

**Georgia HAI Advisory Committee Meeting (GHAIAC)  
August 31, 2016  
Georgia Public Health Laboratory**

**Attending GHAIAC members:** Pat Bennie, Jennifer Brock, Melody Brown, Pam Clayton, Angelina Davis, Pam Falk, Rachel Franklin, Nikki Graves, Amanda Greene, Jesse Jacob, Robert Jerris, Sheena Kandiah, Mary Key, Kristina Lam, Carol Lyden, Renee Miller, Peggy McGee, Jeanne Negley, Bonnie Norrick, Tonia Parrott, Gianna Peralta, Jay Steinberg, Liz Smith, Roben Summers, Melissa Tobin-D'Angelo, Amy Tunali, Susan Waite

Agenda Item	Presenter	Discussion	Action Item	Responsible Person(s)	Due Date
Welcome and Call to Order	Jeanne Negley, Georgia Department of Public Health (GDPH)	Called to order and introductions began at 9:35 a.m.			
Review of Minutes	Jeanne Negley, GDPH	4/27/2016 minutes were approved by Bob Jerris; seconded by Jay Steinberg. Unanimously approved.			
Review of CDI Laboratory Testing Position Statement	Robert Jerris, CHOA	In light of reported over-testing of CDI, the Advisory Committee reviewed its 4/22/2016 position statement regarding laboratory testing recommendations. A distinction was made between laboratory and clinical recommendations, and a question was raised if we were to present both laboratory and clinical diagnostics. In addition, it was noted that HAC penalties impacted testing algorithms and European guidelines emphasize GHD and EIA testing. The committee decided a subcommittee (Bob Jerris, Jay Steinberg, Jesse Jacob, Craig Smith, Sheena Kandiah, Roben Summers, and Andrew Revis) would review the issue and make recommendations to the larger committee. It was recommended to include Cliff McDonald (CDC) in discussions.	Arrange for call to include subcommittee members and Cliff McDonald	Jeanne Negley. 9/26/2016 update: Jeanne found Cliff McDonald was not available for several call dates and instead scheduled him at the 1/15/2017 GHAIAC meeting.	Completed.
Georgia Public Health Laboratory:	Patricia Bennie and Tonia Parrot, Georgia Public Health Laboratory (GPHL)	Patricia Bennie, MT (ASCP) presented on her work to Strengthen Biosafety and Biosecurity in Clinical Laboratories. She noted GPHL has received funding to conduct on-site risk assessments of the state's sentinel laboratories in the state. Sentinel laboratories are those that perform high complexity			

<p>Strengthen Biosafety and Biosecurity in Clinical Laboratories</p> <p>and</p> <p>Combating Antibiotic Resistant Bacteria (CARB)</p>		<p>testing under CLIA standards. Examples of laboratory-acquired infections were discussed, including meningitis and Brucella, the most commonly laboratory acquired infection. In addition to on-site visits, GPHL will offer complementary webinars on biosafety, risk assessment and biosecurity for laboratories. She plans to coordinate her visits, when possible, with the DPH HAI team conducting ICARs. The on-site risk assessments are non-regulatory, voluntary and educational for the laboratory.</p> <p>Tonia Parrott, Ph.D, HCLD, (AAB) presented on GPHL’s work on Combating Antibiotic Resistant Bacteria (CARB). She presented data from the National Anti-Microbial Surveillance (NARMS), which includes historical antimicrobial resistance data (for Salmonella [non-Typhi, Typhi, and Paratyphi A and C], E Coli 0157, Campylobacter, and Vibrio) as part of the state retail meat surveillance program. As part of CARB, GPHL has received additional funding to expand its work scope to include susceptibility and molecular testing for Carbapenem-resistant Enterobacteriaceae (CRE) and Carbapenem-resistant Pseudomonas (CRPA), susceptibility testing for drug-resistant gonorrhea, and whole genomic sequencing for Salmonella, Campylobacter, and Shigella (outbreaks). The increased capacity at the state will support Georgia DPH to improve its capacity to identify clusters and respond to outbreaks, support and track food safety, and participate in collecting isolates for a new resistant bacteria bank.</p> <p>Committee members noted that IQCP is doing a risk assessment for in quality that does not include personnel; the lab biosafety assessments will complement this work. It was also noted that Sentinel Laboratories include the Department of Defense (DOD); therefore, Georgia Veteran’s Administration laboratories will participate in the biosafety assessments.</p>			
<p>Program Updates</p>	<p>Roben Summers, Georgia Hospital Association (GHA),</p>	<p>GHA has submitted an application to continue HEN work and is awaiting a response to its proposal.</p>			

