

August 20, 2025, 2:00 PM – 3:00 PM

LTC Provider Call

All Facility Types

(Nursing/Skilled Nursing Facilities, ICF/IID, Assisted Living, Residential Care & Adult Day Care)

If you see this screen, you are in the right place, but we have not yet started. We will begin shortly.

All lines are muted. Lines will be muted throughout the program.

Submit questions to LTC@health.ok.gov

(Reminder: questions submitted in the online Q&A will be answered in the FAQ document)



August 20, 2025, 2:00 PM – 3:00 PM

LTC Provider Call

All Facility Types

(Nursing/Skilled Nursing Facilities, ICF/IID, Assisted Living, Residential Care & Adult Day Care)

All lines are muted. Lines will be muted throughout the program.

Submit questions to LTC@health.ok.gov

(Reminder: questions submitted in the online Q&A will be answered in the FAQ document)



Infectious Disease Prevention and Response

Mike Mannell, MPH - Assistant Director, Investigations Program Manager

Ashlyn Wayman, MPH - Lead Communicable Disease Investigation Epidemiologist

Kim Southerland, BSN, RN, MPH, CIC – Lead Infection Preventionist



IDPR Roles and Responsibilities

Together these programs work to prevent and control communicable disease in Oklahoma through the following activities:

- Surveillance and investigation of infectious diseases
- Investigation of disease outbreaks
- Response to emerging diseases
- Analyzing data to plan, implement and evaluate disease prevention and control measures
- Disease surveillance reporting to the public
- Education of healthcare professionals, public health partners, and the public
- Supporting healthcare facilities with infection prevention and control guidance and education
- Bioterrorism preparedness

Communicable Disease Investigations

- Epi on Call
- Arboviral
- Enteric & Foodborne
- Waterborne
- Vaccine Preventable
- Rabies
- Select Agent Response
- Wastewater program

Healthcare Associated Infections/Antimicrobial Resistance (HAI/AR)

- Infection control consultations
- MDRO Notification and Investigation
- Healthcare associated outbreaks
- Antimicrobial Stewardship Pharmacist

Surveillance

- Data submission and analytics
- Respiratory surveillance program
- Viral View
- Disease closeout and classification
- Disease reporting surveillance system

OSDH Epidemiologist-on-Call: 405-426-8710

CDIS@health.ok.gov

HAI@health.ok.gov

Outbreak Definitions

Suspected or Confirmed Infectious Disease Outbreak (General):	≥2 residents with similar signs and symptoms in a similar time frame
Suspected or Confirmed COVID-19 Outbreak*	≥2 cases of lab-confirmed COVID-19 among residents within 7 days OR
	≥2 cases of lab-confirmed COVID-19 among staff AND one or more cases among residents with epi linkage to staff cases OR
	≥3 cases of acute illness compatible with COVID-19 with onsets within 72h period
Suspected or Confirmed Influenza Outbreak*	≥2 laboratory-confirmed cases within a 72h period for residents on the same unit.

*Note: Consider active surveillance with a single lab-confirmed case

Active Surveillance

Consider:

- Daily symptom monitoring for staff and residents
- Understand your region's viral activity – [OSDH Viral View](#)
- Implementation of IC strategies (masking, cohorting, increased environmental disinfection in shared spaces, etc.)

Example: COVID-19 → Testing strategy (unit, close contacts, full facility) on days 1, 3, and 5.

Example: Influenza → Prompt testing of any residents with clinically compatible illness

Communicable Disease Reporting

Reports to OSDH IDPR:

- Suspected or confirmed outbreaks that meet the definitions outlined previously
- Any unusual or abnormal occurrence of a communicable disease or illness that poses a threat to resident's health and safety
- Single cases of reportable conditions outlined in [OAC 310:515](#). *Please note: This would only apply to point of care laboratory testing.*

How to Report: Epidemiologist on Call at (405)-426-8710

Reportable Conditions

IMMEDIATELY NOTIFIABLE

One Business Day

One Month

PHL Submission Only

The following diseases are to be reported to the OSDH by PHIDDO or telephone (405-426-8710) immediately upon suspicion, diagnosis, or positive test.

