CORHA Governance Committee Call
May 6, 2019 | 2:00 PM – 3:00 PM ET
Dial-in: 1-866-740-1260; Passcode: 5273136#

Agenda

Roll Call – 5 minutes

CORHA Updates – 5 minutes

- May 10 call *(NTM product on page 2, WG to Publication on page 6)*
- CSTE Conference

In-Person Meeting – 30 minutes

- Agenda development *(meeting guide on page 10)*
    - Review and confirm invitees
    - Daily Schedule (options 1 v 2)

- Strategic planning kickoff
    - Solidify objectives
    - Review Timeline for in-person meeting prep and post-meeting implementation

Workgroup Updates – 20 minutes

- Lab
- Policy *(also see email attachment)*
- Workgroup A
- Workgroup B

CORHA Workgroup Proposed Investigation / Reporting Thresholds and Outbreak Definition (Extrapulmonary *Nontuberculous mycobacteria,* NTM)

Version X, March 6, 2019

The thresholds and definitions below are intended as general guidance and were based on available resources and expert opinion. States and local jurisdictions may have their own outbreak definitions and requirements for reporting. Thresholds and definitions should be applied regardless of location of onset (healthcare facility-onset or community-onset).

Nontuberculous mycobacteria (NTM) are opportunistic pathogens that can be difficult to diagnose and treat. Pulmonary disease, the most common clinical manifestation of NTM infection, often affects individuals with underlying lung disease. Extrapulmonary NTM infections are less common than pulmonary infections but are often associated with severe disease and poor outcomes, even among immunocompetent individuals.[1] Outbreaks of extrapulmonary NTM infections in the United States have been increasingly linked with healthcare exposure and healthcare-associated outbreaks have been associated with medical devices, cosmetic procedures,[2] dental procedures,[3] and contaminated parenteral medications, among others. Non-healthcare settings associated with extrapulmonary NTM outbreaks include tattoo parlors, nail salons, and spas. Given the nonspecific symptomatology and prolonged time between exposure and symptom onset, outbreaks of extrapulmonary NTM infections can be difficult to detect. Utilizing thresholds for investigation and reporting and establishing outbreak definitions for extrapulmonary NTM can assist in early outbreak detection and implementation of interventions to prevent additional infections.[4,5]

NTM are mycobacterial species other than *M. tuberculosis* complex species and *M. leprae*. An extrapulmonary NTM infection is a positive culture or molecular evidence, such as polymerase chain reaction (PCR) or 16S ribosomal RNA gene sequencing (16S), of NTM from at least one of the following extrapulmonary sites:

- Skin or soft tissue
- Lymph node
- Urine
- A normally sterile body site such as blood, spinal fluid, bone marrow, abdominal fluid, pleural fluid, or bone.

and excludes:

- Cultures or molecular evidence positive for *M. tuberculosis* complex or *M. leprae*
- Cultures or molecular evidence from lower respiratory samples, including sputum, bronchial alveolar lavage, tracheal aspirate culture, or lung tissues
- Stool specimens

	Acute Care Hospitals	Critical Access Hospitals	Long-Term Acute Care Hospitals and Long-Term Care Facilities with Vented Patients	Long-Term Care Facilities	Dialysis Facilities	Outpatient and Emergency Department
Threshold for additional investigation by facility	1 case of extrapulmonary NTM					
Threshold for reporting to public health	1 case of extrapulmonary NTM*					
Outbreak definition	≥2 cases of extrapulmonary NTM* within a one-year period of time that are epidemiologically-linked[#] Multiple species of *Mycobacteria* may be involved in the same outbreak					

*Exclude advanced HIV with disseminated MAC.

[#]Epidemiologically-linked = Including but not limited to the following examples: shared water sources, similar surgical procedures, common medical devices or equipment, similar medications, etc.

Points for consideration:

- When a case is identified related to a facility exposure, the facility should prepare a line list of exposures.
- Medical tourism should be considered as a possible source of extrapulmonary NTM and will require additional investigation and collaboration with state and/or local partners.[6]
- Extrapulmonary NTM infections are a cause of both sporadic and healthcare-associated infections in the United States. Outbreaks have been associated with medical devices, cosmetic procedures, contaminated parenteral medications, and medical tourism, as well as with community exposures such as tattoo parlors, nail salons, and spas
- Although the Council of State and Territorial Epidemiologists standardized case definition for extrapulmonary NTM includes clinical evidence of infection, the thresholds and definitions used in this document do not necessarily include clinical evidence to allow detection of potential pseudo-outbreaks.[4] Initial thresholds for identifying extrapulmonary NTM includes lab identification only, since clinical evidence may not be known until additional facility investigation is initiated.
- Pediatric lymph node infections with NTM are common and typically do not require further investigation unless related to a dental surgery or invasive procedure.[3]
- *M. gordonae* is known to be a contaminant in pulmonary specimens. However, less is known about whether *M. gordonae* is more often a pathogen versus a contaminant in extrapulmonary specimens. Rare case reports of *M. gordonae* causing extrapulmonary disease exist. Health jurisdictions may consider including *M. gordonae* isolates from extrapulmonary sites as clinical cases in order to better understand

