

World Tuberculosis Day and Current Guidelines

By Kathy Chapuran, IDOH TB Health Educator

World TB Day is observed each year on March 24, commemorating the date Dr. Robert Koch announced his discovery of the bacillus that causes Tuberculosis (TB). In honor of World TB Day, we would like to provide updates on the current rules in place for TB screening for residents and staff in long-term care settings.

Indiana Long-Term Care Rules - Resident Screening

Admission

- A TB screening test must be completed within three months prior to admission or upon admission unless there is documentation of a previous positive TB test. Testing can be by a Tuberculin Skin Test (TST) or an Interferon-Gamma Release Assay (IGRA) blood test, and the test used should be in accordance with updated **national guidance** based on the person's risk factors. Please see details of this change, which was effective **August 2021, here**.
- Routine or baseline chest X-rays are not required or recommended prior to or at the time of admission.

Ongoing

- Any asymptomatic resident with a new positive TST or IGRA must have a medical evaluation and chest X-ray within one week.
- Residents with TB disease or latent TB infection need to be screened for HIV infection, and medical management may be altered in the presence of HIV infection.
- Periodic chest X-rays of persons with a history of positive TST or IGRA are not advised and are not necessary unless the individual develops signs and symptoms of TB disease.

Indiana Long-Term Care Rules - Staff Screening

Program advisory letters were issued by IDOH's Long-Term Care Division in late 2019 updating expectations for Indiana-licensed residential care and comprehensive care nursing facilities for preventing the transmission of *M. tuberculosis*. The updated guidelines indicate facilities may adopt a nationally recognized standard for TB screening for healthcare personnel and implement and follow the standard as written. The **nationally recognized program for employees** is located on the Centers for Disease Control and Prevention's website.

Several key points from the updated recommendations are as follows:

- A requirement for baseline testing of all healthcare personnel
- Encouragement of treatment for all healthcare personnel with untreated latent TB infection
- Annual TB screening no longer routinely recommended for most healthcare personnel unless occupational risk or ongoing exposure
- A requirement for annual TB education for all healthcare personnel

TB Education Events

Upcoming TB and Long-Term Care Webinar

The next IDOH HAI/AR webinar for long-term care IPs will be March 22, 2022. The IDOH Tuberculosis Program is scheduled to present on TB and long-term care settings.

When: March 22, 2022, from 2-2:45 p.m. ET

Where: Microsoft Teams—[Click here to join](#)

IDOH World TB Day Educational Event

Registration is now open for Indiana Department of Health's 2022 World TB Day event!

This free educational forum addresses TB in Indiana with topics including the Fiber-Cell investigation, TB treatment regimen updates, TB and long-term care, IDOH lab updates, TB survivor stories, and an epidemiology update.

Breakfast and lunch will be provided.

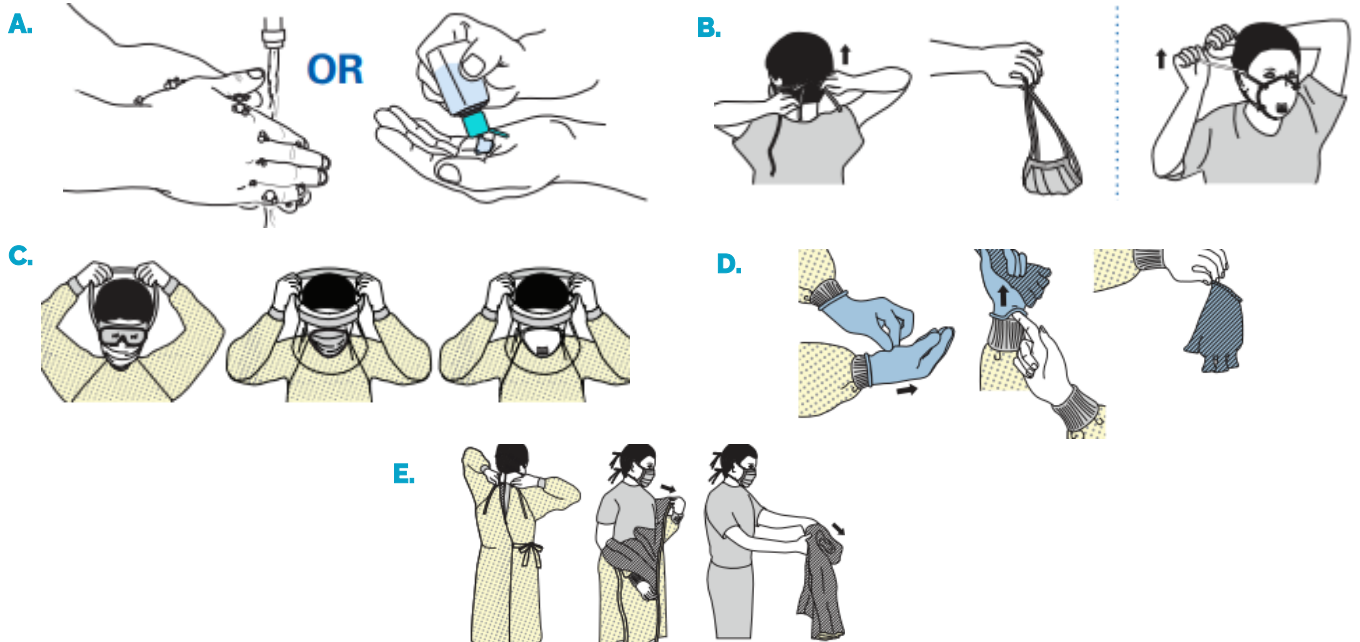
Register here: <https://www.eventbrite.com/e/world-tb-day-2022-conference-tickets-250448316657>

