CMO REPORT

FROM THE DESK OF
Amy Tucker, MD, MHCM, Chief Medical Officer, Upstate University Hospital
Associate Dean for Clinical Affairs, College of Medicine

UPSTATE UNIVERSITY HOSPITAL

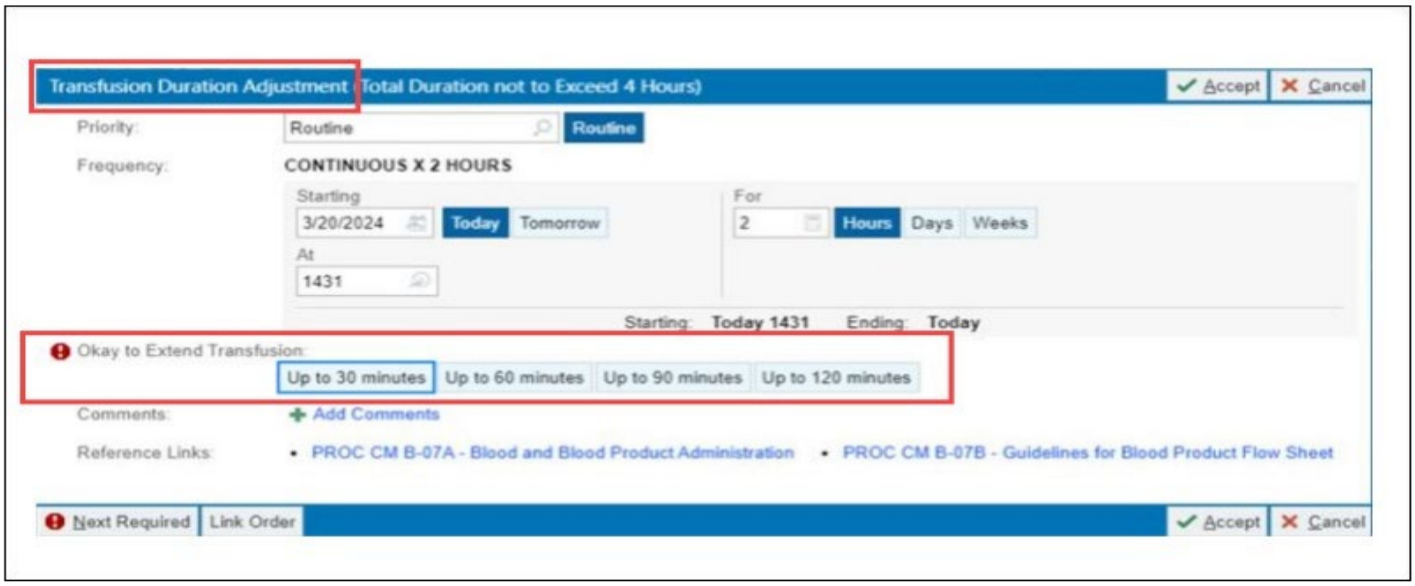
August 23, 2024

IMPORTANT DNV-RELATED REQUESTS

Please take a moment to read the information below related to non-conformities the hospital received from our accrediting body, DNV. We anticipate DNV will arrive any day now for our annual survey of the hospital and it is important that you are familiar with the hospital's plans of correction for these non-conformities prior to their arrival.

1. **Blood Transfusion Order Updates**
   By Julie Briggs

   Due to a DNV NC-1 for Blood Product Transfusion Administration non-compliance with documentation, two years in a row (2022 & 2023), interventions have been put in place to improve this process. A new order for "Transfusion Duration Adjustment" has been created and is now live in EPIC. If a blood product was not transfused within the order parameter, nursing will notify the provider and a transfusion duration adjustment order MUST be placed. Additional information is located in the attached tip sheet. If you have any questions, please reach out to Jennie Pharoah at pharoahj@upstate.edu or Cheryl Waldron at waldronc@upstate.edu.



2. **Transfusion Consent Change**
   By The Lab Formulary Committee

   Starting August 1, 2024, the Consent for Transfusion (Form #41485) was updated to include an option for patients to indicate their agreement to transfusion of select blood products / derivatives rather than the current consent which has only all / none options. This allows for greater patient agency and clarity of the patient's wishes to the clinical team. Please see below guidance for further details. For prior guidance, please visit: https://upstate0.sharepoint.com/sites/LaboratoryFormularyCommitteeLabchanges.

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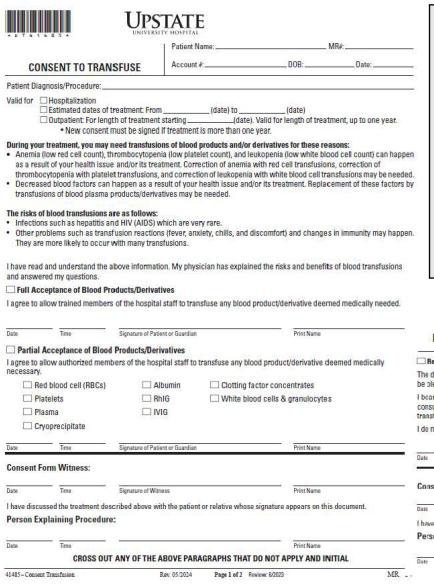
Transfusion Consent New Version

UPSTATE UNIVERSITY HEALTH SYSTEM

APPLIES TO ALL OUTPATIENT AND INPATIENT LOCATIONS AT BOTH CAMPUSES



UPSTATE

CONSENT TO TRANSFUSE

Patient Name: _____ MR#: _____
Account #: _____ DOB: _____ Date: _____

Patient Diagnosis/Procedure: _____

Valid for ☐ Hospitalization
☐ Estimated dates of treatment: From _____ (date) to _____ (date)
☐ Outpatient: For length of treatment starting _____ (date). Valid for length of treatment, up to one year.
• New consent must be signed if treatment is more than one year.

During your treatment, you may need transfusions of blood products and/or derivatives for these reasons:
- Anemia (low red cell count), thrombocytopenia (low platelet count), and leukopenia (low white blood cell count) can happen as a result of your health issue and/or its treatment. Correction of anemia with red cell transfusions, correction of thrombocytopenia with platelet transfusions, and correction of leukopenia with white blood cell transfusions may be needed.
- Decreased blood factors can happen as a result of your health issue and/or its treatment. Replacement of these factors by transfusions of blood plasma products/derivatives may be needed.

The risks of blood transfusions are as follows:
- Infections such as hepatitis and HIV (AIDS) which are very rare.
- Other problems such as transfusion reactions (fever, anxiety, chills, and discomfort) and changes in immunity may happen. They are more likely to occur with many transfusions.

I have read and understand the above information. My physician has explained the risks and benefits of blood transfusions and answered my questions.

☐ **Full Acceptance of Blood Products/Derivatives**

I agree to allow trained members of the hospital staff to transfuse any blood product/derivative deemed medically needed.

Date Time Signature of Patient or Guardian Print Name

☐ **Partial Acceptance of Blood Products/Derivatives**

I agree to allow authorized members of the hospital staff to transfuse any blood product/derivative deemed medically necessary.

☐ Red blood cell (RBCs) ☐ Albumin ☐ Clotting factor concentrates
☐ Platelets ☐ RhIG ☐ White blood cells & granulocytes
☐ Plasma ☐ IVIG
☐ Cryoprecipitate

Date Time Signature of Patient or Guardian Print Name

Consent Form Witness:

Date Time Signature of Witness Print Name

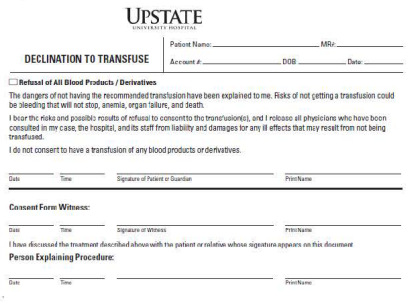
I have discussed the treatment described above with the patient or relative whose signature appears on this document.

Person Explaining Procedure:

Date Time Print Name

CROSS OUT ANY OF THE ABOVE PARAGRAPHS THAT DO NOT APPLY AND INITIAL

41485 – Consent Transfusion. Rev: 05/2024 Page 1 of 2 Review: 6/2023 MR. . .



UPSTATE

DECLINATION TO TRANSFUSE

Patient Name: _____ MR#: _____
Account #: _____ DOB: _____ Date: _____

☐ **Refusal of All Blood Products / Derivatives**

The dangers of not having the recommended transfusion have been explained to me. Risks of not getting a transfusion could be bleeding that will not stop, anemia, organ failure, and death.

