

Guidance and responses were provided based on information known on 03.12.2026 and may become out of date.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

**March 12, 2026**



NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

# Presentation Information

## Speaker(s):

Josette McConville, RN, CIC  
Claire Ortlieb, MPH

[jmconville@nebraskamed.com](mailto:jmconville@nebraskamed.com)  
[claire.ortlieb@nebraska.gov](mailto:claire.ortlieb@nebraska.gov)

## Panelists:

Josette McConville, RN, CIC  
Chris Cashatt, BSN, RN, CIC  
Lacey Pavlovsky, RN, MSN, CIC, LTC-CIP, AL-CIP, FAPIC  
Rebecca Martinez, BSN, BA, RN, CIC

[jmconville@nebraskamed.com](mailto:jmconville@nebraskamed.com)  
[ccashatt@nebraskamed.com](mailto:ccashatt@nebraskamed.com)  
[lacey.pavlovsky@nebraska.gov](mailto:lacey.pavlovsky@nebraska.gov)  
[remartinez@nebraskamed.com](mailto:remartinez@nebraskamed.com)

Larisa Mulroney, DHHS  
Becky Wisell, DHHS  
Lisa Osborne, DHHS  
Cindy Kadavy, NHCA  
Kierstin Reed, Leading Age

[larisa.mulroney@nebraska.gov](mailto:larisa.mulroney@nebraska.gov)  
[becky.wisell@nebraska.gov](mailto:becky.wisell@nebraska.gov)  
[lisa.osborne@nebraska.gov](mailto:lisa.osborne@nebraska.gov)  
[cindyk@nehca.org](mailto:cindyk@nehca.org)  
[kierstin.reed@leadingagene.org](mailto:kierstin.reed@leadingagene.org)

Kristen Ives, QIO/QIN

[kives@telligen.com](mailto:kives@telligen.com)

Nurse Planner: Josette McConville, RN, CIP  
Moderated by Marissa Chaney

[jmconville@nebraskamed.com](mailto:jmconville@nebraskamed.com)  
[machaney@nebraskamed.com](mailto:machaney@nebraskamed.com)

- 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



# Midwest QIN-QIO

The Centers for Medicare & Medicaid  
Services (CMS) QIN-QIO for Region 6



**MIDWEST**  
QIN-QIO

---







# Our Approach

Year 1 – Engagement, Enrollment

Years 2-5 – Work with facilities to assess priorities for QI work, perform QI work with facility staff

# Midwest QIN-QIO Priority Areas

## FOCUS AREAS

 <p><b>Prevention &amp; Chronic Disease Management</b></p> <ul style="list-style-type: none"><li>⌚ Vaccinations</li><li>⌚ Type 2 Diabetes</li><li>⌚ Hypertension</li><li>⌚ Chronic Kidney Disease</li></ul>	 <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"><li>⌚ Depression and Suicide Prevention</li><li>⌚ Substance Use Disorders</li><li>⌚ Chronic Pain</li></ul>
 <p><b>Patient Safety</b></p> <ul style="list-style-type: none"><li>⌚ Infection Prevention and Control</li><li>⌚ Adverse Drug Events</li><li>⌚ Safety Events</li></ul>	 <p><b>Care Coordination</b></p> <ul style="list-style-type: none"><li>⌚ Hospital 30-day Readmissions</li><li>⌚ Readmissions to Hospitals from Skilled Nursing Facilities</li><li>⌚ Community-based Emergency Department Utilization</li></ul>

## FOUNDATIONAL FOCUS AREAS



QUALITY  
MANAGEMENT  
SYSTEMS



WORKFORCE  
PLANNING



SUPPLY  
CHAIN



DRUG  
SHORTAGES



CYBER  
SECURITY



EMERGENCY  
PREPAREDNESS

# Nursing Home Quality Improvement Focus Areas



## VACCINATIONS

- Influenza vaccination among residents
- Pneumococcal vaccination among residents



## CARE COORDINATION

- Readmissions to hospital from SNF (Short Stay)
- ED visits among Short Stay and Long Stay nursing home residents



## INFECTION PREVENTION

- Skilled Nursing Facility Healthcare-Associated Infections (HAI) (Short Stay)



## SAFETY EVENTS

- Residents experiencing one or more falls with major injury (Long Stay)
- Changes in skin integrity: pressure ulcer/injury



## HEALTH IT

- Advance use of Health IT & Interoperability for improving outcomes



## BEHAVIORAL HEALTH

- Percent of residents who have depressive Symptoms (Long Stay)



## QUALITY MANAGEMENT INFRASTRUCTURE

- Deficiencies related to 4 aims: prevention & chronic disease, behavioral health, patient safety, care coordination
- Deficiencies related to emergency preparedness
- Deficiencies in QAPI



## ADVERSE DRUG EVENTS

- Drug regimen review with follow-up for identified issues (Short Stay)
- Antipsychotic medication use
- Adverse drug events among Medicare beneficiaries



## OTHER FOCUS AREAS

- Emergency Preparedness
- Cybersecurity
- Workforce Challenges
- Chronic Disease Prevention and Wellness

# Our Support

## WHO DELIVERS SUPPORT



### State-Based Quality Improvement Advisors (QIAs)

- Setting-specific experience
- Knowledge of QI processes and tools



### Regional Subject Matter Experts

- Specialized expertise across priority clinical and operational areas

## WHAT WE SUPPORT



Chronic Disease Management & Prevention



Behavioral Health



Care Coordination



Patient Safety



Digital Health



Cybersecurity



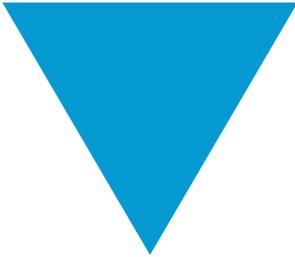
Emergency Preparedness



Workforce Planning



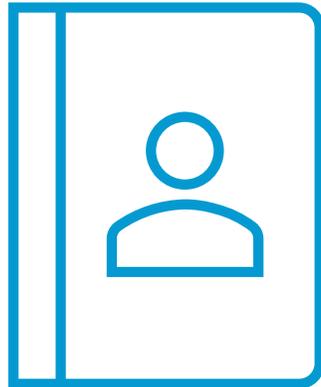
Focused QI Services (FQS)



QUESTIONS?



