

Infection Prevention Webinar Series for Hospital & Outpatient Settings

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

October 14, 2026



NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Presenters & Panelists

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Continuing Education Disclosures

- 1.0 Nursing Contact Hour is awarded for the LIVE viewing of this webinar.
- Nebraska Infection Control Assessment and Promotion Program is approved as a provider of nursing continuing professional development by VTL Center for Professional Development, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- No relevant financial relationships were identified for any member of the planning committee or any presenter/author of the program content.
- To obtain nursing contact hours, you must attend the entire live activity and complete the post-course survey form.



Questions & Answer Session

- Please use the Q&A box in the webinar platform to type your question so it can be read aloud.
- If your question is not answered during the webinar or you need one-on-one help, please call 402.552.2881 Monday to Friday, 8 a.m. to 4 p.m. CST, to speak with an Infection Preventionist.
- You can also email your question to nebraskaicap@nebraskamed.com

Slides & Webinar Recordings

- During the webinar: You can access the slides on the [NE ICAP Hospital webpage](#)
- After the webinar: The slides and the recording will be available under the Webinars tab on the [Past Webinars and Slides](#) page

Nebraska Pathogen Watch

Juan Teran, MD

Medical Director, NE ICAP

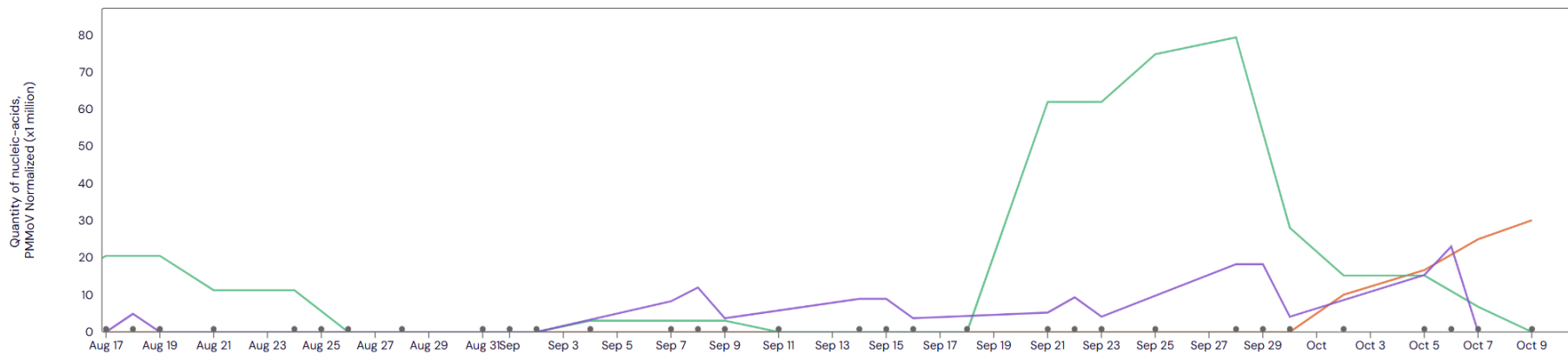
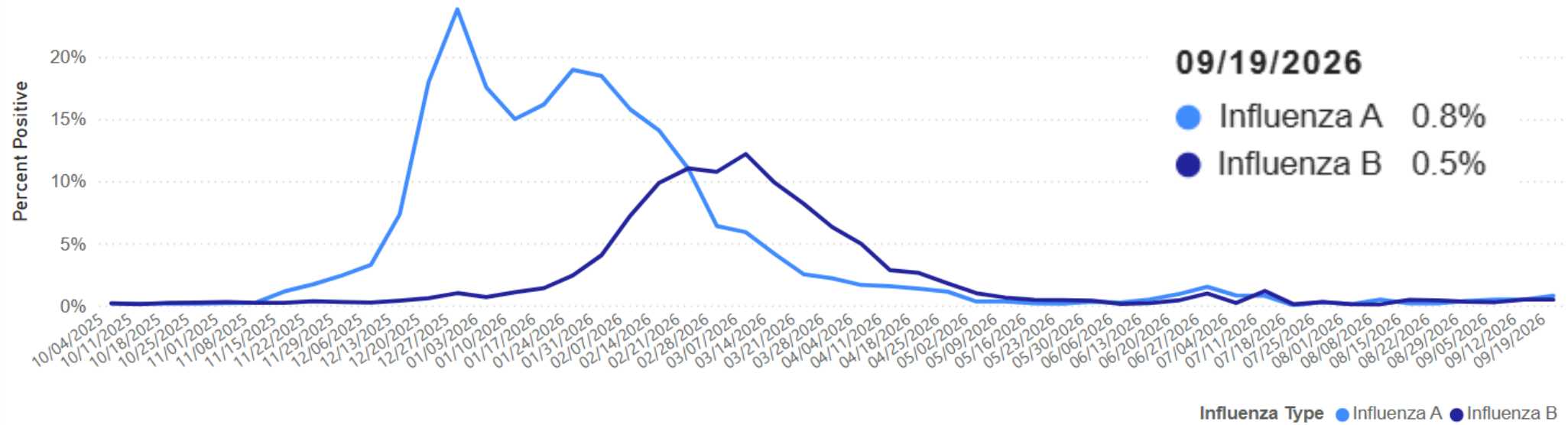


Key Points

- Influenza and SARS-CoV-2 activity is low
- Ebola outbreak continues to grow

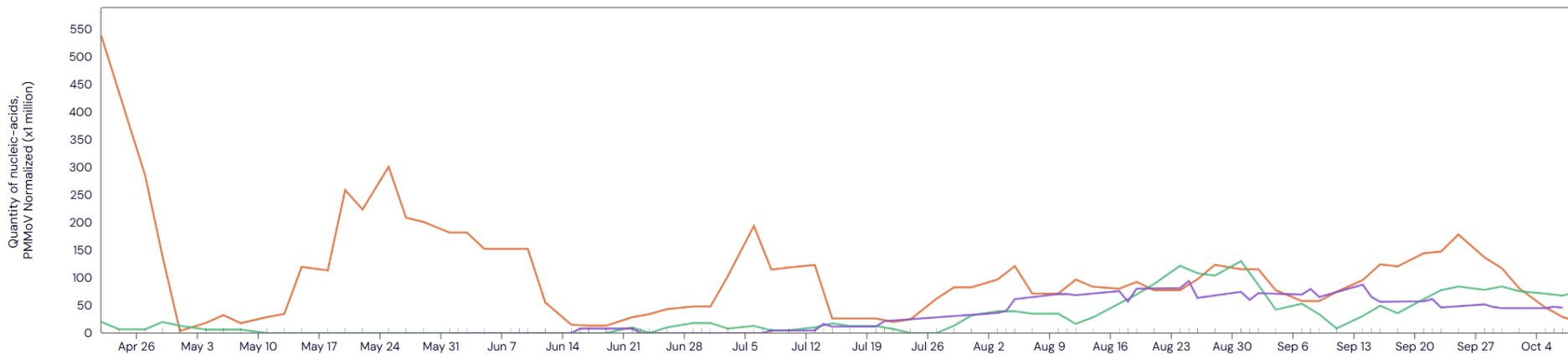
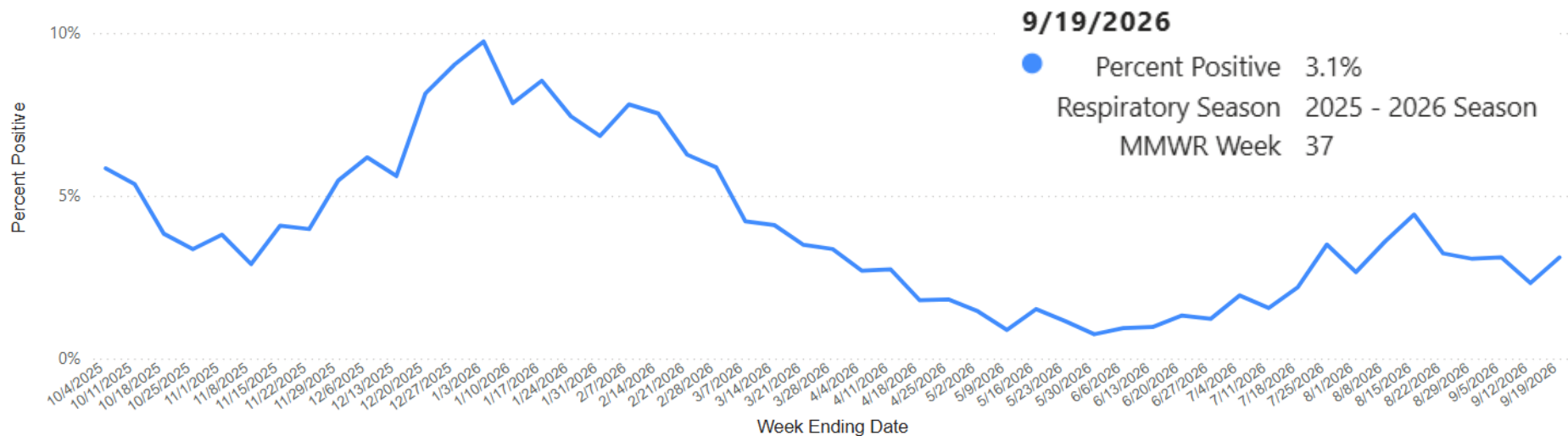
Influenza

Influenza A & B Percent Positive, by Week Ending Date
State of Nebraska, 2025 - 2026 Season

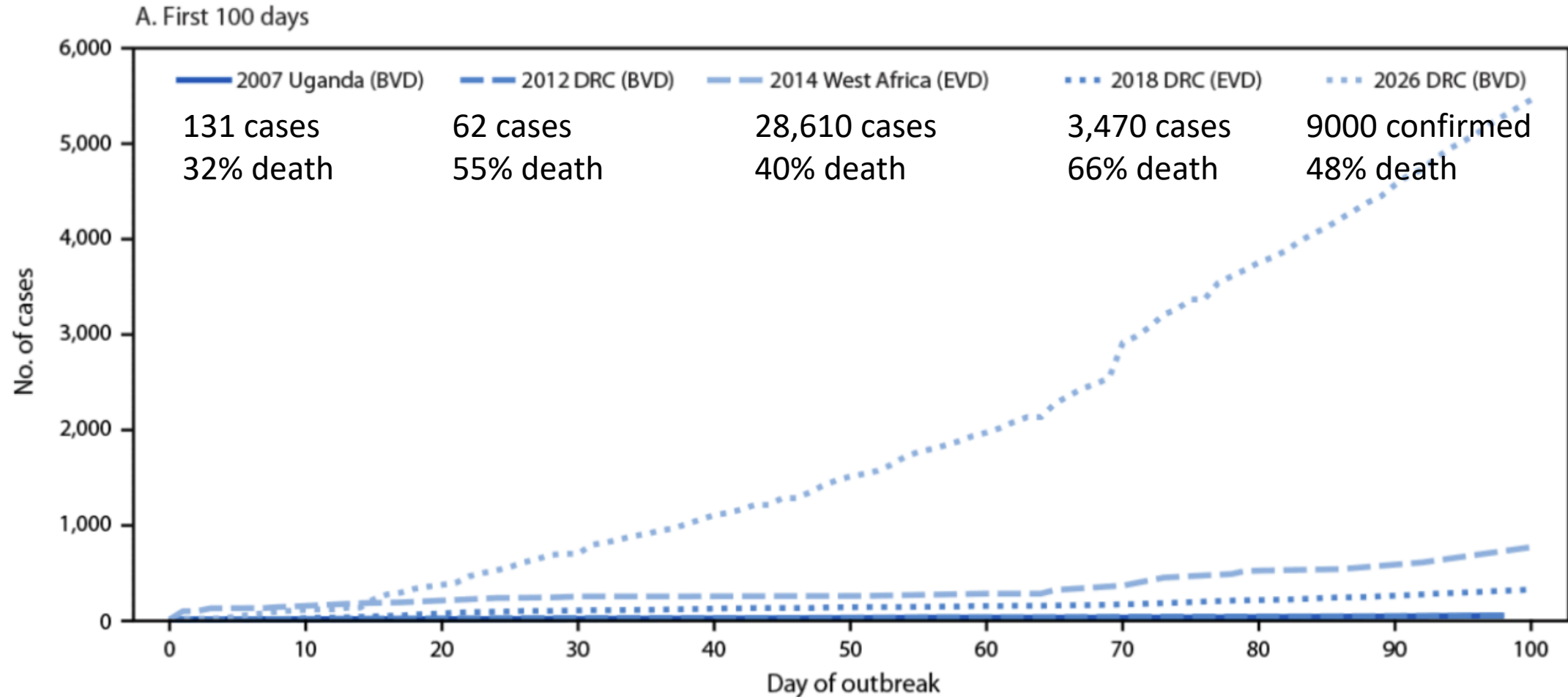


SARS-CoV-2

COVID-19 Percent Positive, by Week Ending Date
State of Nebraska, 2025 - 2026 Season

