

Guidance and responses were provided based on information known on 01.08.2026 and may become out of date. Guidance is being updated rapidly; users should look to CDC and NE DHHS guidance for updates.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Long Term Care Webinar Series

January 8, 2026



NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION
PROGRAM

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- Slides and a recording of this presentation will be available on the ICAP website:
<https://icap.nebraskamed.com/events/webinar-archive/>
- Use the Q&A box in the webinar platform to type a question. Questions will be read aloud by the moderator. If your question is not answered during the webinar, please either e-mail NE ICAP or call during our office hours to speak with one of our IPs.

Continuing Education Disclosures

- 1.0 Nursing Contact Hour is awarded for the LIVE viewing of this webinar
- To obtain the nursing contact hour, you must attend the entire live activity and complete the post webinar survey
- No relevant financial relationships were identified for any member of the planning committee or any presenter/author of the program content
- This CE is hosted Nebraska ICAP along with Nebraska DHHS
- 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

The Backpacker's Guide to Leadership

Dr. Mark Rupp





Backpacker's Guide to Leadership

Backpacking and Leadership

- Rewarding in many ways
- Requires preparation and hard work
- Often demands ingenuity, perseverance, creativity, and resilience
- Going it alone is usually not a good idea
- Often follows a predictable trail blazed by others, but sometimes requires trail finding that can be exhilarating



#1 Have a Good Map and Compass and Know How to Use Them

Know Yourself and Your True North

- Plan your route & study the terrain
- Consult your map periodically and ensure it makes sense
- Prevents you from getting lost and helps you find your way back to the path when you stray
- An “old-fashioned” waterproof map and compass is almost indestructible (GPS is nice but can run out of batteries or break)



#1 Have a Good Map and Compass and Know How to Use Them

Know Yourself and Your True North

- Know what is important to you and stay true
- Your guiding principles and your vision are your compass
- The map is the strategy to achieve your vision
- The vision is the “why.” It establishes the culture & provides the motivation for you and your teammates.
- The vision and mission maintains constancy and provides a foundation upon which to build trust and team
- Approach the latest management fads with sense of skeptical curiosity



#2 Train & Get in Shape

Prepare for Leadership

- Train heavy and hike light!
- 6-8 weeks before the trip train with a pack weight heavier than you expect to carry on the trip
- You can be in pretty good cardiovascular shape, but if you aren't used to weight on your back, neck, and shoulders, backpacking can be unpleasant.



#2 Train & Get in Shape

Prepare for Leadership

- “Leaders aren't born they are made. And they are made just like anything else, through hard work.” – Vince Lombardi
- Take advantage of local and national leadership training opportunities
- Say “Yes” to invitations to serve on committees, speak at events, serve as a mentor ...
 - Some of these can be tedious and do not result in riches, but do result in creation of network, experience, and leadership opportunities
- Develop your “leadership muscles” so when opportunity knocks, you’ll be ready



#3 Get a Good Pair of Boots and Break Them In

Recruit the Right People and Build the Team

- Don't skimp on your boots – get a good pair from a reputable company
- Good boots are durable, waterproof, dry quickly, provide ankle support, and fit properly
- You can't buy these online – try them on, walk on the incline, etc
- Type of boot will depend on terrain and duration of the hike



#3 Get a Good Pair of Boots and Break Them In

Recruit the Right People and Build the Team

- Find the best people you can – don't hire for expediency
- Give your team the resources to accomplish the mission
- Provide opportunities for them to grow
- Stay true to your principles in order to develop a functional team built on a foundation of trust



#4 Prepare for the Weather and Hike Conditions

Anticipate Challenges and Problems

- It always rains; there are always obstacles
- Maintain situational awareness – pay attention!
- There is a tradeoff on everything you have on your back – safety vs weight. Do I need a first aid kit, extra batteries, extra fuel, etc? It is generally best to side on safety.



#4 Prepare for the Weather and Hike Conditions

Anticipate Challenges and Problems

- When you take on a new leadership position assess the landscape in the context of your vision and your plan
- What are the immediate challenges? Who are your allies? What resources do you have?
- Be strategic, set precedent



#5 Appreciate Being a bit Uncomfortable

Being uncomfortable means you are getting stronger and developing new skills

- Appreciate being a little sore, a little tired, a little cold, a little sunburned or wind-chapped – you are alive!
- The bit of pain is worth the gain! You can appreciate territory and vistas that very few people can access.



#5 Appreciate Being a bit Uncomfortable

Being uncomfortable means you are getting stronger and developing new skills

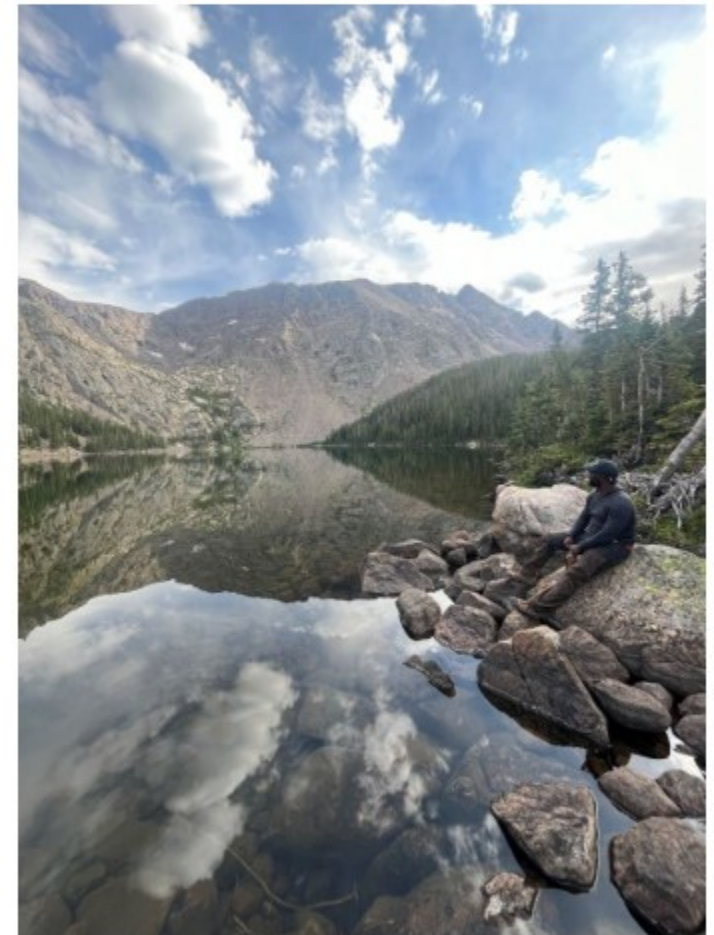
- Take on tasks that result in a bit of discomfort
 - Giving a public speech
 - Writing a manuscript
 - Submitting a grant
 - Preparing a budget
- If you are not taking on new tasks and developing new skills you are stagnant. You will not be as valuable a leader as you could be.



