



Georgia Department of Public Health:
GDPH Office Hours for SNFs & Medical Directors
November 17, 2023

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

Swati Gaur, MD, MBA, CMD, AGSF

MEDICAL DIRECTOR, POST-ACUTE CARE NORTHEAST GEORGIA HEALTH SYSTEM

Dr. 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 adaptation 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. She established the palliative care service line at the Northeast Georgia Health System.

Dr. Gaur is an attending physician in several nursing facilities. She 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



UNIVERSITY OF
GEORGIA

Learning Objectives

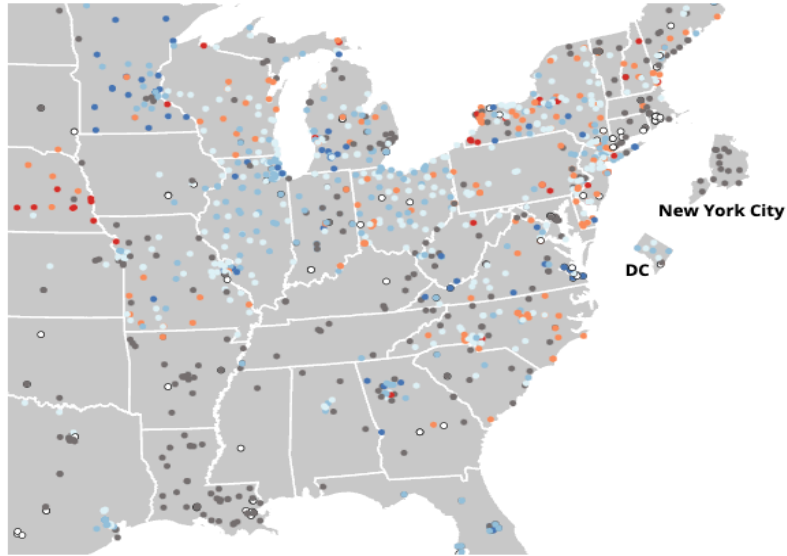
- Review COVID-19 updates and data trends
- Review common respiratory diseases
- Explore factors to consider when assessing facilities for respiratory pathogens and outbreaks
- Review infection control actions to take during respiratory virus season
- Discuss how to prepare and respond to residents and HCWs who develop signs or symptoms of a respiratory viral infection



COVID-19 Update



Wastewater Surveillance



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

Current virus levels category	Num. sites	% sites	Category change in last 7 days
New Site	138	11	1%
0% to 19%	81	6	- 17%
20% to 39%	328	26	- 6%
40% to 59%	438	35	- 3%
60% to 79%	227	18	4%
80% to 100%	41	3	0%

Total sites with current data: 1253

Total number of wastewater sampling sites: 1745

[How is the current SARS-CoV-2 level compared to past levels calculated?](#)

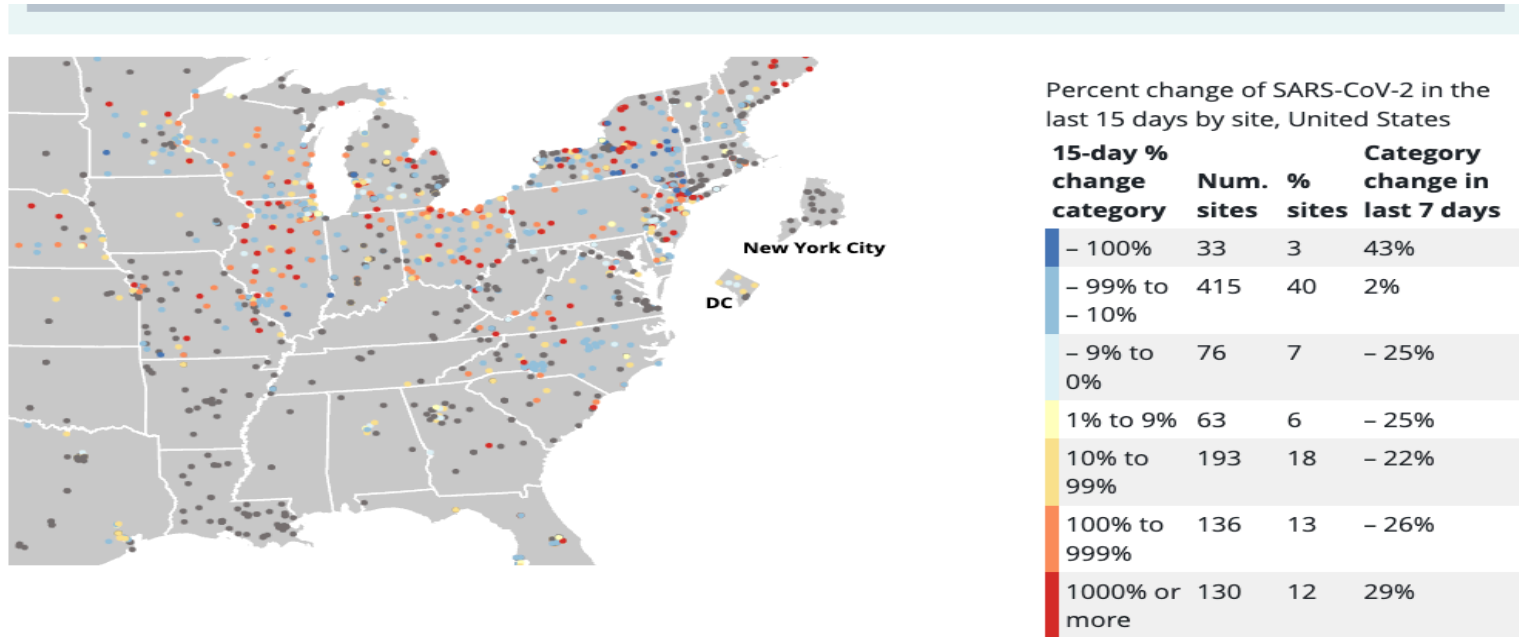
Select legend categories to filter points on the map.

New site
 0% to 19%
 20% to 39%
 40% to 59%
 60% to 79%
 80% to 100%
 No recent data

<https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance>

Download Map

Wastewater Change



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%	33	3	43%
- 99% to - 10%	415	40	2%
- 9% to 0%	76	7	- 25%
1% to 9%	63	6	- 25%
10% to 99%	193	18	- 22%
100% to 999%	136	13	- 26%
1000% or more	130	12	29%

Total sites with current data: 1046

Total number of wastewater sampling sites: 1742

[How is the 15-day percent change calculated?](#)

Select legend categories to filter points on the map.

