# Infection Prevention Webinar Series for Hospital & Outpatient Settings

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DEPT. OF HEALTH AND HUMAN SERVICES

**November 11, 2026**

NE ICAP

NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

# Presenters & Panelists

**Presenters today:**

| | |
|---|---|
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**Panelists today:**

| | |
|---|---|
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| Josette McConville, BSN, RN, CIC | jmcconville@nebraskamed.com |
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**Moderator today:**

| | |
|---|---|
| Marissa Chaney | machaney@nebraskamed.com |

# 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

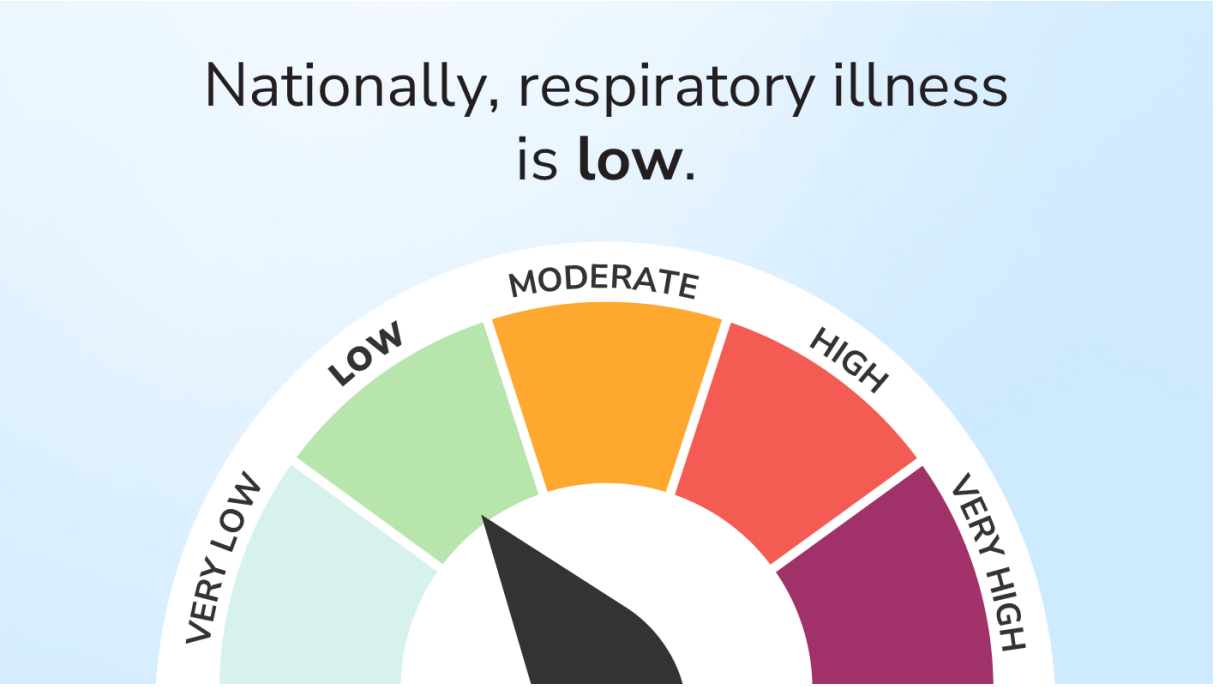
# Nebraska Pathogen Watch

Juan Teran, MD
Medical Director, NE ICAP

NE ICAP

# Key Points

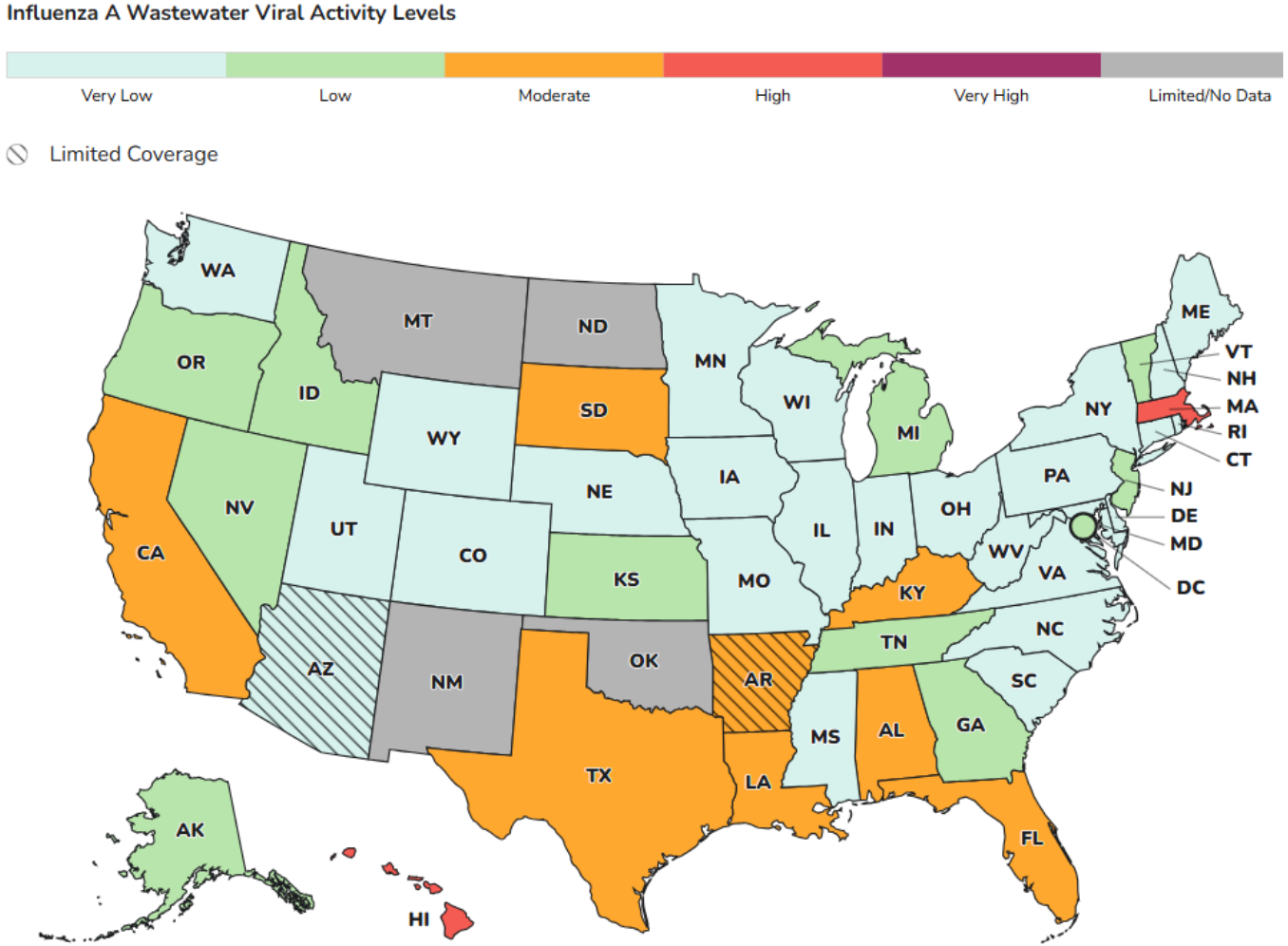
- Nationally, respiratory illness is low.
  - Influenza and RSV illness activity is currently very low in Nebraska.
  - COVID-19 illness activity is low in Nebraska.




CDC's Respiratory Illnesses Data Channel

- Measles continues to spread in areas across the country.
  - Currently, Nebraska is not reporting any measles cases.

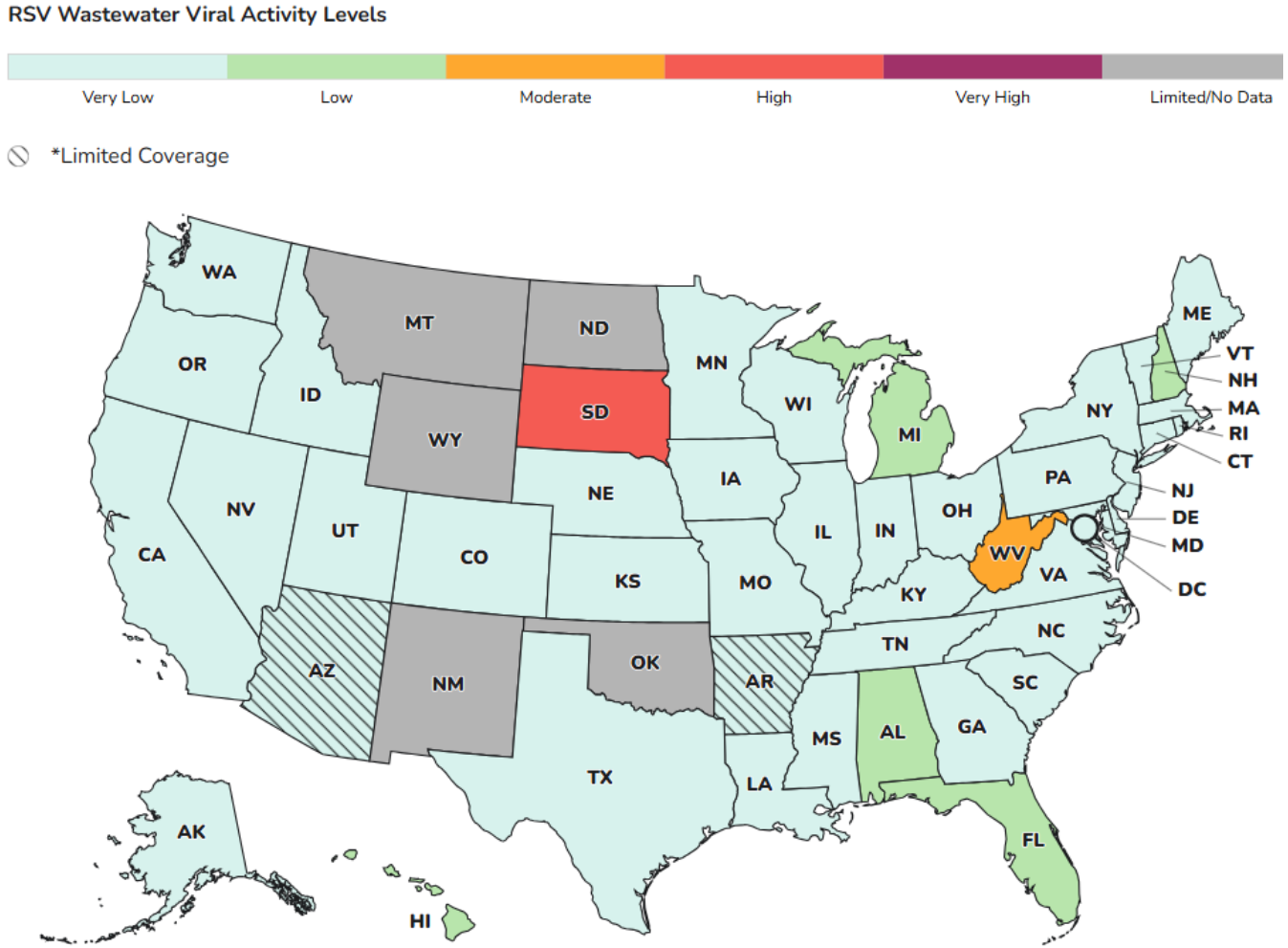
# Influenza A Wastewater 10/25/26 – 10/31/26




*NOTICE - CDC competitively awarded a new wastewater testing contract to Verily Health, Inc. (Verily) on September 28, 2026. There will be a brief gap in wastewater data affecting ~200 sites as sampling, testing, and reporting are restarted.*

