



# Healthcare-Associated Infections Program Updates

**Presented at California APIC Meeting  
February 25, 2026**

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Infections (HAI) Program

# Objectives

- Describe the CDPH Healthcare-Associated Infections (HAI) Program's federally funded work and anticipated impacts of losing those funds.
- Identify gaps and uncertainties following the termination of the federal Healthcare Infection Control Practices Advisory Committee (HICPAC).
- Discuss what's being done at the national/regional/state levels to try to fill IPC guidance gaps, and some of the challenges encountered.

# HAI Program Roles and Scope

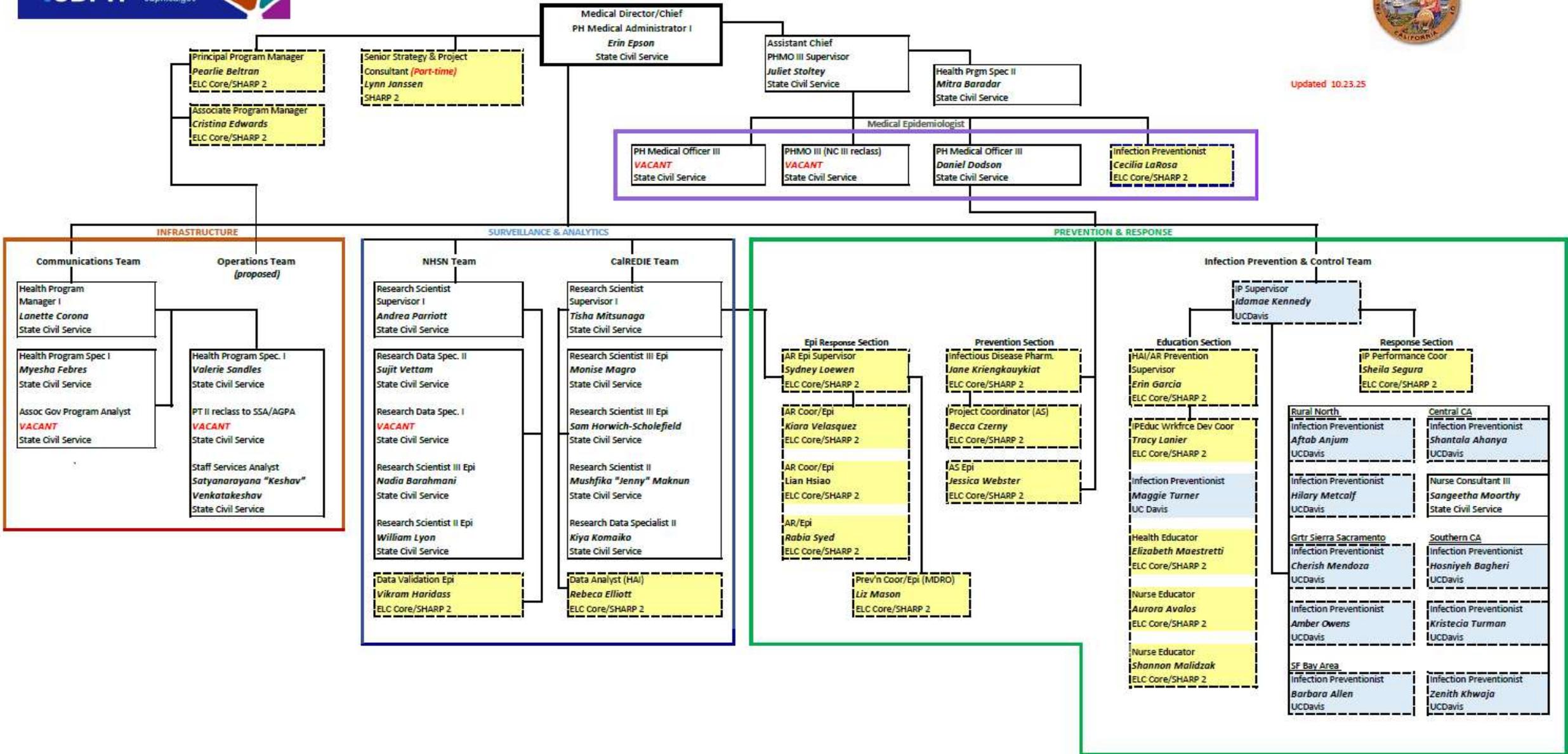
- Oversee **prevention**, **surveillance**, **response**, and **reporting** of healthcare-associated infections (HAI) and antimicrobial resistance (AR) in California's hospitals and other healthcare facilities
  - Conduct **surveillance** of priority HAIs (e.g., central line-associated bloodstream infections) and multidrug-resistant organisms (*Candida auris*, carbapenemase-producing organisms)
  - Publish annual **reports** of hospital HAI and healthcare personnel (HCP) influenza vaccination data
  - Promote **HAI/AR prevention** activities including antimicrobial stewardship and infection prevention & control (IPC) education and training
  - Consult and provide **technical assistance in response** to HAI/AR outbreaks, unusual disease occurrences, and infection control breaches

# HAI Program Functional Teams

- **Infrastructure**
  - Communications and Operations
- **Surveillance and Analytics**
  - National Healthcare Safety Network (NHSN)
  - California Reportable Disease Information Exchange (CaREDIE)
- **Prevention and Response**
  - HAI/AR Epidemiologic Investigation and Response
  - AR/MDRO Prevention, including Antimicrobial Stewardship
  - Infection Prevention and Control – Education and Response sections
- **Medical Epidemiology**
  - Investigations; clinician and local public health education and training

