TN NHSN User Call

from the Tennessee Department of Health

TN

Monday October 20, 2025

Call Agenda

- Respiratory Illness Update
  - Marissa Turner, MPH, CPH
- NHSN update
  - Vicky Lindsey, RN, CIC
- US Antibiotic Awareness Week
  - Christopher Evans, PharmD
- International Infection Prevention Week
  - Autumn Edwards, BSHA
- Local APIC Chapters Fall Conferences
  - Vicky Lindsey, RN, CIC
  - Sabrina Marshall, BSN, RN, CIC
- Infection Prevention Office Hours
  - Kate Moore, MSN, RN, CIC
- Environment of Care
  - Erica Anderson, BSN, RN, CIC
- #End TB
  - Angela Terry, RN, MEd, CIC
- Questions

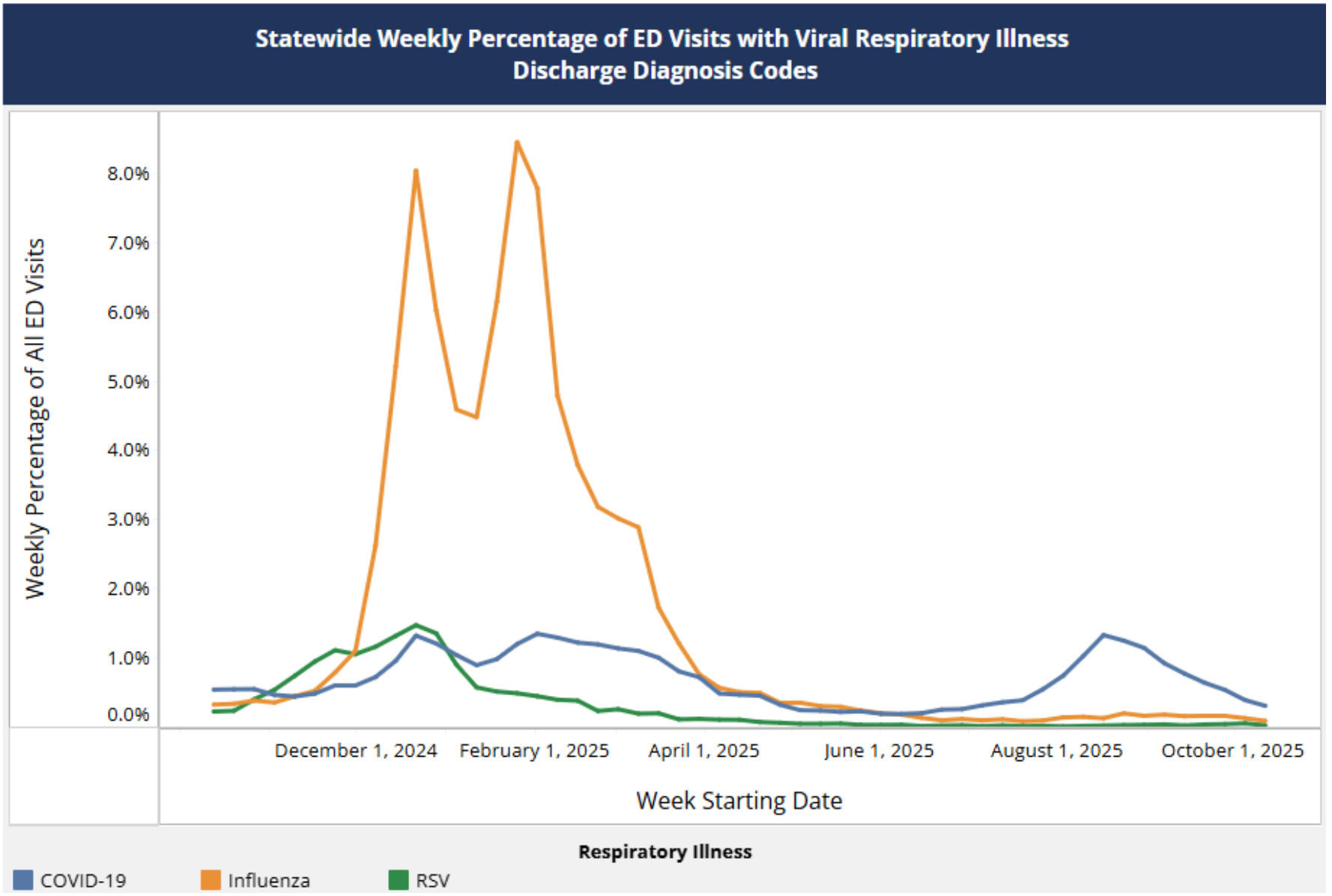
TDH NHSN Team

- **Ashley Gambrell, MPH, CPM, CPH**
  - **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, CPH**
  - **Assistant NHSN Epidemiologist**
- **Alex Kurutz, MPH**
  - **Dialysis Epidemiologist**
- **Jordan Morris, MPH, CPH**
  - **Assistant NHSN Epidemiologist**

