



TN NHSN User Call

from the Tennessee Department of Health

TN

Monday, April 15, 2024

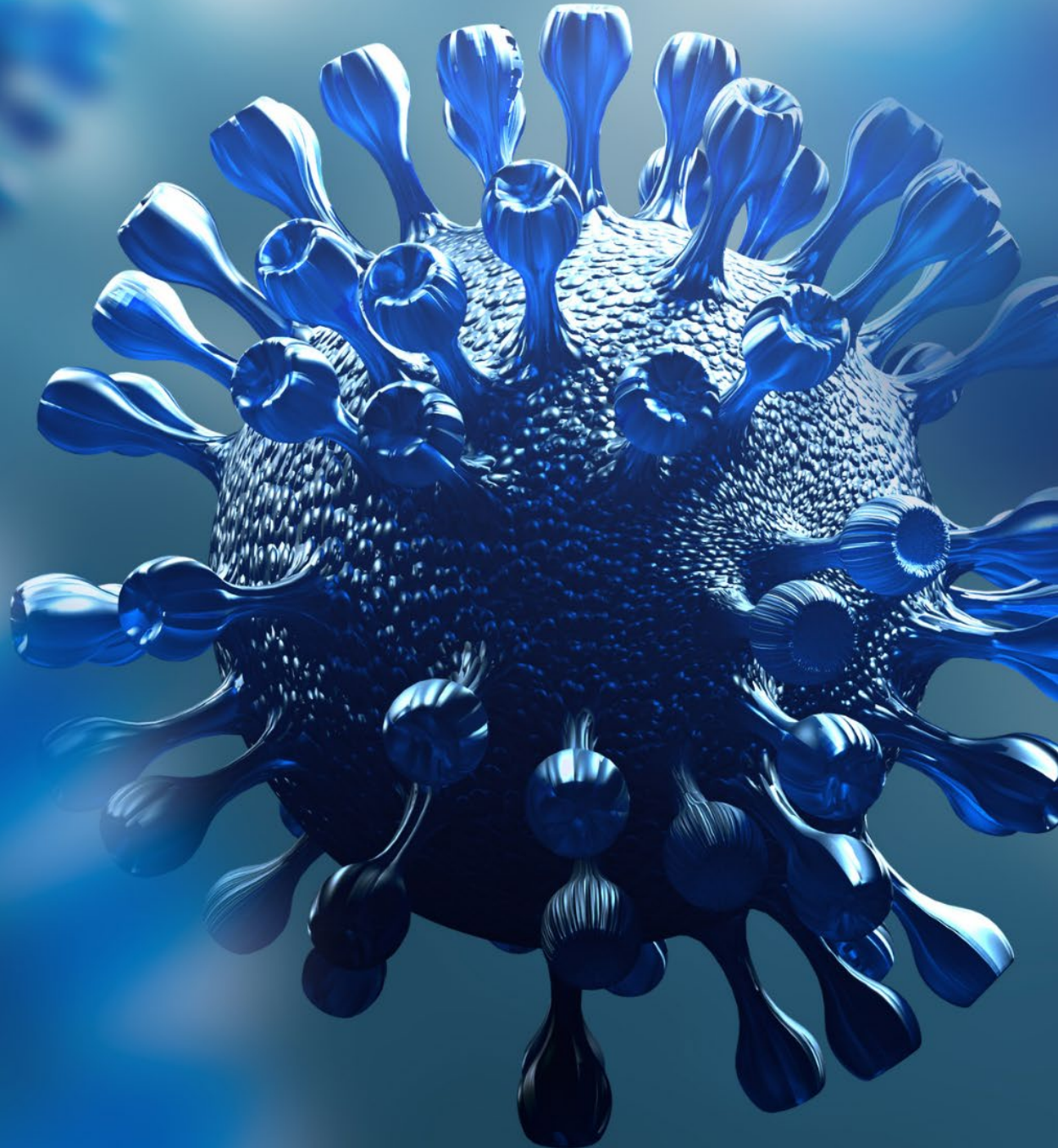
Agenda

- **Respiratory Illness Update**
 - Ashley Gambrell, MPH
- **NHSN Update**
 - Vicky Lindsey, RN, CIC
- **Injectable Drug Diversion Workshop**
 - Autumn Joanow, MPH
 - Callyn Wren, PharmD, BCIDP
- **CDC's Call for Cases: Following Injections of Botulinum Toxin Products**
 - Ashley Gambrell, MPH
- **CDC's Call for Cases: Burkholderia multivorans**
 - Becky Meyer, MPH, CIC
- **Measures to Reduce Risk from Ice**
 - Becky Meyer, MPH, CIC

TDH NHSN Team

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

Respiratory Illness Update



TN

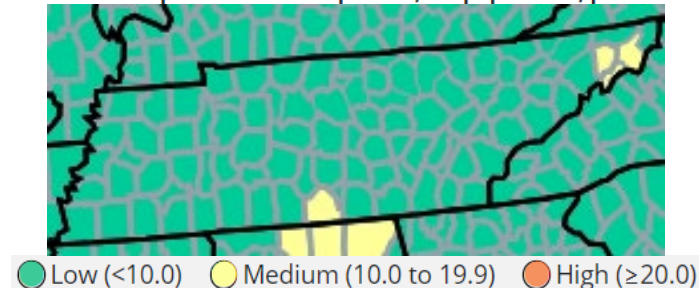
Department of
Health

COVID-19 Trends in TN & US

- Tennessee

- New cases decreased ▼
(total ~ 1778/week; ~ 1902 week prior)
- Hospitalizations decreased ▼
(157 – hospitalized; 184 – week prior)
- Deaths decreased ▼
(total – 16/week; 22 – week prior)

