Indiana Department of Health

Infection Prevention Press

December 2022

Division Name and Infection Prevention Team Changes

By Jennifer Spivey, IP Program Manager

Today, as I write you, I have 16 working days until my Dec. 30 retirement from Indiana Department of Health (IDOH) as infection prevention (IP) program manager. I want to thank you all for your kind words and support as my journey takes a new course. It is not without much thought and prayer that this is where I am, there are many like me doing the same thing at this time of year. For me, I am going to focus on self-care, part-time consulting, teaching LTC IPs with U Indy Project (see following article), and hopefully begin my book that has been in my vision for quite some time.

As I reflect on the great work that the IDOH IP team has done, it is our desire to continue that great work in 2023 by supporting infection prevention across the state in LTC, LTACHs, acute care outbreaks, dialysis and dental facilities. My position will be posted soon, and the assistant IP program manager, Janene Gumz-Pulaski, will be interim point of contact until the position is filled. In addition, our District 9 IP has transitioned to another field as of Dec. 2. Janene is also that point of contact and will assign coverage from our other IPs.

One of our IPs always calls this team, which was built during the pandemic to respond to COVID outbreaks, "the dream team." We have supported each other as well as your needs during a difficult time — for that I am grateful. I fully support that statement as it was indeed my vision to see IPs in public health leading the way for education and support at the grass roots level. I fully understood, however, that you do not go as far as your dream, but as far as your team! I am blessed to have had a front row to this leadership and teamwork.

In addition to our IP team changes, the Epidemiology Resource Center that we fall under has grown exponentially and to reflect the added scope and unify our vision we all voted and are now the **Infectious Disease Epidemiology & Prevention Division.** Eric Hawkins is the director and state epidemiologist, and Pam Pontones is the new deputy health commissioner for local health services and will lead our work to provide more support for local health departments.

Heartfelt thanks to all of you and I wish you happy holidays and a safe healthy new year!

Remember, "The only infection that matters to your resident/patient, is theirs."

University of Indianapolis – IDOH – LTC IP Training Courses
Building an Infection Prevention Savvy Workforce:
Free Training for LTC Professionals

By Jennifer Spivey, IP Program Manager

The University of Indianapolis Center for Aging & Community and the Indiana Department of Health will host 11 sessions of Building an Infection Prevention Savvy Workforce for long-term care professionals. These sessions in 2023 will each be comprised of three half-days spread over three weeks. The virtual training sessions are designed to provide an in-depth education on infection control with long-term care specific content and examples.

UNIVERSITY OF INDIANAPOLIS
CENTER FOR AGING & COMMUNITY

Who should attend?
Indiana Long-term Care Professionals who are interested in infection prevention and control.

When:
Session 1: Jan. 6, 13, and 20
Session 2: Feb. 3, 10, and 17
Session 3: March 3, 10, and 17
Session 4: March 14, 21, and 28
Session 5: April 14, 21, and 28
Session 6: May 5, 12, and 19
Session 7: Aug. 15, 22, and 29
Session 8: Sept. 15, 22, and 29
Session 9: Oct. 6, 13, and 20
Session 10: Oct. 18, 25, and Nov. 1
Session 11: Nov. 3, 10, and 17

Participants are required to attend all three days.

Delivery Mode:
Three-day, virtual training sessions. The class is designed to offer three partial days of virtual training, with a week interval between sessions. Participants are required to attend all three days. Class is 11 a.m. - 4 p.m. ET each day. Please note: breaks will be given, but there is no lunch period.

Content:
The virtual training sessions are designed to provide in-depth education in infection control with long term care specific content and examples. The course will involve a pre-and post-test to reflect knowledge improvement. Additionally, there will be a "final exam" given after the third virtual session.

Credential:
Participants receiving a score of 75% or above on the final exam will receive a Certificate of Training: Infection Prevention in the Long-term Care Setting. CEUs are available for administrators and social workers.

CLICK HERE to register, at no cost.

