Nebraska Public Health

NICN Primary Infection Prevention Course

Claire Ortlieb, MPH | April 22, 2026

NEBRASKA
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DEPT. OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH

1

Nebraska Local Health Departments

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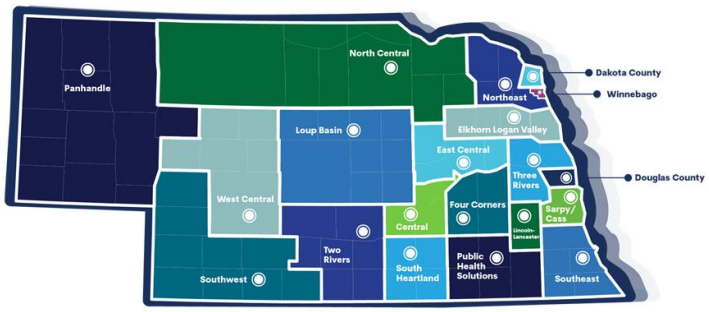
Nebraska Local Public Health Departments



Nebraska LHDs are independent entities with local boards, and receive contracts from the State for public health activities

Nebraska LHDs conduct communicable disease surveillance for their jurisdiction, participate in prevention activities, and so much more.

Nebraska Population: 1.9 million

Decentralized Local Health Departments

- 20 LHDs cover 93 counties

3

Picture retrieved from: https://nalhd.org/about-local-health-departments/

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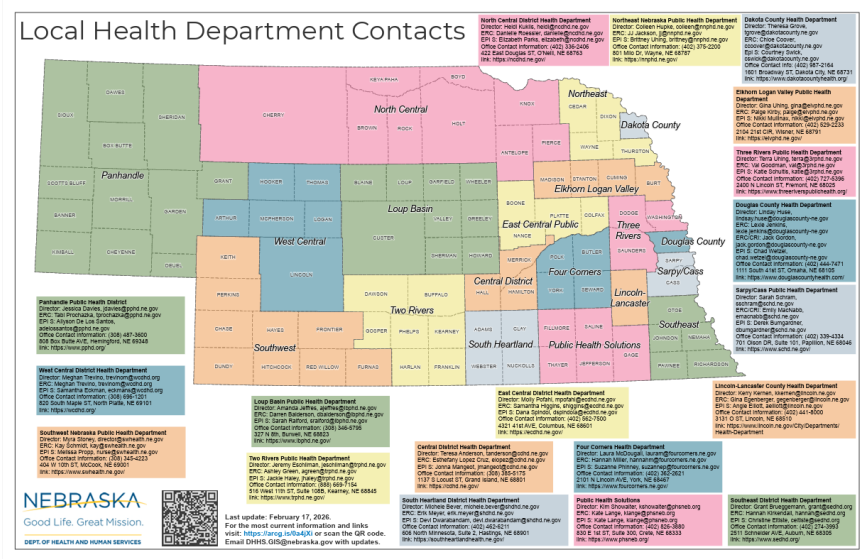
Nebraska LHD Contacts



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https://dhhs.ne.gov/CHPM%20Maps/LHDcontactMaster.pdf

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Nebraska Local Public Health Departments

Nebraska LHDs have a wide range of responsibilities and activities in place to serve their communities:

- Weight management programs
- Dental screenings (schools, LTCFs, community)
- Routine vaccinations
- Blood pressure checks
- Colon cancer screenings
- Environmental health
- Mosquito & tick surveillance
- Communicable Disease Investigation & Surveillance

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Epidemiology, Disease Investigation & Surveillance

Epidemiology is the study & analysis of how, when, and why diseases occur in different groups of people. [Big Picture, Community/Population Level]

Disease investigation & surveillance consists of a public health department being notified of communicable disease laboratory results through the National Electronic Disease Surveillance System (NEDSS). Community health nurses or disease investigators investigate each lab as designated by NE DHHS, which may include patient interviews and physician consultations. Public health control recommendations are made to patients. [Individual Case Level]

1. https://www.bmj.com/about-bmj/resources-readers/publications/epidemiology-uninitiated/1-what-epidemiology
2. https://onlinedegrees.kent.edu/college-of-public-health/community/epidemiology-and-public-health
3. https://www.trphd.ne.gov/programs-services/programs/disease-surveillance-and-investigations.html#:~:text=TRPHD%20works%20with%20partners%20to,Disease%20Surveillance%20and%20Investigation

