



TN NHCN User Call

from the Tennessee Department of Health

TN

Monday March 17, 2025

Agenda

- **Respiratory Illness Update**
 - Ashley Gambrell, MPH
- **NHSN Update**
 - Vicky Lindsey, RN, CIC
- **Call for Cases**
 - Simone Godwin, DVM, MPH, MS, CIC
- **Tennessee-Wide Infection Control Education (Twice)**
 - Kate Moore, MSN, RN, CIC
- **Dialysis Simulation-Memphis**
 - Joshua Key, Rn
- **Health Observance Events**
 - Autumn Edwards, BSHA
- **Screening for Patient Healthcare-Associated Infections (HAI) Module 1**
 - Priscilla Pineda, MPH, CPH

TDH NHSN Team

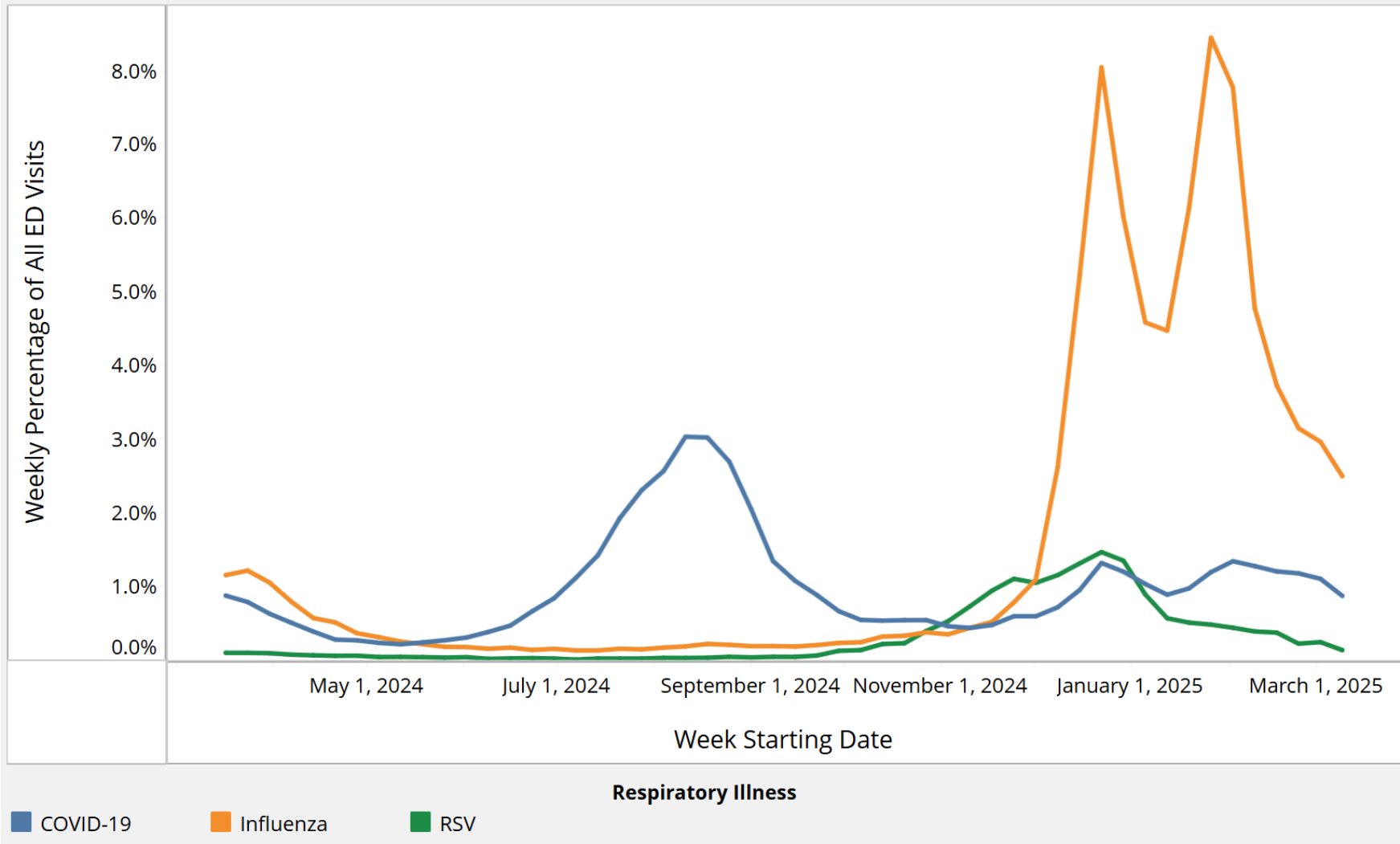
- **Ashley Gambrell, MPH**
 - **Senior NHSN Epidemiologist**
- **Vicky Lindsey, AAS, RN, CIC**
 - **Senior NHSN Public Health Nurse Consultant**
 - **Lead Technological Assistance**
 - **Infection Prevention and Control Specialist**
- **Marissa Turner, MPH**
 - **Assistant NHSN Epidemiologist**
- **Alex Kurutz, MPH**
 - **Dialysis Epidemiologist**
- **Jordan Morris, MPH**
 - **Assistant NHSN Epidemiologist**

Respiratory Illness Update



Syndromic Surveillance of ED Visits

Statewide Weekly Percentage of ED Visits with Viral Respiratory Illness
Discharge Diagnosis Codes

