Guidance and responses were provided based on information known on 04.09.2026 and may become out of date.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

April 9, 2026

NE ICAP

NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Presentation Information

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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.

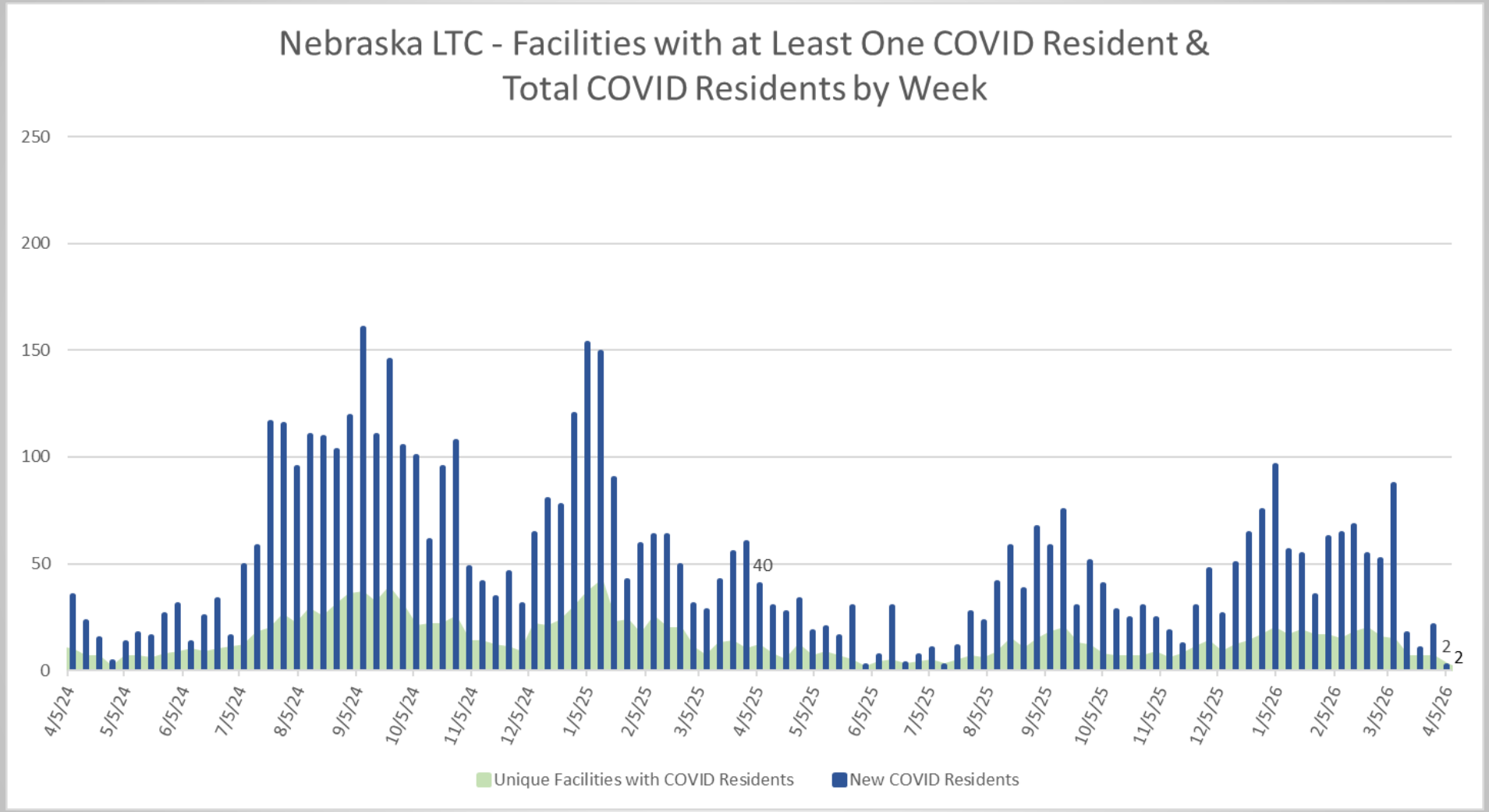
Continuing Education Disclosures

- 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 VTL Center for Professional Development, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation

Communicable Illness Update

NE ICAP

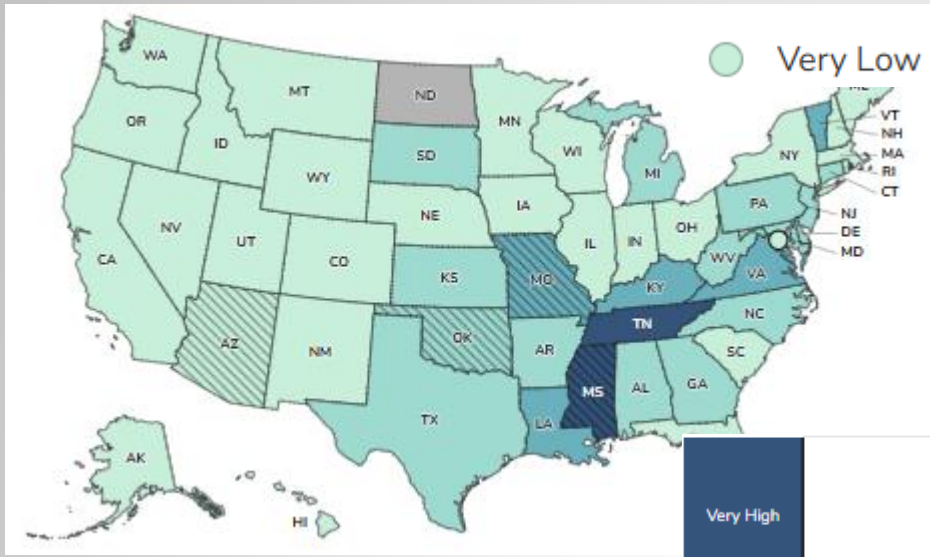
Nebraska LTC Facility COVID-19 Outbreaks