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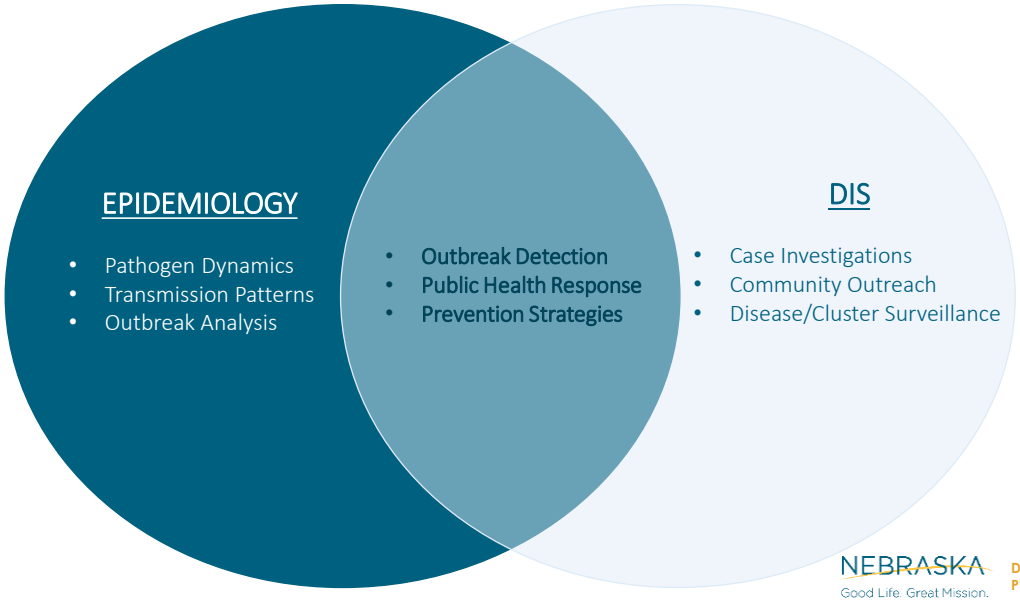
Epidemiology, Disease Investigation & Surveillance



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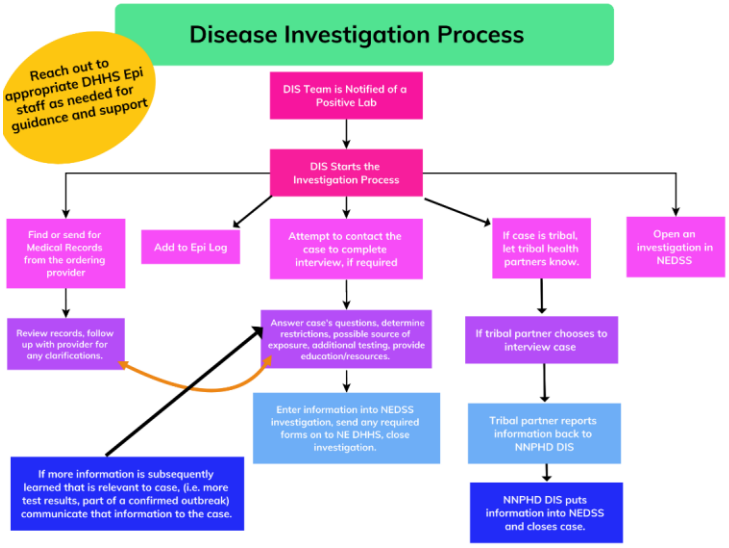
Epidemiology, Disease Investigation & Surveillance



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LHD HAI LIAISONS

Many NE LHD's have designated an HAI liaison to bridge communication and collaboration between healthcare facilities, their local health department, and NE DHHS Division of Public health (specifically, the HAI/AR Program Team).

Reach out to your LHD to find our who your LHD HAI Liaison is!

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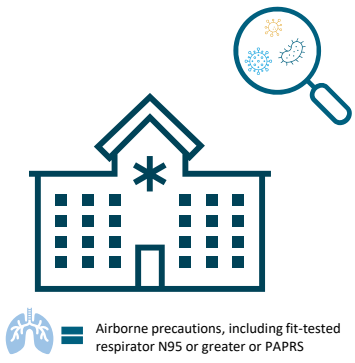
Infectious Diseases & Infection Preventionists

As an IP, you will probably deal with:

- Influenza (seasonal/avian/novel)
- COVID-19
- Norovirus
- Tuberculosis
- C. diff
- MRSA
- Legionella
- Prion disease
- Measles
- Multidrug resistant organisms (MDROs)



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Seasonal Influenza

INFECTION PREVENTIONISTS

- Influenza Vaccination
- Influenza testing
- IPC measures
- Antiviral treatment
- Exposure prophylaxis

PUBLIC HEALTH

- Current year vaccine rates
- Assist outbreak response in congregate settings
- Appropriate use of antiviral medications
- Timey surveillance data to local providers and community members

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Norovirus

- Virus that causes vomiting and diarrhea and spreads easily
- Alcohol-based hand sanitizer is *not* effective against norovirus, you must wash hands with soap and water
- Outbreaks are common in LTCFs
- NE DHHS Enterics team created an Outbreak Toolkit for use with guidance on outbreak reporting, stool testing, and cleaning/disinfection

 https://dhhs.ne.gov/epi%20docs/Norovirus%20Outbreak%20Toolkit%20for%20Healthcare%20Facilities.pdf

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Tuberculosis

Active TB

- Mycobacteria are actively growing and multiplying
- Infectious – can be spread to others
- Symptoms may include:
  - Chills
  - Loss of appetite
  - Fatigue
  - Fever
  - Night sweats
  - Swollen lymph nodes
  - Coughing up blood
  - Weight loss

Latent TB Infection (LTBI)

- Mycobacteria are present, but not actively growing or multiplying (latent)
- Not infectious – cannot be spread to others
- No symptoms
- ~10% of persons with LTBI will develop active disease
  - Of that 10%, about half will develop active disease in the first year after exposure

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Tuberculosis

What is Public Health's Role?