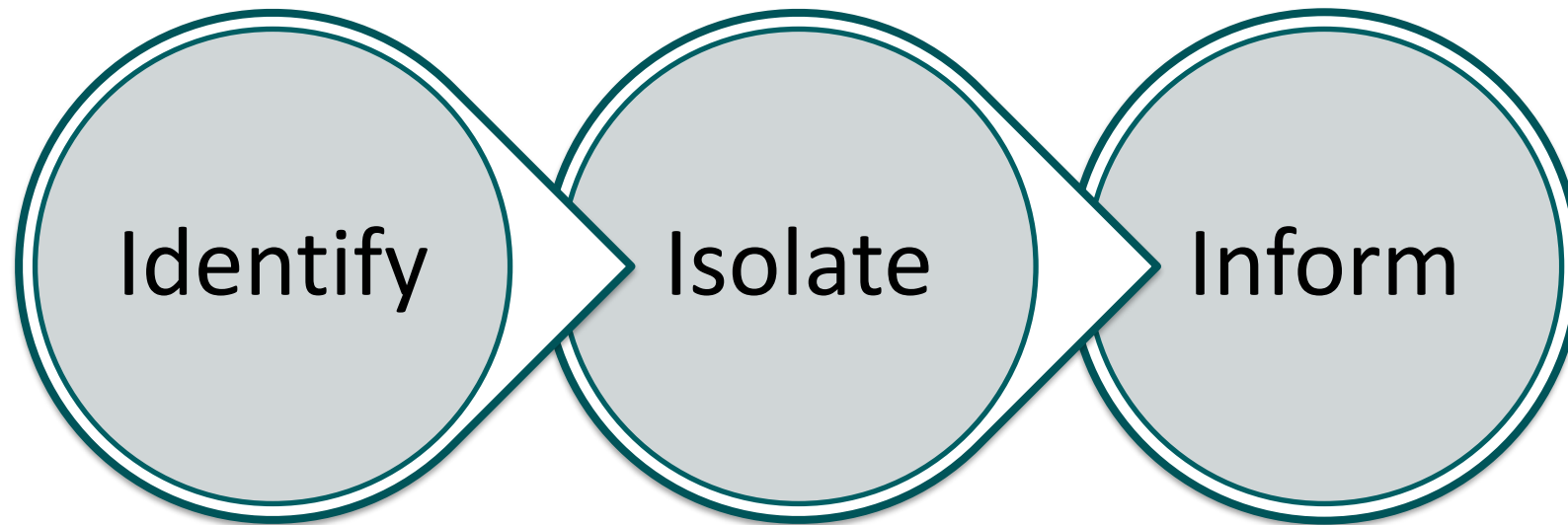


Ebola: The First 100 Days of Five Outbreaks



Rossow J, McHale TC, Fuller J, et al. *Notes from the Field: The First 100 Days of Five Ebola Outbreaks — Democratic Republic of the Congo, Uganda, and West Africa, 2007–2026*. MMWR Morb Mortal Wkly Rep 2026;75:576-578.
DOI: <http://dx.doi.org/10.15585/mmwr.mm7537e1>

Preparedness



CMS Emergency
Preparedness Rule (2016, 42 CFR)

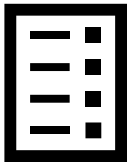
EMTALA

Joint Commission
IC.07.01.01

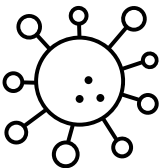
Unannounced Drills (Mystery Patients)



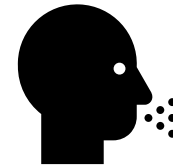
Region II: NY, NJ,
U.S. Virgin Islands



73 Drills



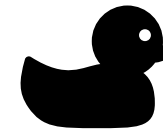
Simulated
Avian Influenza
A(H5)



Conjunctivitis
Fever to 101
Muscle aches
Cough



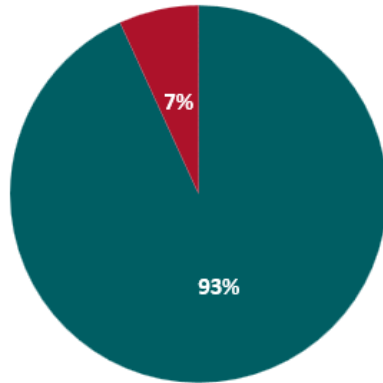
No travel



Attempted to save a
duck in Central Park
Bird died
Disposed in nearest
dumpster

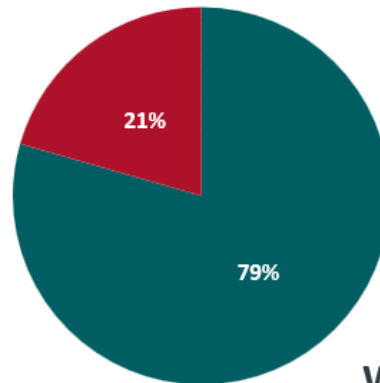
Unannounced Drills (Mystery Patients)

Screening



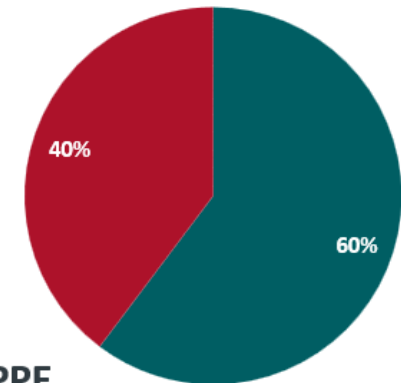
■ Yes ■ No

Travel History



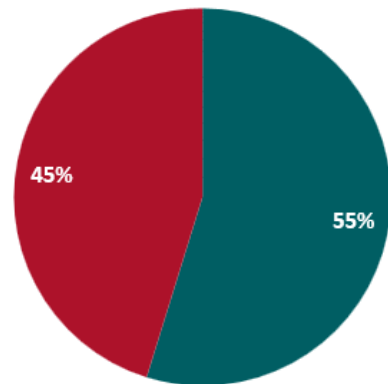
■ Yes ■ No

Masking and Isolation



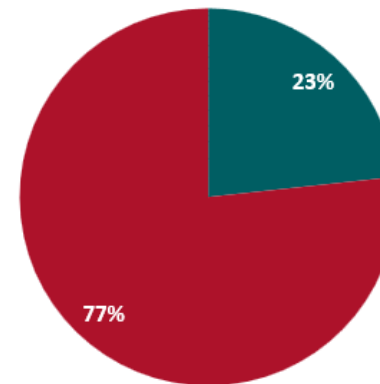
■ Yes ■ No

IPC Notification



■ Yes ■ No

Wore all Recommended PPE



■ Yes ■ No

Kyaw NT, Foote MM, Lo Piccolo AJ, et al. Unannounced Drills Using Patient Actors to Evaluate Health Care Facility Readiness for Infectious Disease Outbreaks — New Jersey, New York, and U.S. Virgin Islands, January–June 2026. MMWR Morb Mortal Wkly Rep 2026;75:581–587. DOI: <http://dx.doi.org/10.15585/mmwr.mm7538a1>

U.S. Antibiotic Awareness Week (USAAW) Promotion

Jenna Preusker, PharmD, BCPS, BCIDP





U.S. Antibiotic Awareness Week

**November
18–24, 2026**

The purpose of the observance is to raise awareness of the importance of appropriate antibiotic and antifungal use and the threat antimicrobial resistance poses to people, animals, plants, and their shared environment.



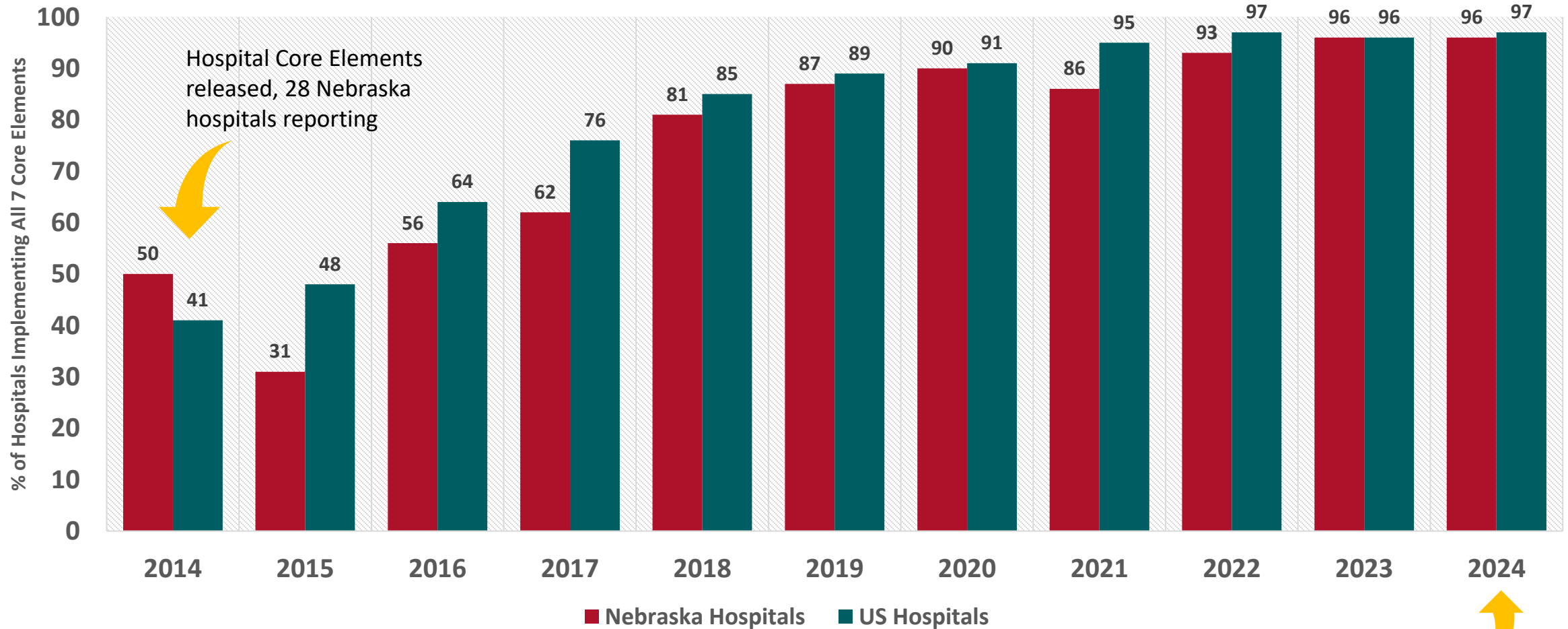
[Link to Resources: U.S. Antibiotic Awareness Week \(USAAW\)](#)

Nebraska Antimicrobial Stewardship

Where are we now?



