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HAI High Sign

News from the Virginia Department of Health
Healthcare-Associated Infections and Antimicrobial Resistance Program

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Upcoming events:

November 13-19	U.S. Antibiotic Awareness Week
February 26-March 2, 2018	NHSN Patient Safety Component Annual Training
April 18-20, 2018	NHSN Long-Term Care Facility Annual Training

Notes from VDH

With the arrival of cooler weather, we encourage you to prepare your facilities for influenza season. Many new resources are available for your use, including a new toolkit of resources to support U.S. Antibiotic Awareness Week (see page 6).

In support of influenza vaccination for healthcare workers, VDH partnered with other agencies to produce a consensus statement (printed below). Related resources can be found here: http://www.vdh.virginia.gov/surveillance-and-investigation/hai/advisorygroup

I also want to direct you to the Clinician Letters sent out by the VDH Health Commissioner, Dr. Marissa Levine. Letters sent in the past month addressed respiratory illness prevention and control, significant increases in syphilis diagnoses, and a Zika virus update. To read the letters, visit: http://www.vdh.virginia.gov/clinicians/clinician-letters/

2017 Consensus Statement on the Annual Vaccination of Healthcare Workers for Influenza Prevention

Influenza remains a disease of public health importance that affects large numbers of persons in Virginia each year, and immunization is the most effective way to prevent the disease. The Virginia Healthcare-Associated Infections Advisory Group strongly recommends that **all healthcare workers in Virginia receive an annual influenza vaccination**. This recommendation is intended to support two goals: The Healthy People 2020 goal for 90% of healthcare workers in the country to receive an annual influenza vaccination, and the Virginia Plan for Well-Being goal for 70% of adults in the state to receive the annual vaccination. It is also supported by a body of evidence showing the benefits of healthcare worker influenza vaccination:

Among healthcare workers:	Among patients:
Reduces medical costs	Reduces healthcare-associated transmission
Reduces indirect costs, including use of sick leave	Reduces complications and severe outcomes

The advisory group defines healthcare worker broadly, to include all full- and part-time personnel and volunteers who spend at least one day working in a healthcare setting during a given year.

Influenza prevention strategies for healthcare employers:

- Promote vaccination annually as a part of a comprehensive infection prevention plan.

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2017 Consensus Statement on the Annual Vaccination of Healthcare Workers for Influenza Prevention (Continued from page 1)

- Support vaccination efforts with education on the benefits of vaccination, risks and burden of influenza, and information to dispel common myths and misconceptions.
- Offer vaccination at the workplace in a variety of times and places, and free of charge if possible.

Additional Information:

- VDH Influenza website: http://bit.ly/FluInVA
- HAI Annual Report for Virginia hospital-level data on healthcare worker influenza vaccination: http://bit.ly/HAIAnnualReport
- CDC healthcare worker influenza website: https://www.cdc.gov/flu/healthcareworkers.htm
- Healthy People 2020: https://www.healthypeople.gov/
- Virginia Plan for Well-Being: https://virginiawellbeing.com/

The following member organizations are in support of this statement:

Healthcare Worker Influenza Press Conference

With the start of the 2017-2018 flu season, VDH encourages all people in Virginia six months and older to receive their annual influenza vaccine. At an event in Richmond in September, state and local health leaders joined together to highlight the importance of the vaccine, especially for healthcare workers, and to receive a flu shot themselves.

Richmond Mayor Levar Stoney receives a flu vaccination from Richmond City Health Department RN Supervisor Laurinda Davis. Photo courtesy of VHHA

"Preventive actions are a key part of Virginia's Plan for Well-Being, and influenza, unlike many other respiratory illnesses, is vaccine-preventable for every person over six months of age," said State Health Commissioner Marissa J. Levine, MD, MPH, FAAFP. "Getting an annual flu vaccination protects not only ourselves but also our family, neighbors, coworkers and, as healthcare workers, our patients. This is an important way of building healthy connected communities."

At the event, members of the Virginia Healthcare-Associated Infections (HAI) Advisory Group released their 2017 consensus statement urging healthcare workers to protect themselves and their patients and set an example for their community by getting their annual influenza vaccine.

"The 2017 Virginia HAI Advisory Group consensus statement on the annual vaccination of healthcare workers to prevent influenza is a tool that healthcare systems can use to show support for the vaccination of healthcare workers," said Christopher S. Bailey, Senior Vice President, Virginia Hospital & Healthcare Association. "With this tool, actions by healthcare systems to promote and provide influenza vaccination will help prevent potentially serious outcomes of influenza in local communities."

