Nebraska Statewide Infectious Disease Updates

April 30, 2024

2024 Symposia Series

Symposia

This series will provide practical ideas and share valuable lessons learned from recent emergency responses, as well as insight into future hazards, all with the goal of improving whole community preparedness.

Topics will include:

- *Business Continuity*
- *The role and capability of your local Hazmat Team*
- *Crisis Standards of Care*
- *ChemPack Program Review*
- *Coalition Chemical Annex Review*
- *Chemical Terrorism*

Medical Response & Surge Exercise

On day two of the Symposia, the Center for Preparedness and Emergency Response Solutions (CPERS) will be facilitating the Medical Response & Surge Exercise (MRSE) for the local Healthcare Coalition. This will be a ½ day community-wide functional exercise designed to prepare Coalition members for a response to a chemical incident.

OMAHA
MARCH 19-20

NORFOLK
APRIL 3-4

KEARNEY
APRIL 10-11

BRIDGEPORT
MAY 6-7

NORTH PLATTE
MAY 8-9

BEATRICE
JUNE 10-11

JOIN US!

Register here:

Cost Symposium: $60 (MRSE included)

UNMC | CENTER FOR PREPAREDNESS AND EMERGENCY RESPONSE SOLUTIONS

Mental Health and Suicide is not bound by county lines.

May 24-26, 2024

HOPE IN EVERY STRIDE

All proceeds go back to the great state of Nebraska through the Nebraska Game and Parks Commission for trail creation and maintenance.

Start the conversation about an issue that impacts every age, race, and gender in Nebraska.

participating counties updated as of 4/30/2024

Join Now!

tylervanderheidenmemorial.com

#Run4TJV

Caregiver Disaster Preparedness

Region VII Disaster Health Response Ecosystem

Rosalynn Carter Institute for Caregivers

Lezlie Poole, BA, CPS-WH, CPRP
Program Innovation Manager
Rosalynn Carter Institute for Caregivers

Disasters can strike when we least expect or are prepared for them. One of the best ways to decrease the stress and uncertainty of a disaster is to be a prepared caregiver. The Rosalynn Carter Institute (RCI) understands that being a caregiver means that your preparedness plan will need to be tailored to the unique needs of both you and the person you care for. During this webinar, RCI will walk caregivers through what items should be in their emergency kit, key points in creating your disaster preparedness plan, and simple ways to navigate a disaster while caring for someone.

Objectives:

- Define disaster preparedness and why it is important for caregivers.
- Discuss what is an emergency kit and what items should be in a prepared caregiver emergency kit.
- Illustrate how to better navigate disasters with those you care for

May 14, 2024
1-2PM, CST
Zoom

This webinar is designed for physicians, nurses, first responders, healthcare coalitions, public health, emergency managers, federal and state partners and other professionals throughout Region 7 (IA, KS, MO, and NE) and beyond.

Continuing education credits will be provided.

In support of improving patient care, University of Nebraska Medical Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

R7DHRE

Register here

https://unmc.zoom.us/webinar/register/WN_pI1s3lRYQkSX93LSBB0acQ#/registration

R7DHRE

Register here

https://unmc.zoom.us/webinar/register/WN_ZZG-D3MsTWiXUvU5uFil7A#/registration

Nebraska Updates

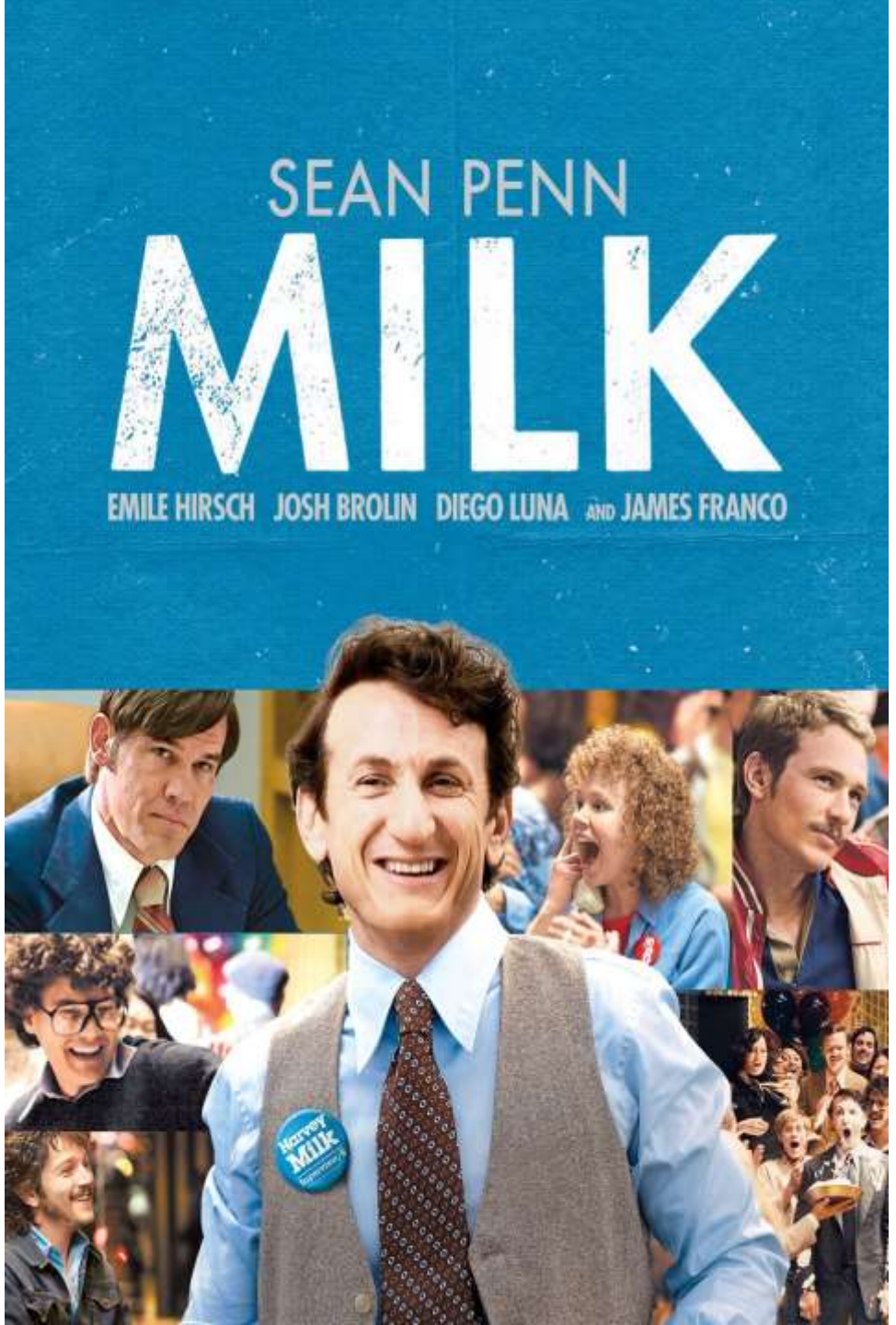
TUESDAY 4/30/2024

- **International and National Updates – James Lawler**
- **Public Health and Coalition Leader Updates**
- **ICAP LTC & ALF Updates - Juan Teran**
- **Other Updates - All**

INTERNATIONAL & NATIONAL UPDATES

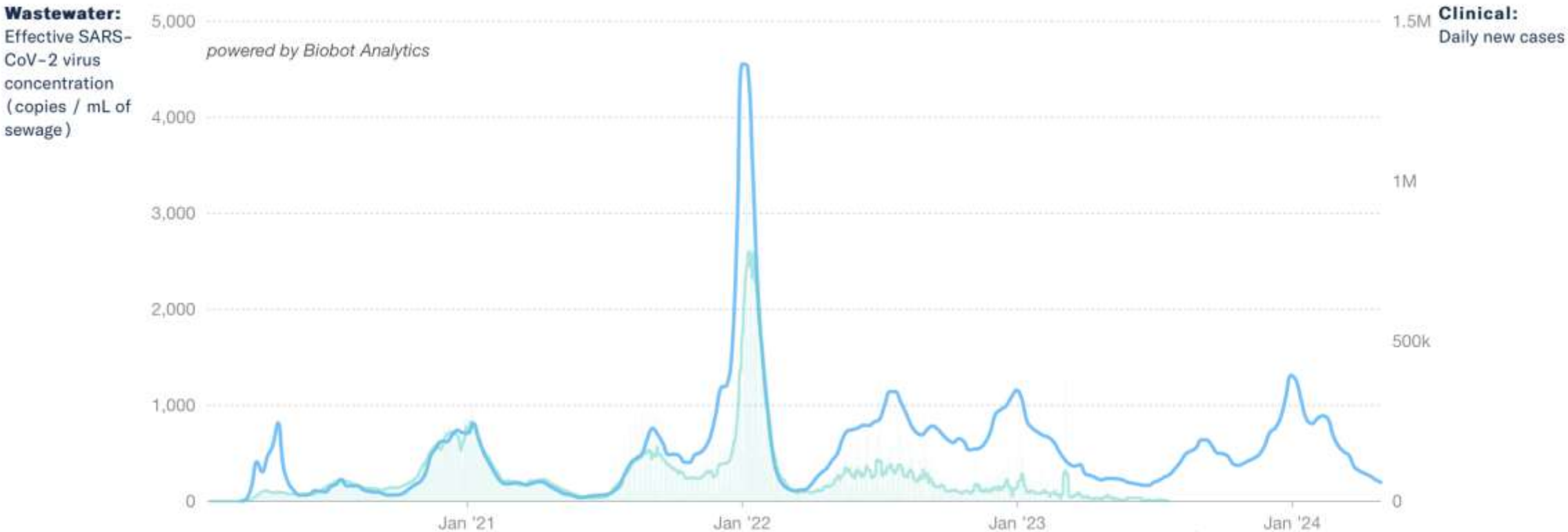
COVID-19 (and Other) Update

April 30, 2024



Wastewater x Cases | Year-Over-Year

Wastewater | Clinical cases daily avg | Clinical daily cases | Show cases | Total results | Last 6 months | Last 6 weeks



Source: Wastewater data from Biobot Analytics; Clinical data from USAFacts

COVID-19 Wastewater Monitoring by Region

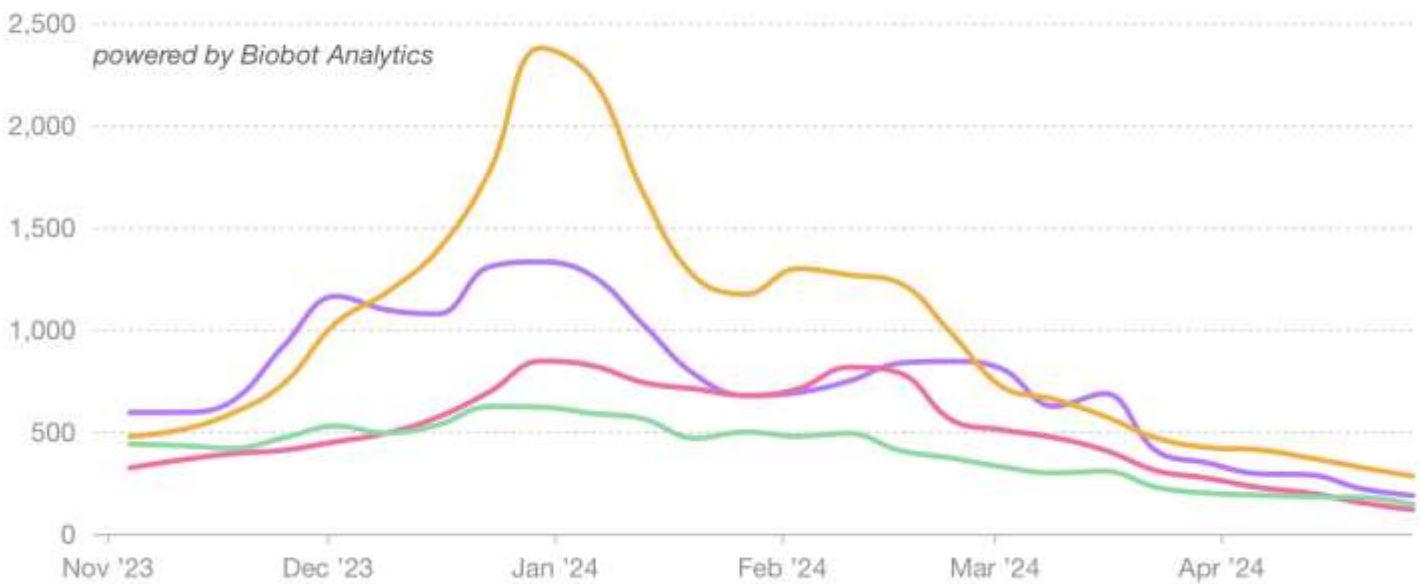
This chart depicts the varying levels of COVID-19 detected in wastewater samples across different regions of the U.S.

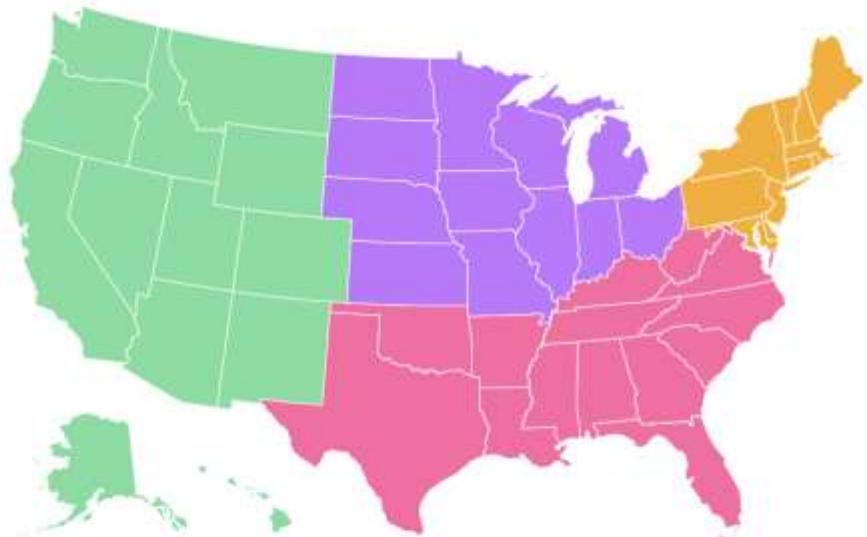
Data last updated April 29, 2024 from samples collected during the week of April 22, 2024.
Most recent data are subject to change.

