



Infection Prevention and Control Roundtable with Acute Care Facilities

09-29-23





Agenda

- Welcome
 - ❖ New IPs: let's hear from you 😊
- Important Updates:
 - ❖ Vaccine-Preventable Diseases Surveillance-Respiratory Virus Surveillance
- Discussion regarding respiratory viral season
 - ❖ Viral season plans
 - ❖ Triggers for masking
 - ❖ Mandatory vaccines
- Q&A

★ New IPs this year

- Your name, hospital, and years of experience as an IP
- Bonus points: share one or two fun facts about you!
- If you are not receiving emails from us, you are not part of the “CDPH Healthcare Settings Team and Acute Care facilities” Sharepoint site. Reach out to us to be added.



★ In-Person Roundtable on Friday, October 20th



Date and Time: October 20th from 10 a.m. to 12 p.m.

Location: 1340 S. Damen Ave, 4th floor, Chicago, IL 60608

Keynote Speaker: Sylvia Garcia-Houchins, MBA, RN, CIC, Director of Infection Prevention and Control, Joint Commission

Registration Link: Please fill out this brief [survey](#) by October 17th to register if you have not done so.



MDRO Data: communication with facilities

- The Healthcare Settings Team is monitoring MDRO data reported to the XDRO registry.
- The goal is to ensure that your facility is following IDPH reporting requirements. We will reach out if your facility 1) **hasn't reported any MDRO data in the past 90 days** or 2) **has a substantial increase in MDROs**.
- If your facility is having difficulties with reporting due to XDRO access issues and/or a needs more training on reporting requirements, please let us know!
 - For XDRO access issues, reach out to your assigned CDPH IP.
 - For training on reporting requirements, please complete this [survey](#).





Respiratory Virus Surveillance

IP Roundtable

9/29/2023



Vaccine-Preventable Disease Surveillance Program

- Brian Borah, Medical Director (brian.borah@cityofchicago.org)
- Stephanie Gretsch, Senior Epidemiologist (stephanie.Gretsch@cityofchicago.org)
- Enrique Ramirez, Epidemiologist (Enrique.Ramirez@cityofchicago.org)
 - Lead: influenza, invasive *H. influenzae* in children <5, IPD in children <5
- Shelby Daniel-Wayman, Epidemiologist (Shelby.Daniel-wayman@cityofchicago.org)
 - Lead: varicella, pertussis, mumps, rubella

Reach us at:

- CDPH Disease Reporting Line: 312-743-9000 (follow the prompts for vaccine-preventable diseases)
- Direct shared line: 312-743-7216
- Emails above



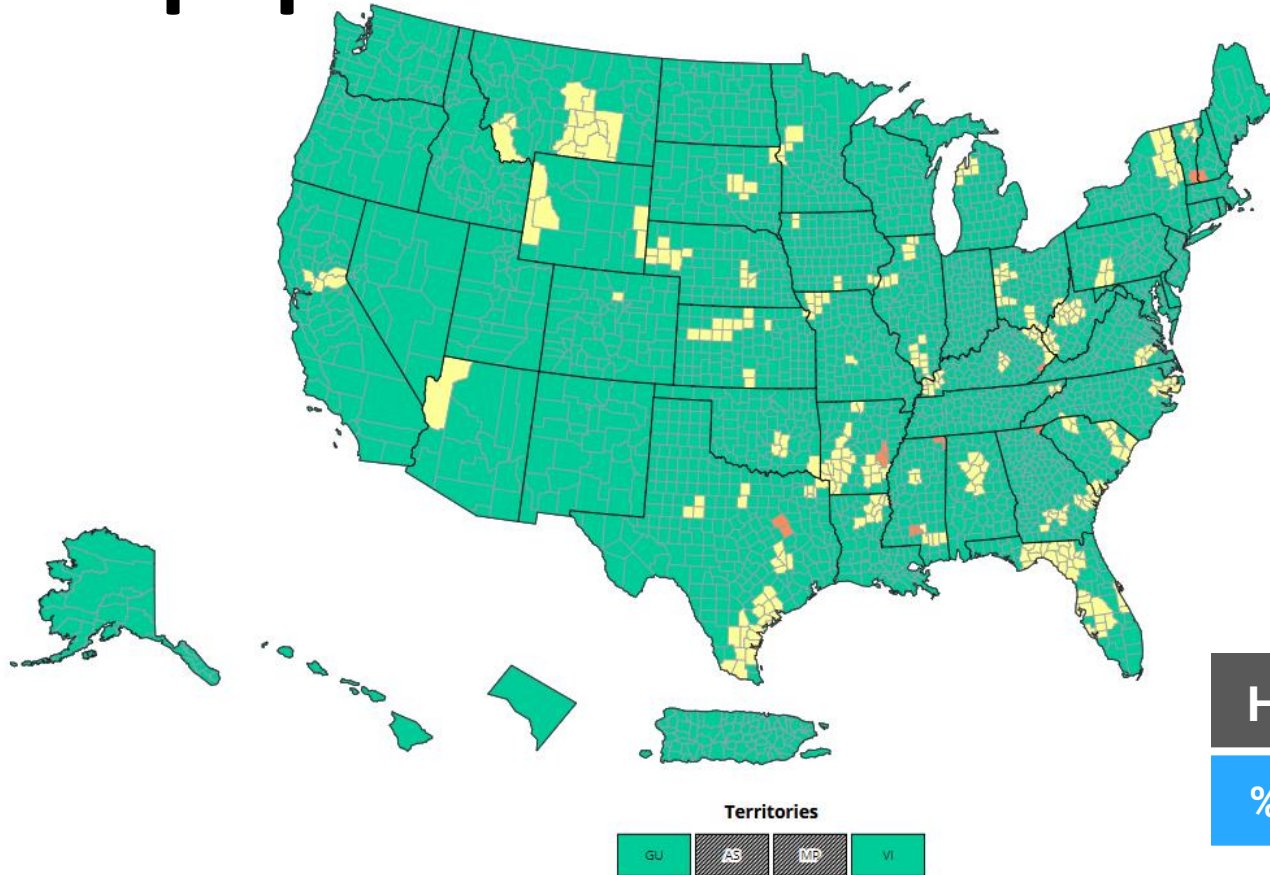
COVID Surveillance Key Points

- The hospital admission rate for Cook County increased by 15% over the past week, from 4.7 to 5.4 per 100,000, despite slowed growth nationally (4% decrease). The level for Cook County is still classified as LOW (< 10 per 100,000)
- Overall, citywide case rates have remained relatively constant, though we have observed decreases across several community areas over the last week. Hospitalizations have increased modestly, with higher rates observed in communities on the South side of Chicago. However, hospitalization rates are still much lower than they were at this time last year (i.e., about half of what they were in September 2022)
- Death rates remain very low (nine total deaths in the last six weeks), though it can take time for deaths to be reported to CDPH





Weekly COVID-19 hospitalizations per 100,000 population



National currently:

5.93 diagnosed weekly admissions per 100,000 people

Illinois currently:

5.3 diagnosed weekly admissions per 100,000 people

Cook County currently:

5.4 diagnosed weekly admissions per 100,000 people

	Past Week (and % change from previous week)	Total
Hospital Admissions	19,674 (-4%)	6,329,029
% Deaths due to COVID	2.7% (+12.5%)	1,143,192

12 US counties at **HIGH** hospital admissions level this past week.

● Low (<10.0) ● Medium (10.0 to 19.9) ● High (≥20.0) ▨ Insufficient data

CHICAGO | COVID-19 Summary

Data current as of Sep 27, 2023.