Respiratory Illness Update

TN Department of Health

Syndromic Surveillance of ED Visits



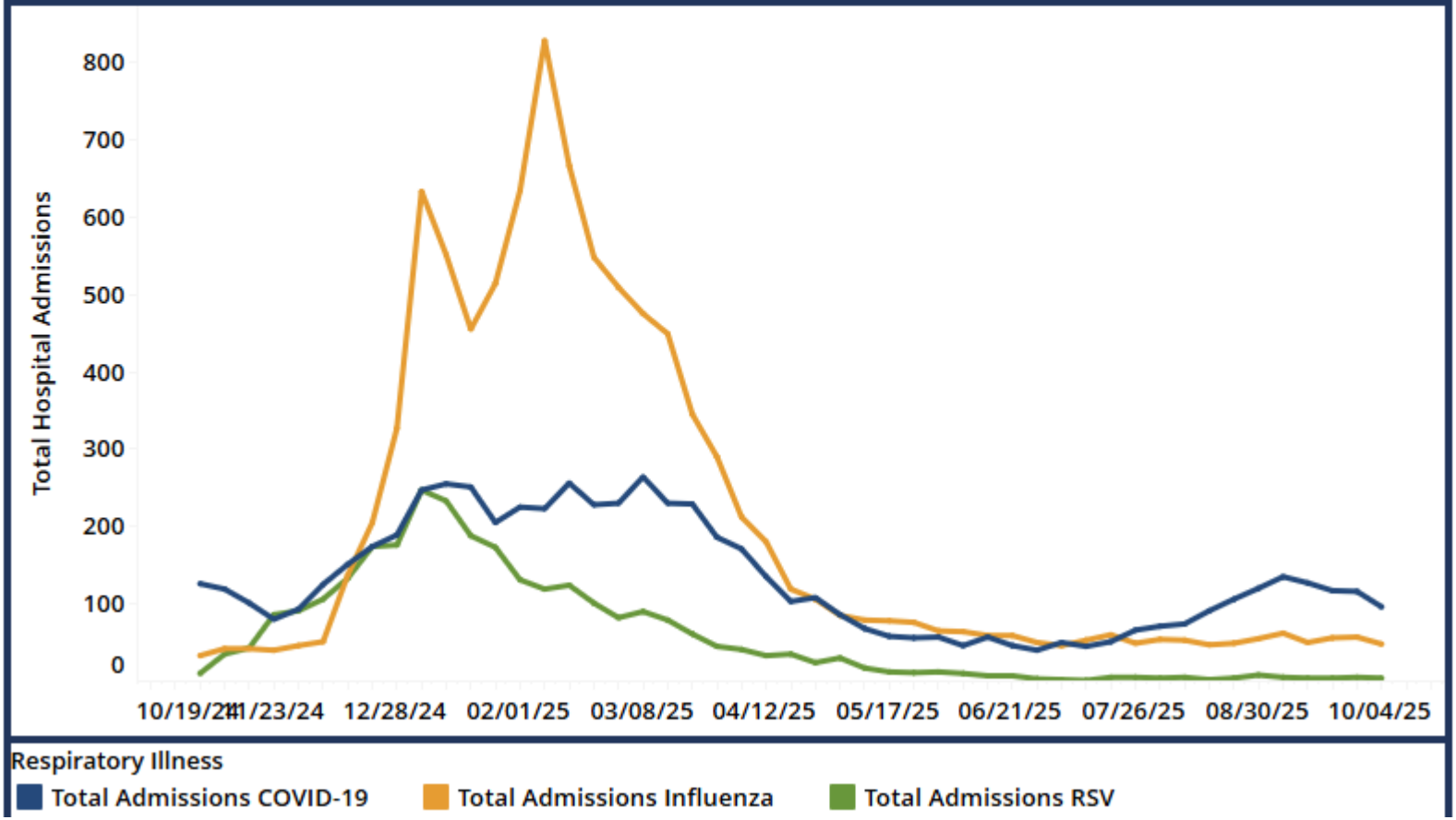
Statewide Weekly Hospital Admissions

Statewide Weekly Hospital Admissions with Respiratory Viral Illness

Date Updated: 10/4/2025

TN Department of Health

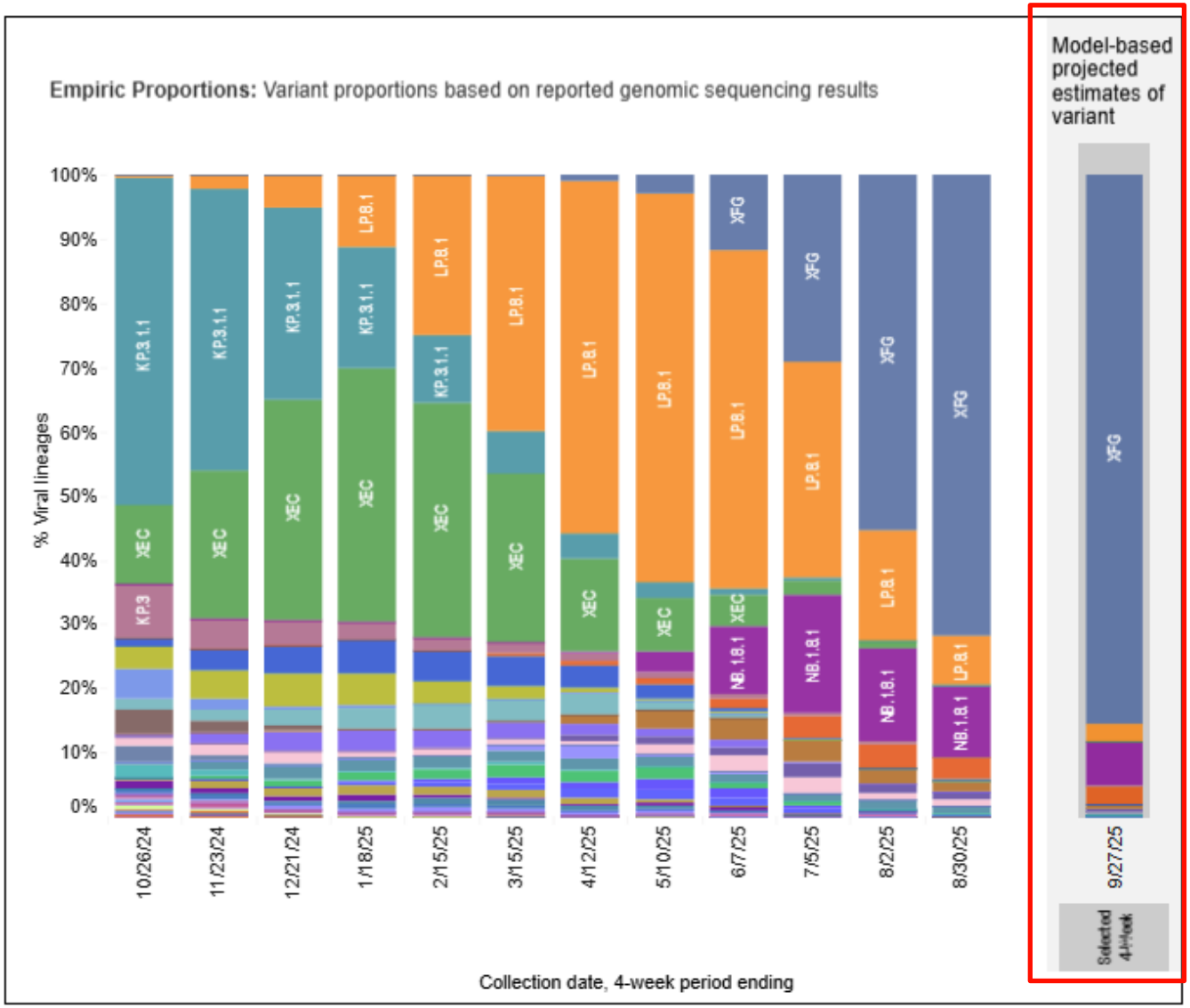
Total Admissions COVID-19	Total Admissions Influenza	Total Admissions RSV
95	47	3



Variant Proportions

Due to low numbers of sequences being reported to CDC, precision in the most recent reporting period is low.

Empiric Proportions and Nowcast Estimates in United States for 4-Week Periods in 9/29/2024 – 9/27/2025



Variant Proportions

- **Due to low numbers of sequences being reported to CDC, precision in the most recent reporting period is low.**

- **Most common variant:**
  - **XFG (~85%)**

Nowcast Estimates in United States
for 8/31/2025 – 9/27/2025

USA

Lineage[#]	Share	95%PI/CI
XFG	85%	78–91%
NB.1.8.1	7%	5–10%
NW.1	3%	2–5%
LP.8.1	3%	1–8%
LF.7	1%	0–2%
XFC	1%	0–1%
LF.7.9	0%	0–1%

Respiratory Illnesses Data Channel

Overall respiratory illness activity in **Tennessee**

Very Low

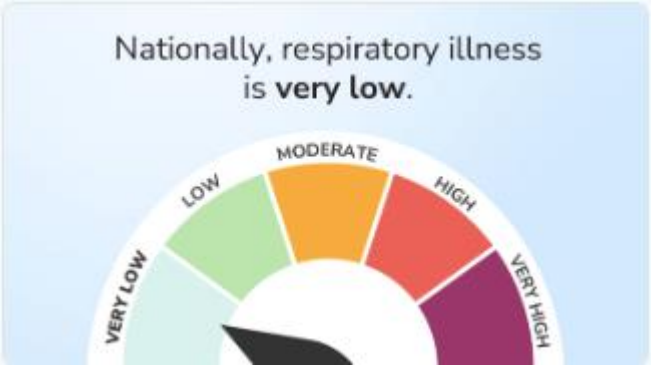
Emergency department visits in Tennessee

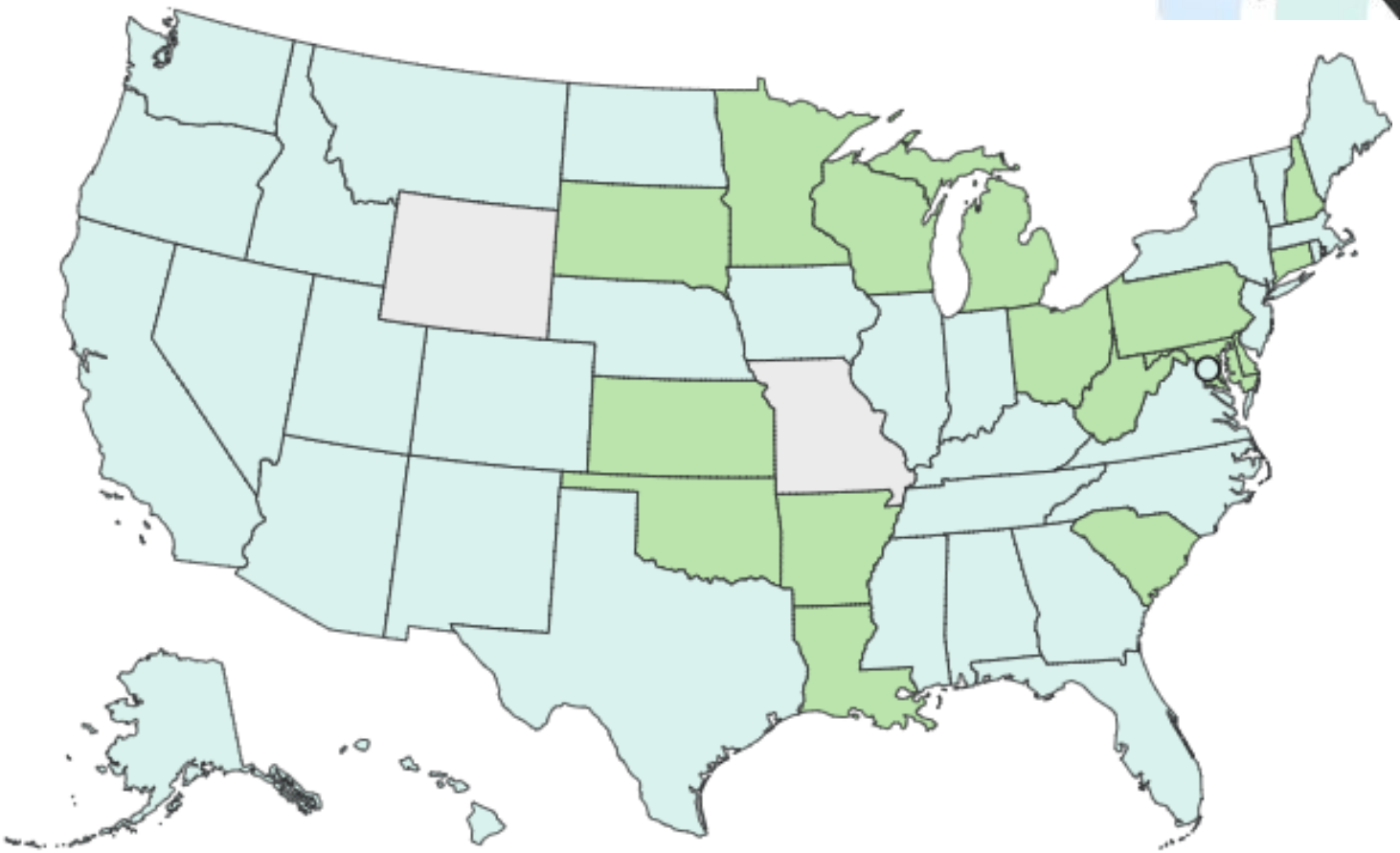
COVID-19	Flu	RSV
Very Low Decreasing ↘	Very Low No Change	Very Low No Change

