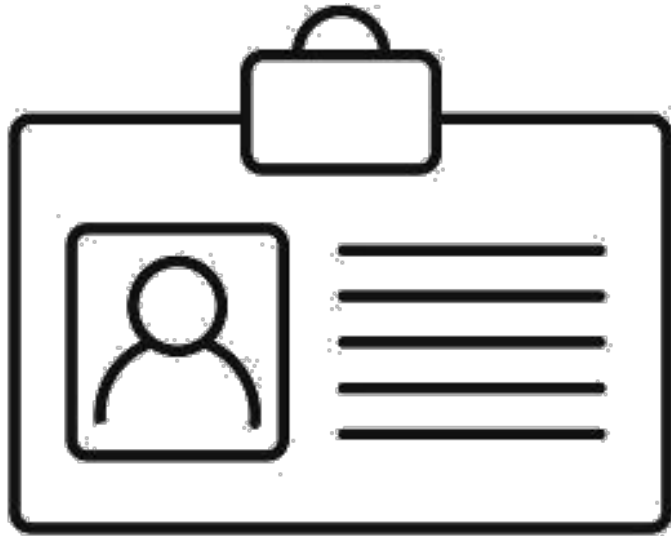




Georgia Department of Public Health:
Strike & Support Team GADPH Office Hours for ALFs & PCHs
April 28, 2023

Meet the Team



Presenter:

JoAnna M. Wagner, RN, BSN, BHSA, CIC

Nurse Epidemiologist/Lead Infection Preventionist

Healthcare-Associated Infections Team

Georgia Department of Public Health

JoAnna M. Wagner, RN, BSN, BHSA, CIC

JoAnna has been with the Georgia Department of Public Health since 2016 and is currently the nurse epidemiologist/lead infection preventionist for the Acute Disease and Epidemiology Section, Healthcare-Associated Infections Team. She leads a team of eight infection preventionists whose focus is the investigation of outbreaks in health care facilities involving multi-drug resistant organisms.

JoAnna has been involved with COVID-19 response for long-term care facilities since March 2020. She has been a nurse for 23 years and has worked as an infection preventionist for 19 years.

Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia



Objectives

- Provide updates on the Infection Prevention & Control (IPC) resource boxes for assisted living facilities (ALFs) & personal care homes (PCHs)
- Discuss *Candida auris* in Georgia and what you need to know for preparedness and response
- Share Alliant Health Solutions resources to support your infection prevention and control initiatives
- Address any facility-specific IPC questions or concerns

Resource Boxes Are on the Way!

- CDC Grant
- Partnership with UGA and Alliant
- Resource Needs Recognized via DPH HAI Team ICARs



Infection Prevention Toolkit

- All assisted living facilities and personal care homes with 25 or more beds will receive one box.
- Resource boxes contain the following:
 - APIC Long-term Care Text
 - Quick Reference for Microbes
 - Glo Germ Kits
 - Resources and Tools



Respiratory Protection Program

- UGA will lead a respiratory protection program training for 2,200 Georgia long-term care facilities (LTCFs)
 - 368 skilled nursing facilities (SNFs)
 - 295 assisted living facilities
 - 155 personal care homes with 25 or more beds,
 - 280 hospice facilities
 - 1,095 community living arrangements



[N-95 mask fit testing - Bing images](#)

Candida auris in Georgia

- What You Need To Know for Preparedness and Response

Alliant DPH Strike Team Office Hours Presentation for SNFs

JoAnna Wagner, RN, CIC, DPH

Nurse Epidemiologist/Lead Infection Preventionist

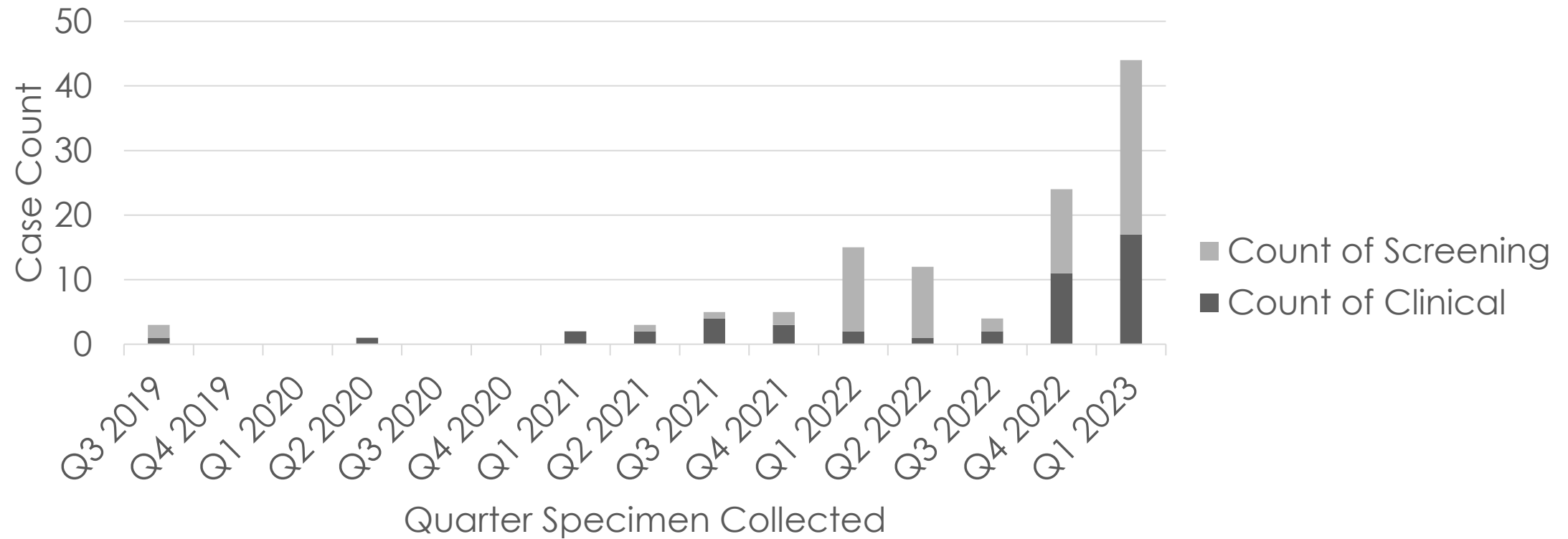
April 21, 2023

Who We Are

- Georgia Department of Public Health
- Team of Infection Preventionists
- Offer free, non-regulatory infection prevention consultation
- Provide resources; remain current with CDC recommendations for health care facilities
- Consult us for any questions related to infection prevention and control
- Contact us at hai@dph.ga.gov

