



# SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION



October/ November 2016

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

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## Survey from VDH: Heater-cooler devices

On October 13th, the Centers for Disease Control and Prevention (CDC) issued a health alert regarding the risk of NTM infections from heater-cooler devices used during open-heart surgery. The CDC's heater-cooler webpage provides a number of resources that may be helpful to healthcare facilities and patients including: CDC's notification toolkit, FAQs, a press release, a Health Alert Notification (HAN), and a recent Morbidity and Mortality Weekly Report (MMWR).

Following the alert, VDH asked infection preventionists in acute care, critical access,

children's and military hospitals to complete a short survey, so that we may have accurate information related to the use of the designated heater cooler devices in Virginia. We ask that all facilities that received the survey complete it, even if cardiac procedures are not performed at your facility.

For more information please visit: <https://www.cdc.gov/HAI/outbreaks/heater-cooler.html>

For questions regarding the VDH survey, please contact: [carol.jamerson@vdh.virginia.gov](mailto:carol.jamerson@vdh.virginia.gov)



## 2015 Virginia Healthcare-Associated Infections Annual Report

The 2015 HAI Annual Report was officially released on November 14, 2016. This annual report summarizes the performance of Virginia's acute care hospitals on HAIs reportable to VDH and healthcare personnel influenza vaccination percentages for the 2014/2015 season.

The purpose of this report is to enable readers to view hospital-specific HAI performance, understand the entire state's HAI performance as a whole, and to compare a hospital's HAI performance to that of the rest of the country.

Following the Get Smart Week press conference, the annual report became available to the public on the VDH website. Along with the release of the report, there will be several VDH postings on social media (Facebook and Twitter), as well as a press

release for the Get Smart conference and a press release for the HAI Annual Report itself.

VDH has provided several resources surrounding the annual report to our partners in infection prevention. This includes fact sheets about HAIs and the healthcare personnel influenza vaccination data, stand-alone executive summaries, and the slides and speaker notes from the October 21<sup>st</sup> Sneak Peek webinar; all of which are available on the VDH website.

To view the reports, please visit: <http://www.vdh.virginia.gov/surveillance-and-investigation/virginia-healthcare-associated-infections-annual-report/>

For questions about the report, contact the HAI program at [hai@vdh.virginia.gov](mailto:hai@vdh.virginia.gov).

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### Upcoming Events:

**November 30:** CDC NHSN Re-baseline Webinar Part 2

**January 7:** NHSN Version 8.6 deployment date

### Contact:

Seth Levine  
Epi Program Manager  
with questions /  
comments:  
804-864-8141

## NHSN Notes

### Don't Miss This:

#### **CDC NHSN Re-Baseline Webinar Part 2**

Wednesday, November 30, 2:00-3:30 PM

#### **Learning Objectives:**

- Demonstrate where and how to obtain new SIRs
- Show how to analyze SIR data over various time periods
- Explain how annual survey data impacts the SIR
- Explain how data elements contribute to the SIR and the importance of data quality

#### **Register Today:**

<https://cc.readytalk.com/r/ffs5js17p967&eom>

#### **Re-baseline Change**

- The NHSN version 8.6 deployment date originally scheduled for December 10, 2016, has been extended and is now scheduled for January 7, 2017.
- While the new 2017 NHSN protocols and forms will be posted prior to the release, the new data entry fields and business rules will not be applied (for all NHSN components) until after January 7, 2017. Please use the paper forms found on our website to collect and hold all 2017 data until after the NHSN update.

## 2016 Get Smart About Antibiotics Week

This year, the National Get Smart About Antibiotics Week was held November 14- 20. The annual campaign is held to raise awareness of antibiotic resistance and the importance of appropriate antibiotic prescribing. Each year, the CDC, in coordination with state partners, make an effort to engage stakeholders regarding antibiotic stewardship by sharing resources and bulletins about appropriate antibiotic use.

To officially kick-off Get Smart week, VDH, in collaboration with The Virginia Hospital and Healthcare Association (VHHA), Health Quality Innovators (HQI), and the Medical Society of Virginia (MSV) held a press conference emphasizing the importance of antibiotic stewardship. Following the press conference, VDH issued a press release highlighting the event.