the clinical significance and epidemiology of these isolates. However, the benefit of *M. gordonae* reporting in identifying outbreaks compared to the resources required to investigate these cases is unclear.[4]

References:

1. Piersimon C, Scarparo C. Extrapulmonary Infections Associated with Nontuberculous Mycobacteria in Immunocompetent Persons. *Emerg Infect Dis* 2009; 15:1351-8.
2. Ruegg E, Cheretakis A, Modarress A, Harbarth S, Pittet-Cuenod B. Multistate infection with *Mycobacterium abscessus* after replacement of breast implants and gluteal lipofilling. *Case Rep Infect Dis* 2015; 361: Epub 2015 Mar 29.
3. Peralta G, Tobin-D'Angelo M, Parham A, et al. Notes from the Field: *Mycobacterium abscessus* infections among patients of a pediatric dentistry practice – Georgia, 2015. *Morb Mortal Wkly Rep* 2016; 65:355-6.
4. Bancroft J, Shih DS, Cassidy MP, Cieslak P, Beldavs Z, Zane S, et al. Council of State and Territorial Epidemiologists Position statement 17-ID-07: Standardized case definition of extrapulmonary nontuberculous mycobacteria infections. Atlanta, GA: Council of State and Territorial Epidemiologists; 2017.
5. Shih DC, Cassidy PM, Perkins KM, Crist MB, Cieslak PR, Leman RL. Extrapulmonary nontuberculous mycobacterial disease surveillance – Oregon, 2014-2016. *Morb Mortal Wkly Rep* 2018; 67:854-7.
6. Gaines J, Poy J, Musser KA, et al. Notes from the Field: Nontuberculous mycobacteria infections in U.S. medical tourists associated with plastic surgery – Dominican Republic, 2017. *Morb Mortal Wkly Rep* 2018; 67:369-70.

Other Resources:

Oregon Health Authority. Extrapulmonary nontuberculous mycobacterium (NTM) Investigative Guidelines. December 2017. https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/REPORTINGCOMMUNICABLEDISEASE/REPORTINGGUIDELINES/Documents/ntm.pdf.

NTM Product Subgroup Member Acknowledgements

Wendy Bamberg		wendy.bamberg@state.co.us
Linda Greene		linda_greene@urmc.rochester.edu
Nadege Charles Toney	SME	ngc6@cdc.gov
Matt Crist	SME	cwu0@cdc.gov
Steven Franklin		
Andrea Flinchum		andrea.flinchum@ky.gov
Geeta Sood		gsood1@jhmi.edu
Mary Alice Lavin		alavin@att.net
Stephanie Black		stephanie.black@cityofchicago.org
Kiran Perkins	SME	guu9@cdc.gov
Marion Kainer		marion.kainer@tn.gov
Maureen Tierney		maureen.tierney@nebraska.gov
Lilly Kan		lkan@naccho.org

CORHA *Workgroup to Publication* Process Guidance

Approved by the CORHA (Date)

Background

This guidance describes the process by which CORHA-developed products advance from the workgroups to publication. This process aims to: standardize the workflow process for CORHA member organization support staff; establish Governance Committee (GC) and Council review priorities; prepare workgroup leads and SMEs for product presentations; and allow for cohesive product branding. Note that this guidance will typically only apply to CORHA products that represent novel newly-created content. A more streamlined process will be utilized for posting resources or information taken or adapted from other reliable sources (e.g., CDC website). Additionally, while the Council will strive to use this guidance on all applicable CORHA products, more flexible processes will be used on products that require expedited publication. Of note, CORHA products are not co-branded with our member organizations. As such, we expect member organizations will assist their representatives in applying an appropriate level of product vetting and approval, as described in Appendix A.

