



# **LTCF State Update Call**

*from the Tennessee Department of Health*

**TN**

**Tennessee Department of Health**  
October 16, 2024

# Call Agenda

## Announcements & Updates

- **Respiratory Illness Update & COVID-19 Reporting**
  - Marissa Turner, MPH
- **LTCF Data Trends and NHSN update**
  - Vicky Lindsey, RN, CIC
- **TDH Waterborne Program**
  - Emma Roth, MPH
- **Smoky Mountain APIC**
  - Vicky Lindsey, RN, CIC
- **Dialysis Simulation**
  - Josh Key, RN

- **Upper Cumberland Training**
  - Kate Liepins, VPC

## Presentation(s)

- **Antimicrobial Resistance Information Exchange System (ARIES)**
  - Raquel Villegas, Ph.D, MS
- **Preparing for Respiratory Virus Season**
  - Jessica Burns, BSPH, CIC, LTC-CIP
- **International Infection Prevention Week**
  - Autumn Edwards, BSHA

# Respiratory Illness Update



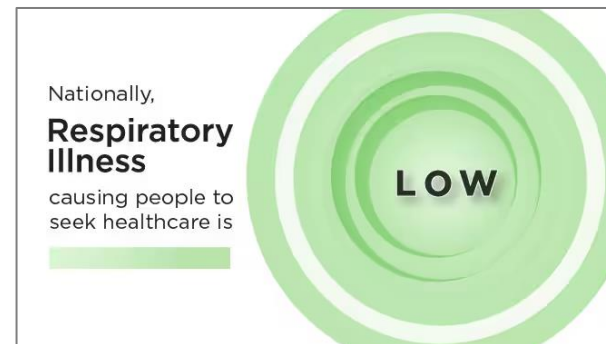
# COVID-19 Trends in TN & US

- **Tennessee**

- New cases decreased ▼  
(total ~ 1477/week)
- Deaths decreased ▼  
(total 12/week)

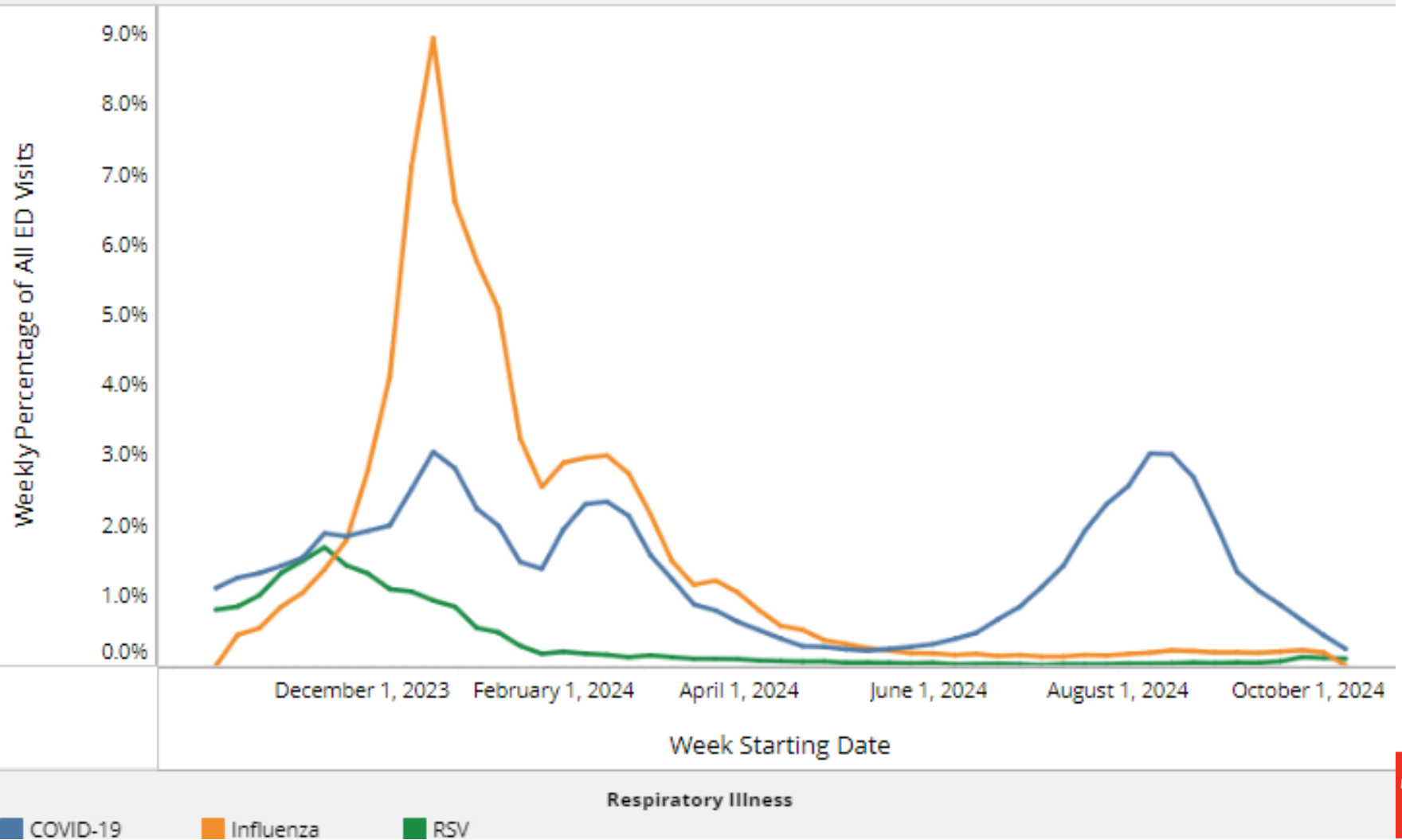
- **U.S.A.**

- Wastewater levels decreased ▼
- Emergency department visits decreased ▼
- Hospitalizations decreased ▼
- Deaths remain low



# Syndromic Surveillance

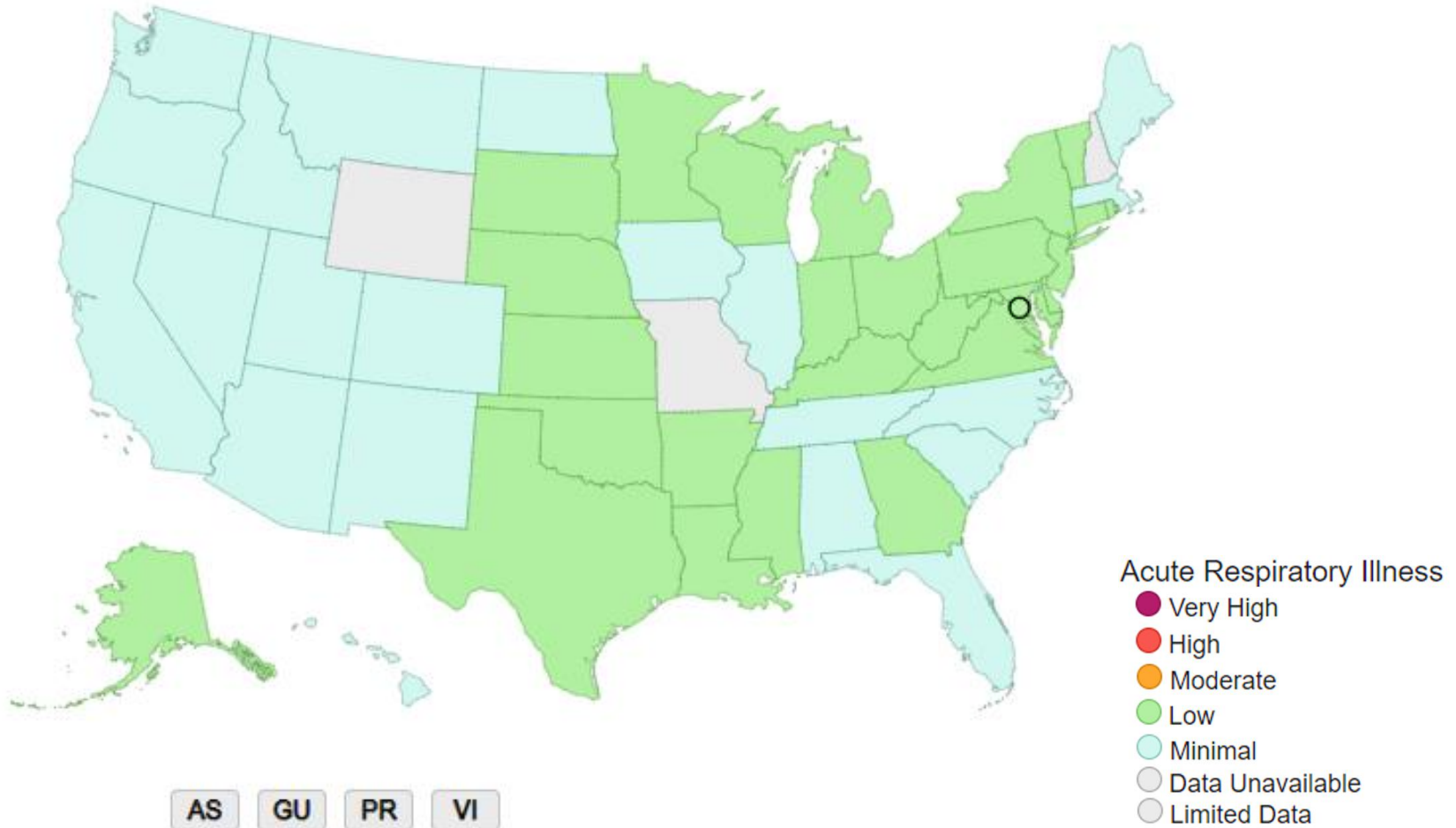
Statewide Weekly Percentage of ED Visits with Viral Respiratory Illness  
Discharge Diagnosis Codes





