



COVID-19 and HAI Updates and Q&A Webinars for Long-Term Care and Congregate Residential Settings

August 19th, 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
- For continuing education credit, complete evaluation at <https://redcap.dph.illinois.gov/surveys/?s=HE73PKKRDKAJ88CM> by September 2nd, 2022
 - Credit only available for the live session
 - Must be registered individually to receive credit

Agenda

- Upcoming Webinars
- Congregate Care COVID Updates
- Hand Hygiene Presentation
- Monkeypox Presentation
- Open Q & A

Upcoming COVID-19 and Infection Prevention and Control Updates

1:00 pm - 2:00 pm

Date	Infection Control Topic	Registration Link
Friday, September 9 th	Wound Care	https://illinois.webex.com/illinois/onstage/g.php?MTID=e2c58441915566a280a70bc4e01ef23a4
Friday, September 23 rd	Environmental Cleaning, Disinfection, and Monitoring Program	https://illinois.webex.com/illinois/onstage/g.php?MTID=ee7067083f7ed07f6fd1fd9e3a906f64e
Friday, October 14 th	Environment of Care	https://illinois.webex.com/illinois/onstage/g.php?MTID=e28e6b8e9fe0ca77cc79b9b7d6abcc426

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

Continued Education will be offered. It will only be for the live presentation. Please ensure when registering that your name and email are correctly spelled. To receive the continued education, you must complete a training survey, which will be provided with the link to the recording.





Congregate Care Updates

August 19, 2022

Objective

- Integrate updates to COVID-19 prevention and control measures into facility practices

CDC streamlines COVID-19 guidance to help the public better protect themselves and understand their risk

Press Release

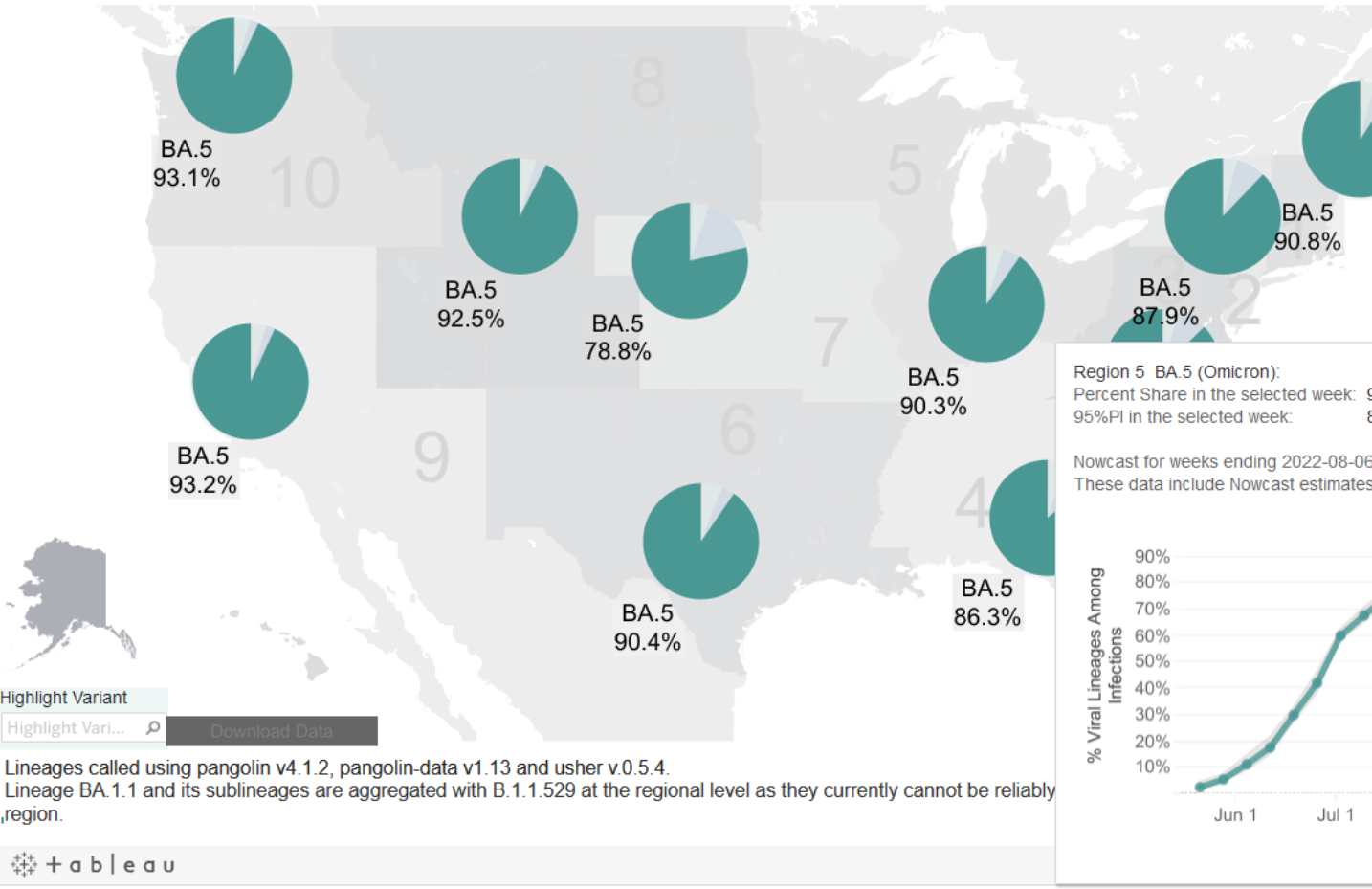
Embargoed Until: Thursday, August 11, 2022, 3:00 PM ET

“This updated guidance is intended to apply to community settings. In the coming weeks CDC will work to align stand-alone guidance documents, such as those for healthcare settings, congregate settings at higher risk of transmission, and travel, with today’s update.”

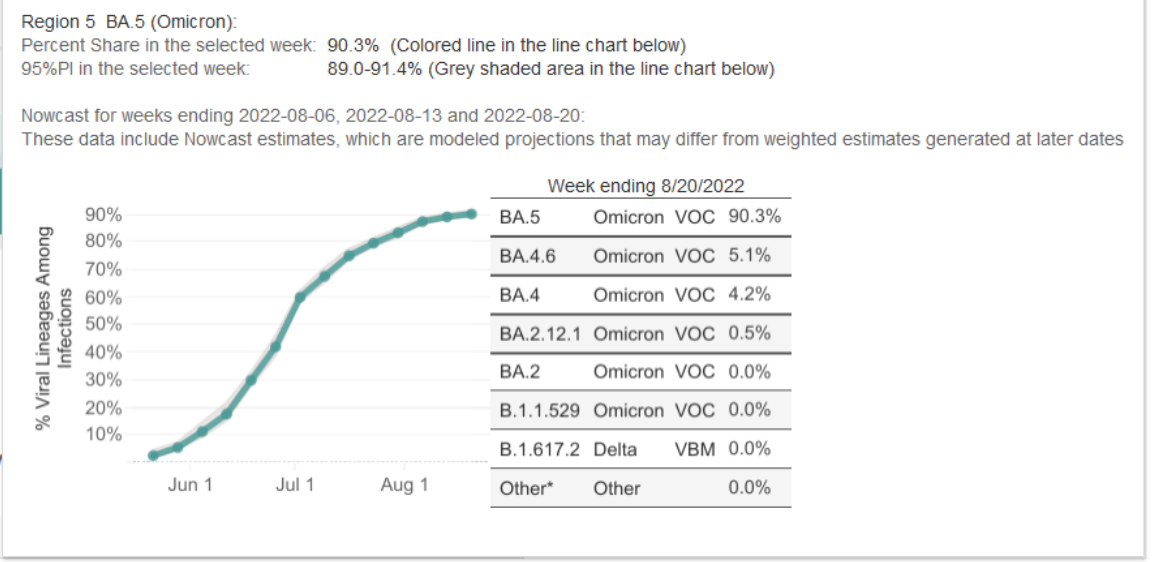
Know You are Tired: It is Not Over Yet

8/18/2022	8/17/2022	8/16/2022	8/15/2022	8/14/2022	8/13/2022	8/12/2022	8/11/2022
-	-	-	-	-	-	-	-
-	1	-	Cases!!		No Cases		
-	-	1	-	-	-	-	-
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United States: 8/14/2022 – 8/20/2022 NOWCAST

