Public Health Update with the Indiana Department of Health

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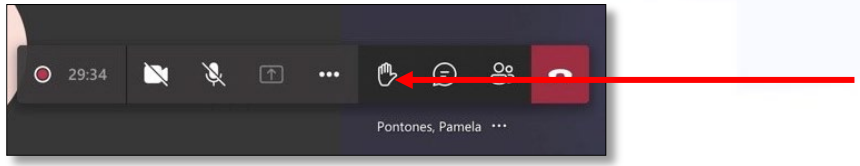
March 21, 2023

Webinar: Agenda and Chat Rules

- Opening Remarks
- Housekeeping
- Presentation
- Q&A
- Closing Remarks

- To ensure maximum sound quality, participant lines have been muted during the presentation; however, we welcome questions and comments via the chat box on the right-hand side of your screen
- During the Q&A portion of the presentation, we will unmute your lines.
- To submit questions or comments:
  - Use the chat box or,
  - Raise your hand to verbally ask your question



Qsource

Qsource has more than 45 years of experience working with with healthcare providers, Medicare and Medicaid.

Currently operate in 11 states overseeing ESRD, EQRO and QIO activities.

Serves as the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Indiana.

Polling: Question 1

Ambulatory Care Community-based Government Home Health

Hospital Long-term Care Pharmacy Other

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Polling: Question 2

Health Educator	Long Term Care/Clinical Administrator	Long Term Care/Clinical Staff	Healthcare Provider
Nurse	Quality Improvement Specialist	Patient Advocate	Other

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Indiana Department of Health

PUBLIC HEALTH UPDATES

PAM PONTONES, MA

DEPUTY HEALTH COMMISSIONER
FOR LOCAL HEALTH SERVICES

3/21/2023

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.

End of the COVID-19 Public Health Emergency (PHE)

Indiana Department of Health

PHE for COVID-19 Ends May 11

- Based on current COVID-19 trends, the Department of Health and Human Services (HHS) is planning for the federal Public Health Emergency (PHE) for COVID-19 to expire May 11.
- Since the peak of the Omicron surge at the end of January 2022:
  - Daily COVID-19 reported cases are down 92%
  - COVID-19 deaths have declined by over 80%, and
  - New COVID-19 hospitalizations are down nearly 80%

https://www.hhs.gov/about/news/2023/02/09/fact-sheet-covid-19-public-health-emergency-transition-roadmap.html

What Is Not Affected by End of PHE

- Access to COVID-19 vaccinations and certain treatments, such as Paxlovid and Lagevrio, will generally not be affected.
- FDA's EUAs for COVID-19 products (including tests, vaccines, and treatments) will not be affected.
- Major Medicare telehealth flexibilities will not be affected. These flexibilities will remain in place through December 2024 due to the bipartisan Continuing Appropriations Act, 2023 passed by Congress in December 2022.
- Medicaid telehealth flexibilities will not be affected.
- Access to buprenorphine for opioid use disorder treatment in Opioid Treatment Programs (OTPs) will not be affected.
- Access to expanded methadone take-home doses for opioid use disorder treatment will not be affected.
- Partners across the U.S. Government (USG) are developing plans to ensure a smooth transition for the provision of COVID-19 vaccines and treatments as part of the traditional health care marketplace.
- Transition to traditional healthcare coverage occurs later this year

What Is Affected by End of PHE

- Certain Medicare and Medicaid waivers and broad flexibilities for healthcare providers are no longer necessary and will end.
- Medicare beneficiaries who are enrolled in Part B will continue to have testing coverage without cost sharing for laboratory-conducted COVID-19 tests when ordered by a provider, but their current access to free over-the-counter (OTC) COVID-19 tests will end, consistent with the statute on Medicare payment for OTC tests set by Congress.
- Reporting of COVID-19 laboratory results and immunization data to CDC will change.
- Certain FDA COVID-19-related guidance documents for industry that affect clinical practice and supply chains will end or be temporarily extended.
- FDA's ability to detect early shortages of critical devices related to COVID-19 will be more limited.
- Public Readiness and Emergency Preparedness (PREP) Act liability protections for may be impacted.
- Ability of healthcare providers to safely dispense controlled substances via telemedicine without an in-person interaction is affected; however, there will be rulemaking that will propose to extend these flexibilities.

Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap | HHS.gov

How a Return to Normal Will Impact Some Indiana Medicaid Members

- Indiana Medicaid will begin to return to normal operations. Eligibility redetermination actions will begin in April 2023. The state of Indiana can process many of these redeterminations automatically based on information the state has available. In some situations, the state of Indiana will need to ask the member for information about themselves and their family, like current address, employment status and income, age and family size.
- For anyone who is currently in one of Indiana Medicaid's health coverage programs, including the Healthy Indiana Plan, Hoosier Healthwise, Hoosier Care Connect or traditional Medicaid, taking action now could help them stay covered.
- Is the address correct? What is the member's income? To help members have the right health coverage, the Indiana Family and Social Services Administration needs all Medicaid members to take these steps to ensure they have your current info.
    - Go to FSSABenefits.IN.gov.
    - Scroll down to the blue "Manage Your Benefits" section.
    - Click on either "Sign into my account" or "Create account."
    - Call 800-403-0864 if you need assistance.
    - Then watch your mail! Be sure to respond with any information you're asked for.

Indiana Department of Health

https://www.in.gov/medicaid/members/member-resources/How-a-return-to-normal-will-impact-some-Indiana-Medicaid-members/

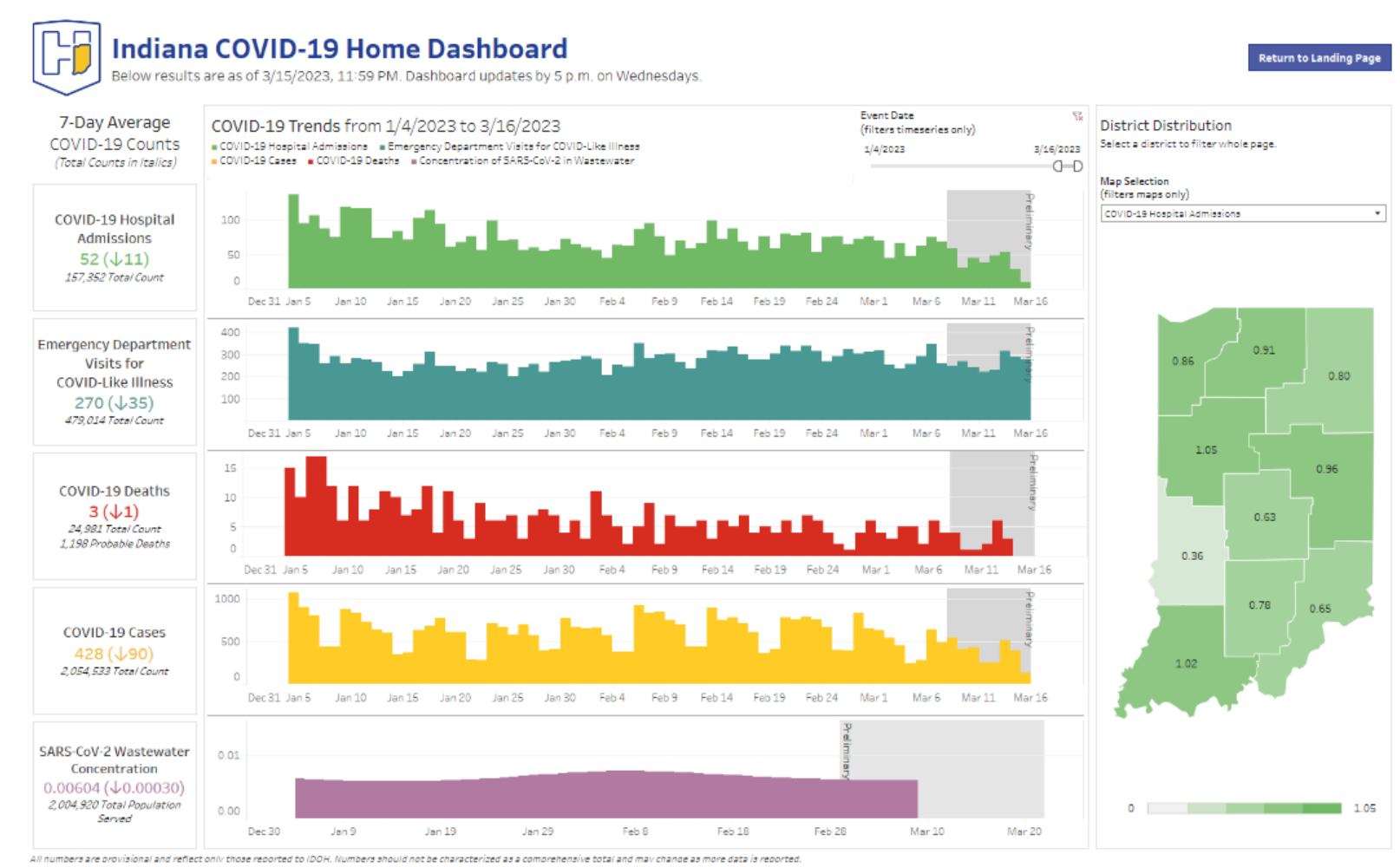
How a return to normal will impact some Indiana Medicaid members

