



# **Infection Prevention and Control Roundtable with Acute Care Facilities**

**1-18-24**



# ACHOO TEAM



## Reach out to us!

### Our team:

- Deputy Commissioner: Massimo Pacilli
- Medical Director: [Stephanie Black](#), MD  
[Do Young Kim](#), MD
- 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):
  - [Romualdo Chavez](#)
  - [Maggie Li](#)

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

**ACHOO Email:** [cdphaiar@cityofchicago.org](mailto:cdphaiar@cityofchicago.org)

**ACHOO Phone:** 312-744-1100

**NEW: ACHOO HAN page:** [Acute Care Facilities HAN \(chicagohan.org\)](http://AcuteCareFacilitiesHAN(chicagohan.org))



# Agenda

- **Important Updates**

- Migrant Health: Varicella Update
  - Shelby Daniel-Wayman, MPH, Epidemiologist, Vaccine-Preventable Diseases Surveillance, CDPH
  - Elizabeth Meininger, MPH, Epidemiologist, Vaccine-Preventable Diseases Surveillance, CDPH
  - Brian Borah, MD, MA, Medical Director, Vaccine-Preventable Diseases Surveillance, CDPH

- **Special Topics**

- Preventing CLABSI: the Relationship between Insertion, Products and Care and Maintenance: The Jamboree
  - Michelle DeVries, MPH, CIC, VA-BC, CPHQ, FAPIC, Senior Infection Control Officer, Methodist Hospitals
  - Jack LeDonne, MD, VA-BC, Medical Director, Chesapeake Vascular Access

