

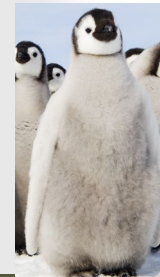
# Welcome

BEFORE WE BEGIN, ANSWER IN THE CHAT

What is your spirit animal and why?

## 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 25, 2025, 5:00 PM** (available on the last slide)
- Certificate will be emailed to you by **August 15, 2025**.



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# San Diego Skilled Nursing Facility Infection Prevention Collaborative

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Grow - Collaborate - Succeed



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

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# Reminders



Recording is on!



[PHS.HAI.HHSA@sdcounty.ca.gov](mailto: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

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Type into the chat your:

- Name
- Title
- Facility





# 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.**

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# Agenda



**Welcome**

**General Updates**

**Announcements**

**Featured Topic: “Bridging Microbiology and Prevention”**

**Next Collaborative**

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SNF IP  
Email List



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To: CAHAN San Diego Participants

Date: July 3, 2025

From: Public Health Services

Health Advisory: Increased Invasive Meningococcal Disease (IMD), San Diego County

#### Key Messages

- As of June 30, 2025, there have been seven cases of Invasive Meningococcal Disease (IMD) among San Diego County residents. Between 2022-2024, the average number of IMD cases had been 3.7 cases per year.
- Providers are reminded that ciprofloxacin is no longer recommended for [post-exposure prophylaxis](#) (PEP) for close contacts of patients with IMD due to rising ciprofloxacin-resistant *Neisseria meningitidis* strains in the [California](#).
- Providers are encouraged to request antimicrobial susceptibility testing (AST), including for ciprofloxacin, on all sterile-site isolates from IMD patients.
- Providers should report confirmed and suspect meningococcal infections immediately to the San Diego County Epidemiology Unit.
- Vaccination is recommended for all adolescents and other age groups at increased risk for infection.
- All men who have sex with men (MSM), regardless of HIV status, should receive at least one dose of meningococcal conjugate (MenACWY) vaccine. A booster dose should be considered for MSM who received MenACWY vaccine  $\geq 5$  years ago.

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To: CAHAN San Diego Participants

Date: July 7, 2025

From: Public Health Services

Health Advisory: Increased West Nile Virus detection in mosquitos, San Diego County

#### Key Messages

- West Nile Virus (WNV) has been detected in mosquitos in the Rolando area of San Diego County. WNV activity is elevated overall in California.
- As of June 30, no human cases have been detected in the County in 2025.
- WNV should be suspected in patients presenting with acute neurologic illness (e.g. aseptic meningitis, encephalitis, acute flaccid paralysis) and/or prolonged febrile illness.
- The preferred diagnostic test is WNV IgM serum antibodies and/or cerebrospinal fluid (CSF) IgM when a lumbar puncture is performed. Testing is widely available at commercial laboratories.
- Report all cases of encephalitis and meningitis to the San Diego County Epidemiology Unit, including those pending definitive diagnosis.

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# Respiratory Virus Update

July 10, 2025



LIVE WELL  
SAN DIEGO

## San Diego County

### Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

[www.sdepi.org](http://www.sdepi.org)

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

#### COVID-19

Cases  
**336**

Deaths  
**0**

Outbreaks\*  
**0**

6/29/2025 – 7/5/2025

#### Influenza

Cases  
**58**

Deaths  
**0**

Outbreaks\*  
**0**

6/29/2025 – 7/5/2025

#### RSV

Cases  
**5**

Deaths  
**0**

Outbreaks\*  
**0**

6/29/2025 – 7/5/2025

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\*In residential congregate settings

# Respiratory Virus Update

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\*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported. Data for the most recent week may be incomplete.

## COVID-19, Influenza, and RSV Cases by CDC Episode Week,\* 2024-25 Fiscal Year

Figure 1.1. San Diego County **COVID-19** Confirmed and Probable Cases (N=29,610)

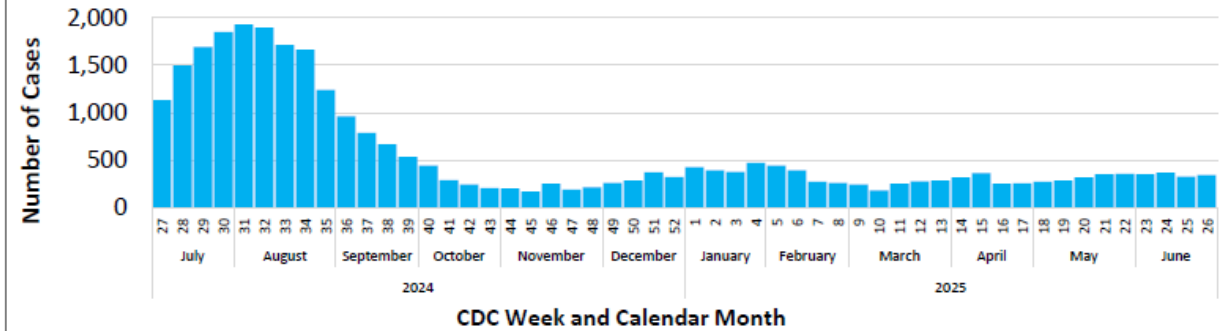


Figure 1.2. San Diego County **Influenza** Cases (N=39,476)

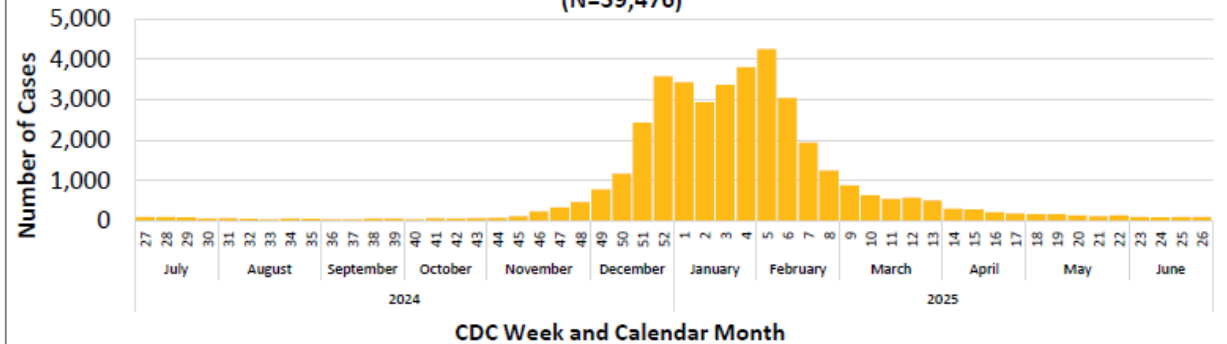
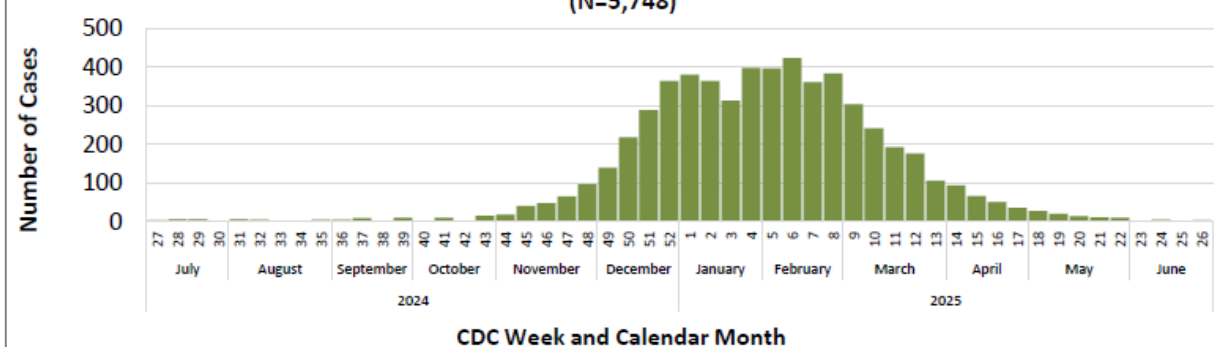


Figure 1.3. San Diego County **RSV** Cases (N=5,748)



\*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported. Data for the most recent week may be incomplete.

# County/CDPH Briefings



- **County LTC Sector Bi-Monthly Telebriefing:**
  - Bi-monthly 4th Thursday @ 2PM-3PM
  - Next briefing is on **7/24/25**



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# Contact Hour Instructions

Ensure

- Ensure your full name identifies you on Teams

Enjoy

- Enjoy the full presentation

Complete

- Complete the post-evaluation



# *Bridging Microbiology and Prevention*

July 23, 2025 11:00 am - 12:00 pm

## Presenter



Jennifer West, BSN, RN, PHN

Public Health Nurse

County of San Diego

Healthcare-Associated Infections Program



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# Bridging Microbiology & Infection Prevention

Jennifer West, BSN, RN, PHN  
Public Health Nurse  
County of San Diego HAI Program



[www.sdhai.org](http://www.sdhai.org)



[phs.hai.hhsa@sdcounty.ca.gov](mailto:phs.hai.hhsa@sdcounty.ca.gov)



