

Infection Prevention and Control Roundtable with Acute Care Facilities in Chicago

03-31-23





Agenda

Important Updates

- **Project Firstline**
- **Covid-19 I-NEDSS Reporting**

Maria Campos Bovee & Maggie Li | CDPH

Alison VanDine | CDPH

Lori Saathoff-Huber | IDPH

Special Topics

- **Norovirus Cluster**

- **Group A Strep**

Ardiana Huseini & Sonali Shet | Advocate Illinois Masonic Medical Center

Karrie-Ann Toews | CDC

Dr. Ami Patel & Riley Moore | Lurie Children's Hospital

Tiffany Kuo | Northwestern Memorial Hospital

Discussion and Q&A

All

Note: The final presentation, which will be distributed, will contain additional slides on COVID-19 data and MDROs reporting. Please review these slides as you wish but we will not go over them during the meeting.




Who is at the Roundtable today?

In the chat, please
share your name
and facility name



CDPH IP Postings

- CDPH is hiring five IP positions:
 - Two for SNF/AL
 - One for acute care/outpatient facilities
 - One for cross-cutting healthcare
 - One for non-healthcare congregate settings (e.g., shelters/correctional facilities)
- Salary starts at \$89k with regular pay increases
- Must live within the Chicago city limits within 90 days of start date
- Work from home one day a week
- Regular and predictable hours (no weekends, no on call)
- Great benefits
- To apply, scan the QR code
- **Deadline to apply: April 11th 2023**



CHI | CDPH
CHICAGO DEPARTMENT OF PUBLIC HEALTH

JOB OPPORTUNITY

MISSION: CDPH works with communities and partners to create an equitable, safe, resilient and Healthy Chicago.

INFECTIOUS PREVENTION SPECIALIST	SALARY: \$89,076
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ROLE SUMMARY

As part of the CDPH Disease Control Bureau, the Infection Prevention Specialist functions as a specialized technical advisor managing infection prevention and control activities. Depending on the position, the Infection Prevention Specialist will support either healthcare partners (e.g., skilled nursing facilities, acute care hospitals, dialysis centers) or congregate living facilities (e.g., shelters, corrections, behavioral health) by providing guidance, training, and technical support in implementing appropriate infection prevention and control measures.

MINIMUM QUALIFICATIONS

Education

- Bachelor's degree in Public Health, Nursing, Epidemiology, Medical or Clinical Laboratory Science or a directly related field

Experience

- Four years of work experience in infection prevention and control management, or an equivalent combination of education, training, and experience


Licensure or Certifications

- Certification in Infection Prevention and Control (CIC) is required within six (6) months of hire
- A valid State of Illinois driver's license

WORK LOCATION

1340 S. Damen Ave, Chicago, IL 60608

HOURS: Monday - Friday 8:30am - 4:30pm



SCAN ME

SCAN THE QR CODE or APPLY AT THE LINK BELOW:

<https://chicago.taleo.net/careersection/200/jobdetail.ftl?job=3405-cdpH-2023>

Job Number: 3405-CDPH-2023

Deadline for application: April 11, 2023



Important Updates

- 02/01/2023: HAN alert Outbreak of Extensively Drug-resistant *Pseudomonas aeruginosa* Associated with Artificial Tears ([Health Alert Network \(HAN\) - 00485 | Outbreak of Extensively Drug-resistant Pseudomonas aeruginosa Associated with Artificial Tears \(cdc.gov\)](#)).
 - Thirty-seven patients were linked to four healthcare facility clusters. (68 cases thus far in the country, 16 states, including IL)
- 03/21/23: SHEA/IDSA/APIC released an update to the Compendium of Strategies to Prevent HAIs through Hand Hygiene ([SHEA/IDSA/APIC Practice Recommendation: Strategies to prevent healthcare-associated infections through hand hygiene: 2022 Update | Infection Control & Hospital Epidemiology | Cambridge Core](#))
 - See table 1 for a summary of recommendations to prevent HAIs through HH! GREAT summary, easy read!
 - Includes approaches that should not be considered part of routine hand hygiene
 - “Clearly there is room for improving adherence and ensuring that hand hygiene programs result in optimal adherence remains a critical element for preventing HAI”
- 3/23/23: HAN alert sent regarding Chicago *Candida auris* data summary ([Candida auris Data Summary - March 21, 2023](#)).
 - [CDC: Increasing Threat of Spread of Antimicrobial-resistant Fungus in Healthcare Facilities | CDC Online Newsroom | CDC](#)




Our Outlook Group!

- Comprises the CDPH Healthcare Settings Team and IPs at acute care facilities
- Purposes are to:
 - Disseminate information
 - Facilitate communication
 - Share documents
 - **DO NOT share any PHI with the group**
- **IMPORTANT:** Please continue to report outbreaks by calling the CDPH HAI general number (312-744-1100) or emailing the general mailbox (cdphhaiar@cityofchicago.org)
- Optional: Please fill out your name and contact information in the **Roundtable Outlook Group Directory** (excel file)
- Please reach out to Maggie at maggie.li@cityofchicago.org if you have trouble accessing the group



Emailing the Group

Maggie Li added you to the CDPH Healthcare Settings Team and Acute Care Facilities group


 This message will be sent to **92 recipients**. [Show details](#)

To

Cc


Add a subject

Welcome to the CDPH Healthcare Settings Team and Acute Care Facilities group



Private group with guests

This group comprises CDPH Healthcare Settings Team and Infection Preventionists at acute care facilities in Chicago. We envision this group to be able to 1) share information relevant to our practice, 2) share slides from previous meetings, and 3) email any members in the group with questions .

 maggie.li@chicagov.onmicrosoft.com

How to participate

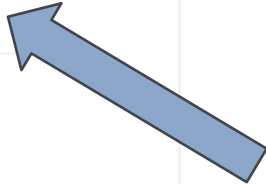
As a guest, you're invited to take part in group conversations, share the latest ideas saved in the group files and notebook, and manage group tasks.

Email the group
For easy access, add maggie.li@chicagov.onmicrosoft.com to your contacts and save this message in your inbox so you can refer back to it.

Go to the shared notebook
Read and add to the latest notes from group members.

Go to SharePoint
Discover documents and photos shared by group members in the dedicated site.

Remember your group
Save this email to get back to everything your group has to offer.



Emailing Individual IP/Facility

How to participate

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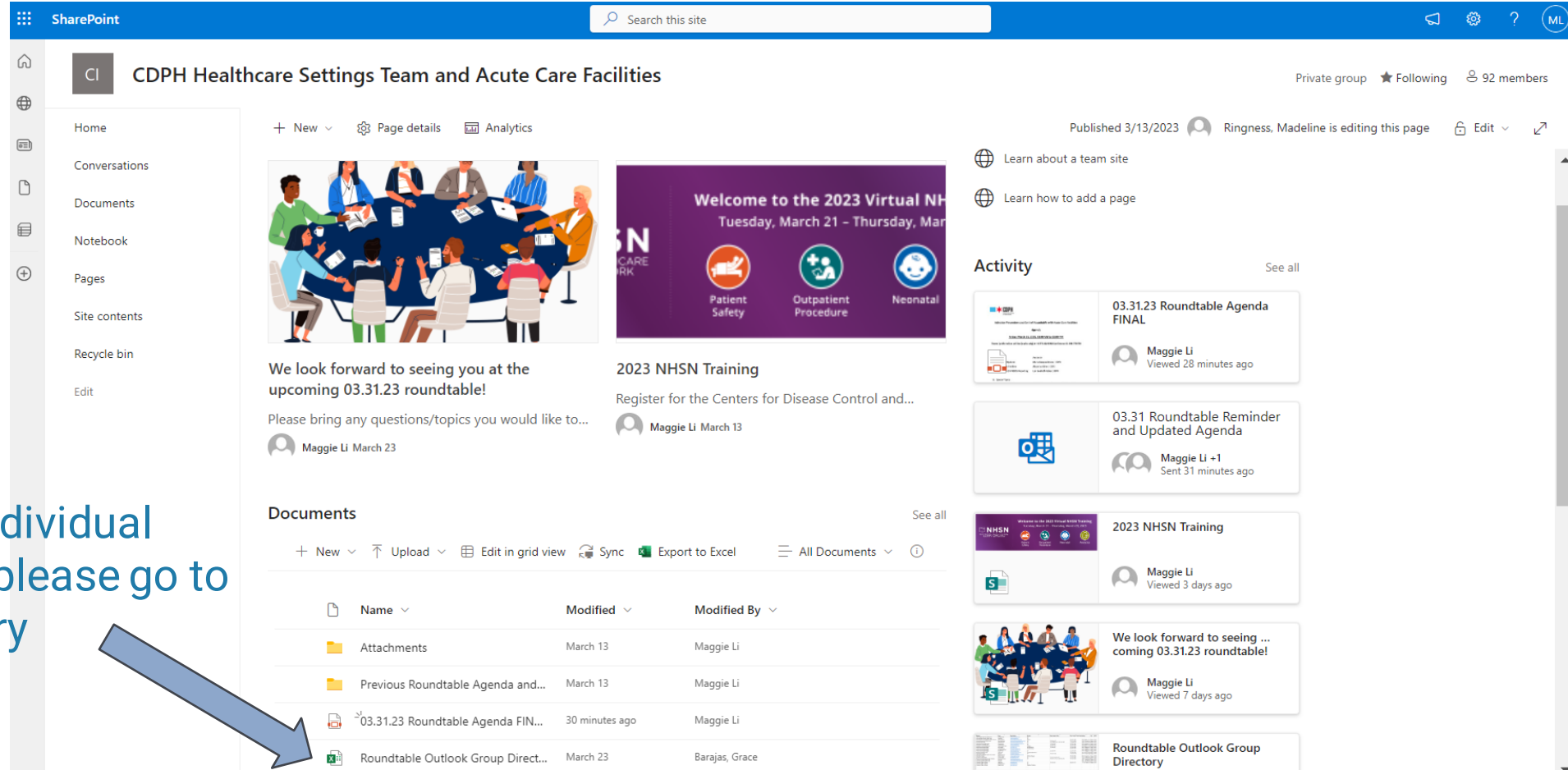
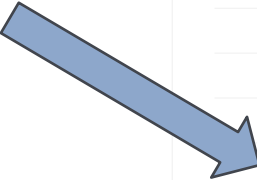
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The screenshot shows a SharePoint site for the 'CDPH Healthcare Settings Team and Acute Care Facilities'. The site is a private group with 92 members. The main content area features a welcome message for the 2023 NHSN Training, scheduled for Tuesday, March 21 to Thursday, March 23. Below this, there are two announcements: one about the upcoming 03.31.23 roundtable and another about the 2023 NHSN Training. The 'Documents' section is visible, showing a list of files including 'Attachments', 'Previous Roundtable Agenda and...', '03.31.23 Roundtable Agenda FIN...', and 'Roundtable Outlook Group Direct...'. The right-hand sidebar contains an 'Activity' feed with recent updates, including the roundtable agenda and training announcements.