Community viral activity level in Tennessee

COVID-19	Flu	RSV
Low	Very Low	Very Low

Bottom Line





U.S. territories

AS GU PR VI

Acute Respiratory Illness

Minimal | Low | Moderate | High | Very High | Data Unavailable

TN

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

Dialysis Office Hours

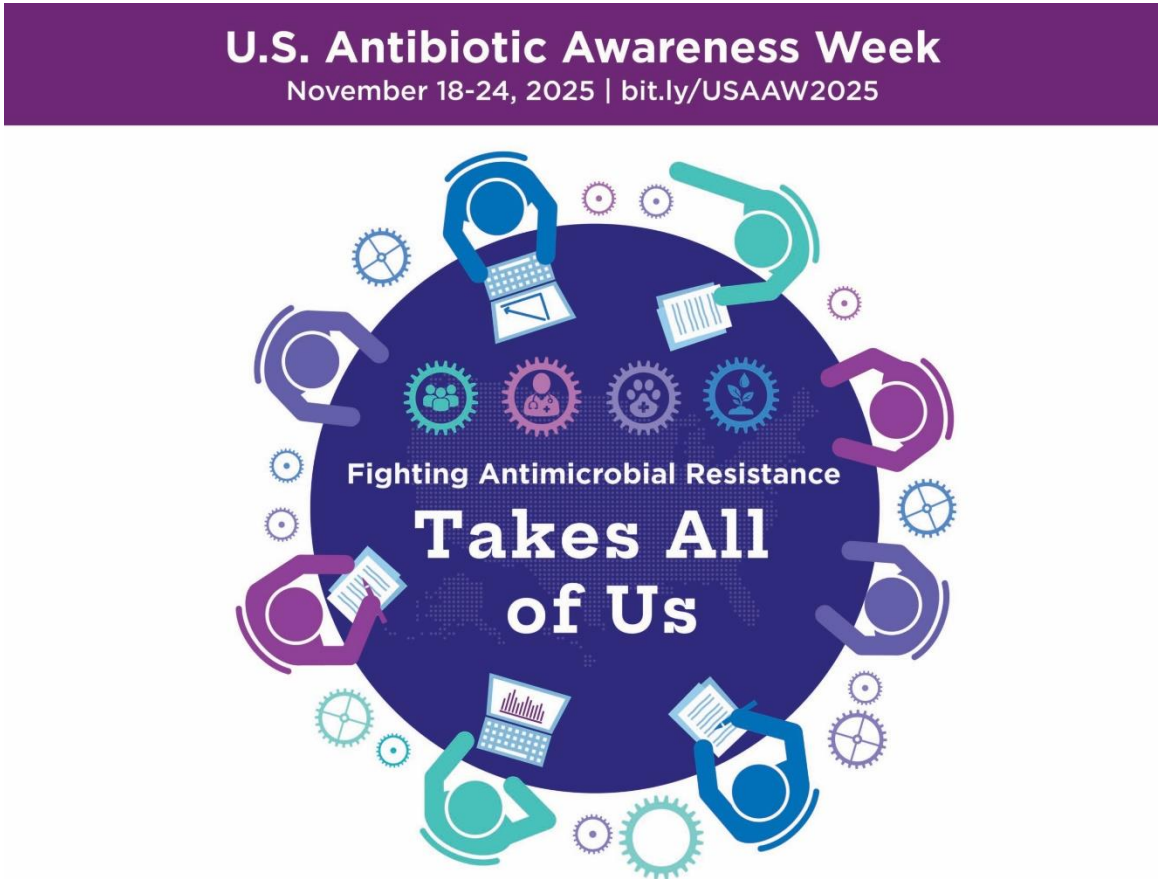
- **This month's topic in our Dialysis Office Hours Series is "NHSN Dialysis Event Protocol Review" and features a convenient on-demand training instead of a live webinar.**

- **The training provides an overview of the NHSN Dialysis Event Surveillance Protocol:**
  - **Understand the purpose and scope of dialysis surveillance**
  - **Identify required reporting components**
  - **Distinguish patient-reported vs. provider-observed symptoms**
  - **Review objective evidence for reportable events**
  - **Review how to handle reports from external dialysis centers and ERs**
  - **Define key terms related to NHSN dialysis reporting**

Access the NHSN Dialysis Component Training now.

U.S. Antibiotic Awareness Week

U.S. Antibiotic Awareness Week



Daily Messages

- **November 18: Fighting antimicrobial resistance takes all of us**
- **November 19: Human health & antimicrobial resistance**
- **November 20: Animal health & antimicrobial resistance**
- **November 21: AR in agriculture & the environment**
- **November 22: One Health approach to antimicrobial resistance**
- **November 23: Safe travel and antimicrobial resistance**
- **November 24: Continuing the fight against antimicrobial resistance**

Save the Dates for USAAW Webinar Series

To register: https://redcap.health.tn.gov/redcap/surveys/?s=7PPT84Y4KHCLRDFL

Other Activities/Calls

- Webinar: Antibiotic Stewardship in Dentistry: Trends, Best Practices, and Integration into the Daily Flow of Dentistry
  - 9 a.m. MT/ 11 a.m. ET
  - Speaker: CDC's Emily McDonald
  - Register: https://us06web.zoom.us/meeting/register/NjDo6NDLRiCX5qm7-dKbWA

- Webinar: The Path of Yeast Resistance: Drug-Resistant *Candida* on the Rise
  - 10 a.m. MT/ 12 p.m. ET
  - Speaker: CDC's Dallas Smith
  - Register: https://us06web.zoom.us/meeting/register/NjDo6NDLRiCX5qm7-dKbWA

USAAW Week Activity Day

- Adventure Science Center, Nashville, TN
- November 20 and 21, 2025
- 9:30 AM – 12:30/1:00PM
- Approx. 500 students/day (not including chaperones)
- Pamphlets for parents
- Curriculum packets for teachers
- Ideas:
  - Activity pages (coloring, word search)
  - Bacteria vs Virus vs Fungi vs Parasite facts
  - Build-a-bug
  - Dos and Don’ts of Antibiotic Use

Go Purple for USAAW!

- **Centennial Park Parthenon, Nashville, TN**
- **Adventure Science Center, Nashville, TN**
- **Henley Street Bridge, Knoxville, TN**
- **Eiffel Tower Park, Paris, TN**

International Infection Prevention Week 2025

Protecting Patients, Staff, and Communities

Autumn Edwards | October 15, 2025

What is IIPW?

- International Infection Prevention Week (IIPW)
- Held every third week of October (October 19-25, 2025)
- Started in 1986 by the Association for Professionals in Infection Control (APIC)

*Infection Prevention is **everyone's responsibility** – not just healthcare workers*

Theme for 2025

"Stand UPPP for Infection Prevention"

- **U**nite
- **P**revent
- **P**rotect
- **P**revail

Why It Matters – The Global Impact of Infections

- Healthcare-associated infections (HAIs) affect **millions** globally every year

- Examples of preventive actions:
  - Hand hygiene
  - Appropriate personal protective equipment (PPE)
  - Antibiotic stewardship
  - Vaccinations

- Preventing infections saves lives, protects communities, and **reduces healthcare costs**

What You Can Do

- For healthcare workers:
  - Follow infection prevention protocols
  - Educate patients and families
  - Report infection risks promptly

- For the public:
  - Wash hands regularly
  - Stay up to date on vaccines
  - Avoid going to work/school when sick
  - Know when and how to use antibiotics safely

Small actions = Big impact

Ways to Participate in IIPW 2025

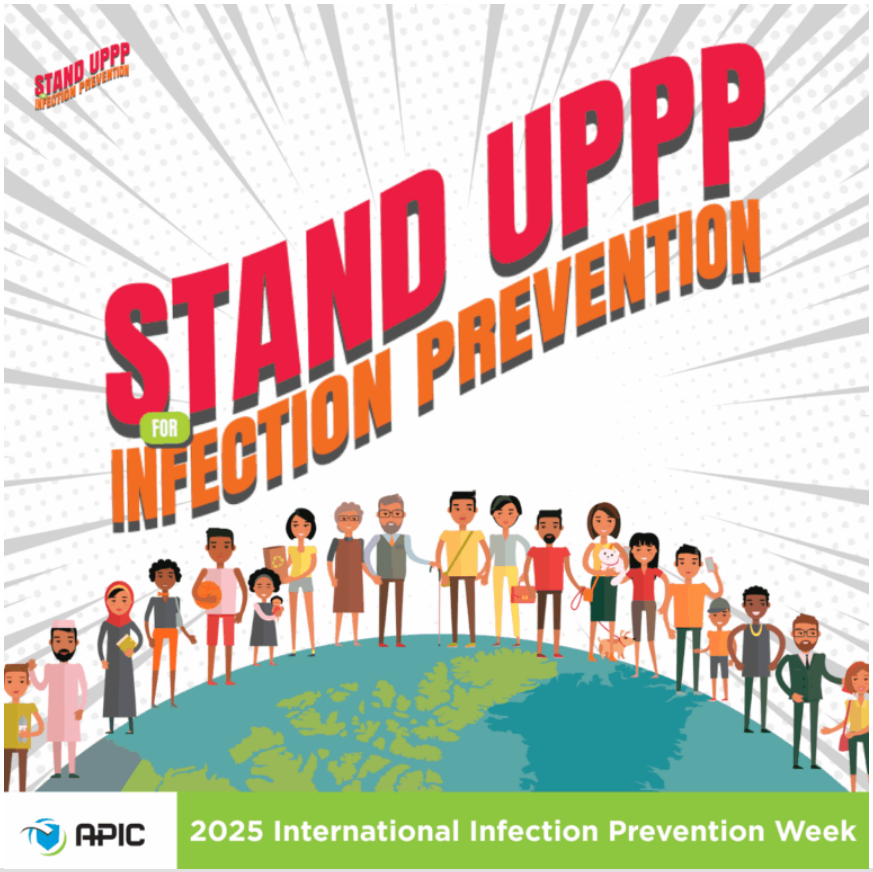
- Join local or virtual events
- Share awareness posts on social media using **#IIPW2025**
- Host hygiene education activities in schools and workplaces
- Thank infection prevention professionals
- Learn more: www.apic.org/IIPW

Final Thoughts

- Infection prevention is not just about safety – it's about **saving lives**
- Let's use this week to:
  - **Educate**
  - **Empower**
  - **Act**
- Mark your calendars:

  October 19-25, 2025

Questions? Email us at:
HAI.Health@tn.gov



Smoky Mountain APIC

Katherine Buechel, BSN, RN, CIC, LTC-CIP | Tennessee Department of Health | Communicable and Environmental Diseases and Emergency Preparedness

Smoky Mountain APIC Fall Conference

Memphis APIC Fall Conference

Sabrina Marshall BSN, RN, CIC| Tennessee Department of Health | Communicable and Environmental Diseases and Emergency Preparedness


APIC Memphis Chapter
Fall Conference
Scan me to register!
Rolling on the River soon!
11
13
25
Baptist Memorial Hospital
Memphis
Garrett Auditorium
8:00 a.m. - 4:00 p.m.
Details coming soon!

Infection Prevention & Control Office Hours

Donna Russell MPH, MBA, BSN, RN, CIC, CPH, CHEP
Infection Prevention and Education Programs Manager

Infection Prevention and the Environment of Care

Erica Anderson, BSN, RN, CIC | October 20, 2025

Learning Objectives

- Define environment of care (EOC)
- Explain why infection preventionists need to be concerned about EOC
- Review recommendations for IP-related EOC situations

EOC – What is it?

- The physical environment and the management of its risks within a healthcare setting (CMS).
  - Safety
  - Security
  - Hazardous materials
  - Life safety
  - Emergency preparedness
  - Medical equipment
  - Utility systems

EOC – What is it?

