

SHARPPS Newsletter

Surveillance for Healthcare-Associated and Resistant Pathogens Patient Safety (SHARPPS) Program

INFECTION CONTROL ASSESSMENT AND RESPONSE SURVEYS GOING ONLINE

The SHARPPS program is very excited to announce the impending roll out of the electronic online version of the Infection Control Assessment and Response (ICAR) self-assessment tool. This tool has been developed collaboratively between the Carolina Center for Health Informatics (CCHI), the Statewide Program for Infection Control and Epidemiology (SPICE), and the SHARPPS program using the CDC ICAR tools (<http://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>) as a template. This assessment will help characterize the infection control and prevention capacity of North Carolina Healthcare facilities including acute care hospitals, long term care facilities, outpatient clinics, and dialysis centers. The electronic assessments will become available November 1st, 2016, and the initial survey will be open to acute care hospitals and long term care facilities until December 15th, 2016. Subsequent online assessments will be available for outpatient clinics and dialysis centers in early 2017. Information gathered from this survey will be extremely useful in efficiently deploying the services of the SPICE infection control nurses who are available to perform site visits and tailor feedback to individual facilities to help grow their infection control capacity. Please contact the SHARPPS program if you would like more information on this great tool or if you would like your facility to participate in the SPICE ICAR program.

NC DPH WELCOMES NEW CSTE FELLOW



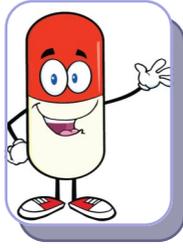
Katie Steider, MPH, CPH was a phone interviewer for the Behavioral Risk Factor Surveillance System survey with the Evaluation Institute for Public Health at the University of Pittsburgh and worked extensively with the Allegheny County Health Department (Pittsburgh, PA) to analyze animal exposures and rabies testing data for the county. Katie's email address is katie.steider@dhhs.nc.gov. Please join us in welcoming Katie!

The NC Division of Public Health (DPH) SHARPPS Program is pleased to welcome our new CSTE (Council of State and Territorial Epidemiologists) Applied Epidemiology Fellow, Katie Steider! Katie graduated with her MPH from the Department of Infectious Diseases and Microbiology at the University of Pittsburgh Graduate School of Public Health and is Certified in Public Health (CPH) by the National Board of Public Health Examiners. Prior to joining NC Division of Public Health, Katie



INSIDE THIS ISSUE

- * ICAR Online Tool, 1
- * New CSTE Fellow, 1
- * Get Smart Artwork Competition, 2
- * Antibiotic Ally, 2
- * SIC Training, 2
- * Scabies, 3
- * Touchscreens, 3
- * Flu Clinic Pledge, 4
- * Nasal Swabs for MRSA Pneumonia, 4
- * Upcoming Events, 4



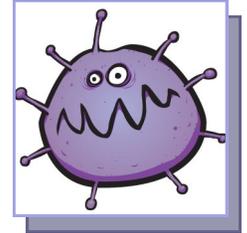
GET SMART ARTWORK COMPETITION

The Get Smart about Antibiotics Campaign is a national public health campaign aimed at increasing appropriate antibiotic prescribing and use and annually observes Get Smart about Antibiotics Week in November. To celebrate Get Smart Week 2016 (November 14-20), the NC Get Smart Campaign has launched the Get Smart Kids Artwork Competition. Children in pre-K to 8th grade can submit artwork on antibiotics and staying healthy.

The artwork submitted by the winners of each age group will be displayed as official posters for the campaign. Please encourage all kids to participate in this competition!

Here are some ways to encourage participation:

- ◇ Hand out the guidelines/consent form with the child's prescription/medication
- ◇ Leave paper, crayons, and competition instructions in pediatric waiting rooms
- ◇ Discuss antibiotics and hand hygiene in science class, health class, or after-school care center; have the students create artwork summarizing what they learned
- ◇ Place guidelines/consent forms in students' cubbies for parents to pick up
- ◇ Mention the competition in the school/daycare center's newsletter or weekly announcements



The deadline to submit art is **October 21, 2016**. To access the submission form, please visit, http://epi.publichealth.nc.gov/cd/antibiotics/Get_Smart_Kids_Guidelines_2016.pdf.