Data are updated Wednesdays at 5:30 p.m., except for City holidays.
All data are provisional and subject to change.

SUMMARY

CASES

CASES BY ZIP

TESTS

[Learn how to use this dashboard.](#)

HOSPITALIZATIONS

16 ▼

Current daily avg

17 (-6%)

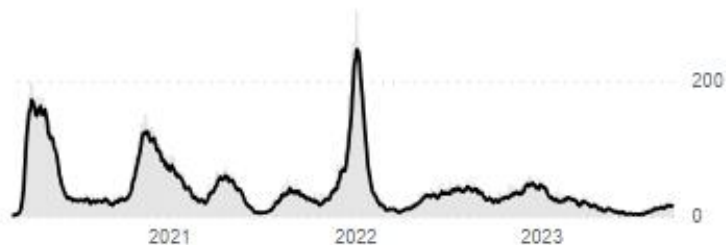
Prior week

53,924

Cumulative

0.59

Daily rate per 100,000



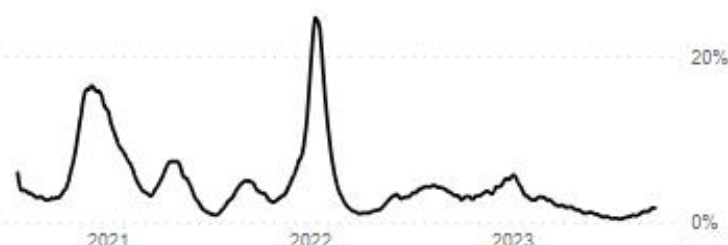
HOSPITAL BEDS IN USE

1.7% ▲

Current daily avg

1.6%

Prior Week



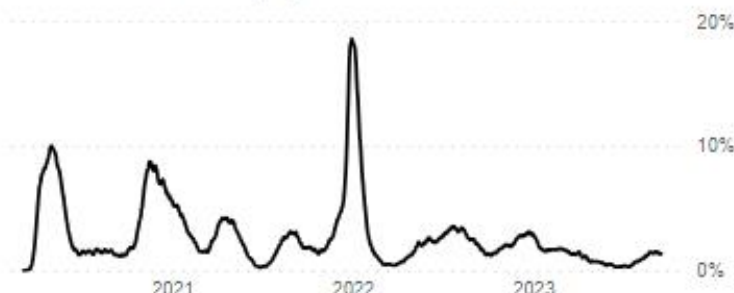
EMERGENCY ROOM VISITS

1.3% ▼

Current daily avg

1.5%

Prior Week



LABORATORY-CONFIRMED CASES

137 ▼

Current daily avg

151 (-9%)

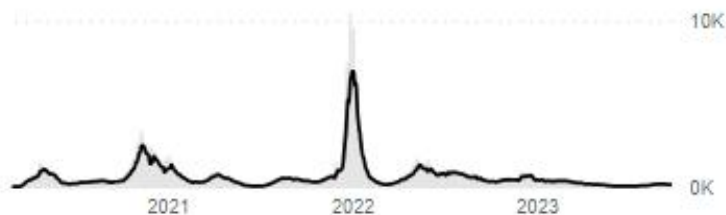
Prior week

787,509

Cumulative

5.05

Daily rate per 100,000



DEATHS

0.00 ▼

Current daily avg

0.14 (-100%)

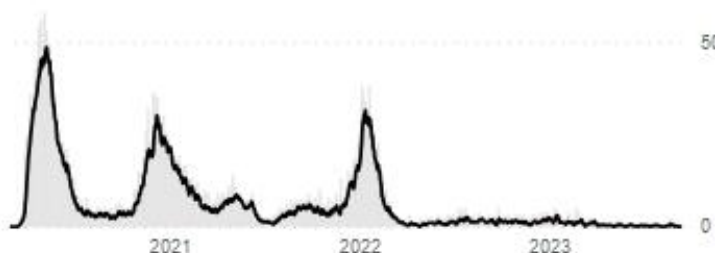
Prior week

8,170

Cumulative

0.00

Daily rate per 100,000



VACCINATIONS ADMINISTERED

2,558 ▲

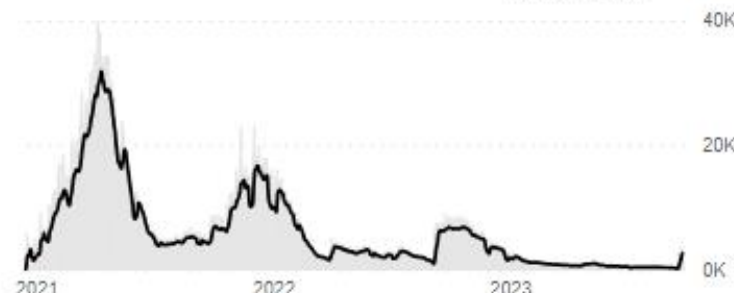
Current daily avg

5,907,645

Cumulative

24.3%

People with updated booster





COVID Surveillance Key Points

- While many strains are currently circulating in the U.S., EG.5 continues to be the most common lineage in Region 5 (Midwest), representing almost 30% of variants identified
 - The rate at which the proportion that are EG.5 is growing has slowed, driving the level of concern around variants from Medium to Low
 - Variant BA.2.86 has a large number of mutations compared to previously detected Omicron variants, raising concerns about the impact it may have. Several recent preprint articles utilizing viral pseudovirus assays indicate BA.2.86 is likely less infectious and not substantially more immune resistant than current XBB strains.
- Wastewater testing results indicate increased SARS-CoV-2 activity in Chicago. In general, wastewater surveillance may become a more consistent and informative indicator of community infection rates as the accuracy of reported COVID-19 case data diminishes over time due to evolving testing patterns and reporting delays

