

HAI/AR Program Update

NHICEP

May 19, 2023



NH DIVISION OF
Public Health Services
Department of Health and Human Services



HAI/AR Update Agenda:

- ▶ **Administrative updates**
 - ▶ **Staffing**
- ▶ **HAI/AR Activities**
 - ▶ **Investigations**
 - ▶ **MDRO Workplan**
- ▶ **Drug Diversion**

Administrative - Staffing

- ▶ **HAI Program Manager Position**
 - Darlene Cray
- ▶ **HAI Epidemiologist**
 - *Madyn Kenney*
- ▶ ***HAI Infection Prevention Liaison***
 - *Abigail Dulin*
- ▶ **HAI Infection Prevention Specialist**
 - *Rachael Vigeant*
- ▶ **AR Specialist**
 - **COMING SOON**
- ▶ **HAI Health Educator**
 - **COMING SOON**
- ▶ **CDC Public Health Associate**
 - Annika Williams
- ▶ **Grant Manager – Strike Grant**
 - Brian Ruede
- ▶ **HAI Infection Prevention Nurse Specialist – Disparity Grant**
 - Darlene Morse

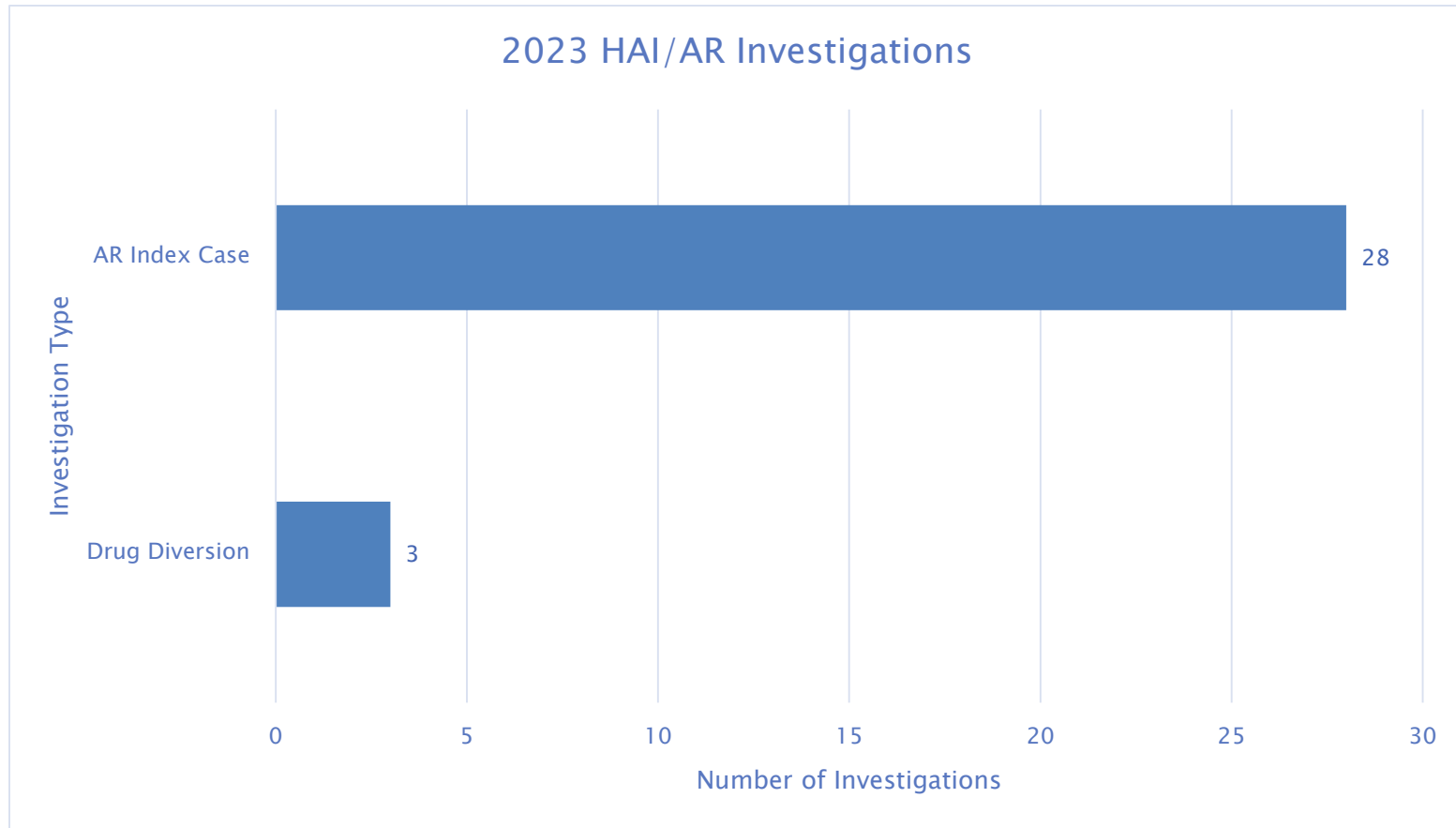
MDRO Prevention Plan Survey



Average time to complete 3 minutes. Survey ends 05/31/2023. Each submission will be entered into a raffle for an IPC related gift basket

