



American Recovery and Reinvestment Act
Epidemiology and Laboratory Capacity (ELC)
for Infectious Disease Program
Healthcare-Associated Infections (HAIs)
Grantee Meeting

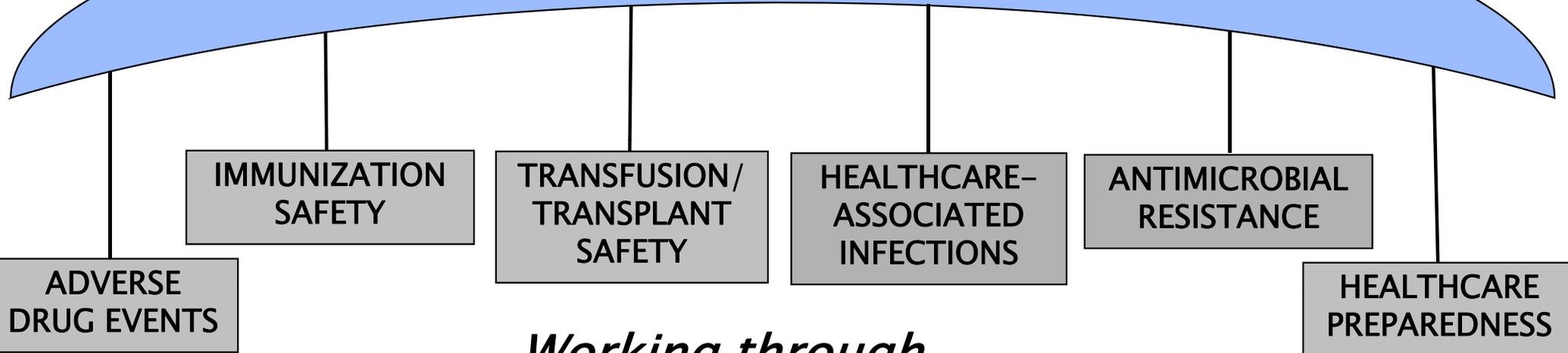
Rosa L. Herrera and Abbigail Tumpey, MPH, CHES
October 19-20, 2009



CDC's Division of Healthcare Quality Promotion (DHQP)

<http://www.cdc.gov/ncidod/dhqp/>

DHQP PATIENT SAFETY ACTIVITIES



Working through . . .

- Outbreak Investigations
- Surveillance
- Prevention Recommendations
- Intervention Implementation
- Laboratory Support and Research
- Collaborations and Partnerships



National MRSA Educational Initiative

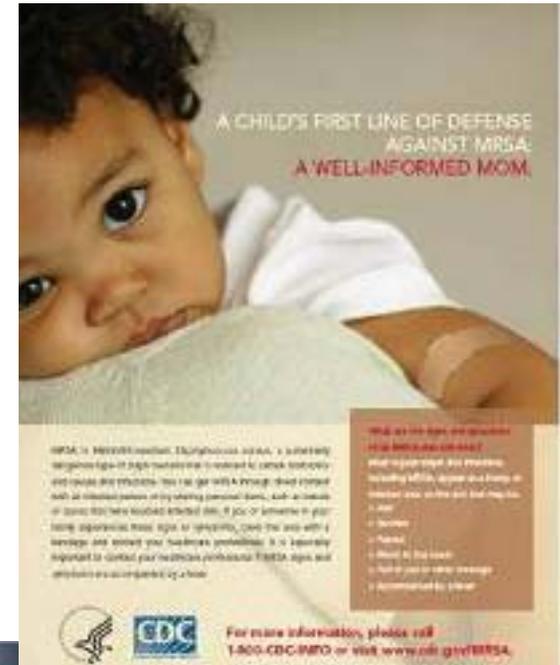
www.cdc.gov/mrsa



General Public



- Moms and Parents
 - African American
 - Low socioeconomic status
- Increase awareness of MRSA
 - Signs and symptoms
 - What they should do if they think they have a skin infection
 - Prevention
- Guide patients to appropriate MRSA information





Clinicians



- Emergency medicine, family practice, internal medicine, and pediatrics
 - Doctors, nurses, athletic trainers, etc.
- Provide evidence-based methods to recognize, treat and manage MRSA
- Facilitate clinician/patient communication

OUTPATIENT MANAGEMENT OF SKIN AND SOFT TISSUE INFECTIONS

Patient presents with signs/symptoms of skin infection:

- Redness
- Swelling
- Warmth
- Pain/tenderness
- Complaint of "spider bite"

Is the lesion purulent (i.e., are ANY of the following signs present)?

