September 8, 2021
PSOB
1:00 – 3:00 pm

Webinar only,

800 NE Oregon St.
Portland, OR 97232

Agenda, materials, minutes, recordings, and transcriptions for meetings are available at: http://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/HAI/Prevention/Pages/Meetings.aspx.

MEMBERS PRESENT:

- Genevieve Buser, MD, Pediatric Infectious Disease Physician, Providence St. Vincent Medical Center (phone)
- Deborah Cateora, BSN, RN, Healthcare Education/Training Coordinator and Nurse Consultant, Safety, Oversight and Quality Unit, Oregon Department of Human Services (DHS) (phone)
- Pamela Cortez, MBA, BSN, RN, CNE, BC, Director of Patient Safety and Clinical Support, Salem Health (phone)
- Dennis Drapiza, MPH, BSN, RN, CIC, Regional Director, Northwest Infection Prevention and Control, Kaiser Permanente Northwest (phone)
- Sydney Edlund, MS, Director of Research and Analytics, Oregon Patient Safety Commission, Oregon Patient Safety Commission (phone)
- Wendy L. Edwards, RN, BSN, Patient Safety Surveyor, Health Facility Licensing and Certification, Oregon PHD, OHA (phone)
- Jesse Mensik Kennedy, RN, Nurse Practice Consultant, Oregon Nurses Association (phone)
- Vicki Nordby, RN, BSN, Nurse Consultant, Marquis Companies, Inc. (phone)
- Kirsten Schutte, MD, Infectious Disease and Medical Director of Infection Prevention and Control, Asante (phone)

MEMBERS EXCUSED:

- Joshua Bardfield, Supply Chain Services Manager, The Oregon Clinic, P.C.
- Paul Cieslak, MD, Acute & Communicable Disease Prevention (ACDP) & Immunizations Medical Director, Oregon Public Health Division (PHD), Oregon Health Authority (OHA)

- Jon Furuno, PhD, Associate Professor, Department of Pharmacy Practice, Oregon State University/College of Pharmacy, Oregon Health and Science University (OHSU)
- Pat Preston, MS, Executive Director, Center for Geriatric Infection Control

OTHER PARTICIPANTS PRESENT:

- Teri Adams-Gritzmacher, Central City Concern (phone)
- Sandra Assasnik, Director, Safety and Quality, Washington State Hospital Association (phone)
- Sabirin Barkadle, Vaccine Coordinator, Center for African Immigrants and Refugee Organizations (CAIRO) (phone)
- Lisa Barton, Associate Improvement Advisor, Comagine Health (phone)
- Roberta Bench, RN, BSN, Utilization Management Manager, Samaritan Health Services (phone)
- Trista Berry, Infection Prevention/Quality and Risk Manager, St. Alphonsus Medical Center - Baker City (phone)
- Karen Brooks, RBN, BSN, CIC, Infection Control Practitioner, Legacy Silverton Medical Center (phone)
- Barbara Dommert-Breckler, RN, BSN, CNN, Quality Improvement Director, ESRD Network 16, Comagine Health (phone)
- Shay Drummond, MPH BSN RN EPHS CIC, Infection Preventionist and Quality Management Consultant, Roseburg VA Health Care System (phone)
- Zach Fogg, Vice President of Operations, Marquis companies (phone)
- Kendra Gohl, Director of Nursing, Columbia Memorial Hospital (phone)
- Mesa Greenfield, Infection Prevention/Employee Health Nurse, Lake District Hospital (phone)
- Jacek Haciak, Psy.D., Director, DynamicChanges LLC. (phone)
- Pooja Joshi, GlaxoSmithKline (phone)
- MacKenzie Kesler, B.S, A-IPC, OIC, SSGI, Clinical Safety Specialist, Central City Concern (phone)
- Karen Keuneke, Infection Preventionist, Good Samaritan Regional Medical Center (phone)
- Connie Lowder, BSN, CPHQ, Improvement Advisor, Comagine Health (phone)
- Mike McCaffrey, Associate Vice President of Logistics and Supply Chain, OHSU (phone)
- Suzanne Mcvey, Infection Preventionist, Multnomah County Health Department (phone)

