



# TN NHSN User Call

*from the Tennessee Department of Health*

TN

*Monday, March 18, 2024*

# Agenda

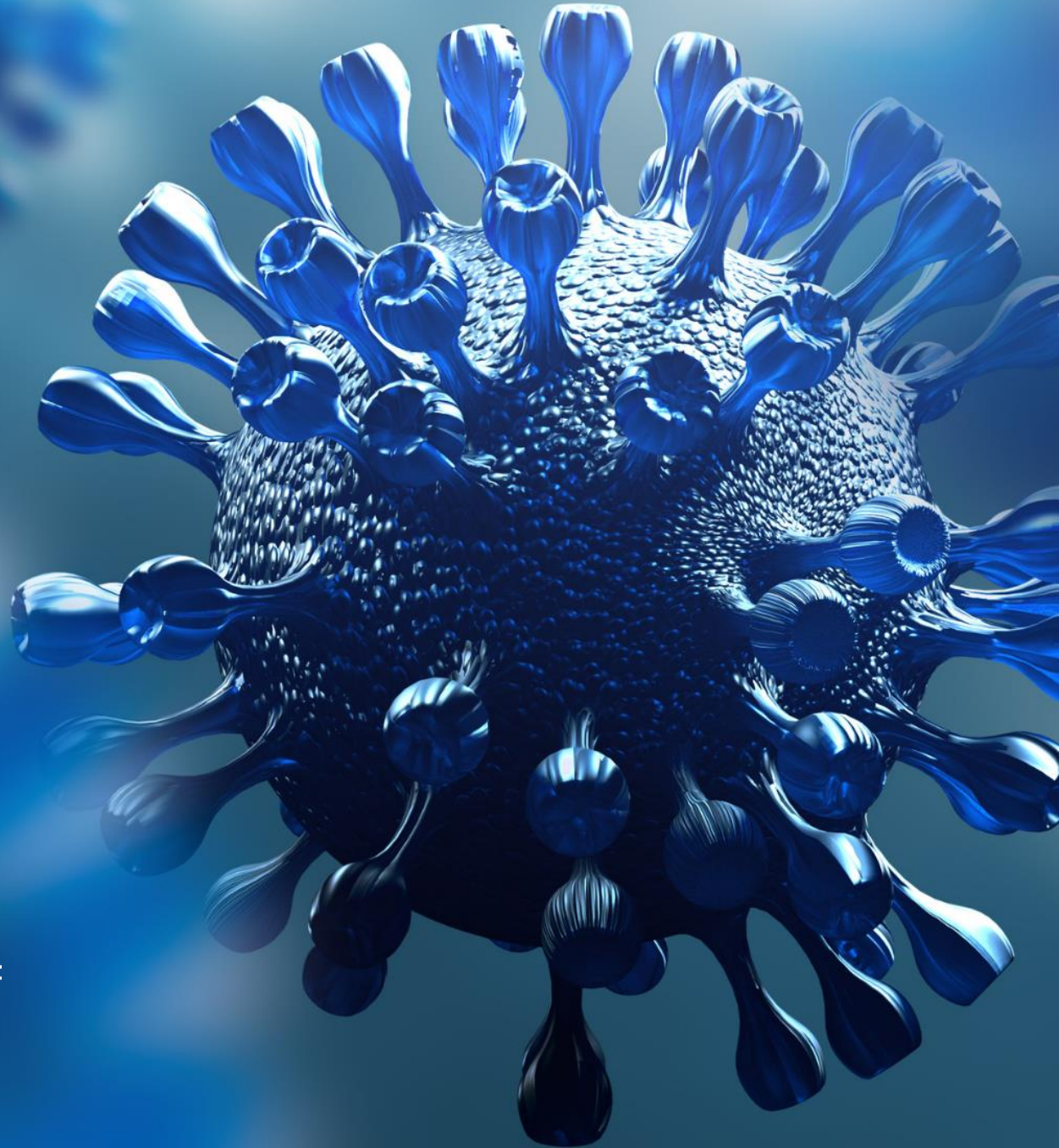
- **Respiratory Illness Update**
  - Ashley Gambrell, MPH
- **COVID-19 Isolation Recommendation Update**
  - Emily Jookar, MPH
- **NHSN Update**
  - Vicky Lindsey, RN, CIC
- **Injectable Drug Diversion Workshop**
  - Autumn Joanow, MPH
  - Callyn Wren, PharmD, BCIDP
- **Gel, Acrylic and Dip Powder...Oh my!**
  - Erica Anderson, BSN, RN, CCHR-S
- **Outbreak Response Announcements and Updates**
  - Erin Hitchingham, MPH, CPH

# 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**

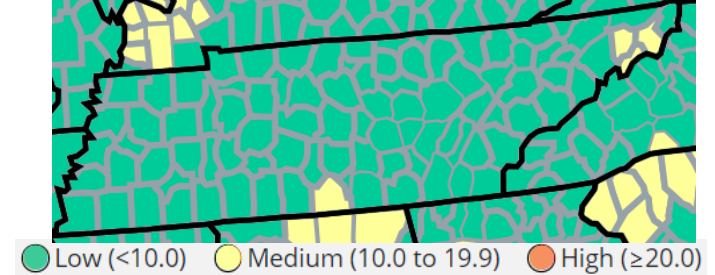
Department of  
**Health**

# COVID-19 Trends in TN & US

- Tennessee

- New cases decreased ▼  
(total ~ 4356/week; ~ 6325 week prior)
- Hospitalizations decreased ▼  
(332 – hospitalized; 351 – week prior)
- Deaths decreased slightly ▼  
(total – 29/week; 30 – week prior)