Show nationwide average

Total results | Last 6 months | Last 6 weeks

Wastewater: Effective SARS-CoV-2 virus concentration (copies / mL of sewage)



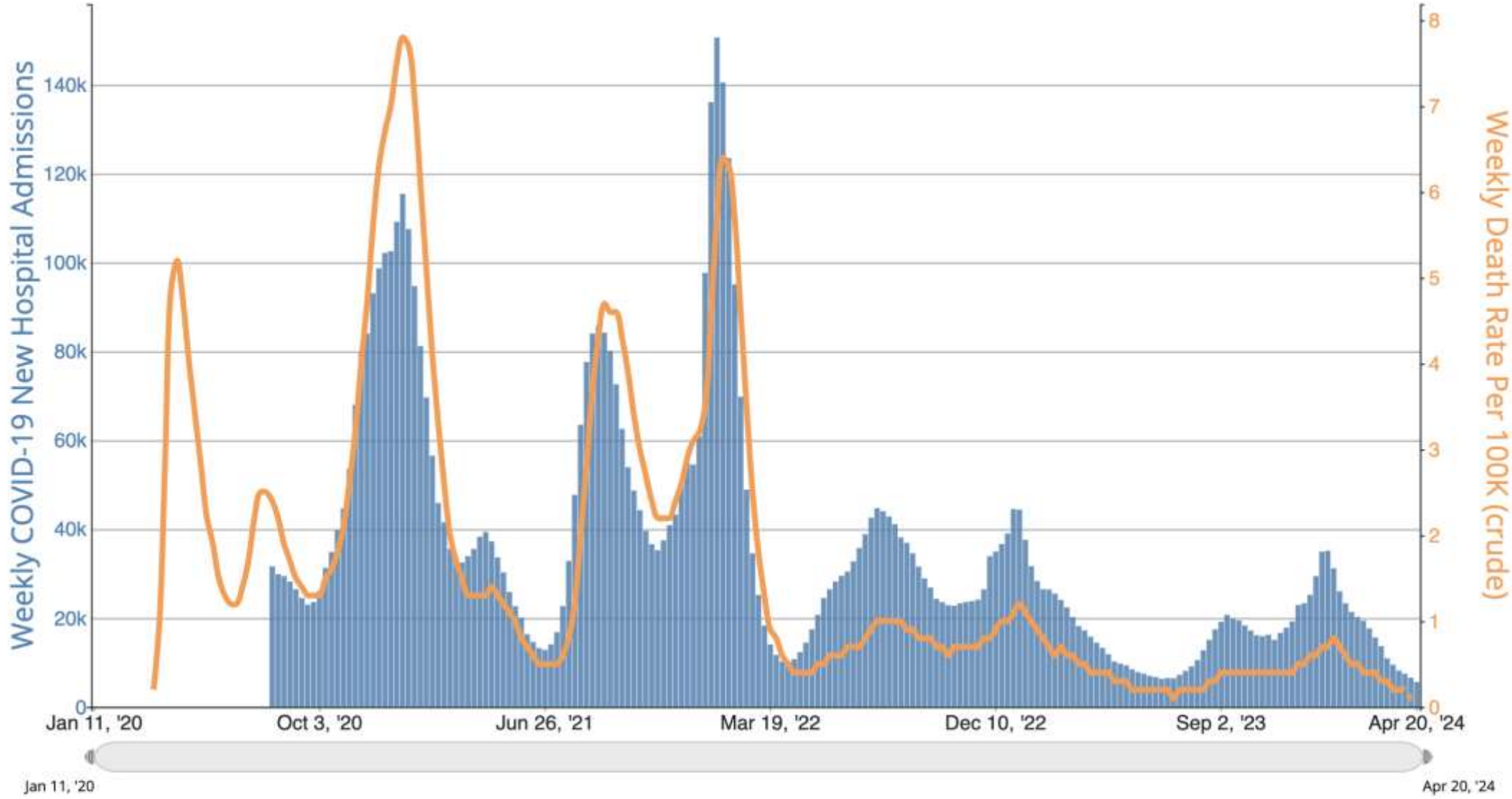


Source: Wastewater data from Biobot Analytics

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

COVID Data Tracker

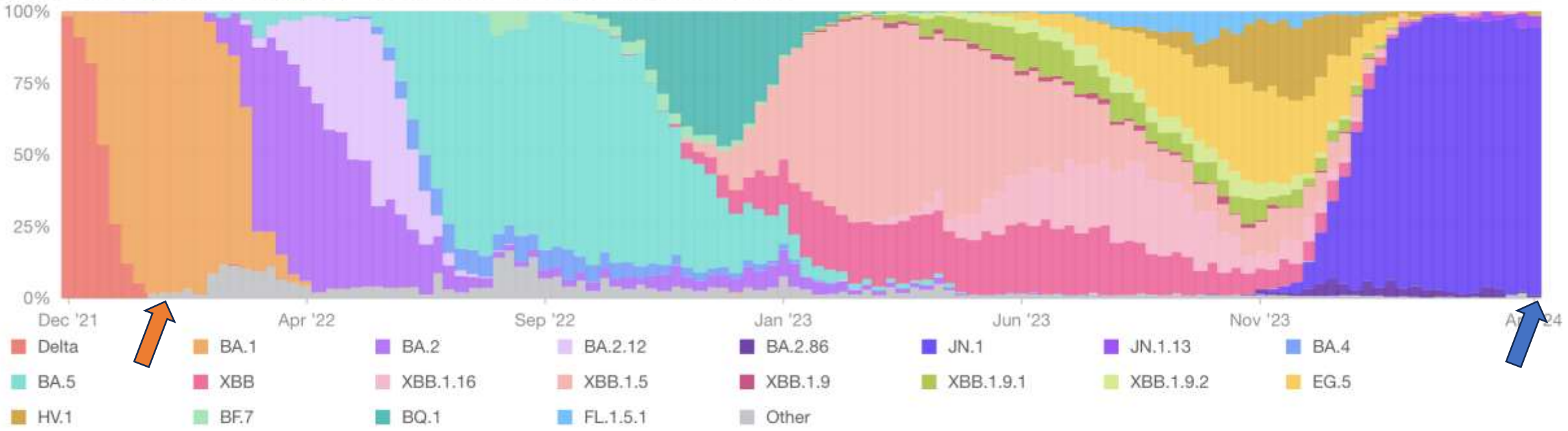
COVID-19 New Hospital Admissions and Provisional COVID-19 Death Rate per 100,000 Population (Crude), by Week, in The United States, Reported to CDC



Biobot Analytics

Nationwide Midwest Northeast South West

Variants: Percentage of variant lineage sequenced from SARS-CoV-2 genome found in wastewater



Source: Wastewater data from Biobot Analytics *More details at COVID-19 Variant Report notes.

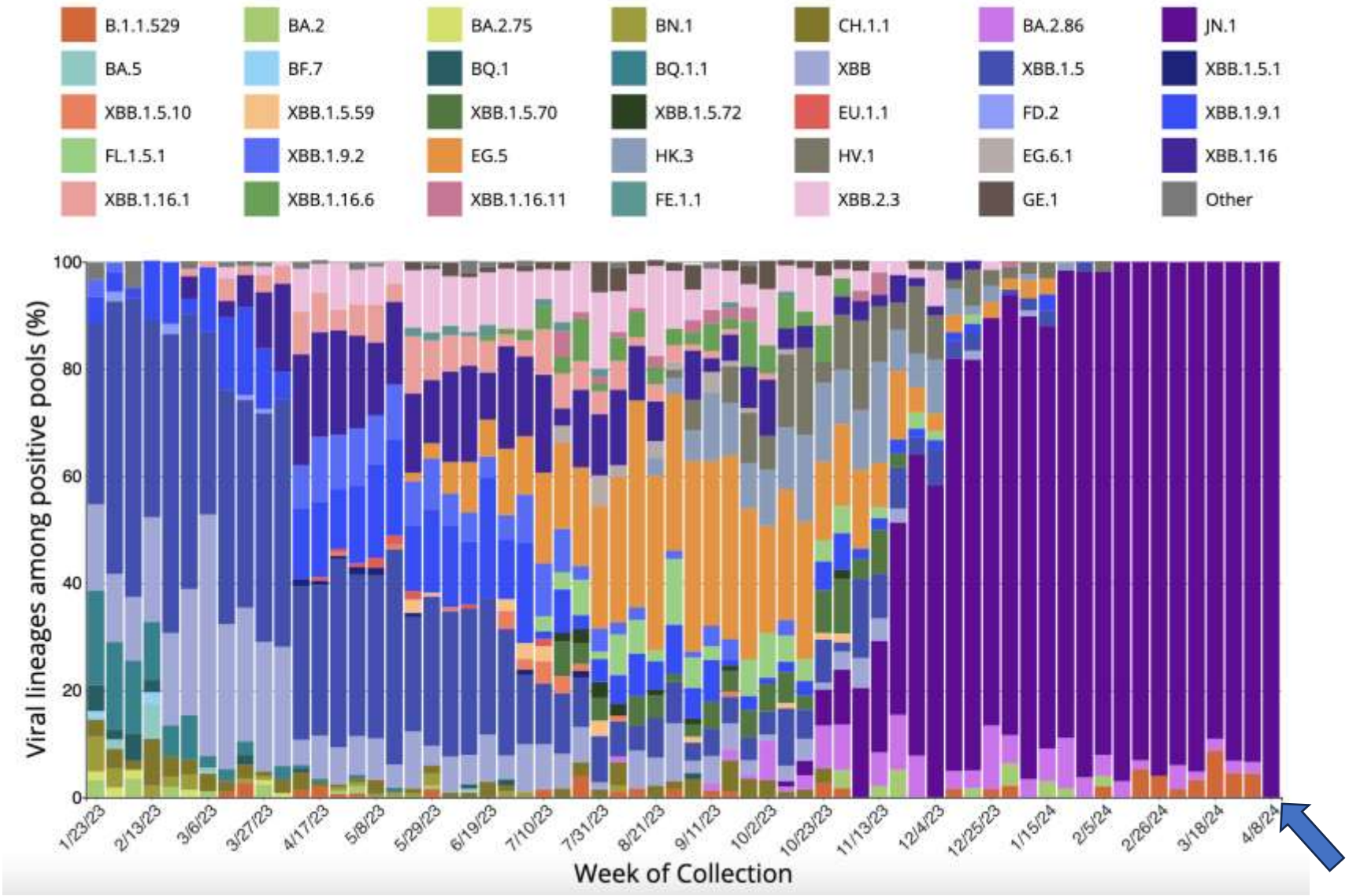
Traveler-Based Genomic Surveillance for SARS-CoV-2

Maps, charts, and data provided by CDC, updates weekly on Friday by 8:00 pm ET.

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

COVID Data Tracker

Variants Detected, by Collection Week



Eric Topol

@erictopol 1 link

physician-scientist, author, editor

101K+ subscribers

Subscribe ...

Ground Truths
By Eric Topol

Facts, data, and analytics about biomedical matters.

NEWS AND ANALYSES

Are We FLiRTing With A New Covid Wave?

