

SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION

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News from the Virginia Department of Health's
Healthcare-Associated Infections (HAI) Program

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Edited by:
Andrea Alvarez

Notes from VDH

Save the Date! Webinar Trainings on Carbapenem-Resistant Enterobacteriaceae

VDH will be hosting two free webinars in September to discuss the results from surveys administered in 2013 to Virginia laboratories and hospital (acute care and long-term acute care) infection preventionists. The final report, published on the VDH website, describes current carbapenem-resistant Enterobacteriaceae (CRE) identification, surveillance, and prevention practices in Virginia hospitals and laboratories.

CRE Webinar for Laboratorians

Tuesday, September 23, 2-3 PM

VDH and the Division of Consolidated Laboratory Services are sponsoring this webinar in collaboration with the University of Virginia Clinical Microbiology laboratory.

AHRQ Publication on Methods and Implementation Approaches to the Prevention and Control of HAIs

The latest healthcare-associated infection publication from the Agency for Healthcare Research and Quality (AHRQ) focuses on the methods and implementation approaches of AHRQ-funded research on HAI prevention and risk identification for quality improvement.

Nineteen articles cover a range of topics and healthcare settings including:

- Overcoming staff barriers in intensive care units to prevent infections
- Decreasing antibiotic overuse in primary care
- Reducing HAIs in dialysis centers

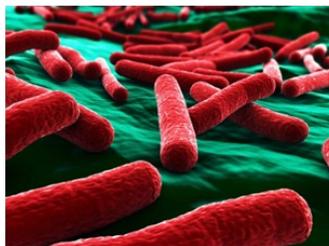
CRE Webinar for Hospital Infection Preventionists

Wednesday, September 24, 12-1 PM

Registration details for both webinars will be shared soon.

To access the final report, go to the VDH multidrug-resistant organism page and scroll down to the section with resources about CRE:

<http://www.vdh.virginia.gov/epidemiology/surveillance/hai/MRSAandMDRO.htm>



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Upcoming Events:

September 22, 2-3 PM:
Webinar for *laboratorians* about CRE survey results

September 23, 12-1 PM:
Webinar for *infection preventionists* about CRE survey results

Contact:

Andrea Alvarez,
HAI Program Coordinator
with questions /
comments:
804-864-8097

Advances in the Prevention and Control of HAIs is available free of charge at: <http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/advances-in-hai/>

Ebola Virus Disease: What Infection Preventionists Need to Know

The West Africa outbreak of Ebola virus disease (EVD) has brought significant attention to this severe, often fatal disease. No cases of human illness have ever been diagnosed or spread within the United States. Infection preventionists play an important role in dealing with emerging public health threats such as EVD, so it is important to be familiar with the situation and the infection prevention precautions for this disease.

Although the risk of Ebola in the United States is low, healthcare providers and public health officials need to communicate and collaborate effectively to identify EVD cases promptly if they do occur, and implement strategies to prevent the spread of disease.

Ebola virus can be spread by direct contact with blood or body fluids (e.g., vomit, feces, urine) of an infected person or exposure to contaminated items, such as needles. Travelers returning from EVD outbreak-affected areas should monitor their health for 21 days, looking for symptoms of EVD including fever (greater than 101.5°), severe headache, myalgia, vomiting, diarrhea, abdominal pain, and unexplained hemorrhage. Travelers should be asked about any high- or low-risk exposures (described at <http://www.cdc.gov/vhf/ebola/hcp/case-definition.htm>) during the 21 days prior to illness.

Persons who remain healthy after the 21 days since contact with the virus are not at risk for developing EVD. It is important to note that people who do not have any symptoms of the disease cannot spread the disease to others.

Steps to Take If You Have a Suspected EVD Patient:

- Follow standard, contact, and droplet precautions.
 - ◇ **Immediately** place the patient in a private room with closed door.
 - ◇ Minimize the number of staff interacting with the patient.
 - ◇ Provide the patient with a surgical mask and demonstrate proper use.
 - ◇ Use the recommended personal protective equipment (PPE): All persons entering the patient room (including those doing environmental cleaning) should wear at least: gloves, gown (fluid resistant or impermeable), eye protection (goggles or face shield), and a facemask. Additional PPE might be required in certain situations (e.g., copious amounts of

blood or other body fluids in the environment), including but not limited to: double gloving, disposable shoe covers, leg coverings. Avoid aerosol-generating procedures.

