



TN NHSN User Call

from the Tennessee Department of Health

TN

Tuesday, January 16, 2024

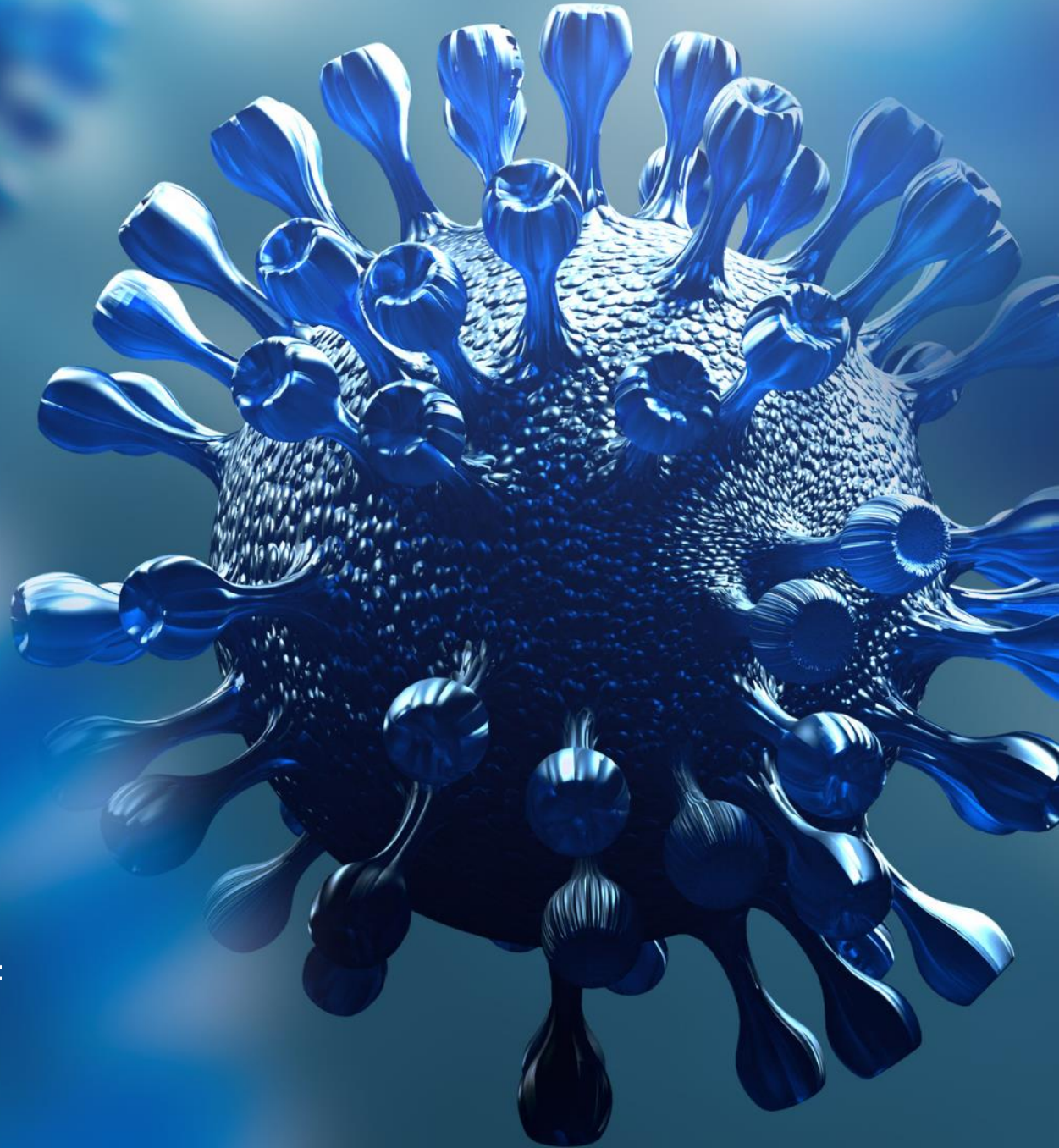
Agenda

- **Respiratory Illness Update**
 - Abigail Marrero, MPH, CPH
- **NHSN Update**
 - Vicky Lindsey, RN, CIC
- **FDA Recall**
 - Stephanie Henry, RN, BSN, CIC
- **MDRO and Outbreak Response Updates**
 - Simone Godwin, DVM, MPH, MS, CIC
- **Multi-Drug Resistant Organism (MDRO) Surveillance Team Update**
 - Ashley Gambrell, MPH
- **Annual Training Announcements**
 - Abigail Marrero, MPH, CPH

TDH NHSN Team

- **Abigail Marrero, MPH, CPH**
 - Senior NHSN Epidemiologist
- **Vicky Lindsey, AAS, RN, CIC**
 - Senior NHSN Public Health Nurse Consultant
 - Lead Technological Assistance
 - Infection Prevention and Control Specialist
- **Ashley Gambrell, MPH**
 - Assistant NHSN Epidemiologist
- **Marissa Turner, MPH**
 - Assistant NHSN Epidemiologist
- **Alex Kurutz, MPH**
 - Dialysis Epidemiologist





Respiratory Illness Update



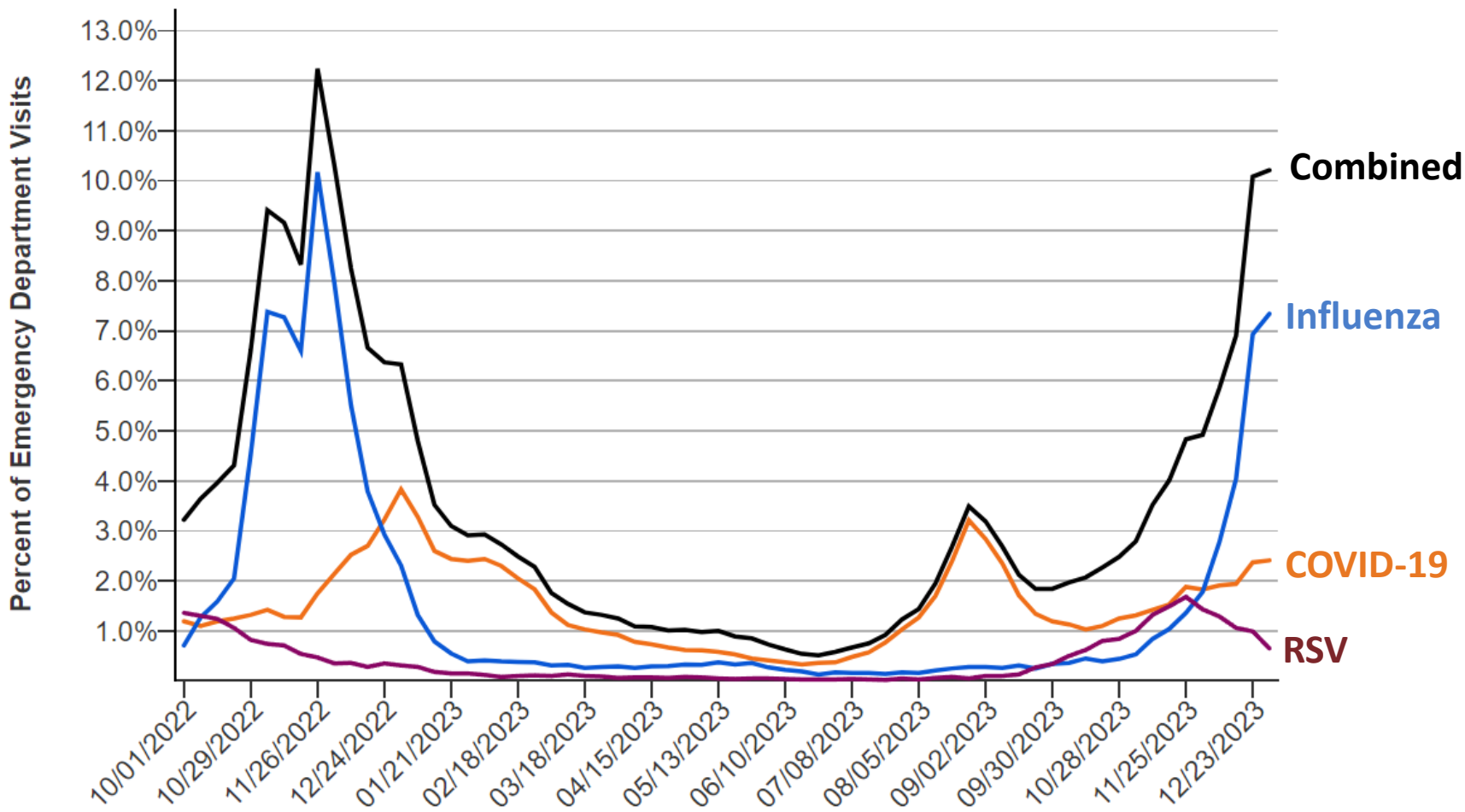
TN

Department of
Health

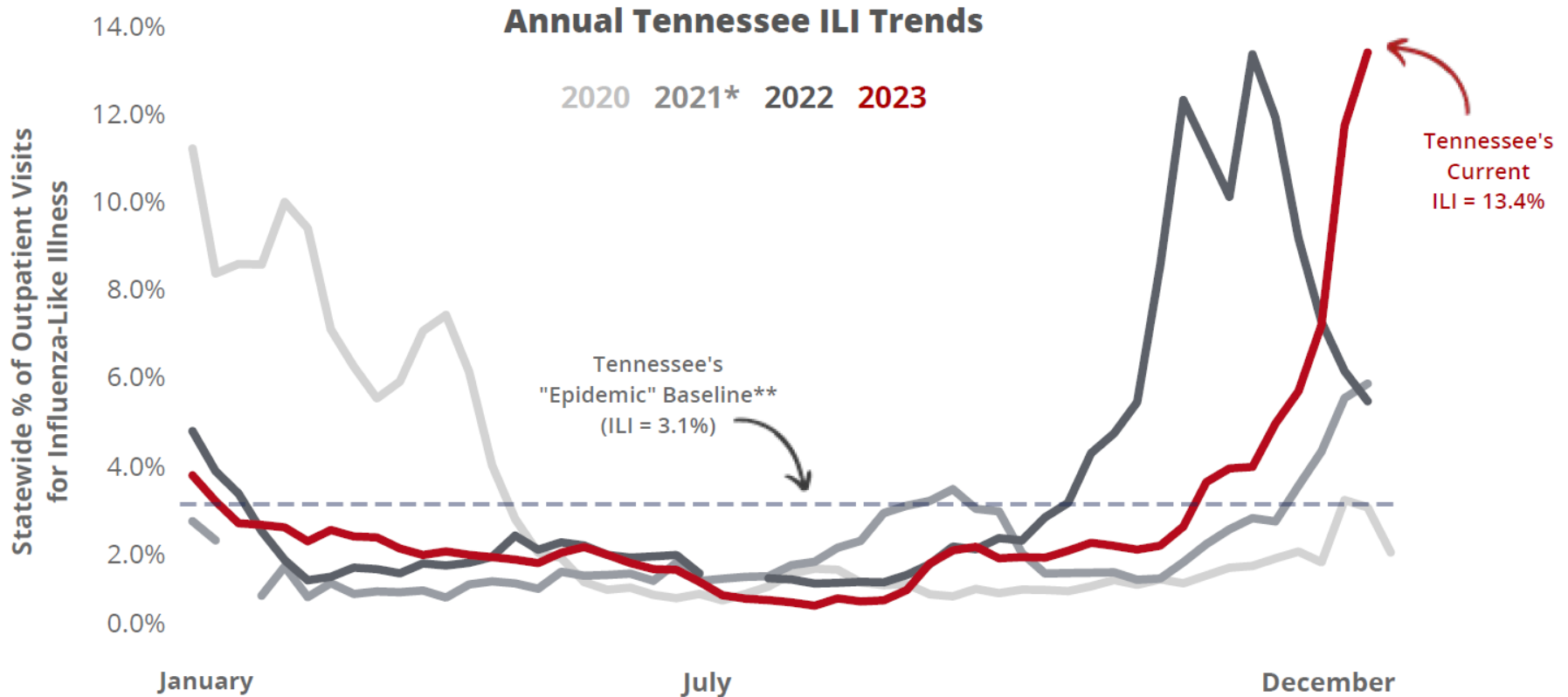
Influenza in Tennessee Snapshot

SURVEILLANCE INDICATOR	TREND	CURRENT WEEK	PREVIOUS WEEK						
 ILLNESS Percentage of outpatient visits due to influenza-like illness (ILI)	▲	13.4%	11.7%						
 LABORATORY Percentage of positive specimens & predominant strain of influenza	▲	22.3% Flu B	15.7% Flu B						
 OUTBREAKS 2 or more ill persons of a shared setting		<table border="1"> <thead> <tr> <th data-bbox="1052 782 1508 825">NEWLY REPORTED</th> <th data-bbox="1522 782 1891 825">SEASON TOTAL</th> </tr> <tr> <td data-bbox="1052 825 1508 868" style="text-align: center;"><i>during week of December 24, 2023</i></td> <td data-bbox="1522 825 1891 868" style="text-align: center;"><i>since October 1, 2023</i></td> </tr> </thead> <tbody> <tr> <td data-bbox="1052 868 1508 911" style="text-align: center;">2</td> <td data-bbox="1522 868 1891 911" style="text-align: center;">4</td> </tr> </tbody> </table>	NEWLY REPORTED	SEASON TOTAL	<i>during week of December 24, 2023</i>	<i>since October 1, 2023</i>	2	4	
NEWLY REPORTED	SEASON TOTAL								
<i>during week of December 24, 2023</i>	<i>since October 1, 2023</i>								
2	4								
 DEATHS Newly reported and season total pediatric influenza-associated deaths in TN		1	2						

Emergency Department Visits - Tennessee



Influenza-Like Illness

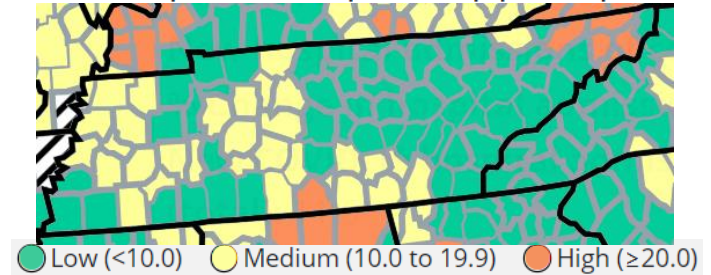


COVID-19 Trends in TN & US

- Tennessee

- New cases increased ▼
(total ~6758/week; ~7146 week prior)
- Hospitalizations increased ▲
(553 hospitalized as of 12/30)
- Deaths ▲
(total – 62/week; 37 – week prior)

New COVID-19 hospital admissions per 100,000 population, past week (total)



- U.S.A.