Please register by March 15, 2022.

When: March 30, 2022, from 9 a.m. to 4 p.m. EDT

Where: Indianapolis Central Public Library

CAN YOU PLACE THESE DOFFING STEPS IN THE CORRECT ORDER?



Correct order: D, C, E, B, A

ANYTHING BUT COVID-19= ABCS BACK TO THE BASICS FOR INFECTION PREVENTION

By Jennifer Spivey, Infection Prevention (IP) Program Manager

The back-to-back delta and omicron surges seem to have taken all our stamina and worn us out, especially wearing PPE nonstop for the past two years. IPs get it! We know it takes dedication to care for our residents and protect healthcare workers during this all-hands-on-deck response. The next question that is obviously forthcoming: How long will we need to keep wearing masks in healthcare settings? What will change with the next surge or variant? For now, CDC still requires us to wear source control – “well-fitting facemasks” that cover the nose and mouth – in all healthcare settings, including LTC environments. However, there will be a time when removal of source control IC practice will be forefront in our minds and the next question for “After COVID”, or what I like to call **AC**.

We have begun thinking of AC times– for example, in just the last couple weeks, IDOH changed eye protection requirements to “optional” in the green zone and in the general population when a resident is not in COVID-19 transmission-based precautions (TBP) or undergoing an aerosol-generating procedure (AGP). But remember when we use standard precautions or TBP and identify a risk for splash or spray from bloodborne pathogens or bodily fluids, we still need to think, “Do I need eye protection and PPE for this resident without COVID-19?” This is what I like to call going **Back to the Basics of Infection Prevention** to refocus on all infection prevention that has guided you **Before COVID** (BC). This is just one example of critical thinking skills that guide our care. It’s time now, as IPs in facilities, to embrace review of the basics for your staff, and may I suggest you begin with standard precautions and TBP for **ABCS- Anything But COVID-19**. Here are some key links to review that may be helpful in your planning:

Standard Precautions: What are the 5 principles of infection control? These include **standard precautions** (hand hygiene, PPE, injection safety, environmental cleaning, and respiratory hygiene/cough etiquette).

Transmission-based Precautions: **Contact, Droplet, and Airborne.**

Appendix A- Duration and Type of Precautions: Save to your Favorites for what every IP needs to know about “**Type and Duration of Precautions Recommended for Selected Infections and Conditions**”.

Health Maintenance

By Dr. Shireesha Vuppalanchi, Medical Director for Long-term Care

Over the last two years nearly all our focus has been centered on the COVID-19 pandemic. Fortunately, over that time, very effective vaccines were developed and have become widely available; many long-term care residents have been vaccinated against COVID-19 and a good proportion have also received booster doses. Additionally, several therapeutics have become available. With these advances, we are starting to have a brighter outlook, with decreasing caseloads and decreasing disease severity.

As we turn the corner, it is a good time to focus on non-COVID-19 preventable diseases and other measures to stay healthy. Health maintenance includes routine dental checkups, annual physical examination, periodic blood work, age-appropriate cancer screening, and staying up-to-date on all vaccines.

Everyone should get the seasonal flu vaccine yearly and the tetanus vaccine every 10 years (one dose Tdap, then Td or Tdap booster every 10 years). Individuals 65 and older should receive one dose of PCV15 followed by PPSV23 or one dose of PCV 20. Individuals 50 and older should receive the two-dose RZV (Shingrix) series 2–6 months apart (minimum interval: 4 weeks; repeat dose if administered too soon), regardless of previous herpes zoster or history of zoster vaccine live (ZVL, Zostavax) vaccination (administer RZV at least 2 months after ZVL).

