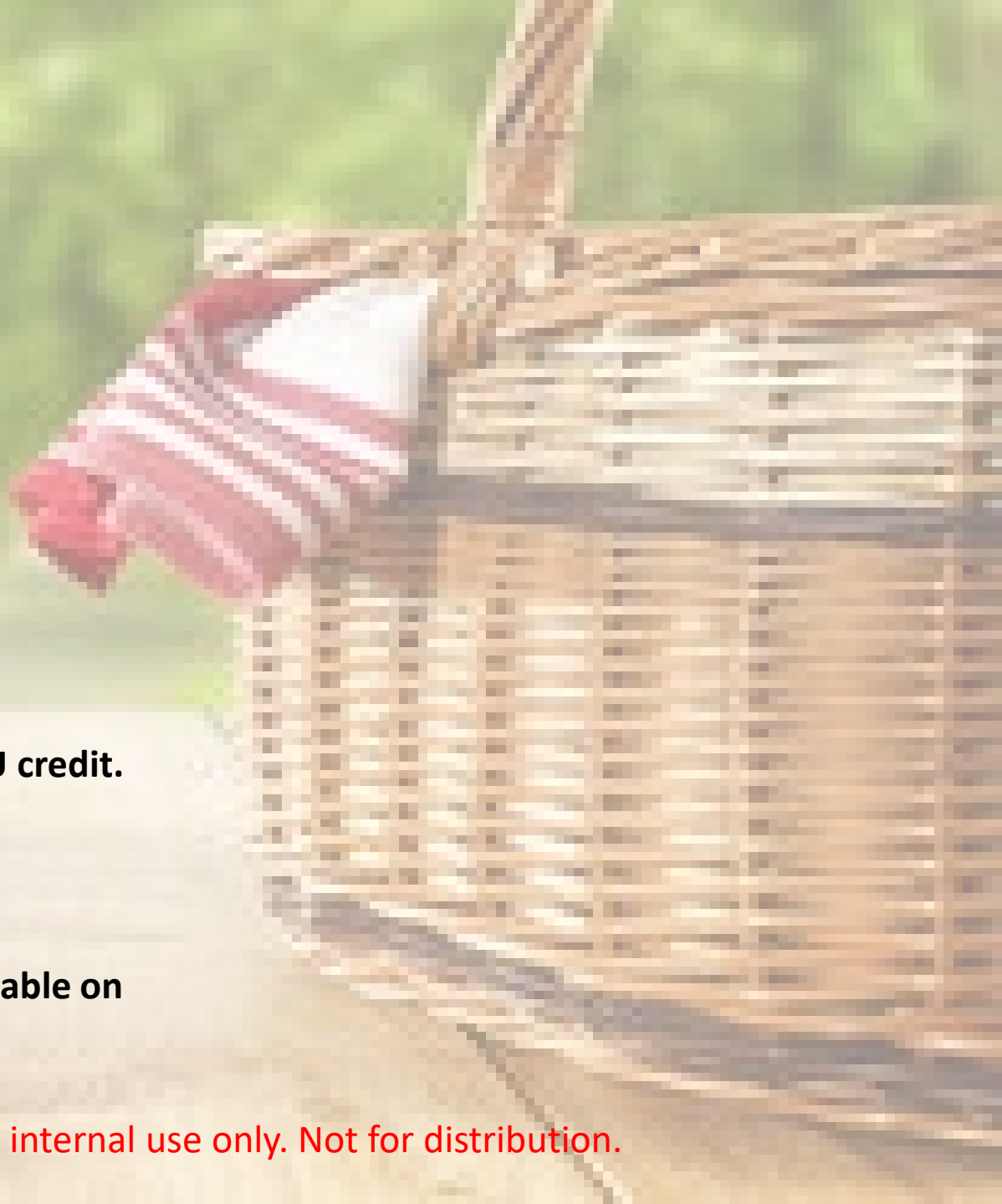
Welcome

BEFORE WE BEGIN, ANSWER IN THE CHAT:

What is your favorite picnic food?



INSTRUCTION FOR CONTACT HOUR

- **Your display name MUST match your evaluation name for CEU credit. If it does not, type your name and facility in the chat.**
- **Enjoy the entire program.**
- **Complete the post-evaluation by July 24, 2026, 5:00 PM (available on the last slide).**
- **Certificate will be emailed to you by August 15, 2026.**

San Diego
Skilled Nursing Facility
Infection Prevention Collaborative

Grow - Collaborate - Succeed

Coordinated by the County of San Diego
Healthcare-Associated Infections (HAI) Program

Reminders

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Recording is on!

PHS.HAI.HHSA@sdcounty.ca.gov

Keep your lines muted

Participate in the polls and chat

Use the chat box for questions

Slides will be emailed

Type into the chat your:

- Name
- Title
- Facility

Healthcare Associated Infections Program

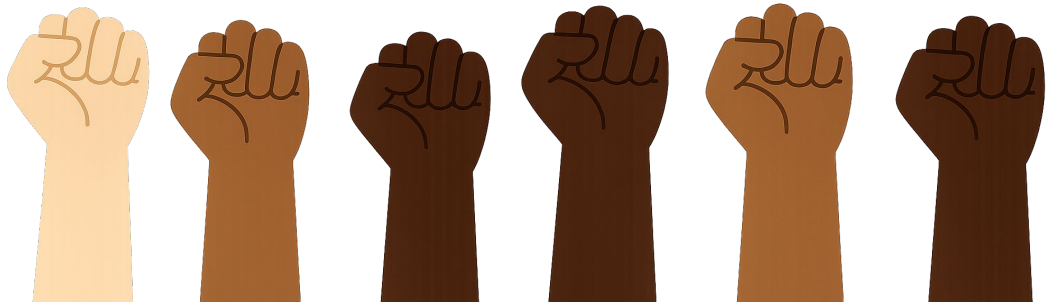
Land Acknowledgement

Public Health Services would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today. While we are meeting on a virtual platform, I would like to take a moment to acknowledge the importance of the lands, which we each call home. We respectfully acknowledge that we are on the traditional territory of the Kumeyaay. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honor those teachings.

Healthcare Associated Infections Program

Anti-Racism Statement

In 2021, the Board of Supervisors unanimously declared racism a public health crisis, affirming the County's commitment to advancing equity and dismantling structural barriers that harm historically marginalized communities. We affirm this commitment by practicing cultural humility, amplifying diverse voices, addressing structural racism, and ensuring individuals are heard, valued, and respected.



Healthcare Associated Infections Program

Agenda

- Welcome
- General Updates
- Announcements
- Featured Topic: “Poop and the Itch”
- Next Collaborative

