



Indiana  
Department  
of  
Health

# Infection Prevention Press

7/21/2022

## **Candida auris: What you should know!**

By Caleb Cox, Antimicrobial Resistance Epidemiologist

**Candida auris** (*C. auris*) is a yeast that was first discovered in Japan in 2009. It has caused outbreaks in healthcare settings. *C. auris* is of a public health concern because it exhibits antifungal resistance, it can persist in the environment for a long time, environmental disinfection can be difficult and a **high mortality rate** has been noted among people with candidemia.

We have noticed an increase in the number of cases in Indiana, with a report of 19 cases in October 2021, 47 cases in November and 41 in December. Of the 127 cases identified in 2022 (as of May 31, 2022), 95 (~75%) were in district 5, which includes the Indianapolis metro area and surrounding counties. Seventeen (~13%) were found in district 1 (including Lake and its surrounding counties in the Chicago region), with only 15 (~12%) in the rest of the state.

If *C. auris* is identified by testing a skin swab in absence of clinical infection, it is considered colonization. No treatment is needed for colonization because there is no reliable way to decolonize. Colonization of at-risk individuals could lead to dangerous, invasive infections. *C. auris* can cause ear infections, wound infections and bloodstream infections and can be isolated in cultures such as fluid specimens from the site of infection, blood, urine, sputum, etc. Clinical infections are treated with antifungals and can resolve with treatment. Individuals with colonization and infection both can act as possible sources of transmission.

**Infection control** to prevent spread involves adherence to hand hygiene, appropriate isolation based on setting, interfacility communication when transferred, screening contacts and environmental cleaning. In the acute care setting, contact precautions should be implemented for colonized patients and those with active infection. In a **long-term care facility**, residents with colonization should be placed in enhanced barrier precautions. Those with active infection should be placed in contact precautions in all settings. After a *C. auris* clinical infection resolves, the patient should be considered colonized indefinitely.

*C. auris* can persist in the environment for a prolonged time. CDC recommends the use of an Environmental Protection Agency–registered, hospital-grade disinfectant effective against *C. auris*. The EPA's List P is a list of agents that have been evaluated for a claim against *C. auris*. If a **List P** cleaner is not available and a *C. auris* patient is residing at the facility, a bleach-based cleaner with sporicidal properties should be used until an approved cleaner is acquired. Regardless of the product selected, it is important to follow all manufacturer's directions for use, including applying the product for the correct contact time.

## Updated Confidential Report of Communicable Disease Form Released

By Indiana Department of Health

IDOH has released an updated version of the Confidential Report of Communicable Disease Form (State Form 43823). This fillable PDF form, used by providers to report most reportable conditions to IDOH, has been updated to include expanded options for sex/gender, race and other risk factors. The formatting of the document has also seen minor changes. The updated form can be found under "[How to Report](#)" and via the Indiana State Forms Catalog. Please note that NBS users should continue to report via the NBS Morbidity Report for all conditions rather than completing the form.

Please reach out to the NBS/Surveillance team at 317-233-7125 with any questions.

### **Legionella: What you should know!**

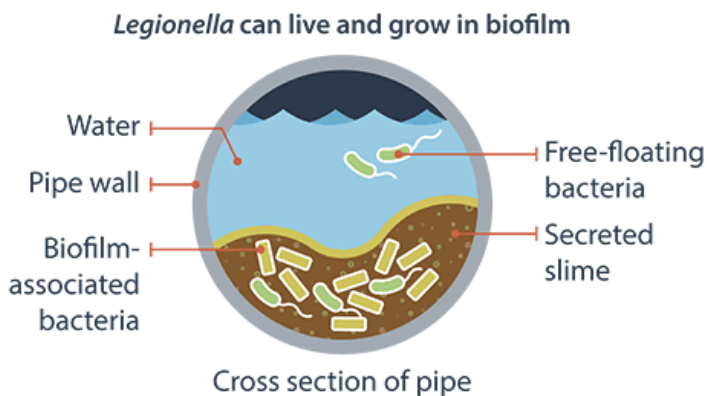
By Sandeep Bains, *Chief Nurse Consultant*

*Legionella* is a gram-negative bacterium that is naturally found in freshwater environments such as lakes and streams. These bacteria become a health concern when they grow and thrive in human-made building water systems that can aerosolize water containing *Legionella*, such as plumbing, shower heads, sink faucets, cooling towers, etc. People can become infected when they inhale or aspirate small droplets of water containing *Legionella* into their lungs. *Legionella* can cause two different types of illness: Legionnaires' disease and Pontiac fever. Legionnaires' disease is a severe form of pneumonia, and Pontiac fever is a less severe illness that consists of fever and muscle aches.