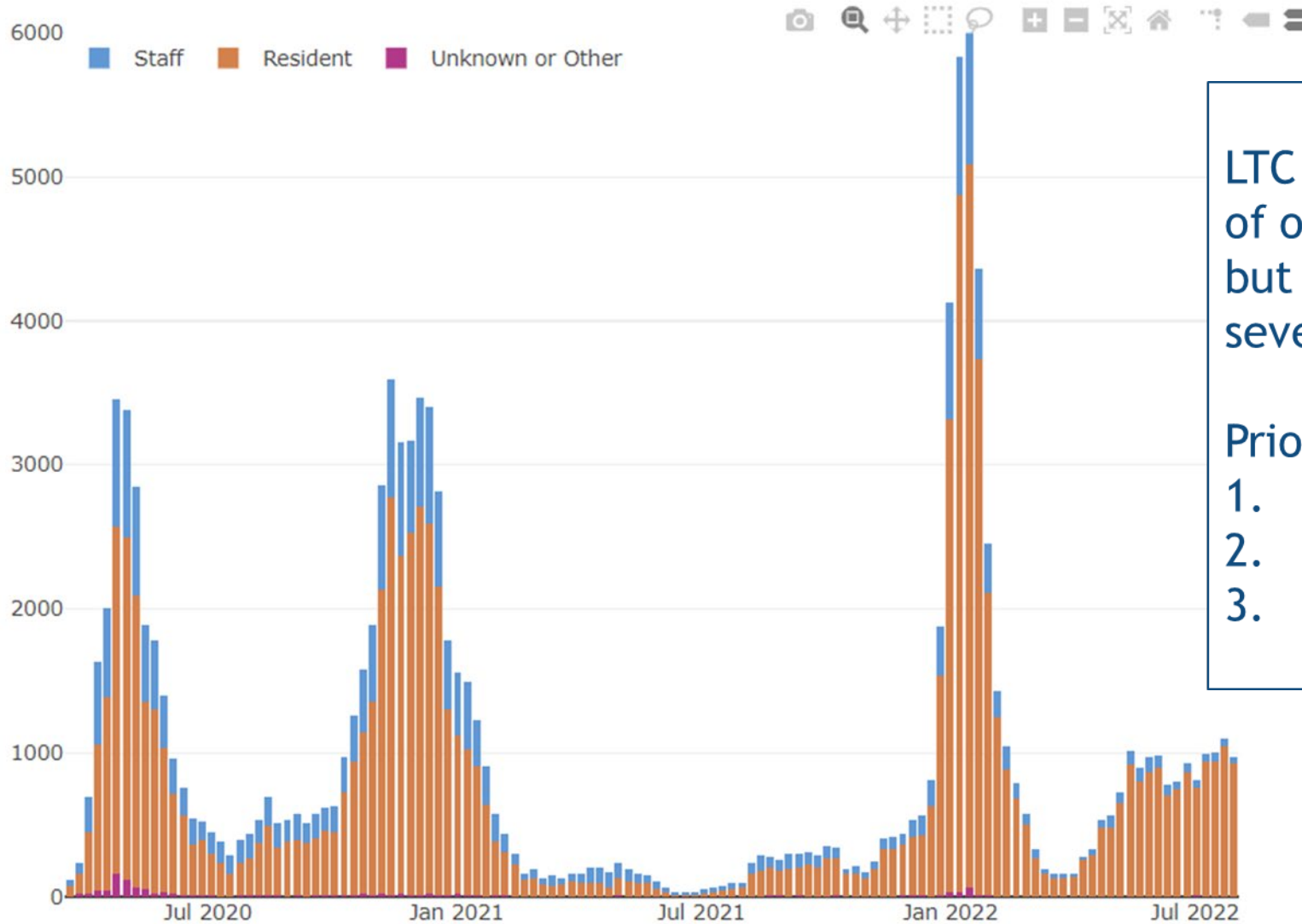


Report: Cases with Case Locations and Associated Location Record
Congregate Cases Last 4 Weeks x Day



<https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

LTC Facility COVID-19 Cases



LTC cases still small percentage of overall cases (3.3%) but highest risk group for severe illness.

Priorities:

1. Up-to-date vaccinations
2. Infection Prevention & Control
3. Therapeutics

Centers for Disease Control and Prevention

MMWR

Weekly / Vol. 71 / No. 24

Morbidity and Mortality Weekly Report

June 17, 2022

Notes from the Field

COVID-19–Associated Mortality Risk Among Long-Term Care Facility Residents and Community-Dwelling Adults Aged ≥65 Years — Illinois, December 2020 and January 2022

Daniel Lee, MPH, MBA¹; Catherine Counard, MD²;
Angela Tang, MPH³; Sarah Brister, MPH³; Ngozi Ezike, MD⁴

U.S. adults aged ≥65 years are at increased risk for severe illness and death from COVID-19 (1). The communal nature of long-term care facilities (LTCFs), and the vulnerability of the LTCF population (typically aged ≥65 years, and often having underlying chronic conditions, cognitive and physical impair-

living facilities (11,980, 10,954, and 92%, respectively).** The population of community-dwelling adults was obtained by subtracting the LTCF group's population from the U.S. Census Bureau's July 2021 estimate for the overall Illinois population aged ≥65 years.†† COVID-19 vaccination coverage rates among community-dwelling adults were obtained from the Illinois Comprehensive Automated Immunization Registry Exchange.§§

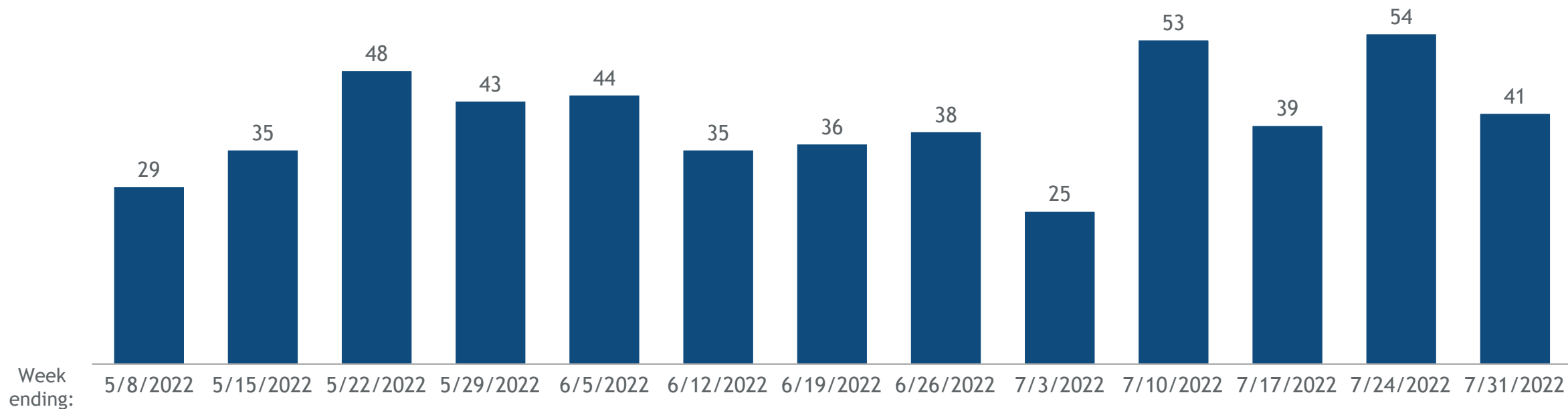
Numbers of COVID-19 deaths among LTCF residents¶¶ and community-dwelling adults were abstracted from the Illinois National Electronic Disease Surveillance System (I-NEDSS) for December 2020 and January 2022 and divided by the cor-

The ratio of the COVID-19 mortality rate among LTCF residents aged ≥65 years to community-dwelling adults aged ≥65 years **decreased by 71%, from 16.1 to 4.6**, between December 2020 and January 2022.