# Contact Us



- General Inquiries | [contact@midwestcmsqinqio.com](mailto:contact@midwestcmsqinqio.com)
- Website | <https://midwestcmsqinqio.com/>
- LinkedIn | [www.linkedin.com/company/midwestqinqio/](http://www.linkedin.com/company/midwestqinqio/)

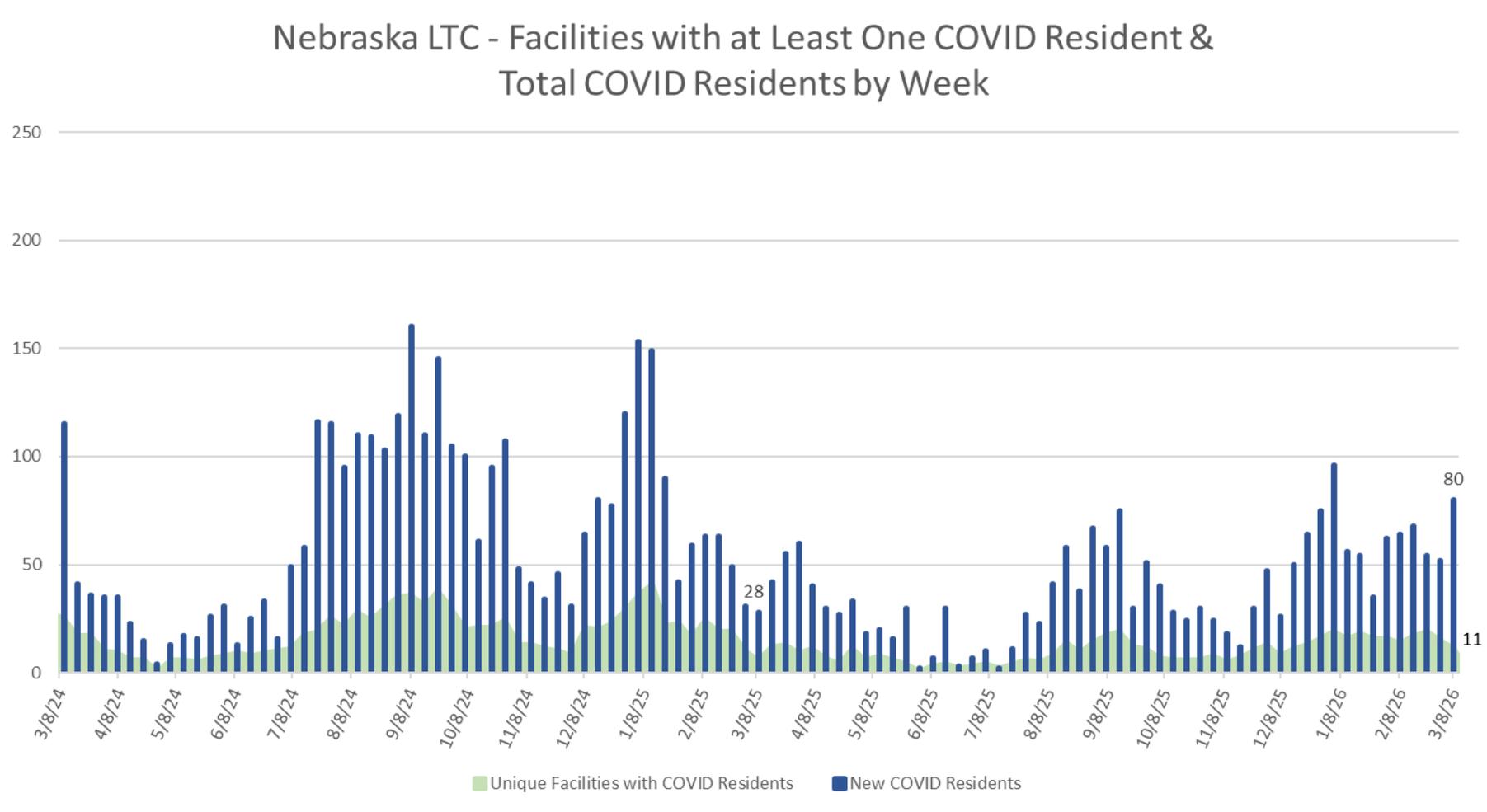
Your Nebraska Team:

- Kristen Ives | [kives@telligen.com](mailto:kives@telligen.com)
- Devon King | [dking@telligen.com](mailto:dking@telligen.com)

# Communicable Illness Update

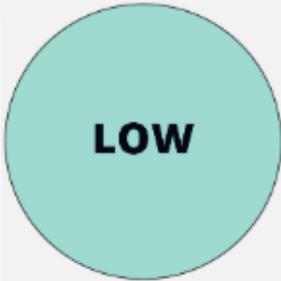
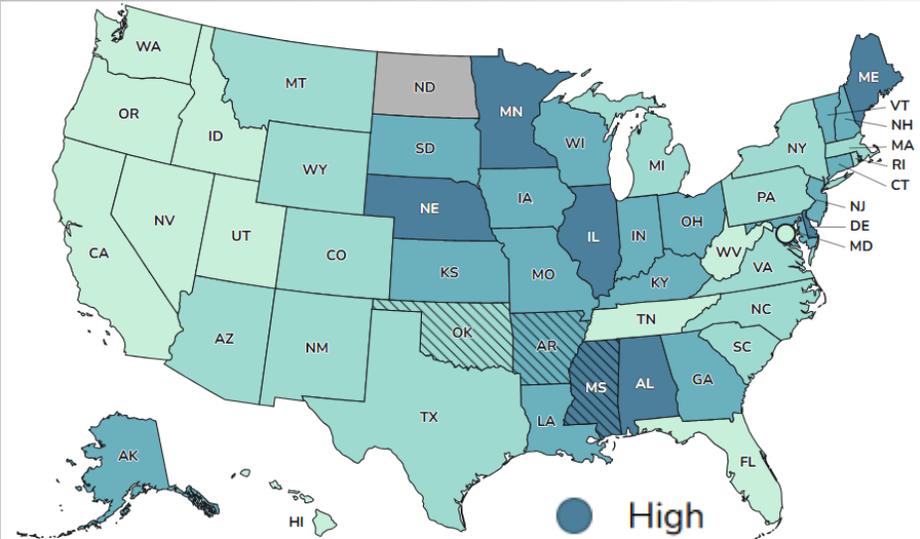


