



Infection Prevention and Control Roundtable with Acute Care Facilities

07-28-23





Agenda

- Welcome
- Important Updates
- Communicable Disease Guidance
- Update on Recently Arrived Migrants
- Management of Varicella Patients
- Discussion and Q&A



Important Updates

- New CDPH IP
- In-person roundtable in October
- Project Firstline Updates
- Cyclospora cluster



★ Your New CDPH IP!



Name: Andrea Castillo

Previous experience:

- Healthcare tech in the critical care unit
- Infection Preventionist at Carle Foundation Hospital
- Senior Epidemiologist at Cook County Department of Public Health, Communicable Disease
- **Contact:** andrea.castillo@cityofchicago.org
312-745-0997
- **Fun Facts:** Andrea was born and raised in Pilsen, Chicago. She has 2 dogs, 6 cats, and a baby. She loves to travel and experience cultural immersion.

★ 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

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

Survey: We will be sending closer to the event date more details about the meeting and a registration survey.

Project Firstline

Gus E. Turner, MPH
Project Firstline
Project Manager, CDPH



★ Project Firstline Overview

- Project Firstline is the Center for Disease Control's (CDC) National Training Collaborative for Healthcare Infection Control education
- Project Firstline (PFL) brings together more than 75 healthcare, academic, and public health partners to reach healthcare workers across the country
- PFL offers educational resources in a variety of formats to meet the diverse learning needs and preferences of the healthcare workforce

As of May 2022, Project Firstline and its collaborative partners have:




Developed **200+** educational products and training materials on healthcare infection control



Hosted **750+** educational events, reaching approximately **65,238** healthcare workers



Received **84 million+** views across the web and various digital platforms



Available Resources

- **Learn about Infection Control in Health Care:** CDC's Project Firstline provides innovative and accessible resources so all healthcare workers can learn about infection control in health care.
 - *Topics include 14+ foundational IP&C (e.g., hand hygiene, environmental services, ventilation, PPE, how viruses spread, etc.), Recognizing Risk using Reservoirs, Where Germs Live training toolkits, and more interactive resources.*
- **Lead an Infection Control Training:** Our facilitator toolkit is designed to work with your team's learning styles and busy schedules (10-, 20-, and 60-minute scripted sessions).
- **Access Infection Control Educational Materials:** Find short videos, fact sheets, job aids, infographics, posters, printed materials, interactive computer lock screens, and social media graphics to utilize at your facility on foundational IPC topics.
- **Earn Continuing Education:** Earn CEU's on CDC Train for PFL content.
- **Translated Resources:** IPC materials translated into Spanish & additional languages.

★ Print Materials & Job

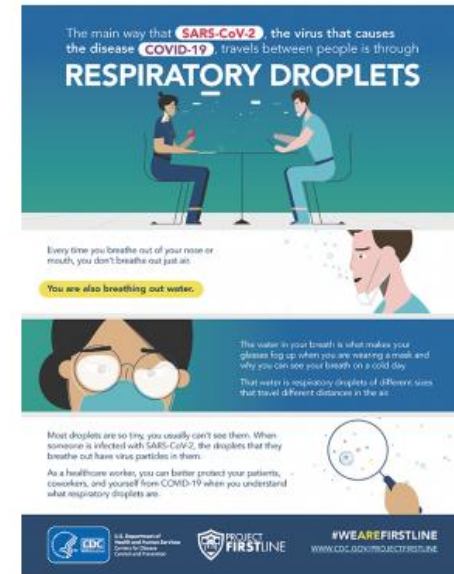
- Several print materials and job aids available on foundational IP&C topics.
 - Available for [free download](#) on CDC's website.
 - Including lock screens for staff computers.
- We are happy to offer professional printing support for poster requests!
 - Please see our team after the presentation to request print materials.
 - For remote guests, please email: projectfirstline@cityofchicago.org.



[How to Read a Disinfectant Label](#) [PDF - 1 Page]



[Water and Wet Surfaces Profile](#) [PDF - 1 Page]



[Respiratory Droplets Flyer](#) [PDF - 1 Page]



[What would you see? Poster](#) [PDF - 1 Page]



[Germs live in blood](#) [JPG - 1 Page]



2023 LEARNING NEEDS ASSESSMENT



WE WANT YOUR FEEDBACK TO DEVELOP NEW CONTENT!

- + CDPH is a proud partner of CDC's National IP&C Training Collaborative, Project Firstline.
- + We are working to identify priority IPC training needs among your frontline healthcare staff.
- + This brief survey (<10 minutes) helps us develop relevant content for your and your team.
- + These trainings will be developed for our Fall 2023 IPC webinar series (with free CEUs)!



2023 Learning Needs Assessment

- **Thank you** to our respondents thus far!
- **Primary workplace:**
 - 31.0% Acute care hospital
 - 13.8% Outpatient healthcare facility
 - 1.7 % Long-term acute care hospital
- **Primary professional roles:**
 - 24.1% Infection preventionists
 - 24.1% Registered nurses
 - 10.3% Healthcare administrators
- **Topics of interest for NEW Trainings for frontline staff:**
 - Transmission-based precautions/enhanced-barrier precautions (73.7%)
 - Bugs in healthcare settings (63.2%)
 - e.g., maggots, bed bugs, scabies, etc.
 - Vaccines and Vaccination (57.9%)
 - Antibiotic resistance/MDRO basics (57.9%)
 - Early identification & patient screening, with case studies (56.1%)
 - Sterilization and high-level disinfection basics (49.1%)
 - e.g., how to know if something is sterile, sterile supply storage, transport soiled and clean instruments/devices, etc.



★ Your Chicago Project Firstline Team

- **CDPH Infection Preventionist:** Your facility's main contact for all infection prevention and control questions.
 - *General contact information:*
cdphaiar@cityofchicago.org
- **PFL-Chicago Education Specialists:** Contact our team to hear more about specific Chicago-based educational opportunities!
 - We offer many resources including virtual or onsite trainings, webinars, and helpful newsletters.
 - *CDPH Project Firstline email:*
projectfirstline@cityofchicago.org



Visit our [Chicago Health Alert Network \(HAN\)](#) page for recorded webinars, newsletter information, and upcoming events. Stay up to date on exciting new resources!

**CDC'S PROJECT FIRSTLINE
YOUR CHICAGO TEAM**

-  projectfirstline@cityofchicago.org
-  www.chicagohan.org/hai/pfl
-  1340 S Damen Ave,
Chicago, IL 60608



