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

- Count of Screening
- Count of Clinical
Candida auris: The Sneaky Spreader

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

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

- CARBAPENEM-RESISTANT ACINETOBACTER
- CANDIDA AURIS
- CLOSTRIDIODES 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

- 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

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

LTACH = long-term acute care hospital

Large Outbreak in a Hospital COVID-19 Unit in Florida

- 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

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
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:**

- **C. auris IPC guidance:**

- **C. auris Fact Sheets:**

- **C. auris Tracking Information:**
Thank You

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

Candidaauris@cdc.gov
Thank You!
Consult with the DPH Team! We are here to help!

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<tr>
<th>State Region/Districts</th>
<th>Contact Information</th>
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| **North (Rome, Dalton, Gainesville, Athens)**  
  Districts 1-1, 1-2, 2, 10 | Sue.bunnell@dph.ga.gov  (404-967-0582) |
| **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  (256-293-9994)  
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| **Central (Dublin, Macon, Augusta, & Columbus)**  
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| **Backup/Nights/Weekends** | Joanna.Wagner@dph.ga.gov  (404-430-6316) |
Thank You! Questions?

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Questions?
Alliant Health Solutions Resources


https://quality.allianthealth.org/topic/infection-control/
Thank You for Your Time!
Contact the AHS Patient Safety Team

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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