

JANUARY 2026

THE CONTAGION COURIER

Official Newsletter of the Nebraska ID Society

Introduction

KARI NEEMANN, MD
PRESIDENT, NEBRASKA INFECTIOUS DISEASES SOCIETY

I hope you and your families had a wonderful holiday season and a happy, healthy start to the New Year. As we head into 2026, I want to sincerely thank each of you for everything you do every day for patients, families, and communities across Nebraska. Your dedication to infectious diseases—often behind the scenes and always essential—does not go unnoticed, and I am grateful to be part of such a committed and thoughtful professional community.

Over the past six months, our society has been active in speaking up for science, evidence-based medicine, and patient-centered care. NIDS issued two position statements—Vaccines Do Not Cause Autism and Children Deserve Evidence-Based Vaccine Guidance (both of which can be found on our website)—to clearly reaffirm our commitment to protecting children and supporting families with accurate, evidence-based information. We also joined colleagues nationwide in signing a coordinated statement with the Infectious Diseases Society of America calling for the resignation of Secretary Kennedy, reflecting our responsibility as ID professionals to advocate when public health is at risk.

Behind the scenes, our committees have been hard at work, and I'm excited about what's ahead. Planning is well underway for our Annual Meeting, and this year we are thrilled to partner with the Nebraska Antimicrobial Stewardship Assessment and Promotion Program to host a joint NIDS Annual Meeting and Antimicrobial Stewardship Summit. By combining efforts, we hope to streamline resources, offer more focused tracks, and reduce conference fatigue—while building a meeting that becomes a truly sought-after regional event.

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M. Salman Ashraf, MBBS

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There are also great opportunities coming up to connect and learn together. Our next Ask the Expert webinar will be held on February 24th, 2026, with Dr. Clayton Mowrer speaking on congenital infections.

In addition, our Advocacy and Outreach Committee is planning a spring “Happy Hour” designed purely to bring us together—no slides, no prep, no pressure (and yes, that is very much intentional).

As we look ahead, I also want to take a moment to highlight the importance of NIDS membership dues. Membership support is what allows us to host our Annual Meeting, offer free CME through our Ask the Expert webinar series, and continue building meaningful programming for our community. Without dues, these core activities simply are not possible. I’m excited to share that our updated website now provides a much-improved way to manage membership, track participation, and communicate more effectively with our members. If you haven’t yet renewed your membership or created an account on the new site, I encourage you to do so—it directly supports the work we do together and helps ensure NIDS remains a strong, sustainable voice for infectious diseases across Nebraska.

Lastly, our Communications Committee continues to make meaningful progress, including updating our website, strengthening relationships with local media, and putting together this newsletter to keep you informed and connected. I am incredibly proud of the work we are doing as a society and the impact we are making across Nebraska. I encourage everyone to stay engaged—within NIDS and in your own communities—as we continue to advocate for our patients, our profession, and public health.

Thank you for all that you do. I look forward to the important work ahead and to continuing this momentum together.

Kari Neemann, MD



Upcoming Events

ASK THE EXPERT

02/24/26

CONGENITAL INFECTIONS

CLAYTON MOWRER, DO, MBA, MPH

ASSISTANT PROFESSOR, CHILDREN'S NEBRASKA UNMC

DETAILS AND REGISTRATION TO FOLLOW

Announcements

Please pay your membership annual dues!

Visit our website idnebraska.org and click the "Become a Member" button to register your annual membership

Member Celebrations

AWARDS

Dr. Angela Hewlett, Dr. Nada Fadul, and Dr. James Lawler are part of a UNMC team awarded a grant to participate in a new Emergency Preparedness and Response ECHO through Project ECHO program. This program intends to strengthen local, regional, and national emergency preparedness and response systems.

UNMC was selected as a grant awardee for the 2025-2026 ID Spark, Train, Educate, and Prepare (ID STEP) program from the ISDA Foundation, intended to train the next generation of infectious diseases professionals. The grant effort was led by Dr. Jasmine Marcelin and involves multiple members of the UNMC ID division.



Public Health Awareness

From our friends at the health department

HISTOPLASMOSIS PROVIDER SURVEY

The Nebraska Department of Health and Human Services, Epidemiology Unit recently launched an enhanced disease surveillance program for Histoplasmosis. We are seeking input from health care providers to support our work to better understand this disease in Nebraska. If you are a Nebraska provider, please consider taking this short 1–2 minute survey that will ask about your experiences diagnosing and treating patients with Histoplasmosis. You can click the link or scan the QR code to reach the survey.

[Click Here](#)



NEBRASKA STATE GRAM-NEGATIVE ANTIBIOGRAM REPORT

Nebraska State Gram-Negative Antibioqram Report for 2024 has been completed and can be found by clicking the link or scanning the QR code below.

