

Influenza Outbreak Recognition, Management, and Reporting in Long-Term Care Facilities

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OBJECTIVES



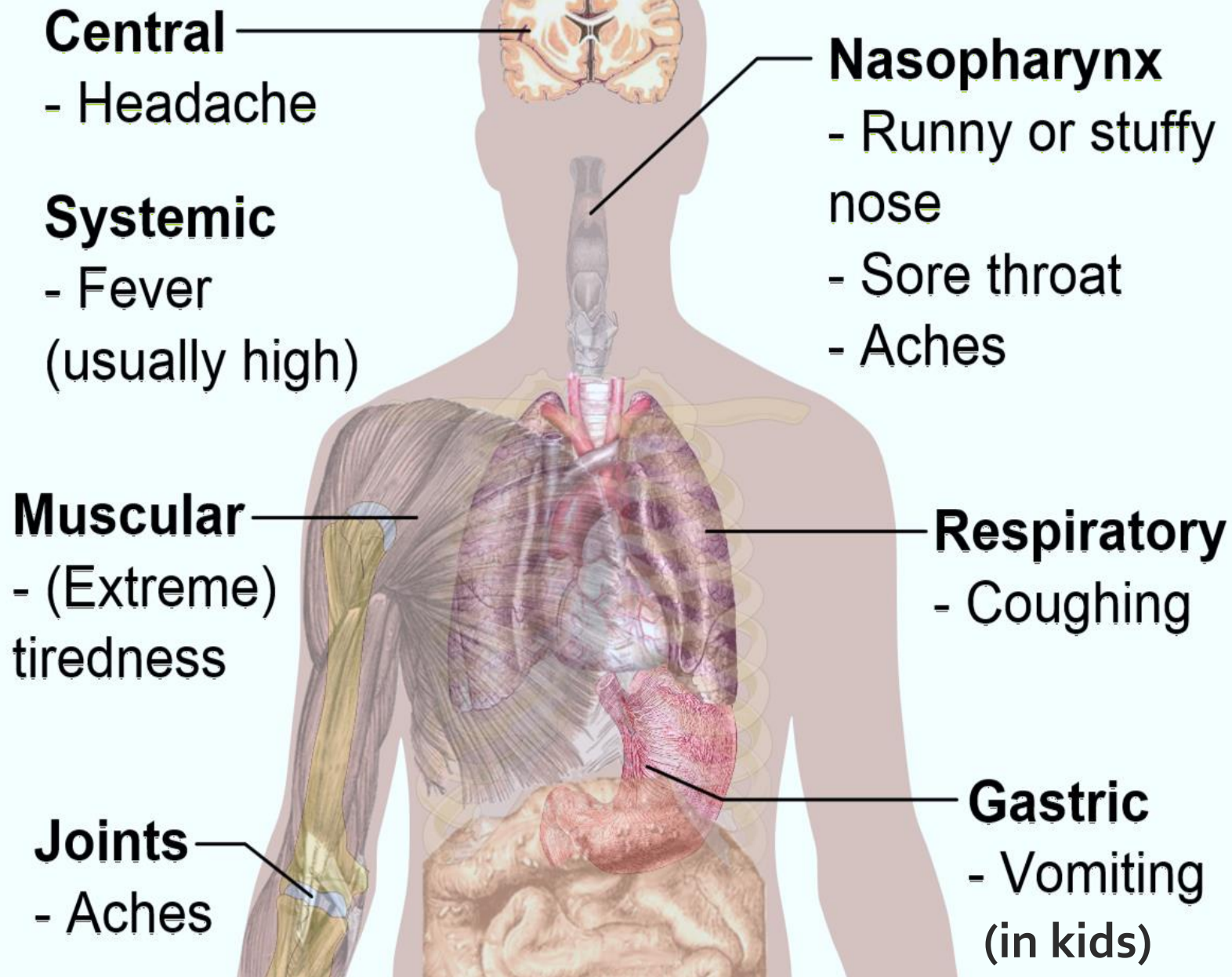
Describe current burden of flu in Washington State

