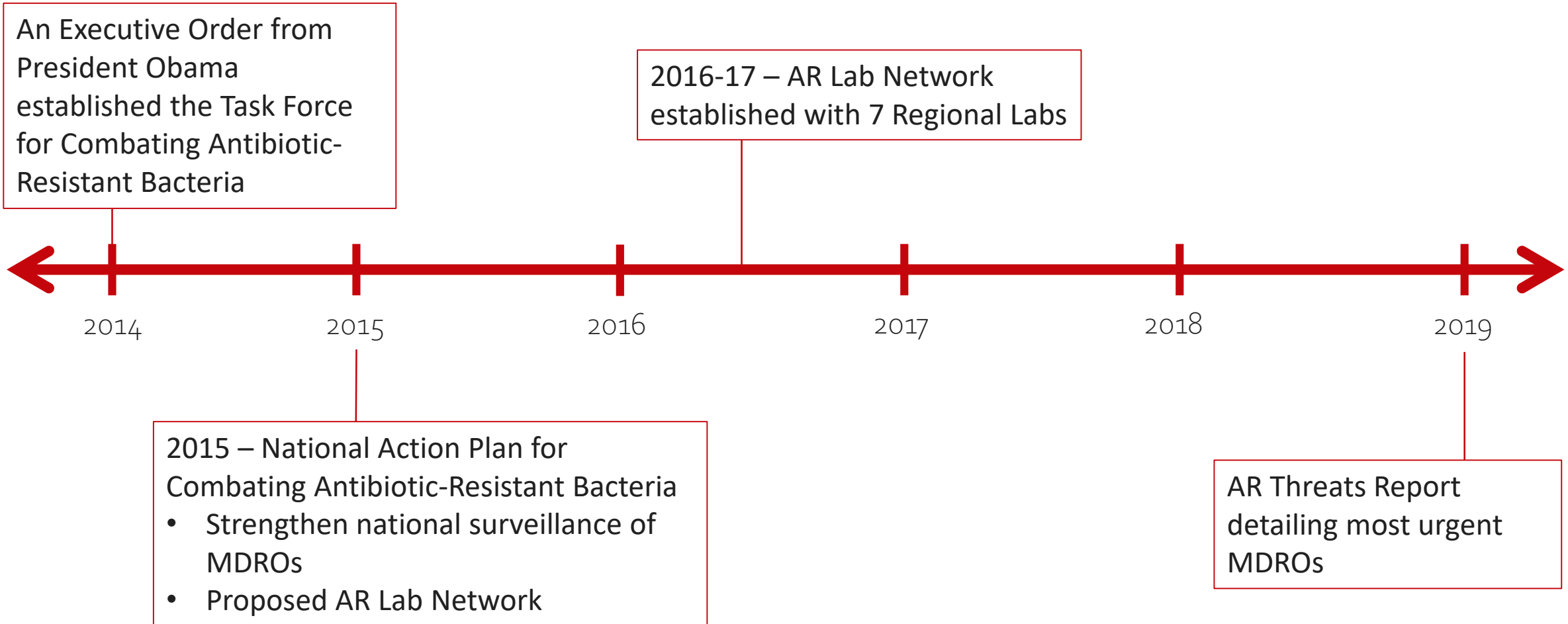
Drug-resistant
Neisseria gonorrhoeae

↑ **50%**

ESBL-producing
Enterobacteriaceae

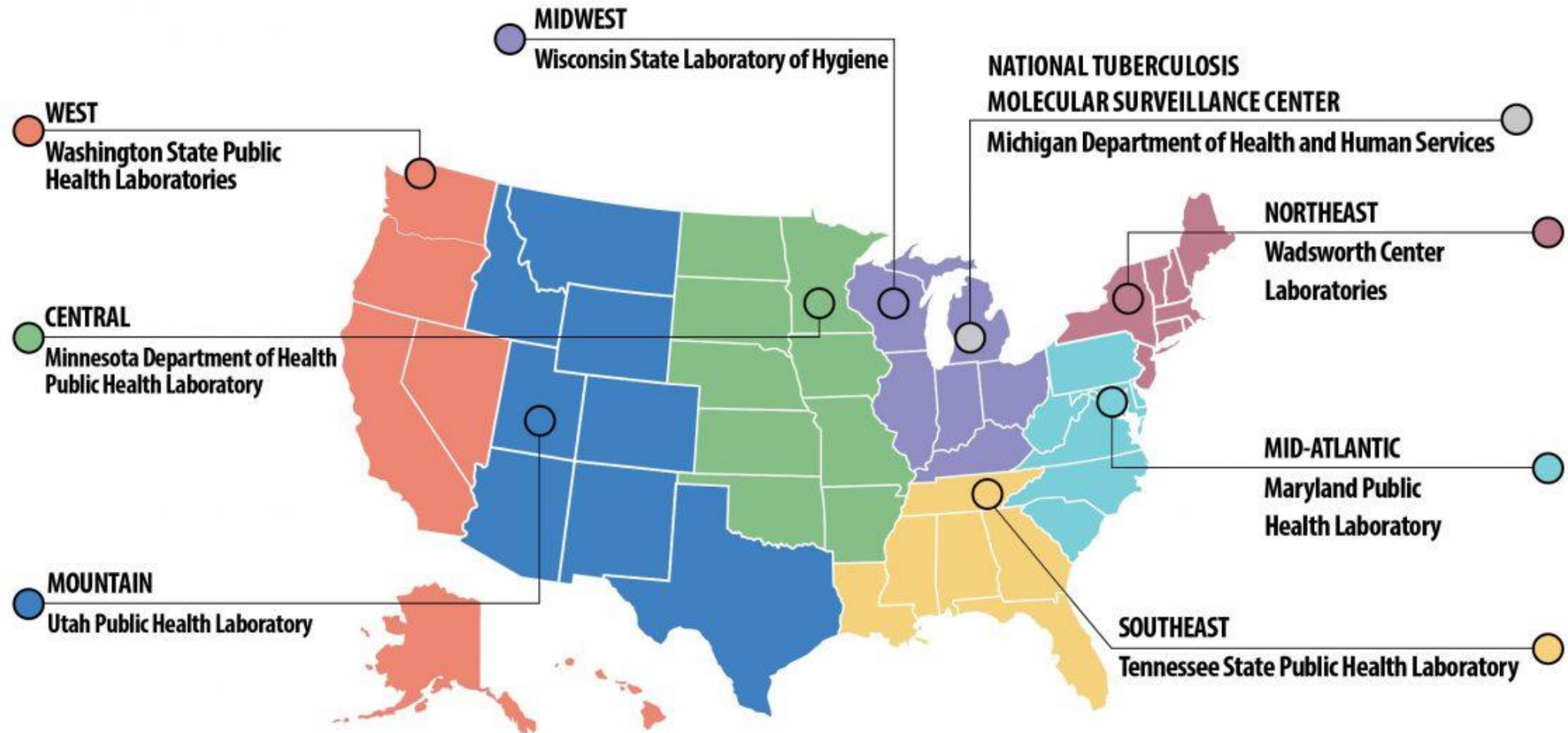


A Short History of the AR Lab Network





The AR Lab Network





Pathogens Tested by the AR Lab Network

- Carbapenem-resistant Enterobacterales (CRE)
- Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)
- Carbapenem-resistant *Acinetobacter baumannii* (CRAB)
- *Candida*, including *Candida auris*
- *Streptococcus pneumoniae*
- *Clostridioides difficile*
- *Neisseria gonorrhoeae*
- *Mycobacterium tuberculosis*
- *Aspergillus fumigatus*



Carbapenemase-producing organisms (CPOs)

- **Carbapenemases** are enzymes that confer increased resistant to carbapenem antibiotics
- **Carbapenems** are “drugs of last resort”
- Genes for carbapenemases can be found on **plasmids**
 - Mobile genetic elements
 - Can move between bacteria and confer resistance
- Tracking spread of plasmids is CDC’s primary goal for CRE, CRPA, and CRAB surveillance



What do we test?



Isolate Testing

- Majority of bacterial isolates are from Wisconsin labs
- Some other state labs send bacterial isolates for confirmation and additional susceptibility testing
- Majority of fungal isolates from other states
- Send to WSLH for confirmation of identification of *Candida auris*
- Also test other species for antifungal resistance

Carbapenem-resistant Enterobacterales (CRE)

- Bacterial identification (MALDI-ToF)
- Antibacterial susceptibility panel (Sensititre GN7F)
- Modified Carbapenemase Inactivation Method (mCIM) phenotypic testing
- PCR testing for carbapenemases
 - KPC / NDM
 - VIM
 - IMP
 - OXA-48

Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)

- Only isolates that also are non-susceptible to cefepime and/or ceftazidime
- Bacterial identification (MALDI-ToF)
- Antibacterial susceptibility panel (Sensititre GN7F)
- Modified Carbapenemase Inactivation Method (mCIM) phenotypic testing
- PCR testing for carbapenemases
 - KPC / NDM
 - VIM
 - IMP
 - OXA-48

Carbapenem-Resistant *Acinetobacter baumannii* (CRAB)

- Bacterial identification (MALDI-ToF)
- Antibacterial susceptibility panel (Sensititre GN7F)
- No mCIM testing
- PCR testing for carbapenemases
 - KPC / NDM
 - VIM
 - IMP
 - OXA-48
 - OXA-23 / OXA-24/40 / OXA-58 (CRAB-specific carbapenemases)