- Mikalan Moiso (phone)
- Susan Oppenheimer, BA, CIC, Infection Preventionist Nurse, White Bird Clinic (phone)
- Mary Post, RN, MS, CNS, CIC, Infection Prevention/Employee Health Coordinator, Shriners Hospitals for Children - Portland (phone)
- Shauna Robins, North End Senior Solutions (phone)
- Charlene Ruiz (phone)
- Joseph Scarpelli, Sales Representative, Stryker Sage (phone)
- Maisie Taylor, Quality Improvement Specialist, Blue Mountain Hospital District (phone)
- Caroline Tone, Clinical Educator, Adventist Health (phone)
- Carolyn Wiens, BSN, RN, Manager Infection Prevention, Salem Health Hospitals & Clinics (phone)
- Keenan Williamson, MPH, CIC, Infection Preventionist, OHSU (phone)
- Jeanne Zerr (phone)

OHA STAFF PRESENT:

- Therese Antony, RN, Acute and Communicable Disease Prevention (ACDP) Infection Preventionist (phone)
- Zintars Beldavs, MS, ACDP Section Manager (phone)
- Erin Coke, RN, BSN, MPH, ACDP Infection Preventionist (phone)
- Heather Hertzel, MPH, ACDP Multi-Drug Resistant Organism (MDRO) Epidemiologist (phone)
- Elizabeth Johnson, RN, BSN, ACDP Infection Preventionist (phone)
- Laura LaLonde, MPH, CPH, CHES, ACDP HAI Office Specialist (phone)
- Sarah Kowalski, Dental Pilot Projects, Maternal and Child Health (phone)
- Rafia Razzaque, Microbiologist, Oregon State Public Health Laboratory (phone)
- Roza Tammer, MPH, CIC, ACDP Infection Control Epidemiologist (phone)
- Cintia Vimieiro, MGH, Community Engagement Coordinator, Community Engagement Unit (phone)
- Nicole West, MPH, ACDP Syndromic Epidemiologist (phone)
- Brittany Williams, ACDP Administrative Specialist (phone)

ISSUES HEARD:

- Call to order and roll call
- Logistics update
- Approve June 2021 minutes

- OHA updates
- Influenza season update
- Panel and discussion: Supplies and purchasing in context of COVID-19
- Discussion: Topics for future meetings and reports
- Public comment
- Final roll call and adjourn

Item	Discussion	Action Items
Call to order and roll call Dennis Drapiza, Interim Chair	Fifty-one attendees, 9 members	No action items
Logistics update Roza Tammer, OHA	➢ HAIAC membership updates • Kelli Coelho is no longer a HAIAC member. Thank you very much for your service. Four vacancies: • Consumer or patient advocate (this includes patients and family members). • Health insurer representative. • Physician who practices in an ambulatory surgical center (ASC) with interest and involvement in infection control. • Hospital administrator with expertise in infection control, facility with <100 beds • Opportunity for current member to serve as Chairperson. ➢ Remote attendees will remain unmuted for meeting; reminder to unmute yourself to speak. Guidance for using webinar platform is included in meeting minutes.	Please share "Bring your voice to the table" one-pager with your networks and email Roza if interested.
Approve June 2021 minutes	June 2021 minutes were approved.	Approved June 2021 minutes
OHA updates Roza Tammer, OHA	See meeting materials pages 7 – 12. ➢ *Candida auris* clusters in the U.S. First evidence of transmission of pan- and echinocandin-resistant *C. auris* in the United States.	

	• Two independent clusters detected in Texas and the District of Columbia this spring. • 20 other U.S. states have reported cases. • Details published in a recent Centers for Disease Control (CDC) MMWR Notes From The Field. Importance of *C. auris* • Treatment options are limited. • Difficult to identify and can be misidentified using standard laboratory methods. • Early detection and rigorous infection control are critical to prevent outbreaks in healthcare settings. *C. auris* in Oregon • To date, Oregon has had 0 reported cases of *C. auris.* • We provide identification, susceptibility testing, and screening for *C. auris* and *Candida* species that may have been misidentified via the Antibiotic Resistance Lab Network (ARLN). *Candida auris*: Taking action Healthcare providers should: • Be aware of *Candida* species that may be misidentified as *C. auris*, such as *C. haemulonii.* • Promptly screen anyone with an exposure to C*. auris* and report to local public health. Laboratories should: • Send *C. auris* isolates and commonly misidentified *Candida spp*. to the Oregon State Public Health Lab for ARLN submission. • Contact heather.hertzel2@dhsoha.state.or.us if your lab needs support with testing. Upcoming webinar from the Association of Public Health Laboratories (APHL) covering methods, challenges, and strategies for *C. auris* testing and identification: • What Laboratorians Need to Know About *Candida auris* Identification • September 10, 2021 | 11:30–12:30 pm ET	

