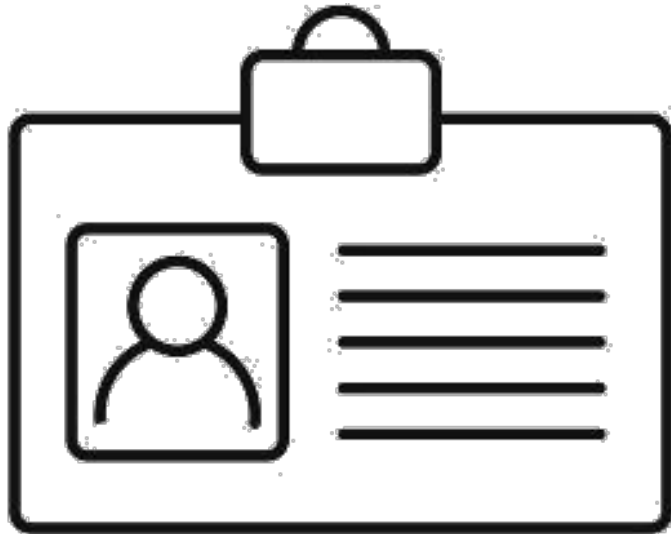




Georgia Department of Public Health:
GDPH Office Hours for ALF and PCH
January 26, 2024

Meet the Team



Presenters:

Erica Umeakunne, MSN, MPH, APRN, CIC
Infection Prevention Specialist
Alliant Health Solutions

JoAnna M. Wagner, MSN, RN, BHSA, CIC
Director/Nurse Epidemiologist
Healthcare-Associated Infections
Antimicrobial Resistance Program
Georgia Department of Public Health

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



JoAnna Wagner, MSN, RN, BHSA, CIC

**Director, Healthcare-Associated Infections Antimicrobial Resistance Program
Georgia Department of Public Health**

JoAnna has been with the Georgia Department of Public Health since 2016 and currently serves as the director of the Healthcare-Associated Infections Antimicrobial Resistance (HAI AR) Program for the Acute Disease and Epidemiology Section. Her leadership supports an HAI AR analytics team, an infection prevention team, and an antimicrobial stewardship team. She has been a nurse for 24 years and worked as an infection preventionist for 20 years.



Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia



Objectives

- Provide updates on COVID-19 epidemiology and associated indicators
- Review COVID-19 metrics that help inform infection prevention and control (IPC) recommendations
- Discuss *Candida auris* epidemiology and implications for congregate living settings
- Share resources to support COVID-19 IPC activities
- Address any facility-specific IPC questions or concerns





COVID-19 Update



CDC COVID-19 Data Tracker

COVID-19 Update for the United States

Early Indicators

Test Positivity >

% Test Positivity

11.8%

(January 7 to January 13, 2024)

Trend in % Test Positivity

-1% in most recent week



Nov 25, 2023 Jan 13, 2024

Emergency Department Visits >

% Diagnosed as COVID-19

2.5%

(January 7 to January 13, 2024)

Trend in % Emergency Department Visits

-19% in most recent week



Nov 25, 2023 Jan 13, 2024

These early indicators represent a portion of national COVID-19 tests and emergency department visits. [Wastewater](#) information also provides early indicators of spread.

Severity Indicators

Hospitalizations >

Hospital Admissions

32,861

(January 7 to January 13, 2024)

Trend in Hospital Admissions

-9.6% in most recent week



Nov 25, 2023 Jan 13, 2024

Total Hospitalizations

6,727,163

Deaths >

% of All Deaths in U.S. Due to COVID-19

4.3%

(January 7 to January 13, 2024)

Trend in % COVID-19 Deaths

+10.3% in most recent week



Nov 25, 2023 Jan 13, 2024

Total Deaths

1,169,666

CDC | Test Positivity data through: January 13, 2024; Emergency Department Visit data through: January 13, 2024; Hospitalization data through: January 13, 2024; Death data through: January 13, 2024.

Posted: January 19, 2024 12:00 PM ET



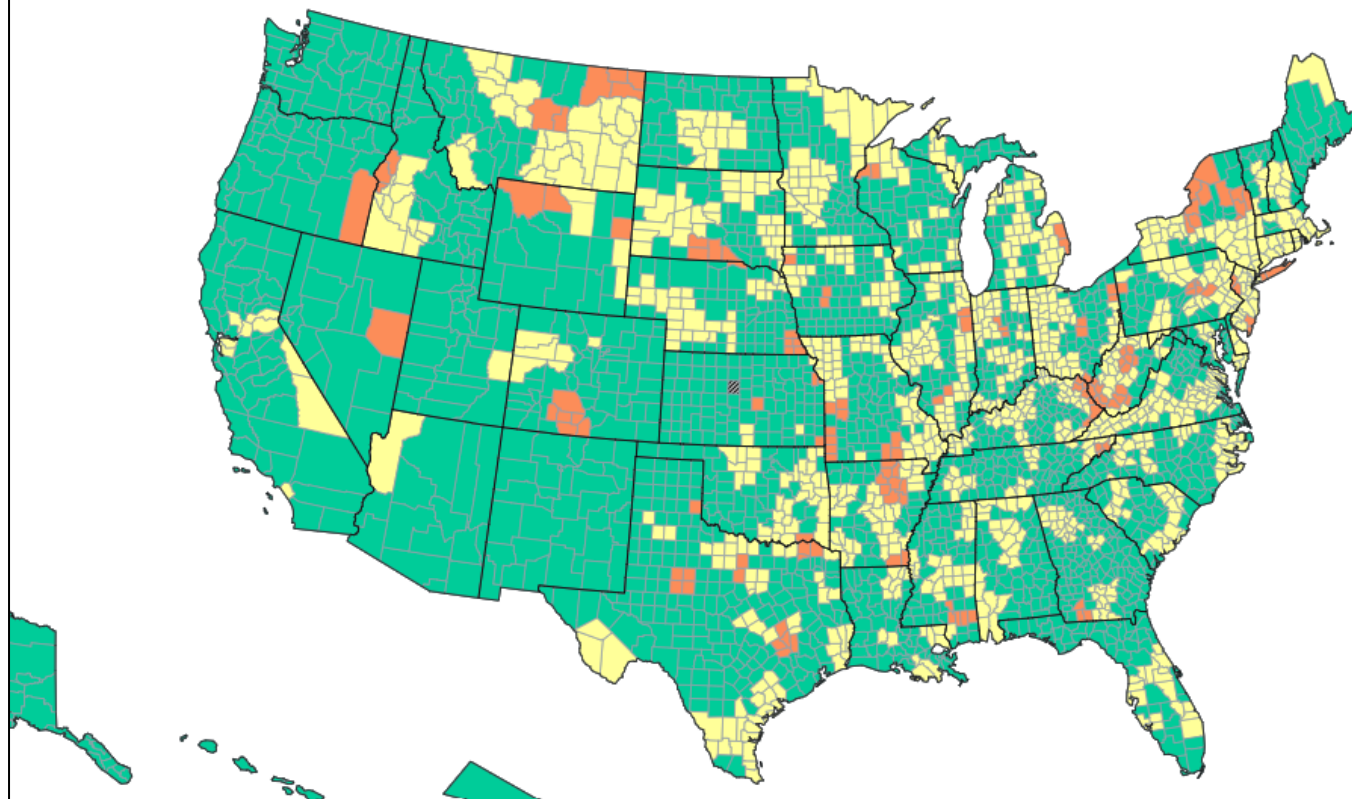
COVID-19 hospital admissions levels in U.S. by county

Based on new COVID-19 hospital admissions per 100,000 population

	Total	Percent	% Change
≥ 20.0	146	4.53%	-3.29%
10.0 - 19.9	1054	32.71%	-5.34%
<10.0	2022	62.76%	8.63%

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 January 13, 2024.