- Indiana Medicaid will never discontinue a member's coverage without them first having the opportunity to give the state new and updated information. The state will send members more info about this in the mail. It is important that members respond to requests from the Division of Family Resources and provide the needed information when contacted.
- Members no longer eligible for coverage through the Medicaid program should check to see if they qualify for coverage through the Federal Marketplace online at HealthCare.gov or by calling 800-318-2596. Hoosiers over 65 could look into health coverage through the federal Medicare program at Medicare.gov or by calling 800-MEDICARE. Indiana's State Health Insurance Program can also help with any questions about Medicare. Find them online at medicare.in.gov or call 800-452-4800.
- There are also specially trained and certified professionals throughout Indiana who can help Hoosiers find the right health coverage. These are called navigators and application organizations. You can find help in your area by visiting www.in.gov/healthcarereform.

COVID-19 and Influenza Updates

Indiana Department of Health

COVID-19 Trends



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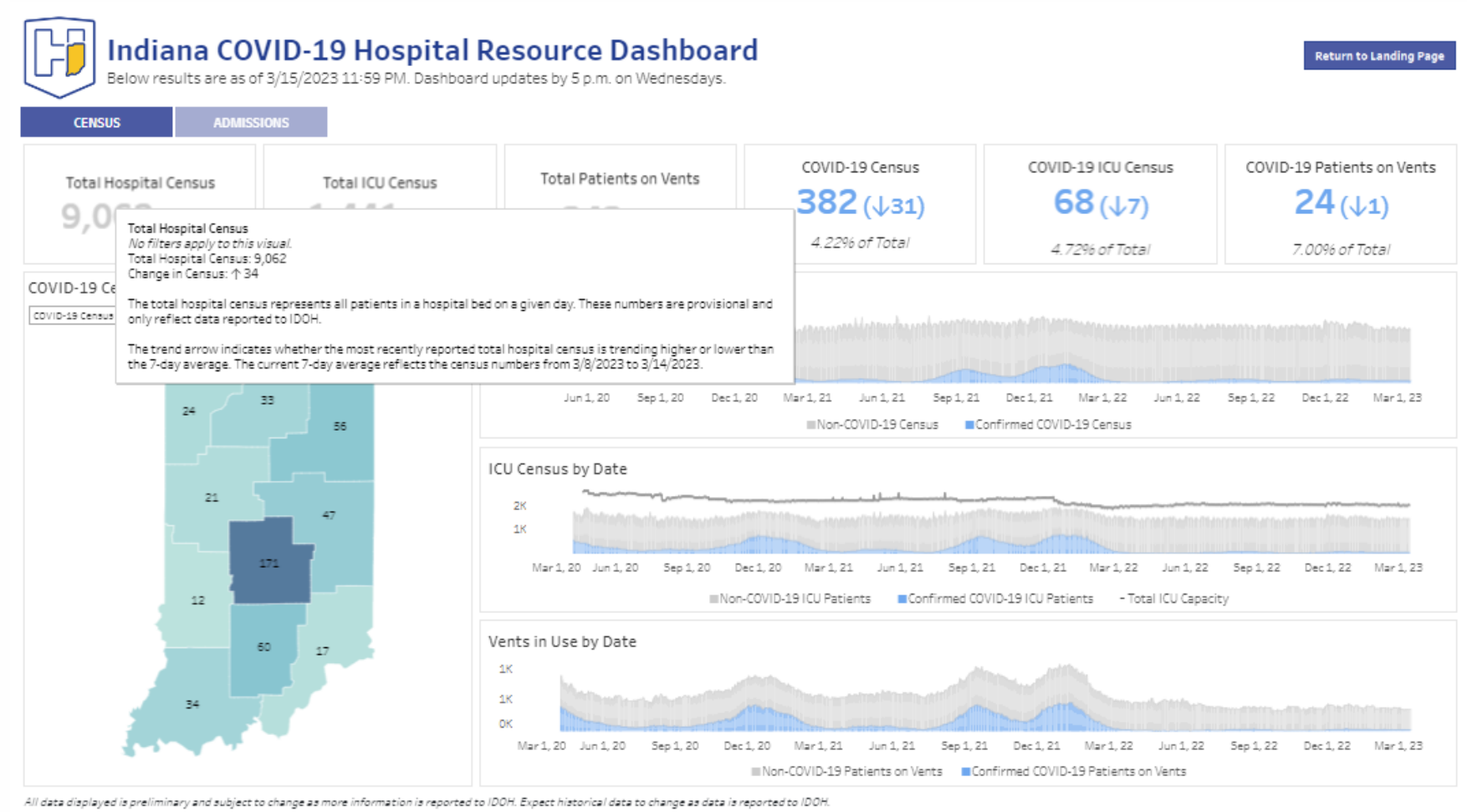
https://www.coronavirus.in.gov/indiana-covid-19-dashboard-and-map/

Hospital Census and Admissions



All data displayed is preliminary and subject to change as more information is reported to IDOH. Expect historical data to change as data is reported to IDOH.

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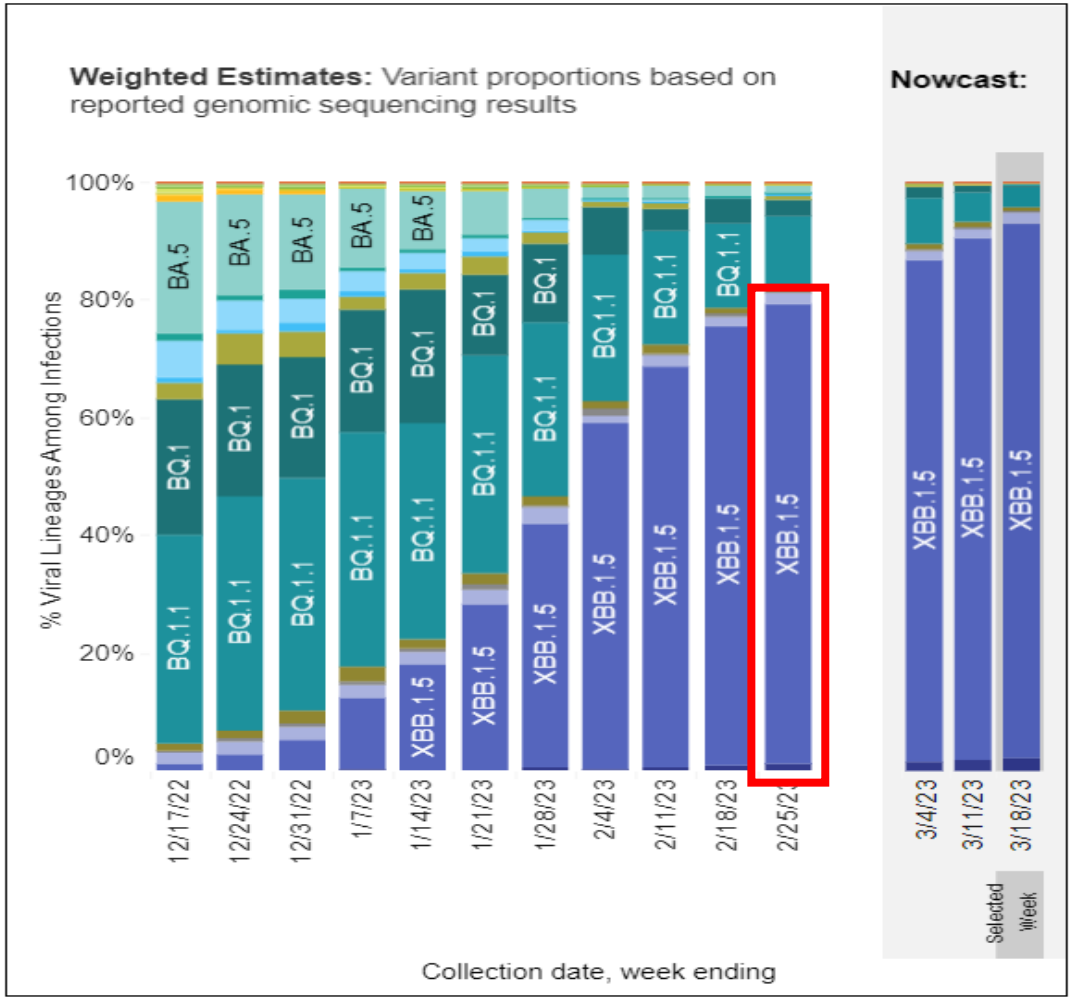
[Novel Coronavirus (COVID-19): Hospital Dashboard (in.gov)]