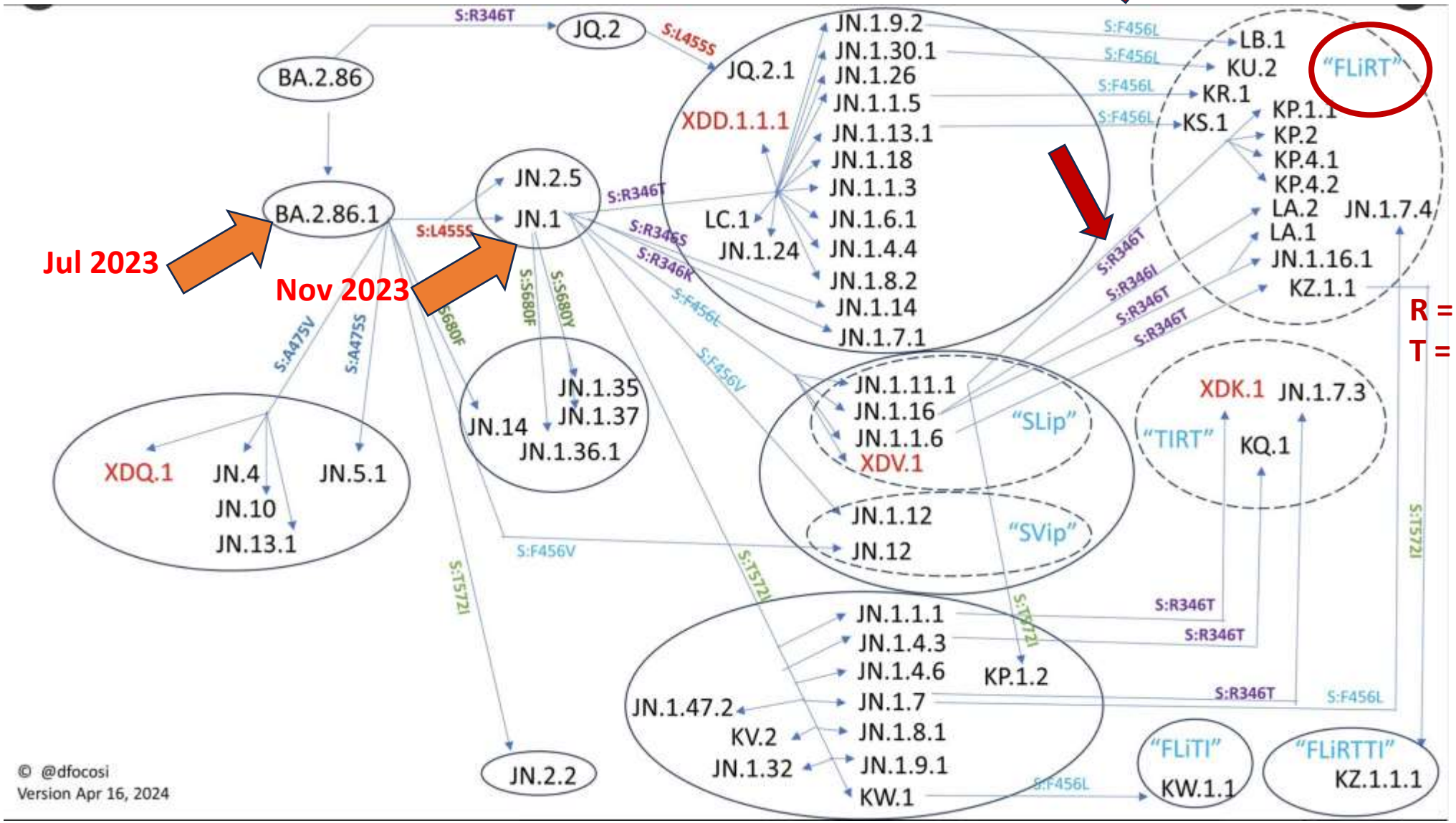
A Covid Update

ERIC TOPOL

APR 18, 2024

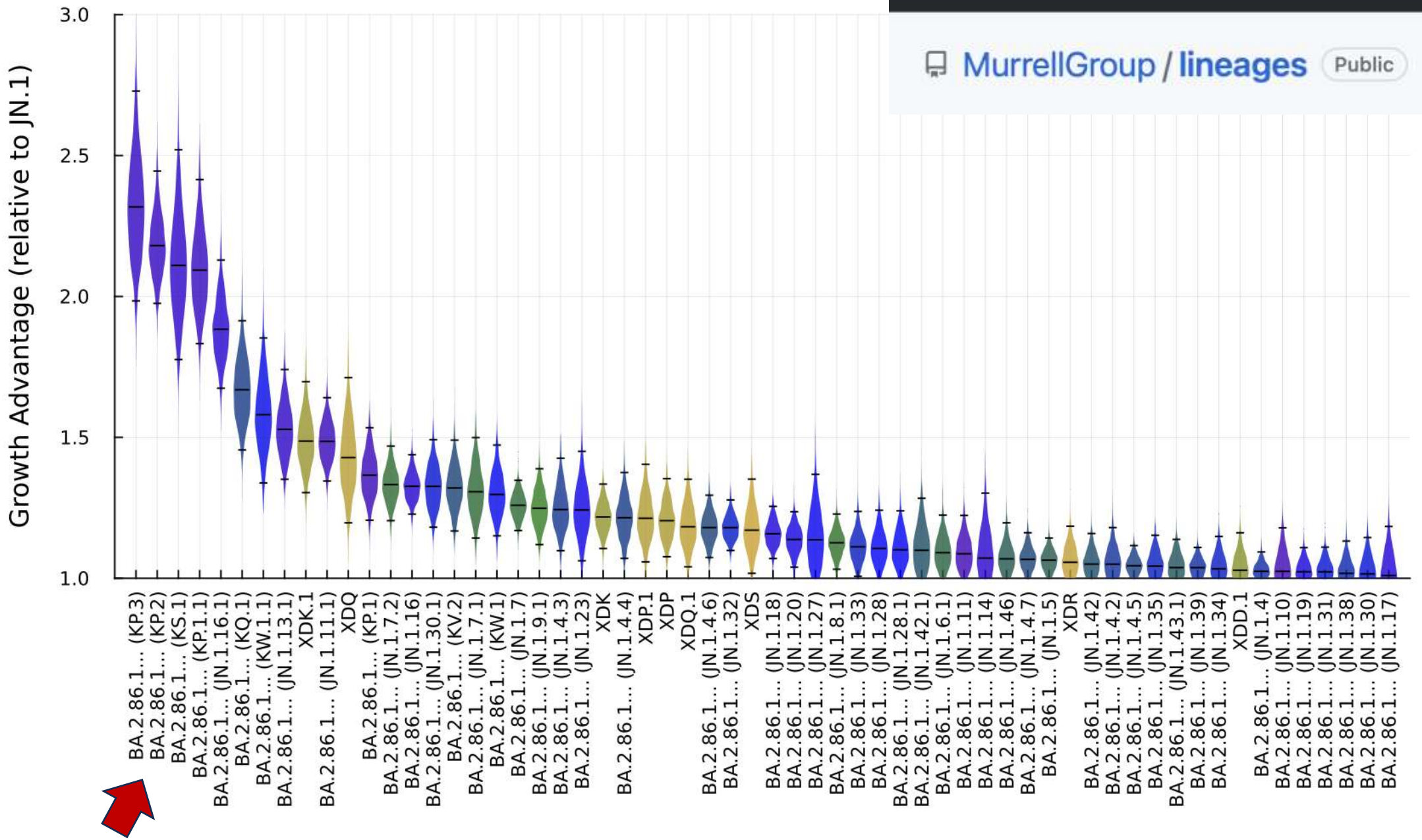
Daniele Focosi, MD PhD MSc
@dfocosi

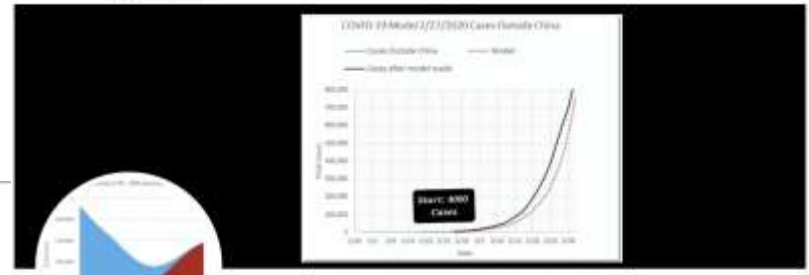
F = proline
L = leucine



R = arginine
T = threonine

Advantage Estimates



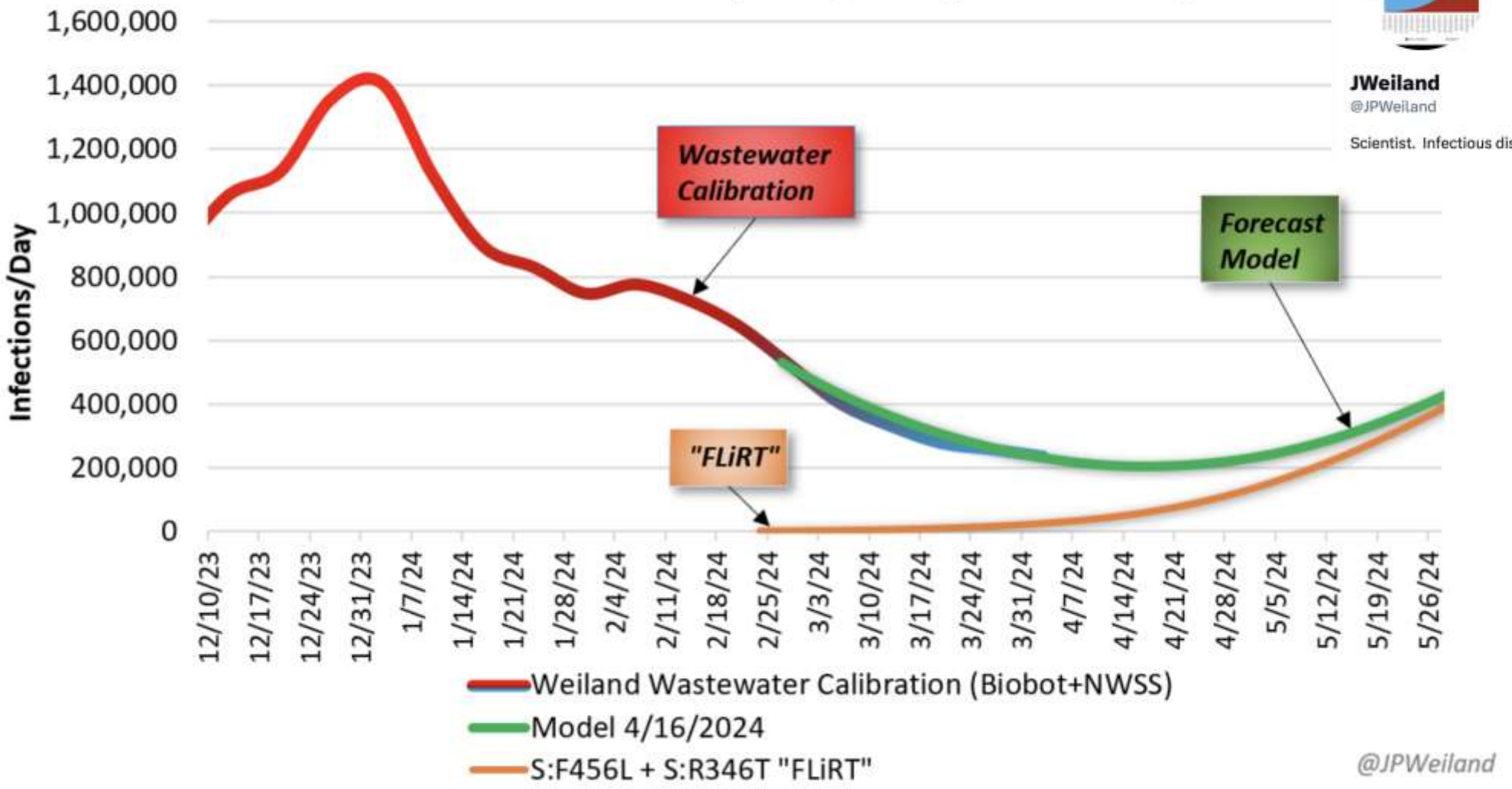


JWeiland
@JPWeiland

Scientist. Infectious disease modeler. Tweets and spelling mistakes are my own

Follow

US Covid Forecast April 16, 2024 (Next 6 Weeks)



@JPWeiland

US to test ground beef in states with bird-flu outbreaks in dairy cows

By **Tom Polansek**

April 29, 2024 4:14 PM CDT · Updated 15 hours ago

A dairy cow stops to look up while feeding at a dairy farm in Ashland, Ohio, December 12, 2014. REUTERS/Aaron Josefczyk/File Photo

U.S. DEPARTMENT OF AGRICULTURE

USDA Actions to Protect Livestock Health From Highly Pathogenic H5N1 Avian Influenza

Federal Order to assist with developing a baseline of critical information and limiting the spread of H5N1 in dairy cattle

WASHINGTON, April 24, 2024 – To further protect the U.S. livestock industry from the threat posed by highly pathogenic H5N1 avian influenza, USDA is sharing a number of actions that we are taking with our federal partners to help us get ahead of this disease and limit its spread.

Press Release
Release No. 0071.24

Contact: USDA Press
Email: press@usda.gov

Today, USDA's Animal and Plant Health Inspection Service (APHIS) announced a Federal Order requiring the following measures, effective Monday, April 29, 2024:

Mandatory Testing for Interstate Movement of Dairy Cattle

- Prior to interstate movement, dairy cattle are required to receive a negative test for Influenza A virus at an approved National Animal Health Laboratory Network (NAHLN) laboratory.
- Owners of herds in which dairy cattle test positive for interstate movement will be required to provide epidemiological information, including animal movement tracing.
- Dairy cattle moving interstate must adhere to conditions specified by APHIS.
- As will be described in forthcoming guidance, these steps will be immediately required for lactating dairy cattle, while these requirements for other classes of dairy cattle will be based on scientific factors concerning the virus and its evolving risk profile.

Mandatory Reporting

- Laboratories and state veterinarians must report positive Influenza A nucleic acid detection diagnostic results (e.g. PCR or genetic sequencing) in livestock to USDA APHIS.
- Laboratories and state veterinarians must report positive Influenza A serology diagnostic results in livestock to USDA APHIS.

Monday, April 27, 2024

COLORADO
Department of Agriculture

Search

Home › Animals › Brands › Conservation › ICS › Labs › Markets › Plants › State Fair

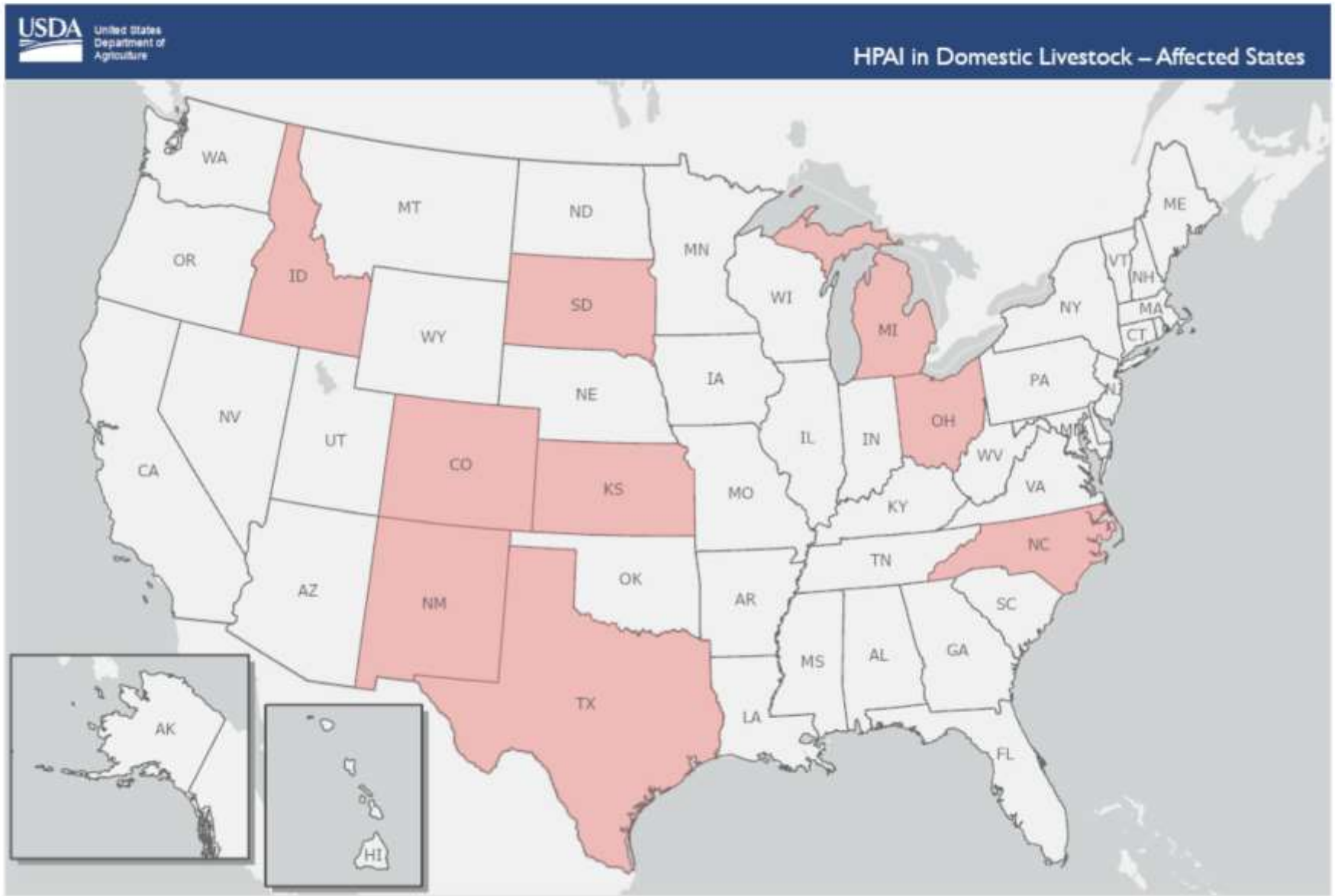
Home › USDA Confirms Detection of Avian Influenza in Dairy Cattle in Colorado

USDA Confirms Detection of Avian Influenza in Dairy Cattle in Colorado

Confirmed Cases of HPAI in Domestic Livestock

USDA Animal and Plant Health Inspection Service
U.S. DEPARTMENT OF AGRICULTURE

*Data updated weekdays by 4 pm ET.