Healthcare Associated Infections Program

SNF IP
Email List

Respiratory Virus Update

July 9, 2026

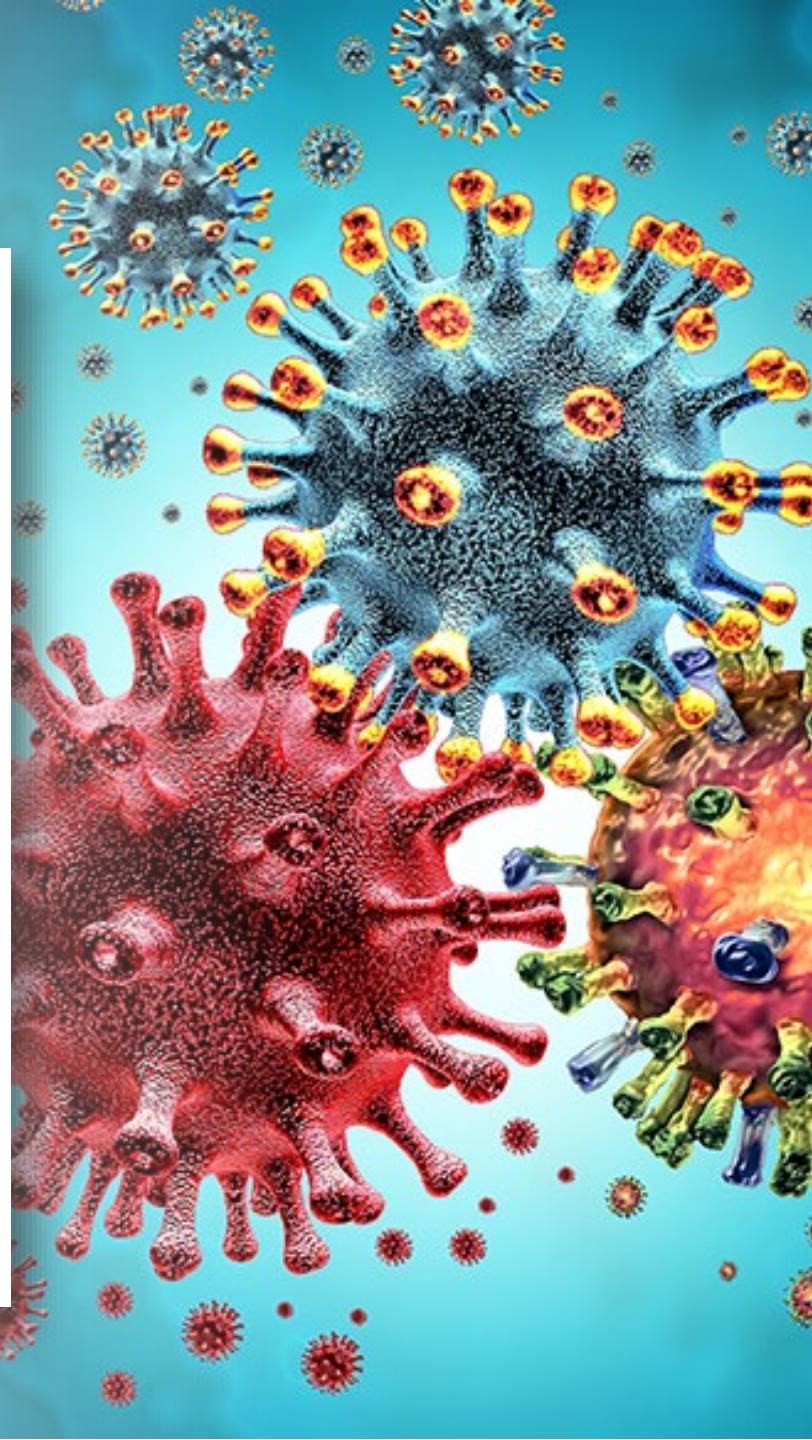
LIVE WELL SAN DIEGO

San Diego County
Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch
www.sdepi.org

This report will be issued monthly on the second Thursday of the month.
Weekly reporting will resume in October.

COVID-19	Influenza	RSV
Hospitalizations 2,318	Hospitalizations 2,733	Hospitalizations 793
Deaths 90	Deaths 76	Deaths 12
Outbreaks* 113	Outbreaks* 35	Outbreaks* 9



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*In residential congregate settings

COVID-19, Influenza, and RSV Cases by CDC Episode Week,* 2025-26 Season-to-Date

Figure 1.1. San Diego County COVID-19 Cases
(N=12,593)

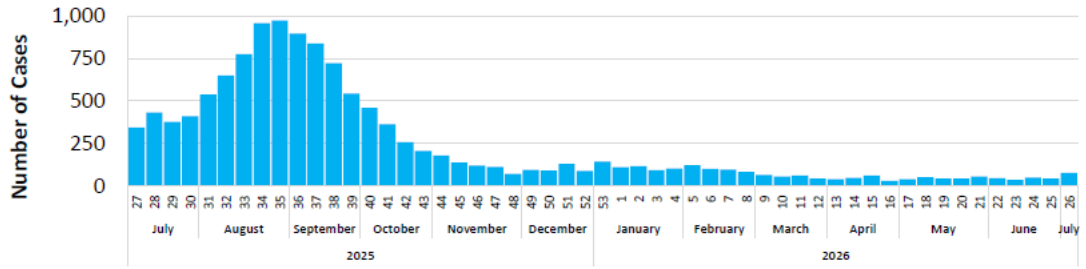


Figure 1.2. San Diego County Influenza Cases
(N=24,921)

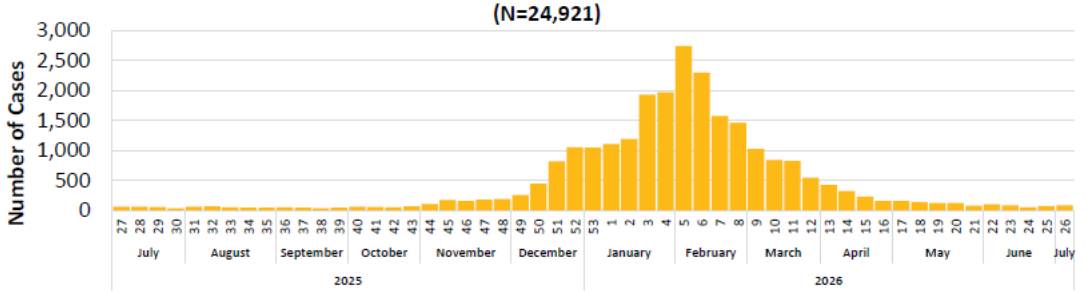
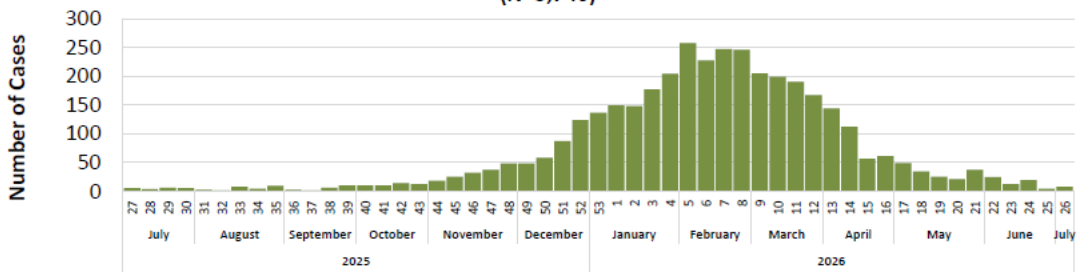


Figure 1.3. San Diego County RSV Cases
(N=3,740)



*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported. Data for the most

*In residential congregate settings

County/CDPH Briefings

- **County LTC Sector Monthly Telebriefing:**
  - Bi-monthly 4th Thursday @ 2PM-3PM
  - Next briefing is 7/23/26
- **CDPH/HSAG SNF IP Quarterly Webinars:**
  - 4th Wednesday @ 11AM – 12PM
  - Next webinar is on 8/13/26

Healthcare Associated Infections Program

Contact Hour Instructions

Ensure	• Ensure your full name identifies you on Teams
Enjoy	• Enjoy the full presentation
Complete	• Complete the post-evaluation

Presenters

Mara Rauhauser, RN, BSN, PHN, CIC
Senior Public Health Nurse
County of San Diego
Healthcare-Associated Infections
(HAI) Program

Catherine L. Blaser, MPH, RN, PHN, CIC
Public Health Nurse Supervisor
County of San Diego
Healthcare-Associated Infections
(HAI) Program

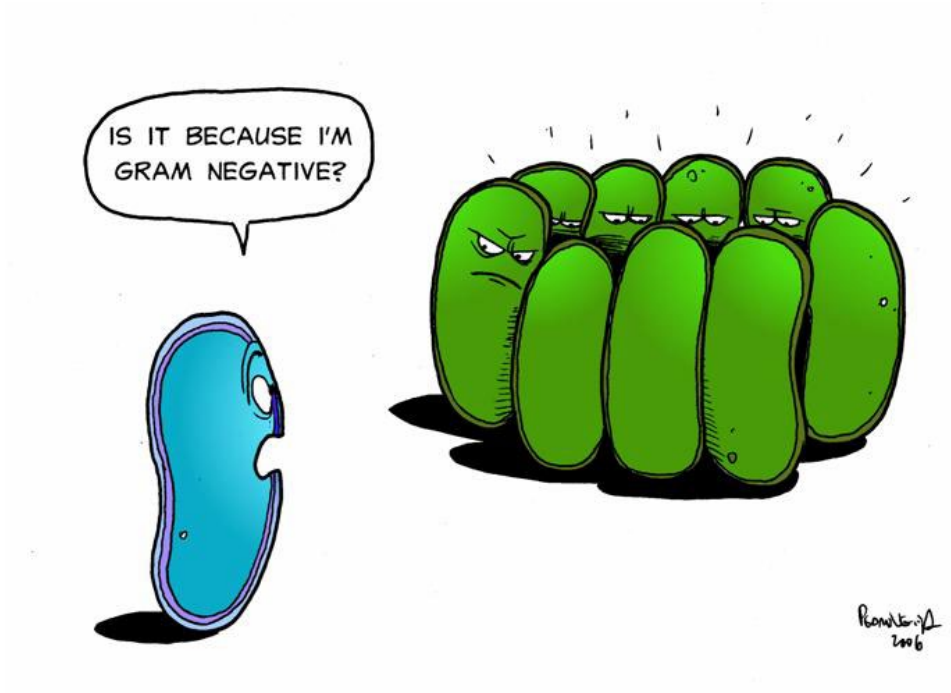
The Poop and the Itch
Deep Dive into Clostridioides difficile and Scabies in Skilled Nursing