Discuss outbreak detection in long-term care

Review isolation and cohorting for influenza in long-term care

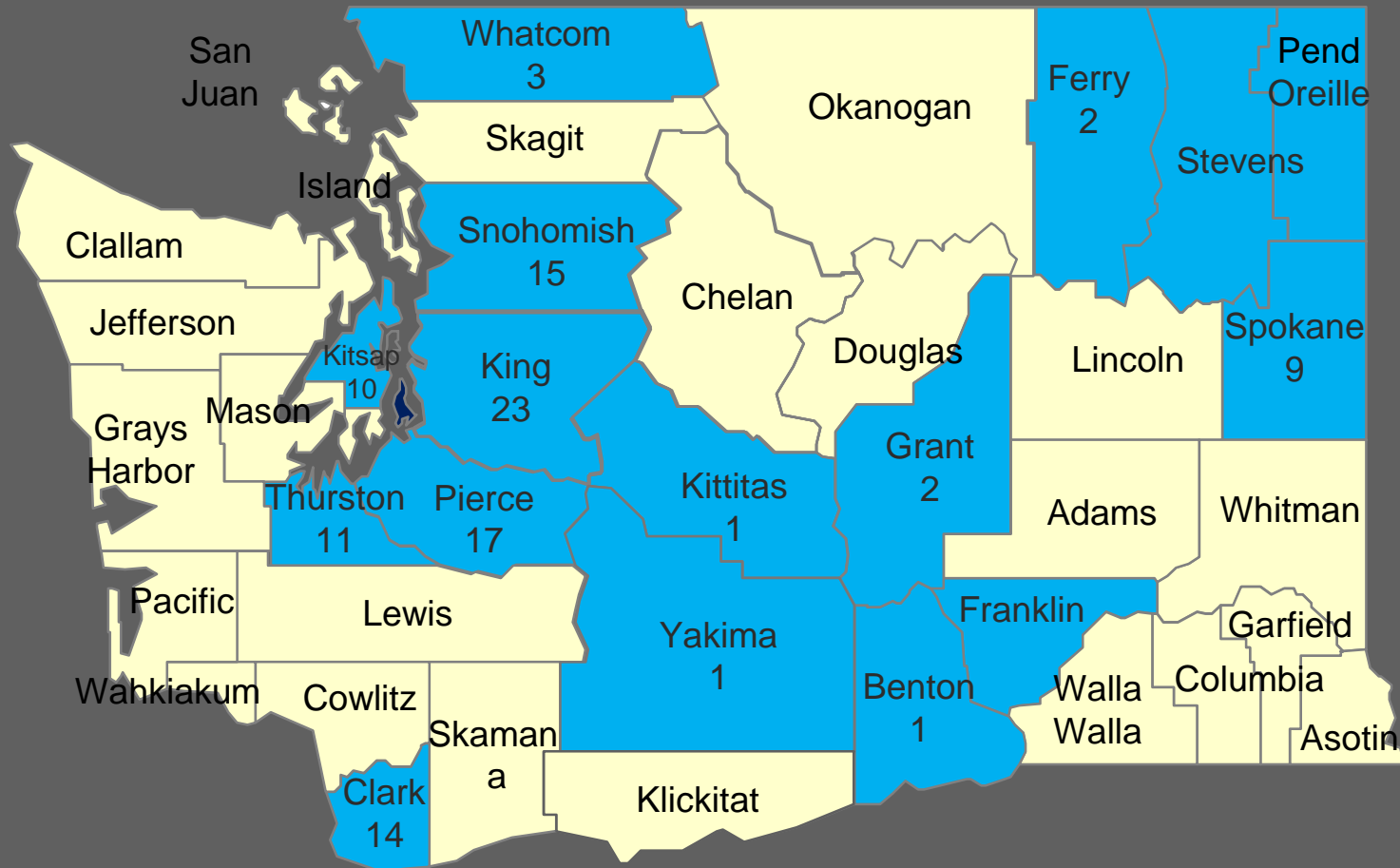
Demonstrate how to report to local public health

Symptoms of Influenza (Flu)



Where have flu outbreaks* in Long-term care been reported?

