CDPH
Chicago Department of Public Health

Infection Prevention and Control Roundtable with Acute Care Facilities

9-19-24

ACHOO TEAM

Reach out to us!

Our team:

- Deputy Commissioner: Stephanie Black
- Medical Director: Stephanie Black
  Michelle Funk
- Projects Administrator: Shane Zelencik
- Project Manager: Maria Bovee
- Infection Preventionist (IP):
  - Andrea Castillo
  - Karen Branch-Crawford
  - Kim Goitia (Dialysis, Outpatient, FQHCs)
- 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

Agenda

- CDPH Important Updates
  - Antimicrobial Resistance Conference: registration is open.
  - Mpox
  - iGAS
  - Point Prevalence Surveys
- Special Topic:
  - Preparing for Respiratory Viral Season: Current Epidemiology, Reporting Changes, and Infection Control Guidance
- Discussion and Q&A

CDPH
Chicago Department of Public Health

Registration is OPEN!

Combating Antimicrobial Resistance With Stewardship: A One Health Approach

November 19, 2024, 8:00 A.M. — 4:30 P.M. | Malcolm X College, Chicago

https://www.chicago.gov/city/en/depts/cdph/supp_info/infectious/one-health-conference-home.html

Important Updates: MPOX IP&C Guidance (Summary)

Patient Placement	PPE	Waste Management	EVS	Duration of Isolation	Assessing Risk in Exposed HCWs	Management of Patients with an Exposure

• A patient with suspected or confirmed MPXV infection should be placed in a single-person room; special air handling is not required.
 	
• Intubation, extubation, and any procedures likely to spread oral secretions should be **performed in an airborne infection isolation room.**
	• Gown
	• Gloves
	• Eye protection (i.e., goggles or a face shield that covers the front and sides of the face)
	• N95 respirator
		• Diagnostic samples and clinical waste advises that waste contaminated with clade I or clade II MPXV is designated as Category B infectious substances except when they contain or are contaminated with laboratory cultures of clade I MPXV. Refer to the current DOT Safety Advisory Notice for details.	• **Standard cleaning and disinfection** procedures should be performed using an EPA-registered hospital-grade disinfectant with an emerging viral pathogen claim. Products with Emerging Viral Pathogens claims may be found on EPA's List Q.
			
			• **Soiled laundry** should be gently and promptly contained in an appropriate laundry bag and never be shaken or handled in manner that may disperse infectious material.
			
			• Activities such as dry dusting, sweeping, or vacuuming should be avoided. **Wet cleaning methods are preferred.**
				• Those with **suspected** MPXV infection should have recommended isolation precautions for mpox maintained until MPXV infection is ruled out.
				
				• Those with **confirmed** MPXV infection should have recommended isolation precautions for mpox maintained **until all lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed underneath.**
					• **Correct and consistent use of PPE when caring for a patient with MPXV infection prevents transmission to HCP.** However, unrecognized errors during the use of PPE (e.g., self-contaminating when removing contaminated PPE) may create opportunities for transmission to HCP.
					
					• **CDC uses risk categories when assessing exposures: see definitions here:** https://www.cdc.gov/poxvirus/mpox/clinicians/infection-control-healthcare.html#anchor_1660143677200
					
					High Risk Exposure:
					• Monitoring**: Yes
					• PEP¶: Yes
					
					Intermediate Risk Exposure:
					• Monitoring**: Yes
					• PEP¶: Informed clinical decision-making recommended on an individual basis to determine whether benefits of PEP outweigh the risks
					
					Uncertain to Minimal Risk of Exposure:
					• Monitoring**: At discretion of facility and public health authority
					• PEP¶: No
					
					No Identifiable Risk of Exposure:
					• Monitoring**: No
					• PEP¶: No
					
					Decisions on how to monitor exposed HCP are at the discretion of the occupational health program and public health authorities. The type of monitoring employed often reflects the risk for transmission with more active-monitoring approaches used for higher risk exposures, including check-ins on tolerability of and adherence to PEP. Self-monitoring approaches are usually sufficient for exposures that carry a lesser risk for transmission.
						• In general, patients in healthcare facilities who have had an MPXV exposure and are asymptomatic do not need to be isolated, but they **should be monitored for 21 days.**
						
						• If a rash occurs, patients should:
						  ◦ Be placed on empiric isolation precautions for mpox until (1) the rash is evaluated, (2) testing is performed, if indicated, and (3) the results of testing are available and are negative.
						• If other symptoms of mpox are present, but there is no rash, patients should:
						  ◦ Be placed on empiric isolation precautions for mpox for 5 days after the development of any new symptom.

Source: https://www.cdc.gov/poxvirus/mpox/clinicians/infection-control-healthcare.html

iGAS: Confirmed Cases

- Updated 6/25/2024
- Confirmed: Group A Streptococcus, identified by culture or by detection of Strep A by nucleic acid testing from a normally sterile site, in an individual who:
  - Resides in a residential facility
  - Is postpartum
  - Is postsurgical
  - Was hospitalized at the time of onset of infection
- Necrotizing fasciitis (NF) and Streptococcal Toxic Shock Syndrome (STSS) are forms of invasive GAS infection and should be reported in the above situations.

iGAS Case Definition Details

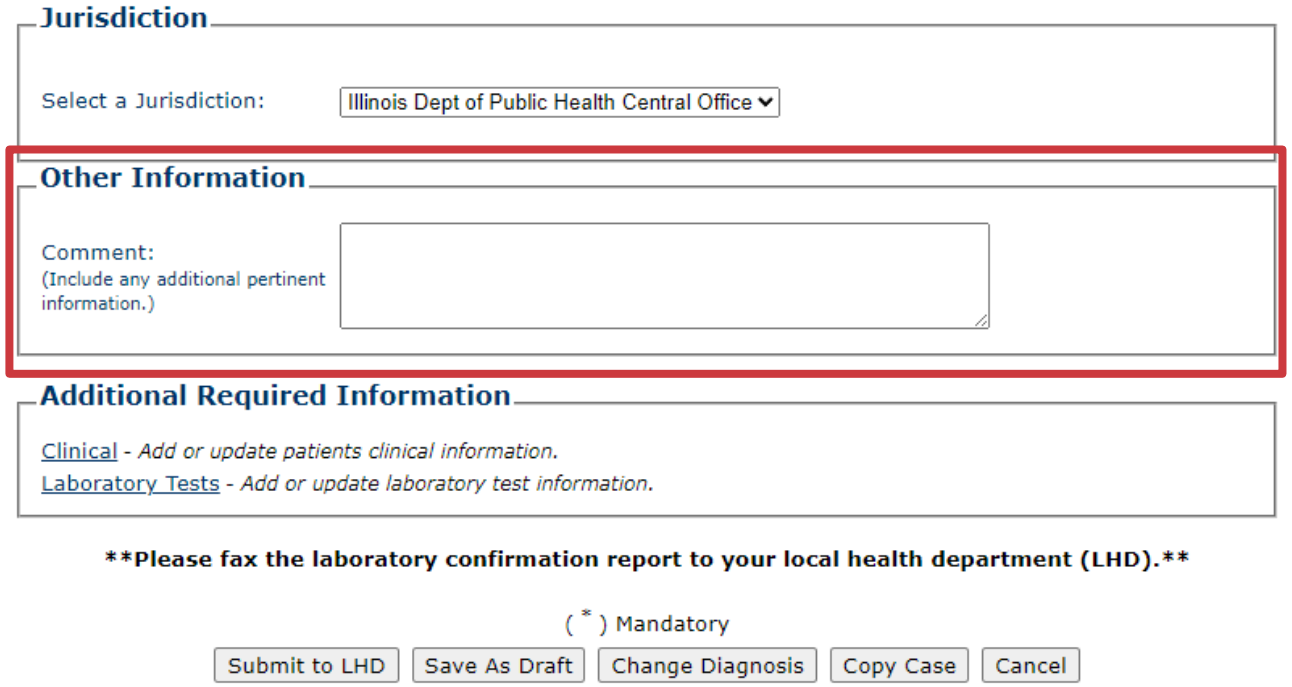
- Normally sterile body sites: such as blood, cerebrospinal fluid (CSF), pleural fluid, peritoneal fluid, pericardial fluid, surgical aspirate, bone, joint fluid, or internal body site (e.g., lymph node, brain)
- Residential Facility: (e.g. long-term care facility including skilled nursing facility, assisted living, ICF/DD, SMHRF, SLF, etc.; correctional facility including prison, jail, or juvenile justice facility; university or residential school; homeless shelter; group home; or other residential facility)

iGAS Case Definition Details cont.

- Is postpartum
  - Associated with a clinical postpartum infection (e.g., endometritis) or from either a sterile site or a wound infection.
  - Postpartum period of interest includes all inpatient days and the first 7 days after discharge.
- Is postsurgical
  - Identified during the hospital stay or the first 7 days after discharge
  - From a sterile site or a surgical wound
  - The indication for surgery was not a preexisting GAS infection
- Hospital onset
  - Hospitalized at the time of onset of infection
  - Infection was neither present on admission nor incubating at the time of admission.
  - Sample taken on hospital day 4 or later and symptoms associated with iGAS were not present on admission.
  - Reason for admission was unrelated to GAS infection, either invasive or non-invasive.

INEDSS

- Please indicate in the comments if:
  - The patient resides in a residential facility - if not obvious from the address.
  - The patient is postpartum - include date of delivery.
  - The patient is postsurgical - include date of procedure and indication.
  - The case is hospital onset – make sure the admission date and specimen collection date are correct.
  - If these situations do not apply, please indicate “not postpartum,” “no surgery,” etc.
- CDPH may still need some additional information depending on the scenario.



XDRO Point Prevalence Surveys

- CDPH may be able to come to your facility for a prevention or a response PPS.
- We test for CRE (peri-rectal swab) and C. auris (axilla/groin swab)
- If your facility is interested:
  - CDPH PPS Lead will reach out and walk you through the process
  - All levels of support will be provided by CDPH, including expense
  - What CDPH needs from you:
    - A current list of all residents with demographics, room/bed, indwelling devises, CP status
    - Rolling carts
    - Some staff support on the floor to help identify and locate residents
    - Reach out to Maria Bovee if interested in participating

CDPH Supported Point Prevalence Survey

CDPH also conducts periodic preventative PPSs at SNFs based on the Patient Transfer Network analysis.

If your facility is selected:

- CDPH PPS Lead will reach out and walk you through the process.
- All levels of support will be provided by CDPH, including expenses.
- What CDPH needs from you:
  - A current list of all residents with demographics, room/bed, indwelling devises, CP status.
  - Rolling carts
  - Some staff support on the floor to help identify and locate residents.

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Chicago Department of Public Health

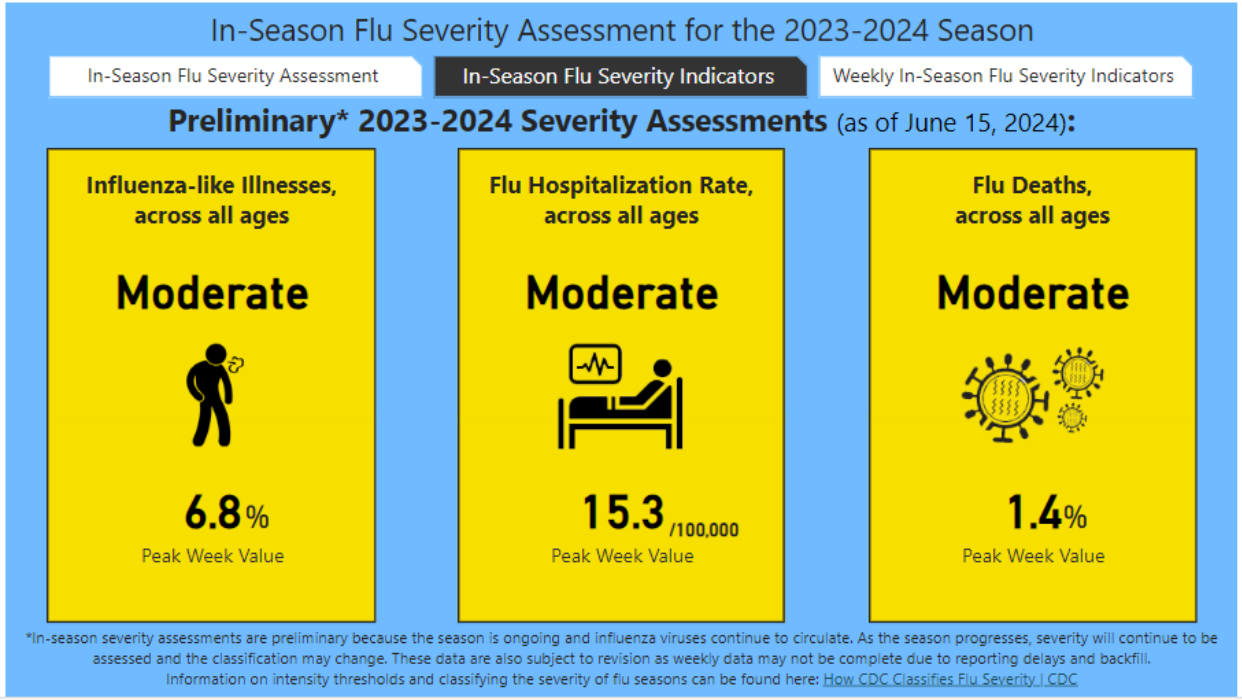
Respiratory Disease Surveillance Review and Updates for the Coming Season

IP Round Table – 9/19/2024

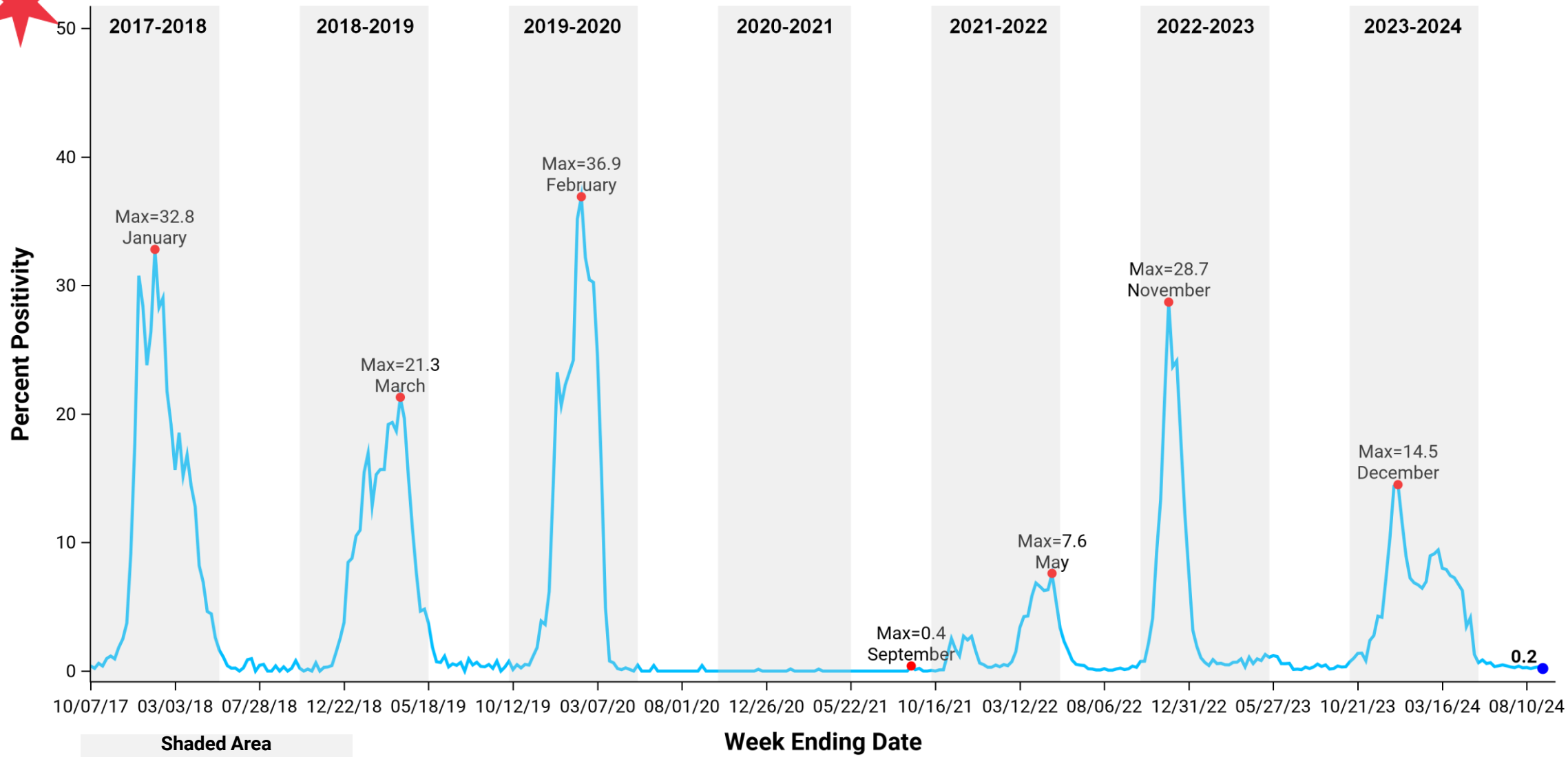
Stephanie Gretsch

Influenza activity in Chicago during the 2023-24 season was similar to previous non-pandemic seasons.

