



# TN NHCN User Call

*from the Tennessee Department of Health*

TN

*Monday, May 20, 2024*

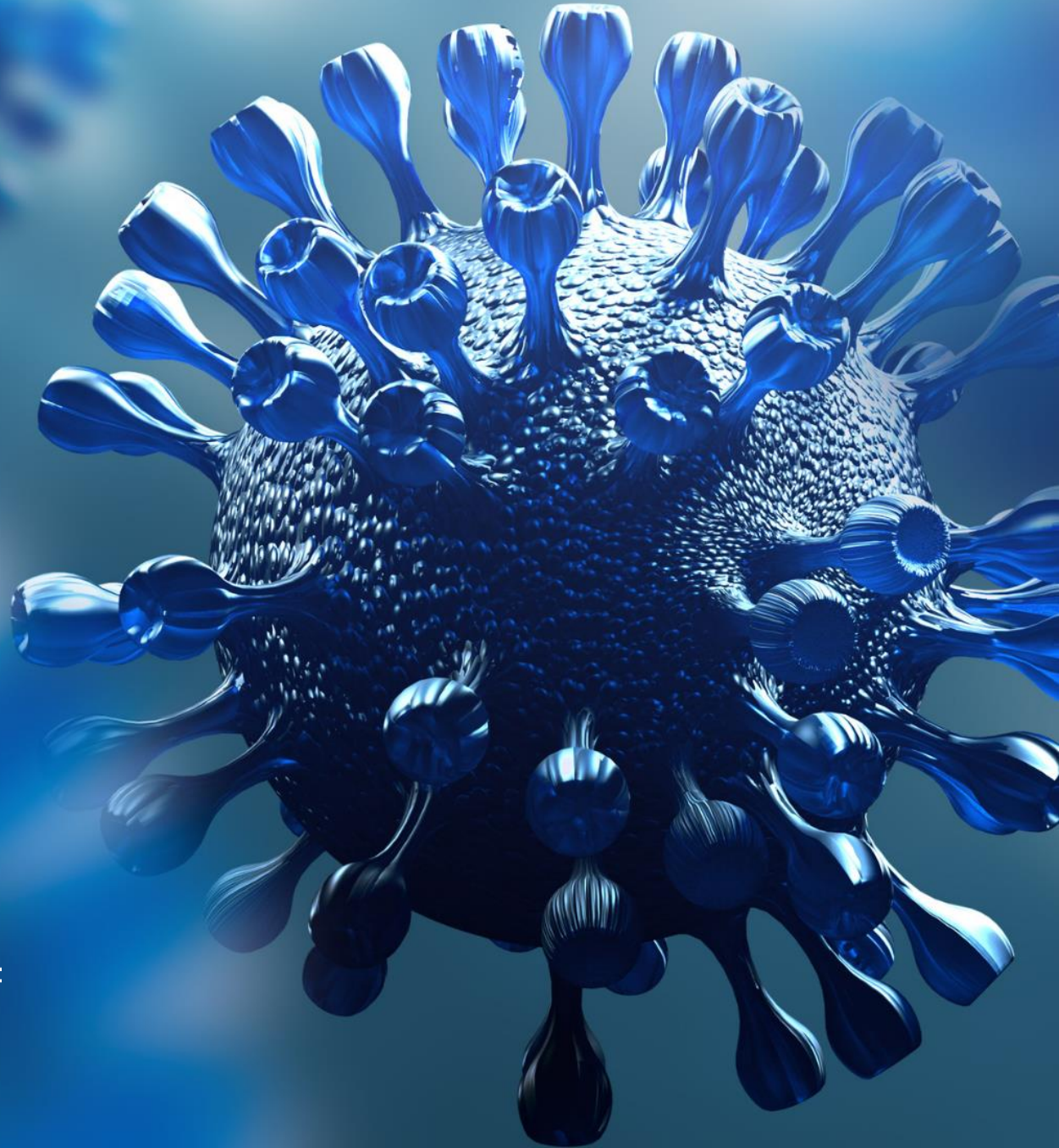
# Agenda

- **Respiratory Illness Update**
  - Ashley Gambrell, MPH
- **NHSN Update**
  - Vicky Lindsey, RN, CIC
- **Hospital COVID-19 Data Reporting**
  - Jeff Sexton, Clinical Applications Coordinator
- **The WATCH Coalition**
  - Michelle Nations, MHIA, BSN, RN, CIC
- **Measles Update**