EOC – Why do we care?

- Joint Commission, CMS, OSHA
- Risk of pathogen transmission
- Safety

Floors, Walls, Ceilings

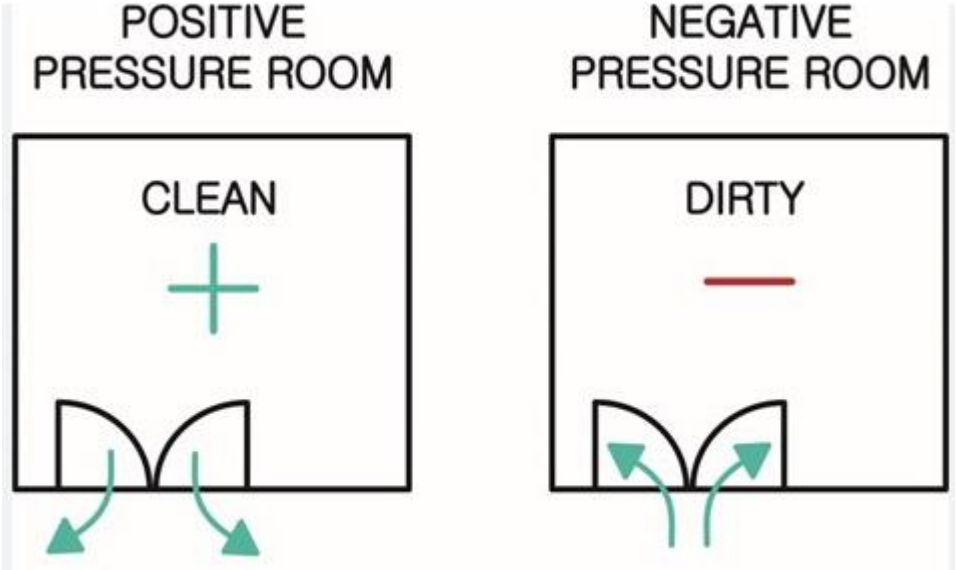
- Floors
  - Tile, wood, carpet
- Walls
  - Drywall, wallpaper, plaster
- Ceilings
  - Drop ceiling tiles, solid

Storage Rooms

- Contents
  - Clean vs. Soiled
- Temperature
- Shelving
- Cardboard boxes & wooden pallets

Positive Pressure vs. Negative Pressure

- Positive pressure
  - Clean linen rooms
  - Clean/sterile supply
  - Clean laundry
- Negative pressure
  - Soiled utility rooms
  - Isolation rooms
  - Soiled laundry



Key Takeaways

- EOC encompasses physical building structures, fixtures, and materials, and is an important part of infection prevention.
- Floor, wall, and ceiling materials need to be in good condition, durable, and easy to clean and disinfect.
- Storage rooms have many IP considerations.
- Positive and negative pressure can make a difference.

Thank you!
HAI.Health@tn.gov

References

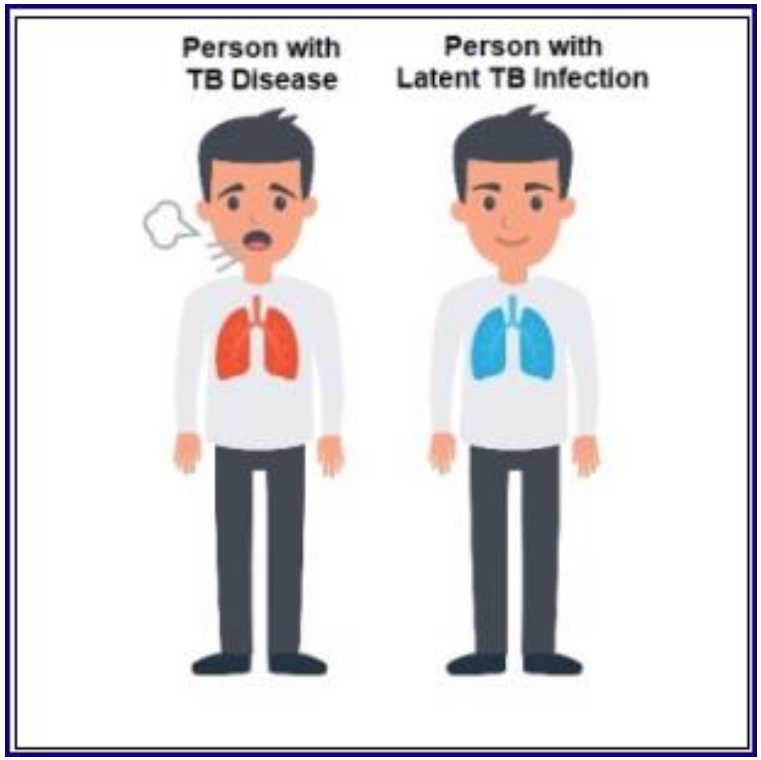
- CMS. (2024, August 8). State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities. https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf
- *Environment of care*. APIC. (n.d.). https://apic.org/resources/topic-specific-infection-prevention/environment-of-care/#:~:text=Environment%20of%20care%20involves%20construction,both%20https://apic.org/resources/topic-specific-infection-prevention/environment-of-care/#:~:text=Environment%20of%20care%20involves%20construction,both%20healthcare%20professionals%20and%20consumers.healthcare%20professionals%20and%20consumers.

#endTB

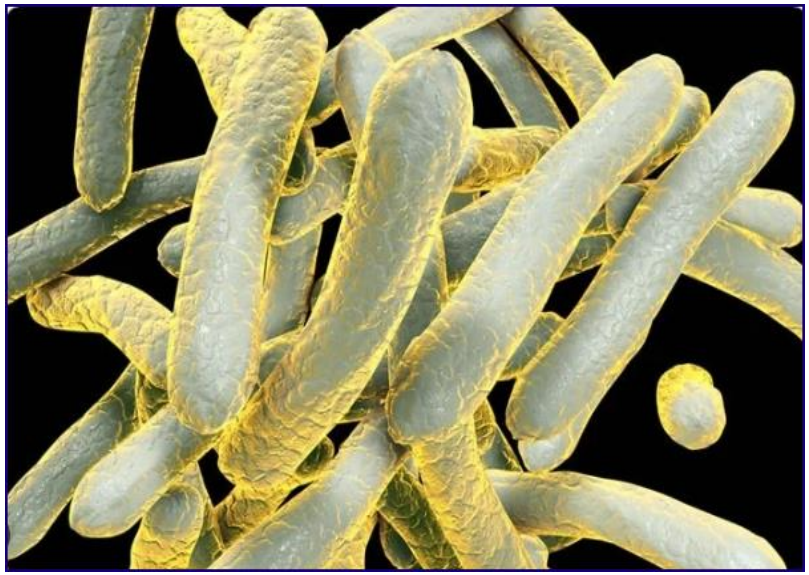
Angela Terry RN, MEd, CIC | Infection Prevention Specialist | September 2025

Objectives

- Review *Mycobacterium tuberculosis (MTB)*
- Understand the importance of BASELINE documentation
- Visualize correct skin test placement and reading
- Review follow up steps for positive results



Mycobacterium tuberculosis



- Rod-shaped
- Gram-positive bacillus
  - retains the staining
- Acid-Fast
  - stain doesn't wash
- Thick, waxy cell wall
  - protective
- Slow growing
  - insidious- hidden/harmful
- Difficult to diagnose
  - damage is "done"
- Resistant to environmental stressors/conditions
  - antibiotics, disinfectants

CDC and Tennessee

- Skin tests should be administered to **all new residents and employees** as soon as their residency or employment begins unless they have **documentation** of a previous positive reaction.
- A two-step procedure is advisable for the initial testing of **residents and employees** in order to establish a reliable **baseline.**
- Appendix I explains this procedure and the rationale for using it. Each skin test should be **administered and read by appropriately trained personnel** and recorded (in mm induration) in the person's medical record.
  - CDC TB 101 Training link in the Resources!

CDC and Tennessee

- A record of all reactions of greater than or equal to 10 mm should be **placed in a prominent location** in order to facilitate the consideration of tuberculosis if the person develops signs or symptoms of tuberculosis, such as a cough of greater than 3 weeks' duration, unexplained weight loss, or unexplained fever.

- All persons with a reaction of greater than or equal to 10 mm should receive a **chest radiograph to identify current or past disease**.

