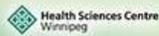




Scientists, public health officials, and healthcare experts present topics of importance at Manitoba's largest healthcare education event. It's free – and accredited!



WRHA Infection Prevention and Control Program Bulletin

Volume 2, Issue 1
October 2017

Assisting in the provision of safe, efficient, effective patient care by minimizing and preventing the spread of communicable diseases

Multi Drug Resistant Candida auris: What Do YOU Need to Know?

Candida auris (*C. auris*) is an emerging multidrug resistant organism, causing invasive healthcare-associated infections with high mortality. This fungus can rapidly spread within healthcare facilities, as it is often difficult to identify.

What to do if your patient is C auris suspect or C auris positive:

- ✓ Immediately place on Contact Precautions in a single room with a private toilet; do not cohort
- ✓ Notify site ICP/designate of patient. Site ICP/designate will provide screening direction

Notification of TB Patients



All new TB admissions (suspect or confirmed) must be reported to your site ICP/designate.

In the past this call was made to the TB ICP. This is a change in process. More information can be found in the WRHA [TB Protocol](#).

Seasonal Flu Vaccine-Did You Know?

- Seasonal Influenza Vaccine is different each year. It covers strains of influenza predicted to circulate for the upcoming season
- H1N1 is now considered one of the most common circulating strains. The annual vaccine protects against H1N1
- Older people with weaker immune systems often have a lower protective response after the flu vaccine. This can result in lower vaccine effectiveness
- Some people, such as infants & those with severe allergies cannot receive the vaccine. This is why it is important for health care providers to get vaccinated annually
- This year Fluzone is being offered to people 65 years or older residing in a Long Term Care facility. Fluzone has 4 times the amount of antigen per strain than the standard inactivated vaccine to elicit a stronger immune response

Patients with MRSA Codes in EPR

In addition to MRSA Positive, there are other MRSA EPR Flags requiring action when patients present to a health care facility:

MRSA SUS (MRSA Suspect): this patient has had an exposure to a MRSA positive case and needs to be swabbed for MRSA to determine if MRSA was acquired from the exposure. No isolation required (Routine Practices)

MRSA PREV (MRSA Previous): this patient has been MRSA positive in the past and was deemed free of the MRSA. Collect MRSA swabs to ensure the MRSA has not returned. No isolation required (Routine Practices)

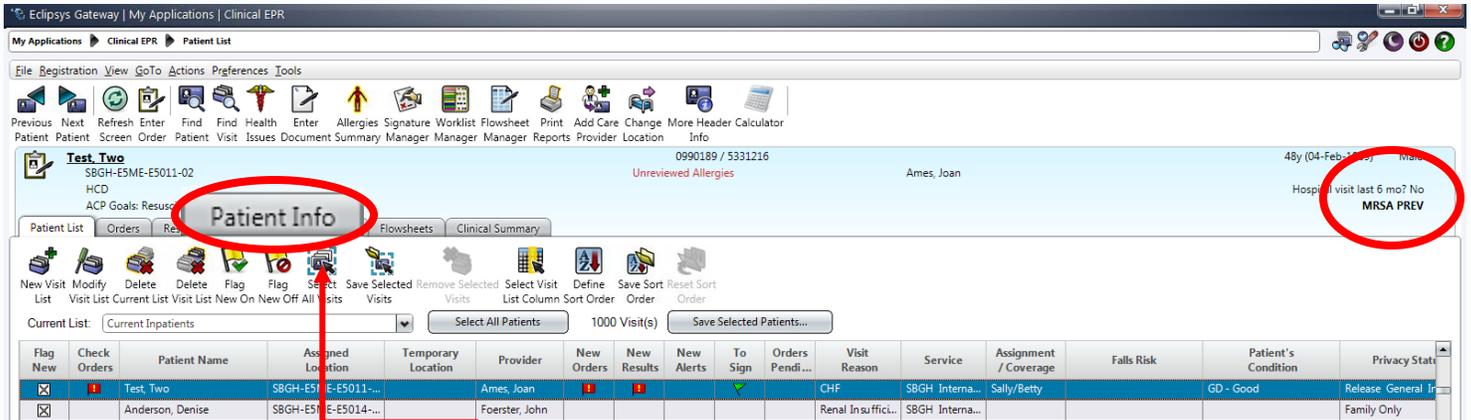
MRSA POS (MRSA positive): this patient has tested positive for MRSA. Swab this patient on admission to assess MRSA positive status. Contact Precautions required

