



Council for **Outbreak Response:**  
**Healthcare-Associated Infections**  
**Antibiotic-Resistant Pathogens**

Joe Perz, DrPH MA

CDC/DHQP

CORHA Governance Committee Member

Spring SHEA Meeting

April 18, 2018

Updated May 2018 by CORHA Staff

# Problem

Despite significant progress, patients still experience preventable harms in the context of outbreaks and other adverse events that stem from emerging infectious diseases with potential for healthcare transmission, unsafe healthcare practices, contaminated drugs, and medical devices



# Outbreak Investigation and Response Activities

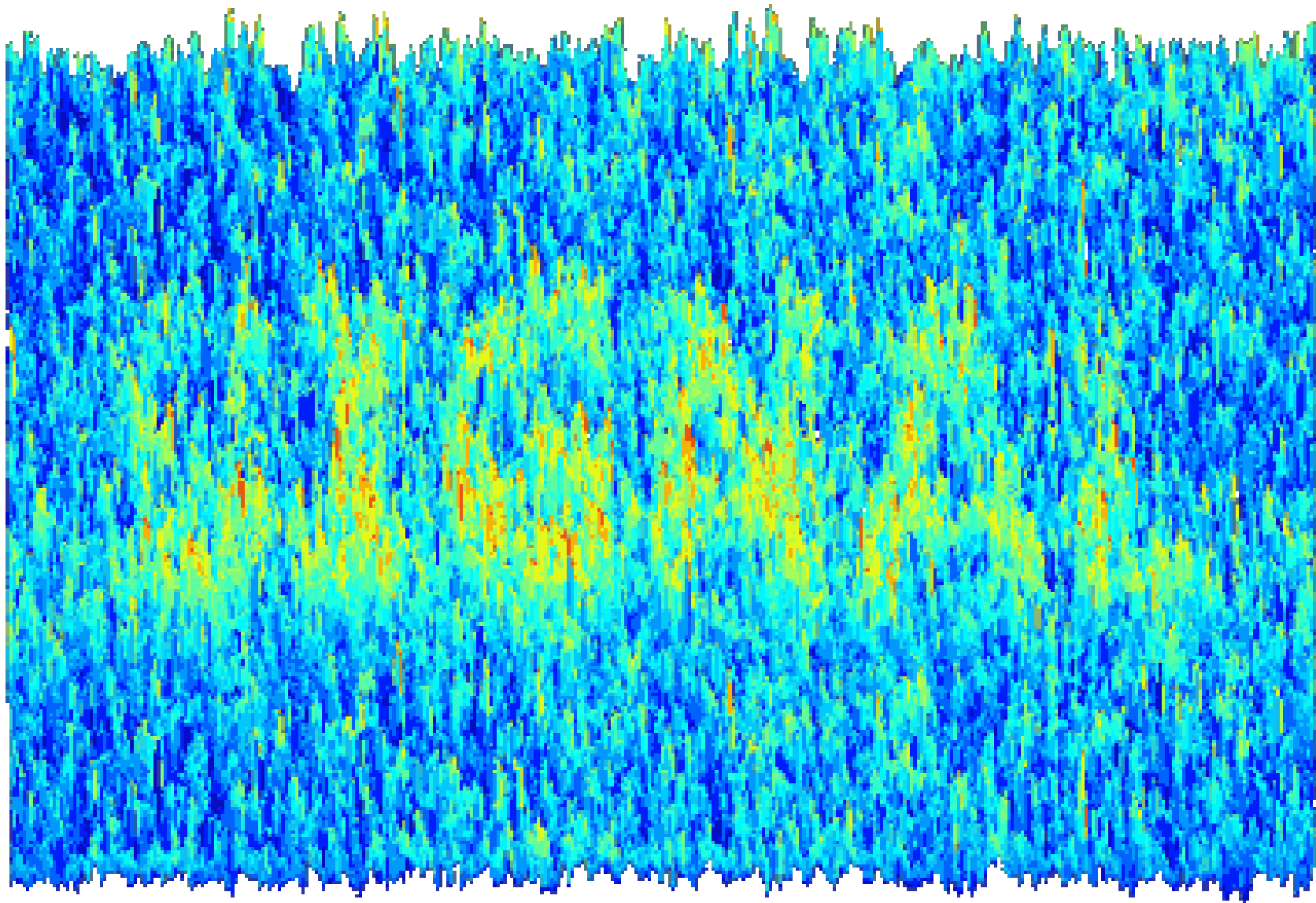
- Core function, central to patient safety and health protections
- Outbreaks and other adverse event investigations in healthcare
  - Identify unsafe products and practices
  - Inform and motivate broader HAI/AR prevention efforts
- Public health, regulatory and healthcare partners: roles and responsibilities
- Variable capacities for detecting and responding to possible HAI/AR outbreaks in healthcare settings
  - Health Department, Facility, and Laboratory levels



