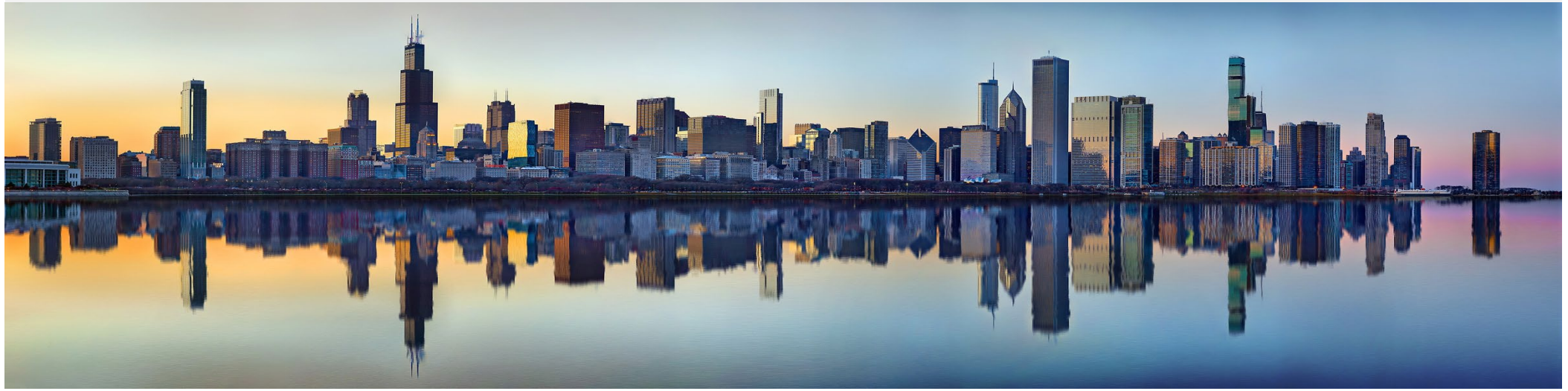
CDPH
Chicago Department of Public Health

Infection Prevention and Control Roundtable with Acute Care Facilities

1-15-25



ACHOO TEAM

Reach out to us!

Our team:

- Chief Medical Officer: Stephanie Black
- Medical Director: Michelle Funk
- Projects Administrator: Shane Zelencik
- Project Manager: Maria Bovee
- Infection Preventionist (IP):
  - Andrea Castillo
  - Karen Branch-Crawford
  - Kim Goitia (Dialysis and FQHCs Settings)
- Public Health Administrator (PHA):
  - Maggie Li
  - Ro Chavez

Major role: Build infection control capacity across healthcare facilities in Chicago

ACHOO Email: cdphhaiar@cityofchicago.org

ACHOO Phone: 312-744-1100

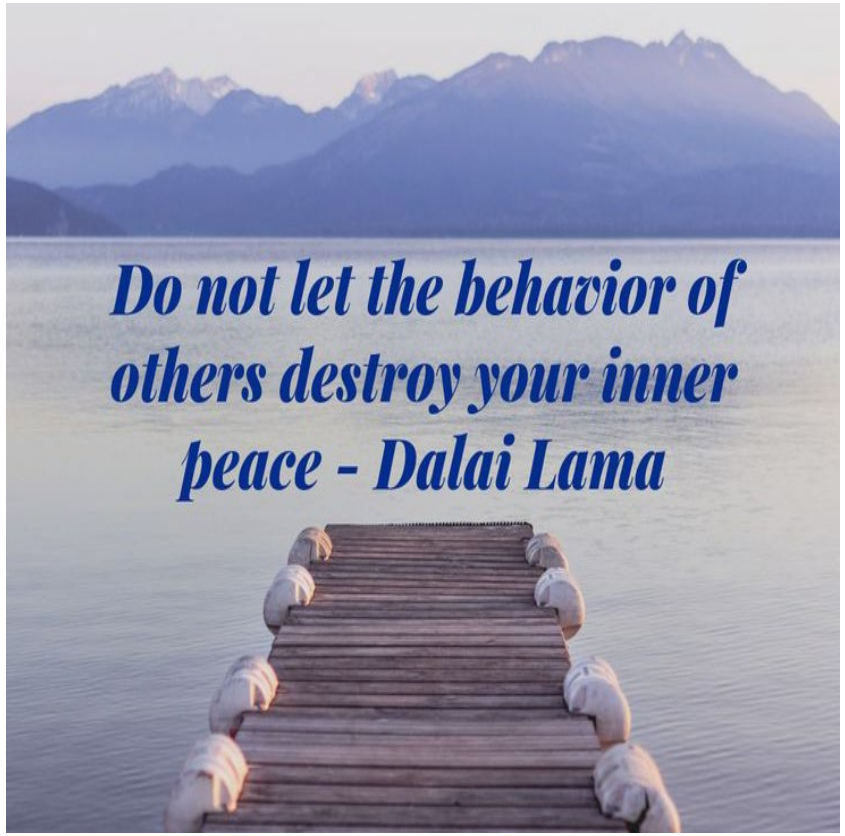
NEW: ACHOO HAN page: Acute Care Facilities - HAN (chicagohan.org)

Agenda

- Welcome
- Updates from CDPH
  - Respiratory Viruses
  - Novel Influenza (H5N1)
  - Norovirus
- Special Topics
  - Tracking the Trail of Candida auris: A Data Review of Chicago's Cases
- Discussion and Q&A

Happy New Year

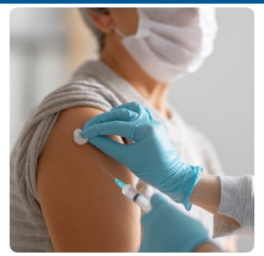
What do you want to do more or less of in 2025?



Respiratory Viral Activity (as of Jan. 10)

- Overall acute respiratory illness activity **level remains HIGH** across Chicago. Flu and RSV levels remain high and very high respectively, and COVID-19 levels have increased from low to moderate.
- The second pediatric influenza death in Chicago of the 2024-25 season was reported this week.
- ED visits for flu remains significantly elevated across all age groups, as do those for flu hospital and ICU admissions.
- The percentage of specimens that tested positive for flu remains high. Almost all (99%) typed flu specimens are flu A; among those subtyped, about half (52%) have been H1N1.
- Only **23.3% of Chicagoans have received a flu shot this season**. This is the lowest mid-season coverage rate in the past four years.
- **COVID-19 vaccination coverage is only 11.8%** which is lower than this time last year.
- **Vaccines are available to all Chicagoans 6 months and older.** For more information can be found here and here.

