Committee Report

REGULAR CALENDAR

March 4, 2021

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Majority of the Committee on Health, Human Services and Elderly Affairs to which was referred HB 131,

AN ACT relative to reporting of health care associated infections. Having considered the same, report the same with the recommendation that the bill OUGHT TO PASS.

Rep. Gary Woods

FOR THE MAJORITY OF THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

MAJORITY
COMMITTEE REPORT

Committee:	**Health, Human Services and Elderly Affairs**
Bill Number:	**HB 131**
Title:	**relative to reporting of health care associated infections.**
Date:	**March 4, 2021**
Consent Calendar:	**REGULAR**
Recommendation:	**OUGHT TO PASS**

STATEMENT OF INTENT

This bill is an update to the review process for residential care and health care facility licensing. First, two measures are being eliminated. This means these measures no longer must be reported as they have reached 90% -95% compliance over several years' review. Nevertheless, these measures will still be monitored during the usual, periodic site evaluation. Second, reporting rates of influenza vaccination will continue to enable awareness of the level of protection against outbreaks in these facilities. This is not a mandate to vaccinate. This is only a monitoring measure to increase awareness. Third is the insertion of the word "measures" in two other sections of the RSA to make it consistent with the wording already in RSA 151:33,II(b) and used by the Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services Hospital Inpatient Quality Reporting Program, and the National Quality Forum. These last-mentioned federal agencies are cited as providing referenced guidelines going forward but are not referenced as mandatory standards to be incorporated directly.

Vote 17-3.

Rep. Gary Woods
FOR THE MAJORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Health, Human Services and Elderly Affairs

HB 131, relative to reporting of health care associated infections. **MAJORITY: OUGHT TO PASS. MINORITY: INEXPEDIENT TO LEGISLATE.**

Rep. Gary Woods for the **Majority** of Health, Human Services and Elderly Affairs. This bill is an update to the review process for residential care and health care facility licensing. First, two measures are being eliminated. This means these measures no longer must be reported as they have reached 90% -95% compliance over several years' review. Nevertheless, these measures will still be monitored during the usual, periodic site evaluation. Second, reporting rates of influenza vaccination will continue to enable awareness of the level of protection against outbreaks in these facilities. This is not a mandate to vaccinate. This is only a monitoring measure to increase awareness. Third is the insertion of the word "measures" in two other sections of the RSA to make it consistent with the wording already in RSA 151:33,II(b) and used by the Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services Hospital Inpatient Quality Reporting Program, and the National Quality Forum. These last-mentioned federal agencies are cited as providing referenced guidelines going forward but are not referenced as mandatory standards to be incorporated directly. **Vote 17-3.**

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

March 4, 2021

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Minority of the Committee on Health, Human Services and Elderly Affairs to which was referred HB 131,

AN ACT relative to reporting of health care associated infections. Having considered the same, and being unable to agree with the Majority, report with the following resolution: RESOLVED, that it is INEXPEDIENT TO LEGISLATE.

Rep. Leah Cushman

FOR THE MINORITY OF THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

MINORITY
COMMITTEE REPORT

Committee:	**Health, Human Services and Elderly Affairs**
Bill Number:	**HB 131**
Title:	**relative to reporting of health care associated infections.**
Date:	**March 4, 2021**
Consent Calendar:	**REGULAR**
Recommendation:	**INEXPEDIENT TO LEGISLATE**

STATEMENT OF INTENT

The minority opposes this bill. It changes statute to allow tracking and reporting of "measures" for infection control. The minority believes the term "measures" is too broad. It would allow the Department of Health and Human Services to require medical facilities to collect information on uptake rates of any immunizations for employees and patients. Currently, the only vaccination rates explicitly permitted by statute to be tracked and reported are influenza vaccination rates. Aware of the surveillance, employers will likely pressure individual employees to take any vaccinations of which rates are being monitored, even those for which there is no evidence of healthcare-associated outbreaks, such as Human Papillomavirus (HPV). Many healthcare workers, residents, and patients do not want to receive certain vaccines for different reasons, and this monitoring, and related pressure from employers and facility administrators, may drive some healthcare workers to leave the field. This bill also requires NH reporting protocols to conform with the protocols of federal agencies and gives control of the state's protocols to individuals or groups not elected by NH voters. There is no legislative oversight as to what can be required, thus the minority recommends that this bill be Inexpedient to Legislate.