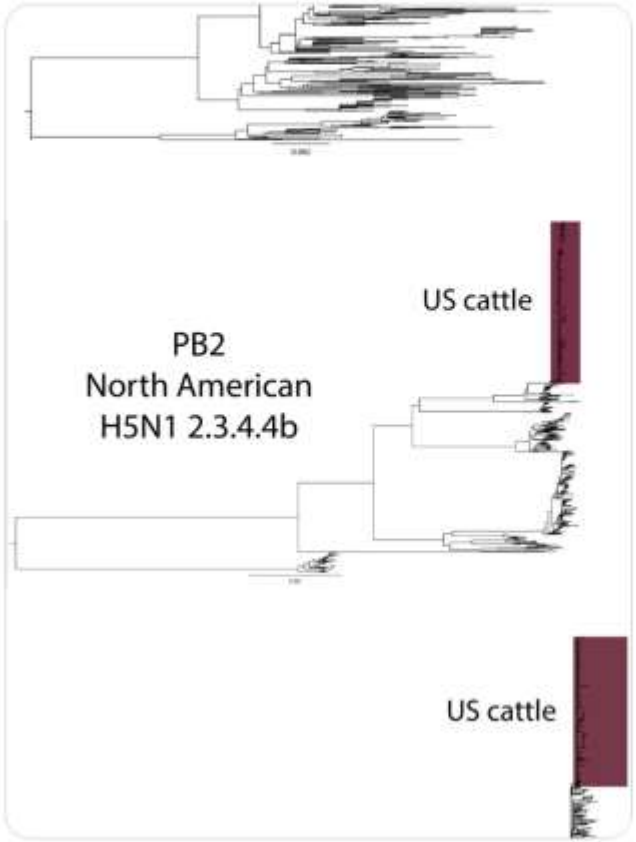


Michael Worobey @MichaelWorobey · Apr 23

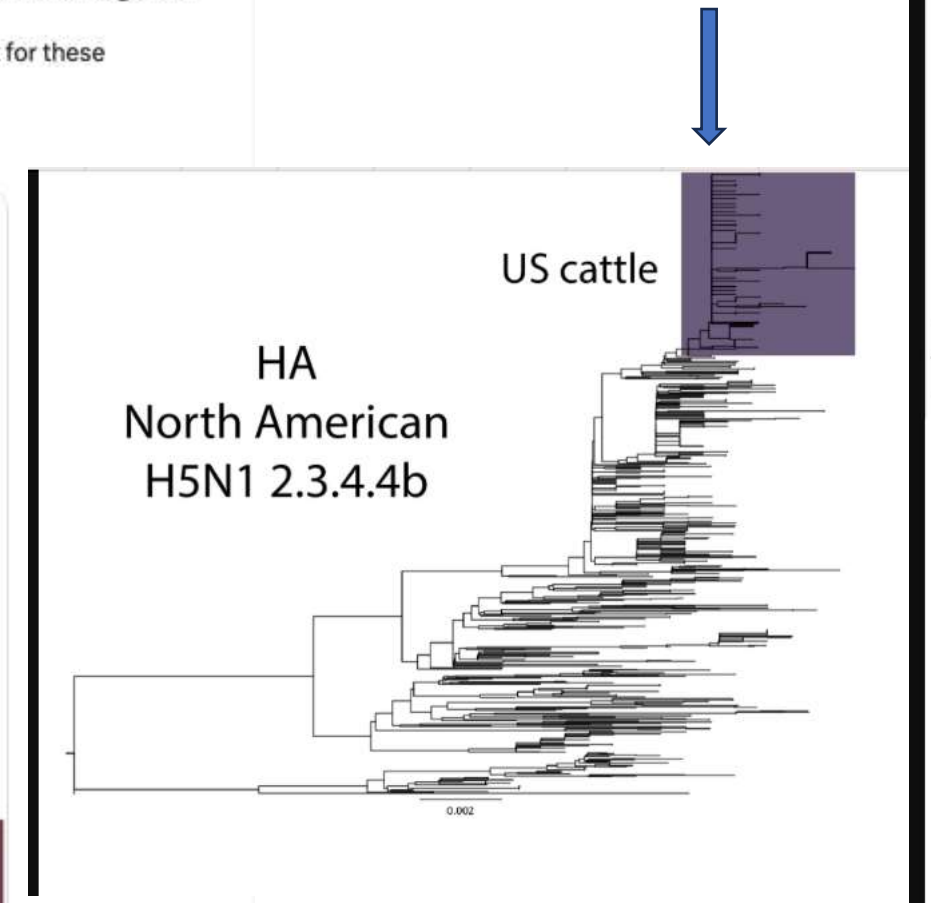
Here's a visual of the US H5N1 "Cattle clade", HA plus two internal genes.

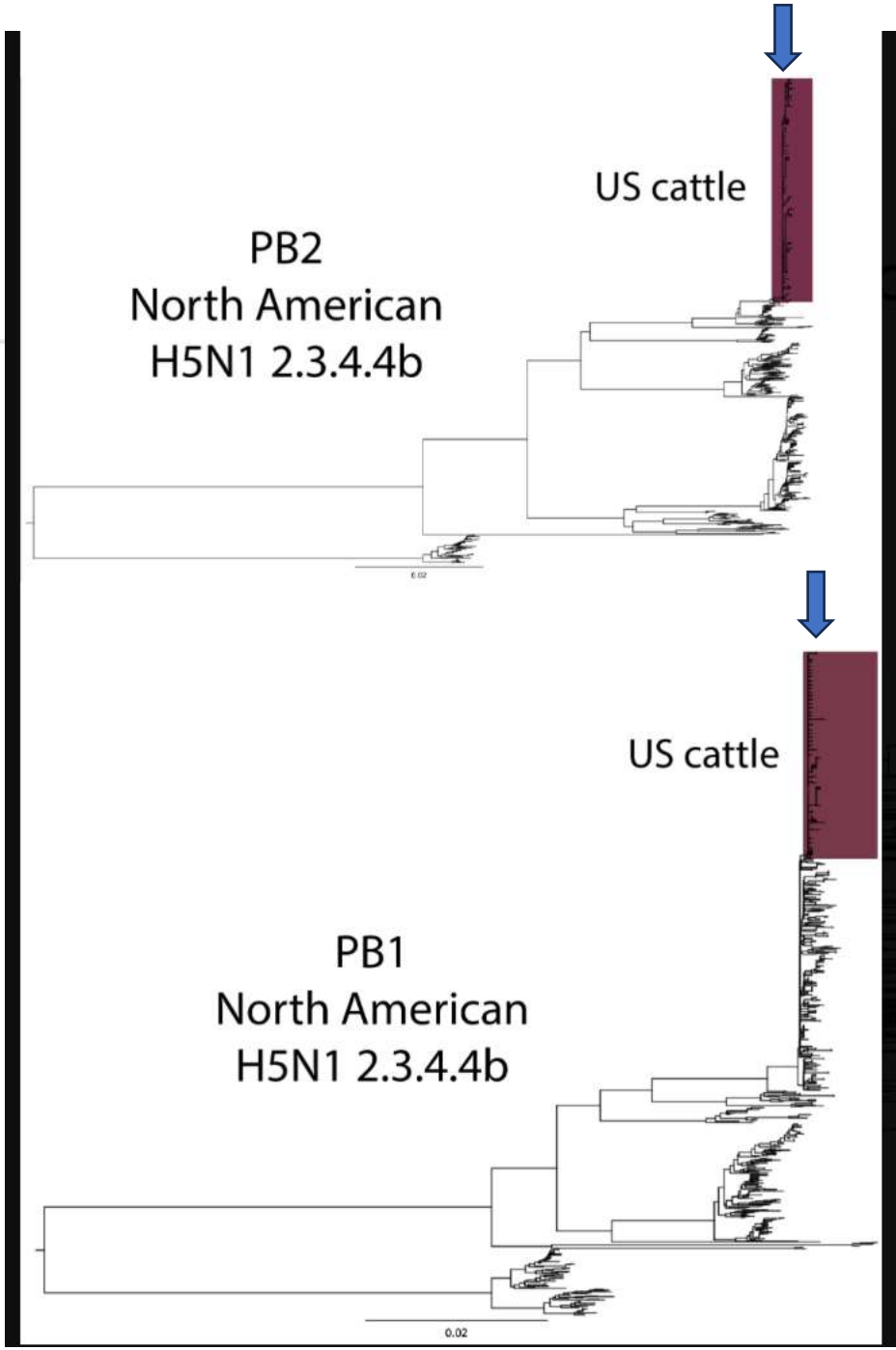
Strongly suggests to me there was single origin, at least for these sequences.

Possibly in late 2023/early 2024.



19 191 363 114K



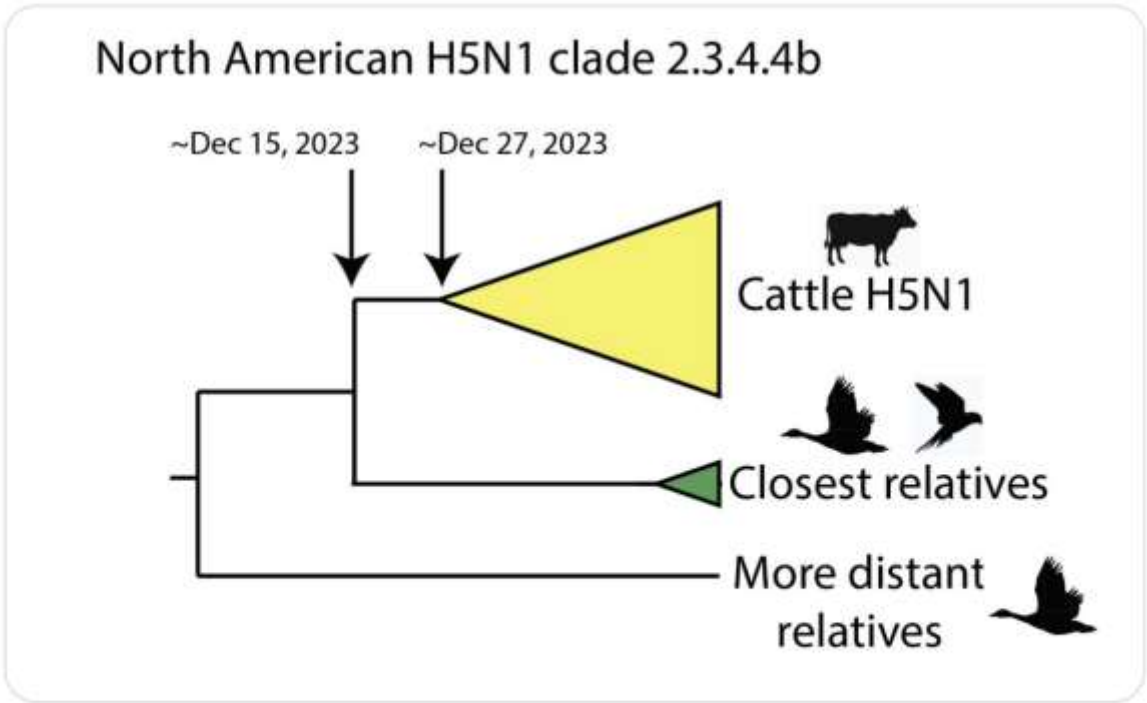


Michael Worobey
@MichaelWorobey

So, *preliminary* molecular clock analyses indicate that the time of the most recent common ancestor (TMRCA) of the US cattle flu clade was late December.

TMRCA of that clade and the closest relatives in birds, mid-December.

If single intro, likely between those rough dates.



7:27 PM · Apr 23, 2024 · **100.2K** Views

NEWS | 27 April 2024

Bird flu virus has been spreading in US cows for months, RNA reveals

Genomic analysis suggests that the outbreak probably began in December or January, but a shortage of data is hampering efforts to pin down the source.

By Smriti Mallapaty

STAT Reporting from the frontiers of health and medicine

EXCLUSIVE

Early tests of H5N1 prevalence in milk suggest U.S. bird flu outbreak in cows is widespread

By Megan Molteni April 25, 2024 Reprints

ANGELA WEISS/AFP VIA GETTY IMAGES

Andy Bowman (Ohio State U):
58/150 (39%) off-the-shelf milk samples positive PCR for H5N1

USDA:
“20%” of off-the-shelf milk samples positive PCR for H5N1

WastewaterSCAN Dashboard

Hollywood Road, Amarillo, TX

Hollywood Road WWTP

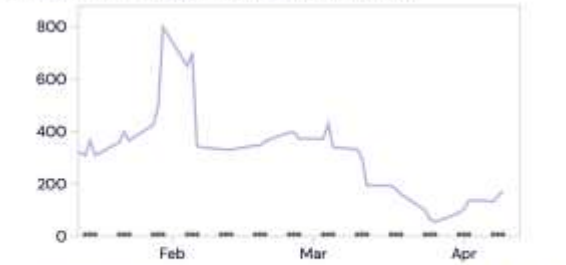
Population served: 60,000

Data for last 3 months 01/12/2024 - 04/12/2024 (91 days)

Last 3 months | Download PDF

SARS-CoV-2 Medium

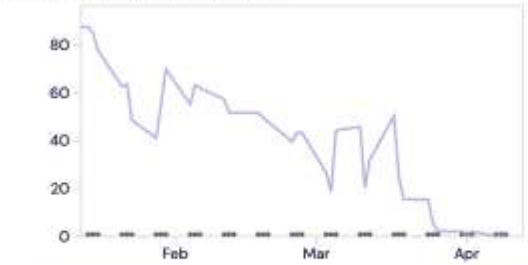
No trend in the last 21 days and medium concentration



Sample collected — SARS-CoV-2 See details >

Respiratory syncytial virus (RSV) Low

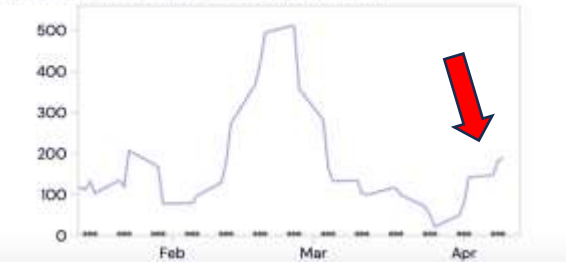
Pathogen is seasonal and not in onset



Sample collected — RSV See details >

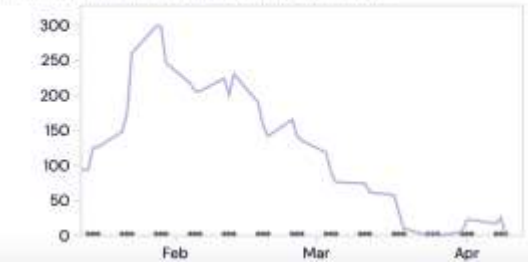
Influenza A High

No trend in the last 21 days and high concentration



Influenza B Low

No trend in the last 21 days and low concentration



WastewaterSCAN Dashboard

River Road, Amarillo, TX

River Road WWTP

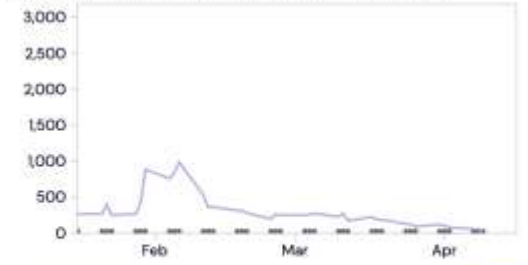
Population served: 140,000

Data for last 3 months 01/15/2024 - 04/15/2024 (91 days)