Workgroup to Publication Processes

The workgroup to publication process consists of the following steps:

I. Product Packet Preparation

Upon the completion of the workgroup product, CORHA member workgroup leaders, with staff support, including a designated product manager will:

a. Finalize the content; where applicable, pursue cross-workgroup input/coordination;
b. Conduct informal CDC scientific and technical writing reviews to ensure accuracy, clarity, and consistency with other products and guidelines;
c. Compile all accompanying materials/resources into one packet; refer to Appendix B for CORHA workgroup packet requirements.

Target Completion: 7-14 Days

II. Governance Committee Review

The purpose of this GC review is for leadership awareness and to raise any additional issues that which need to be addressed.

Target Completion: 7-14 Days

III. CORHA Voting Member Review & Feedback Reconciliation [OPTIONAL—certain products may go straight to step 4 for an up-or-down vote at the discretion of the Governance Committee]

Support staff will send the packet to CORHA voting members for review. For the roles and expectations of CORHA voting members during this open review period, please refer to Appendix A.

Target Completion: 14-28 Days

IV. Voting/Approval

Member organization voting will be conducted via Qualtrics. A product is considered approved by a simple majority vote (refer to CORHA Bylaws).

Target Completion: 14 Days

V. Editing

A product that has been approved by a majority will go through Technical Editing to standardize all product language.

Target Completion: 7-21 Days

VI. Graphic Design [OPTIONAL—product dependent]

Once a product has approved and edited, it will be sent to the graphic designer. The final product, with graphic design, will be posted to a development site to be reviewed and approved by workgroup member leads and the Communications Task Force.

Target Completion: 14-28 days

VII. Posting to CORHA's Website

Approved products will be posted to the CORHA website with a version date, standard disclaimer*, and mechanism for feedback and suggestions from users

Target Completion: 7 days

VIII. Monitoring

Ongoing monitoring will take place based on annual review and revisions are needed

**Use of Disclaimers*: Because CORHA products are not co-branded by its member organizations, product pages will feature a disclaimer indicating that the positions and views expressed in this guidance do not necessarily represent the official positions of CORHA's member organizations.

APPENDIX A

Roles and expectations of CORHA workgroup and voting members during:

CORHA workgroup members are encouraged to review and provide feedback on workgroup products during the development process. Comments are expected to build on the contributions of the workgroup, advance the work developed and aim to achieve consensus. Ultimately, the aim of product reviews is to ensure that recommendations align with CORHA's mission and are consistent with current science. A workgroup consensus is achieved when a majority of workgroup members agree on the final product.

Per the CORHA bylaws, voting members representing CORHA membership organizations listed below are expected to review CORHA products and submit their votes. Voting members are considered representatives of their respective organizations and are responsible for reviewing products to help the Council avoid discordance with their organizations' official guidance and policies. Voting members may consult with their organizations or subject-matter experts within their networks to help guide their feedback and vote as a CORHA member. Partner organizational representatives or organizational staff involved in CORHA will be expected to support their organizations' voting members in updating their organizations on CORHA products, obtaining the appropriate internal approvals, tracking the status of their voting members' reviews, and communicating updates to CORHA member organization support staff.

Voting Members (*as of date):* 1 vote assigned per voting member. **

ASTHO:	3 Voting Members Gerd Clabaugh, Kris Ehresmann, Joe Miner
CSTE:	3 Voting Members: Wendy Bamberg, Erin Epson, Marion Kainer
CDC:	2 Voting Members: Joe Perz, Elizabeth Mothershed
NACCHO:	2 Voting Members: Dawn Terashita, Hilary Hanson
APIC:	1 Voting Member: Linda Greene
APHL:	1 Voting Member: Jafar Razeq
SHEA:	1 Voting Member: Waleed Javaid

**CORHA member organization support staff may serve as a designee on behalf of Council voting members to submit official Council votes, in the event the Council member(s) are unable to.

APPENDIX B

All CORHA product packets should include the following:

1. An editable copy of the final watermarked draft, exclusive of markups or comments.
2. The official title of the document.
3. References, supplemental resources and other supporting materials.
4. A current roster of all active workgroup members and subject-matter experts that participated in the product development process (for our records).

APPENDIX C

CORHA product presentations by CORHA workgroup Co-Chairs or SMEs should include the following:

1. A brief overview of the product (purpose, content, etc.).
2. The rationale behind the product development process (justifications, frameworks used, important research referenced, conclusions reached, etc.).
3. Acknowledgement of workgroup Co-Chairs, members, and SMEs.
4. Time for questions and discussion.

Appendix D

Posted Products: Feedback and Refinement

All posted CORHA-developed products will feature a feedback mechanism whereby users will have the option of submitting feedback and suggestions through the website (e.g., an email link appearing on the page that hosts the product).