  - Kate Moore, MSN, RN, 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 ~ 816/week; ~ 842 week prior)
- Hospitalizations remained stable ►  
(93 – hospitalized; 94 – week prior)
- Deaths remained stable ►  
(total – 10/week; 8 – week prior)

- U.S.A.

- Emergency department visits decreasing ▼
- Hospitalizations decreasing ▼
- Deaths stable ►

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

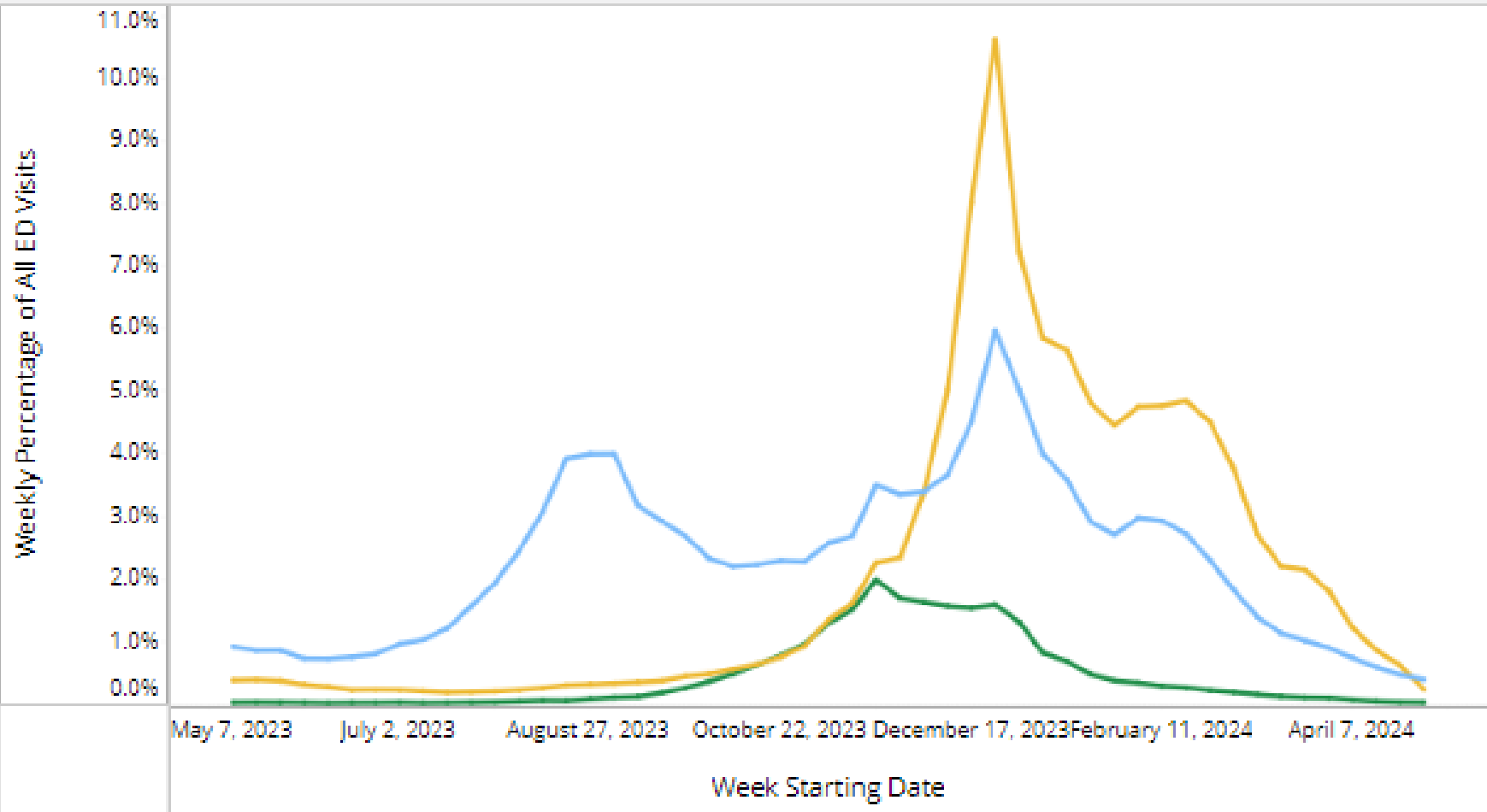
Trend in % **-7.6%** in most recent week  
Emergency Department Visits

