



COVID-19 Chicago Long Term Care Roundtable

03-30-2023



Agenda

- COVID-19 Epidemiology & Updates
- MRSA Prevention Collaborative – Dr. Morgan Katz (Johns Hopkins)
- TB 101 – Sylvia Dziemian & Ted Bonau (CDPH)
- Questions & Answers

★ CDPH IP Postings

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

 **CHI | CDPH**
CHICAGO DEPARTMENT OF PUBLIC HEALTH

JOB OPPORTUNITY

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

INFECTION PREVENTION SPECIALIST **SALARY: \$89,076**

ROLE SUMMARY	MINIMUM QUALIFICATIONS
<p>As part of the CDPH Disease Control Bureau, the Infection Prevention Specialist functions as a specialized technical advisor managing infection prevention and control activities. Depending on the position, the Infection Prevention Specialist will support either healthcare partners (e.g., skilled nursing facilities, acute care hospitals, dialysis centers) or congregate living facilities (e.g., shelters, corrections, behavioral health) by providing guidance, training, and technical support in implementing appropriate infection prevention and control measures.</p>	<p><u>Education</u></p> <ul style="list-style-type: none">• Bachelor's degree in Public Health, Nursing, Epidemiology, Medical or Clinical Laboratory Science or a directly related field <p><u>Experience</u></p> <ul style="list-style-type: none">• Four years of work experience in infection prevention and control management, or an equivalent combination of education, training, and experience <p><u>Licensure or Certifications</u></p> <ul style="list-style-type: none">• Certification in Infection Prevention and Control (CIC) is required within six (6) months of hire• A valid State of Illinois driver's license
	<p>WORK LOCATION 1340 S. Damen Ave, Chicago, IL 60608</p> <p>HOURS: Monday - Friday 8:30am - 4:30pm</p>



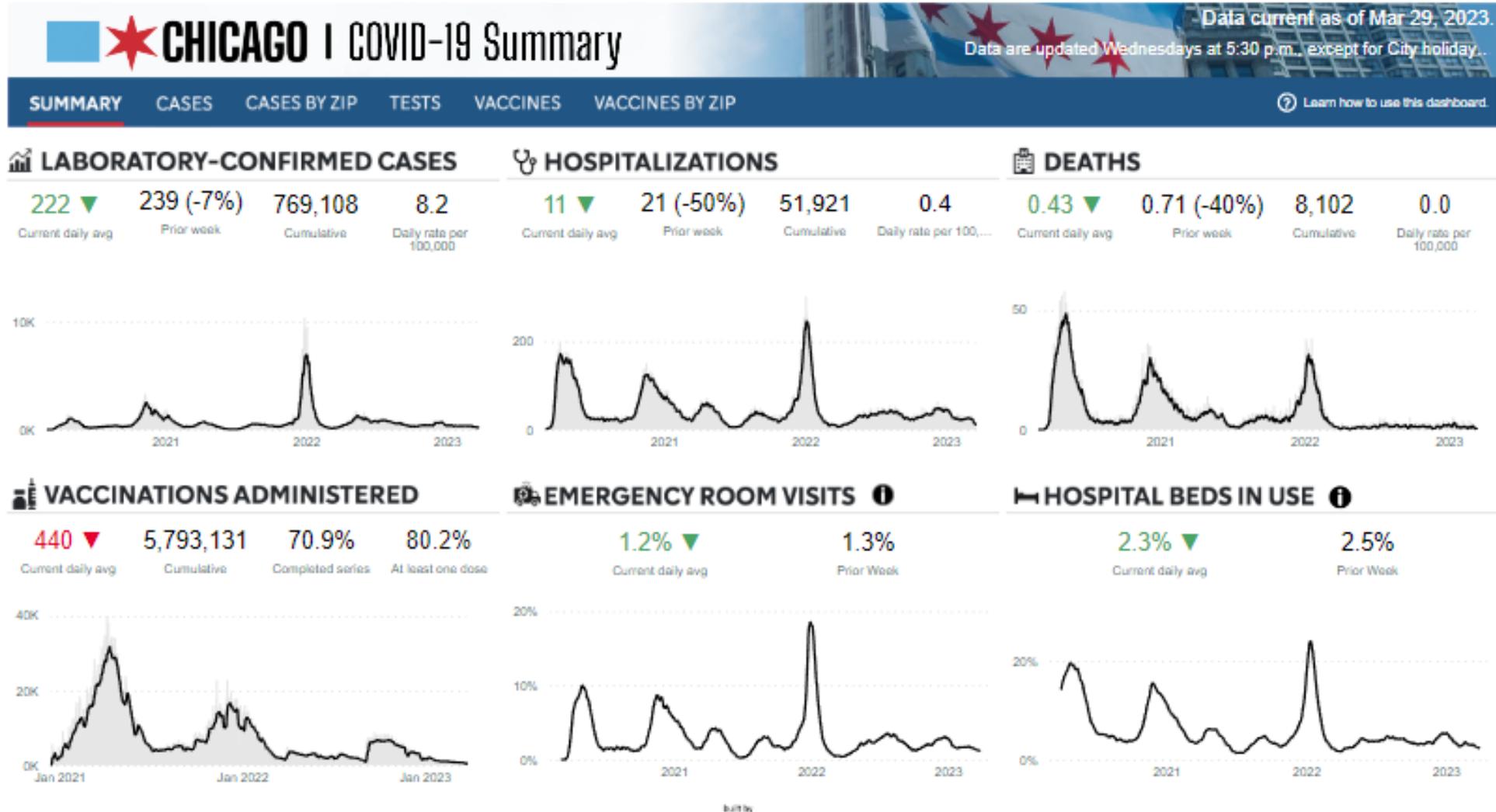
SCAN ME

SCAN THE QR CODE or APPLY AT THE LINK BELOW:
<https://chicago.taleo.net/careersection/200/jobdetail.ftl?job=3405-cdph-2023>

Job Number: 3405-CDPH-2023

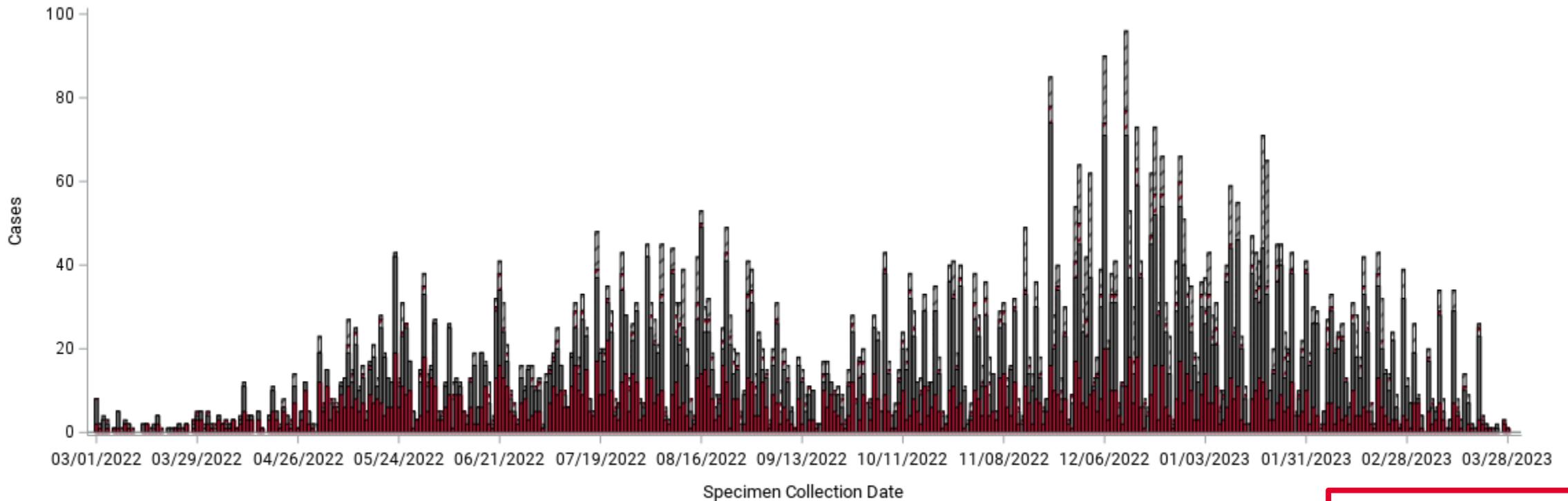
Deadline for application: April 11, 2023

Chicago Dashboard



SNF COVID-19 Cases

(Mar. 1, 2022 – Mar. 29, 2023)