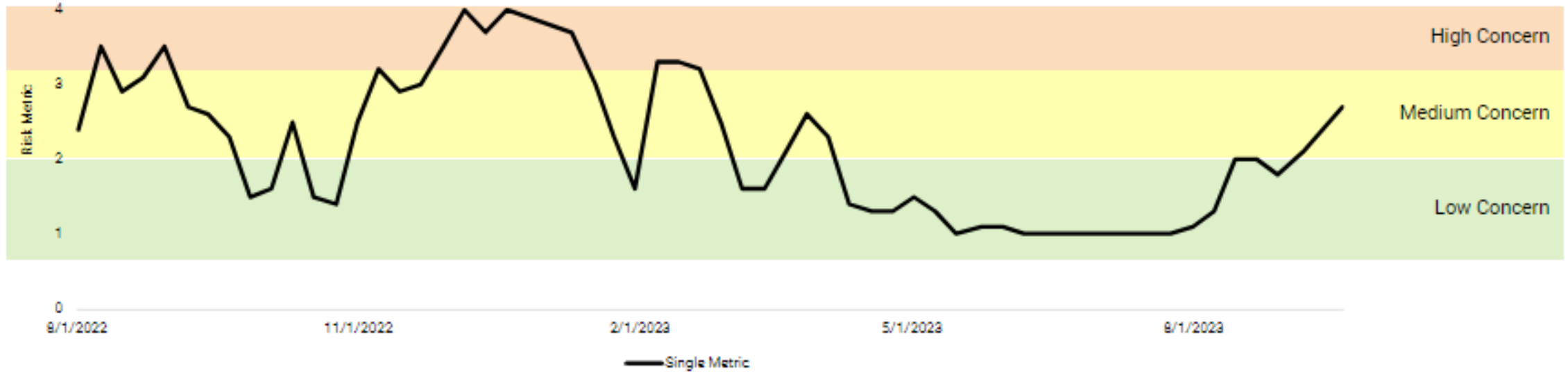


 **Chicago Lab-Based Early Alert Signals for week of 9/20 remain unchanged from the previous week**

Indicator	Thresholds			Chicago Current Values Week of 9/20
	Low Concern	Medium Concern	High Concern	
SARS-CoV-2 variant assessment, Chicago (combines log growth rate and VOC designation)	Stable lineage proportions, no VOC/VOHC	Variant or lineage increasing, no VOC/VOHC	Variant rapidly increasing, or VOC/VOHC	Low* (Last week: Medium)
Average wastewater score among sampled sites, Chicago (combines viral concentration and trend)	< 2	2-3	> 3	Medium (Last week: Medium)

*As of 9/13/2023

SARS-CoV-2 wastewater metric remains at a **MEDIUM** concern level

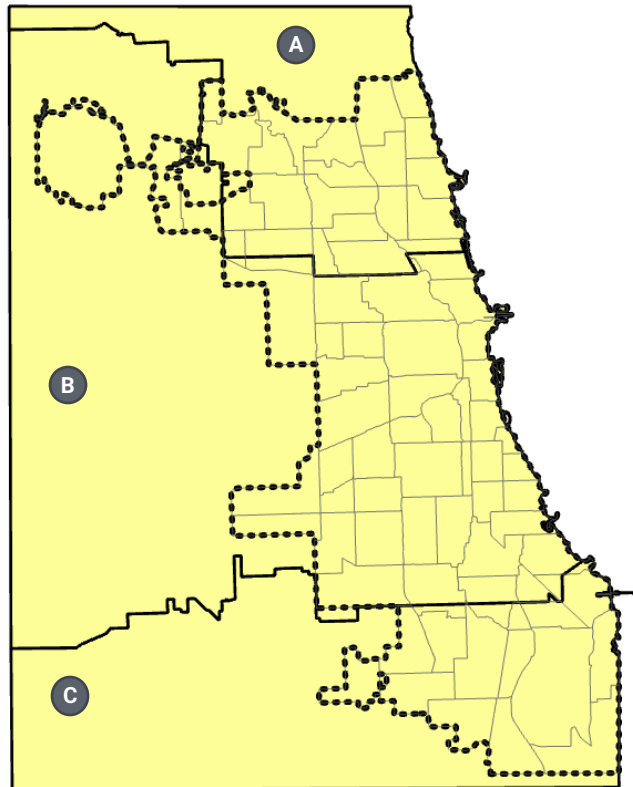


Medium SARS-CoV-2 concern levels were seen at all treatment plants and sewer sites.



Wastewater Treatment Plants

#	Catchment
A	Terrence J. O'Brien
B	Stickney
C	Calumet

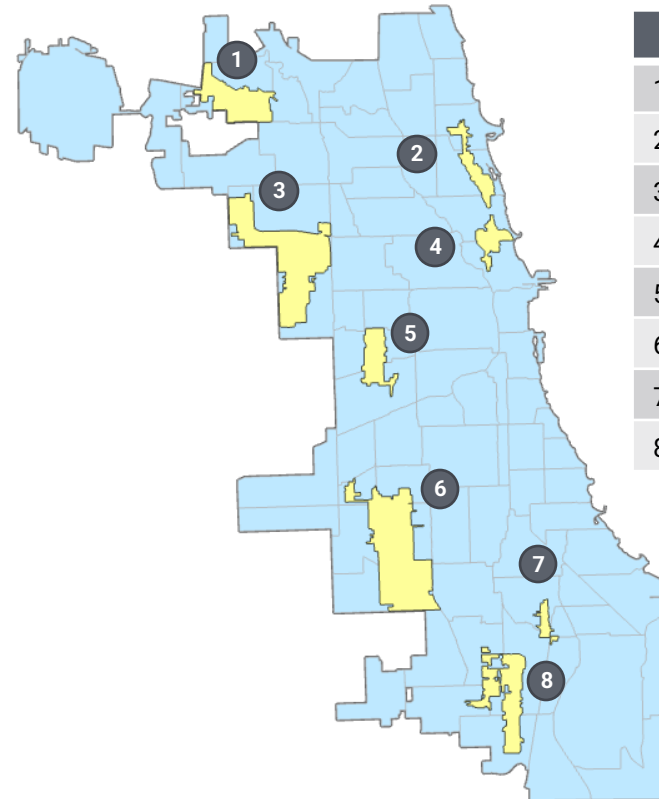


Wastewater treatment plant catchment areas exceed Chicago city borders (dashed boundaries) and cover also other Cook county municipalities.

The actual coverage areas are wider but trimmed in this figure.

