

# HAI High Sign



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

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### Notes from VDH

**Happy 2020 to all our partners!** We have two new team members to introduce, and a new website that we will continue to improve this year.

- Sidneé Dallas is the new Director of the Division of Clinical Epidemiology. She is overseeing the HAI/AR, Tuberculosis, and Newcomer Health Programs. Sid holds Bachelor of Science in Nursing and Master of Public Health degrees, and she has served VDH for more than 15 years in a number of roles. We are thankful Sid will be supporting us, and she looks forward to meeting our partners.
- Angela Spleen is the new HAI/AR Health Educator, and we are excited to welcome her back to VDH. She holds a PhD in Biobehavioral Health and a Master of Science in Public Health. She previously worked on the Zika Virus Disease response at VDH, and has conducted primary One Health research. She will be the primary point of contact for the newsletter and other communication platforms, and will be supporting the Virginia HAI Advisory Group.

The new website is <http://www.vdh.virginia.gov/haiar/>. Please update your bookmarks accordingly. If you cannot find something, please email us at [hai@vdh.virginia.gov](mailto:hai@vdh.virginia.gov).

***We are thankful for all you do, and look forward to continuing to work with you in 2020!***

### Virginia Antimicrobial Stewardship Honor Roll

The Virginia HAI Advisory Group developed the Virginia Antimicrobial Stewardship Honor Roll for Acute Care Hospitals to recognize facilities meeting each of the CDC seven core elements of hospital antibiotic stewardship programs and to encourage facilities to enhance existing programs. The Advisory Group will be creating an Honor Roll application for Critical Access Hospitals and Long-Term Care Facilities in the upcoming year.

Click [here](#) to see the list of hospitals that have been awarded or to find out how you can apply.

### Upcoming events:

January 2020	One Health Awareness Month
January 25, 2020	National IV Nurse Day
February 2020	Wise Health Consumer Month
February 27 -28, 2020	LTC Training
March 16-17, 2020	One Health + AR Conference

Antimicrobial Resistance (AR) United States (US)  
Centers for Disease Control & Prevention (CDC) Virginia Department of Health (VDH)  
Healthcare-Associated Infection (HAI)

## Enhanced Barrier Precautions for Nursing Homes

This summer, the CDC released new guidance, Enhanced Barrier Precautions (EBP) for Personal Protective Equipment (PPE) in nursing homes, aimed to prevent the spread of targeted multidrug resistant organisms (MDROs). The original intent of this guidance **is to use this approach as part of a containment response**. This guidance also addresses the balance of resident's quality of life and when room restriction is or is not indicated. The new approach represents a category of prevention steps falling between standard precautions and transmission-based contact precautions. This represents a paradigm shift moving from a pathogen-based, to a resident risk-factor based model, and targets certain residents and resident care activities. [For the complete guidance document visit the CDC's website.](#)

### Why was this new approach needed?

- MDROs are increasingly prevalent in skilled nursing facilities. A vulnerable population with risk factors such as medical lines, tubes, drains, and wounds creates numerous opportunities for the acquisition and transmission of MDROs. Focusing only on residents with known active infections has failed to stop the silent spread of MDROs in nursing homes and so a change in approach was needed. As of July 2019, the defined Novel or targeted MDROs of **most** concern include: Pan-resistant organisms; Carbapenemase-producing Enterobacteriaceae, *Pseudomonas*, *Acinetobacter*; and *Candida auris*.
- EBP applies only to nursing homes. It is not intended for use in acute care or long-term acute care hospitals. It refers to the use of **gloves and gowns** during high-contact resident care activities that provide opportunities for transferring MDROs to staff hands and clothing.
- CDC is developing additional resources to help promote the new EBP approach. A [Frequently Asked Questions document](#) is now available to assist.
- Contact your [local health department](#) or email the VDH HAI/AR Program at [hai@vdh.virginia.gov](mailto:hai@vdh.virginia.gov) for questions.

## Influenza Update

It's that time of year again! The 2019-20 flu season is in full swing throughout Virginia. This season has seen an unusually high proportion of flu B so far. We normally see a peak in flu A activity in the early to mid-winter and a smaller peak of flu B in the late winter or early spring. During the 2018-19 season, however, there were two distinct peaks of flu A - A(H1N1) peaking in January and A(H3N2) peaking in February - and very little flu B. This season, the predominant circulating strain is B/Victoria.