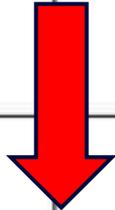


Updated 10.23.25



# CDC Epidemiology and Laboratory Capacity (ELC) Funding – 64 state, large local, territorial health departments

HAI/AR Program Funding Source	Aug 2019- July 2020	Aug 2020- July 2021	Aug 2021- July 2022	Aug 2022- July 2023 (current-budget period)	Aug 2023- July 2024	Aug 2024- July 2025	Aug 2025- July 2026	Aug 2026- July 2027	Aug 2027- July 2028	Aug 2028- July 2029	
	<i>BP1</i>	<i>BP2</i>	<i>BP3</i>	<i>BP4</i>	<i>BP5</i>	<i>BP1</i>	<i>BP2</i>	<i>BP3</i>	<i>BP4</i>	<i>BP5</i>	
<b>Core ELC Funding</b>	<b>Core ELC (G1/G2)</b> Current 5-year cycle (Approx \$60m/year)					<b>Core ELC (H/I)</b> BP1 – BP3 (Expect \$28m/year)			<b>Core ELC (H/I)</b> BP4 – BP5 (TBD)		
<b>Supplemental ELC Funding</b>	<b>COVID Supplements:</b> CARES, Enhancing Detection, Enhancing Detection Expansion, Initial Project Firstline										
			<b>STRIKE (\$500m)</b>								
			<b>SHARP 1 (\$385m)</b>								
				<b>SHARP 2 (\$244m)</b>							



# HAI/AR Response and Prevention Activities

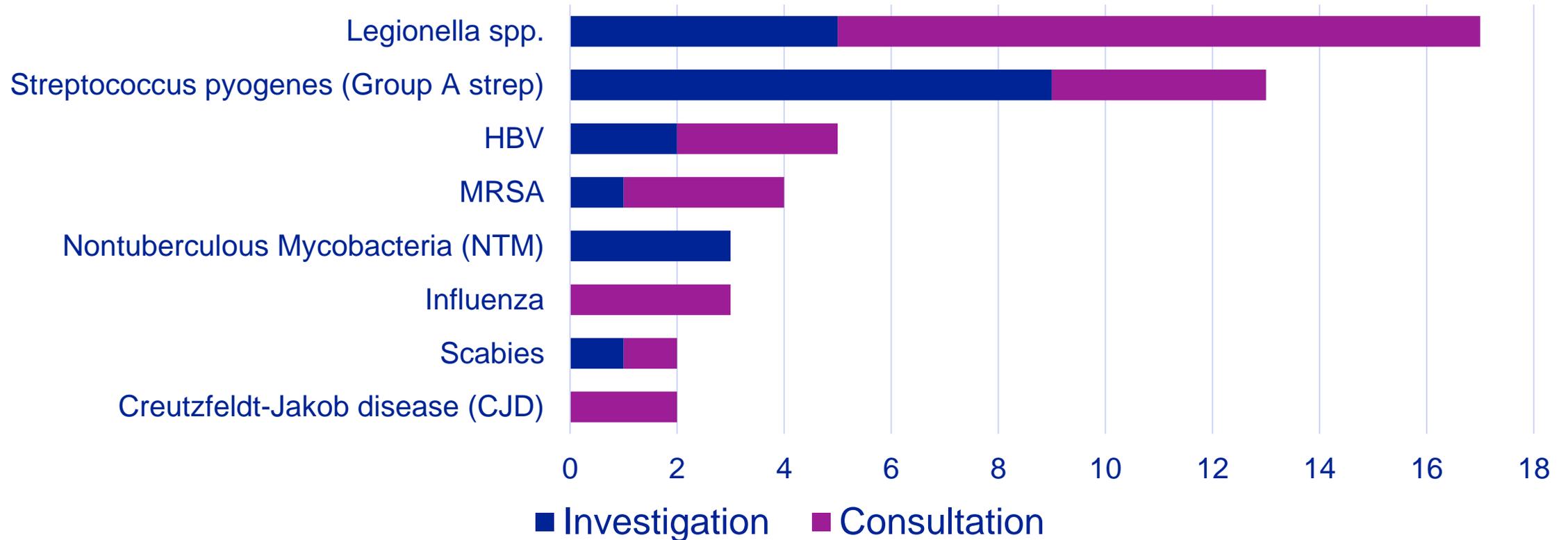
*Supported by  
Federal Funding!*

- General HAI and AR/MDRO responses tracked separately
  - Largely a result of how CDC structures their ELC Cooperative Agreement
- Activities represent collaborative work of many HAI Program staff
  - Epidemiologists
  - Infection preventionists
  - Health program coordinators
  - Frontline nurse educators
  - Infectious diseases pharmacist
  - Medical epidemiologists

In **2025**, the HAI Program investigated or consulted on **62** general HAI case and outbreak responses involving a total of **68** facilities\* in **23** local health jurisdictions