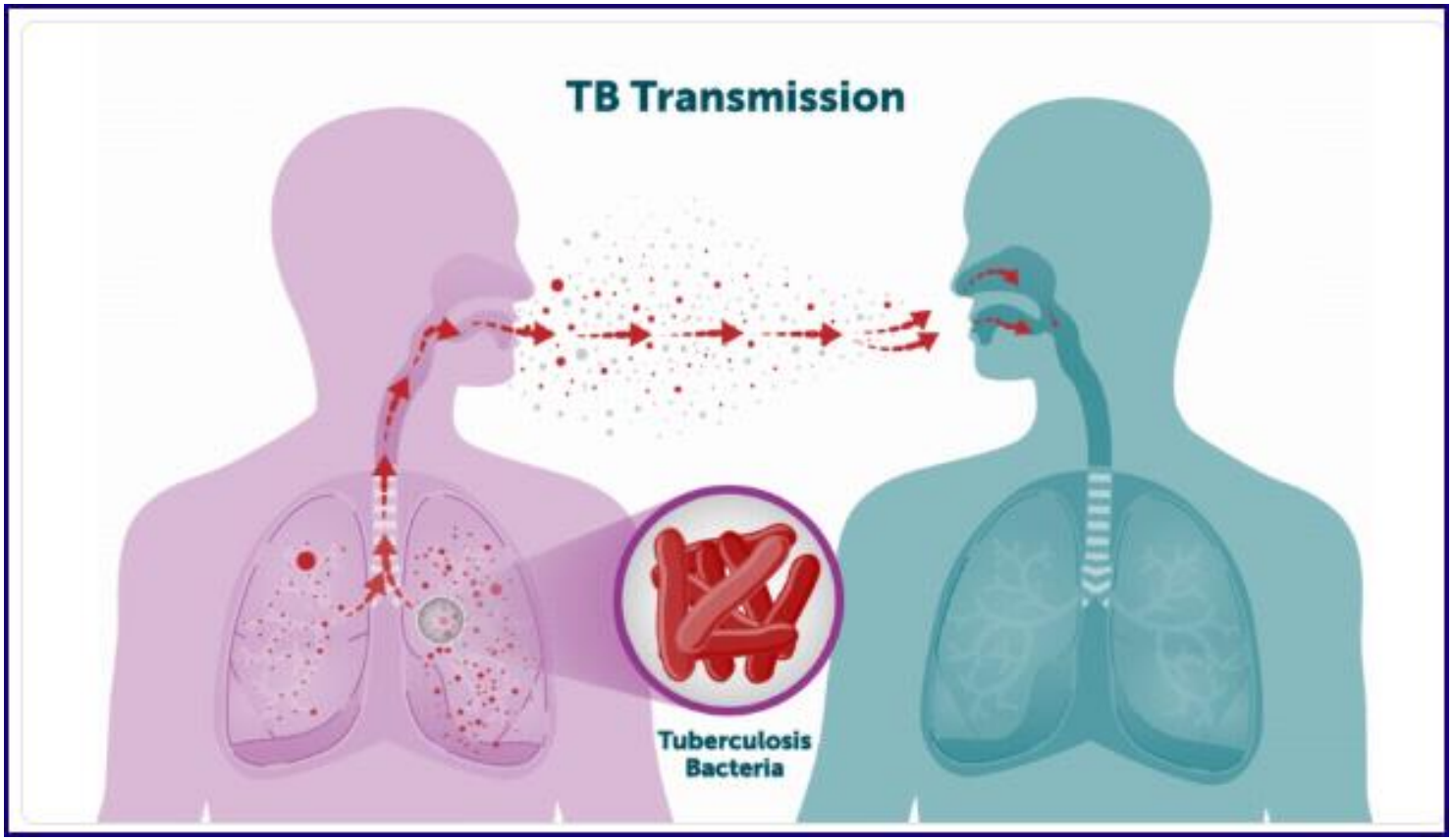
TB Spectrum

Asymptomatic Infection (“latent”)	Symptomatic Disease (“active”)
TST or IGRA- Tuberculous immunoreactivity	
Chest X-ray	
No symptoms	Tubercules
Not contagious	Contagious
Sputum culture negative	Sputum culture positive

The progression of TB infection and disease may not present in linear fashion.

Transmission

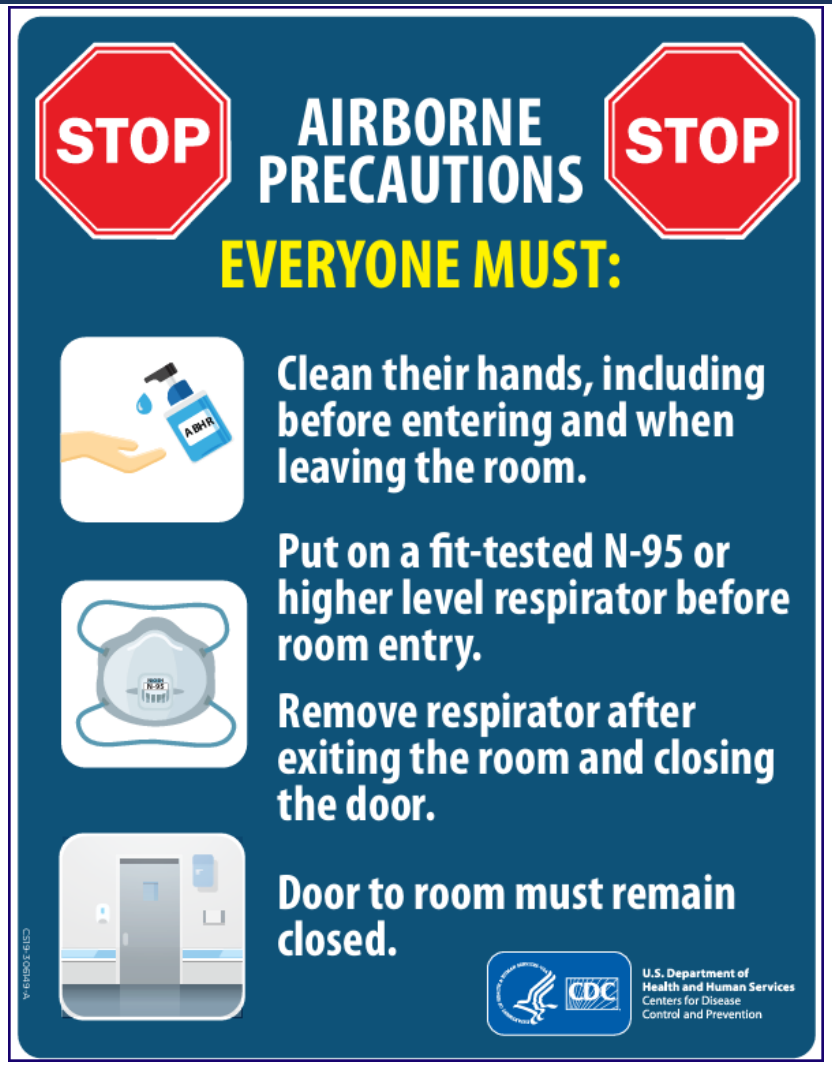
TB is spread by Airborne transmission
from a coughing, sneezing, singing/speaking,
droplet producing infected person to others



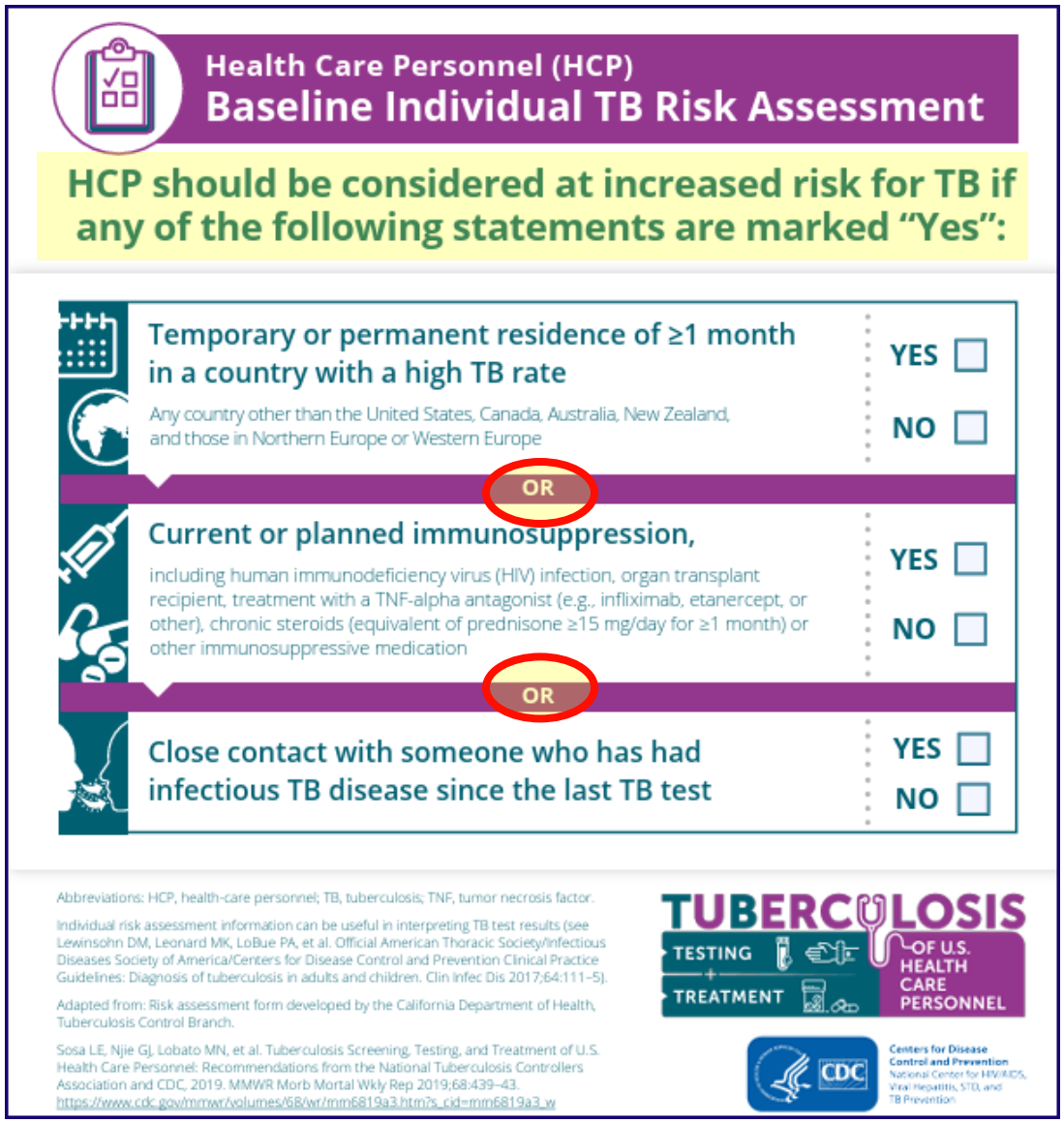
Transmission

Airborne Precautions

- Negative Pressure
  - Room monitoring daily
  - Door CLOSED
- N-95 respirator for HCWs
  - Visitors are not fit-tested
  - Paid and unpaid “staff” are fit-tested
- Add other precautions (contact, droplet) for comorbid conditions
- Add Standard for anticipated risks



Individual Risk Assessment



Exemptions to Skin Testing

- 6 months of age or younger (verify with pediatrician)
- Prior BCG vaccination (false positive reaction)
- Past positive skin test OR blood test
- Allergic reaction to the skin test
  - necrosis, blistering, ulcerations, anaphylactic shock
- Live virus vaccine
  - Measles, mumps, rubella, oral polio, varicella, and yellow fever
  - Administer same day as skin test or wait 1 month after the live-virus vaccine

