# **Biogram**



#### **Mission Statement:**

To advance the science and practice of infection prevention and control

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2024 Issue 1 March 2024

# **Message from the President**

Dear APIC Miami-Dade Chapter Members,

I am truly honored and grateful to serve as the President of the APIC Miami-Dade Chapter for the year 2024. This opportunity to lead such a dedicated and passionate group is a privilege, and I am excited about the possibilities that lie ahead.

As we embark on this year, my primary focus is on enhancing member engagement, providing valuable resources to our members, and extending our reach into the community through meaningful outreach initiatives. Our goal is to create an active and vibrant community that attracts individuals passionate about infection prevention and control.

I am confident that with the collective efforts of our esteemed Board members, we can make 2024 a memorable and fruitful year for all of us. Your commitment and support are crucial as we work together to elevate our chapter to new heights.

I encourage each member to actively participate, share your insights, and contribute to the success of our chapter. Together, we can create a positive impact on the field of infection prevention and control.

Thank you for entrusting me with this leadership role. I look forward to working alongside each of you to make this year a remarkable journey of growth, collaboration, and achievement.

Best regards,

Natalia & Nunez



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# 2024 APIC Miami-Dade Chapter Board Members

	Member	Organization	
President	Natalia G. Nunez	Baptist Health of South Florida	
Immediate Past President	Areli Rego	University of Miami Health System	
President Elect	Joi McMillon	J.A.D. Higher Expectations LLC, Consulting	
Secretary	Erica Washington	Nicklaus Health	
Treasurer	Arsenio Prado	University of Miami Health System	
Membership Chair	<u>Jessica Castillo</u>	University of Miami Health System	
Two year Board	Jessica Celorio	Baptist Health of South Florida	
One year Board Member	Kristin Heisey	Nicklaus Health	

# Membership corner

Welcome to our New members

New Members	
Anne- Leila Descollines	Adesc007@outlook.com
Malachi Leveille	
Celeste Chandonnet	Molnylcke Healthcare

# In memory of Betty Elaine Finnk



June 02, 1951-February 19, 2024

We are deeply saddened to announce the passing of our friend and colleague Betty Flinnk on February 19,2024.

APIC Miami-Dade Chapter sends our deepest condolences for the loss of Betty.

She will always be remembered with love and respect for enhancing the infection prevention world. Our thoughts and prayers are with her family during this difficult time.



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#### **Infection Prevention and Control Related Annual Conferences 2024**

2024 Conference	Dates	Location	Early Registration	Standard registration	Hybrid / Virtual Option	Call for ab- stracts
NHSN annual training	March 18-22	Online	Before 3/11/24		Y	NA
SHEA Spring Conference	April 16-19	Houston, TX	Before 2/12/24	2/13/24 - 3/27/24	N	Closed
ECCMID 2024	April 27-30	Barcelona, Spain	Until 02/24/24	2/25/24 - 3/13/24	Y	Closed
APIC 2024	June 3-5	San Antonio, TX	1/17/24-3/29/24	3/30/24-5/10/24	Y	Closed
IPAC Canada National Conference	June 9-12	St. John's, NL. Canada	Before 5/15/24	After 5/15/24	Y	Closed
<u>FLPIC</u>	Sept 5-6	Kissimmee, FL	NA	NA	N	Closes March 29
ID Week 2024	Oct 16-20	Los Angeles, CA	TBA	TBA	Y	Closes May 7

# World Hand Hygiene Day, 5 May 2024

World Hand Hygiene Day 2024 (who.int)







# October 20 to 26

International Infection Prevention Week is observed every third week of October to educate stakeholders and the general public on the importance of preventing the spread of illnesses and infectious agents. In 2024, the week will be held from October 20th through 26th.



### Miami-Dade County Department of Health Corner

# Measles

#### 1. IDENTIFY



Measles | Florida Department

of Health (floridahealth.gov)

Epidemiology, Disease Control

and Immunization Services

(305) 470-5660

Prodrome: fever of at least 101°F, cough, coryza and conjunctivitis.

#### Rash onset within 3-5 days:

- Red, maculopapular rash that may become confluent—typically starts at hairline, then face and spreads down body.
- The rash may be difficult to see on darker skin.
- Koplik's spots—small, red, irregularly-shaped spots with blue-white centers found on the oral mucosa— may be present in a small number of cases.

#### RISK FACTORS

- History of international travel, contact with international travelers or domestic travel to locations with known measles outbreaks.
- No or unknown MMR vaccine status. History of MMR vaccine does not exclude a measles diagnosis.
- Contact with a person that had a febrile rash illness.

Multiple cases of the Measles Virus have been confirmed in South Florida with Florida Department of Health reporting nine confirmed cases up to March 12, 2024 (9 in Broward County and one in Polk County).

# **Identification and Management of Suspected Cases**

Triage febrile rash illnesses by phone, or immediately upon arrival, to assess need for control measures.

#### Does Patient Have Signs and Symptoms of Measles?

Prodrome with:

- Fever (100.4°F or higher).
- Cough.
- Runny nose (coryza).
- Red, watery eyes (conjunctivitis).

- Followed in 3-5 days by:

  Generalized descending maculopapular rash.
- Koplik spots (may not be present).

Has risk factors for measles (history of international travel, contact with travelers or links to a known outbreak or case, or no/unknown immunity).

Note: One dose of measles vaccine is 93% effective, and two doses are 97% effective at preventing measles.