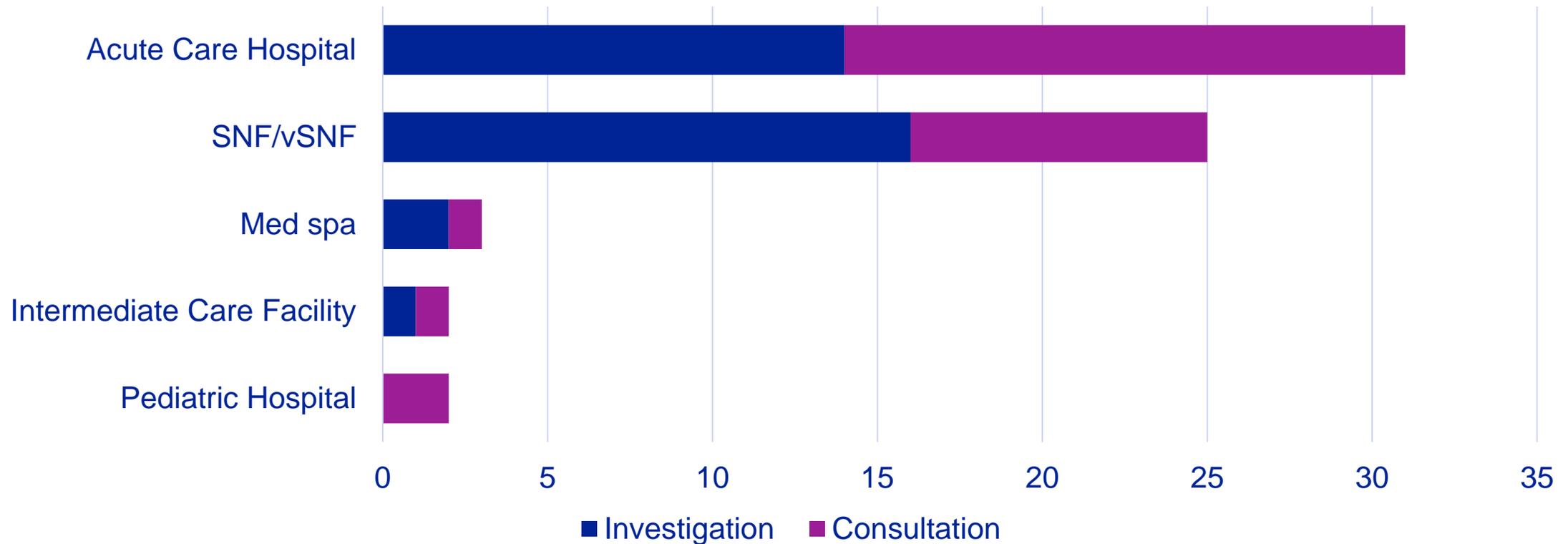
\* 61 unique facilities - 4 facilities had multiple responses

# 2025 General HAI Responses by Primary Pathogen



Responses were also conducted for multiple SSI organisms, Rabies, Pseudomonas, Elizabethkingia, Mycoplasma pneumoniae, Listeria, Salmonella, Serratia marcescens, Mucor, and Mycobacterium tuberculosis (1 each)

# 2025 General HAI Response Facility Types



Of the 26 investigations, 12 included **onsite infection control assessments** (at 14 unique facilities) conducted by HAI Program infection preventionists

In **2025**, the HAI Program investigated or consulted on **8 NICU** case and outbreak responses in **5** local health jurisdictions involving MRSA, Elizabethkingia spp, influenza, Serratia, and Salmonella.

***Every response provides opportunities  
to improve or support prevention!***

# Monitoring Adherence to Healthcare Practices that Prevent Infection

<https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPacticesThatPreventInfection.aspx>



Healthcare-Associated Infections Program  
Adherence Monitoring  
**Wound Care**

Facility Name:	
Unit:	
Date:	
Completed By:	
Start Time:	
End Time:	

**Regular adherence monitoring with feedback of results to staff can maintain or improve adherence to wound care practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any location where patients receive wound care.** Wound care includes, but is not limited to, dressing management, wound irrigation, wound vac use, colostomy care, and surgical incision care.

**Instructions:** (1) Observe wound care from start to finish. Record if steps were performed as Yes or No. (2) After observations, record the total number of Yes responses and the total number observed (Yes + No) in the columns to the far right. (3) Calculate and record an adherence percentage at the end of this tool. Use the Notes section to record additional relevant information.

**Role/Discipline Key:**

C = Wound Care Consultant/Contractor

N = Facility Nurse

P = Facility Physician/Independent Practitioner

Wound Care Practices		Observation 1	Observation 2	Observation 3	Observation 4	Adherence by Task	
						# Yes	# Observed
<b>Role/Discipline</b>		<input type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> P		
<b>WC1</b>	Hand hygiene is performed before gathering supplies.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>WC2</b>	A clean work space is selected; all supplies are gathered and positioned in a way to prevent contamination.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>WC3</b>	Multiuse medications are dedicated for a single patient or dispensed prior to going into the patient care area.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>WC4</b>	Hand hygiene is performed prior to wound care.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>WC5</b>	Appropriate PPE is donned, including eye protection for actions that may produce splashing.	<input type="checkbox"/> Yes <input type="checkbox"/> No					