Last 3 months | Download PDF

SARS-CoV-2 Low

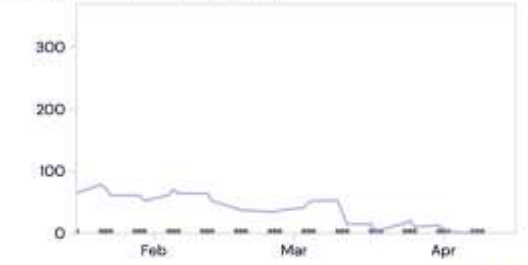
Downward trend in the last 21 days and low concentration



Sample collected — SARS-CoV-2 See details >

Respiratory syncytial virus (RSV) Low

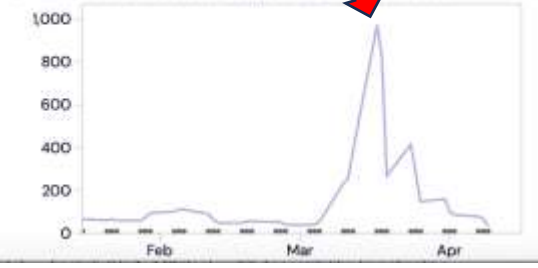
Pathogen is seasonal and not in onset



Sample collected — RSV See details >

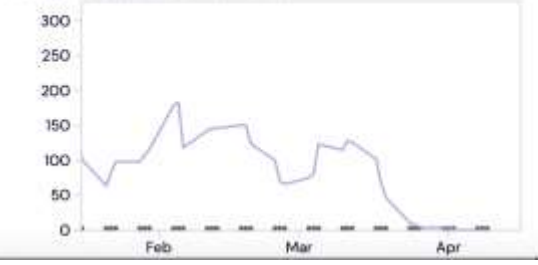
Influenza A High

Downward trend in the last 21 days and high concentration



Influenza B Low

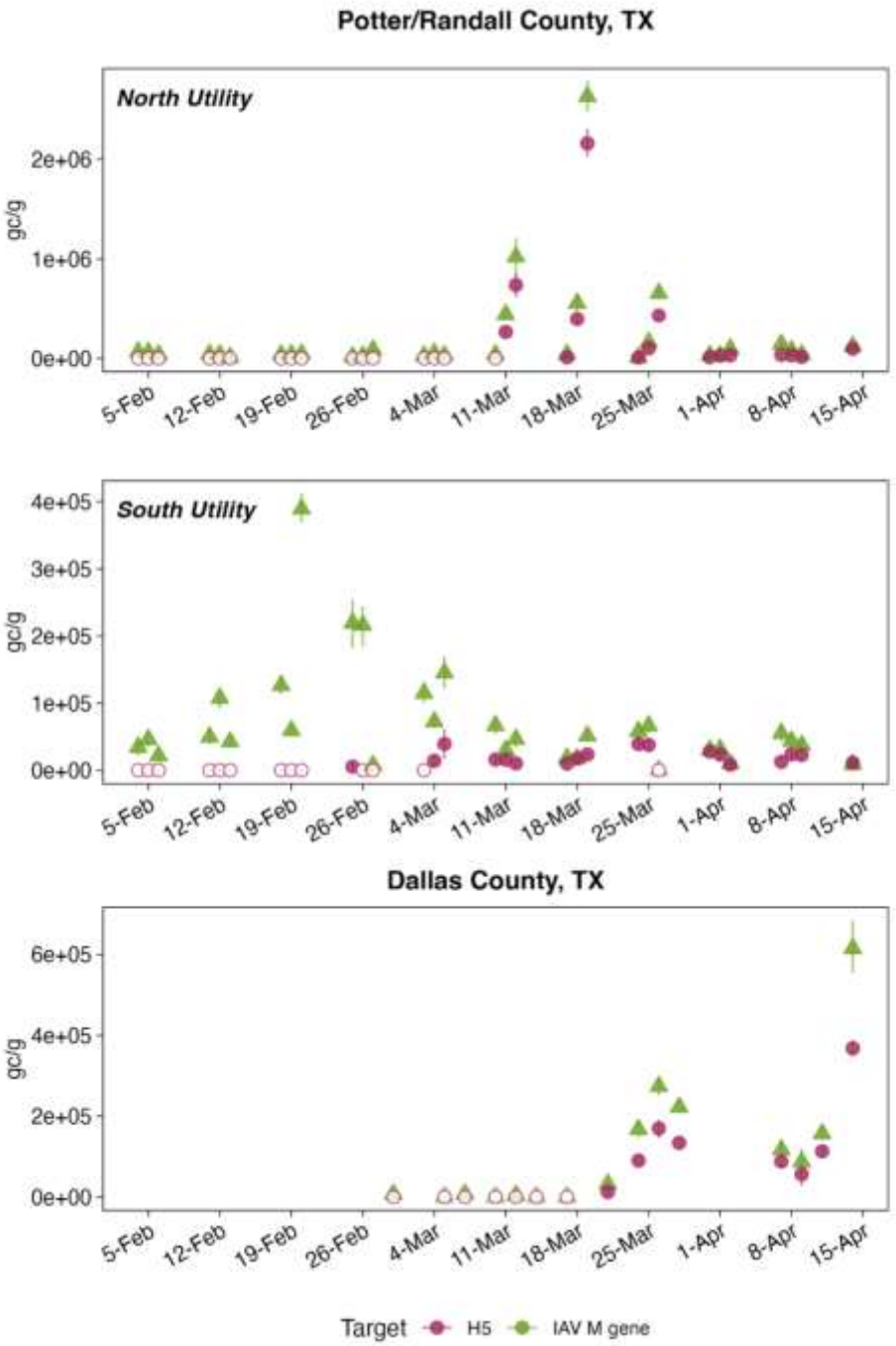
Pathogen is seasonal and not in onset



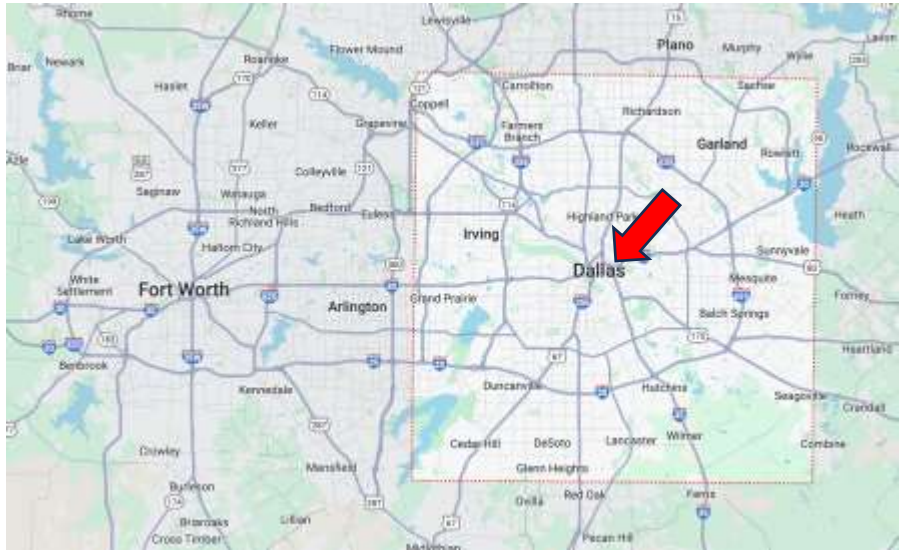
Detection of hemagglutinin H5 influenza A virus sequence in municipal wastewater solids at wastewater treatment plants with increases in influenza A in spring, 2024

Marlene K Wolfe, Dorothea Duong, Bridgette Shelden, Elana M. G. Chan, Vikram Chan-Herur, Stephen Hilton, Abigail Harvey Paulos, Alessandro Zulli, Bradley White, Alexandria Boehm

doi: https://doi.org/10.1101/2024.04.26.24306409


Potter/Randall County, TX
North Utility
South Utility
Dallas County, TX
gc/g
0e+00
1e+06
2e+06
1e+05
2e+05
3e+05
4e+05
4e+05
6e+05
5-Feb
12-Feb
19-Feb
26-Feb
4-Mar
11-Mar
18-Mar
25-Mar
1-Apr
8-Apr
15-Apr
Target
H5
IAV M gene


TEXAS PANHANDLE MAP
NEW MEXICO
OKLAHOMA
POTTER
RANDALL
Amarillo
Canyon
Lubbock
USA
LEGEND


Fort Worth
Arlington
Irving
Dallas
Plano
Garland

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

EMERGING INFECTIOUS DISEASES®

ISSN: 1080-6059

Volume 30, Number 7—July 2024

Research

Highly Pathogenic Avian Influenza A(H5N1) Clade 2.3.4.4b Virus Infection in Domestic Dairy Cattle and Cats, United States, 2024

Eric R. Burrough✉, Drew R. Magstadt, Barbara Petersen, Simon J. Timmermans, Phillip C. Gauger, Jianqiang Zhang, Chris Siepker, Marta Mainenti, Ganwu Li, Alexis C. Thompson, Patrick J. Gorden, Paul J. Plummer, and Rodger Main

Author affiliations: Iowa State University College of Veterinary Medicine, Ames, Iowa, USA (E.R. Burrough, D.R. Magstadt, P.C. Gauger, J. Zhang, C. Siepker, M. Mainenti, G. Li, P.J. Gorden, P.J. Plummer, R. Main); Sunrise Veterinary Service PLLC, Amarillo, Texas, USA (B. Petersen); Veterinary Research & Consulting Services LLC, Hays, Kansas, USA (S.J. Timmermans); Texas A&M Veterinary Medical Diagnostic Laboratory, College Station, Texas, USA (A.C. Thompson)

Suggested citation for this article

- “The tissue samples for diagnostic testing came from 3 cows that were euthanized and 3 that died naturally; all postmortem examinations were performed on the premises of affected farms.”
- “The bodies of 2 adult domestic shorthaired cats from a north Texas dairy farm were received at the ISUVDL for a complete postmortem examination on March 21, 2024. The cats were found dead with no apparent signs of injury and were from a resident population of ≈24 domestic cats that had been fed milk from sick cows.”

Figure 1

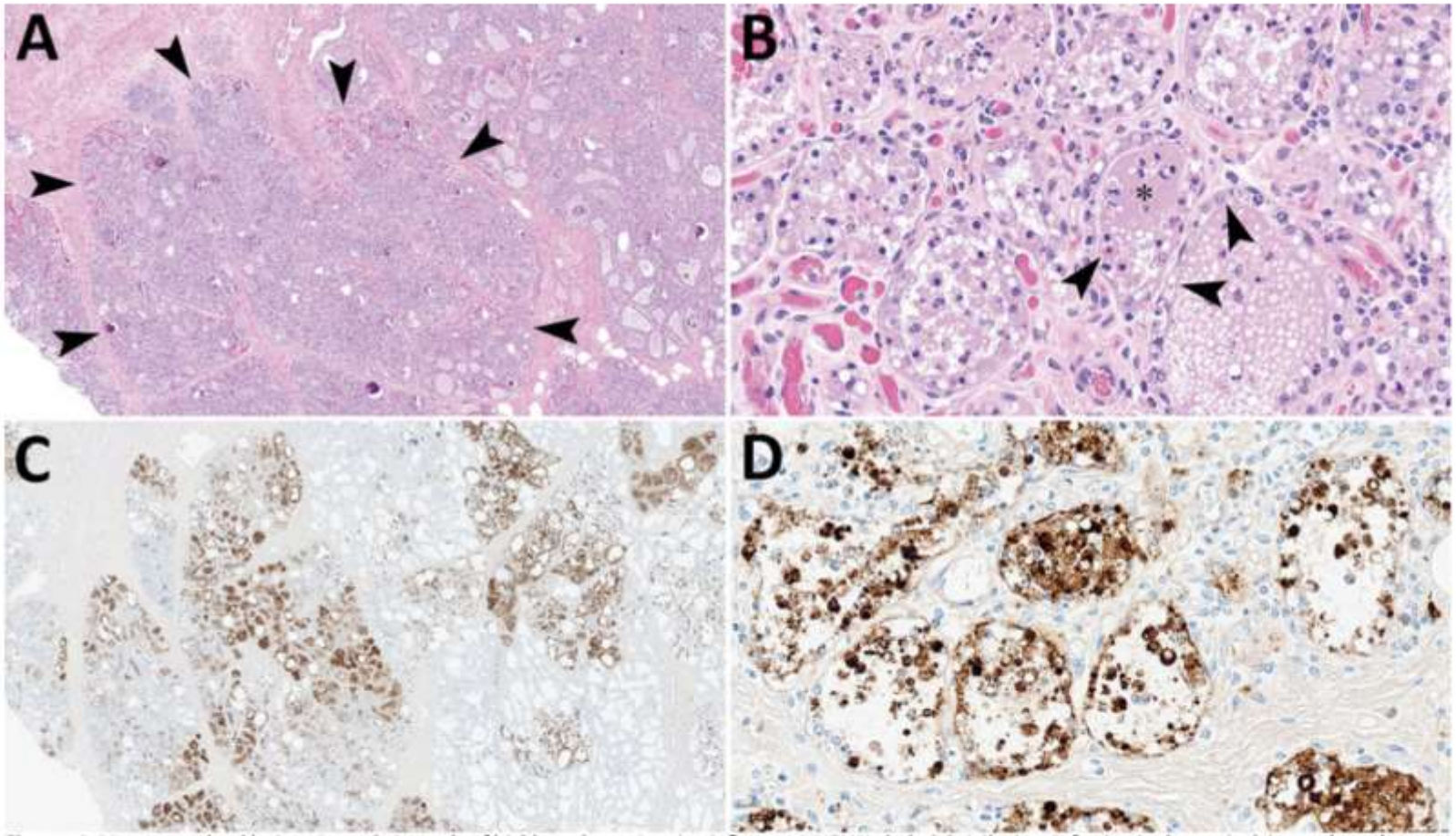


Figure 1. Mammary gland lesions in cattle in study of highly pathogenic avian influenza A(H5N1) clade 2.3.4.4b virus infection in domestic dairy cattle and cats, United States, 2024. A, B) Mammary gland tissue sections stained with hematoxylin and eosin. A) Arrowheads indicate segmental loss within open secretory mammary alveoli. Original magnification ×40. B) Arrowheads indicate epithelial degeneration and necrosis lining alveoli with intraluminal sloughing. Asterisk indicates intraluminal neutrophilic inflammation. Original magnification ×400. C, D) Mammary gland tissue sections stained by using avian influenza A immunohistochemistry. C) Brown staining indicates lobular distribution of avian influenza A virus. Original magnification ×40. D) Brown staining indicates strong nuclear and intracytoplasmic immunoreactivity of intact and sloughed epithelial cells within mammary alveoli. Original magnification ×400.

