Indiana Department of Health

Infection Prevention Press

July 2023

Spotlight

End of COVID-19 Public Health Emergency: Infection control implications for long-term care facilities

By Shireesha Vuppalanchi, MD, Medical Director

Community transmission levels for SARS-CoV-2 have guided the rigor of infection control measures in healthcare settings. With the end of COVID-19 Public Health Emergency (PHE), the Centers for Disease Control and Prevention (CDC) no longer publishes community transmission levels for SARS-CoV-2.

Long-term care facilities should identify metrics that could reflect increasing community respiratory viral activity to determine when to implement broader use of source control in the facility. The overall benefit of broader masking is likely to be the greatest for patients at higher risk for severe outcomes from respiratory virus infection and during periods of high respiratory virus transmission in the community. New admissions testing for COVID-19 is up to the discretion of the facilities. Use local metrics to make such decisions.

Consider broader use of source control based on:

- Types of patients served at the facility; for example, use a lower threshold for instituting such measures for facilities with residents at high risk for severe outcomes
- Local metrics of hospitalization data
- Metrics for community respiratory virus transmission
- Typical respiratory virus season
- National data on trends of several respiratory viruses. (i.e., **ILINet, RESP-Net**, or **National Emergency Department Visits**)
- Input from stakeholders
- Other factors listed on the CDC's **Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic**

(continued from page 1)

The following practices should remain unchanged:

- Transmission-based precautions and proper infection control measures should continue without change for suspected or confirmed COVID-19 cases
- Appropriate infection control practices and testing should be performed based on symptoms, screening, history of close contact, and high-risk exposure
- A single case of COVID-19 in an LTC is considered an outbreak
- Outbreak testing should be performed either by contact tracing or a broad-based approach; however, a broad-based approach is preferred if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission

Vaccines, testing, and treatment:

- Vaccines will remain free for everyone when the public health emergency ends. As long as the supply of federally purchased vaccines lasts, COVID-19 vaccines will remain free
- Coverage for COVID-19 testing and treatment will vary by insurance type
- For people with Medicaid coverage, COVID-19 testing and treatment will remain covered at no cost through September 2024
- For those without insurance, COVID-19 testing and treatment will no longer be covered, and the cost will be determined by individual providers. However, free tests and treatment may be available at local free clinics or community health centers

Guess the germ!

This bacteria usually infects the lungs but can also cause infection in the kidney, spine, and brain. This bacteria can cause a latent infection, meaning an individual can be infected without having symptoms and cannot spread the disease. However, the latent infection can develop into the active form of the disease. Individuals with the latent infection should receive treatment to avoid development of the disease. The following information only addresses the lung infection caused by this bacteria:

Symptoms: **Cough that lasts three weeks or longer**, chest pain, coughing up blood or sputum, weakness, fatigue, weight loss, no appetite, chills, fevers, and night sweats

Risk Factors: Immunocompromised individuals, people with chronic illnesses such as diabetes and kidney failure, individuals with HIV, substance use disorder, low body weight, organ transplants, head or neck cancer, receiving certain treatments for rheumatoid arthritis or Crohn's disease, individuals who have migrated from areas of the world with high rates of the disease caused by this bacteria, close contact with a person infected with the disease caused by this bacteria

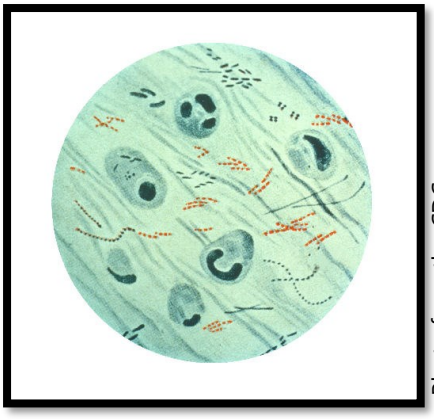


Photo from the CDC

Transmission: Transmission usually occurs when a person with the lung infection coughs, sneezes, speaks or sings causing air droplets that can be breathed in by others. The germs can stay in the air for several hours. Patients with this infection should be in airborne precautions, which includes a negative pressure room with a minimum of six air exchanges per hour. Discontinue precautions only when patient on effective therapy is improving clinically and has three consecutive sputum smears **with negative test results** for acid-fast bacilli collected on separate days.