Increasing Cases in Georgia

C. auris Cases Over Time, Georgia



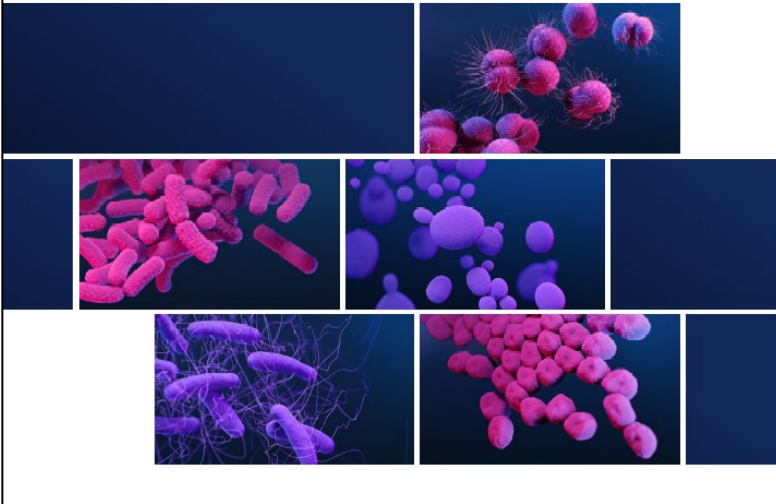
Candida auris: The Sneaky Spreader

- *Candida auris* Presence in Georgia:
What You Need to Know for
Preparedness and Response
- May 2022



ANTIBIOTIC RESISTANCE THREATS
IN THE UNITED STATES

2019



 **Urgent Threats**

These germs are public health threats that require urgent and aggressive action:



CARBAPENEM-RESISTANT
ACINETOBACTER



CANDIDA AURIS



CLOSTRIDIoidES DIFFICILE



CARBAPENEM-RESISTANT
ENTEROBACTERIACEAE

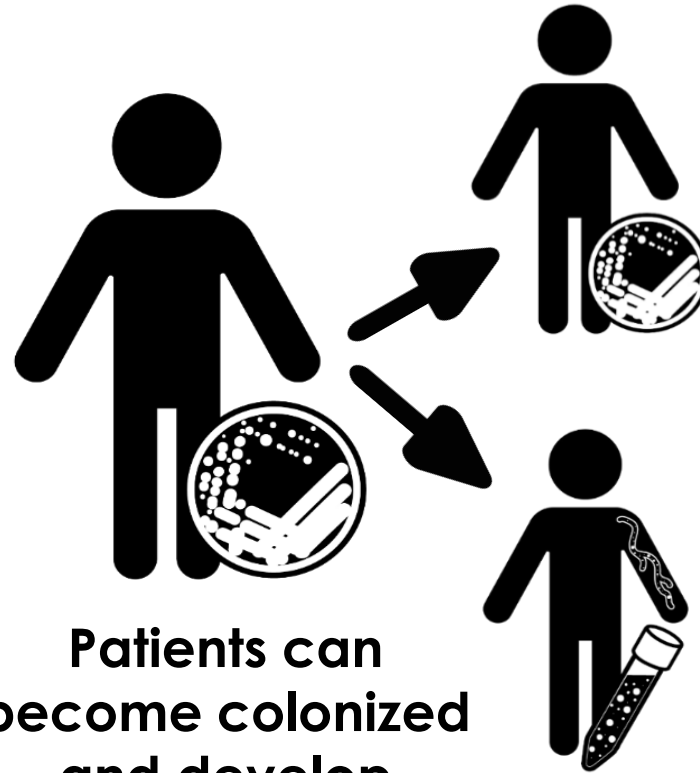


DRUG-RESISTANT
NEISSERIA GONORRHOEAE

Why Are We Concerned About *Candida auris*?



