

APIC DFW Business Meeting Minutes

Date: 4/6/2023

Facilitator	Teri Mauldin	Date	4/6/2023	Time	1300 - 1500
Location	UNT Health Science Center Fort Worth	Minutes prepared by	Febi Sammons		

<i>Topic</i>	<i>Discussion</i>	<i>Follow-up</i>
Welcome & Housekeeping	<p>Welcome new members and guests!</p> <p>Welcome new JPS team members!</p>	
Education	<p>“Flexible Endoscopes: Guideline Update 2023” by Amber Wood</p> <p>The presentation will be posted on the APIC-DFW website under Resources → Program Reviews.</p> <p>Continuing Education (CE) will be provided by Terri Goodman. You will receive an email from TG&A within 48 hours and evaluation should be done by 4/30/2023. Handout will be available when completing the evaluation.</p>	
Vendor Message	Katie Vonachen (GOJO), James Wright (Symmetry Hand Hygiene); Brian Conom (Mölnlycke Health Care)	
Old Business	<p>March 2023 Business Meeting – posted on APIC-DFW website.</p> <p>Approved by Anne Mattern, second by Chuck Monney</p>	
New Business	<ul style="list-style-type: none"> • Educational Support for APIC National Conference application period closes 4/15 – two scholarships available for \$1200 towards conference attendance. • Congratulations to Katharine Hoffman and Chrystia Johnson on their recent publication <i>Making Sense of Complex IFU’s</i>, in <i>Journal of Outpatient Surgery</i> • Member announcement (Joel Henderson) - IP Manager opening at Methodist Hospital Dallas Campus 	
Board Report		

	<table border="1"> <tr> <td>Immediate Past President</td> <td><i>Donald Chitanda</i></td> <td>Board Member #1</td> <td><i>Shannon Simmons</i></td> </tr> <tr> <td>President</td> <td><i>Teri Mauldin</i></td> <td>Board Member #2</td> <td><i>Sharon Holmes</i></td> </tr> <tr> <td>President-Elect</td> <td><i>Stephanie Kreiling</i></td> <td>Board Member #3</td> <td><i>Thi Dang</i></td> </tr> <tr> <td>Secretary</td> <td><i>Febi Sammons</i></td> <td>Board Member #4</td> <td><i>Chuck Monney</i></td> </tr> <tr> <td>Treasurer</td> <td><i>Kristina Hobbs</i></td> <td>Treasurer Elect</td> <td><i>Kimberly Sutton</i></td> </tr> </table>	Immediate Past President	<i>Donald Chitanda</i>	Board Member #1	<i>Shannon Simmons</i>	President	<i>Teri Mauldin</i>	Board Member #2	<i>Sharon Holmes</i>	President-Elect	<i>Stephanie Kreiling</i>	Board Member #3	<i>Thi Dang</i>	Secretary	<i>Febi Sammons</i>	Board Member #4	<i>Chuck Monney</i>	Treasurer	<i>Kristina Hobbs</i>	Treasurer Elect	<i>Kimberly Sutton</i>	
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<p>Committee/SIG Reports</p>	<ul style="list-style-type: none"> • Debra Culmer with Conference Committee – APIC DFW Conference Theme: The Mechanics of Infection Prevention – Tune up your plan. Will be held on October 20th at Lone Star Park at Grand Prairie. Conference will be in-person only with no virtual option • Katie Davis (SIG) – Next SIG meeting will be reviewing NHSN training from March. 																					