- - 100%
- - 99% to - 10%
- - 9% to 0%
- 1% to 9%
- 10% to 99%
- 100% to 999%
- 1000% or more
- No recent data

<https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance>

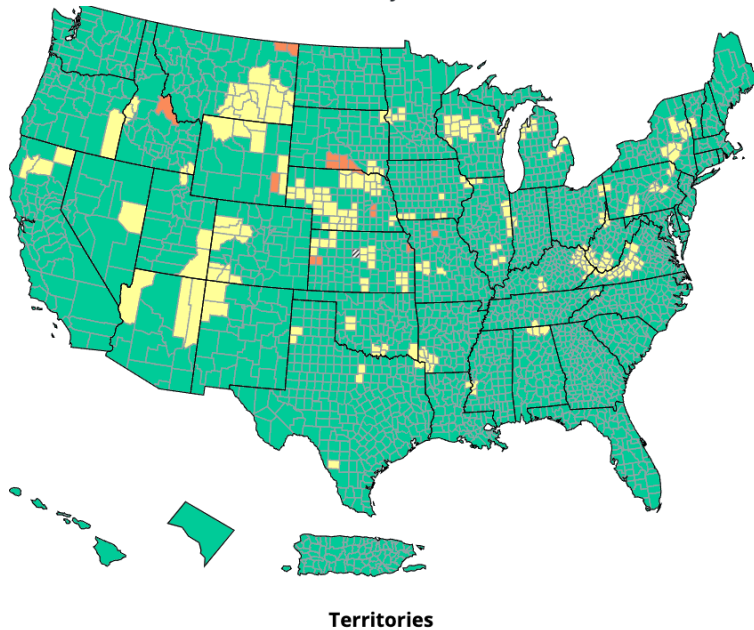
COVID-19 Hospitalization

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

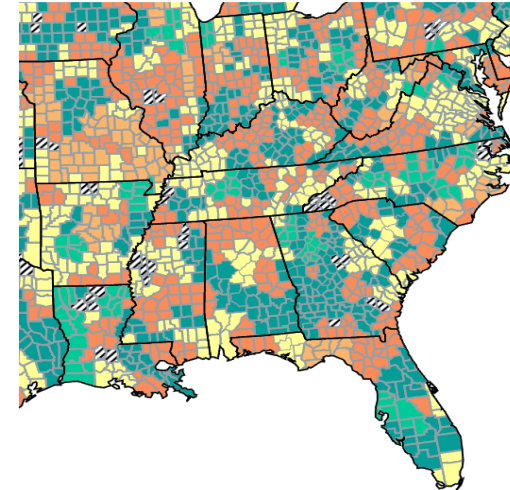
	Total	Percent	% Change
≥ 20.0	16	0.5%	-0.53%
10.0 - 19.9	278	8.63%	2.36%
<10.0	2928	90.88%	-1.71%

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 28, 2023.

Reported COVID-19 New Hospital Admissions Rate per 100,000 Population in the Past Week, by County - United States



Change (%) in COVID-19 New Hospital Admissions from Prior Week, by County - United States



% Change in new hospital admissions of confirmed COVID-19 from the prior week

- Substantial Decrease: (≤ -20.0%)
- Moderate Decrease (-19.9% to -10.0%)
- Stable (-9.9% to 9.9%)
- Moderate Increase (10.0% to 19.9%)
- Substantial Increase (≥20.0%)
- ▨ Insufficient data

https://covid.cdc.gov/covid-data-tracker/#cases_new-admissions-rate-county

Variant distribution for COVID-19

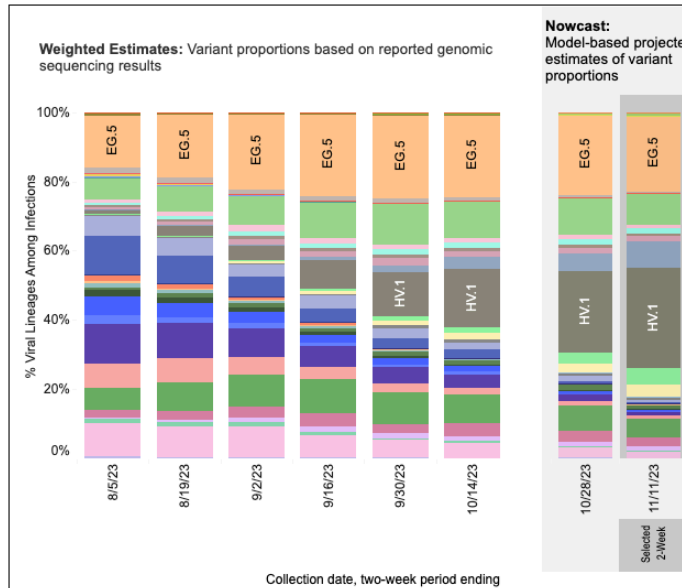
HHS Region: Data for the 2-Week Period Ending on:

This shows weighted and Nowcast estimates for the United States. The table and map show estimates for the 2-week period ending on 11/11/2023(Nowcast) if available.

Weighted and Nowcast Estimates in United States for 2-Week Periods in 7/23/2023 – 11/11/2023