**Updated: 4/5/2026

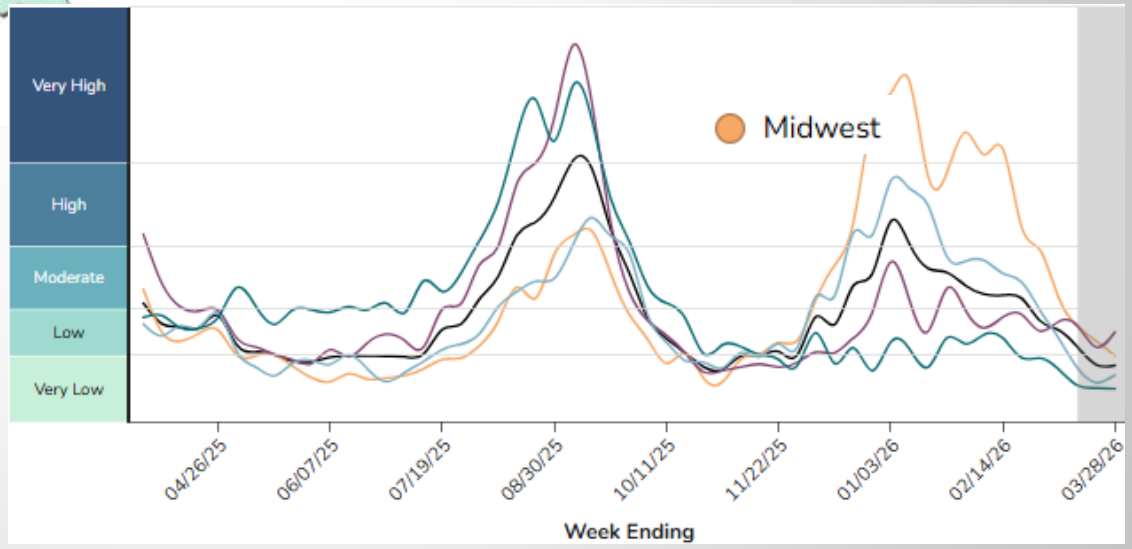
Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary.

COVID-19 Wastewater Activity



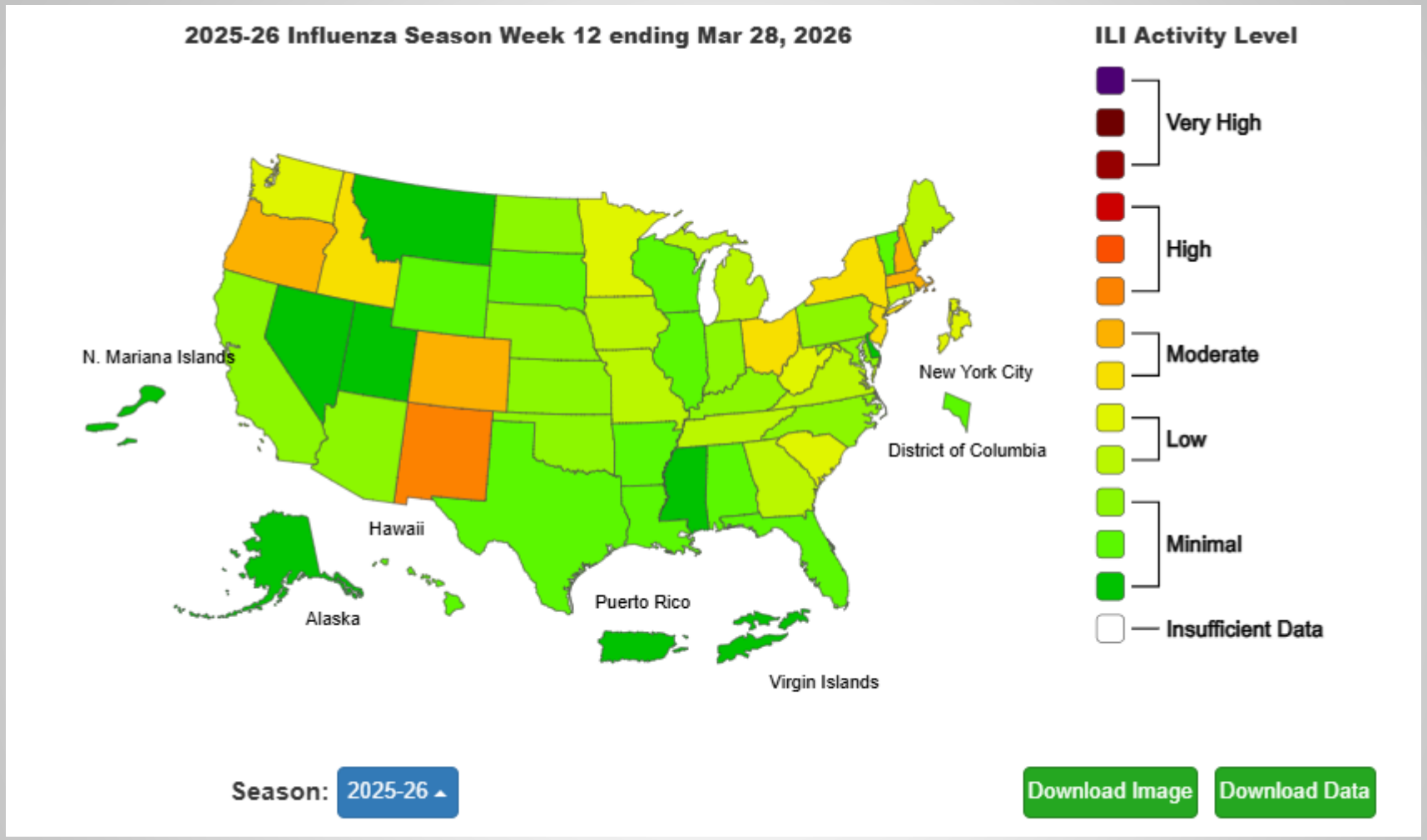
VERY LOW

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



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

CDC National Wastewater Surveillance System (NWSS)



Weekly US Map: Influenza Summary Update | FluView | CDC

Nebraska COVID-19 Dashboard Summary for 2025-26 Surveillance Season, through week ending, 03/28/26

	Week Ending 03/28/26	Change from Last Week	Season Total
COVID-19 Positive Tests	79	▼ 17	5,068
COVID-19 Test Positivity (%)	3.4%	▼ 0.1%	6.3%

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

Respiratory Season	Outbreaks Current Week	Outbreaks Last Week	Total Outbreaks
2025-26	0	3	109
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, 03/28/26