108 Outbreaks for 2016/17



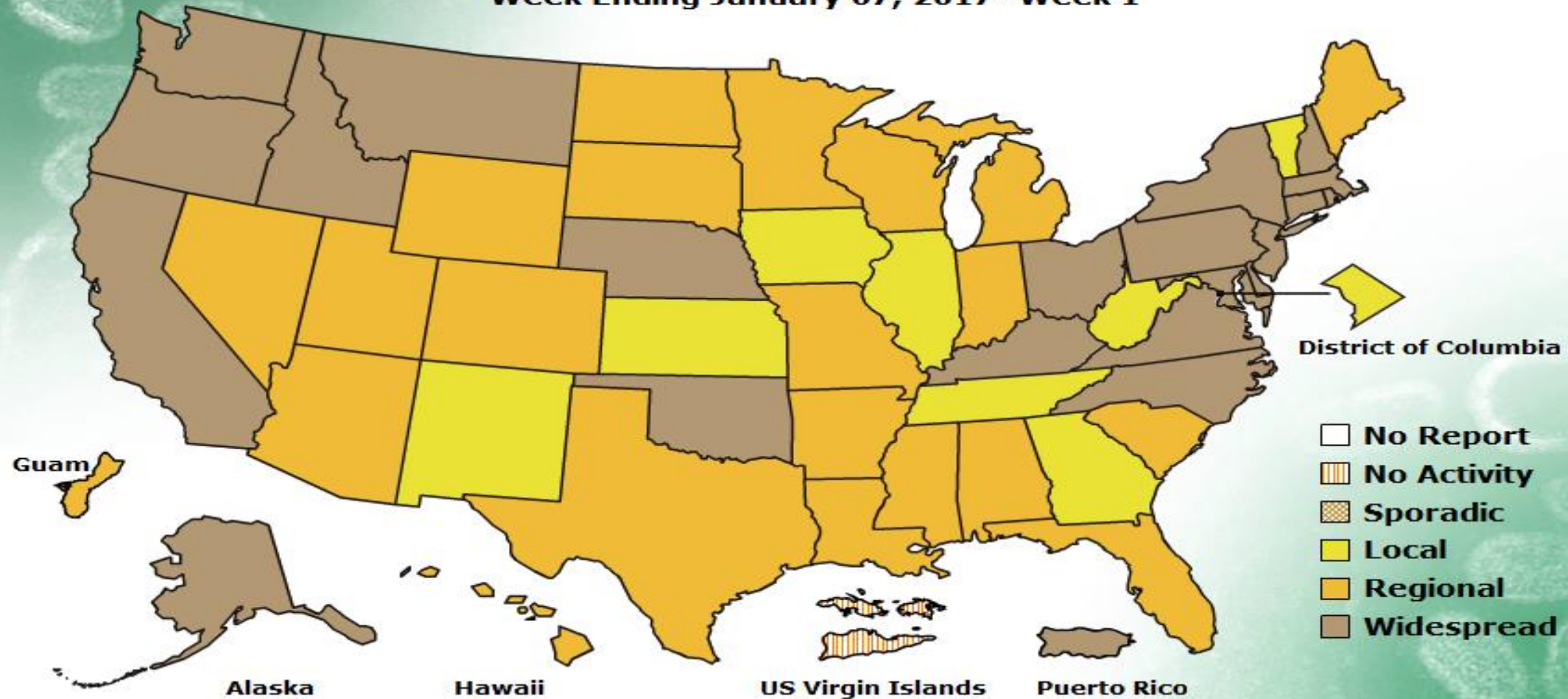
**Data reported to Department of Health as of 1/17/17*

FLUVIEW



A Weekly Influenza Surveillance Report Prepared by the Influenza Division
Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Week Ending January 07, 2017- Week 1