Hospital CDC Core Element Implementation



91 Nebraska hospitals reporting

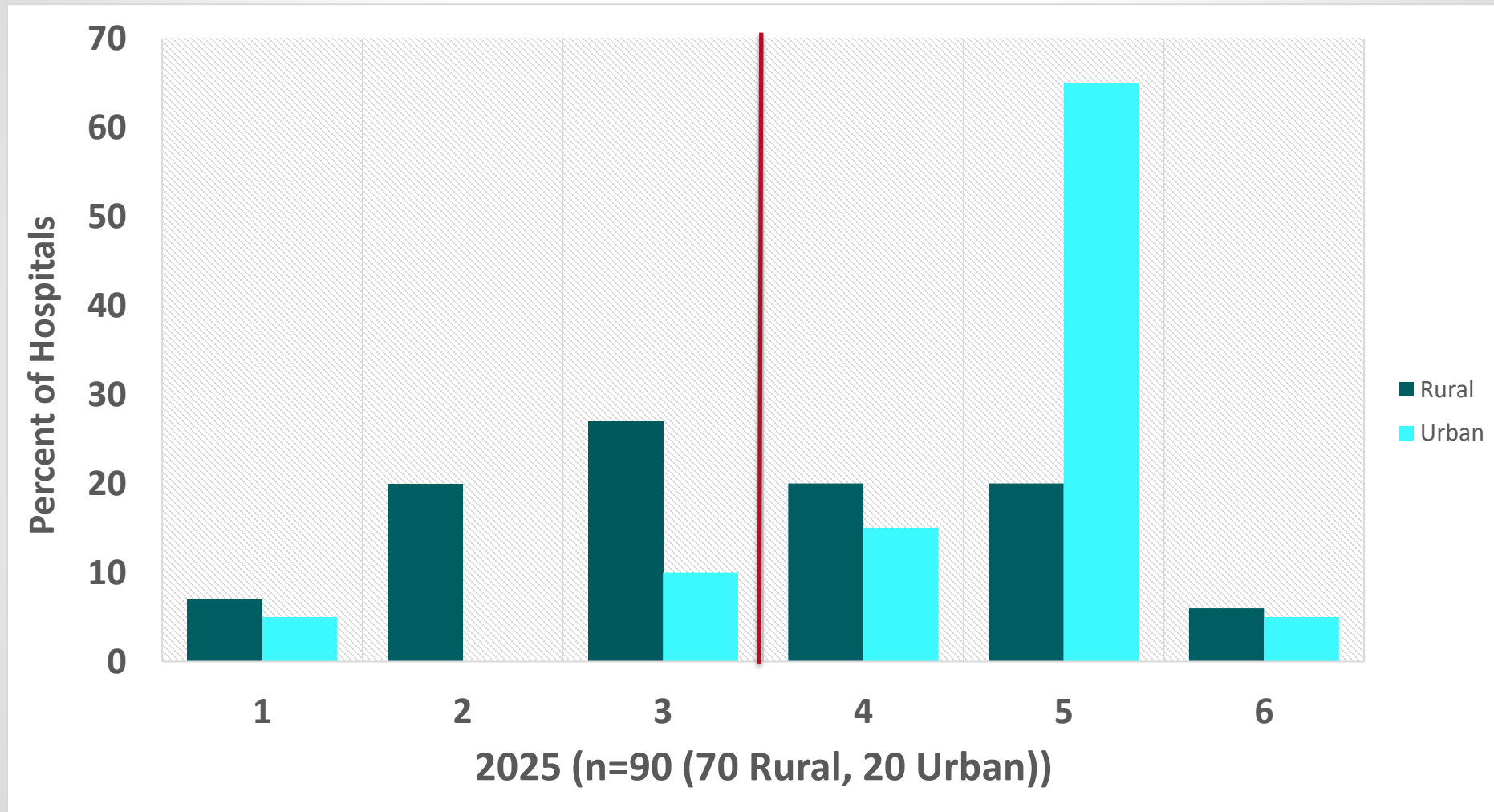
Data Source: Antibiotic Stewardship | ARPSP

Priorities for Hospital Core Element Implementation (Released in 2022)

Priorities for Hospital Core Element Implementation | Antibiotic Use | CDC

Hospital Core Elements	Priorities for Hospital Core Element Implementation
Hospital Leadership Commitment	
 Dedicate necessary human, financial, and information technology resources.	Antibiotic stewardship physician and/or pharmacist leader(s) have antibiotic stewardship responsibilities in their contract, job description, or performance review.
Accountability	
 Appoint a leader or co-leaders, such as a physician and pharmacist, responsible for program management and outcomes.	Antibiotic stewardship program is co-led by a physician and pharmacist.*
Pharmacy/Stewardship Expertise	
 Appoint a pharmacist, ideally as the co-leader of the stewardship program, to help lead implementation efforts to improve antibiotic use.	Antibiotic stewardship physician and/or pharmacist leader(s) have completed infectious diseases specialty training, a certificate program, or other training on antibiotic stewardship.
Action	
 Implement interventions, such as prospective audit and feedback or preauthorization, to improve antibiotic use.	Antibiotic stewardship program has facility-specific treatment recommendations for common clinical condition(s) and performs prospective audit/feedback or preauthorization.
Tracking	
 Monitor antibiotic prescribing, impact of interventions, and other important outcomes, like <i>C. difficile</i> infections and resistance patterns.	Hospital submits antibiotic use data to the NHSN Antimicrobial Use Option.
Reporting	
 Regularly report information on antibiotic use and resistance to prescribers, pharmacists, nurses, and hospital leadership.	Antibiotic use reports are provided at least annually to target feedback to prescribers. In addition, the antibiotic stewardship program monitors adherence to facility-specific treatment recommendations for at least one common clinical condition.

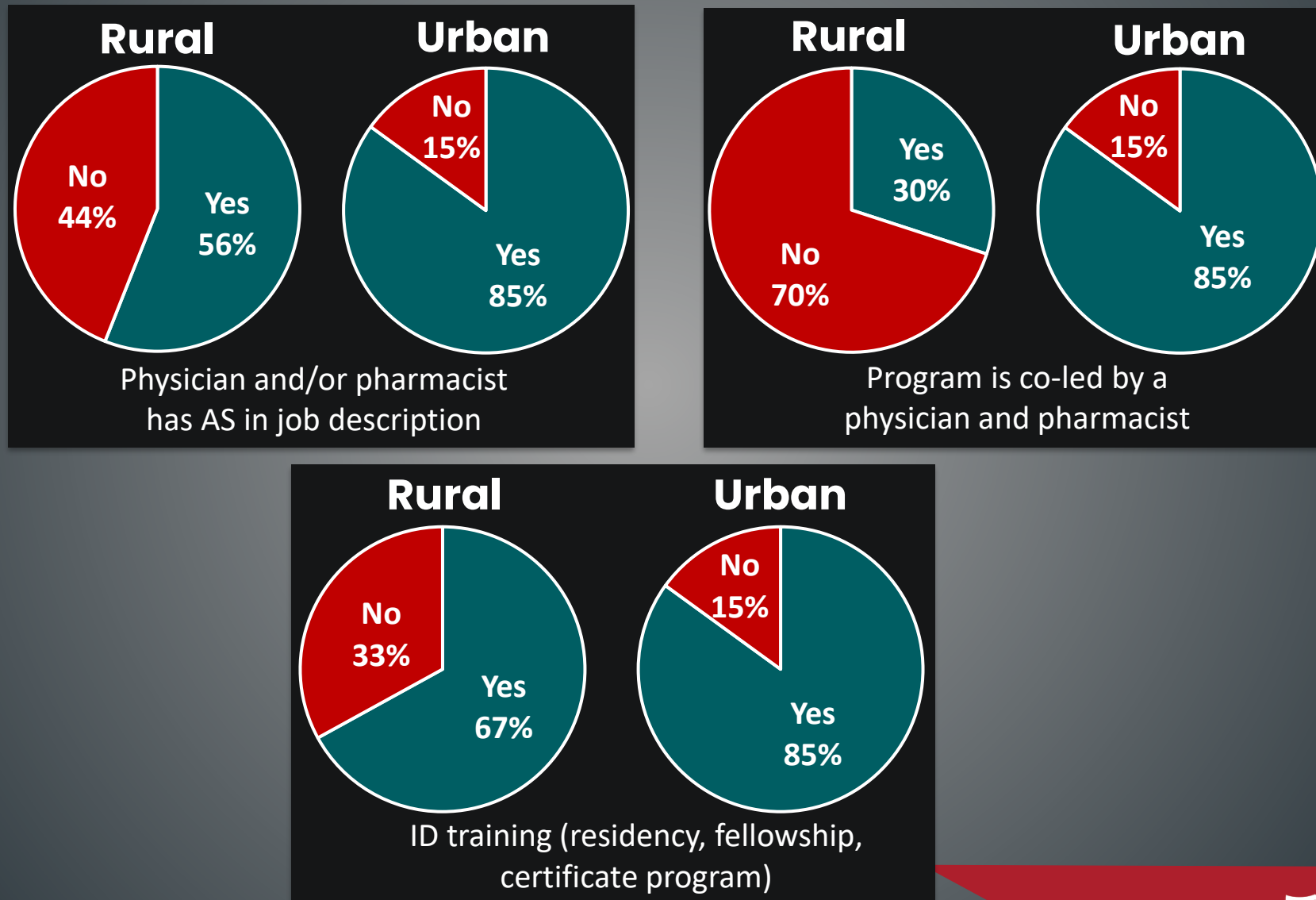
85% of Urban NE hospitals and 46% of Rural NE Hospitals have met > 3 Priorities for CE Implementation



Data Source: NHSN Annual Survey

Priorities for Hospital CE Implementation

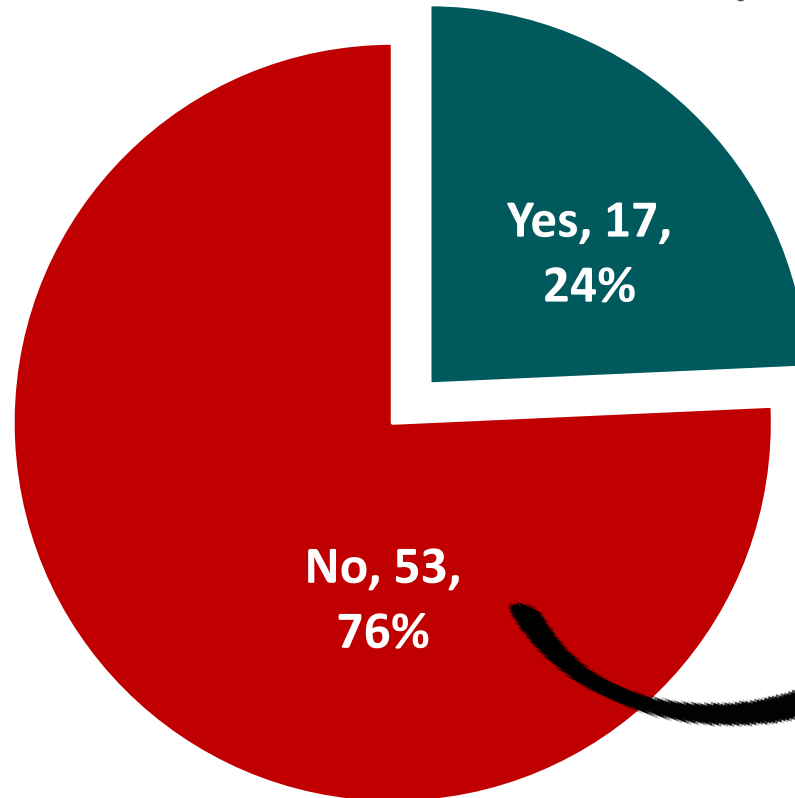
Nebraska Hospitals, 2025 (70 rural, 20 urban)



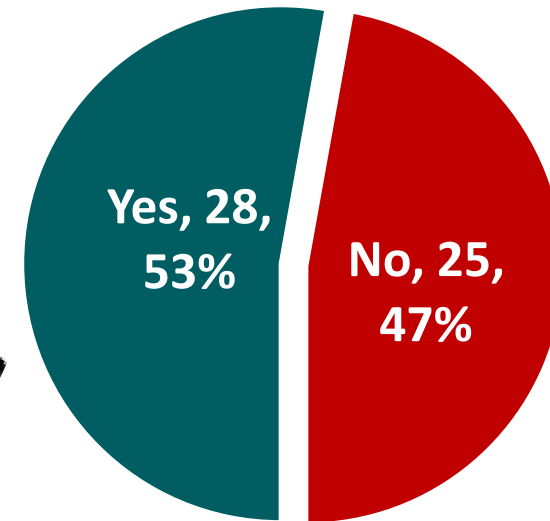
Nebraska Hospital Pharmacist Training in Antibiotic Stewardship

Over **one-third** of rural hospitals (25/70) have no on-site pharmacist with training in antibiotic stewardship