✶ CDPH Immunization Clinics

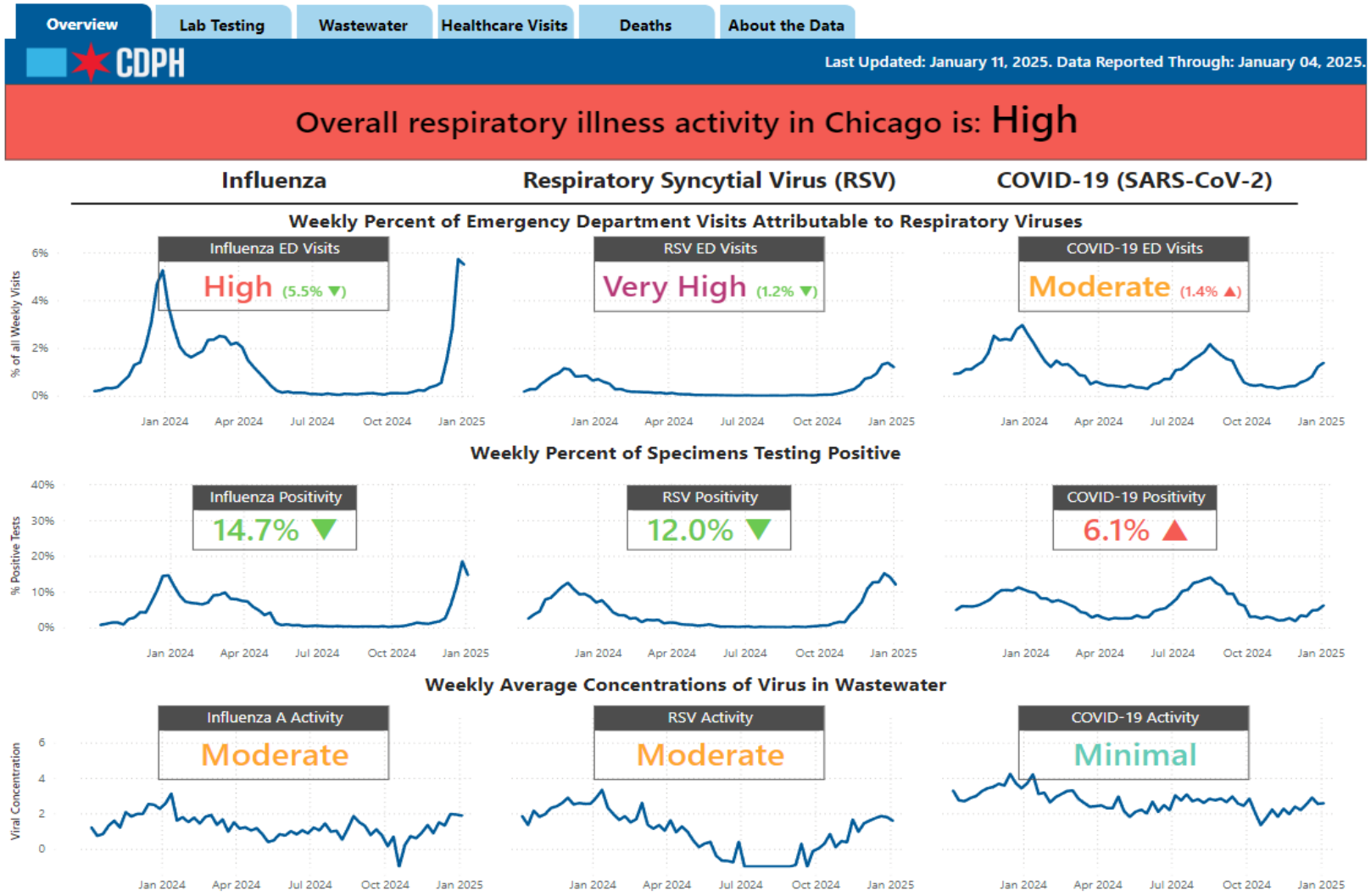


✶ *Flu vaccines are available for all Chicago residents 6 months and older* ✶

The CDPH Immunization clinics provide services to all Chicago residents. You may be asked to show proof of residence. If you need help identifying another vaccination provider, please visit:

- http://vfc.illinois.gov/search/

★ Respiratory Illness Dashboard ★



Dashboard Updated Every Friday: [City of Chicago :: Respiratory Illness Data]

H5N1 Flu Update: Current Situation

66 Confirmed Total Reported Human Cases in the United States

1 Death Associated with H5N1 Bird Flu Infection in the United States

H5 Bird Flu Detections in USA

- Dairy cattle: Ongoing multi-state outbreak
- Wild Birds: Widespread
- Poultry Flocks: Sporadic outbreaks
- Mammals: Sporadic infections
- Person-to-person spread: None
- Current public health risk: Low

https://www.cdc.gov/bird-flu/situation-summary/index.html

H5N1 Detections in Animals

- **10,948** wild birds detected as of 1/7/2025 | Full Report
- **51** jurisdictions with bird flu in wild birds
- **134,476,344** poultry affected as of 1/14/2024 | Full Report
- **50** states with outbreaks in poultry
- **925** dairy herds affected as of 1/14/2024 | Full Report
- **16** states with outbreaks in dairy cows

https://www.cdc.gov/bird-flu/situation-summary/index.html

Human Flu Surveillance

National flu surveillance (since February 25, 2024)

Specimens tested	Human cases
83,000+ specimens tested that would have detected influenza A(H5) or other novel influenza viruses	**3** case detected through national flu surveillance

Targeted H5 surveillance (since March 24, 2024)

Total people monitored	Total people tested	Human cases
11,500+ after exposure to infected animals	**570+** after exposure to infected animals	**63** cases detected through targeted H5 surveillance

https://www.cdc.gov/bird-flu/situation-summary/index.html

H5N1 in Illinois & Chicago (From IDPH Health Alert issued 12/23/24)

- Large bird (5 or more birds) mortality events due to H5N1 have occurred in Illinois and animals within Chicago have tested positive for H5N1
- Human infections with H5N1 are rare; **no human detections of H5N1** have occurred in Illinois
  - The risk of H5N1 to the general public is low, but people who work with wild birds, poultry or have backyard flocks may be at higher risk
  - The best way to protect against infection is to avoid contact with sick or dead wild birds and other animals

