

Welcome to YOUR newsletter

The Indiana Department of Health (IDOH) Infection Prevention Team wanted a way to connect the Indiana IDOH infection preventionists with the facility infection preventionists from around the state. We hope this newsletter will provide you with new knowledge on infectious disease hot topics, infection control practices, and your role in the world of infection prevention! If you have a topic you would like to see covered in a future newsletter, please send suggestions to Bethany Lavender at BLavender@isdh.in.gov or Jennifer Spivey at JSpivey1@isdh.in.gov. We hope this newsletter can be a collaborative work that helps improve the health and safety of all Hoosiers living or working in long-term care and assisted living settings across Indiana.

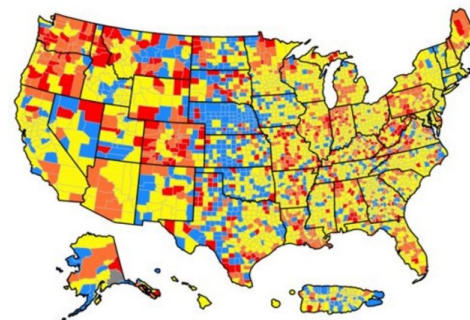
Delta, Delta, Delta!

By Bethany Lavender, IP Team Epidemiologist with information from the CDC

The Delta variant, first identified in India, rapidly became the predominant strain of COVID-19 in the United States during the summer of 2021. Variants develop as a disease spreads and reproduces due to mutations occurring when the virus copies itself incorrectly. Sometimes these mistakes make the virus weaker, but in the case of the Delta variant these mutations created a version of the virus that is twice as contagious as previous strains. The info graphs below and to the right show just how quickly the Delta variant spread. Long-term care facilities across the state are seeing an increase in cases which have been identified by gene testing as mostly Delta variant.

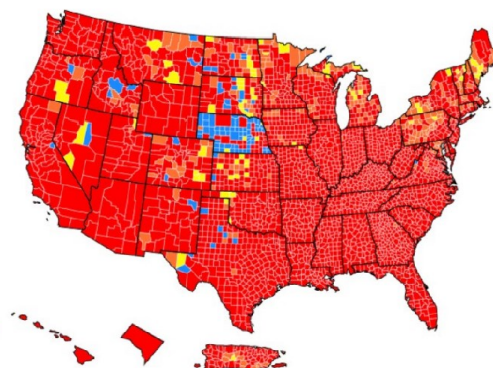
While breakthrough cases do occur, unvaccinated populations are most at risk for contracting the disease and studies suggest they are contagious longer than vaccinated individuals who contract COVID-19. Our best defense against future (potentially worse) variants is **vaccination!**

Level of Community Transmission by County – June 2, 2021



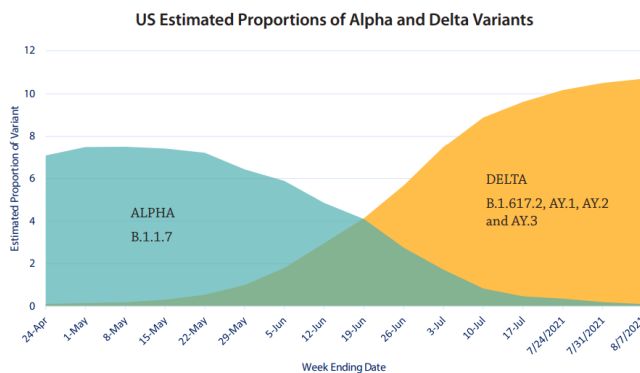
August 18, 2021

95% of counties in the U.S. have substantial or high transmission



Estimates for 50 states, D.C., and Puerto Rico. For total new cases per 100,000 persons in the past 7 days, High is considered $>=100$, Substantial: 50-99.99, Moderate: 10-49.99, Low: 0-9.99. For percentage of Nucleic Acid Amplification Tests (NAATs) that are positive during the past 7 days, High is considered $>=10$, Substantial: 8-9.99, Moderate: 5-7.99, Low: 0-4.99.

Source: CDC's COVID-19 Delta Variant Resource Guide 8/20/2021



Data collected for two-week time periods between April 24, 2021, and August 7, 2021

Wanting to Grow Your Infection Prevention Practice?

Consider Joining APIC!

