Hospital & Outpatient Settings Webinar Series

November 12th, 2025

NEBRASKA
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NE ICAP

NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Presenters & Panelists

Presenters today: *(in order)*

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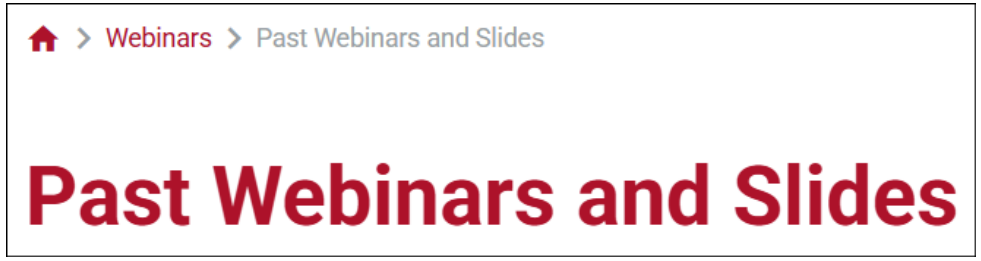
Questions & Answer Session

- 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 or requires more one on one assistance, 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 Hospital webpage
  - **After** the webinar, slides and a recording will be posted under the Webinars tab on the Past Webinars and Slides webpage



New Webpage of Resources for ALL Healthcare Settings

Resources for ALL Healthcare Settings

CDC

- CDC Guidelines and Guidance Library
- CDC National Healthcare Safety Network (NHSN)
- CDC Project Firstline*
- CDC Water Management Toolkit

Our Recommended Resources

- American Society for Health Care Engineering (ASHE) ICRA 2.0 Toolkit
- APIC
- CSTE Water Management Program (WMPs) Evaluation Tool
- Environmental Protection Agency (EPA) Selected EPA-Registered Disinfectants
- Immunize.org
- Nebraska Antimicrobial Stewardship Assessment and Promotion Program (ASAP)
- Nebraska Healthcare-Associated Infections (HAI) and Antimicrobial Resistance (AR) Program
- Occupational Safety and Health Administration (OSHA) Law and Regulations
- SHEA

NE ICAP Resources

- Environmental Cleaning & Disinfection
- Hand Hygiene
- Healthcare Laundry
- Infection Control Policies and Infrastructure
- Infection Safety
- Personal Protective Equipment
- Surveillance & Disease Reporting
- Water Exposure

https://icap.nebraskamed.com/all-facility-hub-curated-by-ne-icap/

Look of Top of Hospital Resources Page

Facilities > Hospital > Hospital Resources

Hospital Resources

Welcome to your resource page!

Below you will find resources specific to hospitals. For general infection prevention and control links, see ICAP's All Facility Hub.

If you have questions, please reach out to be connected with an ICAP Infection Preventionist. Call (402)552-2881 or email nebraskaicap@nebraskamed.com.

All Facility Hub

NE ICAP Hospital Resources

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 VTL Center for Professional Development, 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

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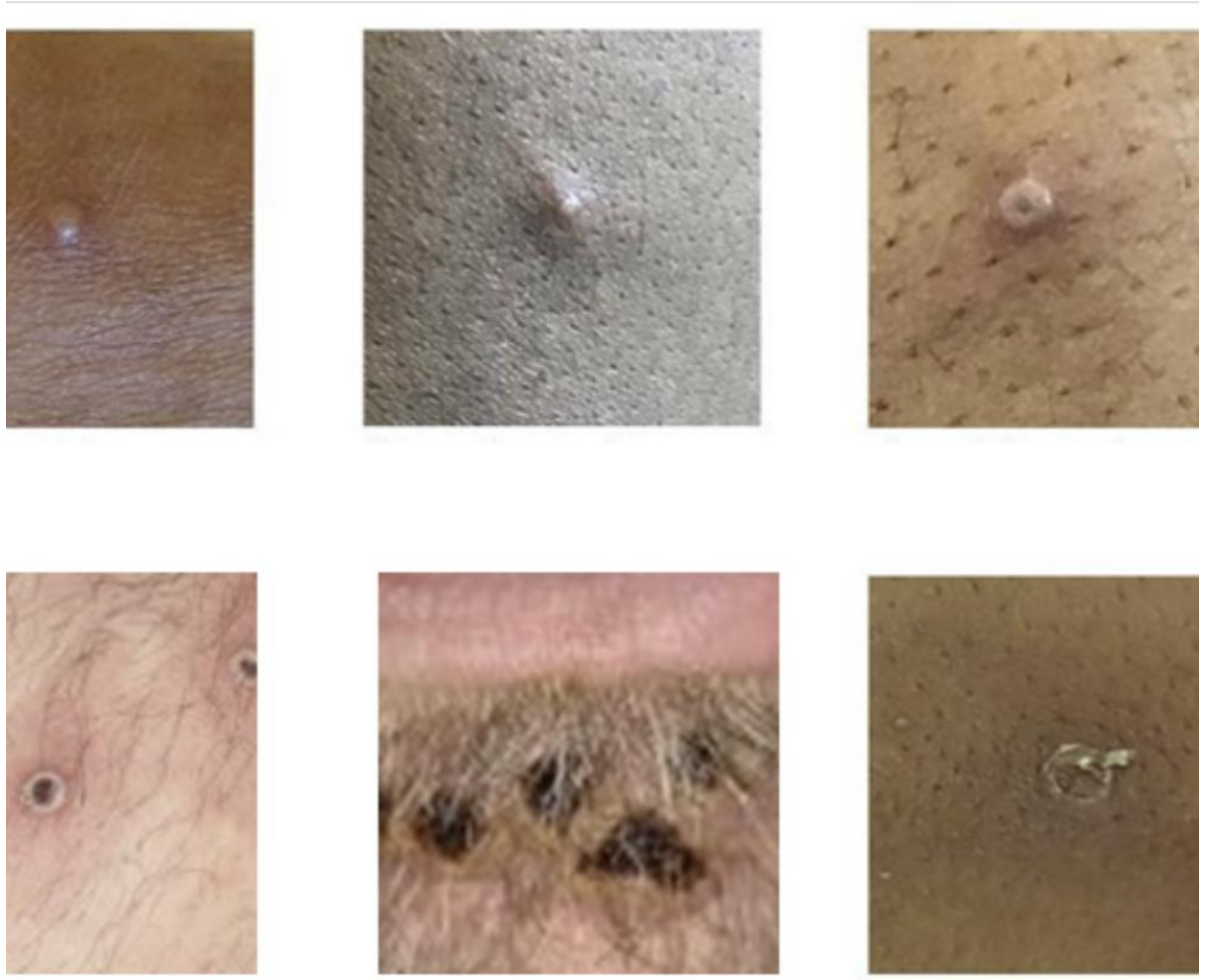
NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Key Points

- Mpox in the US
- Low level Covid activity – Wastewater is slowly trending up
- Flu activity is minimal
- Canada Loses Measles Elimination Status

Mpox Clinical Presentation

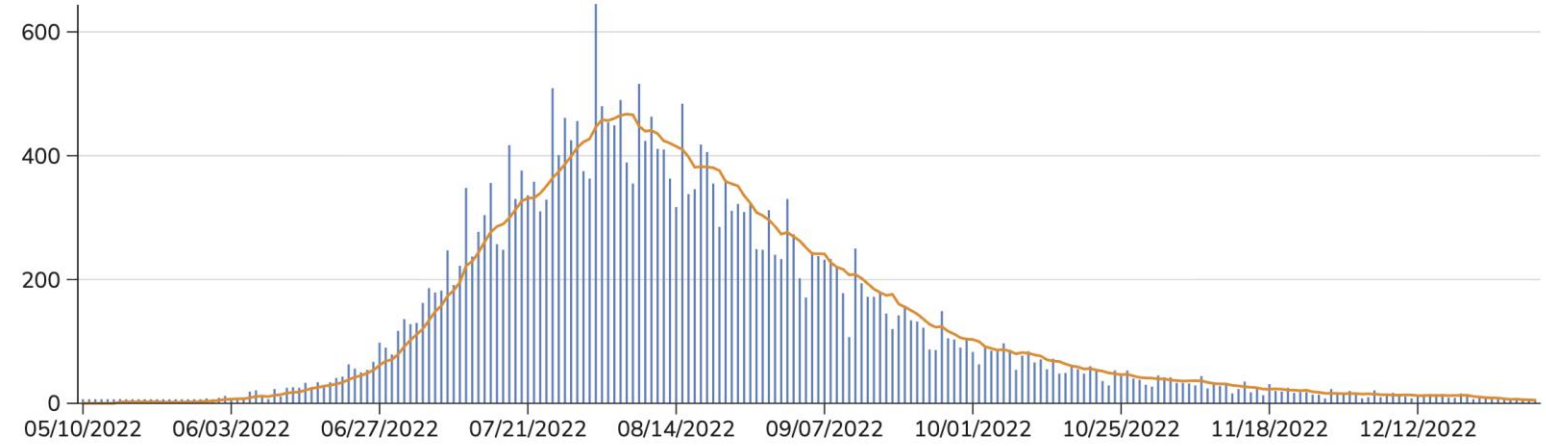
- Incubation period: 3 – 17 days
- Prodrome of flu-like symptoms can be seen, followed by rash in 1 – 4 days
- Transmittable from onset of symptoms until rash has fully healed and fresh layer of skin has formed (although new data suggests possible transmission one to four days prior to symptom onset)
- Rash typically progresses through 4 stages: macular -> papular -> vesicular -> pustular

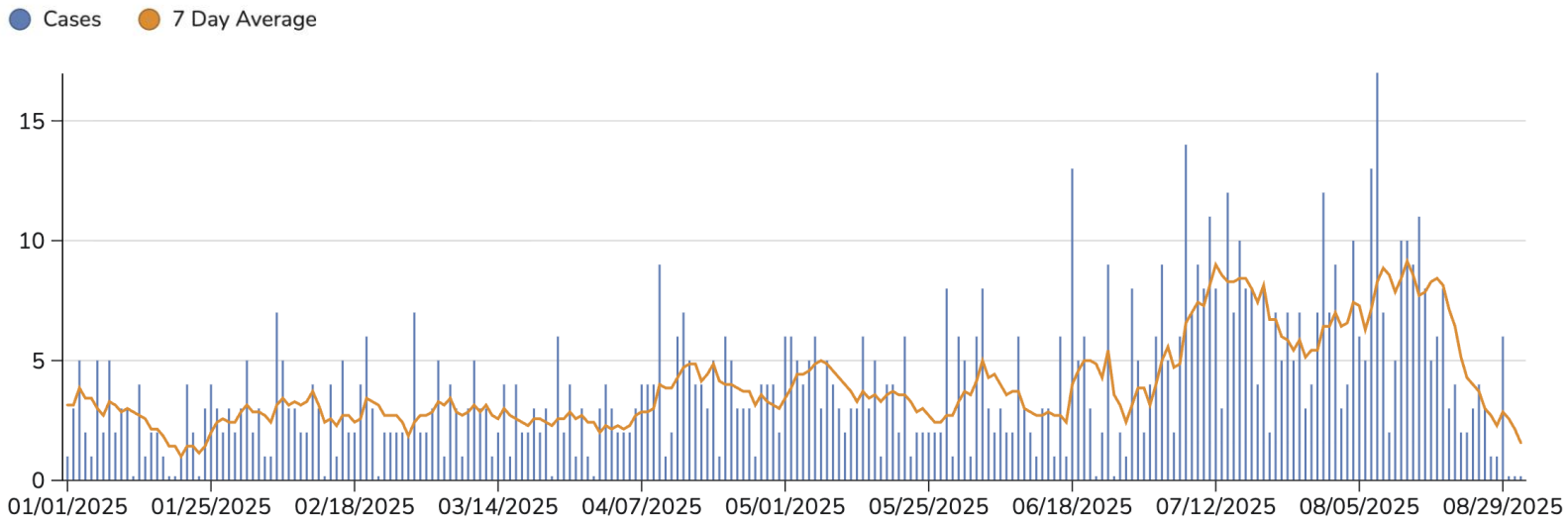


https://www.cdc.gov/poxvirus/mpox/clinicians/clinical-recognition.html

Mpox Clade IIb

- Endemic to West Africa
- Low level transmission since the global outbreak that started in 2022
- Usually considered as having lower morbidity and mortality than clade I, there has been >114,000 cases worldwide and ~220 reported deaths