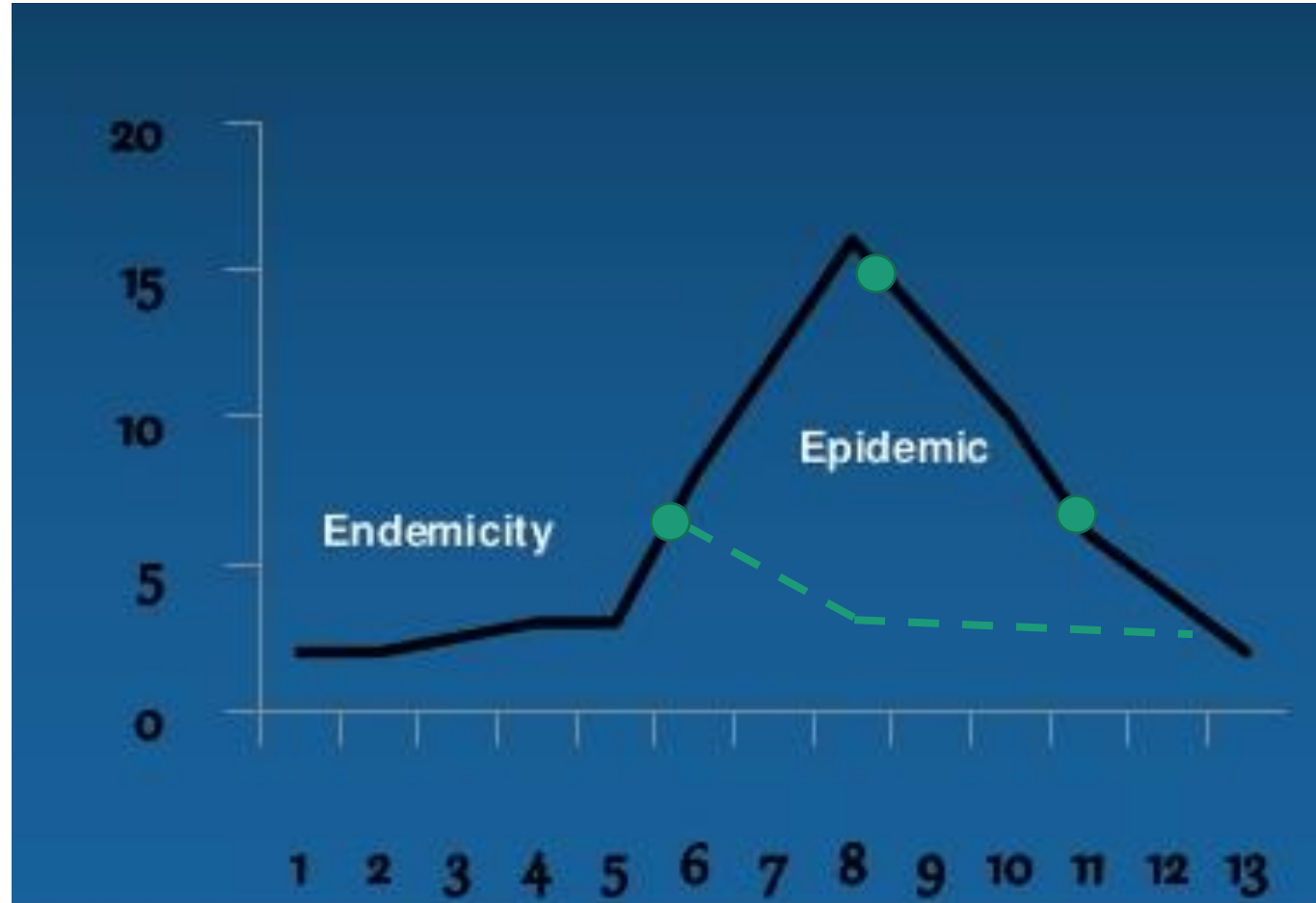
# Need

More systematic and consistent approach to healthcare outbreak response, from **signal detection** to **investigation and control**





Basic Tenet: sooner we become aware of a potential problem, the more opportunity to attenuate harms



# A Useful Mantra

- Sooner
- Faster
- Better
- Smaller



# A Useful Mantra

- **Sooner** – can we do a better job of detecting and communicating signals that might represent an uncontrolled or unacceptable risk to patients – one that could take the form of an outbreak
- **Faster** – can we respond to those signals more quickly
- **Better** – can we do a better job assessing the situation and implementing any necessary controls or actions
- **Smaller** – can we reduce impacts and harms using this type of proactive approach





# What do we mean by “Response” in the context of HAIs and AR Threats?

Response refers to efforts to assist with assessment and investigation of specific, acute HAI/AR risks.

These risks can take various forms:

- (1) outbreaks
- (2) clusters of infections
- (3) sentinel cases (e.g., HAI or emerging AR threat), or
- (4) a serious breach in infection control practice



# HAI/AR Response Activities

## – Investigation Goals and Activities

### Investigation goals

- Rule out larger problem
- Rule out uncontrolled risk

### Investigation activities

- Case finding
- Assessments of infections control and care delivery practices
- Evaluate transmission potential/mechanisms
- Implement control measures



# Guiding Principles

## Commitments to:

### Swift actions

- Identify cause
- Contain threat
- Prevent harm

### Diligent follow through

- Communicate actions/findings
  - key stakeholders
  - timely
- Apply findings and lessons
- System improvements
  - prevent recurrence
  - increase vigilance



# CORHA Formation

CDC's Division of Healthcare Quality Promotion funded the Association of State and Territorial Health Officials (ASTHO) and the Council of State and Territorial Epidemiologists (CSTE) to co-lead the **Council for Outbreak Response: HAI/AR (CORHA)**