# Nebraska LTC Facility COVID-19 Outbreaks

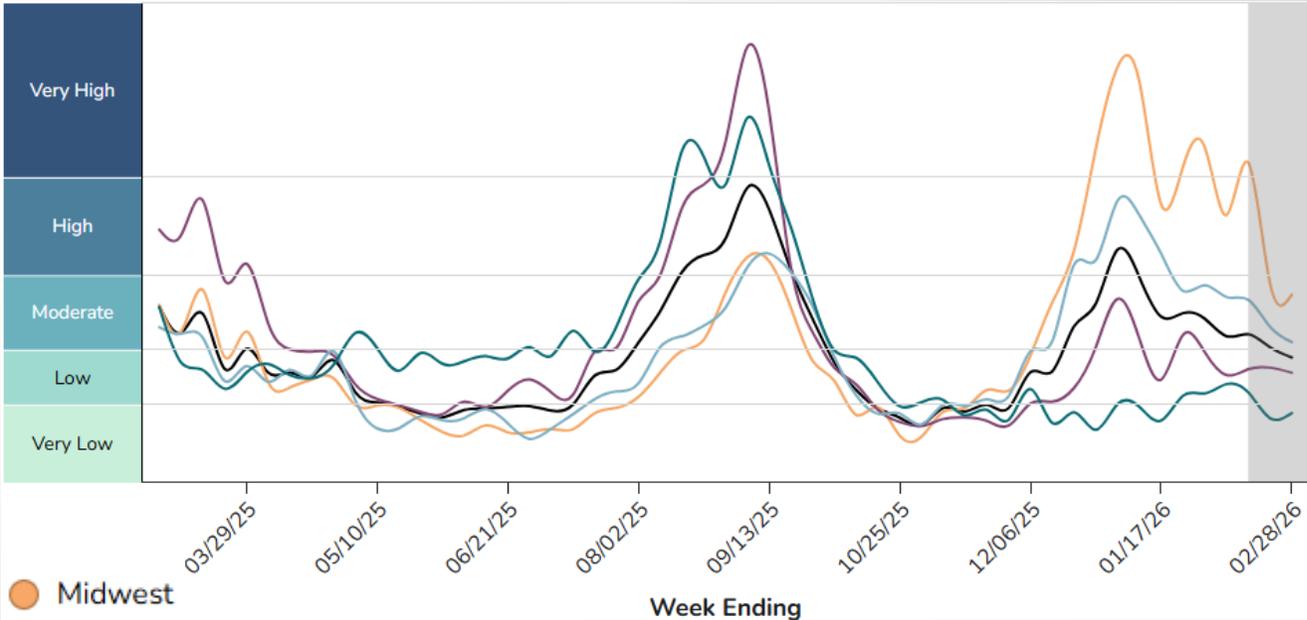


\*\*Updated: 3/9/2026  
 Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary.

# COVID-19 Wastewater Activity



Nationally, the wastewater viral activity level for COVID-19 is currently **low**.

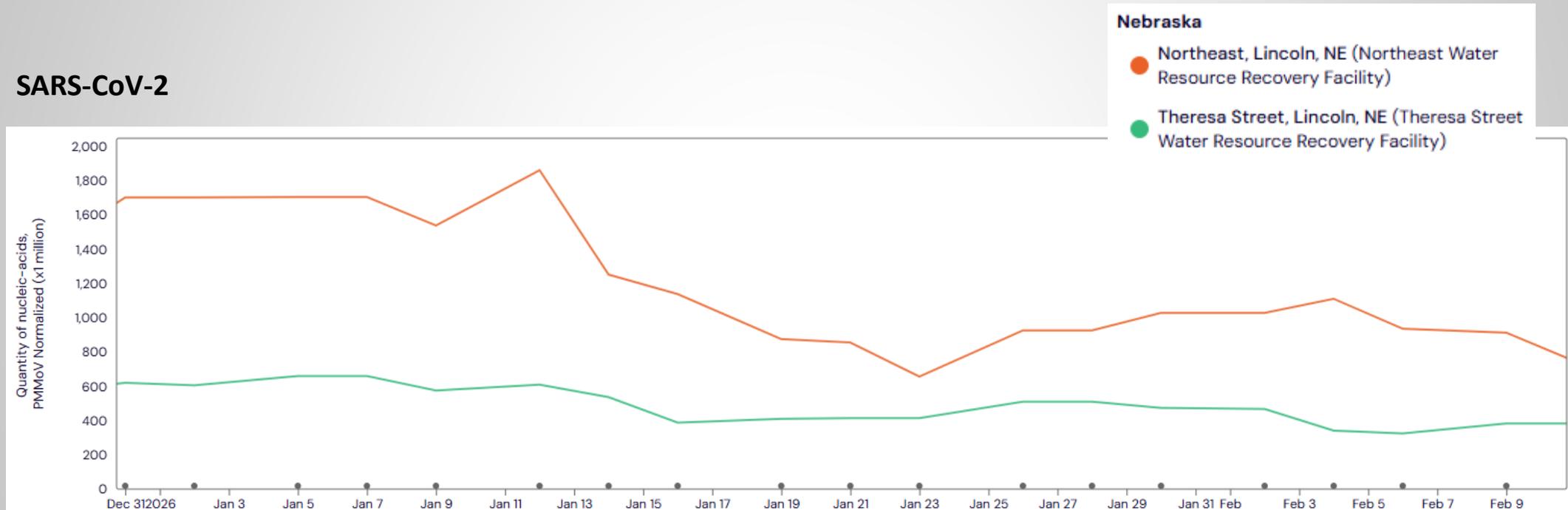


[COVID-19 Wastewater Data – National Trends | NWSS | CDC](#)

