



**COVID-19 Question and Answer Session
for Long-Term Care and Congregate Residential Settings**

March 4th, 2022

Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later

Agenda

- Upcoming Webinars
- Three Years of COVID-19 Webinars
- COVID Vaccination Schedule and Updates
- Application of LTC Guidance
- CDC's Community Transmission Rates
- *Candida auris*: Infection Prevention and Control of an Emerging Fungal Pathogen
- Open Q & A

IDPH webinars

Upcoming Friday Brief Updates and Open Q&A 1:00 pm - 2:00 pm

Friday, March 11 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=ec54d35437fead1da2381d56ef3587c42
Friday, March 18 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=ed8420f05235a951a806620c626fd589c
Friday, March 25 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e58c5d281bf9bf104ad75b19584893496

Previously recorded webinars can be viewed on the [IDPH Portal](#)

Slides and recordings will be made available after the sessions.

Do Not Use Certain Celltrion DiaTrust COVID-19 Tests: FDA Safety Communication

[f Share](#) [t Tweet](#) [in LinkedIn](#) [✉ Email](#) [🖨 Print](#)

Safety Communications

[2022 Safety Communications](#)

March 2, 2022 Update: The FDA updated this Safety Communication to clarify that the DiaTrust COVID-19 Ag Rapid Tests in the green and white packaging are a product of Celltrion Healthcare.

Date Issued: March 1, 2022

[2021 Safety Communications](#)

2022

ILLINOIS

REGISTER Rules of
Governmental Agencies



Volume 46, Issue 9

February 25, 2022

Pages 3,062 - 3,477

Index Department
Administrative Code Division
111 E. Monroe St.
Springfield, IL 62756
217-782-7017

https://ilsos.gov/departments/index/register/volume46/register_volume46_issue_9.pdf



3 Years of LTC COVID-19 Webinars

Thank you for your
participation and your
support of your residents
and staff

Total Cases March 4, 2020

Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE

Total Confirmed

95,120

Confirmed Cases by Country/Region

- 80,270 Mainland China
- 5,621 South Korea
- 3,089 Italy
- 2,922 Iran
- 706 Others
- 331 Japan
- 285 France
- 262 Germany
- 222 Spain
- 153 US
- 110 Singapore
- 102 Hong Kong
- 90 Switzerland



Cumulative Confirmed Cases Existing Cases

Lancet Inf Dis Article: [Here](#). Mobile Version: [Here](#). Visualization: JHU CSSE. Automation Support: [Esri Living Atlas team](#) and JHU APL. Data sources: [WHO](#), [CDC](#), [ECDC](#), [NHC](#) and [DXY](#). Read more in this [blog](#). [Contact US](#). Downloadable database: GitHub: [Here](#). Feature layer: [Here](#).

Last Updated at (M/D/YYYY)

3/4/2020, 3:23:10 PM

Total Deaths

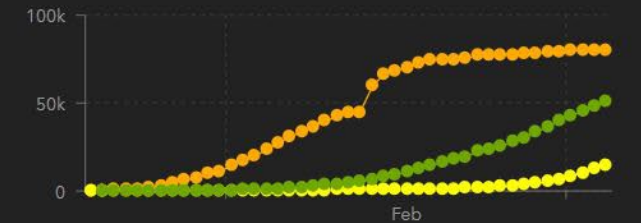
3,254

- 9 deaths King County, WA US
- 8 deaths Beijing Mainland China
- 7 deaths Guangdong Mainland China
- 6 deaths Japan
- 6 deaths Anhui Mainland China
- 6 deaths Chongqing Mainland China
- 6 deaths Hubei Mainland China

Total Recovered

51,156

- 2 recovered Cook County, IL US
- 1 recovered Queensland Australia
- 1 recovered Belgium
- 1 recovered Cambodia
- 1 recovered London, ON Canada
- 1 recovered Egypt
- 1 recovered Finland



Mainland China Other Locations Total Recovered

Actual Logarithmic Daily Cases

‘Still in triage mode’: More residents, employees of Kirkland nursing home are hospitalized with coronavirus symptoms

March 8, 2020 at 2:32 pm | Updated March 8, 2020 at 6:27 pm



Photo: Ken Lambert / The Seattle Times

Total Cases March 4, 2022

JOHNS HOPKINS UNIVERSITY & MEDICINE | CORONAVIRUS RESOURCE CENTER

Home Topics ▾ By Region Events & News About

Tracking Home Data Visualizations ▾ | **Global Map** U.S. Map Data in Motion Tracking FAQ

COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)

Last Updated at (M/D/YYYY) 3/4/2022, 6:21 AM	Total Cases 442,292,812	Total Deaths 5,983,244	Total Vaccine Doses Administered 10,563,767,744
Cases Deaths by Country/Region /Sovereignty	28-Day Cases 53,462,823	28-Day Deaths 269,940	28-Day Vaccine Doses Administered 534,615,160