One presumptive or two possible confirmed cases of Legionnaires' disease or Pontiac fever within a healthcare facility requires an outbreak response. If you identify a case in a healthcare facility, immediately notify your state officials and discuss next steps before performing any remediation steps. After meeting with state officials, ensure correct exposure control interventions are in place and that appropriate samples are being collected, along with water parameters. Next steps will consist of implementing exposure control interventions, such as bottled water for drinking and *Legionella* water filters on all shower heads that are being used or opting out for sponge baths. All decorative fountains should be shut down. Next hire a water consultant that can collect samples and send them off to an Elite certified lab for culture testing. Do not perform any remediation activities prior to receipt of collected sampling results to see if *Legionella* is found in the water system.

In efforts to reduce *Legionella* outbreaks, CMS requires all healthcare facilities to have policies in place that prevent the growth of microbials in the building's water systems. Healthcare facilities must have a water management plan that conducts risk assessments to identify where *Legionella* and other pathogens could grow and spread. Be sure the water management plan considers ASHRAE 188 standards and the CDC Toolkit along with testing protocols and acceptable ranges for control measures. Also, be sure to document the results and corrective action taken if limits are not met. Please refer to the [CMS requirements](#).

If your facility does not have a water plan, you can use the [CDC toolkit](#) to develop a plan!



# New Certification Credentials: Long-Term Care Certification in Infection Prevention (LTC-CIP)

By Jennifer Spivey, IP Program Manager

Infection preventionists in long-term care (LTC) play a vital role in keeping vulnerable residents safe from harm; safe from harm includes knowing infection prevention concepts and being adequately trained to advocate for this population. Now for the first time, individuals responsible for these programs will be able to sit for an international test from the Certification Board of Infection Control and Epidemiology (CBIC). The CBIC actively recruited subject matter experts (SMEs) to assist in the development of the new long-term care certification examination.

Janene Gumz-Pulaski, Assistant IP Program Manager, and I were asked to be part of the inaugural writing for this beta exam. We both are board-certified in infection control (CIC) with more than 48 years of experience together in infection prevention in multiple domains, including LTC. We traveled to Arlington, Virginia, to the Association for Professionals in Infection Control and Epidemiology's offices in May and June of this year for this test development. We both wish you the best of luck on your journey!

The test is ready, and CBIC has begun accepting applications for the new certification this month, with an initial testing period opening up in September 2022. For more information, visit the [CBIC website](#).

The application is now open on the [CBIC website](#).

The beta test will take place between Sept. 15 and Oct. 15, 2022.

Results will be released in early January 2023.

Daily testing will begin the first week of February 2023.

How do I study? Grab a study buddy and divide and conquer by sharing resources. Reach out to a CIC who has recently taken a CBIC exam to help mentor you on your journey. The resource list for this exam where every evidence-based question is from includes the following:

## **Primary References:**

- APIC Text of Infection Control and Epidemiology, 4th ed., Volume I, Volume II and Volume III, APIC, Washington, D.C.
- Kulich P, Taylor D, eds. The Infection Preventionist's Guide to the Lab, APIC, Washington, D.C., 2012.
- Heymann, D., ed. Control of Communicable Diseases Manual, 20th ed., American Public Health Association, Washington, D.C.:
- Brooks, Kathy. Ready Reference for Microbes, 4th ed., APIC.
- ***Infection Prevention guide to long-term care 2<sup>nd</sup> edition (APIC) (Full edition on IDOH IP PROGRAM PAGE!!)***
- Advisory Committee on Immunization Practices (ACIP) – Centers for Disease Control and Prevention

## **Secondary References:**

- [10 Ethical Principles in Geriatrics and Long Term Care](#)
- [Position on Ethics Committees in Long Term Care](#)