- New hospitalizations increasing ▲
- Deaths increasing ▲

Trend in %
Test Positivity **-0.1%** in most recent week

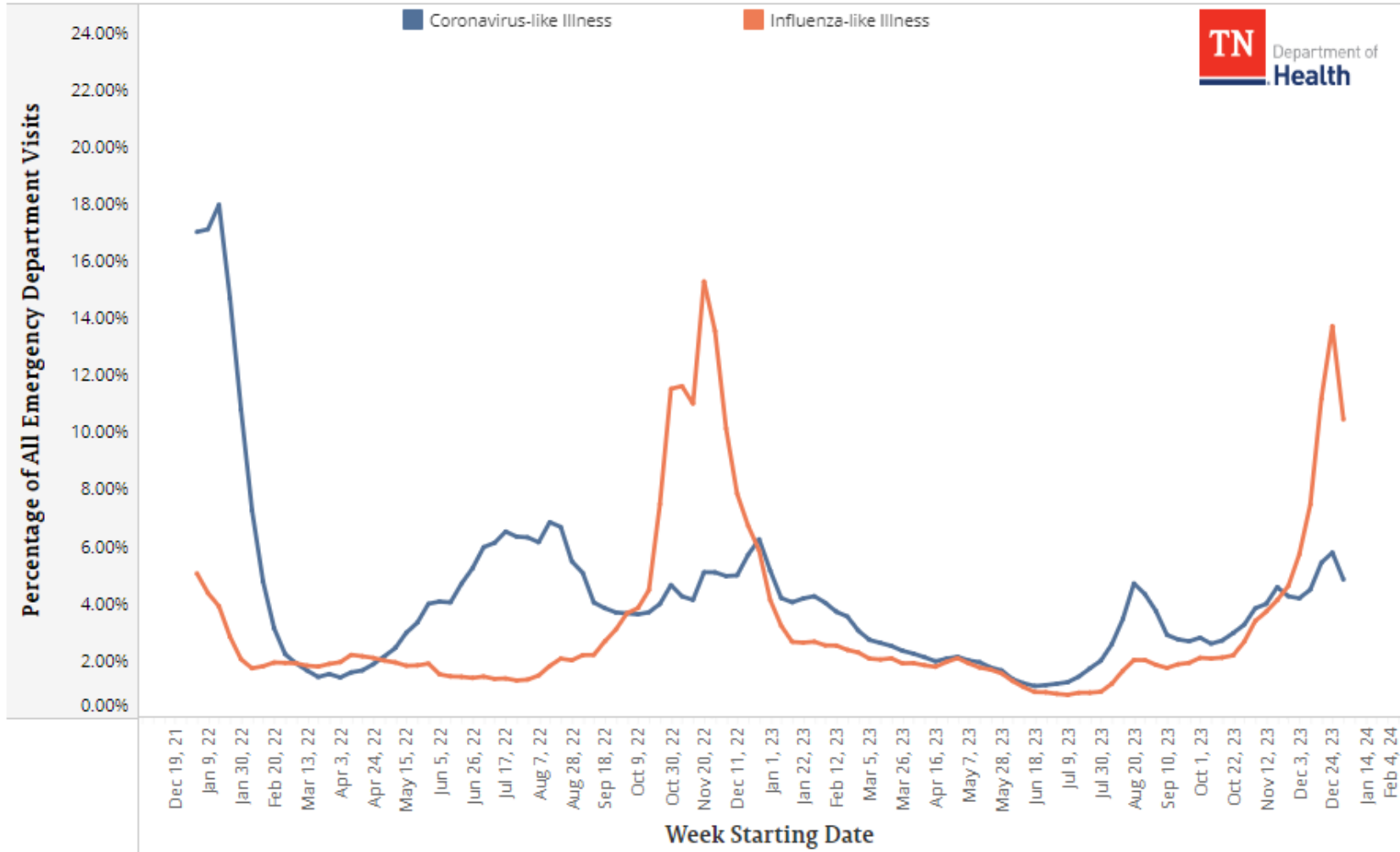
Trend in %
Emergency
Department **+12.8%** in most recent week

Trend in Hospital
Admissions **+20.4%** in most recent week

Trend in %
COVID-19
Deaths **+12.5%** in most recent week

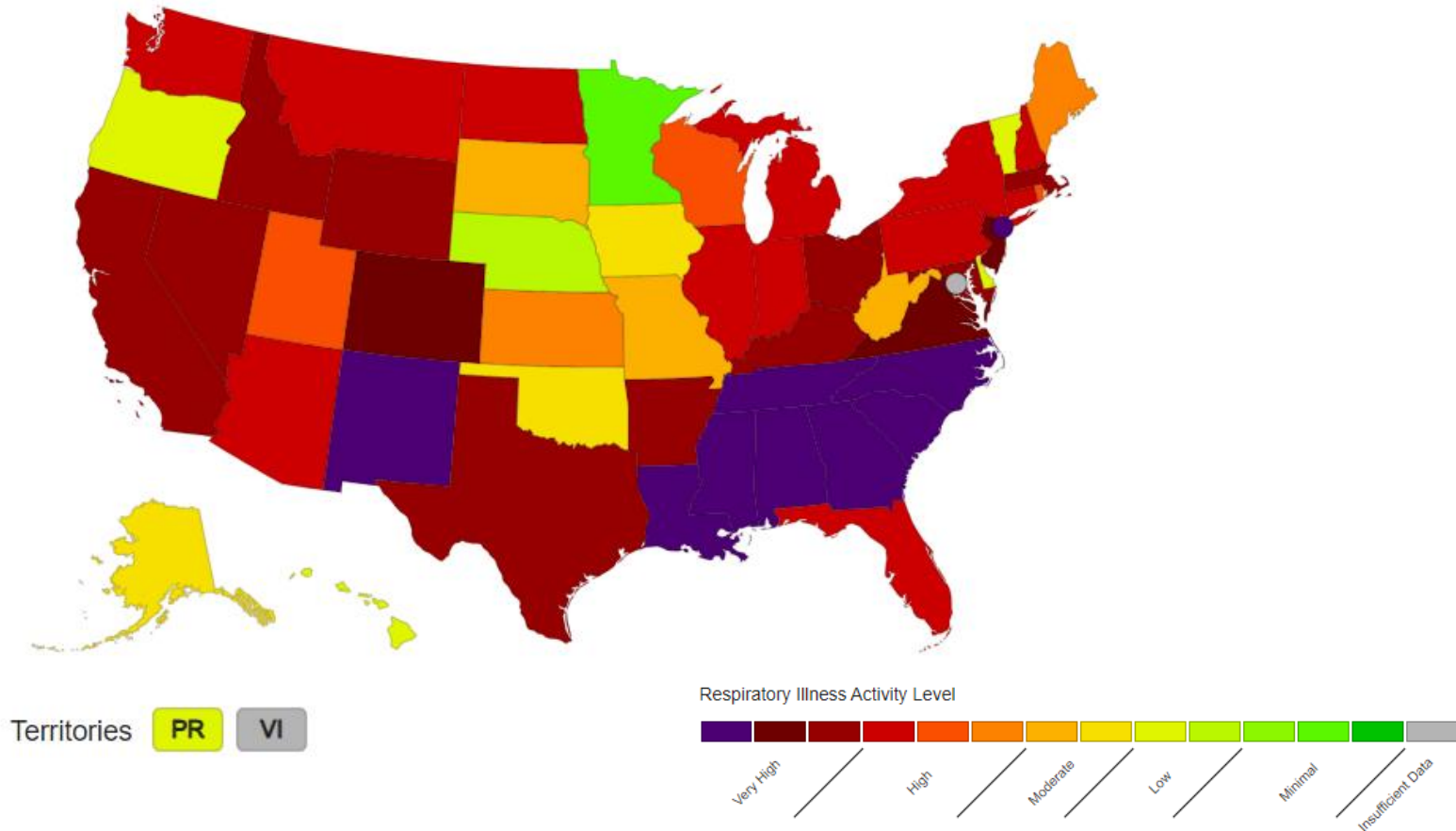
Syndromic Surveillance

Emergency Department Data of chief complaint and discharge diagnosis



Bottom Line

- **Respiratory Illness in Tennessee**
 - Respiratory virus activity in Tennessee is **Very High**



[Respiratory Virus Activity Levels \(cdc.gov\)](https://www.cdc.gov/respiratory/index.html)

CDC Resources

- [Resources to Prepare for Flu, COVID-19, and RSV | CDC](#)
- [Protect yourself from COVID-19, Flu, and RSV \(cdc.gov\)](#)
- [Weekly Viral Respiratory Illness Snapshot \(cdc.gov\)](#)
- [Choosing the Right PPE for COVID-19 | Project Firstline | Infection Control | CDC](#)
- [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)
- [CDC COVID Data Tracker: Vaccinations in Nursing Homes](#)



TM

NHSN Updates

Vicky Lindsey, AAS, RN, CIC | Tennessee Department of Health | Communicable and Environmental Diseases and Emergency Preparedness

NHSN Protocol and Training Team (PaTT)

- Ask the NHSN Experts
- Monthly Webinars
- If you have any questions about the webinar series, they can be emailed to NHSNTrain@cdc.gov.



The graphic features the NHSN logo (National Healthcare Safety Network) and the title 'PaTT Ask the Experts Webinar Series 2024'. It includes a table of dates and topics, a list of webinar details, an audience list, and the CDC logo. The text states that webinars will be held on Wednesdays at 2:00 pm EST and to mark calendars.

Date	Topic
January 17 th	2024 Protocol Updates
February 21 st	Get Annual Training Ready!
March 11 th	NHSN Annual Training Pre-Recorded Sessions Open
March 18 th	NHSN Annual Training Live Presentation Sessions Open

**PROTOCOL & TRAINING TEAM
VIRTUAL TRAINING SERIES 2024**

- Upcoming webinar Zoom registration link is in the email.
- Sessions are 60 minutes
- No recordings for external use
- **Audience:**
 - Acute care or other short-term stay hospitals (for instance, general hospitals)
 - Critical access hospitals, oncology hospitals, military/VA hospitals)
 - Long-term Acute Care Hospitals (LTACH), Inpatient Rehabilitation Facilities (IRF) & Inpatient Psychiatric Facilities (IPF).
 - OPC users – ASCs reporting SSI events.

Webinars will be held on Wednesdays at 2:00 pm EST
Mark your calendars

NHSN Protocol and Training Events

- NHSN Protocol and Training Team
 - January 17, 2024 – 2024 Protocol Updates
 - February 21, 2024 ‘Get Annual Training Ready’
 - March 18-22, 2024, NHSN Annual Training (virtual)
 - April 16-19, 2024, Society for Healthcare Epidemiology of America (SHEA)(in-person)
 - June 3-5, 2024, Association for Professionals in Infection Control and Epidemiology (APIC) (in-Person)
- “Ask the Expert”
 - These Q & A sessions will be conducted on the 2nd or 3rd Wednesday of the month at 2:00 pm eastern standard time.

NHSN 2024 Summary Updates

- Patient Safety Component:
<https://www.cdc.gov/nhsn/pdfs/pscmanual/2024-psc-summary-508.pdf>
- Outpatient Procedure Component:
<https://www.cdc.gov/nhsn/pdfs/opc/2024-opc-summary-508.pdf>
- Neonatal Component:
<https://www.cdc.gov/nhsn/pdfs/neonatal/losmen/2024-losmen-summary-508.pdf>

- **Weekly HPS COVID-19 Vaccination CMS Rate Tables**
 - **New!** CMS tables are now available to review a detailed summary of weekly COVID-19 vaccination rates. Access it through the analysis tab on the left-hand navigation bar in NHSN.