- Caution, not exemption, with immunosuppression
  - Impaired immune response may render false negative

Screening

HCWs (paid and unpaid)

AND

Patient/Resident

Upon Hire or Admission

- Blood test- IGRA (interferon-gamma release assay)

OR

- TB Skin Test (TST, Mantoux, PPD)

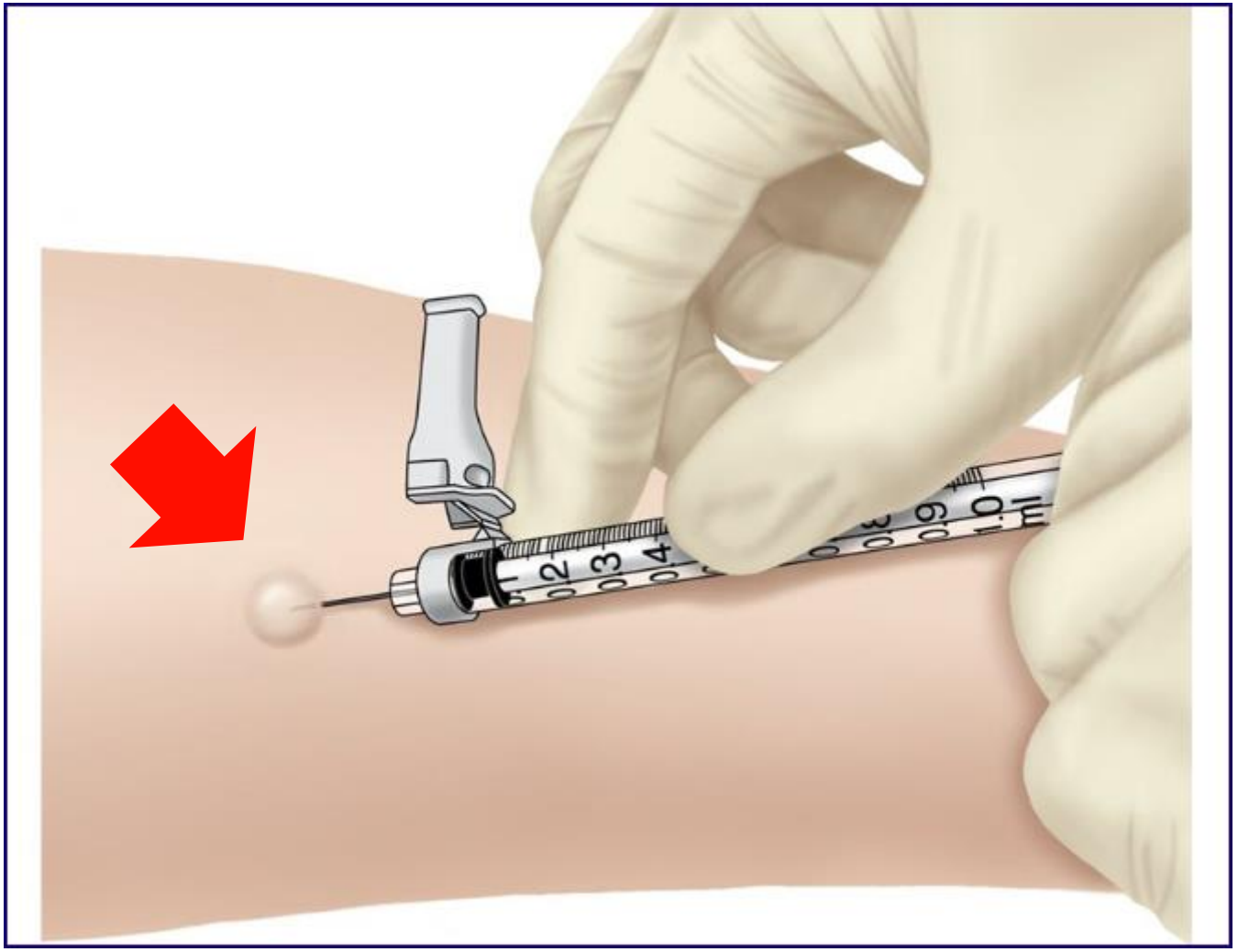
Recommendation:

have proof of competency or documentation of training on file for *"trained personnel"

Screening

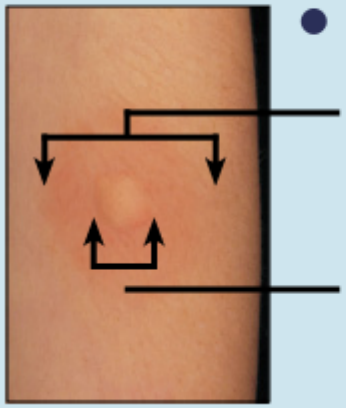
- Skin test- (TST, PPD, Mantoux)
  - 2 steps, TWO STEPS
    - 1st test is placed by **trained personnel***
    - 1st test is read by **trained personnel*** in 48-72 hours from placement
      - If negative, administer 2nd test
      - If positive and person is low risk, administer 2nd test
      - A single test may be placed WHEN there is DOCUMENTATION of a negative test WITHIN the past 12 months
    - 2nd test is placed***** 1-2 weeks after the 1st test placement date
    - 2nd test is read***** in 48-72 hours after the 2nd test placement date

Skin Testing



Skin Test Reading

1 Inspect site



- Visually inspect site under good light

Erythema (reddening of the skin) - do not measure

Induration (hard, dense, raised formation)

2 Palpate induration

- Use fingertips to find margins of induration

Skin Test Reading

3 Mark induration

- Use fingertip as a guide for marking widest edges of induration across forearm

4 Measure induration (not erythema)

- Place "0" ruler line inside left dot edge
- Read ruler line inside right dot edge (use lower measurement if between two gradations on mm scale)

It's positive…

- What does a positive result mean?
  - TB germs are in the body (inactive, latent)
  - There has been an exposure in the past even if the person is not aware of to whom/when/where they were exposed

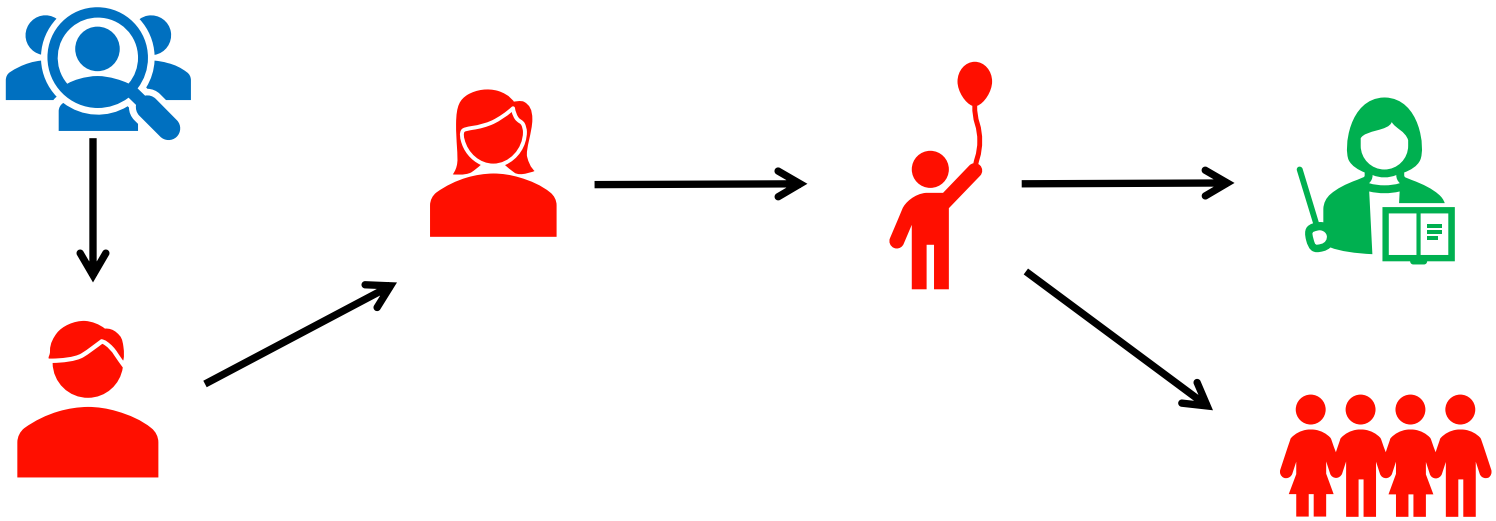
TB Infection (formerly latent TB)	TB Disease (formerly active TB)
Cell-mediated immune response following exposure to M. tuberculosis a.k.a. positive skin or blood test	Presence of illness due to M. tuberculosis a.k.a. symptoms
Without symptoms of illness	**With** symptoms of illness

Treatment

- Drug-resistance is increasing
  - **Mono**-resistant, one drug
  - **Poly**-resistant, at least 2 drugs, not both isoniazid and rifampin
  - **Pre**-XDR, resistant to
    - isoniazid, rifampin AND a fluroquinolone
    - Isonaizid, rifampin AND a second-line injectable (amikacin, capreomycin, kanamycin)
  - **XDR**, extensively drug-resistant
    - Isoniazid AND rifampin, a fluoroquinolone, AND a second-line injectable (amikacin, capreomycin, and kanamycin)

      OR
    - Isoniazid, rifampin, a fluoroquinolone, AND bedaquiline OR linezolid

Contact Tracing



Who has been in contact with the index case?
When, Where, What type of exposure, and for How long?

If exposure criteria are met, test the exposed contact. If positive, follow up is warranted and continue contact tracing.

Ripple Effect

- With every newly identified case, contact tracing continues until there are no newly identified cases
  - HOURS/DAYS/WEEKS/MONTHS/YEARS of locating contacts
    - Treatment delays
    - Continued transmission
    - Outbreaks

Help

- HAI/AR Infection Preventionist
  - PREVENTION, questions, resources
- Local/county health department contact
  - Reporting of SUSPECTED or actual cases
  - Will provide guidance/recommendations
- State Tuberculosis Outbreak Team
  - Will contact the facility for further investigation of the confirmed case
- General HAI/AR mailbox- HAI.Health@tn.gov

Closing

Thank You!