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

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

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

Fully vaccinated cases may be underestimated due to delayed reporting

**37 (49%) SNFs
have active
outbreaks**

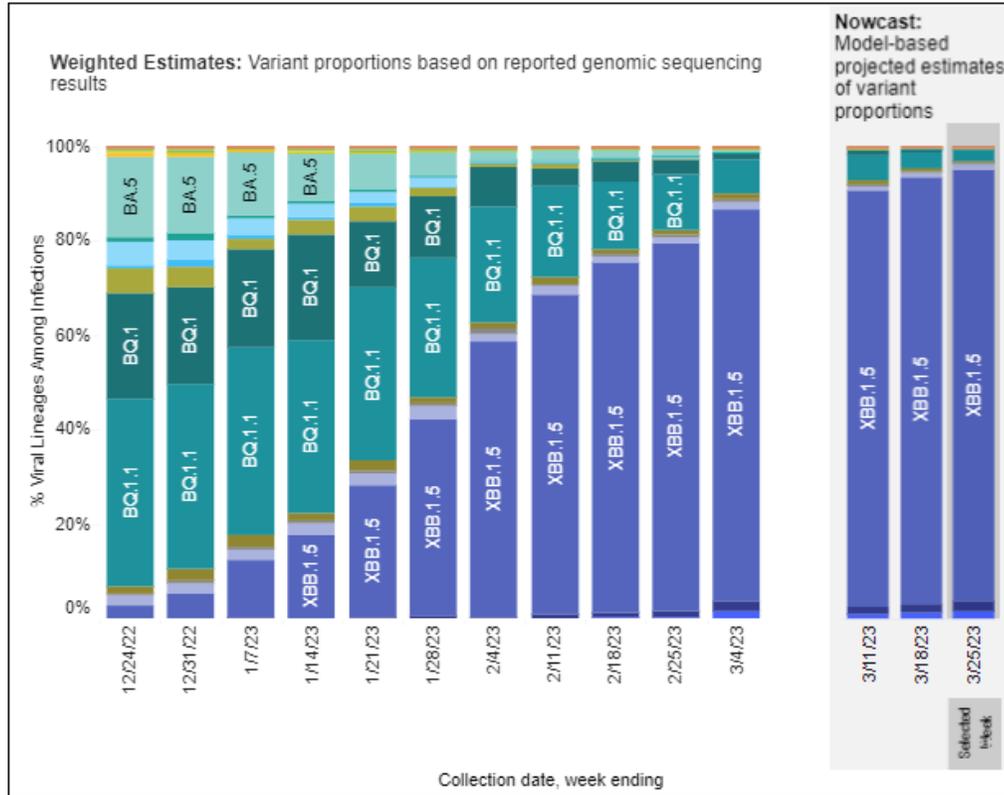
COVID-19 Variant Proportions



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

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

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



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

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

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, XBB and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.2.75.2, CH.1.1 and BN.1, BA.2.75 sublineages are aggregated with BA.2.75. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BF.11, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. Except XBB.1.9.1, XBB.1.5 and its sublineages, sublineages of XBB are aggregated to XBB. Except XBB.1.5.1, sublineages of XBB.1.5 are aggregated to XBB.1.5. For all the other lineages listed, their sublineages are aggregated to the listed parental lineages respectively. Previously, XBB.1.9.1 was aggregated to XBB. Lineages BA.2.75.2, XBB, XBB.1.5, XBB.1.5.1, XBB.1.9.1, BN.1, BA.4.6, BF.7, BF.11, BA.5.2.6 and BQ.1.1 contain the spike substitution R346T.

★ Reminder: CDC COVID Data Tracker

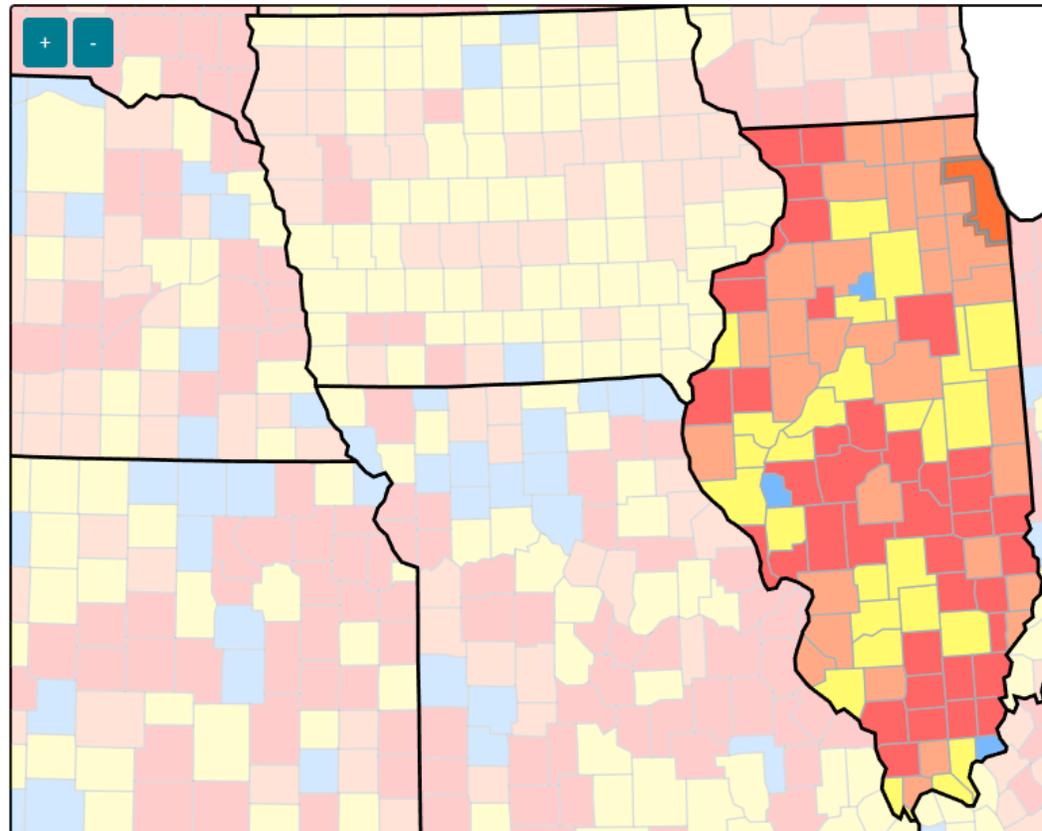
Indicator - If the two indicators suggest different transmission levels, the higher level is selected	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage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