Anthrax*	Hepatitis B during pregnancy (HBsAg+)	Orthopox viruses (i.e., Smallpox, Monkeypox)*
Bioterrorism - suspected disease*	Measles (Rubeola)	Plague*
Botulism	Meningococcal invasive disease	Poliomyelitis
Diphtheria	Novel coronavirus	Rabies
Free-living amebae infections causing primary amebic meningoencephalitis	Novel influenza A	Typhoid fever
	Outbreaks of apparent infectious disease	Viral hemorrhagic fever*

The following diseases are to be reported to the OSDH by secure electronic data transmission within one working day (Monday through Friday, State holidays excepted):

Acid Fast Bacillus (AFB) positive smear (only if no additional testing is performed or subsequent testing is indicative of <i>Mycobacterium tuberculosis</i> Complex)	HBV DNA+. For infants ≤18 months, all hepatitis B related tests ordered, regardless of test result, must be reported.)	Salmonellosis
AIDS (Acquired Immunodeficiency Syndrome)	Hepatitis C infection in persons having jaundice or ALT > or = 200 with laboratory confirmation. (If hepatitis C EIA is confirmed by NAT for HCV RNA, or s/co ratio or index is predictive of a true positive then report results of the entire hepatitis panel. For infants ≤18 months, all hepatitis C related tests ordered, regardless of test result, must be reported. Positive HCV RNA are reportable by both laboratories and providers.)	SARS-CoV-2 (COVID-19)
<i>Anaplasma phagocytophilum</i> infection	HIV (Human Immunodeficiency Virus) Infection (All tests indicative of HIV infection are reportable by laboratories and providers. For infants ≤ 18 months, all HIV tests ordered, regardless of test result, must be reported.)	Shigellosis
Brucellosis*	Influenza associated hospitalization or death	Spotted Fever Rickettsiosis (<i>Rickettsia spp.</i>) hospitalization or death
California serogroup virus infection	Legionellosis	St. Louis encephalitis virus infection
Campylobacteriosis	Leptospirosis	Streptococcal disease, invasive, Group A (GAS)
Chikungunya virus infection	Listeriosis	<i>Streptococcus pneumoniae</i> invasive disease, children <5 yrs.
Congenital rubella syndrome	Lyme disease	Syphilis (Nontreponemal and treponemal tests are reportable. If any syphilis test is positive, then all syphilis test results on the panel must be reported. For infants ≤18 months, all syphilis tests ordered, regardless of test result, must be reported.)
Cryptosporidiosis	Malaria	Tetanus
Cyclosporiasis	Mumps	Trichinellosis
Dengue fever	Pertussis	Tuberculosis
Eastern equine encephalitis virus infection	Powassan virus infection	Tularemia*
<i>Escherichia coli</i> O157, O157:H7 or a Shiga toxin producing <i>E. coli</i> (STEC)	Psittacosis	Unusual disease or syndrome
Ehrlichiosis	Q Fever*	Vibriosis including cholera
<i>Haemophilus influenza</i> invasive disease	Rubella	West Nile virus infection
Hantavirus infection, without pulmonary syndrome		Western equine encephalitis virus infection
Hantavirus pulmonary syndrome		Yellow fever
Hemolytic uremic syndrome, postdiarrheal		Zika virus infection
Hepatitis A infection (Anti-HAV-IgM+)		
Hepatitis B infection (if any of the following are positive, then all test results on the hepatitis panel must be reported: HBsAg+, anti-HBc-IgM+, HBeAg+, or		

The following diseases and laboratory results are to be reported to the OSDH within one month:

CD4 cell count with cell count % (by laboratories only)	Creutzfeldt-Jakob disease	<i>Lymphogranuloma Venereum</i> (LGV) reportable as Chlamydia.
Chlamydial infections (<i>C. trachomatis</i>)	Gonorrhea (<i>N. gonorrhoeae</i>)	
	HIV viral load (by laboratories only)	

[OAC 310:515](#) mandates which diseases and timeframes are reportable. Additional details can be reviewed at OSDH's [What to Report](#) webpage.

Frequently Asked Questions

When is it recommended to contact the OSDH Epidemiologist-on-Call for a consultation with the HAI/AR team:

- Questions related to Core Infection Prevention and Control (IPC) Guidelines
- Communicable disease prevention, containment, and response strategies
- Issues related to the National Healthcare Safety Network (NHSN) LTCF Reporting Module
- Any general IPC question or concern

HAI Team E-mail: HAi@health.ok.gov

**Urgent or time-sensitive questions should be directed to 405-426-8710.*

Legionella- Background

Legionellosis: caused by *Legionella* bacteria

Diagnosis: Urinary antigen test, PCR

Presumptive Healthcare Associated Case:

lab-confirmed case with ≥ 10 days of continuous stay during 14-day exposure period

