

Guidance and responses were provided based on information known on 4/13/2022 and may become out of date. Guidance is being updated rapidly, so users should look to CDC and NE DHHS guidance for updates.

# Infection Prevention Updates for Acute Care and Outpatient Settings

April 13, 2022



Infection Control Assessment  
and Promotion Program

NEBRASKA

Good Life. Great Mission.

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DEPT. OF HEALTH AND HUMAN SERVICES

# Questions and Answer Session

Presenters today are:

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Panelists today are:

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Please use the Q&A box in the webinar platform to type a question. Questions will be read aloud.

If your question is not answered during the webinar, please e-mail it to

[nebraskaicap@nebraskamed.com](mailto:nebraskaicap@nebraskamed.com) or call Monday – Friday 8:00 am – 4:00 pm CST to speak with one of our Infection Preventionists.

Slides and a recording of this presentation will be available on the Nebraska ICAP website

<https://icap.nebraskamed.com/covid-19-webinars/>



# Learning Objectives

During this series, participants should be better able to:

1. Recognize infection prevention and control issues for application of the recommendations to mitigate these issues.
2. Identify resources on infection prevention and control that will be helpful to mitigate infection prevention and control challenges.
3. Describe latest updates on COVID-19 pandemic related to infection prevention and control practices in acute and outpatient settings.

## Target Audience

Healthcare professionals working in acute and outpatient settings. To include medical directors, nursing staff, directors of nursing, infection preventionists, quality program leaders, administrators, consultant pharmacists or other staff working in Acute and Outpatient settings.

# Mission and Goals

To provide an educational venue that connects infection preventionists and providers from acute and outpatient facilities across Nebraska with the objective of promoting the latest research and best practices in infection prevention and control. These educational webinars are aimed to help promote and strengthen the Nebraska infection prevention and control infrastructure.

The goals for this educational activity include:

1. Increase knowledge of infection control processes for acute and outpatient settings.
2. Increasing awareness of specific infection prevention and control issues that may be confronted in acute and outpatient settings.
3. Provide resources to attendees to help them with infection prevention and control efforts in their own facilities.
4. Provide resources to attendees on the most up to date COVID-19 pandemic related guidance and recommendations.

# Continuing Education

## **1.0 Nursing Contact Hour is awarded for the LIVE viewing of this webinar**

Nebraska Medicine is approved as a provider of nursing continuing professional development by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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In order to obtain either contact hour, you must be present for the entire live webinar and complete the post webinar survey

No conflicts of interest were identified for any member of the planning committee, presenters or panelists of the program content

This CE is hosted by Nebraska Medicine and UNMC along with Nebraska ICAP and Nebraska DHHS



# Continuing Education

**1.0 AMA PRA Category 1 Credit™ for Physicians offered by UNMC is awarded for the live viewing of this webinar**



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The University of Nebraska Medical Center designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



# Disclosure Declaration

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This activity may include presentations in which faculty may discuss off-label and/or investigational use of pharmaceuticals or instruments not yet FDA-approved. Participants should note that the use of products outside currently FDA-approved labeling should be considered experimental and are advised to consult current prescribing information for FDA-approved indications. All materials are included with the permission of the faculty. The opinions expressed are those of the faculty and are not to be construed as those of UNMC.

The accredited provider has mitigated and is disclosing identified relevant financial relationships for the following faculty, planners, and others in control of content prior to assuming their roles:

## **FACULTY**

The faculty have nothing to disclose:

Gary Anthone, MD	Daniel Brailita, MD	Rebecca Martinez, BSN, BA, RN, CIC	Jody Scebold, EdD, MSN, RN, CIC
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## **PLANNING COMMITTEE**

The planning committee members have nothing to disclose:

Kate Tyner, RN, BSN, CIC	Richard Starlin, MD	Daniel Taylor
Josette McConville, BSN, RN, CIC	Sarah Stream, MPH, CDA, FADAA	Margaret Deacy



# Nebraska DHHS Updates

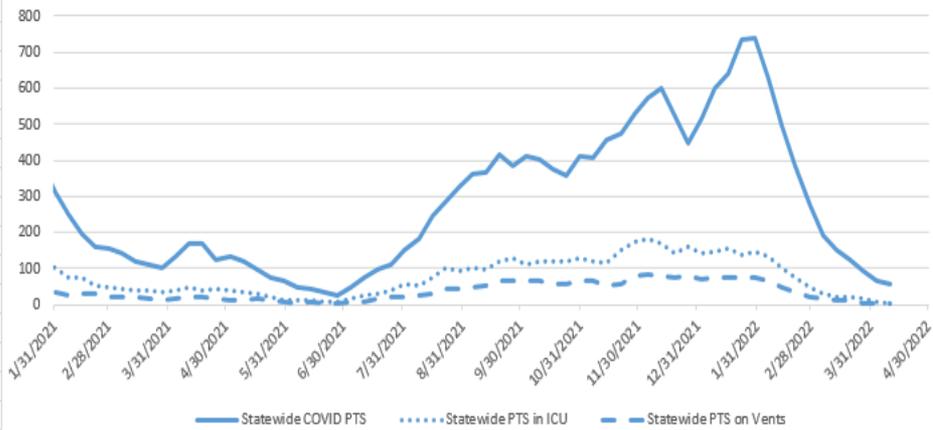
**Gary Anthone, MD**  
**Chief Medical Officer, DHHS**



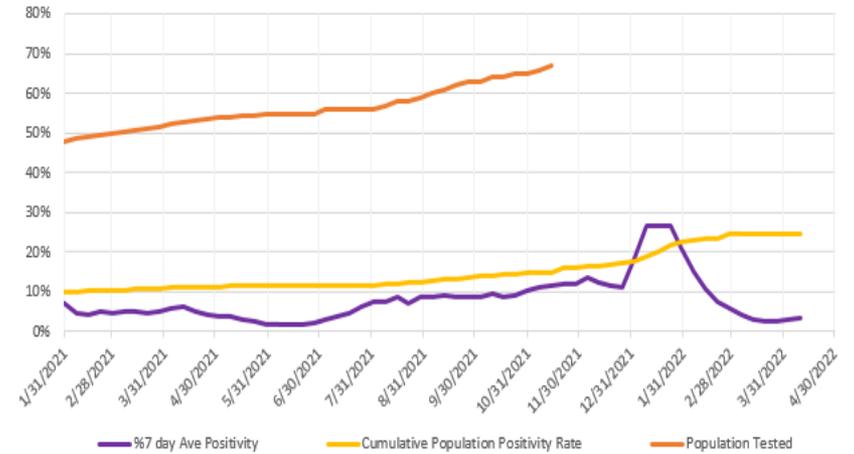
Infection Control Assessment  
and Promotion Program

