NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Acute Care & Outpatient Settings Webinar Series

September 10th, 2025

NE ICAP

NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Presenters & Panelists & Moderator

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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 nebraskaicap@nebraskamed.com

Slides & Webinar Recordings Available

- During this webinar, slides are available on the NE ICAP Acute Care webpage
  - After the webinar, slides and a recording will be posted on the NE ICAP Past Webinars and Slides webpage

Continuing Education Disclosures

- 1.0 Nursing Contact Hour is awarded for the LIVE viewing of this webinar.
- Nebraska Infection Control Assessment and Promotion Program 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.
- To obtain nursing contact hours, you must attend the entire live activity and complete the post-course survey form.
- No relevant financial relationships were identified for any member of the planning committee or any presenter/author of the program content.

Nebraska Pathogen Watch

Juan Teran, MD
Medical Director, NE ICAP

NE ICAP

Key Points

- Measles cases are increasing nationwide. The CDC developed a new tool
- COVID activity is increasing
- Flu activity is minimal
- Vaccine recommendations

Measles Cases in US: Update as of 9/3/25

- As of September 2, 2025, a total of **1,431** confirmed* measles cases were reported by 42 jurisdictions+

- There have been 35 outbreaks (defined as 3 or more related cases) reported in 2025, and 86% of confirmed cases (1,177 of 1,356) are outbreak-associated.

  - *For comparison, 16 outbreaks were reported during 2024 and 69% of cases (198 of 285) were outbreak-associated.*

https://www.cdc.gov/measles/data-research/index.html

+ Alabama, Alaska, Arkansas, Arizona, California, Colorado, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York City, New York State, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, and Wyoming

Measles Assessment Tool (MAT) for Infection Control in Healthcare Settings: Measles Preparedness and Response During Community Outbreaks

People with measles "are considered to be contagious from 4 days before to 4 days after the rash appears." The day of rash onset is considered Day 0. Clinical Overview of Measles | Measles (Rubeola) | CDC

11. Who is notified if a patient or a healthcare worker with suspected or confirmed measles is identified (Select all that apply)?

☐ Infection Prevention ☐ Occupational Health ☐ Health Department

☐ Other (specify): _____ ☐ Unknown ☐ None of the above ☐ Not assessed

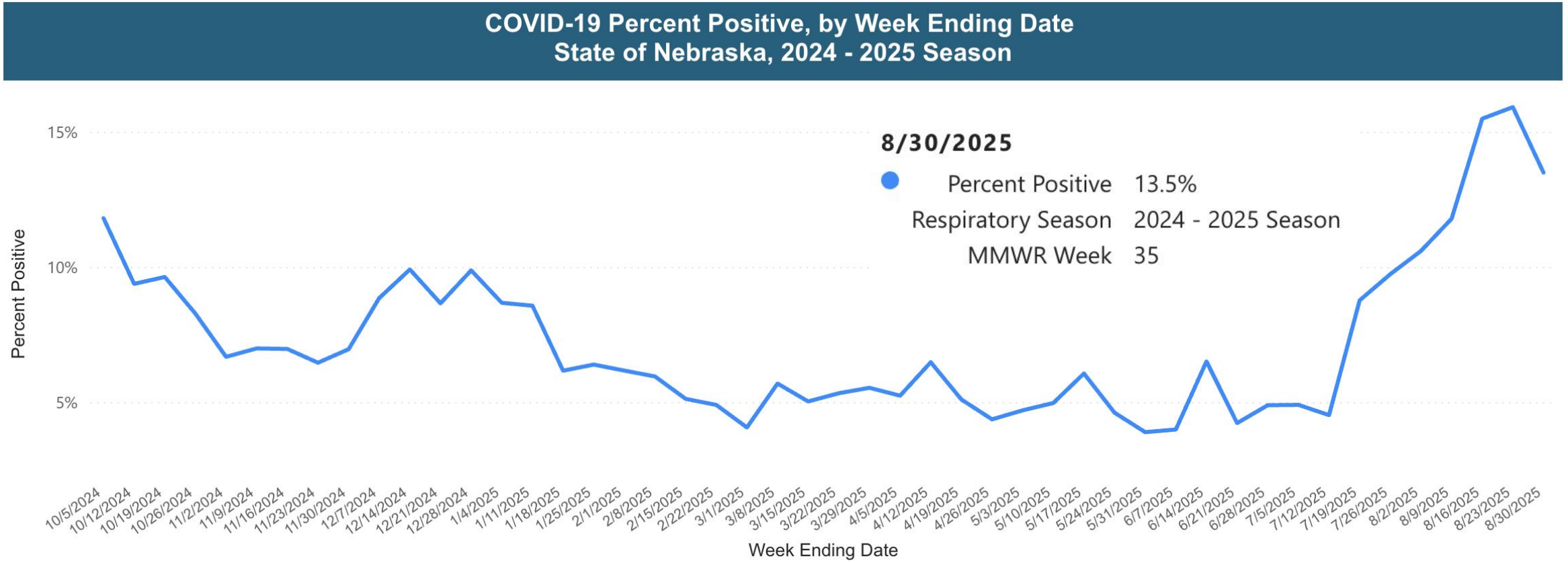
"Implement mechanisms and policies that promptly alert key facility staff, including hospital leadership, infection control, healthcare epidemiology, occupational health, clinical laboratory, and frontline staff, about patients with suspected or known measles. Promptly notify public health authorities 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." Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings | Infection Control | CDC

12. What do you currently perceive to be the most significant barriers at your facility related to measles preparedness?

_____

https://www.cdc.gov/infection-control/media/pdfs/measles-assessment-tool-ICHC-settings-508.pdf
https://www.cdc.gov/measles/php/toolkit/index.html

Covid-19 NE DHHS Report



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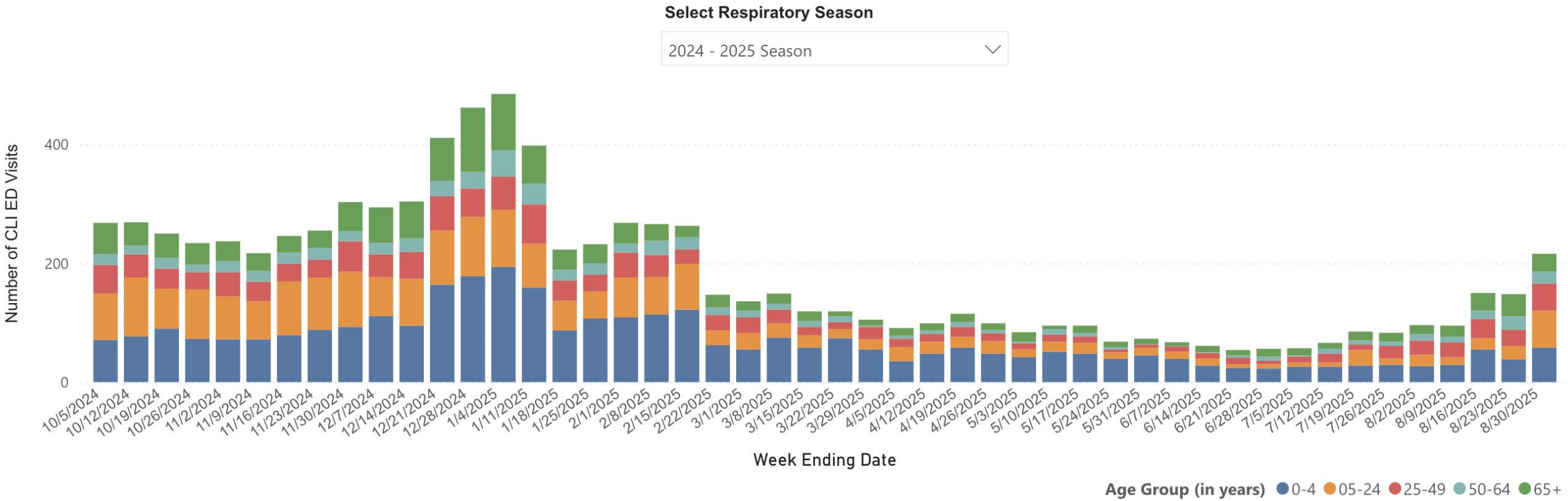
Covid-19 NE DHHS Report