Highly
drug-resistant



Patients can
become colonized
and develop
invasive infections



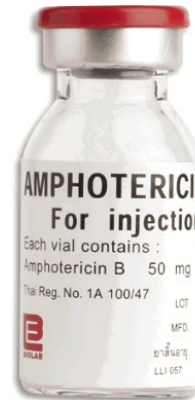
Spreads in health care
settings



Resistance: *C. auris*



85%
Azoles



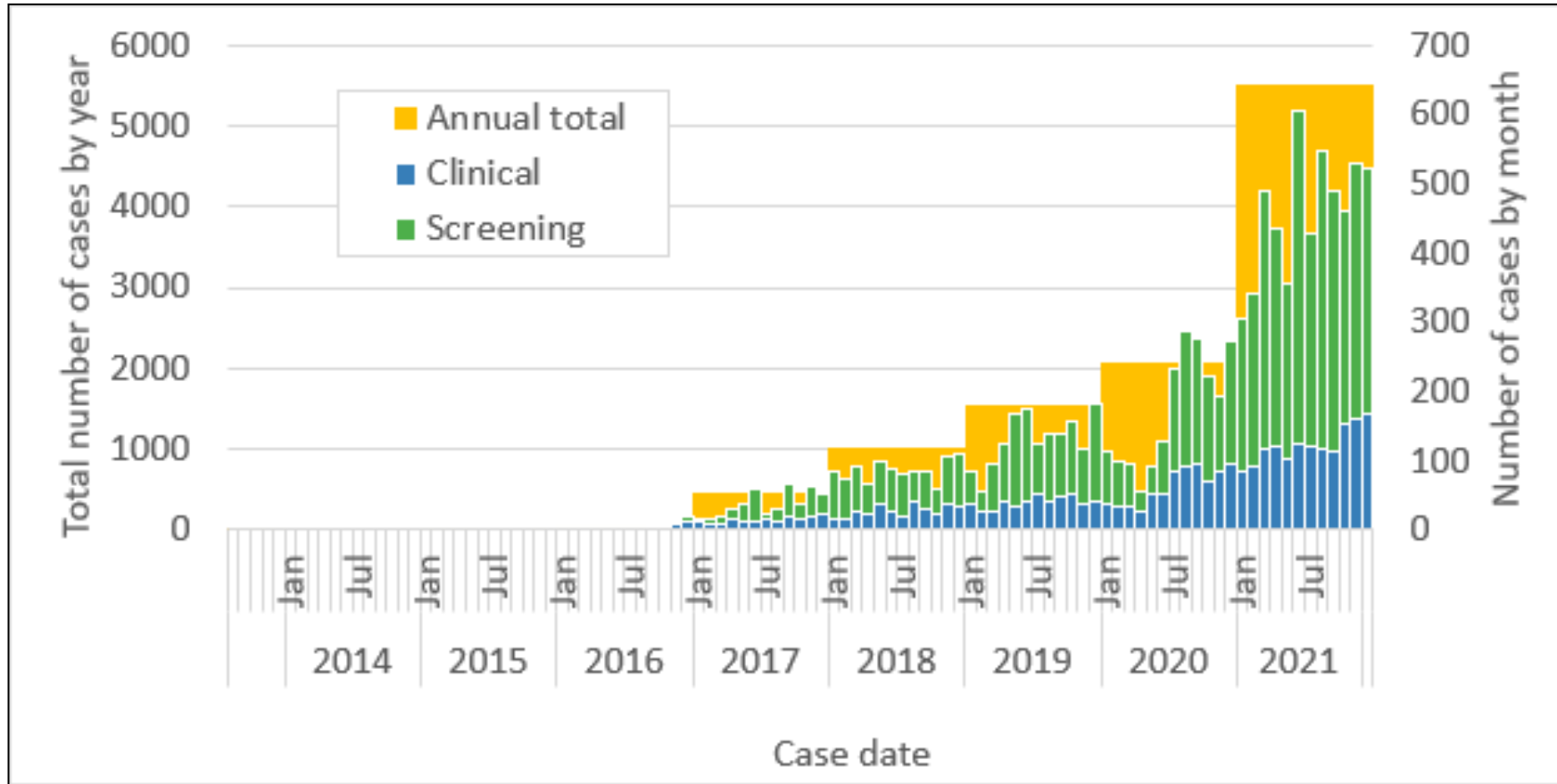
33%
Polyenes



1%
Echinocandins

- 32% multidrug-resistant
- Multiple pan-resistant cases reported in the United States since 2019

Increasing Transmission of *C. auris* in the United States

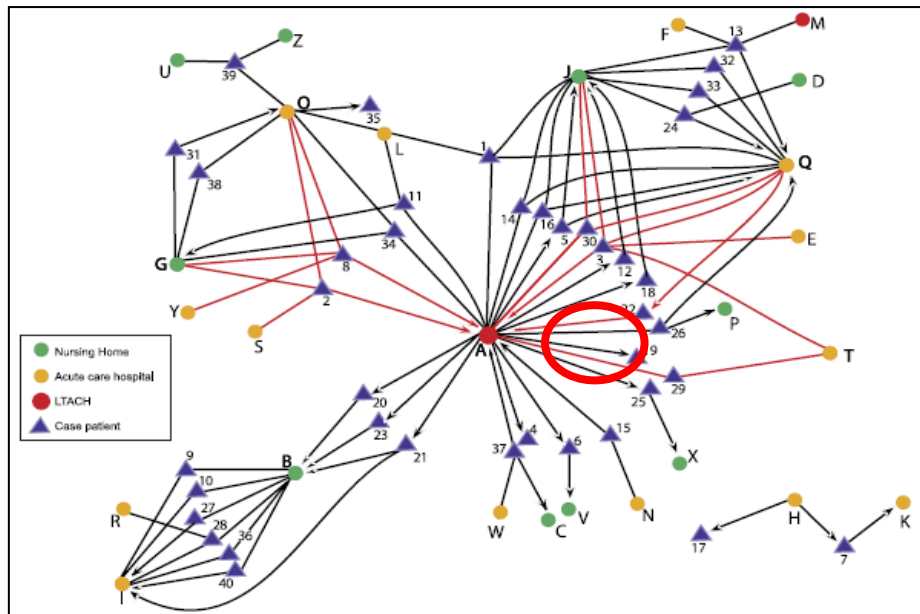


Typically Affects the Sickest of the Sick

- Tracheostomies
- Ventilator-dependent
- Multiple health care encounters
- Colonized with other multidrug-resistant organisms
- Recently received antibiotics and antifungals
- Not a threat to the general public or healthy individuals



Gaps in Interfacility Communication Contribute to Spread



LTACH = long-term acute care hospital

Spread is often amplified in high-acuity post-acute care facilities

- Long lengths of stay
- High acuity patients with multiple health care encounters
- Less infection control infrastructure than short-stay acute care hospitals

Large Outbreak in a Hospital COVID-19 Unit in Florida

Morbidity and Mortality Weekly Report

Candida auris Outbreak in a COVID-19 Specialty Care Unit — Florida, July–August 2020

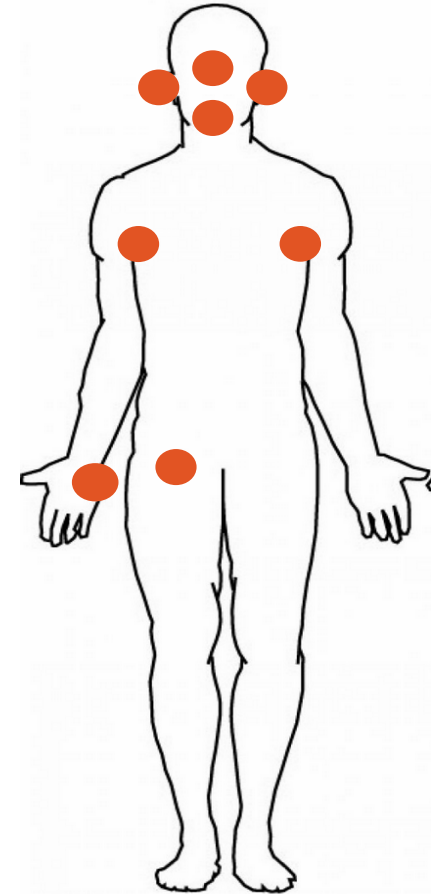
Christopher Prestel, MD^{1,2}; Erica Anderson, MPH²; Kaitlin Forsberg, MPH³; Meghan Lyman, MD³; Marie A. de Perio, MD^{4,5}; David Kuhar, MD¹; Kendra Edwards⁶; Maria Rivera, MPH²; Alicia Shugart, MA¹; Maroya Walters, PhD¹; Nychie Q. Dotson, PhD²

- Half of the patients screened for *C. auris* were positive for colonization
- 17% of colonized patients later had clinical cultures
- Health care personnel wearing multiple layers of gowns and gloves
 - Extended use of base layer for multiple patients
 - Many opportunities for contaminating the base layer
 - Might be motivated by fear of becoming infected