Figure 2

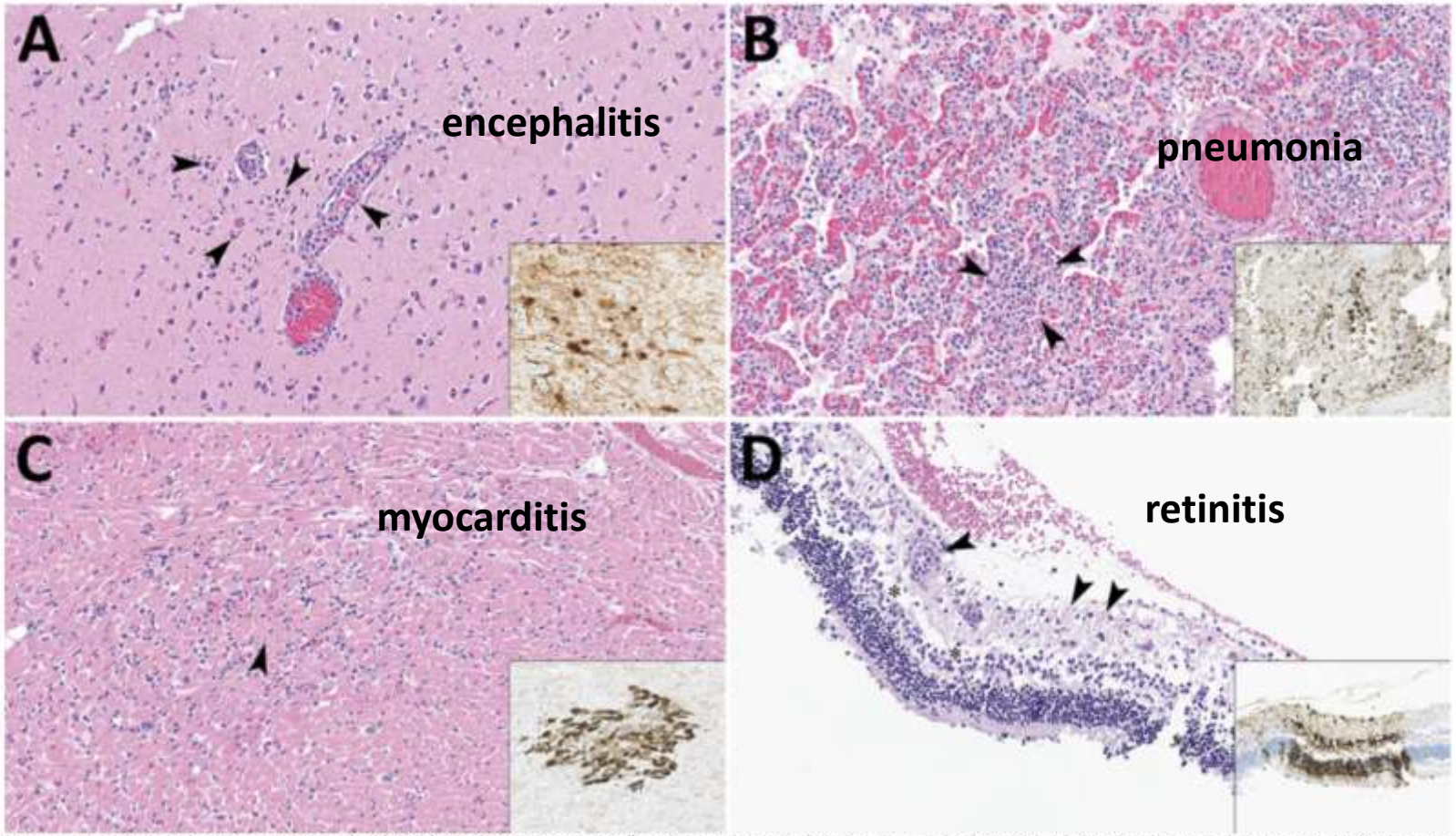


Figure 2. Lesions in cat tissues in study of highly pathogenic avian influenza A(H5N1) clade 2.3.4.4b virus infection in domestic dairy cattle and cats, United States, 2024. Tissue sections were stained with hematoxylin and eosin; insets show brown staining of avian influenza A viruses via immunohistochemistry by using the chromogen 3,3′-diaminobenzidine tetrahydrochloride. Original magnification ×200 for all images and insets. A) Section from cerebral tissue. Arrowheads show perivascular lymphocytic encephalitis, gliosis, and neuronal necrosis. Inset shows neurons. B) Section of lung tissue showing lymphocytic and fibrinous interstitial pneumonia with septal necrosis and alveolar edema; arrowheads indicate lymphocytes. Inset shows bronchiolar epithelium, necrotic cells, and intraseptal mononuclear cells. C) Section of heart tissue. Arrowhead shows interstitial lymphocytic myocarditis and focal peracute myocardial coagulative necrosis. Inset shows cardiomyocytes. D) Section of retinal tissue. Arrowheads show perivascular lymphocytic retinitis with segmental neuronal loss and rarefaction in the ganglion cell layer. Asterisks indicate attenuation of the inner plexiform and nuclear layers with artifactual retinal detachment. Insets shows all layers of the retina segmentally within affected areas have strong cytoplasmic and nuclear immunoreactivity to influenza A virus.

Table 3

PCR results from various specimens in study of highly pathogenic avian influenza A(H5N1) clade 2.3.4.4b virus infection in domestic dairy cattle and cats, United States, 2024*

				Ct values for IAV PCR							
Case no.	Animal	State	IAV PCR test	Milk	Mammary gland	Brain	Lung	Spleen	Lymph node	Ocular fluid	Rumen contents
1	Cow 1	Texas	IAV screen	NA	16.2	NA	≥40	NA	NA	NA	NA
			H5 subtype		17.9		NA				
			H5 2.3.4.4		17.8		NA				
1	Cow 2	Texas	IAV screen	NA	NA	NA	32.6	NA	NA	NA	NA
			H5 subtype				36.0				
			H5 2.3.4.4				34.8				
2	Cow 1	Texas	IAV screen	12.3	NA	NA	NA	NA	NA	NA	NA
			H5 subtype	18.8							
			H5 2.3.4.4	14.7							
2	Cow 2	Texas	IAV screen	13.1	NA	NA	NA	NA	NA	NA	NA
			H5 subtype	17.6							
			H5 2.3.4.4	15.1							

				Ct values for IAV PCR							
Case no.	Animal	State	IAV PCR test	Milk	Mammary gland	Brain	Lung	Spleen	Lymph node	Ocular fluid	Rumen contents
6	Cat 1	Texas	IAV screen	NA	NA	9.9	17.4	NA	NA	NA	NA
			H5 subtype			10.7	16.5				
			H5 2.3.4.4			11.9	18.0				
6	Cat 2	Texas	IAV screen	NA	NA	13.5	24.4	NA	NA	NA	NA
			H5 subtype			14.0	23.8				
			H5 2.3.4.4			15.2	24.8				

AMERICAN SOCIETY FOR MICROBIOLOGY | Journal of Virology®

PATHOGENESIS AND IMMUNITY
September 1, 2010 Volume 84 Issue 17
https://doi.org/10.1128/jvi.00159-10

Adaptation of Pandemic H1N1 Influenza Viruses in Mice

Natalia A. Ilyushina[1,2,†], Alexey M. Khalenkov[1], Jon P. Seiler[1], Heather L. Forrest[1], Nicolai V. Bovin[3], Henju Marjuki[1], Subrata Barman[1], Robert G. Webster[1,4], Richard J. Webby[1,*]

[1] Department of Infectious Diseases, St. Jude Children's Research Hospital, Memphis, Tennessee 38105-3678

[2] the D. I. Ivanovsky Institute of Virology RAMS, Moscow 123098, Russia

[3] Shemyakin Institute of Bioorganic Chemistry, Moscow 117997, Russia

[4] Department of Pathology, University of Tennessee Health Science Center, Memphis, Tennessee 38105

TABLE 2. Pathogenicity of wild-type and mouse-adapted H1N1 influenza viruses in BALB/c mice[a] (Table view)

H1N1 virus	MLD_{50} (PFU, mean ± SD)	No. of survivors/total (%)	Day of death (mean ± SD)[b]	Weight change (%, mean ± SD) at 4 dpi	Virus titer (log_{10} EID_{50}/ml, mean ± SD) at 3 dpi			
					Lungs	Brain	Spleen	Blood
A/CA/04/09	$10^{5.1}$ ± 0.1	10/10 (100)	>21.0	+4.7 ± 3.5	6.4 ± 0.2	<[c]	<	<
A/CA/04/09-MA1	$10^{1.8}$ ± 0.2*	0/10 (0)	7.4 ± 0.2*°	−16.1 ± 4.1*	8.4 ± 0.5*	3.4 ± 0.7*	4.2 ± 0.5*	4.9 ± 0.2*
A/CA/04/09-MA2	$10^{1.8}$ ± 0.4*	0/10 (0)	8.4 ± 0.5*°	−14.3 ± 5.6*	8.2 ± 0.5*	3.6 ± 0.7*	3.8 ± 0.3*	5.1 ± 1.3*
A/TN/1-560/09	$10^{5.0}$ ± 0.1	10/10 (100)	>21.0	+6.1 ± 4.6	6.2 ± 0.1	<	<	<
A/TN/1-560/09-MA1	$10^{2.6}$ ± 0.3*°	0/10 (0)	7.6 ± 0.3*	−15.1 ± 4.2*	8.2 ± 0.3*	3.0 ± 0.4*	4.2 ± 0.5*	5.4 ± 0.5*
A/TN/1-560/09-MA2	$10^{0.6}$ ± 0.2*°	0/10 (0)	7.1 ± 0.3*	−18.0 ± 2.6*	7.6 ± 0.9*	3.1 ± 0.5*	4.4 ± 0.2*	5.2 ± 0.3*

[a] Groups of 13 BALB/c mice were inoculated intranasally under light anesthesia with 5,000 PFU of H1N1 influenza virus. Three mice from each group were euthanized 3 dpi for virus titration. *, $P < 0.05$ compared with the value for the respective wild-type virus (one-way ANOVA); °, $P < 0.05$ compared with the value for the respective mouse-adapted virus (one-way ANOVA).

[b] The mean day of death of mice was determined by the Kaplan-Meier method.

[c] <, the titer was below the limit of detection (<0.75 log_{10} EID_{50}/ml).

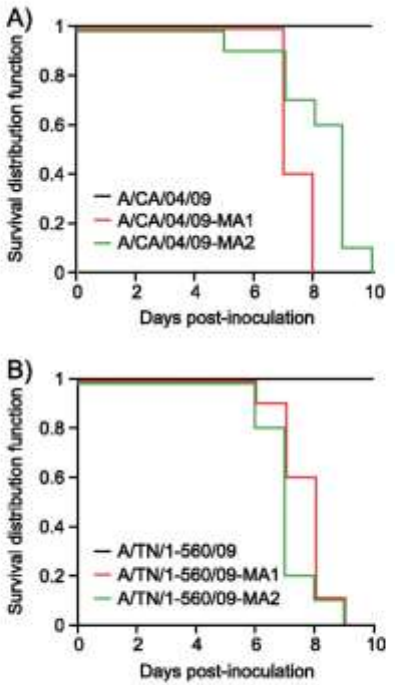
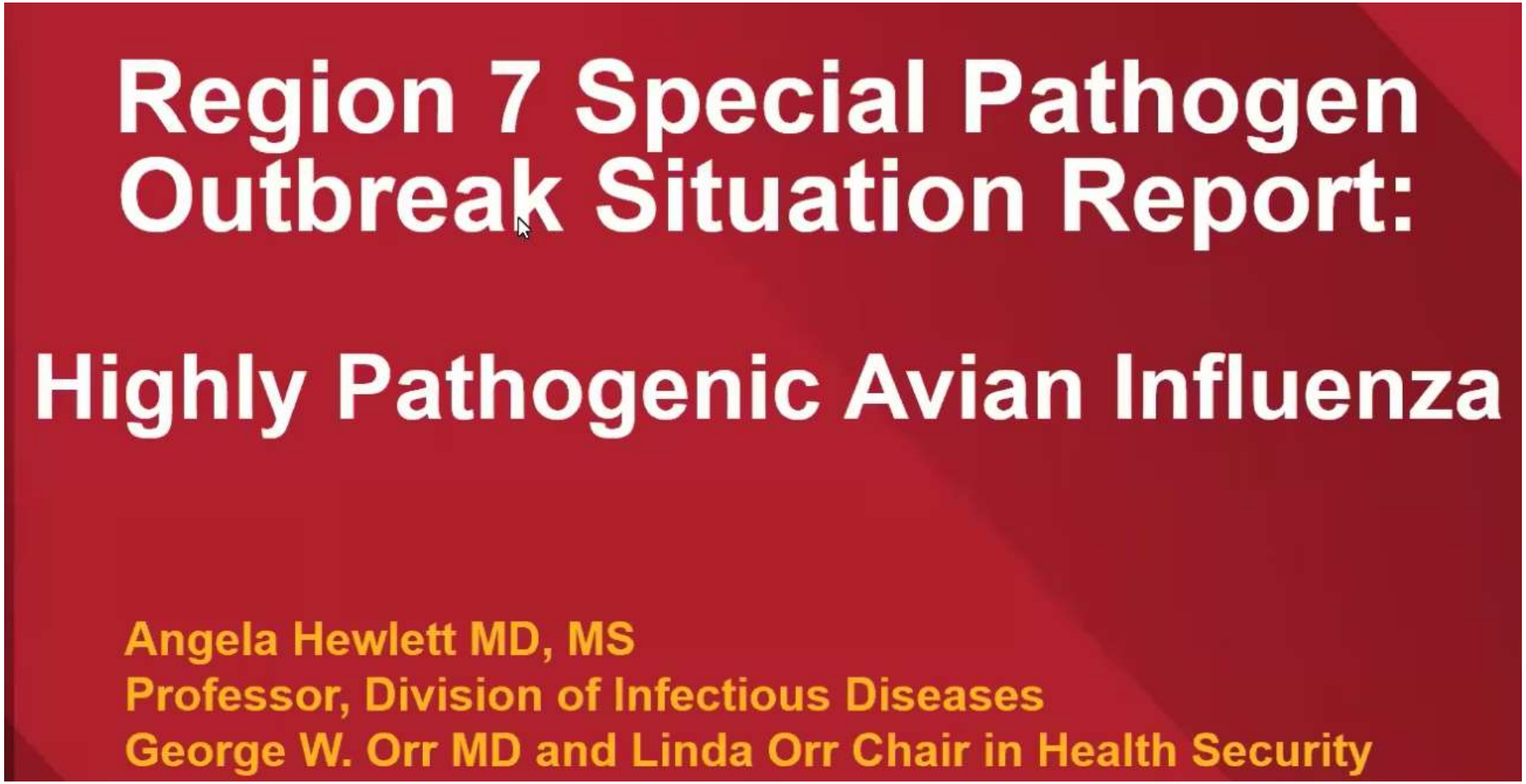


FIG. 2. Survival of BALB/c mice infected with 5,000 PFU/mouse (each in 50 μl) of wild-type A/CA/04/09, A/CA/04/09-MA1, or A/CA/04/09-MA2 virus (A) and wild-type A/TN/1-560/09, A/TN/1-560/09-MA1, or A/TN/1-560/09-MA2 virus (B).