Subvariants: HHS Region 5



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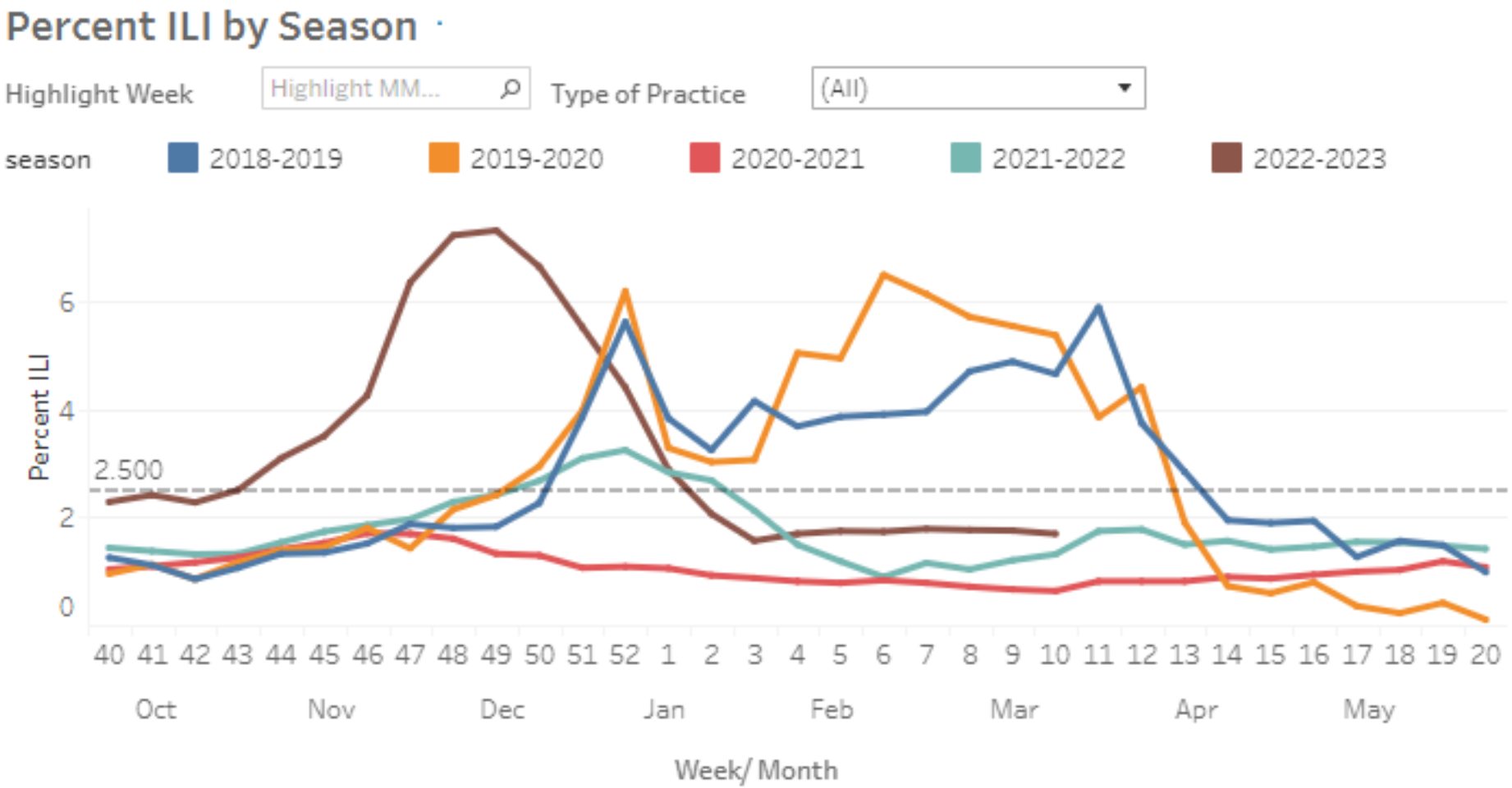
CDC COVID Data Tracker: Variant Proportions

ILI: Sentinel Surveillance



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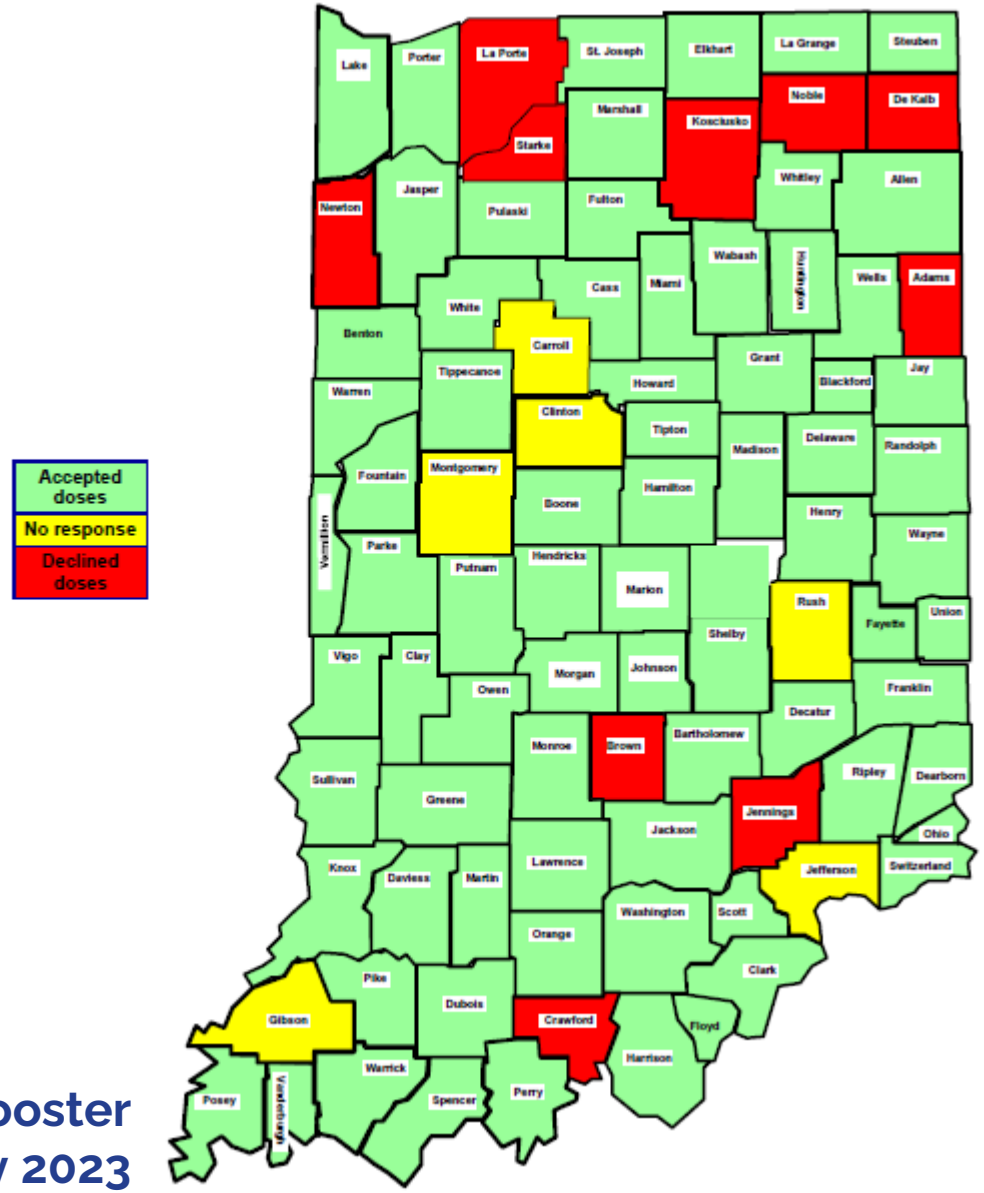
https://www.in.gov/health/erc/infectious-disease-epidemiology/diseases-and-conditions-resource-page/influenza/influenza-dashboard/