#6 At the End of the Day's Hike – Nothing Better than to Soak Your Feet in a Cold Mountain Stream and Have a Fresh Pair of Socks

Take Care of Your People and
Express Your Thanks

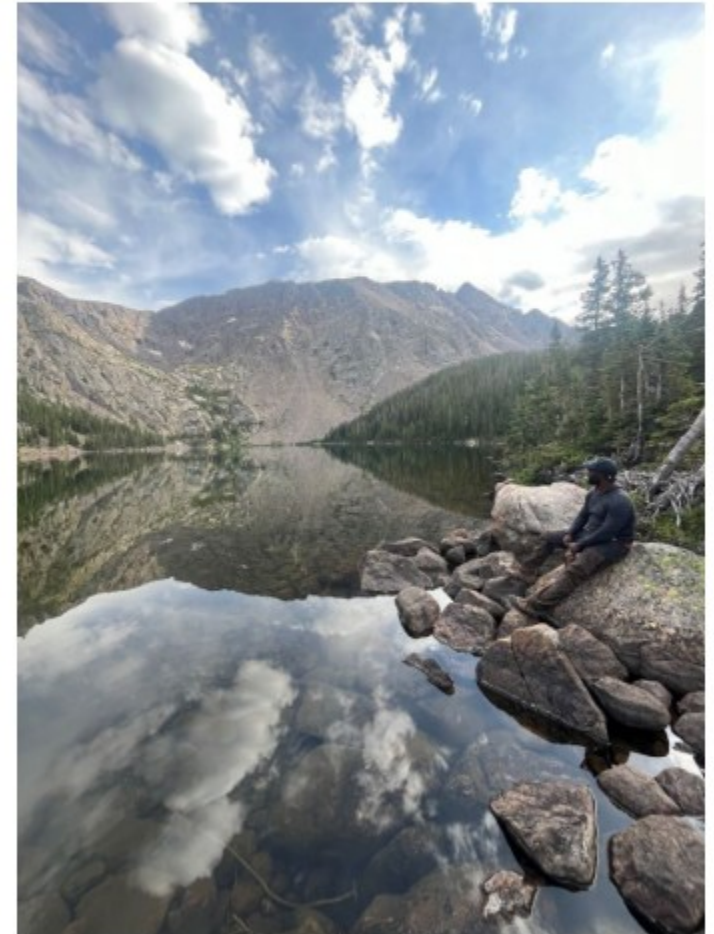
- Give yourself a small reward and appreciate the “small stuff”
 - Soaking feet and fresh socks
 - Hot cup of coffee in the morning
 - A great view or a wildflower
 - Wildlife in their natural habitat



#6 At the End of the Day's Hike – Nothing Better than to Soak Your Feet in a Cold Mountain Stream and Put on a Fresh Pair of Socks

Take Care of Your People and
Express Your Thanks

- Reward and acknowledge your people after a job well-done; oftentimes a simple and genuine “thank you” is sufficient.
- Promote development and personal growth of team members
- Listen and care about your teammates



#7 Invest in a Good Sleeping Pad and Sleeping Bag

Take Care of Yourself

- You won't enjoy the trip as much if you don't sleep well
- You don't need the most expensive and top-of-the-line equipment to have a really great experience



#7 Invest in a Good Sleeping Pad and Sleeping Bag

Take Care of Yourself

- You won't be as good as you can be if you don't take reasonable care of yourself
- You will need to make some sacrifices for your cause and your people
- Try to maintain a reasonable regimen of sleep, diet, & exercise
- Find a bit of time for something you enjoy and recharges you



#8 When you See Bear Scat on the Trail and Near Your Campsite – Take it Seriously

Follow the Rules and Don't Do Anything Stupid

- Hang a bear bag, don't cook/eat in your campsite, no “smellables” in the tent
- Respect the power of nature
 - Give wild animals plenty of space
 - Pay attention to the weather
 - Don't do anything stupid



#8 When you See Bear Scat on the Trail and Near Your Campsite – Take it Seriously

Follow the Rules and Don't Do Anything Stupid

- As a Leader: Anticipate and plan for likely events
- Be Prepared
- Listen to those you trust
- Work with others – develop consensus and compromise wisely
- Final decision is yours and you must own the consequences



#9 – Travel Light / Don't Carry Too Much Weight

Everyone Makes Mistakes –
Don't Be Too Hard on Yourself
(But Don't Do Anything Stupid)

- When backpacking – get rid of all unnecessary weight
 - It's not a fashion show – most beginning hikers carry way too much clothing
- Stay focused and pay attention
- Learn from your mistakes



#9 – Travel Light / Don't Carry Too Much Weight

Everyone Makes Mistakes –
Don't Be Too Hard on Yourself
(But Don't Do Anything Stupid)

