

# SHARP: Bringing HAIs into Focus

Surveillance for Healthcare-Associated and Resistant Pathogens Unit  
Michigan Department of Health and Human Services



## SHARP Staff Update

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[www.mi.gov/hai](http://www.mi.gov/hai)

The SHARP Unit has gone through a few changes this fall. Allison Murad, NHSN Epidemiologist, left the SHARP Unit in early November. Thankfully, she is still close! Allie is the new Behavioral Risk Factor Surveillance System (BRFSS) Coordinator/Epidemiologist in the Lifecourse Epidemiology and Genomics Division at MDHHS. Allie was a vital member of the SHARP Team and will be missed. She will always be our NHSN Super-User! Interviews were conducted to fill Allie's position in late December. We hope to have someone in the position by late-January 2018.

The SHARP Unit welcomed Chardé Fisher in October. Chardé is our Health Educator, a new position in the SHARP Unit and Communicable Disease Division! She came to us from the Viral Hepatitis Unit. Chardé was the Viral Hepatitis Prevention Coordinator. She will be helping us provide more HAI information (fact sheets, brochures, etc.) to our partners, the public and local health departments. Chardé will be translating some of our Infection Control Assessment and Response (ICAR) data, gathered by Noreen Mollon and the Special Pathogen Response Network (SPRN) Team, into education and resources that will help healthcare facilities meet various gaps in their infection prevention planning and response. She is also helping us make our [michigan.gov/hai](http://michigan.gov/hai) more user-friendly and aesthetically pleasing. Please welcome Chardé!



## Call for Volunteers! The Infection Control Assessment and Response (ICAR) program wants you!

The SHARP unit secured funds to support development of robust infection prevention and control programs across the continuum of care. The goal is to expand infection control (IC) consultation in both number and depth/content, then to identify and mitigate gaps in practices.

SHARP unit staff offer on-site or remote technical assistance according to facility type-- acute care, long-term acute care (LTAC), long-term care (LTC), critical access hospitals (CAH), and outpatient clinics.

The team reviews three main infection control domains:

1. IC Program and Infrastructure,
2. IC Training, Competency and Implementation of Policies and Practices
3. Systems to Detect, Prevent and Respond to Healthcare Associated Infections and Multidrug-resistant organisms (MDROs).

Results are discussed with infection prevention staff to determine strengths and areas of opportunity. Facilities receive a feedback report to share with leadership. Aggregate, de-identified data is available at the State level and shared with the CDC.

ICAR activities provide immediate feedback to IC programs about the current state of the program and how it relates to best practices.

## NHSN Surveillance Update

### HAI TAP Reports

Aggregate state-wide Targeted Assessment for Prevention (TAP) Reports for 2016 quarter 1 thru quarter 4 and 2017 quarter 1 are now available at [www.mi.gov/hai](http://www.mi.gov/hai). These reports show HAI modules and locations where the State of Michigan either needs to focus additional prevention efforts or is excelling in infection prevention. Aggregate reports are also available for acute care hospitals in each emergency preparedness region and critical access hospitals in all regions across the state.

### NHSN Version 8.8.1 Release

The newest NHSN release, scheduled for January 23, 2018, will include the following updates:

- NHSN Agreement to Participate and Consent form: Facility administrators and primary contacts will be able to view and accept the updated agreement beginning with v8.8.1 deployment. Once the Consent form is available with the new release, an alert will appear on all NHSN component home pages, and primary contacts and facility administrators will receive an email notification. The new agreement must be accepted by April 14, 2018 or risk losing access to NHSN.
- ICD-10-PCS/CPT Operative Procedure Code Update: The annual review and validation process for procedure codes from FY 2017 and 2018 CMS ICD-10-PCS updates is in progress. The revised list of NHSN procedure codes will be available for use during the v8.8.1 release. NHSN is advising users to delay entering operative procedures that are performed on or after January 1, 2018 until the v8.8.1 deployment is complete.

### NHSN User Group Call

Conference calls for NHSN users are held on the fourth Wednesday of every other month. The next call will be Wednesday, February 28, 2018 at 10 AM.

Click [here](#) to sign up to receive NHSN email updates from the SHARP unit!

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## CRE Update

### CP-CRE Reporting

Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE) will become a reportable condition in January 2018. Some clinical laboratories will be able to send electronic laboratory results (ELRs) to the Michigan Disease Surveillance System (MDSS) for case reporting. However, many sites have not yet piloted the ELR messages, so how they will come through the system has yet to be determined. In the meantime, if your facility has a CP-CRE and you cannot report electronically, please report the case manually into MDSS. A CRE Case Investigation form is already available in MDSS for reporting. As we determine how ELRs and case reports are hitting the system (e.g., entered, sorted, assigned), MDHHS will develop additional guidance to help with reporting and investigating CP-CRE cases. As with any CP-CRE, contact precautions and inter-facility communication is a must to prevent transmission. Aggressive interventions, such as screening and cohorting of patients, may also be required based on the clinical circumstance, patient travel history, local CRE epidemiology, and mechanism of resistance. More information on CP-CRE reporting and investigation will be shared in the coming months!

### CRE Surveillance & Prevention Initiative

Even though CP-CRE will become a reportable condition, the CRE Surveillance and Prevention Initiative continues to capture CRE incidence around the state. We were able to recruit 20 new facilities!!! We now have 60 facilities participating (acute care and long-term acute care) across the state, reporting CRE and implementing interventions in their facilities. Michigan healthcare facilities continue to go above and beyond!

### CRE Novel Resistance Update

Since 2014, Michigan has detected 34 cases of novel resistance: 13 NDM-1, 9 OXA-48, 5 IMP, 4 VIM, and 3 MCR-1. Cases have ranged from 5 – 83 years old and 56 percent were male. Fifty percent had international travel within 6 months prior to their positive culture, and 68 percent had a prior inpatient hospitalization.

The MDHHS Bureau of Laboratories (BOL) has expanded their molecular testing offerings to detect KPC, NDM, VIM, OXA-48, and MCR-1 in Enterobacteriaceae, *Acinetobacter*, and *Pseudomonas aeruginosa*. Assays to detect IMP will be added soon. Given the expanded capacity to detect these novel resistance mechanisms, facilities are **strongly encouraged** to send isolates to BOL for confirmatory testing.

### Call for Volunteers!, continued

ICAR reports can be used as a needs assessment and may be presented to facility leadership to help bolster sustainable Infection Control programs. ICAR activities will provide long term training opportunities and assistance to close gaps and strengthen IC capacities at healthcare facilities across the continuum of care.

For more information or to schedule an ICAR, contact Noreen Mollon (MollonN@michigan.gov or 517-284-4946).

### Biosafety and Healthcare Preparedness Conferences:

In 2017 SHARP staff, along with staff from the MDHHS Bureau of Laboratories (BOL), completed 7 regional conferences. Topics included regional epidemiology updates, emerging pathogens, Special Pathogen Response Network (SPRN), identifying select agents, and laboratory biosafety risk assessment. Slides from these conferences are available now at [www.mi.gov/hai](http://www.mi.gov/hai).

Confirmed Novel Resistance Cases in Michigan, 2014 - Current