	Week Ending 03/28/26	Change from Last Week	Season Total
Influenza A Positive Tests	70	▼ 57	13,951
Influenza B Positive Tests	233	▼ 180	5994
Influenza Test Positivity (%)	8.9%	▼ 1.8%	14.9%

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

Influenza Season	Outbreaks Current Week	Outbreaks Last Week	Total Outbreaks Reported
2025-26	0	0	48
2024-25	-	-	94
2023-24	-	-	30
2022-23	-	-	37

About the Data on the Seasonal Respiratory Illness Dashboard

Nebraska RSV Dashboard Summary for 2025-26 Surveillance Season, through week ending, 03/28/2026

	Week Ending 03/28/2026	Change from Last Week	Season Total
RSV Positive Tests	245	▼ 99	3,706
RSV Test Positivity (%)	13.4%	▲ 0.1%	13.4%

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

Respiratory Season	Outbreaks Current Week	Outbreaks Last Week	Total Reported Outbreaks
2025-26	0	0	4
2024-25	-	-	4
2023-24	-	-	19
2022-23	-	-	11

About the Data on the Seasonal Respiratory Illness Dashboard

NHSN Reminder

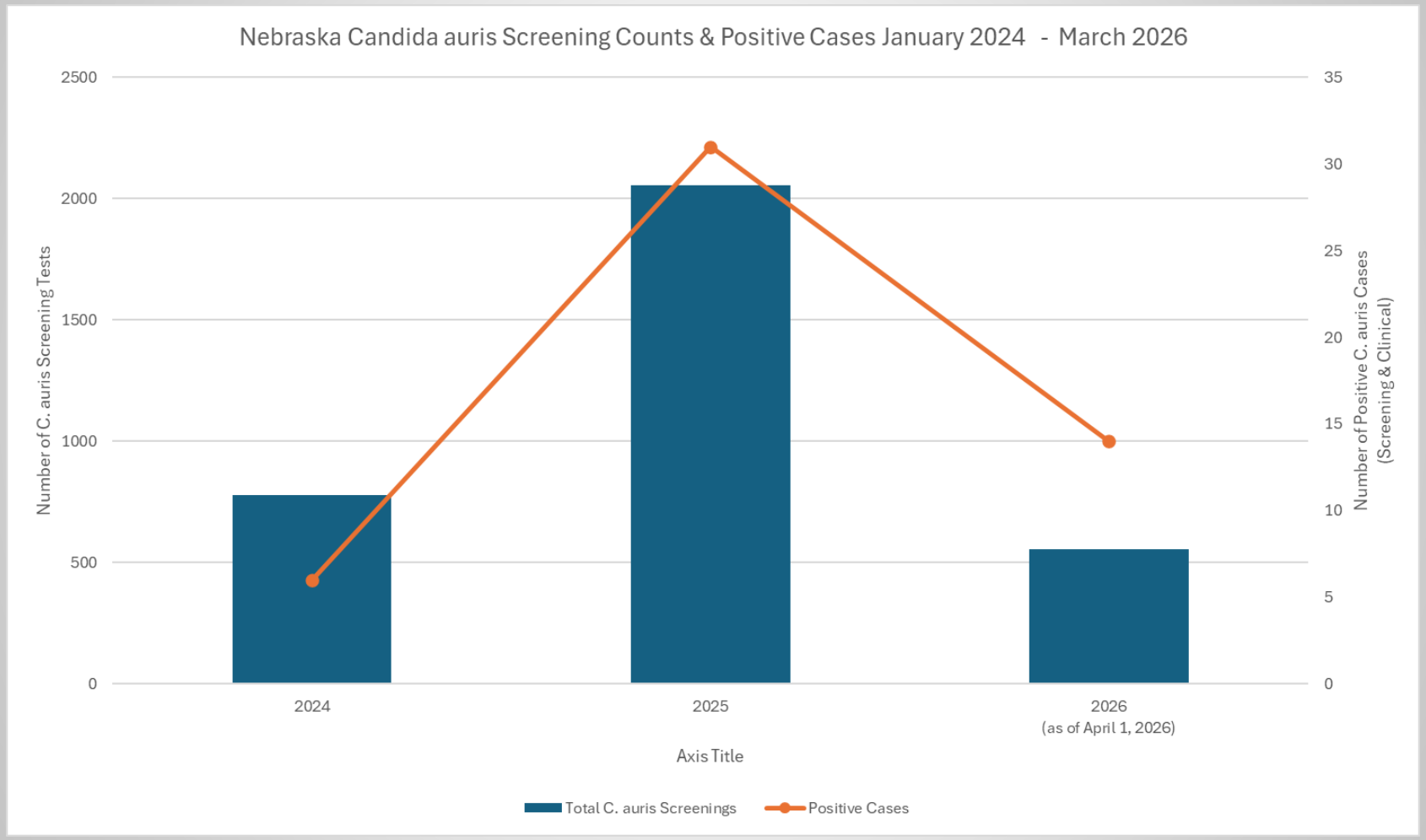
Facilities must report annual influenza vaccination for HCP through the NHSN Healthcare Personnel Safety (HPS) Component.

The reporting period for the 2025-2026 influenza season is October 1, 2025, through March 31, 2026. Facilities are only required to submit one report that covers the entire reporting period by **May 18, 2026**.