- Fluctuance – palpable fluid-filled cavity, movable, compressible
- Central point or "head"
- Draining pus
- Yellow or white center
- Possible to aspirate pus with needle and syringe

YES

1. Drain the lesion
2. Send wound drainage for culture and susceptibility testing
3. Advise patient on wound care and hygiene
4. Discuss follow-up plan with patient

NO

Possible cellulitis without abscess:

- Provide antimicrobial therapy with coverage for Streptococcus spp. and/or other suspected pathogens
- Maintain close follow-up
- Consider adding coverage for MRSA (if not provided initially), if patient does not respond

If systemic symptoms, severe local symptoms, immunosuppression, or failure to respond to I&D, consider antimicrobial therapy with coverage for MRSA in addition to I&D (See reverse for options)

ABBREVIATIONS
 I&D: incision and drainage
 MRSA: methicillin-resistant Staphylococcus aureus
 SSTI: skin and soft tissue infection

PRECAUTIONS**

- Clostridium difficile-associated disease, while uncommon, may occur more frequently in association with clindamycin compared to other agents
- Not recommended during pregnancy
- Not recommended for children under the age of 8
- Activity against group A streptococcus, a common cause of cellulitis, unknown
- May not provide coverage for group A streptococcus, a common cause of cellulitis
- Not recommended for women in the third trimester of pregnancy
- Not recommended for infants less than 2 months
- Drug-drug interactions are common.
- Has been associated with myelosuppression, neuropathy and lactic acidosis during prolonged therapy

Available beta-lactam agents

Clonazepam, levofloxacin and macrolides (erythromycin) are not optimal for MRSA. Resistance is common or may occur.

MRSA colonization should not be eliminated. Decolonization regimens may be used to prevent recurrent infections, but more data are needed to identify optimal regimens. After treating active infections, patients should consider consulting with a specialist regarding use of decolonization regimens in an individual patient or members of a household.

Algorithm co-developed by CDC, American Medical Association, and Infectious Diseases Society of America.

Footnote 1: For severe infections requiring inpatient management, consider consulting an infectious disease specialist.

Footnote 2: Data from controlled clinical trials are needed to establish the comparative efficacy of these agents in treating MRSA SSTI. Patients with signs and symptoms of severe illness should be treated as inpatients.

Footnote 3: Consult product labeling for a complete list of potential adverse effects associated with each agent.



Hand Hygiene Saves Lives: Patient Admission Video

www.cdc.gov/handhygiene

Hand Hygiene

is the #1 way to prevent the spread of infections

Take action and practice hand hygiene often.

- Use soap and water or an alcohol-based hand rub to clean your hands.
- It only takes 15 seconds to practice hand hygiene.

Ask those around you to practice hand hygiene.

- Your doctors and nurses should practice hand hygiene every time they enter your room.
- You and your visitors should clean your hands before eating, after using the restroom, and after touching surfaces in the hospital room.

For more information, please visit www.cdc.gov/handhygiene or call 1-800-CDC-INFO

CDC acknowledges the following partners in the development of the *Hand Hygiene Saves Lives* video: The Association for Professional Infection Control and Epidemiology and Safe Care Campaign.

This poster was developed with support from the CDC Foundation and Kimberly-Clark Corporation



Why?

To prevent hospital infections.

- In the United States, hospital patients get nearly 2 million infections each year. That's about 1 infection per 20 patients!
- Infections you get in the hospital can be life-threatening and hard to treat.
- All patients are at risk for hospital infections.
- You can take action by asking both your healthcare providers and visitors to wash their hands.