NHSN 2024

Add COVID-19 Vaccination Summary Data

Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Non-Long-Term Care Facilities

Date Created:

Facility ID # *: 15813

Location Type *: Hospital

Vaccination type *: COVID19

Facility CCN #: 999999

Week of Data Collection: 01/01/2024 - 01/07/2024 Date Last Modified:

Cumulative Vaccination Coverage

	Healthcare Personnel (HCP) Categories					
			Employee HCP	Non-Employee HCP		
	*All Core HCP ^a	*All HCP ^b	* Employees (staff on facility payroll) ^c	* Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants ^d	* Adult students/trainees and volunteers ^e	* Other Contract Personnel ^f
1. * Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. * Cumulative number of HCP in Question #1 who are up to date with COVID-19 vaccine(s). Please review the current definition of up to date: Key Terms and Up to Date Vaccination.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. * Cumulative number of HCP in Question #1 with other conditions:						
3.1. * Medical contraindication to COVID-19 vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.2. * Offered but declined COVID-19 vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.3. * Unknown/other COVID-19 vaccination status	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

^a sum of Employees (staff on facility payroll), Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants, and Adult students/trainees & volunteers.

^b sum of Employees (staff on facility payroll), Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants, Adult students/trainees & volunteers, and Other contract personnel.

Save

Cancel

NHSN 2024-

- **Summary form changes taking place January 1, 2024 (Quarter 1, 2024):**
 - Questions related to COVID-19 primary series vaccination will be removed.
 - Questions on reasons why an individual has not received vaccine (medical contraindication, declined, or other/unknown vaccination status) will relate to an individual's up-to-date vaccination status.
 - The question asking “number of HCP who are up to date” has been moved up on the form to Question #2.

NHSN 2024-

- During Quarter 1 2024, HCP should not be considered up to date with COVID-19 vaccination unless they received the updated 2023-2024 COVID-19 vaccine.
- **NOTE:** Most HCP who previously had complete primary series should NOT be counted in Question #2 (up to date).

[Weekly HCP COVID-19 Vaccination](#)

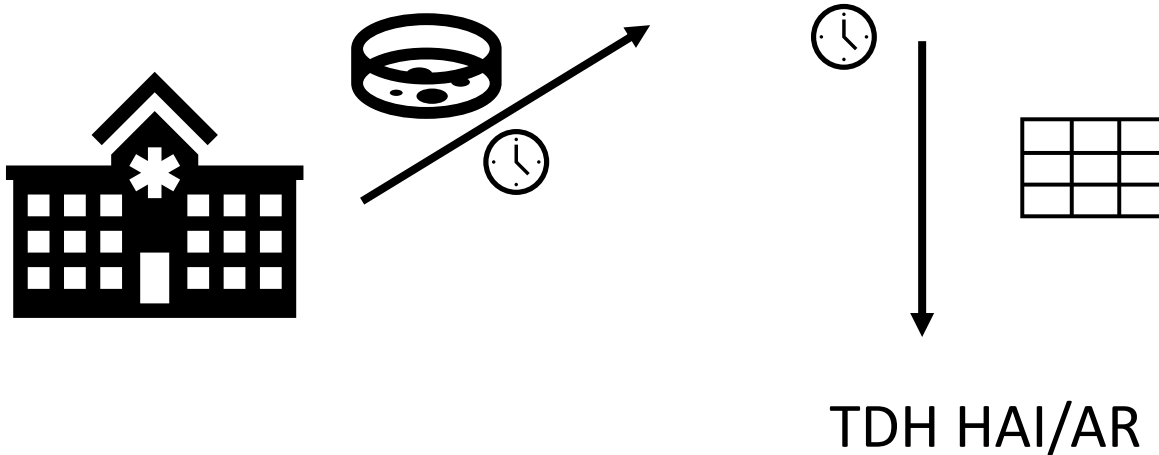
[FAQs on Reporting COVID-19 Vaccination Data-January 2024](#)



MDRO and Outbreak Response Reminders and Updates

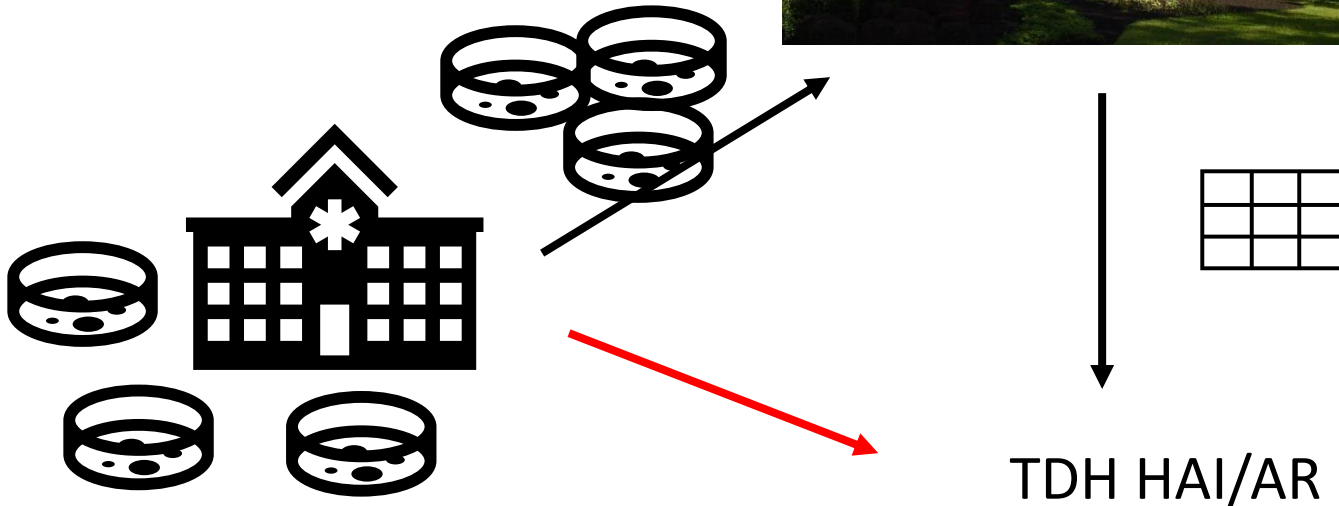
HAI/AR Data

- Where do we get our data?
 - NHSN
 - NBS
 - ARLN
 - Direct Reporting



Data Sources

- Where do we get our data?
 - NHSN
 - NBS
 - ARLN
 - Direct Reporting



Direct Reporting

- **Outbreaks**
 - Any outbreak of any condition is reportable
- **Unusual resistance patterns, any pathogen**
- **When should my team report a suspect outbreak?**
 - >1 case that is linked epidemiologically, such as...
 - Overlapping or recent stay on the same unit
 - Different units but seen by the team (e.g., wound care, RT)
 - Admission from the same facility
 - Underwent similar procedures or different procedures in same OR/with same staff
 - Consider AST while awaiting carbapenemase testing
- **Report directly to HAI.Health@tn.gov**
 - Simone.Godwin@tn.gov
 - 615.487.4077

Reportable Disease Resources

- <https://www.tn.gov/health/cedep/reportable-diseases.html>

2024 Reporting Guidance - *Effective January 1, 2024

 [List for Providers](#)

 [How To Report For Healthcare Providers](#)

 [PH-1600 Reporting Form](#)

 [List For Laboratories](#)

 [How To Report For Laboratories](#)

 [Detailed Laboratory Guidance](#)

 [Lista de Proveedores](#)

 [Formulario de Reportar PH1600](#)

 [Como Reportar](#)

 [Commissioner's Letter](#)

 [Summary of Reporting Changes](#)

List for Providers/List for Labs



2024 Reportable Diseases/Conditions in Tennessee Laboratory List

(Healthcare provider requirements differ)

Did you know that you are required to report certain lab results to the Tennessee Department of Health?

You are an invaluable part of disease reporting and surveillance in Tennessee!

These lab reporting requirements apply to all labs located within TN as well as those that test residents of TN, including labs located within healthcare facilities.

Please report pathogens listed here to your local health office (listed at www.tn.gov/health/health-program-areas/localdepartments.html) or the state office via fax at 615-741-3857.

To discuss reporting via electronic lab reporting (ELR), please visit <https://www.tn.gov/health/cedep/meaningful-use-summary/laboratory-result-reporting.html> to review TDH's ELR specifications and then email ceds.informatics@tn.gov. More ELR details on page 2.

You may also report [online](#) via NBS. To request an NBS account for reporting, please fill out the user survey at <https://redcap.health.tn.gov/redcap/surveys/?s=8L7CMWHN4M>.

Outbreaks and Events of Urgent Public Health Concern:

Disease clusters or outbreaks !

Single cases of pan non-susceptible organisms, unusual resistance mechanisms, or other

* See Appendix A of the M100 Performance Standards for Antimicrobial Susceptibility Testing

Pathogen	Reporting Method
<i>Acinetobacter</i> species, carbapenem-resistant	eip
<i>Anaplasma phagocytophilum</i> species	
<i>Babesia</i> species	
<i>Bacillus anthracis</i>	! 📞
<i>Bordetella pertussis</i>	📞
<i>Borrelia burgdorferi</i> or <i>mayonii</i>	
<i>Brucella</i> species	📞 📞
<i>Burkholderia mallei</i> or <i>pseudomallei</i>	! 📞
California/LaCrosse serogroup viruses	
<i>Campylobacter</i> species	📞
<i>Candida</i> :	
<i>auris</i> , including rule-out	📞 📞
Species of yeast	eip 📞

Regular Reporting

PH-1600 form within 1 week (all diseases)

! 📞 Phone immediately and PH-1600 form within 1 week

📞 Phone next business day and PH-1600 form within 1 week



Did you know that you are required to report certain disease and conditions to the Tennessee Department of Health?

You are an invaluable part of disease reporting and surveillance in Tennessee!

These healthcare reporting requirements apply to all providers located within TN as well as those that with patients residing in TN.

Please report cases of diseases or conditions listed here to your local health office (listed at www.tn.gov/health/health-program-areas/localdepartments.html) or the state office via fax at 615-741-3857.

You may also report [online](#) via NBS. To request an NBS account for reporting, please fill out the user survey at <https://redcap.health.tn.gov/redcap/surveys/?s=8L7CMWHN4M>.

Regular Reporting

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Outbreaks and Events of Urgent Public Health Concern:

Disease clusters or outbreaks !

Single cases of pan non-susceptible organisms, unusual resistance mechanisms, or other emerging or unusual pathogen !

* See Appendix A of the M100 Performance Standards for Antimicrobial Susceptibility Testing

Disease/condition	Reporting Method
Anaplasmosis	
Anthrax	! 📞
Antibiotic Use (acute care and critical access hospitals)	📞
Babesiosis	
Birth defects	📞
Botulism: foodborne, wound, or infant	! 📞

2024 Reportable Diseases/Conditions in Tennessee Healthcare Provider List

(Laboratory requirements differ)

Special Reporting



All blood lead test results must be reported, electronically or fax, within 1 week of elevated test results. Refer to www.tn.gov/health/health-program-areas/mch-lead/for-providers.html or email UT Extension at leadtrk@utk.edu for more details or assistance.