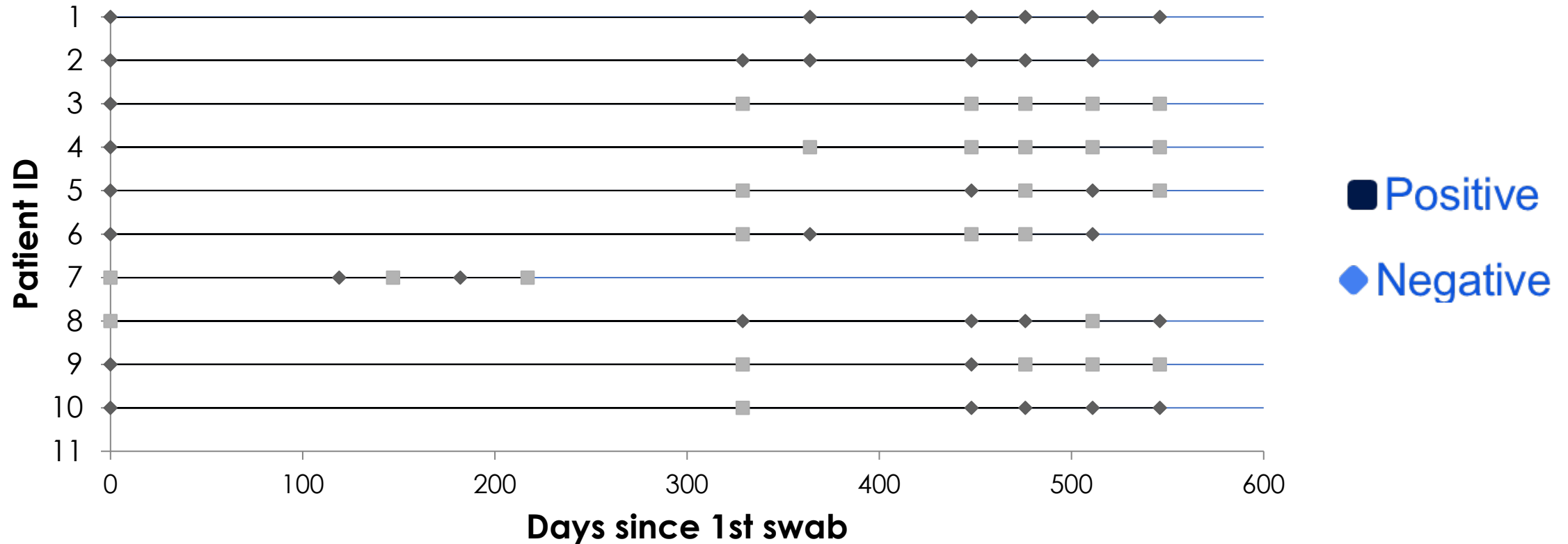


Patients Are Often Colonized Indefinitely

- Primarily on skin
 - Nares and other body sites also can become colonized
 - Recommend screening by swabbing the axilla/groin
- Persistent for many months
- No currently known decolonization strategies
- Can lead to:
 - Transmission to others
 - Invasive infection



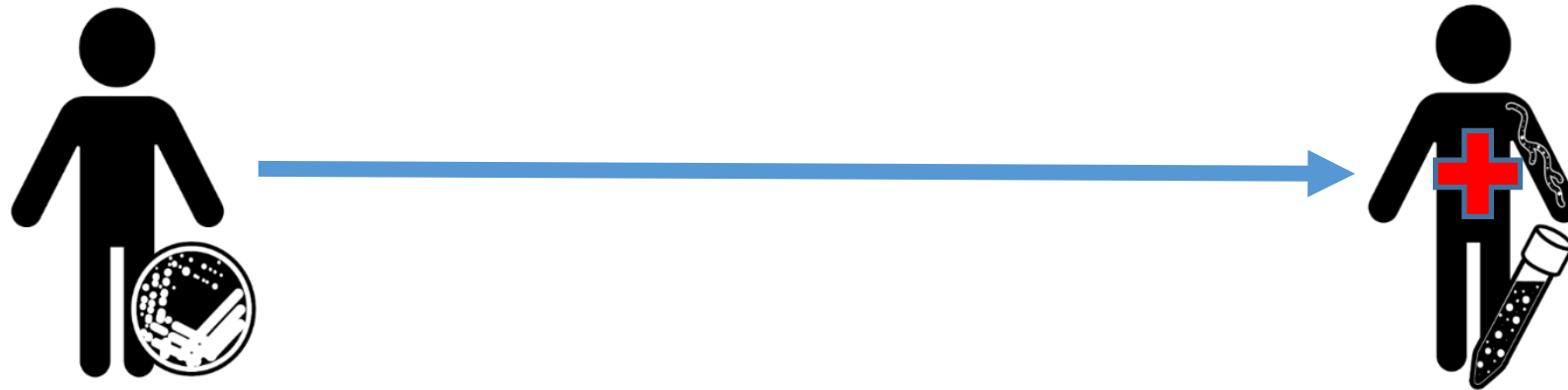
Clearance of Colonization is Rare



Pacilli M, Kerins JL, Clegg WJ, et al. Regional Emergence of *Candida auris* in Chicago and Lessons Learned From Intensive Follow-up at 1 Ventilator-Capable Skilled Nursing Facility. Clin Infect Dis. 2020 Dec 31;71(11):e718-e725.