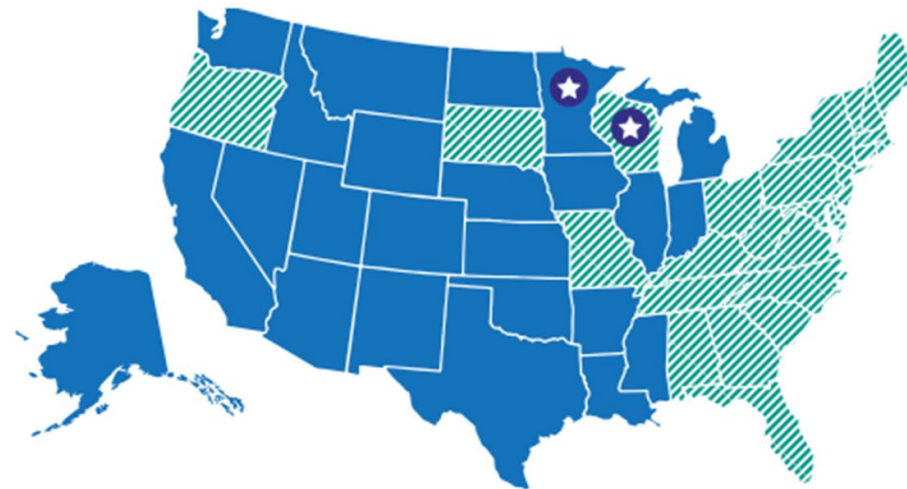


Candida, including *Candida auris*

- Species identification (MALDI-ToF)
- Antifungal resistance panel
 - Triazoles and echinocandins by broth microdilution
 - Custom Sensititre™ panel
 - Amphotericin B by Etest
 - Looking into evaluating ibrexafungerp (new antifungal) for CDC
- Isolate retention for further characterization
 - NGS
 - Additional susceptibility testing
 - Future projects

Streptococcus pneumoniae

- Species identification
- Serotyping/serogrouping (as per request from WI)
- Antimicrobial susceptibility testing (AST)



Send to Minnesota Dept. of Health
Public Health Laboratory

***Streptococcus* Reference Center Contact:**
ARLNMN@state.mn.us



Send to Wisconsin State
Laboratory of Hygiene

***Streptococcus* Reference Center Contact:**
WIARLN@slh.wisc.edu

Special project: non-*baumannii* *Acinetobacter* and non-*aeruginosa* *Pseudomonas*



- Special CDC project across the AR Lab Network
- Better understand the prevalence of carbapenemases in other *Acinetobacter* and *Pseudomonas* species
- Asking for clinical labs to submit carbapenem-resistant isolates of:
 - *Acinetobacter* species other than *Acinetobacter baumannii*
 - *Pseudomonas* species other than *Pseudomonas aeruginosa*
- Tentative end point in December 2023



Colonization Testing

- Testing non-clinical swabs for the presence of MDROs
- Free of charge, including supplies and shipping
- Most specimens are sent from other Midwest states
- The majority of the volume of our AR Lab Network testing in the lab
 - Thousands of swabs tested each month
 - We're tired



Why colonization testing?

- Colonization: the presence of these organisms without causing clinical illness
- MDROs such as carbapenemase-producing organisms (CPOs) and *Candida auris* colonize patients
- Patients can be colonized indefinitely
- Colonized patients, even without any symptoms, can transmit MDROs to other patients/residents
- Colonized patients often have risk factors for illness/transmission
 - High acuity
 - Immunocompromised
 - Live in congregate living settings, especially skilled nursing facilities (SNFs)

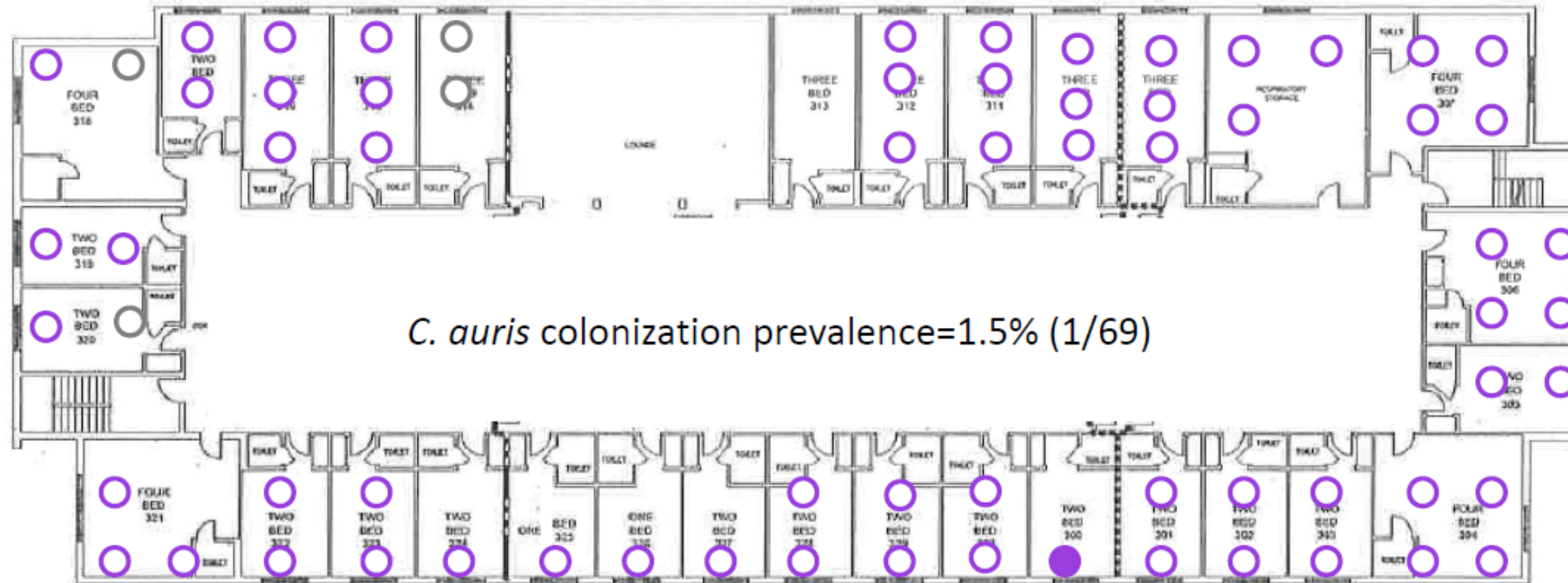


Types of Colonization Testing

- **Point-prevalence screening:** testing of entire units or facilities
 - This can be as prevention or response
 - Scope decided via coordination with public health departments and facility
- **Admission screening:** focus on high-risk patients
 - Healthcare exposure in other countries
 - Contact with known case
 - Admission from facility with known cases
 - Admission from high-risk facility type (LTACH, vSNF)

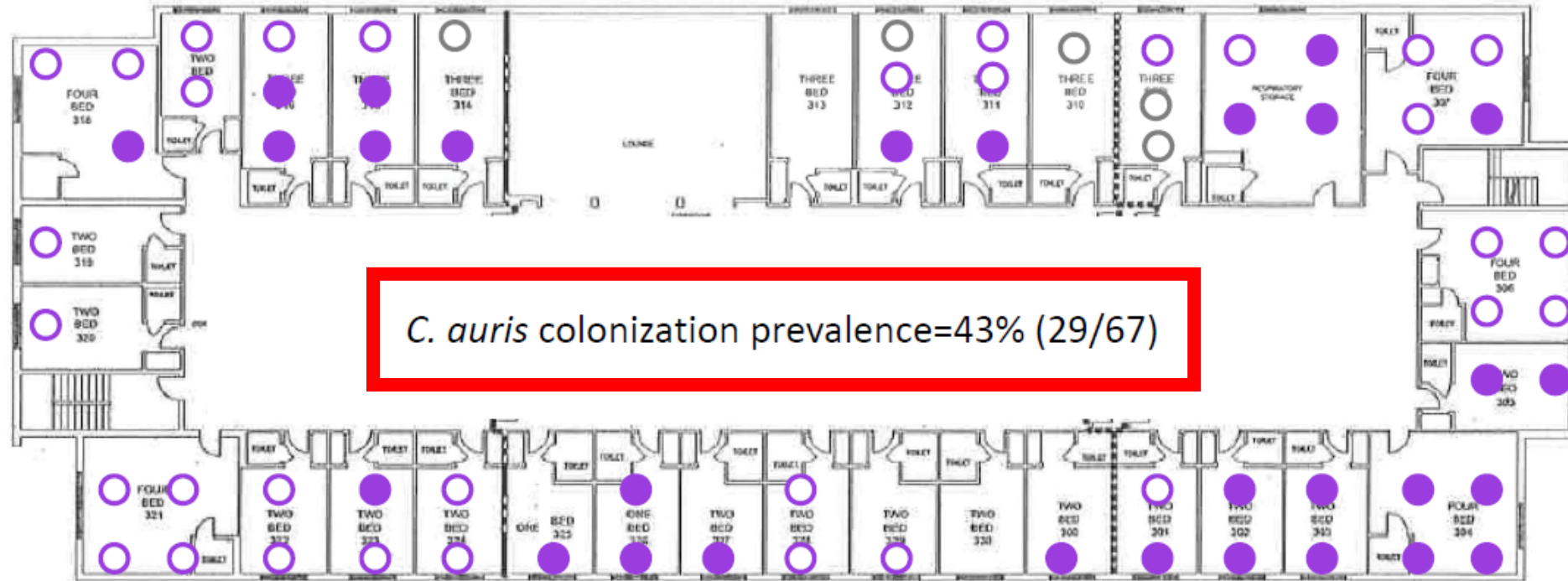
vSNF B 3rd Floor

March 2017 *C. auris* PPS Results



- *C. auris* positive
- Screened negative for *C. auris*
- Not tested for *C. auris* (refused or not in room)

vSNF B 3rd Floor January 2018 *C. auris* PPS Results



- *C. auris* positive
- Screened negative for *C. auris*
- Not tested for *C. auris* (refused or not in room)