Name	Modified	Modified By
Attachments	March 13	Maggie Li
Previous Roundtable Agenda and...	March 13	Maggie Li
03.31.23 Roundtable Agenda FIN...	30 minutes ago	Maggie Li
Roundtable Outlook Group Direct...	March 23	Barajas, Grace



Project Firstline

Alison VanDine, MPH, CIC

Infection Prevention Specialist | Project Firstline Lead

Healthcare Settings Program



CDPH's Project Firstline: IPC Essentials 2023 Newsletter

- As a CDC Project Firstline Partner, the Chicago Department of Public Health is excited to share [IPC educational resources and training materials](#).
- Stay up to date on the latest Project Firstline resources and [register today](#) to receive the **2023 Infection Prevention Essentials Newsletter!**
 - Highlights new, free IPC resources to train your frontline staff.
- Please contact the **PFL-Chicago team** at projectfirstline@cityofchicago.org:
 - To meet our education specialists
 - To schedule an onsite training tailored to your facility
 - To learn more about CDC's [Project Firstline!](#)





COVID-19 Reporting

March 31, 2023

Lori Saathoff-Huber, MPH
CD General Epidemiologist

COVID-19 Reporting in I-NEDSS by Hospitals

Fields to report/update:

- Demographic (including deceased information)
- General Illness (onset, hospitalization, admission/discharge date questions only)
- Clinical (comorbid conditions questions only)
- Treatment and Immunization (COVID-specific treatment, ICU and ventilator questions only)
- Vaccination Information
- Laboratory Tests (test results only)
- Reporting Source

COVID-19 Reporting in I-NEDSS by Hospitals

Reinfection Cases

- New lab results > 90 days from initial positive specimen collection date OR
- A case with SARS-CoV-2 sequencing results with a different lineage
- If a case meets the reinfection criteria, enter a new disease case report
 - Do not update a previously reported disease case report with the new laboratory test information if it meets the reinfection criteria.

COVID-19 Reporting in I-NEDSS by Hospitals

Applies to:

- Hospitalized cases
- Cases seen in the E.D.
- Ambulatory setting should ensure cases are being reported via ELR

IDPH Communicable Disease Rules:

- Proposed changes
- No details to share yet

Norovirus in a Behavioral Health Setting

Illinois Masonic Medical Center

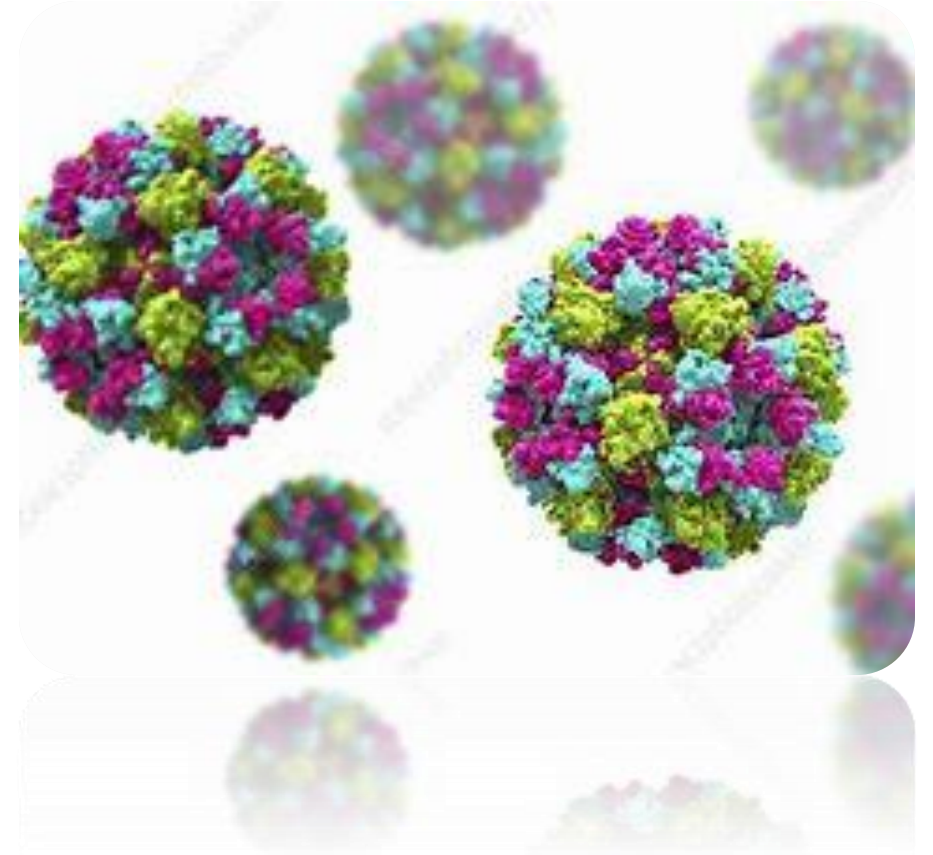


Now part of  **ADVOCATEHEALTH**

3/30/2023 | Ardiana Huseini, MPH, CIC & Sonali Shet, BSN, RN

Situation Overview

- In February Advocate Illinois Masonic Hospital experienced a cluster of Norovirus cases on the Behavioral Health Unit
- The unexpected onset of these cases in addition to increasing team member call-ins raised concern of the possibility of the virus being transmitted throughout the hospital
- The IMMC IP team helped lead the hospital wide effort to successfully contain the cluster and prevent hospital wide transmission



Timeline of Events

✓ **Monday 2/20/23**

- IP team first notified by Behavioral Health (BH) Unit staff
 - 6 Patients presenting with new onset GI symptoms
 - 4 teammates sent home due to GI symptoms

✓ **Tuesday 2/21/23**

- 2 additional patient's on BH Unit now reporting similar GI symptoms
- One of the original 6 patients confirmed positive for Norovirus
 - Decision made to treat all cases in cluster as presumptively positive and gear management of situation on containing virus and preventing hospital transmission

✓ **Wednesday 2/22/23 – Friday 2/24/23**

- More team members call-ins for GI related symptoms
- Noted hospital wide increase in patients being admitted with GI symptoms

Norovirus

Signs and Symptoms:

- Diarrhea, Nausea, Vomiting, Abdominal pain/cramping
 - Resolves within 1-3 days; 4-6 days in vulnerable population

Transmission: Fecal → Oral Route

- **Highly Contagious**

- Handwashing only effective method to prevent transmission
- Bleach Solution required to fully disinfect surfaces

Incubation Period: 12 – 48 hours

Testing: Gastrointestinal Pathogen Panel (Stool Testing)

Behavioral Health Unit

- ✓ Congregate Based Unit
 - Group sessions and communal meals
 - Utilization of Shared Spaces (dayroom)
 - Shared Laundry
- ✓ Vulnerable/High Risk Patient Population
 - Unique safety concerns
- ✓ BH Staff unfamiliar with managing isolated patients
 - Only medically stable patients admitted to BH Unit
- ✓ Layout of Unit
 - Minimal handwashing sinks
 - Non-Alcohol sanitizers only (patient safety risk)
 - Unit cannot have PPE and trash cans in hallways (safety risk)
- ✓ Shares Physician staff with other hospital units
 - Concern that Physicians who saw patients on BH Unit could potentially transmit virus to other units

Actions Taken

- ✓ Immediately notified CDPH, Hospital Leadership, and IP Chair Physician
- ✓ Isolated symptomatic patients and ordered appropriate testing
 - Isolation: Contact + Special Precautions (handwashing/bleach)
 - Creation of Makeshift Isolation Wing on BH Unit
 - Utilized unique layout of unit to separate symptomatic patients
 - Patients would otherwise have had to transfer to medical floors
- ✓ Employee Health Notification
- ✓ Creation of Patient Line List
- ✓ Increased Rounding and Unit Education to team members
- ✓ Incident Command Activation
 - Helped communicate/coordinate efforts with hospital departments
 - Developed guidelines and recommendations for team members to mitigate transmission



IMMC Mitigation Efforts

- ✓ Strict enforcement of AAH Sick Team Member and Hand Hygiene Policy
- ✓ Prompt isolation/testing of patient's being admitted with GI symptoms
 - Emergency Department
- ✓ Increased availability of Sporicidal Disinfectant (Orange Top) throughout hospital
 - Partnered with Supply chain department
- ✓ Increased High-touch surface cleaning hospital wide by EVS
- ✓ Temporary stop to group events
 - Luncheons in physician lounge paused
 - N95 Fit Testing Fair scheduled for following week cancelled/postponed



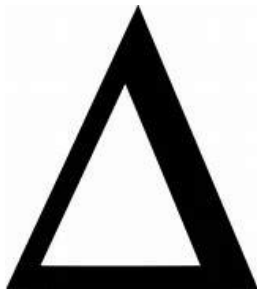
Successful Mitigation!