Answer: *Mycobacterium tuberculosis*

Updates

Staff changes for the HAI/AR team

By Bethany Lavender, Infection Prevention Epidemiologist

Recent months have brought several notable staff changes as well as new staff members for IDOH's Healthcare-Associated Infections and Antimicrobial Resistance (HAI/AR) team.

- Dr. Kristina Box retired from her position as state health commissioner; Dr. Lindsay Weaver, formerly IDOH's chief medical officer, was appointed as the new state health commissioner. A longer article on the change is available **here.**

- Trent Gulley stepped into the role of HAI/AR director at the end of February. He can be reached at **TGulley@health.in.gov** or 317-233-7825. Tina Feaster, the former HAI coordinator, retired in March 2023. A longer article celebrating her time with IDOH can be found **here.**

State Health Commissioner Dr. Lindsay Weaver

- The HAI/AR team has welcomed several new epidemiologists:

  Antimicrobial Resistance Epidemiologists II
  Marcie Bryant – 317-233-2163 **mbryant@health.in.gov**
  Jared Novitski – 317-464-7705 **jnovitski@health.in.gov**

  NHSN Epidemiologist II
  Brenda Parduhn—317-234-4688 **bparduhn@health.in.gov**

  Antibiotic Steward Epidemiologist II
  Dhivya Selvaraj -317-941-4588 **dselvaraj@health.in.gov**

  HAI Epidemiologists II
  Deepshikha Singhal – 317-552-9394 **dsinghal@health.in.gov**
  Alicia Dolan – 317-941-4509 **adolan@health.in.gov**

- Please find the current district map for the Infection Prevention team, including contact information, on the next page. Janene Gumz-Pulaski is serving as interim Infection Prevention program manager and can be reached with any infection control questions at **jgumzpulaski@health.in.gov** or 317-499-3877.

Indiana Black & Minority Health Fair returns in July

The 37th annual **Indiana Black & Minority Health Fair** is set to bring nearly 10,000 Hoosiers to the Indiana Convention Center for free health screenings, immunizations, entertainment, and much more.

"Healthful Living" is this year's theme for the fair, which runs from Thursday, July 13 to Sunday, July 16 in the downtown Indianapolis convention center's halls J and K.

Here are the dates and times:

- **4-8 p.m. – July 13**
- **1-7 p.m. – July 14**
- **10 a.m. – 8 p.m. – July 15**
- **Noon – 6 p.m. – July 16**

No registration is required, and you can see the full event list **here.**

Correction

There was an outdated reporting timeframe listed in the April edition of the *Infection Prevention Press*. "Per the Indiana Communicable Disease Rule, (CDR) physicians, hospitals, and laboratories are required to report cases of invasive GAS (iGAS) disease within 72 hours of case identification to either the local health department or Indiana Department of Health (IDOH)." Due to the new CDR that went into effect in April, **iGAS cases should be reported within 24 hours.** Please review the **IDOH CDR page** for more information on changes in reporting, which illnesses are required to be reported, and within what timeframe. The corrected version of the article is available at **IDOH Infection Prevention Program webpage.**

District map

Infection Prevention Team Districts

Trent Gulley, MPH - Healthcare Associated Infections Director

Tgulley@health.in.gov 317-431-5257

District 1: 65 facilities
Janene Gumz-Pulaski, RN, CIC
Assistant Program Manager IP
jgumzpulaski@health.in.gov
317-499-3877

District 2: 72 facilities
Victor Zindoga, RN
VZindoga@health.in.gov
317-509-8964

District 3: 74 facilities
Pam Bennett, RN
pbennett@health.in.gov
317-476-0947

District 4: 68 facilities
Angela Badibanga, MPH
Abadibanga@health.in.gov
317-695-3335

District 5: 127 facilities
Jason Henderson, RN (64 facilities)
jahenderson@health.in.gov
317-719-0776

Deanna Paddack, RN (63 facilities)
dpaddack@health.in.gov
317-464-7710

District 6: 70 facilities
Open (Contact D1 IP/Assistant Manager)

District 7: 62 facilities
Sara Reese, RN
Sreese1@health.in.gov
317-450-8049

District 8: 73 facilities
Jennifer Brinegar, RN
jbrinegar@health.in.gov
317-903-5329