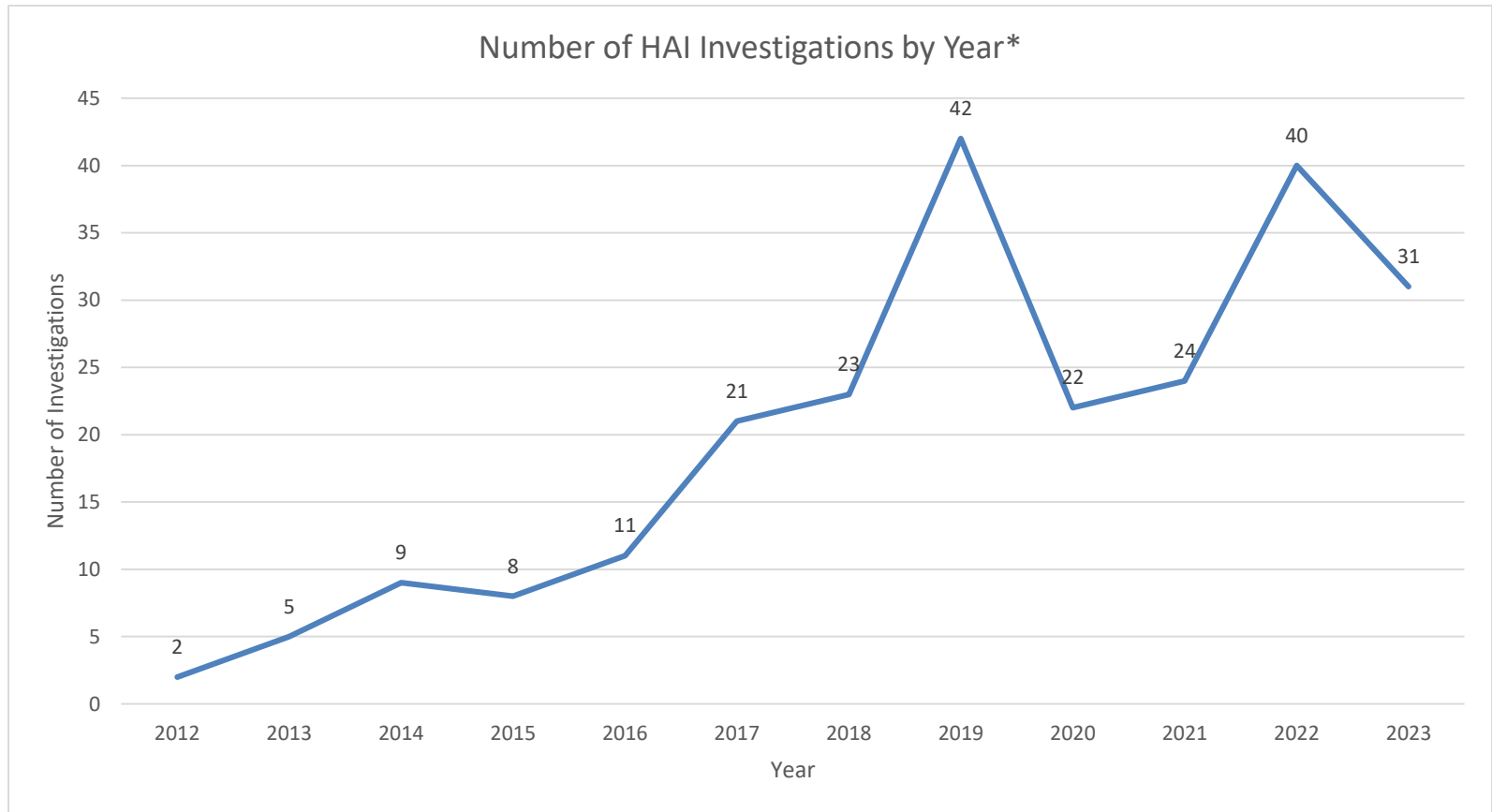
HAI Investigations

Year to date 2023 HAI/AR Investigations: 31 Total*



*Does not include COVID-19 investigations

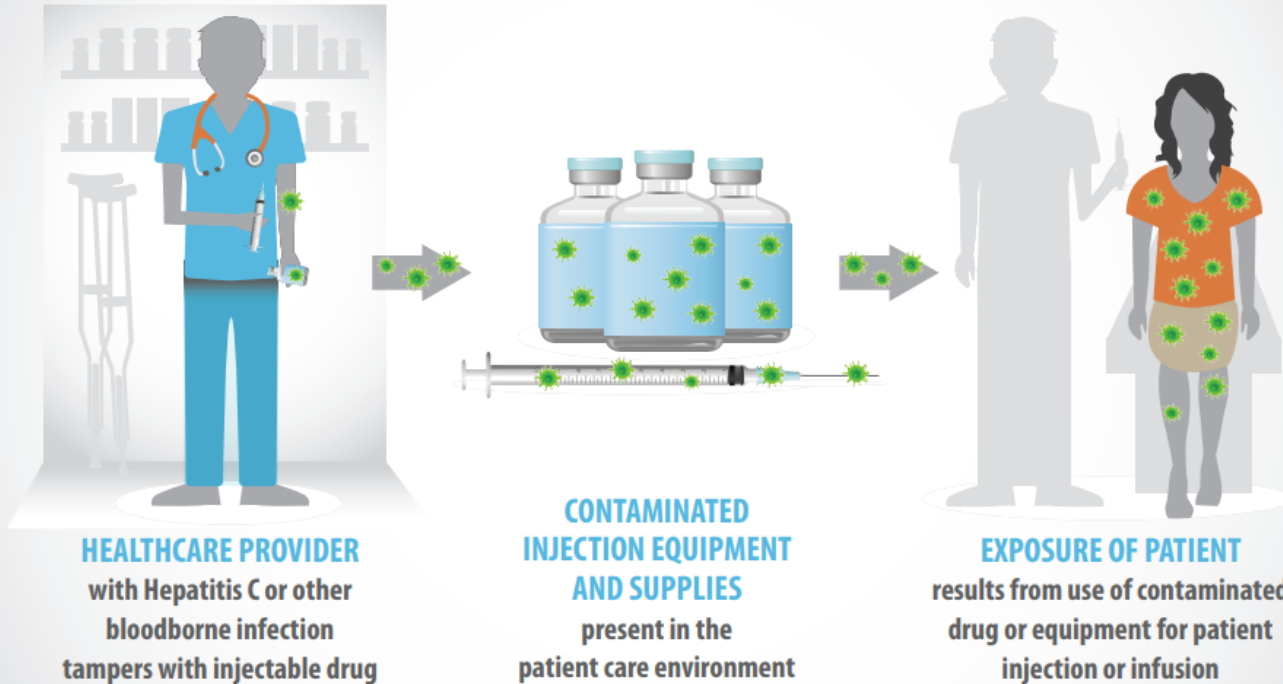