	• Register Online • Course Flyer • For registration support, email registrar@aphl.org or iman.abdulmalek@aphl.org ➢ HAIs on upswing during COVID-19 A new study from CDC on impact of COVID-19 on incidence of HAIs in U.S. hospitals shows substantial increases nationally in HAI and select antibiotic resistant (AR) infections in 2020 compared to 2019. • For most of these infections, increases contrast with successful reductions prior to the pandemic. • The COVID-19 pandemic has created "the perfect storm" for HAI and AR infections. • Hospitals must continue to reinforce IPC practices in their facilities and regularly review HAI surveillance data to identify areas that need to be improved, plus address any gaps in prevention practices. • CDC will continue to invest in healthcare infection prevention, training for all healthcare providers, and ensuring healthcare facilities and partners in state and local health departments have actionable data to ensure that individuals who need healthcare during the pandemic and beyond are able to receive safe care. ➢ Project Firstline update CDC project assessing prior infection control education and related gaps for frontline healthcare workers. Oregon's learning needs assessment coming soon. • Distribution expected mid-September • Web-based SurveyMonkey survey (>1 allowed per computer). • Takes less than 10 minutes to complete.	

- For anyone who works in a healthcare setting regardless of patient care duties (e.g., includes maintenance, kitchen staff, administration).

OHA is partnering with other state agencies, professional societies, healthcare systems, and others to get the word out.

If you would like to help distribute, please get in touch!

➢ COVID-19: Where are we now?

OHA's COVID-19 Weekly Report (most data as of August 29):

- 16,252 new cases:
  - 10% increase from the previous week and 8th consecutive week of increases.
  - 78% of cases have been sporadic over the past 8 weeks.
- From 8/22-28,160,605 tests performed with 12.4% positive:
  - Testing increased by more than 10,000.
  - Percent positive increased from 12.3% the previous week.
- 1,000 Oregonians hospitalized, up from 601:
  - 8th consecutive week of increases.
- 119 Oregonians died, up from 87 and the highest weekly death toll since January 2021:
  - COVID-19 deaths among persons <60 years rose from 11% to 21%.
- 1.2% case-fatality rate and 5.4% hospitalization rate in Oregon.

OHA's COVID-19 Weekly Outbreak Report (data as of August 29):

- Includes data on cases and deaths in care facilities, senior living communities, and congregate living settings with 3+ cases or 1+ deaths.
- 144 active outbreaks
- 292 congregate settings of five or fewer beds with 3+ confirmed COVID-19 cases or 1+ deaths (not named in report for privacy).

	• To date, three deaths of staff who worked in a congregate setting with COVID-19. OHA's COVID-19 Breakthrough Report: • Breakthrough cases occur when a person tests positive for COVID-19 at least 14 days following completing any vaccine series. From August 22-28, 16,265 cases of COVID1-9 were reported: • 13,673 (84.1%) were unvaccinated and 2,592 (15.9%) were breakthrough cases. • Median age of breakthrough cases was 49 years; 25% of breakthrough cases were 65 or older. • 51 breakthrough cases were residents of congregate living settings. • Delta continues to be the dominant variant circulating in Oregon. ➢ Oregon Health Care Worker COVID-19 Vaccine Uptake Data Dashboard Compares licensed health care worker (HCW) vaccination initiation (1+ dose) to the general population (view dashboard here). Overall rates: • 69% of general population versus 73% of HCW. Stratifies rates by: • Age (rates increase with age). • Licensing board and license type (95% of dentists vs. 48% of chiropractic assistants). • Race/ethnicity (82% of Asian HCW vs. 67% of American Indian/Alaskan Native HCW). • County (86% HCW in Washington County vs. 46% in Grant County). ➢ Questions and discussion	

