Meet the Team

Presenters:

Swati Gaur, MD, MBA, CMD, AGSF
Medical Director, Alliant Health Solutions

Erica Umeakunne, MSN, MPH, APRN, CIC
Infection Prevention Specialist
Alliant Health Solutions
Swati Gaur, MD, MBA, CMD, AGSF

MEDICAL DIRECTOR, POST-ACUTE CARE
NORTHEAST GEORGIA HEALTH SYSTEM

Dr. Swati Gaur is the medical director of New Horizons Nursing Facilities with the Northeast Georgia Health System. She is also the CEO of Care Advances Through Technology, a technology innovation company. In addition, Dr. Gaur is on the electronic medical record (EMR) transition and implementation team for the health system, providing direction to EMR entity adoption to the long-term care (LTC) environment. She has also consulted with post-acute long-term care (PALTC) companies on optimizing medical services in PALTC facilities, integrating medical directors and clinicians into the QAPI framework, and creating frameworks of interdisciplinary work in the organization. Dr. Gaur established the palliative care service line at the Northeast Georgia Health System.

She also is an attending physician in several nursing facilities. Dr. Gaur attended medical school in Bhopal, India, and started her residency in internal medicine at St. Luke’s–Roosevelt Medical Center in New York. She completed her fellowship in geriatrics at the University of Pittsburgh Medical Center and is board certified in internal medicine, geriatrics, hospice, and palliative medicine. In addition, she earned a master’s in business administration at the Georgia Institute of Technology with a concentration in technology management.
Erica Umeakunne, MSN, MPH, APRN, CIC

Infection Prevention Specialist
Alliant Health Solutions

Erica Umeakunne is an adult-gerontology nurse practitioner and infection preventionist with experience in primary care, critical care, health care administration and public health.

She was previously the interim hospital epidemiology director for a large health care system in Atlanta and a nurse consultant in the Center for Disease Control and Prevention's (CDC) Division of Healthcare Quality Promotion. While at the CDC, she served as an infection prevention and control (IPC) subject matter expert for domestic and international IPC initiatives and emergency responses, including Ebola outbreaks and, most recently, the COVID-19 pandemic.

Erica enjoys reading, traveling, family time, and outdoor activities.

Contact: Erica.Umeakunne@allianthealth.org
Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia
Objectives

- Provide updates on the COVID-19 epidemiology and the COVID-19 vaccination program
- Discuss new ACIP vaccine recommendations for the influenza vaccine
- Discuss the implications of the end of the Public Health Emergency (PHE)
- Examine the updated infection prevention and control recommendations in the context of the PHE ending
- Share Alliant Health Solutions resources to support COVID-19 IPC activities
- Address any facility-specific IPC questions or concerns
Weighted and Nowcast Estimates in United States for 2-Week Periods in 1/22/2023 – 5/13/2023

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage’s estimate.

Weighted Estimates: Variant proportions based on reported genomic sequencing results