Note: Community transmission levels will now be updated weekly

CDC COVID Data Tracker: Cook County

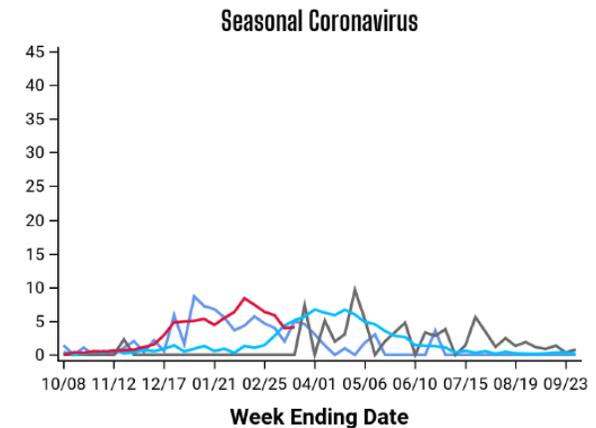
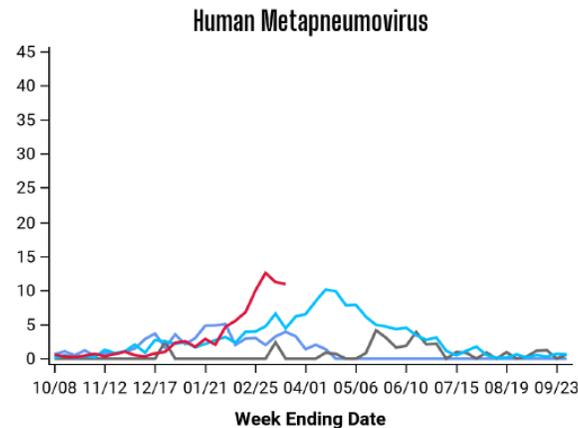
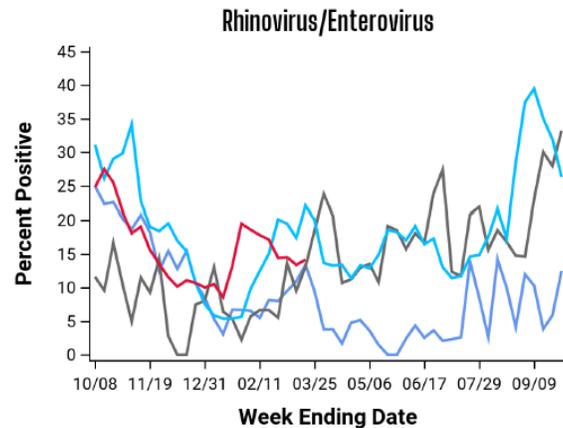
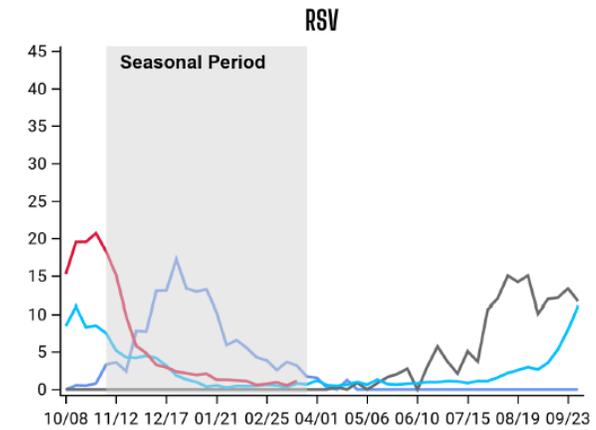
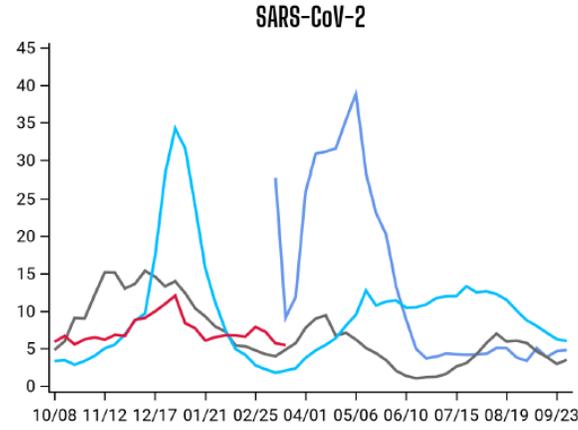
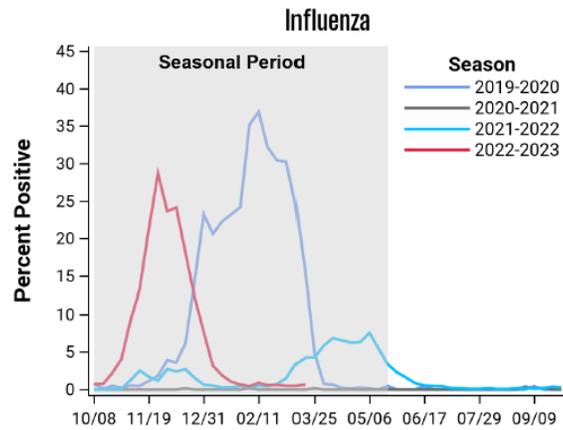


Data Type: Map Metric:





Chicago Respiratory Virus Surveillance Report – Seasonal Trends



Chicago Respiratory Virus Surveillance Report – Current Week & Cumulative

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

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



Reminder: Minimum Routine Staff Testing Frequency

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

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

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

★ **Reminder: Minimum Routine Resident Testing Frequency**

Vaccination Status	Community Transmission Level	Routine Testing Frequency
Not up to date*	All	No required routine testing**
Up to date*	All	No required routine testing**
New and readmissions, regardless of vaccination status	Low, Moderate, Substantial	No required routine testing**
New and readmissions, regardless of vaccination status***	High	Upon admission, 48 hours after 1st negative test, 48 hours after 2nd negative test (i.e., days 0, 2, 4)

*Excluding new/readmissions when community transmission is high

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

***Unless COVID+ within the prior 30 days

★ New: Study on Paxlovid & Long COVID

- COVID+ individuals who were treated with Paxlovid within 5 days of a positive test had a lower risk of “long COVID”, regardless of their vaccination status or previous infection history
- Participants, including in the control group, had at least one risk factor for progression to severe illness (e.g., >60 years old, chronic health issue, BMI >25)

HEALTH AND SCIENCE

Pfizer's Covid drug Paxlovid may reduce the risk of developing long Covid, study says

PUBLISHED FRI, MAR 24 2023-10:03 AM EDT | UPDATED 3 HOURS AGO



Annika Kim Constantino
@ANNIKAKIMC

SHARE    

★ Reminder: TREAT COVID-19 Program

- In partnership with CDPH, CIMPAR offers the following services at no cost to Chicago-based nursing homes at no cost:
 - On-site or telehealth consultation and drug interaction review with a licensed medical provider
 - Medication courier service
 - On-site intravenous administration of therapeutics
 - Support for control of respiratory pathogen outbreaks



For more information about the TREAT COVID-19 program, contact Christy Zelinski at christy.zelinski@cityofchicago.org

The Chicago Department of Public Health (CDPH) in partnership with the Chicago Internal Medicine Practice and Research (CIMPAR S.C.) is announcing **The Rapid Response Evaluation And Treatment of COVID-19 (TREAT COVID-19)** program, funded by CDC.



Who we serve:

- Residents of Medicare/Medicaid - certified nursing homes who test positive for COVID-19

What we do:

- On-site or telehealth consultation and drug interaction review with a licensed medical provider
- Medication courier service
- On-site intravenous administration of therapeutics
- Support for control of respiratory pathogen outbreaks

If your facility is experiencing multiple COVID-19 infections among residents, contact chicago-covid19@cimpar.com or call (708) 600-4233 for a consultation with the TREAT COVID-19 program.





Update: Updates to the CDPH SNF COVID-19 Case Reporting Form

- New question under the vaccine history section: “Did the case receive a bivalent booster?”
- Facilities can now download their completed case reports after submission
 - Can only download immediately after submitting the report. Once you close out of the browser window you can no longer access the record.

Vaccine History

Was the case vaccinated for COVID-19? Yes No Unknown
* must provide value

How many doses of COVID-19 vaccine has the case received?
* must provide value

Did the case receive a bivalent booster? Yes No Unknown
* must provide value

Close survey

Thank you for reporting to the Chicago Department of Public Health!

If you have any questions please call 312-744-1100.

[Latest Guidance from CDPH](#)

[Chicago Health Alert Network COVID-19 LTCF Page](#)

Download your survey response (PDF): [Download](#)



Skin Care and MDRO Prevention: AHRQ Safety Program for MRSA Prevention

Long-Term Care
Informational Webinar



Background

- **Multidrug-resistant organisms (MDROs) are a serious threat to long-term care (LTC) residents.**
- Colonization rates for MDROs in LTC residents are as high as 52%, compared with 1.5% in the general population.¹⁻⁴
- Isolation due to MDRO colonization may impact resident quality of life and can contribute to depression or failure to thrive.



1. Garazi M, Edwards B, Caccavale D, et al. Nursing homes as reservoirs of MRSA: myth or reality? J Am Med Dir Assoc. 2009 Jul;10(6):414-8. PMID: 19560719.
2. Mody L, Kauffman CA, Donabedian S, et al. Epidemiology of *Staphylococcus aureus* colonization in nursing home residents. Clin Infect Dis. 2008 May 1;46(9):1368-73. PMID: 18419438.
3. Reynolds C, Quan V, Kim D, et al. Methicillin-resistant *Staphylococcus aureus* (MRSA) carriage in 10 nursing homes in Orange County, California. Infect Control Hosp Epidemiol. 2011 Jan;32(1):91-3. PMID: 21087124.
4. Loeb M, Moss L, Stiller A, et al. Colonization with multiresistant bacteria and quality of life in residents of long-term-care facilities. Infect Control Hosp Epidemiol. 2001 Feb;22(2):67-8. PMID: 11232879.