Can Cause Invasive Infections and High Mortality

5%-10% of colonized patients develop bloodstream infections



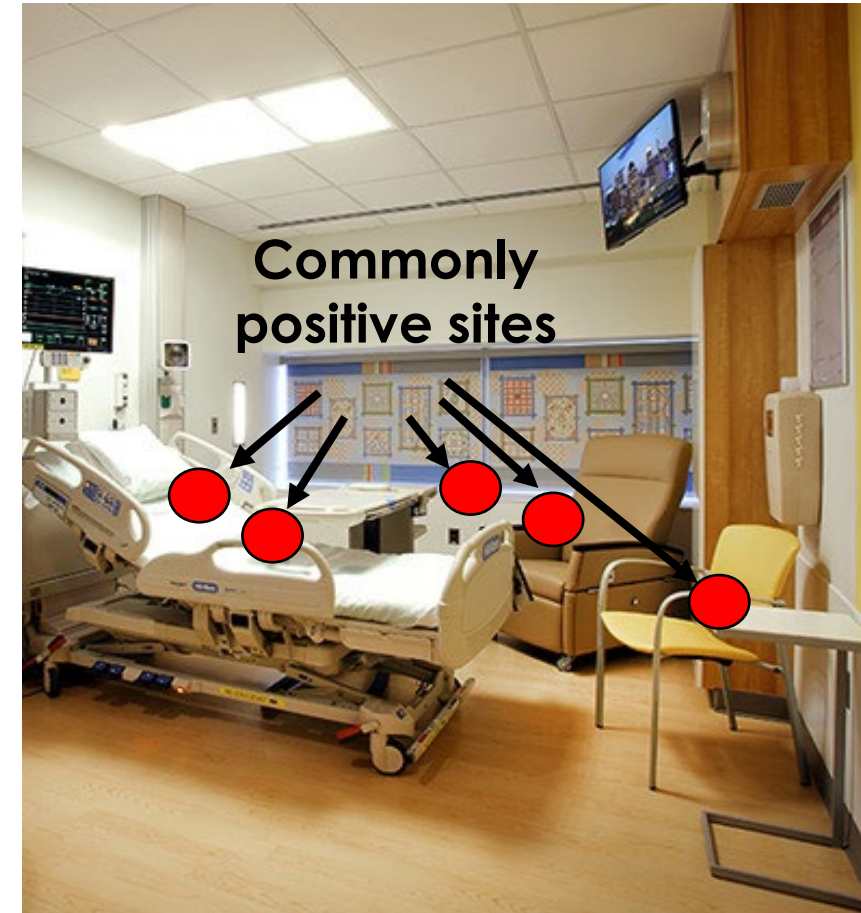
Mortality of invasive infections is

~40% within the first 30 days



C. auris Persists in the Environment

- Can survive over a month
- Some common disinfectants (quaternary ammonia compounds) don't work



C. auris is frequently transmitted via shared, mobile equipment that is not properly cleaned and disinfected between patients/residents.



Early Detection and Containment



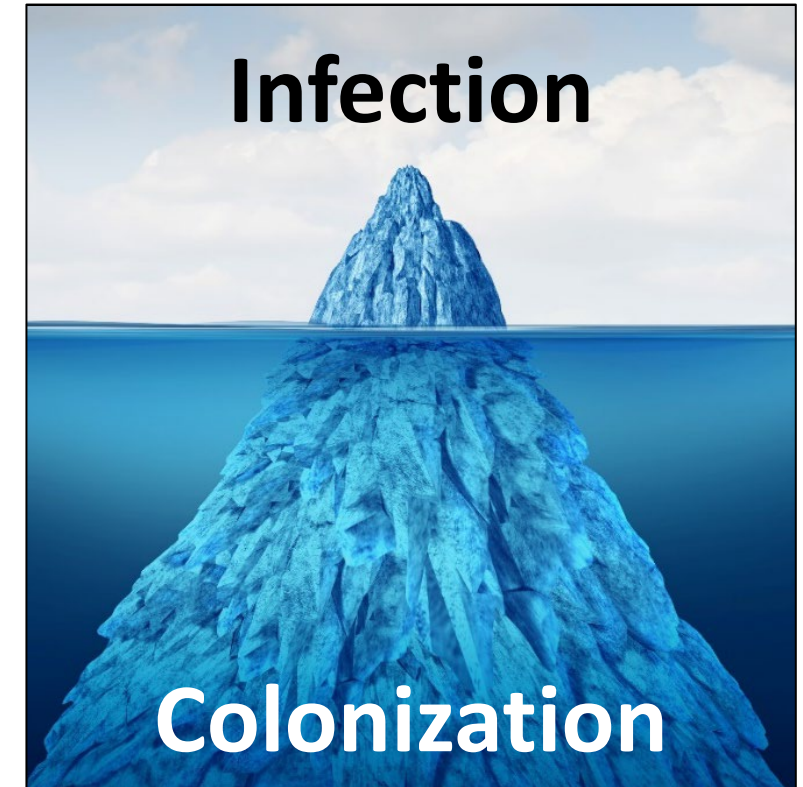
Identification of *C. auris* Cases Has Been Challenging

- Misidentification by different diagnostic methods
- Yeast not identified to species level
 - Yeast from urine is usually tossed out because not considered an infection
 - Only about 50% of clinical cases are from blood
- Missed detection of colonization cases without screening



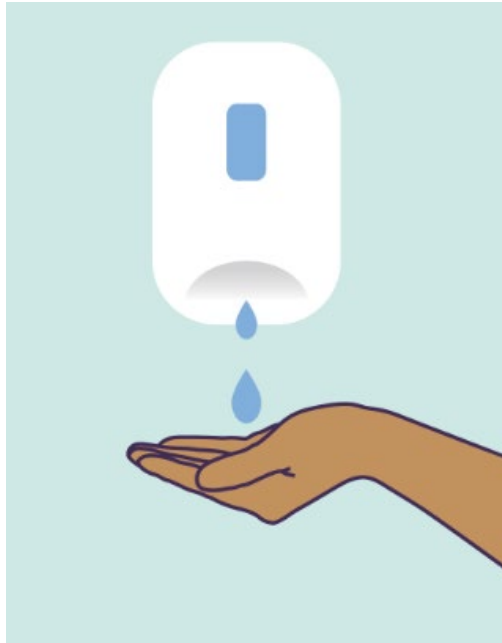
Early Detection is Key to Controlling Spread

- Earlier detection allows for earlier infection control precautions
- Strategies for early identification
 - Species identification of all *Candida* specimens
 - Screening high-risk patients*
 - Periodic point prevalence surveys in high-risk facilities, even those without known cases

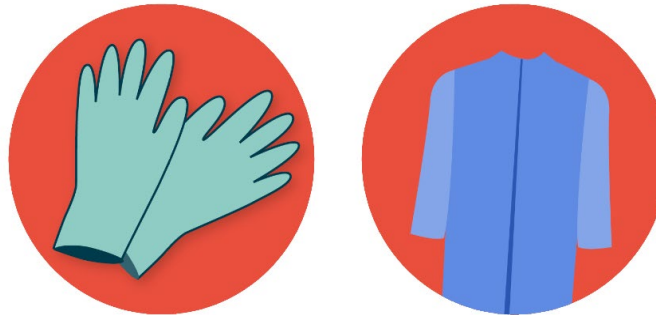


*From facilities/areas with high *C. auris* burden or outbreaks, health care abroad, health care contacts of cases

Prevention Strategies: Back to the Basics



Hand Hygiene



**Transmission-based
precautions & Personal
Protective Equipment**



**Environmental
Cleaning &
Disinfection**

Disinfectants During COVID-19

- Many common disinfectants effective against COVID-19 are not effective against *C. auris*
 - Especially products with only quaternary ammonium compounds
- List P: new list of EPA-approved disinfectants for *C. auris*
 - All are also effective against COVID-19



Infection Prevention Education



PROJECT FIRSTLINE
CDC's National Training Collaborative for Healthcare Infection Control

Reaching the Frontlines

As a collaborative, Project Firstline brings together more than 75 healthcare, academic, and public health partners to reach healthcare workers across the country with infection control education.