Rep. Leah Cushman
FOR THE MINORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Health, Human Services and Elderly Affairs

HB 131, relative to reporting of health care associated infections. **INEXPEDIENT TO LEGISLATE.**

Rep. Leah Cushman for the **Minority** of Health, Human Services and Elderly Affairs. The minority opposes this bill. It changes statute to allow tracking and reporting of "measures" for infection control. The minority believes the term "measures" is too broad. It would allow the Department of Health and Human Services to require medical facilities to collect information on uptake rates of any immunizations for employees and patients. Currently, the only vaccination rates explicitly permitted by statute to be tracked and reported are influenza vaccination rates. Aware of the surveillance, employers will likely pressure individual employees to take any vaccinations of which rates are being monitored, even those for which there is no evidence of healthcare-associated outbreaks, such as Human Papillomavirus (HPV). Many healthcare workers, residents, and patients do not want to receive certain vaccines for different reasons, and this monitoring, and related pressure from employers and facility administrators, may drive some healthcare workers to leave the field. This bill also requires NH reporting protocols to conform with the protocols of federal agencies and gives control of the state's protocols to individuals or groups not elected by NH voters. There is no legislative oversight as to what can be required, thus the minority recommends that this bill be Inexpedient to Legislate.

Original: House Clerk
Cc: Committee Bill File

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on Bill # HB 131

BILL TITLE: An Act relative to reporting of health care associated infections.

DATE: **3/2/2021**

LOB ROOM: 306-8/Remote

MOTION: (Please check one box)

X OTP

Moved by Rep. Woods Seconded by Rep. Marsh Vote: 17-3

CONSENT CALENDAR: _____ YES ___X__ NO

Minority Report? ___X___ Yes _____ No If yes, author, Rep: Cushman Motion ITL

BAF

Respectfully submitted: _____

Rep. Beth Folsom, Clerk

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/22/2021 10:06:45 AM
Roll Call Committee Registers Report

2021 SESSION

Health, Human Services and Elderly Affairs

Bill #: 131 **Motion:** OTP **AM #:** **Exec Session Date:** 3/2/2021

Members	YEAS	Nays	NV
Pearson, Mark A. Chairman	17		
Marsh, William M. Vice Chairman	1		
McMahon, Charles E.			
Nelson, Bill G.	2		
Acton, Dennis F.	3		
Gay, Betty I.	4		
Cushman, Leah P.		1	
Folsom, Beth A. Clerk	5		
Melvin, Charles	6		
King, Bill C.		2	
Kofalt, Jim		3	
Weber, Lucy M.	7		
MacKay, James R.	8		
Snow, Kendall A.	9		
Knirk, Jerry L.	10		
Salloway, Jeffrey C.	11		
Cannon, Gerri D.	12		
Nutter-Upham, Frances E.	13		
Schapiro, Joe	14		
Woods, Gary L.	15		

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/22/2021 10:06:45 AM
Roll Call Committee Registers Report

2021 SESSION

Health, Human Services and Elderly Affairs

Bill #: 131 **Motion:** OTP **AM #:** **Exec Session Date:** 3/2/2021

Merchant, Gary	16		
TOTAL VOTE:	17	3	1

Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING on Bill # HB 131

BILL TITLE: An Act relative to reporting of health care associated infections.

DATE: 1/26/2021

ROOM: 206/8 **Time Public Hearing Called to Order: 10:21 am**

Time Adjourned: 10:55 am

Committee Members Present:
In Room 206/8: Reps. M. Pearson, Folsom, McMahon, Gay, Cushman, B. King, Weber, MacKay
On Zoom from home:
Marsh, Nelson, Acton, Kelsey, Kofalt, Snow, Knirk, Salloway, Cannon, Nutter-Upham, Schapiro, Woods and Merchant

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Rep. Gary Woods – Bill sponsor -
The standards required have been reached and is no longer necessary to report the procedures.
Reduces administrative costs
Identify appropriate organizations and boards to oversee standards
line 28 new name for joint commission
Rep Gay: Coverage rates of vaccinations, government tracking
Woods: tech interface unclear
Rep Marsh: The original idea was that of bringing improvements met. #'s affect rating?
Woods: #'s still reported, just not the procedures, not sure how they affect rating.
Rep. Weber: passed same bill last year?
Woods: Yes

Laura Condon, member of public
concerned with people who contract infections from medical facilities
"measures" would include all vaccines, and become a backdoor to government tracking

*** Paula Minnehan, NHHA**
Strongly support, same bill as last year but got caught up in the Senate omnibus bill due to COVID
Many of the measures are strongly embedded in practice

Q: Rep. Kofalt: language Sec 3 defers state oversight to federal and quasi-government agencies
A: Woods: Not turning over control, working "in consultation with" those entities

Dipendorpher: "measures" entities rates of infections, bill allows other scientific methods.
Rep Merchant: Data aggregation is it identifiable to individual patients
Katrina Hanson, NH DHHS: aggregated data is de-indentified

Q: Would this open the door to require other types of vaccinations in the future, possible amendment to cover this
A: Woods: willing to discuss.

*** Elsie Malcolm, MS, Analytics Institute**
Could remove low value measures, compare outcomes between facilities and outcome reporting, best able to document best practices.

Chair Pearson to Rep Woods. Please finalize discussions and changes and report when ready to exec.