# Bottom Line

- Respiratory Illness Activity in Tennessee is minimal



# Additional Resources

- **TDH Resources**

- [TDH Respiratory Viral Illness Webpage](#)
- [TDH Influenza Information](#)

- **CDC Resources**

- [Protect yourself from COVID-19, Flu, and RSV](#)
- [Respiratory Illnesses Data Channel](#)
- [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\)](#)
- [Interim Guidance for Managing Healthcare personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)





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# LTCF COVID-19 Updates

Vicky Lindsey, RN, CIC | Tennessee Department of Health | Communicable and Environmental Diseases and  
Emergency Preparedness

# NHSN Reporting

<b>Reporting in Tennessee, most recent week September 30- October 6, 2024</b>	
Number of facilities reporting	287
Total Residents in LTCF	24,786
Residents Up-to-date	3015
Confirmed Resident Cases	160
Hospitalized and + test in the last 10 days	11
Received Up-to-date vaccination 14 days prior to + test	1



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# LTCF NHSN Updates

Vicky Lindsey, RN, CIC | Tennessee Department of Health | Communicable and Environmental Diseases  
and Emergency Preparedness

# NHSN – Dialysis users

- **Introduction to the National Healthcare Safety Network – Dialysis Event Surveillance**
- **This training provides an overview:**
  - NHSN dialysis component,
  - outpatient dialysis center practices survey,
  - dialysis event surveillance protocol
  - reporting requirements,
  - dialysis event surveillance annual training.
- **Gain key insights and tips on how to master the NHSN Outpatient Dialysis Component.**
- **Access the Training [Here](#) or via the Dialysis Webpage [Dialysis Component Training | NHSN | CDC](#)**

# NHSN – Dialysis users

- **Topic: Updates to Weekly COVID-19 Vaccination Data Reporting: Dialysis Component**
- **Webinar replay: October 17, 2024 1:00 PM Eastern Time (US and Canada)**

**Register in advance for this webinar:**

**[https://cdc.zoomgov.com/webinar/register/WN\\_pboxEGr1SbqQcwyS96vHmQ](https://cdc.zoomgov.com/webinar/register/WN_pboxEGr1SbqQcwyS96vHmQ)**

# NHSN- Respiratory Pathogen Reporting

- **These changes went into effect the first week of reporting for Quarter 4 of 2024 (September 30, 2024 – October 6, 2024).**
- **Up to Date Definition Changes for COVID-19 Vaccination Reporting**
  - **Beginning September 30, 2024, individuals are considered up to date if they have received a single dose of the 2024-2025 updated COVID-19 vaccine.**
  - **Under the new recommendations, most individuals will not be up to date with COVID-19 vaccines until they receive the 2024-2025 updated COVID-19 vaccine.**
  - **Facilities should report zero (0) up to date until individuals receive the 2024-2025 updated COVID-19 vaccine.**

# NHSN- New Combined Respiratory Form

- **COVID-19 vaccination, case, and hospitalization reporting are required while flu and RSV reporting remain optional.**
- **Facilities that choose not to collect and report Influenza and RSV vaccination, case, or hospitalization data should leave the fields blank on the combined form. Please do not enter zero (0) if you are not collecting and reporting these data.**
- **Users will continue to report cumulative vaccination coverage, meaning the number of individuals who ever received a certain vaccine.**
- **Facilities will no longer be able to enter data for dates after September 30, 2024 into the COVID-19/Respiratory Pathogens Surveillance Pathways.**

# NHSN- Person-Level Vaccination Forms

- **Topic: *NHSN Person-Level Vaccination Forms: Quarter 4 2024 Updates for Long-Term Care Facilities***

- **When: October 16, 2024 1:00 PM Eastern Time (US and Canada) (Webinar Replay)**

**[https://cdc.zoomgov.com/webinar/register/WN\\_zDL7rE6gSb2ESacv2bxvYA](https://cdc.zoomgov.com/webinar/register/WN_zDL7rE6gSb2ESacv2bxvYA)**



# NHSN-Technical Issues

- **Healthcare Personnel (HCP) menu tab**
  - **The COVID-19 Vaccination – HCP tab is not currently visible from the menu when you hover over Respiratory Pathogens and Vaccination on the home page.**
  - **This form was not removed, and there are no changes in reporting requirements.**
  - **You can still access this form by clicking RPV Summary and selecting the reporting week from the calendar view.**
  - **NHSN will inform users when the COVID-19 Vaccination – HCP tab has been restored.**

# NHSN-Technical Issues

- **Analysis and Reporting – HCP**
  - **To view HCP COVID-19 Vaccination data, please utilize the report titled “Line Listing - All COVID-19 Vaccination Cumulative Summary Data - HCP” under Respiratory Pathogens and Vaccination > Archived > COVID-19 Vaccination.**
  - **Currently, the version of this report in the RPV Summary folder is not working appropriately, however the line list mentioned above in the Archived folder will populate the HCP data appropriately.**
  - **NHSN will inform users when the COVID-19 Vaccination – HCP line list within the RPV Summary folder is functioning as intended.**

# NHSN-Technical Issues

- **Archived: COVID-19/Respiratory Pathogens Surveillance Pathways Module**
  - There is a technical issue with the COVID-19/Respiratory Pathogens Surveillance Pathways Module preventing users from adding and/or editing data for dates prior to 9/30/24.
  - The issue is occurring for both facility and group users. We will inform users when this function has been restored.
- **Point of Care Module**
  - There is a technical issue in the Point of Care (POC) test result reporting tool requiring an answer to be selected for gender identity, even though this question is not indicated as a required field for manual test result data entry.
  - This issue does not affect .csv uploads.



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# Alliant Health Solutions, CMS QIN/QIO

Julie Clark, BS, LPTA

TN STATE QUALITY MANAGER

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Phone: 919-745-4731





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# TDH Waterborne Program

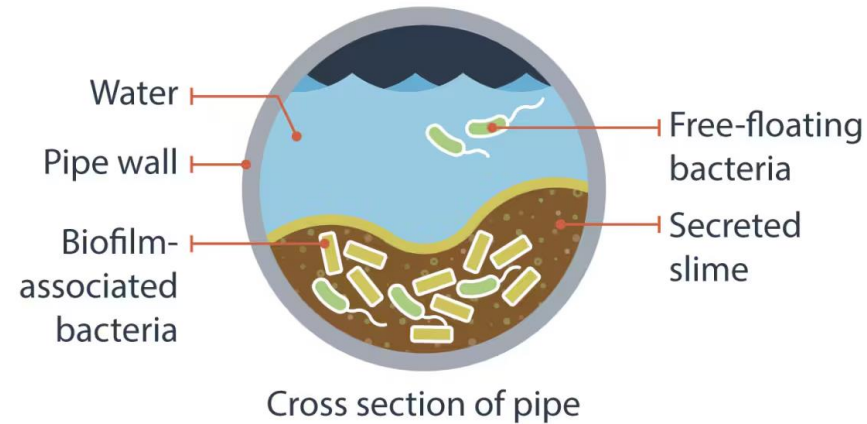
Emma Roth, MPH | Tennessee Department of Health | Communicable and Environmental Diseases and  
Emergency Preparedness

# TDH Waterborne Program Update – 10/16/2024

Legionellosis Cases	HC-Associated Legionellosis Cases	Deaths
108 +13	17 +3	7 +2

## Fact of the Month:

- *Legionella* bacteria grows within biofilm
- It takes advantage of protozoa/other bacteria in the biofilm to provide nutrients
- Once dislodged, can travel to points of use and cause infection



**We're here to help.**

**Please reach out if you have any questions regarding *legionella*, water management programs, etc.**

**[Legionella.Health@tn.gov](mailto:Legionella.Health@tn.gov)**

**615-741-7247**







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# Smoky Mountain APIC

Kathy Buechel, BSN, RN, CIC, LTC-CIP | Tennessee Department of Health | Communicable and Environmental Diseases and Emergency Preparedness



# APIC SMOKY MOUNTAIN

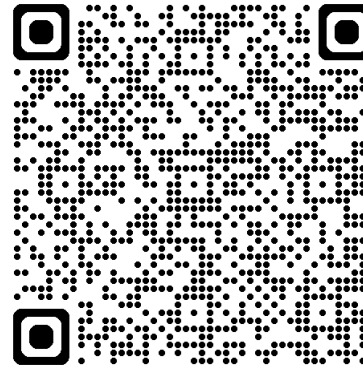
Join us for the 39<sup>th</sup> Annual Fall Conference



*Thursday – Friday, November 7 & 8, 2024*

**Black Fox Lodge, Pigeon Forge, TN**

- Obtain CEUs/IPUs
- Exhibitors showcasing products
- New this year – Welcome Reception (evening of 11/6/24)
- Special conference rate available for Black Fox Lodge
- [Annual Fall Conference - APIC Smoky Mountain](#)





# Dialysis Simulation

Joshua Key, RN | Tennessee Department of Health | Communicable and Environmental Diseases and  
Emergency Preparedness



# Dialysis Simulation

- Tuesday, November 5
- Maury County Health Dept  
1909 Hampshire Pike  
Columbia, TN 38401
- 8:30am to 4:00pm
  - Light breakfast and lunch provided
- Scan QR code to register!



**TN** Department of Health

*The entire program is FREE + 7.25 CEUs offered + lunch provided!*



Scan here to register!

