



# **COVID-19 Chicago Long Term Care Roundtable**

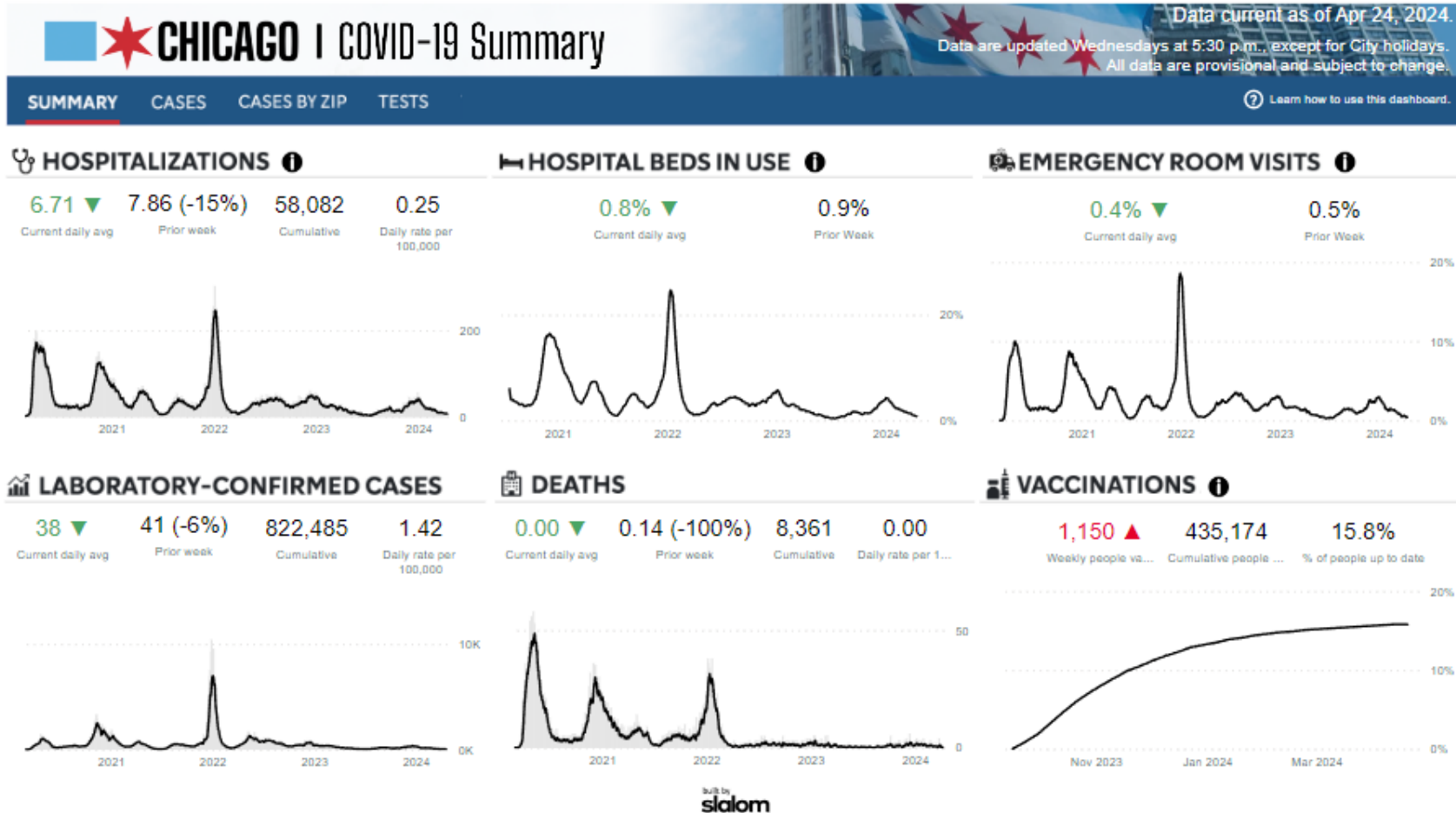
4-25-24



# Agenda

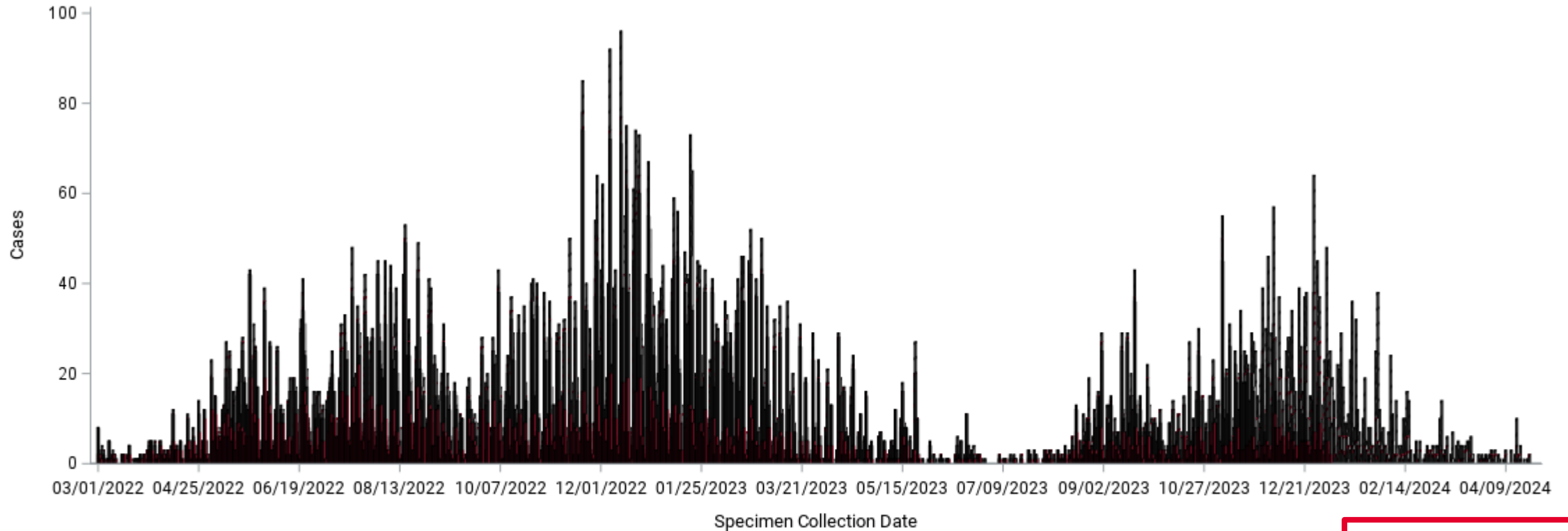
- COVID-19 Epidemiology and Updates
- Measles 101
- TB Data
- Hand Hygiene Resource
- New IDPH Rules
- Emergency Preparedness Scenario
- Questions & Answers

# Chicago Dashboard



# SNF COVID-19 Cases

(Mar. 1, 2022 – Apr. 24, 2024)



Not Fully Vaccinated Resident Not Fully Vaccinated Staff Fully Vaccinated Resident Fully Vaccinated Staff

Data Sources: INEDSS (Illinois state) and REDCap (facility self report)

A fully vaccinated case occurs when the positive test specimen was collected at least 14 days after the individual completed their COVID vaccination

