# Infection Prevention and Control Roundtable with Acute Care Facilities

## 6-20-24

# 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, outpatient settings, FQHCs Settings)
- Public Health Administrator (PHA):
  - Romualdo Chavez
  - Maggie Li

**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 Faciliti
HAN (chicagohan.org)

# Agenda

- **Important Updates**
  - Important Updates from APIC 2024
- **Special Topics**
  - MDRO Tier Framework
- **Discussion and Q&A**

CDPH
Chicago Department of Public Health

# Important Updates from APIC 2024

**Shane Zelencik, MPH, CIC, LTC-CIP, FAPIC**

# Agenda

- APIC Updates
- CBIC Updates
- NHSN Updates
- Questions

# APIC Updates*

- Link: APIC Establishes Leadership Institute to Identify and Foster Rising IPC Professionals – APIC (Call for applicants: March 2025, Program starts: Sept 2025)
- Link: APIC Staffing Calculator – APIC (Beta Version – improves as more data entered)
- Link: APIC PolicyPro – APIC (Pre-written policies and templates; subscription-based)

*CDPH does not endorse any organization or product. These links are for informational purposes only.

# CBIC Updates*

- Introduced a new certification
- Advanced Leadership Certification in Infection Prevention and Control (AL-CIP)
- Applications open January 2025
- Recommended: Minimum of 5-10 years of full-time experience in IPC
- Recommended: Certification and/or Fellow Designation
- Portfolio-based assessment
- Link: Advanced Leadership Certification in Infection Prevention (cbic.org)
- Slides from APIC: https://www.cbic.org/CBIC/PDFs/ALCIP_CBIC-Deck_-5.10.24.pdf

*CDPH does not endorse any organization or product. These links are for informational purposes only.

# NHSN Updates

- Tips for Getting a Faster NHSN Response
- NHSN Rebaseline
- New Requirements for Race, Ethnicity and Language Data
- Fast Healthcare Interoperability Resources® (FHIR) and NHSNLink
- Hospital-Onset Antibiotic Treated *Clostridioides difficile* Infection (HT-CDI)
- Hospital Onset Bacteremia and Fungemia (HOB) events

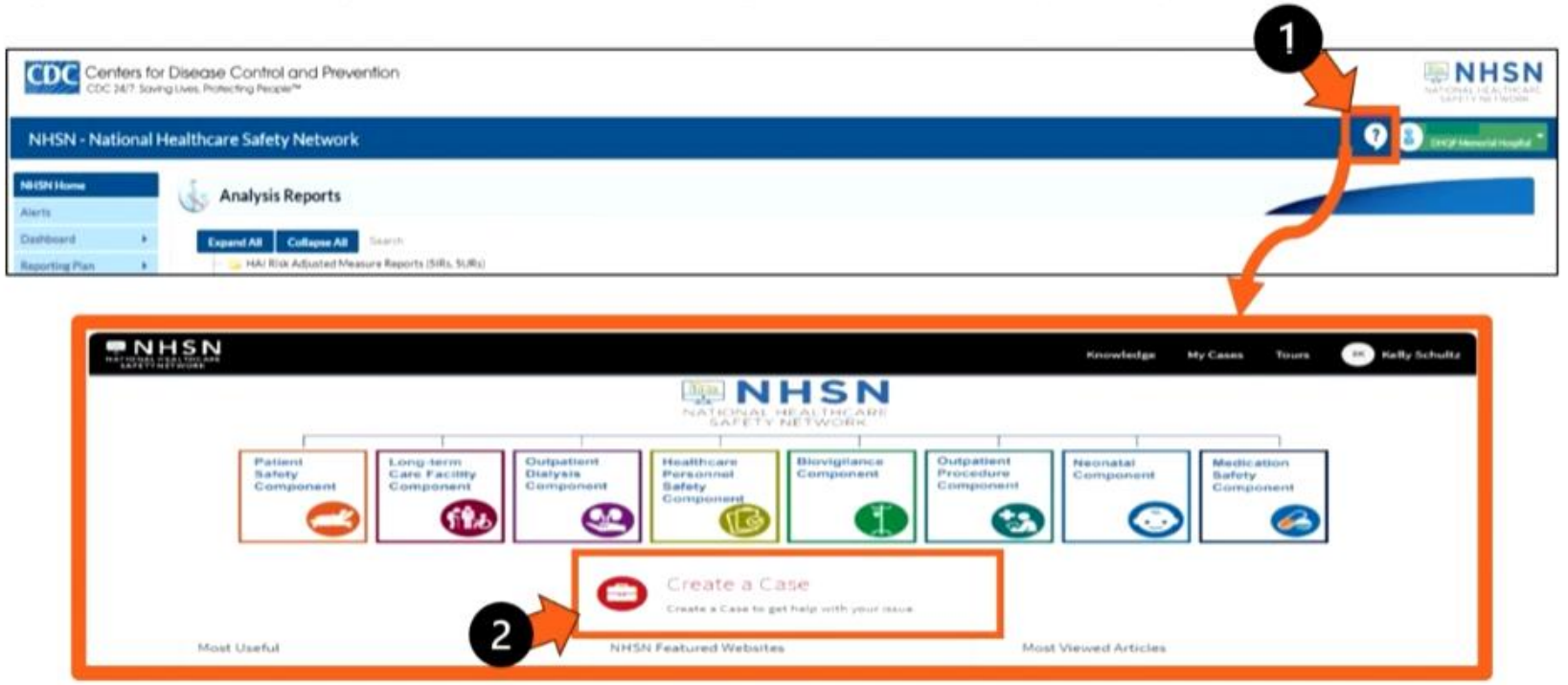
# Tips for Getting a Faster NHSN Response

- Using the Service Now system in NHSN can get a faster response than emailing the Help Desk (nhsn@cdc.gov), although the email is always an option.
- This is accessible through SAMS login.
- The ticketing system triages it directly to the NHSN team, and specifically those with responsibilities for the component and category related to your issue.
- Be specific in the Short Description field (e.g., CLABSI – Secondary Attribution Question)