# Council for Outbreak Response: Healthcare-Associated Infections & Antibiotic-Resistant Pathogens

## **Mission**

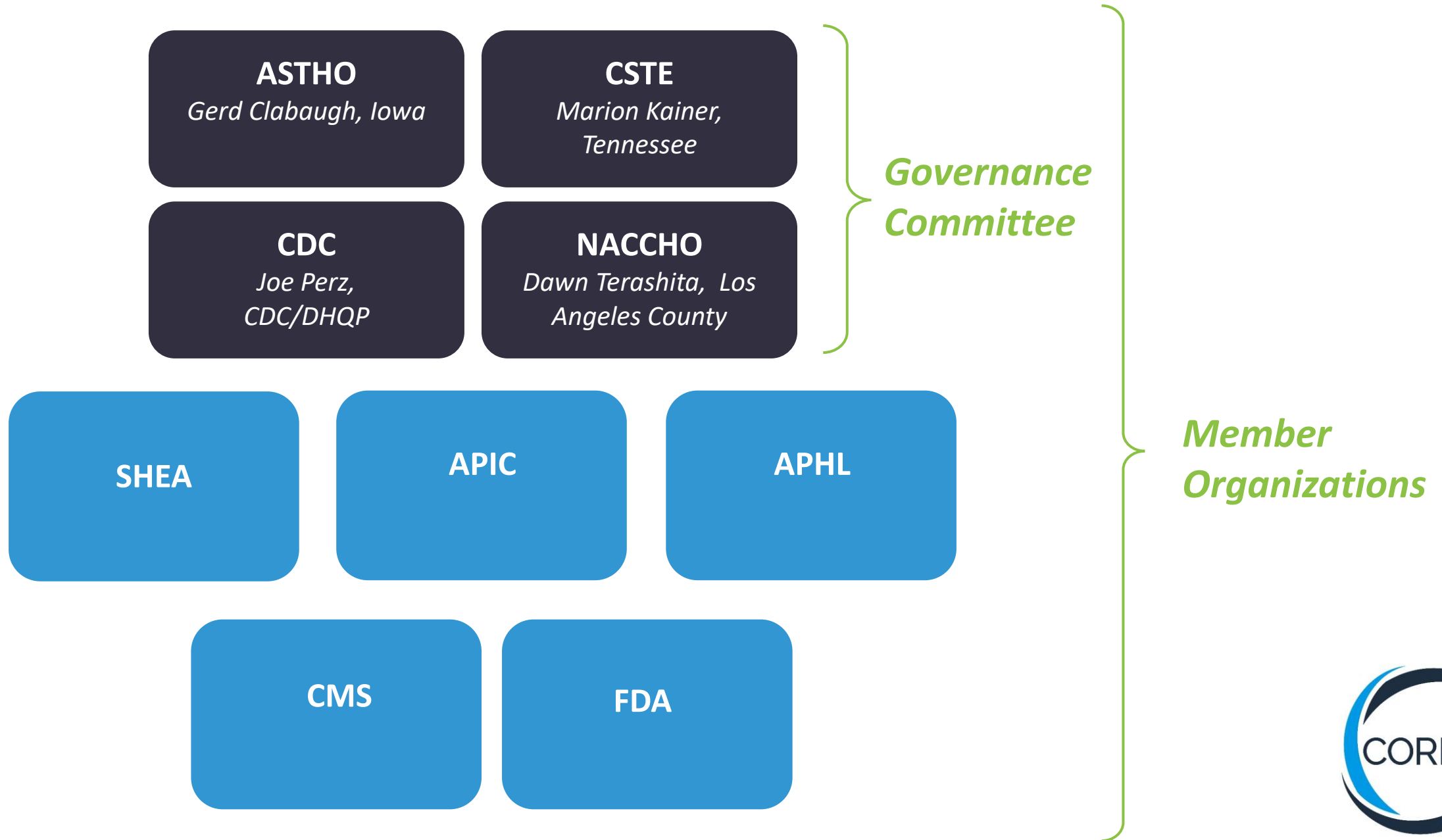
To **improve practices and policies** at the local, state and national levels for **detection, investigation, control and prevention of HAI/AR outbreaks across the healthcare continuum**, including emerging infections and other risks with potential for healthcare transmission.

## **Vision**

Public health and healthcare collaborating effectively to **protect patients and prevent harms from HAI/AR outbreaks**.



# CORHA Structure



# CORHA Product Offerings

- **Suite of condition or event-specific reference tools**
  - Threshold for reporting and investigation
  - Suggestions on how to improve reporting
  - Suggestions on how to improve the use of existing surveillance data for detection
  - Tools for investigation
  - Suggestions for standardized control measures
- **Completed prototype for Scabies**
- **Other examples in pipeline include *C. auris*, CRE, CDI, NTM**



# CORHA Product Offerings

- **Searchable clearinghouse**
  - HAI/AR outbreak response abstracts from select annual meetings
  - Investigation tools and resources
  - Users will be able to submit materials for consideration