These findings reinforce that **COVID-19 prevention and control strategies, including vaccination, can substantially reduce COVID-19-associated mortality among LTCF residents.**

LTC COVID-19 hospitalizations fluctuating since May

Weekly LTC COVID-19 hospitalizations



Wastewater Tracking

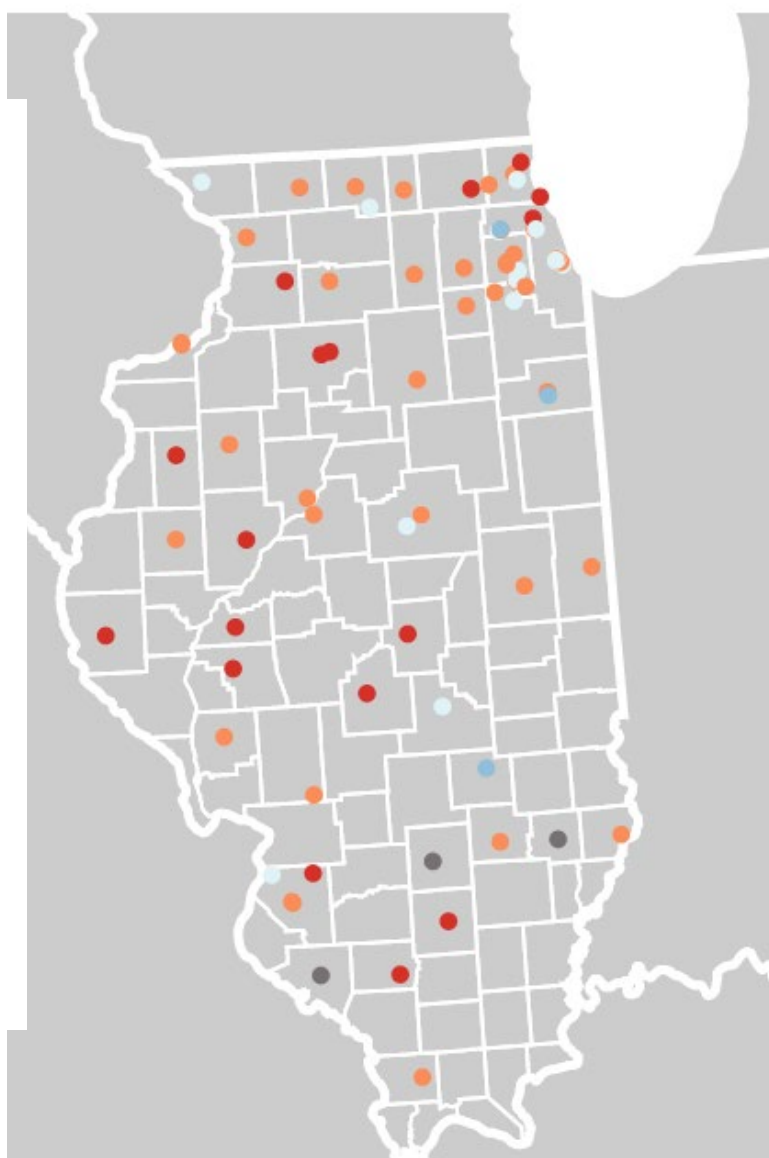
Sewage provides a solution. (All you have to do is flush.)



Here's how a scrappy team of scientists, public health experts and plumbers is embracing wastewater surveillance as the future of disease tracking.

By **Aliza Aufrichtig** and **Emily Anthes**
Photographs and video by **Jonah Markowitz**
Aug. 17, 2022

<https://www.nytimes.com/interactive/2022/08/17/health/wastewater-polio-covid-nyc.html>



Metric:

- Current virus levels in wastewater by site
- Percent change in the last 15 days
- Percent of wastewater samples with detectable virus

Current SARS-CoV-2 virus levels by site, Illinois

Current virus levels category	Num. sites	% sites	Category change in last 7 days
New Site	0	0	N/A*
0% to 19%	0	0	N/A*
20% to 39%	3	4	50%
40% to 59%	18	23	- 14%
60% to 79%	40	51	0%
80% to 100%	17	22	13%

Total sites with current data: 78

Total number of wastewater sampling sites: 81

[How is the current SARS-CoV-2 level compared to past levels calculated?](#)

Current virus levels in wastewater by site

This metric shows whether SARS-CoV-2 levels at a site are currently higher or lower than past historical levels at the same site. 0% means levels are the lowest they have been at the site; 100% means levels are the highest they have been at the site. Public health officials watch for increasing levels of the virus in wastewater over time and use these data to help make public health decisions.

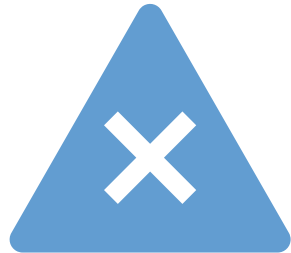
<https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance>

Hand Hygiene Education and Performance Measures

By:

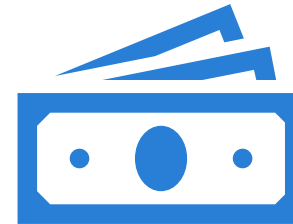
Olapeju Lawal, RN, BSN

Disclaimers



Conflict of interest statement

None declared.



Funding sources

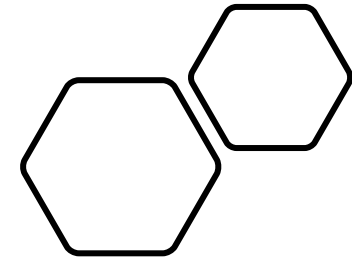
None.

Objectives

Examine	Examine the importance of performing hand hygiene in the prevention of disease.
Review	Review how to perform hand hygiene
Recognize	Recognize some of the reasons why hand hygiene is missed and what can be done to encourage/promote compliance.
Discuss	Discuss performance measures tools for hand hygiene auditing



**OH, NO!
NOT ANOTHER
POSTER ABOUT
HAND WASHING!**





They're really serious about this hand washing thing...

**PLEASE WASH
YOUR HANDS**

What is Hand Hygiene?

- Hand hygiene is a way of cleaning one's hands that substantially reduces potential pathogens (harmful microorganisms) on the hands.



Why is Hand Hygiene Important?

- According to the WHO, most HAIs are preventable through good hand hygiene practices – cleaning hands at the right times and in the right way.
 - Cost-savings
- Hand hygiene promotes safe patient and resident care.
- It also keeps the healthcare worker (and their loved ones) safe.