COVID-19 Vaccine and Therapeutics

Indiana Department of Health

Single-Dose Vaccine Vials

To improve accessibility, single-dose bivalent booster vials have been sent to LHDs in Indiana that were willing to accept them.



LHDs with COVID Bivalent Booster SDV for LTC—January 2023

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Monovalent Moderna Shelf-life Extension

- Several lots of monovalent Moderna COVID-19 vaccines for children aged 6 months – 5 years have received shelf-life extensions.
- Moderna has verified the new expiry dates below and updated the Moderna Vial Expiration Checker.
- All lots in the tables below are for primary use only for children aged 6 months – 5 years. Lots are split into two groups:
  - 7 lots with the earliest expiry represent lots in the field and CDC depots.
  - 5 lots with the latest expiry for Moderna monovalent vaccines are all in the warehouse.

https://modernacovid19global.com/vial-lookup?#vialLookUpTool

Paxlovid/Lagevrio Update

- On Feb. 1, FDA revised the Letters of Authorization for two EUAs, Paxlovid (PDF) and Lagevrio (PDF), to remove the requirement for positive test results to prescribe these products
- FDA continues to recommend that providers use direct SARS-CoV-2 viral testing to help diagnose COVID-19

Update on US Food and Drug Administration Emergency Use Authorisation of Evusheld (astrazeneca.com)

FDA announces Evusheld is not currently authorized for emergency use in the U.S. | FDA

Evusheld Not Authorized

- FDA revised the Emergency Use Authorization (EUA) for Evusheld (tixagevimab co-packaged with cilgavimab) to limit its use to when the combined frequency of non-susceptible SARS-CoV-2 variants nationally is less than or equal to 90%.
- **Evusheld is not currently authorized for use in the U.S. until further notice by the agency.**
- Data show Evusheld is unlikely to be active against certain SARS-CoV-2 variants. According to the most recent CDC Nowcast data, these variants are projected to be responsible for more than 90% of current infections in the U.S.
- This means that Evusheld is not expected to provide protection against developing COVID-19 if exposed to those variants.

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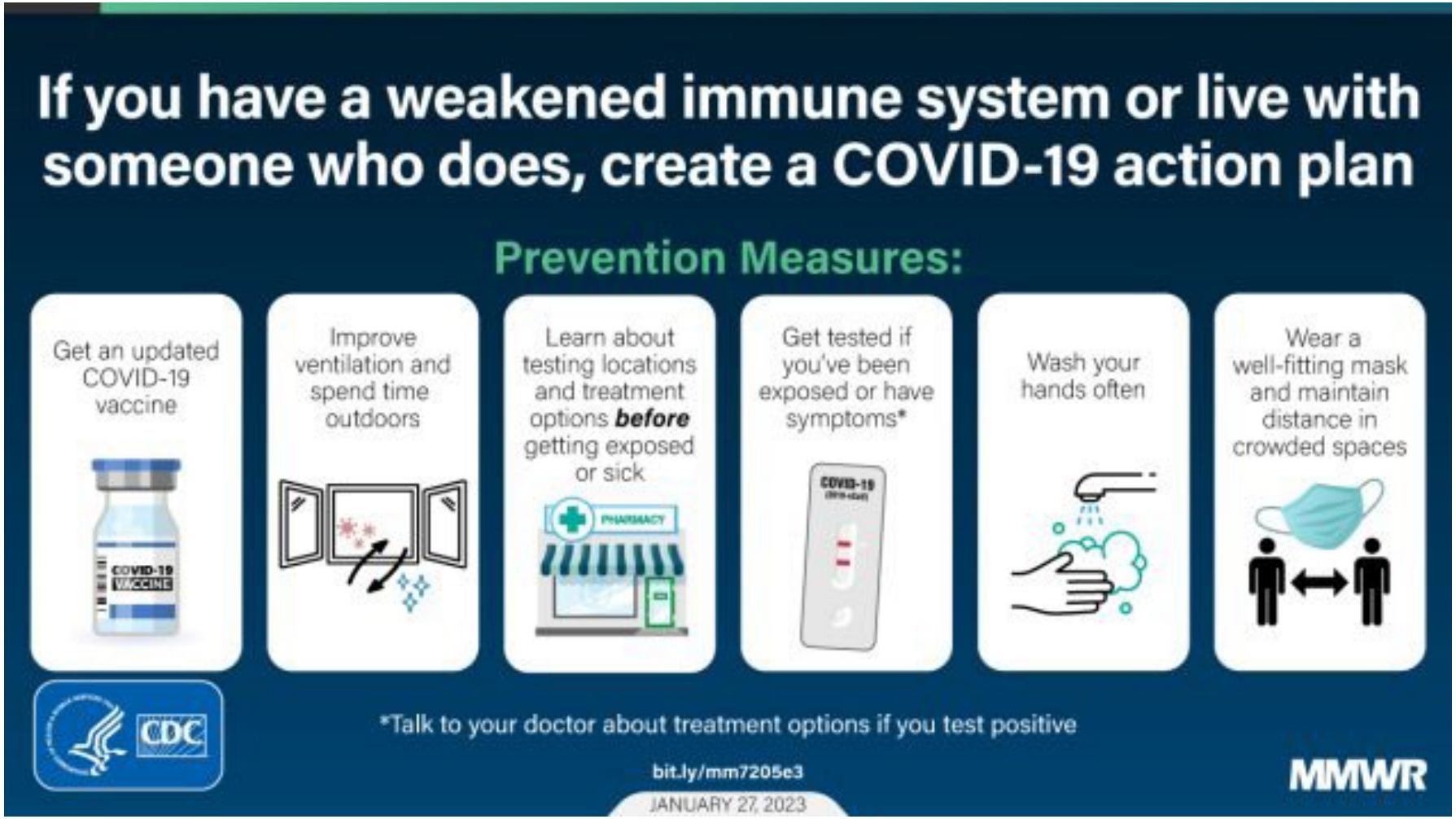
https://www.fda.gov/drugs/drug-safety-and-availability/fda-announces-evusheld-not-currently-authorized-emergency-use-us

MMWR: Prevention and Treatment if Immunocompromised



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https://www.cdc.gov/mmwr/volumes/72/wr/mm7205e3.htm?s_cid=mm7205e3_w]

MMWR Weekly / February 3, 2023 / 72(5);119–124

Summary

What is already known about this topic?

The SARS-CoV-2 Omicron BA.2-related sublineage XBB.1.5 is gaining predominance nationwide. Vaccine effectiveness against XBB and XBB.1.5 is unknown.

What is added by this report?

Using spike (*S*)-gene target presence as a proxy for BA.2 sublineages, including XBB and XBB.1.5, during December 2022–January 2023, the results showed that a bivalent mRNA booster dose provided additional protection against symptomatic XBB/XBB.1.5 infection for at least the first 3 months after vaccination in persons who had previously received 2–4 monovalent vaccine doses.

What are the implications for public health practice?

As new SARS-CoV-2 variants emerge, continued vaccine effectiveness monitoring is important. All persons should stay up to date with recommend COVID-19 vaccines, including receiving a bivalent booster dose when eligible.