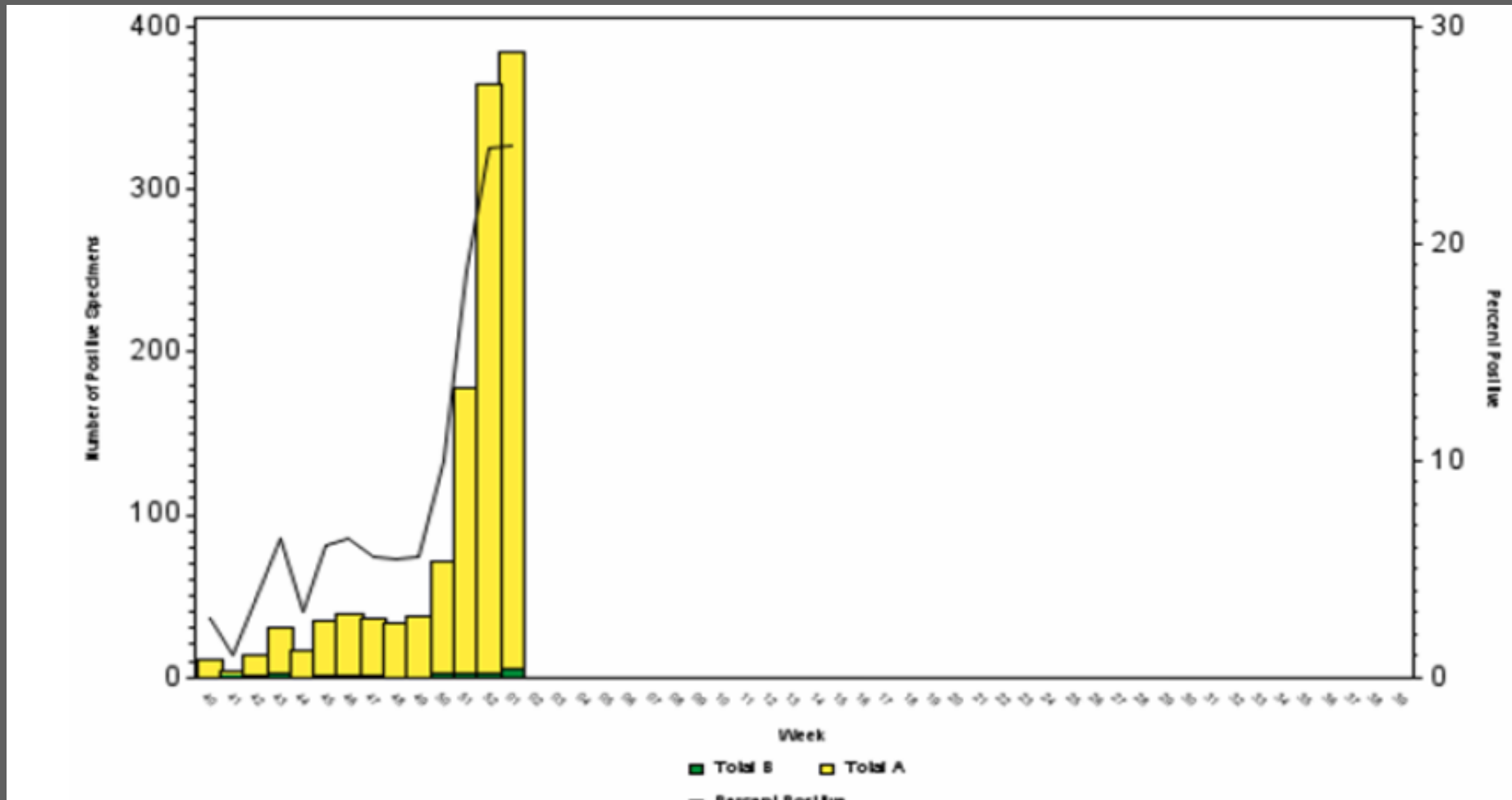


[«Previous Week](#)

[Downloadable Version](#)