Date	Statewide COVID PTS	%7 day Ave Positivity	Statewide PTS on Vents	Douglas Covid PTS	Doug Covid PTS on Vents	Lanc COVID PTS	Lanc COVID PTS on Vents	Populati on Tested	Cumulati ve Populati on	Fatality Rate	Statewide PTS in ICU	Douglas PTS in ICU	Lancaster PTS in ICU
5/23/2021	73	2.60%	13	38	10	14	3	55%	11.50%	1.00%	22	14	3
5/30/2021	66	1.70%	9	27	6	16	1	55%	11.60%	1.01%	14	8	1
6/6/2021	47	1.70%	4	23	3	11	1	55%	11.60%	1.01%	10	6	1
6/13/2021	45	1.60%	7	20	5	8	2	55%	11.60%	1.01%	12	6	1
6/20/2021	34	1.60%	4	17	4	5	0	55%	11.60%	1.01%	6	2	0
6/27/2021	27	2.20%	2	12	2	8	0	55%	11.60%	1.01%	9	5	2
7/4/2021	46	3.00%	6	13	3	18	2	56%	11.60%	1.01%	15	4	2
7/11/2021	74	3.80%	9	28	2	25	6	56%	11.70%	1.00%	24	9	10
7/18/2021	97	4.80%	18	36	8	28	8	56%	11.70%	1.01%	30	15	10
7/25/2021	110	6.20%	21	46	11	34	6	56%	11.70%	1.00%	40	20	12
8/1/2021	153	7.40%	21	63	12	43	5	56%	11.80%	1.00%	59	26	13
8/8/2021	185	7.70%	27	79	13	49	9	57%	12.00%	1.00%	54	22	11
8/15/2021	246	8.60%	28	104	8	64	11	58%	12.10%	1.00%	75	29	11
8/22/2021	287	7.10%	45	116	19	84	17	58%	12.30%	1.00%	101	48	17
8/29/2021	328	8.60%	44	137	24	91	12	59%	12.60%	0.95%	93	42	20
9/5/2021	361	8.70%	49	152	25	86	15	60%	12.90%	0.94%	100	48	15
9/12/2021	368	9.00%	53	143	23	86	18	61%	13.10%	0.93%	99	37	22
9/19/2021	414	8.80%	68	153	32	87	22	62%	13.40%	0.92%	120	44	30
9/26/2021	385	8.90%	68	141	26	88	22	63%	13.60%	0.91%	127	42	27
10/3/2021	411	8.70%	64	165	27	84	20	63%	13.90%	0.90%	113	44	29
10/10/2021	402	9.50%	67	160	23	77	23	64%	14.10%	0.90%	120	43	30
10/17/2021	375	8.60%	55	152	19	75	15	64%	14.30%	0.90%	120	49	22
10/24/2021	357	9.10%	59	138	21	73	16	65%	14.50%	0.90%	119	46	21
10/31/2021	413	10.20%	65	168	32	72	17	65%	14.80%	0.90%	129	52	16
11/7/2021	407	11.20%	64	155	35	65	13	66%	15.04%	0.87%	122	50	13
11/14/2021	455	11.50%	53	165	22	84	14	67%	15%	0.86%	116	40	19
11/21/2021	476	12.00%	57	189	28	62	14		16.00%	0.86%	153	62	25
11/28/2021	528	12.20%	79	222	43	81	13		16.00%	0.86%	176	83	22
12/5/2021	574	13.60%	84	247	44	85	15		16.30%	0.85%	182	89	24
12/12/2021	601	12.40%	78	286	35	82	16		17%	0.85%	168	74	23
12/19/2021	523	11.70%	74	245	30	105	21		17.00%	0.84%	142	60	28
12/26/2021	446	11.40%	79	217	37	92	23		17.20%	0.83%	162	69	23
1/2/2022	516	18.70%	72	277	37	89	19		17.80%	0.81%	141	74	19
1/9/2022	602	26.50%	75	322	44	97	18		18.80%	0.79%	146	82	20
1/16/2022	639	26.70%	74	318	45	102	13		20.30%	0.75%	156	74	19
1/23/2022	735	26.50%	77	378	42	118	17		21.80%	0.71%	136	67	23
1/30/2022	739	21.10%	74	371	44	128	13		22.70%	0.70%	148	74	22
2/6/2022	627	15.10%	68	310	33	113	12		23.10%	0.70%	135	61	12
2/13/2022	496	10.70%	47	247	20	91	7		23.30%	0.70%	102	43	16
2/20/2022	387	7%	34	233	13	48	4		23.40%	0.71%	73	34	6
2/27/2022	279	6.00%	23	176	11	35	3		24.60%	0.69%	50	27	3
3/6/2022	191	4.10%	18	118	9	33	4		24.60%	0.69%	32	16	6
3/13/2022	150	3.10%	11	94	6	21	1		24.70%	0.69%	21	12	2
3/20/2022	123	2.60%	10	72	4	21	1		24.70%	0.69%	19	6	3
3/27/2022	91	2.60%	5	65	3	8	0		24.70%	0.71%	17	8	1
4/3/2022	68	3%	4	50	4	5	0		24.70%	0.72%	7	5	0
4/10/2022	59	3.40%	1	45	1	6	0		24.70%	0.72%	4	4	0

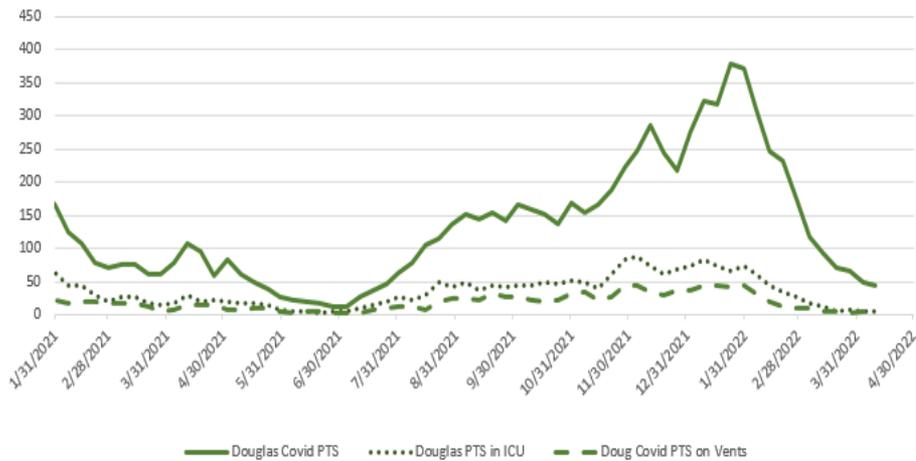
Nebraska Patient, ICU, & Ventilator Counts



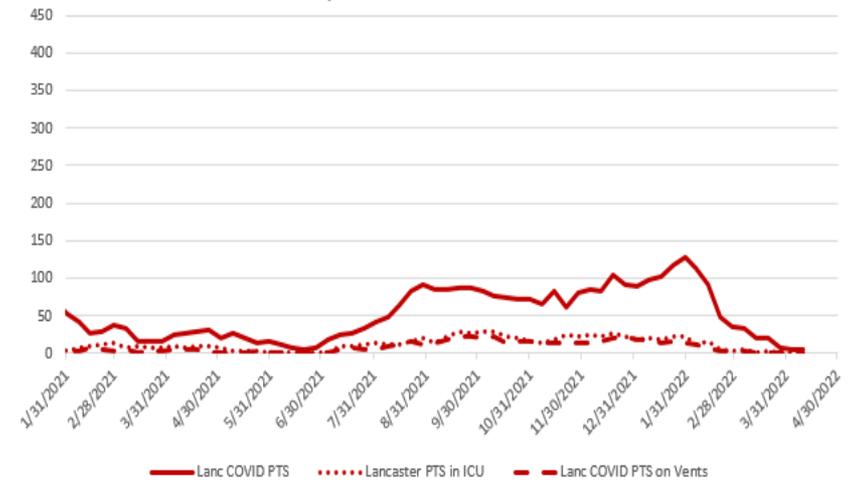
Nebraska COVID Rates



Douglas County Patient, ICU, & Ventilator Counts



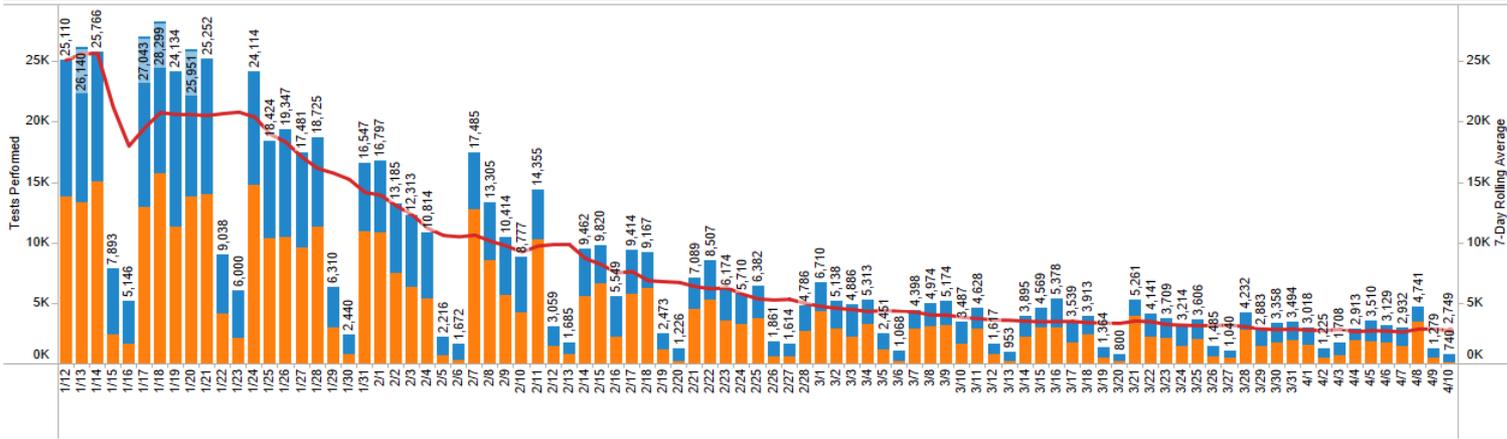
Lancaster County Patient, ICU, & Ventilator Counts



- Decrease of 9pts (-23; -32; -27; -41)
- 7 Day rolling average of 1.5% (1.9; 2.5; 3.1; 4.0)
- 7% of hospitalized COVID pts in ICU (10; 19; 15; 14)
- 25% of COVID ICU pts on Vents (57; 29; 52; 52)
- 1% of statewide ICU pts are COVID pts (2; 4; 4; 5)
- Average of 5 new covid pts admitted per day (8; 11; 13; 17)
- 1 ped admits last week (1: 1; 9; 7)

# COVID-19 Tests

Daily number of tests performed, by lab report date and test type, last 90 days, Nebraska