- 2023-24 season was moderately severe across all ages
- The most commonly detected influenza viruses for the season as a whole were **influenza A(H1N1)pdm09** viruses.
- The cumulative hospitalization rate is the second highest cumulative end-of-season hospitalization rate following the 2017-2018 season.
  - Older adults 65+ and 50-64 y/o followed by children <5 most affected

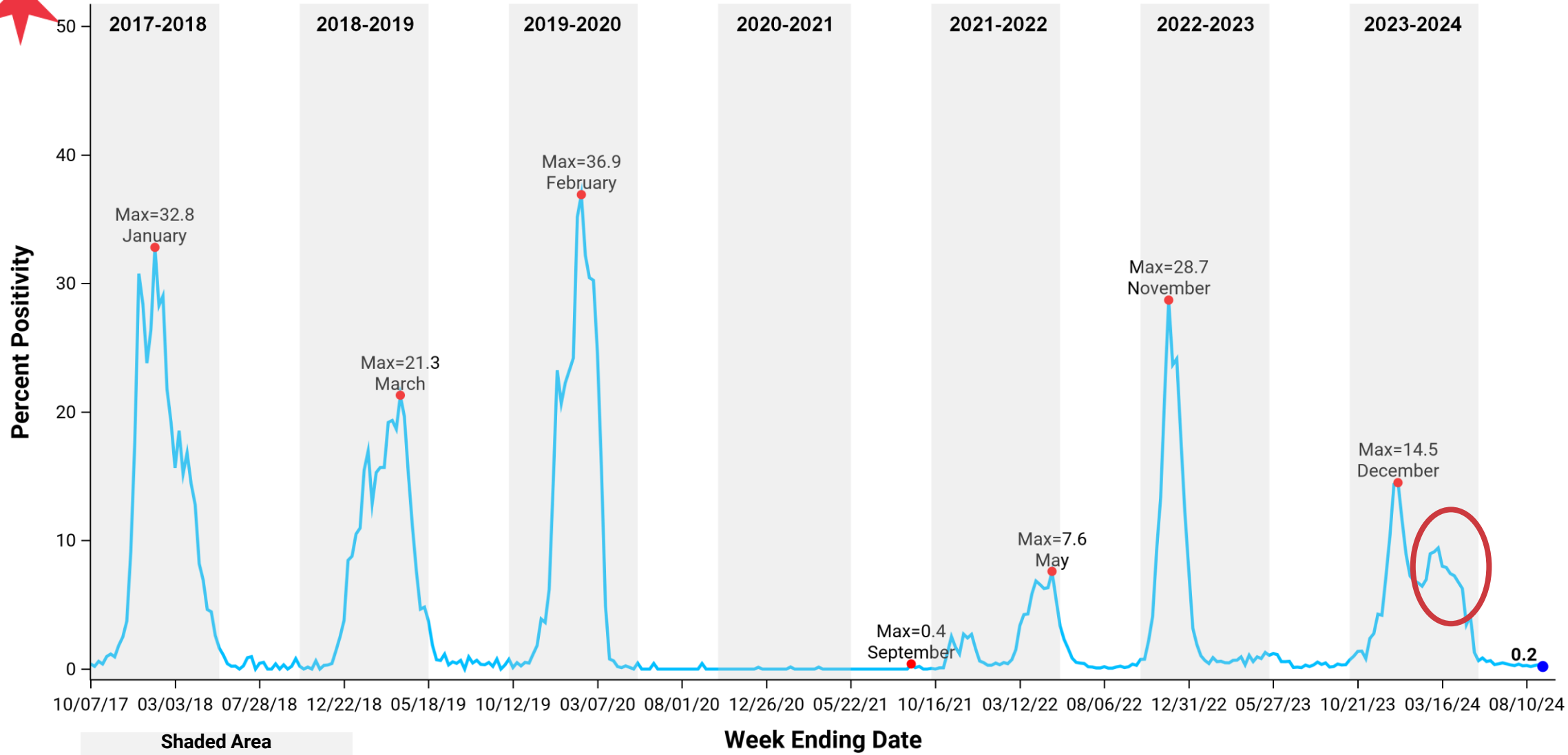


Influenza lab percent positivity peaked lower (14.5%) and later (in December) than last season.



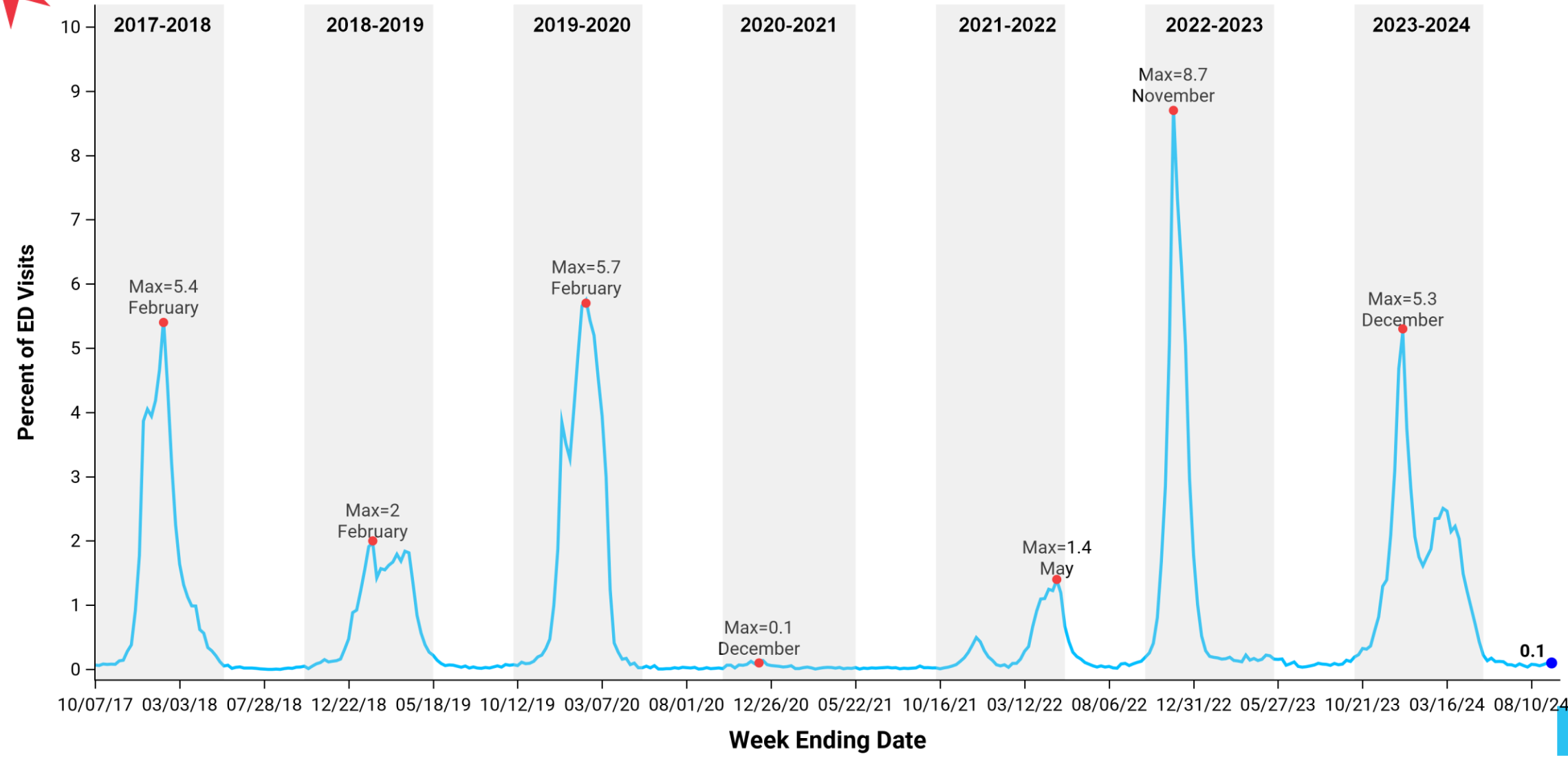
Shaded Area
Traditional Influenza Season
October - May

There was a second peak (9.4%) in March mainly associated with influenza B.

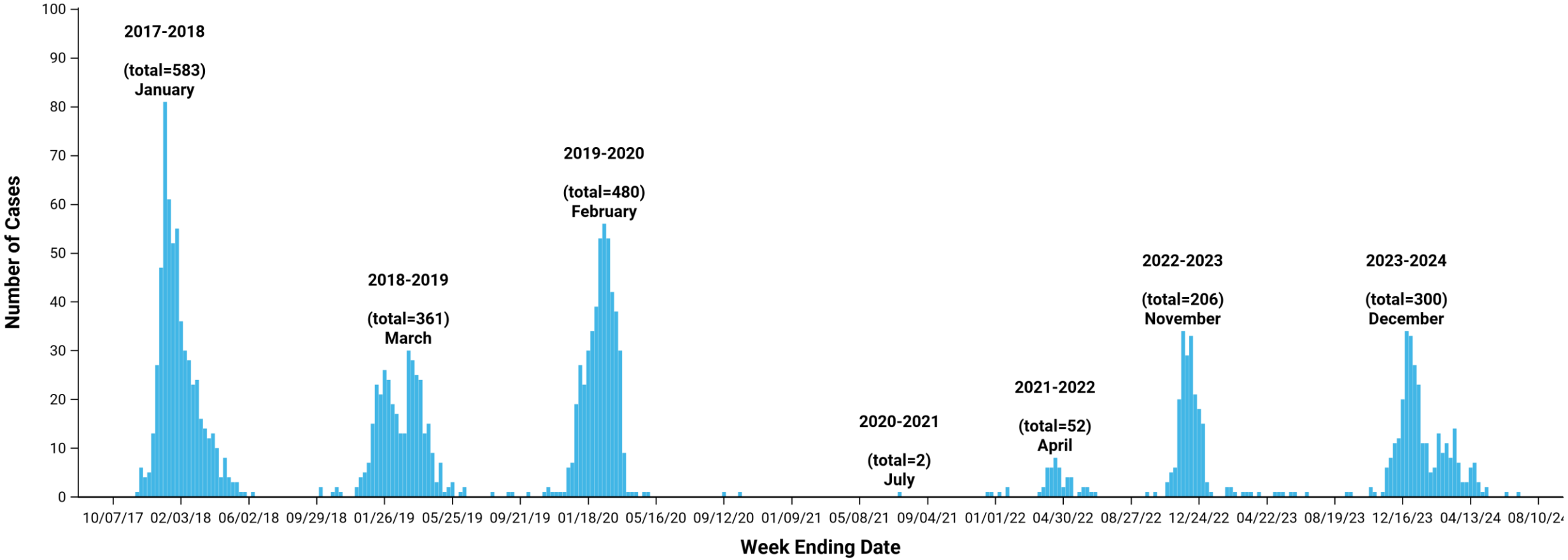


Shaded Area
Traditional Influenza Season
October - May

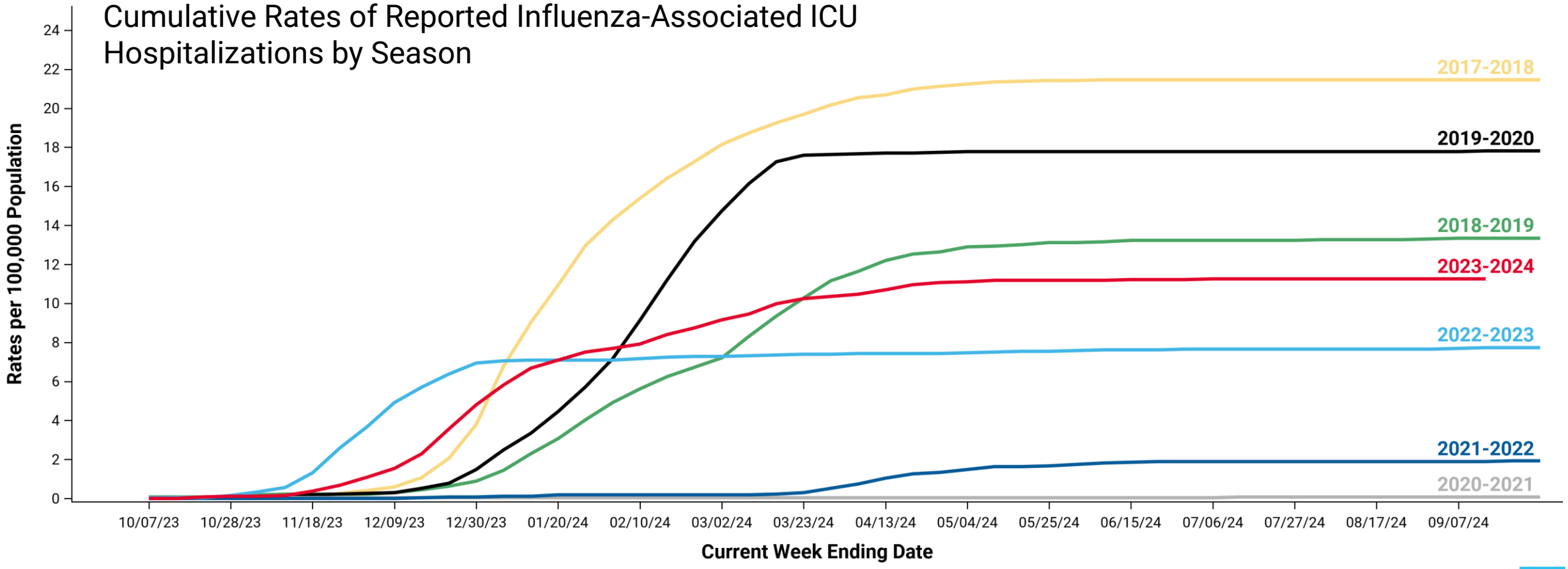
Similar trends seen among emergency department visits due to Influenza (DDx)