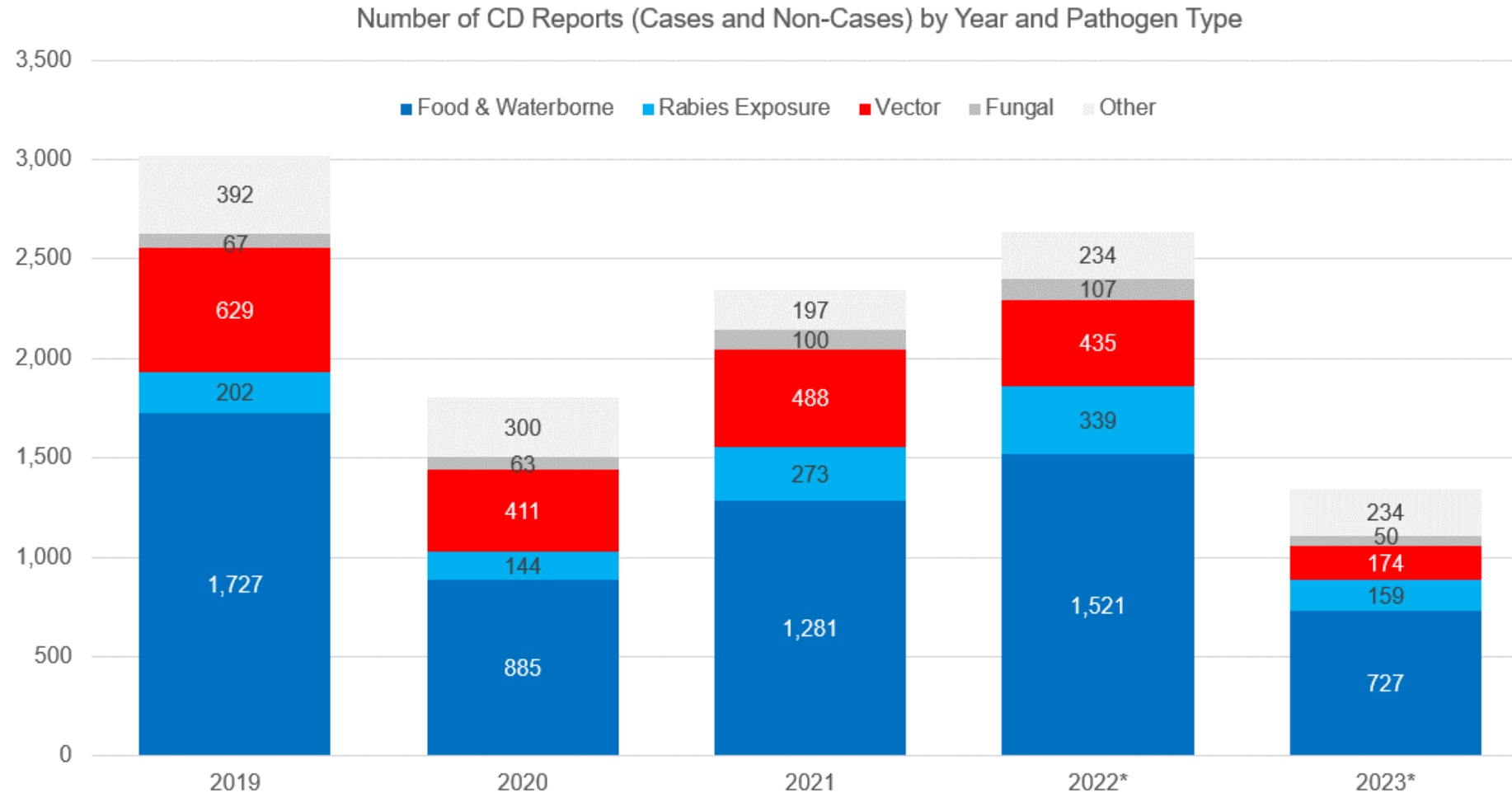


Communicable Disease Investigations

Karrie-Ann Toews, Saul Ayala, Vilma Alicea
CDPH IP&C Roundtable with Acute Care Facilities
July 28, 2023