### VDH recommends taking 3 actions to prevent the flu:

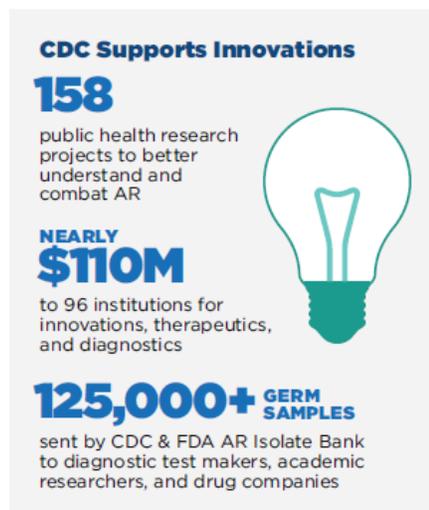
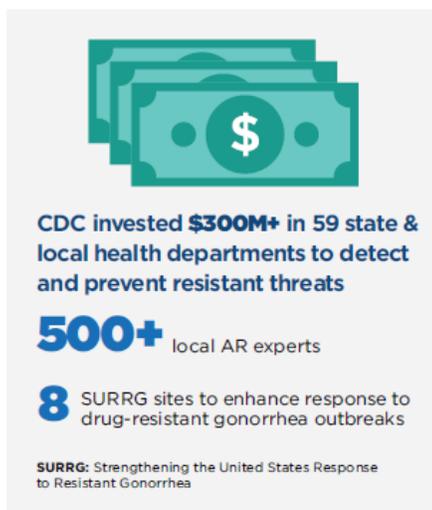
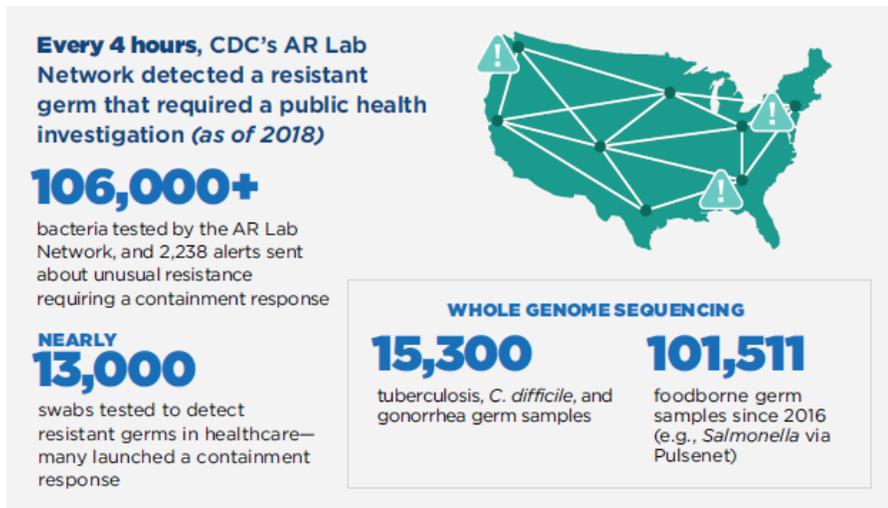
1. Get vaccinated.
2. Practice good hand hygiene, respiratory etiquette, and stay home when sick.
3. Take antivirals as prescribed.

*Together, we can protect our own health and that of our patients.*

Please view and subscribe to [VDH's Weekly Influenza Activity Report](#) to find more information about what strains are circulating and how many people are seeking care for the flu. New for this season, you can also subscribe to the *What's New with the flu?* newsletter on this website. This newsletter consists of an occasional email that contains news from the larger field of influenza science including epidemiology, virology, and immunology research.

## CDC Actions to Combat Antibiotic Resistance (AR)\*

The United States is positioned for a better and faster response to antibiotic resistance because of the strategic leadership and investment of CDC's AR Solutions Initiative.