- Investigate ALL reported cases
- Identify close contacts who may be at risk of infection
  - On average, 10 contacts are identified per case
- Test close contacts to determine if they are infected
  - ~20-30% of close contacts have LTBI
  - ~1% of close contacts have active TB disease
- Provide directly observed therapy (DOT)
- Assure isolation of those with active TB until they are no longer infectious

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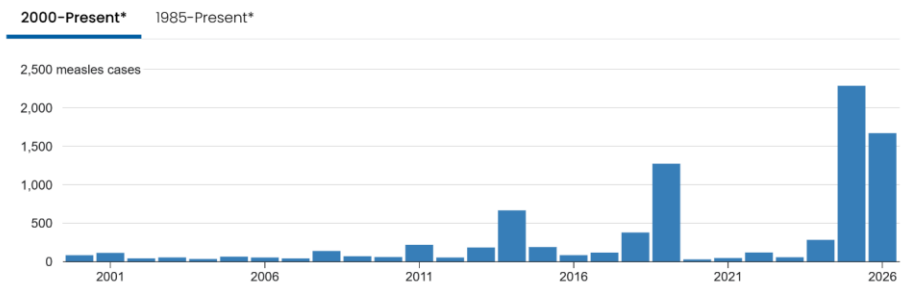
Tuberculosis

TB Control is Labor-Intensive.

- Home visits for DOT
- Testing exposed contacts
- Coordinating and utilizing language interpreters (often needed)
- Case management
- Attend appointments with patients
- Transportation assistance
- Referrals for food assistance

Measles

- From 2000-2010, we saw ~100 measles cases each year across the US.
- In 2025, there were 2,286 confirmed cases of measles in the US that were reported to the CDC.
- 1,671 confirmed cases have been reported to CDC as of April 3, 2026.



Measles

Year	Number of Confirmed Measles Cases	Number of Measles Outbreaks	Percentage of Confirmed cases that were Outbreak-Associated
2024	285	16	69%
2025	2,286	48	90%
2026 (as of April 3, 2026)	1,671	17	94%

17 https://www.cdc.gov/measles/data-research/index.html#cdc_data_surveillance_section_6-history-of-measles-cases

Measles in Nebraska

- In 2025, Nebraska identified 3 cases of measles.
- As of March 9, 2026, there have been 3 cases of measles identified in Nebraska.
- **There are currently no active cases of measles in Nebraska.**

Nebraska DHHS and local public health departments conduct thorough investigations of each case, including reaching out to any identified contacts, and notifying the public of locations of possible exposure. The best prevention for measles is the measles, mumps, and rubella (MMR) vaccine.

18 https://dhhs.ne.gov/Pages/Measles.aspx

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Division of Public Health

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DIVISION OF PUBLIC HEALTH

Mission

Provide the public health services to help people live healthier lives.

Vision

A Healthy and Safe Nebraska – Everyone, Everywhere, Every Day

Values

Integrity, Commitment, Quality, Stewardship

20 https://dhhs.ne.gov/Pages/public-health.aspx

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DIVISION OF PUBLIC HEALTH

Units within the Division:

- Licensure
- Vital Records
- Emergency Preparedness
- Environmental Health
- Epidemiology & Informatics
- Health Disparities
- Rural Health
- Lifespan Health
- So much more!

https://dhhs.ne.gov/Pages/public-health.aspx

https://dhhs.ne.gov/Pages/public-health.aspx

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Epidemiology & Informatics

The mission of the DHHS Epidemiology Unit is to protect the health of Nebraskans through public health surveillance, responding to disease outbreaks, and preventing and controlling the spread of disease.

- Enteric Disease
- Environmental/Occupational Health
- Healthcare-Associated Infections
- Health Promotion
- Respiratory
- Hepatitis
- Vectorborne
- Vaccine Preventable Diseases
- Zoonotic

The DHHS Informatics Unit empowers data-driven decision-making to improve public health outcomes. They leverage innovative technologies, data standards, and analytic tools to collect, integrate, and translate health information into actionable insights. Through collaboration, security, and stewardship, we ensure that timely, accurate, and accessible data supports effective policy, service delivery, and community well-being.

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REPORTABLE DISEASE REPORTING

Communicable disease and other conditions may pose a threat to the public health. Healthcare providers, hospitals, and laboratories must report these as required by the Nebraska Administrative Code (NAC). Chapter 1 of Control of Communicable Diseases Regulations in the NAC sets the requirements to report diseases, poisonings, organisms, and events.

https://rules.nebraska.gov/rules?agencyId=37&titleId=102

Reportable Disease Regulations (173 NAC 1)

Scope & Authority:

These regulations apply to the content, control, and reporting of communicable diseases, poisonings, and organisms pursuant to the provisions of Neb. Rev. Stat. §§ 71-501 to 71-514, 71-531 to 71-532, and 71-1626.