Certificate in Antibiotic Stewardship

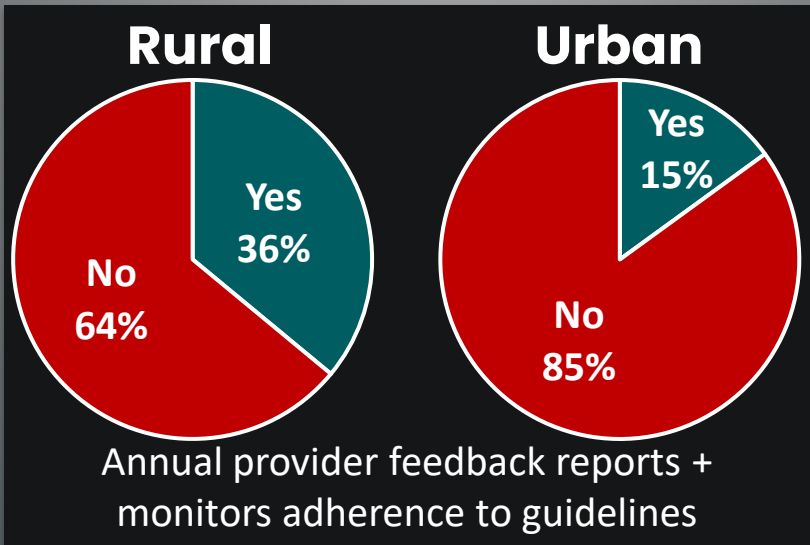
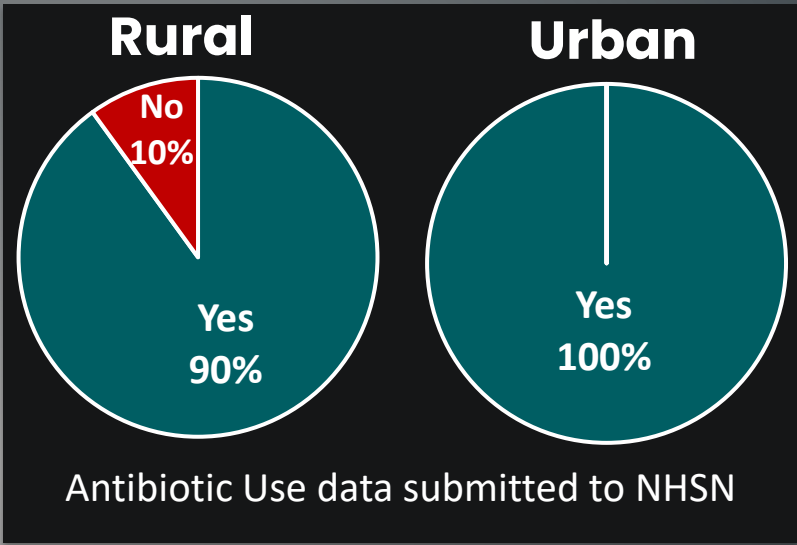
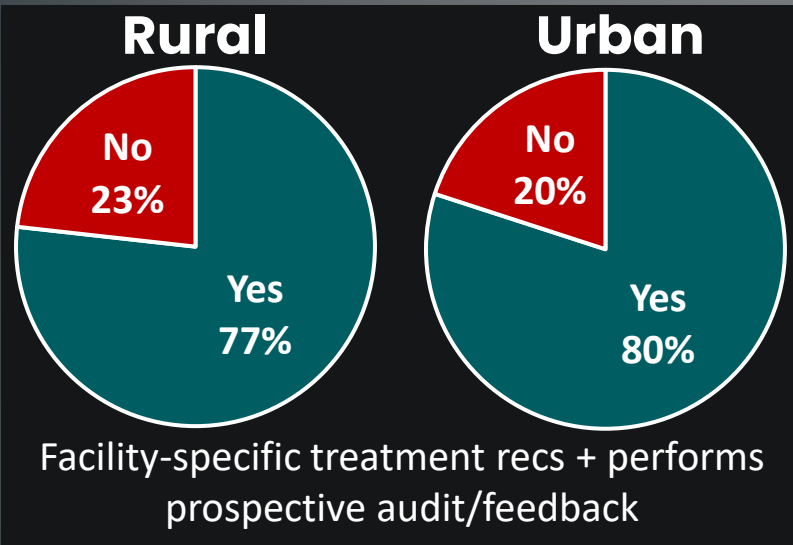


No Certificate, but completed online training or attended a conference



Priorities for Hospital CE Implementation

Nebraska Hospitals, 2025 (70 rural, 20 urban)



Nebraska Antibiotic Use Beyond the Hospital



Tip of the Iceberg – Antibiotic Use



**Acute and Long-Term
Care Antibiotic Use**



$\leq 15\%$

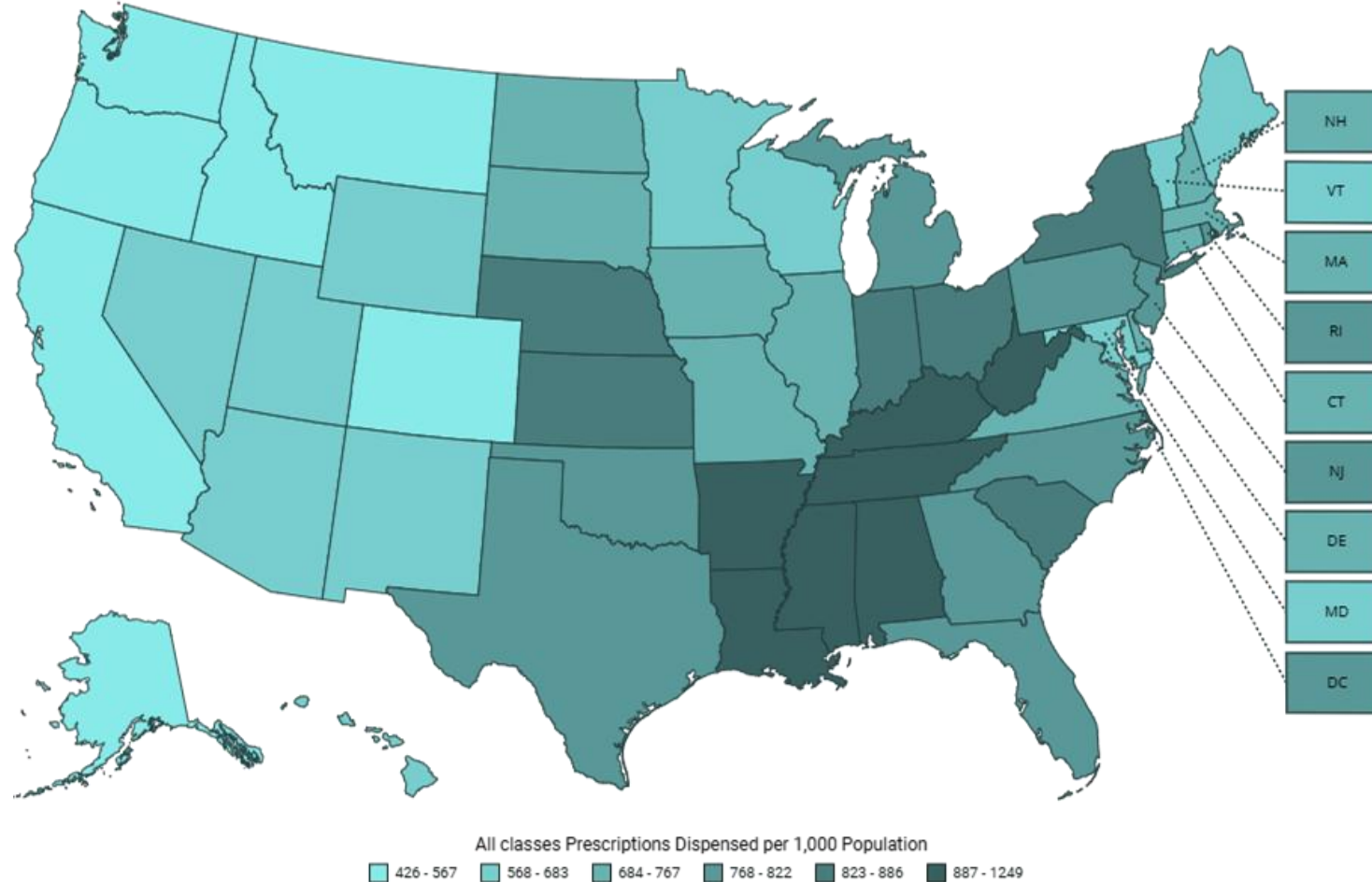
**Outpatient Antibiotic
Prescribing**



85-95%

Outpatient Antibiotic Prescribing Rates

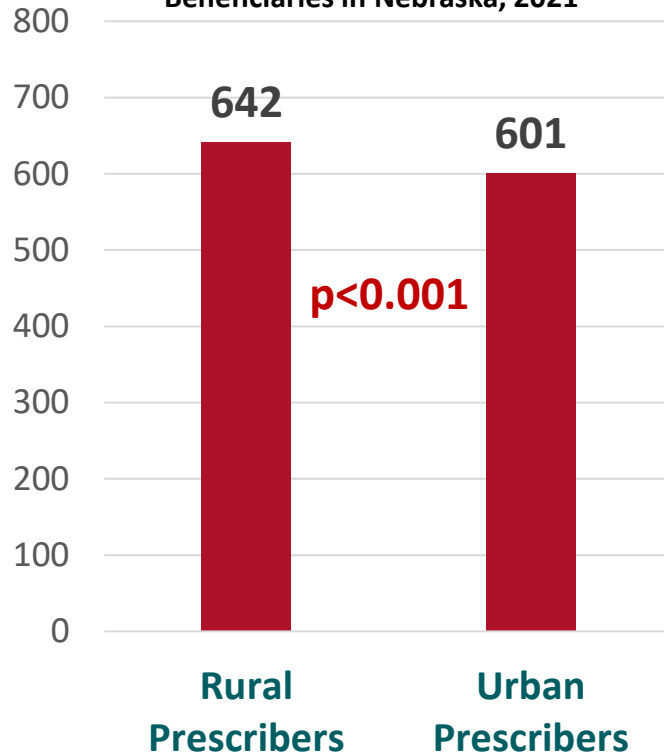
In 2024, Nebraska was the **10th** highest antibiotic prescribing state
(840 prescriptions per 1,000 population)



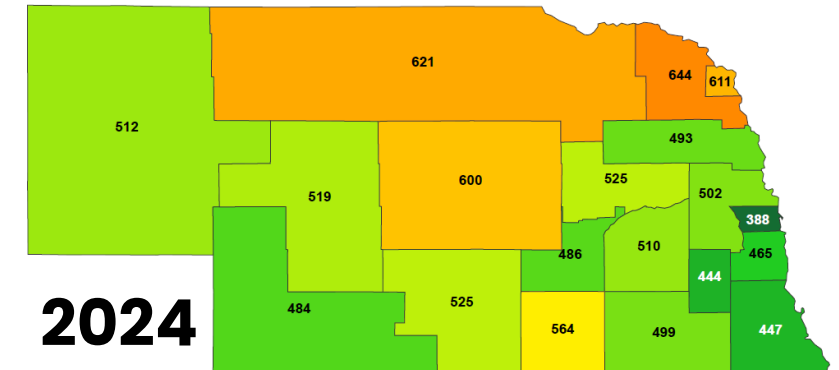
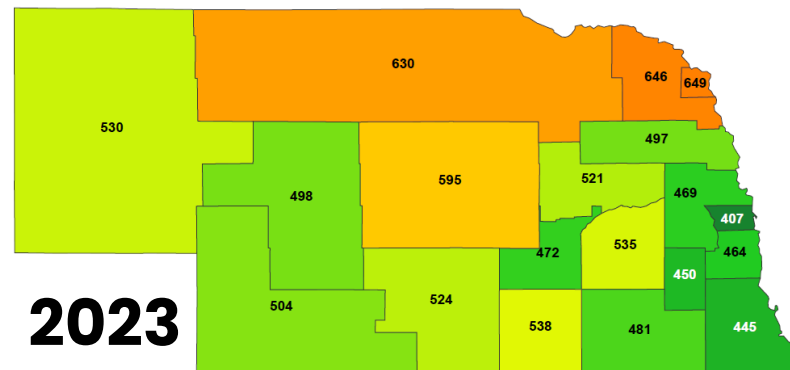
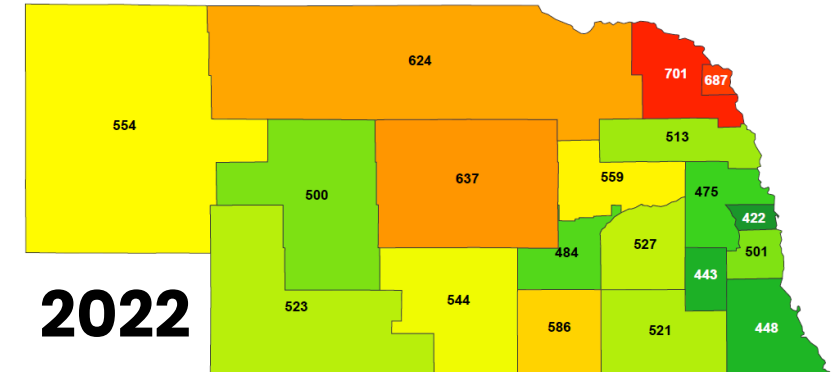
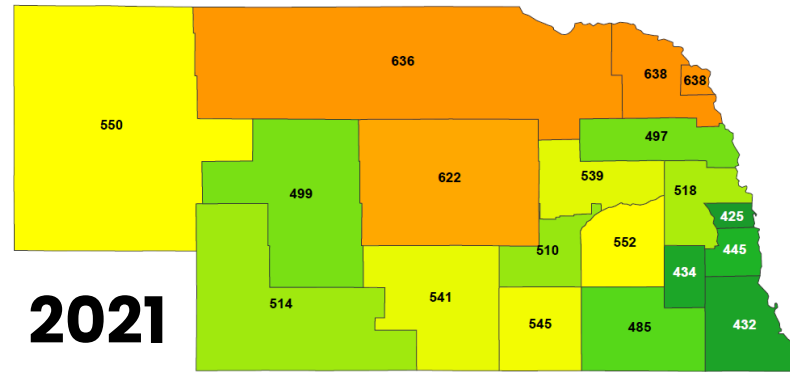
Outpatient Antibiotic Prescribing Rates

