### Infection Prevention Updates for Acute Care & Outpatient Settings

March 13, 2024



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DEPT. OF HEALTH AND HUMAN SERVICES



### **Presenters & Panelists & Moderator**

#### **Presenters today:**

Alison Keyser Metobo, MPH Rebecca Martinez, BSN, BA, RN, CIC

#### **Panelists today:**

Jody Scebold, EdD, MSN, RN, CIC Juan Teran Plasencia, MD Lacey Pavlovsky, MSN, RN, CIC, LTC-CIP Sarah Stream, MPH, CDA, FADAA Chris Cashatt, RN, BSN, CIC Josette McConville, BSN, RN, CIC Jenna Preusker, Pharm.D., BCPS

#### Moderator today:

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### **Questions & Answer Session**

- Please use the Q&A box in the webinar platform to type a question to be read aloud.
  - If your question is not answered during the webinar, please call (402) 552-2881 Monday – Friday 8:00 am – 4:00 pm CST to speak with one of our Infection Preventionists or e-mail your question to <u>nebraskaicap@nebraskamed.com</u>

### **Slides & Webinar Recordings Available**

- During this webinar, slides are available on the <u>NE ICAP Acute Care webpage</u>
- Visit the <u>NE ICAP Past Webinars and Slides webpage</u>
  - The slides and a recording of this webinar will be posted soon after the webinar
  - Also, various recent NE ICAP webinar slides and recordings are available



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

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Juan Teran Plasencia, MD



## Respiratory Season Update

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



### CDC 2/28/24 - Older Adults Now Able to Receive Additional Dose of Updated COVID-19 Vaccine

### Stay Up to Date with COVID-19 Vaccines

Updated Mar. 7, 2024 Español Print

#### What You Need to Know

- CDC recommends the 2023–2024 updated COVID-19 vaccines: Pfizer-BioNTech, Moderna, or Novavax, to protect against serious illness from COVID-19.
- Everyone aged 5 years and older <sup>±</sup>/<sub>2</sub> should get 1 dose of an updated COVID-19 vaccine to protect against serious illness from COVID-19.
- <u>Children aged 6 months-4 years</u> need multiple doses of COVID-19 vaccines to be <u>up to date</u>, including at least 1 dose of updated COVID-19 vaccine.
- <u>People who are moderately or severely immunocompromised</u> may get additional doses of updated COVID-19 vaccine.
- People aged 65 years and older who received 1 dose of any updated 2023-2024 COVID-19 vaccine (Pfizer-BioNTech, Moderna or Novavax) should receive 1 additional dose of an updated COVID-19 vaccine at least 4 months after the previous updated dose. For more Novavax information, <u>click or tap here.</u>
- COVID-19 vaccine recommendations will be updated as needed.
- People who are up to date have lower risk of severe illness, hospitalization and death from COVID-19 than people who are unvaccinated or who have not completed the doses recommended for them by CDC.

#### CDC - Stay Up to Date with COVID-19 Vaccines

### **CDC Respiratory Virus Recommendations** - Updates (For General Public)

On Friday 3/1/24, CDC released updates to their respiratory virus recommendations. In short, for the general public (not in healthcare settings or HCP), those with COVID-19 and influenza can return to normal activities when afebrile for 24 hours and symptoms are improving overall.

CDC Media Release - Link

https://www.cdc.gov/media/releases/2024/p0301-respiratory-virus.html

CDC Respiratory Virus Guidance - Link https://www.cdc.gov/respiratory-viruses/guidance/respiratory-virus-guidance.html

The FAQs from CDC is a resource, link below https://www.cdc.gov/respiratory-viruses/guidance/faq.html

The IPC guidance for healthcare settings is unchanged from May 8, 2023 and not changing at this time per CDC

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

The guidance for exposed or COVID-19 positive HCP is unchanged from September 23, 2022 <u>https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html</u>





## Measles

Alison Keyser Metobo



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## What is measles?