Fully vaccinated cases may be underestimated due to delayed reporting

**8 (10%) SNFs  
have active  
outbreaks**

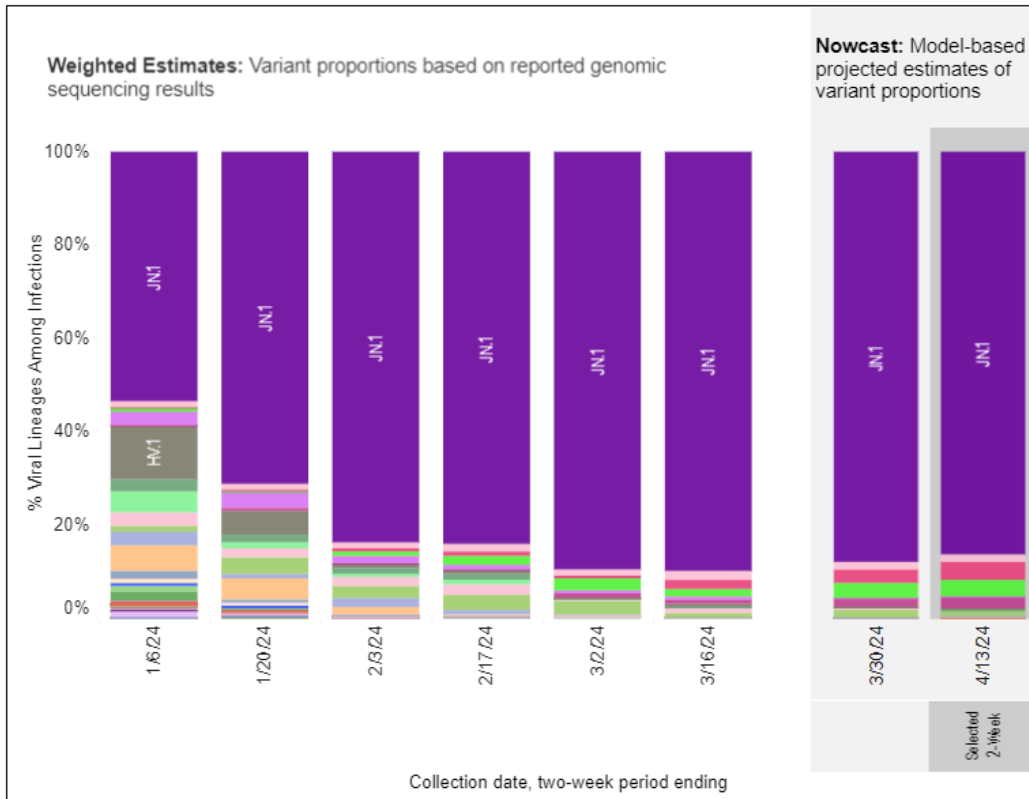
# COVID-19 Variant Proportions



## Weighted Estimates in HHS Region 5 for 2-Week Periods in 12/24/2023 – 4/13/2024

## Nowcast Estimates in HHS Region 5 for 3/31/2024 – 4/13/2024

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



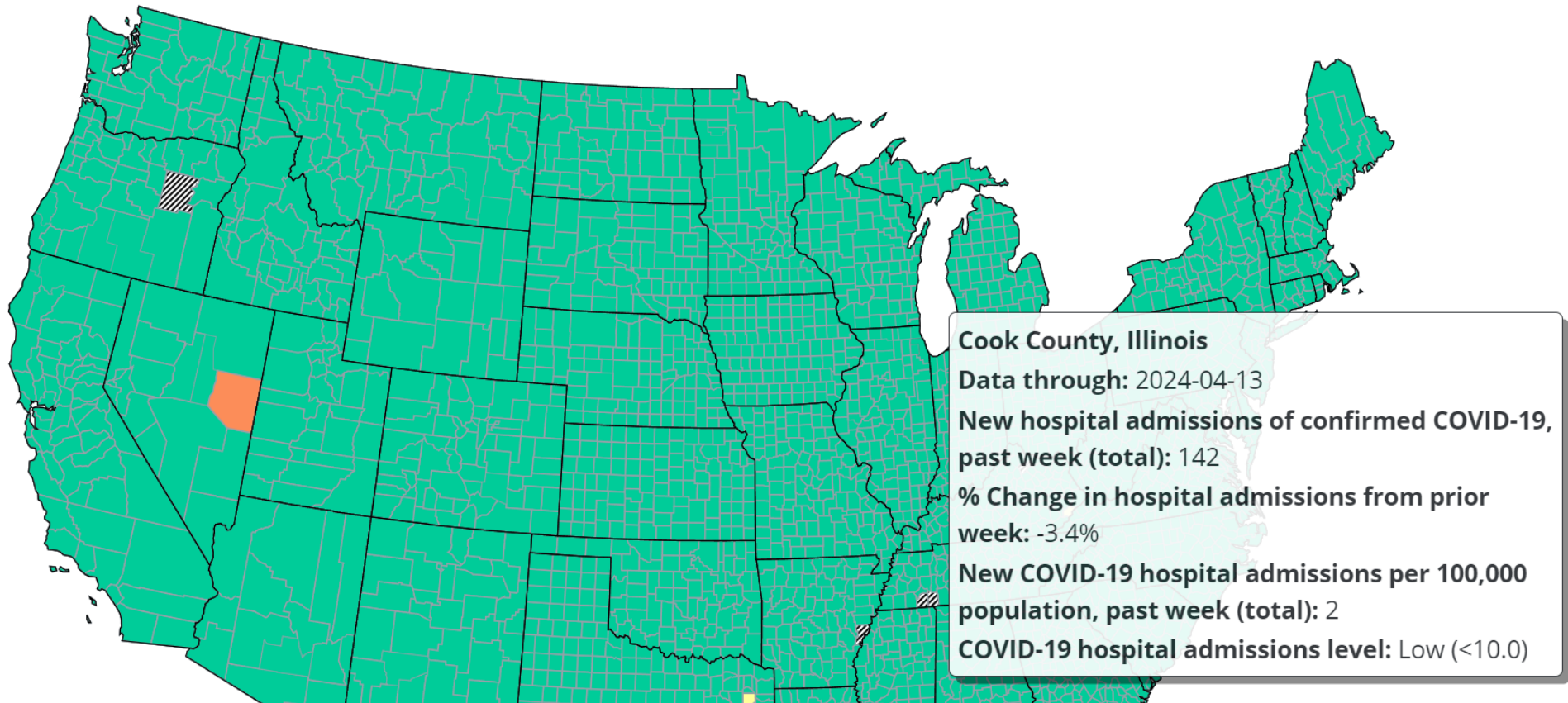
### Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

WHO label	Lineage #	%Total	95%PI	
Omicron	JN.1	86.3%	81.8-89.9%	
	JN.1.13	3.8%	1.7-8.0%	
	JN.1.18	3.4%	2.0-5.7%	
	JN.1.16	2.7%	1.3-5.3%	
	BA.2	1.1%	0.1-7.0%	
	B.1.1.529	0.7%	0.0-9.3%	
	GE.1	0.2%	0.1-0.5%	
	BA.2.86	0.1%	0.1-0.2%	
	XBB	0.0%	0.0-0.0%	
	HV.1	0.0%	0.0-0.0%	
	JG.3	0.0%	0.0-0.0%	
	JD.1.1	0.0%	0.0-0.0%	
	XBB.1.16.17	0.0%	0.0-0.0%	
	EG.5	0.0%	0.0-0.0%	
	HK.3	0.0%	0.0-0.0%	
	XBB.1.9.1	0.0%	0.0-0.0%	
	JF.1	0.0%	0.0-0.0%	
	XBB.2.3	0.0%	0.0-0.0%	
	XBB.1.16.6	0.0%	0.0-0.0%	
	FL.1.5.1	0.0%	0.0-0.0%	
	EG.5.1.8	0.0%	0.0-0.0%	
	XBB.1.16	0.0%	0.0-0.0%	
	BA.1.1	0.0%	0.0-0.0%	

\* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 2-week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all 2-week periods displayed.  
 \*\* These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates  
 # While all lineages are tracked by CDC, those named lineages not enumerated in this graphic are aggregated with their parent lineages, based on Pango lineage definitions, described in more detail here: <https://www.pango.network/the-pango-nomenclature-system/statement-of-nomenclature-rules/>

# CDC COVID Data Tracker: Cook County

Reported COVID-19 New Hospital Admissions Rate per 100,000 Population in the Past Week, by County – United States





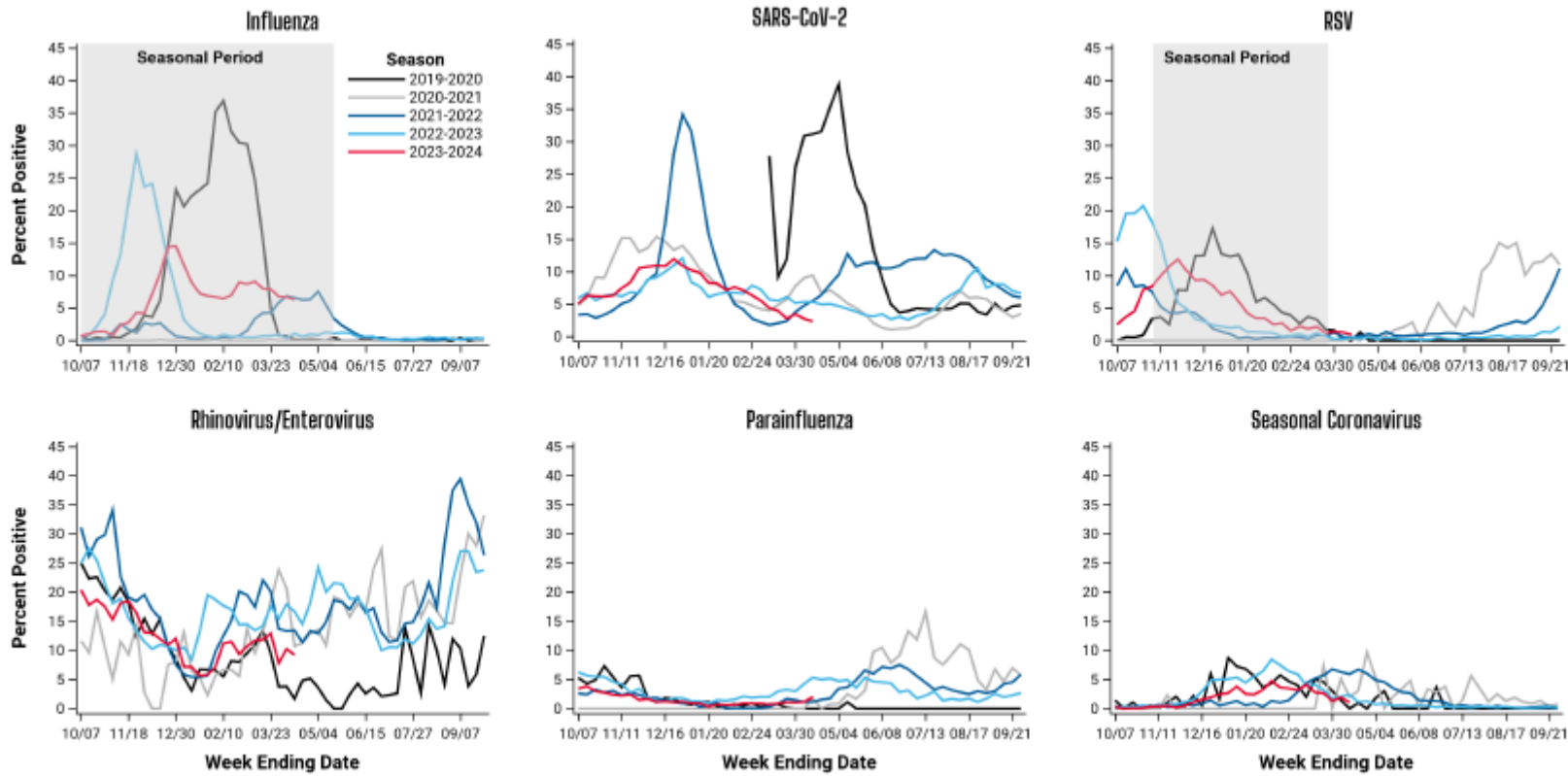
# Chicago Respiratory Virus Surveillance Report – Current Week & Cumulative

Respiratory Pathogen	Week Ending April 13, 2024		Since October 1, 2023	
	# Tested	% Positive	# Tested	% Positive
Influenza*	3,748	6.3	148,364	6.9
RSV*	2,738	0.9	97,637	5.5
SARS-CoV-2*	3,121	2.3	109,408	7.5
Parainfluenza	1,602	2.0	50,811	1.4
Rhinovirus/Enterovirus	822	9.2	28,389	12.1
Adenovirus	822	1.8	28,090	3.5
Human Metapneumovirus	825	6.3	28,299	1.5
Seasonal Coronaviruses <sup>†</sup>	1,599	1.1	50,622	2.0

\*Represents both dualplex and multiplex PCR data. All other data represents only multiplex panels that include the specified pathogens;† Four seasonal coronavirus strains include 229E, NL63, OC43, and HKU1.



# Chicago Respiratory Virus Surveillance Report – Seasonal Trends







# Reminder: Minimum Routine Staff Testing Frequency

Vaccination Status	Community Transmission Level	Testing Frequency
<b>Not up to date</b>	All	No required routine testing*
<b>Up to date**</b>	All	No required routine testing*

\* Unless symptomatic, had a high-risk exposure, or your facility is in outbreak and performing unit/broad-based testing.

\*\* An individual has received all COVID-19 vaccinations for which they are eligible



# Reminder: Minimum Routine Resident Testing Frequency

Vaccination Status	Hospital Admission Level	Routine Testing Frequency
Not up to date	All	No required routine testing*
Up to date	All	No required routine testing*
New and readmissions, regardless of vaccination status	Low or Medium	No required routine testing*
New and readmissions, regardless of vaccination status	High	Facility discretion*

\*Unless symptomatic, following a high-risk exposure, or your facility is in outbreak and performing broad-based testing.

# ★ SNF CNA Focus Groups

- One-hour online text-based anonymous focus groups
- Topics are retention and infection control
- Chicago-based CNAs (can be facility staff or agency)
- \$75 incentive for participation
- Will report results back to you at a future roundtable
  - We will not be able to link responses back to a particular facility; results will be presented in aggregate

The Chicago Dept. of Public Health is inviting **CNAs** to participate in a virtual focus group.

## How to participate

Answer a few questions to confirm eligibility



Let us know your availability:

- Tuesday, May 7 at 10-11 am
- Wednesday, May 8 at 8-9 pm



Participate in one of the anonymous hour-long online focus groups

**CNAs  
Receive  
\$75  
For 1 hour!**



Questions?

