

DATE:	12/09/2020
TO:	Health Alert Network
FROM:	Rachel Levine, MD, Secretary of Health
SUBJECT:	Hospital Outbreak Identification and Reporting for COVID-19
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

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 Department is providing guidance for hospitals on how to identify and report COVID-19 outbreaks originating within the facility. This guidance should be used to supplement other relevant guidance documents and guide the implementation of public health expectations for hospitals.

Key messages included in the guidance:

- COVID-19 surveillance procedures must be outlined via written policy and implemented in a way that can systematically identify clusters
- **Outbreak Definition:**
 - ≥2 cases of confirmed COVID-19 in a patient 7 or more days after admission for a non-COVID condition, with epi-linkage[†]; or
 - ≥3 cases of confirmed COVID-19 in HCP* with epi-linkage[‡] AND no other more likely sources of exposure for at least 2 of the cases
- Outbreaks fitting the definition outlined in this advisory must be reported through the Pennsylvania Patient Safety Reporting System (PA-PSRS) as an infrastructure failure. This does **not** replace reporting of COVID-19 cases or capacity data in other state or federal systems.

Outbreaks of COVID-19 can occur in all facility types. The complexity of the hospital environment related to brief patient lengths of stay, high patient acuity, and high staffing volumes can make identification of outbreaks difficult. Hospitals must maintain vigilance in surveillance, reporting and infection prevention and control in order to reduce the risk of staff and patient exposures to COVID-19 and to prevent and control outbreaks of COVID-19 in their facility. The following recommendations supplement general infection prevention and control recommendations for COVID-19 in [PA-HAN-524](#), exposure guidance provided in [PA-HAN-510](#), and are meant to guide facilities in their response to outbreaks of COVID-19. 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 and staff
- Symptom presentation among patients 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 definition below. Procedures must 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 facilities' investigation of COVID-19 cases and reporting to public health authorities, thus ensuring early detection of possible outbreaks and timely intervention to prevent the virus' spread. These definitions provide standardization that is necessary for national reporting and local monitoring.

Recommended Threshold for Additional Investigation by Facility:

- >1 case of confirmed COVID-19 in a patient 7 or more days after admission for a non-COVID condition; or
- >1 case of confirmed COVID-19 in HCP

Outbreak Definition:

- ≥2 cases of confirmed COVID-19 in a patient 7 or more days after admission for a non-COVID condition, with epi-linkage[†]; or
- ≥3 cases of confirmed COVID-19 in HCP* with epi-linkage[‡] AND no other more likely sources of exposure for at least 2 of the cases.

Facilities may consider setting a lower threshold for investigating cases of confirmed COVID-19 in patients. For example, investigating cases of confirmed COVID-19 that are identified fewer than 7 days after admission for a non-COVID condition (for example, 4–5 days). Consider these patients as part of an outbreak according to your facility policy.

Section 1 Footnotes:

[†]Epi-linkage among patients is defined as overlap on the same unit or ward or having the potential to have been cared for by common HCP within a 14-day time period of each other.

[‡] Epi-linkage among HCP is defined as having the potential to have been within 6 feet for 15 minutes or longer to a confirmed case while working in the facility during the 14 days prior to prior to the onset of symptoms; for example, worked on the same unit during the same shift.

2. OUTBREAK REPORTING

According to the Disease Prevention and Control Law of 1955 (DPCL), unusual clusters of disease are reportable to the Bureau of Epidemiology or your local health department. Additionally, under the Medical Care Availability and Reduction of Error Act (MCARE), acute care facilities are required to report through the Pennsylvania Patient Safety Reporting System (PA-PSRS) any undesirable or unintended occurrence involving the significant disruption of a service which could seriously compromise patient safety.

Effective immediately, the Department has determined that outbreaks fitting the definition outlined in Section 1.B. above must be reported through PA-PSRS as an infrastructure failure under event type R. Emergency Services/Response--Other. Reports do not need to be made retrospectively unless the outbreak is ongoing. Acute care outbreak reports for COVID-19 in PA-PSRS will satisfy the reporting requirements of DPCL and MCARE and will be shared with both the Bureau of Epidemiology and the Bureau of Facility Licensure and Certification according to the Department's standard expectations for outbreak response and surveillance.