When to Perform Hand Hygiene

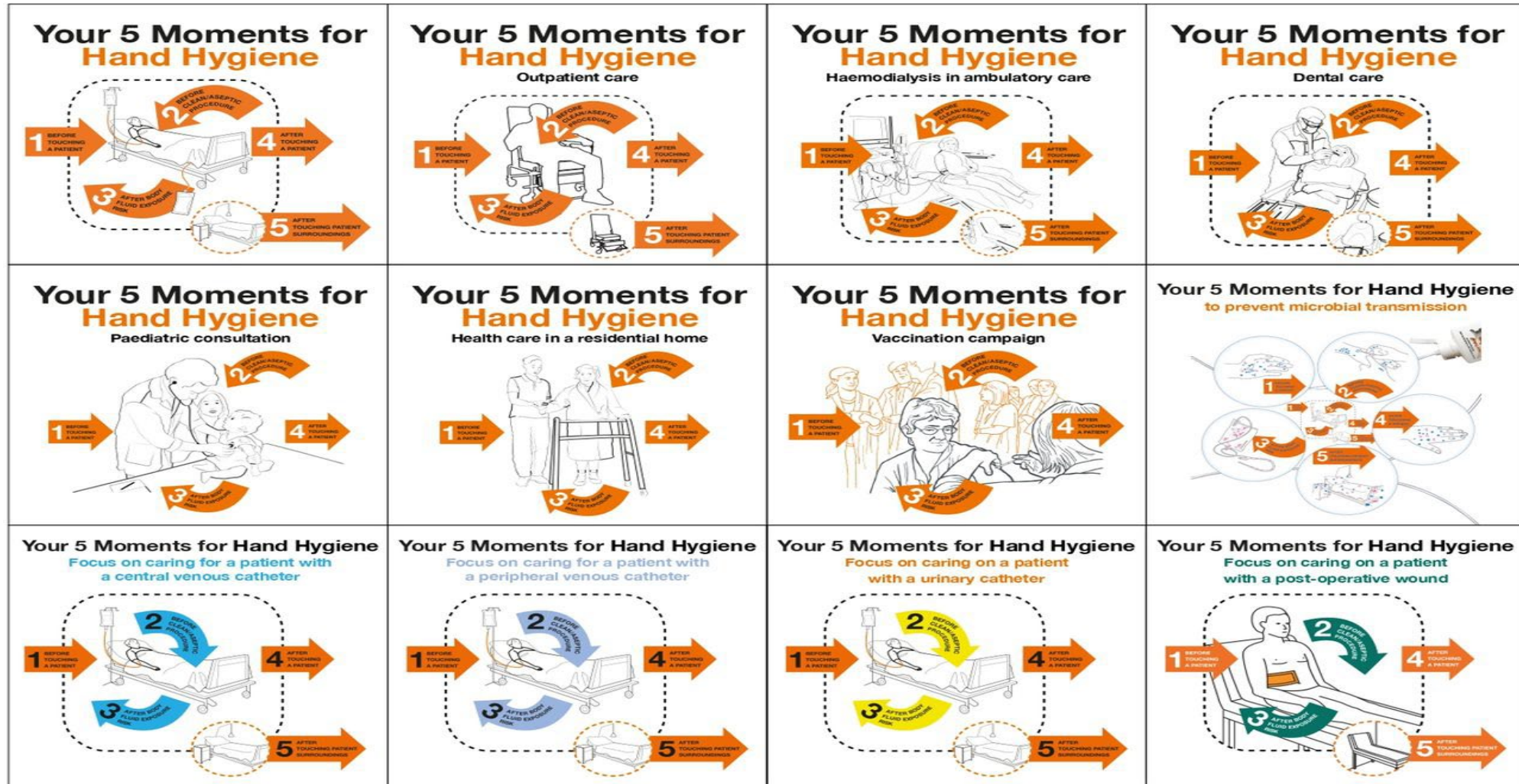
Use Soap and Water

- When hands are visibly dirty
- After known or suspected exposure to *Clostridioides difficile* if your facility is experiencing an outbreak or higher endemic rates
- After known or suspected exposure to patients with infectious diarrhea during norovirus outbreaks
- Before eating
- After using the restroom
- If exposure to Bacillus anthracis is suspected or proven
- After (risk of) exposure to blood and/or bodily fluids

Use Alcohol-Based Hand Rub

- For everything else

'My Five Moments': a flexible and user-centred approach to hand hygiene in healthcare adopted on a global scale.



Benedetta Allegranzi et al. *BMJ Qual Saf* 2022;31:259-262

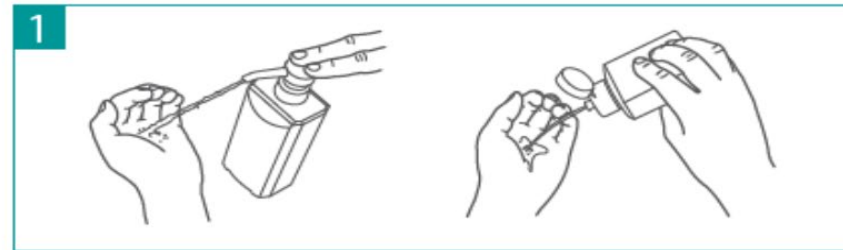
How to Perform Hand Hygiene:

- There are 2 primary methods used in performing Hand Hygiene (HH):
 - Use of an alcohol-based hand rub/sanitizer (ABHR/ABHS)
 - Using soap and water
- The CDC and Illinois Department of Public Health recommend the routine **use of alcohol-based hand rubs over soap and water.**

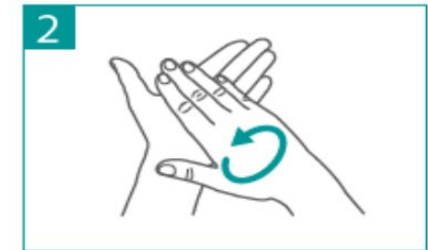
How to Perform Hand Hygiene: ABHR

- Always follow the manufacturer's/your facility's direction
- Dispense the recommended amount of product
- Apply product to the palm of one hand
- Rub hands together, making sure that all surfaces of hands and fingers (including underneath rings) are covered until they are dry (no rinsing is required)

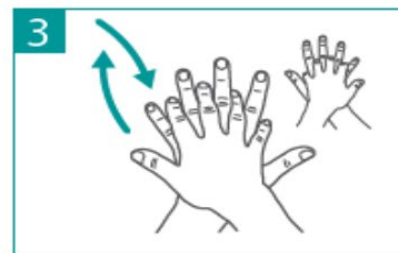
 **Time:** Rub hands together until alcohol dries.



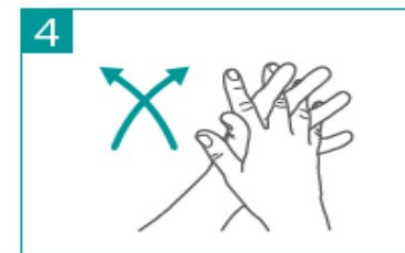
Apply enough hand sanitizer to cover all surfaces of the hands. This volume is different for everyone.



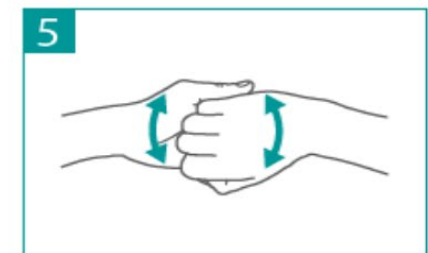
Rub hands palm to palm.



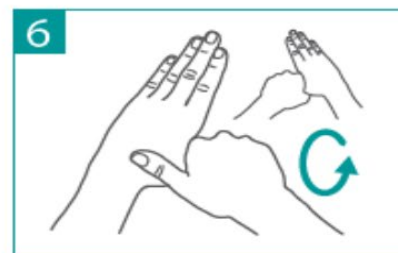
Rub the back of the left hand with the front of the right hand; then switch.