- **Discussion and Q&A**



# 2023 Varicella Outbreak Among New Arrivals: Epidemiology and Response Efforts

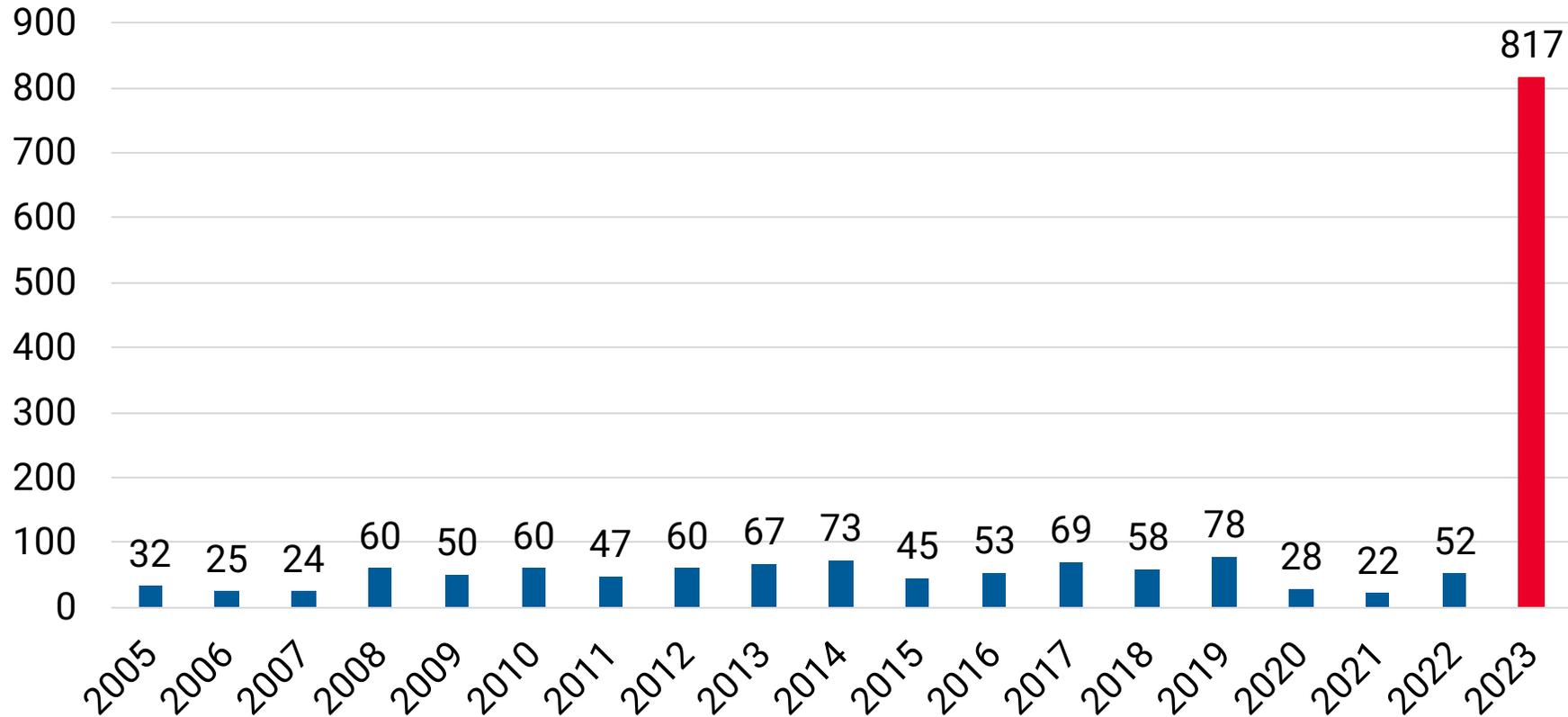
**CDPH VPD Surveillance Team**

**1/18/2024**

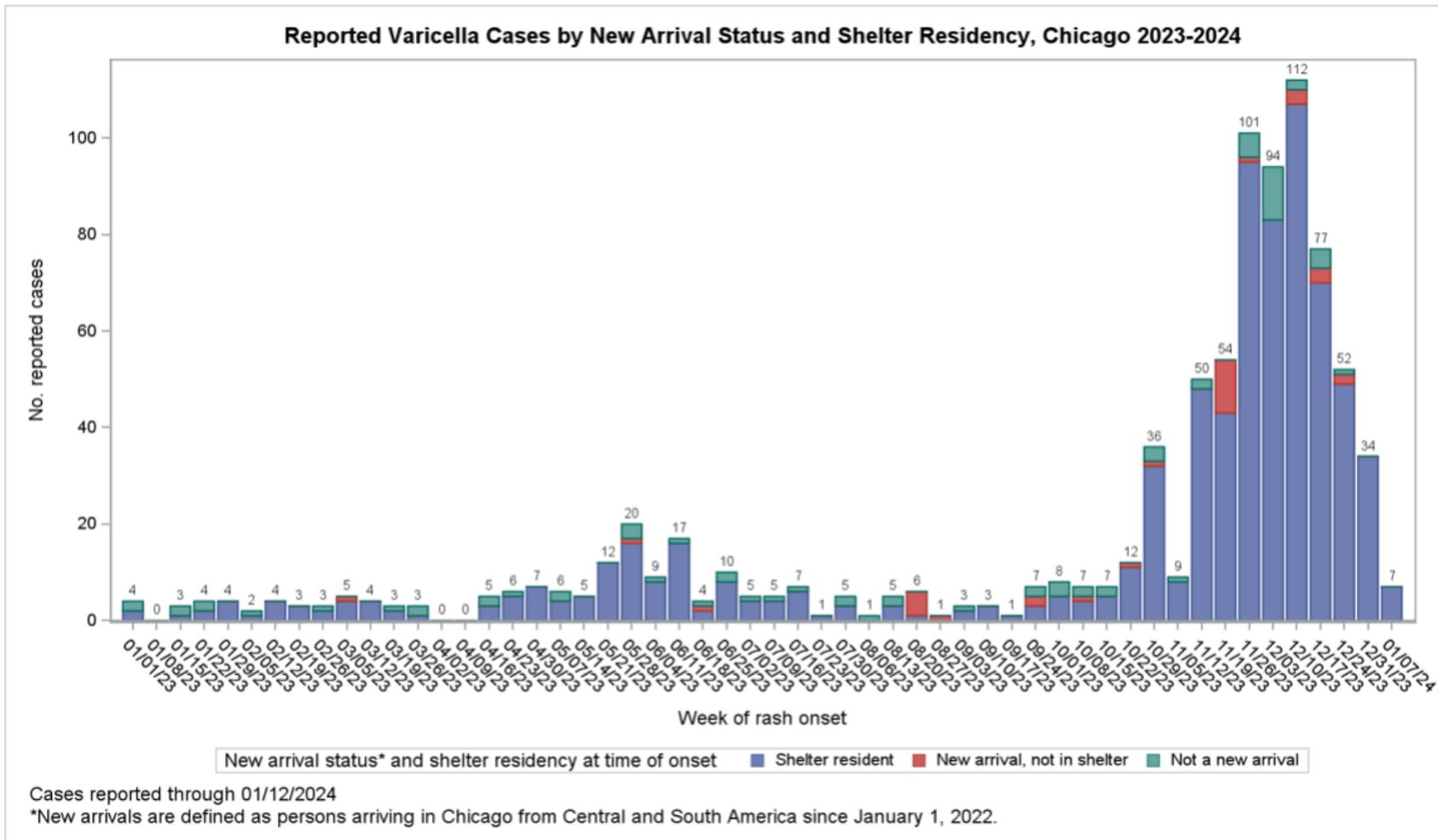


**In 2023, varicella cases increased to 817, the highest number reported to date since 2005.**

Number of Confirmed and Probable Cases of Varicella by Year