### Measles is an acute respiratory viral illness

### Symptoms

- Fever (may spike to more than 104° F)
- Malaise (overall feeling of illness and discomfort)
- Cough
- Coryza (runny nose)
- Conjunctivitis (red watery eyes)
- 2 3 days after symptoms begin: Koplik spots
  - Tiny white macular (flat) spots that may appear inside the mouth including hard and soft palate – especially opposite lower premolars

the 3 "C"s

- 3 5 days after symptoms begin: Maculopapular rash
  - Usually appears 14 days after exposure
  - Spreads from head to trunk to lower extremities
    - It usually begins as flat red spots that appear on the face at the hairline.
    - Spreads downward to the neck, trunk, arms, legs, and feet.
    - Small raised bumps may also appear on top of the flat red spots.

https://www.cdc.gov/measles/hcp/index.html https://www.cdc.gov/measles/about/parents-top4.html https://www.cdc.gov/measles/symptoms/signs-symptoms.html

## **Photos of Koplik's Spots**



This was a patient who presented with Koplik's spots on palate due to pre-eruptive measles on day three of the illness. Source: <u>CDC/PHIL</u>



This patient presented on the third pre-eruptive day with "Koplik spots" indicative of the beginning onset of measles. Source: <u>CDC/PHIL</u>



https://www.vaccineinformation.org/wpcontent/uploads/photos/measiac005a.jpg

## **Photos of Measles Skin Rashes**



Young child with moderate illness: runny nose, teary eyes caused by measles infection. Source: "Measles Clinical Features" video



Eyes of a child with measles Source: <u>CDC/PHIL</u>



Young, dark-skinned child with watery eyes, runny nose, and raised rash.

Source: "Measles Clinical Features" video

## **Photos of Measles Skin Rashes**



Young boy five to six days into illness with rash and cough. Source: "Measles Clinical Features" video



Face of boy after three days with measles rash. Source: <u>CDC/PHIL</u>



Child with a classic measles rash after four days. Source: <u>CDC/PHIL</u>

### Incubation period

 7 to 21 days with an average of 11 to 12 days to symptom onset and 14 days to rash onset

### Infectious period

• 4 days before through 4 days after rash appearance

### Transmission

- Airborne spread when an infectious person coughs, sneezes, or breathes
- Measles remains infectious in the air for up to two hours after an infected person leaves an area
- Direct contact with infectious droplets



It spreads when an infected person coughs or sneezes.



The virus can live for up to two hours in an airspace.

# How contagious is measles?







SOURCES Centers for Disease Control and Prevention; Reuters

Janet Loehrke, USA TODAY







## Measles is one of the most contagious diseases.

 Measles is so contagious that if one person has it, up to 90% of the people close to that person who are not immune will also become infected.

https://www.cdc.gov/measles/transmission.html https://www.villagepointepediatrics.com/blog/themeasles-outbreak







### Severe complications in children and adults

Some people may suffer from severe complications, such as pneumonia (infection of the lungs) and encephalitis (swelling of the brain). They may need to be hospitalized and could die.



Hospitalization. About 1 in 5 unvaccinated people in the U.S. who get measles is hospitalized.



**Pneumonia.** As many as 1 out of every 20 children with measles gets pneumonia, the most common cause of **death from measles in young children**.



**Encephalitis.** About 1 child out of every 1,000 who get measles will develop encephalitis (swelling of the brain) that can lead to convulsions and can **leave the child deaf or with intellectual disability**.



**Death.** Nearly 1 to 3 of every 1,000 children who become infected with measles will **die from respiratory and neurologic complications**.



**Complications during pregnancy.** Measles may cause <u>pregnant women who have not had the MMR vaccine</u> to give birth prematurely, or have a low-birth-weight baby.

## How can measles be prevented?

## Prevention

- The best prevention is getting the MMR vaccine, it is effective and safe.
  - The MMR vaccines are 97% effective against measles
  - Learn more about why should be vaccinated and who is eligible:
    - <u>CDC MMR Vaccination</u>
    - MMR vaccination information statement (VIS)
- Get 2 doses\* of MMR
  - 1<sup>st</sup> dose at age 12 through 15 months of age
  - 2<sup>nd</sup> dose at age 4 through 6 years of age
    - \*Before traveling to another country, infants 6 to 11 months should get a dose of MMR vaccine; these children should still get 2 additional doses at the recommended ages for longlasting protection

https://www.cdc.gov/vaccines/vpd/mmr/hcp/recommendations.html https://www.cdc.gov/vaccines/vpd/mmr/public/index.html

## **VPDs**

### How Vaccines Helped All But Eradicate Diseases

Annual 20th century morbidity and 2021 morbidity for vaccine-preventable diseases in the U.S.