# Creating a Ticket

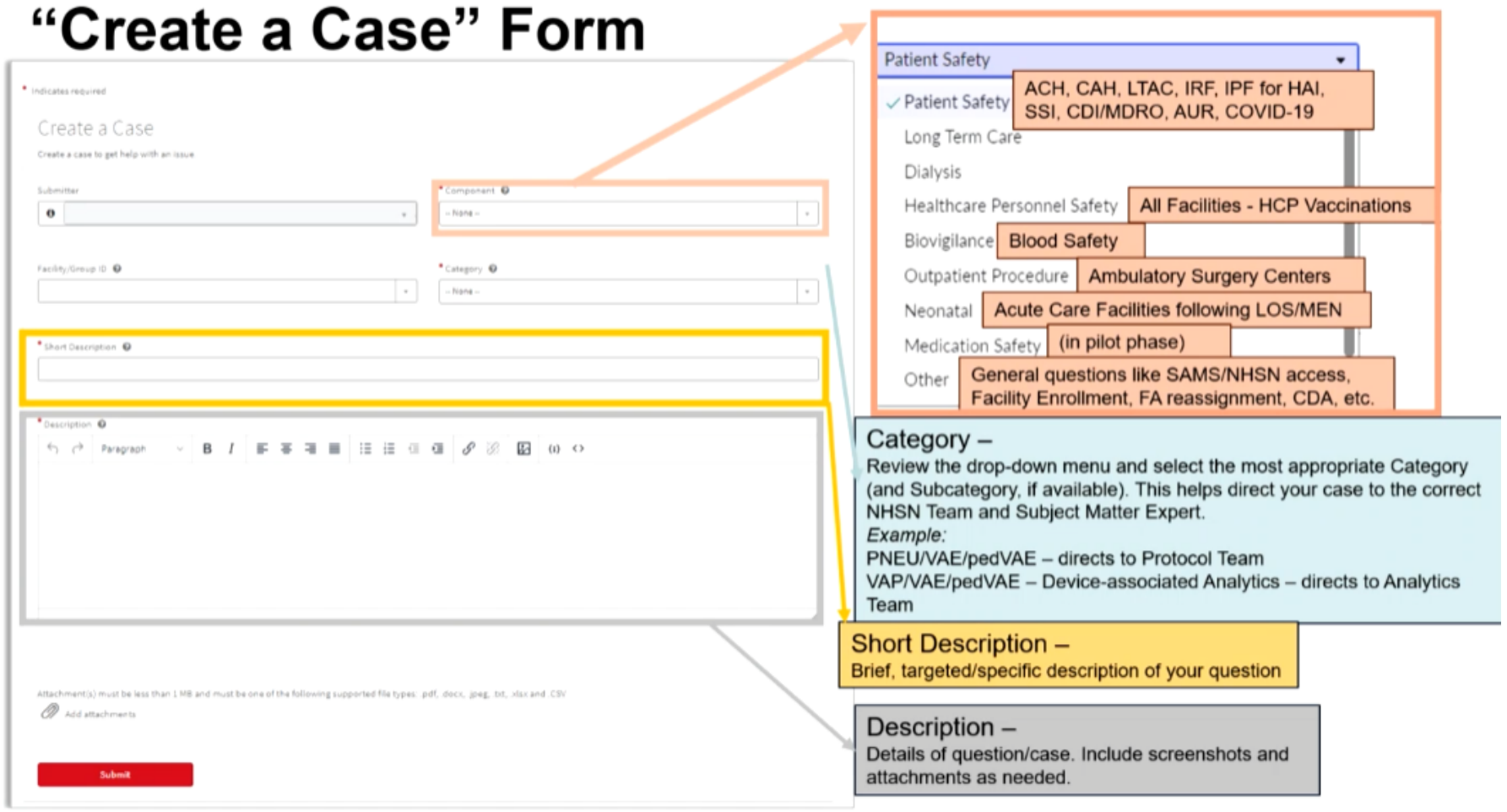
## NHSN Help Desk

- Log into NHSN through Secure Access Management Services (SAMS) to access ServiceNow




- Users that do not have access to SAMS can email the Help Desk at nhsn@cdc.gov

# Create a Case Form



# NHSN Rebasel

- NHSN will be updating the national baseline used to calculated all HAI SIRs and SURs using data reported to NHSN for 2022.
- The plan is to have all the new reports available in the NHSN application by the end of 2024.

[https://www.cdc.gov/nhsn/2022rebaseline/index.html](https://www.cdc.gov/nhsn/2022rebaseline/index.html)

## 2022 HAI Rebaseline Scope: Overview

| Facility Type | HAIs analyzed for potential SIR models | Device types analyzed for potential SUR models |
|---|---|---|
| Acute Care Hospitals (ACHs) | CLABSI (including separate risk adjustment for NICUs, MBIs, and SCAs/ONCs) CAUTI, VAE, pediatric VAE, SSI, MRSA Blood LabID, CDI LabID | Central line, central line NICU, pediatric ventilator, urinary catheter, ventilator |
| Critical Access Hospitals (CAHs) | CLABSI, CAUTI, VAE, pediatric VAE, SSI, MRSA Blood LabID, CDI LabID | Central line, urinary catheter, ventilator |
| Inpatient Rehabilitation Facilities (IRFs) | CLABSI, CAUTI, MRSA Blood LabID, CDI LabID, VAE, pediatric VAE | Central line, urinary catheter, ventilator |
| Long-term Acute Care Hospitals (LTACHs) | CLABSI, CAUTI, MRSA Blood LabID, CDI LabID, VAE, pediatric VAE | Central line, urinary catheter, ventilator |

# NHSN Rebaseline cont.

- SIRs and SURs may shift closer to 1.
- SIRs and SURs calculated under the 2015 baseline will remain available.
- More information is available on the NHSN rebaseline website: https://www.cdc.gov/nhsn/2022rebaseline/index.html
- Specific questions are addressed an FAQ: https://www.cdc.gov/nhsn/pdfs/rebaseline/22-Rebaseline-FAQs-Final-Version.pdf

# New Requirements for Gender Identity, Sex at Birth, Race, Ethnicity and Language Data

- Gender Identity and Sex and Birth will be required in 2025
  - Gender Identity is at the event level – entered with each event
  - Sex at Birth is in the patient information section – will be auto-populated for new events
- Race and ethnicity selection options are being updated – Fall 2024
- Added data fields such as primary language and need for an interpreter will be added – Fall 2024
- Responding to data fields of race, ethnicity, primary language, and need for an interpreter will be required across all NHSN components and facility-types starting January 1, 2025

https://www.cdc.gov/nhsn/pdfs/newsletters/Q12024-NHSN-Newsletter_508c.pdf

# Fast Healthcare Interoperability Resources (FHIR) and NHSN Link

- FHIR is a Health Level Seven International (HL7) standard for exchanging healthcare information electronically between systems.
- NHSNLink is an open-source FHIR application for public health reporting. It uses a query engine to connect directly to a healthcare facility's EHR through the FHIR API to identify patients who meet the criteria for an NHSN Digital Quality Measures (dQM).
- Initial data pulls would most likely be monthly, with the possibility of moving to daily.
- Data flow is only one way, with no write-back to the EHR.