Respectfully submitted,

Rep. Beth Folsom, Clerk

House Remote Testify

Health, Human Services and Elderly Affairs Committee Testify List for Bill HB131 on 2021-01-26

Support: 6 Oppose: 8 Neutral: 0 Total to Testify: 3

Name	Email Address	Phone	Title	Representing	Position	Testifying	Signed Up
Minnehan, Paula	pminnehan@nhha.org	603.496.1047	A Lobbyist	New Hampshire Hospital Association	Support	Yes (0m)	1/21/2021 4:42 PM
Condon, Laura	vaxchoicenh@gmail.com	603.471.0787	A Member of the Public	Myself	Oppose	Yes (0m)	1/25/2021 10:38 PM
Hansen, Katrina	katrina.e.hansen@dhhs.nh.gov	603.271.8325	State Agency Staff	NH DHHS, DPHS	Support	Yes (0m)	1/26/2021 9:23 AM
Trexler, Ryan	trexlah@icloud.com	603.391.6558	A Member of the Public	Myself	Oppose	No	1/26/2021 9:48 AM
Trexler, Larisa	trexlers@gmail.com	603.530.1200	A Member of the Public	Myself	Oppose	No	1/26/2021 9:50 AM
McLeod, Ferngold	Fern@mcleodsoft.net	603.484.9138	A Member of the Public	Myself	Oppose	No	1/26/2021 10:09 AM
Courchaine, Sarah	littlesarahmay@yahoo.com	603.555.5555	A Member of the Public	Myself	Oppose	No	1/26/2021 10:19 AM
Diefendorf, Anne	Adiefendorf@healthynh.org	603.415.4271	A Member of the Public	Foundation for Healthy Communities	Support	No	1/26/2021 8:47 AM
Meuse, David	David.Meuse@leg.state.nh.us	603.957.8436	An Elected Official	Rockingham 29	Support	No	1/26/2021 9:12 AM
Kishinevsky, Rebecca	rp.kishinevsky@yahoo.com	973.489.3441	A Member of the Public	Myself	Oppose	No	1/26/2021 9:13 AM
Willerer, Rachel	thewillerers@comcast.net	603.292.6575	A Member of the Public	Myself	Oppose	No	1/26/2021 9:22 AM
Padmore, Michael	michael.padmore@nhms.org	603.858.4744	A Lobbyist	NH Medical Society	Support	No	1/25/2021 1:51 PM
Rathbun, Eric	ericsrathbun@gmail.com	860.912.3751	A Member of the Public	Myself	Support	No	1/25/2021 6:57 PM
Blasek, Melissa	melissa.b1@hotmail.com	603.401.2542	An Elected Official	Myself	Oppose	No	1/25/2021 10:25 PM

Testimony

Archived: Wednesday, March 17, 2021 3:38:00 PM
From: R&L T
Sent: Tuesday, January 26, 2021 9:22:45 AM
To: ~House Health Human Services and Elderly Affairs
Subject: re HB131 - reporting of health care associated infections
Importance: Normal

---

re HB131 - reporting of health care associated infections

Dear Representatives,

Please oppose this bill. This bill is a step towards mandatory measure reporting to include vaccination tracking.

Larisa M. Trexler, RN
Stoddard, NH

Archived: Wednesday, March 17, 2021 3:37:52 PM
From: Kenny S
Sent: Sunday, February 28, 2021 3:10:35 PM
To: ~House Health Human Services and Elderly Affairs
Subject: OPPOSE HB 131
Importance: Normal

As a citizen and taxpayer in NH I urge you to oppose this bill. Mandated medicine is a disgrace and we are signatories to the Nuremberg code signaling the importance of informed consent. This is mandatory tracking.

My body my choice

Please OPPOSE

Thank you,

Kenny Scpione
17 Highland Ave
Sandown NH 03873

Archived: Wednesday, March 17, 2021 3:37:59 PM
From: Ryan Trexler
Sent: Tuesday, January 26, 2021 9:57:41 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 131 - tracking infections OPPOSE
Importance: Normal

---

re HB131
Representatives,

I ask that you oppose this bill. The legislation is about tracking infection and should not be shifted to track measures.

Thank you,
Ryan Trexler
Stoddard, NH

Dartmouth-Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756-0001
Phone (603) 650-0000
Fax (603) 650-0000
Dartmouth-Hitchcock.org

Representative Pearson – Chair
House Health and Human Services Committee

January 26, 2021

Re: HB 131 – Modifications to Healthcare Associated Infections Reporting

Dear Chair Pearson and Members of the Committee,

Dartmouth-Hitchcock is committed to the appropriate reporting of infection and infection prevention data. As such, we support HB 131, as originally drafted. HB 131 will not only reduce the administrative burden of reporting unnecessary measurements for Dartmouth-Hitchcock and other provider institutions but also better align reporting requirements contemplated in RSA 151:33 with up-to-date measures defined by the CDC, CMS, or National Quality Forum.