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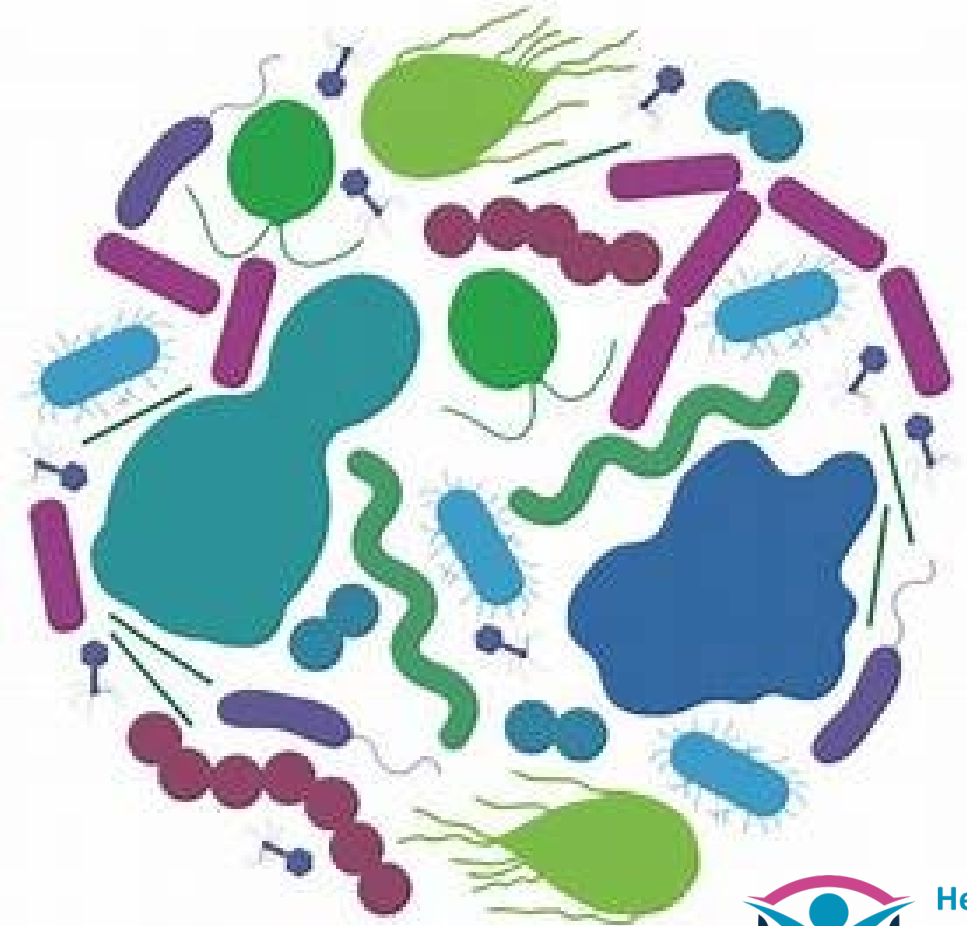
# Objectives

**The learner will be able to...**

- ✓ Describe the role of the clinical microbiology in infection prevention
- ✓ Describe laboratory tests for infectious pathogens commonly seen in skilled nursing facilities
- ✓ Identify three concerning organisms commonly diagnosed in skilled nursing facilities

# Background

- Microbiology is the study of microorganisms including bacteria, fungi, viruses.
- Pathogens are infectious organisms that cause disease.
- Microbiology helps the IP to develop and implement infection control measures.





# Microbiology & Infection Prevention

**Microbiology has two important functions:**

## **1. Clinical:**

- Identify pathogens and their susceptibility to treatment
- Ex. antibiotics for an infected wound



## **2. Epidemiological:**

- Identify pathogens causing disease or outbreak in a population
- Ex. number of resistant organisms in a facility

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# Importance of Microbiology Laboratory Results

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## ENHANCED BARRIER PRECAUTIONS

When providing high contact care or cleaning in the environment, staff must:

### MEJOREMOS LAS PRECAUCIONES DE BARRERA

Al prestar cuidados de alto contacto directo o limpiar el entorno, el personal debe:

Clean Hands



Limpiarse las Manos

Wear Gown



Usar Bata

Wear Gloves



Usar Guantes



## Determine transmission-based precaution



## Determine facility's ability to implement Enhanced Barrier Precautions



## Reinforce the need for adherence monitoring



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### Examples of high contact care

#### Ejemplos de atención de alto contacto.



Providing Hygiene.  
Higiene.



Changing Linen.  
Cambio de sábanas.



Dressing.  
Ayuda para vestirse.



Transferring.  
Traslado.



Mobility Assistance  
Asistencia en la movilidad.



Assisting with Toileting.  
Asistencia con el uso del baño.



Wound Care.  
Tratamiento de heridas.



Changing Briefs.  
Cambio de pañales.



Device care or use.  
Cuidado o uso de equipo médico.



Cleaning & Disinfecting the Environment.  
Limpieza y desinfección del entorno.

# Importance of Microbiology Lab Results (cont.)

---



Assists with cohorting residents



Disinfectant use



Antimicrobial stewardship



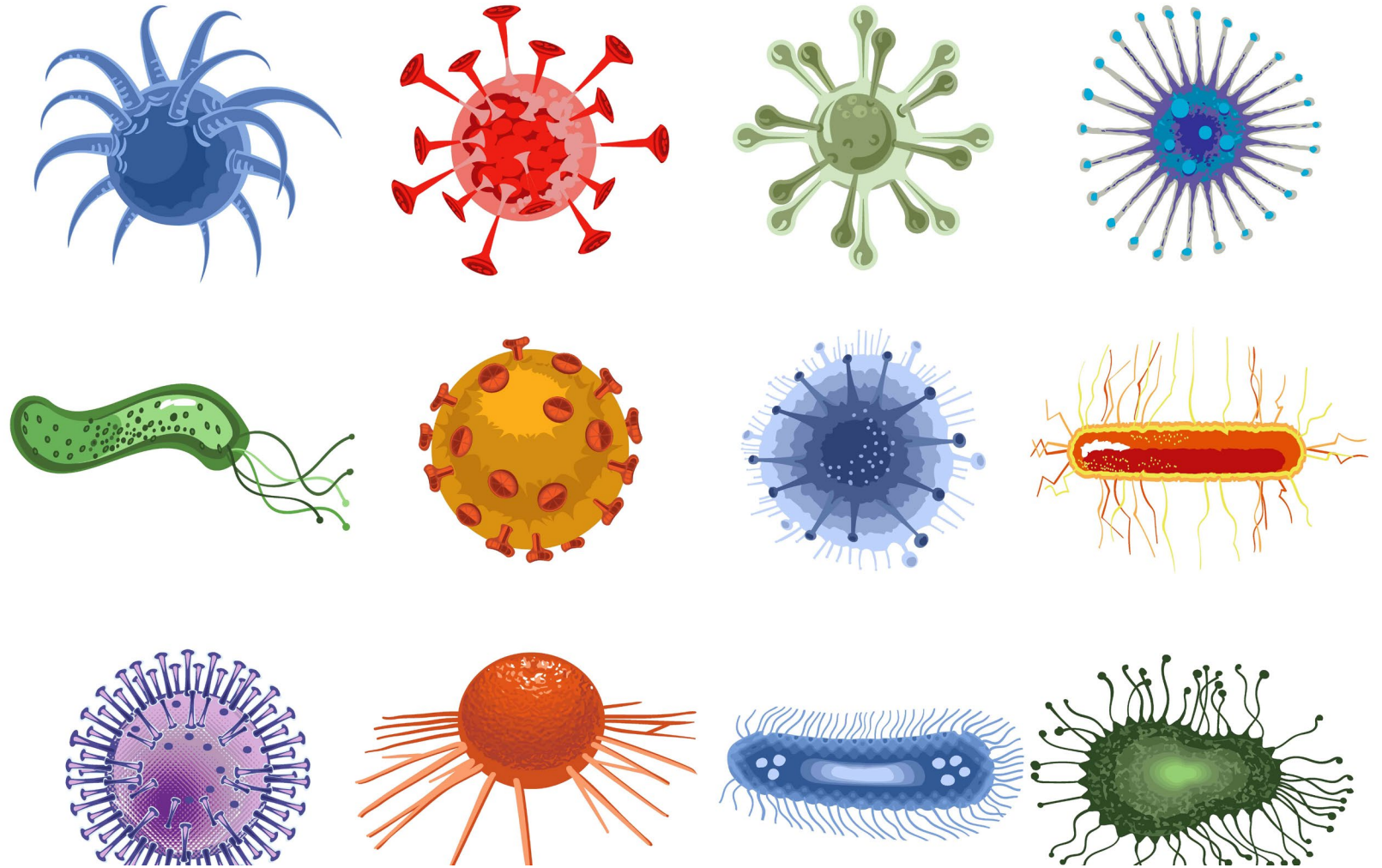
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# Microorganisms