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



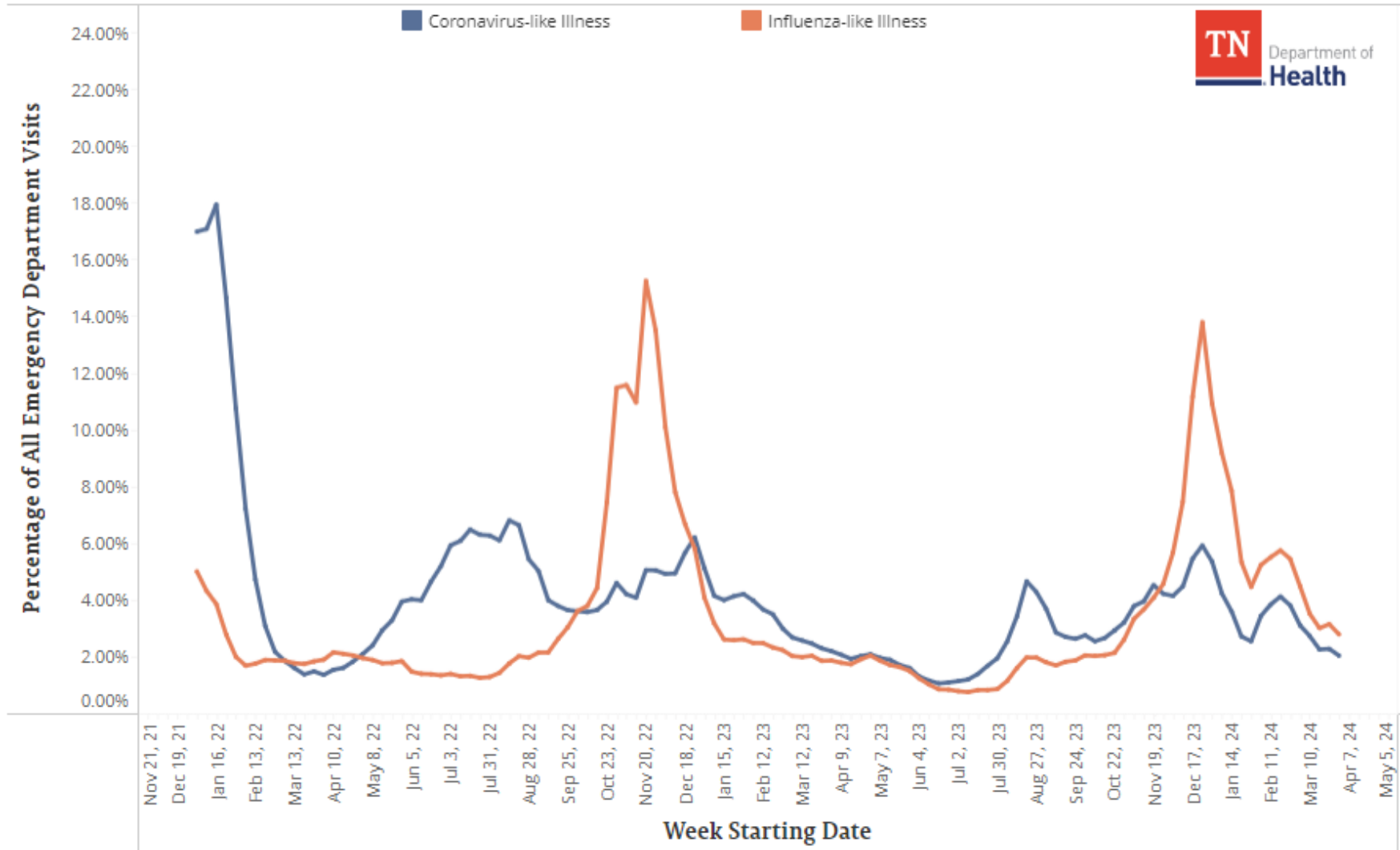
- U.S.A.