By Janene Gumz-Pulaski, District 1 IP with information from APIC.org

The Association for Professionals in Infection Control and Epidemiology (APIC) membership connects you with the largest network of infection preventionists and education to help you create and manage effective infection prevention programs.

Long-Term Care Resources—Long-term care facilities include nursing homes, skilled nursing facilities, and assisted living facilities. Patients in these settings are at increased risk for acquiring healthcare-associated infections. Infection prevention and control programs in long-term care facilities can help prevent the spread of infection to vulnerable residents. APIC has LTC-specific resources available.

Long-Term Care MyAPIC Community – A benefit of your membership that can connect you with 1500+ members in long-term care to get answers to your most pressing issues. You can post a question or engage in this community 24/7. Participation is restricted to current members of this section.

Cost vs. Value - Expand your support network by connecting with more than 15,000 infection prevention colleagues and experts working across the continuum of care. Stay current through APIC's comprehensive clinical education and professional development programs for every stage of your career. Tap into free and discounted member resources, practical tips, and solutions.

Don't forget to join the Indiana Chapter (#76) - APIC Indiana is committed to spreading knowledge in the infection prevention community. We have strategic partnerships, work with IPs at many levels, and are always looking for new ways to learn and grow. Membership includes access to scholarships, conferences, and regional meetings!

As you strive to meet the challenges and opportunities in IPC, get the support you need. Let your employer know about the opportunity to stay up-to-date and receive the newest information from experts in the field—with an APIC membership.

HELPFUL LINKS

[APIC Website](#)

[Membership Brochure](#)

[Membership Application](#)

[LTC Resources](#)

[Indiana Chapter \(APIC-IN\)](#)

[CIC Certification Information](#)

District Infection Prevention (IP)

Team Introductions

By Jennifer Spivey, IP Program Manager

It has been said that successful teams tend to be successful because they're more than a bunch of individuals who **happen to be working together**; their relationships, their direction, and their ways of working and collaborating together mean that the whole becomes greater than the sum of its parts. This District IP team has all these qualities. They not only mentor facilities' IPs but each other; this includes covering each other districts, supporting each other and facilities in a stressful time with tremendous loss of lives, and changes in each others' family dynamics.

To date, as you read this newsletter, they have been onsite for **1714** visits to facilities, providing education and guidance to mitigate the spread of COVID-19 and many other infections that may be healthcare associated or have caused outbreaks by other novel and multi-drug organisms. This team has reacted to **848** total COVID-19 outbreaks in LTC through August 31, 2021, and **866** total Infection Control Assessment and Response (ICAR) proactive reviews through August 31, 2021. We leave facilities with evidence-based tools and provide them with guidance in all their infection control concerns.

Our newest team members are **Stacey England, RN, in D 8** who began on August 16 and comes to us from Mitchell Manor as their most recent facility IP, and **Jason Henderson, RN, in D 5** began this week on September 13 and most recently was at Rawlins House as clinical and charge nurse for the past few years. It is my privilege to share some of the accolades from you all that have heard since the onboarding process began for this team in July 2020. It clearly tells you we are greater than the sum or our individual parts:

> Thank you so very much for your time; as well as the valuable information you have shared with us. We are putting in place the suggestions you shared with us immediately. We appreciate your suggestions and will certainly take them to heart!

Great visit with you today. Thanks again!

All the best to you and your team of professionals as you try to assist providers, like us, in taking the proper course of action for Infection Control!

It was a pleasure meeting you. I do appreciate your insight during this most difficult time. I look forward to your next visit.

Thank you so much for your visit. We so enjoyed meeting you.

Appreciated your perspective. Please take care and thank you again for your time.

Thank you! We appreciate your visit and the informative manner in which it was provided!

It was very nice meeting you the other day. We appreciate your assistance during this very difficult time.

We will certainly use your recommendations if they are not already being instituted. Thank you again!

We appreciated you both making time in your schedule to assist us and appreciate all of your recommendations.