- ◇ Complete guidance is available at: <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>
- Call the local health department (<http://www.vdh.virginia.gov/LHD/index.htm>) if you have a patient with suspected EVD. The LHD will discuss the case and recommendations for testing. The LHD will need to know the patient's travel history, risk factors (including contact with sick patients in areas with EVD transmission), as well as the patient's presenting signs and symptoms and onset of illness.
- If a patient with suspected EVD is going to be transported to another facility, the transport staff and the receiving facility should be notified **before** transport so that appropriate precautions can be taken.
- Clean and disinfect the environment.
 - ◇ Be sure that environmental cleaning services staff wear recommended PPE (see above).
 - ◇ Use an EPA-registered hospital disinfectant with a label claim for a non-enveloped virus to disinfect environmental surfaces in rooms of patients with suspected or confirmed EVD. Look at the product label for one of the common non-enveloped viruses (e.g., norovirus, rotavirus, adenovirus, poliovirus), or use the EPA search engine: <http://iaspub.epa.gov/apex/pesticides/?p=PPLS:1>
 - ◇ Complete guidance on environmental infection control in hospitals for Ebola virus is available at: <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>

Please contact your local health department if you have questions about Ebola virus disease.

Additional Information

- CDC Ebola page: <http://www.cdc.gov/vhf/ebola/>
- CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007): <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>
- Virginia Department of Health: <http://www.vdh.virginia.gov/>

NHSN Notes and Available Resources/Trainings

NHSN v8.2 Release Notes

- NHSN v8.2 was released in early August.; release notes were e-mailed to NHSN users on August 4th
- New alerts and analysis options for unusual susceptibility profiles (mentioned in July's VDH HAI newsletter and the June 2014 NHSN Newsletter)
 - ◊ For more information about these alerts, including the list of profiles, please see: <http://www.cdc.gov/nhsn/PDFs/USP-Alert-current.pdf>
- Automatic update to conferred rights when a location is added
- Changes to patient safety analysis options—CMS Reports folder has been moved with subfolders created for each CMS Reporting Program
- New Dialysis Component for dialysis facilities to report dialysis events in their own module
- New optional influenza vaccination dialysis patient module reporting
- New functionality to enable inpatient rehabilitation facility (IRF) units mapped as locations of an acute care hospital to enter individual monthly reporting plans and submit summary influenza vaccination data separately to fulfill the CMS IRF Quality Reporting Program requirements
- NHSN is now able to accept Clinical Document Architecture (CDA) imports for antimicrobial resistance numerator and denominator data. These data cannot be entered manually.



NHSN Resources/Trainings

- Throughout August, CDC held training webinars on healthcare personnel influenza vaccination reporting in the National Healthcare Safety Network (NHSN) for various types of healthcare facilities (acute care hospitals, ambulatory surgery centers, inpatient rehabilitation facilities, long-term acute care hospitals). If you would like to listen to a recording of one of these sessions, the archived presentations will be available at: <http://www2.cdc.gov/vaccines/ed/nhsn> in early September (1-2 weeks after the webinar).
- Internal Validation of NHSN Patient Safety Component Data by Reporting Facilities: Assuring NHSN Data Quality
 - ◊ Guidance document for healthcare facilities to internally validate their 2013 data, including recommended facility surveillance program competencies (specific to each infection type), strategies for assuring numerator and denominator data quality, and questions and answers on facility/provider to facility/provider communications under the Health Insurance Portability and Accountability Act (HIPAA)
 - ◊ http://www.cdc.gov/nhsn/PS-Analysis-resources/PDF/2013-NHSN-IV-for-Facilities-2014_0610/2013-NHSN-IV-for-Facilities-2014_0610.pdf
- NHSN updates given at the Association for Professionals in Infection Control and Epidemiology (APIC) Annual Meeting this summer are available on the NHSN website: <http://www.cdc.gov/nhsn/PDFs/slides/meetings/APIC-NHSN-Members-Meeting-2014.pdf>

Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals: 2014 Update

The September 2014 issue of *Infection Control and Hospital Epidemiology* contains the complete set of updates to the 2008 *Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals*. These guidelines were released over the past several months and were developed in collaboration between the Society for Healthcare Epidemiology of America (SHEA), the Infectious Disease Society of America (IDSA), the American Hospital Association (AHA), the Association for Professionals in Infection Control and Epidemiology (APIC), and the Joint Commission.

Each infection prevention topic included in the *Compendium* covers rationale/concern, detection strategies, prevention strategies, examples of implementation strategies, recommendations, and performance measures.

The most recently published articles in the *Compendium* address hand hygiene, ventilator-associated pneumonia prevention, and included several expert commentaries including one on the use of horizontal versus vertical infection prevention strategies.

To access the entire *Compendium of Strategies*, go to: <http://www.jstor.org/stable/10.1086/678317>