Considerations for State Healthcare-Associated Infection and Antimicrobial Resistance Outbreak Reporting Policies

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Between December 2017 and May 2018, ASTHO conducted key informant interviews with nine state healthcare-associated infection coordinators or their counterparts to understand their interpretation of their states’ healthcare-associated infection/antimicrobial resistance (HAI/AR) outbreak reporting policy (or policies). Policies for reporting HAI/AR outbreaks to health departments, which differ by state, are typically found in public health code, administrative code, state regulations and statutes, sanitary code, and board of health rules and regulations. For this project, ASTHO and CDC’s Division of Healthcare Quality Promotion used the diagram in Figure 1 to describe the types of policy that impact state HAI/AR outbreak reporting.

The focus of this project is on HAI/AR outbreak reporting to state health departments, and not routine HAI reporting for surveillance, quality, or payment purposes. The interviews, as well as feedback from HAI coordinators at the 2018 Council for State and Territorial Epidemiologists (CSTE) Annual Conference, and from members of the Council for Outbreak Response: Healthcare-Associated Infections and Antimicrobial-Resistant Pathogens (CORHA), led to the recommendations below.

Figure 1

These considerations for state health departments and HAI/AR programs address the unique roles of public health agencies and their healthcare partners for implementing state HAI/AR outbreak reporting policies, as well as recommendations for states considering refining their state’s HAI/AR outbreak reporting policies. The findings were used to inform the development of the CORHA Interim Framework for Healthcare-Associated Infection Outbreak Notification.

Interview respondents described the characteristics of state HAI/AR outbreak reporting policies that help facilitate effective and timely reporting of confirmed and suspected HAI/AR outbreaks. In several instances, interview respondents described significant ambiguity in the language of their state’s HAI/AR outbreak reporting policies, including how many cases qualify as an “outbreak.”
To ensure that reporters of HAI/AR outbreaks understand what they are required to report and when, informants recommend that HAI/AR outbreak reporting policies should:

- Clearly describe communication mechanisms, reporting timelines, parties responsible for reporting (e.g., labs, healthcare facilities, individual clinicians), and to the extent practical, define what constitutes an outbreak, and pathogens or infections required to be reported.
- Be flexible and modifiable to allow for the addition of novel or emerging pathogens.
- Be easily accessible to the parties responsible for reporting in a central location such as on a public-facing website.

State health departments and HAI/AR programs have a critical role to play in ensuring that HAI/AR outbreak reporting policies and requirements are clear and accessible to stakeholders. Interview respondents described the following strategies in support of these goals:

Foster partnerships and collaboration with healthcare facilities:

- Communicate frequently with healthcare facilities to establish trust and reinforce public health’s role in HAI/AR outbreaks, including leading or providing support during outbreak investigations, serving as a technical assistance resource for infection control, and leading state and/or regional surveillance for HAI/AR outbreaks.
- Encourage healthcare facilities to inform health departments of all suspected or confirmed reportable disease cases, infection control breeches, or other exposure events that may indicate a potential HAI/AR outbreak.
- Be open to new and non-traditional methods interactions between public health and healthcare facilities.
- Establish a mechanism for facilities to ask questions about HAI/AR outbreak reporting requirements.

Enhance outreach to healthcare facilities to support effective implementation of HAI/AR outbreak reporting policies:

- Develop and promote implementation guidance to healthcare facilities to support the application of HAI/AR outbreak reporting policies.
- Establish frequent communication with healthcare facilities such as through regular meetings with state HAI advisory groups, routine check-in calls between HAI/AR staff at the health department and infection prevention leaders at healthcare facilities, and holding trainings and office hours to answer questions and clarify reporting requirements.
- Create and maintain updated records of partners and healthcare facility contacts to facilitate outreach and ensure continuity of the relationship when staff turnover occurs.

Summary

The information gathered through the key informant interviews demonstrated that HAI/AR reporting policies vary in content and scope between states. Additionally, what constitutes an outbreak, reporting mechanisms, timelines, and opportunities to communicate requirements and updates to healthcare facilities differ between states. HAI coordinators described strong relationships between healthcare facilities, state health departments, and HAI/AR program to be the most supportive factor for HAI/AR outbreak reporting. This information is consistent with perspectives from subject-matter experts at convenings such as a roundtable session at the 2018 CSTE Annual Conference. In addition, frequent
information-sharing between public health and healthcare facilities was deemed critical to supporting collaboration. Relationships between public health and healthcare facilities ensure that public health is aware of events of concern in healthcare facilities (including those that may not warrant a full investigation), and that healthcare facilities are informed about changes or updates to reporting requirements.

Although the interview respondents primarily spoke about HAI/AR outbreak reporting from healthcare facilities to state health departments, in some states, local health departments are required to receive reports of HAI/AR outbreaks first. The considerations outlined above may be tailored to apply to relationships between healthcare facilities and local health departments, as well as relationships between local health departments and state health departments.

Ultimately, state health departments, which have the authority to enforce compliance with HAI/AR outbreak reporting requirements, can strive to establish a culture of patient safety through relationship-building, communication, and partnerships.