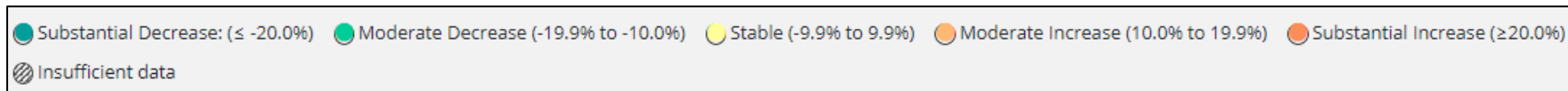
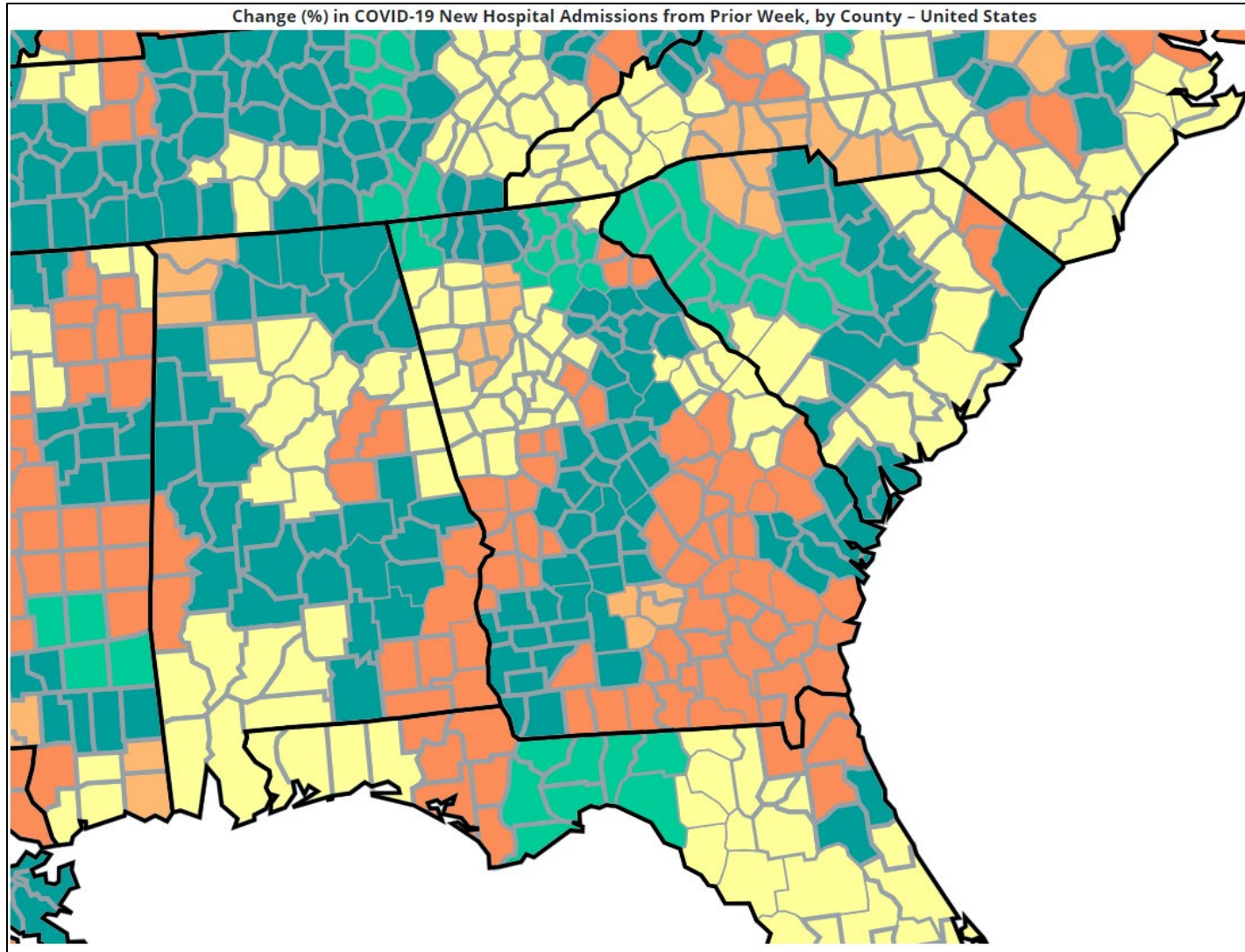
Reported COVID-19 New Hospital Admissions Rate per 100,000 Population in the Past Week, by County – United States



View Maps >

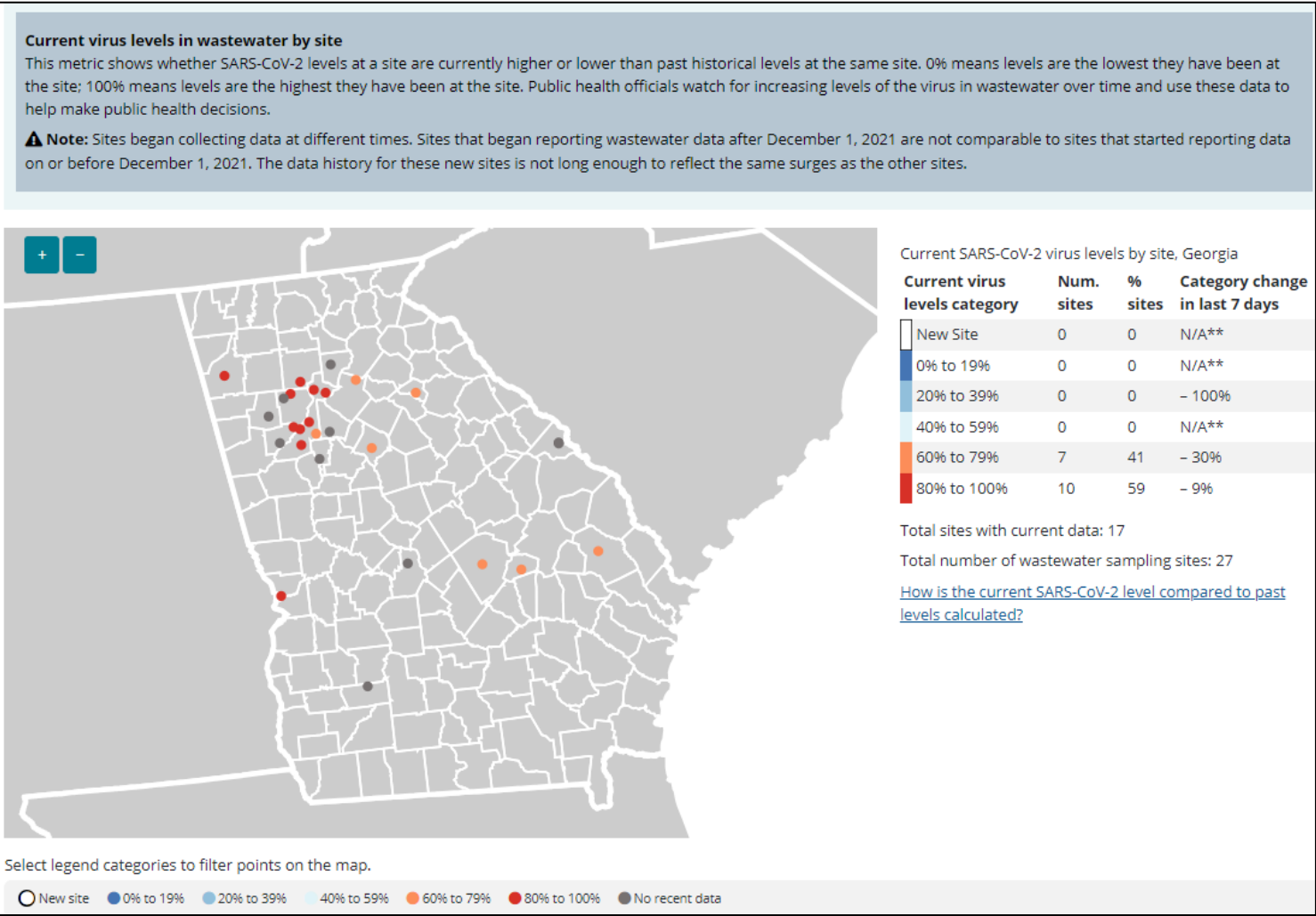
of Hospitalizations,
Deaths, Emergency
Department Visits,
and Test Positivity

