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Introduction

This document provides guidance for notification¹ in the context of a suspected healthcare-associated infection (HAI) outbreak. It is based on public health best practices and grounded in the bioethical principles of autonomy and beneficence. A suspected outbreak can be signaled by a cluster of cases (infection or colonization²), detection of an unusual pathogen or resistance mechanism, or even a serious infection control breach.³ For the purpose of this document, all such instances will be referred to as “outbreak.”

Investigation partners (e.g., the healthcare setting and public health authorities) should consider the communication needs of all affected target populations, as outlined below. Timely, transparent, and instructional communication may be critical for controlling infection risks, preventing further transmission and reducing harm by allowing appropriate treatment. Public health authorities should be consulted to help develop content of communications to various target populations throughout the process. Communication specialists should be involved where possible. As assessment of the risk evolves and new information becomes available during an investigation, updated information can be communicated to target populations.

This guidance is intended to provide standardized actions that can be taken for suspected HAI outbreak notifications. The circumstances surrounding these investigations may vary, and the course of action may be tailored in consultation with public health authorities. Supplementary resources referenced in this document may be used to enhance communication information. Note that additional guidance, not presented here, is available from CORHA and other organizations to assist with the epidemiological aspects of healthcare outbreak investigations, including reporting.

STEP 1: Immediate Notification

Immediate notification refers to the set of initial and critical communications that occur when an outbreak is first suspected. Healthcare settings or providers should immediately report the suspected outbreak or infection control breach to designated internal team members (e.g., infection preventionists, hospital epidemiologists, and patient safety officers) and public health authorities, following state and local regulations and guidelines. Representatives of healthcare settings should take the lead on immediate notification to the groups outlined in the table below. Public health staff may need to take the lead when healthcare setting representatives do not or are unable to lead. Ideally, the notification process should be initiated as soon as possible—within 24 hours after recognition of an outbreak. In most cases, notification plans should ensure patients who have been infected are notified and counseled promptly (by their healthcare providers whenever possible). Notification to other prioritized groups should follow as soon as possible, and these steps may occur simultaneously instead of sequentially. The same principles will apply as new cases are identified.

Steps for Immediate Notification:

A suspected outbreak⁴ should be immediately reported to designated internal team members at the healthcare setting and to public health authorities. The following steps should be initiated as soon as possible—within 24 hours after an outbreak is suspected.⁵ The role of public health authorities will be to assist in the assessment of the outbreak and the content of notifications.

STEP 1: IMMEDIATE NOTIFICATION			
Case patients who have been infected (or their designated healthcare proxy and, if patients are deceased, their closest family member)			
How to Notify <i>(one or more of the following, as appropriate)</i>	When to Notify	What to Notify <i>(public health agency to be involved on an ongoing basis to ensure accuracy)</i>	Justification <i>(one or more of the following)</i>
Verbally, in person or by phone calls if the patient has already been discharged, with the opportunity to ask questions. Written FAQs and descriptive statement should also be given or sent. If unable to reach patients = in person or by phone, a written communication should be sent.	First tier.	Applicable counseling and information about potential risk of transmission, infection, clinical illness, testing, treatment and additional care measures may need to be communicated and implemented (e.g., isolation, personal protective equipment [PPE], cohorting, screening, and/or changes in antibiotics).	To prevent and control transmission and assist with outbreak investigation activities. To fully inform patients about the event and implications for their health. To allow patients to seek appropriate treatment.



