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### OBJECTIVES

- ${\color{blue} \circ}$  Discuss the frequency of new organisms in the healthcare world
- ${\color{blue} \circ}$  Describe the difficulty (or ease) of killing new organisms with disinfectants
- Explain how to use the Chain of Transmission when answering questions

THE ENEMY?
www.usatoday.com

The main buckets of microorganisms					
Bacteria	Staphylococcus E. coli				
Spores	Resistant form of bacteria	Clostridioides difficile, Bacillus anthracis			
Viruses	Envelope or Non- envelope	Influenza, Rhinovirus, HIV, HBV, Norovirus			
Fungi	Multicellular	Trichophyton, Aspergillus			

### WHO HAS BEEN THE ENEMY? • Bacteria • Staphylococcus aureus • MRSA • E. coli, Klebsiella pneumoniae • ESBL, CRE • Enterococcus • VRE • Clostridium/Clostridioides sp. • Gas gangrene, CDI

### WHO HAS BEEN THE ENEMY?

- $\circ$  Enveloped Viruses (Easy to Kill)
  - HIV, Hepatitis B&C, Influenza, Parainfluenza, RSV
- $\begin{tabular}{l} \bullet \ \underline{N} on \hbox{-}\underline{\underline{E}} n veloped \ Viruses \ \ (\underline{\underline{N}} ot \ \underline{\underline{E}} asy \ to \ Kill) \end{tabular}$ 
  - Norovirus, Rhinovirus, Hepatitis A
  - Large non-enveloped are easier
    - o Rotavirus, Adenovirus

### WHO HAS BEEN THE ENEMY?

- Fungi
  - Candida
  - ${\color{red} \circ}\, albicans,\, glabrata$
  - Aspergillus, Tinea sp. (Athlete's Foot), Cladosporium

### WHO WAS/IS THE NEW ENEMY?

- o SARS-CoV-1
- o Zika
- o pH1N1 Influenza A
- ${\color{red} \circ} \ {\it Elizabeth kingia\ anopheles}$
- MERS-CoV
- o Candida auris
- ${\color{red} \circ}$  Ebola
- ${\color{red} \circ} \ \ He patitis \, A$

SARS-CoV-2

### SARS-CoV-2

- o Causes <u>Co</u>rona<u>vi</u>rus <u>D</u>isease 20<u>19</u> (COVID-19)
- ${\color{red} \circ}$  Human to human spread
  - Appears Contact/Droplet
  - $\bullet~$  New terminology re: 'by the air'
- ${\color{red} \circ}$  Updates daily
  - ProMed (https://promedmail.org/)
  - $\bullet \ \underline{https://www.worldometers.info/coronavirus/}$

### COVID 19

- o Global pandemic declared by WHO March 11, 2020
- o Basically in every country of the world
  - Varying success in controlling
  - Mar 25, 2021: 30.7 mil, ~559,000 deaths (1.82%)
     NM: 190,275 cases, 3,909 deaths (2.1%)
  - Apr 28, 2021: 32.9 mil, ~587,000 deaths (1.78%)
     NM: 196,997 cases, 4,039 deaths (2.05%)

### PANIC [PAN-IK]

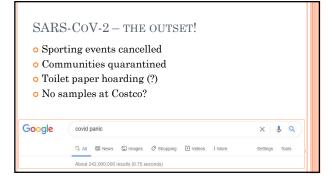
### o noun

 a sudden overwhelming fear, with or without cause, that produces hysterical or irrational behavior, and that often spreads quickly through a group of persons or animals.
 www.dictionary.reference.com



### HISTORY OF PANIC

- o "My heart is in anguish within me; the terrors of death have fallen on me. Fear and trembling have beset me; horror has overwhelmed me..."
  - Psalm 55:4-5



### SARS-CoV-2 CHANGES

- o No Mask, Wear mask
  - Evidence of asymptomatic and pre-symptomatic carriers
- o Double mask...
- ${\color{red} \circ}$  Droplet vs Airborne spread
  - Stay tuned!