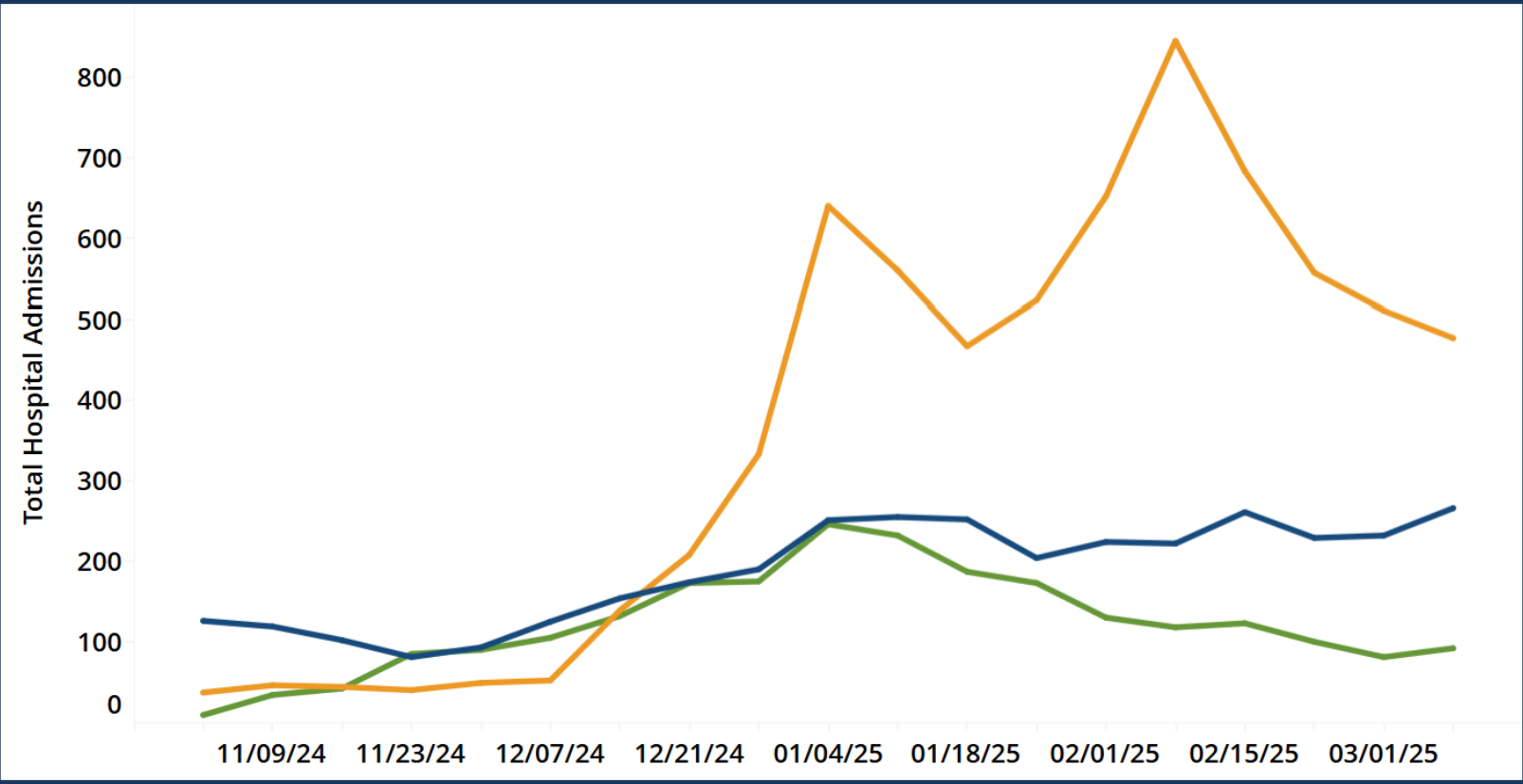


Statewide Weekly Hospital Admissions

Statewide Weekly Hospital Admissions with Respiratory Viral Illness
Date Updated: 3/8/2025



Total Admissions COVID-19	Total Admissions Influenza	Total Admissions RSV
266	477	92



Respiratory Illness

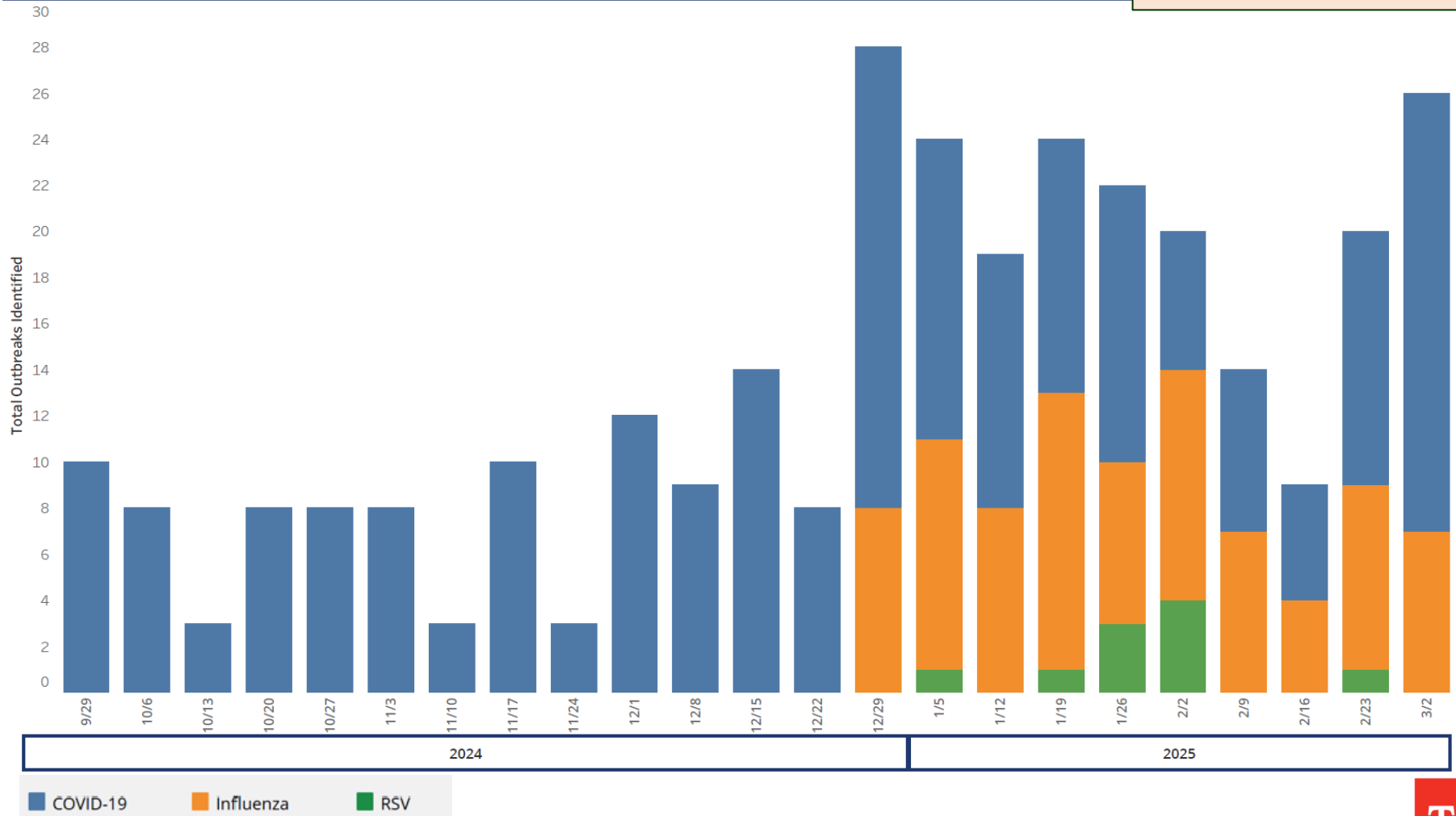
■ Total Admissions COVID-19 ■ Total Admissions Influenza ■ Total Admissions RSV