Sewer sites

#	Catchment
1	Norwood Park - Jefferson Park
2	Lakeview - Uptown
3	Austin - Montecclare
4	Lincoln Park - Near North Side
5	Little Village
6	Chicago Lawn - Ashburn
7	Chatham
8	Roseland - West Pullman



Low Concern

Medium Concern

High Concern

★ Sign-up to receive our weekly report at chicagohan.org. Interactive Dashboard coming later this fall.



Surveillance Week 37 (September 10–September 16, 2023)

Chicago Respiratory Virus Weekly Surveillance Report



Brandon Johnson, Mayor

September 22, 2023

Fikirte Wagaw, MPH, Acting Commissioner

This report summarizes key respiratory virus surveillance indicators. The indicators are compiled from laboratory-based data as well emergency department visit data. This report is meant to provide more context for the ongoing COVID-19 pandemic, particularly as co-circulation of respiratory viruses increases. More detailed information on [influenza](#) and [COVID-19](#) activity can be found on their respective online dashboards. All data are preliminary and may change as additional reports are received.

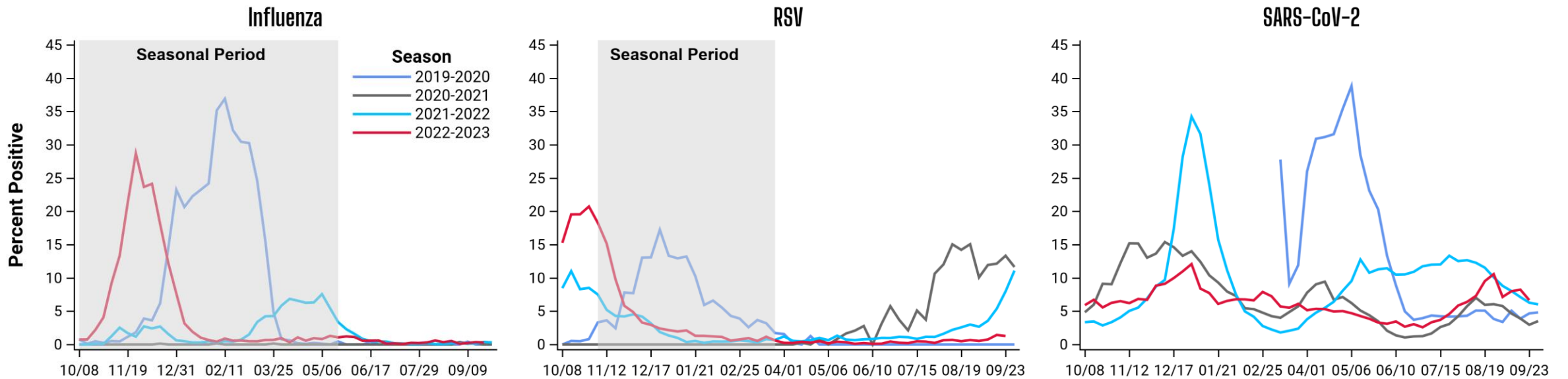


CDPH's general approach to pan-respiratory surveillance dashboard

	Test Positivity	Emergency Department Visits	Inpatient Visits
Metric	Weekly aggregate counts of test performed and % positive for specified target	% of emergency department visits	% of inpatient visits
Disease/Condition	SARS-CoV-2, Influenza, RSV, Parainfluenza, Rhinovirus/enterovirus, Metapneumovirus, Adenovirus, Seasonal Coronaviruses	COVID-19, Influenza, RSV, Broad acute respiratory*	COVID-19, Influenza, RSV, Broad acute respiratory*
Stratifications	Season	Season, Age group, Race/ethnicity	Season, Age group, Race/ethnicity
Source	Select Chicago hospital labs	All acute care hospitals	All but one Chicago acute care hospital

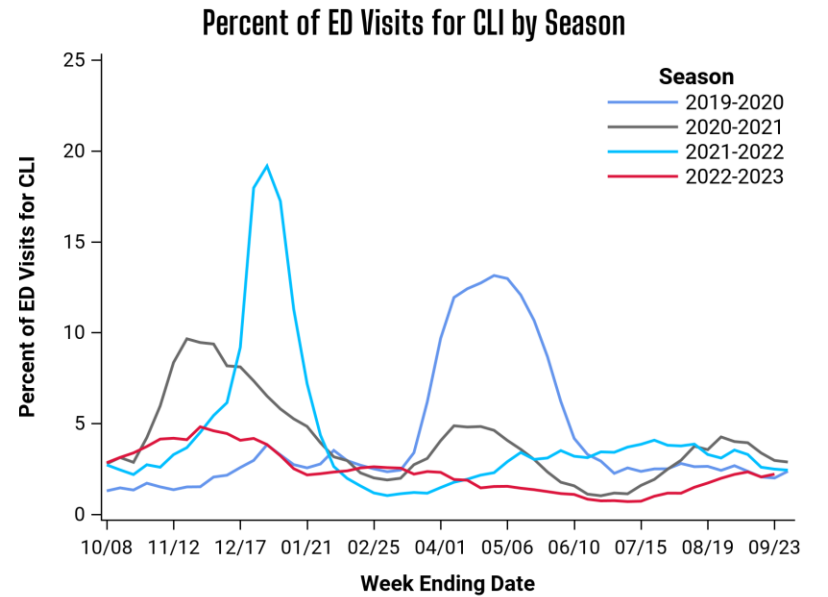
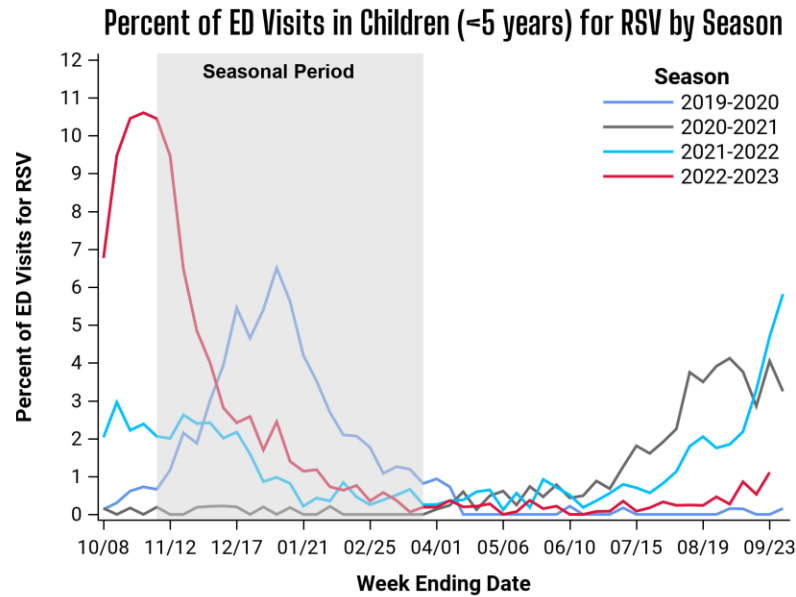
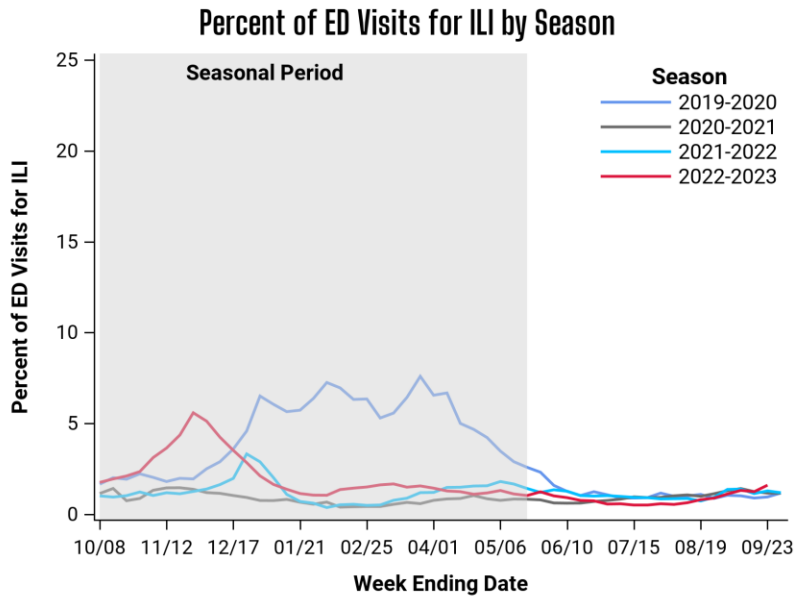
*Based on combination of discharge diagnoses and chief complaints for acute respiratory illness

