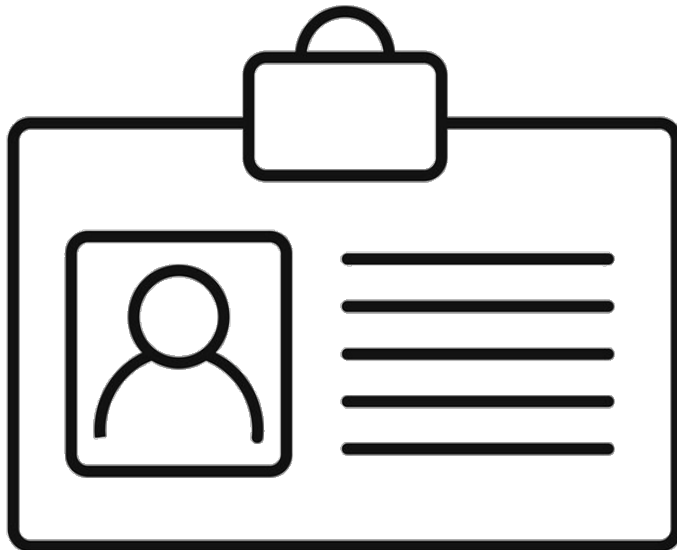




Georgia Department of Public Health:
Strike & Support Team Office Hours for Skilled Nursing Care
Centers, Hospice, ICFs and Medical Directors
August 19, 2022

Meet the Team



Panelists:

Melody Brown, MSM

Patient Safety Manager
Alliant Health Solutions

Assistance with Slides

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Infection Preventionist, Department of Public Health

Presenters:

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Regina Howard, BSN, RN, CIC

Infection Preventionist, Department of Public Health

Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia



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Purpose

- These sessions will consist of a regularly scheduled monthly webinar for skilled nursing facilities (SNFs) and SNF medical directors. Office hours are your opportunity to come and learn, share, vent and more!
- Each month we will have updates on infection prevention, clinical protocols and ideas for new tools and resources. This is your chance to access subject matter experts on infection control and clinical practice in long-term care.
- Come prepared to pose your questions to subject matter experts and learn from your peers about their best practices and barriers.

Trainings

There will be two training sessions per year focused on relevant infection prevention topics, updates and shared best practices.

September Office Hours:

- **September 16, 2022**
 - Support with strategy to reinforce staff importance

Training 2:

- **October 25, 2022 (SNF)**
- **October 27, 2022 (SNF)**



Your Opinion Matters

- Share in CHAT what is keeping you up at night related to infection prevention.
- We want to provide you with information that is relevant to what you are doing every day.

Be on the Lookout

A package will be on the way this fall from



UNIVERSITY OF
GEORGIA

Facility Infection Prevention Resource Box

- 500 Georgia facilities (including all skilled nursing facilities) will receive an infection prevention resource box from the Georgia Department of Public Health's Healthcare-Associated Infections/Antimicrobial Resistance program.
- Each box contains the following nine resources:

APIC LTCF Manual

Glow Germ/UV Light

EPA List P Cleaning Wipes

Laminate Signage

Isolation Checklist

IP Rounding Checklist

NHSN Data Packet

Temperature Logs

Antibiotic Stewardship Program

3M FT-30 N95 Fit Test Kit

- 1,997 facilities around Georgia will receive an N95 fit test kit and supplemental materials



Train the Tester Video

Mask Protocol Video

N95 Fit Test Pocket Guide

Program Social Media Accounts



@gacnainitiative



@gacnainitiative



@gacnainitiative



@gacnainitiative



GACNAInitiative@gmail.com

Principles Course



Institute for Disaster Management
College of Public Health
UNIVERSITY OF GEORGIA



LONG TERM CARE INFECTIOUS DISEASE EDUCATIONAL PROGRAM

Georgia's Long Term Care Infectious Disease Educational Program is funded through Centers for Medicare and Medicaid Services (CMS), Civil Money Penalty (CMP) Funds – Grant #: 21035G (CMP REQUEST #: 2020-04-GA-1117)

LTC Infectious Disease Educational Program

- Three-year program funded by CMS CMP funds from 2021-2024.
 - Due to funding, the program is available to certified LTC facilities ONLY (i.e., nursing homes, NOT personal care homes, assisted living, hospice or memory care centers).
- Courses are open to all certified LTC staff members, clinical and non-clinical.
- Other resources to be produced by this program: biannual e-newsletters and educational videos available on our project webpage.

idm.publichealth.uga.edu/galtcidep/



Course Offerings

- Program Course Schedule (2021-2024)
 - Year 1: Offered 14 Foundations Courses across Georgia
 - **Year 2: Offering 14 Principles Courses (Sep. 2022-Apr. 2023)**
 - Year 3: Will have seven offerings of each course
- All offerings are in-person but subject to change due to COVID-19.
- Attending the course offered within your health care coalition is recommended but not required.
- **Principles Course topics include:** Infection control plans, legal aspects of infectious diseases, personal protective equipment (PPE) for each precaution, waste management, disinfection procedures and integration with community partners.



Principles Course Schedule

DATE	REGION	LOCATION
September 15, 2022 (Thursday)	E	UGA Institute for Disaster Management 105 Bowstrom Road, Athens, GA 30602 REGISTER: https://bit.ly/GALTCID-Y2-E
September 29, 2022 (Thursday)	M	Coastal Pines Technical College 1701 Carswell Avenue, Waycross, GA 31503 REGISTER: https://bit.ly/GALTCID-Y2-M
September 30, 2022 (Friday)	L	UGA Conference Center 15 RDC Road, Tifton, GA 31794 REGISTER: https://bit.ly/GALTCID-Y2-L
October 27, 2022 (Thursday)	A	Dalton Convention Center 2211 Tony Ingle Parkway, Dalton, GA 30720 REGISTER: https://bit.ly/GALTCID-Y2-A
October 28, 2022 (Friday)	C	Clarence Brown Conference Center 5450 State Route 20, Cartersville, GA 30121 REGISTER: https://bit.ly/GALTCID-Y2-C
November 11, 2022 (Friday)	F	Hatcher Conference Center (Middle GA State) 100 University Parkway, Macon, GA 31206 REGISTER: https://bit.ly/GALTCID-Y2-F
December 8, 2022 (Thursday)	I	Cunningham Center (Columbus State University) 3100 Gentian Boulevard, Columbus, GA 31907 REGISTER: https://bit.ly/GALTCID-Y2-I
December 9, 2022 (Friday)	K	Creekside Center (Chehaw Park Authority) 105 Chehaw Park Road, Albany, GA 31701 REGISTER: https://bit.ly/GALTCID-Y2-K
January 19, 2023 (Thursday)	B	Ramsey Center (Lanier Technical College) 2535 Lanier Tech Drive, Gainesville, GA 30507 REGISTER: https://bit.ly/GALTCID-Y2-B
February 3, 2023 (Friday)	G	Snelling Conference Center 3165 Washington Road, Suite D, Augusta, GA 30907 REGISTER: https://bit.ly/GALTCID-Y2-G
March 3, 2023 (Friday)	J	Armstrong Center (Georgia Southern University) 13040 Abercorn Street, Savannah, GA 31419 REGISTER: https://bit.ly/GALTCID-Y2-J
March 30, 2023 (Thursday)	N	KSU Center 1000 Chastain Road NW, Kennesaw, GA 30144 REGISTER: https://bit.ly/GALTCID-Y2-N
March 31, 2023 (Friday)	D	Gas South Arena 6400 Sugarloaf Parkway, Duluth, GA 30097 REGISTER: https://bit.ly/GALTCID-Y2-D
April 6, 2023 (Thursday)	H	Oconee Fall Line Technical College 560 Pinehill Road, Dublin, GA 31021 REGISTER: https://bit.ly/GALTCID-Y2-H





Thank You!

Please email georgiaid@uga.edu with any questions.



idm.publichealth.uga.edu/galtcidep/



Hot off the Press

- COVID cases---where are we now?

