Meet the Team

Presenters:

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

Paula St. Hill, MPH, A-IPC
Infection Prevention Technical Advisor
Alliant Health Solutions
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 adaption 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.
Paula St. Hill, MPH, A-IPC

INFECTION PREVENTION TECHNICAL ADVISOR

Paula is a doctoral student with a diverse background in public health, infection prevention, epidemiology, and microbiology. She has over 10 years of health care experience and enjoys public health and identifying ways to improve health outcomes, specifically those related to healthcare-associated infections.

Paula enjoys spending time with her friends and family.

Contact: Paula.StHill@allianthealth.org
Thank You to Our Partners

• Georgia Department of Public Health
• University of Georgia
Registration is now OPEN!

LONG TERM CARE INFECTIOUS DISEASE EDUCATIONAL PROGRAM
Educational Course Overview

• Two educational courses:
  • One-day, in-person courses
  • 8:30 a.m. to 3:30 p.m.
  • Open to all nursing home staff, clinical and non-clinical
  • Locations based on Healthcare Coalitions
  • Participant resources
Educational Course Topics

• **Foundations Course:**
  • Public health trends
  • Chain of infection & transmission routes
  • Common infectious diseases
  • Personal protective equipment (PPE) donning and doffing
  • Integration with community partners

• **Principles Course:**
  • Regulatory updates
  • Infectious disease precautions
  • PPE selection activity
  • Disinfection techniques
  • Interactive disinfection unit session
  • Integration with community partners
Infection Prevention is Everyone’s Responsibility

Courses are open to all nursing home staff positions, clinical and non-clinical.
Questions?

georgiaid@uga.edu

idm.publichealth.uga.edu/galtcidep
Learning Objectives

• Learners will be updated on COVID-19 epidemiology and infection prevention interventions

• Learners will be able to understand IPC best practices as it relates to social gatherings and food safety
COVID-19 Update
## CDC COVID-19 Data Trends

<table>
<thead>
<tr>
<th>Trend in %</th>
<th>Trend in Hospital Admissions</th>
<th>Trend in %</th>
<th>Trend in %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department Visits</td>
<td>-17.7% in most recent week</td>
<td>Total Hospitalizations: 6,405,961</td>
<td>COVID-19 Deaths: -8.2% in most recent week</td>
</tr>
</tbody>
</table>

https://covid.cdc.gov/covid-data-tracker/#datatracker-home
Wastewater Surveillance

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

<table>
<thead>
<tr>
<th>Current virus levels 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>120</td>
<td>10</td>
<td>3%</td>
</tr>
<tr>
<td>0% to 19%</td>
<td>50</td>
<td>4</td>
<td>16%</td>
</tr>
<tr>
<td>20% to 39%</td>
<td>245</td>
<td>21</td>
<td>2%</td>
</tr>
<tr>
<td>40% to 59%</td>
<td>360</td>
<td>31</td>
<td>– 8%</td>
</tr>
<tr>
<td>60% to 79%</td>
<td>292</td>
<td>25</td>
<td>– 6%</td>
</tr>
<tr>
<td>80% to 100%</td>
<td>107</td>
<td>9</td>
<td>– 4%</td>
</tr>
</tbody>
</table>

Total sites with current data: 1174
Total number of wastewater sampling sites: 1711

How is the current SARS-CoV-2 level compared to past levels calculated?
Wastewater Change

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>51</td>
<td>6</td>
<td>104%</td>
</tr>
<tr>
<td>- 99% to - 10%</td>
<td>371</td>
<td>41</td>
<td>- 16%</td>
</tr>
<tr>
<td>- 9% to 0%</td>
<td>87</td>
<td>10</td>
<td>- 31%</td>
</tr>
<tr>
<td>1% to 9%</td>
<td>50</td>
<td>6</td>
<td>- 11%</td>
</tr>
<tr>
<td>10% to 99%</td>
<td>125</td>
<td>14</td>
<td>- 20%</td>
</tr>
<tr>
<td>100% to 999%</td>
<td>99</td>
<td>11</td>
<td>- 24%</td>
</tr>
<tr>
<td>1000% or more</td>
<td>118</td>
<td>13</td>
<td>74%</td>
</tr>
</tbody>
</table>

Total sites with current data: 901
Total number of wastewater sampling sites: 1711

How is the 15-day percent change calculated?
COVID-19 Hospitalizations

COVID-19 hospital admissions levels in U.S. by county
Based on new COVID-19 hospital admissions per 100,000 population

<table>
<thead>
<tr>
<th>Total</th>
<th>Percent</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 20.0</td>
<td>31</td>
<td>0.96%</td>
</tr>
<tr>
<td>10.0 - 19.9</td>
<td>190</td>
<td>5.9%</td>
</tr>
<tr>
<td>&lt;10.0</td>
<td>2999</td>
<td>93.14%</td>
</tr>
</tbody>
</table>

Time Period: New COVID-19 hospital admissions per 100,000 population (7-day total) are calculated using data from the MMWR week (Sun-Sat) ending October 7, 2023.