Proper Skin Care Is Vital to Resident Health

- Pressure injuries cost the health system \$26.8 billion per year.⁵
- Pressure injury rates in nursing homes remain high.^{6,7}
- Skin and soft tissue infections are one of the top three leading causes of infections in residents.
- Cohesive staff structure and engaged direct care providers are essential to the prevention of pressure injuries and skin and soft tissue infections.⁸



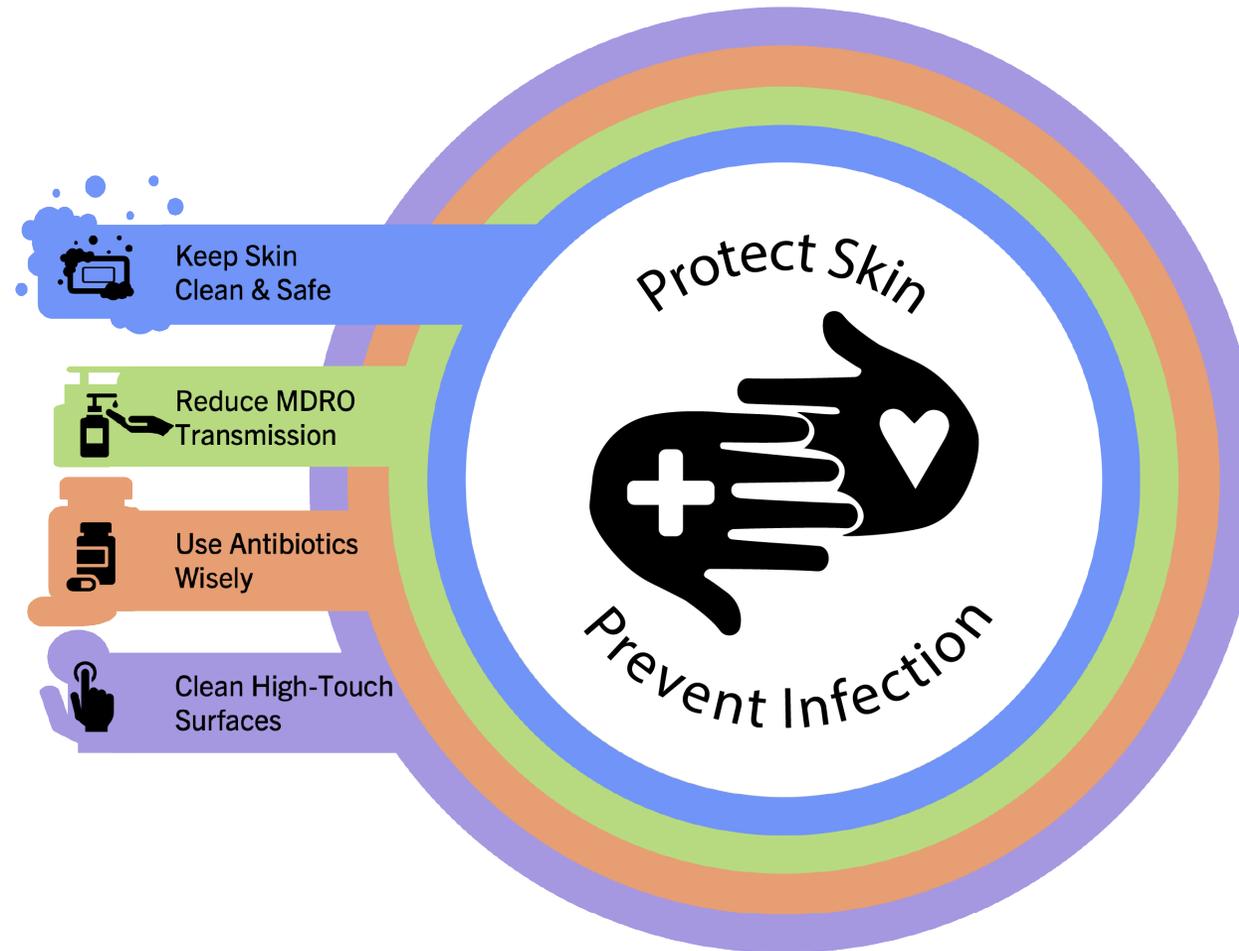
5. Morse S. Pressure ulcers cost the health system \$26.8 billion a year. Healthcare Finance. 10 Oct 2019. <https://www.healthcarefinancenews.com/news/pressure-ulcers-cost-health-system-268-billion-year>.
6. Department of Health & Humans Services. Centers for Medicare and Medicaid Services. Nursing Home Data Compendium. 2015. https://www.cms.gov/Medicare/Provider-Enrollment-and-certification/CertificationandComplianc/Downloads/nursinghomedatacompendium_508-2015.pdf. Washington, DC: 2015. Department of Health and Human Services. Accessed October 10, 2022.
7. Olsho LE, Spector WD, Williams CS, et al. Evaluation of AHRQ's on-time pressure ulcer prevention program: a facilitator-assisted clinical decision support intervention for nursing homes. Med Care. 2014 Mar;52(3):258-66. PMID: 24374408.
8. Wagner C, van der Wal G, Groenewegen PP, et al. The effectiveness of quality systems in nursing homes: a review. Qual Health Care. 2001 Dec;10(4):211-7. PMID: 11743149.

Infectious Complications From Pressure Injuries Can Be Deadly

- Christopher Reeve was paralyzed after a horseback-riding accident at age 43.
- This left him dependent on caregivers to bathe, offload pressure, and provide skincare.
- Less than 10 years later, at the age of 52, he died of sepsis secondary to infection of a pressure injury.
- Pressure injuries are a tragic, yet largely preventable, common complication of immobility, and can lead to infection.

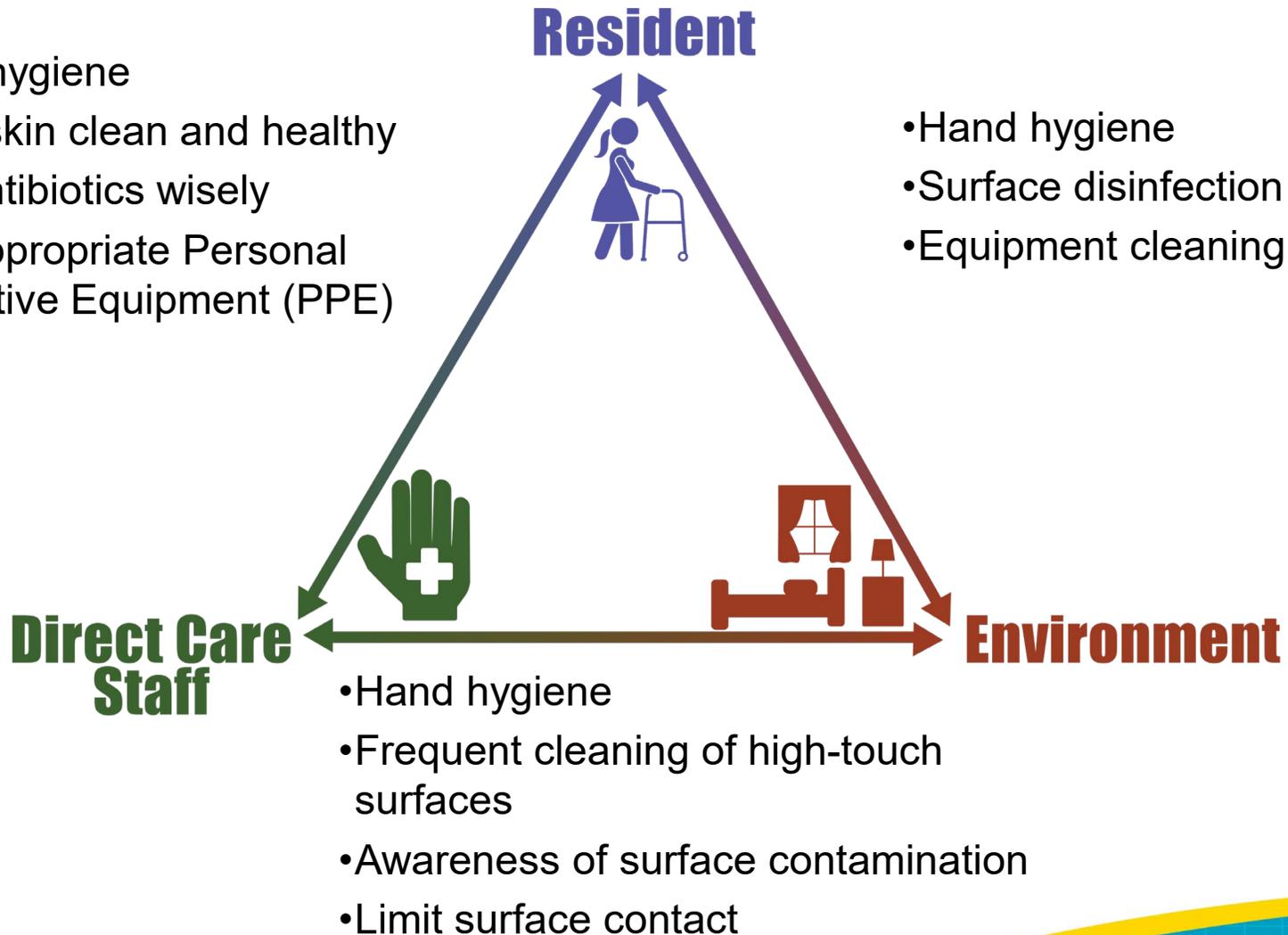


Protect Skin – Prevent Infection



Prevent MDRO Transmission

- Hand hygiene
- Keep skin clean and healthy
- Use antibiotics wisely
- Use appropriate Personal Protective Equipment (PPE)



AHRQ Safety Program Overview

Overarching Goal of Program:

To prevent skin and soft tissue infections caused by MRSA and other resistant organisms

Funded and Guided by: AHRQ

Led by:

- Johns Hopkins Medicine
- NORC at the University of Chicago

Additional Goals:

- To **strengthen the culture of safety and build capacity** for team-based quality improvement activities.
- To provide technical assistance for **evidence-based infection prevention practices** that improve skin care and prevent transmission of MDROs

AHRQ Safety Program Approach

“One of most common leadership mistakes is expecting technical solutions to solve adaptive problems....”⁹

Ron Heifetz
The Practice of Adaptive Leadership



9. Heifetz RA, Linsky M, Grashow A. The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World. Boston, MA: Harvard Business Review Press; 2009.