Resident Cases of COVID-19



Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States



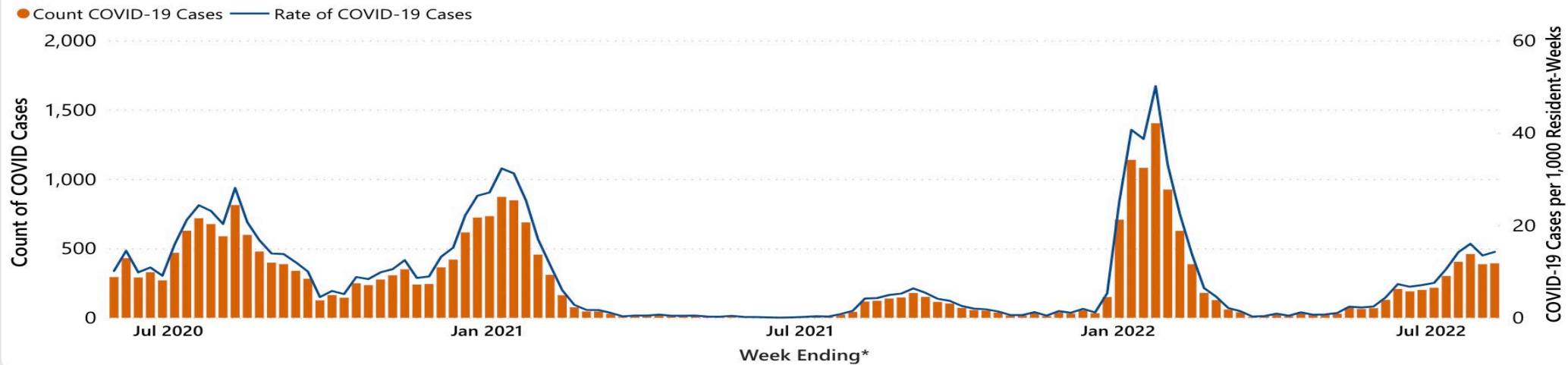
Display by State

GA

Display by FEMA/HHS Region

All

Cases Deaths



* Data are likely accruing, all data can be modified from week-to-week by facilities
 For the purpose of creating this time-series graph, data that fail certain quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns for data-entry or excluded from analysis

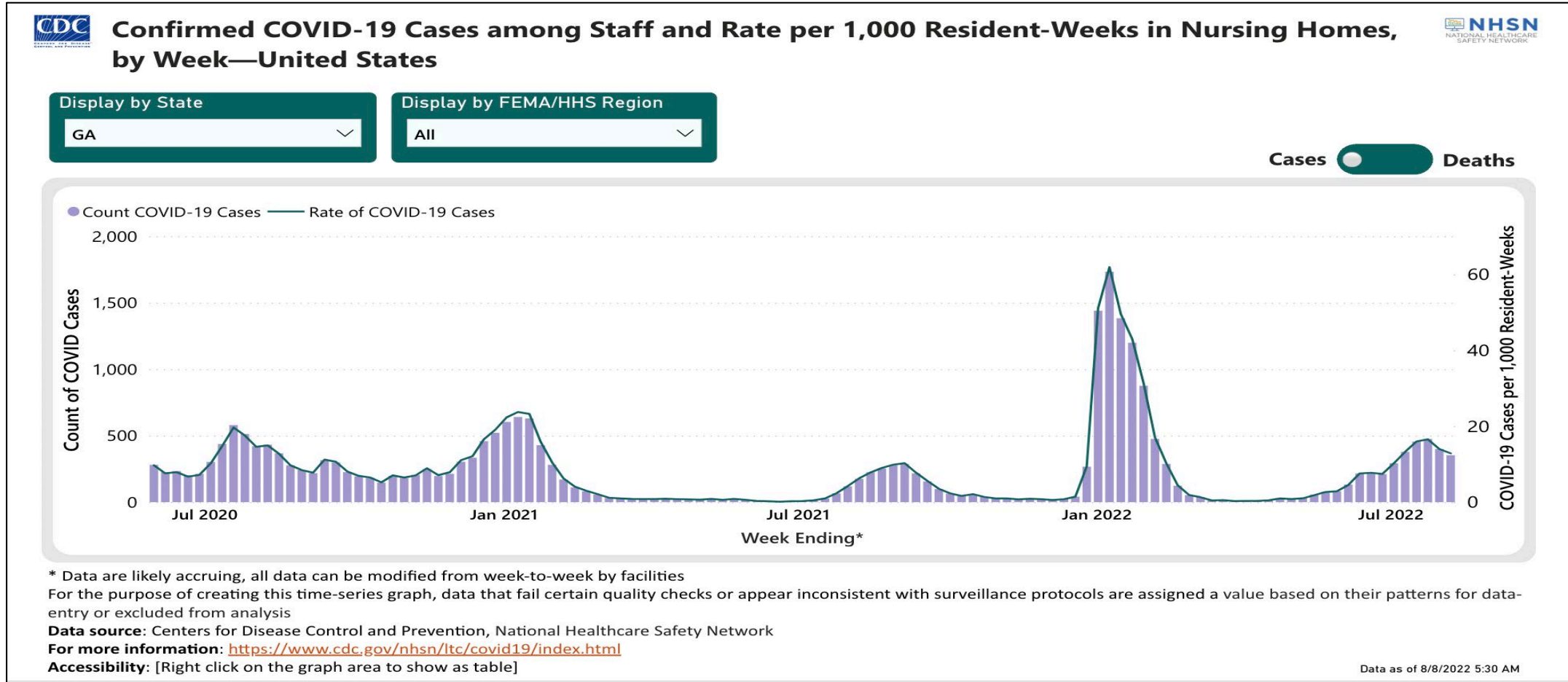
Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network

For more information: <https://www.cdc.gov/nhsn/ltc/covid19/index.html>

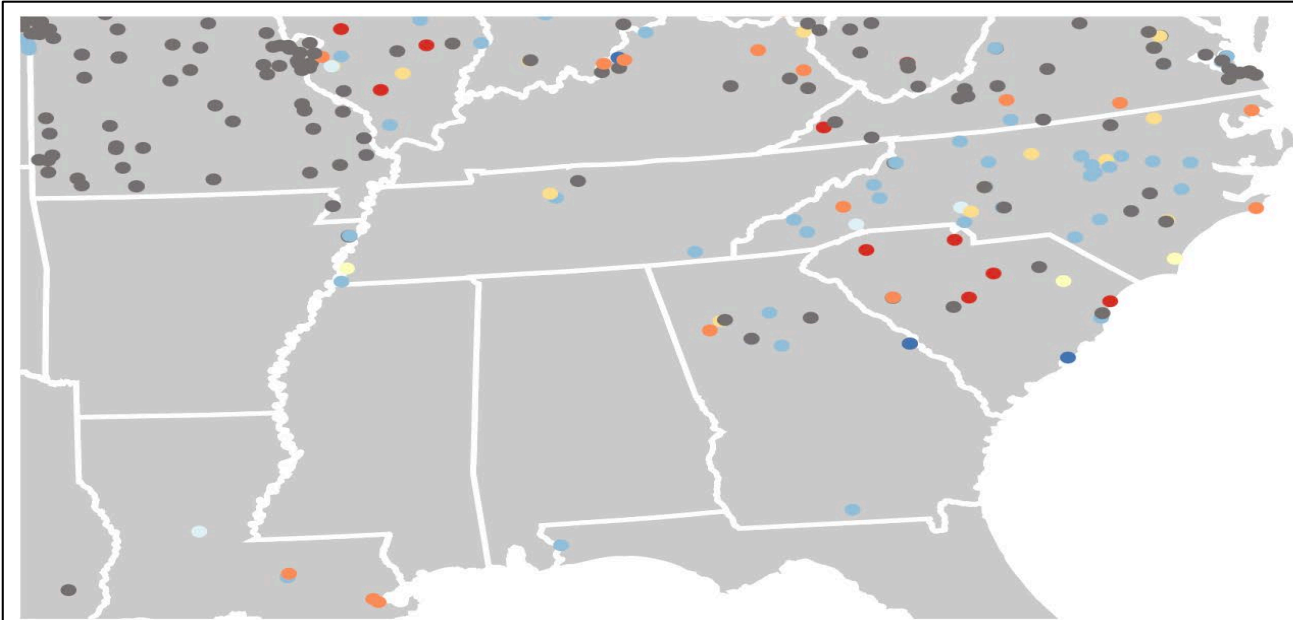
Accessibility: [Right click on the graph area to show as table]

Data as of 8/8/2022 5:30 AM

Staff Cases of COVID-19



Wastewater Surveillance



D

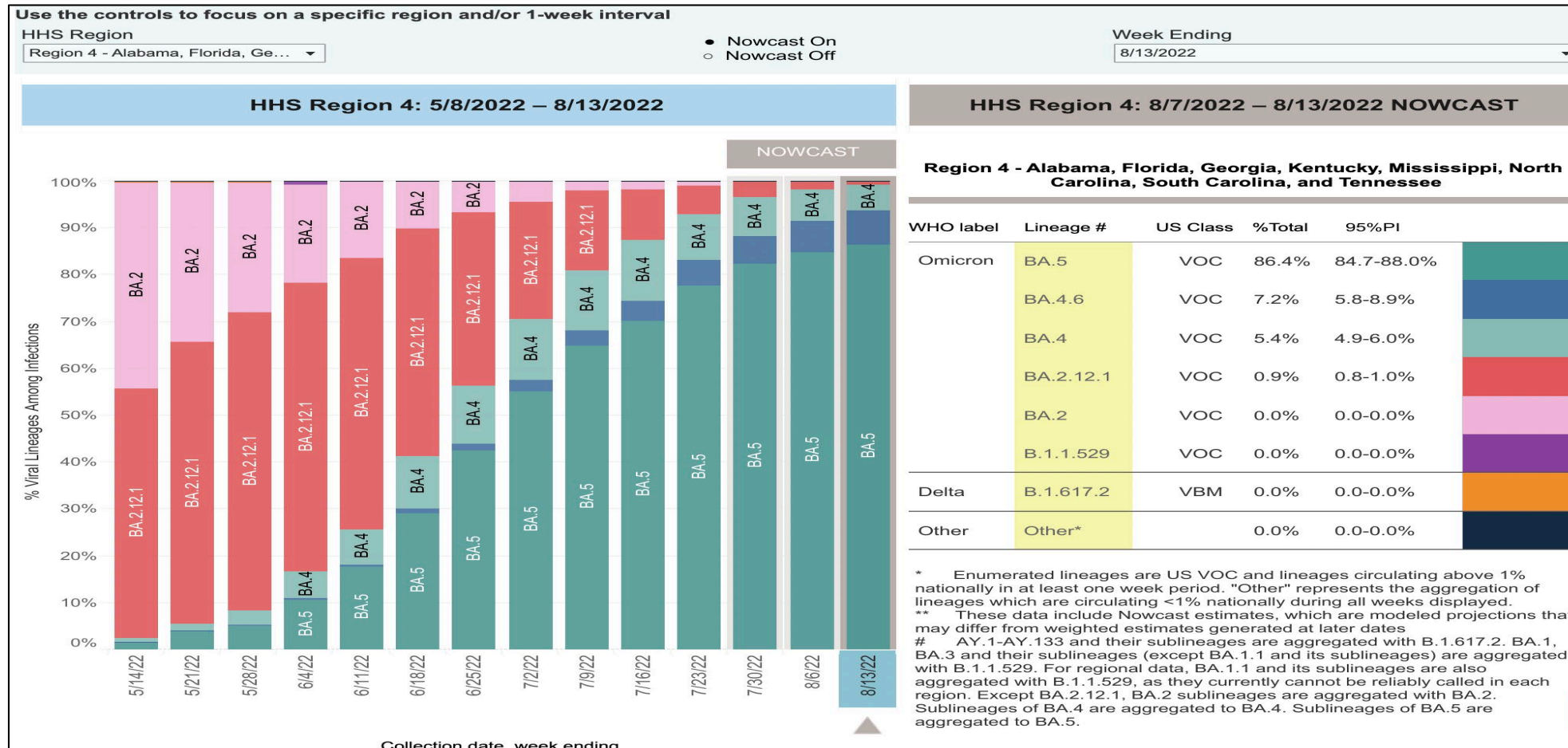
Percent change of SARS-CoV-2 in the last 15 days by site, United States