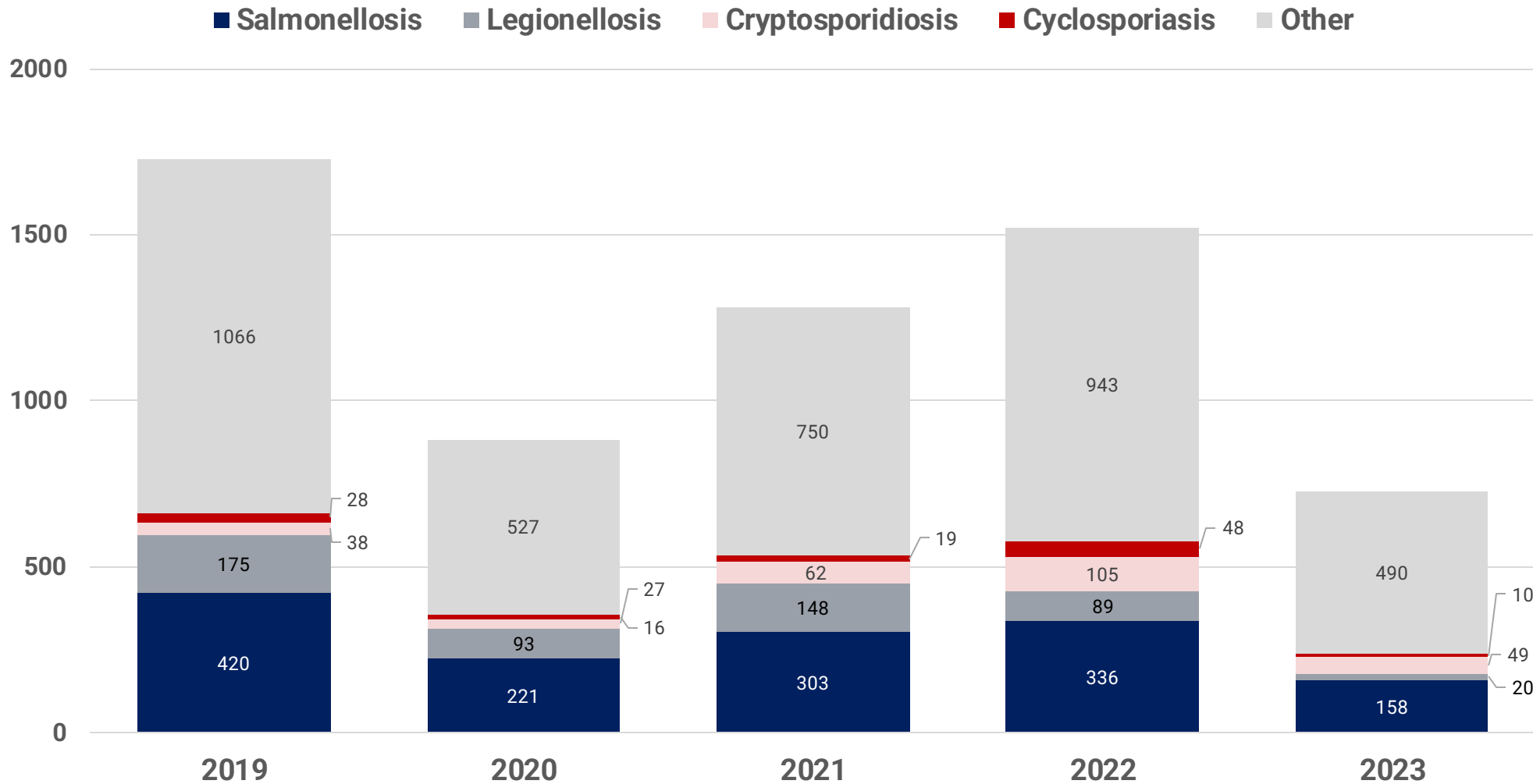


Communicable disease reports by year and pathogen type



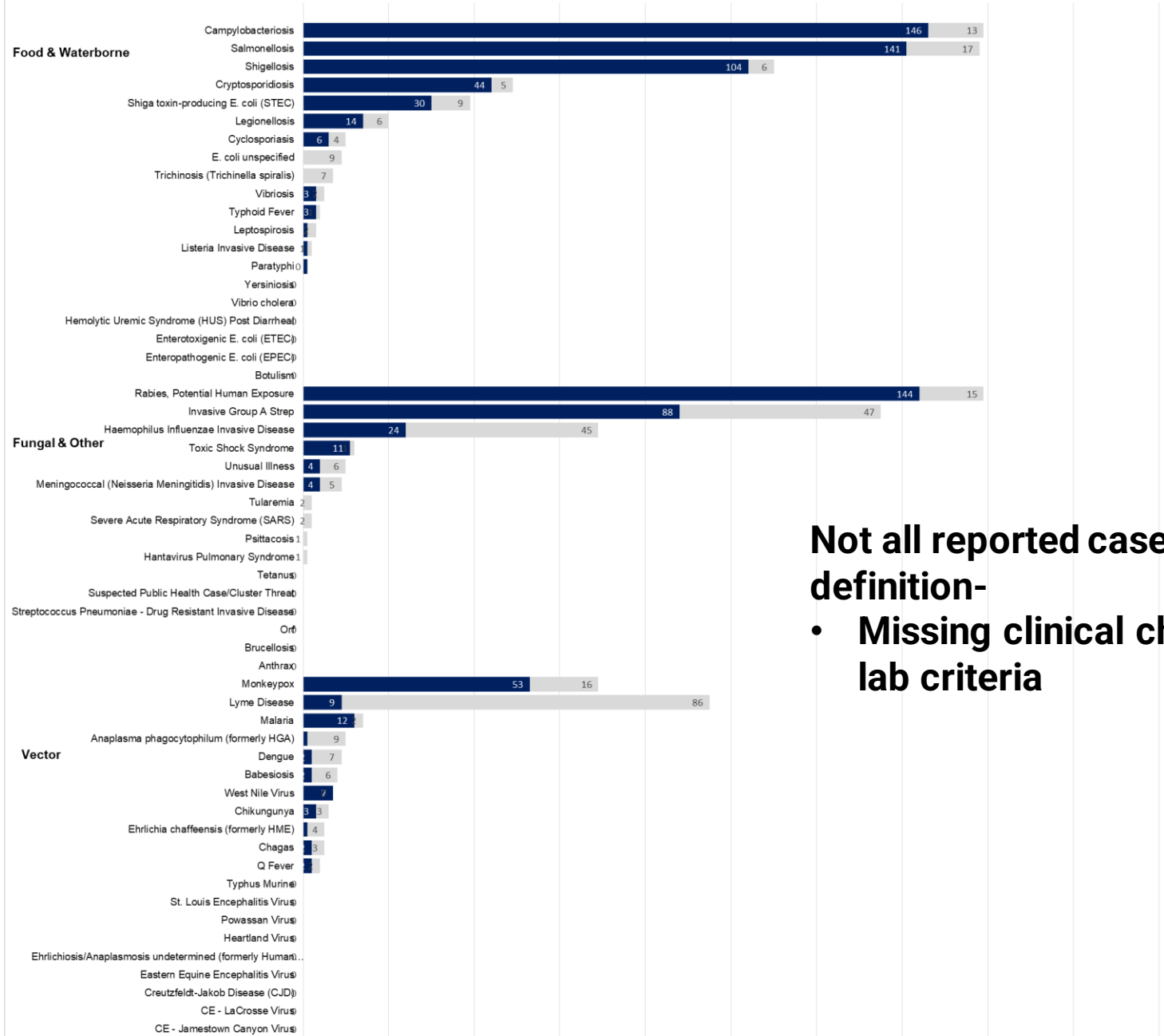


Breakdown of food and waterborne disease burden





Number of Reports Opened in CD Program in 2023, by Pathogen and Status



Not all reported cases meet case definition-

- Missing clinical characteristics or lab criteria





Reportable disease investigations needing medical records

- Legionellosis
 - Ensure correct case definition (must be clinically compatible)
 - Estimation of exposure window (insights into onset date) to enhance larger investigation
- Invasive group A Streptococcal disease
 - Ensure correct case definition (determination of sterile site occasionally challenging)
 - Enhancing capture of severe manifestations (toxic shock syndrome, necrotizing fasciitis)
- West Nile Virus
 - Ensure correct capture of neuroinvasive vs. non-neuroinvasive disease
- Not an exhaustive list!



Thank you for supporting public health!



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Cyclosporiasis outbreak, June-July 2023

Karrie-Ann Toews

CDPH IP&C Roundtable with Acute Care Facilities

July 28th, 2023

★ National Cyclospora case reporting



- Cyclosporiasis is nationally reportable, seasonal surge in spring and summer
- For 2023, nearly 600 domestically acquired cases with 55 hospitalizations have been reported from 31 states to CDC since 5/25/23

Year	Dom. Acq. Cases	Hospitalizations	Deaths	States reporting cases
2022	1,129	74	0	33
2021	1,020	70	0	36
2020	1,241	90	0	34
2019	2,408	144	0	37
2018	2,229	160	0	33

- A Cyclospora National Hypothesis Generating Questionnaire (CNHGQ) completed for each case
 - Testing, demographics, symptoms, travel, events, sources of produce, produce consumed
 - Fresh herbs, fruit, leafy greens, other fresh vegetables



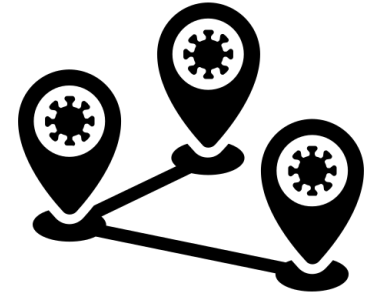
★ Cyclosporiasis surge in Chicago metro area



- IDPH SIREN and CDPH HAN distributed on 7/14
 - Increase in domestically acquired cases (w/o report of international travel) since 5/14
 - 65 of 79 domestically acquired cases in within metro-Chicago area
 - Alerts encouraged healthcare providers to consider Cyclospora as a potential cause of prolonged diarrheal illness and request stool testing
 - Laboratories were encouraged to forward clinical materials positive for Cyclospora to IDPH Springfield or Chicago labs for further characterization at CDC
 - Genotyping via temporal genetic cluster code (TGC)
 - As of 7/18, 22 distinct TGC groups have been identified thus far for 2023



★ Outbreak Summary



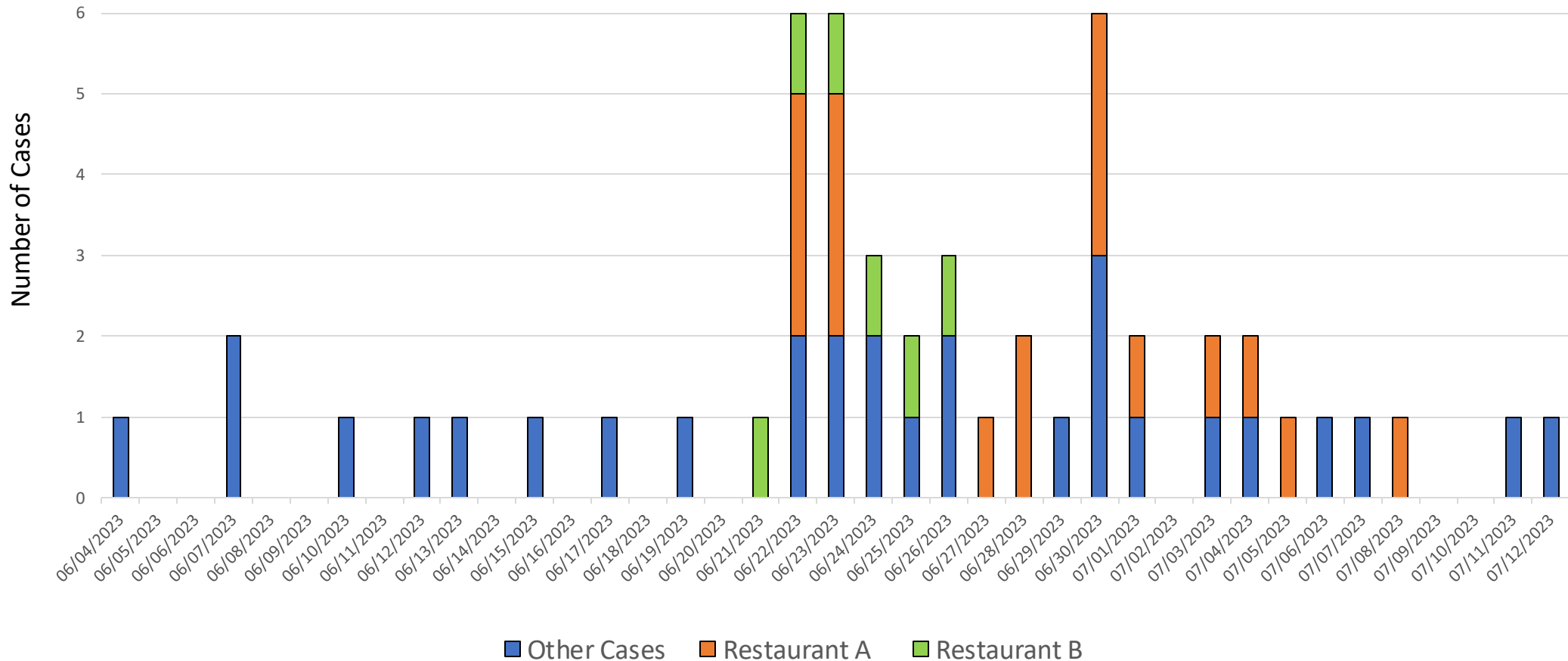
- As of 7/27/2023, 55 confirmed and probable cyclosporiasis cases w/o international travel reported since 6/16
 - Onsets ranging from 6/4-7/6