## Hemodialysis Infection Prevention Simulation

**\*Get 7.25 CEUs at no cost!**

**About the Simulation:**

The purpose of this project is to provide CDC guidance on infection prevention covering topics such as CVC, AVF/AVG, environmental disinfection, patient safety, and MORE! Each session will have a classroom style presentation and hands on simulation experiences!

**Details for Attendees:**

- **Audience:** Hemodialysis Nurses, Technicians, and Infection Preventionists
- **Date:** Tuesday, November 5th, 2024
- **Location:** Maury County Health Dept  
1909 Hampshire Pike  
Columbia, TN 38401
- **Time:** 8:30 am - 4:00 pm, light breakfast and lunch provided

**For more information email:**  
[HAI.Health@tn.gov](mailto:HAI.Health@tn.gov)

\*This activity has been submitted to Georgia Nurses Association for approval to award contact hours. Georgia Nurses Association is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation



# Upper Cumberland Preparedness Coalition Training Opportunities


Kate Liepins | Vulnerable Populations Coordinator



**Presented by**

**Kate Liepins**

**Vulnerable Populations Coordinator**



The Upper Cumberland HCC is a group of individual health care and response organizations that have partnered to respond to emergency or disaster medical surge events in a coordinated manner.

**WHAT** is the HCC's purpose? To coordinate and integrate local healthcare networks to improve the Region's (14 counties) comprehensive health and medical emergency response plans.

**WHY** join the HCC? To enhance the collective surge capacity and disaster response capabilities among healthcare facilities through information sharing, resource support, and response coordination

**WHO** joins the HCC? Healthcare Facilities and Providers, Local Health Districts, EMS Organizations, Emergency Management, Behavioral Health, Social Services, and more.

**HOW** to join the HCC? Please go to [UCHcoalition.org](https://tdh.readyop.com/contact/register/4) or complete the ReadyOp Registration link here: <https://tdh.readyop.com/contact/register/4>

# UPPER CUMBERLAND HEALTHCARE COALITION

## COMMUNITY PREPAREDNESS & RESPONSE

- Planning and exercising all-hazards events
- Increasing surge capacity
- Tracking the availability of beds and resources using electronic systems
- Developing communication systems that are interoperable with other response partners
- Meeting regulatory requirements

## ABOUT **Us**

The Upper Cumberland Healthcare (UCH) Coalition exists to assist the health care community and other emergency response agencies to jointly prepare for, respond to, and recover from disaster events. The Coalition supports collaborative planning and information sharing among a broad range of healthcare partners to protect, promote, and improve the health and prosperity of people in the Upper Cumberland community and Tennessee.



# HEALTH CARE COALITION (HCC) MEMBERSHIP

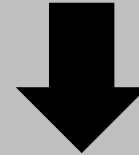
Upper Cumberland HCC includes various Healthcare Facilities and Providers, such as:

- Hospitals
- Long Term Care facilities
- Community Health Centers
  
- Dialysis centers
- Healthcare Providers
- Other tertiary care facilities

Healthcare facilities, local health departments, emergency management organizations and EMS are considered the core members of HCCs.



**Scan the QR code  
to Register for the  
UCH Coalition**



# RESOURCES & ASSETS

## Bullseye Fire Extinguisher Training System

- Utilize for Fire Drills, Fire extinguisher use training, pull station and siren training at facilities.



## Mass Casualty

- Biohazard Bag Holders
- Biohazard Bag Refills
- Body Bags
- DQE Sani-Bags
- Evidence Bags / Labels / Tape
- Portable Mortuary System

## Mini CRD



## Medical Supplies

- Absorbent Briefs (adult)

## Shower Trailer

- 3 exterior showers
- 2 restrooms
- Laundry capability



## Message Boards (9)

- 5 units
- Portable, reusable
- Quarantine, construction, etc.



## Trauma HAL

- Simulated training patient



## PPE

- Exam Gloves
- Gown Kits
- Lab Coats
- N95 Respirators
- PAPRs
- StatPacs
- Scrubs
- TyChem Suits

## Shelter & Hygiene

- Blankets
- Commode Liners
- Cots w/ Carts
- Disposable Towels
- Folding Tables
- Hand Wash Stations
- Hospital Tent
- HVAC Systems
- Hygiene Kits
- Interlocking Barriers
- Inflatable Shelters
- Linen Kits (infant/adult)
- Liquid Hand Soap
- Mesh Safety Fencing
- Misting Fans
- Mylar Blankets
- Paper Towels
- Pillows
- Pleated Filters

## Miscellaneous

Banker Boxes / Cameras / GPSs / Hand Trucks / Office Supplies / Photo Documentation Kits / Tarps / Tool Bags / Step Ladders / Traffic Cones

## Corridor Partitions

- 5 units
- Portable, reusable, fast separation
- Quarantine, construction, etc.

## RATT Camera System

- Hitch-mounted 360° camera on telescopic mast
- Elevated mobile surveillance



## 20 ft Pull-Behind Trailers

- 9 units
- Supply cache components

## Power / Water

- Bladder Replacement Liners
- Carbon Block Filters
- Collapsible Water Containers
- Diesel Generators
- Extension Cords
- Inflatable Light Towers
- LED Job Lights / Lanterns
- Torpedo Heaters
- Water Filling Stations
- Water Filtration Systems
- 500-Gallon Water Bladder

**FREE  
TRAINING  
OPPORTUNITIES**

**AWR-326**

# TORNADO AWARENESS



Date: October 22<sup>nd</sup>, 2024

Time: 8:00 AM – 4:00 PM (CST)

Location: UCH Coalition, Regional Health Dept.  
1100 England Dr. Cookeville TN 38501

Registration Link:

<https://ndptc.Hawaii.edu/training/delivery/3731/>

## ELIGIBLE CONTINUING EDUCATION:

APA, AICP Member  
IAEM, CEM/AEM  
IACET

CM | 6.5  
6.5 E  
0.6 CEU

# COMMUNITY DISASTER PREPAREDNESS FOR HEALTHCARE CERTIFICATE PROGRAM

This program enhances knowledge and skills related to healthcare and public health disaster preparedness while earning continuing education credits.

**MEDICAL MANAGEMENT OF CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR AND  
EXPLOSIVE EVENTS PER-211**

**MEDICAL COUNTERMEASURES: POINT OF DISPENSING, PLANNING AND RESPONSE— MGT-319**

**MEDICAL PREPAREDNESS & RESPONSE FOR BOMBING INCIDENTS — MGT-348— PER-233**

**PEDIATRIC DISASTER RESPONSE AND EMERGENCY PREPAREDNESS— MGT-439**

## Registration Links and Dates of each Course:

MGT 348 07/30/24 - 07/31/24: Medical Preparedness and Response for Bombing Incidents  
<https://my.teex.org/TeexPortal/Default.aspx?MO=mCourseCatalog&D=FP&C=MGT348&S=767>

MGT 319 10/16/24 – 10/17/24: Medical Countermeasures POD Planning and Response  
<https://my.teex.org/TeexPortal/Default.aspx?MO=mCourseCatalog&D=FP&C=MGT319&S=572>

MGT 439 01/08/25 – 01/09/25: Pediatric Disaster Response and Emergency Preparedness  
<https://my.teex.org/TeexPortal/Default.aspx?MO=mCourseCatalog&D=FP&C=MGT439&S=538>

PER 211 04/10/25 – 04/11/25: Medical Management of CBRNE events  
<https://my.teex.org/TeexPortal/Default.aspx?MO=mCourseCatalog&D=FP&C=PER211&S=1227>

# INFRASTRUCTURE DISASTER MANAGEMENT CERTIFICATE PROGRAM

This program provides the emergency management community a deep dive into key sub-sectors of Critical Infrastructure.

**DISASTER MANAGEMENT FOR PUBLIC SERVICES — MGT-317**

**DISASTER PREPAREDNESS FOR HOSPITALS AND HEALTHCARE ORGANIZATIONS  
WITHIN THE COMMUNITY INFRASTRUCTURE — MGT-341**

**DISASTER MANAGEMENT FOR ELECTRIC POWER SYSTEMS — MGT-345**

**DISASTER MANAGEMENT FOR WATER AND WASTEWATER UTILITIES — MGT-343**

## Registration Links and Dates of each Course:

MGT 317 02/12/2025 - 02/13/2025: Disaster Management for Public Services

<https://my.teex.org/TeexPortal/Default.aspx?MO=mCourseCatalog&D=EU&C=MGT317&S=600>

MGT 341 11/12/2024 – 11/13/2024: Disaster Preparedness for Hospitals & Healthcare Organizations

<https://my.teex.org/TeexPortal/Default.aspx?MO=mCourseCatalog&D=EU&C=MGT341&S=582>

MGT 345 05/07/2025 – 05/08/2025: Disaster Management for Electric Power Systems

<https://my.teex.org/TeexPortal/Default.aspx?MO=mCourseCatalog&D=EU&C=MGT345&S=347>

MGT 343 06/04/2025 – 06/05/2025: Disaster Management for Water and Wastewater Utilities

<https://my.teex.org/TeexPortal/Default.aspx?MO=mCourseCatalog&D=EU&C=MGT343&S=740>



# Cybersecurity Certificate Series

FREE Training & Lunch is provided!