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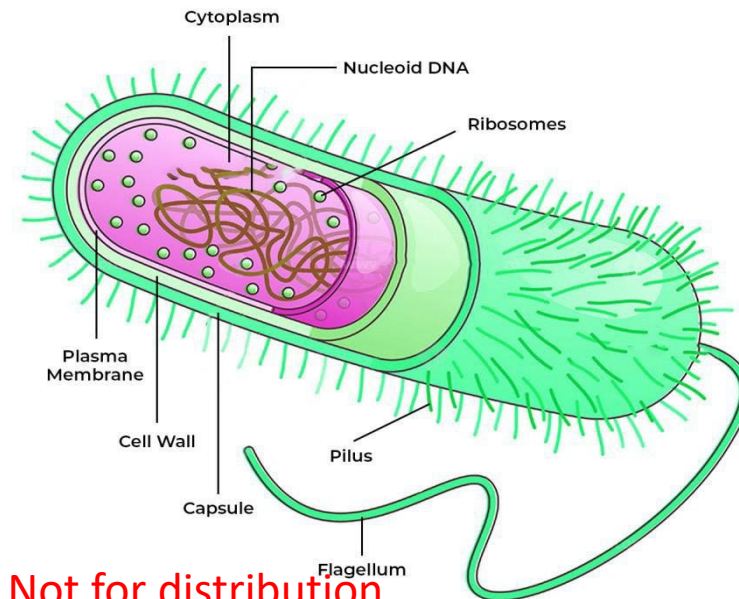
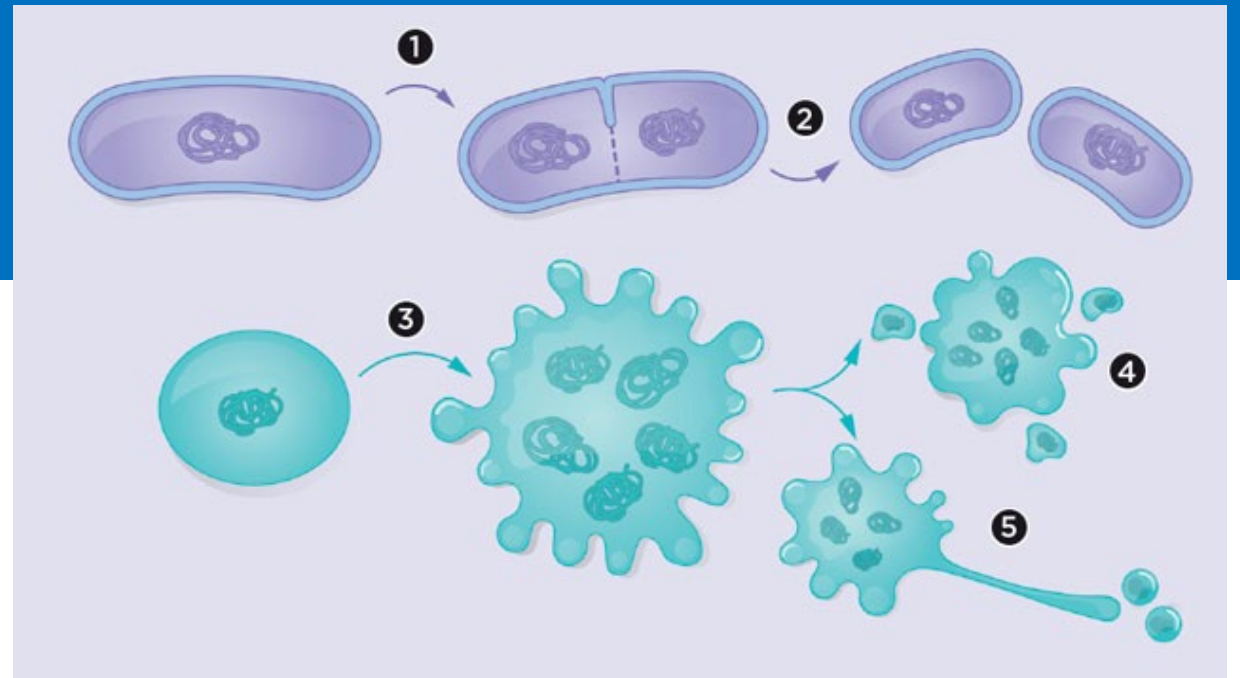


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# Bacteria

- Single-celled
- Cannot be seen with the naked eye
- Replicate by splitting apart
- May or may not cause disease
- May have **thin or thick** cell walls

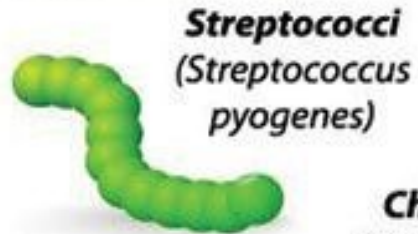


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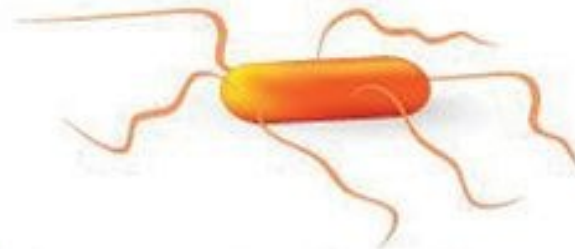
# Bacterial Shapes

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## SPHERES (COCCI)



## RODS (BACILLI)



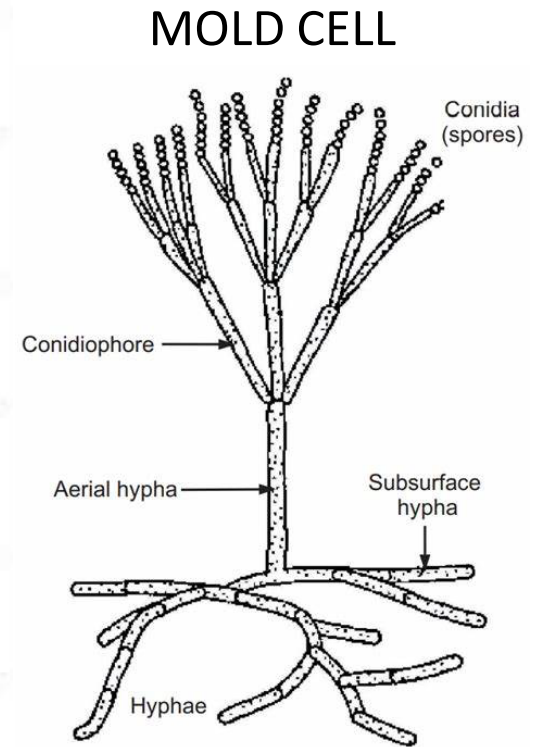
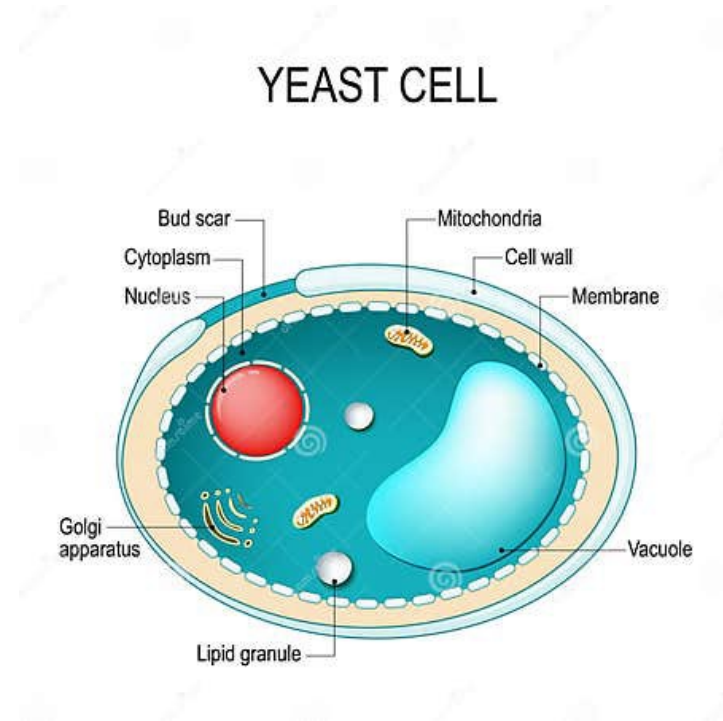
## SPIRALS



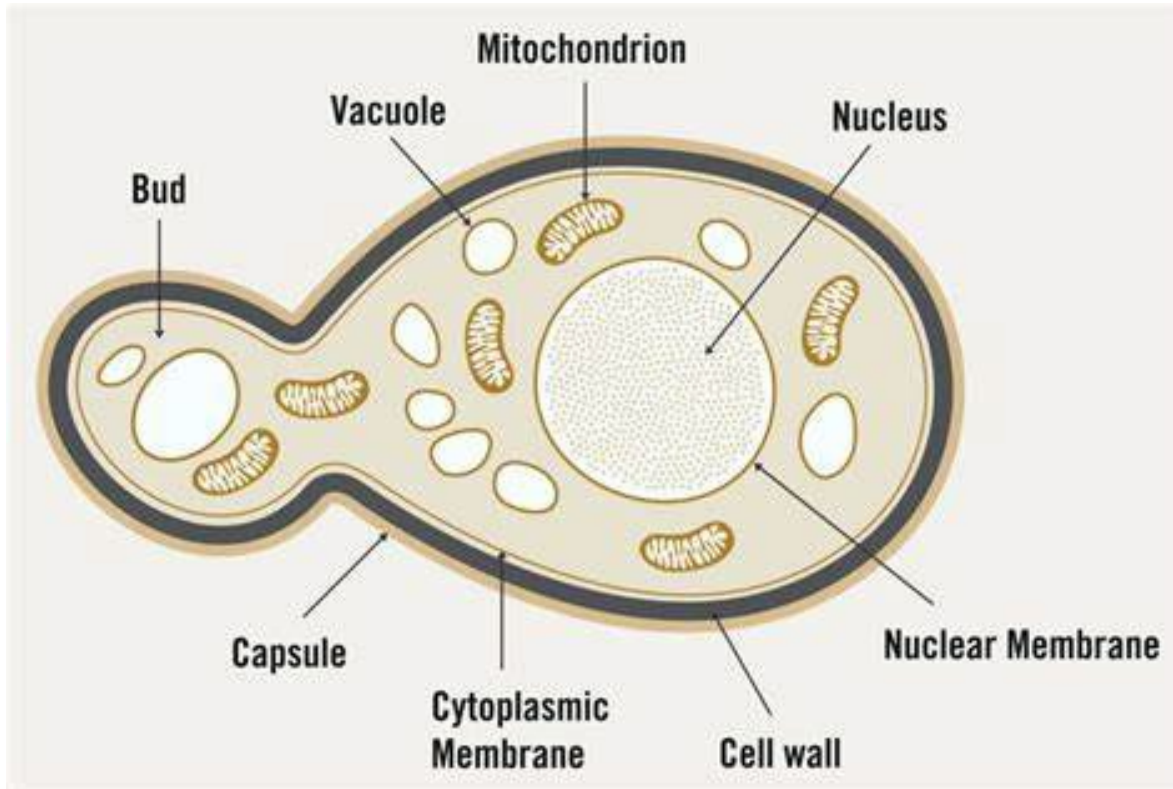
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# Fungi

- Typically large compared to bacteria
- Tough cell wall
- Reproduce by splitting apart or budding off
- May cause infection in humans
- Divided into two groups:
  - Yeasts
  - Molds