CORHA will strive to review comments on a regular basis (e.g., quarterly). In general, products will be reviewed at least bi-annually. If it is deemed necessary to revise the product in response to comments, feedback, or new information, workgroup co-chairs will consult with the CORHA Governance Committee to determine the approval process, which may be expedited (i.e., not requiring full council vote) for minor updates.

In the event that a CORHA product addresses an issue or topic that is particularly novel or for which evidence and expert opinion are evolving, the product may be designated as “Interim Guidance” or an equivalent term. The decision to introduce this qualifier will typically be made by workgroup chairs in consultation with the CORHA Governance Committee.

2019 CORHA Spring/Summer In-Person Meeting
Meeting Dates: Wednesday, June 26 and Thursday, June 27
Location: AMA Conference Center, 1170 Peachtree Street N.E, Atlanta, GA

Meeting Invitees

CORHA Voting Representatives	
Wendy Bamberg, MD Council of State and Territorial Epidemiologists Colorado Department of Public Health and Environment wendy.bamberg@state.co.us	**Marion Kainer, MD, MPH** Council of State and Territorial Epidemiologists Tennessee Department of Health marion.kainer@tn.gov
Gerd Clabaugh, MPA Association of State and Territorial Health Officials gerd.clabaugh@idph.iowa.gov	**Elizabeth Mothershed, MS** Centers for Disease Control and Prevention ekm9@cdc.gov
Kristen Ehresmann, RN, MPH Association of State and Territorial Health Officials Minnesota Department of Health kristen.ehresmann@state.mn.us	**Joseph Perz, DrPH, MA** Centers for Disease Control and Prevention bzp4@cdc.gov
Erin Epson, MD Council of State and Territorial Epidemiologists California Department of Public Health erin.epson@cdph.ca.gov	**Dawn Terashita, MD, MPH** National Association of County and City Health Officials Los Angeles County Department of Public Health dterashita@ph.lacounty.gov
Linda Greene, RN, MPS, CIC Association for Professionals in Infection Control and Epidemiology Highland Hospital-University of Rochester Medical Center Linda_Greene@URMC.Rochester.edu	**Joseph Miner** Association of State and Territorial Health Officials Utah Department of Health joeminer@utah.gov
Hillary Hanson, MPH, MS, CPH National Association of County and City Health Officials Flathead City- County Health Department hhanson@flathead.mt.gov	**Julie Marders, MS, RN** *(Non-voting)* FDA/CDRH Julia.Marders@fda.hhs.gov
Waleed Javaid, MD Society for Healthcare Epidemiology of America SUNY Upstate Medical University waleedjavaid@gmail.com	**Patricia Meier, MD** *(Non-voting)* Centers for Medicare & Medicaid Services Patricia.Meier@cms.hhs.gov

Jafar Razeq, MD Connecticut State Public Health Laboratory jafar.razeq@ct.gov	
CORHA Non-Voting Representatives	
Meredith Allen, DrPH, MS Association of State and Territorial Health Officials mallen@astho.org	**Martha Ngoh, MPH** Association of State and Territorial Health Officials mngoh@astho.org
Christina Baum, MPH National Association of County and City Health Officials cbaum@naccho.org	**Ashley Ottewell** Association of State and Territorial Health Officials aottewell@astho.org
James Blumenstock, MA Association of State and Territorial Health Officials jblumenstock@astho.org	**Monica Schroeder, MPH** Council of State and Territorial Epidemiologists mschroedeer@cste.org
Michelle Cantu, MPH National Association of County and City Health Officials mcantu@naccho.org	**Dhara Shah, MPH** Council of State and Territorial Epidemiologists dshah@cste.org
Valerie Deloney, MBA Society for Healthcare Epidemiology of America vdeloney@shea-online.org	**Puja Shah, MPH** Council of State and Territorial Epidemiologists pshah@cste.org
Jeff Engel, MD Council of State and Territorial Epidemiologists JEngel@cste.org	**Richard Wild, MD, JD, MBA** CORHA Voting Member *(Representing Patti Meier)* Centers for Medicare & Medicaid Services Richard.Wild@cms.hhs.gov
Bonnie Herring Centers for Disease Control and Prevention lte4@cdc.gov	**Kelly Wroblewski, MPH** Association of Public Health Laboratories (APHL) kelly.wroblewski@aphl.org
Kate Heyer, MPH Association of State and Territorial Health Officials kheyer@astho.org	
Lilly Kan, MPH National Association of County and City Health Officials lkan@naccho.org	