Contact Liz Shane at  
[Elizabeth.Shane@cityofchicago.org](mailto:Elizabeth.Shane@cityofchicago.org)



# SNF CNA Focus Group: Representation to Date

- Archer Heights
- Atrium
- California Terrace
- Center Home for Hispanic Elderly
- Elevate Care Chicago North
- Fargo
- Lakefront
- Little Village
- Mayfield
- Mercy Circle
- Montgomery Place
- Parkshore Estates
- Ryze at the Ridge
- South Shore Rehab
- Warren Park Health and Rehab
- Waterford Care Center



# SNF CNA Focus Group: How You Can Help

## Facility Reps:

If your facility's name is not on that list, we would appreciate your help by:

- Allowing us to come out and post a recruitment flyer at your time clock

AND/OR

- Sharing the flyer with your CNAs

## Corporate Reps:

- Please share the flyer with leadership at your respective Chicago-based facilities



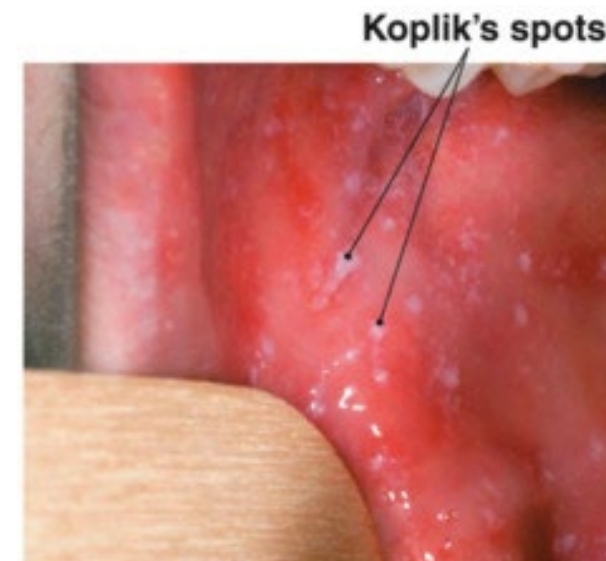


# Measles 101

- Measles, also known as rubeola, is an acute viral illness
- Spread via large respiratory droplets and via airborne transmission
  - Can remain in the air for up to two hours after an infected person leaves the area
- **Highly** contagious
  - A person with measles is contagious from 4 days prior to rash onset until 4 days after rash onset
  - ~90% of susceptible (i.e., unvaccinated and have never had measles before) people will get measles if exposed
- Relatively long incubation period
  - Average of 11-12 days from exposure to prodrome and 14 days (range 7-21) from exposure to rash onset

# ★ Measles Symptoms

- Viral prodrome of fever, malaise, and the 3 “Cs” (cough, coryza, and conjunctivitis)
- Maculopapular rash, generally starting on the face and spreading downward
- 50-70% of people with measles will have Koplik's spots in their mouths



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# ★ Measles Complications

- ~20% of unvaccinated people in the US who get measles are hospitalized
- Complications in children with measles:
  - ~10% will get ear infections
  - ~5% will get pneumonia
  - ~1-3 per 1,000 will die
  - ~1 per 1,000 will develop encephalitis that may lead to deafness and/or intellectual disabilities
- Pregnant women infected with measles can have premature, stillborn, and/or low-birth-weight babies





# Measles Vaccine

- Live-attenuated vaccine
  - In the U.S., the vaccine against measles is also protective against mumps and rubella (MMR) or mumps, rubella, and varicella (MMRV)
- Part of the routine childhood vaccination series
  - First dose between 12-15 months of age
  - Second dose between 4-6 years of age
- One dose of vaccine is 93% effective at preventing measles. Two doses are 97% effective at preventing measles.
- Some people who get the vaccine may get a non-contagious short-term rash and fever.

# ★ Measles Cases in Illinois

YEAR	NUMBER OF CASES
2024*	66
2023	5
2022	0
2021	0
2020	0
2019	9
2018	5
2017	0
2016	2
2015	17

JURISDICTION	NUMBER OF CASES
Chicago	60
DuPage	1
Suburban Cook	2
Lake	1
Will	2

# Measles Cases in Chicago

## Measles Dashboard

Data last updated 4/24/2024

Data are updated daily at 1 p.m. All data are provisional and subject to change.

### Chicago Measles Outbreak 2024

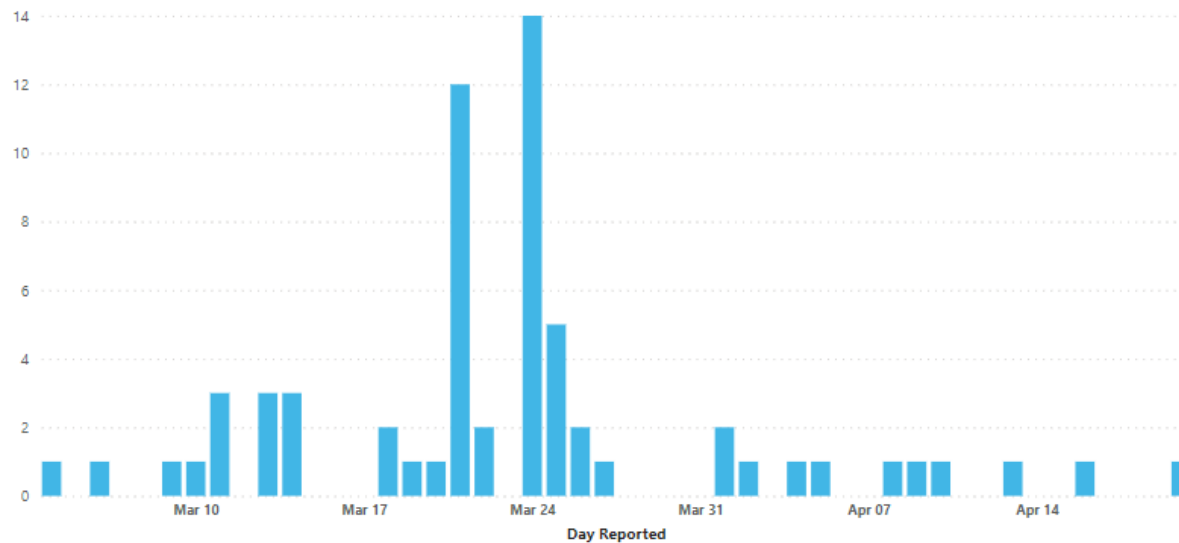
Cases This Year

64

Cases This Week: 04/21 - 04/27

0

### Cases by Date Reported



### Cases by Age Group

Age Group	Count	%
0 - 4 years	33	52%
5 - 17 years	9	14%
18 - 49 years	18	28%
50+ years	4	6%

CDPH and partners have identified the following exposure locations in public settings for which a list of exposed people cannot be obtained.



# Community Exposure Locations

Date/Time	Location
3/22/24, 2:00 p.m. to 6:00 p.m.	Walmart Supercenter 7050 S Cicero Ave., Bedford Park, IL 60638
3/22/24, 1:00 p.m. to 3:00 p.m. and 4:30 p.m. to 7:30 p.m.	CTA Orange Line
3/22/24, 1:40 p.m. to 7:00 p.m.	Pace Bus # 379
3/23/24, 1:00 p.m. to 6:30 p.m.	Midwest Express Clinic 1520 N Damen Ave., Chicago, IL 60622
4/3/24, 12:00 p.m. to 3:00 p.m.	CVS Pharmacy 4051 N Lincoln Ave., Chicago, IL 60618
3/30/24 to 4/3/24	Uptown Shop and Save 4605 N. Sheridan Ave., Chicago, IL 60640
4/8/24, 10:00 a.m. to 1:15 p.m.	CVS Pharmacy 1154 S. Clark St., Chicago, IL 60605
4/8/24, 10:00 a.m. to 1:15 p.m.	Target (Chicago South Loop) 1154 S. Clark St., Chicago, IL 60605
4/5/24, 2:00 p.m. to 6:00 p.m.	Midwest Express Clinic 779 W. Adams St., Chicago, IL 60661
4/6/24, 12:30 p.m. to 5:00 p.m.	Midwest Express Clinic 779 W. Adams St., Chicago, IL 60661
4/7/24, 10:00 a.m. to 2:00 p.m.	Midwest Express Clinic 219 W. Chicago Ave., Chicago, IL 60651
4/6/24, 7:00 a.m. to 4:00 p.m. 4/7/24, 12:00 p.m. to 9:00 p.m. 4/9/24, 9:00 a.m. to 6:00 p.m. 4/10/24, 11:00 a.m. to 3:30 p.m.	Super Mercado Torres 5310 W. 25th St., Cicero, IL 60804
4/9/24, 10:00 a.m. to 2:45 p.m.	Sam's Club 9400 S. Western Ave., Evergreen Park, IL 60805
4/10/24, 12:00 p.m. to 2:20 p.m.	Walgreens 5440 N. Clark St., Chicago, IL 60640
4/5/24, 6:30 p.m. to 11:45 p.m.	Turquoise Cafe & Restaurant 2147 W. Roscoe St., Chicago, IL 60618
4/5/2024 9:00 a.m. to 2:00 p.m.	Sweet Moon 1964 W. Lawrence Ave., Chicago, IL 60640
4/9/24, 7:30 p.m. to 11:30 p.m.	Candlelite Chicago 7452 N. Western Ave., Chicago, IL 60645
4/10/24, 11:40 a.m. to 4:00 p.m.	Svea Restaurant 5236 N. Clark St., Chicago, IL 60640