# ★ Varicella cases are predominantly occurring in new arrival populations inside shelters.



- 780 (87%) cases are in shelter residents.
- 35 (4%) cases are in new arrivals not residing in shelters.
- 1 school outbreak has been identified among new arrivals not residing in a shelter.



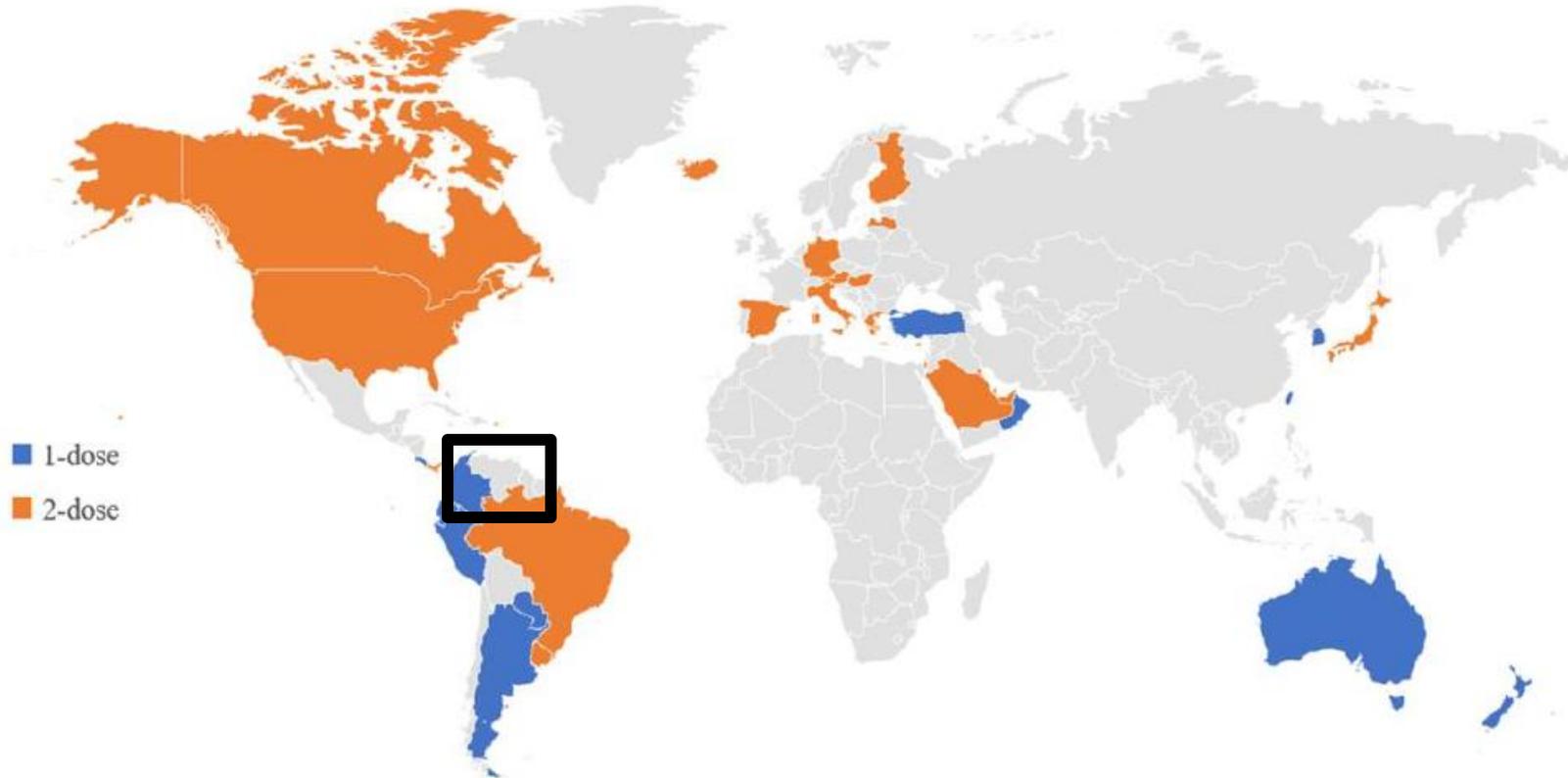
Since August 31, 2022, Chicago has welcomed ~38,000 new arrivals from the southern border.