RVI Outbreaks

76
Total Open
Outbreaks

Outbreaks Identified by Week and Virus



Respiratory Illnesses Data Channel

Overall respiratory illness activity in **Tennessee***

Low

Emergency department visits in **Tennessee**

COVID-19

Low
Decreasing ↘

Flu

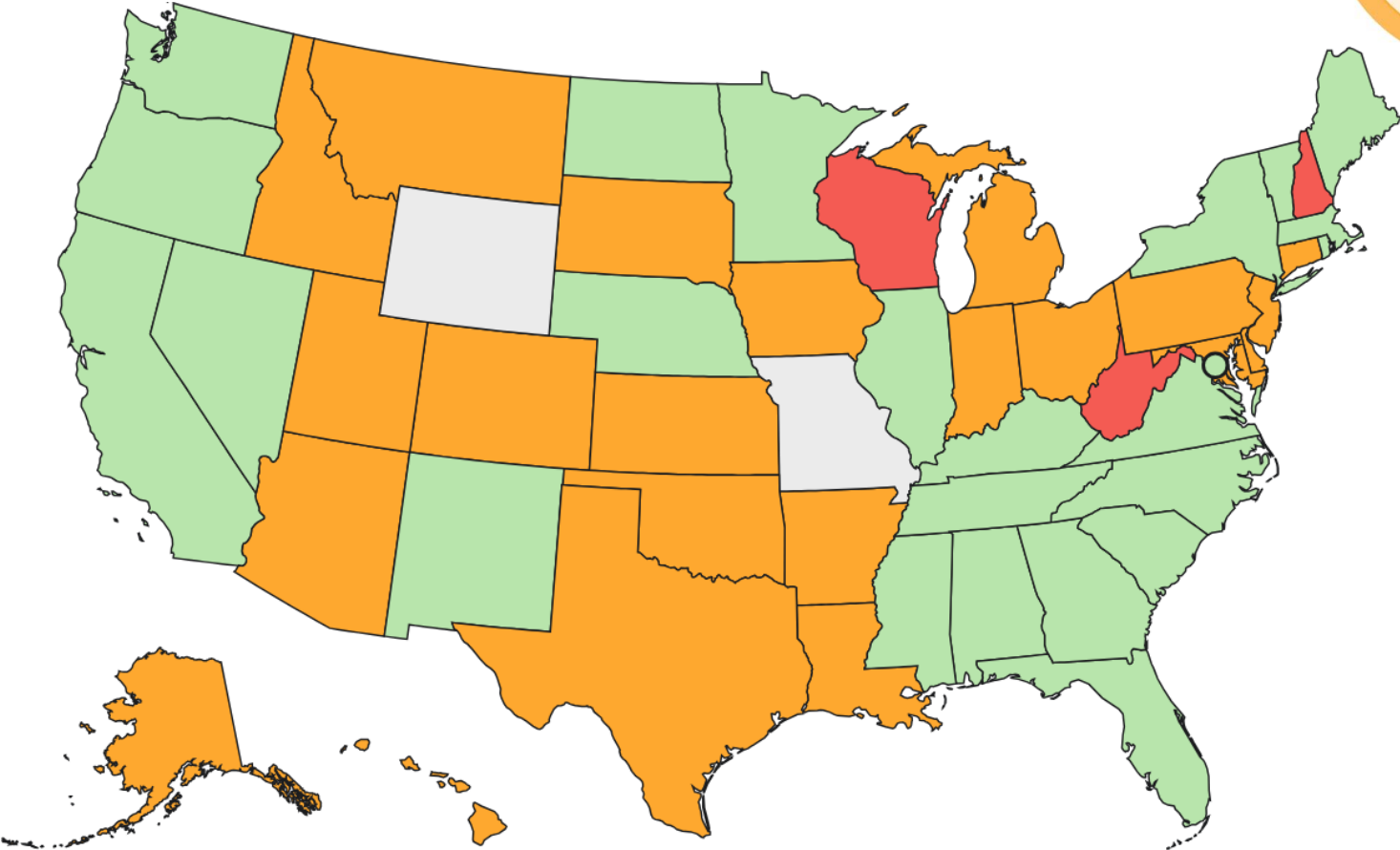
Moderate
Decreasing ↘

RSV

Low
Decreasing ↘

Bottom Line

Nationally,
**Respiratory
Illness**
causing people to
seek healthcare is



U.S. Territories

- AS
- GU
- PR
- VI

Acute Respiratory Illness



Additional Resources

- **TDH Resources**

- [TDH Respiratory Viral Illness Webpage](#)
- [TDH Influenza Information](#)

- **CDC Resources**

- [Protect yourself from COVID-19, Flu, and RSV](#)
- [Respiratory Illnesses Data Channel](#)
- [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\)](#)
- [Interim Guidance for Managing Healthcare personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)



NHSN Updates

Vicky Lindsey, RN, CIC | Tennessee Department of Health | Communicable and Environmental
Diseases and Emergency Preparedness

NHSN Update – EO 14168

- CDC has updated the NHSN application to comply with the January 20, 2025, Executive Order 14168, titled “Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government.” The following updates were released in the NHSN application on March 1, 2025, and are effective immediately:
 - All data fields labeled as “Gender” have been changed to “Sex”. The change is effective in all NHSN components.
 - Options for reporting “Sex” include ‘*Female*’ or ‘*Male*’. No other options will be available.
 - Data fields for “Sex at Birth” and “Gender Identity” have been removed.