**AWR397 Cybersecurity for Everyone (Online)**  
**AWR395 Cybersecurity in the Workplace (Online)**

**AWR136 Essentials of Community Cybersecurity (Instructor-Led)**  
**AWR376 Understanding Targeted Cyber Attacks (Instructor-Led)**

- [AWR136 Nov 6<sup>th</sup> and AWR376 Nov 7<sup>th</sup>](#)
- Course Date IN-PERSON: November 6, 2024 – November 7, 2024
- Address: 700 County Services Dr. Cookeville TN 38501
- Time: 8:00 AM – 4:30 PM CST

**CERTIFICATE I:  
CYBERSECURITY  
ESSENTIALS**

# **SOME HIGHLIGHTS FOR TRAINING IN 2025**

- **CYBERSECURITY VULNERABILITY ASSESSMENT WORKSHOP**
- **ACTIVE SHOOTER EXERCISE DEVELOPMENT WORKSHOP**
- **HEALTH FACILITIES COMMISSION: FIRE AND BUILDING CODES**
- **NDPTC: SOCIAL MEDIA PLATFORMS IN DISASTER MANAGEMENT**



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**Vulnerable Populations Coordinator**  
**(VPC)**

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Phone: 931-212-0979

**Michael Cooper**  
**Regional Healthcare Coordinator (RHC)**

Email: [Michael.Cooper@tn.gov](mailto:Michael.Cooper@tn.gov)

Phone: 423-718-8682



[www.uchcoalition.org](http://www.uchcoalition.org)



**ARIES**  
**Antimicrobial Resistance Information**  
**Exchange Systems**  
**Phase 1**

# Burden of MDROs

- Multidrug-resistant organisms (MDROs) are an ongoing threat to patient health and safety.
- The potential for rapid spread in health care facilities and difficulties of treating infections make it critically important for public health to conduct surveillance across settings and promote infection control measures.
- According to the CDC (Centers for Disease Control and Prevention), more than 2.8 million antibiotic resistant infections (PDF) occur in the U.S. each year and more than 35,000 people die from them.

# Factors associated with MDRO infection

- Old age
- Have a weakened immune system
- Have chronic illnesses, such as cancer or diabetes
- Have been treated with antibiotics in the past
- Had a recent surgery
- Have had repeated or long stays in the hospital
- Have open wounds or sores
- Have tubes or drains in body

Indwelling medical devices and wounds are risk factors for colonization with a MDRO. Once colonized, these residents can serve as sources of transmission within the facility.

# Why Antimicrobial Resistant Exchange Information systems are important

- Acute care hospitals and skilled nursing facilities most frequently receive patients are likely to admit patients/residents with MDROs.
- The colonization/infection of patients with MDRO often are not identified at admission to health care facilities. This will cause spread of infection.
- There is need to capture relevant information to trigger appropriate action to slow or stop the spread.

# ARIES Goal and Objective

- Goal: to establish a mechanism to inform facilities of the MDRO status of their patients.
- Objective: to develop a MDRO database and an Alert system.
- We are not replacing communication between facilities.

# Background of Project

The project has 4 Phases

**Phase 1** would develop a MDRO database to check MDRO status.

## **Phases 2-4:**

- We will increase users and facility types.
- We are attempting to bring more funding to get this process to be an automated system. We will work with colleagues in informatics to develop the system
- The final phase would deliver an automated alert to facilities with the information about MDRO status of their admitted patients.

# Pathogen List

- *Acinetobacter* species, carbapenem resistant.
- *Candida auris* (*C. auris*)
- Carbapenemase producing *pseudomonas aeruginosas* (CP-CRPA)
- Carbapenemase producing acinetobacter *baumannii* (CP-CRAB).
- *Clostridioides difficile* (*C. diff*)
- *Enterobacterales*, carbapenem resistant (*E coli*, *Enterobacter* species, *Klebsiella* species)
- *Enterococcus* species, Vancomycin Resistant invasive disease.
- *Escherichia coli*, extended spectrum beta lactase producing
- *Klebsiella* species, extended spectrum beta lactase producing.
- *Staphylococcus aureus*: MRSA, VISA, VRSA

These are reportable conditions throughout the state that we are most concerned about and carry the highest risk.



# Benefits to Your Facility

- Prevention of outbreaks within your facility.
  - Save staff time, reduce PPE use
- Communication of MDRO results processed at other facilities, allowing you to communicate important information to residents and staff members.
- Each week we will provide easy-to-access, up-to-date information to help you respond quickly.

# Process

- Facilities will send us a list of admissions on cadence.
- From the list you provide, we will query our database of reportable conditions to identify any clinical infection or colonization by high-consequence pathogens.
- Facilities will receive feedback within one week.
- We will only distribute feedback of MDRO status to licensed nurses.
- Additionally, we will provide educational materials to the facilities to support the implementation of prevention activities related to the infections identified in their admitted residents.

# Timeline

- Registration will shortly commence
- Facilities will be invited to participate by email with a RedCAP link for registration.
- Training sessions will be every Thursday (morning and afternoon). As facilities register, we will invite them to the next session.
- We plan to continue the onboarding process to invite all SNF in Tennessee by next year.

# Contact Information

- If you have questions in the future, our contact information is below.



**Raquel Villegas, PhD, MS** | Epidemiologist  
Healthcare Associated Infections and Antimicrobial Resistance Program  
Communicable and Environmental Diseases and Emergency Preparedness  
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fax: 615-741-3857  
[amie.norris@tn.gov](mailto:amie.norris@tn.gov)





# COVID & RSV & Influenza, Oh My!

## Preparing for Respiratory Virus Season

# Learning Objectives

- Define respiratory virus season
- Go over trends from prior years and outlook for upcoming year
- Discuss the three common viruses during respiratory virus season
- Describe and review how to properly prepare for and respond to respiratory viruses in LTC, with focus on infection prevention and vaccination

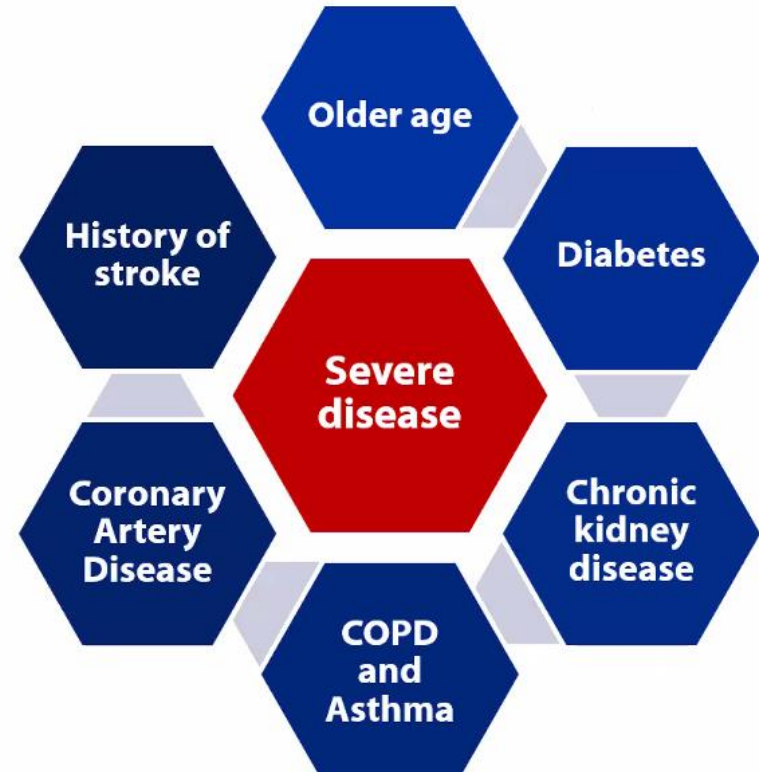
# What is Respiratory Virus Season?

- Time of year when respiratory viruses are heavily circulating
- Typically circulates the highest during fall and winter months
- In the US, respiratory virus season is traditionally considered to be between October 1 – March 31

# LTC residents and risk factors



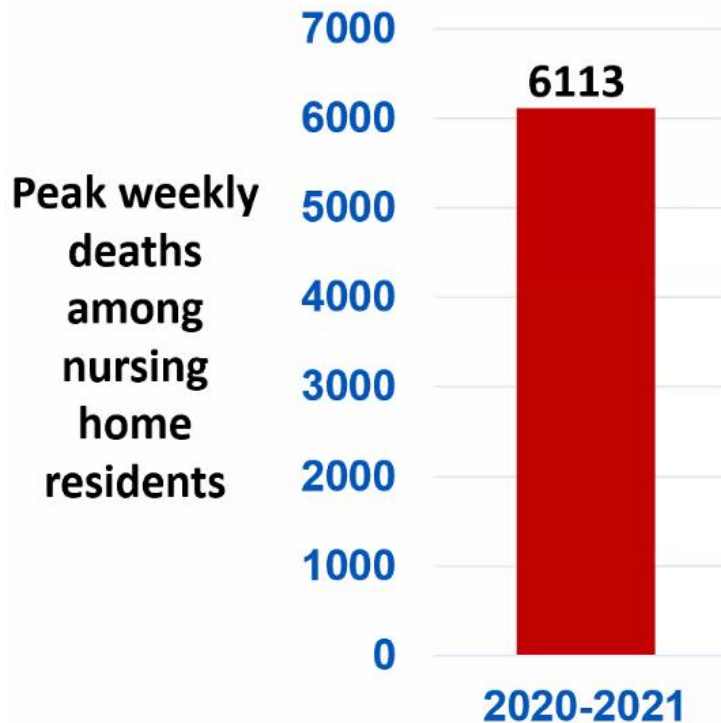
**Group living and communal activities**