Indiana Department of Health

Early Estimates of Bivalent mRNA Booster Dose Vaccine Effectiveness in Preventing Symptomatic SARS-CoV-2 Infection Attributable to Omicron BA.5– and XBB/XBB.1.5–Related Sublineages Among Immunocompetent Adults — Increasing Community Access to Testing Program, United States, December 2022–January 2023 | MMWR (cdc.gov)

Infections Being Monitored

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Extensively Drug-Resistant *Shigella* Infections

- Centers for Disease Control and Prevention (CDC) has been monitoring an increase in extensively drug-resistant (XDR) *Shigella* infections (shigellosis) reported through national surveillance systems [1]
- In 2022, about 5% of Shigella infections reported to CDC were caused by XDR strains, compared with 0% in 2015.
- Clinicians treating patients infected with XDR strains have limited antimicrobial treatment options.
- *Shigella* bacteria are easily transmissible and XDR *Shigella* strains can spread antimicrobial resistance genes to other enteric bacteria.
- Given these potentially serious public health concerns, CDC asks healthcare professionals to be vigilant about suspecting and reporting cases of XDR *Shigella* infection to their local or state health department and educating patients and communities at increased risk about prevention and transmission.

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https://emergency.cdc.gov/han/2023/han00486.asp?ACSTrackingID=USCDC_511-DM100260&ACSTrackingLabel=HAN%20486%20-%20General%20Public&deliveryName=USCDC_511-DM100260

Extensively Drug-Resistant *Shigella* Infections

- Shigellosis is an acute enteric infection that is an important cause of domestically acquired and travel-associated bacterial diarrhea in the United States.
- Usually causes inflammatory diarrhea that can be bloody and may also lead to fever, abdominal cramping, and tenesmus.
- Infections are generally self-limiting; however, antimicrobial treatment may be indicated to prevent complications or shorten the duration of illness [2].
- CDC defines XDR *Shigella* bacteria as strains that are resistant to all commonly recommended empiric and alternative antibiotics — azithromycin, ciprofloxacin, ceftriaxone, trimethoprim-sulfamethoxazole (TMP-SMX), and ampicillin.
- Currently, no data from clinical studies of treatment of XDR *Shigella* to inform recommendations for the optimal antimicrobial treatment of these infections. As such, CDC does not have recommendations for optimal antimicrobial treatment of XDR *Shigella* infections.

End of Mpox PHE

- Still averaging around two new cases per day nationally, and still have work to do to increase vaccination rates and to educate providers and communities.
- Last 10 months have been challenging but should also celebrate our successes. We came together and quickly educated clinicians, leveraged laboratory capacity, and leveraged community-based organizations and advocacy groups.
- PRIDE season coming up and need to be prepared to see mpox again. Consider sending messaging to partners/those at risk via social media like before in advance of events regarding vaccination/testing/prevention.

Note: CDC site for mpox wastewater surveillance: https://www.cdc.gov/poxvirus/monkeypox/cases-data/wastewater-surveillance.html

Multi-drug Non-susceptible Gonorrhea -- Massachusetts

CLINICAL ALERT Jan. 19, 2023

- Novel strain of multidrug-non-susceptible *Neisseria gonorrhoeae* with reduced susceptibility to ceftriaxone, cefixime, and azithromycin, and resistance to ciprofloxacin, penicillin, and tetracycline, identified in a Massachusetts resident. Although ceftriaxone 500 mg IM was effective at clearing infection for this case, this is the first isolate identified in the United States to demonstrate resistance or reduced susceptibility to all drugs that are recommended for treatment.
- Enhanced surveillance has identified a second isolate that, based on its genome, likely has similarly reduced susceptibility to ceftriaxone and cefixime.
- Identification of this strain, the same as what was recently reported in the United Kingdom1 and previously reported as circulating in Asia-Pacific countries, is a warning that *N. gonorrhoeae* is becoming less responsive to a limited arsenal of antibiotics.

Measles

- Recent outbreak in Ohio and large exposure to confirmed case in Kentucky show that measles importation does occur
- Lowered rates of MMR vaccination, especially since COVID pandemic, has increased community susceptibility
- Measles has 90% attack rate among susceptible individuals, spread via aerosols
- Complications can include otitis media, pneumonia, encephalitis
- Clinicians are encouraged to remain vigilant for measles, consider travel when evaluating suspected measles cases, and ensure patients remain up to date on recommended measles vaccination. Clinicians should **immediately** report suspected cases of measles to the IDOH Infectious Disease Epidemiology and Prevention Division at 317-233-7125 during business hours (Monday – Friday, 8:15 a.m. – 4:45 p.m.) or 317-233-1325 after hours.
-

Syphilis/Congenital syphilis

- Indiana's primary and secondary (P&S) syphilis rates increased from 7.7 in 2020 to 10.8 in 2021
- In 2021, Black/African American Hoosiers had the highest rate of P&S syphilis (40.7 cases per 100,000) compared to White Hoosiers (6.2 cases per 100,000)
- Indiana's congenital syphilis cases increased from 20 cases in 2021 to 35* cases in 2022
- Indiana's adult syphilis cases in females increased 420% from 2018 to 2022*
- Indiana's adult syphilis cases in heterosexual males increased 181% from 2018 to 2022*

*Preliminary data

Infectious Disease Summit

- We’re excited to announce the date for the 2023 Infectious Disease Summit!
- Save the date for May 9-10, at the Renaissance North Hotel in Carmel
- Join together to Calibrate, Collaborate, and Respond
- Registration opens in March
- Visit **www.infectiousdiseasesummit.com** for more information

Indiana Department of Health

TB Summit

Indiana Department of Health

https://www.intbsummit.com/

INDIANA

GOVERNOR'S PUBLIC HEALTH COMMISSION

Update

Indiana Department of Health

GPHC Legislative Updates

Senate Bill 4

- Successfully passed out of the Senate, vote 41-7.
- Heard in House Public Health Committee on 3/14 and held for amend and vote in the next week or two

House Bill 1001

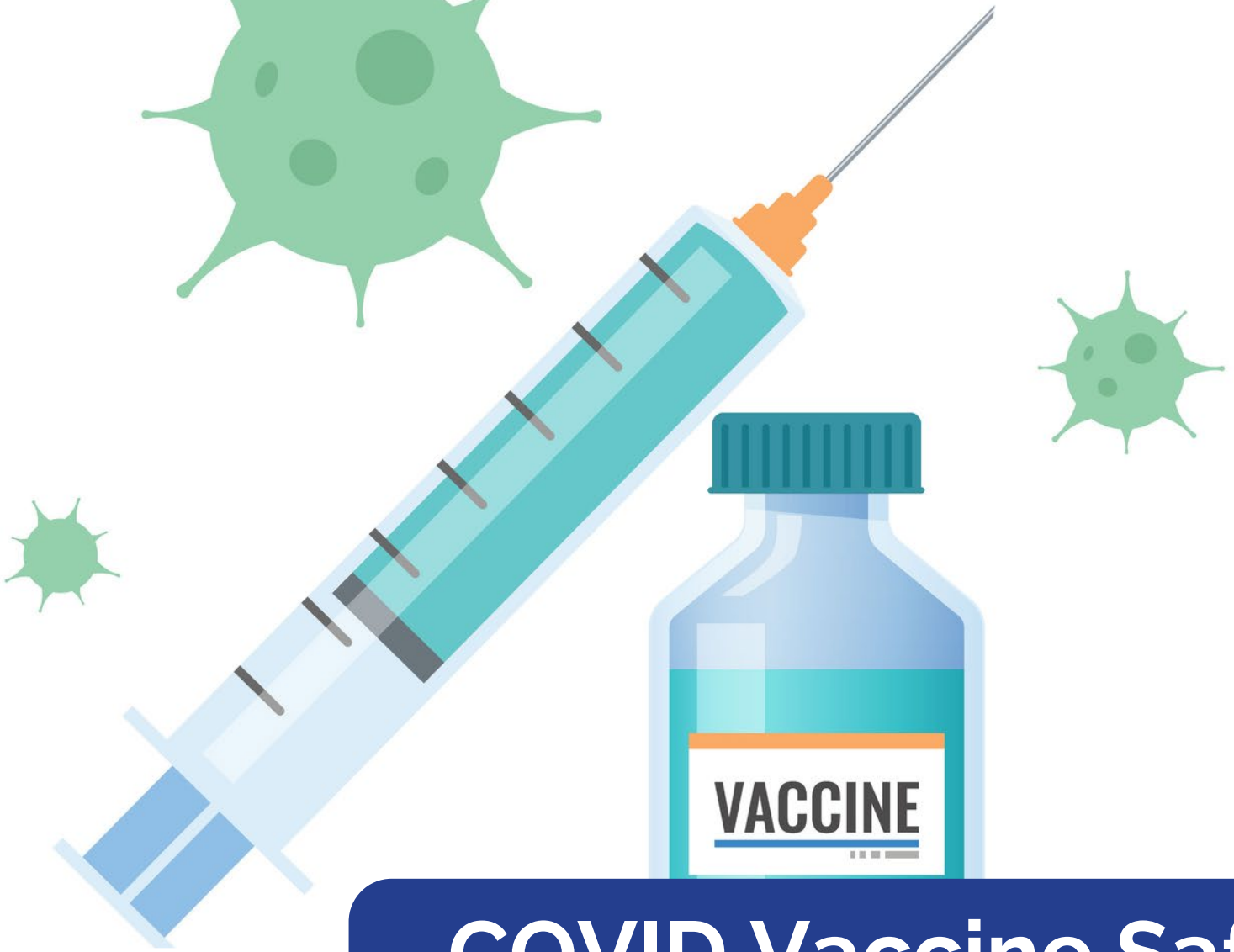
- Passed out of the House
  - Made changes to our funding request for counties and regional support
- Hearings and discussions ongoing in Senate Appropriations
  - Will not move until toward the end of session
  - Will end in conference committee