"As the Medicare Quality Improvement Organization for Virginia and Maryland, Health Quality Innovators (HQI) works with healthcare personnel as they improve health quality and protect patients from harm, including complications from the flu," said Thelma Baker, MSHA, RHIA, CPHQ, Chief Operating Officer, Health Quality Innovators. "By receiving a flu vaccine every year, healthcare professionals can protect their patients from the dangerous – often deadly – complications of flu while maintaining their own health and preventing the spread of illness in their facilities."

Public Health leaders with members of the Virginia HAI Advisory Group at an event to promote healthcare worker flu vaccination. Photo courtesy of VHHA

A flu vaccine is needed every season for two reasons. First, the body's immune response from vaccination

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Healthcare Worker Influenza Press Conference (Continued from page 2)

declines over time, so an annual vaccine is needed for optimal protection. Second, because flu viruses are constantly changing, the formulation of the flu vaccine is reviewed each year and updated to keep up with changing flu viruses.

For more information on seasonal influenza and getting vaccinated, visit: http://www.vdh.virginia.gov/epidemiology/influenza-flu-in-virginia/

Getting to know the Virginia Healthcare-Associated Infections (HAI) Advisory Group

What is the Virginia HAI Advisory Group?

The Virginia HAI Advisory Group is a voluntary, statewide, multidisciplinary group that coordinates the efforts of the Commonwealth's HAI stakeholders to align strategies, share information and resources, and produce synergies that will accelerate statewide and individual institutional progress in preventing HAIs and antimicrobial resistance (AR).

The group includes persons with expertise in the surveillance, prevention, and control of healthcare-associated infections, including representation from the Virginia Department of Health, Health Quality Innovators (HQI), the Virginia Quality Innovation Network – Quality Improvement Organization (QIN-QIO), the Virginia Hospital and Healthcare Association, the Association of Professionals in Infection Control and Epidemiology – Virginia Chapter (APIC-VA), healthcare providers, infection preventionists, pharmacists, consumers, and physician champions.

What does the Virginia HAI Advisory Group do?

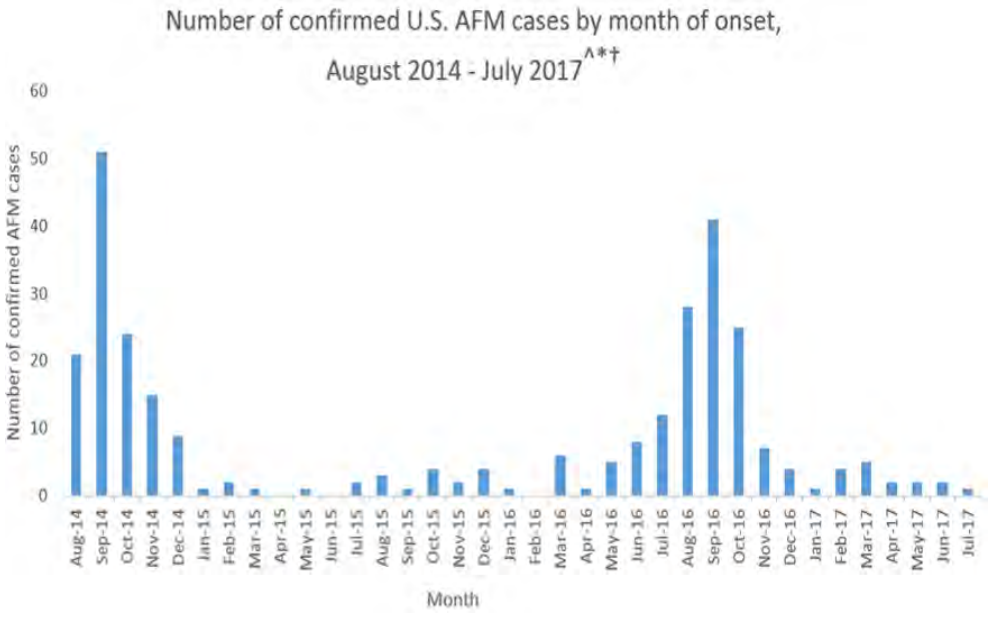
The mission of the Virginia HAI Advisory Group is to improve health outcomes in all of Virginia's healthcare settings, with the ultimate goal of preventing HAIs and AR. The Advisory Group strives to:

- Identify and recommend evidence-based best practices for monitoring and preventing targeted HAIs, including strategies for reporting, surveillance and education of providers and consumers;
- Encourage healthcare settings to adopt high reliability practices and principles to promote a culture of safety and sustain improvements over time; and
- Proactively address emerging HAI and AR topics.