Manage as clinically

Consider other differential diagnoses for the illness. and address as indicated.

Seek commercial testing for pathogens of concern (e.g., Influenza, Group A Streptococcus) as indicated

YES.

#### Minimize Risk of Transmission

- Measles is a highly infectious airborne illness
- Identify febrile rash illnesses prior to, or immediately upon, arrival to expedite evaluation in a private room and to minimize patient exposures.
  - Have the patient avoid the waiting room (use a side/back entrance).
  - Request the patient wear a surgical mask.
  - Conduct patient evaluation in a room that can be left vacant for at least 2 hours after the patient's visit.

Call Immediately (24/7) Upon Suspicion for Public Health Reporting and Follow-Up: County Health Department (www.floridahealth.gov/CHDEpiContact) or Bureau of Epidemiology (850-245-4401)

#### **Laboratory Testing**

## Preferred Specimens, Should Be Collected <72 Hours After Rash Onset: •

- Nasopharyngeal (NP) or oropharyngeal (OP) swab in universal viral transport media for measles RT-PCR.\*
- · Urine in a sterile cup for measles RT-PCR.\*

# Serum Specimens, Should Only be Collected ≥ 72 Hours After Rash

Serum for measles specific IgG and IgM.\*\*

Health Laboratories, after prior authorization by the county health department.
"In a vaccinated patient, a negative measies tgM does NOT exclude measles; RT-PCR is preferred.

#### Suspect Case Management

- Isolate patient immediately. Exclude from childcare/school/ workplace for at least 4 days after
- the onset of rash. · Reassess isolation based on diagnosis.
- · Provide supportive treatment and treatment of complications.
  - Consider administration of vitamin A for all children.



#### If you have a positive measles test (PCR or IgM) OR high suspicion for active measles infection after public health consultation:

- Notify receiving facilities of diagnosis.
- Identify patients/visitors and staff that shared the same airspace with the case up to 2 hours later. Review the measles evidence of immunity status of patients and staff potentially exposed at your practice.
- Provide vaccine within 3 days or immunoglobulin within 6 days of exposure, as indicated.
- Exclude all health care staff without evidence of immunity from day 5 through day 21 following the exposure
- Clean surfaces that may have been contaminated with an EPA-registered disinfectant for health care settings.





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### Sink-traps are a major source for carbapenemase-producing Enterobacteriaceae transmission

In this study Regev-Yochay, *et al* report a study to evaluate the contamination of sinks with carbapenemase-producing Enterobacteriacea (CPE) and transmission to patients in a non-outbreak setting at a large medical center in Israel.

For two years they sampled 592 sinks in patient's rooms and found that 24% were CPE-contaminated and frequent persistent contamination despite multiple IP interventions (>1 year). During the study period 318 patients acquired CPE; of those, 15% were attributed to an index patient. In 40% of the

cases no index case was identified but a contaminated sink with the same CPE strain was identified, and in 18% of the cases without index case they identified CPE-contaminated sinks with different bacterial species but with same plasmid.

Traditionally transmission person-toperson has been the main route for CPE transmission; this study suggests that healthcare facilities need to take into consideration the significant role that sinks play in CPE transmission.

Regev-Yochay, et al. Infection Control & Hospital Epidemiology (2024), 45, 284–291 doi:10.1017/ice.2023.270



Editor's pick (Adriana Jimenez)

### The impact of an intervention to reduce dispersal from wastewater drains

Fontana and colleagues describe a pre/post intervention quality improvement project; they aimed to limit dispersal of meropenem-nonsusceptible *P.aeruginosa* from wastewater drains (WWD) in a hematology/oncology unit. The "splash zone" intervention included behavior change, modification of the physical environment, reduction of water flow rate, and standard procedures for cleaning and maintenance of the sink. The authors followed BSI, patient and environmental colonization with meropenem-nonsusceptible *P. aeruginosa*. They found a substantial decrease in pa-

tient colonization prevalence (PRR, 0.35; 95% CI, 0.04–3.12), over 50% decrease in the colonization of the main sinks of the patient's room but not in the bathrooms sink drains, and 33% decrease in BSI incidence (IRR, 0.67; 95% CI, 0.31–1.42). Although small, this study shows an interesting multidisciplinary approach with important impact in decreasing patient and WWD colonization with meropenemnonsusceptible *P. aeruginosa* that can be used as model in other settings with similar problems.

Fontana, L., et al (2024). Infection Control & Hospital Epidemiology, 1–9. doi:10.1017/icc.2023.288

"To date, strategies to mitigate pathogen acquisition from WWD sites are nonstandardized and are often impractical, costly, and ultimately unsuccessful."

# **CBIC News**

# Coming soon! Advanced Leadership Certification in Infection Prevention and Control

CBIC has created a task force to develop a certification process to recognize professional expertise in infection prevention and control, called "Advanced Leadership Certification in Infection Prevention and Control", AD-CIP. The <u>APIC Competency Model</u> will serve as the framework for this certification but will focus more on the outer circle of future- oriented competencies such as research, leadership, professional stewardship, IPC operations, etc. The assessment will be by portfolio rather than by computer-based examination.

Subject matter experts have been recruited for a practice analysis, with the target goal to initiate the AD-CIP certification process by the first quarter of 2025. CBIC will provide ongoing updates as planning continues. Please call or email the CBIC office for any questions, concerns, or suggestions: 202-454-2625, info@cbic.org.

