



Public Health
Prevent. Promote. Protect.

Thrive

A newsletter for Iredell County long term care facilities

INFECTION CONTROL

In Long-term care facilities, like other facilities where people reside close together, there is a greater risk for communicable diseases to occur and spread very quickly.

The following are requirements for long-term care facilities related to infection control:

1. N.C Infection Control Law (10A NCAC 41A .0206) requires that all healthcare organizations have a written infection control policy and have a designated person to direct infection control activities. The infection control designee is also required to complete an infection control course approved by the State Health Department. An approved training is the Statewide program for Infection Control and Epidemiology (SPICE) Course: Infection Control in Long Term Care Facilities. The training and many other resources are available at <https://spice.unc.edu/ltc/>.
2. Any suspected communicable disease outbreak is required to be reported to the local health department in which the facility is located. A suspected communicable disease outbreak is defined as any increase above expected or usual in either:

⇒Illness among residents or staff with the same identified infectious cause (e.g. evidence of the same virus or bacteria found on laboratory testing), OR

⇒Illness among residents or staff with the same or similar symptoms (e.g. vomiting and diarrhea or fever and cough) but no identified infectious cause

Find information about safe injection practices and resources to ensure you are in compliance at epi.publichealth.nc.gov/cd/diseases/injection_safety.html.

Iredell County Health Department staff are available to assist you with developing policies if needed and to answer any questions that you have.

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U.T.I. - URETHRAL TERRORIST INCIDENT

Urinary Tract Infection (UTI)

Urinary tract infections:

- ⇒ Are the most common bacterial infection in older adults
- ⇒ Occur when bacteria in bladder or kidney multiplies in the urine
- ⇒ Can lead to acute or chronic kidney infections, cause permanent damage, and possibly kidney failure
- ⇒ Are the leading cause of sepsis, or infection of bloodstream

Older adults are more likely to have a UTI. Some reasons that older adults are at increased risk include:

- Muscles of bladder weaken causing incomplete emptying of bladder
- Catheter use
- Bowel incontinence
- Enlarged prostate in men
- Lack of mobility (in bed for prolonged periods of time)
- Kidney stones

Symptoms of a UTI include cloudy or bloody urine, urine with a strong smell, frequent need to urinate, painful urination, and low-grade fever with night sweats, shaking, or chills. Elderly people with a severe UTI don't typically have a fever because their immune system is weakened and unable to respond due to aging. Some symptoms are more common in elderly individuals, including:

- Confusion
- Agitation
- Hallucinations
- Dizziness and falling



Prevention:

- Drink plenty of fluids
- Cranberry juice or tablets (not if kidney stone history)
- Avoid caffeine and alcohol
- Don't douche or use other feminine products
- Wipe front to back
- Wear cotton-cloth underwear and change at least once daily
- If incontinent change briefs frequently
- Clean bottom from front to back
- Clean skin around area before inserting catheter
- Keep genital area clean
- Only use catheters when necessary and remove as soon as possible
- Wash hands prior to touching catheter
- Avoid disconnected catheter and drain tube
- Keep urine bag lower than bladder
- Empty drainage bag regularly
- Avoid twisting tubing

Iredell County Health Department Mission: Promote and Protect Community, Personal and Environmental Health.

Vaccines for Older Adults– not just the Flu

Influenza vaccine: Recommended for everyone over 6 months of age, with emphasis on some high-risk groups, including those ≥ 50 years of age and those living in long-term care facilities.

Pneumonia vaccine : Adults ≥ 65 years of age should receive one dose of PCV-13 (Pneumococcal conjugate) vaccine followed by one dose of PPSV23 (Pneumococcal polysaccharide) vaccine 12 months later. Others should receive the vaccines based on risk. Ask your healthcare professional or local health department.

Shingles vaccine: A new shingles vaccine called Shingrix was approved for use in 2017. Shingrix is the preferred vaccine over Zostavax, which has been in use since 2006. If Zostavax shingles vaccine was previously received, the minimum interval to receive Shingrix (RZV) is 8 weeks.

Adults 50 years of age and older, irrespective of prior receipt of varicella vaccine or Zostavax (ZVL) should receive two doses of Shingrix vaccine. The second dose should be administered 2 to 6 months after the first dose. According to the CDC, Shingrix provides strong protection against shingles and post-herpetic neuralgia (PHN). Two doses of Shingrix is more than 90% effective at preventing shingles and PHN. Protection stays above 85% for at least the first four years after you get vaccinated.

Invasive Group A Streptococcus (GAS)

Group A Streptococcus is considered invasive when GAS manages to invade past outer defenses and cause a deeper infection. Two of the most severe, but least common forms of invasive GAS disease, are called necrotizing fasciitis (infection of muscle and fat tissue) and streptococcal toxic shock syndrome (a rapidly progressing infection causing low blood pressure/shock and injury to organs such as the kidneys, liver and lungs). Even one case of invasive GAS requires prompt investigation by the facility and local health department. If a case of invasive GAS is identified, the Long-term care facility is required to invest time and resources to complete the following tasks:

- Report case to the local health department
- Retrospective chart review to identify any other cases over past month
- Perform culture of all close contacts of the ill resident (roommates, close social contacts). Culture sites include pharynx, skin lesions, indwelling catheter sites (exclude Foleys)
- Maintain active surveillance for additional invasive or noninvasive cases among residents for **4 months** from onset of most recent GAS case
- Survey health care workers for symptoms suggestive of GAS infection
- **Culture** symptomatic health care workers

The health department communicable disease staff will be working closely with the facility to offer guidance and ensure all correct procedures are followed.

References:

Centers for Disease Control and Prevention (CDC) (2018). 2018 recommended immunizations for adults: By age.

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Pratt, D. (2011, November 21). Memo titled: Reporting of Suspected Communicable Disease Outbreaks. N.C. Department of Health and Human Services (NC DHHS).

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IREDELL COUNTY HEALTH DEPARTMENT SERVICES

We are available to assist you as needed with infection control related tasks, such as:

- ◇ Assistance with developing your infection control policy
- ◇ On-site assessment of staff and facility and identification of any infection-control concerns
- ◇ Teaching staff proper infection control practices
- ◇ On-site administration of influenza and pneumonia vaccines

Contact us with any questions or concerns or for assistance.

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