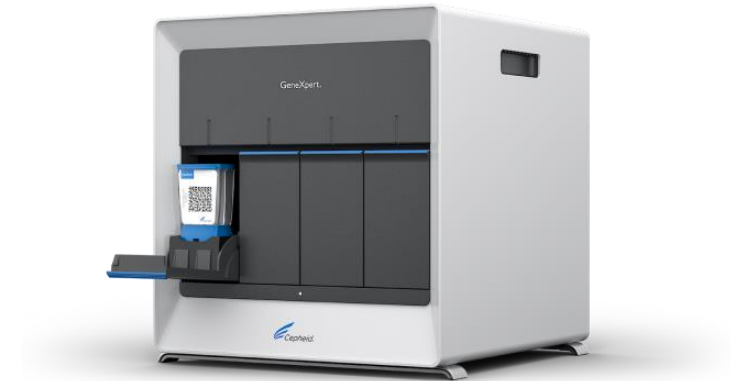
vSNF B 3rd Floor January 2018 CPO and *C. auris* PPS Results



- *C. auris*
- *C. auris* and KPC
- KPC or CRE with unknown mechanism of resistance
- *C. auris*, KPC, and NDM
- *C. auris*, VIM-CRPA, and KPC
- *C. auris* and KPC-CRPA
- Screened negative for *C. auris*, but not tested for CRE
- Screened negative for CRE and *C. auris*

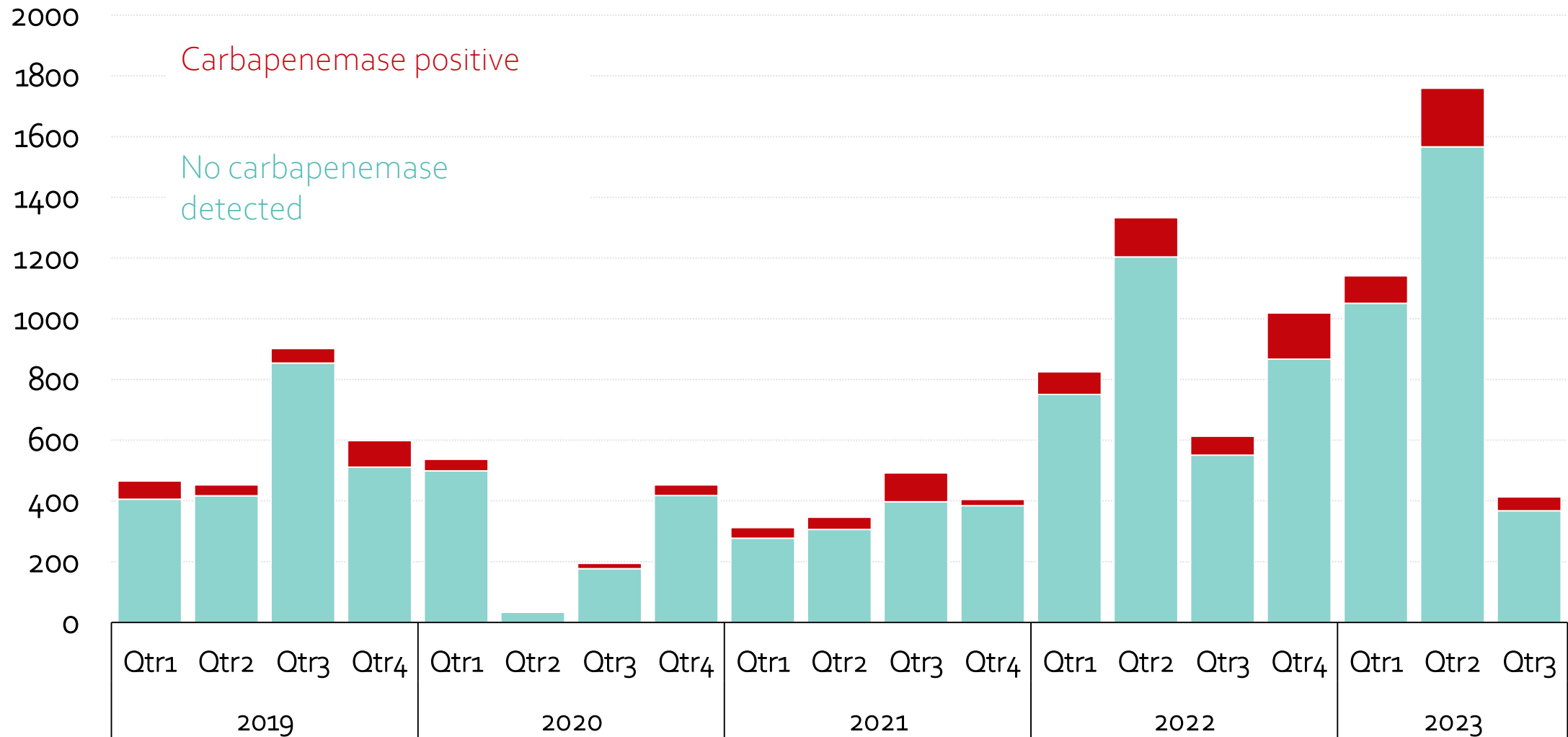
CRE/CRPA colonization testing

- Cepheid GeneXpert CARBA-R Assay tests for carbapenemases directly from rectal swab
 - KPC
 - NDM
 - OXA-48
 - VIM
 - IMP*
- Reflex to culture for non-KPC positives
- Also validated to do culture-based testing on other specimen sources
 - Axilla/groin
 - Tracheostomy
 - Stool/colostomy