CDC's Wastewater Monitoring Program - National Wastewater Data for Respiratory Viruses

# RSV Wastewater 10/25/26 – 10/31/26

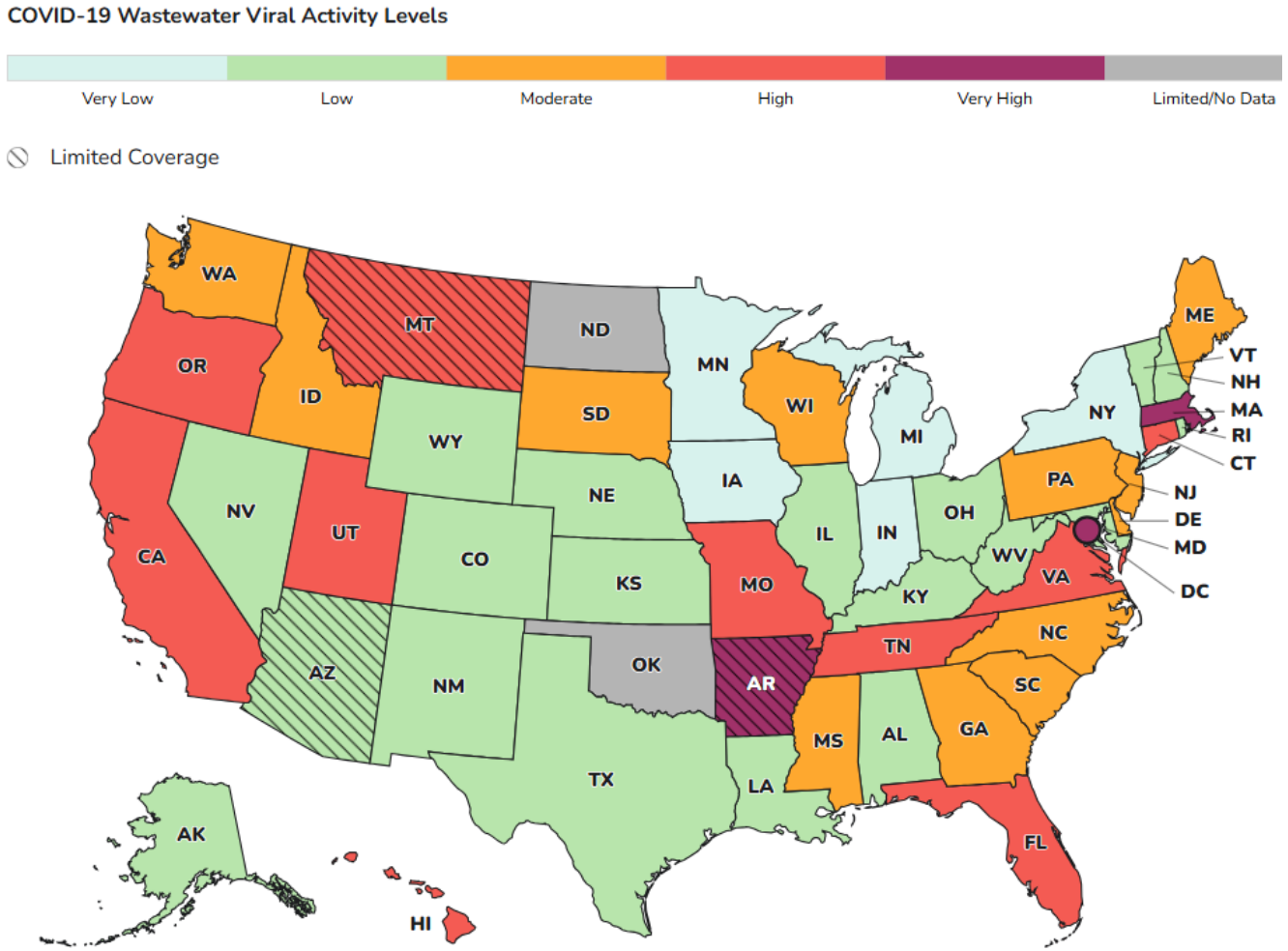



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[CDC's Wastewater Monitoring Program - National Wastewater Data for Respiratory Viruses]

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# COVID-19 Wastewater 10/25/26 – 10/31/26

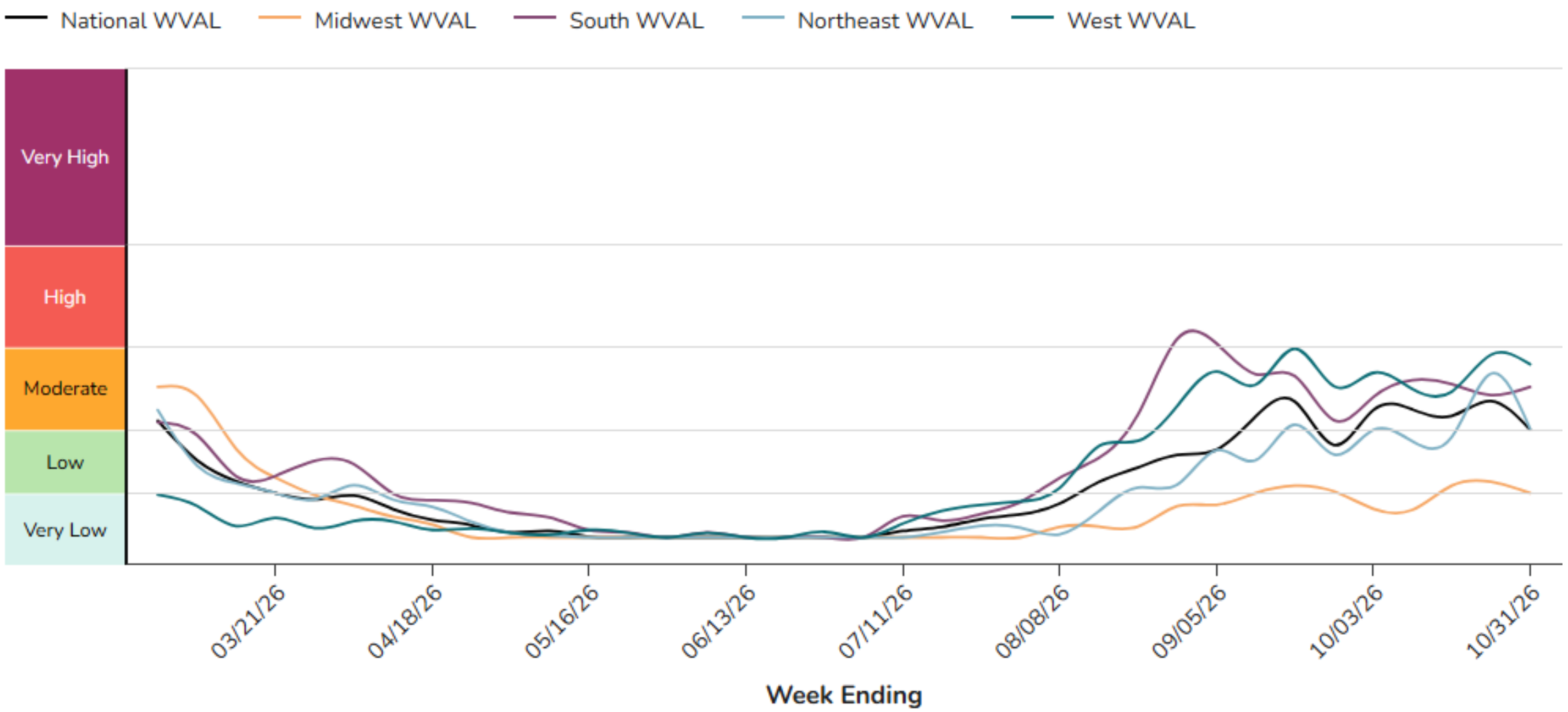



*NOTICE - CDC competitively awarded a new wastewater testing contract to Verily Health, Inc. (Verily) on September 28, 2026. There will be a brief gap in wastewater data affecting ~200 sites as sampling, testing, and reporting are restarted.*

[CDC's Wastewater Monitoring Program - National Wastewater Data for Respiratory Viruses]

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# COVID-19 National and Regional Trends




CDC's Wastewater Monitoring Program - National Wastewater Data for Respiratory Viruses

# NE DHHS Weekly Influenza and Other Respiratory Disease Surveillance Report

## (excerpts of various content)

### Nebraska Influenza & Other Respiratory Disease Surveillance Report 2026-27 Surveillance Season, MMWR Week 43

All data are preliminary and may change as more reports are received. Data through week ending 10/31/2026

#### INFLUENZA WEEKLY SUMMARY

**INFLUENZA LABORATORY SURVEILLANCE**

**Positive Influenza A & B Tests, Test Positivity, and Changes from Last Week**

| Week Ending Date | Influenza A Positives | Change from Last Week | Influenza B Positives | Change from Last Week | Influenza Test Positivity | % Change from Last Week |
|---|---|---|---|---|---|---|
| 10/31/2026 | 100 | ↓ 16 | 9 | ↑ 8 | 4.2% | ↓ 0.1% |
| **Season Total** | **406** | | **20** | | **4.2%** | |

**Cumulative Influenza Positive Tests by Subtype and Age Group (in years), 2026-27 season**

| Subtype | 0-4 | 05-17 | 18-24 | 25-49 | 50-64 | 65+ | Season Total |
|---|---|---|---|---|---|---|---|
| Flu A: H1 | 31 | 26 | 8 | 20 | 21 | 28 | **134** |

**INFLUENZA-LIKE ILLNESS (ILI) EMERGENCY DEPARTMENT (ED) SURVEILLANCE**

**Total ILI ED Visits and Change from Last Week**

| Week Ending Date | Total ILI ED Visits | Change from Last Week |
|---|---|---|
| 10/31/2026 | 174 | ↓ 49 |
| **Season Total** | **798** | |

**INFLUENZA-LIKE ILLNESS (ILI) HOSPITALIZATION SURVEILLANCE**

**Total ILI Hospital Admissions and Change from Last Week**

| Week Ending Date | Total ILI Hospital Admissions | Change from Last Week |
|---|---|---|
| 10/31/2026 | 84 | ↓ 13 |
| **Season Total** | **412** | |

**OUTBREAK SURVEILLANCE:** 1 influenza-associated outbreak has been reported in long-term care facilities during the 2026-27 surveillance season.

**MORTALITY SURVEILLANCE:** <6 influenza-associated deaths have been reported during the 2026-27 surveillance season.

**National Influenza Summary:** https://www.cdc.gov/fluview/index.html. **For information on the prevention of influenza**, please visit: https://www.cdc.gov/flu/prevention/actions-prevent-flu.html

#### RESPIRATORY SYNCYTIAL VIRUS (RSV) WEEKLY SUMMARY

**RSV LABORATORY SURVEILLANCE**

**Positive RSV Tests, Test Positivity, and Changes from Last Week**

| Week Ending Date | RSV Positives | Change from Last Week | RSV Test Positivity | % Change from Last Week |
|---|---|---|---|---|
| 10/31/2026 | 14 | ↑ 6 | 1.0% | ↑ 0.5% |
| **Season Total** | **53** | | **1.0%** | |

**RSV Test Positivity by Test Type and Percent Change from Last Week**

| Week Ending Date | PCR | % Change from Last Week | Antigen | % Change from Last Week |
|---|---|---|---|---|
| 10/31/2026 | 0.6% | ↓ 0.0% | 3.3% | ↑ 3.3% |
| **Season Total** | **0.8%** | | | |

**OUTBREAK SURVEILLANCE:** 0 RSV-associated outbreaks have been reported in long-term care facilities during the 2026-27 surveillance season.

