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## Injection Safety Patient Notification Communication Toolkit

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**Injection Safety  
Patient Notification  
Communication  
Toolkit**

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# INTRODUCTION

## Background

Unsafe injection practices put patients and healthcare providers at risk of infectious adverse events and have been associated with a wide variety of procedures and settings. Safe Injection Practices are part of Standard Precautions and are aimed at maintaining basic levels of patient safety and provider protections. However, from 1999 - 2009, more than 30 incidents have occurred resulting in more than 150,000 patients being notified.

## Why a Toolkit?

Although individual incidents may vary, the actions that follow are consistent and predictable; therefore, we have compiled resources and templates to assist. Also, your event has the potential to be high profile and sensitive so it is critical that you work quickly.

## Intended Users

The intended audience will likely be local and state health departments including subject matter experts and communication professionals. Also, facilities that are involved may find this toolkit useful for public relations and other staff.

## When to Use?

Once the decision to notify patients has been made, this toolkit will serve as a guide to help you through the process. This toolkit suggests practical ways to achieve effective communication using a stepwise approach. Resources and template materials have been provided in this toolkit to facilitate the implementation of some essential tips and strategies.

## How to Use?

The first step of this toolkit provides you with information and sample materials that you will need to conduct an effective patient notification. It will guide you through the process of creating different types of notification letters and risk communication principles.

The second step describes how to establish communication resources to support patient notification, such as setting up a call center.

The third step assists you with planning media and communication strategies.

The final step helps you plan the release of patient notification letters and work with the media and partners.

Please note that this toolkit is merely a reference guide that will assist you in developing communication materials that you will need during your patient notification. Please contact [hip@cdc.gov](mailto:hip@cdc.gov) for additional questions and concerns regarding your event.



## Step 1: Developing Documents You Need for Patient Notification

Once you've made the decision to notify, it is important to begin creating the documents you will need to conduct the notification. Below is a list of tools that you may need for your notification.

- When to Notify Patients
- Sample Patient Notification Letters
  - Letter 1 – Disease Transmission Not Identified (Issued by Healthcare Facility)
  - Letter 2 – Disease Transmission Identified (Issued by Health Department)
- Sample Physician Notification Letter
  - If your recommendation is for patients to see their own doctor for lab testing, it is best to provide a letter for them to take to the doctor explaining what has occurred and what to test for.
- Sample Patient Test Results Letter
- Resources for Risk Communication
  - General Principles of Risk Communication and Injection Safety Risk Perceptions
  - The Seven Cardinal Rules of Risk Communication
- What Patients Expect to See in a Notification Letter
  - Summary Results from Patient Notification Focus Groups
- General Fact Sheets and Professional Resources
  - Hepatitis B General Fact Sheet
  - Hepatitis C General Fact Sheet
  - HIV/AIDS
- Frequently Asked Questions for Safe Injection Practices
  - FAQs for Patients
  - FAQs for Providers
- One and Only Campaign
  - Safe Injection Practices Provider Brochure
  - Safe Injection Practices Patient Brochure
  - One and Only Campaign Posters

## When to Notify Patients

It is essential that you think about when your patient notification letters will be distributed. Releasing patient notification letters at the appropriate time will allow you to effectively manage your situation as well as give patients adequate time to seek medical care and take advantage of other services (e.g., a call center). Below is a list of considerations that you should think about before the release of your notification letters.

### **Releasing Patient Notification Letters**

#### **Plan on releasing patient notification letters early in the week**

Consider the patient's perspective when releasing notification letters. Do not distribute letters of notification at the end of the week. Patients will need adequate time to understand what is happening and to be able to contact the necessary people before the weekend.

#### **Be aware of holidays**

As you would imagine, the public takes advantage of holidays and therefore, releasing notification letters during this time is not recommended. It is best if the public can make necessary appointments for testing and your staff/call center are in place to respond to inquiries. If possible, release your letters on weekdays free of holidays.

#### **Think about the media and the timing of their press release**

Local news has the tendency to magnify crisis situations, so it would be ideal for patients to receive notification letters prior to any media release.

#### **Do not delay!**

Do not postpone the release of notifications letters. Distribute the letters as soon as possible and feasible.

#### **\*Refer to Step 4 for more information**

## Sample Letter 1 – Disease Transmission Not Identified (Issued by HC Facility)

**(Please complete the highlighted fields)**

Dear [Insert Patient Name],

We are sending this letter because you had a [Insert Type of Procedure] at [Insert Medical Facility Name and Address], between [DATE] and [DATE]. During this test, a nurse caring for you may have inappropriately re-used medical supplies. Although we do not know whether this action has caused any illness, it is possible that this action may have exposed you to infections. **As a precaution, we are asking that patients get tested for hepatitis C virus, hepatitis B virus and human immunodeficiency virus (HIV).**

All of us at [Insert Medical Facility Name] understand that this is alarming and may be frightening. We want to assure you that we will assist you in every way possible, including paying for you to receive necessary tests. **We recommend that you get tested**, as there are treatment options available if you do test positive for one of the above infections.

[Insert Medical Facility Name] understands that this is an unacceptable practice that once discovered was immediately corrected. We are working with public health authorities to conduct a thorough investigation. We have no reason to suspect that patients who had [Insert Type of Procedure] before [DATE] are at risk. The concern lies only in patients treated during this time by one particular nurse.

We have made arrangements with [Insert Testing Lab Company], an independent network of clinical laboratories, to provide free blood testing for you. [Insert Medical Facility Name] will be responsible for the cost. Enclosed is a form for the testing. Please take this form to a [Insert Lab Company Name] Patient Service Center location convenient to you. Fasting before the test is not necessary and [Insert Lab Company Name] recommends arriving after [Insert Appropriate Time] for the tests. We have enclosed a list of local [Insert Lab Company] centers, and a complete listing of locations is available by visiting [Insert Lab Company Website].

Additionally, if you received a [Insert Type of Procedure] after [DATE], you will need to be tested now and will require a repeat test six months after the date of your procedure.

The physician specified on your [Insert Medical Facility Name] medical record for this procedure will also receive a letter of explanation including which tests are required.

We realize that you turn to [Insert Medical Facility Name] to get better. This event is unacceptable to us as well, and we are trying to be as proactive as possible to ensure the safety and well-being of our patients. If you have additional questions or concerns, please call the dedicated, 24-hour hotline at [XXX-XXX-XXXX] or refer to the following website: [www.websitename.com]

Sincerely,

CEO

## Sample Letter 2 – Disease Transmission Identified (Issued by Health Department)

**(Please complete the highlighted fields)**

Dear [Insert Patient Name],

In [DATE] the [Insert Health District Name] began investigating reports of recent hepatitis C infection among several people who had undergone procedures at the [Insert Medical Facility Name and Address]. Through the investigation, we identified the use of unsafe injection practices which may have exposed patients to the blood of other clinic patients.

This letter serves as notification that you have been identified in clinic records as a former patient of the clinic who was placed at risk for possible exposure to bloodborne pathogens. **As a precaution, and in order to take appropriate steps to protect your health, we recommend you get tested for hepatitis C, hepatitis B, and HIV.**

It is not possible to determine specifically which people were exposed, but **all patients who received [Insert Name of Injected Medicine] at the center** have been placed at increased risk for exposure. As a result, we are notifying all people who received [Insert Name of Injected Medicine] medications between [DATE] and [DATE]. Our investigation has identified that the infections were associated with the unsafe injection practices and **not** with the procedures themselves.

People infected with viruses such as hepatitis C and HIV typically do not have symptoms for many years, so you may have been infected and not know it. Even though you may not feel ill or remember getting sick, you should get tested in order to safeguard your health. Although testing cannot determine if you were infected at the clinic or by another source, knowing that you are infected is important, as there are treatment options available if you do test positive.

We recommend that you be tested at your own doctor's office, as he or she will be able to best advise you on what to do if you test positive. If you do not have a regular doctor, a list of resources is available on the [Insert Health District Name] website at [Insert Website]. Wherever you choose to be tested, be sure to bring this letter with you and give it to your doctor. Information for your doctor is printed at the end of this letter.

We understand that you and your family may have many more questions or concerns with the information you have received. To help answer them, we have established a hotline at [XXX-XXX-XXXX]. The hotline will be available starting [DATE]. You may also obtain additional information on the [Insert Health District Name] website at [www.websitename.com].

NOTA: Para obtener esta información en español llame al [Ponga Su Numero Telefonica] o visite el sitio web [Ponga Website]

Sincerely,

[Dr Steve Smith, MD]  
Chief Health Officer

## Sample Physician Notification Letter

### **(Please complete the highlighted fields)**

The [Insert State Health Department], in collaboration with the [Insert County Health Department], are investigating an outbreak of acute hepatitis B involving patients who received care at a private office-based outpatient medical facility which provides hematology/oncology practice in [Insert City]. During the course of their investigation, [Insert Health Department(s)] staff has identified issues regarding infection control breaches which may have put patients at risk of acquiring hepatitis B, and possibly other bloodborne pathogens.

The recommendations for testing are based on epidemiologic findings uncovered during the investigation. As you know, patients with hepatitis B virus, hepatitis C virus, and HIV infections may be asymptomatic or may have experienced mild illness for which they never sought medical care. As a result, [Insert Health Department(s)], in consultation with the [Insert Collaborating Center], felt it was in the best interest of public health to recommend testing.

Letters are being mailed to patients recommending that they be tested for hepatitis B, hepatitis C and HIV. Please be advised that you may be contacted by your patients who may have received care at the outpatient medical setting referenced above.

Testing is being coordinated with [Insert Lab Testing Company]. Patients should call [XXX-XXX-XXXX] to make an appointment. Patients who choose to get tested at [Insert Lab Testing Company] should bring their insurance card and a photo ID.

If a patient has decided to go to you for testing or you determine that your patient should be tested, the following laboratory tests should be ordered:

- Hepatitis B surface antigen (HBsAg)
- Total antibody to Hepatitis B core antigen (Total anti-HBc)
- Anti-Hepatitis C antibody (Anti-HCV)
- Human Immunodeficiency Virus (HIV)

Any positive laboratory results should be faxed to [Insert Health Department] Attn: [Insert Physician Name] at [XXX-XXX-XXXX].

On [DATE] the [Insert Health Department] is taking phone calls from patients with questions or concerns about their potential exposure. Patients may call [XXX-XXX-XXXX] between 8am-5pm. Patients may also visit the [Insert Health Department] website for information at [www.websitename.com]. Beginning [DATE] [Insert Health Department] is available for healthcare providers with questions related to this outbreak. They should call [XXX-XXX-XXXX] between 8am-5pm.

## Sample Patient Test Results Letter

**(Please complete the highlighted fields)**

July 28, 2010

[Insert Patient Name]

[Insert Patient Address]

Dear [Insert Patient Name],

This letter is to communicate the results of your recent Hepatitis C screening test performed by Quest Laboratories for [Insert Medical Center Name]. We are very pleased to let you know that your screening tests for the Hepatitis C Virus are **NEGATIVE**. These test results demonstrate that your blood shows no signs of infection from the Hepatitis C virus.

Because of these negative results, you do not need follow up testing for hepatitis C – but as always, it is important you discuss these results and all your health questions and needs with your personal physician.

As we said in our initial notification to you, we deeply regret that a terminated employee may have put our patients at risk while they were under our care. We appreciate your understanding and quick response in having your test, and we again apologize for any inconvenience this may have caused you.

If you have any further questions regarding your test, you may also call the Patient Care Line at [XXX-XXX-XXXX] between 7 a.m. and 7p.m. mountain time Monday through Friday.

At [Insert Medical Center Name] we take to heart every day our mission. [Insert Medical Center Name] employees, nurses and physicians work very hard to ensure the safest, quality patient experience. We took this action in the best interest of all our patients, and believe that [Insert Medical Center Name] has been, and continues to be, one of the finest hospitals in the country.

We greatly appreciate your support as we continue helping all our patients through this difficult time.

Sincerely,

President & CEO

Attachment: Test Results

**Note:** This is a form letter to communicate negative test results only. Positive results are typically conveyed face to face.

# General Principles of Risk Communication

## Develop goals and key messages

- Goal 1: Ease public concern – e.g., the risk is low, etc.
- Goal 2: Give guidance on how to respond – e.g., take these precautions, get tested, if possible exposure contact physician, etc.

## Stay on message

- Repetition – e.g., start off by saying the risk is low, repeat again (using different words) as often as possible

## Deliver accurate and timely information

- Stress preliminary nature of information, update frequently

## Be Consistent

- Use consistent names and terms throughout a situation

## Acknowledge uncertainty

- If information is not known, honestly admit it

## Build trust and credibility

1. Accept and involve the public as a partner
2. Appreciate the public's specific concerns
3. Be honest and open
4. Work with other credible sources (organizations).
5. Meet the needs of the media

## Diffusing anger and hostility

- Acknowledge the existence of hostility
- Send the message that you are in control

## Other Suggestions

- Don't try to fully inform and educate audiences on the minutia of issues
  - focus on empathy, efforts, and results
- Use familiar frames of reference to explain how much, how big, how small, etc.
- Use examples, stories, and analogies to make your point
- Avoid negative words and phrases
- Speak for the organization – use “we”
- Don't speculate
- Avoid acronyms and jargon

**Adapted from:** Reynolds, B. 2002. *Crisis and emergency risk communication*. CDC, Atlanta, GA

## Injection Safety Risk Perceptions

**The public will personalize risk and may...**

- feel harmed by a trusted source
- experience a loss of control
- perceive that they are not being heard

**Remember! This was NOT caused by the individual.**

## The Seven Cardinal Rules of Risk Communication

### **Accept and involve the public as a legitimate partner**

- Show respect for the public by involving the community early
- Clarify that decisions about risks will be based on the magnitude of the risk and concern of the public
- Involve all parties that have an interest in the risk in question
- Recognize that people hold you accountable

### **Listen to the audience**

- Do not make assumptions
- Take time to find out what people are thinking
- Let all parties that have an interest be heard
- Recognize people's emotions
- Let people know that what they say has been understood

### **Be honest, frank, and open**

- State credentials; but do not ask or expect to be trusted by the public
- If an answer is uncertain, express willingness to get back to the questioner with answers
- Make corrections if errors are made
- Disclose risk information as soon as possible
- Do not minimize or exaggerate the level of risk

### **Coordinate and collaborate with other credible sources**

- Take time to coordinate all inter-organizational and intra-organizational communications
- Use credible and authoritative intermediaries
- Consult with others to determine who is best able to answer questions about risk
- Try to issue communications jointly with other trustworthy sources

### **Meet the needs of the media**

- Be open with and accessible to reporters and respect their deadlines
- Provide information tailored to the needs of each type of media
- Prepare a limited number of positive key messages in advance and repeat the messages several times during the interview
- Say only things that you are willing to have repeated

### **Speak clearly and with compassion**

- Use clear, nontechnical language
- Strive for brevity, but respect people's information needs
- Avoid distant, abstract, unfeeling language
- Always try to include a discussion of actions that are under way or can be taken
- Promise only what can be delivered, and follow through

### **Plan carefully and evaluate performance**

- Begin with clear, explicit objectives
- Identify important stakeholders and subgroups within the audience
- Recruit spokespersons with effective presentation and human interaction skills
- Train staff in communication skills
- Carefully evaluate efforts and learn from mistakes

**Source:** EPA Document OPA-87-020, April 1988. Drafted by Vincent T. Covello and Frederick W. Allen



## What Patients Expect to See in a Notification Letter

The Centers for Disease Control and Prevention conducted six focus groups with general public participants to obtain feedback on patient notification letters as well as to assess knowledge and awareness of Safe Injection Practices in Fall 2009. Below is an outline of the focus group results.

### Summary Results from Patient Notification Focus Groups

- Participants had somewhat limited understanding of safe injection practices and the diseases that can be transmitted by unsafe practices.
- Focus group participants thought unsafe injection practices were more common in hospital settings than in a physician's office. However, a review of outbreaks in past 10 years indicated 33 of them were in non-hospital healthcare settings.
- Participants had a neutral perception of risk of getting an infection from an unsafe injection practices.
  - News of an infection may really come as a surprise to the patients because they don't see themselves at risk.
- Cost of exams, treatments, etc. were key concerns to focus group participants if they received a letter.
- All but one participant said they were "Very Likely" to get tested if they received a letter.
- Focus group participants would continue to seek medical care if they received a letter; some would even go back to the provider where the incident occurred.
- Focus group participants provided valuable feedback on what to include in a letter, key concerns, the appropriate tone for the letter, and the amount of information to include.