Catherine Blaser, MPH, RN, PHN, CIC Public Health Nurse Supervisor
Mara Rauhauser BSN, RN, PHN, CIC Senior PHN
Healthcare-Associated Infections (HAI) Program

Clostridioides difficile

Background:

- Anaerobic, gram positive, spore forming, toxin producing bacteria
- Bacterium that causes Clostridioides difficile infection (CDI)
- Spores can live on surfaces for up to 5 months
- Causes outbreaks in healthcare settings



Healthcare Associated Infections Program

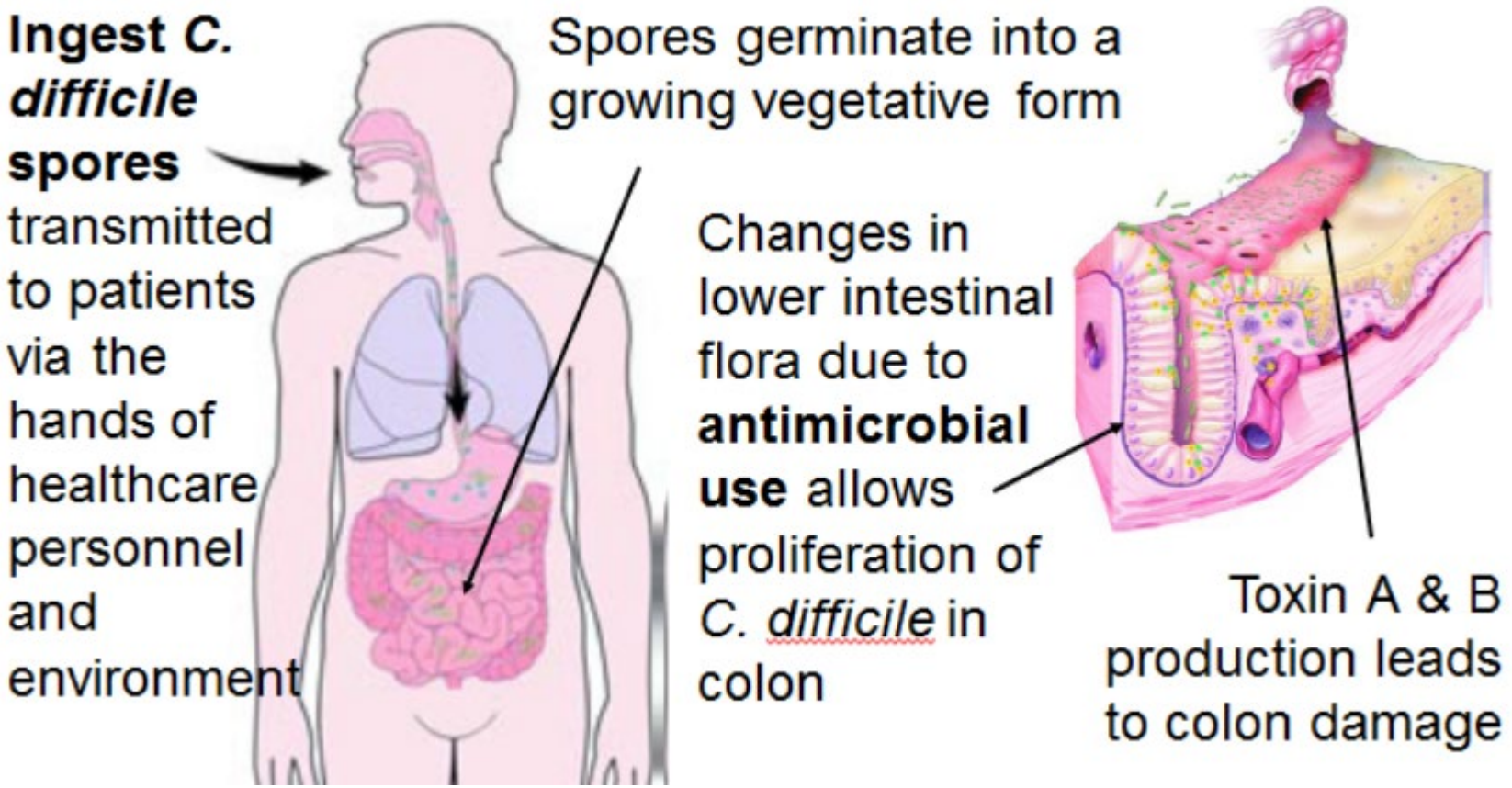
Clostridioides difficile

Risk Factors:

- Antibiotic use in the last 3 months
- Gastric acid suppression medication
- Previous infection with C diff
- Exposure to someone with C diff
- Admission to a room previously occupied by a patient with an active CDI
- Recent stay at a hospital or skilled nursing facility
- Age 65+
- A weakened immune system

Clostridioides difficile

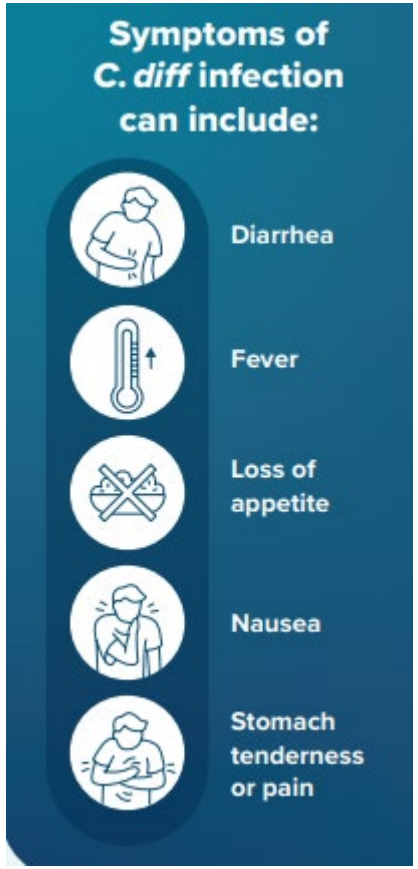
Pathogenesis



https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CDI_LHD_051717ADA.pdf

Healthcare Associated Infections Program

Clostridioides difficile



Signs and symptoms:

- Asymptomatic Colonization often follows exposure
  - Those with colonization can be a source of transmission
- Clinical Syndromes range from mild diarrhea to colitis

https://www.cdc.gov/c-diff/media/pdfs/Cdiff-Factsheet-P.pdf

Clostridioides difficile

Statistics and Impact:

- Estimated 500,000 cases per year in the US
- Most common pathogen causing HAIs in the US
- 1 in 9 people who have CDI will get it again in the following 2-8 weeks
- CDI is associated with increased length of stay, costs, morbidity and mortality

https://www.cdc.gov/c-diff/media/pdfs/Cdiff-Factsheet-P.pdf

Healthcare Associated Infections Program

Clostridioides difficile

How it Spreads: Fecal-Oral Route Contact with:

- Affected person
- Contaminated surfaces and equipment
- Contaminated HCW hand

Clostridioides difficile

Bristol Stool Form Scale

Type	Description	Image
Type 1	Separate hard lumps, like nuts	
Type 2	Sausage-shaped, but lumpy	
Type 3	Like a sausage or snake, but with cracks on its surface	
Type 4	Like a sausage or snake, smooth and soft	
Type 5	Soft blobs with clear-cut edges	
Type 6	Fluffy pieces with ragged edges, a mushy stool	
Type 7	Watery, no solid pieces	

Tell your health care provider if you suddenly develop diarrhea that looks like **Type 6** or **Type 7**.