Communicable disease, illness, or poisoning

an illness due to an infectious or malignant agent, which is capable of being transmitted directly or indirectly to a person from an infected person or animal through the agency of an intermediate animal, host, or vector, or through the inanimate environment.

https://rules.nebraska.gov/rules?agencyId=37&titleId=102

How to Report

Reporting is done by telephone, fax, other secure electronic mail system, or automated reporting systems such as those below. For more details regarding what & how to report, see the Reportable Diseases Regulations (173 NAC 1) .

Electronic Laboratory Reporting

Electronic Laboratory Reporting (ELR) is the electronic transmission of laboratory reports to public health for reportable diseases and conditions. Many facilities in Nebraska are required to report reportable diseases through automated ELR.

Electronic Case Reporting

Electronic case reporting (eCR) is the automatic real time electronic data sharing of case report information between Electronic Health Records (EHRs) and public health authorities for disease tracking.

Who Must Report

Healthcare Providers

1-003.01A Reporting by Physician Assistants and Advanced Practice Registered Nurses: A physician assistant or advanced practice registered nurse who in lieu of a physician attends to any patient suspected of having a reportable disease or poisoning must make the report as required by 173 NAC 1.

1-003.01B Reporting by Laboratories in lieu of Physicians: If a laboratory provides a report containing the required information to the department, the physician is not required to make the report to the department. Physicians remain obligated to report when such reports are not made by laboratories.

1-003.01C Reporting by Healthcare Facilities in lieu of Physicians for Healthcare Associated Infections (HAIs): Healthcare Associated Infections (HAIs) that are reported by healthcare facilities to CDC's NHSN are reportable. If a healthcare facility provides access to NSHN Healthcare Associated Infection (HAI) data to the department and its local public health department and Healthcare Associated Infections (HAIs) are reported to NHSN on a quarterly basis aligning with the CMS Reporting Schedule, the physician is not required to make the Healthcare Associated Infection (HAI) report. Physicians remain obligated to report Healthcare Associated Infections (HAIs) when access to NHSN data is not provided to the department. In the event of an outbreak, the department has the authority to require Healthcare Associated Infection (HAI) data reports from facilities not currently reporting to NHSN.

Laboratories

1-003.02A Electronic Ordering of Laboratory Tests: For all laboratory tests which may identify a reportable disease (e.g., microbiology tests, hepatitis tests, etc.) and which are ordered through submission of an electronic requisition or other automated electronic mechanism, healthcare providers must include the following information at the time the test order is placed to the laboratory so that the laboratory may fulfill reporting requirements:

Reportable Diseases, Poisonings, and Organisms

IMMEDIATE REPORTS (1-004.01)

- Anthrax
- Botulism
- Carbapenamase-Resistant Enterobacteriaceae
- Measles
- Pertussis
- Rabies
- Ricin poisoning
- VISA/VRSA
- Clusters, Outbreaks, or Unusual Events, Including Possible Bioterroristic Attacks

REPORTS WITHIN 7 DAYS (1-004.02)

- Acinetobacter species
- Creutzfeldt-Jakob Disease
- Cryptosporidiosis
- Influenza
- Klebsiella species
- Listeriosis
- Necrotizing fasciitis
- RSV
- Streptococcal disease (all invasive disease caused by Groups A & B Streptococcus)

27 https://rules.nebraska.gov/rules?agencyId=37&titleId=102

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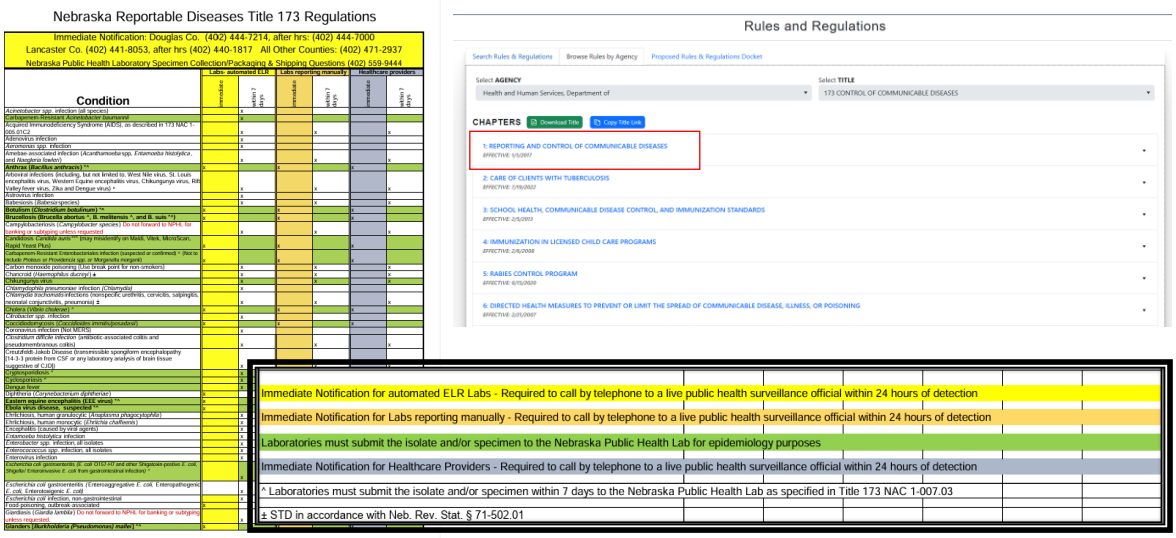
Reportable Diseases, Poisonings, and Organisms