Indiana Department of Health

PUBLIC HEALTH UPDATES

SHIREESHA VUPPALANCHI, M.D.
MEDICAL DIRECTOR

3/21/23



COVID Vaccine Safety Updates

Indiana Department of Health

Review of statistical signal

Comparing rates in an early ("risk") interval with rates in a later ("comparison") interval

*Comparing rates in the early ("risk") interval among boosted people vs booster eligible **un**-boosted people*

- Statistical signal identified for ischemic stroke after Pfizer-BioNTech COVID-19 mRNA bivalent booster dose vaccination in age group 65+ years in VSD RCA
  - Rate ratio has attenuated over time
- Supplemental analysis comparing boosted to un-boosted concurrent comparators did not show an elevated rate ratio

Introduction (cdc.gov)

Review of statistical signal: not identified in any other vaccine safety monitoring system

- No other VSD RCA pre-specified surveillance outcomes have signaled:
  - in **any** age groups,
  - for **either** of the mRNA COVID-19 bivalent booster vaccines, or
  - when data for the two mRNA vaccine types are **combined**.
- No evidence of a safety signal for ischemic stroke in other safety monitoring systems, though analyses in these systems generally did not have the ability to investigate coadministration with flu vaccine
  - Vaccine Adverse Events Reporting System (VAERS)
  - FDA Rapid Cycle Analysis (RCA) data in Centers for Medicare & Medicaid Services (CMS)
  - Veterans Administration (VA) RCA in the VA Electronic Health Record (VA EHR)
  - Pfizer global monitoring
  - Other global public health and regulatory systems
    - Canada
    - European Union
    - Israel

Introduction (cdc.gov)

Work group interpretation and next steps

- Review of safety data is reassuring, and must continue. Priorities include:
  - Continuing to closely follow the intermittently statistically significant signal in VSD, with continued review by VaST and colleagues
  - Continuing supplementary analyses to clarify the relationship between this signal and:
    - any specific vaccine
    - coadministration of vaccines
    - confounding
  - Continuing the most intensive vaccine safety surveillance in US history
- Review of healthcare data demonstrates high incidence of stroke at time of diagnosis with COVID-19 or influenza. Priorities include:
  - Increasing awareness of the risk of stroke with COVID-19 disease and influenza
  - Continuing to encourage uptake of the bivalent COVID-19 boosters

Introduction (cdc.gov)

6 months through 5 years	Dose 1 to 2	At least 4–8 weeks[5]	Dose 1 to 2	At least 4 weeks
			Dose 2 to 3	At least 4 weeks
	Booster dose[4]: BIVALENT VACCINE (Dark pink capped vial with yellow-bordered label)			
	Dose 2 to 3	At least 8 weeks (2 months)	Dose 3 to 4	At least 8 weeks (2 months)
6 through 11 years	**Primary series[**] : MONOVALENT VACCINE** (Blue capped vial with purple-bordered label)			
	Dose 1 to 2	At least 4–8 weeks[5]	Dose 1 to 2	At least 4 weeks
			Dose 2 to 3	At least 4 weeks
	Booster dose: BIVALENT VACCINE (Blue capped vial with gray-bordered label)			
	Dose 2 to 3	At least 8 weeks (2 months)	Dose 3 to 4	At least 8 weeks (2 mo

COVID-19 Vaccine Schedul

Indiana Department of Health

Summary of Clinical Considerations Updates

Summary of recent changes (last updated March 16, 2023):

- New recommendation for children ages 6 months–4 years who previously completed a 3-dose monovalent Pfizer-BioNTech primary series to receive 1 bivalent Pfizer-BioNTech booster dose at least 2 months after completion of the monovalent primary series.
- Vaccination providers are now required to report cases of myocarditis and pericarditis after receipt of a Janssen COVID-19 Vaccine to the Vaccine Adverse Event Reporting System (VAERS).

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html

ACIP February 22-24, 2023

COVID-19 vaccine

Where we are now

- Current COVID-19 vaccine recommendations are **complex**
- Uptake of current bivalent vaccine is **low**
- SARS-CoV-2 continues to evolve, but recent virus evolution has not led to large population-level surges in cases or hospitalizations
- Most adults have a prior infection, prior vaccination, or both
- Hospitalization rates are highest **older adults**, but remain **low** among people who have received a **bivalent booster**

https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-02/slides-02-24/COVID-10-Oliver-508.pdf

How frequently should people get a COVID-19 vaccine?

Summary

- Winter months and immune escape variants have impacted COVID-19 epidemiology
  - This past winter did not see same level of increases in cases/hospitalizations as previous winters
- Time since last COVID-19 vaccine dose may both increase the incremental benefits of a COVID-19 vaccine, and decrease the risk of myocarditis
- Vaccine protection likely declines over time
- A plan for a **fall booster dose** could provide added protection, at a time when many would be ~1 year from last dose
  - Future epidemiology and SARS-CoV-2 virus evolution could help determine the need for continued annual boosters

https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-02/slides-02-24/COVID-10-Oliver-508.pdf

Considerations for future planning

COVID-19 vaccines

- COVID-19 vaccines continue to be the **most effective tool** we have to prevent **serious illness, hospitalization and death from COVID-19**
- **Goal** of COVID-19 vaccine program continues to be **prevention of severe disease**
  - Prevention of post-COVID conditions, increased confidence in social interactions important as well
- Benefits of additional COVID-19 vaccine booster doses vary by **age, time since last dose**, and COVID-19 **incidence**
- A simplified, annual recommendation could help reduce vaccine and message fatigue
- A COVID-19 vaccine framework that is similar to a well understood influenza vaccine framework could be easy for COVID-19 vaccine providers to implement, and for the public to understand

https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-02/slides-02-24/COVID-10-Oliver-508.pdf

Work Group interpretation

Considerations for future planning

- **Simple recommendations** are easier to communicate, which may improve uptake
  - The Work Group was very supportive of simplified recommendations and planning for future COVID-19 vaccines, which could include updated COVID-19 vaccines
- **Uncertainties remain** for ideal timing and populations for future boosters, especially if new immune escape variants develop
- The Work Group was **supportive** of a fall/annual COVID-19 vaccine program, with flexibility to adjust based on new data, especially for populations at high risk
- The Work Group will continue to **review data** to inform future deliberations:
  - Vaccine effectiveness of bivalent COVID-19 vaccines over time
  - Safety data of bivalent COVID-19 vaccines
  - Cost effectiveness analyses
  - COVID-19 epidemiology, including hospitalization rates among vaccinated and boosted persons
  - SARS-CoV-2 genomic surveillance and virus evolution
  - Data from vaccine manufacturers

https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-02/slides-02-24/COVID-10-Oliver-508.pdf