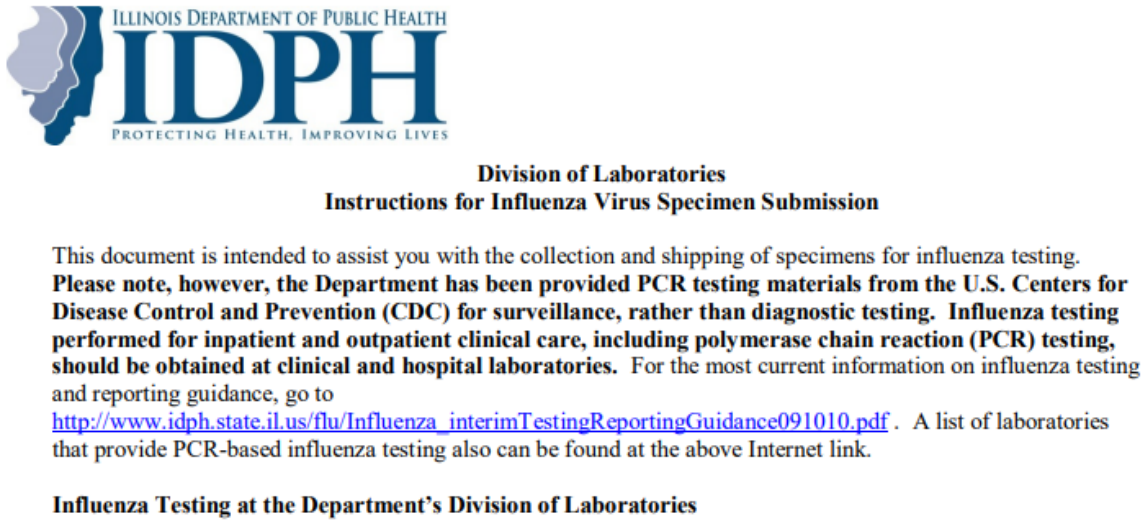
CDC Guidance: Interim Guidance for Infection Control Within Healthcare Settings When Caring for Confirmed Cases, Probable Cases, and Cases UnderInvestigation forInfection with Novel Influenza A Viruses Associated with Severe Disease | Bird Flu | CDC

Summary and Action Items (From IDPH Health Alert issued 12/23/24)

- For those presenting with flu-like illness, **clinicians should consider asking about exposure to agriculture or sick/dead waterfowl** (e.g., geese, ducks)
- If H5N1 bird flu is suspected, clinicians should:
  - Call the Chicago Department of Public Health at 312-743-9000, option 2 during standard business hours (8am–4pm, Monday through Friday) or call 311 outside of business hours and ask for the CDPH Medical Director on call
  - Use standard, contact, and airborne precautions in an AIIR, when evaluating patients
  - PPE: gloves, gown, N95 respirator or reusable powered air-purifying respirators, goggles or face shield
  - Collect at least 2 specimens (nasopharyngeal swab AND a nasal swab combined with an oropharyngeal swab OR a conjunctival swab if the patient has conjunctivitis) for H5 testing at the IDPH public health laboratory
  - Treat with oral oseltamivir (twice daily x 5 days)
- In collaboration with CDPH, consider post exposure prophylaxis for exposed persons with antiviral medications as soon as possible after exposure

How to test for unsubtypeable influenzas and the H5N1 Virus?

- Influenza specimens that cannot be subtyped (e.g., from molecular assays that can detect all currently circulating influenza A virus subtypes who identify an unsubtypeable result) should be submitted to the IDPH public health laboratory for additional characterization.
- **Call CDPH at 312-743-9000, option 2 for instructions and a testing authorization code**. See Instructions for Influenza Virus Specimen Submission for details on specimen collection, storage, and transport.



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PROTECTING HEALTH, IMPROVING LIVES

Division of Laboratories
Instructions for Influenza Virus Specimen Submission

This document is intended to assist you with the collection and shipping of specimens for influenza testing. **Please note, however, the Department has been provided PCR testing materials from the U.S. Centers for Disease Control and Prevention (CDC) for surveillance, rather than diagnostic testing. Influenza testing performed for inpatient and outpatient clinical care, including polymerase chain reaction (PCR) testing, should be obtained at clinical and hospital laboratories.** For the most current information on influenza testing and reporting guidance, go to http://www.idph.state.il.us/flu/Influenza_interimTestingReportingGuidance091010.pdf . A list of laboratories that provide PCR-based influenza testing also can be found at the above Internet link.

Influenza Testing at the Department's Division of Laboratories

Norovirus is the leading cause of vomiting and diarrhea, and foodborne illness in the U.S.

- Each year in the United States, norovirus causes on average:
  - 900 deaths, mostly among adults aged 65 and older
  - 109,000 hospitalizations
  - 465,000 emergency department visits, mostly in young children
  - 2,270,000 outpatient clinic visits annually, mostly in young children
  - 19 to 21 million illnesses
  - Worldwide: 50,000 child deaths, mostly in developing countries
- Incubation period: 12-48hrs
- Anyone can get infected & sick with norovirus

View Larger

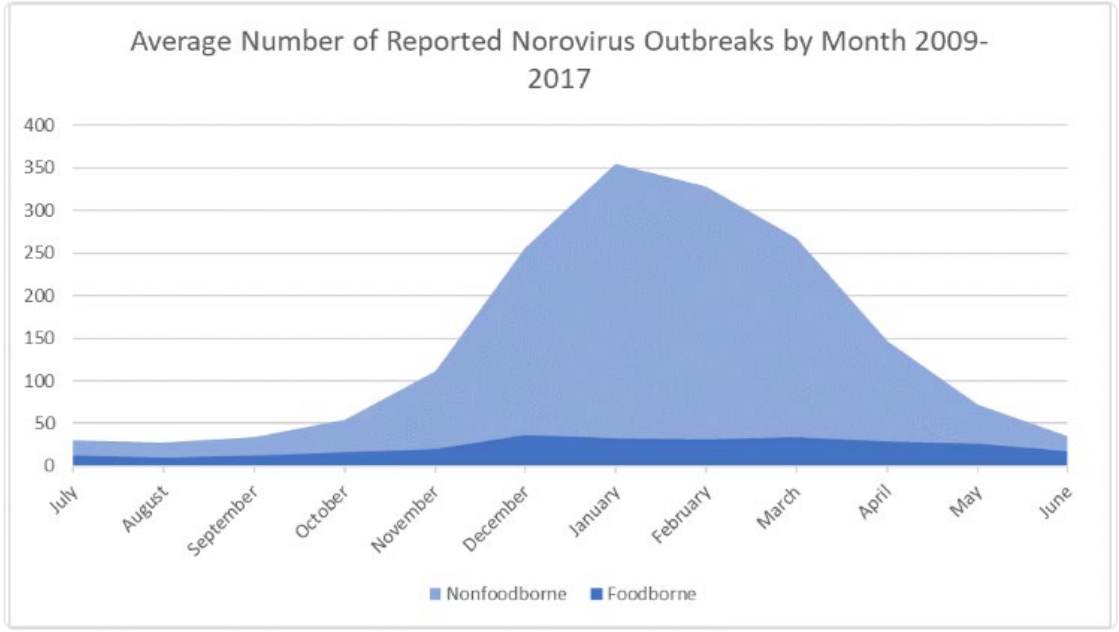


Figure: Reported norovirus outbreaks were highest between November and April during 2009 to 2017.

