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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Notes from VDH

As of the week ending January 23, Virginia remains at regional influenza activity level due to increased influenza-like illness in emergency departments/urgent care facilities and recent positive laboratory reports from two of the five 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.

CDC's recent health advisory on February 1 (**http://emergency.cdc.gov/han/han00387.asp**) reminds healthcare providers to treat suspected influenza in high-risk outpatients and all hospitalized patients with antiviral medication *as soon as possible*, regardless of negative rapid influenza diagnostic test results and without waiting for RT-PCR testing results.

Updated Carbapenem-Resistant Enterobacteriaceae Toolkit

On December 23rd, the Centers for Disease Control and Prevention (CDC) released an updated version of their facility guidelines for control of CRE. The updated toolkit includes a modified surveillance definition as well as additional guidelines for contact precautions in post-acute care settings. This version of the toolkit has also been updated to specifically target healthcare facilities, excluding ambulatory care facilities and assisted living facilities and nursing homes that "don't provide more than long-term custodial care". CRE which are highly transmissible bacteria, have become resistant to almost all drugs, making its control a national priority.

Some highlights from the 2015 update:

- The surveillance definition has been updated to include resistance to any carbapenem antibiotic (imipenem, meropenem, doripenem or ertapenem) or documentation that the isolate produces a carbapenemase.
- The toolkit describes setting specific interventions, including additional details about situations in which certain interventions may be more important.
- See page 8-10 of the toolkit for details about Contact Precautions.
- Environmental cleaning and inter-facility communication were added as intervention measures.

The full version of the toolkit can be found on the CDC website: **http://www.cdc.gov/hai/organisms/cre/cre-toolkit/index.html**

Additional CRE resources can also be found on the VDH website: **http://www.vdh.virginia.gov/Epidemiology/Surveillance/HAI/MRSAandMDRO.htm**

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Upcoming Events:

February 10, 12-1 PM: VDH/VHQC/APIC-VA webinar on NHSN for hospital infection preventionists

February 15: CMS Hospital Inpatient Quality Reporting Program reporting deadline for 2015Q3

February 29-March 4: NHSN Training at CDC (also available via webstreaming)

Contact:
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with questions / comments:
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NHSN Notes

February 15, 2016 is the deadline for all Quarter 3 (July 1 – September 30) data to be entered into NHSN for the CMS Hospital Inpatient Quality Reporting Program.

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The **2016 NHSN Patient Safety Component Manual** was posted to the NHSN website in December. To review system updates, go to: **http://www.cdc.gov/nhsn/commup/index.html**

NHSN Version 8.5 was released in early January, and includes new data entry fields to align with the 2016 Patient Safety Component protocols; see email that was sent to all NHSN users on January 12.

The surveillance protocols and definitions contained with the manual should be used for surveillance and data collection beginning on January 1, 2016.

The 2016 data collection forms are posted on the NHSN website: http://www.cdc.gov/nhsn/acute-care-hospital

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Patient Safety Annual Facility Survey: The 2015 survey is now available in NHSN, and should have minimal changes from last year's survey.

The survey should be filled out for your hospital based on the 2015 calendar year.

Please pay close attention to variables used for risk adjustment, including bedsize and medical school affiliation. Instructions for completion of the form can be found here: **http://www.cdc.gov/nhsn/forms/instr/57_103-TOI.pdf**

A Quick Learn video with FAQs and information on NHSN changes can be found here: **https://www.youtube.com/watch?v=SRcW6B6bU8Y&feature=youtu.be**

Your hospital will have until **March 1, 2016** to complete and submit the survey.

We encourage you to read the latest issue of the CDC NHSN newsletter, published in December 2015: **http://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-enewsletter_dec-2015_final.pdf**

Update on re-baselining: CDC's plan is to use 2015 HAI event and denominator data for updated risk adjustment of HAI data. The updated risk adjustment, referred to as the "re-baseline", will be incorporated into NHSN, at which time SIRs for 2015 and forward will be calculated and available in NHSN (projected availability December 2016/January 2017).

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Upcoming: Webinar series for infection preventionists on NHSN updates and analyses

February 10, 12-1 PM: The first webinar will focus on NHSN surveillance changes for 2016, importance of mapping units accurately, SIRs, and plans for rebaselining. The webinar will be recorded and available online.

REGISTER NOW

If you have any issues with registration, please contact Deb Smith at VHQC (**dsmith@vhqc.org**) or Andrea Alvarez at VDH (**andrea.alvarez@vdh.virginia.gov**)

March 2016: The second 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 2016: The third webinar will share information from the NHSN in-person training, including NHSN analysis updates.

Zika Virus Update

Zika virus is a mosquito-borne flavivirus transmitted primarily through the bite of *Aedes aegypti* mosquitoes. These vectors, which also transmit dengue and chikungunya, are found throughout much of the Americas, including the United States. Although local transmission of Zika virus has not been documented in the United States to date, Zika virus infections have been reported in travelers returning to the United States, including a Virginia resident who traveled to Central America. This person poses absolutely no risk to anyone else in Virginia.

Virginia State Health Commissioner Dr. Marissa Levine addressed Zika virus in an infectious disease update to all Virginia clinicians on January 26, 2016. Key components addressed in this letter include background and clinical presentation, recommendations for diagnosis and laboratory testing in pregnant women, and recommendations for case reporting of patients with compatible illness and travel history.

The focus of public health actions related to Zika virus in Virginia will be to identify pregnant women who are infected. A pregnant woman will be offered testing by public health if she traveled to a Zika-affected area and 1) she has onset of two or more Zika symptoms (fever, rash, joint pain, or conjunctivitis) within two weeks of her travel, OR 2) an ultrasound identifies microcephaly or intracranial calcifications in her fetus. In addition, a woman who experiences fetal loss or has an infant born with microcephaly and who traveled to a Zika-affected area during pregnancy also will be offered testing.