Providers in **rural** areas prescribe antibiotics at **significantly higher** rates than those in **urban** areas to Medicare Part D beneficiaries

Prescriptions per 1,000 Medicare Part D Beneficiaries in Nebraska, 2021



Practice setting (urban or rural) was determined by USDA Rural-Urban Commuting Area codes using prescriber addresses

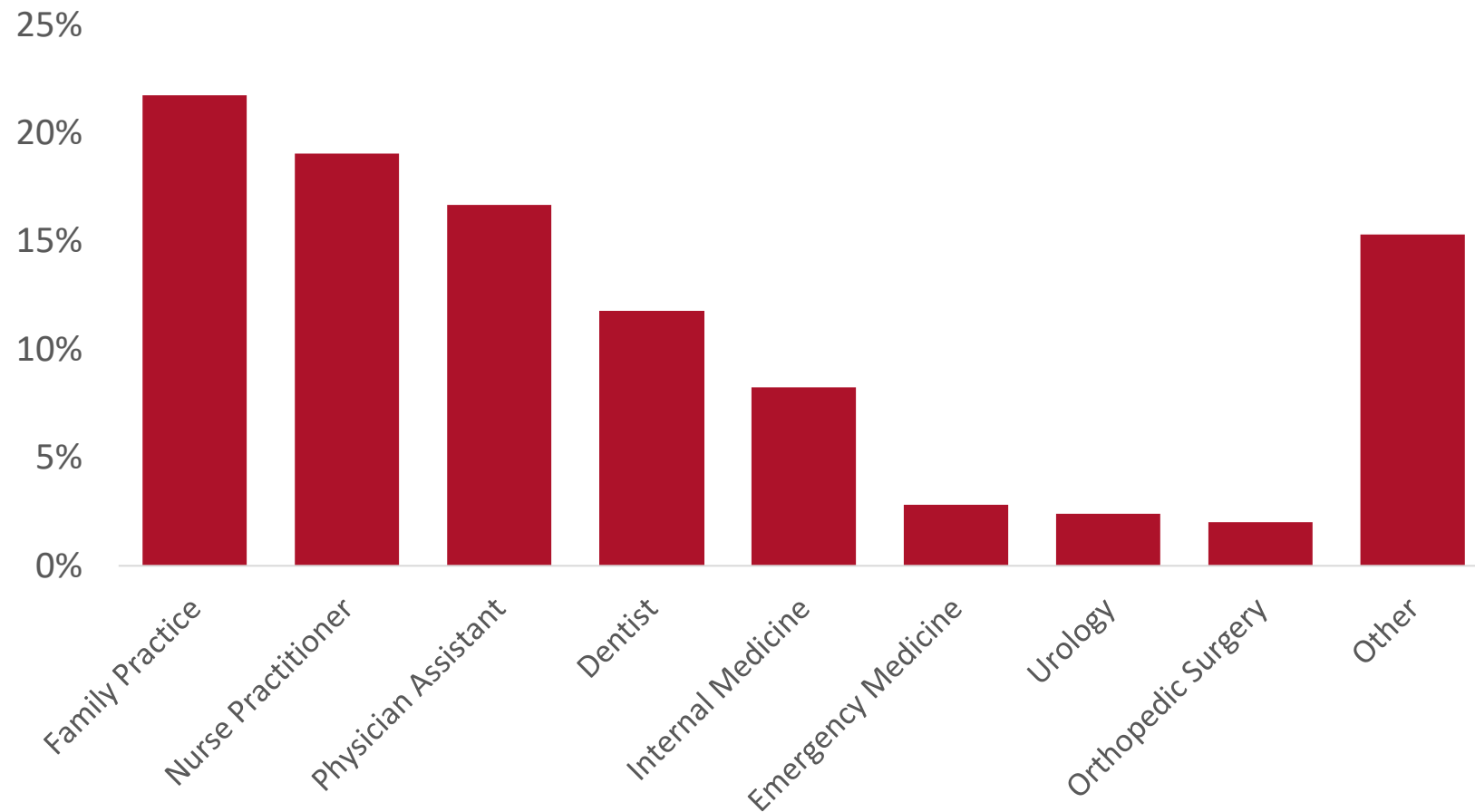


Prescriptions per 1,000 NE Medicare Part D Beneficiaries



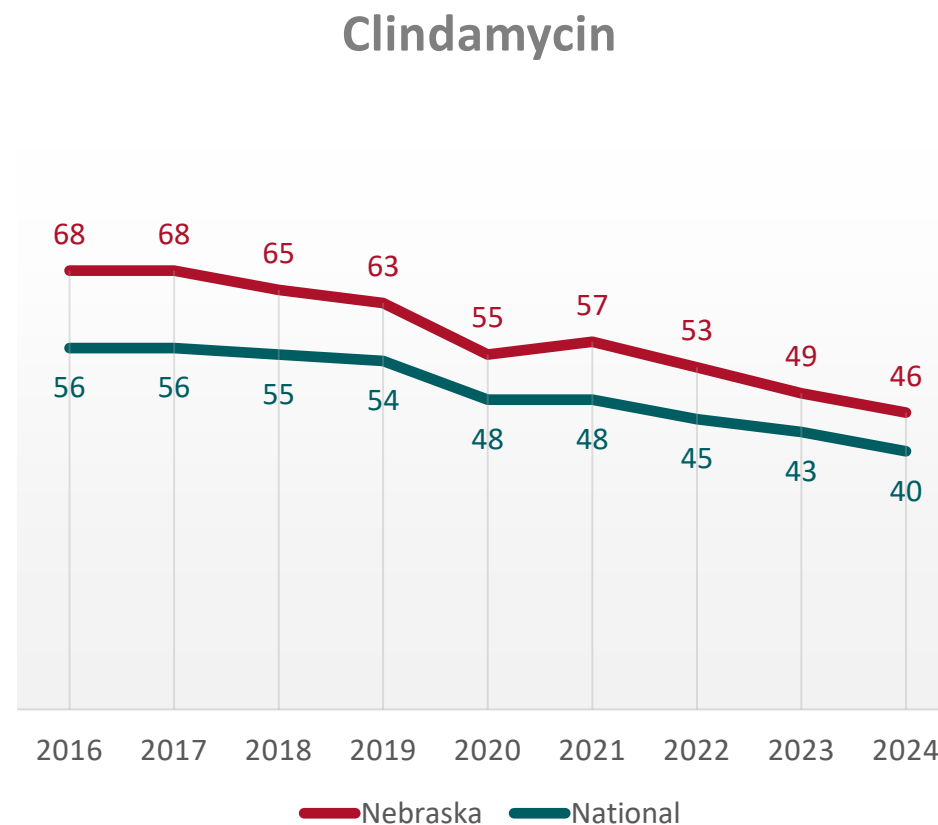
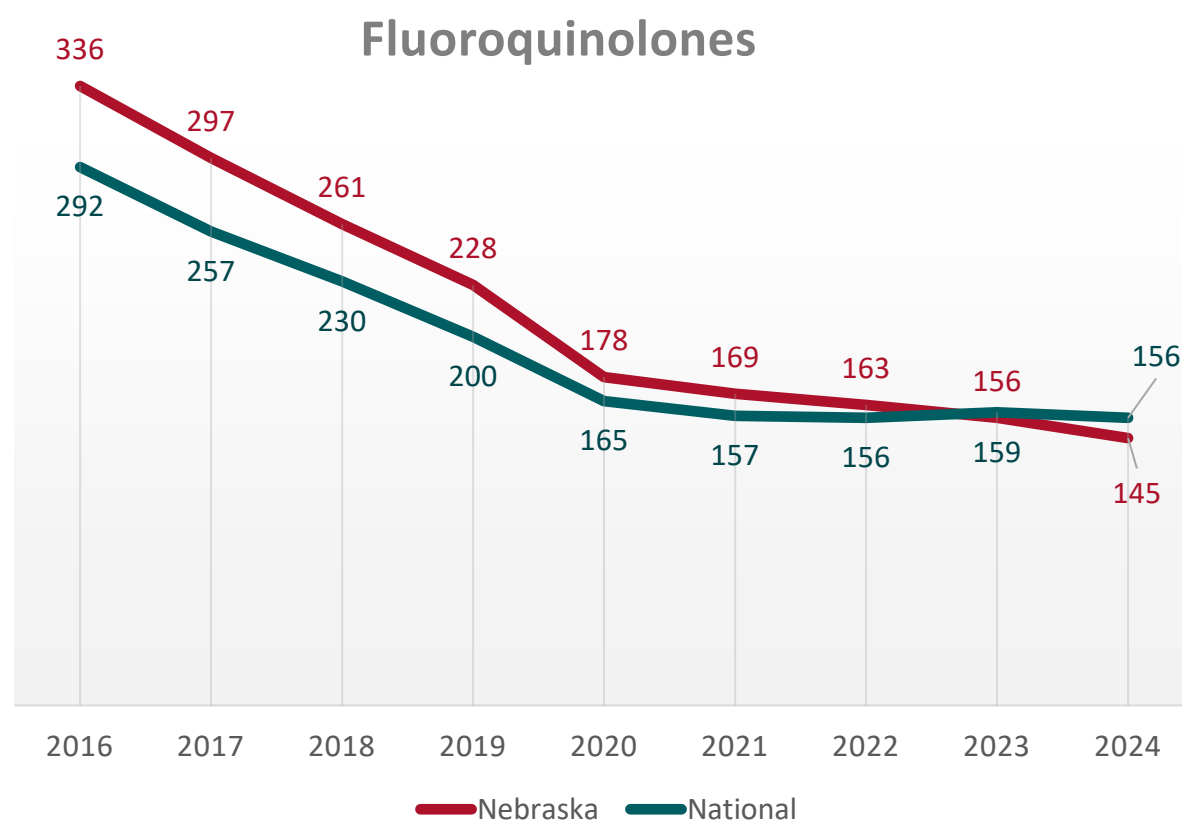
Data Source: CMS Medicare Part D claims database (cms.gov)

Prescribing Volume by Specialty, Medicare Part D in Nebraska, 2024



Data Source: CMS Medicare Part D claims database (cms.gov)

Trends in Antibiotic Prescriptions per 1,000 Medicare Part D Beneficiaries



Data Source: CMS Medicare Part D claims database (cms.gov)