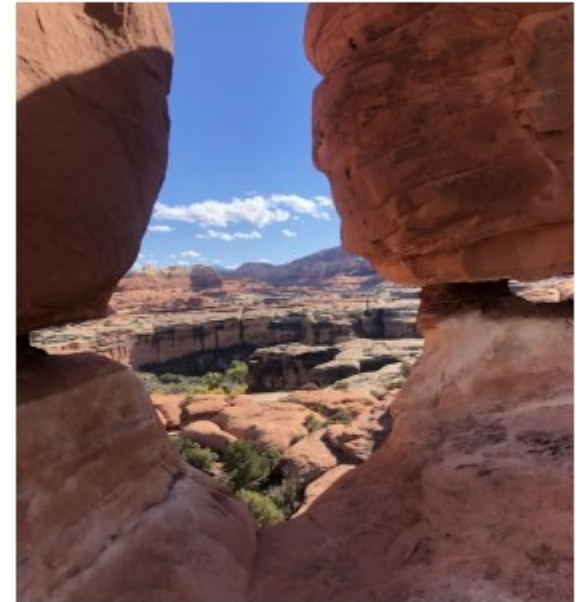
- Errors can occur and unanticipated events happen
- Learn from your mistakes – don't repeat them!
- When dealing with others, have a thick skin and a short memory



#10 If You Get Lost – Stay Put, Don't Panic, Figure it Out, Make Sure Someone Knows Where You Are Headed

Develop Your Network and Get Their Help When Needed

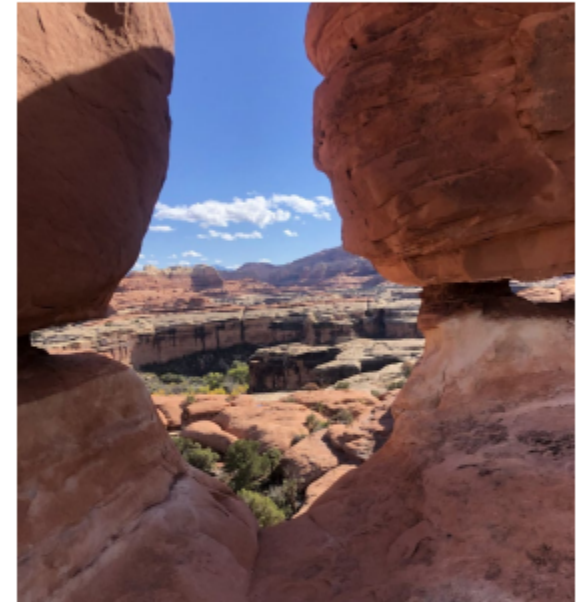
- Despite planning and best efforts, sometimes things can go sideways (even if you've not done anything stupid)
- Don't catastrophize
- Use your head and your resources and get out of the jam
 - In many instances overcoming the challenge is part of the fun and will be the source of great memories of shared experience



#10 If You Get Lost – Stay Put, Don't Panic, Figure it Out, Make Sure Someone Knows Where You Are Headed

Develop Your Network and Get Their Help When Needed

- Despite planning and best efforts, sometimes things can go wrong (even if you've not done anything stupid)
- Pay attention to process measures – stay out of trouble
- Oftentimes, others have faced similar crises – turn to your friends and expert contacts
- Defer to expertise
- Learn from mistakes



#11 The Summit is Great, but it is Better to Enjoy the Hike

Leadership is a Journey –
Try to Slow Down and
Enjoy it!

- Set small goals and take breaks – hike 30 minutes and take a 5-minute break
- Be flexible – when you come onto a great view – pause and enjoy
- Enjoy the wonders of nature



#11 The Summit is Great, but it is Better to Enjoy the Hike

Leadership is a Journey –
Try to Slow Down and
Enjoy it!

- Celebrate success
- Find joy and fulfillment
- Think strategically and take the long view
- Be skeptical, but remain curious – don't become cynical



Backpacking and Leadership: Miscellaneous Observations

- You don't need a title to be a leader
- Servant leaders are dedicated to a higher cause, lead by example, prioritize their team, prize honesty & integrity, are disciplined, have humility; do not seek power, control, or recognition
- Good leaders stay calm under pressure and simplify complex problems by focusing on what is most important
- Leadership is an iterative/learning process that requires hard work and resilience



END OF
TRAIL



Nebraska Pathogen Watch

Dr. Juan Teran



Key Points

- Respiratory viral season is underway
- **Influenza vaccine** remains an effective way to protect yourself and your patients
- **Measles** detected in Nebraska, remain vigilant and have a plan in place