## 2019 AR Threats Report

- The CDC recently released *Antibiotic Resistance Threats in the United States, 2019* (2019 AR Threats Report); an update to the original AR Threats Report published in 2013.
- The 2019 AR Threats Report indicates that more than 2.8 million AR infections occur in the U.S. each year, and more than 35,000 people die each year as a result. Additionally, in the U.S., *Clostridioides difficile* infection caused nearly 223,900 hospitalizations and 12,800 deaths.
- A total of 18 AR bacteria and fungi are classified into one of three categories: urgent, serious, and concerning.
- The 2019 AR Threats Report outlines what has been done and where we need to address gaps in the fight against AR.
- Please visit the [CDC's 2019 AR Threats Report page](#) to read the full report.

\*As of Fiscal Years 2016-2019

## CDC Guidance for Using Rapid Diagnostic Tests for Ebola in the United States

Recently, FDA approved marketing of the OraQuick® Ebola Rapid Antigen Test. Please note that CDC recommends using this test only when more sensitive molecular testing is unavailable and only upon consultation with relevant public health authorities. All positive or negative rapid antigen test results must be verified using rRT-PCR that is available at the Division of Consolidated Laboratory Services (DCLS) or other laboratory response network laboratory. As a reminder, if Ebola is suspected, please immediately report this to your [local health department](#). DCLS will perform rRT-PCR testing for Ebola virus for [patients who meet both](#)

[the clinical and exposure criteria for a Person Under Investigation \(PUIs\)](#) and who are approved for testing by VDH and CDC. The Ebola virus test used by DCLS is highly sensitive and DCLS makes every effort to minimize delays in testing specimens. Based on CDC's guidance, VDH is not planning to change protocols for testing Ebola PUIs.

If you are interested in learning more, CDC hosted a COCA call entitled "Update on Ebola Diagnostics at the State and Federal Levels in the United States" on December 19, 2019. The call was recorded. More details are available [here](#).

## Water Management in Healthcare Facilities

On July 6, 2018, the Centers for Medicare & Medicaid Services (CMS) released a policy memorandum (Ref: [QSO-17-30-Hospitals/CAHs/NHs](#)) mandating Water Management Programs in all healthcare facilities to reduce Legionella risk.

### Expectations for Healthcare Facilities

- Conduct a facility-wide water safety risk assessment.
- Facilities must have water management plans and documentation, including:
  1. Risk assessment for pathogens growth in the facility water system.
  2. Water management program, testing protocols with ranges, and control measures.
- For more information see: [ASHRAE industry standard](#) and the [CDC toolkit](#).

### Measures to Reduce the Amount of Contaminated Splashing in Healthcare Settings

- Clean and disinfect surfaces near the drain, including sink basin, faucet, faucet handles, and surrounding counter top at least daily.
- Avoid placement of patient care items or personal items on counters next to sinks.
- Prevent faucets from discharging directly above the drain as this causes splashing (i.e., angle water away from the drain or offset the faucet from the drain).
- Use sinks in patient care areas with adequate depth and the maximum water flow as regulated to prevent splashing.
- Install and utilize hopper and toilet covers. These covers should be closed before flushing.
- Do not discard patient waste down sinks and minimize discarding beverages or nutritional supplements down sinks or toilets.

### Infection Preventionist's Role

- Conduct risk assessment for waterborne pathogens.
- Identify location of reservoirs (wet sites) and disseminators (e.g. a. humidifiers, ventilators, CPAP machines, hydrotherapy equipment, sinks hot tubs (saunas), fountains, aerators, faucet flow restrictors, ice machines. b. Wet mops, wet sponges, wet washcloths).
- Assess likelihood of aerosol exposure and of bacterial growth.
- Identify high-risk patient population units and locations.
- Evaluate the necessity of installing point-of-use water filtration to protect highly susceptible populations.
- Establish proactive action plans to be taken to eliminate risk.
- Perform surveillance for waterborne disease among patients.
- If a case is identified, notify the state department of public health and healthcare providers so clinicians can test patients with healthcare-associated pneumonia for Legionnaires' disease with both a culture of respiratory secretions and the Legionella urinary antigen test.
- Prepare contingency plans in the event of water restriction.
- Communicate throughout the facility and document the activities.