**MORTALITY SURVEILLANCE:** 0 RSV-associated deaths have been reported during the 2026-27 surveillance season.

**For information on the prevention of RSV**, please visit: https://www.cdc.gov/rsv/vaccines/protect-infants.html or https://www.cdc.gov/rsv/vaccines/index.html.

#### COVID-19 (SARS-CoV-2) WEEKLY SUMMARY

**COVID-19 (SARS-CoV-2) LABORATORY SURVEILLANCE**

**Positive COVID-19 Tests, Test Positivity, and Changes from Last Week**

| Week Ending Date | COVID-19 Positives | Change from Last Week | Test Positivity | % Change from Last Week |
|---|---|---|---|---|
| 10/31/2026 | 67 | ↑ 9 | 3.9% | ↑ 0.5% |
| **Season Total** | **218** | | **3.3%** | |

**COVID-19 HOSPITALIZATION SURVEILLANCE**

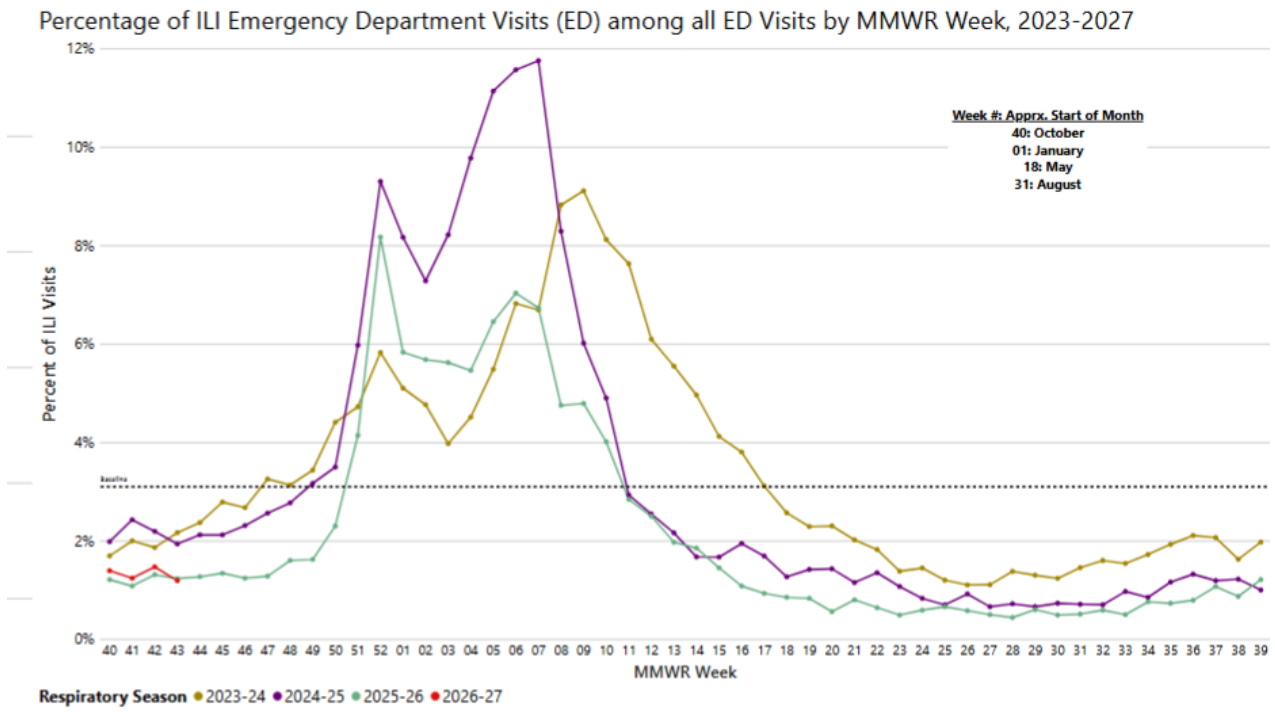
**COVID-19 Hospitalizations and Change from Last Week**

| Week Ending Date | Total COVID-19 Hospitalizations | Change from Last Week |
|---|---|---|
| 10/31/2026 | * | ↓ 4 |
| **Season Total** | **31** | |

**OUTBREAK SURVEILLANCE:** 1 COVID-19 associated outbreak have been reported in long-term care facilities during the 2026-27 surveillance season.

**MORTALITY SURVEILLANCE:** <6 COVID-19 associated deaths have been reported during the 2026-27 surveillance season.

**National COVID-19 Summary:** https://www.cdc.gov/covid/php/surveillance/index.html. **For information on the prevention of COVID-19**, please visit: https://www.cdc.gov/covid/prevention/index.html




https://dhhs.ne.gov/Pages/Seasonal-Respiratory-Diseases.aspx

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# Make Getting Your Flu Shot Part of Your Routine




American Hospital Association Fall 2026 United Against the Flu Toolkit

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# Measles Cases, Hospitalizations, and Deaths* in the U.S. 2026 vs. 2025

| | 2026<br>To date | 2025<br>Full year |
|---|---|---|
| **Total Cases** | **5,182** | **2,289** |
| **Age** | | |
| Under 5 years | 908 (18%) | 584 (26%) |
| 5-19 years | 2,104 (41%) | 1,018 (44%) |
| 20+ years | 2,132 (41%) | 674 (29%) |
| Age unknown | 38 (1%) | 13 (1%) |
| **Vaccination Status** | | |
| Unvaccinated or Unknown | 96% | 93% |
| One MMR dose | 2% | 3% |
| Two MMR doses | 2% | 4% |

| | 2026 | 2025 |
|---|---|---|
| **Total Hospitalized** | **11%**<br>(562 of 5,182 cases) | **11%**<br>(244 of 2,289 cases) |
| **Percent of Age Group Hospitalized** | | |
| Under 5 years | 17% (154 of 908) | 18% (106 of 584) |
| 5-19 years | 4% (94 of 2,104) | 6% (58 of 1,018) |
| 20+ years | 15% (313 of 2,132) | 12% (80 of 674) |
| Age unknown | 3% (1 of 38) | 0% (0 of 13) |

| | 2026 | 2025 |
|---|---|---|
| **Total Deaths** | **4*** | **3** |

*This number is subject to change; CDC will update its reporting as additional information becomes available and relevant reviews are completed.

CDC - Measles Cases and Outbreaks

# Making Sense of Evidence

## Vol 1

Juan Teran, MD
Medical Director, NE ICAP

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# Types of Variables: Introduction

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# Types of Variables

## Continuous

numerical variable with values possible between any two values

- Surgical site infections
  - Temperature
  - Glucose



## Dichotomous

Two distinct, mutually exclusive values or categories

- CAUTI
  - Yes or No
- Bundle adherence
  - Yes or No





## Categorical

Values are placed in limited groups or categories based certain properties

- Number of CAUTIs based on the following groups:
  - ICU
  - Med/surg
  - PICU







# Types of variables Cont.

## Ordinal

Type of categorical that has a rank or order

- Looking for reactions to a new detergent
  - Mild
  - Moderate
  - Severe



## Time to event

Measures the time to until a specific outcome

- Time to recurrence when comparing treatment of *C. difficile*
  - Vancomycin taper
  - Vancomycin 10 days



## Discrete

Numerical value with countable, separate values

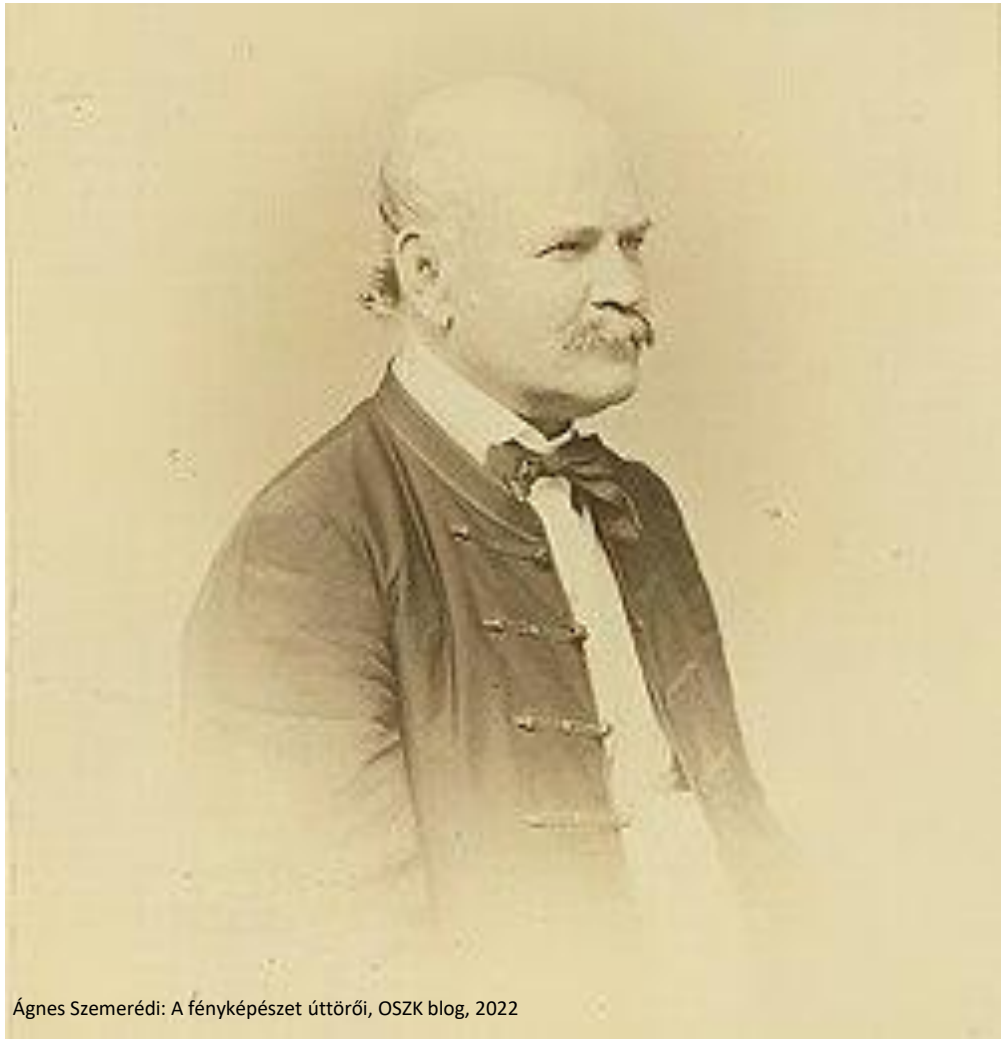
- Number of contaminated blood culture



# Comparison of Two Variables



# Two dichotomous variables



Ágnes Szemerédi: A fényképészet úttörői, OSZK blog, 2022

1846: You start working in the largest maternity in the world, Vienna Maternity Hospital

Two clinics:

- Doctors and medical students
- Midwives

You are concern about “morbid matter”