# Educational Series for LHD Staff on HAI/AR Prevention and Response

February 19, 2026



Immunization  
Branch

# Measles Exposures in Healthcare Settings

Olivia Arizmendi, PhD, MPH  
Senior Epidemiologist, Immunization Branch

# Speakers



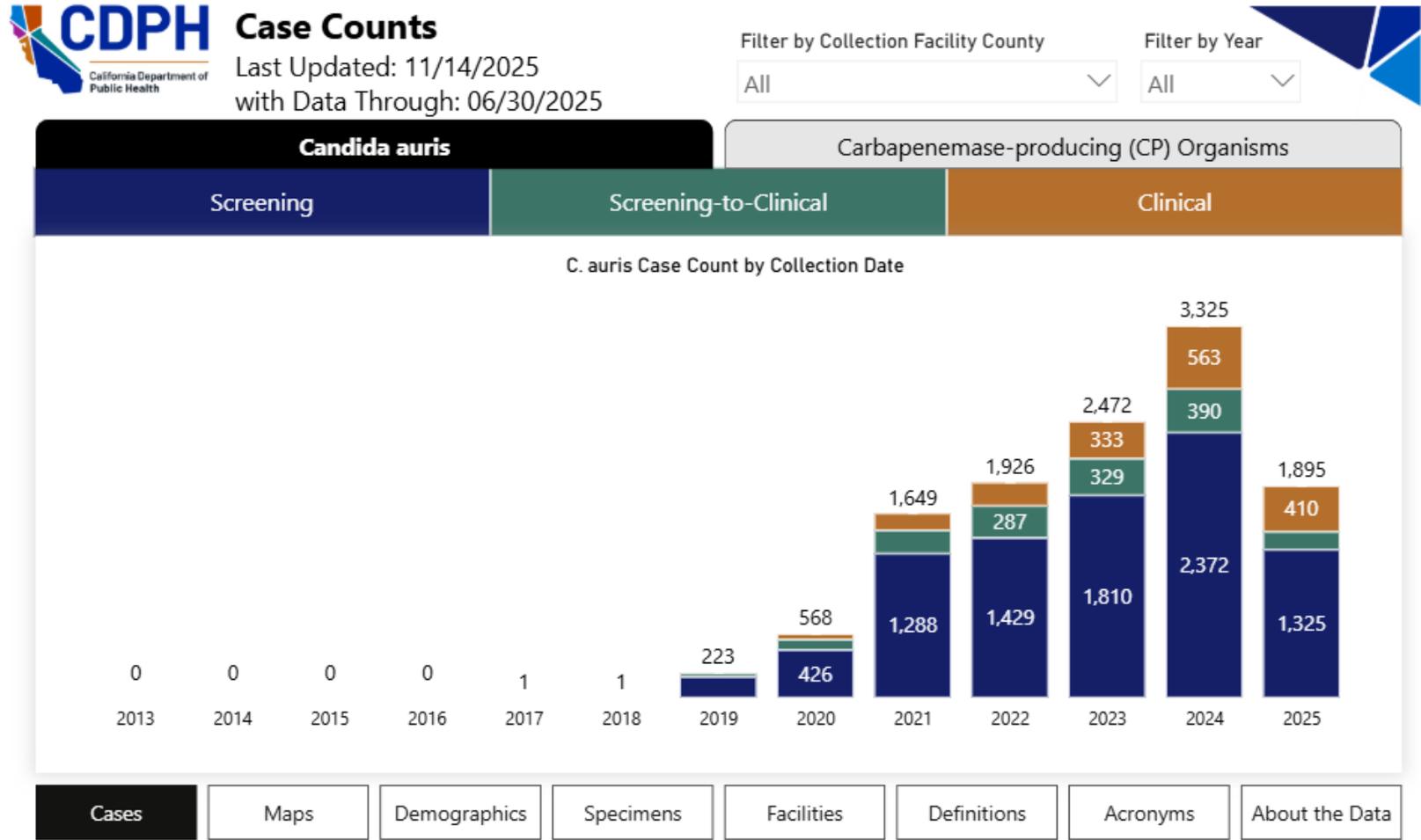
**Olivia Arizmendi, PhD, MPH**  
Senior Epidemiologist  
Division of Communicable Disease Control



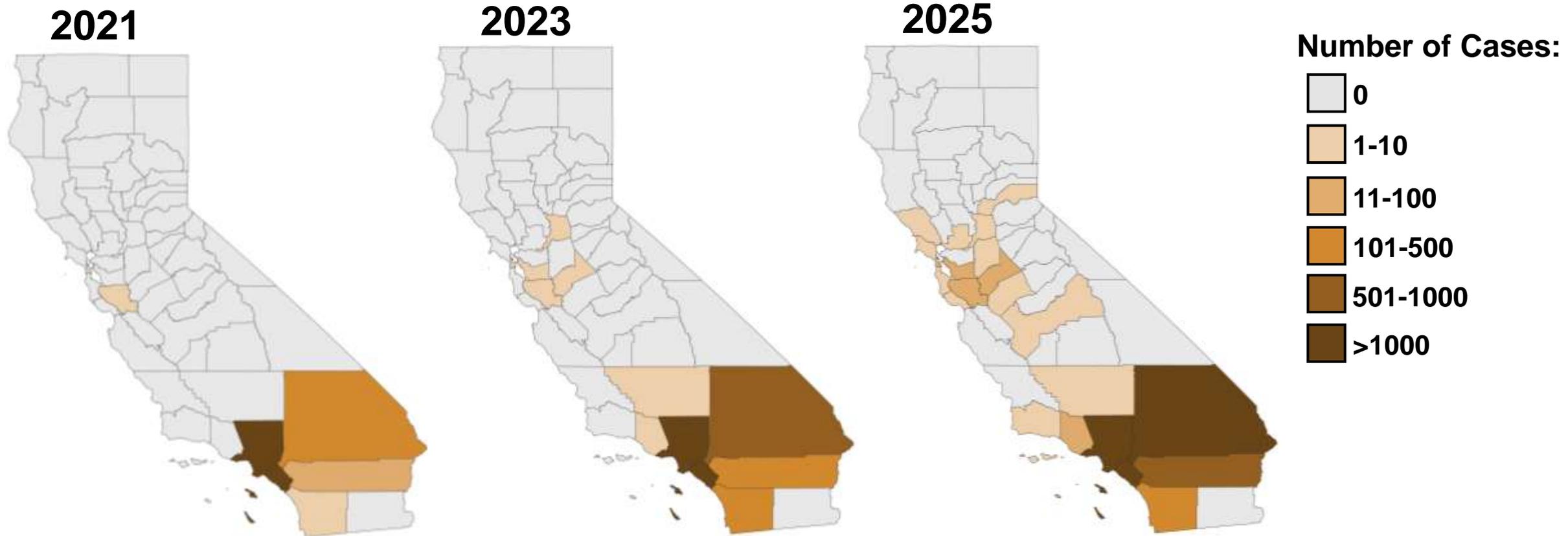
**Kyle Peerless, MPH, CIH**  
Research Scientist II – Industrial Hygiene  
Occupational Health Branch