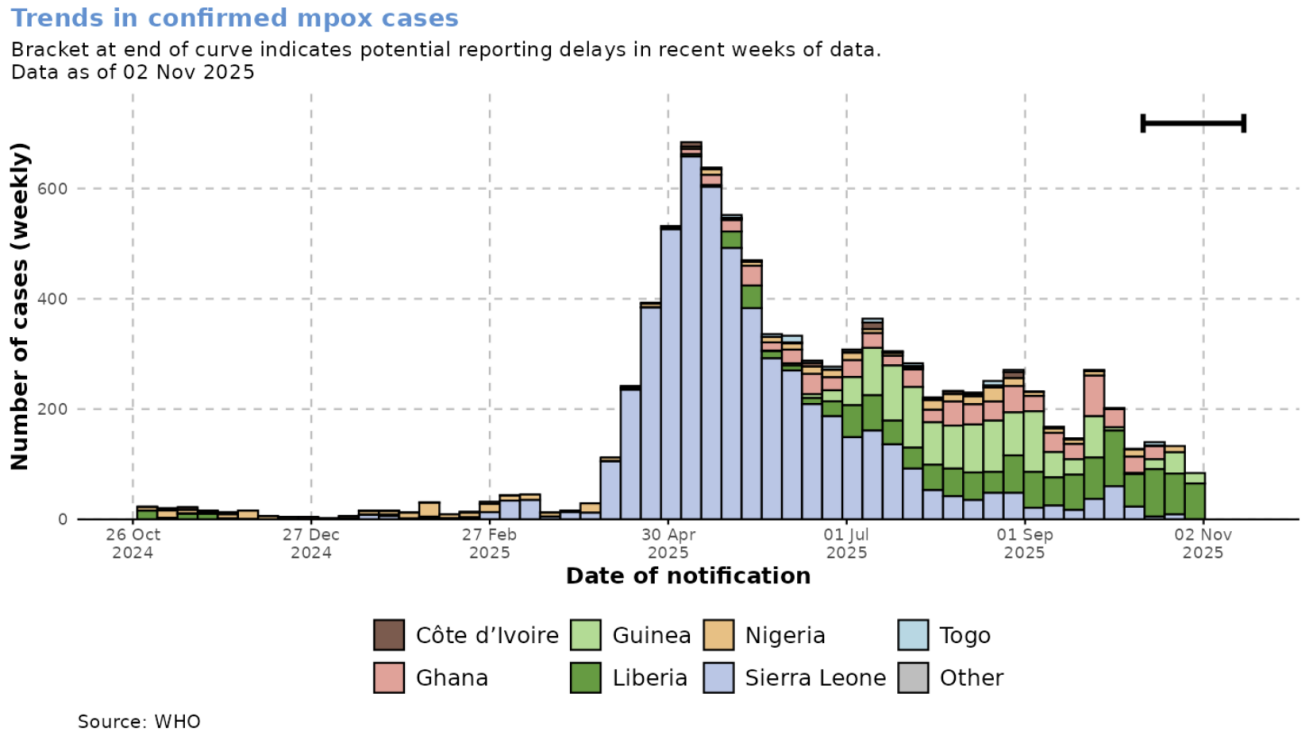


https://www.cdc.gov/monkeypox/data-research/cases/index.html

Mpox Clade II

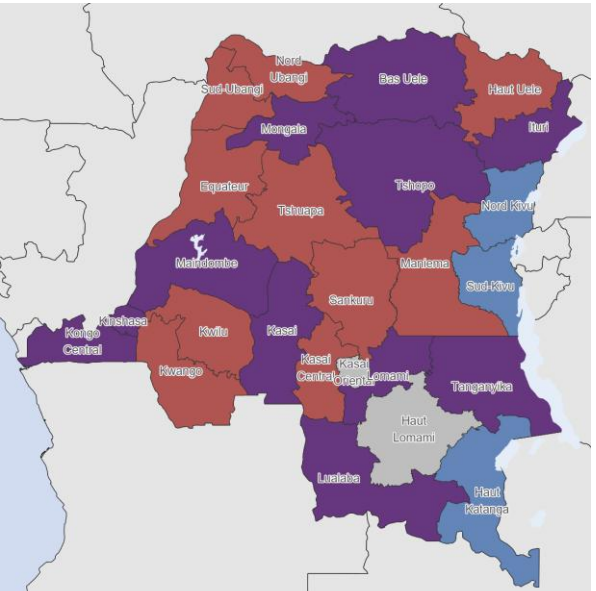
- Mostly being spread through sexual and intimate contact, with gay, bisexual, and other men who have sex with men at the highest risk

- Vaccination is recommended for travelers to Sierra Leone and Liberia who anticipate sexual activity with new partners, regardless of sexual orientation

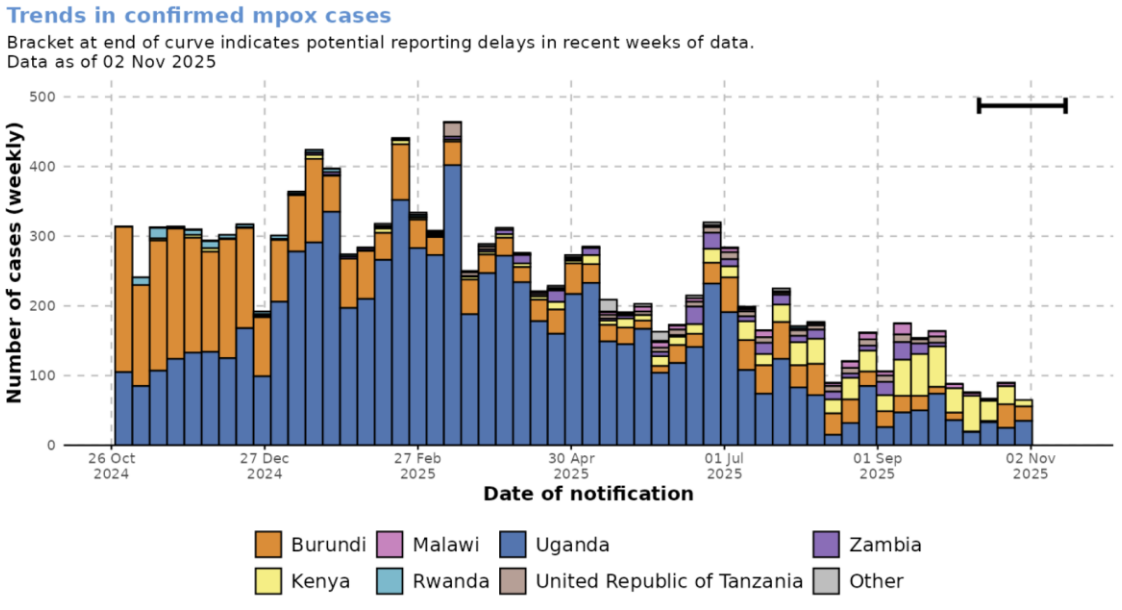


Mpox Clade I

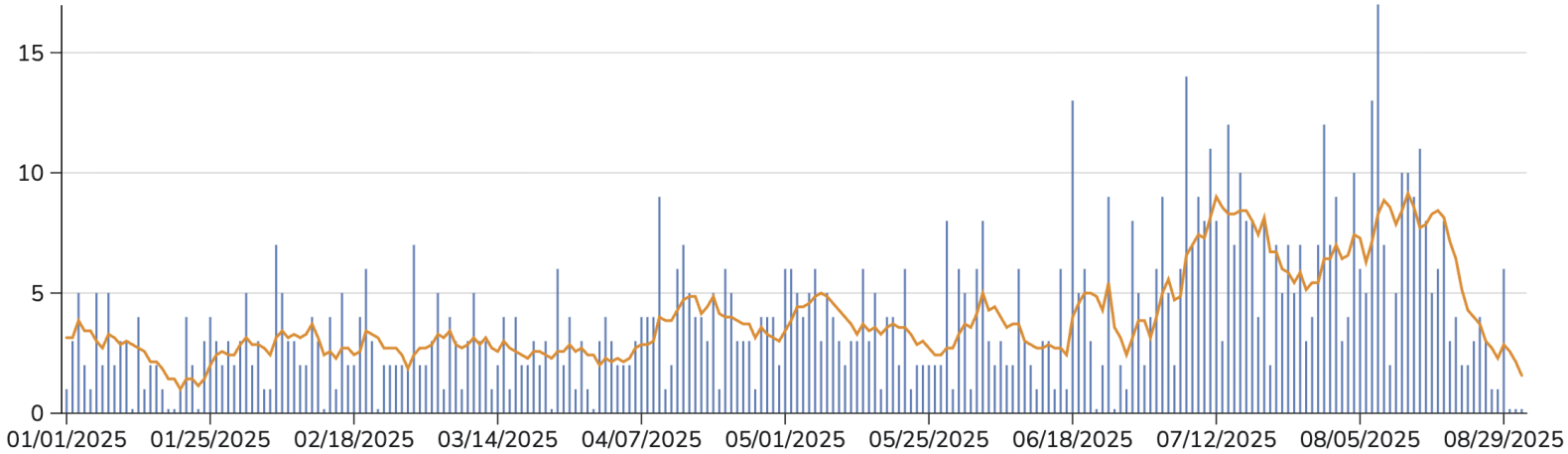
- Clade Ia
  - Endemic to Central Africa
  - Seen in both adults and children
  - Primarily acquired by contact with live or dead wild animals, also mothers-to-fetus, and close skin contact
  - Mortality < 2.5%
- Clade Ib
  - Newly identified in the DRC with spread to nearby countries
  - Mostly seen in adults (often in sex workers and their contacts)
  - Mortality ~0.5%



https://www.cdc.gov/monkeypox/hcp/clinical-overview/index.html



Clade II



Clade I

Health Advisory

TO: Healthcare Providers, Commercial Laboratories, and Local Health Departments

Community Spread of Clade I Mpox Within California

10/17/2025

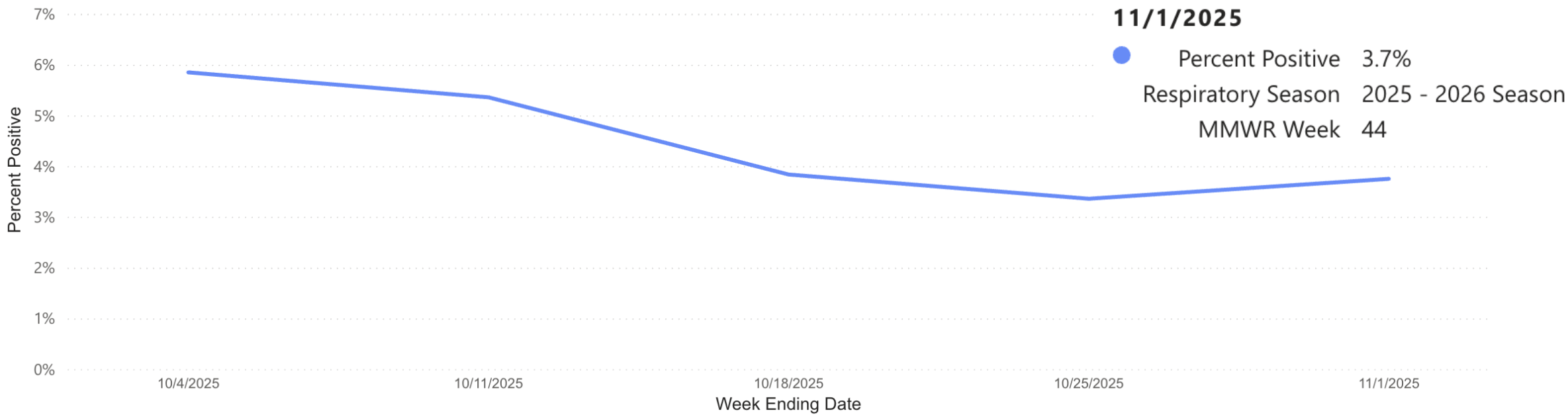
Key Messages

- Three new unrelated clade I mpox cases have been confirmed in Southern California with no history of recent international travel. Public health investigation indicates that community transmission of clade I mpox within California is occurring among gay, bisexual, and other men who have sex with men and their social networks.