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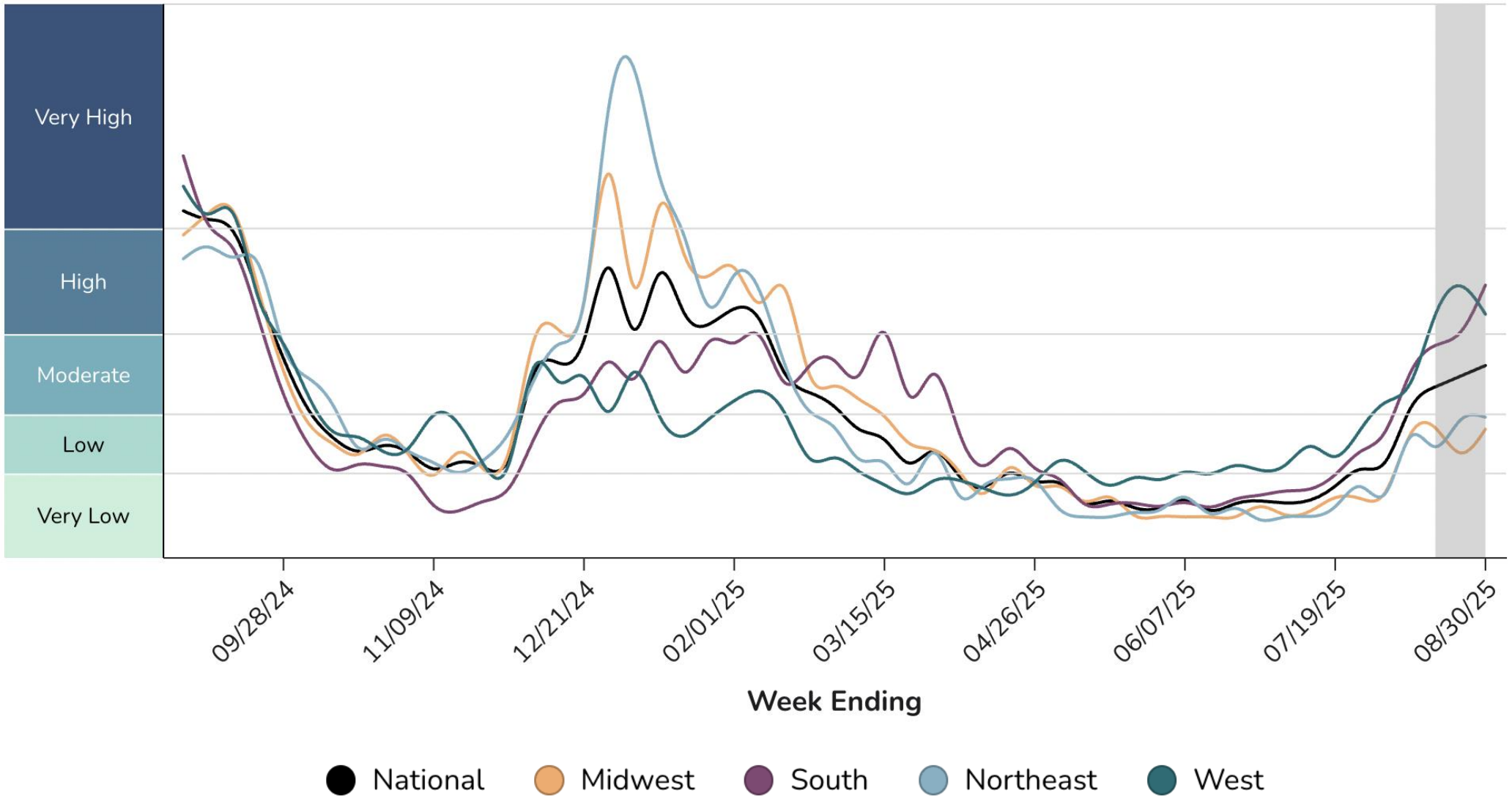
Covid Wastewater Data



COVID Data Tracker

CDC

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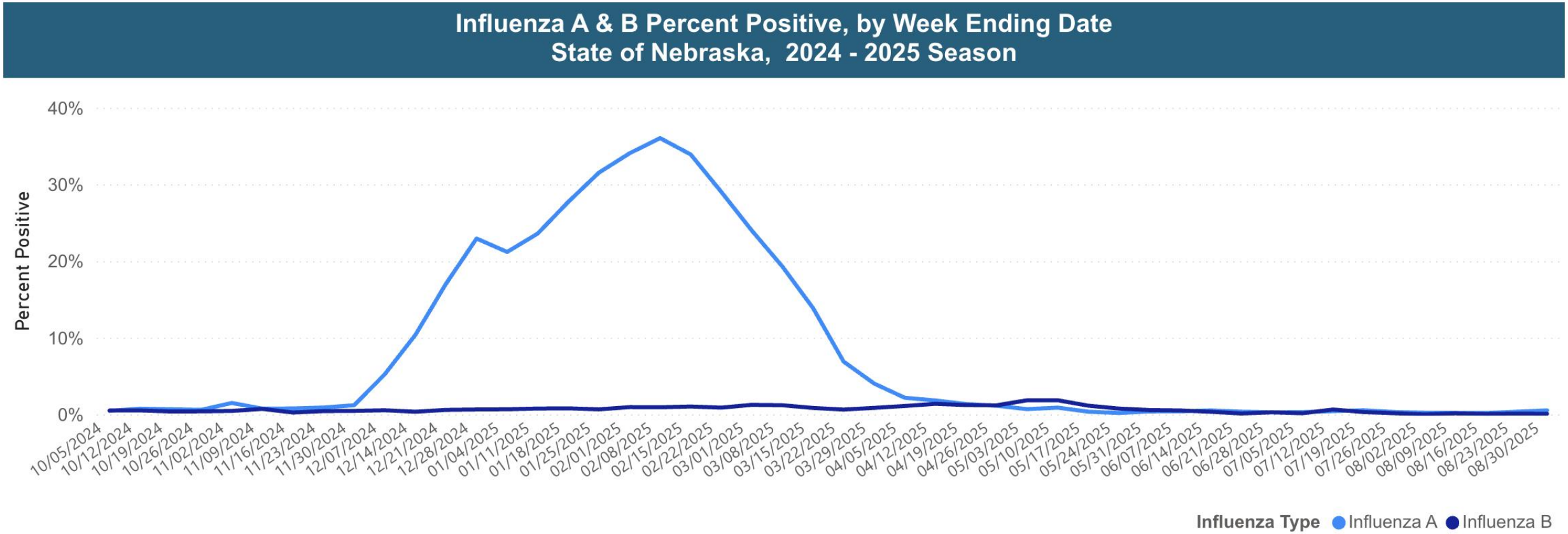
Influenza Percent Positive



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Morbidity and Mortality Weekly Report (*MMWR*)

Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2025–26 Influenza Season

Weekly / August 28, 2025 / 74(32);500–507

Print

Lisa A. Grohskopf, MD[1]; Lenee H. Blanton, MPH[1]; Jill M. Ferdinands, PhD[1]; Carrie Reed, DSc[1]; Vivien G. Dugan, PhD[1]; Demetre C. Daskalakis, MD[2] (VIEW AUTHOR AFFILIATIONS)

- Routine annual influenza vaccination is recommended for all persons **aged ≥6 months** who do not have a contraindication to vaccination
- FDA approved **FluMist (LAIV3)** for self-administration (for recipients aged 18 through 49 years) or administration by a caregiver aged ≥18 years (for children and adolescents aged 2 through 17 years)
- FDA expanded approval of **Flublok (RIV3)** for persons aged ≥9 years
- ACIP made a new recommendation that children aged ≤18 years, pregnant women, and all adults receive seasonal influenza vaccines only in single-dose formulations that are **free of thimerosal**

FDA Composition Recommendations

- Trivalent seasonal influenza vaccines include two influenza A subtype viruses (H1N1 and H3N2) and one influenza type B virus.

  - FDA recommends that egg-based influenza vaccines contain the following:
    - an A/Victoria/4897/2022 (H1N1)pdm09-like virus;
    - an A/Croatia/10136RV/2023 (H3N2)-like virus; and
    - a B/Austria/1359417/2021 (B/Victoria lineage)-like virus
  - FDA recommends that cell- or recombinant-based influenza vaccines contain the following:
    - an A/Wisconsin/67/2022 (H1N1)pdm09-like virus;
    - an A/District of Columbia/27/2023 (H3N2)-like virus; and
    - a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.

https://www.fda.gov/vaccines-blood-biologics/influenza-vaccine-composition-2025-2026-us-influenza-season

Timing and Selection

- Vaccination during July and August is not recommended for most groups

- Vaccination during July and August can be considered for women who are in the **third trimester** of pregnancy during these months because vaccination has been associated in multiple studies with reduced risk for influenza illness in their infants during the first months after birth

Selection

- Among adults aged ≥65 years, any one of the following higher dose or adjuvanted influenza vaccines is preferentially recommended: HD-IIV3, RIV3, or aIIV3.
  - ACIP makes no preferential recommendation for those < 65
  - Solid organ transplant recipients aged 18 through 64 years: HD-IIV3 or aIIV3
  - LAIV3 is not recommended during pregnancy, for immunocompromised persons, for persons with certain medical conditions, or for persons who are receiving, have recently received, or are about to receive influenza antiviral medications

TABLE 2. Contraindications and precautions for the use of influenza vaccines — United States, 2025–26 influenza season*

Vaccine type	Contraindications	Precautions
Egg-based IIV3s	• History of severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine† or to a previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV, or LAIV)§	• Moderate or severe acute illness with or without fever • History of Guillain-Barré syndrome within 6 wks of receipt of influenza vaccine
ccIIV3	• History of severe allergic reaction (e.g., anaphylaxis) to a previous dose of any ccIIV or any component of ccIIV3§	• Moderate or severe acute illness with or without fever • History of Guillain-Barré syndrome within 6 wks of receipt of influenza vaccine • History of severe allergic reaction to a previous dose of any other influenza vaccine (i.e., any egg-based IIV, RIV, or LAIV)¶
RIV3	• History of severe allergic reaction (e.g., anaphylaxis) to a previous dose of any RIV or any component of RIV3§	• Moderate or severe acute illness with or without fever • History of Guillain-Barré syndrome within 6 wks of receipt of influenza vaccine • History of severe allergic reaction to a previous dose of any other influenza vaccine (i.e., any egg-based IIV, ccIIV, or LAIV)¶

LAIV3	• History of severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine[†] or to a previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV, or LAIV)[§] • Concomitant aspirin- or salicylate-containing therapy in children and adolescents[§] • Children aged 2 through 4 yrs who have received a diagnosis of asthma or whose parents or caregivers report that a health care provider has told them during the preceding 12 mos that their child had wheezing or asthma or whose medical record indicates a wheezing episode has occurred during the preceding 12 mos • Children and adults who are immunocompromised due to any cause, including but not limited to immunosuppression caused by medications, congenital or acquired immunodeficiency states, HIV infection, anatomic asplenia, or functional asplenia (e.g., due to sickle cell anemia) • Close contacts and caregivers of severely immunosuppressed persons who require a protected environment • Pregnancy • Persons with active communication between the CSF and the oropharynx, nasopharynx, nose, or ear, or any other cranial CSF leak • Persons with cochlear implants** • Receipt of the influenza antiviral medications oseltamivir or zanamivir within the previous 48 hours; receipt of peramivir within the previous 5 days; or receipt of baloxavir within the previous 17 days[††]	• Moderate or severe acute illness with or without fever • History of Guillain-Barré syndrome within 6 wks of receipt of influenza vaccine • Asthma in persons aged ≥5 yrs • Other underlying medical conditions that might predispose to complications after wild-type influenza infection (e.g., chronic pulmonary, cardiovascular [except isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders [including diabetes mellitus])