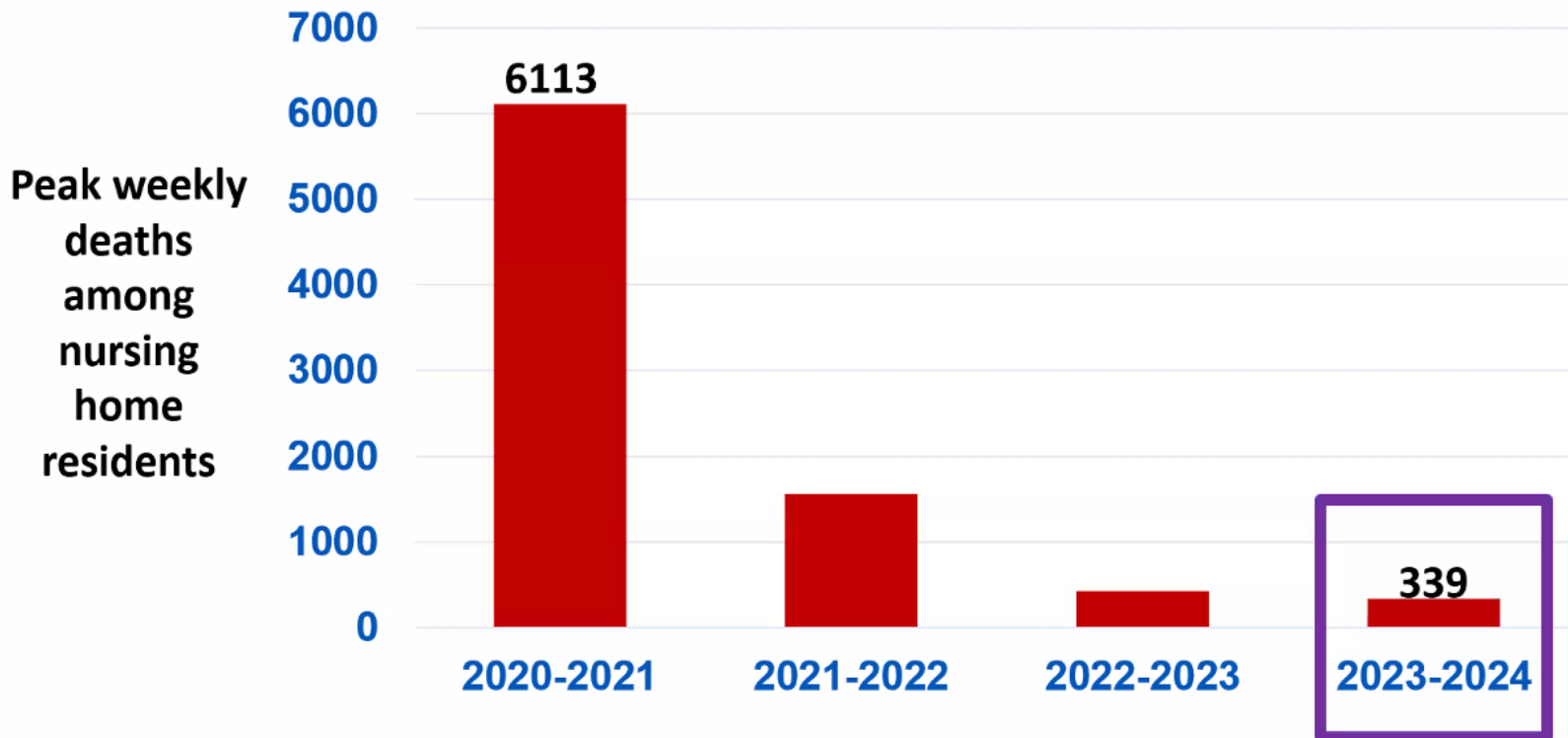
# COVID-19 historical data

COVID-19 caused unprecedented losses for residents, their loved ones, staff, and facilities.



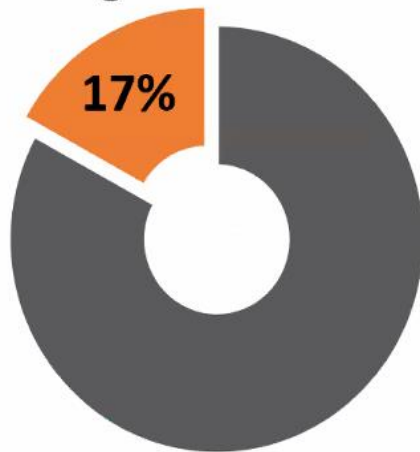
# COVID-19 data

The burden of COVID-19-related deaths among nursing home residents have decreased since 2020.



# Long-Term Care Residents and hospitalization

17% of hospitalized adults with RSV were long term care residents



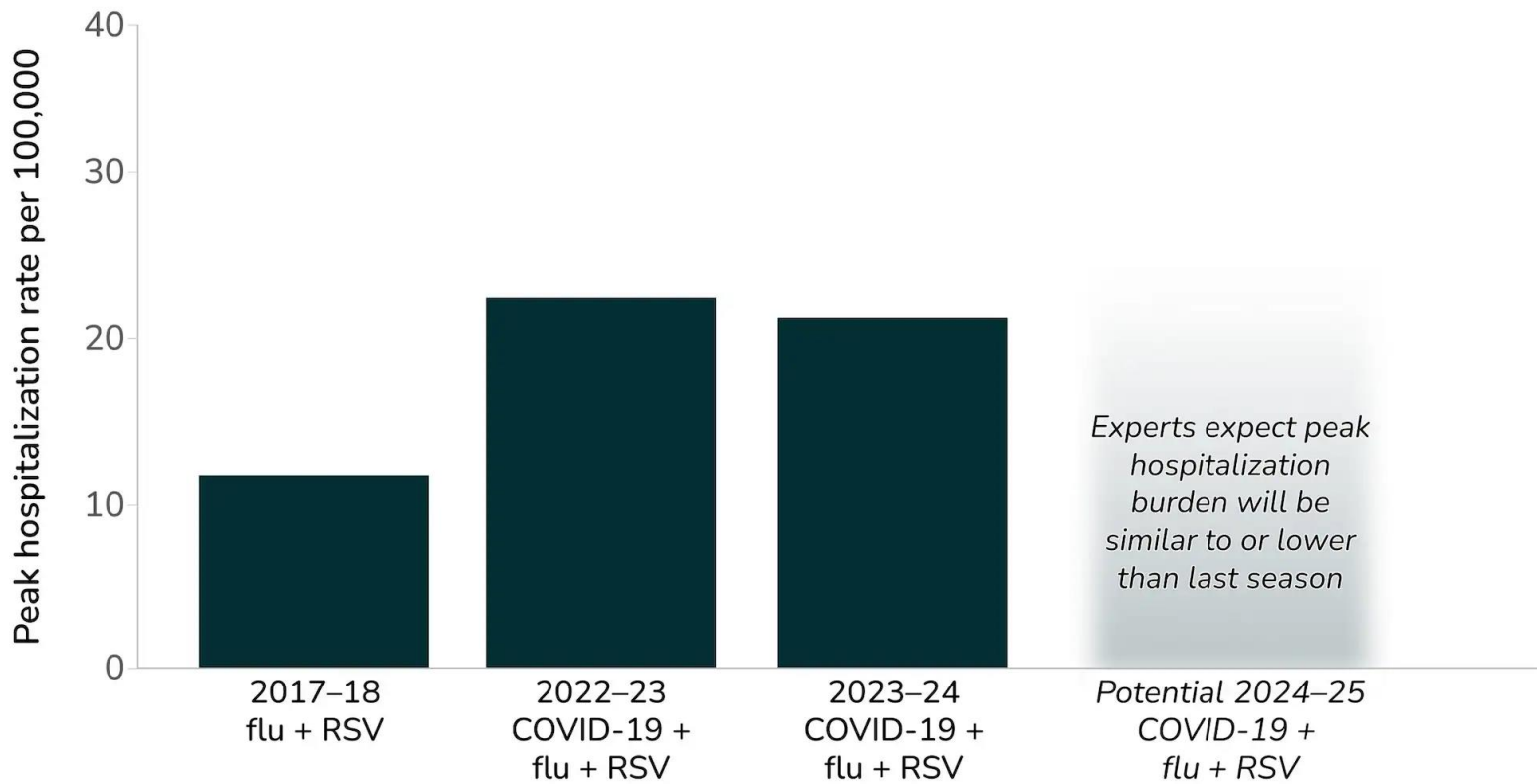
COVID-19 associated hospitalization rate was over 8x higher for nursing home residents



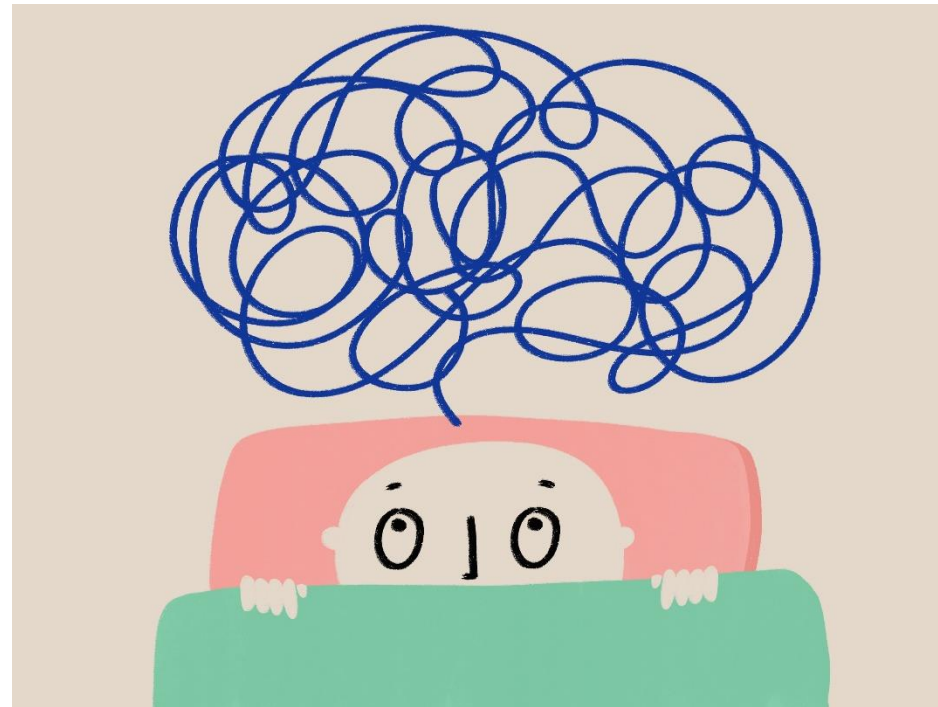
# CDC's Respiratory Virus Season Outlook