Respiratory Viruses

Influenza (Flu), Respiratory Syncytial Virus (RSV), and COVID-19
By Janene Gumz-Pulaski, IP Program Assistant Manager and Jennifer Spivey, IP Program Manager

It's that time of year again. Respiratory viruses are high across the state of Indiana! As family and friends are gathering for the holidays, remember flu activity is increasing. Although anyone can become infected with respiratory viruses (i.e., Flu, RSV, and COVID-19) people 65 years and older, young children, and people with other health conditions are at higher risk for hospitalization and complications from flu. The best way to reduce the risk of respiratory viruses and complications is by getting vaccinated for the flu and COVID-19. There is no vaccine to prevent RSV infection yet, but scientists are working hard to develop one. If you are concerned about your risk for RSV, talk to your healthcare provider.

Resources

IDOH's Influenza

IDOH's Influenza tracker

IDOH's COVID-19

CDC's Influenza

CDC's RSV

CDC's COVID-19

Wash Your Hands

Hand Hygiene sign

Cover Your Cough Sign

Transmission-based Precautions

Ways to prevent respiratory virus transmission

The Centers for Disease Control and Prevention (CDC) issued on Nov 4 a Health Alert Network (HAN) Health Advisory about early, elevated respiratory disease incidence caused by multiple viruses especially affecting children, and placing strain on healthcare systems. Co-circulation of respiratory syncytial virus (RSV), influenza viruses, SARS-CoV-2, and others could place stress on healthcare systems this fall and winter. **This early increase in disease incidence highlights the importance of optimizing respiratory virus prevention and treatment measures, including prompt vaccination and antiviral treatment.**

Please offer influenza vaccine and COVID-19 vaccines or boosters for eligible individuals as soon as possible.

For those with suspected or confirmed influenza, start treatment with medications as early as possible. Treatment can be started while awaiting the results of influenza testing. Antiviral treatment is recommended as soon as possible for any patient with suspected or confirmed influenza who:

- is hospitalized, or
- has severe, complicated, or progressive illness; or
- is at higher risk for influenza complications.

Offer COVID-19 treatment for confirmed cases based on the eligibility criteria. The COVID-19 therapeutics locator can be accessed here. Remember to practice infection prevention principles such as hand hygiene. Avoid overcrowding in indoor spaces. Ensure adequate ventilation when holding gatherings, which is particularly important during the holiday season. Test for pathogens promptly based on symptoms. Practice transmission-based precautions based on symptoms and/or diagnosis.

Core Principles of Infection Prevention

- **Wash your hands often with soap and water for at least 20 seconds.**
  If soap and water are not available, use an alcohol-based hand sanitizer. Washing your hands will help protect you from germs. Have alcohol-based hand rubs (ABHRs) readily available throughout the facility and in staff nursing stations and break rooms.

- **Keep your hands off your face**
  Avoid touching your eyes, nose, and mouth with unwashed hands. Germs spread this way.

- **Avoid close contact with sick people**
  Avoid close contact, such as kissing, and sharing cups or eating utensils with people who have cold-like symptoms.

- **Cover your coughs and sneezes**
  Cover your mouth and nose with a tissue or your upper shirt sleeve when coughing or sneezing. Throw the tissue in the trash afterward.

- **Clean and disinfect surfaces**
  Clean and disinfect surfaces and objects that people frequently touch, such as toys, doorknobs, and mobile devices. When people infected with RSV touch surfaces and objects, they can leave behind germs. Also, when they cough or sneeze, droplets containing germs can land on surfaces and objects.

- **Stay home when you are sick**
  If possible, stay home from work, school, and public areas when you are sick. This will help protect others from catching your illness.

Quick Facts on Circulating Respiratory Viruses:
Influenza (Flu), Respiratory Syncytial Virus (RSV) and COVID-19

**Influenza activity is high across the state.** Check your location in the Weekly Flu Reports IDOH by Districts: IDOH Influenza Weekly Reports and the Indiana Influenza Dashboard

COVID-19 ranges from Moderate to High Community Transmission across the state. Check your location: COVID-19 CDC Data Tracker

RSV cases have substantially increased in area hospital reports: Health: Infectious Disease Epidemiology & Prevention Division: Respiratory Syncytial Virus (RSV). RSV circulation starts in fall and peaks in winter. Anyone at high risk for severe RSV infection and individuals who interact with an older adult should take extra care to stay healthy.

