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| Welcome and Introductions | Facilitator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Invite discussion of any “HOT” topics or burning questions.“Local” issues | **Group** |
| **New VDH Web Pages**Be sure to check out the new Vermont Department of Health Web Pages | **Announcement or handout**<http://healthvermont.gov/> |
| **HAI- Progress****From 2014 Data** **data from 2015 is due out soon** **and will be distributed in Cluster Meetings**  | Among **national acute care hospitals**, the report found:* 50 percent decrease in CLABSI between 2008 and 2014
* No change in overall CAUTI between 2009 and 2014
	+ However, there was progress in non-ICU settings between 2009 and 2014, progress in all settings between 2013 and 2014, and even more progress in all settings towards the end of 2014
* 17 percent decrease in SSI related to the 10 select procedures tracked in previous reports
	+ 17 percent decrease in abdominal hysterectomy SSI between 2008 and 2014
	+ 2 percent decrease in colon surgery SSI between 2008 and 2014
* 8 percent decrease in *C. difficile* infections between 2011 and 2014
* 13 percent decrease in MRSA bacteremia between 2011 and 2014
 |
| **MDRO****CRE**In 2001 only 2 states in the US had reported KPC. Today in 2017 only 2 states have NOT reported KPC. In 16 years KPC is in every state but Maine and Idaho | **Review- Why do we do what we do? CRE**<https://www.cdc.gov/drugresistance/biggest_threats.html> **see page 2** <https://www.cdc.gov/hai/organisms/cre/TrackingCRE.html> |
| **NHSN DATA** | **New Base-line New Goals** <https://www.cdc.gov/HAI/pdfs/progress-report/hai-progress-report.pdf><https://www.cdc.gov/nhsn/2015rebaseline/> |
| **Antibiotic Stewardship** |  **Core Elements**<https://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html>  |
| **CDI** | Open Discussion <https://www.cdc.gov/hai/organisms/cdiff/cdiff_infect.html>  |
| **Safe Injection Practices****Drug Diversion** | **Open Discussion**<http://www.oneandonlycampaign.org/content/print-materials> <https://www.cdc.gov/injectionsafety/drugdiversion/index.html>  |
| **Infection Control**  Your transfer form should include information about current and past MDROs | **Transfer Forms Review**<https://www.cdc.gov/hai/pdfs/toolkits/InfectionControlTransferFormExample1.pdf> |
| **ICAR- Infection Control Assessment and Response** | **Share VT and/or National ICAR Data**<https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html> |
| **Dental Hygiene in the Long-term Care Facility** | **Investigating Needs in LTCF** |
| **EPI Designee’s Choice** |  |
| **Misc. Topics**  | **Cluster Meeting Time, Frequency and Date****Next meeting time date location****Other** |

***KPC .***

Gram-negative bacteria that can cause different types of healthcare-associated infections, including pneumonia, bloodstream infections, wound or surgical site infections, and meningitis. Increasingly, Klebsiella bacteria have developed **antimicrobial resistance**, most recently to the class of antibiotics known as carbapenems <https://www.cdc.gov/hai/organisms/cre/index.html>

. Klebsiella bacteria are normally found in the human intestines (where they do not cause disease). They are also found in human stool (feces). In healthcare settings, Klebsiella infections commonly occur among sick patients who are receiving treatment for other conditions. Patients whose care requires devices like ventilators (breathing machines) or intravenous (vein) catheters, and patients who are taking long courses of certain antibiotics are most at risk for Klebsiella infections. Healthy people usually do not get Klebsiella infections

How is CRE spread?

**CRE** germs are usually **spread** person to person through contact with infected or colonized people, particularly contact with wounds or stool. **CRE** can cause infections when they enter the body, often through medical devices like ventilators, intravenous catheters, urinary catheters, or wounds caused by injury or surgery.Feb 23, 2015

**ZIKA UPDATE**

Key points of this *Vital Signs* article appear here. For the full text of the article, see the *Attachments* section below.

In 2016, a total of 1,297 pregnancies with possible recent Zika virus infection were reported to the U.S. Zika Pregnancy Registry from 44 states.

* Approximately one in 10 pregnancies with laboratory-confirmed Zika virus infection resulted in a fetus or infant with Zika virus–associated birth defects.
* The proportion of fetuses and infants with Zika virus–associated birth defects was highest among those with first trimester Zika virus infections.
* Only 25% of infants from pregnancies with possible recent Zika virus infection reported receiving postnatal neuroimaging.
* Identification and follow-up care of infants born to mothers with laboratory evidence of possible recent Zika virus infection during pregnancy and infants with congenital Zika virus infection can ensure that appropriate intervention services are available to affected infants.

Additional information is available at <https://www.cdc.gov/vitalsigns/>.