# CDPH Antimicrobial Resistance Data Dashboard

Incidence of *Candida auris* and carbapenemase-producing organisms (CPOs) is increasing over time, varies regionally

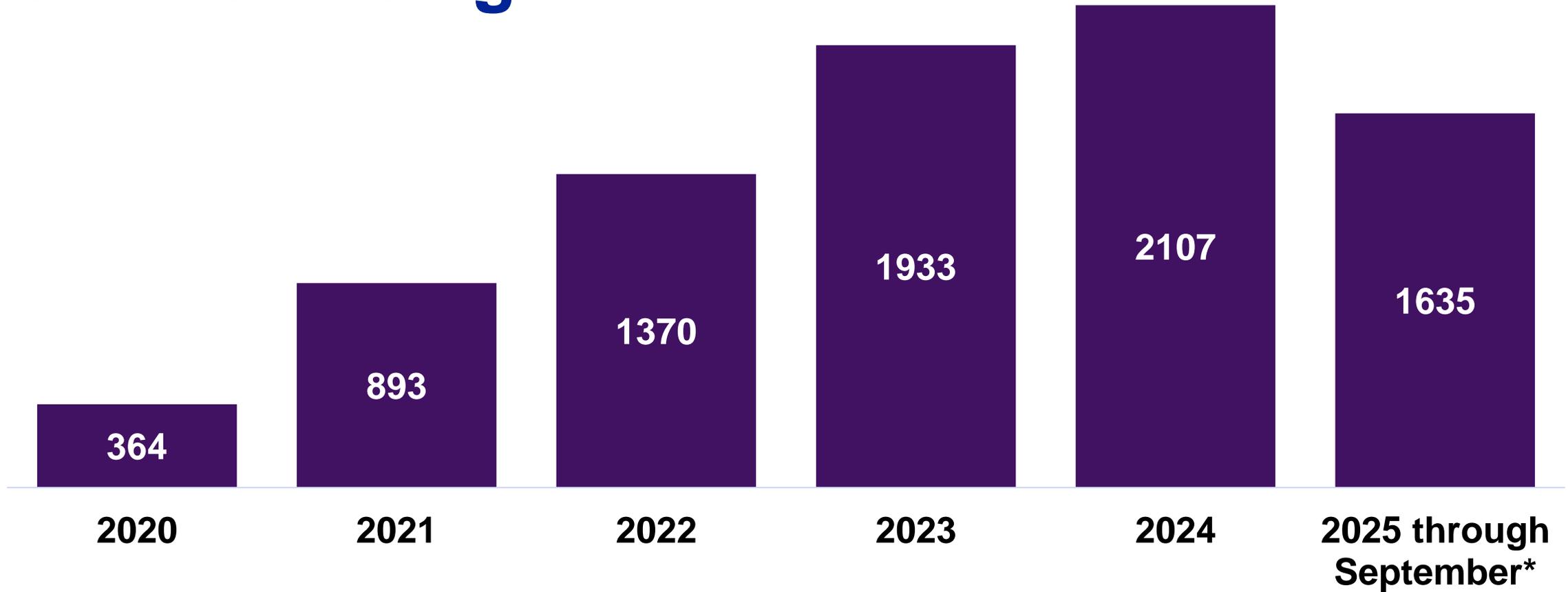


# *C. auris* cases are increasing and spreading



Cumulative *C. auris* Cases by Collection Facility County (preliminary data through September 2025)