Stool form scale as a useful guide to intestinal transit time. Scand J Gastroenterol. 1997 Sep;32(9):920-4. doi: 10.3109/00365529709011203.

www.cdc.gov/cdiff

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Healthcare Associated Infections Program

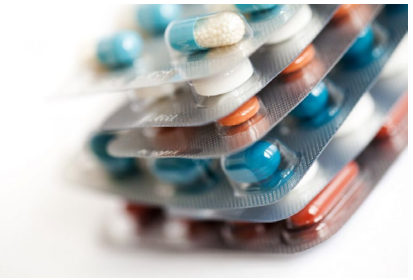
Clostridioides difficile

Diagnostic Stewardship:

- When to test
  - Consider not testing if there has been laxative use within 48 hours
  - Consider alternate causes such as initiation of enteral feeding
- Test only residents with clinically significant diarrhea (3 or more unexplained and new onset unformed stools in the 24 hour period prior to testing
- Which test/s to use

Antimicrobial Stewardship:

- Fluoroquinolones, third- and fourth-generation cephalosporins, carbapenems, and clindamycin are associated with the highest risk of CDI
- Consider a restrictive approach to these higher risk antibiotics
- Overall strong ASP



Healthcare Associated Infections Program

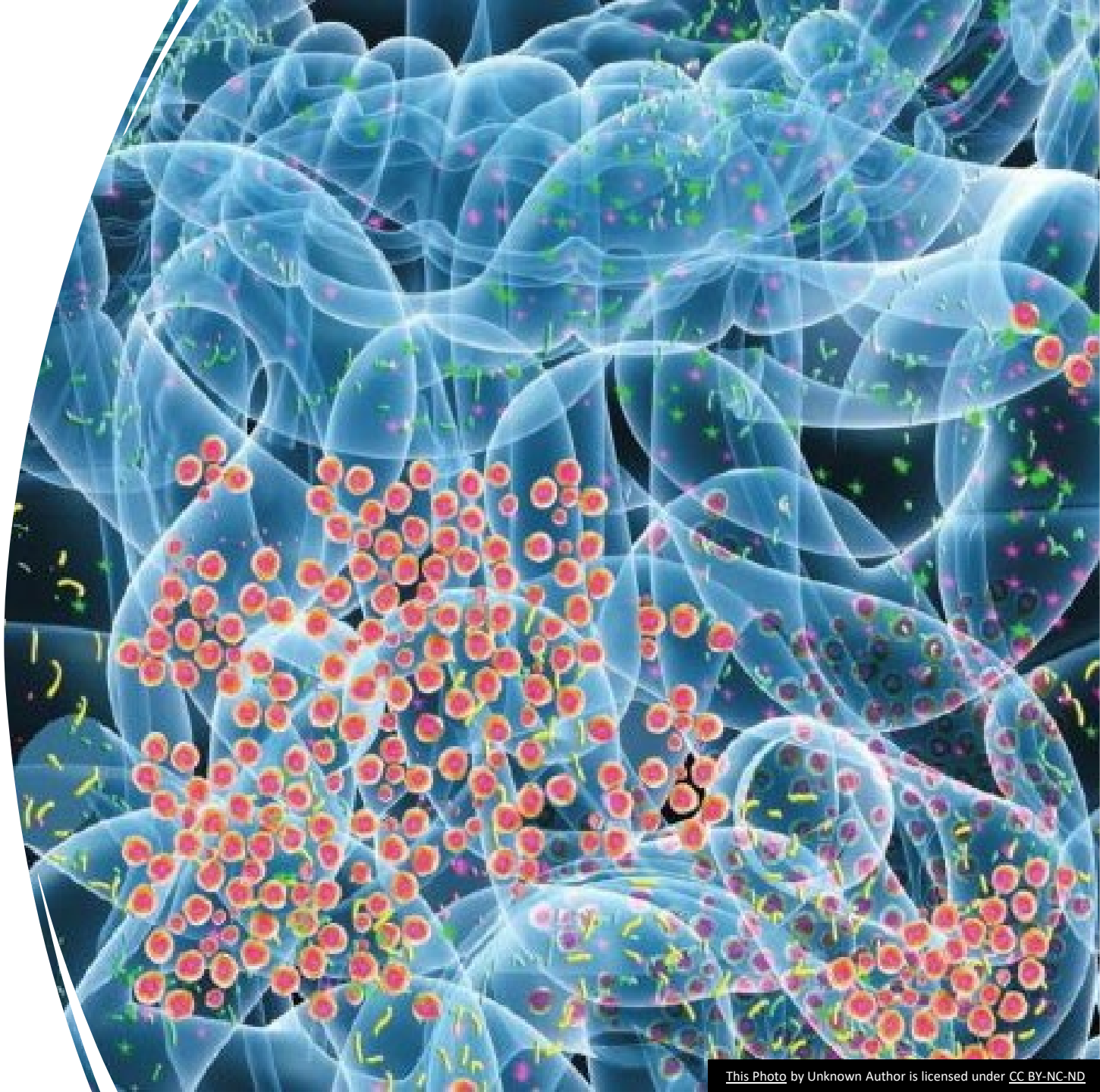
Clostridioides difficile

Testing:

- Molecular: very sensitive but cannot differentiate between colonization and active infection
- Antigen: detects active C diff bacteria but not toxins
- Toxin detection: less sensitive but are better at identifying active infection

Treatment:

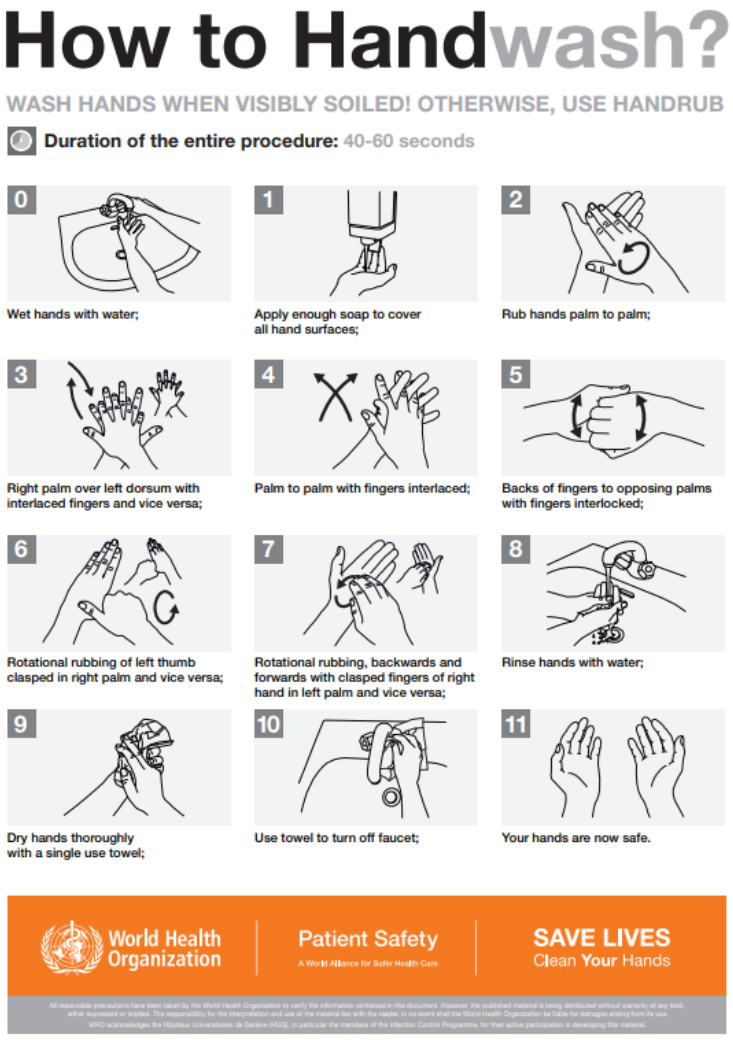
- Antibiotics
- Fecal microbiota transplants



Clostridioides difficile

Strategies to Prevent Transmission:

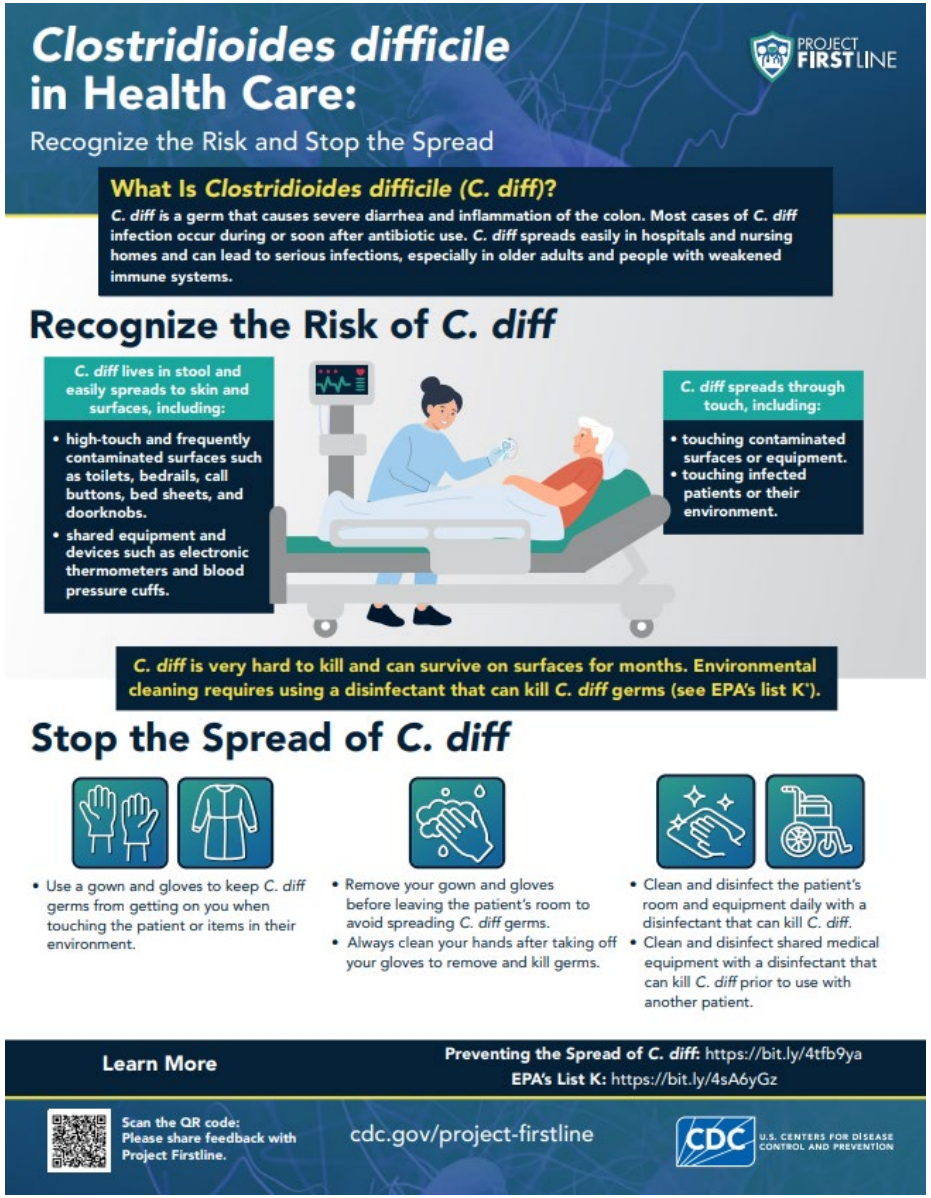
- Use of an EPA List K disinfection
- Handwashing at the sink after providing care
- Enteric Contact Precautions: continue for at least 48 hours after diarrhea has ceased.
- Dedicate equipment when possible
- Educate family and visitors
- Audit infection control practices including handwashing, adherence to enteric precautions, EVS practices



Healthcare Associated Infections Program

Clostridioides difficile

Educate Staff



[Clostridioides difficile in Health Care: Recognize the Risk and Stop the Spread]

Clostridioides difficile

- ✓ **Within the facility**
- ✓ **During transfer to/from other facilities**

Healthcare Associated Infections Program

Clostridioides difficile

Outbreak Definition:

Because C. difficile is common, asymptomatic colonization is part of the cycle, and the risk factors are complex; the focus is on threshold for when to **conduct an investigation** and when to **report.**

Threshold	SNF
For facility to conduct additional investigation	>/=2 residents with facility onset* C. difficile (determined by a positive laboratory test**) in the facility within a 4-week period
For reporting to public health	>/=3 residents with facility onset* CDI** in the facility within a 4 week period

*Facility onset: Specimen obtained on facility day 4 or later (admission date=day 1).
** Positive laboratory test: Any molecular, antigen, culture, or other test for C. difficile.
***CDI: Positive laboratory test AND symptoms (diarrhea, i.e., 3 loose feces over 24 hours) AND no laxative use for at least 48 hours before specimen collection AND no other known cause for diarrhea.

Clostridioides difficile

Consider that, although some patients may have recurrent disease (and therefore might not have acquired *C. difficile* as part of transmission), patients with recurrent disease can transmit *C. difficile* and therefore be part of ongoing transmission. The National Healthcare Safety Network (NHSN) classifies *C. difficile* cases as follows:

B.5.1. Incident *C. difficile*: any *C. difficile*–positive laboratory test from a specimen obtained >8 weeks after the most recent *C. difficile* laboratory test (or with no previous *C. difficile*–positive laboratory test).

B.5.2. Recurrent C. *difficile*: any *C. difficile*–positive laboratory test from a specimen obtained >14 days and < 8 weeks after the most recent *C. difficile* laboratory test.

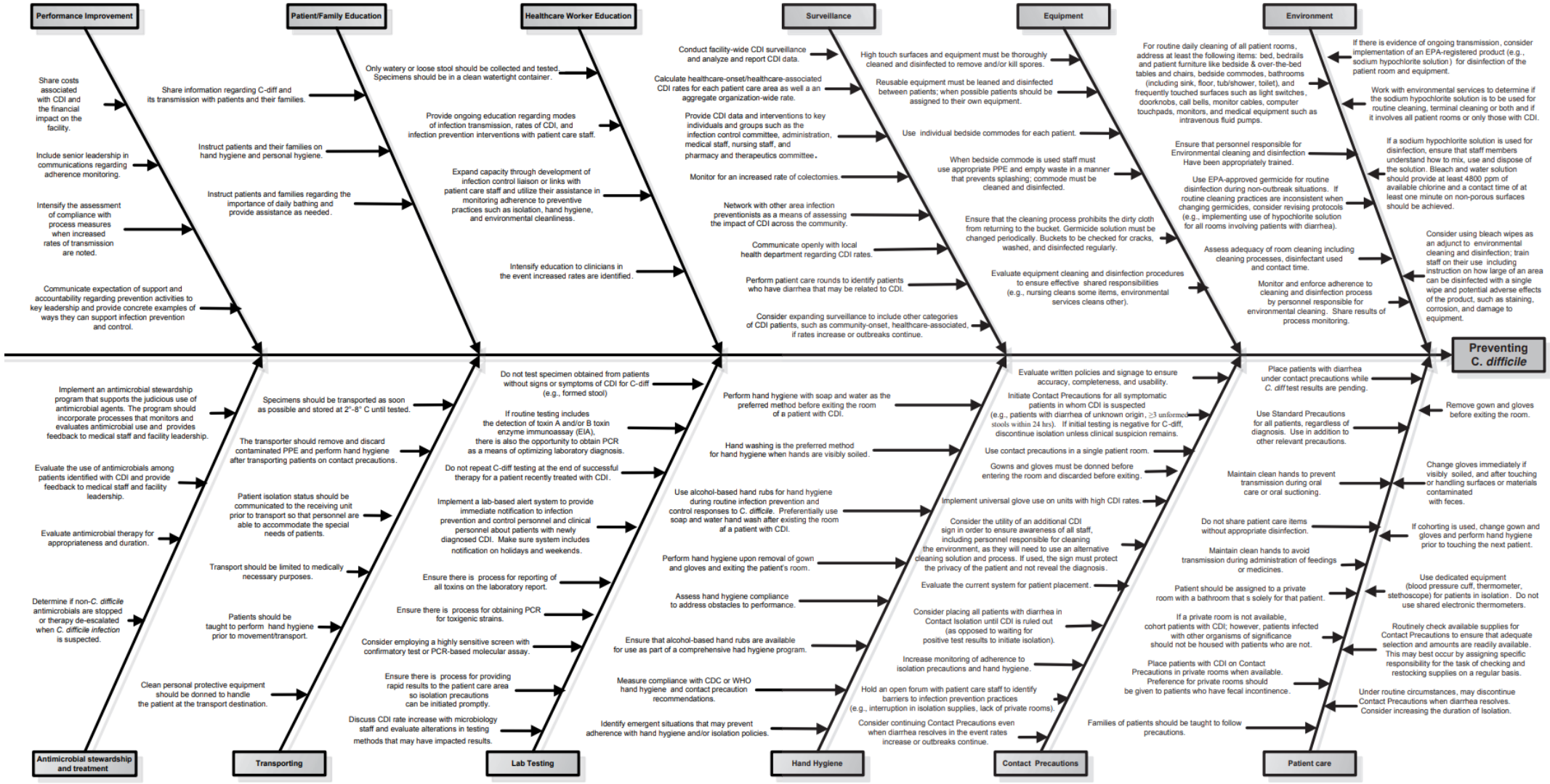
B.5.3. Duplicate *C. difficile*: any *C. difficile*–positive laboratory test from a specimen obtained within the past 14 days after the most recent *C. difficile* laboratory test.