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



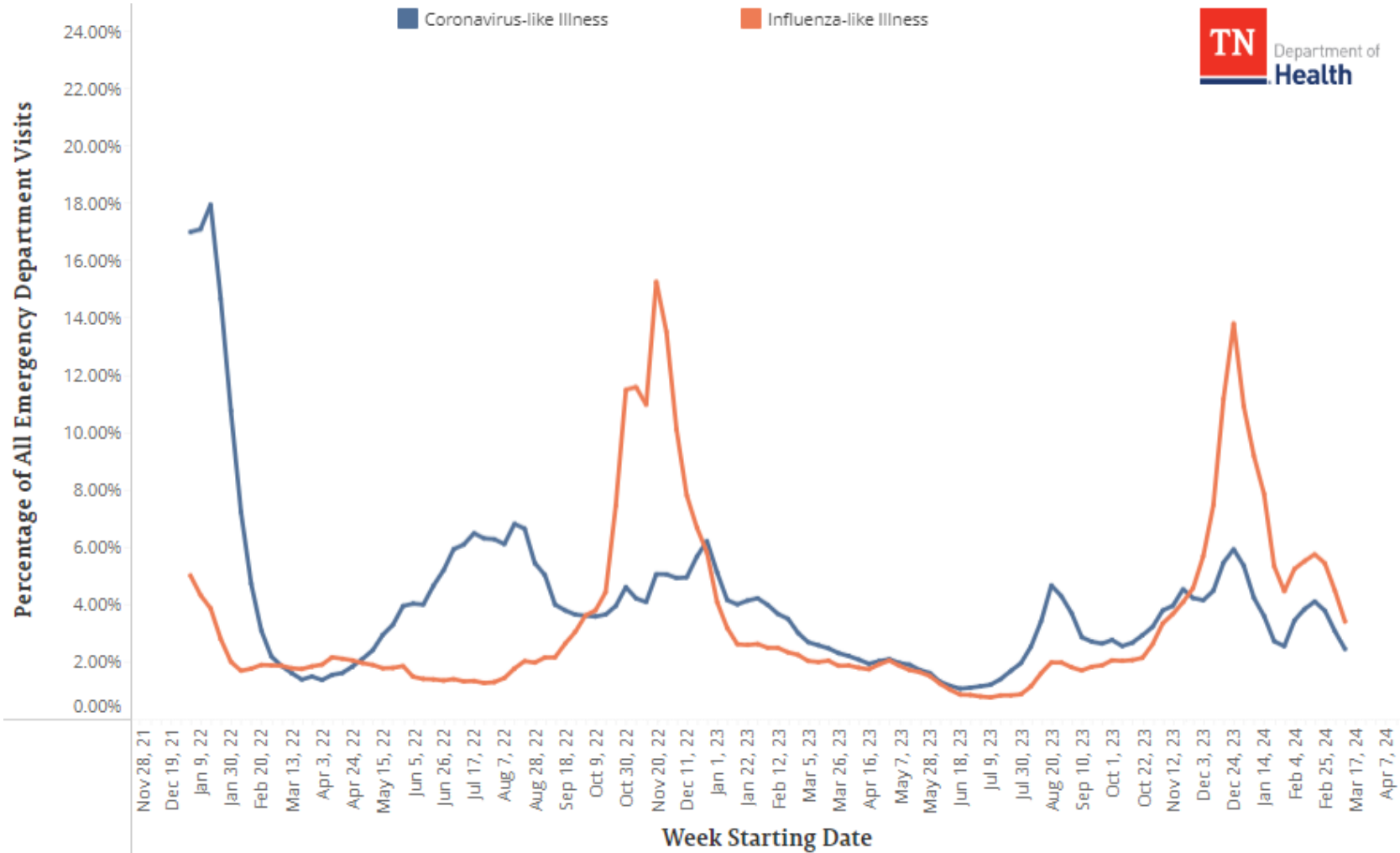
- U.S.A.

- New hospitalizations decreasing ▼
- Deaths slightly decreased ▼



# Syndromic Surveillance

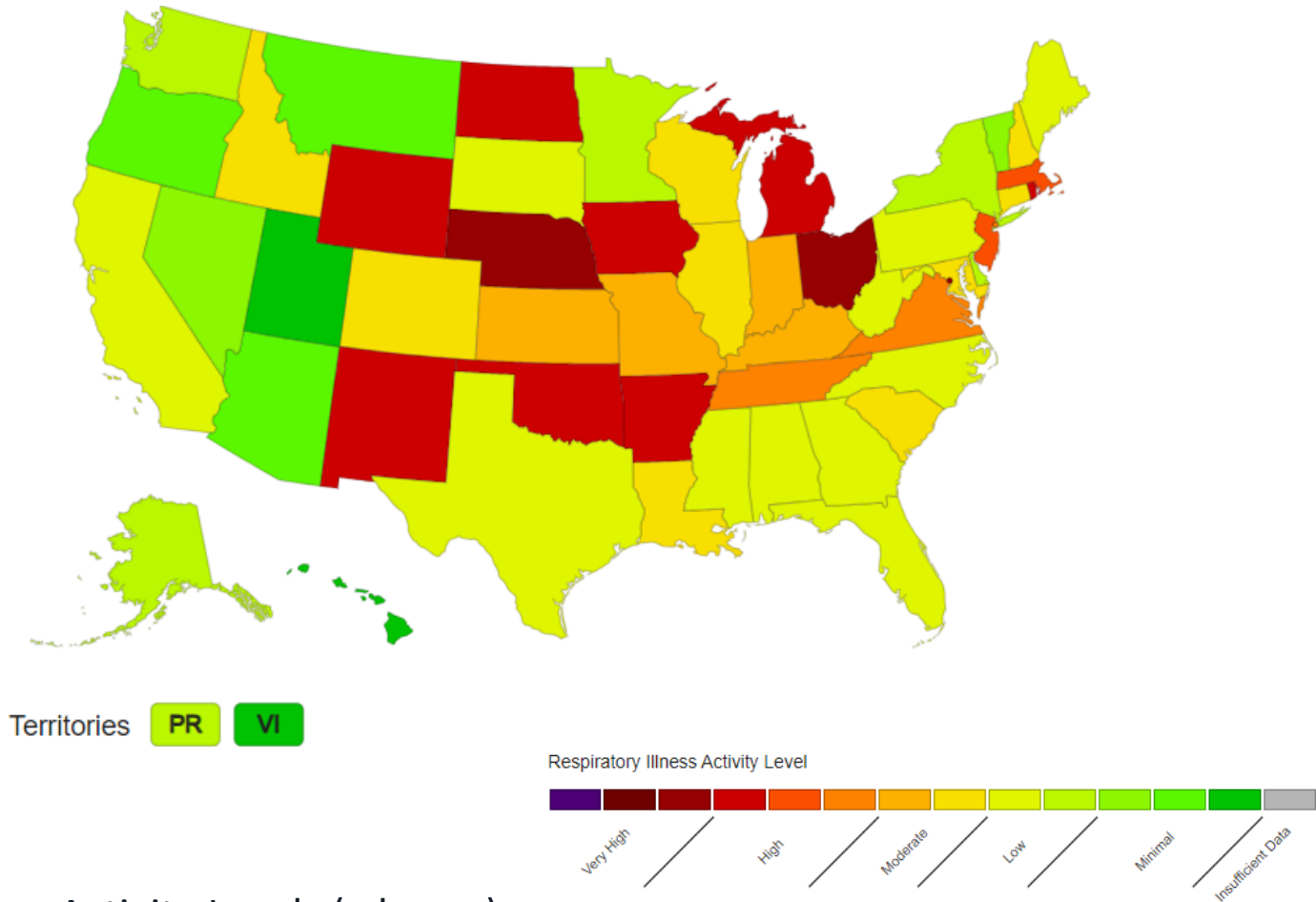
## Emergency Department Data of chief complaint and discharge diagnosis





