

10-02

## STATEMENT OF POLICY

### **Increasing Federal, State, and Local Partnership in Addressing Healthcare-Associated Infections**

#### **Policy**

The National Association of County and City Health Officials (NACCHO) recognizes that healthcare-associated infections (HAIs) are detrimental to the health of the public and that, because of the relationships local health departments (LHDs) have with healthcare facilities and their role in surveillance, active inclusion and support of LHDs is essential to successfully develop and implement HAI prevention policies. NACCHO urges federal and state partners to provide adequate support and funding for engaging LHDs in developing and implementing HAI prevention, surveillance, and reporting policies, including employee vaccination policies.

NACCHO suggests the inclusion of LHD representation, as appropriate, in all aspects of HAI policy development, such as national, state, and local HAI stakeholder meetings, activities, and committees that establish, review, and refine national HAI surveillance and prevention strategies.

NACCHO recommends state health departments engage and establish relationships with their LHDs, specifically in the area of HAIs. Examples of engagement include, but are not limited to the following:

- Facilitating review of state HAI action plans by a majority of local health officials whose collective jurisdictions encompass a majority of the state's population;
- Ensuring LHD representation on state HAI advisory committees;
- Providing and sharing opportunities for training with LHDs,
- Inviting LHDs to participate in state-wide and regional meetings related to HAI prevention, surveillance, and response; and
- Supporting LHDs in accessing HAI data, including information from the National Healthcare Safety Network (NHSN).
- Supporting and collaborating with local initiatives or coalitions working to address HAI.

Effectively addressing HAIs will also require consideration of related topics covered in NACCHO's policy statements 15-07 [Antimicrobial Stewardship and Resistance](#), 10-03 [National Healthcare Safety Network](#), 07-11 [Multi-Drug Resistant Organisms](#), and 12-14 [Influenza Vaccinations for Healthcare Personnel](#).

#### **Justification**

HAIs are infections people acquire while obtaining treatment or care for another condition. These infections are often preventable, but approximately 1 in every 31 inpatients in acute care hospitals has at least one HAI.<sup>1</sup> While progress to address HAIs has been made in recent years,<sup>2</sup>



they still represent a major burden of morbidity and mortality.<sup>3</sup> HAIs can occur in a range of healthcare settings, including acute care hospitals, long-term care facilities (LTCFs), dialysis facilities, and other outpatient healthcare facilities. Organisms, such as carbapenem-resistant Enterobacteriaceae, *Clostridium difficile*, *Legionella pneumophila*, *Candida auris*, and methicillin-resistant *Staphylococcus aureus*, have emerged or persisted as important causes of infection in these non-hospital healthcare settings.<sup>4, 5, 6</sup> During the coronavirus disease 2019 (COVID-19) pandemic, healthcare associated transmissions played a significant role in viral spread especially as data regarding the pathways of infection was collected early in 2020.<sup>7</sup>

LHDs play a critical role in preventing and controlling HAIs, though experiences vary greatly by jurisdiction. HAI prevention efforts undertaken by LHDs may include identifying, notifying, and referring exposed people to screening or treatment services and tracking compliance and health outcomes. LHDs with the capacity to do so also identify risk factors for infection during outbreaks, make recommendations to reduce risk, and monitor compliance. LHDs have investigated and responded to HAIs in diverse healthcare settings, such as cases of carbapenem-resistant Enterobacteriaceae among individuals transitioning between acute care hospitals and LTCFs,<sup>8</sup> *Clostridium difficile* in acute healthcare facilities,<sup>9</sup> pertussis in hospital neonatal intensive care units,<sup>9</sup> viral hepatitis in ambulatory surgical centers and LTCFs,<sup>11, 12</sup> and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) with both a risk for patients and health care workers in a wide range of healthcare settings.<sup>13</sup> Disease outbreak investigations in these settings are complex and resource intensive for LHDs, which have experienced job losses and cuts to core funding in recent years.<sup>14</sup>

As proven conveners, LHDs have the opportunity to connect stakeholders in public health and healthcare for HAI control by leveraging new, or building upon existing, relationships with healthcare partners and the public. They frequently coordinate and exchange information with medical providers, hospitals, other healthcare facilities, the state health department, and other stakeholders. This role is particularly important given the growing evidence that a coordinated approach is vital to preventing the spread of antimicrobial resistance.<sup>15</sup> LHDs can support those coordination activities in many ways, such as by strengthening existing community relationships to connect acute care facilities and LTCFs to reduce HAIs transmitted during inter-facility transfers.<sup>16,17</sup>

They also have an important role in convening healthcare providers and other local partners to determine ways to prevent these infections from occurring. LHDs may support facilities in identifying gaps and implementing improvements in infection prevention and control practices. They may promote antimicrobial stewardship and other interventions to reduce the emergence and spread of antimicrobial-resistant pathogens related to HAIs. LHDs are responsible for educating community partners and the public about HAIs and may work independently or with state health departments on conducting outbreak investigations, tailoring HAI prevention tools for use in their state, and implementing statewide initiatives to prevent and reduce HAIs.<sup>17</sup>

Barriers to increased engagement by LHDs include absence of relationships with key stakeholders, lack of funding, lack of access to HAI community-level data, and lack of clarity about LHDs' roles. Overcoming these barriers so that LHDs can more fully engage in HAI prevention and response will help to achieve the following:

- Establishment of new, or strengthening of existing, relationships necessary for HAI prevention and control;
- Recognition of the role that LHDs can play in supporting hospitals and other healthcare facilities in preventing and controlling HAIs;
- Increased understanding among policymakers and partners of the impact of HAIs on the community and the capacity and needs of public health to address HAI elimination;
- Better identification of specific opportunities, including improving employee vaccination policies, to facilitate the development and implementation of HAI prevention, surveillance and reporting policies; and
- Development of targeted tools for LHD HAI prevention and response.

## **Citations**

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### **Record of Action**

*Proposed by the Infectious Disease Prevention and Control (IDPC) workgroup*

*Approved by NACCHO Board of Directors July 2010*

*Updated May 2017*

*Updated September 2023*