AHRQ Safety Program Details

When does the program start?

- Enrollment deadline is May 31, 2023
- Begins June 1, 2023

How much does it cost to participate?

- No cost!

How much time does it require?

- Approximately 1–3 hours/month
- 18-month program

Will CME and CEU credits be awarded for participation?

- CME, CEU, and NAB credits will be available for participating physicians, administrators, and nursing staff
- Monthly certificates showing facility participation will be provided and can be shared with surveyors



The Johns Hopkins IRB has determined this project to be Not Human Subjects Research. Individual sites are not expected to obtain local IRB review unless requested by their home institutions.

Program Data Submission

	Description
Baseline and End of Project	<ul style="list-style-type: none">• Complete and submit Gap Analysis and NHSOPS
Baseline Data	<ul style="list-style-type: none">• Baseline MDS and resident transfer data from June 2022–May 2023
Monthly Data	<ul style="list-style-type: none">• Submit monthly program data – including MDS and resident transfer data• Submit monthly implementation progress data (Team Checkup Tool)

Monthly Activities

- Participate in monthly or twice monthly educational webinars
- Meet at least once a month with your Implementation Advisor (IA)
- Meet regularly with your site's team and implement the program's interventions.



Benefits of Participating

- Expert coaching in skin care and infection prevention
- Support for data collection, reporting, analysis, and feedback
- Access to IAs
- Monthly office hours for clinical questions
- Peer-to-peer learning with other participating facilities
- Monthly webinars with facilitator guides



More Benefits

- Monthly certificates for enrolling in quality improvement project to share with surveyors
- Teamwork tools and guides
- Training materials for onboarding staff
- Posters and pocket cards
- Regular feedback on outcomes
- Educational material for residents and families



Regular Feedback on Progress

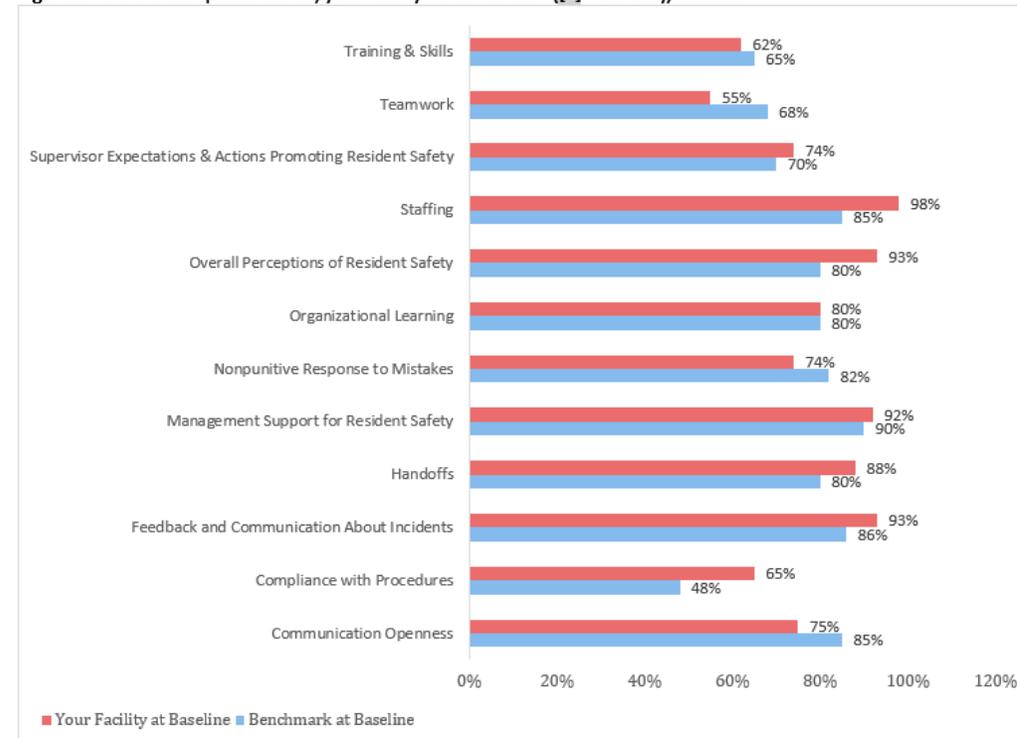


AHRQ Safety Program for MRSA Prevention Long-Term Care Cohort Benchmarking Report 1

3. Nursing Home Survey on Patient Safety Culture (NHSOPS)

The Nursing Home Survey on Patient Safety Culture (NHSOPS) is designed specifically for nursing home providers and other staff and asks for their opinions about the culture of patient safety and healthcare quality in their nursing home. Individual survey items are grouped into composite measures, or composites. Figure 1² compares your unit's baseline composite scores to the composite scores from all participating facilities in your benchmark that submitted data.

Figure 1. NHSOPS composite scores, your facility vs. benchmark (# facilities), baseline



Anticipated Outcomes of Participation

- Reduced skin and soft tissue infections
- Reduced pressure injuries and skin tears
- Reduced MDRO infections
- Improved team-based infection prevention practices
- Enhanced communication and teamwork regarding proper skin care
- Increased resident and family satisfaction



Join Us

Learn team-based approaches to improve bathing practices and reduce skin breakdown, and prevent MDRO transmission in your facility

**Enroll in the AHRQ Safety
Program by:
May 31, 2023**



Thank You

Thank you.

We look forward to working with you on improving the delivery of high-quality care for all patients across the United States.

**To learn more
and enroll, visit:**

<http://safetyprogram4mrsaprevention.org>

Or email: MRSAPrevention@norc.org

The deadline to enroll is

May 31, 2023

References

1. Garazi M, Edwards B, Caccavale D, et al. Nursing homes as reservoirs of MRSA: myth or reality? *J Am Med Dir Assoc*. 2009 Jul;10(6):414-8. PMID: 19560719.
2. Mody L, Kauffman CA, Donabedian S, et al. Epidemiology of *Staphylococcus aureus* colonization in nursing home residents. *Clin Infect Dis*. 2008 May 1;46(9):1368-73. PMID: 18419438.
3. Reynolds C, Quan V, Kim D, et al. Methicillin-resistant *Staphylococcus aureus* (MRSA) carriage in 10 nursing homes in Orange County, California. *Infect Control Hosp Epidemiol*. 2011 Jan;32(1):91-3. PMID: 21087124.
4. Loeb M, Moss L, Stiller A, et al. Colonization with multiresistant bacteria and quality of life in residents of long-term-care facilities. *Infect Control Hosp Epidemiol*. 2001 Feb;22(2):67-8. PMID: 11232879.
5. Morse S. Pressure ulcers cost the health system \$26.8 billion a year. *Healthcare Finance*. 10 Oct 2019. <https://www.healthcarefinancenews.com/news/pressure-ulcers-cost-health-system-268-billion-year>.
6. Department of Health & Humans Services. Centers for Medicare and Medicaid Services. Nursing Home Data Compendium. 2015. https://www.cms.gov/Medicare/Provider-Enrollment-and-certification/CertificationandCompliance/Downloads/nursinghomedatacompendium_508-2015.pdf. Washington, DC: 2015. Department of Health and Human Services. Accessed October 10, 2022.
7. Olsho LE, Spector WD, Williams CS, et al. Evaluation of AHRQ's on-time pressure ulcer prevention program: a facilitator-assisted clinical decision support intervention for nursing homes. *Med Care*. 2014 Mar;52(3):258-66. PMID: 24374408.
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9. Heifetz RA, Linsky M, Grashow A. *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World*. Boston, MA: Harvard Business Review Press; 2009.



