Public Health Quarterly

ESSENTIAL INFORMATION FOR OUTPATIENT SETTINGS FROM THE LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

IMPORTANT UPDATES FROM PUBLIC HEALTH

Influenza 2017-2018 Season Update

LA County, and the United States as a whole, experienced very high levels of influenza this season, spanning from September 2017 through April 2018. As of April 26, 2018, there have been 255 adult and 2 pediatric confirmed deaths in LA County attributed to influenza this season, compared to 75 and 1 respectively from the 2016-2017 season. Influenza A viruses have been most commonly identified, with influenza A(H3N2) viruses predominating. However, at this time, 68% of positive cases are positive for influenza B. Overall, flu indicators are showing a decline in flu activity for LA County and the US.

Although this flu season is coming to an end, outpatient settings should continue to practice respiratory hygiene etiquette on a year-round basis. This includes screening patients for flu-like symptoms, posting signs in waiting areas, providing patients and visitors masks if needed, and adding hand hygiene stations in waiting areas. For more information visit the LA County Influenza page here.

Burkholderia cepacia complex Infections Associated with Use of Medline Remedy Essentials No-Rinse Foam

LA County is working with the California Department of Public Health (CDPH) to investigate a cluster of *Burkolderia cepacia* complex (Bcc) in a local hospital. The investigation has identified a potential association between Bcc infection and Medline Remedy® Essentials No-Rinse Foam, a product used for skin and perineal care. CDC recommends health care facilities using Medline Remedy Essentials No-Rinse Foam consider avoiding use of this product, at least in patients at greater risk for Bcc infections (e.g., patients with chronic lung disease, especially cystic fibrosis, or who are immunocompromised) until further information is available.

Multi-state Outbreak of *Serratia Marcescens* Bloodstream Infections

CDPH is working with multiple state and local health departments, the CDC, and the Food and Drug Administration (FDA) to investigate cases of *Serratia marcescens* bloodstream infection in patients with central venous catheters or implantable medical ports. The investigation has identified a potential association with BD PosiFlush™ Heparin Lock Flush and BD™ Pre-Filled Normal Saline Flush syringes. To date, no products have tested positive for *S. marcescens*. BD has issued a voluntary recall of certain lots of BD PosiFlush™ Heparin Lock Flush and BD™ Pre-Filled Normal Saline Flush syringes due to potential contamination with *S. marcescens*.

Healthcare facilities, home health agencies, and healthcare providers in outpatient practices that use BD PosiFlush™ Heparin Lock Flush and BD™ Pre-Filled Normal Saline Flush syringes should click here for additional details and a list of recall products and lot numbers.

The investigation is ongoing. Healthcare facilities and providers should save any available bacterial isolates and notify LACDPH at (213) 240-7941 of cases among outpatients who have central venous catheters or ports in place since April 1, 2018.

Antimicrobial Stewardship

What is it?
Antimicrobial/antibiotic stewardship (AS) is a coordinated program that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms.[1] It is a formalized program that provides advice, consent, and institutional guidance on appropriate selection, dosing, route and duration of antimicrobial usage. Stewardship initiatives can range in size and scope and can be implemented by a variety of stakeholders. Regardless of the clinical setting, the overarching goal is to promote adherence to clinical practice guidelines to provide the best standard of care and to minimize the spread of antibiotic-resistant bacteria.

Why is it important?
Antibiotic resistance is a growing problem around the world, leading to approximately 2,000,000 infections and 23,000 deaths per year. Inappropriate antibiotic use is the primary contributor to the spread of antibiotic resistance.[2]

How does it affect outpatient settings?
Current estimates are that more than 30% of outpatient antibiotics prescribed are unnecessary. Improving antibiotic prescribing can also reduce harm. For example, 10% decrease in inappropriate prescribing in the community can result in a 17% reduction in *Clostridium difficile* infection, a severe form of diarrhea usually caused by antibiotic exposure.[3]

Resources for Antimicrobial Stewardship in Outpatient Settings

The CDC Core Elements of Outpatient Antibiotic Stewardship[2]
The Core Elements of Outpatient Antibiotic Stewardship from the CDC provides a framework for antibiotic stewardship for outpatient clinicians and facilities that routinely provide antibiotic treatment. The Image highlights the four core elements needed for Outpatient Antimicrobial Stewardship, the full CDC document can be found here.

Antimicrobial Stewardship Checklist for ASCs[4]
Health Services Advisory Group works to increase infection control and AS practices in Ambulatory Surgery Centers. View their AS checklist on the next page or click here to download it.

Commitment
Demonstrate dedication to and accountability for optimizing antibiotic prescribing and patient safety.

Action for policy and practice
Implement at least one policy or practice to improve antibiotic prescribing, assess whether it is working, and modify as needed.

Tracking and reporting
Monitor antibiotic prescribing practices and offer regular feedback to clinicians, or have clinicians assess their own antibiotic prescribing practices themselves.