Trend in **-26.7%** from Apr 14 to Apr 20  
Hospitalization Rate

Trend in % **No change** in most recent week  
COVID-19 Deaths

# Syndromic Surveillance

Statewide Weekly Percentage of ED Visits with Viral Respiratory Illness  
Discharge Diagnosis Codes



Respiratory Illness

COVID-19 Influenza RSV

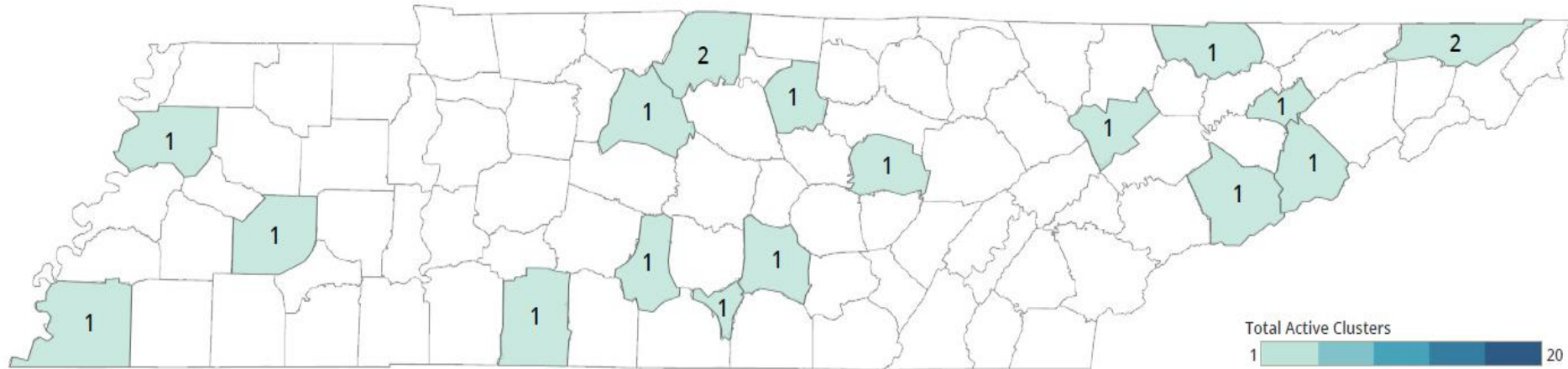


# COVID Cluster in High-Risk Settings

**19**  
**Total Active**  
**Clusters**

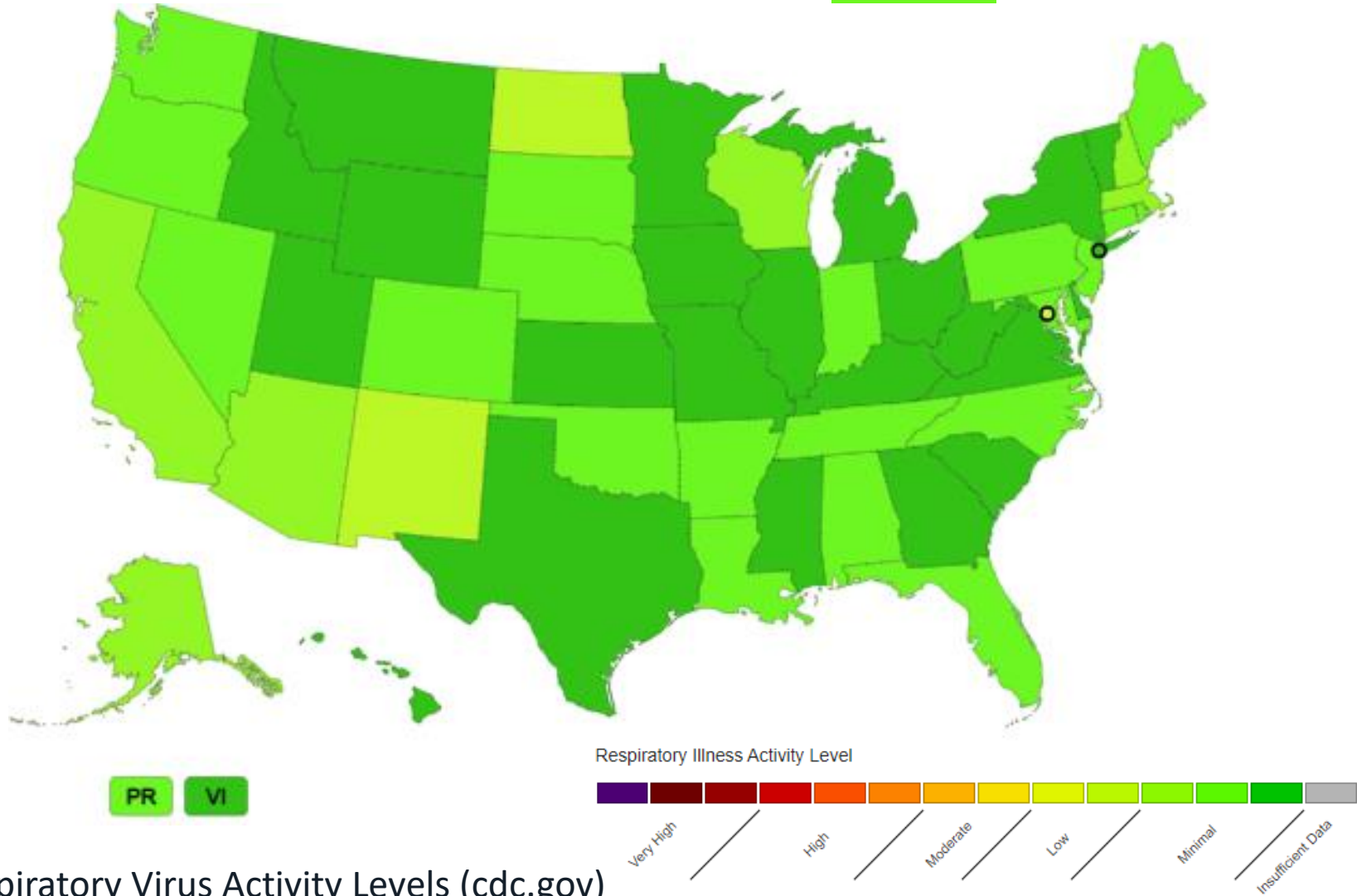
High-risk settings include long-term care facilities, correctional facilities, shelters, and other congregate settings

## Active Clusters by County



# Bottom Line

- Respiratory Illness Activity in Tennessee is **minimal**



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



# 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](#)

# Call for Cases!

- **Call for Cases: Coccidioidomycosis Following Attendance at Coachella and/or Stagecoach Festivals -- May 9, 2024**
- Riverside County Department of Public Health is investigating cases of coccidioidomycosis (Valley Fever) that occurred after attendance at Coachella Festival (April 12-14, 19-21, 2024) and/or Stagecoach Festival (April 26-28, 2024).
- Please report cases through [HAI.Health@tn.gov](mailto:HAI.Health@tn.gov)