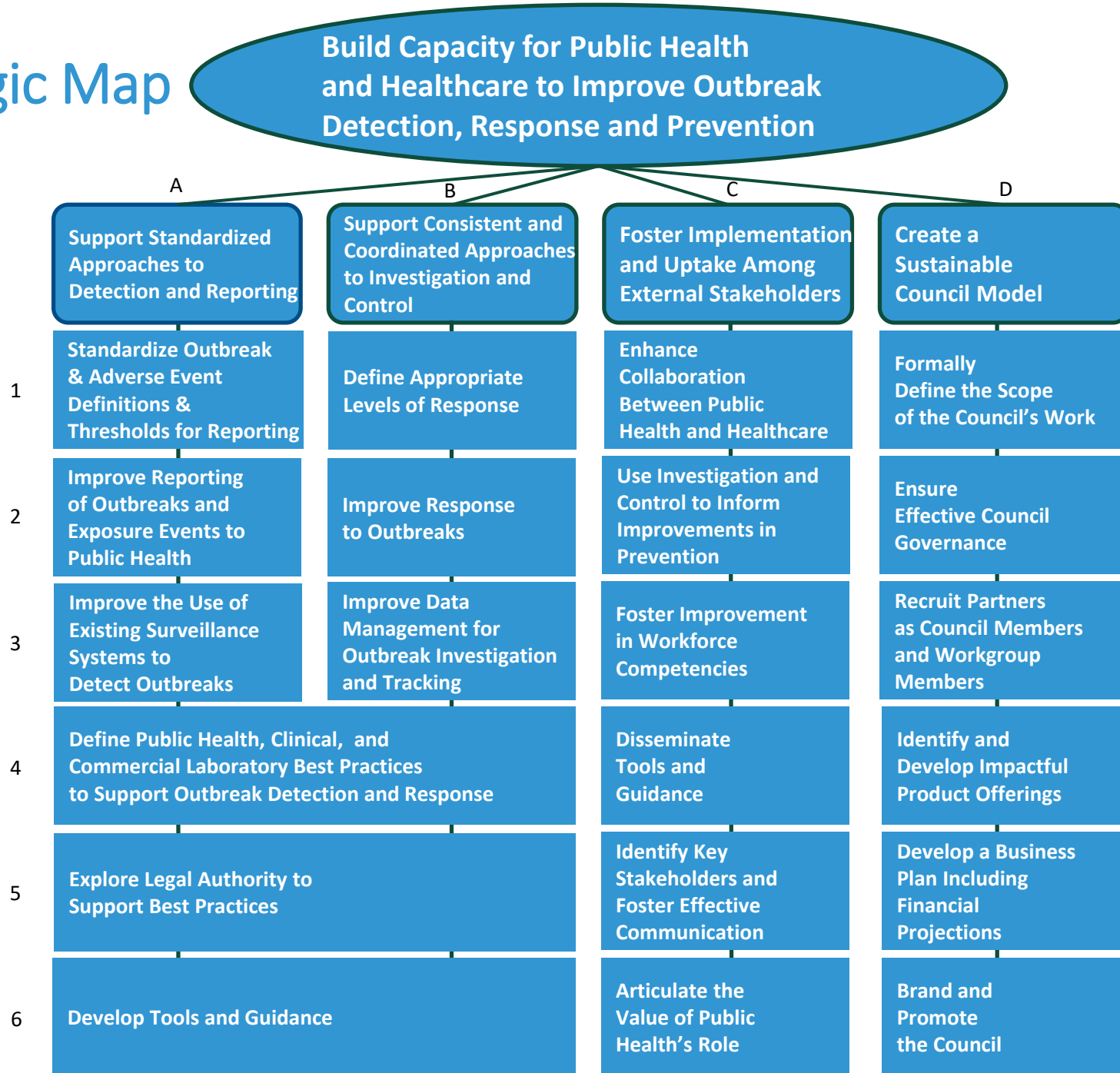


# CORHA Product Offerings

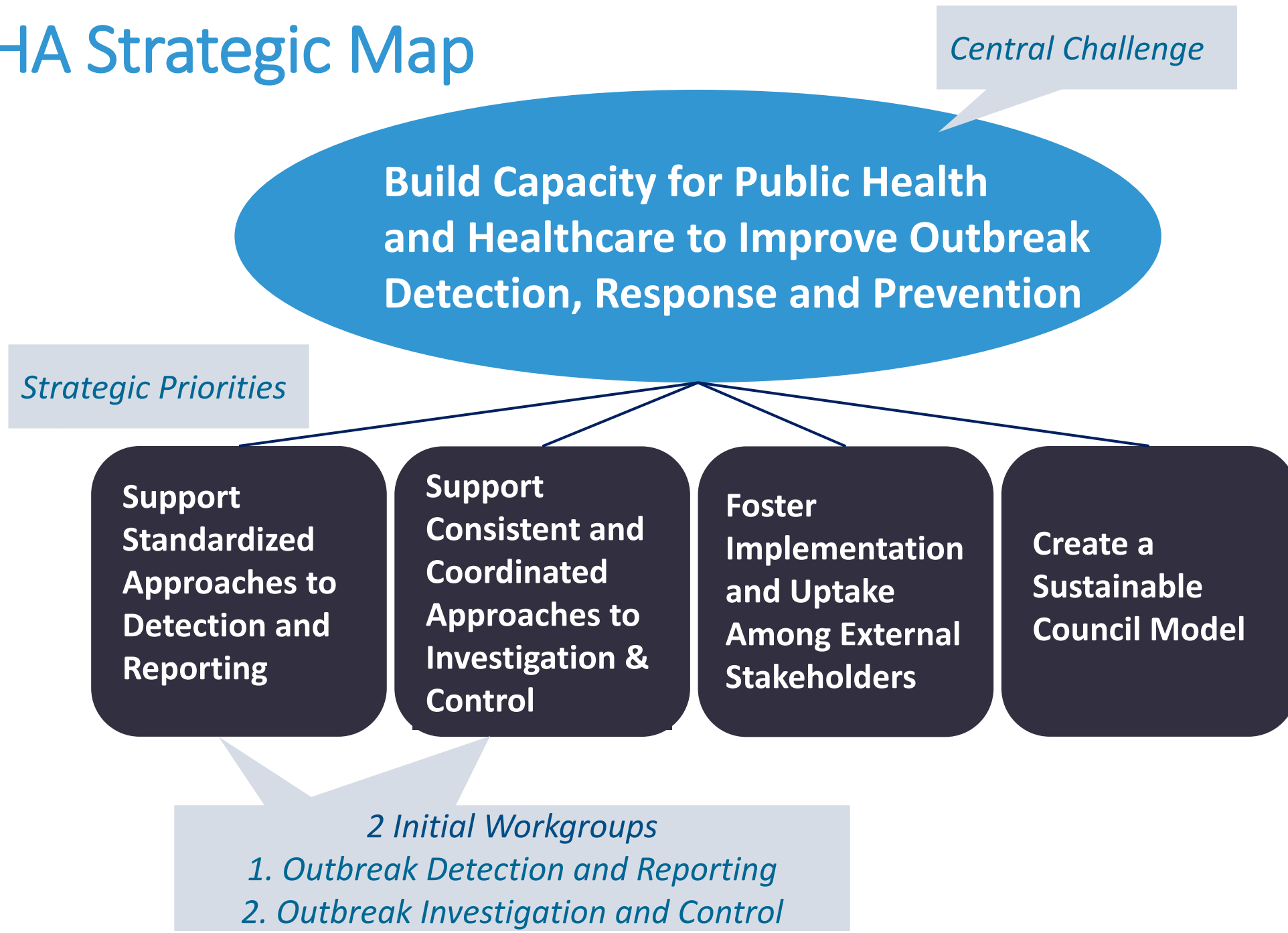
- **High-level guidance related to strategic objectives**
  - E.g., Best practices for improve detection of potential outbreaks using existing data sources
  - E.g., Laboratory best practices to support outbreak detection and investigations
  - E.g., Suggestions for improving data management for outbreak investigation and response activity tracking