★ Test Positivity Trends

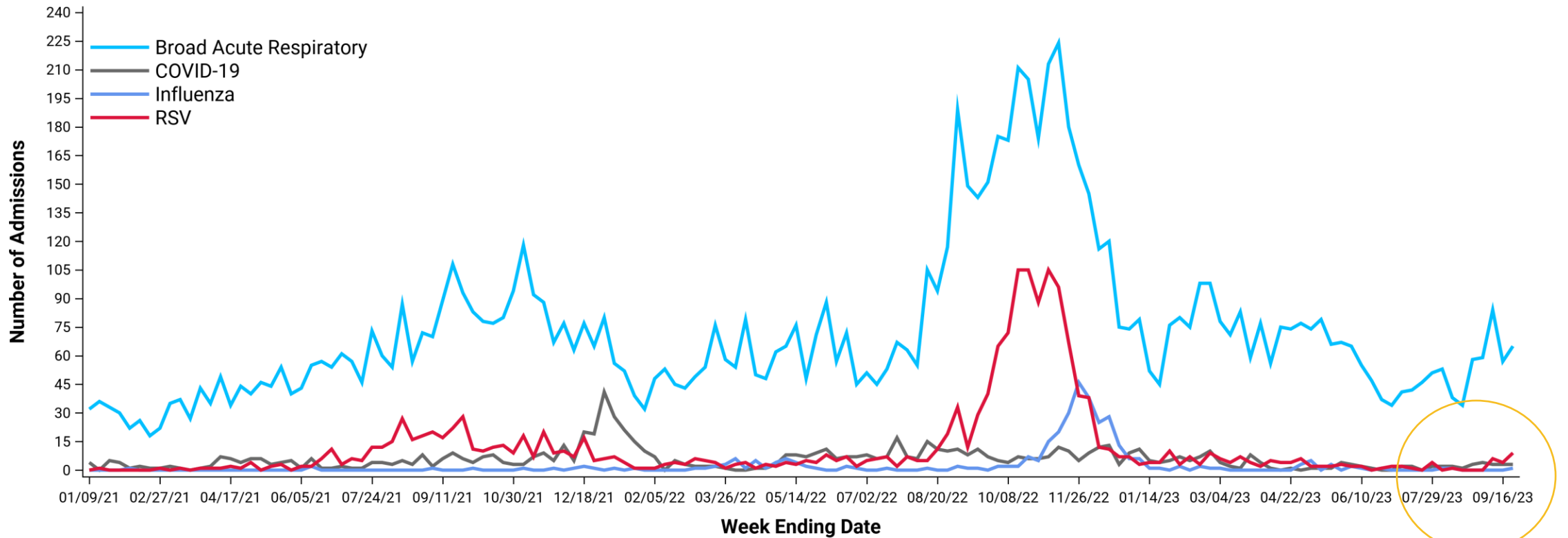


- Influenza test positivity is <1%
- RSV testing positivity has increased modestly in September but still <2%
- COVID positivity is declining since peak at end of Aug/early Sept

Emergency Department Visits



Pediatric Inpatient Visits





Increased Respiratory Syncytial Virus (RSV) Activity in Parts of the Southeastern United States: New Prevention Tools Available to Protect Patients

[Print](#)



Number of Admissions

Distributed via the CDC Health Alert Network

September 05, 2023, 2:00 PM ET

CDCHAN-00498

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to notify clinicians and caregivers about increases in respiratory syncytial virus (RSV) activity across some parts of the Southeastern United States in recent weeks, suggesting a continued shift toward seasonal RSV trends observed prior to the COVID-19 pandemic. Historically, such regional increases have predicted the beginning of RSV season nationally, with increased RSV

■ ★ **First time in history:
vaccines for all three major respiratory viruses
(!)**



