



AUGUST E- NEWSLETTER

August is National Immunization Awareness Month and as nurses we need to promote vaccines by reminding family, friends, staff and residents to stay current. The pneumococcal vaccines, PCV 13 AND PPSV23 can be confusing. Click on these links to learn more about them.

<https://www.cdc.gov/vaccines/hcp/adults/downloads/fs-pneumo-hcp.pdf>

<https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf>

http://www.immunize.org/askexperts/experts_pneumococcal_vaccines.asp

I am hoping to get an e-newsletter out to the ICNC membership every month to provide you with up-to-date information. Please feel free to send me questions and I will do my best to get answers and share it with everyone.

Sustainability of ICNC relies on members and their participation. Encourage peers to join and think about taking on a leadership role.

ICNC WEBSITE: The password for the member's portal is **IPsCares!** There is lots of great information to be found in the members section. If you have something you would like to share with membership, please send it to me.

ANNUAL FLU UPDATE: The registration for this great program held at the Woodwinds in Branford on September 18th is attached. CT DPH, CDC and other organizations will provide up-to-date information on influenza. The southern hemisphere, especially Australia, has been hit hard by the flu, so be prepared!

NEXT QUARTERLY STATEWIDE ICNC MEETING: Mark your calendar for November 1st at the Whitney Center in Hamden. We moved the September meeting to this date as many of you will be attending the Flu Update. At the November meeting, Lauren Backman from DPH will speak about the new Enhanced Barrier Precautions in LTC to prevent MDRO and cleaning glucometers which continues to be a real problem noted during surveys. A speaker from Sanofi will be speaking about flu vaccine. Hope to see you!

POWASSAN: CT DPHH Update recently sent out.

During 2009-2018, a total of 144 cases of Powassan virus (POWV) disease were reported in the United States. Most cases are reported from upper Midwestern and Northeastern states, including cases in Connecticut in 2016 (1) and 2018 (2). Since January 2019 two patients in Connecticut have been diagnosed with POWV disease and reported to the Department of Public Health (DPH).

Powassan virus is transmitted through the bite of infected Ixodes species ticks, including Ixodes scapularis (the black-legged or 'deer' tick), the vector of Lyme disease, anaplasmosis, babesiosis, and Borrelia Miyamotoi. Unlike transmission of Borrelia and other tick-borne pathogens, which require a minimum tick attachment time of 24 hours or more, POWV can be transmitted within 15 minutes of tick attachment. Cases typically occur during early April to July and September to November when ticks are most active.

Many people who are exposed to POWV remain asymptomatic. Among patients who develop POWV disease, early symptoms occur 1-4 weeks after exposure and include fever, headache, vomiting, and generalized weakness. Severe disease may rapidly progress to encephalitis or meningitis; patients might display altered mental status, speech problems, movement disorders, or cranial nerve palsies. Disease is fatal in approximately 10% of cases and approximately half of surviving patients have long-term neurologic symptoms. In Connecticut, cases have been reported from Fairfield (2), Windham (1), New London (1), and Middlesex (1) counties and were among individuals < 5 (1) and >60 (4) years of age. Clinicians with patients presenting with compatible clinical signs and symptoms should obtain history of tick bites or exposure to tick habitat (such as woody or brushy areas, tall grass, woodpiles) and consider POWV infection. Infection is diagnosed based on clinical suspicion and by detection of virus-specific IgM antibodies in serum or CSF followed by plaque reduction neutralization testing (PRNT). Limited commercial testing is available. Initial serological and confirmatory PRNT testing are available at the Centers for Disease Control and Prevention (CDC). When sending samples, testing for POWV should be specifically requested: <https://www.cdc.gov/powassan/diagnostic-testing.html>

LEGIONAIRES: CT DPH is investigating a Rocky Hill facility that had two confirmed cases of Legionnaires and one of them died. Every LTC facility must have a water management plan. Information on Legionnaires can be found in the member's section of the Infection Control Nurses of CT website found at <https://www.infectioncontrolct.org/>.

CT Health Alert Network Message August 9, 2019

The number of legionellosis cases reported to the Connecticut Department of Public Health (DPH) has been increasing. During 2018, DPH received a record 201 legionellosis case reports. During June 2019, 26 confirmed cases were reported, whereas an average of 10 cases have been reported each June over the past 5 years. Legionellosis is reportable by healthcare providers and laboratories to DPH and the patient's local health

department. To identify potential common sources of exposure, DPH staff follow-up on all confirmed legionellosis cases by contacting the healthcare provider of record and conducting patient interviews. To date this year, 48 confirmed legionellosis cases have been reported to DPH. Confirmed case patients resided in all Connecticut counties, had a median age of 63 (range 28–95) years, and 33 (70%) were male. Among 36 patients with completed case follow-up, 4 (11%) died.

Key Messages for Providers:

- Consider legionellosis as a potential diagnosis when evaluating patients with community-acquired pneumonia.
- Obtain urine antigen tests AND sputum samples for culture for suspected cases.

SCABIES: One case of scabies is reportable to DPH. DPH Epi recommends this guidance from the LA County Public Health as a good resource to follow.

<http://publichealth.lacounty.gov/acd/docs/Scabies/ScabiesGuidelinesFinal.pdf>

THE NURSING HOME INFECTION PREVENTIONIST TRAINING COURSE: All of the 23 modules are now available on the CDC's TRAIN website, https://www.train.org/cdctrain/training_plan/3814 An account needs to be established to access this program and many other available programs.

The content of the training covers the following topics: • Infection prevention and control program overview, • Infection preventionist responsibilities, • Quality assessment and performance improvement integration, • Infection surveillance, • Outbreaks, • Principles of standard precautions, • Principles of transmission-based precautions, • Hand hygiene, • Injection safety, • Respiratory hygiene and cough etiquette, • Device (i.e., indwelling urinary and central venous catheters) and wound management, • Point-of-care blood testing, • Reprocessing reusable resident care equipment, • Environmental cleaning, • Water management program, • Linen management, • Preventing respiratory infections, • Tuberculosis prevention, • Occupational health considerations, • Antibiotic stewardship, and • Care transitions.

The content of this course is not regulatory and was developed to inform and educate nursing homes in infection prevention and control best practices, however it does not guarantee compliance with the requirements of infection control within current regulations.

UPCOMING 4 DAY TRAINING: INFECTION PREVENTION IN THE HEALTHCARE

SETTING 2019: This course taught by Laurie Neudecker D'Aquila RN will be held at the Cheshire House in Waterbury on September 6, 12, 13 and 19th. Registration can be found at : <https://ipconsults.org/>

Regards,
Kris

Kristin Magnussen MSN,RN
President of the ICNC State Board
krisMRN@msn.com

Communicable Disease Prevention Supervisor
Ledge Light Health District
216 Broad Street
New London, CT. 06320
kmagnussen@llhd.org
860-449-2142 cell