I bear the risks and possible results of refusal to consent to the transfusion(s), and I release all physicians who have been consulted in my case, the hospital, and its staff from liability and damages for any ill effects that may result from not being transfused.

I do not consent to have a transfusion of any blood products or derivatives.

Date Time Signature of Patient or Guardian Print Name

Consent Form Witness:

Date Time Signature of Witness Print Name

I have discussed the treatment described above with the patient or relative whose signature appears on this document

Person Explaining Procedure:

Date Time Print Name

- The current **Transfusion Consent (Form # 41485)** allows for documentation of acceptance of all blood products/derivatives **or** refusal of all blood products/derivatives
- Some patients are willing to accept transfusion of some, but not all blood products/derivatives
- Starting **August 1st 2024**, a new version of the Transfusion Consent will replace the current version which gives patients the agency to accept transfusion of **all** blood products/derivatives, **some** blood products/derivative (and specify which ones), or **no** blood products/derivatives
- Of note – the **Declination to Transfuse** is now on the **back** of the 1-page form

- Use of this new consent version will provide for better coordination of the clinical care team in compliance with the patient's wishes
- Utilization of this new version will require the clinical team to refer to the consent **prior** to transfusion/infusion to ensure that the patient has given consent for that blood product/derivative

Contact Blood Bank for further information: 315-464-6701

Mandated Reporter Training

By Beth Erwin

Effective 11/1/2022, Chapter 56 of the Laws of 2021 amended Social Services Law § 413 to require **additional training to include protocols to reduce implicit bias in decision-making processes, strategies for identifying adverse childhood experiences, and guidelines to assist in recognizing signs of abuse or maltreatment while interacting virtually** within the New York State Mandated Identification and Reporting of Child Abuse and Maltreatment/Neglect coursework. **This law requires mandated reporters, including those who have previously completed the required training, to complete the updated training curriculum by April 1, 2025.** Certificates of completion should be sent to medstaff@upstate.edu and will be saved in your credentials file. Please see attached guidance for details.

Shortage of Blood Culture Bottles

By The Antimicrobial Stewardship Team

BD blood culture bottles, including pediatric and adult blood culture aerobic and anaerobic bottles, are presently at a critical national shortage. Blood cultures are an invaluable tool for the management of infectious diseases. **Our institution has a healthy supply of blood culture bottles at this time. However the situation is fluid, and we want to appropriately**

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conserve this resource. The members of the Upstate Antimicrobial Stewardship team have conferred on the issue to deliver clinical advice about appropriate blood culture collection.

To prevent unnecessary or low-yield blood culture utilization, blood cultures are *NOT RECOMMENDED* in the following clinical scenarios:

- Patients with elevated WBC with no other signs/symptoms of sepsis
- Stable patients with prosthetic joint infections
- Stable patients with post-operative infections, planned for I&D with cultures in OR
- Patients with lower urinary tract infections without fever (e.g., cystitis, prostatitis)
- Patients with non-severe (non-ICU) pneumonia
- Patients with non-severe (non-ICU) skin and soft tissue infection
- Repeat blood cultures in patients with Gram-negative bacteremia who are responding to antibiotic treatment
- Repeat blood cultures in patients with coagulase-negative Staphylococci or other skin flora clinically determined to be blood culture contaminants
- Repeat blood cultures in patients with Streptococcus pyogenes (Group A Strep) or Streptococcus agalactiae (Group B Strep) bacteremia who are responding to antibiotic treatment
- Daily surveillance blood cultures to document bloodstream infection clearance

Pharmacy Shortage and Backorder Updates

By Greg Meola

Recent pharmaceutical supply chain disruptions have increased national drug shortages dramatically, which can compromise or delay medical treatment and increase the overall risk of medication errors. Raw material shortages, manufacturing and quality problems, transportation delays and low profit margin product discontinuations have become routine.

The Chief Medical Officer and Upstate Pharmacy leadership are seeking to keep our Upstate clinicians informed about the most critical drug shortages affecting our organization and offer substitutions whenever possible. Please see information below. We will provide updates as they are available.

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Drug	Current Status	Possible Product Alternative Recommendations/Contingency Planning
CURRENT BACKORDERS		
Diazepam injection	Current Inventory: ~170 vials Additional 100 vials arriving 5/4/24 Next shipment: 100 vials arriving on 5/4 - no additional notes for next shipment	Alternative messaging placed in EPIC for providers to urge utilization of oral options or IV midazolam if injectable therapy is necessary Pharmacists educated in dose equivalency for IV midazolam
Venofer vials	Current Inventory: 50 mg vials: 110 100 mg vials: 52 200 mg vials: 3	No restrictions as of the writing of this document. In case of more extreme shortage, the following patients will be given priority for receipt: -Pregnant patient with iron deficiency anemia -Pediatric Patients -Patients with previous infusion reactions to other available IV Iron formulations
BCG Vials	Current Inventory: 22 vials	Open line of communication between Cancer Center Pharmacy/Urology as planning is fluid – no immediate impact on patient care
RESOLVING/RESOLVED BACKORDERS		
Ciprofloxacin for injection		
Ketamine injection		

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Liothyronine for injection		
Lorazepam for injection		
Acyclovir for injection		
Bicillin-LA injeciton		
Epinephrine emergency syringes		
Dextrose emergency syringes		

CDC Recommends Updated COVID-19 & Flu Vaccines for Fall/Winter Season

Sent on behalf of the Centers for Disease Control and Prevention…

The U.S. Centers for Disease Control and Prevention (CDC) recently recommended the updated 2024-2025 COVID-19 vaccines and the updated 2024-2025 flu vaccines to protect against severe COVID-19 and flu this fall and winter.

According to the CDC, data continue to show the importance of vaccination to protect against severe outcomes of COVID-19 and flu, including hospitalization and death. In 2023, more than 916,300 people were hospitalized due to COVID-19 and more than 75,500 people died from COVID-19. During the 2023-2024 flu season, more than 44,900 people are estimated to have died from flu complications. It is safe to receive COVID-19 and flu vaccines at the same visit.

Updated 2024-2025 COVID-19 Vaccine Recommendation

- CDC recommends **everyone ages 6 months and older receive an updated 2024-2025 COVID-19 vaccine** to protect against the potentially serious outcomes of COVID-19 this fall and winter whether or not they have ever previously been vaccinated with a COVID-19 vaccine. Updated COVID-19 vaccines will be available from Moderna, Novavax, and Pfizer later this year. This recommendation will take effect as soon as the new vaccines are available.

Updated 2024-2025 Flu Vaccine Recommendation

- CDC recommends everyone 6 months of age and older, with rare exceptions, receive an updated 2024-2025 flu vaccine to reduce the risk of influenza and its potentially serious complications this fall and winter.

- CDC encourages **providers to begin their influenza vaccination planning efforts now and to vaccinate patients as indicated once 2024-2025 influenza vaccines become available**.

- Most people need only one dose of the flu vaccine each season. While CDC recommends flu vaccination as long as influenza viruses are circulating, September and October remain the best times for most people to get vaccinated. Flu

vaccination in July and August is not recommended for most people, but there are several considerations regarding vaccination during those months for specific groups:

- The flu vaccine may be given in July or August if it is the third trimester of pregnancy to protect babies from flu after birth, when they are too young to get vaccinated.
- Children who need two doses of the flu vaccine should get their first dose of vaccine as soon as it becomes available. The second dose should be given at least four weeks after the first. Vaccination in July or August can be considered for children who have health care visits during those months if there might not be another opportunity to vaccinate them.
- For adults (especially those 65 years old and older) and in the first and second trimester, vaccination in July and August should be avoided unless it won't be possible to vaccinate in September or October.

- Updated 2024-2025 flu vaccines will all be trivalent and will protect against an H1N1, H3N2 and a B/Victoria lineage virus. The composition of this season's vaccine compared to last has been updated with a new influenza A(H3N2) virus.

New York State Department of Health Advisories

Please take a moment to read the attached New York State Department of Health Advisories:

- Influenza Testing among Persons with Severe Respiratory Illness During Periods of Low Influenza Virus Circulation
- Increase in Human Parovirus B19 Activity in the United States

Food, Drink, and Food Sales at Nursing Stations

By the Infection Control Committee and Nursing Leadership

OSHA's blood borne pathogens standard prohibits the consumption of food and drink in areas in which work involving exposure or potential exposure to blood or other potentially infectious material takes place, or where the potential for contamination of work surfaces exists [29 CFR 1910.1030(d)(2)(ix)]. In addition, under 29 CFR 1910.141(g)(2), employees shall not be allowed to consume food or beverages in any area exposed to a toxic material. The employer must evaluate the workplace to determine in which locations food or beverages may potentially become contaminated and must prohibit employees from eating or drinking in those areas.