New Arrivals Daily Snapshot	
Total Individuals Seeking Asylum Arriving via Texas Buses*	34,562
Total Individuals Seeking Asylum Arriving via Airplane Since June 2023	4,252
Total Bus Arrivals Since 8/31/2022	636
Total Individuals Resettled **	11,125
Total Individuals Reunited with Sponsors **	3,748
Total Shelter Census	14,574
Total Awaiting Placement ~	408
Total Waiting in Police Station	1
Total Waiting at O'Hare	263
Total Waiting at Midway	3
Total Waiting at Lanzing Zone ~	141

AS OF JANUARY 12, 2024, AT 12PM

# ★ Venezuela does not have a universal varicella vaccination program.

Universal VZV vaccination programs, 2022



In tropical countries, the average age of infection with varicella is higher, so many adolescents and adults lack immunity from previous infection.



# Most infections have been mild; more than half have been among children.

	N	%
<b>Age group</b>		
0-4 yrs	102	13.1
05-11 yrs	234	30
12-18 yrs	126	16.2
19-29 yrs	243	31.2
30-44 yrs	73	9.4
45+ yrs	2	0.3
<b>Acquired in Chicago*</b>		
Yes	505	64.7
No	41	5.3
Unknown	234	30.0
<b>No. of lesions</b>		
Less than 50 lesions	142	18.2
50-249 lesions	261	33.5
250-500 lesions	118	15.1
Greater than 500 lesions	23	2.9
Unknown	236	30.3
<b>Hospitalized</b>	31	4.0
<b>ED visit</b>	100	12.8
<b>Lab confirmed</b>	142	18.2
<b>Unvaccinated prior to onset</b>	744	95.4

- Most cases are in people <18 y.o. (58%), but a substantial portion are among adults (42%).
  - Adults are at higher risk of severe disease.
- While a majority of infections have been acquired in Chicago, at least 41 have likely been imported
- Most cases are mild, but 31 (4%) have been associated with a hospitalization, and 100 (13%) have been associated with an ED visit.