Project Firstline offers educational resources in a variety of formats to meet the diverse learning needs and preferences of the healthcare workforce. Resources are designed using adult learning expertise, educational best practices, CDC recommendations, and the science that informs them.

Project Firstline addresses long-standing gaps in infection control knowledge and practice in healthcare settings nationwide.

Challenges we need to overcome:

- ▶ Disparities in infection control expertise in the current healthcare workforce
- ▶ Structural gaps in infection control training and education
- ▶ Lack of understanding in educational approaches for healthcare workers
- ▶ Framing of infection control as a combination of rules, policies, and procedures

Project Firstline is funded by the American Rescue Plan through FY 2026. The need for infection control training, education, and innovation is ongoing.

PROJECT FIRSTLINE IS UNIQUE

Project Firstline:

- Listens to healthcare workers**
 - Resources are developed with healthcare workers, specifically for healthcare workers
- Appreciates the value of every healthcare worker and the role they play in infection control**
 - Content is accessible to all healthcare workers, regardless of previous training or background knowledge
- Recognizes that bandwidth is low due to COVID-related burnout and trauma**
 - Bite-sized content is tailored for practice and on-the-go use and is designed to be integrated into the workday
- Meets healthcare workers where they are**
 - Taps into intrinsic work-related motivations
 - Leverages existing strengths and knowledge sources
 - Teaches the "why" behind infection control recommendations as much as the "what" and "how"
- Is committed to healthcare equity**
 - Educational resources and dissemination methods are tailored for the diverse healthcare workforce, including translations for those who speak Spanish and multiple Asian languages

Project Firstline

Project Firstline Home

Access Infection Control Educational Materials



Project Firstline has created a new suite of educational materials and resources to help frontline healthcare workers, like you, understand and confidently apply the infection control actions necessary to protect your patients, yourselves, and your coworkers.

Products range from bite-sized social media assets, to interactive scenarios, to toolkits for those interested in hosting their own infection control trainings. **These resources were developed with healthcare workers, for healthcare workers** – to ensure you receive infection control information you need and deserve in the learning format that's best for you.

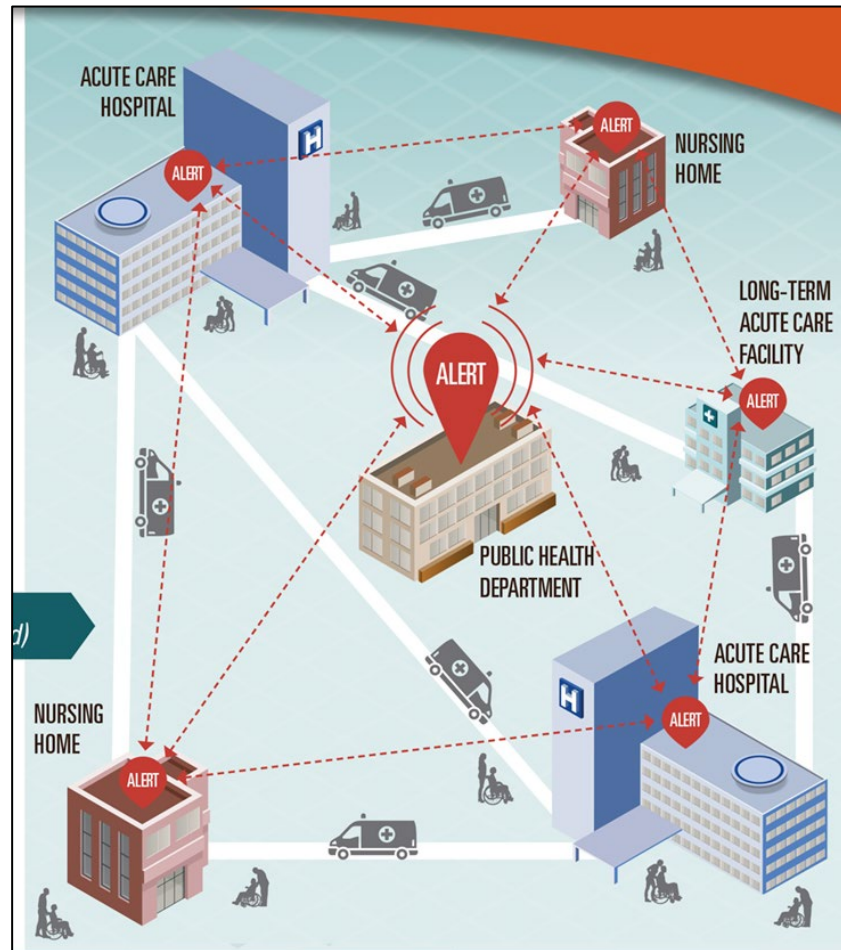
 Videos and Social Media Graphics	 Interactive Resources
 Print Materials and Job Aids	 Training Toolkits

Page last reviewed: March 2, 2022



<https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/educational-materials.html#print>

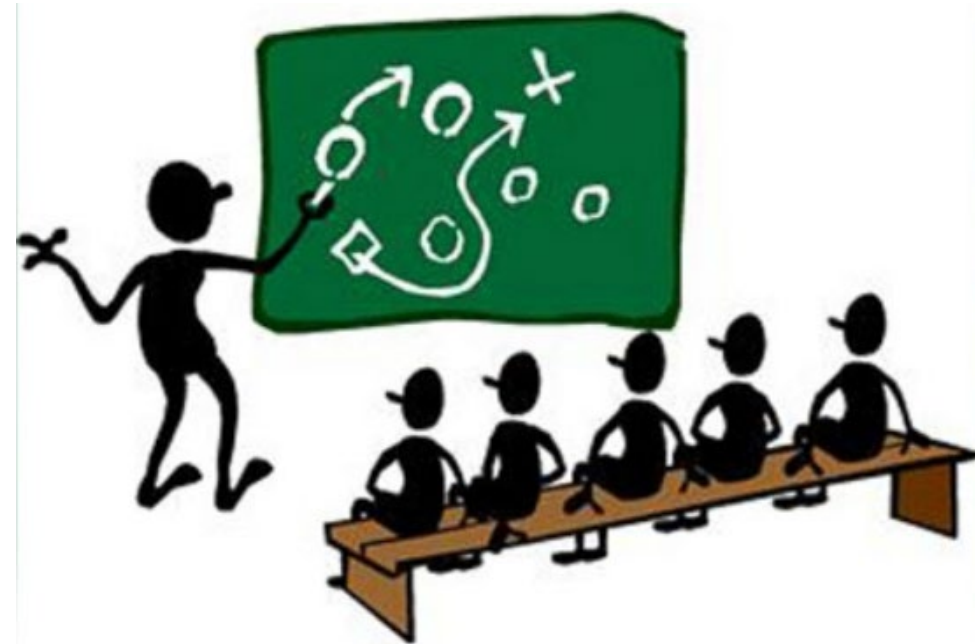
Coordinated Communication Between Facilities and Health Departments Is Essential To Prevent Spread



Facilities work together to protect patients.