15-day % change	Num. sites	% sites	Category change in last 7 days
- 100%	30	4	233%
- 99% to - 10%	360	50	- 22%
- 9% to 0%	38	5	- 31%
1% to 9%	22	3	- 48%
10% to 99%	120	17	- 19%
100% to 999%	92	13	- 36%
1000% or more	53	7	10%

Total sites with current data: 715

Total number of wastewater sampling sites: 1176

Current COVID-19 Variant



BA 4.6

- Faster – more contagious
- 12% in Midwest
- Symptoms
 - Runny nose
 - Sore throat
 - Cough
 - Fever
 - Body aches
 - fatigue

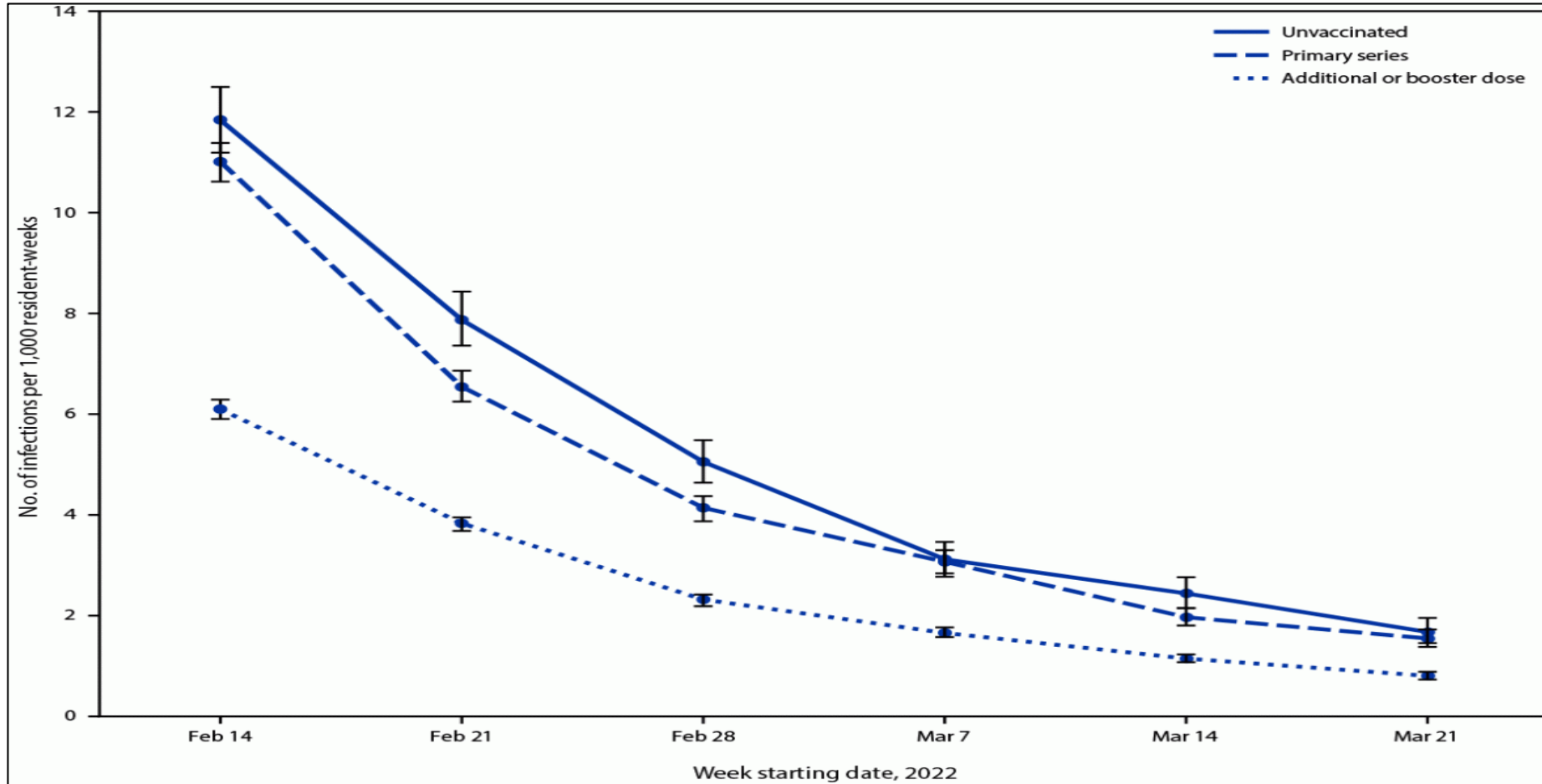
COVID-19 Strategy

- Keep the outbreak out/numbers down
- Keep residents safe

Vaccine Effectiveness

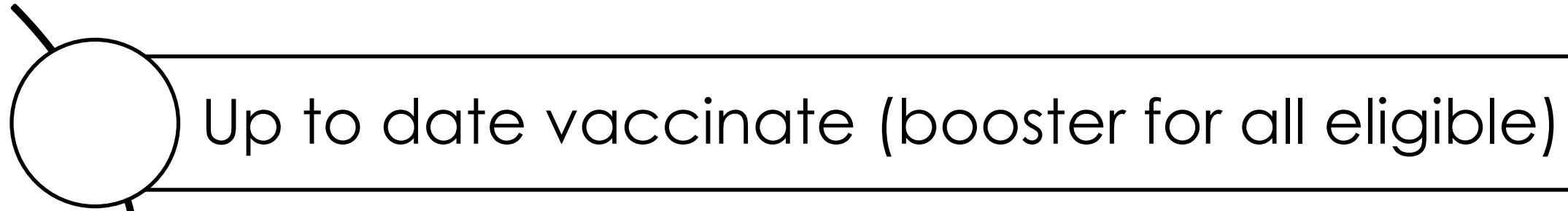
SARS-CoV-2 infection	3 doses mRNA	69%
Hospitalizations	3 doses mRNA	90%---> 84% for Omicron
ED visit	3 doses mRNA	83%
Mechanical ventilation or death	3 doses mRNA	94%

Vaccine Effectiveness in LTC



Crude weekly rates of reported confirmed SARS-CoV-2 infection among skilled nursing facility residents, by vaccination status and resident-week — National Healthcare Safety Network, United States, February 14–March 27, 2022 ([Prasad N, Derado G, Nanduri SA, et al. MMWR 2022;71:633–637](#)).