Long Term Care Roundtable Overview of TB

March 30, 2023

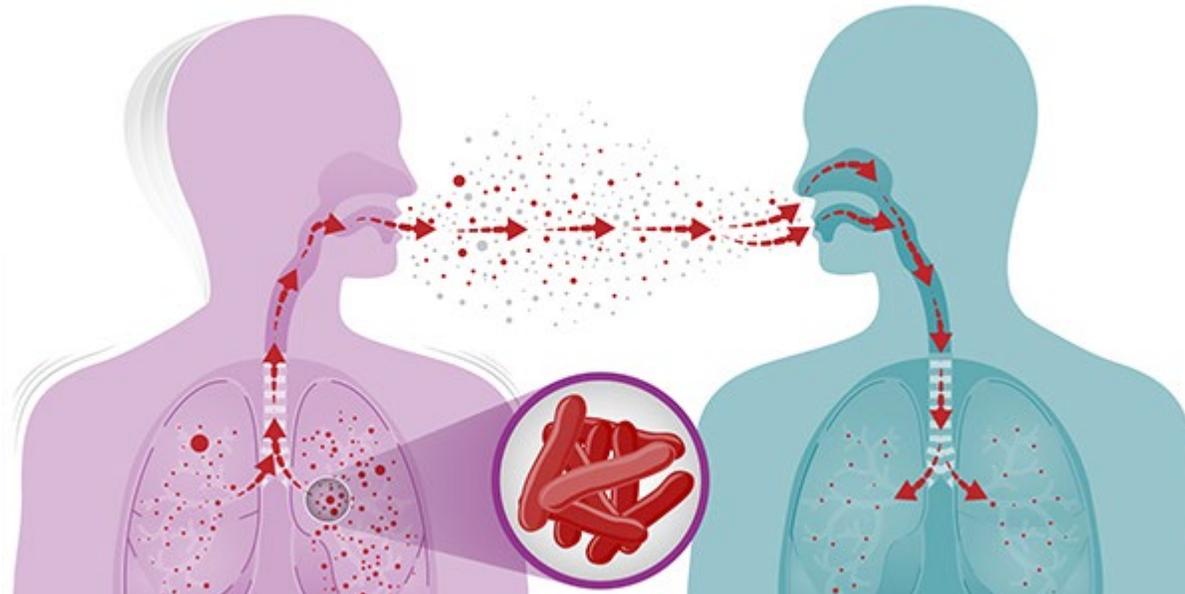
Theodore Bonau, MPH

Epidemiologist III, TB Program

Sylvia Dziemian

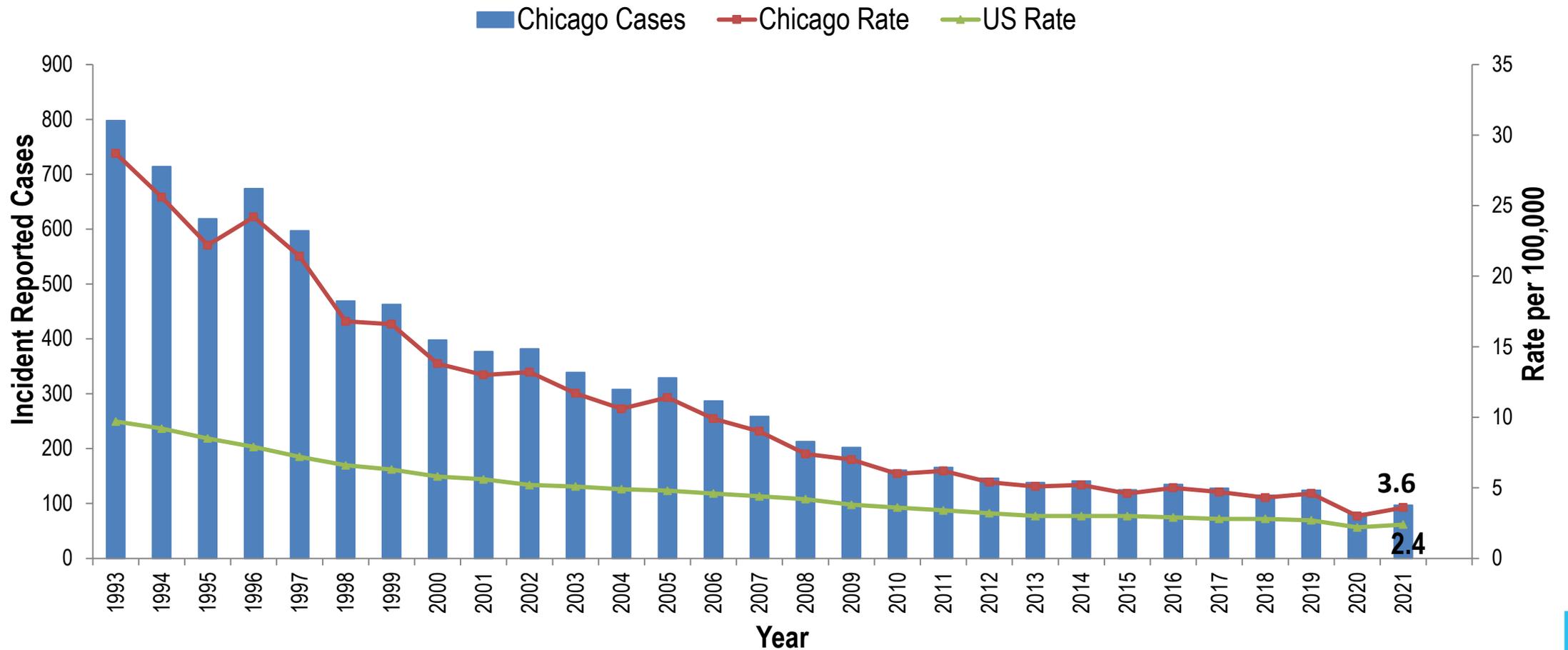
Program Director, TB Program

★ Background





Trend in TB Case Count and Rate, United States and Chicago, 1993-2021





TB Basics

- Caused by bacteria *Mycobacterium tuberculosis*
- Transmitted person-to-person through the air
- Bacteria enter the lungs and multiply
- Immune system can keep bacteria in check (= LTBI)
- If immunity fails, patient can develop TB disease
 - Soon after or many years after infection
- TB bacteria usually grow in the lungs (pulmonary TB), but TB bacteria can live and multiply in any part of the body
- Symptoms of TB disease depend where in the body the TB bacteria are growing



TB Signs and Symptoms

TB disease in the lungs may cause symptoms such as:

- A bad cough that lasts three weeks or longer
- Pain in the chest
- Coughing up blood (hemoptysis) or sputum (phlegm from deep inside the lungs)

Other symptoms of TB disease are:

- Weakness or fatigue
- Weight loss
- No appetite
- Chills
- Fever
- Sweating at night

How contagious is TB?

It depends...



Source Case

- Severity of disease and symptoms
- Treatment



Environment

- Size of space
- Ventilation
- Filtration system



Individuals Exposed

- Immune status
- Duration of exposure



★ TB germs are NOT spread by...

Sharing:

- Spoons and forks
- Drinking glasses
- Bathrooms



Handling:

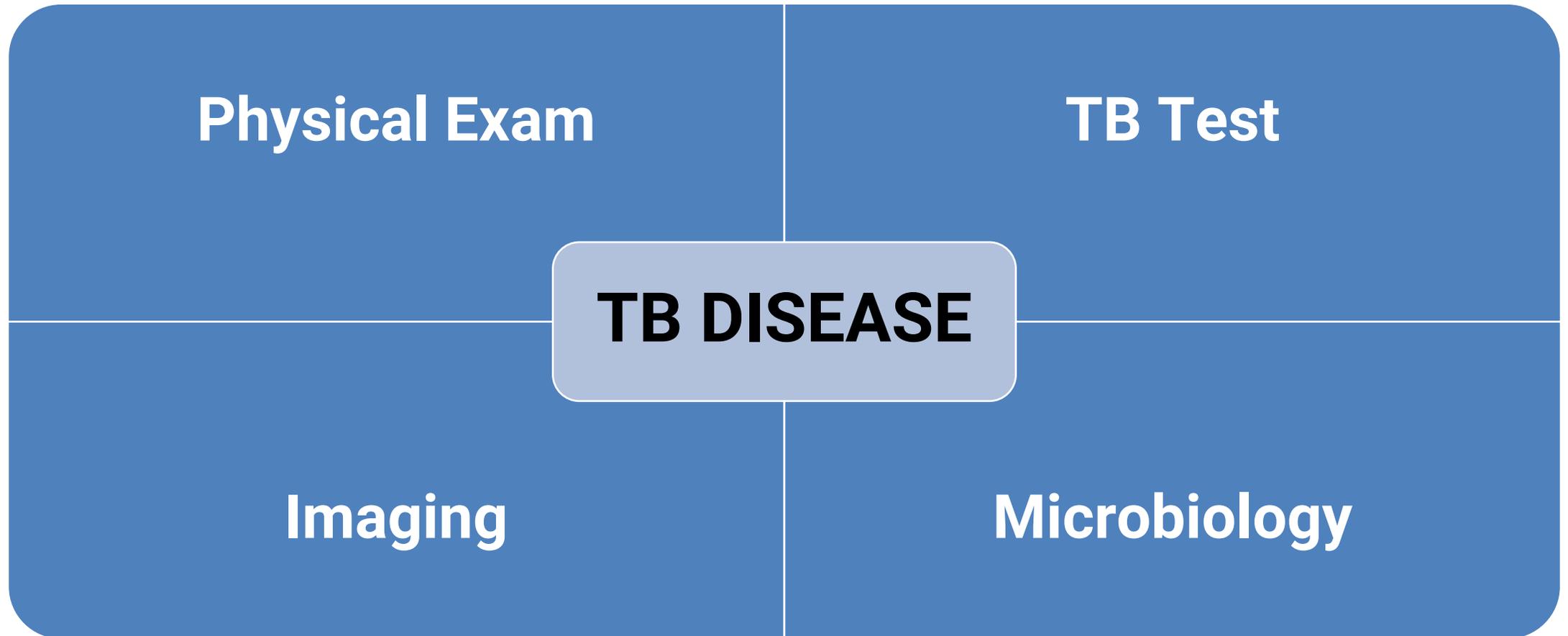
- Bedding, clothes, or towels
- Rubbish
- Food