<p>Depending on the situation, consider establishing a hotline or other opportunity for questions.</p> <p>With guidance from your legal team, consider establishing a central location such as an easily accessible 508 compliant webpage that provides the same vetted information communicated in other correspondence, with FAQs and links to additional resources.</p>			
<p>Patients who have been exposed or potentially exposed (or their designated healthcare proxy and, if patients are deceased, their closest family member)</p>			
<p>How to Notify <i>(one or more of the following, as appropriate)</i></p>	<p>When to Notify</p>	<p>What to Notify <i>(public health agency to be involved on an ongoing basis to ensure accuracy)</i></p>	<p>Justification <i>(one or more of the following)</i></p>
<p>Verbally, in person or by phone calls if the patient has already been discharged, with opportunity to ask questions. Written FAQs and descriptive statement should also be given or sent. If unable to reach patients in person or by phone, a written communication should be sent.</p> <p>Depending on the situation, consider establishing a hotline or other opportunity for questions.</p> <p>With guidance from your legal team, consider establishing a central location such as an easily accessible 508 compliant webpage that provides the same vetted information</p>	<p>After patients have been infected or colonized, but then as soon as possible.</p>	<p>Applicable counseling and information about potential risk of transmission, infection, clinical illness, testing, treatment, post-exposure prophylaxis, and additional care measures may need to be communicated and implemented (e.g., isolation, PPE, cohorting, screening, and/or changes in antibiotics).</p>	<p>To prevent and control transmission and assist with outbreak investigation activities.</p> <p>To fully inform patients about the event and implications for their health.</p> <p>To allow patients to seek appropriate treatment.</p>

<p>communicated in other correspondence, with FAQs and links to additional resources.</p>			
<p>Patients who may be at risk for future exposure (or their designated healthcare proxy) including:</p> <ul style="list-style-type: none"> a) Patients undergoing a procedure or admitted to a ward or area in a healthcare setting experiencing an outbreak. b) Immunocompromised and frail elderly patients. 			
<p>How to Notify <i>(one or more of the following, as appropriate)</i></p>	<p>When to Notify</p>	<p>What to Notify <i>(public health agency to be involved on an ongoing basis to ensure accuracy)</i></p>	<p>Justification <i>(one or more of the following)</i></p>
<p>Verbally in person or by phone call, or written posting. Written FAQs and descriptive statement should also be given or sent where possible. If unable to reach patients in person or by phone, a written communication should be sent.</p> <p>Postings (e.g., in the lobby, patient units, handwashing stations, restrooms, and admission packets).</p> <p>Depending on the situation, consider establishing a hotline or other opportunity for questions.</p> <p>With guidance from your legal team, consider establishing a central location such as an easily accessible 508 compliant webpage that provides the same vetted information communicated in other correspondence, with FAQs and links to additional resources.</p>	<p>Notify before the potential exposure.</p>	<p>Applicable counseling and information about potential risk of transmission, infection, clinical illness, testing, post-exposure prophylaxis, alternate options for elective procedures, treatment, and additional care measures may need to be communicated and implemented (e.g., isolation, PPE, cohorting, screening, and/or changes in antibiotics).</p>	<p>To prevent and control transmission and assist with outbreak investigation activities.</p> <p>To fully inform patients about the event and implications for their health.</p> <p>To allow patients to seek appropriate treatment.</p>



Patient’s Primary Healthcare Provider(s) (as appropriate)			
How to Notify <i>(one or more of the following, as appropriate)</i>	When to Notify	What to Notify <i>(public health agency to be involved on an ongoing basis to ensure accuracy)</i>	Justification <i>(one or more of the following)</i>
By confidential institutional email or by phone; public health agency may consider sending a health alert.	As soon as possible.	The patient’s risk or exposure.	To assist with questions from patients, for follow up and support. To assist with contacting patients who are difficult to reach.
Healthcare Personnel (HCP) including the following: <ul style="list-style-type: none"> a) HCP who need to make behavioral changes at the location(s) of the outbreak. b) HCP who have underlying illnesses that place them at risk for complications if infected or colonized. c) Other HCP in the healthcare setting who are not directly affected by the incident, including HCP who provide care to at-risk patients and are employed by the healthcare setting. 			
How to Notify <i>(one or more of the following, as appropriate)</i>	When to Notify	What to Notify <i>(public health agency to be involved on an ongoing basis to ensure accuracy)</i>	Justification <i>(one or more of the following)</i>
Verbally in person or during team huddles/meetings/rounds, and written postings (e.g., on patient units, at handwashing stations, and in breakrooms). Involve Employee Health Services to communicate with staff and offer testing or treatment if necessary.	As soon as possible.	Applicable counseling and information about potential risk of transmission, infection, clinical illness, testing, treatment, modification of personal behaviors associated with risk for infections, and additional care measures may need to be communicated and implemented to prevent and control transmission (e.g., isolation, PPE, cohorting, screening, enhanced surveillance, more frequent cleaning/disinfection of surfaces, and/or environmental testing).	To prevent and control transmission and assist with outbreak investigation activities. To engage Employee Health Services to support HCP. To fully inform and support HCP about the event and implications for their health. To allow HCP to seek appropriate treatment.



