



Los Angeles County Department of Public Health PUBLIC HEALTH QUARTERLY CONNECT

Important Updates from Public Health

Measles Outbreak in Los Angeles County

The Los Angeles County Department of Public Health (LAC DPH) has confirmed 16 cases of measles in Los Angeles County residents and has investigated hundreds of exposures in both adults and children related to these cases. The LAC DPH is asking providers to:

- Immediately isolate patients with an acute febrile rash by instituting standard and airborne precautions
- Ask the patient about exposure risk-factors for measles and review the patient's measles immunization status and/or serology
- Immediately report by phone any measles suspect by calling the LAC DPH Morbidity Central Reporting Unity at 888-397-3993. For after-hours call, 213-974-1234 and ask for the physician on call
- Notify the Emergency Department first if patient hospitalization is required
- Avoid referring patients to ancillary services
- Have a plan for minimizing exposure should a measles suspect arrive to your facility. Have visible signage for patients **PRIOR** to entering your facility alerting patients to immediately notify a staff member upon arrival if they have measles-like symptoms. The sign should have a phone number where the patient can call for a triage nurse to assess them prior to entering the facility
- Should measles suspect need to enter your facility, take the patient in through a route that has minimal to no access for others
- Ensure that facility employees have evidence of measles immunity

For additional guidance with suspect cases, please visit: http://publichealth.lacounty.gov/ip/providers_resources.htm. Furthermore, LAC DPH recommends everyone who has not been immunized to receive two doses of the MMR vaccine and asks providers to advise patients on vaccination. For more vaccine information visit: <https://www.cdc.gov/vaccines/vpd/measles/index.html>. For the most current information, go to: http://publichealth.lacounty.gov/media/measles/?fbclid=IwAR0L11n71MXZB11geHlylorsPZ5JbfG8U50yU_-4yXE8FxFx3RwNURV3-K0

Candida auris Detected in Southern California Healthcare Facilities

The first case of *Candida auris* (*C. auris*) has been identified in Los Angeles County. *C. auris* is an emerging multidrug-resistant fungal species that has caused invasive healthcare-associated infections and is associated with high mortality rates. *C. auris* infections in the United States have primarily been identified in people with serious underlying medical conditions who have received multiple antibiotics and who reside in or who have had prolonged admissions to healthcare settings (particularly high-acuity skilled nursing facilities). While *C. auris* is not likely to spread in outpatient settings, LAC DPH realizes that many healthcare providers may practice in both ambulatory care and inpatient care settings. For more information on this emerging organism and the actions requested of providers please see the latest *C. auris* [Los Angeles Health Alert Network \(LAHAN\)](#).

Shiga toxin-producing *Escherichia coli* (STEC) Infections Exposure at San Diego County Fair

The California Department of Public Health is updating local public health departments and healthcare providers that Shiga toxin-producing *Escherichia coli* (STEC) infections have now been identified in seven children (four with confirmed STEC O157) who recently attended the San Diego County Fair. All seven had visited areas where farm animals were exhibited. Healthcare providers should be aware of STEC infection in patients who recently visited farm animal exhibits and report suspect cases promptly to local public health. Healthcare providers, especially urgent care providers are reminded to consider and to ask about fair attendance and animal contact in individuals presenting with symptoms. For confirmed and suspected cases, providers should immediately report to Public Health by calling 213-240-7941. For after-hours hours call, 213-974-1234 and ask for the physician on call. See the latest [STEC LAHAN](#) for detailed information.

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AESTHETIC (BEAUTY) TREATMENTS

Are You Keeping Yourself and Patients Safe From Infection During Aesthetic Treatments?



Aesthetic medicine is a term for specialties that focus on improving appearance by treating scars, wrinkles, excess or loose skin, spider veins, skin discoloration, liver spots, unwanted hair, or cellulite. The most popular minimally invasive/non-surgical treatments are: botulinum toxin injections (Botox), dermal fillers, chemical peels, and microdermabrasion. While surgical procedures (cosmetic or plastic surgery) are more regulated, non-surgical procedures or “aesthetic treatments” are not well regulated. Therefore, it is important to practice standard precautions that protect both patient and health care provider from infection. Below are recommendations to keep yourself and patients safe during aesthetic treatments.

HAND HYGIENE

- Hand hygiene should be performed
 - immediately before touching a patient
 - before performing an aseptic task or handling invasive devices
 - after touching a patients or the patient's immediate environment
 - after contact with blood, body fluids or contaminated surfaces
 - immediately after glove removal
- Alcohol-based hand sanitizers are the most effective products for reducing the number of germs on the hands of healthcare providers. However, hand washing with soap and water is needed whenever hands are visibly dirty

GLOVE USE

- Ensure glove use when contact with bodily fluids is anticipated
- Change gloves when gloves are damaged, soiled, or moving from dirty to clear areas in the patient's body, etc.
- Gloves are not a substitute for hand hygiene
- Hand hygiene must be performed prior to donning gloves and right after doffing gloves
- Never reuse gloves, even with the same patient

INSTRUMENT USE

- If medical instruments are unable to be sterilized (i.e., dermarollers), then its use should be limited to one patient only

MEDICATION ADMINISTRATION

- Check to see if the medication is a single-dose or multi-dose vial
- On a multi-dose vial, write the date the vial was opened and your initials. Discard accessed multi-dose vials within 28 days unless the manufacturer specifies a different date. If a multi-dose vial has not been opened, then discard based on manufacturer's expiration date
- Ensure single dose vials are used on a single patient only and do not save left over medication
- It is important to disinfect the hub when re-using the vial, and if the sterility of the vial is ever in question, discard the vial
- Vials should not be re-accessed with a used needle
- Use a new needle with a new syringe for each new patient and for each treatment

SUPPLIES

- Always use clean, and when possible, new supplies (i.e., ice packs, bandages)

EDUCATE YOUR PATIENT ABOUT...