Nowcast Estimates in United States for 4/30/2023 – 5/13/2023

USA

<table>
<thead>
<tr>
<th>WHO label</th>
<th>Lineage #</th>
<th>US Class</th>
<th>%Total</th>
<th>95%PI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omicron</td>
<td>XBB.1.5</td>
<td>VOC</td>
<td>64.0%</td>
<td>59.1-68.6%</td>
</tr>
<tr>
<td></td>
<td>XBB.1.16</td>
<td>VOC</td>
<td>14.3%</td>
<td>11.1-18.1%</td>
</tr>
<tr>
<td></td>
<td>XBB.1.9.1</td>
<td>VOC</td>
<td>9.2%</td>
<td>8.0-10.6%</td>
</tr>
<tr>
<td></td>
<td>XBB.1.9.2</td>
<td>VOC</td>
<td>4.0%</td>
<td>3.2-5.1%</td>
</tr>
<tr>
<td></td>
<td>XBB.2.3</td>
<td>VOC</td>
<td>3.5%</td>
<td>1.9-6.3%</td>
</tr>
<tr>
<td></td>
<td>XBB.1.5.1</td>
<td>VOC</td>
<td>2.4%</td>
<td>1.9-3.0%</td>
</tr>
<tr>
<td></td>
<td>FD.2</td>
<td>VOC</td>
<td>1.8%</td>
<td>0.8-4.0%</td>
</tr>
<tr>
<td></td>
<td>BQ.1.1</td>
<td>VOC</td>
<td>0.3%</td>
<td>0.1-0.5%</td>
</tr>
<tr>
<td></td>
<td>CH.1.1</td>
<td>VOC</td>
<td>0.2%</td>
<td>0.2-0.4%</td>
</tr>
<tr>
<td></td>
<td>XBB</td>
<td>VOC</td>
<td>0.2%</td>
<td>0.1-0.4%</td>
</tr>
<tr>
<td></td>
<td>BA.1</td>
<td>VOC</td>
<td>0.0%</td>
<td>0.0-0.1%</td>
</tr>
<tr>
<td></td>
<td>BN.1</td>
<td>VOC</td>
<td>0.0%</td>
<td>0.0-0.0%</td>
</tr>
<tr>
<td></td>
<td>BA.5</td>
<td>VOC</td>
<td>0.0%</td>
<td>0.0-0.0%</td>
</tr>
<tr>
<td></td>
<td>BA.2.12.1</td>
<td>VOC</td>
<td>0.0%</td>
<td>0.0-0.1%</td>
</tr>
<tr>
<td></td>
<td>BA.2</td>
<td>VOC</td>
<td>0.0%</td>
<td>0.0-0.0%</td>
</tr>
<tr>
<td></td>
<td>BA.2.75</td>
<td>VOC</td>
<td>0.0%</td>
<td>0.0-0.0%</td>
</tr>
<tr>
<td></td>
<td>BF.7</td>
<td>VOC</td>
<td>0.0%</td>
<td>0.0-0.0%</td>
</tr>
<tr>
<td></td>
<td>BA.5.2.6</td>
<td>VOC</td>
<td>0.0%</td>
<td>0.0-0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>Other*</td>
<td></td>
<td>0.0%</td>
<td>0.0-0.0%</td>
</tr>
</tbody>
</table>
Wastewater Surveillance

**Metric:**
- Current virus levels in wastewater by site
- Percent change in the last 15 days
- Percent of wastewater samples with detectable virus

**Show:**
- Sites with no recent data
- Sites that started sampling after 12/1/21

**Current virus levels in wastewater by site**
This metric shows whether SARS-CoV-2 levels at a site are currently higher or lower than past historical levels at the same site. 0% means levels are the lowest they have been at the site; 100% means levels are the highest they have been at the site. Public health officials watch for increasing levels of the virus in wastewater over time and use these data to help make public health decisions.

⚠️ **Note:** Sites began collecting data at different times. Sites that began reporting wastewater data after December 1, 2021 are not comparable to sites that started reporting data on or before December 1, 2021. The data history for these new sites is not long enough to reflect the same surges as the other sites.

---

**Current SARS-CoV-2 virus levels by site, United States**

<table>
<thead>
<tr>
<th>Category</th>
<th>Num. sites</th>
<th>% sites</th>
<th>Category change in last 7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Site</td>
<td>148</td>
<td>12</td>
<td>1%</td>
</tr>
<tr>
<td>0% to 19%</td>
<td>529</td>
<td>41</td>
<td>– 2%</td>
</tr>
<tr>
<td>20% to 30%</td>
<td>429</td>
<td>34</td>
<td>– 12%</td>
</tr>
</tbody>
</table>
Wastewater Surveillance

**Metric:**
- Current virus levels in wastewater by site
- Percent change in the last 15 days
- Percent of wastewater samples with detectable virus

**Show:**
- Sites with no recent data

**Percent change in the last 15 days**
This metric shows whether virus levels have increased or decreased over the last 15 days. When levels of virus in wastewater are low, a modest increase in virus level can appear much larger when you look at the percent change. This metric may be affected by how often wastewater plants collect samples or by environmental factors (such as rainfall). Wastewater data showing the percent change in virus levels should be used along with other data such as overall levels of the virus in wastewater, historical wastewater data for that location, geographical context, and clinical cases.