# Bottom Line





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



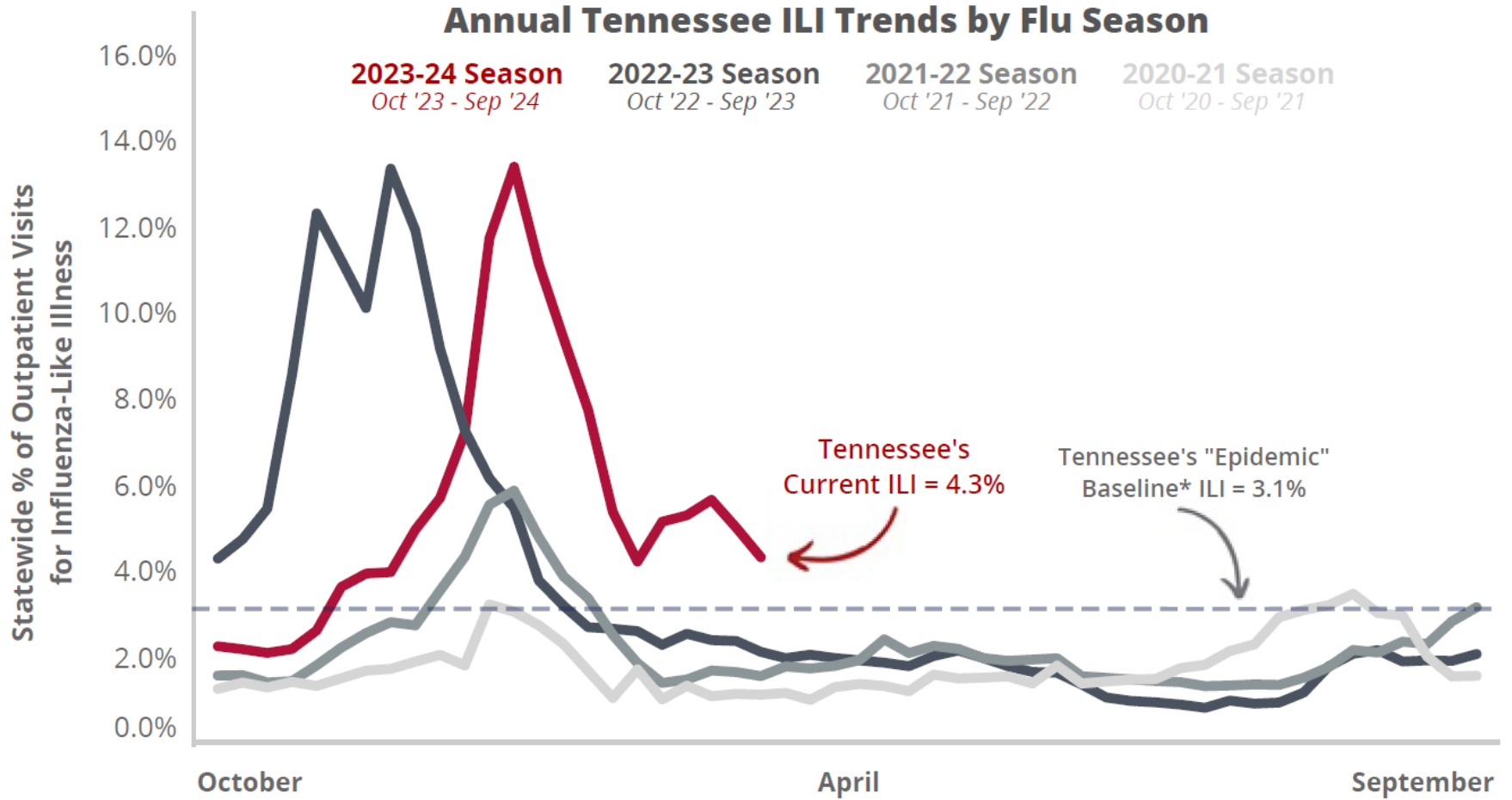
[Respiratory Virus Activity Levels \(cdc.gov\)](https://www.cdc.gov/respiratory)