#### **What to Include in a Letter**

- How/Where it happened
- Possible symptoms
- Corrective action
- 24 hour contact number
- Something to ensure the right people are contacted
- Plan of action/next steps

#### **Key Concerns from Patients**

- What to do next
- Time frame of disease/testing
- Who's paying for what
- Who's liable
- Want to know what disease/how serious
- Make sure they are contacting the right person

#### **Tone of the Letter**

- Factual, clearly stated
- Apologetic, empathetic
- Personal, urgent
- Soft/neutral
- Accommodating to the potentially infected
- Assuring that things will be taken care of

# HEPATITIS B

## General Information



### Who is at risk?

Although anyone can get hepatitis B, some people are at greater risk, such as those who:

- Have sexual contact with an infected person
- Have multiple sex partners
- Have a sexually transmitted disease
- Are men who have sexual contact with other men
- Inject drugs or share needles, syringes, or other drug equipment
- Live with a person who has chronic hepatitis B
- Are infants born to infected mothers
- Are exposed to blood on the job
- Are hemodialysis patients

### What is hepatitis?

"Hepatitis" means inflammation of the liver. Hepatitis is most often caused by one of several viruses, such as hepatitis A virus, hepatitis B virus, or hepatitis C virus. Toxins, bacterial infections, certain drugs, other diseases, and heavy alcohol use can also cause hepatitis.

### What is hepatitis B?

Hepatitis B is a contagious liver disease that results from infection with the hepatitis B virus. It can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness. Hepatitis B can be either "acute" or "chronic".

Acute hepatitis B virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. Acute infection can — but does not always — lead to chronic infection.

Chronic hepatitis B virus infection is a long-term illness that occurs when the hepatitis B virus remains in a person's body.

**The best way to prevent hepatitis B is by getting vaccinated.**

### How common is hepatitis B in the United States?

The number of acute hepatitis B virus infections has been declining each year, with an estimated 46,000 new infections in 2006. Many experts believe this decline is a result of widespread vaccination of children. However, up to 1.4 million people may have chronic hepatitis B, many of whom are unaware of their infection.

### How is hepatitis B spread?

Hepatitis B is usually spread when blood, semen, or another body fluid from a person infected with the hepatitis B virus enters the body of someone who is not infected. This can happen through sexual contact with an infected person or sharing needles, syringes, or other drug-injection equipment. Hepatitis B can also be passed from an infected mother to her baby at birth.

Hepatitis B is not spread through breastfeeding, sharing eating utensils, hugging, kissing, holding hands, coughing, or sneezing. Unlike some forms of hepatitis, hepatitis B is not spread by contaminated food or water.



### Can hepatitis B be spread through sex?

Yes. In the United States, hepatitis B is most commonly spread through sexual contact. The hepatitis B virus is 50–100 times more infectious than HIV and can be passed through the exchange of body fluids, such as semen, vaginal fluids, and blood.



### Who should get vaccinated against hepatitis B?

- Anyone having sex with an infected partner
- People with multiple sex partners
- Anyone with a sexually transmitted disease
- Men who have sexual contact with other men
- Users of injection drugs
- People who live with someone who is infected
- People with chronic liver disease, end stage renal disease, or HIV infection
- Healthcare and public safety workers exposed to blood
- Residents or staff of facilities for developmentally disabled persons
- Travelers to certain countries
- Infants or children younger than 19 who have not been vaccinated
- Anyone who wants to be protected from hepatitis B

### For more information

Talk to your health professional, call your health department, or visit [www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis)

### What are the symptoms of acute hepatitis B?

Not everyone has symptoms with acute hepatitis B, especially young children. Most adults have symptoms that appear within 3 months of exposure. Symptoms can last from a few weeks to several months and include:

- Fever
- Fatigue
- Loss of appetite
- Nausea
- Vomiting
- Abdominal pain
- Dark urine
- Clay-colored bowel movements
- Joint pain
- Jaundice

### What are the symptoms of chronic hepatitis B?

Many people with chronic hepatitis B remain symptom free for up to 30 years, but others experience ongoing symptoms similar to those of acute hepatitis B. Chronic hepatitis B is a serious disease that can result in long-term health problems.

### How is hepatitis B diagnosed and treated?

Doctors diagnose the infection using one or more blood tests. There is no medication available to treat acute hepatitis B, so doctors usually recommend rest, adequate nutrition, and fluids. People with chronic hepatitis B virus infection should be monitored regularly for signs of liver disease, and some people benefit from treatment with specific medications.

### How serious is chronic hepatitis B?

Over time, approximately 15%–25% of people with chronic hepatitis B develop serious liver problems, including liver damage, cirrhosis, liver failure and liver cancer. Every year, up to 4,000 people in the United States and more than 600,000 people worldwide die from hepatitis B-related liver disease.

### Can hepatitis B be prevented?

Yes. The best way to prevent hepatitis B is by getting vaccinated. For adults, the hepatitis B vaccine series is usually given as 3 shots during a 6-month period. The entire series is needed for long-term protection. However, once a person has been infected with the hepatitis B virus, the vaccine does not provide protection against the disease.



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Disease Control and Prevention

*Division of Viral Hepatitis*



[www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis)

# HEPATITIS C

## General Information



### Can Hepatitis C be prevented?

Yes. To reduce the risk of becoming infected with the Hepatitis C virus:

- Do not share needles or other equipment to inject cosmetic substances, drugs, or steroids
- Do not use personal items that may have come into contact with an infected person's blood, such as razors, nail clippers, toothbrushes, or glucose monitors
- Do not get tattoos or body piercings from an unlicensed facility or in an informal setting

### Is there a vaccine for Hepatitis C?

Although there is currently no vaccine to prevent Hepatitis C, research is being conducted to develop one.

### What is hepatitis?

"Hepatitis" means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When inflamed or damaged, the liver's function can be affected.

Hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C. Heavy alcohol use, toxins, some medications, and certain medical conditions can also cause hepatitis.

### What is Hepatitis C?

Hepatitis C is a contagious liver disease that results from infection with the Hepatitis C virus. When first infected, a person can develop an "acute" infection which can range in severity from a very mild illness with little or no symptoms to a serious condition requiring hospitalization.

**Acute** Hepatitis C is a short-term illness that occurs within the first 6 months after someone is exposed to the Hepatitis C virus. For reasons that are not known, 15%-25% of people "clear" the virus without treatment. Approximately 75%-85% of people who become infected with the Hepatitis C virus develop "chronic" or lifelong infection.

**Chronic** Hepatitis C is a long-term illness that occurs when the Hepatitis C virus remains in a person's body. Over time, it can lead to serious liver problems, including liver damage, cirrhosis, liver failure, or liver cancer (see chart).

### How is Hepatitis C spread?

Hepatitis C is usually spread when blood from a person infected with the Hepatitis C virus enters the body of someone who is not infected. Today, most people become infected with Hepatitis C by sharing needles or other equipment to inject drugs. Before widespread screening of the blood supply began in 1992, Hepatitis C was also commonly spread through blood transfusions and organ transplants. Although uncommon, outbreaks of Hepatitis C have occurred from blood contamination in medical settings.

### Can Hepatitis C be spread through sex?

Yes, although scientists do not know how frequently this occurs. Having a sexually transmitted disease or HIV, sex with multiple partners, or rough sex appears to increase a person's risk of Hepatitis C. There also appears to be an increased risk for sexual transmission of Hepatitis C among gay men who are HIV positive.

### Can a person get Hepatitis C from a tattoo or piercing?

There is little evidence that Hepatitis C is spread by getting tattoos in licensed, commercial facilities. Whenever tattoos or body piercings are performed in informal settings or with non-sterile instruments, transmission of Hepatitis C and other infectious diseases is possible.

#### Progression of Hepatitis C







## How is Hepatitis C treated?

Since acute Hepatitis C rarely causes symptoms, it often goes undiagnosed and therefore untreated. When it is diagnosed, doctors recommend rest, adequate nutrition, fluids, and antiviral medications. People with chronic Hepatitis C should be monitored regularly for signs of liver disease. Even though a person may not have symptoms or feel sick, damage to the liver can still occur. Antiviral medication can be used to treat some people with chronic Hepatitis C, although not everyone needs or can benefit from treatment. For many, treatment can be successful and results in the virus no longer being detected.

## What can people with Hepatitis C do to take care of their liver?

People with chronic Hepatitis C should see a doctor regularly. They also should ask their health professional before taking any prescriptions or over-the-counter medications—including herbal supplements or vitamins—as they can potentially damage the liver. People with chronic Hepatitis C should also avoid alcohol since it can accelerate liver damage.

Publication No. 21-1075

## How common is Hepatitis C?

An estimated 3.2 million people in the United States have chronic Hepatitis C. Most are unaware of their infection. Each year, about 17,000 Americans become infected with Hepatitis C.

## How serious is Hepatitis C?

Chronic Hepatitis C is a serious disease that can result in long-term health problems, including liver damage, liver failure, and liver cancer. Approximately 12,000 people die every year from Hepatitis C-related liver disease.

## What are the symptoms of Hepatitis C?

Many people with Hepatitis C do not have symptoms and do not know they are infected. Even though a person has no symptoms, the virus can still be detected in the blood.

If symptoms occur with acute infection, they can appear anytime from 2 weeks to 6 months after exposure. Symptoms of chronic Hepatitis C can take up to 30 years to develop, although damage to the liver can be silently occurring. When symptoms do appear, they often are a sign of advanced liver disease. Symptoms for both acute and chronic Hepatitis C can include: fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, grey-colored bowel movements, joint pain, and jaundice.

## How is Hepatitis C diagnosed?

Doctors can diagnose Hepatitis C using specific blood tests which are not a part of blood work typically done during regular physical exams. Typically, a person first gets a screening test that looks for “antibodies” to the Hepatitis C virus. Antibodies are chemicals released into the bloodstream when a person becomes infected. The antibodies remain in the bloodstream, even if the person clears the virus. If the screening test is positive for Hepatitis C antibodies, different blood tests are needed to determine whether the infection has been cleared or has become a chronic infection.

## Who should get tested for Hepatitis C?

Testing for Hepatitis C is recommended for certain groups, including people who:

- Currently inject drugs
- Injected drugs in the past, even if it was just once or occurred many years ago
- Have HIV infection
- Have abnormal liver tests or liver disease
- Received donated blood or organs before 1992
- Have been exposed to blood on the job through a needlestick or injury with a sharp object
- Are on hemodialysis

## For more information

Talk to your health professional, call your health department, or visit [www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis).



DEPARTMENT OF HEALTH & HUMAN SERVICES  
C n D C n n n n  
Division of Viral Hepatitis



[www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis)

April 2010

# HIV/AIDS in the United States

CDC HIV/AIDS FACTS

UPDATED AUGUST 2009

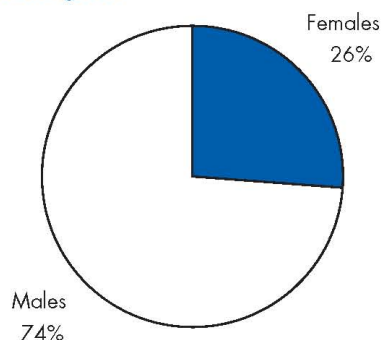
At the end of 2006, an estimated 1.1 million persons in the United States were living with diagnosed or undiagnosed HIV infection [1]. In 2007, 42,655 new cases of HIV/AIDS in adults, adolescents, and children were diagnosed in the 34 states with long-term, confidential name-based HIV reporting [2].

CDC has developed an innovative system designed to estimate the number of new HIV infections (or incidence) for the United States in a given year. Using this technology, CDC estimates that 56,300 new infections occurred in the United States in 2006 [3].

## By Sex

In 2007, nearly three quarters of HIV/AIDS diagnoses among adolescents and adults were for males [2].

### Sex of adults and adolescents with HIV/AIDS diagnosed during 2007



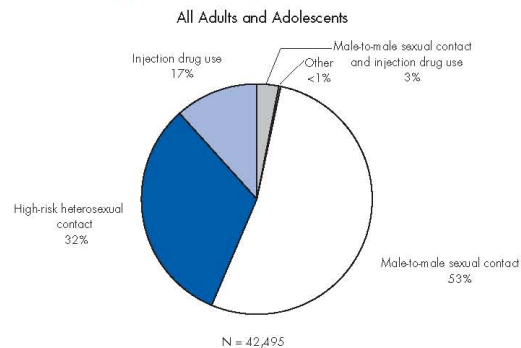
N = 42,495

Based on data from 34 states with long-term, confidential name-based HIV reporting.

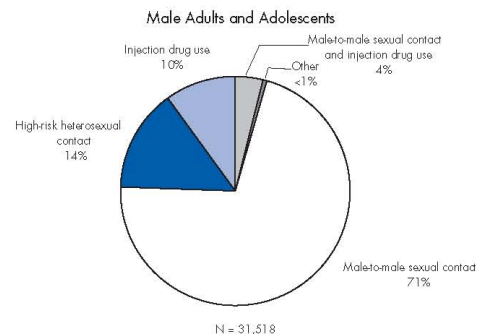
## By Transmission Category

In 2007, the largest estimated proportion of HIV/AIDS diagnoses among adults and adolescents were men who have sex with men (MSM). This category accounted for 53% of the overall diagnoses and 71% among men [2]. High-risk sexual contact (sexual contact with persons known to have HIV infection or have a higher risk of contracting HIV infection) accounted for 11% of the overall diagnoses.

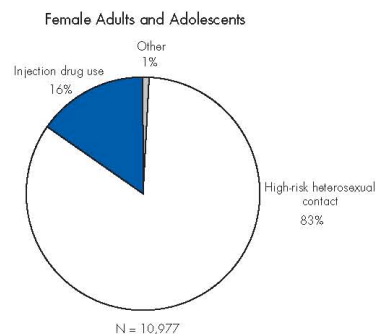
### Transmission categories of adults and adolescents with HIV/AIDS diagnosed during 2007



N = 42,495



N = 31,518



N = 10,977

Based on data from 34 states with long-term, confidential name-based HIV reporting.



1-800-CDC-INFO (232-4636)  
In English, en Español  
24 Hours/Day  
cdcinfo@cdc.gov  
www.cdc.gov/hiv

## REFERENCES

1. CDC. HIV Prevalence Estimates — United States, 2006. *MMWR* 2008; 57(39): 1073-1076. [www.aegis.com/conferences/NHIVPC/2005/T1-B1101.html](http://www.aegis.com/conferences/NHIVPC/2005/T1-B1101.html)
2. CDC. *HIV/AIDS Surveillance Report, 2007*. Vol. 19. Atlanta: US Department of Health and Human Services, CDC; 2009. <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/default.htm>. Accessed June 15, 2009
3. Hall HI, Ruiguang S, Rhodes P, et al. Estimation of HIV incidence in the United States. *JAMA*. 2008; 300:520-529.

## HIV/AIDS RESOURCES

### CDC HIV/AIDS

[www.cdc.gov/hiv](http://www.cdc.gov/hiv)  
CDC HIV/AIDS resources

### CDC-INFO

1-800-CDC-INFO (232-4636)  
Information about personal risk  
and where to get an HIV test

### CDC National HIV Testing Resources

[www.hivtest.org](http://www.hivtest.org)  
Location of HIV testing sites

### CDC National Prevention Information Network (NPIN)

1-800-458-5231  
[www.cdnpin.org](http://www.cdnpin.org)  
CDC resources, technical assistance,  
and publications

### AIDSinfo

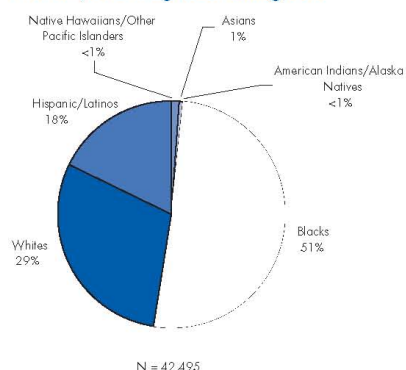
1-800-448-0440  
[www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov)  
Resources on HIV/AIDS treatment  
and clinical trials

CS201851.D

## By Race/Ethnicity

Blacks/African Americans accounted for over half (51%) of the estimated number of HIV/AIDS diagnoses made during 2007, followed by whites (29%) and Hispanic/Latinos (18%). These numbers do not account for individuals of unknown race/ethnicity or those who choose not to identify with any particular race/ethnicity [2].