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



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

Wastewater Surveillance

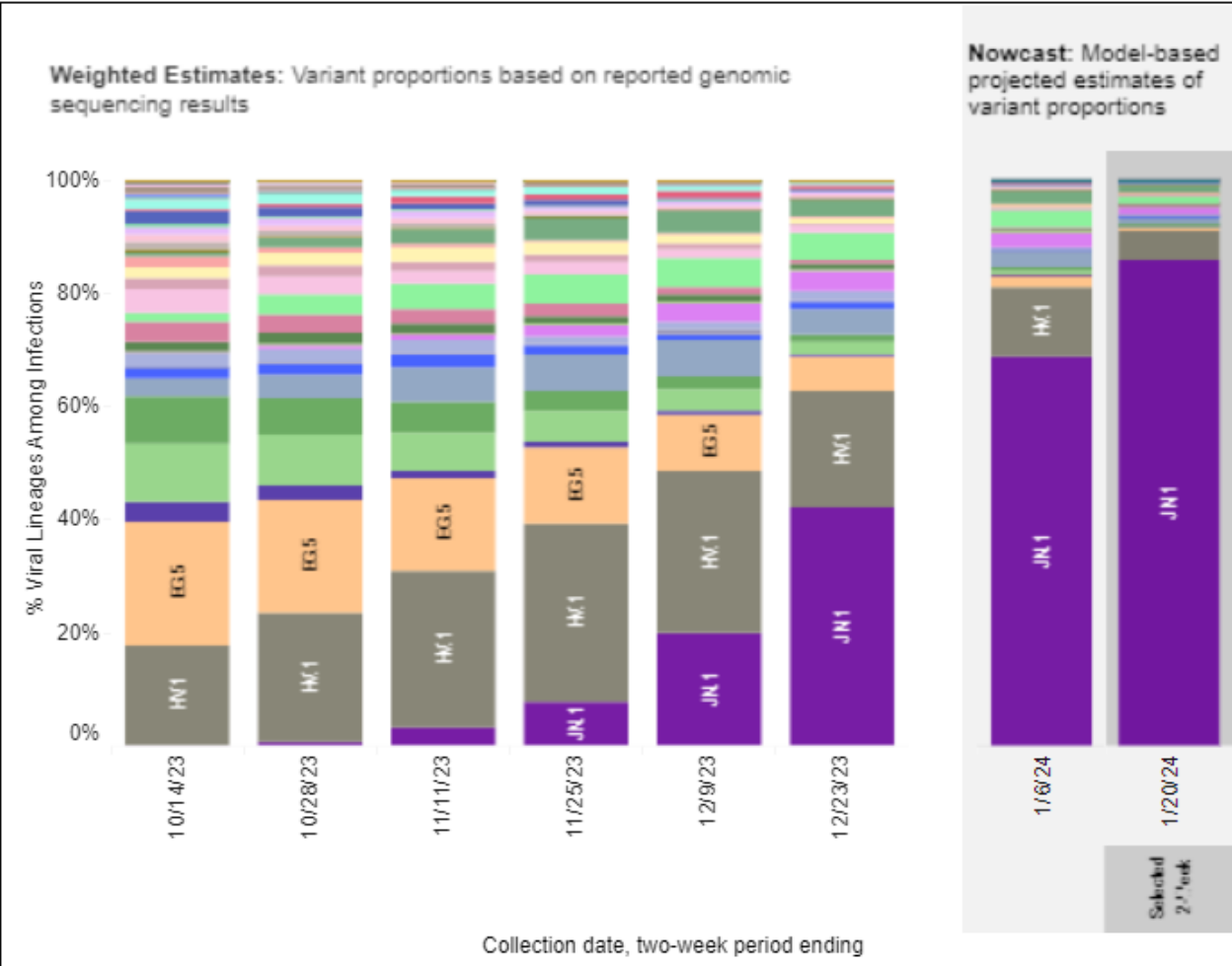


<https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance>



Weighted and Nowcast Estimates in United States for 2-Week Periods in 10/1/2023 – 1/20/2024

