

HEALTHCARE-ASSOCIATED OUTBREAKS

REPORTING INFORMATION

- **Class C:** Report by the end of the next business day to the local public health department in whose jurisdiction the outbreak has occurred. The exception: if the outbreak, unusual incident, or epidemic has an unexpected pattern of cases, suspected cases, deaths, or increased incidence of disease that is a major public health concern pursuant to paragraph (A) of rule 3701-3-02 of the Administrative Code, then such reports shall be made according to paragraph (A), immediately via telephone.
- Settings where healthcare is delivered include, but are not limited to, the following: acute care hospitals, chronic care facilities, ambulatory clinics, dialysis centers, outpatient surgical centers.
- Foodborne or waterborne disease outbreaks should be reported under the foodborne or waterborne disease outbreak classification, regardless of the setting.
- The local health department should report the outbreak to the Ohio Department of Health (ODH) Outbreak Response and Bioterrorism Investigation Team (ORBIT) at 614-995-5599.
- Reporting Form(s) and/or Mechanism: [Ohio Confidential Reportable Disease form](#) (HEA 3334, rev. 1/09), [Positive Laboratory Findings for Reportable Disease form](#) (HEA 3333, rev. 8/05), the local public health department via the Ohio Disease Reporting System (ODRS), or telephone.

AGENT

In Ohio, an outbreak or increased incidence of disease due to any infectious agent, product, device or procedure should be reported to the local health district. Healthcare-associated outbreaks have frequently been caused by agents such as *Staphylococcus*, group A *Streptococcus*, *Enterobacter*, *Pseudomonas*, *Serratia*, *Clostridium difficile*, *Klebsiella*, *Acinetobacter* and others. All multi-drug resistant agents involved in outbreaks should be reported. Intra-facility-associated outbreaks of respiratory illness, gastroenteritis, bacteremia, and rashes should also be reported. Pediculosis (i.e. head lice) and rashes caused by *Sarcoptes scabiei* (i.e. scabies) are most commonly associated with outbreaks in community settings, but do occasionally occur in healthcare settings. If the causative agent identified is reportable as an individual listing under the Ohio Administrative Code (e.g. *Salmonella*, *Campylobacter*), the individual case(s) should be reported.

Healthcare-associated outbreaks are also associated with transfusions, biologics, contaminated medications, replacement fluids, commercial products or procedures. For instance, a cluster or outbreak of bacteremia listing multiple agents or a cluster of positive tuberculosis skin test results may be due to a change in product, device or infection control practices. Thus, outbreaks associated with transfusions, biologics, medications, commercial (medical in nature) products, or medical-related procedures should be reported as healthcare-associated outbreaks.

CASE DEFINITION

Definition of a healthcare-associated disease outbreak

The occurrence of cases of a disease (illness) above the expected or baseline level, usually over a given period of time, as a result of being in a healthcare facility or receiving healthcare-associated products or procedures. The number of cases indicating the presence of an outbreak will vary according to the disease agent, size and type of population exposed, previous exposure to the agent, and the time and place of occurrence.

WHAT SHOULD BE REPORTED

Any outbreak or significant increase in healthcare-associated infections above the norm or baseline in healthcare-related facilities or among employees should be reported to the local health district where the facility is located. Healthcare facilities are expected to conduct surveillance that is adequate to identify background rates and detect significant increases above those rates. Information that should be reported may include:

- A line listing of ill persons, which includes demographics (age, race, sex, address), relevant health information (onset, symptoms and outcomes), risk factors (surgeries or procedures, room assignment, medications, allergies, products used – frequency, duration, amount);
- Clinical and/or laboratory information for persons meeting the outbreak case definition;
- Other epidemiologically necessary information for investigation and control of the outbreak.

If a case-control or cohort study is needed for the investigation, the local health department or the Ohio Department of Health may also request information on well persons from the same setting.

Foodborne or waterborne disease outbreaks should be reported under the foodborne or waterborne disease outbreak classification.

SIGNS AND SYMPTOMS

Symptoms vary depending on the agent.

DIAGNOSIS

Diagnosis depends on the suspected agent(s). To discuss diagnostic testing options and to make any arrangements for laboratory testing, contact the ODH Outbreak Response and Bioterrorism Investigation Team (ORBIT) at 614-995-5599.

If the symptoms are enteric, stool specimens may be collected and sent to the ODH Laboratory. In some circumstances testing can be done at the ODH Laboratory without charge. To obtain the fee exemption and to arrange for receipt of the stool transport kit, contact the ODH ORBIT at 614-995-5599. Depending upon the suspected organism, C&S transport medium and/or parasite kits will be used for transport of the specimens. Testing for *Norovirus* requires the collection of bulk stool specimens.

The ODH Laboratory may assist facilities in the determination of relatedness of infectious agents by pulse-field gel electrophoresis (PFGE) if the isolates of cases are thought to be epidemiologically linked to one another by time, space, or situation.

EPIDEMI OLOGY

Source

Varies depending upon the agent.

Occurrence

Varies depending upon the agent.

Mode of Transmission

Varies depending upon the agent.

Period of Communicability and Carrier State

Varies depending upon the agent.

PUBLIC HEALTH MANAGEMENT

Healthcare-associated outbreaks should be investigated to identify the source and prevent additional cases. Most healthcare-associated outbreaks are handled through telephone consultation between the LHD and ODH ORBIT. Depending on the agent, laboratory support may be available to facilities reporting suspect outbreaks. On-site visits for epidemiologic follow-up may also be available upon request. Please contact the ODH Outbreak Response and Bioterrorism Investigation Team (ORBIT) at 614-995-5599.

National Healthcare Safety Network (NHSN)

NHSN facilities must agree to report to state health authorities those outbreaks that are identified in their facility by the surveillance system and about which they are contacted by CDC. Failure to comply with these requirements will result in withdrawal from the NHSN.