- ✓ No further occurrences of patients developing GI symptoms on BH Unit
- ✓ By the following week:
 - Decrease in patient's being admitted to hospital with GI symptoms
 - Patient admitted with GI symptoms continued to be promptly isolated/tested
 - No significant increase in team member call-ins for GI symptoms
- ✓ Team members continued to demonstrate good understanding of the situation and remained compliant with the mitigation guidelines



Challenges

- Time management
- BH staff knowledge gaps
- Contact tracing/line list
- Quick incubation period
- Stool collection/orders



What Worked Well

- CDPH Partnership
- Incident Command Activation
- Real time unit education (IP rounding)
- Transparency with Team Members
- Hospital wide Collaboration/Teamwork
- AAH IP Support



Questions?



Invasive group A Streptococcal case burden; Chicago, Jan-Mar 2023

March 31st, 2023

Karrie-Ann Toews, MPH

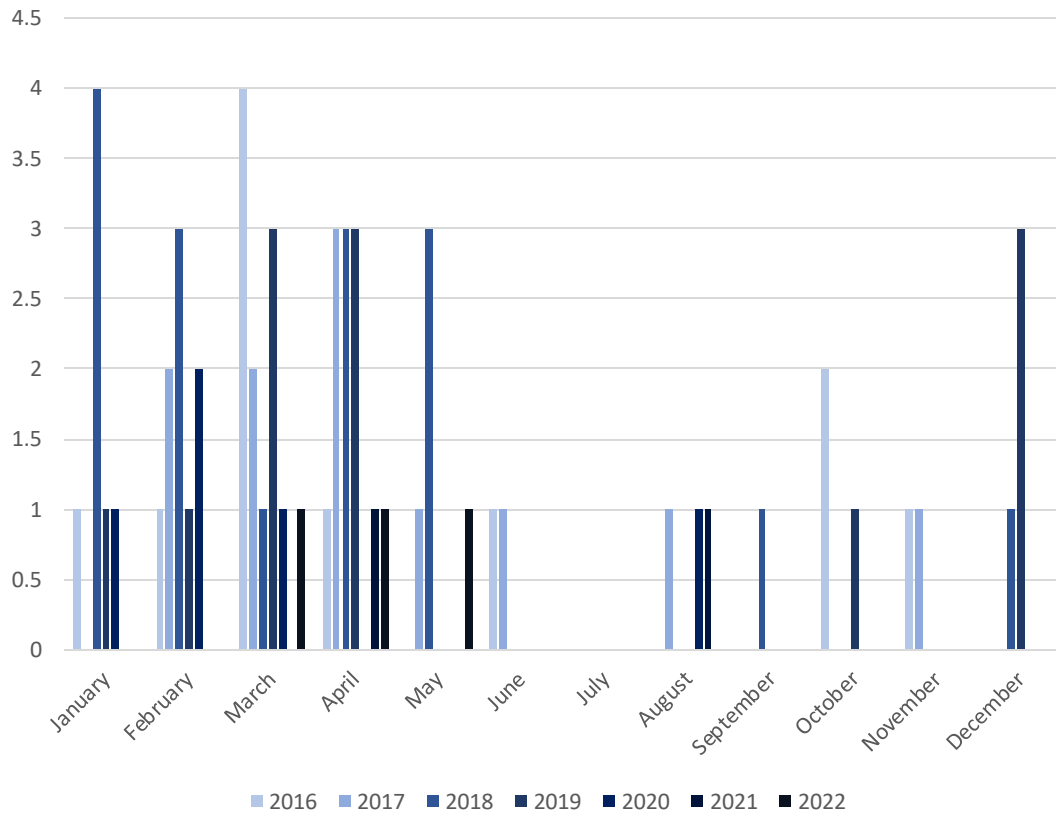


Global increases in pediatric case burden; Q4 2022/Q1 2023

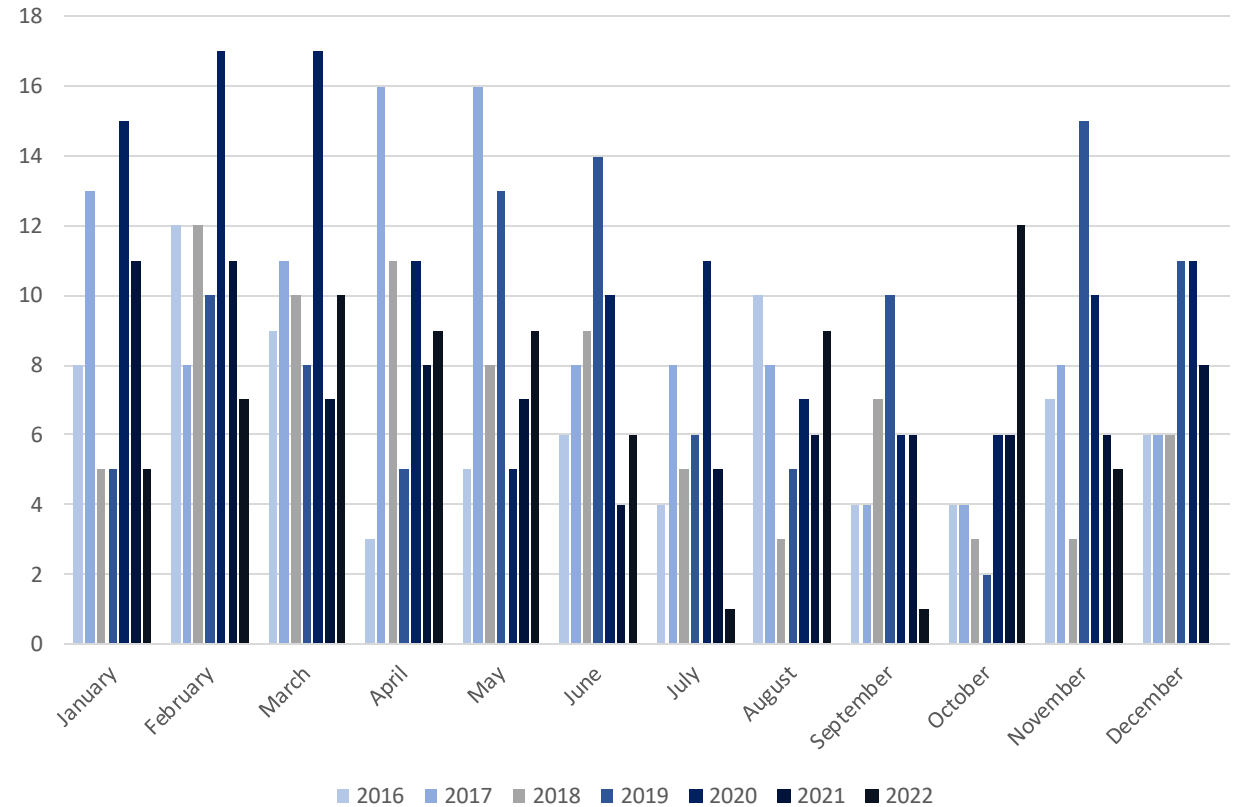
- Increased rates of iGAS and scarlet fever in Europe since Fall 2022
 - Concerns about antibiotic supply
 - WHO: children under 10 are the most affected age group
 - Increase may reflect early start to the GAS season coinciding with an increase in the circulation of respiratory viruses and possible viral co-infection, leading to iGAS
 - Reported cases not caused by newly circulating *emm* type
 - No reports of increased antibiotic resistance
- Reports of increased GAS infection in Australia
- CDC: preliminary 2023 data
 - iGAS infections have remained high in children in some states even after respiratory virus decreased in those areas
 - Some states have also seen an increase in iGAS infections in adults, especially 65+