HAI Investigations



*Does not include COVID-19 investigations

Drug Diversion

DRUG DIVERSION* SPREADS INFECTION FROM HEALTHCARE PROVIDERS TO PATIENTS



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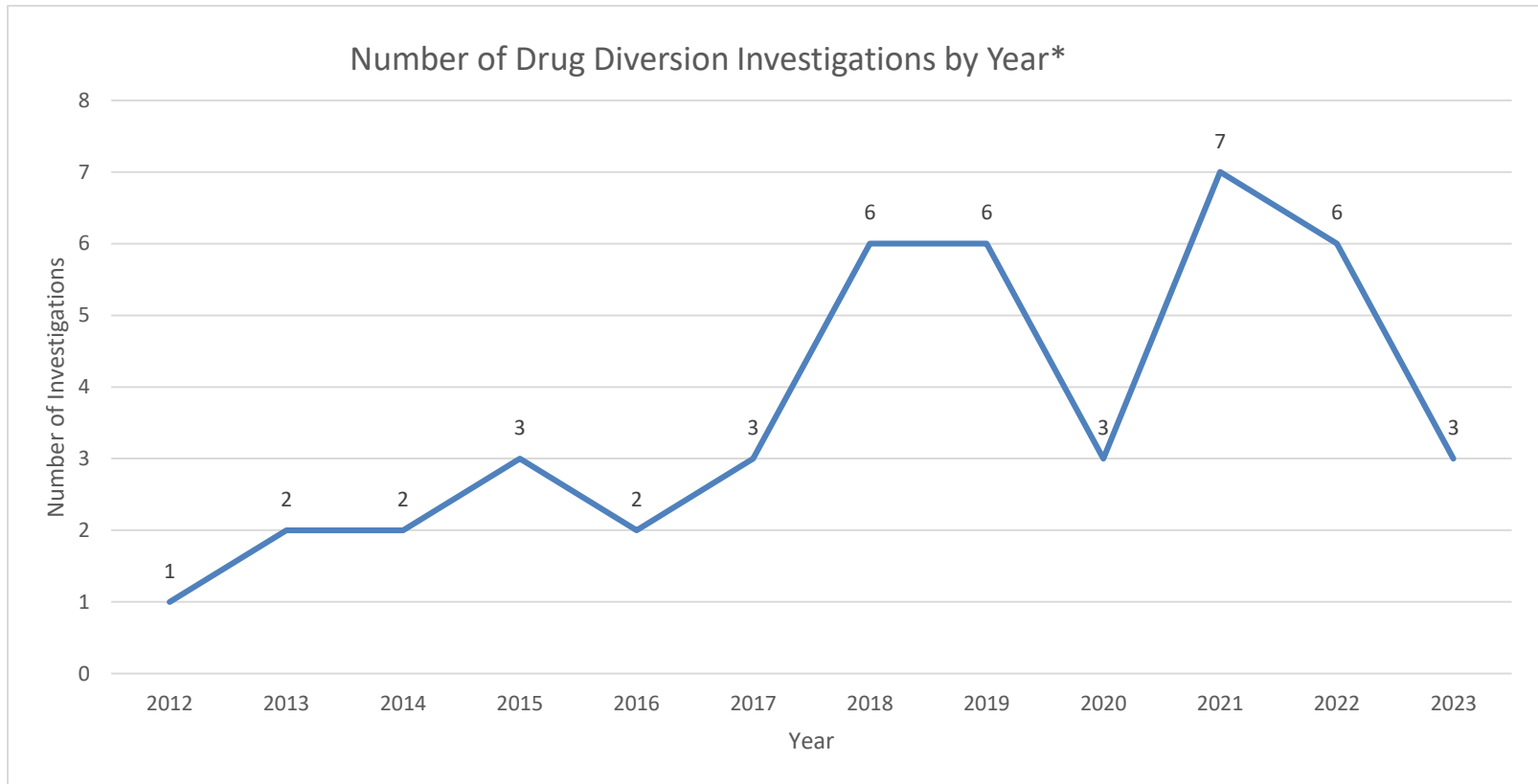
*Drug diversion occurs when prescription medicines are obtained or used illegally by healthcare providers.