Nowcast Estimates in United States for 10/29/2023 – 11/11/2023

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

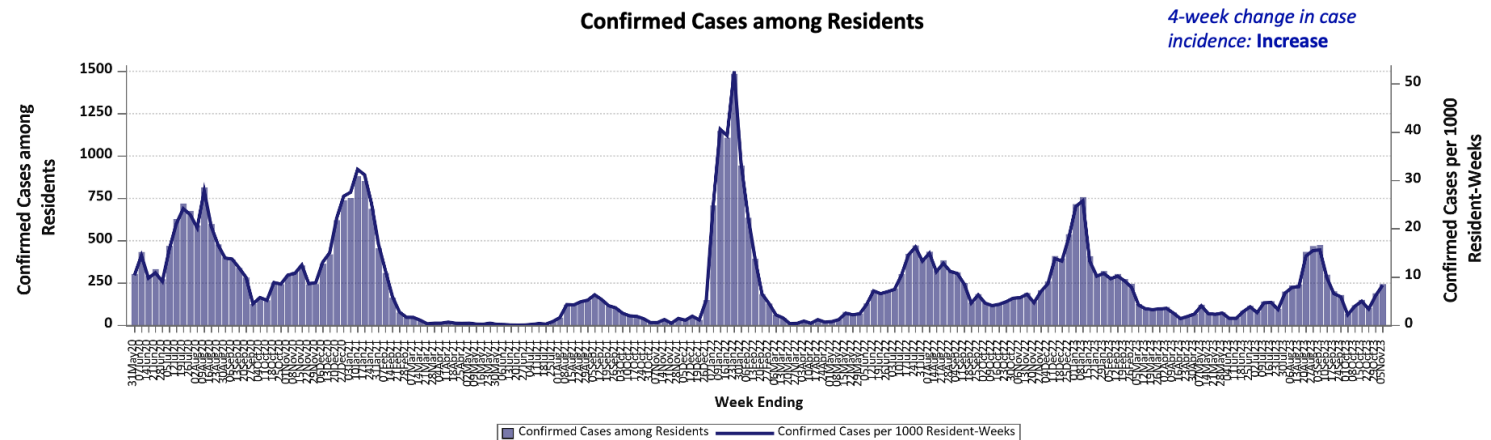


USA			
WHO label	Lineage #	%Total	95%PI
Omicron	HV.1	29.0%	26.0-32.1%
	EG.5	21.7%	19.3-24.2%
	FL.1.5.1	9.3%	8.0-10.8%
	HK.3	7.8%	6.2-9.9%
	XBB.1.16.6	5.6%	4.7-6.6%
	JD.1.1	4.6%	3.4-6.1%
	JF.1	3.5%	2.7-4.5%
	XBB.1.16.11	2.5%	2.0-3.2%
	XBB.2.3	1.9%	1.5-2.3%
	GK.1.1	1.6%	1.2-2.3%
	HF.1	1.4%	0.9-2.1%
	XBB.1.16.15	1.4%	1.0-1.9%
	XBB.1.16	1.2%	0.9-1.6%
	XBB.1.5.70	1.2%	0.6-2.2%
	BA.2	1.0%	0.5-2.1%
	GE.1	0.9%	0.6-1.3%
	XBB.1.16.1	0.8%	0.6-1.1%
	XBB	0.8%	0.6-1.0%
	GK.2	0.6%	0.5-0.9%
	EG.6.1	0.5%	0.3-0.7%
	XBB.1.5	0.3%	0.2-0.4%
	XBB.1.9.1	0.3%	0.2-0.4%
	XBB.1.42.2	0.2%	0.1-0.3%
	XBB.1.5.68	0.2%	0.1-0.3%
	XBB.1.9.2	0.2%	0.1-0.2%
	XBB.1.5.72	0.2%	0.1-0.2%
	CH.1.1	0.2%	0.1-0.3%
	XBB.2.3.8	0.1%	0.0-0.2%
	XBB.1.5.10	0.1%	0.0-0.1%
	XBB.1.5.59	0.0%	0.0-0.1%
	FD.1.1	0.0%	0.0-0.0%
	XBB.1.5.1	0.0%	0.0-0.0%
	FE.1.1	0.0%	0.0-0.0%
	EU.1.1	0.0%	0.0-0.0%
Other	Other*	1.1%	0.6-2.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 2-week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all 2-week periods displayed. # BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, XBB and their sublineages. BA.2 sublineages are aggregated with BA.2. Except BA.2.75.2, CH.1.1 and BA.1. BA.2.75 sublineages are aggregated with BA.2.75. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BF.11, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. Except the lineages shown and their sublineages, sublineages of XBB are aggregated to XBB. Except XBB.1.5.1, XBB.1.5.10, FD.2, EU.1.1, XBB.1.5.68 and XBB.1.5.70 sublineages of XBB.1.5 are aggregated to XBB.1.5. Except FL.1.5.1, sublineages of XBB.1.9.1 are aggregated to XBB.1.9.1. Except XBB.1.16.1, XBB.1.16.11, XBB.1.16.15 sublineages of XBB.1.16 are aggregated to XBB.1.16, sublineages of XBB.1.42.2 are aggregated to XBB. Except FE.1.1, sublineages of XBB.1.16.1 are aggregated to XBB. For all other lineages listed, their sublineages are aggregated to the listed parental lineages respectively. Previously, FL.1.5.1, GE.1, EG.6.1 and HV.1, FD.1.1, XBB.2.3.5, HF.1, GK.2, GK.1.1, HK.5, JD.1.1, JF.1 was aggregated to XBB.1.9.1, XBB.2.3.10, XBB.1.9.2, XBB.1.5.15, XBB.2.3, XBB.1.16.13, XBB.1.16.13, XBB.1.5.102 and XBB.1.16.6 respectively. Lineages BA.2.75.2, XBB, XBB.1.5, XBB.1.5.1, XBB.1.5.10, FD.2, XBB.1.9.1, XBB.1.9.2, XBB.1.16, XBB.1.16.1, XBB.2.3, BN.1, BA.4.6, BF.7, BF.11, BA.5.2.6, BQ.1.1, EU.1.1, XBB.1.5.68, FE.1.1, EG.5, XBB.1.5.72, FL.1.5.1, GE.1, EG.6.1, XBB.1.16.11, FD.1.1, XBB.1.5.70, XBB.2.3.8, HV.1, XBB.1.42.2, GK.2, HF.1, XBB.1.16.15, GK.1.1, HK.5, JF.1 contain the spike substitution R346T.

COVID-19 Cases Among Nursing Home Residents

Skilled Nursing Facilities, Confirmed Cases among Residents, Inferred Data, Georgia



CONFIRMED CASES Definition (As of Nov 23rd)

Total Confirmed COVID-19 cases (computed variable)=(Total positive tests – Ag positive test and PCR negative confirmatory test)

4-Week Change Definition (apply to the last 4 weeks after excluding the most recent week due to reporting lag)

Increase: meet both: (1) rate for week 4 was greater than week 1; (2) at least two out of three paired consecutive rate comparisons showed a significant increase.

Decrease: meet both: (1) rate for week 4 was lower than week 1; (2) at least two out of three paired consecutive rate comparisons showed a significant decrease.

Stable: States within detection limits.

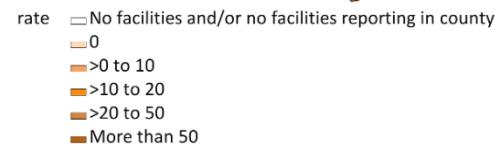
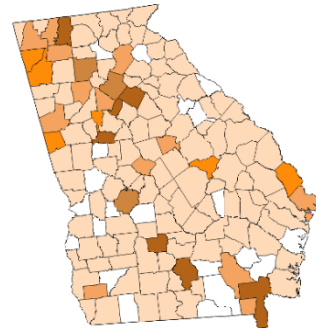
Note: Mid-p (1-tailed) method was used to test a statistical significance

Inferred Data: For the purpose of best epidemiological understanding, data that fail quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns of data-entry or excluded. Effective December 7, 2020, exclusion criteria were updated across the entire dataset/all time points.