Education and expertise
Provide educational resources to clinicians and patients on antibiotic prescribing, and ensure access to needed expertise on optimizing antibiotic prescribing.

Antimicrobial Stewardship Checklist for Ambulatory Surgery Centers

Leadership Support

Question	Yes	No
1. Does your facility have a formal, written statement of support from leadership that supports efforts to improve antimicrobial use (antimicrobial stewardship)?	☐	☐
2. Does your facility receive any budgeted financial support for antimicrobial stewardship activities (e.g., support for salary, training, or IT support)?	☐	☐

Accountability

Question	Yes	No
3. Is there a physician leader responsible for program outcomes of stewardship activities at your facility?	☐	☐
4. Is there a pharmacist leader responsible for working to improve antimicrobial use at your facility?	☐	☐

Policies

Question	Yes	No
5. Does your facility have a policy that requires prescribers to document in the medical record or during order entry a dose, duration, and indication for all antimicrobial prescriptions?	☐	☐
6. Does your stewardship program monitor adherence to the policy (such as by monitoring dose, duration, and indication)?	☐	☐
7. Does your facility have facility-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antimicrobial selection for common clinical conditions?	☐	☐
8. Does your stewardship program monitor adherence to facility-specific treatment recommendations?	☐	☐

Interventions to Improve Antibiotic Use

Question	Yes	No
9. Do specified antimicrobial agents need to be approved by a physician or pharmacist prior to dispensing (i.e., pre-authorization) at your facility?	☐	☐
10. Does a physician or pharmacist review courses of therapy for specified antimicrobial agents (i.e., prospective audit with feedback) at your facility?	☐	☐

Education

Question	Yes	No
11. Does your stewardship program provide education to clinicians and other relevant staff members on improving antimicrobial prescribing?	☐	☐

1 APIC (nd.). *Antimicrobial stewardship.* Retrieved from https://apic.org/Professional-Practice/Practice-Resources/Antimicrobial-Stewardship

2 Sanchez, G.V., Fleming-Dutra, K.E., Roberts, R.M., Hicks, L.A. *Core Elements of Outpatient Antibiotic Stewardship.* MMWR Recomm Rep 2016;65 (No. RR-6):1–12. Retrieved from https://www.cdc.gov/antibiotic-use/community/pdfs/16_268900-A_CoreElementsOutpatient_508.pdf

3 CDC (2017). *Outpatient Antibiotic Stewardship.* Retrieved from https://www.cdc.gov/antibiotic-use/community/improving-prescribing/outpatient-stewardship.html

4 HSAG (2018). Antimicrobial Stewardship Checklist for Ambulatory Surgery Centers. Retrieved from https://www.hsag.com/contentassets/98d1e68f70bc4240832eb3545b6050f6/rbrndcdchsagaschecklistforascs.pdf

Free Antimicrobial Stewardship Trainings

To Prescribe or Not to Prescribe? Antibiotics and Outpatient Infections

Self-paced online course from the Division of Infectious Diseases at Stanford University School of Medicine that provides a practical approach to the management of common outpatient infections. The activity uses learning videos, patient role playing simulations, and interactive case based videos. This training emphasizes national guidelines for the most appropriate empiric antibiotic choice and duration of therapy. 1.75 CME credits are available for completing this course.

Click or go to https://med.stanford.edu/cme/courses/online/improving-antibiotics-pcs.html

Conversations for Health

Online simulation trainings from the Robert Wood Johnson Foundation designed for healthcare organizations, AS leaders, healthcare workers, patients, and parents. The learner can engage in practice conversations with virtual humans and build your skills to lead real-life health conversations. The simulations are designed to help improve physician–patient communication and address the overuse of antibiotics.

Click or go to https://www.conversationsforhealth.com/

A Message on Rigid Containers for Flash Sterilization

LACDPH is aware of many facilities who use rigid reusable containers, such as the Flash Pak Sterilization Container System from Symmetry, for flash sterilization/immediate use steam sterilization (IUSS) of their instruments. It is important to understand the intended use of these products to make sure you and your staff are utilizing them correctly. Sterilization professionals believe that as long as the integrity of the container and process is intact, it is a suitable product for IUSS that decreases the risk of contamination of other IUSS methods. However, these containers do not negate the need of running a full sterilization cycle and are only to be used when regular sterilization is not an option, such as an emergency procedure, dropped item, or missing item. IUSS should never be used in place of regular sterilization due to lack of instruments or time between cases.

In summary, these containers are meant to decrease the risk of contamination when IUSS is necessary, but are not intended as a substitute for regular sterilization procedures on non-emergent cases.

Healthcare Outreach Unit
Acute Communicable Disease Control Program
Los Angeles County Department of Public Health
313 N. Figueroa Street, Room 212
Los Angeles., CA 90012
Phone (213) 240-7941
Fax (213) 482-4856
outpatient@ph.lacounty.gov