



The Georgia Emerging Infections Program 2015 Update

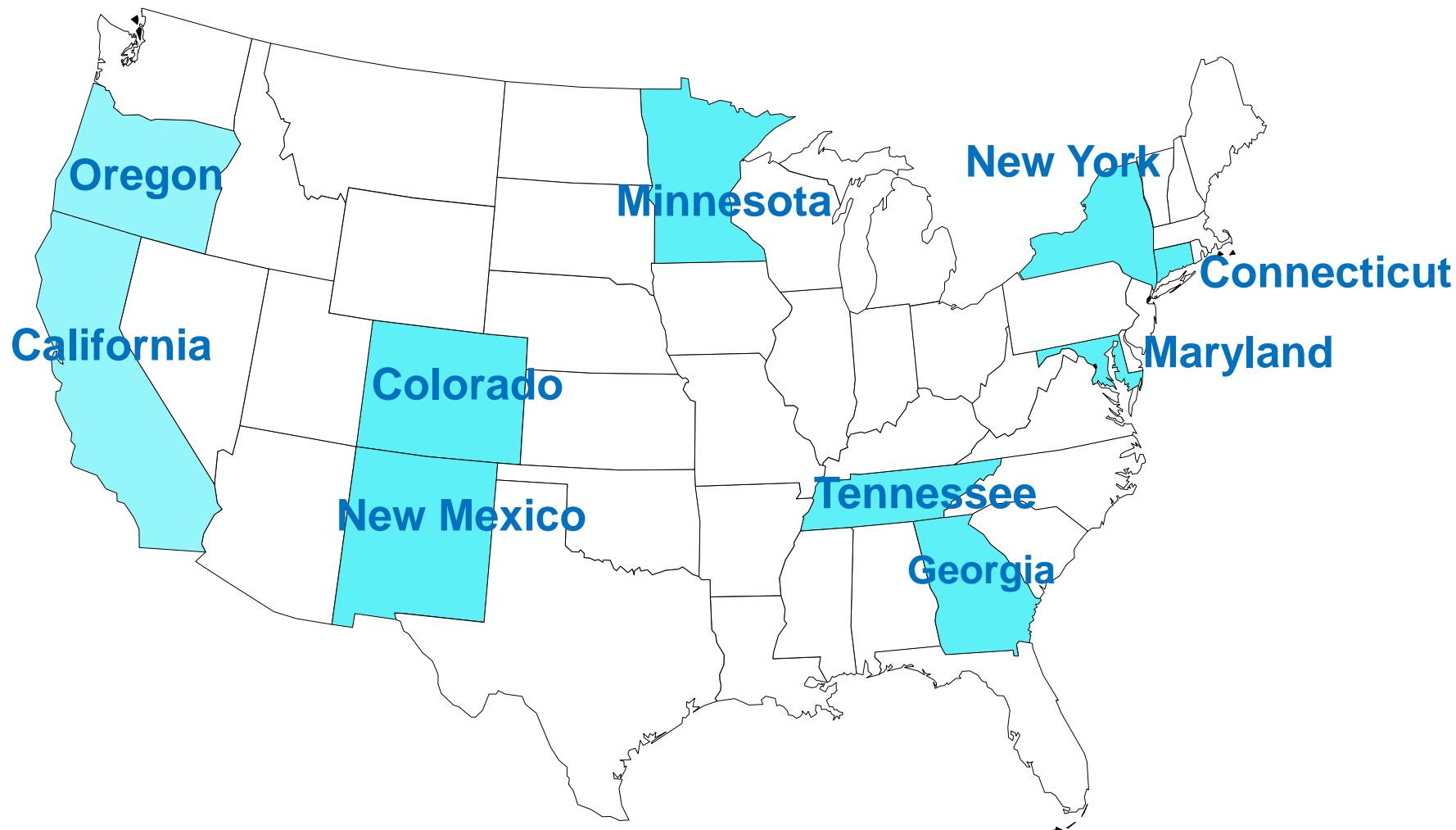
Monica M. Farley, MD

Georgia EIP: A Collaboration between

- Georgia Department of Public Health
- Emory University School of Medicine
- Atlanta VA Medical Center
- Centers for Disease Control and Prevention