Report in 30 days, for more information, see <https://www.tn.gov/health/cedep/hai.html>



Neonatal abstinence syndrome within 1 month at <https://www.tn.gov/health/nas.html>



Birth defects within 1 week at <https://tdhrc.health.tn.gov/redcap/surveys/s=TDEYPYCHET>



Drug overdoses every Tuesday for the previous week, for more information, see www.tn.gov/content/tn/health/health-programareas/pdo/pdo/drug-overdose-reporting.html



For COVID-19 and mpox reporting, please refer to Reportable Diseases listed on this website: <https://www.tn.gov/health/cedep/reportable-diseases.html>

Disease/condition	Reporting Method
Cronobacter	📞
Cryptosporidiosis	
Cyclosporiasis	
Dengue	
Diphtheria	📞
Drug overdose	💊

Detailed Lab Guidance


2024 Reportable Diseases in Tennessee: Detailed Laboratory Guidance

Pathogen ¹	Laboratory Tests and Results to Report to Public Health ²	Send Isolate or Specimen ³	Reporter ⁴
<i>Burkholderia mallei</i> / <i>Burkholderia pseudomallei</i> !	Positive cultures for <i>Burkholderia mallei</i> and <i>Burkholderia pseudomallei</i> are reportable by laboratories. Isolates are required to be submitted to the Tennessee Department of Health Laboratory.	Required	L
California/LaCrosse serogroup viruses: California Encephalitis Virus, LaCrosse Encephalitis Virus, Jamestown Canyon Virus, Keystone Virus, Snowshoe Hare Virus, Trivittatus Virus	Positive IgM. Quantitative IgG indicating a positive test result. Isolation of virus or demonstration of specific viral antigen or nucleic acid. Virus-specific neutralizing antibodies. Any specimen.	--	L & P
<i>Campylobacter</i> species	Positive by any method (including culture, EIA, & PCR, and excluding antibody positive tests) for any specimen. Include speciation results if known. Submit isolates to the Tennessee Department of Health Laboratory within 1 week of isolation. CIDI specimens should be forwarded to the laboratory within 4 days of specimen collection.	Required	L & P
<i>Candida auris</i> (including rule-out <i>Candida auris</i>) 📄	<i>Candida auris</i> , positive by any method for any specimen including detection from swabs from skin. If any <i>Candida auris</i> or "rule-out <i>C. auris</i> " are detected via PCR, perform a culture to obtain the isolate. Submit isolates immediately to the Tennessee Department of Health Laboratory. Contact hai.health@tn.gov for clarification/questions.	Required	L & P
<i>Candida</i> species of yeast ^{eip}	Submit isolate of each unique <i>Candida</i> species isolated from blood (send specimens of each if more than one species isolated in blood). Report all <i>Candida</i> species isolated from blood in the EIP catchment counties: Knox, Sevier, Jefferson, Blount, Anderson, Roane, Loudon, Union, Grainger, Hancock, Unicoi, Hawkins, Greene, Johnson, Washington, Sullivan, and Carter. Send specimens to the East TN Regional State Lab, 2102 Medical Center Way, Knoxville, TN 37920. Attn: Sandra Hardin. <i>Candida auris</i> isolates should follow the guidance listed above for that specific organism.	Required	L & P
Carbapenemase-producing <i>Pseudomonas aeruginosa</i> (CP-CRPA)	<i>Pseudomonas aeruginosa</i> detected by any method from any clinical specimen (including nonsterile sites and rectal/perirectal swabs) positive for carbapenemase production or a carbapenemase gene. Labs unable to test for carbapenemase production or genes should submit isolates resistant to at least one carbapenem antibiotic (excluding ertapenem) AND not susceptible to cefepime or ceftazidime according to breakpoints listed in the 2023 CLSI guidelines. If <i>Pseudomonas aeruginosa</i> is detected via PCR, perform a culture to obtain the bacterial isolate and perform subsequent testing to determine antibiotic susceptibility profile or carbapenemase production or gene. Submit isolates to the Tennessee Department of Health Laboratory within 3 days of detection/isolation. Contact hai.health@tn.gov for clarification/questions.	Required	L & P
Carbapenemase-producing <i>Acinetobacter baumannii</i> (CP-CRAB)	<i>Acinetobacter baumannii</i> detected by any method from any clinical specimen (including nonsterile sites and rectal/perirectal swabs) positive for carbapenemase production or a carbapenemase gene. Labs unable to test for carbapenemase production or genes should submit isolates resistant to at least one carbapenem antibiotic (excluding ertapenem) according to breakpoints listed in the 2023 CLSI guidelines. If <i>Acinetobacter baumannii</i> is detected via PCR, perform a culture to obtain the bacterial isolate and perform subsequent testing to determine antibiotic susceptibility profile or carbapenemase production or gene. Submit isolates to the Tennessee Department of Health Laboratory within 3 days of detection/isolation. Contact hai.health@tn.gov for clarification/questions.	Required	L & P
Carboxyhemoglobin (COHb)	Level of > 12.0% as measured in a blood sample.	--	L & P
Chikungunya virus 📄	Positive IgM. Quantitative IgG indicating a positive test result. Isolation of virus or demonstration of specific viral antigen or nucleic acid. Virus-specific neutralizing antibodies. Any specimen.	--	L & P

Reportable Condition Updates 2024

- **Invasive E. coli (iEC) EIP project**
 - **Escherichia coli with any resistance pattern (including non-resistance/pan susceptible) detected by any method from a clinical specimen isolated from a *normally sterile site*.**
 - **Maury, Marshall, Lewis, Wayne**
 - **Questions?**
 - **Olivia.Denzie@tn.gov**
- **Expansion of AU reporting into NHCN to all facility sizes**

SPHL Submission Reminder

	Tennessee Department of Health Division of Laboratory Services Clinical Submission Requisition	Place State Lab Accession Label Here (TDH use only)
<p style="text-align: center;">*Indicates Required Fields</p> <p style="text-align: center;">Final test reports cannot be issued if required information is missing</p>		
SPECIMEN COLLECTION INFORMATION		
*Last Name:	*First Name:	MI:
*DOB:	*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (_____)		
Address:		Phone Number:
City:	*State:	Zip Code:
Outbreak Number:		
*Date of Collection:	*Specimen Type & Source:	*County of Residence:
<i>Unlabeled or mislabeled specimens cannot be tested; two distinct identifiers required on each container that match information on the requisition.</i>		
SUBMITTER INFORMATION		
*Submitting Facility:	Patient Medical Record Number:	
Address:	Phone Number:	Fax Number:
City:	State:	Zip Code:
*Ordering Provider:	Phone Number:	Fax Number:
Sample Collection Facility:	Patient Medical Record Number:	
Address:	Phone Number:	Fax Number:
City:	State:	Zip Code:
Point of Contact:	Phone Number:	Fax Number:

- Please communicate with your clinical lab to fill out the Sample Collection Facility field



2023 Regional MDRO Data

TN Reportable MDROs

CARBAPENEM-RESISTANT *ACINETOBACTER*

THREAT LEVEL **URGENT**



8,500

Estimated cases
in hospitalized
patients in 2017



700

Estimated
deaths in 2017



\$281M

Estimated attributable
healthcare costs in 2017

CARBAPENEM-RESISTANT *ENTEROBACTERIACEAE*

THREAT LEVEL **URGENT**



13,100

Estimated cases
in hospitalized
patients in 2017



1,100

Estimated
deaths in 2017



\$130M

Estimated attributable
healthcare costs in 2017

- **No treatment & high morbidity/mortality**
- **ORT response:**
 - **Positive patients on contact precautions**
 - **Recommend screening to assess for transmission**

DRUG-RESISTANT *CANDIDA AURIS*

THREAT LEVEL **URGENT**



323

Clinical cases
in 2018



90%

Isolates resistant to at
least **one** antifungal

30%

Isolates resistant to at
least **two** antifungals

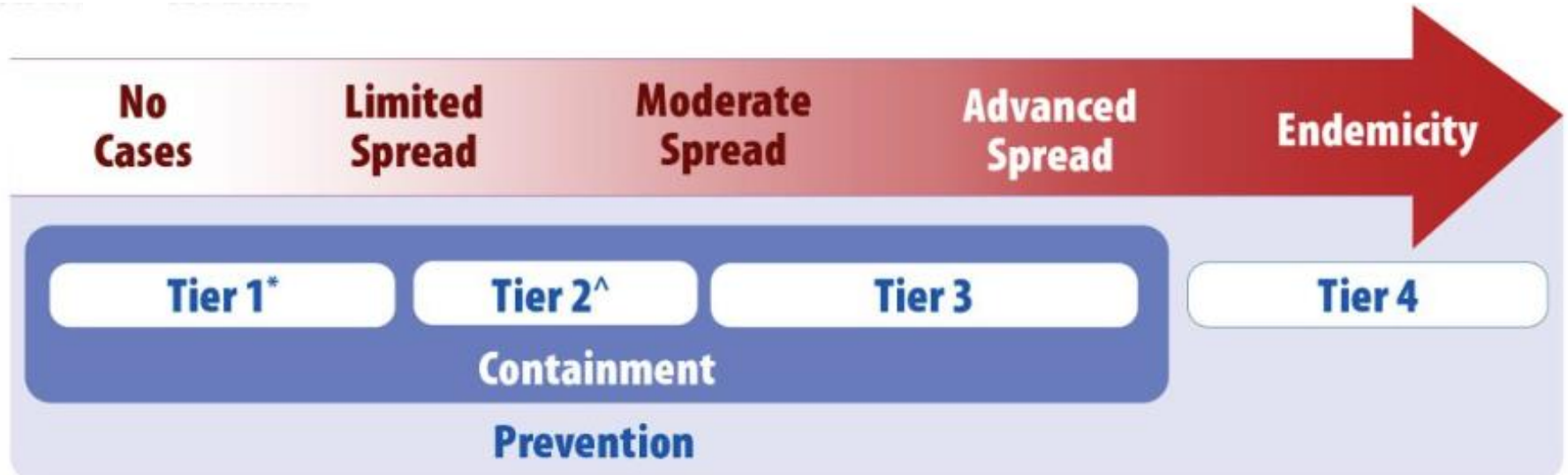
Carbapenemase Genes

- **CRE “Big 5” Genes**
 - IMP
 - VIM
 - OXA-48
 - NDM
 - KPC

- **CRAB OXAs**
 - OXA-23
 - OXA-24/40
 - OXA-235
 - OXA-58

MDRO Containment Strategy

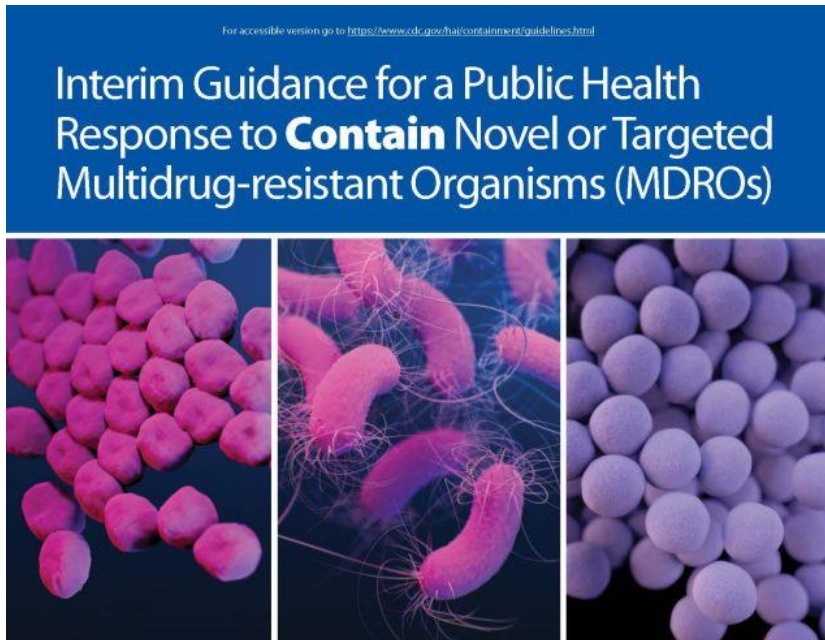
- TDH uses a tiered response system based on regional epidemiology
 - Screening recommendations are based on tier
 - The Outbreak Response Team’s main goal is containment
 - Prevention is the focus when organisms become established (endemic) within a certain region.



- Tier 4: *“Remain vigilant for outbreaks and changes in regional epidemiology that may suggest additional measures (e.g., enhanced screening, expansion of prevention activities) are needed”* (CDC Containment Guidance)

Regional Prevention and Containment Strategy

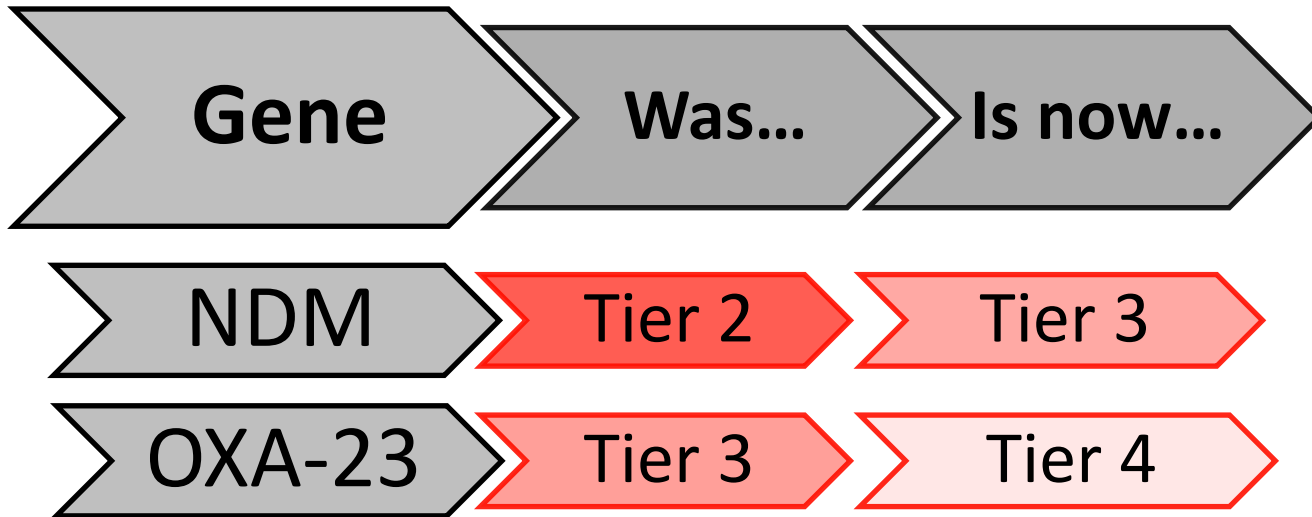
- **The more uncommon the gene-organism combination, the more intense the containment response**
 - Does NOT reflect where the organism was acquired
 - Screening recommendations are meant to
 - Determine ongoing transmission
 - Evaluate containment