Influenza-Associated Death and Outbreak Reporting

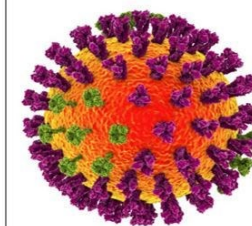- The IDOH Long-term Care Newsletter 2022-40, dated Nov. 3, included a reminder about influenza death reporting. The Indiana Communicable Disease Reporting (CDR) Rule mandates that influenza-associated deaths (at any age) must be reported to the Indiana Department of Health (IDOH) within 72 hours.

- **Clarification:** This rule's authority is for physicians, hospital administrators and laboratories. A physician working at a LTC facility or a lab that conducts the flu test for the LTC resident would have a reporting obligation, not the LTC facility.
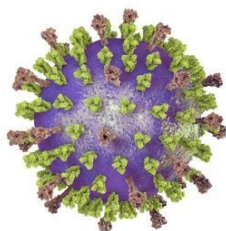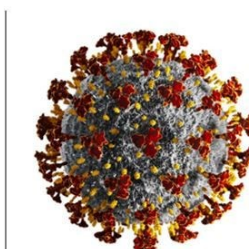
Respiratory syncytial virus   *Coronavirus*   *Influenza*

Influenza (Flu), Respiratory Syncytial Virus (RSV), and COVID-19 Quick Reference Table

By Janene Gumz-Pulaski, IP Program Assistant Manager and Jennifer Spivey, IP Program Manager

Virus	Incubation period	TBP Precautions	Duration of TBP	Return To Work
COVID-19	Infectious from 48 hours before the onset of symptoms or a positive test	Contact Droplet: N95, gown, gloves, eye protection	10-20 days based on severity of illness/ plus 24 hours without fever reducing medications **Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2),** CDC (9/23/22)	**Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2,** CDC (9/23/22)
Influenza (Flu)	Contagious to others possibly 1-2 days before symptoms	Droplet: Regular Facemask and Standard precautions (i. e. gown and glove as needed) **Transmission-based Precautions,** CDC	7 days after symptom onset, AND 24 hours without fever-reducing medications	When symptoms resolve, AND 24 hours without fever-reducing medications **Prevention Strategies for Seasonal Influenza Healthcare Settings**
RSV	People infected with RSV are usually contagious for 3 to 8 days and may be contagious a day or two before they start showing signs of illness.	Contact Droplet: Regular Facemask, gown, and gloves	Duration of illness - usually 3-8 days or if severe, they may be infectious for longer time	Should wear mask and have symptoms resolve or improving and fever-free for 24 hours without fever-reducing medicine

Catheter Care

Preventing CAUTIs Everyday Helps Keep Sepsis Away

By Tanya Canales, District 6 IP

According to the CDC, a catheter-associated urinary tract infection (CAUTI) can occur when germs and/or bacteria enter the urinary tract through the urinary catheter and cause an infection. This includes all structures of the urinary tract including the kidneys, ureters, bladder, and/or urethra. If the infection makes its way to the resident's bloodstream, it can result in sepsis.

The most important risk factor for developing a CAUTI is prolonged use of the urinary catheter. The National Healthcare Safety Network (NHSN) confirm that UTI's are the most common type of healthcare-associated infection (HAI) reported and approximately 75% are associated with a urinary catheter. There is strong correlation with CAUTIs and an increased risk of morbidity, mortality, healthcare costs, and increased hospitalization.

CAUTI is a potentially life-threatening HAI for long-term care (LTC) residents, with 1.6 million to 3.8 million infections and 388,000 deaths reported annually. In addition, HAI's in LTC facilities can be costly. On average, $38 million to $137 million is spent annually for antimicrobial therapy and $673 million to $2 billion is spent on hospitalizations annually. As healthcare professionals, it is our responsibility to ensure that catheters are only used for appropriate indications, and they should be removed as soon as they are no longer needed.