Influenza Update

Nebraska DHHS | 1/8/2026

Courtesy of Derek Julian



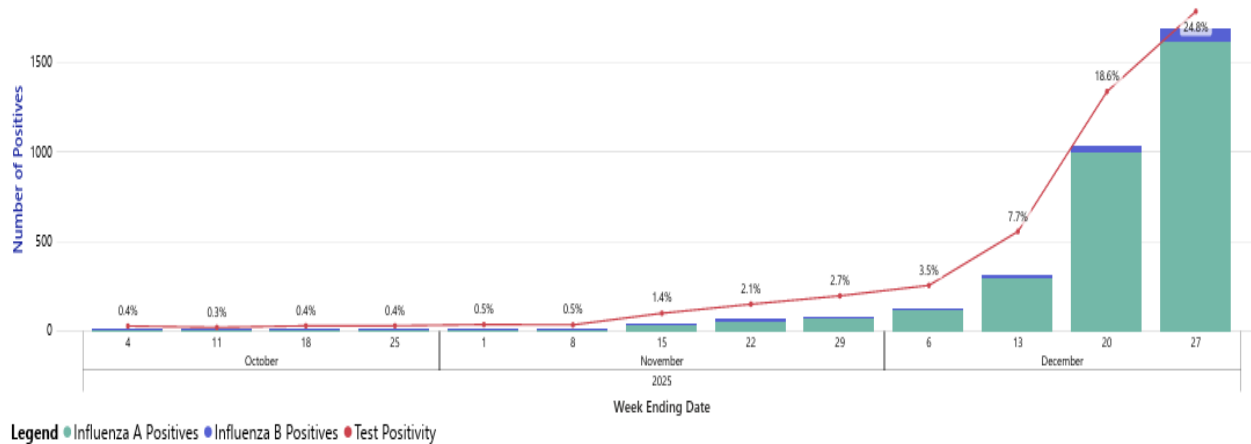
**DIVISION
OF
PUBLIC
HEALTH**

Summary of Current Influenza Activity in NE

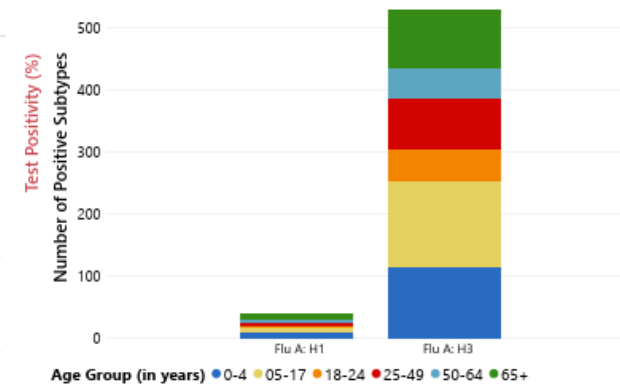
- Influenza activity in NE is high, and surveillance indicators continue to increase, including:
 - Influenza positive tests
 - Influenza like illness emergency department (ED) visits
 - Reported influenza outbreaks
 - Influenza like illness hospital admissions
 - Influenza associated deaths
- Most common influenza strain reported in NE is influenza A(H3N2)
- Next two slides display the latest surveillance data from our DHHS respiratory disease report which can be accessed here: <https://dhhs.ne.gov/Flu%20Documents/Report.pdf>

Influenza Laboratory Data in NE

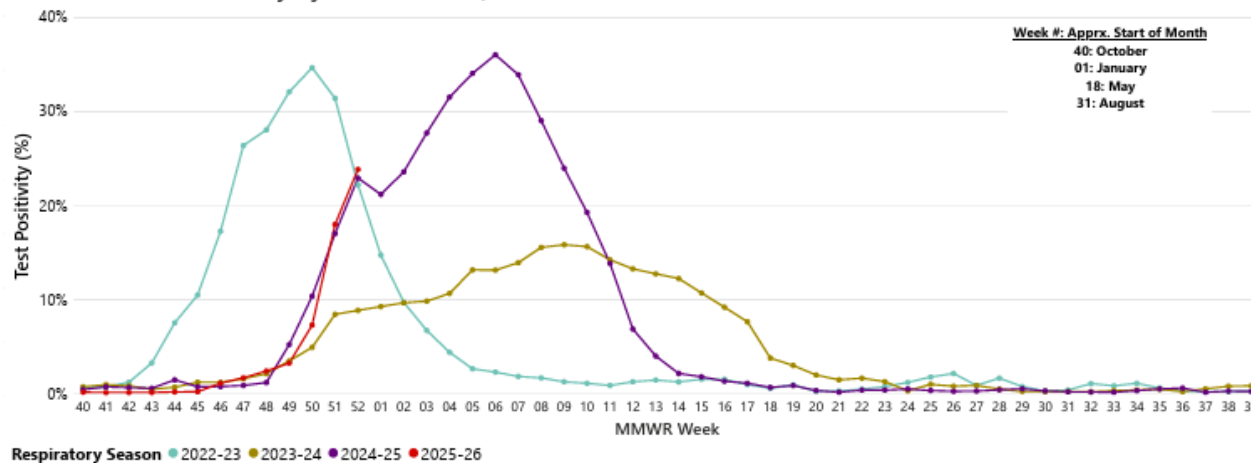
Number of Influenza A & B Positive Tests and Test Positivity, by Week Ending Date, 2025-26