Covid Vaccine

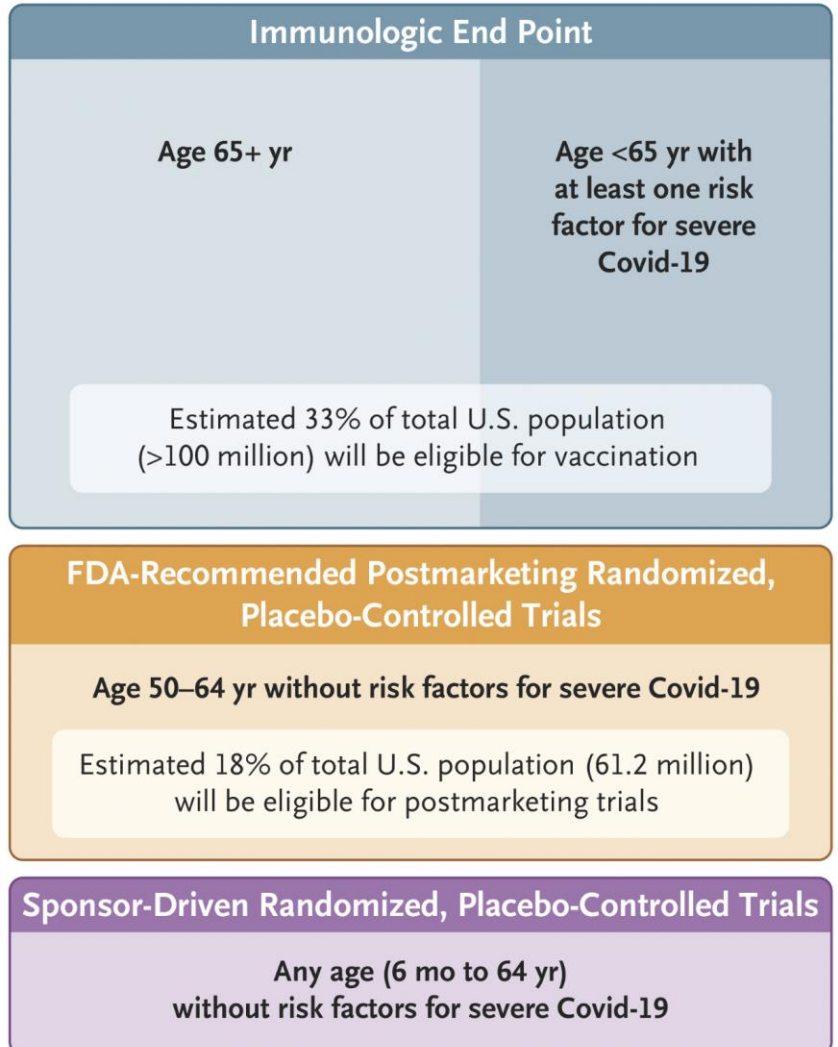
- FDA VRBPAC recommended a monovalent JN.1-lineage vaccine composition for the 2025-2026 Formula

SOUNDING BOARD

An Evidence-Based Approach to Covid-19 Vaccination

Authors: Vinay Prasad, M.D., M.P.H., and Martin A. Makary, M.D., M.P.H. Author Info & Affiliations

Published May 20, 2025 | N Engl J Med 2025;392:2484-2486 | DOI: 10.1056/NEJMsb2506929 | VOL. 392 NO. 24



https://www.fda.gov/vaccines-blood-biologics/industry-biologics/covid-19-vaccines-2025-2026-formula-use-united-states-beginning-fall-2025

https://www.cdc.gov/covid/hcp/clinical-care/underlying-conditions.html

Manufacturer	Vaccine	FDA Approved Indication	Common Side Effects	Common Side Effects – Severity Comparison	Serious Risks
Moderna	**SPIKEVAX** (mRNA)	65 years of age or older, or 6 mos. through 64 yrs with at least 1 high-risk conditions	Injection-site pain, fatigue, headache, myalgia, chills, joint pain, axillary swelling, nausea/vomiting		As with other mRNA vaccines, myocarditis/pericarditis in rare cases. Also rare allergic reactions.
	MNEXSPIKE (mRNA)	Previously vaccinated with any COVID-19 vaccine **and**: 65 years of age or older, or 12 years through 64 yrs with at least 1 high-risk conditions	Injection-site pain, fatigue, headache, myalgia, chills, joint pain, axillary swelling, nausea/vomiting	mNEXSPIKE has similar systemic reactions (fatigue, headache, myalgia) to Spikevax; **fewer local reactions (injection-site pain, redness, swelling) (especially in 65+)**	Myocarditis/pericarditis (rare, reported in males aged 12-24), allergic reactions, syncope Occurred in 2.7% of participants with mNEXSPIKE versus 2.6% with Spikevax. None were considered causally related to the vaccine. Source: Safety and Tolerability Results | mNEXSPIKE®
Pfizer-BioNTech	**COMIRNATY** (mRNA)	65 years of age or older, or 5 years through 64 years with at least 1 high-risk condition	Injection-site pain, fatigue, headache, myalgia, chills, joint pain, axillary swelling, nausea/vomiting	Similar to above	As with other mRNA vaccines, myocarditis/pericarditis in rare cases. Also rare allergic reactions.
Novavax	**NUVAXOVID** (Protein-based vaccine)	65 years of age or older, or 12 yrs through 64 yrs with at least 1 high-risk conditions	Injection-site pain, fatigue, headache, myalgia, chills, joint pain, axillary swelling, nausea/vomiting	**Generally milder**, with far fewer fevers/chills/aches, but slightly more fatigue Source: SHIELD-Utah Study	Similar rare serious risks (allergic events)

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Health Department

Identifying and Managing Food Safety Risks in Facilities that Serve a Highly Susceptible Population

Groups with Increased Risk for Foodborne Illness

Pregnant Women

Infants and Young Children

Older Adults

People with Weakened Immune Systems

Overview:

Kitchens can be intimidating!

Today we are going to talk about:

-The common factors for outbreaks

-Ways to help prevent outbreaks

-Resources

Lincoln-Lancaster County Health Department

5 Key areas of focus to prevent foodborne illness

POOR PERSONAL HYGIENE

INADEQUATE COOKING

IMPROPER HOLDING

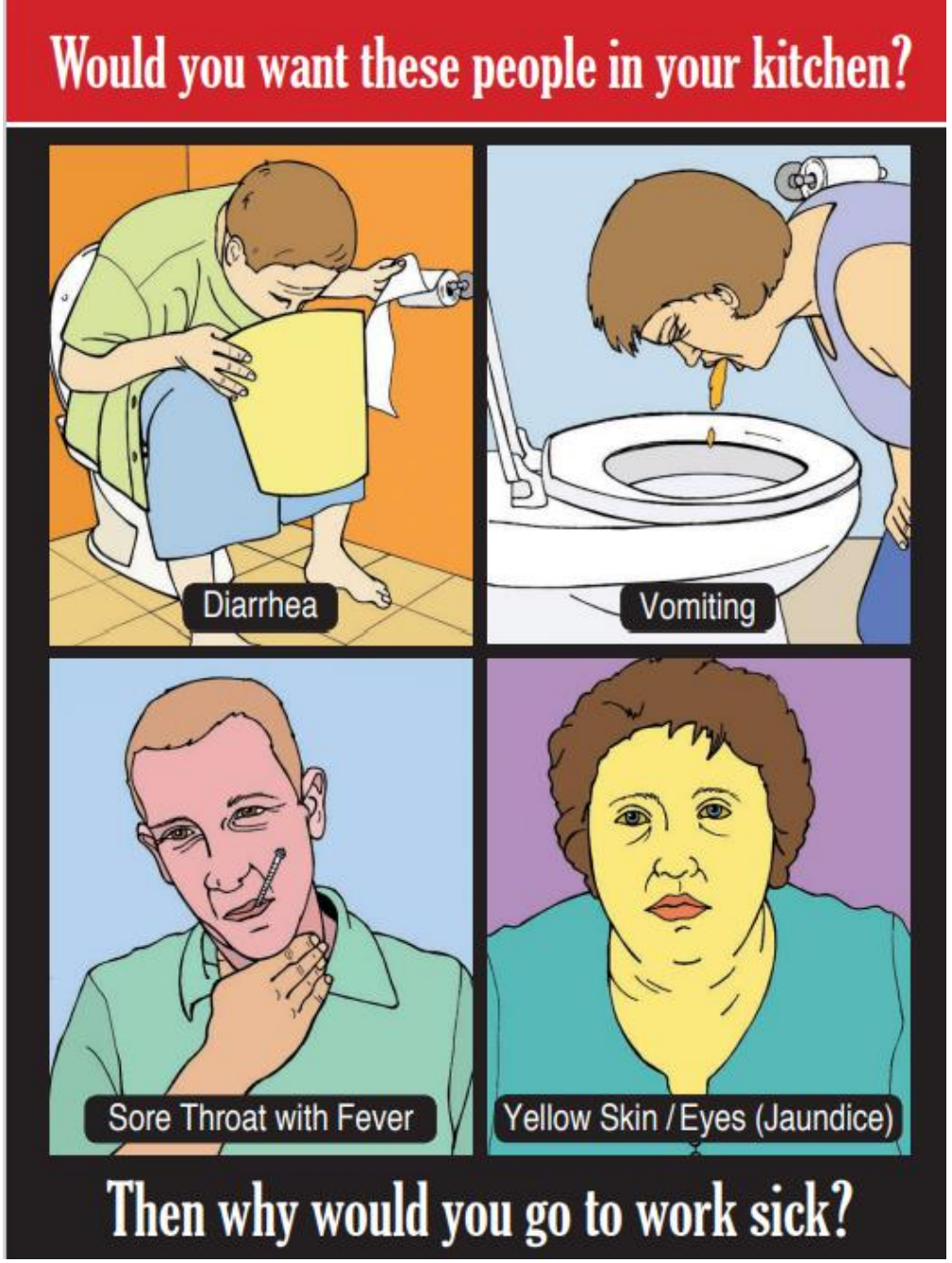
CONTAMINATED EQUIPMENT

UNAPPROVED FOOD SOURCE

Lincoln-Lancaster County Health Department

Employee Illness Symptoms to exclude for

-Vomiting
-Diarrhea
-Sore throat with fever
-Jaundiced



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The Big 6

Shiga toxin producing E. coli (STEC) – E. coli

Causes more than ***3,000 cases of foodborne illness*** annually; anyone can become infected; very young children and elderly most likely to develop severe illness; ***spreads by fecal contamination of food and water as well as cross-contamination during food preparation***