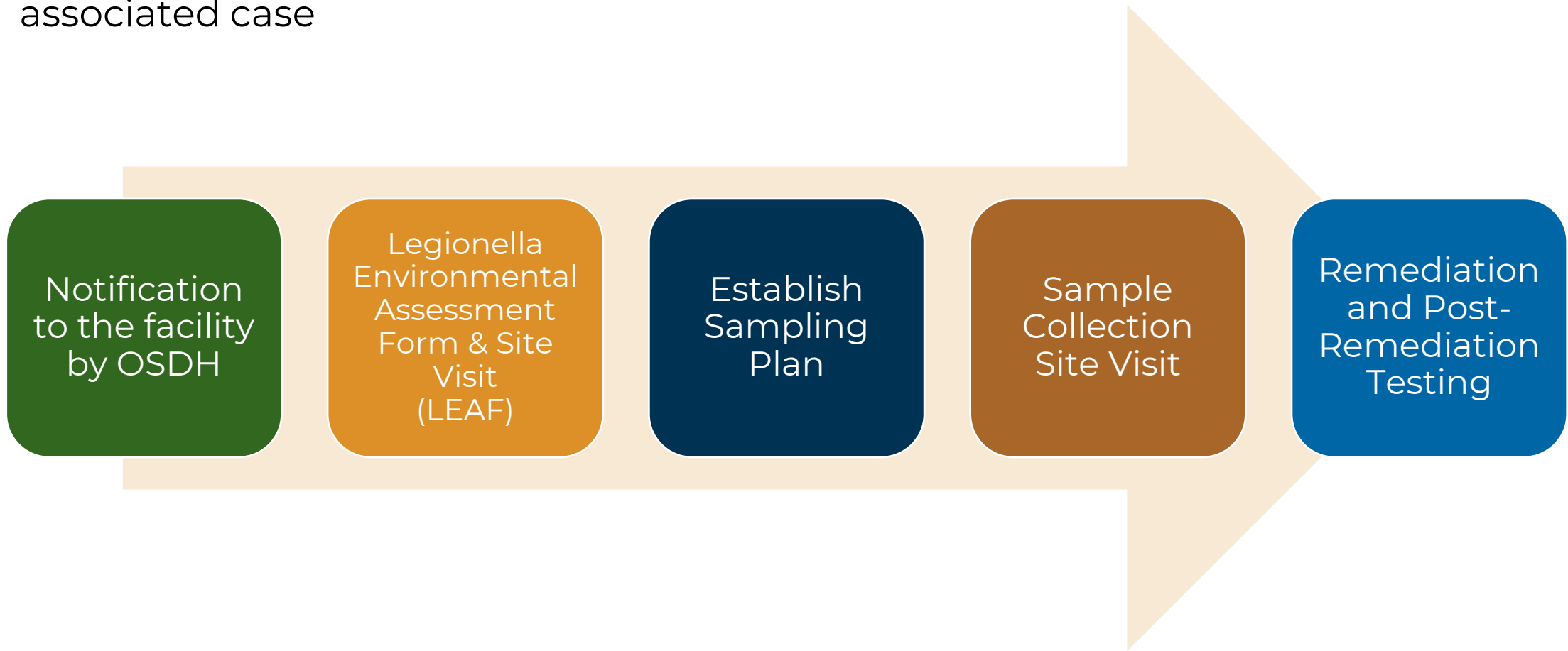
Water Management Plan (WMP): All LTC facilities should have a WMP in place to reduce the risk of Legionella within their water system.

[CDC Legionella Fact Sheet for Clinicians](#)

	Legionnaire's Disease	Pontiac Fever
Clinical Features	Illness with pneumonia characterized by acute onset of lower respiratory illness with fever and/or cough.	Milder illness, self-limited, without pneumonia – often a flu-like illness but can also include GI symptoms.
Incubation Period	2-14 days	24-72 hours
Case-fatality rate	10% * Average of 25% of healthcare associated cases	Very low – nearly 0%

Legionella Investigations

Environmental investigation – Initiated with one presumptive healthcare associated case



Questions?

IDPR Epidemiologist-on-Call

405-426-8710

Coming Soon

**IJ Process/Procedure information –
all facility types**

ODH Form 283 Update

(Incident Report Form)

The Q&A Session has begun

Please submit questions to LTC@health.ok.gov

Questions submitted in the online Q&A will be answered in the FAQ document.



Closing Comments