Upstate has designated the Nursing stations as "dirty' areas due to the close proximity to the P-tube transport system. In addition, the nursing station is a temporary location for clinical specimens before transportation to the laboratory. Food, drink and food sales are therefore not permitted in this space to protect our workers from the blood borne pathogens. Food sales for departmental fundraisers should take place in the break room or employee lounge.

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We understand that complying with this standard is a matter of concern, and that most Upstate health care professional follow safe practice. For more details, please review at Upstate policies: ADM D-06: Internal Displays/ Sales, IC G-01: Exposure Control Plan, and EHS B-04: Blood borne Pathogens Exposure Control Plan for Campus and Research Areas.

Thank-you for your time and attention on this most important topic.

Clinical Documentation Improvement (CDI) Tips for July & August 2024

By the CDI Physician Advisory Group

Meet out CDI Medical Directors! To all our incoming Residents, welcome to Upstate! Our CDI Program offers access to Medical Directors to aid in diagnosis and documentation related education. Drs. Albert, Harish, Gutsche, Maxey-Jones, and Valentino are a wealth of knowledge and excellent resources available to you, along with any member of the CDI Team. Please visit the CDI website for any tip sheets and CDI resources. If you have questions, please email the CDI Team at CDI@upstate.edu.

CDI Query Practice: Queries serve two main purposes: appropriately capture clinical conditions and clarify documentation related to inpatient coding guidelines. Physician queries are not meant to second guess or question medical judgement and any Physician or APP may provide response. Please see the attached CDI Tip Sheet to learn how to answer a CDI query!

Welcome, Dr. Sam Barbera

By Dr. Cynthia Taub

It is with esteemed honor that I ask you to help me welcome, Dr. Saverio "Sam" Barbera to the Upstate Medical Department of Medicine family. Dr. Saverio Barbera is a clinical cardiac electrophysiologist originally from Mineola, NY.

Dr. Barbera obtained his medical degree from the State University of New York, Downstate Health Sciences University, College of Medicine in 1993. He completed his Cardiology Fellowship in 2000 and his Electrophysiology Fellowship in 2001, both at UT Southwestern Center in Dallas, Texas. He performed the first AF ablation/PVI in 2002 and launched the cardiac resynchronization implant program at St. Francis Hospital in Roslyn, NY. He has performed over 20,000 procedures in his career, including cardiac device procedures and arrhythmia ablations.

Dr. Barbera founded an EP practice in Suffolk County known as Hearth Rhythm Consultants of NY which became the highest volume EP practice in Suffolk County, NY.

Dr. Barbera is the software solution creator for numerous clinical, academic, and research endeavors including an EMR and Research Database used by EP and the Cardiology at Stony Brook University Hospital. He received the Cardiology Faculty Teacher of the Year award at SUNY Stony Brook in 2015 as an Assistant Professor of Medicine. Dr. Barbera most

recently served as the EP Lab Co-Director at Monument Health in Rapid City, SD. During his tenure, he spearheaded a significant increase in EP lab volume.

"It is my honor to join the Department of Medicine at SUNY Upstate and to become a part of an awesome team. I look forward to working together to achieve the trifecta goal of providing the highest levels of clinical care, education and scientific advancement in medicine" -Dr. Sam Barbera

Welcome New Clinicians!

Please join me in offering a warm welcome to the following new clinicians at Upstate Medical University:

ANESTHESIOLOGY
Jacob Beer, DO
Judith Benedict, MD
Yinan Chen, MD
Marina Grabda, CRNA
Boris Lukatskiy, CRNA
John Talone, MD

EMERGENCY MEDICINE
Joan Chou, MD
Kathryn Keenan, MD
Trent Peppard, DO
John Petosa, MD
Anita Pillai, MD
Thomas Rogers, MD
Cole Talbott, MD

GERIATRICS
Rehan Azeem, MD
Ryan Ta, MD

MEDICINE
Saverio Barbera, MD
Rahul Bhardwaj, MBBS
Allison Cerio, NP
Niriksha Chandrani, MBBS
Brian Changlai, MD
Himal Chapagain, MBBS
Safa Elzein, MD
Julie Lovenberg, LCSW
Jacqueline Malay, PA
IQRA Nawaz, MD
Marina Seidel, MD
Emily Skutnik, MD
Akshay Venkatesh, DO

ORTHOPEDICS
Stephanie Siechen, PA

OTOLARYNGOLOGY
Ramya Bharathi, MD

PEDIATRICS
Elena Wolner, MD

PSYCHIATRY
Mary Amidon, LMSW
Stephanie Carbone, DO
Kay Yu Yuan Chai, PhD
Anne Fontana, PhD
Faiz Kidwai, DO
Sam Sorrentino, MD
Jessica Wilis, LMSW

RADIOLOGY
Joshua Ball, MD
Arabinda Choudhary, MD
John Fox, MD
Aneesa Majid, MD
Nicholas Moore, MD
Gregg Sydow, MD
Tamara Trella, MD

SURGERY
Asama Khan, MD

UROLOGY
Benjamin Cedars, MD
Sergey Kravchick, MD

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Outstanding Physician Comments

Comments from grateful patients receiving care on the units and clinics at Upstate:

Boarders: **Dr. Richard Tallarico** is amazing!!

Breast Care Center: **Dr. Daniel Thomas** immediately put me at ease. He was very caring and answered all my questions. I didn't feel rushed and I felt very confident in him.

Breast Care at CC POB: **Dr. Jayne Charlamb** is great. She explains everything clearly and without condescension.

Dermatology Clinic: **Dr. Joyce Farah** was kind, knowledgeable, and caring. The significant improvement in the quality of my health can be attributed to **Dr. Joyce Farah's** medical knowledge and empathetic approach. I am grateful to **Dr. Joyce Farah** for her expertise and compassionate care, which have profoundly impacted my well-being. I am delighted with **Dr. Joyce Farah's** treatment and management plan.

ED at Community Hospital: **Dr. Derek Cooney** was professional, pleasant, and had a good bedside manner. He answered all my questions and listened to concerns. **Dr. Joseph Heath** provided the best care I've ever experienced in an ER or in really any medical facility from a doctor. Not only was he knowledgeable of any health concerns, he also saw me as a human and recognized the weight of my life predicaments that had me in the ER at 3 am. I felt seen and heard. My emotional issues at the time were greatly improved by his presence and care. I am forever grateful to him and his wife, and I felt my emotional load was a bit lighter after being seen and cared for by him. Thank you. **Dr. Joseph Heath** FOR THE WIN!! He taught me stuff, he made me laugh, he made me feel human and seen, he went above and beyond. **Dr. Jennifer Marziale** was excellent. She was comforting and professional. She made my experience with such a huge loss bearable. She saved my life as she went above and beyond. **Dr. Elliot Rodriguez** was wonderful and gave excellent care.

ENT: **Dr. Obayemi Adetokunbo** is a kind, compassionate, gentle doctor who explains everything I need to know.

Family Medicine at Community: **Dr. Catherine Fessenden** is the best when it comes to treating my son. She is always concerned and gives me as his parent advice with everything involving him! **Dr. Heather Finn** seemed like she was genuinely listening. **Dr. Igor Kraev** is the best! I wish every doctor was like him. He's kind, thorough, listens, and CARES.

GEM: **Dr. Gary Johnson** was very professional and thorough when explaining my diagnosis!

GYNONC MI: **Dr. W Douglas Bunn** explained everything very thoroughly.

Heart and Vascular Center: **Dr. Saverio Barbera** – treated me like a friend, rates above excellent!

Inclusive Health Services: **Dr. Angana Mahapatra** is willing to spend time with me and she works thoroughly and systematically to take care of my needs. She is also respectful. **Dr. Angana Mahapatra** is amazing, careful listener, and willing to work with the patient.