- **FOODS:** raw or undercooked beef (especially hamburger), raw fruits and vegetables, unpasteurized milk or juice, contaminated water
- **INCUBATION PERIOD:** 1-8 days
- **SYMPTOMS:** Include severe stomach cramps, diarrhea (often bloody), mild fever and vomiting.
- **PREVENTION:** Cook implicated food to 155°F, prevent cross contamination between raw and ready to eat foods, wash hand properly and frequently, correctly wash, rinse and sanitize food contact surfaces

Nontyphoidal Salmonella

Causes ***1 million cases of intestinal illnesses*** annually; ingesting even a small amount of bacteria can cause illness; ***spreads to humans through consumption of contaminated foods of animal origin like eggs, meat poultry and milk, as well as those foods that have come into contact with infected animal waste***

FOODS: Produce such as tomatoes, peppers, cantaloupes; contaminated water, poultry and eggs, meat, milk and dairy products

INCUBATION PERIOD: usually 12 to 72 hours, but can be up to a week or more

SYMPTOMS: acute diarrhea, abdominal pain, fever and vomiting

PREVENTION: Cook implicated food to 155°F, prevent cross contamination between raw and ready to eat foods, wash hand properly and frequently, correctly wash, rinse and sanitize food contact surfaces

Salmonella Typhi

Humans are the only hosts of this bacterial disease; ***spreads through food or water contaminated by stool of an infected person;*** causes typhoid fever and paratyphoid fever; bacteria present in feces for weeks after symptoms subsided

FOODS: eady-to-eat foods, beverages, contaminated water

INCUBATION PERIOD: 1 to 3 weeks, however may be a long as 2 months

SYMPTOMS: Fever, weakness, stomach pain, rash, diarrhea or constipation

PREVENTION: Wash hands thoroughly and frequently, cook foods to minimum prescribed internal temperatures, prevent cross contamination

The Big 6 contd.

Hepatitis A

Causes inflammation of the liver; ***spreads primarily through food or water contaminated by stool of an infected person***

FOODS: Ready-to-eat food, shellfish from contaminated water

INCUBATION PERIOD: 15-50 days, average 28 days

SYMPTOMS: Jaundice, loss of appetite, nausea, fever, diarrhea

PREVENTION: Wash hands frequently and properly, **avoid bare hand contact with ready-to-eat foods**, purchase shellfish from an approved supplier

Shigella

Causes ***300,000 cases*** annually; spreads easily from person to person by eating or drinking food and water contaminated with the bacteria; it can also ***spread by coming in direct contact with feces from an infected person***

FOODS: Foods that are easily contaminated by hands – various types of salads, food that has been in contact with contaminated water – produce

INCUBATION PERIOD: 4-7 days

SYMPTOMS: Diarrhea (sometimes bloody), fever, stomach pain, dehydration

PREVENTION: Wash hands frequently and properly, wash vegetables, control flies inside and outside of the facility

Norovirus

Highly infectious; ***leading cause of foodborne illness;*** spreads through food handled by someone who is infected with the virus or through the air after a vomit transmission has occurred

FOODS: Ready-to-eat foods, shellfish from contaminated water

INCUBATION PERIOD: 12-48 hours

SYMPTOMS: Nausea, abdominal cramping, vomiting, diarrhea, fever

PREVENTION: Wash hands frequently and properly, avoid bare hand contact with ready-to-eat foods, purchase shellfish from an approved supplier

The decisions you make can prevent an outbreak: A Cautionary Tale

Lincoln-Lancaster County Health Department

Wash Your Hands!

¡Lávese Las Manos!

1 **Wet Hands**
Mójese las manos

2 **Soap**
Enjabónese

3 **Wash** for 20 seconds
Lávese las manos por 20 segundos

4 **Rinse**
Enjuáguese

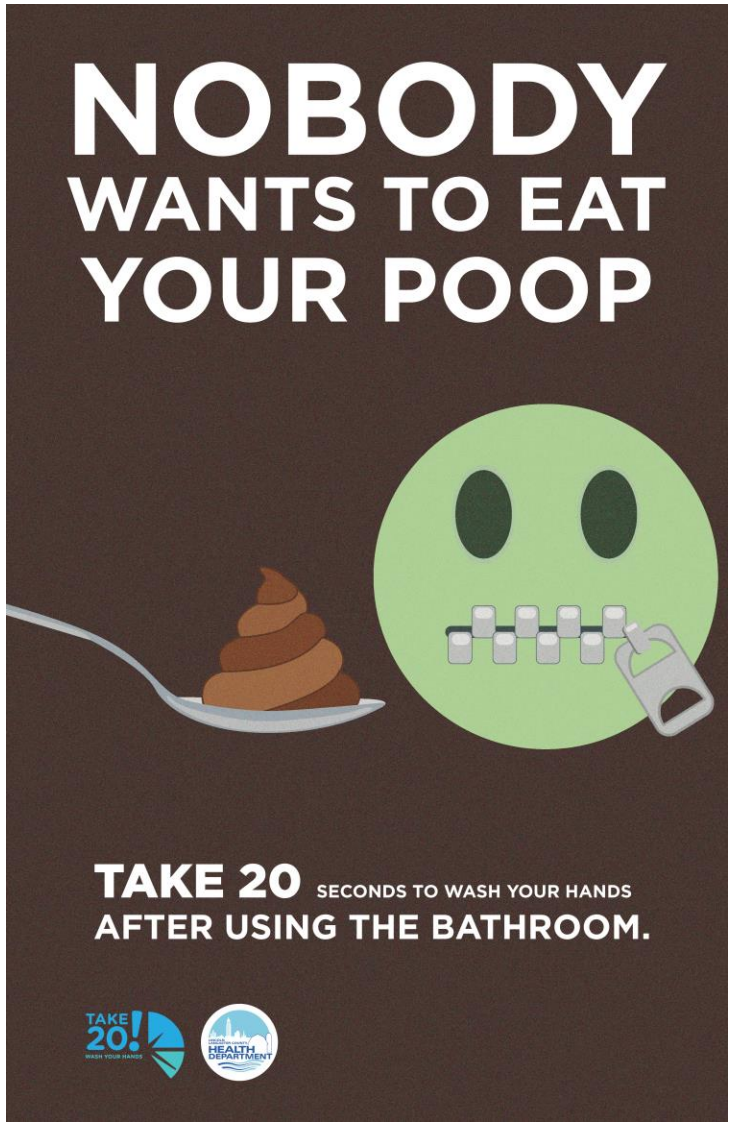
5 **Dry**
Séquese las manos

6 **Turn Off Water** with Paper Towel
Cierre el grifo usando una toalla de papel

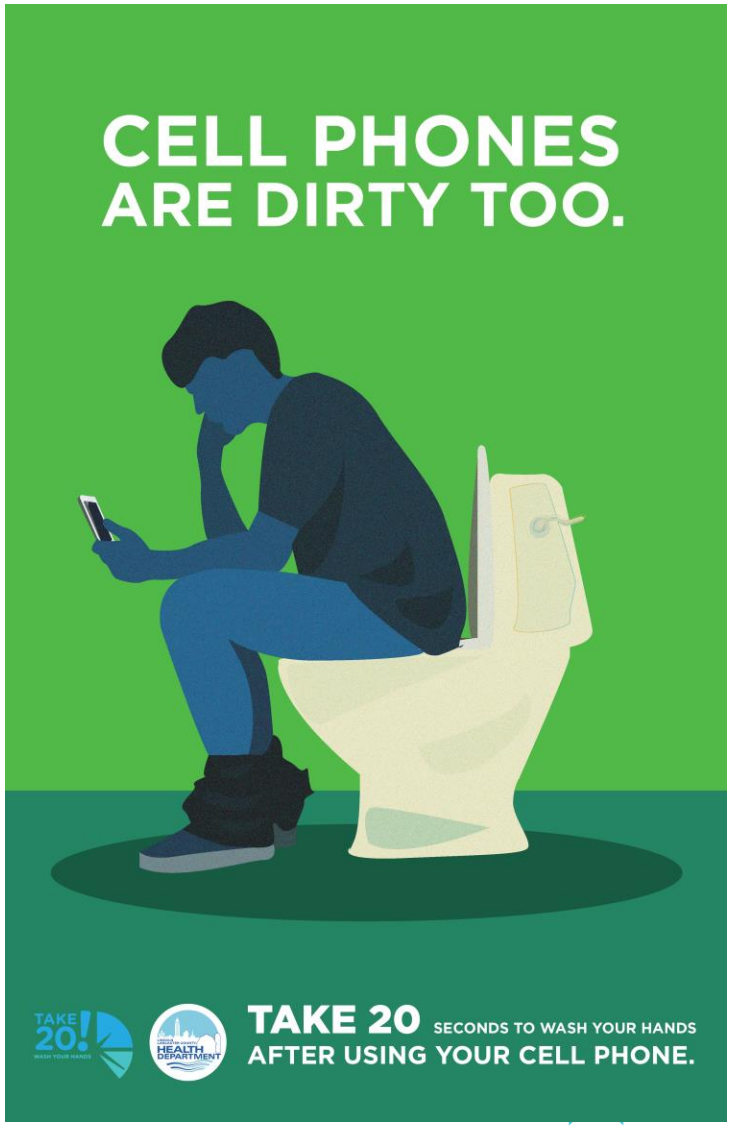
University of Nebraska Lincoln EXTENSION

Provided by University of Nebraska-Lincoln Extension in Lancaster County and the Lincoln-Lancaster County Health Department

Lincoln-Lancaster County Health Department


NOBODY
WANTS TO EAT
YOUR POOP
TAKE 20 SECONDS TO WASH YOUR HANDS
AFTER USING THE BATHROOM.
TAKE 20!
HEALTH DEPARTMENT


ILLNESS-CAUSING BACTERIA
CAN BE FOUND ON AS MUCH AS
70% OF RAW MEAT AND EGGS.
IF YOU DON'T CHANGE GLOVES
AND WASH YOUR HANDS,
YOU WILL GET SOMEONE SICK.
TAKE 20!
HEALTH DEPARTMENT
TAKE 20 SECONDS TO WASH YOUR HANDS
AFTER HANDLING RAW MEAT AND EGGS.