Urinary catheters should only be inserted and maintained by trained healthcare professionals using aseptic technique. Appropriate indications for placing or maintaining an indwelling catheter include acute urinary retention or bladder outlet obstruction, the protection of a surgical site or Stage 3 or 4 sacral or perineal wounds in incontinent residents, and to improve comfort for end-of-life care, if needed. Providers should always consider other methods to drain urine for chronic conditions, such as external catheters, intermittent urethral catheterization, or suprapubic catheters

A CAUTI has similar symptoms to a typical urinary tract infection which include cloudy urine, blood in the urine, strong urine odor, urine leakage around catheter, pressure, pain, or discomfort in the lower back or stomach, chills, fever, unexplained fatigue, and vomiting. It should be noted that both a CAUTI and a UTI can cause sepsis in residents.

Being hypervigilant to the signs and symptoms are essential to prevent poor outcomes, including death. If you suspect a CAUTI, discuss resident's clinical symptoms with their provider and determine if a urinalysis and culture and sensitivity are appropriate. If so, attain a urine specimen before initiating any antibiotic therapy and follow up on culture results to ensure proper use of antibiotics.

LTC facilities should review and update facility policies and procedures and ensure annual education to any staff that insert of care for urinary catheters. Continued education should be provided to staff when there is any change in policy, procedure, or change to equipment used in the process.

Policies should include:

- Use of educational checklists for auditing the Insertion and Maintenance of a urinary catheter. Audits should be reviewed with staff and include additional educational opportunities.
  - CAUTI Insertion checklists
  - CAUTI Maintenance checklists
- That routine changing of indwelling catheter is no longer supported in long-term care.
- Only change catheter prior to collection of urinalysis and culture and prior to initiating antimicrobial therapy.
- Use aseptic technique when disconnecting/ reconnecting a catheter bag to a leg bag by cleansing connection tubing with an alcohol swab and the use of a sterile cap to maintain sterility of the system being disconnected

CLICK HERE for additional education and resources.

Ebola Virus

Ebola Virus Disease (EVD) Response Update

By Abigail Urbanski - COVID DGMQ Epidemiologist

Overview

Ebola, genus *Ebolavirus*. that's responsible for Ebola Virus Disease (EVD), belongs to the *Filoviridae* (Filovirus) family. Viruses in this family can cause severe hemorrhagic fever in human and non-human primates. Ebola virus is found in several countries in Africa, and it is believed that the virus is animal-borne with bats being the most likely reservoir. The incubation period for Ebola is 2-21 days and a patient with EVD can experience several symptoms including fever, severe headache, diarrhea, vomiting, unexplained bleeding or bruising, and more. Ebola is spread through direct contact with blood or bodily fluids of a sick person or contact with objects contaminated with the blood or bodily fluids of a sick person. The virus does not spread through air or water and a patient with EVD is only contagious after the onset of symptoms.

Current Outbreak

On Sept. 20, the Uganda Ministry of Health confirmed an outbreak of Ebola following the detection of a confirmed case. A patient with suspected viral hemorrhagic fever presented to and was isolated at a regional hospital where a laboratory test confirmed the Sudan strain of Ebolavirus. Outbreaks have been reported in 9 districts around Uganda and there are no confirmed cases associated with this outbreak that have been reported in countries outside of Uganda. Since the beginning of the outbreak through the end of November 2022, there have been 142 confirmed cases, 56 confirmed deaths, and 22 deceased probable cases. There is no vaccine available to prevent the Sudan strain of ebolavirus. However, preparedness and surveillance efforts have been and continue to be made by the CDC to address the outbreak.

Response

The United States' primary response requires the monitoring of all arriving travelers who have been in Uganda in the last 21 days. There are no travel restrictions for those traveling from Uganda to the U.S., and about 140 travelers arrive in the U.S. daily to one of five domestic airports where they participate in entry health screenings. CDC then provides information regarding travelers who have visited Uganda in the last 21 days to state health departments to assist in additional assessment, monitoring, and traveler education.

Resources

[CDC's Ebola](#)

[IDOH Emergency Preparedness](#)

[IDOH Special Pathogens State Operations Plan](#)

IDOH receives this information daily from CDC and passes it on to the respective jurisdictions (local health departments) to contact the traveler to perform a risk assessment, monitor for symptoms, and to provide education on what to do should the traveler experience symptoms.

Timeliness is important in contacting travelers regarding Ebola, so initial contact attempts are made within 24 hours of notice by CDC. The risk assessment is essential in determining the frequency of symptom monitoring and the need for quarantine or travel restrictions. All communication and monitoring between the LHD and traveler is tracked in a REDCap project overseen by IDOH.