Those with immunocompromising conditions such as asplenia, HIV, end-stage renal disease, complement deficiencies, diabetes, chronic lung conditions, heart conditions, or alcoholism might require additional vaccinations, such as hepatitis A, hepatitis B, MMR, meningococcal, varicella, and Haemophilus influenzae vaccines. By addressing health maintenance via your primary care provider, you can help protect yourself against several preventable diseases.

Visit the CDC’s website to see more details about [vaccine scheduling for adults by age](#) and [adults with medical conditions](#).

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV4) or Influenza recombinant (RIV4) or Influenza live, attenuated (LAIV4)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)			1 dose PCV15 followed by PPSV23 OR 1 dose PCV20
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
	19 through 23 years			
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation/ Not applicable

Personal Protective Equipment (PPE)

By Mary Enlow, District 10 IP with information from Project Firstline

During the last two years, we have all become too familiar with PPE. But as we begin to move toward the endemic stage of COVID-19, it is important to ask ourselves, "Why is it Important? What is the rationale for use?" The basic answer is PPE protects the wearer from being exposed to microorganisms from others and the environment, as well as keeping others safe from germs that the wearer may be carrying. Let's explore the importance of PPE further.

The transmission of these microorganisms requires three elements:

1. A source of infectious agents: blood; bodily fluids; secretions; excretions; clothing; medical equipment; and surfaces such as pens, phones, stethoscopes, sinks, etc.
2. A susceptible host with a portal of entry receptive to the infectious agent: someone with an immune system with decreased ability to fight infections due to comorbidities such as cancer and diabetes, certain medication use such as steroids and cancer-fighting medications, surgical sites, wounds, procedures, mucous membranes, and invasive devices (i.e., catheters, tubes, etc.)
3. A mode of transmission: note that germs do not move about on their own but require travel through people and equipment to move around the environment:
 - **Contact:** Moving germs by touch. Hand contamination through contact with high-touch surface areas without performing proper hand hygiene at appropriate times.
 - **Droplet:** Sprays and splashes created when talking, coughing, and sneezing creates droplets that carry germs short distances (approximate 6 ft.) and can land on a person's eyes, mouth, or nose resulting in infection.
 - **Airborne:** Tiny aerosolized particles that survive on air currents over greater distances (e.g., talk, cough, sneeze, aerosolization, construction dust, etc.).



Gloves prevent spreading of germs within your working environment. Gloves protect against entry of germs through breaks in your skin and prevent spreading of germs from person to person. Perform hand hygiene before putting gloves on and immediately after removal of gloves. It is not recommended to wear more than one pair of gloves at a time due to potential risks of spreading germs through cross-contamination, lack of hand hygiene, and interference with dexterity.



Gowns protect your clothing from contamination while you are performing your duties and prevent spreading of germs when taken off and disposed of properly. Proper donning and doffing are important for desired protection. It is not recommended to wear more than one gown at a time due to increased infection control risks.



Masks, also known as source control, keep the nose and mouth covered to prevent spreading of larger particle germs in the air through talking, coughing, and sneezing. Asymptomatic persons may not know they are infected and can spread the virus. For this reason, the proper wearing of source control is of importance for intended effectiveness.



Respirators or N95s are developed to filter germs, very small particles, and droplets from the air. The fit of an N95 is very important for effectiveness. A seal check should be performed each time you use your N95 to ensure you have a good seal around all the edges for optimal protection.



Eye protection is important as viruses can enter the body through the eyes resulting in an infection. Eye protection is recommended for use during the pandemic due to the ability of being infected through the tear ducts. Eye protection should fit close to the face and be free from gaps at the top, bottom, and both sides of glasses and/or goggles.

The Why Behind Temperature Logs Part 3: Vaccine Storage and Series Summary

By Deanna Paddack, District 5 IP

We have discussed food storage and medicine storage in the previous parts of this series, and in this final part we will be discussing vaccine storage. Proper temperature monitoring is key to proper cold chain management. Thermometers should be placed in a central location in the storage unit, adjacent to the vaccine. Temperatures should be read and documented at least twice each day. Facilities should consider keeping their temperature logs on file for at least three years unless state statutes or rules require a longer period. Immediate action must be taken to correct storage temperatures that are outside the recommended ranges. Mishandled vaccines should not be administered, and all staff members working with vaccines should be familiar with proper temperature monitoring.