Restaurant	No. of associated cases	Produce source	Meal dates
A	19	Purveyor A	6/13-6/22
B	7	Purveyor A	6/12-6/23
C	2	Purveyor A	6/12-6/14
Total	28		6/12-6/23

- Purveyor A: located in Chicago- possible distributor to elsewhere in IL, WI, and IN



Cyclospora cases by onset date: 6/1/2023-7/26/2023





Cyclospora cases associated with Restaurant A and B: onset 6/1/2023-7/26/2023





Produce Vehicle Identification Progress



- Common items purchased by both Restaurant A and B include:
 - Baby arugula, avocado, basil, cilantro, cucumbers, lemons, chopped romaine, mesclun mix, Arcadian greens, baby spinach, strawberries
- Common items reported consumed by cases at Restaurants A and B include:
 - Romaine, mesclun mix, Arcadian greens
- Food Protection collected mesclun greens from Restaurant B on 7/19, IDPH arranging for FDA testing
- IDPH beginning inquiries with Purveyor A on romaine, mesclun mix and Arcadian greens
 - Romaine is product of Mexico
 - Mesclun mix and Arcadian greens are products grown in USA





Next Steps



- Ongoing case reporting and investigation/interviews; completing CNHGQs
 - Eight cases pending interview
- Ongoing analysis of CNHGQ data for significant produce signal
 - No statistically significant signal of romaine or mixed/mesclun greens consumed by cases
- Employ new analysis techniques, such as binomial probability analysis
 - Compare signal of persons eating specific food items from all Restaurants to estimated background consumption rate based on FoodNet Population Survey- also accounts for variations in seasonal consumption
- Outreach to neighboring states where Purveyor A is also a distributor
 - No specific case connections to Purveyor A outside of metro-Chicago thus far
- Food Protection to visit Restaurant C for invoices and romaine and Arcadian mixed green collection from Purveyor A for FDA testing



Thank You!



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Additional Resources

CDC Resources for Healthcare workers and General Public:

https://www.cdc.gov/parasites/cyclosporiasis/resources/pdf/cyclosporiasis_general-public_061214.pdf

<https://www.cdc.gov/parasites/cyclosporiasis/index.html>

IDPH :

<http://dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/cyclospora>

Note: HAN ALERT on July 14,2023





CDPH Migrant Response

Anne Schultz, MPH, CIC
July 28, 2023



Background

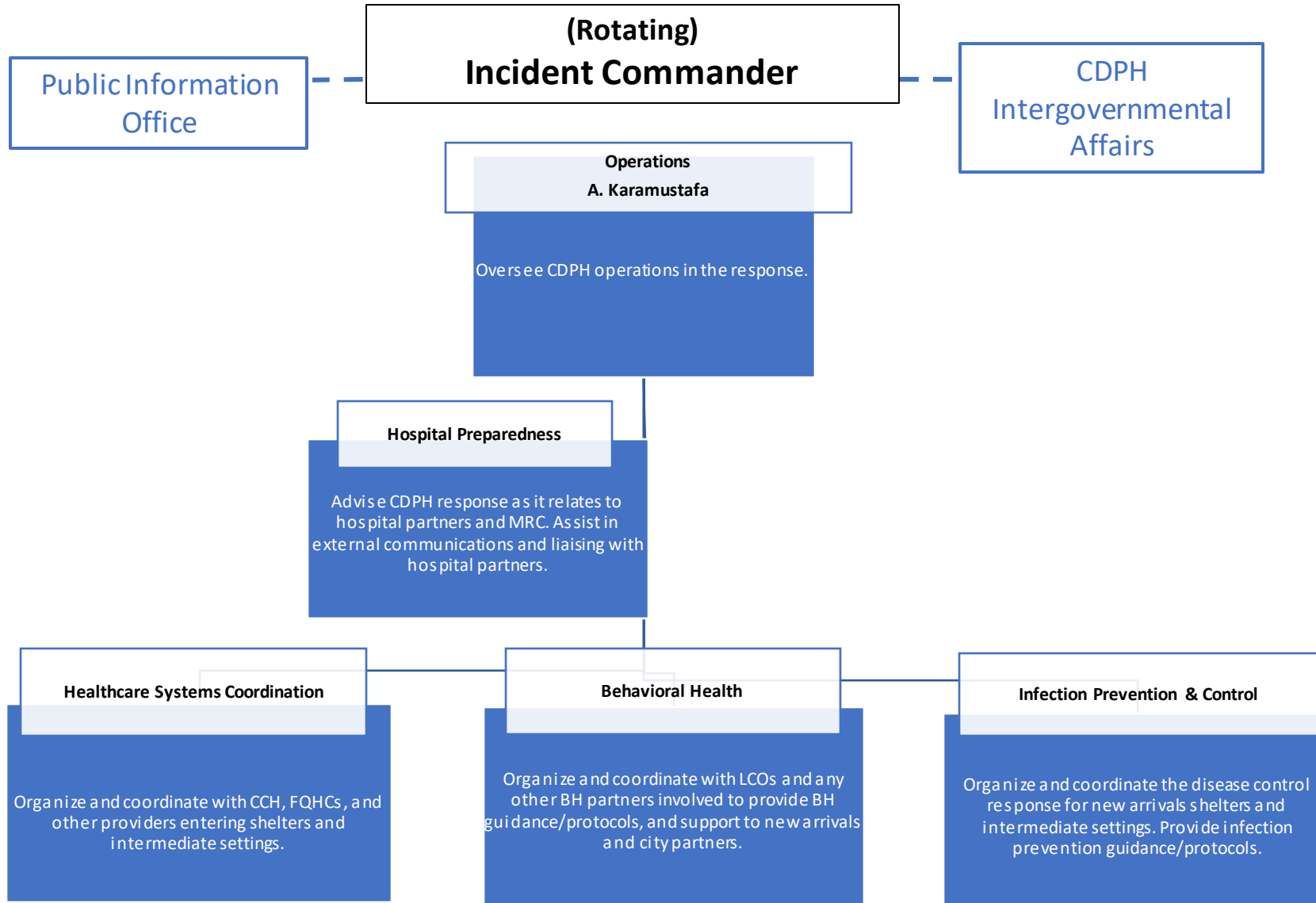
- In September 2022, new arrivals began traveling to Chicago from Texas.
- May 11 ended the COVID-19 Public Health Emergency.
 - Expiration of Title 42 led to influx of new arrivals.
 - Buses from border cities to asylum cities such as New York, Chicago, D.C.