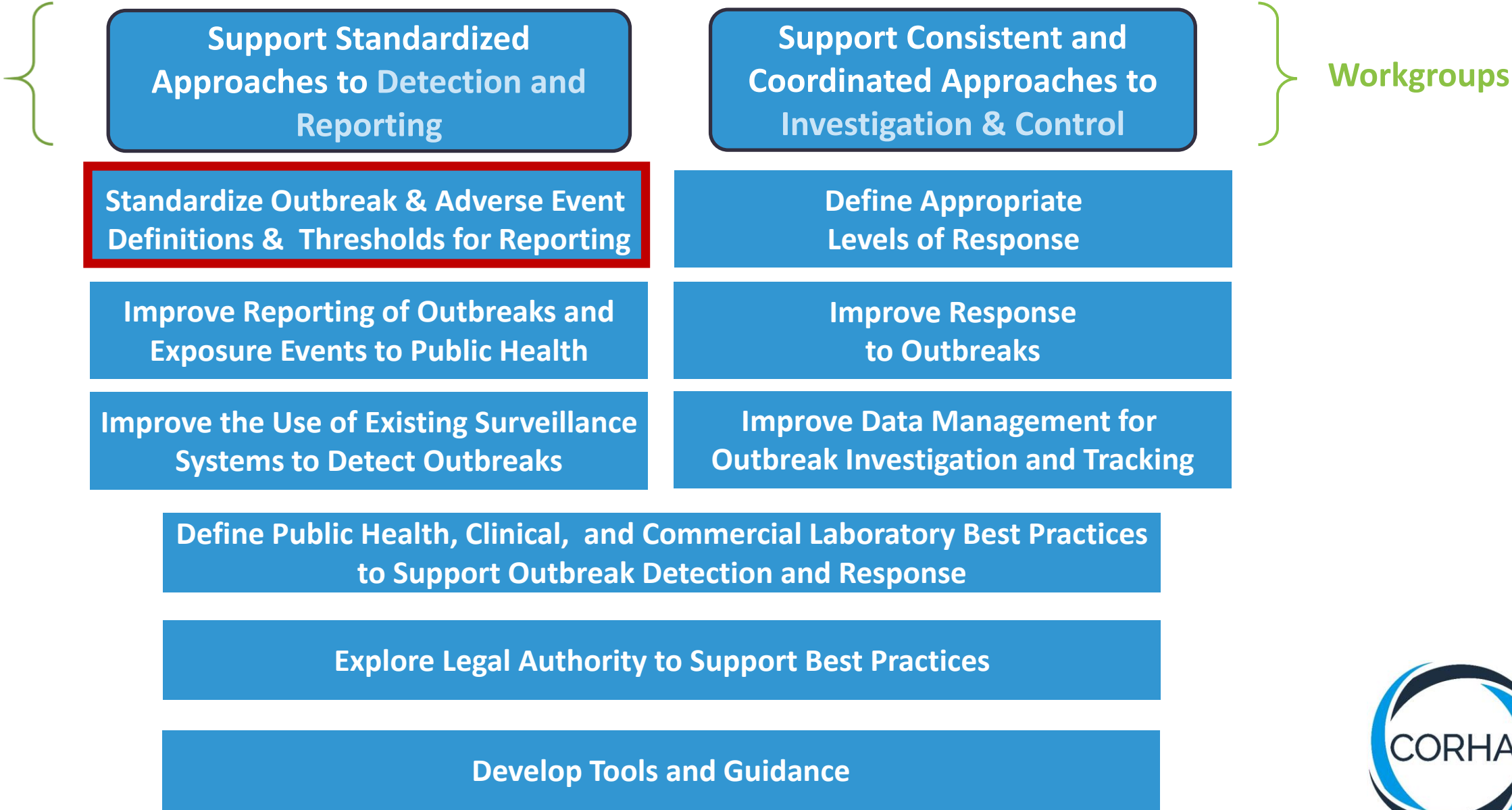
# CORHA Strategic Map



# CORHA Strategic Map



# CORHA Strategic Map – Priorities A and B



# Example – Serious Infection Control Breach Reporting Requirement

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 14-36-ALL  
**REVISED 10.28.16**

**DATE:** May 30, 2014

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Infection Control Breaches Which Warrant Referral to Public Health Authorities  
*\*\*\*Additional Information has been added to Breaches to Be Referred. This policy memorandum supersedes policy memorandum S&C: 14-36-ALL\*\*\*\**

## Memorandum Summary

- *Infection Control Breaches Warranting Referral to Public Health Authorities:* If State Survey Agencies (SAs) or Accrediting Organizations (AOs) identify any of the breaches of generally accepted infection control standards listed in this memorandum, they *must* refer them *as directed* to appropriate State authorities for public health assessment and management.

- Trigger for Reporting is clearly spelled out
- Includes reuse of injection equipment and breakdowns in reprocessing or sterilization
- Provides opportunity for health department to assess, assist and intervene
- Elevates these practices



---