Source: Centers for Disease Control and Prevention

### statista 🗹

## Goals of the Vaccine Preventable Disease (VPD) Program

- Goals of the VPD program
  - Investigate cases of VPDs to prevent morbidity and mortality
    - VPDs are reportable to NEDHHS so we get all positive lab tests
    - We want to know how severe the illness is by determining if the individual was hospitalized or died
    - We want to know an individuals travel history
    - We want to know an individual's vaccination status for the disease they have
    - Identify populations that are disproportionately impacted by VPDs
  - Detect outbreaks and new pathogens
  - Control the spread of vaccine preventable diseases
    - We want to identify close contacts and recommend prophylaxis and/or isolation and quarantine as appropriate
    - We want to identify cases that may not have gotten tested
  - Give information to partners so they can work with communities to keep vaccination rates high

## **NE Kindergarteners MMR Coverage**



https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/data-reports/index.html

## NE Ages 13-17 MMR Coverage



https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/index.html

## Vaccine Preventable Disease (VPD) Surveillance in Nebraska

Actionable reports

- Laboratory report
  - Electronic Laboratory Report (ELR)
  - Manually entered lab report
- Case report
  - Electronic Initial Case Report (eICR)
  - Morbidity report
- Outbreak report
  - Facility/school/daycare report
  - Local Health Department report



What if Nebraska has a measles case?

### Measles in Nebraska could be a reality one day

### Philadelphia measles outbreak has hospitals on alert after child was sent to day care despite quarantine instructions

Eight people have been diagnosed since last month. None was immune to measles – meaning they either never got vaccinated or contracted measles before.

## Virginia warns of potential measles exposure at DC airports

BY LAUREN SFORZA - 01/16/24 3:00 PM ET

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PUBLIC HEALTH



Florida's response to measles outbreak troubles public health experts

FEBRUARY 28, 2024 · 12:39 PM ET

LOCAL NEWS >

lebraska

ublic Media

## Hundreds possibly exposed after measles case confirmed at Sacramento hospital



By **Richard Ramos, Brady Halbleib** Updated on: March 8, 2024 / 10:37 PM PST / CBS Sacramento f 🗖

### **Measles Cases and Outbreaks in the US**

### Measles cases in 2024

As of March 7, 2024, a total of 45 measles cases were reported by 17 jurisdictions Arizona, California, Florida, Georgia, Illinois, Indiana, Louisiana, Maryland, Michigan, Minnesota, Missouri, New Jersey, New York City, Ohio, Pennsylvania, Virginia, and Washington.

### Number of measles cases reported by week



2023-2024\* (as of March 7, 2024)

#### https://www.cdc.gov/measles/cases-outbreaks.html

## NE DHHS Reportable Disease / Condition Surveillance

NE DHHS Title 173 Communicable Diseases Chapter 1 Regulations

 <u>https://www.nebraska.gov/rules-and-</u> <u>regs/regsearch/Rules/Health\_and\_Human\_Services\_System</u> /Title-173/Chapter-01.pdf

NE DHHS Title 173 School Health Standards Chapter 3 Regulations

 <u>https://www.nebraska.gov/rules-and-</u> <u>regs/regsearch/Rules/Health\_and\_Human\_Services\_System</u> /Title-173/Chapter-03.pdf



PIIRIICHFAITH

### **Measles Response**

- LHD will make sure case is isolating and find out if there are symptomatic household members
- LHD will get vaccination status of case and all household members
- LHD will interview case to get travel history as well as a history of local places visited, like school, work, daycare, restaurants, grocery stores, and movie theaters during their infectious period
- LHD will identify close contacts and get vaccination status
  - LHD will not be able to identify all close contacts because measles is infectious for up to two hours after an infectious person leaves a room
- NEDHHS will work with the LHD on a press release that will go out detailing potential sites of exposure and send people to a survey link on our website to try and identify additional exposed people
- RedCap survey would be posted on the NEDHHS website (like enterics) so people can self report exposure to and/or attendance at an event an infectious person was present at