The Three Pillars



Up to date vaccinate (booster for all eligible)

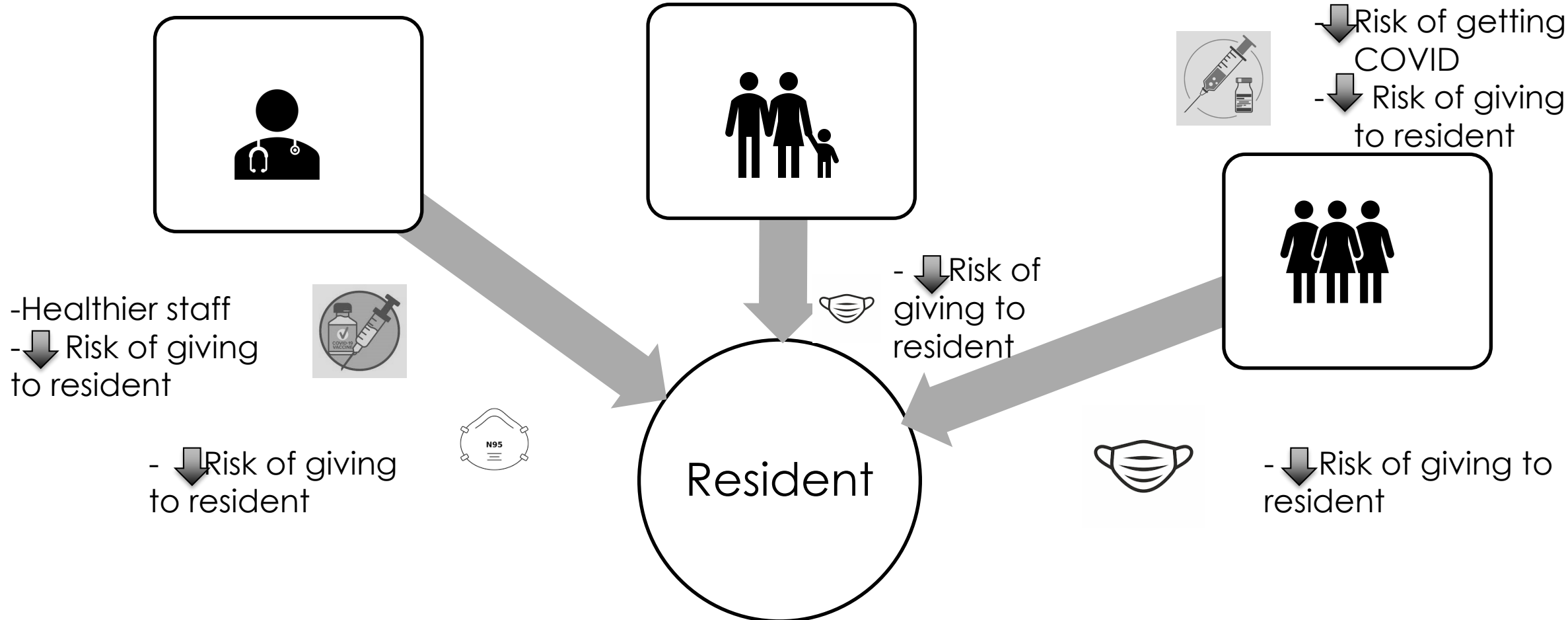


PPE and Infection Control

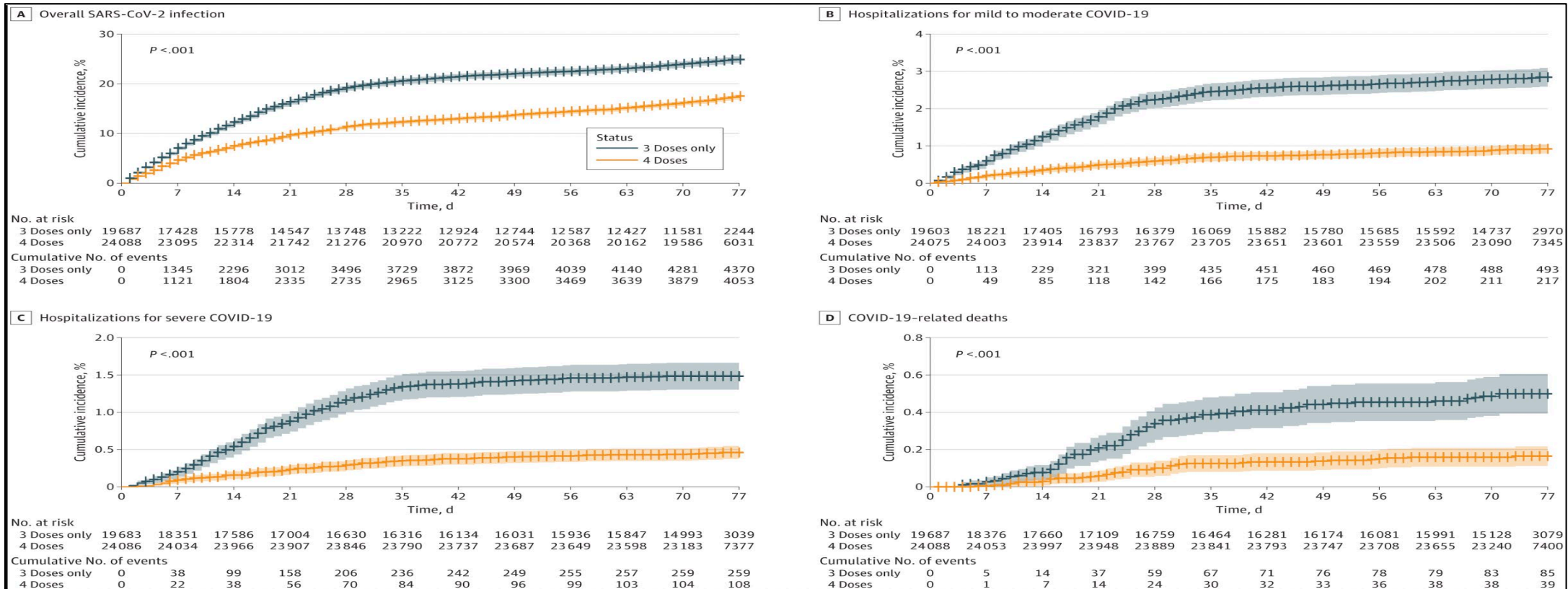


Testing

Preventing Spread



Effect of 3rd vs 4th Dose Against Omicron (6.23)



<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2793699>

Vaccine Effectiveness Against BA.5

	BA.5		BA.2		OR BA.5 /OR .BA.2 (95% CI)
	Outcome n (%)	Adjusted OR (95%CI)	Outcome n (%)	Adjusted OR (95%CI)	
Hospitalization					
Vaccination status					
Not vaccinated (reference)	9/590 (1.53)	ref	14/631 (2.2)	ref	
Complete primary vaccination	9/2530 (0.36)	0.78 (0.29;2.09)	11/2434 (0.45)	0.38 (0.16;0.89)	2.06 (0.56; 7.55)
1st booster vaccination	34/9186 (0.37)	0.23 (0.10;0.51)	29/12331 (0.24)	0.07 (0.03; 0.14)	3.36 (1.18; 9.63)
Death					
Vaccination status					
Not vaccinated (reference)	8/590 (1.36)	ref	3/631 (0.48)	ref	
Complete primary vaccination	4/2530 (0.16)	0.45 (0.12;1.62)	7/2434 (0.29)	1.00 (0.22;4.08)	0.43 (0.07; 2.73)
1st booster vaccination	15/9186 (0.16)	0.12 (0.04;0.30)	5/12331 (0.04)	0.06 (0.01; 0.24)	1.98 (0.38; 10.36)

Other Consideration

- Flu strain H3 N2 variant
- Co-administration of flu vaccine
 - Different limb
 - High dose or adjuvant
- Novavax—for residents and staff who haven't taken the mRNA vaccine
 - Two shots
 - No booster
- Bivalent mRNA approved in the UK

Therapeutic Considerations

PATIENT DISPOSITION

Does Not Require
Hospitalization or
Supplemental Oxygen

PANEL'S RECOMMENDATIONS

All patients should be offered symptomatic management **(AIII)**.

For patients who are at high risk of progressing to severe COVID-19,^a use 1 of the following treatment options:

Preferred Therapies

Listed in order of preference:

- **Ritonavir-boosted nirmatrelvir (Paxlovid)^{b,c} (AIIa)**
- **Remdesivir^{c,d} (BIIa)**

Alternative Therapies

For use ONLY when neither of the preferred therapies are available, feasible to use, or clinically appropriate. Listed in alphabetical order:

- **Bebtelovimab^e (CIII)**
- **Molnupiravir^{c,f} (CIIa)**

The Panel **recommends against** the use of **dexamethasone^g** or **other systemic corticosteroids** in the absence of another indication **(AIII)**.