Upcoming 2024–25 respiratory season peak hospitalization burden likely similar to or lower than last year

Combined peak hospitalization burden of COVID-19, influenza, and RSV

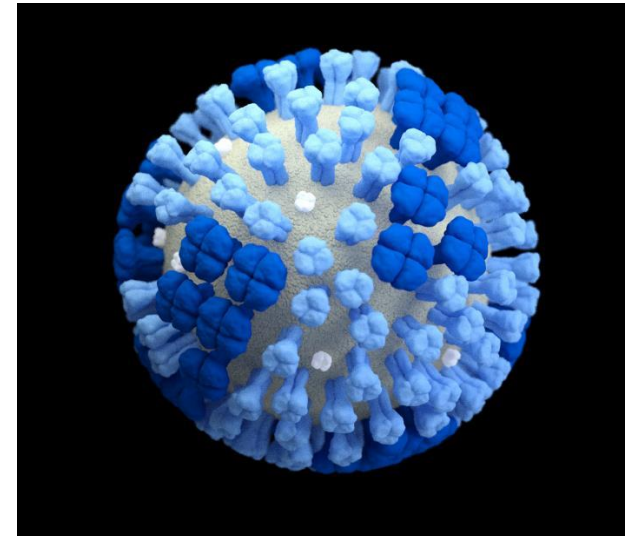
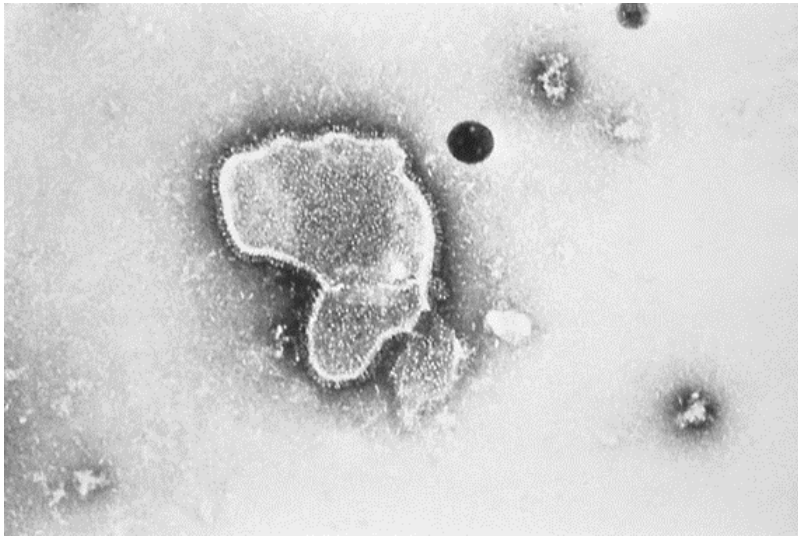
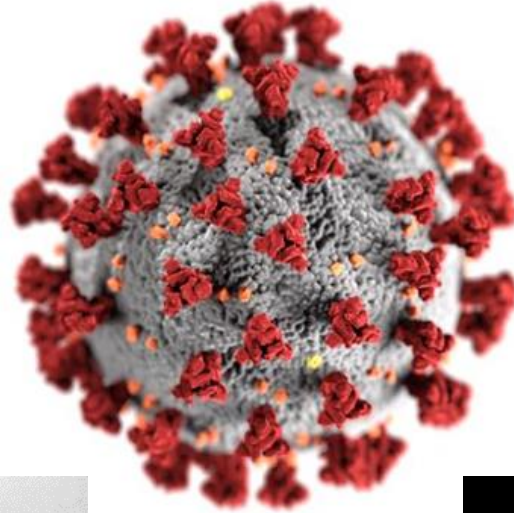


# Planning vs. Reacting



# The Three Viruses of Concern

- COVID
- RSV
- Influenza



# A Sneeze in Action



# COVID

- SARs-CoV-2
- Vaccine available for anyone over 6 months of age
- Still a concern in all healthcare settings
- Spread through droplets and small particles that contain the virus
- Isolation and work restrictions still apply
- Testing after known exposure remains a good strategy to inform decisions to mitigate transmission
- Source control for 10 days after known exposure or close contact with person with SARS-CoV-2 infection is a recommended strategy



# RSV

- Respiratory syncytial virus
- Vaccine available for specific age groups
  - Infants: younger than 8 months or entering their first RSV season
  - Pregnant mothers at weeks 32 – 36 of pregnancy to pass protection to baby
  - Adults over age 60 with recommendations for all adults ages 75 and older
- Common respiratory virus that spreads through virus droplets from cough or sneeze entering through eyes, nose, or mouth
- Usually causes mild, cold-like symptoms
- More likely to cause severe illness in infants and adults aged 60 and older

# Influenza

- Influenza A and B
- Vaccination recommended for anyone age 6 months or older
- Mainly spread via large particle respiratory droplet transmission but can also be spread through indirect contact transmission via hands to mucosal surfaces of the face; may have an airborne component
- Those at most risk are people aged 65 or older, young children, and people with certain, chronic health conditions

## **Respiratory Virus Vaccines: Why is vaccination important?**

# Vaccines – the WHY

## Vaccines cut the risk of severe disease by half or more

- **COVID-19 and influenza vaccines cut the risk of hospitalization in half in all ages.**
  - COVID-19 vaccine is the best available protection against Long COVID.
- **RSV vaccines prevent older adult RSV hospitalizations – over three times lower risk.**

# Vaccines – the WHY

## WHY IMMUNIZE: Best defense against viruses that can cause serious illness

Viruses cause many hospitalizations each respiratory season.

- **Thousands of people are hospitalized** for COVID-19, flu and RSV

While some people at higher risk, we cannot predict who will get severely ill.





- **Adults 65+ are 4–9 times more likely to be hospitalized** for COVID-19, flu and RSV than those under age 65

Immunizations are our best defense.

- COVID-19 & influenza vaccines cut risk of hospitalization in half
- RSV vaccines **>70% effective** in preventing **older adult RSV hospitalizations**

# Respiratory Virus Vaccine Recommendations

## Who should get 2024-2025 COVID-19, 2024-2025 influenza, and RSV immunizations?

	2024-2025 COVID-19 <sup>1</sup>	2024-2025 Influenza <sup>2</sup>	RSV <sup>3</sup>
 <b>Infants &amp; Children</b>	<b>6 months – 17 years</b> Some children 6 months through 4 years <u>may need</u> multiple doses	<b>6 months – 17 years</b> Some children 6 months through 8 years <u>may need</u> multiple doses	<b>All infants &lt;8 months* and children 8 through 19 months with risk factors should get nirsevimab</b> Typically, October through March *if mom not vaccinated with maternal RSV vaccine <b>OR</b> <b>32-36 weeks gestation should get RSV vaccine (Pfizer, Abrysvo only)</b> Typically, September - January
 <b>Pregnant People</b>	All	All	See pregnant people
 <b>Adults 18-59</b>	All	All	
 <b>Adults 60+</b>	All	All Higher dose or adjuvanted flu vaccine for 65+, if available	<b>All adults 75+ and adults 60 through 74 years with risk factors should get one lifetime dose of RSV vaccine</b>

<sup>1</sup> Immunocompromised may need to get additional dose(s) of COVID-19 vaccine regardless of age

<sup>2</sup> Solid organ transplant recipients on immunosuppressives *may* get higher-dose flu vaccine, if available

<sup>3</sup> All infants should be protected by either maternal RSV vaccine or Nirsevimab. Both are not needed for most infants

# Vaccination – COVID-19

## Why should people get another COVID-19 vaccine this year?

- The virus that causes COVID-19 is **always changing**
- Protection from COVID-19 vaccines **declines over time**
- People who received last season's vaccine saw **greater protection against illness and hospitalization** than those who did not
- To date, **hundreds of millions of people have safely received a COVID-19 vaccine** under the most intense vaccine safety monitoring in United States history