Influenza

- ~52% VE
- Hopefully good match



RSV

- >80% VE
- Multiple age groups



COVID-19

- Long-COVID protection
- Matches circulating variants





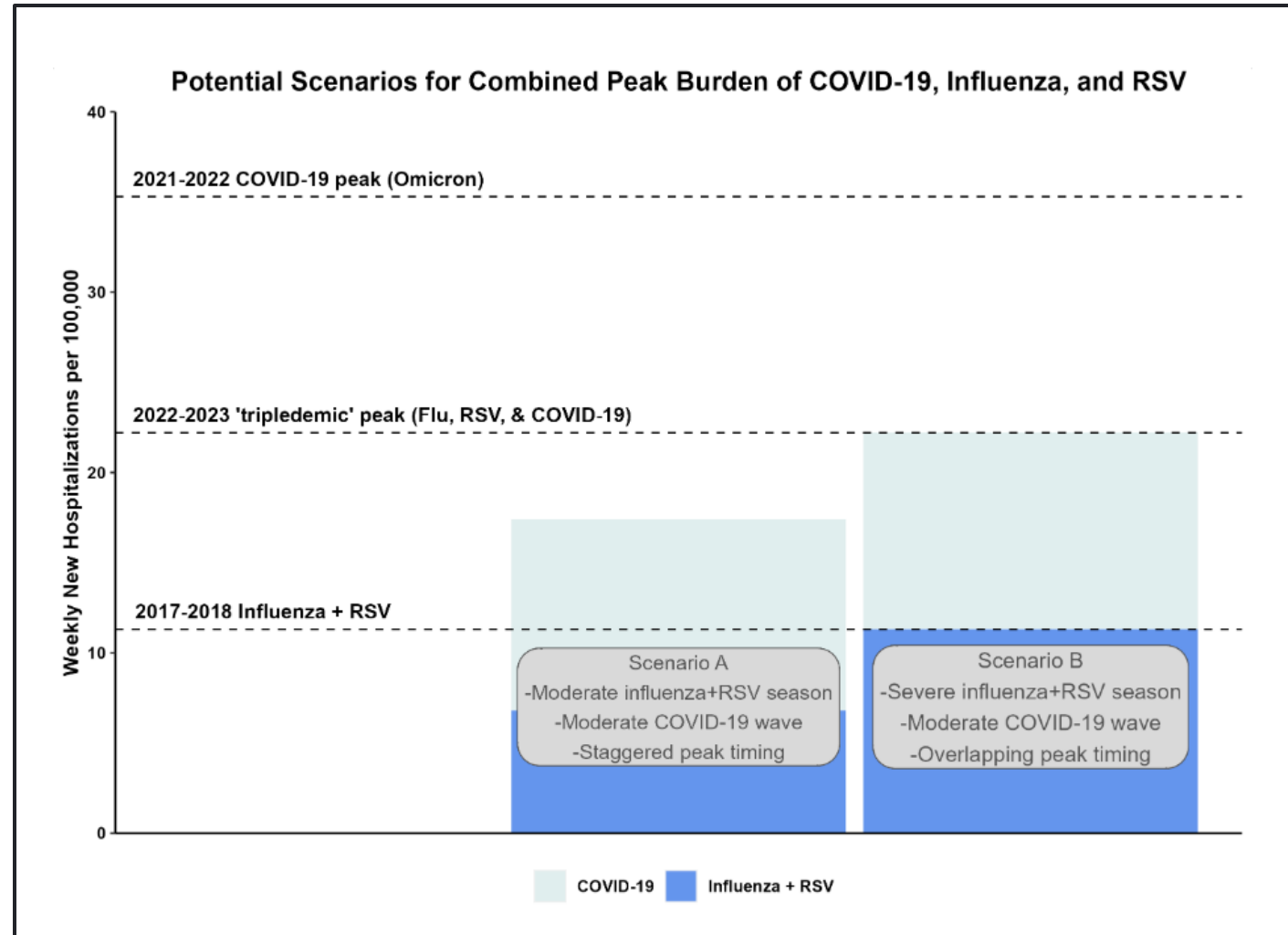
New RSV Immunization Products

- RSV vaccine for adults 60+ years recommended under shared clinical decision making
 - High risk include:
 - Cardiopulmonary disease, Kidney disorders, Liver disorders, Neurologic or neuromuscular conditions, Hematologic disorders, Diabetes mellitus, and Moderate or severe immune compromise (either attributable to a medical condition or receipt of immunosuppressive medications or treatment);
 - Other risk factors: Persons who are frail; persons of advanced age; persons who reside in nursing homes or other long-term care facilities; persons with other underlying conditions or factors that the provider determines might increase the risk for severe respiratory disease.
- Vaccine for pregnant women to protect their infant
 - Administered weeks 32 through 36 of pregnancy
 - Shown to reduce the risk of RSV hospitalization for babies by 57 percent in the first six months after birth
- Monoclonal antibody product, nirsevimab for infants
 - 1 dose of for all infants younger than 8 months born during or entering their first RSV season
 - 1 dose for infants and children 8–19 months old who are at increased risk for severe RSV disease and entering their second RSV season