<https://www.cdc.gov/hai/mdro-guides/containment-strategy.html>

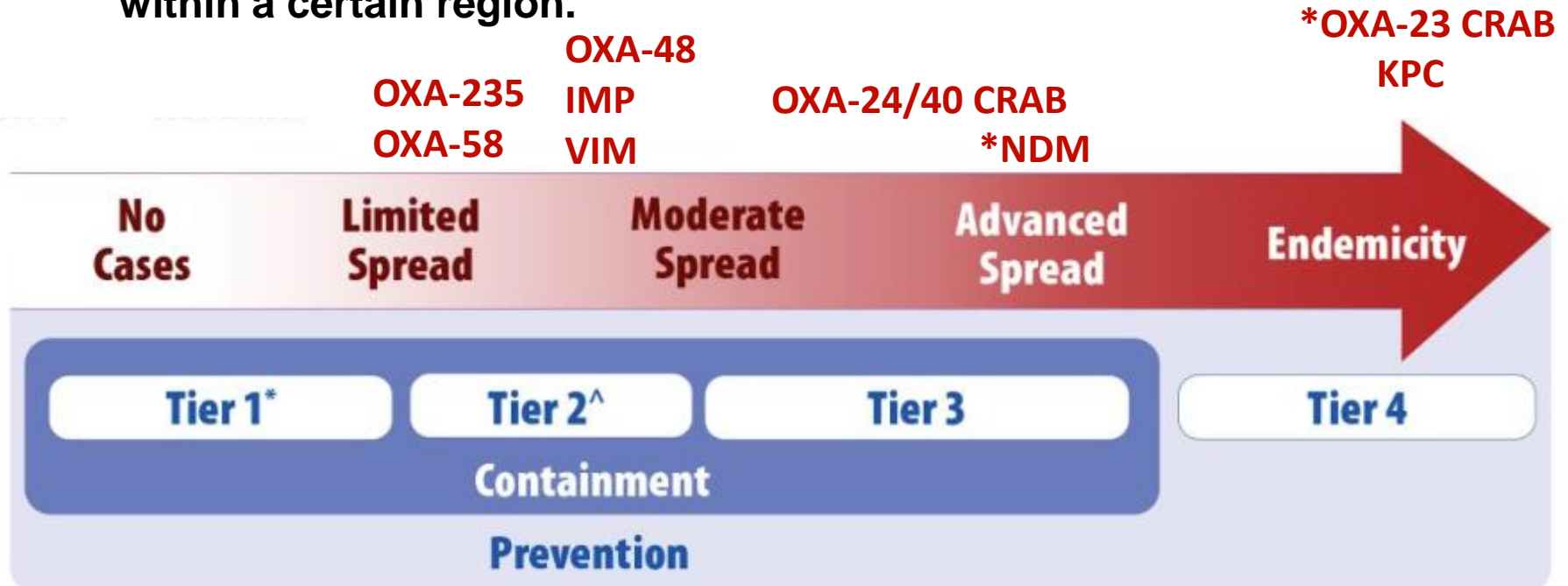
*NEW Tiers for Certain MDROs

- Based on statewide and regional analysis, the following changes have been made:



MDRO Containment Strategy

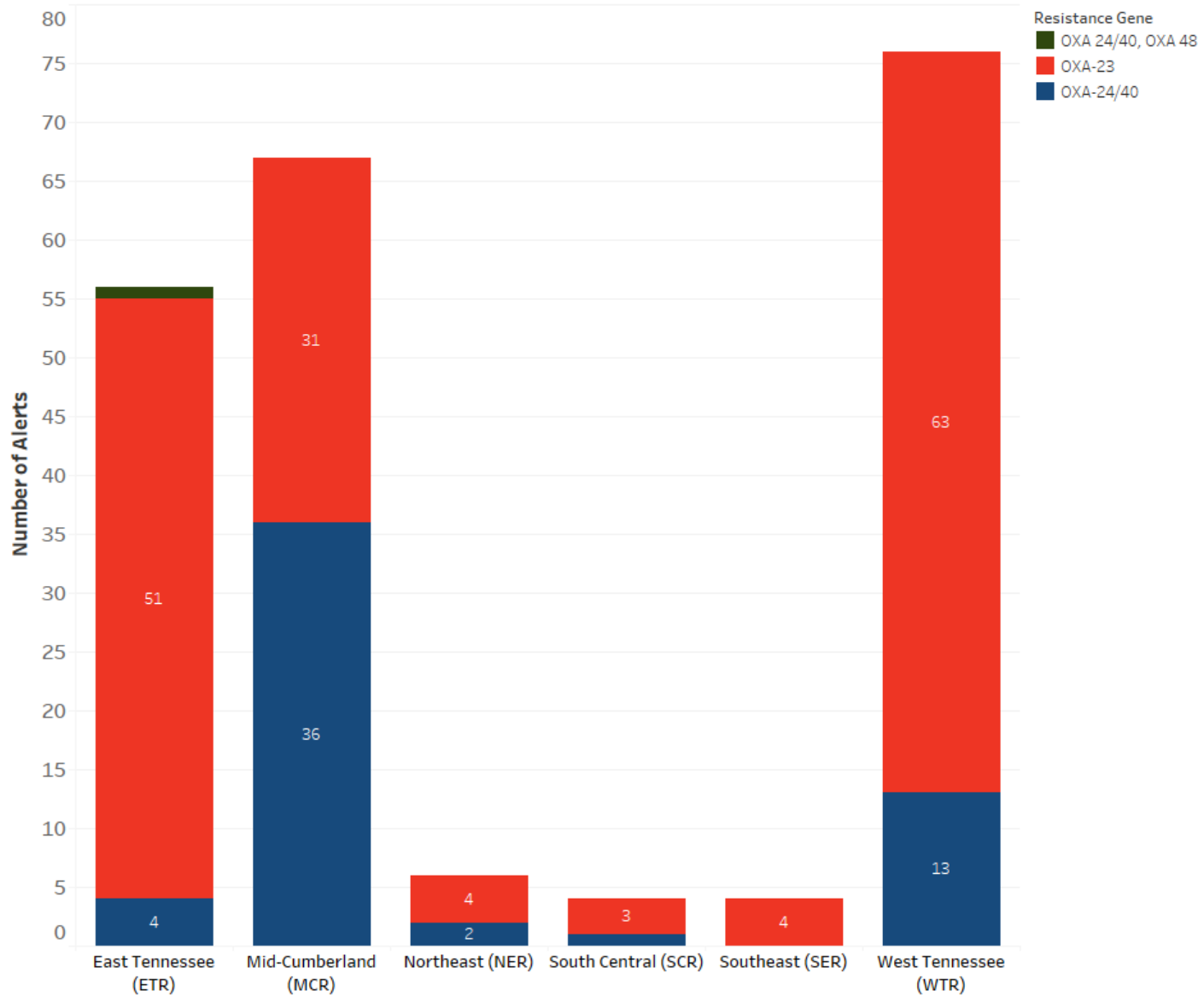
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 - Prevention is the focus when organisms become established (endemic) within a certain region.



- Tier 4: “Remain vigilant for outbreaks and changes in regional epidemiology that may suggest additional measures (e.g., enhanced screening, expansion of prevention activities) are needed” (CDC Containment Guidance)