District 9: 68 facilities
Open (Contact D1 IP/Assistant Manager)

District 10: 64 facilities
Mary Enlow, RN
menlow@health.in.gov
317-727-8431

Total 743 LTC Facilities

Vacant– IP Program Manager

Revised 5.31.23

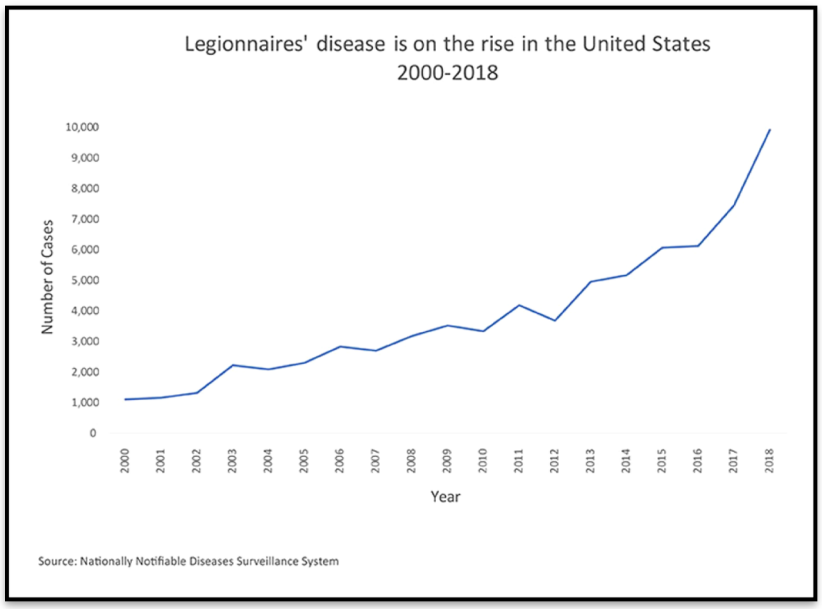
If you have suggestions about what you would like to see in future editions of the IPP newsletter, email Bethany Lavender at BLavender@health.in.gov.

Legionella

Legionella: What is it, what is an outbreak, and how do we manage it?

By Alicia Dolan, HAI Epidemiologist II

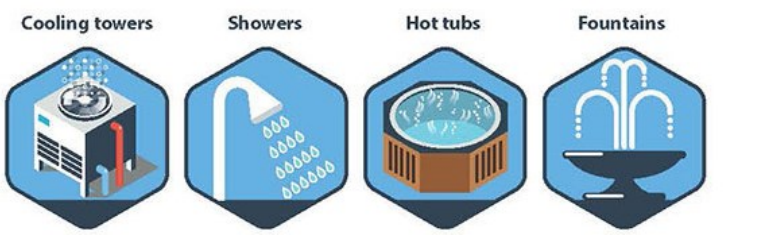
Legionella is a gram-negative bacterium that is naturally found in fresh water but can become dangerous in man-made water systems such as pipework, showerheads, faucets, and cooling towers. If aerosolized water containing *Legionella* is inhaled or aspirated by someone, that person can become sick. While healthy individuals can be exposed to *Legionella* without becoming ill, those at increased risk include individuals aged 50 years and older, the immunocompromised, current or former smokers, and those with underlying illness. Those impacted can contract Pontiac fever, a milder flu-like illness, or Legionnaires' Disease (LD), a very severe type of pneumonia. Approximately one in 10 people who get LD will die from the illness; for healthcare facilities, the mortality rate is one in four! Illnesses caused by *Legionella* are acquired by the environment and not usually spread person-to-person. While most cases of LD are caused by *Legionella pneumophila*, there are more than 42 different recognized species of *Legionella*. *Legionella pneumophila* itself has 15 different serogroups!