### **Measles Response**

- NLHD will follow up with people who filled out the RedCap survey to assess exposures and if they are experiencing symptoms
- Anyone with 1 or 2 doses of MMR would not need to quarantine but would be under active monitoring for 21 days
- Anyone who is unvaccinated would need to quarantine for 21 days from last exposure and would be under active monitoring
- NEDHHS will report case to CDC and have a call with CDC/NEDHHS/LHD/NPHL (if needed)
- NEDHHS will post case on Epi-X in case there are out of state visitors exposed
- NEDHHS will send out a HAN to providers detailing clinical and lab diagnostic recommendations
- NEDHHS will coordinate with NPHL/CDC any specimen shipping to CDC

#### **Measles Response**

Vaccination status	Isolate	Active monitoring	Daily phone call
Unversionated sourcestonestic	Vac 21 days from last avecure	Vee	
Unvaccinated, asymptomatic	tes, 21 days from last exposure	tes	
1 dose of MMR, asymptomatic	Νο	Yes	
2 doses of MMR,			
asymptomatic	No	Yes	
C	Yes, until 4 days after rash		Ma a
Symptomatic*, unvaccinated	onset		Yes
	Yes, until 4 days after rash		.,
Symptomatic*, 1 dose of MMR	onset		Yes
Symptomatic*, 2 doses of	Yes, until 4 days after rash		Vos
			103

\* Either symptomatic on the risk assessment or become symptomatic during active monitoring



## THANK YOU

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NEBRASKA

#### ENTER YOUR INFO HERE

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Enter any additional info here

### Measles (rubeola) -Infection Prevention & Control

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



## Are You Prepared to Rapidly Identify, Isolate, and Inform?

- Educate healthcare personnel (HCP) about measles, signs and symptoms, and infection prevention and control (IPC) protocols for patients with suspected or confirmed measles.
  - This is especially important for those at healthcare system entry points (e.g. emergency departments, pediatric offices, urgent cares etc.)
  - Consider performing a tracer within the facility and including key stakeholders
- Subscribe to the CDC and Nebraska DHHS Health Alert Network (HAN)
  - <u>CDC Sign Up for HAN Email Updates</u>
  - <u>Nebraska DHHS HAN Email Updates Subscribe</u>
- Continue having signage regarding respiratory hygiene in common areas and especially at entrances along with masks and hand hygiene supplies
- If there are persons with measles in your community, consider expanded screening including for visitors for signs and symptoms of measles before entering the facility.



### **MEASLES**

#### RUBEOLA

Measles is a highly contagious respiratory virus that causes febrile rash illness. Measles has been eliminated (no sustained circulation) in the United States for decades. However, there can still be measles cases, as **it is easily imported by unvaccinated travelers and can spread in under-immunized communities.** 

#### \* DISEASE COURSE

The incubation period is typically 11–12 days from exposure to measles virus until the first symptoms appear (prodromal symptoms). A rash follows the prodromal symptoms 2–4 days later and usually lasts 5–6 days. Measles is infectious 4 days before and 4 days after rash onset.

#### **SYMPTOMS**

Prodromal: Fever, cough, coryza, or conjunctivitis. Koplik spots (tiny white spots inside the mouth) may also appear 2–3 days after symptoms first appear.

Rash: A maculopapular rash (rash of both flat and raised skin lesions) begins on the head and face and then spreads downward to the neck, trunk, arms, legs, and feet. The spots may become joined together as they spread from the head to the body.

Fever may spike to more than 104° F when rash appears.

#### **\*** COMPLICATIONS

Most common complications: Diarrhea and otitis media. Most severe complications: Pneumonia, encephalitis, and death. Patients may require hospitalization. Children younger than 5, adults older than 20, pregnant women, and immunocompromised persons are at most risk of serious complications.

#### WHAT TO DO IF YOU HAVE A SUSPECTED CASE

- Immediately mask and isolate the patient in a room with a closed door (negative pressure room if available). Follow standard and airborne precautions.
- Only allow health care workers with presumptive evidence of measles immunity\* to attend the patient; they must use N-95 masks.
- Evaluate the patient and order measles confirmatory testing (collect a throat or nasopharyngeal swab for RT-PCR and serum for IgM measles testing).
- 4. Contact infection control if available at your facility.
- Immediately report this suspected case to your local and/or state health department.