https://www.cdc.gov/nhsn/fhirportal/about.html

# Advantages of FHIR vs Other Reporting Methods

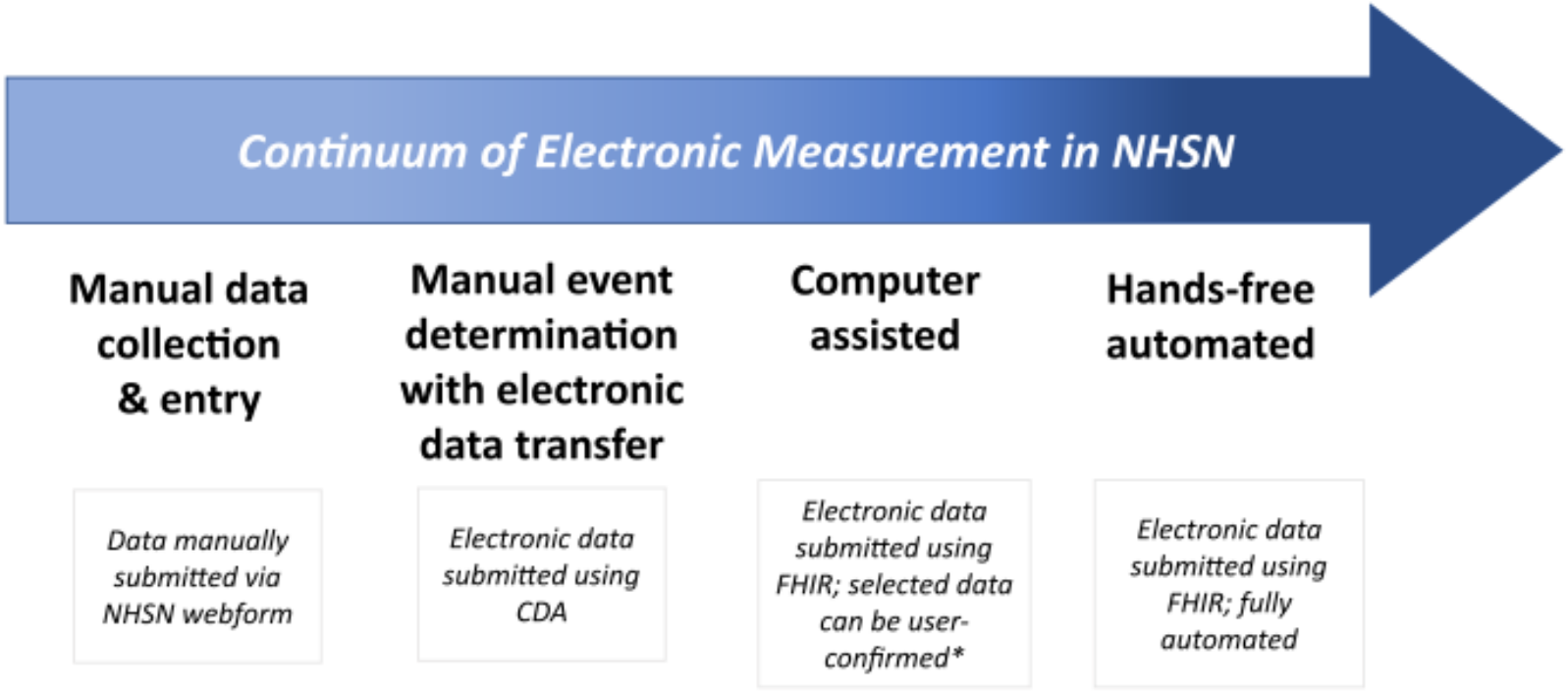
| With Manual or Semi-Automated Measures | With Digital Quality Measures |
|---|---|
| Data standards are specific to the measure and the organization to which they are reported | Data are represented using nationally recognized standards across the EHR vendors, facilities, and agencies |
| Data are pushed (NHSN waits for the facility to transmit data) | Data can be pulled, making real-time surveillance feasible |
| Data are often aggregated, *facility*-level risk adjustment is typical | Data are at the patient level, *patient*-level risk adjustment is possible |
| Measures are pre-determined before transmission | Measures can be adapted after data transmission |

https://www.cdc.gov/nhsn/fhirportal/about.html

# Future State

- The potential future state of NHSN using the FHIR interface through NHSNLink.
- Facilities will allow NHSN to go into electronic systems and automatically pull patient-level data.

## NHSN: Transforming from current state to future state




*Some measures will have additional format options for submitting data (e.g., CSV)

CDA: Clinical Document Architecture

https://www.cdc.gov/nhsn/fhirportal/about.html

# Hospital-Onset Antibiotic Treated *Clostridioides difficile* Infection (HT-CDI)

- Definitions are not completely final and subject to change.
  - HT-CDI: Positive *C. difficile* test (any qualifying assay collected in an inpatient location) on day ≥ 4 AND ≥ 5 days *C. difficile* antibiotic treatment (started ≤ 2 days before or after specimen collection)
- Goal is to increase the face validity and clinical validity.
- An attempt to avoid capturing as much colonization.
- Uses anti-C.diff antibiotic as a proxy for clinical decision.
- Automatically uploaded via FHIR.
- **This measure represents a proposed future state. The requirements to report CDI LabID Event have not changed and the definitions will not change. CMS reporting requirements have not changed.**

# Hospital Onset Bacteremia and Fungemia (HOB)

- Definitions are not completely final and subject to change.
  - HOB: Blood culture collected on day ≥ 4 (4$^{th}$ calendar day of admission or later) with pathogenic bacteria or fungi
- Expand NHSN surveillance of bloodstream infections, regardless of organism or association with a device.
- Automatically uploaded via FHIR.
- It is possible in the long term that CLABSI (and MRSA BSI) may be replaced by HOB, but that has not occurred yet.
- **This measure represents a proposed future state. The requirements to report CLABSIs and MRSA BSIs have not changed and the definitions will not change. CMS reporting requirements have not changed.**

# Future of HT-CDI and HOB

- CDC will obtain reports for HT-CDI and HOB in parallel with CDI and CLABSI to validate the new measures and gather good data.
- CDC intends to make a case to CMS to update requirements to include these measures if the data supports that decision.
- CDC is piloting data collection of digital measures at selected U.S. hospital pilot sites.
- These measures should be available in late 2024.