Other Prevailing Infections

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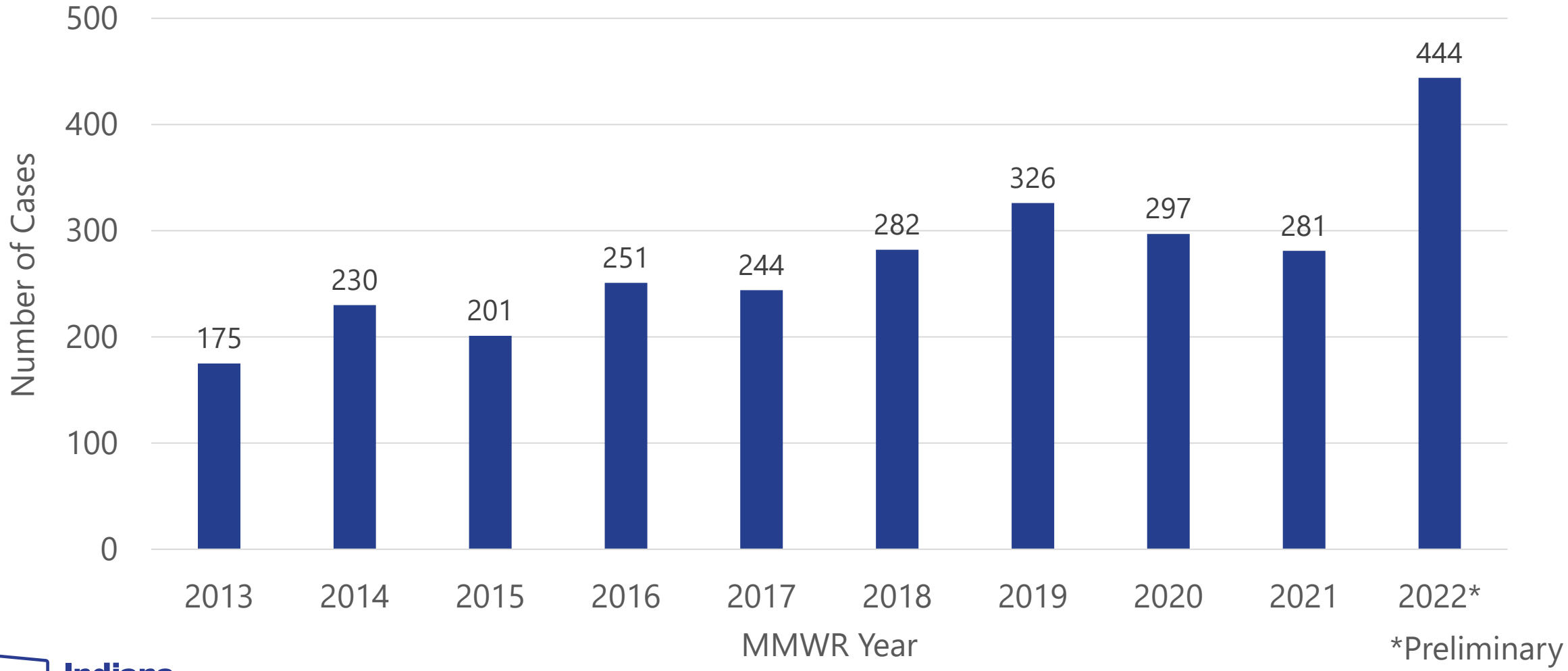
Group A *Streptococcus* (GAS)

Streptococcus pyogenes (gram positive cocci)

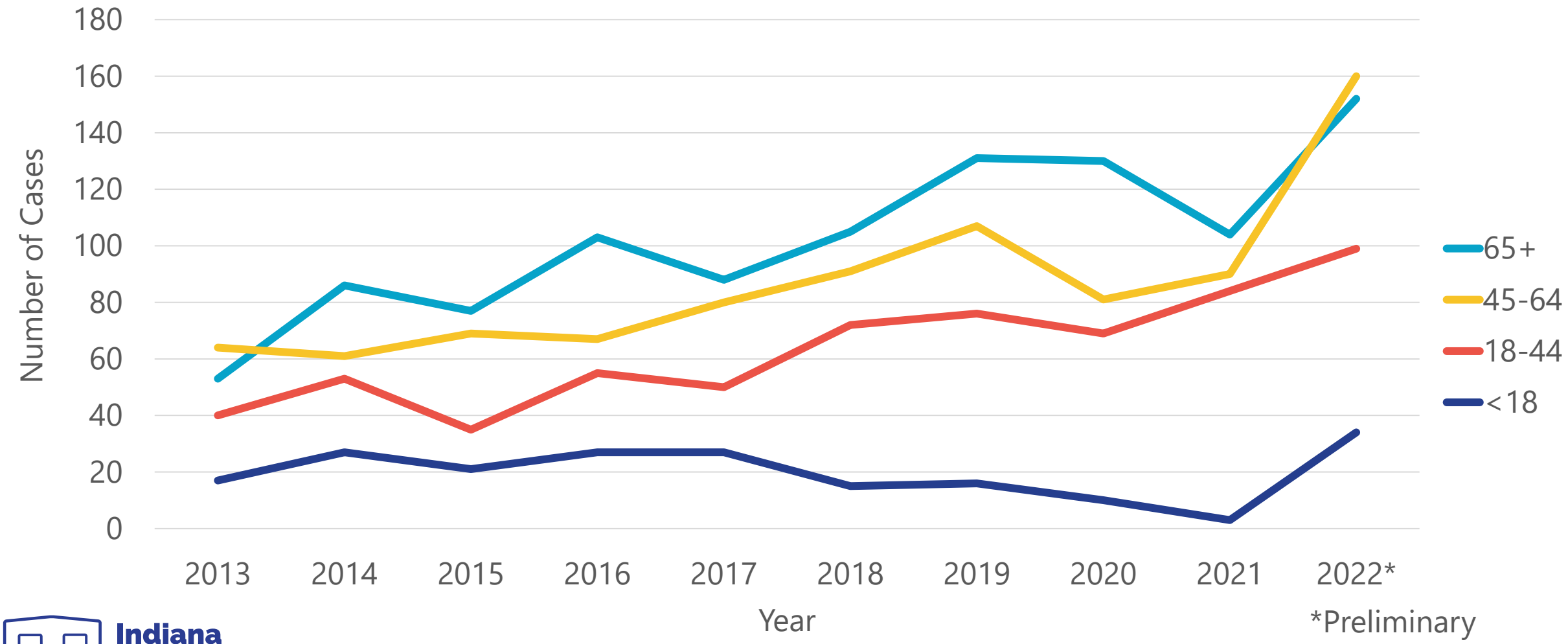
- Common cause of many types of infections:
  - Strep throat/scarlet fever
  - Impetigo
  - Cellulitis
  - Bloodstream infections
  - Streptococcal toxic shock syndrome
  - Necrotizing fasciitis
- Transmission via respiratory droplets and direct contact
- Only invasive GAS (iGAS) infections are reportable in Indiana

Invasive Group A *Streptococcus* (iGAS) Cases, Indiana, 2013-2022



Indiana Department of Health

iGAS Cases by Age, Indiana, 2013-2022



Indiana Department of Health

Risk factors for iGAS infections

- People with concurrent or preceding viral infections, such as influenza and varicella (chickenpox), are at increased risk for iGAS infection
- People aged 65 years or older
- American Indian and Alaska Native populations
- Residents of long-term care facilities
- People with medical conditions such as diabetes, malignancy, immunosuppression, chronic kidney, cardiac, or respiratory disease
- People with wounds or skin disease
- People who inject drugs or who are experiencing homelessness

HAN Archive - 00484 | Health Alert Network (HAN) (cdc.gov)

Colonization

- Throat
- Skin (including wounds)
- Vagina
- Rectum

Colonized individuals are less contagious but can still spread the bacteria.