### IS IT HYPE? FEAR-BOLA!

- It's a hyper-contagious disease that affects the brain, making sufferers fear a widespread Ebola outbreak in the United States.
- Fear-bola is an airborne disease that spreads through conversation, entering your brain through your ears.
- Fear-bola is so contagious that some victims have contracted it by simply seeing images and videos about Ebola.

 $Mel\ Robbins\ https://www.cnn.com/2014/10/15/opinion/robbins-ebola-fear$ 

### NOT THAT LONG AGO - 2003

- Severe Acute Respiratory Syndrome (the original)
  - · Guangdong Province China
  - · Hong Kong
  - Toronto
- o ProMed









LET'S GO BACK...WAY BACK...

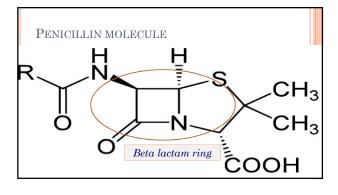


Grade 10 and Rocking It!

### PENICILLIN RESISTANCE

- ${\color{red} \bullet}\ Staphylococcus\ aureus$
- ${\color{red} \circ}$  Mortality before 1940 for bacteremia >80%
- o Penicillin mass produced in 1938
- ${\color{red} \circ}$  Resistance seen in 1942
  - By late 1960's, >80% resistant to penicillin

(Lowy 2003)



### METHICILLIN RESISTANCE

- o Semi-synthetic penicillin (along with Cloxacillin)
- ${\color{red}\circ}$  Developed in 1961
- ${\color{red} \circ}$  Resistance seen by 1962
- ${\color{red} \circ}$  Spread was rapid through Europe

### METHICILLIN RESISTANCE

- First reported case in US was 1968 (NIAID)
- ${\color{red} \circ}$  First outbreak in Canada was reported in 1981

(Simor 1997)

MRSA BRITISH COLUMBIA
o First case – Canadian returning from India
<ul> <li>Clinical specimen</li> </ul>
<ul> <li>Found two floors up, one floor down</li> </ul>

o End of the world as 'they' knew it!

### ${\bf MRSA\ Nelson,\ BC}$

- o Probably mid 90's
- o Much the same!

### HUMAN IMMUNODEFICIENCY VIRUS (HIV)

o 1981 reports of Karposi's sarcoma and *Pneumocystis carinii* in men who had sex with men (MSM)

(MMWR 1981 June, July)

### HIV PANIC

- o LGBTQ Community
- o Children at school (hemophiliacs)
- ${\color{blue} \bullet}$  Healthcare workers refusing to provide care
- First Responders wanting list of known HIV positive people

### HIV OUTCOME

- Led to Universal Precautions, Body Substance Precautions and most recently:
  - Standard Precautions
  - Routine Practices and Additional Precautions (RPAP)
- ${\color{red}\circ}$  Safety needles

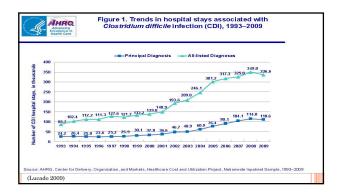
### VRE

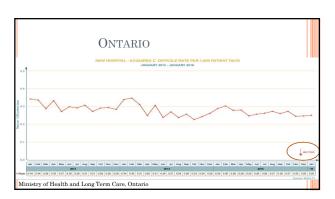
- o First seen in 1986, reported in 1988 (Uttley 1988)
  - Cluster, probably related to the use of Vancomycin and Ceftazidime as treatment of acute undiagnosed sepsis
- $\circ$  Spread went worldwide
- Fear of transfer of resistance to Group A Streptococci

### CLOSTRIDIODES DIFFICILE

- ${\color{red} \circ}$  First identified in culture in 1935
- ${\color{red} \bullet}$  First reported as cause of pseudomembra nous colitis in 1974
- Has toxin mediated issues
- Spore allows long environmental survival (Bartlett 1994)
- o Name Change 2016! (Lawson 2016)

Do you need a sporicide everywhere? – See Resources!





