



## MEMO

To: Clinicians, Healthcare Facilities, & Laboratories

From: Tim Tesmer, M.D., Chief Medical Officer

Date: May 29, 2024

RE: Public Health Reporting Updates for Congenital CMV, Alpha-Gal Syndrome, & *Candida auris*

As specified in [173 NAC 1-004.04A](#), the Chief Medical Officer (CMO) of the Division of Public Health may require reporting, or a change in method or frequency of reporting, of newly recognized or emerging diseases. As diseases emerge that cause serious morbidity or mortality in Nebraska, reporting is necessary to monitor, prevent, and control newly recognized diseases. According to 173 NAC 1-004.04, the CMO may also specify a specific mechanism for such reporting, including persons and entities required to report. Under the authority of 173 NAC 1-004.04, as CMO of the Division of Public Health, I hereby declare tests intended to detect Congenital CMV, Alpha-Gal Syndrome, & *Candida auris* as reportable in Nebraska, per the specifications below.

**Reporting congenital CMV in Nebraska.** Congenital cytomegalovirus (cCMV) occurs across the United States, including Nebraska, and has the potential to cause severe health consequences and permanent disability for newborns. The incidence of cCMV is thought to be 1 in 200 live births with 1 in 5 infected infants experiencing permanent disabilities, which include hearing loss, vision impairment, developmental delays, and neurological complications. Through mandatory reporting, Nebraska could accurately monitor the occurrence and spread of cCMV, identify at-risk populations, and implement tailored prevention and intervention measures. Leveraging this data, the state could develop educational initiatives for expectant mothers, bolster screening initiatives, and allocate resources strategically to mitigate cCMV's adverse effects on infant health outcomes.

*CMV DNA testing by NAAT (both positive and negative), CMV antigen testing (both positive and negative), and detection of CMV in viral culture should be reported to the Nebraska Department of Health and Human Services, Division of Public Health, within 7 days of testing for those participating in Electronic Laboratory Reporting. Please see [Electronic Lab Reporting \(ELR\) in Nebraska](#) for onboarding instructions for reporting.*

**Reporting Alpha-Gal Syndrome in Nebraska:** Alpha-gal syndrome (AGS), also known as the "red meat allergy" is a hypersensitivity reaction to the sugar molecule alpha-gal. This molecule is found in non-primate mammalian meat (e.g., beef, pork, lamb, venison, rabbit, etc.) and certain products made from mammals (e.g., cow's milk, gelatin, lard, bouillon, gravy, etc.). Unlike typical food allergies, symptoms are often delayed by two or more hours after exposure and can arise suddenly following years of safe meat consumption. Evidence suggests that the bite of some tick species induces sensitization to alpha-gal. In the United States, it is most closely associated with the lone star tick (*Amblyomma americanum*). The true burden of AGS cases is unknown but much of the country may be at risk given the expanding geographic range of lone star ticks. We believe AGS is already present in Nebraska. An analysis of alpha-gal IgE testing on Nebraska residents from one commercial reference lab was completed across 5 years (2017-2022) of data. While overall number of tests performed by this lab was low, 19.3% of tests were positive. Although testing occurred sporadically across the state, incidence of individuals with positive alpha-gal IgE was highest in the southern portion of Nebraska lining up with known population of Lone Star ticks (*Amblyomma americanum*).

Making AGS reportable allows DHHS to quantify the burden of AGS and monitor trends in morbidity, mortality, and geographic distribution of risk. This will allow public health to offer recommendations and guidance. Preventing tick bites is currently the main strategy for AGS intervention; disease surveillance would, therefore, inform activities to strengthen occupational health protocols of suspected risk groups and public health messaging regarding tick bite prevention behaviors, with the goal of reducing tickborne disease risk.

*Alpha-Gal IgE test results, both positive and negative, should be reported to the Nebraska Department of Health and Human Services, Division of Public Health, within 7 days of testing for those participating in Electronic Laboratory Reporting. Please see [Electronic Lab Reporting \(ELR\) in Nebraska](#) for onboarding instructions for reporting.*

**Reporting *Candida auris* in Nebraska:** First identified in 2009, *Candida auris* (*C. auris*) poses a significant public health threat due to its emergence as an antimicrobial-resistant yeast. Its resistance to multiple classes of antifungal medicines leaves healthcare providers with limited or no options for treatment, particularly in immunocompromised patients who are more vulnerable to infections. The rapid progression of infections in these patients can lead to severe outcomes contributing to high morbidity and mortality rates. Additionally, *C. auris* demonstrates a unique ability to persist in healthcare environments and colonize patients' skin, facilitating rapid transmission within healthcare settings. This resilience and transmissibility can result in serious and prolonged outbreaks, underscoring the urgent need to make reporting of *Candida auris* mandatory. Such reporting would enable early detection, prompt intervention, and effective control measures to mitigate the spread and impact of this pathogenic fungus. Although still relatively rare in the United States, the incidence of *C. auris* has been steadily increasing nationwide, with 8,131 cases reported in 2022 compared with just 323 cases in 2018. Nebraska, traditionally considered a low-incidence state with no previous detection of *C. auris* transmission, has seen a notable shift in 2024. Nebraska has reported 5 cases of *C. auris* in 2024, indicating a concerning trend of emerging infections even in regions previously considered less affected by this pathogen.

*C. auris* DNA testing by NAAT (both positive and negative), *C. auris* isolation and culture, and *C. auris* antimicrobial susceptibility testing should be immediately reported to the Nebraska Department of Health and Human Services, Division of Public Health, within 24 hours of testing. All positives require reporting regardless of method of reporting. Please see [Electronic Lab Reporting \(ELR\) in Nebraska](#) for onboarding instructions for reporting.



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