

10-02

STATEMENT OF POLICY

Increasing Federal, State, and Local Partnership in Addressing Healthcare-associated Infections

Policy

The National Association of County and City Health Officials (NACCHO) recognizes that healthcare-acquired infections (HAIs) are detrimental to the health of the public and that active inclusion and support of local health departments (LHDs) is essential to successfully develop and implement HAI policies.

NACCHO encourages federal and state partners to provide adequate support and funding for engaging LHDs in developing and implementing HAI surveillance and reporting policies. At the national level, NACCHO requests the inclusion of appropriate local health department representation in all aspects of such policy development. NACCHO also encourages state health departments to establish relationships with their LHDs in the area of HAIs. NACCHO also requests that state plans are reviewed by a majority of local health officials whose collective jurisdictions encompass a majority of the state's population prior to being awarded HAI designated federal funds.

Justification

Community settings have important implications on HAIs. While HAIs are associated with healthcare delivery, a substantial portion of these may have their onset in the community.¹ Methicillin-resistant *Staphylococcus aureus* (MRSA) has also emerged as an important cause of infection in the community.² MRSA infections, both healthcare- and community-associated, are generally caused by a very limited number of strains, suggesting that most cases result from direct or indirect person-to-person transmission of MRSA.³ Outbreaks of nonhospital (e.g., outpatient clinics and surgical day centers) healthcare-associated hepatitis B and C virus have placed significant burden on state and local health departments.⁴

There have been increasing state efforts to mandate active surveillance of certain HAIs due to the Department of Health and Human Services' (HHS) priority to prevent and reduce HAIs.⁵ While national and state agencies have cited the critical role of local public health in addressing this priority, LHDs have had varying levels of engagement in developing and implementing HAI policies. Barriers to increased engagement by LHDs include absence of relationships with hospitals and other key stakeholders, lack of funding, and a lack of clarity about LHDs' role. LHDs' active engagement would help build the necessary relationships and help policymakers and partners to better understand the implications of HAIs in the community and capacity and needs of public health to address the prevention and reduction of HAIs. Increasing involvement will help LHDs to identify specific opportunities to facilitate the development and implementation of HAI policies.

Record of Action

*Approved by NACCHO Board of Directors
July 2010*



1. Department of Health and Human Services. (2009). *HHS Action Plan to Prevent Healthcare-Associated Infections*. Retrieved May 10, 2010, from <http://www.hhs.gov/ophs/initiatives/hai/draft-hai-plan-01062009.pdf>.
2. Herold BC, Immergluck LC, Maranan MC, et al. (1998). Community-acquired methicillin-resistant *Staphylococcus aureus* in children with no identified predisposing risk. *Journal of the American Medical Association*; 279:593-8.
3. Department of Health and Human Services. (2009). *HHS Action Plan to Prevent Healthcare-Associated Infections*. Retrieved May 10, 2010, from <http://www.hhs.gov/ophs/initiatives/hai/draft-hai-plan-01062009.pdf>.
4. Thompson ND, Perz JF, Moorman AC, Holmberg SD. Nonhospital health care-associated hepatitis B and C virus transmission: United States, 1998-2008.
5. Department of Health and Human Services. (2009). *HHS Action Plan to Prevent Healthcare-Associated Infections*. Retrieved May 10, 2010, from <http://www.hhs.gov/ophs/initiatives/hai/draft-hai-plan-01062009.pdf>.