STANDARDIZED INFECTION RATIO (SIR)	UNITED STATES	0.58
(Sitt)		
	NEW MEXICO	0.75
YEAR	ALABAMA	0.49
2019 🔻	ALASKA	0.67
HAI TYPE	ARIZONA	0.58
CDI +	ARKANSAS	0.61
HOSPITAL TYPE	CALIFORNIA	0.60
ttt	COLORADO	0.62
General Acute Long Term Acute Care Hospitals Care Hospitals Facilities	CONNECTICUT	0.62
	DELAWARE	0.61
This graph displays CDI SIRs in general acute care hospitals for New Mexico	DISTRICT OF COLUMBIA	0.53
compared to other geographies in 2019.	FLORIDA	0.49
Bars will appear based on data available for	GEORGIA	0.52
each combination of state, HAI, and hospital	HAWAII	0.54
type choice.	IDAHO	0.63

### GRAM NEGATIVE RESISTANCE

- o Extended spectrum beta lactamase (ESBL)
  - Breaks down the beta lactam ring
  - Emerges and changes as our antibiotics change (third and fourth generation Cephalosporins)
     (Bradford 2001)

### GRAM NEGATIVE RESISTANCE

### ${\color{red} \circ} \ {\rm Carbapene mase}$

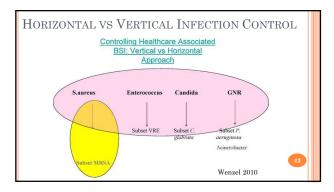
- $\bullet\;$  Enzyme attacks carbapenem antibiotics: meropenem, imipenem, ertapenem
- CRE: Carbapenem Resistant Enterobacteriaceae
   May not be an enzyme mechanism!
- $\bullet~$  CPE: Carbapenemase Producing Enterobacteriaceae
- o Plasmid spread possible
- CPO: Carbapenemase Producing Organism

### CANDIDA AURIS (SCHWARTZ 2018)

- Has spread rapidly around the globe
- ${\color{blue} \circ}$  Can cause invasive disease with high mortality rates
- ${\color{blue} \circ}$  Frequently resistant to one or more classes of antifungals
- Difficult to identify in some clinical microbiology laboratories.
- Prolonged colonization of patients' skin and contamination of surrounding environments
- $\buildrel {}^{\circ}$  Nosocomial outbreaks in hospitals and long-term care facilities

(Schwartz 2018) (Prestel MMWR 2020)

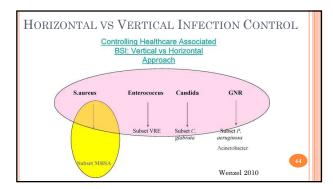
# So? • There are always going to be new organisms • Look at horizontal Infection Prevention and Control, not vertical



### VERTICAL

- Focus on a single pathogen or anatomic site
- ${\color{red} \circ}$  Pathogen specific
  - MRSA
- CRE
- VRE
- AcinetobacterCandida
- ESBL

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### HORIZONTAL

- ${\color{red} \circ}$  Reduce rates of all infections for all pathogens
- o Hand hygiene program
- o Decolonization therapies (Chlorhexidine bathing)
- o Board to ward (Nat Audit Office 2009)
- o Antibiotic Stewardship Programs
- ${\color{blue} \bullet}$  Standardized cleaning and disinfection

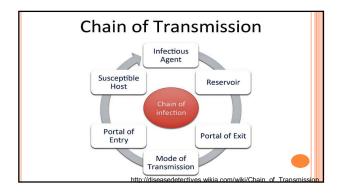


### VERTICAL ISSUES

- o Can cause confusion
  - Contact / Enhanced Contact / Contact Plus
  - Contact, Airborne with a mask
  - $\bullet \quad \textbf{Contact/Droplet/Airborne}$
  - · Alcohol based hand rub or soap and water?