# ★ Reminder: Health Advisory for Long Term Care Facilities Regarding Measles

- IDPH released a SIREN alert which provides information on guidance related to measles in long-term care facilities, including:
  - Prevention
  - Diagnosis and Treatment
  - Reporting
  - Transmission
  - Infection Prevention Precautions
  - Additional Resources



## HEALTH ADVISORY

JB Pritzker, Governor

Sameer Vohra, MD, JD, MA, Director

### Health Advisory to Long Term Care Facilities Regarding Measles in Illinois, 2024

#### Summary and Action Items

- 1) Provide awareness about confirmed [measles](#) cases in Illinois.
- 2) Remind long term care facilities that all persons who work in their facilities should have [presumptive evidence of immunity to measles](#). The facility should know the immune status of their residents and offer vaccination if their residents do not have presumptive evidence of immunity.
- 3) Suspect cases (individuals with compatible symptoms) should be immediately masked and isolated, preferably in a negative pressure room, and airborne isolation precautions should be initiated.
- 4) Remind facilities to **immediately report to their [local health departments](#)** any suspect measles cases at the time it is first suspected and prior to clinical testing, and to take appropriate steps for diagnosis and infection control and isolation.
- 5) Review current vaccine and isolation/quarantine guidance. Recommend facilities take steps to ensure that they have policies and procedures in place should a resident or HCW present with signs and symptoms of measles.
- 6) Facilities should **exclude sick visitors and HCWs**



# Presumptive Evidence of Measles Immunity

- At least one of the following must be true:
  - Written documentation of 2 doses of live measles or MMR vaccine administered at least 28 days apart
  - Laboratory evidence of immunity (positive serum IgG)
  - Laboratory confirmation of previous measles disease
  - Birth before 1957

# Vaccination Records

- For residents born after 1957 without written documentation of receipt of two measles or MMR vaccines, facilities with access to ICARE can search the registry to see if the resident has documented MMR vaccinations.
  - Facilities cannot use ICARE to look up staff's vaccination records.
- Under Section [300.650](#) of the IL Administrative Code, “facilities shall maintain a confidential medical file for each employee that shall contain health records, **including the employee's vaccination and testing records...**”
- Staff can request their own vaccination records using [VaxVerify](#). If VaxVerify does not have their records, encourage them to check with their doctor's office (or parents) to see if they have their records.





# FAQ: Is it mandatory that staff complete the MMR series?

- No, there is no local, state, or federal mandate requiring that nursing home staff be vaccinated against measles.
- However, we support and encourage facilities to offer the MMR vaccine to interested and eligible staff.



# Work Exclusion for Staff Exposed to Measles

- Unvaccinated staff who are exposed to measles **must** be excluded from day 5 following the ***first*** day of exposure to the case through day 21 following the ***last*** exposure to the case.

# **Be Prepared!**

- Make a plan for what you will do if:
  - a staff member cannot find their vaccination records
  - a staff member tests positive
  - a resident tests positive
  - a visitor tests positive
  - a staff member without documented immunity is exposed to a case (e.g., a household member who has measles)



# Updated Illinois Administrative Code went into effect on 2/24/24

## ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER k: NOTIFIABLE DISEASES AND CONDITIONS CONTROL AND  
IMMUNIZATIONS  
PART 690 CONTROL OF NOTIFIABLE DISEASES AND CONDITIONS CODE

The General Assembly's Illinois Administrative Code database includes only those rulemakings that have been permanently adopted. This menu will point out the Sections on which an emergency rule (valid for a maximum of 150 days, usually until replaced by a permanent rulemaking) exists. The emergency rulemaking is linked through the notation that follows the Section heading in the menu.

[View Entire Part](#)

### SUBPART A: GENERAL PROVISIONS

- [Section 690.10 Definitions](#)
- [Section 690.20 Incorporated and Referenced Materials](#)
- [Section 690.30 General Procedures for the Control of Notifiable Diseases and Conditions, Including Outbreaks](#)

### SUBPART B: NOTIFIABLE DISEASES AND CONDITIONS

- [Section 690.100 Diseases and Conditions](#)
- [Section 690.110 Diseases and Conditions Previously Renumbered or Repealed from Sections of This Part and Which Diseases and Conditions Remain Reportable to the Department Under Other Parts and Sections](#)

### SUBPART C: REPORTING

- [Section 690.200 Reporting](#)

### SUBPART D: DETAILED PROCEDURES FOR THE CONTROL OF NOTIFIABLE DISEASES AND CONDITIONS



**What this means for you.....**  
**(specifically, for XDROs)**



# XDR0s (i.e., CRE and *C. auris*) are now reportable within 3 days

c) Class II  
The following notifiable diseases and conditions shall be reported as soon as possible during normal business hours, but within three days, to the local health authority, which shall then report to the Department within three days. The Section number associated with each of the listed diseases and conditions indicates the Section under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart D shall be submitted within three days after identification of the organism to the Department laboratory.

1)	Arboviral Infection*	690.322
2)	Campylobacteriosis	690.335
3)	Cryptosporidiosis	690.365
4)	Cyclosporiasis	690.368
5)	Hepatitis B	690.451
6)	Hepatitis C	690.452
7)	Histoplasmosis	690.460
8)	Legionellosis*	690.475
9)	Leptospirosis*	690.490
10)	Listeriosis*	690.495
11)	Malaria*	690.510
12)	Multi-drug resistant organisms considered to be of epidemiologic importance due to either severity of clinical disease, potential for transmission of genetic elements, or opportunities for effective control efforts	690.445
13)	Psittacosis due to Chlamydia psittaci	690.590
14)	Salmonellosis* including Paratyphi V var. L(+) tartrate+ (other than S. Typhi, S. Paratyphi A., S. Paratyphi B (tartrate negative) and S. Paratyphi C cases)	690.630
15)	Shigellosis*	690.640



**SNFs are required to report to XDRO and query the XDRO registry to identify new admissions with XDROs**

# ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER k: NOTIFIABLE DISEASES AND CONDITIONS CONTROL AND IMMUNIZATIONS  
PART 690 CONTROL OF NOTIFIABLE DISEASES AND CONDITIONS CODE  
SECTION 690.1510 ENTITIES REQUIRED TO SUBMIT AND QUERY INFORMATION

