

January 31, 2024, 3:00 PM – 4:00 PM

LTC Provider Call

**Assisted Living / Residential
Care / Adult Day Care**



If you see this screen, you are in the right place, but we have not yet started.
We will begin shortly.

All lines are muted. Lines will be muted throughout the program.

Submit questions to LTC@health.ok.gov.

(Questions in the online Q&A chat will be answered in the FAQ document, not on the call.)

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Form 283 Reminders

Wednesday, January 31, 2024

Aletha Bigham
Complaint & Incident Coordinator
Long Term Care Service



January 31, 2024

Healthcare Associated Infections/Antibiotic Resistance Prevention Program Updates

Jeneene Kitz, BSN, RN, CIC
HAI/AR Prevention Program Manager
Infectious Disease Prevention and Response

Rhonda McComas, BSN, RN
Lead Long Term Care Infection Preventionist
Infectious Disease Prevention and Response

OKLAHOMA
State Department of Health



When to call Infectious Disease Prevention and Response (Acute Disease)

What is Reportable?

<https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/prevention-and-preparedness/acute-disease-service/disease-information/disease-reporting/updated-reportable-condition-poster.pdf>



REPORTABLE DISEASES/ CONDITIONS

The following diseases are to be reported to the OSDH by PHIDDO or telephone (405-426-8710) immediately upon suspicion, diagnosis, or positive test.

Anthrax*	Hepatitis B during pregnancy (HBsAg+)	Orthopox viruses (i.e., Smallpox, Monkeypox)*
Bioterrorism - suspected disease*	Measles (Rubeola)	Plague*
Botulism	Meningococcal invasive disease	Polio myelitis
Diphtheria	Novel coronavirus	Rabies
Free-living amebae infections causing primary amebic meningoencephalitis	Novel influenza A	Typhoid fever
	Outbreaks of apparent infectious disease	Viral hemorrhagic fever*

The following diseases are to be reported to the OSDH by secure electronic data transmission within one working day (Monday through Friday, State holidays excepted):

Acid Fast Bacillus (AFB) positive smear (only if no additional testing is performed or subsequent testing is indicative of <i>Mycobacterium tuberculosis</i> Complex)	HBV DNA+. For infants ≤18 months, all hepatitis B related tests ordered, regardless of test result, must be reported.)	Salmonellosis
AIDS (Acquired Immunodeficiency Syndrome)	Hepatitis C infection in persons having jaundice or ALT > or = 200 with laboratory confirmation. (If hepatitis C EIA is confirmed by NAT for HCV RNA, or s/co ratio or index is predictive of a true positive then report results of the entire hepatitis panel. For infants ≤18 months, all hepatitis C related tests ordered, regardless of test result, must be reported. Positive HCV RNA are reportable by both laboratories and providers.)	SARS-CoV-2 (COVID-19)
<i>Anaplasma phagocytophilum</i> infection	HIV (Human Immunodeficiency Virus) Infection (All tests indicative of HIV infection are reportable by laboratories and providers. For infants ≤ 18 months, all HIV tests ordered, regardless of test result, must be reported.)	Shigellosis
Brucellosis*	Influenza associated hospitalization or death	Spotted Fever Rickettsiosis (<i>Rickettsia</i> spp.) hospitalization or death
California serogroup virus infection	Legionellosis	St. Louis encephalitis virus infection
Campylobacteriosis	Leptospirosis	Streptococcal disease, invasive, Group A (GAS)
Chikungunya virus infection	Listeriosis	Streptococcus pneumoniae invasive disease, children <5 yrs.
Congenital rubella syndrome	Lyme disease	Syphilis (Nontreponemal and treponemal tests are reportable. If any syphilis test is positive, then all syphilis test results on the panel must be reported. For infants ≤18 months, all syphilis tests ordered, regardless of test result, must be reported.)
Cryptosporidiosis	Malaria	Tetanus
Cyclosporiasis	Mumps	Trichinellosis
Dengue fever	Pertussis	Tuberculosis
Eastern equine encephalitis virus infection	Powassan virus infection	Tularemia*
<i>Escherichia coli</i> O157, O157:H7 or a Shiga toxin producing <i>E. coli</i> (STEC)	Psittacosis	Unusual disease or syndrome
Ehrlichiosis	Q Fever*	Vibriosis including cholera
<i>Haemophilus influenzae</i> invasive disease	Rubella	West Nile virus infection
Hantavirus infection, without pulmonary syndrome		Western equine encephalitis virus infection
Hantavirus pulmonary syndrome		Yellow fever
Hemolytic uremic syndrome, postdiarrheal		Zika virus infection
Hepatitis A infection (Anti-HAV-IgM+)		
Hepatitis B infection (if any of the following are positive, then all test results on the hepatitis panel must be reported: HBsAg+, anti-HBc-IgM+, HBeAg+, or		

The following diseases and laboratory results are to be reported to the OSDH within one month:

CD4 cell count with cell count % (by laboratories only)	Creutzfeldt-Jakob disease	<i>Lymphogranuloma Venereum</i> (LGV) reportable as Chlamydia.
Chlamydial infections (<i>C. trachomatis</i>)	Gonorrhea (<i>N. gonorrhoeae</i>)	
	HIV viral load (by laboratories only)	

Pure isolates of the following organisms must be sent to the OSDH Public Health Laboratory within two (2) working days (Monday-Friday, state holidays excepted) of final ID/diagnosis