# Call for Cases!

- **Call for Cases: Mycobacterium abscessus Infections Connected to Use of the Product “Mesofrance” Purchased via Social Media -- May 15, 2024**
- NYSDOH is investigating cases of *Mycobacterium abscessus* connected to the use of a weight loss product called Mesofrance, which was sold via social media as early as November 2022.
- Please contact [HAI.Health@tn.gov](mailto:HAI.Health@tn.gov) you receive reports of *Mycobacterium abscessus* infection following the use of Mesofrance.



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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



## 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.

Date	Topic
May 15 <sup>th</sup>	Navigating NHSN: PSC Data Entry Basics
June 26 <sup>th</sup>	MDRO and CDI

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



# NHSN-

- As of April 30, 2024, hospitals will no longer be required to report Hospital Respiratory Pathogen, Bed Capacity, and Supply Data (i.e., Hospital COVID-19 Data) to HHS through CDC's National Healthcare Safety Network (NHSN).
- \*\*Current guidance can be found here:  
<https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf>



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# Hospital COVID-19 Data Reporting

Jeff Sexton Clinical Applications Coordinator | Tennessee Department of Health | Communicable and Environmental Diseases and Emergency Preparedness

# Hospital COVID-19 Data Reporting

- As of April 30, 2024, the Centers for Medicare & Medicaid Services (CMS) enforcement authority related to COVID-19 reporting will expire. Consequently, mandatory COVID-19 reporting as we have known it, for hospitals in our state will become optional on May 1, 2024.
  - We anticipate more changes to federal reporting requirements soon.
- TDH has communicated with the Centers for Disease Control and Prevention (CDC) to confirm plans regarding federal reporting of the hospital COVID-19 data into the National Healthcare Safety Network (NHSN).
- CDC communicated that “NHSN’s capability to receive COVID-19 data from hospitals will continue after April 30, 2024, and NHSN will remain available, and CDC encourages ongoing voluntary reporting after any current requirements sunset. CDC will share any guidance around reporting requirement changes when they are issued by CMS.”