28 https://dhhs.ne.gov/epi%20docs/NPHL-Reportable-Disease-Title-173-Chart.pdf
https://rules.nebraska.gov/rules?agencyId=37&titleId=102

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New or Emerging Diseases:
Reporting, Submissions + Surveillance

The Director of the Division of Public Health or the Chief Medical Officer may require reporting, or a change in method or frequency of reporting, of newly recognized or emerging diseases, syndromes suspected to be of infectious origin, or exposures of large numbers or specific groups of persons to known or suspected public health hazards if:

1. The disease, syndrome, or exposure can cause or is suspected to cause serious morbidity or mortality; and
2. Reporting of the disease, syndrome, or exposure is necessary to monitor, prevent, or control the disease, syndrome, or exposure and to protect public health.

The Director of the Division of Public Health or the Chief Medical Officer may describe a specific mechanism for surveillance of the disease, syndrome, or exposure including persons and entities required to report, a time frame for reporting, and protocols for the submission of clinical specimens collected from cases, suspected cases, or exposed persons to referral laboratories designated by the DHHS Division of Public Health.

29 https://rules.nebraska.gov/rules?agencyId=37&titleId=102

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Candida auris

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MEMO

Jim Pillen, Governor

To: Clinicians, Healthcare Facilities, & Laboratories

From: Tim Tesmer, M.D., Chief Medical Officer

Date: May 29, 2024

RE: Public Health Reporting Updates for Congenital CMV, Alpha-Gal Syndrome, & *Candida auris*

As specified in 173 NAC 1-004.04A, the Chief Medical Officer (CMO) of the Division of Public Health may require reporting, or a change in method or frequency of reporting, of newly recognized or emerging diseases. As diseases emerge that cause serious morbidity or mortality in Nebraska, reporting is necessary to monitor, prevent, and control newly recognized diseases. According to 173 NAC 1-004.04, the CMO may also specify a specific mechanism for such reporting, including persons and entities required to report. Under the authority of 173 NAC 1-004.04, as CMO of the Division of Public Health, I hereby declare tests intended to detect Congenital CMV, Alpha-Gal Syndrome, & *Candida auris* as reportable in Nebraska, per the specifications below.

30 https://dhhs.ne.gov/epi%20docs/PHMEMO_5_29_24_MD.pdf

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Reporting Healthcare-Associated Infections (HAIs)

Healthcare-associated infections (HAIs) are **infections people get while they are receiving health care for another condition**. HAIs can happen in any health care facility, including hospitals, ambulatory surgical centers, end-stage renal disease facilities, and long-term care facilities.

This form is used to report any HAI-related event or organism(s) to the Nebraska Department of Health and Human Services. Upon your submission, one of the epidemiologists will contact you for further information within 24 hours. If you do not receive a call or email, please call (402) 471-7043 or (531) 530-7407.

HAI Program email: dhhs.hai-ar@nebraska.gov

https://dhhs.ne.gov/Pages/Reportable-Conditions.aspx

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Healthcare-Associated Infections + Antimicrobial Resistance Program

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NEBRASKA DHHS HAI/AR PROGRAM

STATE

- Monitors HAI rates and AR data
- Keep facilities informed regarding progress & opportunities
- Outbreak Response/Consultations
- Assist facilities with data reporting and validations
- Partner with stakeholders to drive change by focusing on decreasing HAIs and antimicrobial resistance

ACADEMIA

- Partner with facilities to assess & advance their infection control and antimicrobial stewardship programs on voluntary basis
- Assist with infection control assessments during outbreaks
- Connect all NE facilities with infection control and antimicrobial stewardship subject matter experts
- Develop education resources and guidance

33 https://asap.nebraskamed.com/

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Placeholder for Updated Org Chart Here

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HAI / AR TEAM

Dr. M. Salman Ashraf, MBBS

HAI / AR Program
Medical Director

Dr. Juan Teran, MD

HAI / AR Program Deputy
Medical Director

Dr. Jenna Preusker, PharmD, BCPS, BCIDP

HAI / AR Pharmacist

Lacey Pavlovsky, MSN, RN, CIC

Infection Preventionist &
NHSN Coordination Lead

Brianna Loeck, MPH

Infectious Disease
Epidemiologist III

Claire Ortlieb, MPH

HAI / AR
Epidemiologist

Katelynn Piper

HAI / AR Program
Coordinator

Fizza Raza, MPH

HAI / AR Intern

PROGRAM PARTNERS

NE ICAP
ASAP

ICAP

The Nebraska Infection Control Assessment and Promotion Program is funded by the Nebraska DHHS HAI/AR Program via a CDC Grant.