### Race/ethnicity of persons (including children) with HIV/AIDS diagnosed during 2007

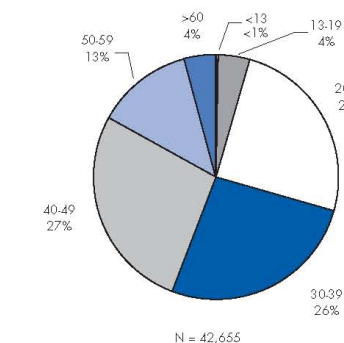


Based on data from 34 states with long-term, confidential name-based HIV reporting.

## By Age

In 2007, persons aged 40-49 accounted for the largest proportion of newly diagnosed HIV/AIDS cases (27%). Persons aged 30-39 were the second largest proportion (26%), followed closely by persons aged 20-29 (25%) [2].

### Age of persons with HIV/AIDS diagnosed during 2007



Based on data from 34 states with long-term, confidential name-based HIV reporting.

## Trends in AIDS Diagnoses and Deaths

Beginning in the mid 1990s, advances in HIV treatments slowed the progression of HIV infection to AIDS. Better treatments also led to dramatic decreases in deaths among persons with AIDS living in the 50 states and the District of Columbia. In general, the trend in the estimated numbers of AIDS cases and deaths remained stable from 2002 through 2005. Estimates for 2007—the most recent year for which these data are available—suggest that the number of AIDS cases have remained relatively stable, and that the number of deaths decreased; however, it is too early to determine whether this trend will hold.

### Estimated numbers of AIDS diagnoses, deaths, and persons living with AIDS, 2003–2007

	2003	2004	2005	2006	2007	Cumulative <sup>a</sup>
AIDS diagnoses	38,893	37,633	36,127	35,695	35,962	1,018,428
Deaths of persons with AIDS	17,082	16,570	16,249	14,989	14,110	562,793
Persons living with AIDS	372,136	393,200	413,077	433,783	455,636	N/A

Based on data for the 50 states and the District of Columbia.

Source: CDC. *HIV/AIDS Surveillance Report, 2007*. Vol. 19. Atlanta: US Department of Health and Human Services, CDC; 2009. <http://www.cdc.gov/hiv/topics/surveillance/resources/reports>

N/A (not applicable)

<sup>a</sup>From the beginning of the epidemic (1981) through 2007.

For more information, including details regarding the 34 states with long-term, confidential name-based HIV reporting, visit the CDC HIV/AIDS Statistics and Surveillance Web site at <http://www.cdc.gov/hiv/topics/surveillance>

CDC HIV/AIDS Facts

HIV/AIDS in the United States

Please refer to <http://www.cdc.gov/hiv/resources/factsheets/index.htm> for more information



## Frequently Asked Questions for Safe Injection Practices

### FAQs for Patients

#### **What is injection safety?**

Injection safety, or safe injection practices, is a set of measures taken to perform injections in an optimally safe manner for patients, healthcare personnel, and others. A safe injection does not harm the recipient, does not expose the provider to any avoidable risks, and does not result in waste that is dangerous for the community. Injection safety includes practices intended to prevent transmission of infectious diseases between one patient and another, or between a patient and healthcare provider, and also to prevent harms such as needlestick injuries.

#### **What are some of the incorrect practices that have resulted in transmission of disease?**

Practices that have resulted in transmission of hepatitis C virus (HCV) and/or hepatitis B virus (HBV) include the following:

- Using the same syringe to administer medication to more than one patient, even if the needle was changed;
- Using the same medication vial for more than one patient, and accessing the vial with a syringe that has already been used to administer medication to a patient;
- Using a common bag of saline or other IV fluid for more than one patient, and accessing the bag with a syringe that has already been used to flush a patient's catheter.

#### **For what types of procedures have these incorrect practices been identified?**

Unsafe injection practices that put patients at risk for HCV, HBV and other infections have been identified during various types of procedures. Examples include the following:

- Administration of anesthetics for outpatient surgical, diagnostic and pain management procedures;
- Administration of other IV medications for chemotherapy, cosmetic procedures, and alternative medicine therapies;
- Use of saline to flush IV lines and catheters;
- Administration of intramuscular (IM) vaccines.

The involved medications were in single-use vials, multi-dose vials, and bags. What they had in common was the vials or bags were used for more than one patient and were entered with a syringe that had already been used for a patient; or the syringe itself was used for more than one patient.

#### **Can some of these incorrect practices also result in transmission of bacterial infections?**

**Yes.** These incorrect practices put patients at risk for bacterial, fungal, and viral infections.

#### **Do medication vials have a preservative in them to prevent contamination?**

Most multi-dose medication vials that are intended for several medication administrations have a preservative in them to prevent bacterial growth. Single-use vials do not contain a preservative. The preservative has no effect on viruses. Safe injection practices and appropriate aseptic technique are necessary to prevent bacterial and viral contamination of medication vials that can result in patient infections.

Please refer to <http://www.cdc.gov/injectionsafety/> for more information



## Frequently Asked Questions for Safe Injection Practices

### FAQs for Providers

#### Overview

#### **What is injection safety?**

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#### **What is aseptic technique?**

In this context, aseptic technique refers to the manner of handling medications and injection equipment to prevent microbial contamination. Aseptic technique applies to the handling, preparation, and storage of medications. It also applies to the handling of all supplies used for injections and infusions, including syringes, needles, and intravenous (IV) tubing.

#### **What are some of the incorrect practices that have resulted in transmission of pathogens?**

Practices that have resulted in transmission of hepatitis C virus (HCV) and/or hepatitis B virus (HBV) include the following:

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**Injection Procedures****How should I draw up medications?**

Parenteral medications should be accessed in an aseptic manner. This includes using a new sterile syringe and needle to draw up medications while preventing contact between the injection materials and the non-sterile environment. Proper hand hygiene should be performed before handling medications, and if a medication vial has already been opened, the rubber septum should be disinfected with alcohol prior to piercing it.

**Where should I draw up medications?**

Medications should be drawn up in a designated "clean" medication area that is not adjacent to areas where potentially contaminated items are placed. Examples of contaminated items that should not be placed in or near the medication preparation area include: used equipment such as syringes, needles, IV tubing, blood collection tubes, needle holders (e.g., Vacutainer® holder), or other soiled equipment or materials that have been used in a procedure. In general, any item that could have come in contact with blood or body fluids should not be in the medication preparation area.

**What does single-use mean?**

A single-use parenteral medication should be administered to one patient only. Single-use IV solutions should be administered to one patient only, during one treatment. Syringes and needles should be used for a single patient only for a single procedure.

**Is it acceptable to combine leftover medication from single-use vials?**

**NO.** Do not administer medications from single-use vials or ampules to multiple patients or combine leftover contents for later use.

**Is it acceptable to use single-use medication vials or pre-filled syringes for more than one patient?**

**NO.** Medication vials that are labeled for single-use and pre-filled medication syringes should never be used for more than one patient.

**Is it acceptable to leave a needle or other device inserted in the septum of a medication vial for multiple medication draws?**

**NO.** A needle or other device should never be left inserted into a medication vial septum for multiple uses. This provides a direct route for microorganisms to enter the vial and contaminate the fluid.

**What is the best way to use multi-dose medication vials?**

The safest thing to do is restrict each medication vial to a single patient, even if it's a multi-dose vial. Proper aseptic technique should always be followed. If multi-dose medication vials must be used for more than one patient, the vial should only be accessed with a new sterile syringe and needle. It is also preferred that these medications not be prepared in the immediate patient care area.

**When should a multi-dose medication vial be discarded?**

Medication vials should be discarded upon expiration or any time there are concerns regarding the sterility of the medication.

**Is it acceptable to use the same syringe to give IM or subcutaneous (SC) injections to more than one patient if I change the needle between patients?**

**NO.** Once they are used, the syringe and needle are both contaminated and must be discarded. Use a new sterile syringe and needle for each patient.

**Is it acceptable to use the same syringe to give an IM or IV injection to more than one patient if I change the needle between patients and I don't draw back before injecting?**

**NO.** A small amount of blood can flow into the needle and syringe even when only positive pressure is applied outward. The syringe and needle are both contaminated and must be discarded.

**If I used a syringe only to infuse medications into an IV tubing port that is several feet away from the patient's IV catheter site, is it ok to use the same syringe for another patient?**

**NO.** Everything from the medication bag to the patient's catheter is a single interconnected unit. All of the components are directly or indirectly exposed to the patient's blood and cannot be used for another patient. A syringe that intersects through ports in the IV tubing or bags also becomes contaminated and cannot be used for another patient. Separation from the patient's IV by distance, gravity and/or positive infusion pressure does not ensure that small amounts of blood are not present in these items.

**Are these recommendations new?**

**NO.** These recommendations are part of established guidance. It is a well established practice to never use the same syringe or needle for more than one patient nor to enter a medication vial with a syringe or needle used for one patient if the same vial might be used for another patient.

**Why can't I just visually inspect syringes to determine whether they are contaminated or can be used again?**


Pathogens including HCV, HBV, and human immunodeficiency virus (HIV) can be present in sufficient quantities to produce infection in the absence of visible blood. Similarly, bacteria and other microbes can be present without clouding or other visible evidence of contamination. Just because you don't see blood or other material in a used syringe or IV tubing does not mean the item is free from potentially infectious agents. All used injection supplies and materials are potentially contaminated and should be discarded.

**How can healthcare providers ensure that injections are performed correctly?**

To help ensure that staff understand and adhere to safe injection practices, we recommend the following:

- Designate someone to provide ongoing oversight for infection control issues
- Develop written infection control policies
- Provide training
- Conduct quality assurance assessments

**Where can I go for more information?**

The World Health Organization (WHO) Injection Safety  site

The Centers for Disease Control and Prevention (CDC)

- Infection Control in Healthcare Settings
- Viral Hepatitis

Please refer to <http://www.cdc.gov/injectionsafety/> for more information

## One and Only Campaign

The *One & Only Campaign* is a public health campaign, led by the Centers for Disease Control and Prevention (CDC) and the [Safe Injection Practices Coalition](http://www.oneandonlycampaign.org) (SIPC), to raise awareness among patients and healthcare providers about safe injection practices. The campaign aims to eradicate outbreaks resulting from unsafe injection practices.



## Campaign Materials

### Healthcare Provider Brochure



Provider Brochure

### Patient Brochure



Patient Brochure

### One and Only Campaign Posters



1OnlyPosters.pdf

Please refer to <http://www.oneandonlycampaign.org> for more information

## Step 2: Establishing Your Communication Resources

When you are planning to conduct a patient notification, you may want to consider the benefits of a call center to direct the public's questions and concerns. This step contains resources that will help you set up this critical communication resource.

- Setting Up a Call Center
  - Call Center Considerations
  - Example Call Center: CDC-INFO
- Example Q/A Document – Hepatitis C Outbreak, Nevada, 2008
  - The Issue – Safe Injection Practices
  - Worried Well
  - CDC's Role
- Frequently Asked Questions Used by a Call Center, Nevada, 2008
  - Most Frequently Utilized FAQs, Nevada, 2008
  - FAQ Topics
    - Hepatitis C Disease Questions
    - Hepatitis B and HIV Questions
    - Resources
    - Investigation – Event Specific Information
    - Inspections and Regulations
    - Safety/Surgical Procedures
    - Exposure/Risks
    - Testing
    - Blood Donation
    - Healthcare Provider Information
    - Legal Concerns
    - Media Information

## Setting Up a Call Center

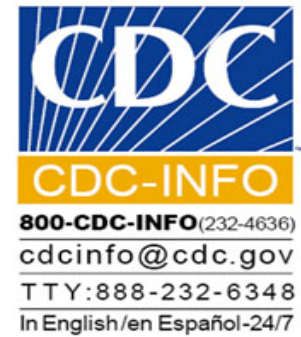
The purpose of a call center is to handle a large volume of inquiries by telephone and/or email. **Establishing your own capability to handle an increased level of calls or emails will be important to efficiently and effectively answer questions from the general public as well as healthcare professionals during a notification event.** If you have a large notification, contracting a call center may be necessary. Call centers should also have the capability to provide services that may be unique to your event such as English to Spanish translation, TTY for the hearing impaired, and support beyond normal business hours. Below is a list of general considerations for setting a call center.

### Call Center Considerations:

- Decide between the use of an existing number or a “new” toll-free number designated for your response.
- Consider the time of day – patients will need to be able to reach a person after 5pm. For a small notification, you will want to staff your phone lines after normal business hours for the first week (e.g., 5pm to 8pm)
- Make sure your call center is expandable – be prepared for a larger volume of calls on initial days or on any day after a media release.
- Choose a call manager to quickly integrate new information into your response. Since your messages may evolve, you will want your phone operators to have your updated messages as quickly as possible.
- Assign trained personnel to answer calls and direct people as needed. These individuals should know where to send callers who have additional questions that cannot be answered by the phone operators.
- Develop special accommodations for hearing impaired or non-English speaking patients. Tailor your call center to your population.
- Consider email inquiries – Some patients may prefer this form of communication.
- Be capable of receiving questions from general public as well as healthcare professionals
- Develop pre-cleared, accurate materials specific to your event (prepared Q/A's)
  - Materials must be specific to your patient notification and investigation
  - Easily read and understood
  - Available in multiple languages
- Provide monitoring and statistics in order to measure standards of performance
- Establish an outside source to handle overflow and surge calls (e.g., health department, CDC call center, etc.)

## Example Call Center: CDC-INFO

CDC-INFO is CDC's National Contact center that delivers health information to consumers, providers, and professionals calling or e-mailing on a wide variety of disease prevention and health promotion topics. CDC-INFO also provides customer feedback and data to CDC and CDC programs to inform strategic planning and agency activities.



CDC contracted with Pearson Government Solutions (now VANGENT, Inc.) to design, build and run the Contact Center operations to handle telephone, email and postal inquiries in English and Spanish and telecommunications for the hearing-impaired (TTY).

The Contact Center handles:

- Telephone and Email inquiries in English and Spanish from the general public and medical professionals
- 24-hours a day, 7-days a week, 365 days a year support
- Telecommunications for the hearing-impaired (TTY)

## How is Contact Center Operated?

The Contact Center has two locations within the United States and is staffed by over 94 employees.

Telephone inquiries are received through **1-800-CDC-INFO** and email inquiries through [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov).

The 3 Tiered Response System allows Customer Service Representatives (CSR) and Health Service Representatives to respond to inquiries of varying complexity and sensitivity.

- Tier 1 (general): handles prepared responses, clinic referrals, and publication orders.
- Tier 2 (research): handles requests requiring web and database research.
- Tier 3 (provider): handles calls requiring medical/public health expertise and escalate inquiries to CDC.



## Example Q/A Document – Hepatitis C Outbreak, Southern Nevada, 2008

Note: this list assumes that all general inquiries about Hepatitis C, Hepatitis B, and HIV/AIDS are already covered in CDC-INFO prepared responses.

Questions are organized according to those pertaining to the general issue of Safe Injection Practices, the worried well, and CDC's Role.