For more information, visit: http://www.vdh.virginia.gov/surveillance-and-investigation/hai/advisorygroup/

Acute Flaccid Myelitis: an Increase in Reported Cases and an Update About Specimens

CDC is concerned about AFM, a serious illness that we do not know the cause of or how to prevent. In 2016, 144 people in 37 states and DC were confirmed to have AFM. During this same time period, 3 people were reported to have AFM in Virginia. So far in 2017, CDC has received reports of 17 confirmed cases of AFM.



Updated September 29, 2017

^ Cases that CDC has been made aware of as of September 29, 2017 with onset of illness through July 31, 2017. The case counts are subject to change. CDC updates the case counts regularly with a one month lag to allow the time needed for case review.

* The data shown from August 2014 to July 2015 are based on the AFM investigation case definition: onset of acute limb weakness on or after August 1, 2014, and a magnetic resonance image (MRI) showing a spinal cord lesion largely restricted to gray matter in a patient age ≤21 years.

† The data shown from August 2015 to present are based on the AFM case definition adopted by CSTE: acute onset of focal limb weakness and an MRI showing spinal cord lesion largely restricted to gray matter and spanning one or more spinal segments, regardless of age.

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Acute Flaccid Myelitis: an Increase in Reported Cases and an Update About Specimens

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The Virginia Department of Health is asking clinicians to remain vigilant in identifying and reporting suspected cases of AFM in all age groups. Regardless of whether enterovirus testing has been conducted, please report to your local health district upon suspicion any patient meeting the clinical criteria below:

- A illness with acute onset of focal limb weakness **AND**
  - a magnetic resonance image (MRI) showing spinal cord lesion largely restricted to gray matter and spanning one or more spinal segments, **OR**
  - cerebrospinal fluid (CSF) with pleocytosis (white blood cell count >5 cells/mm3).

Clinicians are asked to collect specimens from patients suspected of having AFM as early as possible in the course of illness (preferably on the day of onset of limb weakness). Local health department staff is available to assist with gathering information and can provide details on specimen collection and laboratory testing.

AN UPDATE: Following CDC's updated guidance, VDH is no longer requesting that respiratory specimens be collected from suspected cases of AFM. Please continue to collect:

- cerebrospinal fluid (CSF),
- blood (serum and whole blood), AND
- stool, preferably two stool specimens collected as soon after onset of limb weakness and separated by 24 hours.

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

More information can be found at the following websites:

- http://www.vdh.virginia.gov/epidemiology/epidemiology-fact-sheets/
- http://www.cdc.gov/acute-flaccid-myelitis/afm-surveillance.html
- http://www.vdh.virginia.gov/LHD/index.htm

CDC Interim Guidance on Novel MDRO Response

The Centers for Disease Control and Prevention (CDC) has published a document, **Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MDROs)**, to serve as a general guidance document for the initial response for containing novel or targeted multidrug-resistant organisms (MDROs) or resistance mechanisms. This document is intended for state and local health departments and healthcare facilities.

The interim guidance document is not intended to cover all the actions that may be needed to control an outbreak or sustained transmission, rather promotes the goals of prompt response and containment including:

- Identifying if transmission/dissemination is occurring
- Identifying affected patients
- Ensuring appropriate control measures are promptly initiated/implemented to contain potential spread
- Characterizing the organism or mechanism in order to guide further response actions, patient management, and future responses

Please visit: https://www.cdc.gov/hai/outbreaks/mdro/index.html to read the interim guidance in detail and to learn more about the different categories of organisms (Tiers 1-3) covered in the guide. Recommended approaches to each tier include details and strategies in collaboration with the public health system, laboratories, healthcare facilities/personnel, and patients and families.

Infection Control Week, October 15-21, 2017

Antibiotic resistance, responsible for more than 23,000 deaths per year in the U.S., is the theme of International Infection Prevention Week (IIPW), October 15-21, 2017. IIPW highlights the importance of the role infection prevention plays to improve patient safety. The Association of Professionals in Infection Control and Epidemiology (APIC) encourages participation from healthcare professionals and the public to raise awareness about actions that can be taken to reduce the threat of antibiotic resistance.