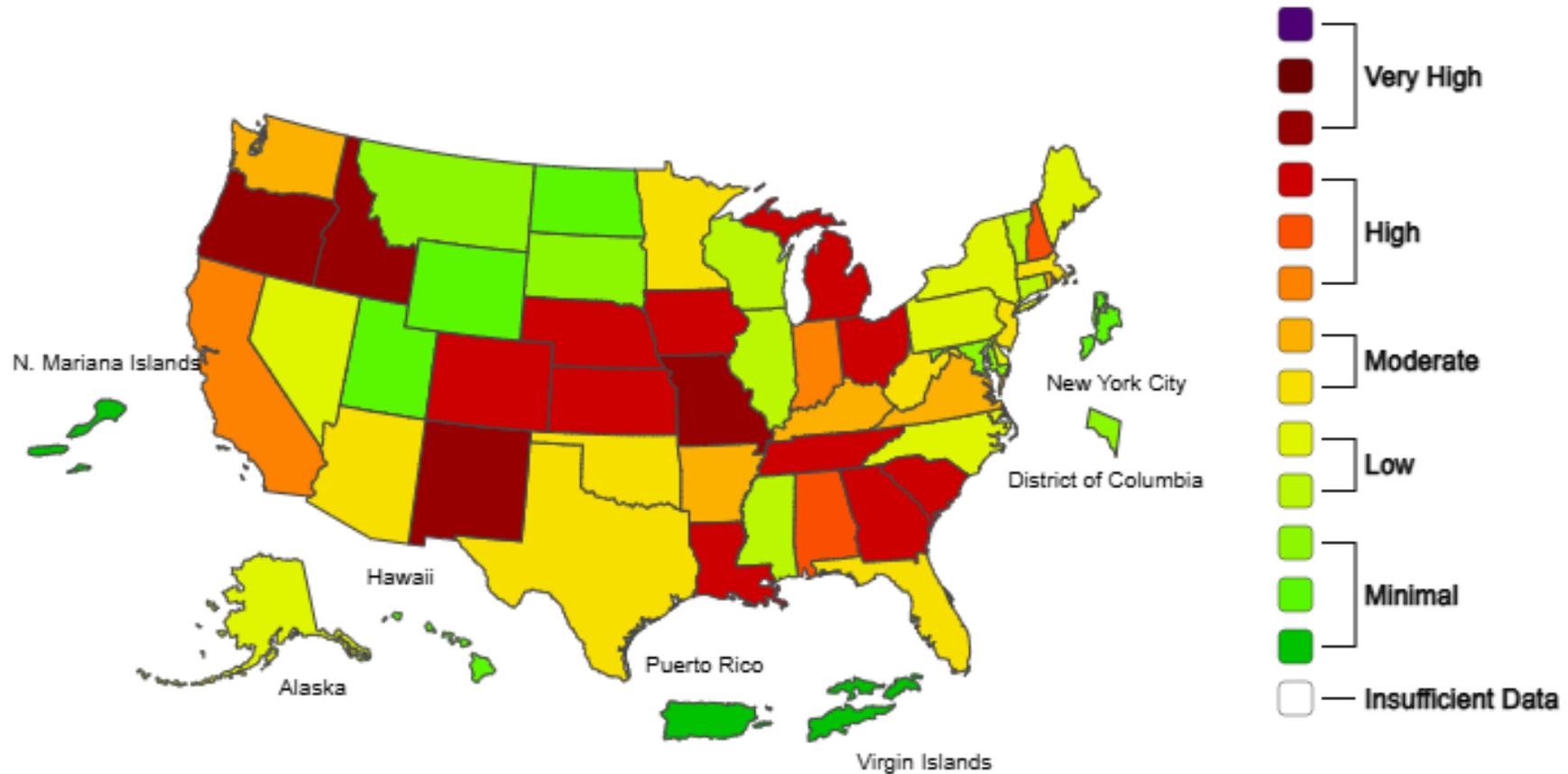


# WASTEWATER SCAN

## SARS-CoV-2



2025-26 Influenza Season Week 8 ending Feb 28, 2026

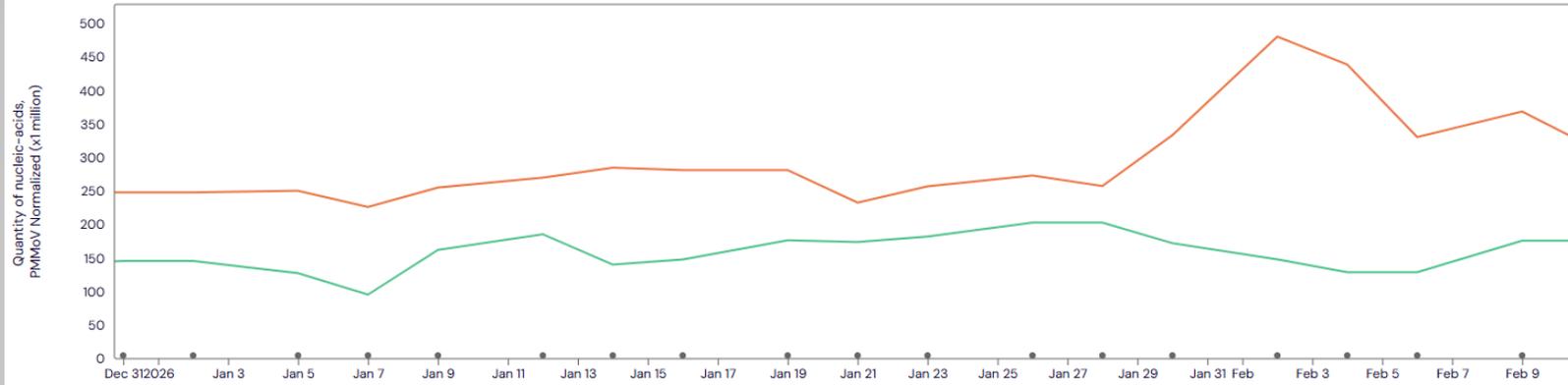


Season: 2025-26 ▲

Download Image

Download Data

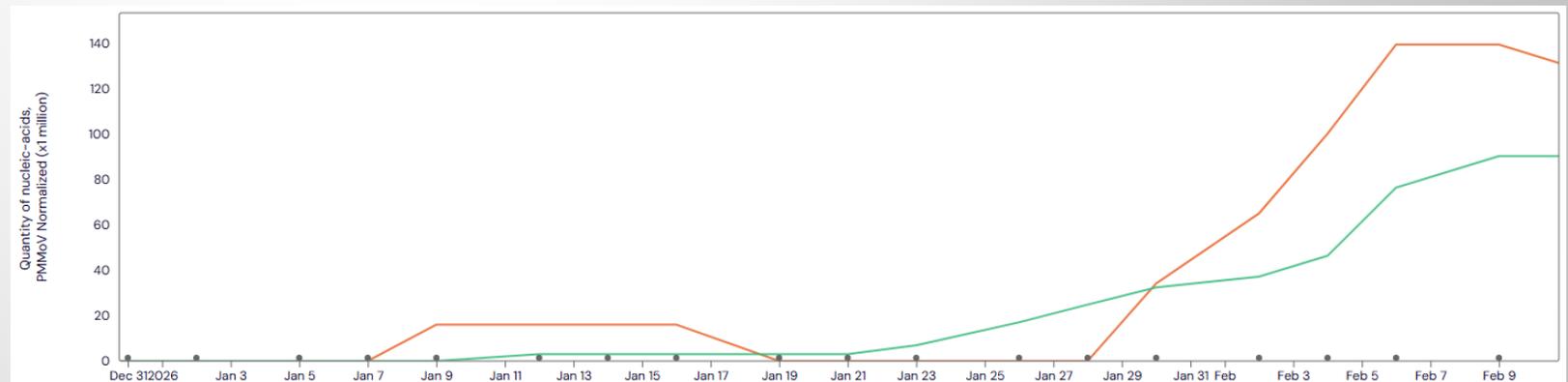
## Influenza A



**Nebraska**

- Northeast, Lincoln, NE (Northeast Water Resource Recovery Facility)
- Theresa Street, Lincoln, NE (Theresa Street Water Resource Recovery Facility)

## Influenza B



**Nebraska COVID-19 Dashboard Summary for 2025-26 Surveillance Season,  
through week ending, 02/28/26**

	<b>Week Ending 02/28/26</b>	<b>Change from Last Week</b>	<b>Season Total</b>
COVID-19 Positive Tests	230	▼ 39	4,600
COVID-19 Test Positivity (%)	5.9%	▼ 0.4%	6.8%