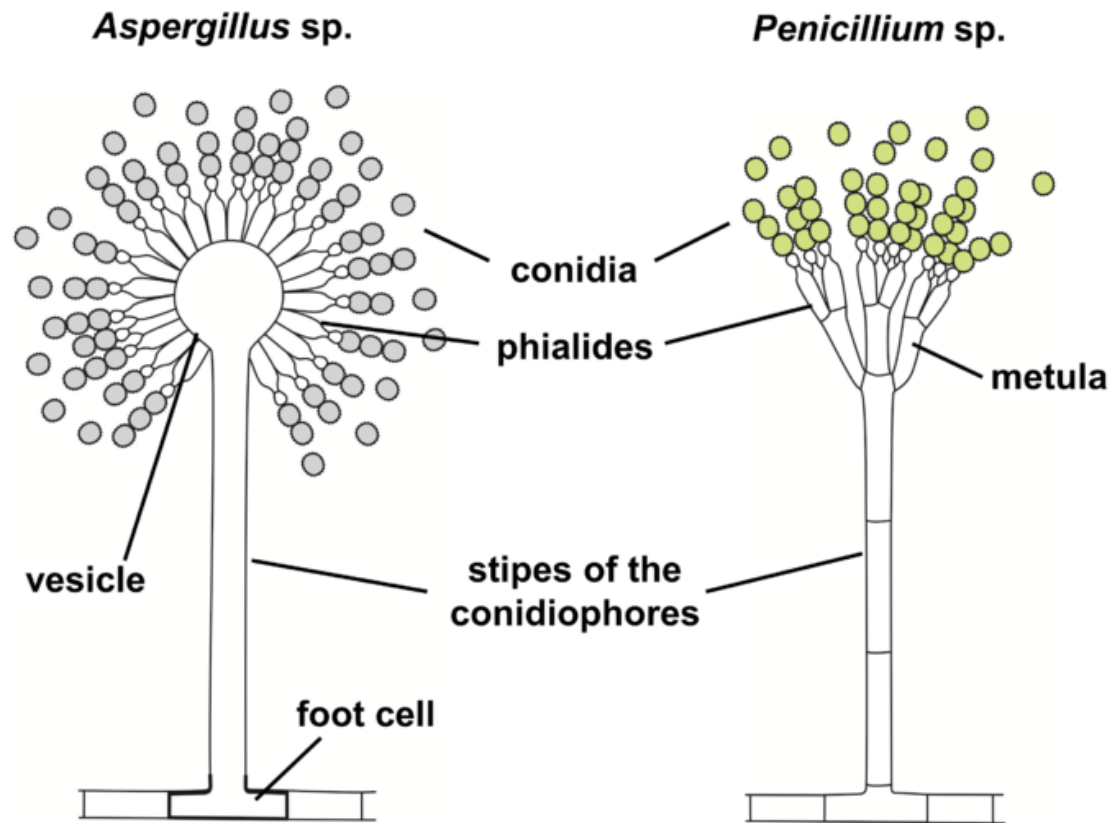
# Fungi - Yeasts



- Single cell & round
- Reproduce by budding
- May cause infections on different parts of the body
- Ex. *Candida* spp., *Cryptococcus*



# Fungi - Molds

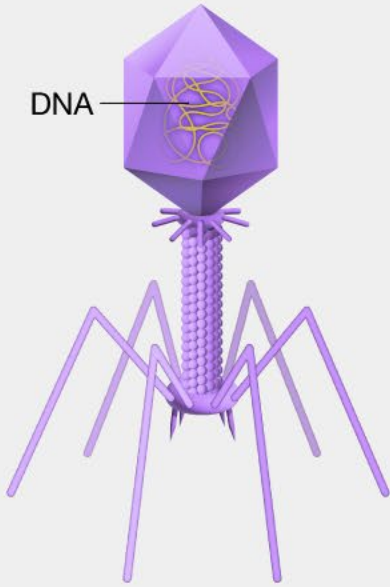


© M. Piepenbring, CC BY-SA

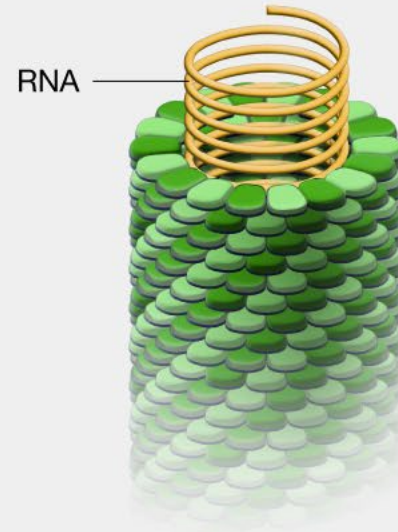
- Has many cells
- Long, branching cells
- Form spores to reproduce
- Allergic reaction & respiratory issues
- Ex. *Aspergillus*

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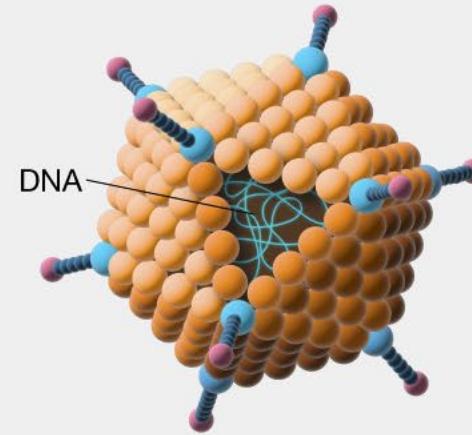
Bacteriophage



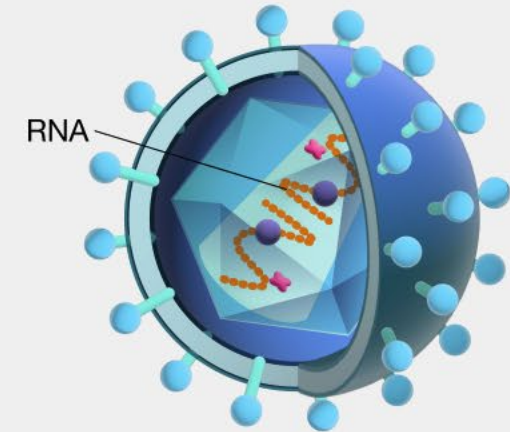
Tobacco mosaic virus



Adenovirus



Influenza virus



# Viruses

- Smaller than bacteria
- Contain RNA/DNA, surrounded by protein “coat”
- Intracellular parasites
- Some use in treatment

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# Knowledge Check

Microbiology labs results help with decisions on...

- a. Traffic
- b. What to eat
- c. Cohorting residents
- d. Measuring

# Knowledge Check - Answer

Microbiology labs results help with decisions on...