- New hospitalizations decreasing ▼
- Deaths decreasing ▼









Syndromic Surveillance

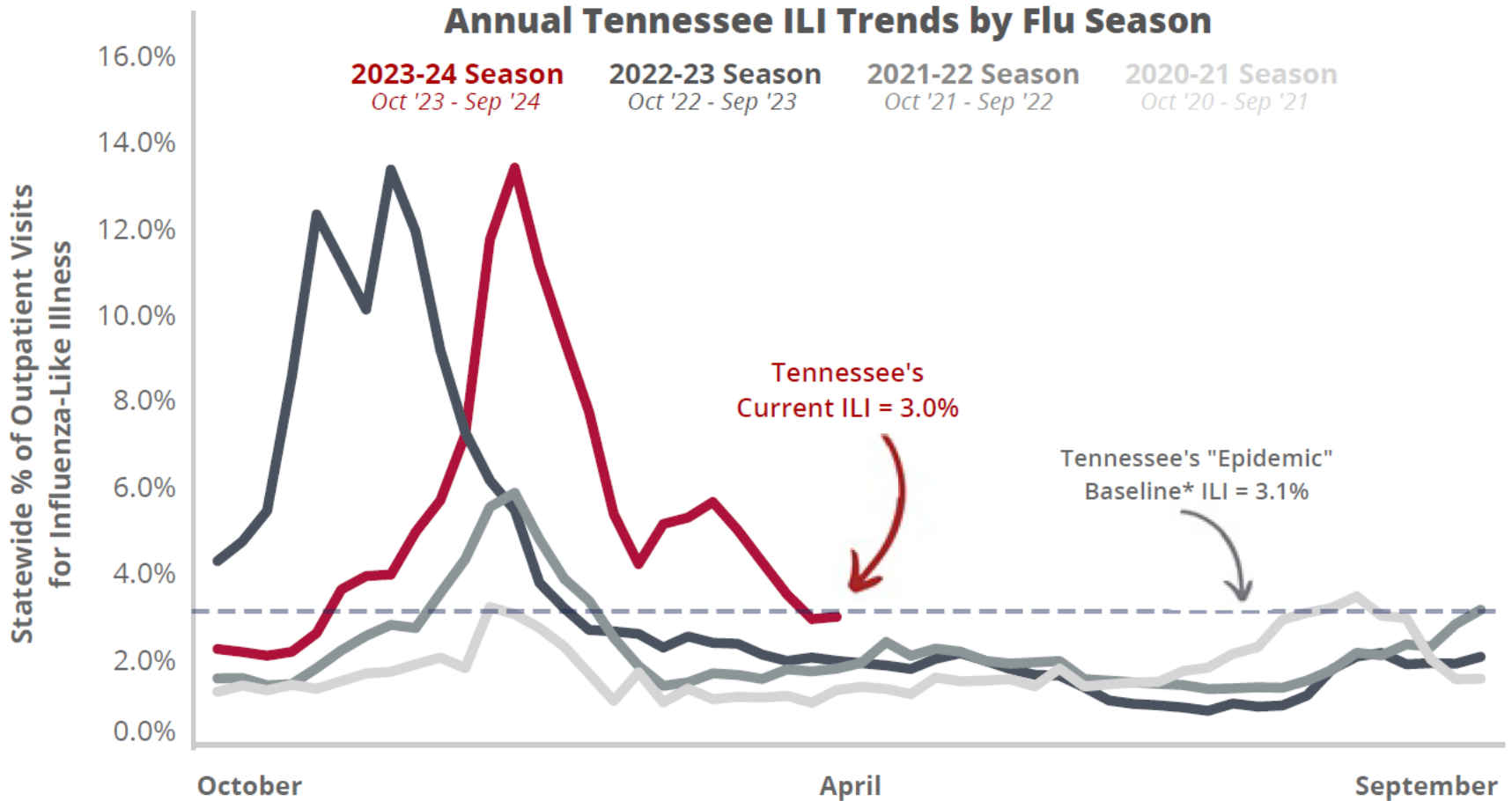
Emergency Department Data of chief complaint and discharge diagnosis