***This map indicates geographic spread and does not measure the severity of influenza activity.**

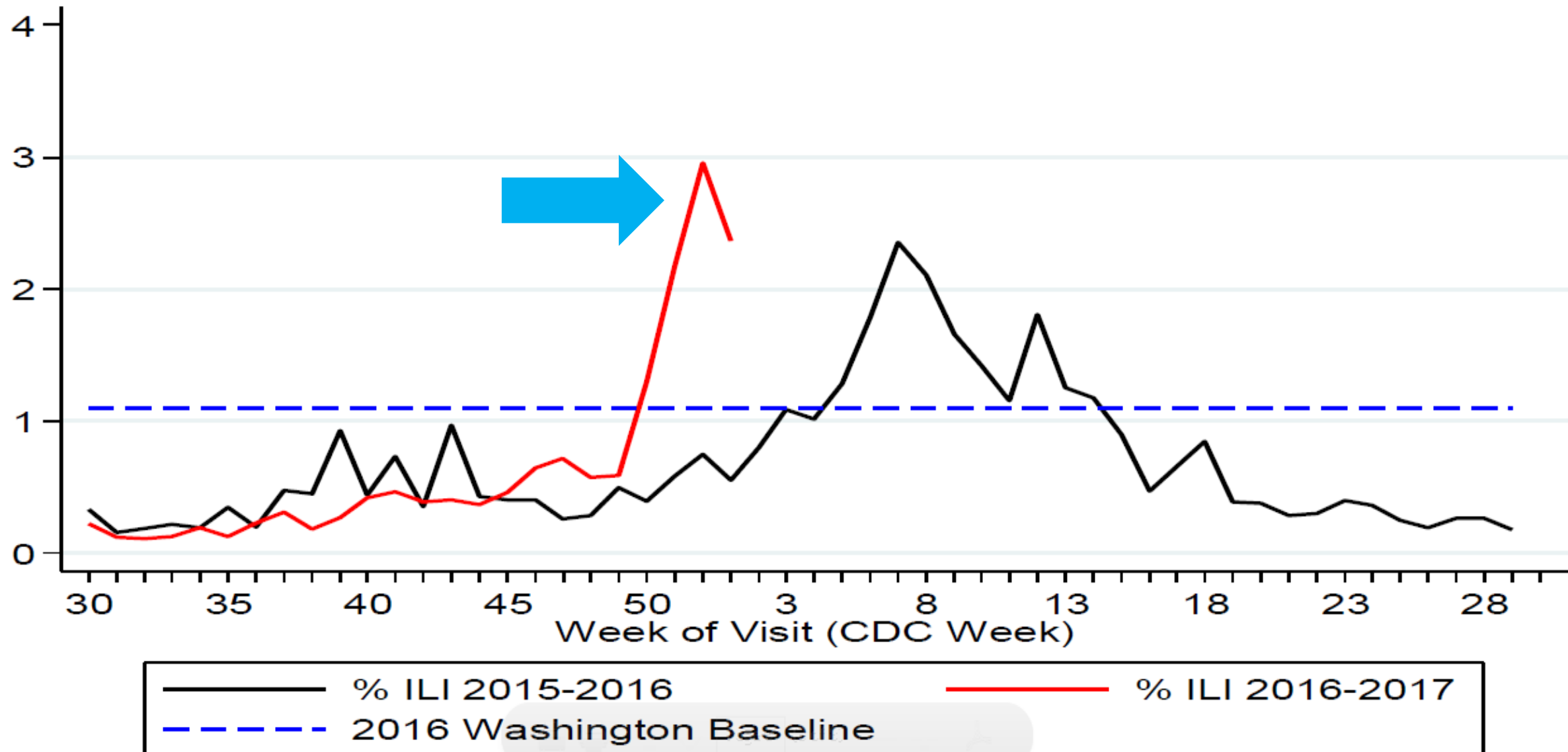
Washington State: Influenza Positive Tests Reported to CDC



Source: <http://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf>

Washington State:

% of Influenza-Like Illness (ILI) Visits Reported by Sentinel Providers



Case Study

88 year old alert oriented female
Semi-private room

Shortness of breath + Fever 100 F

Chest x-ray - diagnosis Community
Acquired Pneumonia

Started on Antibiotics



Case Study

Next day, symptoms have NOT improved



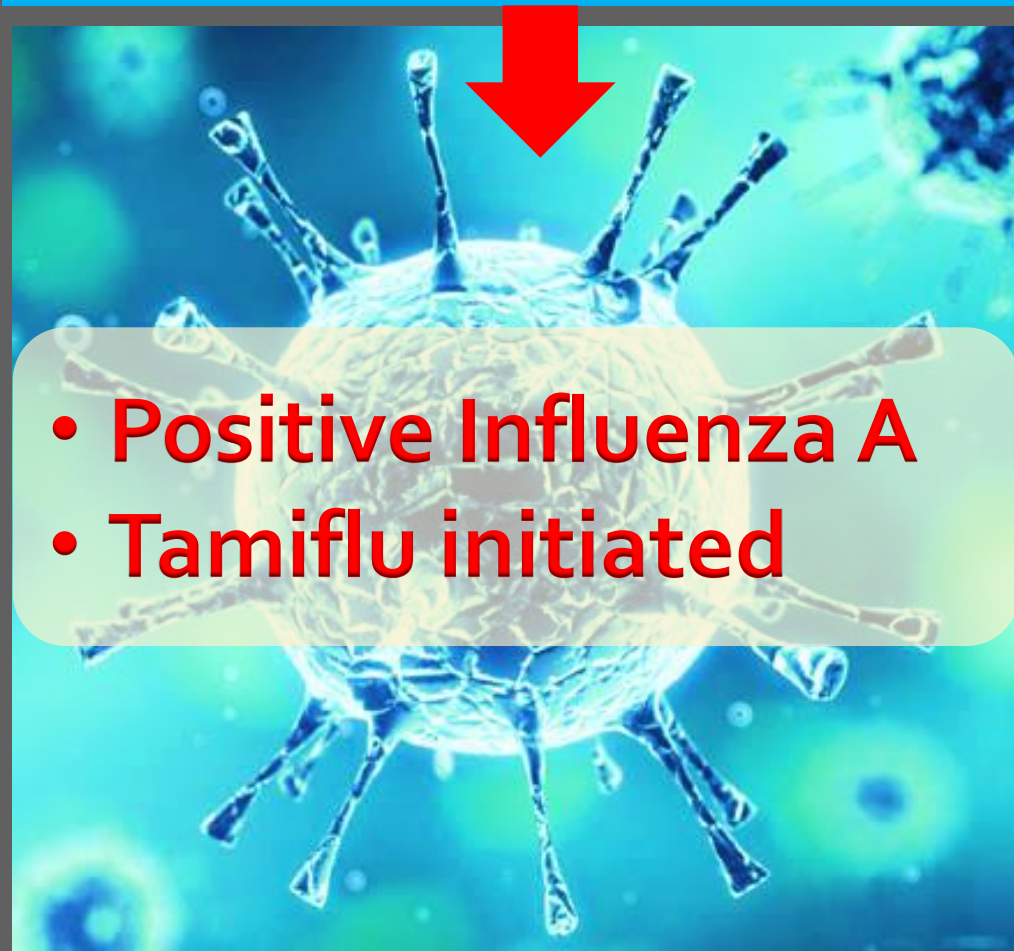
Now...

- Complaining of headache
- Develops Cough
- MD orders Rapid Influenza Diagnostic Test (RIDT)
- Nurse collects specimen and calls lab



Case Study

6 hours later the results come in...



- **Positive Influenza A**
- **Tamiflu initiated**

Other Considerations...

- 60 bed facility, 58 occupied
- Private rooms located on another floor
- No other cases of ILI
- High vaccine coverage



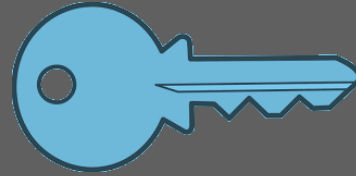
What's
next



Case Study - *Pros and Cons*



Critical Thinking Skills are KEY



- Move the resident to a **private room** on the second floor?
- Should she remain in her **semi-private room**?



Case Study - *What Happened?*



- Asked resident permission to **share diagnosis** with roommate
- Discussed situation with roommate who **consented** to allowing the resident with influenza to remain in the room
- Resident **remained in her room** with her roommate (78 year-old female)
- Both were placed on **droplet precautions**
- Roommate treated with **chemoprophylaxis (Tamiflu)**

Case Study - *What Else?*




- Facility on alert for ILI for 7 days
- Dining room closed
- Social activities limited
- Signage posted

**Leave Your Germs
at the Door:**
Protecting Nursing
Home Residents
during Flu Season

Reviewed vaccination status of staff

- Contacted the 8% unvaccinated staff and offered the vaccine
- If declined, would have to wear a mask for the rest of the season

A close-up photograph of a woman with brown hair and blue eyes, wearing a light blue surgical mask. She is looking directly at the camera. The background is blurred, showing what appears to be a clinical or hospital setting.

Droplet Precautions

should be implemented for residents with suspected or confirmed influenza for:

- 7 days after illness onset
OR
- Until 24 hours after the resolution of fever and respiratory symptoms,
whichever is longer

Flu is caused by influenza virus. Types A and B infect humans.

Symptoms

Sudden onset of fever ($\geq 38^{\circ}\text{C}$) • cough and/or other respiratory symptoms (eg. shortness of breath) and systemic symptoms (fatigue, muscle soreness, headache).

**Note symptoms in the elderly may be atypical:

- Fever may be absent
- Patients may present with anorexia, mental status changes

Complications

Pneumonia and worsening respiratory status in patients with underlying chronic obstructive lung disease and congestive heart failure

Transmission

Large respiratory droplets and by direct contact with droplets, followed by touching nose/mouth



Infectiousness

Begins 24 hours prior to onset of illness. May shed virus for five or more days after symptom onset



Incubation Period

1 to 4 days

What is an Outbreak?