ICAP offers no cost, peer-to-peer infection control assessments and recommendations from a team of experienced infection preventionists who are supported by infectious disease-trained medical directors and professional educators.

Contact ICAP

Main Department Phone: (402) 552-2881

Email: NebraskaICAP@NebraskaMed.com

Office hours are Monday-Friday 8:00am – 4:00pm CST

ASAP

The Nebraska Antimicrobial Stewardship Assessment and Promotion Program is funded by the Nebraska DHHS HAI/AR Program via a CDC Grant.

ASAP partners with facilities to assist with establishing effective antimicrobial stewardship programs by assessing local antimicrobial stewardship efforts and working with facility teams to implement a program that meets CMS standards. CDC Core Elements are utilized for program development and target improvements in antimicrobial prescribing and reducing infections secondary to antimicrobial resistant pathogens.

Contact ASAP

Fill out and submit the “Ask ASAP a Question” form on their website: https://asap.nebraskamed.com/

HAI Burden in the United States

CDC estimates that on any given day, 1 in 31 hospital patients has at least one healthcare associated infection.

HAIs cost health care systems billions of dollars in added expenses

HAIs can have devastating effects on physical, mental/emotional, and financial health of patients

"Super bugs" (antibiotic resistant germs) are a big concern – a growing number of HAIs are caused by pathogens that are outsmarting the antimicrobial drugs typically used to fight them

39 https://www.cdc.gov/healthcare-associated-infections/about/index.html

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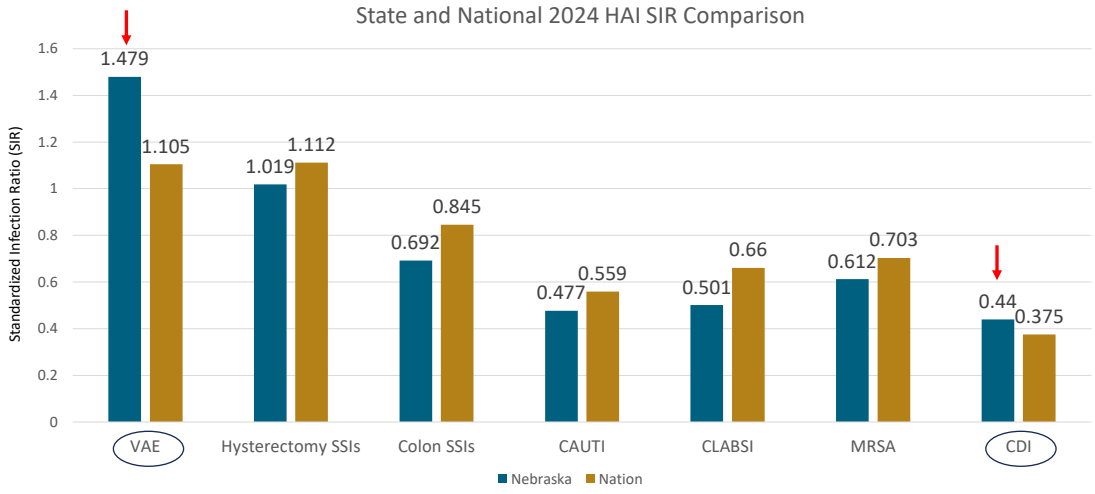
HAI Burden in Nebraska



40 https://arpsp.cdc.gov/profile/geography/nebraska

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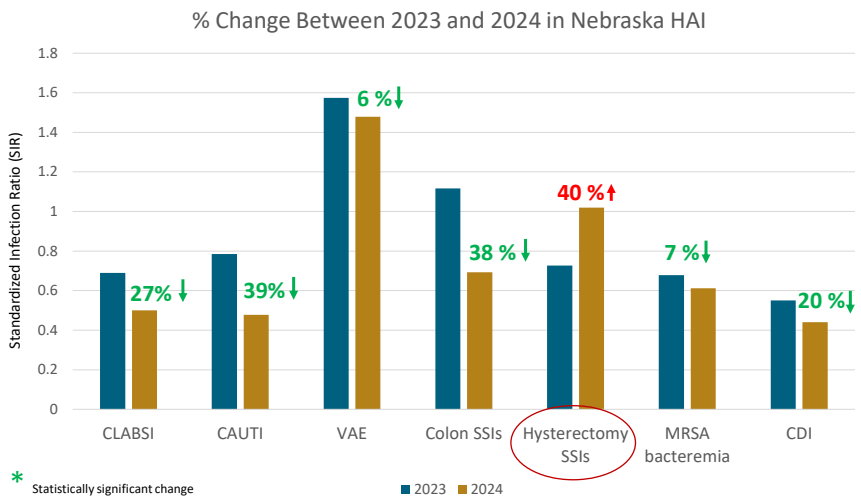
HAI Burden in Nebraska