New Tests Reported  
within past 7 days

19,244

Average Tests Per Day  
7 day average of new tests reported

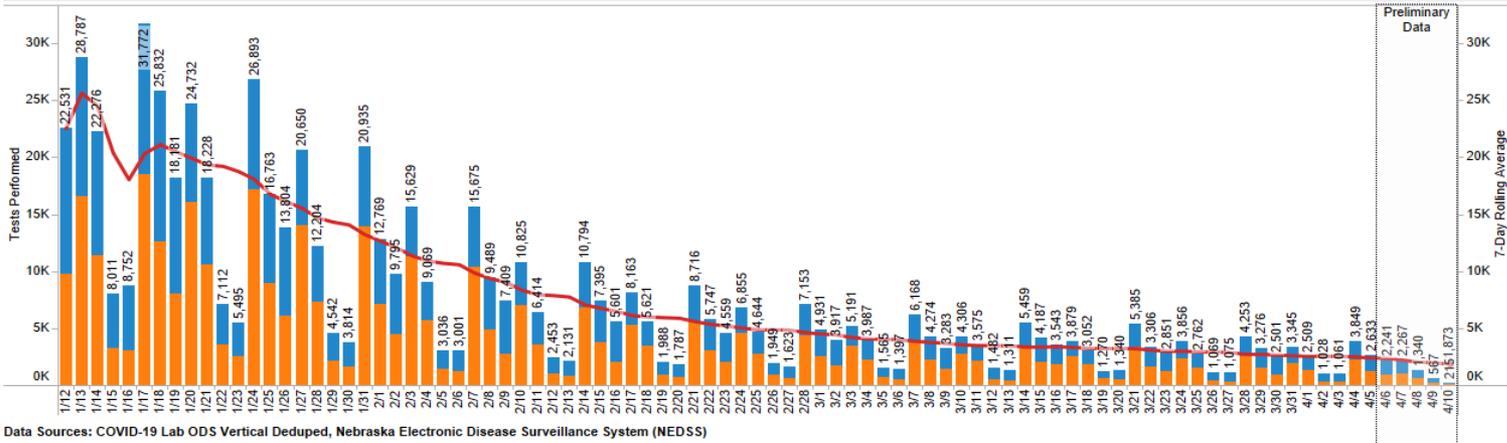
2,749

▼ -3.4% from previous 7 days

Percentage of PCR Test  
within past 7 days

43.31%

Daily number of tests performed, by specimen collection date and test type, last 90 days, Nebraska



Test Type

- PCR, Number of Records
- Antigen, Number of Records
- Null, Number of Records

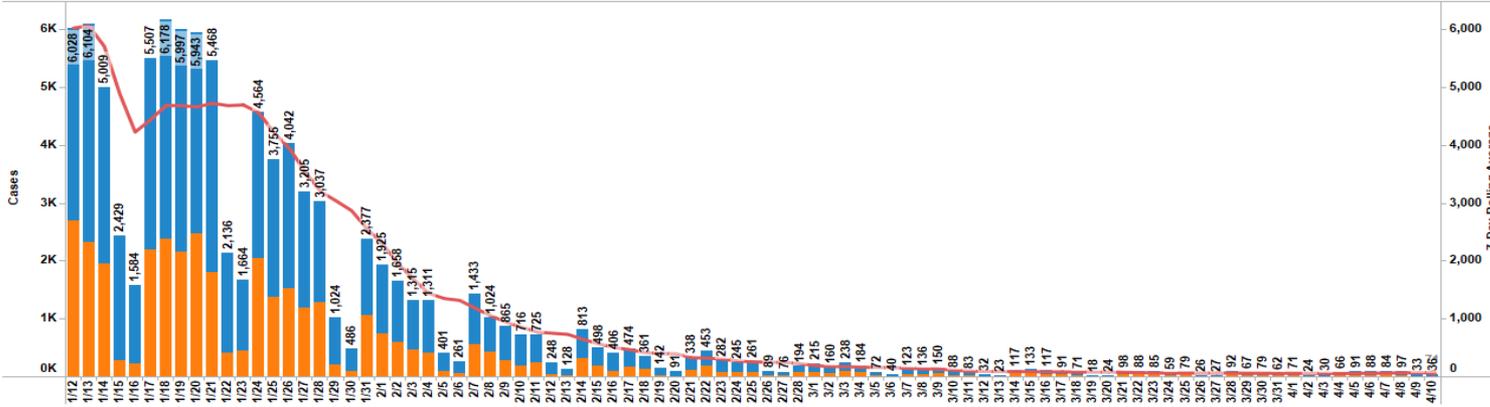
Measure Names

- 7 day rolling average of tests

Data Sources: COVID-19 Lab ODS Vertical Deduped, Nebraska Electronic Disease Surveillance System (NEDSS)

# COVID-19 Cases

Daily new cases by lab report date, by test type, and last 90 days, Nebraska



New Cases Reported  
reported in past 7 days

495

Average Cases Per Day  
7 day average of new cases reported

70.7

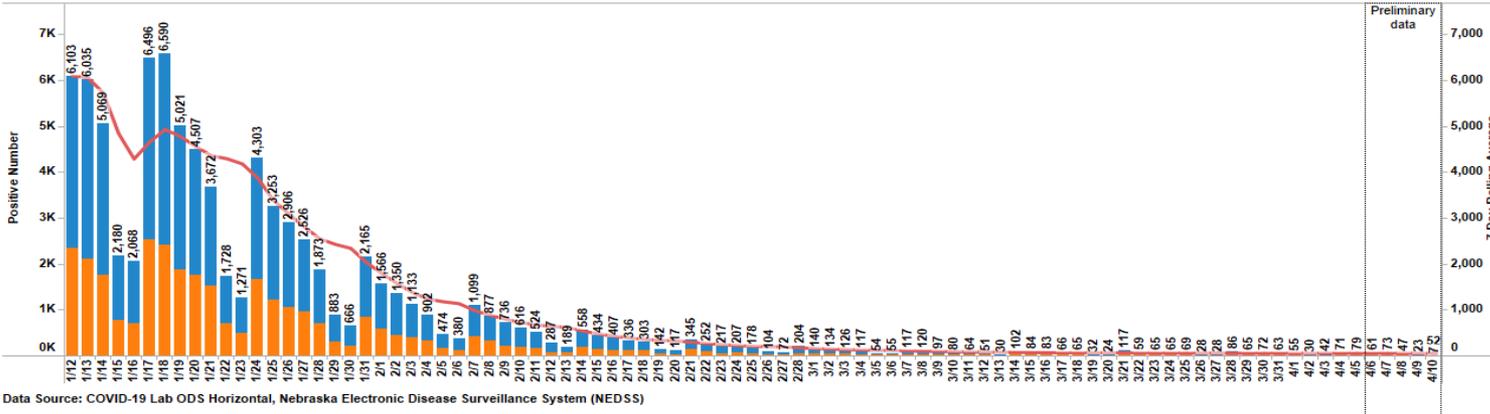
3.7 per 100K

▲ 16.5% from previous 7 days

Percentage of PCR  
Cases  
within past 7 days

71.11%

Daily new cases by specimen collection date, by test type, and last 90 days, Nebraska



Test Type

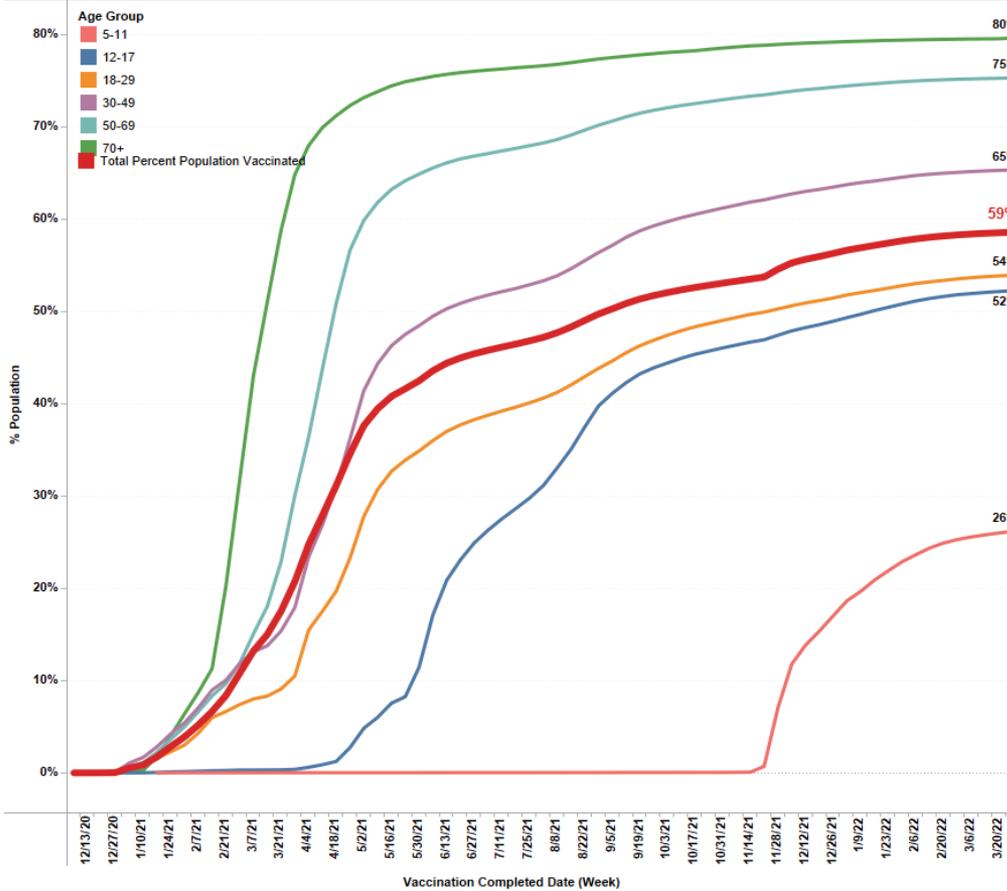
- PCR
- Antigen
- Null

Line  
7 day rolling average of cases

Data Source: COVID-19 Lab ODS Horizontal, Nebraska Electronic Disease Surveillance System (NEDSS)