Note: 3 sets of negative swabs are required to discontinue isolation. Consult IP&C to ensure timing & antibiotic criteria have been met before discontinuing isolation.

Timing of Swabs is KEY! It is necessary to send Admission Screening swabs within 48 hours of patient admission. Swabs sent after 48 hours that return positive may be attributed to the wrong facility

EPR Flags-Did You Know?

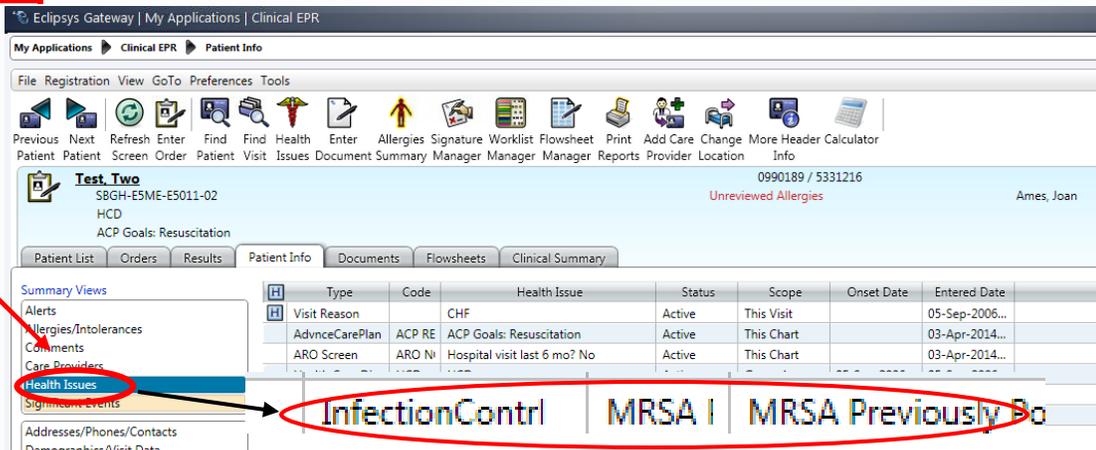
Facilities that use EPR have valuable IP & C information at their fingertips. When an IP& C flag is in the patient header, more information regarding the IP&C flag is available in the Health Issues section, as well as the printed Clinical Circumstance Sheet. To access this information:



- i. Highlight the desired patient
- ii. Select the Patient Info tab

iii. Select Health Issues and Double-click on the Infection Control Health Issue

iv. Any pertinent information regarding the Health Issue will display in the Description Box



Health Issue Details

Type: InfectionContrl Status: Active

Coding Scheme: InfectionContrl Code: MRSA PREV

Scope: General

Name: Previous Methicillin Resistant Staphylococcus aureus (MRSA) positive patient who was treated and eradicated or self eradicated.

Display Name: MRSA Previously Positive

Description: Nares positive May 2015. Neg swabs obtained July 2016, Aug 2016, Oct 2016 (no antibiotics).

Onset Date: 22-Jan-2007 Expected Resolution:

We Want to Hear from You!

Send newsletter comments/suggestions to:

Dolores Sylvestre, Administrative Assistant, WRHA

Infection Prevention & Control Program

dsylvestre2@wrha.mb.ca

IP&C Week: October 16-20, 2017
Are You Down With the Gown?