Germany
28-Day: **4,807,596** | 5,293
Totals: **15,533,072** | 123,801

Russia
28-Day: **4,355,095** | 20,325
Totals: **16,533,932** | 347,730

US
28-Day: **3,216,847** | 57,070
Totals: **79,196,394** | 956,262

Korea, South
28-Day: **3,023,670** | 1,744
Totals: **3,958,326** | 8,580

France
28-Day: **2,804,743** | 7,115
Totals: **23,080,098** | 139,963

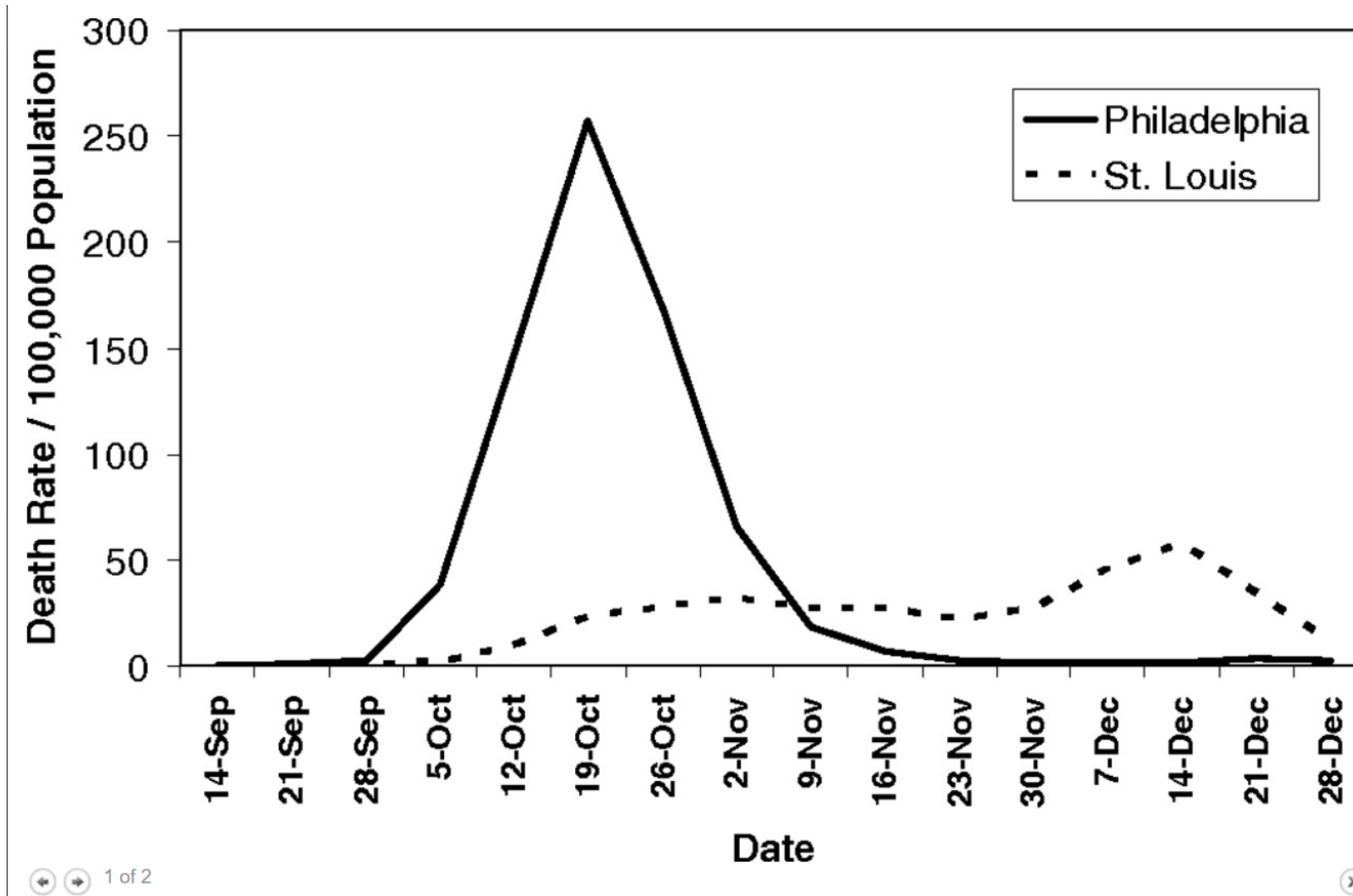
Esri, FAO, NOAA

Powered by Esri

Common Sense Quick Response 1918

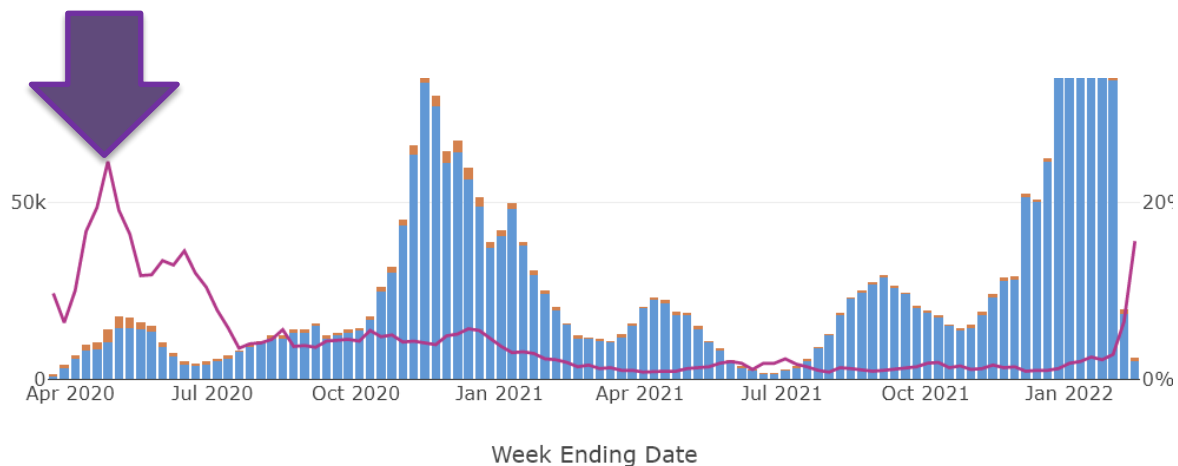
- In 1918 St. Louis introduced a broad series of public health measures to contain the flu within two days of the first reported cases
- Philadelphia, New Orleans and Boston all used similar interventions, but...
- ...They took longer to implement them, and as a result, peak mortality rates were higher
- In the most extreme disparity, the peak mortality rate in St. Louis was only **one-eighth** that of Philadelphia

Hatchet, Mecher, Lipstich (2007) Excess P&I mortality over 1913–1917 baseline in Philadelphia and St. Louis, September 8–December 28, 1918

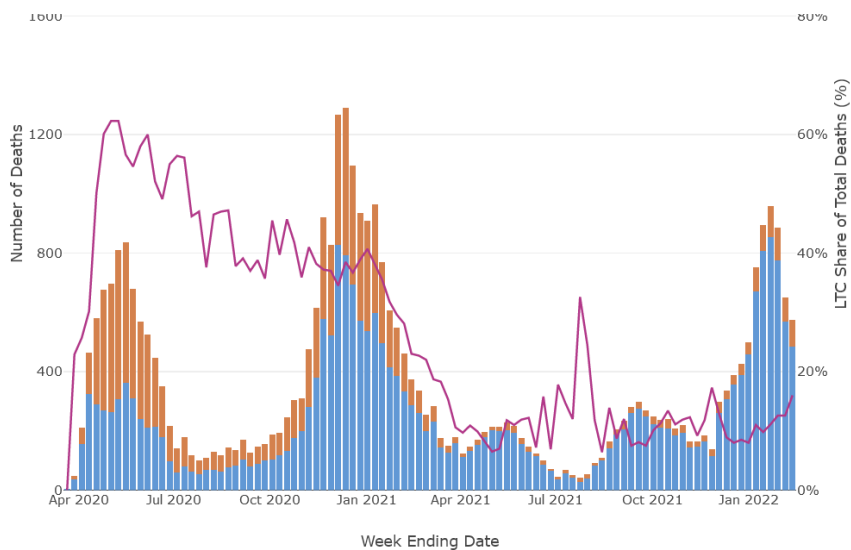


Slide from
IDPH
Presentation
March 9, 2020

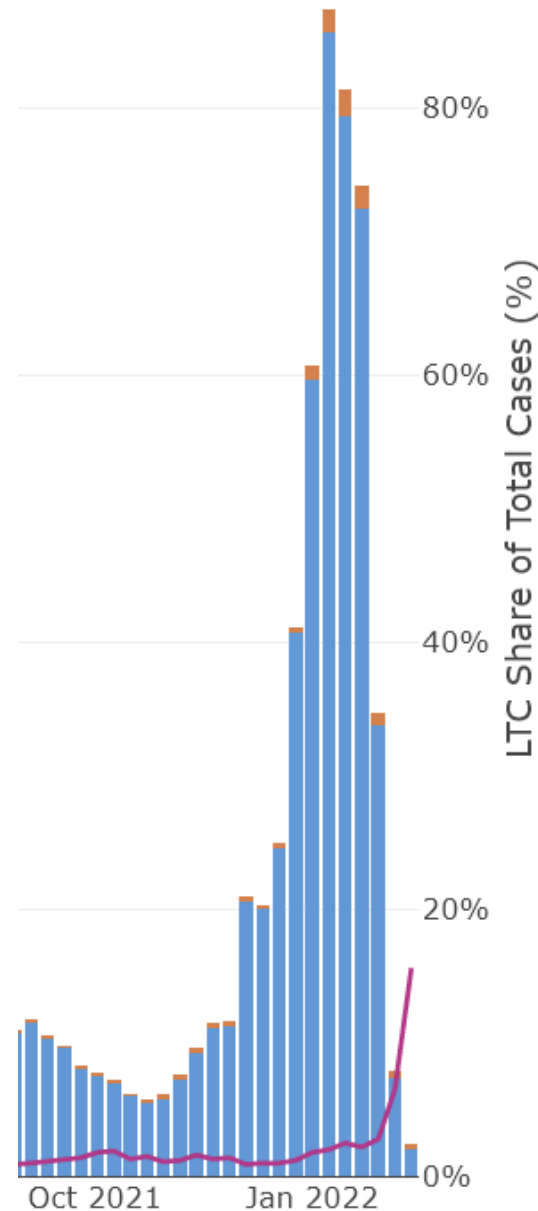
— LTC Share of Total Cases (%) ■ LTC Cases ■ Non-LTC Cases



