**State HAI Plan 2015: Development**

**General Infection Prevention and Control**

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**General Infection Prevention and Control**

**Current Initiatives:**

1. HAI Outbreak Investigation Protocol and State Response Plan – under construction.
2. Track outbreak data, as a measure of general infection control practices, include all healthcare settings.
3. Monitor facility (Acute and LTC) compliance with HCW influenza vaccinations.

**HCW Influenza Monitoring:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Healthcare setting (reporting mandated by)** | **2012-2013** | **2013-2014** | **2014-2015** |
| Acute (CMS, Maine) | 84% | 88% | Pending |
| Extended Care (Maine) | N/A | 56% | Pending |
| Ambulatory Surgery (CMS) | N/A | N/A | Pending |

\*Inpatient Psychiatric Facilities (CMS) mandated to report starting with 2015-2016 influenza season.

**ACUTE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MMWR Year** | **# Outbreaks** | **TREND** | **Avg. Attack Rate %**  **Patients**  **(min, max)** | **Avg. Attack Rate %**  **Staff**  **(min, max)** | **Average**  **First Case-Last Case Ill Difference Days** | **Total # Died** |
| 2013 | 4 | 🡻 | 42.8 (24, 50) | 51.3 (20, 100) | 15 | 0 |
| 2014 | 4 | 30.5 (7, 54) | 11.3 (0, 33) | 9 | 0 |
| 2015-YTD\* | 0 | - | - | - | - |

**GI Outbreak-Acute** (Outbreak definition: 2 or more unrelated persons with compatible illness and epi-linked)

**\*As of 2/26/2015**

**ILI Outbreak-Acute** (Outbreak definition: One or more patients with lab-confirmed influenza with s/s onset ≥ 48 hrs. post-admission)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MMWR Year** | **# Outbreaks** | **TREND** | **Avg. Attack Rate % (min, max)-Patients** | **Avg. Attack Rate % (min, max)-Staff** | **Investigation Start Date-Outbreak Closed Days-Average** | **Percent Vaccinated-Patients: Average** | **Percent Vaccinated-Staff: Average** | **Total # Died** |
| 2013 | 3 | 🡹 | 24.4 (5, 50) | 9.9 (2, 19) | 10 | 44.0 | 82.3 | 0 |
| 2014 | 3 | 11.8 (4, 19) | 6 | 16 | 63.0 | 69.0 | 0 |
| 2015-YTD\* | 9 | 11.2 (3, 29.4) | 3.9 (0, 9) | 8 | 41.3 | 91.9 | 0 |

**\*As of 2/26/2015**

**HAI Outbreak – Acute** (Outbreak definition: Breach in safe injection or infection control practice that may put others at risk for transmission of bloodborne pathogens; or bacterial or viral pathogens not categorized above)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Type** | **Event** | **Transmission** | **Pathogen** |
| 2013 | Equipment Cleaning | Patient pattern identified – post eye surgery | 2 | Toxic anterior segment syndrome (TASS) |
| Equipment Cleaning | Facility identified breach in cleaning practices for cystoscopies | 0 | N/A |
| 2014 | Equipment Cleaning  Environmental Cleaning | Patient pattern identified on 2 units. | 7 | *Serretia marcesans*  (Respiratory, Blood) |
| Drug Diversion | HCW diverting drugs, extra drugs stored in dispensing system. Theft vs. Diversion. | 0 | N/A |

**LONG-TERM CARE**

**GI Outbreak-LTC** (Outbreak definition: 2 or more unrelated persons with compatible illness and epi-linked)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **MMWR Year** | **# Outbreaks** | **TREND** | **Avg. Attack Rate % Residents**  **(min, max)** | **Avg. Attack Rate %**  **Staff**  **(min, max)** | **Average**  **First Case-Last Case Ill Difference Days** | **Total # Died** | **# Hospitalized- Avg.**  **(min, max)** |
| 2013 | 63 | 🡹 | 34.4 (0, 81) | 16.9 (0, 58) | 12 | 5 | 0.8 (0, 5) |
| 2014 | 53 | 24.3 (0, 67) | 12.1 (0, 68) | 11 | 4 | 0.3 (0, 2) |
| 2015-YTD\* | 10 | 39.8 (17, 53) | 25.4 (0, 67) | 15 | 2 | 0.1 (0, 1) |