TDH and SW HCC AC-  
Hospital COVID, FLU, RSV  
Reporting

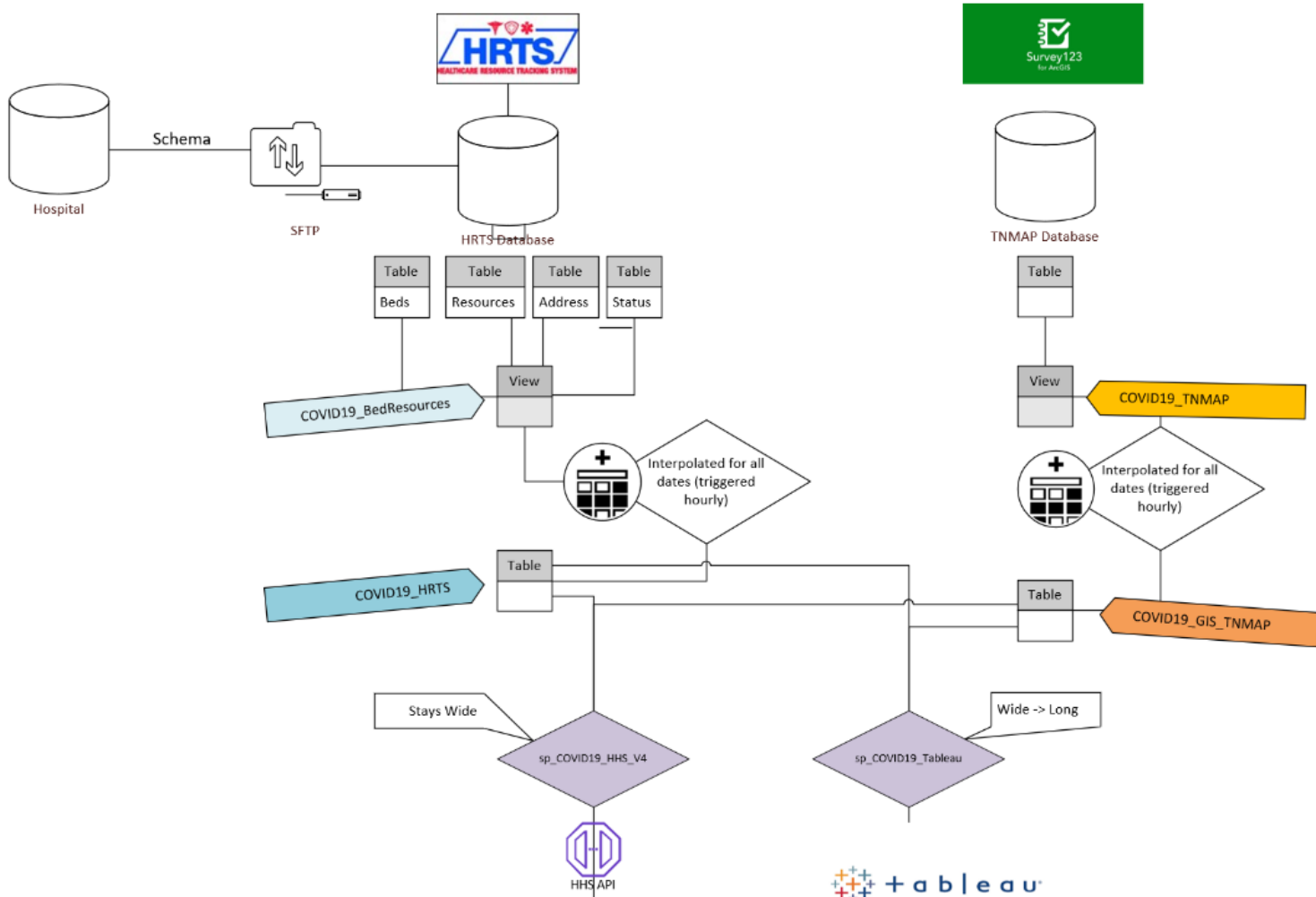
# Current Comment Areas

- State certification process
  - If your state has assumed reporting responsibility, submit all data to your state each day, and your state will submit on your behalf.
- Bed Data Aggregation – We prefer individual bed type counts
- Reports
  - We need a compliance report, data extracts
- Standards Workgroup with hospitals and states involved to drive change
- Target Federal System and Infrastructure
  - Improved navigation, Infrastructure stability, facility types and sub types, Facility names, program identifiers
- EHR vendors. Have them required to produce new schema until SANER is final
  - Situational Awareness for Novel Epidemic Response by HL7

# Propose Rule

## Anticipated Dates

- FRN Review/Comments Closed 6/10
- Final Rule 7/10
- Implementation Guides/FAQs 7/30
  
- That Leaves 2 months to accomplish –Next Page



National Healthcare Safety Network (NHSN)

# CO/Regional Implementation Team

## All Hands On Deck

### **Inbound data from hospitals**

Meisha Millwee  
Tabitha Hobson  
RHCs  
Walt Asbell  
Beena Patel  
Jamie Reynolds

### **HRTS**

Jeff Sexton  
Jake Phillips  
Joe Green  
Matt Lane  
Kinley Winchester  
John Emmons  
Bhargav Katikey

### **Outbound – HRTS to Fed System**

Jeff Sexton  
Jake Phillips  
Stefany Ortega Garcia  
Joe Green  
Walt Asbell

### **Compliance Support/Analytics**

Jeff Sexton  
Jake Phillips  
Stefany Ortega Garcia  
Meisha Millwee



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The WATCH Coalition

# West Area TN Coalition for Healthcare (WATCH)

- Virtual Water Management Education Webinar
- Tuesday, July 23<sup>rd</sup> from 8 a.m. until 12 p.m. CST
- Training will include how to develop a Water Management Program, Legionella and Waterborne Pathogen education, Dialysis Water Management, Emergency Water Supply Planning, and more!