Seasonality of disease is similar between adults and children



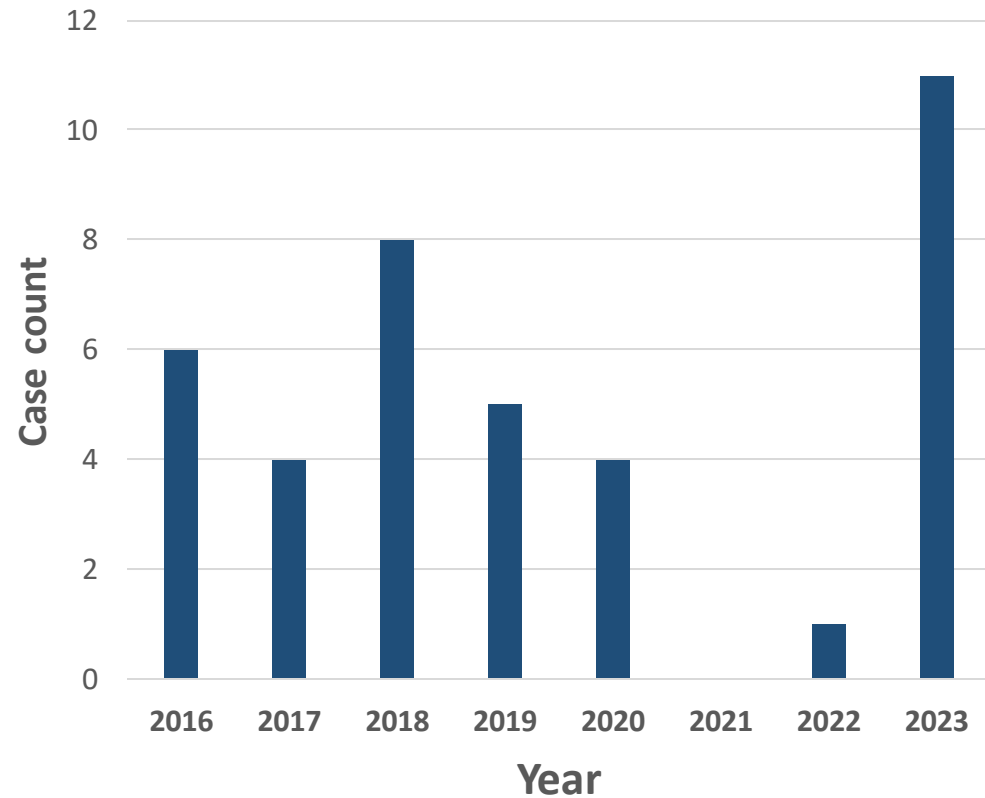
≤ 18 years



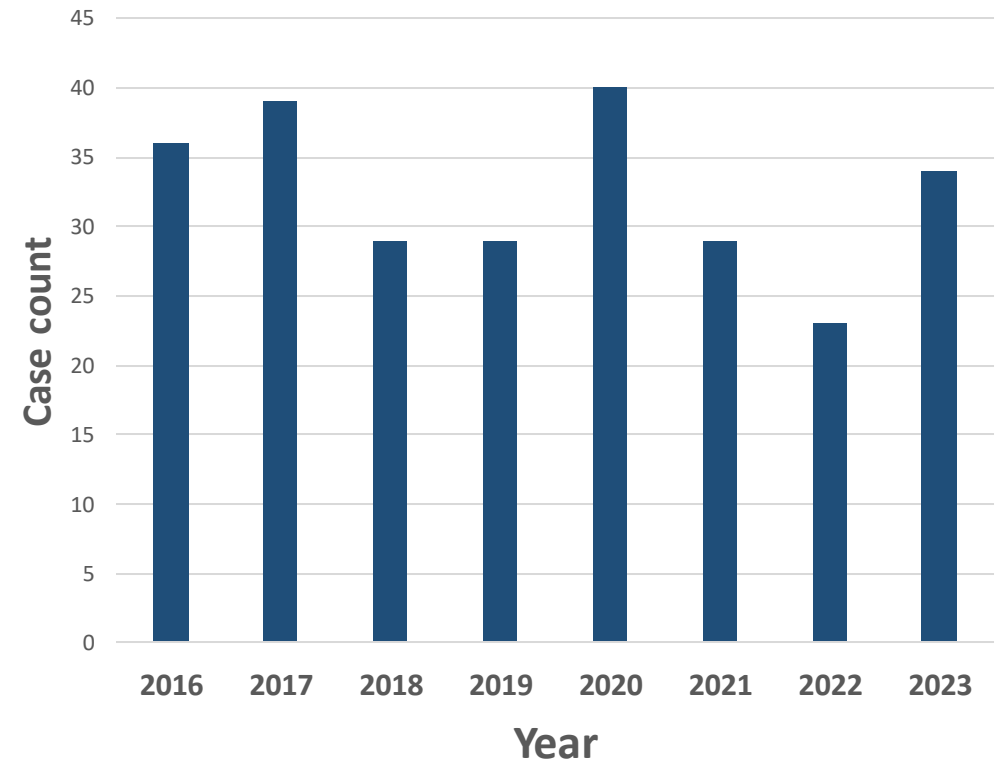
> 18 years

iGAS cases; Chicago, Q1 2016-2023

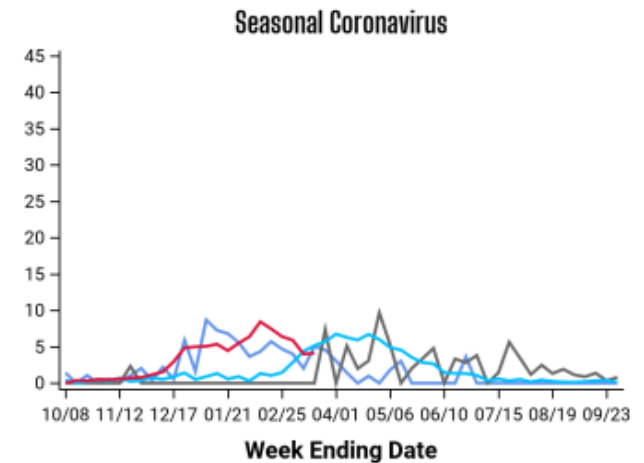
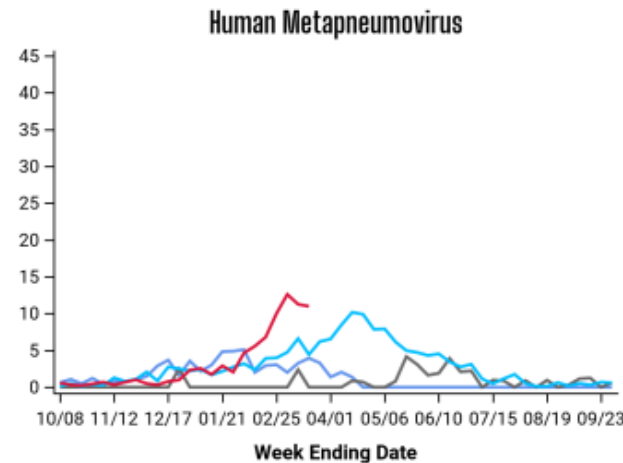
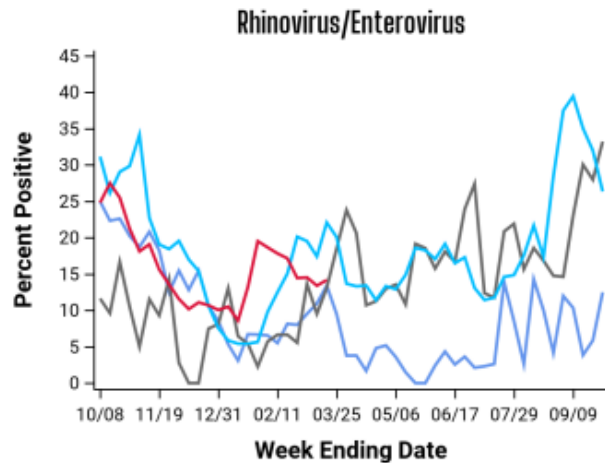
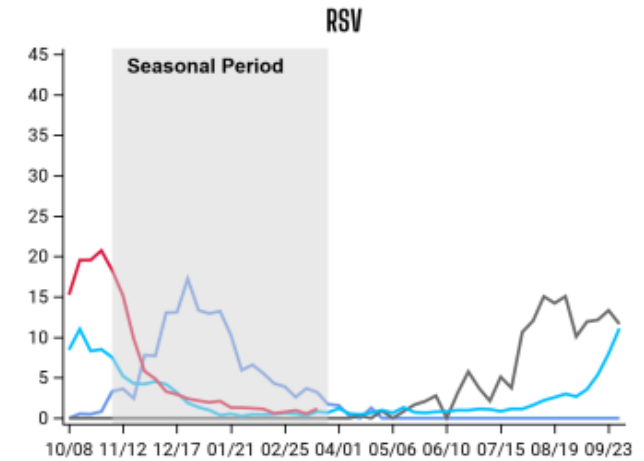
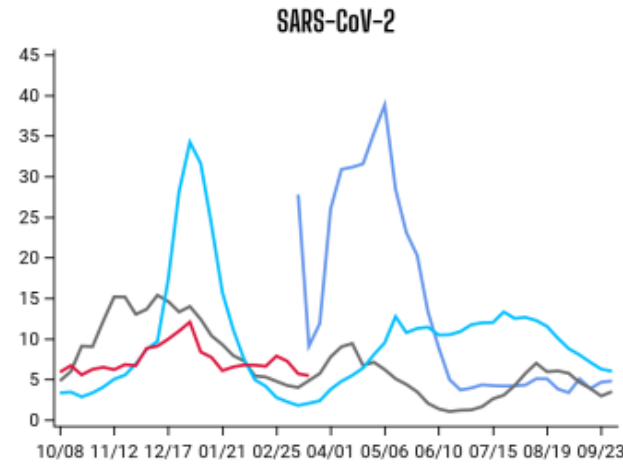
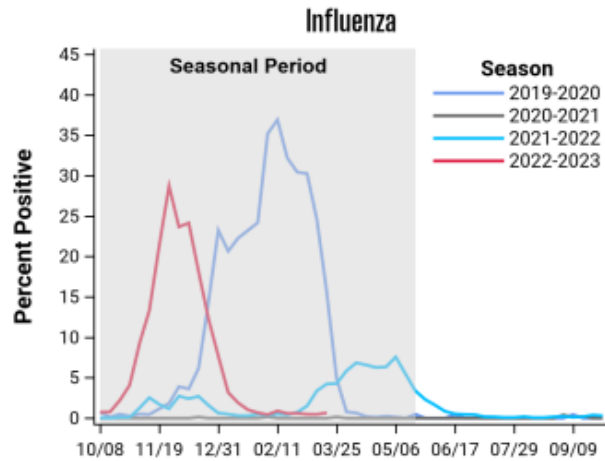
< 18 Years



≥ 18 Years



★ Recent trends in respiratory viral surveillance





Pediatric iGAS case characteristics, Chicago, Q1 2023

Age range	Count (%)
< 1 year	0 (0)
1-4 years	3 (27)
5-9 years	6 (55)
10-14 years	1 (9)
15-18 years	1 (9)
Total	11 (100)
Race	
White	7 (64)
Black	3 (27)
Other/Missing	1 (9)

Ethnicity	Count (%)
Non Hispanic	7 (64)
Hispanic	4 (36)
Other/Missing	0 (0)
Sex	
Female	6 (55)
Male	6 (45)



Pediatric iGAS outcomes, Chicago Q1 2023 (n=11)

	Case count (%)
Hospitalization	11 (100)
Death*	0 (0)
Amputation*	0 (0)
Debridement*	0 (0)

Length of stay: Median: 2 days Range: 1-5 days*

* Potential for missing data entry esp. discharge date (n=5) and possibly death due to limited follow-up post investigation



Pediatric iGAS clinical characteristics, Chicago Q1 2023 (n=11)