# Questions?

Shane Zelencik

Shane.Zelencik@cityofchicago.org

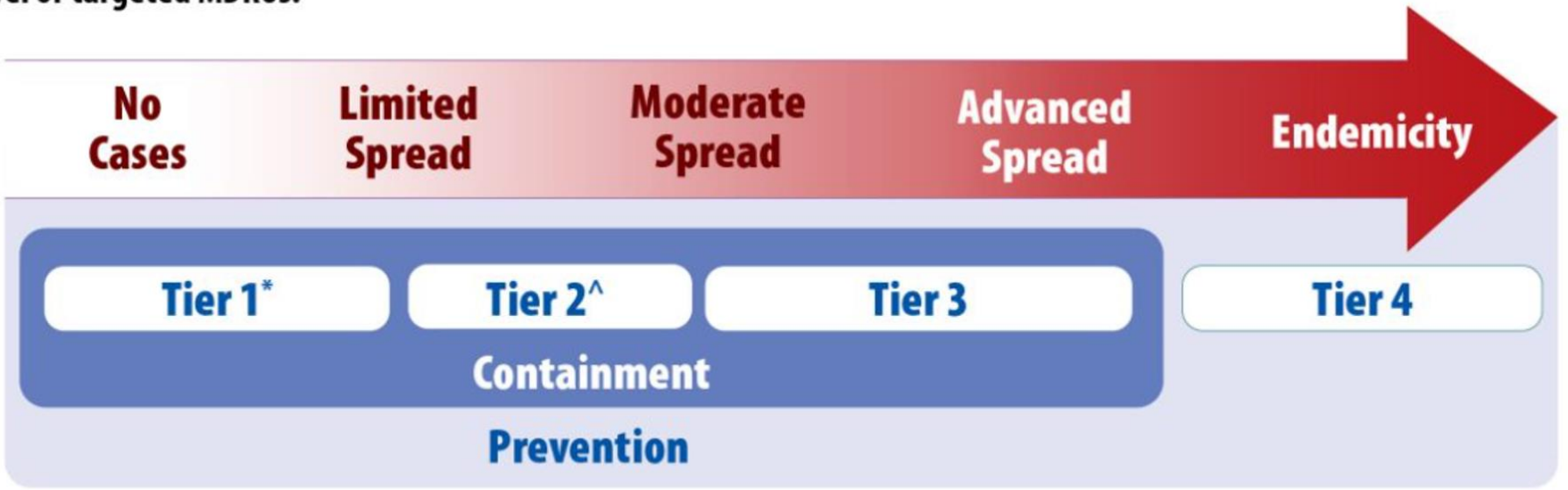
# Multidrug-resistant organism (MDRO) Tier Framework

**Sidney Thigpen, MPH**
**Epidemiologist III**

**Cecelia Pigozzi, MPH**
**Public Health Administrator II**

# MDRO Tiers

**Figure 1. Relationship between epidemic stages, response tiers, containment response, and prevention activities for novel or targeted MDROs.**




Organism or resistant mechanism that have

*Never (or very rarely) been identified **in the United States** and for which experience is extremely limited are Tier 1.

^Never (or very rarely) been identified **in a public health jurisdisction but are more common in other parts of the U.S.** are Tier 2.

https://www.cdc.gov/healthcare-associated-infections/php/preventing-mdros/mdro-containment-strategy.html?CDC_AAref_Val=https://www.cdc.gov/hai/mdro-guides/containment-strategy.html

# MDRO Tiers Overview

## MDRO Tier 1

- Tier 1 ***encompasses organisms or resistance mechanisms that have never (or very rarely) been identified in the United States*** and for which experience is extremely limited.

## MDRO Tier 2

- Tier 2 includes:
  - MDROs that are primarily associated with healthcare settings and are ***not commonly identified in the region***.
  - Organisms for which ***no current treatment options exist*** (pan-non susceptible) and that have the potential to spread more widely within a region.
- Generally, these have either not been previously identified in the region or have been limited to sporadic cases or small outbreaks.

# MDRO Tiers Overview

## MDRO Tier 3

- Organisms in this group include MDROs targeted by the facility or region for epidemiologic importance that has been identified frequently across a region, ***indicating advanced spread, but are not considered endemic.***

## MDRO Tier 4

- These MDROs are ***endemic in a region and have been targeted by public health*** for their clinical significance and potential to spread rapidly (e.g., to other regions where they are less common or from healthcare settings into the community).

# Chicago Proposed MDRO Tiers

| Containment Tier | Tier 2 | Tier 3 | Tier 4 |
|---|---|---|---|
| 1. Newly or recently identified facility<br>(e.g., SNF, AL, Dialysis) | CPO/CRE: NDM, IMP, OXA-48, VIM<br>CRAB: KPC, NDM, IMP, OXA-48, VIM<br>CRPA: KPC, NDM, IMP, OXA-48, VIM<br>*Candida auris* | | CPO/CRE: KPC or Unknown Mechanism<br>CRAB: OXA-23, OXA-24/40 or Unknown Mechanism |
| 2. Facility with previous or ongoing, considerable interaction with public health (e.g., vSNF, LTACH) | CPO/CRE: IMP, OXA-48, VIM<br>CRAB: KPC, NDM, IMP, OXA-48, VIM<br>CRPA: KPC, NDM, IMP, OXA-48 | CPO/CRE: NDM<br>CRPA: VIM<br>*Candida auris* | CPO/CRE: KPC or Unknown Mechanism<br>CRAB: OXA-23, OXA-24/40 or Unknown Mechanism |
| 3. Acute Care Hospitals | At least 2 cases ***with epi link*** of any of the following<br>CPO/CRE: NDM, IMP, OXA-48, VIM<br>CRAB: KPC, NDM, IMP, OXA-48, VIM<br>CRPA: KPC, NDM, IMP, OXA-48, VIM<br>*Candida auris* | **Single Case:**<br>CPO/CRE: NDM, IMP, OXA-48, VIM<br>CRAB: KPC, NDM, IMP, OXA-48, VIM<br>CRPA: KPC, NDM, IMP, OXA-48, VIM<br>*Candida auris* | CPO/CRE: KPC or Unknown Mechanism<br>CRAB: OXA-23, OXA-24/40 or Unknown Mechanism |