Infection Control Basics and Resources

- Place MPXV PUI or Confirmed case in a single-person room with dedicated bathroom. Special air handling is not required unless AGP are planned, then place patient in AIIR.
- Cover skin lesions with sheet or gown
- Adequate PPE readily available (Gown, gloves, eye protection, NIOSH-approved N95 or higher)
- Category B infectious waste unless they contain or are contaminated with laboratory cultures of Clade I MPXV
- APIC has developed the MPOX PLAYBOOK. Can be found at https://apic.org/monkeypox/

COVID-19 NE DHHS Report



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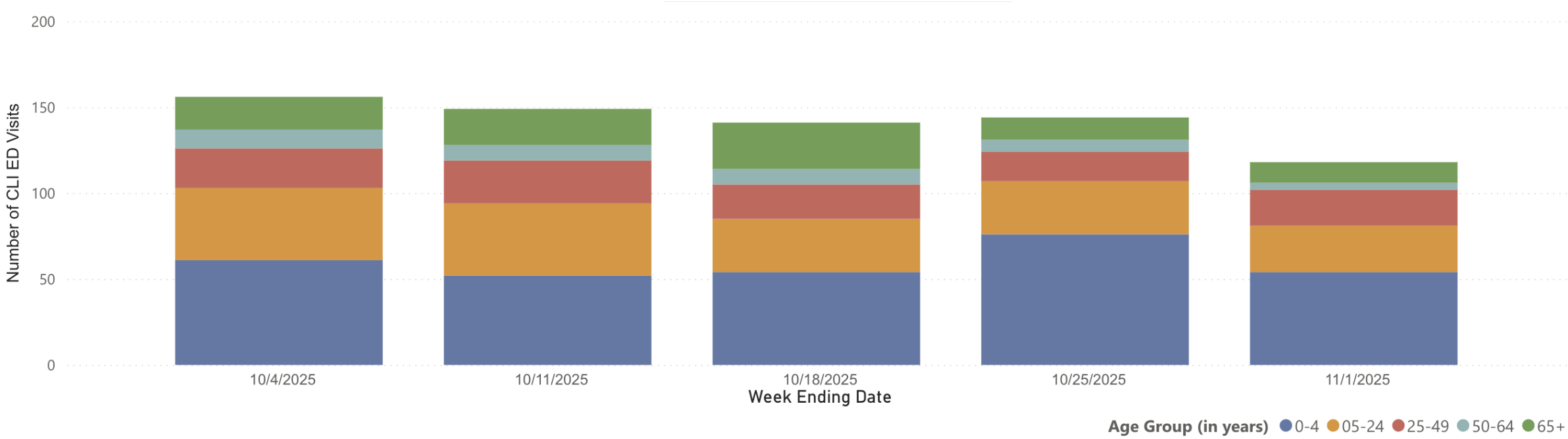
COVID-19 NE DHHS Report



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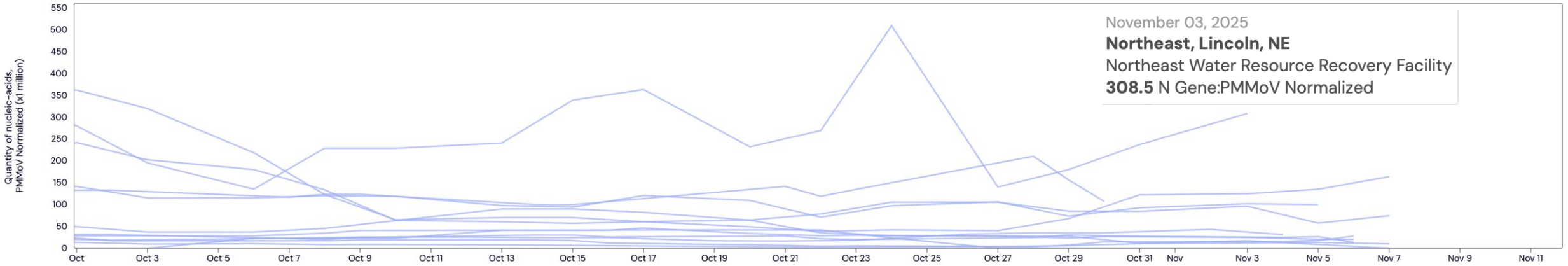
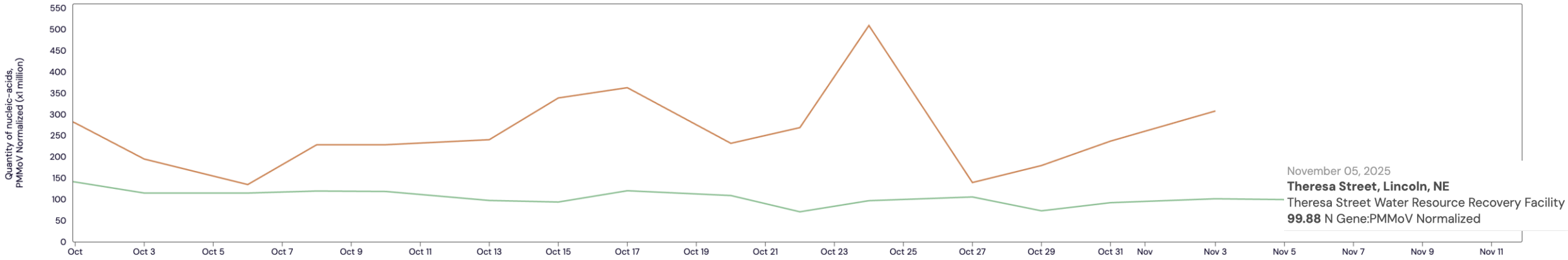
COVID-19 Wastewater Data





WASTEWATER SCAN

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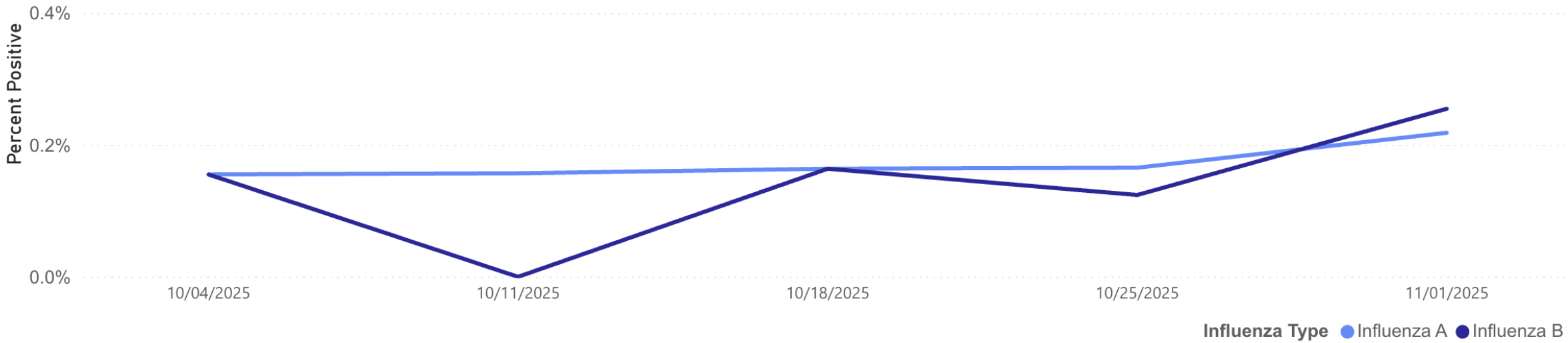
Influenza Percent Positive



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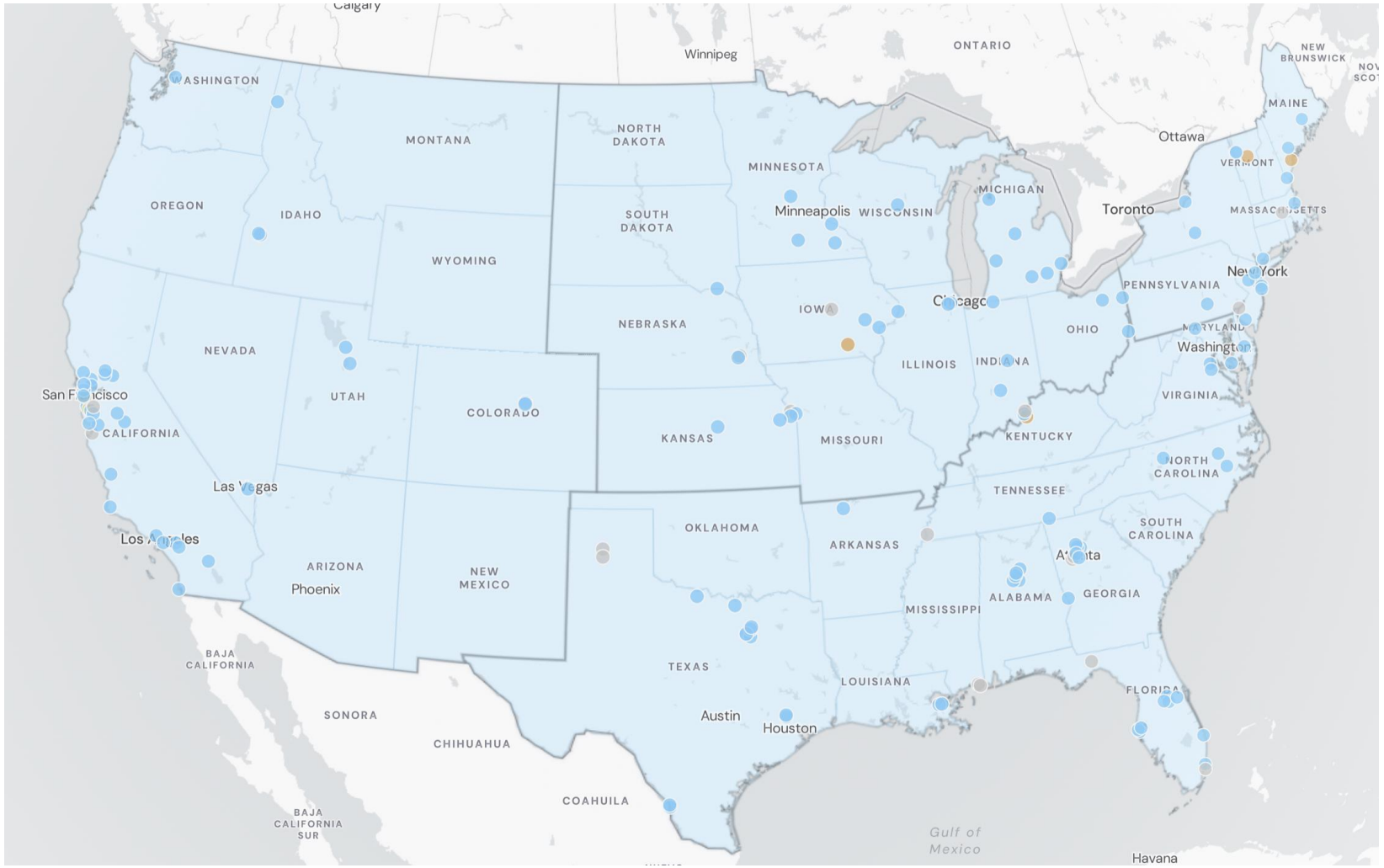
Flu A Wastewater Data



WASTEWATER SCAN

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Canada Loses Measles Elimination Status – US On Track to Follow

Statement from the Public Health Agency of Canada on Canada's Measles Elimination Status

From: Public Health Agency of Canada

Statement

November 10, 2025 | Ottawa, ON | Public Health Agency of Canada

The measles vaccine is the best way to protect you and your family. By staying vigilant and working together to increase measles vaccine coverage, we can prevent outbreaks and keep our communities safe against this preventable disease.

Canada is currently experiencing a large, multi-jurisdictional outbreak of measles that began in October 2024 with cases in Alberta, British Columbia, Manitoba, New Brunswick, Nova Scotia, Ontario, Prince Edward Island, Quebec, Saskatchewan, and the Northwest Territories. While transmission has slowed recently, the outbreak has persisted for over 12 months, primarily within under-vaccinated communities.

The Pan American Health Organization (PAHO) has notified the Public Health Agency of Canada (PHAC) that Canada no longer holds measles elimination status. PAHO's Measles and Rubella Elimination Regional Monitoring and Re-Verification Commission reviewed recent epidemiological and laboratory data, confirming sustained transmission of the same measles virus strain in Canada for a period of more than one year.

PHAC is collaborating with the PAHO and working with federal, provincial, territorial, and community partners to implement coordinated actions—focused on improving vaccination coverage, strengthening data sharing, enabling better overall surveillance efforts, and providing evidence-based guidance.

In October 2025, Health Ministers from across the country were briefed on the status of measles in Canada and committed to working together and discussing coordinated actions, including strategies to build trust through community engagement. Ministers also acknowledged the importance of health security to collectively protect Canada against public health threats.