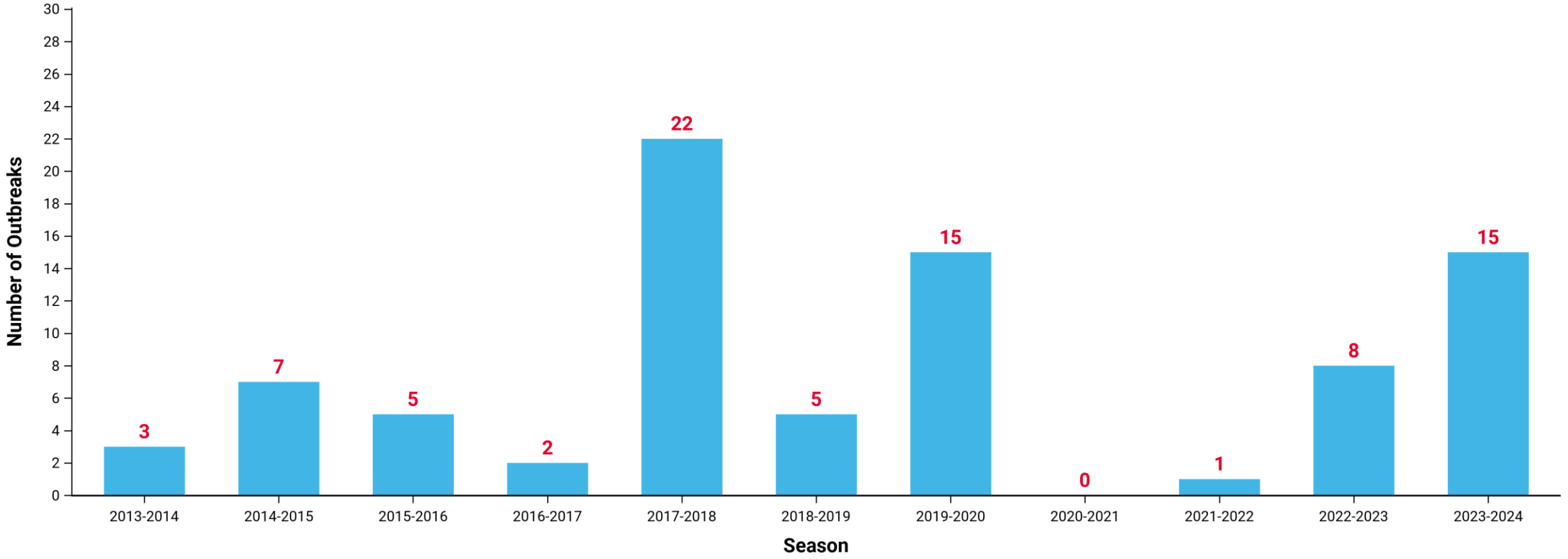
Weekly Reported Influenza-Associated ICU Hospitalizations
2017-2018 to 2023-2024



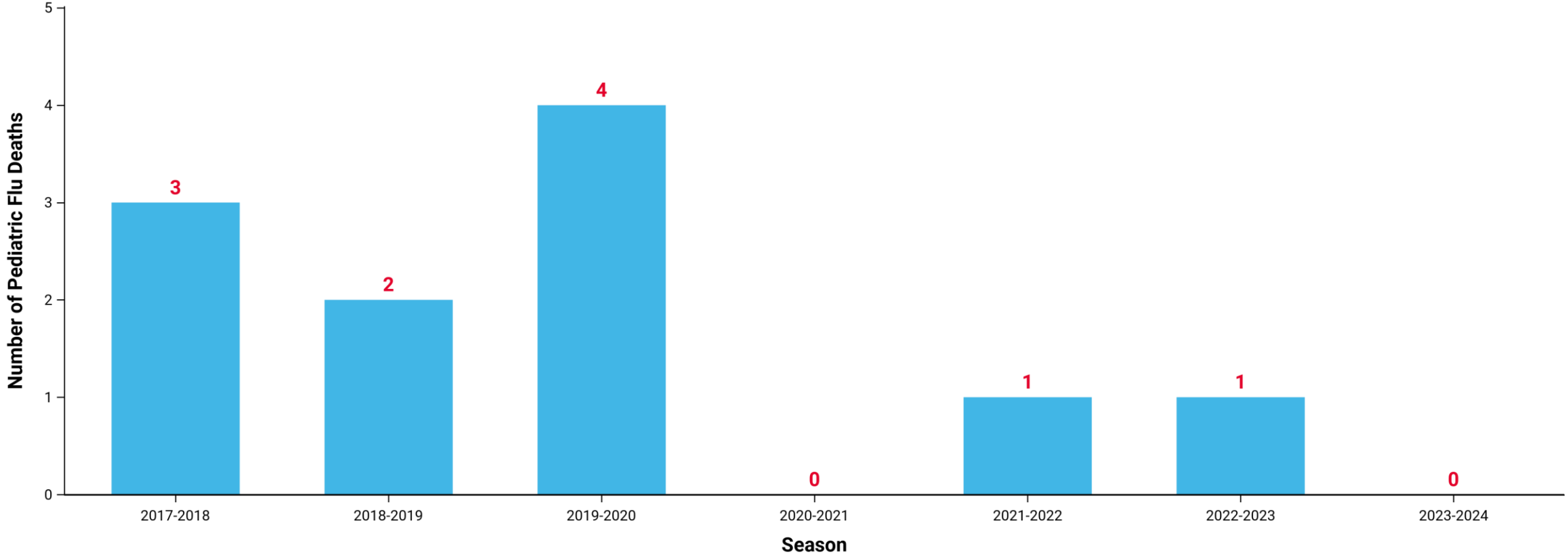
Cumulative ICU rates highest since the COVID pandemic but below prior influenza seasons



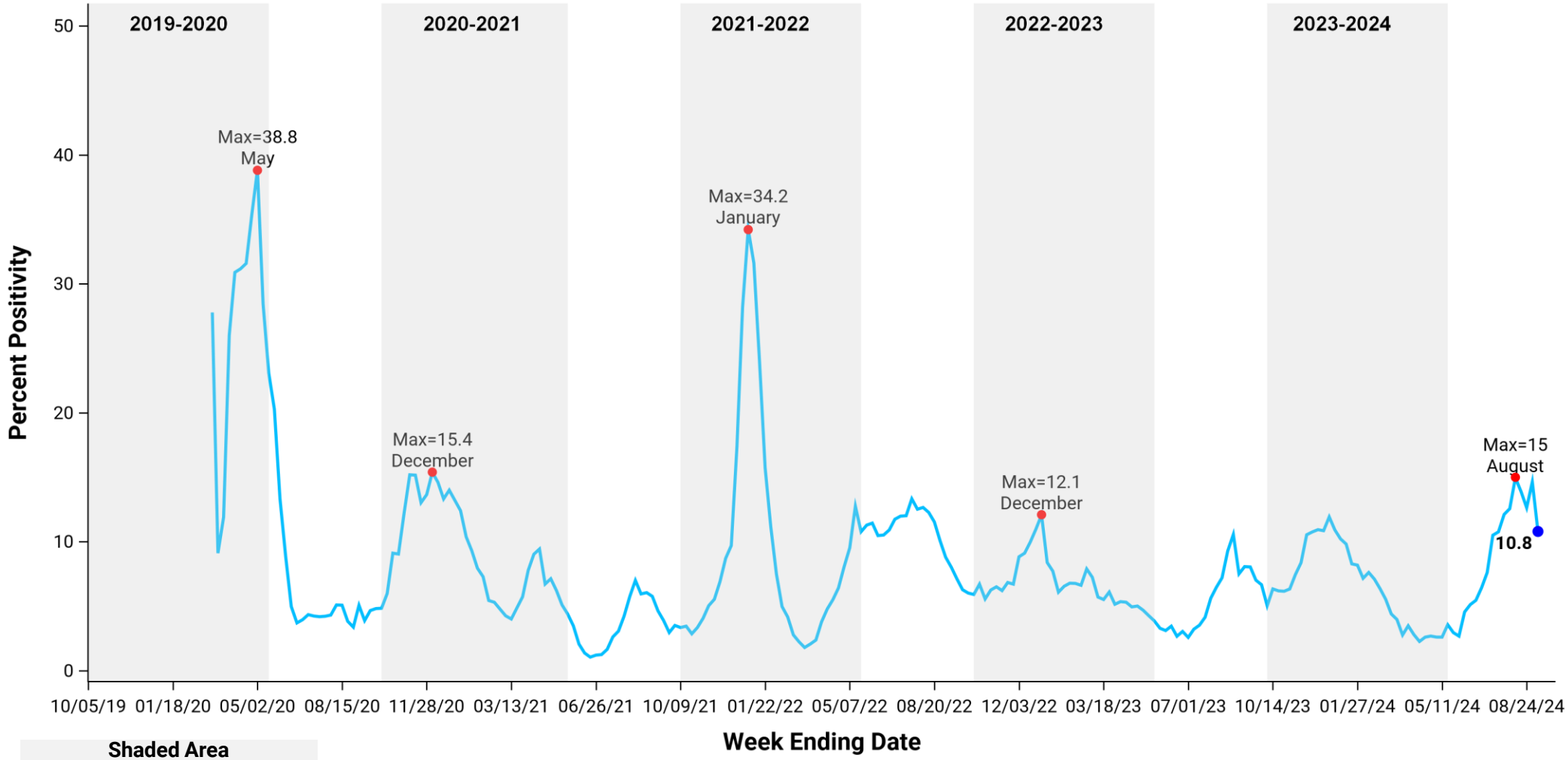
15 influenza outbreaks in long-term care facilities were reported, almost double than last season.



No reported pediatric influenza deaths in Chicago last season, but 199 reported in the US, equaling the previous high during the 2019-2020 season

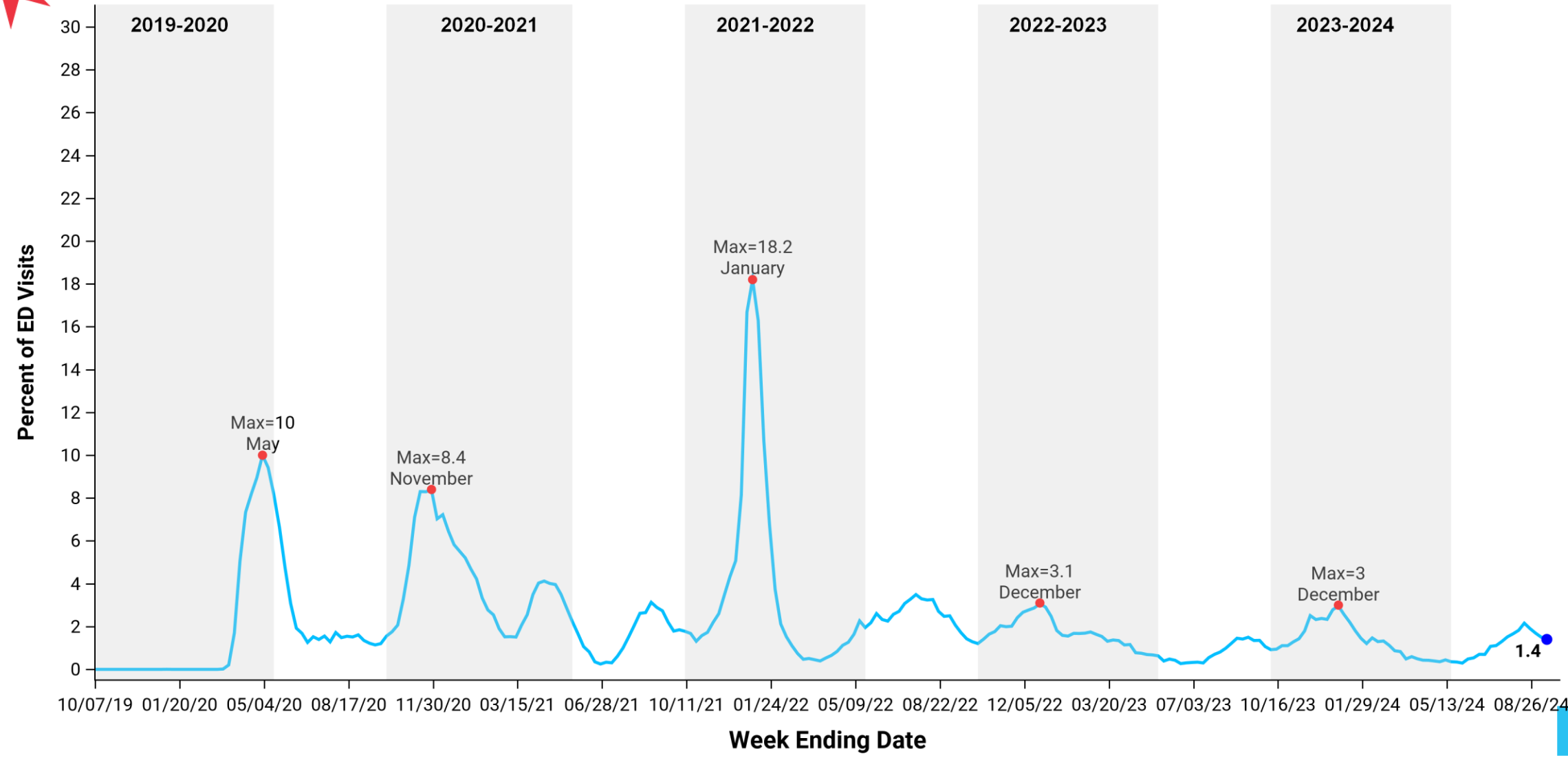


During the 2023-2024, COVID test positivity peaked in December (11.9%), similar to last season. However, a summer peak (15.0%) occurred in August.

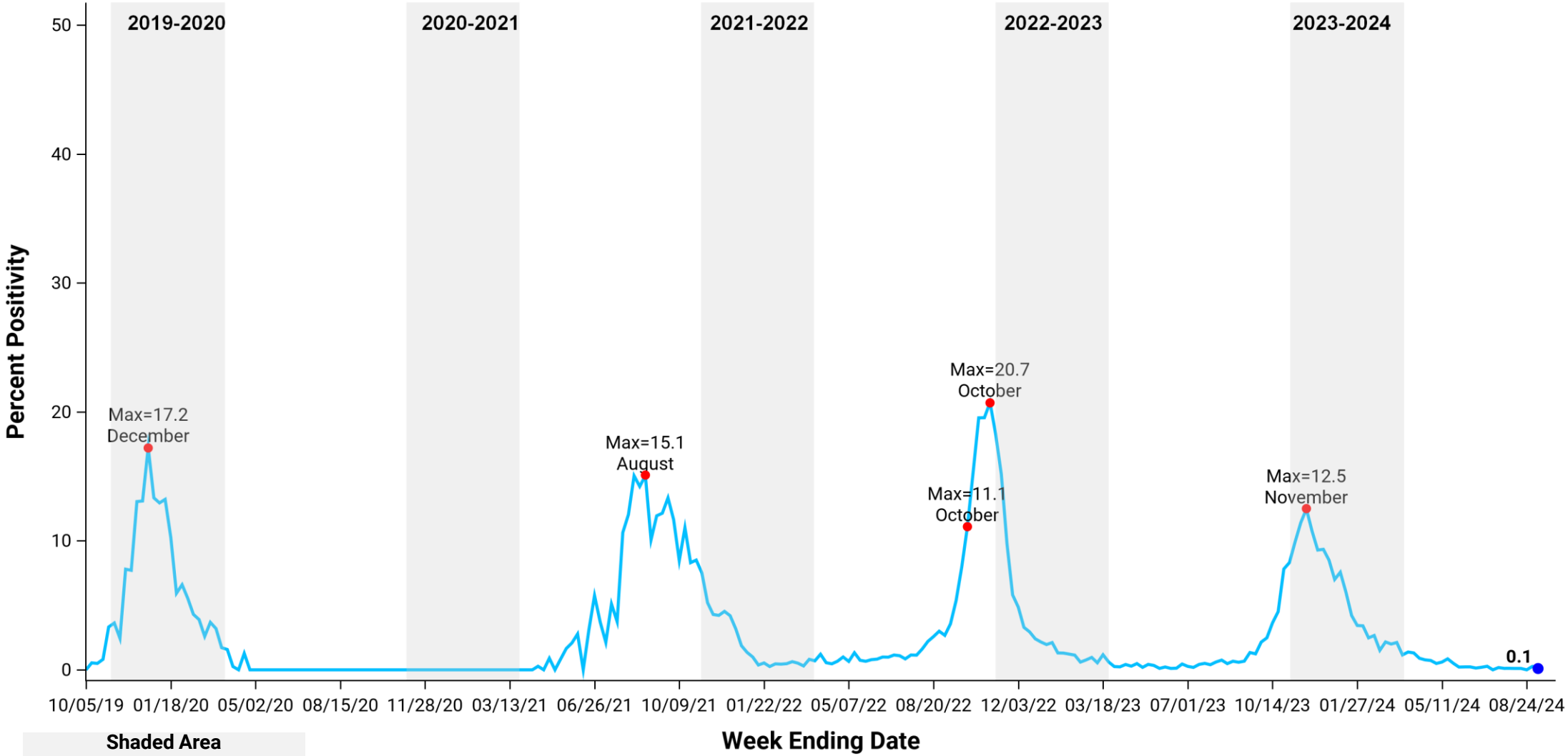


Shaded Area
Traditional Influenza Season
October - May

However, ED Visits Due to COVID-19 (DDx) were higher in December than during this current summer wave