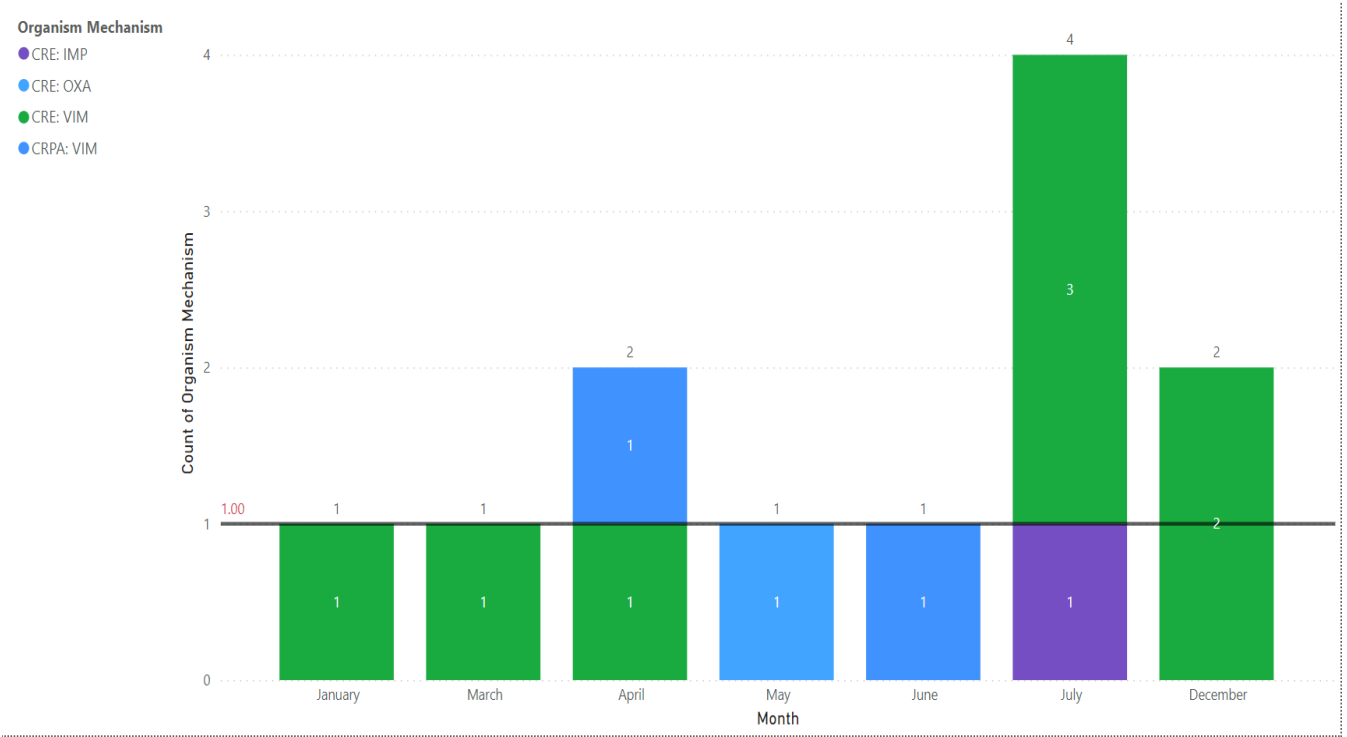
# Tier-Based Response Activities

Key:
Always
Usually
Sometimes
Rarely

| Tier 1 | Tier 2 | Tier 3 | Tier 4 |
|---|---|---|---|
| • Review patient's healthcare exposures<br>Screening contacts<br>Recurring response-driven PPS<br>Retrospective lab surveillance<br>Prospective lab surveillance<br>Notify healthcare providers and implement appropriate transmission-based precautions<br>ICAR with observations<br>Clear communication of patient status when transferring the patient.<br>Household contact screening<br>Healthcare provider screening<br>Evaluate potential spread to healthcare facilities that regularly share patients with index facility<br>Environmental Sampling | • Review patient's healthcare exposures<br>Screening contacts<br>Recurring response-driven PPS<br>Retrospective lab surveillance<br>Prospective lab surveillance<br>Notify healthcare providers and implement appropriate transmission-based precautions<br>Clear communication of patient when transferring the patient.<br>Evaluate potential spread to healthcare facilities that regularly share patients with index facility<br>Household contact screening<br>Healthcare provider screening<br>Environmental sampling | • Review patient's healthcare exposures<br>Prospective lab surveillance<br>Notify healthcare providers and implement appropriate transmission-based precautions<br>Clear communication of patient status when transferring the patient<br>Screening contacts<br>ICAR with observations<br>Household contact screening<br>Healthcare provider screening<br>Recurring response-driven PPS<br>Evaluate potential spread to healthcare facilities that regularly share patients with index facility | **Prioritize prevention;** *containment principles generally do not apply* |

# MDRO Surveillance: vSNFs & LTACHs; Tier 2

## Frequency in Chicago (January 2023– May 2024)

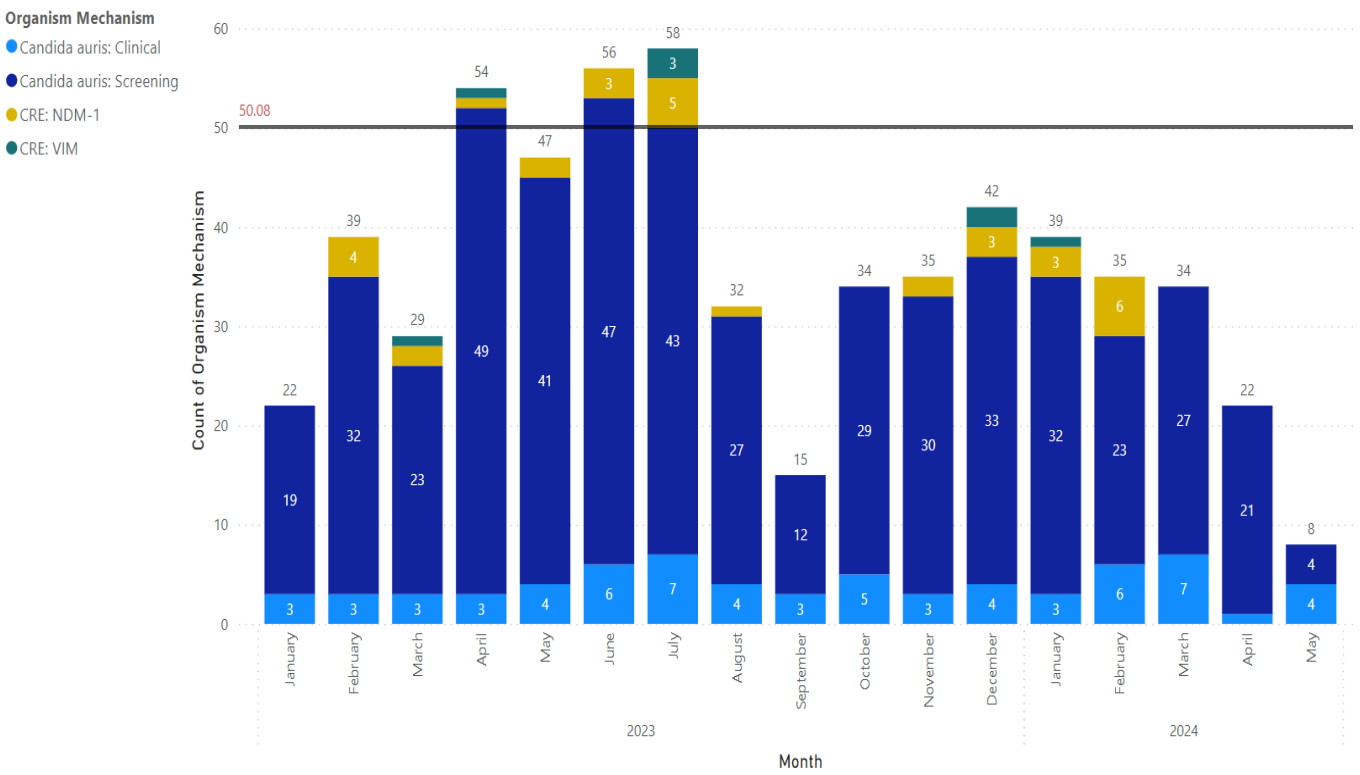



## Tier 2 Response Activities

- Review patient's healthcare exposures
- Screening contacts
- Recurring response-driven PPS
- Retrospective lab surveillance
- Prospective lab surveillance
- Notify healthcare providers and implement appropriate transmission-based precautions
- Clear communication of patient when transferring the patient.
- Evaluate potential spread to healthcare facilities that regularly share patients with index facility
- Household contact screening
- Healthcare provider screening
- Environmental sampling