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

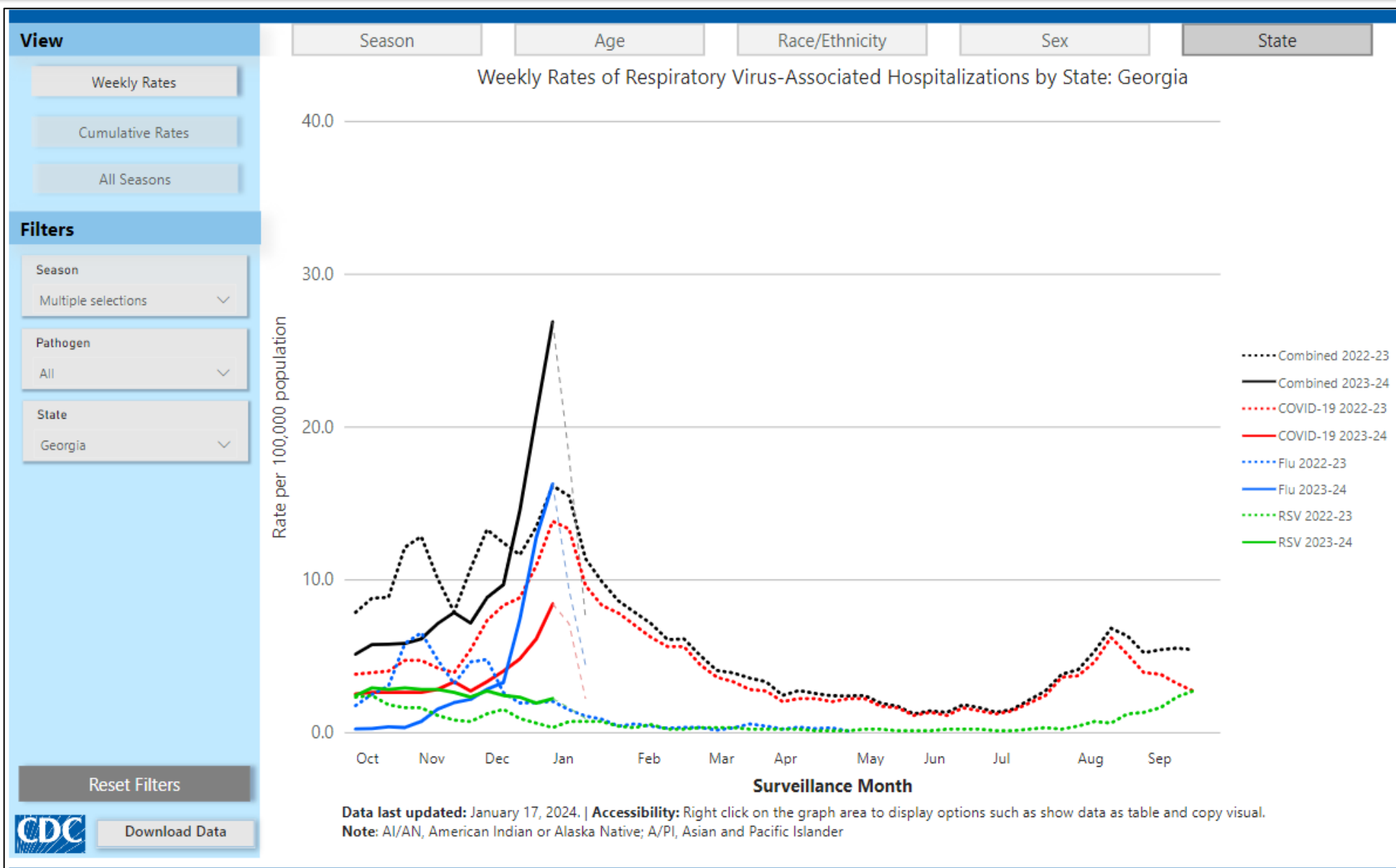


Nowcast Estimates in United States for 1/7/2024 – 1/20/2024

USA			
WHO label	Lineage #	%Total	95%PI
Omicron	JN.1	85.7%	82.9-88.2%
	HV.1	5.3%	4.4-6.4%
	JD.1.1	1.6%	1.4-2.0%
	BA.2.86	1.5%	1.1-2.1%
	JG.3	1.5%	1.2-1.9%
	HK.3	1.5%	1.2-1.8%
	EG.5	0.6%	0.5-0.8%
	GE.1	0.4%	0.1-1.5%
	JF.1	0.2%	0.2-0.3%
	FL.1.5.1	0.2%	0.2-0.3%
	EG.5.1.8	0.2%	0.2-0.3%
	BA.2	0.1%	0.0-0.6%
	XBB.1.16.6	0.1%	0.1-0.2%
	XBB.1.16.17	0.1%	0.1-0.3%
	XBB.1.5.70	0.1%	0.1-0.2%
	XBB.1.16.11	0.1%	0.1-0.1%
	GK.1.1	0.1%	0.1-0.1%
	XBB	0.1%	0.0-0.1%
	XBB.1.9.1	0.1%	0.0-0.1%
	HF.1	0.1%	0.0-0.1%
	XBB.1.16.15	0.1%	0.0-0.1%
	XBB.2.3	0.0%	0.0-0.1%
	XBB.1.16	0.0%	0.0-0.0%
	GK.2	0.0%	0.0-0.0%
	CH.1.1	0.0%	0.0-0.0%
	XBB.1.5	0.0%	0.0-0.0%
	EG.6.1	0.0%	0.0-0.0%
	XBB.1.16.1	0.0%	0.0-0.0%
	XBB.1.5.68	0.0%	0.0-0.0%
	XBB.1.9.2	0.0%	0.0-0.0%
	XBB.2.3.8	0.0%	0.0-0.0%
	XBB.1.42.2	0.0%	0.0-0.0%
	XBB.1.5.72	0.0%	0.0-0.0%
	XBB.1.5.59	0.0%	0.0-0.0%
Other	Other*	0.0%	0.0-0.0%

SARS-CoV-2 Variant Surveillance

<https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

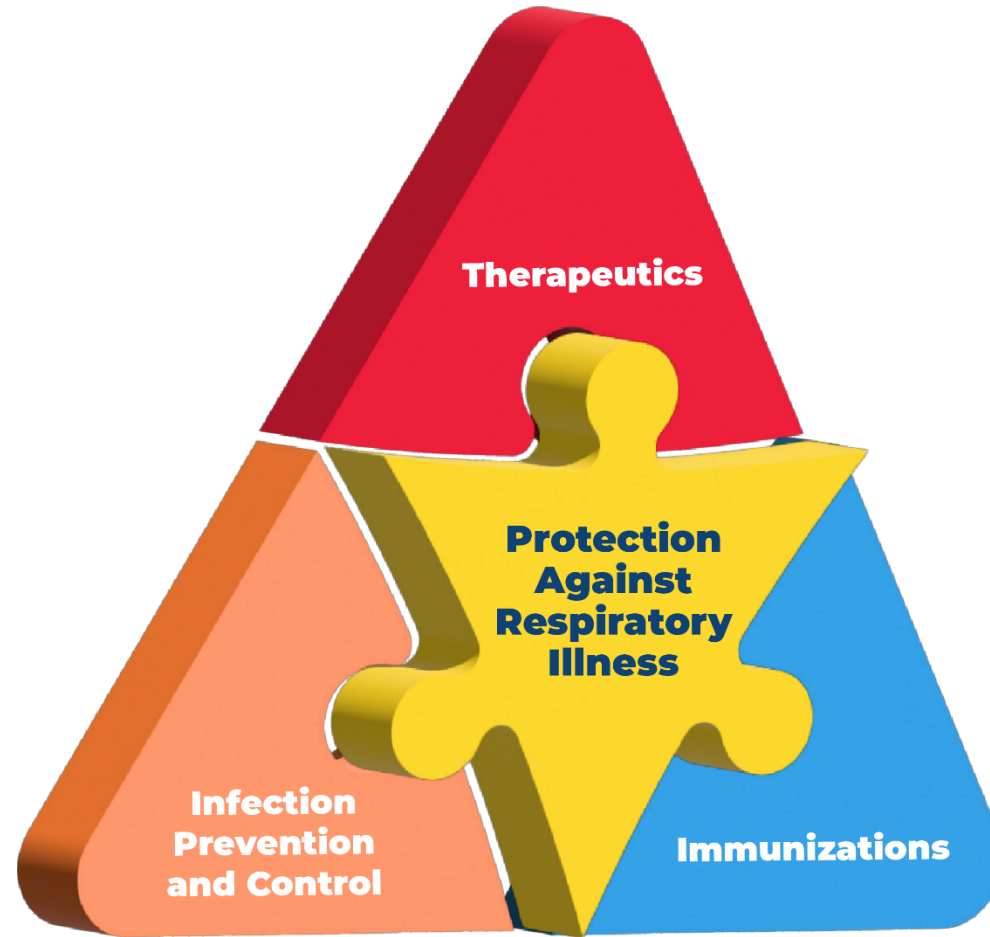


RESP-NET Surveillance

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



Safety Strategy



Candida auris in Georgia

Essential Information for Preparedness and Response

Alliant DPH Strike Team Office Hours Presentation for ALFs/PCHs

**JoAnna Wagner, MSN, RN, CIC, Director, Healthcare-Associated Infections
Antimicrobial Resistance Program**

January 26, 2024



Who We Are

- Georgia Department of Public Health
 - Team of experienced infection preventionists
 - Offer free, non-regulatory infection prevention consultation
 - Conduct consults and on-site or virtual walk-throughs
 - Provide infection prevention support, resources and recommendations for health care facilities
-
- Contact us at hai@dph.ga.gov

Candida auris (C. auris): Why Are We Concerned?