The CDC has developed a number of print materials for healthcare providers and consumers regarding the threat

- This means that all 2017 Patient Safety Component, Healthcare Personnel Safety Component, Dialysis Component, Biovigilance Component, and LTCF Component reporting plans, surveys, events, summary data and procedures should not be entered into NHSN until after the January 7, 2017 update.

#### **Data Quality Update**

Thank you to all hospitals that submitted their 2016Q2 data cleaning report. A few hospitals have yet to do so; please send the Data Cleaning Acknowledgement Form to [Sarah.Lineberger@vdh.virginia.gov](mailto:Sarah.Lineberger@vdh.virginia.gov) or fax it to 804-864-8139 at your earliest convenience.

#### **Q&A**

**Question:** If an employee at my hospital is vaccinated during the summer, does that count for NHSN flu vaccination data?

**Answer:** Yes, per the NHSN healthcare personnel safety component protocol, the influenza season runs from October 1 through March 31 (and data is then due for the season in NHSN by May 15). Vaccinations should be counted for any employee vaccinated during the time from when the vaccine becomes available for the season (e.g., August or September) through March 31 of the following year.

of antibiotic resistance and safe antibiotic prescribing.

In conjunction with other international entities celebrating Get Smart Week, the CDC will be hosting a twitter chat and a

social media thunderclap. VDH encourages Virginia healthcare facilities to celebrate Get Smart Week by promoting antibiotic stewardship in their facilities.

Educational resources about antibiotic stewardship and other Get Smart Week promotional materials can be found on the CDC website: <https://www.cdc.gov/getsmart/week/index.html>



## Influenza Vaccination Coverage among U.S. Health Care Personnel, 2015-2016

The CDC recently released a report on the influenza vaccination coverage among health care personnel for the 2015-2016 influenza season. The Advisory Committee on Immunization Practices (ACIP) recommends an annual influenza vaccination for all health care personnel. This recommendation was made in order to reduce influenza-related morbidity and mortality among both health care workers and their patients.

From March 28 to April 14, 2016 the CDC conducted an opt-in panel survey of 2,258 health care workers. The results showed that overall, 79.0% of survey participants received an influenza vaccine during the 2015-2016 influenza season. This result is similar to the previous influenza season when 77.3% vaccination was reported.

Influenza vaccination percentages were higher among health care workers in hospitals than any other health care setting, with 91.2% reporting receiving the vaccination. The survey found that percentages were lower among health care personnel working in ambulatory (79.8%) and long-term care settings (69.2%). The CDC also found that vaccination was highest among physicians (95.6%) and lowest among aides and assistants (64.1%).

Vaccination rates were influenced by whether or not workplaces required, promoted, or offered onsite

vaccination to their employees. There was a low vaccination rate of 44.9% among health care workers whose employers did not require, promote, or offer the influenza vaccine.

Although the influenza vaccination percentage of health care personnel has continued to increase each year since the 2011-2012 season, improvement is needed in long-term care settings, which have consistently had the lowest percentage. Vaccination rates for the 2015-2016 season improved by 5.3 percent in long-term care settings compared to the prior season.

CDC recommends implementation of vaccination requirements or provision of on-site vaccination offerings at no cost over several days. Employers should utilize the long-term care web-based toolkit developed by the CDC and the National Vaccine Program Office for resources, strategies, and educational materials to aid in increasing vaccination among health care personnel and help protect employees and their patients from influenza.

To read the *MMWR* article, go to: [http://www.cdc.gov/mmwr/volumes/65/wr/mm6538a2.htm?s\\_cid=mm6538a2\\_w](http://www.cdc.gov/mmwr/volumes/65/wr/mm6538a2.htm?s_cid=mm6538a2_w)

## APIC-VA Annual Educational Conference Recap

The annual education conference for the Association for Professionals in Infection Control and Epidemiology-Virginia Chapter (APIC-VA) was recently held in Richmond. Conference attendees including infection preventionists, public health epidemiologists, healthcare quality partners, and industry vendors gathered to hear engaging speakers addressing the 2016 conference theme, Risky Business: Managing Risk to Improve Outcomes.

This year's conference offered sessions applicable to a variety of healthcare settings beyond acute care including outpatient and specialty units, as well as long-term care settings. Preceding the conference a day long program offered a review for those new to the field and an opportunity to learn from subject matter experts.