Reported COVID-19 New Hospital Admissions Rate per 100,000 Population in the Past Week, by County – United States
Variant Distribution for COVID-19
COVID-19 Cases in Nursing Home Residents

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

- Count COVID-19 Cases
- Rate of COVID-19 Cases

For more information: [https://www.cdc.gov/nhsn/cnhsn/2020/cases.htm](https://www.cdc.gov/nhsn/cnhsn/2020/cases.htm)
COVID-19 Cases in Nursing Home Staff
COVID-19 Cases vs. Deaths

Cases by Age Group:
Data from 102,043,171 cases. Age group was available for 101,015,667 (98%) cases.

Deaths by Age Group:
Data from 1,002,986 deaths. Age group was available for 1,002,132 (99%) deaths.

Show Percentage of the US Population that is in this demographic category
COVID-19 Vaccine Recommendation 2023-2024

Novavax:
- Ages 12 years and older
- Previously completed primary vaccination using any FDA-approved or FDA-authorized COVID-19 vaccine
- Unable or unwilling to receive an mRNA vaccine and would otherwise not receive a booster dose
- Administered at least six months after completion of any primary series.
- 2023-24 vax was authorized by the FDA on Oct. 3, 2023

Take 5 Video: COVID-19 Vaccine Recommendation for the New Season 2023-2024 for Patients
Take 5 Video: COVID-19 Vaccine Recommendation for the New Season 2023-2024 for Providers

Combined Surveillance - GA

https://www.cdc.gov/surveillance/resp-net/dashboard.html
Safety Strategy
IPC Best Practices for Gatherings During the Holiday Season and Food Safety
The COVID-19 PHE Is Over. Now What?

- Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity and mortality.

- Now that the COVID-19 PHE is over, facilities should continue to remain vigilant to mitigate the risks of COVID-19 and other respiratory illnesses.
Small Gatherings

Small gatherings are informal and typically include family and friends you regularly socialize with. They can be indoor or outdoor. These social gatherings are more intimate, such as small holiday parties, family dinners and special celebrations.

https://www.cdc.gov/widgets/micrositeCollectionViewerMed
Visitation

• For the safety of the visitor(s), residents should be encouraged to limit in-person visits while they are infectious.
  • Encourage alternative mechanisms for patient and visitor interactions, such as video-call applications on cell phones or tablets, when appropriate.
  • Facilities should provide instructions before visitors enter the resident’s room on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy.
• Per CMS, facilities must allow indoor visitation for all residents as permitted under the regulations. While previously acceptable during the COVID-19 PHE, facilities can no longer limit the frequency and length of visits, the number of visitors, or require advance scheduling of visits.
• Although there is no limit on the number of visitors that a resident can have at one time, visits should be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents.

1 https://www.cdc.gov/medicare-and-you/hospital/visitors.html
Outdoor Visitation

Outdoor visits generally pose a lower risk of transmission due to increased space and airflow.

For outdoor visits, facilities should create accessible and safe outdoor spaces for visitation, such as courtyards, patios or parking lots. Include the use of tents if available.

Indoor Visitation

- Indoor visits may increase the risk of transmission of COVID-19 and other respiratory illnesses due to decreased space and airflow.

- For indoor visits, facilities should maintain healthy environments.

Improve Ventilation

• Improving ventilation (moving air into, out of or within a room) and filtration (trapping particles on a filter to remove them from the air) can help prevent virus particles from accumulating in indoor air.

• Improving ventilation and filtration can help protect residents and others from becoming infected with COVID-19 and other illnesses.

Increase Space and Distance

- Small particles that people breathe out can contain virus particles
- The closer people are together, the increased risk of transmission of viruses
- To avoid possible exposures, increase space and distance among residents and visitors

Implement Source Control Using CDC COVID-19 Data and RESP-NET Surveillance

- Source control refers to using respirators, well-fitting facemasks or cloth masks to cover a person’s mouth and nose to prevent the spread of respiratory secretions when they are breathing, talking, sneezing or coughing.
- CDC’s COVID-19 hospital admission levels provide information about the amount of severe illness in your community to help you decide when to take action to protect yourself and others.
- The Respiratory Virus Hospitalization Surveillance Network (RESP-NET) comprises three networks that conduct population-based surveillance for laboratory-confirmed hospitalizations associated with COVID-19, respiratory syncytial virus (RSV) and influenza among children and adults.