Detecting and Reporting Outbreaks

Long term care facilities are required to report all suspected and confirmed outbreaks to their [local health jurisdiction](#) (LHJ) per Washington Administrative Code (WAC) [246-101-305](#). LTCFs are required to report the following:

- A sudden increase in acute febrile respiratory illness* over the normal background rate (e.g., 2 or more cases of acute respiratory illness occurring within 72 hours of each other) OR
- Any resident who tests positive for influenza.








*Acute febrile respiratory illness is defined as fever $\geq 100^{\circ}\text{F}$ AND one or more respiratory symptoms (runny nose, sore throat, laryngitis, or cough). However, please note that elderly patients with influenza may not develop a fever.

Influenza-like Illness Outbreaks

Definition: A sudden increase in acute febrile respiratory illness over the normal background rate in an institutional setting or when any resident of a long term care facility (LTCF) tests positive for influenza.

Reporting form: [Influenza-Like Illness Outbreak Reporting Form](#)

Comments: LHJs should notify CDE of ILI outbreaks in institutional settings (excluding schools) using the above form or an equivalent form. Submission of a final outbreak report is not required unless there are circumstances of public health concern (e.g., significant morbidity or mortality) which require investigative activities beyond implementation of infection control measures.

		Fax completed forms to DOH Communicable Disease Epi Fax: 206-418-5515		Date of initial notification to DOH: ____/____/____		LHJ Cluster #: _____	
Outbreak Reporting Form - Influenza-like Illness		Date report sent to DOH: ____/____/____		Form Status: <input type="checkbox"/> Preliminary report <input type="checkbox"/> Final report		LHJ Cluster Name: _____	
						DOH outbreak #: _____	
LHJ INFORMATION				REPORTING FACILITY INFORMATION			
Local health jurisdiction (LHJ) _____				Facility Name _____			
Contact person _____				Facility Address _____			
Initial LHJ notification date & time ____/____/____ am/pm				Person reporting _____			
Investigation start date & time ____/____/____ am/pm				Title _____			
Investigation completion date ____/____/____				Phone (____) ____-____			
SYMPTOMS (check all that apply)							
<input type="checkbox"/> Fever >100° F		<input type="checkbox"/> Chills		<input type="checkbox"/> Myalgia		<input type="checkbox"/> Pneumonia (x-ray diagnosed)	
<input type="checkbox"/> Cough		<input type="checkbox"/> Sore throat		<input type="checkbox"/> Headache		<input type="checkbox"/> Other _____	
CASE INFORMATION							
Total # symptomatic residents		Total # residents in facility		Resident attack rate (ill / total)			
Total # symptomatic staff		Total # staff in facility		Staff attack rate (ill / total)			
# ill staff providing direct patient care		Date first case became ill: ____/____/____		Date last case became ill: ____/____/____			
LABORATORY, HOSPITALIZATIONS, DEATHS							
Any flu testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: # tested ____ # pos ____		Type of flu: <input type="checkbox"/> A ____ <input type="checkbox"/> B ____		Other lab results _____	
Any hospitalizations? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many ____					
Any deaths? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many ____					
INFLUENZA VACCINATION INFORMATION				PNEUMOCOCCAL VACCINATION INFORMATION			
Estimated % residents vaccinated				Estimated % residents vaccinated			
Estimated % staff vaccinated							
INVESTIGATION METHODS (check all that apply)							
<input type="checkbox"/> Interviews with infection control/administration		<input type="checkbox"/> Cohort study					
<input type="checkbox"/> Site visit (e.g. outbreak in an institution)		<input type="checkbox"/> Case-control study					
<input type="checkbox"/> Interviews only of ill persons		<input type="checkbox"/> Other _____					
If applicable, attach further information about investigative activities and tools (e.g. epidemic curves, questionnaires, case definitions)							
PUBLIC HEALTH ACTIONS TAKEN (check all that apply)							
<input type="checkbox"/> Discussed "Checklist for Controlling Influenza in LTCF"		<input type="checkbox"/> Yes <input type="checkbox"/> No		Date: ____/____/____			
<input type="checkbox"/> Faxed written materials to LTCF administrator (Line List, Checklist, CDC guidance)		<input type="checkbox"/> Yes <input type="checkbox"/> No		Date: ____/____/____			
<input type="checkbox"/> Recommended PEP		<input type="checkbox"/> Yes <input type="checkbox"/> No		Date: ____/____/____			
<input type="checkbox"/> Implemented PEP		<input type="checkbox"/> Yes <input type="checkbox"/> No		Date: ____/____/____			
<input type="checkbox"/> Other _____							
DISCUSSION / CONCLUSION / NOTES							
FOR WA DOH USE ONLY							
If yes, specify:      							
Last revised 10/2016 DOH 420-031							