**Long-Term Care Facility COVID-19 Outbreak Surveillance, State of Nebraska**

<b>Respiratory Season</b> ▼	<b>Outbreaks Current Week</b>	<b>Outbreaks Last Week</b>	<b>Total Outbreaks</b>
2025-26	2	1	96
2024-25			258
2023-24			976
2022-23			1,067
2021-22			1,631
2020-21			1,173
2019-20			364

[About the Data on the Seasonal Respiratory Illness Dashboard](#)

## Nebraska Influenza Dashboard Summary for 2025-26 Surveillance Season, through week ending, 02/28/26

	Week Ending 02/28/26	Change from Last Week	Season Total
Influenza A Positive Tests	450	▼ 407	13,116
Influenza B Positive Tests	758	▼ 99	3953
Influenza Test Positivity (%)	17.2%	▼ 4.9%	15.1%

## Long-Term Care Facility Influenza Outbreak Surveillance, State of Nebraska

Influenza Season	Outbreaks Current Week	Outbreaks Last Week	Total Outbreaks Reported
2025-26	3	2	44
2024-25	-	-	94
2023-24	-	-	30

[About the Data on the Seasonal Respiratory Illness Dashboard](#)

## Nebraska RSV Dashboard Summary for 2025-26 Surveillance Season, through week ending, 02/28/2026

	Week Ending 02/28/2026	Change from Last Week	Season Total
RSV Positive Tests	353	▼ 3	2,298
RSV Test Positivity (%)	9.5%	▲ 0.7%	9.5%

## Long-Term Care Facility RSV Outbreak Surveillance, State of Nebraska

Respiratory Season ▼	Outbreaks Current Week	Outbreaks Last Week	Total Reported Outbreaks
2025-26	1	0	3
2024-25	-	-	4
2023-24	-	-	19

[About the Data on the Seasonal Respiratory Illness Dashboard](#)

# Update – ICAP COVID-19 Guidance



Contact Us  Visit ASAP 

About Us ▾ Pathogens of Interest ▾ **Facilities** ▾ Project Firstline ▾ Webinars ▾ Education ▾ 

 > Facilities > Long-Term Care

## Long-Term Care

The Nebraska Infection Control Assessment and Promotion (ICAP) Program has collected the following resources to help support long-term care facilities in providing the most up to date and accurate

### Resources



#### All Facility Hub – Curated by NE ICAP

Click here for resources for All Facility Types: Hospitals, Outpatient, Long-Term Care, Dental, and Dialysis.



#### Long-Term Care Facility Resources

Click here for resources specific to long-term care.



## Long-Term Care Facility Resources



### Welcome to your resource page!

Below you will find resources specific to long-term care facilities. 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](mailto:nebraskaicap@nebraskamed.com).

[All Facility Hub](#)

### Long-Term Care COVID-19 Resources

Resources and Tools from Nebraska ICAP for the LTC Setting

Other/ LTC Physical Environment Resources and Tools

CDC COVID-19 Resources for Healthcare Settings

COVID-19 Vaccination Resources



### Welcome to your resource page!

Below you will find resources specific to long-term care facilities. 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](mailto:nebraskaicap@nebraskamed.com).

[All Facility Hub](#)

### Long-Term Care COVID-19 Resources

Resources and Tools from Nebraska ICAP for the LTC Setting

- NE ICAP – [ICAP Summary of Recommendations for COVID-19 in a Long Term Care Facility updated 03.11.26](#)
- NE ICAP – [Zones PPE and Testing updated 03.11.26](#)
- NE ICAP – [Examples of Available Metrics for Risk Calculation of Respiratory Illness](#)

# Update – ICAP COVID-19 Guidance

## ICAP Summary of Recommendations for COVID-19 in a Long Term Care Facility

- [ICAP-Summary-of-Recommendations-for-COVID-19-in-a-Long-Term-Care-Facility](#)

## Zones, PPE, and Testing

- [Zones-and-PPE.pdf](#)

Zone	Resident Masking	Staff PPE	Testing	Notes
Red Zone Isolation (Residents with a positive COVID-19 Test)	Resident isolated to room.	COVID-19 full PPE: Respirator, eye protection, isolation gown, and gloves before entering resident room. Respirator and eye protection may be used according to extended use guidance [if they are not touched]	Repeated testing is not needed to exit isolation unless test-based strategy being used to determine isolation duration.	Keep resident room door closed; communal activity and dining are restricted for the resident; therapy and bathing are preferably performed in the resident room. Designated cohort units with dedicated staff are ideal. Follow relevant regulations that apply to changing resident rooms.
Light Red Zone Isolation (Symptomatic resident with COVID-19 test pending)	Resident isolated to room.	COVID-19 full PPE: Respirator, eye protection, isolation gown, and gloves. Respirator and eye protection may be used according to extended use guidance [if they are not touched]	If using an antigen test, a negative result should be confirmed by either a negative PCR or second negative antigen test taken 48 hours after the first negative test.	Room door closed; communal activity and dining are restricted; and therapy or bathing are preferably performed in the resident room.  Residents should not be moved to a COVID unit until positive status confirmed.
Tan Zone (Facility or unit in outbreak status)	Everyone should mask in communal areas of facility.	Everyone should mask in communal areas of facility.  Consider universal use of N95 and protective eyewear for staff when facility is in outbreak, especially when residents unable to use source control or area is poorly ventilated.	Contact trace, if able to clearly identify exposures.  Broad-based (unit wide) if unable to contact trace or additional cases are identified after contact tracing approach.  When resources are limited, focus efforts on symptom monitoring and mask use among exposed individuals, and test those who develop symptoms.  *Outbreak testing is not recommended for asymptomatic persons with SARS-CoV-2 infection in the prior 30 days.	<b>Initial Testing when using contact tracing or broad-based testing approach:</b> Perform a series of three tests, 48 hours apart. This will typically be day 1 (exposure day 0), day 3, day 5.  <b>Follow-up testing if additional cases identified:</b> If using broad-based testing approach, test every 3 days (twice weekly) until 14 days have passed since last known positive test.  If concerns exist for outbreak containment (e.g., large number of resident cases or ongoing transmission), facilities should consider using yellow zone instead of Tan Zone and implement broad-based testing approach.
Green Zone (No current outbreak)	Broader use of source control per facility policy, based on risk assessment of community level of transmission.	Broader use of source control per facility policy, based on risk assessment of community level of transmission.	No routine testing.  Perform test on anyone with even mild symptoms of COVID-19.	Promote core principles of COVID-19 infection prevention: <ul style="list-style-type: none"> <li>• Hand hygiene</li> <li>• Use of PPE per standard precautions</li> <li>• Respiratory hygiene/cough etiquette</li> <li>• Cleaning and disinfection of environmental surfaces</li> <li>• Instructional signage throughout facility</li> </ul>
Gray Zone (New admission or readmission)	Masking is at facility discretion; but recommended if resident reports exposure or symptoms.	Healthcare personnel don mask based on facility policy, resident exposure, or symptoms.	Testing is at facility discretion, although recommended if resident reports exposure or symptoms.	Quarantine not required for gray zone. However, if resident reports symptoms, follow light red zone recommendations

# COVID-19 Outbreak Testing

**A contact tracing approach can be used when the facility is able to clearly identify close contact exposures (e.g., limited resident(s) exposed to a visitor or contract therapy staff)**

- Initial testing of close contacts should be performed as a series of three tests, 48 hours apart. This will typically be a day 1 (exposure is day 0), day 3, and day 5.
- If additional COVID-19 positive cases are identified during initial testing and ongoing transmission is suspected shift to broad-based testing approach as described below.