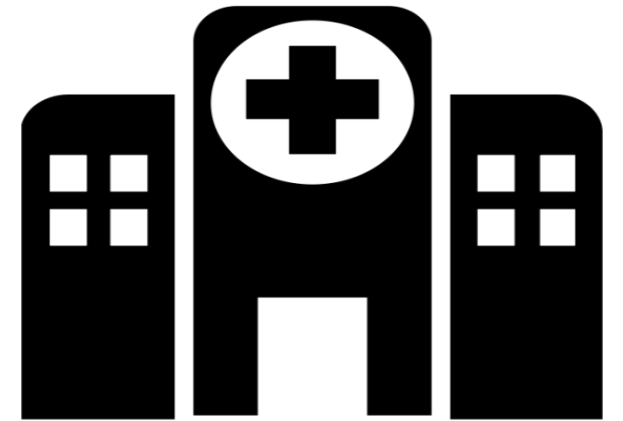
- CDC identified as an urgent public health threat in 2019
- Highly drug-resistant = limited/no treatment options for infections
- Spreads easily in health care settings
- Colonization can lead to infections
- Identification can be challenging



**Highly
drug-resistant**



**Patients can become
colonized and develop
invasive infections**



Spreads in health care settings

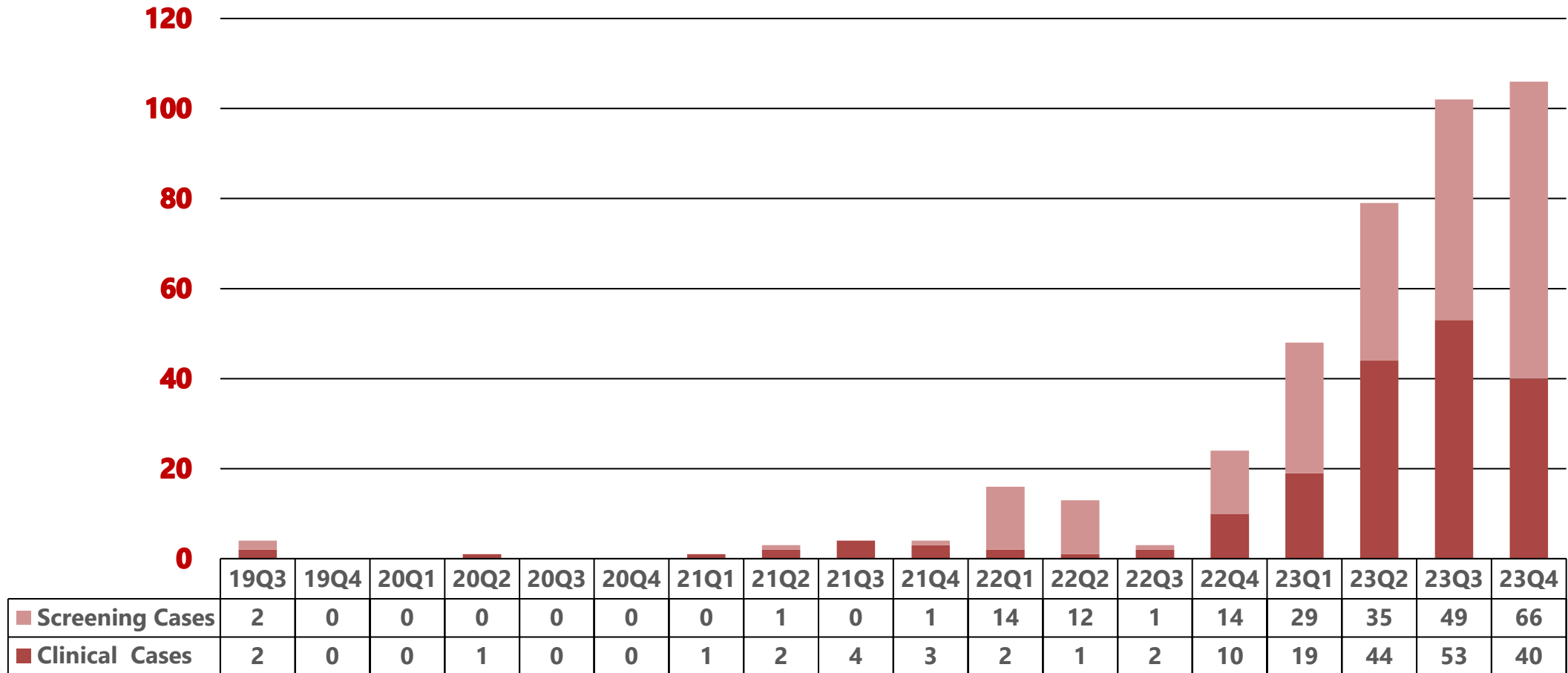
Background

- First case of *C. auris* in Georgia was identified in 2019
- What is the state DPH doing?
 - Investigating reports of *C. auris*
 - Conducting point prevalence surveys with ARLN support
 - Teaching health care staff how to prevent and control *C. auris* infection and spread
 - Adding to the Notifiable Disease List
 - Requesting isolate submission to GPHL for suspected or confirmed cases
 - Performing Infection Control Assessments and Response (ICAR) and observing infection prevention practices at health care facilities for response and prevention

Increasing Cases in Georgia

July 2019–December 4, 2023

Number of Cases*



*data are preliminary and subject to change

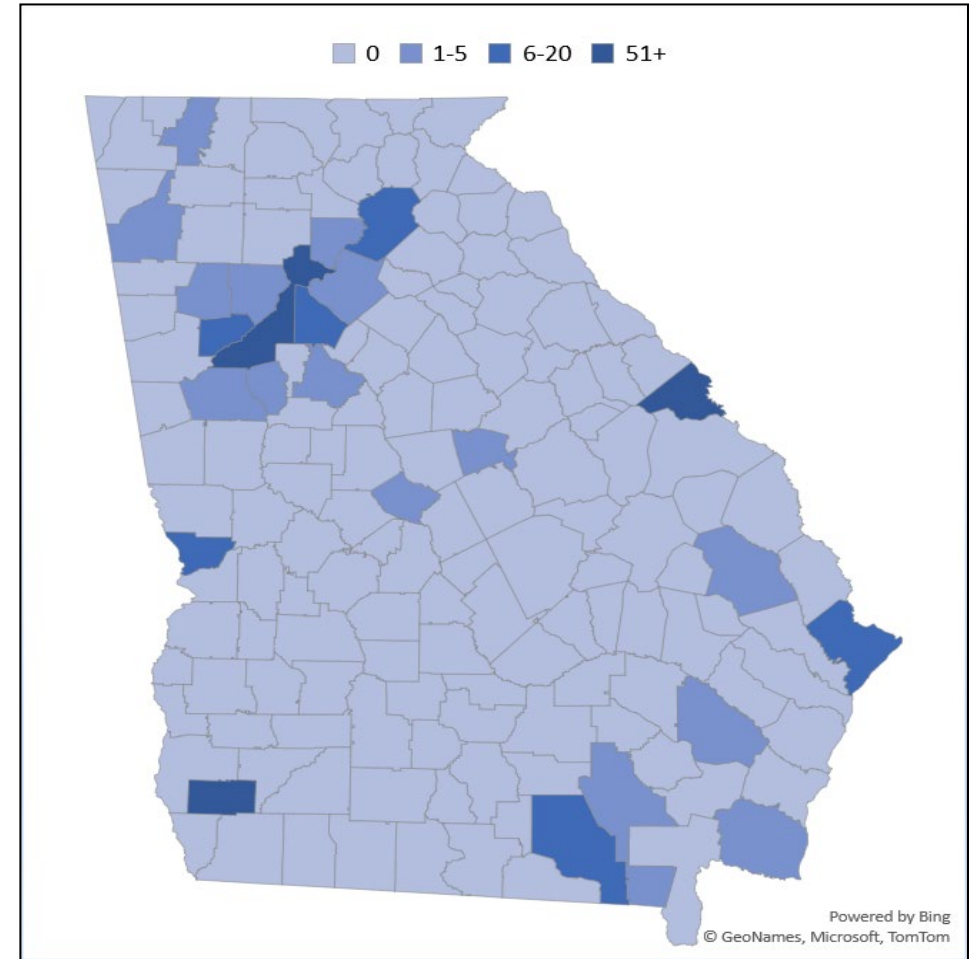
We Protect Lives.