Even just one case of LD constitutes an outbreak. It is important to report laboratory results that are positive for *Legionella* to state and local health department officials quickly, and before performing any remediation steps. This is to minimize the risk of infection to other people who live at, work at, or visit the facility. They may have more questions regarding the patient, facility layout, or the existing water management plan, which will help initiate the outbreak response. First, with your help, state health department officials will draft a sampling plan to ensure appropriate samples and water parameters can be collected. They will also discuss immediate exposure control interventions, including shutting down fountains and ice machines, using bottled water for drinking and sponge baths, and the installation of point-of-use filters, to name a few. It is important to NOT perform any remediation activities (such as flushing, hyperchlorination, superheating, or the replacement of aerators/faucets/showerheads/pipes) until the sampling results are cultured and final results are received. From there, health department subject matter experts, the water consultant, and your facility staff will work together to decide what remediation technique is best suited to your facility.

***Legionella* outbreaks can be prevented!** CMS requires all healthcare facilities to have policies that prevent the growth of microorganism in built water systems, as well as having water management plans that include risk assessments for *Legionella* growth. By developing robust water management plans and adhering to them, you can detect and remediate any *Legionella* in the system before anyone gets sick! If your facility doesn't have a robust water management plan, the **CDC has a toolkit** to assist in the creation or evaluation of a water management place that can be very helpful. State officials are also a great resource for questions and concerns.

Potential *Legionella* reservoirs:



Standard precautions & TBP

Taking a closer look at precautions

By Jason Henderson, District 5 Infection Preventionist

Standard precautions are the minimum set of infection control practices that are taken to help prevent transmission of pathogens that staff members could come in contact with while doing routine work. These precautions can be applied to any healthcare setting, regardless if an infection is present or not. The seven parts to standard precautions are hand hygiene, the use of personal protective equipment (gloves, masks, gowns, eyewear when there is a potential for contact with bodily fluids or mucous membranes), respiratory hygiene/cough etiquette, sharps safety, safe injection practices, sterile instruments and devices, and clean and disinfected environmental surfaces.

Transmission-based precautions (commonly referred to as **TBP**) are the precautions that are taken when a patient or resident is potentially infected or colonized with a pathogen that requires more than the standard precautions. This means taking care of these patients or residents would require additional PPE when entering the room and doing care or coming in contact with their environment. The **CDC's Appendix A** is a great resource to determine which type(s) of precautions a disease warrants. With each of the precautions, the facility would want to try to place the patient or resident in a single-person room, ensure correct signage is on the door indicating what precautions are needed, and to remind staff to limit movement of the patient or resident throughout the facility. In addition to ensuring the right PPE is used, facilities should be certain donning and doffing is performed correctly and that hand hygiene is being completed satisfactorily and when needed. The precautions that are listed under TBP include contact, droplet, airborne and enhanced barrier; however, the CDC currently recommends **enhanced barrier precautions** only for long-term care facilities.

Contact precautions are used for pathogens that are spread through direct contact. The PPE that should be donned when entering the room and doffed prior to exiting are gown and gloves.

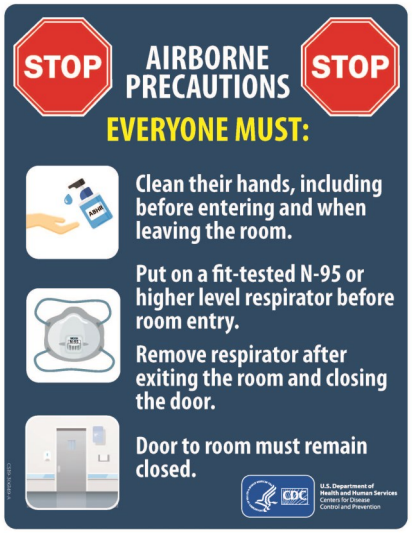
- Some of the pathogens that would cause a person to be placed in contact precautions are norovirus, rotavirus, clostridium difficile, MRSA, VRE, ESBL, carbapenemase-producing organisms (CPO), and carbapenem-resistant enterobacterales (CRE) and Candida auris. In addition to these, a facility should consider placing a patient or resident in contact precautions if they have a wound that is draining and cannot be contained.

Droplet precautions are used for pathogens that are spread through respiratory droplets expelled through coughing, sneezing, and even talking. These droplets typically fall to the ground rapidly and require a person to be in close proximity, usually within three to six feet, of the infected person. The PPE that should be donned is gown, gloves, mask, and eye protection (when a risk for splash or spray is present). These items should be doffed prior to exit. If the patient or resident needs to be moved from their room, they should be encouraged to wear a mask while outside their room.