**A broad-based (e.g., unit wide) approach to testing should be used when close contacts cannot be identified, or when additional cases are identified after the contact tracing approach.**

- Initial testing of close contacts should be performed as a series of three tests, 48 hours apart. This will typically be on day 1 (exposure is day 0), day 3, and day 5.
- If additional COVID-19 positive cases are identified during initial testing, follow-up testing should be completed every 3-7 days (twice weekly) until there are no new cases for 14 days.
- During broad based testing everyone in a particular location (e.g., specific unit or hallway) will be tested regardless of whether close contact or not.

# COVID-19 Outbreak Testing

Update in guidance document (3/11/2026)

**An optional approach to outbreak testing when resources are limited is to focus efforts on symptom monitoring and mask use among exposed individuals, and test those who develop symptoms.**

- In situations where the outbreak is not under control with this optional approach (e.g., large number of resident cases or ongoing transmission) facilities should switch to broad-based testing.

[Preventing and Responding to Respiratory Infections and Outbreaks in Long-Term Care - YouTube](#)

# Yellow Zone

## Update in guidance document (3/11/2026)

Yellow Zone transmission-based precaution measures should be implemented in the event of COVID-19 transmission within the facility that is not controlled with initial interventions (e.g., large number of resident cases or ongoing transmission).

The facility can choose to initiate all yellow zone precautions or use a phased approach, depending on their assessment of outbreak (e.g., nature of exposure, ability of residents to follow instructions, ventilation in the building, number of staff and resident cases, etc.).

Yellow Zone	Resident Masking	Staff PPE Use	Testing	Additional containment strategies may include the following
Transition to yellow zone when initial interventions fail.	Residents wear source control when outside of room.	<p>Everyone should mask in communal areas of facility.</p> <p>Consider universal use of N95 and protective eyewear for staff when facility is in outbreak, especially when residents are unable to use source control or area is poorly ventilated.</p> <p>Respirator and eye protection may be used according to extended use guidance.</p>	Use broad-based testing approach which consists of testing every 3 days (twice weekly) until 14 days have passed since last known positive test.	<p>Limit group activities and communal dining. In some situations, small group activities can continue with source control and physical distancing.</p> <p>Visitation should occur in the resident's room. Visitors should not linger in common areas of facility or engage with other residents.</p> <p>Consider having small group activities outdoors and promoting outdoor visits, dependent on weather.</p> <p>Consider establishing dedicated cohort units (COVID unit) for residents with confirmed infection, if it is possible to do so in a safe manner. Dedicate staff to care for residents in cohort units (see Red Zone).</p> <p>Avoid new admissions or transfers into and out of units with infected residents or facility-wide if the outbreak is more widespread.</p>

# Investigating Group A *Streptococcus* Infections in Long-Term Care

Claire Ortlieb, MPH  
HAI / AR Epidemiologist

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.



## What is a Group A Strep Infection?

- Group A Strep (GAS) infections are caused by the bacteria *Streptococcus pyogenes*
- Infections can range from minor to serious
  - Impetigo
  - Strep throat
  - Cellulitis
  - Necrotizing fasciitis
  - Sepsis
  - Streptococcal toxic shock syndrome
- There can also be long-term health issues related to serious group A strep infections

# Group A Strep

---

- The Centers for Disease Control and Prevention (CDC) estimates that over the last 5 years there were approximately 20,000 to 27,000 cases each year and 1,800 to 2,400 GAS-associated deaths each year.
  - Preliminary 2023 data indicate the number of serious infections caused by GAS reached a 20-year high.
- Since 2010, there have been an estimated 700 to 1,150 cases of necrotizing fasciitis and 2,000 to 3,000 cases of STSS each year.
  - Death rates are about 11 to 22% for necrotizing fasciitis and 30 to 70% for Streptococcal Toxic Shock Syndrome (STSS). STSS can cause organ failure, and necrotizing fasciitis may lead to amputation.
  - Even after infection, people can develop noninfectious complications such as rheumatic fever (which affects the joints, heart, and nervous system) or glomerulonephritis (a kidney problem).
- Healthcare-associated outbreaks and cases of invasive GAS are often connected to gaps in infection prevention and control measures, and they have also been connected to healthcare workers who were asymptomatic carriers of GAS.

# Incubation Period

## Strep Throat

- 1-5 days, rarely longer

## Invasive Group A Strep

- Typically, 1-5 days but may be as short as 14 hours in some cases of Streptococcal Toxic Shock Syndrome (STSS).
- Postpartum and postsurgical invasive GAS infections usually present within 7 days.

# Infectious Period

---

---

Individuals with GAS are most contagious when they are first symptomatic.

---

In individuals who are not treated with antibiotics, they are infectious for about 1 week.

---

Individuals who are treated with antibiotics are no longer contagious after 24 hours of taking the antibiotic.

---

Asymptomatic carriers of GAS have very low risk of transmission to others.

---

Untreated infected open sores or wounds may be infectious for weeks or months.