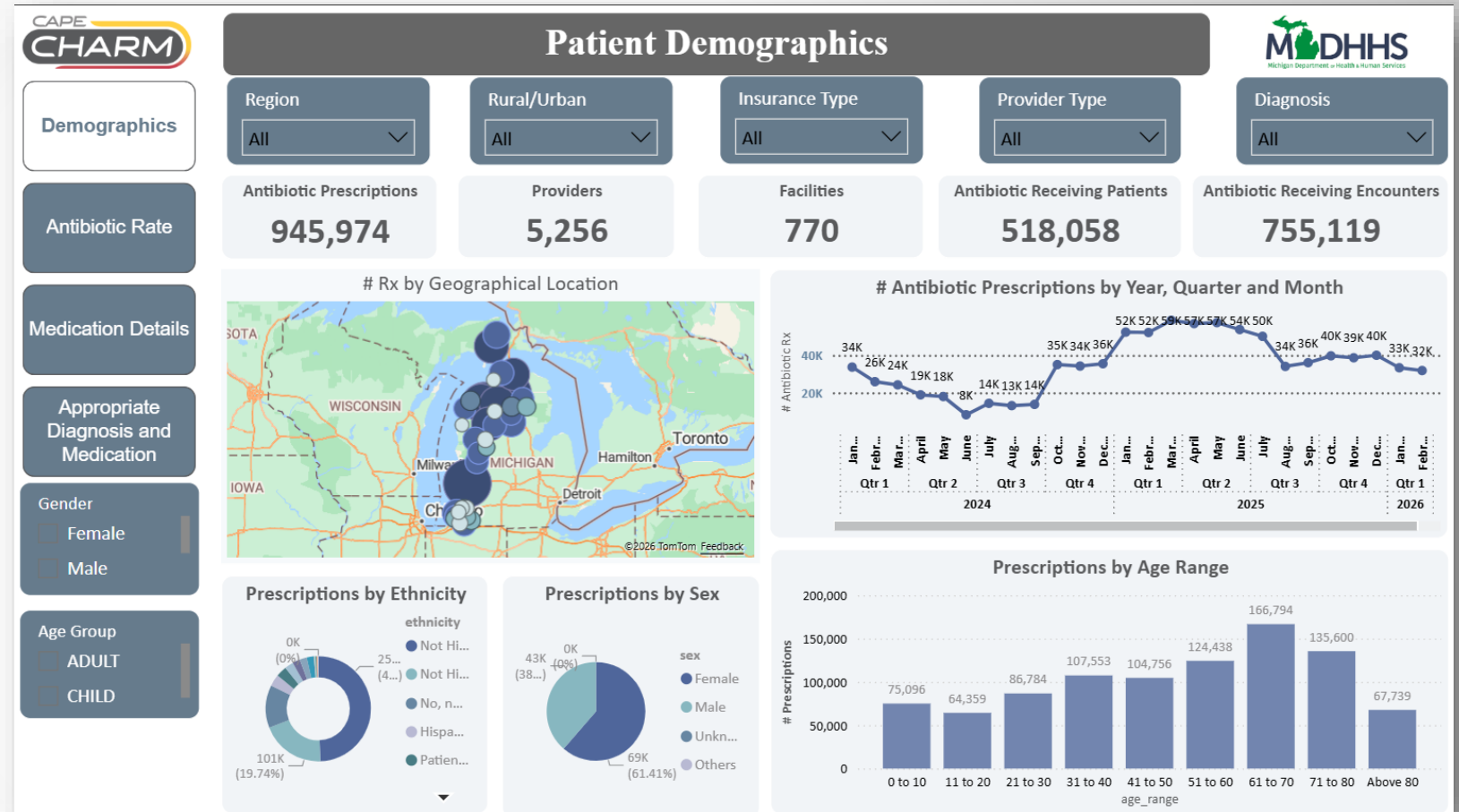
Nebraska DHHS made Collaboration to Harmonize Antimicrobial Registry Measures (CHARM) free of charge for initial group of outpatient clinics

Made funding available for up to 20 organizations for cost reimbursement related to IT time spent in onboarding CHARM

Clinics will be able to view their own dashboard and compare themselves with a state dashboard

<https://www.ferris.edu/cape/charm.htm>

Outpatient Clinics



Participating clinics will also be able to request one-on-one consultations related to strategies on improving their antibiotic use

Participating in 2026 USAAW



Participating in 2026 USAAW

1. Choose your goal

1. Reach people: share a consistent message with staff, patients, or families.
2. Engage a team: discuss one local finding or prescribing challenge.
3. Start improvement: launch one small antibiotic stewardship activity.



2. Pair Awareness Goals with an Activity

USAAW Goal	Awareness activity	Next Steps
Staff antibiotic stewardship knowledge	Nebraska ASAP trivia or brief case discussions	Identify one topic for follow-up education.
Program support	Highlight the stewardship team's accomplishments	Ask leadership to address one specific program need.
Local antibiotic use	Share one hospital or clinic prescribing finding	Select one area for a focused review.
Patient communication	Distribute approved patient education materials	Identify where and by whom the materials will be used.
Program development	Promote the importance of stewardship	Complete an ASAP assessment and select one next step.

More ideas and resources:

[U.S. Antibiotic Awareness Week \(USAAW\) Toolkit](#)

3. Team up to Make a Plan

Our USAAW Goal is...

Our audience is...

Our activity is...

Our owner is...

We will measure...

We will follow up on...

More ideas and resources:

[U.S. Antibiotic Awareness Week \(USAAW\) Toolkit](#)

Example Activity Plan

Our USAAW Goal is... increase staff awareness of our antibiotic stewardship team and how to bring antibiotic-related questions to us.

Our audience is... inpatient nurses, hospital prescribers, and pharmacists.

Our activity is... a five-minute discussion at existing staff huddles during USAAW, using one antibiotic-related case and a handout introducing our stewardship contacts.

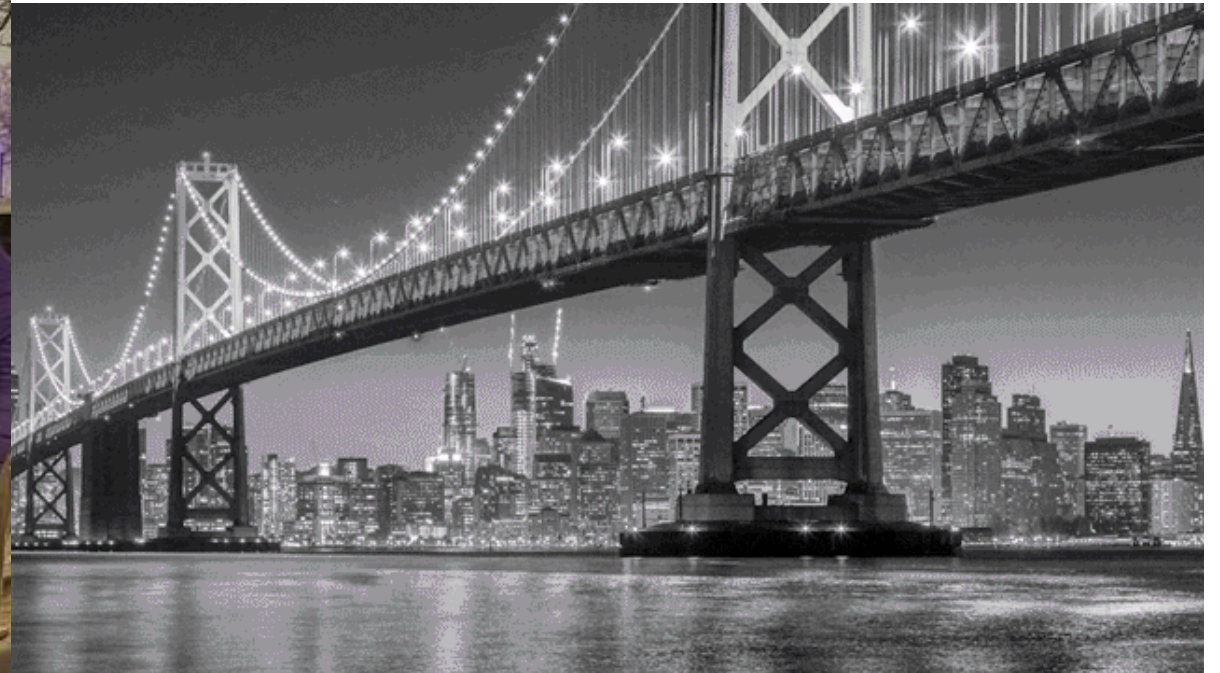
Our owner is... the pharmacist, partnering with the IP and physician champion.

We will measure... the number of staff reached and whether participants contact the stewardship team with any antibiotic-related questions.

We will follow up on... December 15 to review participation, discuss questions raised, and select one topic for additional education.



Go Purple for USAAW



[U.S. Antibiotic Awareness Week \(USAAW\) | Antimicrobial Resistance | CDC](#)

State of Nebraska Governor's Proclamation



WHEREAS,

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

WHEREAS,

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

WHEREAS,

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

WHEREAS,

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

NOW, THEREFORE,

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

ANTIBIOTIC AWARENESS WEEK

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

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

Attest:


Secretary of State


Governor

Nebraska ASAP as an Antibiotic Stewardship Resource



Meet the Nebraska ASAP Team

Infectious Diseases Physicians



Dr. Ashraf

Dr. Van Schooneveld

Dr. Teran

Dr. Keintz

Dr. Ryder

Infectious Diseases Pharmacists



Dr. Preusker

Dr. Schroeder

Dr. Bergman

Dr. Miller

[Our Team - ASAP \(nebraskamed.com\)](https://nebraskamed.com)

[Our Team - ICAP \(nebraskamed.com\)](https://nebraskamed.com)

Antibiotic Stewardship Program Assessments



ASP Self-
Assessment
for Hospitals

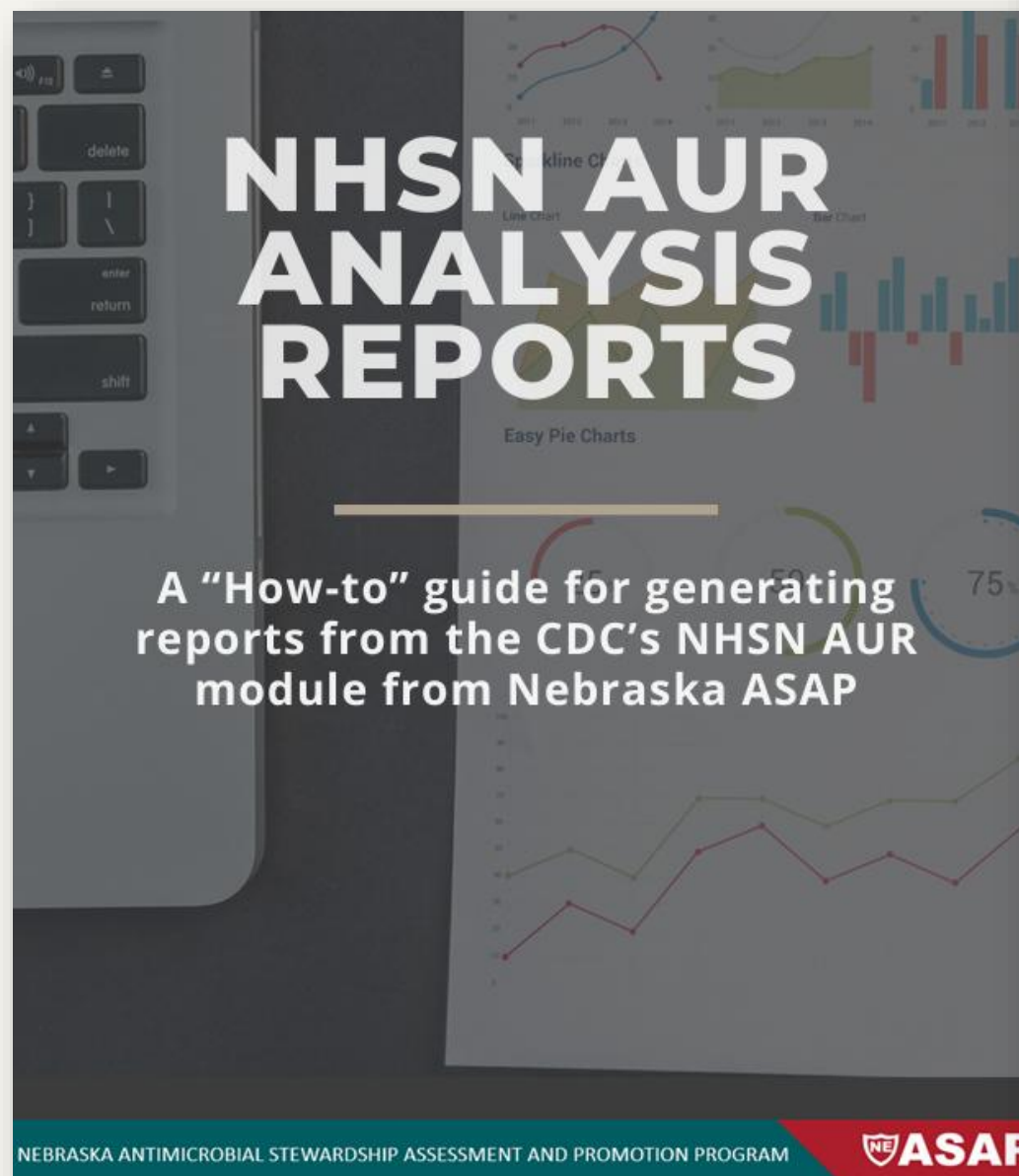


ASP Self-
Assessment
for LTCF



ASP Self-
Assessment
for Outpatient
Facilities

How to run AUR Reports in NHSN



[Link: Nebraska ASAP NHSN AUR How To Guide](#)

CONTENTS

PART 1

GENERATING DATA SETS & MODIFYING REPORTS

Generating data sets is the first step before analysis reports can be ran. All reports can be modified to customize output.