ANTIBIOTIC ALLY: GET SMART PROVIDER COMMITMENT INITIATIVE

The NC Get Smart Campaign launched an activity to promote appropriate antibiotic prescribing among healthcare providers. Antibiotic Ally is an initiative for providers to pledge their commitment to appropriate prescribing and educating their patients on antibiotics. Various studies have shown that displaying posters on antibiotic stewardship can effectively increase appropriate antibiotic prescribing and use ([1](#), [2](#), [3](#)). Clinicians and facilities that pledge to become an Antibiotic Ally will receive posters to display throughout the facilities and patient handouts that provide facts on antibiotics to distribute to patients. Commit to antibiotic stewardship and [register](#) to be an Antibiotic Ally today!

SAFE INJECTION CONNECTION TRAINING

The Safe Injection Connection training is scheduled for October 17, 2016 at the Cardinal Room (Division of Public Health) in Raleigh. This free, half-day training is designed to educate healthcare professionals and quality improvement staff on safe injection practices and improve patient safety. Continuing education is available for nurses, health education specialists, public health professionals, and healthcare professionals.

By becoming a Safe Injection Connection trainer, you will

- ◇ Improve patient safety
- ◇ Identify the best practices for injection safety
- ◇ Commit to presenting on injection safety at least 2 times a year

To register, email nchai@dhhs.nc.gov.

PROGRAM BENEFITS

- ◇ Free half-day training
- ◇ Free continuing education
- ◇ Free patient safety

PROGRAM REQUIREMENTS

- ◇ Agree to provide 2 presentations per year
- ◇ Free waiting room
- ◇ Healthcare or background
- ◇ Presentation

TRAINING

- ◇ Monday, October 17, 2016, 8:30am-12:30pm
- ◇ 1.0 CEU of Public Health Specialist, Health Educator, and Health Education Specialist, NC CEU

CEU is available! There are no fees for CEU!

Register today. Space is limited!

Register for this program on the 10/17/16 event page at www.dhhs.nc.gov

SCABIES: A FACILITY NIGHTMARE AND PUBLIC HEALTH NUISANCE

Scabies have been very problematic across North Carolina. With 15 outbreaks in various congregate living facilities across our state reported to date, 2016 has been a very active year. While the mites causing scabies do not transmit bacterial or viral infection, they do pose a serious nuisance to any facility that has had the misfortune to receive a visit. To date, the SHARPPS Team has provided 2 presentations on scabies to LTCF groups through regional Ombudsman. A third session is planned for December in the Greensboro area.

Clinical and Epidemiologic Features:

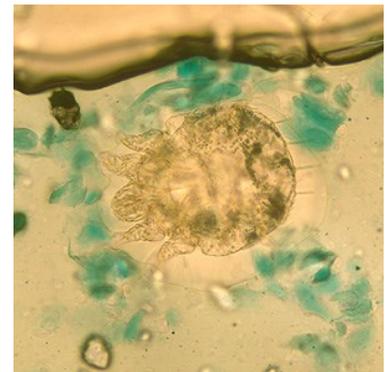
Severe itching, especially at night, is the earliest and most common symptom of scabies. A pimple-like (papular) pruritic “scabies rash” is also common. Itching and rash may affect much of the body or be limited to common sites, such as finger webs, anterior surfaces of wrists and elbows, anterior axillary folds, belt line, thighs. It also affects nipples, abdomen, the lower portion of the buttocks in women, and external genitalia in men.

Crusted (Norwegian) scabies is a severe form of scabies. Crusted scabies are characterized by vesicles and thick crusts over the skin that can contain many mites. Because they are infested with large numbers of mites (up to 2 million), persons with crusted scabies are very contagious.