For questions regarding specimen collection, storage, and shipment, please visit <u>https://www.cdc.gov/measles/lab-tools/rt-pcr.html</u>

#### **RESOURCES**

Measles information for healthcare providers: <u>https://www.</u> cdc.gov/measles/hcp/index.html

Measles vaccine recommendations: <u>https://www.cdc.gov/</u> measles/vaccination.html

Infection control guidelines for measles: <u>https://www.cdc.</u> gov/infectioncontrol/guidelines/measles/index.html

Surveillance manual chapter on measles: <a href="https://www.cdc">https://www.cdc</a>, gov/vaccines/pubs/surv-manual/chpt07-measles.html



\*Presumptive evidence of measies immunity for healthcare workers (one of the following): documentation of two doses of measles-containing vaccine, laboratory evidence of furmunity (positive IgG), laboratory evidence of disease, or birth before 1957. Self-reported doses and a history of vaccination provided by a parent or other caregiver, or a clinical diagnosis of measles, should not be accepted.



Centers for Disease Control and Prevention National Center for Immunization and Respiratory Diseases Consider Posting Handout at Triage Areas with Key Information and Your Facility Immediate Response Actions

Here is an idea...

<u>CDC Measles -</u> <u>Rubeola - Handout</u>



DVD 06/28/28

## **Identification & Triage Processes**

- When notified before arrival of persons with signs or symptoms of measles, provide instructions for arrival, including which entrance to use and the precautions to take (e.g., how to notify hospital staff, don a facemask upon entry, follow triage procedures).
  - Instruct Emergency Services to notify the receiving facility/accepting physician in advance when transporting a patient with known or suspected measles
- Consider posting educational materials and protocols at triage desks
  - Again, persons with signs or symptoms of measles should be identified, provided a facemask to wear, and separated from other patients prior to or as soon as possible after entry into a facility.
  - PPE should be available at points of care



### <sup>38</sup> Early Isolation – Airborne Precautions



Image by rawpixel.com

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments	
Measles (rubeola)	Airborne + Standard	4 days after onset of rash; duration of illness in immune compromised	er Interim Measles Infection Control [July 2019] ish; of See Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings Susceptible healthcare personnel (HCP) should not enter room if immune care providers are available; regardless of presumptive evidence of immunity. HCP	
Note - All healthcare personnel (HCP) wear a respirator even with documentation of immunity.		are ear a ith of	should use respiratory protection that is at least as protective as a fit-tested, NIOSH-certified N95 respirator upon entry into the patient's room or care area. For exposed susceptibles, postexposure vaccine within 72 hours or immune globulin within 6 days when available [17, 1032, 1034]. Place exposed susceptible patients on Airborne Precautions and exclude susceptible healthcare personnel.	

https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/typeduration-precautions.html#M

## **Airborne Precautions** continued

•Source control: put a mask on the patient.

•Ensure appropriate patient placement in an airborne infection isolation room (AIIR) constructed according to the Guideline for Isolation Precautions.

•In settings where Airborne Precautions cannot be implemented due to limited engineering resources, masking the patient and placing the patient in a private room with the door closed will reduce the likelihood of airborne transmission until the patient is either transferred to a facility with an AIIR or returned home.

•Restrict susceptible healthcare personnel from entering the room of patients known or suspected to have measles, chickenpox, disseminated zoster, or smallpox if other immune healthcare personnel are available.

•Use personal protective equipment (PPE) appropriately, including a fittested NIOSH-approved N95 or higher-level respirator for healthcare personnel.

https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html Image by rawpixel.com



## **Airborne Precautions - continued**

 Limit transport and movement of patients outside of the room to medicallynecessary purposes. If transport or movement outside an AIIR is necessary, instruct patients to wear a surgical mask, if possible, and observe Respiratory Hygiene/Cough Etiquette. Healthcare personnel transporting patients who are on Airborne Precautions do not need to wear a mask or respirator during transport if the patient is wearing a mask and infectious skin lesions are covered.

•Immunize susceptible persons as soon as possible following unprotected contact with vaccine-preventable infections (e.g., measles, varicella or smallpox).

https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html





Clean their hands, including before entering and when leaving the room.



Put on a fit-tested N-95 or higher level respirator before room entry.

Remove respirator after exiting the room and closing the door.



Door to room must remain closed.