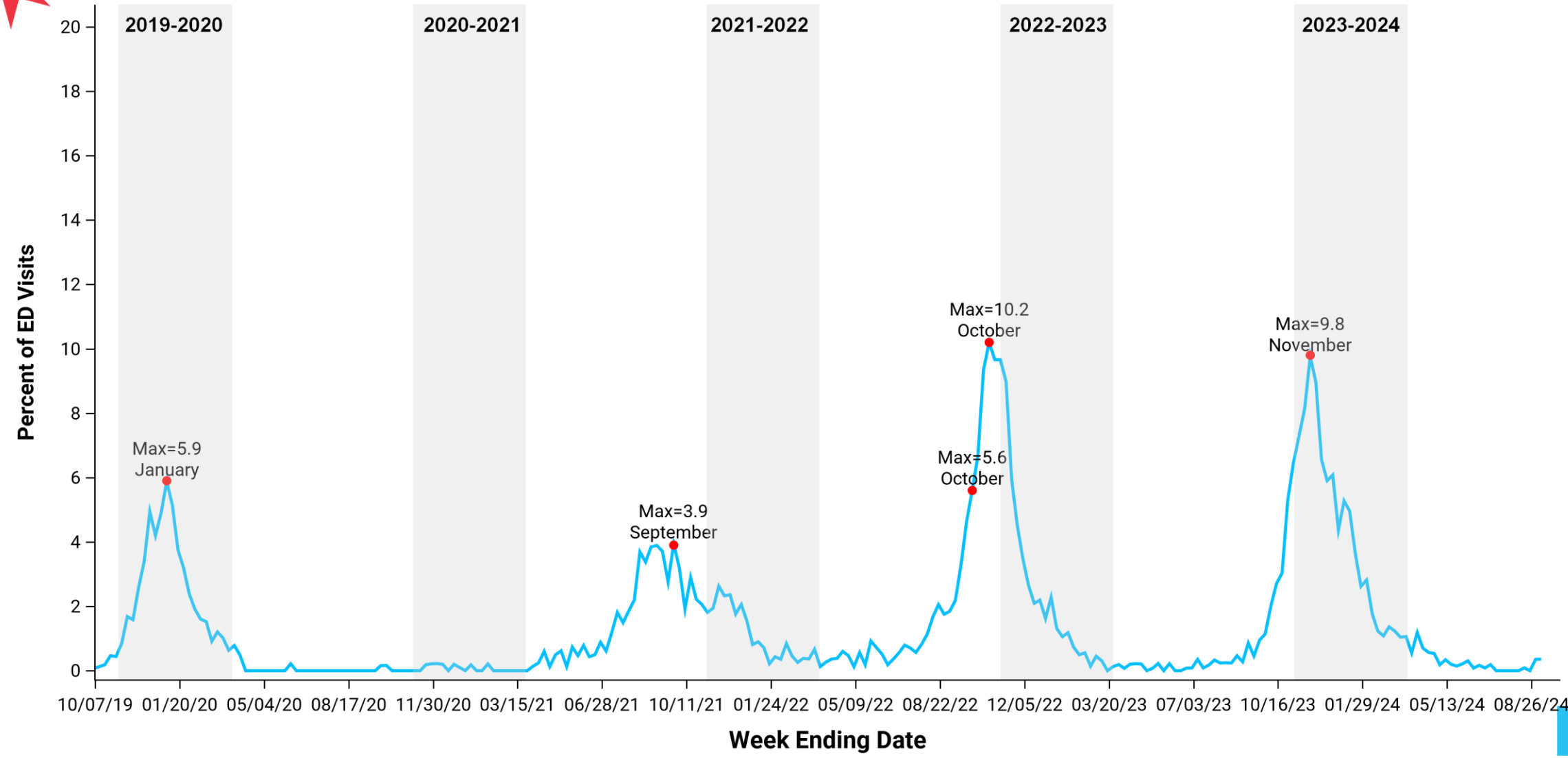


RSV seasonality was disrupted following the COVID Pandemic but has started to shift back to normal seasonal patterns

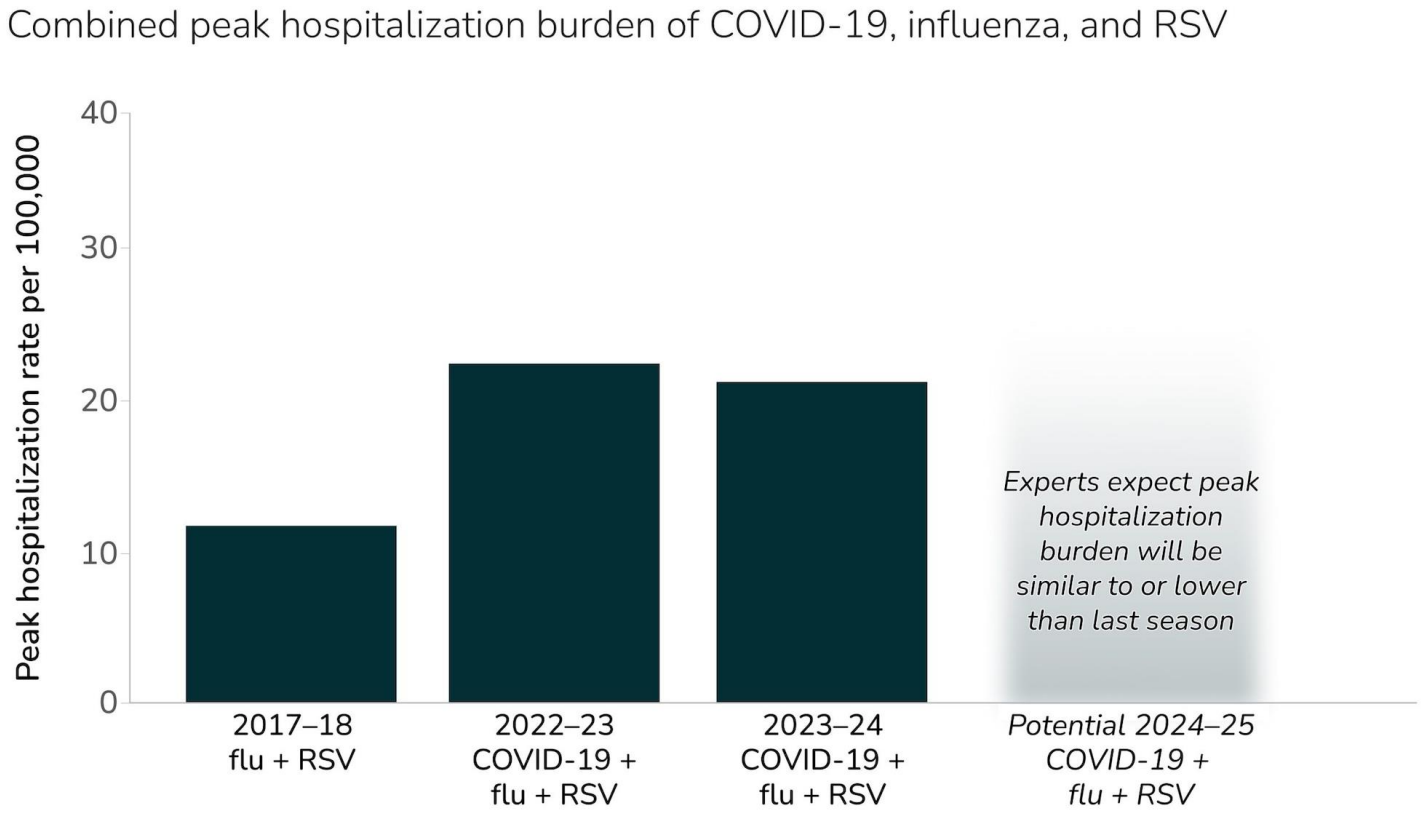


Shaded Area
Traditional RSV Season
November - March

Emergency Department Visits Due to RSV (DDx) in Children <5 years



Upcoming 2024–25 season peak hospitalization burden likely similar to or lower than last year

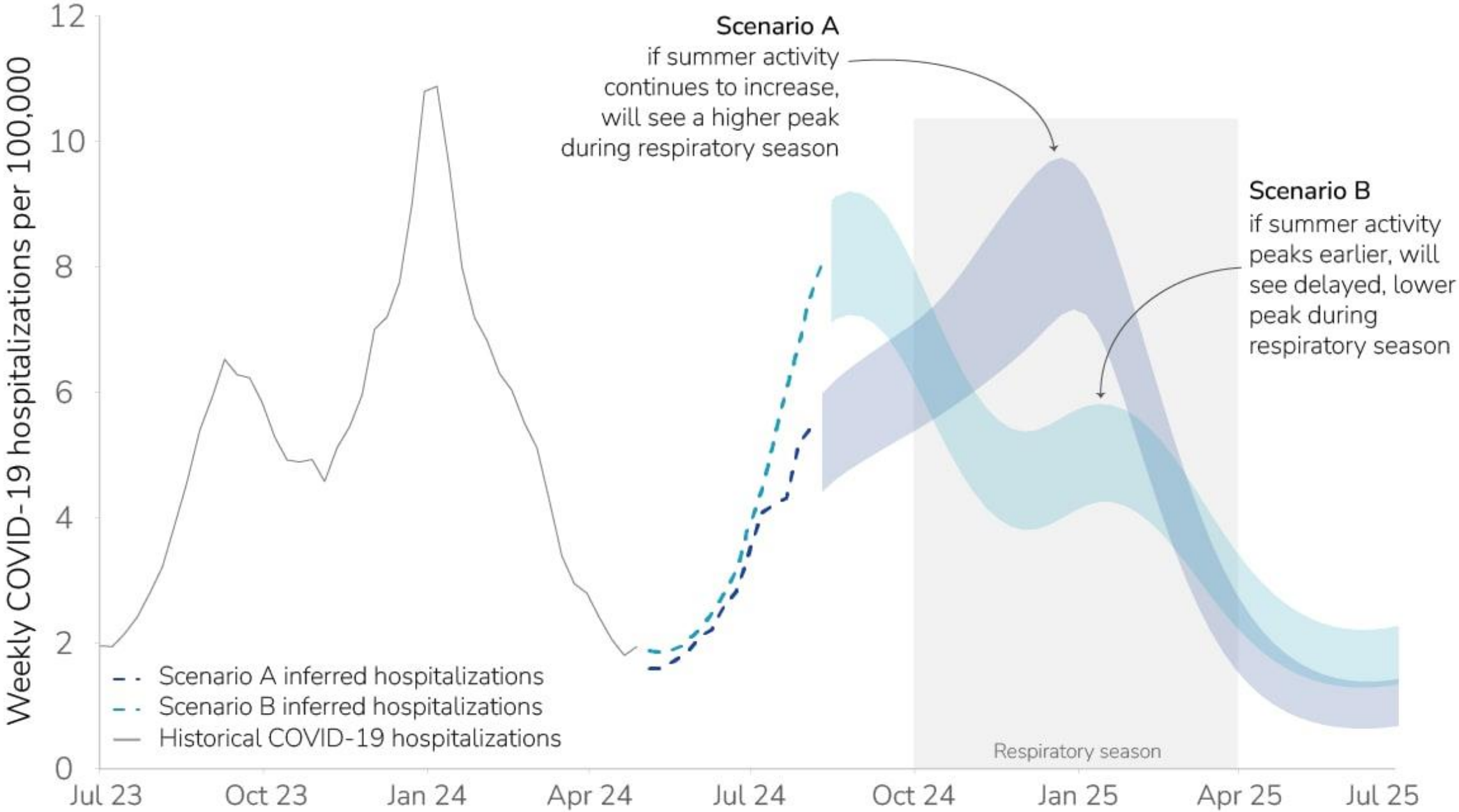


Could be worse if:

- New COVID variant
- Predominance of influenza subtype with more severe outcomes
- Lower vaccine uptake or effectiveness

https://www.cdc.gov/cfa-qualitative-assessments/php/data-research/season-outlook24-25/index.html

Possible scenarios for weekly COVID-19 hospitalizations for 2024-2025 respiratory season



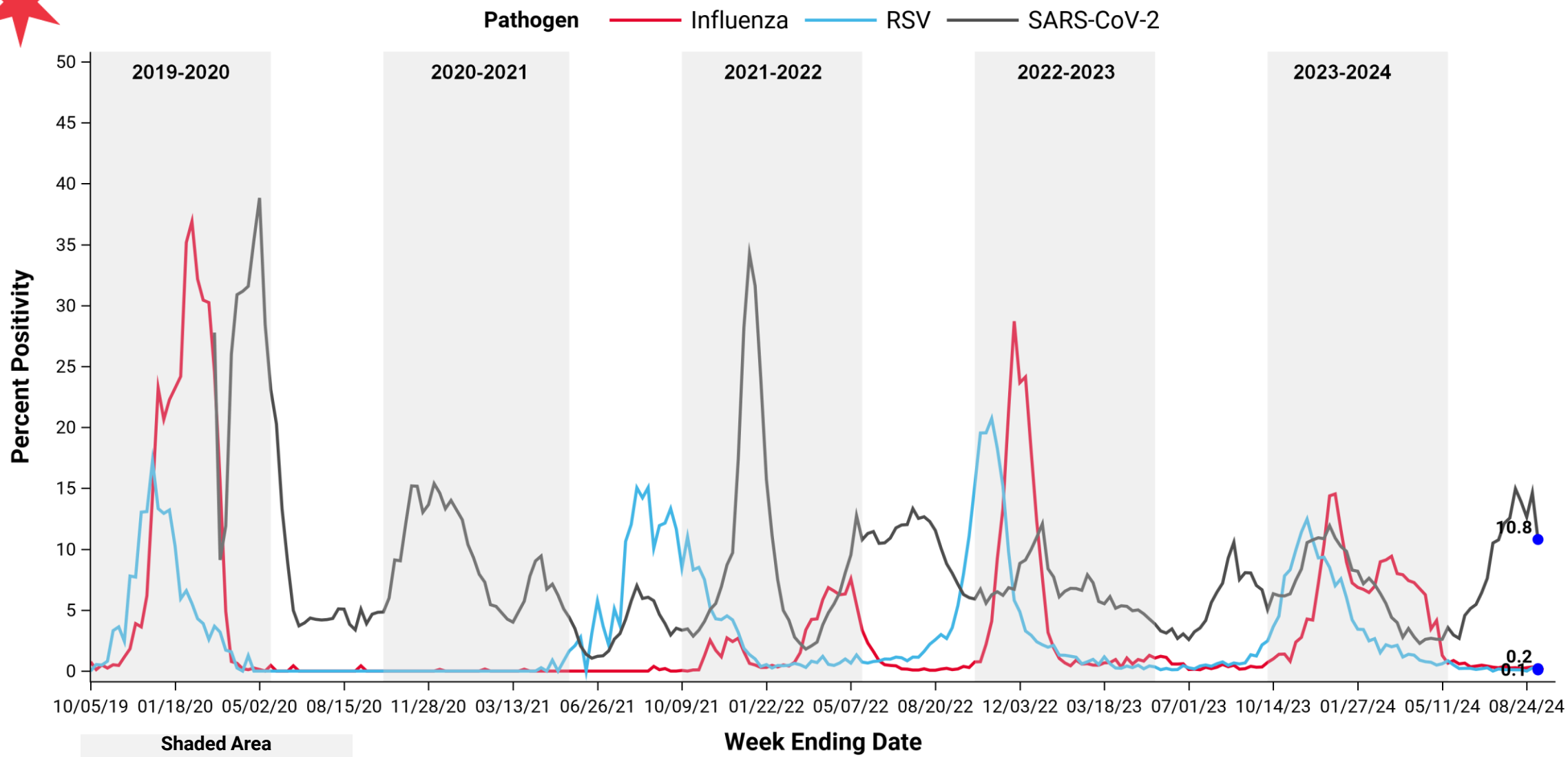
Data suggests that this flu season was similar to previous flu seasons in the Southern Hemisphere.