Clostridioides difficile Infection (CDI): Recommendations for Healthcare Outbreak Response

Healthcare Associated Infections Program

Guide to Preventing *Clostridium difficile* Infections

Preventing Transmission of *Clostridium difficile* in Healthcare Settings



Compiled by Ruth Carrico PhD RN CIC, University of Louisville, School of Public Health and Information Sciences
Ruth.carrico@louisville.edu.
April 2011

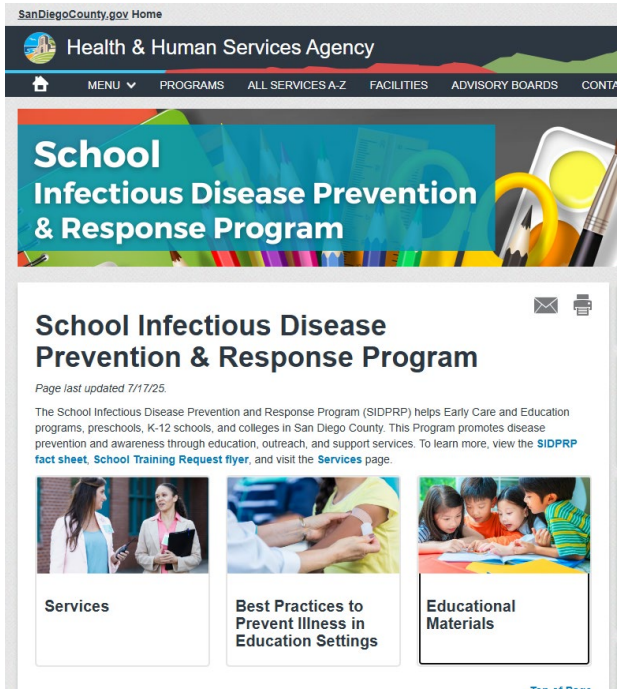
Primary Sources:

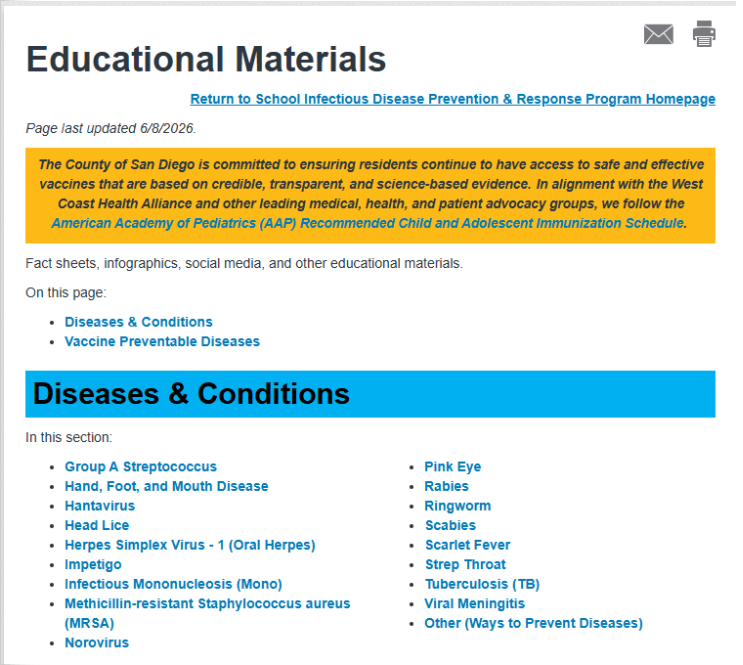
- APIC. Guide to the Elimination of *Clostridium difficile* in Healthcare Settings, 2008.
- Dubberke E, Gerding DN, Classen D, Arias K, Podgorny K, et al. Strategies to Prevent *Clostridium difficile* Infections in Acute Care Hospitals. ICHE, October 2008, Vol. 29, Supp 1, S81-S92.
- *CDC. Clostridium difficile* (CDI) Infections Toolkit. Activity C: ELC Prevention Collaboratives 2009
- Cohen SH, Gerding DN, Johnson S, Kelly CP, Loo VG, McDonald LC, Pepin J, Wilcox MH; Clinical practice guidelines for *Clostridium difficile* infection in adults: 2010 update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA). *Infect Control Hosp Epidemiol*. 2010 May;31(5):431-55.

Resources:

- CDC C diff site: https://www.cdc.gov/c-diff/site.html#hcp
- CDC Poster: https://www.cdc.gov/c-diff/hcp/resources/infection-prevention.html
- CDC Handout: https://www.cdc.gov/project-firstline/media/pdfs/c-diff-in-healthcare-508.pdf
- SHEA Compendium Update: https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/strategies-to-prevent-clostridioides-difficile-infections-in-acutecare-hospitals-2022-update/575A2A0C9E68BD8535D14B2E337FD0A4
- Corha Guidance: https://corha.org/diseases-pathogens/c-diff
- APIC C diff Resources: https://apic.org/search-page/?q=clostridioides

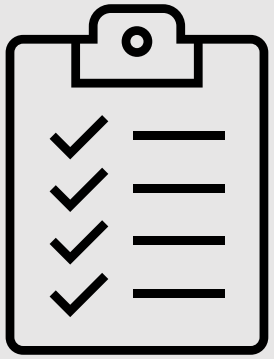
Rash? It “mite” be scabies!





www.sdepi.org

Educational Materials

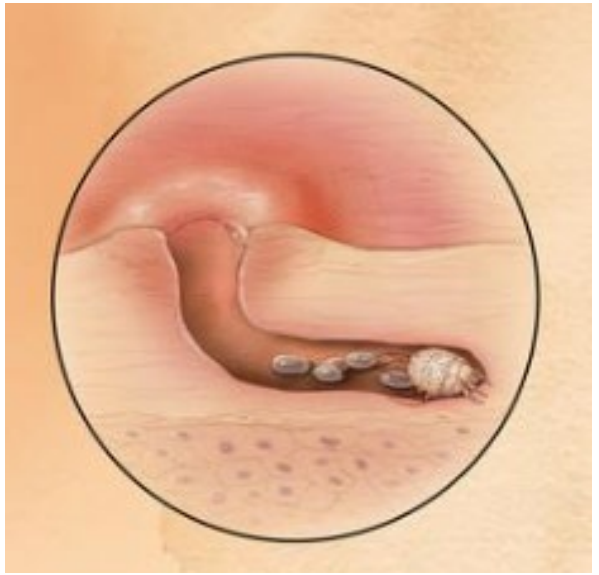


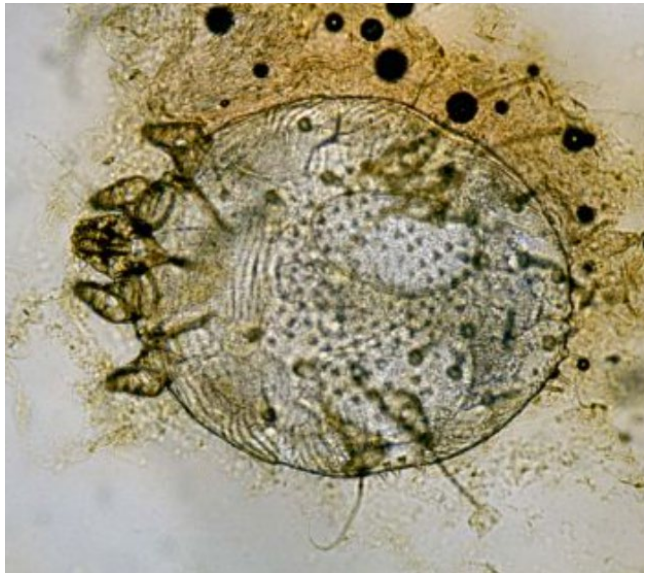
Content Outline

- What is scabies?
- What are the symptoms?
- How is scabies spread?
- How is scabies diagnosed/treated?
- I have an outbreak, now what?
- How can I prevent a scabies outbreak?

What is Scabies?