Vaccine Effectiveness on Long COVID

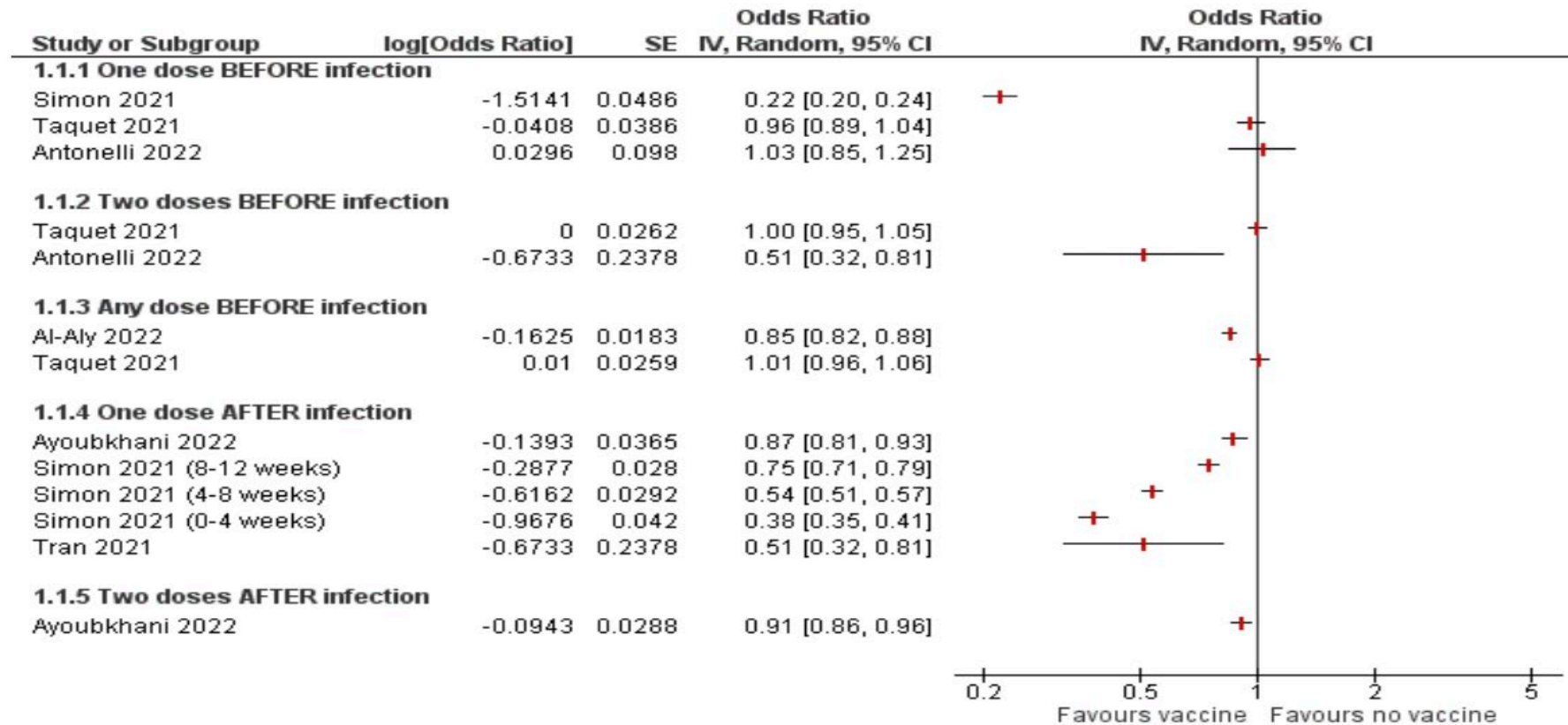
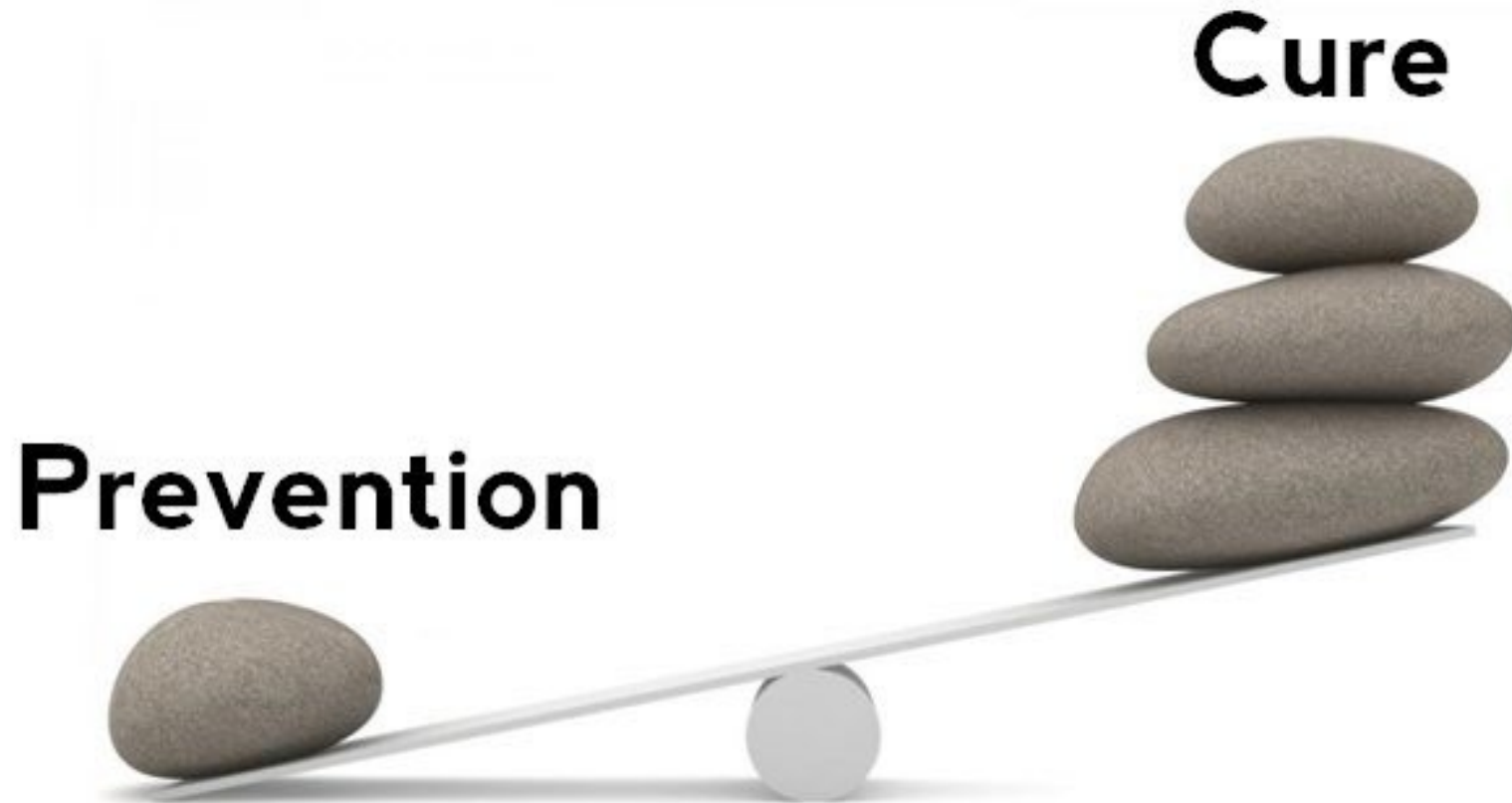


Figure 3. Impact of vaccinations on long COVID forest plot.



Cleaning and Disinfection

Safe and Effective Disinfection in Long-Term Care

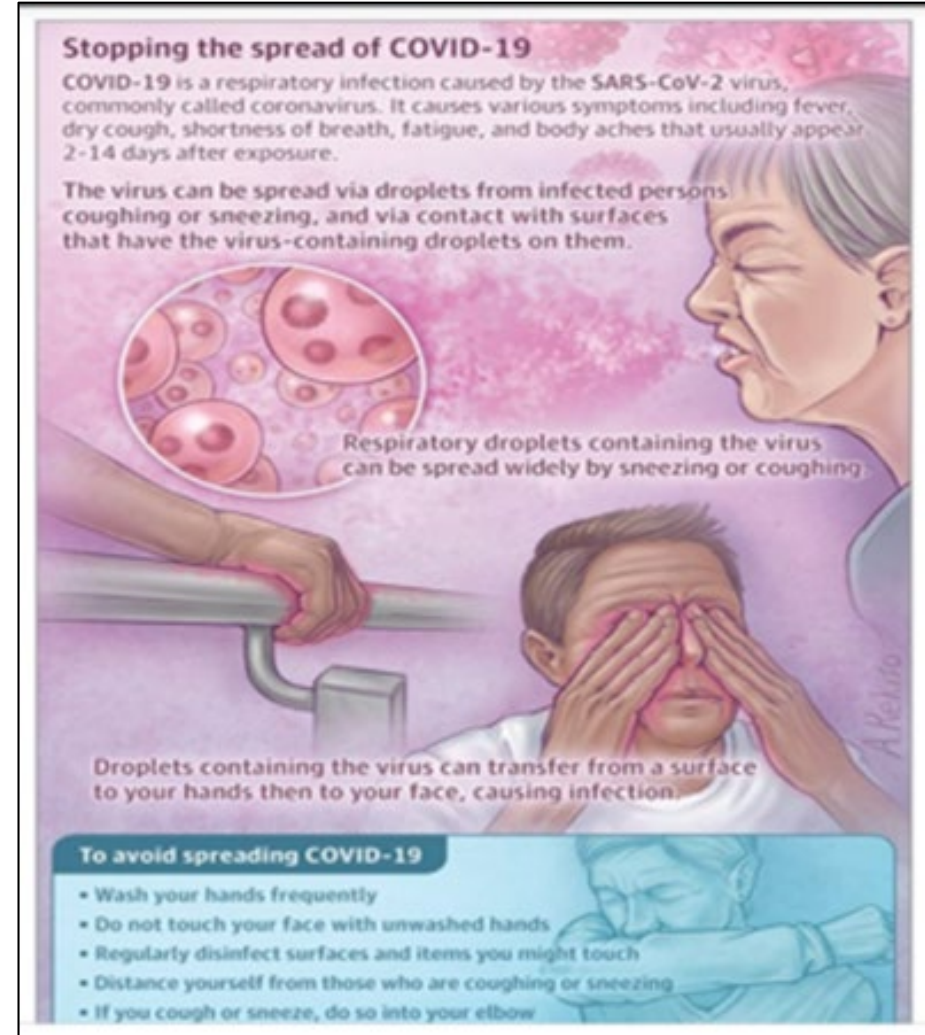
Regina Howard, BSN, RN, CIC

Teresa Fox, MT(ASCP), CIC



To Prevent the Spread of COVID-19

- Perform hand hygiene frequently.
 - ABHR is the preferred method.
- Don't touch your face with unwashed hands.
- Regularly disinfect surfaces and items touched.
- Distance yourself from those who are coughing and sneezing.
- Cough or sneeze into elbow or tissue.
- Dispose of tissues promptly in the trash.