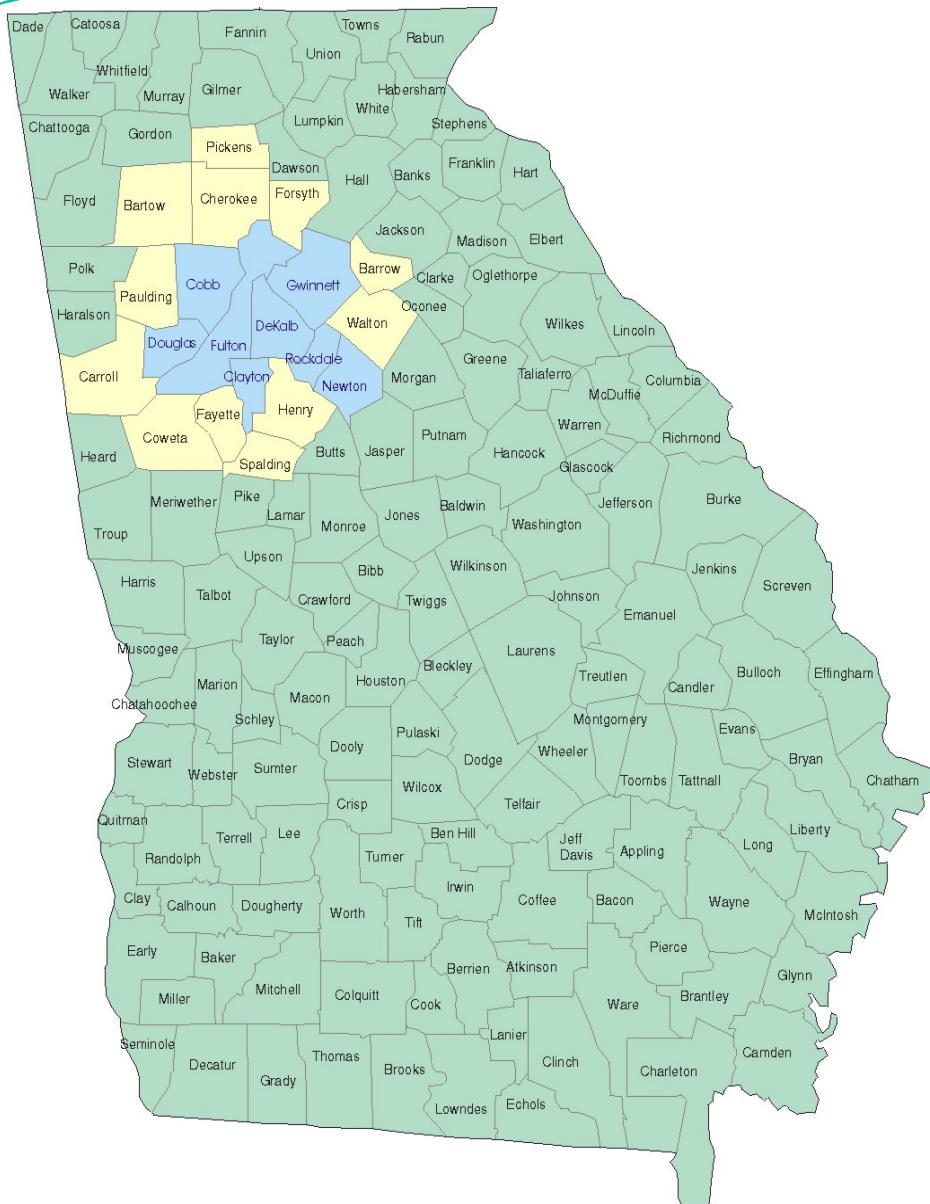


2014 States with CDC Funded EIPs



59-67 counties, 20-30 million surveillance population, ~7-9% US population
Live births in participating ABCs sites, 2004: 455,000

G Emerging Infections Program **GEORGIA**



2013 State Population 9.92 million

Racial distribution:

63% White, 32% Black,
9% Hispanic, 4% Asian

Age Distribution:

8% <5 yrs, 26% <18 yrs,
63% 18-64 yrs, 10% 65+ yrs

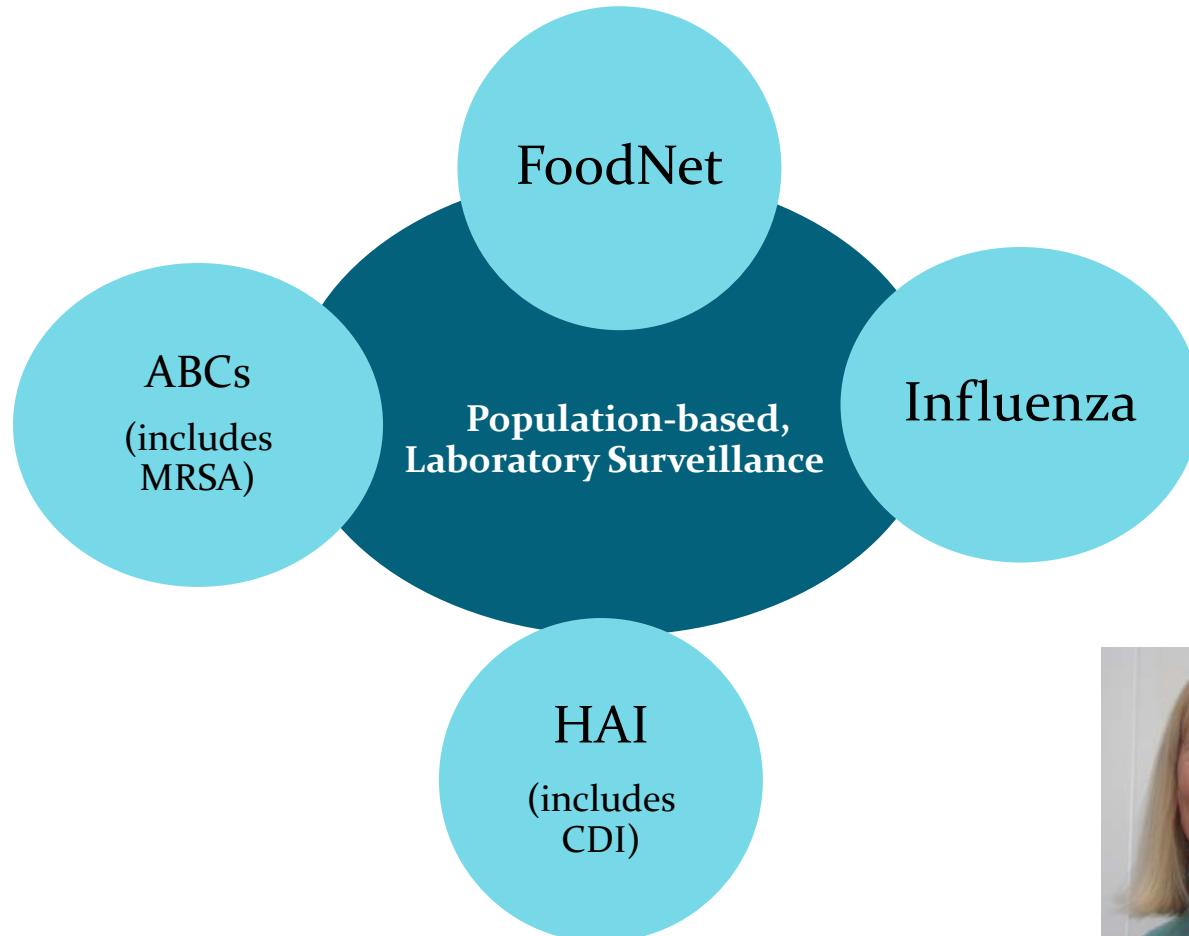
Live Births 135,000/yr

2013 20-County Metro Area (MSA)

Population 5.3 million
(>50% of state pop.)

Live Births 71,541/yr
(>50% of state births)

Emerging Infections Program



23 years and counting!