Influenza in Tennessee Snapshot

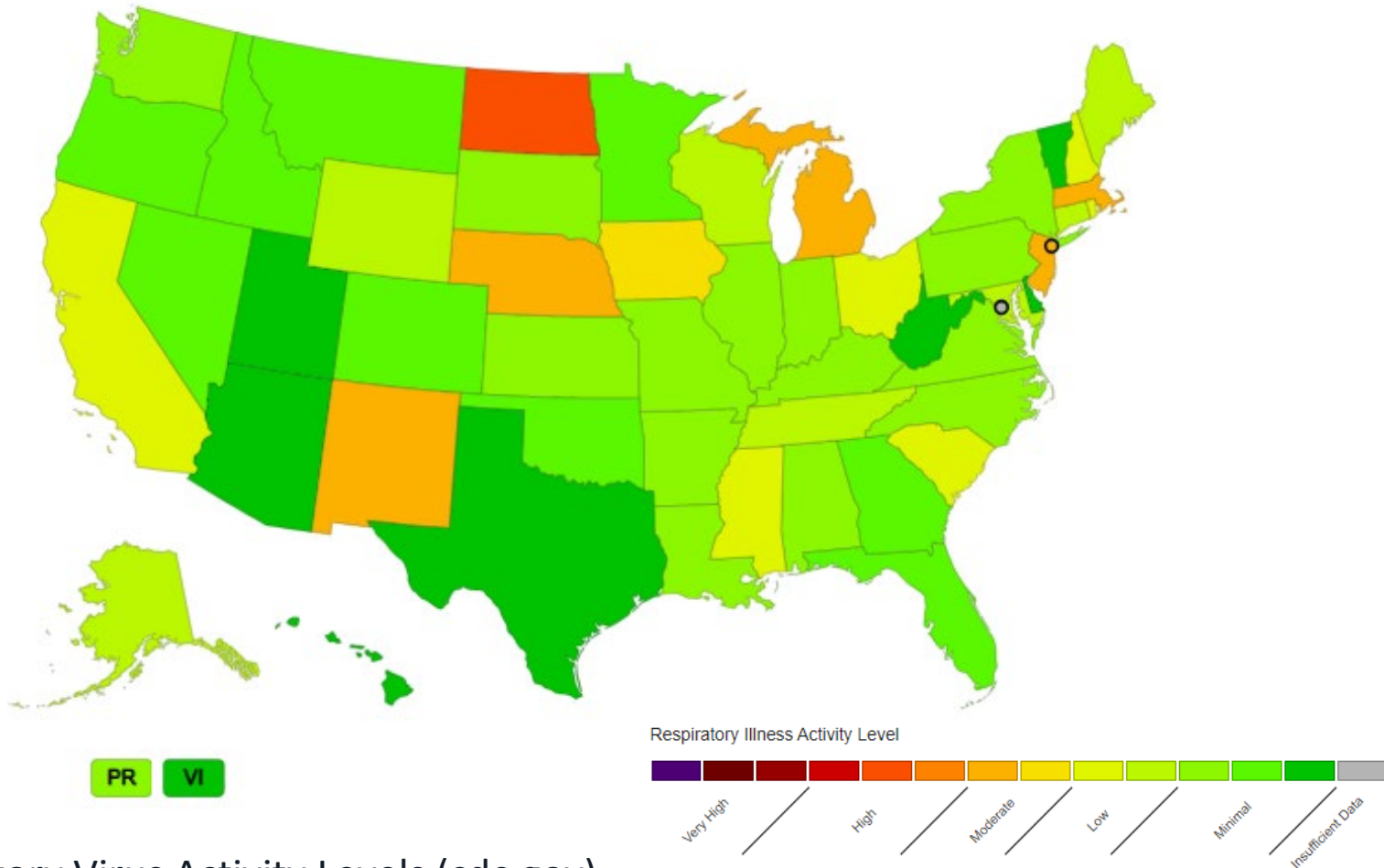
SURVEILLANCE INDICATOR	TREND	CURRENT WEEK	PREVIOUS WEEK
 <p>ILLNESS Percentage of outpatient visits due to influenza-like illness (ILI)</p>		<p>3.0%</p>	<p>2.9%</p>
 <p>LABORATORY Percentage of positive specimens & predominant strain of influenza</p>		<p>5.2%</p> <p><i>equal detections for A(H1N1) & B</i></p>	<p>1.2%</p> <p>Unsubtyped Flu A</p>
 <p>OUTBREAKS 2 or more ill persons of a shared setting</p>		<p>NEWLY REPORTED <i>during week of March 24, 2024</i></p> <p>0</p>	<p>SEASON TOTAL <i>since October 1, 2023</i></p> <p>15</p>
 <p>DEATHS Newly reported and season total pediatric influenza-associated deaths in TN</p>		<p>0</p>	<p>5</p>

Influenza-Like Illness



Bottom Line

- **Respiratory Illness in Tennessee**
 - Respiratory virus activity in Tennessee is **low**

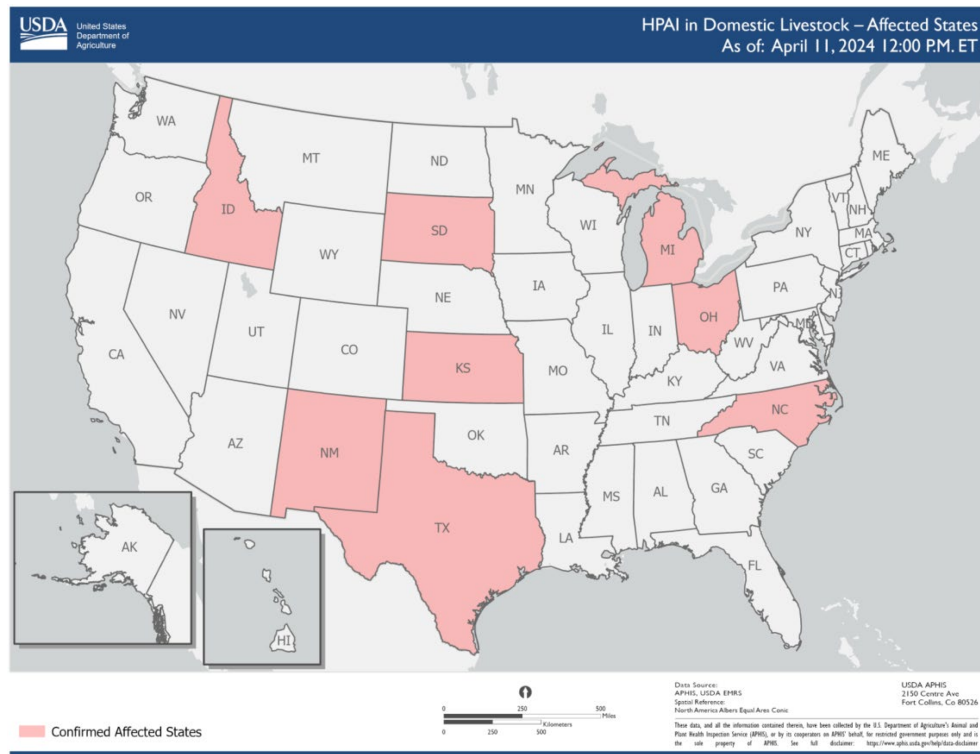


[Respiratory Virus Activity Levels \(cdc.gov\)](https://www.cdc.gov/respiratory)

What's Going on with Bird Flu?