## Breaches to Be Referred

When one or more infection control breaches, that could potentially expose patients to the blood or bodily fluids of another, are identified during any survey of a Medicare or Medicaid-certified provider/supplier, the SA or AO *must* make the appropriate State public health authority aware of the deficient practice. Examples of such infection control breaches *that must be reported* are unsafe injection practices and use of sharps, including:

- Using the same needle for more than one individual;
- Using the same syringe, pen or injection device (e.g. pre-filled, manufactured, insulin or any other *medication or biological*) for more than one individual;
- Re-using a needle or syringe which has already been used to administer medication *or a biological* to an individual, to subsequently enter a medication container (e.g., vial, bag), and then using contents from that medication container for another individual;
- Using the same lancing/fingerstick device for more than one individual, even if the lancet is changed.

*The SA or AO should also refer other infection control breaches in addition to those described above if recommended by their State public health authorities or if they believe the breaches require public health assessment and management. Examples of such infection control breaches include, but are not limited to, the following:*

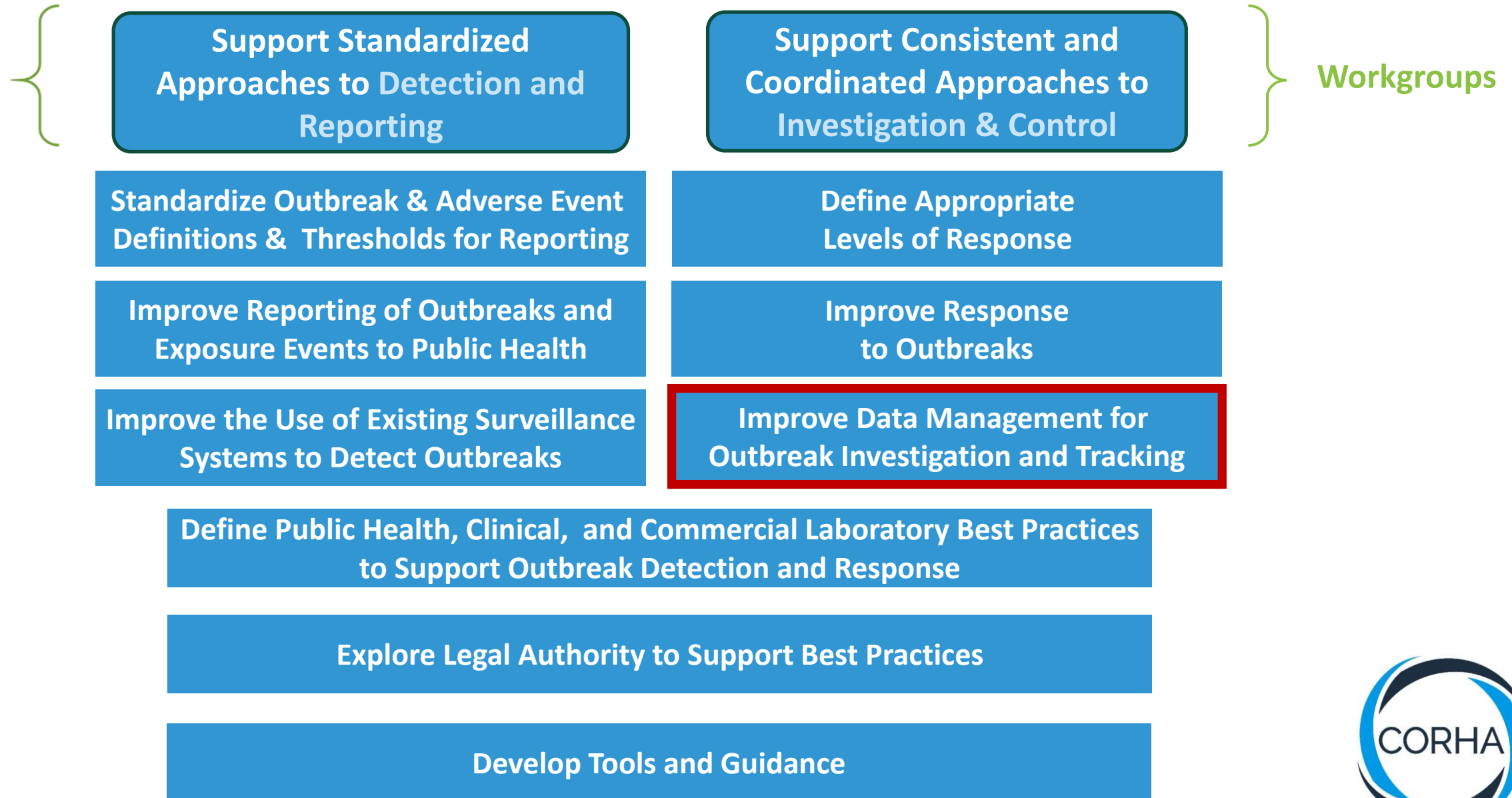
- *Improper cleaning and disinfection of endoscopy equipment; and,*
- *Improper cleaning and sterilization of surgical instruments.*