EIP Active Surveillance 2015

ABCs

Group A Streptococcus (MSA)

Group B Streptococcus (MSA; <1yr olds,
early & late onset expanded
surveillance- statewide)

Haemophilus influenzae (statewide)

Neisseria meningitidis (statewide)

Streptococcus pneumoniae-MSA

MRSA— invasive (HD₃)

Neonatal Sepsis (HD₃)

Legionella (HD₃)

Pertussis (HD₃)

HAI

(All HD₃)

Candidemia

Carbapenem-nonsusceptible

Gram Negative Bacilli

C. difficile

FoodNet

(All statewide)

Campylobacter

E.coli O157 or SLT+

Listeria monocytogenes

Salmonella

Shigella

Yersinia

Vibrio

Cyclospora

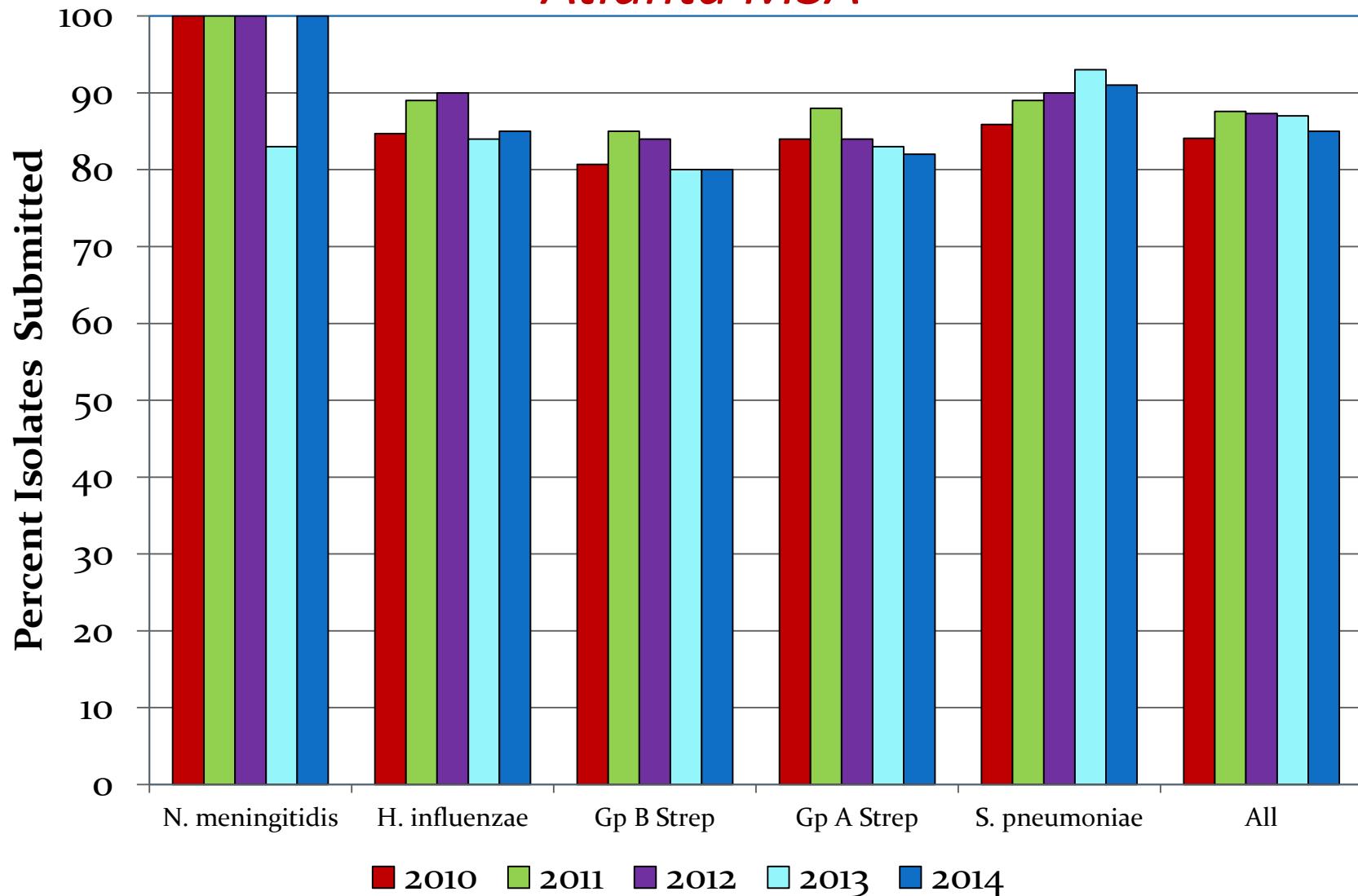
Cryptosporidium

Influenza

Laboratory confirmed,
hospitalized influenza (HD₃)

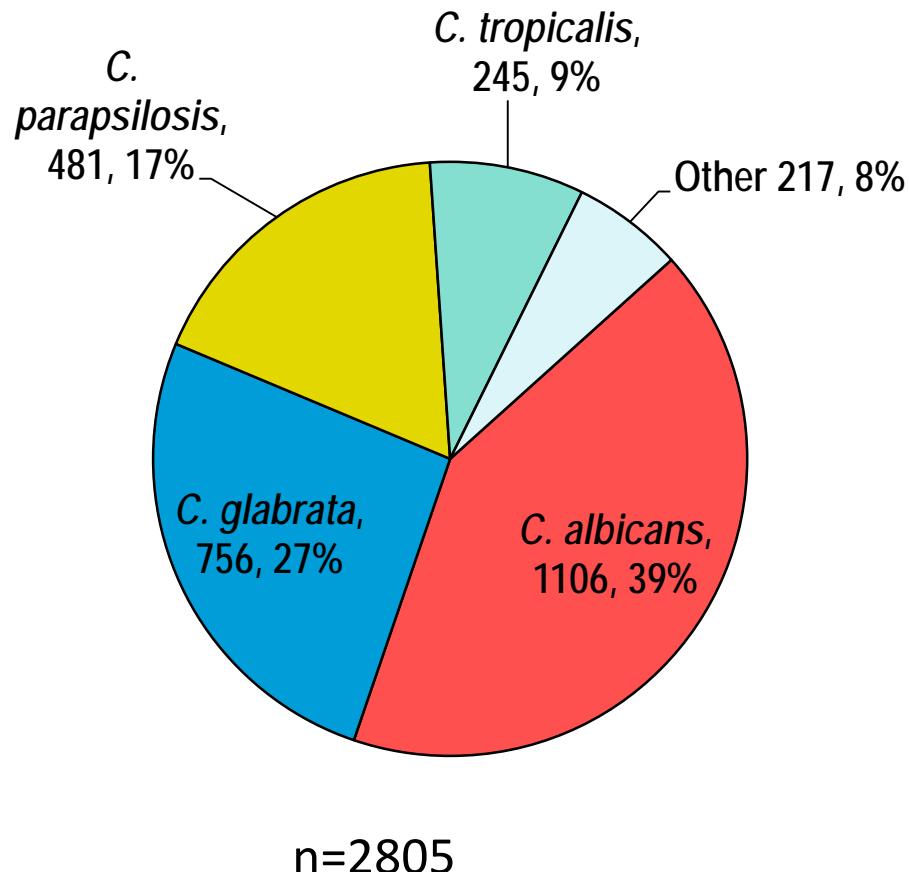
ISOLATE SUBMISSION of ABCs PATHOGEN BY YEAR