Indiana has also assembled a new Special Pathogens State Operation Plan to respond to high consequence infectious diseases (HCID). Agencies and organizations across the state have been given primary and supporting roles and tasks to address HCID emergencies based on their authorities, resources, and capabilities. The purpose of the plan is to describe the procedures for identification and response of a HCID emergency from the State at an operational level.

For any questions regarding monitoring in Indiana, please contact Haley Beeman: hbeeman@health.in.gov 317-234-2805.

COVID-19 in LTCs

Long-term Care Nursing Homes and Licensed Residential (Assisted Living) COVID-19 Outbreak FAQs

By Bethany Lavender, Infection Prevention Epidemiologist

1. When should I contact my district infection preventionist (IP)?

The district IP can help answer infection control questions or set up an Outbreak Response visit. Please do not hesitate to contact the IP for any infection control assistance at any time, especially if it has been a while or you want to review guidance over the phone. Please refer to the IDOH infection prevention team's website. We highly recommend that facilities contact their District IP if one or more positive case(s) are found in staff or residents during the third round of outbreak testing (14 days after the initial positive).

2. After reporting an Outbreak Case Alert, do I need to report additional cases of the outbreak on the Gateway?

An Outbreak Case Alert is one or more COVID-19 case(s), a staff OR a resident, in a facility where no confirmed cases were identified in the four-week period prior. Therefore, you do not need to report additional cases of an outbreak to the Gateway. You will need to report on the Gateway when a new Outbreak Case Alert happens. However, continue to report positive point-of-care (POC) tests on NHSN Point of Care Laboratory Reporting Tool (for SNF/NF) or IDOH COVID-19 Point of Care Test Reporting REDCap (for facilities not reporting to NHSN).

Please refer to LTC Facility Data Submission Guidelines and the Revised Reporting Chart.

3. Where can I get PPE?

Please check your PPE inventory regularly and reorder before your supplies are exhausted. Please work with your suppliers or your local health department to obtain PPE. A facility can also order PPE supplies from the Langham Portal.

**4. Where can I get testing supplies?**

Please check your testing supplies regularly and reorder before your supplies are exhausted. Ensure you have enough supplies for potential outbreak testing needs. Check with other vendors if you are not able to secure tests from your usual supplier. IDOH no longer has POC testing supplies.

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, regardless of vaccination status, with signs or symptoms must be tested.	Residents, regardless of vaccination status, with signs or symptoms must be tested.
Newly identified COVID-19 positive staff or resident in a facility that can identify close contacts	Test all staff, regardless of vaccination status, that had a higher-risk exposure with a COVID-19 positive individual.	Test all residents, regardless of vaccination status, that had close contact with a COVID-19 positive individual.
Newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts	Test all staff, regardless of vaccination status, facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility).	Test all residents, regardless of vaccination status, facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility).
Routine testing	*Not generally recommended*	Not generally recommended

Refer to **CMS' QSO 20-38-NH.**

Can you guess this germ?
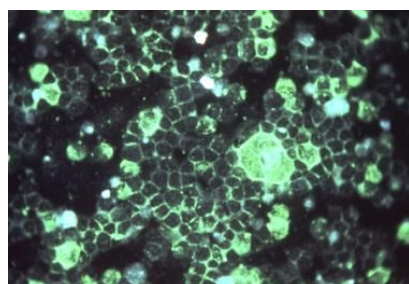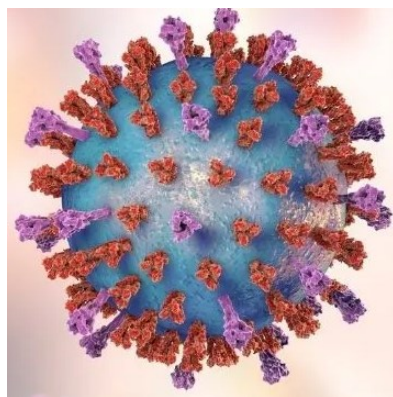
This mystery germ is a virus that usually causes mild cold-like symptoms for a week or two, but can be serious, especially for infants and older adults. This virus was discovered in 1956 and has since been recognized as one of the most common causes of childhood illness (but it causes annual outbreaks of respiratory illnesses in all age groups.)