[Click Here](#)





Public Health Awareness

From our friends at the health department

MULTISTATE INVESTIGATION OF NOVEL PSEUDOMONAS SPECIES IDENTIFIED FROM CEREBROSPINAL FLUID CULTURES

The CDC is investigating reports of a novel *Pseudomonas* species identified in cerebrospinal fluid (CSF) cultures during August 1, 2022, to present. Cultures were obtained from patients with indwelling neurologic devices in two states (CA, IL). As of January 6, 2026, three patients have been identified in these two states with culture collection dates ranging from August 2022 to August 2025. Isolates from one state harbored the blaIMP-13 carbapenemase gene.

Preliminary epidemiologic findings indicate all patients had external ventricular drains at the time of CSF culture and were treated for ventriculitis. Efforts to identify common exposures, including additional medical products and devices, are underway.

These isolates are glucose non-fermenting Gram-negative rods (bacillus) and may demonstrate enhanced growth at 30°C versus 35°C. Isolates are non-lactose fermenters on MacConkey agar and are oxidase positive. Furthermore, Isolates demonstrated limited biochemical activity and produced low confidence scores to multiple *Pseudomonas* species on MALDI-TOF MS and a range of identifications on automated testing instruments, including low probability ID to organisms across multiple non-fermentative genera. No cases of novel *Pseudomonas* species have been identified in Nebraska at this point. The CDC has issued a call for cases and is asking for assistance from healthcare professionals to identify any additional cases of this organism.

To aid in accurate identification, a composite MALDI-TOF MS profile has been added to CDC's MicrobeNet library for all three isolates. Organism can be identified with high confidence scores in CDC's MicrobeNet library as unidentified *Pseudomonas* spp. MN25CDC115, MN25CDC116, and MN25CDC117. One isolate is available in the RefSeq genomes database as NUPR-001 (RefSeq # GCF_052147955.1). Healthcare facilities and clinical laboratories should perform a retrospective review (ideally, to August 2022) and conduct prospective surveillance for isolates from CSF cultures that are glucose non-fermenting gram-negative rod (bacillus) that resembles the description of this novel *Pseudomonas* species.

If a CSF isolate from patient with indwelling neurologic device matching the descriptions of this novel *Pseudomonas* species is identified then the isolate should be saved (if available) and Nebraska Department of Health and Human Services (DHHS) Healthcare-Associated Infection and Antimicrobial Resistance (HAI/AR) Program should be notified by emailing dhhs.hai-ar@nebraska.gov. Furthermore, if isolate is available, contact Nebraska Public Health Laboratory (NPHL) by calling 402-559-9444 to discuss submission of isolates to the CDC for further characterization and completion of case reports forms.



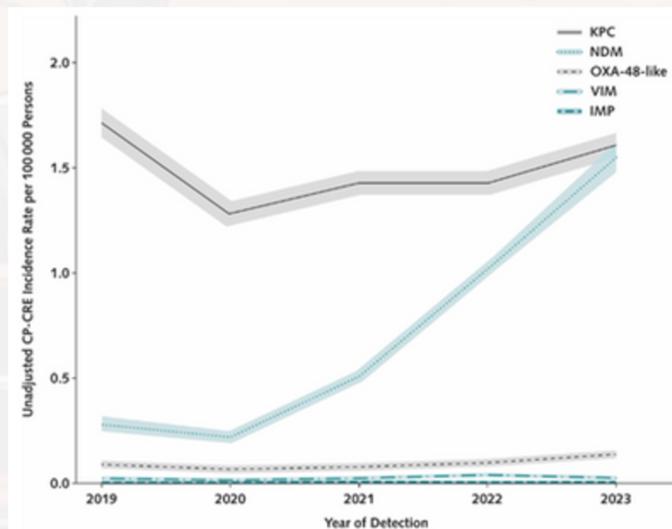
GUEST AUTHORS

For this issue, we have the pleasure of giving some space for our public health partners at the Nebraska Department for Health and Human Services.

M. Salman Ashraf, MBBS | Medical Director, Healthcare Associated Infections and Antimicrobial Resistance Program

NATIONAL AND LOCAL EPIDEMIOLOGY OF CARBAPENEMASE-PRODUCING CARBAPENEM-RESISTANT ENTEROBACTERALES

Enterobacteriales are a group of bacteria that normally comprise part of the human and animal gut microbiome but can cause a wide variety of infections including urinary tract, pulmonary, gastrointestinal, wound, intrabdominal and bloodstream infections. Some common Enterobacteriales species associated with infections in humans include *Escherichia coli*, *Klebsiella pneumoniae*, *Klebsiella oxytoca*, *Enterobacter cloacae* complex, *Citrobacter freundii*, *Citrobacter koseri*, and *Proteus mirabilis*. Carbapenem-Resistant Enterobacteriales (CRE) are a major clinical and public health concern due to limited treatment options. CDC's 2019 Antibiotic Resistance Threats Report identified CRE as one of five "Urgent Threats" (others include Carbapenem-resistant *Acinetobacter*, *Candidozyma auris* [formerly *Candida auris*], *Clostridioides difficile* and drug-resistant *Neisseria gonorrhoeae*). In a 2022 special report, CDC noted that in 2020 there were approximately 12,700 infections and 1,100 deaths in the U.S. due to CRE. Carbapenemase-producing CRE (CP-CRE) are a subset that develop resistance to carbapenems and other beta-lactam antibiotics due to the production of carbapenemase enzymes. CP-CRE are even more concerning due to higher mortality rates and a greater degree of antimicrobial resistance. Furthermore, because the resistance genes are often located on mobile genetic elements like plasmids, it allows for rapid spread of resistance across different bacterial species and increases the risk of healthcare associated outbreaks.



