



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

As of the week ending February 20, Virginia is at **widespread** influenza activity level due to increased influenza-like illness in emergency departments/urgent care facilities and recent positive laboratory reports from three or more regions of the state.

Please continue to encourage influenza vaccination in persons aged 6 months and older, and practice other prevention measures including promoting proper cough etiquette and performing frequent hand hygiene.

For more information about influenza surveillance and prevention in Virginia, go to: www.vdh.virginia.gov/epidemiology/flu

Zika Update

The Virginia Department of Health has sent guidance about Zika virus disease (Zika) to doctors and other health care providers statewide. Most recently, a Health Commissioner Update was distributed on February 9th to the clinical community, sharing updated guidance for the care of pregnant women, information on sexual transmission of Zika, and laboratory testing guidance (www.vdh.virginia.gov/clinicians/pdf/ZikaUpdate1.pdf).

The latest Virginia-specific guidance on Zika continues to be available on the VDH Zika website (www.vdh.virginia.gov/epidemiology/Zika). This includes information on disease testing procedures, a testing algorithm (revised 2/23/16), FAQs for clinicians, and links to additional guidance

SAVE THE DATE: **May 19th**

We are pleased to inform you that the 2016 VDH Field Epidemiology Seminar will be held on May 19th at the Renaissance Portsmouth-Norfolk Waterfront Hotel. Registration is available on TRAIN Virginia (<https://va.train.org>) using course ID 1060545.

The Field Epi Seminar is a full day's event in which some of the most interesting and well-conducted investigations or studies from the past year are highlighted. Lodging information is available via the Virginia Public Health and Healthcare Academy blog (<http://virginiapreparednessacademy.blogspot.com/>); additional information about the Field Epi Seminar (e.g., agenda) will be posted to this website when it becomes available.

from the Centers for Disease Control and Prevention (CDC) Zika website (www.cdc.gov/zika/index.html). CDC's most recent publication was a Feb 23rd update to interim guidelines for prevention of sexual transmission of Zika (<http://emergency.cdc.gov/han/han00388.asp>).

As an arboviral infection, Zika is a reportable condition in Virginia. Questions about performing Zika testing on a resident in your jurisdiction should be addressed to your local health department so they can approve and coordinate specimen submission and shipping with the state laboratory (Division of Consolidated Laboratory Services) and CDC. Thank you for your partnership in addressing this emerging public health issue.

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Upcoming Events:

February 29-March 4: NHSN Training at CDC (also available via webstreaming)
March 3: CDC National and State-Specific HAI Progress Report, Vital Signs publication on antibiotic-resistant infections, and HAI Antibiotic Resistance Patient Safety Atlas are released.

March 11, 12-1 PM: VDH/VHQC/APIC-VA webinar for hospital infection preventionists on the TAP strategy

April 8, 12-1 PM: VDH/VHQC/APIC-VA webinar sharing surveillance strategies from recent NHSN training at CDC

May 19: VDH Field Epi Seminar in Portsmouth, VA

Contact:

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

NHSN Notes

Reminder: Enter your 2015 annual facility survey into NHSN by **March 1, 2016**. Information from this survey will be used in risk adjustment and in the process to re-baseline the NHSN data, so it is important that your data be entered completely and accurately. Thank you!

NHSN Training Available via Webstreaming: Feb 29—Mar 4

Infection preventionists and hospital epidemiologists from acute care and long-term care facilities are invited to virtually attend the NHSN training course “Applying the 2016 Changes to Accurately Report HAIs” from February 29th through March 4th. Speakers will discuss topics to include CMS reporting and definition and protocol clarification for catheter-associated urinary tract infections, central line-associated bloodstream infections, surgical site infections, ventilator-associated events, and laboratory-identified (LabID) event reporting for *Clostridium difficile* (CDI) and methicillin-resistant *Staphylococcus aureus* bacteremia, and antibiotic stewardship. Subject matter experts will provide interactive case studies for each infection/event type.

Live webstreaming begins February 29th at 1:30pmEST. The agenda, presentation materials, bios and instructions on how to view the webstream are posted here: <http://www.cdc.gov/nhsn/training/annualtraining/>

SAVE THE DATE! Upcoming webinars from VDH, VHQC, and APIC-VA

March 11, 12-1 PM: This webinar will focus on targeting assessment for prevention (TAP) reports – how to calculate cumulative attributable difference, how to run the reports, how to interpret and communicate the results, and the overall TAP strategy.

April 8, 12-1 PM: This webinar will share information from the NHSN in-person training, including NHSN analysis updates.

Stay tuned for more information on how to register for these free training opportunities!

NHSN—CDI data entry for duplicate positive results:

- All non-duplicate LabID events, including community-onset (CO) and healthcare facility-onset (HO) must be reported in NHSN based on the protocols in the MDRO and CDI module.
- A duplicate *C. difficile* positive test is any *C.*

difficile toxin-positive laboratory result from the same patient and location, following a previous *C. difficile* toxin-positive laboratory result within the past two weeks [≤ 14 days]. Duplicate results should not be entered into NHSN.