Atlanta MSA





Candidemia Species and Antifungal Susceptibility Findings, 2008 – 2014*



Antifungal Susceptibility

(performed at CDC)

As of August 2014, >2805 Georgia isolates tested

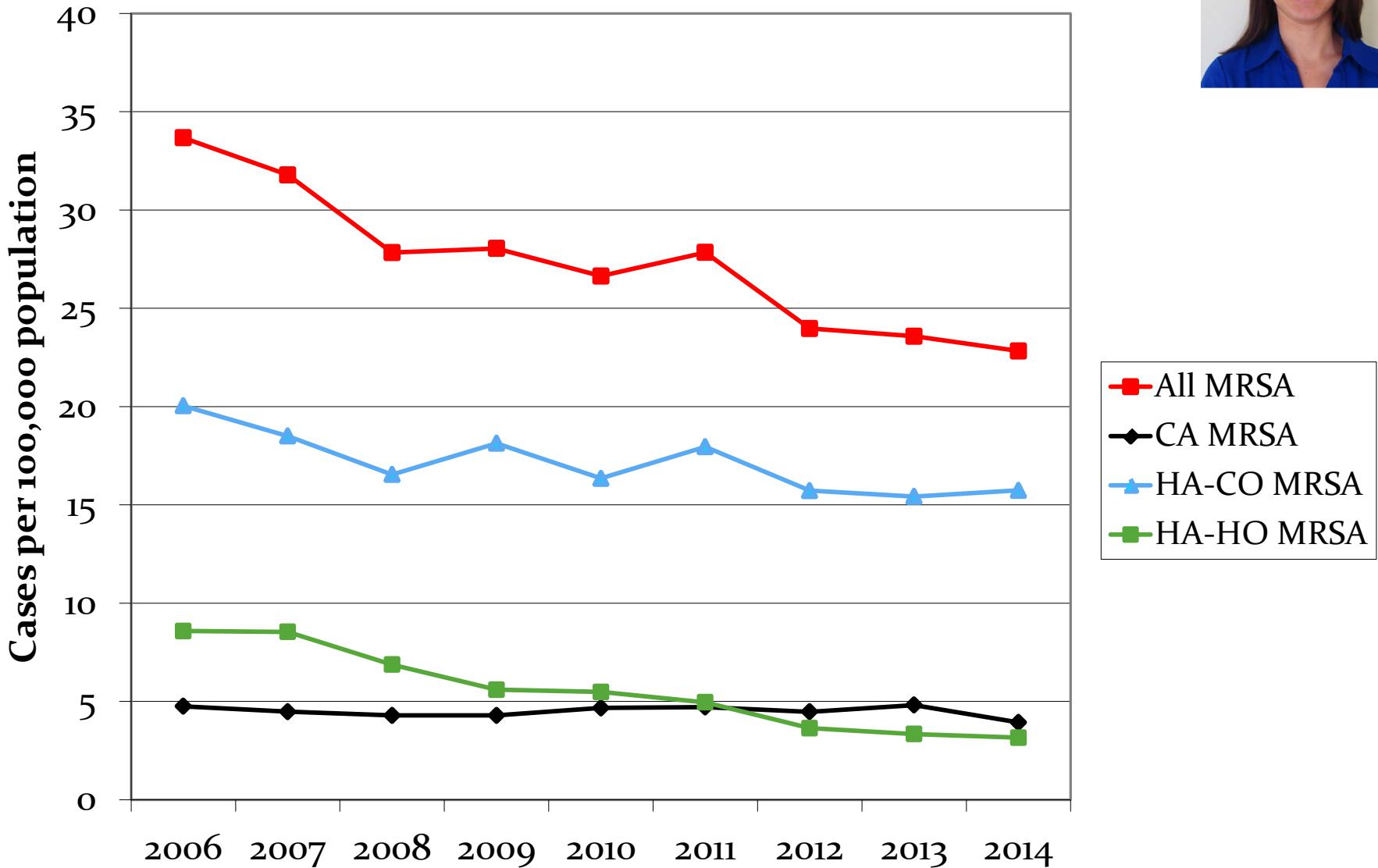
C. parapsilosis and *C. tropicalis*:
5% isolates resistant to fluconazole