FOR MORE INFORMATION, VISIT [CDC.GOV/INJECTIONSAFETY/DRUGDIVERSION/INDEX.HTML](https://www.cdc.gov/injectionsafety/drugdiversion/index.html).



<https://www.cdc.gov/injectionsafety/drugdiversion/index.html#FN9>

Drug Diversion Cases by Year



Lessons Learned

- ▶ Facilities may lack robust systems to identify and respond to suspected drug diversion
- ▶ Lack of recognition that drug diversion introduces patient risk and understanding role of public health
- ▶ Numerous information sharing gaps exist
 - Regulation needed to support information sharing across facilities about HCW suspected of drug diversion
- ▶ Response can be challenging due to extensive legal involvement and multiple local and federal agencies
 - US Attorney, federal agencies, public health, and law enforcement conducting parallel investigations

Defining the Role of Public Health

- ▶ Since 2012 outbreak, additional reports of HCW diversion of injectable drugs have been identified in NH
 - Including EMS providers, physicians, and nurses
 - No patient illnesses were linked to these events to date
- ▶ Need to define role of public health in drug diversion
- ▶ Key areas for Public Health involvement are:
 - Patient risk assessment
 - Ensuring blood-borne pathogen testing of diverting HCW
 - Facilitating communication and notification to appropriate agencies
 - Educating healthcare providers to prevent, identify, and report diversion
- ▶ Drug diversion has potential for public health risk and therefore is reportable to public health
 - Prior to 11/2016: Any suspect drug diversion must be reported within 24 hours
 - 11/2016: He-P 301 added drug diversion as reportable condition to public health

Outbreak Aftermath: Prevention and Response Activities in NH

- ▶ Several statewide meetings on diversion for healthcare leadership
- ▶ Educational materials provided to healthcare workers and healthcare facilities
- ▶ Facilities have invited experts to assess prevention programs
- ▶ Formation of several drug diversion task forces
 - EMS, facilities, legislative, law enforcement

Outbreak Aftermath: Prevention and Response Activities in NH

- ▶ Forming new and building existing key stakeholder relationships
 - Hospital association, Licensing Boards, law enforcement, Bureau of Drug and Alcohol Services, etc.
- ▶ Legislative activity
 - Adverse event reporting, Med Tech registration, drug-free workplace, communicable disease administrative rules
- ▶ Hospitals working internally on processes
- ▶ Developed public health response guidelines
- ▶ CSTE DD committee toolkit developed for jurisdictions
- ▶ **Current: Reviewing and updating guidelines, identifying existing gaps, and continuing education**

What have NH hospitals done?

- ▶ Assessed current processes and changed medication delivery systems
- ▶ Evaluated current practices re: narcotics
- ▶ Establish relationships (law enforcement, boards)
- ▶ Educate and orient staff about behaviors of drug impaired coworkers
- ▶ Implemented monitoring and audit practices that are more sensitive to detection
- ▶ Revised policies re: drug testing
- ▶ Evaluated hiring processes, references
- ▶ Formed drug diversion teams and/or created new roles