— LTC Share of Total Deaths (%) ■ LTC Deaths ■ Non-LTC Deaths

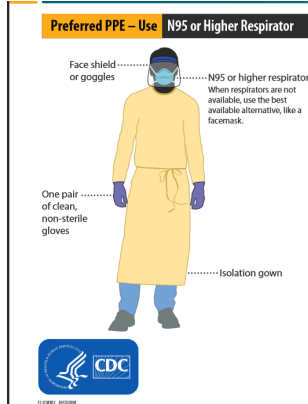


You have worked hard to flatten the curve in long-term care in an incredibly difficult time





General Vaccine Administration



cdc.gov/COVID19

Source Control / PPE



Detection, Isolation/Quarantine



Screening and Surveillance



Hand Hygiene



Surface Cleaning / Disinfecting

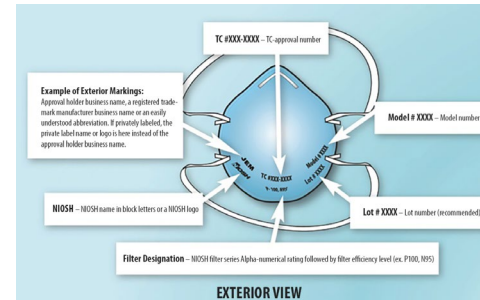
The National Personal Protective Technology Laboratory (NPPTL)

NIOSH-Approved Particulate Filtering Facepiece Respirators

Promoting productive workplaces through safety and health research **NIOSH**

NIOSH-approved N95 Particulate Filtering Facepiece Respirators

Updated July 22, 2021



Respiratory Protection / Ventilation

Core Infection Prevention Practices





Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States

Summary of recent changes (last updated February 22, 2022):

- Added considerations for an 8-week interval between the first and second doses of a primary mRNA vaccine schedule

Key points

- COVID-19 vaccines currently approved or authorized by FDA [are effective](#) in preventing serious outcomes of coronavirus disease 2019 (COVID-19), including severe disease, hospitalization, and death.
- COVID-19 primary series vaccination is recommended for everyone ages 5 years and older in the United States for the prevention of COVID-19.
- A 3-dose primary mRNA COVID-19 vaccine series is recommended for people ages 5 years and older who are moderately or severely immunocompromised, followed by a booster dose in those ages 12 years and older.
- In most situations, Pfizer-BioNTech or Moderna COVID-19 Vaccines are preferred over the Janssen COVID-19 Vaccine for primary and booster vaccination.
- A booster dose of COVID-19 vaccine is recommended for everyone ages 12 years and older. Timing of a booster dose varies based on COVID-19 vaccine product and immunocompetence.
- Efforts to increase the number of people in the United States who are [up to date](#) with their COVID-19 vaccines remain critical to preventing illness, hospitalizations and deaths from COVID-19.
- These clinical considerations provide additional information to healthcare professionals and public health officials on use of COVID-19 vaccines.

Figure 1. COVID-19 Vaccination Schedule*

Vaccine	0 month	1 month	2 month	3 month	4 month	5 month	6 month	7 month
Pfizer-BioNTech (ages 5–11 years)	1 st dose	2 nd dose (3 weeks after 1 st dose)						
Pfizer-BioNTech (ages 12 years and older)	1 st dose	2 nd dose† (3-8 weeks after 1 st dose)					Booster dose‡ (at least 5 months after 2 nd dose)	
Moderna (ages 18 years and older)	1 st dose	2 nd dose† (4-8 weeks after 1 st dose)					Booster dose‡ (at least 5 months after 2 nd dose)	
Janssen (ages 18 years and older)	1 st dose		Booster dose‡ (at least 2 months after 1 st dose)					

Note: Timeline is approximate. Intervals of 3 months or fewer are converted into weeks per the formula “1 month = 4 weeks”. Intervals of 4 months or more are converted into calendar months.

* See [Guidance for COVID-19 vaccination for people who are moderately or severely immunocompromised](#) for schedule for people who are moderately or severely immunocompromised.

† An 8-week interval may be optimal for some people ages 12 years and older, especially for males ages 12 to 39 years. A shorter interval (3 weeks for Pfizer-BioNTech; 4 weeks for Moderna) between the first and second doses remains the recommended interval for: people who are moderately or severely immunocompromised; adults ages 65 years and older; and others who need rapid protection due to increased concern about community transmission or risk of severe disease.

‡ An mRNA COVID-19 vaccine is preferred over the Janssen COVID-19 Vaccine for booster vaccination of people ages 18 years and older. For people ages 12–17 years, only Pfizer-BioNTech can be used. People ages 5–11 years should not receive a booster dose.

02/23/22

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>



cdc.gov/coronavirus

Who is Considered Up to Date?

- **Starting Point:** First need to be Fully Vaccinated, so 2 weeks after 2nd dose of two mRNA (Pfizer-BioNTech or Moderna) or one dose of viral vector (J&J/Janssen)
- *“If you are not yet fully vaccinated – you cannot yet be considered to be up to date. However, once you are fully vaccinated, you are considered up to date **until you are eligible for the booster and then once you have been boosted.**” Dr. Jacobs-Slifka, CDC*
- When can a person be boosted?
 - 5 months after second dose of mRNA (Pfizer-BioNTech or Moderna)
 - 2 months after one dose of viral vector (J&J/Janssen)

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

SNF/ICF, ICF/DD, MC/DD

Up to Date or Test Twice Weekly Starting March 15

- Skilled/Intermediate 77 Ill. Adm Code 300
- Intermediate Care for the Developmentally Disabled Facilities 77 Ill. Adm Code 350
- Medically Complex for the Developmentally Disabled Facilities 77 Ill. Adm Code 390
- Testing starts March 15
- Encourage boosting to get everyone up to date
- They get the booster, they are up to date! --No 2-week waiting period

CDC Newsroom

[CDC](#) > [Newsroom Home](#) > [CDC Newsroom Releases](#)



- [Newsroom Home](#)
- [CDC Newsroom Releases](#)**
- [2022 News Releases](#)
- [2021 News Releases](#)
- [2020 News Releases](#)
- [2019 News Releases](#)
- [2018 News Releases](#)
- [Historical News Releases](#)

New CDC Studies: COVID-19 Boosters Remain Safe, Continue to Offer High Levels of Protection Against Severe Disease Over Time and During Omicron and Delta Waves

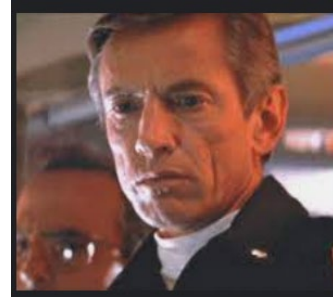
Media Statement

Embargoed Until: Friday, February 11, 2022, 1:00 p.m. ET
Contact: [Media Relations](#)
(404) 639-3286

How Can a Person Show their Vaccine Record?