In years when there is a new strain of the virus, there can be 50% more norovirus illness

Norovirus/GI Outbreaks Updates

- Most outbreaks of norovirus illness happen when infected people spread the virus to others **through direct contact**.
- This can happen by caring for them or sharing food or eating utensils with them. Food, water, and surfaces contaminated with norovirus can also cause outbreaks.
- A norovirus outbreak is defined as: An occurrence of two or more similar illnesses resulting from a common exposure that is either suspected or laboratory-confirmed to be caused by norovirus.
- In 2024 and to date CDPH has investigated **14 norovirus/GI illness** outbreaks in Chicago since December 2024 in Healthcare and Congregate Settings (SNFs, Assisted Living, LTACHs, Shelters, Acute Care facility).
  - To date, 303 patients/residents have been affected. Three ongoing outbreaks.
- In 2023 we investigated **3** GI outbreaks in healthcare settings

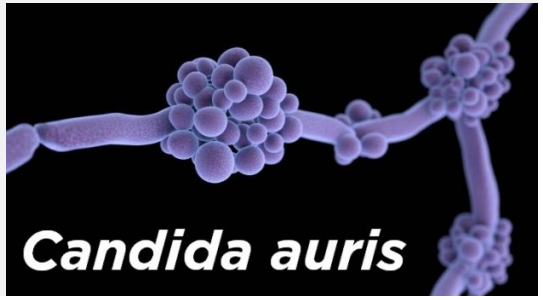
Key IP&C Recommendations for the Control of Norovirus Outbreaks

- Place patients with norovirus gastroenteritis on Contact Precautions for a minimum of 48 hours after the resolution of symptoms.
- Suspend group activities (e.g., dining events) for the duration of a norovirus outbreak.
- Minimize patient movements within a unit during norovirus outbreaks.
- During outbreaks, use soap and water for hand hygiene.
- Consider closing the unit to new admissions or transfers as a measure to attenuate the magnitude of a norovirus outbreak.
- Consider submitting stool specimens as early as possible during a suspected norovirus gastroenteritis outbreak and ideally from individuals during the acute phase of illness (within 2-3 days of onset).
- Increase the frequency of cleaning and disinfection of patient care areas using EPA-approved products: EPA's Registered Antimicrobial Products Effective Against Norovirus (feline calicivirus) [List G] | US EPA
- Exclude ill personnel from work for a minimum of 48 hours after the resolution of symptoms. Once personnel return to work, the importance of performing frequent hand hygiene should be reinforced.

Key Infection Control Recommendations:

CDPH
Chicago Department of Public Health

Tracking the Trail of *Candida auris*: A Data Review of Chicago's Cases



Clarissa Najera, MPH, MBA

Epidemiologist II

Healthcare Settings Program | Disease Control Bureau

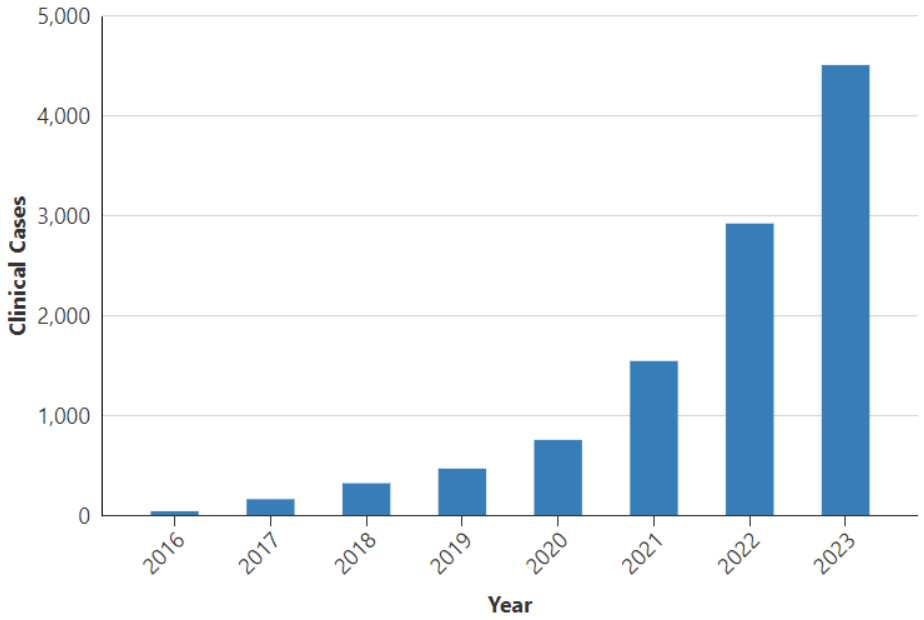
Candida auris: U.S Trends

Reported clinical case counts

In 2023, the number of reported clinical cases of *C. auris* increased nationally. Both the number of cases and how they change over time varies by state.

Some geographic areas continue to experience ongoing transmission, and it has spread into some new areas. However, recommended infection prevention and control strategies have been successful in preventing spread in some areas, especially when implemented before or at the first detection of *C. auris* cases.

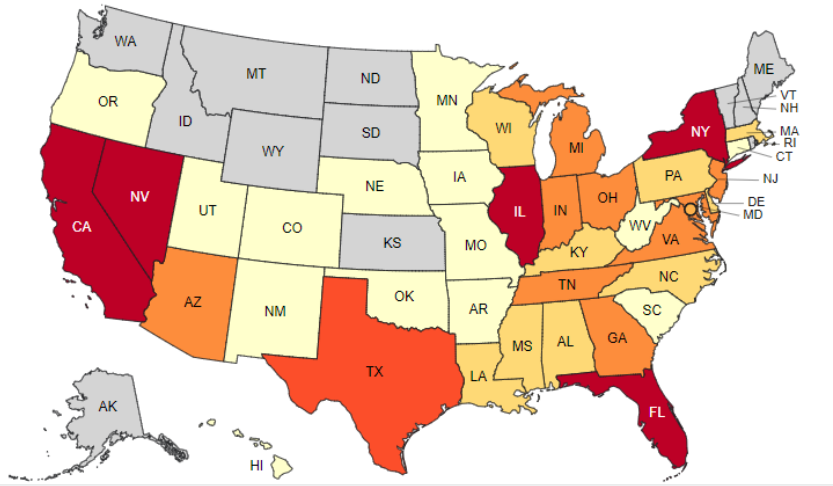
National Clinical Cases Reported Over Time



New Clinical Cases of *C. auris* Reported in the U.S.

