

10-02

STATEMENT OF POLICY

Healthcare-Associated Infections

Policy

The National Association of County and City Health Officials (NACCHO) recognizes that healthcare-associated infections (HAIs) are detrimental to the health of the public and that, because of the relationships local health departments have with healthcare facilities and their role in surveillance, active inclusion and support of local health departments is essential to successfully develop and implement HAI prevention policies. NACCHO urges federal and state partners to provide adequate support and funding for engaging local health departments in developing and implementing HAI prevention, surveillance, and reporting policies, including employee vaccination policies.

NACCHO suggests the inclusion of local health department representation, as appropriate, in all aspects of HAI policy development, such as national, state, and local HAI stakeholder meetings, activities, and committees that establish, review, and refine national HAI surveillance and prevention strategies.

NACCHO recommends state health departments engage and establish relationships with their local health departments, specifically in the area of HAIs. Examples of engagement include, but are not limited to the following:

- Facilitating review of state HAI action plans by a majority of local health officials whose collective jurisdictions encompass a majority of the state's population;
- Ensuring local health department representation on state HAI advisory committees;
- Inviting local health department to participate in state-wide and region-wide meetings related to HAI prevention, surveillance, and response; and
- Assisting local health departments with access to HAI data, including information from the National Healthcare Safety Network (NHSN).

Effectively addressing HAIs will also require consideration of related topics covered in NACCHO's policy statements [Antimicrobial Stewardship and Resistance](#), [Influenza Vaccinations for Healthcare Personnel](#), [National Healthcare Safety Network](#), and [Multi-Drug Resistant Organisms](#).

Justification

HAIs are infections people acquire while obtaining treatment or care for another condition. These infections are often preventable, but approximately 1 in every 25 inpatients in acute care hospitals has at least one HAI.¹ While progress to address HAIs has been made in recent years,² they still represent a major burden of morbidity and mortality.³ HAIs can occur in a range of healthcare settings, including acute care hospitals, long-term care facilities (LTCFs), dialysis facilities, and other outpatient healthcare facilities. Organisms, such as carbapenem-resistant Enterobacteriaceae, *Clostridium difficile*, *Legionella pneumophila*, *Candida auris*, and methicillin-



resistant *Staphylococcus aureus*, have emerged or persisted as important causes of infection in these non-hospital healthcare settings.^{4, 5, 6}

Local health departments play a critical role in preventing and controlling HAIs, though experiences vary greatly by jurisdiction. HAI prevention efforts undertaken by local health departments may include identifying, notifying, and referring exposed people to screening or treatment services and tracking compliance and health outcomes. Local health departments with the capacity to do so also identify risk factors for infection during outbreaks, make recommendations to reduce risk, and monitor compliance. Local health departments have investigated and responded to HAIs in diverse healthcare settings, such as cases of carbapenem-resistant Enterobacteriaceae among individuals transitioning between acute care hospitals and LTCFs,⁷ *Clostridium difficile* in acute healthcare facilities,⁸ pertussis in hospital neonatal intensive care units,⁹ and viral hepatitis in ambulatory surgical centers and LTCFs.^{10, 11} Disease outbreak investigations in these settings are complex and resource-intensive for local health departments, which have experienced job losses and cuts to core funding in recent years.¹²

As proven conveners, local health departments have the opportunity to connect stakeholders in public health and healthcare for HAI control by leveraging new, or building upon existing, relationships with healthcare partners and the public. They frequently coordinate and exchange information with medical providers, hospitals, other healthcare facilities, the state health department, and other stakeholders. This role is particularly important given the growing evidence that a coordinated approach is vital to preventing the spread of antimicrobial resistance.¹³ Local health departments can support those coordination activities in many ways, such as by strengthening existing community relationships to connect acute care facilities and LTCFs to reduce HAIs transmitted during inter-facility transfers.¹⁴

They also have an important role in convening healthcare providers and other local partners to determine ways to prevent these infections from occurring. Local health departments may support facilities in identifying gaps and implementing improvements in infection prevention and control practices. They may promote antimicrobial stewardship and other interventions to reduce the emergence and spread of antimicrobial-resistant pathogens related to HAIs. Local health departments are responsible for educating community partners and the public about HAIs and may work independently or with state health departments on conducting outbreak investigations, tailoring HAI prevention tools for use in their state, and implementing statewide initiatives to prevent and reduce HAIs.¹⁵

Barriers to increased engagement by local health departments include absence of relationships with key stakeholders, lack of funding, lack of access to HAI community-level data, and lack of clarity about local health department roles. Local health departments' active engagement will help to achieve the following:

- Establishment of new, or strengthening of existing, relationships necessary for HAI prevention and control;
- Recognition of the role that local health departments can play in supporting hospitals and other healthcare facilities in preventing and controlling HAIs;
- Increased understanding among policymakers and partners of the impact of HAIs on the community and the capacity and needs of public health to address HAI elimination;
- Better identification of specific opportunities, including improving employee vaccination policies, to facilitate the development and implementation of HAI prevention, surveillance and reporting policies; and
- Development of targeted tools for local health department HAI prevention and response.