C. auris Case Demographics

n = 408			
Gender (%)		Ethnicity	
Male	61	Non-Hispanic	355
Female	39	Hispanic	13
		Unknown	39
Age (Count of Specimen Source)		Race	
5-24	12	Black	230
25-49	70	White	138
50-65	141	Asian	5
65+	185	Unknown	28
		Other	6
		American Indian/Alaska	1
Facility Type (Count of Specimen Source)			
Acute Care Hospital	198		
Ventilator-Capable Skilled Nursing Facility	63		
Skilled Nursing Facility	15		
Long-term Acute Care Hospital	128		
Other (Rehab Facility, Renal Care)	4		

Increasing Clinical Cases

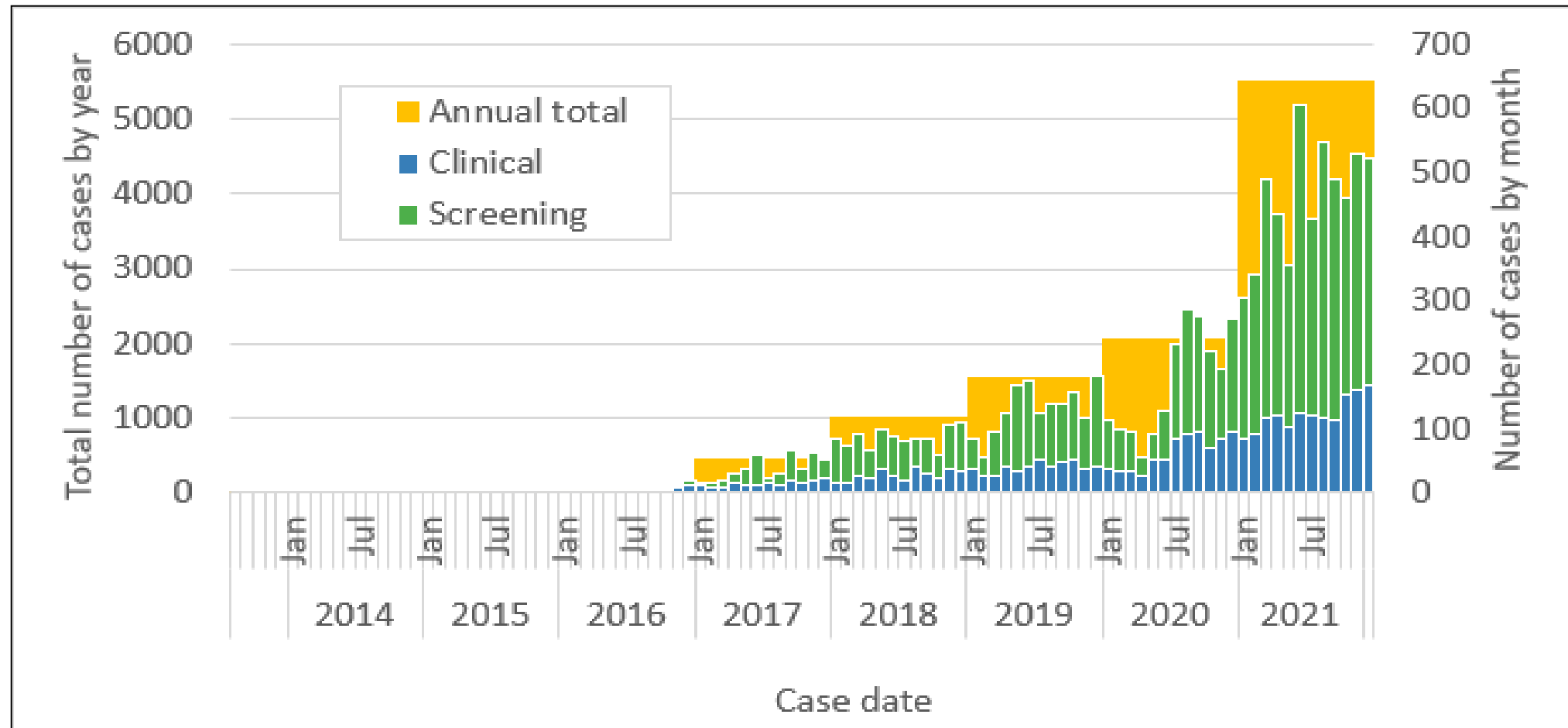
- 408 cases since July 2019**
- 184 clinical cases and 224 screening
- Fulton County has had the most cases, followed by Richmond and Miller counties
- ***Clinical Cases increasing:**
 - Q4 2023 – 40 (as of December 4th)
 - Q3 2023 – 53
 - Q2 2023 – 44
 - Q1 2023 – 19
- ***2023: 156 cases as of Dec 4th**
- **2022: 15 cases**



**Data are preliminary and subject to change

We Protect Lives.

Increasing Transmission of *C. auris* in the U.S.



