

10-03

STATEMENT OF POLICY

Increasing Local Health Departments' Access to Healthcare–Associated Infection Data through the National Healthcare Safety Network

Policy

The National Association of County and City Health Officials (NACCHO) supports increasing local health departments' (LHD) access to National Healthcare Safety Network (NHSN) healthcare-associated infection (HAI) data.

To bolster LHDs' access to HAI information collected and reported by healthcare facilities within their jurisdictions, NACCHO recommends:

- Through increased federal funding, expand technical assistance, staffing, and resources for local health departments to access and use NHSN data;
- Continued facilitation by CDC of NHSN access for LHDs, for example, by allowing for a DUA with LHDs even if there is state mandate in place and maintaining a clear process for LHDs to request NHSN datasets; and
- LHDs, as their roles and capacity permit, seek data access through Data Use Agreements (DUA) with NHSN, which allow LHDs to access HAI data from institutions within their jurisdictions, or request NHSN datasets to strengthen HAI programs and target interventions.¹

Justification

HAIs, including Coronavirus-19 (COVID-19) and antimicrobial resistant (AR) pathogens, represent a growing threat to the health of the public and a significant challenge to the healthcare system and LHDs can play a vital and important role in preventing and controlling their spread. LHDs are increasingly called to facilitate coordination between healthcare facilities; provide leadership; respond to outbreaks of HAIs and antimicrobial-resistant organisms; and develop and support programs relating to antibiotic stewardship. LHDs can leverage their jurisdictional data to inform outbreak detection and response, support coordinated efforts among healthcare facilities, establish trends for their jurisdiction, and target stewardship and infection prevention and control (IPC) initiatives. As such, it is critical to recognize the need for and value of supporting LHD access to NHSN data on these public health issues which impact their communities.

COVID-19 underscored the important role LHDs play in IPC and HAI efforts. Healthcare facilities became “hot spots” of COVID-19 outbreaks with devastating consequences and LHDs actively worked with their facility partners on COVID-19 prevention and response efforts. NHSN supported the United States' response to the COVID-19 pandemic by collecting facility-level data on outcomes and process measures. While LHDs collected data on positive cases, NHSN included additional data points that some LHDs did not have timely or



efficient mechanisms to collect, such as death counts or vaccination status of newly positive facility residents. Timely access to these metrics in one system would have supported LHD response activities and will support identification of vaccine breakthrough cases. Without direct access to this system, LHDs reported that they received some NHSN data indirectly from their state health department. This process lengthened the turnaround time causing a delay which ultimately made data less useful.

NACCHO recognizes CDC's leadership in establishing NHSN data collection and reporting in healthcare facility settings. The use of a single surveillance system and its technical infrastructure by states that have enacted mandatory HAI reporting fosters national standardization of HAI case criteria and data requirements. CDC is now permitted to share facility-specific infection data with state and local health departments through a data use agreement² yet LHD resources for HAI surveillance and investigation are often limited. NACCHO supports any efforts to provide federal funding, expand technical assistance, staffing, and resources for LHDs to access and use NHSN data, particularly as NHSN has been leveraged to support pandemic response, in addition to monitoring other HAI and AR data.

LHDs have a current and major role in every aspect of preventing and controlling infections, including HAIs, but their involvement is often limited by a lack of access to data regarding HAIs in their jurisdiction. Sharing information with LHDs is a critical first step that can lead to more awareness and comprehensive HAI prevention efforts within communities and stronger relationships between the public health and healthcare sectors. Additionally, the Council of State and Territorial Epidemiologists' Infectious Disease Committee supports interfacility communication of HAI data, as stated in its position statement, “
Interfacility Communication to Prevent and Control Healthcare-Associated Infections and Antimicrobial Resistant Pathogens across Healthcare Settings
.”³ Increased data access and technical support will allow local health departments to support this type of interfacility coordination, in addition to conducting HAI surveillance, monitoring trends, and targeting intervention efforts.

Record of Action

*Proposed by the Infectious Disease Prevention and Control Workgroup
Approved by NACCHO Board of Directors November 2010
Updated April 2021*

References

¹ National Healthcare Safety Network. (2013, February 4). About NHSN: Technology. Retrieved April 19, 2021, from <http://www.cdc.gov/nhsn/technology.html>

² Centers for Disease Control and Prevention. (2018, March 22). Data Use Agreement (DUA) Announcement. Retrieved April 19, 2021, from <https://www.cdc.gov/hai/state-based/dua-announcement.html> ³ Council of State and Territorial Epidemiologists

Interfacility Communication to Prevent and Control Healthcare-Associated Infections and Antimicrobial Resistant Pathogens across Healthcare Settings 16-ID-09. Retrieved April 19, 2021, from https://cdn.ymaws.com/www.cste.org/resource/resmgr/2016ps/16_ID_09.pdf