Clinical syndrome (infection type)	Case count (%)
Abscess (not skin)*	5 (45)
Bacteremia w/o focus**	2 (18)
Pneumonia	2 (18)
Septic arthritis	1 (9)
Sepsis	1 (9)
Ill HH members	1 (9)

*4 of 5 presenting with submandibular/neck swelling

** Both presenting with fever and rash

Group A *Streptococcus*

**Ann & Robert H Lurie Children's
Hospital of Chicago**

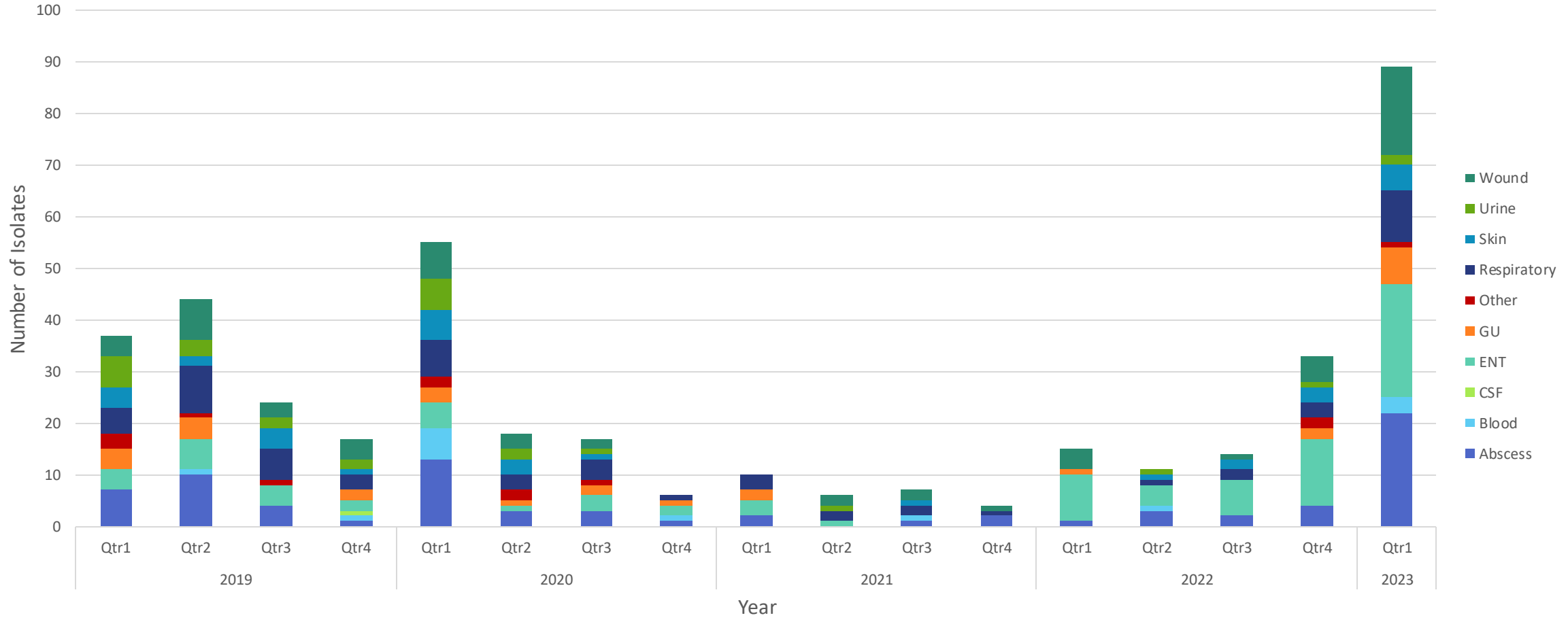
Ami Patel, MD MPH and Riley Moore, MPH





Infection Prevention & Control

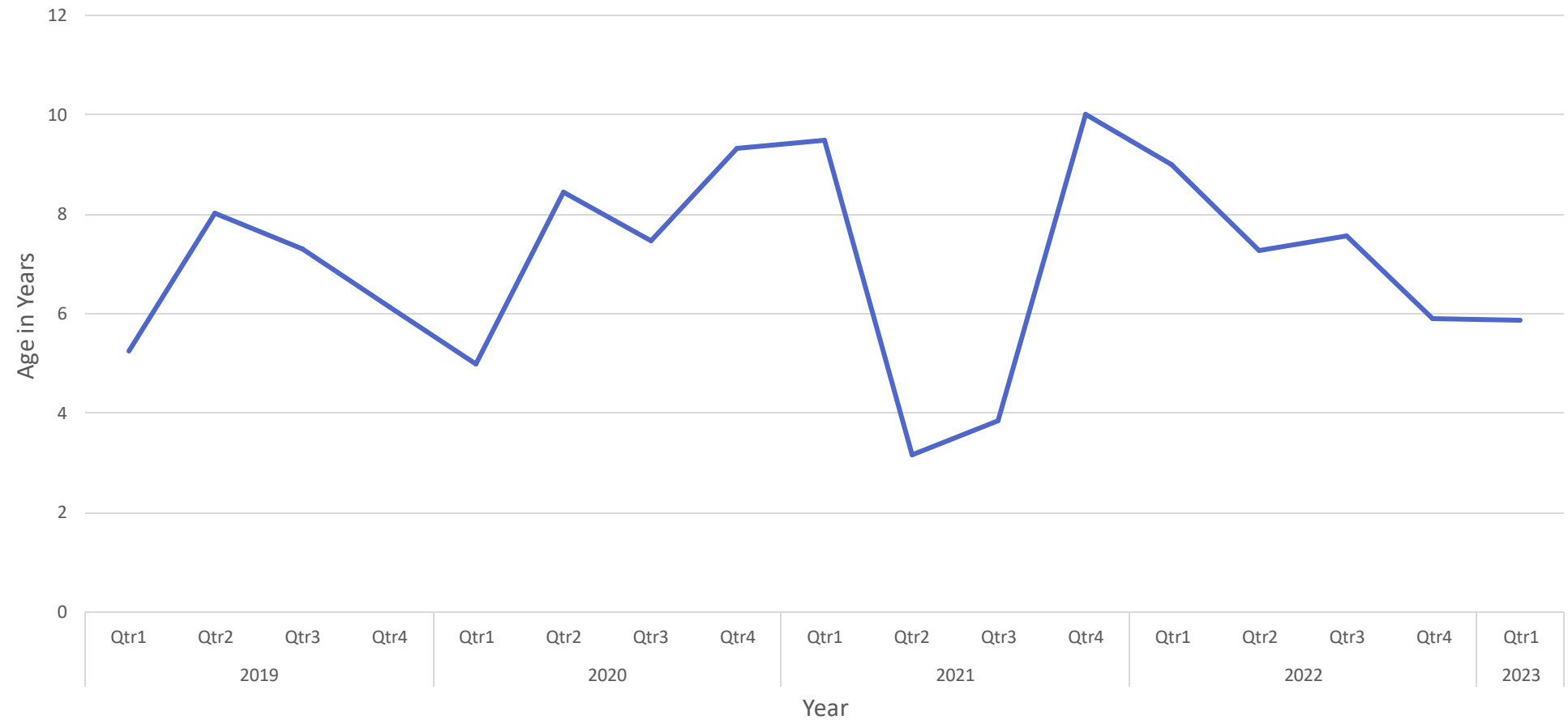
All Pediatric GAS Isolates





Infection Prevention & Control

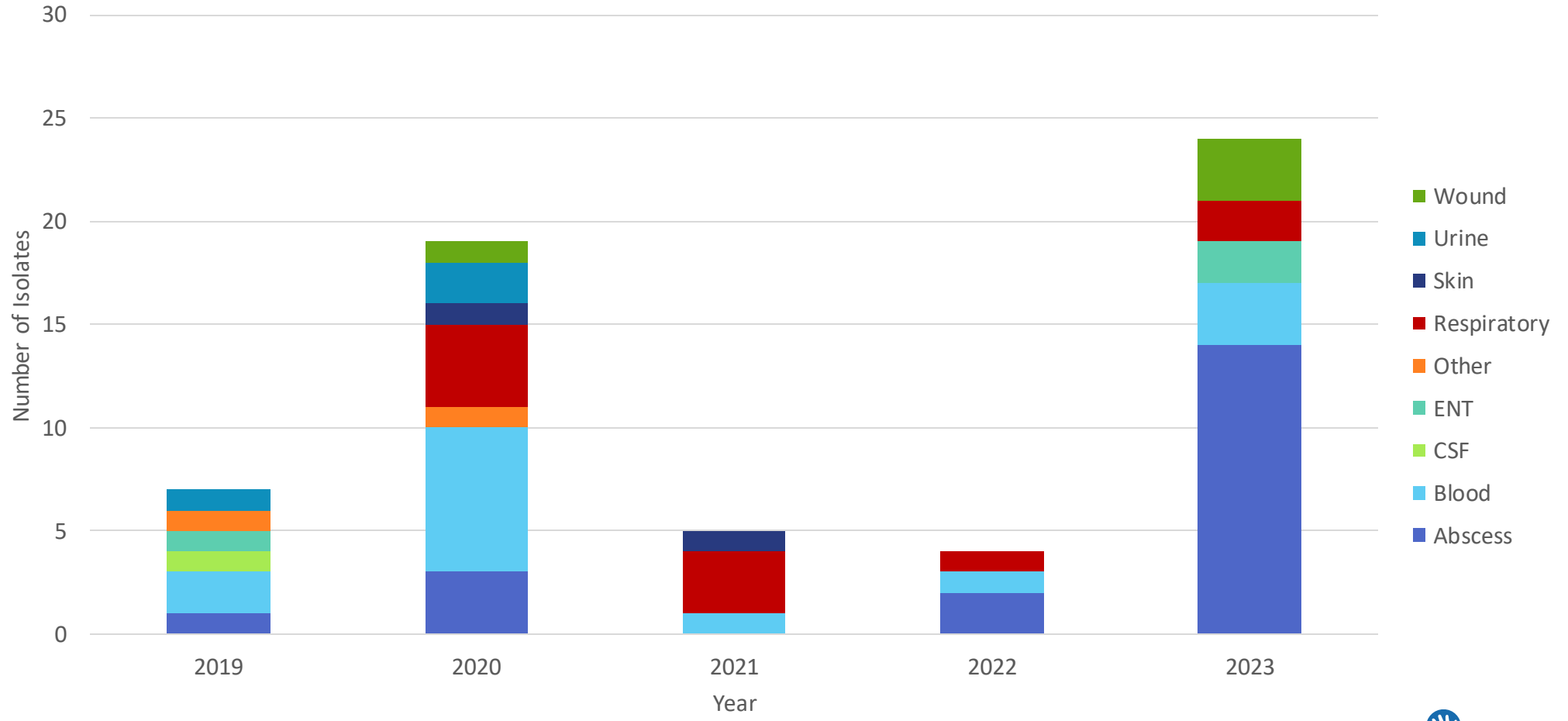
Average Age Patients at the Time of any GAS Culture