# Carbapenemase-producing organism cases are also rising

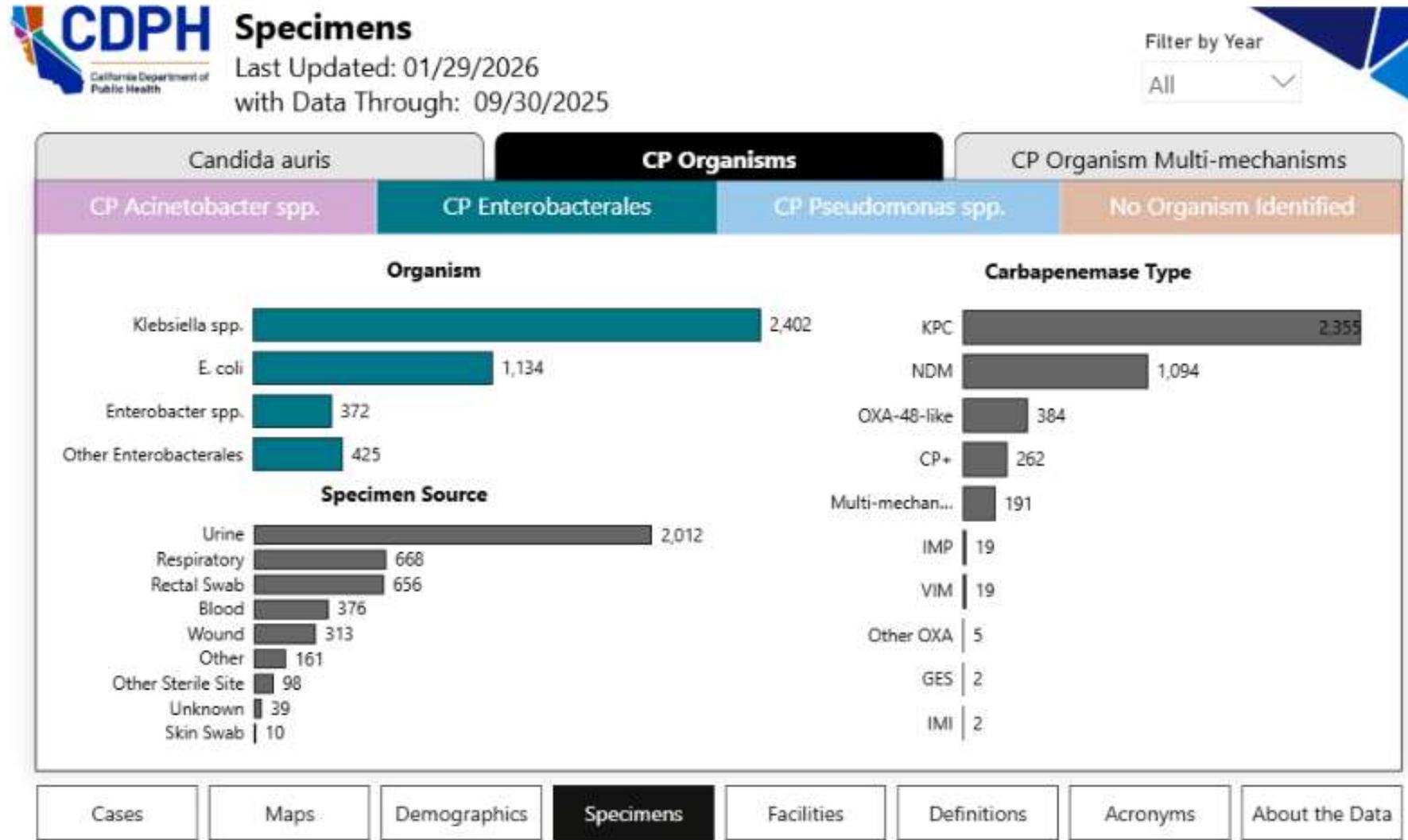


\*Preliminary data through September 2025

[Antimicrobial Resistance Data & Reporting | CDPH](https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ARDataReporting.aspx)

([www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ARDataReporting.aspx](https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ARDataReporting.aspx))

# Some CPO Organism-Mechanism Combinations are Still Uncommon



[AR Data & Reporting](https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ARDataReporting.aspx)

<https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ARDataReporting.aspx>

# 2025 *Candida auris* and Carbapenemase-producing Organism Response Activities

**60** outbreaks involving  
**67** hospitals and **65** SNFs

**28** onsite infection control  
assessments

**1,639** patients screened

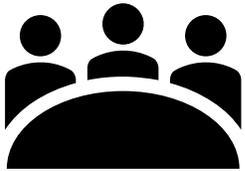


# Local Health Jurisdictions Prioritized for AR/MDRO Prevention & Response Capacity Building

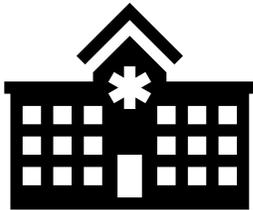


- Lower capacity for AR/MDRO prevention & response, but increasing numbers of cases
- **Imperial County**
  - Binational patient population
- **Northern California counties (22)**
  - Prioritizing **Butte, Humboldt, Shasta** (public health laboratories, largest numbers of hospitals and SNF)
- Capacity building for LHDs, healthcare facilities and laboratories:
  - Regional AR/MDRO prevention collaboratives, including tabletop exercises, hands-on IPC training

# Multidrug-resistant Organism (MDRO) Prevention Collaborative Activities, 2022-2025



In-person meetings with **36** hospitals and **63** SNFs from **21** counties



**67** proactive onsite IPC assessments



**4** webinars with **1216** participants

# Simulation Environmental Services Training for SNFs

Coordinated with local public health:

- Marin
- Santa Clara
- San Bernardino
- Los Angeles
- Central regions



## ***Core Infection Prevention and Control Practices for Environmental Services Staff in Skilled Nursing Facilities***

### **Event Information**

Join us for an interactive day of training on infection prevention in skilled nursing facilities. This training is for infection preventionists and environmental services (EVS) staff. We will review hand hygiene, recommendations for setting up an EVS cart, and best practices for the cleaning and disinfection of patient rooms.