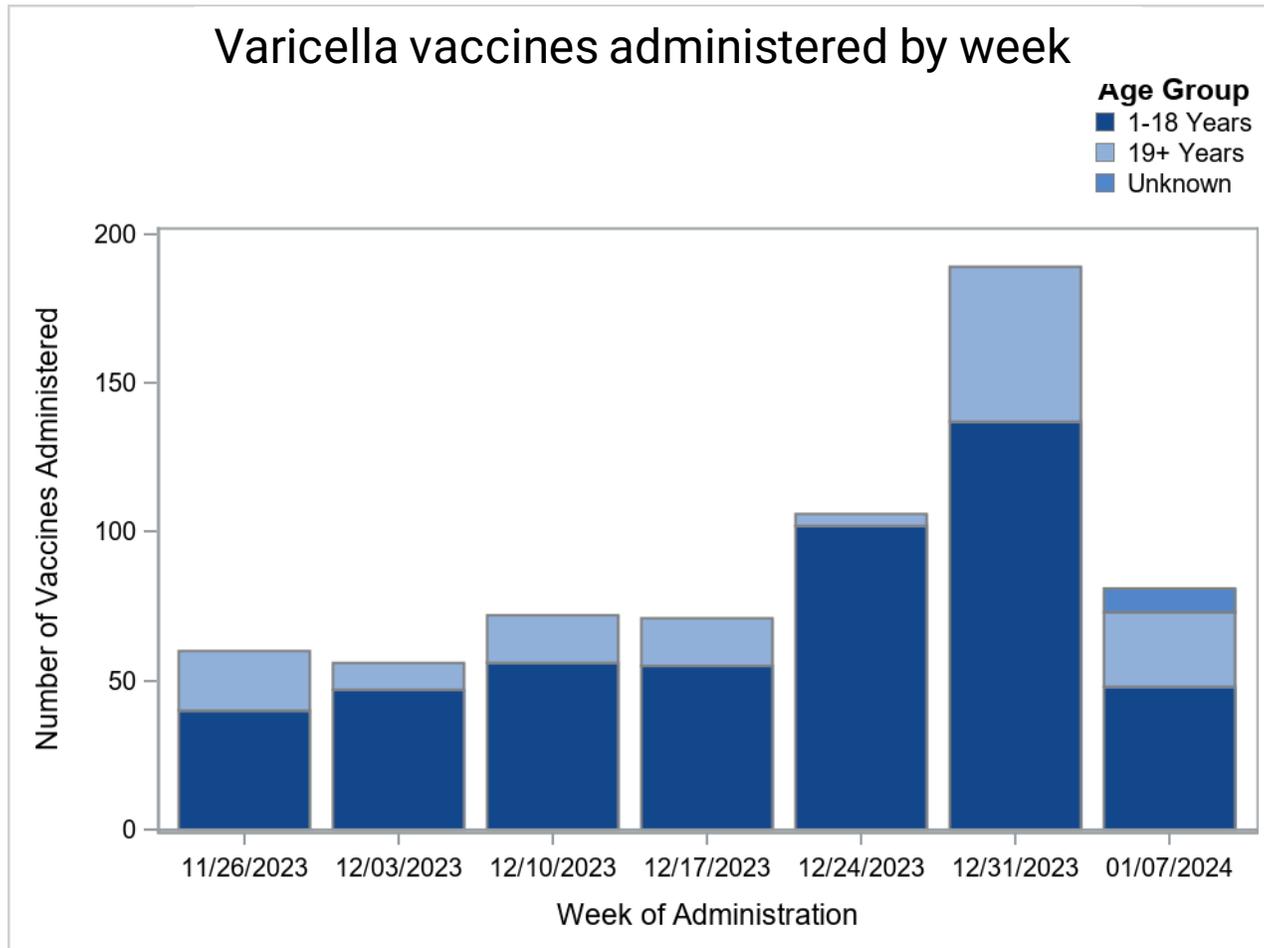
**CDPH has been actively responding to this outbreak.**

