PENNSYLVANIA DEPARTMENT OF HEALTH

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Identification of Risk for Novel and High Concern Healthcare-associated Organisms as Part of a Comprehensive Travel History

DATE:	3/18/21
TO:	Health Alert Network
FROM:	Alison Beam, JD, Acting Secretary of Health
SUBJECT:	**Identification of Risk for Novel and High Concern Healthcare-associated Organisms as Part of a Comprehensive Travel History**
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This transmission is a Health Advisory: **provides important information for a specific incident or situation; may not require immediate action.**

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL**; EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS**: PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF

The collection of a complete and accurate travel history is currently an integral part of our response to the COVID-19 pandemic and outbreaks of EVD are ongoing in the Democratic Republic of the Congo and Guinea. A growing list of healthcare-associated infections has also been linked to medical care in other states and abroad. Some examples include:

- *Candida auris* infection or colonization;
- Drug-resistant carbapenemase-producing *Pseudomonas aeruginosa* in patients that underwent medical procedures in Tijuana, Baja California, Mexico;
- Carbapenemase-producing Carbapenem-resistant Enterobacteriaceae (CP-CRE) infections and colonization.

The Department asks that all healthcare facilities:
- Develop travel history collection procedures that include elements specific to the risk of highly transmissible healthcare-associated organisms;
- Optimize functionality in electronic health records to rapidly implement necessary infection prevention and control interventions;
- Routinely evaluate travel history assessment process to adequately assess new or emerging threats.

The collection of a complete and accurate travel history aids in the development of a differential diagnosis and informs the implementation of adequate infection prevention and control measures. The changing infectious diseases landscape worldwide necessitates flexible systems that can adapt to the newest threat, and many of our newest threats come in the form of novel and high-concern healthcare-associated organisms that are not typically assessed by travel history questions.

The Department recommends that healthcare providers work with infectious diseases specialists and infection prevention and control experts in coordination with Information Technology experts or their medical record vendor to evaluate current travel history procedures and refine according to this guidance. This health advisory includes the following sections:

1. Background
2. Elements to Include in Travel History to Assess Risk of Novel and High Concern Healthcare-associated Organisms
3. Best Practices for Electronic Decision Support and Response Protocols

1. BACKGROUND

Although a history of travel is a standard component of initial medical assessments, the collection of travel history for every patient healthcare encounter received widespread uptake during outbreaks of severe acute respiratory syndrome (SARS; 2002-2003), Middle East respiratory syndrome (MERS; 2012-2013), Ebola Virus Disease (EVD; 2014) and Zika Virus (2016). Travel history is currently an integral part of our response to the COVID-19 pandemic and outbreaks of EVD are ongoing in the Democratic Republic of the Congo and Guinea (see PA-HAN-558 for current recommendations). As each of these outbreaks resolved, new threats were identified, and questions poised to identify risk became outdated. Providers and their travel history procedures needed to quickly adapt to the most recent threat.

In addition to the threat of emerging global outbreaks and community-associated infectious diseases threats, a growing list of healthcare-associated infections has been linked to medical care in other states and abroad. Some examples include:

- *Candida auris* infection or colonization related to healthcare in areas with active outbreaks (view more info on the CDC website, and read about the Pennsylvania outbreak in PA-HAN-522), or through overnight stays in healthcare facilities in countries with high endemic rates of *C. auris*;
- A current outbreak of drug-resistant *Pseudomonas aeruginosa* expressing a carbapenemase called the Verona integron-encoded metallo-β-lactamase (VIM) in patients that underwent medical procedures (bariatric surgery, plastic surgery, cholecystectomy, and cancer treatment) in Tijuana, Baja California, Mexico. Read more about multiple outbreaks of drug-resistant organisms associated with surgery in Mexico on the CDC website.
- Carbapenemase-producing Carbapenem-resistant Enterobacteriaceae (CP-CRE) infections and colonization associated with receipt of overnight medical care abroad, particularly in areas where certain CP-CRE may be more common.

It is critical for healthcare facilities to implement travel screening and travel history questions that include the assessment of risk for highly transmissible healthcare-associated organisms

like *C. auris* and carbapenemase-producing organisms to facilitate timely implementation of transmission-based precautions and other prevention measures for high-risk patients.

2. **ELEMENTS TO INCLUDE IN TRAVEL HISTORY TO ASSESS RISK OF NOVEL AND HIGH CONCERN HEALTHCARE-ASSOCIATED ORGANISMS**

Healthcare facilities should develop travel history collection procedures that aim to include the following elements specific to the risk of highly transmissible healthcare-associated organisms:

- History of medical care outside the United States *with an overnight stay or with a surgery or procedure* within the previous year;
- History of extended medical care in a healthcare facility outside of Pennsylvania, particularly for stays in long-term acute care or skilled nursing facilities within the previous 6 months.

If either of these relevant histories are identified, ascertain the following information for each encounter:
- Name of healthcare facility
- Location of healthcare facility: Address, City, State, Country, as applicable
- Date(s) of admission or surgery/procedure
- Type of care received, or name of surgery/procedure
- Name of surgeon, if applicable

When a patient presents for care following receipt of international healthcare, particularly for the same condition, it is important to obtain as thorough of a history as possible from the patient or their family directly, as medical records from healthcare treatment received abroad may be unavailable. While questions may vary according to the needs of the healthcare facility, the Department feels these critical pieces of information are necessary to inform subsequent measures to prevent transmission.

3. **BEST PRACTICES FOR ELECTRONIC DECISION SUPPORT AND RESPONSE PROTOCOLS**

The collection of information on travel history is only useful to implement rapid infection prevention and control measures if accompanied by the knowledge and ability to act upon that information. While algorithms and policies written on paper can serve this purpose, electronic health records (EHRs) offer additional functionality that ease implementation, save time, and reduce missed opportunities.

Every EHR provides different functionality, and the Department encourages facilities to maximize the options available to them using both short- and long-term strategies. Explore the functionality within your current system and in the future, prepare and engage contracts with vendors that will meet long-term needs, and routinely evaluate travel history questions to adequately assess new or emerging threats.

Examples of how EHRs can be used to optimize the collection of and response to travel history include:
- Provide automatic electronic prompts or automatic creation of order sets for

implementing transmission-based precautions if targeted responses to travel questions are given. Optimize prompts to identify and isolate the highest risk patients.

- Provide automatic electronic prompts or automatic creation of order sets for notification of infectious diseases specialists and infection prevention and control experts when indicated.
- Provide automatic electronic prompts or automatic creation of order sets for diagnostic screening tests that may be indicated based on travel history or risk of colonization with novel and high concern healthcare-associated infections.
- Implement the use of banners to highlight key infectious disease diagnoses for all care providers who access the medical record.
- Assure that a relevant travel history is part of the history easily visible to all care provider types accessing the medical chart.
- Integrate info-buttons into the EHR to provide links to relevant online information about travel risks, new threats, or link to internal policies or resources.

If you have questions about this guidance, please contact DOH at 1-877-PA-HEALTH (1-877- 724-3258) or your local health department.

Categories of Health Alert messages:
Health Alert: conveys the highest level of importance; warrants immediate action or attention.
Health Advisory: provides important information for a specific incident or situation; may not require immediate action.
Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of March 18, 2021 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.