Containment Steps After a Case of *C. auris* Is Found

- Infection control
- Staff education



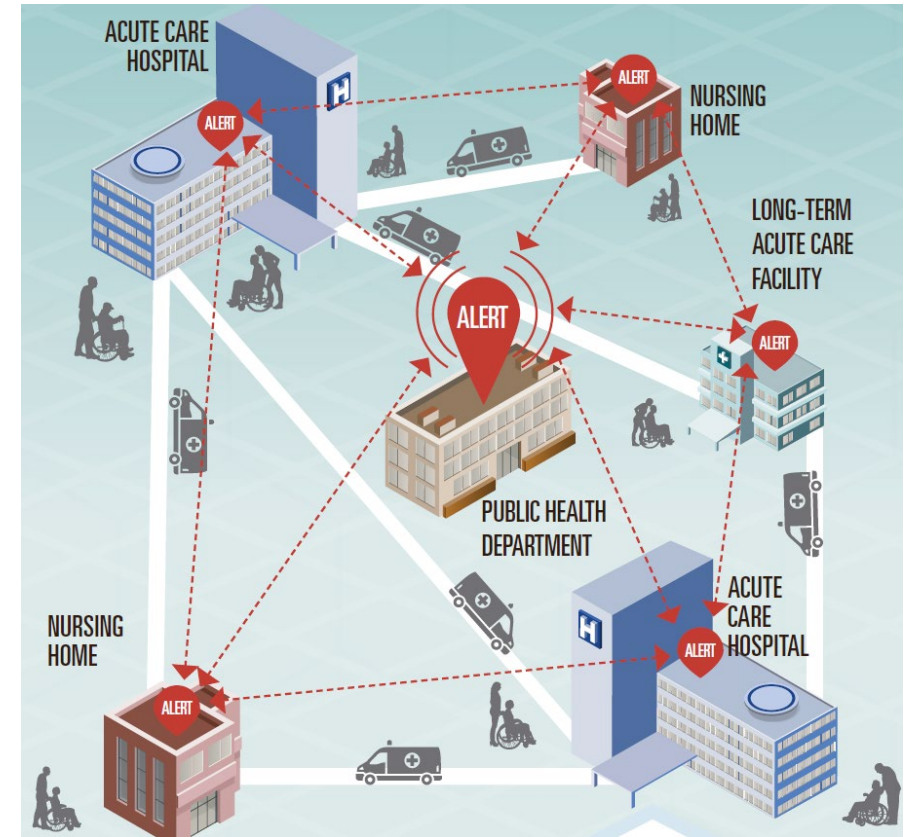
Containment Strategies Before the First *C. auris* Case

- Assess infection control and ensure good IPC practices
- Use a disinfectant effective against *C. auris*
- Strengthen communication (interfacility and intrafacility) about *C. auris* for transferred patients/residents



Response Involves All Health Care

- Residents are shared across the health care continuum
- Communication is not always in place to ensure infection prevention measures are being used
- In health care settings, drug-resistant organisms can be spread from person to person and between people and the environment
- Environmental cleaning, use of PPE, and good hand hygiene are some infection control measures that prevent transmission



ALFs/PCHs and *C. auris*

Be Proactive

- Core Infection Prevention practices
 - Are current practices appropriate and consistent?
 - Are you assessing compliance?
- Check current disinfectant products
- Can you accept a *C. auris*-positive person?
 - Current CDC recommendations
 - Who are your “healthiest” residents?
- What should a *C. auris*-positive resident do before leaving their room?
 - Perform hand hygiene
 - Wear clean clothes
 - Cover wounds

Communication

- Share relevant infection control information with transport staff
- When receiving a resident, obtain relevant infection control information

Resources

- **General:**
 - <https://www.cdc.gov/fungal/candida-auris/candida-auris-qanda.html>
- **C. auris IPC guidance:**
 - <https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html>
- **C. auris Fact Sheets:**
 - <https://www.cdc.gov/fungal/candida-auris/fact-sheets/index.html>
- **C. auris Tracking Information:**
 - <https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html>



Candida auris: A drug-resistant germ that spreads in healthcare facilities

Candida auris (also called C. auris) is a fungus that causes serious infections. Patients with C. auris infections, their family members and other close contacts, public health officials, laboratory staff, and healthcare workers can all help stop it from spreading.

Why is Candida auris a problem?

- It causes serious infections. C. auris can cause bloodstream infections and even death, particularly in hospital and nursing home patients with serious medical problems. More than 1 in 3 patients with serious C. auris infections die, for example, an infection that affects the blood, heart, or brain etc.
- It's often resistant to medicines. A fungal medicine often doesn't work for Candida auris. Some C. auris infections are resistant to antifungal medicines.
- It's becoming more common. Although C. auris was first discovered in 2009, it is now found in more than a dozen countries.
- It's difficult to identify. C. auris can be misidentified as other fungi using traditional laboratory methods. This misdiagnosis might lead to the wrong treatment.
- It can spread in hospitals and nursing homes. C. auris can spread through contact with affected patients and staff, and staying in healthcare facilities is important because...

Candida auris Colonization Information for Patients

Candida auris (also called C. auris) is a fungus that can cause serious infections. C. auris can spread from one patient to another in hospital and nursing homes. Patients can carry C. auris somewhere on their body, even if it is not making them sick. This is called colonization. When people in hospital and nursing homes are colonized, C. auris can spread from their bodies and can get on other people or nearby objects, allowing the fungus to spread to people around them.

CDC recommends testing patients who may have come in contact with C. auris to see if they are carrying the fungus. This allows healthcare providers to know who is carrying the fungus and take steps to prevent it from spreading to other people.

What does it mean to be colonized?

Colonization, or being colonized with C. auris, means that a person has the fungus somewhere on their body but does not have an infection or symptoms of infection. It might not be the best to see who is colonized with C. auris. People who are colonized with C. auris may not know and can pass the fungus to another person. People colonized with C. auris might later get sick from the fungus, so healthcare providers should consider testing ways to prevent infection.