Trivia

- **PHTHISIOLOGY**

the branch of medicine that focuses on the study, care, and treatment of tuberculosis, particularly pulmonary tuberculosis (affecting the lungs)

pronounced f-TIS-see-ol-uh-jee

Archaic Medical Terms for TB

Phthisis (wasting away), Ancient Greece

The White Plague (pale complexion of sufferers), 1700's

Consumption, 17th-18th centuries

Scrofula (cervical lymph node ulceration), "the king's evil"

Koch's Disease (isolated the tubercle bacillus), 1882

Info-tainment

- **Camille** (1936): Greta Garbo, the character dies from TB.
- **The Citadel** (1938): Robert Donat, a doctor's professional challenges, includes TB.
- **The Bells of St. Mary's** (1945): Ingrid Bergman, a nun who contracts TB.
- **Moulin Rouge!** (2001): Nicole Kidman, the character dies from consumption.
- **Les Misérables** (2012): Anne Hathaway, character succumbs to TB.
- **Heavenly Creatures** (1994): Kate Winslet, character has TB.

Info-tainment

- **Bright Star** (2009): John Keats and Fanny Brawne, Keats death from TB.
- **Drunken Angel** (1948): A doctor's fight against TB, includes a yakuza member (Japan).
- **Tombstone** (1993): Doc Holliday is portrayed as having TB.
- **The Forgotten Plague** (2015): A history documentary, TB in the United States.
- **TB Silent Killer** (2014): A FRONTLINE documentary, global TB pandemic.
- **Under the Mask**: Testimonies of tuberculosis patients.

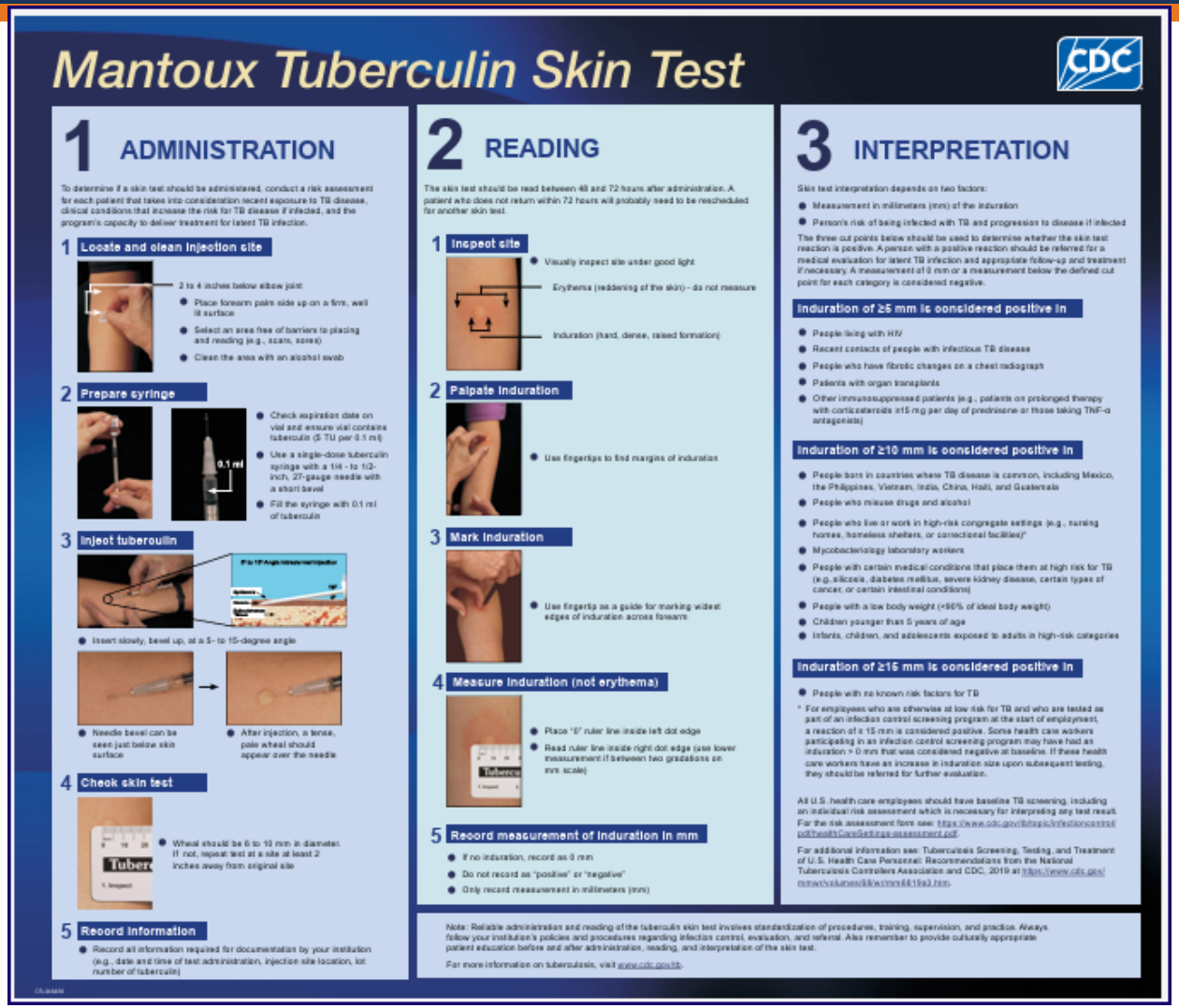
Resources

- **CDC TB: https://www.cdc.gov/tb/index.html**
- **CDC TB 101: https://www.cdc.gov/tb/hcp/education/tb-101-for-health-care-workers.html**

- TN Resource MMWR for LTCFs: https://www.cdc.gov/mmwr/preview/mmwrhtml/00001711.htm
- TN Resource High Risk Populations: https://www.cdc.gov/mmwr/preview/mmwrhtml/00038873.htm

- News: https://www.youtube.com/watch?v=g5qmZ5p94u8
- History: https://pmc.ncbi.nlm.nih.gov/articles/PMC5432783/
- Travel: https://www.cdc.gov/port-health/travel-restrictions/index.html
- Disinfectants: https://www.epa.gov/pesticide-registration/epas-registered-antimicrobial-products-effective-against-mycobacterium
- Contact Investigation:
  https://www.cdc.gov/mmwr/PDF/rr/rr5415.pdf
  https://www.youtube.com/watch?v=MjtfiS06ebQ

Resources



Mantoux Tuberculin Skin Test

1 ADMINISTRATION

To determine if a skin test should be administered, conduct a risk assessment for each patient that takes into consideration recent exposure to TB disease, clinical conditions that increase the risk for TB disease if infected, and the program's capacity to deliver treatment for latent TB infection.

1 Locate and clean injection site

- 2 to 4 inches below elbow joint
- Place forearm palm side up on a firm, well lit surface
- Select an area free of barriers to placing and reading (e.g., scars, sores)
- Clean the area with an alcohol swab

2 Prepare syringe

- Check expiration date on vial and ensure vial contains tuberculin (5 TU per 0.1 ml)
- Use a single-dose tuberculin syringe with a 1/4 - to 1/2-inch, 27-gauge needle with a short bevel
- Fill the syringe with 0.1 ml of tuberculin

3 Inject tuberculin

- Insert slowly, bevel up, at a 5- to 15-degree angle
- Needle bevel can be seen just below skin surface
- After injection, a tense, pale wheal should appear over the needle

4 Check skin test

- Wheal should be 6 to 10 mm in diameter. If not, repeat test at a site at least 2 inches away from original site

5 Record information

- Record all information required for documentation by your institution (e.g., date and time of test administration, injection site location, lot number of tuberculin)

2 READING

The skin test should be read between 48 and 72 hours after administration. A patient who does not return within 72 hours will probably need to be rescheduled for another skin test.

1 Inspect site

- Visually inspect site under good light
- Erythema (reddening of the skin) - do not measure
- Induration (hard, dense, raised formation)

2 Palpate induration

- Use fingertips to find margins of induration

3 Mark induration

- Use fingertip as a guide for marking widest edges of induration across forearm

4 Measure induration (not erythema)

- Place "0" ruler line inside left dot edge
- Read ruler line inside right dot edge (use lower measurement if between two gradations on mm scale)

5 Record measurement of induration in mm

- If no induration, record as 0 mm
- Do not record as "positive" or "negative"
- Only record measurement in millimeters (mm)

3 INTERPRETATION

Skin test interpretation depends on two factors:

- Measurement in millimeters (mm) of the induration
- Person's risk of being infected with TB and progression to disease if infected

The three cut points below should be used to determine whether the skin test reaction is positive. A person with a positive reaction should be referred for a medical evaluation for latent TB infection and appropriate follow-up and treatment if necessary. A measurement of 0 mm or a measurement below the defined cut point for each category is considered negative.

Induration of ≥5 mm is considered positive in

- People living with HIV
- Recent contacts of people with infectious TB disease
- People who have fibrotic changes on a chest radiograph
- Patients with organ transplants
- Other immunosuppressed patients (e.g., patients on prolonged therapy with corticosteroids at 15 mg per day of prednisone or those taking TNF-α antagonists)

Induration of ≥10 mm is considered positive in

- People born in countries where TB disease is common, including Mexico, the Philippines, Vietnam, India, China, Haiti, and Guatemala
- People who misuse drugs and alcohol
- People who live or work in high-risk congregate settings (e.g., nursing homes, homeless shelters, or correctional facilities)*
- Mycobacteriology laboratory workers
- People with certain medical conditions that place them at high risk for TB (e.g., silicosis, diabetes mellitus, severe kidney disease, certain types of cancer, or certain intestinal conditions)
- People with a low body weight (<90% of ideal body weight)
- Children younger than 5 years of age
- Infants, children, and adolescents exposed to adults in high-risk categories

Induration of ≥15 mm is considered positive in

- People with no known risk factors for TB

* For employees who are otherwise at low risk for TB and who are tested as part of an infection control screening program at the start of employment, a reaction of ≥ 15 mm is considered positive. Some health care workers participating in an infection control screening program may have had an induration > 0 mm that was considered negative at baseline. If these health care workers have an increase in induration size upon subsequent testing, they should be referred for further evaluation.