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Joslin Center for Diabetes: **Dr. Barbara Feuerstein** drew my attention to things that I had not thought about. I like, trust, and have benefitted so much under **Dr. Barbara Feuerstein's care. Dr. Barbara Feuerstein** listens to me, my concerns, and any struggles I am encountering trying to control my diabetes. I never feel rushed. She is truly interested in her patients and remembers conversations and comments from prior visits. **Dr. Roberto Izquierdo** made me feel comfortable, addressed my questions and concerns, was kind and professional. **Dr. Jason Sloane** is one of the best doctors I have ever had the pleasure of having. I followed him from his practice in New Hartford even though it's a long drive. He truly cares about his patients and spends quality time with you. You are not just a number to him; you are a person and he treats you with respect and spends whatever time he needs to spend with you. He is a very rare type of doctor to have in this day and age. He really cares and I can't say enough about the excellent treatment he gives me both with my diabetes and as a person. He is an excellent doctor and one that truly cares and gives you the time and attention you need. **Dr. Jason Sloane** – very professional, caring, listened, recommended certain things, and was very down to earth to talk to. **Dr. Jason Sloane** was very professional. We look forward to seeing him again. **Dr. Jason Sloane** is an excellent doctor who actually has a discussion with me, my concerns are addressed, and he informs/teaches me of options. I never feel pressured or rushed, but most importantly I am included in my care plan and that is refreshing! Thank you, **Dr. Jason Sloane**. **Dr. Jason Sloane** is the best. Very thorough, knowledgeable, and caring. **Dr. Jason Sloane** – very good listener, caring and competent doctor, concerned about my health and respectful.

Multidisciplinary Programs Cancer Center: **Dr. Kristina Go** is awesome! **Dr. Kristina Go** was exceptional. A skilled surgeon, very bright, a great communicator, and empathetic. Couldn't be better!

Nephrology Clinic: **Dr. Syed Bukhari** was very pleasant with the time and in answering my questions.

Pediatric After Hours at Community: **Dr. Kimberly Rush** was patient, informative, and made my child feel safe and valued.

Pediatric Cancer Center: **Dr. Irene Cherrick** always takes such good care of our daughter. She is quick and gentle and always walks us through everything. We feel better in this awful situation knowing she is caring for her.

Pulmonology Clinic: **Dr. Markus Gutsche** is great. He always listens and always completely explains everything.

Rheumatology Clinic: **Dr. Hom Neupane** is very kind while remaining professional. **Dr. Hom Neupane** is always very caring and professional! I feel very safe when he orders new meds or tests! **Dr. Hom Neupane** is the most thorough, kind doctor at this clinic. He took the time to listen to me and based on new bloodwork and my symptoms was able to give me a diagnosis after just one meeting with him. I would highly recommend him to everyone. **Dr. Hom Neupane** impressed me the most. I heard great things about him by my other doctors as well as patients of his and am so glad that I switched to him. What a difference in care received.

SUNY Upstate – Virtual: **Dr. Gennady Bratslavsky** is wonderful. I'm blessed to have him as my doctor. **Dr. Oleg Shapiro** is fantastic! I felt very comfortable in his care!

Surgery – UH LL022: **Dr. Crystal Whitney** – knowledgeable, personable, easy to talk to, and a great asset to Upstate Hospital.

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Surgical Subspecialties at CC: I have been very impressed with **Dr. MacKenzie Trovato**. She takes the time to listen to all questions and concerns and will explain things thoroughly. She discussed with me possible care and options. I never felt rushed. I never felt like my questions or concerns were not important. **Dr. MacKenzie Trovato** genuinely wanted me to feel I could ask questions and discuss my issue until I felt comfortable and understood the situation. I would highly recommend **Dr. MacKenzie Trovato** and this practice to others.

UHCC – Neurology: **Dr. Deborah Bradshaw** explains everything so I understand it. **Dr. Deborah Bradshaw** was excellent. She took her time with me and was very thorough. **Dr. Deborah Bradshaw** is always impressive. **Dr. Antonio Culebras** is a very knowledgeable individual and shows that he cares about what is affecting you and develops options to try to improve your health and your daily function. I spent a good amount of time working with **Dr. Corey McGraw** as he listened, asked questions, and we made a plan of treatment going forward. Always a good visit as he shows he cares. **Dr. Katherine Wojcicki** makes her feel comfortable and helps her understand everything she needs to know. She absolutely adores her! Dr. Eufrosina Young is always amazing! She listens and recommends so much.

University Cardiology: I have been a patient of **Dr. Robert Carhart's** for 20 years. He has always gone the extra mile to get my questions answered and find a solution for a problem even if it might not be cardiac related. I have brought my husband, father, and mother to **Dr. Robert Carhart's** service. **Dr. Robert Carhart** is exceptional in all aspects, cannot recommend him enough!

University Center for Vision Care: **Dr. Robert Fechtner** and **Dr. Robert Swan** – very professional, took ample time with me, personable. **Dr. Stephen Merriam** is great. He is personable, but also on task and informative. I highly recommend him. **Dr. Robert Swan** is a very caring provider who truly cares for his patient and takes time to answer questions. He is an expert in his specialty and follows up on his patients.

University Geriatricians: **Dr. Jacey Pudney** provided caring and professional care to my mother and I. We never felt like just a 'number.' In fact, I felt that my mother was listened to regarding her concerns and I truly felt supported as her daughter and caregiver. I was grateful for the time and care we were given.

University Internists: **Dr. Vincent Frechette** is always exceptional and I continue to recommend him without reservation. You will not find a finer physician than **Dr. Vincent Frechette**. He is the best! **Dr. Vincent Frechette** is always so knowledgeable and thoughtful. **Dr. Vincent Frechette** is the best family doctor you could ever find! **Dr. George Gluz** spent a lot of time with me listening and making suggestions as I have a complicated medical history. **Dr. George Gluz** always listens to me and includes me in medical decisions. I am very comfortable with him and trust his knowledge and recommendations. I always have excellent experiences with **Dr. Vincent Frechette**. **Dr. Vincent Frechette** spends time listening to and responding to my concerns. **Dr. Matthew Hess** is a very good doctor. He takes the time to listen to my concerns and if he doesn't know the answer to a question, he promises to do more research and find the answer. I would highly recommend him to anyone. I like and trust **Dr. Danielle Kochen**. She is very caring and lets her patient know they are the one in charge of decisions about their care. I don't typically make recommendations to others unless it is deserved and the person/business goes 'above and beyond' and that's what **Dr. Danielle Kochen** does. She's a great doctor. I really like **Dr. Sarah Lappin**. Thirteen years with **Dr. Sarah Lappin**. She is an outstanding physician! **Dr. Sarah Lappin** is the best. She listens, explains, and cares.

Upstate Brain and Spine Center: **Dr. Harish Babu** – got to the point, straight forward answers. **Dr. Harish Babu** was very

kind. He appreciated my frustration with my medical situation. He exuded patience and, again, kindness. I know how busy of a neurosurgeon **Dr. Harish Babu** is and I appreciated his time and caring about my medical situation. Would recommend **Dr. Grahame Gould** to anyone. **Dr. Graham Gould** was very helpful, caring, and friendly in going over my medical issues and explaining details. **Dr. Ali Hazama** is very impressive with his attention to clarity of all upcoming procedures. **Dr. Ali Hazama** explained his recommendations and the reason to me. I did not feel rushed. After having a video visit with **Dr. Timothy Beutler**, the next day he explained my MRI results by showing me the pictures and telling me what was going on that was consistent with my pain.

Upstate Pediatrics: **Dr. Jaclyn Sisskind** was gentle and kind with my daughter. She made her feel important and calmed her fears. She is a gem of a doctor and appreciate her ability to work so well with kids.

4North at Community Hospital: **Dr. Jeffrey Albright** – WONDERFUL!

4West at Community Hospital: **Dr. Dhruv Patel** – very thorough, attentive, and professional. **Dr. Dhruv Patel** was top notch! Very impressed, appreciative, and grateful for his care.

Amy

Clinical Documentation Improvement

Applies to all providers

How to Answer a Query

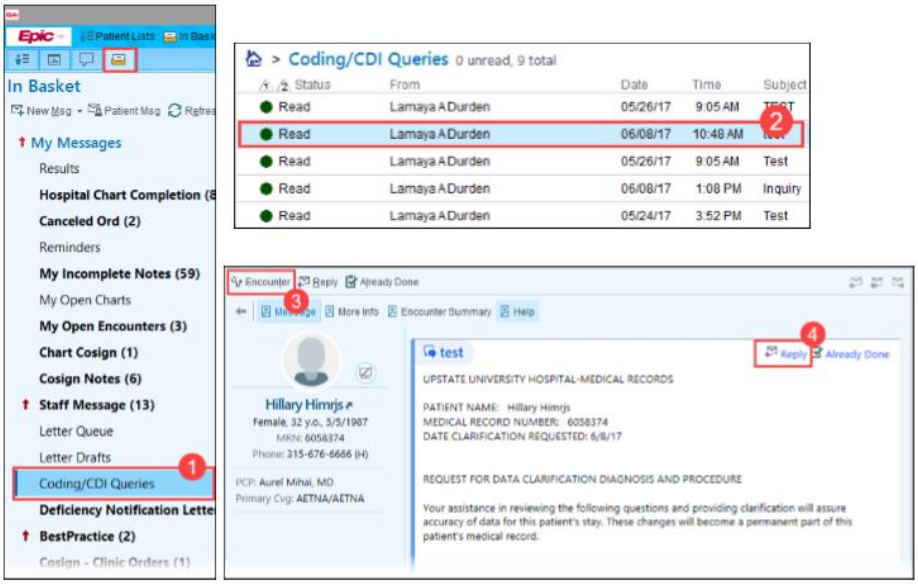
All CDI query responses should be **placed on the query** and the documentation should be **carried into the progress notes** to ensure consistency and good communication. Please note, the Auto Generated Reply is not considered a query response as it does not provide clarification nor give direction as to where in the record the response can be found.