C. glabrata: considered 100%
resistant to fluconazole; **5% also
show resistance to at least one
echinocandin**

*as of 8/28/2014

Incidence of Invasive MRSA

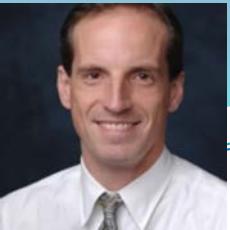
Georgia Health District 3





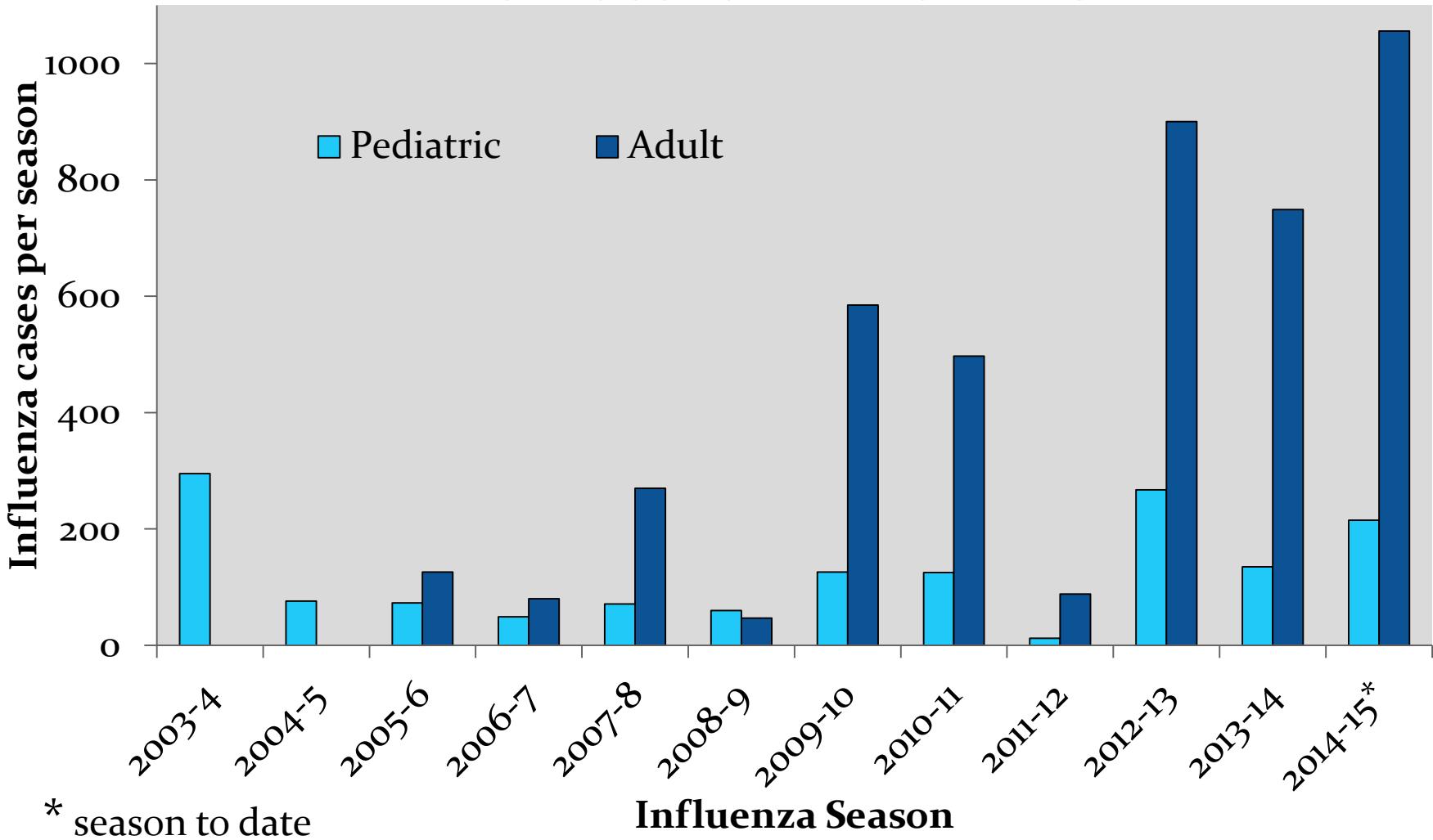
Influenza

(Hospitalized, laboratory confirmed)



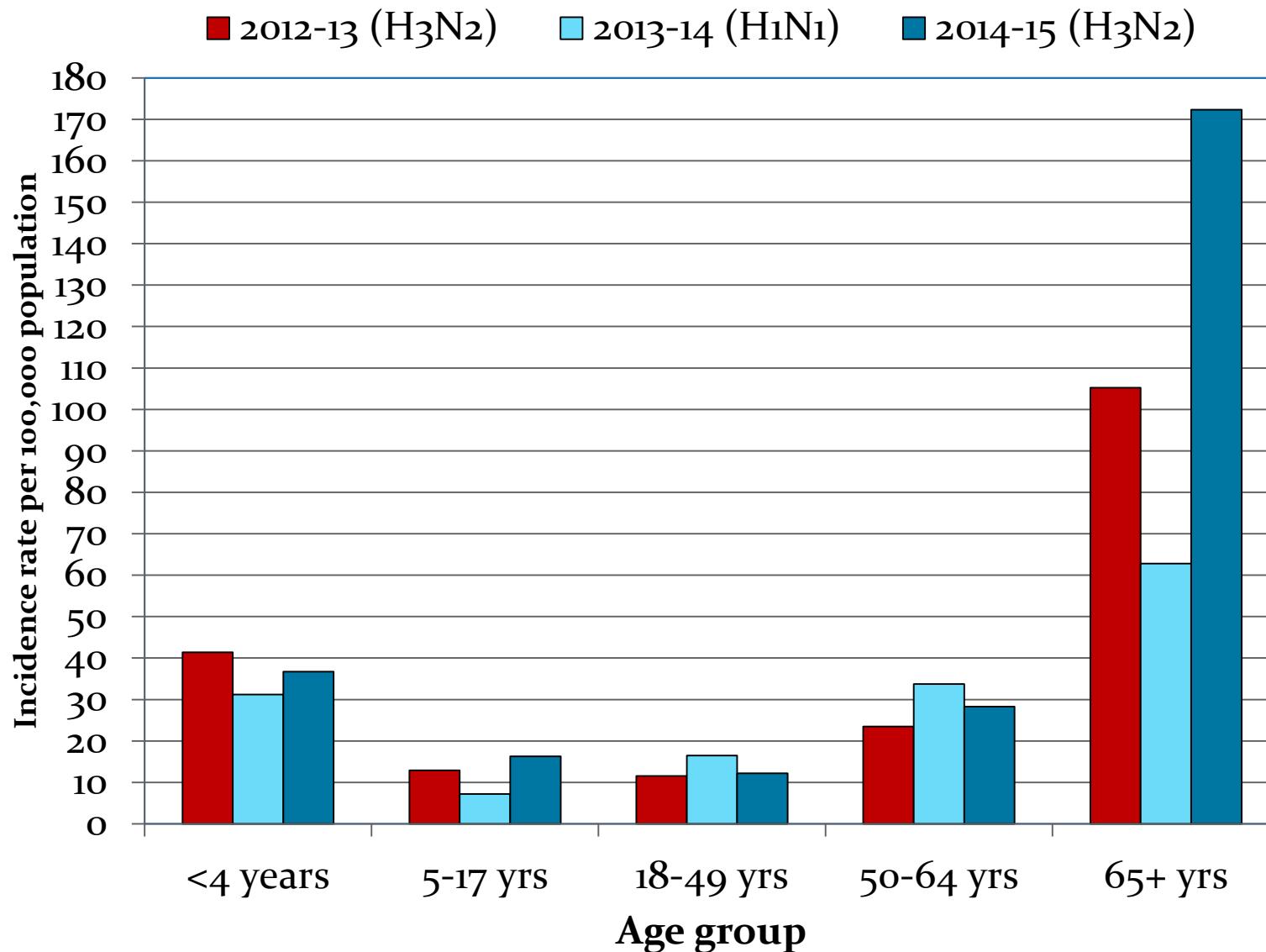
Hospitalized Influenza Cases by Season, Georgia

HD3 2003-04 to 2014-15*



GA-EIP Influenza Case Rate by Age Group

2012-13, 2013-14 and 2014-15 (incomplete)



Clostridium difficile Infection (CDI)

ORIGINAL ARTICLE

Burden of *Clostridium difficile* Infection in the United States

Fernanda C. Lessa, M.D., M.P.H., Yi Mu, Ph.D., Wendy M. Bamberg, M.D.,
Zintars G. Beldavs, M.S., Ghinwa K. Dumyati, M.D., John R. Dunn, D.V.M.,
Ph.D., Monica M. Farley, M.D., Stacy M. Holzbauer, D.V.M., M.P.H., James I.
Meek, M.P.H., Erin C. Phipps, D.V.M., M.P.H., Lucy E. Wilson, M.D., Lisa G.
Winston, M.D., Jessica A. Cohen, M.P.H., Brandi M. Limbago, Ph.D. Scott K.
Fridkin, M.D., Dale N. Gerding, M.D., and L. Clifford McDonald, M.D.