State of New Hampshire Reportable Infectious Diseases



- Acute Flaccid Myelitis
- Anaplasmosis [*Anaplasma Phagocytophilum*]
- Anthrax [*Bacillus anthracis*]*
- Arboviral infection, including EEE, WNV, Dengue, Powassan, Zika*
- Babesiosis [*Babesia microti*]
- Botulism [*Clostridium botulinum*]*
- Brucellosis [*Brucella abortus*]
- Campylobacteriosis [*Campylobacter* species]
- Carbapenem-resistant enterobacteriaceae
- Chlamydial infection [*Chlamydia trachomatis*]
- Cholera [*Vibrio cholerae*]*
- Coccidioidomycosis [*Coccidioides immitis*]
- Creutzfeldt-Jakob Disease*
- Cryptosporidiosis [*Cryptosporidium parvum*]
- Cyclospora infection [*Cyclospora cayentansis*]
- Diphtheria [*Corynebacterium diphtheriae*]*
- Ehrlichiosis [*Ehrlichia* species]
- Escherichia coli* O157 infection and other shiga toxin producing E
- Giardiasis [*Giardia lamblia*]
- Gonorrhea [*Neisseria gonorrhoeae*]
- Haemophilus influenzae*, invasive disease, sterile site*
- Hantavirus Pulmonary Syndrome (Hantavirus)*
- Hemolytic Uremic Syndrome (HUS)
- Hepatitis A Virus*
- Hepatitis B Virus (positive surface antigen in a pregnant person & diagnoses by providers only)
- Hepatitis C (new diagnoses by providers only)
- Hepatitis E
- Human Immunodeficiency Virus (HIV), including new diagnosis, perinatal exposure, and Acquired Immune Deficiency Syndrome (AIDS)
- Human Immunodeficiency Virus-related CD4+ counts and all viral loads
- Legionellosis [*Legionella pneumophila*]
- Leprosy, Hansen's disease [*Mycobacterium leprae*]
- Leptospirosis [*Leptospira* species]
- Listeriosis [*Listeria monocytogenes*]
- Lyme disease [*Borrelia burgdorferi*]
- Malaria [*Plasmodium* species]
- Measles [Rubeola]*
- Mumps*
- Neisseria meningitidis*, invasive disease, sterile site*
- Pertussis [*Bordetella pertussis*]*
- Plague [*Yersinia pestis*]*
- Pneumococcal disease, invasive [*Streptococcus pneumoniae*]
- Pneumocystis pneumonia [*Pneumocystis jirovecii* formerly *carinii*]
- Poliomyelitis [Polio]*
- Psittacosis [*Chlamydia psittaci*]*
- Rabies in humans or animals*
- Rocky Mountain Spotted Fever [*Rickettsia rickettsii*]
- Rubella, including Congenital Rubella Syndrome*
- Salmonellosis [*Salmonella* species] (report S. Typhi* within 24 hours)
- Shigellosis [*Shigella* species]
- Syphilis, including Congenital Syphilis Syndrome [*Treponema pallidum*]
- Tetanus [*Clostridium tetani*]
- Toxic-Shock Syndrome (TSS) [streptococcal or staphylococcal]
- Trichinosis [*Trichinella spiralis*]
- Tuberculosis disease [*Mycobacterium tuberculosis*]*
- Tuberculosis infection, latent (lab reporting only, no provider reporting)
- Tularemia [*Francisella tularensis*]*
- Typhoid fever [*Salmonella Typhi*]*
- Typhus [*Rickettsia prowazekii*]*
- Varicella
- Vibriosis [any *Vibrio* species]*
- Vancomycin Resistant *Staphylococcus aureus* (VRSA)*
- Yersiniosis [*Yersinia enterocolitica*]

Disease Reporting Guidelines

- Diseases with an asterisk (*) and in red must be reported within 24 hours of diagnosis or suspicion of diagnosis.
- All suspect and confirmed cases must be reported within 72 hours of diagnosis or suspicion of diagnosis.
- Reports are handled under strict

must be reported within 24 hours of recognition.*

Any investigation of suspected or actual incident of diversion of injectable medications in a health care setting must be reported within 72 hours of initiation of such investigation.*

Toll Free (in NH only): 1-800-852-3345 x 5300

Fax reports (incl. HIV/AIDS) to: 1-603-696-3017

Fax COVID-19 reports to: 1-603-696-3111

Disease Reporting Forms Available Here

<https://www.dhhs.nh.gov/report-concern/infectious-disease-reporting-and-forms>

Please use disease specific form, if one is available, AND complete form in its entirety.