COVID-19 cases in GA Nursing Homes

Skilled Nursing Facilities, Most Recent Week (30OCT23-05NOV23) Inferred Data, by CCN, Georgia

Confirmed Cases per 1000 Resident-Weeks

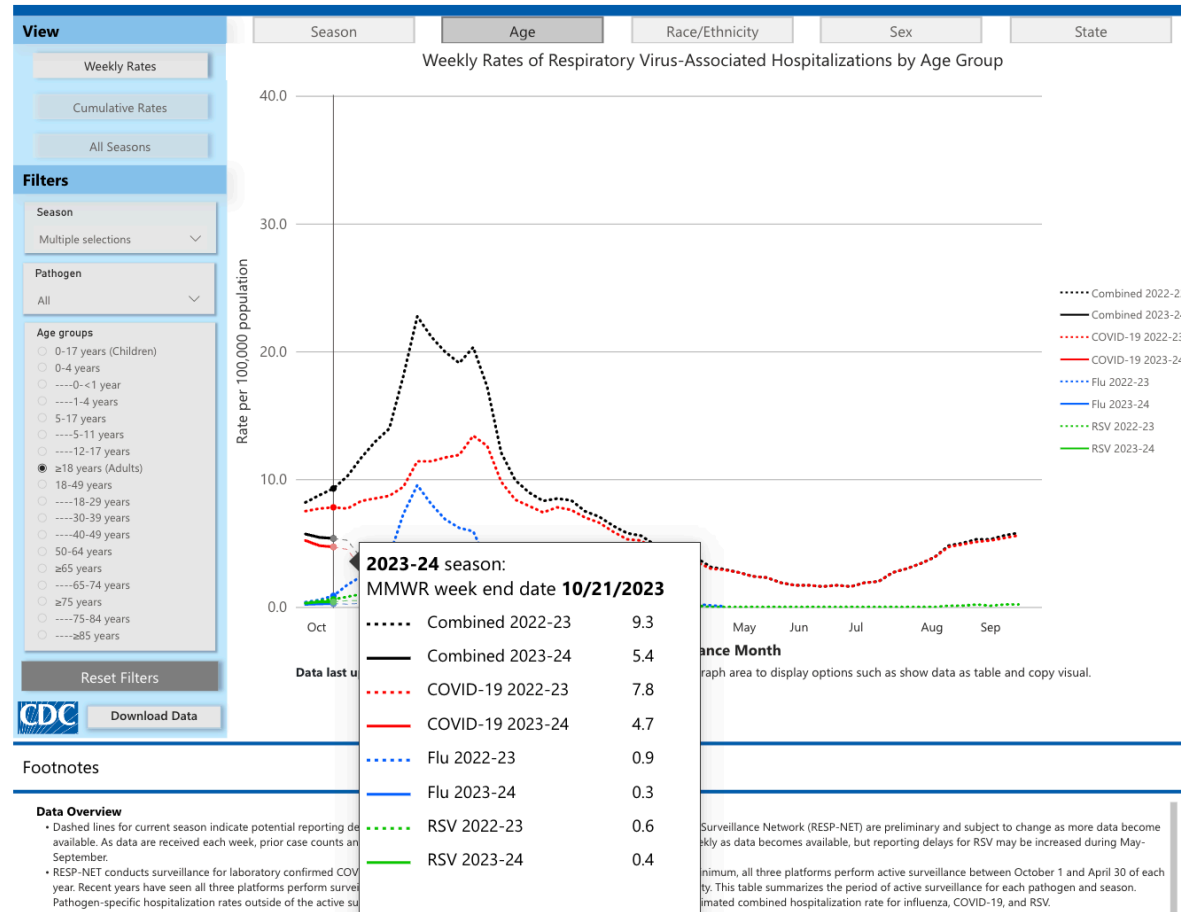


Reporting in Georgia, most recent week	
Number of facilities reporting*	337
Facilities reporting ≥ 10 confirmed resident cases	9
Facilities reporting ≥ 10 confirmed staff cases	1
Confirmed Resident Cases	244
COVID-19 Resident Deaths	2
Confirmed Staff Cases	118

Number of facilities reporting*: Limited to facilities reporting positive total number of beds that are occupied

Inferred Data: For the purpose of best epidemiological understanding, data that fail quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns of data-entry or excluded. Effective December 7, 2020, exclusion criteria were updated across the entire dataset/all time points.

Combined Surveillance

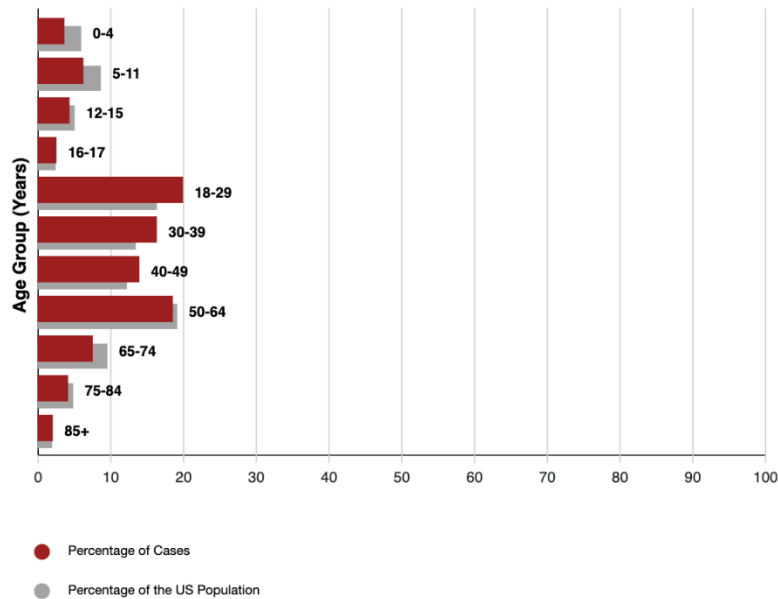


<https://www.cdc.gov/surveillance/resp-net/dashboard.html>

COVID-19 Cases vs. Death

Cases by Age Group:

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

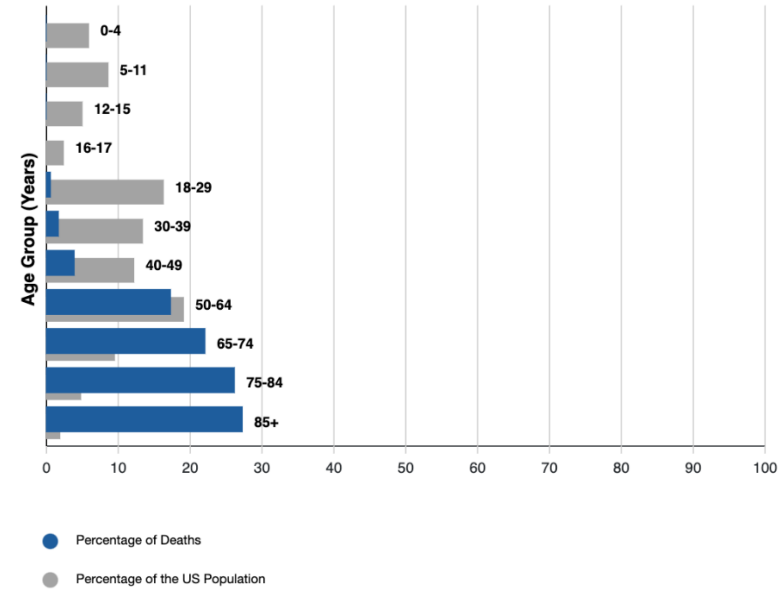


Show Percentage of the US Population that is in this demographic category

Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2023. October 16. <https://covid.cdc.gov/covid-data-tracker>

Deaths by Age Group:

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

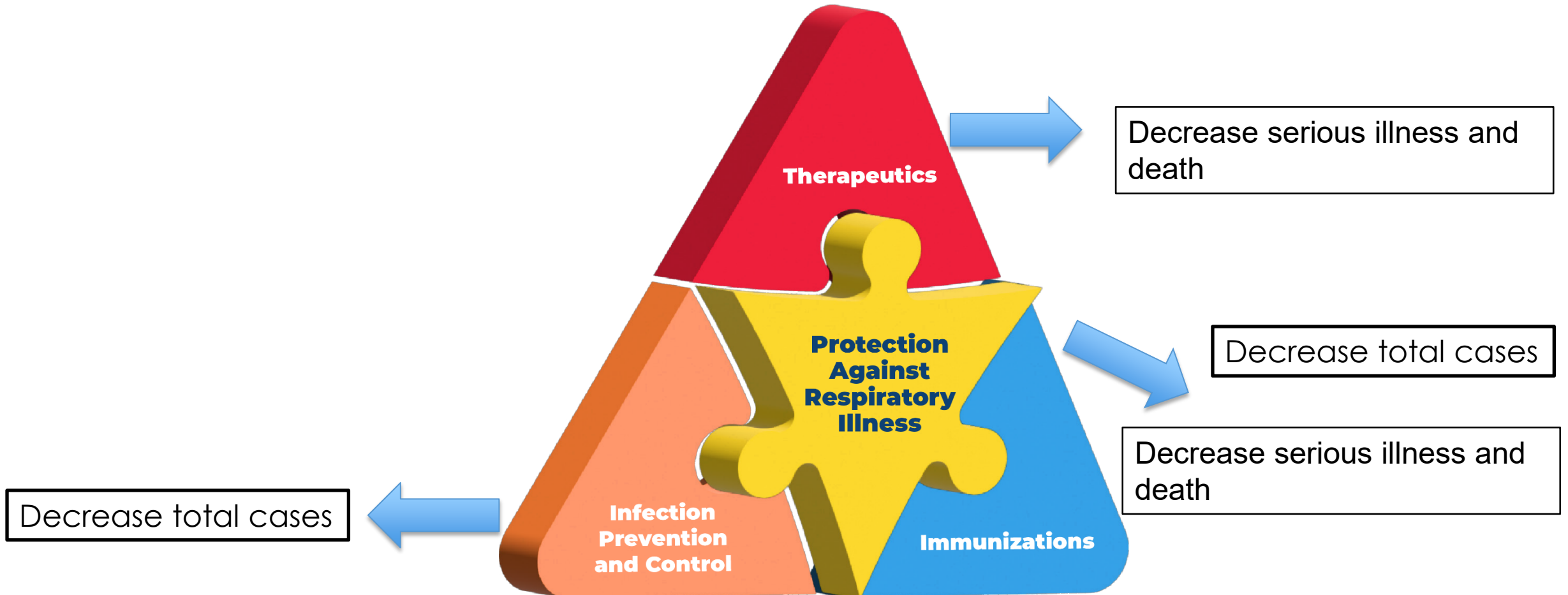


Show Percentage of the US Population that is in this demographic category

Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2023. October 16. <https://covid.cdc.gov/covid-data-tracker>

<https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

Safety Strategy

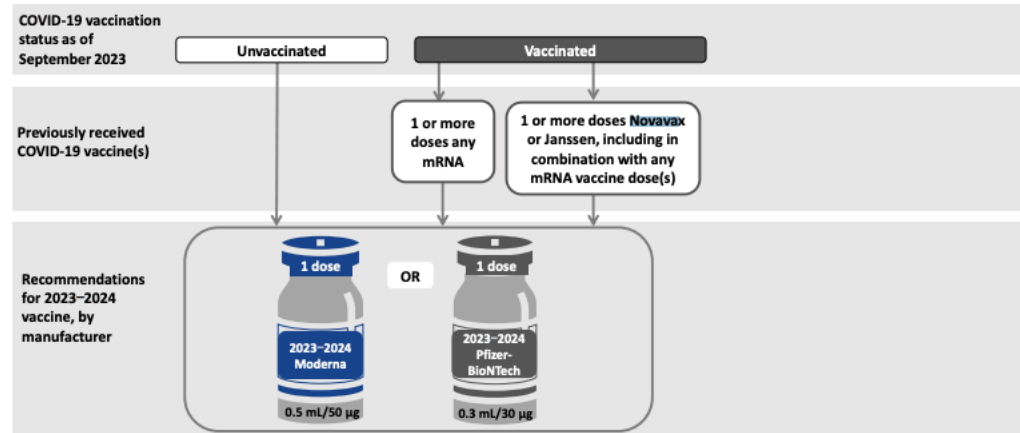


COVID-19 Vaccine recommendation 2023-2024

Doses recommended:

- **1 dose of 2023–2024 COVID-19 vaccine**, regardless of prior vaccination history

Recommended 2023–2024 COVID-19 mRNA vaccines for people who are NOT immunocompromised, aged ≥12 years*



*For information about administration intervals, see Table 1 in the Interim Clinical Considerations for Use of COVID-19 vaccines.

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 6 months after completion of any primary series.
- 2023-24 vax was authorized by FDA Oct 3, 2023










Influenza Vaccination of Persons Aged ≥ 65 Years

- Adults aged ≥ 65 years should preferentially receive any one of the following higher dose or adjuvanted influenza vaccines:
 - Quadrivalent high-dose inactivated influenza vaccine (HD-IIV4),
 - Quadrivalent recombinant influenza vaccine (RIV4), or
 - Quadrivalent adjuvanted inactivated influenza vaccine (aIIV4).
- If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.
- Vaccination of older adults in July and August should be avoided unless later vaccination might not be possible.
 - Due to potential waning of immunity.

https://emergency.cdc.gov/coca/ppt/2023/091923_slides.pdf




A note on RSV vaccine:

Chronic Underlying Medical Conditions Associated with Increased Risk of Severe RSV Disease

-  Lung disease
-  Cardiovascular disease
-  Moderate or severe immune compromise
-  Diabetes Mellitus
-  Neurologic or neuromuscular conditions
-  Kidney disorders
-  Liver disorders
-  Hematologic disorders
-  Other conditions that might increase the risk for severe disease

Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023

Other Factors Associated with Increased Risk of Severe RSV Disease

-  Residence in a nursing home or other long-term care facility (LTCF)
-  Frailty
-  Advanced age

Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023

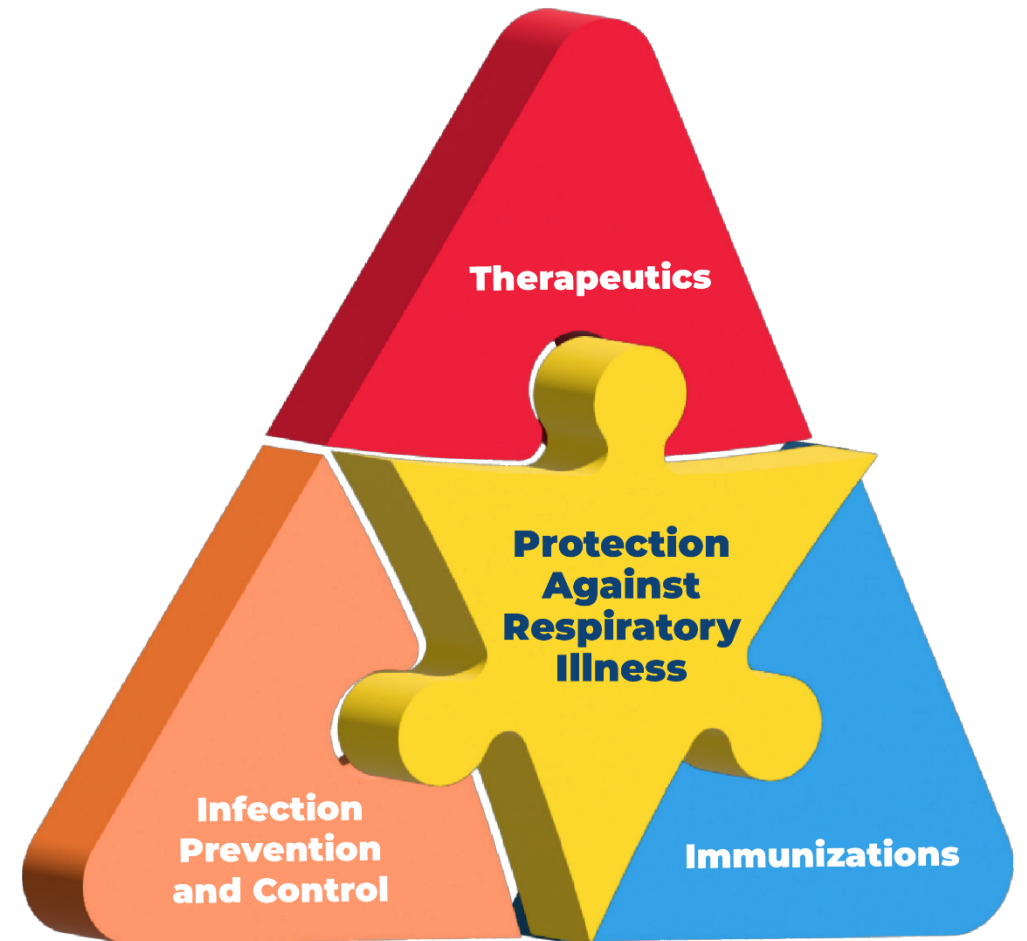
A word on therapeutics:

Flu:

- Tamiflu
- Baloxivir

COVID-19:

- Paxlovid
- Molnupiravir



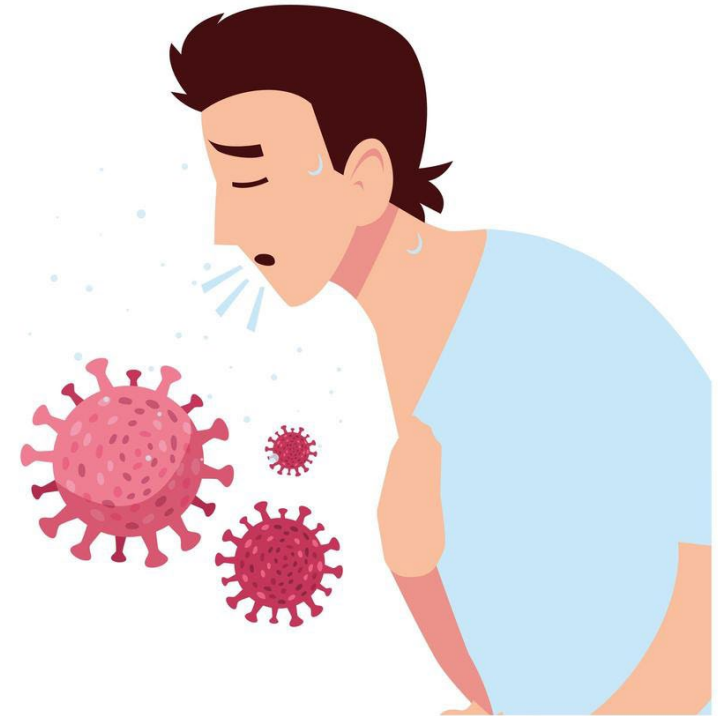


Assessing Facility Risk for Respiratory Pathogens

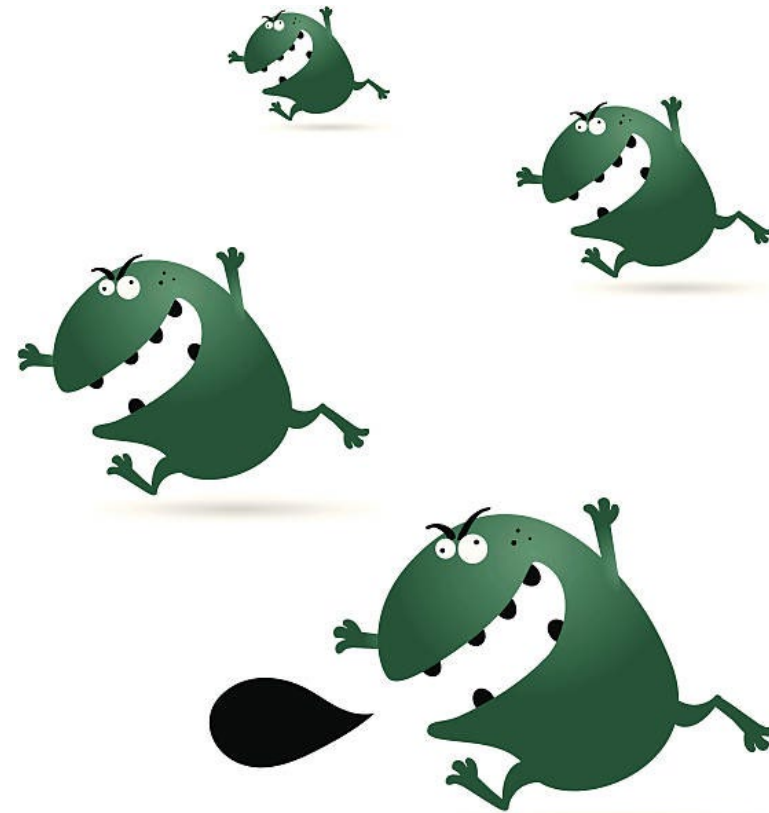
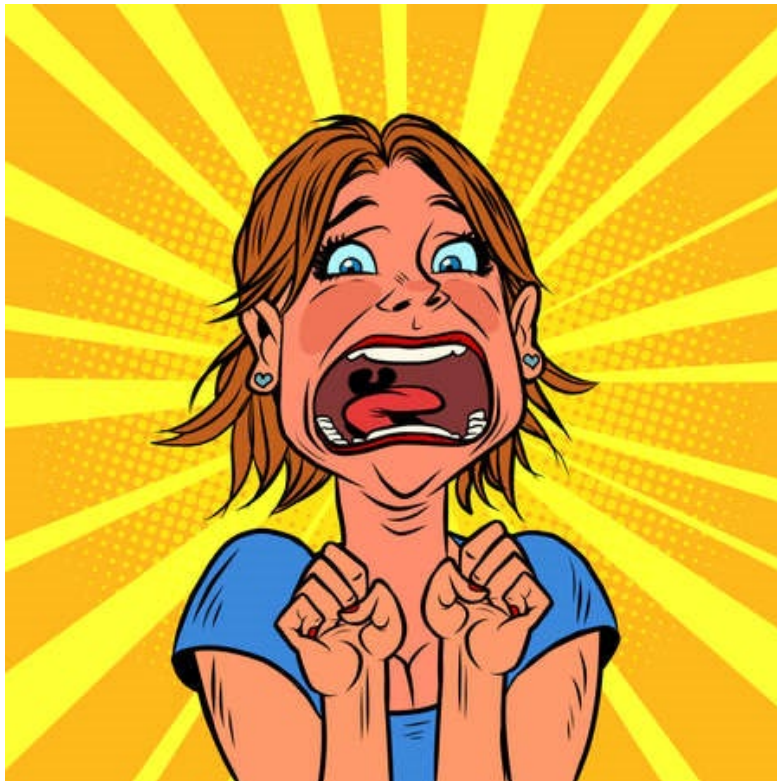