Cumulative Influenza Positive Subtypes by Age Group, 2025-26

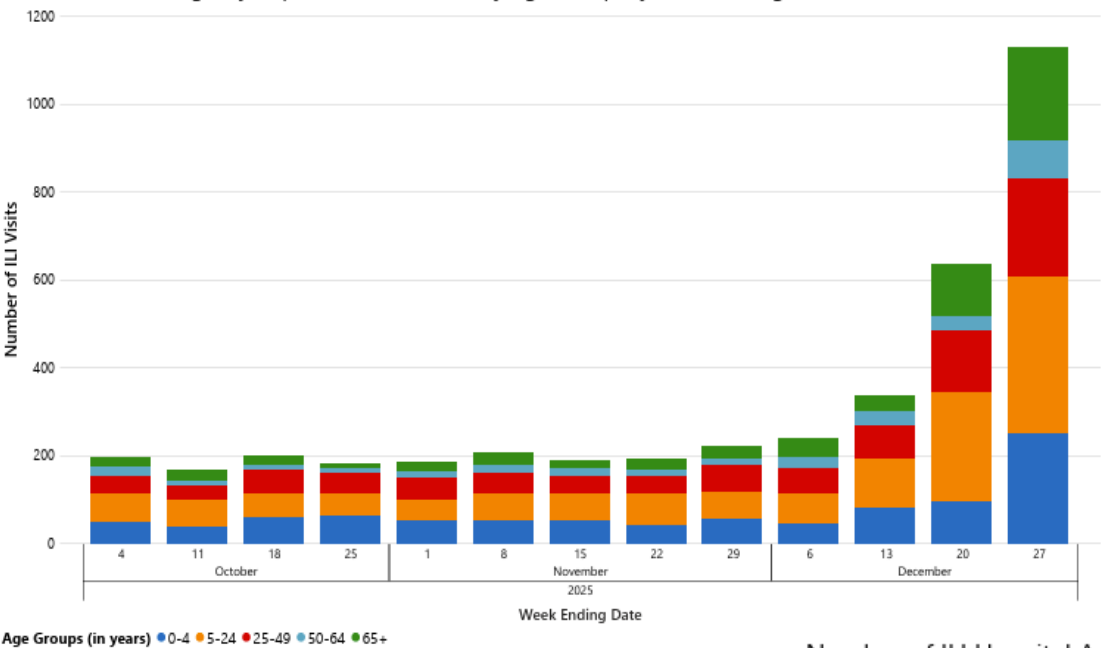


Influenza A Test Positivity by MMWR Week, 2022-2026

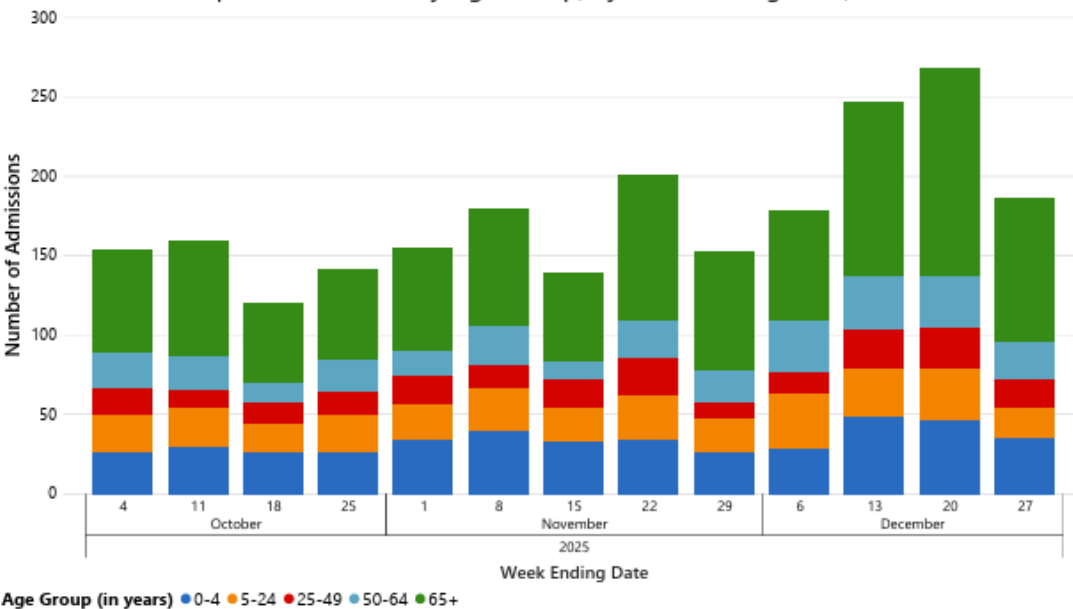


Influenza-like Illness ED and Hospital Admissions Data

Number of ILI Emergency Department (ED) Visits by Age Group, by Week Ending Date, 2025-26



Number of ILI Hospital Admissions by Age Group, by Week Ending Date, 2025-26



Influenza A(H3N2) Subclade K

Situational Update: A(H3N2) Subclade K


- Influenza strain A(H3N2) subclade K is a mismatched strain compared to the A(H3N2) strain in current influenza vaccines
 - CDC data from 9/28 through 12/27 shows 90% of characterized influenza A(H3N2) viruses have been subclade K
- Due to an **antigenic drift** not a shift
 - Shift = swap of genetic material of two different flu viruses; major change
 - Drift = incremental genetic changes within one influenza virus; smaller change
- May see vaccines have reduced efficacy, **but not no efficacy**
 - UK studies suggest current flu vaccine is **70%-75% effective** at preventing hospital attendance in children 2-17 years of age and **30%-40% effective** in adults
 - CDC recommends offering seasonal influenza vaccination for all eligible persons aged 6 months and older who have not already received influenza vaccination this season

Influenza Antiviral Recommendations

- CDC and medical professional societies recommend **treatment with influenza antiviral drugs as soon as possible** for patients with suspected or confirmed influenza, especially patients at high-risk of severe illness or are hospitalized.
 - Still effective against subclade K influenza strain, as well as other seasonal influenza strains
 - Most effective when started within two days after the beginning of influenza illness symptom onset. It is possible that antiviral drugs started later might offer some benefit.
 - Because of the importance of early treatment, decisions about starting antiviral medications should not wait for laboratory confirmation of influenza.
 - During **influenza outbreaks**, provide antiviral prophylaxis to exposed residents on units or wards with influenza cases (currently impacted wards) as soon as an influenza outbreak is detected.
 - For **hospitalized patients** or **outpatients with complications or progressive disease** (e.g., pneumonia, or exacerbation of underlying chronic medical conditions), and suspected or confirmed influenza, initiation of antiviral treatment with oral or enterically administered oseltamivir (Tamiflu) is recommended.

Reminders on Reporting Influenza, COVID-19, and RSV Outbreaks

- **A respiratory infection outbreak can be defined** as two or more laboratory-confirmed positive cases, OR one laboratory-confirmed positive case along with other cases of respiratory infection in a unit of long-term care or another facility, OR an increase above the normal rate of ARI within 72 hours.
- **Long-term care facilities that are CMS certified** are required to report to NHSN. NHSN reporting satisfies the requirement to report the outbreak to the state (DHHS).
- **Assisted living facilities (ALFs)** must report their outbreak to DHHS via completion of the DHHS REDCap outbreak reporting survey:
 - You may be contacted by your local health department (LHD) or DHHS directly to complete this
 - Survey link: https://redcap.link/nebraska_outbreak
- Note: if LHD has not reached out, also inform your LHD of the outbreak, depending on specific local health department expectation.



The screenshot shows a web form titled "Outbreak Log". It contains several input fields: "Today's Date" with a date picker set to 2024-10-10; "I am reporting an outbreak of..." with a dropdown menu showing "SARS-CoV-2 (COVID-19)" and a red asterisk indicating it is a required field; and "Nebraska DHHS Unit" with a dropdown menu showing "Respiratory".

Outbreak Log	
Today's Date	2024-10-10
I am reporting an outbreak of...	SARS-CoV-2 (COVID-19)
* must provide value	
Nebraska DHHS Unit	Respiratory

Resources

- **DHHS Respiratory Outbreak Protocol:**
<https://dhhs.ne.gov/Flu%20Documents/Respiratory%20Infection%20Outbreak%20Protocol.pdf>
- **CDC Viral Respiratory Outbreak Toolkit for Nursing Homes:**
<https://www.cdc.gov/long-term-care-facilities/hcp/respiratory-virus-toolkit/index.html>
- **CDC Influenza Antiviral Medications Summary:**
<https://www.cdc.gov/flu/hcp/antivirals/summary-clinicians.html>
- **DHHS Respiratory Disease Data** can be found at
<https://dhhs.ne.gov/Pages/Seasonal-Respiratory-Diseases.aspx>
 - Both our DHHS Respiratory Disease PDF Report and Respiratory Illness Dashboard are posted to the page mentioned above
 - Each show the same data, just different formats for user preference

Questions? DHHS Respiratory Team:

- **Contact information for DHHS respiratory team:**
 - Main email: DHHS.respiratory@nebraska.gov
 - Derek Julian: Respiratory Disease Epidemiologist II
 - Derek.Julian@nebraska.gov
 - Brianna Loeck: Infectious Disease Epidemiologist III
 - Brianna.loeck@nebraska.gov

Influenza Update

Vaccines still matter and it is not too late to vaccinate

- I know you are seeing vaccine fatigue among staff, residents, and patients - vaccination is a critical tool in reducing outbreaks, staffing disruptions, severe illness, hospitalization, and death.
- It takes 10-14 days for to develop protection.
- Engage your Medical Director, providers, and all care teams in promoting vaccines and setting new goals for vaccine uptake.