	<ul style="list-style-type: none"> • Katherine Hoffman – If you submitted an oral abstract/presentation that was accepted for the Annual APIC Conference in Orlando, FL please let Katherine (KHoffman01@jpshealth.org) or Anne (greeneearth@gmail.com) with the Education Committee know so you have the opportunity to present your work at our August APIC-DFW chapter meeting. <table border="1" data-bbox="600 488 1682 846"> <tr> <td>Awards</td> <td><i>Latitia Houston Stephanie Zitrick</i></td> <td>Nominating</td> <td><i>Cortni Rice, Shannell Howell, Angela Obrien</i></td> </tr> <tr> <td>Conference</td> <td><i>Debra Culmer, Therissa Grefsrud</i></td> <td>Professional Advancement</td> <td><i>Matthew Nelson</i></td> </tr> <tr> <td>Education/Pro gram</td> <td><i>Anne Mattern, Kathleen H, Katharine H.</i></td> <td>Vendor Liaison</td> <td><i>Debra Culmer</i></td> </tr> <tr> <td>Government Affairs</td> <td><i>Jasmine Cluck</i></td> <td>Chapter Engagement</td> <td><i>Phyllis Riles</i></td> </tr> <tr> <td>Historian</td> <td><i>Therissa Grefsrud</i></td> <td>Surveillance SIG</td> <td><i>Katie Davis</i></td> </tr> <tr> <td>National Liaison</td> <td><i>Laura Bufort</i></td> <td>Mentoring</td> <td><i>Calvin White</i></td> </tr> </table>	Awards	<i>Latitia Houston Stephanie Zitrick</i>	Nominating	<i>Cortni Rice, Shannell Howell, Angela Obrien</i>	Conference	<i>Debra Culmer, Therissa Grefsrud</i>	Professional Advancement	<i>Matthew Nelson</i>	Education/Pro gram	<i>Anne Mattern, Kathleen H, Katharine H.</i>	Vendor Liaison	<i>Debra Culmer</i>	Government Affairs	<i>Jasmine Cluck</i>	Chapter Engagement	<i>Phyllis Riles</i>	Historian	<i>Therissa Grefsrud</i>	Surveillance SIG	<i>Katie Davis</i>	National Liaison	<i>Laura Bufort</i>	Mentoring	<i>Calvin White</i>	
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<p>Government Affairs Update</p>	<p>Jasmine Cluck, GAC chair:</p> <ul style="list-style-type: none"> • GAC Report posted with a few FDA notices. APIC DFW website: Resources → Government Affairs (website). • CDC released updated screening and testing for chronic Hepatitis B • COVID-19 Public Health Emergency will end on May 11th 																									
<p>Public Health Update</p>	<p>Steven Pulvino with DSHS Region 2/3 presented the following:</p> <p><u>CDC HAN</u> Health Alert Network (HAN) - 00489 Marburg Virus Disease Outbreaks in Equatorial Guinea and Tanzania (cdc.gov). Released 04/06/2023 https://emergency.cdc.gov/han/2023/han00489.asp</p> <p><u>CURRENT OUTBREAK INFO</u> Equatorial Guinea <i>As of 03/27/2023, updates as of 04/05/2023 where noted</i></p>																									

	<ul style="list-style-type: none">• First case confirmed February 12th• 14 cases lab confirmed cases<ul style="list-style-type: none">○ 10 deaths• 5 districts within 4 separate provinces affected<ul style="list-style-type: none">○ Litoral Province<ul style="list-style-type: none">▪ Bata District○ Central Sur Province<ul style="list-style-type: none">▪ Evinayong District○ Kie Ntem Province<ul style="list-style-type: none">▪ Nsok-Nsomo District▪ Ebebiyin District○ Wle-Nzas Province<ul style="list-style-type: none">▪ Mongomo District• Per CDC, the wide geographic spread of the outbreak within the country suggests that there may be undetected community spread of the virus in the country. All suspect cases in nearby surrounding countries have been confirmed negative to date. <p>Tanzania <i>As of 04/05/2023</i></p> <ul style="list-style-type: none">• First confirmed case on March 21st• 8 confirmed cases• 5 deaths• 1 district affected<ul style="list-style-type: none">○ Bukoba District (within the Kagera Region)• Per CDC, based on currently available information, all individuals with MVD are from Kagera Region in Tanzania and appear to be epidemiologically linked. <p>Currently there are no cases in the US or other countries.</p> <p><u>ORGANISM AND ILLNESS</u></p> <p>Infectious agent</p> <p>Marburg virus disease (MVD) is a hemorrhagic fever which affects both people and non-human primates. Marburg virus is in the same family as the Ebola virus species, and causes similar symptoms. The reservoir host of Marburg virus is a fruit bat native to Africa called the Egyptian rousette bat, found widely across Africa.</p>	
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	<p>Transmission Transmission occurs through person-to-person contact, such as through broken skin or mucous membranes in the eyes, nose, or mouth, with:</p> <ul style="list-style-type: none">• Blood or body fluids (urine, saliva, sweat, feces, vomit, breast milk, amniotic fluid, and semen) of a person who is sick with or died from Marburg virus disease, or• Objects contaminated with body fluids from a person who is sick with or has died from Marburg virus disease (such as clothes, bedding, needles, and medical equipment)• Infected fruit bats or nonhuman primates <p>Incubation Period 2-21 days</p> <p>Clinical Illness Symptom onset is sudden and marked by fever, chills, headache, and myalgia. Around the fifth day after the onset of symptoms, a maculopapular rash, most prominent on the trunk (chest, back, stomach), may occur. Nausea, vomiting, chest pain, a sore throat, abdominal pain, and diarrhea may appear. Symptoms become increasingly severe and can include jaundice, inflammation of the pancreas, severe weight loss, delirium, shock, liver failure, massive hemorrhaging, and multi-organ dysfunction. The case-fatality rate for MVD is between 23-90%. With early intensive supportive care and fluid replacement, mortality rates may be lower.</p> <p>Vaccine and Treatment There is currently no Food and Drug Administration (FDA)-approved vaccine or treatment for MVD. Supported care is recommended.</p> <p><u>MVD CASE DEFINITIONS</u></p> <p>Suspect Case</p> <ol style="list-style-type: none">1. Signs and symptoms compatible with MVD. AND2. An epidemiological risk factor* within 21 days (i.e., the incubation period) before the onset of symptoms.	
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	<p>Confirmed Case Laboratory-confirmed diagnostic evidence of MVD (i.e., through molecular and/or serologic testing).</p> <p>*Exposure risks for MVD may include the following activities.</p> <ul style="list-style-type: none">• Contact with a symptomatic person with suspected or confirmed MVD, or any objects contaminated by their body fluids• Experienced a breach in infection prevention and control precautions that result in the potential for contact with body fluids of a patient with suspected or confirmed MVD• Contact with semen from a person who has recovered from MVD• Participated in any of the following activities while in an area with an active MVD outbreak:<ul style="list-style-type: none">○ Having contact with someone who was sick or died, or any objects contaminated by their body fluids○ Attending/participating in funeral rituals, including preparing bodies for funeral or burial○ Working in a healthcare facility or laboratory○ Visiting a healthcare facility or traditional healer○ Having contact with bats or wild animals○ Working or spending time in a mine/cave <p><u>ROUTINE DIAGNOSTIC TESTING</u> Marburgviruses and ebolaviruses are in the same virus family Filoviridae and are closely related. Per CDC guidance, routine diagnostic guidance for ebolaviruses can be applied to marburgviruses. See the link below for specific guidance.</p> <p>Recent presence in Equatorial Guinea or Tanzania should not be a reason to defer routine laboratory testing or other measures necessary for standard patient care. Testing for common causes of acute febrile illness in returning travelers</p> <ul style="list-style-type: none">• Malaria, dengue, typhoid fever	
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- Respiratory viruses such as SARS-CoV-2, Influenza, and RSV
- Diagnostic testing for other common causes of acute febrile illness in returning travelers