		<p>HCP may alert internal team and public health if they work in multiple healthcare settings.</p> <p>Healthcare setting may refer HCP to Employee Health Services (especially those who may be at risk due to health complications and underlying illness).</p>	<p>To inform or alert all HCP about the event so that they are prepared to share accurate information and adequately respond to or direct questions to the appropriate parties.</p>
<p>Visitors including the following:</p> <ul style="list-style-type: none"> a) Visitors who may have been exposed or need to make behavioral changes at the location(s) of the outbreak. b) Visitors who have underlying illness(es) placing them at increased risk from a potential exposure. 			
<p>How to Notify <i>(one or more of the following, as appropriate)</i></p>	<p>When to Notify</p>	<p>What to Notify <i>(public health agency to be involved on an ongoing basis to ensure accuracy)</i></p>	<p>Justification <i>(one or more of the following)</i></p>
<p>Written postings displayed in areas in the proximity of the outbreak and common areas such as the lobby, nurse desk/station, patient units, restrooms, and handwashing stations.</p> <p>Direct notification through patient visited.</p> <p>Public notification.</p> <p>With guidance from your legal team, consider establishing a central location such as an easily accessible 508 compliant webpage that provides the same vetted information communicated in other correspondence, with FAQs and links to additional resources.</p>	<p>As soon as possible in common areas and where appropriate.</p> <p>Upon entry to unit/location(s) of the outbreak (e.g., the NICU).</p>	<p>Applicable information about potential risk of transmission, testing, additional care measures, or modification of personal behaviors associated with risk for infections may need to be communicated and implemented to prevent and control transmission (e.g., handwashing, PPE, and testing).</p>	<p>To prevent and control transmission and assist with outbreak investigation activities.</p> <p>To prevent the spread of inaccurate information.</p> <p>To fully inform visitors about their healthcare risk.</p>



<p>Healthcare settings may offer education and demonstrations on safety precautions visitors should take when visiting infected or colonized patients.</p>			
<p>Other Healthcare Settings Involved in the Care of Exposed Patients</p>			
<p>How to Notify <i>(one or more of the following, as appropriate)</i></p>	<p>When to Notify</p>	<p>What to Notify <i>(public health agency to be involved on an ongoing basis to ensure accuracy)</i></p>	<p>Justification <i>(one or more of the following)</i></p>
<p>Patient status should be verbally communicated to appropriate HCP at the healthcare setting (HCS) and documented and flagged in patient transfer documents (e.g., a symbol or label prominently placed on the chart), especially when there is risk for pathogen transmission.</p> <p>Encourage documentation in electronic health records about the presence of a transmissible agent.</p> <p>Public health agency may consider sending a health alert.</p>	<p>In preparation for and at the time of transfer.</p>	<p>Applicable information about additional care measures may need to be communicated and implemented to prevent and control transmission (e.g., isolation, surveillance, PPE, cohorting, and/or handwashing).</p>	<p>To alert healthcare settings in order to prevent and control transmission and assist with outbreak investigation activities.</p>

STEP 2: Expanded Notification

As an investigation progresses and more information becomes available, notification should be revisited. This is especially true if the investigation expands to additional units or to additional healthcare settings. As coordination and timing of messaging become more complicated, assisting in message coordination may be an important public health contribution. Public health authorities could also assist in developing a media messaging plan for affected healthcare settings and have a media plan in place themselves as this investigation might attract media attention.

Public health staff should defer to representatives of the healthcare setting to do the actual notification, unless circumstances require public health staff involvement (e.g., facility is closed, surge capacity is needed, there is a lack of cooperation/timeliness, or representatives of the healthcare setting do not or are unable to do the actual notification).