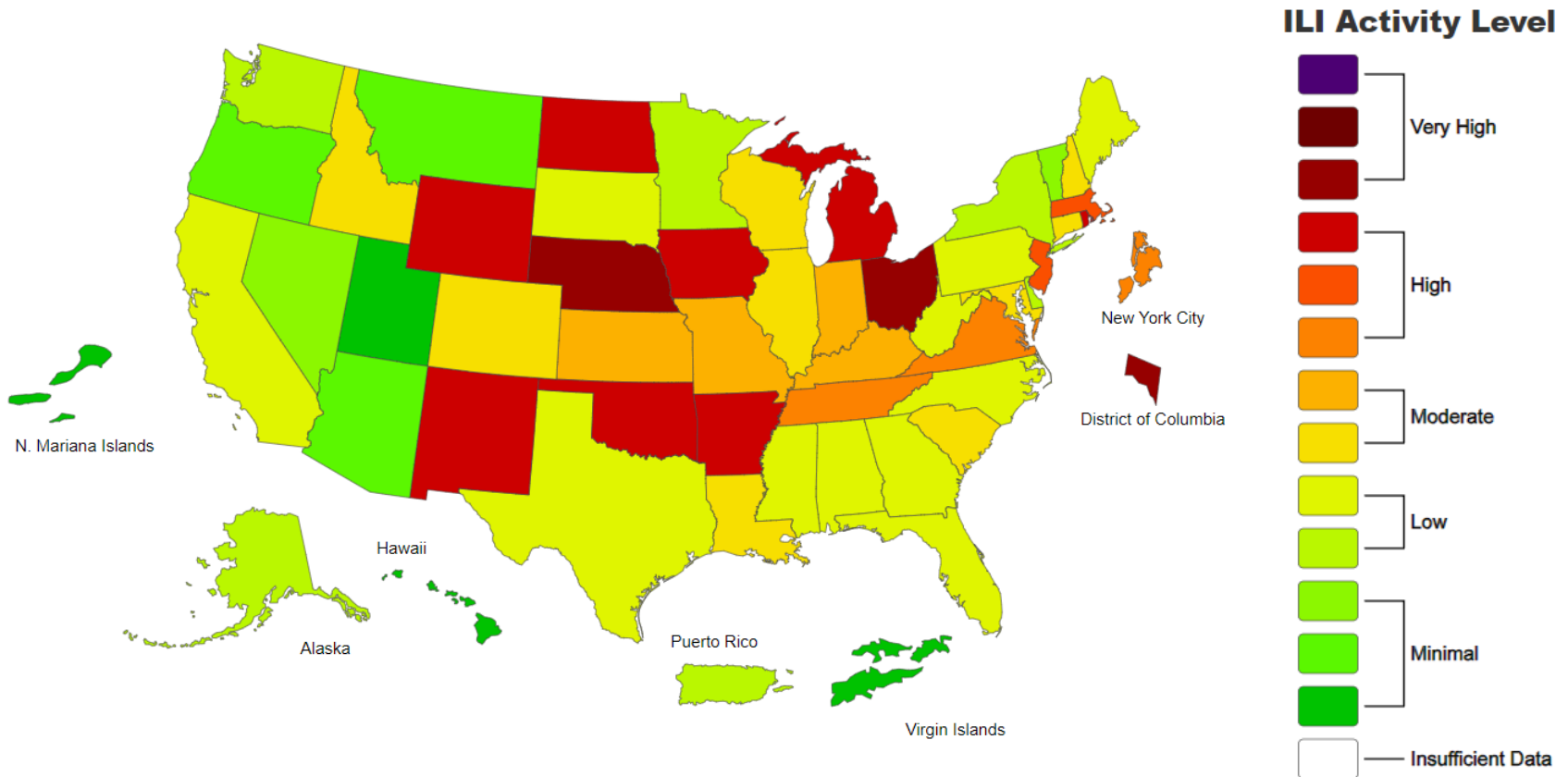
# Influenza in Tennessee Snapshot

SURVEILLANCE INDICATOR	TREND	CURRENT WEEK	PREVIOUS WEEK						
 <p><b>ILLNESS</b> Percentage of outpatient visits due to influenza-like illness (ILI)</p>	▼	<b>4.3%</b>	<b>5.0%</b>						
 <p><b>LABORATORY</b> Percentage of positive specimens &amp; predominant strain of influenza</p>	▼	<b>5.6%</b>  n/a	<b>11.0%</b>  Flu B						
 <p><b>OUTBREAKS</b> 2 or more ill persons of a shared setting</p>		<table border="1"> <thead> <tr> <th data-bbox="1049 782 1516 825">NEWLY REPORTED</th> <th data-bbox="1532 782 1891 825">SEASON TOTAL</th> </tr> <tr> <td data-bbox="1049 829 1516 858" style="text-align: center;"><i>during week of March 3, 2024</i></td> <td data-bbox="1532 829 1891 858" style="text-align: center;"><i>since October 1, 2023</i></td> </tr> </thead> <tbody> <tr> <td data-bbox="1049 896 1516 939" style="text-align: center;"><b>1</b></td> <td data-bbox="1532 896 1891 939" style="text-align: center;"><b>14</b></td> </tr> </tbody> </table>	NEWLY REPORTED	SEASON TOTAL	<i>during week of March 3, 2024</i>	<i>since October 1, 2023</i>	<b>1</b>	<b>14</b>	
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<i>during week of March 3, 2024</i>	<i>since October 1, 2023</i>								
<b>1</b>	<b>14</b>								
 <p><b>DEATHS</b> Newly reported and season total pediatric influenza-associated deaths in TN</p>		<b>0</b>	<b>5</b>						

# Influenza-Like Illness



# Influenza-Like Illness





# COVID-19 Isolation Recommendation Update

March. 18th, 2024

# COVID-19 Isolation Guidelines for the General Public

- TDH recently updated [isolation guidance for the general public](#).
- **COVID guidance for healthcare facilities have not changed.**
  - Healthcare personnel working in healthcare settings should follow: [CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)
  - Healthcare personnel working in community settings should follow: [CDC Ending Isolation and Precautions for People with COVID-19](#)
  - Healthcare facilities should follow [CDC COVID-19 Infection Prevention and Control Recommendations](#)



# Why change COVID-19 isolation guidance in Tennessee?

- Previous isolation guidelines aimed to slow the virus spread when people had little immunity and the virus posed higher risks.
- COVID-19's **impacts are lessened** now because many people are vaccinated or have had the infection, and treatments are available.
- Although COVID-19 can still cause serious illness, it's **causing fewer hospitalizations and deaths** compared to previous years.
- Public health efforts now focus on **protecting the most vulnerable while reducing disruptions** to schools and workplaces.
- COVID-19 can cause mild or no symptoms, and many people aren't getting tested, so **isolating based on symptoms** is suggested, **similar to other respiratory infections**.