Select a year

All Years

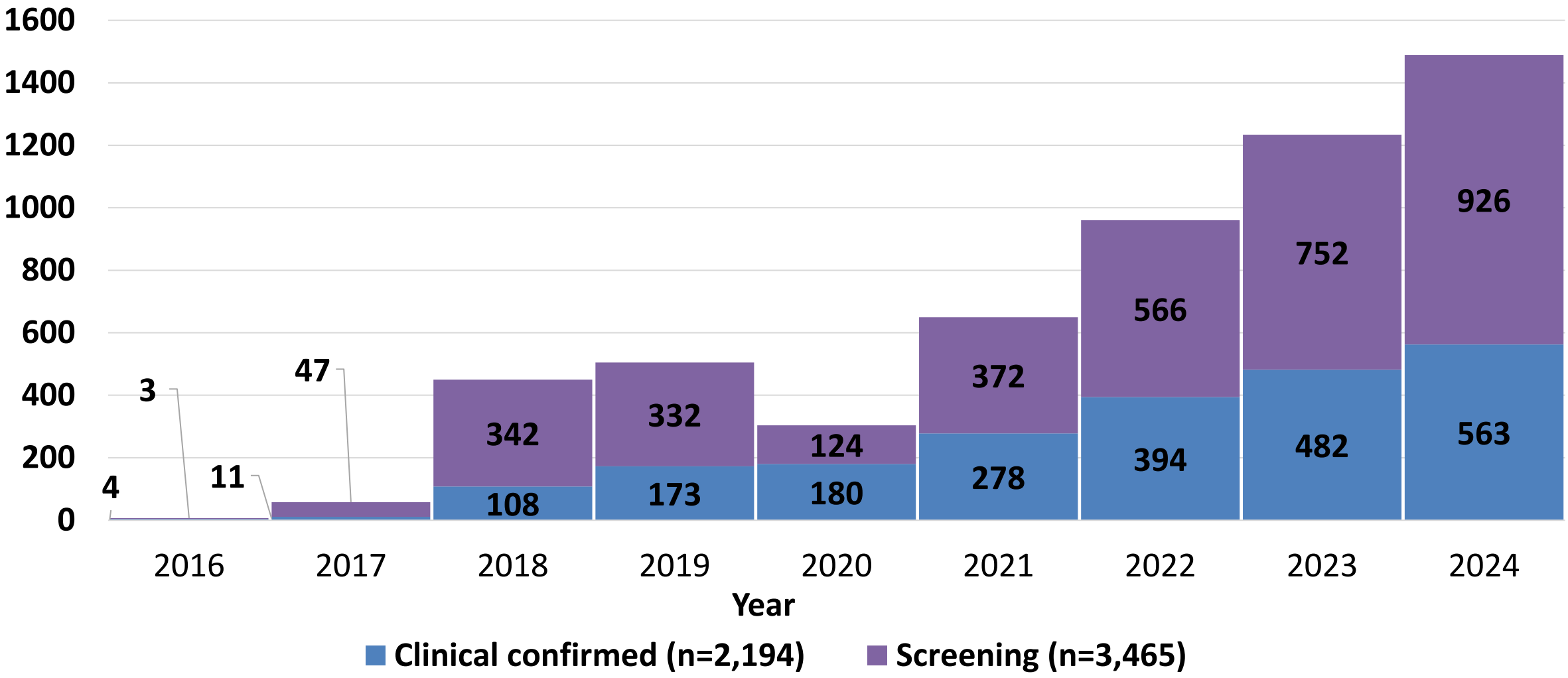


Legend

From 2016-2023, there have been 10,788 clinical cases. There were an additional 22,931 screening cases not shown on the map. There were 9 clinical cases from 2013-2015 that were reported retrospectively.

- No new clinical cases
- 1 to 10
- 11 to 50
- 51 to 100
- 101 to 500
- 501 to 1000
- >1000

Annual Illinois *C. auris* cases (n=5,659), as of 1/07/2025*



*Includes **515** colonized to clinical cases, which are double counted as both screening and clinical confirmed. Does not include 7 cases that had a Suspect and Probable case status.

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Total Illinois *C. auris* cases (n=5,659), by county, as of 1/07/2025*

COUNTY	# CONFIRMED	# SCREENING	TOTAL
Chicago	959	1,986	2,945
Cook (excluding Chicago)	988	1,218	2,206
DuPage	68	79	147
Lake	53	58	111
Will	54	56	110
Dekalb	7	23	30
Kane	9	21	30
Other Counties*	24	56	80
TOTAL	2,194	3,465	5,659

***Other counties = Adams, Boone, Champaign, Christian, Coles, Grundy, Franklin-Williamson, Fulton, Henry, Iroquois, Kankakee, Kendall, Lake, Lasalle, Logan, Macon, McDonough, McHenry, McLean, Morgan, Peoria, Rock Island, Sangamon, St. Clair, Warren, Whiteside, Will, & Winnebago**

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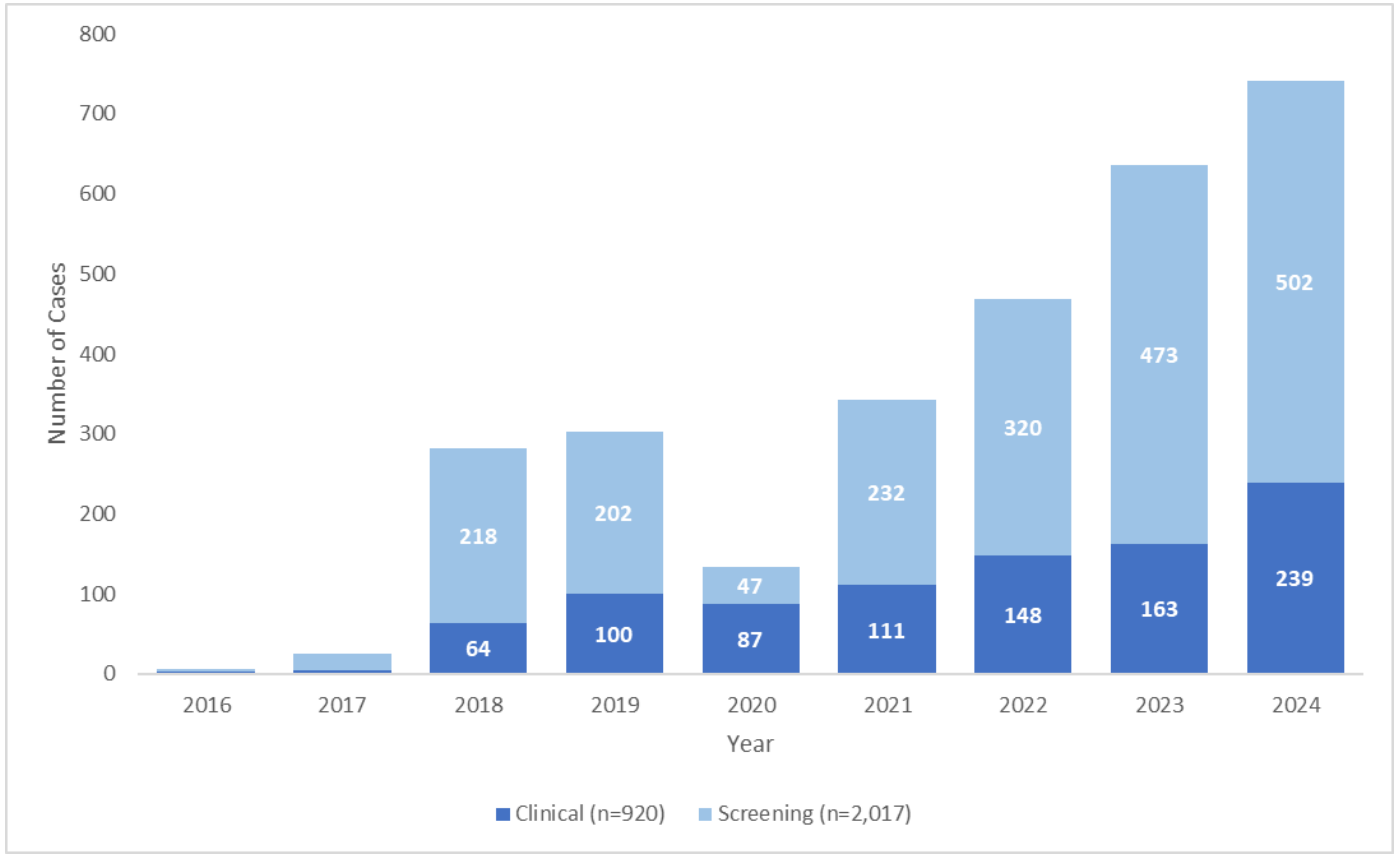
What is happening in Chicago?