### The Issue – Safe Injection Practices

#### **What are Safe Injection Practices?**

- Safe Injection Practices are a component of basic infection control practices that all healthcare personnel should follow. Safe Injection Practices include appropriate practices related to the use of needles, syringes, and single and multidose medication vials.
- Definition of a safe injection: Safe injections are those that do not harm patients, do not expose providers to avoidable risks and do not result in waste that is dangerous to the community.
- Healthcare personnel (doctors, nurses, and anyone providing injections) should **never reuse a needle or syringe** either from one patient to another or to withdraw medicine from a vial. Both needle and syringe must be discarded once they have been used. It is not safe to change the needle and reuse the syringe – this practice can transmit disease.
- A multi-dose vial is a bottle of liquid medication that contains more than one dose of medication and is often used by diabetic patients or for vaccinations. A new, clean needle and clean syringe should always be used to access the medication in a multi-dose vial. Reuse of needles or syringes to access medication can result in contamination of the medicine with germs that can be spread to others when the medicine is used again.
- A complete list of the Safe Injection Practices recommendations can be found on the Web at: <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>
- A general fact sheet about Syringe Reuse can be found at: <http://www.cdc.gov/injectionsafety/>

#### **What happened recently at the clinic in southern Nevada?**

- In January 2008, investigators from the CDC responded to a request from the Southern Nevada Health District (SNHD) to help investigate three persons reported to the local surveillance program with acute hepatitis C virus (HCV) infection; all three persons had undergone procedures at a Las Vegas endoscopy clinic.
- Since beginning the investigation, CDC and SNHD have identified a total of six cases of HCV infection among patients who had undergone procedures at the clinic in the 35–90 days before developing symptoms. These patients did not have other risks for HCV infection (e.g., injecting drug use).
- For more information about the investigation in southern Nevada, please visit: <http://www.southernnevadahealthdistrict.org/outbreaks/index.htm>

## Worried Well

### **HCINQ22. Does everyone who visits a doctor or has some type of medical test have to be concerned about getting a serious infection?**

- No, the risk for infection is low if appropriate infection control precautions are used. All health care professionals and medical facilities should follow safe injection and appropriate infection control practices. Patients can and should ask their medical providers about the practices used in their facility.

### **HCIRQ18. I am scheduled to have a procedure at an ambulatory surgical center; should I be concerned about their safe injection practices?**

- As a healthcare consumer you have the right to ask any questions related to the procedure you are undergoing and the practices the surgical center uses to ensure your safety.
- You may want to find out the ambulatory surgery center's procedures related to infection control and safe injections. These procedures include but are not limited to handwashing, needle and syringe use and disposal, use of equipment that is single-use or disposable, medication vial reuse, and prevention of contamination of medications.

### **HCSFQ01. Are colonoscopies safe?**

- In the southern Nevada situation, the disease transmission was not related to the colonoscopy, but rather to the injection practices used to administer anesthesia to the patients.
- When proper injection practices and infection control procedures are followed, medical procedures, including colonoscopies, are generally very safe.

### **HCSFQ02. Should I still get a colonoscopy?**

- If recommended by your physician, there is no reason for you to avoid undergoing this procedure.
- Colonoscopies are an important way of screening for or detecting colorectal cancer.
- Although this investigation focused on a center that performed colonoscopies, and other similar procedures, the source of the exposure was from unsafe practices associated with administration of anesthesia and not the colonoscopy procedure.

### **HCSFQ04. As a patient, how can I protect myself?**

- As a patient, you should feel empowered to discuss with your healthcare provider what steps are being taken to protect you.
- If you have concerns about specific issues, ask your healthcare provider about those issues.

### **HCTSQ06. If I think I may have been exposed, should I go to the emergency room?**

- No. Although you are concerned about your health, this exposure is not immediately life threatening and does not require a visit to an emergency room.
- Emergency rooms should be used for immediate health emergencies only.
- Instead, please call your healthcare provider and make an appointment to get tested.

## CDC's Role

### **HCINQ11. Who performed the investigation at the Endoscopy Center of Southern Nevada?**

- The response was led by the Southern Nevada Health District, and the team included members of the Nevada State Bureau of Licensure and Certification and the Centers for Disease Control and Prevention.

### **HCIRQ10 Have other locations in Nevada been inspected to ensure that this is not occurring in other healthcare facilities?**

- CDC, the Centers for Medicare and Medicaid Services, and the Southern Nevada Health District are assisting clinic inspectors to evaluate practices at about 50 other clinics in the region to ensure their practices are in line with standard infection control and safe injection practices.

### **What is CDC's role in the inspection process in Nevada?**

- CDC will assist the state health department to perform on-site visits at all their ambulatory surgery centers. This will include assessments of injection safety and other infection control procedures.
- CDC assistance includes sending a team of CDC personnel to provide on-site expertise and assistance in facility evaluation.
- CDC is in daily contact with Nevada's state health department and other key officials. Regularly scheduled calls include CDC, state health officials, and the Southern Nevada Health District to share information and coordinate the activities of the investigation.
- CDC does not have regulatory authority to enforce recommended infection control practices.

### **What is happening in other clinics in the United States?**

- There are currently no other investigations or reported concerns about safe injection practices or infection control in clinics across the country.
- CDC has previously investigated transmissions of hepatitis B and/or hepatitis C virus associated with unsafe injection practices or lapses in infection control in other clinics around the country. This is not the first or only time these practices have been discovered.

### **HCMRQ01 I am a reporter and would like to interview someone at CDC about this investigation. How do I get in touch with someone to interview?**

- Contact CDC Media Relations at: (404) 639-3286.

## Frequently Asked Questions Used by a Call Center, Nevada, 2008

This is a list of the questions and answers provided to the call center for use with the public.

### Most Frequently Utilized FAQs, Nevada, 2008

- Which clinic are we talking about? (17% of callers)
- Where can I get tested? (12% of callers)
- When were the known cases exposed? (5% of callers)
- Can you tell me if I'm on the list and should I receive a letter? (5% of callers)
- I am uninsured. When can I get tested? (5% of callers)

### FAQ Topics

#### **Hepatitis C Disease Questions**

What is hepatitis C?

- Hepatitis C is a disease caused by the hepatitis C virus that results in infection of the liver.
- Hepatitis C is the most common (but not the only) cause of post-blood transfusion hepatitis in the United States.

Who gets hepatitis C?

- Anyone can get hepatitis C, but IV drug users, people who received blood transfusions or organ transplants prior to 1992, and dialysis patients are at high risk of getting the infection. Infants born to infected mothers are also at risk.

How is the hepatitis C virus spread?

- The hepatitis C virus is primarily spread by direct contact with contaminated blood or plasma.
- Contaminated needles and syringes are a source of spread among IV drug users.
- The role of person-to-person contact and sexual activity in the spread of this disease is unclear.
- Hepatitis C virus is not spread through casual contact or in typical school, office, or food service settings.
- It is not spread through the aerosol route, e.g., an infected person coughing or sneezing.
- The virus cannot be acquired by drinking out of a glass used by a person infected with hepatitis C.

What are the symptoms of Hepatitis C?

- 80% of persons may have no signs or symptoms.
- Symptoms develop slowly and may include:
  - Loss of appetite
  - Stomach pain
  - Nausea

- Vomiting
- Jaundice (yellowing of the skin or whites of the eyes)
- Although the initial infection may be asymptomatic or mild, a high percentage of infected people will develop chronic infection.
- This infection may persist for many years without symptoms, before cirrhosis (liver disease) develops.

How soon do symptoms of hepatitis C appear?

- Symptoms may appear within 6 to 9 weeks after exposure. However, they can also occur as soon as 2 weeks and as long as 6 months later.

How long can an infected person spread the virus?

- Infected people may spread the virus indefinitely even if they do not experience symptoms.

Is there a treatment for chronic hepatitis C?

- There is a treatment available for hepatitis C, although it does not work for everyone.
- The effectiveness of the treatment varies depending on the strain of the virus with which you are infected. In the strain most common in the United States, it is effective in about 50% of people.
- Your doctor will be able to discuss treatment options with you based on your individual test results.

How is hepatitis C diagnosed?

- There are several blood tests that can be done to determine if an individual is infected with the hepatitis C virus. These tests cannot determine whether the infection is new (acute) or chronic.

How good is the blood test used by blood donation centers?

- The hepatitis C test used by blood donation centers is only a screening test to eliminate hepatitis C virus from the nation's blood and plasma supply. Individuals who test positive on the hepatitis C virus antibody test should consult a physician and be retested using other types of blood tests.

How can the spread of hepatitis C be stopped?

- There is no vaccine for hepatitis C
- If you are a health care or public safety worker, always follow routine barrier precautions and safely handle needles and other sharps
- Individuals who shoot drugs should stop and get into a treatment program; those who cannot stop should never share needles, syringes, water, or "works".
- Syringes, tattooing needles and acupuncture needles should not be shared or reused
- Personal items such as toothbrushes and razors should not be shared.
- People who have multiple sexual partners should use condoms each time they have intercourse.
- Individuals that are HCV positive should not donate blood, organs, or tissue.

Is there a vaccine for the prevention of hepatitis C?

- No, there is no vaccine for hepatitis C.

### **Hepatitis B and HIV Questions**

What is hepatitis B?

- Hepatitis B is a disease caused by the hepatitis B virus that results in infection of the liver.

Who gets hepatitis B?

- Anyone can get hepatitis B. However, certain groups have a greater chance of becoming infected. These include:
  - Infants born to an infected mother
  - IV drug users
  - Sexual partners of infected people
  - People with many heterosexual, homosexual or bisexual partners
  - Certain populations with high rates of hepatitis B infection
  - Health care workers exposed to blood and body fluids
  - Public safety workers
  - Anyone who has frequent contact with blood
  - Housemates of chronically infected people are at higher risk than the general population, but lower risk than those listed above

How is the hepatitis B virus spread?

- Through sexual activity
- From exposure to contaminated blood and blood products
- From close household contact with infected individuals
- From infected mothers to their infants at birth
- Through the sharing of drugs, needles or other paraphernalia (works) while “shooting drugs”.

What are the symptoms of Hepatitis B?

- Symptoms develop slowly and may include:
  - Loss of appetite
  - Stomach pain
  - Nausea
  - Vomiting
  - Jaundice (yellowing of the skin or whites of the eyes)

How soon do symptoms of hepatitis B appear?

- Symptoms develop slowly and may take as long as 45-180 days (average is 60-90 days) to appear after exposure to the virus.

How long can an infected person spread the virus?

- An infected person can spread the virus for several weeks before symptoms appear and as long as the person is ill.
- Persons who develop lifelong infection may spread the virus for their entire lives.

Is there a treatment for chronic hepatitis B?

- There is no specific treatment for acute or chronic hepatitis B

How is hepatitis B diagnosed?

- There are several blood tests that can be done to determine if an individual is infected with the hepatitis B virus, and to determine if the infection is newly-acquired or chronic.

How can the spread of hepatitis B be stopped?

- Vaccination is highly protective against the hepatitis B virus.
- Testing all pregnant women is recommended to prevent spread from infected mothers to their infants.
- Donated blood is tested for hepatitis B as well as other hepatitis C and other diseases. Individuals who test positive are rejected as donors.
- Syringes, needles used for injection and acupuncture and tattooing needles should never be shared or reused.
- Personal items such as toothbrushes and razors that could have blood on them should not be shared.
- Latex condoms should be used regularly if you have more than one sexual partner.

Is there a vaccine for the prevention of hepatitis B?

- A vaccine is available and is recommended for all infants at birth as well as for persons at high risk of being infected with hepatitis B.
- The vaccine is safe for most people and the most common complaint is soreness at the injection site.

What is HIV?

- HIV stands for human immunodeficiency virus. It is the virus that causes AIDS.

What is AIDS?

- AIDS stands for acquired immune deficiency syndrome.
- AIDS is the final stage of HIV infection. It can take years for a person infected with HIV, even without treatment to reach this stage.
- Having AIDS means that the virus has weakened the immune system to the point at which the body has a difficult time fighting infections.

How is HIV spread?

- Unprotected sexual activity
- Sharing needles or syringes used for injecting drugs, medicines, tattooing or body piercing with someone who has HIV
- From infected mothers to their infants at birth or from breast milk after the child is born

- From exposure to open wounds or sores, including those related to a sexually transmitted disease such as syphilis.

Can I get HIV through casual contact?

- HIV is not transmitted by casual contact including:
  - Touching, talking, or sharing a home with a person who is HIV positive or has AIDS
  - Sharing utensils, such as forks, knives, or spoons
  - Using swimming pools, hot tubs, drinking fountains, toilet seats, tanning beds, doorknobs, gym equipment, or telephones used by people with HIV/AIDS
  - Having someone with HIV/AIDS hug, kiss, sneeze, cough, breathe, sweat, or cry on you
  - Being bitten by mosquitoes
  - Donating blood

Is there is a treatment for HIV?

- There is no cure for AIDS. There are only medications that can slow down the progress of the HIV virus and the damage to the immune system.
- HIV medications are more effective in some people, but may not work for all.
- If you are HIV positive, check with your health care provider to see if these medications are appropriate for you.

How will I know if am infected with HIV?

- It is recommended that everyone know their HIV status testing options include:
  - Getting tested for HIV at the Southern Nevada Health District (Free)
  - Getting tested and one of the local community HIV testing centers listed in the phonebook
  - Asking your doctor about testing options

### **Informational Resources**

Where can I get more information about HIV?

- The Southern Nevada Health District web site under Office of AIDS
  - [http://www.southernnevadahealthdistrict.org/hiv\\_aids/aids\\_prevention.htm](http://www.southernnevadahealthdistrict.org/hiv_aids/aids_prevention.htm)
- CDC's web site under HIV/AIDS
  - <http://www.cdc.gov/hiv/>
- Contact The Southern Nevada Health District' HIV Testing center Annex A xxx-xxxx
- Ask your Doctor

Where can I get more information about Hepatitis?

- Hepatitis C
  - The Southern Nevada Health District web site  
[http://www.southernnevadahealthdistrict.org/disease\\_factsheets/hep\\_c.htm](http://www.southernnevadahealthdistrict.org/disease_factsheets/hep_c.htm)
  - Center for Disease Control website  
<http://www.cdc.gov/NCIDOD/diseases/hepatitis/c/index.htm>
  - Ask your Doctor



- Hepatitis B
  - The Southern Nevada Health District web site  
[http://www.southernnevadahealthdistrict.org/disease\\_factsheets/hep\\_b.htm](http://www.southernnevadahealthdistrict.org/disease_factsheets/hep_b.htm)
  - Center for Disease Control website  
<http://www.cdc.gov/NCIDOD/diseases/hepatitis/b/index.htm>
  - Ask your Doctor
- Hepatitis A
  - The Southern Nevada Health District web site  
[http://www.southernnevadahealthdistrict.org/disease\\_factsheets/hep\\_a.htm](http://www.southernnevadahealthdistrict.org/disease_factsheets/hep_a.htm)
  - Centers for Disease Control and Prevention website  
<http://www.cdc.gov/NCIDOD/diseases/hepatitis/a/index.htm>
  - Ask your Doctor

I am scared or anxious about my exposure or results. Is there someone I can talk to?

- Contact Southern Nevada Adult Mental Health Services at xxx-xxxx

Are there any resources for me in the community if I've contracted hepatitis C and I have no insurance or a physician?

- A number of resources for people with hepatitis C are available on the health district website at [www.SouthernNevadaHealthDistrict.org](http://www.SouthernNevadaHealthDistrict.org) on the “Hepatitis C Investigation” section.

I have no insurance/I am underinsured

- Additional patient resources are available on the Southern Nevada Health District website, [www.SouthernNevadaHealthDistrict.org](http://www.SouthernNevadaHealthDistrict.org).

### **Investigation - Event Specific Information**

Why has this not come to the attention of the health district before?

- Disease transmission may have occurred in the past, but most people infected with Hepatitis C virus do not develop symptoms and do not know that they have been infected.
- As a result, these infections would not have been reported to the health district.
- An infection with hepatitis C resulting in the patient developing symptoms (acute disease) is rare, and it was an unusual occurrence that brought this problem to the attention of the health district.
- On average, two cases of acute hepatitis C are reported each year in Clark County. Six cases have been identified in relation to this investigation.

Is this an outbreak?

- An outbreak is defined by Nevada Law as an occurrence of cases of disease in a particular population in excess of that which is normally expected (Nevada Administrative Code Chapter 441A.130)
- On average, two cases of acute hepatitis C are reported each year in Clark County
- This is in excess of what is expected, so yes, it is considered an outbreak

Which clinic are we talking about?

- The Endoscopy Center of Southern Nevada, located at 700 Shadow Lane, Las Vegas.

How were the cases discovered?

- These cases were reported by physicians in the community to the health district.
- Nevada law requires that medical providers notify public health officials when they identify a number of different diseases, including hepatitis C.
- The common link between cases was identified through the routine investigation of the cases reported by medical providers, which includes an interview of the patient.

When was the problem identified?

- The cluster came to the attention of the health district in early January, 2008.

What did the physician or health care worker do that put patients at risk for exposure?

- A syringe (not a needle) that was used to administer medication to a patient was reused on the same patient to draw up additional medication.
- The process of redrawing medication using the same syringe could have contaminated the vial from which the medicine was drawn with the blood of the patient.
- The vial, which was not labeled for use on multiple patients, was then used for a second patient (with a clean needle and syringe).
- If that vial were contaminated with the blood of the first patient, any subsequent patients given medication from that vial could have been exposed to bloodborne pathogens.