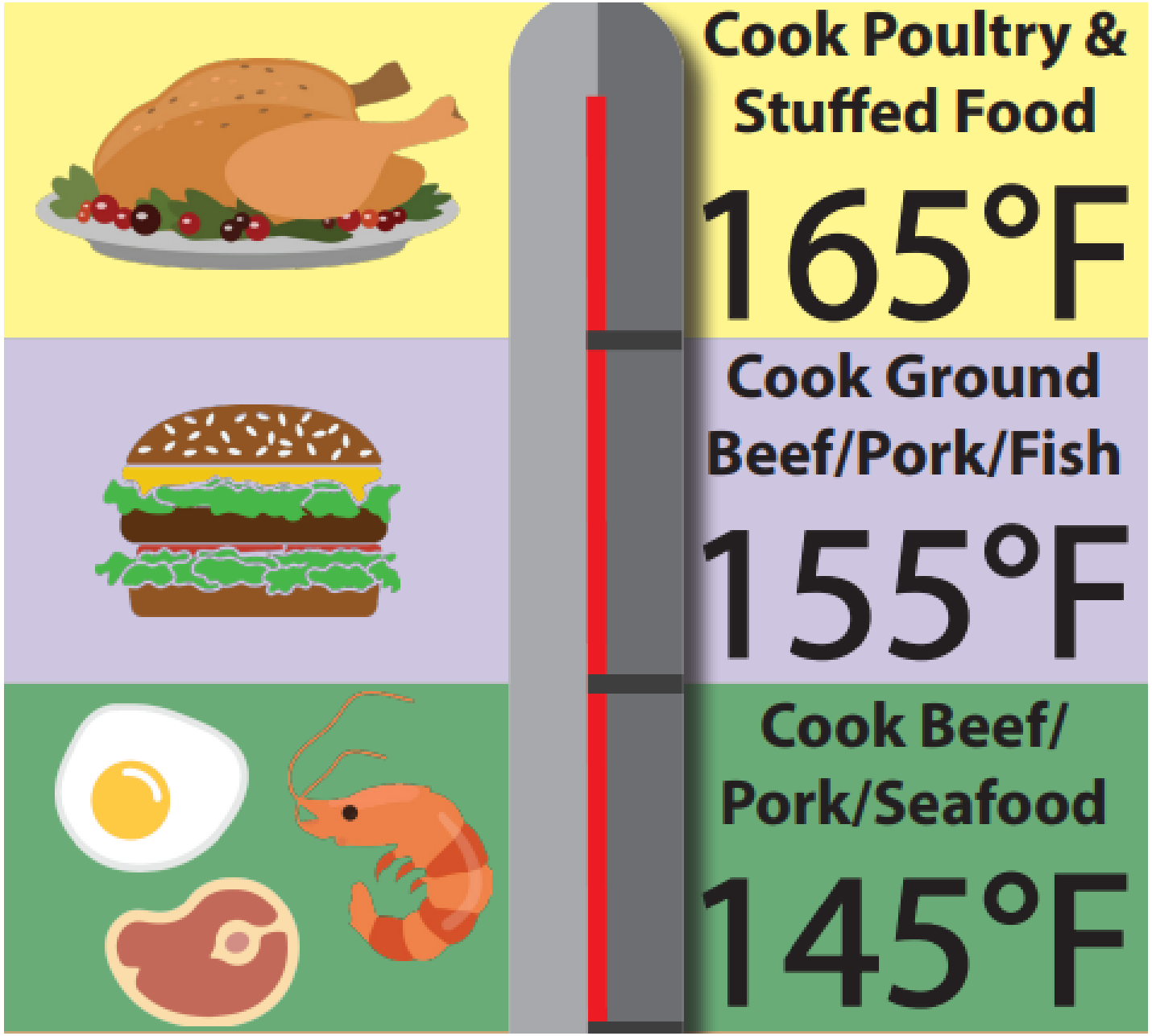

CELL PHONES
ARE DIRTY TOO.
TAKE 20!
HEALTH DEPARTMENT
TAKE 20 SECONDS TO WASH YOUR HANDS
AFTER USING YOUR CELL PHONE.

No Bare Hand Contact with Ready-to-Eat Foods

Lincoln-Lancaster County Health Department

Unapproved Sources

Lincoln-Lancaster County Health Department



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Codes Specific to HSP

-No Consumer Advisories
-Cannot offer raw fish, raw shellfish, raw steak
-undercooked meats/unpasteurized shell eggs

Specifics about Eggs and HSP

-unpasteurized shell eggs can be used per customers orders
-unpasteurized eggs can be used in fully baked goods
-pasteurized eggs must be used in dishes that are uncooked or slightly cooked

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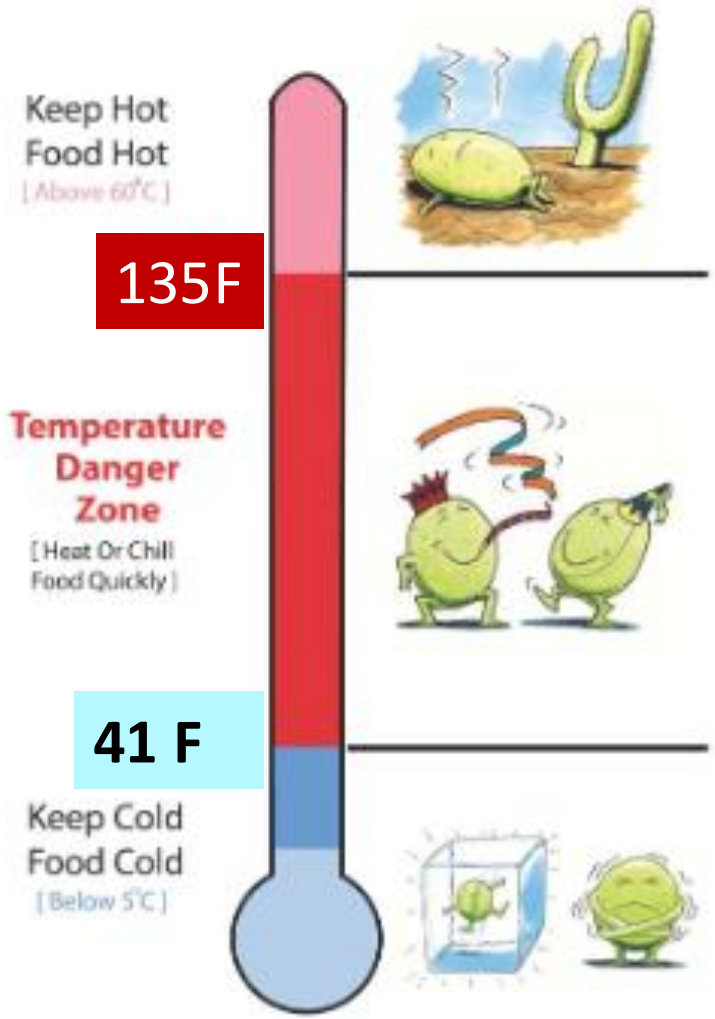
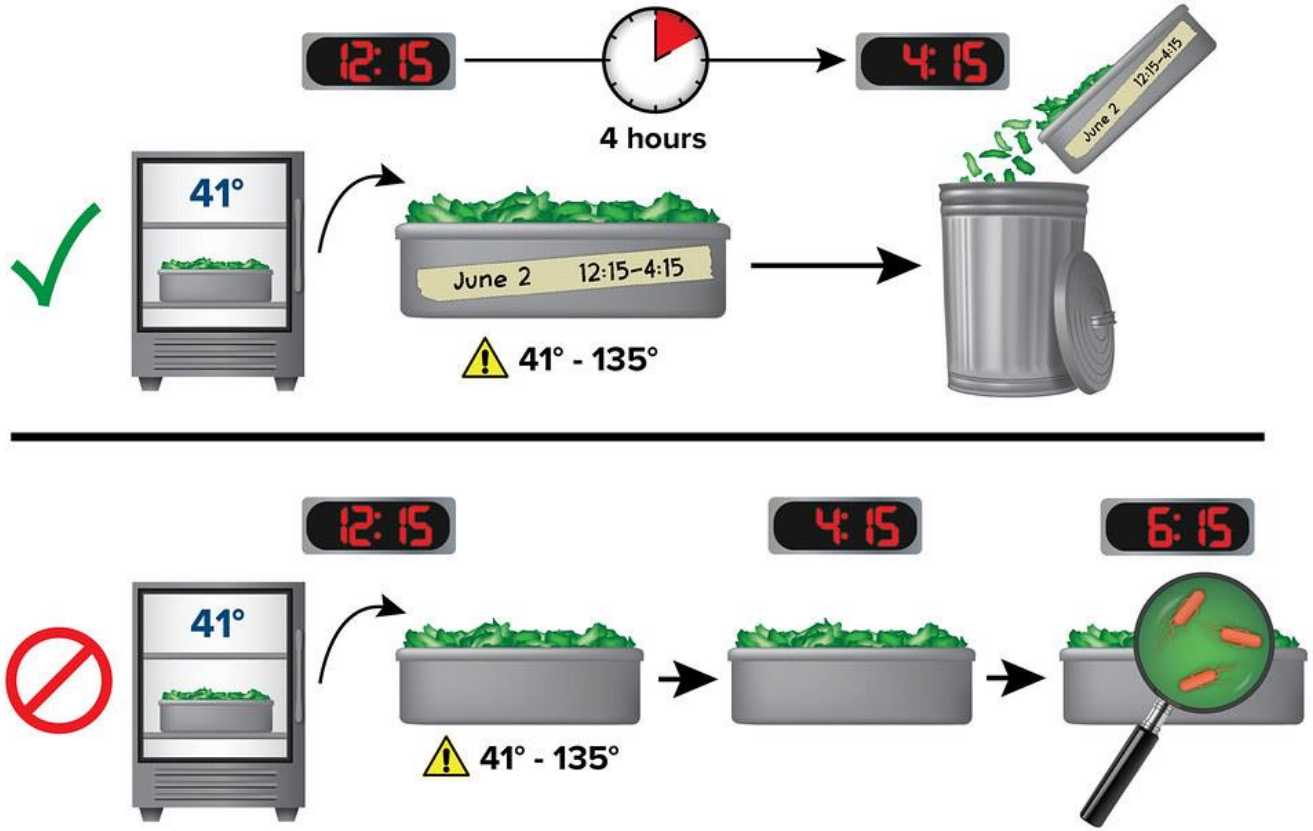
Temperature Danger Zone For Food