The CDC works closely with States on HAI prevention activities, and many States have designated HAI Prevention Coordinators.

---



# CORHA Strategic Map – Priorities A and B





# CORHA Response Activity Tracking System

- Developed to help health departments and large healthcare systems with tracking summary data from responses activities
- Builds on recent evaluation of health department HAI/AR program evaluation which showed high levels of Response Activity but variable approaches to recording, tracking and analyzing this information
- Materials include a sample database (provided in the form of a downloadable Microsoft Access file) and data dictionary

**HAI-AR Outbreak and Response Tracking** Version 1 Council for Outbreak Response: Healthcare-Associated Infection and Antimicrobial Resistant Pathogens (CORHA) <http://www.corha.org> **CORHA**

Response/Outbreak ID  (Please enter response ID first)  
Status   
Type of event/investigation

**Intake Information**

(Select date then add space and enter time, e.g. 4:30pm)

Date/time public health contacted   
Date/time public health investigation initiated   
Date facility investigation initiated   
Source of report   
Method of report   
Name   
Phone   
Email   
Description of situation when initially reported

**Epidemiological Investigation**

Epidemiological investigation notes

**Public Health Contact Information**

Lead investigator   
Other health dept. staff involved and contact information   
Other agencies/departments involved

Agency/Dept.   
Name   
Phone   
Email   
Notes

Records: 1 of 1 No Filter Search

**Healthcare Facility Information**

Facility setting   
Facility name   
Facility address   
Facility point(s) of contact   
Facility county   
Facility region   
Location within facility   
Facility bed count

Records: 1 of 1 No Filter Search





Response/Outbreak ID

Status

Type of event/investigation

(Please enter response ID first)

Intake Information

Date/time public health contacted

Date/time public health investigation initiated

Date facility investigation initiated

Source of report

Method of report

Name

Phone

Email

(Select date then add space and enter time, e.g. 4:30pm)

Description of situation when initially reported

Epidemiological Investigation

Epidemiological investigation notes

Public Health Contact Information

Lead investigator

Other health dept. staff involved and contact information

Other agencies/departments involved

Agency/Dept.

Name

Phone

Email

Notes

Record: 1 of 1 No Filter Search

Healthcare Facility Information

Facility setting

Facility name

Facility address

Facility point(s) of contact

Facility county

Facility region

Location within facility

Facility bed count

Record: 1 of 1 No Filter Search



Investigation method(s)
*

Investigation resource(s) used	Website link
*	

Click to add resources and website links

Suspected source(s) of transmission	Specify source	Likely Source
*		<input type="checkbox"/>

## Laboratory Testing

Laboratory notes

Pathogen(s) identified	Resistance 1	Resistance 2	Resistance 3
*			

Sample Type	Testing lab	# Tested	# Positive	Surveillance?	Molecular testing	# Molecular testing
*				<input type="checkbox"/>	<input type="checkbox"/>	