Guidance for U.S. Hospitals and Clinical Laboratories on Performing Routine Diagnostic Testing for Patients with Suspected Ebola Disease

<https://www.cdc.gov/vhf/ebola/laboratory-personnel/safe-specimen-management.html>

The following routine clinical laboratory tests are critical to assist clinicians in evaluating an ill traveler.

- Complete blood count (CBC), including differential and platelet count
- Sodium, potassium, bicarbonate, blood urea nitrogen, creatinine, and glucose concentrations
- Liver function tests
- Coagulation testing, specifically prothrombin time (PT), expressed as an international normalized ratio (INR)
- Chemical urinalysis (dipstick)
- Blood culture for bacterial pathogens. The early initiation of blood cultures may be important, even if the patient will be transported prior to culture results, as blood cultures may be an essential component of the ultimate diagnosis.

MVD TESTING

- Testing is available through a handful of public health labs around the state. Testing uses the CLIA approved BioFire Warrior Panel.
- Requests for testing **MUST** be made through the appropriate LHD or regional office.

INFECTION PREVENTION RECOMMENDATIONS

Infection prevention recommendations for Ebola virus disease in healthcare settings also apply to Marburg virus disease. Refer to the **Infection Prevention and Control Recommendations for Hospitalized Patients Under Investigation for Ebola Virus Disease in US Hospitals** on the CDC's website.

<https://www.cdc.gov/vhf/ebola/clinicians/evd/infection-control.html>

	<p>If a patient has relevant exposure history and signs or symptoms consistent with MVD:</p> <ul style="list-style-type: none"> • Isolate the patient in a single room with a private bathroom or a covered bedside commode. • Adhere to infection prevention and control procedures to prevent transmission through direct or indirect contact, including wearing appropriate PPE and using dedicated equipment. • Use only essential healthcare workers trained in their designated roles for patient care and keep a log of everyone who enters and leaves the patient’s room. • Perform only necessary tests and procedures and avoid aerosol-generating procedures. Please see the CDC guidance for hospitals and laboratories on performing routine diagnostic testing for patients with suspected MVD. https://www.cdc.gov/vhf/marburg/clinicians/safe-specimen-management.html <p><u>PUBLIC HEALTH RESPONSE</u> CDC is texting all returning travelers to be aware of the symptoms of MVD upon arrival and to self-monitor for symptoms for 21 days after departure from a MVD affected country. Per the CDC, public health monitoring is not recommended at this time for returning travelers. There are no direct commercial flights from Equatorial Guinea or Tanzania to the United States and the number of travelers arriving in the United States from either country is low. Currently, no enhanced domestic travel measures are recommended, as the overall risk in the United States is considered low at this time.</p> <p><u>REPORTING</u> If MVD is suspected, please contact the appropriate health dept immediately.</p>	
<p>Announcements</p>	<p style="text-align: center;"><u>Surveillance/Mentoring SIG Conference Call</u> May 12, 2023, 12:00 PM Check APIC-DFW Website Calendar for Meeting Link</p> <p style="text-align: center;"><u>Next Meeting Information:</u> May 4, 2023, via TEAMS Register at APIC-DFW Website</p> <p style="text-align: center;"><u>Professional Advancement Committee</u> First Thursday of every month</p>	

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Date: 4/6/2023

	Via Teams from 11:00 – 12:30 Check APIC-DFW Website for details	
Adjournment	Meeting adjourned at 2:46 pm	