This is not a public health crisis- it is a humanitarian crisis.

- Most important need is housing.
- DFSS is leading the response.

**CDPH New Arrivals Response
Operations Section
May 1-28, 2023**

M. Burkey (detailed to EOC)
EOC Medical
Branch Rep





CDPH's Role

- Engage and coordinate healthcare partners to work with the City response's lead departments (DFSS, OEMC, and Mayor's Office)
 - CCH, Shelter-Based Care LCOs, FQHCs
- Draft *public health* guidance and protocols- or share existing guidance- as needed
 - Shelter infection prevention guidance
 - Shelter mental health guidance
- Connect the shelters and response teams to existing CDPH services/resources
 - Mental health clinics
 - Outbreak investigations and responses
 - TB case management
- Advise EOC on which healthcare and healthcare-adjacent partners to work with for direct services and case coordination outside of CDPH's scope
- Keep CDPH's healthcare and other external partners updated



Health Screening

Ensure acute medical issues are addressed quickly; identify any diseases that may be communicable (infectious)

- **All migrants** receive a health screening when processed at the U.S. border
 - Migrants identified as having a possible communicable disease or immediate health need undergo further medical assessment prior to being allowed to travel further into the U.S.
- Upon arrival in Chicago, repeat public health screening
 - **All migrants** receive additional public health screening upon arrival at a shelter, or upon arrival at O'Hare airport, both to ensure acute medical issues are addressed right away and to identify any diseases that may be communicable.
 - This screening has been happening for many months. Consistently, **fewer than 1%** of migrants have needed any further public health intervention.
 - With more migrants needing to temporarily shelter in other settings (e.g. police stations), the City is working to increase capacity to conduct public health screening in non-traditional locations.
 - **CDPH welcomes additional volunteers via the Chicago Medical Reserve Corps.**



★ Comprehensive Medical Exam

Connect migrants to ongoing medical care

Upon arrival at a shelter or respite center in Chicago, **all migrants** are offered a comprehensive medical exam and opportunity to establish a medical home through Cook County Health (CCH).

- Migrants are transported to a migrant-specific medical intake clinic and receive treatment, connection to ongoing care, prescription medications, etc.
- Children and adults can receive all necessary vaccines (and children receive the medical forms to be able to enroll in school)



★ Shelter-Based Care

Meet urgent medical and behavioral health needs in shelters

- *In addition* to the comprehensive medical examination services provided by Cook County Health, CDPH also (since COVID) has funded onsite medical and behavioral health care in Chicago shelter settings.
 - E.g. Medical providers like Heartland Health and Lawndale Christian Health Center routinely have staff onsite at Chicago's more than 70 homeless shelters, funded by CDPH.
 - More than 5,000 people received medical/behavioral health care through this shelter program last year.
 - CDPH, with partners, has expanded this program to cover **all** of the additional shelters and respite centers that have been set up by the City to support increased arrivals.





Behavioral Health Services Provided to New Arrivals

- CDPH BH team has partnered with Trilogy to provide Mental Health Awareness Training to shelter staff:
 - Education on how to respond to someone who has experienced trauma,
 - Ways to overcome barriers to mental health care,
 - Signs and symptoms of specific mental illnesses,
 - Focused on the unique challenges of new arrivals.

★ Un-sheltered Care



Meet urgent medical and behavioral health needs for people who are unhoused and not in shelters

- CDPH also supports medical and behavioral health outreach to help connect unhoused individuals to care, traditionally including:
 - Continuous riders on the CTA
 - Individuals living in encampments or on the street
- Given the current capacity issues in shelters, with more migrants temporarily in non-shelter situations like police stations, the City and CDPH have also been coordinating with medical providers to help support temporary health needs in these settings.
 - This is challenging on many levels
 - We are interested in increasing registered Chicago Medical Reserve Corps volunteers who may want to volunteer

★ Infectious Disease Response



Limit the spread of infections, including in congregate settings

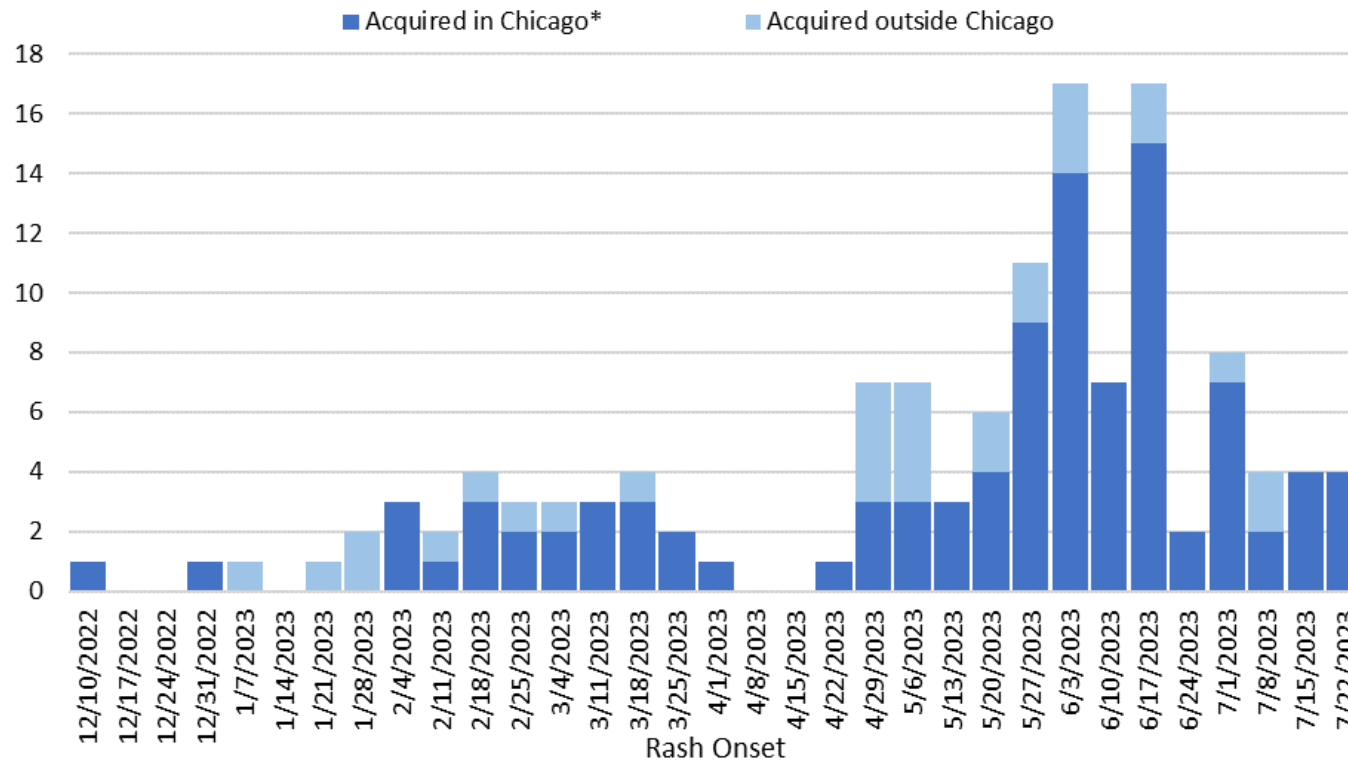
- CDPH has a dedicated team of experts who respond to cases or outbreaks of communicable diseases/infectious disease in congregate settings (which includes shelters)
- This team works with shelters to receive reports of potentially communicable diseases, provide guidance for infection control, conduct investigations, and coordinate testing and vaccination as needed.
 - Collaborates with Disease-Specific Programs (VPD, CD, TB, etc)
- By law, all medical providers and laboratories in Chicago who diagnose a patient with one of more than 70 infectious diseases is required to report that directly to CDPH. CDPH then responds to these individual cases to prevent further potential disease spread.
 - **This reporting and response mechanism remains the same, regardless of whether or not an individual is housed or in a shelter.**

Disease Concerns in Shelters



Varicella in new arrivals situational update

After reaching a high of 17 cases per week in June, varicella cases among new arrivals have decreased to an average of 5 cases per week in July.