- *Each facility shall require staff who are up to date on COVID-19 vaccinations to submit proof of all COVID-19 vaccinations.*
- *Proof of vaccination may be met by providing to the facility one of the following:*
- *A) A Centers for Disease Control and Prevention (CDC) COVID-19 vaccination record card **or photo of the card***
- *B) Documentation of vaccination from a health care provider or electronic health record*
- *C) State immunization records*
- **Critical that correct name spelling, dates, and lots and brands are accurate when entering, and corrected when a mistake is found**
- **Part of employee medical record, same as lab testing. Work with HR**
- **Lost Card? Employee or resident can use Vax Verify:**
https://idphportal.illinois.gov/s/?language=en_US

The Hard Part is Knowing When to Ease Up



- Major question: “When and what can we discontinue?”
- Karen is going to review in depth
- Remember the 2 week pause before relaxing tiers and phases?
- Still all about risk/benefit: Community Transmission (CDC changed how they determine Transmission on the COVID-19 Data Tracking)
 - Vaccination rates
 - Vaccination effectiveness
 - Use of the Core Components of Infection Prevention
 - Rules, regs, and guidelines
 - Policies and procedures

CDC's Indicators of Community Transmission

Indicator	Low Transmission	Moderate Transmission	Substantial Transmission	High Transmission
Total new cases per 100,000 persons in the past 7 days	0-9	10-49	50-99	≥100
Percentage of Nucleic Acid Amplification Test results that are positive during the past 7 days	<5.0%	5.0%-7.9%	8.0%-9.9%	≥10.0%

- First released in September 2020
- Relied on two metrics to define community transmission: Total new cases per 100,000 persons in the past 7 days, and percentage of Nucleic Acid Amplification Test results that are positive during the past 7 days
- Used by CDC to inform setting-specific guidance and layered prevention strategies (e.g., screening, testing in schools, masking, etc.)
- Public health practitioners, schools, businesses, and community organizations also rely on these metrics to inform decisions about prevention measures



cdc.gov/coronavirus

The current state of the pandemic requires a refined approach to monitoring COVID-19

- Community transmission indicators were developed in fall 2020 (prior to availability of vaccines) and reflect goal of limiting transmission in anticipation of vaccines being available
- **Neither of the community transmission indicators reflects medically significant disease or healthcare strain**
- Community transmission levels are largely driven by case incidence, which does not differentiate mild and severe disease



cdc.gov/coronavirus



Illinois Department of Public Health (IDPH) ✓

February 28 at 12:53 PM · 🌐



To account for the risk of community spread among more vulnerable populations, Illinois will continue to require masks in the following settings:

- ✓ Healthcare Settings
- ✓ Long Term Care Facilities
- ✓ Congregate Settings
- ✓ All Public Transportation

Municipalities and businesses in most industries may choose to continue to implement more strict public health mitigations as they deem appropriate, including requiring masks. Remember to be kind to those who choose to wear a mask based on their own health, level of comfort, and life circumstances. 😊



Statewide Indoor Mask Requirement

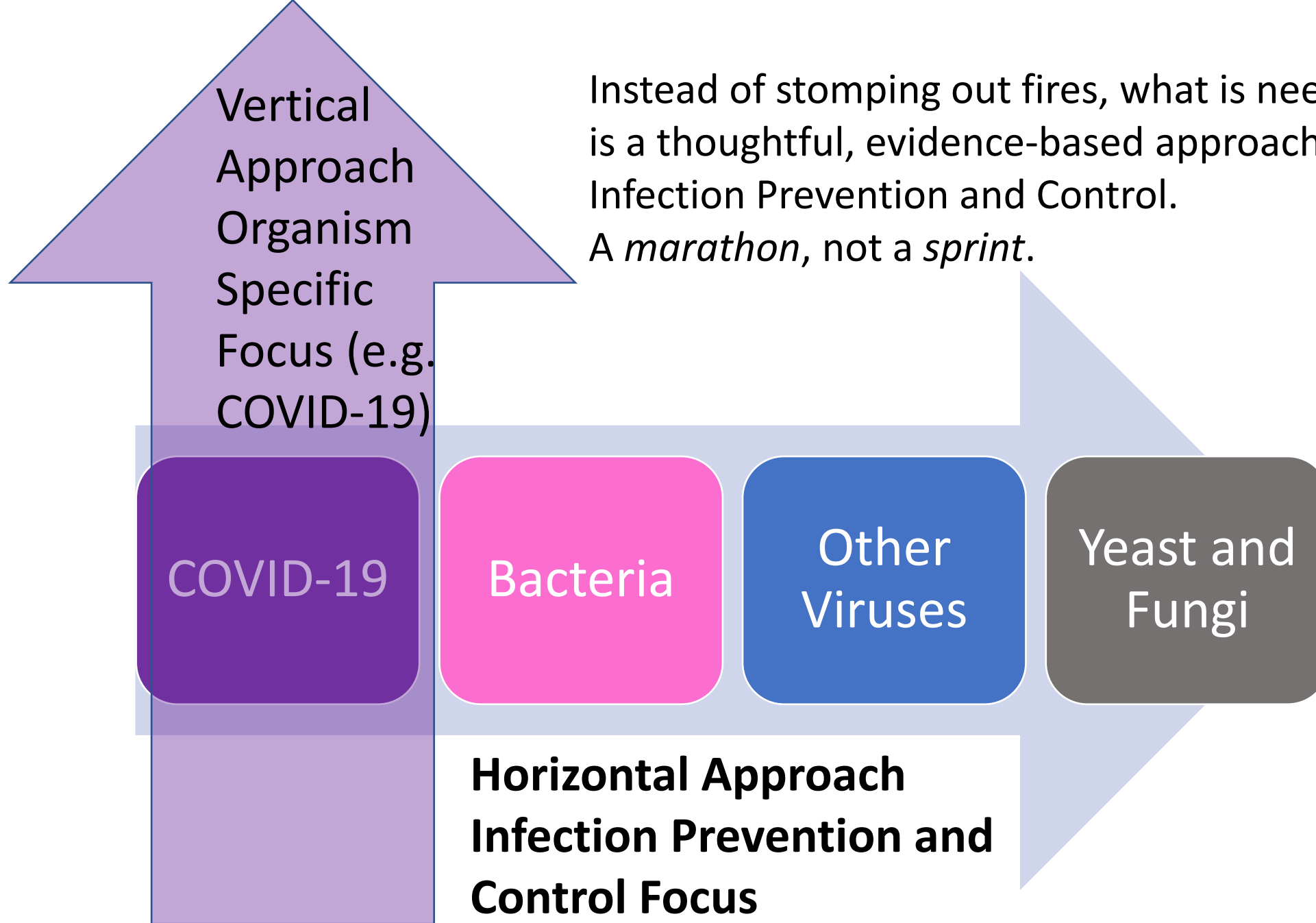
Illinoisans can resume activities without wearing a mask indoors on Monday, February 28, 2022 except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance.