APIC has developed a promotional toolkit for association members and collaborative partners to promote IIPW and advocate for the importance of infection prevention in saving lives and reducing antibiotic resistance. Please visit http://professionals.site.apic.org/iipw/promotional-toolkit/ to learn more about the tools available and this year's IIPW activities.

Virginia Governor Terry McAuliffe has issued a proclamation designating IIPW, which is available here: https://governor.virginia.gov/newsroom/proclamations/proclamation/2017-infection-prevention-week/

NHSN Notes

Standardized Utilization Ratio (SUR) Reports

In June 2017, NHSN released Standardized Utilization Ratio (SUR) reports. SURs are comparable to Device Utilization Rates (DURs) as they both measure device utilization; however, they are slightly different in the way they are calculated. SURs are a scalable, risk-adjusted measure that can be compared across locations and facilities because they are risk-adjusted for CDC location, hospital beds, medical school affiliation type, and facility type. DURs can only be compared amongst the same location. SURs can also indicate whether the observed number of device utilization days is higher, lower, or the same than the predicted number of device utilization days.

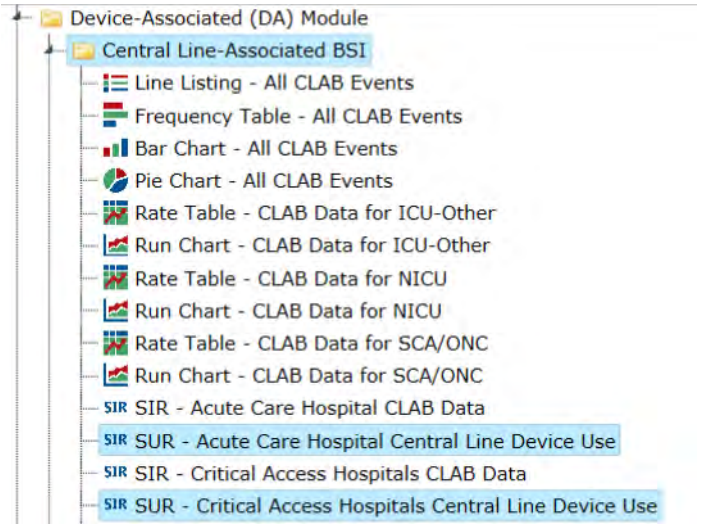
- If the SUR is less than 1, this indicates there were fewer device days reported than predicted.
- If the SUR is 1, the number of device days is the same as the number of predicted device days.
- If the SUR is greater than 1, this indicates there were more device days than predicted.

The SUR is calculated by dividing the number of observed device days by the number of predicted device days, similar to the SIR. The number of predicted device days is calculated using a logistic regression model. SUR reports will show the number of observed device days, number of predicted device days, the calculated SUR, p-value, and 95% confidence interval (CI). Just like the SIR reports, the p-value and 95% CI indicate whether the SUR is statistically significant.

orgID	summaryYQ	numCLDays	numPredDDays	SUR	SUR_pval	SUR95CI
21008	2017Q1	525	266.506	1.970	0.0000	1.807, 2.144

*Fictitious data used for illustrative purposes only.

Accessing SUR Reports in NHSN:



The SUR reports can be accessed through the Device-Associated (DA) Module in their respective device folders (i.e., Central Line-Associated BSI, Catheter-Associated UTI, and Ventilator-Associated Events). There are separate reports for each facility type (i.e., Acute Care Hospital, Critical Access Hospital, Long-term Acute Care Hospital, and Inpatient Rehab Facilities). Each SUR report can be run, modified, and exported just like an SIR report.

Running and Interpreting SUR Reports Guide: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/run-interpret-sur-reports.pdf

Antimicrobial Use and Resistance Module Training

The following presentations have been posted under the Training section on the NHSN webpage: https://www.cdc.gov/nhsn/acute-care-hospital/aur/index.html.

- Antibiotic Stewardship: Optimizing Antibiotic Use in the Inpatient Setting
  - Overview of optimizing antibiotic use in inpatient settings, unintended consequences of antibiotic use, and best practices for antibiotic stewardship programs
- Antimicrobial Use and Resistance Module Protocol
  - NHSN AUR Module submission requirements and available data analysis reports
- Standardized Antibiotic Administration Ratio (SAAR)
  - Development of this standardization metric and its use in antibiotic stewardship
- Antimicrobial Use Option Analysis Training
  - How to run the default AU Option reports and how to make modifications to those reports in order to view AU data in more meaningful ways
- Uploading CDA Files into NHSN
  - How to upload CDA files for reporting purposes

Save the Date!