For more information see: [CDC: Reduce Risk From Water](#) and [CMS Mandates Water Management Programs in Healthcare Facilities](#)

## CDC Updates Core Elements of Hospital Antibiotic Stewardship Programs

CDC has updated the *Core Elements for Hospital Antibiotic Stewardship Programs* to incorporate new evidence and lessons learned.

### Updates include

- Renaming “Leadership Commitment” to “Hospital Leadership Commitment” to emphasize the need for C-suite involvement in order to have successful stewardship programs.
- Renaming “Drug Expertise” to “Pharmacy Expertise” to reflect the importance of pharmacy engagement for leading implementation efforts to improve antibiotic use.
- Including priority implementation examples to help stratify the different options for meeting the core elements.
- Including examples suited for nurses to conduct as part of the stewardship program.

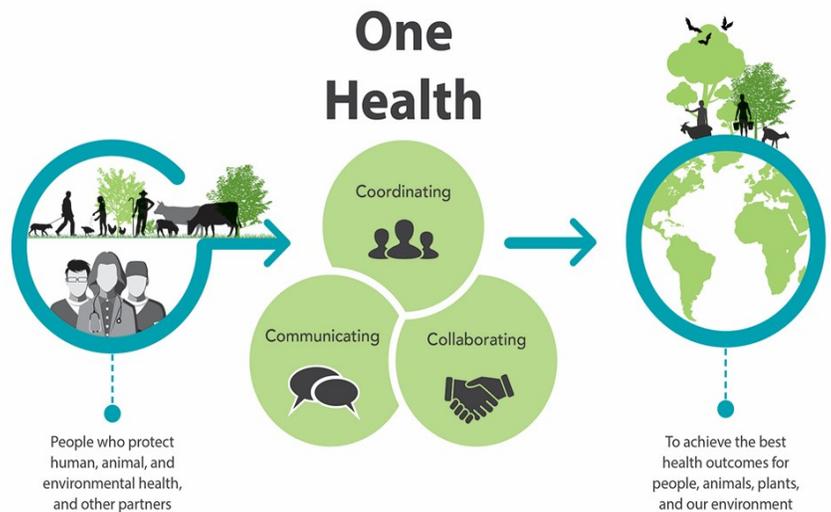
CDC will continue to use new data to help inform improvements in the framework for stewardship programs. The current version of the core elements can be found [here](#).

According to CDC’s 2018 National Healthcare Safety Network (NHSN) Survey data of hospitals, 98% of Virginia hospitals have met all seven core elements. The national goal is to have 100% of hospitals meeting all core elements by 2020. Hospitals should review the updated core elements and make adjustments as necessary.

## Coming Together to Promote One Health

On December 19, 2019, the U.S. Senate unanimously passed the bipartisan [Senate Resolution 462](#). This resolution designates January 2020 as “National One Health Awareness Month” to promote collaboration between human, animal and environmental health scientists in the United States. The One Health approach is integral for addressing global health problems such as environmental contamination, zoonotic disease, emerging infectious diseases, and antibiotic resistance. One Health efforts occur locally, regionally, nationally, and globally; we all have a part to play. The goals of “National One Health Awareness Month” are to:

1. Promote awareness of organizations that focus on One Health efforts to improve the quality of life for people and animals;
2. Recognize the efforts made by such organizations in using a One Health approach to prevent epidemics; and
3. Recognize the importance of using the One Health approach to simultaneously protect the health of people, animals, plants, and the environment in the United States.



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## Invitation to Participate in Infection Prevention and Control Assessments

The VDH HAI/AR Program, in collaboration with quality partners including Health Quality Innovators and Quality Insights ESRD Network 5, are inviting long-term acute care hospitals, long-term care facilities, and hemodialysis centers to voluntarily participate in onsite infection prevention and control assessments.

### The objectives of the assessments are to:

- Establish and strengthen collaborative relationships between VDH, quality partner organizations, local health departments, and our healthcare facilities
- Help healthcare facilities assess their infection prevention programs
- Provide guidance to address areas for improvement

If your facility would like to participate or if you have any questions, please email the HAI/AR program at [hai@vdh.virginia.gov](mailto:hai@vdh.virginia.gov).