Influenza A (H5N1) aka “bird flu” aka highly pathogenic avian influenza (HPAI)

- Human case (TX) with exposure to dairy cattle developed conjunctivitis and recovered
- Detections in cattle in 8 states – first time detected in this species



Current general public's risk: low

CDC Resources

- [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](#)



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NHSN Updates

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

NHSN – Protocol & Training Team

- Registration is now open for the April 17, 2024, session.
 - https://cdc.zoomgov.com/webinar/register/WN_gOt-OzxDQo-gAwIL2pbYZg to register and submit your 2024 Protocol Update questions.



NHSN
NATIONAL HEALTHCARE
SAFETY NETWORK

**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.

**PaTT Ask the Experts
Webinar Series 2024**

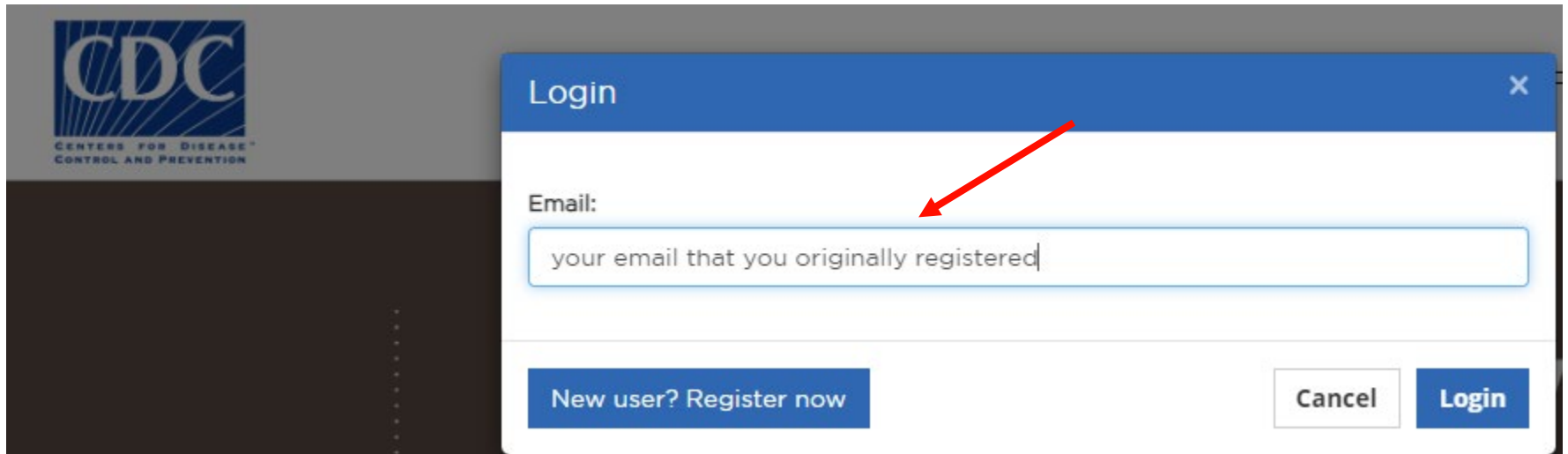
Date	Topic
April 17th	Annual Training Hot Topics Panel
May	Navigating NHSN: PSC Data Entry Basics
June	TBD

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

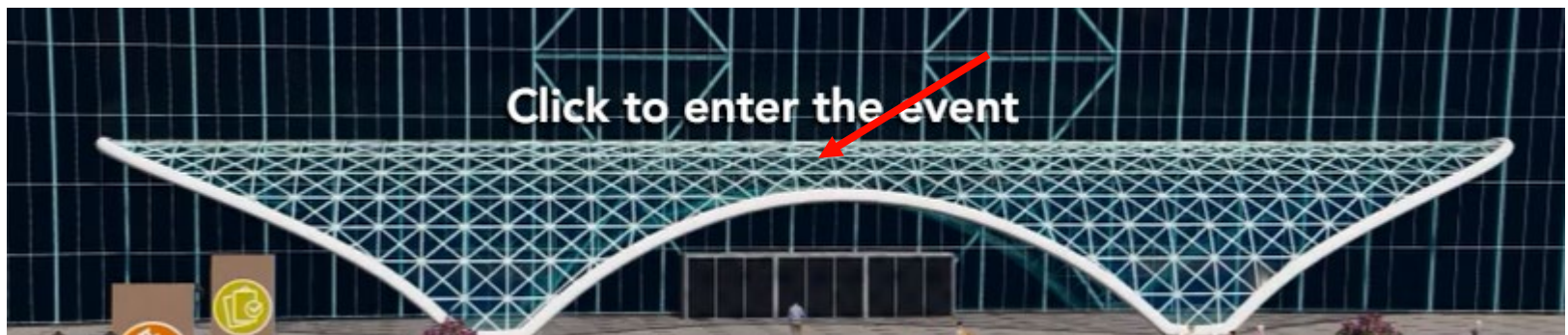


NHSN – 2024 Annual Training

- Click [here](#) to Review Materials and obtain CEU's/



The image shows a screenshot of the CDC website. On the left is the CDC logo with the text "CENTERS FOR DISEASE CONTROL AND PREVENTION". A blue "Login" modal is overlaid on the right. The modal has a title bar with "Login" and a close button. Below the title bar is an "Email:" label and a text input field containing the placeholder text "your email that you originally registered". At the bottom of the modal are three buttons: "New user? Register now", "Cancel", and "Login". A red arrow points from the top right of the modal towards the email input field.