# Vaccinations

Cumulative % Population Fully Vaccinated Residents, by Age Group and Week, Nebraska  
(Includes Pfizer 5-11 yr old fully vaccinated)



Total % Population Fully Vaccinated By LHD and Age Group  
(Includes Pfizer 5-11 yr old fully vaccinated)

LHD short	5-11	12-17	18-29	30-49	50-69	70+	Grand Total
Central	17%	40%	51%	60%	74%	75%	53%
Dakota	11%	38%	49%	59%	73%	78%	50%
Douglas	37%	68%	67%	73%	81%	86%	66%
East Central	9%	29%	48%	60%	74%	78%	52%
Elkhorn Logan Valley	10%	32%	46%	57%	73%	79%	52%
Four Corners	16%	35%	39%	58%	73%	80%	53%
Lincoln/Lancaster	37%	69%	55%	78%	85%	88%	66%
Loup Basin	6%	20%	30%	41%	57%	64%	41%
North Central	8%	20%	31%	40%	55%	67%	41%
Northeast	12%	28%	32%	48%	61%	70%	42%
Panhandle	9%	25%	32%	44%	59%	68%	42%
Public Health Solutions	16%	40%	45%	56%	73%	81%	54%
Sarpy/Cass	33%	64%	62%	66%	79%	85%	62%
South Heartland	7%	25%	40%	53%	69%	78%	49%
Southeast	18%	42%	45%	57%	71%	75%	54%
Southwest	7%	19%	30%	42%	59%	67%	42%
Three Rivers	22%	45%	52%	63%	76%	81%	58%
Two Rivers	14%	39%	42%	58%	72%	79%	51%
West Central	8%	22%	33%	44%	60%	66%	42%
Grand Total	26%	52%	54%	65%	75%	80%	58%

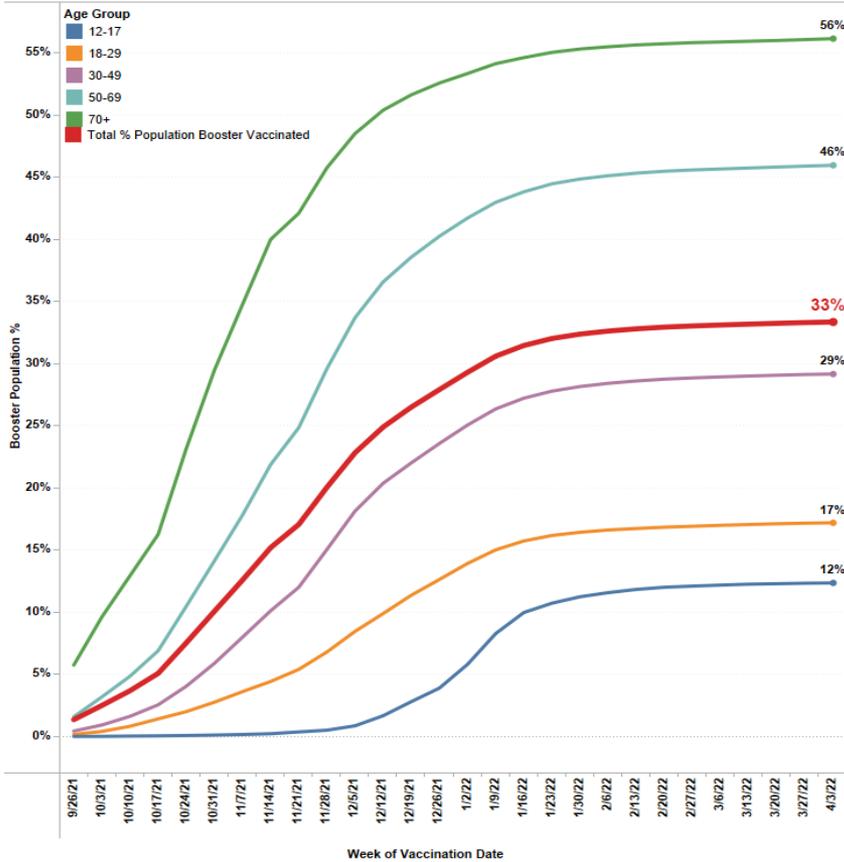
## About the Data

Data Sources: Numerator is NESIIS Extract. Population data from CDC Bridged Race Population Estimates, 2019. Fully vaccinated is defined here as Nebraska residents who have received their 2nd dose of a 2 dose vaccine, or 1st dose of a 1 dose vaccine.

Note: Data are preliminary and may differ from local, state, or federal sources. Vaccinations administered outside the state of Nebraska or by federal partners (DOD, VA, IHS) are not included. Other vaccination data sources may use different population data to calculate rates. Therefore, vaccination rates here may be lower than rates posted on other sites.

# Vaccinations (Boosters)

Cumulative % Population with Additional Booster Dose Administered, by Age Group and Week, Nebraska



Total % Population with Additional Booster Dose Administered, by LHD and Age Group

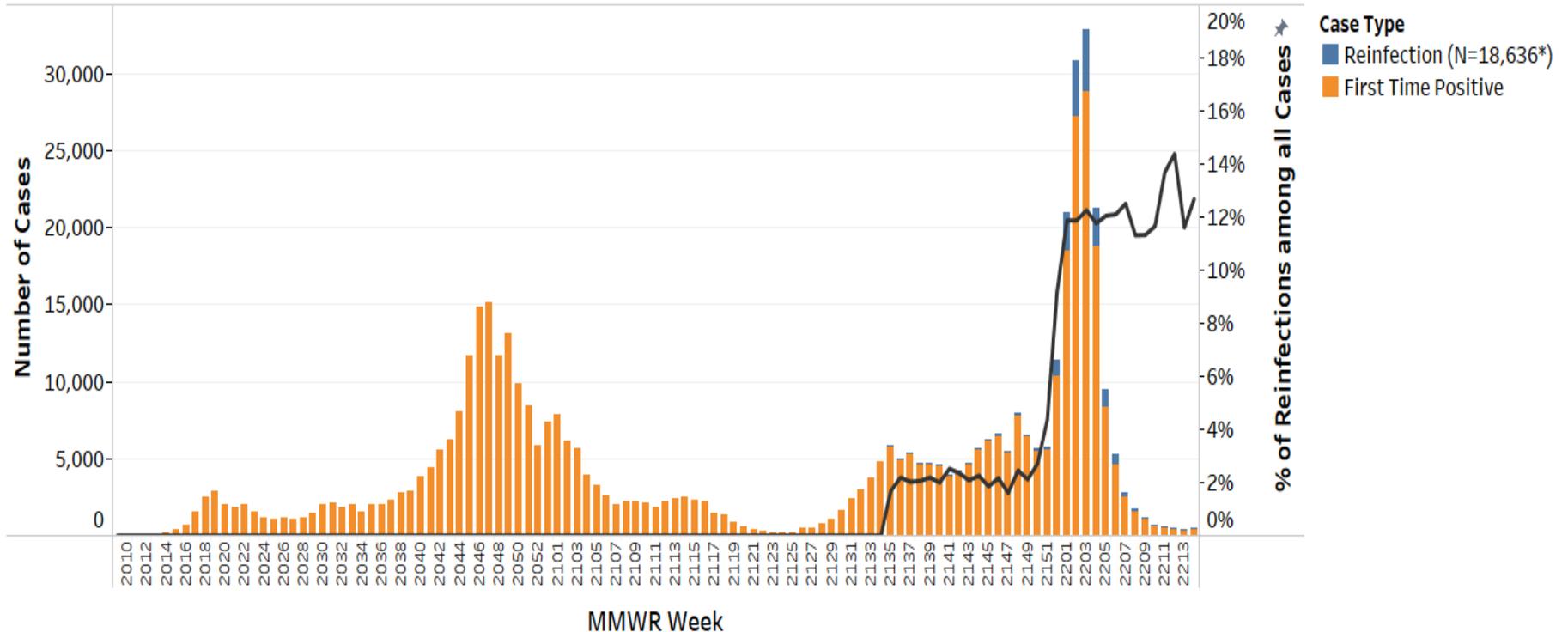
LHD short	12-17	18-29	30-49	50-69	70+	Grand Total
Central	6%	12%	21%	42%	54%	28%
Dakota	4%	7%	13%	35%	46%	21%
Douglas	19%	23%	35%	52%	63%	39%
East Central	3%	11%	20%	42%	53%	28%
Elkhorn Logan Valley	4%	10%	19%	41%	55%	28%
Four Corners	6%	11%	23%	43%	58%	31%
Lincoln/Lancaster	18%	20%	40%	57%	65%	40%
Loup Basin	3%	8%	14%	32%	44%	24%
North Central	3%	8%	14%	29%	45%	23%
Northeast	3%	9%	19%	33%	45%	23%
Panhandle	2%	6%	15%	31%	44%	22%
Public Health Solutions	6%	13%	22%	46%	60%	33%
Sarpy/Cass	17%	21%	31%	49%	60%	36%
South Heartland	4%	10%	20%	42%	56%	29%
Southeast	7%	12%	24%	45%	56%	33%
Southwest	2%	7%	13%	32%	45%	23%
Three Rivers	9%	15%	27%	47%	61%	35%
Two Rivers	5%	9%	20%	39%	54%	26%
West Central	2%	7%	14%	32%	45%	22%
<b>Grand Total</b>	<b>12%</b>	<b>17%</b>	<b>29%</b>	<b>46%</b>	<b>57%</b>	<b>34%</b>

## About the Data

Data Sources: Numerator is NESIIS Extract. Population data from CDC Bridged Race Population Estimates, 2019. Data are preliminary and may differ from local, state, or federal sources. Vaccinations administered outside the state of Nebraska or by federal partners (DOD, VA, IHS) are not included. Other vaccination data sources may use different population data to calculate rates. Therefore, vaccination rates here may be lower than rates posted on other sites.