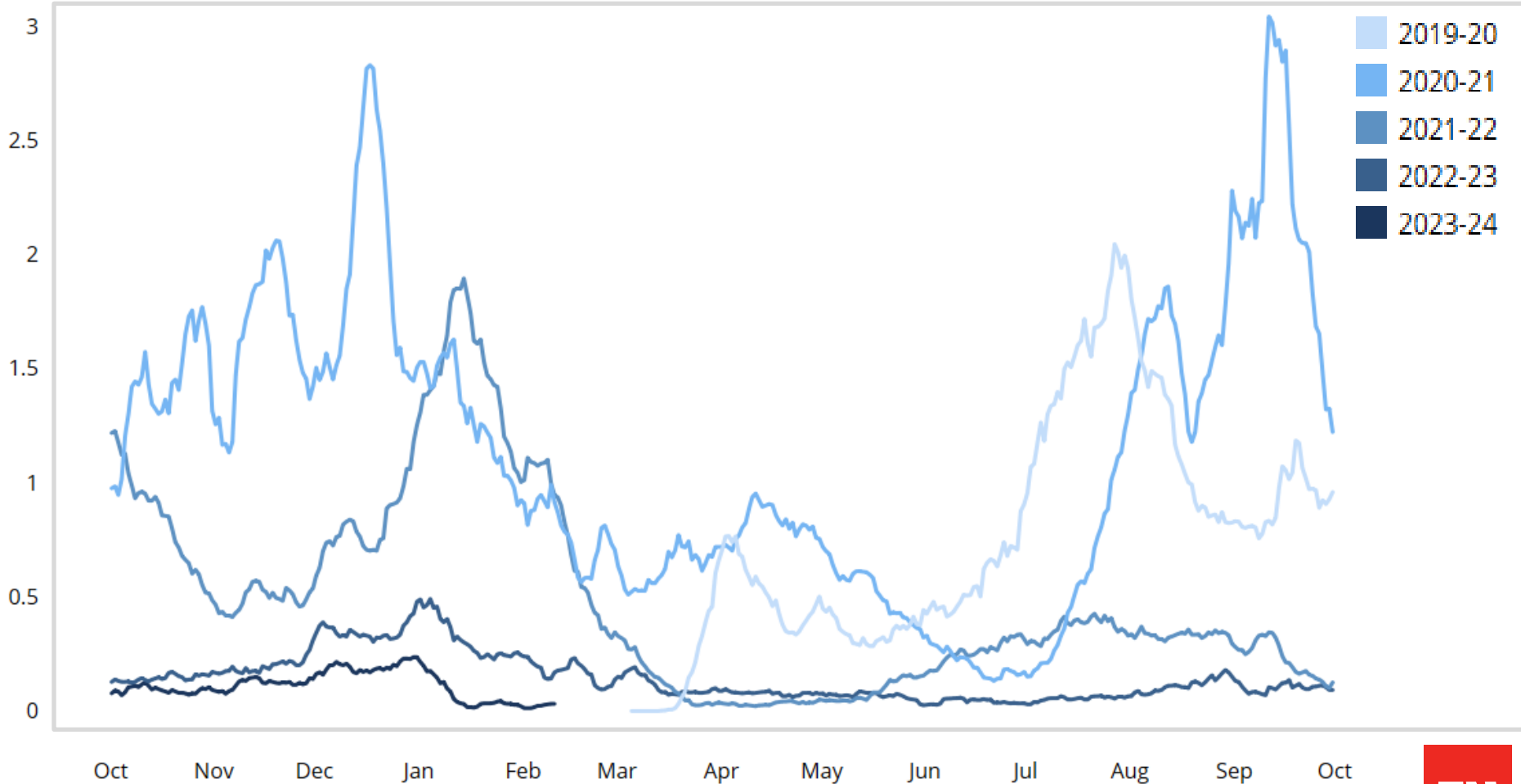
## Other states and countries have already made this change

- Oregon changed its isolation guidance in May 2023 and has not seen any disproportionate increases in community transmission or severity
- California changed guidance in January 2024
- Other countries already made this change; many in 2022
  - United Kingdom
  - Canada (Toronto and Ottawa)
  - Denmark
  - Finland
  - Norway
  - Australia