NHSN Patient Safety Component Annual Training, February 26 – March 2, 2018 at the CDC in Atlanta, GA. Registration will open in December 2017.

NHSN Long-Term Care Facility Annual Training, April 18 – 20, 2018 at the CDC in Atlanta, GA. All three days will be dedicated to infection prevention and surveillance in the long-term care facility setting. Details forthcoming on registration.

CMS Quality Reporting Deadlines

The deadline to enter 2017Q2 data into NHSN for the CMS Quality Reporting Programs for participating acute care hospitals, long-term acute care facilities, inpatient rehabilitation facilities, and cancer hospitals is **November 15, 2017**. To ensure your data have been correctly entered

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NHSN Notes (Continued from page 5)

into NHSN, please verify that: 1) your monthly reporting plans are complete, 2) you've entered appropriate summary and event data or checked the appropriate no events boxes, and 3) you've cleared all alerts from your NHSN facility homepage. Hospitals that have conferred rights to VDH will be receiving a quality assurance report in the first week of November, so please be sure to check your email and acknowledge receipt and review.

Clarification: In the NHSN FAQ section in the September newsletter, we published a note about the enteric pathogens that are excluded from meeting primary LCBI criterion in 2017. We received a comment about not including *Salmonella* in the list of pathogens and wanted to clarify. We had listed all NEW enteric pathogens that were being excluded from primary LCBIs in 2017. *Salmonella* was already excluded in 2016. In summary, the complete list of enteric pathogens that are excluded from meeting primary LCBI criterion are:

- *Campylobacter*
- *C. difficile*
- Enteropathogenic *E. coli*
- *Listeria*
- *Salmonella*
- *Shigella*
- *Yersinia*

For more information, see page 4-14 in the NHSN Patient Safety Component Manual: https://www.cdc.gov/nhsn/pdfs/pscmanual/pcsmanual_current.pdf

Candida auris Clinical Update

The Centers for Disease Control and Prevention (CDC) recently informed clinicians, laboratorians, and public health officials of a *Candida auris* (*C. auris*) clinical update. A previous CDC clinical update was distributed in June 2016. Included in the alert are recommendations, resources, and findings from ongoing collaborative investigations of U.S. cases of *C. auris* conducted by state and local public health agencies and CDC.

The clinical update can be found here**:** https://www.cdc.gov/fungal/diseases/candidiasis/c-auris-alert-09-17.html

Additional resources:

C. auris website: https://www.cdc.gov/fungal/diseases/candidiasis/candida-auris.html

MMWR update (May 2017): https://www.cdc.gov/mmwr/volumes/66/wr/mm6619a7.htm?s_cid=mm6619a7_w

To help prevent the spread of *C. auris*, CDC has developed recommendations for healthcare facilities and local health departments when a case of *C. auris* is suspected or confirmed. CDC notes the key to controlling spread is rapidly identifying infected or colonized patients, and implementing effective infection control measures including hand hygiene, adherence to contact precautions, and performing thorough environmental disinfection. Please see the specific recommendation list for healthcare providers and laboratories found in the clinical update: https://www.cdc.gov/fungal/diseases/candidiasis/c-auris-alert-09-17.html

U.S. Antibiotic Awareness Week, November 13-19, 2017

The Centers for Disease Control and Prevention (CDC) just announced the launch of **U.S. Antibiotic Awareness Week**. CDC's Office of Antibiotic Stewardship has redesigned the former *Get Smart Week* to raise awareness of the threat of antibiotic resistance and provide stakeholders with the most recent information about the importance of appropriate antibiotic prescribing and use. Please mark **November 13-19, 2017** as a dedicated week to educate and promote smart antibiotic use.

Recognizing that antibiotic resistance is one of the most serious public health problems in the United States, CDC has provided a toolkit which features materials for education, targeted messages, and resources to share. All materials will be available for use on November 13, 2017.

Please help join in this effort to help improve antibiotic prescribing, combat the spread of antibiotic resistance, and improve patient safety. Visit https://www.cdc.gov/antibiotic-use/week/index.html to learn more and participate in U.S. Antibiotic Awareness Week.

The VDH HAI/AR team with a U.S. Antibiotic Awareness Week-themed costume for Halloween

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