HAI	% Change Nationally
CLABSI	27% decrease
CAUTI	39% decrease
VAE	No significant change
Colon	38% decrease
Hysterectomy	No significant change
Hospital onset MRSA bacteremia	No significant change
Hospital onset CDI	13% decrease

41 https://www.cdc.gov/nhsn/datastat/progress-report.html#anchor_1700850695274
https://arpsp.cdc.gov/profile/geography/nebraska

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Multidrug-Resistant Organisms (MDRO) Tiers for Nebraska

Tier	Definition of Included Organisms and Mechanisms	Examples (not all inclusive) of organisms/mechanisms for Nebraska	Transmission-Based Precautions Recommendations
Tier 1	Never (or very rarely) been identified in the United States and for which experience is extremely limited	Novel Carbapenemases	Contact precautions until otherwise recommended by HAI/AR team
Tier 2	Primarily associated with healthcare settings and are not commonly identified in the region (i.e., not been previously identified in the region or have been limited to sporadic cases or small outbreaks), corresponding to "not detected" or "limited to moderate spread" epidemiologic stages. No current treatment options exist (pan not-susceptible) and potential to spread more widely.	Pan-resistant organisms* *Candida auris* Carbapenemase (e.g., KPC, NDM, OXA-48, VIM, IMP) producing organisms (CPO) • Enterobacterales • *Pseudomonas aeruginosa* • *Acinetobacter Baumannii*	Contact Precautions *Long-term Care Facilities (LTCF):* Enhanced barrier precautions (EBP) recommended for colonized resident(s)**
Tier 3	Include MDROs targeted by the facility or region for epidemiologic importance that have been identified frequently across a region, indicating advanced spread, but are not considered endemic	• Extended spectrum beta-lactamase (ESBL) producing organisms • Carbapenem-resistant *Enterobacterales* (CRE) • Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) • Carbapenem-resistant *Acinetobacter Baumannii* (CRAB)	Contact Precautions *Long-term Care Facilities (LTCF):* Enhanced barrier precautions (EBP) considered for colonized resident(s)**
Tier 4	Endemic in a region and have been targeted by public health for their clinical significance and potential to spread rapidly	• Methicillin-resistant Staphylococcus aureus (MRSA) • Vancomycin-resistant Enterococci (VRE)	Contact precautions per facility risk assessment *Long-term Care Facilities (LTCF):* Enhanced barrier precautions (EBP) considered for colonized resident(s)**

* Contact tracing and colonization screening may not be indicated for these organisms
**Contact precautions for acute/active infections or uncontained drainage/secretions

Reviewed and Updated 8.21.2025 by HAI/AR Advisory Council MDRO Subcommittee

https://dhhs.ne.gov/HAI%20Documents/Nebraska%20MDRO%20Tiers.pdf

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Candida auris

Candida auris (*C. auris*) is a yeast that can cause severe illness and spread *very* easily among very sick patients in healthcare facilities.

Symptoms depend on the site of infection, but colonized individuals may not have any symptoms.

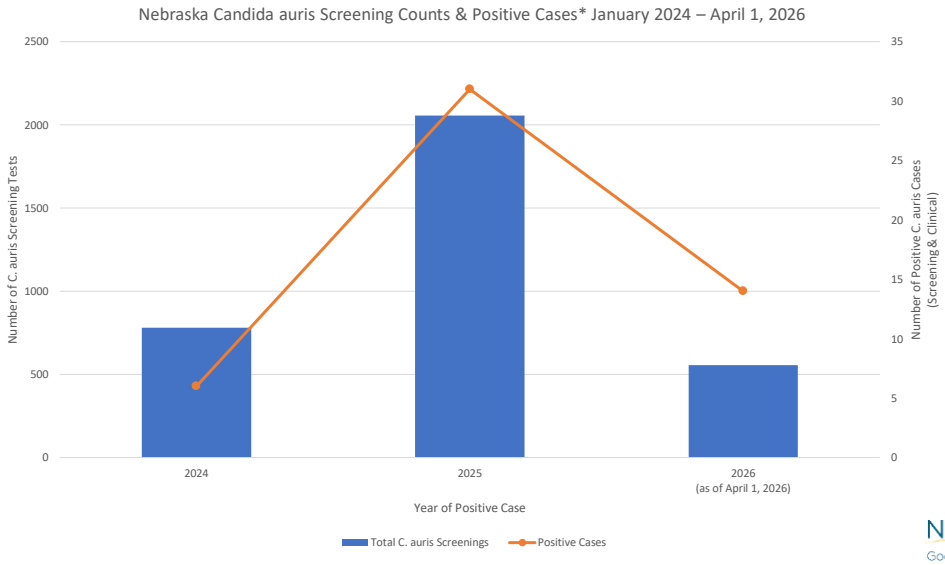
Both patients who are colonized and patients who are infected spread *C. auris* onto surfaces around them and spread to other patients.

C. auris is often resistant to antifungal medications, which makes infections difficult and sometimes impossible to treat.