★ TB Evaluation



★ Four Components of the TB Evaluation



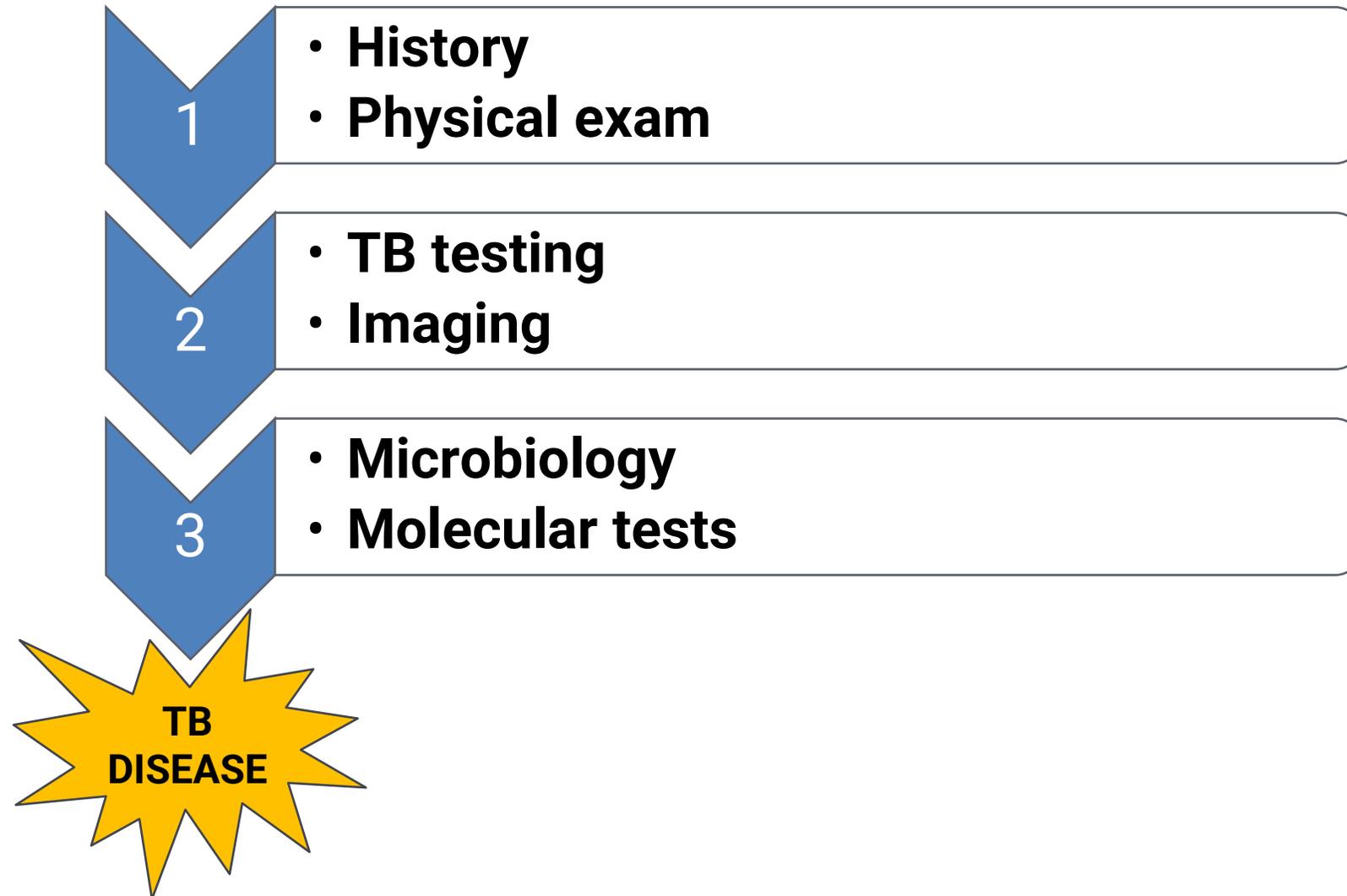
Skin Test vs. Blood Tests

TST vs IGRAs

TST	IGRA
Tuberculin is injected under the skin and produces a delayed-type hypersensitivity reaction if the person has been infected with <i>M. tuberculosis</i>	Blood is drawn for testing; test measures the immune response to the TB bacteria in whole blood
Requires two or more patient visits to conduct the test	Requires one patient visit to conduct the test
Results are available 48 to 72 hours later	Results can be available in 24 hours (depending on the batching of specimens by the laboratory and transport)
Can cause boosted reaction	Does not cause boosted reaction
Reading by HCW may be subjective	Laboratory test not affected by HCW perception or bias
BCG vaccination can cause false-positive result	BCG vaccination does not cause false-positive result and infection with most nontuberculous mycobacteria does not cause false-positive result
A negative reaction to the test does not exclude the diagnosis of LTBI or TB disease	A negative reaction to the test does not exclude the diagnosis of LTBI or TB disease

TB Evaluation Often Done Sequentially

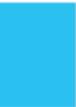
“Building the Case for TB”





Active vs. Latent Tuberculosis Infection

Latent TB Infection (LTBI)	TB Disease (in the lungs)
Inactive , tubercule bacilli contained	Active , tubercle bacilli multiplying
TST or IGRA test results usually positive	TST of IGRA test results usually positive
Chest x-ray usually normal	Chest x-ray usually abnormal
Sputum smears and cultures negative	Sputum smears and cultures may be positive
No symptoms	Symptoms such as cough, fever, weight loss
Not infectious	Often infectious before treatment
Not a case of TB	A case of TB