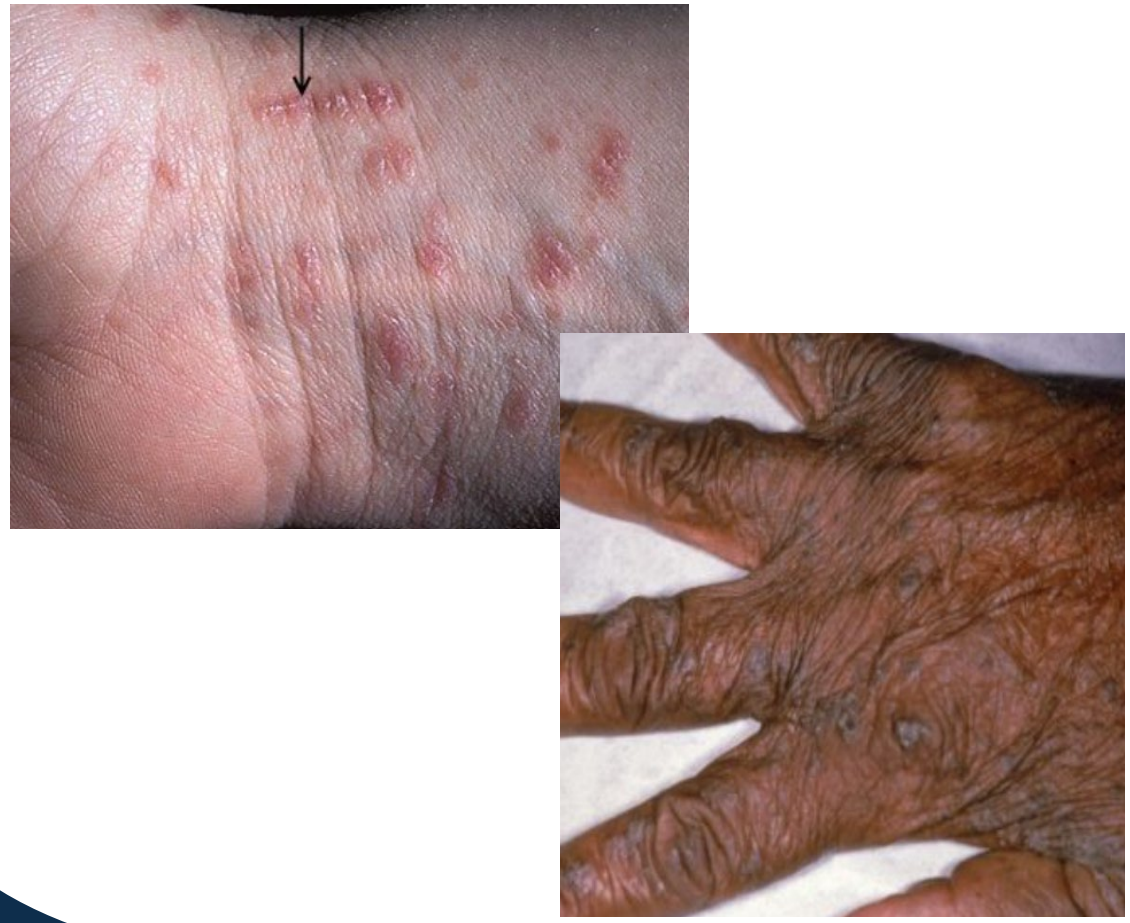
- Scabies is a skin condition
- Caused by the parasitic mite - *Sarcoptes scabiei*
- The mites burrow into skin to lay eggs
- Unable to survive without a host for more than 3-4 days
- Anyone can get scabies





What are the symptoms?

There are two types of presentations:



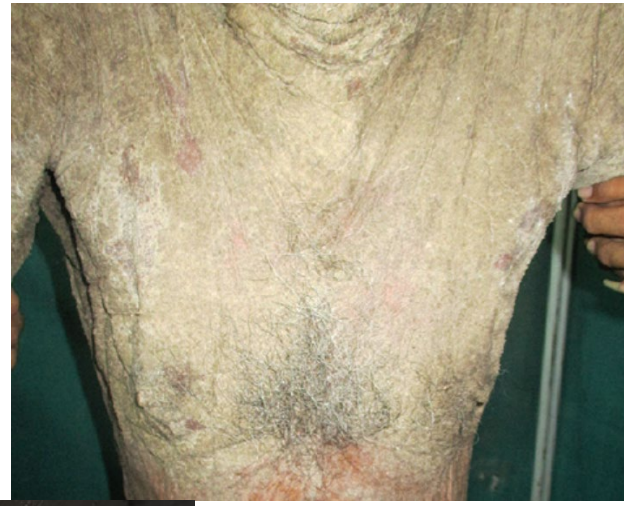
Typical (classic) scabies

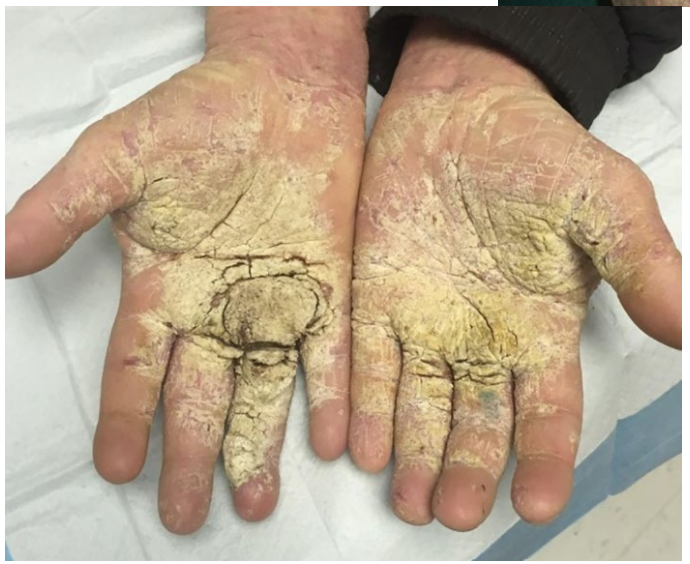
- Intense itching with a bumpy, reddish rash
- Body areas commonly involved include between fingers, wrists, elbows, armpits, under breast folds, groin, and buttocks

Symptoms, cont..

Atypical or crusted scabies

- AKA Norwegian scabies
- Can occur when diagnosis/treatment is delayed
- Skin becomes thickened, scaled, crusted, due to heavy infestation of mites
- Highly contagious

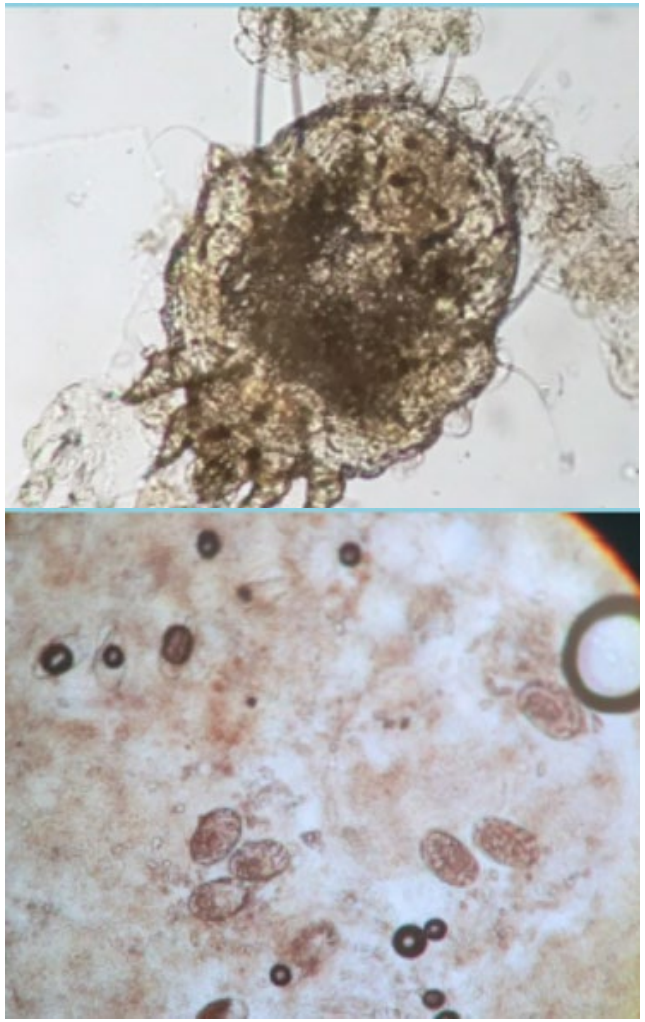




How is scabies spread?

- **Scabies mites are usually spread by direct, skin-to-skin contact** with the skin of a person with scabies
- Sometimes spread through items, such as clothing, towels, bedding
- Scabies can spread quickly in long term care facilities

How is scabies diagnosed/treated?

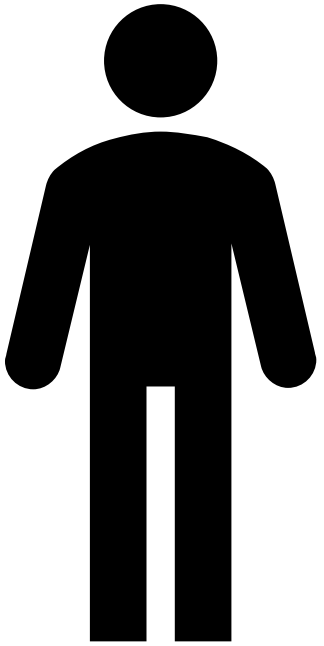


- **Diagnosis:** Scabies is diagnosed by a “skin scraping”
  - This is a procedure where the top layer of the skin is scraped and then examined under a microscope
- **Treatment:** Most commonly, a scabicide cream is prescribed to apply to the skin
  - One treatment is often sufficient for typical scabies
  - If it does not work, an oral medication may be prescribed

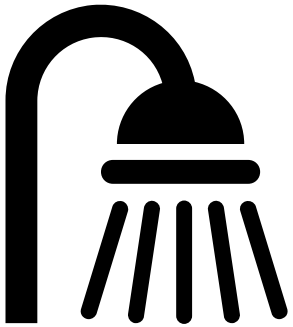
Scabicide Application Tips

Tips for application of treatment cream

- Follow the directions on the package insert accompanying the cream
- Gown/gloves should be worn when applying the scabicide cream on residents
- Bathe residents prior to application and change bed linens
- Apply the cream on every inch of skin, from the hairline, to the soles of the feet, paying attention to the skin folds and creases. Avoid contact with the eyes.