---

# Risk Factors for Serious Infections

---

Viral Infections

Pre-existing Medical Conditions

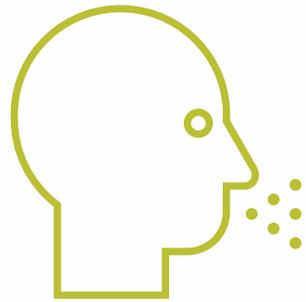
People aged 65 years or older

People who inject drugs or who are experiencing homelessness

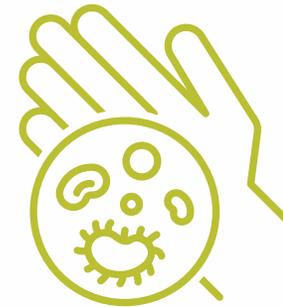
Residents of long-term care facilities

# How It Spreads

---



**Respiratory Droplets**



**Direct Contact**

**NEBRASKA**

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

*Helping People Live Better Lives.*

# Prevention

---



Limit exposure and spread of bacteria



Treat group A strep infections promptly



Use preventive antibiotics when appropriate

# CDC Decision Tool for Investigating Group A *Streptococcus* Infections in Long-term Care Facilities

## KEY POINTS

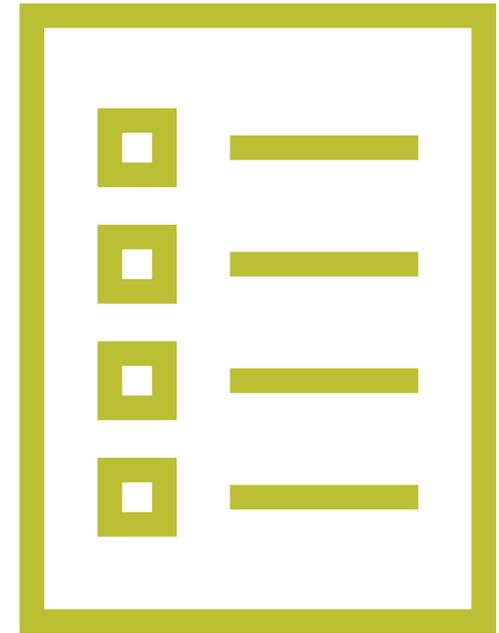
- CDC has tools to address investigating and controlling group A *Streptococcus* (GAS) infections and outbreaks in long-term care facilities (LTCF).
- LTCF staff should work with their local public health departments when investigating suspected GAS outbreaks.
- View or download the toolkit for detailed information and recommended antibiotic regimens.

## TABLE OF CONTENTS | DECISION TOOL FOR INVESTIGATING GAS INFECTIONS IN LTCFS

- All Investigation Tools
- Scenario: 1 Case
- Scenario: 2 Cases
- Scenario: 3+ Cases
- Antibiotic Regimens
- Increased Risk for Serious Outcomes
- Transmission in and between Facilities
- Resources
- Glossary

# About the Toolkit

- The CDC developed these investigation tools to provide detailed approaches to investigating and controlling GAS infections outbreaks in LTCFs
- The investigation tools are a guide for addressing typical scenarios. They don't encompass all LTCF GAS infection scenarios and response actions
- Intended for use by personnel in:
  - State, tribal, local, and territorial public health departments
  - LTCFs, including skilled nursing and rehabilitation facilities
- Includes scenarios and potential antibiotic regimens, and supplemental information on risk and transmission factors to consider when investigating GAS outbreaks in LTCFs



# The Purpose of Investigation

A single case of invasive group A strep in a resident at a LTCF will trigger an investigation.



Identify any additional symptomatic cases among residents and staff



Identify and treat asymptomatic carriers



Assess and improve current infection control practices in the facility



Identify potential transmission routes



Identify routes of transmission, if two or more cases are identified in a 4-month period

**NEBRASKA**

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

*Helping People Live Better Lives.*

# Investigation Tools

---

These tools help investigate clusters of invasive and non-invasive GAS infections depending on the number and types of cases.

## Scenario: 1 case

Use this tool when 1 invasive case of GAS infection is identified among LTCF residents.

## Scenario: 2 cases

Use this tool when 2 (including at least 1 invasive) cases have been identified among LTCF residents.

## Scenario: 3 or more cases

Use this tool when 3 (including at least 1 invasive) or more cases have been identified among LTCF residents.

**NEBRASKA**

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

*Helping People Live Better Lives.*

# Identify additional symptomatic cases

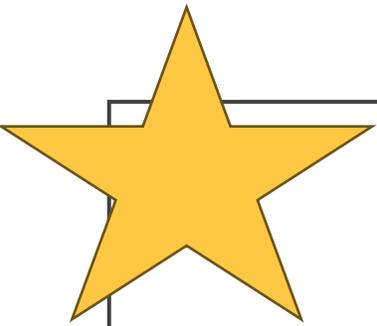
---

## Search

- Conduct a retrospective chart review of facility residents over previous month. Review records at LTCF, referral hospitals, and referral laboratories.
- Survey all current residents and healthcare personnel (HCP), including consultants, for symptoms of GAS infection.
- Culture symptomatic residents and HCP as clinically indicated.

## Treat

Treat residents and HCP as clinically indicated. Review the [page on antibiotic regimens](#) for detailed guidance.



## Identify potential asymptomatic carriers

### Screen

Screen (by culture) close contacts of ill resident, including roommates and close social contacts.

Sites to culture include

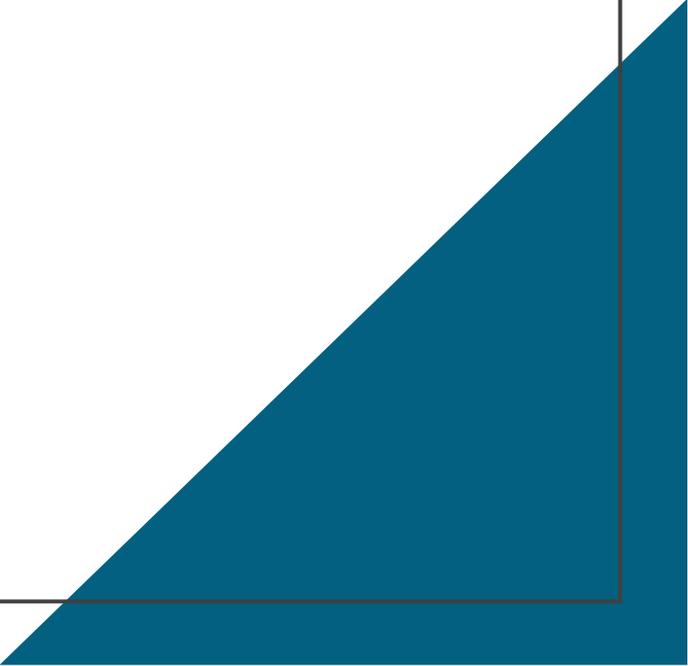
- Throat
- Skin lesions
- Ostomy sites [\[c\]](#)

### Treat

Treat anyone with a positive culture. Review the [page on antibiotic regimens](#) for detailed guidance.

### Re-screen

Re-screen, by culturing the same sites listed above, anyone with a positive culture 7 to 10 days after they complete treatment. Treat anyone with a positive culture.



## Assess infection control measures

---

Review and audit infection control practices for **wound and respiratory care** in addition to the following standard infection control practices:

- Hand hygiene, preferably using alcohol-based hand rub/sanitizer
- Appropriate selection and proper use of personal protective equipment (PPE) [\[E\]](#)
- Cleaning and disinfection of environmental surfaces and reusable wound care equipment [\[F\]](#)
- Maintaining separation between clean and soiled equipment to prevent cross contamination
- Dedicating multidose medication containers to a single patient or resident whenever possible [\[G\]](#)

### Considerations for multidose medication containers

If multidose medication containers are used for more than one resident, restrict the medication containers to a centralized medication area. Don't bring them into the immediate resident treatment area (e.g., resident room/cubicle).