Booster dose is administered when a person has completed their vaccine series and protection against virus has decreased over time. According to CDC, individuals who received a Pfizer-BioNTech or Moderna vaccine the following populations are eligible for a booster shot at 6 months or more after their initial series --65 yr age group >18 yrs living in long-term care setting, underlying medical conditions, residents in high-risk settings. For individuals, who received Janssen vaccine, booster shots are recommended for >18 yrs who were vaccinated two months ago. The heta..

## COVID-19 First Time Positive Cases, Reinfections, and Proportion of Reinfections among all Cases, by MMWR Week

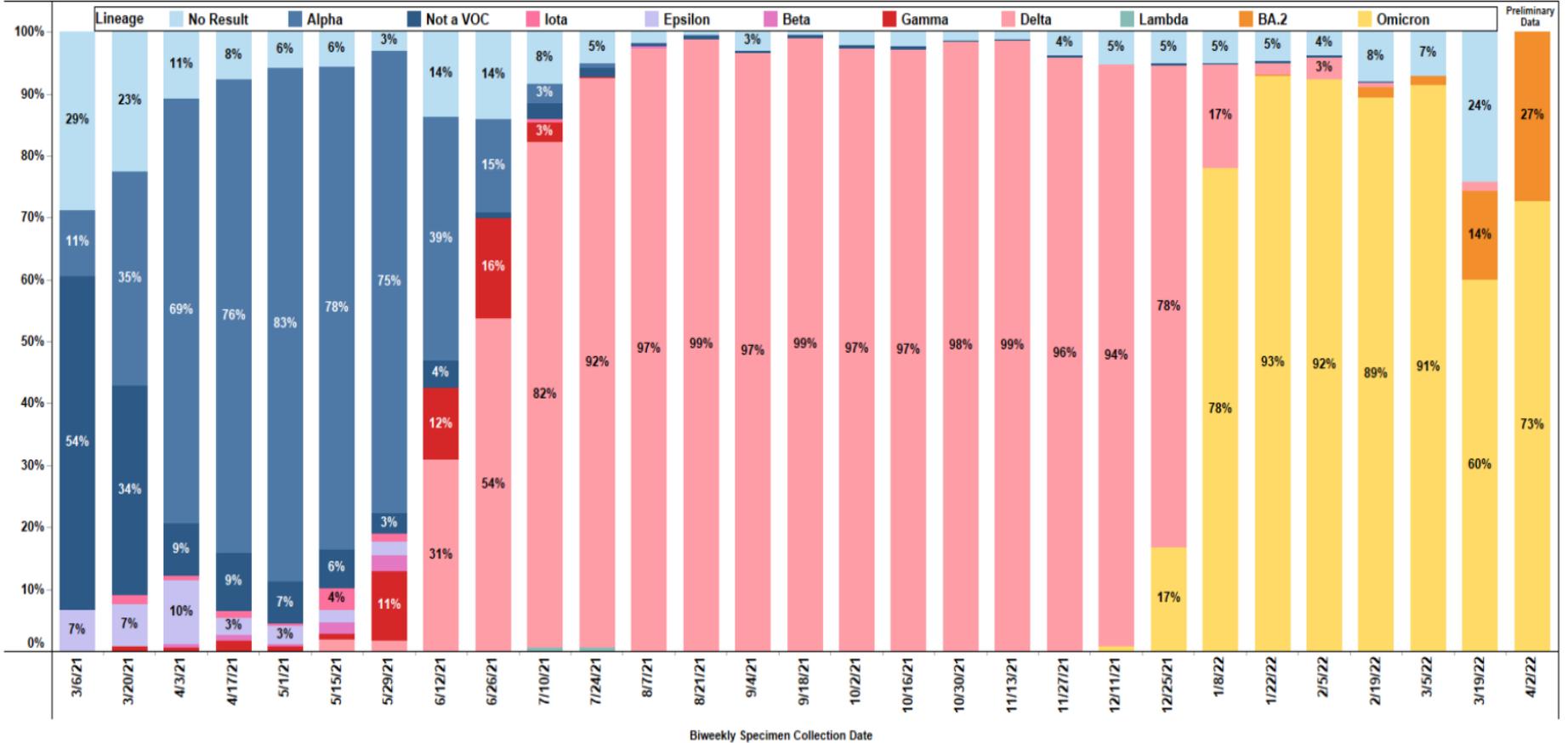


\*Reinfections reported prior to 9/1/21 (n=1,918) are excluded from this figure and total to reflect CDC guidance on counting reinfections as a new case.

\*\*Data source: COVID-19 horizontal reinfection lab datamart

# Sequencing Results By Lineage Performed By All Facilities

Proportion of Sequencing Results by Lineage Among Residents in Nebraska (N=18,081) | By Specimen Collection Date, Since February-2021



# How will the pandemic end?

**Kate Tyner BSN, RN, CIC**

**Rick Starlin, MD**

**Presented by Daniel Brailita MD**

**Rebecca Martinez, BSN, BA, RN, CIC**



# How will the pandemic end?

Previous pandemics have ended in 1 of 3 ways

- “Faded Away” – like SARS 2002, nonpharmacologic interventions largely control and end spread because only symptomatic people are spreading the virus.
- “Vaccinated Away” – Universal vaccination, such as Smallpox
- “Endemic”- Attenuation over time, or becoming less severe, such as similar to the 1918 Flu Pandemic

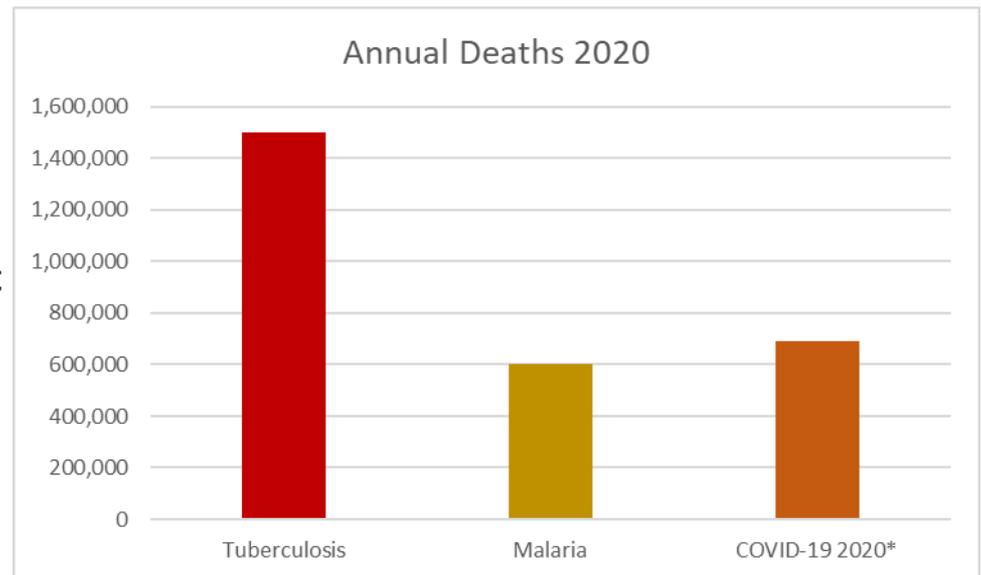


*[free image](#)*

What now? How pandemics end. Your Local Epidemiologist [blog post] Katelyn Jetelina 2022. 548 Market Street PMB 72296, San Francisco, CA 94101  
[https://yourlocalepidemiologist.substack.com/subscribe?utm\\_source=substack&utm\\_medium=email&utm\\_content=postcta](https://yourlocalepidemiologist.substack.com/subscribe?utm_source=substack&utm_medium=email&utm_content=postcta)  
[CDC - Epidemic Disease Occurrence](#)

# More about endemicity

- Endemicity suggests that cases are static, not rising and not falling
- Endemic diseases can be both widespread and deadly
- Example of Diseases considered endemic: Tuberculosis and Malaria
- Consideration as endemic, epidemic or pandemic infection: Depends on the interplay of a population's behavior, demographic structure, susceptibility and immunity, plus whether viral variants emerge.