NHSN Update – EO 14168

- Data previously entered for “Gender” using the option ‘*Other*’ will be translated as ‘*Not Reported*.’ Analysis Reports that include these data will display as BLANK. BLANK represents any data that were previously submitted as any option other than ‘*Female*’ or ‘*Male*.’
- Data reported via clinical document architecture (CDA) for “Gender” using the options ‘*O*’, ‘*U*’, or ‘*UN*’ will be mapped to ‘*Not-Reported*’ (‘*N*’). ‘*Not-Reported*’ will be displayed in the user interface as BLANK. BLANK represents any data that were previously submitted as any option other than ‘*Female*’ or ‘*Male*.’

NHSN Update – EO 14168

- Data reported in fields labeled as any other sex categories or in fields related to gender identity should no longer be included in submissions to NHSN. The presence of these data will not result in the rejection of a comma separated values (CSV) or clinical document architecture (CDA) submission; however, these data will be discarded in the NHSN application.
- In support of the 3/1/25 update, all previously-generated datasets will be deleted in the application. All users will be prompted to generate new datasets.

NHSN Update

- As of this time, it will not be held in March, the registration link for the 2025 NHSN Virtual Annual Training will be made available at a later date. NHSN will send notification once it's available.

Upcoming Case-based Training

- The Tennessee Department of Health's 2025 Case-based NHSN Training is now open for registration.
- 3 sessions, same content:
 - March 19th 1pm CT – 4:30 pm CT
 - March 20th 8 am CT – 11:30 am CT
 - March 25th 8 am CT – 11:30 am CT
- Please register in TRAIN (must have account) and select the single training most convenient for you
 - [Registration for Case Based Training](#)
 - **Registration code: 68083**
- This nursing continuing professional development activity was approved by the Mississippi Nurses Foundation, Inc., an Accredited Approver by the American Nurses Credentialing Center's Commission on Accreditation.
 - 4 contact hours
 - CNE and CPH
- Criteria for successful completion to receive contact hours includes attendance for the entire activity, attendance of at least one session offered, active participation in the activity, completion/submission of the activity evaluation form, and completion of post-test with a score of 80% or higher.

TN TRAIN

- [TN TRAIN Homepage](#)

- To participate in the Case-Based Training you will need an account!

Tennessee **TRAIN**

[HOME](#) [COURSE CATALOG](#) [CALENDAR](#) [RESOURCES](#) [HELP](#)

Log in

Unlock a world of public health training resources by logging into Tennessee TRAIN.

Login name

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Log in

OR

Create new account


Welcome to Tennessee TRAIN

Tennessee TRAIN is a gateway into the TRAIN Learning Network, the most comprehensive catalog of public health training opportunities for professionals who serve the citizens of Tennessee. TRAIN is a free service for learners from the Public Health Foundation.

First time on TRAIN? Select "Create Account" on the left to register on TRAIN and start learning today!

If you already have an account, please enter your Login Name and Password in the textboxes and click "Log in".

If you suspect you have a TRAIN account but don't remember your login name and password, please contact TN_TRAIN.Support@tn.gov for assistance. You only need one TRAIN account to access multiple TRAIN sites.



Tennessee TRAIN is provided by the Tennessee Department of Health.



Call for Cases: Pediatric Influenza-Associated Encephalopathy

Ashley Gambrell, MPH | Tennessee Department of Health | Communicable and Environmental
Diseases and Emergency Preparedness

Pediatric Influenza-Associated Encephalopathy

- Call for Cases: Pediatric Influenza-Associated Encephalopathy - October 1, 2024, to Present
- CDC is investigating reports of **pediatric influenza-associated encephalopathy and encephalitis** (IAE), including acute necrotizing encephalopathy (ANE).
- Contact CDC at severeflu@cdc.gov providing your contact information if you are aware of a case of IAE in a child <18 years of age.
- Do NOT include any of the HIPPA identifiers in the communication.



Measles TNHAN

Ashley Gambrell, MPH | Tennessee Department of Health | Communicable and Environmental
Diseases and Emergency Preparedness

Measles

- With increased reports of measles across the United States, the Tennessee Department of Health urges clinicians to identify, isolate, and inform regarding suspected measles cases. Immediately report cases to TDH at 615-741-7247.
 - Suspect measles in unvaccinated patients with fever and rash, especially with travel history.
 - Isolate suspected cases immediately and use airborne precautions.
 - Contact TDH before specimen collection; testing available with prior approval.
 - Thank you for protecting public health.

[TN Health Alert Network \(TNHAN\) Archive](#)



Call for Cases: Adverse Events Associated with Ceftriaxone Administration

Simone Godwin, DVM, MPH, MS, CIC | Tennessee Department of Health | Communicable and
Environmental Diseases and Emergency Preparedness

Background

- Unusual cluster of severe adverse events shortly after the administration of injectable ceftriaxone in AL
 - Events did not present as “typical” hypersensitivity reactions
 - In early reports, death or arrest occurred
 - AL released a state-wide call for cases
- Through multi-state provider networks, additional adverse events were reported to TDH
- Exact nature of these adverse events not yet clear
 - Anaphylaxis vs. other pathologic process
 - No definitive causal link
 - High acuity patients with multiple comorbidities
 - First or subsequent administrations
 - Variable time to event
 - No single manufacturer identified

Epi-X Call for Cases

To further characterize these adverse events, CDC released the following national call for cases on February 7, 2025:

Please report adverse events that meet the following criteria, occurring after September 1, 2024:

1. Occurred within 6 hours after receipt of injectable* ceftriaxone in a non-ICU setting, and
2. Resulted in death or required cardiopulmonary resuscitation**, and
3. Not attributed by the treating provider(s) to a cause other than ceftriaxone administration***

**including both intramuscular and intravenous routes of administration*

***cardiopulmonary resuscitation defined as the use of chest compressions and mechanical ventilation or provision of rescue breaths to maintain circulatory flow and oxygenation during cardiac arrest*

****such as known infection, other underlying medical condition, or exposure to a medication or medical product other than ceftriaxone*

Epi-X Call for Cases

- Please report an adverse events meeting the case criteria to HAI.Health@tn.gov
- HAI/AR epidemiologist will reach out to initiate investigation activities.
- State HDs have been asked to complete Case Report Form (CRF) for each reported event meeting the case criteria.
 - Chart abstraction performed by HAI/AR epidemiologist
 - Additional information requested if not available in chart.