## Provide staff education

Educate HCP on signs and symptoms of GAS infection and the importance of not working while ill.

## Conduct policy review

Review sick leave policies.

## Additional considerations

- Consider restricting visitors for a limited time period.
- Consider placing residents with GAS infection and HCP caring for these residents in cohorts.
- Consider halting new admissions in affected units or floors.

# Identifying Potential Asymptomatic Carriers



## 1 Case

### Screen

Screen (by culture) **close contacts of ill resident**, including roommates and close social contacts.

Sites to culture include

- Throat
- Skin lesions
- Ostomy sites [\[C\]](#)

### Treat

Treat anyone with a positive culture. Review the [page on antibiotic regimens](#) for detailed guidance.

### Re-screen

Re-screen, by culturing the same sites listed above, anyone with a positive culture 7 to 10 days after they complete treatment. Treat anyone with a positive culture.

## 2 Cases

### Screen

**Screen all residents** [\[C\]](#) by culture, except those on GAS treatment within the last 14 days.

Sites to culture for residents:

- Throat
- Skin lesions
- Ostomy sites [\[D\]](#)

**Consider screening epidemiologically-linked HCP by culture, except those on GAS treatment within the last 14 days.**

Sites to culture for HCP:

- Throat
- Skin lesions

### Treat

Treat anyone with a positive culture. Review the [page on antibiotic regimens](#) for detailed guidance.

### Re-screen

Re-screen, by culturing the same sites listed above, anyone with a positive culture 7 to 10 days after they complete treatment. Treat anyone with a positive culture.

## 3+ Cases

### Screen

**Screen all residents** [\[C\]](#) by culture, except those on GAS treatment within the last 14 days.

Sites to culture for residents:

- Throat
- Skin lesions
- Ostomy sites [\[D\]](#)

**Screen epidemiologically-linked HCP by culture and consider screening all HCP** [\[E\]](#) **except those on GAS treatment within the last 14 days.**

Sites to culture for HCP [\[F\]](#):

- Throat
- Skin lesions

### Treat

Treat anyone with a positive culture. Review the [page on antibiotic regimens](#) for detailed guidance.

### Re-screen

Re-screen, by culturing the same sites listed above, anyone with a positive culture 7 to 10 days after they complete treatment. Treat anyone with a positive culture.

# Active Surveillance

---

## Keep looking for other cases



Maintain active surveillance for invasive or noninvasive cases among LTCF residents for **4 months** from onset of most recent GAS case.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

*Helping People Live Better Lives.*

# Resources

---

- **Clinical Considerations for Group A *Streptococcus***
  - <https://www.cdc.gov/group-a-strep/hcp/clinical-guidance/index.html>
- **Decision Tool for Investigating GAS Infections in LTCFs**
  - [Scenario: 1 Case](#)
  - [Scenario: 2 Cases](#)
  - [Scenario: 3+ Cases](#)
- **Antibiotic Regimens**
  - <https://www.cdc.gov/group-a-strep/php/ltof-toolkit/antibiotic-regimens.html>
- **Increased Risk for Serious Outcomes**
  - <https://www.cdc.gov/group-a-strep/php/ltof-toolkit/increased-risk.html>
- **Transmission in and Between Facilities**
  - <https://www.cdc.gov/group-a-strep/php/ltof-toolkit/transmission.html>
- **Infection Prevention and Long-term Care Facility Residents**
  - <https://www.cdc.gov/long-term-care-facilities/about/index.html>
- **Public Health Response for Outbreaks**
  - <https://www.cdc.gov/group-a-strep/php/public-health-strategy/index.html>

*Helping People Live Better Lives.*

**NEBRASKA**

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

# Claire Ortlieb, MPH

HAI / AR Epidemiologist

Claire.Ortlieb@nebraska.gov

402-560-0154



@NEDHHS



NebraskaDHHS



@NEDHHS

[dhhs.ne.gov](http://dhhs.ne.gov)

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

*Helping People Live Better Lives.*

# Isolation Recommendations



Note, if resident is transported outside of room for medical care, they should don a mask (if able) or have a dressing to cover skin lesion.

# Standard Precautions

## Hand Hygiene

- Alcohol based hand sanitizer should be readily available throughout the building, including at each resident room.

## Environmental Disinfection

- Enhanced cleaning protocols during an outbreak (e.g., more than one time daily, verify high touch surfaces are disinfected)



# Wound Care IPC



- Do not take wound care cart into the resident's room or immediate care area.
  - Place wound care supplies on a clean surface in the resident's room, away from potential sources of contamination.
  - Maintain separation between clean and soiled wound care supplies to prevent cross contamination.
- 
- Multidose topical wound care medications, such as creams, sprays and ointments, should be dedicated to the resident, whenever possible.
    - If ointments are not dedicated to an individual resident, a small amount of medication is allocated for use in a dedicated clean area.
  - Clean and disinfected reusable wound care equipment after each use, per manufacturer instructions.

[ICAR Tool for General Infection and Control \(IPC\) Across Settings - Module 8. Wound Care Facilitator Guide](#)

# Respiratory Care IPC

- Use aseptic technique is used dispensing sterile fluids and medications into nebulizers.
- Clean, disinfect, and rinse nebulizers between treatments on the same resident.
- Clean and disinfect equipment prior to use on another patient/resident.
- Follow manufacturer's instructions for cleaning and disinfection for all non-invasive respiratory equipment.
- Store nebulizer pumps in a manner to prevent contamination.



# Employee Health Practices

- Staff report signs, symptoms, and diagnosed illnesses that may represent a risk for transmission to their supervisor or healthcare facility staff who are responsible for occupational health.
- Return to work guidelines are based on CDC, or other nationally recognized, recommendations.



[CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings | Infection Control | CDC](#)

[Isolation Precautions Guideline | Infection Control | CDC](#)

**In Closing**





## 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>



**SAVE  
THE  
DATE** >>>>

# NEBRASKA INFECTIOUS DISEASES CONFERENCE

**Friday,  
August  
28,  
2026**

Beardmore  
Event Center,  
Bellevue,  
Nebraska

New this year! Join us for a co-hosted event by the Nebraska Infectious Diseases Society and Nebraska ASAP. This conference combines the NIDS annual meeting with the Nebraska Antimicrobial Stewardship Summit  
More details to follow!



**Nebraska**



**ASAP**

# 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](mailto: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)
- Certificates are emailed quarterly
- 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.