As of today (7/22/2023), 15 cases of varicella have been identified among new arrivals with rash onset in the past three weeks.

Since December 9, 2023, 129 cases and 327 contacts have been identified, with 6 cases and 16 contacts newly reported in the last week.



Varicella Should Be a Top Differential in New Arrivals Who Present with a Vesicular Rash

- Most US-born adults have immunity to varicella through either vaccination or previous disease.
- Low levels of immunity in new arrival population due to:
 - Uncommon childhood disease
 - Uncommon childhood vaccination

Source:

<https://www.chicagohan.org/diseases-and-conditions/varicella>





What happens when a case of chickenpox is identified in a shelter?

- Following identification of a case, outreach is performed with the shelter to notify them of the case, identify close contacts, provide infection prevention guidance, and give isolation requirements.
- Additionally, CDPH will interview the case to identify close contacts and to investigate possible exposures.



What happens when a case of chickenpox is identified in a shelter?

- Contact management:
 - Close contacts without evidence of immunity are referred to a healthcare provider for post-exposure prophylaxis
 - Ideally PEP is given within 5 days after an exposure.
 - Pregnant or immunocompromised are prioritized for VariZIG.
 - Shelters & contacts are instructed to watch for symptoms and are isolated and evaluated by Cook County Health if any symptoms develop.
 - Reporting helps us to identify number of vaccines needed and to ensure appropriate staffing is dedicated to identifying close contacts.

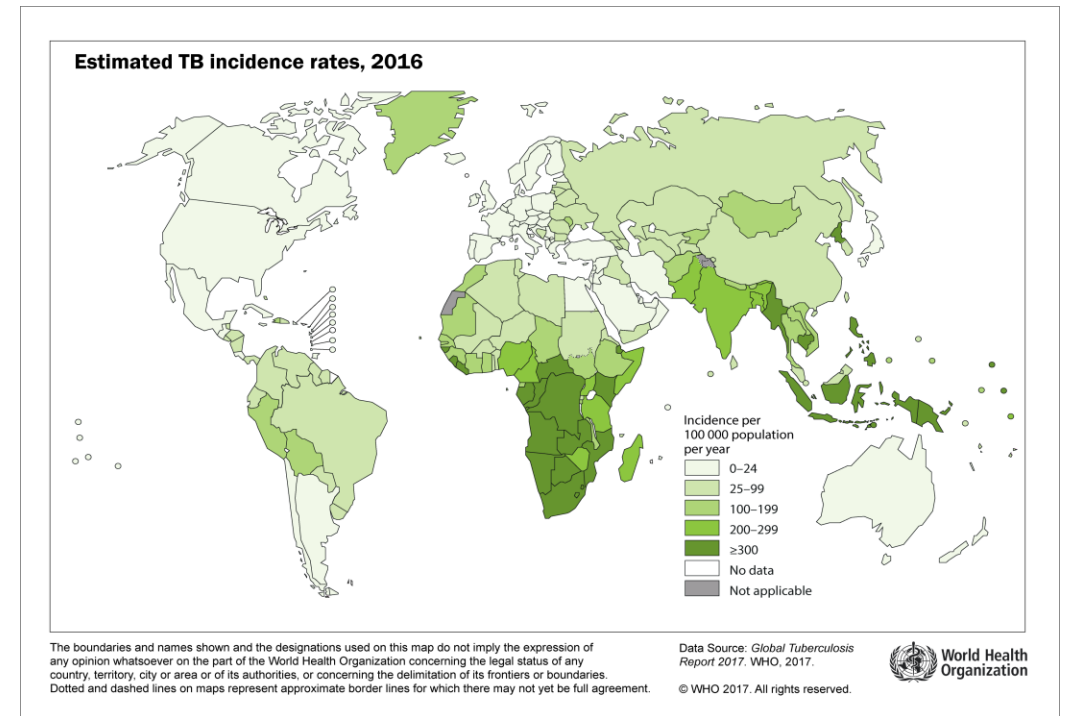
How To Report Varicella

- I-NEDSS
- Reporting tool:
<https://redcap.dph.illinois.gov/surveys/?s=NTPW47H3JF>
- Vaccine Preventable Diseases team:
 - 312-743-9000
 - After hours 311 and ask for the Medical Director on call

Reporting helps us to identify number of vaccines needed and to ensure appropriate staffing is dedicated to identifying close contacts.

★ Risk Factors for TB

- Persons who have immigrated from areas of the world with high TB rates.
- Persons who work or reside with people who are at high risk for TB in facilities or institutions such as:
 - Hospitals
 - **Homeless shelters**
 - Correctional facilities
 - Nursing homes and group residential homes



Latent TB Infection

I am healthy.

The TB germs are “sleeping” in my body but could “wake up” in the future.

I have no symptoms.

My chest x-ray is normal.

I am not contagious.

I have a positive result on a TB skin test or blood test.

Active TB Disease

I have a serious illness that could kill me if left untreated.

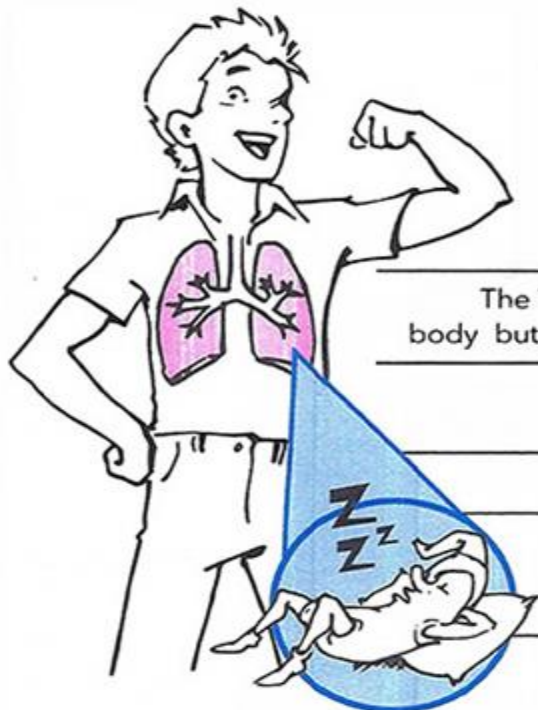
The TB germs have “woken up”.

I may have symptoms – cough, fever, weight loss, night sweats.

My chest x-ray may be abnormal.

I may be contagious and could infect other people when TB germs are spread through the air when I cough, laugh or speak.

I may have a positive result on tests of my phlegm.



Can my **Latent TB Infection** (sleeping germs) wake up and make me sick with **Active TB Disease**?

Yes, and certain factors increase my risk!

- I arrived recently from another country where TB is common.
- I have HIV.
- I was in close contact with someone with active TB disease.
- I have diabetes, kidney failure, or cancer.
- I had surgery to remove part of my stomach.
- I live or work in a hospital, jail, drug rehab center or shelter.
- I use injection drugs.
- I have received an organ transplant.
- I take certain medications that affect my immune system, like prednisone (steroids) or other pills or injections to treat certain types of skin, joint and gastrointestinal conditions.

If I have **Latent TB Infection**, can I reduce my chances of getting sick with **Active TB Disease**?