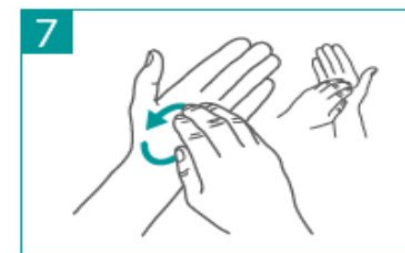
Rub hands palm to palm with fingers interlaced.



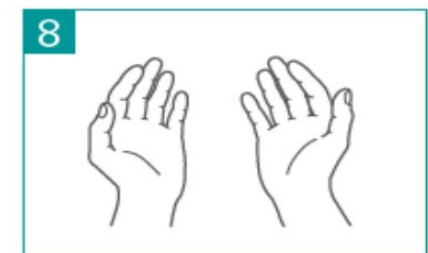
Clean the backs of the fingers by locking fingers into opposite palms.



Rub the left thumb clasped in right palm; then switch.



Rub your fingernails into the palms of your hands in circles.

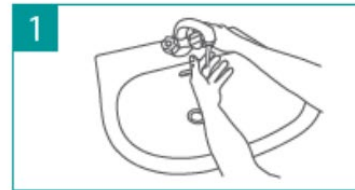


Once dry, your hands are safe.

How to Perform Hand Hygiene: Soap & Water

- Wet hands first with water (do not use hot water)
- Apply soap to hands
- Rub hands vigorously for at least 15 seconds, covering all surfaces of hands and fingers
- Rinse hands with water and dry thoroughly with a paper towel
- Use a paper towel to turn off the water faucet

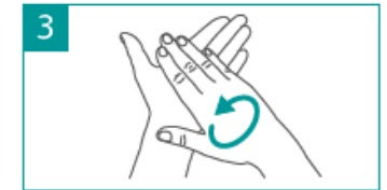
 **Time:** Vigorously rub hands together for a minimum of 15 seconds



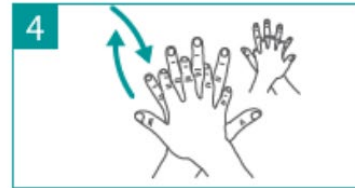
1 Wet hands with water.



2 Apply enough soap to cover all hand surfaces.



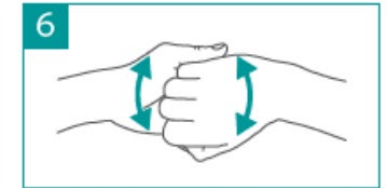
3 Rub hands palm to palm.



4 Rub the back of the left hand with the front of the right hand; then switch.



5 Rub hands palm to palm with fingers interlaced.



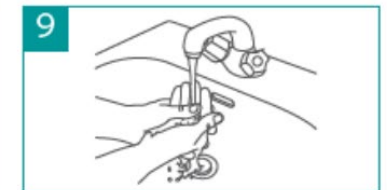
6 Clean the backs of the fingers by locking fingers into opposite palms.



7 Rub the left thumb clasped in right palm; then switch.



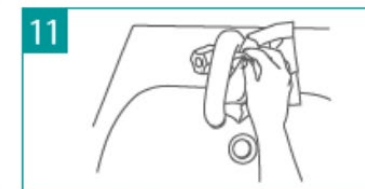
8 Rub your fingernails into the palms of your hands in circles.



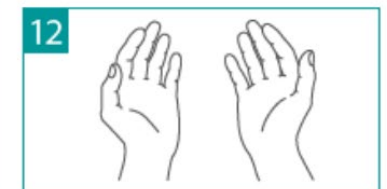
9 Rinse hands with water.



10 Dry hands thoroughly with a paper towel.



11 Use a dry paper towel to turn off faucet.



12 Your hands are now safe.



Barriers to performing Hand Hygiene

1. Resources (time pressure, workload).
2. Environmental resources (lack of supplies).
3. Attention, memory, and decisional processes (forgetfulness, prioritizing competing demands).
4. Beliefs about negative consequences to self (skin irritation).
5. Glove use.



Glove use

- Gloves reduce hand contamination but don't replace the need to perform hand hygiene
- Gloves prevent cross-infection and protect from infection
- Gloves need to be changed between residents and sometimes between tasks on the same resident
- Hands should be cleansed **IMMEDIATELY** after glove removal!

Suggestions to improve HH compliance

- Environmental resources (hand care products, supplies to perform hand hygiene, facilities to perform hand hygiene in convenient locations)
- Knowledge/training (facts related to disease transmission)
- Attention, memory and decisional processes (cues for hand hygiene).



Fingernails



Artificial Nails

- Artificial nails have been associated with outbreaks of *Pseudomonas aeruginosa*¹ and *Candida*² infections
- Artificial nails are prohibited in direct patient care providers, food handlers and those handling sterile supplies.

Natural Nails

- Polished nails are more likely to harbor bacteria than natural nails.
- Polish should be free of chips.
- Nails should be no longer than ¼ inch in length



Performance Measures

- Covert monitoring
- Overt monitoring



Monitoring Compliance with Hand Hygiene



Facilities should monitor hand hygiene performance (every shift, every unit, for all caregivers, each month)



Record a minimum of 30 observations per unit each month



Track and share Hand Hygiene compliance with frontline staff



Auditing can be done using paper tools or electronic tools (e.g., iScrub[®] app)

Auditing Tools- Electronic


SpeedyAudit



iScrub



<https://www.speedyaudit.com/>

Auditing Tools - Paper

- CDC (in conjunction with APIC)
 - [Quick Observation Tools \(QUOTs\) for Infection Prevention | CDC](#)
 - [IP Observation Tools | » Observation Tools Library](#)
- WHO
 - [Monitoring tools \(who.int\)](#)

May 5th: WHO's World Hand Hygiene Day



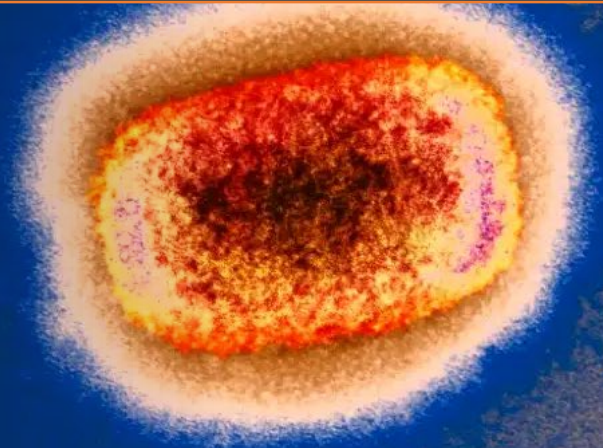
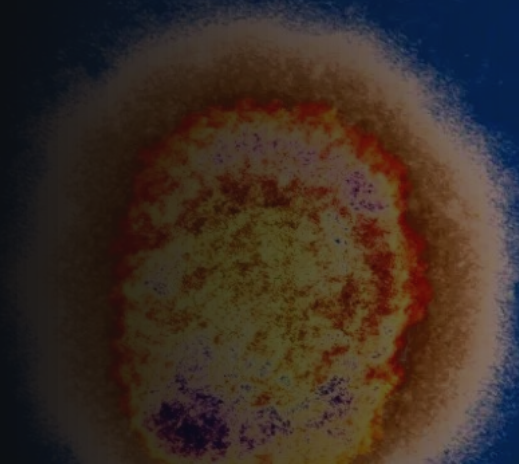
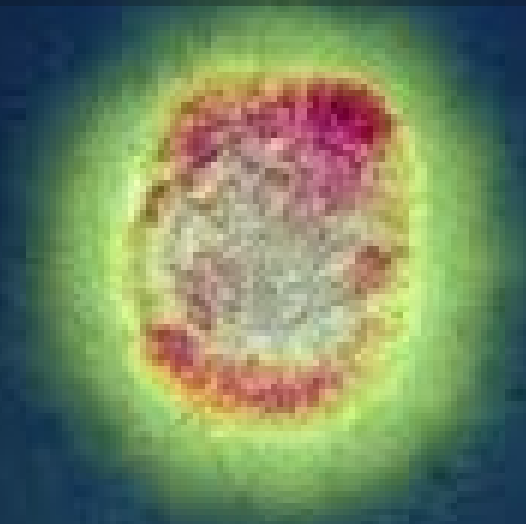
UNITE
FOR SAFETY
CLEAN
— YOUR —
HANDS

Questions?