At the healthcare setting level, expanded notifications would mirror the immediate notification. Coordination is key – including phone conferences, timelines for notification, etc. See Chapter 8 of the [CORHA Principles and Practices for Healthcare Outbreak Response](#) for case examples on how to apply steps for expanded notification.

STEP 2: EXPANDED NOTIFICATION

Case patients who have been infected but have not yet been notified (or their designated healthcare proxy and, if patients are deceased, the closest family member)
or
Patients who have been infected and identified as a result of additional case-finding activity

How to Notify <i>(one or more of the following, as appropriate)</i>	When to Notify	What to Notify <i>(public health agency to be involved on an ongoing basis to ensure accuracy)</i>	Justification <i>(one or more of the following)</i>
<p>Verbally, in person or by phone calls if the patient has already been discharged, with the opportunity to ask questions. Written FAQs and descriptive statement should also be given or sent.</p> <p>If unable to reach patients in person or by phone, written communication should be sent.</p> <p>Depending on the situation, consider establishing a hotline or other opportunity for questions.</p> <p>With guidance from your legal team, consider establishing a central location such as an easily accessible 508 compliant webpage that</p>	<p>Initiate the process within 24 hours after the risk is identified, for example, during the outbreak investigation, when updated laboratory results indicate the presence of infection on another floor or unit (e.g., in the case of a respiratory pathogen).</p>	<p>Applicable counseling and information about potential risk of transmission, infection, clinical illness, testing, treatment, and additional care measures may need to be communicated and implemented (e.g., isolation, PPE, cohorting, screening, and/or changes in antibiotics).</p>	<p>To prevent and control transmission, limit any further spread, and assist with outbreak investigation activities.</p> <p>To fully inform patients about the event and implications for their health.</p> <p>To allow patients to seek appropriate treatment.</p>



<p>provides the same vetted information communicated in other correspondence, with FAQs and links to additional resources.</p>			
<p>Patients who have been exposed or potentially exposed (or their designated healthcare proxy) but are not known to be infected</p>			
<p>How to Notify <i>(one or more of the following, as appropriate)</i></p>	<p>When to Notify</p>	<p>What to Notify <i>(public health agency to be involved on an ongoing basis to ensure accuracy)</i></p>	<p>Justification <i>(one or more of the following)</i></p>
<p>Verbally, in person or by phone calls if the patient has already been discharged, with the opportunity to ask questions. Written FAQs and a descriptive statement should also be given or sent.</p> <p>If unable to reach patients in person or by phone, written communication should be sent.</p> <p>Depending on the situation, consider establishing a hotline or other opportunity for questions.</p> <p>With guidance from your legal team, consider establishing a central location such as an easily accessible 508 compliant webpage that provides the same vetted information communicated in other correspondence, with FAQs and links to additional resources.</p>	<p>Initiate the process within 24 hours once the risk is identified, for example, during the outbreak investigation, when updated laboratory results indicate the presence of infection on another floor or unit (e.g., in the case of a respiratory pathogen).</p> <p>Priority should be given to those who are still in the risk period for exposure.</p>	<p>Applicable counseling and information about potential risk of transmission, infection, clinical illness, testing, post-exposure prophylaxis, alternate options for elective procedures, treatment, and additional care measures may need to be communicated and implemented (e.g., isolation, PPE, cohorting, screening, and/or changes in antibiotics).</p>	<p>To prevent and control transmission, limit any further spread, and assist with outbreak investigation activities.</p> <p>To fully inform patients about the event and implications for their health.</p> <p>To allow patients to seek appropriate treatment.</p>
<p>Patients who may be at risk for future exposure (or their designated healthcare proxy) Including:</p> <ul style="list-style-type: none"> a) Patients undergoing a procedure or admitted to a ward or area in a healthcare setting that is experiencing an outbreak 			