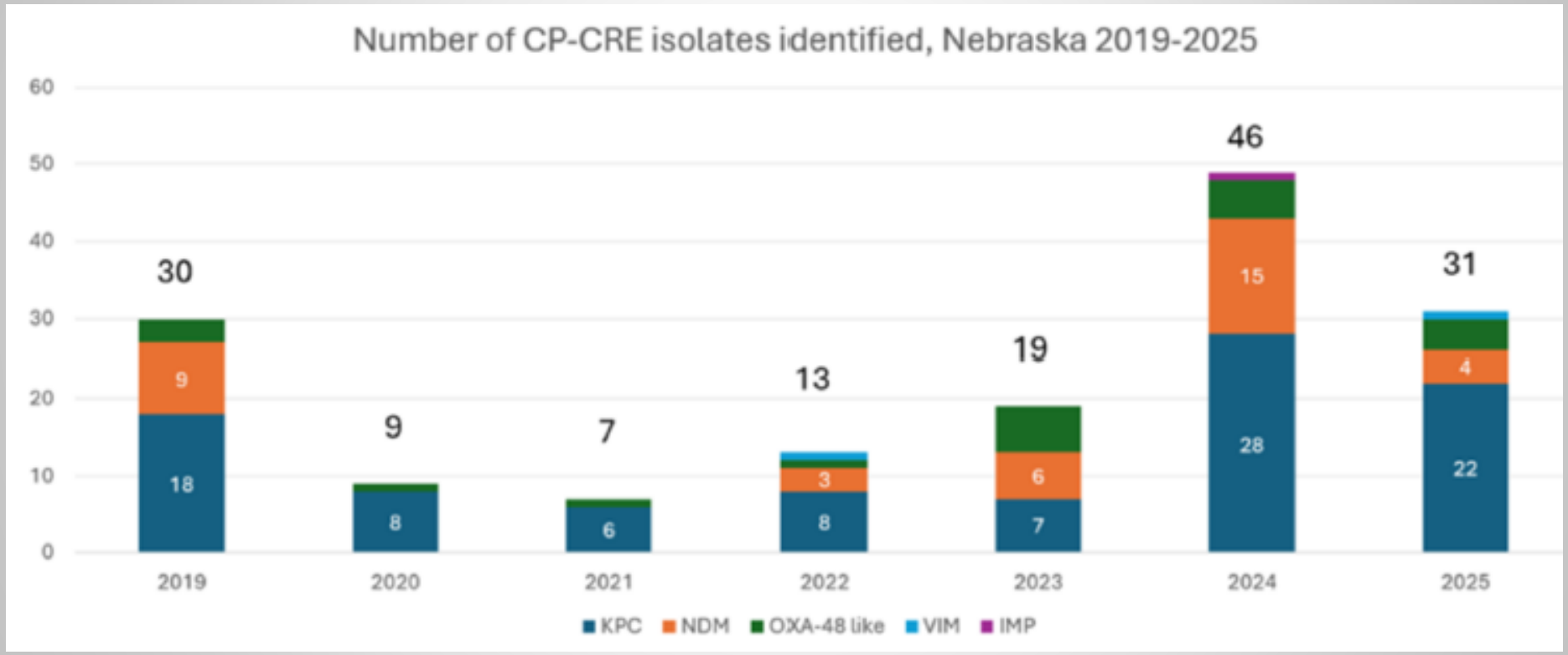
Only the **NHSN Facility Administrator (FA)** can activate a new component. Once the component is activated, the NHSN FA can then add users, including an HPS

Training materials Healthcare Personnel (HCP) Safety: Influenza webpage.

Candida auris



CP-CRE


Number of CP-CRE isolates identified, Nebraska 2019-2025
60
50
40
30
20
10
0
30
9
18
9
8
7
6
13
3
8
19
6
7
46
15
28
31
4
22
2019
2020
2021
2022
2023
2024
2025
KPC
NDM
OXA-48 like
VIM
IMP

RHTP HAI- RFA Q&A Session

Join the Nebraska DHHS HAI-AR team for a live Q&A session to discuss the funding opportunity outlined in the HAI Prevention RFA (RHTP Initiative 4.2b).

This session is intended for healthcare facilities to ask questions about the funding, eligible projects and activities, reimbursement options, and overall expectations. We will also review key details from the RFA and application process.

Whether you are planning to apply or just exploring options, this is a great opportunity to get clarification and connect with our team.

Date to be determined (TBD). More details to come Soon.

NEBRASKA
RURAL HEALTH TRANSFORMATION

MDRO Prevention

NE ICAP

Definitions

Multidrug resistant organisms (MDROs) are germs, predominantly bacteria, that are resistant to one or more classes of antimicrobial agents.

- Options for treating patients with MDRO infections are often extremely limited.
- MDROs are associated with increased lengths of stay during hospitalization, increased costs, and mortality.

Definitions

Infection is when a microorganism (e.g., bacteria) enters the body and causes a patient have signs and symptoms of illness.

Colonization is when there is a microorganism (e.g., bacteria) on or in the body without causing symptoms.

MDROs in Nursing Homes

Studies have shown that more than 50% of nursing home residents have MDROs on or in their body, especially in wounds or medical devices like urinary catheters.

- Most of the time people never know they are carrying these germs, but under certain conditions they can cause serious infections.

Residents who have complex medical needs involving wounds and indwelling medical devices are at higher risk of both acquisition and colonization by MDROs.

Prevention Activities

- Administrative support
- Staff education
- Judicious use of antimicrobials
- MDRO surveillance
- Enhanced Barrier Precautions (EBP), or
  - Contact Precautions (for active infection)
- Environmental measures
- Decolonization

Enhanced Barrier Precautions (EBP)

Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs)

For the purposes of this guidance, the MDROs for which the use of EBP applies are based on local epidemiology.

At a minimum, they should include resistant organisms targeted by CDC but can also include other epidemiologically important MDROs.

Examples of MDROs Targeted by CDC include:

- Pan-resistant organisms,
- Carbapenemase-producing carbapenem-resistant Enterobacterales,
- Carbapenemase-producing carbapenem-resistant *Pseudomonas* spp.,
- Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii*, and
- *Candida auris*

Additional epidemiologically important MDROs may include, but are not limited to:

- Methicillin-resistant *Staphylococcus aureus (MRSA)*,
- ESBL-producing Enterobacterales,
- Vancomycin-resistant *Enterococci (VRE)*,
- Multidrug-resistant *Pseudomonas aeruginosa*,
- Drug-resistant *Streptococcus pneumoniae*

https://www.cdc.gov/long-term-care-facilities/media/pdfs/PPE-Nursing-Homes-508.pdf

MDRO Tiers – Nebraska

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

NEBRASKA Good Life. Great Mission. DIVISION OF PUBLIC HEALTH

Multidrug-Resistant Organisms (MDRO) Tiers for Nebraska

Tier 4 - Endemic

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)**

MRSA

- Lab test result positive for MRSA detection, or
- Culture result of *Staphylococcus aureus (S. aureus)* with susceptibility results that indicate resistance (R) to:
  - Oxacillin
  - Cefoxitin, or
  - Methicillin

VRE

- Lab test result for positive for VRE detection, or
- Culture result of *Enterococcus faecalis*, *Enterococcus faecium*, or *Enterococcus* species unspecified with susceptibility result that indicates resistance (R) to:
  - Vancomycin

Tier 3 – Epidemiologically Important in Nebraska

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)**

Extended spectrum beta-lactamase (ESBL)

Some Enterobacterales can produce enzymes called extended-spectrum beta-lactamases (ESBLs). These enzymes break down penicillins and cephalosporins antibiotics, making them ineffective for treating infections.