PART 2

SAAR REPORTS

SAAR reports compare antimicrobial use within and across facilities to guide antimicrobial stewardship efforts.

PART 3

LINE LISTING REPORTS

Line listing reports provide a summary of the amount of each antibiotic used, including by route of administration.

PART 4

TAS REPORTS

A goal setting report that hospitals can use to set targets for their SAAR values.

PART 5

SRIR AND PSIR REPORTS

In the antibiotic resistance module, the SRIR and PSIR reports compare the number of hospital-onset isolates within and across facilities.

PART 6

FACILITY-WIDE ANTIBIOGRAM

The facility-wide antibiogram table displays the calculated percent susceptible for each organism-antimicrobial combination.

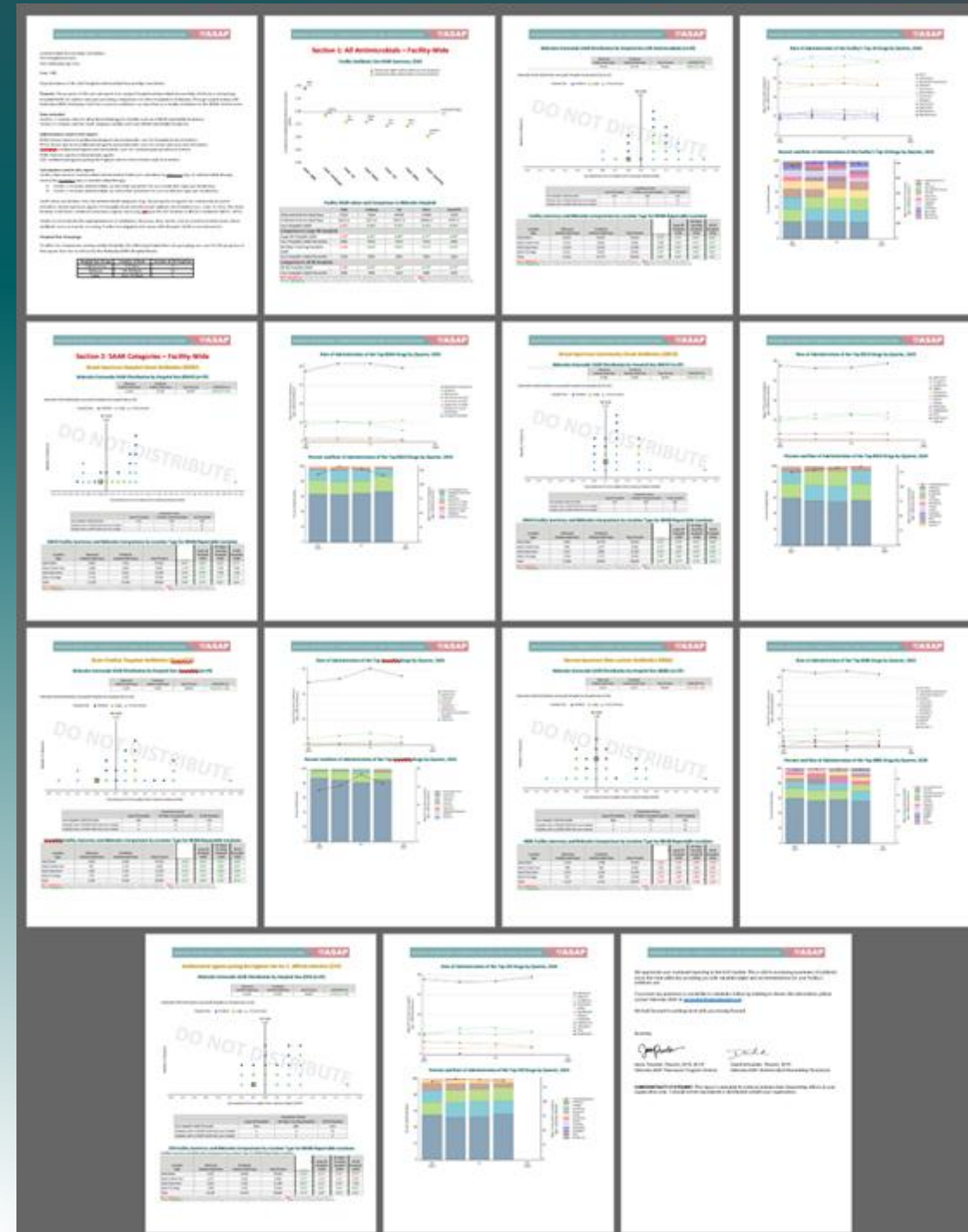
PART 7

FREQUENTLY ASKED QUESTIONS - CDC LINKS

Annual Hospital NHSN Antibiotic Use Reports from Nebraska ASAP

- State of NE benchmarking data
 - Antibiotic categories
 - Specific antibiotic drugs
 - Hospital size
 - Location (ward, ICU, etc.)
- Facility-level data
 - Antibiotic usage rates by drug
 - Top 10 antibiotics used in each category
- **Next reports to be sent around April-May 2027 for calendar year 2026**

Note: Fictitious
data for illustration
purposes only



Nebraska State & Regional Antibioqram Report

NEBRASKA DHHS HEALTHCARE-ASSOCIATED INFECTIONS AND
ANTIMICROBIAL RESISTANCE PROGRAM

NEBRASKA STATE ANTIBIOGRAM REPORT 2025



Prepared By:

Jenna Preusker, PharmD, BCPS, BCIDP
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Kanishka, MPH
Frida Salgado, MS, MPH
M. Salman Ashraf, MBBS

Published August 2026

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DEPT. OF HEALTH AND HUMAN SERVICES

- Data collected from electronic lab reports submitted to the Nebraska Electronic Disease Surveillance System (NEDSS)
- Report Includes
 - Nebraska Statewide Antibioqram
 - Local Health Department Antibioqrams
 - Susceptibility Heat Maps by LHD
 - Trends in Antibiotic Susceptibility, 2020–2025

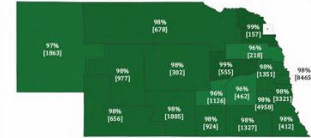
Escherichia coli

The maps below display the percent susceptibility and the number of isolates included by local health department jurisdiction. Red indicates less effective drug-bug combinations, and darker green indicates more effective combinations. * Indicates insufficient data to report (<10 isolates or <50% of susceptibility data available for the drug-bug combination)

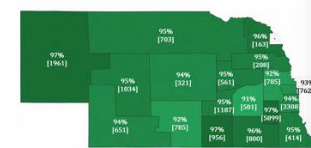
% Susceptibility
90% 100%
Less effective -----> More effective

Nitrofurantoin

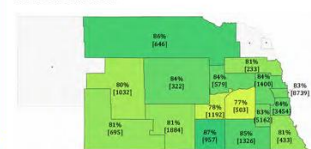
Note: Nitrofurantoin is indicated for treatment of uncomplicated urinary tract infection only.



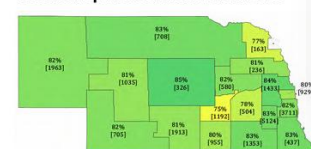
Ceftriaxone



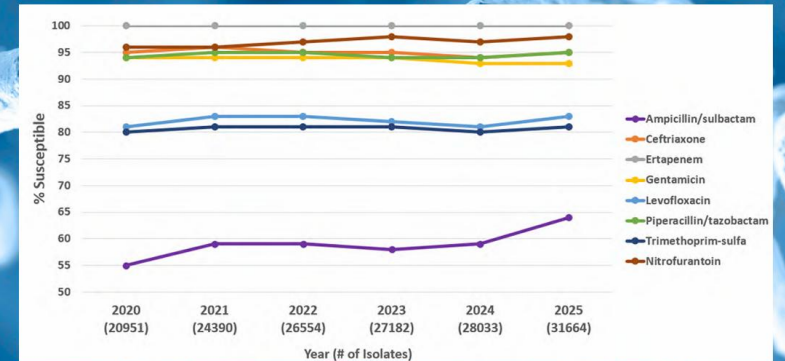
Levofloxacin



Trimethoprim-Sulfamethoxazole



Escherichia coli



[Link: 2025 Nebraska Antibioqram Report](#)

Nebraska Antibigram Report – located on the Nebraska DHHS HAI AR Website



[Link: 2025 Nebraska Antibigram Report](#)

What Can I Do to Reduce Resistance to Antimicrobials?

- Wash your hands. Hand washing is the simplest but most effective way of reducing spread of resistant bacteria.
- Ask your prescriber if you need antibiotics. Do not insist on antibiotics if he or she does not recommend them.
- Take antibiotics for as long as your prescriber said. Do not stop without notifying your prescriber. This way, any leftover resistant bacteria will not have a chance to develop.

Antibiogram: Statewide and Regional

To view statewide and regional antibiogram data, click the link below:

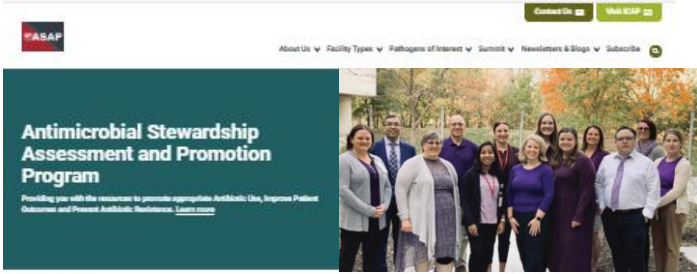
[Nebraska State Antibigram Report - 2025](#)

Additional Information

- To learn more please visit [CDC's Antimicrobial Resistance Page](#). The page includes steps you can take to reduce MDROs.
- Antibiotic stewardship is the overall effort and programs that promote appropriate and correct antibiotic prescribing.

Why Antibiotic Stewardship?

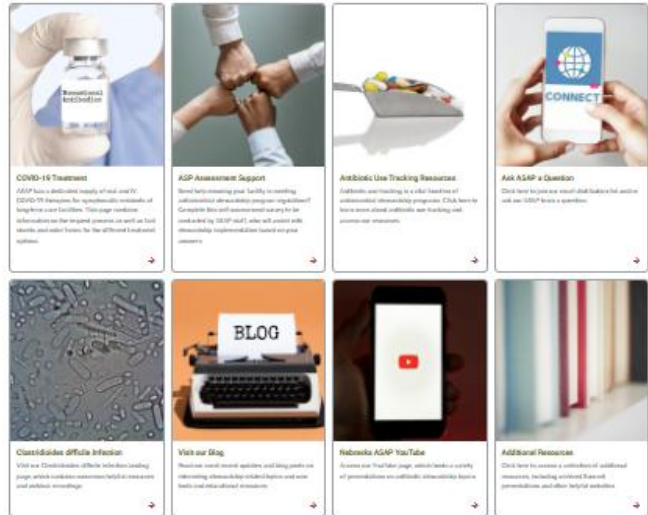
- Antibiotic resistance is a real and increasing problem.
- 30-50% of antibiotic use in hospitals is unnecessary or inappropriate.
- Excess use of antibiotics also adds to the growing problem of *Clostridioides difficile* infections.