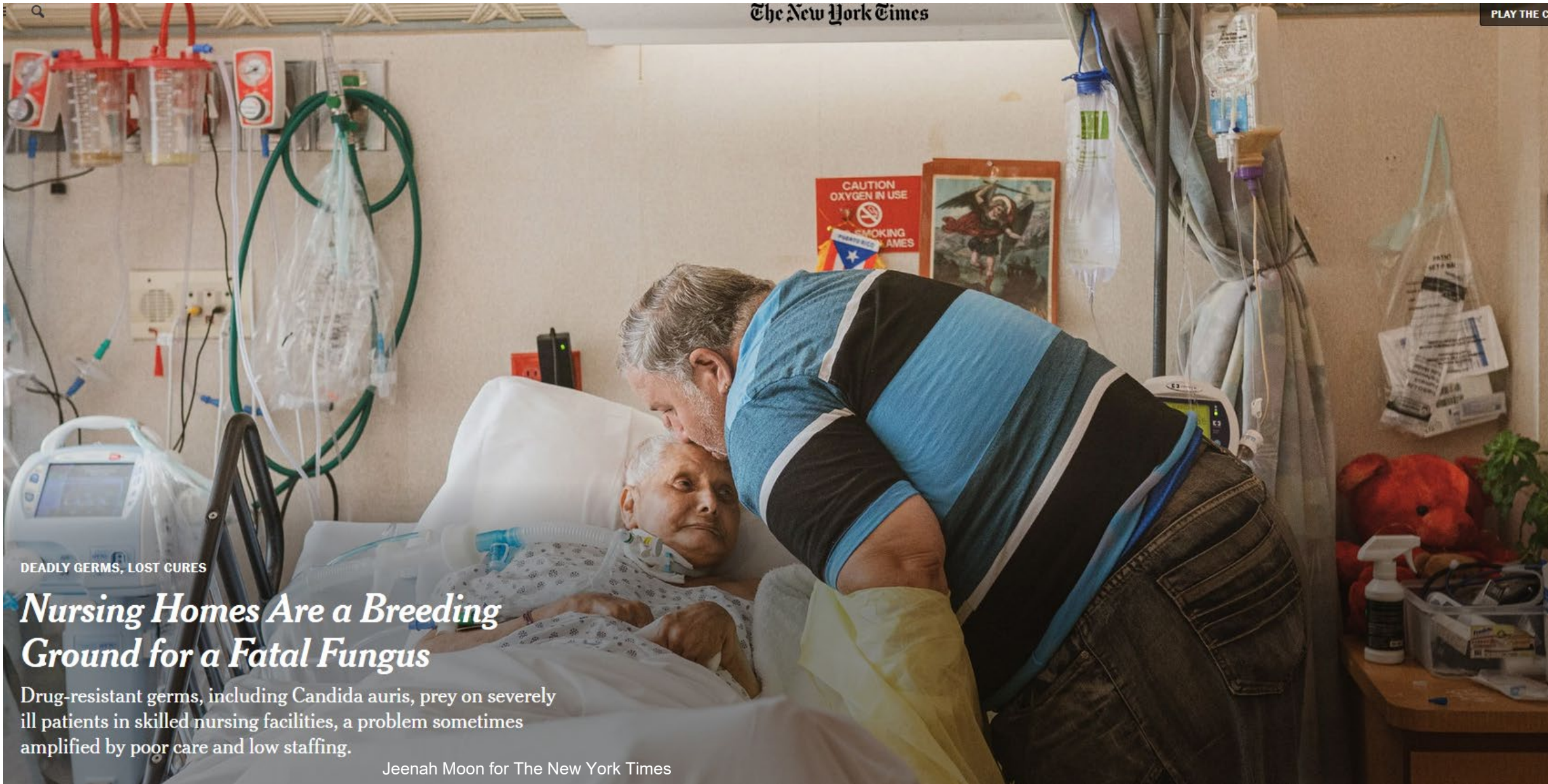
IDPH

- Healthcare Settings
- Long Term Care Facilities
- Congregate Settings
- All Public Transportation

- Karen is going to review in depth







DEADLY GERMS, LOST CURES

Nursing Homes Are a Breeding Ground for a Fatal Fungus

Drug-resistant germs, including *Candida auris*, prey on severely ill patients in skilled nursing facilities, a problem sometimes amplified by poor care and low staffing.

Jeenah Moon for The New York Times

Tom Roome is going to review *Candida auris* in depth

Long-term Care Updates

➤ Application of LTC Guidance

CDC Updates: February 25th

Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes

Nursing Homes & Long-Term Care Facilities

Updated Feb. 2, 2022 [Print](#)

CDC's new [COVID-19 Community Levels](#) recommendations do not apply in healthcare settings, such as hospitals and nursing homes. Instead, healthcare settings should continue to use [community transmission rates](#) and continue to follow CDC's infection prevention and control recommendations for healthcare settings.

General Public will use
COVID-19 COMMUNITY LEVELS

Healthcare settings will use
COMMUNITY TRANSMISSION RATES




We need to be sure to distinguish and understand the difference in terms being used!!

Comparison: Same County--Different Metrics

Know Your COVID-19 Community Level

[COVID-19 Community Levels](#) are a new tool to help communities decide what prevention steps to take based on the latest data. Levels can be low, medium, or high and are determined by looking at hospital beds being used, hospital admissions, and the total number of new COVID-19 cases in an area. Take precautions to protect yourself and others from COVID-19 based on the COVID-19 Community Level in your area.



COVID-19 County Check

Find community levels and prevention steps by county.

Select a Location (all fields required)

Illinois Coles County

[Start Over](#)

Medium

In Coles County, Illinois, community level is **Medium**.

- If you are [at high risk for severe illness](#), talk to your healthcare provider about whether you need to wear a mask and take other precautions
- Stay [up to date](#) with COVID-19 vaccines
- [Get tested](#) if you have symptoms

GENERAL PUBLIC FOLLOW THIS LEVEL FOR PREVENTION STEPS

State or territory:

Illinois

County or metro

Coles County

Coles County, Illinois

[State Health Department](#)

7-day Metrics | [7-day Percent Change](#)

Community Transmission

High

Everyone in **Coles County, Illinois** should wear a mask in public, indoor settings. Mask requirements might vary from place to place. Make sure you follow local laws, rules, regulations or guidance.

[How is community transmission calculated?](#)

LTCFs FOLLOW THIS LEVEL FOR PREVENTION STEPS

Impact on LTCF

LTCFs will need to *follow Community Transmission Rates* instead of *COVID-19 Community Levels*

What's impacted?

1. PPE use

2. Testing (serial testing--not outbreak testing)

- Routine Testing Intervals of Staff who work in **CMS-Certified facilities** who are **Not Up to Date** with COVID-19 Vaccinations ---WILL NOT BE IMPACTED BY THE DIFFERENT LEVELS (high, substantial, mod, low)

NEW EXECUTIVE ORDER AND EMERGENCY RULES REQUIREs TWICE A WEEK TESTING FOR HCP NOT UP TO DATE

- Routine Testing Intervals of Staff who work in **non-CMS-Certified facilities** and who **are not fully vaccinated** --COULD BE THE DIFFERENCE BETWEEN ONCE OR TWICE A WEEK TESTING depending upon community transmission rates

PPE Requirements

- The table on the next slide does not list PPE requirements for all resident care activities.
- Continue to follow IDPH guidance on PPE use for CPAP/BIPAP, specimen collection, and other resident care activities as indicated.

Universal PPE in LTC	Suspected of COVID-19	Confirmed COVID-19	Not suspected to have COVID-19 in <u>Sub to High</u> Community Transmission Levels (rates)	Not suspected to have COVID-19 in <u>Low to Moderate</u> Community Transmission Levels (rates)
N95 Respirator	✓	✓	Facility decision for HCP to wear N95 throughout facility if in outbreak or if unvaccinated HCP or HCP not up to date with COVID vaccinations	Facility decision for HCP to wear N95 throughout facility if in outbreak or if unvaccinated HCP or HCP not up to date with COVID vaccinations
Well-fitted Mask (surgical or procedural)	NO CHANGE. FULL PPE STILL REQUIRED	NO CHANGE. FULL PPE STILL REQUIRED	✓	✓
Eye protection	✓	✓	✓ (when in resident care areas)	
Gown	✓	✓	Use standard precautions (use when necessary)	Use standard precautions (use when necessary)
Gloves	✓	✓	Use standard precautions (use when necessary)	Use standard precautions (use when necessary)

Universal PPE in LTC	Not suspected to have COVID-19 in Sub to High Community Transmission Levels	Not suspected to have COVID-19 in Low to Moderate Community Transmission Levels
N95 Respirator	Facility decision for HCP to wear N95 throughout facility if in outbreak or if unvaccinated HCP or HCP not up to date with COVID vaccinations	Facility decision for HCP to wear N95 throughout facility if in outbreak or if unvaccinated HCP or HCP not up to date with COVID vaccinations
Well-fitted Mask (surgical or procedural)	✓	✓
Eye protection	✓ (when in resident care areas)	
Gown	Use standard precautions (use when necessary)	Use standard precautions (use when necessary)
Gloves	Use standard precautions (use when necessary)	Use standard precautions (use when necessary)

The ONLY DIFFERENCE in PPE requirements for the different community transmission levels is the use of Eye Protection!!