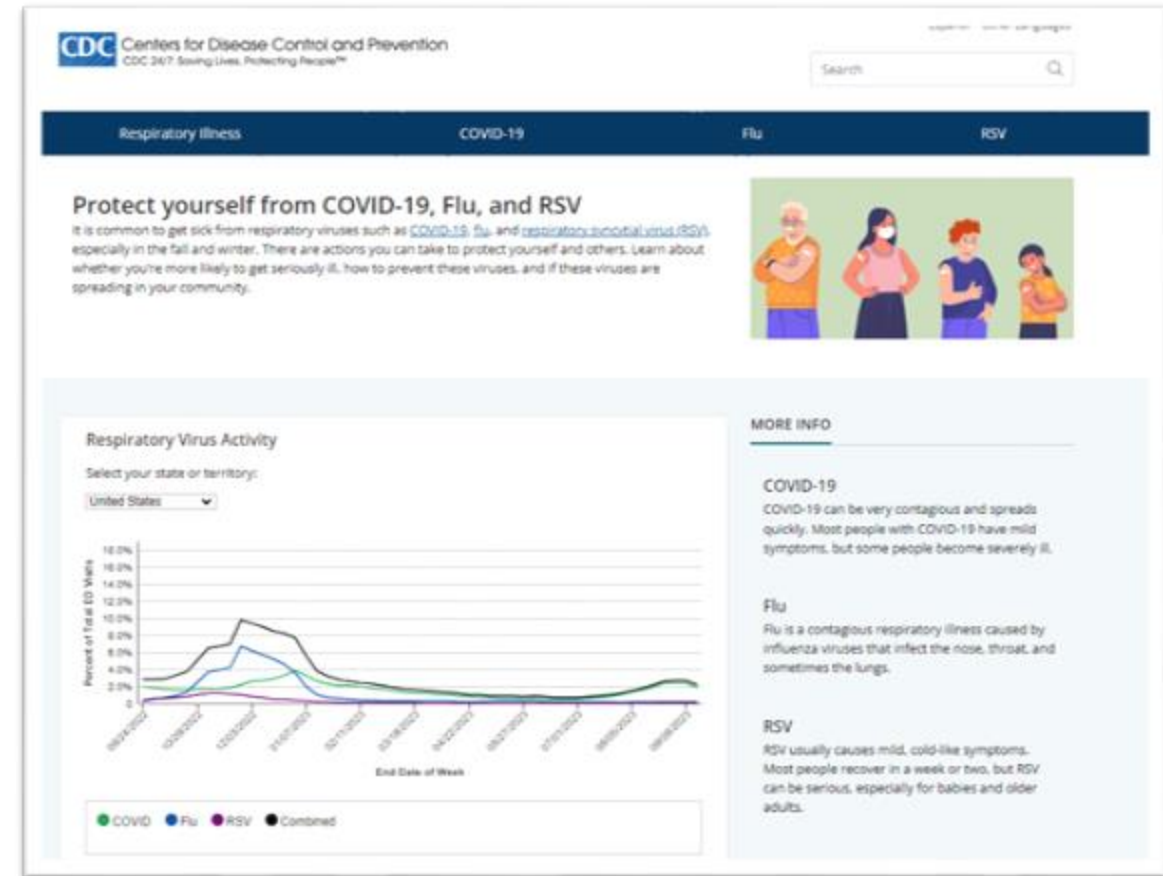
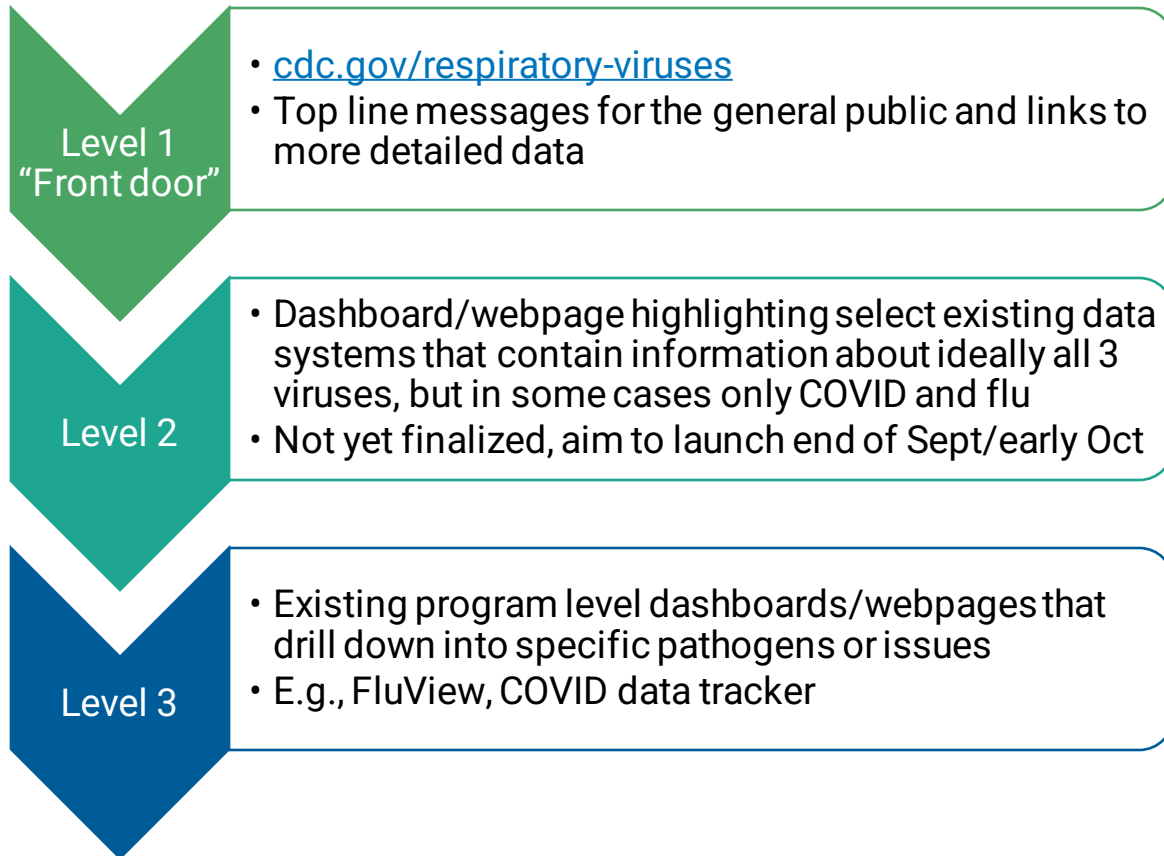


CDC expects hospitalizations similar to last season.

- Average season can still strain hospital system.
- Uncertainties include
 - viral evolution
 - vaccine uptake/performance



★ CDC plans, key resources



CDC Respiratory Virus Updates:
<https://www.cdc.gov/respiratory-viruses/whats-new/index.html>