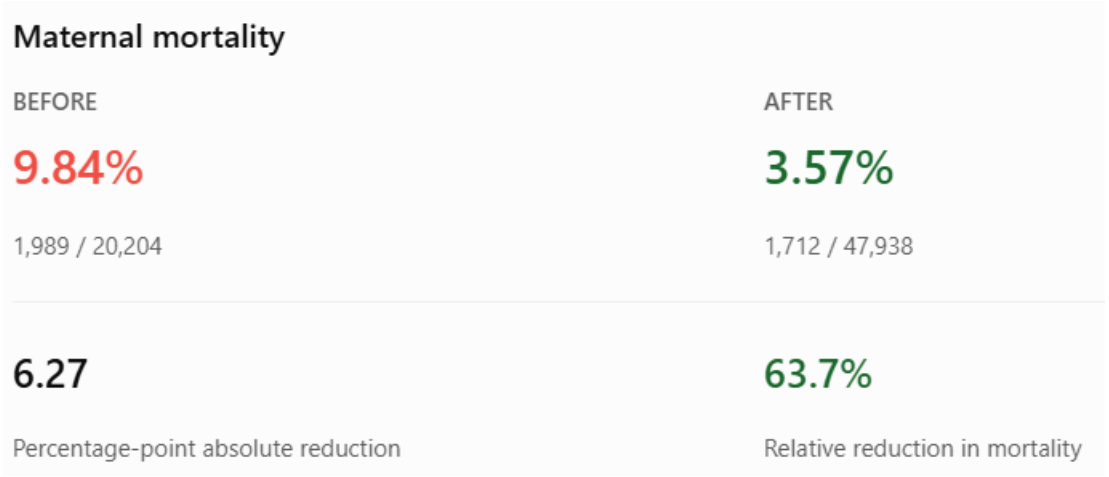
You want to see of chloride of lime hand washing decreases puerperal fever

Two variables: Hand washing (yes or no) and maternal death (yes or no)

Loudon I. Ignaz Phillip Semmelweis’ studies of death in childbirth. *Journal of the Royal Society of Medicine*. 2013;106(11):461-463

# Contingency table

| Maternal death | Survived | Died | Total |
|---|---|---|---|
| Before handwashing | 18,215 | 1,989 | 20,204 |
| After handwashing | 46,226 | 1,712 | 47,938 |

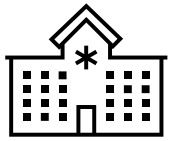



Chi-Square = p<0.001

# Two continuous variables

## Hand-hygiene compliance by hospital staff and incidence of health-care-associated infections, Finland

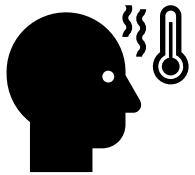
Helena Ojanperä,[a] Outi I Kanste[a] & Hannu Syrjala[b]



You work in a hospital in Finland
2013 - 2018



You have multiple infection control champions who observed 52,115 hand hygiene events

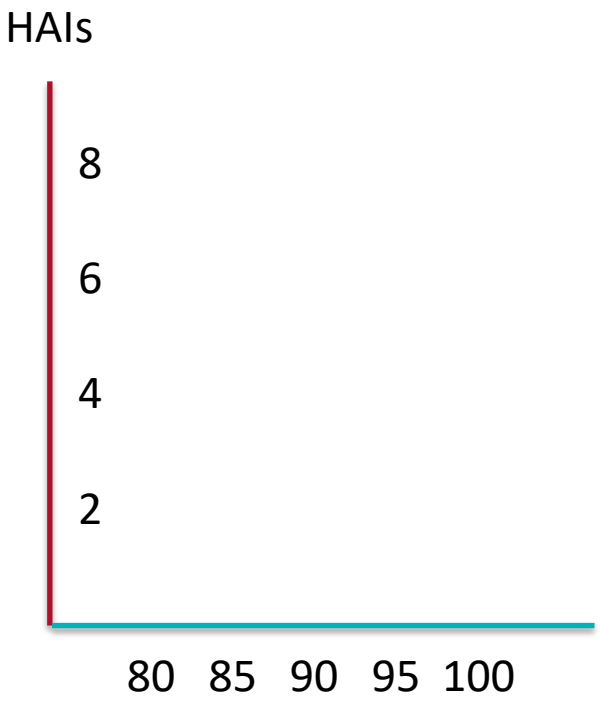


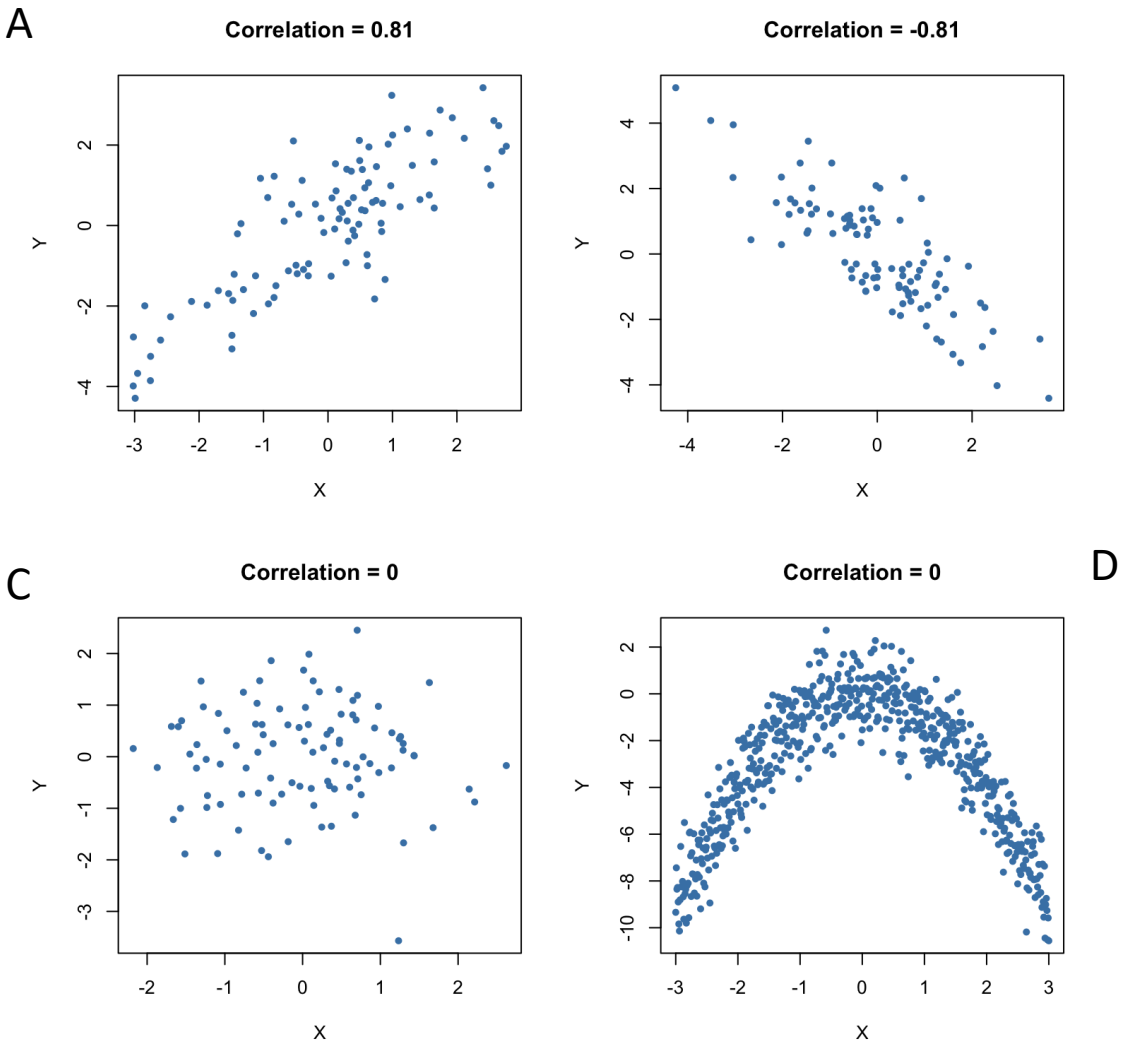
In 2013 you had 14.2 HAIs per 1,000 patient-days

In 2018 you had 11.7 HAIs per 1,000 patient-days

Ojanperä H, Kanste OI, Syrjala H. Hand-hygiene compliance by hospital staff and incidence of health-care-associated infections, Finland. Bull World Health Organ. 2020 Jul 1;98(7):475-483

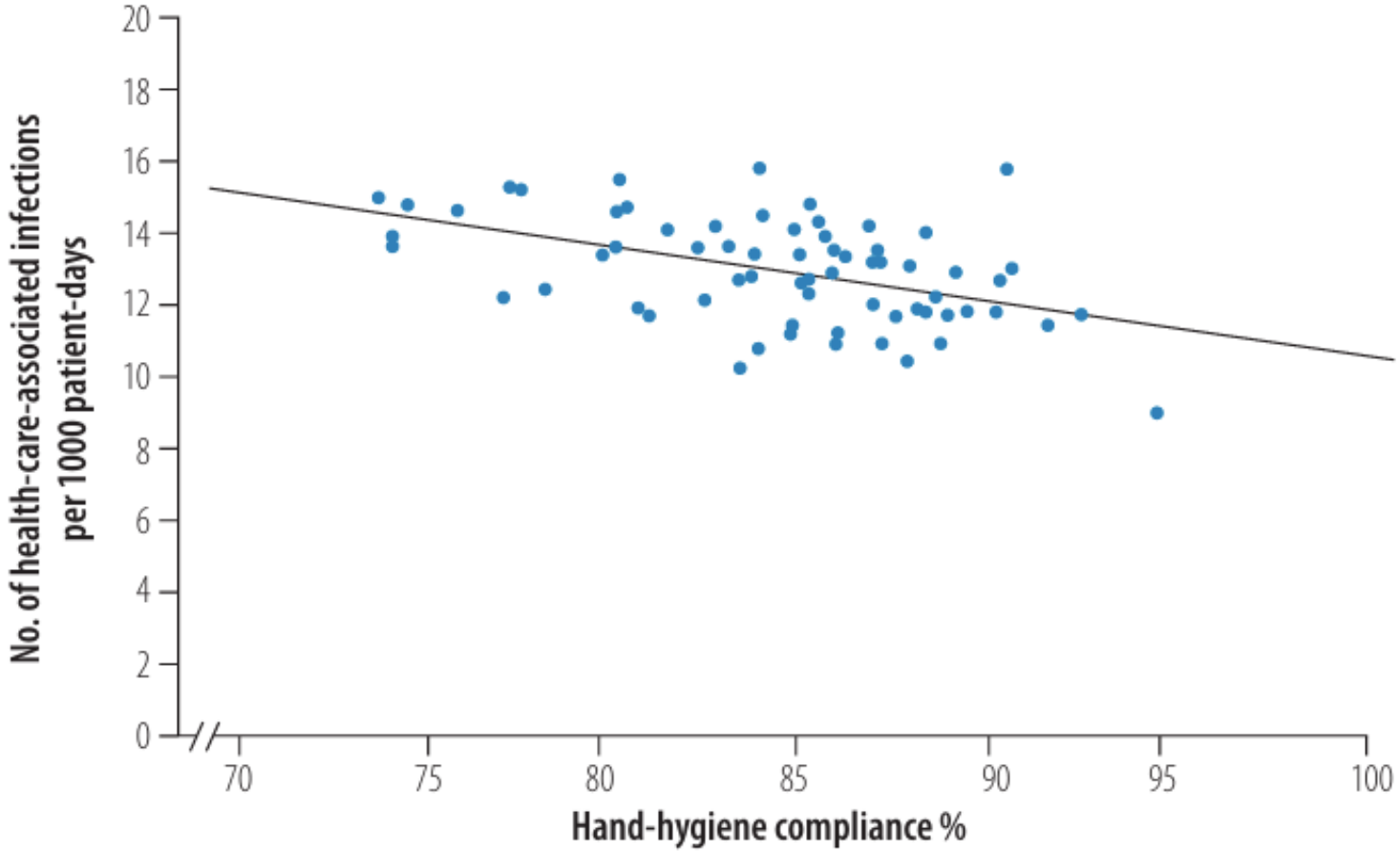
# Scatterplot




https://www.econometrics-with-r.org/3.7-scatterplots-sample-covariance-and-sample-correlation.html