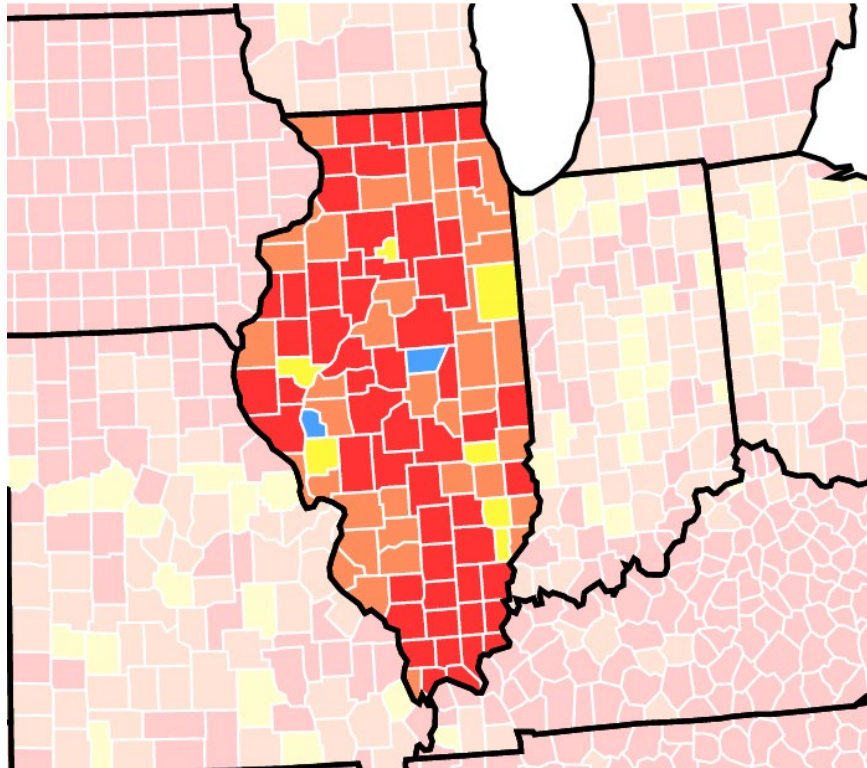
Hang in There!!

Indicator	Low Transmission	Moderate Transmission	Substantial Transmission	High Transmission
Total new cases per 100,000 persons in the past 7 days	0-9	10-49	50-99	≥100
Percentage of Nucleic Acid Amplification Test results that are positive during the past 7 days	<5.0%	5.0%-7.9%	8.0%-9.9%	≥10.0%

- As the number of cases continue to drop, so will the transmission rates!!
- As the number of new cases drop and the percent positive in last 7 days decreases, LTC will be able to make adjustments accordingly.



As of March 4th ---9 counties are in Low or Moderate Transmission levels (rates)




Cumberland
Dewitt
Edwards
Greene
Iroquois
Putnam
Richland
Schuyler
Scott



These counties can officially remove eye protection!

Candida auris: Infection Prevention and Control of an Emerging Fungal Pathogen

Thomas C. Roome, MPH, EMT
Infection Prevention Consultant,
Illinois Department of Public Health,
Office of Policy, Planning, and Statistics,
Division of Patient Safety and Quality,
tom.roome@Illinois.gov



What is *Candida auris* (*C. auris*)?

C. auris is an emerging fungal pathogen, often with multi-drug resistance.¹

C. auris is a separate species from *C. albicans*. Its management, treatment, and infection control measures are distinct.¹

Usually found in healthcare settings, *C. auris* can cause severe, invasive infections, especially in medically vulnerable populations.¹

C. auris is one of only 5 drug resistant organisms to be classified by the CDC as an 'Urgent Threat', due to the hazard it poses to human health.¹

Why is *C. auris* a Major Concern?

More than 1/3 of patients with invasive *C. auris* infections will die within 30 days.²

Antifungals used to treat other *Candida* infections often don't work on *C. auris*.²

Some strains of *C. auris* are resistant to *all* antifungal drugs.²

Although only discovered in 2009, *C. auris* now causes infections in dozens of countries.²

C. auris is often misidentified, resulting in inappropriate treatment and management.²

C. auris spreads easily, especially in healthcare settings.²



C. auris in Illinois:

- From May 2016 to January 2022 there were 778 clinical infections and 1,234 colonizations reported to the State of Illinois.
- Many cases have been associated with stays in high acuity SNFs, such as ventilator capable facilities, or Long-Term Acute Care Hospitals.
- Recently, we have been seeing *C. auris* in regions and facilities that haven't had it before. As a result, facilities/HCP may not be familiar with this organism.

Transmission of *C. auris*:

- *C. auris* spreads by physical contact with a colonized/infected person or a contaminated object/surface.
- *C. auris* has been found on many surfaces in healthcare facilities, such as windowsills, countertops or tables, and medical equipment (ventilators, IV pumps, glucometers etc.)
- Patients with indwelling devices are at especially high risk of colonization and infection.
- Failure to properly terminal clean a room after a *C. auris* patient has been discharged can result in the subsequent residents of that room becoming colonized or infected.

Example: an Outbreak of *C. auris*

vSNF Floor: PPS 1 (3/2017)



- *C. auris* positive (1)
- Screened negative for *C. auris* (65)
- Not tested for *C. auris* (refused or not in room) (3)

PPS # 1

Black, S.R. CDC Vital Signs Town Hall
April 10, 2018

vSNF Floor: PPS 2 (1/2018)



- *C. auris* positive (29)
- Screened negative for *C. auris* (33)
- Not tested for *C. auris* (refused or not in room) (5)

PPS # 2

Black, S.R. CDC Vital Signs Town Hall
April 10, 2018

In just a matter of months, *C. auris* spread from a single patient to 43% of the unit. Note that 5 patients were not tested in the second Point Prevalence Survey (PPS)



Colonization Vs. Infection:

- In addition to causing infection, *C. auris* can also 'colonize' people.
- Colonization refers to when an organism lives on or in a person without causing active infection or harm.
- Colonized individuals may still transmit *C. auris* and contaminate their environment, however, the risk is lower compared to someone with active infection or uncontrolled secretions or excretions (such as draining wounds or diarrhea).
- However, individuals colonized with *C. auris* may later develop active infections, especially if they are in a weakened state due to other medical conditions.



C. auris: Drug Resistance:

- *Most C. auris* infections are treatable with echinocandins. (i.e. Anidulafungin, Caspofungin and Micafungin)^{2,3}
- *However, some strains of C. auris* are resistant to all 3 classes of antifungals.^{2,3}
- Decisions regarding the treatment of *C. auris* infections should be made in consultation with a healthcare provider experienced in the treatment of such infections.^{2,3}
- ***Individuals colonized with C. auris should not be treated with antifungals unless they have an active infection.***^{2,3}
 - ***This is how drug resistance develops, and it will not help.***^{2,3}

The 4 Main Principles of *C. auris* Infection Control:



Hand Hygiene



Environmental Cleaning



Transmission-Based
Precautions (TBP)