The reporting guidance in this advisory applies only to outbreaks of COVID-19 in the hospital setting and does not apply to other healthcare settings or other disease outbreaks. The information provided here does not replace reporting of COVID-19 case or capacity data as part of state and federal COVID-19 surveillance

(i.e. CORVENA, the HHS COVID TeleTracking system, or NHSN) or the reporting of test results for SARS-CoV-2 in Pennsylvania’s electronic disease surveillance system (PA-NEDSS). At this time, the data submitted into these applications does not provide the details that are needed to apply the standardized definition of an outbreak, and thus additional reporting of outbreaks is necessary.

Report new outbreaks to PA-PSRS using the guidelines outlined in Table 1. Note that for Event Type, you must select **“R. Emergency Services/Response”** and then **“4. Other”** and Specify **“REPORTING COVID OUTBREAK”**. The right column of the Table may be used as a tool for communication within the facility or to standardize reporting in PA-PSRS, as desired.

Amend the PA-PSRS report for an outbreak if any of the following conditions occur:

- There are 4 or more **new** cases associated with the outbreak in addition to the number reported in the original report
- A death occurs in a patient or HCP identified as part of the outbreak, regardless of the cause of death
- 14 days have passed with no new cases; the outbreak can be considered closed

An amended report must include all updated numbers, dates, and interventions completed. A PA-PSRS report may only be amended for a 90-day period. If a hospital receives notice through PA-PSRS that it has reached its 90-day amendment limit, and the outbreak has not yet concluded, the hospital must enter a new report and indicate the report is a continuation of the prior outbreak and include the report number of the original PA-PSRS report.

Table 1. Outline for reporting outbreaks of COVID-19 in acute care facilities in PA-PSRS

ITEM	ITEM TITLE	DESCRIPTION OF INFORMATION REQUESTED	OUTBREAK INFORMATION
1	Event Classification	Infrastructure Failure	Infrastructure Failure
2	Harm Score	Choose the appropriate score based on your assessment	
3	Describe the Event	Include at a minimum, the following information: <ol style="list-style-type: none"> 1. Number of confirmed or probable cases of COVID-19 in a patient 7 or more days after admission with epi-linkage (per Section 1.B.)# 2. Number of confirmed or probable cases of COVID-19 in HCP with epi-linkage and no other likely exposures (per Section 1.B.)# 3. Date of most recent positive test for outbreak* 4. Describe the location of the outbreak including the name of the campus and the full name of the affected unit(s) or care area(s). Please use full name of campus and unit instead of abbreviations. 5. Name and email address of person who should be the point-of-contact for follow-up questions about the epidemiology of the outbreak. 	
4	Location where event occurred	Please select the primary location of the outbreak. Provide additional details in the event description in #3.	
5	Date of admission	Date of admission for the earliest case identified as part of the outbreak (if patient). Mark “not applicable” if the earliest case was in an HCP.	

5A	Patient status	Should be inpatient, which refers to the outbreak status and not the patient. (i.e., mark inpatient for an outbreak of staff working in an inpatient unit.)	Inpatient
6	Event date and time	Date of the earliest positive case identified as part of the outbreak. Use the date the first positive specimen was collected.	
6A	Confirmation date	Date the outbreak was recognized by the facility	
6B	If more than 24 hours following confirmation, please explain.	Please explain.	
7	Event Type	Level 1: R. Emergency Services/Response Level 2: Other (specify) Specify: “REPORTING COVID19 OUTBREAK”	Level 1: R. Emergency Services/Response Level 2: Other (specify) Specify: “REPORTING COVID19 OUTBREAK”
8-16		Choose the appropriate response based on your assessment	
17	What was done to remedy situation?	Choose as appropriate and use “other” to describe interventions and response to the outbreak thus far. Be specific. Where applicable, include information about cohorting actions, work exclusion, identification and intervention for exposed patients and HCP, post-exposure testing, and patient notification.	
18-22		Choose the appropriate response based on your assessment	

Per [PA-HAN-536](#)

*After 14 days with no new cases the outbreak can be declared over

DEFINITIONS:

Healthcare personnel (HCP): Include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, other staff providing direct care, 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: This guidance applies to 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) that are subject to MCARE.

If you have questions about this guidance, please contact DOH at 1-877-PA-HEALTH (1- 877-724-3258) or your local health department. For technological questions or issues with the PA-PSRS system, contact PA-PSRS support at support_papsrs@pa.gov.

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 December 9, 2020 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.