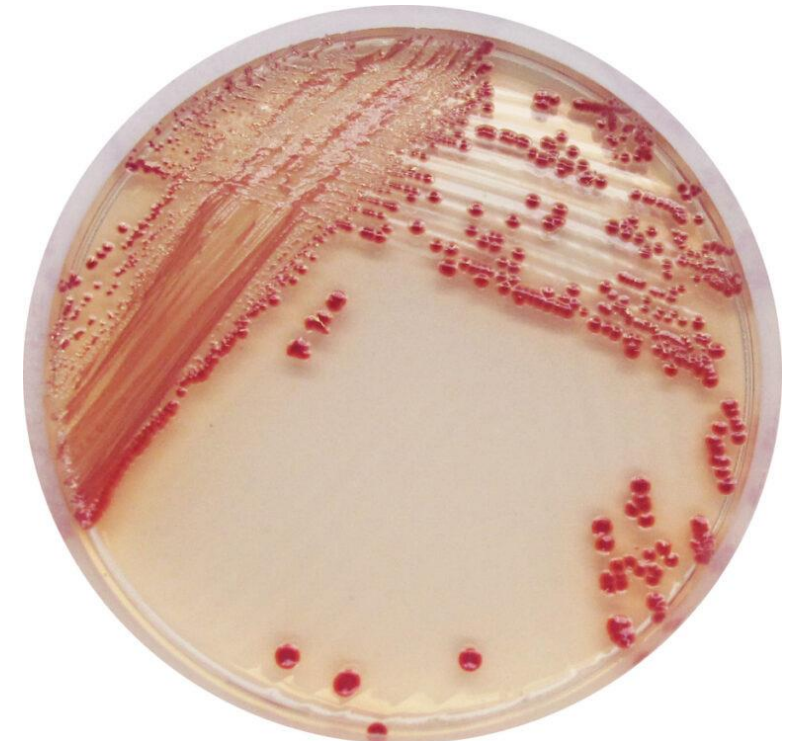


CRE/CRPA Colonization Testing, 2019-2023



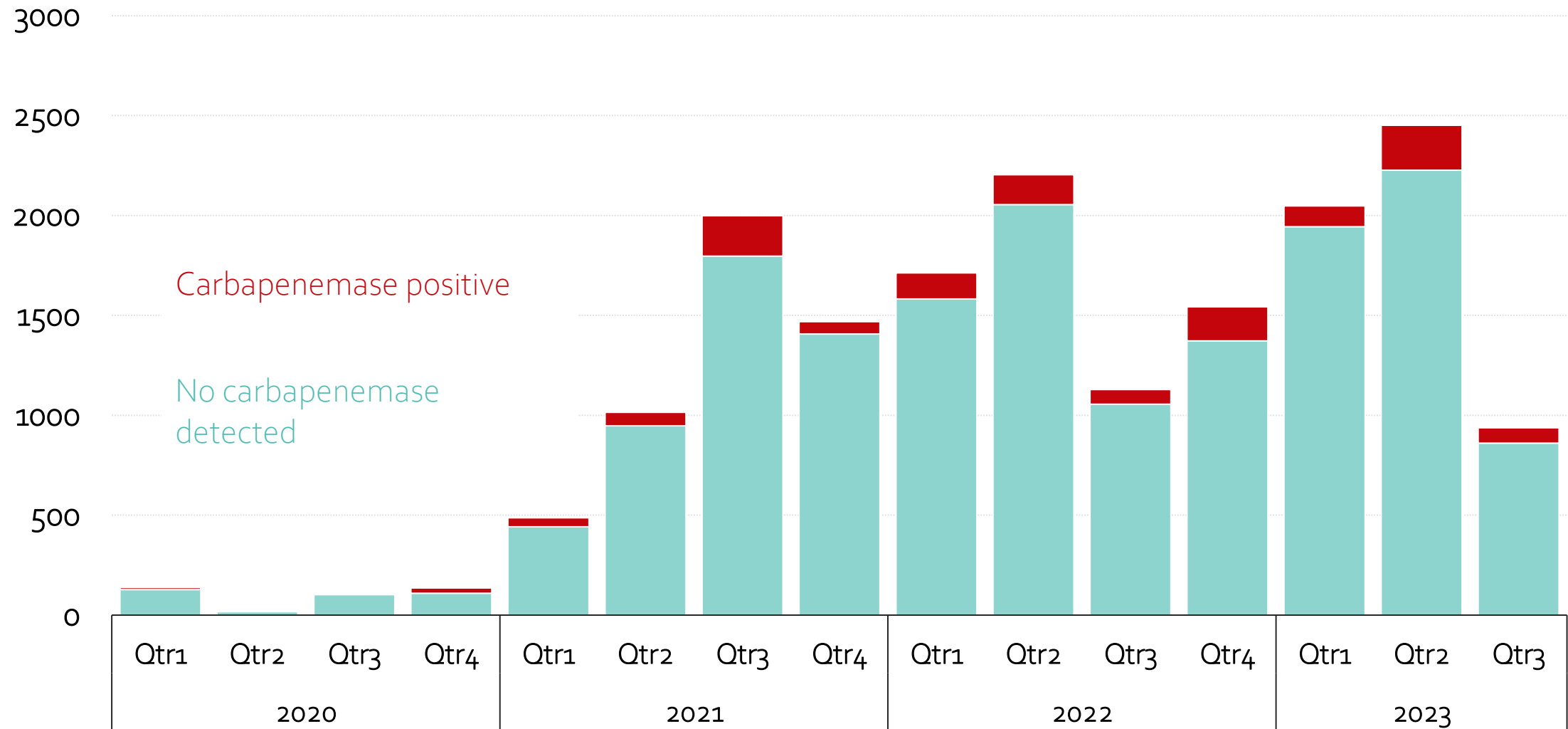
CRAB Colonization Testing

- Culture based testing, primarily from axilla/groin swabs
 - Growth in broth w/ meropenem discs
 - Subculture to Acinetobacter Chromagar with antibiotics
 - Identification confirmed by MALDI-ToF
- Carbapenemase PCRs performed on isolates
- Also validated to test rectal and tracheostomy swabs





CRAB colonization testing, 2020-2023



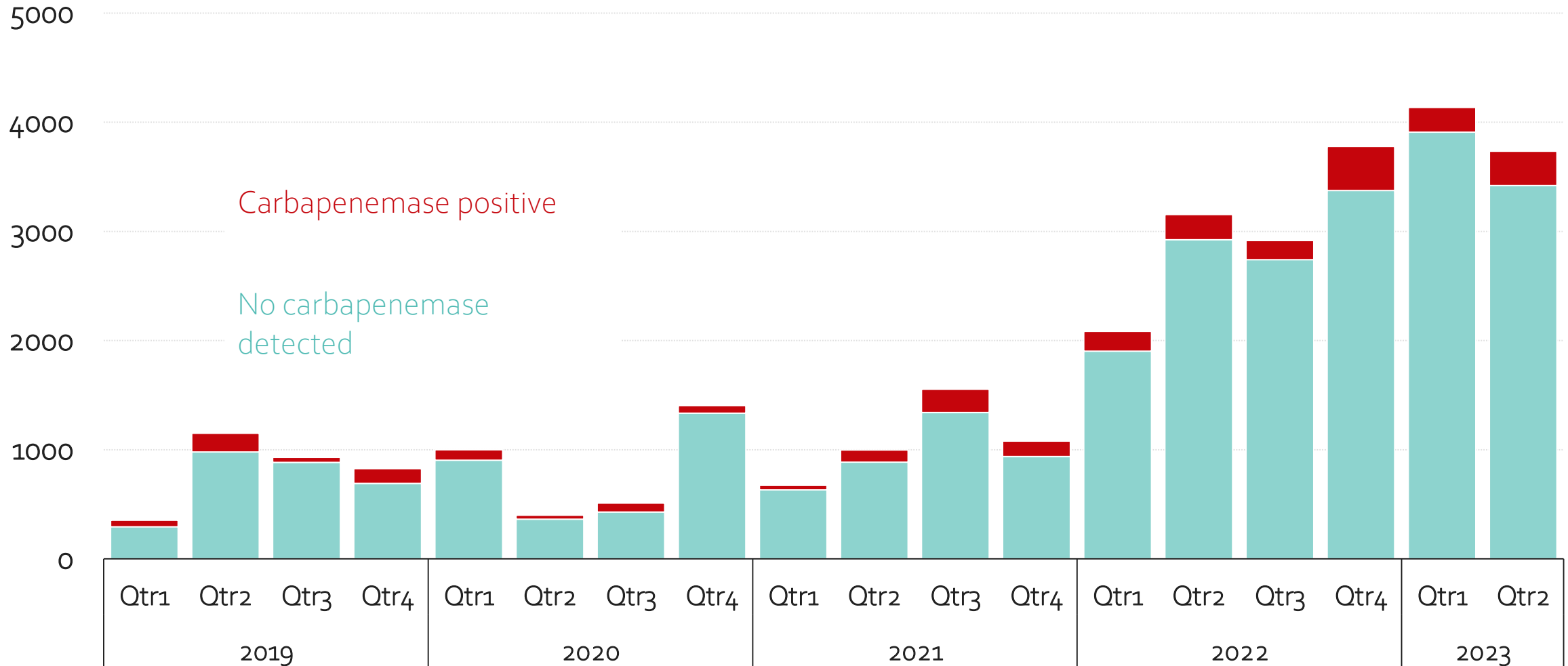


Candida auris colonization testing

- PCR detection of positives directly from axilla/groin swab
- Method 1: Kingfisher Flex Extraction / ABI 7500 Fast PCR testing
 - Versatile
 - Kingfisher has 96 samples per run, good for high volume days
- Method 2: BD Max
 - Less hands on time
 - Extraction, amplification, and detection all on same instrument
- Evaluating the use of the Panther Fusion



Candida auris colonization testing, 2019-2023





What does antimicrobial resistance look like
in Wisconsin?



Cases of MDROs in Wisconsin

- Wisconsin is a low-incidence state compared to many others
- CRAB is the most common MDRO
- Stable levels of transmission for most MDROs

New Cases of MDROs in Wisconsin

	2019	2020	2021	2022
CP-CRE	45	30	42	45
CP-CRPA	0	2	2	4
CP-CRAB	46	41	153	112
<i>C. auris</i>	0	0	1	6

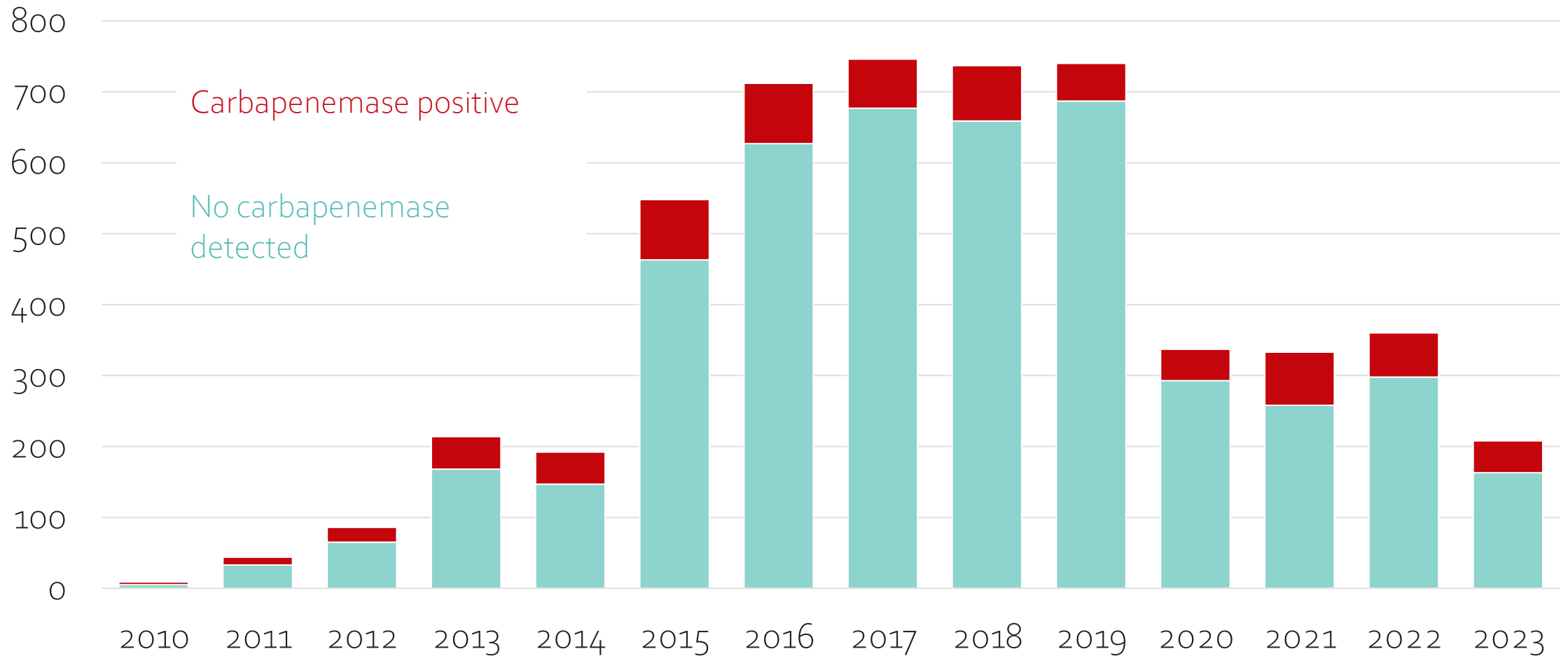


Carbapenem-resistant Enterobacterales (CRE)

- WSLH has been testing CRE since 2010
 - Began with only KPC
 - 2013: added NDM
 - 2014: added OXA-48
 - 2017-18: added IMP, VIM