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



vSNFs and LTACHs Are Disproportionately Affected

C. auris prevalence



in vSNFs: 23-71%
in LTACHs: 23-36%

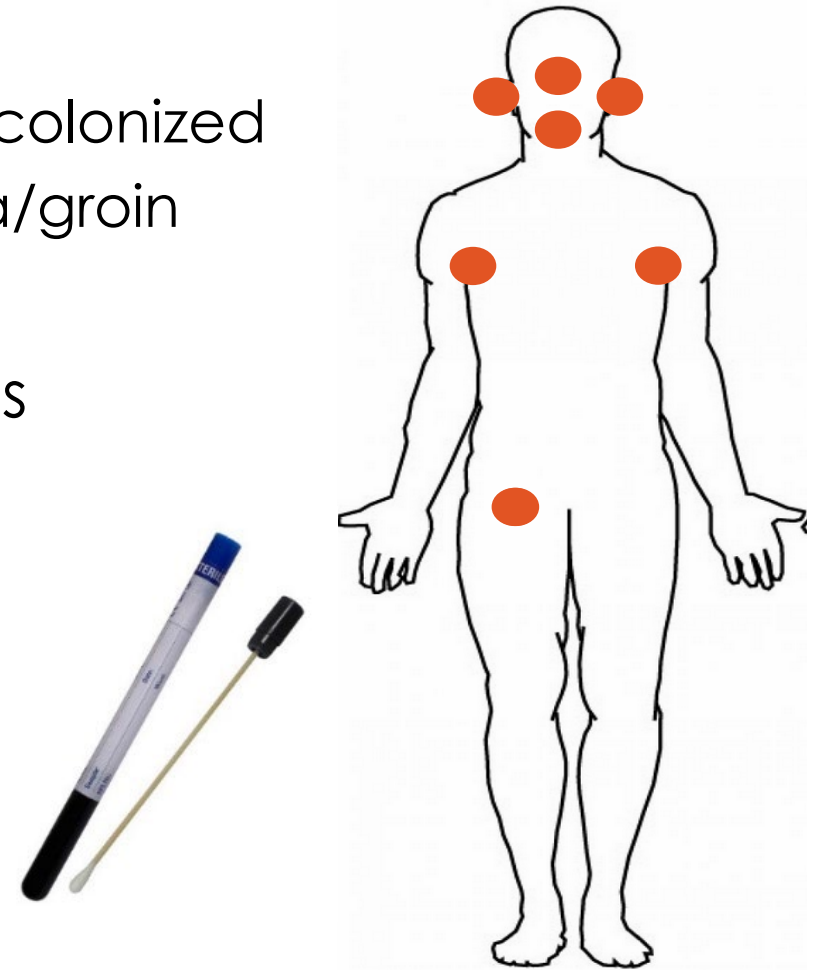
C. auris prevalence



in SNFs: 0-2%
In ACHs: 0-14%

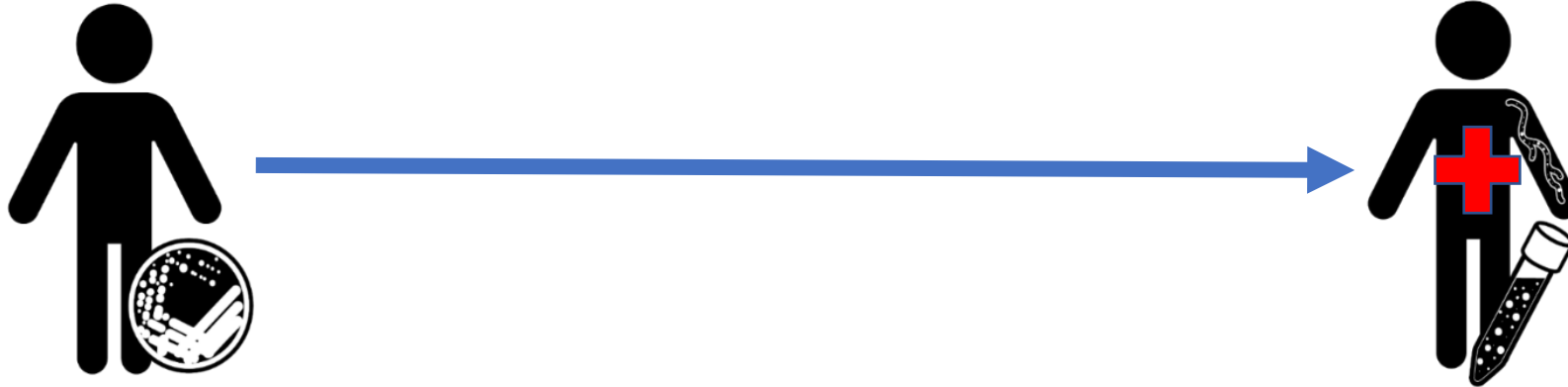
Patients Are Often Colonized Indefinitely

- Primarily on skin
 - Nares and other body sites can also 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



Can Cause Invasive Infections and High Mortality

5-10% of colonized patients develop bloodstream infections

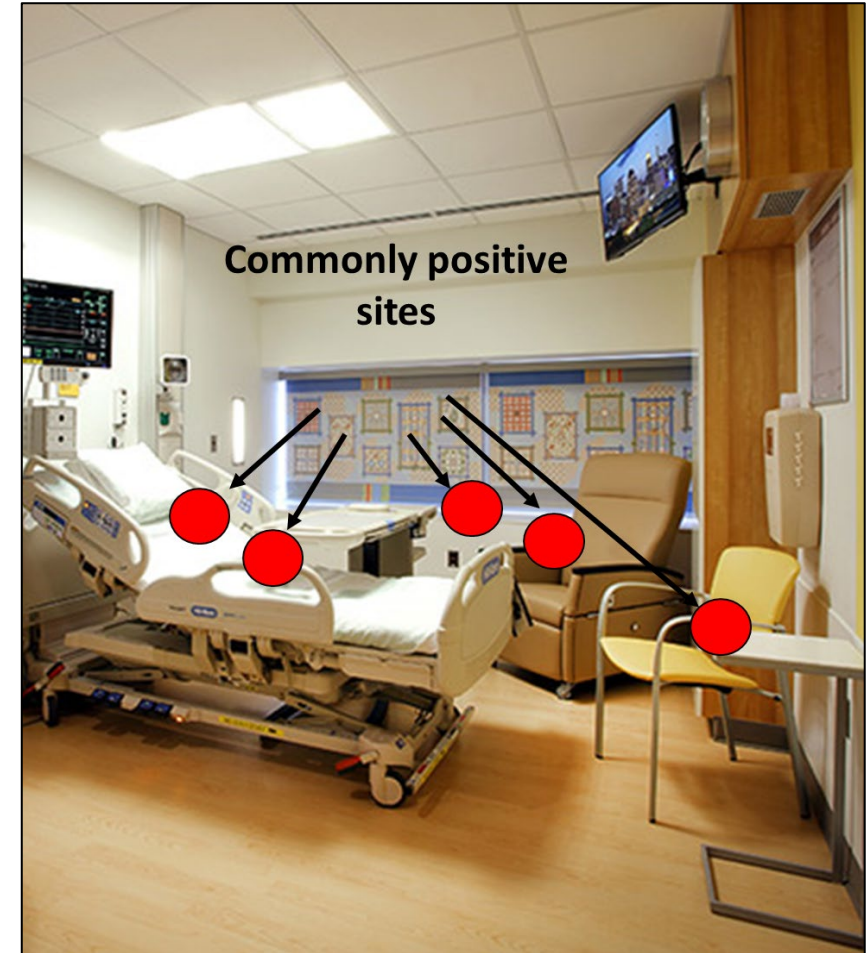


Mortality of invasive infections is

~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

Identifying *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



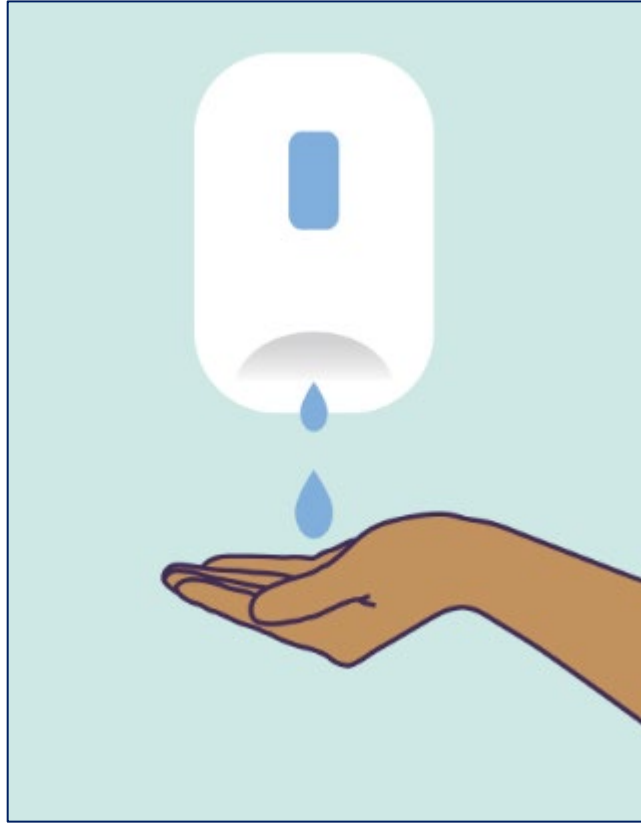
Early Detection Is Key to Controlling Spread

- 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

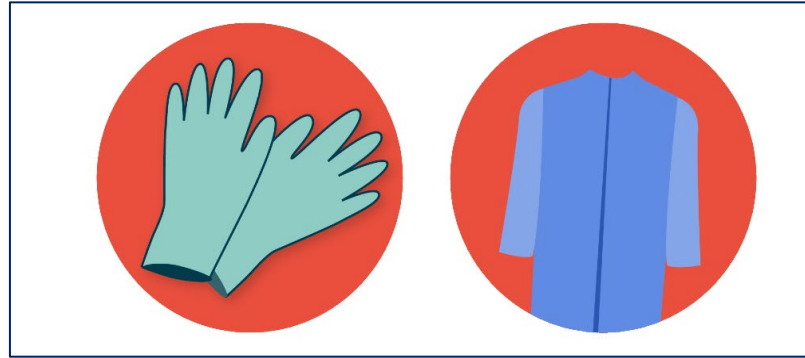


*From facilities/areas with high *C. auris* burden or outbreaks, health care abroad, health care contacts of cases