Early Detection – Testing is key! Supplies

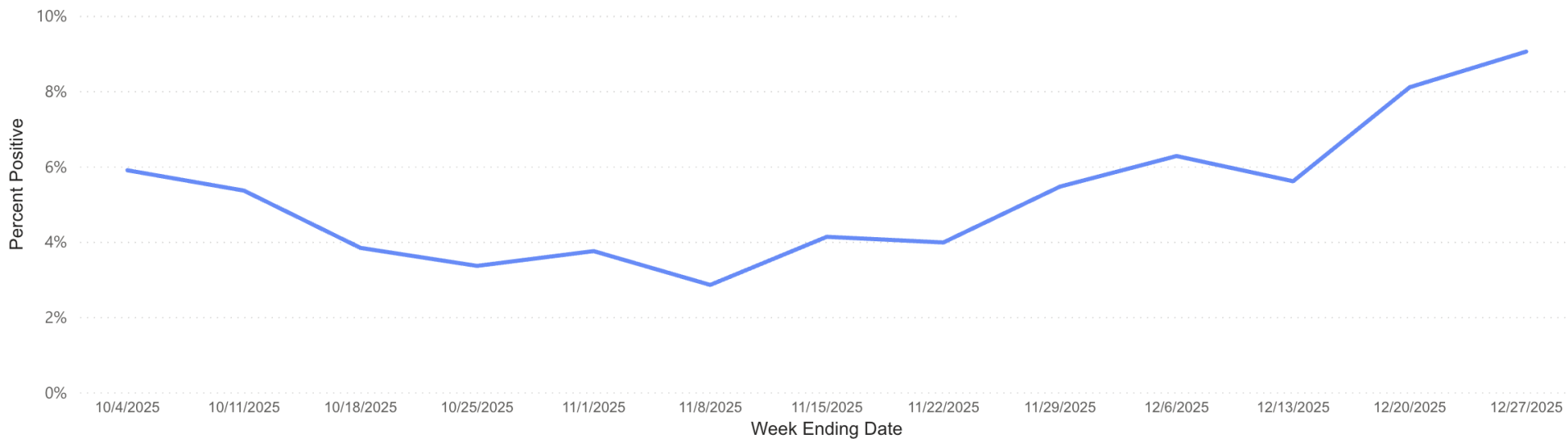
Rapid initiation of treatment and/or prophylaxis – Discuss with Pharmacy

Nursing leadership/Providers/Medical Director – Protocols, response plan, communication

COVID-19 NE DHHS Report

12/27/2025

● Percent Positive 9.0%
Respiratory Season 2025 - 2026 Season
MMWR Week 52



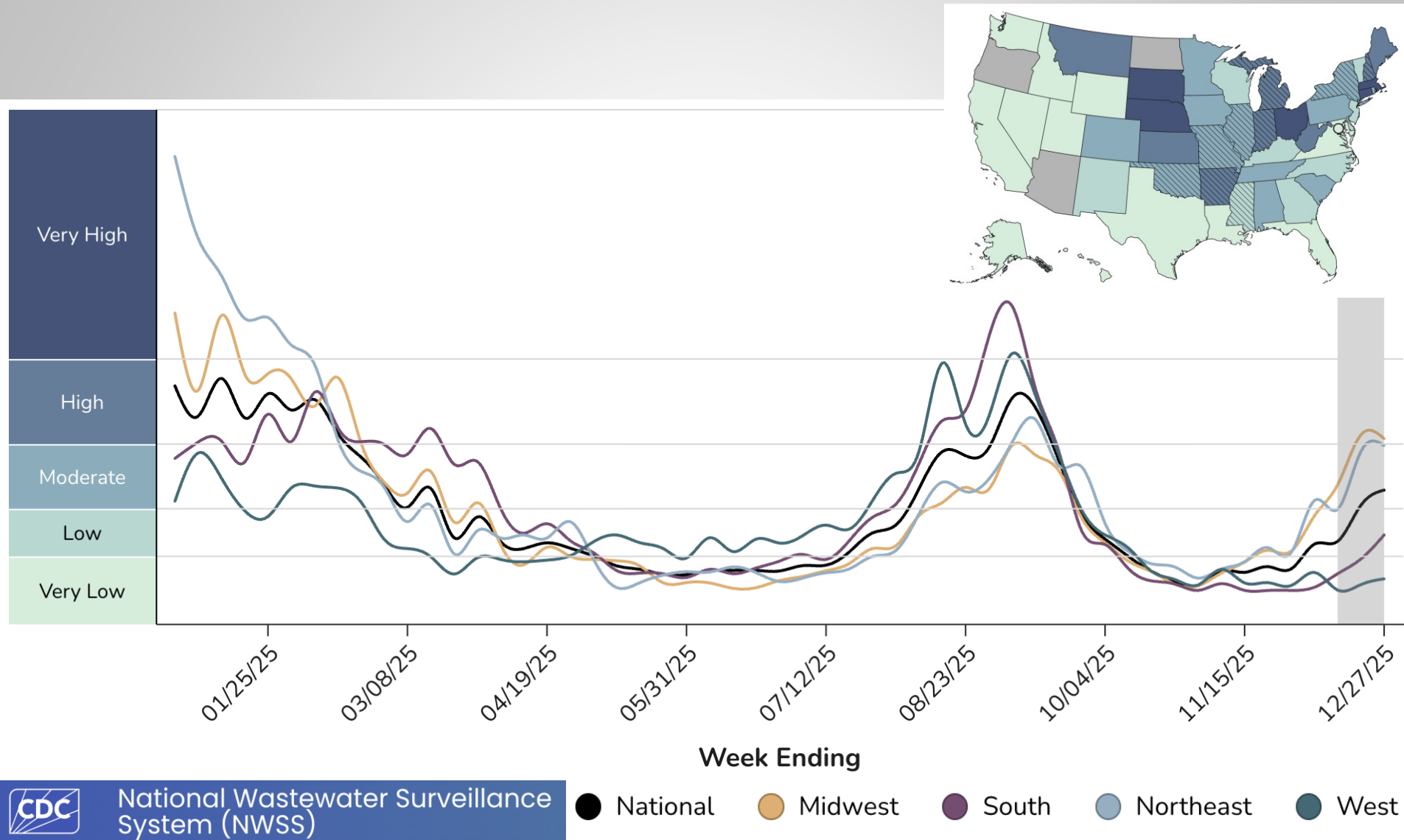
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NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