Canada can re-establish its measles elimination status once transmission of the measles strain associated with the current outbreak is interrupted for at least 12 months.

Admission Screening

Lacey Pavlovsky, MSN, RN, CIC, LTC-CIP, FAPIC
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HAI/AR Infection Preventionist, Nebraska DHHS

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Jim Pillen, Governor

Criteria for Tier 2 MDRO Admission Screening for High-Risk Patients

Admission screenings for *Candida auris* and Carbapenemase- Producing Organisms (CPOs) are recommended for the following facility types and patient populations:

Facility Type/Population	Recommendation for Admission Screening	Reference
Patients with recent history of overnight stays or invasive procedures in healthcare facilities outside the United States	Highly recommend	Public Health Strategies to Prevent the Spread of Novel and Targeted Multidrug resistant Organisms (MDROs)
Patient who received care at facilities outside of Nebraska (especially in a part of the country with a high burden of *C. auris* or CPO's).	Highly recommend	Screening Recommendations for Healthcare Facilities Carbapenem-resistant Enterobacterales (CRE) Infection Control
Patients with current or previous healthcare encounters at facilities currently suspected or confirmed *C. auris* or CPO transmission.	Highly recommend	Screening Recommendations for Healthcare Facilities Carbapenem-resistant Enterobacterales (CRE) Infection Control
Patients who are transferred from a highly influential facility (such as a vSNF or LTACH).	Highly recommend	Public Health Strategies to Prevent the Spread of Novel and Targeted Multidrug resistant Organisms (MDROs)
Highly Influential Facilities (which include LTACHs and vSNF's). *	Highly recommended in early epidemic stages (i.e., when there are no/few individuals with the focus MDRO(s) in the facility).	Public Health Strategies to Prevent the Spread of Novel and Targeted Multidrug resistant Organisms (MDROs)

* In general, implement admission screening only after conducting a baseline PPS.

Criteria for Tier 2 MDRO Admission Screening for High-Risk Patients

Available at https://dhhs.ne.gov/HAI%20Documents/Criteria-Tier-2-MDRO-Admission-Screening-for-High-Risk-Patients.pdf

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Multidrug-Resistant Organisms (MDRO) Tiers for Nebraska

Tier	Definition of Included Organisms and Mechanisms	Examples (not all inclusive) of organisms/mechanisms for Nebraska	Transmission-Based Precautions Recommendations
Tier 1	Never (or very rarely) been identified in the United States and for which experience is extremely limited	Novel Carbapenemases	Contact precautions until otherwise recommended by HAI/AR team
Tier 2	Primarily associated with healthcare settings and are not commonly identified in the region (i.e., not been previously identified in the region or have been limited to sporadic cases or small outbreaks), corresponding to "not detected" or "limited to moderate spread" epidemiologic stages. No current treatment options exist (pan not-susceptible) and potential to spread more widely.	Pan-resistant organisms* *Candida auris* Carbapenemase (e.g., KPC, NDM, OXA-48, VIM, IMP) producing organisms (CPO) • Enterobacterales • *Pseudomonas aeruginosa* • *Acinetobacter Baumannii*	Contact Precautions *Long-term Care Facilities (LTCF):* Enhanced barrier precautions (EBP) recommended for colonized resident(s)**
Tier 3	Include MDROs targeted by the facility or region for epidemiologic importance that have been identified frequently across a region, indicating advanced spread, but are not considered endemic	• Extended spectrum beta-lactamase (ESBL) producing organisms • Carbapenem-resistant *Enterobacterales* (CRE) • Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) • Carbapenem-resistant *Acinetobacter Baumannii* (CRAB)	Contact Precautions *Long-term Care Facilities (LTCF):* Enhanced barrier precautions (EBP) considered for colonized resident(s)**
Tier 4	Endemic in a region and have been targeted by public health for their clinical significance and potential to spread rapidly	• Methicillin-resistant Staphylococcus aureus (MRSA) • Vancomycin-resistant Enterococci (VRE)	Contact precautions per facility risk assessment *Long-term Care Facilities (LTCF):* Enhanced barrier precautions (EBP) considered for colonized resident(s)**

* Contact tracing and colonization screening may not be indicated for these organisms
**Contact precautions for acute/active infections or uncontained drainage/secretions

Reviewed and Updated 8.21.2025 by HAI/AR Advisory Council MDRO Subcommittee

Blood Stream Infection (BSI) & Hospital Onset Bacteremia (HOB) Prevention: Key Infection Prevention and Control Reminders

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

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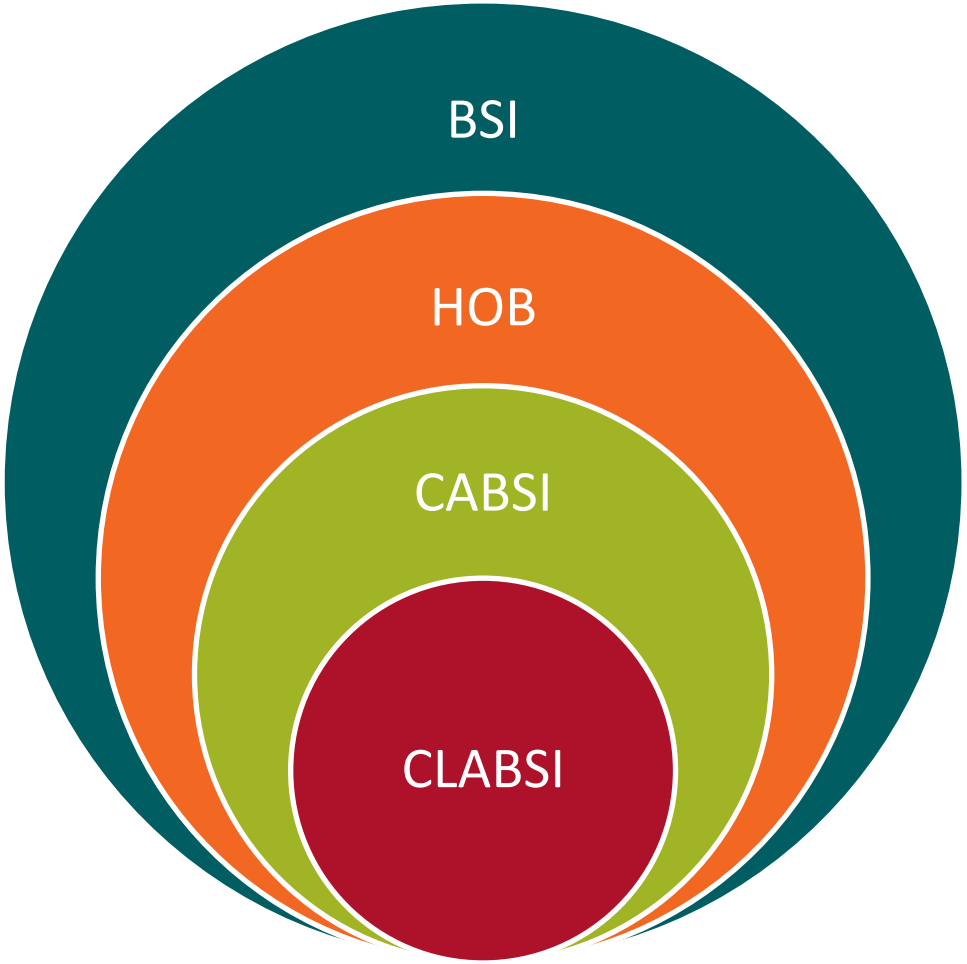
Learning Objectives

- ✓ Define hospital-onset bacteremia and fungemia (HOB)
- ✓ Explain the key differences between HOB and catheter-associated blood stream infection (CABSI) and central line associated blood stream infection (CLABSI)
- ✓ Recognize at least three vascular access procedures that could cause or contribute to HOB
- ✓ Summarize key infection prevention and control (IPC) best practices that can be used for HOB prevention.
- ✓ Identify at least one way an IPC program could assess or expand prevention efforts to be more inclusive of HOB.

What is Hospital-Onset Bacteremia and Fungemia?

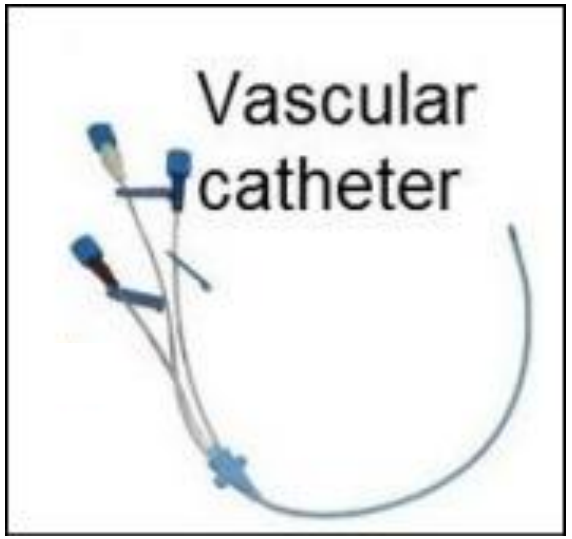
- Hospital-onset bacteremia and fungemia (HOB) is any bloodstream infection (BSI) where bacterial or fungal pathogens are detected from a blood culture specimen collected on day four or later of hospital admission.

- HOB includes bloodstream infections from all sources (regardless of procedure or device) and covers a wider range of infections than those that have been the focus of quality efforts over the past two decades.



NHSN CLABSI Reporting

- NHSN surveillance definitions for central line associated blood stream infection (CLABSI) is essentially a BSI when a central line had been accessed on hospital day 4 or after
  - NHSN can provide unit-specific infection rates and standardized infection ratios (SIRs) that allow comparison of actual number of infections to the expected number for the specific unit and/or facility. CVAD utilization can be tracked and compared too.
  - CMS requires CLABSI surveillance reporting from long-term care acute hospitals (LTACHs) and acute care hospitals from all adult, pediatric, and neonatal intensive care units, as well as any other patient care locations meeting the NHSN definition for adult and pediatric medical, surgical and combined medical/surgical ward.



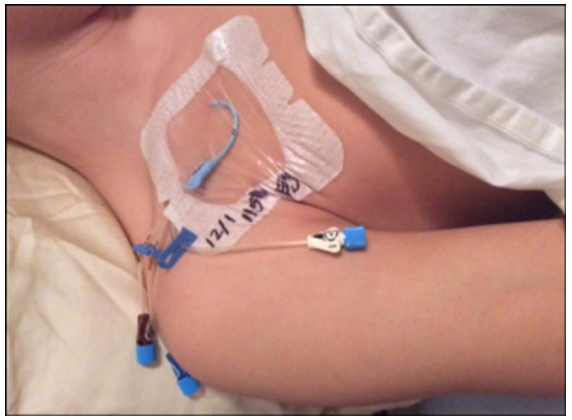
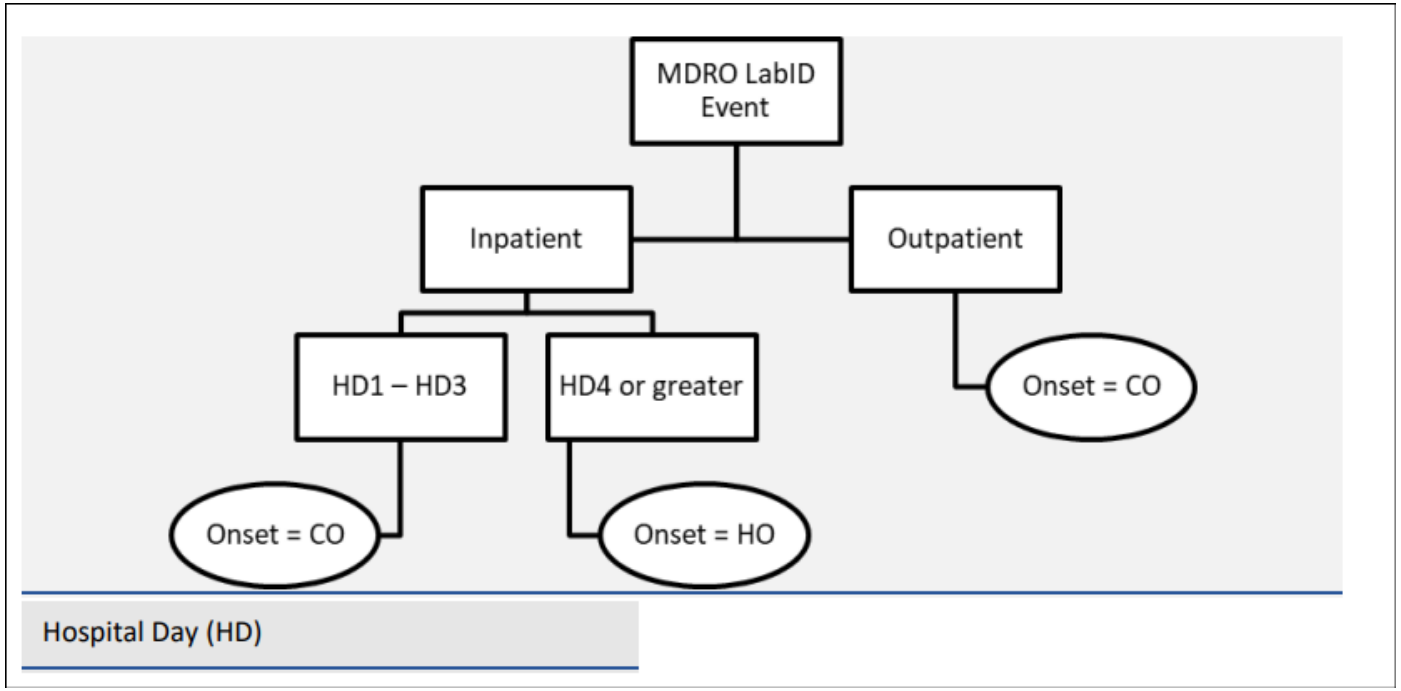