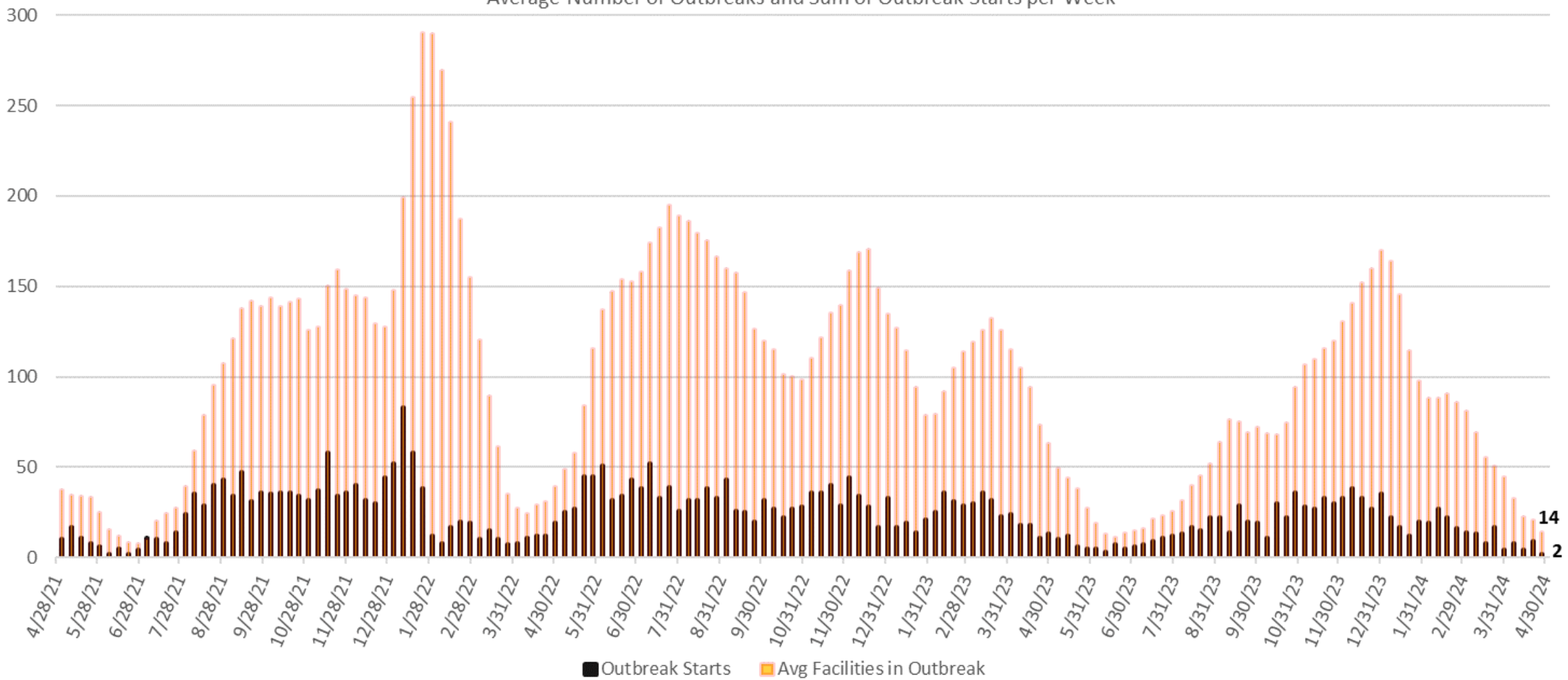
RECORDING/SLIDES NOW AVAILABLE



PUBLIC HEALTH & COALITION LEADERS UPDATES (ALL)

ICAP LTC & ALF - JUAN TERAN

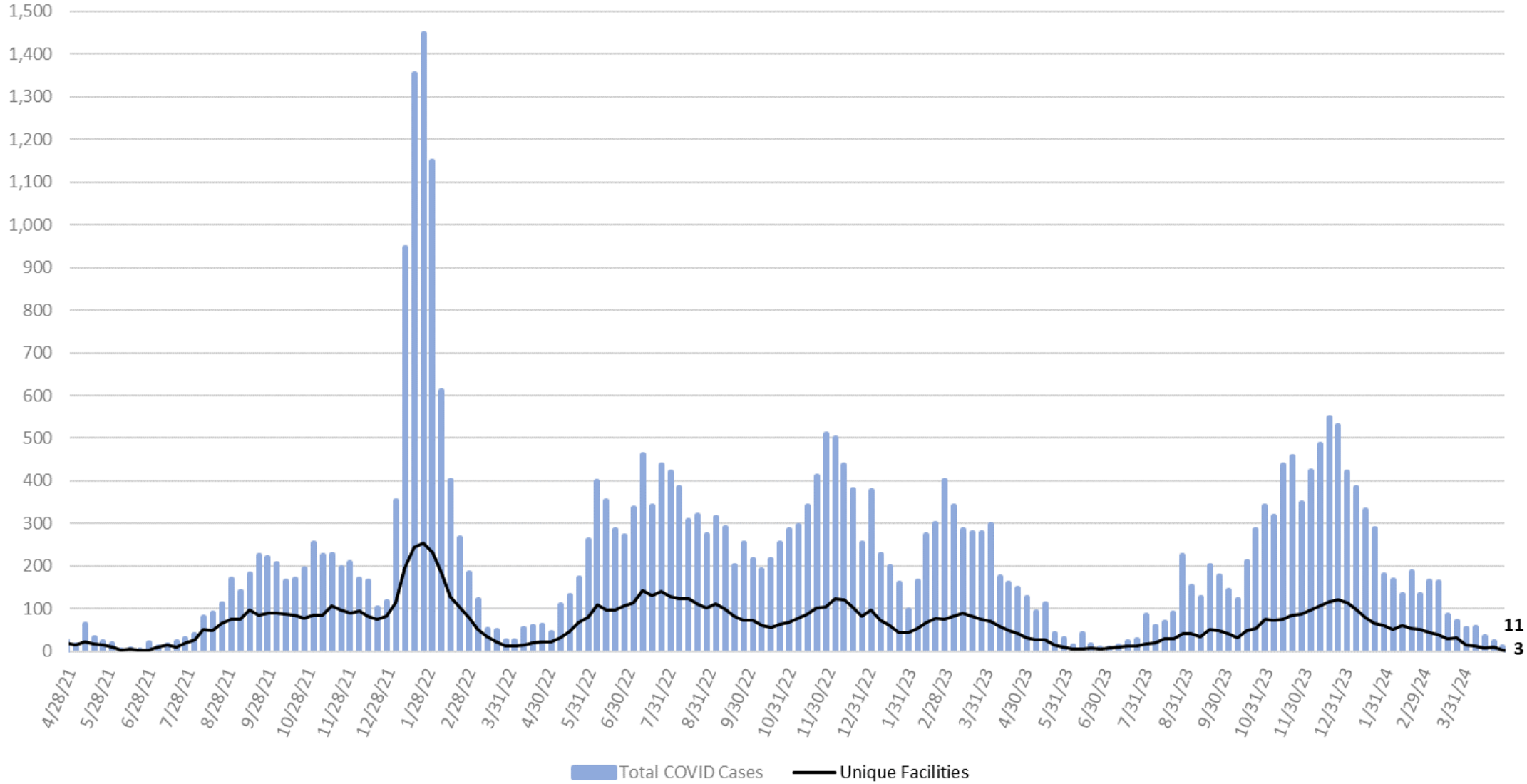
Nebraska LTC Facilities in COVID Outbreak by Week



Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual Numbers may vary slightly

Slide Credit: Dan German

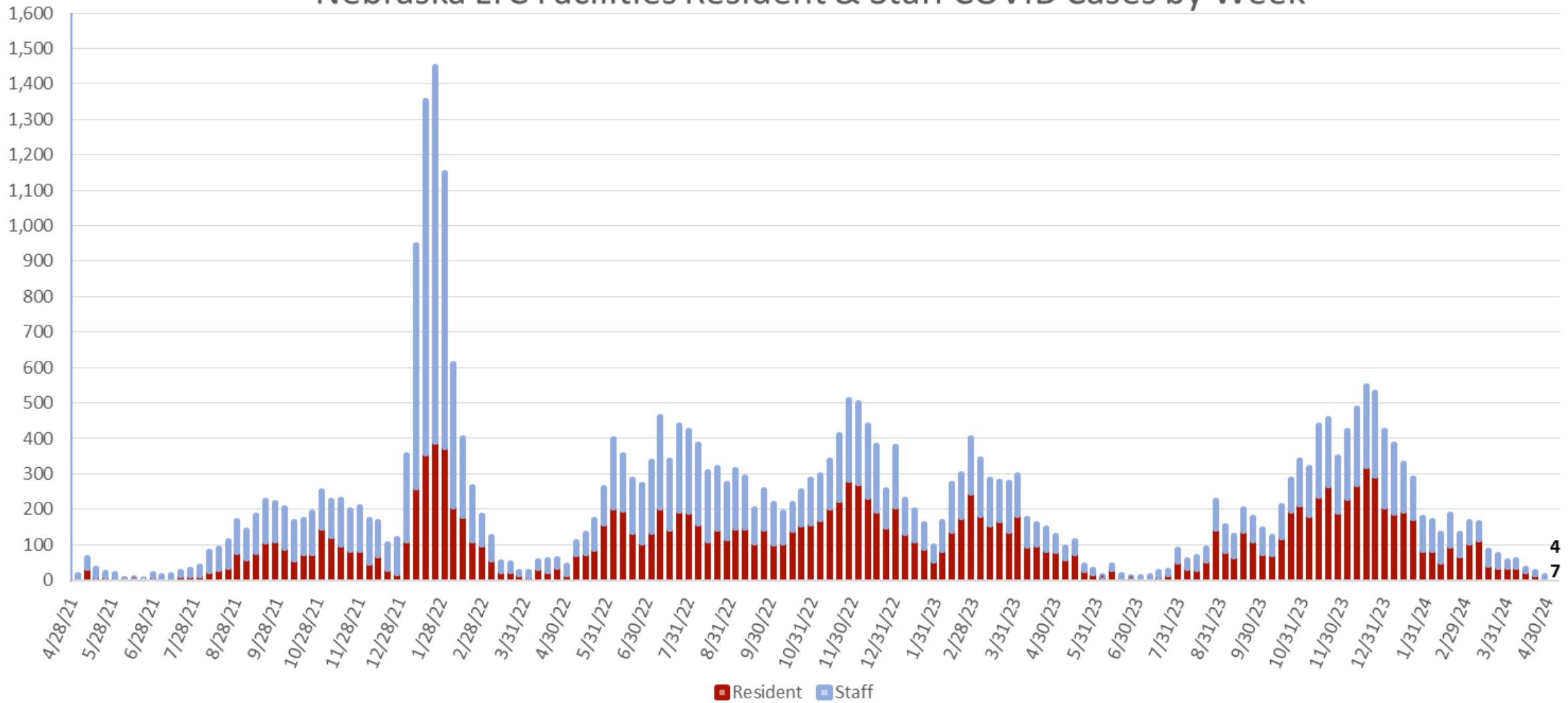
Nebraska LTC Resident & Staff COVID Cases & Facilities by Week



Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual Numbers may vary slightly

Slide Credit: Dan German

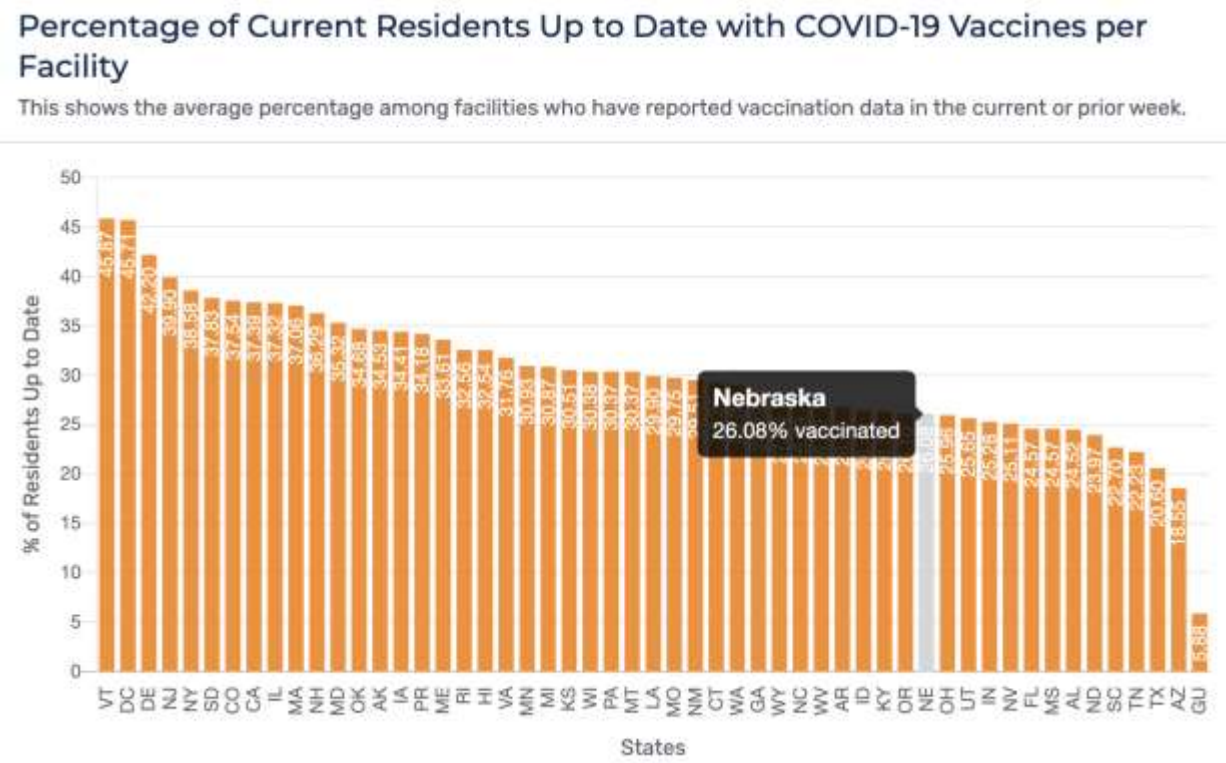
Nebraska LTC Facilities Resident & Staff COVID Cases by Week