Infection Prevention & Control

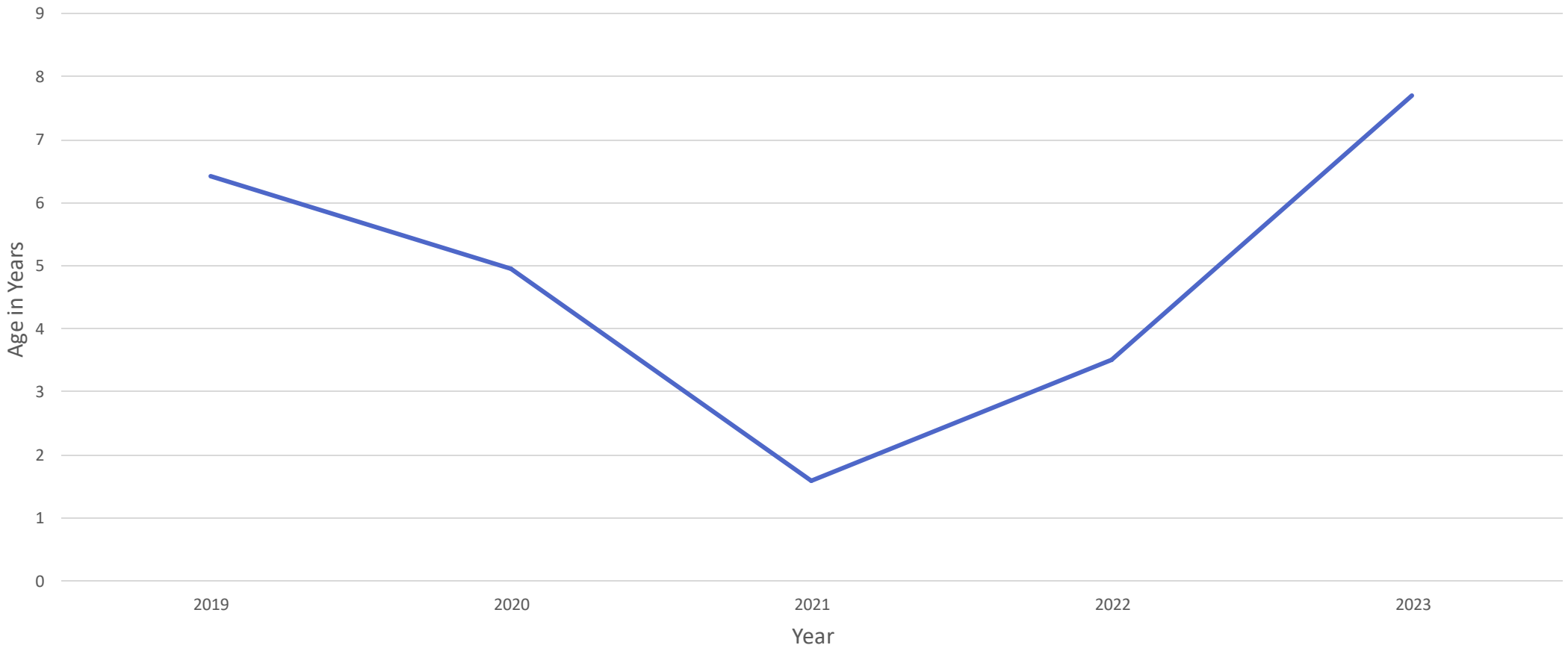
Pediatric Invasive GAS Isolates





Infection Prevention & Control

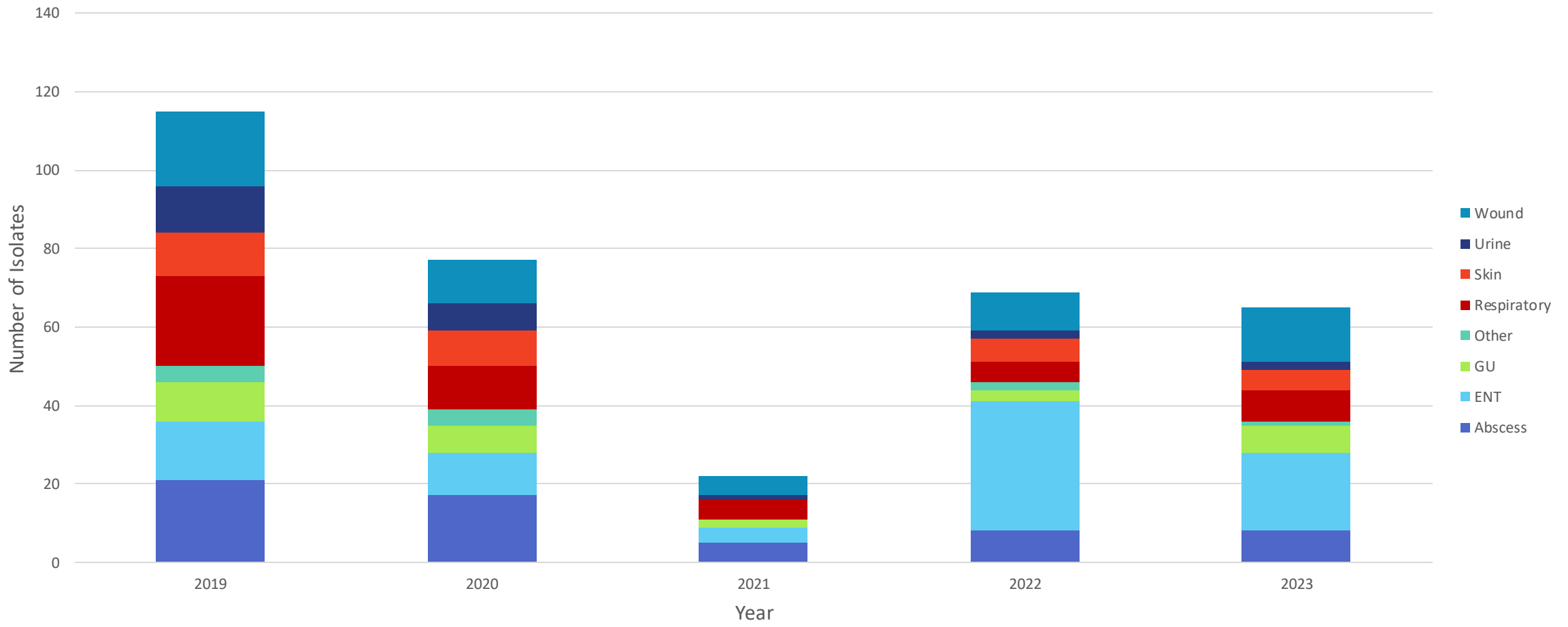
Average Age of Patients at the Time Invasive GAS Culture