Latest News



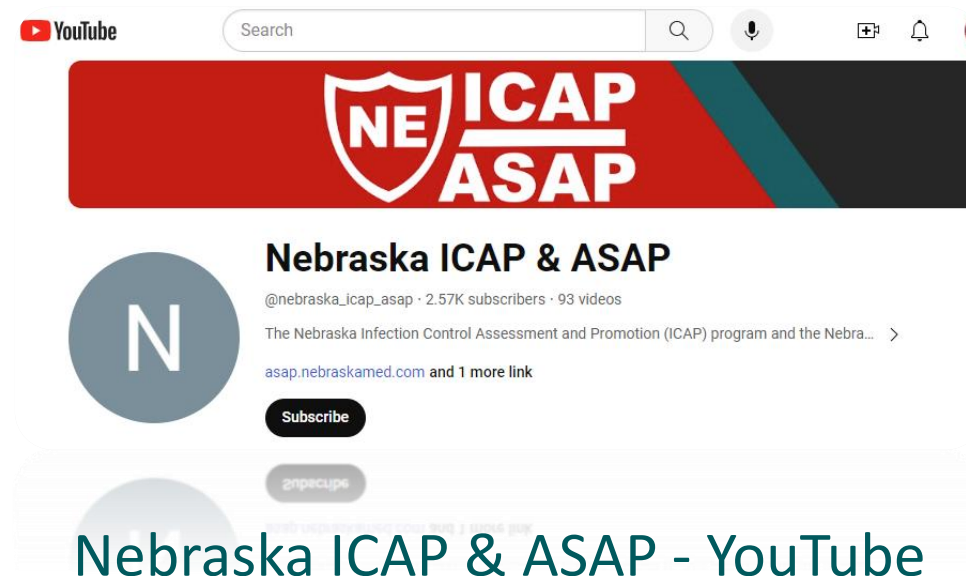
Our Services



Nebraska ASAP Website

<https://asap.nebraskamed.com/>

ICAP and ASAP YouTube channel



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 **2026 NE ID Conference Session Recordings will be added during USAAW!**

ANTIMICROBIAL STEWARDSHIP ASSESSMENT AND PROMOTION PROGRAM



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THE ANTIMICROBIAL ADVOCATE

NE ASAP NEWSLETTER
Volume 3: Issue 5/6
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New Drug Approval

On June 17, the FDA approved **Utebzi** (tebipenem pivoxil) tablets as the first oral carbapenem therapy for complicated urinary tract infections, including pyelonephritis. The most common side effects are diarrhea, headache, nausea, abdominal pain, increased liver enzymes, and *C. difficile* infection.

[Link to FDA Approval](#)

Comprehensive Review of *Candida auris* Management: Insights From the Society of Infectious Diseases Pharmacists

[Click Here for the Full Article](#)

Summary

- Candida auris* has emerged as a health threat due to its multi-drug resistance, persistence in healthcare environments, and rapid spread.
- Its ability to tolerate heat, salinity, and disinfectants and form biofilm allows long-term survival on surfaces and medical devices, facilitating transmission.
- Clinical presentations range from asymptomatic colonization to invasive infections, with mortality rates approaching 50%.

Treatment Considerations

Echinocandins remain an important first-line treatment option, but their fungistatic activity, limited tissue penetration, and emerging resistance contribute to suboptimal outcomes, highlighting the need for new agents and optimized dosing strategies.

Triazoles and amphotericin B are significantly limited by resistance and toxicities, while newer agents such as ibrexafungerp, fosmanogepix, and rezafungin show promising in vitro activity but lack substantial supporting clinical data.

Combination therapy may also offer potential benefit, though supporting evidence is sparse. Table 2 contains therapy considerations by site of infection.

Ongoing efforts to refine antifungal therapy, improve rapid diagnostics, and strengthen infection control are essential to mitigating spread and optimizing outcomes for patients.

Knowledge and Skills for Antibiotic Stewardship Leaders

This guidance from SHEA, IDSA, PIDS, and SIDP outlines the knowledge and skills necessary to lead ASPs, organized by **basic, intermediate, and advanced** skills recommended for stewards practicing in acute care, outpatient care, and long-term care settings. *Use the table to complete the gap analysis in the article supplement to structure both a personal and program development plan.*

Link to the Guidance

Basic	Intermediate	Advanced
- Establishing structure/staffing - Programmatic elements and interventions - Regulatory standards for AUAR tracking/reporting 1-3 years	- Maintain basic components - Expanded capabilities and resources - More complex initiatives 3-5 years	- Maintain basic and intermediate components - Expansion of footprint into other healthcare areas - Multi-state/site initiatives - Advocacy efforts >5-7 years

Key Points

- Clinical expertise • stewardship leadership readiness
- Skill gaps differ by practice setting
- Structured development plans accelerate success
- The gap analysis can be completed on a regular basis (annually) to track progress and reinforce the importance of intentional leadership development.

Cefazolin vs. Antistaphylococcal Penicillins for MSSA Bacteremia

For years, clinicians have debated cefazolin vs. antistaphylococcal penicillins for methicillin-susceptible *Staphylococcus aureus* (MSSA) bacteremia. A major randomized controlled trial from the SNAP trial group was published in NEJM that provides practice-changing evidence.

Link to the Article

Cefazolin was noninferior for 90-day mortality: 15% vs. 17% with flucloxacillin/cloxacillin	Cefazolin had less acute kidney injury: 13.9% vs 19.6%	Fewer serious adverse reactions and fewer treatment discontinuations were seen with cefazolin
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- This trial provides strong evidence supporting cefazolin as an effective option for MSSA bacteremia that is safer for kidney function.
- Cefazolin should be considered a first-line treatment for MSSA bacteremia over nafcillin or oxacillin, when clinically appropriate.

Guidance for Knowledge and Skills of Antibiotic Stewardship Leaders

[Link to Guidance](#)

Table 1. Fundamental antimicrobial stewardship Knowledge and Skills—Clinical Infectious Diseases



Knowledge/skill		Acute Care ^a	Out-patient ^a	Long-term care ^a	Basic (B)	Intermediate (I)	Advanced (A)
Antimicrobials	Mechanisms of action and spectrum of activity	B, I, A	B, I	B, I	Understand differences in mechanisms of action and spectrum of activity of <i>commonly used</i> antimicrobials.	Understand differences in mechanisms of action and spectrum of activity <i>within</i> drug classes. Educate frontline prescribers about mechanisms of action and spectrum of activity of <i>common</i> antimicrobials.	Educate frontline prescribers about mechanisms of action and spectrum of activity of <i>less common</i> antimicrobials (eg those used to treat extensively drug-resistant infections).
	Drug interactions, side effects and adverse events	B, I, A	B, I, A	B, I	Understand common antimicrobial drug interactions and side effects, including adverse reactions that mimic infections.	Perform drug safety audits and root cause analyses when adverse drug events occur.	Develop electronic tools to alert providers to common drug interactions, side effects, and monitoring parameters.

- Outlines the knowledge and skills necessary to lead ASPs, specific to practice setting
- Divides into basic, intermediate, and advanced skills
- A gap assessment tool is provided in the supplemental materials link to help programs develop plans to meet goals

Questions & Answer Session

- Please use the Q&A box in the webinar platform to type your question so it can be read aloud.
- If your question is not answered during the webinar or you need one-on-one help, call 402.552.2881 Monday to Friday, 8 a.m. to 4 p.m. CST, to speak with an Infection Preventionist.
- You can also email your question to nebraskaicap@nebraskamed.com

Slides & Webinar Recordings

- During the webinar: You can access the slides on the [NE ICAP Hospital webpage](#)
- After the webinar: The slides and the recording will be available under the Webinars tab on the [Past Webinars and Slides](#) page

Viral Respiratory Infections: Infection Control in Healthcare Personnel

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



CDC Archived Guidance Related to COVID-19

- The CDC recently archived the following SARS-CoV-2 documents that have been referenced widely during the COVID-19 pandemic:
 - [Infection Control Guidance: SARS-CoV-2](#)
 - [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)
 - [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)



CDC Archive

CDC Updated Guidance for Viral Respiratory Infections in HCP

- CDC updated their [Guideline for Infection Control in Healthcare Personnel: Viral Respiratory Infections](#)
 - This recently updated guidance recommends that staff diagnosed or suspected to have COVID-19 (or other respiratory illness) should be restricted from work until at least 3 days have passed since symptom onset (or from the date of positive test if asymptomatic), AND they have resolution of fever for at least 24 hours (without fever reducing medication), AND an improvement of symptoms. Upon return to work, the staff member should wear source control until at least the end of day 7, where the day of symptom onset (or positive test if asymptomatic) is day 0.
 - A test-based strategy is no longer recommended for returning to work.



CDC's Appendix A for Type and Duration of Precautions for COVID-19 due to SARS-CoV-2

- [CDC's Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions](#) was recently edited to include recommended PPE and duration of precautions for SARS-CoV-2.
 - CDC continues to recommend that healthcare personnel don N95 or higher-level respirator, gown, gloves, and protective eyewear when providing care for a patient with known or suspected SARS-CoV-2 infection.
 - CDC continues to recommend that resident(s) with mild to moderate illness that have a resolution of fever (without fever reducing medication), and an improvement of symptoms should be isolated for a duration of 10 days

Respiratory infectious disease, acute (if not covered elsewhere) Adults	Standard (for SARS-CoV-2, see comments)		<i>Interim recommendations for SARS-CoV-2, which are being reviewed for potential updates:</i>
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- For awareness, these recommendations are currently being reviewed by CDC and may be updated at a future time.

Upcoming Opportunities & Education

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



Survey to Assess Practices to Reduce or Prevent SSIs Related to Knee and Hip Replacement

- The Surgical Site Infection (SSI) Prevention Subcommittee of the Nebraska DHHS Healthcare-Associated Infections and Antimicrobial Resistance (HAI/AR) Program's Advisory Council is focused on efforts to **reduce SSIs associated with knee and hip replacement surgeries.**
- To better understand current practices, the Subcommittee developed a survey to assess strategies used to prevent infections following primary knee or hip replacement surgery.
- This survey is intended to be completed collaboratively, with one submission requested for each facility.
- Participation is strictly voluntary. Results will be shared with the Advisory Council, participating facilities, and other stakeholders only in de-identified manner. The primary goal is to use these insights to guide the development of strategies and resources aimed at reducing SSI rates across Nebraska.
- The Subcommittee kindly asks for your participation in completing the survey by **October 31st.**



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Upcoming NE ICAP Webinars

Wednesday, November 11, 2026

12:00–1:00 PM (CST)

- **Making Sense of Evidence**
 - **Dr. Juan Teran Plasencia, MD**
- **Region 7 RESPTC Overview**
 - **Jackson Gruber, MBA**

Wednesday, December 9, 2026

12:00–1:00 PM (CST)

- **Water Intrusion: Mitigation & Remediation for Infection Prevention**
 - **Rebecca Martinez, BSN, BA, RN, CIC**



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NE ICAP Monthly Webinars



Infection Prevention Webinar Series for Hospital & Outpatient Settings

When: 12:00 PM – 1:00 PM (CST)
Occurs: 2nd Wednesday of every month

[Hospital & Outpatient Webinar Invite Information](#)



Infection Prevention Webinar Series for Post-Acute and Long-Term Care Settings

When: 12:00 PM – 1:00 PM (CST)
Occurs: 2nd Thursday of every month

[Long Term Care Facility Webinar Invite Information](#)

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Sterilization

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Disinfection

Point of
Care Blood
Testing

Laundry

PPE & Standard
Precautions

Indwelling
Devices (e.g.
CAUTI, CABS)

Wound
Care

Water
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Through this form, you can:

- Request to connect with an Infection Preventionist who specializes in your area
- Join our setting-specific communication lists for webinar and training updates
- Sign up for newsletters and reminders
- Request an ICAR visit for your facility



Webinar CE Process

1 Nursing Contact Hour is awarded by Nebraska ICAP

- Nebraska Infection Control Assessment and Promotion Program is approved as a provider of nursing continuing professional development by the VTL Center for Professional Development, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

CNE Nursing Contact Hours:

- Completion of survey is required.
- The survey must be completed by the individual earning the credit, only one person per survey.
- Survey functionality is lost on mobile devices.
- One certificate is issued quarterly for all webinars attended.
- Certificate comes directly from ICAP via email.