Unadjusted CP-CRE incidence rates per 100 000 persons across an open cohort of U.S. states with required CRE isolate submission, by carbapenemase gene, 2019-2023



NATIONAL AND LOCAL EPIDEMIOLOGY OF CARBAPENEMASE-PRODUCING CARBAPENEM-RESISTANT ENTEROBACTERIALES (CONTINUED)

It is important to know that there are different types of carbapenemases and the prevalence of each varies geographically. The five most encountered and clinically important carbapenemases are KPC (Klebsiella pneumoniae carbapenemase), NDM (New Delhi metallo- β -lactamase), VIM (Verona integron-encoded metallo- β -lactamase), IMP (active-on-imipenem metallo- β -lactamase), and OXA-48-like (oxacillinase). The type of carbapenemase affects treatment options, as fewer agents are active against CRE with NDM and other metallo- β -lactamases compared with KPC, which has historically been the predominant carbapenemase in the United States. A new report published by the CDC in September 2025, highlights a dramatic increase in NDM-producing CRE. The study was based on an open cohort of US states that mandated submission of all carbapenem-resistant Klebsiella spp., Escherichia coli, and Enterobacter spp. isolates before July 2020 and contributed a minimum of 36 consecutive months of data for this analysis. This cohort included 24 states in 2019, increasing to 29 states during 2021–2023, representing 35% of the US population.

Between 2019 and 2023, the age-adjusted incidence of CP-CRE increased 69% (from 1.98 to 3.16 per 100,000 persons), with the most prominent increase (461%) seen with NDM-CRE. NDM was identified in 27% of carbapenem-resistant E coli, 24% of carbapenem-resistant Klebsiella spp., and 6% of carbapenem-resistant Enterobacter spp. The incidence of OXA-48-like-CRE also increased (50%) during this timeframe. In contrast, KPC-CRE incidence decreased from 2019 to 2020 and then rose; rates in 2023 were similar to those in 2019. VIM- and IMP-CRE were less commonly identified during the study timeframe (both <1% of all CP-CRE). Nebraska was one of the low incidence states for CP-CRE and did not see any statistically significant change in age-adjusted CP-CRE incidence rate during the study timeframe (0.69 in 2019 to 0.80 per 100,000 persons in 2023). Nebraska DHHS's Healthcare-Associated Infections and Antimicrobial Resistance (HAI/AR) Program has a robust surveillance program in place that focuses on early identification of any carbapenemase producing organisms (CPO) and alerting healthcare facilities and providers on taking recommended infection prevention and control measures when providing care to patients colonized with any CPO, including CP-CRE. The team works closely with Nebraska Public Health Laboratory (NPHL) to ensure that carbapenem resistant isolates meeting criteria get tested for carbapenemases and when carbapenemases are identified, that isolates undergo whole genome sequencing. This process allows for rapid identification and containment of CP-CRE outbreaks and plays a major role in keeping incidence low in Nebraska. Furthermore, the HAI/AR program collaborates with the CDC and Antimicrobial Resistance Laboratory Network (ARLN) to offer free colonization screening for exposed patients in Nebraska healthcare facilities, facilitating timely detection and containment. More recently, the team has also offered free admission screenings for high-risk patients and periodic point prevalence screenings to healthcare facilities taking care of patients at high risk for CPO colonization. These strategies were developed based on the CDC recommendations to prevent the spread of novel and targeted multidrug resistant organisms (MDRO) and their guidance for public health containment response.



NATIONAL AND LOCAL EPIDEMIOLOGY OF CARBAPENEMASE-PRODUCING CARBAPENEM-RESISTANT ENTEROBACTERIALES

The above-mentioned CPO surveillance program helped identify several clusters of KPC-CRE in 2024. The HAI/AR team initiated an investigation and worked with healthcare partners to identify the source contributing towards the increase in KPC-CRE incidence. Following implementation of containment measures, the healthcare partners have already seen a decline in new cases in the second half of 2025. Incidence of all other CP-CRE including NDM-CRE remained low during this timeframe.

The excellent collaboration between public health and healthcare facilities in Nebraska has enabled our state to keep CP-CRE incidence low. Healthcare facilities in Nebraska have also focused on strengthening their antimicrobial stewardship programs, which have likely contributed to our overall low CP-CRE incidence. These strong partnerships must continue in order to combat antimicrobial resistance and improve patient safety across Nebraska healthcare facilities. More information on the HAI/AR program including Nebraska MDRO Tiers and criteria for Tier 2 MDRO Admission screening for high risk patients can be found at the [HAI/AR program website](#). Additional infection prevention and control and antimicrobial stewardship resources are available on Nebraska [ICAP](#) and [ASAP](#) websites.