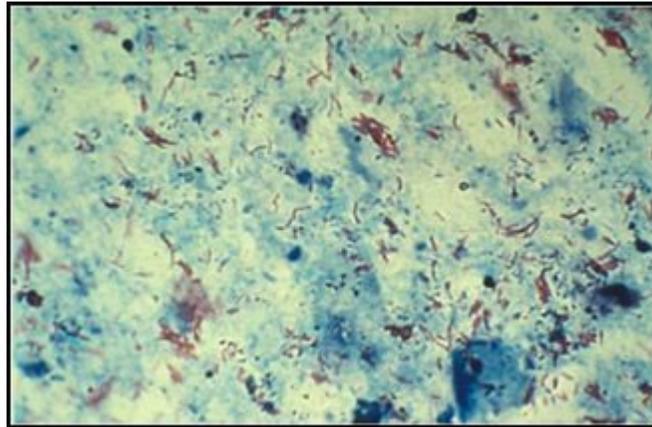


Guidelines for Reporting TB

- LTBI is not reportable in Illinois
 - Only Civil Surgeons must report LTBI

- Active TB is reportable
 - Call 312 746-5987
 - Fax 312 746-5134

★ Laboratory Testing





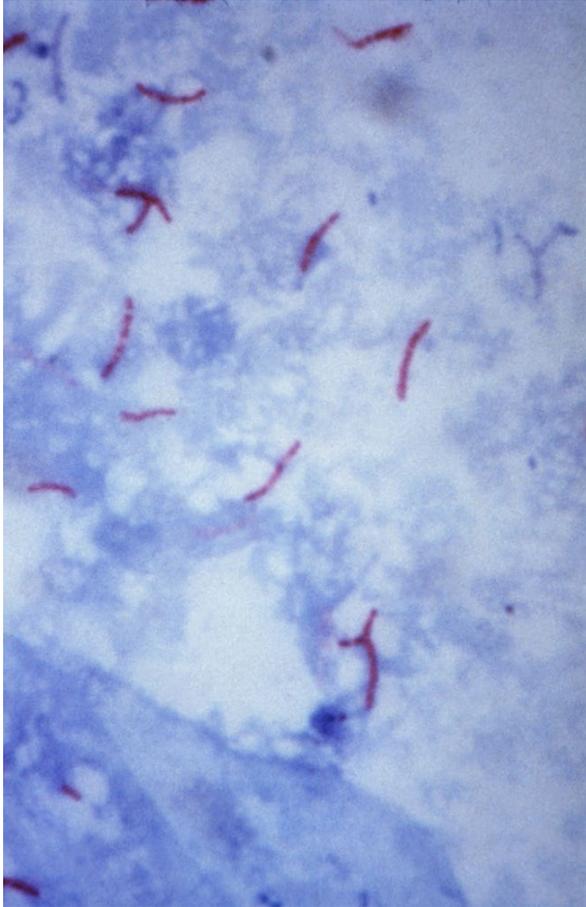
Mycobacteriologic Examination

Proper specimen collection

- Collect at least 3 sputum specimens at 8-24 hr intervals, at least one should be collected early morning
- Sputum not saliva
- Specimen types
 - Expectorated sputum
 - Induced (hypertonic saline neb)
 - Bronchoscopy
 - Gastric aspirates
- Follow infection control precautions during collection



★ Mycobacteriologic Examination



Acid-Fast Bacilli (AFB) Smear

- Microscopic exam
- Results available in 24 hrs
- Need at least 10,000 AFB/ml to be positive
- Positive result supports diagnosis of TB disease; however does not distinguish between viable and dead organisms
- Does not distinguish between MTB and non-tuberculosis mycobacteria



Mycobacteriologic Examination

Nucleic Acid Amplification Test (NAAT)

- Performed *directly* on a respiratory specimen
- Results available in about 1 day
- Should be done for each patient with signs & symptoms of active pulmonary TB for whom a diagnosis of TB is being considered
- PROs: high sensitivity and specificity; earlier diagnosis may lead to earlier treatment, guides infection control decisions and public health interventions; Xpert gives info about RIF resistance
- CONs: does not replace AFB culture, adds lab cost, susceptible to contamination, does not distinguish between live and dead organisms

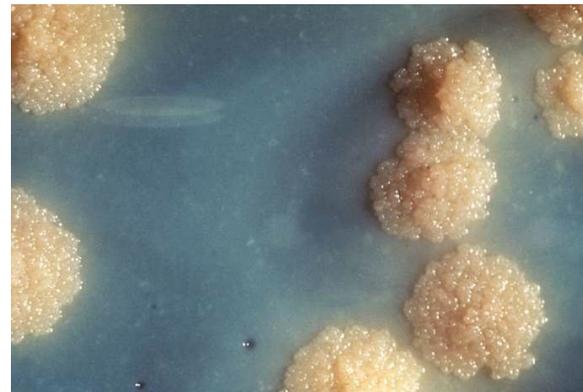


Mycobacteriologic Examination

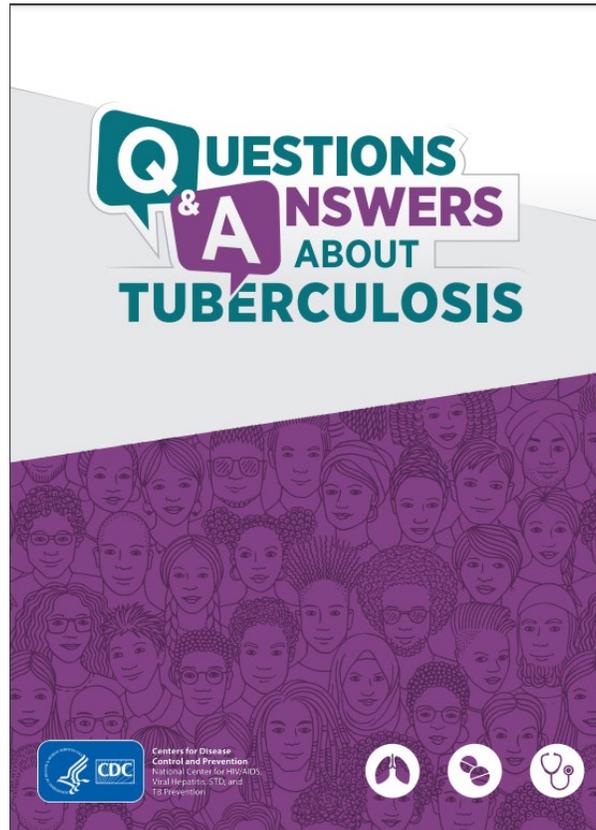


AFB Culture and Identification

- More sensitive than smear: need only 10 AFB/ml for a positive result
- Results as soon as 4-14 days if liquid media ("broth") used
- Incubate at least 6 wks to confirm no growth



★ Infection, Prevention, and Isolation



★ Masking



Person with active TB



Healthcare staff should be fit-tested and wear an N95



Isolation and Infectiousness

- Effective treatment for ≥ 2 weeks, AND
 - Diminished symptoms, AND
 - Bacteriologic response
-
- Has an exposure occurred?





TB in Healthcare and Congregate Settings

- Baseline for healthcare workers
 - Re-testing is not indicated anymore
- Establishing a baseline for patient
 - Negative → Positive
 - Positive

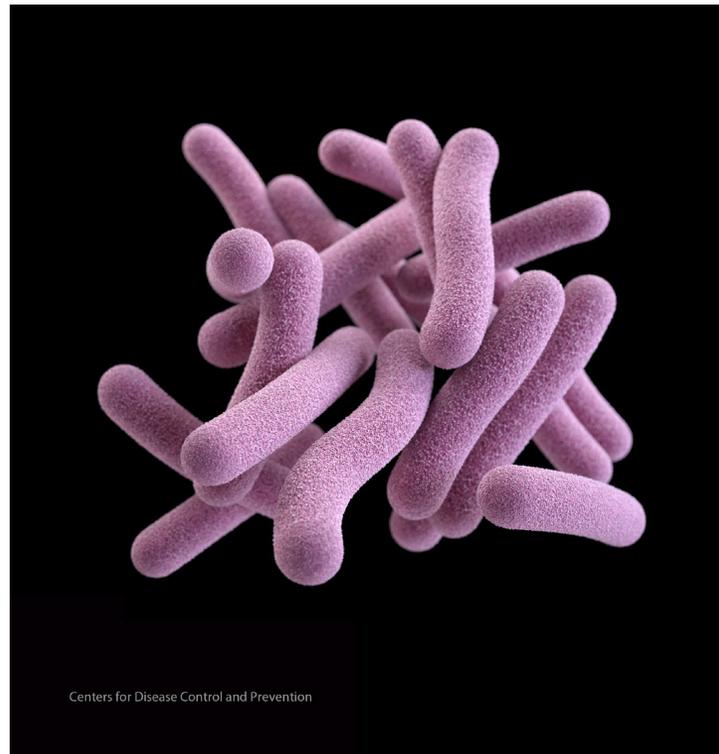




More Resources and Education

- <https://www.cdc.gov/tb/default.htm>
- <https://www.cdc.gov/tb/publications/faqs/pdfs/qa.pdf>
- <https://www.cdc.gov/tb/education/ssmodules/default.htm>

★ Questions?



Thank you!



[Chicago.gov/Health](https://chicago.gov/Health)



HealthyChicago@cityofchicago.org



[@ChicagoPublicHealth](https://www.facebook.com/ChicagoPublicHealth)



[@ChiPublicHealth](https://twitter.com/ChiPublicHealth)

Upcoming LTC Roundtable Webinars

- Thursday April 27th 12:30 – 1:30 p.m. via **Microsoft Teams**
 - Universal Decolonization @ Nursing Homes – Dr. Susan Huang (UC – Irvine)
- Thursday May 25th 12:30 – 1:30 p.m. via **Microsoft Teams**
 - Topic TBD

LTCR Invite Request Form

- If you do not receive calendar invitations to the roundtable webinars and/or have a new staff member that you would like to attend, please complete this brief [survey](#)



LTCR Invite Request

Please provide the following information to be added to the CDPH Long-Term Care Roundtable Invite List.

Thank you!

Your name

* must provide value

Your job title

* must provide value

Your facility

* must provide value

Select other if your facility is not on the list

Your email address

* must provide value

Your direct phone number





Questions & Answers

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