Additional Information and Guidance

- Still few reports, early reports concentrated in the Southeast U.S.
- No FDA product-related actions at this time
 - If adverse event does occur, consider
 - Sequestering a sample of administered lot
 - Retaining any residual open product (e.g., multi-dose vials) in case needed for future testing.
- No released clinical guidance at this time, but consider
 - Education regarding management of and work-up of anaphylaxis
 - E.g., anaphylaxis kit on hand, prompt epinephrine administration, collecting for serum tryptase within 90 minutes of event
 - Consider referral for cephalosporin allergy confirmation
 - Review and follow setting-specific post-injection monitoring protocols
 - Consider enhanced monitoring following administration of ceftriaxone

Questions and Discussion

For any additional questions, including whether a particular event not meeting the case criteria warrants further investigation, please contact:

Simone.Godwin@tn.gov




Tennessee-Wide Infection Control Education (TWICE)

Kate Moore, MSN, RN, CIC | Tennessee Department of Health | Communicable and Environmental
Diseases and Emergency Preparedness

Tennessee-Wide Infection Control Education

- April 3, 2025
- 8:30 am
- Jackson-Madison
- 6.75 Contact Hours
- FREE program
- Light breakfast and lunch provided
- Questions?
 - Kate.moore@tn.gov

TWICE



Tennessee-Wide Infection Control Education


About the Program: **Approved for 6.75 contact hours*

Designed to deliver evidence-based infection prevention and control education to LTCFs across the state.

Topics include:

- Infection Prevention and Control Program Planning
- Transmission-Based Precautions
- Injection Safety
- Laboratory Specimen Collection
- Antibiotic Stewardship
- Environmental Services (EVS) Practices

Join us for a dynamic learning experience that combines face-to-face instruction with hands-on practice!




Jackson-Madison County Regional Health Department

April 3, 2025 | 8:30am - 4:00pm

FREE Program + Lunch Provided

↻ Scan here to register!

For more information email:
kate.moore@tn.gov






Dialysis Simulation- Memphis

Joshua Key, RN | Tennessee Department of Health | Communicable and Environmental Diseases and
Emergency Preparedness

Dialysis Simulation


- Tuesday, April 29th
- UC Bluff Room at the University of Memphis
499 University Street
Memphis, TN 38152
- 8:30am to 4:00pm
 - Light breakfast and lunch provided
- Scan QR code to register!






Department of
Health

*The entire program is FREE +
7.25 CEUs offered + lunch
provided!*





Scan here to register!

Hemodialysis Infection Prevention Simulation

***Get 7.25 CEUs
at no cost!**

About the Simulation:

The purpose of this project is to provide CDC guidance on infection prevention covering topics such as CVC, AVF/AVG, environmental disinfection, patient safety, and MORE! Each session will have a classroom style presentation and hands on simulation experiences!

Details for Attendees:

- **Audience:** Hemodialysis Nurses, Technicians, and Infection Preventionists
- **Date:** Tuesday, April 29th, 2025
- **Location:** UC Bluff Room at the University of Memphis
499 University Street
Memphis, TN 38152
- **Time:** 8:30 am - 4:00 pm, light breakfast, snacks and lunch provided

**For more information email:
HAI.Health@tn.gov**

*This activity has been submitted to Georgia Nurses Association for approval to award contact hours.
Georgia Nurses Association is accredited as an
approver of nursing continuing professional
development by the American Nurses Credentialing
Center's Commission on Accreditation



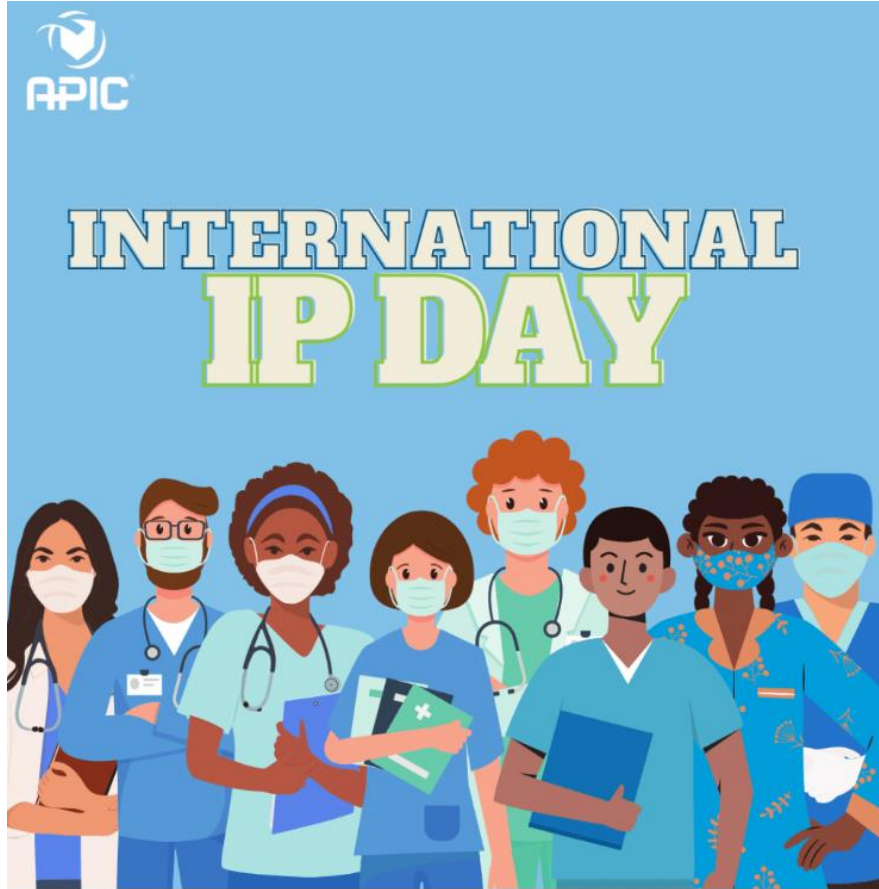
International IP Day | National Public Health Week 2025

