PURPOSE OF TODAY’S PRESENTATION

• Provide an overview of protocol changes
• Allow time for review and revision before training and implementing
• Detailed training will be held on December 19
• Changes enacted January 7, 2019
INTRODUCTIONS

• Lucille Rayford—Assistant Nursing Director, Community Services
• Dawn Terashita—Associate Director, Acute Communicable Disease Control
PURPOSE OF THE PROTOCOL CHANGES

• Streamline investigation and response process, while not jeopardizing public health and safety
• Reduce DPH workload
• Improve timeliness and efficiency of disease investigations
• Prioritize efforts for diseases with greater public health impact
BACKGROUND

- Restructuring of DPH Field Services increased need to change investigation process
- Meetings were held in Sept. 2018 to discuss ways to streamline and improve protocols
  - Participants included AMDs, PHNS, ACDC, etc.
- Changes drafted after group consensus
- After implementation, changes will be evaluated
- Hope this will foster more frequent updates and improvements and collaboration with ACDC
CAVEATS TO THE CHANGES

• Q/I evaluation of the changes will be conducted
• Not all changes will be permanent
• Will continue to modify and improve the protocols
• Intend to regularly meet to review and improve the changes
• Your input and suggestions for improvements are valued and important
• Current changes won’t be enacted until after review
• Start date: January 7, 2019
SUMMARY OF PRIMARY PROTOCOL CHANGES

• Reduce in-person site visits
  o As appropriate, assess and follow-up by phone
  o Site visits as needed and if requested

• Reduce AMD sign-off — Responsibility switches to PHNS
  o Only for select disease investigations
  o Purpose: Improve timeliness and efficiency

• Increase autonomy of PHNs

• Limit exclusion of cases and contacts to those with greater likelihood of disease transmission
  – Reduce workload of follow-up and continued testing
  – Improve relations with the public
LIST OF REVISED DISEASES

• Enteric Diseases
  – *Salmonellosis*, *E. coli*, Shigellosis

• Disease Outbreaks
  – Influenza and Respiratory Disease Outbreaks
  – Gastroenteritis Outbreaks
  – Hand Foot and Mouth Disease
  – Pediculosis (Head Lice)
  – Scabies

• Other Diseases
  – Hepatitis
  – Meningococcal
SUMMARY OF CHANGES BY DISEASE
ENTERIC DISEASES — *Salmonellosis*

- Transmission to include food sources as primary source
- PHN to notify upon admission to SNF with template letter listing contact precautions for *Salmonellosis*
- Included description of SOS
- AMD may approve some healthcare workers to return to work when asymptomatic for 48 hours
- Reworded section on symptomatic contacts in SOS
- For asymptomatic contacts, **no action needed**
- Non-SOS may return to work when asymptomatic for 48 hours
- Added section on suspected outbreaks
- Added section on daycare
- Reworded section on presumptive cases
ENTERIC DISEASES — *E. coli*, Shigellosis

For **asymptomatic** contacts:

- No further action needed
- No stool cultures needed
- Do **NOT** exclude from SOS
DISEASE OUTBREAKS
Influenza and Respiratory Disease Outbreaks; Gastroenteritis Outbreaks; Hand, Foot and Mouth Disease; Pediculosis (Head Lice); Scabies
Influenza and Respiratory Disease Outbreaks

• Currently two types of forms depending on outbreak setting:
  1. Outbreaks in SNFs (same form for all outbreaks including influenza and respiratory diseases)
  2. Outbreaks in non-healthcare settings (only for influenza and respiratory diseases)

• B73 updated to reflect CDPH outbreak definition revisions in 2018
  – New outbreak definitions for influenza outbreaks and for respiratory disease outbreaks
  – New definitions for outbreak setting (healthcare-associated, non-healthcare associated institutions, and other non-residential congregate settings)

• Case investigation forms currently being revised to incorporate these CDPH case definition changes
  – DPH case investigation forms will include all the CDPH elements
  – **Will no longer be necessary to complete CDPH form!**
GI OUTBREAKS

- Can initiate investigation by phone
- No other major changes made
HAND, FOOT AND MOUTH DISEASE

- Investigation by phone unless special circumstances or requested

- Increased criteria for an outbreak: minimum of 5 cases within a 72-hour (3 day) period and epidemiologically linked

- Removed recommendation to obtain specimens for diagnosis
PEDICULOSIS (HEAD LICE)

• Investigation by phone unless special circumstances or requested

• Increased criteria for an outbreak: minimum of 5 cases within a 72-hour (3 day) period and epidemiologically linked
SCABIES

• Will remove crusted/atypical scabies from LAC list of reportable diseases
• Criteria for outbreak: 2 or more cases, ANY type
• Encourage phone consultations
• In-person site visits as needed and if requested
OTHER DISEASES
Hepatitis and Meningococcal
HEPATITIS

• Hepatitis A
  o Define elevated liver enzymes as ALT>100
  o Expanded age range for hep A vaccine post-exposure prophylaxis:
    ➢ Previously from 12 months to 40 years; NOW 12 months to 59 years
  o Updated investigation form, adjust weblinks
  o Added references to CDC recommendations for immunoglobulin use and on post-exposure prophylaxis for exposure to hep A
  o Clarified that CS will investigate hospitalized suspect case reports

Investigation Flowcharts created for all
HEPATITIS (continued)

• **Hepatitis B**
  o Updated section on control of contacts: post-exposure guidelines updated to CDC’s guidance Jan 2018

• **Hepatitis C** — No changes
MENINGOCOCCAL DISEASE

• During business hours, case notification to PHNS (cc Area Medical Director)
• Meningococcal Case Risk Factor Form to be completed by ACDC
• Information on vaccines updated
QUESTIONS?
NEXT STEPS

• Continue to provide us with your questions and concerns
• Materials including today’s slides are provided at www.publichealth.lacounty.gov/acd/DiseaseProtocolRevisions.htm
• Register for training December 19

Thank you for attending!