Time as a Control



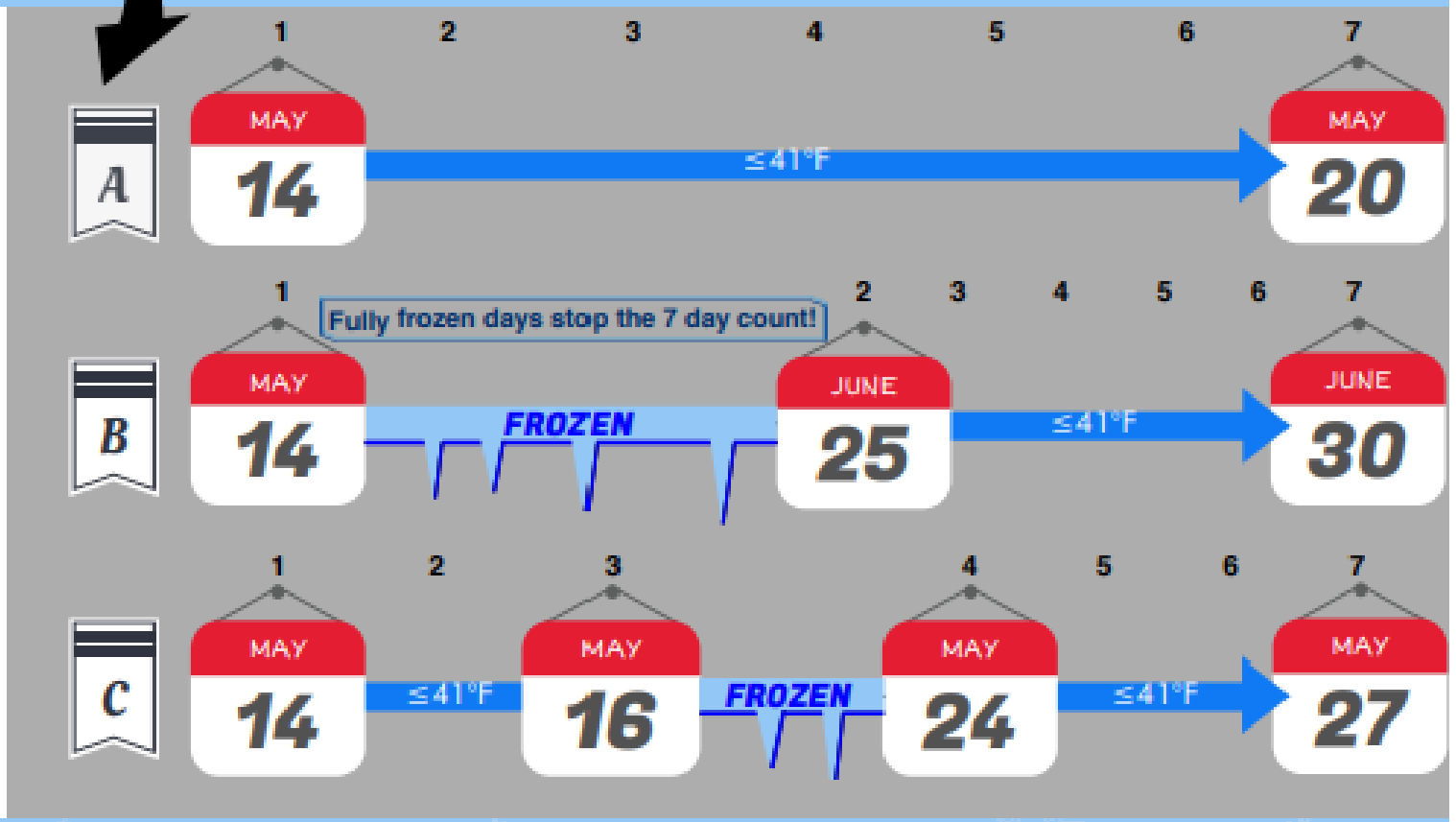
Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

It's your responsibility.
Cool foods quickly!

INFUSE

Lincoln-Lancaster County Health Department

7 Days at 41°F MAX.



A Cold hold food and consume or discard by the 7th day.

B Freeze and thaw food at a later date. Consume or discard by 7th day on the timeline.

C Cold hold food, then freeze after 3 days. Food thawed at a later date is good for 4 more days (7 - 3 = 4 days remaining).

In all scenarios above, foods are cooked and cooled to ≤41°F on May 14th which is Day 1 of 7.

Lincoln-Lancaster County Health Department

Safe Storage Order and Final Cooking Temperatures

For food safety, store foods at **41°F** or below and cook to the listed internal temperature.

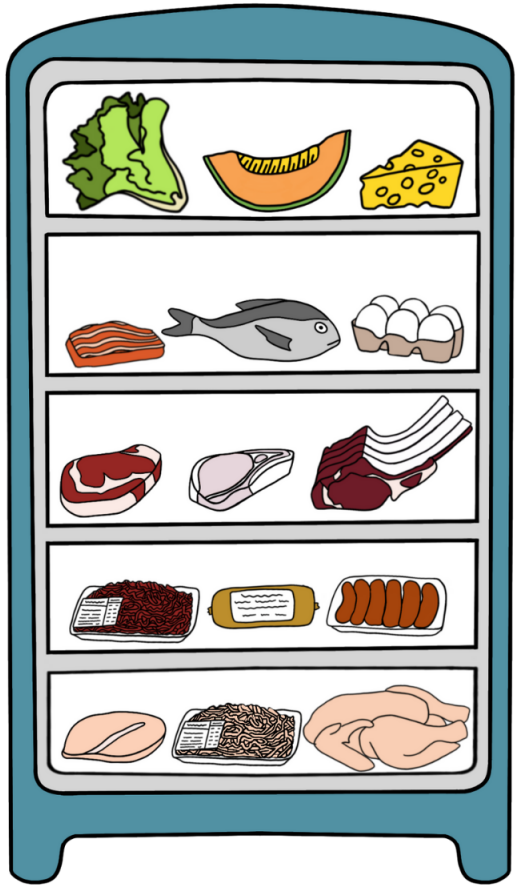
Ready-to-eat foods, produce and already cooked foods.

145°F
Fish and eggs

145°F
Whole cuts of beef, pork and lamb

155°F
Ground meats

165°F
All poultry and stuffed products



NC STATE EXTENSION

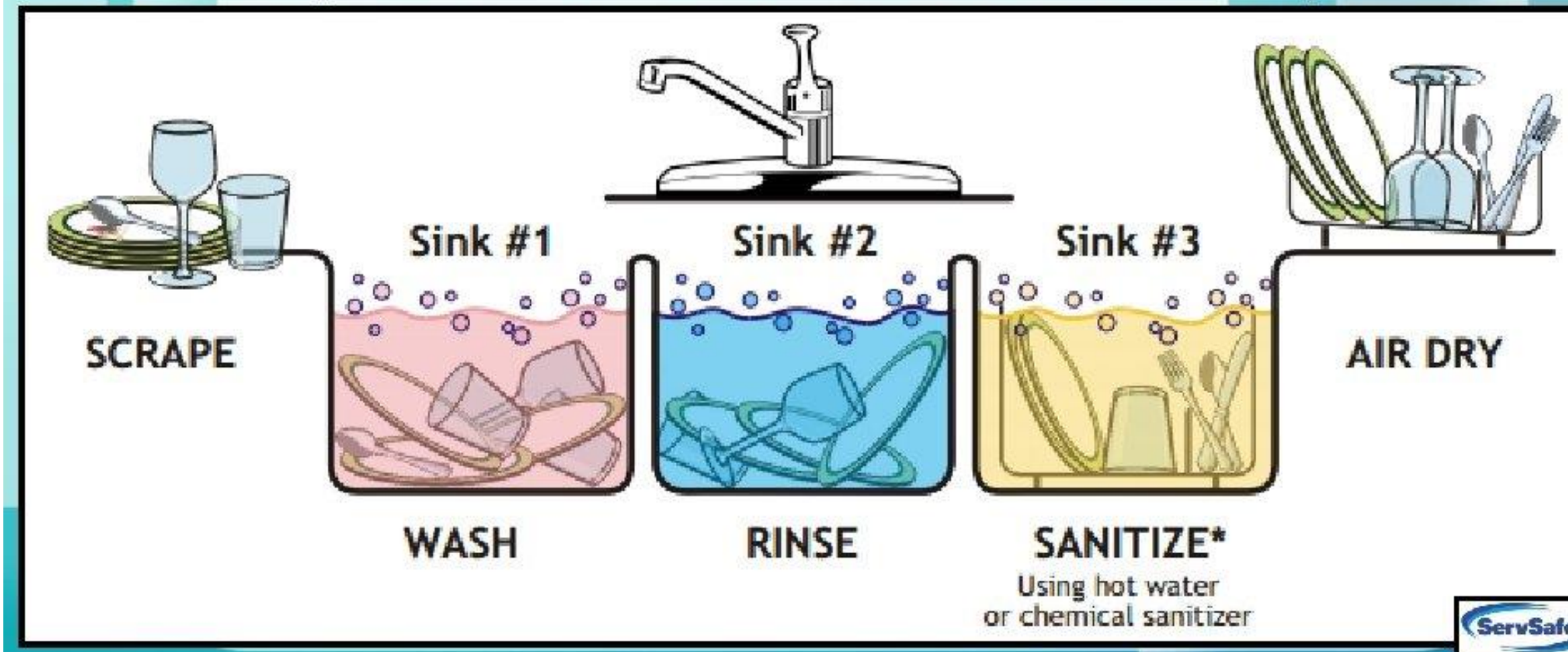
For more information, visit **go.ncsu.edu/safe_plates**

safe plates


"I did not wash, rinse, and sanitize the sink."
"I washed, rinsed, and sanitized the sink."
Sanitizer