Carbapenem-resistant *Enterobacterales* (e.g., CRE)

- *Escherichia sp. (E.coli)*
- *Klebsiella sp. (K. pneumoniae, K. variicola, K. oxytoca, K. ozaenae, K. ornitholytica, etc.)*
- *Enterobacter sp. (E. aerogenes, E. cloacae, etc.)*
- *Citrobacter sp. (C. freundii, C. koserii, etc.)*
- *Providencia sp. (P. rettgeri, P. stuartii etc.)*
- *Morganella sp. (M. morganii, etc.)*
- *Serratia sp. (S. marcescens, etc.)*
- *Proteus sp. (P. mirabilis, P. vulgaris, P. penneri, etc.)*

Carbapenem-resistant *Acinetobacter baumannii* (CRAB)
Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)

Tier 2 – CDC Targeted MDROs

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)**

Carbapenemase-producing organisms (CPOs)

- Carbapenemases are enzymes that destroy carbapenem and other beta-lactam antibiotics.
- Some Enterobacterales bacteria are more commonly carbapenemase producers, such as *E. coli* or *Klebsiella pneumoniae*.

Tier 2 – CDC Targeted MDROs

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)**

Candida auris

- Highly drug-resistant fungal infection
- Can cause invasive infection

Tier 2 – CDC Targeted MDROs

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)**

If an index patient had recent inpatient healthcare exposure to a Tier 2 organism, NDHHS will facilitate screening epidemiologically linked patients. This includes screening these contacts even if they have been discharged from the facility to another inpatient setting (such as a LTCF).

ICAP MDRO Prevention Training - Toolkit

Long-Term Care Facility Resources

Click here for resources specific to long-term care.

Long-Term Care General IPC Resources

- Infection Prevention and Control Program and Infrastructure +
- Surveillance and Disease Reporting +
- Enhanced Barrier Precautions (EBP) +
- Outbreak Management +
- Antimicrobial Stewardship +
- Injection Safety +
- Point of Care Testing +
- Catheter-associated Urinary Tract Infection (CAUTI) +
- General Vaccine and Immunization Resources +
- ICAP MDRO Prevention Training Toolkit +

Long-Term Care Facility Resources - ICAP

ICAP MDRO Prevention Training - Toolkit

Training objectives:

- Raise awareness of *Candida auris* and other MDROs
- Promote the correct use of PPE and hand hygiene practices
- Reinforce enhanced barrier precautions (EBP) and environmental disinfection standards

ICAP MDRO Prevention Training - Toolkit

Achievable:

- Sessions are short and targeted
- Intended for one-on-one or small group training

Relevant:

- Customize to address gaps in infection control practices (e.g., hand hygiene, surface disinfection)

Measurable:

- Track participation
- Knowledge check (quiz)
- Skills competency completion

Encourage use of conversational tone, verbal coaching and active listening to create a psychologically safe learning environment.

Can adapt to different roles: nursing assistants, therapy staff, housekeeping, etc.

ICAP MDRO Prevention Training - Toolkit

Session Overview

- Length: 15 minutes
- Group size: limit group size to 10 or fewer participants, to allow for one-on-one coaching
- Delivery style: huddle-based or in-service format, conversational and supportive
- Core focuses: hand hygiene, PPE use, surface disinfection
- Applicable: to all staff roles

Before You Begin

- Gather supplies:
  - Sign-in sheet per facility training procedures
  - Alcohol-based hand sanitizer dispensers
  - Gowns and gloves
  - Disinfectant wipes or disinfectant(s) sample labels
  - Sample of contact isolation and enhanced barrier precaution signs
- Print copies (1 for each participant)
  - Staff handout MDRO-Toolkit-Participant-Handout.pdf
  - Knowledge competency (quiz) MDRO-Toolkit-Knowledge-Competency-1.pdf
  - Return demonstration competency MDRO-Toolkit-Return-Demonstration-Competency-1.pdf
- Print and review the educator script. Adjust the delivery style to suit you and the audience. MDRO-Toolkit-Educator-Script.pdf
- Prepare a training space with enough room for PPE demonstration.

Long-Term Care Facility Resources - ICAP

Educator Script

MDRO Prevention Toolkit Educator Script

Focus: MDRO (*Candida auris)* awareness, transmission risk, and prevention activities

Introduction (1 minute)

"Thank you for taking time to join this important training. Whether you work directly with residents or support the facility behind the scenes, *you* play a critical role in keeping residents safe from dangerous germs like *Candida auris* (*C. auris*). This session is about how multidrug-resistant organisms (MDROs) like *C. auris* can spread in long-term care, and how each of us can help prevent that from happening."

Explain why MDRO prevention matters? (1 minute)

"*C. auris* is a concern in long-term care for many reasons."

- Multidrug resistant organisms (MDROs) are bacteria or fugus that are resistant to many medications, such as antibiotics and anti-fungal treatments.
- *C. auris* is a multidrug resistant fungus that can contaminate the hands and clothing of staff and spread within a healthcare facility.
- *C. auris is* difficult to treat with available medication and may lead to life threatening infections in residents with weakened immune systems.
- Residents can be colonized with *C. auris*. Colonization is when a resident carries the germ on their skin but does not have signs or symptoms of illness. The germ can still be spread to other people or surfaces.
- *C. auris* can survive on surfaces for weeks if not properly disinfected, especially shared items like resident lifts or blood pressure cuffs.

Customize – Facility specific resources

Participant Handout

MDRO Prevention - Preventing the Spread of *Candida auris* (*C. auris*) in Long-term Care

What is *Candida auris*?

Candida auris (C. auris) is a type of fungus (yeast) that can cause serious infections. It is considered a multidrug resistant organism (MDRO), as it is resistant to many anti-fungal medications. In some circumstances treatment may not be available, leading to life-threatening infections. Residents with weakened immune systems and those with prolonged healthcare exposure are at highest risk.

Why is C. auris a concern in long-term care?