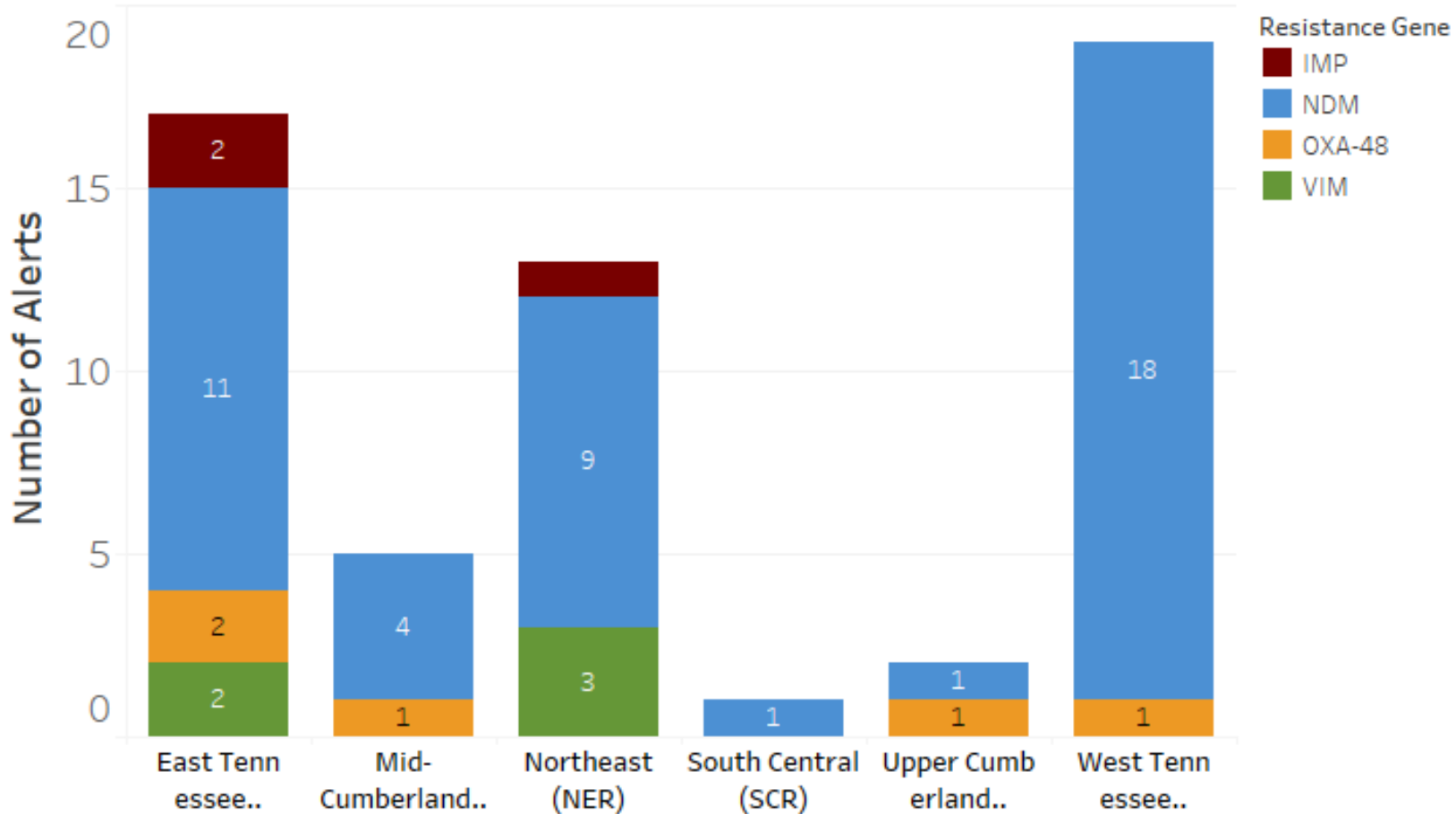
CRAB Alerts by Region, 2023

CRAB Resistance Gene by Region from 2023



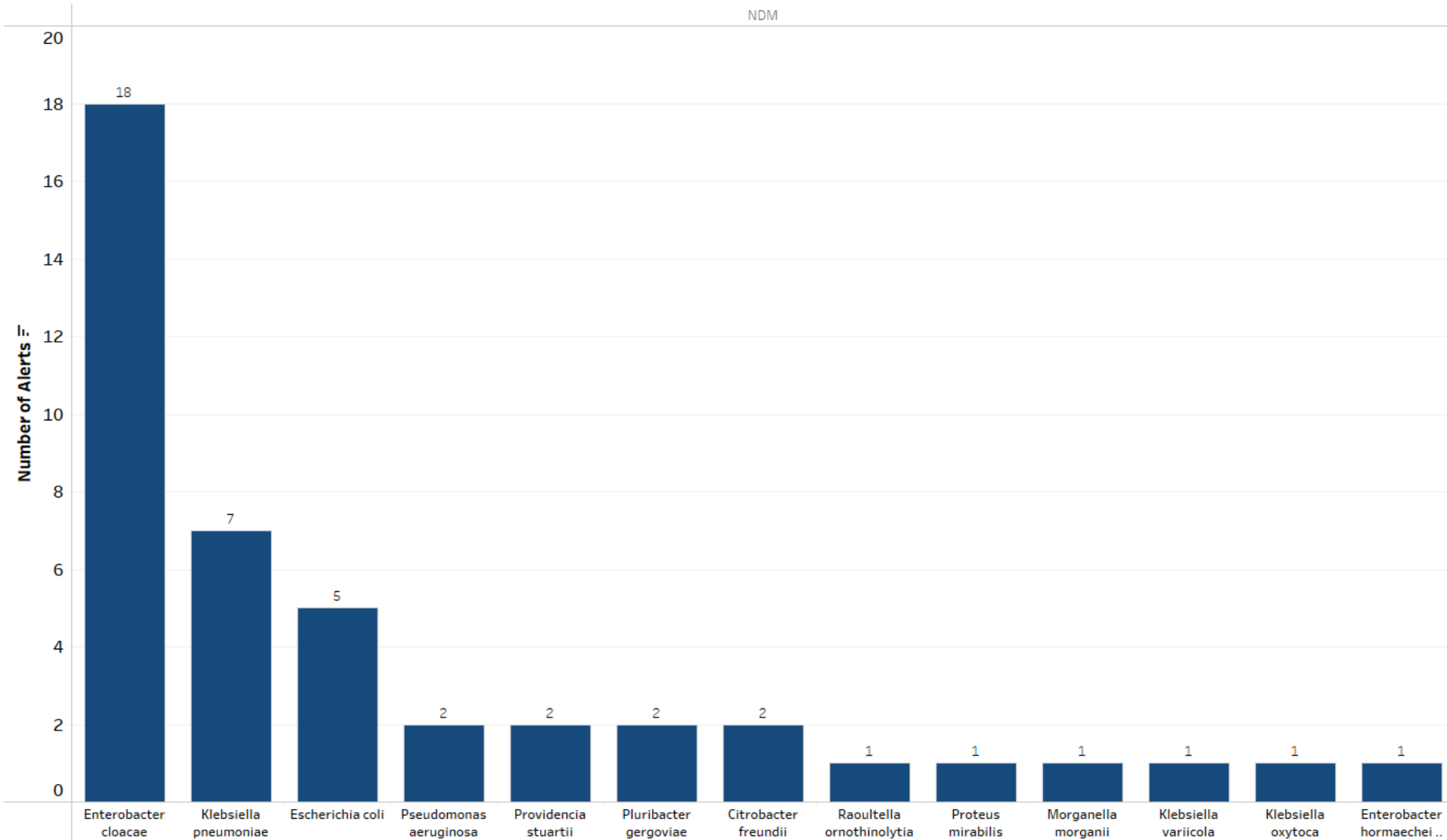
Non-KPC CP-CRE Alerts by Region, 2023

IMP, VIM, OXA-48 and NDM by Region from 2023



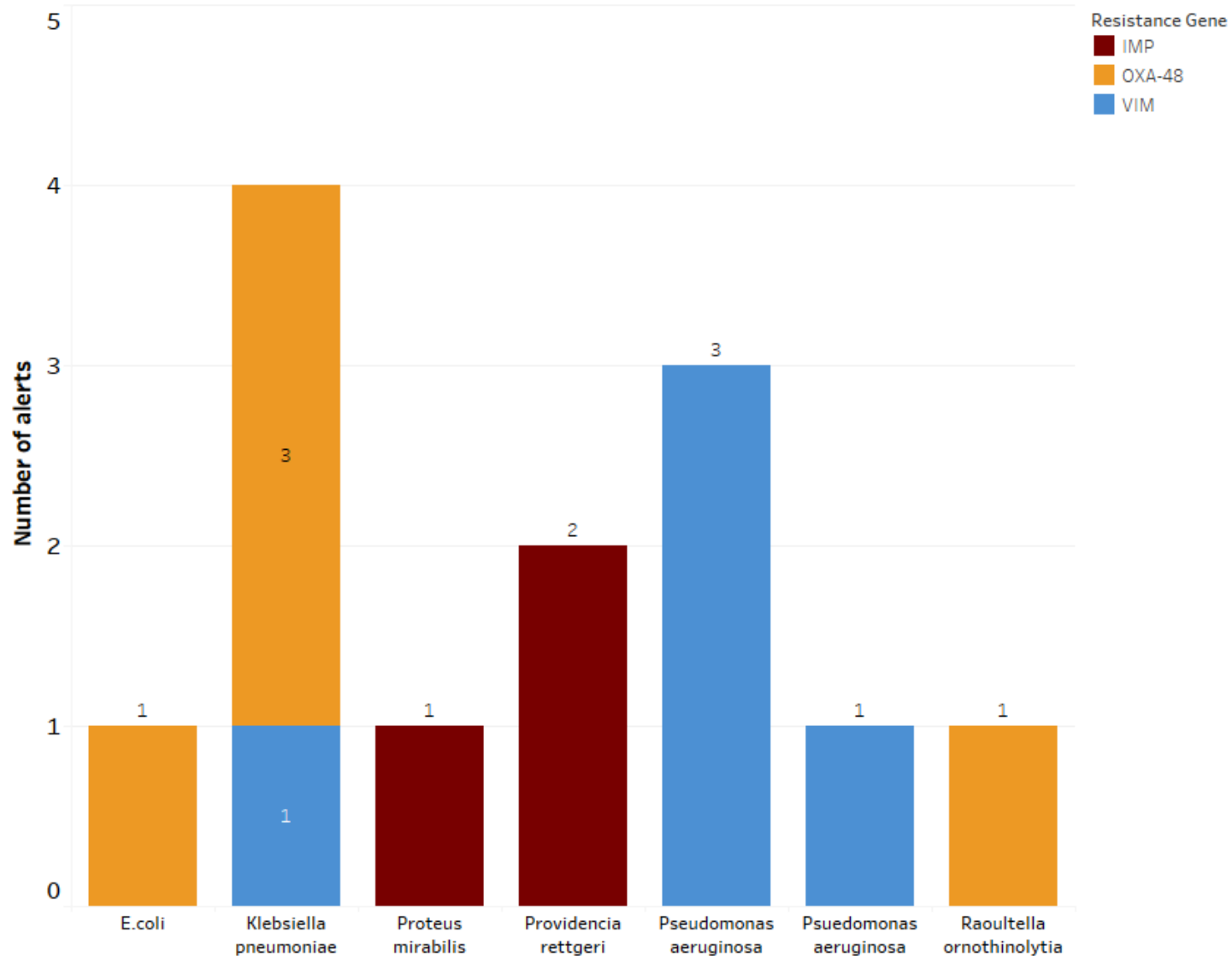
NDM Organisms, 2023

NDM by Organism for 2023



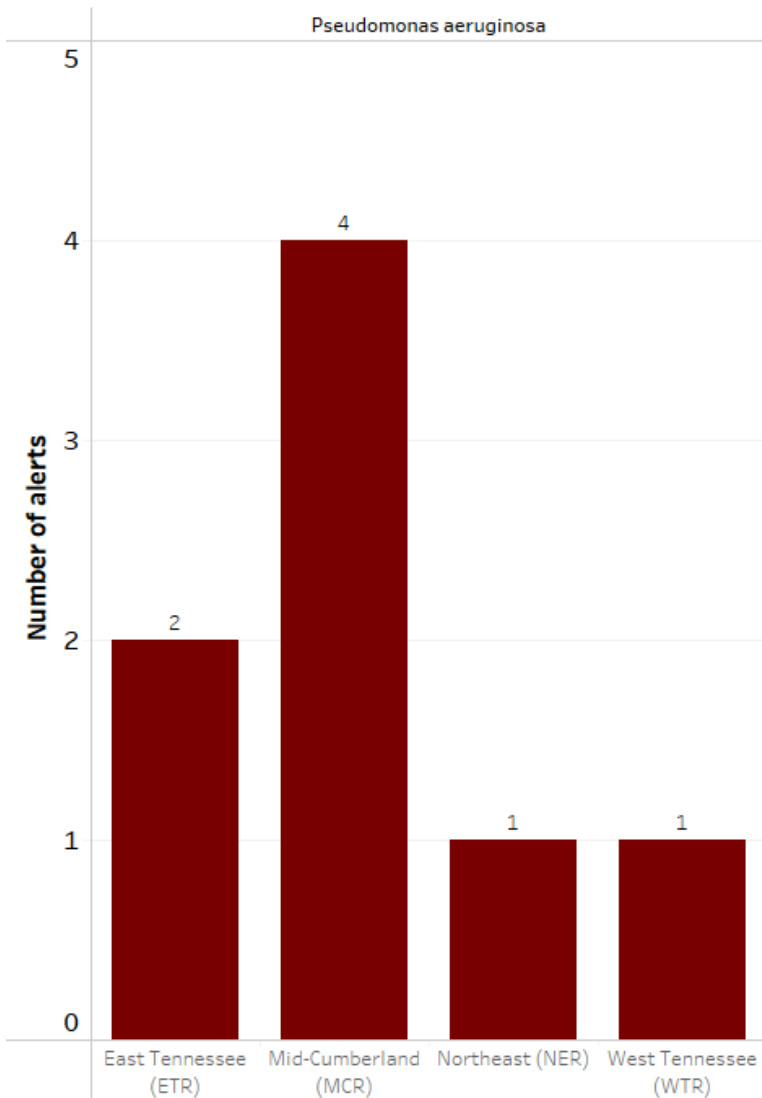
Other non-KPC “Big 5” Organisms

IMP, VIM, and OXA-48 by Organism for 2023



mCIM+/PCR-

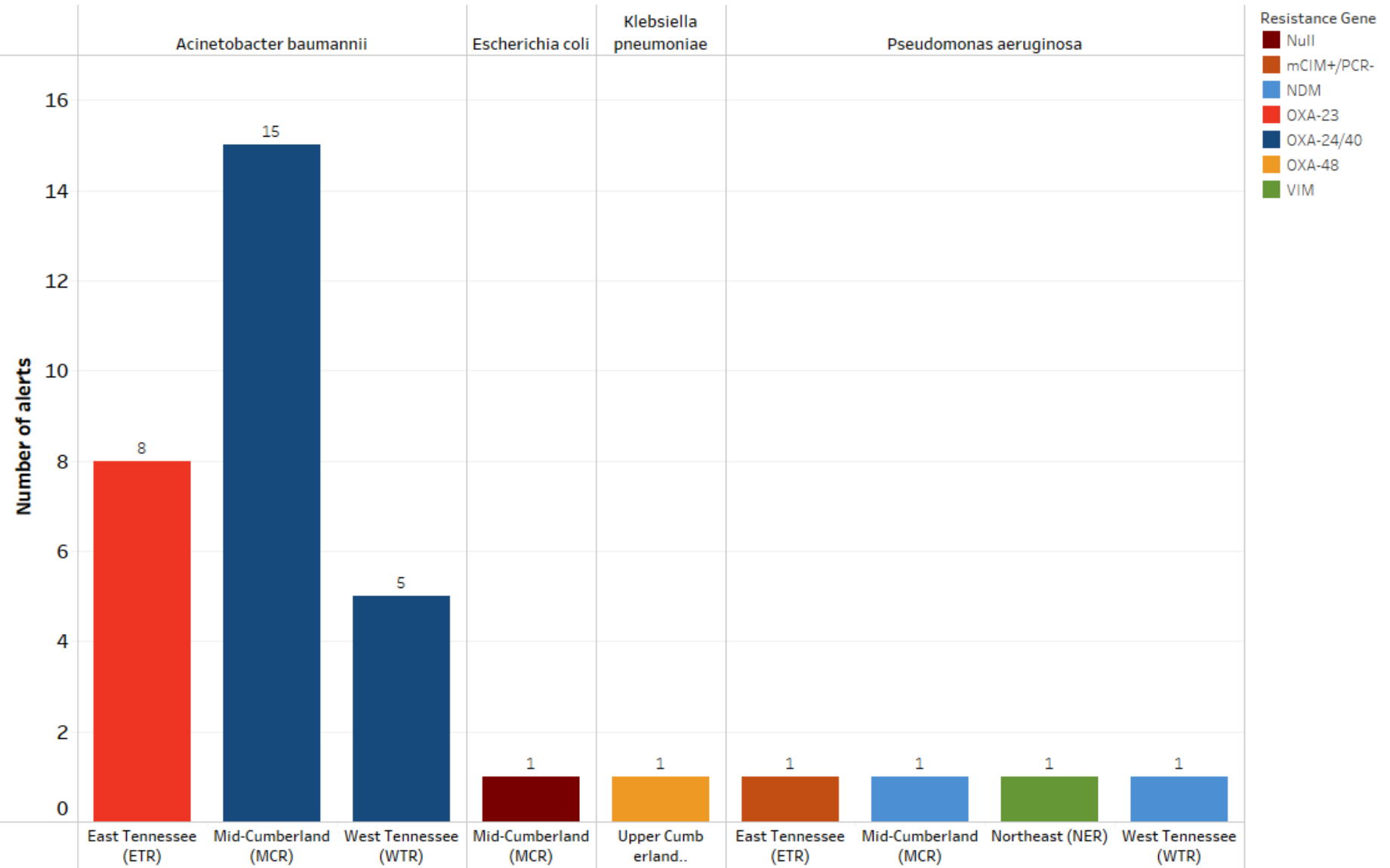
IMP, VIM, and OXA-48 by Organism for 2023



1. Truly novel organism
2. Known mechanism not tested for
3. False positive

Pan-nonsusceptible Alerts by Region

IMP, VIM, and OXA-48 by Organism for 2023



2024 Goals

- **Ongoing analysis to help detect trends early**
 - Improved multi-facility outbreak detection
 - Prevent endemicity
 - Target areas and facilities for prevention activities
- **Collaboration opportunities for regional external partners**
 - Local HDs
 - Advocacy organizations
 - Professional organizations and networks
 - Hospital systems
 - Individual facilities