### **Primary Objectives:**

- Demonstrate effective hand hygiene
- Specify how to arrange an EVS cart
- Identify key components of reading a disinfectant label
- Summarize how to clean and disinfect a resident room

### **Date:**

October 8, 2025

### **Time:**

1 - 3:30pm

### **Location:**

**Virtual Zoom Room:**  
[us06web.zoom.us/join/register/WN\\_rxz-3hxWQym96JLRxy-C9g](https://us06web.zoom.us/join/register/WN_rxz-3hxWQym96JLRxy-C9g)

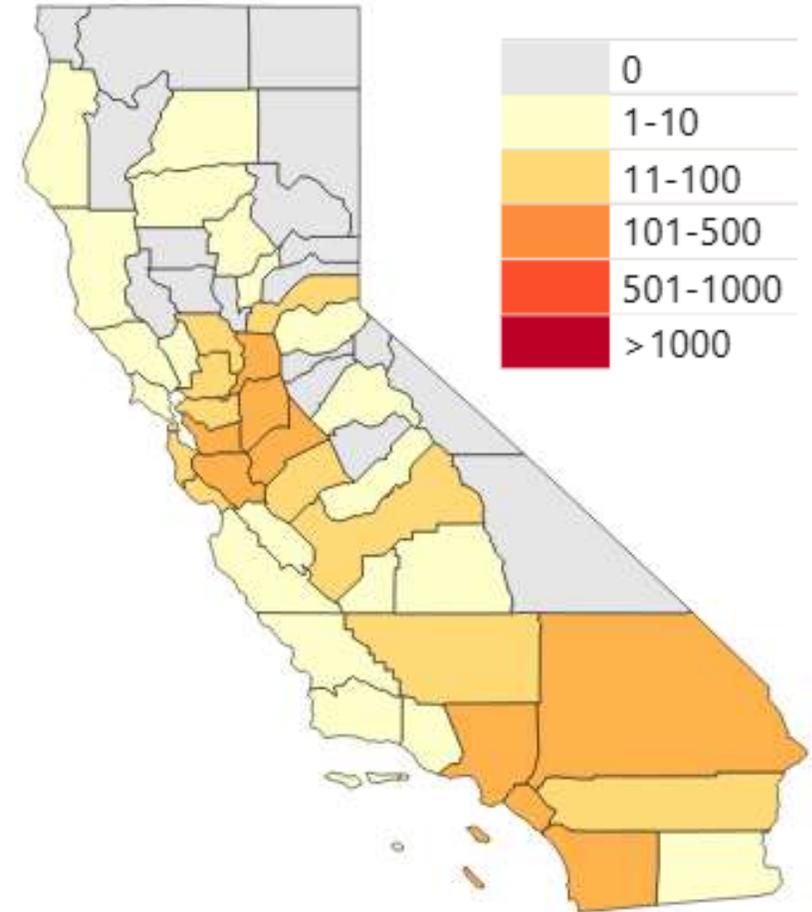
### **Registration:**

[reg.learningstream.com/reg/event\\_page.aspx?ek=0076-0013-a8edee1fd9db4387aa9b93a9a6b7458c](https://reg.learningstream.com/reg/event_page.aspx?ek=0076-0013-a8edee1fd9db4387aa9b93a9a6b7458c)



# AR/MDRO Testing Resources and Local Epidemiology

- **CDPH recommends carbapenemase (CP) testing** for all CRE and CRAB, and CRPA nonsusceptible to cefepime or ceftazidime or resistant to ceftolozane-tazobactam
- Public health testing resources available at **AR Lab Network** local, state and regional labs
- **Dec 10, 12-1pm** lab-focused webinar on *Making the Case for CP Testing*
- **Resources**
  - [AR Webinars](https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ARWebinars.aspx)  
(<https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ARWebinars.aspx>)
  - [Commercial labs with CP testing capacity](https://publichealth.lacounty.gov/acd/docs/LaboratorieswithCPOScreening.pdf) (PDF)  
([publichealth.lacounty.gov/acd/docs/LaboratorieswithCPOScreening.pdf](https://publichealth.lacounty.gov/acd/docs/LaboratorieswithCPOScreening.pdf))
  - [CLSI CP testing guidance](https://em100.edaptivedocs.net) ([em100.edaptivedocs.net](https://em100.edaptivedocs.net))



Cumulative NDM-producing CPO Cases through June 2025 (Preliminary Data)

# Public Health AR/MDRO Testing Capacity

Public Health Laboratory	Isolate Testing			Colonization Testing (Screening Swabs)	
	<i>Candida</i> Species ID	Carbapenemase Testing	Antimicrobial Susceptibility Testing	<i>Candida auris</i>	Carbapenemase-producing Organism
Local, some	√	√		√	√
State (MDL)	√	√	√	√	√
Regional	√	√	√	√	√

MDL=Microbial Diseases Laboratory

[MDL Submission Instructions and Forms | CDPH](#)

([www.cdph.ca.gov/Programs/cls/idld/mdl/Pages/MDLSubmissionInstructionsandForms.aspx](http://www.cdph.ca.gov/Programs/cls/idld/mdl/Pages/MDLSubmissionInstructionsandForms.aspx))