a. Traffic

b. What to eat

**c. Cohorting residents**

d. Measuring



# Common Identification Tests

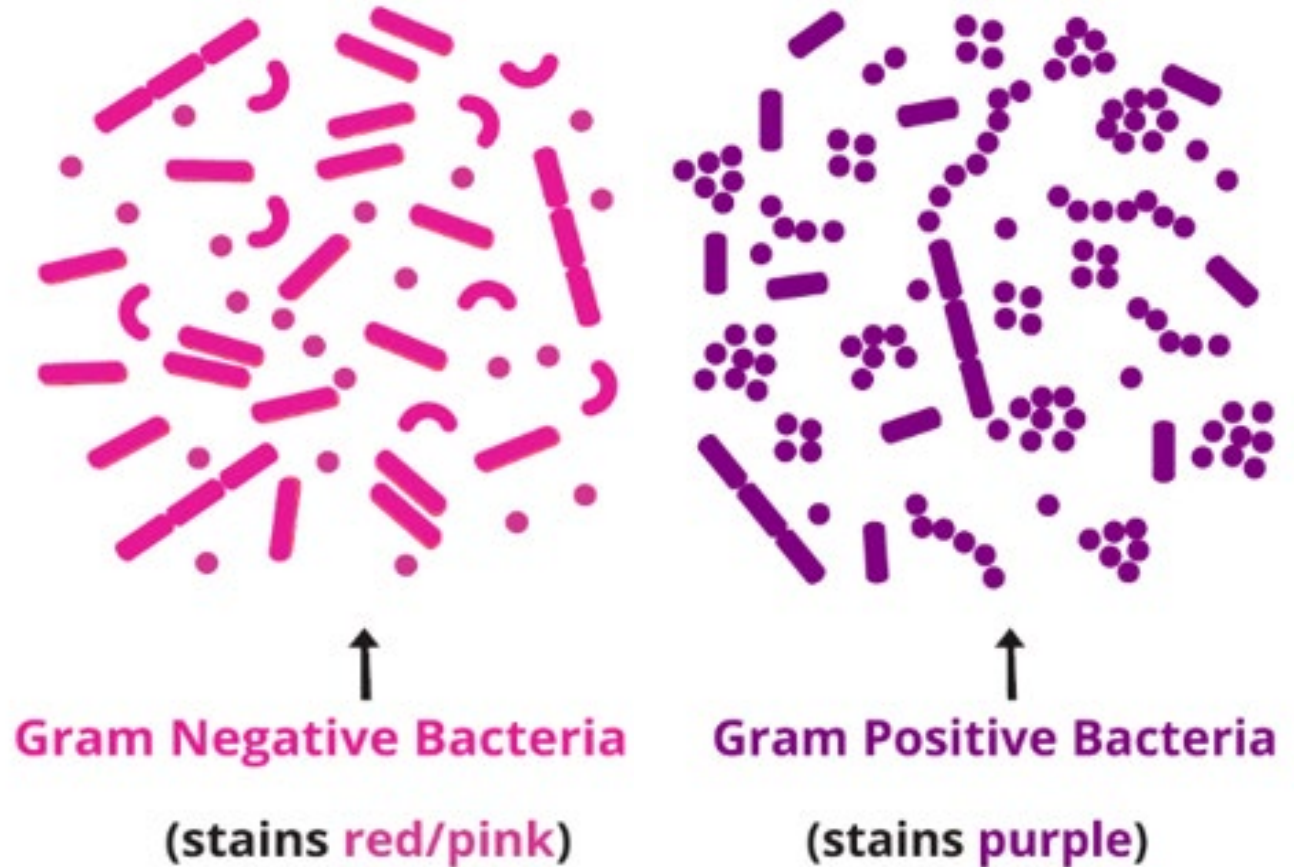
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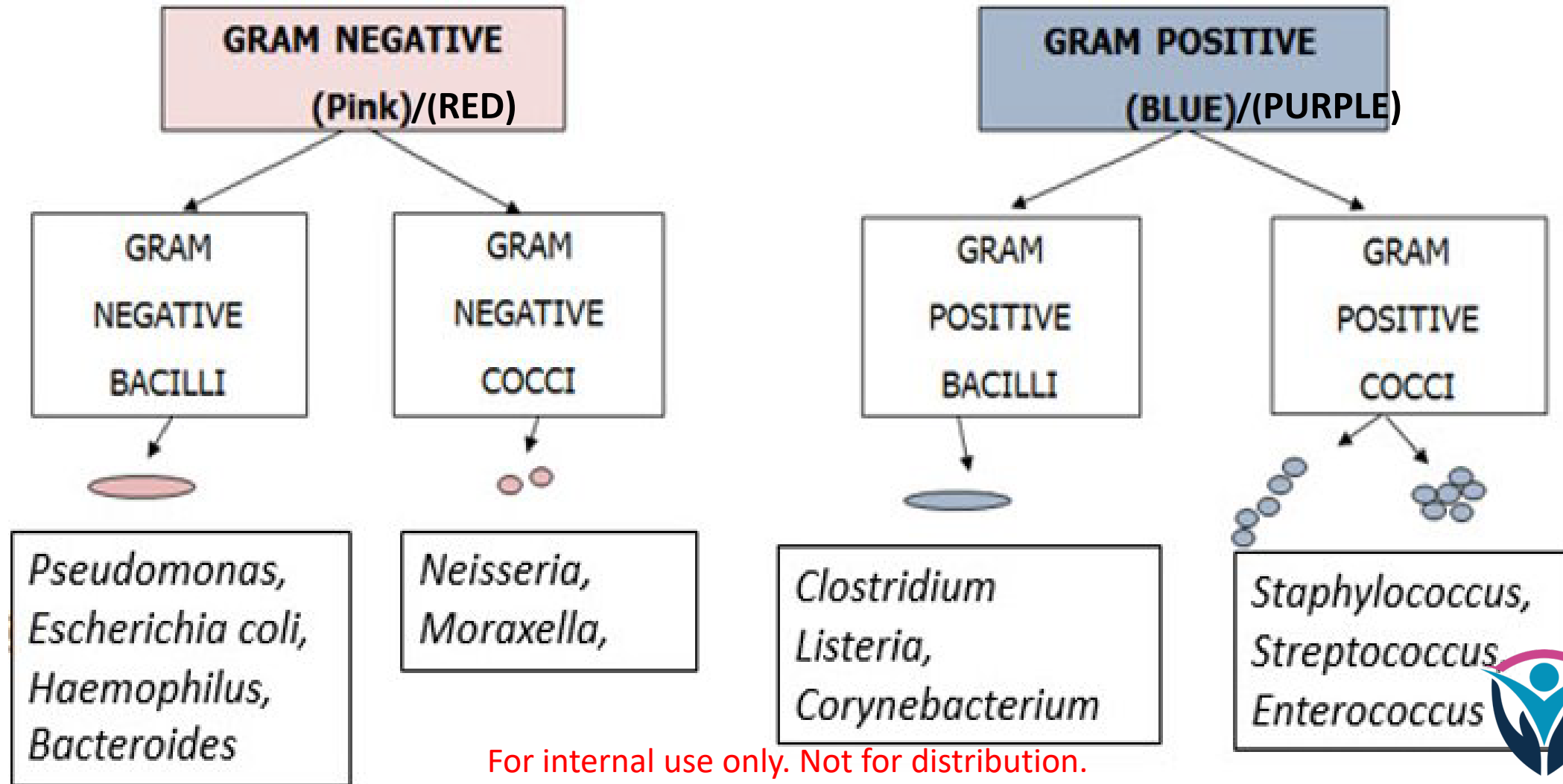
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# Gram Staining

- **Classifies bacteria into 2 large groups:**
  - gram-negative (-)
  - gram-positive (+)
- **Differentiates bacteria by the properties of their cell walls**
  - Thin-walled
  - Thick-walled
- Guides antibiotic therapy



# Gram Stain Identifies Four Basic Bacteria Groups



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# Culture Testing

- Used to grow bacteria and fungi
    - Can grow a single bacterial strain
    - Can grow more than one type of bacteria
    - Can grow nothing at all
  - Identifies specific genus and species
  - Identifies colony forming units (CFU)
- Ex. *Acinetobacter* spp.





# ! Bacterial Culture and Gram Stain Sterile Container Abdomen

Status: Edited Result - FINAL Visible to patient: No (inaccessible in MyChart)

Next appt: 03/05/2025 at 11:00 AM in [REDACTED]

Specimen Information: Abdomen; Abscess

Specimen Comment: Abdomen

## 0 Result Notes

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### Component

#### Gram Stain Result



Heavy red blood cells  
Heavy Gram positive bacilli  
Few Gram positive cocci  
Heavy polymorphonucleated white blood cells

#### Body Site Culture



!

**Acinetobacter baumannii**

Moderate

Identification performed by Mass Spectrometry( Maldi-ToF). This test was developed and its performance characteristics determined by [REDACTED] Microbiology Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary.

-----  
Susceptibility testing performed by broth microdilution using a commercially prepared panel intended for research use only. This test was developed and its



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# Knowledge Check

In a Gram stain test, a gram-negative bacteria will look:

- a. The organism will look burgundy
- b. The cell wall has many long-chain fatty acids
- c. The organism will look pink
- d. The test must be voided due to contamination

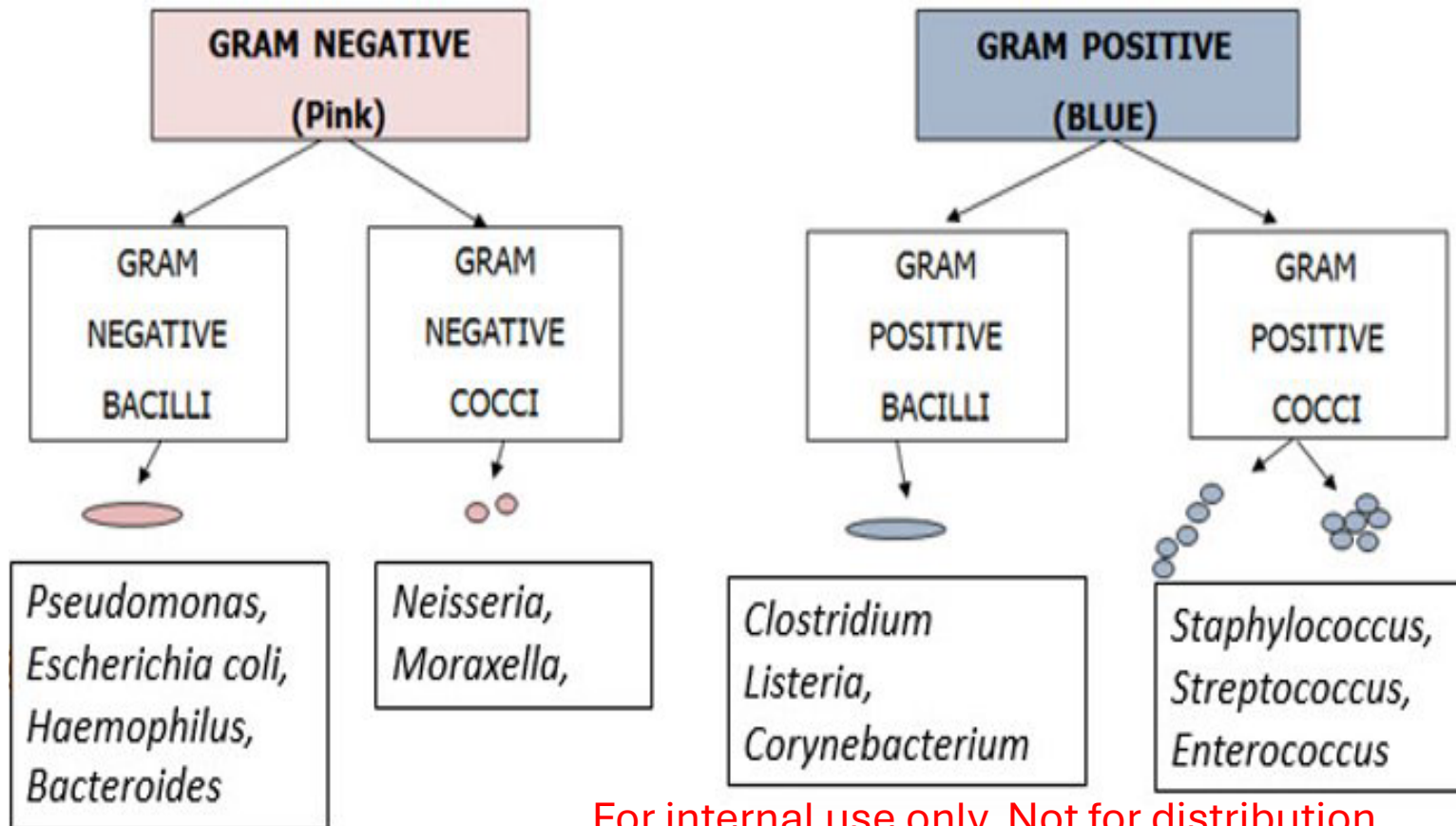
# Knowledge Check - Answer

In a Gram stain test, a gram-negative bacteria will look like:

- a. The organism will look burgundy
- b. The cell wall has many long-chain fatty acids
- c. The organism will look pink
- d. The test must be voided due to contamination

# Knowledge Check

You received preliminary lab results that indicate a “gram-negative bacilli.” Which organism could the lab be referring to?