References

1. Magill, S., Edwards, J., Bamberg, W., Beldavs, Z. G., Dumyati, G., Kainer, M., et al. (2014). Multistate Point-Prevalence Survey of Health Care–Associated Infections. *The New England Journal of Medicine*, 370, 1198-1208.
2. Centers for Disease Control and Prevention. (2016). National and State Healthcare Associated Infections Progress Report. Retrieved April 13, 2017 from <https://www.cdc.gov/hai/pdfs/progress-report/hai-progress-report.pdf>.
3. Federal Steering Committee for the Prevention of Health Care-Associated Infections (2013). National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination, Part 2: Framework. Retrieved April 13, 2017 from <https://health.gov/hcq/pdfs/hai-action-plan-framework.pdf>.
4. Centers for Disease Control and Prevention. (2017, Jan. 13). Notes from the Field: Pan-Resistant New Delhi Metallo-Beta-Lactamase-Producing *Klebsiella pneumoniae*—Washoe County, Nevada, 2016. *Morbidity and Mortality Weekly Reports*, 66(1), 33. Retrieved April 14, 2017 from <https://www.cdc.gov/mmwr/volumes/66/wr/mm6601a7.htm>.
5. CDC. (2012). Vital signs: preventing *Clostridium difficile* infections. *Morbidity and Mortality Weekly Reports*, 61, 157-162. Retrieved April 14, 2017, from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6109a3.htm>.
6. OYong K, Coelho L, Bancroft E, Terashita D. (2015) Health care-associated infection outbreak investigations in outpatient settings, Los Angeles County, California, USA, 2000-2012. *Emerging Infectious Diseases*, 21(8),1317-1321.
7. Centers for Disease Control and Prevention. (2011, Oct. 21). Carbapenem-Resistant *Klebsiella pneumoniae* Associated with a Long-Term-Care Facility—West Virginia, 2009--2011. *Morbidity and Mortality Weekly Reports*, 60(41),1418-1420. Retrieved April 14, 2017 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6041a2.htm>
8. Black, S. R., Weaver, K. N., Jones, R. C., Ritger, K. A., Petrella, L. A., Sambol, S. P. et al. (2011). *Clostridium difficile* Outbreak Strain BI Is Highly Endemic in Chicago Area Hospitals. *Infection Control and Hospital Epidemiology*, 32(9).
9. Yasmin, S., Sunenshine, R., Bisgard, K. M., Wiedeman, C., Carrigan, A., Sylvester, T., et al. (2012). Healthcare-Associated Pertussis Outbreak in Arizona: Challenges and Economic Impact, 2011. *Journal of Pediatric Infectious Diseases Society*, 3(1), 81-84.
10. Labus, B. (2009) Outbreak of Hepatitis C at Outpatient Surgical Centers: Public Health Investigation Report. Retrieved May 27, 2016 from <https://southernnevadahealthdistrict.org/download/outbreaks/final-hepc-investigation-report.pdf>
11. Counard, C. A., Perz, J., Linchangco, P. C., Christiansen, D., Ganova-Raeva, L., Xia, G., et al. (2010). Acute Hepatitis B Outbreaks Related to Fingerstick Blood Glucose Monitoring in Two Assisted Living Facilities. *Journal of the American Geriatrics Society*, 58(2), 306-311.
12. National Association of County and City Health Officials. (2017). 2016 National Profile of Local Health Departments. Retrieved April 14 from <http://nacchoprofilestudy.org/>.
13. Centers for Disease Control and Prevention. (2015). Making Health Care Safer. Stop Spread of Antibiotic Resistance. CDC Vital Signs. Retrieved April 14, 2017 from <http://www.cdc.gov/vitalsigns/stop-spread/>.
14. Siiteri, R. (2013, March 14). Hepatitis C Case Investigation in an Outpatient Hemodialysis Center. California Department of Public Health.
15. Baum, C. NACCHO Renews Commitment to Antibiotic Stewardship at White House Forum [blog post]. Preparedness Brief Blog. Retrieved from: <http://nacchopreparedness.org/naccho-renews-commitment-to-antibiotic-stewardship-at-white-house-forum/>.

Record of Action

Proposed by the Infectious Disease Prevention and Control (IDPC) workgroup

Approved by NACCHO Board of Directors July 2010

Updated August 2013

Updated May 2017