Other Common Respiratory Diseases

- Pneumonia
- Chickenpox (Varicella)
- Measles (Rubeola)
- Rubella (German measles)
- Mumps
- Diphtheria
- Pertussis (whooping cough)
- Meningitis
- Tuberculosis



So, what can you do and how can you prepare?!



Risk Assessment – Some things to consider...

- Resident Population
- Facility-resident risk
- Staff, resident, and visitor behaviors
- Activities
- What is going on?
- Community positivity rates



Resident Population

- Are they young or old?
- Are they frail?
- Are they healthy?
- Do they move on their own?
- Do they stay where you put them?
- Do they follow instructions?
- Are they cognitively intact?



Facility-Resident Risk

- What kind of resident unit?
- What type(s) of resident(s)?
- How do they travel through the unit?
- Are they using the same elevators as another unit where there's an outbreak?



Staff, resident, and visitor behaviors

- Can you use posters, signs, and precautions effectively?
- Are they going to follow directions?
- What happens when you're not there?
- Do residents have the capability of following directions independently and when you're not around?

Activities

- Are there parties or community events?
- Are there a lot of shared items among residents, such as games, pencils, pens, etc.?



What is going on?

- Are there a lot of callouts among staff?
- Are staff and residents “feeling bad”?







Community Positivity Rates

CDC COVID-19 data tracker:

- COVID-19 hospital admissions
- COVID-19 deaths
- COVID-19 ED visits
- COVID-19 test positivity
- COVID-19 variants, wastewater, and genomic surveillance

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

bit.ly/mm7219e1

MAY 5, 2023

COVID-19 County Check

COVID-19 Prevention Actions

There are many ways your actions can help protect you, your household, and your community from severe illness from COVID-19. [CDC's COVID-19 hospital admission levels](#) provide information about the amount of severe illness in the community where you are located to help you decide when to take action to protect yourself and others.



COVID-19 County Check

Find hospital admission levels and prevention steps by county. Data updated weekly.

Select a Location (all fields required)

COVID-19 County Check



COVID-19 County Check

Find hospital admission levels and prevention steps by county. Data updated weekly.

Select a Location (all fields required)

Georgia

Chatham County

Go

< Start Over

● Low

In **Chatham County, Georgia**, the COVID-19 hospital admission level is **Low**.

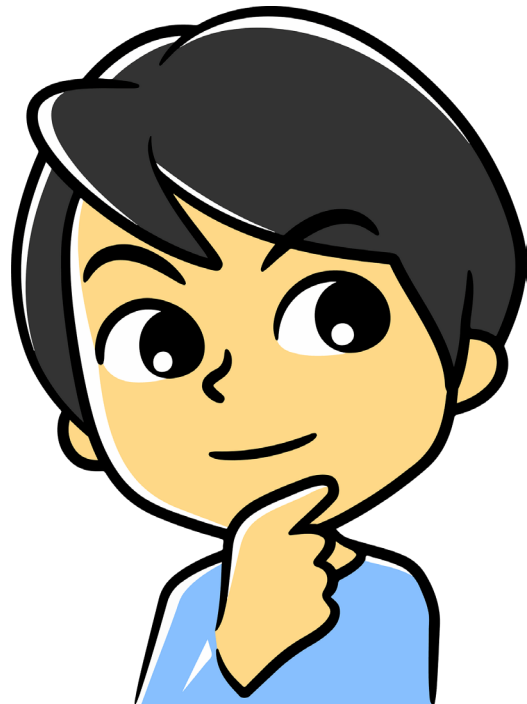
- [Stay up to date](#) with COVID-19 vaccines.
- Maintain [ventilation improvements](#).
- Avoid contact with people who have suspected or confirmed COVID-19.
- Follow recommendations for [isolation](#) if you have suspected or confirmed COVID-19.
- Follow the recommendations for [what to do if you are exposed](#) to someone with COVID-19.
- If you are at [high risk of getting very sick](#), talk with a healthcare provider about additional prevention actions.

People may choose to mask at any time. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a high-quality [mask or respirator](#) when indoors in public.

If you are immunocompromised, learn more about [how to protect yourself](#).

Find out more about the COVID-19 situation in **Chatham County, Georgia** with [COVID-19 Data Tracker](#).

Individual-Level Prevention Strategies



LOW, MEDIUM, AND HIGH

At all COVID-19 hospital admission levels:



- [Stay up to date](#) on vaccination.
- Maintain [ventilation improvements](#).
- Avoid contact with people who have suspected or confirmed COVID-19.
- Follow recommendations for [isolation](#) if you have suspected or confirmed COVID-19.
- Follow the recommendations for [what to do if you are exposed](#) to someone with COVID-19.
- If you are at [high risk of getting very sick](#), talk with a healthcare provider about additional prevention actions.

MEDIUM AND HIGH

When the COVID-19 hospital admission level is Medium or High:



- If you are at [high risk of getting very sick](#), wear a high-quality mask or respirator (e.g., N95) when indoors in public.
- If you have household or social contact with someone at high risk for getting very sick, consider self-testing to detect infection before contact, and consider wearing a high-quality mask when indoors with them.

HIGH

When the COVID-19 hospital admission level is High:



- Wear a high-quality mask or respirator.
- If you are at high risk of getting very sick, consider avoiding non-essential indoor activities in public where you could be exposed.