Viral and Bacteria Transmission



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7115329/figure/fig1/>

Pillars of COVID-19 Prevention and Control



Hand Hygiene



Transmission-Based
Precautions



Environmental
Cleaning and
Disinfection

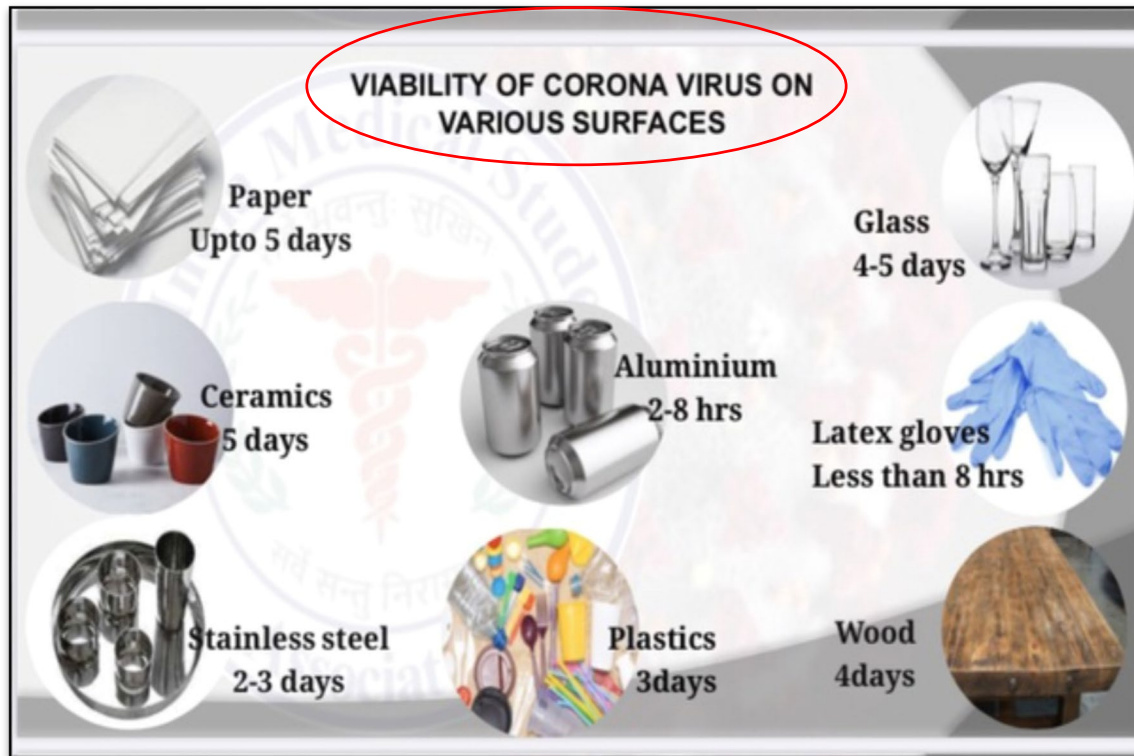


Why Clean and Disinfect Environment and Shared Medical Equipment?

- To prevent transmission of organisms to residents and staff.
- To protect those whose immune system is immunocompromised.
- To prevent transmission of COVID-19 and Multidrug-Resistant Organisms (MDROs).
- To provide an aesthetically pleasing environment.

Indirect Transmission of Germs

Germs can survive for up to three hours on your hands



Persistence of clinically relevant bacteria on dry inanimate surfaces.

Type of bacterium	Duration of persistence (range)
<i>Acinetobacter</i> spp.	3 days to 5 months
<i>Bordetella pertussis</i>	3 – 5 days
<i>Campylobacter jejuni</i>	up to 6 days
<i>Clostridium difficile</i> (spores)	5 months
<i>Chlamydia pneumoniae</i> , <i>C. trachomatis</i>	≤ 30 hours
<i>Chlamydia psittaci</i>	15 days
<i>Corynebacterium diphtheriae</i>	7 days – 6 months
<i>Corynebacterium pseudotuberculosis</i>	1–8 days
<i>Escherichia coli</i>	1.5 hours – 16 months
Enterococcus spp. including VRE and VSE	5 days – 4 months
<i>Haemophilus influenzae</i>	12 days

<https://qph.fs.quoracdn.net/main-qimg-bc6a7b44d44d4885977ea6947a37193e>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1564025/>

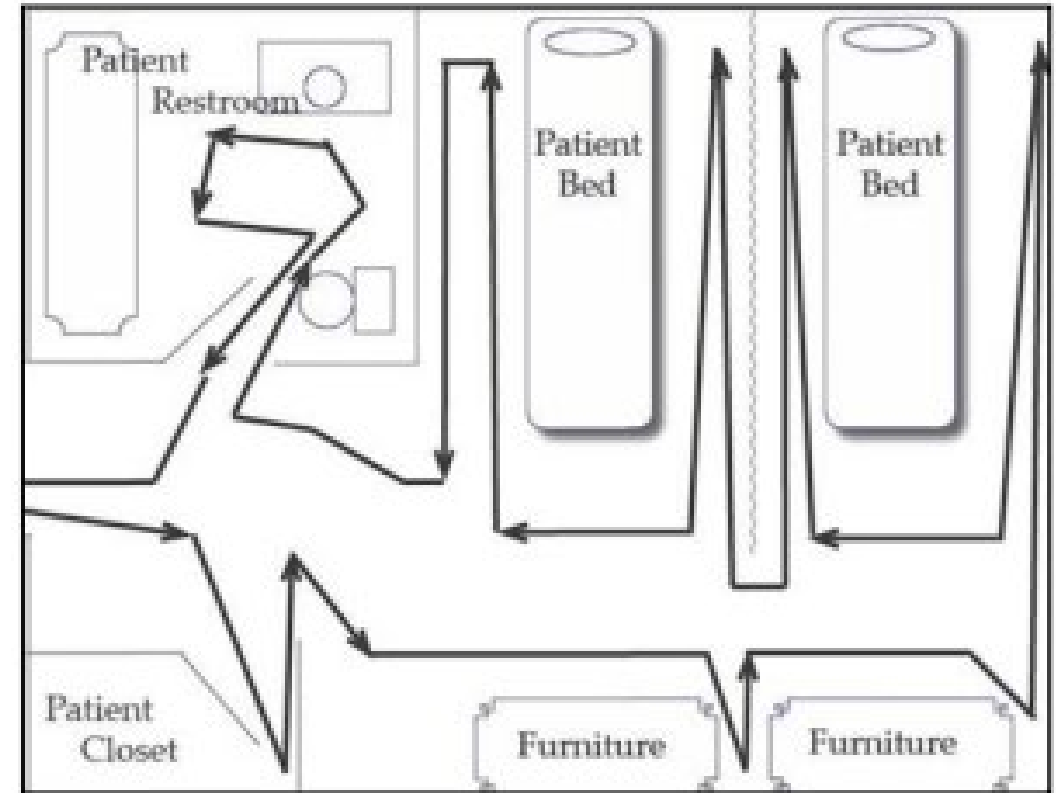
High Touch Surfaces Require Daily & Frequent Cleaning During Outbreaks/High Community Transmission

Doorknobs	Call lights
Keyboards	Bed rails
Computer mouse	Wheelchairs, all mobility equipment
Tablets	Bathroom fixtures, sinks, toilets
Light switches	Pens
Desk handles	Counters
Over bed tables	Elevator buttons
Bedside tables	
Cubicle curtains	
Telephones	



Daily Cleaning of Resident Rooms

- Plan a logical cleaning pattern.
- Restrooms should always be cleaned **LAST**.
- Follow guidelines for optimal cleaning paths:
 - Clockwise
 - Top to bottom
 - Clean to dirty
- Clean walls, blinds and window curtains when visibly contaminated or soiled.
- Change microfiber after each room and after cleaning blood or bodily fluid spills, or change mop and water after every 2-3 rooms and after each isolation room.
- Remove PPE before leaving the resident's room.



Practice Guidance for Healthcare Environmental Cleaning, 2nd Edition, AHA, 2012; Rutala WA, CDC, 2008)

APIC Resident Room Daily Cleaning

How can you
HELP stop
the spread
of germs?