## Control Measures

Number vaccinated

Number receiving prophylaxis

	Control measure(s) implemented	
*		

Control measure(s) notes

## Resolution and Follow Up

Date closed

Resolution notes

Follow up notes

## Notifications

Notification type

Notification date

Number notified

Testing performed

☐

Number tested

Number of additional cases identified

Notification details

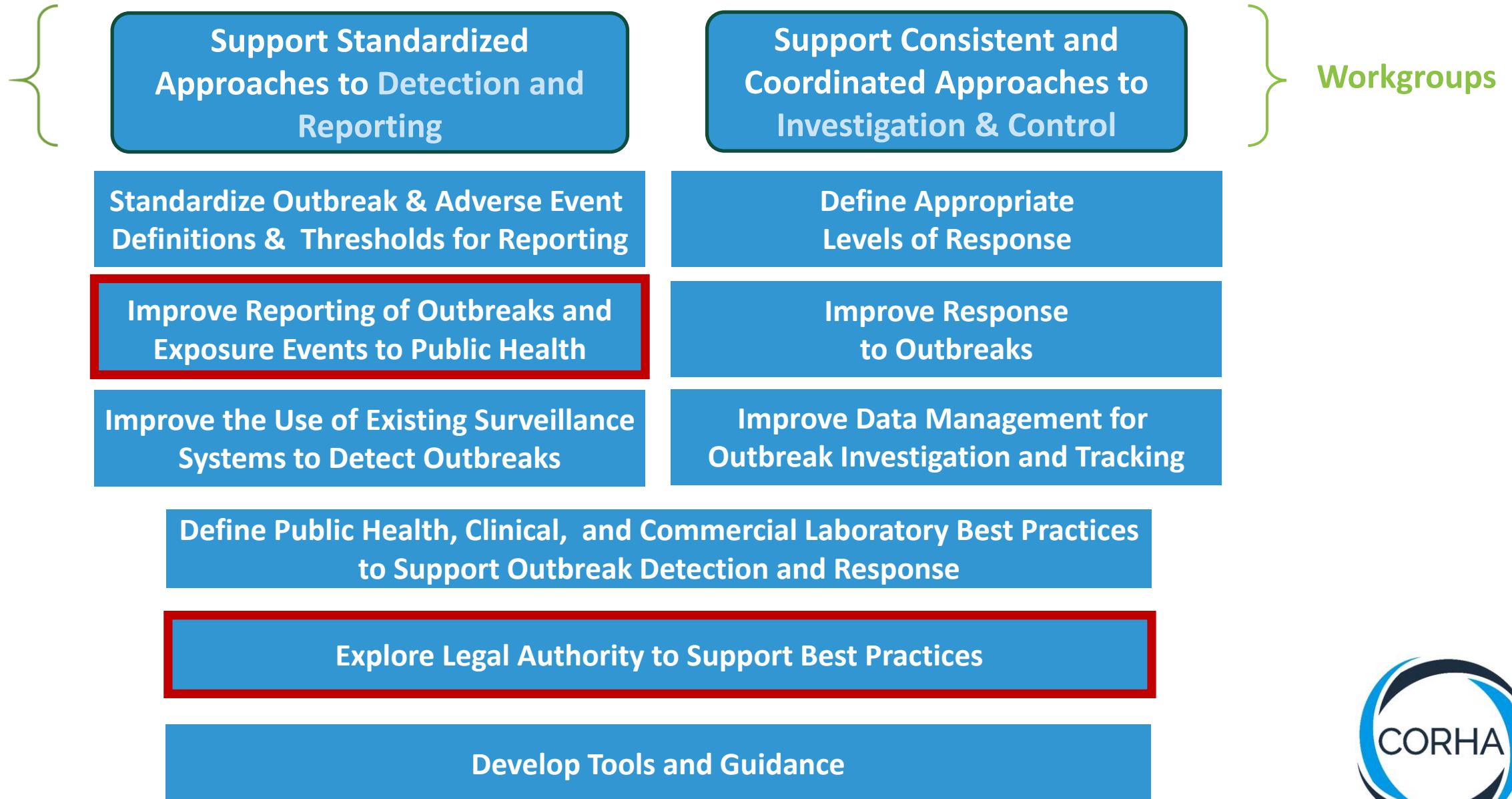
Record: 1 of 1

1 of 1

No Filter

Search

# CORHA Strategic Map – Priorities A and B



# ASTHO-led Evaluation of State HAI/AR Outbreak Reporting Policies and Practices

## 1 HAI/AR Outbreak Reporting

For the purposes of this interview, we would like to focus discussion specifically on **reporting policies** associated with **HAI/AR outbreaks**



State-level Policies: Laws, regulations, judicial decrees

Health Agency-level Policies: Agency guidelines, budget priorities

Authority

## 2 Policy Levels

Within the context of HAI/AR reporting, we are interested in learning about **two levels of policies**: state-level and health agency-level policies (defined in the diagram to the left)

## 3 Topics for Discussion

- Policy content
- Policy implementation
- Policy impact and evaluation



# CORHA: Recognizing Laboratory as Essential to HAI/AR Outbreak/Response Activities

- Variety of laboratory activities contribute to HAI/AR outbreak/response activities
  - Diagnostics → signal detection (launch investigation)
  - Diagnostics → case finding (support investigation)
  - Relatedness testing → signal detection (launch investigation)
  - Relatedness & Environmental testing (support investigation)



# Laboratory Workgroup Charge (Draft)

- Promote and support improvement of laboratory response to healthcare-associated infection outbreaks
- Define public health, clinical, and commercial laboratory best practices to support outbreak detection and response
- Improve collaborations with healthcare facilities and state/local public health departments





# Some Other Topics/Issues CORHA is Working On

- Medical Product Investigations
- Drug Diversion
- Patient Notification and Public Disclosure
- Workforce capacity/training
- Advice on Planning and Preparation



# CORHA – Summary

- The Council is **evolving** and aims to provide a **practical forum** for the healthcare community, consumers, public health authorities, and professional associations to address the challenges of HAI/AR outbreak response
- Largely dependent on in-kind contributions (thanks)
- Engage with us:
  - Website – [corha.org](http://corha.org)
  - CORHA Member Organizations can provide path to workgroup participation



# Thank You



The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.