Dish Washing – *3 Sink Method*

Scrape, Wash, Rinse, Sanitize and Air Dry



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Health Department

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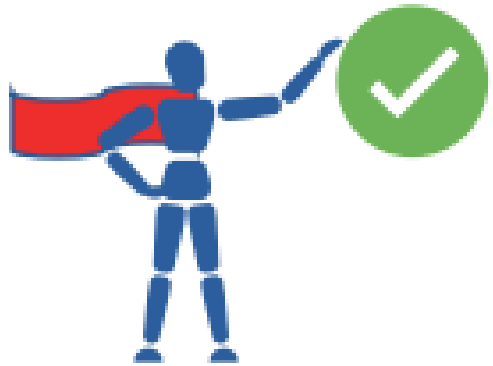
Preventing Outbreaks: Active Managerial Controls



Active managerial control means the purposeful incorporation of specific actions or procedures by industry management into the operation of their business to attain control over foodborne illness risk factors. It embodies a preventive rather than reactive approach to food safety through a continuous system of monitoring and verification

FDA Risk Factor Study found links between strong food safety management systems and food safety.

Procedures	A set of actions adopted by management for accomplishing tasks in a way that minimizes food safety risks
Training	The process of management teaching employees food safety procedures
Monitoring	Routine observations and measurements conducted to determine if food safety procedures are being followed

Food and Drug Administration (2018). FDA Report on the Occurrence of Foodborne Illness Risk Factors in Fast Food and Full-service Restaurants, 2013-2014.

Policies

Standard Operating Procedures: Cleaning and Sanitizing Food Contact Surfaces

PURPOSE: To prevent foodborne illness by ensuring that all food contact surfaces are properly cleaned and sanitized.

SCOPE: This procedure applies to foodservice employees involved in cleaning and sanitizing food contact surfaces.

INSTRUCTIONS:

1. Train foodservice employees on using the procedures in this SOP.
2. Follow State or local health department requirements.
3. Follow manufacturer's instructions regarding the use and maintenance of equipment and use of chemicals for cleaning and sanitizing food contact surfaces
4. Wash, rinse, and sanitize food contact surfaces of sinks, tables, equipment, utensils, thermometers, carts, and equipment:
   - Before each use
   - Between uses when preparing different types of raw animal foods, such as eggs, fish, meat, and poultry
   - Between uses when preparing ready-to-eat foods and raw animal foods, such as eggs, fish, meat, and poultry
   - Any time contamination occurs or is suspected
5. Wash, rinse, and sanitize food contact surfaces of sinks, tables, equipment, utensils, thermometers, carts, and equipment using the following procedure:
   - Wash surface with detergent solution.
   - Rinse surface with clean water.
   - Sanitize surface using a sanitizing solution mixed at a concentration specified on the manufacturer's label.
   - Place wet items in a manner to allow air drying.
6. If a 3-compartment sink is used, setup and use the sink in the following manner:
   - In the first compartment, wash with a clean detergent solution at or above 110 °F or at the temperature specified by the detergent manufacturer.
   - In the second compartment, rinse with clean water.
   - In the third compartment, sanitize with a sanitizing solution mixed at a concentration specified on the manufacturer's label or by immersing in hot water at or above 171 °F for 30 seconds. Test the chemical sanitizer concentration by using an appropriate test kit.

Lincoln-Lancaster County Health Department

Training:

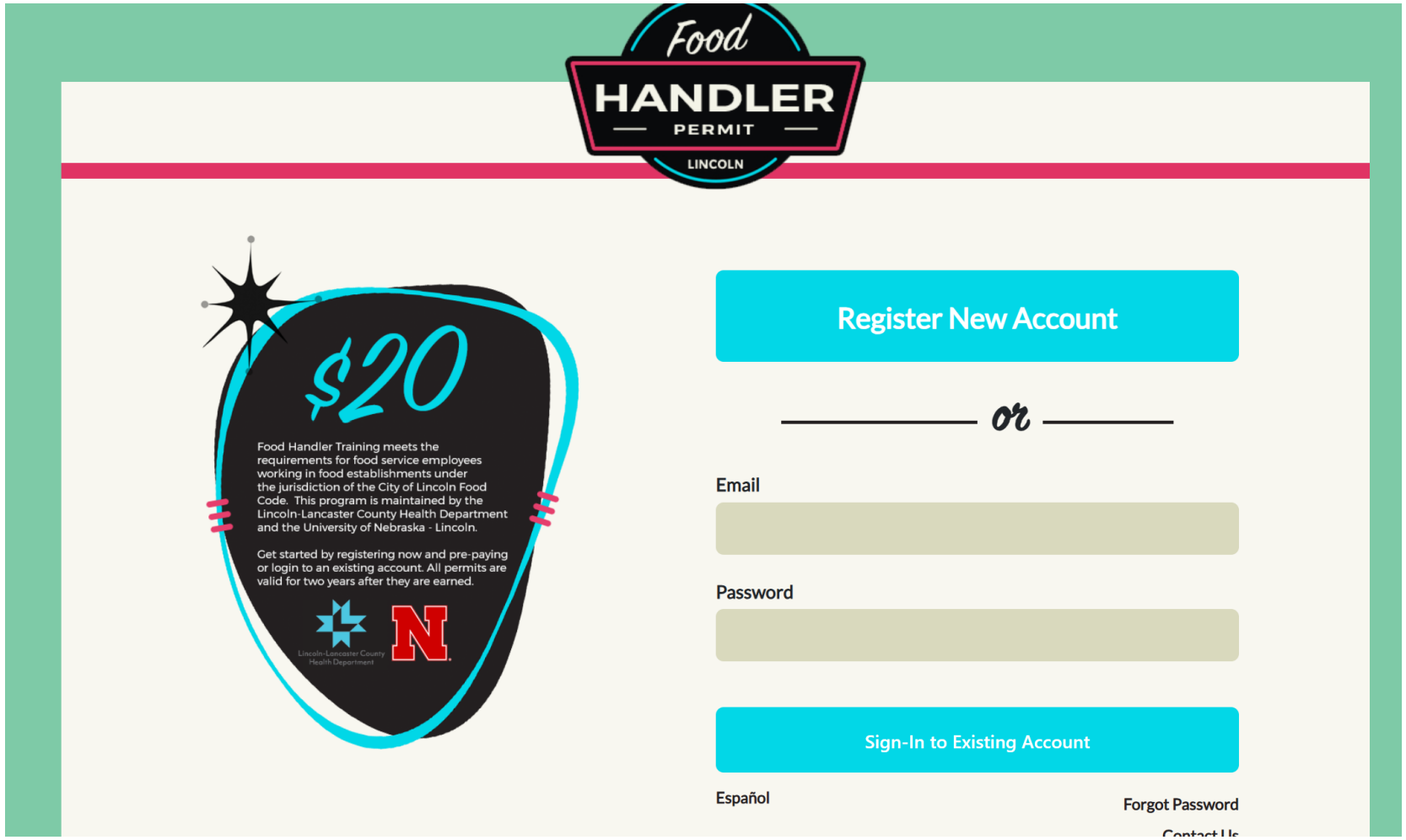

Photo: Courtesy of Global Food Safety Initiative

FOOD PROTECTION MANAGER ACCREDITED CERTIFICATION TRAINING

Food Protection Manager Certification Organization Contacts

- 360 Training
  - https://www.360training.com/learn2serve/food-safety-manager-training
  - Customer Support 877-881-2235
- AAA Food Handler
  - https://aaafoodhandler.com/food-manager-certification
  - Customer Support 714-592-4100
- Always Food Safe Company, LLC
  - https://alwaysfoodsafe.com/en/food-protection-manager
  - Customer Support 844-312-2011
- APS Culinary Dynamics (DBA: World Food Safety Organization)
  - https://worldfoodsafety.org/fpm/
- Environmental Health Testing (National Registry of Food Safety Professionals)
  - https://www.nrfsp.com/exam-center/manager/
  - Customer Support 800-446-0257
- My Food Service License
  - https://myfoodservicelicense.com/
  - Customer support 877-590-5964
- National Restaurant Association
  - https://www.nrfsp.com/exam-center/manager/
  - Customer Support 800-765-2122
- Relish Works, Inc. (DBA: Trust 20)
  - https://trust20.co/food-manager
- Responsible Training
  - Responsibletraining.com
  - Customer Service (866) 409-9190
- StateFoodTraining
  - https://www.statefoodsafety.com/food-safety-manager-certification#/
  - Customer Support 801-494-1416

For more information on the Food Protection Manager Certification under the American National Standards Institute visit the ANSI webpage http://www.foodprotect.org/food-protection-manager-certification/



Lincoln-Lancaster County Health Department

Cooling Log

Stir and check food temperatures often

Less than 2 hours and above 70°F- reheat to 165°F

More than 2 hours and above 70°F- discard
More than 6 hours and above 41°F-discard

			135°F - 70°F within 2 hours							70°F - 41°F within 4 hours					
Date	Food	Cook Temp	2 hours starts when product reaches 135°F Must be below 70°F in 2 hours!						corrective action?	Product must be below 41°F in 6 hours!				corrective action?	Initial
		time													
		temp													
		time													
		temp													
		time													
		temp													
		time													
		temp													
		time													
		temp													

It's your responsibility.
Cool food quickly!

