

Infection Prevention Monthly – January 2026

Artificial Nails

Studies have shown that handwashing (both with antimicrobial soap and alcohol-based hand gels) does NOT adequately remove potential pathogens from artificial nails. For this reason, policies INP 15 and HR 136 prohibit all artificial nails for patient care staff, including gels and gel polish, which cannot be applied or removed in the same manner as regular nail polish.

Help us prevent the spread of infection by adhering to the dress code policy for nails. Patient safety is in our hands...literally!

Influenza in Denton County (12/28/2025 – 1/3/2026)

High influenza activity was reported in Denton County for week 53. Denton County sentinel providers reported that there were 1131 influenza tests performed during week 53, resulting in 212 positive influenza tests (159 Flu A and 53 Flu B) and 31 hospitalizations.

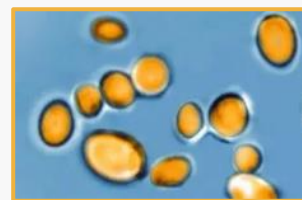
How can we prevent the transmission of flu?

- Use good hand hygiene and cough etiquette.
- Clean shared surfaces and equipment often with approved disinfectants.
- Encourage those working your area to use available PPE and mask as indicated.
- Isolate based upon symptoms.
- Stay home when sick and support other's decision to do so.
- Offer influenza vaccination to eligible inpatients and outpatients. Influenza vaccination may not keep everyone from contracting the flu, but a reduction in serious disease and hospitalizations should be seen (even for mismatched strains).

For more information and resources regarding the flu vaccine, search for "Seasonal Flu Vaccine" on the CCHCS Quality, Safety and Equity website.

Bug of the Month *Candida auris*

Candida auris is an emerging fungal pathogen known for causing severe, often multidrug-resistant, infections. Symptoms of *C. auris* infection are nonspecific and depend on the location and severity of infection, but may become invasive (e.g. bloodstream, intra-abdominal) and require antifungal therapy. Some patients can become colonized without developing active infection but are still capable of shedding *C. auris* on objects and surfaces around them. *C. auris* can survive on surfaces for months and resist common hospital disinfectants, making it highly transmissible in the healthcare setting. There are currently no effective strategies for decolonization.



Our Recommendation:

Follow contact precautions (gown and gloves) for the duration of admission and all future admissions. Wipe surfaces and equipment with bleach. Upon discharge, refer to INP 07 for specific terminal clean instructions. Infection Prevention will add a flag to the patient's chart for future admissions and report cases to the health department in accordance with state regulations.

Source: CDC. Clinical Overview of *Candida auris*, 2024.

Local Trends

PCCMC % Positivity (1/4/26 – 1/10/26):

Rhinovirus/Enterovirus	29%
Influenza A	17%
Influenza B	5%
RSV	8%
COVID-19	2%

Source: Microbiology Micro/Viro Report on CookNet

Policy Updates

INP 07 Discharge and Terminal Cleaning of Patient Rooms

Added *C. difficile* and Norovirus to list of pathogens that require terminal cleaning by EVS. Nursing staff will complete top portion of Attachment A and hand to EVS staff for terminal cleaning.

IC 100 Bloodborne Pathogen Exposure Control Plan

Updated needlestick injury information for all entities in Attachment A.

IC 400 Tuberculosis Exposure Control Plan

Clarified room closure time after patient discharges. Updated case numbers for Tarrant and Denton counties and for patients seen with pulmonary TB.

Questions? Call 945-204-2919 or email

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