Infection Prevention & Control

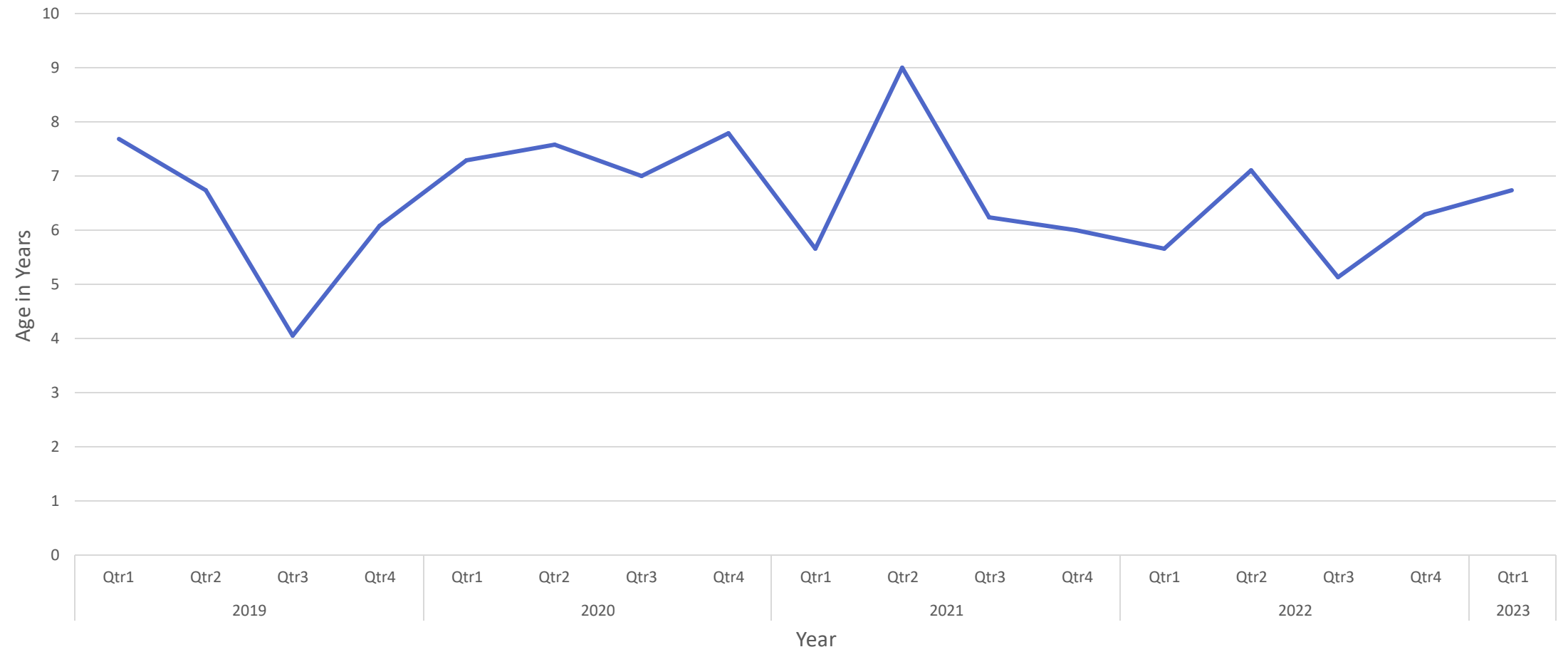
Pediatric Non-Invasive GAS Isolates





Infection Prevention & Control

Average Age of Patients at the Time non-Invasive GAS Culture





Infection Prevention & Control

Summary

- Overall increase in GAS cases since the beginning of 2023
- Shift in invasive cases from Respiratory and Blood to Head/Neck Abscess in 2023



Increase in Community Onset Group A Strep cases at NMH

Tiffany Kuo, MPH, H(ASCP)^{CM}M^{CM}BB^{CM}, CIC

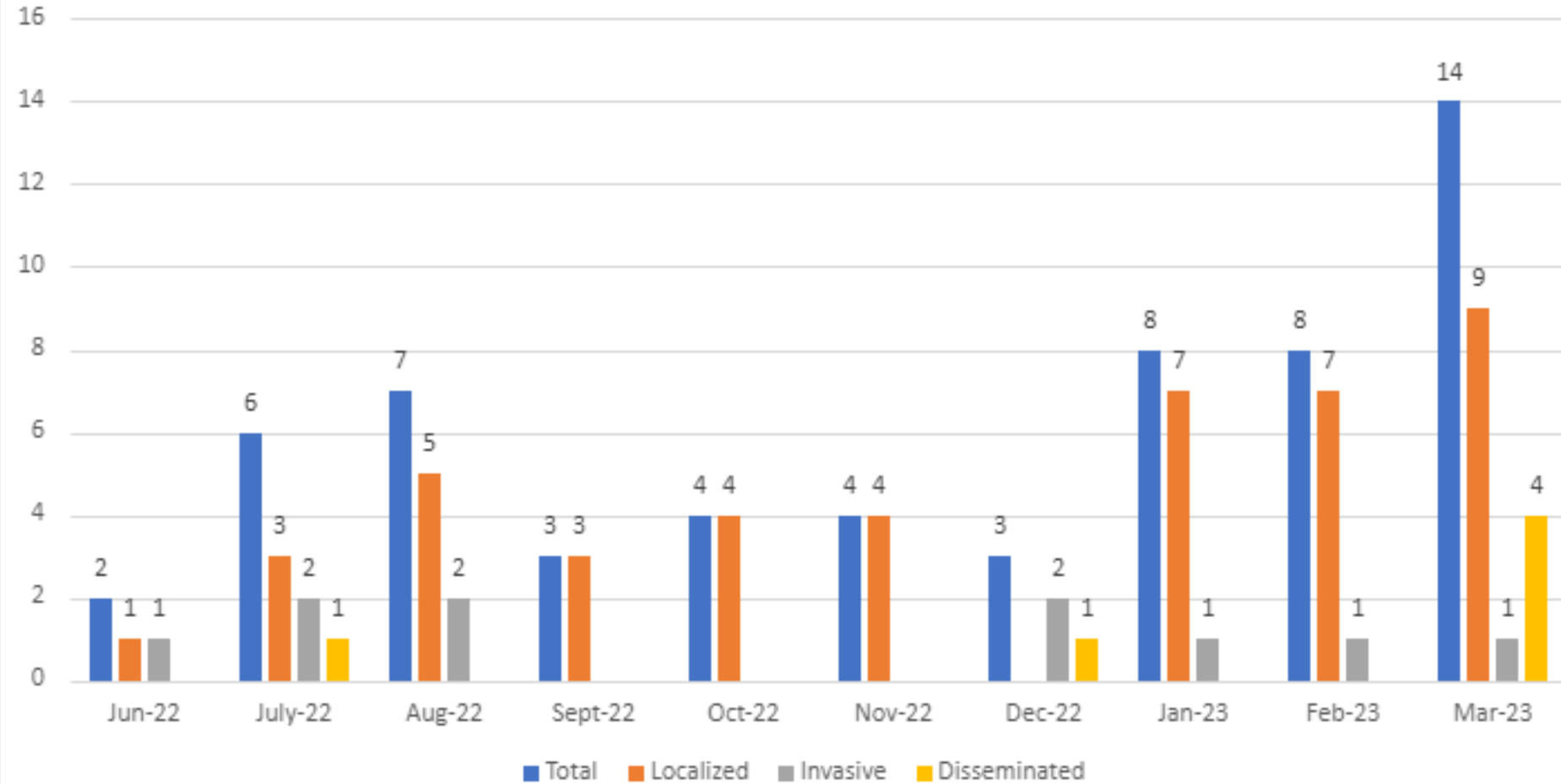
Northwestern Memorial Hospital

Background

Increase in Group A streptococcal infections

- In early March, we noticed an upsurge in adults hospitalized at NMH with group A *Streptococcus* (i.e., GAS, *Streptococcus pyogenes*) infections.
- Since 2/24/23, we have detected 6 cases of GAS infections in adults.
 - All infections are considered to be community onset.
 - No commonalities noted (i.e., between patients or healthcare facilities).
 - 3 of the 6 cases had exposure to sick children prior to illness onset. However, the children were not explicitly diagnosed with GAS infections.
- Molecular subtyping for 4 of the 6 cases revealed no similarities.

Epicurve GAS Total and By Type: Jun 2022- Mar 2023





Open Forum for Questions and Comments

- Our general number: 312-744-1100
- cdphaiar@cityofchicago.org





Thank you for participating!
Next Roundtable: **4/28/2023**







Additional Slides/Resources



★ Our Team

- Medical Directors:
 - Dr. Do Young Kim
 - Dr. Stephanie Black
- Project Administrator: Shane Zelencik
- Project Manager: Maria Bovee
- Infection Preventionists:
 - Alison VanDine
 - Kim Goitia
 - Val Cela
- Public Health Administrator:
 - Maggie Li
- General number for our team: **312-744-1100**
- cdphhaiar@cityofchicago.org



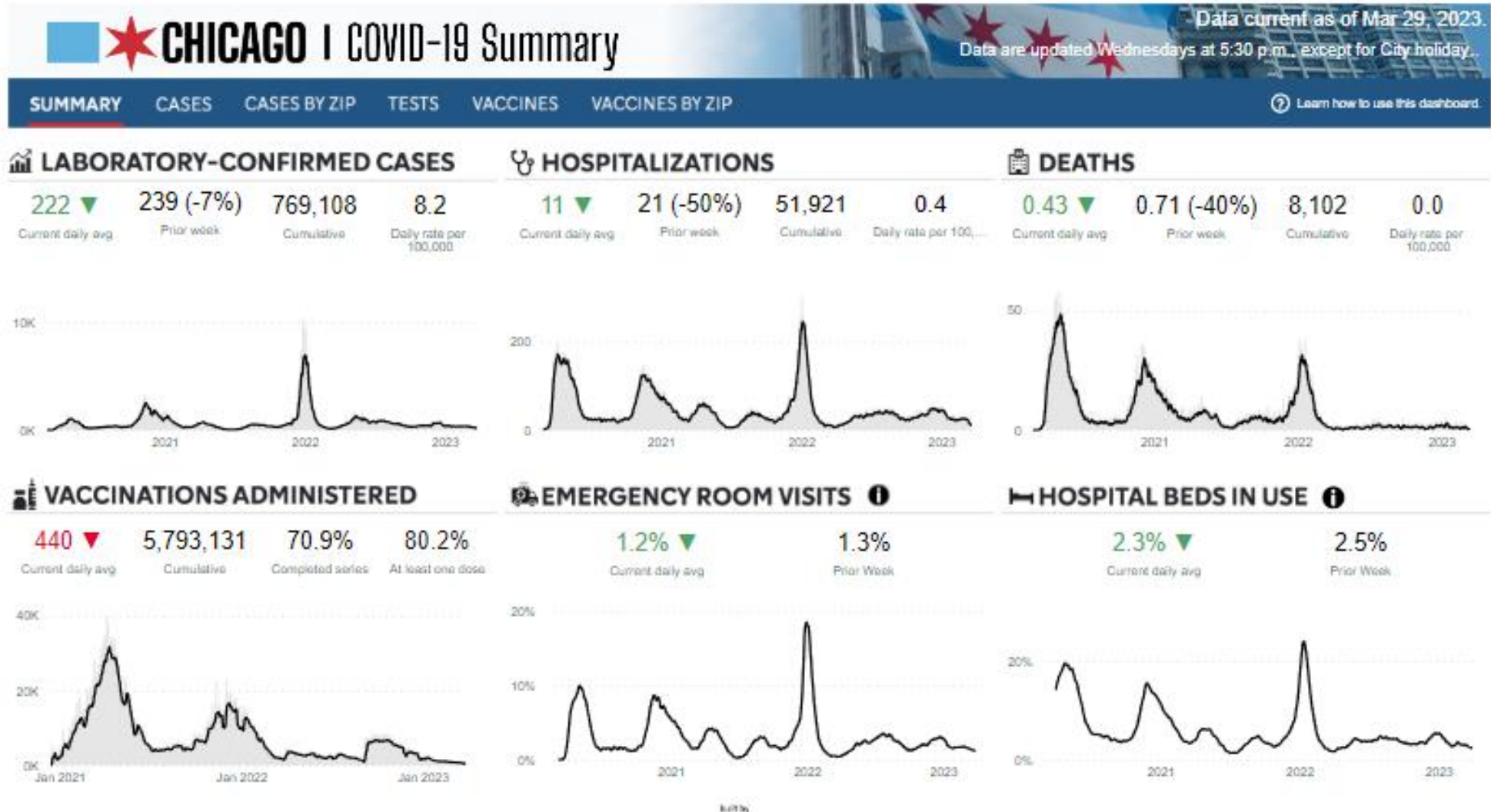


Our Team, Our Services

Our team consists of Infection Prevention Specialists, Epidemiologists, a Project Manager, a Project 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