U.S. Department of Health and Human Services Centers for Disease Control and Prevention

## **Presumptive Evidence of Immunity During an Outbreak**

Written documentation of vaccination with 2 doses of measles virus-containing vaccine (the first dose administered at age ≥12 months; the second dose no earlier than 28 days after the first dose);

### OR

Laboratory evidence of immunity (measles immunoglobulin G [IgG] in serum; equivocal results are considered negative);

OR

Laboratory confirmation of disease

OR

Birth before 1957

https://www.cdc.gov/infectioncontrol/pdf/guidelines/Measles-Interim-IC-Recs-H.pdf



## **Exposed HCP – PEP & Exclusion**

- For HCP without presumptive evidence of immunity to measles who have had an exposure to measles:
  - Contact Employee Health regarding decisions regarding postexposure prophylaxis (PEP) per CDC & ACIP recommendations https://www.cdc.gov/measles/hcp/index.html#prophylaxis
  - Exclude from work from the 5th day after the first exposure until the 21st day after the last exposure, regardless of receipt of postexposure prophylaxis.
  - HCP who received the first dose of MMR vaccine prior to exposure may remain at work and should receive the second dose of MMR vaccine, at least 28 days after the first dose.
    - Collaborate with local health department for daily monitoring for signs and symptoms of measles infection for 21 days after the last exposure.

## **Informing & Communication**

- Meet with key stakeholders to ensure protocols for reporting and communication have been established within hospitals and to public health authorities
  - Ensure mechanisms and policies promptly alert key facility staff, including hospital leadership, infection control, healthcare epidemiology, occupational health, clinical laboratory, and frontline staff, about patients with suspected or known measles.
  - Communicate and collaborate with public health authorities:
    - Promptly notify public health authorities of patients with known or suspected measles.
    - Designate specific persons within the facility who are responsible for:
      - Communication with public health officials, and
      - Dissemination of information to HCP



## Key Messages & Takeaways

- ✓ Get vaccinated & encourage others too
- Be prepared and review your protocols for rapid identification and isolation.
- Inform internally as needed and the health department.
- Know your testing capabilities and plans are ahead of time.
- Manage those who are exposed and not immune.



## **Measles Resources**

#### Measles - ICAP (nebraskamed.com)

Clinic Guidance for Suspected Measles Cases	External Measles Resources
ICAP Measles Resource for Clinics	CDC
	Vaccination Information
	FDA
	APIC
	Nebraska Resources
and the second second	Resources for Schools
	NETEC
Charles and the second	UNMC Global Center for Health Security

NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

### **<b>WICAP**

### **Questions & Answer Session**

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### Misc. Updates & Upcoming Educational Opportunities

Jody Scebold, EdD, MSN, RN, CIC Infection Preventionist, NE ICAP



## **2024 Virtual NHSN Training**



**NHSN** 

NATIONAL HEALTHCARE SAFETY NETWORK

Home Agenda CE Instructions FAQ





Monday, March 18 – Friday, March 22, 2024



Patient Safety



Outpatient Procedure



Medication Safety



Analytics

MARCH 18 - 22, 2024

NO TRAVEL NEEDED



**LEARN & NETWORK** 



**ON-DEMAND LESSONS** MARCH 11, 2024

### https://2024nhsntraining-psc.vfairs.com/

#### **Empowering Rural Communities**

Infection Control Assessments for Rural Health Clinics



<u>Nebraska ICAP (Infection Control Assessment and Promotion Program), offers free services designed</u> to ensure the safety and well-being of patients and staff in a variety of healthcare settings including rural health clinics.

What we do:

Infection control practices in healthcare facilities are standard for the most part, but some change and evolve. The goal of our team is to work with healthcare facilities to create the safest healthcare environment possible by identifying gaps and implementing best practices to help prevent the spread of infection and ensure you are set up for success to handle both the daily and unforeseen infection control challenges that may arise.

Nebraska ICAP can provide the following infection control assessment services:

#### Environmental and Facility Assessment

We will evaluate the physical environment of the clinic, including ventilation systems, sanitation practices, and the workflow of patient care areas, all tailored to the unique challenges of rural health clinics.

#### **Emergency Preparedness**

Assess your clinic's readiness to respond to infectious disease emergencies, including outbreak response planning.

### Review Patient Care Practices

infection prevention measures during

patient care activities, including

wound care practices; instrument

decontamination and reprocessing;

and medication/vaccination storage,

preparation, and administration.