- Some of the pathogens that require a person to be placed into droplet precautions are diphtheria, pertussis, mumps, rubella, and pneumonia

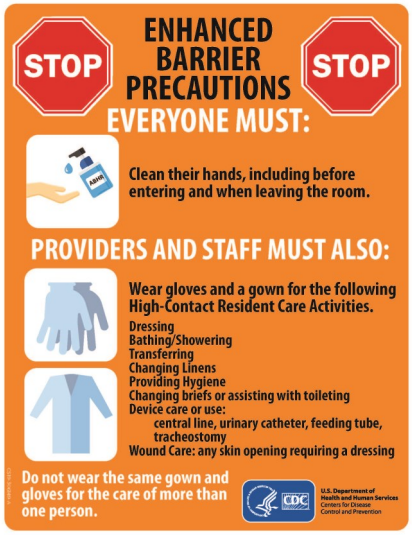
(continued from page 6)

Airborne precautions are used for pathogens that can be transmitted through the air, typically through droplets that are small enough to be suspended in the air for a prolonged period of time and which can be moved through air currents. The following PPE should donned and doffed when taking care of a patient or resident on airborne precautions: gloves, gown, mask (N95 or higher), and eye protection. Remember not to doff the N95 until out of the room and the door is completely shut. The staff member wearing the N95 should be fit-tested annually to ensure they are wearing a correctly fitting N95 mask. Additionally, staff should consider seal testing prior to each use. Depending on the organism, the patient may need to be placed into a negative pressure room as well. Like droplet precautions, if the patient or resident needs to be moved from their room they need to be encouraged to wear a mask prior to leaving and while outside their room.



- Some of the pathogens that would cause a person to be placed in airborne precautions are measles, tuberculosis, serve acute respiratory syndrome (SARS), smallpox, and Mpox

Enhanced barrier precautions are an additional set of precautions that a long-term care facility can utilize when contact precautions do not apply and the resident is infected or colonized with certain multidrug-resistant organisms (MDRO). The resident can also be placed in enhanced barrier precautions if they are at an increased risk of infection related to having an indwelling medical device or wound, regardless of MDRO status. The PPE required for this precaution is gown and gloves but only when performing high contact care activities such as dressing, bathing, or transferring the resident. It should be used when changing bed linens as well. Some other things to note are that a private room is not required in these cases. Also, the resident is not required to remain in their room once being placed on enhanced barrier precautions, but the facility should have the resident perform hand hygiene prior to exiting the room.



- Some of the pathogens that would cause a person to be placed in EBP are *Candida auris*, carbapenemase-producing enterobacteriaceae, carbapenemase-producing pseudomonas species, and carbapenemase-producing acinetobacter baumannii.

No matter the setting, stopping the spread of infectious pathogens is aided by the proper TBP use.

Here are some important things to remember:

- Ensure correct signage is on the door to indicate what TBP is in place and what PPE is needed for entering the room
- Stock and continuously restock PPE so staff can don and doff when entering and exiting the room
- Place a trash can inside of the room, next to the door for the disposal of PPE when exiting the room
- Make sure staff, visitors, patients and residents are performing hand hygiene properly and accordingly
- Limiting movement of patient or resident to their room, and if they need to exit the room for some reason ensure they have on the correct PPE as well

Image source: CDC

Outdoor food safety

Making memories, not upset stomachs

By Pam Bennett, District 3 Infection Preventionist

Picnic and barbecue season is finally here! While we are enjoying the great outdoors with friends and family, let's make sure we end our times together with wonderful memories and not a GI illness. Here are some food handling tips to keep your outdoor eating safe and enjoyable.

Food safety begins with clean hands. If there is not going to be a faucet around, be sure to take a container of water, soap, and paper towels or disposable moist hand cleaning towelettes for handwashing.

Pack and transport food safely: Keep your food safe - from the refrigerator/freezer all the way to the picnic table.

- Keep cold food cold. Cold food should be in a cooler with ice or cold packs. You can transport meat frozen to keep it colder longer.
- Consider packing drinks in one cooler and perishable foods in another. That way, as you open and reopen the drink cooler, the food won't be exposed to warmer temperatures.
- Keep coolers closed. Try to limit the number of times you open the coolers.
- Don't cross-contaminate. Be sure to keep raw meat separated and securely wrapped. Clean your produce unless it is labeled "washed" or "ready to eat." Before packing produce in the cooler, including those with skins and rinds that are not eaten, rub firm-skinned fruits and vegetables or scrub with a clean vegetable brush under running tap water. Dry with a clean cloth towel or paper towel.