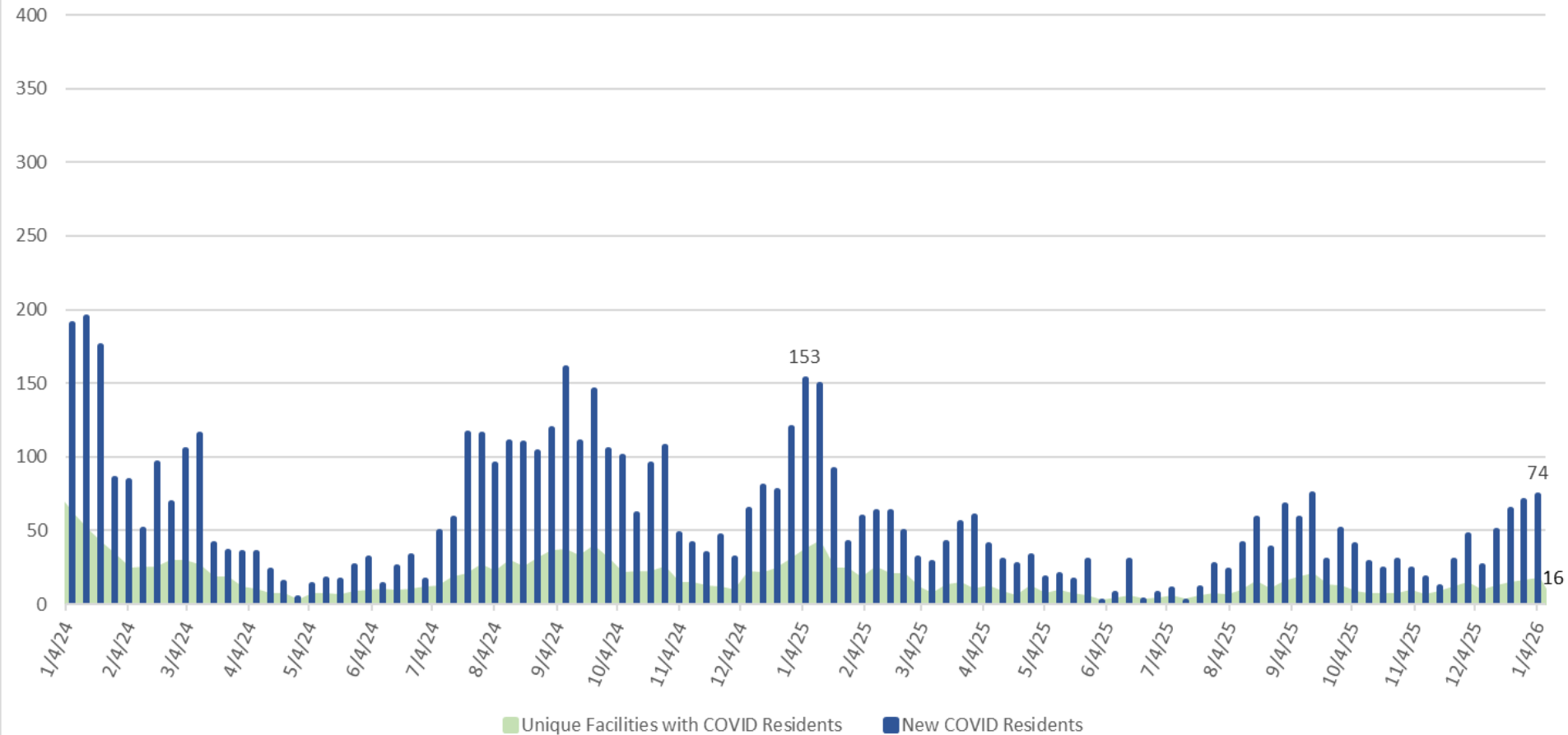


COVID-19 Wastewater Activity



Nebraska LTC Facility COVID-19 Outbreaks

Nebraska LTC - Facilities with at Least One COVID Resident &
Total COVID Residents by Week



**Updated: 1/5/2026

Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary.

Recommendations for COVID-19 Vaccine in Post-Acute and Long-Term Care Residents and Staff

Muhammad Salman Ashraf, MBBS   · Robin Jump, MD, MPH · Donna Lisi, PharmD · Ghinwa Dumyati, MD

1. All residents aged ≥ 18 years: Should receive 1 dose of the 2025-2026 COVID-19 vaccine
2. Residents age 65 and above and those with moderate to severe **immunocompromise** regardless of age: Should receive at least **2 doses** of the 2025-2026 COVID-19 vaccine
 - The preferred interval between doses is 6 months, but they may be given as soon as 2 months apart
 - Additional doses may be given ≥ 2 months after the last dose based on shared clinical decision making
3. All staff: Clinical staff and nonclinical staff, should receive 1 dose of the 2025-2026 COVID-19 vaccine (additional doses if immunocompromised or > 65 yo)
4. Providing on-site vaccination for residents and staff is preferred

[https://www.jamda.com/article/S1525-8610\(25\)00519-5/abstract](https://www.jamda.com/article/S1525-8610(25)00519-5/abstract)