**Note:** This metric does **not** show overall levels of SARS-CoV-2 in wastewater.

---

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

<table>
<thead>
<tr>
<th>15-day % change category</th>
<th>Num. sites</th>
<th>% sites</th>
<th>Category change in last 7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 100%</td>
<td>39</td>
<td>4</td>
<td>77%</td>
</tr>
<tr>
<td>- 99% to - 10%</td>
<td>372</td>
<td>37</td>
<td>– 35%</td>
</tr>
<tr>
<td>- 9% to 0%</td>
<td>62</td>
<td>6</td>
<td>– 48%</td>
</tr>
</tbody>
</table>

---
Wastewater Surveillance

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

<table>
<thead>
<tr>
<th>15-day % change category</th>
<th>Num. sites</th>
<th>% sites in last 7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 100%</td>
<td>39</td>
<td>77%</td>
</tr>
<tr>
<td>- 99% to - 10%</td>
<td>372</td>
<td>- 35%</td>
</tr>
<tr>
<td>- 9% to 0%</td>
<td>62</td>
<td>48%</td>
</tr>
<tr>
<td>1% to 9%</td>
<td>56</td>
<td>27%</td>
</tr>
<tr>
<td>10% to 99%</td>
<td>178</td>
<td>21%</td>
</tr>
<tr>
<td>100% to 999%</td>
<td>180</td>
<td>1%</td>
</tr>
<tr>
<td>1000% or more</td>
<td>119</td>
<td>80%</td>
</tr>
</tbody>
</table>

Total sites with current data: 1006
Total number of wastewater sampling sites: 1552

How is the 15-day percent change calculated?
US Percentage of Provisional Deaths Due to COVID-19 in the Past Week, by State/Territory
Changes in Vaccine Recommendations
New recommendations for people aged ≥6 years without immunocompromise who have not yet received a bivalent mRNA dose

One bivalent mRNA dose
New recommendations for people aged ≥6 years without immunocompromise who have not yet received any COVID vaccine.

One bivalent mRNA dose
New recommendations for aged ≥6 years without immunocompromise who have already received a bivalent mRNA dose

Vaccination is complete.
No doses are indicated at this time.
Flexible for people at higher risk of severe COVID-19: People aged ≥65 years who have already received a bivalent mRNA dose
ADULTS AGED ≥65 YEARS

- ACIP recommends that adults aged ≥65 years preferentially receive any one of the following higher dose or adjuvanted influenza vaccines: quadrivalent high-dose inactivated influenza vaccine (HD-llIV4), quadrivalent recombinant influenza vaccine (RIV4), or quadrivalent adjuvanted inactivated influenza vaccine (alIV4). If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.
## Flu Vaccines for >65 years

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Dose Formulation</th>
<th>Age Requirement</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quadrivalent IIV (HD-IIV4)</strong>—High-dose—Egg-based (60 µg HA per virus component in 0.7 mL)</td>
<td>Fluzone High-Dose Quadrivalent Sanofi Pasteur 0.7 mL prefilled syringe</td>
<td>≥65 yrs</td>
<td>≥65 yrs—0.7 mL</td>
</tr>
<tr>
<td><strong>Adjuvanted quadrivalent IIV4 (aIIV4)—Standard-dose with MF59 adjuvant—Egg-based (15 µg HA per virus component in 0.5 mL)</strong></td>
<td>Fluad Quadrivalent Seqirus 0.5 mL prefilled syringe</td>
<td>≥65 yrs</td>
<td>≥65 yrs—0.5 mL</td>
</tr>
<tr>
<td><strong>Quadrivalent RIV (RIV4)—Recombinant HA (45 µg HA per virus component in 0.5 mL)</strong></td>
<td>Flublok Quadrivalent Sanofi Pasteur 0.5 mL prefilled syringe</td>
<td>≥18 yrs</td>
<td>≥18 yrs—0.5 mL</td>
</tr>
</tbody>
</table>
COVID-19 Public Health Emergency Expiration: Updates
Public Health Emergency (PHE)

- Initially declared in January 2020
- Ended May 11, 2023
- Coverage, costs, and payment for COVID-19 testing, treatments, and vaccines
- Medicaid coverage and federal match rates
- Telehealth (extended by the Consolidated Appropriations Act until the end of 2024)

National Emergency Declaration

- Issued in March 2020
- Ended May 11, 2023
- Private insurance coverage flexibilities

Emergency Declaration by Health & Human Services

- Initially declared in February 2020
- Allows EUA for medical interventions (vaccines, drugs)
- Stays in effect until terminated by the HHS Secretary; no current end date

COVID-19 Public Health Emergency (PHE)
What Is NOT Affected

- Access to COVID-19 vaccinations and certain treatments, such as Paxlovid and Lagevrio
- FDA’s EUAs for COVID-19 products (including tests, vaccines, and treatments)
- Major Medicare telehealth flexibilities
- Medicaid telehealth flexibilities
- Process for states to begin eligibility redeterminations for Medicaid
- Access to opioid use disorder treatment

