

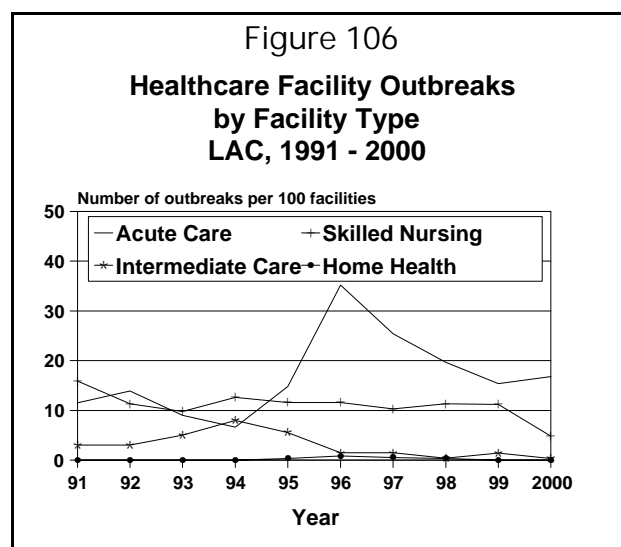
HEALTHCARE FACILITY OUTBREAKS

DEFINITION

Outbreaks in healthcare organizations are defined as clusters of nosocomial (health-facility-acquired) or home-health-care-associated infections, related in time and place or occurring above a baseline or threshold level for a facility, specific unit, or ward.

ABSTRACT

- Outbreaks reported by acute care hospitals remained stable for a second year.
- Outbreaks due to antibiotic-resistant bacteria continued to predominate in the acute care setting.
- The number of reported outbreaks in skilled nursing facilities (SNFs) decreased by half in 2000.



**Table 14. Number and Rates of Reported Outbreaks in Healthcare Facilities
LAC, 1997 - 2000**

	1997		1998		1999		2000	
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
<u>Acute Care Hospitals</u>	31	25.4	24	19.7	18	15.4	20	16.8
<u>Subacute Facilities:</u>								
Home Health Agencies	2	0.5	1	0.3	0	0	0	0
Intermediate Care/Psych	3	1.5	1	0.4	4	1.4	1	0.3
Skilled Nursing Facilities	40	10.3	41	11.3	41	11.2	21	4.8
Total	76	-	67	-	63	-	42	-

*Outbreaks per 100 facilities.

Acute Care Hospitals:

In 2000, there were 119 acute care hospitals in the LAC jurisdiction, wherein 20 outbreaks were reported (rate = 16.8 per 100 facilities; Table 14); this is a slight increase from 1999. Four hospitals reported more than one outbreak. Nosocomial scabies outbreaks decreased from 3 in 1998, to 2 in 1999, to 0 outbreaks in 2000 (Table 15). In 1998, scabies caused 35% of all cases. In 2000 the etiologic agents contributing the largest number of cases in acute care outbreaks were methicillin-resistant *Staphylococcus aureus* (23), methicillin-sensitive *Staphylococcus aureus* (19), and *Pseudomonas aeruginosa* (11).

Table 15. Acute Care Hospital Outbreaks, by Disease/Condition, LAC, 2000

Disease/Condition/Etiologic Agent	Number of Outbreaks	Number of Cases
Methicillin-resistant <i>Staphylococcus aureus</i>	5	23
Methicillin-sensitive <i>Staphylococcus aureus</i>	3	19
<i>Pseudomonas aeruginosa</i>	2	11
Respiratory syncytial virus	1	5
<i>Aspergillus</i>	1	5
<i>Candida parapsolosis</i>	1	4
<i>Enterobacter cloacae</i>	1	5
Hepatitis A	1	2
Rotavirus	1	6
<i>Staphylococcus epidermidis</i>	1	6
Acute thrombotic events in liver transplant	1	6
Conjunctivitis	1	6
Necrotizing enterocolitis	1	5
Total	20	103

Subacute Care Facilities:

In 2000, LAC had a total of 1,093 subacute care facilities: 434 SNFs, 334 intermediate care facilities, and 325 home health agencies. During 2000, 21 outbreaks were reported in SNFs and 1 in an intermediate care/psychiatric facility (Table 14). Two SNFs reported more than one outbreak. As in previous years, scabies outbreaks were the most frequently reported in subacute care settings (11/22). The number of outbreaks and cases of reported gastroenteritis--due to Norwalk-like virus and unspecified etiology--decreased to 102 cases (4 outbreaks) in 2000 from 251 cases (9 outbreaks) in 1999. In 2000 intermediate care facilities reported only one outbreak--a skin rash of unknown etiology.

Table 16. Subacute Care Setting* Outbreaks, by Disease/Condition, LAC, 2000

Disease/Condition	Number of Outbreaks	Number of Cases
Scabies	11	55
Methicillin-resistant <i>S. aureus</i>	4	17
Gastroenteritis, unspecified	2	20
Gastroenteritis, Norwalk-like virus	2	82
<i>Streptococcus pneumoniae</i>	1	2
Skin rash unknown etiology	1	9
<i>Clostridium difficile</i>	1	8
Total	22	193

*Skilled-Nursing, Intermediate-Care/Psychiatric, Home Health.

COMMENTS

Hospital outbreaks are principally managed by hospital infection control practitioners and monitored by ACDC staff. More extensive oversight is provided for outbreaks in facilities with minimal infection control resources and for those diseases with higher morbidity or mortality potential. Community Health Services district staff have primary responsibility for disease investigations in subacute care settings.

The number of scabies outbreaks in acute care hospitals decreased from 13 outbreaks in 1996, to 11 in 1997, to 3 in 1998, to 2 in 1999, to 0 outbreaks in 2000. Distribution of ACDC's guideline for management of scabies in healthcare facilities and increased awareness of the potential for scabies transmission in the acute care setting may have contributed to this decrease. Developing strategies to prevent and control the emergence and spread of antibiotic-resistant bacteria is a priority issue in both sub-acute and acute care settings. This will require evaluating antibiotic prescribing practices as well as continued emphasis on appropriate infection control practices.