HB 131 makes two changes to RSA 151:33. First, the bill removes the obligation to document Central Line Insertion Practices (CLIP). We believe that this measure has become more about efficiency of documentation than the documentation of evidence-based care. (The State performance on this measure is essentially unchanged since 2013, ranging between 98.2% and 98.5%.)

Second, HB 131 removes Surgical Antimicrobial Prophylaxis and Intravenous Antimicrobial Administration (SCIP) from the reporting requirements. SCIP measures were retired by CMS in 2015. Therefore, the definitions of the SCIP measures have not been maintained and are simply not available for hospitals to report.

In conclusion, Dartmouth-Hitchcock strongly supports HB 131, as originally drafted. The removal of both of these measures reduces the reporting burden on the hospitals. We believe that their removal also benefits NH DHHS because it allows our state to stay current with scientifically valid measures through the rules process. HB 131 aligns the infection reporting for NH DHHS with measures defined and vetted by the CDC, CMS, and National Quality Forum.

Thank you for your attention to this matter,

Elissa F. Malcolm, MS
Director of Value Reporting & Analytics
Analytics Institute
elissa.f.malcolm@hitchcock.org
(603) 650-3069

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

January 26, 2021

HB 131 – Relative to Reporting of Health Care Associated Infections

Testimony

Good morning, Mr. Chairman, and members of the committee. My name is Paula Minnehan, Senior VP, State Government Relations with the New Hampshire Hospital Association (NHHA), representing all 26 of the state's community hospitals as well as all specialty hospitals.

The NHHA is in strong support of HB 131. This bill was introduced by Representative Woods in 2020 and passed this committee and the full House (and was heard in the Senate) but ultimately did not get signed into law. The bill language before you includes the exact same language that was passed last year.

We continue to see advances in patient safety and quality, that can out pace established measures of performance. Adherence to central line insertion practices (CLIP) and surgical antimicrobial prophylaxis are two examples of this. Both are considered "process" measures which are ideal when new practices are established to ensure adherence. They become insignificant when those practices become embedded into the culture of daily care and clinical performance. Adherence to CLIP was noted to be 97% in the 2019 Healthcare Associated Infection report. Surgical antimicrobial practices, as part of the surgical care improvement project (SCIP) was retired in 2017 as a measure by CMS as it was "topped out" due to consistently high performance.

Rigorous surveillance of infections attributed to central lines and surgical site infections continues, as more important "outcome" measures. Ongoing monitoring of any infections would identify lapses in processes, should they occur. In addition, other priority areas such as antibiotic stewardship continue to focus on aspects of these measures or are captured in other required reporting. For these reasons, these two measures, "adherence rates of central line insertion practices" and "surgical antimicrobial prophylasixis", should be removed from state statute.

Anne Diefendorf, Associate Executive Director of the Foundation for Healthy Communities, VP of Patient Safety & Quality is also in attendance at this hearing and is happy to answer any questions the committee may have.

NHHA is in strong support of HB 131 and we ask that you support the bill. Thank you for the opportunity to provide our comments.

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori Shibinette
Commissioner

Lisa M. Morris
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4496 1-800-852-3345 Ext. 4496
Fax: 603-271-0545 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

Testimony for
HB 131, relative to the reporting of health care associated infections
House Health, Human Services and Elderly Affairs Committee
Tuesday January 26, 2021

Good morning Representative Mark Pearson and members of the committee. My name is Katrina Hansen, and I am the Chief of the Infectious Disease Surveillance Section for the Division of Public Health Services (DPHS). I am here today to provide information and support HB 131, relative to the reporting of healthcare associated infections (HAI).

Background on Healthcare-Associated Infections

A healthcare associated infection (HAI) is an infection that a patient acquires during the course of receiving treatment for another condition within a healthcare setting. HAIs cause an estimated 722,000 infections and 75,000 deaths in U.S. acute care hospitals each year. By these estimates, HAI are among the top 10 leading causes of death in the U.S. and, 5–10% of all hospital admissions are complicated by HAI. The most common HAIs are pneumonia, gastrointestinal illness, primary bloodstream infections (BSI), and surgical site infections. Certain HAIs are required to be reported by law. In 2018, there were 197 such infections reported in New Hampshire hospitals and ambulatory surgery centers.

In addition to certain infections, hospitals, ambulatory surgical centers, and end-stage renal dialysis (ESRD) centers also have to report some preventative measures put in place to protect patients (e.g., healthcare personnel [HCP] influenza vaccination). In hospitals, this includes central-line insertion practices (CLIP) and surgical antimicrobial prophylaxis under the previously known surgical care improvement project (SCIP). The proposed bill seeks to remove the requirement to report these two measures.

CLIP monitoring assesses key infection prevention practices that occur during the insertion of a central line, such as performing hand hygiene and wearing gloves. Since the start of public reporting of this measure in New Hampshire, hospitals have improved and maintained high adherence rates to the recommended insertion practices, from 93.5% (2008) to 98.3 (2018).

