

DATE:	06/06/2023
TO:	Health Alert Network
FROM:	Debra L. Bogen, Acting Secretary of Health
SUBJECT:	COVID-19 Outbreak Identification and Reporting for Healthcare Settings
DISTRIBUTION:	Statewide
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This transmission is a Health Advisory: Provides important information for a specific incident or situation; may require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING, PATIENT SAFETY OFFICER, 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

The Pennsylvania Department of Health (Department or DOH) is providing updated guidance for healthcare settings on how to identify and report COVID-19 outbreaks originating within the facility.

Key messages for healthcare settings included in the guidance:

- COVID-19 surveillance procedures should be outlined via written policy and implemented in a way that can systematically identify clusters.
- COVID-19 outbreak definitions are provided in this HAN by healthcare facility type.
- According to the Disease Prevention and Control Law of 1955 (DPCL), unusual clusters of disease are reportable to the Department’s Bureau of Epidemiology or your local health department. This would include outbreaks of COVID-19 in healthcare settings.
- Public health response including epidemiologic and infection prevention and control recommendations will be routinely provided by the Department and the local public health jurisdictions for COVID-19 outbreaks.

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

Outbreaks of COVID-19 can occur in all healthcare setting types. The following recommendations for outbreak identification and reporting are designed to supplement general infection prevention and control recommendations for COVID-19 in [PA-HAN-694](#) and case reporting guidance in [PA-HAN-700](#). This advisory replaces PA-HAN-540 and provides updated outbreak reporting guidance for all healthcare settings. If you have questions about this guidance, **please contact DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.**

1. OUTBREAK IDENTIFICATION

A. **Surveillance** includes the identification and tracking of:

- Exposures to COVID-19 among patients/residents and staff
- Symptom presentation among patients/residents and staff
- Confirmed and probable cases of COVID-19 among patients and staff.

Surveillance procedures should be outlined via written policy and implemented in a way that can systematically identify clusters meeting the outbreak definitions provided. Procedures should be set up to alert the facility's infection prevention and control program of potential outbreaks in a timely manner.

B. **Outbreak definitions** and thresholds are intended to expedite investigation of COVID-19 cases and reporting to public health authorities, thus ensuring early detection of possible outbreaks in healthcare settings and timely intervention to prevent the virus' spread. These definitions provide standardization that is necessary for national reporting and local monitoring.

Outbreak definitions are adapted from [guidelines](#) published by the Council for Outbreak Response: Healthcare-Associated Infections and Antimicrobial-Resistant Pathogens (CORHA) and the Council of State and Territorial Epidemiologists (CSTE) in August 2022 and are outlined at the end of this HAN in a [Table](#). Please reference the healthcare setting type and review all footnotes to identify the appropriate outbreak definitions.

An outbreak is considered closed when 14 days have passed with no new confirmed or probable cases in the healthcare facility. New cases identified following a 14-day period with no new cases should be evaluated according to the outbreak definitions for a new outbreak.

2. OUTBREAK REPORTING

According to Pennsylvania's Disease Prevention and Control Law of 1955 (DPCL), unusual clusters of disease are reportable to the Department's Bureau of Epidemiology or your local county or municipal health department. Report COVID-19 outbreaks in healthcare settings by calling your local health jurisdiction, unless alternative arrangements for reporting have been made (i.e., you have previously worked with an epidemiologist and have arranged to email them new outbreak reports).

Facilities are not required to report every new case of COVID-19 once an outbreak is identified. Only an initial report of a **new outbreak**, occurring greater than 14 days following the detection of the most recent case, should be made. Additionally, facilities should reach out to their public health jurisdiction with any questions or concerns about outbreak response at any time.

Public health is tasked with preventing and controlling communicable diseases throughout the Commonwealth. Public health response including epidemiologic and infection prevention and control recommendations will be provided by the public health jurisdiction as appropriate. Health Department epidemiology staff may request line lists or updates about the status of an outbreak.