**1. Vaccination clinics**

**2. Mitigation & isolation efforts**

**3. Provider communications**

# ★ Since Nov. 27, CDPH has been coordinating varicella vax events at shelters.



- During 11/27/2023–1/10/2024:
  - **52** events
  - **14** shelters
  - **635** doses of varicella vax
    - Most (**76%**) to children  $\leq 18$
- All events include COVID-19 and influenza vaccines



# General response to new case(s) in shelter:

- Assess type of shelter
  - Size
  - Congregate vs. individual rooms
  - Family vs adult
- Provide isolation guidance
- Identify high risk close contacts and refer for PEP
- Perform school outreach if necessary



Chicago Department of Public Health



City of Chicago  
Brandon Johnson, Mayor

# Health Alert



Chicago Department of Public Health  
Olusimbo Ige, MD, MS, MPH, Commissioner

[www.chicagohan.org](http://www.chicagohan.org)

## ***Increase in Varicella in Chicago Primarily among People Living in New Arrivals Shelters***

December 4, 2023

### **Summary and Action Items**

- CDPH has detected a large increase in varicella during 2023, esp. in the past four weeks.
- Most cases have been in people newly arrived from the U.S. Southern Border living in shelters.
- Use every opportunity to make sure patients are up to date on vaccinations, including varicella.
- All susceptible persons exposed to varicella should be offered post-exposure prophylaxis.  
Certain high-risk individuals with varicella infection should be offered antiviral treatment.
- Report all varicella cases to the Chicago Department of Public Health within 24 hours.

Chicago Department of Public Health



City of Chicago  
Brandon Johnson, Mayor

# Health Alert



Chicago Department of Public Health  
Olusimbo Ige, MD, MS, MPH, Commissioner

[www.chicagohan.org](http://www.chicagohan.org)

## ***Increase in Varicella in Chicago: Updated Vaccine Guidance — HAN #2***

December 22, 2023

### **Summary and Action Items**

- New arrival children ages 1–4 years, especially if residing in a shelter, should receive 2 doses of varicella vaccine as long as 3 months have elapsed between doses.
- Clinicians who diagnose varicella within healthcare settings should notify their institution's infection prevention team.
- Clinicians should continue using every opportunity to make sure patients are up to date on vaccinations, including varicella, influenza, and COVID-19

# ★ CDPH Guidance Documents on Varicella in Healthcare Settings

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



**Clinical Guidelines for Management of Healthcare Personnel Exposed to Varicella**



**Guidelines for Prevention and Management of Varicella in Healthcare Settings **NEW!****

# Guidance Highlights

## Management of Patients with Varicella (Chickenpox)

- Mask patient and accompanying family members as soon as VZV infection is suspected.
- **Immediately remove patient from waiting rooms** and other public areas and place them in a negative air-flow room, if available.
  - If a negative air-flow room is unavailable, place the patient in a private room with the door closed.
- Follow **standard, airborne, and contact precautions** until lesions are dry and crusted.
- In immunocompromised patients with varicella pneumonia, precautions should be maintained for the full duration of illness.
- Patients with varicella should be cared for by staff with documented evidence of immunity to varicella.



# Guidance Highlights

## Management of Patient Exposures in Healthcare Settings

Evaluate evidence of immunity to varicella-zoster in all persons with significant exposures and offer postexposure prophylaxis if indicated. Exposed inpatients without evidence of immunity should be placed on airborne precautions from the 8<sup>th</sup> day after their first exposure through the 21<sup>st</sup> day after their last exposure (or through the 28<sup>th</sup> day if they are given varicella-zoster immune globulin [VariZIG]). Patients do not need to remain hospitalized for isolation purposes alone; they can be discharged as soon as the reason for hospitalization has resolved.