- Name of the disease
- Name of the person reporting
- Patient information: name, date of birth, age, sex, race, ethnicity, address, telephone number, occupation, place of employment, date of illness onset
- Diagnostic test information: type of test performed, specimen type(s), date
- Treatment information: date, medication, dosage
- Send COPY OF RESULTS-not transcription

Updated August 2022

Any suspect outbreak, cluster of illness, unusual occurrence of communicable disease, or other incident that may pose a threat to the public's health must be reported within 24 hours of recognition.*

Any investigation of suspected or actual incident of diversion of injectable medications in a health care setting must be reported within 72 hours of initiation of such investigation.*

Public Health: NH Expectations for Reporting




- ▶ Drug diversion has the potential for public health risk and therefore is reportable
 - He-P 301
- ▶ The two main goals for investigation:
 - Identify ←
 - Determine the extent of public health risk ←
- ▶ Any suspect drug diversion event with injectable medications must be reported within 72 hours of the **initiation** of the investigation

Public Health: Expectations for Reporting, cont.

- ▶ The NH HAI program will initiate investigation to determine if patients exposed to blood borne pathogens (Hepatitis B, Hepatitis C, HIV)
- ▶ Steps:
 - Work with facility(ies) to ensure appropriate authorities notified
 - Work with HCW for BBP testing
 - Coordinate low cost testing options if needed**
 - If negative- public health investigation complete

Public Health: Expectations for Reporting, cont.

- ▶ Consider patient notification and testing if the following conditions A,B, and C are all met

-  ◦ A) There is evidence of injection drug diversion in a healthcare facility
-  ◦ B) Method(s) of injection drug diversion may have put patients at risk for blood borne pathogens
-  ◦ C) Test results suggest HCW may have been infected with a blood borne pathogen during times of employment (or unknown results)

Public Health: Expectations for Reporting, cont.

- ▶ Guidelines include tools for healthcare facilities
 - Incident Report Form
 - Drug Diversion Fact Sheet
 - Steps for healthcare facility prevention and response
 - Adopted from national guidelines
 - Recommendation to involve infection control staff and other key programs/personnel (e.g., occupational health)
 - List: websites and other resources
 - List: contact information and agencies that need to be notified