- *C. auris* cases are increasing in Chicago
- Screening frequency is increasing
- Median age is consistent with mid to late 60s
- Most clinical cases are being identified in Acute Care Hospitals
- Urine and blood are most common specimen sources for clinical *C. auris* cases

Chicago *C. auris* Cases (n=2,937) by specimen collection year and specimen type[1], May 2016 –December 31, 2024[2]



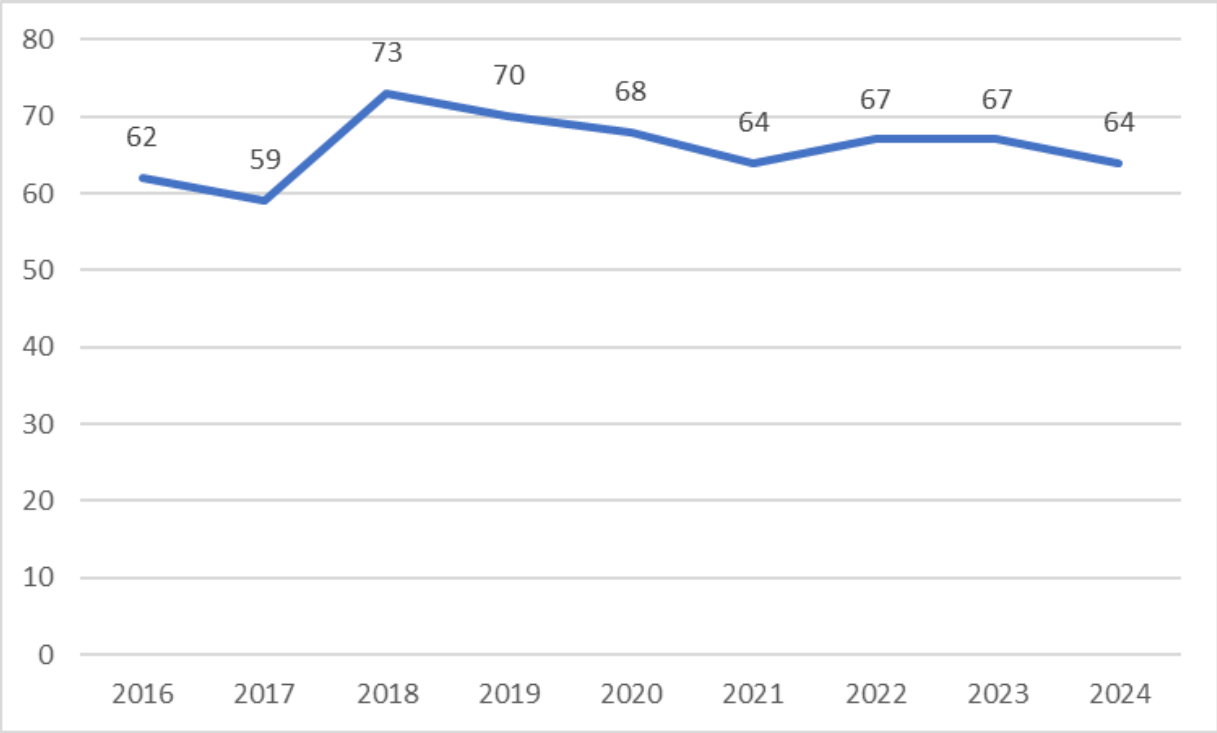
[1]*Colonized (screening) to clinical cases (n=241) are counted twice: once as a screening case and once as a clinical case at the time of specimen collection*

[2]*Data are provisional as of 1/7/25*

Data Source: Combined de-duplicated IL XDRO Registry, INEDSS, and CDPH conducted PPS.