# Reduced COVID-19 hospitalizations compared to prior years

## Tennessee COVID-19 Hospitalizations by Year

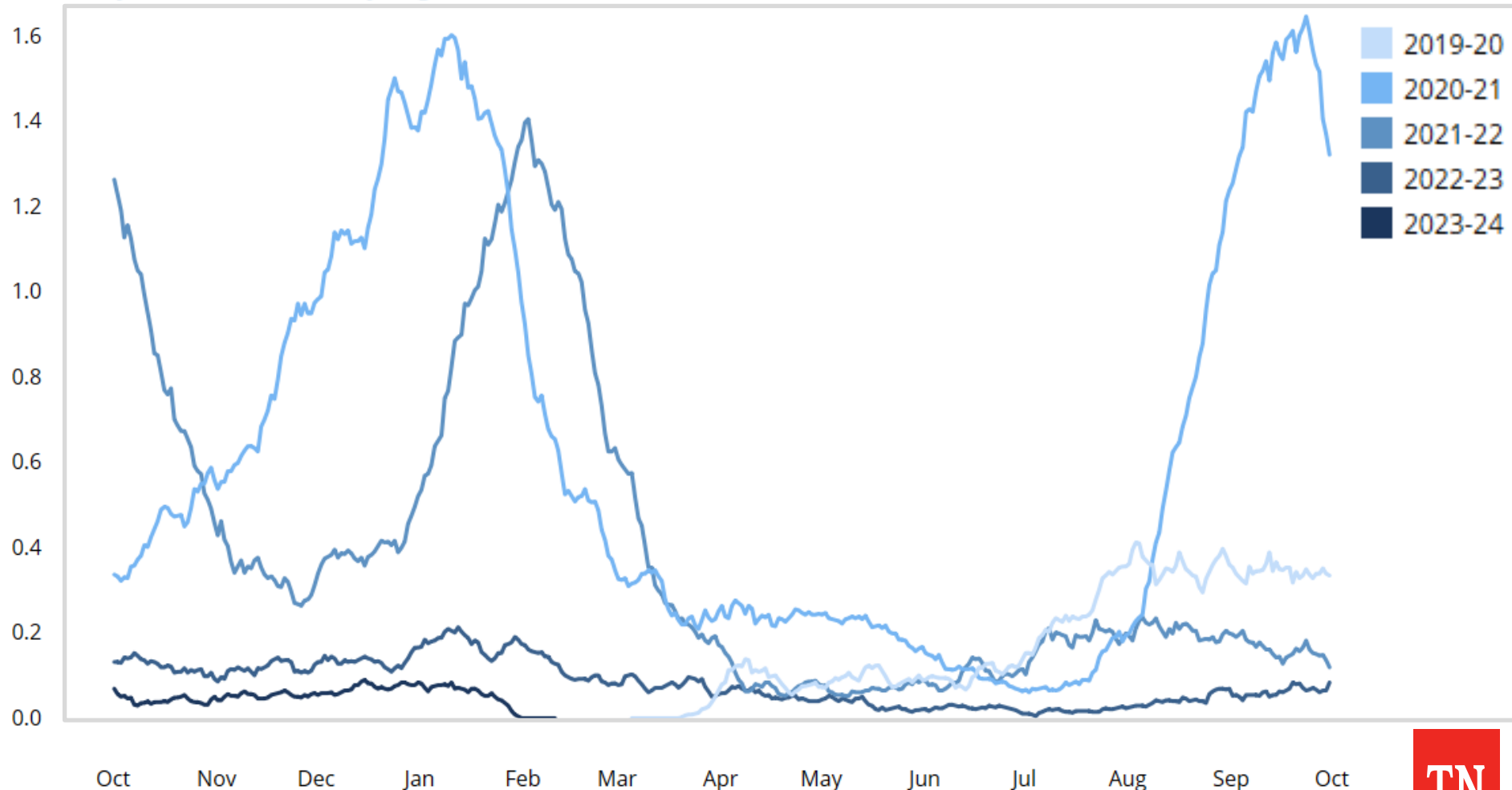
Hospitalizations Per 100K 7-Day Avg



# Reduced COVID-19 deaths compared to prior years

## Tennessee COVID-19 Deaths by Year

Mortality Rate Per 100K 7-Day Avg



# Updated recommendations for people who test positive

- 1. If you have COVID-19 symptoms, stay home** until you have not had a fever for 24 hours without using fever reducing medication AND other COVID-19 symptoms are mild and improving.
  - If you do not have symptoms, you should follow the recommendations below to reduce exposure to others.
- 2. Avoid contact with people at higher-risk for severe COVID-19 for 10 days\***. Higher-risk individuals include older adults, those who live in congregate care facilities, and those who have certain medical conditions or circumstances that put them at higher risk for serious illness.
- 3. Mask** when you are around other people indoors for the 10 days\* after you became sick or tested positive (if no symptoms). You may remove your mask sooner than 10 days if you have two sequential negative tests at least one day apart.

\*The potential infectious period is 2 days before the date symptoms began (or the positive test date if no symptoms) through 10 days after symptoms began. (Day 0 is the symptom onset date or positive test date).



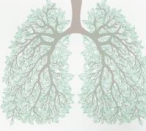
# Updated recommendations for people who were exposed

- **If you have new COVID-19 symptoms**, you should test and mask right away.
- **If you do not have symptoms** and are at higher risk of severe COVID-19 infection and would benefit from treatment if symptoms later develop, you should test within 5 days.
- **If you do not have symptoms** and have contact with people who are at higher risk for severe infection, you should mask indoors when around higher-risk people for 10 days. Consider testing within 5 days after the last exposure date and before contact with higher-risk people.

# Healthcare Settings

- The updated isolation guidance does **NOT** apply to healthcare personnel/healthcare settings
- Follow CDC guidance:
  - **Healthcare personnel working in healthcare settings:** CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2
  - **Healthcare personnel working in community settings:** CDC Ending Isolation and Precautions for People with COVID-19
  - **Healthcare settings:** CDC COVID-19 Infection Prevention and Control Recommendations
- Review TDH Respiratory Virus Resources for Providers

**RESPIRATORY VIRUS  
VACCINES**



**RESOURCE FOR PROVIDERS**

Dear colleagues-

Tennessee ranks among the top states reporting high numbers of respiratory viruses. Elevated seasonal influenza activity and a resurgence in the COVID-19 JN.1 variant have increased urgent care visits and influenza-related hospitalization rates. While RSV cases are declining, there is still a risk for severe illness.

Your recommendations to patients regarding preventive products and vaccines are critical. The Tennessee Department of Health (TDH) reminds healthcare providers to consider co-administering vaccines for eligible and interested patients, including RSV, COVID-19, and influenza. Please utilize this resource on available vaccines and new prevention tools to reduce the risk of respiratory viruses.

We appreciate your outstanding support for public health in Tennessee.

# Clusters

- **Public health will continue to investigate clusters**, especially in long-term care facilities and high-risk congregate settings.
- **More details here:**  
<https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/COVID19-Cluster-FAQs.pdf>

# General Respiratory Virus Key Messages

- **Stay up to date on vaccines:** Vaccines are the best way to protect against severe illness and death. Flu, COVID-19, and RSV immunizations are available now, and you can get them at the same time.
- **Stay home if you're sick:** Staying home when you're sick slows the spread of flu, RSV, COVID-19, and even the common cold.
- **Test and treat:** Test for COVID-19 and flu if you have symptoms. If you test positive, contact your health care provider, and ask about treatments and medications. Medications work best when started right after symptoms begin.
- **Consider wearing a high-quality mask (N95, KN95, KF94),** especially if you're sick and in crowded or indoor areas.
- **Wash your hands:** Wash hands throughout the day with soap and warm water for at least 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- **Cover your cough or sneeze:** Cough or sneeze into your elbow, arm, or a disposable tissue. Make sure to throw away your tissue then wash or sanitize your hands.
- **Improve air ventilation:** To reduce virus particles in your home, use CDC's resource for Improving Ventilation in Your Home.

# Questions?



<https://www.tn.gov/health/cedep/ncov.html>



(615) 770-6940



COVID19.Cluster@tn.gov





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# NHSN Updates

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

# NHSN – 2024 Annual Training

- Monday, March 18 – Friday, March 22, 2024



- Click [here](#) to Register.
- Training topics include surveillance definitions and analysis for:
  - Antimicrobial Use and Resistance
  - Device-associated events
  - New Digital Quality Measures (dQM)
  - MRSA Bacteremia and C. difficile LabID events
  - Outpatient Procedures
  - Surgical Site Infection events

# NHSN-Cloud Migration

- The NHSN application was offline **Friday, February 23 through Sunday February 25th** to migrate to the CDC's Microsoft Azure cloud-based environment.
- If you experience issues logging in on Monday morning, please contact the NHSN Help Desk in [ServiceNow](#) (accessed through your Secure Access Management System (SAMS) account) to submit a ticket, using the subject line "Post-Upgrade Login".