**Evaluate Polices and Procedures** 

#### Antibiotic Stewardship

We will introduce you to our <u>Nebraska Antimicrobial Stewardship</u> <u>Assessment and Promotion Program</u> <u>(ASAP)</u> team who can assist with implementing antibiotic stewardship best practices.

Review your infection control policies and procedures to align with current guidelines and best

#### Identify Staff Training Needs

Identify gaps in staff training, offer educational opportunities, and recommend targeted training and education programs based on identified needs.

practices.

- Good We are not a regulatory agency. Our program is based at Nebraska Medicine and University of Nebraska Medical Center . We are funded by Nebraska DHHS through a CDC grant to offer expert guidance to
- to know: Nebraska healthcare facilities during the assessment and provide ongoing support.
  - Nebraska healthcare facilities during the assessment and provide ongoing support.



Let's work together to create a healthy and safe environment for everyone. Contact us to schedule your assessment! 402.552.2881 nebraskaicap@nebraskamed.com icap.nebraskamed.com

## Needs Assessment & Facility Feedback Survey

The NE ICAP, ASAP, and DHHS HAI AR program want to better support you and your efforts to prevent healthcare associated infections (HAI) and antimicrobial resistance (AR) to protect patients and the spectrum of healthcare personnel (HCP). Thank you for taking the time to help us assess our services and to let us know about your needs. It is anticipated to take less than 15 minutes of your time and your responses will be kept confidential. Thank you again for your participation and feedback that will be used to help plan future interventions.

Multiple professionals from your facility are welcome to respond to this message. With this in mind, feel free to forward this message and link within your facility & program. The survey will be open for 5 weeks, and reminder messages will be provided at that time.

#### **ICAP/ASAP Needs Assessment: All Settings**

You may open the survey in your web browser by clicking the link below:

Facility Feedback Survey

If the link above does not work, try copying the link below into your web browser:

https://redcap.nebraskamed.com/surveys/?s=KCA3ADFH9JT7TJY3



NE

## Join Us on Upcoming Webinars

### • April 10, 2024

- Drug Diversion
   Overview
  - Erin Payne,
    Diversion Program
    Specialist, U.S. Drug
    Enforcement
    Administration
    (DEA)

CDC - Drug Diversion Handout





• If you have suggestions for future webinar topics or would like to learn more about a topic one on one, please contact us by calling at 402.552.2881 or email <u>nebraskalCAP@nebraskamed.com</u>. You can also include them in the continuing education (CE) survey.

### 2024 Nebraska Antimicrobial Stewardship Summit

**Smart Antibiotic Choices, Stronger Future** 

### Friday, May 31, 2024 | 7:30 am – 3:30 pm

Embassy Suites LaVista Hotel & Conference Center

Registration open now: 2024 Nebraska Antimicrobial Stewardship Summit: Smart Antibiotic Choices, Stronger Future | Center for Continuing Education (unmc.edu)



DEPT. OF HEALTH AND HUMAN SERVICES



**Poster Session - New this year!** 

Click Here to learn more: Nebraska Antimicrobial Stewardship Summit - ASAP (nebraskamed.com)

NEBRASKA ANTIMICROBIAL STEWARDSHIP ASSESSMENT AND PROMOTION PROGRAM

### ICAP Contact Information 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 <u>emergencies only</u>

Scan the QR Code to be taken to our NE ICAP Contact Form.



You can request to be connected to an Infection Preventionist that specializes in your area, get added to our setting specific communication list for webinar and training invites, sign up for newsletters and reminders, or request an ICAR review for your facility.



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

## 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.

### **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)
  - Survey functionality is lost on mobile devices
- ✓ One certificate is issued quarterly for all webinars attended
  - Certificate comes directly from ICAP via email



## **Additional Resources**

CDC – COCA Newsletter 1/25/24 – Stay Alert for Measles Cases https://emergency.cdc.gov/newsletters/coca/2024/012524.html

CDC – Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings <u>https://www.cdc.gov/infectioncontrol/pdf/guidelines/Measles-Interim-IC-Recs-H.pdf</u>

APIC – Measles Playbook (free to download) https://apic.org/measles/

NE ICAP – Pathogens of Interest – Measles Resources <u>https://icap.nebraskamed.com/pathogens-of-interest/measles/</u>

Nebraska Public Health Lab – Test Directory https://www.nphl.org/index.cfm/search/