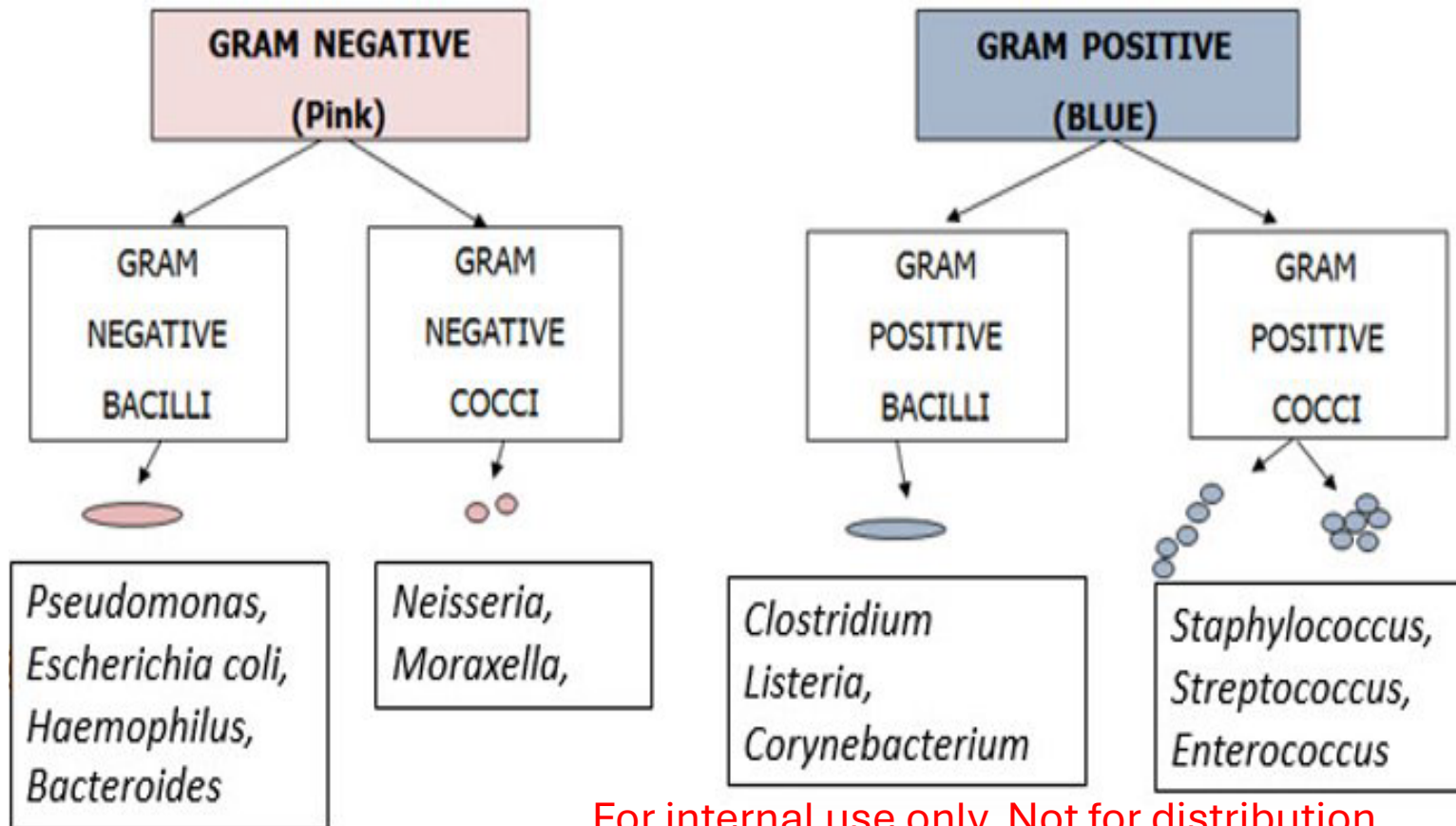
- a. *Clostridium*
- b. *Pseudomonas*
- c. *Streptococcus*
- d. *Neisseria*

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# Knowledge Check

You received preliminary lab results that indicate a “gram-negative bacilli.” Which organism could the lab be referring to?



- a. *Clostridium*
- b. *Pseudomonas***
- c. *Streptococcus*
- d. *Neisseria*

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# Accuracy of Lab Results



No lab test is  
100% accurate  
100% of the time

Many factors can  
affect accuracy of  
laboratory tests

Just ask!

# Considerations for Microbiology Test Results

- Presence of an organism **does not always mean disease**
  - Residents may be **colonized with an organism**
  - Bacterial growth may confirm infection if found in normally sterile sites
- Providers must take into account
  - Other tests to determine infection (e.g., CBC)
  - Signs & symptoms of resident



# Blood Tests: Infection Markers

Blood tests are used to evaluate overall health





Infection Marker	Significance
C-reactive protein (CRP)	Indicates inflammation & severity of infection
White blood cell count (WBC)	Immune response & infection presence
Procalcitonin (PCT)	Differentiates bacterial from viral infections
Erythrocyte sedimentation rate (ESR)	Indicates inflammation & infection, non-specific



# Blood Tests: Cell Counts

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Cell Type	Normal Range	Increased 	Decreased 
White Blood Cells	4,500 to 11,000 cells/microliter	Ongoing infection	Possible Viral infection or weakened immune system
Red Blood Cells	4.5-5.5 million cells/microliter for men, 4.0-5.0 million cells/microliter for women	Dehydration, bone marrow issues	Possible cancer, bone marrow issues
Platelets	150,000-450,000 platelets/microliter	Ongoing infection	Clotting issues, bone marrow problems, cancer



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# Urinalysis “UA”

- Uses visual exam, microscopic exam, & dipstick methods to assess presence of disease
- Tests include:  
Appearance, pH, protein, glucose, ketones, blood, WBC RBC, bacteria, etc.
- Based on findings providers may order additional tests



# Knowledge Check

What does it mean when someone is colonized?

- a. Disease has taken over
- b. You can see the organism on the person
- c. They have Colony Forming Units
- d. The organism has become apart of a person's normal flora

# Knowledge Check - Answer

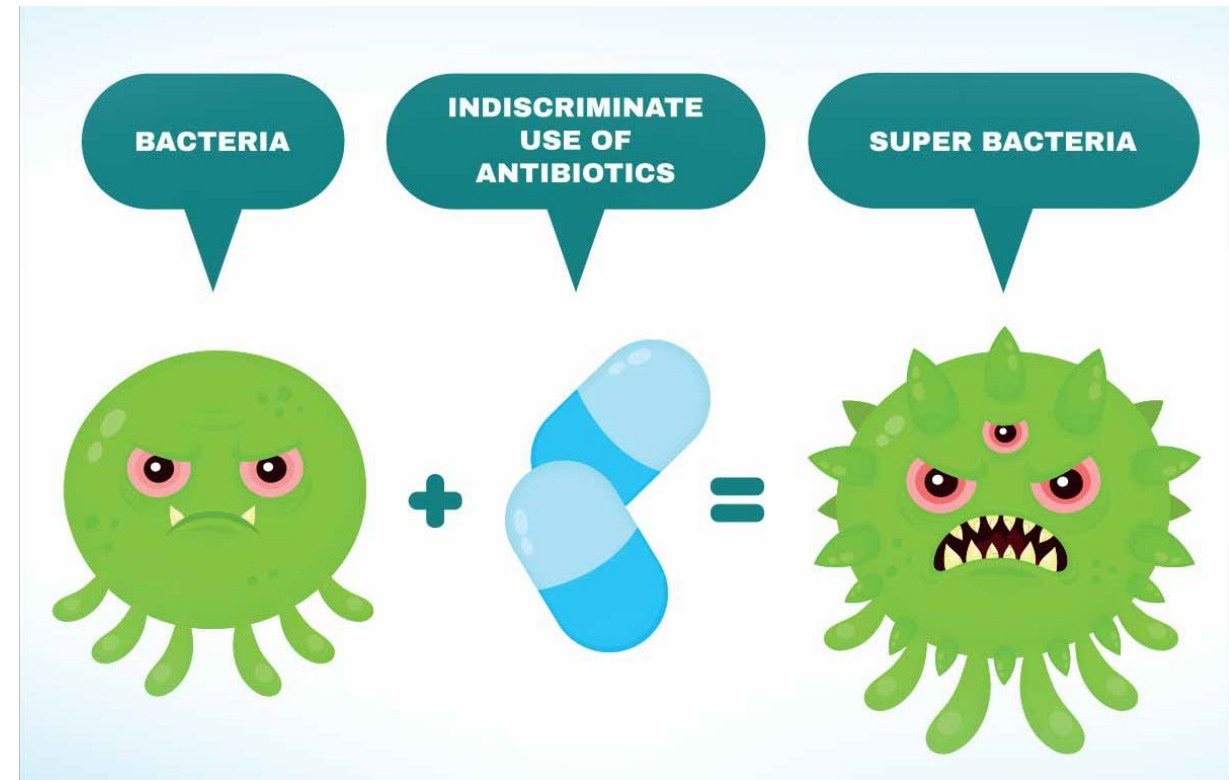
What does it mean when someone is colonized?