- ✓ MDROs, like *C. auris*, can contaminate the hands and clothing of healthcare personnel.
- ✓ *C. auris* can survive on surfaces for weeks if not properly disinfected, especially shared items like resident lifts or blood pressure cuffs.
- ✓ Residents can be colonized with C. auris. This is when a resident carries the germ on their skin but does not have signs or symptoms of illness. The germ can still be spread to other people or surfaces.

You can help prevent the spread of MDROs in nursing homes.

- ✓ Perform hand hygiene
  - Hand hygiene should be performed before and after all resident contact, such as when entering and leaving a resident room.
  - Perform hand hygiene when switching care from one roommate to another.
  - Alcohol-based hand sanitizer (ABHS) is preferred in most clinical situations.

- ✓ Use PPE when required
  - Follow posted instructions for residents in precautions.
    - **Contact precautions** (gown and glove use for all resident care) are used when residents have an active infection, for example, and open draining wound.
    - **Enhanced barrier precautions** (gown and glove use for high-contact resident care) are used when residents are known to be colonized with *C. auris* but do not have signs or symptoms of infection.
  - Remove and discard PPE carefully to avoid contamination.

- ✓ Clean surfaces and equipment
  - Clean and disinfect high-touch items (for example, call lights, walkers, trays) daily and more frequently as needed.
  - Clean and disinfect shared equipment (for example, resident lifts, blood pressure cuffs) after each use.
  - Special disinfectants are required to ensure that C. auris germ is killed with routine cleaning and disinfection.
  - Make sure surfaces stay wet as long as the manufacturer label indicates. This is called contact time.

- ✓ Speak-up
  - If you are out of PPE or hand sanitizer, say something.
  - If you see a dirty surface, clean it or report it.
  - If you are unsure of what to do, ask for guidance.

Everyone Plays a Role in Infection Prevention.

- ✓ All staff members play a part in preventing the spread of multidrug resistant organisms (MDROs). You are an essential part of the infection prevention team.
- ✓ Simple actions, done consistently, make all the difference.

Competency Evaluations

- Hand hygiene return demonstration performed with sanitizer (no sink access)
- Staff demonstrated donning and doffing of gown and gloves

Competency Completed	Yes	No
Correctly identify the appropriate PPE for the following scenarios. (Additional PPE may need to be worn based on standard precautions, for anticipated level of exposure.)		
• Contact Precautions (gown & gloves)		
• Enhanced Barrier Precautions (gown & gloves for high contact activities)		
Perform hand hygiene with alcohol-based hand sanitizer (ABHS)		
• Apply enough product to adequately cover all surfaces of hands		
• Rubs hands including palms, back of hands, between fingers, and wrists until all surfaces are dry		
Staff member performs hand hygiene with soap and water		
• Turns on faucet and regulates water temperature		
• Wet hands and apply enough soap to cover all surfaces of hands		
• Vigorously rub hands for at least 20 seconds including palms, back of hands, between fingers, and wrists.		
• Rinses thoroughly keeping fingertips pointed down		
• Dries hands and wrists thoroughly with paper towels		
• Uses paper towel to turn off faucet to prevent contamination to clean hands		
• Discards paper towel in wastebasket		

Knowledge Competency (Quiz)

Employee Name_____ **Date**_____ **Score** _____

Instructions: Select the best answer for each question.

1. **What PPE is required for contact precautions?**
   - **a.** Gloves and gown
   - **b.** Mask and eye protection
   - **c.** Gloves only

2. **When removing PPE, which item should be removed first?**
   - **a.** Gloves
   - **b.** Mask
   - **c.** Gown

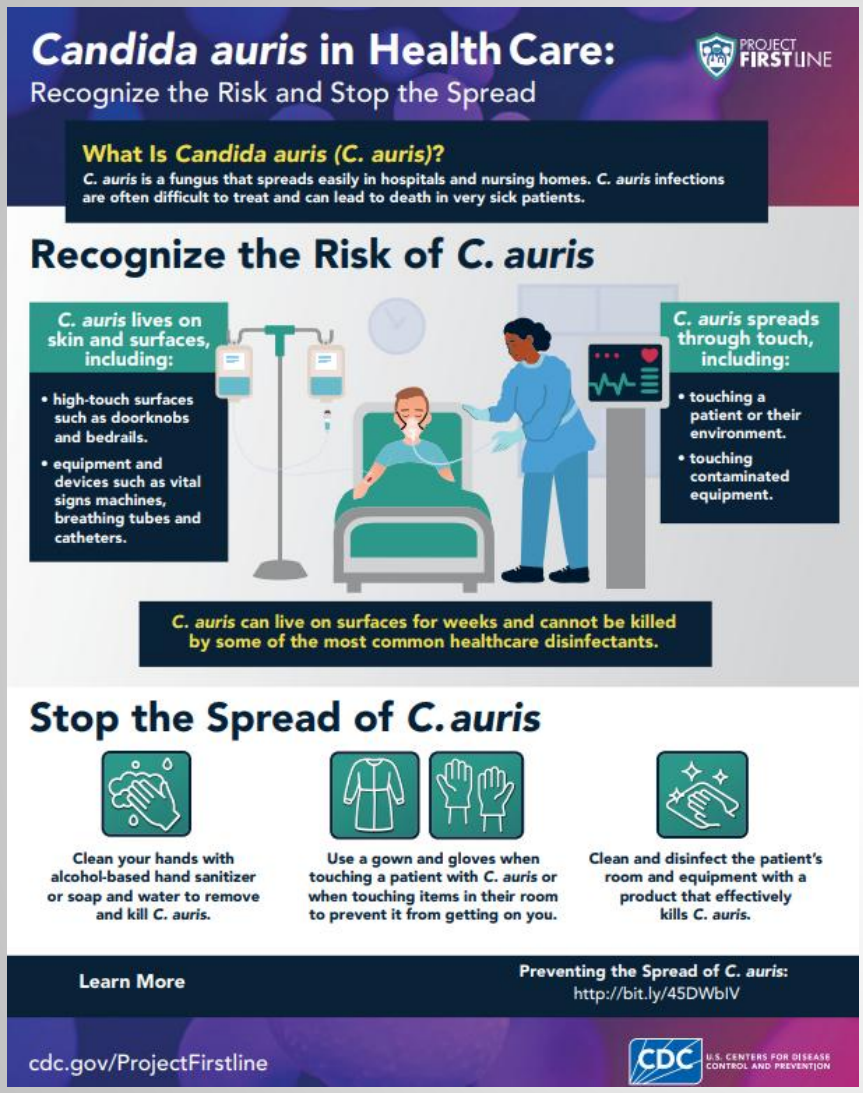
3. ***Candida auris* can survive on surfaces for how long under healthcare conditions?**
   - **a.** Minutes
   - **b.** Hours
   - **c.** Days
   - **d.** Weeks