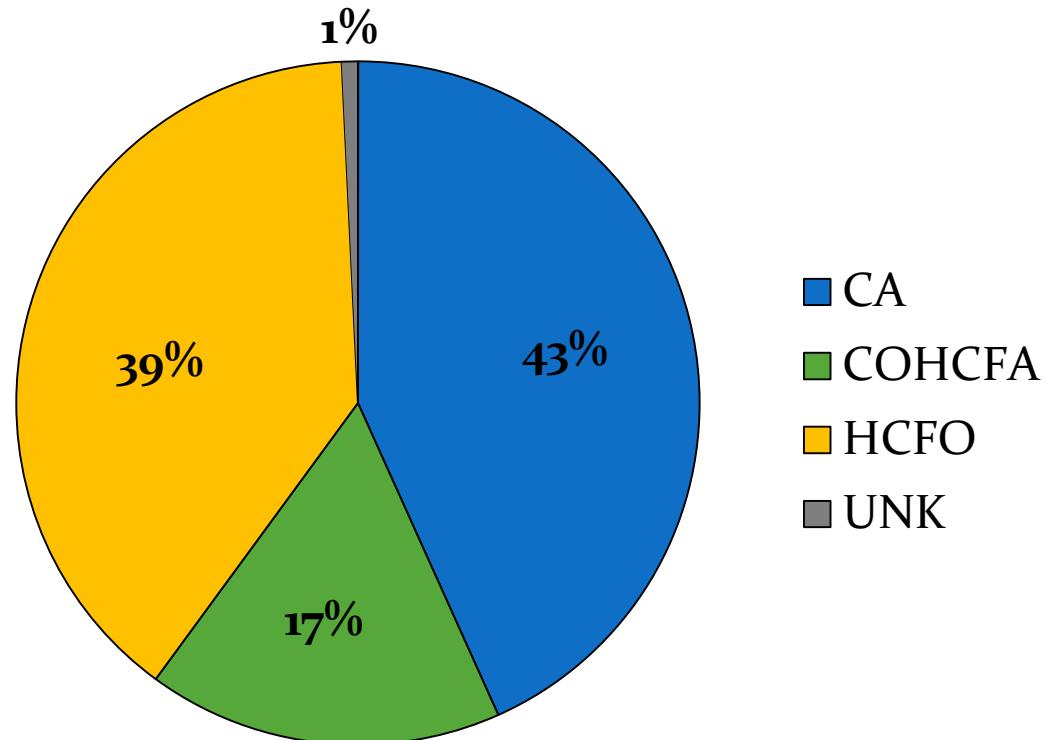
CDI Case Classification Definition

- **Health Care Facility Onset (HCFO)**: In healthcare facility for more than three days prior to stool collection for incident positive *C. difficile* test
- **Community Onset-Health Care Facility Associated (CO-HCFA)**: Case not hospitalized or hospitalized no more than 3 days at time of stool collection; with a recent past overnight hospitalization during the 12 weeks prior to positive *C. difficile* test identified
- **Community Associated (CA)**: Case not hospitalized or hospitalized no more than 3 days at time of stool collection. Completed chart review and no reported hospitalizations in 12 weeks prior to incident stool