COVID-19: endemic doesn't mean harmless. Katzourakis, A. *Nature* **601**, 485 (2022)

doi: <https://doi.org/10.1038/d41586-022-00155-x>

\* COVID-19 2020 Cumulative death count US, Germany, France, UK, Canada, India as found at [Our World in Data](#)



# Why we really don't know

- Omicron infection/immunity will help, but it isn't dependable
- The virus will mutate, but we don't know how.
- There has to be a global response.

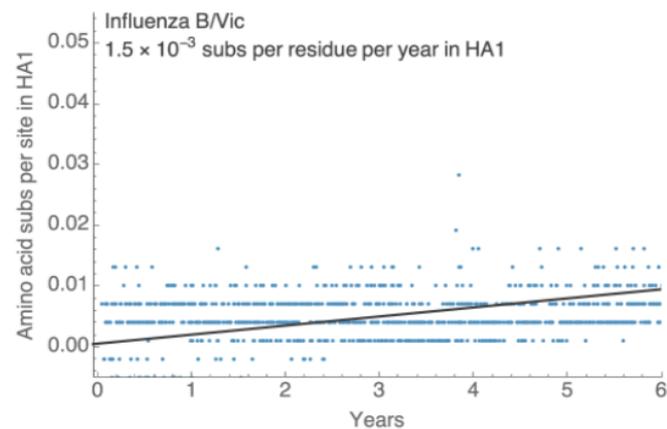
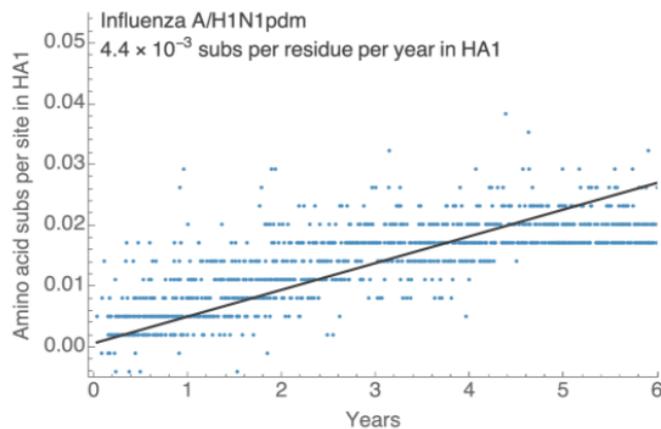
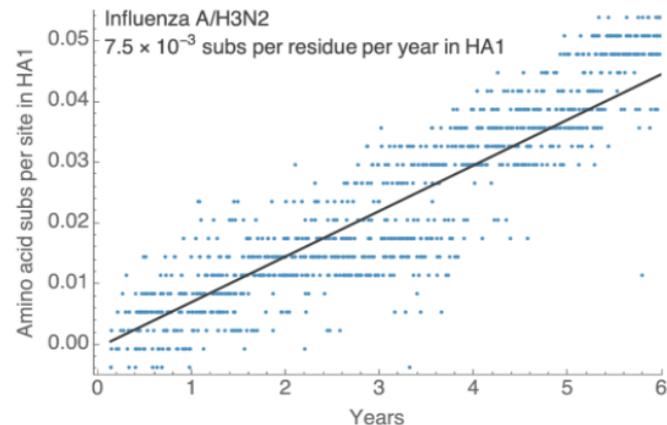
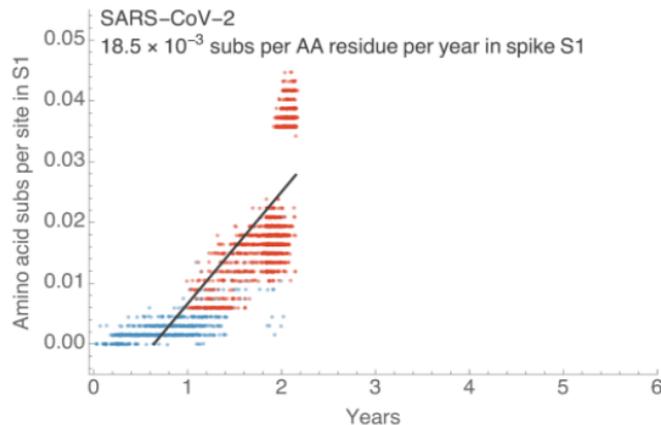
# Omicron and immunity

- Disease-induced immunity does stimulate an immune response, but it varies from person to person
- Differs from person to person in both strength [low responses and high responses] and duration

Science in 5, World Health Organization. “Episode #67 Understanding Immunity” Vismita Gupta-Smith and Dr. Soumya Swaminathan  
[link to Transcript](#)



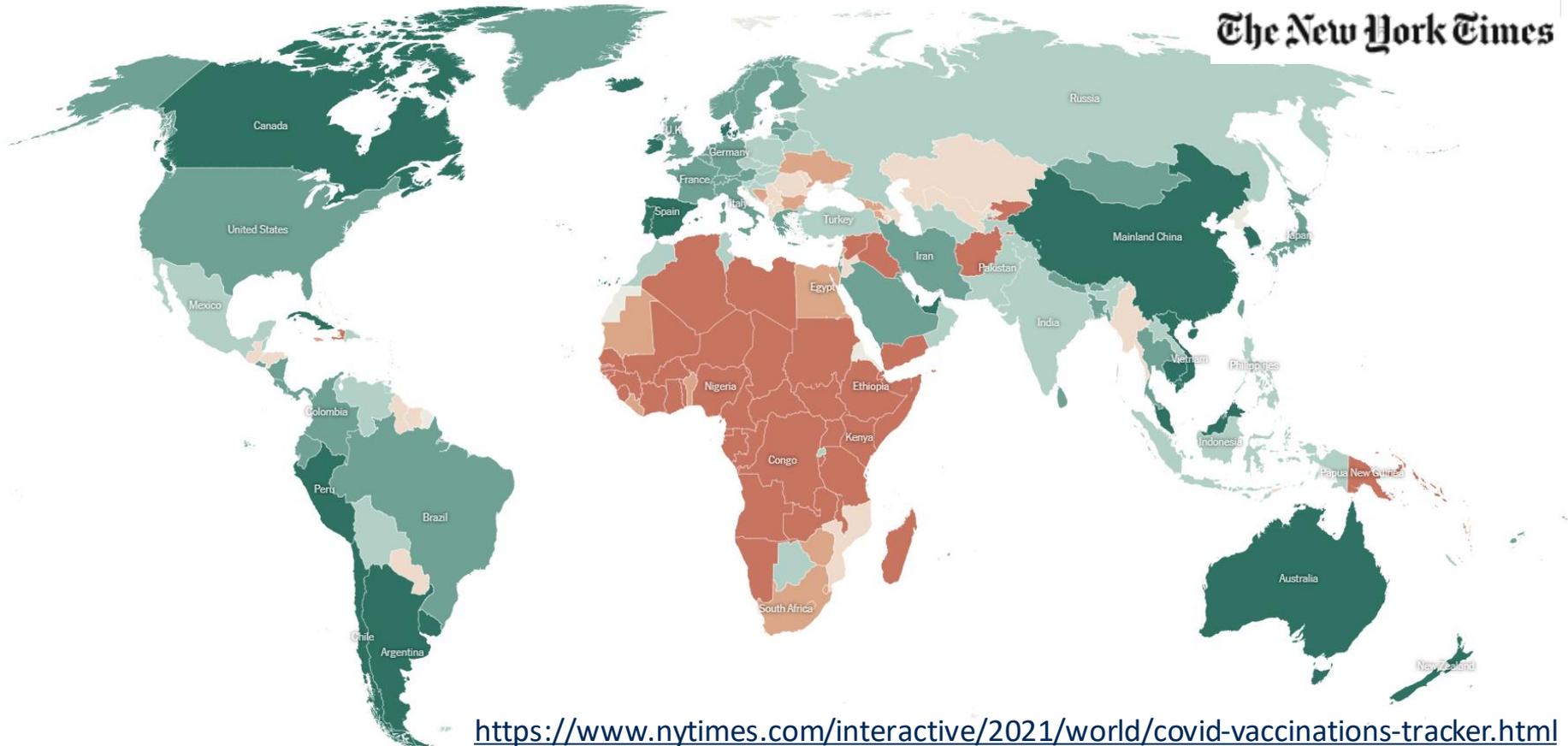
# COVID-19 and mutations



<https://bedford.io/talks/sars-cov-2-continuing-evolution-vrbpac/#/8>

Dr. Trevor Bedford, Slide suggested by [YLE Blog 4/8/22](#)

# Global Vaccination

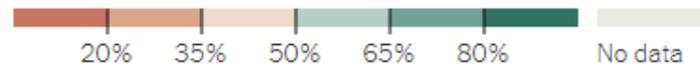


At least one dose

Fully vaccinated

Additional dose

Share of population fully vaccinated



Double-click to zoom into the map.