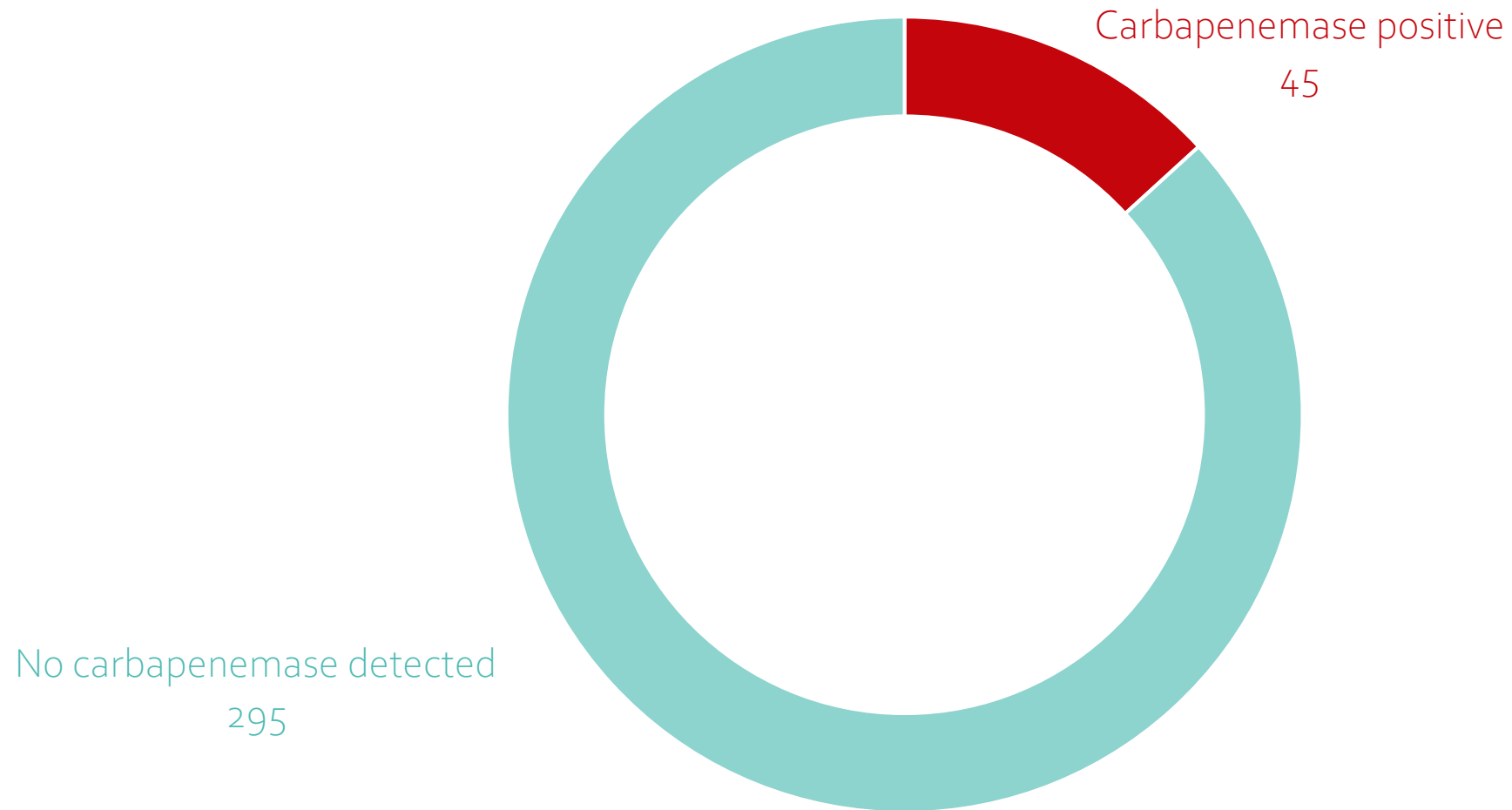


Carbapenem-resistant Enterobacterales (CRE)