Monkey Pox Virus (MPV): Infection Prevention and Control

- Dr. Catherine Counard
- Deb Pulliam
- Olapeju 'Pej' Lawal
- Thomas C. Roome



What is MPV?

- Historically rare infection with monkeypox virus, an orthopox virus believed to have originated in animals
- First human monkeypox (MPV) case identified in 1970 in DRC
- Intermittent outbreaks in West and Central Africa with occasional importations and outbreaks elsewhere (e.g. 2003 in IL/WI from exotic pet exposure)
- Current global outbreak began in May 2022, and now involves 80 countries. More than 14,000 cases in U.S.
- Illinois currently at 906 cases, 6th in the nation
<https://dph.illinois.gov/topics-services/diseases-and-conditions/monkeypox.html>

Transmission

Good news: Not easily transmitted through casual contact

Main mode of transmission is intimate physical contact with people with monkeypox—especially direct contact with lesions

Transmission via respiratory secretions and fomites (environmental, such as linens) appears uncommon

No transmission reported to date during this outbreak in the US to health care workers, on airplanes, or via respiratory route

Although most cases to date have occurred among men who have sex with men, MPV is not a sexually transmitted disease and anyone can be infected

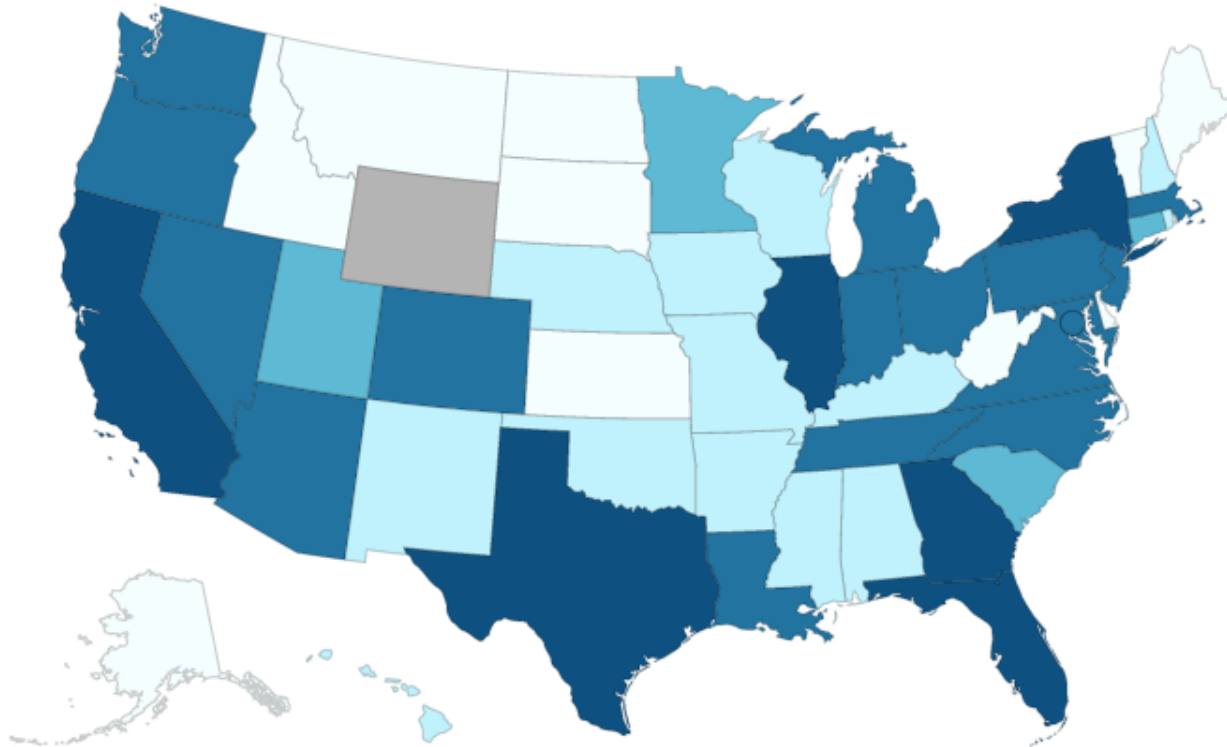
2022 U.S. Map & Case Count

Data as of 18 Aug 2022 2:00 PM EDT

[Print](#)

14,115 Total confirmed monkeypox/orthopoxvirus cases

*One Florida case is listed here but included in the United Kingdom case counts because the individual was tested while in the UK.



Illinois 6th in the nation with 906 cases

Behind:

New York
Florida
Georgia
Texas
California

Territories **PR**



Identifying Cases

- It is important to contact the local health department immediately for any suspected cases of MPV (monkeypox)
- Long-term care facilities remain low risk settings for transmission
- Many causes for rashes from poison ivy to chicken pox. It's important to take a good clinical history.
- Public health will be interested in any known exposures or epidemiologic links.

CDC guidance to clinicians

- Perform thorough skin and mucosal (e.g., anal, vaginal, oral) exam for rash
- Obtain swabs if
 - Observation of classic monkeypox rash OR
 - Observation of rash that could be consistent with monkeypox in persons with epidemiologic risk factors:
 - Contact with a person or people a) with similar appearing rash or b) with diagnosis of monkeypox
 - Close or intimate in-person contact with people in a social network experiencing monkeypox activity (e.g., men who have sex with men who meet partners through an online website, digital app or social event)
 - History of recent international travel to country currently with many cases
- Diagnosis of STI does not rule-out co-infection with monkeypox
- **Note:** any person, irrespective of gender identity or sexual orientation, can acquire and spread monkeypox.

Clinical presentation

Incubation period: 5-21 days

Skin rash in all patients

Lesions in different phases of development seen side by side

Rash scattered or diffuse, sometimes limited to one body site

Prodromal symptoms may be mild or not present



CDC: Patients are infectious once symptoms begin, whether prodromal or rash

Remain infectious until lesions form scabs, scabs fall off, and a fresh layer of skin forms

Monkeypox lesions, United States 2022



Shared with permission from patients, CDC 2022

From Basgoz N, Brown CM, Smole SC, et al. Case 24-2022: A 31-Year-Old Man with Perianal and Penile Ulcers, Rectal Pain, and Rash. Epub ahead of print. Copyright © Jun 15 2022. Massachusetts Medical Society. Reprinted with permission from Massachusetts Medical Society

What clinicians need to know: Diagnosis

Use appropriate PPE if monkeypox is suspected: Gown, gloves, eye protection, fit tested respiratory (e.g. N-95)

Obtain specimens from lesions

Follow instructions from the laboratory you are using

Swab vigorously, no need to unroof lesions; can also send scabs

Laboratory testing is currently available from IDPH, LabCorp,

Quest, Aegis, and Sonic; Mayo is ramping up testing capabilities

*<https://www.cdc.gov/poxvirus/monkeypox/clinicians/prep-collection-specimens.html>



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

MEMORANDUM GUIDANCE FOR PROVIDERS & LABORATORY STAFF
IDPH Orthopoxvirus Real-time PCR Testing

Please follow these guidelines when collecting specimens for monkeypox virus:

Providers:

- Contact your local health department for approval to submit a specimen for monkeypox testing at IDPH laboratories.
- Swab or brush lesion vigorously with two (2) separate sterile dry swabs. Use a sterile E-swab or FLOQ swab made from Dacron or polyester (Fig 1). Do not use cotton-tipped swabs with wooden shafts or swabs made with calcium alginate as these can inhibit testing and may lead to inaccurate results.