## Together (in Person) to Celebrate APIC's 50<sup>th</sup> Anniversary!

By Jennifer Spivey, IP Program Manager

The 50th anniversary celebration of the Association for Professionals in Infection Control and Epidemiology (APIC) National Conferences occurred this past month in downtown Indianapolis, and this was the first time that APIC hosted its conference in INDY. The theme “**APIC at 50: Together again in Indianapolis**” was enjoyed by all who attended in person and online daily (approx. 3,200). The conference was held virtually in 2021 and was cancelled in 2020 due to the COVID-19 pandemic, so gathering again to share, network and enjoy some good food with friends was exciting to our host chapter of APIC, IN 076. From the opening plenary with David Jopp, APIC CEO, to the closing, we heard talk of the need for trained professionals in infection prevention in long-term care (LTC). This was addressed by national leaders and is a part of APIC strategic plans. Plus, multiple offerings took place specific to LTC during this conference. Also, the Certification Board of Infection Control and Epidemiology (CBIC) announced the new Long-Term Care-Certification in Infection Prevention (LTC-CIP), which launched this year.



Janene Gumz-Pulaski, District 1 Assistant IP Program Manager, and I had the privilege of sharing our journey in fostering the next generation of infection preventionists with our one-hour podium presentation at APIC, **Building IP Teams: Heroes Behind Public Health Masks**. We discussed the steps involved in forming a statewide district field IP team and their role in proactive and reactive LTC COVID-19 outbreak IP assessments and response. We communicated infection prevention gaps we saw across our state that contributed to increased IP risks in LTC during the COVID-19 pandemic. We described best practices, relationship building and education strategies in outbreaks achieved by this newly formed IP team of 11 IPs, one IP EPI and one program manager. They expanded rapidly at the beginning of the pandemic to meet the needs of residents/patients across the continuum of care. We were even featured in the “APIC Daily News” on page 2. You can read it [here](#).

### What's Bugging You?

Can you guess this germ?



**This mystery germ** is a fungus, specifically a yeast. This organism can cause serious infections (i.e., bloodstream infections) and even death, particularly in hospital and nursing home patients with serious medical problems. It is becoming more common. Fortunately, most people who carry this organism do not get sick from it, but they are considered colonized. However, more than 1 in 4 patients who develop an active invasive infection of this organism die.

**Symptoms:** The organism can grow on skin, in the mouth, inside wounds and in other moist/dark areas of the body. Signs and symptoms may be minimal and vary by location of infection. Further, there may not be symptoms until the infection has spread to the bloodstream. The most common symptoms of bloodstream infections are fever and chills.



**Risks:** Immunocompromised individuals are at risk. Living in congregate care settings, having poor hand and body hygiene and poor environmental cleaning, and having invasive devices can also increase the risk.

**Isolation and prevention:** Residents with this infection should be managed using either contact precautions or enhanced barrier precautions, depending on their situation.

**Testing:** This infection is often confused with other yeast infections, and only a laboratory test can diagnose.

**Environmental cleaning:** Refer to EPA List P for proper disinfectants.

Answer: *Candida auris* (C. auris)

## Foodborne Illness in LTC and AL Facilities

By Jennifer Brinegar, District 8 IP

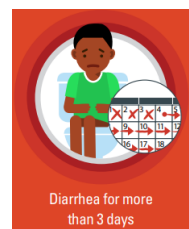
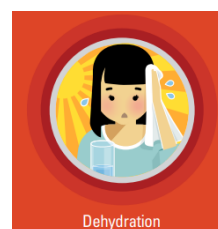
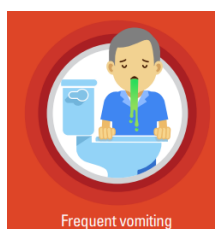
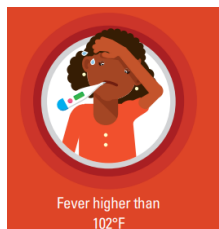
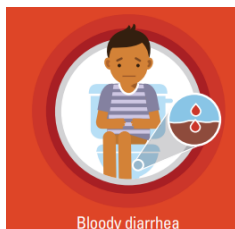
Foodborne illness, with norovirus and Salmonella being the most common types, are a topic of concern for everyone but even more so for residents in long-term care (LTC) and assisted living (AL) facilities. Protecting residents from foodborne illness falls on everyone's shoulders in a healthcare environment. According to the CDC, 48 million persons get a foodborne illness each year. Out of the 48 million, about 3,000 will die from their foodborne illness. How does this relate to LTC and AL residents? Our elderly and those with weakened immune systems have the highest risk of being hospitalized and dying. As we age, our bodies no longer process food the same; therefore, bacteria can grow more easily. In addition, with increased age comes a declining immune system, which also puts the LTC and AL populations at a greater risk.