Measles Cases in US: Updated on 1/7/26

- For the full year of 2025, a total of **2,144** confirmed measles cases was reported in the US.
- There have been **49 outbreaks** (defined as 3 or more related cases) reported in 2025, and 88% were outbreak-associated.
- *For comparison, 16 outbreaks were reported during 2024 and 69% of cases (198 of 285) were outbreak-associated.*

Vaccination Status	
Unvaccinated or Unknown	93%
One MMR dose	3%
Two MMR doses	4%

Update on Confirmed Measles Cases Reported in Nebraska

- Four confirmed measles cases in Platte County
- All of which are limited to a single household, with two cases currently active
- No community spread detected thus far

<https://dhhs.ne.gov/Pages/Update-on-Confirmed-Measles-Cases-Reported-in-Nebraska.aspx>
<https://dhhs.ne.gov/han%20Documents/UPDATE12312025.pdf>
<https://dhhs.ne.gov/Pages/Measles.aspx>



PALTmed Measles Statement

- **The Medical Director should:**
 - Monitor state and CDC health alerts and follow state and local public health guidance.
 - **Proactively review and document** immunity of all staff.
 - Educate staff and residents about signs and symptoms of measles.
 - Implement enhanced entry screening for rash/fever.
 - Inform healthcare personnel on infection control protocols for management of exposed healthcare personnel and those infected with measles.
 - Be prepared to implement cohorting or quarantine strategies, if needed.
 - Establish a communication plan for rapidly informing public health officials and families if a case is suspected.

<https://paltmed.org/news-media/paltmed-measles-statement>

AHCA/NCAL Infection Preventionist Hot Topic Brief

Measles Risk in the Long-Term Care Setting

Measles Clinical Features

Incubation period 11–12 days

- Exposure to rash onset averages 14 days (range 7–21 days)

Prodrome lasts 2–4 days

- Stepwise increase in fever to 103–105° F
- Cough, coryza (i.e. runny nose) and conjunctivitis
- Koplik spots (often seen in the prodromal or beginning stages, one of the signs of the onset of measles. Koplik spots are classically described as being bright red spots with white or bluish-white centers that may resemble grains of sand.)

Rash (maculopapular)

- Persists 5–6 days
- Begins at hairline, then involves face and upper neck
- Proceeds downward and outward to hands and feet
- Severe areas peel off in scales
- Fades in order of appearance



https://www.ahcancal.org/Quality/Clinical-Practice/Documents/Hot%20Topic%20Brief_Measles%20Risk%20in%20the%20Long-Term%20Care%20Setting.pdf

ICAP Measles Resources



Nebraska Infection Control Assessment and Promotion Program (ICAP) is committed to supporting various healthcare settings for their infection prevention and control needs.

The following resources have been collected to help provide information regarding Measles (Rubeola).

For questions relating to a suspected case or current outbreak, please contact your local health department (LHD). If your LHD is

your team at 402-471-2937.



MEASLES ALERT

✦ If you've got a **FEVER** and any of the following:



RASH



RED EYES



RUNNY NOSE



COUGH

✦ **AND** have recently traveled to:

✦ **Or**, been in contact with someone known or suspected to have measles in the past 21 days



Please call this number so we can ensure a room is ready, and bring you a mask:

NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM



Measles Resources for Clinics

Healthcare clinic leadership and staff should prepare for patients presenting with suspected or confirmed measles (rubeola). Clinics include but are not limited to adult and pediatric primary care or specialty clinics, college health clinics, immediate care clinics, or mobile clinics. Nebraska ICAP has developed this comprehensive resource to aid with rapid **Identification, Isolation, and Informing** processes.

Guidance Documents	Page
How Clinics can Prepare for Measles	2
Clinic Scenario #1: Scheduled Suspected Measles Patient	3
Clinic Scenario #2: Unannounced Suspected Measles Patient	4
Patient Screening Form: Suspected Measles	7
CDC Resource - Transmission-Based Precautions Signage	9
Signage for Exam Room Closure	11
General Recommendations for Testing	12
CDC Resource: Air Exchanges Per Hour	12
Cleaning and Disinfection and Handling Laundry/Waste	12
Measure Exposure Log Sheet (Contact Tracing)	14
Definition of Exposure to Measles for Healthcare Personnel (HCP) in Healthcare Settings	15

These resources are to be used concurrently with the Centers for Disease Control and Prevention (CDC) **Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings** (link: <https://www.cdc.gov/infectioncontrol/guidelines/measles/index.html>). CDC guidelines should be reviewed frequently for updates. The key is to ensure that CDC guidelines are followed in addition to providing staff education specific to the measles preparedness plan. The focus is on patient safety, the safety of other patients accessing clinic services, and the safety of clinic staff.

Please contact [Nebraska ICAP](https://icap.nebraskamed.com/) at 402-552-2881 or at <https://icap.nebraskamed.com/> for questions or assistance with promoting appropriate infection control practices.

<https://icap.nebraskamed.com/pathogens-of-interest/measles/>

In Closing





Nebraska Infection
Control Network



Primary Infection Prevention Course

Track 1 (two-day): Prevention for All Health Care Settings, Acute Care Hospital, Ambulatory Care & Surgical Centers

Track 2 (two-day): Prevention for All Health Care Settings and Long-Term Care and Assisted Living Facilities

April 22 & 23, 2026
Holthus Convention Center
3130 Holen Ave., York, NE 68467

<https://www.nicn.org/events/nicn-primary-infection-prevention-course>

Webinar CE Process

1 Nursing Contact Hour is offered for attending this LIVE webinar.

Individual surveys must be completed for each attendee.

Questions? Contact us at: nebraskaicap@nebraskamed.com 402-552-2881

Nursing Contact Hours:

- Completion of survey is required.
 - The survey must be specific to the individual obtaining credit.
(i.e.: 2 people cannot be listed on the same survey)
- One certificate is issued quarterly for all webinars attended
- Certificate comes directly from ICAP via email

Infection Prevention and Control Hotline Number:

Call 402-552-2881

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

*Messages left outside of Office hours will be answered the next business day.

**Please call the main hotline number to ensure the quickest response.