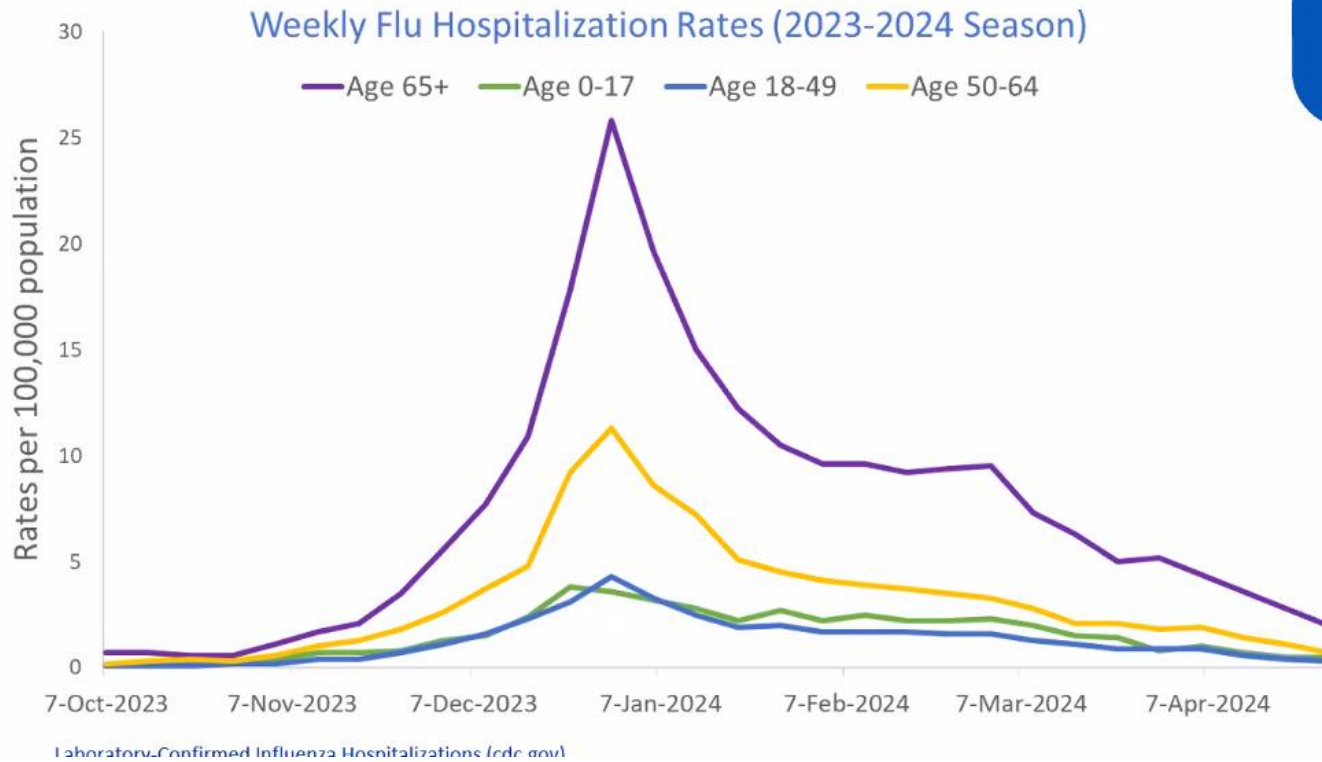
Last season's COVID-19 vaccine **reduced the risk of severe illness by about half**

\*Vaccine effectiveness varied based on time since receipt of updated dose

# Vaccination – Influenza

## Why vaccinate against influenza?

Influenza hospitalization rates highest in adults 65 years and older



Your age makes it more likely that you could get very sick from the flu, I strongly recommend the flu vaccine for you.



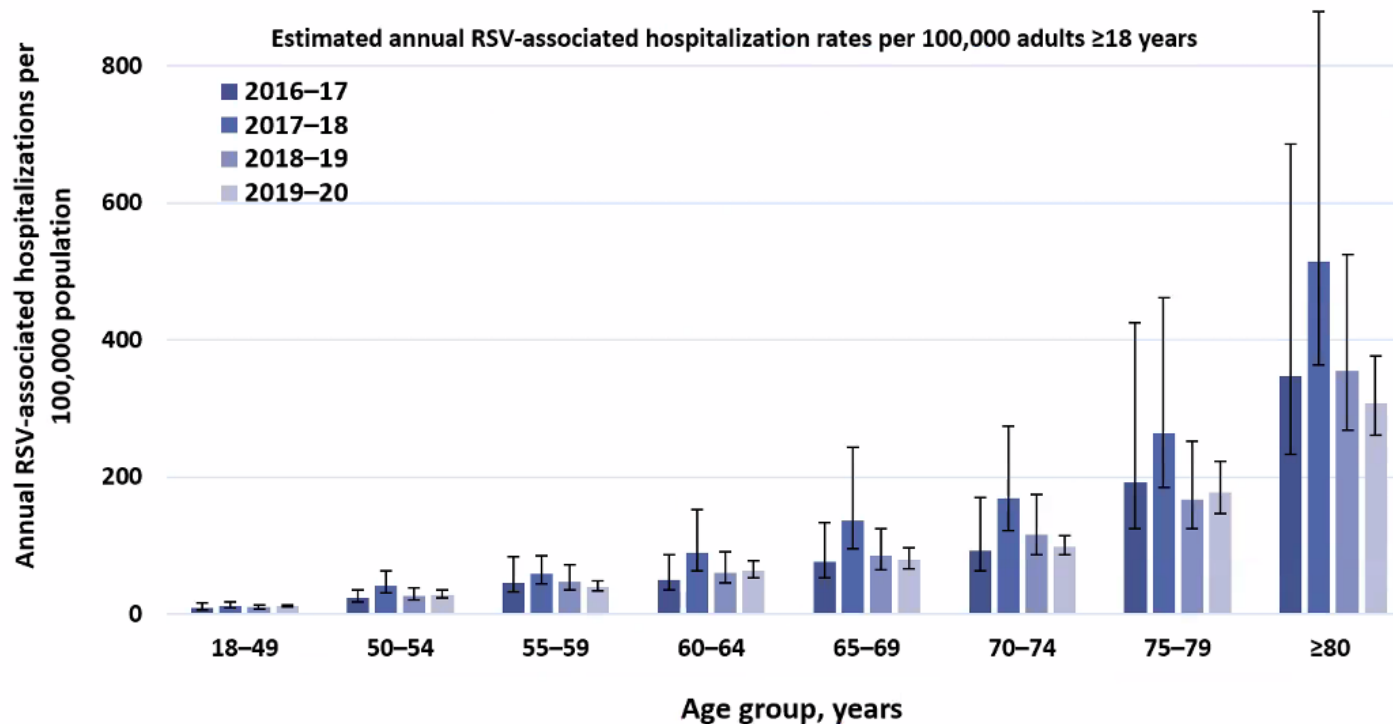
# Vaccination - RSV

## Why vaccinate older adults against RSV?

RSV hospitalization increase with age, steep rise in adults 75+

Key Patient  
Counseling  
Points

Your age makes you more likely to get really sick from RSV. **The RSV vaccine cuts your risk of being hospitalized by more than half.**



# Vaccine recommendations

## *Can I give these vaccines at the same time?*

### **YES! It's recommended**

- **COVID-19, Influenza, and RSV vaccines may be coadministered (given at the same visit)** with each other and with other routine immunizations, like shingles and pneumococcal vaccines
  - Especially important for residents with risk factors or if there might not be an opportunity to vaccinate the resident in the near future
- Residents may experience more side effects, like fever and fatigue, however, **side effects are usually mild/moderate and last 1-2 days**
- If the resident prefers to receive these vaccines during different visits, there is no minimum wait period between these vaccines

# Resources



**Order and offer vaccines in your facility**



**Recommend flu, COVID-19 and RSV vaccines to eligible residents multiple times**



**Offer early treatment for COVID-19 to residents at risk**



# Viral Respiratory Pathogens Toolkit for Nursing Homes

- Intended to be utilized in the nursing home setting but can be adapted to all healthcare facility types
- Three main components:
  - PREPARE for respiratory viruses
  - RESPOND when staff or resident/patient develops s/s of respiratory viral illness
  - CONTROL respiratory virus spread when transmission is identified

# PREPARE for Respiratory Viruses

- Vaccinate – provide as recommended through ACIP [Immunization Schedules | Vaccines & Immunizations | CDC](#)
- Allocate resources
- Monitor and mask
- Educate
- Ventilate
- Test and treat

# Ventilation

**PREPARE** by consulting with facility engineers improve **ventilation** in resident and staff areas.



**Achieve 5 air changes per hour**



**Check with facility management before changing fan settings**



**Avoid blocking vents**

# RESPOND to s/s of Respiratory Viral Illness

**RESPOND** to a resident's new symptoms with **Transmission-Based Precautions.**



**Monitor for new symptoms among residents and staff**

**Move resident to a single room or, if not available, limit transmission in the room**

**Use PPE recommended for SARS-CoV-2**

**Test the resident and their close contacts and provide antivirals**

# CONTROL Respiratory Virus Spread

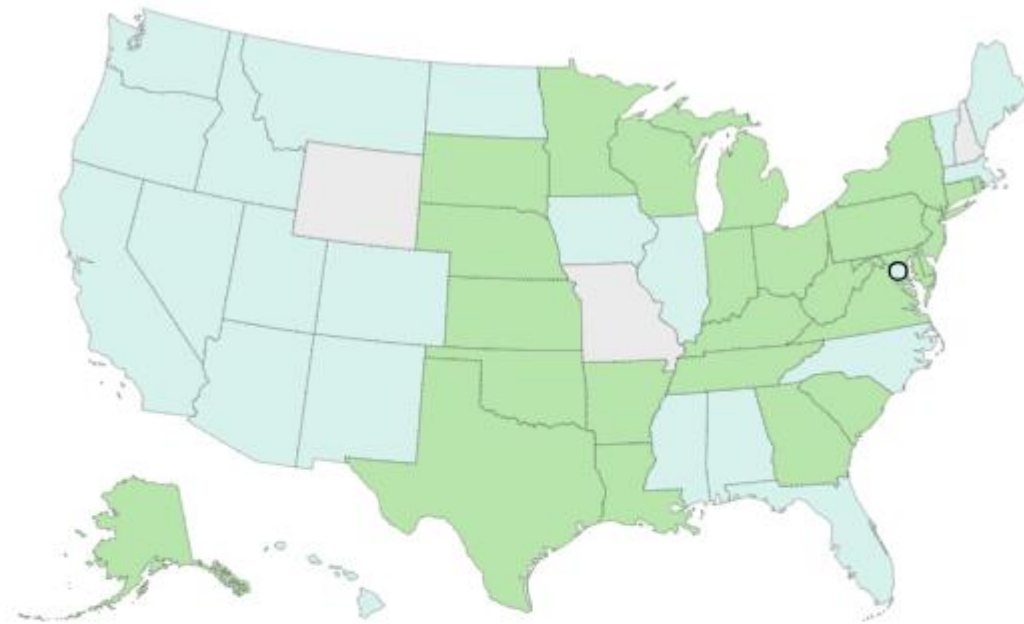
- Notify local or state public health department when outbreak suspected or confirmed
- Make initial attempt to control limited spread
- Take additional measures if initial interventions fail