Responding within the In Basket – Queried providers only

***If you view the query here, please respond to it as well, it is no longer easily viewed by other providers on the team once you've viewed it in your In Basket.**

1. From your In Basket select the Coding/CDI Queries folder.
2. Select the query and double-click to open it.
3. Select Encounter to open the patient's chart directly to the CDI Sidebar.
4. Or, click Reply which will open a Coding Query Message allowing you to respond directly to the query.

*With this method you can also click "Respond with Note" and your response will be in a Progress Note that is linked to the CDI Query as well, with a hyperlink. This is the preferred method and meets both objectives for CDI query responses.



As of February, 2020 CDI queries are now part of the permanent medical record and appear in the provider's In Basket within the "Coding/CDI Queries" folder in EPIC. The Attending Provider queried will have the option to "reply" directly in the query or select "encounter" to open the patient's chart.

Other providers caring for the patient can also view/reply to the query from the patient's chart – the CDI To-do sidebar displays when there is an outstanding query (it can also be viewed from the "Index" report (See section titled Index Report).

cdi@upstate.edu
for help with anything documentation related

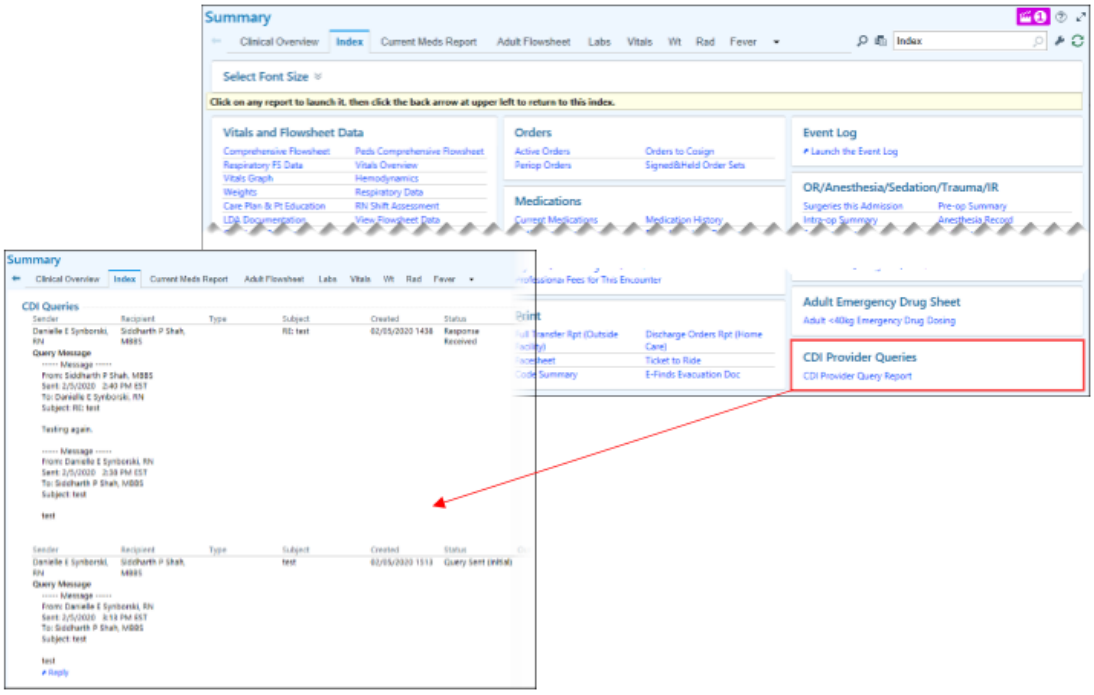
Clinical Documentation Improvement

Applies to all providers

Responding from the CDI Sidebar – All providers caring and documenting on the patient

- Within the "CDI Queries" section (at the bottom) there is a hyperlink for "reply" that the provider can respond from (a pop-up window will open a message to respond) without taking the provider out of the patient workspace.
- The CDI Sidebar will only appear for providers if there is a query that has NOT been responded to or acknowledged in the queried provider's In Basket.
- Once one provider responds to the outstanding query or the queried provider has read the query in their In Basket, the other providers will no longer see it in their sidebar when they open the patient chart.
- If you have been contacted to reply to a CDI query but you can't see it in the CDI Sidebar, look in the "Index Report".

Index Report



- "CDI Provider Queries" will only show if CDI queries exist on the patient.
- Click the hyperlink to review queries that have been answered.
- If you have been contacted to reply to a CDI query but you can't see it in the CDI Sidebar, look here.

cdi@upstate.edu
for help with anything documentation related

UPSTATE
UNIVERSITY HOSPITAL

CDI Tip of the Month – Meet our CDI Medical Directors!

Dr. Housam Hegazy
Director Hospital Administration
UM/CDI Medical Director

Dr. Abha Harish
Physician Advisor
Hem Onc, Neurology, and Pediatrics

Dr. Emily Albert
Physician Advisor
Adult Medicine & APPs

Dr. Courtney Maxey-Jones
Physician Advisor
Adult Cardiology & Cardiac Surgery Services

Dr. Markus Gutsche
Physician Advisor
Adult Medical & Neuro Critical Care Services

Dr. Joe Valentino
Physician Advisor
Surgery & Surgical Critical Care Services

July 2024

e-mail: cdi@upstate.edu
phone: 315-247-6920

NEW YORK STATE OF OPPORTUNITY. Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

DATE: 07/22/2024

TO: Healthcare Providers, Healthcare Facilities, Clinical Laboratories, and Local Health Departments

FROM: New York State Department of Health (NYSDOH) Wadsworth Center and Division of Epidemiology, Bureau of Communicable Disease Control (BCDC)

Health Advisory: Influenza Testing among Persons with Severe Respiratory Illness During Periods of Low Influenza Virus Circulation

Please distribute immediately to: Clinical Laboratories, Hospitals, Local Health Departments, Physicians, Physician Assistants, Nurses, Nurse Practitioners, Facility Staff in The Departments of Emergency Medicine, Infectious Disease, Infection Prevention and Control, Epidemiology, Laboratory Medicine, Medical Directors, Directors of Nursing, and all patient care areas

The purpose of this advisory is to provide guidance regarding surveillance for influenza (including highly pathogenic avian influenza A(H5N1)) in patients with severe respiratory illness and the submission of specimens to Wadsworth Center.

Summary

- In response to the ongoing and extensive global outbreak of highly pathogenic avian influenza (HPAI) A(H5N1) in wild birds, poultry, and dairy cattle, the Centers for Disease Control and Prevention (CDC) is encouraging year-round testing for influenza among persons with severe respiratory illness.

- NYSDOH and the CDC request that respiratory samples from persons hospitalized with laboratory confirmed influenza, particularly patients receiving intensive care unit (ICU) level care, be promptly forwarded to the Wadsworth Center Virology Laboratory for additional testing, including subtyping, whole genome sequencing, and antiviral resistance testing.

- Laboratories, hospitals, and clinical providers should recognize that adherence to recommendations for influenza testing and sample submission are important steps for human HPAI A(H5N1) surveillance in the United States (U.S.), especially during the summer when influenza testing may not be routine and exposure to poultry, cattle, and swine may increase during agricultural fair season.

- **If you suspect a patient has a novel influenza A virus infection based on an influenza A positive laboratory result in combination with clinical history and exposures, immediately contact the NYSDOH at 518-473-4439 or 1-866-881-2809 after hours and the local health department (LHD)[1] where the patient resides.**

[1] https://www.health.ny.gov/contact/contact_information/

Background

Public health agencies in the U.S. and clinical partners continue to monitor and respond to the global outbreak of HPAI A(H5N1). As of July 18, more than 100 million poultry have been affected in 48 states in the current U.S. outbreak, the largest domestic outbreak of avian influenza in poultry in recorded history. Additionally, HPAI A(H5N1) has been detected in more than 163 U.S. dairy cattle herds in 13 states and sporadically in other animals[2].