Fig. 2. **Correlation between monthly incidence of health-care-associated infections and hand-hygiene compliance, Finland, 2013–2018**




(r = −0.48; *P* < 0.001)

Ojanperä H, Kanste OI, Syrjala H. Hand-hygiene compliance by hospital staff and incidence of health-care-associated infections, Finland. Bull World Health Organ. 2020 Jul 1;98(7):475-483

# Types of Studies: Observational

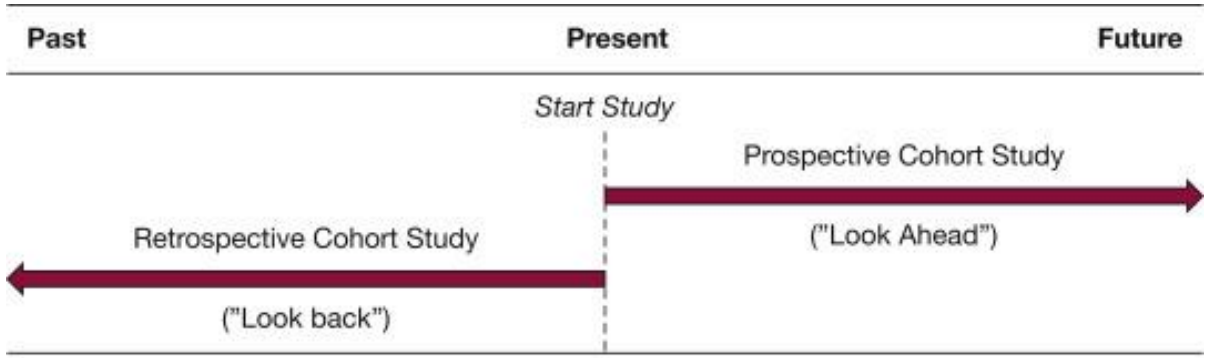
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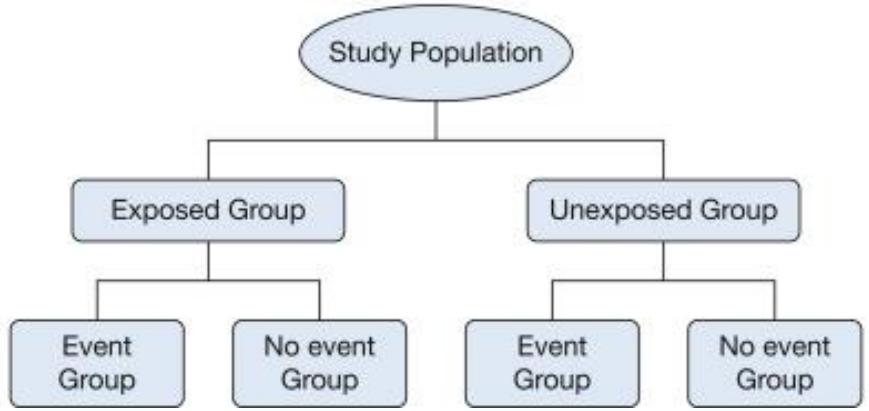
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# Cohort Study

- A cohort study observes people as two or more groups, from exposure to outcome



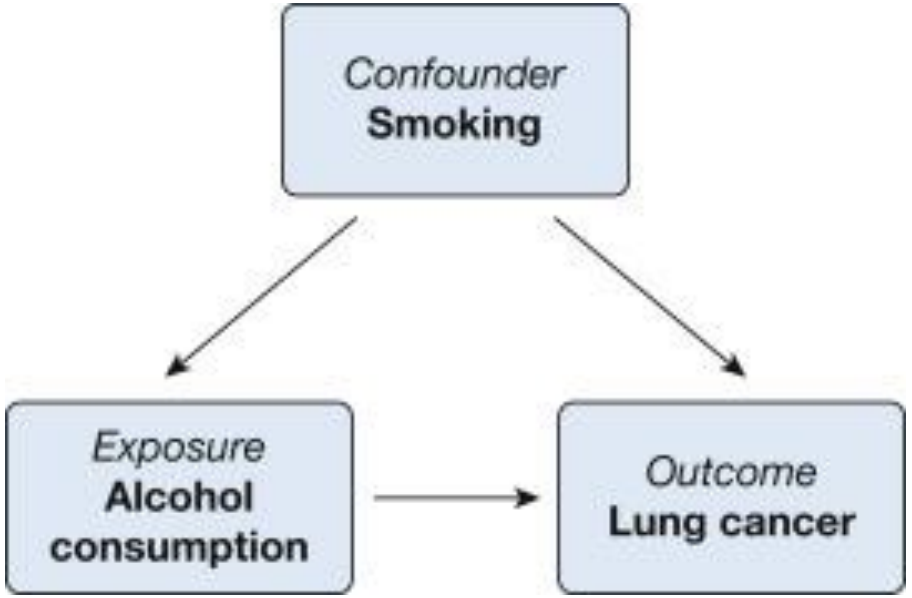




Wang X, Kattan M **Cohort Studies** CHEST, 158, S72-S78

# Cohort Study

- Advantages:
  - Can investigate multiple outcomes
  - Good for rare outcomes
  - Can infer causality

- Disadvantages:
  - Loss to follow up
  - Confounders
  - Expensive and time consuming




- Results: incidence rate, cumulative incidence, relative risk, and hazard ratio

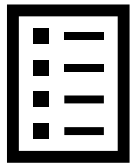
The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 DECEMBER 28, 2006 VOL. 355 NO. 26

# An Intervention to Decrease Catheter-Related Bloodstream Infections in the ICU



You are an investigator in Michigan
You are interested in decreasing CLABSIs in the ICU



Catheter days
CLABSIs in NNIS



Test 5 interventions: hand washing, using full-barrier precautions, chlorhexidine, avoiding the femoral site if possible, and removing unnecessary catheters

Pronovost P, Needham D, Berenholtz S, Sinopoli D, Chu H, Cosgrove S, Sexton B, Hyzy R, Welsh R, Roth G, Bander J, Kepros J, Goeschel C. An intervention to decrease catheter-related bloodstream infections in the ICU. N Engl J Med. 2006 Dec 28;355(26):2725-32

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**Table 2. Baseline Data.**

| Characteristic | No. of ICUs | Baseline Period | | |
|---|---|---|---|---|
| | | No. of Infections | Catheter-Days | No. of Infections per 1000 Catheter-Days |
| | | | *median (interquartile range)* | |
| All hospitals | 55* | 2 (1–3) | 511 (220–1091) | 2.7 (0.6–4.8) |

$$\text{Incidence Rate} = \frac{\text{Number of New Events}}{\text{Total Person-Time at Risk}}$$



108 ICUs
1981 ICU-months of data
375,757 catheter-days

**Table 4. Incidence-Rate Ratios for Catheter-Related Bloodstream Infections.***

| Variable | Incidence-Rate Ratio (95% CI) | P Value |
|---|---|---|
| Study period | | |
| Baseline | 1.00 | |
| During implementation | 0.76 (0.57–1.01) | 0.063 |
| After implementation | | |
| 0–3 mo | 0.62 (0.47–0.81) | 0.001 |
| 4–6 mo | 0.56 (0.38–0.84) | 0.005 |
| 7–9 mo | 0.47 (0.34–0.65) | <0.001 |
| 10–12 mo | 0.42 (0.28–0.63) | <0.001 |
| 13–15 mo | 0.37 (0.20–0.68) | 0.001 |
| 16–18 mo | 0.34 (0.23–0.50) | <0.001 |

- **IRR = 1.0:** No difference in incidence rates between the groups (no effect).
- **IRR > 1.0:** The exposed or primary group has a **higher** rate of the event (positive association or increased risk).
- **IRR < 1.0:** The exposed or primary group has a **lower** rate of the event (negative association or protective effect).

$$\text{Incidence Rate Ratio (IRR)} = \frac{\text{Incidence Rate in Group 1 (e.g., Exposed)}}{\text{Incidence Rate in Group 2 (e.g., Unexposed)}}$$

Pronovost P, Needham D, Berenholtz S, Sinopoli D, Chu H, Cosgrove S, Sexton B, Hyzy R, Welsh R, Roth G, Bander J, Kepros J, Goeschel C. An intervention to decrease catheter-related bloodstream infections in the ICU. N Engl J Med. 2006 Dec 28;355(26):2725-32

# Case Control Study

- As an observational study, you want to discover and quantify an association between an exposure and an outcome of interest. Our hope is to draw a causal inference.
- Contrary to a cohort study, we know the outcome, but we don't know the distribution of the exposure.
- E.g., Cohort: we follow smokers and non-smokers to see if they develop lung cancer
- E.g., Case-control: I have a list of patients with surgical site infection. I would like to know if surgeon, OR, antibiotic used

Dey T, Mukherjee A, Chakraborty S **A Practical Overview of Case-Control Studies in Clinical Practice** CHEST, 158, S57-S64

# Case Control

- Odds ratio: Odds that a person with the outcome was exposed divided by the odds that a person without the outcome was exposed

- Advantages:
  - Good for rare diseases with a long latency period
  - You can study multiple exposures
  - Can be performed in a short period of time
- Disadvantages
  - Not suitable if the exposure is rare
  - Difficulty assessing the exposure

| | Case Subjects | Control Subjects |
|---|---|---|
| Exposed | *a* | *b* |
| Unexposed | *c* | *d* |

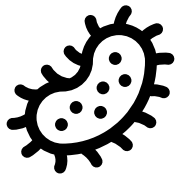
Dey T, Mukherjee A, Chakraborty S **A Practical Overview of Case-Control Studies in Clinical Practice** CHEST, 158, S57-S64

EMERGING INFECTIOUS DISEASES®
ISSN: 1080-6059
Volume 23, Number 5—May 2017
*Research*

Invasive Nontuberculous Mycobacterial Infections among Cardiothoracic Surgical Patients Exposed to Heater–Cooler Devices[1]



You are the IP at a 585-bed community hospital that performs ~650 cardiac surgeries per year (400 of those use cardiopulmonary bypass)