### Follow VDH on Social Media!

 **Twitter:** [@VDHgov](https://twitter.com/VDHgov)

 **Facebook:** [@VDHgov](https://www.facebook.com/VDHgov)  
[@VDHClinicalCommunity](https://www.facebook.com/VDHClinicalCommunity)

 **LinkedIn:**  
[Virginia Department of Health](https://www.linkedin.com/company/virginia-department-of-health)

## 2019 Novel Coronavirus, Wuhan, China

The 2019-nCoV outbreak first identified in Wuhan, China, is an emerging, rapidly evolving situation. CDC is providing updated information as it becomes available. For the most current information, please check the CDC's [2019-nCoV website](https://www.cdc.gov/2019-ncov/).

## CDC RELEASES NEW DATA PORTAL

The Antibiotic Resistance & Patient Safety Portal (AR & PSP) is an interactive web-based application that was created to innovatively display data collected through CDC's National Healthcare Safety Network (NHSN) and other sources. It offers enhanced data visualizations on AR, Use, and Stewardship datasets as well as HAI data. Please visit the [CDC's website](https://www.cdc.gov/arp/) to see how Virginia compares to other states.

## Virginia

% CARBAPENEM-RESISTANT ENTEROBACTERIACEAE (CRE) IN 2014 

**2.2%** 11 Resistant / 499 Tested

PREVENTION PROGRESS FOR *C. DIFFICILE* INFECTIONS 

**0.62** This value in SIR in 2018 is 38% less than the 2015 national baseline.

HOSPITAL ANTIBIOTIC STEWARDSHIP IMPLEMENTATION RATE 

**98%** 13% more than the national implementation rate in 2018

Image source: CDC (<https://arpsp.cdc.gov/profile/geography/51>)

## NATIONAL HEALTHCARE SAFETY NETWORK (NHSN) NOTES

### CMS Quality Reporting Deadlines

The deadline to enter **2019Q3** 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 **February 18, 2020**. To ensure your data have been correctly entered into NHSN, please verify that: 1) your monthly reporting plans are complete, 2) you have entered appropriate summary and event data or checked the appropriate no events boxes, and 3) you have 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 February, so please be sure to check your email and acknowledge receipt and review. **Please remember to update the HAI/AR Program with any IP contact changes.**

### NHSN Educational Roadmaps

Are you new to NHSN? The NHSN Educational Roadmaps are a great place to start! If you are new to NHSN or need a guide through the NHSN training materials, the Education Roadmap website is the place for you! On the NHSN Educational Roadmaps website, you are provided a guided tour of the training materials and information needed to provide a solid foundation of NHSN component protocols – start with the basics and move on to more advanced training.

In each component, a selection of educational materials and tools to improve your comprehension of NHSN surveillance definitions, reporting, and analysis (while supporting your work as an NHSN user) are listed. To begin this learning experience, click the [link](#) and select the component of your choice.

### Updated Virginia NHSN Reporting Requirements, 2019

During the 2019 session, the Virginia General Assembly passed [House Bill 2425](#), which amended the Code of Virginia ([§32.1-35.1](#)) to expand statewide surveillance for HAIs to additional healthcare settings. The bill was signed by Governor Northam in March 2019, and was effective July 1, 2019.

Under this bill, outpatient hemodialysis facilities, long-term acute care hospitals (LTACHs), and inpatient rehabilitation facilities (IRFs) are now required to share data with the State Board of Health. Data required to be reported to NHSN to meet Centers for Medicare and Medicaid Services (CMS) requirements should now be shared with VDH through the NHSN system. Please note that VDH reporting requirements will expand as CMS reporting requirements expand.

By working with our healthcare facilities and partner organizations, 100% of acute care hospitals, long-term acute care hospitals, inpatient rehabilitation facilities, and outpatient hemodialysis centers conferred rights to VDH in order for us to view their HAI data. We are still missing a few facilities who have not reviewed and accepted the VDH Healthcare Personnel Safety Component confer rights template to share healthcare personnel influenza vaccination summary data. Please remember to log-in to NHSN, select the Healthcare Personnel Safety Component, and confer rights to VDH before the May 15 CMS deadline for submitting healthcare personnel influenza vaccination summary data.