The currently circulating strain of HPAI A(H5N1) poses a low risk to the health of the general public. However, to date, nine human cases of A(H5N1) infection associated with the outbreak in U.S. dairy cows[3] and poultry[4] have been reported. While the number of human cases nationally remains small, influenza viruses are known to be unpredictable and highly mutable with the potential for a rapid change in tropism and transmission, which is a concern given the extent of spread in birds and novel detections in dairy cows and other animals.

Please visit https://www.cdc.gov/bird-flu/situation-summary/index.html for the most up-to-date information.

Recommended actions:

1. **Submit to Wadsworth Center year-round all positive influenza samples from hospitalized patients requiring ICU care.**

2. **Conduct enhanced influenza surveillance during months when seasonal influenza incidence is typically low (May through September).**
   - Continue ordering influenza testing and subtyping on patients with respiratory illness.
   - NYSDOH recommends increased levels of clinical suspicion of influenza in patients with respiratory illness who are at higher risk for contracting avian or novel influenza, such as those with a history of exposure to dairy cattle, wild birds, poultry, or swine (pigs).
   - If you have a patient with conjunctival symptoms (with or without respiratory symptoms) and who is at high risk for contracting avian or novel influenza, such as recent exposure to dairy cattle, contact the local health department (LHD)[5] where the patient resides for testing guidance. If unable to reach the LHD where the patient resides, contact the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or at 866-881-2809 after hours.

3. **Submit to Wadsworth Center all influenza positive samples detected in hospitalized persons NOT requiring ICU care until December 31, 2024, for subtyping, sequencing, and other specialized analyses**, as well as potentially forwarding to CDC for their repository.
   - In the event of an outbreak, please contact the NYSDOH at 518-473-4439 for guidance.

Specimen and shipping instructions

- Specimens acceptable for influenza testing at Wadsworth Center include nasopharyngeal swabs (NPs), oropharyngeal swabs (OPs), and nasal swabs (NSs) in viral transport media (VTM) or universal transport media (UTM).
- Flocked swabs are preferred. Sterile Dacron® or rayon swabs with plastic or metal handles may also be used. Do NOT use cotton or calcium alginate swabs or swabs with wooden sticks. Place the swab in liquid VTM or UTM. The swabs and media used for routine SARS-CoV-2 or influenza (polymerase chain reaction (PCR)) testing can be used. **Do NOT use saline or dry swabs**.
- **Specimens MUST be kept cool until they reach Wadsworth Laboratory.** Refrigerate OR store specimens in cooler with frozen gel packs until ready to ship. **Specimens should be shipped**

[2] https://www.cdc.gov/bird-flu/situation-summary/index.html
[3] https://www.cdc.gov/media/releases/2024/p-0703-4th-human-case-h5.html
[4] https://www.cdc.gov/media/releases/2024/p-0715-confirm-h5.html
[5] https://www.health.ny.gov/contact/contact_information/

overnight on frozen gel packs.

- Specifics regarding influenza specimen collection and shipping to Wadsworth Center can be found at: https://www.wadsworth.org/programs/id/virology/services/specimen-collection
- A shipping manifest from an electronically submitted Remote Order OR an Infectious Disease Requisition (IDR)[6] form requesting influenza testing with subtyping should accompany all specimens sent to Wadsworth.
- **For questions about shipping on holidays or weekends, please call 518-474-4177**.
- Please ship specimens to:

  David Axelrod Institute
  Virology Laboratory
  Wadsworth Center
  New York State Dept. of Health
  120 New Scotland Ave.
  Albany, NY 12208

Infection Prevention Considerations

Standard, Contact, and Airborne precautions, including the use of eye protection, are recommended for the collection of respiratory and other specimens and medical evaluation.

- Patients with suspected HPAI A(H5N1) infection who present to a healthcare facility should be placed in an airborne infection isolation room (AIIR).
- If a patient presents to a healthcare facility at which an AIIR is not available, the patient should be instructed to wear a facemask and should be placed in an examination room with the door closed until discharge or transfer to a facility with an AIIR.
- Additional infection prevention and control guidance for healthcare facilities with or without an AIIR, including additional patient placement information and cleaning and disinfection steps, is available[7].

NYSDOH appreciates your continued support in this effort to prevent and control influenza, and the partnership with laboratories, hospitals, and providers to immediately identify and contain potential human cases of novel influenza in the U.S.

Resources and Questions

- Questions regarding submission of specimens to Wadsworth Center can be directed to wcid@health.ny.gov.
- Questions pertaining to enrollment to Wadsworth Center CLIMS for access to remote ordering and access to electronic test reports can be directed to climsoutreach@health.ny.gov.
- General questions about suspected A(H5N1) cases can be directed to the NYSDOH BCDC at 1-866-881-2809 evenings, weekends, and holidays or by email at BCDC@health.ny.gov.
- NYC based clinicians should contact the healthcare provider access line at 1-866-692-3641
- General questions about influenza infection control in hospitals, nursing homes, and diagnostic and treatment centers can be sent to icp@health.ny.gov
- Additional NYSDOH guidance for clinicians regarding Highly Pathogenic Avian Influenza A(H5N1) is available at: https://commerce.health.state.ny.us/hpn/ctrldocs/alrtview/postings/NY_Advisory_-_HPAI_Identification_of_Human_Infection_2024_1712853441619_0.0.pdf
- General NYSDOH avian influenza information is available at: https://www.health.ny.gov/diseases/communicable/influenza/avian/

[6] https://www.wadsworth.org/programs/id/idr

[7] https://www.cdc.gov/bird-flu/hcp/novel-flu-infection-control/?CDC_AAref_Val=https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm

Updated Mandated Reporter Training Requirements

Effective 11/1/2022, Chapter 56 of the Laws of 2021 amended Social Services Law § 413 to require **additional training to include protocols to reduce implicit bias in decision-making processes, strategies for identifying adverse childhood experiences, and guidelines to assist in recognizing signs of abuse or maltreatment while interacting virtually** within the New York State Mandated Identification and Reporting of Child Abuse and Maltreatment/Neglect coursework.

This law requires mandated reporters, including those who have previously completed the required training, to complete the updated training curriculum by **April 1, 2025**.

Training related to NYS Reporting of Child Abuse and Maltreatment/Neglect is required for the following professions:

New York State Mandated Reporter Resource Center - Mandated Reporters (nysmandatedreporter.org)

Physician
Registered Physician Assistant
Surgeon
Medical Examiner
Coroner
Dentist
Dental Hygienist
Osteopath
Optometrist
Chiropractor
Podiatrist
Resident
Intern
Psychologist
Registered Nurse
Social Worker
Emergency Medical Technician
Licensed Creative Arts Therapist
Licensed Marriage and Family Therapist
Licensed Mental Health Counselor
Licensed Psychoanalyst
Licensed Behavior Analysts
Certified Behavior Analyst Assistants
Hospital Personnel engaged in the admission, examination, care, or treatment of persons.
A Christian Science practitioner
Social Services Worker
Police Officer
Any other law enforcement official

Register here: New York State Mandated Reporter Resource Center – Training (nysmandatedreporter.org)

Registration Instructions

This web-based training is fully narrated and comprehensive and includes interactive learning exercises that allow participants to test their knowledge using case examples. As you complete each section, the application saves your progress, allowing you to complete the full course within the same calendar year after you started it. A certificate of attendance is sent to those who complete the course. You will receive a credit for two hours of training on this topic.

Mandated Reporters must complete this updated training by April 1, 2025

It is the expectation that individual employees whose professions have a requirement of a Mandated Reporter complete the training by April 1, 2025, to ensure no disruption or negative consequence to your NYS Licenses or Certification.

Please reach out to Sarah Vienne VienneS@upstate.edu with any questions.