<p>b) Immunocompromised and frail elderly patients <i>As the outbreak is contained, this group will become smaller.</i></p>			
How to Notify <i>(one or more of the following, as appropriate)</i>	When to Notify	What to Notify <i>(public health agency to be involved on an ongoing basis to ensure accuracy)</i>	Justification <i>(one or more of the following)</i>
<p>Verbally, in person or by phone call. Written FAQs and a descriptive statement should also be given or sent. If unable to reach patients in person or by phone, written communication should be sent.</p> <p>Postings (e.g., in lobby, patient units, handwashing stations, restrooms, and admission packets.)</p> <p>Depending on the situation, consider establishing a hotline or other opportunity for questions.</p> <p>With guidance from your legal team, consider establishing a central location such as an easily accessible 508 compliant webpage that provides the same vetted information communicated in other correspondence, with FAQs and links to additional resources.</p>	<p>Notify before the potential exposure.</p>	<p>Applicable information about potential risk of transmission, alternate options for elective procedures, post-exposure prophylaxis, additional care measures, or modification of behaviors may need to be communicated and implemented (e.g., isolation, PPE, cohorting, and/or screening).</p>	<p>To fully inform patients about the event and implications for their health; patients may need testing or treatment.</p> <p>To prevent and control transmission, limit any further spread, and assist with outbreak investigation activities.</p> <p>To allow patients to seek appropriate treatment.</p>
<p>Patient's Primary Healthcare Provider(s) (as appropriate)</p>			
How to Notify <i>(one or more of the following, as appropriate)</i>	When to Notify	What to Notify <i>(public health agency to be involved on an ongoing basis to ensure accuracy)</i>	Justification <i>(one or more of the following)</i>



<p>By confidential institutional email or by phone. Public health may consider sending a health alert.</p>	<p>As soon as possible.</p>	<p>The patient’s risk of exposure.</p> <p>Applicable information about potential risk of transmission, alternate options for elective procedures.</p>	<p>To assist with questions from patients, follow up, and support.</p> <p>To assist with contacting patients who are difficult to reach.</p>
<p>Other Healthcare Personnel (HCP) including:</p> <ul style="list-style-type: none"> a) HCP who need to make behavioral changes at the location(s) of the outbreak (e.g., specific PPE and handwashing). b) HCP who have underlying illnesses that make them at risk for complications if infected or colonized; involve Employee Health Services as needed. c) Other HCP in the healthcare setting not directly affected by incident, including HCP providing care to at-risk patients and employed by the healthcare setting. 			
<p>How to Notify <i>(one or more of the following, as appropriate)</i></p>	<p>When to Notify</p>	<p>What to Notify <i>(public health agency to be involved on an ongoing basis to ensure accuracy)</i></p>	<p>Justification <i>(one or more of the following)</i></p>
<p>Verbal announcement, mass email, notices in break/locker room.</p> <p>Involve Employee Health Services to communicate with staff and offer testing or treatment if necessary.</p>	<p>As soon as possible. Consider actions already taken.</p> <p>Urgency greater if action can be taken.</p>	<p>Applicable counseling and information about potential risk of transmission, infection, clinical illness, testing, treatment, modification of personal behaviors associated with risk for infections, and additional care measures may need to be communicated and implemented to prevent and control transmission (e.g., isolation, PPE, cohorting, screening, enhanced surveillance, more frequent cleaning/disinfection of surfaces, and/or environmental testing)</p> <p>HCP may alert internal team and public health if they work in multiple healthcare settings.</p>	<p>To prevent and control transmission and assist with outbreak investigation activities.</p> <p>To engage Employee Health Services to support HCP.</p> <p>To fully inform and support HCP about their healthcare risk.</p> <p>To allow HCP to seek appropriate treatment.</p> <p>To inform or alert all HCP about the event so that they are prepared to share accurate information and adequately</p>