Proper food handling steps in facility kitchens are an important factor in preventing illnesses in residents. Facilities should ensure that all food is kept at proper temperatures and logs are updated on a daily basis. Policies should be in place that allow employees to stay home when sick. Dietary managers should complete frequent auditing of food handling practices such as dietary staff wearing gloves when appropriate, thawing meat items on lower shelves and not above other food items, proper dating and labelling of food, no cell phone usage in kitchens, hand hygiene being performed and correct chemicals being used on kitchen surfaces. Hoods and fans in refrigerators and freezers should get regular maintenance to ensure proper temperatures can be maintained. Also, facilities need to have a process in place for food recalls as they are identified. How does the dietary manager notify nursing managers and staff about the recalls? Who is responsible to look for any recalled food items in the unit kitchens and refrigerators and freezers? These are important questions to ask, and policies and procedures should be in place for the information to reach every department that could be affected.

Additionally, the warmer times of the year bring more picnics, reunions and family gatherings in which residents may partake. It is important that when they return to the facility that staff try to ask some basic questions about any food leftovers they bring back. What is it? How long was it out? Was it kept cold or hot appropriately? We also need to ensure that staff are labelling and dating the resident's leftovers/food with their name and the date when they brought it into the facility. In addition, one of the most common gaps found in infection control rounding is temperature logs on unit refrigerators/freezers not being filled out or even being present. We need to reeducate staff on the importance of those temperature logs being completed and who they should notify when the temperatures are not in proper range to assist in preventing foodborne illness.

As previously stated, preventing foodborne illness is everyone's responsibility in healthcare facilities. Following basic steps and protocols in kitchens and properly monitoring the unit kitchenettes can be the difference between life and death for some of the most vulnerable population. Facilities should continue to educate staff on what causes foodborne illness, signs and symptoms, and the importance of prompt response when there is a possibility of a foodborne illness.

### FIVE SIGNS of SEVERE FOOD POISONING





# Monkeypox: What you should know!

By Bethany Lavender, *Infection Prevention Epidemiologist*

An uptick in monkeypox cases outside of endemic areas was noted in **May 2022**. Since May, the United States has identified more than 2,300 **cases**, 26 of which have been in Indiana. So what is monkeypox? The monkeypox virus is in the same genus as smallpox, and they share similar symptoms. However, monkeypox symptoms are milder, and the disease is rarely fatal.

Symptoms of monkeypox can include:

- Fever
- Headache
- Muscle aches and backache
- Swollen lymph nodes
- Chills
- Exhaustion
- A rash that can look like pimples or blisters that appears on the face; inside the mouth; and on other parts of the body, like the hands, feet, chest, genitals or anus. (**Pictures of the rash are available on the CDC website.**)

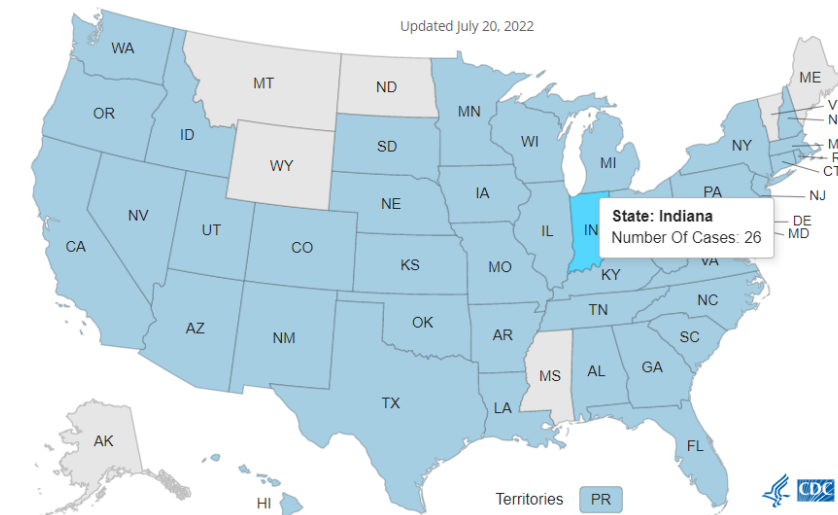
The virus is spread by direct contact with an infected person's monkeypox lesions, bodily fluids or respiratory secretions. The best way to prevent the spread of the monkeypox virus is to practice appropriate infection control measures. Congregate care settings, such as long-term care and assisted living facilities, should educate staff and residents on signs and symptoms, ensure good hand hygiene practices and work with their local or state health department to monitor for cases in their area.