Follow safe grilling tips: Summer and grilling go hand-in-hand.

- Marinate foods safely in the refrigerator — never on the kitchen counter or outdoors. If you plan to use some of the marinade as a sauce on the cooked food, keep that part separated before adding the raw meat.
- Be sure to cook food thoroughly by using a food thermometer. (**See Safe Food Temperature Chart**)
- Don't reuse plates or utensils. Have a clean plate and utensils ready at grill-side to serve your food. This goes for cutting boards as well, use one cutting board for fresh produce and a separate one for raw meat.

Keep cold foods cold and hot foods hot: It is vital to keep foods at the correct temperatures. Never leave food out in the bacteria growing zone - between 40 °F and 140 °F - for more than two hours (or one hour if outdoor temperatures are above 90 °F).

Cold food should be left in the cooler until you are ready to eat so that it remains below 40°F. You can also put bowls or individual serving containers on a tray of ice or in a deep pan of ice; just remember to drain the water off as the ice melts and frequently refill the ice. Hot food should be wrapped well and kept in an insulated container or on the grill away from direct heat until serving so that it stays above 140 °F.

With these food safety tips in mind, get out there and enjoy the beautiful weather and quality time with family, friends, and residents. Here's to creating many wonderful memories!

Links and references

If you are viewing this newsletter online, you can open the links by the clicking on them. If you are viewing in printed form the full URLs are below:

End of COVID-19 Public Health Emergency- Infection control implications for long-term care facilities

1. ILINET: https://gis.cdc.gov/grasp/fluview/main.html
2. RESP-Net: https://www.cdc.gov/surveillance/resp-net/dashboard.html
3. National Emergency Department Visits: https://www.cdc.gov/ncird/surveillance/respiratory-illnesses/index.html
4. CDC Interim Infection Prevention and Control Rec: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Can you guess this germ:

1. CDC information on TB: https://www.cdc.gov/tb/default.htm

Staff Changes for the HAI/AR team

1. Dr. Kristina Box article: https://events.in.gov/event/commissioner_kristina_box_to_retire_from_indiana_department_of_health
2. Tina Feaster article: https://www.in.gov/spd/employee-resources/the-torch/employee-central-home/looking-back-looking-forward/

Correction from April Edition:

1. IDOH CDR page: https://www.in.gov/health/idepd/communicable-disease-reporting/
2. IDOH Infection Prevention Program webpage: https://www.in.gov/health/idepd/healthcare-associated-infections-and-antimicrobial-resistance-epidemiology/infection-prevention/

Indiana Black & Minority Health Fair:

1. Indiana Black and Minority Health Fair webpage: https://www.inbmhf.com/

***Legionella:* What is it, what is an outbreak, and how do we manage it?**

1. CDC Legionella water management toolkit: https://www.cdc.gov/legionella/wmp/toolkit/index.html
2. Reference: https://pubmed.ncbi.nlm.nih.gov/28613558/
3. Graph resource: https://www.cdc.gov/legionella/images/national-incidence.jpg

Taking a Deeper Look at Precautions: (thank you for the suggested article LaTosha Stasel!)

1. Transmission-Based Precautions (TBP): https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html
2. Appendix A: https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/index.html
3. IDOH LTC Newsletter 2023-10 May 11, 2023: https://www.in.gov/health/ltc/files/newsletters/2023/2023-10.pdf
4. Reference: Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes: https://www.cdc.gov/hai/containment/faqs.html

Outdoor Food Safety: Making memories, not upset stomachs

1. Safe Food Temp chart: https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/safe-temperature-chart
2. Reference: https://www.cdc.gov/foodsafety/communication/bbq-iq.html
3. Reference: https://www.foodsafety.gov/keep-food-safe/food-safety-by-events-and-seasons

To promote, protect, and improve the health and safety of all Hoosiers

Indiana Department of Health

2 North Meridian Street • Indianapolis, Indiana 46204 • 317-233-1325 • health.in.gov