How did so many people get infected at this facility?

- The exact details of disease transmission on the days in question are still not fully understood. The investigation is ongoing in an attempt to further address this question.

Is there one patient, physician or health care worker to blame for these infections?

- There was no one healthcare worker or piece of equipment identified as common to all known cases.
- The transmission occurred because of unsafe injection practices and used in the facility. These practices were not limited to a particular healthcare worker, but were found to be common practices throughout the clinic for an extended period of time. Once they were recognized and brought to the attention of the facility, they were immediately discontinued.

Can you actually link the cases together? Can you specifically link them to this situation?

- Of the six known cases, five had procedures on the same day.
- Genetic testing on four of the cases from the same day has identified that they likely came from a common source.
- A fourth case, who had a procedure on a different day, does not share a common source as the other three. This indicates that the problem that allowed disease transmission to occur was not a one-time event, but had recurred over an extended period of time.
- Investigation of the clinic practices identified common practices which would allow disease to be transmitted in this manner.

Is the problem still going on?

- The unsafe injection practices associated with the outbreak were first identified in mid-January as part of the investigation, and were immediately brought to the attention of the clinic.
- At that time, the clinic corrected these practices.
- Thus, the practices that lead to the exposure of patients have been corrected, so no new patient exposures should be occurring.
- As it can take several months for the symptoms of Hepatitis C to appear, additional cases may be identified despite no ongoing transmission of disease.

Who performed the investigation?

- The response was led by the Southern Nevada Health District, and the team included members of the Nevada State Bureau of Licensure and Certification and the Centers for Disease Control and Prevention.

How long have you known about these lapses in infection control?

- The unsafe injection practices were first identified in mid-January as part of the investigation, and were immediately brought to the attention of the clinic.
- At that time, the clinic corrected these practices.

How many people will be diagnosed with hepatitis C, B or HIV from this investigation?

- It is unknown how many people were infected at the clinic.
- The diseases of concern are routinely found in the population, and a significant number of people may have been infected with them prior to their procedure.
- It is estimated that about 1 in 25 people in the clinic population could be infected with hepatitis C prior to their procedure, with a significant number of these patients not knowing they are infected.
- It is estimated that about 1 in 200 people in the clinic population could be infected with hepatitis B prior to their procedure, with a significant number not knowing they are infected.
- It is estimated that about 1 in 250 people in the clinic population could be infected with HIV prior to their procedure, with one-third to one-half not knowing they are infected.
- Although testing can determine if a person is infected, it cannot determine the source of the infection.

Will people die from this illness?

- The diseases for which patients are recommended to be tested can result in a range of disease severity, and can eventually result in death.
- It is important that you speak with your physician if you have one of these diseases, as your physician will be able to address your specific risks for serious illness and develop a plan to monitor your health.

I heard testing was offered by the health district for free to a group of people. Is this true? How do I become part of that group?

- As part of the investigation, the health district is testing about 100 patients who were seen in the clinic on the days of other identified cases.
- This is being done for the purposes of better understanding the transmission of disease within the facility.
- Only patients who had procedures on the specific days of concern are eligible for this testing.

What are the names of the infected individuals?

- Because of medical confidentiality laws, we cannot provide the names of any of the patients.

How many cases like this do you see in a year?

- Most people who become infected with hepatitis C initially have mild or no symptoms and do not know that they have been infected unless they are tested by a doctor.
- Only a small percentage of people infected with hepatitis C develop acute disease and have any outward signs of infection.
- On average, two cases of acute hepatitis C are identified each year in Clark County.

How many people have hepatitis C?

- It is estimated that about 2% of the United States population is infected with hepatitis C.

I have a new device that can be used to diagnose or treat patients, or clean medical devices. Will you endorse it?

- No. The health district does not endorse any products.

How could you let this happen in our community?

- The Southern Nevada Health District is responsible for investigating reports of illness in our community. Our first concern is the health and well-being of the public. When this situation was brought to our attention we promptly began an investigation and worked with the appropriate agencies to address the issues and have made recommendations to help prevent this type of situation from occurring again.

Does everyone who visits a doctor or has some type of medical test have to be concerned about getting some terrible infection or chronic disease?

- All health care professionals and medical facilities should follow safe injection and appropriate infection control practices. Patients can and should ask their medical providers about the practices used in their facility.

Why did they do these practices?

- The health district cannot speculate as to the reason for the unsafe injection practices that lead to the identified infections.

Are you trying to protect the doctor or the facility?

- Our mission is to protect the health of the public, not medical providers or businesses.

- We worked quickly to identify the source of the outbreak and to notify patients who were placed at risk.
- We have been forthcoming with details about the investigation, including the name of the facility involved, the time period in question, and the findings of our investigation.

Why was I not notified sooner?

- In early February, the investigation identified the time span over which patients may have been placed at risk.
- At that time, a list of addresses for the at-risk patients was requested from the clinic.
- The address list was provided on February 22, 2008.
- Given the magnitude of the notification, patients were notified as quickly possible.

Isn't it overkill to notify this many patients?

- The practices that lead to the transmission of disease have been occurring at this clinic for several years.
- It is not possible to say which patients were exposed to bloodborne pathogens. Based on the practices of the clinic, it was determined that all patients who received injected anesthesia medication as part of their procedure had been put at risk for possible exposure.
- Many of the diseases transmitted through the practices of the clinic have no outward symptoms of disease for many years. Patients may have been infected but not know it, so it was determined that all patients should be notified so that they can take the appropriate steps to determine if they are infected and protect their own health.

When will the investigation be completed?

- It is not possible to say how long the investigation will take, although it is expected that completion of laboratory testing will take two to three months.

Did you close the other clinics?

- The Southern Nevada Health District does not have regulatory authority over medical facilities and does not have the authority to close these types of facilities. The various governmental agencies holding their business licenses made the decision to close them.

Are you sending letters to patients at the other clinic?

- The Southern Nevada Health District is still recommending testing for hepatitis C, hepatitis B, and HIV for patients who received injected anesthesia medication at the Endoscopy Center of Southern Nevada (700 Shadow Lane, Suite 165B) between March of 2004 and January 11, 2008. At this time, the health district is not recommending testing of patient who had procedures at other clinics.
- If you have any concerns, you should contact your primary care physician to discuss them.

Why were the clinics closed then?

- The business licenses were suspended by the county and/or the cities of Las Vegas and Henderson

I have a complaint regarding a local medical clinic or facility. Where should I send it or what number should I call?

- The Southern Nevada Health District as well as other local health districts in the state do not have oversight or regulatory authority over those types of facilities. If you have a concern or a complaint, contact the Nevada State Health Division's Bureau of Licensure and Certification at xxx-xxxx or from northern Nevada call xxx-xxxx.

Am I the source of the infection at the Endoscopy Center of Southern Nevada

- The health district's investigation has identified the two source patients who had procedures at the Endoscopy Center on either July 25 or Sept. 21. These are the dates that the health district has identified as dates of known disease transmission.
- If you are the source case, the health district will be contacting you directly.
- The health district is notifying the source patients and those who had procedures on those dates of this updated information.

Who are the source patients?

- The health district will not publicly release protected patient information.

I think that I am one of the 77 hepatitis C patients who you reported as "potentially clinic associated." Can you verify that?

- We are not able to verify information on the telephone. It is recommended that you enroll in the Hepatitis C Exposure Registry. This will provide information to the health district that could assist us to classify your infection.
- You can contact the health district's epidemiology department at xxx-xxxx if you have additional questions.

Why can't you say with real certainty that the 77 cases you previously reported are positively linked to clinic and the source patients?

- At this time, the health district can only determine that these 77 cases of hepatitis C infection are potentially associated with the clinic because we are unable to test these samples genetically. Because the procedure dates are different, we have no additional sources identified to test against.
- The health district did not receive a complete patient list from the Shadow Lane clinic so we are not certain who could be tested. Many former patients who were tested and whose results were submitted to the health district were not on the lists. We are not certain of their procedure dates or which clinic they visited.

Aren't you going to genetically test those 77 patients?

- We are not able to genetically test the samples of these 77 patients for several reasons. The hepatitis C virus mutates quickly and the virus in these patients could have changed significantly since their infection.
- We do not have a source patient that will allow us to compare genetic samples

What do I do if I am positive for hepatitis C and visited either clinic but my procedure was on a different date?

- The health district is still investigating the outbreak, however, at this time there are no other identified clusters of infection. We cannot determine if you were infected at the clinic or prior to your procedure.
- The health district recommends that you enroll in the Hepatitis C Exposure Registry. This will assist our investigation to determine if there are any additional clusters of transmission or illness related to the outbreak. The registry will also allow us to determine the case classification for your infection.
- If you are positive, it is also recommended that you develop a relationship with a physician who can manage your medical care.

How did you determine the source of these cases? Why can't you determine the source of the Burnham clinic?

- The two cases that are the source of infection for July 25 and Sept. 21 are two separate patients. We know that each had a procedure on one of the two dates. Through genetic testing, we are able to determine that the strains of the hepatitis C virus in the cluster of patients who had procedures on those two dates are the same or are a nearly identical match to make the connection.
- The Desert Shadow clinic was closed when the acute case was reported and the source of disease transmission cannot be determined. We were not able to observe unsafe practices to determine transmission, a source for infection or any additional dates of disease transmission.
- We are not certain if our list from the Burnham clinic is complete.
- If additional information becomes available, the health district will continue its investigation and revise recommendations to patients as appropriate.

## **Inspections and Regulations**

Who is responsible for making sure the facility follows safe injection practices?

- The Nevada State Health Division, Bureau of Licensure and Certification licenses ambulatory surgical centers in Nevada. The Bureau conducts initial state licensure inspections, complaint investigations and other periodic inspections to determine compliance with state regulations.
- State regulations require an ambulatory surgery center to have systems in place to assure quality care. These regulations require that the healthcare practitioners in the facility participate in the development and application of criteria to evaluate the care provided at the facility, identify problems and formulate resolutions based on currently accepted practices.
- Ambulatory surgery centers may choose to participate in the Medicare program. Medicare certified surgical centers are also inspected by the Bureau of Licensure and Certification to see that they adhere to federal regulations. The federal regulations also require systems to assure quality. The Bureau conducts initial Medicare certification inspections, complaint investigations and other periodic inspections to determine compliance with federal regulations.

- Although there is licensure and certification oversight of ambulatory surgical centers, the ultimate responsibility of assuring safe injection practices falls to the facility operators and the healthcare practitioners working in the facility on a day to day basis.

When was the ambulatory surgery center last inspected?

- The last ambulatory surgery center inspection related to health issues was on 1/9/08. The ambulatory surgery center had other inspections related to health issues completed on 6/7/07, 7/23/04, 1/30/04, and 8/29/03.
- The ambulatory surgery center had a Medicare inspection in 1/2/96 and 12/5/01. The ambulatory surgery center had construction and life safety code inspection on 12/5/01 and 5/24/04.

Why was this ambulatory surgical center not recently inspected?

- The Nevada State Health Division, Bureau of Licensure and Certification conducts initial inspections of all ambulatory surgical centers before a center can see patients.
- After licensing the Bureau conducts complaint investigations and periodic inspections if concerns arise.
- There is no inspection schedule mandated in state or federal law for ambulatory surgical centers.

What did the most recent inspection find?

- The last inspection in January 2008 identified staff using single-use Propofol for multiple patients, not following manufacturer's directions for the cleaning detergent used to clean the endoscopes, and not updating the ambulatory surgery center's policies and procedures.

How can I obtain a copy of your inspection findings?

- The surgical center must submit a Plan of Correction within 10 days of receipt of the Statement of Deficiencies from the Bureau. At that time the document becomes public record.
- You can obtain a copy of the Statement of Deficiencies/Plan of Correction that includes the inspection findings and the surgical center's corrective action plan from the Bureau of Licensure and Certification. Contact the agency at XXX-XXXX to obtain an information request form. Staff can assist you properly completing the request form.

Has the ambulatory surgery center been sanctioned for these practices?

- The role of the Bureau of Licensure and Certification in regards the practice that placed the public at risk is to ensure that the practice is corrected.
- The ambulatory surgery center was directed to immediately discontinue the unsafe practice.
- A Statement of Deficiencies was issued and the ambulatory surgery center submitted a Plan of Correction which addressed what corrective actions would be taken to comply with the requirements to remain licensed and to participate in the Medicare program and how compliance would be maintained.
- Because of the scope and severity of the problem identified, the surgical center will be subject to state administrative sanctions, including monetary penalties.



- To ensure that the ambulatory surgery center can continue to participate in the Medicare program, the Bureau will conduct a follow-up visit to ensure that the unsafe practice has been permanently corrected. If not, the Bureau will recommend that the ambulatory surgery center no longer be allowed to participate in the Medicare program.

Why hasn't this ambulatory surgery center been closed down?

- Revocation or suspension of a license occurs when an operator is unable to comply with state regulations.
- In this case the surgical center took immediate steps to correct deficient practices as soon as investigators identified procedures that could result in the transmission of bloodborne pathogens.
- Follow up inspections will take place to verify the surgical center continues to meet regulations.
- On-going practices in the surgical center will then determine if further state licensing action will be taken, or if the surgical center will be terminated from Medicare participation.

Will the doctors or other workers from the ambulatory surgery center be punished?

- The licensed professionals identified in the deficient practice will be referred to their appropriate licensing boards.

How can you be sure that the problem is not ongoing?

- The Bureau of Licensure and Certification will conduct follow up inspections to assess that the ambulatory surgery center has implemented and maintained appropriate corrective actions.

Have you inspected their other location to ensure that this is not occurring?

- Yes. A full inspection for compliance with state licensure and federal Medicare certification regulations was conducted at Desert Shadow Endoscopy Center, a licensed ambulatory surgery center. Deficiencies were identified and immediately corrected. The deficient practices were not found to put patients at risk as at the other facility. A formal Statement of Deficiencies has been issued to the facility.
- Unannounced on-site inspections will be conducted at this facility to evaluate the on-going implementation of the facility's corrective action.

Did you find similar practices at the other ambulatory surgery center?

- Yes, it was determined the other ambulatory surgery center was administering single-use vials of Propofol to multiple patients.

Have you checked other ambulatory surgery centers to make sure that they aren't using the same practices that lead to this outbreak?

- Mass education of all licensed ambulatory surgery centers has already begun. The Nevada State Health Division, State Epidemiologist, has issued a Technical Bulletin to all licensed ambulatory surgery centers providing clear education on the appropriate techniques for medication vial use, and the one-time use and disposal of needles and syringes.

- There is a targeted education effort underway throughout the state to assure that practitioners are applying correct procedures and quality assurance systems. Patients are encouraged to ask their healthcare practitioner any and all questions they have concerning patient safety systems that are in place.
- Additionally the Bureau of Licensure and Certification is conducting inspections of other ambulatory surgery centers. Information will become available as these investigations are completed.

Will there be any changes, regulations or recommendations made so something like this doesn't happen again in our community?

- The Nevada State Health Division, State Epidemiologist is preparing a technical bulletin to be issued to all licensed ambulatory surgical centers throughout the state of Nevada. The technical bulletin will include detailed information about safe injection practices to prevent this or similar occurrences.
- The State Epidemiologist is also coordinating with professional licensing boards and local health authorities to distribute technical information to licensed health care professionals in other healthcare settings.

As a patient or employee, I observed similar practices at another ambulatory surgery center. How do I make a report?

- Contact the Bureau of Licensure and Certification complaint line at xxx-xxxx.
  - Be prepared to report the following information:
  - The ambulatory surgery center's name and location
  - If known, the name of the patient(s) involved
  - The date of the observation(s)
  - The person(s) observed involved in the unsafe practice
  - What exactly was observed
  - If you are an employee, what is the center's current written policy which addresses your concerns?

I am a healthcare provider and my boss told me to reuse syringes or reuse single-dose vials of medication. How do I report it?