# How do we prepare for whatever is next?

- Increase vaccine and booster uptake
- Continue to wear masks when community levels are high/increasing
- Collaborate on efforts to expand respiratory protection programs
- Invest in better filtration systems
- Scale up testing
- Increase supply of COVID-19 therapeutics
- Strengthen surveillance
- Communicate

What now? How pandemics end. Your Local Epidemiologist [blog post] Katelyn Jetelina 2022. 548

Market Street PMB 72296, San Francisco, CA 94101

[https://yourlocalepidemiologist.substack.com/subscribe?utm\\_source=substack&utm\\_medium=email&utm\\_content=postcta](https://yourlocalepidemiologist.substack.com/subscribe?utm_source=substack&utm_medium=email&utm_content=postcta)



# The next phase might look like something we know...

- Seasonal campaigns for vaccination
- Aggressive measures to prevent transmission: here is where masking may become more routine
- Available and effective treatment

**TAKE 3 ACTIONS TO FIGHT FLU**

Influenza (flu) is a contagious disease that can be serious. Every year, millions of people get sick, hundreds of thousands are hospitalized, and thousands to tens of thousands of people die from flu. CDC urges you to take the following actions to protect yourself and others from flu.

**GET YOURSELF AND YOUR FAMILY VACCINATED!**

A yearly flu vaccine is the first and most important step in protecting against flu viruses.

Everyone 6 months or older should get an annual flu vaccine. Protect Yourself. Protect Your Family. Get Vaccinated. #FightFlu

**STOP THE SPREAD**

Take everyday preventive actions to help stop the spread of flu viruses!

Avoid close contact with sick people, avoid touching your eyes, nose, and mouth, cover your coughs and sneezes, wash your hands often (with soap and water).

**ASK YOUR DOCTOR ABOUT FLU ANTIVIRALS**

Take antiviral drugs if your doctor prescribes them!

Antiviral drugs can be used to treat flu illness and can make illness milder and shorten the time you are sick.

[WWW.CDC.GOV/FLU](http://WWW.CDC.GOV/FLU) #FIGHT FLU

# NE ICAP Updates

Presented by Daniel Brailita, MD  
Assistant Professor, Division of Infectious Diseases  
Associate Medical Director, Nebraska ICAP

Rebecca Martinez, BSN, BA, RN, CIC  
Infection Preventionist, NE ICAP



# Monoclonal Antibody Update

Dr. Andrew Watkins  
Nebraska ASAP



Infection Control Assessment  
and Promotion Program

NEBRASKA

Good Life. Great Mission.

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DEPT. OF HEALTH AND HUMAN SERVICES

# FDA updates Sotrovimab emergency use authorization



**Update [4/5/2022] Sotrovimab is no longer authorized to treat COVID-19 in any U.S. region due to increases in the proportion of COVID-19 cases caused by the Omicron BA.2 sub-variant**

*This statement updates the statements below.*

The [Centers for Disease Control and Prevention \(CDC\) Nowcast data](#) from April 5, 2022, estimates that the proportion of COVID-19 cases caused by the Omicron BA.2 variant is above 50% in all Health and Human Services (HHS) U.S. regions. Data included in the

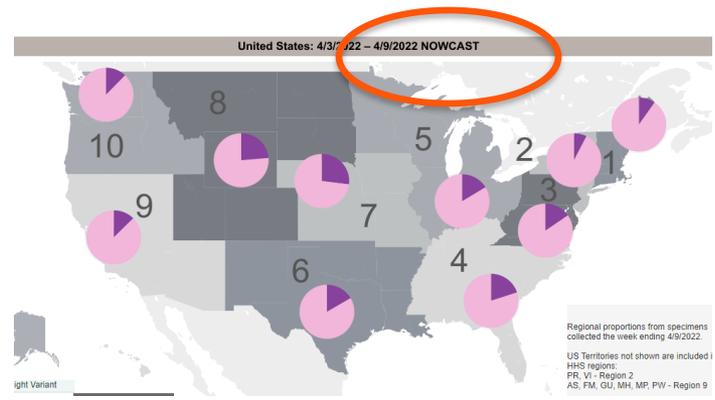
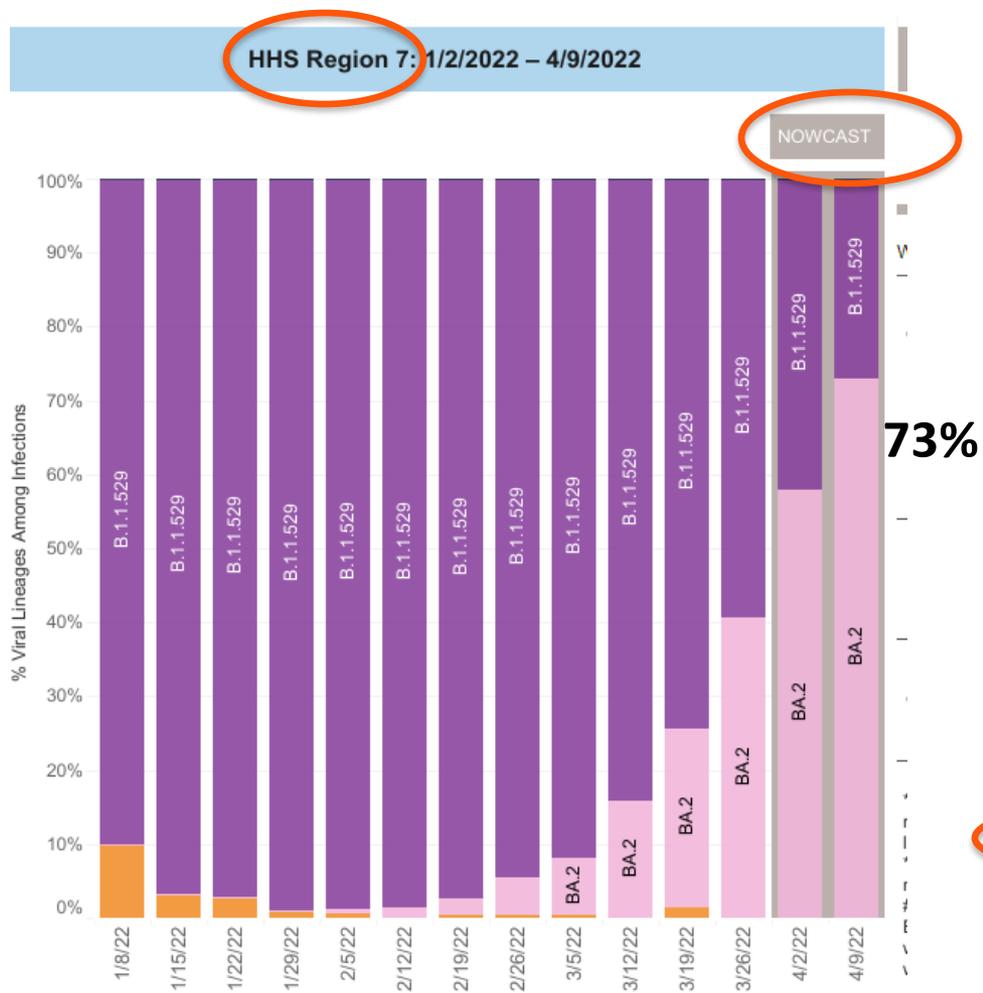
[health care provider fact sheet](#) show the authorized dose of sotrovimab is unlikely to be effective against the BA.2 sub-variant. Due to these data, sotrovimab is not authorized in any U.S. state or territory at this time.

Health care providers should use [other approved or authorized products](#) as they choose appropriate treatment options for patients.

<https://www.fda.gov/drugs/drug-safety-and-availability/fda-updates-sotrovimab-emergency-use-authorization>



# What's happening with BA.2?



**HHS Region 7: 3/20/2022 – 3/26/2022**

**Region 7 - Iowa, Kansas, Missouri, and Nebraska**

WHO label	Lineage #	US Class	%Total	95%CI
Omicron	B.1.1.529	VOC	59.4%	49.8-68.5%
	BA.2	VOC	40.6%	31.5-50.2%
Delta	B.1.617.2	† VOC	0.0%	NA
Other	Other*	†	0.0%	NA

# Currently Available Options

## Paxlovid, oral (first-line)

- 88% reduction in COVID-related hospitalization or death
- 5 days

## Remdesivir, IV (first-line)

- 87% reduction in COVID-related hospitalization or death
- Once daily infusion for 3 days

## Molnupiravir, oral (alternative)

- 30% reduction in COVID-related hospitalization or death
- 5 days

## Bebtelovimab, IV push over 30 seconds (alternative)

- No clinical data on hospitalization or death
- Single dose, still requires 1-hour monitoring period after injection