### Virginia HAI Annual Report Tableau Dashboard – 2017 and 2018 Data Now Available!

The interactive Tableau dashboard for the Virginia HAI Annual Report has been updated to include 2017 and 2018 data. The report includes facility-specific HAI and healthcare worker influenza vaccination data for all acute care hospitals that share data with VDH. Data for critical access hospitals are not included. The dashboard is best viewed on a desktop computer. The technical and consumer PDF reports for the 2017 HAI Report have also been published. You can find the 2017 HAI Report and the updated Tableau dashboard on our new [website](#).

## Norovirus Season is Here!

### [VDH Norovirus Fact Sheet](#)

#### Reporting and Lab Testing

- Although individual cases of norovirus infection are not reportable to VDH, suspected and confirmed outbreaks of norovirus are reportable to your [local health department](#).
- During an outbreak, the state public health lab will test stool specimens to identify the virus and confirm the outbreak.

#### Virginia Outbreaks

- During last season (August 1, 2018- July 31, 2019) 147 norovirus or norovirus-like outbreaks were reported in Virginia. The majority of outbreaks occurred in long-term care facilities.
- So far this season, 38 norovirus outbreaks have been reported, half of which were in assisted living or nursing homes.

CDC factsheets on [norovirus in healthcare facilities](#) and [infection control](#)

#### Prevention

- Wash hands properly after using the bathroom, between seeing patients, and prior to preparing food or serving food or medicine to your patients.
- Employees ill with norovirus should stay home from work until 2 days after their symptoms have stopped. Norovirus can be shed in stool even after symptoms have resolved.
- [Clean & disinfect](#) contaminated surfaces with a bleach-based cleaner.

## Save the Date for Upcoming Events and Recognition Weeks

### JANUARY: NATIONAL BLOOD DONOR MONTH

According to the American Red Cross, “blood donations typically drop off during and immediately after the winter holidays.” Please consider donating today!

### JANUARY 25, 2020 NATIONAL IV NURSE DAY

On January 25th, IV Nurse Day will be celebrated for the 40th year. Take this opportunity to recognize the nurses who practice IV therapy in our communities.

### FEBRUARY: NATIONAL WISE HEALTH CARE CONSUMER MONTH

National Wise Health Care Consumer Month encourages patients to become actively engaged in making informed decisions regarding their healthcare on all levels.

### MARCH 16-17, 2020 NIAID CONFERENCE

**A One Health Approach to Antimicrobial Resistance: Confronting the Resistome in Humans, Animals and the Environment**

Click [here](#) for more information.