- Contact the Bureau of Licensure and Certification complaint line at xxx-xxxx.
- Be prepared to report the following information:
  - The ambulatory surgery center's name and location
  - If known, the name of the patient(s) involved
  - The date(s) of the observations
  - The person(s) observed reusing syringes or single-dose medication vials
  - The person(s) directing the reuse of syringes or the reuse of or single-dose medication vials
  - What exactly was observed
  - The ambulatory surgery center's current written policy which addresses your concern

I am an employee/former employee of the ambulatory surgery center (the Endoscopy Center of Southern Nevada) and would like to provide additional information to the investigators. How do I get in touch with them?

- **FOR CURRENT AND FORMER ENDOSCOPY CENTER OF SOUTHERN NEVADA EMPLOYEES ONLY:** Contact the Southern Nevada Health District Office of Epidemiology at xxx-xxxx.
- For employees of other centers contact the Bureau of Licensure and Certification complaint line at xxx-xxxx.

I am scheduled to have a procedure at an ambulatory surgical center, should I be concerned about their safe injection practices?

- As a healthcare consumer you have the right to ask any questions related to the procedure you are undergoing and the practices the surgical center uses to assure your safety.
- You may want to find out the ambulatory surgery center's procedures related to infection control and safe injections, including but not limited to handwashing, needle and syringe use and disposal, which equipment used in your procedure is single-use or disposable, medication vial reuse and how it is protected from contamination.

What about the Gastroenterology Center of Nevada?

- The Gastroenterology Centers of Nevada are physician medical offices and are not required to be licensed by the Bureau. However, the physician's must be licensed by the Board of Medical Examiners and are required by local jurisdictions to have a local business license.

They are located as follows:

Gastroenterology Center of Nevada  
4275 Burnham Avenue  
Suite 101-B  
Las Vegas, NV 89119-5488

Gastroenterology Center of Nevada  
3150 N. Tenaya Way  
Suite 225  
Las Vegas NV 89128

Gastroenterology Center of Nevada  
5915 S. Rainbow Blvd. Suite 105  
Las Vegas NV 89118

Gastroenterology Center of Nevada  
1815 East Lake Mead Blvd  
Suite 207  
North Las Vegas, NV 89030-7187

Gastroenterology Center of Nevada  
700 Shadow Lane  
Suite 165-A  
Las Vegas, NV 89106-4126

Gastroenterology Center of Nevada  
2610 West Horizon Ridge Parkway  
Suite 105  
Henderson, NV 89052-2869

### **Safety/Surgical Procedures**

Are colonoscopies safe?

- In this case, the disease transmission was not related to the colonoscopy, but rather to the injection practices used to administer anesthesia to the patient.
- When proper injection practices and infection control procedures are followed, medical procedures, including colonoscopies, are generally safe.

Should I still get a colonoscopy?

- Colonoscopies are an important part of protecting yourself against the development of colorectal cancer.
- Although this investigation focused on a center that performed colonoscopies, and other similar procedures, the source of the exposure was the way that the anesthesia was administered.
- If recommended by your physician, there is no reason why you should avoid undergoing this procedure.

I have a procedure scheduled there next week. Should I cancel it?

- Your specific needs for this medical procedure should be discussed with your personal physician.

I have a small surgery scheduled for next week at a different center. As a patient, how can I protect myself?

- As the patient, you should feel empowered to discuss what steps are being taken taking to protect you with your healthcare provider.
- If you have concerns about specific issues, ask your healthcare provider about those issues.

Is this same practice occurring at other medical facilities or doctor's offices in the Valley?

- The Southern Nevada Health District has jurisdiction to investigate reports of illness in the community. It does not have information related to the practices at facilities not under investigation.

## **Exposure/Risks**

How did so many people get exposed at this facility?

- The practices that could have led to disease transmission have been occurring for several years.
- These common practices, combined with the fact that this is a very busy clinic resulted in the potential for a large number of people to be exposed.

How do I know if I was exposed to the virus during my procedure at the center?

- There is no way of knowing which patients were exposed during their procedures at the clinic. This is why all clinic patients were notified, and why we are recommending that all patients be tested.

When were the known cases exposed?

- The identified cases had procedures in the summer of 2007.
- However, the practices that could have resulted in the transmission of disease from one patient to another have been reported to be common practices in the clinic since it opened in March of 2004.

What is the risk of disease?

- The actual risk of disease cannot be determined for an individual patient.
- As the risk is unknown, all clinic patients were notified, and we are recommending that all patients be tested.

If I had a procedure at one of the other facilities, should I get tested?

- The Southern Nevada Health District is still recommending testing for hepatitis C, hepatitis B, and HIV for patients who received injected anesthesia medication at the Endoscopy Center of Southern Nevada (700 Shadow Lane, Suite 165B) between March of 2004 and January 11, 2008. At this time, the health district is not recommending testing of patient who had procedures at other clinics.
- If you are still concerned or have additional questions you should consult with your physician.

I was a patient there 5 years ago (prior to the notification group). Should I be tested too?

- This investigation focused on the practices at this specific clinic since it opened in March of 2004 when a major remodeling of the clinic and change in practices and procedures occurred.
- As we could not investigate the practices of the clinic prior to that time, we cannot advise you of the practices or risks at that clinic prior to March 2004.
- If you are concerned for your health, consult your physician, who will be able to determine if testing is appropriate for you.

Am I at greater risk for infection with one virus over another?

- There is no way of knowing which viruses, if any, a person has been exposed to.
- It is not possible to determine an individual's risk for infection with a particular virus.
- It is important that you be tested for Hepatitis B, Hepatitis C, and HIV.

In taking so long to notify patients, were additional patients placed at risk?

- Any delays in the notification would not have placed additional patients at risk.
- During the investigation, practices were identified that could have led to the transmission of disease. Those practices were immediately brought to the attention of the clinic, and were corrected.

How many people were exposed?

- About 40,000 patients have been notified that they may be at risk for exposure to bloodborne pathogens.
- Being placed “at risk” does not mean that the patient definitely was exposed, but that they had an increased chance of being exposed.
- The true number of “exposed” people cannot be determined.

Exactly how many people are you notifying about this situation?

- A total of 39,561 letters were mailed to clinic patients.

Can you tell me if I’m on the list and if I should receive a letter?

- The list the Southern Nevada Health District received might not be complete and due to patient confidentiality issues, we are not able to tell you whether or not you are on the list. We recommend that you contact your physician. He or she should have information regarding the referral to the clinic.

I think I was at that clinic and didn’t get my letter. What am I supposed to do?

- The health district has determined that the list of addresses provided by the clinic is not complete, and that correct addresses were not provided for all patients on the list. If you are unsure about the location or date of your procedure, contact your insurance carrier or physician for additional information. If you were a patient of the center between March of 2004 and January 11, 2008 and have not received a letter, you may download it from the health district website at [www.southernnevadahealthdistrict.org](http://www.southernnevadahealthdistrict.org).

Who will pay for my treatment?

- The decision to treat you will be made by you and your healthcare provider, and that discussion should include the cost and length of treatment.
- A number of resources for medical follow-up and treatment are available on the health district website at [www.SouthernNevadaHealthDistrict.org](http://www.SouthernNevadaHealthDistrict.org) on the “Hepatitis C Investigation” section.

## **Testing**

If I test positive for hepatitis C, what does this mean for my friends and family members? Should they also be tested?

- Hepatitis C does not spread through casual contact, through the air, through food, or through touching.
- You should be careful not to expose family members to your blood.
- In fact, you come in contact with people that have Hepatitis C every day without knowing it, but are not at risk for disease transmission through casual contact.

How soon after I am infected with hepatitis C will I test positive if I have no symptoms?

- On average, infected individuals will test positive within 8-9 weeks after exposure.
- 80% of infected individuals will test positive within 15 weeks after exposure.
- >90% of infected individuals will test positive within 5 months after exposure.
- ≥97% of infected individuals will test positive within 6 months after exposure.

How soon after I am infected with hepatitis C will I test positive if I have symptoms?

- The tests routinely used to identify Hepatitis C are based on your body's reaction to the virus. This reaction takes time to develop.
- In persons who become acutely ill, 7 of 10 people test positive when symptoms begin, and 9 of 10 will test positive within three months.

Is it possible for my hepatitis C test result to be incorrect? For example is it possible for me to be infected with hepatitis C, but test negative? Is it possible for me to test positive, but not really infected with hepatitis C?

- There are a number of factors to consider in the evaluation of test results.
- If you are tested too soon after infection, your results may be negative despite being infected.
- Although rare, tests can give incorrect results.
- Your physician will be able to help interpret test results related to hepatitis C.

Your investigation was for Hepatitis C. Why should I be tested for Hepatitis B and HIV as well?

- The investigation revealed practices which could have exposed patients to the blood of another patient. Although Hepatitis C was the focus of the investigation, Hepatitis B and HIV can be transmitted in the same manner as Hepatitis C.

Should I go to the emergency room?

- No. Although you are concerned about your health, this exposure is not immediately life threatening, and does not require a visit to an emergency room.
- Emergency rooms should be used for immediate health emergencies only.

Is there more than one kind of test for hepatitis C?

- There are different tests that can be performed to identify Hepatitis C. Your healthcare provider will be able to order the appropriate test for you, as well as help with the interpretation of results.

Is it too late to be tested?

- No, if you have been infected, testing will always be positive, even years after infection.

How soon can I be tested?

- The tests used to identify Hepatitis C, Hepatitis B, and HIV are based on your body's immune response to infection, which can take weeks to months to develop.
- If they are infected, people will begin to test positive after about 12 weeks, with almost all testing positive within 6 months.

- If you are tested prior to 6 months after your exposure and are found to be negative, it is recommended that you are tested again at 6 months after exposure to ensure that you are negative.

Could you help interpret my test results?

- We advise you to consult your physician as we are unable to interpret individual test results.
- Your physician is best prepared to explain the results of your test and, if needed, advise you of an appropriate course of action that takes into account your personal health history.

If I have tested positive for hepatitis C since having my procedure, does that prove that I was infected at the center?

- No. Although medical tests can show that you have been infected, they cannot determine the source of the infection.

My blood test was positive for hepatitis C, but I feel fine. Do I still need treatment?

- Your physician will be able to advise an appropriate course of medical monitoring and/or treatment based on your individual test results.

What are people who test positive for hepatitis C, B or HIV supposed to do?

- Options for disease management and possible treatment options, as well as regular health monitoring, should be discussed with a physician, who can determine the appropriate next steps for the patient.

If I test positive, who will know about my results?

- In addition to your doctor and the laboratory that performed the test, by Nevada law all positive tests must be reported to the Southern Nevada Health District.
- Medical privacy laws prohibit any of these individuals from releasing information about you or your test results to people other than the public health authority without your consent.

Are the symptoms that I am currently experiencing hepatitis C/hepatitis B/HIV?

- We cannot diagnose any disease over the telephone. If you believe that you are currently ill, you should seek medical attention.

Can you recommend a physician?

- No. We cannot endorse or recommend the services of any physician.
- A number of resources are available on the health district website at [www.SouthernNevadaHealthDistrict.org](http://www.SouthernNevadaHealthDistrict.org) for people with limited ability to pay.

What should I do to protect others while I am awaiting my test results?

- Do not donate blood or plasma.
- Avoid sharing items which may be contaminated with your blood, such as toothbrushes, nail clippers or razors.
- Abstain from sexual intercourse or use a latex condom.



Where can I get tested?

- Speak with your healthcare provider, as they will be able to refer you for testing as well as provide you with your results.

I am uninsured. Where can I get tested?

- A number of resources for testing and medical follow-up are available on the health district website at [www.SouthernNevadaHealthDistrict.org](http://www.SouthernNevadaHealthDistrict.org) on the “Hepatitis C Investigation” section.

Who is paying for all this?

- At this point, the primary concern of the health district is for the health of the people who have been exposed.
- Resources are available on the health district website for those who do not have the ability to pay at [www.SouthernNevadaHealthDistrict.org](http://www.SouthernNevadaHealthDistrict.org).

How many cases has the health district linked to the Endoscopy Center?

- The Southern Nevada Health District has identified eight acute cases of hepatitis C, and seven of these can be linked to the Endoscopy Center of Southern Nevada on Shadow Lane. The eighth case can be linked to an affiliated clinic. The health district has identified 77 cases they are classifying as potentially linked to the clinic. These patients have tested positive for the virus, but have not developed an acute case of the disease.

How many of the 40,000 people you notified have been tested?

- Since the February 27 notification, about 50,000 test panels have been ordered through local laboratories. These do not necessarily represent the number of patients, just the number of test panels. The health district cannot say for certain that the number of test panels ordered represents everyone who has been notified.

The HD said that about 4 % of people will test positive, that number is much lower.

- The investigation is going to take many months to complete and the health district anticipates that there will be more positive test results. As part of the investigation, investigators are sorting through positive results to determine which patients received procedures at the clinic, their risk factors to determine their potential exposure. Hepatitis C infection is common in the community and many patients would have been positive prior to their procedures.

I received a positive test result, how come I haven't heard from the health district?

- The health district continues to receive reports of positive test results and is sorting through them to determine patients who were part of the notification. Our initial process included interviews with patients who received positive results and we are matching them to the list we received from the clinic, which we know is not complete. If you were a patient at the clinic between March 2004 and January 11 and received a positive result, please contact the health district's epidemiology department at xxx-xxxx. Or I can take your name and phone number and send a notification to the Health District for you.

I had a procedure at the Desert Shadow Endoscopy Center/Burnham, do I need to be tested?

- The health district continues to advise patients who are concerned about their health to speak with their physicians or healthcare providers about your risk of exposure and testing. Your physician will be able to advise you and will be able to manage your health care needs.

Why aren't you specifically recommending testing for patients of the Desert Shadow Endoscopy Center?

- At this time, the health district is not able to make specific recommendations due to incomplete information. The clinic was closed when the acute case was reported and the health district was not able to interview staff or observe clinic practices.
- Due to the lack of documentation, the health district encourages patients to discuss their concerns and risk of disease with their physician or healthcare provider and to pursue testing for hepatitis C, B and HIV if they are concerned. A source of disease transmission has not been determined.

Why aren't you specifically recommending testing for patient?

- Prior to making a decision regarding a patient recommendation or notification, it is important that the health district have all of the necessary information.
- Thousands of boxes of clinic files were collected by the Metropolitan Police Department and information only became properly sorted out and available to both Metro and the health district recently.
- At this time, the health district is not able to make specific recommendations based on incomplete information. The clinic was closed when the acute case was reported and the health district was not able to observe unsafe practices, such as the reuse of syringes, and the source of disease transmission cannot be determined.
- If additional information becomes available, the health district will continue its investigation and revise recommendations to patients as appropriate.
- The health district is encouraging patients of the Desert Shadow clinic to speak with their physicians or health care provider about their concerns and their risk of exposure.

If you knew one person got sick, how come you are not advising they get tested?

- At this time, the health district is not able to make specific recommendations based on incomplete information. The Desert Shadow clinic was closed when the acute case was reported, the health district could not observe clinic practices, and the source of disease transmission cannot be determined.
- If additional information becomes available, the health district will continue its investigation and revise recommendations to patients as appropriate.

I did not get my notification letter and I know I was a patient

- The health district will be sending a letter to patients of the Desert Shadow clinic to advise them about the findings of the investigation as well as information about the Hepatitis C Exposure Registry.
- There is no way verifying that the patient list from the Desert Shadow clinic is complete. If you were a patient at the clinic and did not receive a letter or have a question about the registry, visit the health district website, [www.SouthernNevadaHealthDistrict.org](http://www.SouthernNevadaHealthDistrict.org)

Do I need a letter to get tested?

- As with any lab testing, you will need an order from your physician that you must bring to the lab. The health district does not provide lab orders for testing. You should contact your physician about testing.

I was a patient at the Burnham Ave. clinic and I want to get tested, but I don't have a primary care doctor or insurance. What should I do?

- The Southern Nevada Health District website has a list of resources available [www.SouthernNevadaHealthDistrict.org](http://www.SouthernNevadaHealthDistrict.org).

What if I was a patient at one of the other clinics? Do I need to get tested?

- The health district recommends that patients who are concerned about their health, have questions about hepatitis C or are worried about potential exposure should speak with their physician or health care provider.
- The health district has not received any reports of illness at other affiliated clinics or ambulatory surgical centers. If you have questions or are concerned about a possible exposure to hepatitis C, you should contact your physician or health care provider.

Will the health district notify me if my tests are positive?

- You will receive your test results from the physician or healthcare provider who ordered your lab tests. The health district will not contact you to provide test results.