# Summary of Recommendations

- Use masks and respirators to decrease spread of respiratory viruses
- Vaccinations for both healthcare personnel and patients/residents
- Practice physical distancing and implement screening and triage procedures
- Practice respiratory hygiene and cough etiquette
- Keep your hands clean
- Clean and disinfect surfaces and shared care items
- Check air handling units are functioning properly

# Respiratory Virus Activity Level Map



AS GU PR VI

Acute Respiratory Illness

Very High

Moderate

Minimal

High

Low

Data Unavailable

# Conclusion

- Respiratory virus season is right around the corner
- The same basic actions apply to prepare for respiratory viruses
- Be aware of local, regional, and national respiratory virus activity and react accordingly
- Put measures in place to slow down/halt transmission when known or suspected transmission occurs
- Reach out to public health for consultation when infection control issues arise – we are here to help!

# You Can't Do it Alone – Engage and Delegate!



# Resources

- [Use of Northern Hemisphere Influenza Vaccines by Travelers to the Southern Hemisphere \(cdc.gov\)](#)
- [2024-2025 Respiratory Disease Season Outlook | CFA: Qualitative Assessments | CDC](#)
- [Infection Control Guidance: Respiratory Viruses | Project Firstline | CDC](#)
- [Healthcare Professionals: Information on COVID-19 | COVID-19 | CDC](#)
- [Respiratory Syncytial Virus \(RSV\) | RSV | CDC](#)
- [Infection Control in Health Care Facilities | CDC](#)
- [Respiratory Virus Activity Levels | Respiratory Illnesses | CDC](#)
- [Viral Respiratory Pathogens Toolkit for Nursing Homes | LTCFs | CDC](#)
- [Immunization Schedules | Vaccines & Immunizations | CDC](#)

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Centers for Disease Control and Prevention. (2021, May 6). *Influenza (flu): Infection control in healthcare facilities*. <https://www.cdc.gov/flu/professionals/infectioncontrol/index.htm>

Centers for Disease Control and Prevention. (2024, February 7). *Infection control guidance: Respiratory viruses*. <https://www.cdc.gov/project-firstline/hcp/infection-control/index.html#:~:text=Summary%20of%20recommendations%20%20Use%20masks%20and%20respirators,in%20your%20facility%20is%20functioning%20as%20it%20should.>

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Centers for Disease Control and Prevention. (2024, August 30). *Respiratory virus activity levels*. <https://www.cdc.gov/respiratory-viruses/data/activity-levels.html>

Centers for Disease Control and Prevention. (2024, September 4). *National healthcare safety network (NHSN): Hospital respiratory data*. <https://www.cdc.gov/nhsn/psc/hospital-respiratory-reporting.html>

Centers for Disease Control and Prevention. (2024, September 10). *Viral respiratory pathogens toolkit for nursing homes*. <https://www.cdc.gov/long-term-care-facilities/hcp/respiratory-virus-toolkit/index.html>

# TDH HAI/AR Infection Prevention Contact Info



For general  
inquiries/group inbox:  
[hai.health@tn.gov](mailto:hai.health@tn.gov)



Speaker contact info:  
629-395-1581  
[jessica.a.burns@tn.gov](mailto:jessica.a.burns@tn.gov)



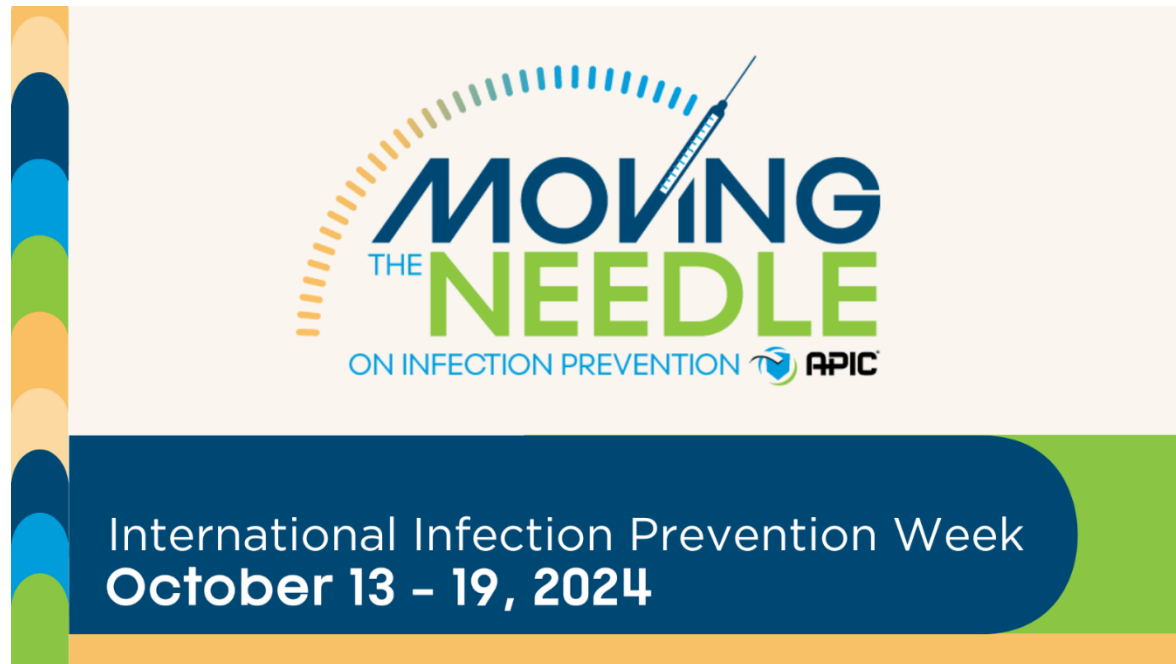
# International Infection Prevention Week (IIPW)

October 13<sup>th</sup> – 19<sup>th</sup>, 2024



# International Infection Prevention Week

- Annual observance to remind healthcare professionals and the public of the role everyone plays in infection prevention



# What Do IPs Do?

- **Infection preventionists (IPs) promote a culture of safety and impact the health of patients, workers, staff, and community members. Their advocacy and work extend throughout the organization and community.**



# IIPW: Ways You Can Educate and Inspire

- Daily themes
  - Wednesday – Patient Safety
  - Thursday – Public Health Preparedness & Health Equity
  - Friday – Across the Continuum of Care
- Educate yourself and your team
- Share resources



# Build-a-Bug Activity



- What is the bug?
- What disease/condition does it cause?
- How does it spread?
- Infection Prevention measures:
  - Type of precautions
  - Hand hygiene (soap/water vs ABHR)
  - Special requirements
- Treatment

# Certified Infection Prevention Champions

- Katherine E. Buechel
- Jessica A. Burns
- Judy Eads
- James Ekwensi
- Gail R. Fraine
- Susan Harper
- Nina Monroe
- Lora Leigh Nix
- Jacqueline M. O'Brien
- Trimika Outlaw
- Derek Parris
- Sarah Patel
- Tracey Rhodes
- Amy Lynn Storie
- Jamie Swift
- Jodie Helen Thompson
- Emily Winkles



# Resources

- APIC's Infection Prevention & You
  - [IIPW 2024 materials](#)
  - [Build-a-bug activity](#)
  - [Educational Infographics](#)
- [CDC – Infection Control Guidance Library](#)
- [Project Firstline Educational Materials](#)
- [TDH – HAI IP page](#)



# HAI/AR Education Team

- We are here to serve you!
- How can we help?
  - Provide education to specific members of your team
  - Provide learning opportunities for all of your staff
  - Assist with visual resources and quick guides
  - Any way we can!
- Reach out to the Infection Prevention and Education Team anytime
  - [HAI.Health@tn.gov](mailto:HAI.Health@tn.gov)



# Questions

- **Submitted questions**
- **Chat box questions**



# Contact Information

- **NHSN Related**
  - [Vicky.Lindsey@tn.gov](mailto:Vicky.Lindsey@tn.gov)
- **Infection Prevention**
  - [HAI.Health@tn.gov](mailto:HAI.Health@tn.gov)
- **Legionella Questions**
  - [Legionella.Health@tn.gov](mailto:Legionella.Health@tn.gov)
- **Antimicrobial Stewardship**
  - [Cullen.Adre@tn.gov](mailto:Cullen.Adre@tn.gov)
- **General / Other**
  - [Ashley.Gambrell@tn.gov](mailto:Ashley.Gambrell@tn.gov)
- **Next Call: November 13, 2024**

## Data Dog Update Corner:

Don't forget, this  
call is monthly  
now!