Yes, I can prevent tuberculosis!

I can take safe, effective medicines.

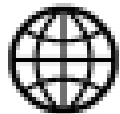




How to Report Active TB

- To report cases call 312-743-9000 and fax pertinent patient records (e.g., admission and consultation notes, discharge summary, acid fast bacilli laboratory reports, chest imaging, and medication record showing anti-TB drugs) to 312-746-5134.

Thank You!



Chicago.gov/Health



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Emergency Department: VZV Exposure Investigations, Action Plan & Risk Strategies

Tiffany Kuo, MPH, H(ASCP)^{CM}M^{CM}BB^{CM}, CIC
Healthcare Epidemiology & Infection Prevention
Northwestern Memorial Hospital

Background

Varicella-zoster virus (VZV)

- Chickenpox is a highly contagious disease caused by the varicella-zoster virus (VZV).
- VZV causes an itchy, blister-like rash, which can spread over the entire body.
- Chickenpox can also be serious and life-threatening, especially in babies, adolescents, adults, pregnant women and people with weakened immune systems.
- Chickenpox requires airborne and contact isolation precautions until lesions are dry and crusted.
- Secondary attack rate ~90%

VZV Exposure Timeline

Emergency Department

- **5 Varicella mass exposures** through NMH ED: Feb, March, May, June, July
 - **1439** patient charts reviewed to ascertain exposure
 - **132** patients deemed exposed and requiring chart review for immune status
 - **7** patients requiring follow-up testing
 - **7** patients requiring antiviral post-exposure prophylaxis
- **1** index case was admitted 5/18-5/31
- **3 of 5** Varicella exposures were among the Venezuelan asylum seekers. **2 of 3** exposures occurred at the Inn of Chicago shelter.
- **1** index case was transported to the ED via CFD, and all others through walk-in



Epic Report

All patients arriving through the ED

Find Admission Events ⓘ

Find Criteria 🔍

Effective date from 5/18/2023	⌵ ⓘ
Effective date to 5/18/2023	⌵ ⓘ
Unit NMH EMERGENCY DEPARTMENT	⌵ ⓘ 🗑️
Base patient class Emergency	⌵ ⓘ 🗑️
Exclude newborns? No	⌵ ⓘ 🗑️
Service area - dynamic restriction <i>Values determined when report is run</i>	

Report Logic **AND** Show search summary

▶ Run 💾 Save 💾 Save As ⏪ Restore ✖ Close

Epic Report

Select Columns

Selected Columns	
Patient Class (ADT) [253]	Hospital Service (ADT) [281]
HAR (ADT) [264]	Point of Origin Title (ADT) [393]
Patient Name (ADT) [267]	Financial Class Abbreviation (ADT) [265]
Patient MRN (ADT) [266]	Current Attending Provider (ADT) [2501]
Effective Date (ADT) [251]	<input checked="" type="checkbox"/> Patient ID (ADT) [2097]
Admitting Provider (ADT) [278]	<input checked="" type="checkbox"/> Patient Encounter DAT (ADT) [2098]
Unit Abbreviation (ADT) [255]	Hour (ADT) [2034]
Room (ADT) [256]	Arrival Date (ADT) [610]
Bed (ADT) [257]	Arrival Time (ADT) [611]
	Admission Time (ADT) [262]
	Discharge Time (ADT) [613]
	Transfer From Room (ADT) [283]

ED Admission Report

Generated Report -> Manual Review

- Filter report based on time overlapping with index case.
- For those patients overlapping with the index case simply based on time prior to admission (i.e. roomed in ED). Manual review of the chart includes the following:
 - Inpatient (Y/N)
 - Immunocompromised (Y/N)
 - Pregnant (Y/N)
 - Documented Immunity to Varicella (Y/N)
 - Date of Birth
- Immunocompromised or pregnant patients with unknown immunity to varicella require escalation to medical directors. Based on the timeline of exposure VZV IgG testing or PEP may be ordered.
- This entire process takes at minimum 8 hours and does not include the HCW exposure investigation piece.



Infectious Disease/Travel Screen Update

ID/Travel screen is required for ALL patients.

Infectious Disease Screen

Time taken: 2/17/2023 1505 Responsible

Show Last Filed Value Show Details Show All Choices

Infectious Disease/Travel

Has the patient been exposed to or recently diagnosed with any of the following:

COVID19 (Diagnosed in last 20 days) COVID19 (Exposed in the last 14 days) Measles Mumps Chickenpox/Shingles TB Cold Pertussis None

COVID-19 Diagnosed: Positive COVID-19 test or clinical diagnosis
COVID-19 Exposed: Within 6 feet for more than 15 minutes and not wearing a mask

Influenza/Infectious Related Symptoms

Fever Sore throat Cough Body aches Shortness of breath Headache Vomiting Diarrhea Rash Hemoptysis Parotid swelling Inflamed red eyes Night sweats


Documented or suspected source of infection Unplanned weight loss New loss of smell within the last 14 days Other clinical reasons for mask None of the above

Mask Applied?

- Current state
 - Selection of both rash and fever are required to prompt BPA.
- Future state (September 2023)
 - Update Rash -> 'Rash suspected due to infection'
 - Selection of rash alone or with any other symptom will prompt BPA.

ED RN Resources

ID/Travel Screen

 Northwestern
Medicine

NMH ED RN Survival Guide

Quick Tips and Helpful Hints

Name: _____

1

Nursing Documentation: REQUIRED for EVERY Patient

NMH ED Rules

- A minimum of 1 focused assessment for each patient that addresses the patient's primary complaint/cardinal symptom.
- A full pain assessment.
- Pain reassessment (within one hour of intervention)



Screenings:

- ✓ Suicide Risk
- ✓ Abuse Indicators
- ✓ Fall Risk Screen
- ✓ SPEED Screen (for patients with active cancer)
- ✓ Quick Delirium Screen (every patient 65 or older)
- ✓ Frailty Scale (every patient 65 or older)

14

- Add updated travel screen information to ED RN Survival Guide.
- Utilize HAI Champions to spearhead disseminating information and education to staff.
- Signage placement at pivot and in triage bays

Infectious Disease Screening Education

NM Academy

- Current state
 - New nurses in emergency departments across the system are educated on the importance of infectious diseases and the ID travel screen during orientation.
- Future state (In-Progress)
 - Create a system wide training module that focuses on infectious disease screening education.