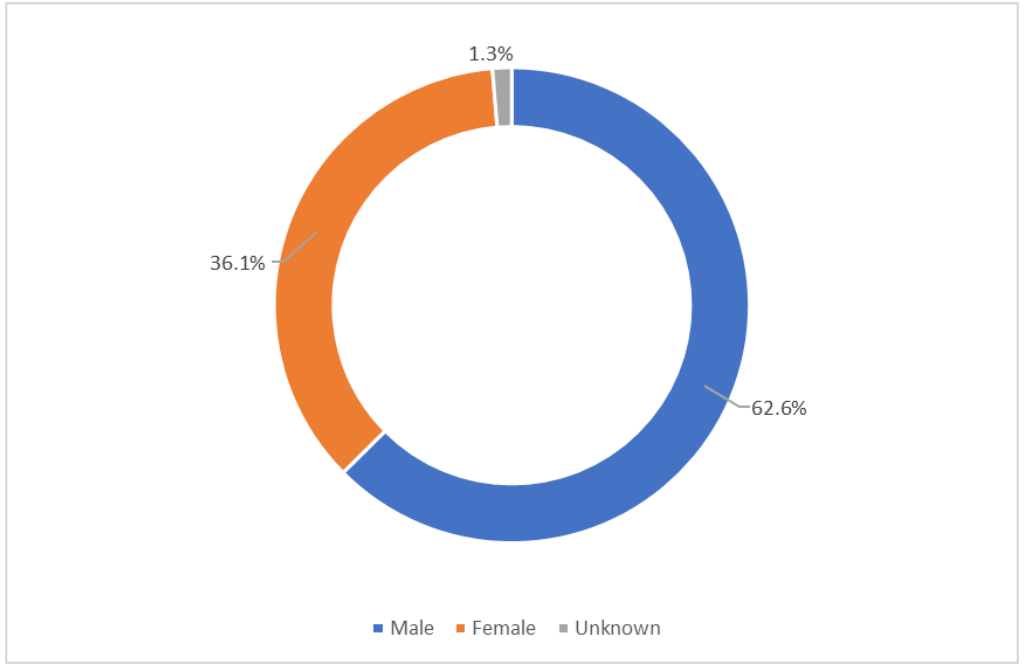
Demographics

Median Age of Chicago clinical *C. auris* cases (n=919) by year of specimen collection, May 2016 – Dec 31, 2024



[1]*Data are provisional as of 1/7/25*
Data Source: Combined de-duplicated IL XDRO Registry, INEDSS, and CDPH conducted PPS.

Gender of Chicago clinical *C. auris* cases (n=919) by year of specimen collection, May 2016 – Dec 31, 2024



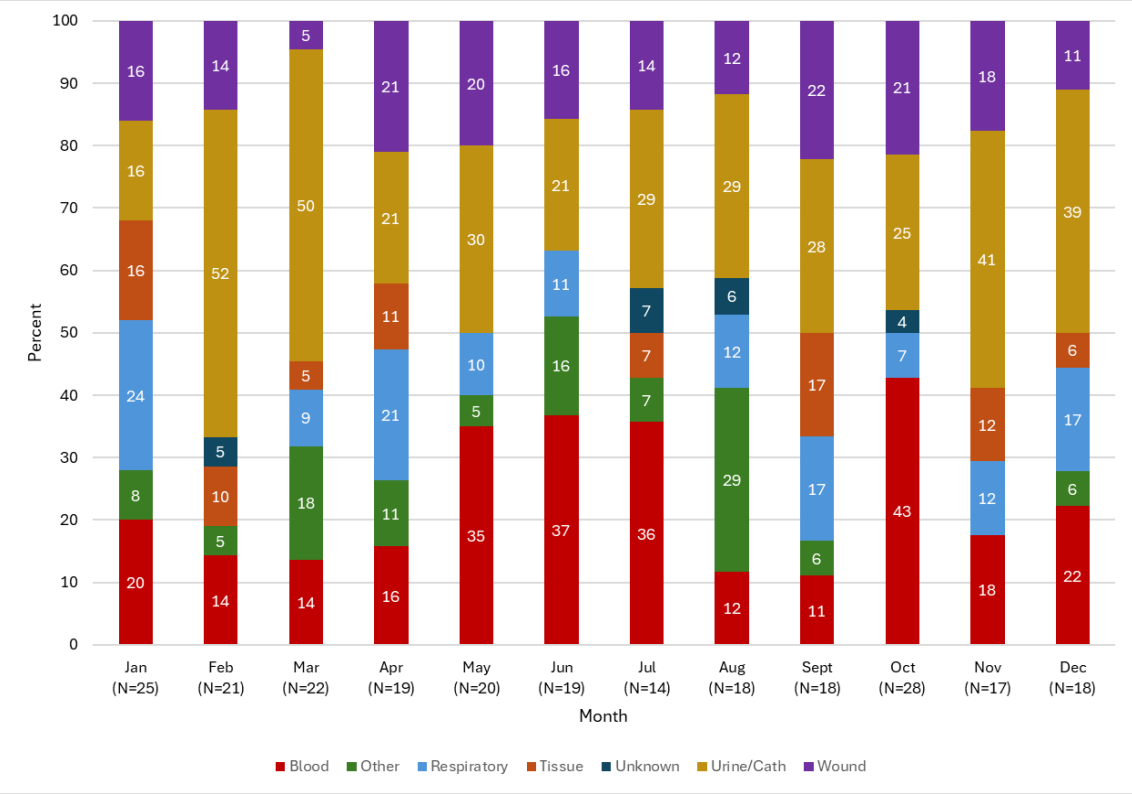
[1]*Data are provisional as of 1/7/25*
Data Source: Combined de-duplicated IL XDRO Registry, INEDSS, and CDPH conducted PPS.

Chicago clinical *C. auris* cases (n=919) by facility type and year of specimen collection, May 2016 – Dec 31, 2024[1]

[1]*Data are provisional as of 1/7/25*

Data Source: Combined de-duplicated IL XDRO Registry, INEDSS, and CDPH conducted PPS.

Percent of Chicago clinical *C. auris* cases (n=239) by specimen source and month of specimen collection, Jan 1 – Dec 31, 2024



Data are provisional as of 1/7/25

Data Source: Combined de-duplicated IL XDRO Registry, INEDSS, and CDPH conducted PPS.

C. auris in Chicago

Blood and **urine** are the most common sources of *C. auris* clinical isolates

Risk Factors for *C. auris*

- Chronic illness
- Medical devices
- Long stays in healthcare

vSNFs and **LTACHs** have the highest prevalence of *C. auris* (>37%)

Infection Control Actions for Prevention and Response

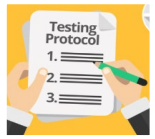
- **Surveillance and prevention**: Early accurate identification of *C. auris* is critical to informing infection control practices and preventing outbreaks.
- **Monitor patients at risk**: Know which patients are at higher risk for *C. auris* infection or asymptomatic colonization (e.g., presence of invasive devices, admission from high-risk settings, etc.).
- **Plan ahead**: Have a response plan. Discuss recommendations for infection prevention and control of *C. auris* with healthcare personnel, including environmental services.
  - Our team can help
- **Assess and improve** your facility's infection prevention and control practices.
  - Our team can help

IP&C Processes that help prevent transmission of *Candida auris*

Develop a process to identify upon admission who is coming from a high-risk setting: LTACH, vSNF.

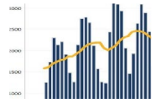
We have a list of the facilities names and address in Chicago we can share

Place patients on contact precautions if admitted from high-risk settings, <u>regardless of colonization status.</u>



Consider developing a process for admission screening (testing for candida auris) for high-risk patients.

Multiple people (not just IPs) should have access to XDRO registry and check <u>every admission.</u>



Promptly report in INEDSS and XDRO registry cases that meet criteria for reporting.

Verify your EVS protocols for cleaning and disinfection of rooms/surfaces/ equipment are appropriate.

EPA's List P or if not accessible List K.