Remember: **Hand hygiene saves lives.**

To make a difference in your own health.

- Hand hygiene is one of the most important ways to prevent the spread of infections, including the common cold, flu, and even hard to treat infections, such as methicillin-resistant *Staphylococcus aureus*, or MRSA.

When?

You should practice hand hygiene:

- Before preparing or eating food.
- Before touching your eyes, nose, or mouth.
- Before and after changing wound dressings or bandages.
- After using the restroom.
- After blowing your nose, coughing, or sneezing.
- After touching hospital surfaces such as bed rails, bedside tables, doorknobs, remote controls, or the phone.

Healthcare providers should practice hand hygiene:

- Every time they enter your room.*
- Before putting on gloves. Wearing gloves alone is not enough to prevent the spread of infection.
- After removing gloves.

Remember: **Ask your doctors and nurses to clean their hands before they examine you.**

* If you already have an infection, your healthcare providers may take special measures (isolation precautions) to prevent the spread of your infection to others. They might enter your room wearing protective equipment (e.g., gloves, gown, mask). You do not need to ask them to clean their hands because they should have done so before they put on gloves.

How?

With soap and water:

1. Wet your hands with warm water. Use liquid soap if possible. Apply a nickel- or quarter-sized amount of soap to your hands.
2. Rub your hands together until soap forms a lather and then rub all over the top of your hands, in between your fingers and the area around and under the fingernails.
3. Continue rubbing your hands for 15 seconds. Need a timer? Imagine singing the "Happy Birthday" song twice.
4. Rinse your hands well under running water.
5. Dry your hands using a paper towel if possible. Then use your paper towel to turn off the faucet and to open the door if needed.

Remember: **It only takes 15 seconds to protect yourself and others.**

With an alcohol-based hand rub:

1. Follow directions on the bottle for how much of the product to use.
2. Rub hands together and then rub product all over the top of your hands, in between your fingers and the area around and under the fingernails.
3. Continue rubbing until your hands are dry. If enough rub was used to kill germs, it should take at least 15 seconds of rubbing before your hands feel dry. You should not rinse your hands with water or dry them with a towel.

Which?

Use soap and water:

- When your hands look dirty.
- After you use the bathroom.
- Before you eat or prepare food.

Use an alcohol-based hand rub:

- When your hands do not look dirty.
- If soap and water are not available.

Alcohol-based hand rubs

- Products that kill germs on the hands.
- Should contain 60% to 95% ethanol or isopropanol (types of alcohol).
- Are fast-acting and convenient.

Who?

You can make a difference in your own health:

- Healthcare providers know they should practice hand hygiene, but they sometimes forget. Most welcome your friendly reminder.
- Ask healthcare providers to practice hand hygiene in a polite way — tell them that you know how easy it is for people to get infections in the hospital and that you don't want it to happen to you.

Remember: **Take control of your health. practice hand hygiene.**





One & Only Campaign

www.oneandonlycampaign.org



**1 ONE NEEDLE,
ONE SYRINGE,
ONLY ONE TIME.**

Safe Injection Practices Coalition
www.ONEandONLYcampaign.org



Can I use that when you're done?

You wouldn't share this with anyone. Your provider shouldn't share your syringe.

About the One & Only Campaign
The goal of the One & Only Campaign is to improve safe injection practices across healthcare settings. The practices within an organization are highly influenced by its culture or are an expression of its culture. Thus, through education, outreach, and grassroots initiatives, the One & Only Campaign will seek to influence the culture of patient safety. The One & Only Campaign is an education and awareness campaign aimed at both healthcare providers and the public to increase proper adherence to safe injection practices to prevent disease transmission from the reuse of needles, syringes, and medication vials in outpatient settings. While the campaign will be initially rolled out in targeted locations, the vision is to develop a concept that can be replicated nationwide. For more information, please visit: www.ONEandONLYcampaign.org

Coalition partners include the following organizations: Accreditation Association for Ambulatory Health Care (AAAACC), American Association of Nurse Anesthetists (AANA), Ambulatory Surgery Foundation, Association for Professional Infection Control and Epidemiology, Inc. (APICE), ID Society, Dickinson and Company, Centers for Disease Control and Prevention (CDC), CDC Foundation, HONORform Foundation, Nebraska Medical Association (NMA), and Nevada State Medical Association (NSMA).

