



Connecticut Department of Public Health

**Testimony Presented Before the Committee on Public Health
February 23, 2015**

**Commissioner Jewel Mullen, MD, MPH, MPA
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Senate Bill # 252 - An Act Concerning Reports of Infectious Disease at Hospitals.

The Department of Public Health opposes Senate Bill # 252. While we endorse the intent of the bill to make information on healthcare associated infections (HAIs) accessible to the public, this bill is both redundant and potentially harmful to our efforts to prevent HAIs.

The purpose of the bill is to require hospitals to report cases of infectious disease to the Department. Strong legislation has already been passed in Connecticut that capably addresses HAIs. Since 2008, acute care hospitals are required by CGS 19a-490 to report healthcare associated infections to the Department, using the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN). NHSN provides the data needed to identify and highlight concerns, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections.

Over the past several years, the scope of HAI reporting has mushroomed. In 2008, only Central Line Associated Blood Stream Infections were reportable, and only from intensive care units in hospitals. Now HAIs are reportable from acute care hospitals, long term acute care hospitals, inpatient rehabilitation facilities, and dialysis centers. Central Line Associated Blood Stream Infections (CLABSIs) and Catheter Associated Urinary Tract Infections (CAUTIs), Surgical Site Infections after Abdominal Hysterectomies (SSI), and Surgical Site Infections after Colon Surgeries (SSI), *Clostridium difficile*, and Methicillin-resistant *Staphylococcus aureus* (MRSA) are reported. Reporting has extended beyond the Intensive Care Units to the hospital floors.

The bill requires that all infections in hospitals be reported, whether healthcare associated or not. Much greater staff time at hospitals and more staff in the Department will be needed to gather and analyze the additional data, data that is of lower public health priority. This would divert resources from the analysis of the data we already collect, and from the education of healthcare providers, patients, and families on what to do to prevent HAIs.

DPH already posts our annual report to the legislature and individual hospital HAI data on our website. As for the requirement that the Department attend a public hearing each year, we are always available to testify on HAIs or on any other public health subject – whether or not it is required by statute.

Thank you for your consideration of the Department's view on this bill.

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