God Bless and be safe,



Tina Feaster, MS, CIC
HAI Supervisor



Jennifer Spivey, RN, FAPIC, CIC
IP Program Manager



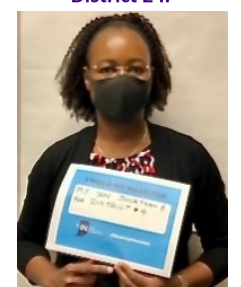
Janane Gumz-Pulaski, RN, CIC
District 1 IP



Victor Zindoga, RN
District 2 IP



Pam Bennett, RN
District 3 IP



Angela Badibanga, MPH
District 4 IP



Deanna Paddack, RN
District 5 IP



Jason Henderson, RN
District 5 IP



Bethany Lavender, RN, MPH
IP Team Epidemiologist



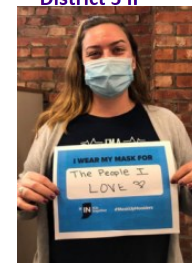
Tanya Canales, RN
District 6 IP



Sara Reese, RN
District 7 IP



Stacey England, RN
District 8 IP



Mary Land, RN
District 9 IP



Mary Enlow, RN
District 10 IP

Long Term Care Infection Prevention Team Districts
Tina Feaster CIC- Healthcare Associated Infections Supervisor
Cfeaster@isdh.in.gov 317-233-7825

District 1: 66 facilities
 Janene Gumz-Pulaski RN,
CJGumzPulaski@isdh.in.gov
 317-499-3877

District 2 -72 facilities
 Victor Zindoga RN
vzindoga@isdh.in.gov
 317-509-8964

District 3- 72 facilities
 Pam Bennett RN
pbennet@isdh.in.gov
 317-476-0947

District 4: 67 facilities
 Angela Badibanga MPH
Abadibanga@isdh.in.gov
 317-695-3335

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

District 6: 68 facilities
 Tanya Canales RN
tcanales@isdh.in.gov
 317-677-3583

District 7: 60 facilities
 Sara Reese RN
sreese1@isdh.in.gov
 317-450-8049

District 8: 72 facilities
 Stacey England RN
sengland1@isdh.in.gov
 317-903-5329

District 9: 68 facilities
 Mary Land RN
maland@isdh.in.gov
 317-617-5034

District 10: 63 facilities
 Mary Enlow RN
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 317-471-7844

DO choose masks that



Have two or more layers of washable, breathable fabric



Completely cover your nose and mouth



Fit snugly against the sides of your face and don't have gaps



Have a nose wire to prevent air from leaking out of the top of the mask

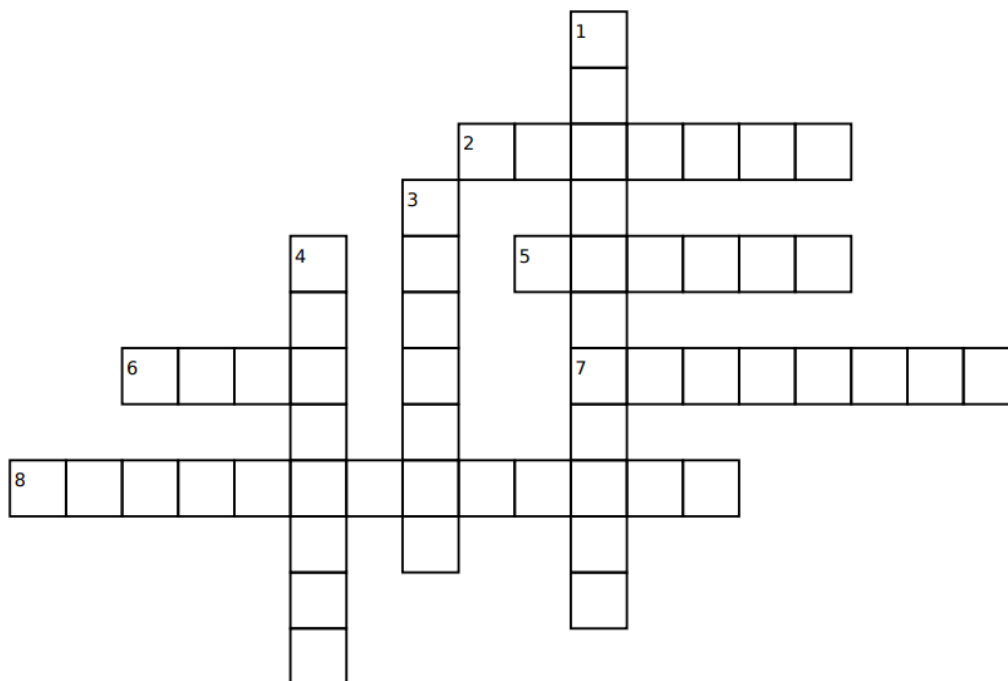
Should You Still Wear a Mask, Even Fully Vaccinated?