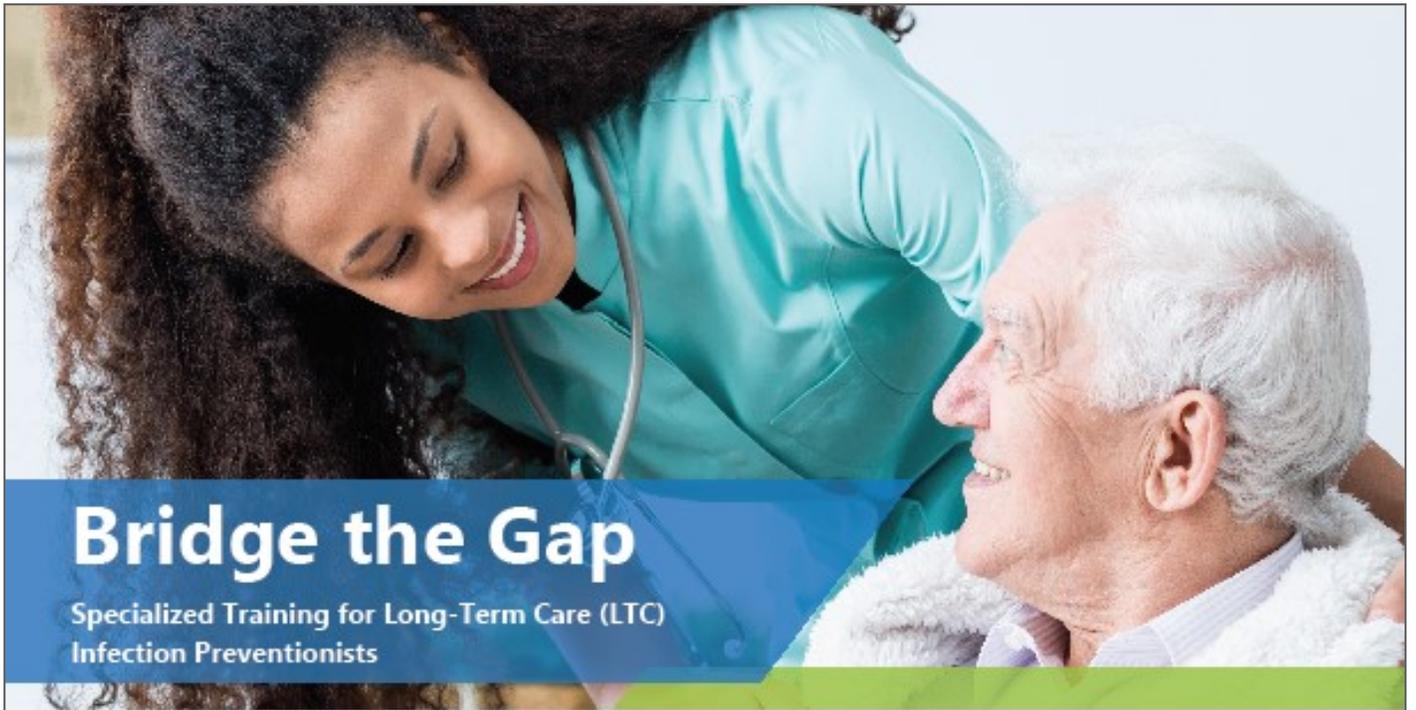
**We want to hear from you!** We would like to thank all facilities across Virginia for their continued efforts to reduce antimicrobial resistance. We know there are programs across Virginia doing great work to reduce antimicrobial resistance and we want to hear about it! If you would like to have your facility spotlighted in a future edition of the *HAI High Sign*, please email [hai@vdh.virginia.gov](mailto:hai@vdh.virginia.gov).

### Healthcare-Associated Infections and Antimicrobial Resistance Program

<http://www.vdh.virginia.gov/clinicians/hai@vdh.virginia.gov> | (804) 864-8141  
<http://www.vdh.virginia.gov/haiar/>



Sarah Lineberger, HAI Program Manager  
Shaina Bernard, AR Coordinator  
Carol Jamerson, HAI Nurse Epidemiologist  
Rehab Abdelfattah, Clinical Investigations Consultant  
Virgie Fields, HAI Epidemiologist  
Emily Valencia, AR Epidemiologist  
Angela Spleen, HAI/AR Health Educator



# Bridge the Gap

Specialized Training for Long-Term Care (LTC)  
Infection Preventionists

F882 of the CMS Requirements for Participation for LTC Facilities requires a designated, qualified, Infection Preventionist (IP) who has completed specialized education or training in infection prevention and control. The IP must be able to show qualification by education, training, experience or certification. As a LTC IP, are you in compliance?

APIC Virginia, in partnership with Health Quality Innovators (HQI), the Virginia Hospital & Healthcare Association (VHHA) and the Virginia Department of Health (VDH), is continuing their support of this training event that qualifies for 12 Nursing CEs on completion.

We are offering a block of rooms, at a reduced rate, at the event venue: The Embassy Suites in Richmond. Mark your calendars and send your designated IP.

This continuing nursing education activity was approved by the Virginia Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. In order to receive 12 nursing contact hours, the participant must attend the entire activity, complete a post-test with a score of 70% or higher, and submit an evaluation form. There are no conflicts of interest for any individual in a position to control the content of this educational activity.

## Join Us in February to Meet LTC Education Requirements for IPs

Embassy Suites  
2925 Emerywood Pkwy, Richmond, VA  
**Book Your Room:** <http://group.embassysuites.com/APICLongTermCare>

February 27, 2020, 10am – 5pm;  
February 28, 2020, 8am – 3pm

**Cost:** \$295 (includes fees/meals) Registration limited to 90 participants; Registration deadline February 21, 2020; Payment required for registration confirmation

12 Nursing CEs available

**Register Now:** <http://bit.ly/2Lgnu2b>



[Register for Training](#)