<https://wth.readyop.com/fs/4cg8/22aae042>





# Measles Review





**Situation**

# Situation

- Since December 2023
  - Significant increase in measles cases in the U.S. and globally
- As of May 16, 2024
  - 139 cases reported in 21 jurisdictions
  - 10 outbreaks in 2024
  - 70% of cases are outbreak-associated vs. 48% in 2023
- No reported cases in Tennessee

Source: <https://www.cdc.gov/measles/cases-outbreaks.html>

# Situation

## Total Cases

<b>Vaccination Status (Measles, Mumps, and Rubella - MMR)</b>	<b>Percentage</b>
Unvaccinated or Unknown	82%
One MMR dose	13%
Two MMR doses	6%

Source: <https://www.cdc.gov/measles/cases-outbreaks.html>

# Situation

## Total Cases

<b>Age (Total Cases)</b>	<b>Total</b>
Under 5 years	63 (45%)
5-19 years	31 (22%)
20+ years	45 (32%)

Source: <https://www.cdc.gov/measles/cases-outbreaks.html>

# Situation

- 54% of total U.S. cases (75 of 139) have been hospitalized

## U.S. Hospitalizations

Age	Percent Age Group Hospitalized
Under 5 years	63% (40 of 63)
5-19 years	39% (12 of 31)
20+ years	51% (23 of 45)

Source: <https://www.cdc.gov/measles/cases-outbreaks.html>



Background

# Background

- Acute viral respiratory illness
- Highly contagious
- Can cause severe health complications
  - Pneumonia
  - Encephalitis (inflammation of the brain)
  - Death
- Almost entirely preventable through vaccination
  - MMR vaccine is 97% effective (2 doses)

Source:

<https://acrobat.adobe.com/link/review?uri=urn:aai:d:scds:US:cddd0c79-002f-36f2-9c61-c5b9f0fdafe4>



**Recommendation**



# Identify

- Unvaccinated Individuals
- History of travel to areas with recent measles cases
- High fever
- Cough
- Coryza (runny nose)
- Conjunctivitis (Inflammation of the eye)
- Rash

Source:

<https://acrobat.adobe.com/link/review?uri=urn:aaid:scds:US:0b6158f0-7fd8-3f1c-ba31-26dc8cec3d9d>



Child with a classic measles rash after four days.

Source: [CDC/PHIL](#)

# Isolate

- Act immediately
  - Place surgical mask on patient or resident
  - Isolate in room with closed door
- Implement Airborne Precautions
  - Negative pressure airborne isolation room
  - Close areas where suspected cases have been
- Healthcare providers
  - Assign to staff with confirmed immunity to measles

Source:

<https://acrobat.adobe.com/link/review?uri=urn:aai:d:scds:US:0b6158f0-7fd8-3f1c-ba31-26dc8cec3d9d>

# Report

- Immediately report suspected measles cases to TDH
- Vaccine Preventable Diseases Program
  - (615) 741-7247
- Public health should be informed *before* testing



Source:

<https://acrobat.adobe.com/link/review?uri=urn:aai:d:scds:US:0b6158f0-7fd8-3f1c-ba31-26dc8cec3d9d>

# Resources

**PROJECT FIRSTLINE**  
American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN®


## Think Measles

Consider measles in any patient presenting with a febrile rash illness, especially if **unvaccinated for measles** or **traveled internationally in the last 21 days.**