2013 CDI Classification

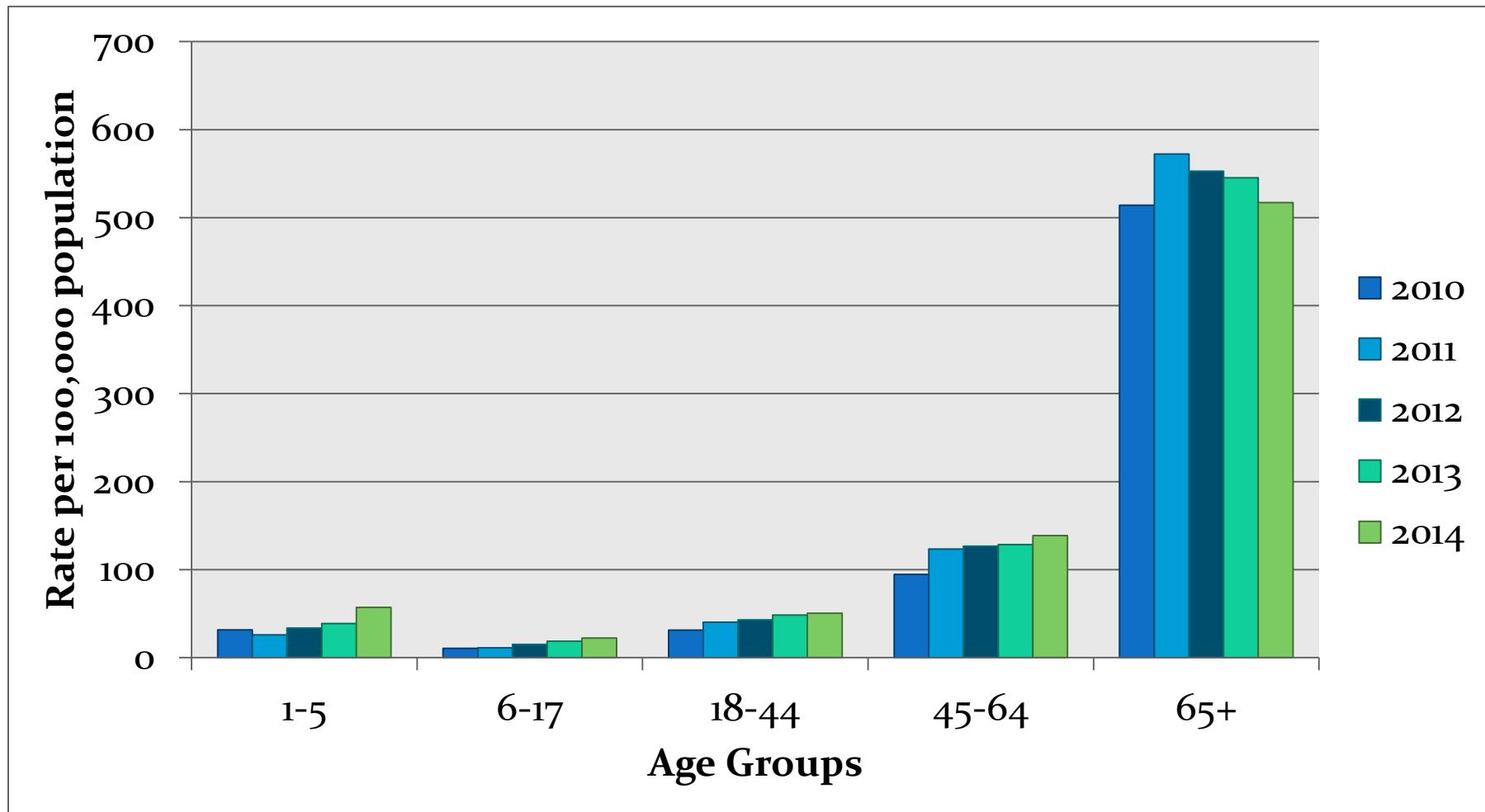
4246 Eligible cases

- 1583 sampled*
- CA: 685
- CO-HCFA: 266
- HCFO: 620



*Sampling scheme: 100% of 1-17 yr olds included; 1/3 sample of the following age/gender groups: 18-44 F, 18-44 M, 45-64 F, 45-64 M, 65+ F, 65+ M

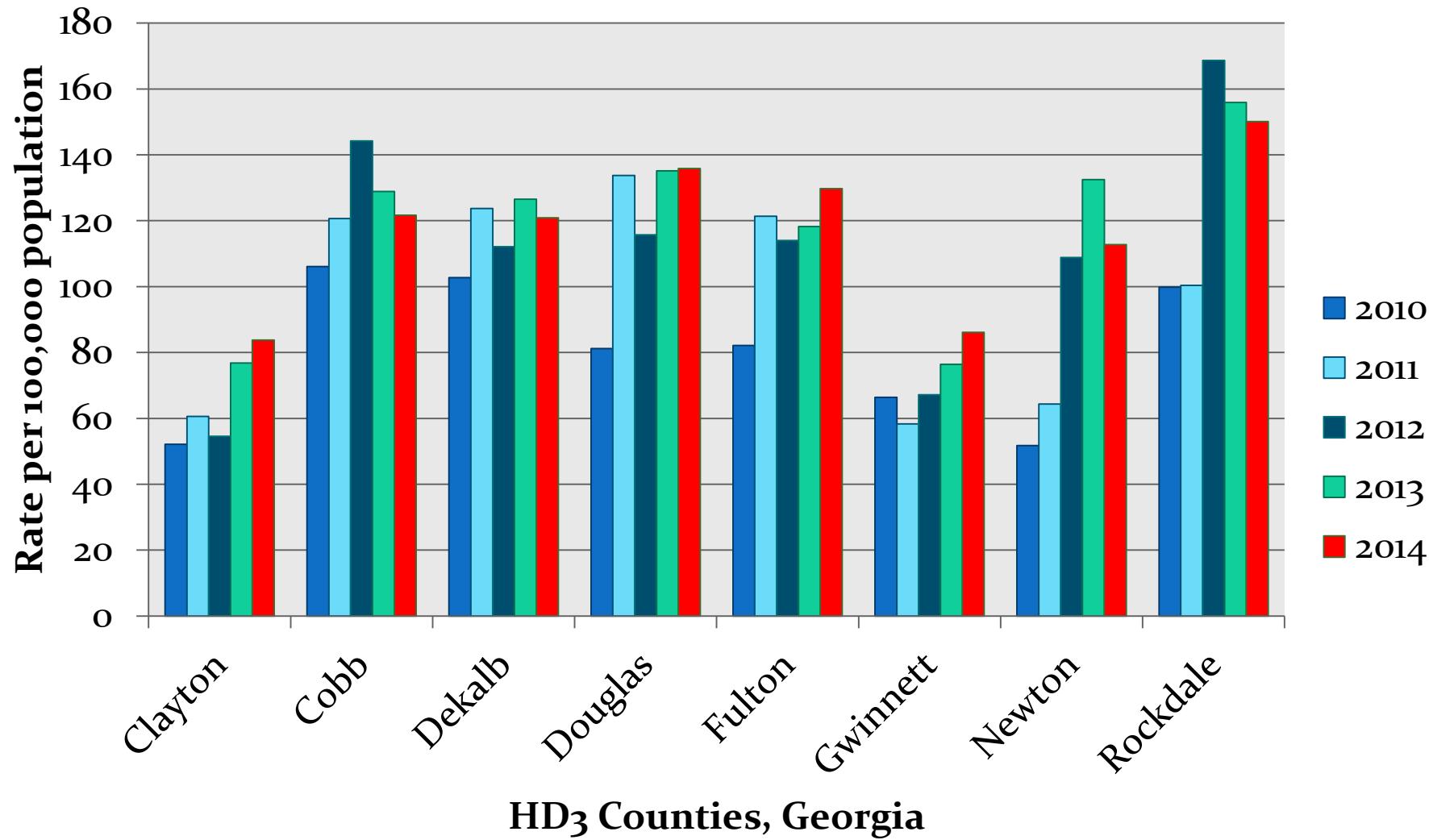
CDI Rates by Age Group 2010-2014*



* 2014 data pending close out and uses 2013 population estimates

CDI Incidence Rates by County

2010-2014



Prevalence of Healthcare Associated Infections (HAI) and Antibiotic Use (AU)



N ENGL J MED 370;13 NEJM.ORG MARCH 27, 2014

The New England Journal of Medicine

THE NEW ENGLAND JOURNAL OF MEDICINE

ORIGINAL ARTICLE

Multistate Point-Prevalence Survey of Health Care–Associated Infections

Shelley S. Magill, M.D., Ph.D., Jonathan R. Edwards, M.Stat.,

Wendy Bamberg, M.D., Zintars G. Beldavs, M.S., Ghinwa Dumyati, M.D.,

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Deborah L. Thompson, M.D., M.S.P.H., Lucy E. Wilson, M.D.,

and Scott K. Fridkin, M.D., for the Emerging Infections Program

Healthcare-Associated Infections and Antimicrobial Use Prevalence Survey Team*

- **1 in 25 hospital inpatients (4%) had at least one HAI**
- **Estimated national burden of 722,000 HAIs in 648,000 patients in 2011**
- **Pneumonia and surgical site infections were most common HAI types**
- ***Clostridium difficile* was most common pathogen**
- **Device-related infections: 25.6% of total**



