



Indiana
Department
of
Health

Update for Post-Acute Care Clinicians

December 2022

Spotlight



COVID-19 Omicron Subvariants and Therapeutics

The U.S. Food and Drug Administration announced on Nov 30, that [bebtelovimab is not currently authorized for emergency use](#) because it is not expected to neutralize Omicron subvariants BQ.1 and BQ.1.1. Nowcast data from the Centers for Disease Control and Prevention published last week estimate that the combined proportion of COVID-19 cases caused by the Omicron BQ.1 and BQ.1.1 subvariants to be above 57% nationally, and it is already above 50% in all individual regions but one.

Paxlovid and remdesivir (Veklury) are the preferred treatment in the eligible groups and are expected to be active against these subvariants. Molnupiravir also is expected to be active against these subvariants and can be considered if unable to use the former two. The COVID-19 treatment guidelines panel's statement on Omicron subvariants, pre-exposure prophylaxis, and therapeutic management of non-hospitalized patients with COVID-19 can be accessed online.

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Candida auris

Candida auris was first discovered in 2009 in Japan. It is an emerging pathogen that has caused outbreaks in healthcare settings. It presents a serious global health threat, including in the United States.

Patients with clinical infection need to be placed in contact precautions in all healthcare settings. Those with colonization will need to be placed on precautions according to facility type. The recommendations for appropriate transmission-based precautions can be accessed [here](#).

Communication is important when transferring a patient with *Candida auris* infection or colonization to a different unit or facility, so appropriate infection prevention measures can be continued at the new location.

- *C. auris* is of clinical importance because
 - It can cause invasive infections with high morbidity and mortality
 - Patients who have been hospitalized in a healthcare facility for a long time, have a central venous catheter, or other lines or tubes entering their body, or have previously received antibiotics or antifungal medications appear to be at the highest risk of infection
 - There are increasing reports of antifungal resistance
 - Colonization of at-risk individuals could lead to dangerous invasive infections at a later date
 - Clinical cases after completion of the treatment are considered colonized
- Additionally, it is of public health concern because
 - There is no reliable way to decolonize
 - Individuals with colonization and those with clinical infection both can act as possible sources of transmission
 - Specialized laboratory methods are needed to accurately identify *C. auris*. Conventional laboratory techniques could lead to misidentification and inappropriate management, making it difficult to control the spread of *C. auris* in healthcare settings.
 - It can persist in the environment for a long time and environmental disinfection can be difficult.

Resources for additional information can be found below:

[Candida auris Information for Patients and Family Members](#)

[Candida auris Colonization Information for Patients](#)

[Candida auris toolkit](#)

[IDOH Candida auris webpage](#)

[CDC Candida auris webpage](#)

[Candida auris reporting algorithm](#)



Contact Information

Please feel free to email me if you any questions or if you would like me to address anything specifically.

Sincerely,

Shireesha Vuppalanchi, MD
Medical Director

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