Photo Courtesy of CDC

NHSN MRSA Bacteremia LabID Event Reporting

- MRSA bacteremia LabID Event
  - MRSA from blood specimens are reported with a standardized infection ratio (SIR) for hospital onset (HO) on day 4 or after



CDC NHSN PSC Manual Chapter 12 MDRO CDI Module

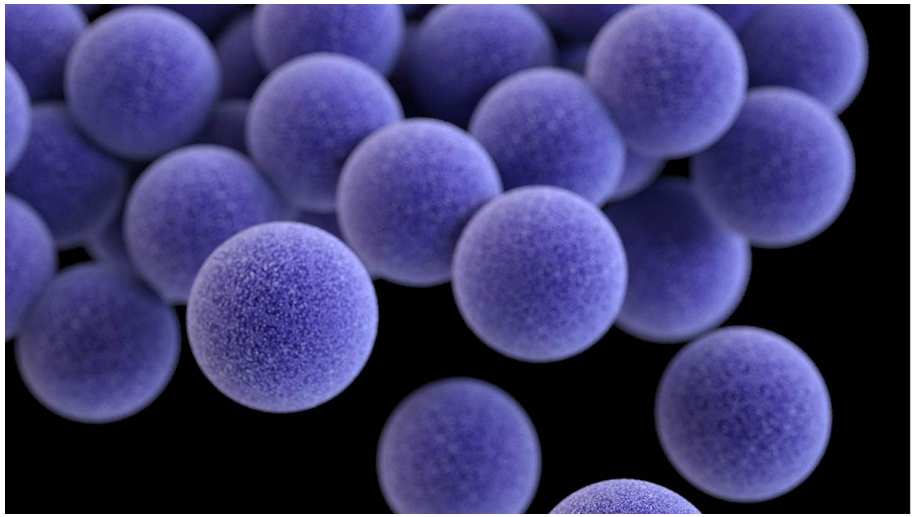
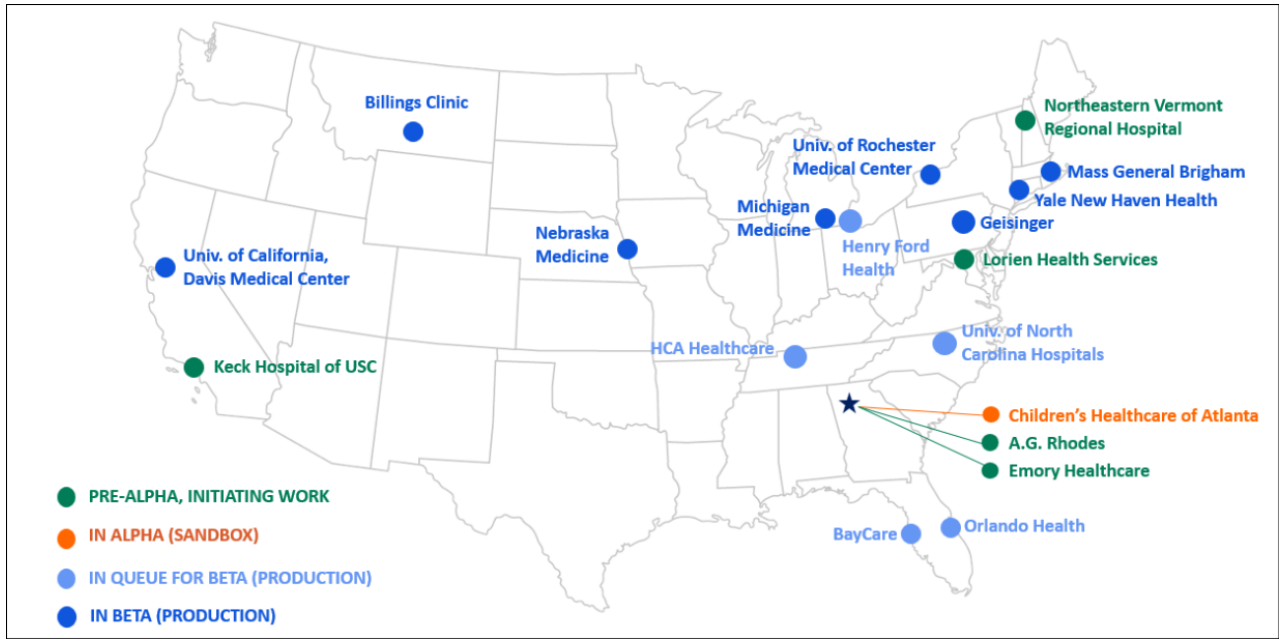


Image Courtesy of CDC

Question: NHSN HOB Module in the Distant Future?

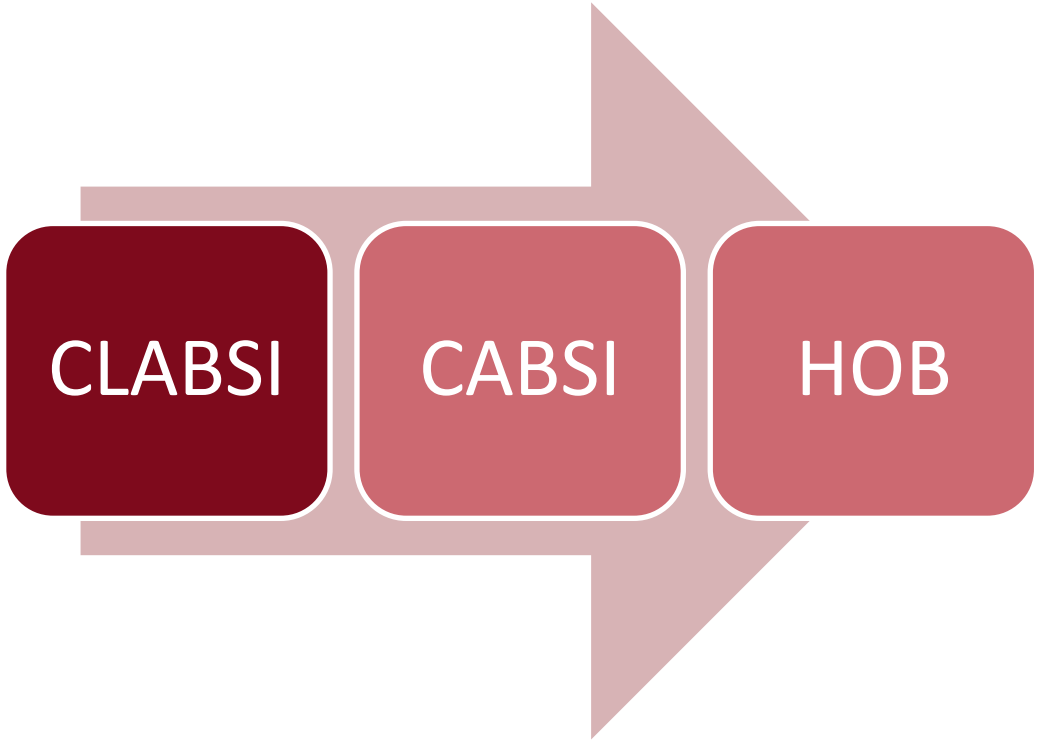
- Answer = **Maybe**
  - The NHSN Collaborative (NHSNCoLab) is a collaboration between public and private stakeholders to pilot, implement, and validate new National Healthcare Safety Network (NHSN) healthcare surveillance measures and approaches in alignment with CDC's Data Modernization Initiative.
  - This collaboration gathers information regarding the new NHSN measures and approaches to event data collection, including the feasibility.
  - The HOB module is being trialed by some NHSNCoLab stakeholder sites.

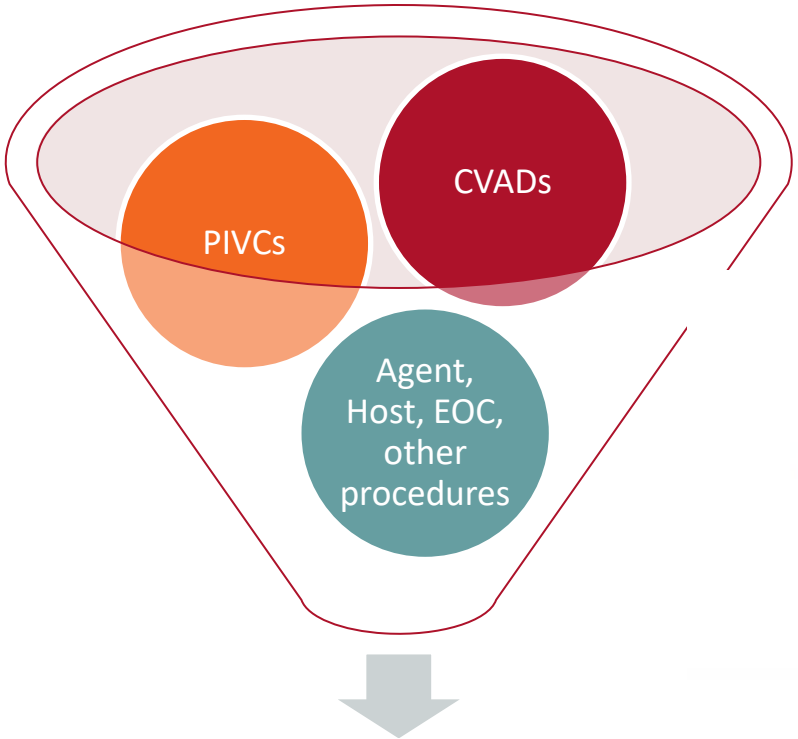


CDC NHSNCoLab

Types of HAIs: CLABSI vs. CABSI vs. HOB
CVADs vs. PIVCs

- CABSIs and CLABSIs are subset of HOB, but other sources may likely contribute to BSIs, and those sources contribute to the burden of infections that can be prevented.
- This expansion serves as an important step to shift the IP's focus from CVADs to all VADs, and eventually HOB.





Factors Influencing HOB Risk

Why is HOB Prevention Important?