April 4th, 2025 |
April 7th-13th, 2025



**International Infection
Preventionist (IP) Day**

International IP Day



(Graphic courtesy of APIC)

- **April 4th, 2025**
- Observed annually on the first Friday in April to recognize the essential role of IPs in protecting public health

The Vital Role of IPs in Acute Care



Reduce HAIs, improving patient outcomes



Protect staff from occupational infections



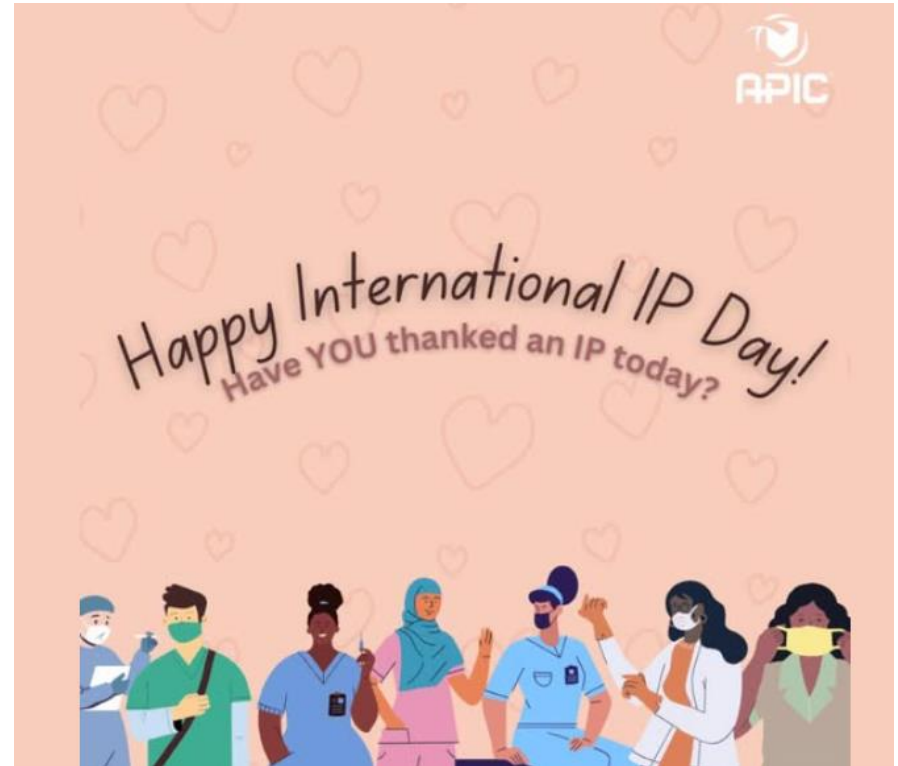
Ensure compliance with regulatory infection control standards



Foster a culture of safety and collaboration in healthcare settings

How You Can Support Your IPs

- **Follow IP guidelines**
 - Hand hygiene
 - PPE use
 - Antimicrobial stewardship
- **Engage with your IP team**
 - Ask questions and stay updated on IPC policies
- **Recognize and appreciate their work!**





**National Public Health
Week (NPHW)**

NPHW: Partnering for Safer Healthcare

- **April 7th- 13th, 2025**
- **2025 Theme:** “It Starts Here: Your Health is Our Mission”
- The work being done by both TDH and healthcare facility staff share a common goal:
 - **To prevent infections and improve outcomes**



National Public Health Week: It Starts Here
APRIL 7-13, 2025

How You Can Engage with Public Health

- Participate in public health-led infection prevention trainings
- Collaborate on HAI surveillance and response efforts
- Leverage data and resources from state and national public health agencies
- Engage in antimicrobial stewardship programs
- Join advisory committees or working groups on infection prevention

We Are Here to Support You!

- **The HAI/AR program at TDH provides support to healthcare facilities through:**
 - Training and education
 - Data-driven outbreak response and HAI surveillance
 - Antimicrobial stewardship guidance
 - Infection control assessments (ICARs)



HAI/AR Education Team

- We are here to serve you!
- How can we help?
 - Provide education to specific members of your team
 - Provide learning opportunities for all of your staff
 - Assist with visual resources and quick guides
 - Any way we can!
- Reach out to the Infection Prevention and Education Team anytime
 - HAI.Health@tn.gov






Screening for Resistant Healthcare-Associated Infections Learning Series


Colonization Screening for Multidrug-Resistant Organisms
in Healthcare Facilities

APHL Learning Series

Module 1: Overview and Importance of Screening for Multidrug-Resistant Organisms, or MDROs



Module 2: Carbapenemase-producing Organisms Colonization Screening



Module 3: *Candida auris* Colonization Screening



Module 4: Packaging and Shipping for Colonization Screening

For full modules:

https://www.aphl.org/programs/infectious_disease/Pages/Colonization_Screening_for_Healthcare_Facilities.aspx

Module 1



Overview and Importance of Screening for Multidrug-Resistant Organisms (MDROs)

Carbapenemase Producing Organisms and *Candida auris*

Screening for Resistant Healthcare-Associated Infections

Learning Objectives



EXPLAIN

the challenges associated with Carbenicillin-producing organisms and *Candida auris*.



DESCRIBE

colonization screening strategies.



EXPLAIN

how to access testing in the AR Lab Network.