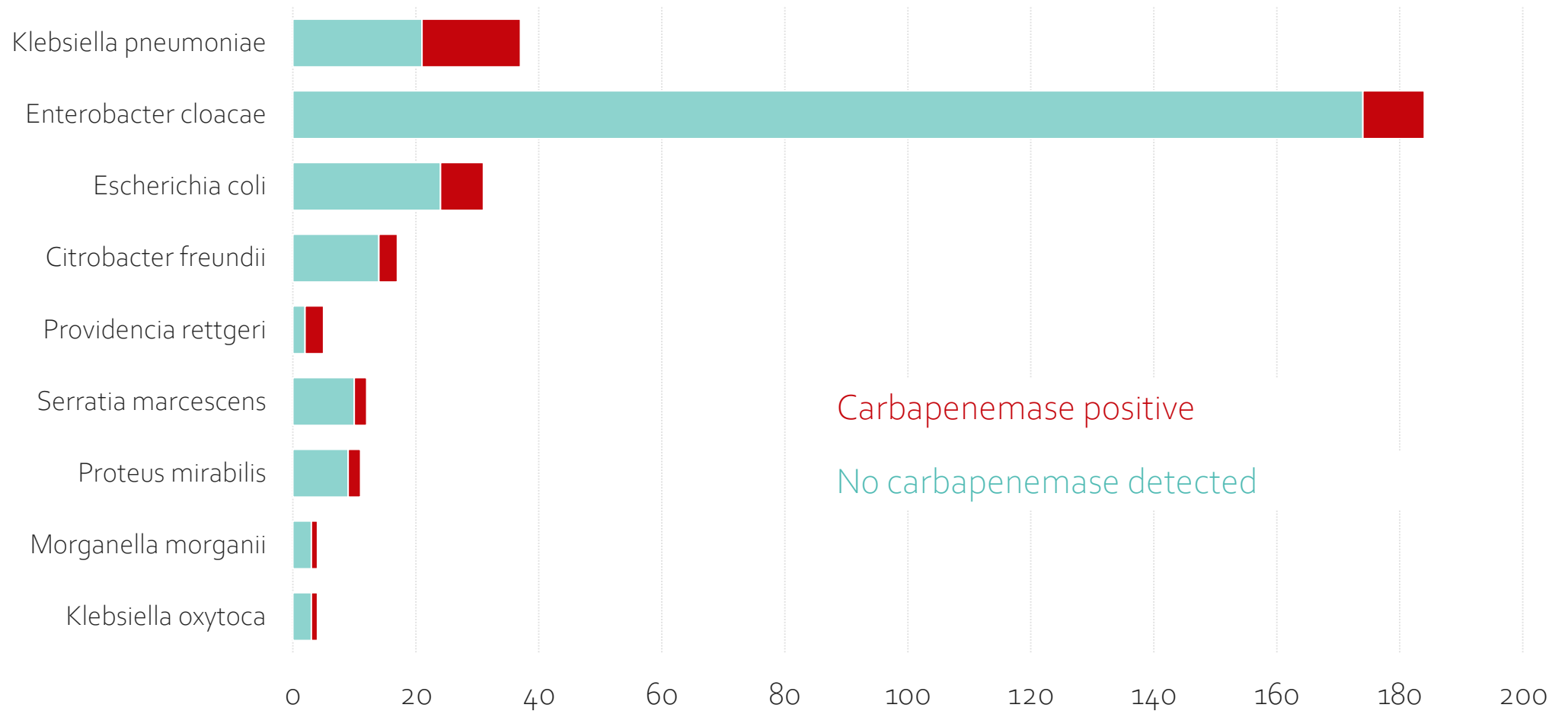


Carbapenem-resistant Enterobacterales (CRE), 2022

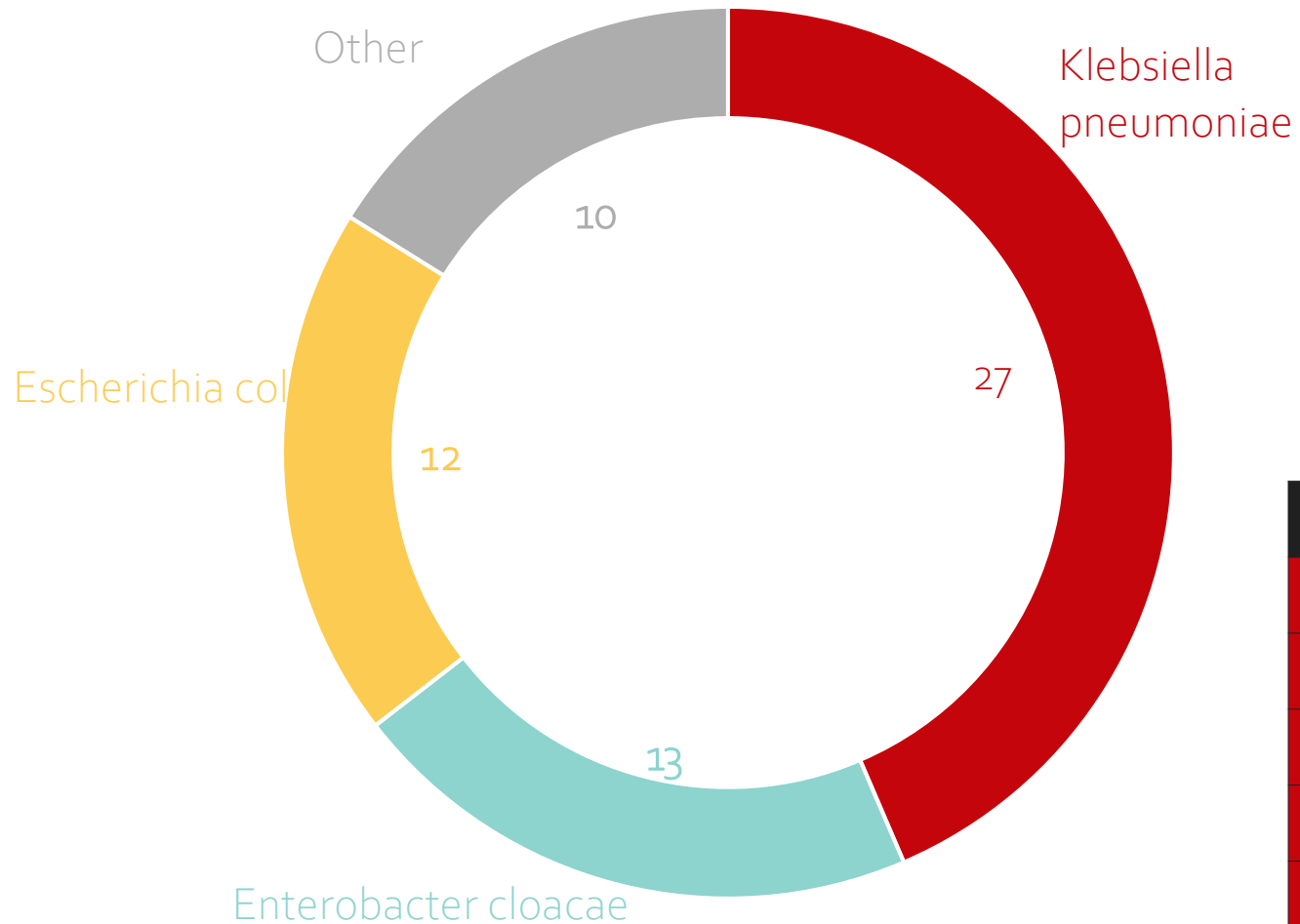




Carbapenem-resistant Enterobacterales (CRE), 2022

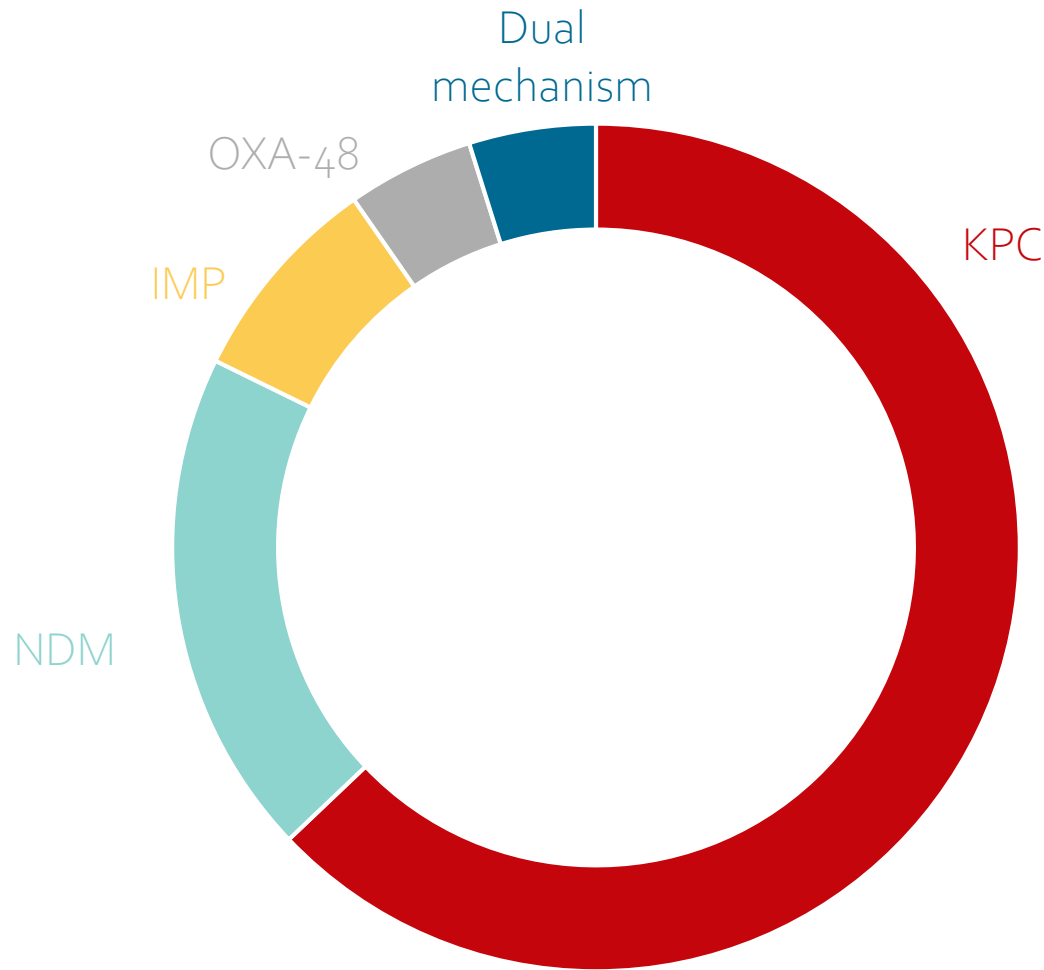


Carbapenemase-producing CRE, 2022



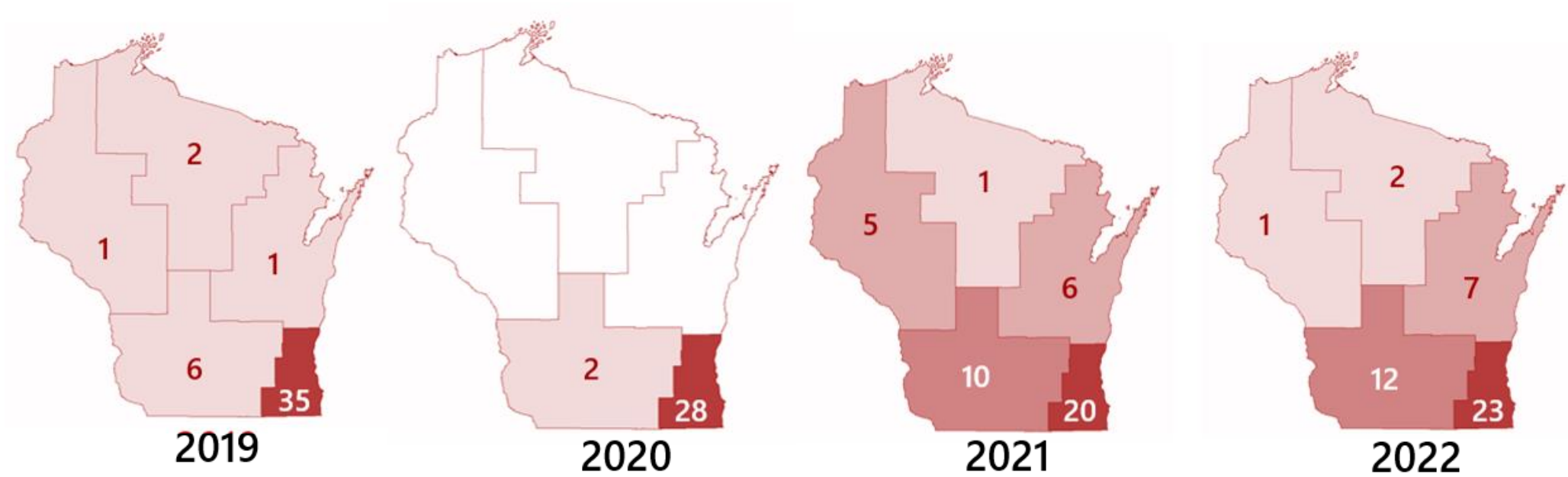
Other species	
<i>Citrobacter freundii</i>	3
<i>Providencia rettgeri</i>	3
<i>Proteus mirabilis</i>	2
<i>Klebsiella oxytoca</i>	1
<i>Morganella morganii</i>	1