COVID-19 Public Health Emergency (PHE): What IS Affected

- Certain Medicare and Medicaid waivers and broad flexibilities for health care providers
- Coverage for free, over-the-counter COVID-19 testing
- Reporting of COVID-19 laboratory results and (state) immunization data to CDC
- FDA’s ability to detect early shortages of critical devices related to COVID-19
- Public Readiness and Emergency Preparedness (PREP) Act liability protections
- Dispense of controlled substances via telemedicine without an in-person interaction

COVID-19 Emergency Response Transition: Implications for Infection Prevention and Control

- COVID-19 Data
- CDC NHSN COVID-19 Reporting
- COVID-19 Vaccination Requirements
- COVID-19 Infection Prevention & Control (IPC) Practices
CDC Data and Surveillance: Available Metrics

- COVID-19 Hospital Admissions
- COVID-19 deaths (data source change)
- Emergency Department COVID-19 Visits (weekly)
- COVID-19 test positivity (data source change)
- Wastewater & genomic surveillance
- COVID-19 vaccine administration data (limited)
- Percentage of COVID-19 associated deaths (NEW)
CDC Data Tracking Updates: Removed Data

- National, county-level test positivity data
- National reporting weekly counts of COVID-19 cases and associated deaths
- V-safe Tracking System for health check-ins

COVID-19 Community Levels (guided non-healthcare settings IPC practices)
Transmission Levels (guided healthcare facility IPC practices)

https://www.cdc.gov/mmwr/volumes/72/wr/mm7219e1.htm?s_cid=mm7219e1_w
Transmission Levels
• Health care settings
• Used on a weekly basis to guide select infection prevention and control actions in a health care setting
• Allows for earlier intervention
• Better protects individuals seeking medical care

COVID-19 Community Levels
• Non-healthcare settings (assisted living facilities, group homes, retirement communities, congregate settings)
• Helps individuals and communities decide which prevention actions to take based on the latest information
• Informs individual- and household-level prevention behaviors and community-level prevention strategies for low, medium and high COVID-19 community levels
Although COVID-19 cases and associated hospitalizations have decreased in recent months, COVID-19 remains an ongoing public health challenge.

Updated public health tracking will keep you informed about COVID-19:

- **Hospital admissions**: Track spread in communities + severity of illness
- **Death certificates**: Track severity of illness
- **Emergency department visits**: Track early signs of spread
- **Genomic sequencing**: Tracks new variants

Check COVID.cdc.gov to know when to take action.

*To account for changes in available data after the end of the U.S. Public Health Emergency declaration.

https://www.cdc.gov/mmwr/volumes/72/wr/mm7219e1.htm?s_cid=mm7219e1_w
National Healthcare Safety Network (NHSN) Updates: COVID-19 Surveillance Pathways For Data Reporting

• COVID-19 Reporting requirement (implemented May 2020 by CMS Interim Final Rule)

• Nursing homes continue to report COVID-19 data (except for COVID-19 vaccination status) to NHSN through **December 31, 2024**, unless CMS takes regulatory action

• COVID-19 Vaccination status reporting continues through **May 2024** or until CMS declares otherwise

https://www.cdc.gov/nhsn/ltc/ltc-covid19/index.html
https://leadingage.org/phe-will-end-may-11-what-this-means-for-nursing-homes/
National Healthcare Safety Network (NHSN) Updates: COVID-19 Surveillance Pathways For Data Reporting

The COVID-19 Module Surveillance Pathways will undergo updates in response to the end of the Public Health Emergency, including:

- Reducing vaccination elements to include only up-to-date status for residents with a positive COVID-19 test
- Removal of influenza and staffing and supply shortages data fields
- Removal of deaths in the Staff and Personnel Impact Pathway
- Removal of the therapeutics pathway
- Addition of a new data field, hospitalizations, in the Resident Impact and Facility Capacity Pathway to assess relevant outcome data on residents with a positive COVID-19 test

https://www.cdc.gov/nhsn/ltc/covid19/index.html
Upcoming NHSN Webinars tentatively scheduled:

June 1, 2023
June 7, 2023

Contact NHSN@cdc.gov for more information.
COVID-19 Emergency Response Updates: Vaccination Education and Access Requirements