# NHSN-Cloud Migration

- The NHSN team continues to work to correct issues and improve functionality.
  - We are aware that dataset generation is working most of the time, though we are still working to improve that performance.
  - If your dataset generation fails, please retry until you have success.
  - If you cannot successfully generate at all, please submit a ticket to the Help Desk as usual via the NHSN ServiceNow portal in SAMS at <https://sams.cdc.gov>.
  - Data input, using direct entry or upload, continues to work and remains available for you to meet your reporting requirements.

- The 2024 Q1 newsletter is now available on the NHSN website at <https://www.cdc.gov/nhsn/newsletters/index.html>
- This issue of the NHSN newsletter announces the new CMS required reporting measure for CY 2024 within the Patient Safety Component.
- Inside this issue:
  - Protocol Updates,
  - AUR Module Updates,
  - Rebaseline Information,
  - NHSN Education 2024 NHSN Annual Virtual Training Highlights
  - Update on Weekly COVID-19 Vaccination Modules for Healthcare Personnel
  - Reminder to Report Annual Healthcare Personnel Influenza Vaccination Data
  - NHSN Dialysis Component Q4 2023 QIP Deadline
  - NHSN Helpdesk and other General NHSN Updates.





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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.

When: Thursday June 20th, 2024  
9:00 AM - 3:00 PM

Where: TN State Library & Archives  
1001 Rep. John Lewis Way N  
Nashville, TN 37129



**Gel and Acrylic and Dip Powder...Oh my!**

# Objectives

- Refresh our memories about hand hygiene
- Hand hygiene compliance in hospitals
- Learn about different types of manicures
- Discuss concerns regarding nail salons and artificial nails in the healthcare setting

# Let's Talk Hand Hygiene

- Alcohol-based hand sanitizer preferred
- Hand sanitizer = around 20 seconds
- Soap and water = **at least** 15 seconds
- Areas most often missed:
  - Thumbs
  - Between fingers
  - **Fingertips**



# Let's Talk Hand Hygiene

- Per CDC, healthcare workers should use alcohol-based rub or wash with soap and water...
  - Immediately before touching a patient
  - Before performing an aseptic task or handling invasive medical devices
  - Before moving from work on a soiled body site to a clean body site
  - After touching a patient or the patient's immediate environment
  - After contact with blood, body fluids, or contaminated surfaces
  - Immediately after glove removal

# Hand Hygiene Compliance

- WHO reports levels of hand hygiene compliance for high-income countries rarely exceed 70%
- Compliance in the US averages around 50%





# Let's Talk Artificial Nails – Acrylic

- Made from a liquid and a powder that combine to form a hard protective layer over your natural nails
- Usually consist of a plastic nail capsule that fits over your entire nail, before the acrylic powder solution is added over the top
- Buffed, filed, and shaped into the desired style, and then painted with either a traditional or gel nail varnish, and can add designs and jewels
- Can last 6-8 weeks, but need to be filled every 2-3 weeks



# Let's Talk Artificial Nails - Gel

- Very similar to acrylics, except they use a gel instead of a powder to create the protective layer
- Made from a gel that is cured under ultraviolet light, and this creates a harder, more durable nail
- Usually less damaging to natural nails than acrylics
- Last 2-3 weeks



# Let's Talk Artificial Nails – Dip Powder

- Newer type of fake nail that is becoming increasingly popular
- Cyanoacrylate is applied over the natural nail, which serves as an adhesive. The nail is then dipped into a finely ground formulation of colored acrylic powder, and a sealant is applied after layers of the base coat and dip powder are done.
- More durable than acrylics or gel nails and can last up to 6 weeks without chipping or peeling



# Let's Talk Not-So-Artificial Nails - Lacquer

- Regular nail polish
- Only last about a week



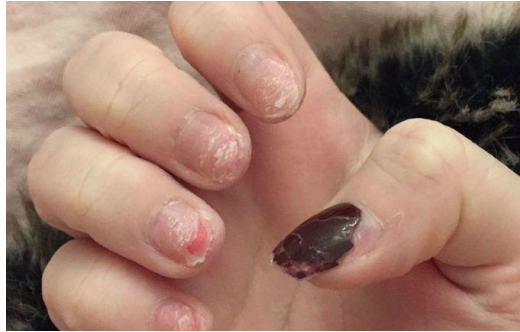
# Concerns With Artificial Nails

- Infection control in nail salons
  - Potential for cross contamination with supplies
    - Single use tools or sanitized between clients
    - Dipping fingers into shared containers
  - Common pathogens you might pick up...
    - Athlete's foot (fungus)
    - Warts (human papillomavirus)
    - H1N1
    - MRSA
    - Mycobacterium fortuitum
    - Paronychia



# Concerns With Artificial Nails

- Nail bed issues
  - Potential damage after removal of artificial nail
    - Can take weeks to months to return to normal conditions



- Loosening of nail and nail growth



# Concerns With Artificial Nails

- Reduced work performance
  - Reduced grip
  - Glove puncture
  - Risk of catching nails in devices or bedding
  - Reluctance to comply with hand hygiene standards



# Concerns With Artificial Nails in Healthcare

- More likely to harbor pathogenic bacteria than natural nails
  - *Klebsiella, Enterobacter, Serratia, Acinetobacter, Pseudomonas*
- Linked to various outbreaks in the healthcare setting
  - *P. aeruginosa* in a neonatal ICU
  - *K. pneumoniae* in a neonatal ICU
  - *S. marcescens* in hemodialysis unit
- Intact regular polish okay, but beware of chips and cracks



# Guidance on Nails in Healthcare

- CDC recommendations
  - Natural nail tips should be kept to ¼" in length
  - Artificial nails should not be worn when having direct contact with high-risk patients
- WHO recommendations
  - Keep natural nails short
  - Do not wear artificial fingernails or extenders when in direct contact with patients

# What About Jewelry?

- Some studies have shown that skin underneath rings contains more germs than comparable areas of skin on fingers without rings
  - Gram-negative bacilli such as *E. cloacae*, *Klebsiella* spp., and *Acinetobacter* spp.
- Strongly recommended to discourage wearing rings or other jewelry
  - Simple wedding ring/band is acceptable, but all jewelry should be removed in high-risk settings, such as the OR

# Conclusion

- Proper, consistent hand hygiene is the most effective way to prevent the transmission of pathogens in the healthcare setting
- Hand hygiene compliance rates are well below where they should be
- Artificial nails harbor more bacteria than natural nails, and bacterial burden does not decrease with hand hygiene



Questions?