# MDRO Surveillance: vSNFs & LTACHs; Tier 3

## Frequency in Chicago (January 2023– May 2024)

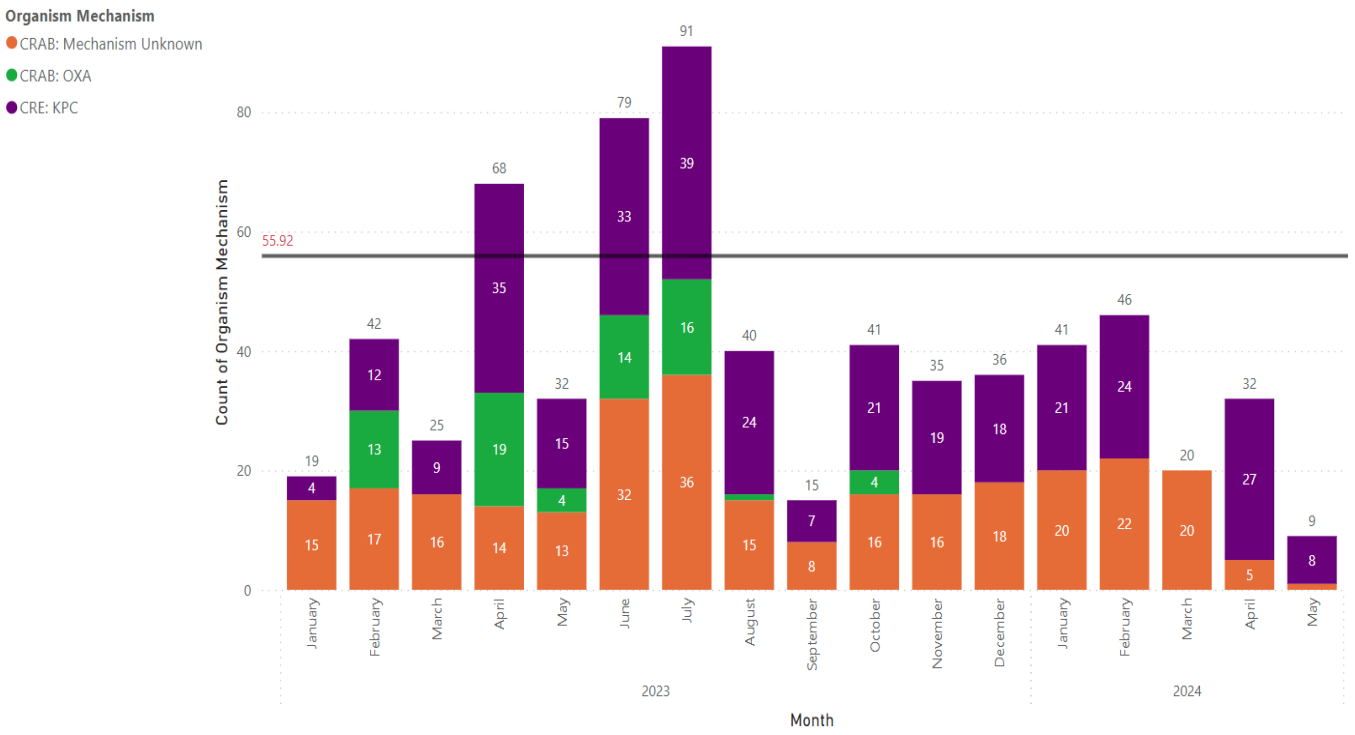



## Tier 3 Response Activities

- Review patient's healthcare exposures
- Prospective lab surveillance
- Notify healthcare providers and implement appropriate transmission-based precautions
- Clear communication of patient status when transferring the patient
- Screening contacts
- ICAR with observations
- Household contact screening
- Healthcare provider screening
- Recurring response-driven PPS
- Evaluate potential spread to healthcare facilities that regularly share patients with index facility