- In order to reduce spread to other patients, healthcare providers should use gloves when caring for patients with C. auris, which may include:
 - Wiping the patient if a room without a shower.
 - Wiping bedrails and other equipment when giving and getting patient care.
 - Changing the cover with different gloves for each visit.
 - Wiping family members and healthcare staff when their hands throughout after visiting the patient. The patient may also be encouraged to wash their hands often.
 - Performing another test later to see if the fungus is still there.

How do I know if I have a Candida auris infection?

C. auris is still new in the United States. People who get serious Candida infections are often already sick from other medical conditions, so it can be difficult to know if you have a C. auris infection. The most common symptoms of invasive Candida infection are fever and chills that don't improve after antibiotic treatment for a suspected bacterial infection. Once a laboratory test can diagnose C. auris infection, talk to your healthcare provider. Fungus tests can find a fungus in healthcare-associated infections.

What can I do to help keep C. auris from spreading?

Patients and family members should clean their hands thoroughly before and after visiting, both inside of the area around the patient, particularly when leaving a patient's room.

Although the risk of C. auris infection in otherwise healthy people is low, patients and their family members should continue practicing good hand hygiene when returning home. If family members are caring for patients with C. auris, they should consider wearing disposable gloves when providing certain types of care like changing the bedding or urinals and getting the patient's bath.

If you are colonized with C. auris, tell your healthcare providers when visiting healthcare offices and when returning to hospitals and nursing homes.

Want to learn more?
www.cdc.gov/fungal/candida-auris

Thank You

<https://www.cdc.gov/fungal/candida-auris>

Candidaauris@cdc.gov



Thank You!

Consult with the DPH Team! We are here to help!

State Region/Districts	Contact Information
North (Rome, Dalton, Gainesville, Athens) Districts 1-1, 1-2, 2, 10	<u>Sue.bunnell@dph.ga.gov</u> (404-967-0582)
Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange) Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4	<u>Teresa.Fox@dph.ga.gov</u> (256-293-9994) <u>Renee.Miller@dph.ga.gov</u> (678-357-4797)
Central (Dublin, Macon, Augusta, & Columbus) Districts 5-1, 5-2, 6, 7	<u>Theresa.Metro-Lewis@dph.ga.gov</u> (404-967-0589) <u>Karen.Williams13@dph.ga.gov</u> (404-596-1732)
Southwest (Albany, Valdosta) Districts 8-1, 8-2	<u>Connie.Stanfill1@dph.ga.gov</u> (404-596-1940)
Southeast (Savannah, Waycross) Districts 9-1, 9-2	<u>Lynn.Reynolds@dph.ga.gov</u> (804-514-8756)
Backup/Nights/Weekends	<u>Joanna.Wagner@dph.ga.gov</u> (404-430-6316)

Thank You! Questions?

JoAnna M. Wagner, RN, BSN, BHSA, CIC

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Preventionist

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Acute Disease and Epidemiology Section

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Questions?



Alliant Health Solutions Resources



GA STRIKE & SUPPORT TEAM

Join us for the Georgia Department of Public Health Strike (& Support) Team Office Hours. These sessions will consist of a regularly scheduled monthly webinar for skilled nursing facilities (SNFs) as well as 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 their barriers.

Strike & Support Team Office Hours

Office Hours for SNF and MD's:

- [Click here](#) to register – November 18, 2022 at 11 a.m. ET
- [Click here](#) to register – December 16, 2022 at 11 a.m. ET

Office Hours for Non-SNF:

- [Click here](#) to register – November 18, 2022 at 1 p.m. ET
- [Click here](#) to register – December 16, 2022 at 1 p.m. ET

Bite Sized Learning:



<https://quality.allianthealth.org/topic/georgia-department-of-public-health/>



Infection Control Resources

Sepsis

[HQIC Sepsis Gap Assessment and Action Steps](#)
[HQIC Sepsis: Spot the Signs Magnet](#)
[HQIC Sepsis Provider Engagement](#)
[AQ Sepsis-ZoneTool](#)
[Recognition and Management of Severe Sepsis and Septic Shock](#)

[SHOW MORE](#)

Catheter Associated Urinary Tract Infection (CAUTI)

[CAUTI Gap Assessment Tool](#)
[Urinary Catheter Quick Observation Tool](#)
[CDC-HICPAC Guideline for Prevention of CAUTI 2009](#)
[AHRQ Toolkit for Reducing CAUTI in Hospitals](#)
[CDC TAP CAUTI Implementation Guide](#)

[SHOW MORE](#)

Hand Hygiene

[Handwash the FROG Way – Badges – English](#)
[Handwash the FROG Way – Badges – Spanish](#)
[Handwash the FROG Way – Poster – English](#)
[Handwash the FROG Way – Poster – Spanish](#)
[Frequently Asked Questions – Alcohol Based Hand Rub](#)

[SHOW MORE](#)

NHSN

[Joining the Alliant Health Solutions NHSN Group](#)
[Instructions for Submitting C. difficile Data into NHSN](#)
[5-Step Enrollment for Long-term Care Facilities](#)
[CDC's National Healthcare Safety Network \(NHSN\)](#)
[NHSN Enrollment/ LAN Event Presentation](#)

Clostridioides Difficile Infection (C. difficile)

[C.difficile Training](#)
[Nursing Home Training Sessions Introduction](#)
[Nursing Home C.difficile Infection](#)

Antibiotic Stewardship

[Antibiotic Stewardship Basics](#)
[A Field Guide to Antibiotic Stewardship In Outpatient Settings](#)
[Physician Commitment Letter](#)
[Be Antibiotics Aware](#)
[Taking Your Antibiotics](#)

[SHOW MORE](#)

Training

[Options for Infection Control Training in Nursing Homes Flyer](#)

COVID-19

[Invest In Trust \(AHRQ Resource for CNA COVID-19 Vaccines\)](#)
[Nursing Home Staff and Visitor Screening Toolkit – PDF](#)
[Nursing Home Staff and Visitor Screening Toolkit – Excel](#)

<https://quality.allianthealth.org/topic/infection-control/>

Thank You for Your Time!

Contact the AHS Patient Safety Team



Amy Ward, MS, BSN, RN, CIC
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Erica Umeakunne, MSN, MPH, APRN, CIC
Infection Prevention Specialist
Erica.Umeakunne@AlliantHealth.org

Save the Date

SNF and Medical Directors Office Hours:

May 19, 2023 | 11 a.m. ET

ALF and PCH

May 26, 2023 | 11 a.m. ET



Thanks Again...

- Georgia Department of Public Health
- University of Georgia



**UNIVERSITY OF
GEORGIA**

Making Health Care Better



This material was prepared by Alliant Health Solutions, under contract with the Georgia Department of Public Health as made possible through the American Rescue Plan Act of 2021. GA DPH--3642-04/24/23

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