Healthcare-Associated Infections (HAI) Prevention Program

Monthly Infection Prevention Update: May 2019

Announcements

- As part of the September 27 Surgical Site Infection Prevention Summit, the Wisconsin Department of Health Services and Medical College of Wisconsin are seeking facility abstracts to share local SSI prevention efforts. Abstracts are due June 3 and up to two will be selected to present a short project overview at the SSI Summit.
- Several new diseases were added to the list of reportable conditions in Wisconsin last July. Please take a moment to ensure that your facility is prepared to report any suspected or confirmed cases of these newly reportable conditions.
- The Wisconsin HAI Prevention Program (WHAIPP) currently offers targeted assessment for prevention (TAP) consultations upon request. This confidential assessment uses a survey of your clinical staff to identify specific opportunities for improvement in your facility's CLABSI, CDI, or CAUTI prevention and intervention practices. If you are interested in learning more about the process, please contact Linda Coakley.
- WHAIPP maintains infection preventionist contact information lists. If your facility's IP has changed in the last year, please send Taylor LaBorde the new IP's name, title, phone number, and email address.

Upcoming Events

- June 6: Long-term Care IP Boot Camp in Appleton. Registration is full at this time, but we hope to have another session in the near future.
- June 19, 3 to 4 p.m.: Free webinar on "Collaboration Makes the Infection Program Stronger" to discuss the importance of team efforts in effective IP programs. No registration is required for this event.

If you have any suggestions for future topics or announcements, please email Taylor LaBorde. We look forward to hearing from you!

In the News

- Approximately 20 flu-associated hospitalizations continue to be reported weekly. A reminder to send specimens to the Wisconsin State Laboratory of Hygiene for patients hospitalized with flu. Activity from other respiratory viruses is increasing, including human metapneumovirus, rhino/enterovirus and parainfluenza. All of these viruses can cause

serious complications to the elderly and immune-suppressed individuals. Standard respiratory precautions should continue to be used.

- The Preparedness and Emergency Health Care Program at DHS produced a five-minute video of an Ebola activation, transport, and admission training exercise last year, which demonstrates the extensive infection control and coordination activities involved in this type of transport.
- The US Food and Drug Administration issued a voluntary nationwide recall of Ketorolac Tromethamine injections due to a lack of sterility assurance. These injections are non-steroidal anti-inflammatory drugs indicated for short-term management of moderately severe acute pain. The manufacturer is notifying customers and making arrangements for the return of the recalled product.
- With wedding and cookout season around the corner, the risk for *Salmonella* infections is increasing. APIC recently released a consumer-friendly article about *Salmonella* safety.
- A recent study published in the *American Journal of Infection Control* assesses healthcare worker hand hygiene beliefs and practices before donning non-sterile gloves.

Review Topic of the Month: *Pseudomonas*

Pseudomonas bacterial strains are commonly available in the environment. *Pseudomonas aeruginosa* is the most common infection-causing strain among people. While these infections are typically thought of among hospitalized patients and those with weakened immune systems, *Pseudomonas* can also develop among healthy individuals in the community, particularly after water exposure. This includes ear infections and skin rashes following use of inadequately chlorinated hot tubs or pools and eye infections among contact lens users with extended-wear lenses. Within the hospital, device use is a key risk factor for developing serious, life-threatening infections. Proper hand hygiene and environmental cleaning are essential for prevention of these infections.

Pseudomonas is becoming more difficult to treat due to increased antibiotic resistance (AR), earning multidrug-resistant (MDR) *Pseudomonas* a serious threat level in the 2013 CDC AR Threats Report. CDC estimates that 51,000 *Pseudomonas aeruginosa* HAIs occur in the US annually, including more than 6,000 MDR cases and 400 deaths.

The Wisconsin State Laboratory of Hygiene (WSLH) conducts surveillance for MDR *Pseudomonas*, selecting a few cases each month for testing. Facilities can submit highly-resistant *Pseudomonas* specimens to WSLH to contribute to this surveillance. So far, one case of carbapenemase-producing *Pseudomonas* was identified in Wisconsin through these monthly screenings.

Knowledge Check

1. How, when, and to whom should Category I reportable diseases be reported?

2. If an *E. coli* urine specimen is resistant to doripenem, goes to the Wisconsin State Laboratory of Hygiene for carbapenemase testing and is deemed carbapenemase-negative, does the specimen need to be reported anywhere?

Answer key

Please do not reply directly to this email message. If you have a question, please contact Ashlie Dowdell. Click on the DHS HAI Prevention Program web page for more information.