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**1 Needle
1 Syringe
+ 1 Time**

0 Infections

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www.ONEandONLYcampaign.org

Some things should not be reused

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Safe Injection Practices Coalition



**Injection Safety:
What Healthcare
Providers
Need to Know**

www.ONEandONLYcampaign.org

**Some Things
Should Never
Be Reused**



**A Patient's Guide to
Injection Safety**

www.ONEandONLYcampaign.org



How we can assist

- Messages during outbreak responses or healthcare facility investigations
- Educational resources
- CDC-Info as surge capacity
- Heads-up on upcoming events, releases, etc.
- Regular communication with NPHIC
- Connecting with partners and consumer advocates
 - DHQP currently has regular communication with consumer advocates in 11 states: CA, CT, GA, MA, MD, NE, NH, NJ, OH, OR, SC



ARRA Funding Web Site



- Breakdown of funding and activity by state
- Number of hospitals in state
- Summary of baseline activity and expected outcomes



HAI Recovery Act Website: Funding by State



Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

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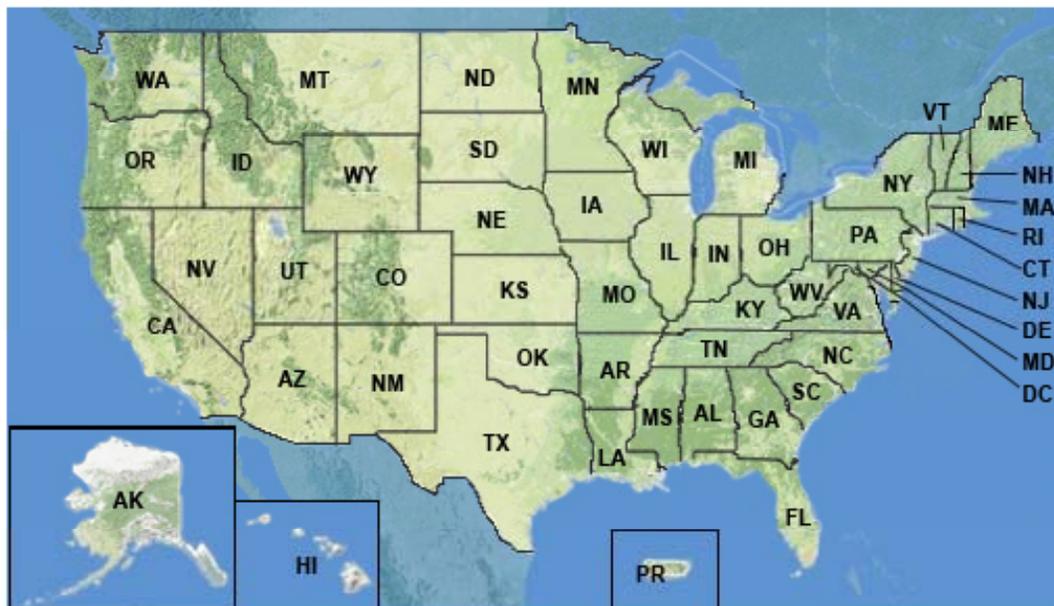
Healthcare-Associated Infections: Recovery Act

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- About ELC Funding
- About EIP Funding
- Supplemental Material
- Performance Measures
- Eligibility
- Application & Submission Information
- Funding by State**
- Agency Contacts

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Funding by State



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Related Links

- [Grants.Gov](#)
- [HHS Action Plan to Prevent Healthcare-Associated Infections](#)
- [Implementing the Recovery Act](#)
- [Recovery.Gov](#)
- [The Epidemiology and Laboratory Capacity for Infectious Diseases Program](#)