Questions?
Simone.Godwin@tn.gov



FDA RECALL

Tracheostomy care sets and kits

Dressing change kits

Stephanie Henry RN, BSN, CIC
Infection Prevention Specialist

FDA Class 1 recall

Busse Hospital Disposables, Inc. Recalls Care Trays and Kits Containing Sterile Water Based Products Under Recall by Nurse Assist

- Recalled products include Tracheostomy Care Kit, Dressing Change kit and Tracheostomy Care set
- Product codes: NXA, MCY
- Catalog No:
 - 800 Tracheostomy Care tray
 - 1443 Tracheostomy Care Kit
 - 9251R1, 9251R2, 9251R3 Tracheostomy care sets

Recommendations

- Check your supply of Tracheostomy care trays and kits and Dressing Change trays
- Quarantine these recalled products and follow the recommendations of the company's recall announcement.
- Alert Clinicians to the recall

Please refer to the FDA recall alert for more information



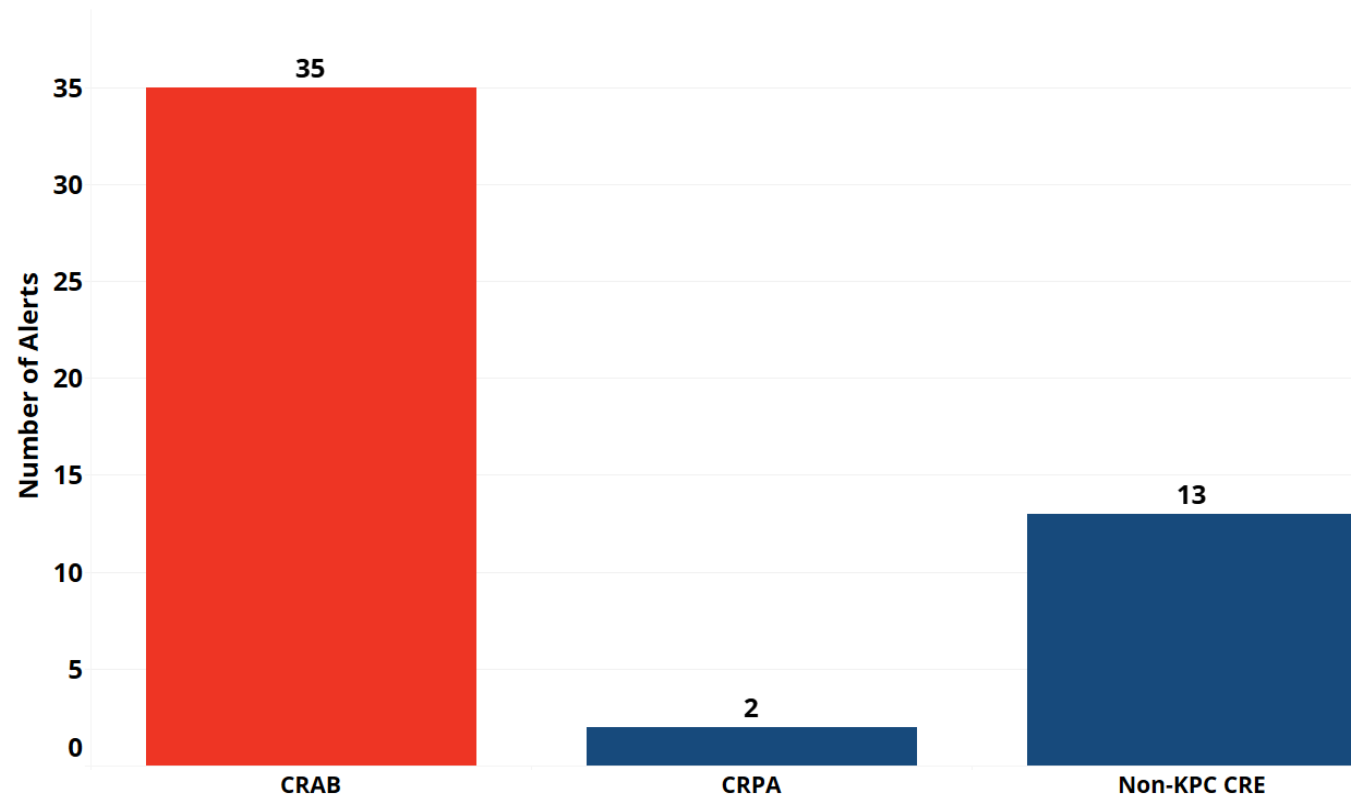
Multi-Drug Resistant Organism (MDRO) Outbreak Team Update

November 15th – January 16th, 2024

MDRO Alerts

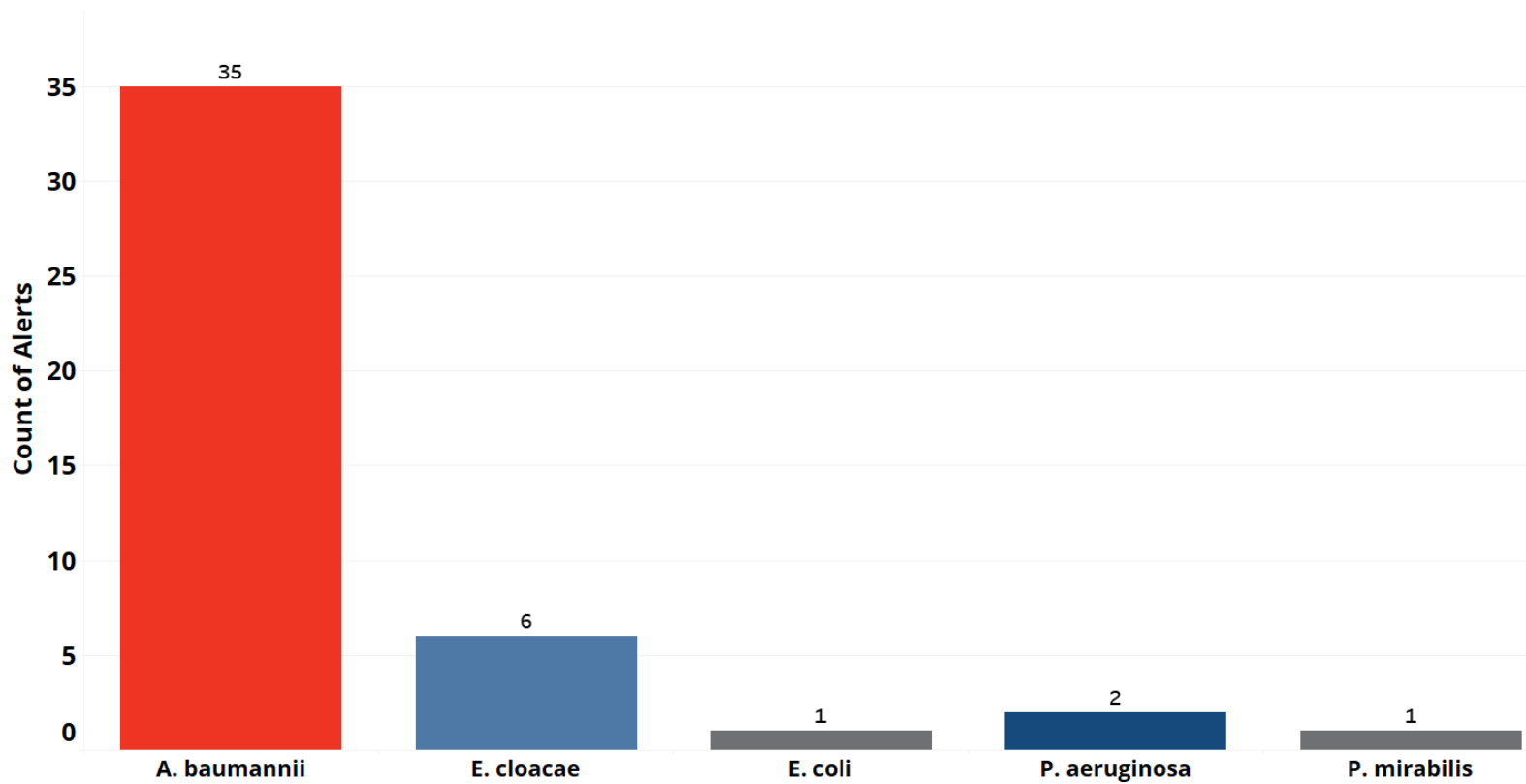
MDRO Alerts by Organism Order
(Nov 16th - Jan 16th)

- **CRAB** – Carbapenem-resistant *Acinetobacter baumannii*
- **CRE** - Carbapenem-resistant *Enterobacterales*
- **CRPA** – Carbapenem-resistant *Pseudomonas aeruginosa*
- **KPC** – *Klebsiella pneumoniae* Carbapenemase-producing



MDRO Alert by Organism

Alerts by Organism
(Nov 16th - Jan 16th)



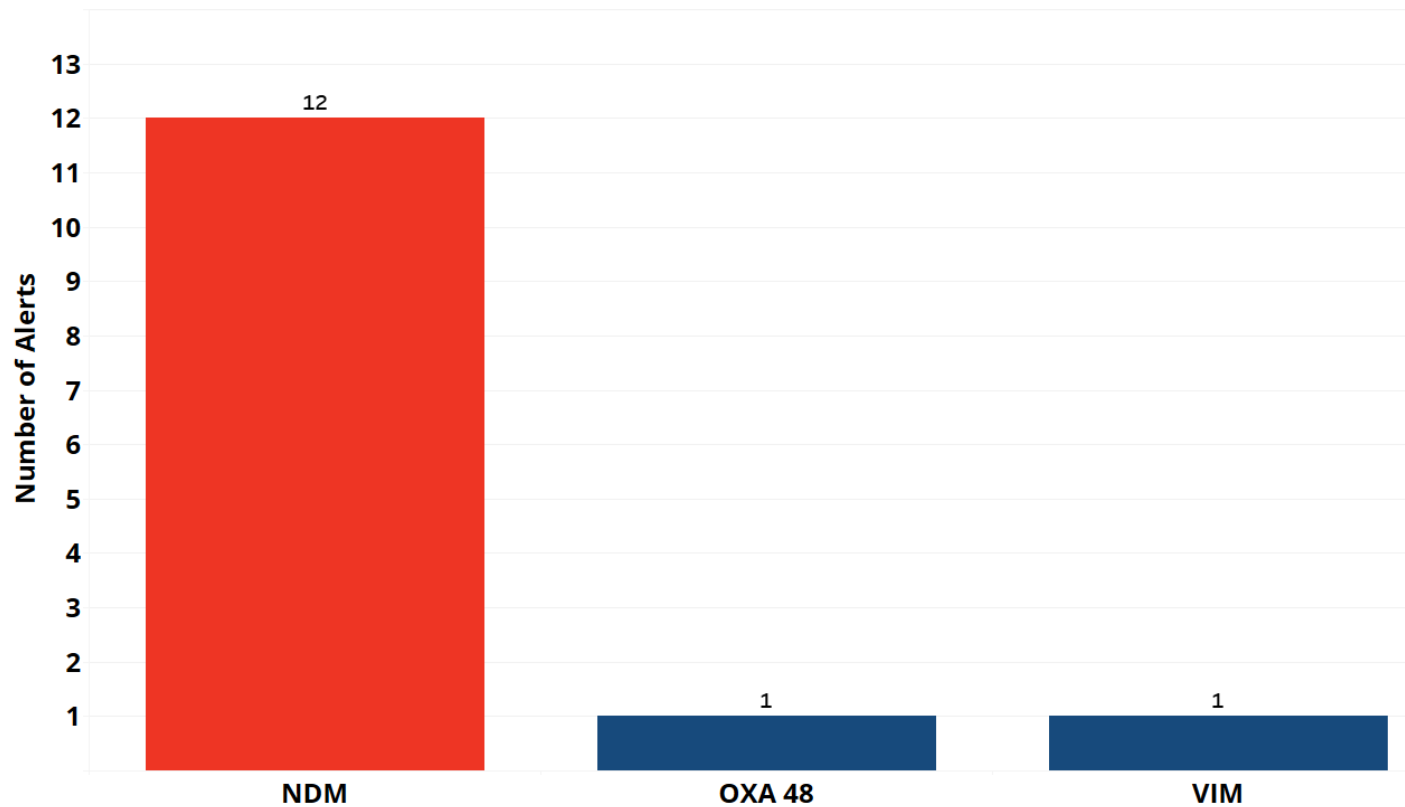
Non-KPC CRE Genes

- **Carbapenemas e-producing genes:**

- **“Big Five”**

- KPC
- IMP
- NDM
- OXA-48
- VIM

MDRO Alerts by Resistance Gene
(Nov 16th - Jan 16th)