NHSN – 2024 Annual Training

- Go to auditorium then component for presentations/select the day at the top



Auditorium



Patient Safety

Outpatient Procedure

Medication Safety

Analytics

Click to gain access to the live sessions.



CDC



NHSN

Monday, March 18, 2024 7

Tuesday, March 19, 2024 9

Wednesday, March 20, 20... 8

Thursday, March 21, 2023 8

Friday, March 22, 2024 8

NHSN – 2024 Annual Training

Instructions for Obtaining Continuing Education (CE)

To receive continuing education (CE) for **2024 National Healthcare Safety Network Virtual Training - WC4781** please visit [CDC TRAIN](#) and search for the course in the Course Catalog using WC4781. Follow the steps below by **April 22, 2024**.

1. Register for and complete the course.
2. Pass the post-assessment at 80%.
3. Complete the evaluation.
4. Visit Your Learning to access your certificates and transcript.

The registration code is **NHSN2024AT**

NHSN- AUR Office Hours

- Wednesday, May 8: 3:00-4:00pm ET
- Registration link:
[https://cdc.zoomgov.com/webinar/register/WN -
Di6gOFNQWYwTrZhda7-aA](https://cdc.zoomgov.com/webinar/register/WN_Di6gOFNQWYwTrZhda7-aA)
- For more information and additional resources, please see the materials in the [Antimicrobial Use and Resistance section](#) of the CMS Reporting Requirements for Acute Care Hospitals page.
- Please direct questions about NHSN AUR Reporting to the NHSN Helpdesk.
- If you have SAMS credentials you can submit a ticket to the NHSN Helpdesk using this link: <https://servicedesk.cdc.gov/epp>. If you do not have SAMS credentials you can email us at NHSN@cdc.gov.

NHSN-COVID-19 Update and Recommendations

- ACIP and CDC provided new COVID-19 vaccine recommendations for individuals aged 65 years and older.
- Beginning April 1, 2024, individuals aged **65 years and older** are up to date when they have received **2 doses of the updated 2023-2024 COVID-19 vaccine** or received **1 dose of the updated 2023-2024 COVID-19 vaccine in the past 4 months**.
- There is **no change** to the up to date definition for individuals **younger than 65 years**. Therefore, individuals younger than 65 years are up to date when they have received 1 dose of the updated 2023-2024 COVID-19 vaccine (any time since it was approved in September 2023).

NHSN-COVID-19 Vaccination Modules

- **How should facilities report data beginning with Quarter 2 of 2024?**
 - Residents and healthcare personnel aged **65 and older** should **NOT** be counted as up to date with COVID-19 vaccines until they receive a second dose of the 2023-2024 updated COVID-19 vaccine; **or** if they have received 1 dose of the updated 2023-2024 COVID-19 vaccine in the past 4 months.
 - Be careful not to incorrectly over-report the number of residents who are up to date.
 - **Residents aged 65 and older who previously had 1 dose of the 2023-2024 COVID-19 vaccine greater than 4 months ago, should NOT be counted as up to date (question #2).**
 - Continue to count residents and healthcare personnel age **less than 65** as up to date if they have received 1 dose of the updated 2023-2024 COVID-19 vaccine.

- **New “Hide All” Feature within Person-Level COVID-19 Vaccination Form**
 - Facilities that use the optional, Person-Level COVID-19 Vaccination Form to report vaccination data now have the ability to hide all healthcare personnel with employment end dates within the form.

NHSN-

- Please disregard the message stating that “Reporting of COVID-19 hospital data has been made optional for federal data collection” currently displayed on the NHSN COVID-19 module home page.
- The NHSN team is working to correct this as soon as possible
- In its [FY 2023 Hospital Inpatient Prospective Payment System \(IPPS\) and Long-Term Care Hospital Prospective Payment System \(LTCH PPS\) Final Rule \(CMS-1771-F\)](#), the Centers for Medicare & Medicaid Services (CMS) finalized a revision to the hospital and CAH infection prevention and control conditions of participation (CoP) requirements that requires hospitals and CAHs, after the conclusion of the COVID-19 PHE, to **continue reporting on a reduced number of COVID-19 data elements until April 30, 2024**, unless the Secretary establishes an earlier ending date.

NHSN-

- Reporting of the hospital COVID-19 data into the NHSN Patient Safety Component COVID-19 module is required through April 30, 2024. Please find guidance here: <https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf>
- At this time there is no extension of the requirement planned beyond April 30, 2024. NHSN's capability to receive COVID-19 data from hospitals will continue after April 30, 2024 and reporting into this system will be optional after this time.
- CDC will share any guidance around reporting requirement changes when they are issued by CMS.