**\*As of 2/26/2015**

**ILI Outbreak-LTC** (Outbreak definition: One case of confirmed influenza by any testing method in a LTC facility resident)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MMWR Year** | **# Outbreaks** | **TREND** | **Avg. Attack Rate %**  **Residents**  **(min, max)** | **Avg. Attack Rate %**  **Staff**  **(min, max)** | **Investigation**  **Outbreak**  **Start Date to Closed Date**  **Average Days** | **Percent Vaccinated-Residents: Average (%)** | **Percent Vaccinated-Staff: Average (%)** | **Total # Died** | **# Hospitalized-Avg.**  **(min, max)** |
| 2013 | 110 | 🡹 | 14.8 (0, 83) | 8.1 (0, 68) | 14 | 91.5 | 67.9 | 25 (24 r, 1s) | 1.1 (0, 7) |
| 2014 | 71 | 14.7 (0.6, 64) | 7.0 (0, 33) | 13 | 87.2 | 68.9 | 6 | 1.4 (0, 7) |
| 2015-YTD\* | 105 | 16.7 (1, 83) | 10.3 (0, 75) | 13 | 91.7 | 64.7 | 24 (23 r, 1s) | 1.1 (0, 7) |

**\*As of 2/26/2015**

**HAI Outbreak – LTC** (Outbreak definition: Breach in safe injection or infection control practice that may put others at risk for transmission of bloodborne pathogens; or bacterial or viral pathogens not categorized above)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Type** | **Event** | **Transmission** | **Pathogen** |
| 2013 | None | N/A | N/A | N/A |
| 2014 | None | N/A | N/A | N/A |

**CDI Outbreaks-LTC** (Outbreak definition: One confirmed case or two suspect cases with epidemiological link)

|  |  |  |  |
| --- | --- | --- | --- |
| **MMWR Year** | **# Outbreaks** | **TREND** | **Total # Died** |
| 2013 | 4 | 🡻 | 3 |
| 2014 | 3 | 0 |

**AMBULATORY CARE**

**HAI Outbreak – Ambulatory Care** (Outbreak definition: Breach in safe injection or infection control practice that may put others at risk for transmission of bloodborne pathogens; or bacterial or viral pathogens not categorized above)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Setting** | **Type** | **Event** | **Transmission** | **Pathogen** |
| 2013 | None | N/A | N/A | N/A | N/A |
| 2014 | Clinic | Safe Injection Practice | Reuse of needle to access multidose vial (TST testing). | 0 | N/A |

**Action Items:**

* All healthcare facilities can provide safe healthcare. States are asked to explore more effective and proactive oversight of healthcare settings including acute, long-term care and outpatient facilities, by implementing programs to improve general infection control practices (e.g. disinfection/sterilization, environmental cleaning, safe device use, standard and transmission-based precautions, use of personal protective equipment) through assessment of competency and training needs. Design a sustainable process to ensure ongoing adherence and promotion of best infection control practice (federal CDC, ELC funding grant).
  + Assess gaps in Infection Control practices and outbreak reporting – prioritize Ebola treatment and assessment facilities, expand to other acute care and non-acute care settings. Develop mitigation strategies for addressing identified gaps.
  + **STATEMENT IN STATE HAI PLAN REQUIRED !**
* Authority by which to conduct infection control infections – either as assessment surveys or post breach in IC practices. Currently, only have authority if others are known to be at risk – e.g. exposure event, source patient is positive for a blood-borne pathogen.
* EMS Infection Control Education and Training – Regional EMS leaders are looking for standardize guidelines and web-based training, especially around emerging pathogens (Jay Bradshaw).