NEW YORK STATE OF OPPORTUNITY. Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

DATE: August 19, 2024

TO: Hospitals, Local Health Departments, Laboratories, Emergency Medicine, Family Medicine, Pediatrics, Adolescent Medicine, Internal Medicine, Infectious Disease, Infection Control Practitioners, Urgent Care, and Primary Care Providers, Obstetrics/Gynecology, Director of Nursing, Medical Director

FROM: New York State Department of Health (NYSDOH)
Bureau of Communicable Disease Control (BCDC)

HEALTH ADVISORY:
Increase in Human Parvovirus B19 Activity in the United States

SUMMARY

- The advisory below from the Centers for Disease Control and Prevention (CDC) alerts healthcare providers of current increases in human parvovirus B19 activity in the United States.
- Parvovirus B19 is a seasonal respiratory virus that is transmitted through respiratory droplets by people with symptomatic or asymptomatic infection.
- In the first quarter of 2024, public health authorities in 14 European countries observed unusually high numbers of cases of parvovirus B19.
- In the United States, there is no routine surveillance for parvovirus B19, and it is not a notifiable condition.
- Recently, CDC has received reports indicating increased parvovirus B19 activity in the United States. Data include increased test positivity for parvovirus B19 in clinical specimens and pooled plasma from a large commercial laboratory, and reports of clusters of parvovirus B19-associated complications among pregnant people and people with sickle cell disease.
- The proportion of people with IgM antibodies, an indicator of recent infection, increased among all ages from <3% during 2022–2024 to 10% in June 2024; the greatest increase was observed among children aged 5–9 years, from 15% during 2022–2024 to 40% in June 2024. Among plasma donors, the prevalence of pooled samples with parvovirus B19 DNA >10^4 IU/mL increased from 1.5% in December 2023 to 19.9% in June 2024.
- Healthcare providers are therefore reminded to:
  - Have increased suspicion for parvovirus B19 among people presenting with compatible symptoms (i.e., fever, rash, arthropathy, or unexplained anemia with low reticulocyte count).
  - Provide preventive counseling and have a low threshold to test people who present with compatible signs and symptoms if they are at higher risk of severe parvovirus B19 disease, including:
    - Pregnant people
    - People with severely immunocompromising conditions, including leukemia or other cancers, organ transplant, HIV infection, or who are receiving chemotherapy.

        - People with chronic hemolytic blood disorders, including sickle cell disease, thalassemia, and hereditary spherocytosis.
- When treating people with suspected or confirmed parvovirus B19, inform them or their caregivers about high-risk groups and advise any exposed contacts in those groups (e.g., who may be pregnant) to consult with their healthcare providers.
- Follow standard of care (e.g., professional society guidelines) for testing pregnant people reporting exposure to parvovirus B19 infection or who present with compatible signs and symptoms of maternal or fetal parvovirus B19 disease.
- Promote CDC recommendations for core prevention strategies to prevent respiratory illness, including practicing good hand hygiene and taking steps for cleaner air to reduce spread of parvovirus B19 and other respiratory viruses.
    - People at higher risk of severe outcomes or complications who work in settings with higher risk of parvovirus B19 exposure should practice hand hygiene, avoid sharing food or drinks, and consider wearing a respirator or mask while at work. There is no proven benefit to removing someone from work in settings with higher risk of parvovirus B19 exposure.
- Follow recommended infection control precautions for persons with parvovirus B19 in healthcare settings.

This is an official

CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
August 13, 2024, 2:30 PM ET
CDCHAN-00514

Increase in Human Parvovirus B19 Activity in the United States

Summary
The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to notify healthcare providers, public health authorities, and the public about current increases in human parvovirus B19 activity in the United States. Parvovirus B19 is a seasonal respiratory virus that is transmitted through respiratory droplets by people with symptomatic or asymptomatic infection. In the first quarter of 2024, public health authorities in 14 European countries observed unusually high numbers of cases of parvovirus B19. In the United States, there is no routine surveillance for parvovirus B19, and it is not a notifiable condition. Recently, CDC has received reports indicating increased parvovirus B19 activity in the United States. Data include increased test positivity for parvovirus B19 in clinical specimens and pooled plasma from a large commercial laboratory, and reports of clusters of parvovirus B19-associated complications among pregnant people and people with sickle cell disease. The proportion of people with IgM antibodies, an indicator of recent infection, increased among all ages from <3% during 2022–2024 to 10% in June 2024; the greatest increase was observed among children aged 5–9 years, from 15% during 2022–2024 to 40% in June 2024. Among plasma donors, the prevalence of pooled samples with parvovirus B19 DNA >10^4 IU/mL increased from 1.5% in December 2023 to 19.9% in June 2024.

Background
Parvovirus B19 is highly transmissible in respiratory droplets, with 50% of susceptible people infected after household exposure and 20–50% of susceptible students and staff infected during school outbreaks. Historically, people working in schools and in close contact with children (e.g., daycare workers and teachers) have had high occupational risk of infection. About 50% of adults have detectable antibodies by age 20 years. More than 70% of adults have detectable antibodies by age 40 years. Antibodies from prior infection are thought to protect against reinfection.

Parvovirus B19 infection can be transmitted during pregnancy (i.e., from mother to the fetus) or through transfusion of blood components and certain plasma derivates. The Food and Drug Administration (FDA) recommends testing all plasma-derived products and plasma units for parvovirus B19 using nucleic acid tests. Whole blood is not screened for parvovirus B19 in the United States. Transfusion-associated parvovirus B19 infection is extremely rare.

Although many people with parvovirus B19 infection are asymptomatic, immunocompetent children and adults with symptomatic disease typically develop a biphasic illness. The first phase of illness is characterized by symptoms of fever, myalgia, and malaise and develops approximately 7 days after infection. This phase lasts approximately 5 days. People with parvovirus B19 infection are most contagious during the first phase, when viral loads in respiratory secretions and saliva are highest. During the second phase of illness (approximately 7–10 days after the first phase), children often present with a characteristic facial rash (erythema infectiosum, or "slapped cheek" appearance), which may be followed by reticulated body rash or joint pain (arthralgia) 1–4 days later. In immunocompetent adults, the most common symptoms of parvovirus B19 disease typically occur during the second phase and include a reticular rash on the trunk and joint pain (arthralgia). Typically, the characteristic facial rash does not appear until after viral loads (a measure of infectiousness) have declined. Laboratory tests conducted during acute illness can demonstrate a transient decrease in absolute reticulocyte counts lasting approximately 10 days, mild anemia, thrombocytopenia, or leukopenia. Most people require only supportive care during the acute phase of illness and will recover completely. Severe outcomes from parvovirus B19 disease, such as myocarditis, hepatitis, or encephalitis, are rare. No vaccine or specific treatment is recommended for parvovirus B19 infection.

Parvovirus B19 infection can lead to adverse health outcomes among people without pre-existing immunity who are pregnant, immunocompromised, or have chronic hemolytic disorders. During pregnancy, most cases of fetal parvovirus B19 infection resolve spontaneously without adverse outcomes. However, the risk of an adverse fetal outcome (e.g., fetal anemia, non-immune hydrops, or fetal loss) is 5–10%, and is highest when acute infection occurs between gestational weeks 9–20. Treatment for acute infection in the pregnant individual is supportive, and management includes monitoring for and treating severe fetal anemia. Furthermore, parvovirus B19 can cause chronic or transient aplastic anemia among people with severely immunocompromising conditions (e.g., leukemia or other cancers, organ transplant, HIV infection, receiving chemotherapy) or chronic hemolytic disorders (e.g., sickle cell disease, thalassemia, hereditary spherocytosis). Red blood cell transfusions and intravenous immunoglobulin are the mainstays of treatment for aplastic anemia.

Recently, CDC has received reports indicating increased parvovirus B19 activity in the United States. These reports include data from commercial laboratories of increasing parvovirus B19 test positivity by nucleic acid amplification tests and serology in the general population and increased serological evidence of infection in plasma donors. The proportion of people with IgM antibodies increased among all ages from <3% during 2022–2024 to 10% in June 2024; the greatest increase was observed among children aged 5–9 years, from 15% during 2022–2024 to 40% in June 2024. Among plasma donors, the prevalence of pooled samples with parvovirus B19 DNA >10^4 IU/mL increased from 1.5% in December 2023 to 19.9% in June 2024. CDC has also received anecdotal reports from clinicians who have observed more than the expected number of cases of parvovirus B19 infections among pregnant people, including cases resulting in severe fetal anemia requiring fetal transfusions or pregnancy loss, and increases in aplastic anemia among people with sickle cell disease. There is no routine surveillance for parvovirus B19 in the United States.