Original Investigation | October 8, 2014

Prevalence of Antimicrobial Use in US Acute Care Hospitals, May-September 2011

Shelley S. Magill, MD, PhD¹; Jonathan R. Edwards, MStat¹; Zintars G. Beldavs, MS²; Ghinwa Dumyati, MD³; Sarah J. Janelle, MPH⁴; Marion A. Kainer, MBBS, MPH⁵; Ruth Lynfield, MD⁶; Joelle Nadle, MPH⁷; Melinda M. Neuhauser, PharmD, MPH^{1,8}; Susan M. Ray, MD^{9,10}; Katherine Richards, MPH¹¹; Richard Rodriguez, MPH¹²; Deborah L. Thompson, MD, MSPH¹³; Scott K. Fridkin, MD¹ ; for the Emerging Infections Program Healthcare-Associated Infections and Antimicrobial Use Prevalence Survey Team

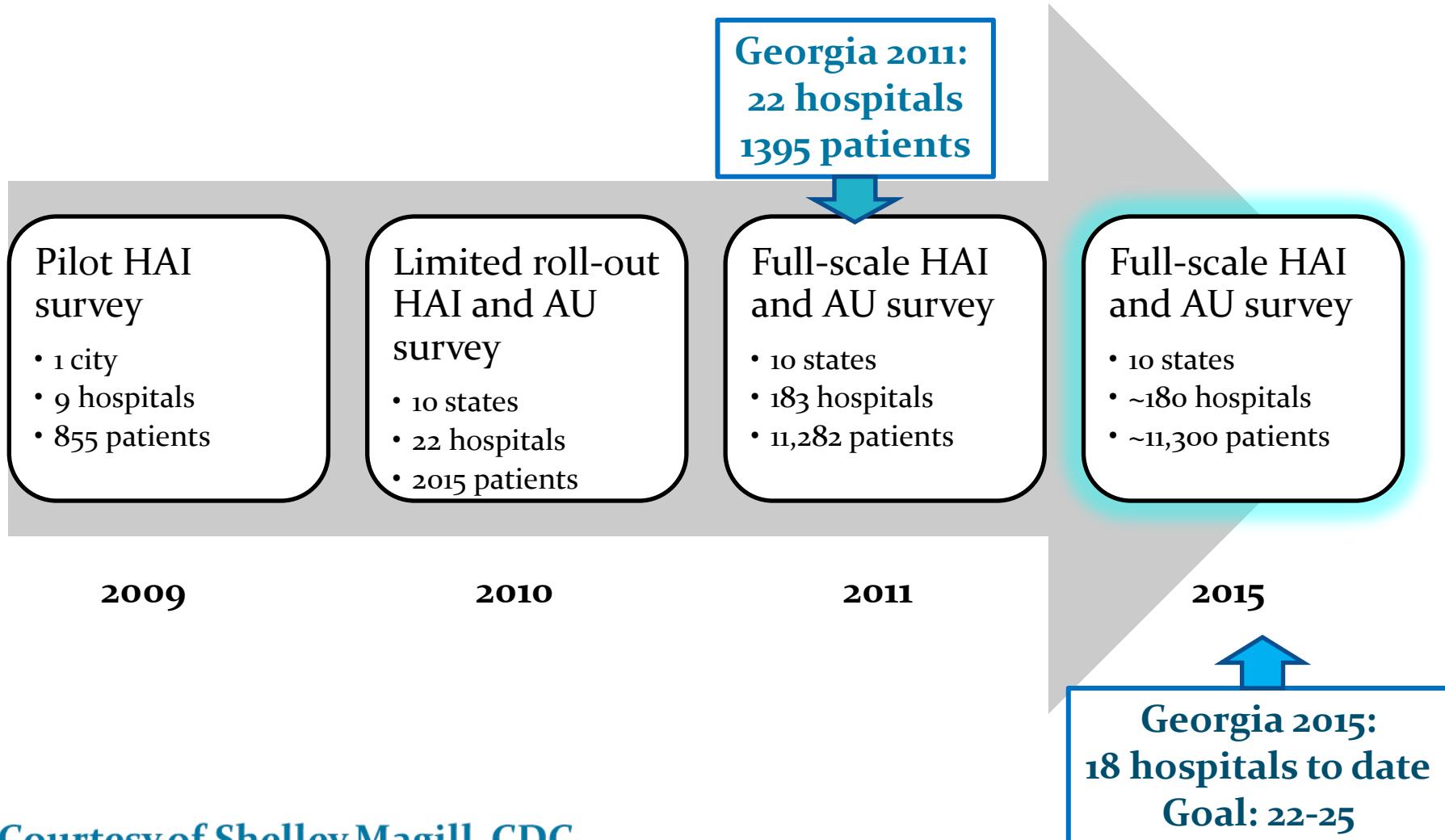
JAMA. 2014;312(14):1438-1446.
doi:10.1001/jama.2014.12923.

- **50% of patients were on antimicrobials at the time of the survey**
- **Of patients getting antimicrobials, half were getting ≥2**
- **Few differences in treatment given to patients in/outside of ICUs, for community and healthcare infections**

Value of HAI and Antibiotic Use (AU) Prevalence Survey in 2015

- **Complements NHSN and provides the “big picture” of hospital HAIs and AU and changes over time**
 - National HAI burden estimation
 - Most common infections and pathogens
 - Most common antimicrobials and indications
 - Changes in HAIs and AU since 2011 survey
- **Can be combined with large-scale assessment of antimicrobial drug prescribing quality (will be done in 2015)**
- **Provides data to address the question of what the next targets should be to continue to improve patient safety**
 - HAI surveillance and prevention
 - Antimicrobial stewardship

U.S. HAI and Antibiotic Use Prevalence Surveys



Courtesy of Shelley Magill, CDC



Goodbyes.....



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Congratulations!



Amy and Rauf Tunali
Married April 26, 2014

MSA Surveillance Staff and Contact Information

Spring 2015

Emerging Infections Program GEORGIA



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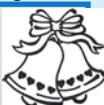
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- Olga Henao
- Shawn Lockhart
- Jean Patel
- Bernie Beall
- Amanda Cohn
- Brandi Limbago
- Leonard Mayer
- Susan Gantt (Connor)
- Tom Chiller
- Shelly Magill
- Isaac See
- Shawn Lockhart
- Sandra Chaves
- Fernanda Lessa

And many, many more.....

THANK YOU!



From the EIP Team to all of you for your many contributions to the Georgia EIP.

We could not do it without you.