- **South America**:
  - Flu activity has been primarily attributed to influenza A(H3N2) viruses, though influenza A(H1N1) and B viruses have also been reported.
  - Some countries experienced very high levels of flu activity, but most reported moderate or low flu activity levels similar to levels observed in prior seasons.

- **Africa**:
  - Influenza A(H1N1) viruses have predominated in Africa, though influenza B detections have increased in recent weeks.
  - So far, most African countries have remained at low and moderate levels of influenza detections during the 2024 season.

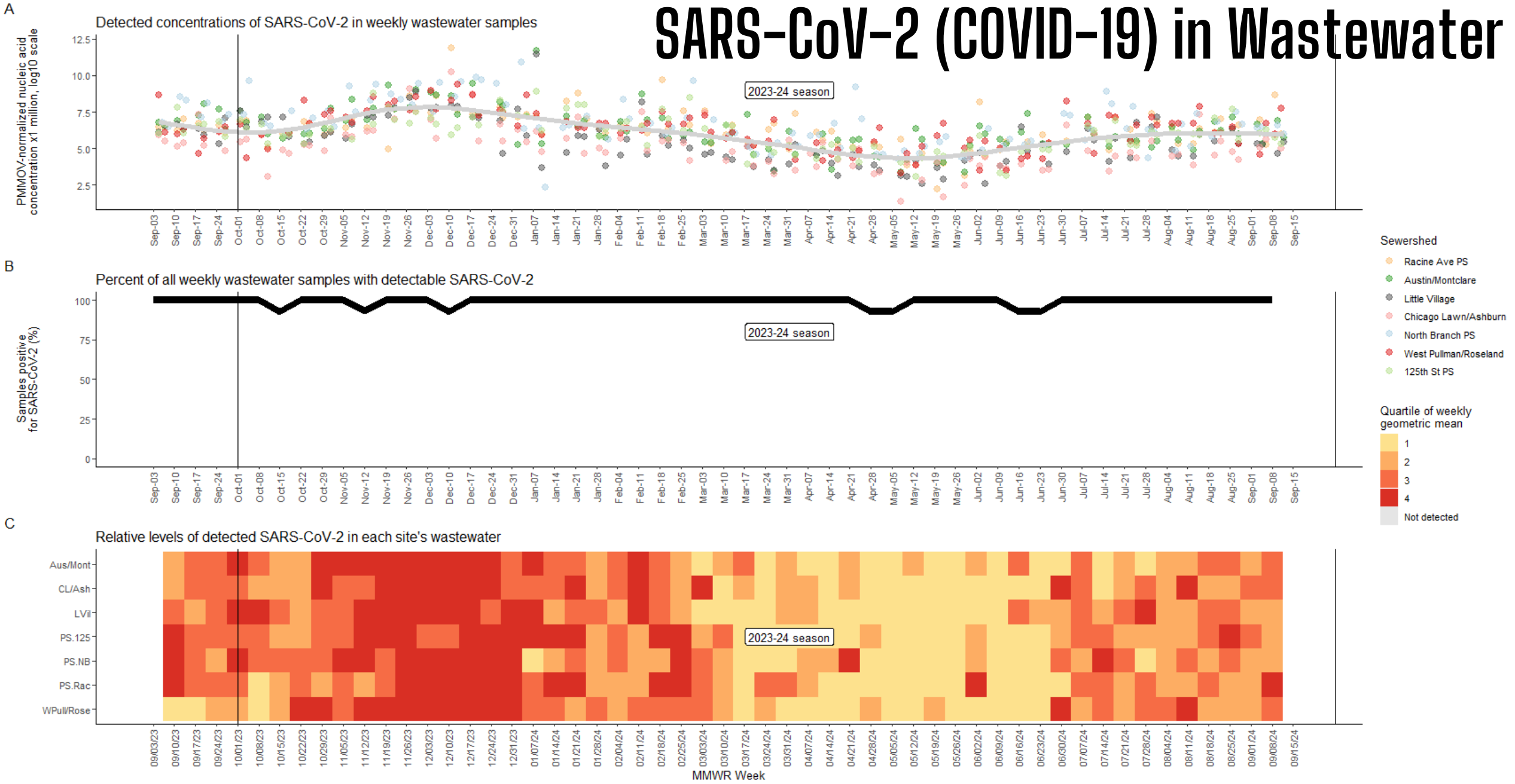
- **Australia**:
  - Influenza A(H3N2) viruses were predominant among subtyped viruses.
  - Australia's 2024 flu season had a similar start week compared to both pre-pandemic trends and the previous 2023 season.
  - Influenza detections briefly reached moderate levels but have been decreasing in recent weeks, though several jurisdictions continue to show increasing flu activity

What's going on right now



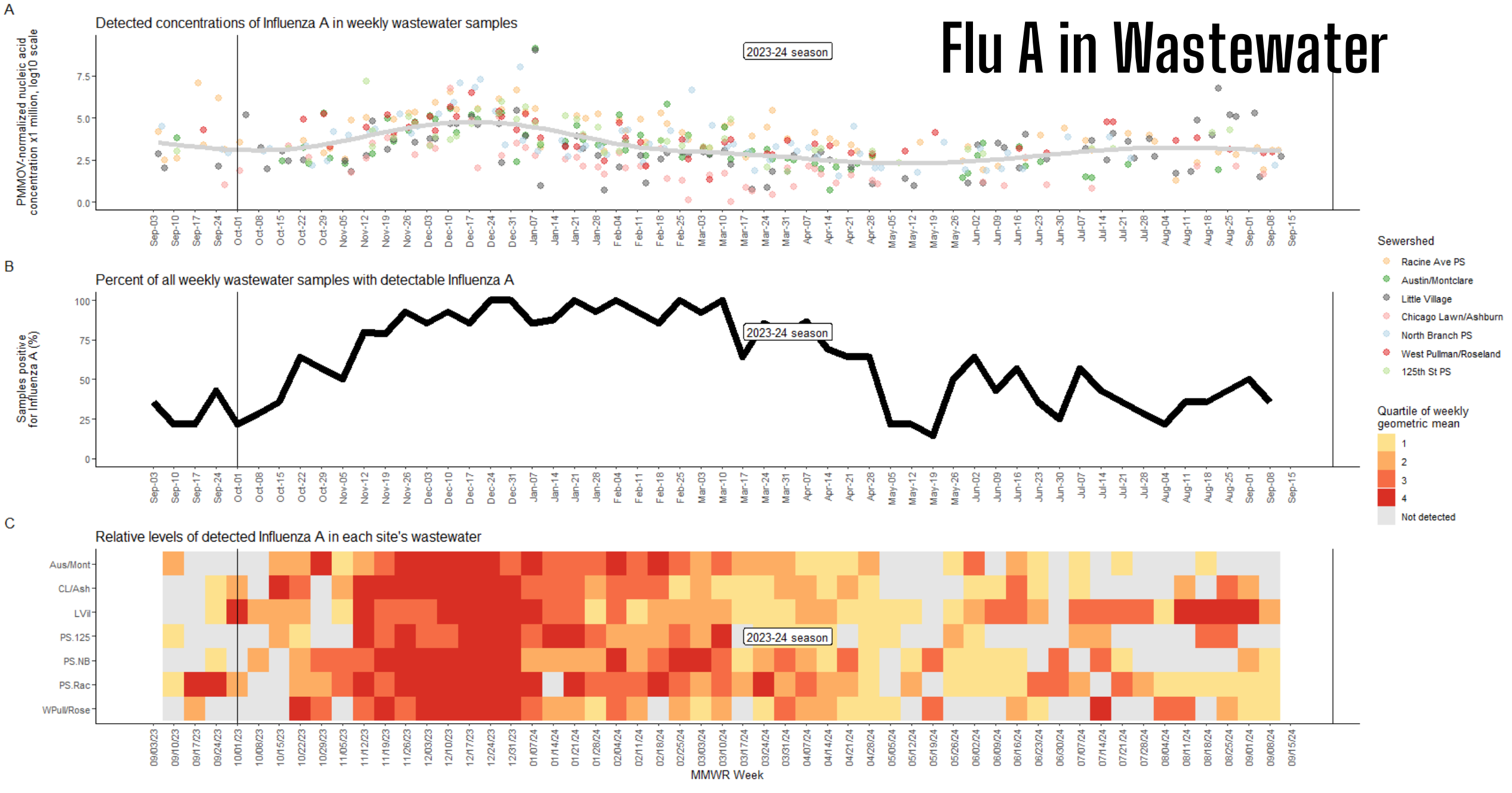
Shaded Area
Traditional Influenza Season
October-May

SARS-CoV-2 (COVID-19) in Wastewater



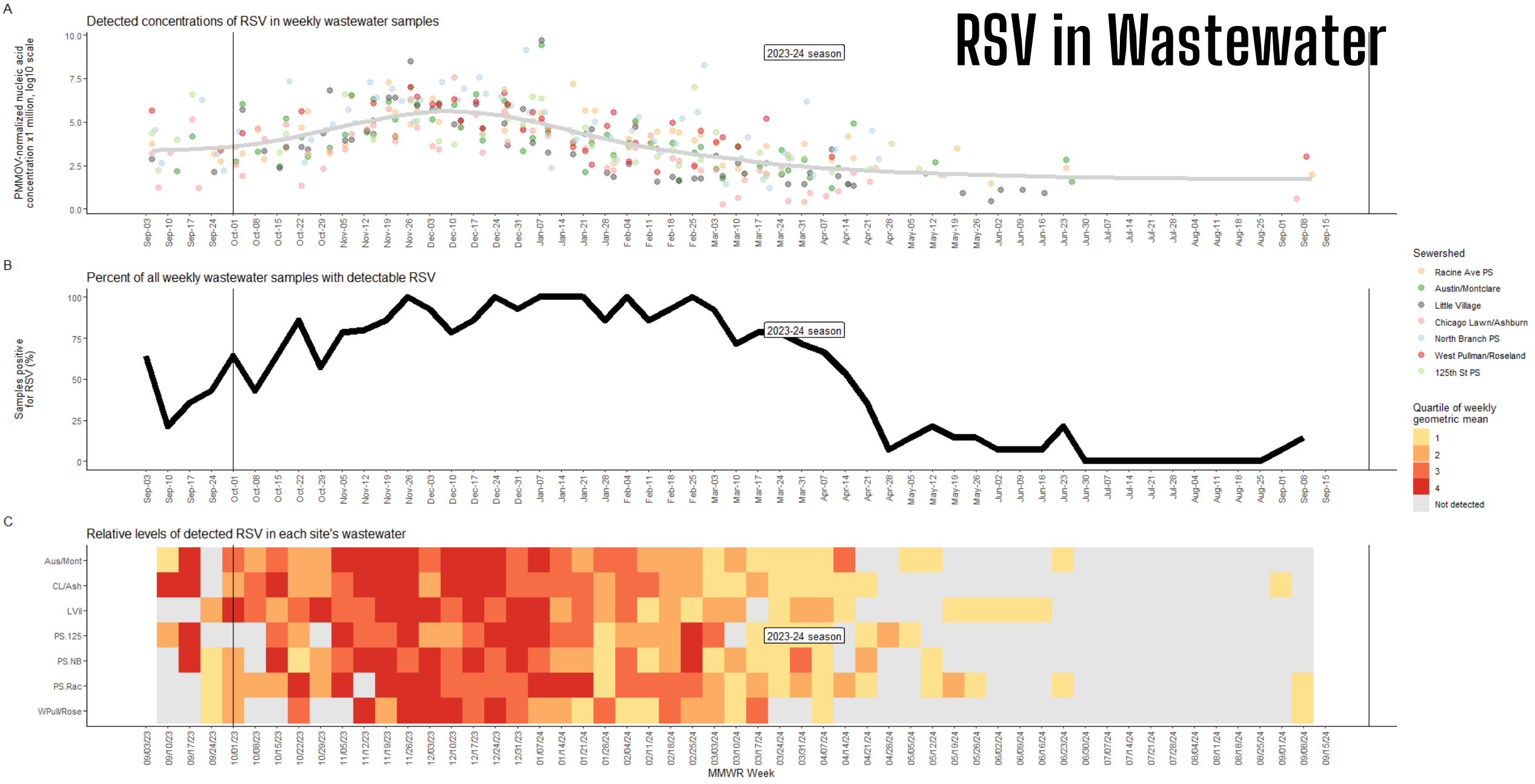
(C) displays the quartile of each week's geometric mean concentration for each site. Quartiles are calculated using all data from each respiratory season.

Flu A in Wastewater



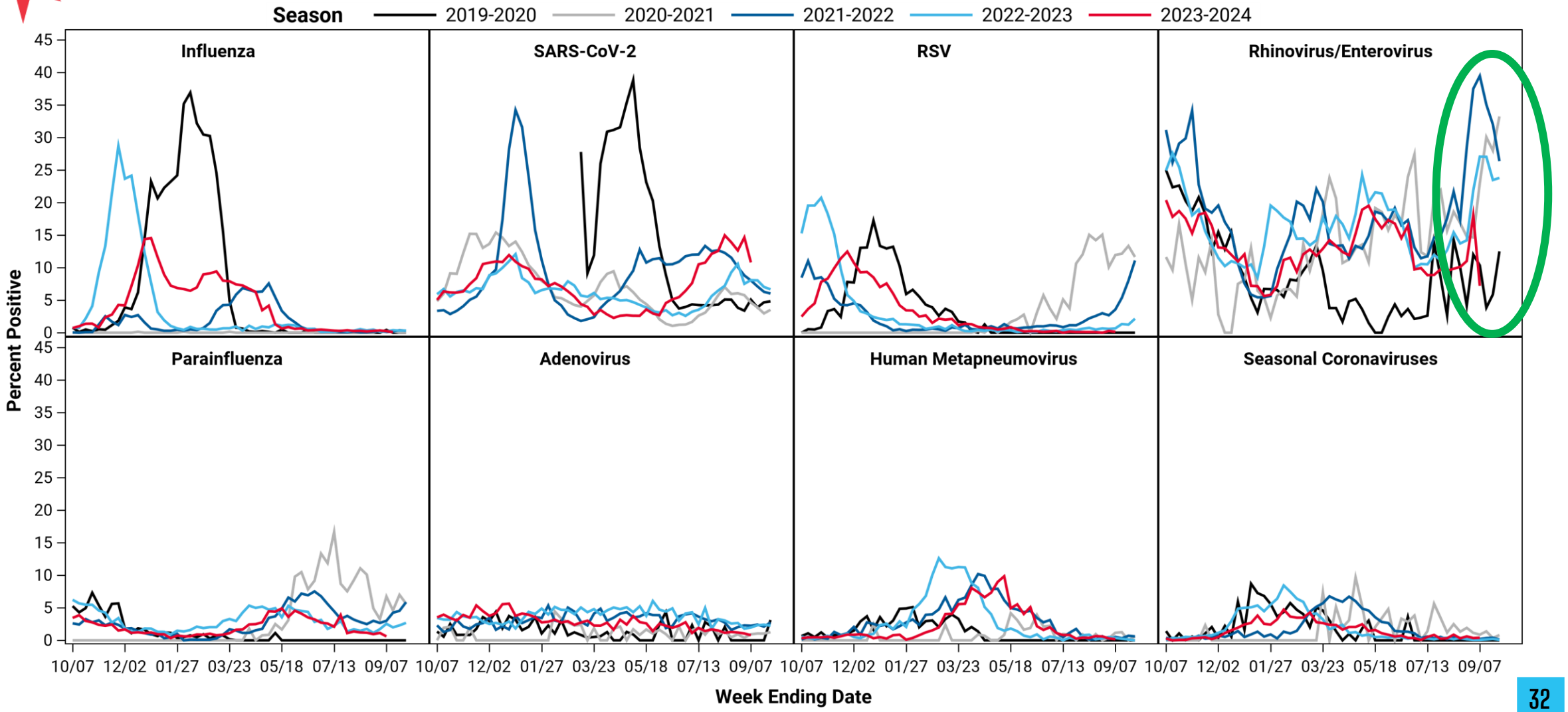
(C) displays the quartile of each week's geometric mean concentration for each site. Quartiles are calculated using all data from each respiratory season.