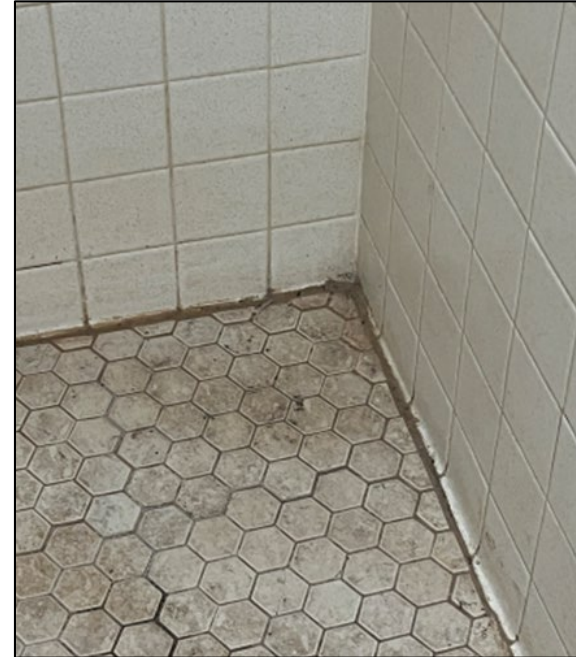
Cleaning of Shared Medical Equipment

- Develop policy and procedures for cleaning and disinfection, including staff responsibilities.
- Educate all staff responsible for cleaning and disinfection (clinical and non-clinical) on hire, annually, and as needed (i.e., product changes). Include:
 - Reading labels, wet times and PPE required
- Validate competency by return demonstration.
- Clean and disinfect equipment between each use, including infrared thermometers.
- Follow the manufacturer's recommendations.
- Establish a method for assessing the quality of cleaning and disinfection.
- Cleaning products should be available at the point of use for all staff.



Storage of Clean Equipment

- All items should be cleaned and disinfected prior to storage.
- Store “clean” items separate from “dirty” items.
- Store in a clean, dry, well-maintained (i.e., walls and floors are intact) area.
- The area should be clearly identified by purpose (i.e., signage).
- Develop a facility-wide system to identify clean/dirty items.



“Two Step” Method

Step 1. Cleaning-Physical removal of dirt, body fluids and other organic matter accomplished manually or mechanically using water with detergents or enzymatic products applied with friction.

- Cleaning reduces the presence of organisms, preventing harm when the surface is touched. It does not kill germs.
- Cleaning is mandatory in preparation for disinfection and sterilization.

Step 2. Disinfection-Process of utilizing EPA-approved chemicals that eliminate or kill many or all pathogenic organisms except bacterial spores on surfaces.

- Products used in hospitals and other health care facilities are referred to as “hospital-grade disinfectants.”
- Disinfection is used on inanimate objects and is done after the cleaning process.

If using ultraviolet light or hydrogen peroxide spray, all surfaces must be cleaned and disinfected prior to application.

EPA'S List of Effective Products

- EPA reviews laboratory testing data and assigns a primary registration number.
 - Usually at the bottom of the back label.
- Selected EPA-registered disinfectants (includes all lists):
<https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>
 - List K - EPA-registered antimicrobial products effective against *Clostridioides difficile*.
 - **List N - EPA-registered disinfectants effective against SARs CoV2.**
 - List P - Antimicrobial products registered with EPA for claims against *Candida auris*.

When Using Disinfectants

- Follow the directions on the label.
- Use recommended PPE when cleaning and disinfecting.
- Ensure adequate ventilation.
- Dilute products per manufacturer's instructions.
- Label diluted cleaning or disinfectant solutions as directed by OSHA (use water at room temperature unless stated otherwise on the label).
- **Do not** apply cleaners or disinfectants directly on the skin.
- **Do not** mix different products or chemicals.
- Perform hand hygiene after glove removal.
- Store in a secured location.



Contact Time, Wet Time and Dwell Time

Time the disinfectant **needs to stay wet on a surface** to ensure efficacy. It is determined by the manufacturer and based on the results of microbiological testing using EPA-approved methods.

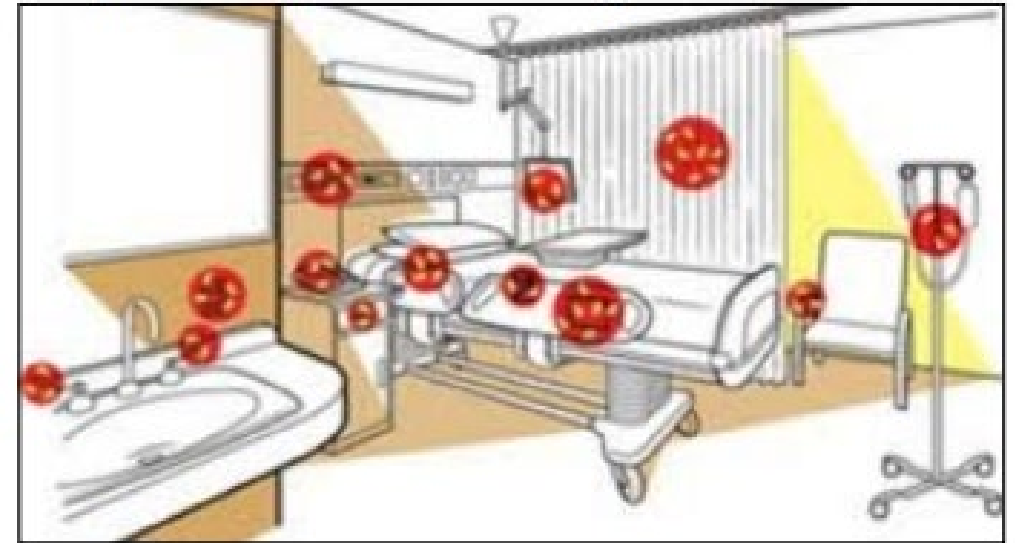
- Provide adequate time for room turnover, taking into consideration contact time (dwell or wet time) for disinfection to occur.
- A dry environment may cause faster drying of the disinfectant, and **reapplication** may be needed to allow for the full contact time to occur.
- Always know the contact time for the product in use.



Quality Improvement

Auditing Effectiveness of Cleaning

- **Visual assessment is not a reliable indicator of surface cleanliness.**
 - Direct observation measures adherence to processes.
- A fluorescent marker determines if a particular area was wiped.
 - UV gel testing-qualitative measure using fluorescent gel to assess terminal cleaning on high-touch surfaces.
 - Tools-UV markers (Glo Germ, GlitterBug etc.).
 - Marking tools (sponge applicator).
 - Blacklight to assess the removal of gel.



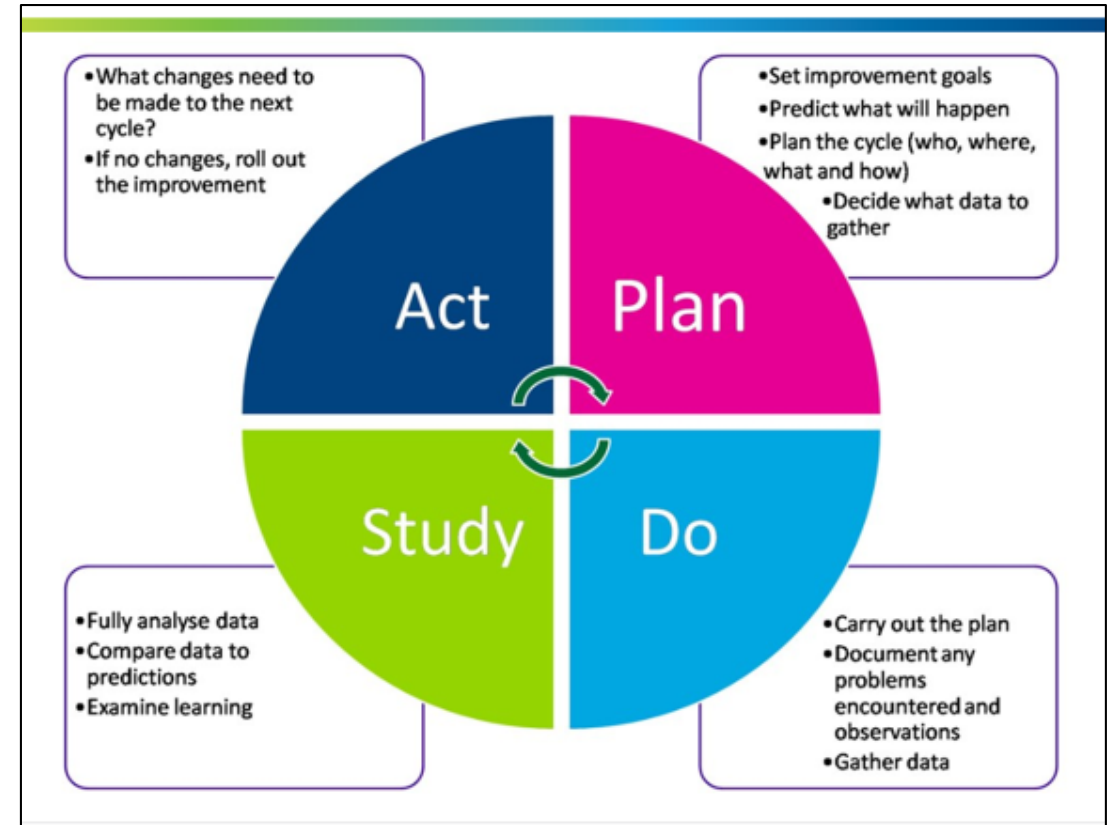
<https://www.cdc.gov/HAI/toolkits/Environmental-Cleaning-Checklist-10-6-2010.pdf>
<https://www.mnhospitals.org/Portals/0/Documents/ptsafety/CDICleaning/5.%20Environmental%20Cleanliness%20Monitoring%20Presentation.pdf>

Auditing and Sharing of Data

- Conduct an audit of cleaning and disinfection using a Yes/No checklist.
- Graph room cleaning data and report percentage monthly to the quality team.
 - The graph will provide a clear picture of which direction efforts are heading and dictate the next steps for improvement.
- Establish a way to recognize the housekeeping staff for a job well done.
 - Never make it punitive.

