

PUBLIC HEALTH QUARTERLY

ESSENTIAL INFORMATION FOR OUTPATIENT SETTINGS
FROM THE
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

July 2018



IMPORTANT UPDATES FROM PUBLIC HEALTH

Reportable Disease List Revised

The Los Angeles County Reportable Diseases and Conditions list was last revised on July 6, 2018 with the addition of carbapenem-resistant Enterobacteriaceae (CRE) on May 16, 2018 and an alternate fax number for communicable disease reporting added on July 6, 2018. CRE has been reportable by the local Health Officer Order since January 2017, but it was kept off the list because reporting is unique and mostly conducted through laboratories. It has been added to the reportable list to alleviate any confusion and strengthen reporting standards. Note: CRE reporting is not required for outpatient settings. To access the most current list please visit the ACDC main page:

<http://www.publichealth.lacounty.gov/acd/Index.htm>

EBOLA Outbreak Congo

The Centers for Disease Control and Prevention (CDC) is working closely with the Ministry of Health and Population of the Democratic Republic of Congo (DRC) and multiple partners in the investigation of an outbreak of Ebola Virus Disease (EVD) in the Bikoro region of Equateur Province in the northwestern part of the country. The DRC government declared the outbreak on May 8, 2018 after two cases were confirmed by laboratory testing. As of July 1, 2018 there have been 38 confirmed cases and 15 probable cases.

Currently, neither CDC nor the World Health Organization (WHO) recommend any restrictions for travel in relation to this current outbreak. The risk of importation of EVD into California is very low. Nevertheless, infectious diseases are regularly imported into California. California Department of Public Health (CDPH) reminds all healthcare providers to routinely ask patients about recent travel, including international travel to Africa. Providers should notify Los Angeles County Department of Public Health (LACDPH) Acute Communicable Disease Control (ACDC) immediately of any suspect EVD cases in Los Angeles County by calling 213-240-7941, or after hours at 213-974-1234. For more information please refer to:

WHO: <http://www.who.int/ebola/situation-reports/drc-2018/en>

CDC: <https://www.cdc.gov/vhf/ebola/index.html> and

<https://www.cdc.gov/vhf/ebola/clinicians/index.html>

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Hepatitis A Virus (HAV) Outbreak

Infections among Persons Who Use Drugs and Persons Experiencing Homelessness

The CDC issued a health advisory on June 11, 2018 about hepatitis A outbreaks in multiple states among persons reporting drug use and/or homelessness and their contacts. The LACDPH reminds providers that a local outbreak of hepatitis A among persons reporting drug use and/or homelessness was declared in September 2017 and that a concerning increase in hepatitis A illness among men who have sex with men (MSM) was reported in November 2017. Updated information on the hepatitis A situation in the county was recently issued via Los Angeles County Health Alert Network (LAHAN) on March 15, 2018. LACDPH asks that clinicians remain vigilant for potential hepatitis A cases. All suspect cases in LA County residents (excluding Long Beach and Pasadena) should be reported immediately by calling 213-240-7941, or after hours 213-974-1234, to facilitate an on-site interview by a public health investigator and prophylaxis of contacts.

Injection Safety and Multi-Dose Vial Best Practices

Infection Control Assessment in Outpatient Settings

Funded through the CDC Epidemiology & Laboratory Capacity Grant, the ACDC Healthcare Outreach Unit (HOU) conducted infection control assessment and response visits in a number of healthcare settings, including ambulatory surgery centers (ASC). The goal was to identify gaps in infection control policies and practices as well as to identify best practices. The assessments included review of the facility's infection control program and direct observations of staff.

Gaps Identified

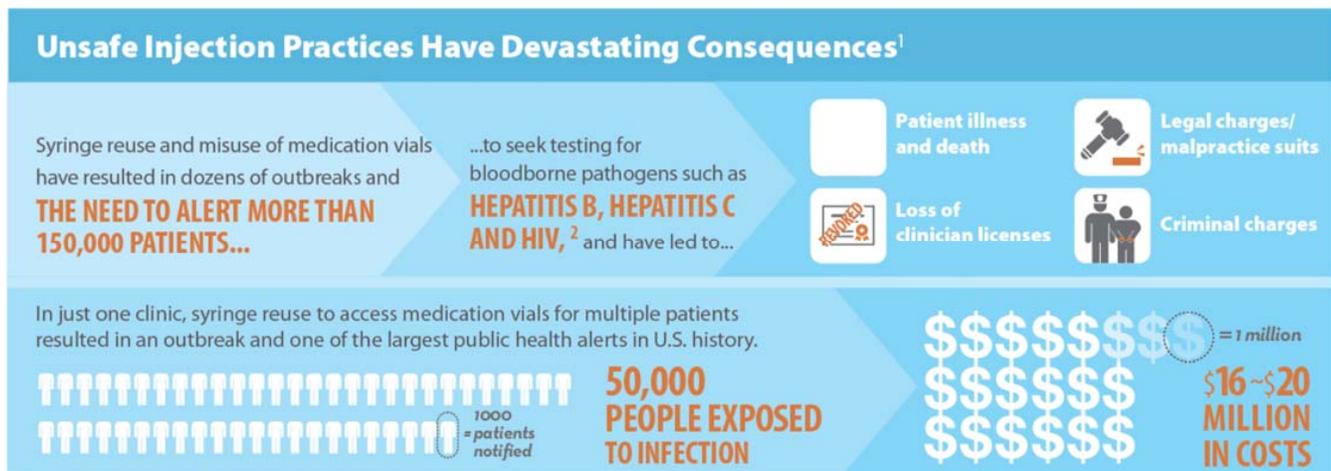
A total of 20 ASCs were visited by the HOU from 2016-2017. After review and analysis of the assessment data, many lapses in infection prevention were identified. The two most common gaps both related to injection safety:

- **75%** of multi-dose vials used for more than one patient were not kept in a centralized area
- **65%** of rubber septum on medical vials were not disinfected with alcohol swabs prior to piercing

Detailed findings can be found in the October 2017 edition of the [Public Health Quarterly](#).