Adapted from Minneapolis Health Department

Monitoring

Lincoln-Lancaster County Health Department

Resources

NEBRASKA FOOD CODE

Nebraska Department of Agriculture
Food Safety and Consumer Protection
State Office Building
P.O. Box 94757
Lincoln, Nebraska 68509
(402) 471-3422
www.nda.nebraska.gov

Lincoln-Lancaster County
Health Department

Local Resources

Lincoln-Lancaster County Health Department

402-441-6028

Douglas County Health Department

402-444-7488.

Central District Health Department

308-385-5175

Nebraska Department of Agriculture

402-471-3422

Lincoln-Lancaster County Health Department

Thank you for helping protect those you serve!

Lincoln-Lancaster County Health Department

Andrea Bethke, REHS, CP-FS

Senior Environmental Health Specialist | Environmental Public Health Education Section

Lincoln-Lancaster County Health Department

Office: 402-441-8074 | Mobile: 402-840-3689 | Fax: 402-441-6206

3131 O St

Lincoln, NE 68510

lincoln.ne.gov/Health

abethke@lincoln.ne.gov

Misc. Updates & Upcoming Educational Opportunities

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

NE ICAP

Think Twice About Ice!
CDC's Project Firstline Resources

- ❑ Think about how ice is used in your facility. Is it mainly for eating and drinking or for ice packs placed on wounds to reduce pain?
- ❑ Think about how germs might spread when handling ice. How can your team help each other take the right infection control actions when using ice to keep germs from spreading?
- ❑ Use the talking points and accompanying job aid to engage your team in short, focused discussion.

https://www.cdc.gov/project-firstline/media/pdfs/microlearn-ice-508.pdf

CDC's Project Firstline: Resource for Sink Areas

- Take a moment to think about the sinks in patients' or residents' rooms in your facility.
  - How are sinks used and how often?
  - Are they located near clean supplies?
  - What liquids have you seen workers and visitors pour into the sinks?
  - How can you reduce the risk of splashes and sprays from the sinks in your facility?

- Use the talking points and accompanying job aid to engage your team in short, focused discussion.

https://www.cdc.gov/project-firstline/hcp/training/micro-learn-sinks.html
https://www.cdc.gov/project-firstline/media/pdfs/microlearn-sink-508.pdf

Clinician Update on Measles Cases and Outbreaks in the US – CDC COCA 9/11/25

Webinar

Date: Thursday, September 11, 2025

Time: 2:00–3:00 P.M. ET **(1:00-2:00 P.M. CST)**

- A few minutes before the webinar begins, please click here to join.

  Webinar ID: 862 4856 3488

  Passcode: 745762

- During this COCA Call, presenters will discuss the current epidemiology of measles in the United States and address the most common questions from clinicians about preventing, identifying, and testing for measles. Presenters will also summarize measles, mumps, and rubella (MMR) vaccination recommendations and considerations.
  - Free Continuing Education (CE) will be offered.

https://www.cdc.gov/coca/hcp/trainings/clinician_update_measles_cases_in_us.html
https://www.cdc.gov/measles/images/social-media/measles-be-ready-hcp-1080x1080.jpg

NE ICAP

The Path of Yeast Resistance: Drug-resistant *Candida* on the Rise – CDC COCA 9/18/25

Increasing drug-resistant candida highlights the importance of infection prevention and control.

Date: Thursday, September 18, 2025
Time: 2:00 PM – 3:00 PM ET

- Candida is a yeast that can cause infections ranging in severity. Antifungal resistance among *Candida* is growing, particularly for specific species such as *Candida auris* and *Candida parapsilosis*. These two species also spread more easily between patients in healthcare settings compared to other species of *Candida*. Awareness of this issue is essential for clinicians, as it can guide testing practices and clinical treatment decisions.
  - Slides will be available on 9/18 on the webpage.
    - Video and transcript available a week after.
  - Free Continuing Education (CE) will be offered.

Webinar Link: A few minutes before the webinar begins, please click here to join.
Registration is not required.
https://www.cdc.gov/coca/hcp/trainings/drug-resisitant-candida.html

NE ICAP

Dental Infection Control Summit

Friday, October 10, 2025

8:00 AM to 3:00 PM

Lied Lodge at Arbor Day Farms

Great Plains Rooms (2nd Level)

2700 Sylvan Rd

Nebraska City, NE 68410

6 CE Hours

MORNING: Basic Infection Control in the Dental Setting:

Introduction to essential infection control practices in the dental setting including standard and transmission-based precautions, environmental cleaning and disinfection, sharps safety, instrument reprocessing, and dental unit water lines.

AFTERNOON OPTION A: Employee Safety in Dentistry and Antibiotic Prescribing in the Dental Setting:

Introduction to OSHA's employee safety requirements and antibiotic prescribing guidelines surrounding pain and swelling and antibiotic prophylaxis in the dental setting.

AFTERNOON OPTION B: Sterile Technique in the Dental Setting (interactive):

Learn how to identify when a sterile field is necessary in addition to managing the sterile field to ensure patient safety.

NE ICAP

Nebraska Infection Control Network

985400 Nebraska Medical Center Phone: (402) 559-8668

Omaha NE 68198-5400

UNMC COLLEGE OF DENTISTRY

Registration Link

NE ICAP

2 Newer Items Added to the NE ICAP / ASAP Learning Center

NE ICAP ASAP

Learning Center

ICAP/ ASAP Education on Your Own Time

Designed for front-line HCP. Has quiz & certificate.

Courses

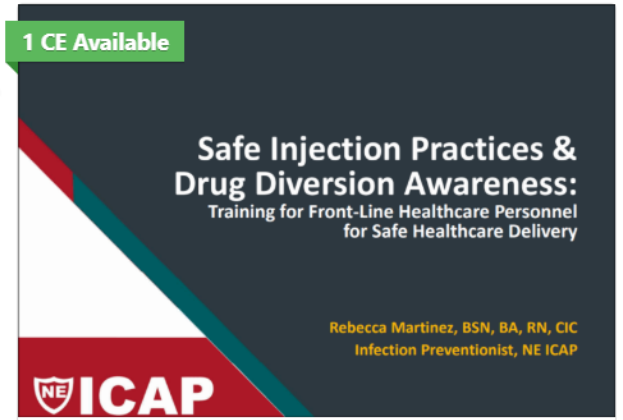
Thank you for exploring the courses Nebraska ICAP/ ASAP have to offer. All users must be registered to take a course with Nebraska ICAP/ ASAP.

New users: Please click on the "Registration" tab at the top of the page to create an account.

Registered users: Login below or you will be asked to login when you select a course.

Login

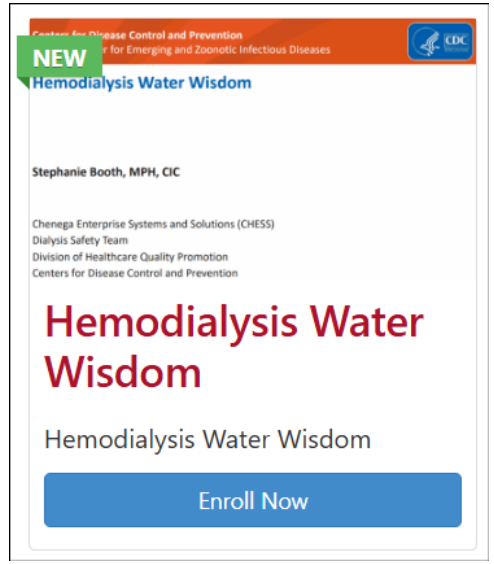
https://icapasaplearning.nebraskamed.com/



Safe Injection Practices and Drug Diversion Awareness

Safe Injection Practices and Drug Diversion Awareness. This course is worth 1.0 CE Credits.

Enroll Now



Hemodialysis Water Wisdom

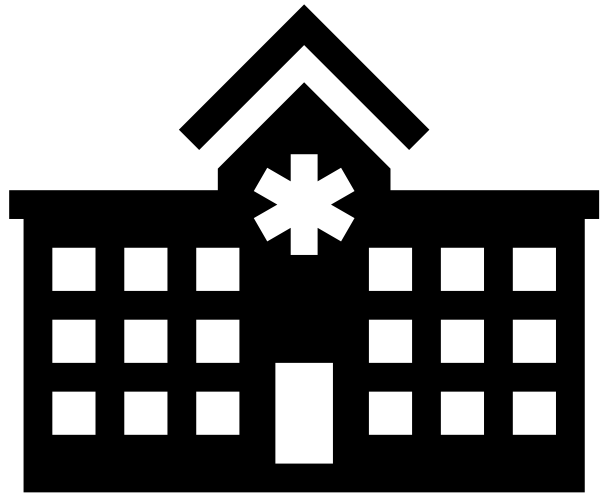
Hemodialysis Water Wisdom

Enroll Now

NE ICAP

Infection Control Assessment & Response (ICAR) Visits

- On-site infection control assessment and response visits are available. Can be general or focused including the following:
  - Surgical Site Infection (SSI) Prevention
  - Device Reprocessing
  - Water Management Program
  - Among other domains, it will be tailored to your facility



Join Us - Upcoming NE ICAP Webinars

- October 8, 2025
  - 12:00 – 1:00 PM (CST)
    - Antibiotic Awareness
    - Jenna Preusker, PharmD, BCPS, BCIDP

- November 12, 2025
  - 12:00 – 1:00 PM (CST)
    - TBD

ICAP Contact Information

Call 402-552-2881

Business Hours are Monday – Friday
8:00 AM - 4:00 PM Central Time

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.

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Webinar CE Process

- **1 Nursing Contact Hour is awarded by Nebraska ICAP**
  - Nebraska Infection Control Assessment and Promotion Program 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.