  **Extra**



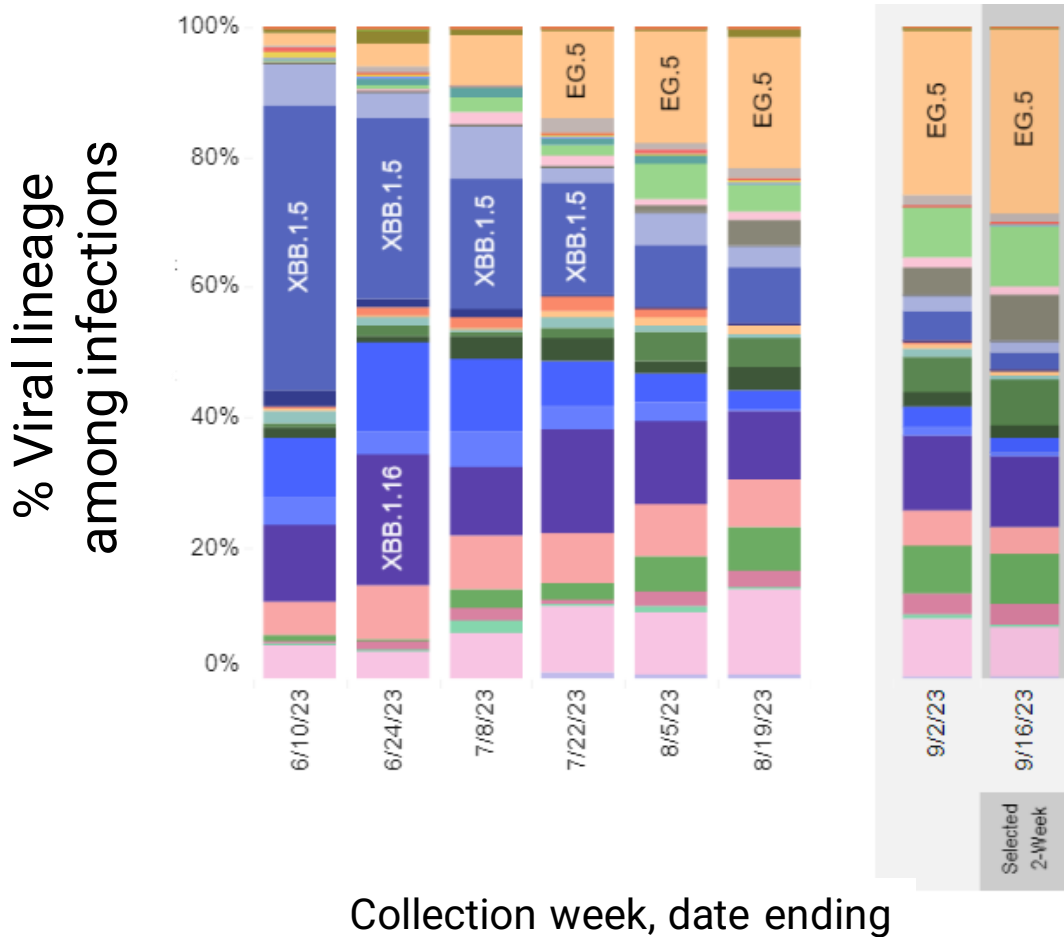
SARS-CoV-2 wastewater metric

	Risk assessed as low	Risk assessed as medium	Risk assessed as high
The average wastewater risk score among the sites that are sampled, as determined by the viral concentration and trend	< 2	2-3	> 3
This week		2.7	

The data are partitioned into quartiles based on the viral concentration. Risk level is assigned based on the magnitude of the mean of the observations from the past four weeks, where the number 1-4 corresponds to the quartile the mean falls into. The wastewater risk level is adjusted based on the trend in the two weeks of data, where an upward trend can move the site into a higher risk category, etc.

Variant Surveillance, USA

Weighted and Nowcast Estimates for Weeks of 5/28/23 – 9/16/23



WHO label	Lineage #	%Total	95%PI
Omicron	EG.5	28.3%	24.4-32.6%
	XBB.1.16	10.7%	8.4-13.5%
	FL.1.5.1	9.4%	7.0-12.6%
	XBB.2.3	7.4%	5.8-9.3%
	XBB.1.16.6	7.4%	5.5-9.8%
	HV.1	6.9%	3.8-12.0%
	XBB.1.5.70	6.9%	4.5-10.4%
	XBB.1.16.1	4.4%	3.5-5.4%
	XBB.1.16.11	3.2%	2.0-5.1%
	XBB.1.5	2.4%	1.7-3.2%
	XBB.1.9.1	2.1%	1.5-2.9%
	XBB.1.5.72	1.9%	1.2-3.1%
	XBB	1.9%	1.4-2.6%
	EG.6.1	1.4%	0.7-2.5%
	GE.1	1.4%	0.7-2.5%
	XBB.1.5.68	0.8%	0.5-1.5%
	XBB.1.9.2	0.7%	0.5-1.1%
	XBB.1.42.2	0.6%	0.3-1.0%
	XBB.1.5.59	0.5%	0.2-1.1%
	XBB.2.3.8	0.4%	0.2-0.9%
XBB.1.5.10	0.4%	0.3-0.6%	
CH.1.1	0.3%	0.2-0.6%	
FE.1.1	0.2%	0.1-0.5%	
FD.1.1	0.2%	0.1-0.3%	
XBB.1.5.1	0.0%	0.0-0.1%	
EU.1.1	0.0%	0.0-0.1%	
BA.2.12.1	0.0%	0.0-0.1%	
BQ.1	0.0%	0.0-0.0%	
BA.5	0.0%	0.0-0.0%	
FD.2	0.0%	0.0-0.0%	
B.1.1.529	0.0%	0.0-0.0%	
Other	Other*	0.1%	0.0-0.1%



Current SARS-CoV-2 sublineage growth rates indicate a **LOW** concern level (as of 9/13/2023)

	Low Concern	Medium Concern	High Concern
SARS-CoV-2 variant concern assessment	Relatively stable lineage proportions for ~2 weeks (i.e. no lineage with log growth rate >0.05) AND No VOHC designated. No 'particularly concerning' VOC detected anywhere in the world.	A variant or sublineage increasing in relative prevalence locally (log growth rate 0.05-0.13) OR A VOHC designated or 'particularly concerning' VOC detected somewhere.	A variant or sublineage rapidly increasing in relative prevalence locally (log growth rate >0.13) OR A VOHC designated or 'particularly concerning' VOC detected in the United States.



Open Forum for Questions and Comments

Our general number: 312-744-1100

cdphaiar@cityofchicago.org



Discussion regarding respiratory viral season

- Viral season plans
 - ❖ Triggers for masking
 - ❖ Mandatory vaccines
 - ❖ Behavioral health or Rehab Units
 - ❖ High risk units
 - ❖ Outbreaks of respiratory infections
 - ❖ Employee Health Support/testing of HCWs
 - ❖ Data you are using to monitor at your facility
 - ❖ COVID-19 hospital levels
 - ❖ City/national data





Thank you for participating!
Next Roundtable: **10/20/2023**





Additional Slides/Resources



(not presented during the meeting)





Our Team

- Medical Directors:
 - Dr. Do Young Kim
 - Dr. Stephanie Black
- Projects Administrator: Shane Zelencik
- Project Manager: Maria Bovee
- Infection Preventionists:
 - Kim Goitia
 - Andrea Castillo
 - Karen Branch-Crawford
- Public Health Administrator:
 - Maggie Li
 - Ro Chavez
- General number for our team: **312-744-1100**
- cdphhair@cityofchicago.org



Our Team, Our Services

Our team consists of Infection Prevention Specialists, Epidemiologists, a Project Manager, a Projects Administrator, and Medical Directors who provide the following assistance:

- IP&C Guidance and training
- Infection Control Assessments and Responses (ICARs)
- Epidemiology Support
- IP&C Roundtable
- Our partnerships and site visits are meant to be educational, constructive, non-regulatory, and non-punitive
 - We work with you to resolve any identified opportunities
 - These services are not in response to citations or complaints



Reporting Case Report (CRF) Forms

CDPH requires additional epidemiologic information for certain cases in addition to the reporting requirement. By providing this information to CDPH, it allows us to have a better understanding of this patient and how to limit the spread of further transmission for certain multi-drug resistant organisms.

For MDRO Reporting training (have a new IP? need a refresher?) questions and CRF completion requirements, please contact:

cecilia.pigozzi@cityofchicago.org