Summary of IP&C Recommendations: *Candida auris*

- **Hand Hygiene**
  - Alcohol-based hand sanitizer is preferred for *C. auris* when hands are not visibly soiled
- Place patients on contact precautions for the **entire duration and all encounters** in a single room.
  - Ensure appropriate use of gown and gloves
- Environmental disinfection **with product effective against *C. auris***
  - At least daily and terminal cleaning of rooms
  - Other departments/areas where patients may have visited
  - Responsibilities for cleaning all mobile and reusable equipment should be well-established
- **Communicate** *C. auris* infections to other healthcare staff
- **Communicate** patient's *C. auris* status on transfer
- Report cases to Public Health (INEDSS and XDRO registry)

Discussion and Q&A

- Which interventions have been the most helpful when dealing with clusters or outbreaks?
- What are the major obstacles/challenges you are facing regarding *Candida auris*?

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Chicago Department of Public Health

Thank you for participating!

Next Roundtable (Teams):

Wednesday, February 19, from 2-3 p.m.

Certificate of Attendance

CDPH
Chicago Department of Public Health

CERTIFICATE
OF ATTENDANCE

Infection Prevention and Control Roundtable with Acute Care Facilities

THIS CERTIFICATE IS PRESENTED TO:

TOPIC:

Tracking the Trail of Candida auris: A Data Review of Chicago's Cases

DATE/DURATION:
January 15, 2025; 1 hour

Eligible for one IPU by the Certification Board of Infection Control

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Additional Slides/Resources

(not presented during the meeting)

Our Services

Our team consists of Infection Prevention Specialists, Epidemiologists, Project Managers, Projects Administrators, and Medical Directors who provide the following assistance:

- IP&C Guidance and Training
- Infection Control Assessments and Responses (ICARs)
- Epidemiology Support
- IP&C Roundtable
- Our partnerships and site visits are meant to be educational, constructive, non-regulatory, and non-punitive
  - We work with you to resolve any identified issues
  - These services are not in response to citations or complaints

Case Report Forms (CRFs)

- CDPH requires additional epidemiological information for specific cases, in addition to the standard reporting requirement. Providing this information to CDPH allows us to have a better understanding of individual case and aids in limiting the transmission of certain multi-drug resistant organisms.

- For MDRO Reporting training (whether you have a new IP or need a refresher) and for questions regarding CRF completion requirements, please contact Cecilia Pigozzi at cecilia.pigozzi@cityofchicago.org


CDPH
Chicago Department
of Public Health
PROJECT
FIRSTLINE
CDC'S National Training Collaborative
for Healthcare Infection Prevention & Control

Project Firstline Overview

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

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

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

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

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

Available Resources

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

Infection Control Training Topics (Onsite/Virtual with IDPH CEU/CEC)

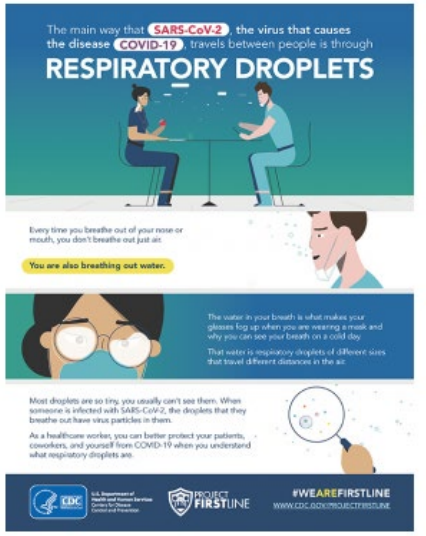
1. The Concept of Infection Control
2. The Basic Science of Viruses
3. How Respiratory Droplets Spread COVID-19
4. How Viruses Spread from Surfaces to People
5. How COVID-19 Spreads - A Review
6. Multi-Dose Vials
7. PPE Part 1 - Eye Protection
8. PPE Part 2 - Gloves & Gowns
9. Hand Hygiene
10. Virus Strains
11. PPE Part 3 - Respirators
12. EVS (Enviro Cleaning & Disinfection)
13. Source Control
14. Asymptomatic Spread of COVID-19
15. Ventilation

Print Materials & Job Aids

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

How to Read a Disinfectant Label [PDF – 1 Page]

Water and Wet Surfaces Profile [PDF – 1 Page]



Respiratory Droplets Flyer [PDF – 1 Page]

What would you see? Poster [PDF – 1 Page]

Germs live in blood [JPG – 1 Page]

Germs are everywhere, including on surfaces and devices in the healthcare environment.

Learn how to stop their spread:
WWW.CDC.GOV/PROJECTFIRSTLINE

CDC

PROJECT FIRSTLINE

INFECTION CONTROL PROTECTS

You

Your Coworkers

Your Patients

Your community

PROJECT FIRSTLINE
CDC's National Training Collaborative for Healthcare Infection Prevention & Control

CDC

The right infection control actions help stop germs from spreading.

Learn more:
WWW.CDC.GOV/PROJECTFIRSTLINE

CDC

PROJECT FIRSTLINE

PROJECT FIRSTLINE
CDC'S National Training Collaborative for Healthcare Infection Prevention & Control

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Chicago Department of Public Health

2023 LEARNING NEEDS ASSESSMENT

WE WANT YOUR FEEDBACK TO DEVELOP NEW CONTENT!

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

Your Chicago Project Firstline Team

- **CDPH Infection Preventionist**: Your facility's main contact for all infection prevention and control questions.
  - *General contact information*: **cdphhaiar@cityofchicago.org**

- **PFL-CDPH Team**: Contact our team to learn about specific Chicago-based educational opportunities!
  - We offer many resources including virtual or onsite trainings, webinars, and job aides.
  - *CDPH Project Firstline email:* **projectfirstline@cityofchicago.org**

Visit our Chicago Health Alert Network (HAN) page by scanning the QR code in the shield logo above to access resources and sign up for the newsletter to stay up to date on exciting new IPC resources!

ICARs

- Are non-regulatory and non-punitive
- Facilitate collaboration among facility departments
- Provide learning opportunities in critical areas
- Help facilities prepare for Joint Commission surveys
- Increase involvement of facility leaders in infection prevention work

Infection Control Assessment Tools | HAI | CDC

Click on each module below to open the tool in a fillable PDF document.

Module 1 – Training, Audits, Feedback
Module 2 – Hand Hygiene
Module 3 – Transmission-Based Precautions (TBP)
Module 4 – Environmental Services (EVS)
Module 5 – High-level Disinfection and Sterilization
Module 6 – Injection Safety
Module 7 – Point of Care (POC) Blood Testing
Module 8 – Wound Care
Module 9 – Healthcare Laundry
Module 10 – Antibiotic Stewardship
Module 11 – Water Exposure