[HAI.Health@tn.gov](mailto:HAI.Health@tn.gov)

# References

- Hewlett AL, Hohenberger H, Murphy CN, Helget L, Hausmann H, Lyden E, Fey PD, Hicks R. Evaluation of the bacterial burden of gel nails, standard nail polish, and natural nails on the hands of health care workers. *Am J Infect Control*. 2018 Dec;46(12):1356-1359. doi: 10.1016/j.ajic.2018.05.022. Epub 2018 Jul 6. PMID: 30509357.
- Kaur I, Jakhar D, Singal A, Grover C. Nail Care for Healthcare Workers during COVID-19 Pandemic. *Indian Dermatol Online J*. 2020 May 10;11(3):449-450. doi: 10.4103/idoj.IDOJ\_232\_20. PMID: 32695717; PMCID: PMC7367565.
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- Wu AG, Lipner SR. A potential hidden reservoir: The role of nail hygiene in preventing transmission of COVID-19. *J Am Acad Dermatol*. 2020 Sep;83(3):e245-e246. doi: 10.1016/j.jaad.2020.05.119. Epub 2020 Jun 1. PMID: 32497691; PMCID: PMC7263222.



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# Outbreak Response Announcements and Updates

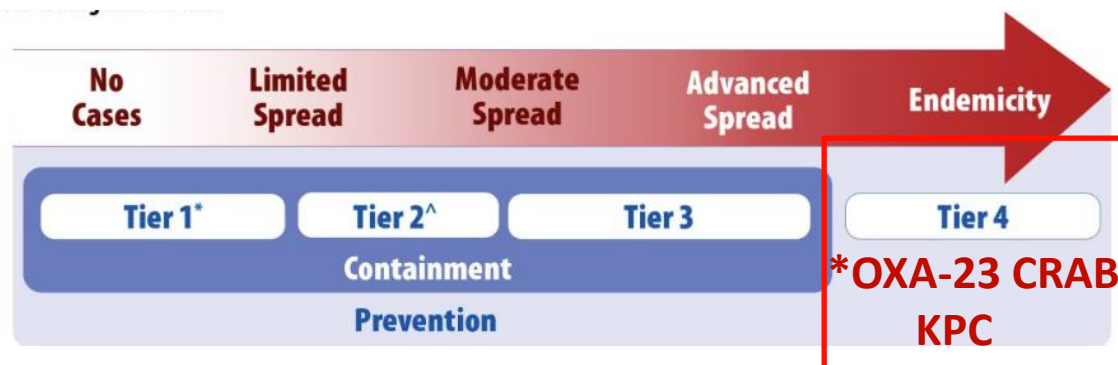
Erin Hitchingham, MPH, CPH | Tennessee Department of Health | Communicable and Environmental  
Diseases and Emergency Preparedness

# Call for Cases: *Burkholderia multivorans*

- CDC is investigating a multi-state cluster of ***Burkholderia multivorans***
  - Associated with exposure to **nonsterile ice and water**
  - Isolated from multiple **ice machines** from two affected hospitals across two states
- Please report patients with
  - **Newly diagnosed *Burkholderia multivorans*** infection or colonization confirmed via culture
    - Any body site
  - Specimen collected between **January 1, 2022, to present** AND
  - Admission to an acute care hospital for at least 48 hours in the 14 days prior to specimen collection
- Please report to
  - [HAI.Health@tn.gov](mailto:HAI.Health@tn.gov)
  - Please Copy
    - [Simone.godwin@tn.gov](mailto:Simone.godwin@tn.gov)
    - [Emma.Roth@tn.gov](mailto:Emma.Roth@tn.gov)

# Tier 4 Surveys: OXA-23 CRABs

- HAI/AR is launching a new protocol for collecting information on **tier 4** MDROs
  - OXA-23 CRABs
  - KPC CRE
    - Paused until process is piloted



- You will now receive a secure notification **via REDCap**
  - Guidance to place patient on the contact precautions (or other appropriate transmission-based precautions)
  - Link to an abbreviated survey



# Tier 4 Surveys: OXA-23 CRABs

- Tier 4 Surveys
  - Abbreviated to reduce time burden
  - For surveillance purposes
    - **Not containment response**
    - Used to target prevention activities to specific regions and facilities
  - Will be sent within one week of SPHL notification to reduce large batches of notifications
- Outbreak response team will reach out for expanded patient information if suspect clusters are detected
  - Multiple alerts from a single facility within a short timeframe

# Tier 4 Surveys: KPC CRE

- Protocol should mirror that of OXA-23 CRABs once finalized
- Goal is to reduce batched KPC CRE notifications and surveys to the extend possible

# Tier 4 Surveys: Feedback

- Please let us know if you are having difficulty opening secure REDCap messages
- If abbreviated survey still poses large burden, please let us know!
- Goal for Tier 4 Organisms overall
  - Notify you to patient's positive status
    - To ensure patient is on appropriate precautions
    - So you can create a flag for patient upon readmission
  - Be vigilant for clusters
  - Direct prevention activities

# Coming Soon: Reducing Repeat Isolate Submissions

- HAI/AR is working with SPHL to reduce the burden of repeat isolate submissions for clinical labs
  - Repeat isolates: Isolates for which the patient, organism, AST, and specimen source are the same
- Current guidance has every isolate that meets detailed lab guidance must be forwarded to SPHL
- Working to define the time frame within which repeat isolates will not need to be sent
- Expect finalized language within the next 2 to 3 months

# Next NHSN User Call

- **Monday, April 15, 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)