RSV in Wastewater

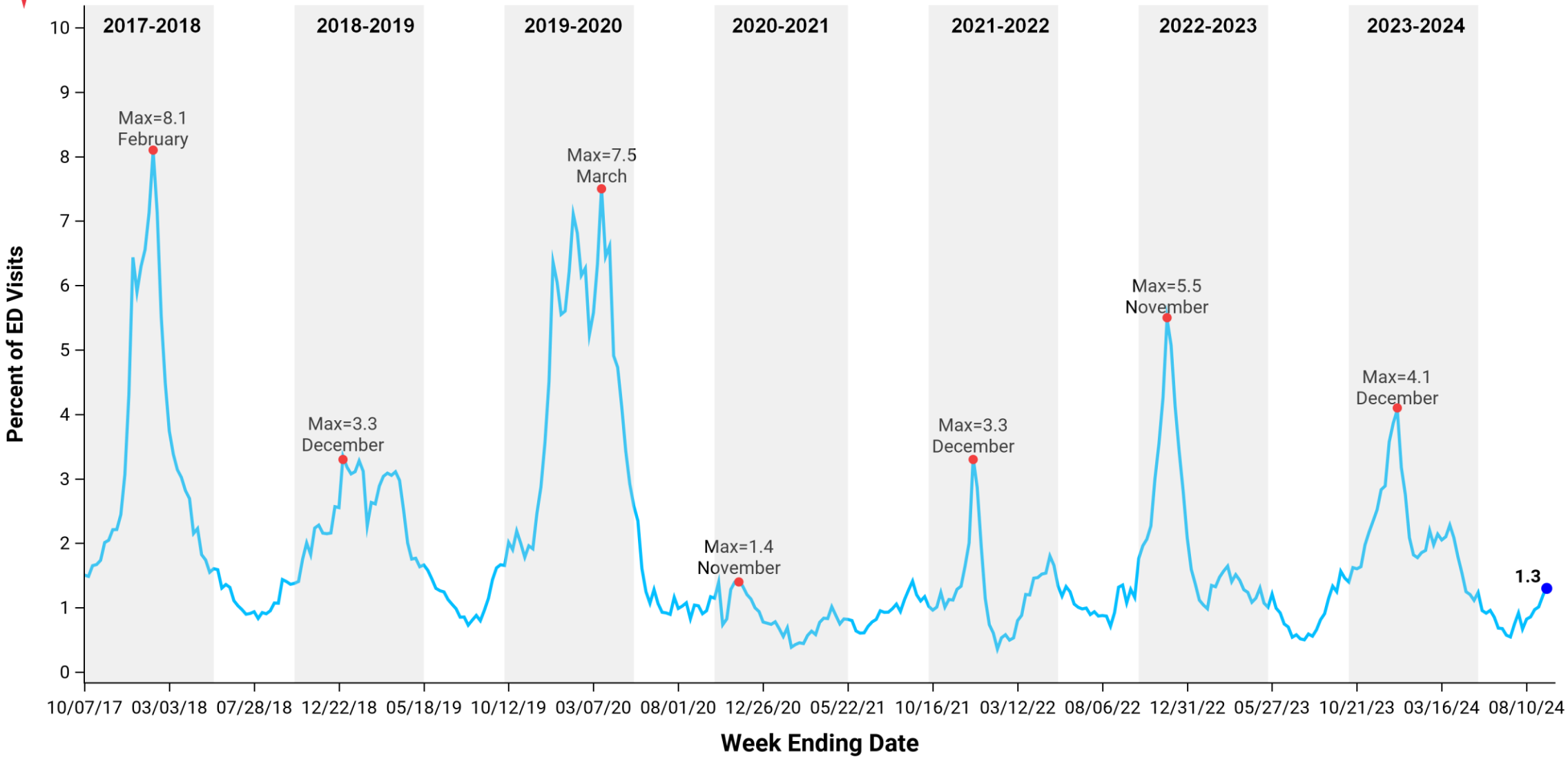


(C) displays the quartile of each week's geometric mean concentration for each site. Quartiles are calculated using all data from each respiratory season.

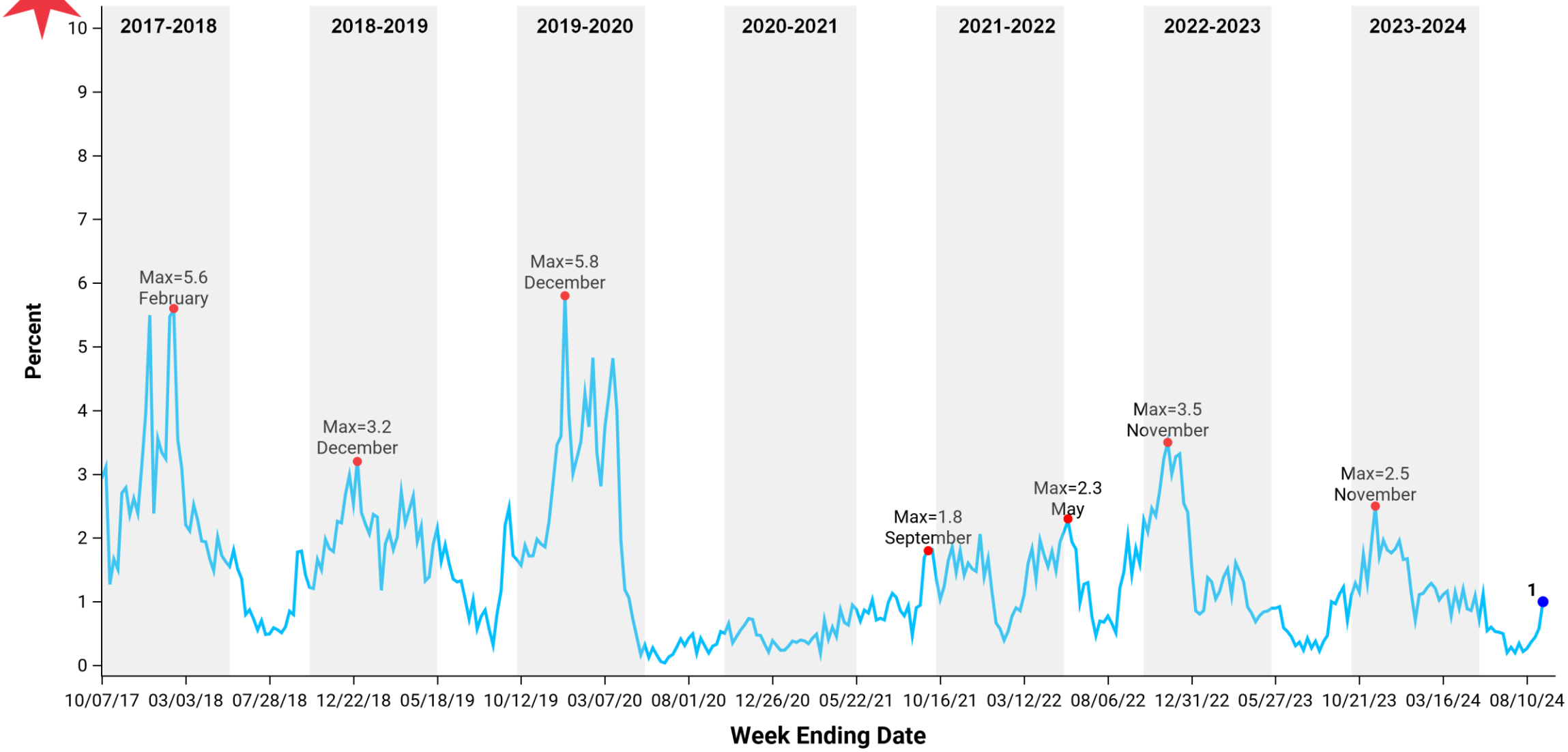
Respiratory Virus Percent Positivity Seasonal Trends



Emergency Department Visits Due to Influenza-like Illness (ILI)



Outpatient Visits Due to ILI (ILINet)



Avian Influenza A (H5N1) Situation

- No indicators of unusual flu activity in people, including avian influenza A(H5N1) viruses. Overall risk assessment still low.

Total Reported Human Cases of H5 in the United States since 2022	**15**
Human Cases of H5 Following Exposure to Dairy Cows since April 1, 2024	**4**
Human Cases of H5 Following Exposure to Poultry since April 28, 2022	**10** (9 in 2024)
Human Cases of H5 with No Immediately Known Animal Exposure	**1** (Missouri case reported 9/6/24)*
States with Reported Case(s)	Colorado, Michigan, Missouri, Texas

- As of September 13, 2024, USDA is reporting that 202 dairy cow herds in 14 U.S. states have confirmed cases of avian influenza A(H5N1) virus infections in dairy cows as the number of infected herds continues to grow.
- Most recently, outbreaks in cows on eight California dairy farms were confirmed.
- USDA reports that since April 2024, there have been A(H5) detections in 35 commercial flocks and 22 backyard flocks, for a total of 18.68 million birds affected.
- **No H5 detections have been identified on Illinois farms.**

CDPH H5 Surveillance Activities

- Wastewater Surveillance
  - Monitoring for high levels of influenza A and conducting H5 dPCR testing if high levels detected.
  - **Currently, CDPH has not had any H5 detections in tested samples.**

- Symptom monitoring for exposed individuals
  - CDPH has a protocol to monitor individuals that have worked on farms where H5 has been detected and return to Chicago after contract work has ended.
  - Less than a dozen individuals have been monitored this year.

- Laboratory-based surveillance

- Monitoring usual human influenza surveillance systems for unusual activity over the summer

When to submit influenza specimens for typing

- In general, these are the two main categories where we would recommend a specimen be sent to IDPH for subtyping:

  1. If a rapid test is performed on an ICU patient and it is positive for influenza A: the recommendation is to send that specimen to IDPH lab for further subtyping, the hospital doesn't need to subtype if they don't want to. This doesn't apply to ED or outpatient visits. *unless of course there is a high suspicion for HPAI in which case they should consult with CDPH and we can advise.

  2. If a lab performs an influenza test on a platform that does subtype and the result is influenza A, but it was not subtyepable (meaning they tried but couldn't), IDPH recommendation is to send that specimen to IDPH lab to subtype. Regardless of level of care.

- And this only applies to positive influenza A specimens (not influenza B).
- CDPH is not recommending any specific types of tests to be used.

New reportable conditions this season

	COVID-19	Influenza	RSV
ICU Admissions (lab-confirmed)	**NEW**	Existing	**NEW**
Pediatric deaths	**NEW**	Existing	**NEW**
Positive laboratory tests*	Existing	**NEW**	**NEW**

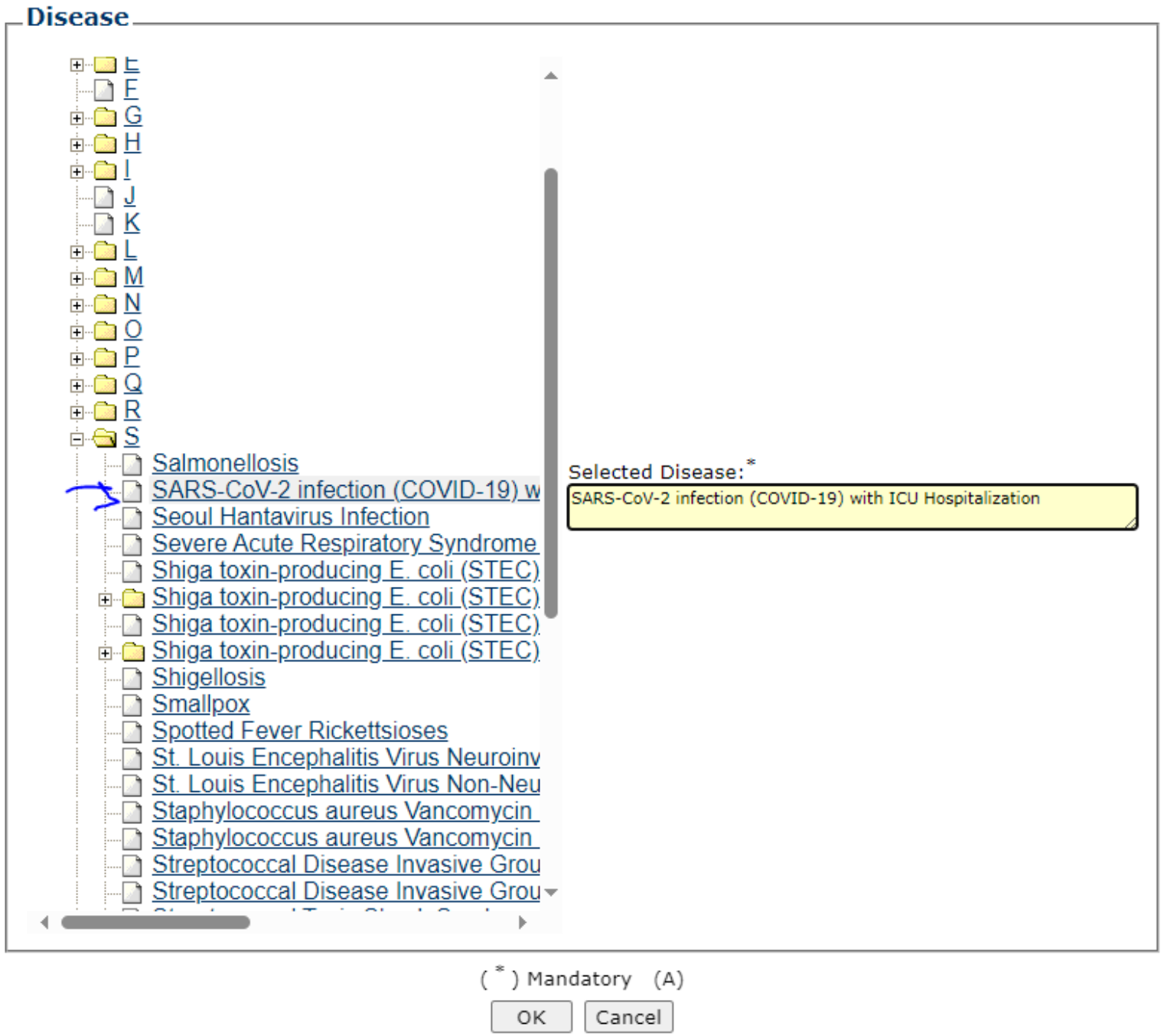
*Electronic laboratory reporting (ELR) only