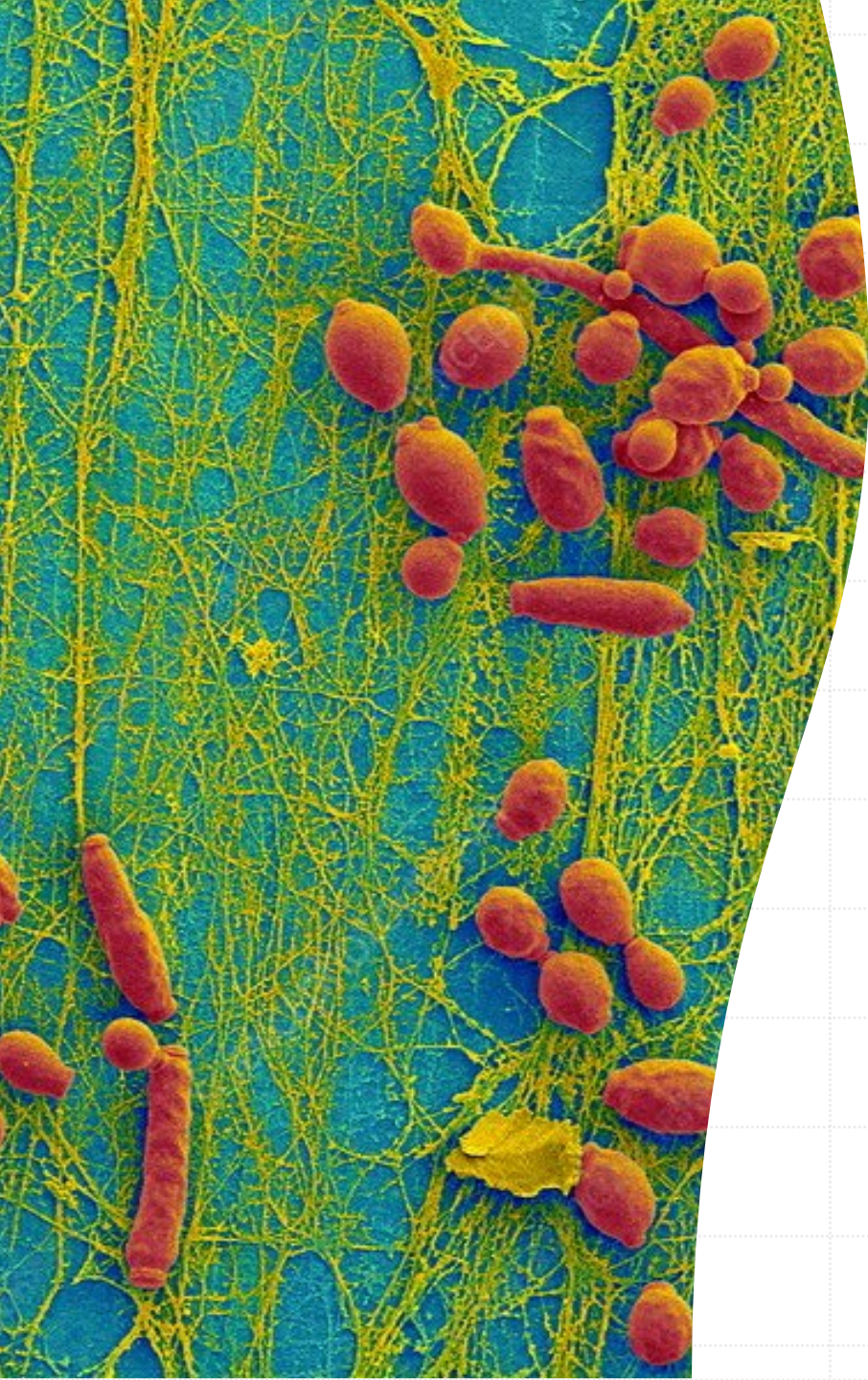
Interfacility
Communication²





Hand Hygiene:

- Since *C. auris* spreads by physical contact with an infected/colonized individual or contaminated surfaces, contaminated hands pose a serious transmission risk ^{1,2,3}
- Standard precautions should always be employed and the 5 moments of hand hygiene observed.³
- Hand hygiene with Alcohol-Based Hand Sanitizer (ABHS) is recommended when hands are not visibly soiled.³
- If hands are visibly soiled, then soap and water hand hygiene is recommended.³



Environmental Cleaning:

- *C. auris* is a hearty organism, it can persist on surfaces for weeks and not all disinfectants are effective against it.³
- Products on EPA List P should be used to kill *C. auris* (if not available, use EPA list K).³
- High-touch surfaces and shared medical equipment can harbor *C. auris*.³
- *Thorough routine and terminal cleaning of rooms and equipment with List P products is critical.*³
- **All products must be used according to the manufacturer's instructions.**³

Transmission-Based Precautions (TBP):



Two types of TBP may be used for *C. auris*; Contact Precautions and Enhanced Barrier Precautions.^{4,5}



Otherwise, Enhanced Barrier Precautions can be used.^{4,5}



Contact Precautions should be used whenever a patient is at increased risk of transmitting *C. auris*.^{4,5}



Enhanced Barrier Precautions allow residents to leave their rooms and relax PPE requirements for HCP.^{4,5}



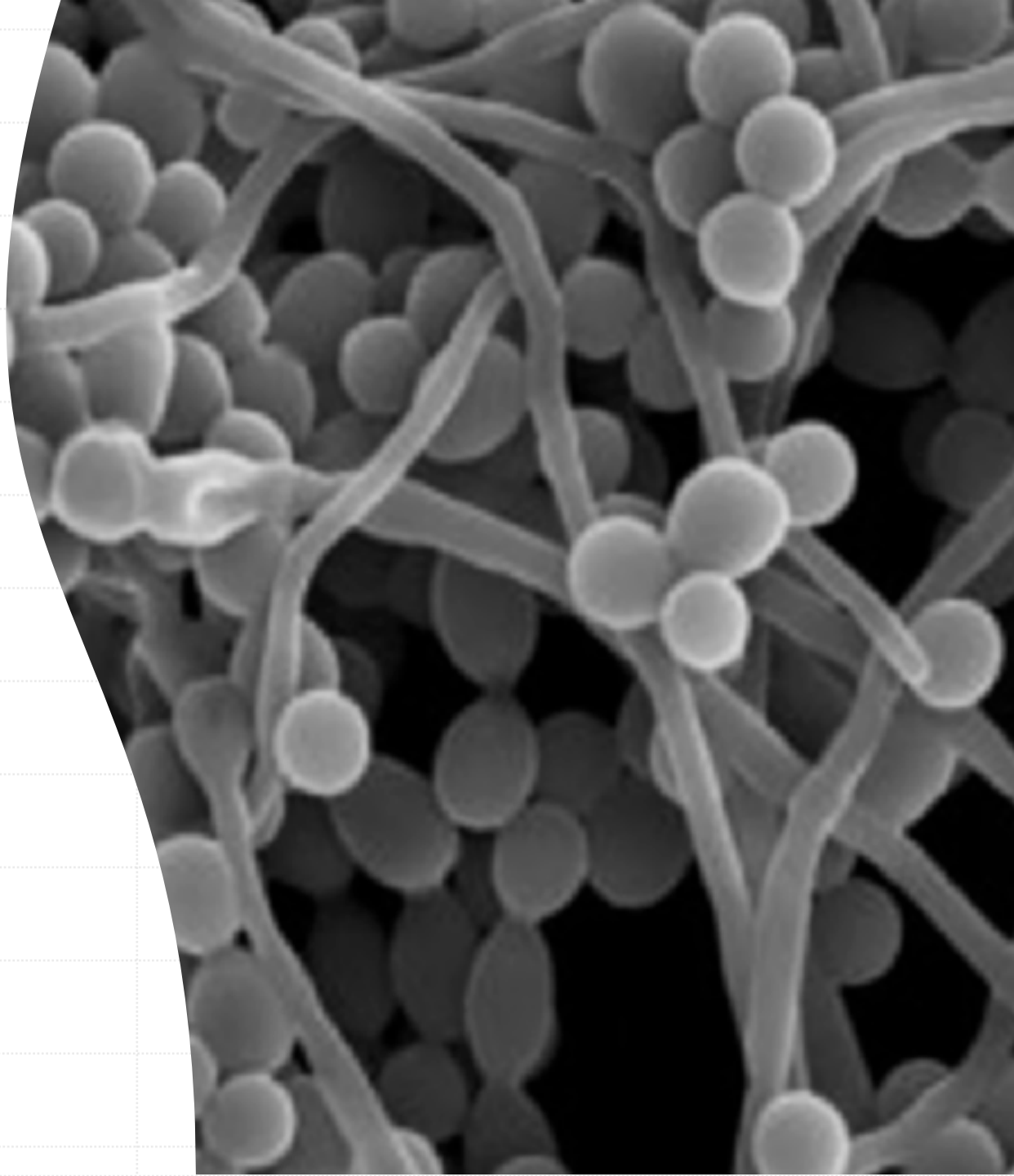
Inter-facility Communication:



- If a receiving facility is unaware a patient has *C. auris*, they might place them with a roommate, leading to spread and potential harm to other patients.³
- When transferring a patient (to a hospital, another LTCF etc.) *always* directly notify the receiving facility of patient's status as infected/colonized with *C. auris*.³
- Be sure to communicate the precautions that need to be taken.³
- The CDC has an 'Inter-facility Transfer Form' for patients with MDROs, such as *C. auris*. (see resources)

Auditing & Marking:

- Facilities with *C. auris* should significantly increase auditing of IPC practices; hand hygiene, environmental cleaning, PPE use, TBP etc.
- Fluorescent marking should be used to ensure that environmental cleaning is being done appropriately.
- Data from auditing and marking should be used to target Quality Improvement measures and staff re-education.





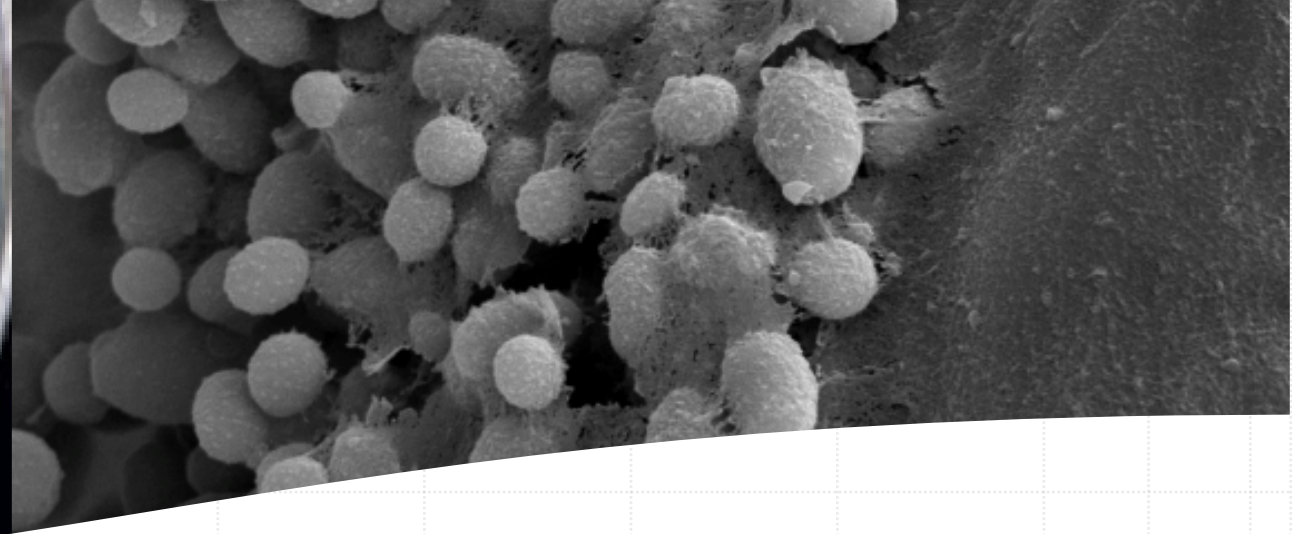
Other Important Steps:

- Patients exposed to *C. auris* should be quarantined and tested.
- Ideally, *C. auris* patients should be placed in single rooms, without roommates.
- Patients with *C. auris* should also be accommodated in a designated area with designated staff.
- All SNFs should use the IDPH eXtensively Drug Resistant Organism (XDR0) registry to screen new admission for previous diagnosis with a drug resistant organism.



Other Important Steps Cont.

- Facilities who have residents with *C. auris* should carry out testing (i.e. PPS) periodically to ensure there is not ongoing transmission.
- If you have a case of *C. auris*, or suspect you might, contact public health, like CRE, *C. auris* is a reportable disease.
- Your local health department and IDPH can provide information and guidance to help you implement *C. auris* infection prevention and control measures.



Antimicrobial Stewardship

- Antimicrobial stewardship is critical when treating a drug resistant organism, especially one that develops resistance quickly, like *C. auris*.
- In addition to not treating colonization with antifungals, consult with ID experts to ensure that appropriate drugs are used and are used only when indicated.
- Drugs should be chosen that are effective and have the narrowest spectrum possible. They should be used *only* when needed and for as short a time as possible.



Education, Education, Education....

- As you can see, the control of *C. auris* requires some specialized knowledge. Staff need to know the importance and rationale of these measures to employ them effectively.
- Providing **ALL** staff with education on hand hygiene, environmental cleaning, TBP, PPE use etc. is an important aspect of interrupting transmission.
- Providing in-services, online training, and IPC huddles can all be employed to educate staff.
- If you are not already registered for the IDPH XDRO Registry, register!

Register for the XDR0 Registry:

- This link can be used to register for the IDPH XDR0 Registry:
 - <https://www.xdro.org/login.html>
- For help with the XDR0 Registry email:
 - DPH.XDR0Registry@illinois.gov



Questions, Comments?

- Please enter them in the chat section.
- If you would like further information; please reach out to me:

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2. The Centers for Disease Control and Prevention. Candida auris: A drug-resistant fungus that spreads in healthcare facilities. *National Center for Emerging and Zoonotic Infection Disease, Division of Foodborne, Waterborne, and Environmental diseases*. (2021) Retrieved from: <https://www.cdc.gov/fungal/candida-auris/pdf/C-Auris-Infection-Factsheet-H.pdf>
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5. The Centers for Disease Control and Prevention. Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs). *National Center for Emerging and Zoonotic Infection Disease, Division of Foodborne, Waterborne, and Environmental diseases*. (2019) Retrieved from: <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

Additional *C. auris* Resources:

- IDPH Hospital Report Card: *C. auris* Surveillance Report:
 - http://www.healthcarereportcard.illinois.gov/files/pdf/C_auris_2020Report_FINAL.pdf
- CDC Fact Sheet: Drug Resistant *Candida auris*:
 - <https://www.cdc.gov/drugresistance/pdf/threats-report/candida-auris-508.pdf>
- CDC: *Candida auris* Colonization:
 - <https://www.cdc.gov/fungal/candida-auris/fact-sheets/c-auris-colonization.html>
- CDC: *Candida auris* Testing:
 - <https://www.cdc.gov/fungal/candida-auris/fact-sheets/c-auris-testing.html>
- CDC: (*Candida auris*) Information for Infection Preventionists
 - <https://www.cdc.gov/fungal/candida-auris/fact-sheets/cdc-message-infection-experts.html>
- EPA: P List Disinfectant Products
 - <https://www.epa.gov/pesticide-registration/list-p-antimicrobial-products-registered-epa-claims-against-candida-auris>
- CDC: Inter-facility Infection Control Transfer Form (for MDRO)
 - <https://www.cdc.gov/hai/pdfs/toolkits/Interfacility-IC-Transfer-Form-508.pdf>

Open Q&A

Submit questions via Q&A pod to **All Panelists**

Please do not resubmit a single question multiple times

Slides and recording will be made available after the session.

Reminders

- SIREN Registration
 - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: <http://www.dph.illinois.gov/siren>

- NHSN Assistance:
 - Contact Telligen: **nursinghome@telligen.com**