Surgical antimicrobial prophylaxis is the administration of antibiotics prior to a surgical procedure to prevent surgical site infections. Monitoring appropriate administration of these antibiotics was initially included in the reporting law over ten years ago because all hospitals already had to report this measure to Centers for Medicare and Medicaid Services (CMS) through the Surgical Care Improvement Project (SCIP). DHHS collected data from CMS instead of from hospitals directly. However, after 2013,

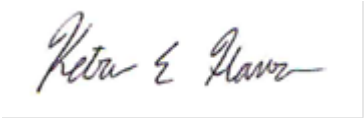
CMS discontinued collection of these data and hospitals are no longer required to report this measure at the federal level. In the final year that DPHS had access to SCIP data, hospital adherence to best practices was similar or higher than national data for all SCIP measures (≥ 98%). For SCIP measure 1, 97.6% to 98.6 % of patients received prophylactic antibiotic within one hour prior to surgery (2008 and 2013). For SCIP measure 2, 98.6% to 99.3% of patients received the appropriate antibiotic (2008 and 2013). For SCIP measure 3, 96.0% to 98.0% of patients had their prophylactic antibiotic discontinued within 24 hours after surgery (2008 and 2013).

NH DHHS does not have concerns and supports the proposed bill as:

- Few states monitor CLIP and it is not a nationally collected measure for other organizations (e.g., CMS). Monitoring CLIP data is burdensome for healthcare facilities as it requires manual data entry for every insertion that occurs. Though CLIP data was useful in understanding adherence initially, it is less relevant now after more than 10 years of reporting and overall high adherence. Other measures may be more relevant with the changing landscape of HAI. Additionally, CLIP is not used routinely by the HAI program to provide recommendations or feedback to hospitals for quality improvement.

- Surgical antibiotic prophylaxis data via SCIP have not been available since 2014 and are no longer a national quality measure. Going forward, NH hospitals would have to report this measure through a different mechanism to DHHS, such as through an online survey. This measure has less utility and the HAI program would like to focus efforts in working with facilities to collect more meaningful data to measure antibiotic resistance and stewardship.

Thank you for the opportunity to testify. We would be happy to address any questions you may have at this time.

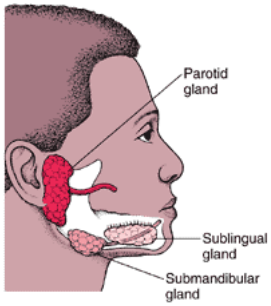


Katrina Hansen, MPH
Chief, Infectious Disease Surveillance Section

For Healthcare Providers

On this Page

- The Virus
- Clinical Features
- Background
- Transmission
- Complications
- Mumps during Pregnancy
- Vaccination
- Case Classification
- Reporting Mumps Cases
- Prevention and Control in Healthcare Settings
- Controlling Mumps in a School Setting



From the Merck Manual Consumer Version, edited by Robert Porter. Copyright 2015 by Merck Sharp & Dohme Corp., a subsidiary of Merck & Co, Inc, Kenilworth, NJ. Available at merckmanuals.com . Accessed June 2015.

The Virus

Mumps is a viral illness caused by a paramyxovirus, a member of the Rubulavirus family. The average incubation period for mumps is 16 to 18 days, with a range of 12 to 25 days.

Clinical Features

Mumps usually involves pain, tenderness, and swelling in one or both parotid salivary glands (cheek and jaw area). Swelling usually peaks in 1 to 3 days and then subsides during the next week. The swollen tissue pushes the angle of the ear up and out. As swelling worsens, the angle of the jawbone below the ear is no longer visible. Often, the jawbone cannot be felt because of swelling of the parotid. One parotid may swell before the other, and in 25% of patients, only one side swells. Other salivary glands (submandibular and sublingual) under the floor of the mouth also may swell but do so less frequently (10%).

Nonspecific prodromal symptoms may precede parotitis by several days, including low-grade fever which may last 3 to 4 days, myalgia, anorexia, malaise, and headache. Parotitis usually lasts at least 2 days, but may persist longer than 10 days. Mumps infection may also present only with nonspecific or primarily respiratory symptoms, or may be asymptomatic. Recurrent parotitis, when parotitis on one side resolves but is followed days to weeks later by parotitis on the other side, can also occur in mumps patients. Vaccinated cases are less likely to present severe symptoms or complications than under- or unvaccinated cases.

Mumps infection is most often confused with swelling of the lymph nodes of the neck. Lymph node swelling can be differentiated by the well-defined borders of the lymph nodes, their location behind the angle of the jawbone, and lack of the ear protrusion or obscuring of the angle of the jaw, which are characteristics of mumps.