Surgeons notify you about cases of Mycobacterium chimaera

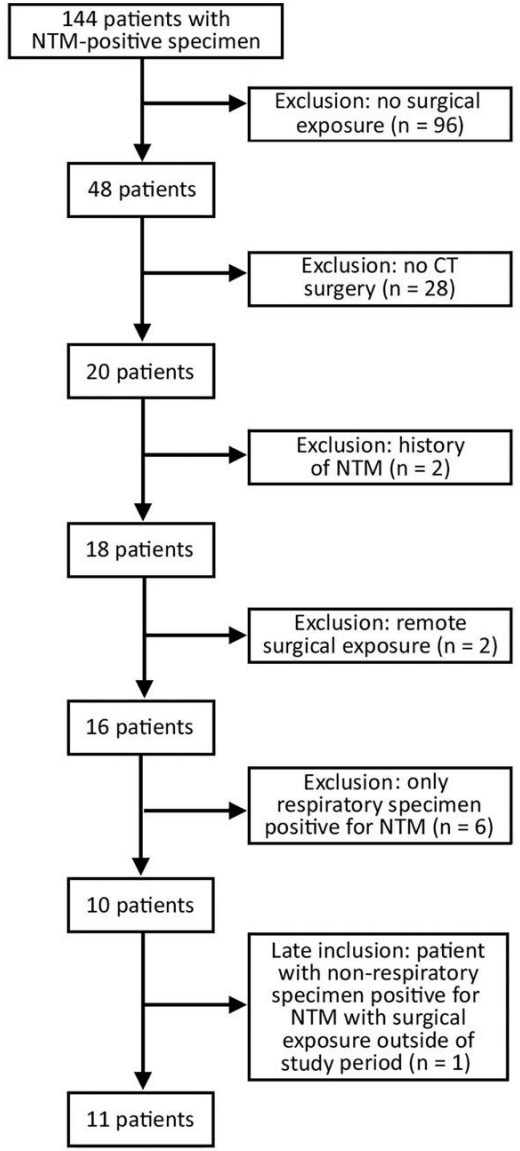


3 ORs are used by cardiothoracic surgery

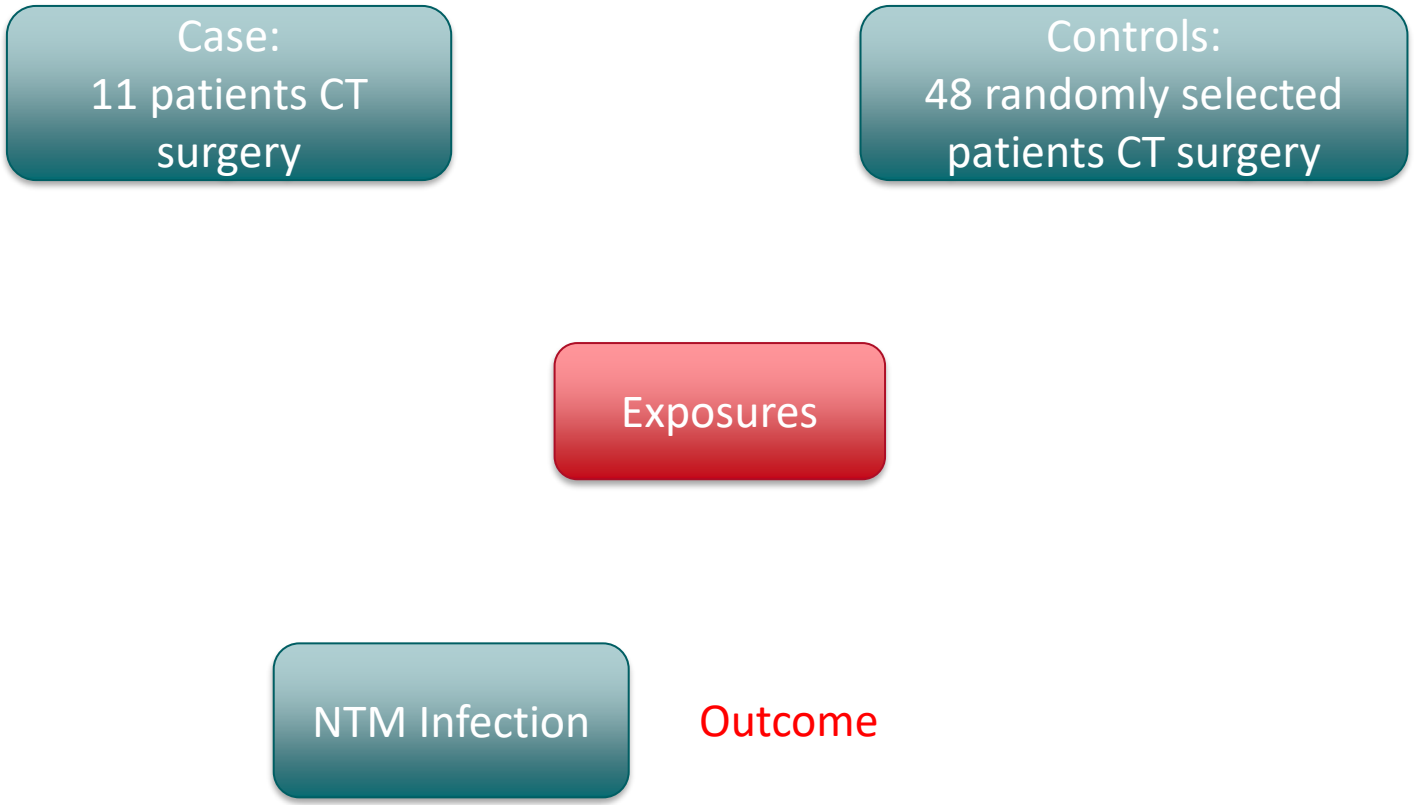
Lyman MM, Grigg C, Kinsey C, et al. Invasive Nontuberculous Mycobacterial Infections among Cardiothoracic Surgical Patients Exposed to Heater–Cooler Devices. *Emerging Infectious Diseases*. 2017;23(5):796-805

Case Finding:
Call Micro and ask for all NTM-positive isolates.
Cross-reference that list with the surgical database for those who had a procedure between 3.5 years and 30 days prior to a positive isolate.

Calculate the rate of infection for the 3 most common surgical procedures (cardiothoracic, general, and orthopedic) (NTM-positive patients per 10,000 operations performed)




Lyman MM, Grigg C, Kinsey C, et al. Invasive Nontuberculous Mycobacterial Infections among Cardiothoracic Surgical Patients Exposed to Heater–Cooler Devices. *Emerging Infectious Diseases*. 2017;23(5):796-805




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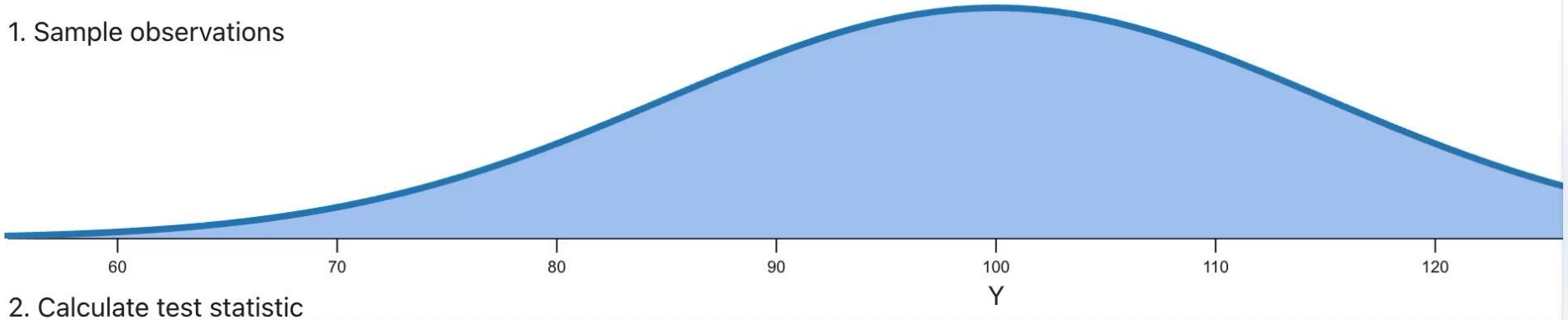
| Exposures | Case-patients, n = 11 | Control-patients, n = 48 | Odds ratio (95% CI) | p value† |
|---|---|---|---|---|
| Type of procedure‡ | | | | |
| Major cardiothoracic procedure | 11 (100) | 31 (65) | 12.8 (1.5–>999.9) | 0.09 |
| Major cardiac procedure | 9 (82) | 21 (44) | 4.9 (1.2–27.5) | 0.04 |
| Coronary artery bypass grafting surgery | 6 (55) | 17 (35) | 2.1 (0.6–7.9) | 0.25 |
| Cardiac valve surgery | 4 (436) | 8 (67) | 2.9 (0.7–11.4) | 0.15 |
| Aortic surgery | 5 (45) | 0 (0) | 82.1 (7.9–>999.9) | 0.008 |
| Pericardial window | 0 (0) | 2 (4) | 0.8 (0.01–10.9) | 0.91 |
| Major thoracic procedure | 2 (18) | 11 (23) | 0.9 (0.1–3.6) | 0.85 |
| Artificial valve or graft | 8 (73) | 9 (19) | 10.1 (2.6–48.1) | 0.002 |
| Topical medication | 10 (91) | 37 (77) | 2.1 (0.4–21.4) | 0.43 |
| Topical antibiotic | 10 (91) | 31 (65) | 3.9 (0.8–38.2) | 0.15 |
| Topical anticoagulant | 5 (45) | 15 (31) | 1.8 (0.5–6.7) | 0.37 |
| Use of cardiopulmonary bypass with HCD exposure | 9 (82) | 20 (42) | 5.3 (1.3–29.9) | 0.03 |



# What about the p-value?

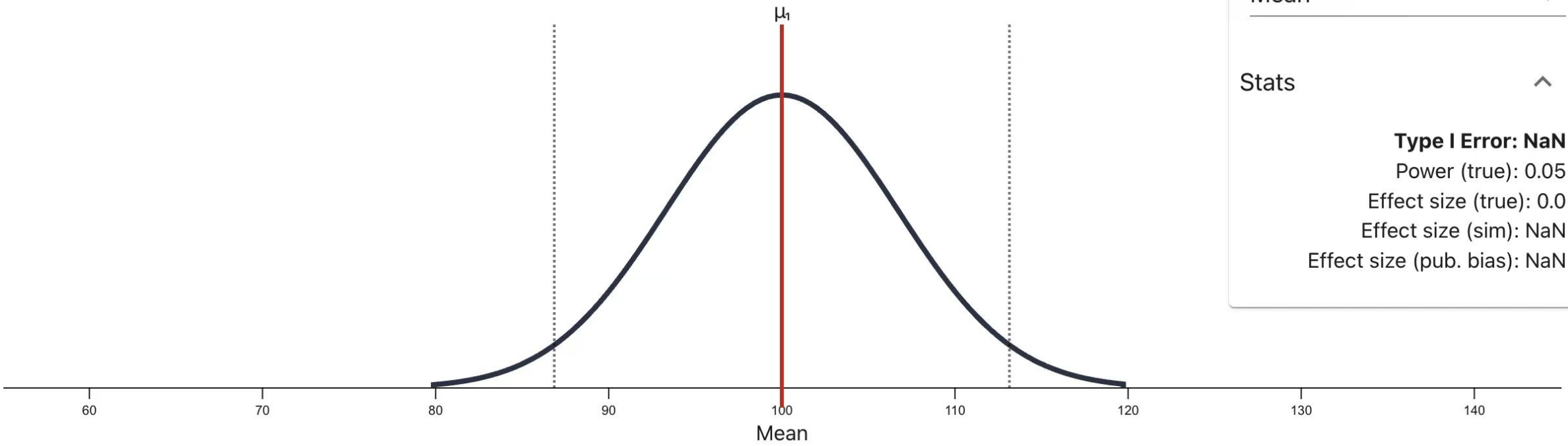
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1. Sample observations