It is important to note that **symptoms can take up to 2 months** to appear in exposed persons and staff, and that itching may persist up to 1-2 weeks after effective treatment.

Prevention Measures:

Early detection, treatment, and implementation of appropriate isolation and infection control practices are important to limit spread. New patients and employees should be screened carefully for any skin conditions that could be compatible with scabies. Identify and treat all persons (e.g. staff, relatives, patients, etc.) who had prolonged, direct skin-to-skin contact with an infested person before he/she was treated. Offer treatment to household members (e.g. spouses, children, etc.) of staff who are receiving scabies treatment. Staff generally can return to work the day after receiving a dose of treatment. Symptomatic staff who provide hands-on care to any patient may need to use disposable gloves for several days after treatment until sure they are no longer infested.



Scabies mite, CDC, 2010

General guidance and treatment information can be located at <http://www.cdc.gov/parasites/scabies/epi.html>

TOUCHSCREEN CONTAMINATION

In recent outbreak investigations, the SHARPPS team has identified touchscreens as a growing infection control concern. Touchscreen devices are a newer technology related to patient care and may go overlooked in cleaning policies. These devices are high-touch surfaces, often shared between staff and utilized between multiple patients, and can contribute to the spread of infectious diseases if not properly disinfected. It is important to include touchscreens along with other high-touch surfaces in regular environmental cleaning to help prevent the spread of disease.

For more information on appropriate disinfection and sterilization in healthcare settings, view HICPAC's guidance on high-touch surface cleaning, available [here](#).

BEST PRACTICES PLEDGE FOR FLU CLINICS

Every fall, temporary and off-site flu clinics are created across the country to provide influenza vaccines to Americans. Although the clinic is a short-term resource, safe injection practices are still a requirement. The National Adult and Influenza Immunization Summit (NAIS) is made up of 700 partners who are dedicated to addressing and resolving adult and influenza immunization issues. In efforts to promote adherence to CDC guidelines on best practices for injection safety, NAIS established a commitment pledge for organizations. This pledge signifies the organization's commitment to following best practices for vaccine shipment, transport, storage, handling, preparation, administration, and documentation. View and sign the NAIS [pledge](#) and review NAIS' best practices [checklist](#) for temporary, off-site flu clinics. Click [here](#) to access the CDC Guidelines on Influenza Vaccination Best Practices.

Interested in having SHARPPS present or exhibit at your upcoming event? Contact us at nchai@dhhs.nc.gov.

NEGATIVE PREDICTIVE VALUE OF NASAL SWABS FOR MRSA PNEUMONIA

Several studies have now reported the high negative predictive value (95-99%) of MRSA nasal swab PCR assays for predicting MRSA pneumonia. These cases include community acquired pneumonia, hospital or ventilator acquired pneumonia, and healthcare associated pneumonia. [\(1, 2, 3, 4, 5\)](#) MRSA nasal swab PCRs are a common tool used in hospitals to identify carriers of MRSA. Previous studies have shown nasal MRSA colonization increases the risk of MRSA infection. [\(5\)](#) In a recent webinar hosted by the Partnership for Quality Care titled "Successful ASP Actions: Antibiotic Time-out – Essential Elements and Development" (<http://pgc-usa.org/timeout/>), one of the presenters, Dr. Stan Deresinski, Medical Director of Stanford Antimicrobial Safety and Sustainability program, reported that based on this evidence they were implementing a policy of discontinuing MRSA coverage in patients with pneumonia who have a negative MRSA nasal swab PCR. Hospitals in North Carolina should consider these data when deciding on strategies to decrease unnecessary antibiotic use.

UPCOMING EVENTS

- Safe Injection Connection Training Program:
October 17, 2016, NC
Division of Public Health
(Cardinal Room), Raleigh, NC
- Get Smart Week:
November 14-20, 2016

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