# 2025 California Public Health Laboratory MDRO Testing

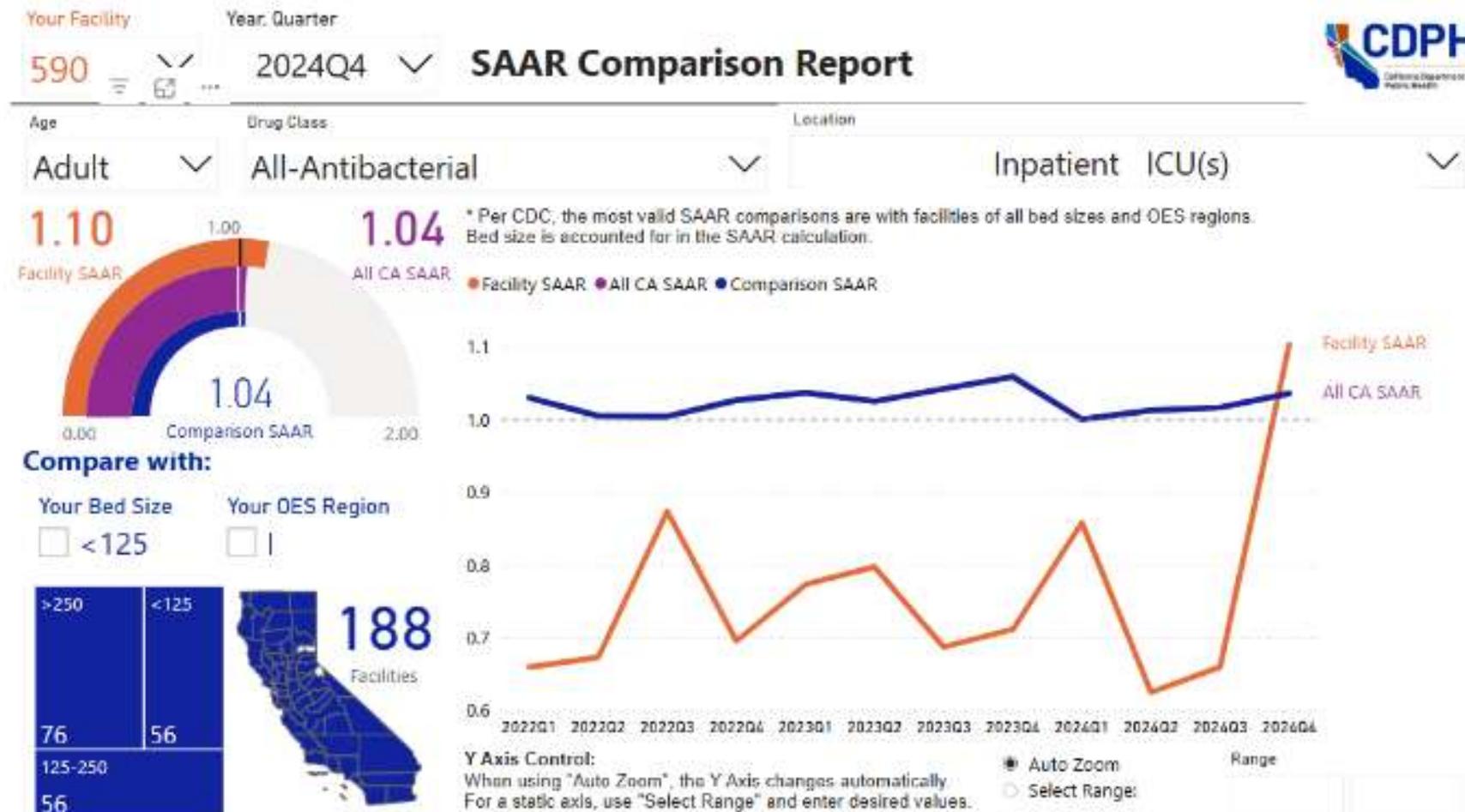
- **16,299** screening swabs tested
- **4,036** isolates tested
- **118** hospitals and **256** other healthcare facilities from **27** counties submitted isolates



# Antimicrobial Stewardship Program (ASP) Honor Roll



# Acute Care Hospital Antimicrobial Use and Resistance Dashboard



# Response to Termination of Federal Healthcare Infection Control Practices Advisory Committee (HICPAC)

- **HICPAC** works in progress included updates to:
  - **Isolation Guideline** Part 1
  - Sections of the **Infection Control in Healthcare Personnel Guideline**
- Previously developed HICPAC guidelines still exist

# Response to Termination of Federal Healthcare Infection Control Practices Advisory Committee (HICPAC)

- Professional societies (SHEA and APIC) invited former HICPAC members and liaisons to participate in a new joint **Healthcare Infection Prevention Advisory Group**
  - Review, advise, and disseminate evidence-based, expert-led approaches, while offering strategic collaboration to CDC and public health partners as needed
  - First meeting planned in April 2026
- **West Coast Health Alliance** formed an **Infection Control Working Group**
  - Identify and prioritize IPC guidance gaps and aspects that need to be updated
  - Recommend guidance (or evidence reviews that can inform guidance) from trusted sources as “shared principles”
  - Participating states can adapt “shared principles” according to their own needs and processes and in consultation with relevant regulatory entities,
  - Maintain as much consistency across states as possible.



Health and Human Services Agency  
**California Department of Public Health**



Gavin Newsom  
Governor

AFL 25-01

**TOMÁS J. ARAGÓN, M.D., Dr.P.H.**  
*State Public Health Officer & Director*

January 10, 2025

**TO:** All Facilities

**SUBJECT:** Interim Work Exclusion Guidance for Healthcare Personnel with COVID-19, Influenza, and Other Acute Respiratory Viral Infections  
(This AFL supersedes AFL 21-08.9)

### All Facilities Letter (AFL) Summary

- This AFL announces the California Department of Public Health's (CDPH's) new [interim guidance](#) for work exclusion of healthcare personnel (HCP) with suspected or confirmed respiratory viral infections.
- This guidance applies to HCP with COVID-19, influenza, and other acute respiratory viral infections, regardless of whether diagnostic testing for viral pathogens is performed or the results of such testing.



[AFL-25-01](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-25-01.aspx) <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-25-01.aspx>

**Thank You!**

## **Questions?**

For more information, contact  
[HAIProgram@cdph.ca.gov](mailto:HAIProgram@cdph.ca.gov)