## Section 690.1510 Entities Required to Submit and Query Information

- a) The Department requires the following health care facilities to report patient incident information regarding extensively drug-resistant organisms (XDROs):
  - 1) Hospitals;
  - 2) Hospital-affiliated clinical laboratories;
  - 3) Independent or free-standing laboratories;
  - 4) Long-term care facilities;
  - 5) Long-term acute care hospitals (LTACHs);
  - 6) Dialysis centers;
  - 7) Specialized mental health rehabilitation facilities; and
  - 8) Other high-risk health care facilities serving high-risk patients.
- b) The Department requires the following health care facilities to query or implement alert notification with the XDRO Registry in order to identify new admissions with XDROs:
  - 1) Hospitals;
  - 2) Long-term acute care hospitals;
  - 3) Skilled nursing and intermediate care facilities; and
  - 4) Dialysis centers.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

# ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH  
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SUBCHAPTER k: NOTIFIABLE DISEASES AND CONDITIONS CONTROL AND IMMUNIZATIONS  
PART 690 CONTROL OF NOTIFIABLE DISEASES AND CONDITIONS CODE  
SECTION 690.1520 INFORMATION REQUIRED TO BE REPORTED

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## Section 690.1520 Information Required to be Reported

- a) A facility required to submit XDRO information shall report each Non-Duplicative XDRO Isolate, as specified in this Section, to the Department.
- b) The information to be reported shall be provided in a format designated by the Department and may be submitted either by direct electronic transmission or entry into a website. The information to be reported is divided into four subject areas, each containing a particular set of information. The four subject areas of the incidence report shall include the following:
  - 1) Patient Data and Address – patient's full name (including maiden name, when applicable and available), last four digits of the Social Security number (if available), telephone number and residential address, including street address, city, county, state and postal code;
  - 2) Personal Data – patient's birth date, sex, race and ethnicity (if available);
  - 3) Culture Data – specimen collection date, specimen source, isolate genus, isolate species, specific carbapenemase name (if known), antibiotic resistance criteria for entry into the Registry; and
  - 4) Facility Data – facility identification number provided by the Department, the medical record number, and the date of admission.
- c) Each XDRO report shall be submitted within three calendar days after the test result is finalized by the laboratory.
- d) Upon request from the Department or the Department's designee, each reporting facility shall provide access to additional information from all medical, pathological and other pertinent records related to the XDRO diagnosis, treatment, and follow-up for the purposes of infection control and quality improvement.
- e) Reporting facilities shall report laboratory confirmed XDROs, including, but not limited to, **Candida auris and Carbapenem-resistant Organisms.**

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)





# Why reporting to XDRO is important

## ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER k: NOTIFIABLE DISEASES AND CONDITIONS CONTROL AND IMMUNIZATIONS  
PART 690 CONTROL OF NOTIFIABLE DISEASES AND CONDITIONS CODE  
SECTION 690.1540 AVAILABILITY OF INFORMATION

### Section 690.1540 Availability of Information

- a) The Department will use information in the XDRO Registry for the following purposes:
  - 1) To provide appropriate information to a physician or institution providing care or treatment to a person;
  - 2) To alert health care facilities of the admission of a patient with an XDRO infection;
  - 3) To assess the burden of XDROs in health care facilities located in Illinois; and
  - 4) To identify clusters or outbreaks requiring response efforts for containment of further transmission, including, but not limited to, cohorting, isolation, point prevalence surveys, and other infection control activities recommended by the CDC based on the clinical conditions of patients or residents, XDRO prevalence, and other factors.
- b) The Department will maintain the confidentiality of information in the XDRO Registry that would identify individual patients. The Department will handle confidentiality of XDRO Registry information as set forth in Section 690.200(d).
- c) The Department may release summary statistics from the XDRO Registry to highlight or prevent a population based public health problem or to highlight the State or regional burden of XDROs. Any summary statistics released by the Department will not reveal the identity of the reporting health care facility or a patient.
- d) The availability of XDRO Registry information will be in accordance with the Health and Hazardous Substances Registry Code (77 Ill. Adm. Code 840.30(a), (b), (c), (d), (e), (f), (g), (j) and (k)), and Section 690.200 of this Part.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

# **XDRO Access**

- For XDRO registration assistance, please reach out to Tasa Proctor ([tasa.proctor@cityofchicago.org](mailto:tasa.proctor@cityofchicago.org))



# Updated IDPH Reportable Disease List



## Illinois Notifiable Disease and Conditions

Mandated reporters, such as health care providers, hospitals and laboratories, must report suspected or confirmed cases of these diseases to the local health department. Diseases marked "immediate" (in red) are reportable by phone as soon as possible, but within three hours. Diseases in bold are reportable within 24 hours. All other conditions not in red or bold are reportable within three days.

<p><b>Acute Flaccid Myelitis</b> African Tick Bite Fever Anaplasmosis <b>Any suspected bioterrorist threat (immediate)</b> <b>Any unusual case or cluster of cases that may indicate a public health hazard (immediate)</b> <b>Anthrax (immediate)</b> Arboviruses Babesiosis <b>Botulism, foodborne (immediate)</b> <b>Botulism, intestinal, wound, other</b> Bourbon virus <b>Brucellosis*</b> California Encephalitis virus Campylobacteriosis Candida auris** Carbapenem-resistant Enterobacteriales** Chancroid Chikungunya virus Chlamydia <b>Cholera</b> Coronavirus, Novel (immediate) COVID-19 Deaths in those &lt;18 yrs COVID-19 ICU Admissions <b>Cronobacter in infants &lt;18 months</b> Cryptosporidiosis Cyclosporiasis Dengue viruses 1-4 Diphtheria (immediate) Eastern Equine Encephalitis virus Ehrlichiosis <b>Escherichia coli infections (E. coli O157, and other Shiga Toxin Producing E. coli)</b> Gonorrhea <b>Haemophilus influenzae, invasive</b> <b>Hantavirus pulmonary syndrome</b></p>	<p>Hearland virus <b>Hemolytic uremic syndrome, post diarrheal</b> <b>Hepatitis A</b> Hepatitis B, acute infection, perinatal and non-acute confirmed infection Hepatitis C, acute infection, perinatal and non-acute confirmed infection Histoplasmosis HIV infection <b>Influenza, deaths in those &lt;18 yrs</b> <b>Influenza A, novel (immediate)</b> Influenza, ICU admissions Jamestown Canyon virus Japanese Encephalitis Keystone virus La Crosse virus Legionellosis Leptospirosis Listeriosis Lyme disease Malaria <b>Mesles: Suspect, Probable or Confirmed (immediate)</b> <b>Meitoidosis due to Burkholderia pseudomallei</b> <b>Middle Eastern Respiratory Syndrome (MERS) (immediate)</b> Multi-drug Resistant Organisms** <b>Mumps</b> <b>Neisseria meningitidis, Invasive Disease and Purpura Fulminans</b> <b>Outbreaks of public health significance</b> <b>Pertussis (whooping cough)</b> <b>Plague (immediate)</b> <b>Poliomyelitis (immediate)</b> Powassan virus Psittacosis due to Chlamydia psittaci <b>Purpura Fulminans</b></p>	<p><b>Q fever (Coxiella burnetii)*</b> <b>Rabies, human and potential human exposure and animal rabies</b> Respiratory Syncytial Virus (RSV): deaths in those &lt;18 yrs Respiratory Syncytial Virus (RSV): ICU Admissions Rocky Mountain Spotted Fever (RMSF) <b>Rubella</b> St. Louis Encephalitis virus Salmonellosis, other than typhoid or paratyphoid <b>Severe Acute Respiratory Syndrome (SARS) (immediate)</b> Shigellosis <b>Smallpox (immediate)</b> Snowshoe hare virus Spotted fever rickettsioses <b>S. aureus infections with intermediate or high level resistance to vancomycin</b> <b>Group A streptococcal infections in persons admitted to the hospital or residing in a residential facility</b> <i>S. pneumoniae</i>, invasive in those &lt;5 yrs Syphilis Tetanus <b>Toxic shock syndrome due to S. aureus</b> Trichinosis Trivalent virus Tuberculosis <b>Tularemia*</b> <b>Typhoid fever and Paratyphoid fever</b> <b>Typhus</b> Varicella (chickenpox) Vibriosis (other than Toxicogenic Vibrio cholera O1 or O139) West Nile virus Western Equine Encephalitis virus Yellow Fever virus Zika virus</p>
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\*If bioterrorism suspected then report immediately (within three hours)  
\*\*Reportable to the Extensively Drug-Resistant Organism (XDRO) Registry by providers

Laboratories also must report positive test results of these diseases electronically to their local health department within the time frame indicated.