If it is suspected that a resident or staff member may have monkeypox, they should seek a medical evaluation immediately and should isolate until all scabs have fallen off and a new layer of skin has formed. For staff members, they should isolate at home and refer to the **CDC monkeypox guidance** to remain off work until lesions are dry and crusted.

Although the risk is minimal, if a resident is suspected of monkeypox, you should place the resident in contact droplet transmission-based precautions and notify the health department as soon as possible. The resident should be placed in a private room with staff wearing gowns, gloves, N95 mask and eye protection, and the doors to the room should remain closed.

**According to the CDC**, "If residents with monkeypox need to leave the isolation area, for medical reasons only, they should wear a well-fitting disposable mask over their nose and mouth and cover any skin lesions with long pants and long sleeves, or a sheet or gown." It is important to clean and disinfect areas where a person with monkeypox has been with approved EPA products from **List Q**. Please reach out to your district infection preventionist if you have any questions or concerns about monkeypox. You can also reach out to the monkeypox epidemiology team—Lauren Milroy, **LMilory@isdh.IN.gov**, or Shawn Pence, **SPence@isdh.IN.gov**.

## 2022 U.S. Map & Case Count



**Long Term Care Infection Prevention Team Districts**  
**Tina Feaster CIC- Healthcare Associated Infections Supervisor**  
[Cfeaster@isdh.in.gov](mailto:Cfeaster@isdh.in.gov) 317-233-7825

**District 1: 66 facilities**  
 Janene Gumz-Pulaski RN,  
 CIC [JGumzPulaski@isdh.in.gov](mailto:JGumzPulaski@isdh.in.gov)  
 317-499-3877

**District 2 -72 facilities**  
 Victor Zindoga RN  
[vzindoga@isdh.in.gov](mailto:vzindoga@isdh.in.gov)  
 317-509-8964

**District 3- 72 facilities**  
 Pam Bennett RN  
[pbennett@isdh.in.gov](mailto:pbennett@isdh.in.gov)  
 317-476-0947

**District 4: 67 facilities**  
 Angela Badibanga MPH  
[Abadibanga@isdh.in.gov](mailto:Abadibanga@isdh.in.gov)  
 317-695-3335

**District 5: (shared 135)  
 65 facilities each**  
 Jason Henderson RN,  
[jahenderson@isdh.in.gov](mailto:jahenderson@isdh.in.gov)  
 317-719-0776 and  
 Deanna Paddack RN  
[dpaddack@isdh.in.gov](mailto:dpaddack@isdh.in.gov)  
 317-464-7710

**District 6: 68 facilities**  
 Tanya Canales RN  
[tcanales@isdh.in.gov](mailto:tcanales@isdh.in.gov)  
 317-677-3583

**District 7: 60 facilities**  
 Sara Reese RN  
[sreese1@isdh.in.gov](mailto:sreese1@isdh.in.gov)  
 317-450-8049

**District 8: 72 facilities**  
 Jennifer Brinegar RN,  
[jbrinegar@health.in.gov](mailto:jbrinegar@health.in.gov)  
 317-903-5329

**District 9: 68 facilities**  
 Mary Land RN  
[maland@isdh.in.gov](mailto:maland@isdh.in.gov)  
 317-617-5034

**District 10: 63 facilities**  
 Mary Enlow RN  
[menlow@isdh.in.gov](mailto:menlow@isdh.in.gov)  
 317-727-8431

**Total 737 Facilities**



Jennifer Spivey MSN, RN, CNOR, CIC, FAPIC – Program Manager, Infection Prevention

[jspivey1@isdh.in.gov](mailto:jspivey1@isdh.in.gov) 317-471-7844

## Full Links and References

If you are viewing this newsletter online, you can open the links by the clicking on the bold blue 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:

### Candida Auris: What you should know!

1. [Candida auris](https://www.cdc.gov/fungal/candida-auris/candida-auris-qanda.html): <https://www.cdc.gov/fungal/candida-auris/candida-auris-qanda.html>
2. [High mortality rate](https://www.cdc.gov/fungal/diseases/candidiasis/invasive/statistics.html#:~:text=Top%20of%20Page-,Deaths%20due%20to%20invasive%20candidiasis,with%20candidemia%20is%20approximately%2025%25): <https://www.cdc.gov/fungal/diseases/candidiasis/invasive/statistics.html#:~:text=Top%20of%20Page-,Deaths%20due%20to%20invasive%20candidiasis,with%20candidemia%20is%20approximately%2025%25>
3. [Infection control](https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html#disinfection): <https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html#disinfection>
4. [Long-term care facility](https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html): <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>
5. [List P](https://www.epa.gov/pesticide-registration/list-p-antimicrobial-products-registered-epa-claims-against-candida-auris): <https://www.epa.gov/pesticide-registration/list-p-antimicrobial-products-registered-epa-claims-against-candida-auris>

### Updated Confidential Report of Communicable Disease Form Released

1. [How to Report](https://www.in.gov/health/erc/infectious-disease-epidemiology/infectious-disease-epidemiology/communicable-disease-reporting): <https://www.in.gov/health/erc/infectious-disease-epidemiology/infectious-disease-epidemiology/communicable-disease-reporting>

### Legionella: What you should know!

1. [CMS requirements](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/Survey-And-Cert-Letter-17-30-#:~:text=Facility%20Requirements%20to%20Prevent%20Legionella,other%20opportunistic%20pat): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/Survey-And-Cert-Letter-17-30-#:~:text=Facility%20Requirements%20to%20Prevent%20Legionella,other%20opportunistic%20pat>
2. [CDC tool kit](https://www.cdc.gov/legionella/downloads/toolkit.pdf): <https://www.cdc.gov/legionella/downloads/toolkit.pdf>
3. [Image](https://www.naccho.org/blog/articles/protect-your-community-from-legionella-outbreaks): <https://www.naccho.org/blog/articles/protect-your-community-from-legionella-outbreaks>

### New Certification Credentials

1. [10 Ethical Principles](https://www.hmpgloballearningnetwork.com/site/altc/content/10-ethical-principles-geriatrics-and-long-term-care-2): <https://www.hmpgloballearningnetwork.com/site/altc/content/10-ethical-principles-geriatrics-and-long-term-care-2>
2. [Position on Ethics](https://paltc.org/amda-white-papers-and-resolution-position-statements/position-ethics-committees-long-term-care): <https://paltc.org/amda-white-papers-and-resolution-position-statements/position-ethics-committees-long-term-care>

### Together (in Person) to Celebrate APIC's 50<sup>th</sup> Anniversary!

1. [APIC Newsletter](https://www.pageturnpro.com/CustomNEWS/104932-APIC-Daily-News--Wednesday/sdefault.html#page/3): <https://www.pageturnpro.com/CustomNEWS/104932-APIC-Daily-News--Wednesday/sdefault.html#page/3>
2. [Image and reference](https://annual.apic.org/): <https://annual.apic.org/>

### What's Bugging you?

1. [Images and reference](https://www.cdc.gov/fungal/candida-auris/candida-auris-qanda.html): <https://www.cdc.gov/fungal/candida-auris/candida-auris-qanda.html>

### Foodborne Illness in LTC and AL Facilities

1. [Reference](https://www.cdc.gov/foodsafety/foodborne-germs.html): <https://www.cdc.gov/foodsafety/foodborne-germs.html>
2. [Five Signs of Severe Food Poisoning](https://www.cdc.gov/foodsafety/pdfs/food-Safety-symptoms-P.pdf): <https://www.cdc.gov/foodsafety/pdfs/food-Safety-symptoms-P.pdf>

### Monkeypox: What you should know!

1. [May 2022](https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON385): <https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON385>
2. [900 cases](https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html): <https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html>
3. [Picture of the rash](https://www.cdc.gov/poxvirus/monkeypox/symptoms.html): <https://www.cdc.gov/poxvirus/monkeypox/symptoms.html>
4. [CDC monkeypox guidance](https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-home.html): <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-home.html>
5. [According to the CDC](https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html): <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html>
6. [List Q](https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q): <https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q>

If you have any suggestions or requests for what you would like to see in future editions of the IPP, please email [Bethany Lavender](#) or [Jennifer Spivey](#).

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

Indiana Department of Health

2 North Meridian Street • Indianapolis, Indiana 46204 • 317-233-1325 • [health.in.gov](http://health.in.gov)