Symptoms: Runny nose, decrease appetite, cough, sneezing, wheezing, fever—which usually appear in stages and not all at once. It can cause more serious infections such as bronchiolitis and pneumonia.

Risks: While most children will have this illness before the age of 2, infants under 6 months are at a higher risk, due to weaker immune systems. Adults at highest risk for severe infection include: Older adults, especially those 65 years and older, adults with chronic heart or lung disease, adults with weakened immune systems

Prevention: Cover your coughs and sneezes with a tissue or your upper shirt sleeve, not your hands, wash your hands often with soap and water for at least 20 seconds, avoid close contact, such as kissing, shaking hands, and sharing cups and eating utensils, with others, Clean frequently touched surfaces such as doorknobs, mobile devices, bedside tables, etc. If visitors have respiratory symptoms, it may be best to have them wait to visit when symptoms subside, especially for immunocompromised individuals and those at high risk of developing severe illness.

Answer: Respiratory Syncytial Virus Infection (RSV)

Because the symptoms are so similar for COVID-19, influenza and RSV, symptomatic individuals should be tested to make a diagnosis.

Season's Greetings

Happy Holidays & Have a Safe, Healthy, and Happy New Year!

APIC has a **checklist** for how to have a safe 2022 holiday season

From the IDOH Infection Prevention Team

Jennifer Spivey- IP Program Manger

Janene Gumz-Pulaski- District 1 IP/Assistant Manager

Victor Zindoga- District 2 IP

Pam Bennett- District 3 IP

Angela Badibanga- District 4 IP

Deanna Paddack- District 5 IP

Jason Henderson- District 5 IP

Tanya Canales- District 6 IP

Sara Reese- District 7 IP

Jennifer Brinegar- District 8 IP

Mary Enlow- District 10 IP

Bethany Lavender- IP Epidemiologist

Links and References

Full Links and References

If you are viewing this newsletter online, you can open the links by the clicking on the **lue** links within the articles. If you are viewing this newsletter in printed form and would like to view the links or resources, the full URLs are below:

Division Name and Infection Prevention Team Changes
1. _Point of contact-_ https://www.in.gov/health/erc/files/HAI-AR-IP-Team-State-Map-12.2.22.pdf

University of Indianapolis – IDOH – LTC IP Training Courses
1. _Register for free for LTC IP Training Course-_ https://store.uindy.edu/catalog?pagename=Infection_Prevention
2. _University of Indianapolis Center for Aging and Community-_ https://uindy.edu/cac/

Respiratory Viruses: Influenza (Flu), Respiratory Syncytial Virus (RSV), and COVID-19
1. _CDC's Respiratory virus Health Alert Network:_ https://emergency.cdc.gov/han/2022/han00479.asp
2. _Influenza vaccine:_ https://www.cdc.gov/flu/professionals/acip/2022-2023/acip-table.htm
3. _COVID-19 vaccines or boosters_: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect.html
4. _Influenza treatment:_ https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm
5. _COVID-19 treatment:_ https://aspr.hhs.gov/COVID-19/Treatments/Pages/Possible-Treatment-Options-for-COVID19.aspx
6. _COVID-19 therapeutics locator_: https://www.coronavirus.in.gov/covid-19-treatment-information/
7. _Wash your hands_: https://www.cdc.gov/handwashing/when-how-handwashing.html
8. _Cover you cough:_ https://www.health.state.mn.us/people/cyc/cycphceng.pdf
9. _IDOH Influenza weekly reports:_ https://www.in.gov/health/erc/infectious-disease-epidemiology/diseases-and-conditions-resource-page/influenza/weekly-influenza-report/
10. _Indiana Influenza Dashboard:_ https://www.in.gov/health/erc/infectious-disease-epidemiology/diseases-and-conditions-resource-page/influenza/influenza-dashboard/
11. _COVID-19 tracker_: https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Indiana&data-type=Risk
12. _IDOH RSV:_ https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Indiana&data-type=Risk
13. _Indiana Communicable Disease Reporting Rule_: https://www.in.gov/health/erc/files/Final_Rule_LSA_.pdf
14. _Infection Control: SARS-CoV-2_: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
15. _Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2:_ https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
16. _CDC's Transmission-based precautions_: https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html
17. _Prevention Strategies for Seasonal Influenza Healthcare Settings_: https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm
18. _RSV, COVID-19, & Influenza Image_: https://www.patientcareonline.com/view/cdc-reports-flu-activity-at-10-year-high-as-covid-19-and-rsv-fill-hospital-beds