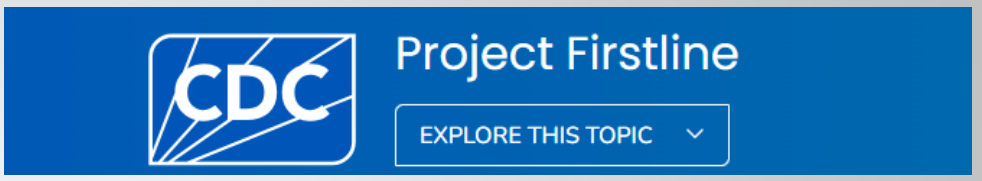
4. **If a disinfectant does not stay wet for the full required contact time, it may not kill all germs on a surface.**
   - a. True
   - b. False

5. **When should shared medical equipment (for example, a sit-to-stand lift) be disinfected?**
   - a. Once a day
   - b. Only when visibly soiled
   - c. After every use

Additional Training Resources

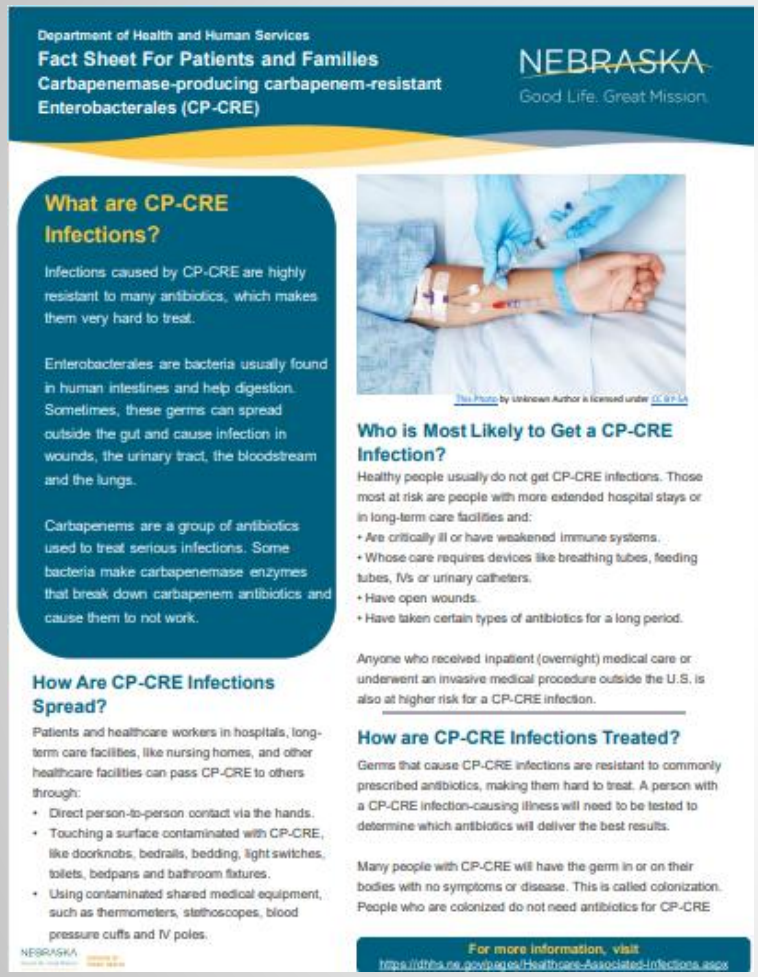
NE ICAP





Candida auris in Health Care: Recognize the Risk and Stop the Spread

CP-CRE Handout



Department of Health and Human Services

Fact Sheet For Patients and Families

Carbapenemase-producing carbapenem-resistant Enterobacterales (CP-CRE)

NEBRASKA
Good Life. Great Mission.

What are CP-CRE Infections?

Infections caused by CP-CRE are highly resistant to many antibiotics, which makes them very hard to treat.

Enterobacterales are bacteria usually found in human intestines and help digestion. Sometimes, these germs can spread outside the gut and cause infection in wounds, the urinary tract, the bloodstream and the lungs.

Carbapenems are a group of antibiotics used to treat serious infections. Some bacteria make carbapenemase enzymes that break down carbapenem antibiotics and cause them to not work.

How Are CP-CRE Infections Spread?

Patients and healthcare workers in hospitals, long-term care facilities, like nursing homes, and other healthcare facilities can pass CP-CRE to others through:

- Direct person-to-person contact via the hands.
- Touching a surface contaminated with CP-CRE, like doorknobs, bedrails, bedding, light switches, toilets, bedpans and bathroom fixtures.
- Using contaminated shared medical equipment, such as thermometers, stethoscopes, blood pressure cuffs and IV poles.

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Who is Most Likely to Get a CP-CRE Infection?

Healthy people usually do not get CP-CRE infections. Those most at risk are people with more extended hospital stays or in long-term care facilities and:

- Are critically ill or have weakened immune systems.
- Whose care requires devices like breathing tubes, feeding tubes, IVs or urinary catheters.
- Have open wounds.
- Have taken certain types of antibiotics for a long period.