Carbapenemases detected in CRE, 2022

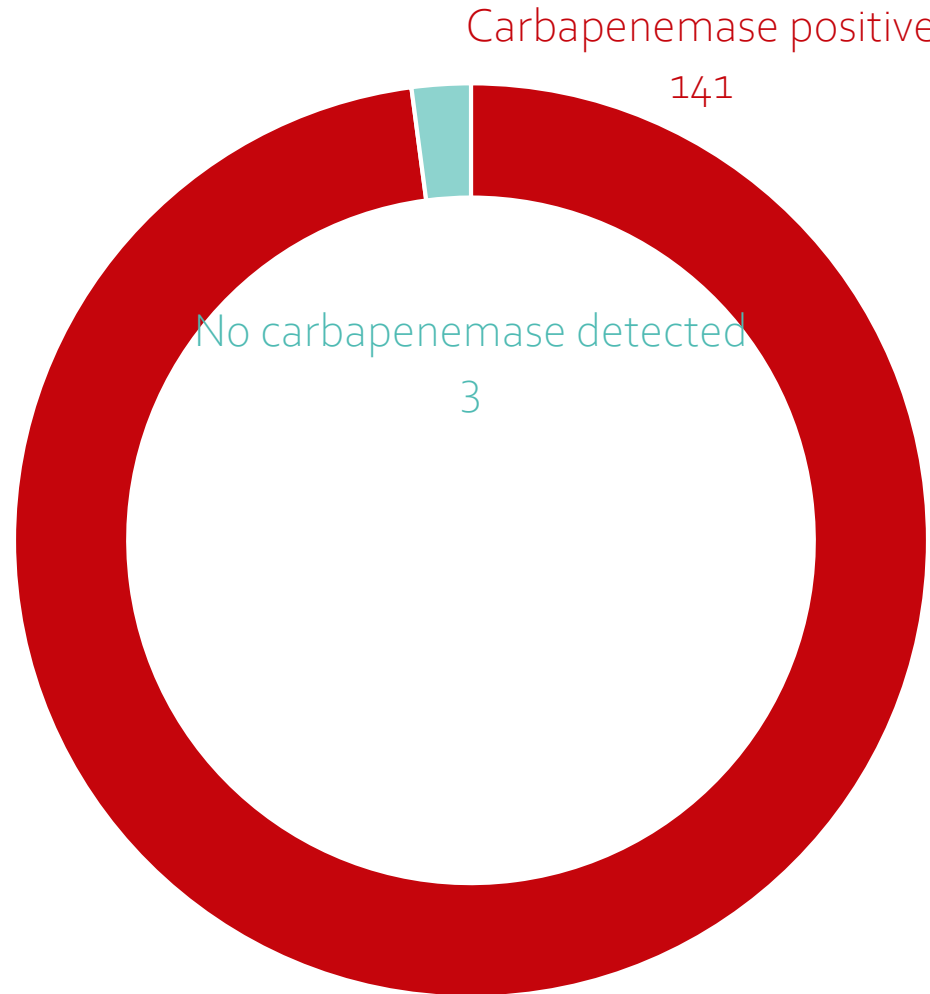


- Dual mechanisms – KPC/NDM

Carbapenemase-producing CRE

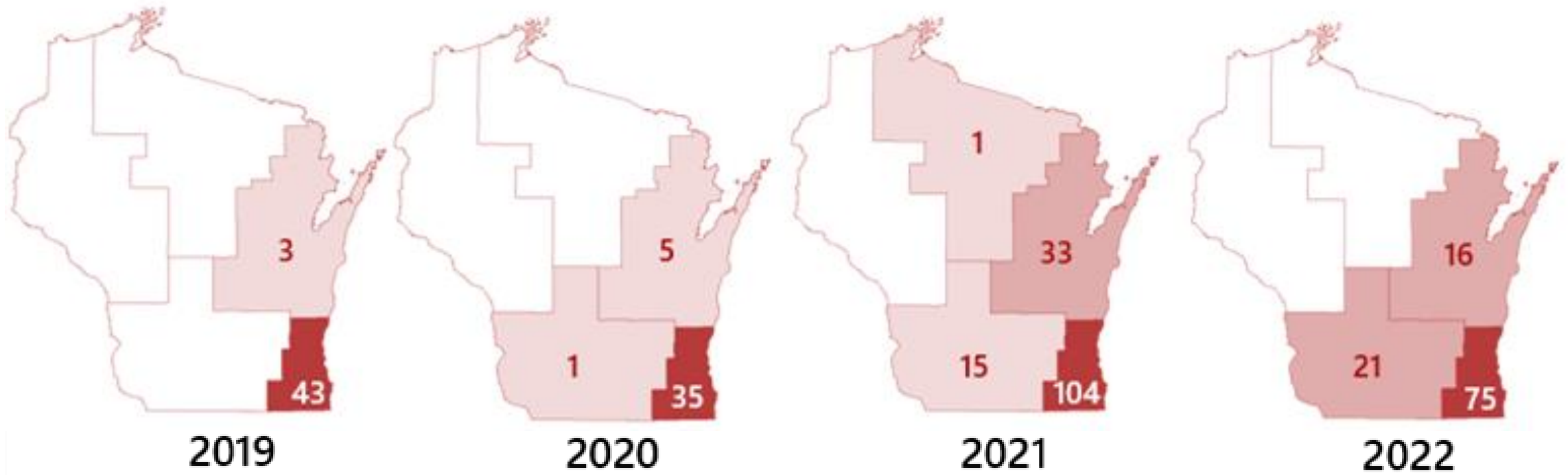


Carbapenem-resistant *Acinetobacter baumannii* (CRAB), 2022



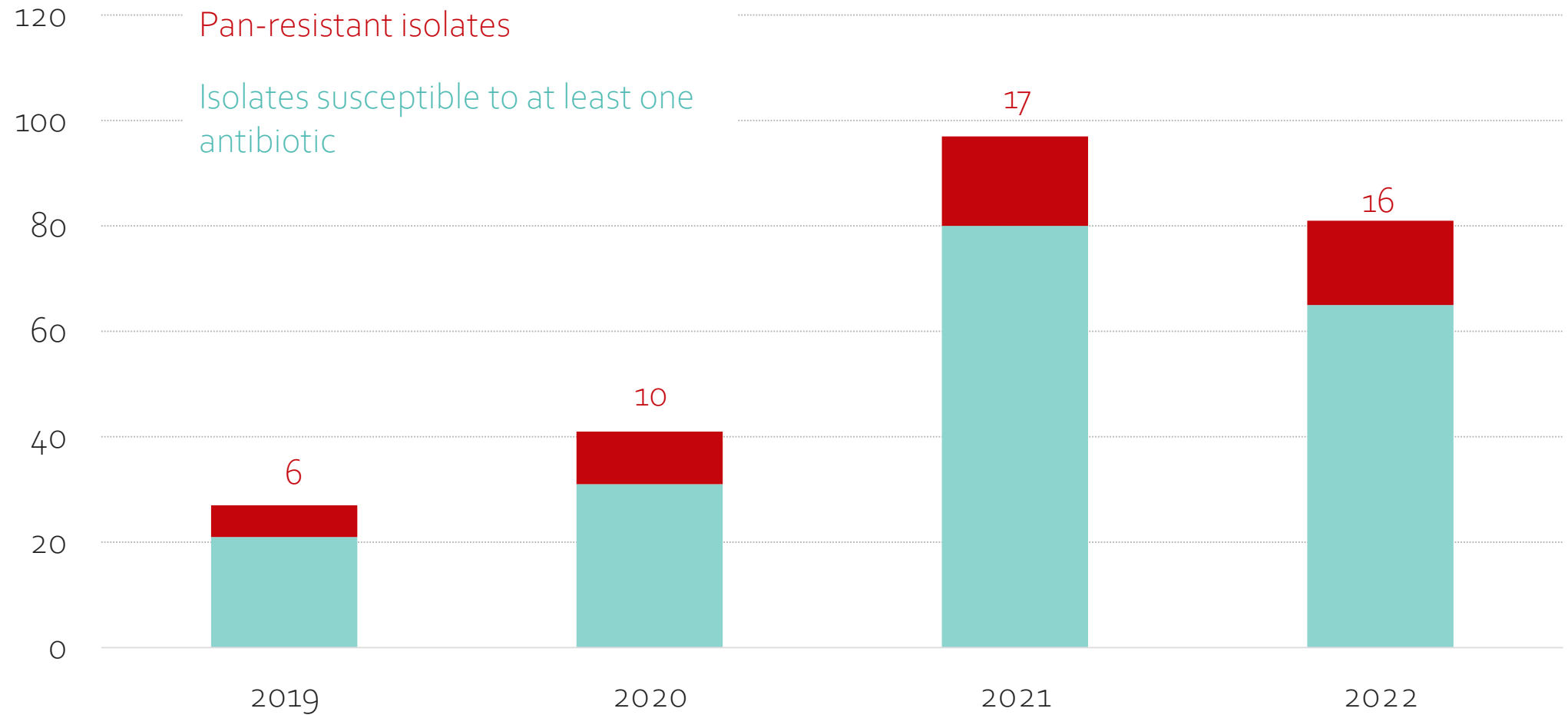
Carbapenemase	No.
OXA-24/40	128
OXA-23	13