Stay Up-To-Date With Vaccines

• The CDC recommends that everyone aged 5 years and older should receive one dose of an updated COVID-19 vaccine to protect against serious illness from COVID-19
• Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications
• New RSV vaccines are available for adults 60 and older. The CDC recommends that adults 60 and older may receive a single dose of the RSV vaccine using shared clinical decision-making

Encourage Testing for COVID-19

- Anyone with even mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test for SARS-CoV-2 as soon as possible
- Asymptomatic residents with close contact with someone with SARS-CoV-2 infection should have a series of three viral tests for SARS-CoV-2 infection
  - Testing is recommended immediately (but not before 24 hours after the exposure).
  - If negative, test again 48 hours after the first negative test. If negative again, test 48 hours after the second negative test.
  - This will typically be on Day 1 (where day of exposure is Day 0), Day 3, and Day 5

Post Visual Alerts

- Continue to post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias)

- These alerts should include instructions about current IPC recommendations (e.g. when to use source control and perform hand hygiene)

Food Safety for the Holidays

- Keep foods separated, such as meat, chicken, turkey, seafood and eggs from all other foods that won’t be cooked before eating, such as fruit, salad greens, deli salads
- Prevent juices from meat, chicken, turkey, and seafood from dripping or leaking onto other foods by keeping them in containers or sealed plastic bags.
- Cook food thoroughly using a food thermometer to ensure meat, chicken, turkey, seafood, and eggs have been cooked to a safe internal temperature to kill germs
- Wash cutting boards, dishes, utensils and countertops with hot, soapy water or in the dishwasher after preparing each food item
- Avoid contamination by providing utensils (e.g., spoons, forks, tongs, etc.) for each food item so people do not touch the food with bare hands

https://www.cdc.gov/foodsafety/communication/holidays.html
Keep Food out of the “Danger Zone”

• Leaving food out too long at room temperature can cause bacteria (such as Staphylococcus aureus, Salmonella Enteritidis, Escherichia coli O157:H7, and Campylobacter) to grow to dangerous levels that can cause illness.

• Bacteria grow most rapidly in the range of temperatures between 40 °F and 140 °F, doubling in number in as little as 20 minutes. This range of temperatures is called the “Danger Zone.”

• Never leave food out of refrigeration for over two hours (if the temperature is above 90 °F, food should not be left out for more than 1 hour).

• Keep hot food hot at or above 140 °F and place cooked food in chafing dishes, preheated steam tables, warming trays, and/or slow cookers.

• Keep cold food cold at or below 40 °F and place food in containers on ice.

Perform Routine Cleaning and Monitoring of Microwaves, Refrigerators and Ice Machines

- Microorganisms may be present in microwaves, refrigerators, ice, ice-storage chests and ice-making machines
- Ensure that refrigerators designated for specific use (i.e., resident food, staff food, medications, and specimens) will be clearly labeled as such
- Store all refrigerated or frozen foods in covered containers or completely sealed
- Resident and staff refrigerators should be cleaned at least weekly and as needed
- All resident food and beverages should be dated and discarded after an appropriate time interval, such as 48 hours after opening
Don’t Forget Hand Hygiene!

Handwashing is especially important during key times when germs can spread easily. These include:

- Before, during and after preparing any food
- After handling uncooked meat, chicken or other poultry, seafood, flour, or eggs
- Before and after using gloves to prevent germs from spreading to your food and your hands
- Before eating
- After touching garbage
- After wiping counters or cleaning other surfaces with chemicals
- After coughing, sneezing, or blowing your nose

https://www.cdc.gov/handwashing/handwashing-kitchen.html
Infection Control Actions to Take During Respiratory Virus Season

- Check that the air handling in your facility is functioning as it should
- Consider broad source control in health care facilities during respiratory virus season
- Use data for local decisions
- Help everyone practice respiratory hygiene and cough etiquette
- Promote hand hygiene with everyone in the facility
- Practice regular environmental cleaning
Resources

- CDC COVID Data Tracker
- CDC Handwashing: A Healthy Habit in the Kitchen
- CDC Stay Up to Date with COVID-19 Vaccines
- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
Questions?
Thank You for Your Time!
Contact the AHS Patient Safety Team
Patientsafety@allianthealth.org

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Erica Umeakunne, MSN, MPH, APRN, CIC
Infection Prevention Specialist
Erica.Umeakunne@AlliantHealth.org
Thank you!
Consult with the DPH Team! We are here to help!

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

SNF and Medical Directors Office Hours:
November 17, 2023 | 11 a.m. ET

ALF and PCH Office Hours:
October 27, 2023 | 11 a.m. ET
November 17, 2023 | 1 p.m. ET
Thanks Again…

- Georgia Department of Public Health
- University of Georgia