Figure 1. Acceptable Swab Types

Fig 1A. Pre-packaged dry swab



Fig 1B. Self-contained dry swab w/ sterile container



- HCPS wear same PPE as for COVID-19 test collection – gown, gloves, N95, eye protection
- Two specimens per lesion
- Flocked swabs are better
- Up to two lesions
- Must swab vigorously

Figure 2. Swabbing Procedure Overview

Fig 2A. Specimen Collection using pre-packaged dry swabs

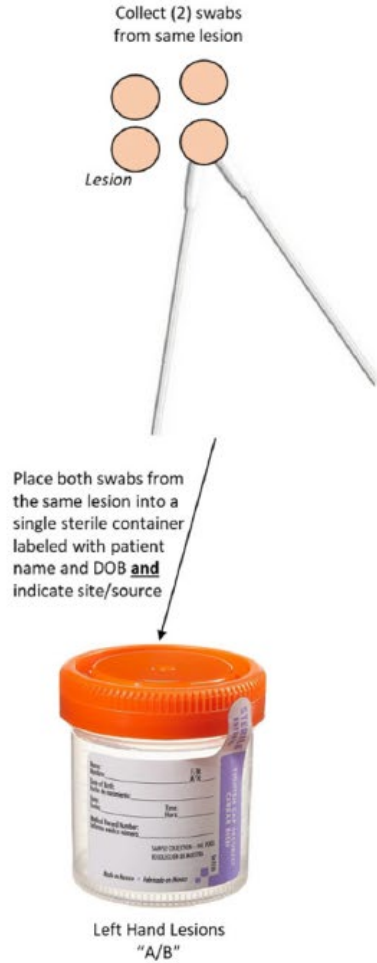
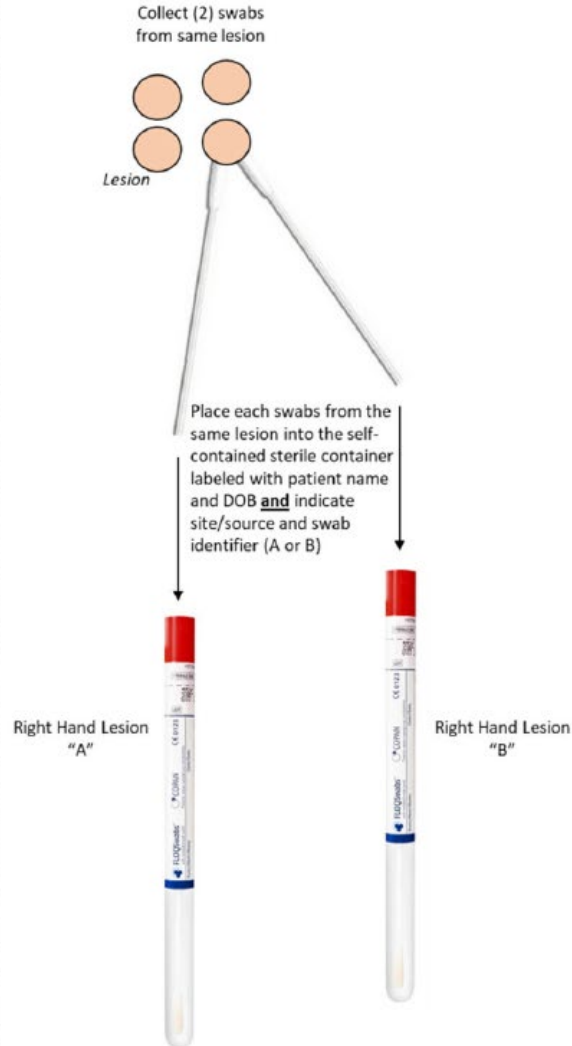


Fig 2B. Specimen Collection using Self-contained dry swab w/ sterile container



- Must communicate with LHD
- Follow specific instructions from lab being used
- Typically transport specimens on ice
- Rapid diagnosis is imperative

JYNNEOS

- **JYNNEOS is a live virus vaccine produced from the strain Modified Vaccinia Ankara-Bavarian Nordic (MVA-BN), an attenuated, non-replicating orthopoxvirus**
 - Also known as IMVAMUNE, IMVANEX, MVA
- **Licensed by FDA in September 2019**
- **Indication**
 - JYNNEOS is indicated for prevention of smallpox and monkeypox disease in adults 18 years of age and older determined to be at high risk for smallpox or monkeypox infection
 - CDC is developing an Expanded Access Investigational New Drug Protocol to allow the use of JYNNEOS for monkeypox in pediatric populations

MONKEYPOX

Considerations for PEP

- CDC recommends that the vaccine series be initiated within 4 days from the date of exposure for the best chance to prevent onset of the disease
- If initiated between 4 and 14 days after the date of exposure, vaccination may reduce the symptoms of disease, but may not prevent the disease
- However, when coupled with self-isolation and other prevention measures when symptoms first occur, PEP is important for controlling outbreaks and preventing further transmission of monkeypox

Smallpox/Monkeypox Vaccine (JYNNEOS™): *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Smallpox/monkeypox vaccine (JYNNEOS™) can help protect against smallpox, monkeypox, and other diseases caused by orthopoxviruses, including vaccinia virus.

Smallpox is a very serious disease caused by variola virus. Smallpox was declared eradicated in 1980 and no cases of naturally occurring smallpox have happened since 1977. Some people continue to be at risk of exposure to the virus that causes smallpox, including people who work in emergency preparedness and some laboratory workers. The virus can spread from person to person, causing symptoms including fever and a skin rash. Many people who had smallpox in the past recovered, but about 3 out of every 10 people with the disease died.

Monkeypox is a rare disease with symptoms that are similar to but milder than the symptoms of smallpox. Monkeypox can cause death. Monkeypox

2. Smallpox/monkeypox vaccine (JYNNEOS™)

Smallpox/monkeypox vaccine (JYNNEOS™) can prevent smallpox, monkeypox, vaccinia, and other diseases caused by orthopoxviruses. The vaccine is made using weakened live vaccinia virus and cannot cause smallpox, monkeypox, or any other disease.

JYNNEOS™ is approved by the Food and Drug Administration (FDA) for prevention of smallpox and monkeypox disease in **adults 18 years or older at high risk for smallpox or monkeypox infection.**

- CDC recommends JYNNEOS™ for certain laboratory workers and emergency response team members who might be exposed to the viruses that cause orthopoxvirus infections.
- CDC recommends consideration of the vaccine for people who administer ACAM2000®, another type of smallpox vaccine, or who care for patients infected with orthopoxviruses.

- FDA approved
- Live virus, non-replicating
- 2 doses, 4 weeks apart
- Subcutaneous or Intradermal Injection
- Well tolerated
- Contraindications: severe allergy to any components

If you received smallpox vaccine many years ago

- It may offer protection against severe illness, but not infection
- If you meet criteria for vaccination (e.g. high risk exposure), Jynneos would be recommended.

Treatment – needs prior approval, clinical relationship

- Illness ranges from mild to severe
- Persons who should be considered for antiviral treatment include
 - Persons with severe disease
 - Persons who may be at high risk of severe disease:
 - Persons with immunocompromising conditions
 - Pediatric patients, particularly patients younger than 8 years of age
 - Pregnant or breastfeeding women
 - Persons with one or more complications (e.g., secondary bacterial skin infection; gastroenteritis with severe nausea/vomiting, diarrhea, or dehydration; bronchopneumonia; concurrent disease or other comorbidities)
 - Persons with monkeypox virus implantation in eyes, mouth, or other anatomical areas where monkeypox virus infection might constitute a special hazard

Treatment Cont.