- Possible outcomes of the procedure
- Associated risks
- How you will keep them safe from infections
- Your credentials for performing the procedure

IMPORTANT BEDSIDE MANNERS

- Be responsive to questions that patients may have when they are learning about the procedure in question
- Encourage your patients to ask questions

For more information on:

Common treatments that puncture the skin visit: <http://publichealth.lacounty.gov/acd/SafeInjections/AestheticTreatments.htm>

Aesthetics visit: <https://aaams.net/> and/or <https://www.americanmedspa.org/>

Injections safety visit: <http://publichealth.lacounty.gov/acd/InjectionSafety.htm>

Standard precautions visit: <https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>

Measles Exposure: Urgent Care Facility Response

Background

What are you going to do when one of the most contagious disease in the world enters your clinic? This is something Los Angeles County High Desert Health Center (HDHC) had to determine when two patients with measles presented to our clinic. The first patient had the risk factor of traveling internationally but did not have typical measles symptoms. This patient traversed the entire building exposing multiple people before learning that measles was a concern. Following the exposure from this first measles case, staff members were advised to have a high degree of suspicion for measles when someone presents to the clinic with a rash. The second patient looked like a typical measles case, presenting acutely ill, but had no risk factors for developing the disease. Despite having called from home before coming to the clinic, the patient entered the building upon arrival and then called the clinic number on the measles "STOP" sign.

Impact of Exposure

Exposure to measles can be very taxing and resource-intensive for a healthcare facility. As a result of having two measles positive patients visit the clinic, a newborn, several infants, and other immunocompromised patients required post exposure prophylaxis (PEP) and were advised to self-quarantine. Additionally, all patients, family and friends, and staff in the vicinity for two hours before the measles positive patient arrived, during the patient's visit, plus two hours after the measles case left, had to be contacted and evaluated for their immunity status and need for treatment. The difference between a healthcare setting exposure versus an airport or a movie theater exposure, is that the newly exposed are presumably ill.

Post-Exposure Efforts

HDHC implemented an all hands-on deck approach for both the immediate post exposure phase and for future planning. A multidisciplinary team comprised of pharmacy, lab, registration, environmental services, and both medical and nursing administration was created. Through the combined efforts of the multidisciplinary team and our colleagues in the Department of Public Health, this facility identified high-risk contacts who required immediate PEP. Exposed individuals were notified of exposure and immunity was established. Weekly multidisciplinary meetings were held to discuss how to manage this disease exposure. Continued meetings included discussion of new information provided by Public Health and lessons learned from the exposure activities. The information was shared with both the staff of High Desert and with the Ambulatory Care Network.

Steps Implemented:

Patients now are triaged outside of the facility and if necessary, are brought in through an entrance that will not expose others to this highly contagious disease. Staff have been educated about the facility plan and only one door has been made available for the public to enter the clinic. Also, a measles "STOP" sign with the phone number to the urgent care clinic has been placed at the single entrance to the clinic. The sign asks patients to call the number if they have a fever and a rash. Once they call the clinic, a nurse meets them in the parking lot for an evaluation of their rash and fever. Another effort to prevent measles exposure is to screen phone calls. Symptomatic patients calling prior to their arrival to the clinic are assessed by a nurse over the phone. If the person needs to be seen, they are instructed to call upon arrival for arrangements to be triaged in their car by a nurse wearing a mask. If clinic care is needed, then the patient is taken in through a remote entrance minimizing potential measles exposure to others.

Lessons Learned

HDHC quickly learned that it is crucial to prevent a measles exposure from happening in the first place. Steps taken to avoid bringing the patients into the healthcare facility are the most effective. Equally important is alerting staff to be aware of your measles triage plan. Lastly, ensuring documentation of immunity for all healthcare facility staff would decrease the burden of managing a contact line list for an exposure. If healthcare facilities implement these key steps, it will not only help minimize exposure if a measles case visits the facility, but it will also help a healthcare facility better manage the contacts identified.

CDC/LAC DPH: Data Use Agreement

In an effort to offer infection prevention support to hemodialysis centers in Los Angeles County, the LAC DPH has signed a National Healthcare Safety Network (NHSN) Data Use Agreement with the CDC. The Healthcare Outreach Team (HOU) within ACDC will analyze the data to determine how the Outpatient Care Team can serve as a resource for the facility. Data will be used to benchmark infection and event rates in the facilities. If needed, the HOU can assist with improving data through activities such as consultation and on-site infection control assessments to help with facility performance. The HOU looks forward to providing support to facilities to reduce infection rates. For more information on this data use agreement and on the plan for data protection, please refer to the Readytalk recording at [facilities https://www.cdc.gov/hai/mp4/state-based/LA-County-May-2019.mp4](https://www.cdc.gov/hai/mp4/state-based/LA-County-May-2019.mp4). The link will be active until November 17, 2019. Please do not hesitate to contact the HOU with any questions or feedback.

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