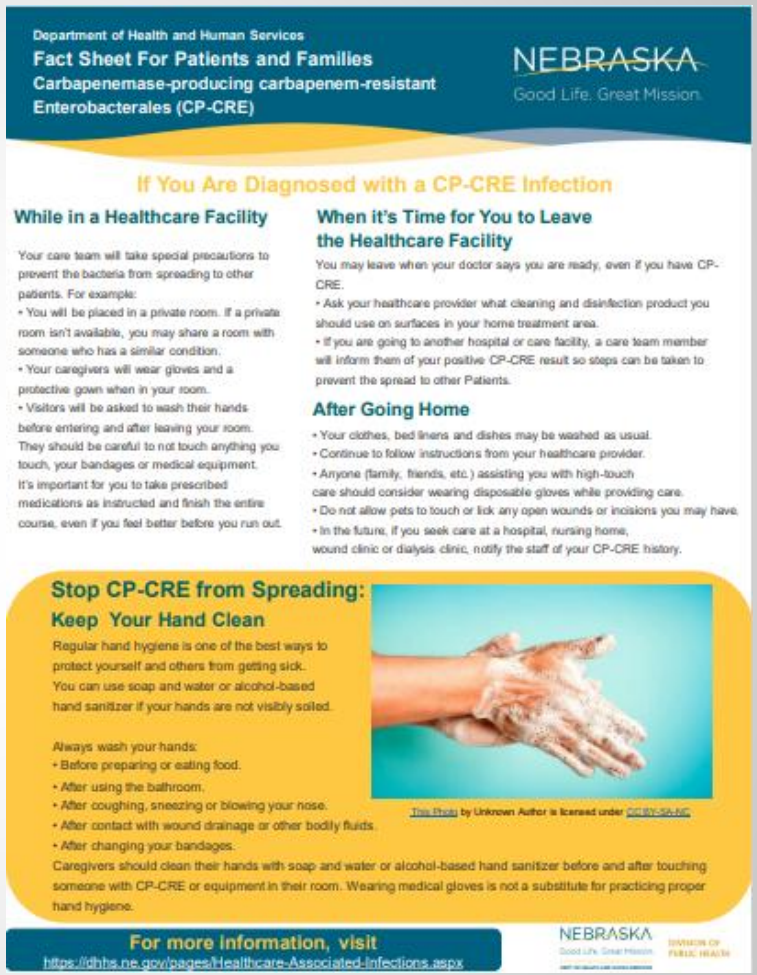
Anyone who received inpatient (overnight) medical care or underwent an invasive medical procedure outside the U.S. is also at higher risk for a CP-CRE infection.

How are CP-CRE Infections Treated?

Germs that cause CP-CRE infections are resistant to commonly prescribed antibiotics, making them hard to treat. A person with a CP-CRE infection-causing illness will need to be tested to determine which antibiotics will deliver the best results.

Many people with CP-CRE will have the germ in or on their bodies with no symptoms or disease. This is called colonization. People who are colonized do not need antibiotics for CP-CRE

For more information, visit
https://dhhs.ne.gov/pages/Healthcare-Associated-Infections.aspx



Department of Health and Human Services

Fact Sheet For Patients and Families

Carbapenemase-producing carbapenem-resistant Enterobacterales (CP-CRE)

NEBRASKA
Good Life. Great Mission.

If You Are Diagnosed with a CP-CRE Infection

While in a Healthcare Facility

Your care team will take special precautions to prevent the bacteria from spreading to other patients. For example:

- You will be placed in a private room. If a private room isn't available, you may share a room with someone who has a similar condition.
- Your caregivers will wear gloves and a protective gown when in your room.
- Visitors will be asked to wash their hands before entering and after leaving your room. They should be careful to not touch anything you touch, your bandages or medical equipment.

It's important for you to take prescribed medications as instructed and finish the entire course, even if you feel better before you run out.

When it's Time for You to Leave the Healthcare Facility

You may leave when your doctor says you are ready, even if you have CP-CRE.

- Ask your healthcare provider what cleaning and disinfection product you should use on surfaces in your home treatment area.
- If you are going to another hospital or care facility, a care team member will inform them of your positive CP-CRE result so steps can be taken to prevent the spread to other Patients.

After Going Home

- Your clothes, bed linens and dishes may be washed as usual.
- Continue to follow instructions from your healthcare provider.
- Anyone (family, friends, etc.) assisting you with high-touch care should consider wearing disposable gloves while providing care.
- Do not allow pets to touch or lick any open wounds or incisions you may have.
- In the future, if you seek care at a hospital, nursing home, wound clinic or dialysis clinic, notify the staff of your CP-CRE history.

Stop CP-CRE from Spreading:

Keep Your Hand Clean

Regular hand hygiene is one of the best ways to protect yourself and others from getting sick. You can use soap and water or alcohol-based hand sanitizer if your hands are not visibly soiled.

Always wash your hands:

- Before preparing or eating food.
- After using the bathroom.
- After coughing, sneezing or blowing your nose.
- After contact with wound drainage or other bodily fluids.
- After changing your bandages.

Caregivers should clean their hands with soap and water or alcohol-based hand sanitizer before and after touching someone with CP-CRE or equipment in their room. Wearing medical gloves is not a substitute for practicing proper hand hygiene.

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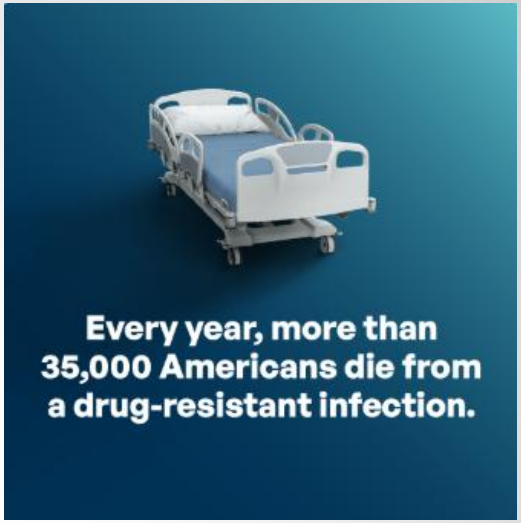
For more information, visit
https://dhhs.ne.gov/pages/Healthcare-Associated-Infections.aspx

NEBRASKA
DIVISION OF PUBLIC HEALTH

[Carbapenemase-Producing Carbapenem Resistant Enterobacterales (CP-CRE)]

CDC Antimicrobial Resistance Toolkit

New - CDC Antimicrobial Resistance Communications Toolkit



- Raise awareness by sharing these resources in your newsletters.
- Distribute fact sheets and show videos at events
- Post content across your social media channels.
- Ready-to-use graphics.

[Antimicrobial Resistance Communications Toolkit | Antimicrobial Resistance | CDC]

[You Can Help! Improving Antibiotic Stewardship & Infection Prevention in Nursing Homes | LearningCE @ SHEA]

In Closing

NE ICAP

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 ID

NE 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 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 **O**ffice hours will be answered the next business day.
**Please call the main hotline number to ensure the quickest response.