# MDRO Surveillance: vSNFs & LTACHs; Tier 4

## Frequency in Chicago (January 2023– May 2024)

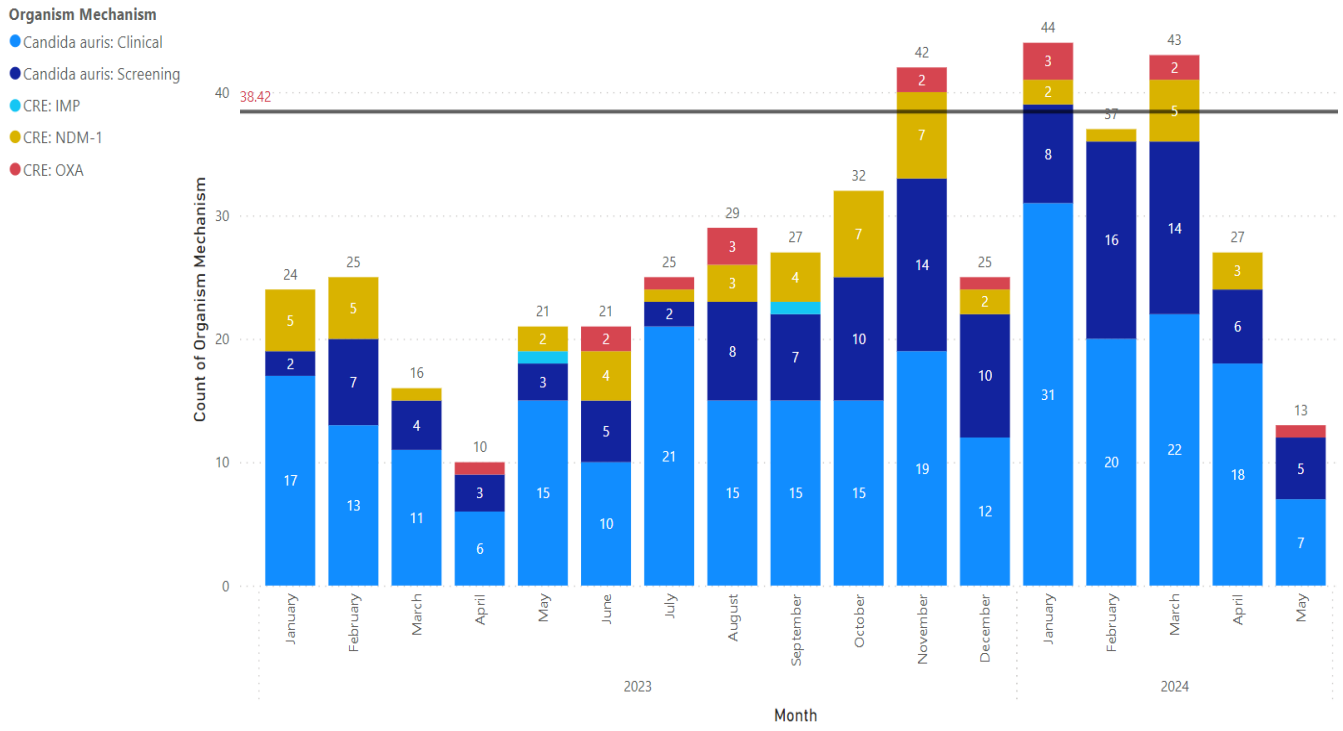



## Tier 4 Response Activities

- **Prioritize prevention;** *containment principles generally do not apply*

# MDRO Surveillance: Acute Care Hospitals; Tier 2

## Frequency in Chicago (January 2023– May 2024)

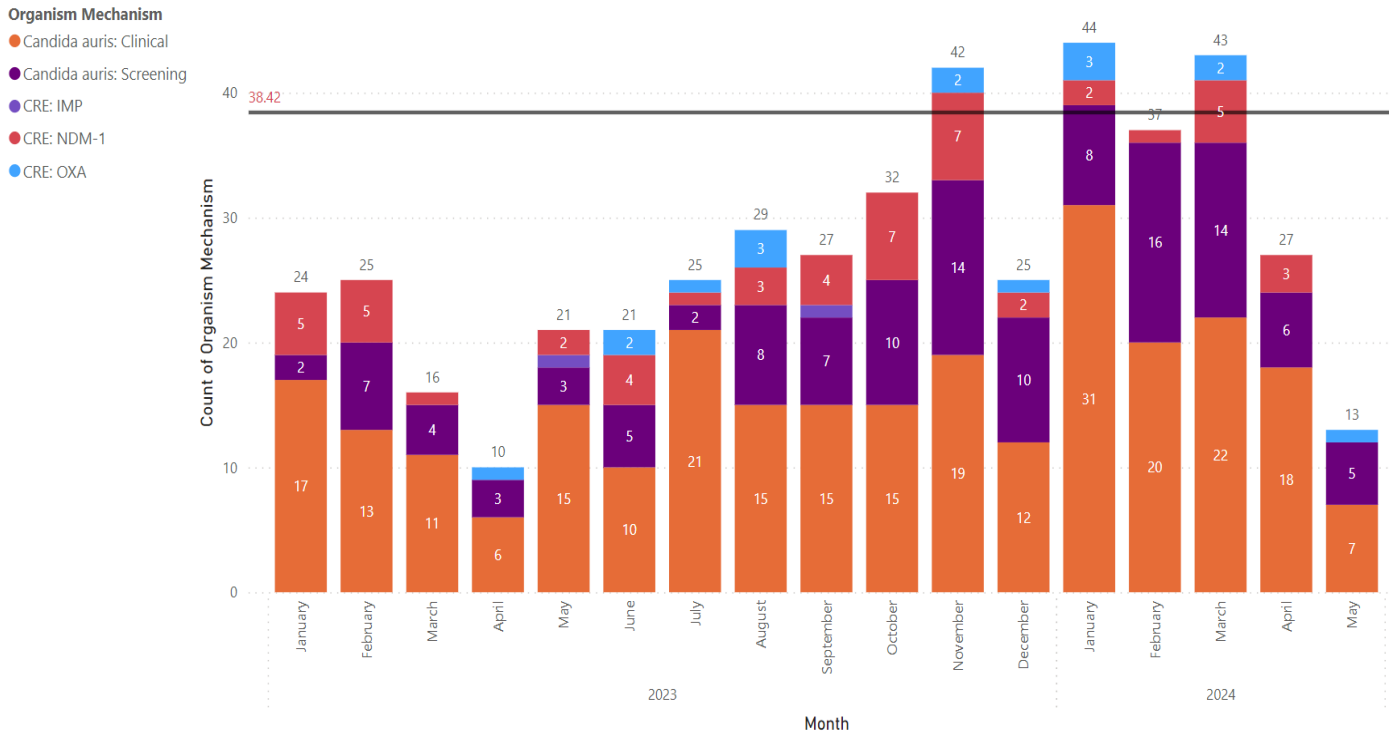



## Tier 2 Response Activities

- Review patient's healthcare exposures
- Screening contacts
- Recurring response-driven PPS
- Retrospective lab surveillance
- Prospective lab surveillance
- Notify healthcare providers and implement appropriate transmission-based precautions
- Clear communication of patient when transferring the patient.
- Evaluate potential spread to healthcare facilities that regularly share patients with index facility
- Household contact screening
- Healthcare provider screening
- Environmental sampling

