Facilitator	Teri Mauldin	Date	9/7/2023	Time	1300 - 1500
Location	MS TEAMS	Minutes prepared by		Febi Sam	nmons

	Follow-up			
Welcome new members and guests!				
Welcome Brian Donahue and Michael Castro				
CE Presentation:				
Surgical Skin Antisepsis: Are You Prepped and Ready? Peter Graves, BSN, RN, CNOR				
A copy of the presentation will be available on the APIC-DFW website under Resources – Program Reviews.				
Thank you to our vendors: Kelley Wellbrock (BD); Brian Donahue (Finsen Technologies)				
August 2023 Business Meeting – posted on <u>APIC-DFW</u> website.				
 Remember to share your accomplishments with the chapter through the website form. Communicate → <u>Share your success</u> APIC Conference Highlights/Lessons Learned - Kris Egleston Voting for 2024 President Elect and Secretary starts today! Volunteer for APIC-DFW Committee in 2024. Email <u>info@apicdfw.org</u> if you are interested in serving in any of the available positions below: Conference Committee - Chair and members Nominating Committee - Co-chair and members Government Affairs Committee (GAC) - Chair 				
	Welcome Brian Donahue and Michael Castro CE Presentation: Surgical Skin Antisepsis: Are You Prepped and Ready? Peter Graves, BSN, RN, CNOR A copy of the presentation will be available on the APIC-DFW website under Resources Program Reviews. Thank you to our vendors: Kelley Wellbrock (BD); Brian Donahue (Finsen Technologies) August 2023 Business Meeting – posted on <u>APIC-DFW</u> website. • Remember to share your accomplishments with the chapter through the website form. Communicate → <u>Share your success</u> • APIC Conference Highlights/Lessons Learned – Kris Egleston • Voting for 2024 President Elect and Secretary starts today! • Volunteer for APIC-DFW Committee in 2024. Email info@apicdfw.org if you are interested in serving in any of the available positions below: • Conference Committee – Chair and members			

	Chapter en	igagement – mem	ibers			
	Awards Committee – Co-chair					
	Chapter Needs Assessment findings presented by Anne Mattern & Katherine					
	Hoffman					
	If you're interested in working on social media to increase APIC-DFW online					
	presence, please c	presence, please contact Therissa Grefsrud (<u>Therissa.Grefsrud@BSWHealth.org</u>)				
	Immediate Past	Donald	Board Member			
	President	Chitanda	#1	Shannon Simmons		
	President	Teri Mauldin	Board Member #2	Sharon Holmes		
Board Report	President-Elect	Stephanie Kreiling	Board Member #3	Thi Dang		
·	Secretary	Febi Sammons	Board Member #4	Chuck Monney		
	Treasurer	Kristina Hobbs	Treasurer Elect	Kimberly Sutton		
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Treasurer Report						
	The below is as of July 3	1, 2023				
	Ononi	Opening Belance, sheeking				
	Opening Balance, checking \$18,542.67 Income \$10,424.90					
		Expenses		\$5,618.30		
	Clo	Closing Balance, checking		\$23,349.27		
		Savings		\$21,495.33		
	Investment			\$40,808.44 \$85,653.04		
	Total \$85,653.04					

Committee/SIG Reports					
	Awards	Latitia Houston, Stephanie Zitrick	Nominating	Cortni Rice, Shannell Howell, Angela Obrien	
	Conference	Debra Culmer, Therissa Grefsrud	Professional Advancement	Matthew Nelson	
	Education/Pro gram	Anne Mattern, Kathleen Hartless, Katharine Hoffman	Vendor Liaison	Debra Culmer	
	Government Affairs	Jasmine Cluck	Chapter Engagement	Tijera Bell, Loan VanAuker	
	Historian	Therissa Grefsrud	Surveillance SIG	Katie Davis	
	National Liaison	Laura Buford	Mentoring	Calvin White	
Government Affairs Update		website: Resources \rightarrow G			
Public Health Update Kelsey Tatum from TX DSHS Region 2/3 provided the following update: The material in this presentation has been prepared by Texas Department of State Health Services – Public Health Region 2/3 and is general background information about the region at the date of this presentation. This information is given in summary for educational purposes only. RSV Update: The CDC released a HAN this week on increased RSV activity in the SE United States, which also details some new prevention tools to protect patients. In the United States, the annual RSV season has historically started in the fall and peaked in winter. In recent weeks, CDC has observed an increase in RSV activity in parts of the Southeastern United States. While the weekly percentage of positive detections reported to NREVSS nationally is below the season onset				by Texas Department of I is general background Intation. This information is Y activity in the SE United	
				rved an increase in RSV hile the weekly percentage	