Injection Safety : Impact of Unsafe Medical Injections

Despite evidence-based recommendations for injection safety in the [2007 Guidelines for Isolation Precautions](#), patient complaints and outbreaks related to health care personnel failing to adhere to Standard Precautions and basic infection control practices continue to be reported.



Injection Practices Critical for Patient Safety

- **Never** use the same syringe or needle to administer medication to more than one patient
- **Do not** enter a medication vial, bag, or bottle with a used syringe or needle
- **Never** use single-dose or single-use medication more than once or for more than one patient
- **Always** use aseptic technique when preparing and administering injections
- **Never** reuse a new needle
- Use single-dose vials for parenteral medications whenever possible
- For special lumbar punctures, wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space

Multi-Dose Vial Use Best Practices



Many recent outbreaks have been associated with reuse of single-dose vials (SDV) and misuse of multi-dose vials (MDV). CDC and the One and Only Campaign urge healthcare providers to recognize the differences between single-dose and multi-dose vials and to understand appropriate use of each container type.

Key Points to Know About Multi-Dose Vials Safety Steps

-  A MDV will have a Food Drug Administration (FDA) approved label to identify it as multi-dose
-  Ideally, MDVs should be dedicated to a single patient
-  If MDVs must be used for more than one patient, they should only be kept and accessed in a dedicated medication preparation area away from immediate patient treatment areas
-  Examples of immediate patient treatment areas include operating and procedure rooms, anesthesia and procedure carts, and patient rooms or bays
-  MDVs typically contain an antimicrobial preservative to help limit the growth of bacteria. These preservatives have no effect on bloodborne viruses (i.e hepatitis B, hepatitis C, & HIV).

BEFORE PROCEDURE

- Check if the medication is in a MDV or SDV
- Double-check the expiration date and the beyond-use date if it was previously opened
- Visually inspect to ensure no visible contamination
- When in doubt, throw it out

DURING PROCEDURE

- Use aseptic technique*
- Use a new needle and syringe for every injection
- If a new MDV is being used, mark with the 28 day expiration date

AFTER PROCEDURE

MDVs should be discarded when:

- The expiration date has been reached or when the vial has not been marked with the expiration date
- Dose is drawn in a patient's treatment area
- Any time vial sterility is in question

*According to the Association of Professionals in Infection Control and Epidemiology (APIC), aseptic technique involves using barriers such as gloves, gowns masks, and drapes to prevent transfer of microorganisms.



Handling of Rubber Septum on Medical Vials Best Practices

Disinfect the rubber septum of SDVs and MDVs by wiping (and using friction) with sterile 70% alcohol before inserting a needle. Allow the septum to dry before inserting the needle into the vial. Disinfecting is to be done on new and opened vials.



MDV and additional injection safety practices including aseptic technique:

[One and Only Campaign](#) , [APIC](#) , [CDC](#)

Rubber Septum Cleaning:

[Joint Commission](#)

SAVE THE DATE

November 6-7, 2018
from 8:00am to 4:30pm

The California Endowment

1000 N. Alameda St

Los Angeles, CA 90012

Beyond the Basics of Infection Prevention

This course is an educational program held by the Los Angeles County Department of Public Health (LACDPH). The program is for infection preventionists (IPs) and associated staff who work in acute health care settings, including general acute care hospitals, long-term acute care hospitals, dialysis centers and ambulatory surgery centers. The course is adapted from California Department of Public Health's "Basics of Infection Prevention" course and intended for beginning and intermediate IPs. It is free to attend and those who attend both days are eligible for nursing CEUs (approximately 10).

Registration will open in **Fall 2018**

To register and obtain all course material visit

<http://publichealth.lacounty.gov/acd/IP2Daycourse.htm>

NOTE: Although this course is meant for IPs in acute care settings, outpatient providers may find the training beneficial. If you have any questions, please email Stacy Hartmann at SHartmann@ph.lacounty.gov

Los Angeles County

Healthcare-Associated Infections (HAI)

2016 Regional Report

LAC DPH has released the 2016 regional summary of HAI data, which provides county-level rates and trend analyses to identify areas of improvement and where to focus prevention efforts. This report also provides an update regarding efforts to increase influenza vaccination of healthcare personnel. Prioritizing influenza vaccination is important for reducing the morbidity associated with influenza in the healthcare setting.

The full report can be found on our website:

<http://publichealth.lacounty.gov/acd/docs/HAIRegionalSummary2016.pdf>

For past editions of the newsletter visit the ACDC Outpatient Care Team page at:

<http://publichealth.lacounty.gov/acd/Outpatient.htm>

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How Acute Communicable Disease Control (ACDC) Program Can Help

The Healthcare Outreach Unit (HOU) within the ACDC Program of the Department of Public Health (DPH) works with various healthcare settings including hospitals, ambulatory surgery centers, private practices, dental clinics, home health agencies, and more. Our goal is to reduce the burden of healthcare associated infections (HAIs) in Los Angeles County by improving infection prevention activities in all healthcare settings.