Chicago Dashboard



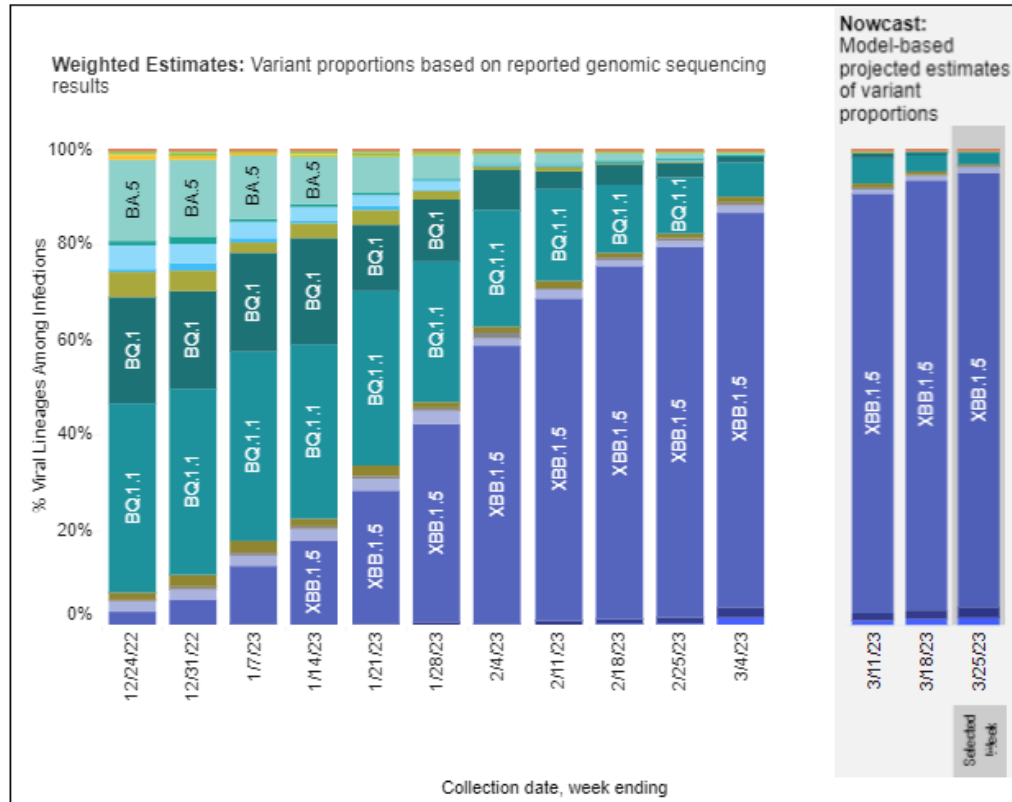
COVID-19 Variant Proportions



Weighted and Nowcast Estimates in HHS Region 5 for Weeks of 12/18/2022 – 3/25/2023

Nowcast Estimates in HHS Region 5 for 3/19/2023 – 3/25/2023

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 #	US Class	%Total	95%PI
Omicron	XBB.1.5	VOC	91.4%	89.5-93.0%
	BQ.1.1	VOC	2.3%	2.0-2.7%
	XBB.1.5.1	VOC	2.3%	1.7-3.1%
	XBB.1.9.1	VOC	1.5%	0.7-3.0%
	XBB	VOC	1.3%	0.6-2.7%
	CH.1.1	VOC	0.5%	0.4-0.7%
	BQ.1	VOC	0.5%	0.4-0.5%
	BA.2	VOC	0.1%	0.0-0.2%
	BN.1	VOC	0.1%	0.1-0.1%
	BA.5	VOC	0.0%	0.0-0.0%
	BF.7	VOC	0.0%	0.0-0.0%
	BA.5.2.6	VOC	0.0%	0.0-0.0%
	BA.2.75	VOC	0.0%	0.0-0.0%
	BF.11	VOC	0.0%	0.0-0.0%
B.1.1.529	VOC	0.0%	0.0-0.0%	
BA.2.75.2	VOC	0.0%	0.0-0.0%	
BA.1.1	VOC	0.0%	0.0-0.0%	
BA.4.6	VOC	0.0%	0.0-0.0%	
BA.4	VOC	0.0%	0.0-0.0%	
Delta	B.1.617.2	VBM	0.0%	0.0-0.1%
Other	Other*		0.1%	0.0-0.1%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
 # BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, XBB and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.2.75.2, CH.1.1 and BN.1, BA.2.75 sublineages are aggregated with BA.2.75. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BF.11, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. Except XBB.1.9.1, XBB.1.5 and its sublineages, sublineages of XBB are aggregated to XBB. Except XBB.1.5.1, sublineages of XBB.1.5 are aggregated to XBB.1.5. For all the other lineages listed, their sublineages are aggregated to the listed parental lineages respectively. Previously, XBB.1.9.1 was aggregated to XBB. Lineages BA.2.75.2, XBB, XBB.1.5, XBB.1.5.1, XBB.1.9.1, BN.1, BA.4.6, BF.7, BF.11, BA.5.2.6 and BQ.1.1 contain the spike substitution R346T.



Reminder: CDC COVID Data Tracker

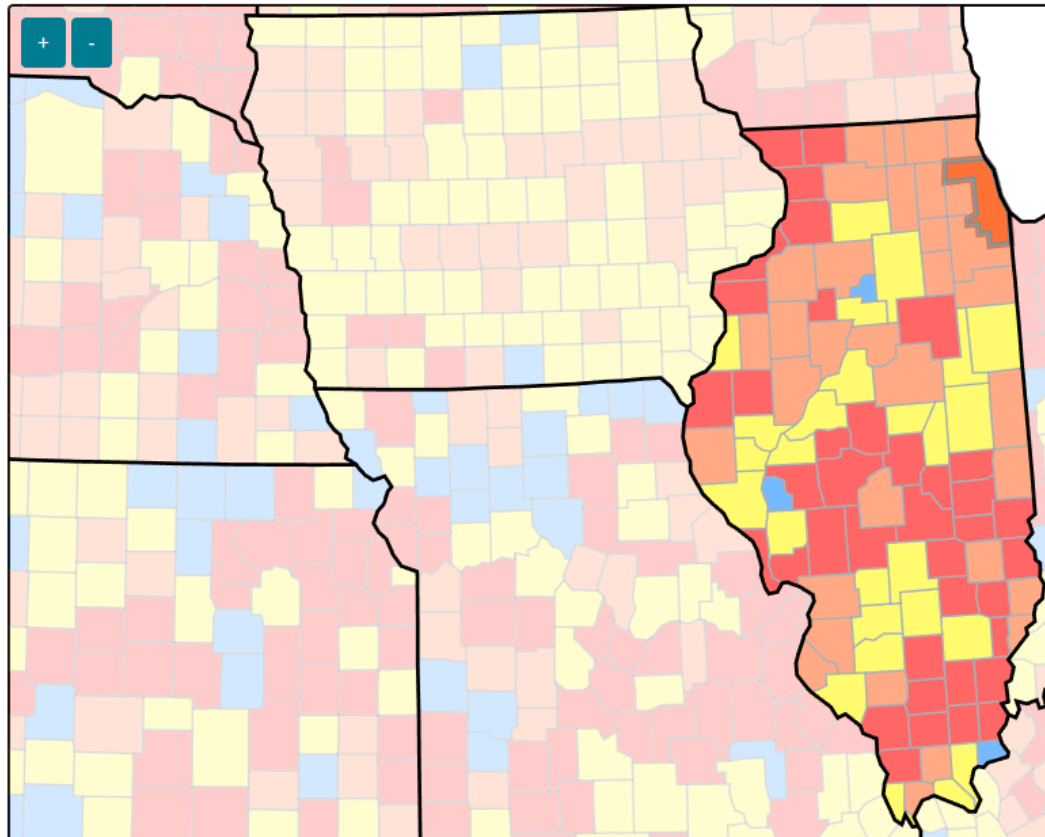
Indicator - If the two indicators suggest different transmission levels, the higher level is selected	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs ¹ that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%

Note: Community transmission levels will now be updated weekly

CDC COVID Data Tracker: Cook County



Data Type: Map Metric:



Chicago Respiratory Virus Surveillance Report – Current Week & Cumulative

Respiratory Pathogen	Week Ending March 18, 2023		Since October 2, 2022	
	# Tested	% Positive	# Tested	% Positive
Influenza*	3,827	0.7	129,951	9.4
RSV*	2,559	1.2	97,555	6.6
SARS-CoV-2*	4,443	5.5	160,875	7.4
Parainfluenza	1,480	2.7	41,030	2.7
Rhinovirus/Enterovirus	973	14.2	28,953	15.8
Adenovirus	973	4.3	28,656	3.6
Human Metapneumovirus	973	11.0	29,043	3.0
Seasonal Coronaviruses [†]	1,478	4.1	41,452	3.2

*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.



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