## **Blood Donation**

I donated blood recently - don't they test my blood for hepatitis C?

- Donated blood and plasma are screened for HIV, Hepatitis B, Hepatitis C, and a number of other viruses.

How good is the blood test used by blood donation centers?

- The hepatitis C test used by blood donation centers is only a screening test to eliminate hepatitis C virus from the nation's blood and plasma supply.
- A positive finding for hepatitis C should be followed up with additional testing to confirm the screening test results.

If I already have one of the diseases, do I need to be tested again?

- It is recommended that persons be tested for Hepatitis B, Hepatitis C, and HIV. Although you do not need to be tested for the virus with which you are infected, it is recommended that you are tested for infection by the other two.

## **Healthcare Provider Information**

As a medical professional, how do I report a case of disease?

- Contact the Southern Nevada Health District.
- Report acute hepatitis B or C cases to the Office of Epidemiology by phone at xxx-xxxx.
- Report chronic hepatitis B or C cases to the Office of Epidemiology by fax at xxx-xxxx.
- Report HIV or AIDS cases to the Office of HIV/AIDS by phone at xxx-xxxx, or by fax at xxx-xxxx.

I am a physician. Can you help me interpret the test results for a patient?

- Information on the testing process, including the recommended tests to order and their interpretation is available in a technical bulletin distributed by the health district entitled “Hepatitis C Exposure at a Medical Clinic”.

I am a doctor and have a patient in my office with your letter. Which tests should I order?

- Information on the testing process, including the recommended tests to order and their interpretation is available in a technical bulletin distributed by the health district entitled “Hepatitis C Exposure at a Medical Clinic”.
- If you have not received this bulletin, is available on the health district website ([www.southernnevadahealthdistrict.org](http://www.southernnevadahealthdistrict.org)) on the “Hepatitis C Investigation” section,

## **Legal Concerns**

Should I sue?

- We cannot provide you with legal advice

Do I have a legal claim if I'm infected?

- We cannot provide you with legal advice

Can you recommend a lawyer?

- We cannot endorse or recommend the services of any lawyer or law firm

I am a lawyer and would like to represent victims in a lawsuit. Will you pass my contact information along?

- No. We cannot endorse or recommend the services of any lawyer.

I am a lawyer and would like specific information on the investigation. How do I obtain it?

- The final report of the investigation will be available approximately three months after the investigation is completed. You may request it at that time.

I saw on the news that a lawsuit was filed. How do I become part of that suit?

- The health district is not involved in any pending litigation and cannot provide information on any ongoing lawsuits.

Isn't this against the law? Has there been any type of crime committed here?

- Questions about the criminal culpability of the facility or any individual are beyond the scope of this investigation, which focused on the public health aspects of disease transmission. When the investigation is completed, our findings will be made available to the appropriate authorities so that they can make that determination.

Is this physician negligence or malpractice?

- Questions about the civil liability of the facility or any individual are beyond the scope of this investigation, which focused on the public health aspects of disease transmission.

Is there a victim compensation fund?

- No, not at this time.

I have been instructed to contact the SNHD to become part of an action/lawsuit against the Endoscopy Center of Southern Nevada.

- The Southern Nevada Health District cannot sue to collect damages on behalf of individual patients. It is recommended that you consult with an attorney if you have any questions about making a claim against the Endoscopy Center of Southern Nevada or its physicians.

### **Media Information**

I am a reporter and would like to interview someone about this. How do I get in touch with someone to interview?

- For questions about the investigation, hepatitis C, lab testing, or the notification of patients, contact the Southern Nevada Health District Public Information Office at xxx-xxxx
- For questions about facility inspections and oversight, contact the Nevada State Health Division PIO at xxx-xxxx.

\*The final hepatitis C investigation report, along with other relative information, may be found at <http://www.southernnevadahealthdistrict.org/hepc-investigation/index.php>

### Step 3: Planning Media and Communication Strategies

Throughout your event, it will be important that you understand the legitimate needs of the media and how to fulfill those needs as a part of your communication response plan. Media and communication prep are critical steps that must be taken to effectively inform the public of your event. The following materials and guidelines will help prepare your team to work effectively with the media.

- Writing for the Media
  - Key Talking Points
  - Common Questions from the Media
    - Questions for Injection Safety Press Conferences
  - What Your Media Release Should Include
    - Press Statements versus Press Releases
    - Media Factsheets/Backgrounders
- Spokesperson Preparation
  - Principles of Quality Communication
  - What Makes a Good Spokesperson?
    - General Recommendations for Spokespersons in All Settings
  - What Spokespersons Should Know When Talking Through the Media
    - General Media Interview Dangers
- Example Press Releases
  - Broward General Medical Hospital, Florida – 10/5/2009
  - Broward General Medical Hospital, Florida – 10/13/2009
    - Broward General Media Fact Sheet
  - Southern Nevada Health District, Endoscopy Center of Southern Nevada
  - Colorado Department of Public Health and Environment, Rose Medical Center

## Writing for the Media

Writing for the media during a crisis will be the first attempt to show that you are responsive and credible. It will be important to move at a pace that reasonable media and people will perceive as appropriate. All of the information may not be available at the time of the release, therefore, you should provide as much information as possible and update regularly as the investigation unfolds. Consider the following suggestions:

- Start with information that can be verified.
- Alert the media and public that more information will come as more becomes available.

You should strive to keep the media and public engaged and feeling involved even if you don't have all the answers. Furthermore, it is a good idea to have background information already developed and ready to share with the media. This will prove useful when reporters begin developing their stories for the general public.

## Key Talking Points

1. Explain how the exposure may have occurred (e.g., details of the infection control lapse).
2. Clarify what actions patients need to take in case they were exposed.
3. Make clear what the public health response is.
4. Give details on what is being done to make sure this doesn't happen again.

## Common Questions from the Media

Immediately, reporters will want answers to their questions, access to subject matter experts, and visuals to support their media coverage. Giving reporters what they want will make your life a lot easier. Therefore, the more you can prepare and anticipate the needs of the media, the more likely it is that you will accomplish your goals. Below is a list of common questions from the media for injection safety press conferences. Please note that this list is not exhaustive.

## Questions for Injection Safety Press Conferences

- |  |   |
|--|---|
| • Who is in charge here?                                   | • Who all is affected?  |
| • How could this have happened?                            | • How are those who were affected getting help?                                 |
| • When did this happen?                                    | • Who is paying for testing and treatments?                                     |
| • Why wasn't this prevented?                               | • What is the facility/state doing to fix the situation?                        |
| • Has this happened in the past?                           | • What bad things aren't you telling us?  |
| • What can we expect?                                      | • Will the facility close? Why or why not?                                      |
| • When did you begin working on this?                      | • What should we do?  |
| • When was the last inspection?                            | • Who is involved in the investigation?   |
| • What came out of the last inspection?                    | • What else can go wrong?   |
| • What is being done to prevent this from happening again? | • Will the healthcare personnel responsible be suspended or lose their license? |

## What Your Media Release Should Include

The press release should be limited to one page. It should answer who, what, when, where, why, and how of the ongoing event. All other additional information should go into an attached factsheet or backgrounder. If you follow these simple guidelines, the clearance process for the press release will be quick and it will help the media distinguish between news and background.

- At the top of the release include: your organization's name, address, and phone number, and contact name(s)
- Give the media a 24-hour contact number
- Include the date and time if more than one prelease is issued during a 24-hour period
- Give your press release a headline and never reuse a headline during your response
- Put "immediate release" at the top under your contact information
- Write in the inverted pyramid style – most important information first
- If introducing a new telephone number or website, introduce it higher in the release
- Explain scientific or technical terms
- Eliminate adjectives or emotionally laden words
- Check your facts
- If you detect an error in a press release and has already been distributed and there's time to fix it, make the effort to reach everyone who has it

## Press Statements versus Press Releases

- Press statements are not news; they may be an official position of the organization
- They normally contain only a few paragraphs
- They should not be used to generate peer-review debate
- They can be used to offer words of encouragement to victims, responders, and employees
- They should be posed with press releases on the Web site
- They need a contact number from the press office
- Use them in moderation for best impact

## Media Factsheets/Backgrounders

- Prepare in advance
- These should be attached to a one-page press release
- Define scientific and technical terms
- Factsheets – bullet form with a logical progression from the broad to the specific
- Backgrounders – paragraph form and typically give historical information
- Used as excellent sources of information for the media
- FAQs can serve as both factsheets and backgrounders
- Avoid including information in factsheets and backgrounders that will be changing
- Don't include quotes from officials or experts

**Adapted from:** Reynolds, B. 2002. *Crisis and emergency risk communication*. CDC, Atlanta, GA



## Spokesperson Preparation

### **Designate your spokesperson early!**

The role of a spokesperson is to communicate information the public wants or needs. The spokesperson is not only responsible for the messages being conveyed, but he or she must also be involved in the development of the key messages.

### Principles of Quality Communication

- Don't over-reassure
- Acknowledge uncertainty
- Emphasize that a process is in place to learn more
- Give anticipatory guidance
- Acknowledge people's fears
- Acknowledge what may have caused harm
- Express wishes (e.g. say "I wish our answers were more definitive.")
- Panic is less common than imagined
- Be willing to address the "what if" questions

### What Makes a Good Spokesperson?

**Every organization has an identity and a spokesperson should try to embody that identity.**

A spokesperson must be perceived as trustworthy, credible, compassionate, and empathetic.

These qualities are built on expressions of competence and expertise, honesty and openness, and commitment and dedication.

### General Recommendations for Spokespersons

- Be compassionate, empathetic, and trustworthy
- Know your organization's policies about the release of information
- Stay within the scope of your responsibilities, unless told otherwise
- Don't answer questions that are not within the scope of your organizational responsibility
- Tell the truth. Be as open as possible.
- Follow up on issues
- Use visuals when possible
- Illustrate a point through examples, stories, and analogies
- Remember that jargon complicates communication and implies arrogance
- Do not use humor
- When possible, use positive or neutral terms
- Discuss what you know, not what you think

## What Spokespersons Should Know When Talking through Media

As a spokesperson, you should go into any media interview with a purpose. Have a message to deliver. Additionally, make sure the reporter gets your name and title right. Keep your title as short and as descriptive as possible.

### General Media Interview Dangers

- Don't let a reporter put words in your mouth
- If the question contains leading or loaded language, reframe the question and then answer
- Don't assume the reporter has it right
- There is no such thing as "off the record"
- Anticipate questions
- Make your point first
- Don't fake it
- Break down multiple-part questions
- Don't raise issues
- Don't say "no comment"

**Adapted from:** Reynolds, B. 2002. *Crisis and emergency risk communication*. CDC, Atlanta, GA

## Example Press Releases



October 5, 2009

**Media contact:** Cathy Meyer  
954-831-2732 / [cmeyer@browardhealth.org](mailto:cmeyer@browardhealth.org)

### **For Immediate Release**

#### **Broward General Medical Center Takes Immediate Action in Response to Nurse Incorrectly Using Patient Supplies**

Fort Lauderdale, FL – October 5, 2009 – Administrators at Broward General Medical Center recently learned a nurse incorrectly used patient supplies intended for single-use on more than one patient. This matter came to light when an individual reported seeing the nurse use the same saline bag and a portion of tubing more than once. A thorough review of one nurse's practice when administering intravenous fluids during adult cardiac chemical (pharmacological) stress tests was conducted and administrators suspended the nurse pending the outcome of a full investigation. The nurse subsequently resigned and has been reported to the Florida Board of Nursing.

As with any patient safety concern raised, Broward General Medical Center is in the process of conducting a detailed review to determine if patients who received cardiac chemical stress tests at Broward General Medical Center may have been put at any risk of exposure to bloodborne infections. The period under review is from January 2004 through early September 2009, which coincides with this individual's employment dates.

Patients who have undergone regular stress tests, which are typically done on a treadmill with electrodes attached to the body, are not affected.

Broward General Medical Center has been investigating this rigorously and, in the process, has consulted with expert physicians and a team of epidemiology and infection experts from the Centers for Disease Control and Prevention (CDC), the Florida Department of Health and the Broward County Health Department. Also, the hospital notified the Agency for Healthcare Administration (AHCA).

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Broward General Medical Center has responded to the situation with a series of immediate steps:

- Conducted a thorough review of the medical files of patients who came in contact with the nurse for a chemical stress test from January 2004 through September 2009.
- Identified 1,851 patients who received cardiac chemical stress tests administered by the nurse.
- Sent letters via certified mail to all patients informing them of the issue and providing the hotline number and details regarding follow-up screenings.
- Made arrangements with LabCorp, a network of independent laboratories, for follow-up patient screenings. Broward General Medical Center will be responsible for the cost.
- Established a 24-hour patient hotline and webpage with additional information.
- Sent certified letters to referring physicians to inform them if any of their patients should be tested.
- Followed proper reporting procedures with local, state and national regulatory bodies, including appropriate reporting of the nurse's practice.

"This is an individual's unacceptable practice that once discovered was immediately corrected," said James G. Thaw, CEO of Broward General Medical Center. "We at Broward General Medical Center understand that this is alarming and may be frightening but want to assure our patients we will assist in every way possible."

For additional information or questions, concerned patients should contact the dedicated 24-hour hotline at 800-545-5716 or visit [www.browardhealth.org/patientnotice](http://www.browardhealth.org/patientnotice)

###



October 13, 2009

**Media contact:** Cathy Meyer  
954-831-2732 / [cmeyer@browardhealth.org](mailto:cmeyer@browardhealth.org)

**For Immediate Release**

### **BROWARD GENERAL MEDICAL CENTER'S CHEMICAL STRESS TEST PATIENTS BEGIN RESPONDING TO FOLLOW-UP SCREENINGS**

Fort Lauderdale, FL – October 13, 2009 – Broward General Medical Center announced today that it had confirmed 533 patients, of the 1,851 notified, have received the notification letter encouraging screening tests for bloodborne infection. Of the 533 that received the letter approximately 75 percent have gone to LabCorp for testing. The need for patient screenings arose when hospital administrators recently learned a nurse incorrectly used patient supplies intended for single-use on more than one patient.

Broward General Medical Center is urging individuals who have received a pending delivery notification from the U.S. Postal Service (USPS) to follow-up with USPS to obtain their certified letter. All patients who received cardiac chemical stress tests administered by the nurse were included in the group of those notified, and should be screened.

As of today, the hospital has received 254 preliminary test results from those patients who sought screenings in response to the notice. Several factors influence the timing and reporting of the test results:

- Although Broward General Medical Center is encouraging all patients who received notification to be tested, the screening is voluntary and as such the timing of the testing varies by patient. Whether the individual chooses to be screened at LabCorp and the actual date of the screening also affect the timing of the results.
- Each patient screening is intricate and comprises testing for three different bloodborne infections: hepatitis B, hepatitis C and HIV.
- Once preliminary screenings results are received, Broward General Medical Center will appropriately notify patients. Preliminary positive test results will undergo further physician evaluation on an individual case by case basis. Following the assessment, patients will be scheduled for physician consultations to thoroughly review medical history and other details to determine the origin of the infection, if any is detected.

“Based on the current Broward County disease prevalence data, we expect some of the screening results to be positive for infection exposure and we will need to conduct an individual evaluation to help determine the origin. At this time, we will make certain the individual receives appropriate care and follow-up,” stated Dr. David Droller, head of Epidemiology and Infectious Diseases, Broward General Medical Center. “It would be premature to arrive at any conclusions prior to further physician evaluation of each case.”

According to the Florida Hepatitis Surveillance Report (2002-2006) issued by the Florida Department of Health in January 2009, more than 300,000 Floridians are infected with hepatitis C, but the majority are unaware they are infected, based on national estimates. The incidence of acute hepatitis B in Florida has averaged approximately 3.0 per 100,000 people over the last five years. From the most recent data available, in Broward County in 2008 there were 335 newly diagnosed cases of hepatitis B, 1,804 of hepatitis C and 1,403 of HIV.\*

Broward General Medical Center plans to send a second notification letter by certified mail to encourage those patients who have not been tested to do so.

Information related to the screenings and results will be updated on a dedicated web page ([www.browardhealth.org/patientnotice](http://www.browardhealth.org/patientnotice)) on a weekly basis, every Tuesday by 6:00 p.m.