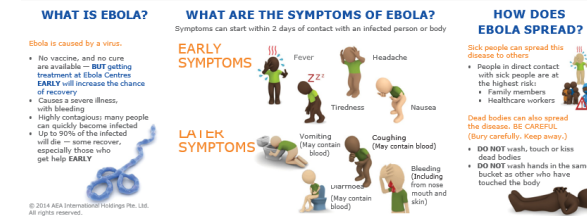
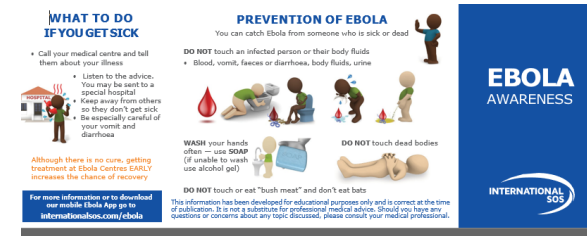
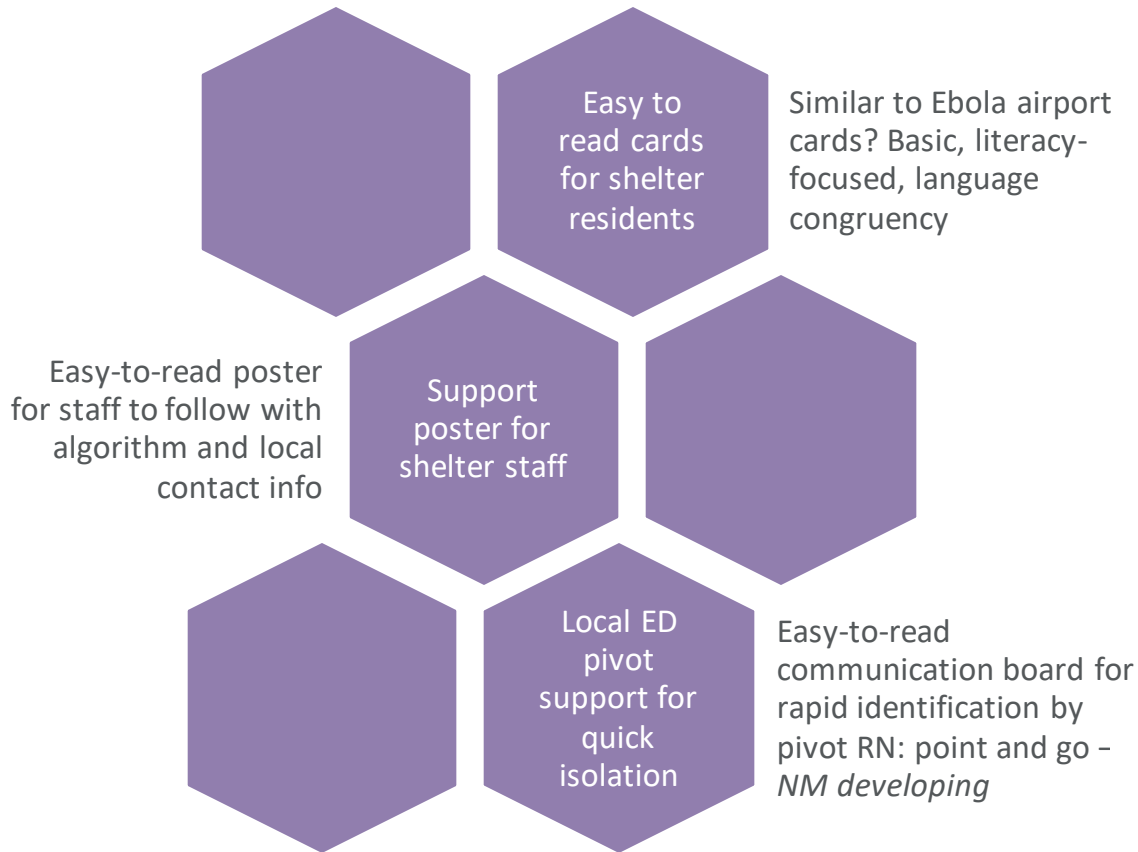
Risk Strategies

CDPH & NM Response

- Department of Public Health
 - Discussed shelters giving advanced notice
 - Possible signage in shelters and development of infographic cards for residents with infectious disease screening guidance
- Before pivot in ED – identify and isolate patients immediately
 - Pivot RN to utilize **communication board** to ask all: rash + living in congregate setting
 - After identified in pivot – send them to AIIR (preferred); if not available, private room with door (required)
 - Visitors should stay with patient



Suggestions for Mitigation Strategies



Fever

The illness usually starts with fever, aches and pains and feeling out of sorts.



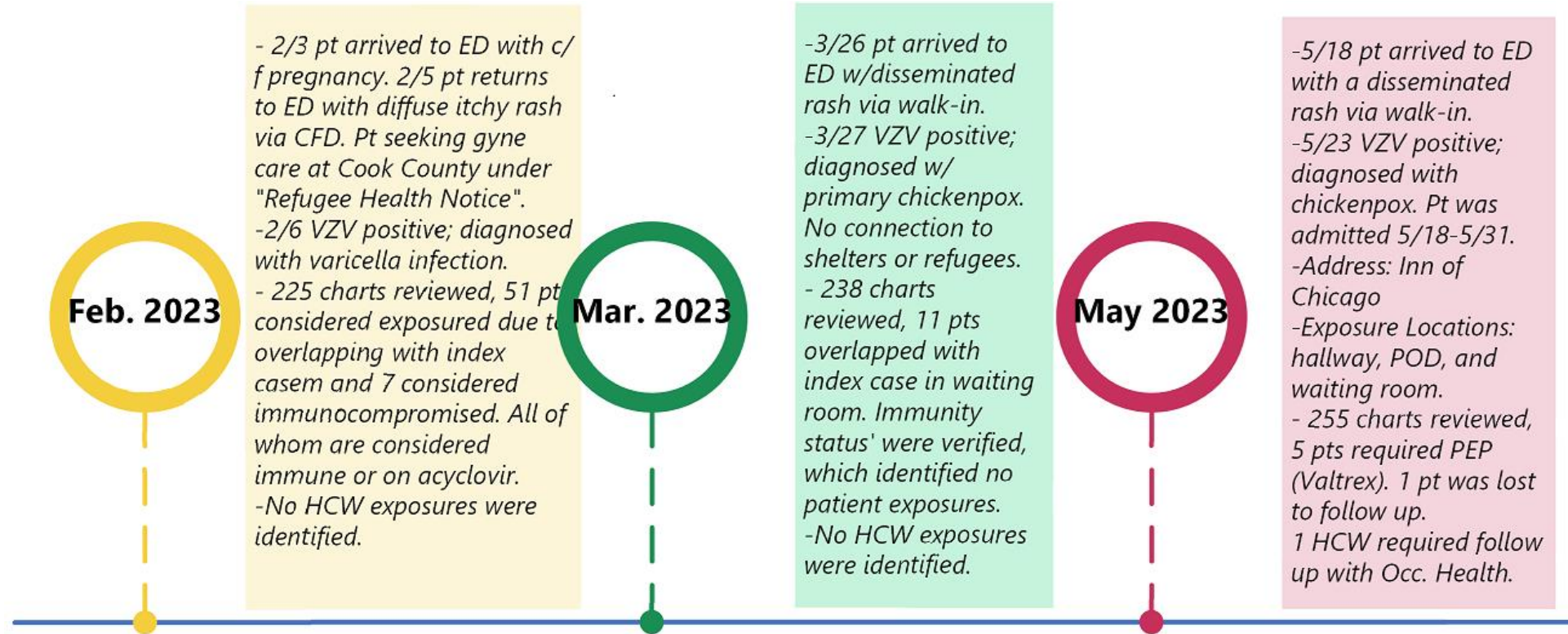
Rash

Then, an itchy, spotty rash develops, turning from spots to blisters to scabs and crusts. The number of spots can vary from person to person; some people hardly have any, while others are covered head to toe.



VZV Timeline

Feb. 2023–July 2023



VZV Timelines

Feb. 2023–July 2023

Jun. 2023

-6/16 pt arrived to ED c/o a toothache via walk-in; no rash noted. Pt brought son to the ED visit. Pt was not admitted.

-NETs report filed: Son was diagnosed w/ chickenpox earlier that day. The LHD verified this information.

- Of 485 charts reviewed, 4 pts required follow up testing/PEP. 1 was lost to follow up.

-No HCW exposures were identified.

July 2021

- On 7/17 pt arrived to ED w/ a disseminated rash and fever via walk-in.

- Pt was clinically diagnosed with chickenpox and never admitted.

Exposure:Inn of Chicago

Of the 236 charts reviewed, 4 pts required testing and possibly PEP.



Open Forum for Questions and Comments

Our general number: 312-744-1100

cdphaiar@cityofchicago.org



Thank you for participating!
Next Roundtable: **8/25/2023**





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
 - Val Cela
 - Andrea Castillo
- 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 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