		Healthcare setting may refer HCP to Employee Health Services (especially those who may be at risk due to health complications and underlying illness).	respond to or direct questions to the appropriate parties.
Visitors including: a) Visitors who may have been exposed or need to make behavioral changes at the location(s) of the outbreak b) Visitors who have underlying illness(es) placing them at increased risk from a potential exposure			
How to Notify <i>(one or more of the following, as appropriate)</i>	When to Notify	What to Notify <i>(public health agency to be involved on an ongoing basis to ensure accuracy)</i>	Justification <i>(one or more of the following)</i>
<p>Written postings displayed in areas in the proximity of the outbreak and common areas such as the lobby, nurse desk/station, patient units, handwashing stations.</p> <p>Healthcare settings may offer education and demonstrations on safety precautions visitors should take when visiting infected or colonized patients.</p> <p>Direct notification through patient visited.</p> <p>Public notification.</p> <p>With guidance from your legal team, consider establishing a central location such as an easily accessible 508 compliant webpage that provides the same vetted information communicated in other correspondence, with FAQs and links to additional resources.</p>	<p>As soon as possible in common areas and where appropriate.</p> <p>Upon entry to unit/location(s) of the outbreak (e.g., NICU).</p> <p>Consider actions already taken. Urgency greater if action can be taken.</p>	<p>Applicable information about potential risk of transmission, testing, additional care measures, or modification of personal behaviors associated with risk for infections may need to be communicated and implemented to prevent and control transmission (e.g., handwashing, PPE, and/or testing).</p>	<p>To prevent and control transmission and assist with outbreak investigation activities.</p> <p>To prevent the spread of inaccurate information.</p> <p>To fully inform visitors about the event and implications for their health.</p>

Other Healthcare Settings Involved in Care of Exposed Patients			
How to Notify <i>(one or more of the following, as appropriate)</i>	When to Notify	What to Notify <i>(public health agency to be involved on an ongoing basis to ensure accuracy)</i>	Justification <i>(one or more of the following)</i>
<p>Patient status should be verbally communicated to appropriate HCP at the HCS and documented and flagged in patient transfer documents (e.g., symbol or label, prominently placed on the chart), especially when there is risk for pathogen transmission.</p> <p>Encourage documentation in electronic health records about the presence of a transmissible agent.</p> <p>Public health agency may consider sending a health alert.</p>	<p>In preparation for and at the time of transfer.</p>	<p>Applicable information about additional care measures may need to be communicated and implemented to prevent and control transmission (e.g., isolation, surveillance, PPE, cohorting, and/or handwashing).</p>	<p>To alert healthcare settings to prevent and control transmission, and to assist with outbreak investigation activities.</p>

Additional Considerations for Immediate and Expanded Notification and Communication

- Include language on what is known, what is not yet known, who is at risk, who is not at risk, how individuals can protect themselves, and how they can prevent spread to others.
- For outbreaks limited to a specific unit (e.g., NICU, ICU, Hem-Onc ward):
 - Postings can be at entry doors to unit, nursing stations, handwashing stations, waiting rooms, and staff break rooms.
 - Postings in patient rooms may indicate precautions to take but we need to be mindful of HIPAA.
- For outbreaks that affect multiple floors/units (e.g., legionellosis or pathogen affecting several units):
 - Postings can be in lobby, visitor check-in desk, elevators to floor(s) that are affected, each potentially affected unit, etc.
- Provide information on actions the healthcare setting is taking to prevent spread and future outbreaks.
- To ensure the quality and effectiveness of the content to the target audience, consider language challenges, making sure communication is available in multiple languages as well as determining the need for translators.
- Where applicable, refer to state or federal reporting and notification policies, which may require a more immediate notification and reporting timeline.

STEP 3: Public Notification

Public notification in the context of a healthcare investigation should occur when doing so provides an important opportunity to communicate ongoing risks or advocate actions to a broader audience, especially if the event involves many cases or exposures, or when it is necessary to provide information to potentially exposed persons who cannot be reached through other means. In these settings the goal of public notification is to ensure and promote public health by limiting transmission.

See Chapter 8 of the [CORHA Principles and Practices for Healthcare Outbreak Response](#) for case examples on how to apply the following guiding principles for public notification.

The following points give more specific details as to when public notification is beneficial:

- If the outbreak has already or is likely to become public through other channels; to proactively provide accurate information; to clarify or correct incomplete, incorrect, or misleading information; and to more effectively communicate risks.