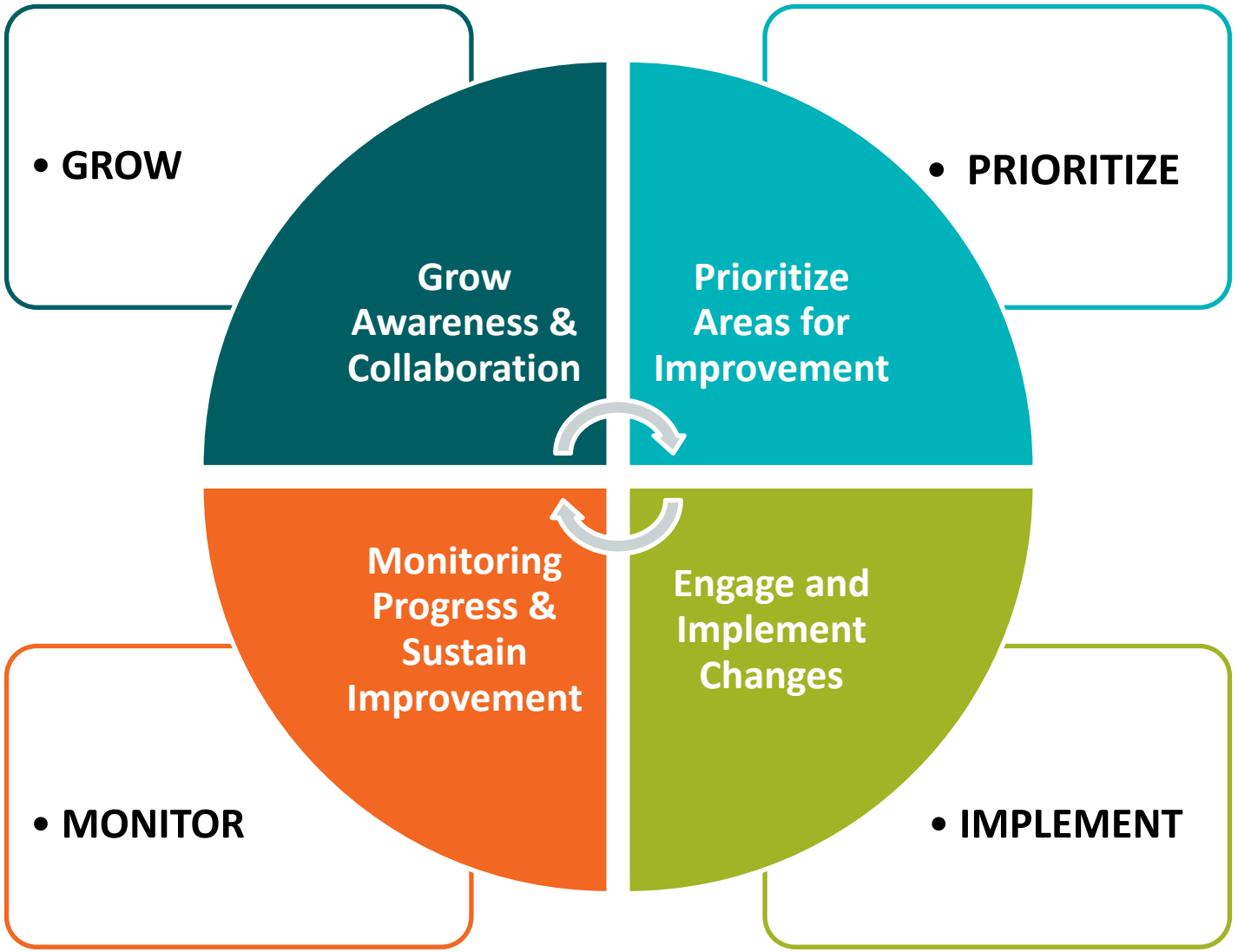
- Patients should not be acquiring a bloodstream infection after they receive healthcare…either from a hospital or clinic…whether or not they have a central line.

- For all invasive clinical procedures and ongoing maintenance of indwelling medical devices, patients are dependent upon healthcare personnel (HCP) and their organizations to protect them from infection.

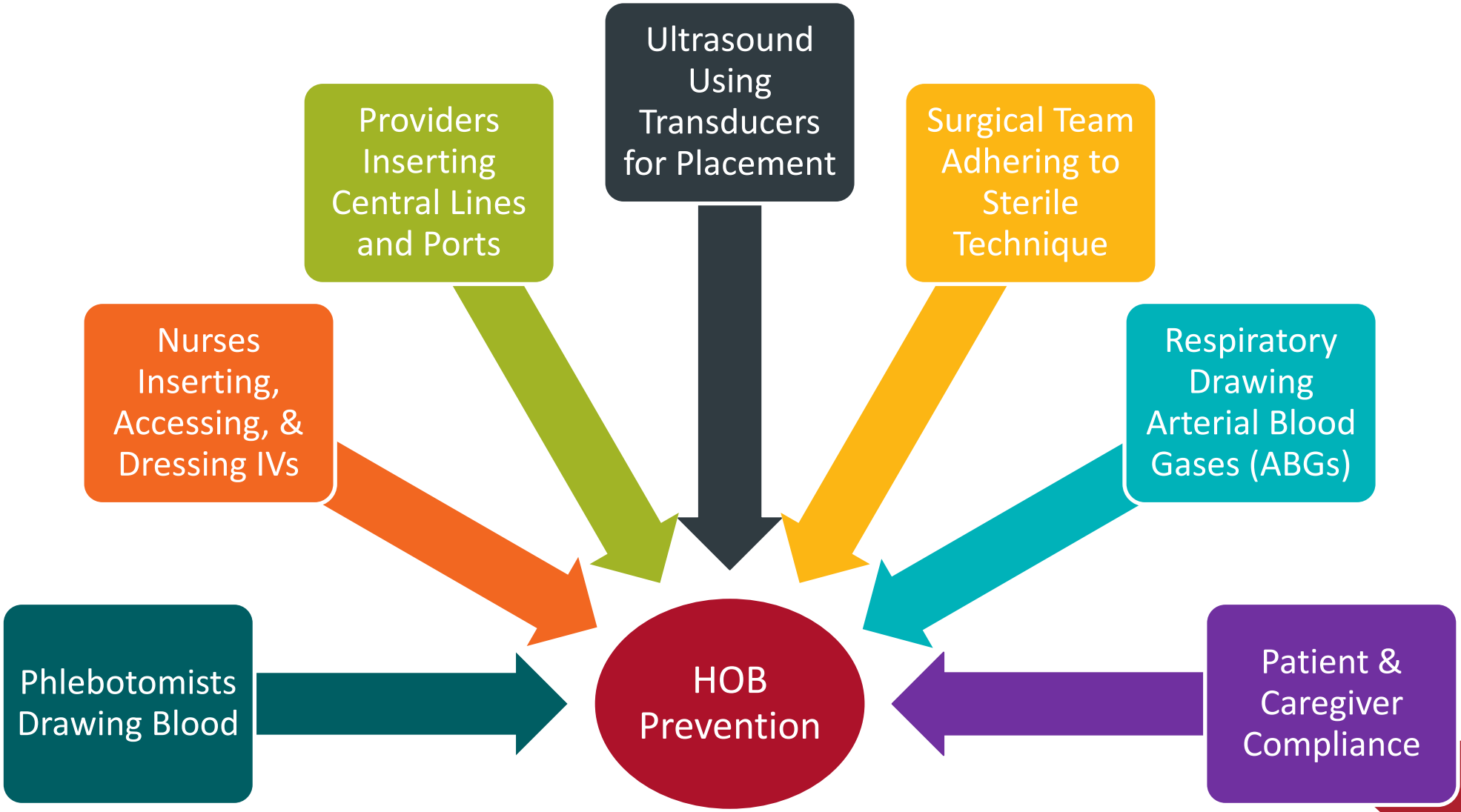
- In a study comparing CLABSI and electronic health record (EHR)- determined HOB cases, data showed four non-CLABSI HOB cases for every National Healthcare Safety Network (NHSN)-reportable CLABSI case, a notable finding since both CLABSI and non-CLABSI HOB events are associated with longer hospital stays, higher costs, elevated readmissions, and increased mortality.

Yu KC, Jung M, Ai C. Characteristics, costs, and outcomes associated with central-line-associated bloodstream infection and hospital-onset bacteremia and fungemia in US hospitals. Infect Control Hosp Epidemiol. 2023;44(12):1920-1926. doi:10.1017/ice.2023.132

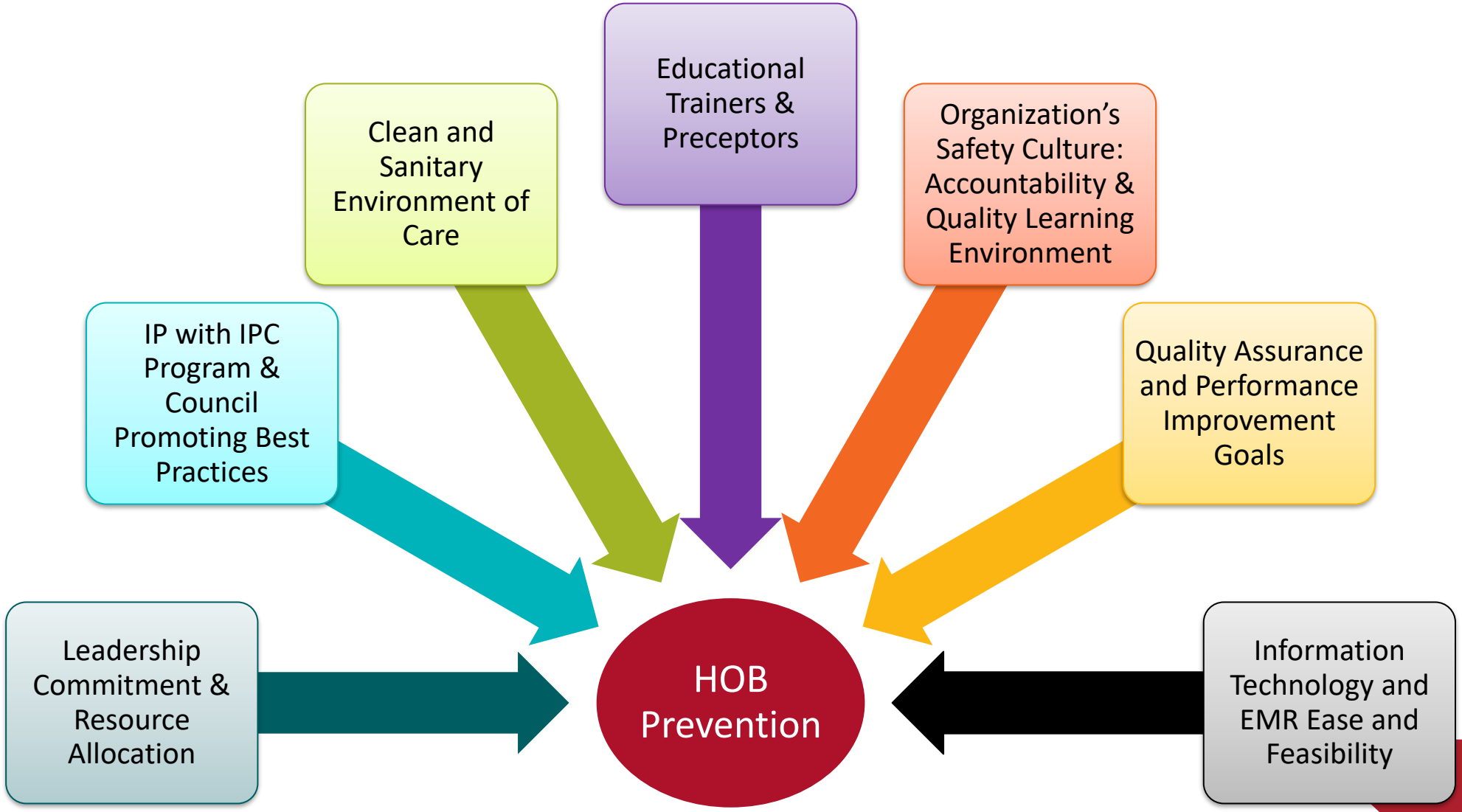
Grow HOB Prevention Efforts Beyond MRSA Bacteremia and CLABSI Prevention



Some Clinical Care Team Roles Impacting HOB



Leadership & Infrastructure Impacting BSIs



HOB Prevention Based on CABSI Prevention – Best IPC Practices Related to VAD Insertion

Avoid unnecessary procedures (e.g., blood draws, IVs, repeated manipulation)