Recommendations for Healthcare Providers

1. Have increased suspicion for parvovirus B19 among people presenting with compatible symptoms (i.e., fever, rash, arthropathy, or unexplained anemia with low reticulocyte count).
2. Provide preventive counseling and have a low threshold to test people who present with compatible signs and symptoms if they are at higher risk of severe parvovirus B19 disease, including:
    a. Pregnant people
    b. People with severely immunocompromising conditions, including leukemia or other cancers, organ transplant, HIV infection, or who are receiving chemotherapy.
    c. People with chronic hemolytic blood disorders, including sickle cell disease, thalassemia, and hereditary spherocytosis.
3. When treating people with suspected or confirmed parvovirus B19, inform them or their caregivers about high-risk groups and advise any exposed contacts in those groups (e.g., who may be pregnant) to consult with their healthcare providers.
4. Follow standard of care (e.g., professional society guidelines) for testing pregnant people reporting exposure to parvovirus B19 infection or who present with compatible signs and symptoms of maternal or fetal parvovirus B19 disease.
5. Promote CDC recommendations for core prevention strategies to prevent respiratory illness, including practicing good hand hygiene and taking steps for cleaner air to reduce spread of parvovirus B19 and other respiratory viruses.
    a. People at higher risk of severe outcomes or complications who work in settings with higher risk of parvovirus B19 exposure should practice hand hygiene, avoid sharing food or drinks, and consider wearing a respirator or mask while at work. There is no proven benefit to removing someone from work in settings with higher risk of parvovirus B19 exposure.
6. Follow recommended infection control precautions for persons with parvovirus B19 in healthcare settings.

Recommendations for Health Departments

1. Ensure that healthcare providers are aware of increasing parvovirus B19 activity and identify people at higher risk of severe parvovirus B19 outcomes. Parvovirus B19 is not nationally notifiable.
2. Promote measures to prevent respiratory illness and share information about complications of parvovirus B19 with people at high risk of severe disease.
3. Raise awareness of parvovirus B19 activity among daycare and school providers, including who may be at higher risk of severe parvovirus B19 disease and when children and staff can return to school following an infection.

Recommendations for the Public

1. Learn about parvovirus B19 symptoms and who may be at higher risk of severe disease.
2. Seek medical care if you:
    a. are pregnant and have been exposed to a person with suspected or confirmed parvovirus B19 or you have signs and symptoms of parvovirus B19.

b. have a weakened immune system or a chronic hemolytic blood disorder including sickle cell disease, thalassemia, and hereditary spherocytosis, and you have signs and symptoms of parvovirus B19.

3. Follow general respiratory precautions to prevent spread of parvovirus B19 and other respiratory viruses. People at higher risk of severe parvovirus B19 can consider using additional prevention strategies such as wearing a mask when around others.
4. Know that children and adults with parvovirus B19 are no longer contagious once the characteristic facial rash appears.

For More Information

- About Parvovirus B19 | CDC
- Parvovirus B19 in Pregnancy | CDC
- Preventing Spread of Infections in K-12 schools | CDC
- Parvovirus B19 (Erythema Infectiosum, Fifth Disease), Red Book | American Academy of Pediatrics (AAP)
- Practice Bulletin on Cytomegalovirus, Parvovirus B19, Varicella Zoster, and Toxoplasmosis in Pregnancy | American College of Obstetricians and Gynecologists (ACOG)
- Fifth Disease (Erythema Infectiosum) Fact Sheet | MotherToBaby

References

1. European Centre for Disease Prevention and Control. Risks posed by reported increased circulation of human parvovirus B19 in the EU/EEA. June 5, 2024.
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The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages

Health Alert	Conveys the highest level of importance about a public health incident.
Health Advisory	Provides important information about a public health incident.
Health Update	Provides updated information about a public health incident.

Inpatient, ED, and Ambulatory Providers

Blood Administration Order Updates

New Order for Transfusion Duration Adjustment

TRAINING CENTER OF EXCELLENCE
UPSTATE MEDICAL UNIVERSITY

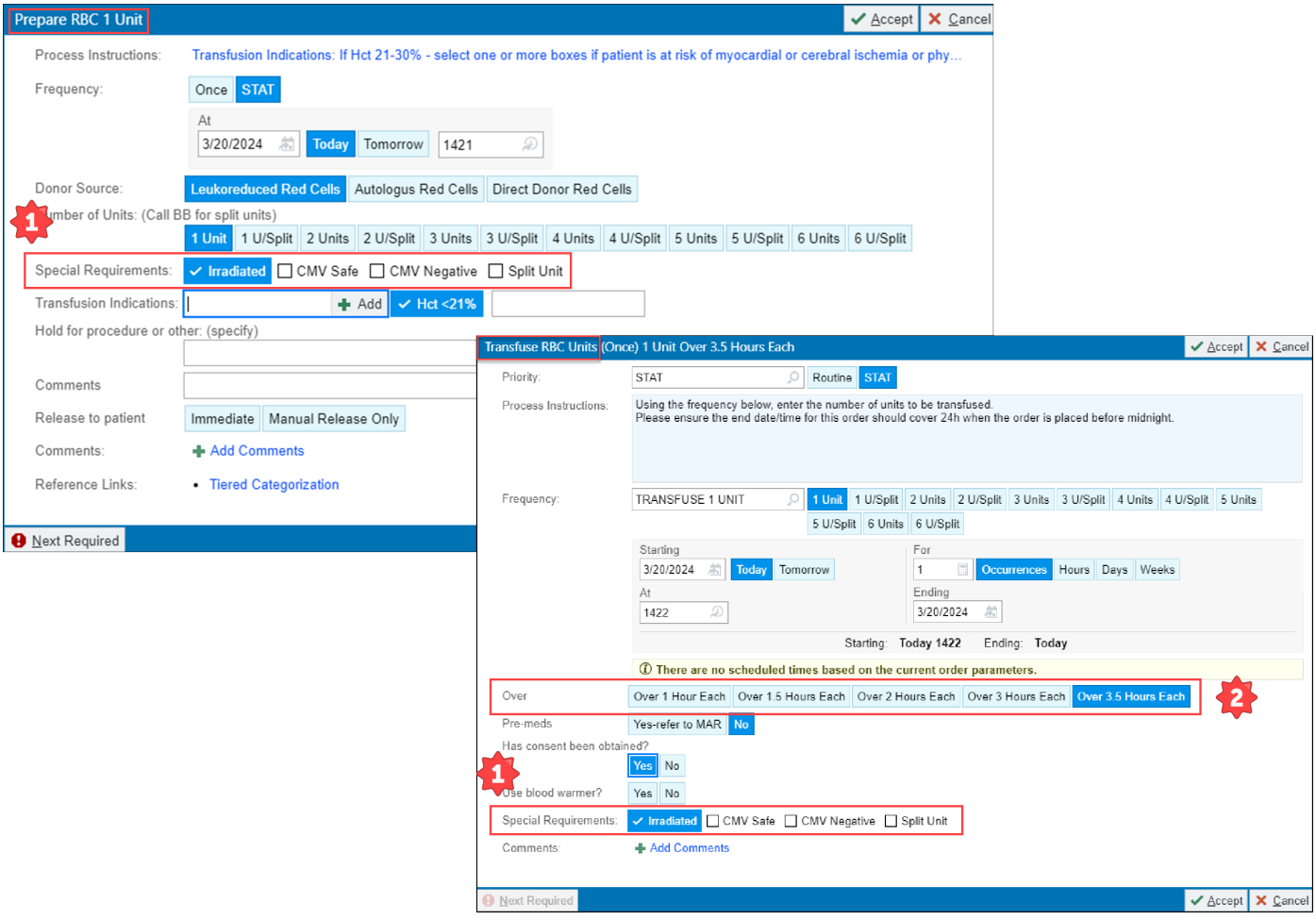
EPIC SYSTEM UPDATE

Overview of Feature / Changes

Effective April 1, 2024: To improve patient safety, updates have been made to **Blood Administration** order sets to include the ***Special Requirements*** information on ***both*** the **Prepare** blood products order and **Transfuse** blood products order as well. There is also a change to the options for **duration time** in the Transfuse order. Additionally, a *new order*, **Transfusion Duration Adjustment**, must be placed when patient events require an extension of the original duration time.

Blood Administration Order Sets

1. **Special Requirements** selected on the ***Prepare*** order now carry over to the ***Transfuse*** order so nursing can accurately administer the transfusion.
2. *As required by policy,* a ***transfusion cannot extend over 4 hours*** and must be administered within the specified time indicated by the Provider. The **Over** section in the Transfuse order now displays an **Over 3.5 Hours Each** button *instead of Over 4 Hours Each.*



New **Transfusion Duration Adjustment** Order (NUR142)

- If a transfusion **extends more than 30 minutes beyond the prescribed duration**, the provider must be notified of the reason (i.e., temporary loss of IV access, positional IV occlusion, miscalculated rate).

- The Provider should enter the **Transfusion Duration Adjustment** order.