*All reports are confidential and should include—*

- the disease or condition being reported
- patient's name, date of birth, age, sex, race/ethnicity, address, and telephone number
- physician's name & telephone number
- clinical information
- method of diagnosis

**TO REPORT A CASE**

contact your local health department:

During regular business hours, call \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

For emergencies after business hours, call \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

If no local health department is available, contact the  
**Illinois Department of Public Health**

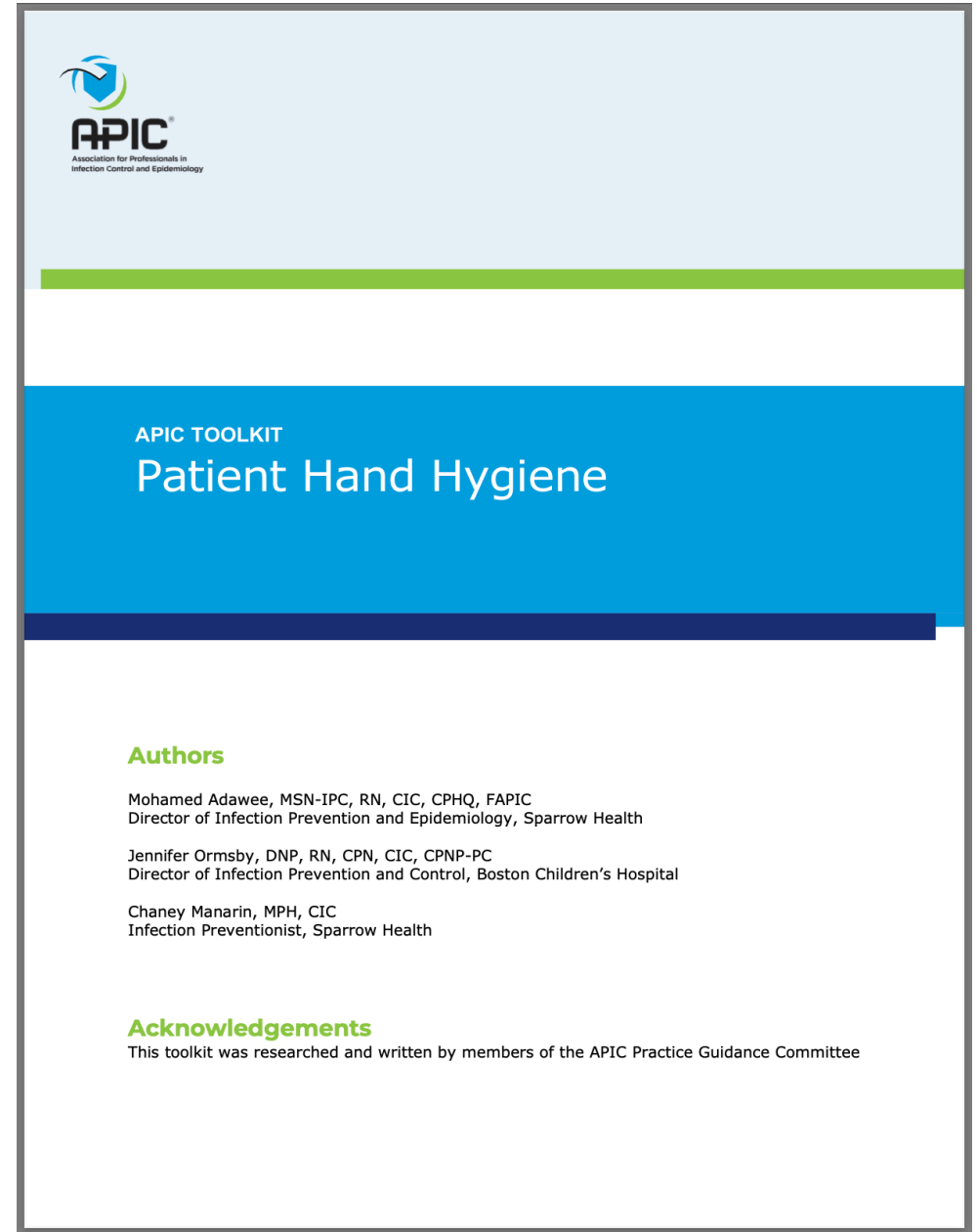
217-785-7165 • TTY (hearing impaired use only) 800-547-0466

Effective 2/27/24



# APIC Toolkit Patient Hand Hygiene

- Patient hand hygiene is just as important as healthcare staff hand hygiene.
- Patient's flora and the hospital environment are the primary sources of many infections.
- 62% of all patients in a hospital for more than seven days had enterococcal hand contamination compared to 10.7% of non-hospitalized adults.
- Download a copy at:  
<https://apic.org/patient-hand-hygiene-toolkit/>

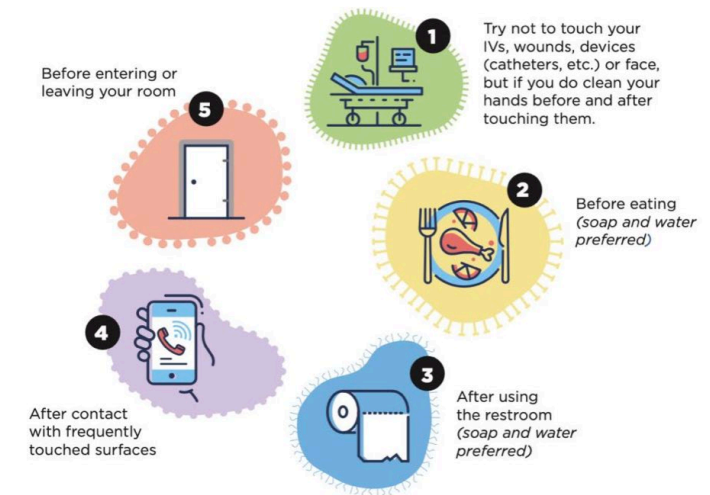


# ★ 5 moments of Hand Hygiene

5 key moments in which **resident and visitors** should practice **hand hygiene**:

1. Teach residents not to touch their wounds, devices, or face; and if they do, clean their hands before and after
2. Before eating
3. After using the restroom
4. After contact with frequently touched surfaces
5. When entering or leaving their room

## When to clean your hands



Learn more and download the **Patient Hand Hygiene Toolkit** at [www.apic.org/patient-hand-hygiene-toolkit](http://www.apic.org/patient-hand-hygiene-toolkit)





# What can facilities do?

- Educate and remind residents and visitors to perform hand hygiene during the 5 key moments.
- Be aware of how to effectively communicate with patients who have a range of disabilities.
- Post visual alerts (signs, poster) at entrances and strategic places.
- Ensure your residents have easy access to hand hygiene products appropriate for them and assist them as needed