Use vascular access devices (VADs) only when necessary and indicated

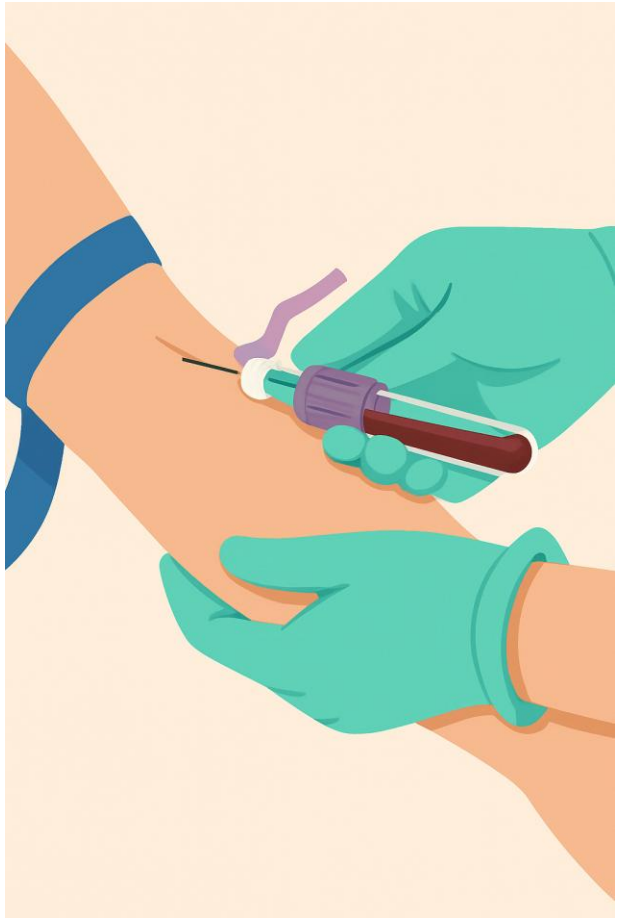
Use vascular visualization technology (e.g. near infrared, ultrasound) when appropriate

Assess the most appropriate anatomical site

Adhere to appropriate insertion technique (i.e. HH, PPE, aseptic/sterile technique, sterile supplies)

Best IPC Practices When Performing Phlebotomy

- Phlebotomy is the practice of drawing blood from a patient to get a sample for medical testing, to prepare a patient for transfusion, or for blood donation.
  - It also provides a direct mode of pathogen transmission so key IPC practices are important.
    - Hand hygiene
    - PPE (e.g. two fully intact gloves)
    - Disinfect the venipuncture site with an appropriate skin disinfectant product containing alcohol.
    - Use aseptic no touch technique after disinfection
    - Use supplies protected from contamination (e.g. cotton ball, strip of adhesive bandage, bandage)



Definitions for Context of Aseptic Non Touch Technique (ANTT®)

Clean	• "Free from visible marks and stains". Microorganisms are invisible so a visual guide is inappropriate for invasive clinical procedures and maintenance of indwelling medical devices
Asepsis/ Aseptic	• "Absence from pathogenic organisms in sufficient quantity to cause infection". This state, or technique, is achievable, effective in minimizing infection risk, and is therefore the aim of ANTT®
Aseptic technique	• A generic term used to describe a collection of infection prevention actions aimed at protecting the patient from microorganism contamination during invasive clinical procedures
Sterile	• "Absence from ALL micro-organisms". This state, or technique, is simply not achievable due to the ever presence of microorganisms in the air and atmosphere

The Association for Safe Aseptic Practice - What is ANTT

Standard ANTT® vs. Surgical ANTT®

Standard ANTT

Achieving asepsis is technically straightforward and short in duration, (e.g. peripheral cannulation or IV maintenance)

Standard precautions, general aseptic field, key parts are protected by micro critical aseptic field, non-touch technique

Surgical ANTT

Achieving asepsis is technically difficult and/or procedure are long, (e.g. surgery, central line insertion)

Standard precautions plus full barrier precautions, critical aseptic field management (use of sterile drape)

Maintain the VAD Using Best IPC Practices

Secure & stabilize the VAD after insertion

Adhere to appropriate maintenance technique (i.e. HH, PPE, aseptic/sterile technique, sterile supplies) during manipulation

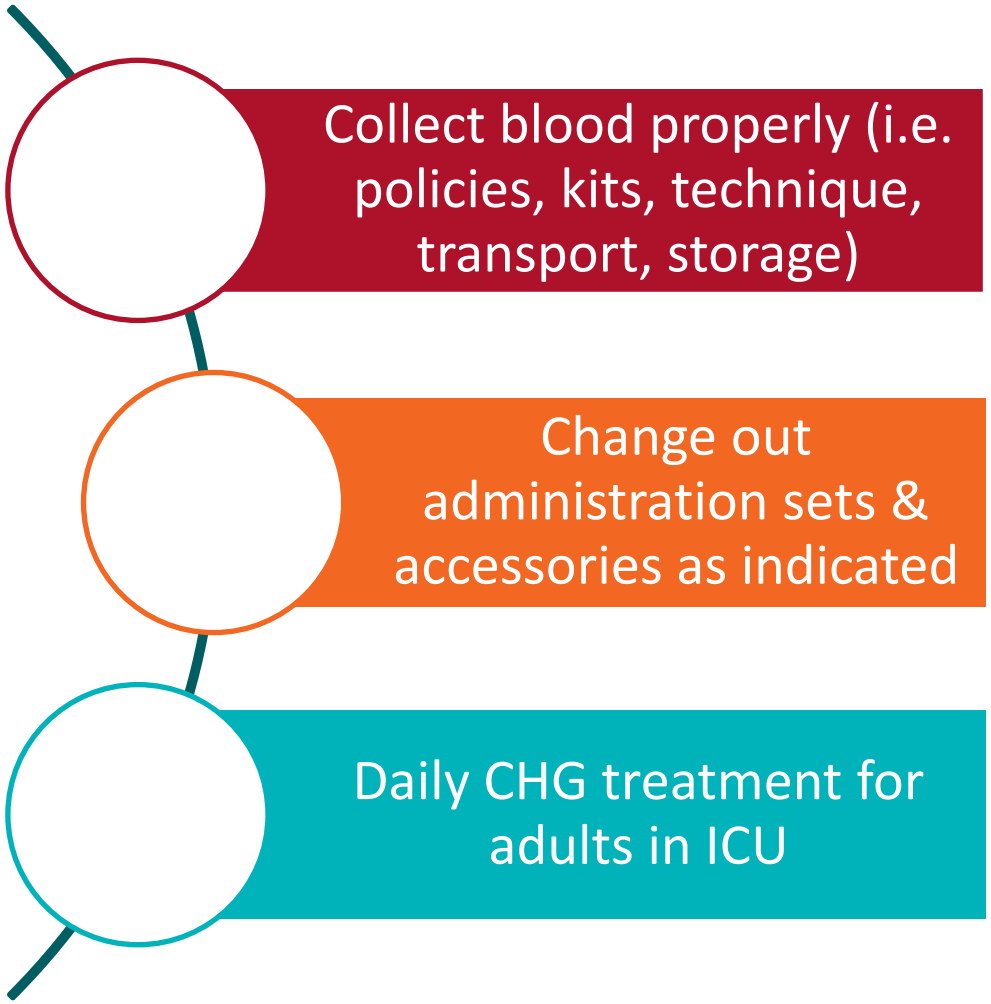
Ensure dressing remains clean, dry & intact

- Change if soiled, loose, or damp; otherwise, don't disturb until due.
  - Non-tunneled CVCs every 7 days but gauze dressing every 2 days.

Use CHG dressings for adult central VADs and consider CHG dressings for peripheral VADs

Disinfect appropriately the access points and only use sterile attachments at the hub

Maintain Appropriately Until Removal



Ensure VAD remains patent

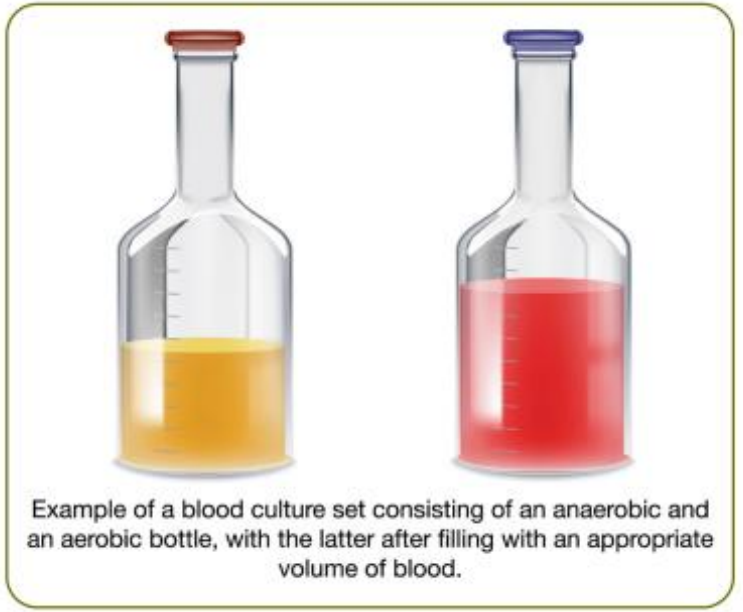
Don’t routinely replace VADs at set intervals

Remove VAD when it no longer meets clinical indication

Blood Culture Contamination During Collection

- Because blood is a normally sterile body site, positive blood cultures with a known pathogen have a generally overall high positive predictive value for infection.
  - However, blood culture contamination is a significant problem.

- In the era of modern blood culturing techniques, virtually all blood culture contamination occurs during collection:
  - Source of contaminants is usually the patient's skin or the hub or cannula of an indwelling catheter (i.e., when an existing catheter is used to obtain the specimen)
    - Frequent causes include poor collection technique and insufficient skin disinfection.
      - Disinfect the skin with an alcohol containing disinfectant and allow to dry prior to drawing blood cultures.
      - It is standard practice to disinfect the blood culture bottle tops prior to inoculation.



Example of a blood culture set consisting of an anaerobic and an aerobic bottle, with the latter after filling with an appropriate volume of blood.

Assessing Blood Contamination Rates

- Monitor and report blood culture contamination rates as a lab quality best practice.
  - A contaminated blood culture is generally defined by one set out of multiple sets being positive for a commensal organism on the list.

$$\frac{\text{Number of blood culture sets with growth of skin commensals without the same organism in other sets collected within 24 hours}}{\text{Total number of all eligible blood culture sets collected}}$$

- The American Society for Microbiology (ASM) and the Clinical Laboratory Standards Institute (CLSI) have recommended that an overall blood culture contamination rate should not exceed 3%.
  - However, when best practices are followed, many facilities have been able to drive this to less than 1% and can provide a method to benchmark within or between facilities.

Take Away: Baseline Assessment of Current Facility Practices

- ❑ Policies and procedures
- ❑ Best practices recommendations referenced
- ❑ Multi-disciplinary HCP training practices
- ❑ Audits and feedback activities
- ❑ Surveillance processes and feasible capacity
- ❑ Process for reviewing BSIs or subset (e.g. CLABSIs) that are potentially hospital associated
- ❑ Reporting plans
- ❑ IPC program progress measures
- ❑ IPC program outcomes measures
- ❑ Performance improvement goals

CDC Project Firstline: Germs Live on Skin Resource

- Germs spread by bypassing or breaking down the body's defenses.
  - Healthcare tasks often involve breaking the skin such as putting in an IV, drawing blood, surgery, or trauma which creates a pathway for germs to spread into the body.

- Use this infographic to learn about the skin as a germ reservoir. Understanding where germs live and how they spread can help recognize risks and take the right infection control actions.

Primary References and Resources

- National Quality Forum - Hospital-Onset Bacteremia and Fungemia Playbook
- APIC – Preventing Catheter-Associated Bloodstream Infections (CABSI) in Adults
  - Updated release July 2025
- The Association for Safe Aseptic Practice - What is ANTT
- SHEA IDSA APIC - Strategies to Prevent Central Line-Associated Bloodstream Infections in Acute Care Hospitals 2022 Update
- CDC - Bloodstream Infection Event - CLABSI and non-CLABSI
- CDC - MDRO and CDI Module

2 Distant NE ICAP Webinars for More Details

- 11/9/2022 NE ICAP – Acute and Outpatient Settings Webinar
  - Update on Strategies to Prevent Catheter-Associated Bloodstream Infections (CA-BSI) in Acute Care Hospitals: Personnel, Practices, and Products
    - Mark Rupp, MD
    - https://echo360.org/media/46999362-c88d-47d8-87c7-3b3444973c44/public

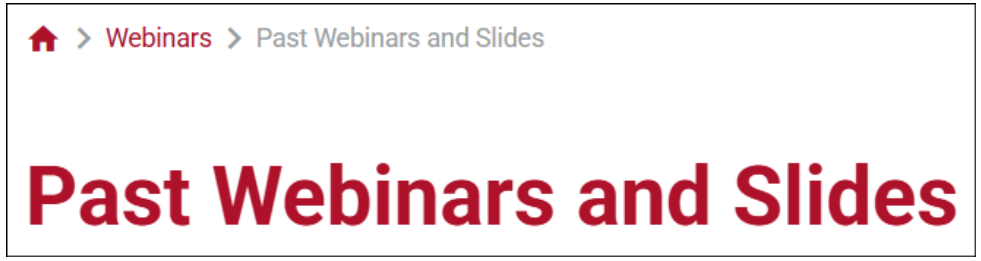
- 6/12/2024 NE ICAP – Acute and Outpatient Settings Webinar
  - 25 Questions and Answers about Blood Culture Stewardship
    - Jonathan Ryder, MD
      - https://icap.nebraskamed.com/wp-content/uploads/sites/2/2024/06/2024.06.12-Acute-and-Outpatient-Webinar.pdf
      - https://echo360.org/media/4bed8afc-4c40-404a-89d3-cbdd1aaf1152/public

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 or requires more one on one assistance, 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 Hospital webpage
  - **After** the webinar, slides and a recording will be posted on the under the Webinars tab on the Past Webinars and Slides webpage



Misc. Updates & Upcoming Educational Opportunities

Kate Tyner, BSN, RN, CIC
Infection Prevention Supervisor, NE ICAP

NE ICAP

Next Week is US Antibiotic Awareness Week!