Parotitis and Flu

While not a common symptom of flu, swelling of their salivary glands (parotitis) has been reported in persons with

laboratory-confirmed influenza infections. To learn more, see 2016-2017 Influenza Update for Health Care Providers: Parotitis and Influenza.

Background

Before the U.S. mumps vaccination program started in 1967, about 186,000 cases were reported each year, and many more unreported cases occurred. The disease caused complications, such as permanent deafness in children, and occasionally, encephalitis, which could rarely result in death. Since the pre-vaccine era, there has been a more than 99% decrease in mumps cases in the United States. From year to year, the number of mumps cases can range from roughly a couple hundred to a couple thousand. However, outbreaks still occur, even among highly vaccinated populations.

Transmission

The mumps virus replicates in the upper respiratory tract and is transmitted person to person through direct contact with saliva or respiratory droplets of a person infected with mumps. The risk of spreading the virus increases the longer and the closer the contact a person has with someone who has mumps. The infectious period is considered from 2 days before to 5 days after parotitis onset, although virus has been isolated from saliva as early as 7 days prior to and up to 9 days after parotitis onset. Mumps virus has also been isolated up to 14 days in urine and semen.

When a person is ill with mumps, they should avoid contact with others from the time of diagnosis until 5 days after the onset of parotitis by staying home from work or school and staying in a separate room if possible.

Complications

Mumps complications include orchitis, oophoritis, mastitis, meningitis, encephalitis, pancreatitis, and hearing loss. Complications can occur in the absence of parotitis and occur less frequently in vaccinated patients. Some complications of mumps are known to occur more frequently among adults than children.

Orchitis occurs in approximately 20–30% of unvaccinated and 6–7% of vaccinated postpubertal male mumps patients. In 60% to 83% of males with mumps orchitis, only one testis is affected. Mumps orchitis has not been linked to infertility, but may result in testicular atrophy and hypofertility. Among adolescent and adult female mumps patients in the United States, rates of oophoritis and mastitis have been ≤1%. However, these complications may be more difficult to recognize and are likely underreported. Pancreatitis, deafness, meningitis, and encephalitis have been reported in less than 1% of cases in recent U.S. outbreaks. Cases of nephritis and myocarditis and other sequelae, including paralysis, seizures, cranial nerve palsies, and hydrocephalus, in mumps patients have been reported but are very rare. Death from mumps is exceedingly rare. There have been no mumps-related deaths reported in the United States during recent mumps outbreaks.

Mumps during Pregnancy

Mumps that occurs in pregnant women is generally benign and not more severe than in women who are not pregnant. Like other infections, there is a theoretical risk that mumps during the early months of pregnancy may cause complications. Most studies on the effects of gestational mumps on the fetus were conducted in the 1950s–60s when the disease was more common before mumps vaccine was available. One study from 1966 reported an association between mumps infection during the first trimester of pregnancy and an increase in the rate of spontaneous abortion or intrauterine fetal death[1], but this result has not been observed in other studies[2]. One study of low birth weight in relation to mumps during pregnancy found no significant association[1]. While there are case reports of congenital malformations in infants born to mothers who had mumps during pregnancy, the only prospective, controlled study found rates of malformations were similar between mothers who had mumps and those who did not have mumps during pregnancy[3].

Learn more about preventing infections during pregnancy.

Mumps in Vaccinated People

People who previously had one or two doses of MMR vaccine can still get mumps and transmit the disease. During mumps outbreaks in highly vaccinated communities, the proportion of cases that occur among people who have been vaccinated may be high. This does not mean that the vaccine is ineffective. The effectiveness of the vaccine is assessed by comparing the attack rate in people who are vaccinated with the attack rate in those who have not been vaccinated. In outbreaks of highly

vaccinated populations, people who have not been vaccinated against mumps usually have a much greater mumps attack rate than those who have been fully vaccinated. Disease symptoms are generally milder and complications are less frequent in vaccinated people.

Vaccination

Vaccination is the best way to prevent mumps and mumps complications. This vaccine is included in the combination measles-mumps-rubella (MMR) and measles-mumps-rubella-varicella (MMRV) vaccines. Two doses of mumps vaccine are 88% (range 31% to 95%) effective at preventing the disease; one dose is 78% (range 49% to 91%) effective.

In October 2017, the Advisory Committee on Immunization Practices (ACIP) recommended that people identified by public health authorities as being part of a group at increased risk for acquiring mumps because of a mumps outbreak should receive a third dose of MMR vaccine. The purpose of the recommendation is to improve protection of people in outbreak settings against mumps disease and mumps-related complications.

- Your health department will provide information on groups at increased risk who should receive a dose. If you suspect an outbreak, or are unsure if your patient belongs to a group at increased risk, contact your local health department for more information.
- You should not give a third dose unless your patient is part of a group at increased risk as determined by your local public health authorities.
- MMR vaccine has not been shown to prevent illness in persons already infected with mumps and should not be used as post-exposure prophylaxis in immediate close contacts.