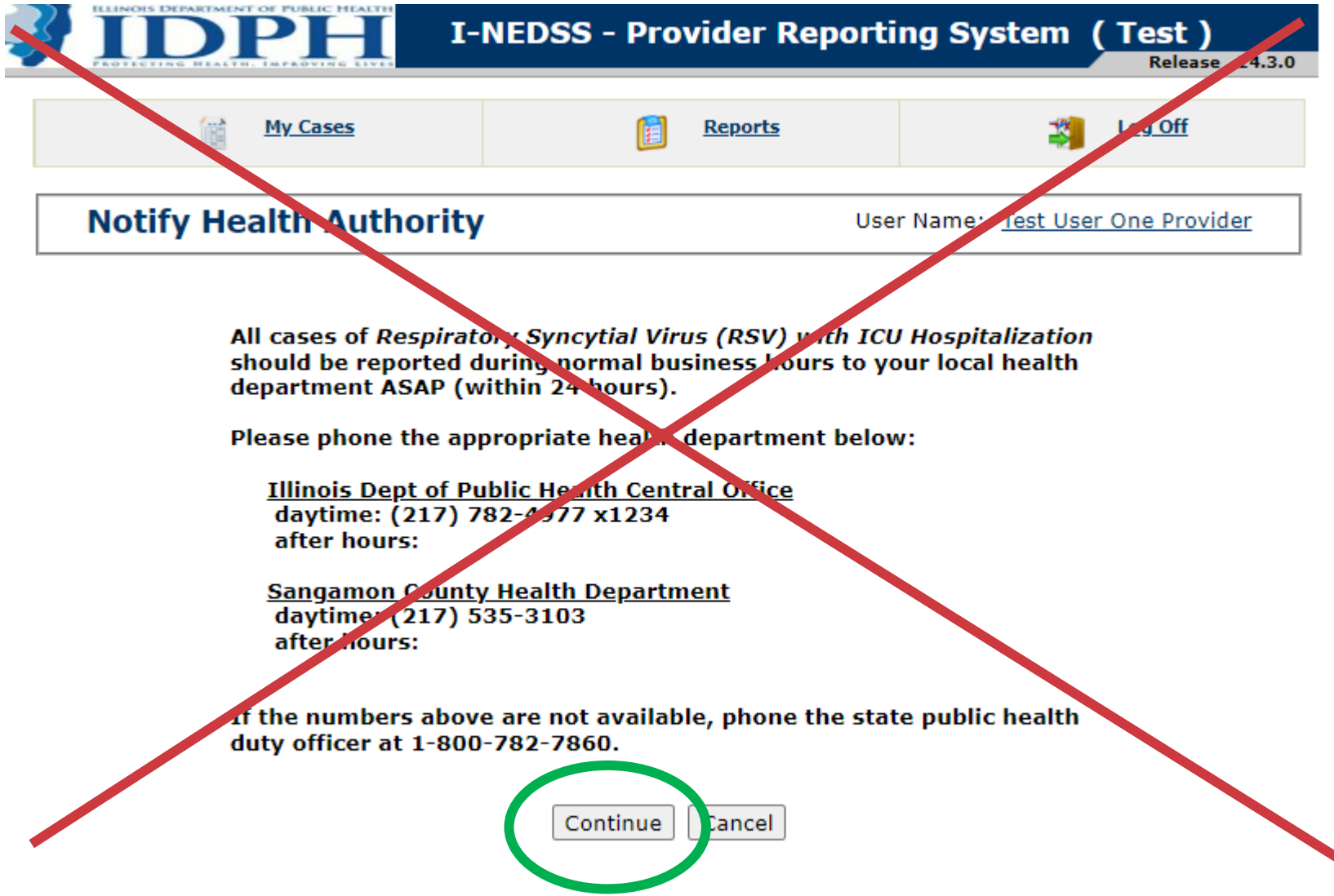
Report within 24 hours

Common reporting issues so far

- Lags in reporting or no reporting so far
- Missing ICU information

- Influenza with ICU Hospitalization
- Respiratory Syncytial Virus (RSV) with ICU Hospitalization
- SARS-CoV-2 infection (COVID-19) with ICU Hospitalization
- Pediatric Influenza Death
- Pediatric Respiratory Syncytial Virus (RSV) Death
- Pediatric SARS-CoV-2 infection (COVID-19) Death




IDPH
I-NEDSS - Provider Reporting System (Test)
Release 4.3.0
My Cases
Reports
Log Off
Notify Health Authority
User Name: Test User One Provider
All cases of Respiratory Syncytial Virus (RSV) with ICU Hospitalization should be reported during normal business hours to your local health department ASAP (within 24 hours).
Please phone the appropriate health department below:
Illinois Dept of Public Health Central Office
daytime: (217) 782-4977 x1234
after hours:
Sangamon County Health Department
daytime: (217) 535-3103
after hours:
If the numbers above are not available, phone the state public health duty officer at 1-800-782-7860.
Continue
Cancel

Case Details

User Name: Test User One Provider

Patient Information

First:*

Middle:

Last:*

Suffix:

DOB: (mm/dd/ccyy)* / /

Current Age: Years

Sex at Birth:

Current Gender:

Ethnicity:

Deceased:

Deceased Date: (mm/dd/ccyy) / /

Races:

Available		Selected
American Indian or Alaskan Native Asian Black or African American Native Hawaiian/Other Pacific Islander	Add >> << Remove	

Address Line 1:
(Enter street address only. Example: 1234 W Main Street)

Address Line 2:
(Enter PO Box#, Suite#, Apt#, Room#, etc.)

City:

State: Illinois

Zip Code: -

County:

Country: United States

Community Area: (Applicable for Chicago only.)

Home Phone #: ( ) -

Cell Phone #: ( ) -

Patient Demographics

Case Information

Disease: Respiratory Syncytial Virus (RSV) with ICU Hospitalization

Earliest Report Date: (mm/dd/ccyy) / /

Disease/Onset Date: (mm/dd/ccyy) / /

Was the patient seen in an emergency department due to the disease?

ER Hospital:

If ER hospital not found, enter information here:

Was the patient admitted to a hospital due to the disease?

Was the hospital admitted to same as ER?

Provide information for the hospital admitted to if it is different from the ER Hospital.

Hospital admitted to:

If hospital not found, enter information here:

Admission Date: (mm/dd/ccyy) / /

Discharge Date: (mm/dd/ccyy) / /

Is the Patient Pregnant?

Estimated Due Date: (mm/dd/ccyy) / /

Disease onset

ED and Hospitalization

Physician Information

Physician:

If not found in Physician Dropdown: Search Physician

If physician not found in dropdown or through search, enter information here:

Reporter Information

Name: Test User One Provider

Phone: (217) 333-4444

Reporting Organization Information

Type: Hospital

Name: Sherman Hospital

Address: 1425 North Randall Road
Elgin, IL 60123-2300

Other Reporting Organization:

Jurisdiction

Select a Jurisdiction: Illinois Dept of Public Health Central Office

Other Information

Comment:
(Include any additional pertinent information.)

Provider info

Your info

Comments

!Please include if patient lives or works in a congregate living setting (e.g., nursing home, corrections, group home)!

Disease specific additional info

Additional Required Information

Clinical - *Add or update patients clinical information.*
Treatment and Immunization - *Add or update patients treatment information.*
Laboratory Tests - *Add or update laboratory test information.*
Epidemiologic Data - *Add or update all epidemiologic data.*

Clinical Info Section

Does/did the patient have any of the following symptoms?

Fever (≥100.4 F or ≥38 C):	
Highest recorded temperature if available	
Cough:	
Sore Throat:	
Fever/chills (subjective)	
Wheezing:	
Shortness of breath/resp distress	
Apnea	
Congestion/runny nose	
Diarrhea:	
Nausea/Vomiting:	
Dehydration:	
Ear ache/ear infection	
Myalgia/muscle aches	
Seizures	
Cyanosis:	
Tachypnea	
Hypothermia	
Inability to eat, poor feeding	
Decreased vocalization or stridor	
Lethargy, less active or sleepy	
Other	
If other, specify	

Symptom history

Complete as much as is known

Clinical Info Section

Does the patient have any of the following secondary infections or complications?

Altered mental status	
Bronchiolitis	
Encephalitis:	
Myocarditis (Infection of heart muscle):	
Pneumonoa (Chest X-ray confirmed)	
Pulmonary hypertension	
Seizures	
Acute Respiratory Distress Syndrome (ARDS):	
Secondary bacterial infection	
Sepsis/multi-organ failure	
Other Complications	
Specify Other Secondary Complications:	

Complications

Clinical Info Section

Does the patient have any of the following pre-existing underlying conditions?

Asthma/reactive airway disease	
Neuromuscular disorder	
Neurological disorder(e.g., cerebral palsy, seizure disorder, developmental delay, etc.)	
Liver Disease:	
Prematurity	
If yes, specify gestational age at birth in weeks	
Active Cardiac Disease (e.g., congestive heart failure):	
If yes, what type of active cardiac disease does the patient have?	
Other Lung Disease (e.g., COPD, emphysema, lung cancer):	
If yes, what type of chronic lung disease does the patient have?	
Diabetes:	
End Stage Renal Disease (or dialysis):	
Hemoglobinopathy (e.g., sickle cell disease):	
Immunosuppression:	
If yes, describe (e.g., AIDS, steroid use):	
Other underlying condition:	
Specify Other Conditions:	
Is the patient a child (<18 years) on chronic aspirin therapy?	

Save Cancel

Pre-existing underlying medical conditions

Treatment and Immunizations

This is where you report ICU admission info!

Was the patient hospitalized in the Intensive Care Unit?

If yes, Date Admitted to ICU: (mm/dd/ccyy)

If yes, Date Discharged from ICU: (mm/dd/ccyy)

Was the patient on a ventilator?

Immunization Information

Did the patient receive RSV vaccine for the current season?

If yes, Date of Vaccination: (mm/dd/ccyy)

Type of Vaccine:

Antiviral Medications

Did the patient receive antiviral medications?

If yes, Date Initiated: (mm/dd/ccyy)

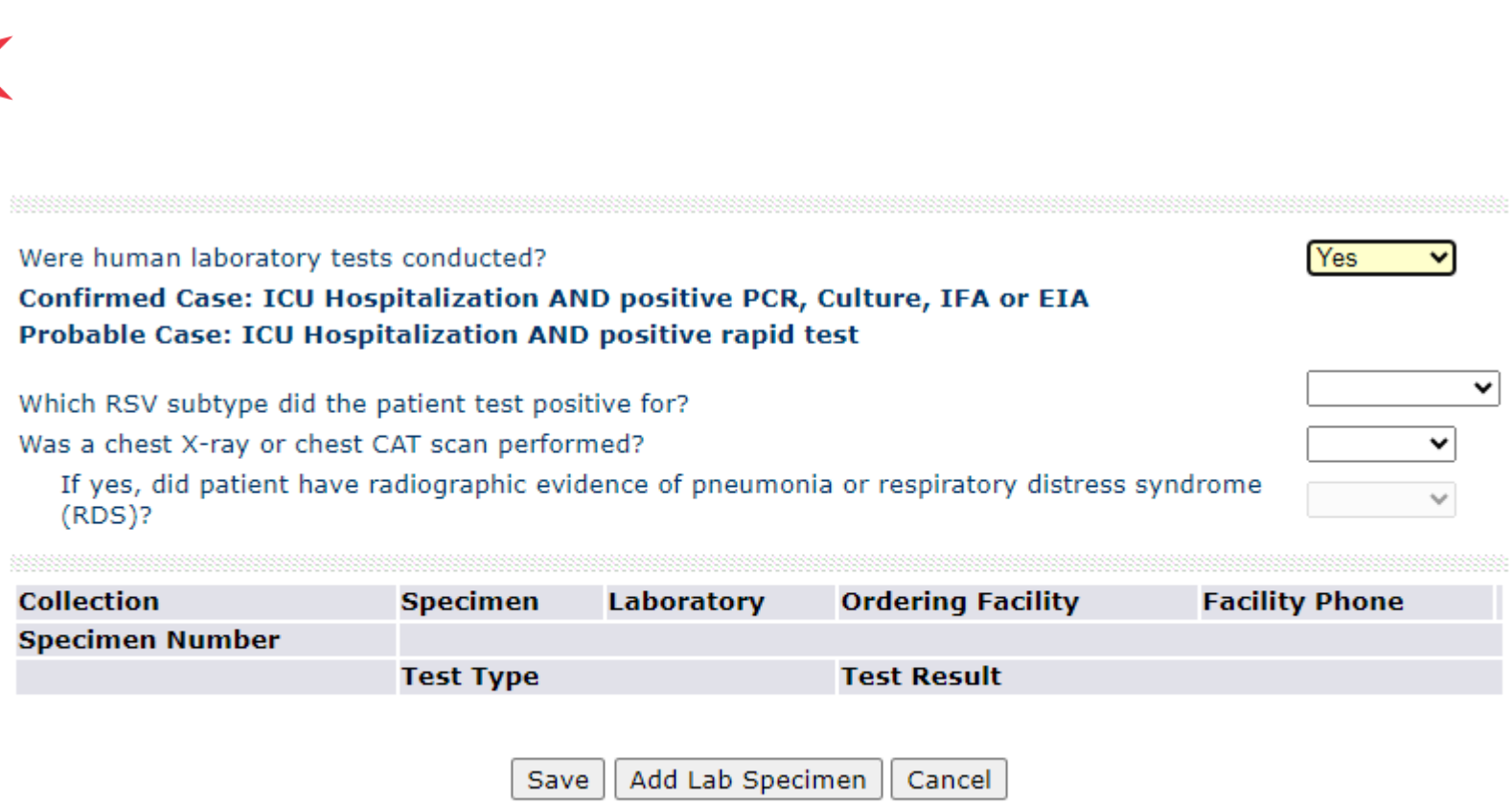
If yes, Date Discontinued: (mm/dd/ccyy)

Drug:

Specify other treatments

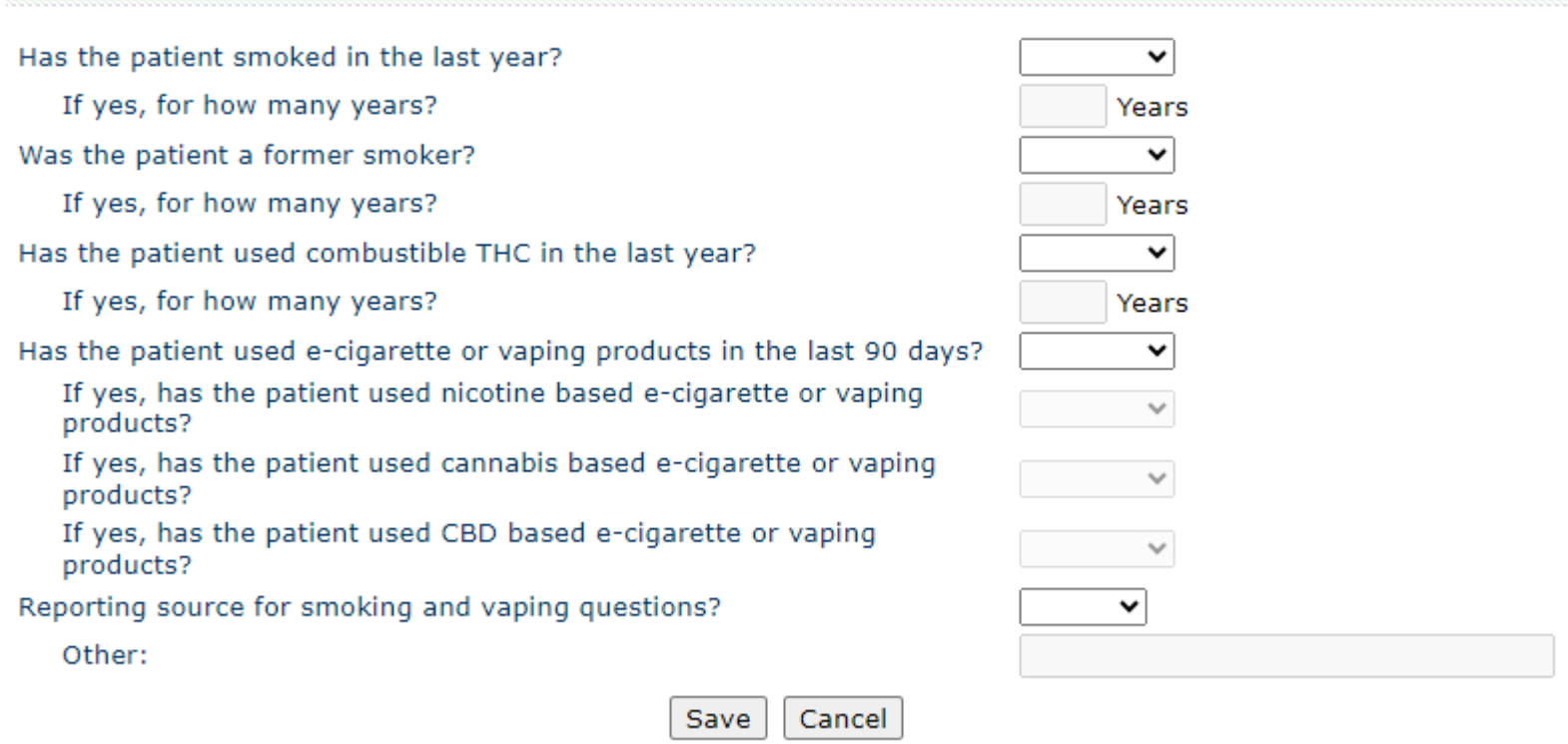
Save Cancel

Laboratory Tests



Must have lab-confirmation to be reported

Epidemiologic Data



Report if available but not priority

New IDSS System

- Planned launch for communicable disease conditions, including COVID-19, Influenza and RSV at the end of October – exact date has not been announced
- IDPH CD section chief speaking at next roundtable
- Training for LHD staff not conducted yet – we all have a lot to learn ☺

Reporting of Hospital Respiratory Data to NHSN

- Reporting starts **November 1, 2024**. Modules will soon be live on NHSN application.
  - This is a CMS reporting requirement for all acute care hospitals, long-term acute care hospitals, freestanding rehabilitation facilities, freestanding psychiatric facilities, Children's hospitals and other facility types.
- Hospital respiratory data reporting **will replace** Hospital Respiratory Pathogen, Bed Capacity, and Supply Data.
- Encompass many of the same data elements: capacity and occupancy, hospitalized patients and new admissions with lab confirmed COVID-19, Influenza, and RSV; hospital PPE and supply information.
- All reporting modalities will continue to be available.
- Cadence: option to report once per week (on Tuesdays by 11:59 PM) **OR** daily
- **Bookmark** Hospital Respiratory Data | NHSN | CDC for important updates, additional resources, and webinar training information.