2. Calculate test statistic

3. Calculate p-value




Drag

Observations per sample

− n=5 + P HACK

Draw samples

+1 | +50 | +500

# Draws: 0 CLEAR

Sample dist. statistic

Mean

Stats

**Type I Error: NaN**

Power (true): 0.05

Effect size (true): 0.0

Effect size (sim): NaN

Effect size (pub. bias): NaN

**Power Analysis**: Pr(test T rejects $H_0$; μ = 100.0) = 0.05

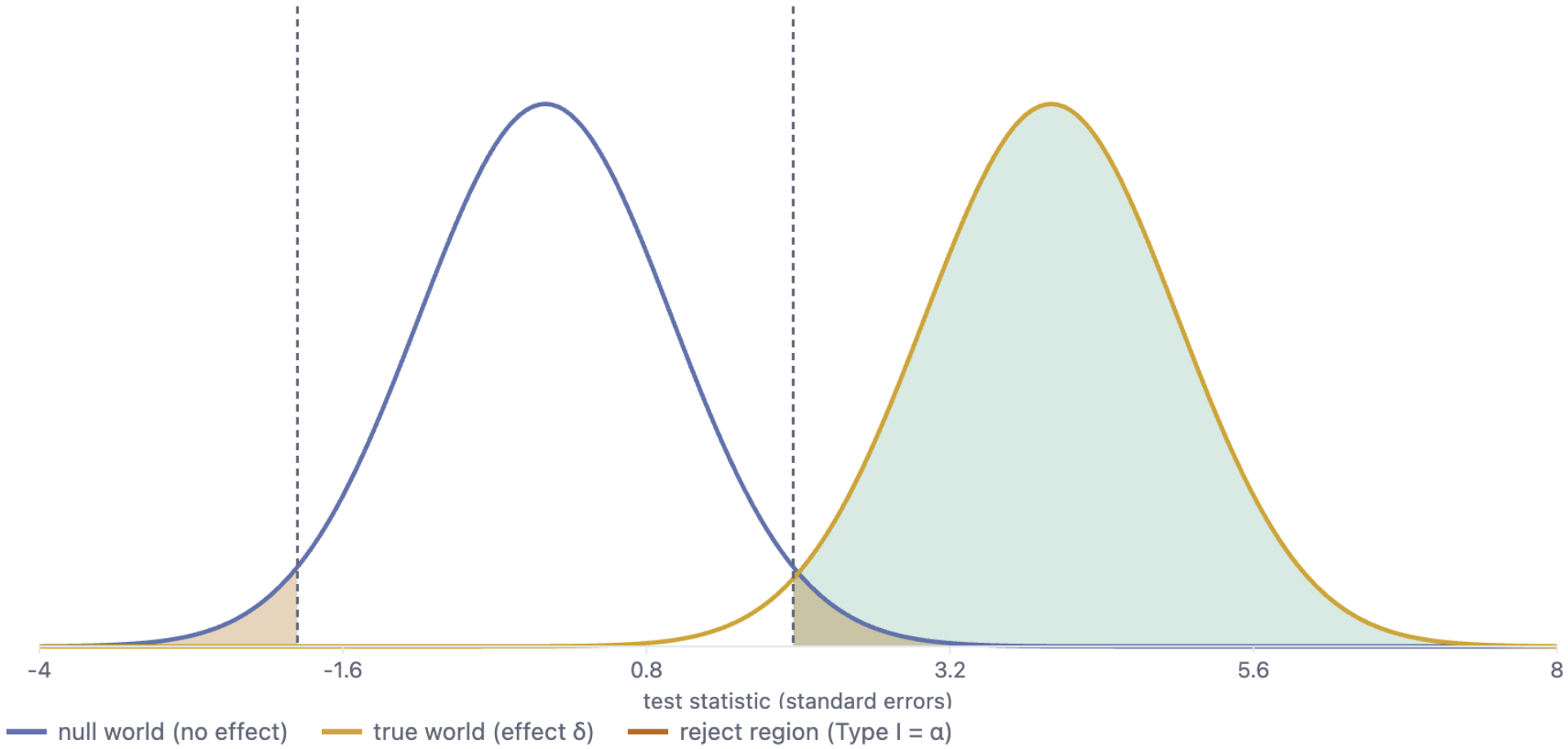
If we assume that the population mean is 100.0, then our test would reject the



True effect δ (in SEs) = 4.0

Significance α: 0.01 | 0.05 | 0.10

Test: one-sided | two-sided




α (Type I — a false alarm) = **0.05** · power (catching a real effect) = **98%** · β (Type II — a miss) = **2%**. Bigger effects (or larger samples → larger δ) are easier to detect; stricter α lowers power.

NE ICAP

# 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

# Region 7

# Regional Emerging Special Pathogens Treatment Center



# What is NETEC?

## National Emerging Special Pathogens Training and Education Center (NETEC)

The National Emerging Special Pathogens Training and Education Center's mission is to set the gold standard for special pathogen preparedness and response across health systems in the U.S. with the goals of driving best practices, closing knowledge gaps, and developing innovative resources.

**NETEC Founding Organizations:**

1. Emory University
2. **University of Nebraska Medical Center/Nebraska Medicine**
3. NYC Health + Hospitals/Bellevue

NETEC works closely with the 13 U.S. Regional Emerging Special Pathogen Treatment Centers (RESPTCs) and others to advance special pathogen readiness.

# Where are the RESPTCs Located?

**13 RESPTCs**

**At Least 1 in Each HHS Region**

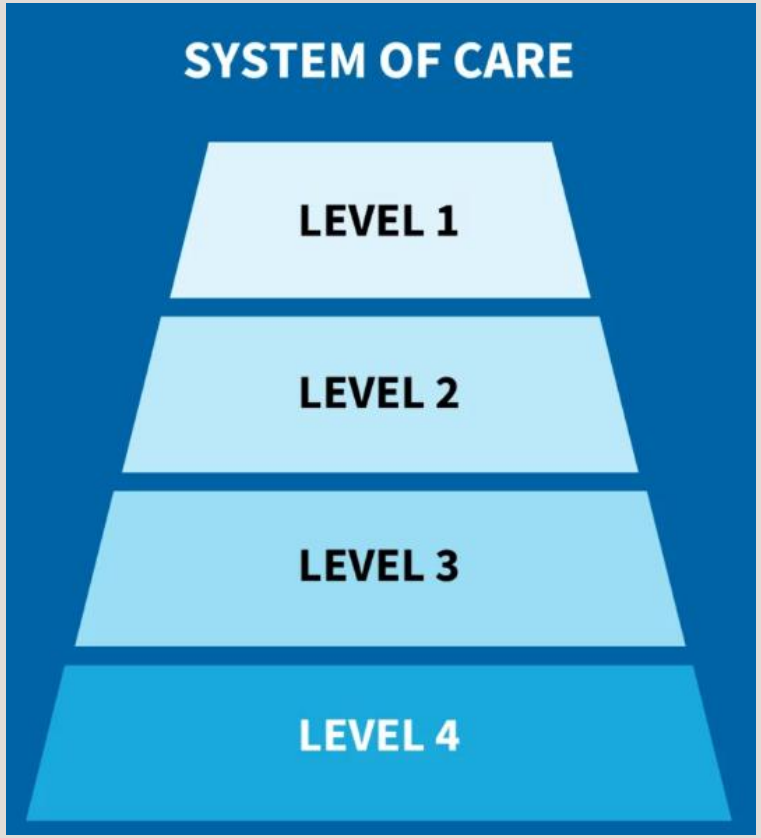


# What is a Regional Emerging Special Pathogens Treatment Center?

**Regional Emerging Special Pathogen Treatment Centers (RESPTCs)** are hospitals with enhanced capability and capacity to care for high consequence infectious diseases, such as Ebola or MERS, and serve as regional hubs for the National Special Pathogen System.

**Roles of the RESPTC:**

1. Provide specialized care for HCID patients
2. Provide regional outreach and coordination through technical assistance, consultation, and revision of CONOPS
3. Provide information, resources, and training to healthcare facilities and EMS agencies in R7
4. Promote use of assessment tools and resources developed by NETEC




**Regional Emerging Special Pathogens Treatment Center**
**Region VII**
Contact us: nbu@nebraskamed.com

# R7 RESPTC Training and Education Courses

## For Healthcare Facilities:

HCID Frontline Healthcare Facility Training

- Expert presentations
- Skills demonstrations with safe rationales
- Zoning and workflows
- More!



If you are interested in learning more about R7 lead training opportunities, send me an email!
Jgruber@nebraskamed.com

## For Emergency Medical Services:

EMS Biosafety Operators Course

- Engaging didactic presentations
- Informative hands-on skills
- Ambulance wrapping and decon



# R7 RESPTC Workgroups

## Healthcare Facilities

- Quarterly cadence
- Participants from all over R7
- Topics include:
  - CONOPS
  - Policies and Procedures
  - HCID Outbreak Situation Reports
  - Success Stories
  - Sustaining HCID Teams
  - More!

## EMS

- Quarterly Cadence
- Topics include:
  - HCID Outbreaks
  - Training needs
  - Challenges facing readiness
  - Training and education
  - CONOPS and Respite site locations
  - Recruitment and hospital engagement

## Laboratory Workgroup

- Quarterly Cadance
- Attendees: State public health laboratory members, hospital clinical/diagnostic lab professionals, public health partners
- Topics:
  - Emerging threats
  - Available training and education
  - Changes to state testing menus

**Regional Emerging Special Pathogens Treatment Center**
**Region VII**
Contact us: nbu@nebraskamed.com

# NETEC Exercise Template Refresh

## NETEC Exercise template refresh update

- NSPS Level 1 and Level 2 (one template) finalized by task force
  - ExPlan, EEG,AAR
- Mystery Patient Drill finalized
  - ExPlan, EEG, AAR

- Exercise template Task force to review and discuss NSPS Level 3 and 4 template options and TTX update: SitMan, Facilitation Guide, PowerPoint (to support SitMan)

- MORE COMING SOON




[Exercise Templates · NETEC Exercise Templates · NETEC Resource Library]

**Regional Emerging Special Pathogens Treatment Center Region 7**
Contact us: nbu@nebraskamed.com

# R7 RESPTC Contact Information & Preparedness Resources

**Technical Assistance Requests:**
Jgruber@nebraskamed.com or NBU@Nebraskamed.com

**Request a Consultation**

- Jgruber@nebraskamed.com or NBU@Nebraskamed.com
  - Policy and procedure review
  - Assistance with Zoning and Workflows
  - Developing sustainable programs

**NETEC Special Pathogens Operational Readiness Self Assessments (SPORSA)**

- Hospital – Hospital Assessment Areas | NETEC
- Hospital - Health Care Facility Viral Hemorrhagic Fever (VHF) Preparedness Checklist | NETEC
- EMS - Start Your Emergency Medical Services (EMS) Readiness Self-Assessment | NETEC

# Save the Date 2027 R7 Special Pathogens Symposium

## September 21*, 22-23 | Omaha, NE

### Symposium Highlights

- Regional collaboration across healthcare, public health, emergency management, and laboratory sectors
- Interactive didactic and hands-on learning opportunities
- Sharing of best practices, lessons learned, and emerging preparedness strategies
- Focus on strengthening special pathogen response capabilities across Region VII

### Featured Topics

- Frontline Clinical Care
- Infection Prevention & Control
- EMS Preparedness & Response
- Laboratory Operations
- Train-the-Trainer Sessions
- National Special Pathogen System (NSPS) Best Practices




**Regional Emerging Special Pathogens Treatment Center Region 7**
Contact us: nbu@nebraskamed.com

# NSPS Overview

PREPARE. PROTECT. RESPOND.

# NSPS Overview

## *What is the NSPS?*

*The National Special Pathogen System (NSPS) is a tiered System of Care with four facility levels (e.g., Level 1, Level 2, Level 3, Level 4) that have increasing capabilities to care for suspected or confirmed patients with High Consequence Infectious Diseases (HCIDs).*

# NSPS Mission, Vision, & Goals

## Mission

To develop a coordinated network of high-quality special pathogen care dedicated to protecting patients, communities, and the health care workforce in the United States.

## Vision

To save lives and protect the health care workforce through an agile and comprehensive special pathogen system of care.