See Mumps Vaccination for vaccination recommendations.

Case Classification

For information about how to classify mumps cases, visit the National Notifiable Diseases Surveillance System (NNDSS) page for mumps or the Laboratory Testing Section of the Manual for the Surveillance of Vaccine-Preventable Diseases (2018), Chapter 9: Mumps.

Laboratory Tests to Diagnose Mumps

RT-PCR and viral culture are used to confirm mumps infection. Buccal swabs are most commonly used for RT-PCR testing, but urine and CSF may also be used in specific situations. IgM serology can also be used to aid in diagnosing mumps infection. A patient's vaccination status and timing of specimen collection are important for interpreting laboratory results. A negative test result does not rule out mumps infection.

Reporting Mumps Cases

Mumps is a nationally notifiable disease, and all cases should be reported to the state or local health department. Contact your state health department for more information on how to report mumps in your state.

Mumps Prevention and Control in Healthcare Settings

Mumps transmission in healthcare settings, while not common, has occurred in past outbreaks, involving hospitals and long-term care facilities housing adolescents and adults. Information about what measures to take to prevent and control mumps in healthcare settings can be found under the Healthcare Setting section of the Manual for the Surveillance of Vaccine-Preventable Diseases (2018), Chapter 9: Mumps

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Footnotes

1. Siegel M, Fuerst HT, Peress NS. Comparative fetal mortality in maternal virus diseases. A prospective study on rubella,

measles, mumps, chicken pox and hepatitis. *N Engl J Med* 1966;274(14):768-71.
2. Wilson CB, Nizet V, Maldonado YA, Remington JS, Klein JO. *Remington and Klein's infectious diseases of the fetus and newborn infant*. 8th Edition, Elsevier Health Sciences, 2016.
3. Siegel M. Congenital malformations following chickenpox, measles, mumps, and hepatitis. Results of a cohort study. *JAMA* 1973;226(13):1521-4.

Page last reviewed: March 15, 2019

THIS IS AN OFFICIAL NH DHHS HEALTH ALERT

Distributed by the NH Health Alert Network
Health.Alert@nh.gov
May 24, 2019; 1200 EDT (12:00 PM EDT)
NH-HAN 20190524

NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs *for all*
Department of Health and Human Services

Measles in New Hampshire: UPDATE

Key Points and Recommendations:

1. We previously notified healthcare providers of a child from the Keene, NH area who was diagnosed with measles on Friday 5/17 after presenting with measles compatible symptoms with a nasopharyngeal swab that was PCR+ for the measles virus: https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/measles-confirmed-052019.pdf.
2. We discovered that the child had received the MMR vaccine 5 days before onset of their symptoms so we sent the nasopharyngeal swab to a public health reference lab for expedited specialized genotype testing for virus strain identification. Awaiting this result, we elected to identify and protect exposed susceptible individuals due to the short window of time for post-exposure prophylaxis (PEP).
3. Testing has returned showing the child was positive for vaccine-strain measles virus (genotype A).
4. Vaccine-strain measles can occasionally be identified post-vaccination but it is not transmissible person-to-person. Therefore, the public is not at risk for measles from this child: https://www.sciencedirect.com/science/article/pii/S0264410X16300895.
5. There is no measles known to be circulating in NH communities; however, given the unprecedented increase in measles nationally, healthcare providers need to continue to ensure their patients are vaccinated according to evidence-based recommendations: https://www.cdc.gov/measles/hcp/index.html.

Background:

Measles was declared eliminated in the United States in 2000, but due to low vaccination rates in some communities, measles has been making a resurgence. For 2019, at least 880 cases of measles in the United States have already been reported from 24 different states (https://www.cdc.gov/measles/cases-outbreaks.html).

The best protection against measles is the MMR vaccine. The MMR vaccine is a live-attenuated vaccine and like all vaccines, there can be side effects. Most side effects are mild and include self-limited local injection site reactions. About 5% of individuals vaccinated with the MMR vaccine develop a fever and rash reaction. More serious or extensive reactions that resemble a wild-type measles virus infection, as was seen in this child, are very rare. The scientific literature has found no confirmed cases of human-to-human transmission of the vaccine strain of the measles virus. Over the last five years, close to 50,000 doses of the MMR vaccine have been administered to NH children without a reaction reported to the New Hampshire Division of Public Health Service (NH DPHS) like was seen in this child.

The CDC recently hosted a Clinician Outreach and Communication Activity (COCA) webinar about measles. The slides and transcript can be found here: https://emergency.cdc.gov/coca/calls/2019/callinfo_052119.asp.