CORHA Workgroup Members and SMEs	
Isaac Benowitz, MD (Medical Devices) Centers for Disease Control and Prevention Key6@cdc.gov	**Ruth Link-Gelles, PhD, MPH (Policy)** Centers for Disease Control and Prevention hzt7@cdc.gov
Stephanie Black, MD, MSc (Workgroup A) Chicago Department of Public Health guu9@cdc.gov	**Lisa McGiffert (Policy)** Consumers Union lmcgiffert@consumer.org
Matthew Crist, MD, MPH (Workgroup B) Centers for Disease Control and Prevention cwu0@cdc.gov	**Bola Ogundimu (LTC)** Centers for Disease Control and Prevention bzo2@cdc.gov
Dave Daigle (Policy) Centers for Disease Control and Prevention drd4@cdc.gov	**Priti Patel, MD, MPH*** Centers for Disease Control and Prevention pgp0@cdc.gov
Ghinwa Dumyati (CDI) University of Rochester	**Matthew Penn, JD (Policy)** Centers for Disease Control and Prevention itv1@cdc.gov
Andrea Flinchum, MPH (Workgroup A) Kentucky Department of Public Health Andrea.Flinchum@ky.gov	**Kiran Perkins, MD, MPH (Crosscutting)** Centers for Disease Control and Prevention guu9@cdc.gov
Cal Ham, MD, MPH (Workgroup B) Centers for Disease Control and Prevention ink4@cdc.gov	**Jessica Schindelar*** Centers for Disease Control and Prevention ghq1@cdc.gov
Rachel Hulkower, JD, MSPH (Policy) Centers for Disease Control and Prevention hzo2@cdc.gov	**Geeta Sood, MD (Workgroup A)** Johns Hopkins University gsood1@jhmi.edu
Moon Kim, MD (Policy) LA County Department of Public Health mokim@ph.lacounty.gov	**Maureen Tierney, MD, MSc (Crosscutting)** Nebraska Dept. of Health and Human Services Maureen.Tierney@nebraska.gov
Preeta Kutty, MD, MPH (CDI) Centers for Disease Control and Prevention chz6@cdc.gov	**Snigdha Vallabhaneni (*C. auris*)** Centers for Disease Control and Prevention fco6@cdc.gov
Mary Alice Lavin, RN (Workgroup A) Association of Professionals in Infection Control and Epidemiology alavin@att.net	**Chris VanBeneden (GAS)** Centers for Disease Control and Prevention cav7@cdc.gov

Maroya Walters (Crosscutting) Centers for Disease Control and Prevention vii0@cdc.gov	

*CORHA-related involvement to be confirmed

Draft Agenda Option 1

Wednesday, June 26	
Time	**Activity**
8:30 a.m.	Governance Committee Meeting • GC meeting with the Clarion Group
	Workgroup Meetings
12:00 p.m.	Lunch
1:00 p.m.	General/Council Business Session • Strategic planning with the Clarion Group
5:00 p.m.	Adjourn
6:00 p.m.	Group Dinner
Thursday, June 27	
8:30 a.m.	Workgroup Meetings
12:00 p.m.	Lunch
1:00 p.m.	Workgroup Meetings
4:30 p.m.	Wrap Up and Adjourn

Draft Agenda Option 2

Wednesday, June 26	
Time	**Activity**
8:30 a.m.	Governance Committee Meeting • GC meeting with the Clarion Group
	Workgroup Meetings
12:00 p.m.	Lunch
1:00 p.m.	Workgroup Meetings
5:00 p.m.	Adjourn
6:00 p.m.	Group Dinner
Thursday, June 27	
8:30 a.m.	General/Council Business Session • Strategic planning with the Clarion Group
12:00 p.m.	Lunch
1:00 p.m.	Workgroup Meetings
4:30 p.m.	Wrap Up and Adjourn

Tentative Timeline

Date/Week	Task
Week of 4/8	Send calendar hold to meeting invitees
Week of 4/15	Draft meeting planning guide for GC review
Week of 5/6	• Refine general agenda/meeting structure • Finalize list of meeting invitees
Week of 5/13	• Send hotel and travel information to meeting attendees
5/10 *(CORHA call - might be rescheduled; to be discussed with the GC)*	• Provide an overview of the agenda on the CORHA quarterly call
5/24	Meeting registration cut off date
Week of 5/27	Finalize agenda packet
6/19	Distribute agenda packet

TBD – Governance Committee and Council discussions with the Clarion Group