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**

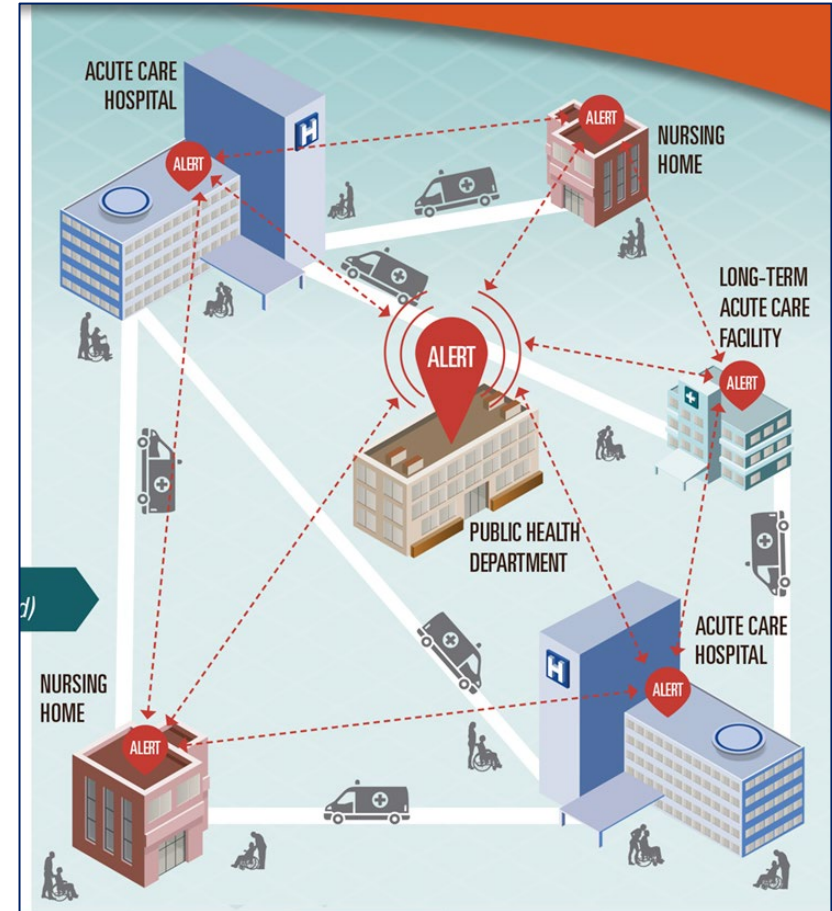
 **Print Materials and Job Aids**

 **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 Critical To Prevent Spread



Facilities work together to protect patients.

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

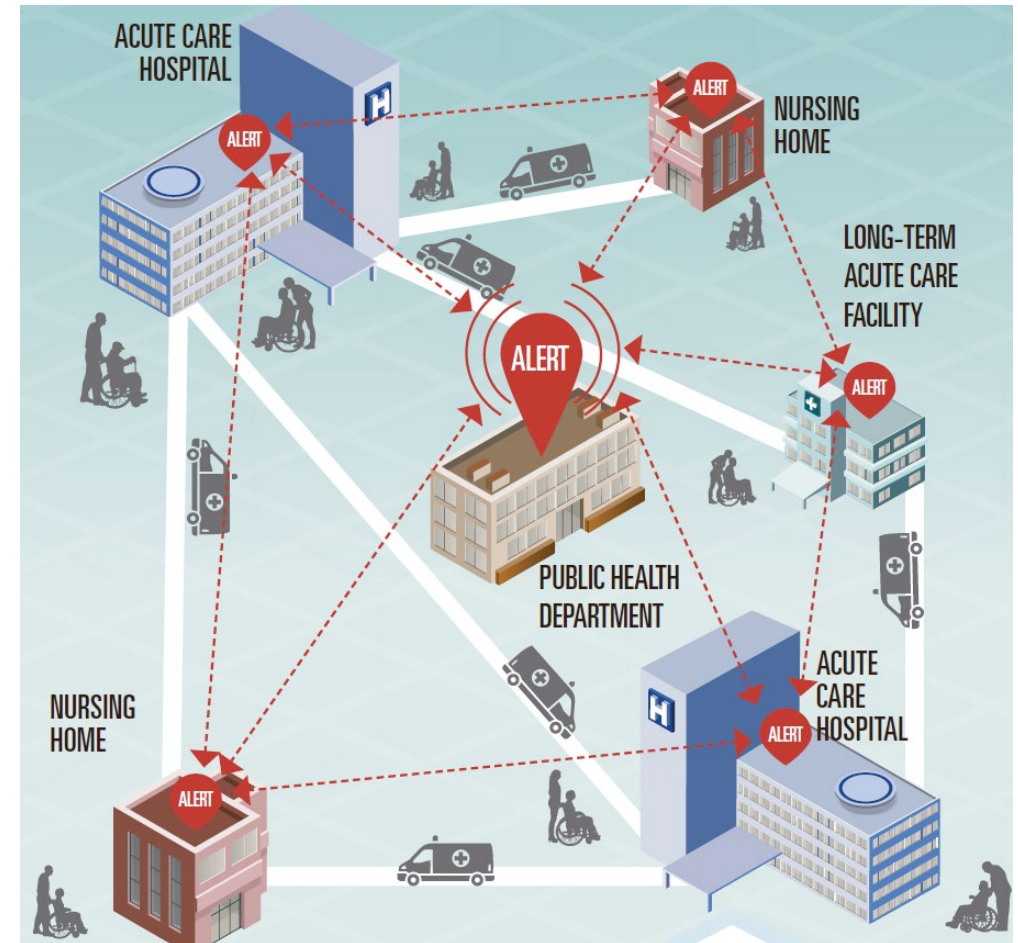
Containment Steps After a Case of *C. auris* Is Found

- Report to the health department
- Infection control and staff education
- Screen patients with health care contact or high-risk patients/residents
- Lab surveillance
- Consider other connected facilities



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*

An Ounce of Prevention...

- Core Infection Prevention practices
 - Are current practices appropriate and consistent?
 - Are you assessing compliance?
- Check current disinfectant products
 - Do they have a kill claim for *C. auris*?
- Can you accept a *C. auris*-positive person?
 - Current CDC recommendations
- 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
 - Does the resident have a history of multi-drug resistant organism (MDRO) colonization or infection?

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>

Project Firstline infection prevention education:

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



Thank you!

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

Candidaauris@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Thank you! Questions?

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

**Director, Healthcare-Associated Infections
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Georgia Department of Public Health
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**200 Piedmont Avenue SE,
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Atlanta, GA 30334**

Mobile: (404) 430-6316

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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)

Alliant Health Solutions Resources



Georgia Department of Public Health

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.

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



Infection Control

According to the Centers for Disease Control and Prevention (CDC), over 4 million Americans are admitted to or reside in nursing homes and skilled nursing facilities each year, and nearly one million persons reside in assisted living facilities. The CDC also states that data about infections in long term care facilities (LTCF) are limited, but it has been estimated in medical literature that:

- 1 to 3 million serious infections occur every year in these facilities.
- Infections include urinary tract infections, diarrheal diseases, antibiotic-resistant staph infections and many others.
- Infections are a major cause of hospitalization and death; as many as 380,000 people die of the infections in LTCF's every year.

In light of these issues facing nursing home residents, it is important for all staff in long term care facilities to work together to reduce or prevent infections using QAPI principles in the pursuit of providing a safe care environment for all.

[Click here](#) to access resources for Hospital Quality Improvement.

<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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Erica Umeakunne, MSN, MPH, APRN, CIC
Infection Prevention Specialist
Erica.Umeakunne@AlliantHealth.org

Save the Date

SNF and Medical Directors Office Hours:

February 16, 2024 | 11 a.m. ET

ALF and PCH

February 23, 2024 | 11 a.m. ET



Thank you!

- Georgia Department of Public Health
- University of Georgia



Making Health Care Better



@AlliantQIO



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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.

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