threshold, the numbers out of Florida are reflecting increases is weekly PCR positivity beginning in the week ending July 22,2023 and the 3-week moving average of PCR positivity has been elevated the past 4 weeks. Georgia has also seen an increase in the rate of RSV-associated hospitalizations. RSV's typical geographic pattern starts in Florida and the southeast before spreading north and west.	
In anticipation of the new RSV season, the CDC encourages clinicians to prepare to implement new RSV prevention options. Monoclonal antibody products, including a new, long-acting product, nirsevimab, are available to protect infants and some <u>young children at higher risk [t.emailupdates.cdc.gov]</u> for severe RSV disease. For all infants ages <8 months, and infants and children ages 8–19 months who are at <u>increased risk [t.emailupdates.cdc.gov]</u> of severe RSV, clinicians should start to offer nirsevimab when it becomes available (expected by early October).	
Also, two new vaccines are available to protect older adults from severe RSV disease. For adults ages 60 years and older, clinicians should offer a single dose of an RSV vaccine, based on shared clinical decision-making between the healthcare provider and the patient. Clinicians should also talk to their patients about other vaccines available this fall to help prevent respiratory infections. Clinicians should consider testing symptomatic patients with high-risk conditions for COVID-19, influenza, and RSV to inform treatment decisions. Healthcare personnel and staff at long-term care facilities should stay home and not go to work when they have fever or symptoms of respiratory infection to reduce the spread of respiratory infections including RSV.	
Legionella update: From January through July 2023, the case counts have been above the 5 year average for this time period. Cases of Legionellosis typically increase in early summer and continue to be elevated into fall. This may be due to factors such as people traveling more and elevated water temperatures given the extremely warm summer we have had thus far.	

Detection of Legionella pneumophila serogroup 1 antigen in a urine specimen	is
the least invasive method of testing that meets public health laboratory criteri	a
for a confirmed case. Other methods include PCR testing of a specimen from	
lower respiratory secretions, lung tissue, or pleural fluid, or culturing of any of	
those specimens or a normally sterile body fluid. Serological testing is only	
considered valid in the context of <u>paired</u> sera collected within 2 weeks of onse	+
of symptoms and then again 3-6 weeks later.	
or symptoms and then again 5-6 weeks later.	
Vibrio update:	
On September 1 st 2023, the CDC issued a health advisory to healthcare	
providers, labs, and public health departments about recent reports of severe	
<i>Vibrio Vulnificus</i> infections that are associated with open wound exposure to	
warm coastal water in the U.S. <u>V. Vulnificus HAN [emergency.cdc.gov]</u>	
Background:	
Vibrio naturally live in coastal water such as salt and brackish water.	
 V. Vulniticus thrive in warmer water during the summer months (May to October). 	
 V. Vulnificus is primarily transmitted through an open wound and 	
occasionally contaminated raw or undercooked shellfish.	
 Open wounds can include those from recent surgery, piercing, 	
tattoo, along with cuts or scrapes.	
V. Vulnificus wound infections have a short incubation period.	
 Wound infection symptoms include fever, redness, pain, swelling 	g,
warmth, discoloration, and discharge.	
 V. Vulnificus can be a severe or fatal infection. 	
Recommendations for healthcare professionals:	
 Healthcare providers should consider V. Vulnificus as a cause of infection 	ed
wounds especially if the patient was exposed to coastal waters,	
particularly near the Gulf of Mexico or East Coast.	
 Patient or family members should be asked about recent coast 	al
water exposure; acquired scratch or cut while in coastal water;	or
had open-wound contact with raw or undercooked seafood.	
If <i>V. Vulnificus</i> is suspected, obtain a wound or hemorrhagic bullae	
culture.	

	 Blood cultures are recommended in addition to wound and hemorrhagic cultures. All Vibrio and V. Vulnificus isolates must be sent to the DSHS Austin Lab. Treatment should be initiated promptly. Early antibiotic therapy and surgical intervention improve survival. Vibriosis is a notifiable disease that must be reported to the local, state, territorial or tribal health department. 	
Announcements	<u>Next Meeting Information</u> : November 3, 2023 – via TEAMS only Virtual option available via TEAMS - Register at <u>APIC-DFW Website</u> <u>Professional Advancement Committee</u> <u>First Thursday of every month</u> Via Teams from 11:00 – 12:30 Check APIC-DFW Website for details	
Adjournment		