By Erin Borst, Former District 5 IP

Getting vaccinated greatly reduces your risk of contracting COVID-19; however, we are facing a new strain called Delta and could potentially see other variants in the future. Delta is more contagious than other strains, and vaccinated individuals can still spread the disease. Wearing a mask helps protect those around you! The good news is vaccinated individuals are likely to have COVID-19 for a shorter period of time and with less severe symptoms than unvaccinated individuals.

See the [CDC's website](#) for more information on masking recommendations. **Remember:** getting vaccinated is the most effective way to prevent severe disease and death from COVID-19, but masking, social distancing, and handwashing are still important tools in the reduction of COVID-19 spread.

Infection Prevention Basics Crossword Puzzle



Down:

1. The single best way to prevent the spread of germs
3. The transmission-based precaution used to prevent the spread of pathogens that are passed through respiratory secretions (ex: flu, pertussis)
4. The transmission-based precaution used with a tuberculosis patients

Across:

2. The transmission-based precaution used to prevent the spread of pathogens spread by direct or indirect contact with the patient or the patient's environment (ex: MRSA, C.diff)
5. What is the minimal amount of time one should wash their hands (in seconds)?
6. The preferred form of hand hygiene in healthcare settings during COVID-19 (acronym)
7. The precautions that are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient
8. The correct PPE for COVID-19 includes gown, gloves, N95, and _____ (two words)

Reporting COVID-19 Cases

By Tanya Canales, District 6 IP

All LTC facilities should continue to report all point-of-care (POC) results, positive POC and PCR tests, and deaths accordingly. Refer to [LTC Facility COVID-19 Data Submission Guidelines](#); page 4 references the differences between skilled nursing facilities and assisted living.

- COVID-19 Point of Care Test Reporting form (REDCap): <https://redcap.isdh.in.gov/surveys/?s=ER98AJWgRX>
Report **ALL POC** tests here, regardless of +/- results.
- Long-Term Care COVID-19 Reporting form (REDCap): <https://redcap.isdh.in.gov/surveys/?s=TJPDYTRHTg>
Report **ALL positive PCR**.
If **POC positive**, also report positive here, in addition to POC reporting listed above.
If a resident is positive on admission/ readmission to facility, report it here
- COVID-19 Death Reporting Line: (765) 860-6053

Vaccine Myths

By Bethany Lavender, IP Team Epidemiologist

The vaccine will cause me to test positive or cause me to have COVID-19 symptoms. Myth

The mRNA vaccines (Pfizer and Moderna) do not contain living cells, and Johnson & Johnson contains disabled adenovirus, so it is impossible to develop the disease from the vaccine. Vaccines do produce immune responses such as sore arm, slight fever, fatigue, and headaches, but these are NOT due to contraction of COVID-19 from the vaccine. The goal of a vaccine is to produce an immune response your body can learn from to fight the disease if encountered.

I should not get the vaccine if I already had the virus. Myth

It is recommended individuals who have had COVID-19 still get vaccinated. It is believed the vaccines provide protection for a longer period of time than the natural immunity provided from the disease.

The vaccine is being used for population control/causes infertility. Myth

There is no data supporting the idea that vaccines cause infertility in women or men. In fact, it is recommended women trying to conceive or are currently pregnant get the vaccine, as pregnant women tend to have a more severe response to COVID-19. For more information about the vaccine and fertility, speak with your OB/GYN or visit the [CDC website](#), which provides data and studies on the topic.

The vaccine contains fetal cells. Myth

The COVID-19 vaccines do not contain fetal cells. This myth started due to the fact that in the 1960 and 1970 vaccines were often developed using voluntarily aborted fetal cells; however, modern vaccines are tested in lab-grown cell lines. These lab-grown cells may be used in development of some vaccines, but are NOT in the vaccines.

It is pointless to get the vaccine, as you can still get COVID-19. Myth

While it is true a vaccinated person could still get COVID-19 (the vaccines have never claimed to be 100% effective), it is not pointless. Vaccinated individuals are often sick for a shorter period of time, experience less severe symptoms, may experience fewer long-term effects, and are up to 1100% less likely to die from the disease.

If your facility isn't already signed up, make sure to subscribe to the [IDOH LTC Newsletter](#)! It covers CMS guidance, emergency info, upcoming events, epidemiologic updates, and more.

Email LTCNews@isdh.in.gov to subscribe!