- Please pay close attention to the following NHSN example in order to **avoid entering duplicate CDI positive tests into NHSN**:
 - ◇ On January 1, an ICU patient has a *C. difficile* toxin-positive result which **is** entered into NHSN.
 - ◇ On January 4, while in the same location (ICU), the same patient has another positive *C. difficile* toxin-positive result which is **not** entered into NHSN because it has not been > 14 days since the original *C. difficile* toxin-positive result while in the same location.
 - ◇ On January 16, while in the same location (ICU), the same patient has another *C. difficile* toxin-positive result. While it has been more than 14 days since the initial positive *C. difficile* toxin-positive result was entered into NHSN (January 1) for the same patient and same location, it has not been > 14 days since the patient’s most recent *C. difficile* toxin-positive result (January 4) while in the same location. Therefore, the *C. difficile* toxin-positive result for January 16 is **not** entered into NHSN.
 - ◇ On January 31, the patient has another *C. difficile* toxin-positive result while in the same location (ICU). Since it has been more than 14 days since the patient’s most recent *C. difficile* toxin-positive result (January 16) while in the same location, this event **is** entered into NHSN.
 - ◇ NHSN recommends **each facility keep an internal line listing log of all positive toxin tests** as a reference in LabID event reporting.
 - ◇ Note that while NHSN would not let you save the January 4 lab result, NHSN would let you save the January 16 result even though it is considered a duplicate result. Therefore, keeping an internal log (rather than relying on NHSN to reject duplicate results) is extremely important in order to avoid counting duplicate CDI results.
- For more information, see Chapter 12, pp. 17 and 25 of the Patient Safety Component Manual (http://www.cdc.gov/nhsn/PDFs/pscManual/I2pscMDRO_CDADcurrent.pdf), and the FAQ document for MDRO and CDI (http://www.cdc.gov/nhsn/pdfs/faqs/psc/faqs_mdرو_cdi.pdf).

Enhanced Surveillance for Meningococcal Disease in Virginia

As part of a collaboration with the Centers for Disease Control and Prevention (CDC), VDH is enhancing our surveillance for meningococcal disease. The numbers of reported cases of meningococcal disease have, thankfully, decreased over the last few years. In 2015, just 10 cases of meningococcal disease were reported to VDH. By vaccinating children with the meningococcal conjugate vaccine (covers serogroups A, C, W and Y) the number of cases caused by the strains in the vaccine has been greatly reduced in the U.S.

Most of the meningococcal cases reported in 2015 were caused by serogroup B which is not in the current quadrivalent vaccine. A new meningococcal vaccine, covering serogroup B, received licensing through an accelerated approval process by the Food and Drug Administration (FDA). Available data suggest these vaccines are safe and CDC wants people to have access to them now to help prevent meningococcal disease caused by serogroup B. CDC advises that teens and young adults (16-23 years) **may** be vaccinated with a serogroup B meningococcal vaccine. Due to the accelerated process for licensing, data that officials typically have when making vaccine recommendations are not available yet for these vaccines. In order to study the effects of the vaccine and the possibility of the meningococcal vaccine that covers serogroup B becoming a standard recommended vaccine, we need to collect

more information on all meningococcal disease cases that occur in Virginia. Additional details regarding meningococcal vaccine may be found at: <http://www.cdc.gov/vaccines/vpd-vac/mening/who-vaccinate.htm>.

Please help us gather all pertinent demographic, illness, exposure and treatment information for any suspect meningococcal disease case identified in your facility. To assist VDH, please:

- Report cases of invasive meningococcal disease upon suspicion.
- Contact your local health department to report the suspect case of illness and to coordinate specimen shipment. (To find your local health department: <http://www.vdh.virginia.gov/LHD/index.htm>).
- Work with your local health department to gather exposure information so that we can ensure that all close contacts receive antibiotic prophylaxis if necessary.
- Collect specimens (blood or cerebrospinal fluid) immediately, before antibiotics are given, and send to the state public health laboratory, the **Division of Consolidated Laboratory Services** in coordination with public health.

Updated Safe Injection Practices Position Paper

The Association for Professionals in Infection Control and Epidemiology (APIC) updated the 2010 position paper titled "Safe injection, infusion, and medication vial practices in health care (2016)". The recent paper strengthens guidance for best practices for healthcare providers including infection preventionists. Unsafe injection practices occurring in various types of healthcare delivery settings continue to lead to outbreaks of viral and bacterial infections including the transmission of bloodborne viruses. The updated position paper notes that more than 50 outbreaks of viral and bacterial infections occurred in the United States during 1998-2014 as a result of unsafe injection practices.

Strong recommendations are presented to highlight the use of proper aseptic technique, as well as proper infection prevention practices for preparing, handling and administering sterile injectable and parenteral medications. Point-of-care testing practices (e.g., blood glucose, coagulation studies) are reviewed with emphasis to adopt safe practices with any device that has the potential for a bloodborne pathogen exposure. Transmission of infection associated with drug diversion is noted with recommendations to identify and avert this activity.

To access a free copy of the entire paper, please visit: http://www.apic.org/Resource_/TinyMceFileManager/Position_Statements/2016APICSIPPositionPaper.pdf