Community-Level Prevention Strategies

Community-Level Prevention Strategies



LOW, MEDIUM, AND HIGH

At all COVID-19 hospital admission levels:



- Promote equitable access to vaccination, testing, masks and respirators, treatment and prevention medications, community outreach, and support services.
- Ensure access to testing, including through point-of-care and at-home tests for all people.
- Maintain [ventilation improvements](#).
- Provide communications and messaging to encourage isolation among people who test positive.

MEDIUM AND HIGH

When the COVID-19 hospital admission level is Medium or High:



- Implement screening testing in high-risk settings where screening testing is recommended.

HIGH

When the COVID-19 hospital admission level is High:

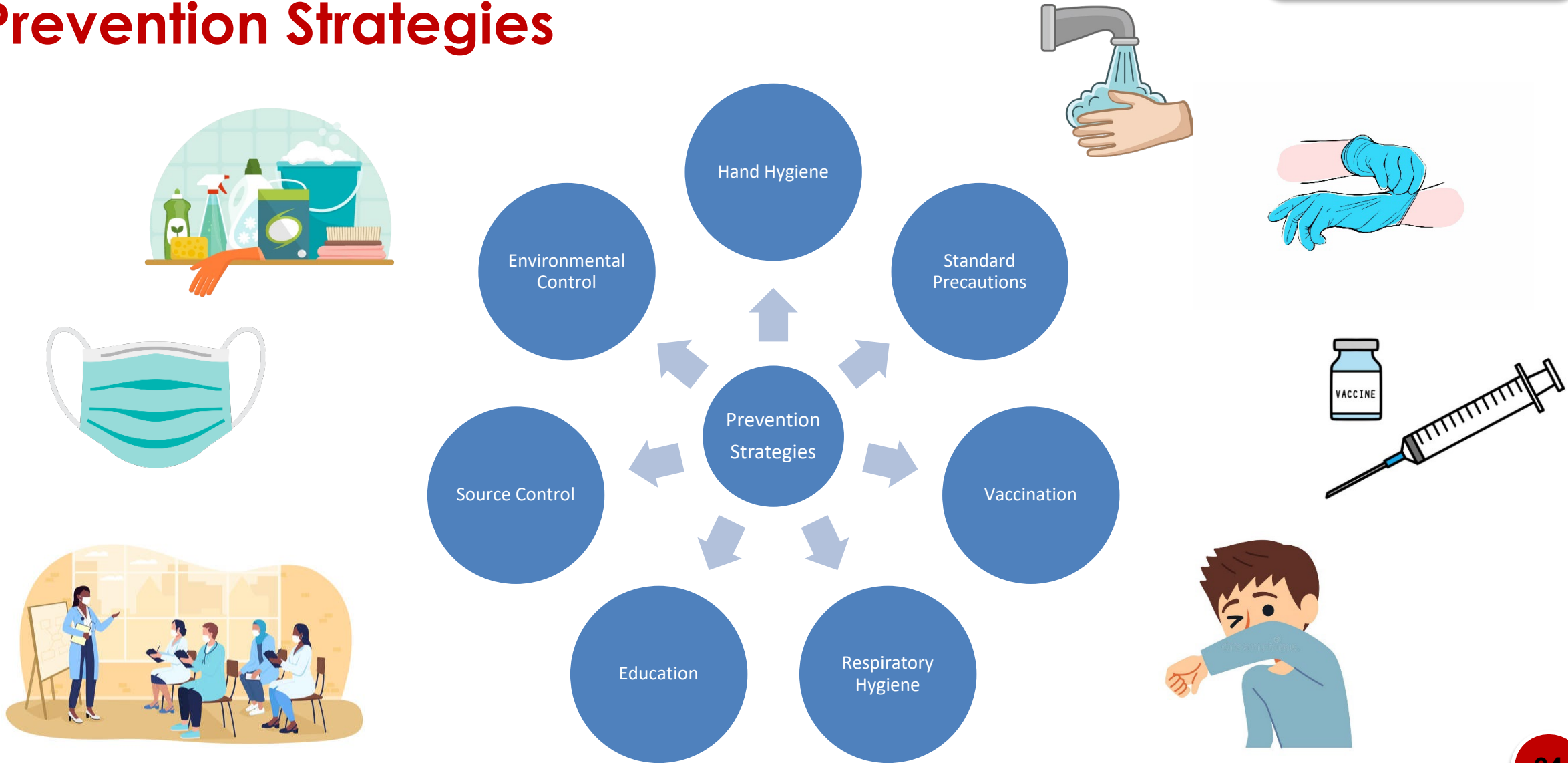


- Implement healthcare surge support as needed.

Prevention always starts with knowing the risk!



Prevention Strategies



Preparing for and Responding to Nursing Home Residents or Health Care Personnel (HCP) Who Develop Signs or Symptoms of a Respiratory Viral Infection

- **ACTION:** PREPARE for respiratory viruses (e.g., SARS-CoV-2, influenza, RSV)
 - Vaccinate
 - Allocate resources
 - Monitor and mask
 - Educate
 - Ventilate
 - Test and treat
- **ACTION:** RESPOND when a resident or HCP develops signs or symptoms of a respiratory viral infection
 - **For Residents:** Apply appropriate transmission-based precautions
 - **For HCP:** Test anyone with respiratory illness signs or symptoms
 - Investigate for potential respiratory virus spread among residents **and** HCP
- **ACTION:** CONTROL respiratory virus spread when transmission is identified
 - Notify the local or state public health department when respiratory viral outbreaks* are suspected or confirmed
 - Consider establishing cohort units for residents with confirmed infections
 - Limit group activities and communal dining
 - Consider modifications to indoor visitation policies
 - Avoid new admissions or transfers into and out of units or wards with infected residents or facility-wide if the outbreak is more widespread

Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities

- If one laboratory-confirmed influenza-positive case is identified along with other cases of acute respiratory illness in a unit of a long-term care facility, an influenza outbreak surveillance for additional cases should be implemented as soon as possible once one case might be occurring
- Active laboratory-confirmed influenza is identified in a facility
- When 2 cases of laboratory-confirmed influenza are identified within 72 hours of each other in residents on the same unit, outbreak control measures should be implemented as soon as possible
- Implementation of outbreak control measures can also be considered as soon as possible when one or more residents have an acute respiratory illness with suspected influenza and the results of influenza molecular tests are not available on the same day of specimen collection

Resources

- [CDC COVID-19 Data Tracker](#)
- [Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities](#)
- [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)
- [RESP-NET Interactive Dashboard](#)
- [Viral Respiratory Pathogens Toolkit for Nursing Homes](#)

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 is 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

- [Op'lions 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
Patientsafety@allianthealth.org



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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)

Save the Date

SNF and Medical Directors Office Hours:

December 15, 2023 | 11 a.m. ET

ALF and PCH

November 17, 2023 | 1 p.m. ET

December 15, 2023 | 1 p.m. ET



Thanks Again...

- Georgia Department of Public Health
- University of Georgia



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