<i>Bacillus anthracis</i> *	lates)	* Call the 24/7 PHL Hotline, (405) 406-3511, prior to submitting a select agent specimen for rule out testing.
<i>Brucella</i> spp.*	<i>Listeria</i> spp. (sterile site isolates)	
Carbapenem-resistant <i>Acinetobacter</i> spp.	<i>Mycobacterium tuberculosis</i>	** Laboratories unable to perform reflex culture for isolation/recovery of specified bacterial pathogens detected by CIDT assays shall submit positive CIDT stool samples in Cary Blair or modified Cary Blair transport media to the OSDH PHL within two (2) (Monday through Friday, state holidays excepted) working days of final CIDT result..
Carbapenem-resistant <i>Enterobacteriaceae</i>	<i>Neisseria meningitidis</i> (sterile site isolates)	
Carbapenem-resistant <i>Pseudomonas aeruginosa</i>	<i>Plasmodium</i> spp.	
<i>Escherichia coli</i> O157, O157:H7, or a Shiga toxin producing <i>E. coli</i> **	<i>Salmonella</i> spp. **	
<i>Francisella tularensis</i> *	<i>Vibrionaceae</i> family (<i>Vibrio</i> spp., <i>Grimontia</i> spp., <i>Photobacterium</i> spp., and other genera in the family) **	
<i>Haemophilus influenzae</i> (sterile site iso-	<i>Yersinia</i> spp. **	

Infectious Disease Prevention & Response (405) 426-8710 Available 24 Hours a Day	Sexual Health & Harm Reduction Service Ph: (405) 426-8400 Fax: (405) 900-7598	Public Health Laboratory (405) 564-7750 Fax: (405) 900-7611
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Common Categories

The following diseases are to be reported to the OSDH by PHIDDO or telephone (405-426-8710) immediately upon suspicion, diagnosis, or positive test.

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OSDH Viral View

- Viral view provides up to date surveillance data for Influenza, COVID, and RSV.
 - Activity level, test positivity rates, hospitalizations, variant testing results, and wastewater.



OK ViralView: Respiratory Virus Surveillance Summary

 [Get Email Updates:](#)

Provided on this webpage are summaries of influenza, RSV, and COVID-19 surveillance data obtained from the Oklahoma State Department of Health (OSDH) respiratory surveillance system which includes sentinel surveillance data (outpatient influenza-like illness and influenza, RSV, and COVID-19 laboratory testing percent positivity); severity of illness data (influenza-associated hospitalizations and deaths and COVID-19-associated hospitalizations); and OSDH Public Health Laboratory (PHL) testing data.

Weekly reports will be published by 10:00 am every Thursday throughout the influenza season. Weekly reporting resumes on October 12, 2023, for the 2023-2024 season.



Influenza (Increasing)

[Data Dashboard](#)

- [Weekly National Statistics](#) (CDC)
- [Flu Activity Level Criteria](#) (CDC)
- [United States Influenza Activity Map](#) (CDC)



COVID (Plateau)

[Data Dashboard](#)

- [COVID Data Tracker](#) (CDC)
- [SARS-CoV-2 in Oklahoma Wastewater](#)



RSV (Decreasing)

[Data Dashboard](#)

- [RESP-NET Interactive Dashboard](#) | CDC
- [National Emergency Department Visits for COVID-19, Influenza, and Respiratory Syncytial Virus](#) | CDC

Multidrug-Resistant Organisms (MDRO) Prevention, Containment, and Response

HAI/AR Program:

- Notification
- Telephone consultation
- Onsite Infection Control Assessment and Response (ICAR) Visit
- Screening of residents with possible exposure

Facility:

- Use of Contact precautions unless Enhanced Barrier Precautions consistently in place
- Adherence to proper hand hygiene and use of personal protective equipment (PPE)
- Frequent, meticulous cleaning/disinfecting practices of high touch environmental surfaces and shared equipment with EPA registered disinfectants.



Contact HAI/AR Program

HAI@health.ok.gov or call 405-426-8710

- General Infection Prevention questions
- Reporting COVID-19 outbreaks
- To request an on-site preventative Infection Control And Response (ICAR) visit



Weather & Incident Reporting

Wednesday, January 31, 2024

Shayla Spriggs, MSN, RN
Manager of Survey
Long Term Care Service



Reports to State and Federal Agencies

Assisted Living 310:663-19-1. Incident reports

- (b)(5) Reporting storm damage. The facility shall report to the Department storm damage resulting in relocation of a resident from a currently assigned room.
- (b)(4) Reporting fires. The facility shall report to the Department all accidental fires and fires not planned or supervised by facility staff occurring on the licensed real estate.
- (b)(8) Reporting utility failures. The facility shall report to the Department utility failures of more than eight (8) hours.
- (h) Reports made following local emergency response. In lieu of making incident reports during an emergency response to a natural or man-made disaster, the facility may coordinate its communications, status reports and assistance requests through the local emergency response coordinator, and file a final report with the Department within ten (10) days after conclusion of the emergency response.

Reports to State and Federal Agencies

Residential Care 310: 310:680-3-6. Records and Reports

(d) The Department shall be notified of all incidents pertaining to fire, storm damage, death other than natural, residents missing, or utility failure for more than eight (8) hours. The home shall report to the Department incidents that result in: fractures, injury requiring treatment at a hospital, a physician's diagnosis of closed head injury or concussion, or head injuries that require more than first aid. Notice shall be made no later than the next working day. In lieu of making incident reports during an emergency response to a natural or man-made disaster, the home may coordinate its communications, status reports and assistance requests through the home's local emergency response coordinator, and file a final report with the Department within ten (10) days after conclusion of the emergency response.

Reports to State and Federal Agencies

- **Adult Day Care 310: 605**
- There are no reporting requirements for storm damage, fires, utility failures or local emergency response.

General Comments

Wednesday, January 31, 2024

Beverly Clark
Manager of Training
Long Term Care Service



The Q&A Session has begun



Please submit questions to LTC@health.ok.gov

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Closing Comments