	<p>Hospital Engagement Network</p> <p>Carol Lyden, Susan Waite, End Stage Renal Disease Network (ESRD)</p> <p>Pam Clayton, Georgia Health Care Association</p> <p>Kristina Lam, Georgia DPH</p> <p>Gianna Peralta, Georgia DPH</p> <p>Liz Smith, Georgia DPH</p>	<p>Health Research and Educational Trust (HRET) project: GHA will be working on HAI reduction in hospitals and LTACHs. This project can include nursing homes as well.</p> <p>The ESRD is working on reduction of bloodstream infections in dialysis facilities. 20% of facilities in ESRD 6 have high BSIs. ESRD works with facilities to conduct a root cause analysis for BSIs and to use CDC-developed tools.</p> <p>GHCA is partnering with Alliant Quality on the CDI initiative. In addition, GHCA has noted new national standards regarding infection control and is developing training to support its membership.</p> <p>Kristina Lam presented an update on Infection Control and Response (ICAR) assessments. A total of 24 assessments have been completed. This includes 14 hospitals (12 acute, 2 LTACHs), 8 long-term care facilities and 2 dialysis facilities. Common gaps identified include hand hygiene competency demonstration, PPE competency demonstration, and annual central line insertion competency.</p> <p>Gianna Peralta has led an NHSN dialysis event validation study. It included 30 sites for the period of January 1 – June 30, 2015. Preliminary results include the identification of 199 dialysis events and 736 patient records reviewed. This includes 122 antimicrobial starts, 33 positive blood cultures, and 44 instances of pus, redness or swelling.</p> <p>As a follow-up to the April 27, 2016 GHAIAC meeting, Liz presented a comparison of stewardship activities for Georgia hospitals for 2015. This analysis was based on data from the 2014 and 2015 NHSN Annual Surveys. It was noted that the only baseline data available is from 2014. It was also noted that when comparing 2014 vs. 2015 Georgia survey data, no statistical difference in reported stewardship activities.</p>			
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	<p>Melody Brown, Alliant Quality</p> <p>Jessie Jacob, Emory EpiCenter</p> <p>Amy Tunali, Emerging Infections Program</p>	<p>Melody Brown announced nursing home recruitment for the NHSN CDI initiative: 58 in Georgia and 84 in North Carolina. She also introduced Nikki Graves, who will coordinate the project. Nikki will support the nursing homes through the NHSN enrollment and reporting activities.</p> <p>Dr. Jesse Jacob discussed work at the EpiCenter to observe PPE donning and doffing techniques at the 5 designated Ebola treatment centers in Georgia. This project is a collaboration between Emory, Georgia State University and Georgia Tech. The project includes marking staff donning and doffing with a phage (harmless virus) to evaluate transmission. Two simulations have been completed.</p> <p>He is also working on a badge monitoring hand hygiene project with 2 Emory hospitals. This project also includes the monitoring of attitudes and beliefs regarding hand hygiene.</p> <p>Amy Tunali presented on activities under the Emerging Infections Program. Since 2005, the incidence rate of invasive MRSA has been trending downward, and a slight increase in the hospital-onset rate was noted in 2015.</p> <p>With CDI surveillance, the count of incident cases has steadily increased over time, and this increase is attributed to the increased use of NAAT testing. It was noted very few hospitals in the metropolitan statistical area (MSA) used EIA by itself.</p> <p>The incidence of candidemia has declined from 14.1 cases per 100,000 in 2008 to 8.1 cases per 100,000 in 2015 according to preliminary data. In 2016, all EIP sites began collecting treatment data for candidemia to ensure treatments are appropriate and completed as prescribed.</p>			
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	Melissa Tobin-D'Angelo, Georgia DPH	<p>In the second half of 2016, the EIP will begin routine surveillance for Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CR-PA). EIP is also planning to conduct a LTC laboratory survey soon.</p> <p>Melissa shared draft DPH recommendations regarding surveillance for Legionellosis events at healthcare facilities. Recently, CDC released a toolkit for legionella response in healthcare facilities, and these recommendations were adapted from the toolkit. The recommendations include responses for an absence of cases, a single possible healthcare-associated case of Legionellosis, two or more possible cases, and a definite healthcare-associated case. In the near future, DPH will be issuing final recommendations and new surveillance standards.</p>			
Adjournment	Jeanne Negley, Georgia Department of Public Health	The next meeting will be November 2, 2016, from 9:30 to 12 at the American Red Cross Building (1955 Monroe Dr NE, Atlanta, GA 30324).			