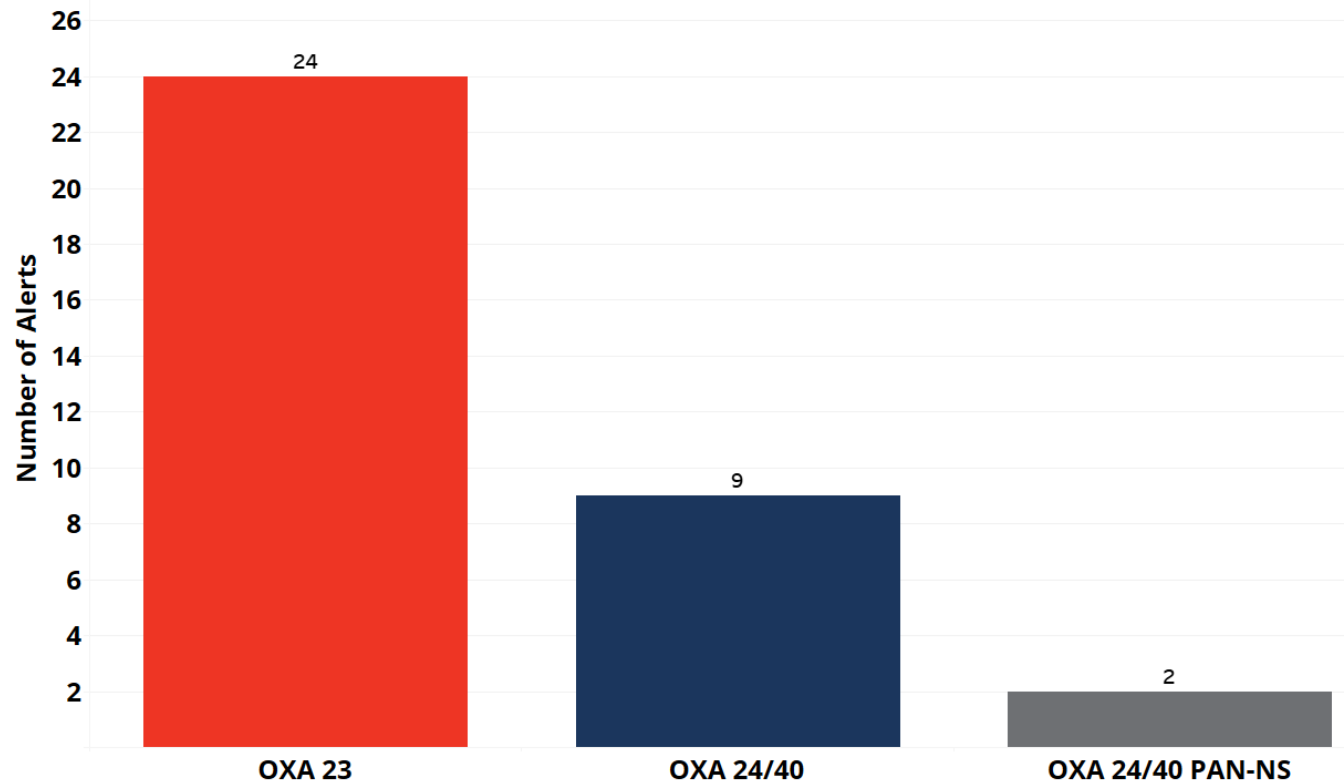


CRAB Alerts

- **Carbapenemase-producing genes:**

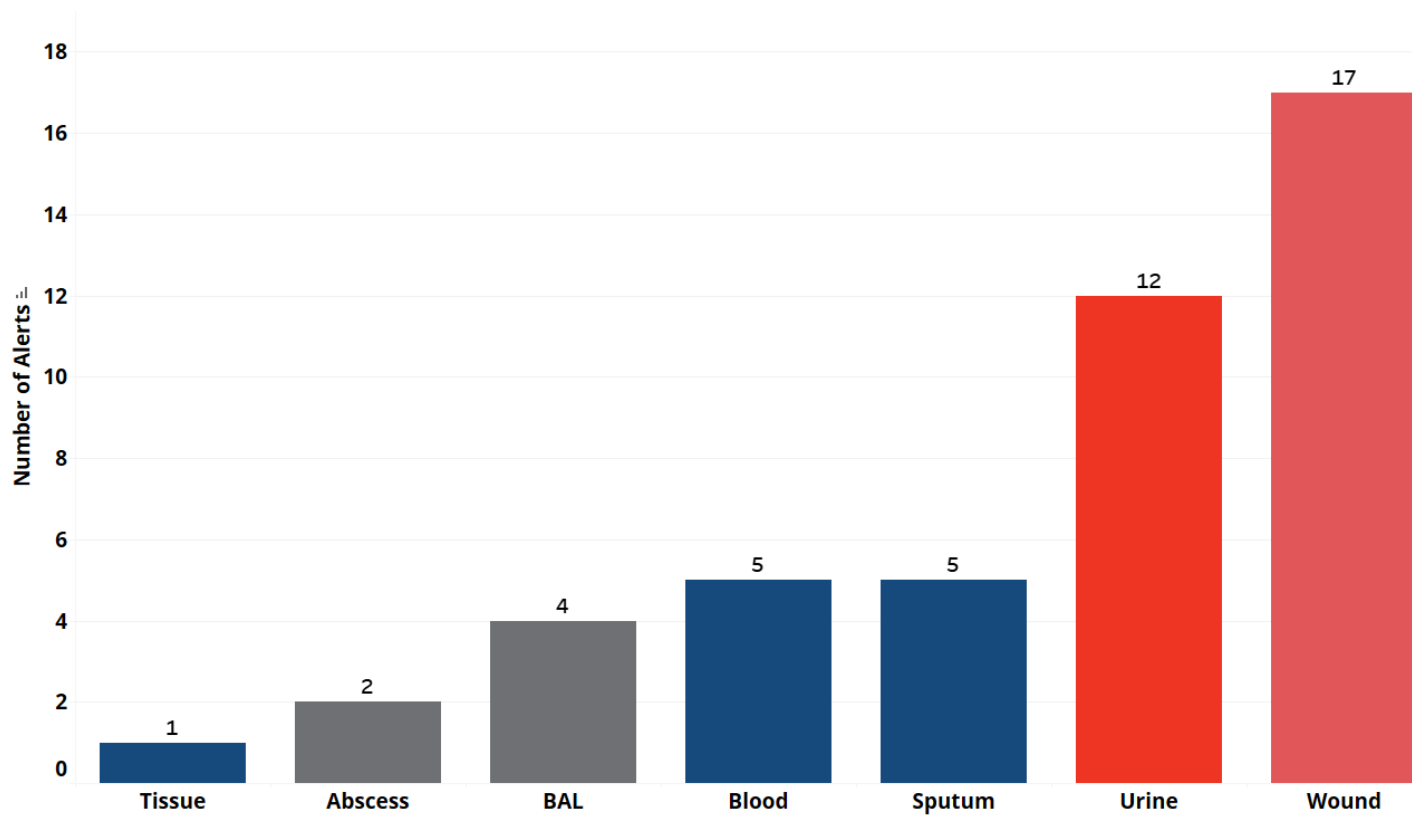
- Other Oxacillinases
 - OXA-24/40
 - OXA-23

CRAB Isolates
(Nov 16th - Jan 16th)



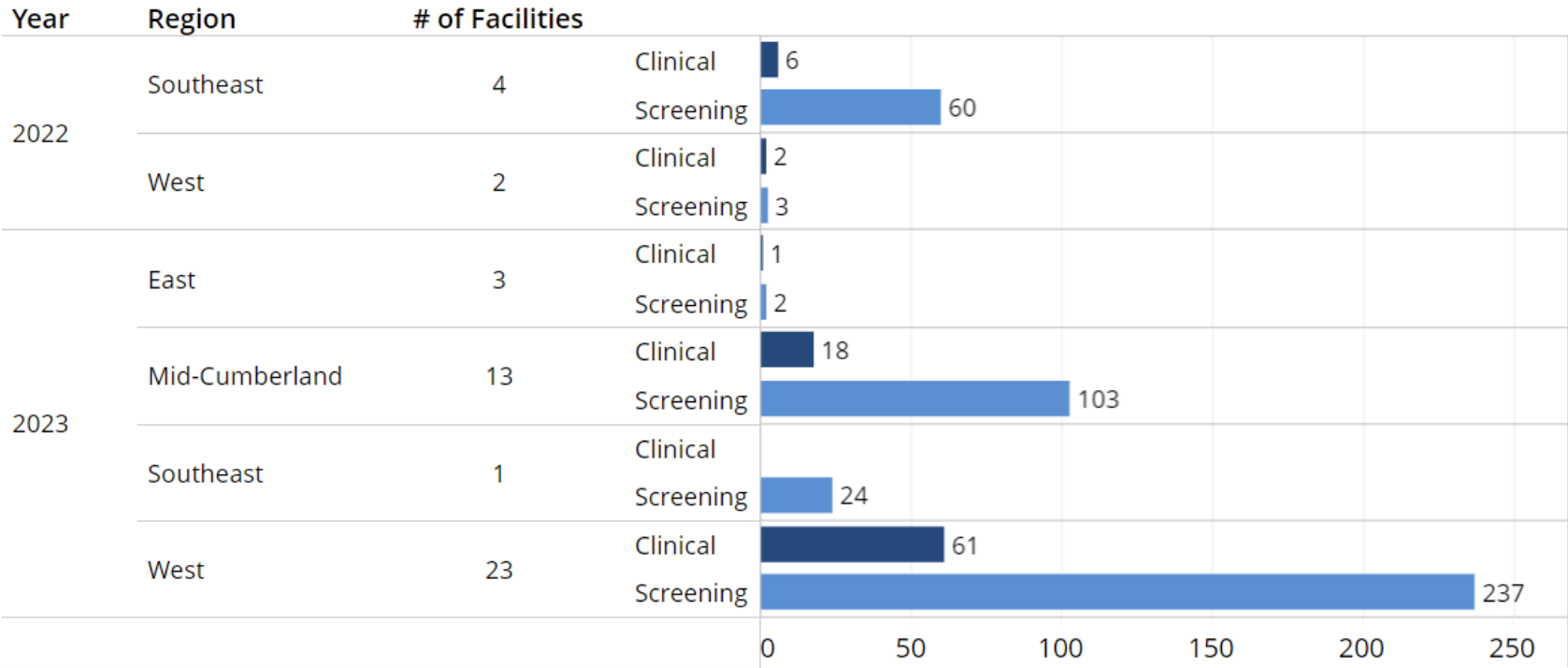
Specimen Sources

Alerts by Specimen Source
(Nov 16th - Jan 16th)



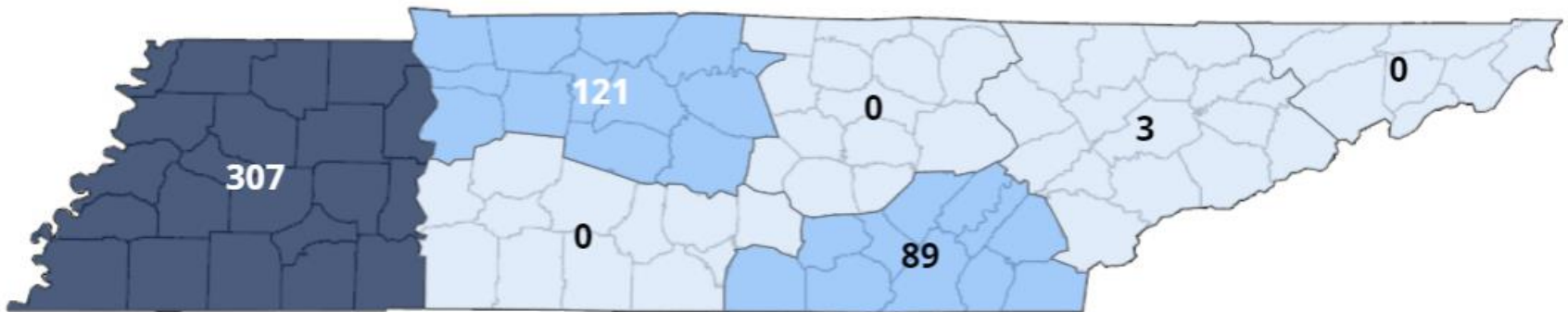
C. auris

Screening vs Clinical *Candida auris* Cases by Region



C. auris

Combined Clinical and Screening *Candida auris* Cases by Region, 2022-2023



****Upcoming TDH Annual Trainings****

- **2024 Patient Safety Manual has been released**
- **Beginning January 22, 2024**
 - Starting with CLABSI/CAUTI
 - 1/29 – MDRO/CDI Events
 - 2/5 – SSI events
 - 2/12 – AUR events
 - 2/20 – VAE/PedVAE events (Tuesday since 2/19 is a state holiday)
 - 2/26 – Analysis
- **Will hold trainings every consecutive Monday focusing on any new changes from 2023 to 2024**
 - Expect invites for these webinars in the next week
- **Case Studies trainings**
 - Will update you with a registration link for your 3-hour training in March

Next NHSN User Call

- **Tuesday, February 20, 2024**
 - **10am CT / 11am ET**
- **NHSN Related**
 - Vicky.Lindsey@tn.gov
 - Abigail.Marrero@tn.gov
- **AU/AR Module**
 - Christopher.Evans@tn.gov
- **Infection Prevention**
 - HAI.Health@tn.gov