# MDRO Surveillance: Acute Care Hospitals; Tier 3

## Frequency in Chicago (January 2023– May 2024)

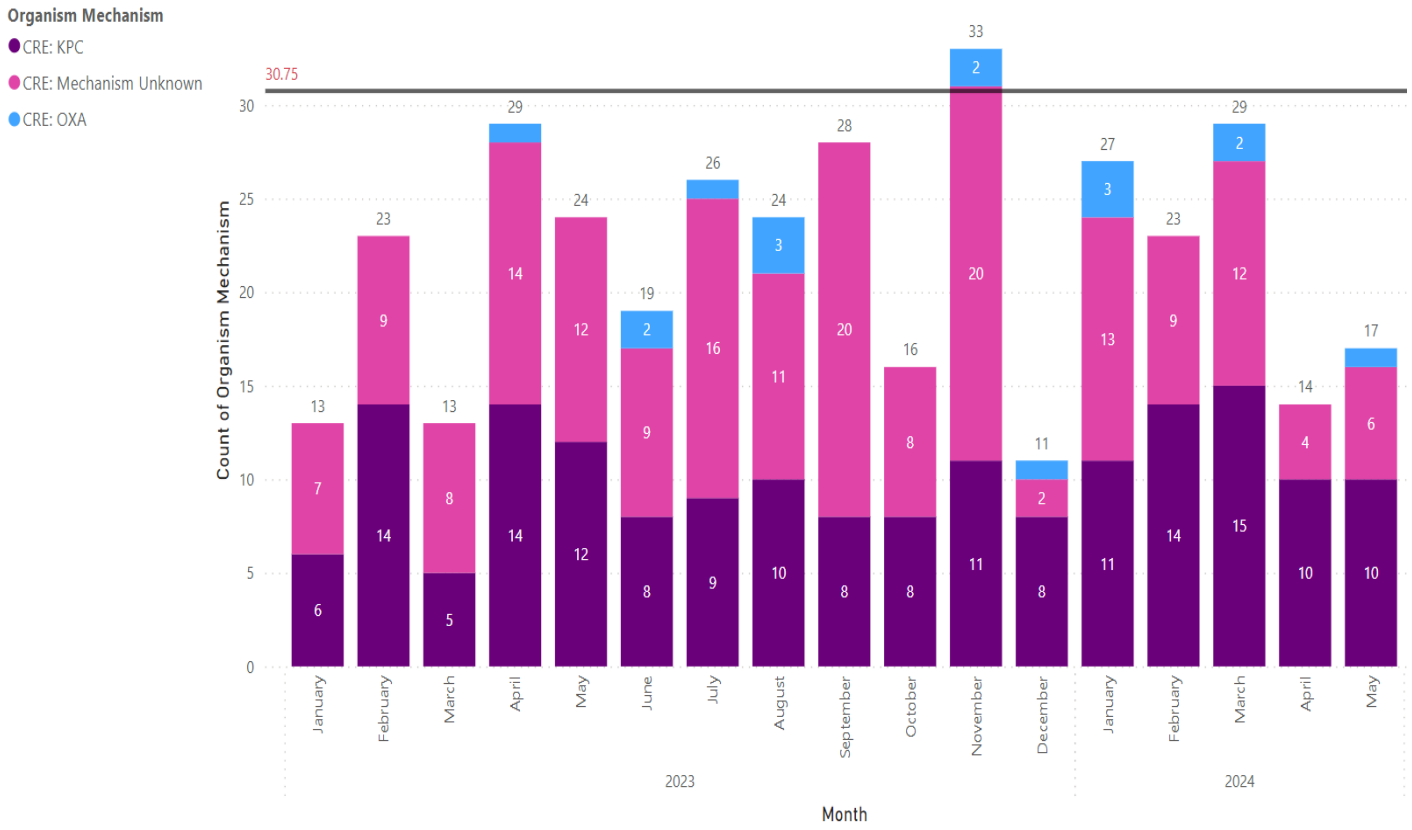



## Tier 3 Response Activities

- Review patient's healthcare exposures
- Prospective lab surveillance
- Notify healthcare providers and implement appropriate transmission-based precautions
- Clear communication of patient status when transferring the patient
- Screening contacts
- ICAR with observations
- Household contact screening
- Healthcare provider screening
- Recurring response-driven PPS
- Evaluate potential spread to healthcare facilities that regularly share patients with index facility

# MDRO Surveillance: Acute Care Hospitals; Tier 4

## Frequency in Chicago (January 2023– May 2024)




## Tier 4 Response Activities

**Prioritize prevention;** *containment principles generally do not apply*

# Case Report Forms

- When requested by email, please follow the highlighted INEDSS guide
  - This guide provides the essential case information to complete in INEDSS so it can be reported to the state/CDC
- Most missed section:
  - Health Encounters Section:


  - Why is this important?

It provides us with both intra-facility and inter-facility information. The CDPH team outreaches to not only acute care facilities, but long-term congregate settings as well. We want to keep patients in all settings safe.

Questions? Contact cecilia.pigozzi@cityofchicago.org

# Chicago Required Case Report Forms

| MDRO | Is this Reportable? | Report To | Is a CRF Required? |
|---|---|---|---|
| ***Candida auris*, clinical** | Yes | INEDSS† | Yes |
| ***Candida auris*, screening** | Yes | INEDSS† | CDPH will request, if necessary |
| **CP-CRAB** | No‡ | N/A | CDPH will request, if necessary |
| **CP-CRE, KPC or Unknown Mechanism** | Yes | XDRO | No |
| **CP-CRE, non-KPC** | Yes | XDRO | Yes |
| **CP-CRPA *with* the following mechanism(s): KPC, NDM, VIM, IMP, OXA** | Not mandated by the state, but CDPH requests it be reported | INEDSS† | Yes |
| **CRPA or CP-CRPA with no mechanism(s) or *unknown* mechanism(s)** | No | N/A | No |

† If you do not have access to I-NEDSS, please report via encrypted email to the XDRO Prevention Epidemiologist (sidney.thigpen@cityofchicago.org)
‡CP-CRAB is not reportable in Illinois; however, please report any clusters of CRAB or individual cases of CRAB with non-OXA mechanisms to CDPH either via INEDSS or email the XDRO Prevention Epidemiologist (sidney.thigpen@cityofchicago.org)

# Helpful Links

- MDRO Containment Strategy Document
- Chicago Health Alert Network
  - Chicago HAN Page: Healthcare-Associated Infections/Antimicrobial Resistance (HAI/AR)
- Public Health Strategies to Prevent the Spread of Novel and Targeted MDROs

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# Thank you for participating!

## Next Roundtable (Teams): TBD-we will reach out once we have confirmation from our speaker

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# 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

# 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


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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

# 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)

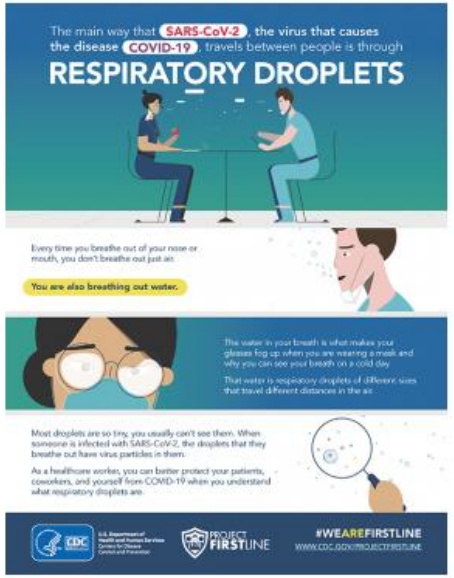
1. The Concept of Infection Control
2. The Basic Science of Viruses
3. How Respiratory Droplets Spread COVID-19
4. How Viruses Spread from Surfaces to People
5. How COVID-19 Spreads - A Review
6. Multi-Dose Vials
7. PPE Part 1 - Eye Protection
8. PPE Part 2 - Gloves & Gowns
9. Hand Hygiene
10. Virus 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 Aic

- 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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# 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!