The information provided here does not replace reporting of COVID-19 cases, admissions, or capacity data as part of state and federal COVID-19 surveillance (i.e., Juvare, ERS, or NHSN) or the reporting of test results for SARS-CoV-2 in Pennsylvania's electronic disease surveillance system (PA-NEDSS). For more information on reporting requirements and recommendations, refer to [PA-HAN-700](#).

DEFINITIONS:

Healthcare settings: refers to places where healthcare is delivered and includes, but is not limited to, acute care facilities, long-term acute care facilities, inpatient rehabilitation facilities, nursing homes, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, dental offices, and others.

Healthcare Personnel (HCP): HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

Hospital: All facilities licensed by the Department’s Bureau of Facility Licensure and Certification, Division of Acute and Ambulatory Care as a hospital and includes general acute care hospitals, critical access hospitals, long-term acute care hospitals, children’s hospitals, rehabilitation hospitals and select surgical hospitals. The guidance also applies to psychiatric hospitals (not licensed by the Department).

Long-term care facility (LTCF): These include, but are not limited to, skilled nursing facilities (SNF), personal care homes (PCH), assisted living residences (ALRs), Long-Term Structured Residence (LTSR), Residential Treatment Facility for Adults (RTFA), and Intermediate Care Facilities (ICF). Additional Department of Human Services (DHS) facility types which should be included under healthcare facility guidance include state run facilities (state hospitals), outpatient clinics, and partial hospitalization programs. Furthermore, while most DHS group home settings will typically follow community prevention strategies per CDC guidance, for settings in which individuals receive frequent and active healthcare interventions, it may be more appropriate to follow guidance for healthcare settings.

TABLE: Definition of an COVID-19 outbreak within healthcare settings

Facility Type	COVID-19 Case	
	Patients or Residents	Healthcare Personnel
Hospital	≥2 cases of probable* or confirmed COVID-19 in a patient 4 or more days after admission for a non-COVID condition, with epi-linkage [†]	≥3 cases of probable* or confirmed COVID-19 in HCP with epi-linkage [§] AND no other more likely sources of exposure for at least 2 of the cases
Long-term Care Facilities	≥1 facility-acquired ^{††} probable* or confirmed COVID-19 case in a resident	≥1 probable* or confirmed COVID-19 case in HCP who was working in the facility while infectious
Outpatient Healthcare Settings	≥3 cases of probable* or confirmed COVID-19 cases in patients with epi-linkage [†] AND no other more likely sources of exposure for at least 2 of the cases	≥3 cases of probable* or confirmed case in HCP with epi-linkage [§] , AND no other more likely sources of exposure for at least 2 of the cases

***Probable case** is defined as a person meeting presumptive laboratory evidence. Presumptive laboratory evidence includes the detection of SARS-CoV-2 specific antigen in a clinical or post-mortem specimen using a diagnostic test performed by a CLIA-certified provider.

[†]**Epi-linkage among patients** is defined as overlap on the same unit or ward, or other patient care location (e.g., radiology suite), or having the potential to have been cared for by common HCP within a 7-day time period of each other.

Determining epi-linkages requires judgment and may include weighing evidence whether patients had a common source of exposure.

§**Epi-linkage among HCP** is defined as having the potential to have been within 6 ft for 15 minutes or longer while working in the facility during the 7 days prior to the onset of symptoms; for example, worked on the same unit during the same shift, and no more likely sources of exposure identified outside the facility. Determining epi-linkages requires judgment and may include weighing evidence whether or not transmission took place in the facility, accounting for likely sources of exposure outside the facility

¶**Facility-acquired** COVID-19 infection in a long-term care resident refers to SARS-CoV-2 infections that originated in the nursing home. It does not refer to the following:

- Residents who were known to have SARS-CoV-2 infection on admission to the facility and were placed into appropriate Transmission-Based Precautions to prevent transmission to others in the facility.
- Residents who were placed into Transmission-Based Precautions (quarantine) on admission and developed SARS-CoV-2 infection while in quarantine.

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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 June 6, 2023 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.