## ASPIRATIONAL GOALS



**Zero**

**Preventable Deaths**

after special pathogen infection



**2 hours**

**Network Mobilization**

after suspected special pathogen infection

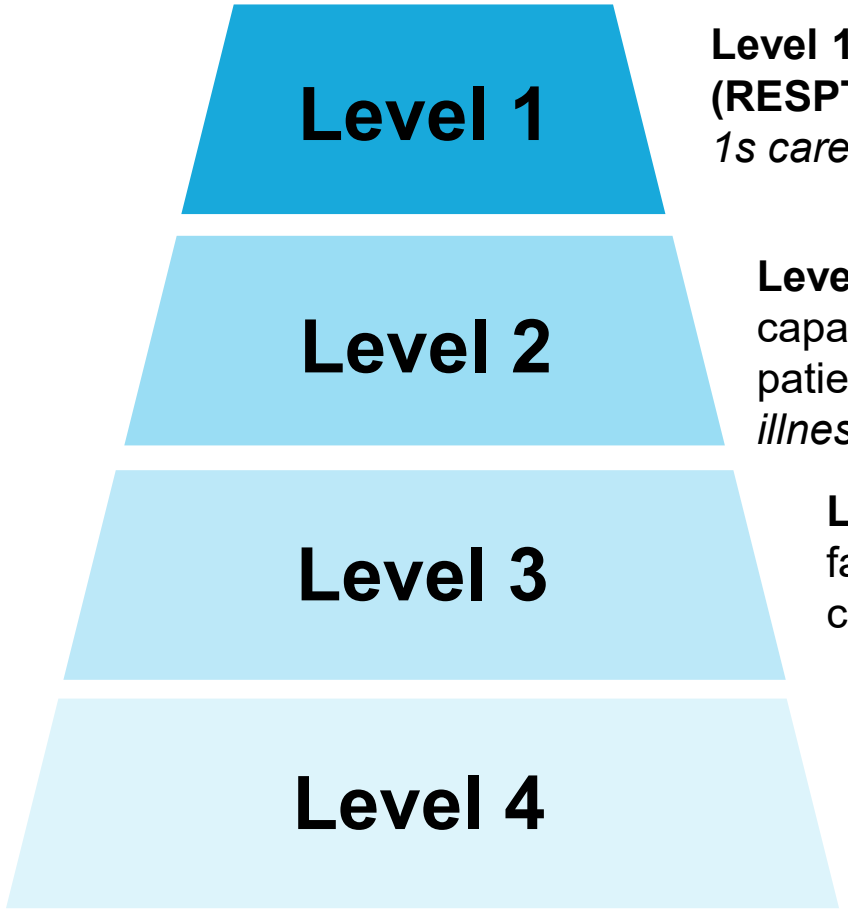


**100%**

**Have Access**

to high-quality special pathogen care for all of the U.S. population

# The Tiered System of Care




**Level 1 facilities, or Regional Emerging Special Pathogen Treatment Centers (RESPTCs),** are regional resources hubs which provide highly specialized care. *Level 1s care for patients for their duration of illness.*

**Level 2 facilities, or Special Pathogen Treatment Centers (SPTCs)**, have the capacity to deliver specialized care to clusters of patients and serve as primary patient care delivery centers. *Level 2s can care for patients for their duration of illness.*

**Level 3 facilities, or Assessment Centers**, are widely accessible care delivery facilities, able to conduct limited basic laboratory testing, stabilize patients, and coordinate rapid patient transfer. *Level 3s can care for patients for 12-36 hours.*

**Level 4 facilities, or All Other Healthcare Facilities**, can identify, isolate, inform, & initiate stabilizing medical care; protect staff; and arrange timely patient transport to minimize impact to normal facility operations.

# High-Level Minimum Capabilities Comparison

The table is intended to provide a high-level sample of quantifiable difference across levels and does not include all minimum capabilities.

| Capabilities | Level 1 | Level 2 | Level 3 |
|---|---|---|---|
| **Care Duration** | Duration of illness | Duration of illness | 12-36 Hours |
| **Capacity for VHF, airborne** | 2 VHFs<br>10 airborne | 1-2 VHFs<br>4 airborne | 1+ isolation space |
| **PPE Supply** | 2 VHF cases for at least 7 days onsite (with plans to support 21 days of care) | 1-2 VHF cases for at least 7 days onsite (with plans to support 21 days of care) | 3 VHF cases for 12-36 hours (before resupply) |
| **Exercises** | Quarterly | At least twice annually | At least once annually for mystery patient exercise |
| **PPE Training** | Quarterly | At least 2x annually | At least 1x annually |
| **Skills Training** | Quarterly | At least annually | -- |
| **Lab Testing Ability** | Clinical lab testing | Clinical lab testing | Point-of-care onsite clinical lab testing |

# Contact Us:

Contact the Region VII RESPTC directly at Jgruber@nebraskamed.com



# Upcoming Education & Awareness Resources

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

NE ICAP

# Burden of *C. diff*




- CDC's *Antimicrobial Resistance (AR) Threats Report*, takes a comprehensive look at the *C. diff* burden in the U.S.

# November is *C. diff* Awareness Month: Spread the Word, Not *C. diff*

- During *C. diff* Awareness Month and year-round, you can spread the word by sharing CDC's *C. diff* resources with your networks.
  - Your efforts to bring attention to this serious health threat can help improve patient safety, combat antimicrobial resistance, and prevent *C. diff* infections in healthcare settings, at home, and in the community.





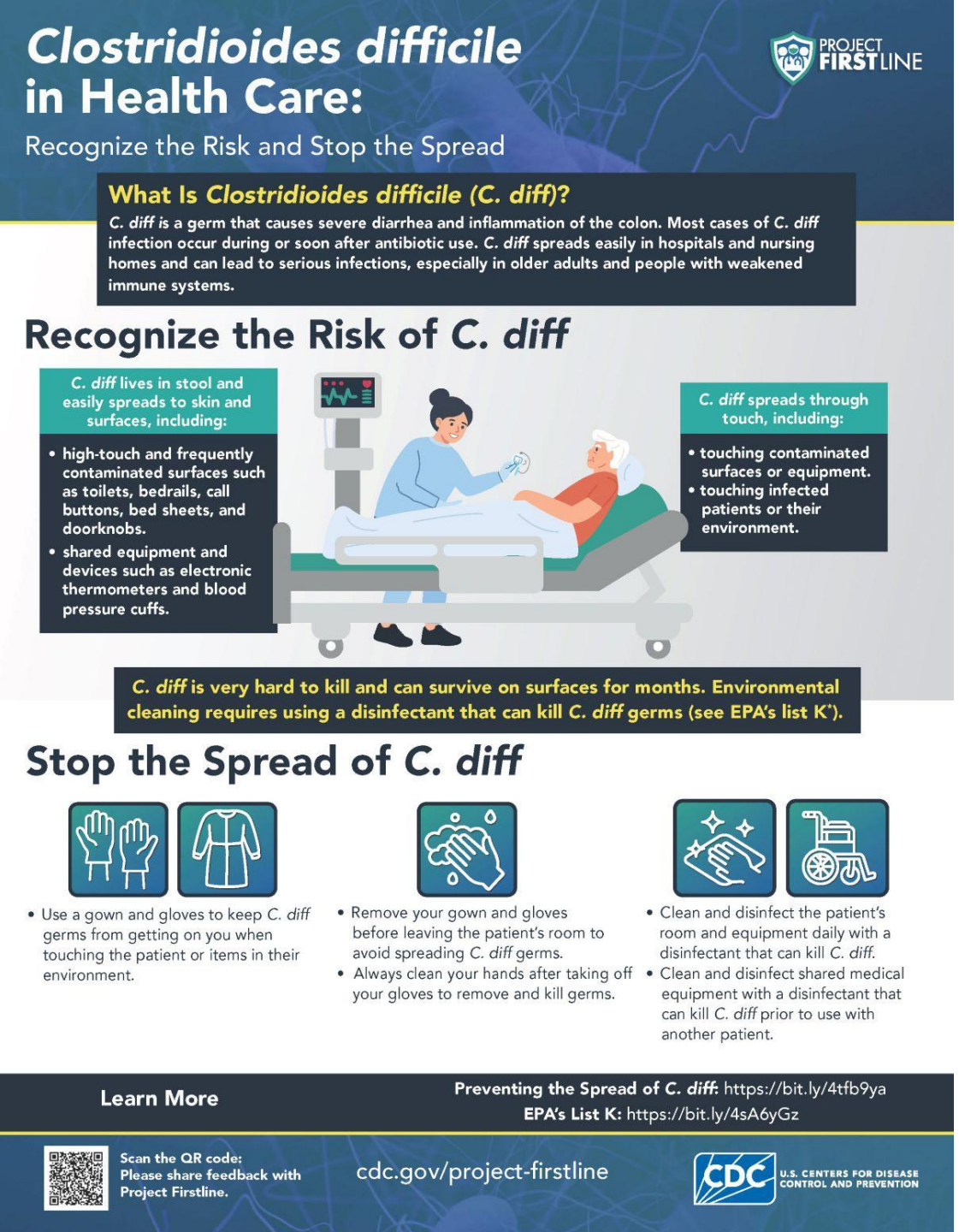

# *C. diff* Awareness Month: New Resources for Patients, Families, and Healthcare Professionals

## Healthcare Professionals

- Facts for clinicians about *C. diff*.
- The latest *C. diff* guidance for infection prevention in acute care facilities.
- *C. diff* educational resources, including protocols for surface disinfection and Contact Precautions.
- Optimize antibiotic therapy to help prevent *C. diff* infection.

## Patients and Families

- Who is at risk for *C. diff* infection and what symptoms to look for.
- Learn how antibiotics can affect your risk of *C. diff* infection in "Antibiotics, your gut, and *C. diff*."
- How you can prevent the spread of *C. diff* in the hospital and at home.
- Additional *C. diff* educational resources on symptoms, risk factors, and prevention




# CDC Project Firstline Resource: *C. difficile*

- *Clostridioides difficile (C. diff)* is a germ that causes severe diarrhea and inflammation of the colon.
- The bacteria lives in the stool and spreads easily through touch to other people and surfaces.
- Stop the spread of C. diff by:
  - Using a gown and gloves when touching the patient or their environment.
  - Remove the gown and gloves before leaving the room.
  - Clean hands after gloves removal; washing hands removes germs.
  - Clean and disinfect the patient's room and any equipment with a disinfectant that kills C. diff (see EPA's list K).

CDC Project Firstline C. diff

NE ICAP




# 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.

NE ASAP

Link to Resources: U.S. Antibiotic Awareness Week (USAAW)

Link to Recording of 10.14.26 NE ICAP Webinar

Link to Slides of 10.14.26 NE ICAP Webinar

# Upcoming NE ICAP Webinars

## Wednesday, December 9, 2026

**12:00–1:00 PM (CST)**

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





## Wednesday, January 13, 2027

**12:00–1:00 PM (CST)**

- **IPC Education & Training: Approaches and Resources**
  - **Rebecca Martinez, BSN, BA, RN, CIC**

AdobeStock #2184955666

# 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

# Infection Control Assessment & Response (ICAR) Visits

Surgical Site Infection Prevention

Sterilization

Safe Injection Practices

Environmental Cleaning & Disinfection

Hand Hygiene

High-Level Disinfection

Point of Care Blood Testing

Laundry

PPE & Standard Precautions

Indwelling Devices (e.g. CAUTI, CABSI)

Wound Care

Water Management

Transmission -Based Precautions



# ICAP Contact Information

## Call 402-552-2881

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

**Scan the QR Code to open the NE ICAP Contact Form.**
**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**

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

# Webinar CE Process

**1 Nursing Contact Hour is awarded by Nebraska ICAP**

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

**CNE Nursing Contact Hours:**

- Completion of survey is required.
- The survey must be 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.