	Genevieve Buser: Is the lab identifying MRSA bacteremia during the hospital onset only or could it include community onset? Roza Tammer: These are hospital-onset MRSA bacteremia cases.	
Influenza season update Ama Owusu-Dommey, OHA	See meeting materials pages 13 – 18. ➢ Influenza Update 2021-2022 Season Historically low influenza data for the 2020-2021 influenza season and circulation across Oregon and globally. Season is October to April. ESSENCE is a surveillance system used to review influenza circulation based on chief complaint for hospital and emergency department visits. Chief complaints are fever with cough or sore throat. In a normal influenza season, there will be peaks at 10% per region. This year did not pass 5%. There are voluntary reporters that report their influenza test positivity rates each week. Twenty-two Oregon laboratories are enrolled in the National Respiratory Enteric Virus Surveillance System (NREVSS) and we are able to obtain the amount of influenza testing and the positivity rate. Oregon uses a hospital surveillance system, COVID net, to capture hospitalizations within 14 days of a positive test within the Portland metro area. Preventive measures put into place to mitigate the spread of COVID, social distancing, masking, staying at home when sick, were highly effective in reducing the transmission of non-COVID-19 respiratory pathogens like flu. There is a recent increase, beginning in July, possibly due to the lifting of these restrictions. 2021-2022 Season Recommendations: • Influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications. • Multiplex testing.	

	• Inpatient flu positives submitted to OSPHL for subtyping. ➢ Discussion Influenza Vaccine Campaigns • Are there any facilities currently encouraging flu vaccinations? Karen Brooks: Legacy has inpatient vaccines and employee vaccines starting October 11th. Pamela Cortez: We start our flu vaccination process October 1. We are still considering universal masking as it was so successful during the previous flu season. We are trying to highlight the flu vaccine especially with the universal masking in place. • How will you continue influenza vaccination efforts considering COVID-19 vaccination campaigns? • Which flu testing platforms are currently in use? Genevieve Buser: Providence has a testing platform that includes flu, COVID, and whole respiratory panel. COVID and flu vaccine can be done at the same time. • Will your facility make any changes to practices this upcoming season? Dennis Drapiza: We have flu shots. Systems are in place to make it easier to document at the time of the flu shot and promote flu vaccination in addition to COVID-19 vaccination. Jesse Mensik Kennedy: A cohesive message regarding flu vaccination with universal masking for public health and facilities would be helpful to promote flu vaccines. Roza Tammer: The CDC does have helpful information for the upcoming flu season.	
Panel and discussion: Supplies and purchasing in context of COVID-	See meeting materials pages 19 – 26. HAI Panel – Personal Protective Equipment (PPE), Zach Fogg, Marquis Companies Sourcing • At the beginning of the pandemic, PPE source was from anywhere and everywhere to ensure adequate stock.	

19 Zach Fogg, Marquis Companies Mike McCaffrey, OHSU	• We leveraged vendor relationships to source PPE, such as Hospitals and other health care settings as they may be contracted with the manufacturer themselves. Marquis tracking application • We created an in-house application to track PPE at each facility to see at a dashboard level the inventory of the emergency stock at a company level and at a facility level. • We came up with a metric if 10 % of your residents have COVID, you need to ensure that you have enough PPE for 14, 21, potentially 30 days based on a calculated average. Emergency Storage • We have been using and resupplying the emergency stock. It was helpful for multiple facilities or smaller companies to work with larger facilities to order large PPE orders to save cost per PPE item and have a relationship with vendors. N95 respirators are the PPE item which has required us to use optimization methods instead of single use. Regulatory Changes • There is a potential for proposed rules to have a certain amount of PPE on hand based on 30 days or 90 days average. • The regulatory environment changes with the huge waves and what is available with suppliers. • N95s from a sizing standpoint is a continued challenge. N95 options are limited and facilities will buy from Amazon instead of in bulk. • Staffing and the low census in facilities. • The cost has been exorbitant for the same piece of PPE during surges. Moving Forward, Best Practice Strategies • Ensure an adequate emergency stock. • Facilitating vendor relationships or partnerships. OHSU Supply Chain Response, Mike McCaffrey, OHSU Key Learnings Supply Status Transparency PPE and Critical Supplies Dashboard • An internal dashboard showed the status of PPE and how to use PPE if conservation methods were in place.	

