

**Healthcare-Associated Infections Advisory Committee**  
**Meeting Summary**  
**June 4, 2020**  
**Teleconference**

**Voting Members Present**

Tashia Orr, Marian Hollingsworth, Arianna Sampson, David Ha, Keith Bradkowski, Amber Theel, Silvia Gnass, Patricia Sung, Anjali Bisht, Cristine Lacerna, Theresa Caughlin, Robert Bernstein, Marisa Holubar, Sarah Doernberg

**Voting Members Absent**

Geanny Ryan, Erica Pan

**Liaison Members Present**

Kathy Dennis-CNA, Michael Butera-CMA, Jeffery Silvers-IDAC, Louise McNitt-CPICD

**Liaison Members Absent**

BJ Bartelson-CHA, Howard Pitluck-QIN/HSAG

**Department Staff Present**

Erin Epon, Chief HAI Program, Lanette Corona, Valerie Sandles, Tisha Mitsunaga, Naveen Makhdum, Diana Holden, Erin Garcia, Idamae Kennedy, Jane Seigel, Joseph Engeda, Linda Lefrak, Lori Schaumleffel, Mitra Baradar, Monise Magro, Myesha Febres, Neely Kazerouni, Tracy Lanier, Vicki Keller

**Call to order, introductions, and review meeting requirements**

Chair, Marisa Holubar, called the meeting to order at 10:10 AM.

**Item 1. Approve the November meeting summary**

Meeting summary approved.

**Item 2. CDPH HAI Program updates – Erin Epon**

Annual HAI Report for 2018 was released on November 18, 2019. The HAI Program will post Open Data Portal tables and refresh the interactive Map once the data is available. CLABSI, CDI, MRSA and VRE BSI ODP tables posted on April 15, 2020; SSI tables posted May 18, 2020. No 2020 data reporting due to suspension of reporting. CDC Funded Activities – Some activities, such as MRSA BSI project, are on hold and others like the Ventilator Skilled Nursing Facilities have been consumed into the COVID work. The Tier 2 Pathogen Screening Decision Tree was shared showing how patient are screened during admission. Advisory Committee Members are encouraged to review the chart at a later time and give feed back to the HAI Program. The

Antimicrobial Stewardship Honor Roll was placed on hold from the January 2020 date. Members are encouraged to let the HAI Program know when they feel the Honor Roll Program should launch.

HAI Program's Roles in the COVID-19 Response. Infection prevention subject matter expertise for CDPH and local public health guidance review and development. Prevention outreach and assessment attending weekly statewide calls and providing tele and onsite assessments at SNF. Investigation and response initially with exposed healthcare personnel and now shifting toward outbreaks primarily at SNF and some hospitals. Infection prevention capacity building within CDPH, local public health and medical facilities.

The HAI Program Support Teams for COVID-19 Investigation and Response shared. The team assignments are changing and expanding due to the pandemic to support the local health jurisdictions. CDPH surveyors within the Licensing and Certification Program are being trained to work with the IP team to expand the HAI Program services. The entire HAI Program staff are working "hands on desk" to support the program. Many of the Epidemiologist are rotating to assist and provide epidemiology support to other programs. Hospital data and soon Skilled Nursing Facilities data will be added to the NHSN Corvid module. Investigation and Response are being tracked by the numbers of specific types of HAI, *Candida auris*; carbapenems-producing Enterobacteriaceae, *Pseudomonas aeruginosa* and *Acinetobacter baumannii*; legionellosis; nontuberculous mycobacteria infections; influenza; methicillin-resistant *Staphylococcus aureus*; hepatitis B; bloodstream infections; COVID-19. Our IP team has provided wonderful support in the fields along with the Investigation Team.

Infection prevention capacity building – CDPH, local public health and facilities. CDPH HAI IP staffing expanding through CDC ELC CARES funding to support Local Public Health (LPH) and Skilled Nursing Facilities (SNF). IP Training to CDPH L&C Surveyors, LPH, healthcare facilities through CDC ELC Firstline.

## **New/Unfinished Business**

### **Item 3. COVID-19 – Seeking Input on Strategies**

The Committee's input on testing strategies to inform infection prevention and control measures. Pre-admission, pre-operative, pre-discharge/transfer. SNF residents and healthcare personnel. If test results are positive, then that will prompt of all patients and staff members to prevent the spreading.

Discussion: Stanford's experience has focused on offering testing to symptomatic personnel. A month ago, they offered asymptomatic testing to all of their 1400 workers. They found

very low positive results in asymptomatic individuals. It was a massive undertaking. They are evaluating how to continue at a less evasive manner. Sutter is not testing asymptomatic individuals only symptomatic individuals. Tracing contact exposure is a difficulty issue when following CDC guidance for HIPPA. Contra Costa Public Health recommends that the infected individual is the best source for contract tracing. When you start asking individuals who were in contact with someone who is potentially affected, they will assume the individual is positive. It's best to have an experienced investigator interviewing the individual and being clear what constitutes an exposure and getting a thorough list of contacts. Sometimes in facilities certain personnel such as a supervisor or Administrator has to know so information can be provided. UCSF is doing testing of all admissions and preoperative unless it's an emergency surgery and to patients being discharged into congregate settings that have not already been tested. Aggressively testing symptomatic healthcare works but not testing asymptomatic worker. New staff coming onto campus will be tested and workers who have been in a highly impacted area. Kaiser SoCal is using the same criteria as UCSF. Stanford like UCSF will retest patients who are asymptomatic over a period of time.

Communications strategies to address fear and stigma of patients, residents and healthcare personnel.

Discussion: Many patients are afraid to go to the ER. At Stanford there have been no issues with healthcare workers testing and asymptomatic workers have been voluntary. There has been an issue with the return to work policy when following the CDC guidance of using the testing. Many patients have refused testing. A member of the public has requested that the HAI Program work with the CDPH Twitter account and make recommendations to be more effective to reach the public by using more specific hashtags.

**Item 4. Propose agenda topics for future meetings**

Update to the CDPH HAI/AR Plan. The next meeting is September 17, 2020.

**Meeting adjourned at 12:02 pm.**