# Emergency Preparedness Scenario

Josh Dise, Meir Consulting Group





# Winter Storm Exercise

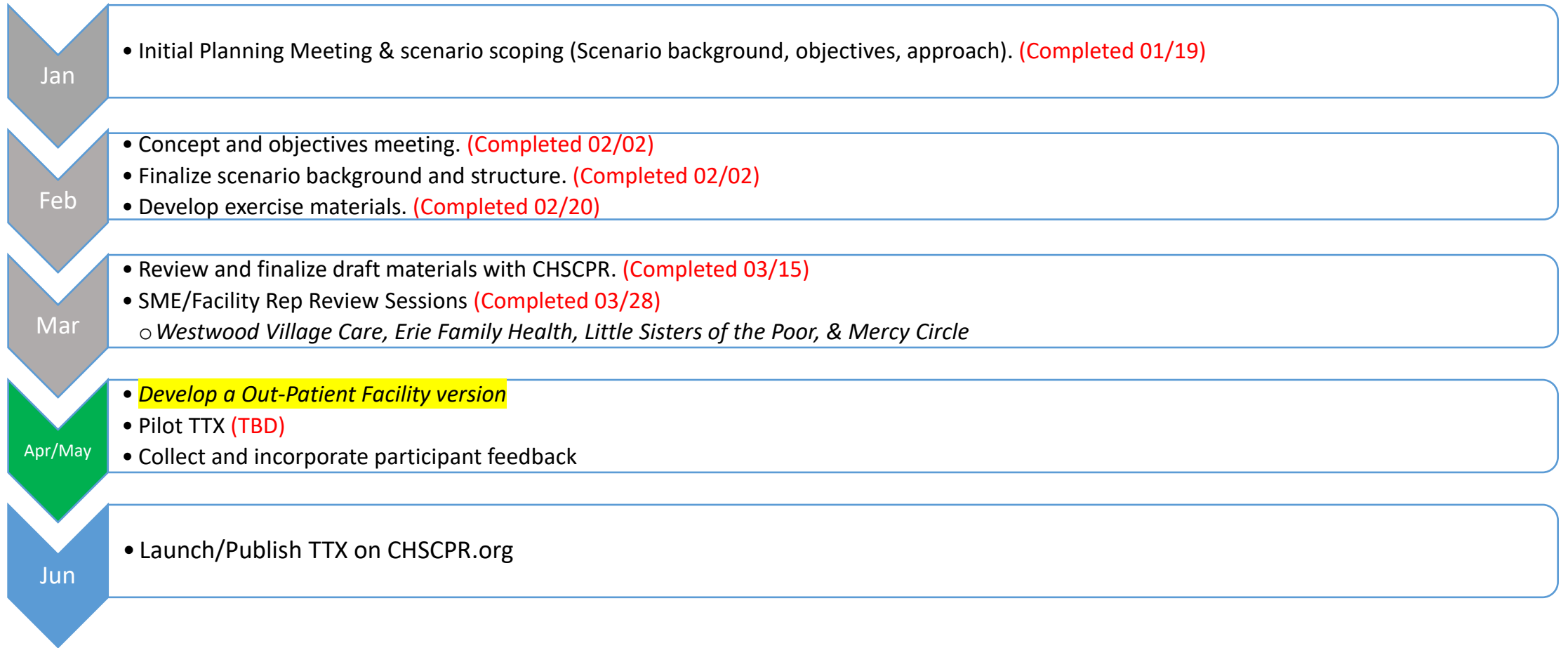
## Project Overview





# Timeline

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# Products

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1. Situation Manual
2. Facilitator instruction video
3. Presentation slides (w/wo narration)
4. Exercise Evaluation Guide
5. After Action Report Template



# Exercise Purpose & Scope

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- The purpose is to provide an “off the shelf” (on-demand) set of exercise materials for **any non-hospital organization** that is a CHSCPR partner to access and conduct independently on their own schedule as well as online mechanisms to provide feedback, best practices and challenges back to the Coalition. This discussion-based exercise is intended to address principles of **continuity of healthcare services** in the event of **a severe winter storm**. The exercise will challenge various organizations’ capabilities to include **command and control, communications, medical surge, and continuity of operations**.
- The scope is a Homeland Security and Evaluation Program (HSEEP) tabletop (discussion-based) exercise (TTX) that is available to all CHSCPR non-hospital partners.



# Exercise Objectives

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1. **(Capability: Foundation for Health Care & Medical Readiness)** Ensure a common understanding of a non-hospital facility's emergency operation plan, policies, and procedures for severe winter weather conditions.
2. **(Capability: Health Care & Medical Response Coordination)** Evaluate the ability for non-hospital facilities to establish and maintain communication and coordination structures with staff, patients, and external organizations (e.g., the Chicago Healthcare Coalition) following a prolonged severe weather incident.
3. **(Capability: Continuity of Health Care Service Delivery)** Examine key factors for decision-making, contingency care characteristics, and crisis standards of care activation following a disruption to critical supply chains and limited medical supplies and resources (e.g., fluids, pharmaceuticals, PPE).
4. **(Capability: Continuity of Health Care Service Delivery)** Assess the ability to maintain and perform essential medical services in the event of power outages or other infrastructure disruption caused by freezing temperatures and severe winter weather.



# Exercise Agenda

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Time	Item
0 – 15 Minutes	Exercise overview and scenario kickoff
15 – 75 Minutes	Module 1: Incident Onset (Warning & Recognition)
75 – 135 Minutes	Module 2: Infrastructure & Supply Chain Disruptions
135 – 195 Minutes	Module 3: Continuity of Operations
195 - 210 Minutes	Hotwash



# Scenario Summary

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1. Freezing temperature and wind gusts has resulted in power failures throughout much of the city.
2. Emergency authorities suggest power will not be restored for 5-6 days as roadways are not able to be cleared.
3. Hospital and non-hospital facilities are required to rely entirely on backup power generation.
4. The onsite facility manager has informed the staff that a water main has burst, requiring a temporary shutdown of heat to the facility.
5. Internal facility temperatures remain in the mid-60s, however, are anticipated to drop rapidly over the next several hours.
6. A regularly scheduled delivery of critical medical supplies and equipment (e.g., food, PPE, fluids, pharmaceuticals) has been delayed given regional interstate closures.
7. Strong winds and ice accumulation on power lines and cell towers limits connectivity and network strength, resulting in limited communication within and between facilities and emergency authorities.



# Module Overview & Key Attributes

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- **Module 1: Incident Onset (Warning & Recognition)**
  - NWS issues severe weather statement for Central Region, including Cook County blizzard warning.
  - Facility leadership mobilizes teams to assess vulnerabilities, devise mitigation strategies, and draft contingency plans.
- **Module 2: Infrastructure & Supply chain Disruption**
  - Shelter-in-place order issued due to dangerous storm conditions with impassable roads.
  - Burst water main leads to water utility shutdown and heating systems failure.
  - Widespread power outages forces facility onto backup power.
- **Module 3: Continuity of Operations.**
  - Limited diesel supply strains backup generator use during prolonged outage.
  - Staff prioritize operations, conserve resource, and establish rationing.



# Key Tasks by Module

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- **Module 1: Incident Onset (Warning & Recognition)**
  - Notification & Recognition, Communication
  - Command Structure
  - Monitoring & Assessment
  - Collaboration & Partnership
- **Module 2: Infrastructure & Supply chain Disruption**
  - Response to Intensifying Storm
  - Impact on Facility Operations
  - Utilization of Backup Systems
  - Safety & Security
- **Module 3: Continuity of Operations**
  - Response to Intensifying Storm
  - Resource Management & Conservation
  - Continuity of Care and Essential Services









# Questions & Answers

For additional resources and upcoming events,  
please visit the CDPH LTCF HAN page at:  
<https://www.chicagohan.org/covid-19/LTCF>