- 1 Measles Symptoms**
  - High Fever
  - Cough
  - Coryza (runny nose)
  - Conjunctivitis (red, watery eyes)
  - Maculopapular Rash
    - Typically appears 2-4 days after symptoms begin
    - Begins at hairline, spreads downward, to face, neck, and trunk
    - Rash appears red on light complexions, but may be harder to see or appear as purple or darker than surrounding skin on dark complexions.
- 2 Pre-Visit Telephone Triage**
  - For those reporting measles symptoms, assess the risk of exposure:
    - Are measles cases present in your community?
    - Did the patient spend time out of the country in the 21 days before symptom onset?
    - Has the patient ever received the MMR vaccine?
  - Triage should only be completed by a clinically trained person.
  - If patient will be seen in the office, provide instructions on face masks for patient (2 years of age and older) and family.
  - Instruct to arrive to a side or back entrance instead of the main entrance.
- 3 Patients Presenting with Suspected Measles**
  - Provide face masks to patients (2 years of age and older) and family before they enter the facility. Patients unable to wear a mask should be "tented" with a blanket or towel when entering the facility.
  - Immediately move patient and family to an isolated location, ideally an airborne infection isolation room (AIIR) if available. If unavailable, use a private room with the door closed.
  - No other children should accompany a child with suspected measles.
  - Patients (2 years of age and older) and family should leave face masks on if feasible.
- 4 Infection Prevention Precautions**

Only health care providers with immunity to measles should provide care to the patient and family. Standard and airborne precautions should be followed, including:

  - Use of a fit tested NIOSH-approved N95 or higher-level respirator.
  - Use of additional PPE if needed for task (e.g., gloves for blood draws).
  - Cleaning hands before and after seeing the patient.
  - Limiting transport or movement of patients outside of room unless medically necessary.
- 5 Public Health Notification**
  - To ensure rapid investigation and testing with contact tracing, notification should occur immediately upon suspicion of measles. Public health departments will be able to help confirm vaccination history for U.S. residents, provide guidance on specimen collection and submission, and manage contacts of confirmed cases.
  - Acute care facilities should immediately notify the hospital epidemiologist or infection prevention department.
  - Outpatient settings should immediately notify local or state health departments.
- 6 Clinical Care**
  - People with confirmed measles should isolate for four days after they develop a rash.
  - If an AIIR was not used, the room should remain vacant for the appropriate time (up to 2 hours) after the patient leaves the room.
  - Standard cleaning and disinfection procedures are adequate for measles virus environmental control.



Maculopapular Rash  
Source: CDC PHIL



**Resources:**  
Measles Red Book Online Outbreaks Page  
CDC Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings

Project Firstline is a national collaborative led by the U.S. Centers for Disease Control and Prevention (CDC) to provide infection control training and education to frontline healthcare workers and public health personnel. American Academy of Pediatrics is proud to partner with Project Firstline, as supported through Cooperative Agreement CDC-WA-0718-1500. CDC is an agency within the Department of Health and Human Services (HHS). The contents of this flyer do not necessarily represent the policies of CDC or HHS and should not be considered an endorsement by the Federal Government.

- [PFL Measles One-Pager](#)
- [TDH Measles Website](#)
- [CDC Measles Website](#)
- [CDC Measles Cases and Outbreaks](#)

# Questions?

- Infection Prevention Team
  - [HAI.Health@tn.gov](mailto:HAI.Health@tn.gov)
- PFL Lead
  - [Kate.moore@tn.gov](mailto:Kate.moore@tn.gov)
- Vaccine Preventable Diseases Program
  - (615) 741-7247



# Next NHSN User Call

- **Monday, June 17, 2024**
  - **10am CT / 11am ET**
- **NHSN Related**
  - [Vicky.Lindsey@tn.gov](mailto:Vicky.Lindsey@tn.gov)
  - [Ashley.Gambrell@tn.gov](mailto:Ashley.Gambrell@tn.gov)
- **AU/AR Module**
  - [Christopher.Evans@tn.gov](mailto:Christopher.Evans@tn.gov)
- **Infection Prevention**
  - [HAI.Health@tn.gov](mailto:HAI.Health@tn.gov)