All U.S. health care employees should have baseline TB screening, including an individual risk assessment which is necessary for interpreting any test result. For the risk assessment form see: https://www.cdc.gov/tb/topic/infectioncontrol/pdf/HealthCareSettings-assessment.pdf.

For additional information see: Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019 at https://www.cdc.gov/mmwr/volumes/68/rr/rr6815a3.htm.

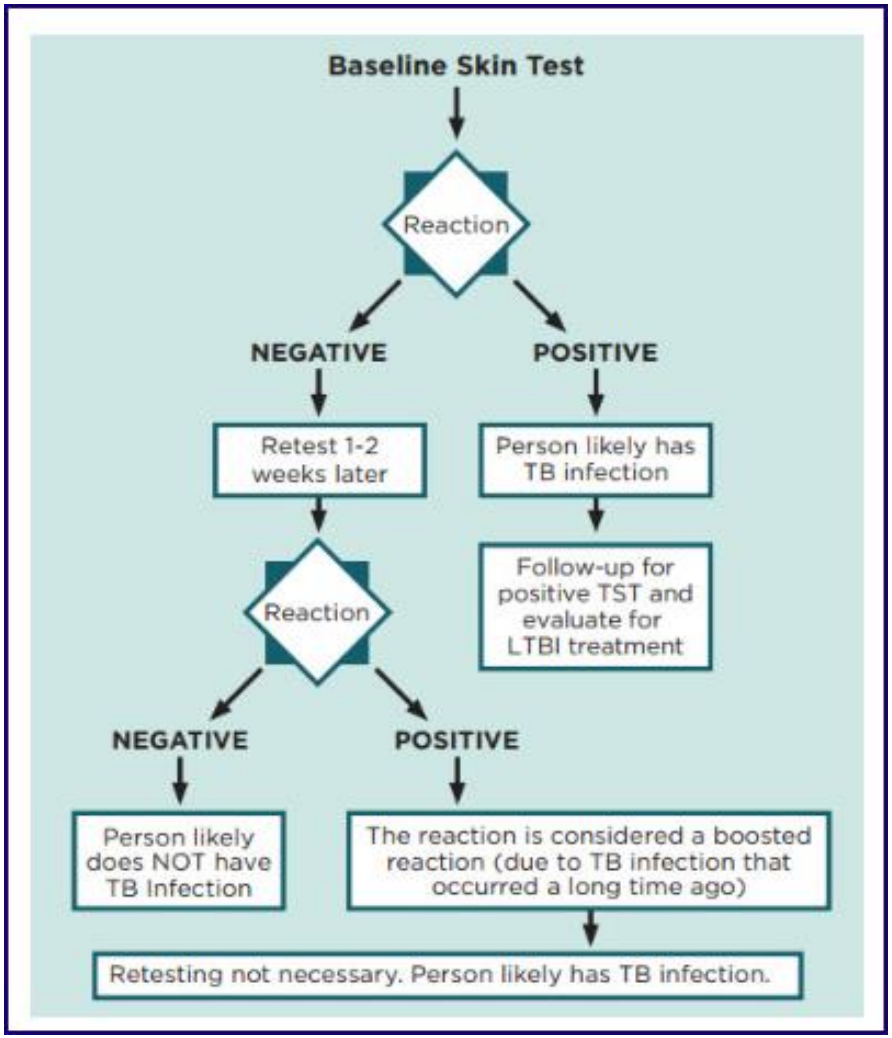
Note: Reliable administration and reading of the tuberculin skin test involves standardization of procedures, training, supervision, and practice. Always follow your institution's policies and procedures regarding infection control, evaluation, and referral. Also remember to provide culturally appropriate patient education before and after administration, reading, and interpretation of the skin test.

For more information on tuberculosis, visit www.cdc.gov/tb.

TN Department of Health

Reference CDC:
https://www.cdc.gov/tb/education/mantoux/pdf/Mantoux_TB_Skin_Test.pdf

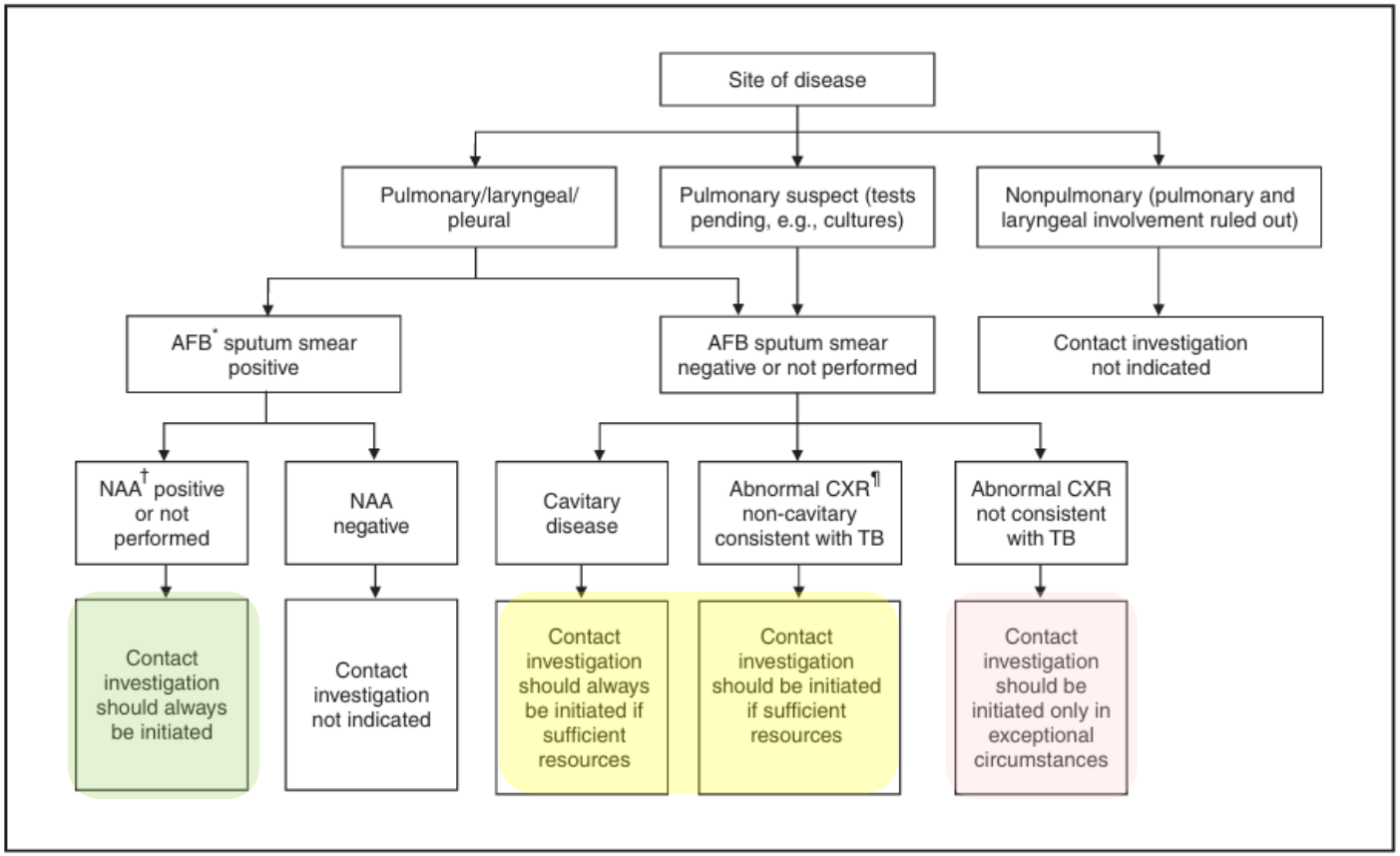
Resources



Reference CDC:
https://www.cdc.gov/tb-healthcare-settings/hcp/screening-testing/baseline-testing.html

Resources

FIGURE 1. Decision to initiate a tuberculosis (TB) contact investigation



* Acid-fast bacilli.
† Nucleic acid assay.
§ According to CDC guidelines.
¶ Chest radiograph.

Reference MMWR:
https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5415a1.htm

Questions

- **Pre-submitted Questions**

- **Chat Questions**

1. **Do we still follow rules of 6? Less than 6 feet for an accumulative 6 hours for tracing?**

Question 1

- **Q: Do we still follow rules of 6? Less than 6 feet for an accumulative 6 hours for tracing?**

- **A:The short answer is “no”.**
  - **The type of exposure may matter more than the length of time spent with or the proximity to the infected person. TB is airborne and micro particles may travel further depending on air flow and air quality. TB may be found in pulmonary and/or extrapulmonary secretions/excretions.**

- **Do not rely on time and distance alone when determining contact tracing.**
  - **For example, a 10-minute aerosol inducing procedure may have higher risk than several cumulative hours of non-invasive care.**

Question 1

- **Other variables (not all inclusive):**
  - **What is the infectious period of the infected patient?**
  - **When was the need for precautions identified?**
  - **What type of PPE was worn?**
  - **What symptoms were present in the infected person?**
  - **What is the susceptibility of the exposed person? (elderly, children, immunosuppressed/compromised, comorbid conditions)**
  - **What types of procedure- aerosol generating procedures like aerosol medication administration, bronchoscopy, intubation, endotracheal suctioning, and sputum induction?**

Question 1

- How is the ventilation/air quality/air flow in each/all spaces the infected person was cared for in?
- What kind of space- for example, confined spaces, poor ventilation? (infectious particles may stay suspended in the air longer)
- Were specimens handled without controlled conditions, use of appropriate level PPE, and what type of methods were used and type of specimen?
- Was there inadequate handling or cleaning/disinfecting equipment or surfaces?

- There is a lot to consider in contact tracing and it is highly advised to identify all known and possible contacts as quickly as possible. Reach out to the Local Health Department to gain support, guidance, and resources for proper contact tracing.

Next NHSN User Call

- **Monday November 17, 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**