Pregnant women are advised to consider postponing travel to Zika-affected areas. If such travel cannot be avoided, precautions should be taken to minimize exposure to mosquitoes (i.e., using insect repellents, wearing long sleeves, long pants, and socks, and sleeping in rooms with screened windows or air conditioning).

As an arboviral infection, Zika virus is a reportable condition in Virginia. Please report suspect cases to your local health department. The health department will work with providers to determine if testing for Zika virus is indicated and to coordinate collection and submission of samples for testing. To find your local health department: **http://www.vdh.virginia.gov/LHD/index.htm**

To read the entire letter, please visit the VDH website containing resources for health care professionals: **http://www.vdh.virginia.gov/clinicians/**

The CDC has issued a travel alert (Level 2-Practice Enhanced Precautions) for people traveling to regions and countries where Zika virus transmission is ongoing.

Because specific areas where Zika virus transmission is ongoing are difficult to determine and likely to change over time, CDC will update this travel notice as information becomes available. Check the CDC travel website (**http://wwwnc.cdc.gov/travel**) frequently for the most up-to-date recommendations.

To read CDC's Health Advisory on Zika virus (1/15/16): **http://emergency.cdc.gov/han/han00385.asp**

More information for healthcare providers and the public is available on the new VDH Zika webpage: **http://www.vdh.virginia.gov/epidemiology/Zika/**

CRE Producing OXA-48 Carbapenemase, United States, 2010-2015

The CDC recently published a *Morbidity and Mortality Weekly Report* (MMWR) describing carbapenem-resistant enterobacteriaceae (CRE) that produce OXA-48 carbapenemase in the United States from June 2010 to August 2015. OXA-48 carbapenemase, which was first identified in Turkey in 2001, was first detected in the United States in 2009. The CDC received 52 CRE isolates producing OXA-48 carbapenemase collected from 43 patients in 19 states during the analysis period. Travel history was available for 29 patients; 66% (19) had travelled internationally during the year of specimen collection and 55% (16) were hospitalized outside the U.S., with India being the most frequently reported destination among the patients. Challenges in differentiating OXA-48 carbapenemase from non-cabapenemase producing CRE due to limited laboratory testing methods suggest that transmission of this CRE may have occurred in the U.S. However, the majority of identified patients reported being exposed to international healthcare, which remains consistent with the CDC's recommendations to screen patients that were recently hospitalized outside of the U.S. To read the full *MMWR* article, go to: **http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6447a3.htm?s_cid=mm6447a3_e**

Central Line-Associated Bloodstream Infection Implementation Guide

In December, the Association for Professionals in Infection Control and Epidemiology (APIC) released a new implementation guide which outlines practices that are core to efforts for the prevention of central line-associated bloodstream infections. The guide provides expanded information supporting existing evidence-based guidance including the Healthcare Infection Control Practices Advisory Committee (HICPAC) 2011 Guidelines for the Prevention of Intravascular Catheter-Related Infection. The document is designed to provide information that is applicable for use by infection preventionists and related healthcare professionals addressing continuous improvement efforts.

Chapter topics include:

- Epidemiology and Pathogenesis
- Surveillance
- Adherence to the Central Line Bundle
- Preventing Infections During Catheter Maintenance
- Preventing Infection During Long-Term Device Use

Please visit: **https://apic.informz.net/survistapro/sn.asp?gid=898858A1-913E-48E0-9162-CD72E55928F5** to download the guide and associated prevention tools.

Ambulatory Care Nurses and Compliance with Standard Precautions

A recent study published in the January issue of the *American Journal of Infection Control* asked ambulatory care nurses to self-report compliance with the following statements:

- *I provide nursing care considering all patients are potentially contagious.*
- *I wash my hands after the removal of gloves.*
- *I avoid placing foreign objects on my hands.*
- *I wear gloves when exposure of my hands to body fluids is anticipated.*
- *I avoid needle recapping.*
- *I avoid the disassembling of a used needle from a syringe.*
- *I use a face mask when exposure to air-transmitted pathogens is anticipated.*
- *I wash my hands after the provision of care.*
- *I discard used sharp materials into sharps containers.*

Less than one-fifth (17%) of nurses surveyed self-reported that they are "always compliant" with all nine of these standard precautions for infection prevention. Wearing gloves (92%) had the highest rate of adherence, followed by wearing a face mask (70%).

These precautions represent the minimum infection prevention practices that should be used in the care of all residents or patients, at all times, across all healthcare settings. The authors noted that nurses who care for relatively healthy people may underestimate their infection risk, and thus fail to reliably follow all of the standard precautions for care.

To view the entire article, go to: **http://dx.doi.org/10.1016/j.ajic.2015.10.001**

Health Advisory: Hepatitis C Transmission among Patients Undergoing Hemodialysis

An increasing number of hepatitis C virus (HCV) cases among patients undergoing hemodialysis has prompted the CDC to release a national health advisory asking dialysis facilities to evaluate their existing infection control practices. From 2014 to 2015, the CDC received reports of 36 cases of acute HCV infection from 19 dialysis facilities in eight states. HCV transmission between patients was identified in nine of the 19 facilities. Though investigations remain ongoing, lapses in infection control practices such as injection safety and environmental disinfection were commonly identified at these facilities.

The CDC is now urging all dialysis facilities to review and evaluate their current infection control standards, to educate and make staff aware of this issue, and to promptly mitigate any gaps that were identified during evaluations. Any new HCV cases among dialysis patients should be reported to the local health department.

Guidelines for screening dialysis patients and management of patients who test positive for HCV can be found on the CDC website at **http://www.cdc.gov/hepatitis/hcv/hcvfaq.htm.**