- CMS implemented an interim final rule in May 2021 that required nursing homes to educate staff and residents on the risks and benefits of COVID-19 vaccination and to offer or assist in accessing COVID-19 vaccination for staff and residents.
  - As this rule did not include an applicability end date, these requirements will not end with the expiration of the PHE.
  - Nursing homes must continue to educate and offer COVID-19 vaccination to staff and residents beyond the end of the PHE as part of the Requirements of Participation through May 21, 2024, or until otherwise specified by CMS.
COVID-19 Emergency Response Updates:
Vaccination Mandate for Health Care Personnel

• In November 2021, CMS implemented an interim final rule requiring staff, including volunteers, in most Medicare- and Medicaid-certified settings to complete the primary series of COVID-19 vaccination or be granted an approved exemption to work in or provide services on behalf of the certified setting.

• Federal vaccination mandate for healthcare personnel still in effect CMS will release more information regarding ending this requirement.

COVID-19 Infection Prevention and Control Guidance Updates

- Updates
  - Facility-wide use of source control (masking)
  - Admission testing in nursing homes
  - Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

- No updates
  - Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure
  - Strategies to Mitigate Healthcare Personnel Staffing Shortages
COVID-19 IPC Guidance Updates: Source Control

• No longer guided by the Transmission Levels (previous metric)
• Source control broadband recommended as described in the CDC’s Core IPC Practices in the following circumstances:
  – During SARS-CoV-2 outbreak or other respiratory infection outbreak
  – Facility-wide or, based on a facility risk assessment, targeted toward higher risk areas or patient or resident population
  – Recommended by public health authorities (e.g., in guidance for the community when COVID-19 hospital admission levels are high)
COVID-19 IPC Guidance Updates: Source Control Risk Assessment

- Types of residents cared for in facility
- Input from stakeholders
- Plans from other facilities in the jurisdiction with whom patients are shared
- What data are available to make decisions
COVID-19 IPC Guidance Updates: Source Control

• Even when a facility does not require masking for source control
  – Allow individuals to use a mask or respirator based on:
    • Personal preference
    • Perceived level of infection risk (e.g., attending crowded indoor gatherings with poor ventilation)
    • Potential to develop severe disease after SARS-CoV-2 exposure
Broader Use of Source Control: Potential Metrics

- Consider masking during typical respiratory virus season (~October to April)
- COVID Hospital Admission levels
  - High => 20 new COVID-19 admissions per 100,000 population over the last 7 days
- Follow national (or local, if available) data on trends of several respiratory viruses
  - RESP-NET interactive dashboard
  - National Emergency Department Visits for COVID-19, Influenza, and Respiratory Syncytial Virus
  - ILINET
COVID-19 IPC Guidance Updates: Admission Testing in Nursing Homes

• At the discretion of the nursing home (similar to other health care settings)
  – Considerations for pre-admission or pre-procedure testing for asymptomatic individuals are detailed in the *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic*
COVID-19 IPC Updates

Admission Screening
• Admission testing is at the discretion of the facility, no longer guided by the Transmission Levels (previous metric)

Source Control
• No longer guided by the Transmission Levels (previous metric)
• Health care facilities should identify local metrics that could reflect increasing community respiratory viral activity to determine when broader use of source control in the facility might be warranted

Staff Screening
• No change
• Screening testing of asymptomatic HCP is at the discretion of the health care facility.

Exposure/Close Contact
• No change
• Asymptomatic patients/residents with close contact with someone with SARS-CoV-2 infection should have a series of three viral tests for SARS-CoV-2 infection.

Outbreak Investigations
• No change
• A single new case of SARS-CoV-2 infection in any HCP or resident should be evaluated to determine if others in the facility could have been exposed.

COVID-19 IPC Practices Continue

- Source control/Respiratory etiquette/Hand hygiene
- Personal protective equipment (PPE) use (N95 respirator or surgical mask, goggles, etc.)
- Appropriate use of transmission-based precautions
- Early screening, testing, isolation and work restrictions
- Environmental cleaning and disinfection
- Process to promptly identify and isolate with SAR-CoV-2 infection
- Appropriate vaccinations, therapeutics and treatments

CMS Guidance Updates: Clinical Laboratory Improvement Amendment Changes

- CMS recently published memo [QSO-23-15 CLIA](#) on May 11, 2023
  - COVID-19 Test Result Reporting Requirements
  - Molecular and Antigen Point of Care Test
  - Asymptomatic Testing
  - Use of Expired Reagents During the PHE
CMS Guidance: IPC and Visitation Guidance Updates