For additional information or questions, concerned patients should contact the dedicated 24-hour hotline at 800-545-5716 or visit [www.browardhealth.org/patientnotice](http://www.browardhealth.org/patientnotice)

*\*(Data obtained from Merlin and the STD & HIV 1/09 monthly report; provided by the Florida Health Department)*

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**Broward General Medical Center  
Patient Service Issue  
Media Fact Sheet**

<b>Situation</b>	Broward General Medical Center is conducting a thorough review of one nurse's practice when administering intravenous fluids during adult cardiac chemical (pharmacological) stress tests, after administrators learned she was using single-use supplies on more than one patient. The period under investigation is from January 2004 through early September 2009, which coincides with this individual's employment dates.
<b>How the Hospital was Notified</b>	An individual contacted our Compliance Hot Line and reported seeing the nurse use the same saline bag and a portion of tubing more than once.
<b>Number of Patients Contacted</b>	Administrators at Broward General Medical Center conducted a thorough review of the medical records of all adult patients who received a chemical stress test administered by the nurse not following the approved procedure during the period of January 2004 to early September 2009. Approximately 1,851 patients are being contacted.
<b>How Patients are Being Notified</b>	Broward General Medical Center has taken an extremely proactive approach to alerting the local medical and patient community about the situation. We have sent letters in English, Spanish and Creole via certified mail to all patients and referring physicians, informing them of the incident and providing the hotline number, website and details on follow-up screenings.
<b>What Patients Should Do</b>	We encourage the patients contacted to get tested for hepatitis C virus, hepatitis B virus, and human immunodeficiency virus (HIV). It is recommended that the patients in question get tested, even if they do not remember ever feeling sick. Although we believe the risk of exposure is low, it is important for patients to be tested, since there are treatment options available if patients do test positive. Any disease found and associated with this practice will be investigated thoroughly to determine specific individual circumstances.
<b>Patient Testing Locations</b>	We have made arrangements with LabCorp, an independent network of clinical laboratories, to provide the necessary tests. Broward General Medical Center will be responsible for the cost.
<b>For Additional Information</b>	For additional information or questions, concerned patients should contact the dedicated 24-hour hotline at 800-545-5716 or visit <a href="http://www.browardhealth.org/patientnotice">www.browardhealth.org/patientnotice</a> .





FOR IMMEDIATE RELEASE: July 24, 2008

**Health District identifies source cases for hepatitis C outbreak**  
*Exposure Registry includes 6,000 enrollees*

**LAS VEGAS** – The Southern Nevada Health District has identified two source cases related to the hepatitis C outbreak at the Endoscopy Center of Southern Nevada, 700 Shadow Lane. One patient had a procedure on July 25, 2007, and the other on September 21, 2007. These are the dates that disease transmission was known to occur. An additional chronic (non-acute) case of hepatitis C infection has also been linked to the September 21 source case. The health district can now link a total of eight hepatitis C cases directly to the Endoscopy Center on Shadow Lane and one acute case to the Desert Shadow Endoscopy Center, 4275 Burnham Avenue.

As part of the investigation, genetic testing was performed to determine if the hepatitis C cases on these two days are linked. The testing and results of the epidemiologic investigation allowed the health district's epidemiology team to positively identify two individuals as the source cases among clusters of patients who underwent procedures on the same dates. Samples were tested by the Centers for Disease Control and Prevention (CDC).

"These results will help us to better understand how the disease was transmitted on those days and supports the initial findings of our investigation," said Dr. Lawrence Sands, chief health officer. "It is important for us to remember that this outbreak is not the result of any actions on the part of the patients, but it is the result of unsafe practices by the staff of these clinics."

The health district previously reported the identification of 77 cases of hepatitis C infections that are considered potentially associated with the Shadow Lane clinic. These patients had different procedure dates, and the health district will not be able to perform genetic testing for these cases because there is no identified source for comparison. No additional cases have been identified in the investigation of the acute case related to the Burnham Avenue clinic, and a source case cannot be identified. This patient was diagnosed in 2006 and the case was not reported to the health district until March of this year.

In June, the health district announced the development of the Hepatitis C Exposure Registry. The registry was developed to assist in the identification of patients who had procedures at both clinics, including those who are infected with the hepatitis C virus, and allows patients who have tested positive to learn their case classification. To date, the health district has received 6,000 completed enrollment forms for the Hepatitis C Exposure Registry.

"We are very encouraged by participation in the registry," said Sands. "Patients are providing us with important information about their procedures, their test results, and health status. The registry will allow us to identify additional cases or exposures at either clinic."

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Health District IDs source cases – add one

In early June, former patients of the Endoscopy Center of Southern Nevada and the Desert Shadow Endoscopy Center were notified by mail about the development of the Hepatitis C Exposure Registry. Patients who wish to enroll in the registry can obtain forms at any public health center location or download a form from the health district website.

For additional information, visit [www.SouthernNevadaHealthDistrict.org](http://www.SouthernNevadaHealthDistrict.org) or call the hotline, (702) 759-4626.

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**EDITOR’S NOTE:** A Southern Nevada Health District representative will be available for interviews following today’s monthly Board of Health meeting at the district.



Colorado Department  
of Public Health  
and Environment

*"To protect and improve  
the health and environment  
of the people of Colorado"*

# NEWS

4300 Cherry Creek Drive South, Denver, CO 80246 • (303) 692-2000

## FOR IMMEDIATE RELEASE

Friday, July 17, 2009

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### **State Health Department Posts Case Numbers Associated with Hepatitis C Investigation Involving Rose Medical Center and Audubon Surgery Center**

DENVER – The Colorado Department of Public Health and Environment today released the first of what will be weekly case numbers on hepatitis C cases associated with the investigation involving a former employee of Rose Medical Center and Audubon Surgery Center.

The department will not be investigating any case before the patient is contacted by the hospital where the patient's surgery was performed. Approximately 6,000 patients had surgeries performed at one of the facilities during the time the since-fired employee may have exposed surgical patients to hepatitis C. The department's report of case numbers will not report positive cases until the department's initial epidemiologic investigation is complete, because there is likely to be a significant number of positive tests that are not related to the potential surgical exposure.

The "positive" hepatitis C lab tests are further classified in our reporting to provide more specific information, as follows:

- Positive/not associated – Indicates a positive HCV (Hepatitis C Virus) test, but determined not to be associated with exposure to the former employee through epidemiologic investigation or laboratory testing. This includes patients with previous positive HCV tests and patients with genotypes other than 1b. (The former employee's HCV test is genotype 1b.)
- Positive/associated – Indicates a positive HCV test, and determined to be epidemiologically associated with exposure to the former employee. This includes patients without genotype testing and those with genotype 1b.
- Positive/associated and linked by viral sequence analysis – Indicates a positive HCV test, determined to be epidemiologically associated with exposure to the former employee, and the virus was found to be highly related to that of the former employee by viral sequence analysis. [NOTE: Viral sequencing results will not be available for weeks to months.]
- Positive/indeterminate – Indicates a positive HCV test, but genotyping and sequencing could not be performed and patient had other risk factors for hepatitis C. Available laboratory and epidemiologic data is insufficient to associate infection with exposure from the former employee.

In addition to the four "positive" case categories, the department also will be reporting case numbers that test negative for HCV.

The case numbers will be posted on Fridays at <http://www.cdph.state.co.us/dc/Hepatitis/hepc/investigationCaseTable.html>.

Case Numbers Associated with Hepatitis C Investigation Involving Rose Medical Center and Audubon Surgery Center (as of July 17, 2009)

Result	Rose Medical Center	Audubon Surgery Center
Negative	1 250	544
Positive / not associated	4	1
Positive / associated	11	0
Positive / associated and linked by viral sequence analysis	0	0
Positive / indeterminate	0	0

## Step 4: Best Practices in Notifications

This step will help you plan the release of your patient notification letters and work with the media to spread your message. Below is a list of tools that will help you get started.

- Planning the Release of Media and Notification Letters
  - Develop Your Message
  - Communicate Your Message
    - What is the Media Angle for Your Interview?
  - Notify Patients as Quickly as Possible and Feasible
    - Timing Media Opportunities with Patient Notification Letters
    - Prepare for a Flood of Phone Calls
- Communicating with Key Stakeholders and Partners
  - Establishing Community Relations
  - Common Communication Errors with Stakeholders
  - Develop Strategies to Minimize Negative Reactions
- Choosing Appropriate Communication Channels
  - Selecting Communication Channels
    - E-mail Response
    - Message Delivery Channels
- Conducting a Successful Press Conference or Media Opportunity
  - Choosing Appropriate Media
  - Inviting the Media
    - How to Invite the Media
    - When to Invite the Media
    - Whom to Invite
  - Where to Hold the Press Conference

## Planning the Release of Media and Patient Notification Letters

### ❖ Develop Your Message

- Develop talking points and questions and answers in collaboration with public information officers from the local and state level. This should include a main message, information for patient action, and knowledge of what is being done to address the situation currently and in the future to best protect patients.
- Share cleared material with individuals from all levels to ensure consistent messages from all aspects of the public health response.
- Designate spokespersons in advance and make it clear to all players who the spokespersons are.
- PRACTICE – even seasoned subject matter experts with media experience should work with their local public information officer to practice before initial interviews to ensure that information is being communicated clearly and with empathy to patients who will be receiving information

### ❖ Communicate Your Message – Set up mechanisms to inform media on a regular basis.

#### **Think Local Media First**

- This is first and foremost a local story. Don't ignore local media in favor of the national media and the recognized names.
- Local media are counting on local response officials to work with them.
- In order to best meet all local media's needs equally and in a timely manner, it is ideal to provide daily press statements via the health department website as well as provide regular interviews for press.
  - Consider having a spokesperson do stand-up interviews each day in the beginning for local broadcast television stations. Typically an interview is helpful for the morning, noon, and early evening local news.
  - Have the names and contacts of other spokespersons who may be available for press representing other groups involved in the response (examples may include someone from the state health department, governor's office if applicable, facility licensing board for the state, local health department, local infection control preventionist who can speak to bloodborne infection transmission and the role of unsafe injection practices)
- When providing regular updates to the media, prepare to use that time to correct any misinformation.

#### What is the media angle for your interview?

If you are the public information officer:

1. What is the angle?
2. Who else has the reporter interviewed?
3. Do you have graphics or other supporting materials to best illustrate transmission?
4. Is your spokesperson prepared?

Consider the size of your notification:

- at the local level, think local perspective (is clinic still open, where should patients go...)
- at the state level, think broader perspective to anticipate questions you may be asked (is this happening all over the state, how does this state compare with other states, how often are clinics inspected, is this a priority/has funding been recently cut...)
- at the national level, think national perspective (is this happening in other states, regulatory implications, accreditation, what is being done to address this issue...)

Whichever level of media fits your situation, the key is to have consistent information flowing back and forth between the official response levels and to have designated spokespersons at each level of the response.

### ❖ Notify Patients as Quickly as Possible and Feasible

#### **Choose an appropriate time to notify.**

It is best that patient notification letters be delivered **early in the week**. Patients will need several days to understand and take in what has happened and they will also need to contact the appropriate people (physicians, health departments, etc.). Releasing letters early in the week will not only give patients more time to figure out what is happening but it will also give organizations and health departments adequate time to address patient concerns. Additionally, **be cautious of holidays**. You will want to avoid distributing notification letters while people are on vacation

#### Timing Media Opportunities with Patient Notification Letters

Press release or media notification should be appropriately timed with patient notification letters. **It is ideal that patients receive notification letters prior to any media release.** Whenever you decide to release patient notification letters (before, after, or along with the media press release), consult with your media sources first and discuss the severity of the situation to determine the most appropriate time to notify.

#### Prepare for a Flood of Phone Calls

Expect patients to begin calling soon after notification letters have been distributed

#### **Bulk of calls will be received in first day!**

Therefore, it will be important to:

- Ensure that the call center is up and running when the letters hit.
- Train call center representatives in advance.
- Provide a regular schedule for event updates.

## Communicating with Key Stakeholders and Partners

A stakeholder is a person, group, or organization that has a direct or indirect interest in a project or event. As your event unfolds, you should anticipate the involvement of all stakeholders. These people or organizations will expect something from you: information released through the media or in-person meetings with key officials. Whatever the case, it will be important to establish a communication relationship during this crisis.

### Establishing Community Relations

- Identify the core stakeholders (e.g. individual medical licensing board, governor's office, local political figures)
- Anticipate and assess the incident from the stakeholder perspective
- Be prepared to respond to their questions appropriately
- Provide timely, accurate information
- Focus on common concerns and reactions that will have to be addressed
- Present stakeholders with periodic updates

### Common Communication Errors with Stakeholders

Organizations commonly make mistakes when communicating with their stakeholders. Below is a list of the 5 most common mistakes you should consider and try to avoid.

1. Inadequate accessibility
2. Lack of understandability
3. Lack of energy in the response
4. Problems with timeliness
5. Little value in stakeholders

### Develop Strategies to Minimize Negative Reactions

Throughout your event, there will be many negative reactions. Consider the following to help minimize or alleviate this response.

- Emphasize factors that inspire trust
  - Express empathy and convey consistent themes
  - Show competence in the area needed to respond to the incident (Safe injection practices)
  - Encourage stakeholder feedback
  - Demonstrate honesty and sincerity in your communication and actions
  - Commit to the long term by maintaining a visible presence
- Pay attention to the organizational process
- Explain organizational procedures that will make your response a success
- Promise only what you can deliver, then follow through

## Choosing Appropriate Communication Channels

As your public health crisis evolves beyond the first couple of days, the demand for information will increase. It will be the job of your public information officer to choose the appropriate method of delivery to reach various audiences.

### Selecting Communication Channels

One of the most effective ways to establish communication channels at the community, state, and national levels is through e-mail and toll-free information telephone lines. Consider the following when selecting appropriate communication channels.

#### E-mail Response

- State upfront how long it will take before the public receives a response e-mail (2 hours, 24 hours, same week, etc.)
- Provide a way to reach public officials if the need is more urgent

#### Message Delivery Channels

- Face-to-face – physician to patient, organization member to state partner, etc.
- Group delivery – small group or public meetings
- Organizational – constituents of community organizations
- Mass Media – radio, TV, newspaper, etc.
- Community – employers, health groups, local government agencies
- Combination of any or all of the above – most likely to work the best!

## Conducting a Successful Press Conference or Media Opportunity

An important question you will want to ask yourself during this crisis is “Is this the right way to release my information?” Choosing appropriate media specific to your event is critical to successful public health communications.

### Determining the Level of Media Notification

- Is a press conference warranted or would providing interviews to select media outlets be a better way to inform the media
- Is a press conference necessary or could a press statement be issued instead, with SMEs available for follow up interviews
- Press conferences or telebriefings are usually held for large and longer notifications
- Use press conferences or other types of longer media outreach when you cannot contact people through other means (e.g. regular mail, e-mail, etc.)

### Inviting the Media

Inviting the media is an important part in conducting a successful press conference. Several steps should be considered when deciding how and when to invite the media.

#### How to Invite the Media

- Send a brief media advisory about the opportunity
  - One-half page long and it should include:
    - Nature of the event (media opportunity or press conference)
    - Date, time, place, and contact person
    - Who is schedule to appear (name and title)
    - Topics that will be covered
  - Keep advisory short but specific enough that the media understands the urgency!

#### When to Invite the Media

- Give the media as much advance notice as possible
- If your event has been going on for some time, schedule a regular time for media opportunities and stick to it
- If you have something really important to release and the media isn’t aware of what’s coming, use resources to call reporters and tell them why they need to be there

#### Whom to Invite

- Invite print, electronic media, and radio stations
- Limit the number of emergency response officials who will not have a speaking role

\*Anyone in the room could be approached by the media for comment, therefore, “By invitation only” holds true for response personnel, too.

\*Be sure your spokespersons or officials are guaranteed to be available prior to your media announcement. Have backups on standby.



## Where to Hold the Press Conference

Location is just as important as the press conference itself. You want to make sure that the press conference will be held in a place that is convenient to media and officials as well as a place that is equipped with your necessary audio and visuals needs.

### **Press conferences are best held:**

- On the site of your event (e.g. it's safe for media to be there)
- Hold the press conference at the Emergency Operating Center only if room has been set aside from the daily operations
- At a separate official location, such as the town hall, health department headquarters, etc.
- A hotel meeting room convenient to the officials involved and the media who are going to attend
- Somewhere with sound equipment and other specialized equipment needed by media