Multidrug-Resistant Organisms (MDROs)



Carbapenem-resistant
Enterobacterales (CRE)



Carbapenem-resistant
Acinetobacter



Candida auris (*C. auris*)



Methicillin-resistant
Staphylococcus aureus
(MRSA)



Vancomycin-resistant
Enterococcus (VRE)



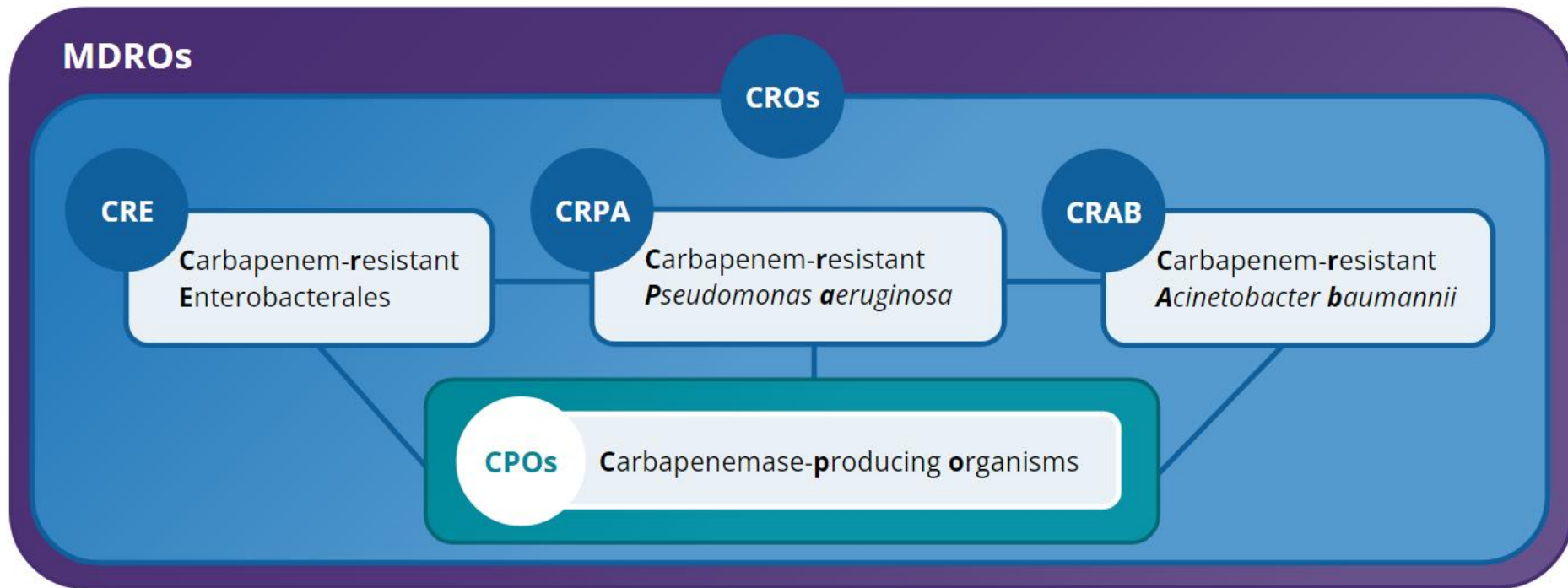
Extended-spectrum
beta-lactamase (ESBL)-
producing Enterobacterales



Multidrug-resistant (MDR)
Pseudomonas aeruginosa

(CDC, 2024)

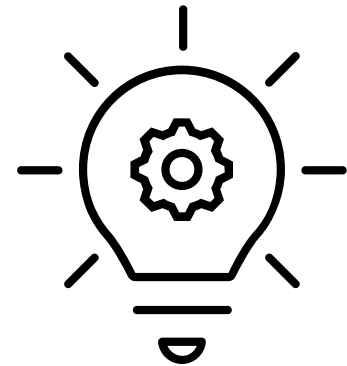
Multidrug-Resistant Organisms (MDROs)



Knowledge check

MDROs such as CPOs and *Candida auris* are:

- a. Difficult to treat with available drugs
- b. Able to cause outbreaks
- c. Easily spread between patients in healthcare settings
- d. Able to colonize individuals without clinical signs or symptoms
- e. All of the above



Why are they a Major Concern?

Spread easily between patients in healthcare settings and associated with outbreaks.



Can cause serious infections with limited treatment options



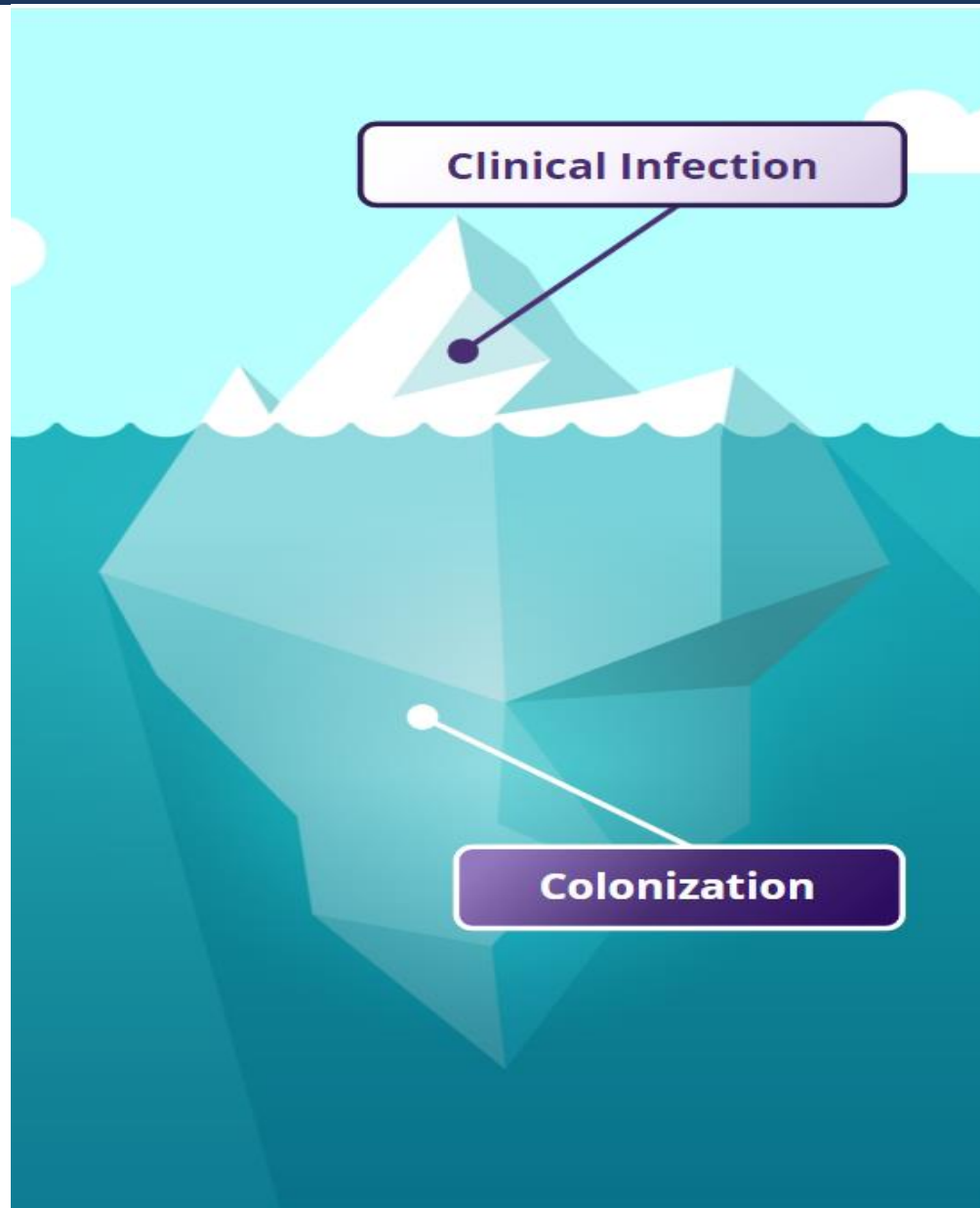
Require additional infection control measures to prevent transmission in healthcare settings