The Way Forward

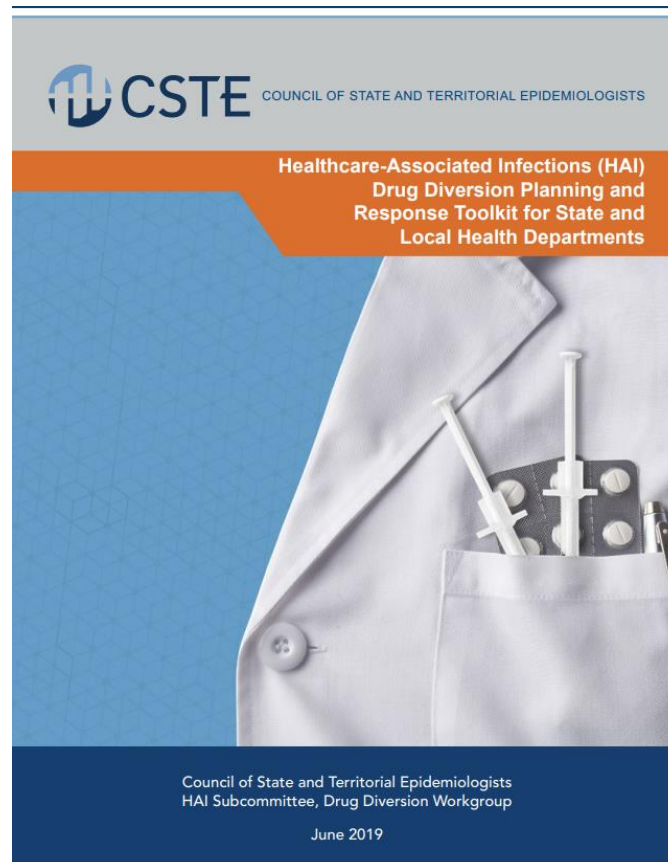
- ▶ Continue to identify and work with partners in drug diversion prevention
- ▶ Apply lessons learned from drug diversion investigations to improve timeliness and quality of public health response
- ▶ Educate and provide resources to healthcare facilities
- ▶ Investment of resources = prevention
 - Facility tools and staff/teams to respond to drug diversion events
 - Health departments
 - Council for State and Territorial Epidemiologists (CSTE) Drug Diversion Workgroup developing toolkit for drug diversion
 - Educate healthcare facilities- so much transition and stress in healthcare workforce following pandemic
 - Work with other public health partners (occupational health, substance use epidemiology) to address issue further 'upstream'

Helpful Resources

- ▶ National Association of Drug Diversion Investigators (NADDI):
 - http://www.naddi.org/aws/NADDI/pt/sp/home_page
- ▶ MN Dept' of Health and Hospital Association Drug Diversion Toolkit:
 - <http://www.health.state.mn.us/patientsafety/drugdiversion/index.html>
- ▶ CDC and One and Only Drug Diversion information:
 - <http://www.cdc.gov/injectionsafety/drugdiversion/index.html>
- ▶ CDC Patient notification toolkit:
 - <http://www.cdc.gov/injectionsafety/pntoolkit/index.html>
- ▶ Substance Abuse and Mental Health Services Administration:
 - <http://www.samhsa.gov/>
- ▶ National Institute on Drug Abuse:
 - <https://www.drugabuse.gov/>

Helpful Resources

- ▶ CSTE Drug Diversion Toolkit:
https://cdn.ymaws.com/www.cste.org/resource/resmgr/pdfs/pdfs2/Drug_Diversion_Toolkit_LiveL.pdf



Helpful Resources

- ▶ Public Health Vulnerability Review– Drug Diversion , Infection Risk, and David Kwiatkowski's Employment as a Healthcare Worker in Maryland – Maryland Department of Public Health & Mental Hygiene – March 2013
 - <http://dhmh.maryland.gov/pdf/Public%20Health%20Vulnerability%20Review.pdf>
- ▶ AONE Guiding Principles: to protect patients from reckless behavior by registered nurses – 2011
- ▶ Hepatitis Toolkit – HONORreform:
<http://www.honoreform.org/default.aspx>
- ▶ DOT drug and alcohol regs/procedures/data <http://www.dot.gov/odapc>
- ▶ Diversion central: <http://www.diversioncentral.com/>
- ▶ International Health Facility Diversion Association:
 - <https://ihfda.org/>

Acknowledgments

- NH DPHS infectious disease team
- NH State Police and Narcotics Investigation Unit
- NH Hospital Association and Foundation for Healthy Communities
- NH Bureau of EMS
- Centers for Disease Control and Prevention
 - One and Only Campaign
- Council of State and Territorial Epidemiologists (CSTE)
 - CSTE Drug Diversion Workgroup
- Other state health departments (CO, MN, FL, MD, NJ, TN)
- HONORReform
- IHFDA
- NH Bureau of Alcohol and Drug Services
- NH Pharmacy, Nursing, and Medical Boards
- Healthcare Facilities Administration (licensing and certification unit)
- NH Infection Prevention Staff

Q & A



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