A list of the funding allocations per state

Choose a State

Alabama

Department of Health

Funding Amount: \$487,133



- [HHS.gov/Recovery Overview](#)
- [Plans & Reports](#)
- [Grants & Contracts](#)
- [Announcements](#)



HAI Recovery Act Website: Funding by State

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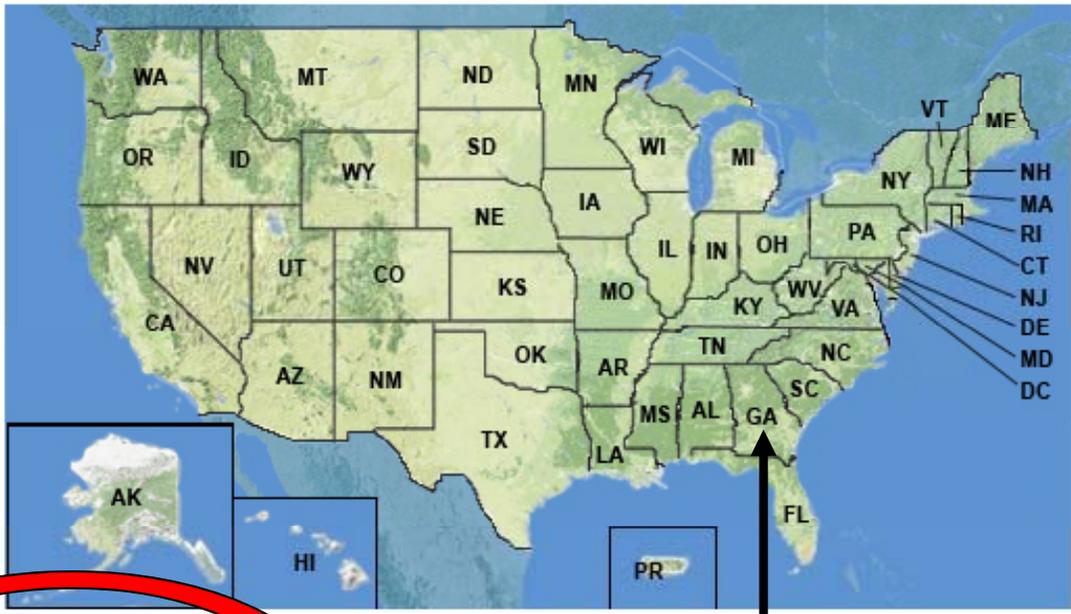
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Funding by State



A list of the funding allocations per state

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Department of Health

Funding Amount: \$487,133

Click to choose a state or drop-down box

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Contact Us:

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RECOVERY.gov

HHS.gov/Recovery

- Overview
- Plans & Reports
- Grants & Contracts
- Announcements



HAI Recovery Act Website: Funding by State (EXAMPLE ONLY)



Georgia

Department of Health

Funding Amount: \$2 million

Funded Activity: A, B, C (see [ELC Activities Funded](#) for more information)

Major outcome expected: 50 percent reduction in MRSA rates

Number of Hospitals Included: 300

State Contact: Name (email address) < links to state public health Web site, proposal and state HAI plan>

Summary of Activity: Information to be addressed...Background about the situation in Texas. Is there mandatory reporting? What is the state of HAIs in the state as of fall 2009?

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Hawaii

Department of Health

Funding Amount: \$2 million

Funded Activity: A, B, C (see [ELC Activities Funded](#) for more information)

Major outcome expected: 50 percent reduction in MRSA rates

Number of Hospitals Included: 300

State Contact: Name (email address) < links to state public health Web site, proposal and state HAI plan>

Summary of Activity: Information to be addressed...Background about the situation in Texas. Is there mandatory reporting? What is the state of HAIs in the state as of fall 2009?

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- General template
 - Funding amount
 - Funded activity
 - Major outcome expected
 - Number of hospitals included
 - State contact
 - Summary of activity

- Need assistance from the states in updating information by state

- Will be able to use this page to promote work of states on HAIs



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