# COVID-19 TREATMENT

Home / COVID-19 Treatment



MONOCLONAL ANTIBODY  
RESOURCES

PAXLOVID RESOURCES

MOLNUPIRAVIR RESOURCES

<https://asap.nebraskamed.com/covid19-treatment/>



# mRNA Vaccine Boosters 50 years and older

COVID-19 Vaccine Boosters | CDC, updated 4/1/2022

PRIMARY SERIES  
COVID-19 VACCINE

**Pfizer-  
BioNTech**

**Who should get one booster:**

Everyone 12 years and older

**Who can get a second booster:**

Adults 50 years and older

**When to get your booster:**

At least 5 months after completing your primary COVID-19 vaccination series

If eligible for a second booster, at least 4 months after your first booster

**Which booster can you get:**

- Adults 18 years and older should get an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) for the first booster in most\* situations
- The second booster must be an mRNA COVID-19 vaccine
- Teens 12–17 years old may only get a Pfizer-BioNTech COVID-19 vaccine booster

PRIMARY SERIES  
COVID-19 VACCINE

**Moderna**

**Who should get one booster:**

Adults 18 years and older

**Who can get a second booster:**

Adults 50 years and older

**When to get your booster:**

At least 5 months after completing your primary COVID-19 vaccination series

If eligible for a second booster, at least 4 months after your first booster

**Which booster can you get:**

For the first booster, an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) is preferred in most\* situations

The second booster must be an mRNA COVID-19 vaccine

# Janssen Vaccine Boosters 50 years and older

COVID-19 Vaccine Boosters | CDC, updated 4/1/2022

PRIMARY SERIES  
COVID-19 VACCINE

Johnson &  
Johnson's  
Janssen\*

**Who should get a booster:**

Adults 18 years and older

**Who can get a second booster:**

Anyone who received a J&J/Janssen COVID-19 vaccine for both their primary dose and booster

Adults 50 years and older who first received a J&J/Janssen COVID-19 vaccine, regardless of what type of booster they received

**When to get your booster:**

At least 2 months after receiving your J&J/Janssen COVID-19 vaccination

If eligible for a second booster, at least 4 months after your first booster

**Which booster can you get:**

For the first booster, an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) is preferred in most\* situations

The second booster must be an mRNA COVID-19 vaccine

\*Although mRNA vaccines are preferred for the first booster, J&J/Janssen COVID-19 vaccine may be considered in some situations.

*For immunocompromised persons, refer to specific vaccine schedule at [CDC - COVID-19 Vaccines for Moderately or Severely Immunocompromised People](#)*



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# ■ IP ENIGMAS

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## Scenario

- You have been tasked with conducting environmental rounds in the Sterile Processing with the new department manager. As a new (or newer) infection preventionist, what resources should you access to prepare for this task?

# Questions and Answer Session

Please use the QA box in the webinar platform to type a question

Attendees also have the option to upvote other attendee's questions

Questions will be read aloud by the moderator

A recording of the discussion will be made available on the Nebraska ICAP website

## Panelists:

Gary Anthone, MD

Daniel Taylor

Daniel Brailita, MD

Rebecca Martinez, BA, BSN, RN, CIC

Jody Scebold, EdD, MSN, RN, CIC

Josette McConville, BSN, RN, CIC

Sarah Stream, MPH, CDA, FADAA

COVID-19 RESOURCES –  
VACCINATION

COVID-19 RESOURCES –  
HEALTHCARE FACILITIES

COVID-19 RESOURCES – PPE

COVID-19 RESOURCES –  
SCHOOLS & BEHAVIORAL HEALTH

COVID-19 RESOURCES – EXPERT  
INFORMATION

COVID-19 WEBINARS

## WEBINAR SLIDES AND RECORDINGS

+

Acute Care and Outpatient Settings Webinar Recordings

+

Acute Care and Outpatient Settings Webinar Slides



# ICARs for Acute & Outpatient Settings

- Infection Control Assessment and Response (ICAR) tools are used to systematically assess a healthcare facility's infection prevention and control practices and guide quality improvement activities (e.g., by addressing identified gaps)
  - ICAP is offering on-site and tele (virtual) assessments to both acute and outpatient settings
- Call NE ICAP at 402.552.2881 to be connected with an Infection Preventionist
  - Or scan the QR code
- Ask to be added to the ICAP email distribution list
  - [https://nebraskamed.formstack.com/forms/add\\_me\\_to\\_email\\_distribution\\_list](https://nebraskamed.formstack.com/forms/add_me_to_email_distribution_list)



# Requests?

*Join us for our next webinar on April 27th*

REQUEST



Image by [rawpixel.com](https://rawpixel.com)

If you have suggestion(s) for future webinar topics or an IP ENIGMA to discuss include them in the continuing education (CE) survey or contact us with your requests!

Call us at 402.552.2881

Email us at [nebraskaICAP@nebraskamed.com](mailto:nebraskaICAP@nebraskamed.com)

You can also be added to our setting specific mailing lists, receive webinar and training invites and be connected to an Infection Preventionist that specializes in your area by filling out the contact form at:

[https://nebraskamed.formstack.com/forms/icap\\_question](https://nebraskamed.formstack.com/forms/icap_question)



# Listen to New ICAP Podcasts!

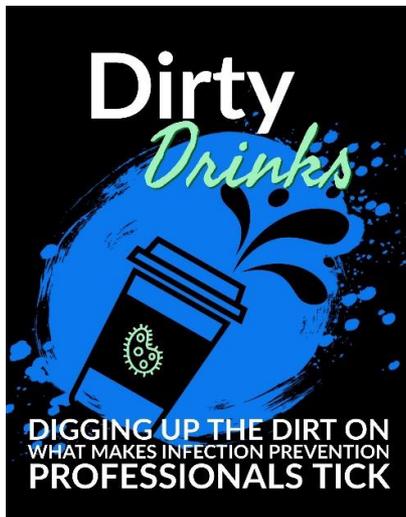
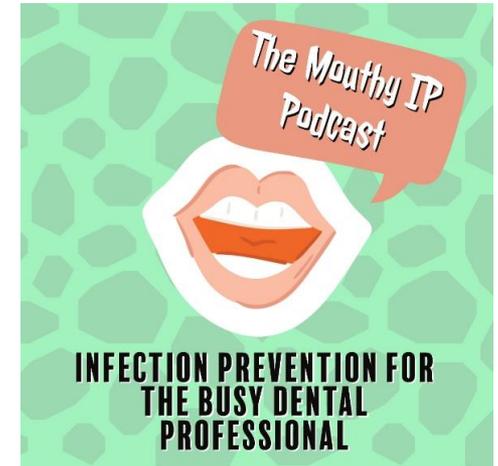
**Twitter:** @Mouthy\_IP

**Apple Podcasts:** <https://podcasts.apple.com/us/podcast/the-mouthy-ip/id1573465413>

**Spotify:** [https://open.spotify.com/show/2evXlrvZFiZFP2VZBq9cVK?si=DVhPEewJSL2xXlrDi0Y2Bg&dl\\_branch=1](https://open.spotify.com/show/2evXlrvZFiZFP2VZBq9cVK?si=DVhPEewJSL2xXlrDi0Y2Bg&dl_branch=1)

**Amazon Music:** <https://music.amazon.com/podcasts/2bc794ab-59af-4bbe-a8df-6a72309fa024/THE-MOUTHY-IP>

**Podchaser:** <https://www.podchaser.com/podcasts/the-mouthy-ip-1955086>



**Twitter:** @dirty\_drinks

**Amazon Music:** <https://music.amazon.com/podcasts/769c29a8-1e71-46a5-9ab3-94020d7af1f7/DIRTY-DRINKS>

**Apple Podcasts:** <https://podcasts.apple.com/us/podcast/dirty-drinks/id1574937193>

**Podchaser:** <https://www.podchaser.com/podcasts/dirty-drinks-1963455>

**Spotify:**

[https://open.spotify.com/show/3Y8w2YVedZYnX8ZS897mU9?si=lyBNetUTTSGtlg3PmBH3Tg&dl\\_branch=1](https://open.spotify.com/show/3Y8w2YVedZYnX8ZS897mU9?si=lyBNetUTTSGtlg3PmBH3Tg&dl_branch=1)



# ICAP Contact Info

**Call 402-552-2881**

**Office Hours** are Monday – Friday

8:00 AM - 4:00 PM Central Time

Weekends and Holidays 8:00-4:00

On-call hours are available for emergencies only



Scan the QR Code to be taken to our website contact form. You can request a call back from an IP, Sign up for newsletters and reminders and request an ICAR Review for your facility.

# Webinar CE Process

## 1 Nursing Contact Hour is awarded by NE Medicine \*

\* Nebraska Medicine is approved as a provider of nursing continuing professional development by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

## 1 AMA PRA Category 1 Credit™ for Physicians offered by UNMC

### CNE Nursing Contact Hours:

- Completion of survey is required.
  - The survey must be specific to the individual obtaining credit. (i.e.: 2 people cannot be listed on the same survey)
- One certificate is issued monthly for all webinars attended
- Certificate comes directly from ICAP via email
- Certificate is mailed by/on the 15th of the next month
- Survey functionality is lost on mobile devices

### AMA PRA Category 1 Credit™

Completion of survey is required.

- The survey must be specific to the individual obtaining credit. (i.e.: 2 people cannot be listed on the same survey)
- One certificate is issued monthly for all webinars attended
- Certificate can be downloaded from the UNMC CCE system directly, they will email you access
- Survey functionality is lost on mobile devices