All medical care providers who administer vaccines should evaluate their cold chain maintenance and management to ensure that:

- Designated personnel and backup personnel have written duties and are trained in vaccine storage and handling.
- Accurate thermometers are placed properly in all vaccine storage units, and any limitations of the storage system are fully known.
- Vaccines are placed properly within the refrigerator or freezer in which proper temperatures are maintained. **Most** commonly recommended vaccines require storage temperatures of 35°F to 46°F (2°C to 8°C) and must not be exposed to freezing temperatures. Freezing temperatures can irreversibly reduce the potency of vaccines.
- Temperature logs are reviewed for completeness and any deviations from recommended temperature ranges.
- Any out-of-range temperatures prompt immediate action to fix the problem, with results of these actions documented.
- Any vaccines exposed to out-of-range temperatures are marked "do not use" and isolated physically.
- When a problem is discovered, the exposed vaccine is maintained at proper temperatures while state or local health departments, or the vaccine manufacturers, are contacted for guidance.
- Written emergency retrieval and storage procedures are in place in case of equipment failures or power outages. Around-the-clock monitoring systems might be considered to alert staff to after-hours emergencies, particularly if large vaccine inventories are maintained.



Key points from all three parts of the temperature log series:

- Ensure that all refrigerators/freezers used to store food, medications, and vaccines have readily accessible temperature logs updated daily and/or per manufacturer guidelines as well as state and federal rules and regulations.
- All refrigerators/freezers that store food, medication, and vaccines must have a thermometer placed on the shelving and not inside the door where inaccurate temperatures are more likely to occur due to the opening and closing of the door.
- All refrigerators should have a temperature maintained between 36°F and 41°F. Anything outside of that range should be immediately reported and the cause of the malfunction determined.
- All freezers should have a temperature maintained at 0°F or lower.
- All food, medication, and vaccines that have been compromised by being stored in a unit with inaccurate temperature maintenance should be discarded.

Remember: Temperature logs are your proof that a unit was keeping vaccines, medications, and food at an appropriate temperature in the hours and minutes immediately before administration of medicine/vaccines or ingestion of food. Keeping these logs can save a facility from having to discard thousands of dollars worth of refrigerated or frozen items. Temperature logs are the easiest task to complete but often the most missed task. Continue to educate staff on the importance of temperature monitoring and logs. For additional guidance, resources, or questions, please don't hesitate to reach out to your district IP.

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Total 737 Facilities



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Full Links and References

If you are viewing this newsletter online, you can open the links by the clicking on the bolded, navy-colored links. If you are viewing this newsletter in printed form and would like to view the links or resources, the full URL is below:

World TB Day and Guidelines

1. **National Guidance:** <https://www.cdc.gov/tb/publications/guidelines/pdf/ciw778.pdf>
2. **August 2021:** <https://www.in.gov/health/files/LTC-Newsletter-2021-39.pdf> .
3. **Nationally recognized program:** <https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>
4. **Zoom link for 3/22/22:** https://teams.microsoft.com/L/meetup-join/19%3ameeting_YmMoMGNmNDUtYTUoMCooN2U5LWE5ZDctOTE2YzNiNWE2ZTUx%40thread.v2/o?context=%7b%22Tid%22%3a%22199bfba-a409-4f13-b0c4-18b45933d88d%22%2c%22Oid%22%3a%224de3e258-52a2-4f4f-b255-e14cbff1b611%22%7d
5. **Registration link for World TB Day conference:** <https://www.eventbrite.com/e/world-tb-day-2022-conference-tickets-250448316657>

Can you put these doffing steps in order?

1. **Reference/image from:** <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

Anything But COVID-19

1. **Standard precautions:** <https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>
2. **Transmission Based Precautions:** <https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>
3. **Duration and Type of Precautions:** <https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html>

Health Maintenance

1. **Vaccines by age:** <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>
2. **Vaccines for adults with medical conditions:** <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult-conditions.html#table-conditions>

Personal Protection Equipment (PPE)

1. **Reference:** <https://www.cdc.gov/infectioncontrol/projectfirstline/resources/videos.html>
2. **Reference:** <https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf>

The Why Behind Temperature Logs Part 3: Vaccine Storage

1. **Reference:** <http://www.immunize.org/izpractices/index.htm>.
2. **Reference:** <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/storage.html>
3. **Reference:** <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>

If you have any suggestions or requests for what you would like to see in future editions of the IPP, please email Bethany Lavender at BLavender@isdh.in.gov or Jennifer Spivery at JSpivey1@isdh.in.gov.