Presumptive Evidence of Measles Immunity:
Persons can be presumed to have immunity to measles if any of the following criteria apply:

- Written documentation of adequate vaccination:
  - one or more doses of a measles-containing vaccine administered on or after the first birthday for preschool-age children and adults not at high risk
  - two doses of measles-containing vaccine for school-age children and adults at high risk, including college students, healthcare personnel, and international travelers
- Laboratory evidence of immunity
- Laboratory confirmation of measles
- Birth before 1957 (note: this criteria does not apply to healthcare workers)

MMR Vaccine Routine Recommendations:

- Children 12 months of age or older should have 2 doses, the first dose at age 12-15 months of age and the second dose between 4-6 years of age.
- Adults who do not have presumptive evidence of immunity (see above) should get at least one dose of MMR vaccine (high-risk adults need two-doses, unless they have other presumptive evidence of immunity)
- Certain high-risk persons should receive two doses of MMR. This includes healthcare personnel, students at post-secondary institutions, and international travelers.

For additional information on measles and the MMR vaccine please refer to the ACIP MMR vaccine recommendations: http://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf

- For any questions regarding this notification, please call the NH DHHS, DPHS, Bureau of Infectious Disease Control at (603) 271-4496 during business hours (8:00 a.m. – 4:30 p.m.).
- If you are calling after hours or on the weekend, please call the New Hampshire Hospital switchboard at (603) 271-5300 and request the Public Health Professional on-call.
- To change your contact information in the NH Health Alert Network, contact Adnela Alic at (603) 271-7499 or email Adnela.Alic@dhhs.nh.gov.

Status:	Actual
Message Type:	Alert
Severity:	Moderate
Sensitivity:	Not Sensitive
Message Identifier:	NH-HAN 20190524 Measles in NH: UPDATE
Delivery Time:	1200 hours
Acknowledgement:	No
Distribution Method:	Email, Fax
Distributed to:	Physicians, Physician Assistants, Practice Managers, Infection Control Practitioners, Infectious Disease Specialists, Community Health Centers, Hospital CEOs, Hospital Emergency Departments, Nurses, NHHA, Pharmacists, Laboratory Response Network, Manchester Health Department, Nashua Health Department, Public Health Networks, DHHS Outbreak Team, DPHS Investigation Team, DPHS Management Team, Northeast State Epidemiologists, Zoonotic Alert Team, Health Officers, Deputy Health Officers, MRC, NH Schools, EWIDS
From:	Benjamin P. Chan, MD, MPH, State Epidemiologist
Originating Agency:	NH Department of Health and Human Services, Division of Public Health Services

Attachments: None

Bill as Introduced

HB 131 - AS INTRODUCED

2021 SESSION

21-0083
10/08

HOUSE BILL ***131***

AN ACT relative to reporting of health care associated infections.

SPONSORS: Rep. Woods, Merr. 23

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill clarifies the information that hospitals must report regarding infections.

- -

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

21-0083
10/08

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty One

AN ACT relative to reporting of health care associated infections.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Residential Care and Health Facility Licensing; Reporting of Health Care Associated Infections. Amend RSA 151:33, II(b) to read as follows:

(b) Hospitals shall also initially identify, track, and report process measures including[~~:~~

~~(1) Adherence rates of central line insertion practices;~~

~~(2) Surgical antimicrobial prophylaxis; and~~

~~(3)~~] coverage rates of influenza vaccination for health care personnel and patients/residents.

2 Residential Care and Health Facility Licensing; Reporting of Health Care Associated Infections. Amend RSA 151:33, III and IV to read as follows:

III. Subsequent to the initial requirements identified in paragraphs II, II-a, or II-b, the department shall, from time to time, require the tracking and reporting of other types of infections ***and measures*** when reporting protocols are identified by the department, that occur in hospitals, end-stage renal dialysis centers, and ambulatory surgical facilities in consultation with technical advisors***, which shall include the Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS) Hospital Inpatient Quality Reporting Program, and the National Quality Forum,*** who are regionally or nationally-recognized experts in the prevention, identification, and control of health care associated infections and the reporting of performance data. ***All required tracking and reporting of other types of infections and measures shall be consistent with the requirements supported by the CDC, CMS Hospital Inpatient Quality Reporting Program, or the National Quality Forum.***

IV. The commissioner of the department shall adopt rules, pursuant to RSA 541-A, for hospital, end-stage renal dialysis center, nursing and residential care facility, the New Hampshire veterans' home, assisted living residence, and ambulatory surgical facility identification, tracking, and reporting of infections***, measures,*** and/or coverage rates of influenza vaccinations as required in this section which shall be consistent with the recommendations of recognized centers of expertise in the identification and prevention of infections including, but not limited to the National Healthcare Safety Network and the Healthcare Infection Control Practices Advisory Committee of the Centers for Disease Control and Prevention or its successor, The Joint Commission [~~on the Accreditation of Healthcare Organizations~~], the Centers for Medicare and Medicaid Services, the Hospital Quality Alliance, the National Quality Forum, and the New Hampshire health care quality [~~assurance~~] ***and safety*** commission under RSA 151-G.

3 Effective Date. This act shall take effect 60 days after its passage.