APIC-DFW 2021 Business Meeting Minutes

Facilitator	Donald Chitanda	Date	8/5/2021	Time	1300-1430
Location	Zoom				

Topic	Discussion	Follow-up
Welcome and House Keeping	Donald stepping in for Calvin due to other commitment	
2. Education	Dr. Diana Cervantes, MS, DrPH, CLS(MB), CPH, CIC presented "APIC 2020 MegaSurvey: Infection Prevention in Non-Acute Care Settings" Teri Mauldin, MBA, BSN, CIC presented "Factors Related to Accurate Application of NHSN Surveillance Definitions for CAUTI and CLABSI in Texas Hospitals: A Cross-Sectional Survey"	
3. Old Business	No significant updates.	
4. New Business		
5. Vendor Presentations	No vendor portion today.	
6. Chapter Officer Reports	Immediate Past President: APIC-DFW website has been reviewed and updated. Members are encouraged to use the hashtag "#APICDFW" when they tweet about IP. Members can make correction requests for the APIC-DFW website through the corrections section of the website. National Liaison: Infection Prevention Week is Oct 17th-23th. The theme is "Make your Intention Infection Prevention" Board member #2 is recruiting for 2022 volunteers for the Professional Advancement and Social committees	
7. Committee/SIG Reports	Chuck Monney Conference Committee: All 4 speakers for conference are booked and it will be held October 22 nd . Look for materials coming soon. 5 IPUs will be available. Jasmine Cluck, GAC: legislative slides and August GAC report are available on the APIC-DFW website.	

	Erica PAC: Professional Advancement Committee is recruiting for next			
	year			
	year			
	Demi Nominating Committee: Nominating committee chair encourages			
	members to fill out the willingness to serve form.			
8.				
9. Treasurer Report				
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	Opering Delegan shoulding			
	Opening Balance, checking \$23,508.69			
	Income \$1,135.00			
	Expenses (\$475.00)			
	Closing Balance, checking \$24,168.69			
	Savings \$33,487.81			
	Total \$57,656.50			
10. Public Health Update	Hep A:			
10. I done Health Opdate				
	There has been a marked increase in the number of reported cases of Hepatitis A in Public			
	Health Region 2/3. From 2016 to 2019, the number of cases each year ranged from 20-40			
	cases. In 2020, this increased to 151 cases. From January through July of this year, 172			
	cases have been officially reported to DSHS in PHR 2/3. Several of our local health			
	departments have noticed increases; however, approximately 70% of these cases have			
	been reported in Dallas County alone. Investigations have highlighted primary risk			
	characteristics of homelessness and illicit drug use (both IVDU and non-IVDU). The			
	majority of cases are being reported in men ages 35 – 64. Please report any suspected			
	cases of HAV to your local health department promptly.			
	cases of the volume to your local nearth department promptly.			
	Monkeypox:			
	A single case of monkeypox virus infection was confirmed in a TX			
	71			
	resident in July. The patient had onset of cough, fever, diarrhea, and rash			
	on 7/1 while in Nigeria. The patient traveled to Dallas from Lagos,			
	Nigeria, via Atlanta on two separate flights during July 8-9, 2021 while			
	infectious. Public health worked with the CDC's Division of Global			
	Migration and Quarantine (DGMQ) to identified contacts on those flights			
	and conduct public health monitoring. All TX individuals identified as			
	contacts on the flights as well as potential community contacts have			
	completed their 21 day post potential exposure monitoring. There are still			
	some healthcare workers under symptom monitoring as they are still caring			
	for the patient. All appropriate PPE is being worn by the HCWs (patient			
	1 for the patient. An appropriate FFE is being worn by the news (patient			

Data: 6/2/2021						
Date: 6/3/2021	on standard, contact an symptoms at this time. 2/3.					
	COVID-19 Variant: COVID-19 Information					
		B.1 3				
		B.1.1.519	2			
	Alpha/UK	B.1.1.7	617			
		B.1.2	2			
		B.1.234	1			
	Beta/S. Africa	B.1.351	10			
		B.1.396	1			
		B.1.427	11			
	Epsilon/US	B.1.429	27			
		B.1.526	21			
		B.1.526.1	4			
	Iota/US	B.1.526.2	3			
		B.1.596	5			
	Kappa/India	B.1.617.1	2			
	Delta/India	B.1.617.2	56			
	Gamma/Brazil		25			
	Zeta/Brazil		1			

Total

791

- · Demographics
 - Gender
 - 33% are male (n=262)
 - 38% are female (n=297)
 - 29% unknown (n=231)
 - Age
 - The average age is 37 years with a range of 1-88 years
 - Residence
 - 52% are in one of the big 4 counties in PHR 2/3 (those are Collin, Dallas, Denton and Tarrant)

Upward Trend:

In counties where PHR 2/3 has public health jurisdiction, we have been experiencing a high increase in reported COVID-19 cases. In week 27 (7/4-7/10) we were receiving on average ~80 cases/day, week 28 (7/11-7/17) the average increased to ~210 cases/day, and week 30 (7/25-7/31) the average increased again to ~500 cases/day.

As of yesterday 8/4/2021, 114 *Candida auris* cases have been reported to DSHS Region 2/3 and the 13 local health departments located in this area. The cases include those with clinical infections and those identified as colonized cases. Eighteen cases have expired. The latest positive collection date is 8/2/2021.

The number of cases with unusual resistance has not changed since the June update. There are two cases whose isolates were confirmed with panresistance (resistance to all three antifungal classes) and five additional cases with isolates identified as Echinocandin-resistant.

There are more facilities in the metroplex and surrounding communities who have cared for a positive *C. auris* case since we provided an update in June.

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

• To prepare your facility to care for a patient with a history of *C*.

Date: 6/3/2021 auris, ensure your facility has disinfectants available from EPA List P (EPA-registered disinfectants effective against *C. auris*). If the facility does not have disinfectants on EPA List P, then ensure there is a disinfectant available from EPA List K (EPAregistered disinfectants effective against C. difficile). Educate staff on manufacturer's instructions for use for the disinfectant, including contact time and dilution. We recommend IP auditing of environmental cleaning/disinfection practices for EVS and clinical staff. 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 the facility IP to help ensure transmission-based precautions gets implemented at the new facility. Candida species identification in both sterile and non-sterile sites is recommended while *C. auris* transmission is ongoing in the area. Please continue to monitor for C. auris results and promptly report cases to your local health department. Ensure the isolate is submitted to DSHS Lab per Texas Administrative Code. 11. Announcements **Important Dates:** Save These Future Meeting Dates! Willingness to Serve Applications Due Education and Business Meeting

Next Meeting: September 2nd, 2021 1:00 PM, Zoom

APIC DFW Business Meeting Minutes Date: 6/3/2021