Some CPOs and *C. auris* are classified as urgent threats by CDC in the AR Threat Report



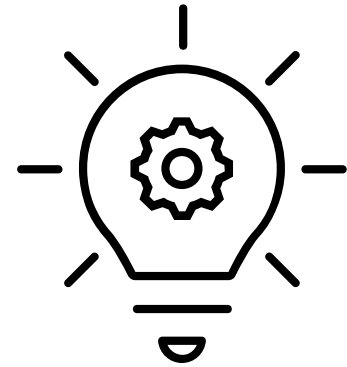
Clinical Infection vs. Colonization



Knowledge check

Colonization screening is important so that:

- a. Unrecognized carriers of CPOs or *Candida auris* are identified
- b. Additional infection control measures can be implemented
- c. Transmission between patients is stopped
- d. All of the above



Colonization Screening

Prevention

Planned, proactive, routine screening to identify colonized individuals in healthcare facilities so that appropriate infection control measures are implemented

Response

Conducted after a colonized or infected individual has been identified

Knowledge check

Match the term with its definition.

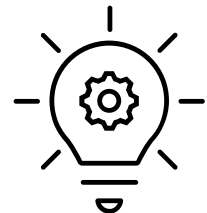
- a. Screening of other patients or healthcare residents who were in close contact of newly identified infected or colonized individuals.
- b. A type of colonization screening that determines the number of colonized individuals in certain population at the same point in time.
- c. A type of colonization screening performed on patients upon admission to a new healthcare facility or unit.
- d. A type of colonization screening performed on patients upon discharge from, or transfer to another healthcare facility.

PPS

Admission
Screening

Discharge
Screening

Targeted
Screening



Colonization Screening Approaches

Point Prevalence Survey (PPS)

Determines the number of colonized individuals in a certain population at the same point in time.

- The population can include individuals in the same unit, floor or facility.

Admission Screening

Colonization screening upon admission to a new healthcare facility or unit.

Discharge Screening

Colonization screening upon discharge from a facility.

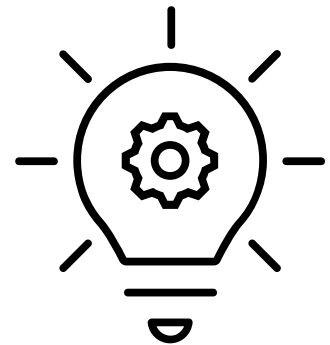
Screening of Patient Contacts

Screening of other patients or healthcare residents who were in close contact of newly identified infected or colonized individuals

Knowledge check

Who will initiate colonization screening through the AR Lab Network?

- a. Director of Nursing
- b. HAI/AR Epidemiologist at State Health Department
- c. Infection Preventionist
- d. Clinical Lab Coordinator



Screening Logistics and Results

Facilities will be responsible for:

**Collecting and
labeling specimens**



**Collecting information
and completing
necessary paperwork**



**Packaging and shipping
of specimens and
documentation**



Summary



Colonization screening is essential for identifying patients colonized with carbapenemase-producing organisms (CPOs) and *Candida auris* (*C. auris*) so that precautions can be implemented to prevent spread.



Screening approaches can include:

Point Prevalence Surveys

Admission Screening

Discharge Screening

Screening of Patient Contacts



Screening is available nationally free of charge to the facility through designated public health laboratories.



Reach out to the HAI/AR Coordinators to help coordinate screening.

Resources



Overview and Importance of Screening for Multidrug-Resistant Organisms (MDROs)

Carbapenemase Producing Organisms and *Candida auris*

Screening for Resistant Healthcare- Associated Infections


Thank you for your participation!

Screening for Resistant Healthcare-Associated Infections (HAI): Colonization
Screening for Healthcare Facilities - APHL Learning Center


Resources

APHL Learning Series

Module 1: Overview and Importance of Screening for Multidrug-Resistant Organisms, or MDROs



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Module 4: Packaging and Shipping for Colonization Screening

For full modules:

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Questions?
Priscilla.Pineda@tn.gov
ARLN.Health@tn.gov

References

- Association of Public Health Laboratories. (2024). *Overview and Importance of Screening for Multidrug-Resistant Organisms, or MDROs* [slideshow]. Overview and Importance of Screening for Multidrug-Resistant Organisms (MDROs)
- Centers for Disease Control and Prevention. (2024). *ANTIMICROBIAL RESISTANCE THREATS in the United States, 2021-2022*. AR_Threats_Report

Next NHSN User Call

- **Monday April 21, 2025**
 - 10am CT / 11am ET
- **NHSN Related**
 - Vicky.Lindsey@tn.gov
 - Ashley.Gambrell@tn.gov
- **AU/AR Module**
 - Christopher.Evans@tn.gov
- **Infection Prevention**
 - HAI.Health@tn.gov
- **Influenza Testing**
 - RVI.Health@tn.gov