# How to Handle Questions ・ \\_(ツ)\_/





RESERVOIR			
• The organism/area where the inf	ectious	agent	s reside
<ul> <li>Humans</li> <li>SARS-CoV-2 Respiratory Tract</li> </ul>			
. A . 1	hain o		smission
<ul> <li>Possible for cats to get, not spread</li> </ul>		Infectious Agent	
<ul> <li>Food Chain</li> </ul>	Susceptible Host		Reservoir
<ul> <li>Environment</li> </ul>	Portal of Entry	Chain of infection	Portal of Exit
		Mode of Transmission	

### $Reservoir-Breaking\ the\ Link$

- Hand Hygiene remove the organism before it is placed near or on another person or surface, or infect ourselves
- ${\color{blue} \bullet}$   ${\bf Disinfection}$  kill the organism on the surface
- ${\color{blue} \circ}$  Pre-operative skin prep remove and kill organisms
- ${\color{red} \bullet} \ \mathbf{Engineering} \mathrm{Redesign} \ \mathrm{sinks} \\$



### PORTAL OF EXIT – SARS-COV-2

- o Cough
- o Sneeze
- o Talk (loud) or singing
- ${\color{red} \bullet} \ Aerosol\text{-} generating \ procedures$ 
  - Can vary by jurisdiction/specialty

### Breaking the Portal of Exit

- o Masks
  - Home made
  - Surgical
- o Covering coughs, sneezes

### MODE OF TRANSMISSION

 ${\color{blue} \circ}$  Method by which the pathogen gets from the reservoir to the new host



### Mode of Transmission - Contact

- o Direct
  - Contact between infectious agent and susceptible host
- o Indirect
  - Contact of a fomite (surface) then contact of susceptible host
- $\circ$  Mode
  - Equipment
  - Hands
  - Sex (not COVID!)



### ${\bf MODE\ OF\ TRANSMISSION-PERCUTANEOUS}$

Needlestick





### Mode of Transmission

- Droplet
  - Particle size
  - >5um • Cough
  - Sneeze
- Particle size <5um
- Cough
- Singing

 Size not important

### Mode of Transmission

### o Common Vehicle

- Food
- Water
- Medication vial

### Vector-Borne

- Mosquitos
- Flies
- LiceTicks

### Chain of Transmission



### MOT– Breaking the Link

### o Direct/Indirect

- · Hand Hygiene
- · Environmental disinfection
- Personal Protective Equipment (PPE)
- · Isolation of infected patients
- Not in contact with others when ill/contagious



### $MOT-BREAKING\ THE\ LINK$

### o Droplet/Airborne

- Face protection (mask, respirator(?), goggles, shield)
- · Airflow (Airborne Infection Isolation Room AIIR)
- · Air exchanges

Brown J, et al. A quantitative evaluation of aerosol generation during tracheal intubation and extubation. Anaesthesia 2020.



### PORTAL OF ENTRY

• Eyes, nose, mouth (T-Zone)



### Breaking the Portal of Entry

o Masks and eye protection











### SUSCEPTIBLE HOST

- $\circ$  SARS-CoV-2
  - Elderly
  - Obese
  - High blood pressure
  - Lung issues
  - Metabolic issues (diabetes)
  - Heart Issues
  - Multi-system Inflammatory Syndrome Children...

### CHAIN OF TRANSMISSION

- ${\color{red} \circ}$  Helps explain the risk
- Helps calm some of the panic



### What Broke the Chain?

- Disinfectants
  - Variety of kill ability
  - Low Level to High Level
  - Sporicidal
  - EPA Emerging Viral Pathogen Document

### · Label Claim

- Surrogate/marker
- organisms
- · Can't have 'em all!

 $\frac{\text{https://www.epa.gov/sites/production/files/2016-}}{09/documents/emerging viral pathogen program guidance final 8 19 16 001 0.pdf}$ 

### WHAT BROKE THE CHAIN?

- o Hand hygiene
- ${\color{red} \circ}$  Personal Protective Equipment

The main buckets of microorganisms						
Bacteria	Gram Positive Gram Negative	Staphylococcus E. coli				
Spores	Resistant form of bacteria	Clostridioides difficile, Bacillus anthracis				
Viruses	Envelope or Non- envelope	Influenza, Rhinovirus, HIV, HBV, Norovirus				
Fungi	Multicellular	Trichophyton, Aspergillus				