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Injectable Drug Diversion Workshop

Autumn Joanow, MPH and Callyn Wren, PharmD, BCIDP | Tennessee Department of Health |
Communicable and Environmental Diseases and Emergency Preparedness



INJECTABLE DRUG DIVERSION WORKSHOP

The purpose of this event is to provide education and awareness to the risks associated with BBP transmission through tabletop exercise and lecture formats.



RSVP by May 15th

✓ Free Program

✓ Lunch provided

✓ Continuing education for this activity is pending.

Middle TN Workshop: TN State Library & Archives
Thursday June 20nd, 2024
9:00 AM - 3:00 PM

East TN Workshop: Knox County Health Department
Monday July 22nd, 2024
9:00 AM - 3:00 PM



Reported Botulism-Like Signs and Symptoms Following Injections of Botulinum Toxin Products of Unknown Source in Non-Medical Setting

Ashley Gambrell, MPH | NHSN Epidemiologist

Botulism-like Illness after Cosmetic Injections

TN, CDC, FDA and multiple states are investigating botulism-like signs and symptoms following injections of botulinum toxin products of unknown source in non-medical settings

Investigations are raising concerns about use of counterfeit and unknown products and administration in non-medical settings (ex. homes, cosmetic spas).

Recommendations for Healthcare:

- 1. *Identify*** – Clinicians should maintain high suspicion for botulism-like illness in individuals who present with consistent signs and symptoms. If botulism-like illness is identified, patients should be asked about any recent botulinum toxin injections.
- 2. *Inform*** – Clinicians should report suspected botulism-like illnesses to the Tennessee Department of Health at 615-741-7247. TDH can help determine whether testing or anti-toxin is indicated.



Call for Cases: *Burkholderia multivorans*

Measures to Reduce Risk from Ice

Becky Meyer, MPH CIC | Infection Prevention Specialist

Reminder: Epi-X Call for Cases

CDC is investigating multi-jurisdictional clusters of infections due to *Burkholderia multivorans*.

- Potential source: exposure to nonsterile ice and water from ice machines during clinical care activities.
- *Burkholderia multivorans* infection or colonization confirmed via culture (specimen from any body site).
- Specimen collected between January 1, 2022, through to present and moving forward

Please notify us if you receive this organism on a lab report via: HAI.Health@TN.gov.

Measures to Reduce Risk: Surveillance

What water-associated pathogens are included in your surveillance plan?

- ***Legionella* (required)**
- Gram-negative bacteria (e.g., *Pseudomonas*, *Burkholderia*)
- Nontuberculous *mycobacteria* (NTM)
- Fungi (e.g., *Aspergillus*, *Fusarium*)



TN Department of Health

2024 Reportable Diseases/Conditions in Tennessee
Healthcare Provider List

(Laboratory requirements differ)

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/local-departments.html) or the state office via [fax](tel:615-741-3857) at 615-741-3857.

You may also report [online](https://tnreporting.nhs.uk/) via NBS. To request an NBS account for reporting, please fill out the user survey at <https://tnreporting.nhs.uk/tnreporting/surveys/?a=8L7CMWFH4M>.

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

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/health/ncscn/hai.html>
- 👶 Neonatal abstinence syndrome within 1 month at <https://www.tn.gov/health/nas.html>
- 👶 Birth defects within 1 week at <https://tnreporting.nhs.uk/tnreporting/surveys/?a=TDREPYCHFT>
- 💊 Drug overdoses every Tuesday for the previous week, for more information, see <https://www.tn.gov/health/health-program-areas/cdo/cdo-doin-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>

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	Disease/condition
Anaplasmosis	Cronobacter
Anthrax	Cryptosporidiosis
Antibiotic Use (acute care and critical access hospitals)	Cyclosporiasis
Babesiosis	Dengue
Birth defects	Diphtheria
Botulism: foodborne, wound, or infant	Drug overdose
Brucellosis	Ehrlichiosis, including <i>E. chaffeensis</i> and <i>E. ewingii</i> infection
California/LaCrosse serogroup virus infection	Equine encephalitis virus infections:
Campylobacteriosis	Eastern or Venezuelan
<i>Candida auris</i> infection, including rule-out	Western
Candidemia (any <i>Candida</i> species isolated in blood)	Gonorrhea, including disseminated gonococcal infection (DGI)
Carbapenem-resistant Enterobacteriales infection	Group A Streptococcal invasive disease
Any organism from the Enterobacteriales order, including but not limited to, <i>Escherichia coli</i> , <i>Enterobacter</i> species, and <i>Klebsiella</i> species	Group B Streptococcal invasive disease
Carbapenemase-producing <i>Pseudomonas aeruginosa</i> (CP-CRPA) infection	<i>Haemophilus influenzae</i> invasive disease
Carbapenemase-producing <i>Acinetobacter baumannii</i> (CP-CRAB) infection	Hansen's disease (leprosy)
	Healthcare-associated events:

Measures to Reduce Risk: Maintenance

- Find the Instructions for Use (IFU)
 - If you can't find them:
 - Internet
 - Contact Manufacturer
- Maintenance schedule should be written into water management plan
- Log should be kept
- IP should audit compliance



Measures to Reduce Risk: Maintenance

- This is a complex, time-consuming procedure
- The manual will specify how often depending on type of cleaning ↓
- IFU includes details on:
 - Preventative maintenance cleaning
 - Cleaning/Sanitizing (→)
 - Heavily scaled cleaning
 - Exterior cleaning

Ice Machine Operation

Section 3

CLEANING/SANITIZING PROCEDURE QC700/QF800/QF2300

Use ice machine cleaner part number 000000084.