# Guidance Highlights

## Identification of patients exposed to varicella (chickenpox)

Exposure to varicella is defined as close contact with an infectious person, such as close indoor contact (e.g., in the same room) or face-to-face contact. Experts differ regarding the minimum duration of contact necessary to be considered a true exposure; some suggest 5 minutes, and others up to 1 hour. All agree that brief transitory contact should not be considered an exposure. Healthcare personnel wearing appropriate personal protective equipment are not considered exposed.

In hospital settings, significant exposures include:

- Being in the same 2–4 bed hospital room, or being in adjacent beds in a large open ward
- Face-to-face contact with an infectious person

In outpatient settings, facilities should consider potential exposures to other patients in waiting rooms and to facility staff members prior to diagnosis.

Contact CDPH to discuss prioritization of potentially exposed patients in large rooms.

## Identification of patients exposed to herpes zoster (shingles)

For localized HZ, exposures include direct contact with zoster lesions (e.g., touching, hugging, changing bandages). For disseminated HZ, use the same exposure criteria as varicella.

# Guidance Highlights

## Postexposure prophylaxis for individuals without evidence of immunity

- The following individuals at high risk of severe disease who have contraindications for vaccination should receive VariZIG as soon as possible, ideally within 4 days, but as late as 10 days postexposure.
  - Immunocompromised persons without evidence of immunity (including those who are undergoing immunosuppressive therapy, have malignant disease, or are immunodeficient)
  - Pregnant people without evidence of immunity
  - Neonates whose mothers have signs and symptoms of varicella around the time of delivery (i.e., 5 days before to 2 days after)
  - Premature infants born at  $\geq 28$  weeks to varicella-susceptible mothers
  - Premature infants born at  $< 28$  weeks gestation or weighing  $\leq 1000$  gm (regardless of maternal immune status)
- VariZIG is commercially available from a number of distributors (list here: <https://www.varizig.com/uspage.html>).
  - If VariZIG is not available within the PEP window, immune globulin intravenous (IGIV) can be considered as an alternative.
  - If both VariZIG and IGIV are not available, a 7-day course of oral acyclovir or valacyclovir beginning 7 days after exposure can be considered. Published data on the benefit of acyclovir as postexposure prophylaxis among immunocompromised people are limited.



## Other topics included in the guidance:

- Management of patients with herpes zoster
- Criteria for evidence of immunity
- Full PEP recommendations (including vaccination)

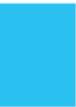
Both guidance documents can be found at the CDPH HAN page :

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



# All cases of varicella must be reported to CDPH within 24 hours through I-NEDSS.

- Do not wait for lab confirmation. Clinical diagnosis alone is sufficient to require reporting.
- Please ensure ED staff are aware of reporting requirements and procedures are in place to notify infection prevention staff.



# Preventing CLABSI: the Relationship between Insertion, Products and Care and Maintenance: The Jamboree

Our Presenters:

**Michelle DeVries** is the Senior Infection Control Officer for Methodist Hospitals in Gary, Indiana. She is passionate about raising awareness around vascular access device complications beyond CLABSI. She was a reviewer for the 2016 and 2021 INS Infusion Therapy Standards of Practice and is now serving on the committee as an author for the 2024 *Standards*.

**Dr. Jack LeDonne** graduated from Fordham University and St. George's University School of Medicine in Grenada. He completed his surgical residency at the Wyckoff Heights Hospital in Brooklyn. He is currently the medical director at Chesapeake Vascular Access and Chief Clinical Officer at Modern Vascular Access. Dr. LeDonne is the recipient of the 2018 Suzanne Herbst award for Excellence in Vascular Access.





Thank you for participating!  
Next Roundtable (Teams):  
**Thursday, February 15<sup>th</sup> from 2-3 p.m.**

**A Day in the Life of an IP: Prioritizing Our Resources**

Rebecca Battjes, MPH, CIC, FAPIC Infection Prevention & Control Expert, Diversey, North America



  Interested in CEUs?