GAS Outbreaks in Long-term Care

- GAS is a well-documented cause of outbreaks in long-term care facilities (LTCFs)
- Often associated with gaps in infection control practices
- May result in significant morbidity and mortality for residents
- Outbreaks may be prolonged, with cases occurring over several months
- Even one case of invasive GAS in a LTCF warrants further investigation
- Two or more GAS cases within a 4-month period typically triggers outbreak investigation and response
- Notify public health of any iGAS cases or suspected outbreaks in long-term care facilities

GAS Outbreak Control

- Strong adherence to proper infection control:
  - Hand hygiene
  - Transmission-based precautions
  - Proper wound care practices
- Close monitoring of residents and staff for early signs and symptoms of GAS infections (invasive and non-invasive)
- Proper isolation, testing and treatment of symptomatic residents and staff
- Isolation for at least 24 hours after initiation of effective therapy and wounds are not draining or can be fully covered.
- Screening and decolonization (if deemed necessary)
- Close collaboration with public health

Suspected GAS

- Implement appropriate transmission-based precautions until:
  - GAS is ruled out OR
  - Residents are treated for at 24 hours with appropriate therapy and wounds are not draining/ appropriately covered
- Maintain a low threshold for obtaining wound cultures

Educate Staff

- Ensure all staff are educated about Group A Strep prevention and proper infection control
- Encourage staff to monitor for signs and symptoms of GAS infection
- Report suspected infections to designated facility staff
- Ensure staff do not work when ill

Recognize Infections Early

Evaluate patients promptly for GAS infection if any suggestive signs or symptoms:

- New fever
- Early signs of wound infection, increasing or changing drainage
- Sore throat
- A red, warm, or swollen area of skin that spreads quickly
- Severe pain, including pain beyond the area of the skin that is red, warm, or swollen

Candida auris Resources

Link to recently completed Qsource *C. auris* video:
Nursing Homes – Qsource QIO Resources

Link to newest iteration of *C. auris* toolkit:
C.-Auris-Toolkit-updated-9.30.22.pdf (in.gov)

Link to newly updated *C. auris* IDOH webpage:
Health: Infectious Disease Epidemiology & Prevention Division: Candida auris

Feb 1: CDC HAN-- VIM-CRPA

- The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory about infections with an extensively drug-resistant strain of Verona Integron-mediated Metallo-β-lactamase (VIM) and Guiana-Extended Spectrum-β-Lactamase (GES)-producing carbapenem-resistant Pseudomonas aeruginosa (VIM-GES-CRPA) in 12 states.
- Patients had a variety of presentations including keratitis, endophthalmitis, respiratory infection, urinary tract infection, and sepsis. Patient outcomes include permanent vision loss resulting from cornea infection, hospitalization, and one death due to systemic infection.
- Most patients reported using artificial tears. Patients reported more than 10 different brands of artificial tears, and some patients used multiple brands.
- Update [2/22/2023] FDA recommended that Global Pharma recall Delsam Pharma's Artificial Eye Ointment, and the firm agreed to initiate a recall.
- [2/2/2023] FDA is warning consumers and health care practitioners not to purchase and to immediately stop using EzriCare Artificial Tears or Delsam Pharma's Artificial Tears due to potential bacterial contamination.

FDA warns consumers not to purchase or use EzriCare Artificial Tears due to potential contamination | FDA

Health Alert Network (HAN) - 00485 | Outbreak of Extensively Drug-resistant Pseudomonas aeruginosa Associated with Artificial Tears (cdc.gov)

Questions?

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Your Feedback is Valuable

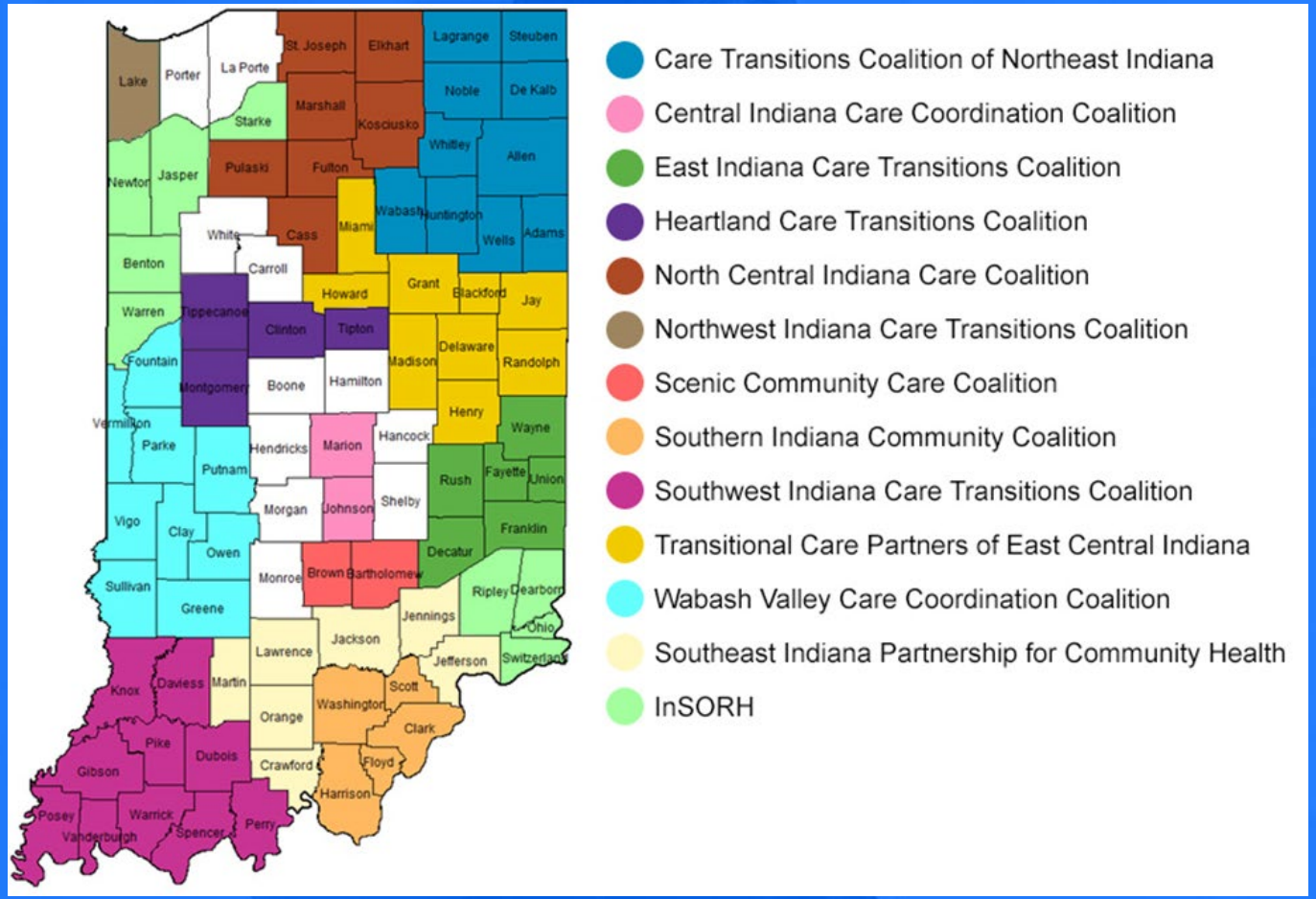
Question
On a scale of 1 to 5 where 5 represents “Very Satisfied” and 1 represents “Very Dissatisfied”, indicate your level of satisfaction with this session. 5- Very Satisfied 4-Somewhat Satisfied 3-No opinion 2-Somewhat Dissatisfied 1-Very Dissatisfied

Qsource.

Community Coalitions

Qsource brings together Medicare beneficiaries, providers, and communities together in data-driven initiatives that increase patient safety, make communities healthier, better coordinate post-hospital care, and improve clinical quality.

In addition to improving clinical outcomes, Qsource works with communities to address population health concerns, often referred to as social determinants of health. These include concerns such as insufficient food resources, lack of transportation to follow up appointments, homelessness, among others.



Upcoming Webinars

5/10/2023 Public Health Update

Resource Page Updated

Discover What's New!

We've recently updated our Resources Web page to include Spanish translated materials and new topics.

Download the QR code and keep it handy to access the page on your mobile device. Or visit our Resources Page to view the latest tools, podcasts and on-demand webinars.

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