- a. Disease has taken over
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- c. They have Colony Forming Units
- ☒ d. The organism has become apart of a person's normal flora



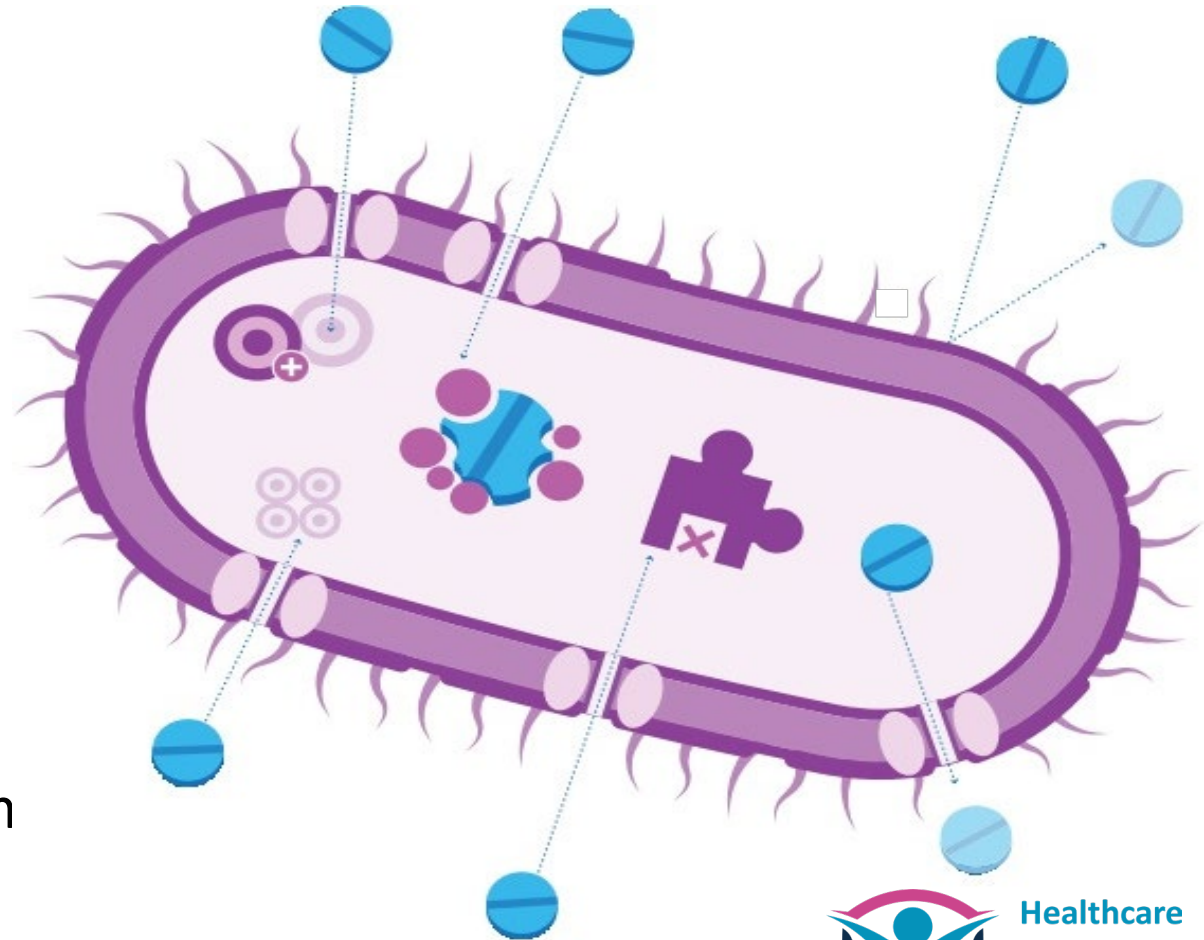
# Antibiotic Resistance (AR)

- When germs develop the ability to defeat the drugs designed to kill them
- Misuse & overuse of antimicrobials, including antibiotics & antifungals, in healthcare and agriculture
- Develop multidrug-resistance
- Has the potential to affect healthcare, veterinary, & agriculture industries



# Resistance Mechanisms

- Various ways that microorganisms survive in the environment
  - Public Health concern about production and sharing of genes that make all kinds of microorganisms be able to gain resistance quickly
- (Ex. carbapenemase-producing, carbapenem resistant organisms (CP-CRO))



# Carbapenem-Resistant Organisms (CRO)

- Microorganisms that can render one or more carbapenem drugs, ineffective
- **What are carbapenems?**
  - Potent *beta-lactam* antibiotics
  - Valuable in severe infections
  - Examples
    - Ertapenem\*
    - Doripenem
    - Imipenem\*
    - Meropenem\*

\* = common in lab tests

Ex. Carbapenem-resistant organisms

- Enterobacterales (CRE)
  - ***Klebsiella pneumoniae, E. coli***
- *Pseudomonas aeruginosa* (CRPA)
- *Acinetobacter baumannii* (CRAB)



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# CROs continued

## Enterobacterales

- *Escherichia coli*
- *Klebsiella pneumoniae*
- *Enterobacter*
- *Citrobacter*
- *Hafnia*
- *Morganella*
- *Proteus*
- *Providencia*
- *Serratia*

## *Pseudomonas*

- *Pseudomonas aeruginosa*
- *Pseudomonas maltophilia*

## *Acinetobacter calcoaceticus*- *Acinetobacter baumannii* complex:

- *Acinetobacter calcoaceticus*
- *Acinetobacter baumannii*
- *Acinetobacter pittii*
- *Acinetobacter nosocomialis*

# Knowledge Check

What has been contributing to antibiotic resistance?

- a. Measles
- b. Vaccinations
- c. Chickens
- d. Misuse of antibiotics



# Knowledge Check - Answer

What has been contributing to antibiotic resistance?

- a. Measles
- b. Vaccinations
- c. Chickens
- d. Misuse of antibiotics**

# Carbapenemase-producing Organisms (CPO)

- Organisms that produce enzymes that inactivate carbapenems are called **carbapenemase**
- Leads to limited treatment, high mortality rates, may cause outbreaks
- Acquired/inherited by other CROs that may carry the gene(s) possible for carbapenemase production

Ex. Carbapenemase-Producing (CP), Carbapenem-resistant organisms

- CP-CRE
- CP-CRPA
- CP-CRAB

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# Carbapenemase gene mechanisms



## The Big “Five”

- KPC
- NDM
- VIM
- IMP
- OXA-48
- Oxa-23
- Oxa-24/40
- Oxa -58
- Oxa-235 like

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# Resistance Mechanism Test Example

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	CTX-M resistance marker PCR, BAL	DETECTED !
	Not Detected	
	Comment: When CTX-M is detected, physicians should consider treating with carbapenems.	
	IMP resistance marker PCR, BAL	Not Detected
	Not Detected	
	KPC resistance marker PCR, BAL	DETECTED !
	Not Detected	
	Comment: This result has been reported to the San Diego County Public Health Laboratory and Epidemiology Unit as required by the California Code of Regulations, Title 17, Section 2505.	
	When KPC, NDM, VIM, IMP, or OXA-48 are detected, physicians should consider consulting Infectious Diseases for treatment options.	
	NDM resistance marker PCR, BAL	Not Detected
	Not Detected	
	OXA-48-like resistance marker PCR, BAL	Not Detected
	Not Detected	
	VIM resistance marker PCR, BAL	Not Detected
	Not Detected	

# Concerning Multidrug-resistant Organisms

## Targeted by CDC

- Pan-resistant organisms
- CP-CRE
- CP-CRPA
- CP-CRAB
- *Candida auris* (fungus)



## Epidemiologically important MDROs

- MRSA
- ESBL-producing Enterobacterales
- VRE
- Multidrug-resistant *Pseudomonas aeruginosa*
- Drug-resistant *Streptococcus pneumoniae*



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# What do I do about target organisms?

## 1. Target organisms

1. Reportable to Public Health
2. Follow IPC guidelines
3. Monitor outcomes & outbreaks
4. Public health guidelines

## 2. Epidemiologic important organisms

1. Monitor outcomes & outbreaks
2. Develop facility level guidelines\*



# Knowledge Check

What do CPOs do?

- a. Kill pathogens
- b. Produce carbapenemase
- c. Identify pathogens
- d. Secretes antibodies