- Updated guidance to align with PHE ending
  - COVID-19 information
  - Outbreak considerations
  - Expectation to adhere to CDC recommendations
- Visitation allowed for all residents at all times
- Visitors are not required to be tested or vaccinated

Infection Prevention and Control Practices

• Continue implementing IPC practices for infectious pathogens, including COVID-19 and other respiratory infections
  – Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings
    • Appendix A
• Use personal protective equipment (PPE) appropriately
• **Standard precautions** always apply
  – Hand Hygiene
  – Source control/ Respiratory hygiene/cough etiquette
  – PPE use based on anticipated exposure to blood/body fluids
  – Safe injection practices
  – Cleaning and disinfection
  – Safe linen handling
• Consult with your state or local public health authorities
CDC COVID-19 Infection Prevention and Control Guidance Updates

- Interim IPC Recommendations for Healthcare Personnel
- Interim Guidance for Managing Healthcare Personnel with Infection or Exposure
- Strategies to Mitigate Healthcare Personnel Staffing Shortages
Infectious Disease Society of America (IDSA) Resource: Ending of the COVID-19 PHE
COVID-19 Transition: IPC Priorities and Lessons Learned
Alliant Health Solutions Resources


https://quality.allianthealth.org/topic/infection-control/
Questions?
# GADPH Healthcare-Associated Infections (HAI) Team

<table>
<thead>
<tr>
<th>State Region/Districts</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>North (Rome, Dalton, Gainesville, Athens) Districts 1-1, 1-2, 2, 10</td>
<td><a href="mailto:Sue.bunnell@dph.ga.gov">Sue.bunnell@dph.ga.gov</a> (404-967-0582)</td>
</tr>
<tr>
<td>Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange) Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4</td>
<td><a href="mailto:Teresa.Fox@dph.ga.gov">Teresa.Fox@dph.ga.gov</a> (256-293-9994) <a href="mailto:Renee.Miller@dph.ga.gov">Renee.Miller@dph.ga.gov</a> (678-357-4797)</td>
</tr>
<tr>
<td>Central (Dublin, Macon, Augusta, &amp; Columbus) Districts 5-1, 5-2, 6, 7</td>
<td><a href="mailto:Theresa.Metro-Lewis@dph.ga.gov">Theresa.Metro-Lewis@dph.ga.gov</a> (404-967-0589) <a href="mailto:Karen.Williams13@dph.ga.gov">Karen.Williams13@dph.ga.gov</a> (404-596-1732)</td>
</tr>
<tr>
<td>Southwest (Albany, Valdosta) Districts 8-1, 8-2</td>
<td><a href="mailto:Connie.Stanfill1@dph.ga.gov">Connie.Stanfill1@dph.ga.gov</a> (404-596-1940)</td>
</tr>
<tr>
<td>Southeast (Savannah, Waycross) Districts 9-1, 9-2</td>
<td><a href="mailto:Lynn.Reynolds@dph.ga.gov">Lynn.Reynolds@dph.ga.gov</a> (804-514-8756)</td>
</tr>
<tr>
<td>Backup/Nights/Weekends</td>
<td><a href="mailto:Joanna.Wagner@dph.ga.gov">Joanna.Wagner@dph.ga.gov</a> (404-430-6316)</td>
</tr>
</tbody>
</table>
Thank You for Your Time!
Contact the AHS Patient Safety Team

Patientsafety@allianthealth.org

Amy Ward, MS, BSN, RN, CIC
Patient Safety Manager
Amy.Ward@AlliantHealth.org
678.527.3653

Donald Chitanda, MPH, CIC
Technical Advisor, Infection Prevention
Donald.Chitanda@AlliantHealth.org
678.527.3651

Paula St. Hill, MPH, A-IPC
Technical Advisor, Infection Prevention
Paula.StHill@AlliantHealth.org
678.527.3619

Erica Umeakunne, MSN, MPH, APRN, CIC
Infection Prevention Specialist
Erica.Umeakunne@AlliantHealth.org
Save the Date

SNF and Medical Directors Office Hours:
June 23, 2023 | 11 a.m. ET

ALF and PCH
May 26, 2023 | 11 a.m. ET
June 30, 2023 | 11 a.m. ET
Thanks Again...

- Georgia Department of Public Health
- University of Georgia