



CYNTHIA A. HARDING, M.P.H.
Interim Director

JEFFREY D. GUNZENHAUSER, M.D., M.P.H.
Interim Health Officer

313 North Figueroa Street, Room 708
Los Angeles, California 90012
TEL (213) 240-8156 • FAX (213) 481-2739

www.publichealth.lacounty.gov



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April 22, 2015

TO: Each Supervisor

FROM: Cynthia A. Harding, M.P.H.
Interim Director

A handwritten signature in black ink, reading "Cynthia A. Harding". The signature is written in a cursive, flowing style.

SUBJECT: **LOS ANGELES TIMES ARTICLE ON HOSPITAL INFECTION
OUTBREAK CONTROL AND PREVENTION**

The *Los Angeles Times* reported on April 19, 2015 on the Los Angeles County Department of Public Health's (DPH) practices with respect to hospital infection outbreak control. The article, titled "Outbreaks Shrouded in Secrecy," referenced two main points: sharing information about outbreaks with the public so that people can decide whether to seek care at the hospital, and the timely release of information to other healthcare institutions to take steps to prevent similar outbreaks at their facility.

This memorandum briefly describes DPH's approach to helping ensure public health and safety by identifying, investigating, controlling and preventing infectious disease outbreaks in healthcare settings, and its practices regarding informing other health facilities and the public.

Outbreak Identification

Outbreak reporting to DPH is mandatory under the California Code of Regulations, Title 17, Section 2500. Hospitals are required to report unusual occurrences, including outbreaks, which threaten the welfare, safety, or health of patients, personnel, or visitors. Hospitals may be given a citation under California Code of Regulations, Title 22, Section 70737(a), if they fail to report. Los Angeles County (LAC) is in a better position than most counties to receive timely and accurate information about hospital outbreaks. DPH's Healthcare Outreach Unit (HOU) was formed in 2003 to be a liaison between DPH and the County's hospitals. One of its main objectives is to improve disease and outbreak reporting. HOU nurses regularly communicate with infection control staff at all 99 hospitals in LAC and participate in 36 hospital infection control committees in which infection control staff discuss issues including healthcare associated infections. HOU staff also actively participate in the three local Association for Professionals in Infection Control chapters, including holding elected board positions. The HOU is a trusted resource not only for reporting but also as a consultant to help facilities improve outbreak detection.

Additionally, DPH receives data for mandatorily reportable diseases electronically in real-time from about 30 hospital laboratories; and receives aggregate data on healthcare associated infections from all 99 LAC hospitals through the National Healthcare Safety Network.

Outbreak Investigation and Control

When an outbreak is reported, DPH's first priority is to prevent the occurrence of further cases. Based on information from the facility, an initial investigation, and vast expertise in infection control practices, DPH makes infection control recommendations and monitors their implementation. Depending on the severity of the outbreak and the patient population, DPH has closed units or entire facilities in the past to protect patient safety. During an investigation, if there is a potential risk of additional cases, DPH has advised facilities to post a notification letter at the unit, notify other patients and incoming patients, and halt performance of implicated procedures. DPH also recommends approaches to improve infection control practices and provides guidance to hospitals on improved monitoring to ensure strict adherence.

It is critical that DPH investigation and control efforts are based on strong science to be credible and to enable the right interventions. On occasion, there may be a lack of clarity regarding whether an outbreak is occurring or what steps need to be implemented due to the evidence available at the time.

Specific outbreaks mentioned in the *Los Angeles Times* article included a cluster of possible fungal infections in children; a cluster of infections associated with cardiac surgery; and the recent "superbug" (Carbapenem-Resistant Enterobacteriaceae [CRE]) outbreak associated with duodenoscopes at Ronal Reagan UCLA and Cedars-Sinai medical centers.

In the situation regarding possible fungal infections in children, DPH worked closely with the facility to evaluate the cluster of positive tests for a fungal antigen but was unable to conclusively determine there was a true fungal infection (aspergillosis) outbreak. Nevertheless, the number of positive antigen tests decreased significantly following the investigation and no further actions were needed. In the other outbreaks described by the *Los Angeles Times*, no additional cases occurred after the investigation was initiated and control measures implemented.

Information Sharing and Prevention

DPH shares what is learned from an outbreak investigation at one hospital with other LAC hospitals when that information may prevent illness and outbreaks from occurring at those facilities. Information is shared in a timely fashion with healthcare providers through Health Alert Network communications and in letters and e-mails sent directly to hospital infection control staff. For example, DPH was informed by Cedars-Sinai Medical Center of the CRE outbreak on February 24, 2015; an investigation was initiated on February 25, 2015; and on February 27, 2015, a letter was sent to all LAC hospitals providing information and requesting that they review their records to determine whether any similar cases had occurred there.

Public disclosure of outbreaks including identification of the hospital is done when such information can help identify persons who may be at risk or are infected. Both UCLA and

Cedars-Sinai Medical Centers informed the public about the CRE outbreaks and directly notified patients who had undergone the procedure that was associated with infection. Public information generally is not provided when, following control measures, the risk of further cases is very low as such information could result in more harm than benefit. Potential harms include hospitals being less likely to identify and report outbreaks and the provision of misleading information to the public about hospital quality and safety. Medical centers that are larger, treat sicker patients, perform more procedures, and have better laboratory capabilities may be more likely to detect outbreaks while providing high-quality and safe patient care. By contrast, good information about the occurrence of healthcare associated infections at every LAC hospital is available online and provides consumers a basis for decision-making. For example, data on hospital-acquired bloodstream infections show that Cedars-Sinai Medical Center and Children's Hospital of Los Angeles, two facilities with outbreaks mentioned by the *Los Angeles Times* article, have significantly lower infection rates than expected.¹

DPH will continue to work with public interest groups that support better access to patient safety information and the use of appropriate data to inform the public about hospital safety. DPH will also continue our efforts to protect public health and safety by investigating, controlling and preventing outbreaks, and sharing results with other hospitals to improve healthcare across LAC. If you have any questions or would like additional information, please let me know.

CAH:bs

c: Interim Chief Executive Officer
County Counsel
Acting Executive Officer, Board of Supervisors

¹ The California Department of Public Health Healthcare-Associated Infections web-page (<http://www.cdph.ca.gov/programs/hai/Pages/default.aspx>) includes hospital-specific information on key quality measures including rates of hospital acquired bloodstream infections and rates of influenza vaccination among hospital staff. These data can be accessed by the public in tables and interactive maps.