November 18-24, 2025

STATE OF NEBRASKA

Proclamation

WHEREAS, The Centers for Disease Control and Prevention has declared the week of November 18–24, 2025, as U.S. Antibiotic Awareness Week to promote the responsible use of antibiotics in communities, healthcare facilities, animal health, and agriculture, in collaboration with state-based program; and

WHEREAS, The Nebraska Department of Health and Human Services Healthcare-Associated Infections and Antimicrobial Resistance Program is dedicated to reducing antibiotic resistance, a serious and growing threat to public health; and

WHEREAS, The misuse and overuse of antibiotics contribute to the development of antibiotic resistance and increase the risk of complications such as Clostridioides difficile infections; and

WHEREAS, The observance of U.S. Antibiotic Awareness Week encourages patients to be "antibiotics aware" and supports prescribers, pharmacists, veterinarians, and other healthcare professionals in using antibiotics wisely.

NOW, THEREFORE, I, Jim Pillen, Governor of the State of Nebraska, DO HEREBY PROCLAIM the Week of November 18-24, 2025, as

ANTIBIOTIC AWARENESS WEEK

in Nebraska, and I do hereby urge all citizens to take due note of this observance.

IN WITNESS WHEREOF, I have hereunto set my hand and cause the Great Seal of the State of Nebraska to be affixed this Sixth Day of November, in the year of our Lord Two Thousand Twenty-Five.

Attest:

Secretary of State

Governor

CDC's Project Firstline Partner Resource Reminder

WHAT IS THE RISK?

Antibiotic resistance accounts for more than 2.8 million infections and 35,000 deaths annually in the U.S.

Being a good antibiotic steward means protecting your patients and the public from antibiotic resistance by prescribing antibiotics **only when needed**, and prescribing the **right drug** at the **right dosage** for the **right duration.**

How Do We Properly Talk to Patients about Antibiotic Use?

To ensure clear, effective communication, clinicians can utilize the following communication strategies and examples to engage with their patients*:

1. **Deliver a clear diagnosis that explains why antibiotics are not needed.**

Ex) "This is a nasty cold, and colds are caused by viruses, so antibiotics won't make you feel better faster."

2. **Utilize positive treatment recommendations.**

Ex) "Putting a warm compress over your nose and taking ibuprofen will help with your sinus pain and pressure."

3. **Develop contingency plans.**

Ex) "If your child is still sick in a week or develops a fever, come back and see me."

4. **Delay antibiotic prescriptions.**

Ex) "Your child has an ear infection that will likely clear up on its own. If the ear still hurts in two days or gets worse, call me or schedule an appointment so we can recheck the ear."

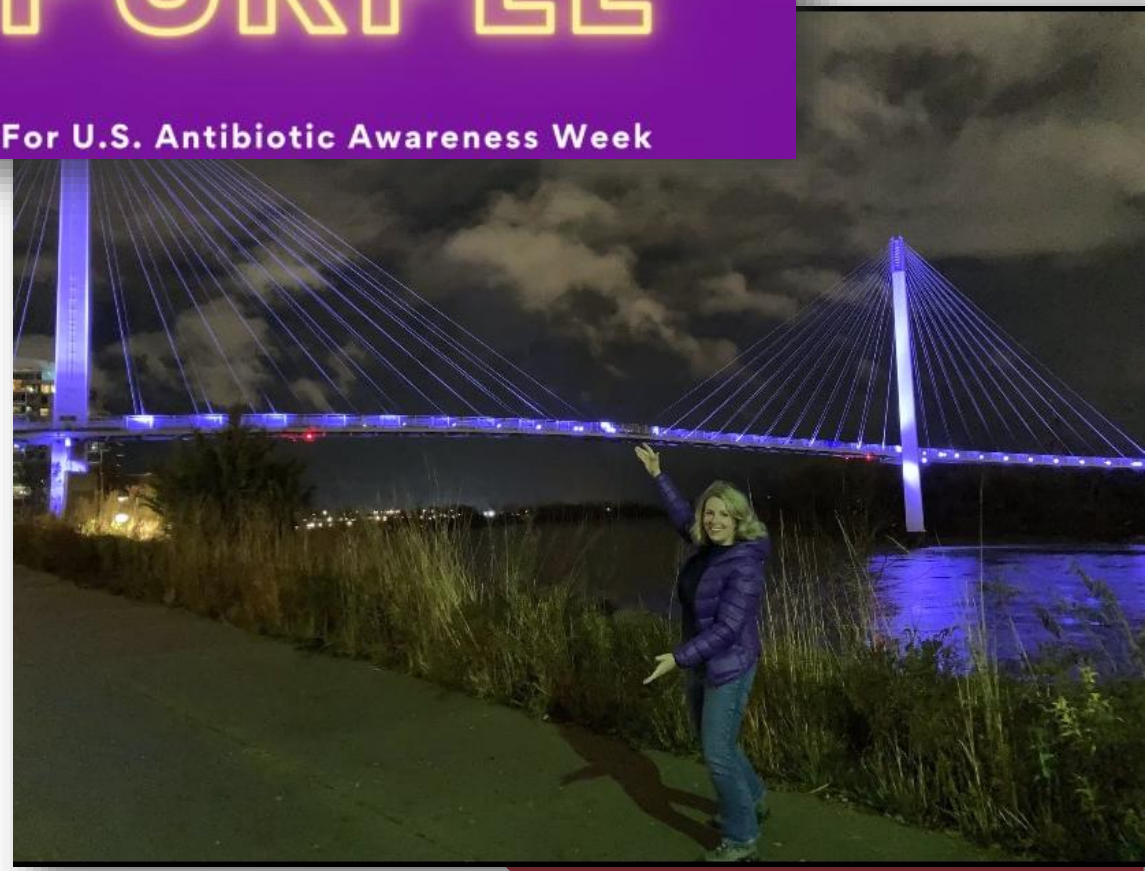
*These steps were adapted from a CDC editorial published in 8/1/16, issue of American Family Physician. How to Prescribe Fewer Unnecessary Antibiotics: Talking Points That Work with Patients and Their Families (https://www.aafp.org/afp/2016/0801/p200.html).

Talking with patients about antibiotic use

1. Deliver a clear diagnosis that explains why antibiotics are not needed.
2. Utilize positive treatment recommendations.
3. Develop contingency plans.
4. Delay antibiotic prescriptions.

Poster/Handout Link

NE ICAP

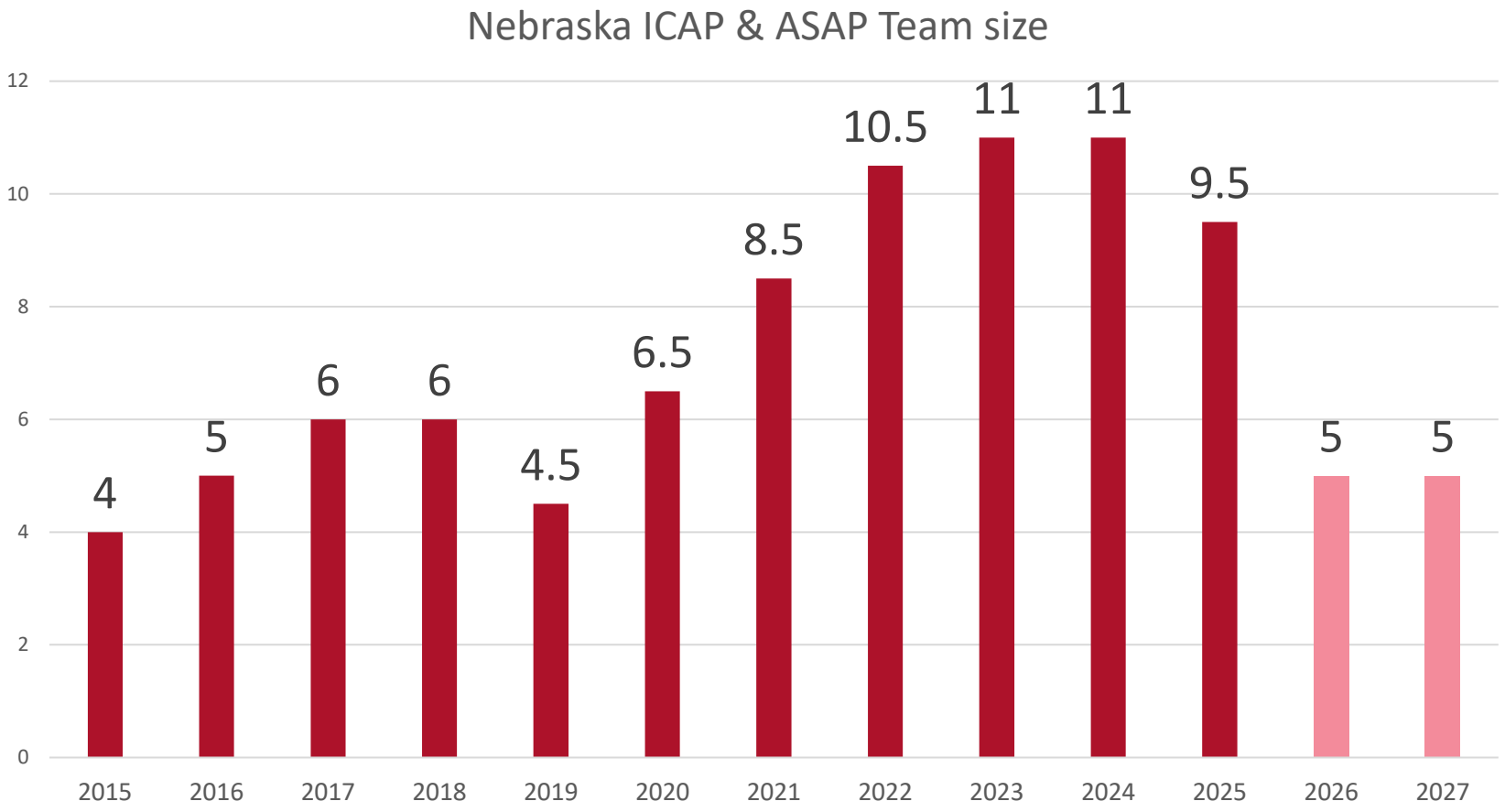


Nebraska ASAP and CDC invite families, friends, organizations, and communities to shine a spotlight on antimicrobial resistance by participating in Go Purple for USAAW.

This nationwide effort encourages individuals to wear purple and bring purple to their social media and invites organizations, healthcare facilities, and municipalities to light up buildings and landmarks purple to bring awareness to the role everyone has in combating antimicrobial resistance.

NE ICAP

Staffing Update at ICAP & ASAP



**Annual number does not include medical directors; 2026 & 2027 are based on projection*

Infection Control Assessment & Response (ICAR) Visits

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

Join Us - Upcoming NE ICAP Webinars

- **Wednesday December 10, 2025**
  - 12:00 – 1:00 PM (CST)
    - Infection Preventionist Guide to Respiratory Therapy
      - Jessica (Jess) Danko, MS, RRT, AL-CIP, LTC-CIP, CPHQ

- **<u>Thursday</u> January 8, 2026**
  - 12:00 – 1:00 PM (CST)
    - SPECIAL EVENT MERGING HOSPITAL, OUTPATIENT, and LTC AUDIENCES
    - Backpacker's Guide to Leadership
      - Dr. Rupp will be presenting, be sure to mark your calendar for this special event and great opportunity to learn about leadership

ICAP Contact Information

Call 402-552-2881

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

Closed on Thanksgiving 11/27/25

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 VTL Center for Professional Development, 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.