Use ice machine sanitizer part number 94-0565-3.

Step 1 Remove front and top covers and set the toggle switch to the OFF position.

Step 2 Remove all ice from the bin.

Step 3 Disconnect water supply line at float valve quick disconnect by depressing stainless steel lever.

Step 4 Remove the top cover from water reservoir.

Step 5 Remove the water level probes from the top cover and with the wires attached, place the water level probes (stand upright) inside the water reservoir.

Step 6 Follow the chart and premix cleaner and water.

Amount of Water	Amount of Cleaner Part Number 000000084
1 gallon (3.8 Liters)	3 ounces (90 ml)

Step 7 To start cleaning, move the toggle switch to the ICE position.

Step 8 Wait about 45 seconds until the dump valve light de-energizes. Fill the evaporator and reservoir with cleaning solution. The ice machine will make ice with the cleaning solution and deposit the ice in the bin. Add the remaining cleaner/water solution when the water level in the reservoir drops.

NOTE: Do not allow the water level to drop below the water level probes. The ice machine will discontinue the cycle when the water level probes open (lose water contact) for more than 30 seconds.

Step 9 After all of the cleaner/water solution has been added reconnect the water supply line to the float valve. Continue the freeze cycle for 10 minutes to remove the cleaning solution from the water circuit.

Step 10 Place the toggle switch in the Off position.

Step 11 Disassemble the ice machine and hand clean all parts (refer to disassembly for cleaning/sanitizing).

Step 12 Hand sanitize all parts (refer to disassembly for cleaning/sanitizing for procedure).

Step 13 Remove and discard all ice produced during the cleaning process.

Step 14 Reassemble ice machine.

Step 15 Disconnect water supply line at float valve quick disconnect by depressing stainless steel lever.

Step 16 Remove the top cover from water reservoir.

Step 17 Remove the water level probes from the top cover and with the wires attached, place the water level probes (stand upright) inside the water reservoir.

Step 18 Refer to chart and premix water and sanitizer.

Amount of Water	Amount of Sanitizer
6 Gallons (23L) Cool Water	4 ounces (120 ml)

Step 19 To start sanitizing, move the toggle switch to the ICE position.

Step 20 Wait about 45 seconds until the dump valve light de-energizes. Fill the evaporator and reservoir with sanitizer/water solution. The ice machine will make ice with the sanitizer/water solution and deposit the ice in the bin. Add the remaining sanitizer/water solution when the water level in the reservoir drops.

NOTE: Do not allow the water level to drop below the water level probes. The ice machine will discontinue the cycle when the water level probes open (lose water contact) for more than 30 seconds.

Step 21 After all of the sanitizer/water solution has been added to the reservoir, reconnect the water supply line at the float valve quick disconnect. Continue the sanitize cycle for 10 minutes to remove the sanitizing solution from the water circuit.

Step 22 Place the toggle switch in the Off position, then disassemble the ice machine and hand sanitize all parts (refer to disassembly for cleaning/sanitizing for procedure).

Step 23 Remove and discard all ice produced in the sanitizing process, then reassemble the ice machine and reconnect the water supply.

Measures to Reduce Risk: Water Disruption

- Planned (e.g., construction):
 - Whenever possible, disconnect the ice machine before planned water disruptions.
- Unplanned (e.g., boil water advisory):
 - Flush and clean ice machines and dispensers before use.
 - Alert patients, families, staff, and visitors not to consume water from drinking fountains, **ice**, or drinks made from municipal tap water, while the advisory is in effect.
 - Maintain a high level of surveillance for waterborne disease among patients after a boil water advisory is lifted.

Measures to Reduce Risk: Ice Chest

- Perform routine cleaning and disinfection of ice chests (per CDC, follow IFU)
- Maintain a log of cleaning
- Ensure ice chest doors are kept closed except when removing ice
- Limit access to the ice chest
- Wash hands before obtaining ice and don't handle directly by hand
- Store the ice scoop outside the chest on a chain short enough so that it does not touch the floor, or on a clean, hard surface when not in use



Resources and Q&A



- Centers for Disease Control and Prevention. (2023, June 27). *ICAR tool for General Infection and control (IPC) across ...* Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings. <https://www.cdc.gov/infectioncontrol/pdf/icar/ipc-mod11-water-exposure-508.pdf>
- Centers for Disease Control and Prevention. (2003, June 6). *Guidelines for Environmental Infection Control in health-care facilities: Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)*. Centers for Disease Control and Prevention. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm>

Send questions to: HAI.Health@tn.gov

Next NHSN User Call

- **Monday, May 20, 2024**
 - **10am CT / 11am ET**
- **NHSN Related**
 - Vicky.Lindsey@tn.gov
 - Ashley.Gambrell@tn.gov
- **AU/AR Module**
 - Christopher.Evans@tn.gov
- **Infection Prevention**
 - HAI.Health@tn.gov