Performance Improvement Project: Shared Non-Critical Equipment

- Gather a multi-disciplinary collaborative team.
- Develop a system for identifying clean/dirty equipment.
- Develop a goal for compliance.
- List all shared equipment.
- Conduct baseline compliance audits.
- Determine who is responsible for cleaning.
- Establish when and how cleaning and disinfection are to occur.
- Create a chart.
- Educate staff on responsibilities and processes.
- Post and distribute charts to all involved units.
- Audit for compliance and provide interventions as needed.



Shared Non-Critical Equipment

Wet time will depend on product selected

EQUIPMENT	METHOD OF DISINFECTION	STAFF RESPONSIBLE	FREQUENCY	WET TIME
Stethoscope	Wipe entire instrument and ear pieces with alcohol after each patient use. Allow to air dry.	Nursing	After each resident use and as needed	30 seconds
IV Pump	All IV infusion pumps must be decontaminated before returning to Clean Storage Area. If pumps are not returned to storage area, clean with hospital-approved disinfectant, cover with a plastic bag to indicate clean/ready for use and store on nursing unit.	EVS	After each resident use and as needed	2 minutes
IV Poles	Remove visible soil. Disinfect with hospital-approved disinfectant before retraining to Clean Storage Area. If poles are not returned to storage area, clean with hospital-approved disinfection, cover with a plastic bag to indicate clean/ready for use	EVS	After each resident use and as needed	2 minutes
Electronic Thermometers	Remove visible soil. Wipe all surfaces with alcohol/germicidal wipe and allow to air dry.	Nursing	After each resident use and as needed	30 seconds; 1 minutes
Wheelchairs	Remove visible soil, disinfect with hospital-approved disinfectant.	Nursing	After each resident use and as needed	1 minutes
	Powerwash with soap and water	Maintance	Month	
Glucometer	Acceptable cleaning ingredients include: soap/water, 70% Isopropyl Alcohol, 1:10 dilution of sodium hypochlorite ammonium chloride (quarternary ammonium chloride), or 1:10 dilution of bleach. Wipe and dry the meter and ensure that no cleaning solution is seen in the connector where the meter is docked	Nursing	After each resident use and as needed	2 minutes

Auditing of Shared Equipment Cleaning

Hand Hygiene and PPE Observations

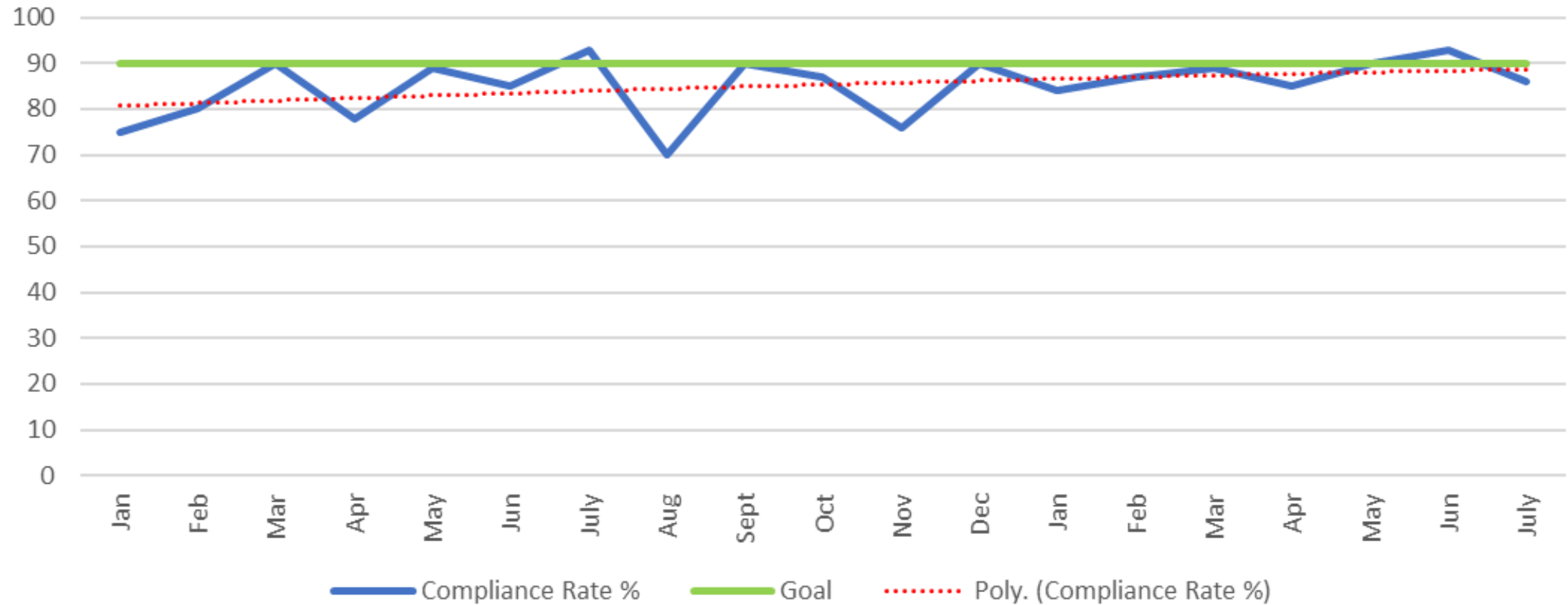
Month: _____ Year: _____

Unit: _____

Observer: _____

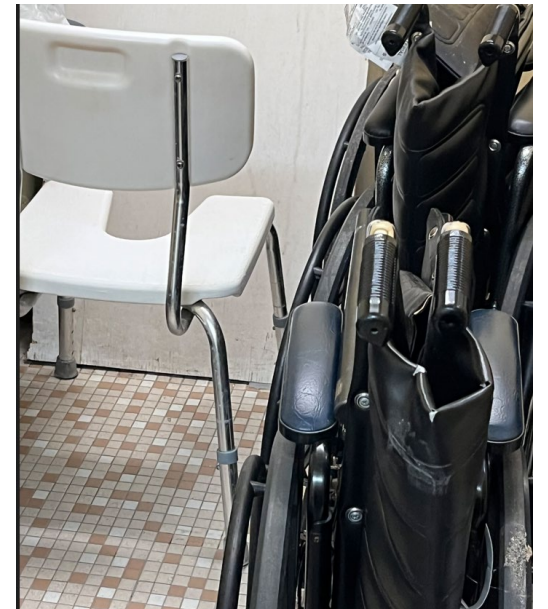
	Hand Hygiene			PPE			Shared Equipment		
	Before resident contact (Y or N)	After resident contact (Y or N)	After environmental surfaces contact (Y or N)	Appropriate selection of PPE (Y or NO)	Appropriate donning of PPE (Y or N)	Appropriate doffing and disposal (Y or N)	Appropriate "Wet Time" adherence (Y or N)	Clean and disinfection of shared equipment after use (Y or N)	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

Cleaning and Disinfection of Non-Critical Equipment Compliance Rate Januray 2021 to July 2022



Tips From the Field

- Do informal observations when leadership rounding:
 - CNAs are performing vital signs.
 - Shared equipment was cleaned and disinfected prior to storage.
 - Cleaning wipes at point of use.
 - Condition of upholstery and mobile equipment observing for tears and cracks.
 - Furniture surfaces are cleanable (not fabric) and finished.
 - Wood, countertops and wall surfaces are in good condition.
 - No tape or sticky surfaces.
 - Accessing supplies on carts with “dirty” gloves.
 - Separation of cleaning rags (bathroom/resident room).
 - Changing mop heads/water frequency.
 - Cleaning isolation/quarantine rooms last.
 - Biohazard items (lab specimens) are stored in a clean area (medication or nourishment rooms).



Summary

- Create policies and procedures to ensure a systematic approach.
- Increase the frequency of cleaning and disinfecting, particularly for high-touch surfaces (e.g., hand-rails, bed rails, over bed tables, doorknobs).
- Audit proper cleaning and disinfection of the facility's environment as indicated in its cleaning/disinfection policies.
- Use hospital-grade EPA-registered antimicrobial products effective against the organism in question.
 - Follow manufacturer instructions for use.
- Provide ongoing education for housekeeping and other staff (i.e., PT, CNAs) related to cleaning and disinfection.
 - Consider designating specific housekeeping staff to the affected resident care unit.

Georgia Department of Public Health HAI Team Contacts

State Region/Districts	Contact Information
North (Rome, Dalton, Gainesville, Athens) Districts 1-1, 1-2, 2, 10	Sue.bunnell@dph.ga.gov (404-967-0582) Mary.Whitaker@dph.ga.gov (404-967-0578)
Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange) Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4	Teresa.Fox@dph.ga.gov (404-596-1910) Renee.Miller@dph.ga.gov (678-357-4797)
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Southeast (Columbia, Albany) Districts 8-1, 8-2	Connie.Stanfill1@dph.ga.gov (404-596-1940)
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Backup/Nights/Weekends	Jeanne.Negley@dph.ga.gov (404-657-2593) Joanna.Wagner@dph.ga.gov (404-430-6316)

Questions?



Save the Date

Next Office Hours:
September 16, 2022
11 a.m.



Thanks Again...

- Georgia Department of Public Health
- University of Georgia



Making Health Care Better



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