Does your facility have an infection prevention plan for *C. auris?*

https://www.cdc.gov/candida-auris/about/index.html

HAI Burden in Nebraska



*Cases include Nebraska residents who are positive for C. auris who were identified in Nebraska or out of state, and Out of State Residents who are positive for C. auris who were identified in Nebraska.

Carbapenamase-Producing Organisms

Carbapenamase-producing organisms are bacteria that produce special enzymes (carbapenamases), which break down carbapenem antibiotics – this class of antibiotics is often used as a *last line of defense* against severe infections.

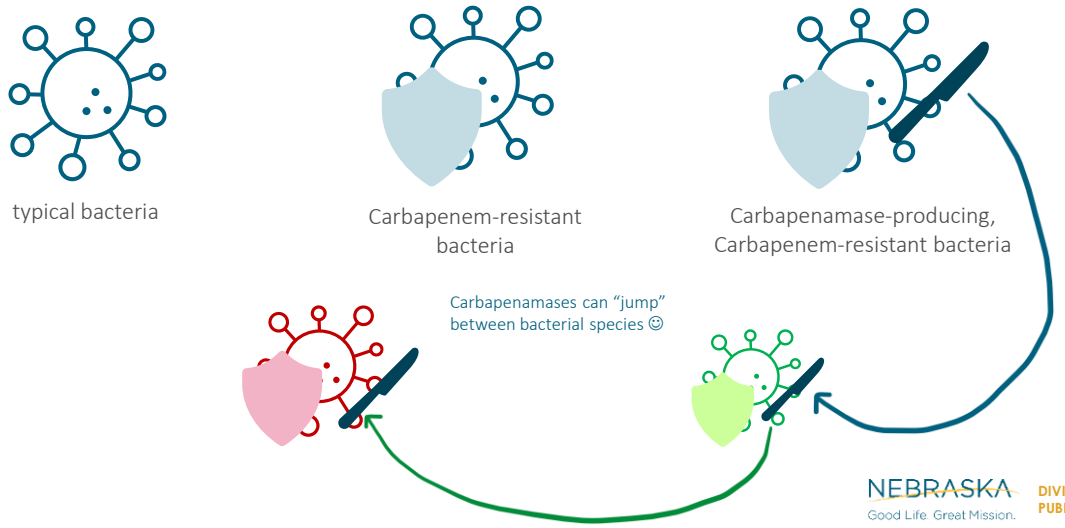
Infections caused by these organisms are highly resistant to treatment and are associated with high mortality.

Patients who are colonized and patients who are infected spread bacteria onto surfaces around them and spread to other patients.

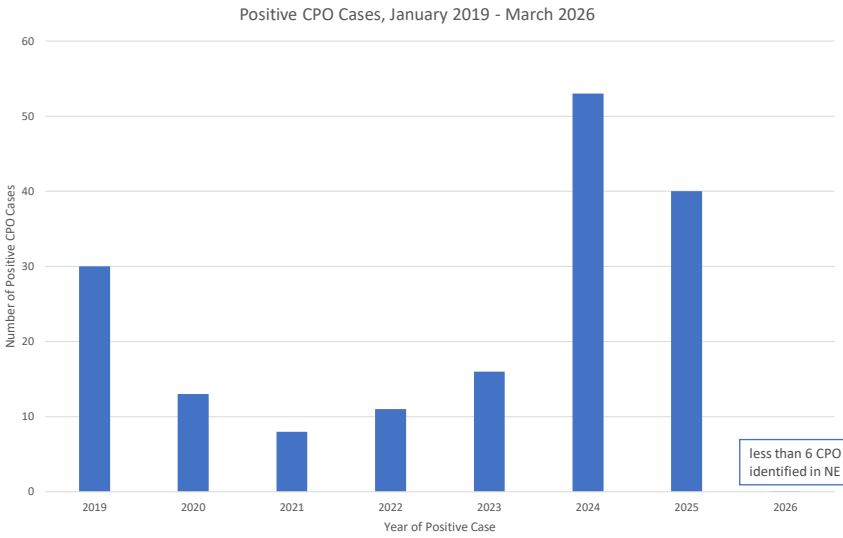
Does your facility have an infection prevention plan for *CPOs?*

 https://ndc.services.cdc.gov/case-definitions/carbapenemase-producing-organisms-cpo-2023/

Carbapenamase-Producing Organisms



HAI Burden in Nebraska



*Cases include Nebraska residents who are positive for a CPO who were identified in Nebraska or out of state, and Out of State Residents who are positive for a CPO who were identified in Nebraska.

less than 6 CPO cases have been identified in NE in 2026

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Name	Title	Email	Phone
Dr. Salman Ashraf, MBBS	Medical Director, Healthcare-Associated Infections and Antimicrobial Resistance Program	salman.ashraf@nebraska.gov	(402) 219-3115
Dr. Juan Teran- Plasencia	Deputy Medical Director, Healthcare-Associated Infections and Antimicrobial Resistance Program	juan.teran@nebraska.gov	(531) 280-4903
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