EFFECT OF DISINFECTANTS ON MICROORGANISM						
L		Organism	Type	Examples		
	R^	Bacterial Spores	Spore	Bacillus anthracis, Clostridioides difficile		
		Mycobacteria	Bacteria	M. tuberculosis		
		Small non-enveloped virus	Virus	Poliovirus, Norovirus, Rhinovirus, Hep A		
		Fungal spores	Fungus	Aspergillus, Penicillium, Trichophyton		
		Gram negative bacteria	Bacteria	E. coli, Klebsiella including CRE, Pseudomonas, Acinetobacter		
		Fungi (Vegetative)	Fungus	Candida		
		Large Virus (non-enveloped)	Virus	Adenovirus, Rotavirus		
	S*	Gram positive bacteria	Bacteria	Staphylococcus including MRSA Enterococcus including VRE		
١,,	Resistan	Virus (enveloped)	Virus	HIV, HBV, HCV, Influenza, Coronavirus		
	cesistan Sensitiv			Adapted from Rutala et al. ICHE 2014;35(7):862		

### RESISTANT ORGANISMS

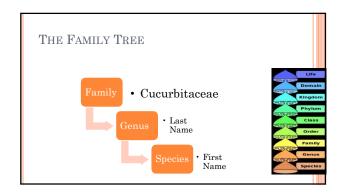
- Antibiotic resistance does NOT confer disinfectant resistance!
  - $E.\ coli$  is  $E.\ coli$  whether it can produce a beta lactamase or a carbapenemase
- ${\color{red} \circ}$  Antibiotics are more "Lock and Key"
- o Disinfectants are more "Dynamite" or "Sledgehammer"

(Weber 2006, Rutala 1997)

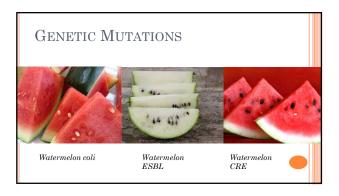














### COMMUNICATION

- o Difficult during panic
  - · Facility Outbreaks
  - New Organisms
  - · Pandemic Problems

### HOW TO COMMUNICATE

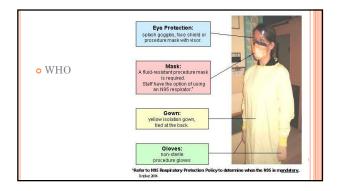
- o Get the facts
  - · Reliable sources
  - CDC, WHO, Public Health Agency of Canada (PHAC), APIC, ProMed
- ${\color{red} \circ}$  Aim for Grade 6-8 (new spaper) level of language
  - Avoid jargon unless necessary

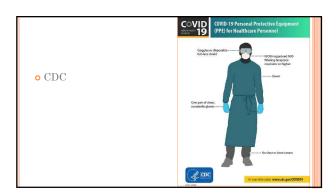












### PUBLIC HEALTH AGENCY OF CANADA (PHAC)

- ...<u>contact and droplet pre</u>cautions should be used:
  - Gloves and a gown should be worn upon entering the patient's room;
  - Facial protection (mask and eye protection, or face shield, or mask with visor attachment) should be used when within two metres of the patient;
  - A fit-tested N95 respirator (including eye protection) should be used by all HCWs in the patient's room when AGMPs are being performed on a person under investigation for COVID-19.

### HOW TO COMMUNICATE

- o Get the facts out there
  - Newsletters
  - Bulletins
  - Huddles or Town Hall Meetings

### LOOK AFTER OURSELVES!

- Very stressful times
  - So much mis-information
- ${\color{red} \circ}$  We all need to re-charge
  - $\bullet \ \ Mindfulness$
  - Family
  - Downtime

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### SUMMARY

- There are always going to be new problems DON'T PANIC
- Keep in mind Chain of Transmission and horizontal infection control
  - Doing activities that protect patients from all organisms
     Appropriate use of disinfectants including point of
    - o Patient hand hygiene

### SUMMARY

- Infection Preventionists need to be more involved in analyzing the data from this pandemic
  - To have evidence based recommendations for all healthcare settings



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