	• There is a weighted bin system across clinical areas identifying exactly how much is in each storeroom at a given point in time throughout the day. • This dashboard lists 1 and 4-week usage level with the goal to have 120 days on hand at a minimum to get through a surge. This also accounts for forecasted data regarding patients and COVID-19 patients and cases based on Peter Graven's work at OHSU and shared with the state. • We enter this data into the database to aid in scenario planning for PPE stock and protocols. We went through several scenarios to ensure we had adequate stock on hand to staff and leadership. • Emergency stock is essential, and OHSU has a warehouse to hold emergency stock for 120 days. • Long-term relationships with key vendors are also important. Key vendors will come to bat for us to get what we needed in difficult moments with agreements for say 3-year deal on N95s and gowns. Cross-functional Committee Structure • Emergency Operations Center was activated with a PPE chief and oversight committee. This committee included supply chain representation, infection prevention, environmental health and safety, occupational health, leader and provider representatives. • In times of scarce PPE we had clinical representation to make determinations on what is appropriate based on the inventory. This helped identify when certain items like favored purple gloves were required when supplies was low. Category Management Purchasing Structure • Supply issues are caused by driver shortages across the US and significant global port issues. Due to these supply issues appropriate substitutes were identified and we worked with the clinical team to communicate with staff and have the substitute approved. ➢ Discussion Keenan Williamson: What was the experience using the state or federal PPE supply?	

	Mike McCaffrey: It was a mixed bag. We were able to use procedure masks from the state for visitors. Zach Fogg: Yes, however when the federal PPE came it was already so far along in the process I already had PPE. We didn't need the supplies and said to give it to another facility that needed the supplies. Keenan Williamson: Another point is that with the federal PPE or other PPE bought from outside of the institution is that at times our staff weren't trained to use it appropriately or it didn't meet the Occupational Safety and Health Administration standard. Sometimes this was as simple as explaining a thumb hole to infection prevention challenges from wrestling with the gown versus just rip it off and go. Zach Fogg: We found we had to do a lot of little physical signs in step by step the order the PPE process and when PPE goes on and off. We also communicated to staff by text as needed for facility department or position. Dennis Drapiza: CDC and the World Health Organization put together supply tools and burn rate tools. Did you find these tools useful or use them? Zach Fogg: We created our own burn rate calculator. We thought it was a little conservative we wanted to overestimate the PPE item per day per resident. Jacek Haciak: What was effective for tracking down additional stock and what was not? Mike McCaffrey: What wasn't effective is all the phone calls that say Uncle Joe and friend has PPE. It was well intended but this was taking away from the work at hand and ultimately the trusted sources with distributors was more effective. Dennis Drapiza: Did you have any supply issues going through the process of obtaining disinfectant? Has anyone run into problems or challenges obtaining products that have contact times that are short enough to support your workflows? Keenan Williamson: There was a time we could only get the chemical disinfectant and not the wipes. We obtained dry wipes that could be used for disinfectants and we filled the bags as sterile as we could in the pharmacy. This was only for about three weeks. Zach Fogg: It was a challenge if the workflow was a longer process and it made us step back and examine what we were cleaning with the disinfectant and what really needed the disinfectant. There were times it was hard for housekeepers to maintain the workflow with available disinfectant.	

	Dennis Drapiza: At Kaiser we rain into a situation where we had the kill plan but we didn't have the kill time and I remember writing a four-page document to justify the fact that the disinfectant probably could kill the organism depending on the viral structure and the concentration of the chemical. I think throughout this meeting and COVID we have talked about partnerships we have made and developed stronger partnerships. Genevieve Buser: Do you think in retrospect you were able to maintain staff confidence in regard to PPE and disinfectant protocols? Zach Fogg and Mike McCaffrey: We kept staff confidence through consistent transparency related to PPE and the current state with staff. Roza Tammer: OHA does have communication tool kits during times of emergencies.	
Discussion: Topics for future meetings and reports All members and attendees	None	
Public comment	None	
Final roll call and adjourn	None	

Next meeting will be December 8, 2021, 1:00pm-3:00 pm via webinar only.

Submitted by Laura LaLonde
Reviewed by Roza Tammer