Carbapenemase-producing CRAB



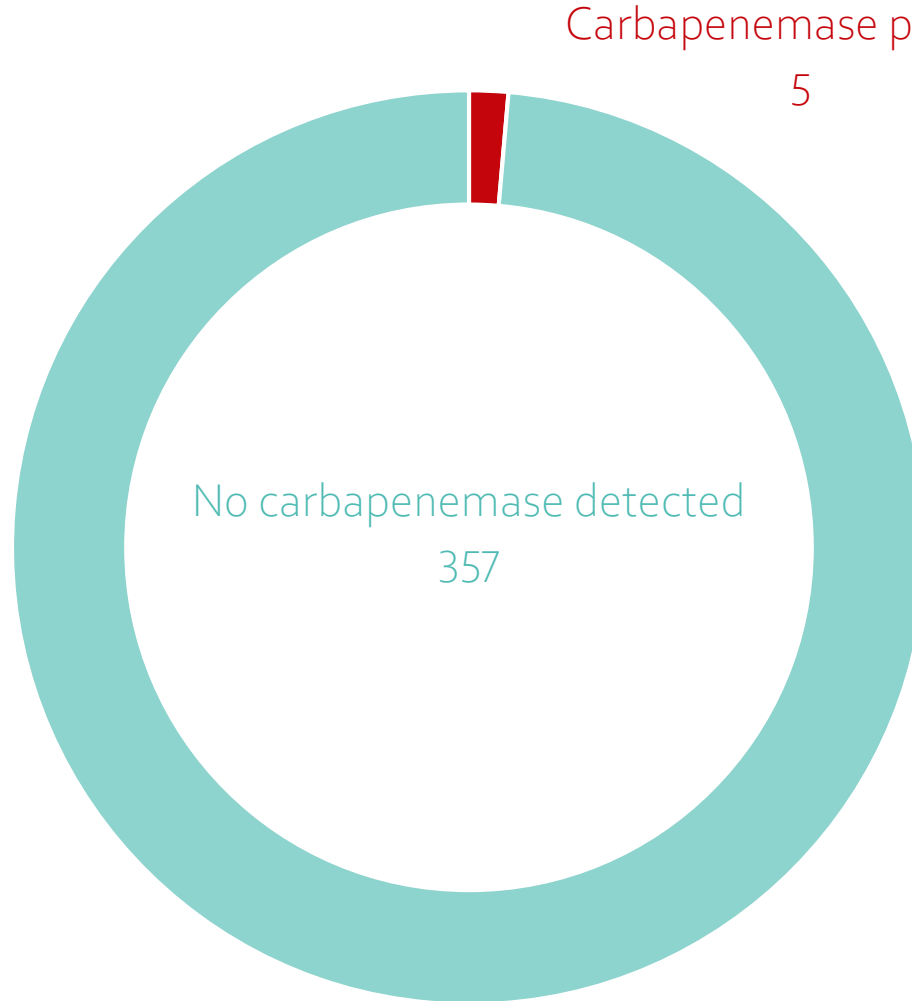


Pan-resistant CRAB





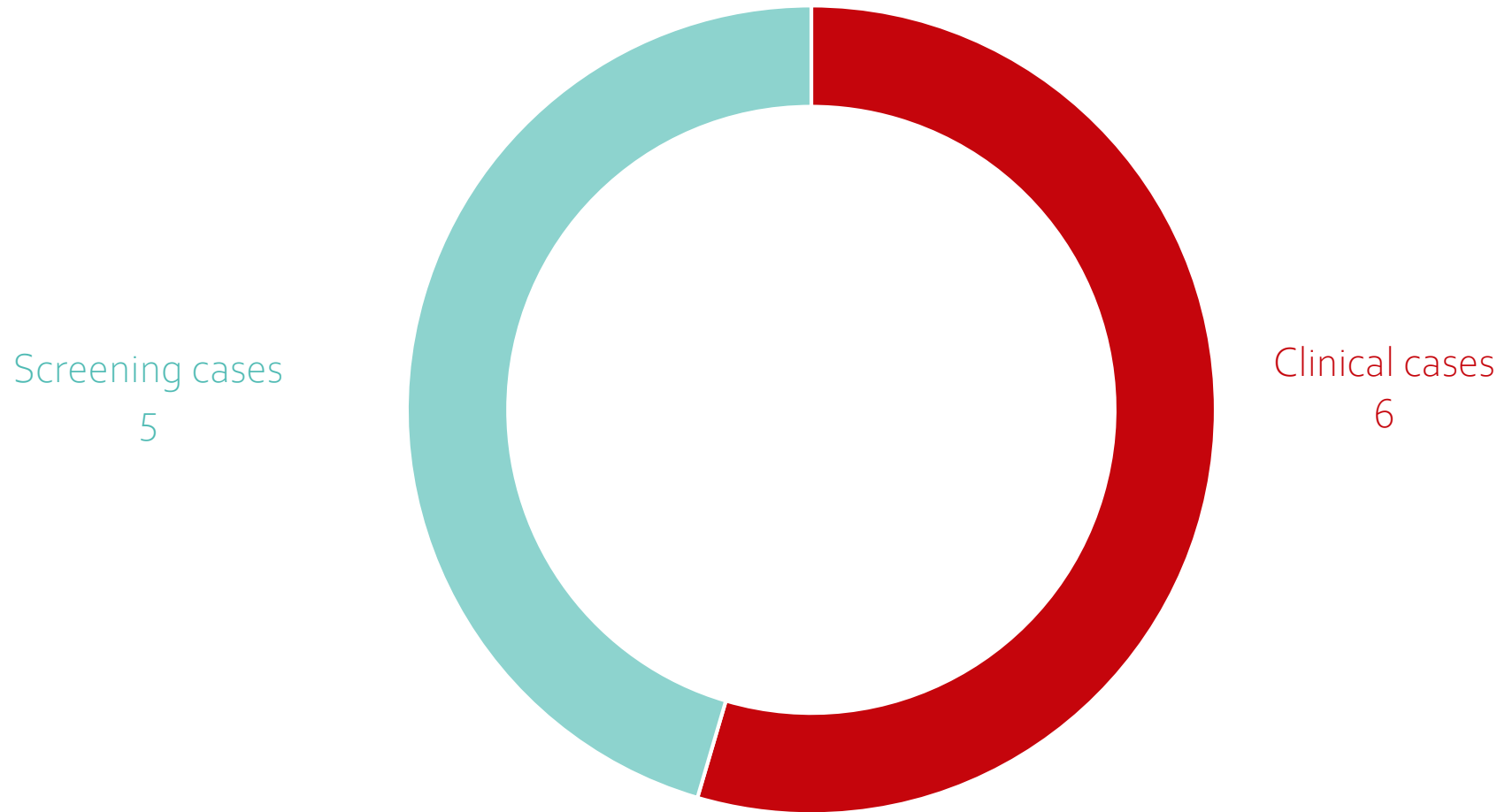
Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), 2022



Carbapenemase	No.
KPC	3
VIM	1
OXA-8 ₄₈ , OXA-10	1

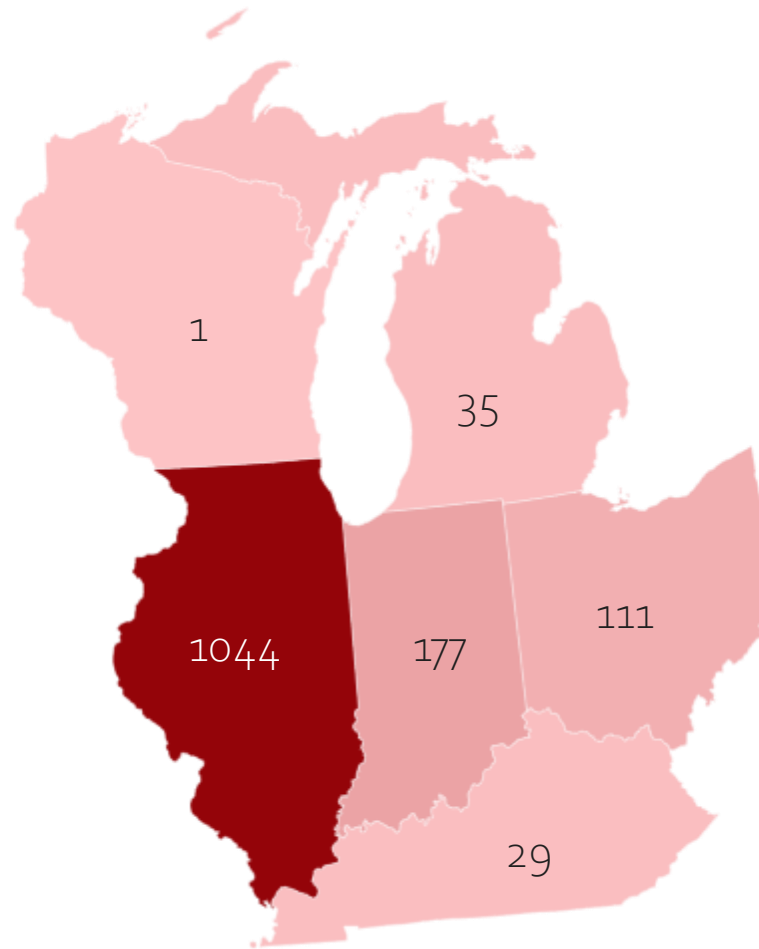


Candida auris, through August 2023





Midwest Region *Candida auris* (as of Dec 2022)



What's next?



Always looking to improve

- Candida auris NGS
 - Will provide clade information
 - Cluster analysis
- Candida auris PCR on the Panther Fusion
 - Increase testing capacity
- Ideas for improving carbapenemase detection process
 - Evaluate CARBA-5 lateral flow test
 - Multiplex PCR assays
 - Evaluate Streck kits
- Add OXA-235 PCR for CRAB
- Evaluating testing for CRAB colonization directly from swab





How to get more data back to submitters...

- Considering a quarterly report to submitters
- Examples of data to include:
 - How many isolates submitted
 - What species were submitted
 - What carbapenemases were detected
 - Overview of Wisconsin as a whole and by Public Health Region
- What would you find most useful or interesting?

Template Report Example

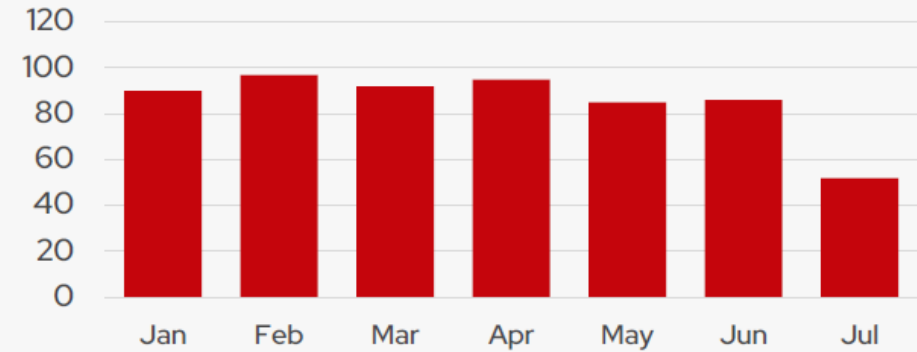
WSLH Submitter Report Data from the AR Lab Network

Submitter:

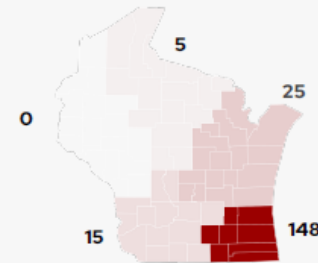


Total isolates tested by WSLH in the first half of the year: **597**

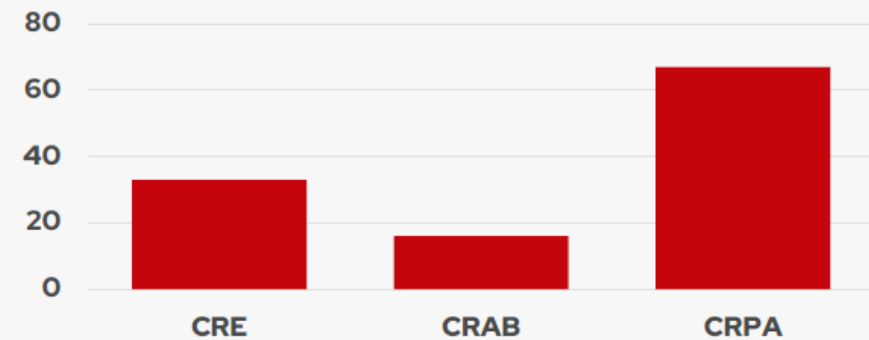
This includes all carbapenem-resistant Enterobacterales (CRE), carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), and carbapenem-resistant *Acinetobacter baumannii* (CRAB)



Carbapenemase-positives by region



Isolates submitted by this submitter: **122**





Thank you!

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608-266-0915