- TPOXX is an antiviral medication that is approved by the FDA for the treatment of smallpox
 - Oral capsule and IV formulations
 - CDC has an Emergency Access Investigational New Drug Protocol allows use of TPOXX for (monkeypox)
 - Available from the Strategic National Stockpile → IDPH, local health depts.
 - Lots of documentation required!
- Trifluridine eye drops (FDA approved; use off label for monkeypox)
- Other antivirals
- Supportive care, including pain control





Considerations for Reducing Monkeypox Transmission in Congregate Living Settings

Updated August 4, 2022 [Print](#)

Summary of Recent Changes

Updates as of 7-26-2022



[Monkeypox](#) is a disease that can cause flu-like symptoms and a rash. Human-to-human transmission of monkeypox virus occurs by direct contact with lesions or infected body fluids, or from exposure to respiratory secretions during prolonged face-to-face contact. A person is considered to be infectious until there is full healing of the rash with formation of a fresh layer of skin.

Preventing Monkeypox Spread in Congregate Settings: Risk Assessment

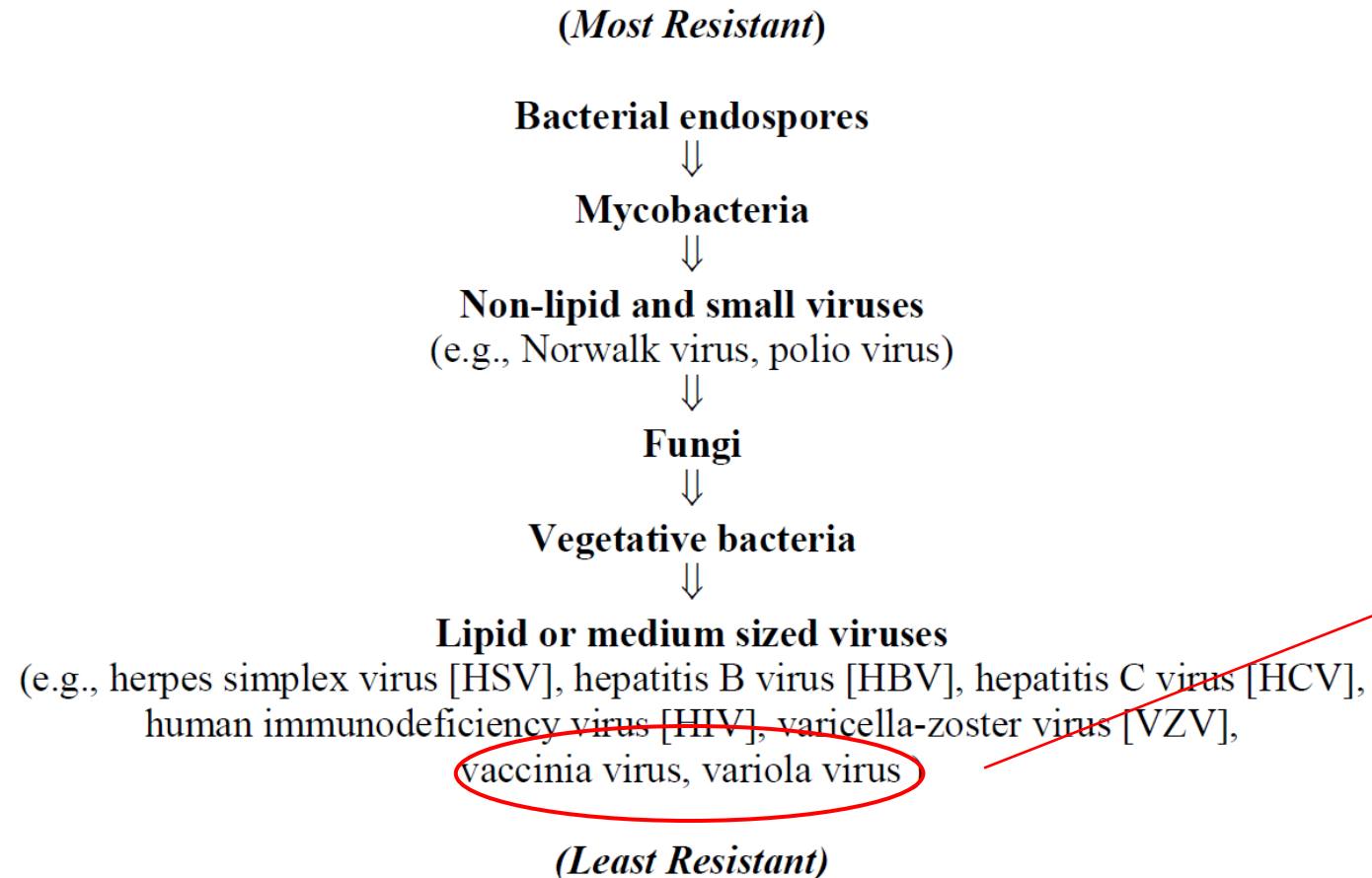
- MPV is primarily spread through close, skin-to-skin contact.
- Staff and residents who spent time in the same area as a case should be considered to have intermediate or low degree of exposure
 - Monitor for 21 days after last exposure, temp checks 2x daily
- Post exposure prophylaxis (vaccination) is typically not recommended for exposures that are low/intermediate risk; threshold for PEP may be lower in congregate settings.

Preventing Monkeypox Spread in Congregate Settings: Hand Hygiene, Cleaning, and Disinfecting

-
- **Ensure hand hygiene/hand washing access**
 - **Clean and disinfect the areas where people with monkeypox spent time**
 - Perform disinfection using an EPA-registered disinfectant on EPA's List Q, used per manufacturer's instructions (eg Lysol All Purpose Cleaner)
 - Linens can be laundered using regular detergent and warm water.
 - Soiled laundry should be gently and promptly contained in a laundry bag and never be shaken or handled in a manner that may disperse infectious material.
 - Cover mattresses in isolation areas (e.g. with sheets, blankets, or a plastic cover)

Hierarchy of microorganism resistance to disinfectants

Figure 1. Relative Resistance of Microorganisms to Chemical Disinfection*



Monkeypox is in
same Orthopox
family

Preventing Monkeypox Spread in Congregate Settings :

Personal Protective Equipment

- **Provide appropriate personal protective equipment (PPE) – when a case occurs**
- Staff who enter isolation areas should wear a gown, gloves, eye protection, and a N95 respirator
- When handling dirty laundry from people with known or suspected monkeypox infection, wear a gown, gloves, eye protection, and a well-fitting mask or N95
 - PPE is not necessary after the wash cycle is completed
- Staff should wear a gown, gloves, eye protection, and a well-fitting mask or N95 when cleaning areas where people with monkeypox spent time
- Waste should be managed in the same manner as other potentially infectious medical waste (e.g. soiled dressings, contaminated sharps)

Resources

CDC MPV General Information For Clinicians:

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/index.html>

CDC COCA Calls for Clinicians:

<https://emergency.cdc.gov/coca/calls/2022/index.asp>

Cover epidemiology, diagnosis, vaccination and treatment

CDC MPV information for congregate living settings:

<https://www.cdc.gov/poxvirus/monkeypox/specific-settings/congregate.html>

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

- For continuing education credit, please fill out the following evaluation by September 2nd, 2022:
 - <https://redcap.dph.illinois.gov/surveys/?s=HE73PKKRDKAJ88CM>
- 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**