Data Elements

Data Elements

- Total of 58 data elements will be available for reporting, of which 48 are required, while 10 are optional:

REQUIRED	48
New admissions (COVID-19, influenza, RSV)	21
Prevalent hospitalizations (COVID-19, influenza, RSV)	12
Pathogen agnostic bed capacity and occupancy	12
Facility information and datetime fields	3

OPTIONAL	10
Days on hand supplies	5
Able to maintain supplies	5

REQUIRED Data Elements – Weekly Snapshots

- Of the 24 required weekly snapshots, 12 data elements collect information on pathogen-specific prevalent hospitalizations and ICU hospitalizations

Prevalent hospitalizations	6 elements total
COVID-19	All hospitalized adult patients with laboratory-confirmed COVID-19
	All hospitalized pediatric patients with laboratory-confirmed COVID-19
Flu	All hospitalized adult patients with laboratory-confirmed influenza
	All hospitalized pediatric patients with laboratory-confirmed influenza
RSV	All hospitalized adult patients with laboratory-confirmed RSV
	All hospitalized pediatric patients with laboratory-confirmed RSV

ICU hospitalizations	6 elements total
COVID-19	Adult ICU patients with laboratory-confirmed COVID-19
	Pediatric ICU patients with laboratory-confirmed COVID-19
Flu	Adult ICU patients with laboratory-confirmed influenza
	Pediatric ICU patients with laboratory-confirmed influenza
RSV	Adult ICU patients with laboratory-confirmed RSV
	Pediatric ICU patients with laboratory-confirmed RSV

CDPH
Chicago Department of Public Health

Infection Prevention and Control Recommendations: Respiratory Virus

IP Round Table – 9/19/2024

Karen Branch-Crawford, RN, BSN, CIC

Infection Prevention Specialist

Respiratory Viruses: Summary of Recommendations

- Use masks and respirators to help decrease the spread of respiratory viruses.
- Get vaccinated and encourage patients to do the same.
- Practice physical distancing and implement screening and triage procedures.
- Practice respiratory hygiene and cough etiquette.
- Keep your hands clean.
- Clean and disinfect. Make sure you read labels correctly when using disinfectants.
- Check that the air handling in your facility is functioning as it should.

- Infection Control Guidance: Respiratory Viruses | Project Firstline | CDC

Summary of Infection Prevention Recommendations for Respiratory Virus-adapted from Appendix A (Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)

Facilities might have different requirements/protocols.

	COVID-19	RSV	Seasonal Influenza
PPE	**N95 mask. Surgical mask if N95 unavailable.** Gown, Gloves Eye protection* *Use eye/face protection if **aerosol-generating procedure** performed or contact with respiratory secretions is anticipated.	**Surgical mask** Gown Gloves Eye protection* *Use eye/face protection if aerosol-generating procedure performed or contact with respiratory secretions is anticipated.	**Surgical mask** Gown Gloves Eye protection* *Use eye/face protection if aerosol-generating procedure performed or contact with respiratory secretions is anticipated.
Isolation Type	Airborne + Droplet + Contact + Standard	Droplet + Contact + Standard	Droplet + Standard
Special Ventilation	Use Caution when Performing Aerosol-Generating Procedures: **use airborne infection isolation room (AIIR) when feasible**. Considering use of portable HEPA filtration units to further reduce the concentration of contaminants in the air.		
Cleaning and Disinfection	Use products according to label instructions and use products that are on EPA's List N: Disinfectants for Coronavirus. Review directions for use, kill claims, contact time.	Use products according to label instructions. Review with staff directions for use, kill claims, contact time.	

Infection Prevention Recommendations for Respiratory Virus

	COVID-19	RSV	Seasonal Influenza
Vaccine	1 or more doses of the current COVID –19 vaccine depending on age or health status. Anyone ages 6 months and older For more information: www.cdc.gov/covidschedule	1 dose • adults age 75+ • Adults ages 60 -74 increased risk • Pregnant people 32 -26 weeks • Babies given after birth • Children 8 – 19 months	1 dose each year Anyone ages 6 months and older
Hospital Exposures	Testing (3 viral tests) and work restriction of symptomatic HCP (higher-risk exposures). Testing recommendations: • Day 1, 3 and 5. Follow your facility's work restrictions Work restriction is not necessary for most asymptomatic HCP following a higher-risk exposure, regardless of vaccination status.	Symptomatic HCP should be excluded from work until fever free for 24 hours	
Reporting Requirements	• ICU admission • Pediatric Death <18 years of age • Outbreaks		
Patient Placement	• Place patients with suspected or confirmed influenza in a private room or area. • When a single patient room is not available, consultation with infection control personnel is recommended to assess the risks associated with other patient placement options (e.g.,**If cohorting, only patients with the same respiratory pathogen should be housed in the same room**)		

Source: https://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-type-duration.html

Sources

CDC Guidelines:

- Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007) (cdc.gov), **Last update: July 2023**
- Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions | Infection Control | CDC
- Appendix A: Table 2. Clinical Syndromes or Conditions Warranting Empiric Transmission-Based Precautions in Addition to Standard Precautions | Infection Control | CDC

Covid-19

- https://www.cdc.gov/covid/hcp/infection-control/?CDC_AAref_Val=https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#cdc_infection_control_background-1-recommended-routine-infection-prevention-and-control-ipc-practices-during-the-covid-19-pandemic
- https://www.cdc.gov/covid/hcp/infection-control/guidance-risk-assesment-hcp.html
- https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html
- https://www.cdc.gov/project-firstline/media/images/Ventilation-508.jpg
- https://www.cdc.gov/healthcare-associated-infections/media/pdfs/environmental-cleaning-rls-508.pdf

Influenza

- https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm#anchor_162091279860
- https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm
- https://dph.illinois.gov/topics-services/diseases-and-conditions/respiratory-disease/diseases/influenza.html

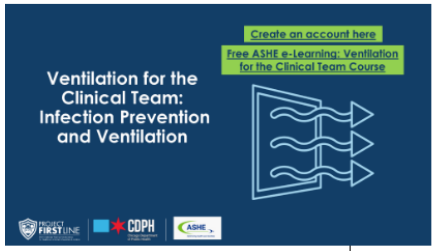
RSV

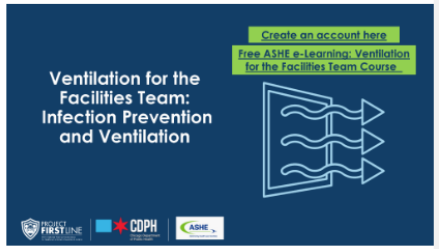
- https://www.cdc.gov/rsv/hcp/clinical-overview/index.html

Project First Line: Respiratory Packet (NEW)

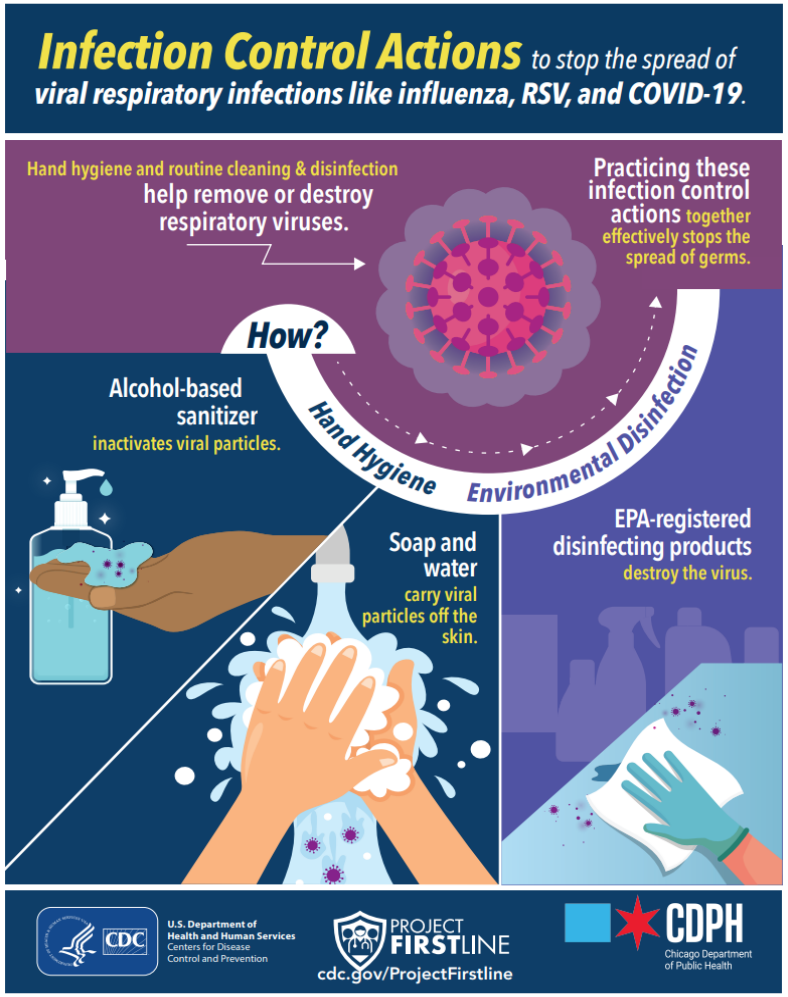
- [PFL Respiratory Packet]
- [Prepare Your Clinics and Patients for Fall and Winter Respiratory Virus Season With CDC Director and AMA]

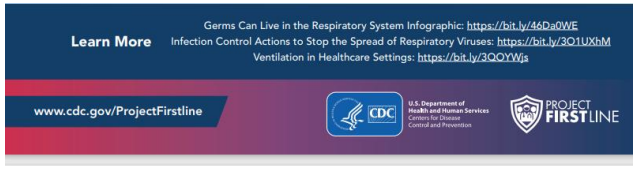
Ventilation Resources/Recursos De Ventilación





English	Español
Ventilation Videos	**Vídeos De Ventilación**
• A.I.I.R. and Room Turnover	• A.I.I.R. y Rotación de Habitaciones
• Negative Pressure Rooms	• Salas de Presión Negativa
• What is a Negative Pressure Anteroom?	• ¿Qué son las antesalas de presión negativa?





Fungal Disease Awareness Week

September 16-20, 2024

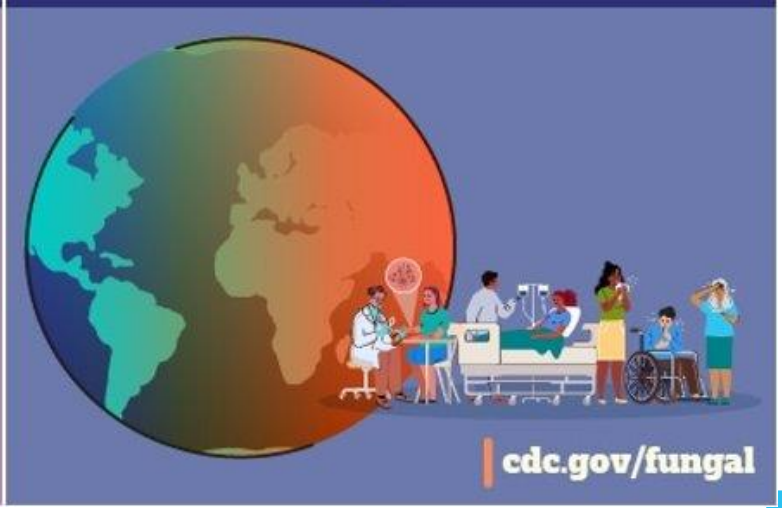
9/16 | Testing and antifungals

9/17 | Fungal diseases and One Health

9/18 | Neglected Tropical Diseases

9/19 | Fungal pneumonias

9/20 | The future of fungal diseases



cdc.gov/fungal

Q&A

- How are facilities prepared to report Hospital Respiratory Data in light of the new CMS/NHSN respiratory burden requirement?
- Have any other facilities, particularly those using Epic, successfully built a report to utilize the CSV template/upload feature for this requirement?
- If so, how do these facilities handle the reporting process compared to manually collecting the data in the PDF form?

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Chicago Department of Public Health

Thank you for participating!

Next Meeting (on Teams): Thursday, October 17, 2:00 PM

Main Presenter: Judy Kauerauf, MPH

Communicable Disease Section Chief, Division of Infectious Diseases, IDPH

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:
Preparing for Respiratory Viral Season: Current Epidemiology, Reporting Changes, and Infection Control Guidance

DATE/DURATION:
September 19, 2024; 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


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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

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)

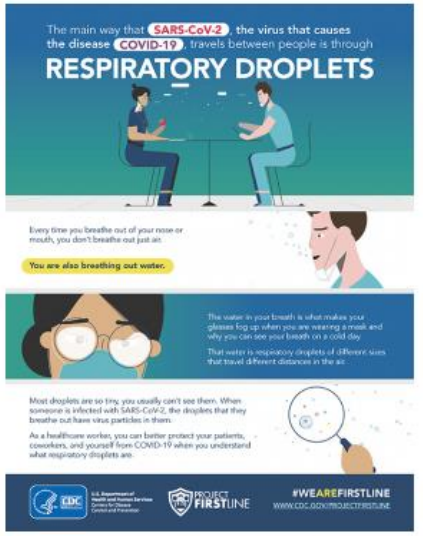
1. The Concept of Infection Control
2. The Basic Science of Viruses
3. How Respiratory Droplets Spread COVID-19
4. How Viruses Spread from Surfaces to People
5. How COVID-19 Spreads - A Review
6. Multi-Dose Vials
7. PPE Part 1 - Eye Protection
8. PPE Part 2 - Gloves & Gowns
9. Hand Hygiene
10. Virus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