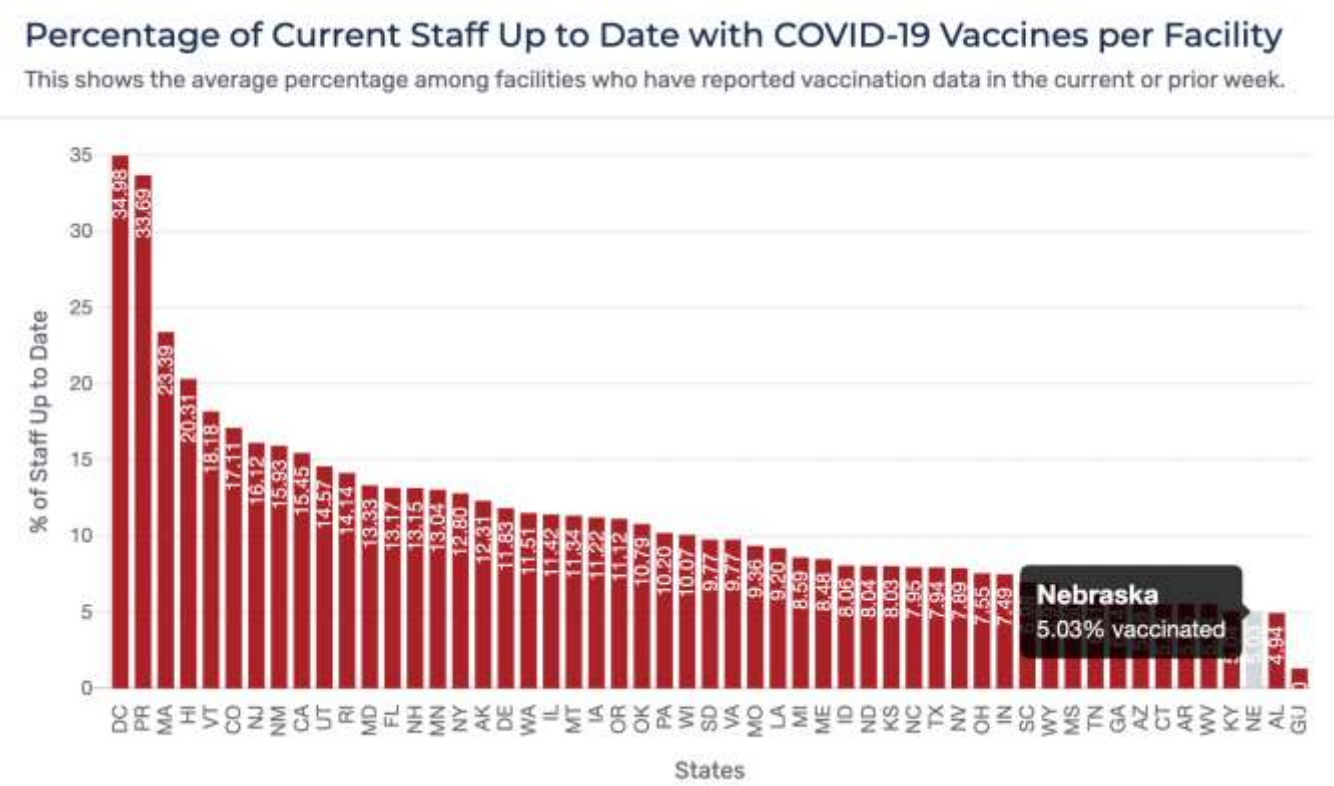


Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual Numbers may vary slightly

Slide Credit: Dan German

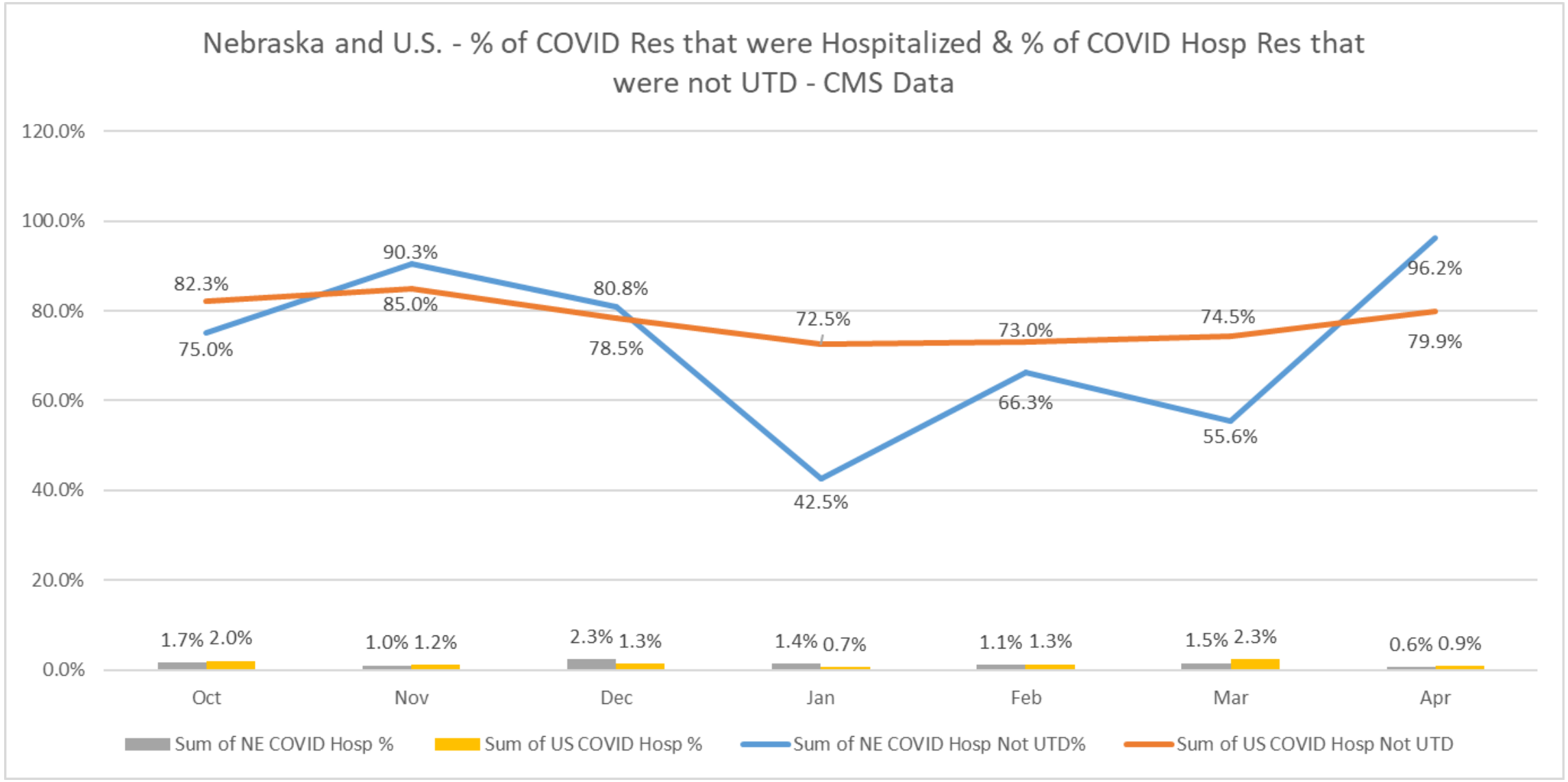
CMS Nursing Home Data





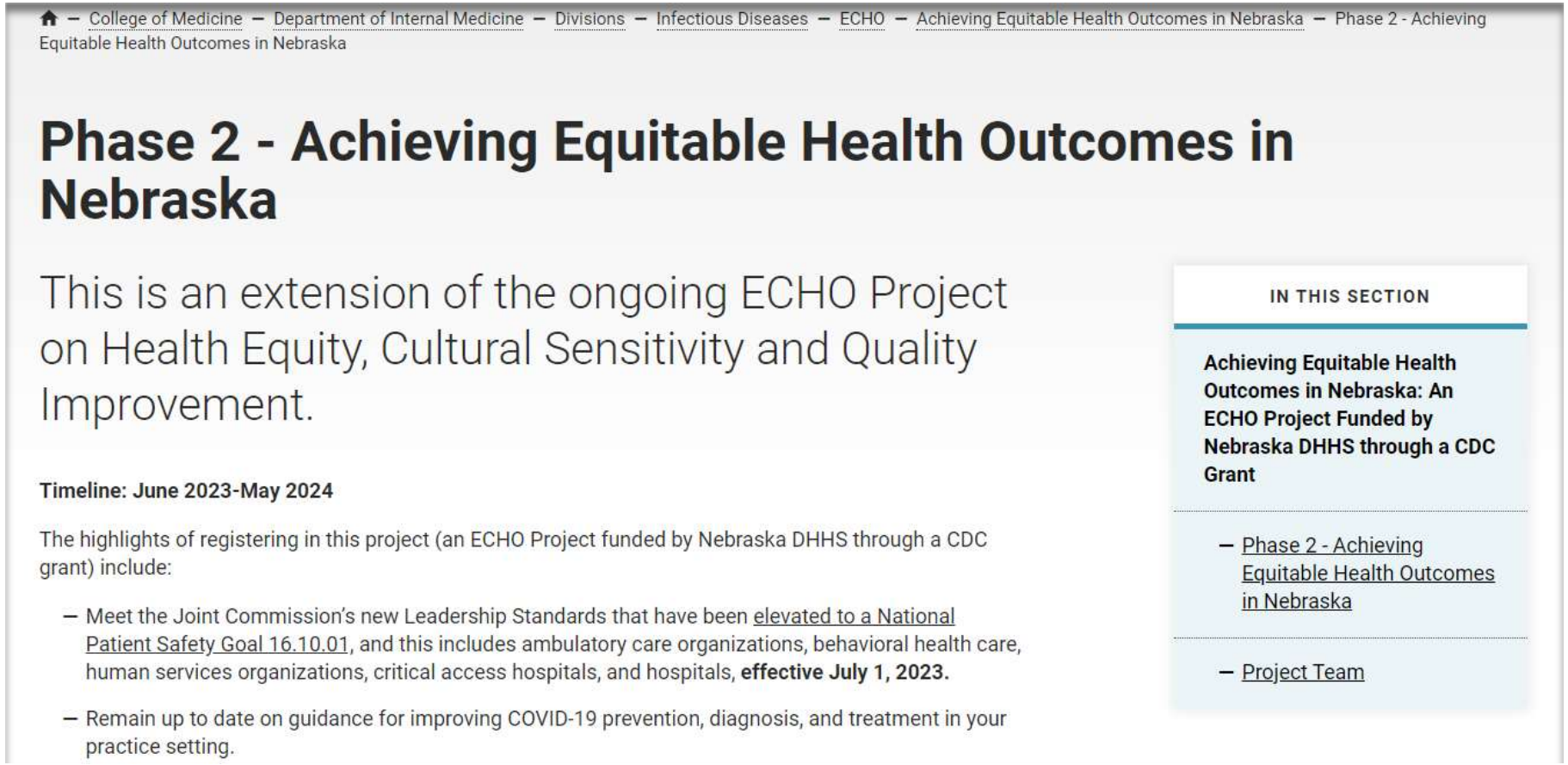
CMS Nursing Home Data 4/14/24

Rate of Covid Hospitalization – Percentage of those NOT up to date



Slide Credit: Dan German

Educational Opportunity



– College of Medicine – Department of Internal Medicine – Divisions – Infectious Diseases – ECHO – Achieving Equitable Health Outcomes in Nebraska – Phase 2 - Achieving Equitable Health Outcomes in Nebraska

Phase 2 - Achieving Equitable Health Outcomes in Nebraska

This is an extension of the ongoing ECHO Project on Health Equity, Cultural Sensitivity and Quality Improvement.

Timeline: June 2023-May 2024

The highlights of registering in this project (an ECHO Project funded by Nebraska DHHS through a CDC grant) include:

- Meet the Joint Commission's new Leadership Standards that have been elevated to a National Patient Safety Goal 16.10.01, and this includes ambulatory care organizations, behavioral health care, human services organizations, critical access hospitals, and hospitals, **effective July 1, 2023.**
- Remain up to date on guidance for improving COVID-19 prevention, diagnosis, and treatment in your practice setting.

IN THIS SECTION

Achieving Equitable Health Outcomes in Nebraska: An ECHO Project Funded by Nebraska DHHS through a CDC Grant

- Phase 2 - Achieving Equitable Health Outcomes in Nebraska
- Project Team

When: Third Wednesday of Every Month

Time: noon to 1 PM CST

Next ECHO Session On:
May 15th, 2024

Registration Survey Link:

https://redcap.nebraskamed.com/surveys/?s=9D448KMYJTF4JXA4

https://www.unmc.edu/intmed/divisions/id/echo/health-equity/index.html

Session 12 Topic and Objectives

Session Topic: Sustaining Progress: How to Continue Advancing Health Equity through a QI Lens

Date and Time: Wednesday, May 15th at Noon

Session Objectives:

- Characterize how summary resources from this project can be used to support health equity work in your organization
- Summarize best practices in sustaining improvement from short-term tests of change
- Discuss next steps in participant health equity improvement projects

HOT TOPICS / OTHER UPDATES

NETEC Resources for HPAI

Influenza A (H5N1)

Highly Pathogenic Avian Influenza - H5N1

On April 1, 2024, the CDC confirmed a positive human case of influenza A(H5N1) virus in the United States. The patient showed symptoms on March 27 and had been exposed to dairy cattle infected with the virus. This marks the second confirmed human case of influenza A(H5N1) in the United States and the first known case of human infection from contact with an infected mammal. Human infections with avian influenza A viruses, including A(H5N1) viruses, are uncommon but have occurred sporadically worldwide. The CDC has recommendations for clinicians on monitoring, testing, and antiviral treatment for patients with suspected or confirmed avian influenza A virus infections.

Unofficial Map of H5N1 cases around the globe by the University of Nebraska Medical Center's Global Center for

NETEC Resources

NETEC Online Course: H5N1 for Health Care Personnel

NETEC Online Course: Influenza: 2022 Seasonal Update

Laboratory Resources: Highly Pathogenic Avian Influenza (HPAI)

Laboratory Resources for Highly Pathogenic Avian Influenza (HPAI) (Blog post)

REGION 7 RESPTC OUTREACH –
Highly Pathogenic Avian Influenza

Resources on Current H5N1 Outbreak:
- Health Alert Network (HAN) - 00506 | Highly Pathogenic Avian Influenza A(H5N1) Virus: Identification of Human Infection and Recommendations for Investigations and Response (cdc.gov)
- NETEC: Identify, Isolate, and Inform
- Introduction to the 2024 Joint Commission Standards for Infection Control
- The Transmission – Unofficial H5N1 Map
- PPE from A to Z: PAPRs for Respiratory Protection

Special Pathogen Outbreak Information:
- The Program for Monitoring Emerging Diseases (ProMED)
- The Transmission - Subscribe to weekly email!
- CDC Health Alert Network – Sign up for Email Updates

NETEC Educational Resources (Educate and Train your team):
- NETEC Repository - Tons of resources available with a quick search.
- NETEC Training and Education
- Request a training or ask a question

NETEC Consultation Resources (Assess your readiness):
- NETEC SPORSA - Hospitals
- NETEC SPORSA - EMS
- NETEC Long Term Care Workbook

Region 7 RESPTC:
- Request a Training from the RESPTC Team
- Questions for the RESPTC or send us an email at Jgruber@nebraskamed.com