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Disease Reporting Rule Changes

On Jan. 8, 2017, changes to the Minnesota's Communicable Disease Reporting Rule took effect. The changes address new and emerging infectious diseases, changes in clinical practice, and help ensure a strong public health system. For more detail on all the changes to the rules, see the Infectious Disease Reporting website.

Links to HAI Surveillance Pages

Following are links to web pages that describe reporting requirements for several healthcare-associated infections (HAIs):

- Carbapenem-resistant *Enterobacteriaceae* (CRE) Surveillance Case Definition and Reporting
- Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) Isolate Submission and Laboratory Testing
- Invasive Candidiasis (IC) Sentinel Surveillance Case Definition and Reporting

Registration Open: Injection Safety Ambassador Training for Ambulatory Surgery Centers

Please join MDH on February 3, 2017 at the Wilder Center for an Injection Safety Ambassador Training for ambulatory surgery center staff. This train-the-trainer event will provide you with the tools you need to develop an injection safety program for your facility. For more information, visit the Injection Safety website and for registration information, click on the link to the right. Watch for additional training dates for other types of facilities coming soon.
Drug Diversion Video

As a Partner State of the One and Only Campaign (O&O), MDH works to prevent infections resulting from drug diversion. Colorado, a fellow O&O Partner State, has created a video that anyone can use for drug diversion prevention education. View the video at the Colorado Partner State website.

Staff Spotlight

The HAI surveillance group monitors certain infections that are of special concern in health care settings. Each of these staff brings valuable experience to our unit. Ginny has microbiology laboratory experience, Brittany has worked on hospital National Healthcare Safety Network (NHSN) data reporting and analysis, and Medora has worked on MDH’s *C. difficile* surveillance program. Catherine and Kim have experience working in a variety of other infectious disease surveillance programs. This team also assists in HAI outbreak investigations and can answer questions on reporting, infection prevention, and testing. For more information, call 651-201-5414 and ask for someone from the HAI surveillance group.

HAI surveillance group members (pictured left to right):

- Kim Moore specializes in data entry and management. Kim is a huge NASCAR fan!
- Catherine Lexau, PhD, MPH, RN specializes in NHSN data. Her garden was nominated for a Blooming St. Paul award.
- Medora Witwer, MPH specializes in CRE and carbpenem-resistant *A. baumannii* (CRA); vancomycin-intermediate and vancomycin-resistant *S. aureus* (VISA/VRSA). Medora worked on the medical marketing team that sold the blood chemistry analyzer used onboard Air Force One.
- Brittany VonBank, MPH specializes in Candidemia and NHSN data. Brittany is a Guster groupie! She’s been to 10 concerts and has taken the band out for pizza after local shows.
- Ginny Dobbins, BS specializes in CRPA. Ginny is a trivia nerd and participates in local trivia contests weekly.

Notable HAI Research


Researchers assessed the rates of clinical methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant *Enterococcus* (VRE) infections in two California hospitals following two policy/practice changes: 1) elimination of contact precautions (CP) for endemic MRSA and VRE and 2) an increase to nearly universal chlorhexidine gluconate (CHG) bathing. The following hospital-level clinical outcomes were assessed during pre- and post-intervention periods: monthly MRSA, VRE and *C. difficile* clinical culture rates, proportion of antibiotic-resistant *S. aureus* and *Enterococcus* clinical isolates,
proportion of positive MRSA and VRE surveillance cultures performed for high risk patients, length of stay, 30-day readmissions and in-hospital mortality. Pre- and post-intervention compliance with CP and hand hygiene (HH) were measured observationally. Differences in costs and labor were estimated.

There were no significant changes in the one year-post intervention period in any of the clinical outcomes, which supports the use of these practice changes. Minor hospital-specific differences in pre- and post-intervention HH and CP compliance were observed and the change in these prevention measures was estimated to save both material costs and nursing time.

This paper includes important references to studies with similar findings and a number of studies suggesting patient harms associated with use of CP. It’s notable that these research findings support discontinuation of CP for MRSA and VRE only in the context of increasing CHD bathing for almost all hospitalized patients. Use of CP in MRSA or VRE outbreaks was not addressed. MDH is in the process of revising recommendations for control of MRSA in acute care settings and will be considering recent research findings such as these.

New Resource: HAI Communication Toolkit

The Association of State and Territorial Health Officials (ASTHO) and CDC developed a toolkit for HAI prevention communication. It can be used to reach and engage various audiences and move them to take action to prevent HAIs. For more information, visit the Healthcare-Associated Infections program page on the ASTHO website.