# Acute Care Roundtable CEU Request

<https://redcap.link/achsurvey>





# Additional Slides/Resources

(not presented during the meeting)





# Our Services

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

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



# Reporting Case Report (CRF) Forms

CDPH requires additional epidemiologic information for certain cases in addition to the reporting requirement. By providing this information to CDPH, it allows us to have a better understanding of this patient and how to limit the spread of further transmission for certain multi-drug resistant organisms.

For MDRO Reporting training (have a new IP? need a refresher?) questions and CRF completion requirements, please contact:

[cecilia.pigozzi@cityofchicago.org](mailto:cecilia.pigozzi@cityofchicago.org)





# Advantages of ICARs



Non regulatory and non-punitive



Help bring facility departments together



Learning opportunity in areas of most need



Prep for Joint Commission survey



Help facility leaders be more involved with and familiar with IP work



With every ICAR, we provide a report with recommendations

## 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](#)



Gus E Turner, MPH  
Project Firstline  
Project Manager, CDPH



# ★ Project Firstline Overview

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

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



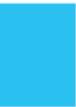
Developed **200+** educational products and training materials on healthcare infection control



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



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



# Available Resources

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





# 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 & Jo

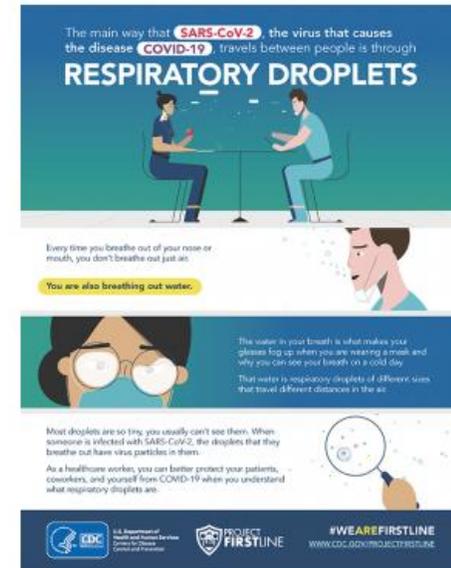
- Several print materials and job aids available on foundational IP&C topics.
  - Available for [free download](#) on CDC's website.
  - Including lock screens for staff computers.
- We are happy to offer professional printing support for poster requests!
  - Please see our team after the presentation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



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



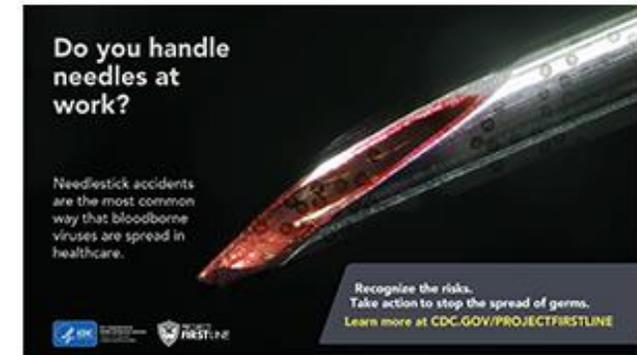
[Water and Wet Surfaces Profile](#) [PDF - 1 Page]



[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](http://WWW.CDC.GOV/PROJECTFIRSTLINE)**



# INFECTION CONTROL PROTECTS



**You**



**Your Coworkers**



**Your Patients**



**Your community**



**PROJECT  
FIRST LINE**

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



**The right infection  
control actions  
help stop germs  
from spreading.**

**Learn more:**

**[WWW.CDC.GOV/PROJECTFIRSTLINE](http://WWW.CDC.GOV/PROJECTFIRSTLINE)**





# 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:*  
[cdphaiar@cityofchicago.org](mailto:cdphaiar@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](mailto: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!

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

-  [projectfirstline@cityofchicago.org](mailto:projectfirstline@cityofchicago.org)
-  [www.chicagohan.org/hai/pfl](http://www.chicagohan.org/hai/pfl)
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