Preventing CAUTIs Everyday Helps Keep Sepsis Away!
1. _National Healthcare Safety Network (NHSN):_ https://www.cdc.gov/nhsn/index.html
2. _CAUTI Insertion checklists:_ https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/quality-resources/tools/cauti-ltc/modules/resources/tools/prevent/insertion-checklist.docx
3. _CAUTI Maintenance checklist:_ https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/quality-resources/tools/cauti-ltc/modules/resources/tools/prevent/maintenance-checklist.docx
4. _IDOH Prevention of CAUTIs:_ https://www.in.gov/health/erc/files/IDOH-PoerPoint-CAUTI-LTC-Infection-Prevention.pdf
5. _Reference_: https://www.cdc.gov/hai/ca_uti/cauti_faqs.html
6. _Reference:_ https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/qualityresources/tools/cauti-ltc/modules/final-report.pdf

References, continued

Ebola Virus Disease (EVD) Response Update
1. *Reference:* https://www.cdc.gov/vhf/virus-families/filoviridae.html
2. *CDC's Ebola/Reference:* https://www.cdc.gov/vhf/ebola/index.html
3. *Reference:* https://www.cdc.gov/vhf/ebola/outbreaks/uganda/2022-sep.html
4. *Reference*: https://www.cdc.gov/media/releases/2022/s1018-ebola-outbreaks-uganda.html
5. *Reference:* https://www.cdc.gov/quarantine/interim-guidance-risk-assessment-ebola.html
6. *IDOH Emergency Preparedness:* https://www.in.gov/health/emergency-preparedness/preparedness-facts/
7. *IDOH Special Pathogens State Operation Plan:* https://www.in.gov/health/emergency-preparedness/files/Special-Pathogens-State-Operations-Plan-November-2022-Final.pdf
8. *Email Haley Beeman:* hbeeman@health.in.gov

Long-term Care Nursing Homes and Licensed Residential (Assisted Living) COVID-19 Outbreak FAQs
1. *Infection Prevention Team's IDOH Website*: https://www.in.gov/health/erc/infectious-disease-epidemiology/healthcare-associated-infections-and-antimicrobial-resistance-epidemiology/infection-prevention/
2. *IDOH COVID-19 POC Test Reporting*: https://redcap.isdh.in.gov/surveys/?s=ER98AJW9RX
3. *LTC Facility Data Submission Guidelines*: https://www.coronavirus.in.gov/files/LTC-Facility-Data-Submission-Guidelines_Updated_08-29-2022.pdf
4. *Revised Reporting Chart*: https://www.coronavirus.in.gov/files/Revised-Reporting-Chart-9-09-2022.pdf
5. *Langham Portal Instructions*: https://content.govdelivery.com/attachments/INSDH/2021/10/26/file attach-ments/1977160/IDOH%20ORDER%20ENTRY%20PORTAL%20GUIDE%20INSTRUCTIONS%202021.pdf
6. *CMS' QSO 20-38-NH:* https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf

Can you guess this germ?
1. *Reference:* https://www.cdc.gov/rsv/index.html
2. *Image #1:* https://www.nfid.org/infectious-diseases/rsv/
3. *Image #2*: https://www.niaid.nih.gov/diseases-conditions/respiratory-syncytial-virus-rsv

Happy Holidays & Keep Everyone Safe during 2022 Holiday Events
1. *Checklist:* https://infectionpreventionandyou.org/wp-content/uploads/2022/11/2022-11-APIC-Holiday-Factsheet6_FINAL.pdf

If you have any suggestions or requests for what you would like to see in future editions of the IPP newsletter, please email Bethany Lavender @ BLavender@health.in.gov.

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers

Indiana Department of Health

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