Conference speaker topics addressed a wide variety of interesting subjects. A few highlights include: antibiotic stewardship and the expanding need to curb the misuse of

antibiotics by engaging strong interventions across all areas of the health sector; strategies to build a business case for effective infection control programs and collaboration; managing risks and implementing strong infection prevention in the central sterile department where constant technological advancements in medical devices and instruments have led to a growing demand for infection prevention education and involvement; and engaging panels of speakers addressing compliance strategies and best practices in a variety of healthcare settings such as home health, skilled nursing facilities, and outpatient physician practices.

Thank you to the APIC-VA education team for providing a continuing opportunity for education and networking for infection prevention professionals across Virginia. Stay tuned for the 2017 conference plans to be held next fall in Richmond.

## AHRQ Nursing Home Antimicrobial Stewardship Guide

The Agency for Healthcare Research and Quality (AHRQ) has developed a Nursing Home Antimicrobial Stewardship Guide which contains intervention-specific toolkits to optimize antibiotic use in nursing homes. Antibiotics are the most commonly prescribed medication in nursing homes, and between 25% and 75% of antibiotics prescribed in nursing homes are unnecessary. Because it can be challenging to determine when a nursing home resident actually has an infection, prescribing clinicians are likely to overuse antibiotics among a population that is already at high risk for developing complications associated with antibiotic use. The AHRQ guide provides information and tools that

### Update: Reportable Disease Regulations

The State Board of Health has updated the Virginia Regulations for Disease Reporting and Control, effective October 20, 2016. Highlighted below are important updates relevant to those in clinical practice:

The updated regulations and updated versions of the Virginia Reportable Disease List can be found on the VDH website: <http://www.vdh.virginia.gov/surveillance-and-investigation/commonwealth-of-virginiastate-board-of-health/>

- “Lead, elevated blood levels” was renamed “Lead, reportable levels”, and the reportable level changed to any detectable blood lead level in children ages 0-15 or levels  $\geq 5\mu\text{g}/\text{dL}$  in persons older than 15 years of age.
- Babesiosis and Leptospirosis were added to the reportable disease list.
- Monkeypox and invasive *Staphylococcus aureus*, methicillin-resistant infections (MRSA) were removed from the reportable disease list (please be aware that hospital-onset LabID MRSA bacteremia is reportable to VDH via NHSN).
- Severe acute respiratory syndrome (SARS) was renamed “Coronavirus infection, severe” to include the reporting of SARS, MERS-CoV, and other severe coronavirus infections.
- The requirement to report certain diseases by rapid communication was clarified that reporting should be immediate by the most rapid means available,

nursing homes can use (1) to make antimicrobial stewardship a priority and (2) to implement interventions that address the needs of their specific facilities. The toolkits provide step-by-step instructions for interventions surrounding four antimicrobial stewardship priority areas: implementing and sustaining an antimicrobial stewardship program, determining whether it is necessary to treat potential infections with antibiotics, helping prescribing clinicians choose the right antibiotic, and educating and engaging residents and their family members.

To view the guide, visit <http://www.ahrq.gov/nhguide/about/index.html>

### Reminder: Acute Flaccid Myelitis

VDH is asking clinicians to remain vigilant in identifying and reporting suspected cases of **acute flaccid myelitis (AFM)** in all age groups.

Recommendations for clinical management and follow-up can be found at: <http://www.cdc.gov/acute-flaccid-myelitis/downloads/acute-flaccid-myelitis.pdf>

preferably by telephone.

- Consistent with the Code of Virginia, registered nurses or other licensed professionals (e.g., nurse practitioner, physician assistant) authorized by the Code are allowed to provide immunizations.
- It was clarified that persons reporting an outbreak may report identifying and contact information for individuals included in the outbreak.
- Reports from physicians shall now include all available laboratory tests and results when reporting.

Disease reports are submitted to the local health department serving the jurisdiction where your practice is located. Reporting forms (Epi-1 forms) can be found on the VDH website: <http://www.vdh.virginia.gov/content/uploads/sites/13/2016/03/Epi1.pdf>

Your local health department is available to answer any questions you may have about disease reporting or to assist you with this process in any way. We appreciate your continued collaboration in our mutual effort to protect the health of the people of Virginia. Local health department contact information can be found here: <http://www.vdh.virginia.gov/local-health-districts/>