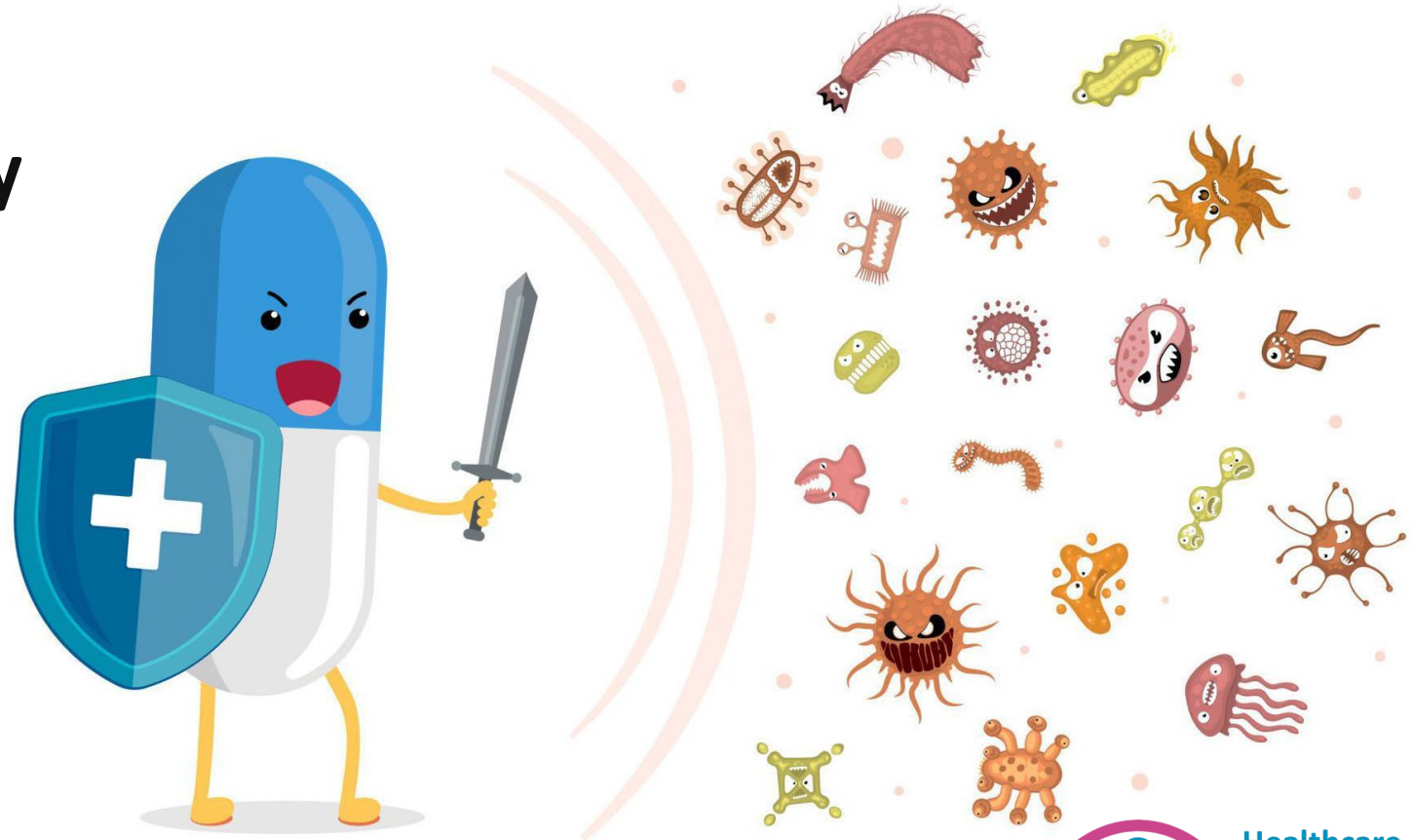
# Knowledge Check - Answer

What do CPOs do?

- a. Kill pathogens
- b. Produce carbapenemase**
- c. Identify pathogens
- d. Secretes antibodies

# Antimicrobial Susceptibility Testing

- Antimicrobial Susceptibility Testing (AST)
- Antifungal Susceptibility Testing (AFST)



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# Types of Testing

Tests	Description
<b>Disk Diffusion</b> <b>Broth Microdilution</b>	Shows if an organism is resistant, intermediate, or susceptible to a variety of antibiotics/antifungals (ex. AST)
<b>mCIM</b> <b>(modified carbapenem inactivation method)</b>  <b>STAR-Carba</b>	Quickly detects presence of carbapenemase production (yes or no)
<b>PCR (polymerase chain reaction)</b>	Quickly detects presence of DNA of an organism (ex. Candida auris, CRO, CP-CRO)
<b>WGS (whole genome sequencing)</b>	Used for surveillance, outbreaks, may identify related cases vs. non-related cases

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# AST Examples

P. aeruginosa			
ANTIBIOTICS	MIC mcg/mL	INT	
Amikacin	<=8	S	D1
Aztreonam	8	S	D1
Ceftazidime	2	S	D2
Ciprofloxacin	<=0.5	S	D2
Cefepime	2	S	D2
Gentamicin	<=2	S	D1
Meropenem	4	I	
Tobramycin	<=2	S	D1
Piperacillin/Tazobactam	4/4	S	D3

✓ Pseudomonas aeruginosa

✗ CRO

✗ CP

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P. aeruginosa			
ANTIBIOTICS	MIC mcg/mL	INT	
Amikacin	<=8	S	D1
Aztreonam	16	I	D1
Ceftazidime	>16	R	D2
Ciprofloxacin	2	R	D2
Cefepime	8	S	D2
Gentamicin	<=2	S	D1
Meropenem	>8	R	
Tobramycin	<=2	S	D1
Piperacillin/Tazobactam	>64/4	R	D3

✓ Pseudomonas aeruginosa

✓ CRO = CRPA

✗ CP

## Respiratory Culture w/ Stain (Final result)

Culture

Many *Klebsiella* (*Enterobacter*) *aerogenes* (A)

Carbapenem Resistant Organism

MDRO

Comments:

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## AST Examples

✓ *Klebsiella*  
*aerogenes*  
✓ CRO = CRE  
? CP

Gram Stain

Many WBCs

No organisms seen

Susceptibility

*Klebsiella* (*Enterobacter*) *aerogenes* <sup>1</sup> <sup>2</sup>

MIC

Ampicillin	>16 ug/ml	R
Ampicillin + Sulbactam	>16/8 ug/ml	R
Cefazolin	>32 ug/ml	R <sup>1</sup>
Cefepime	4 ug/ml	SSD
Ceftazidime	>16 ug/ml	R
Ceftriaxone	>32 ug/ml	R
Ciprofloxacin	<= 0.5 ug/ml	S
Ertapenem	>1 ug/ml	R <sup>2</sup>
Gentamicin	2 ug/ml	S
Levofloxacin	<=1 ug/ml	S
Piperacillin + Tazobactam	>64/4 ug/ml	R
Tobramycin	2 ug/ml	S
Trimethoprim + Sulfamethoxazole	<=0.5/9.5 ug/ml	S



Healthcare  
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# AST Examples

Final - June 03, 2023 9:26 PDT -  
Sparse growth of *Klebsiella pneumoniae*

--- Multiple Drug Resistant Organism (MDRO).

Confirmatory tests indicate resistance due to carbapenemase production.

The clinical efficacy of carbapenems has not been established  
for organisms exhibiting this resistance pattern.

--- POSITIVE for KPC gene

--- IMP gene: Not Detected , VIM gene: Not Detected ,

--- NDM gene: Not Detected , OXA48 gene: Not Detected

- ✓ *Klebsiella pneumoniae*
- ✓ CRO = CRE
- ✓ CP (KPC gene)
- ✓ CP-CRE

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Pre - January 21, 2019 11:40 PST -  
Aerobic bottle: *Pseudomonas aeruginosa*

--- Multiple Drug Resistant Organism (MDRO).

Confirmatory tests indicate resistance due to carbapenemase production.

The clinical efficacy of carbapenems has not been established  
for organisms exhibiting this resistance pattern.

--- VIM gene detected

Aerobic bottle: No growth after less than 1 day incubation

- ✓ *Pseudomonas aeruginosa*
- ✓ CRO = CRPA
- ✓ CP (VIM gene)
- ✓ CP-CRPA

# Test Your Knowledge

## Identification

*Acinetobacter baumannii* complex

## CFO Real Time PCR

blaIMP

Not Detected

blaKPC

Not Detected

blaNDM

Not Detected

blaOXA-48

Not Detected

blaVIM

Not Detected

## OXA variant Multiplex Real-Time PCR

OXA-23 like

Not Detected

OXA-24/40 like

Not Detected

OXA-58 like

Not Detected

OXA-235 like

Not Detected

# Knowledge Check

Klebsiella aerogenes is resistant to the antibiotic, Ertapenem. What does this mean?

- a. The antibiotic will work against the organism
- b. The antibiotic will not work against the organism
- c. The organism will digest the antibiotic
- d. The organism will not digest the antibiotic



# Knowledge Check - Answer

Klebsiella aerogenes is resistant to the antibiotic, Ertapenem. What does this mean?

- a. The antibiotic will work against the organism
- ☒ b. The antibiotic will not work against the organism
- c. The organism will digest the antibiotic
- d. The organism will not digest the antibiotic

**Carbapenem-resistant Klebsiella aerogenes  
or CRE**

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# Summary

## Microbiology is Important for HAI Prevention



Microbiology knowledge can help with:

- Managing outbreaks
- Understand testing
- Infection surveillance
- Alerts to unusual pathogen changes in antibiotic susceptibility
- Infection prevention and control actions

# When in doubt, reach out!

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San Diego Healthcare-associated Infections Program is here for you



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Infections  
Program

# Resources

- [https://www.apic.org/Resource /TinyMceFileManager/2016/IPs Guide to the Lab 012016.pdf](https://www.apic.org/Resource/TinyMceFileManager/2016/IPs_Guide_to_the_Lab_012016.pdf)
- <https://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-type-duration.html>
- <https://www.ncbi.nlm.nih.gov/books/NBK604207/>
- [https://reach.cdc.gov/sites/default/files/job-aids-resources/Gram Stain Procedure Branded 508.pdf](https://reach.cdc.gov/sites/default/files/job-aids-resources/Gram_Stain_Procedure_Branded_508.pdf)
- <https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/hai-program/transmission-precautions.html>

# Questions?

For more information, contact  
**Jennifer.West1@sdcounty.ca.gov**

Thank you!



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[phs.hai.hhsa@sdcounty.ca.gov](mailto:phs.hai.hhsa@sdcounty.ca.gov)



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# County HAI Program can help!



Outbreak  
response

Support IP  
rounding

Interpret  
state/federal  
guidance

Support staff  
in-services

Support  
quality  
improvement  
projects

Share  
resources  
and tools



[www.sdhai.org](http://www.sdhai.org)  
[phs.hai.hhsa@sdcounty.ca.gov](mailto:phs.hai.hhsa@sdcounty.ca.gov)

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# Next Collaborative

**\*\*\*August 27, 2025\*\*\***

**11:00AM – 12:00PM**

**Microsoft TEAMS**

**Featured Topic:**

**Flunovid+RSV**

**1 Contact Hour Offered**

Submit questions or  
feedback about today's meeting to:

**[PHS.HAI.HHSA@sdcounty.ca.gov](mailto:PHS.HAI.HHSA@sdcounty.ca.gov)**

**For internal use only. Not for distribution.**

# Contact Hour Instructions

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- **Ensure your TEAMS name is your full name**
- **Complete by July 25th, 5:00 PM**
- **Expect your certificate by August 15<sup>th</sup>.**





Contact us at:

[PHS.HAI.HHSA@sdcounty.ca.gov](mailto: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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