

## APIC-DFW 2021 Business Meeting Minutes

<b>Facilitator</b>	Calvin White	<b>Date</b>	11/4/2021	<b>Time</b>	1300-1430
<b>Location</b>	Zoom				

Topic	Discussion	Follow-up
1. Welcome and House Keeping	Be sure to scan the QR code at the beginning and end of today's educational session to receive CE/IPU credit.	
2. Education	Kara Mullane MSN, RN, CIC presented "PODCASTING AND THE IPC ROLE"	
3. Old Business	Reminder to vote in the APIC-DFW election; election closes 11/20.	
4. New Business	Membership encouraged to volunteer for committee chair and volunteer positions.	
5. Vendor Presentations	Cathy Henry and Melissa Smith from 3M presented infection prevention solutions specific to the operating room.	
6. Committee/SIG Reports	<p>Professional Advancement: Inform the PAC if you have certified or recertified (and how you recertified).</p> <p>Conference: Contact Chuck Monney if you are interested in volunteering for the conference committee.</p> <p>Education: APIC-DFW board has approved 2022 Education Needs Assessment. Assessment will be sent to membership on 11/8/21 and placed on the APIC-DFW website. Please complete last day Friday 11/19/21. Contact the education committee if interested in joining the education committee.</p>	
7. Treasurer Report		
8. Board Report	Sasha: There is no COVID19 related grace-period for membership. Please verify your membership status.	
9. Public Health Update	<b>Salmonella Oranienburg update:</b> Nationally there are 820 lab-confirmed cases from 37 states and Puerto	

Rico in the ongoing *Salmonella* Oranienburg cluster. Isolation dates range from 7/3/2021– 10/16/2021. Patients range in age from <1–101 years (median: 37); 58% are female. 31% patients have been hospitalized and none have died. Texas has 186 lab-confirmed cases from 38 counties (23% of national cases). Isolation dates range from 8/10/2021 to 10/13/2021. Patients range in age from <1-84 years (median 39); 57% are female; 22% patients have been hospitalized and none have died.

Multiple companies have recalled raw onions. All recalled onions were supplied by ProSource Produce LLC and Keeler Family Farms and imported from the State of Chihuahua, Mexico between July 1, 2021 and August 31, 2021.

[FDA Table Onion Recall by Companies](#)

**COVID19**

Updated COVID-19 Case Definition: Effective November 1<sup>st</sup>, Texas DSHS updated the COVID-19 case criteria to align with the CSTE [Update to the standardized surveillance case definition and national notification for 2019 novel coronavirus disease \(COVID-19\)](#) and CDC [Coronavirus Disease 2019 \(COVID-19\) 2021 Case Definition](#).

The main changes are the addition of a Suspect case definition which states the following:

- SUSPECT CASE DEFINITION:
  - Meets supportive laboratory evidence with no prior history of being a confirmed or probable case.
- SUPPORTIVE LABORATORY EVIDENCE:
  - Detection of antibody in serum, plasma, or whole blood specific to natural infection with SARSCoV-2 (antibody to nucleocapsid protein),OR
  - Detection of SARS-CoV-2 specific antigen by immunocytochemistry in an autopsy specimen, OR
  - Detection of SARS-CoV-2 RNA or specific antigen using a test performed without CLIA oversight.

Updates to laboratory evidence clarifies that CLIA status of the setting where the test was performed, rather than where the sample was taken, determines the designation of supportive vs probable vs confirmatory laboratory evidence. This impacts “at home tests” which come in a variety of combinations of setting of sample collection and test processing setting.

What this means is that with this newly adopted definition, if “at home tests” are performed without any CLIA oversight then the results are just supportive lab evidence – suspect case. However, if the test is administered with oversight in a setting with CLIA certification or waiver and oversight of a provider (example: the medical director of a nursing home) then it would be presumptive evidence – probable case

***C. auris***

As of today, 207 *Candida auris* cases have been reported to DSHS statewide with 203 cases reported from PHR 2/3 facilities. These cases include those with clinical infections and those identified as colonized cases. The latest positive collection date is 11/1/2021. The number of cases with unusual resistance has not changed.

Due to ongoing transmission of *C. auris* in healthcare facilities in PHR 2/3, we would like to remind facilities of the following:

- We recommend IP auditing of environmental cleaning/disinfection practices for EVS and clinical staff, which includes direct observations of these practices, not just the cleanliness of surfaces.
- When a patient is on contact precautions for *C. auris*, staff should discard all PPE after each encounter.
- When a patient is transferred to another healthcare facility, communicate with public health and facility IP to help ensure transmission-based precautions gets implemented at the new facility.

Please continue to monitor for <i>C. auris</i> results and promptly report cases to your local health department. Ensure the isolate is submitted to DSHS Lab.	
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<p><b><i>Acinetobacter</i></b></p> <p>There has been an increase in healthcare facilities experiencing <i>Acinetobacter</i> outbreaks in Texas, particularly in ACHs, LTACHs, SNFs, and YSNFs. Similar infection control gaps seen with <i>C. auris</i> are suspected to be contributing to transmission in these facilities, including inadequate environmental cleaning and disinfection processes, poor PPE practices, staffing shortages, and lack of IP compliance audits.</p>	
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**Next Meeting: APIC-DFW Holiday Party, December 16<sup>th</sup> 2021, Virtual**