- To assist an active investigation by helping to identify additional exposed persons and cases outside the healthcare setting where the infections were identified.
- To inform healthcare providers for the purposes of adjusting patient care, assisting with identifying cases and other aspects of an active outbreak investigation, and preventing further transmission.
- To advise the public and potential patients at risk when an active outbreak has been identified or is ongoing in a healthcare setting (e.g., patients treated with endoscopes found to be contaminated).
- To provide information people should take to protect their health and prevent transmission to others. This could include notifying patients who were exposed but who have not been reached through other means to recommend clinical evaluation, testing, and symptom watch, as well as contacting the local public health authority.
- To provide information to people considering visitation to affected healthcare settings so that they can consider and explore other options suitable for their healthcare needs.
- When a novel pathogen is emerging or has emerged, or if the outbreak involves unusual or rare multidrug-resistant infections for which there are limited treatments, such as *Candida auris* or novel multidrug-resistant organisms.
- If the illness is severe or there are many cases or associated deaths.
- To demonstrate commitment to transparency and to ensure the organization's perspective is accurately represented in the media.

How to notify the public (use any or all methods appropriate to the situation) and who notifies:

- Public notification often depends on collaboration between public health agencies and healthcare settings. It is generally preferred that representatives of the healthcare setting take the lead when possible. If healthcare setting representatives do not take the lead or are unable to do so, or when it is more appropriate, public health staff will lead public communications.
- Messages should be developed and reviewed by staff/representatives of healthcare settings and the public health agency.
- Potential methods for message dissemination include press releases, news conferences, spokesperson availability for media interviews, social media postings, and, if appropriate, text messages.
- Determine ways to engage community partners (e.g., faith-based organizations, LGBTQ+ organizations, and culturally based organizations), optimally contacted by public health officials.
- Identify resources and designate staff needed to respond to inquiries and for follow up; consider the need for using an incident management structure.
- With guidance from your legal team, consider establishing a central location such as an easily accessible 508 compliant webpage that provides the same vetted information communicated in other correspondence, with FAQs and links to additional resources.

Issues to consider when delivering public notification:

- Present as much relevant detail as possible regarding what is known and not known, who is at risk versus not at risk, and what has been done and is planned in response. If relevant, include any action patients or others should take for protection and where to obtain additional information (e.g., website or call line).
- Establish clear guidelines with the media regarding privacy of individual information and what is protected health information.
- Develop talking points,⁶ health department statements, and news releases to be prepared for media contacts after patient notifications are complete.
- Consider notification of other public health jurisdictions as appropriate.
- Acknowledge when an investigation is not completed to avoid drawing erroneous conclusions, for example, implicating the wrong source and prematurely assigning blame.
- Clarify any misinformation in the public domain.
- Prevent stigmatization of persons/groups affected by the outbreak or investigation.
- Prevent identification of affected persons (confidentiality breach).

Key Resources⁷

- CDC [Crisis & Emergency Risk Communication \(CERC\)](#)
- CDC Introduction to the [Patient Notification Toolkit](#)
- CDC [Health Care Notification and Testing Toolkit](#)
- CMS [Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes](#)
- Collaborative for Accountability and Improvement. [Communication & Resolution Programs](#)

Notes

1. Notification is only one component of a larger organizational plan for responsive and continuous communication. Healthcare settings in collaboration with public health authorities should also have a system in place to monitor and document all communication activities that occur.
2. Colonization is the presence of an organism in the body without associated symptoms or illness. In this framework, colonization is categorized as a subset of infection(s).

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3. Failure to follow established infection control procedures that can prevent the transmission of infectious organisms.
 4. Visit CORHA's website for examples on pathogen-specific outbreak definitions for suspected and confirmed cases.
 5. There may be instances in which state or federal reporting and notification policies (e.g., the CMS [Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes](#)) may require a more immediate notification and reporting timeline. Follow federal or state requirements where applicable.
 6. Patient, visitor, and HCP notification might generate public/media awareness, and healthcare settings should have customized sets of talking points (for HCP and those responsible for public notification) in case the information becomes public.
 7. All links accessed July 11, 2021.