Scabicide, cont…

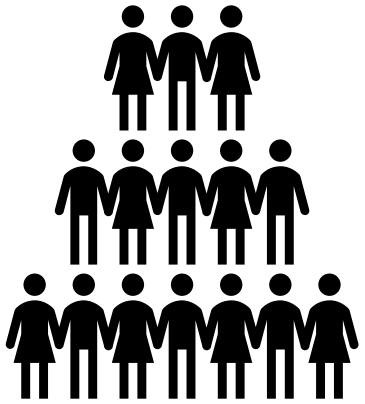


- Clip fingernails/toenails and ensure scabicide is applied under nail edges
- Put on clean clothing and ensure clean linens and towels are used
- Leave cream per instructions, then wash off with warm water and soap.
- Itching may continue for several days or weeks
- Monitor skin for new burrows or rashes.

I have an outbreak, now what?

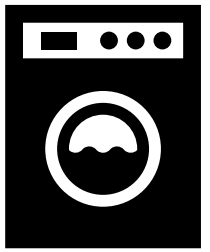
- **CDPH Definition:** two or more suspect or confirmed scabies within 6 weeks (residents, staff, visitors, volunteers)

Don’t wait until you have an outbreak to act.

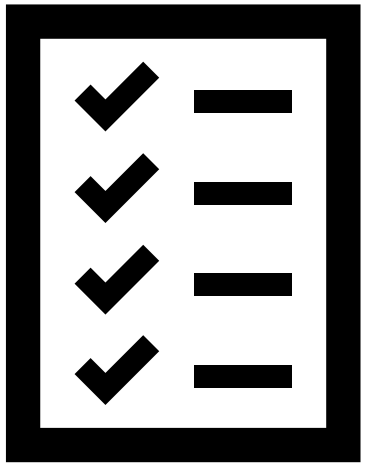


Outbreak, cont…

- Launder linens, bedding, clothing in hot water/hot dry cycle
- Bag non-launderable items for 7 days
- Change bed linens, towels, clothes daily
- Vacuum mattresses, upholstered furniture, carpeting
- Disinfect the shared items between resident uses
- Routine disinfection of the facility environment is adequate
- **More aggressive measures are needed for crusted scabies**



Outbreak Management



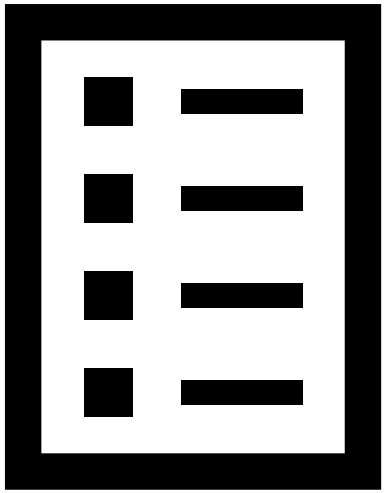
Be persistent and thorough!

- **Evaluate residents** and immediately place residents with suspected scabies in contact isolation and arrange for evaluation with a provider. Use gown/gloves when providing care.
- **Immediately remove from work any symptomatic HCP** until evaluated by provider
- **Prepare a line listing** of symptomatic residents/HCP and **report to County Epidemiology** (619-692-8499)

How can I prevent an outbreak?

Prevention is KEY!

- Train staff to immediately report unexplained rash/itching of residents or selves.
- Screen newly admitted residents for suspicious rashes.
- Ensure staff/residents have access to provider to evaluate any new rashes for early identification/treatment
- Have a written infection control plan for scabies, including environmental cleaning/disinfection, isolation, PPE



Take Home Messages

- **Prevention is key:** early detection and treatment
- **Train staff to recognize and report** suspicious rashes
- **Have a plan** for rapid isolation and evaluation
- **Be persistent and thorough**
- **Report your outbreaks** to County Epidemiology 619-692-8499

The HAI Program can provide infection control consultation
phs.hai.hhsa@sdcounty.ca.gov

References

- Aukerman, W., Curfman, K., Urias, D., Shayesteh, K. (2019). Norwegian scabies management after prolonged disease course: a case report. International Journal of Surgery Case Reports, 61, 180-18. https://doi.org/10.1016/j.ijscr.2019.07.025
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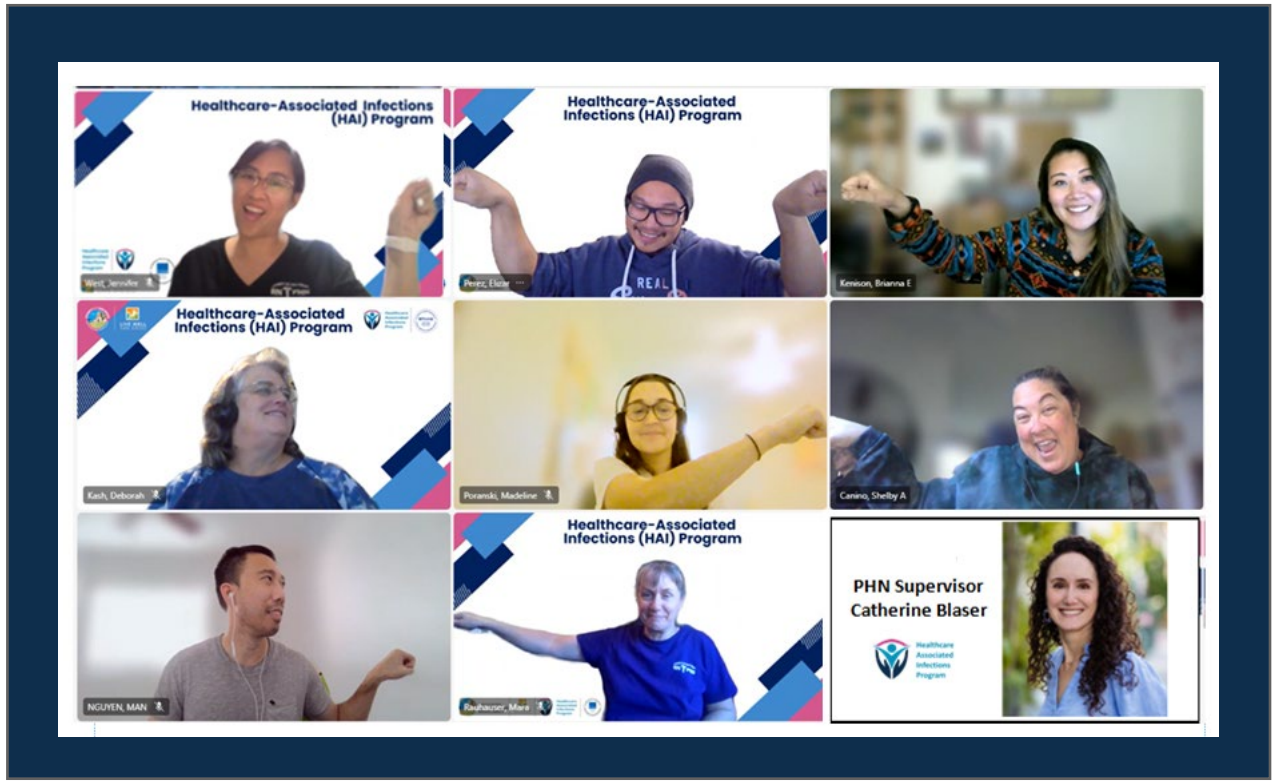
- County of San Diego. (2023). Scabies poster. Retrieved from https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/school-infectious-disease-prevention-response/educational-materials.html#scabies

What can the HAI Program do to help?



- Outbreak response
- Support IP rounding
- Interpret state/federal guidance
- Support staff in-services
- Support quality improvement projects
- Share resources and tools

Healthcare Associated Infections Program

SNF IP Collaborative

Next Collaborative

*****September 23, 2026*****

11:00AM – 12:00PM

Microsoft TEAMS

Featured Topic:

“FLUNOVID & RSV too”

1 Contact Hour Offered

Submit questions or
feedback about today’s meeting to:

PHS.HAI.HHSA@sdcounty.ca.gov

Contact Hour Instructions

- Ensure your name is your full name
- Complete by July 24th, 5:00 PM
- Expect your certificate by August 15th.

Healthcare Associated Infections Program

Contact us at:

PHS.HAI.HHSA@sdcounty.ca.gov

The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.

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