Fax completed forms to DOH
Communicable Disease Epi
Fax: 206-418-5515

Date of initial notification to DOH: ____/____/____

Date report sent to DOH: ____/____/____

Form Status: ☐ Preliminary report
☐ Final report

LHJ Cluster #: ____

LHJ Cluster Name: ____

DOH outbreak #: ____

Outbreak Reporting Form Influenza-like Illness

LHJ INFORMATION

Local health jurisdiction (LHJ) ____

Contact person ____

Initial LHJ notification date & time ____/____/____ am/pm

Investigation start date & time ____/____/____ am/pm

Investigation completion date ____/____/____

REPORTING FACILITY INFORMATION

Facility Name ____

Facility Address ____

Person reporting ____

Title ____

Phone (____) ____-____

SYMPTOMS (check all that apply)

☐ Fever >100° F ☐ Chills ☐ Myalgia ☐ Pneumonia (x-ray diagnosed)
☐ Cough ☐ Sore throat ☐ Headache ☐ Other ____

CASE INFORMATION

Total # symptomatic residents ____ Total # residents in facility ____ Resident attack rate (ill / total) ____

Total # symptomatic staff ____ Total # staff in facility ____ Staff attack rate (ill / total) ____

ill staff providing direct patient care ____ Date first case became ill: ____/____/____

Date last case became ill: ____/____/____

LABORATORY, HOSPITALIZATIONS, DEATHS

Any flu testing? ☐ Yes ☐ No If yes: # tested ____ # pos ____ Type of flu: ☐ A ____ ☐ B
Other lab results ____

Any hospitalizations? ☐ Yes ☐ No If yes, how many ____

Any deaths? ☐ Yes ☐ No If yes, how many ____

INFLUENZA VACCINATION INFORMATION

Estimated % residents vaccinated ____

Estimated % staff vaccinated ____

PNEUMOCOCCAL VACCINATION INFORMATION

Estimated % residents vaccinated ____

INVESTIGATION METHODS (check all that apply)

☐ Interviews with infection control/administration ☐ Cohort study
☐ Site visit (e.g. outbreak in an institution) ☐ Case-control study
☐ Interviews only of ill persons ☐ Other ____

If applicable, attach further information about investigative activities and tools (e.g. epidemic curves, questionnaires, case definitions)

PUBLIC HEALTH ACTIONS TAKEN (check all that apply)

☐ Discussed "Checklist for Controlling Influenza in LTCF" ☐ Yes ☐ No Date: ____/____/____
☐ Faxed written materials to LTCF administrator (Line List, Checklist, CDC guidance) ☐ Yes ☐ No Date: ____/____/____
☐ Recommended PEP ☐ Yes ☐ No Date: ____/____/____
☐ Implemented PEP ☐ Yes ☐ No Date: ____/____/____
☐ Other ____

DISCUSSION / CONCLUSION / NOTES

When is an Outbreak **OVER**?

Initiate **active daily surveillance** for influenza-like illness (ILI) among residents and staff until....

***1 week after last
onset of illness***



Line List

[illegible]

Reporting to the Department of Social and Health Services (DSHS)

- Call DSHS **1-800-562-6078**
- The DSHS/RCS response should only be to assure the facility is following their infection control policy and procedures, and they are following good infection control practices to minimize the impact of the outbreak and the number of clients who become ill.

Report to Local Health Jurisdictions (LHJ)

Long term care facilities are required to report all suspected and confirmed outbreaks to their local health jurisdiction (LHJ) per Washington Administrative Code (WAC) 246-101-305.

Washington State Department of Health

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About Us > Public Health System > Local Health Jurisdictions

Washington State Local Health Departments and Districts

Click on a county in the map below for local health department/district information, or [use the text menu below the map](#).



The map displays the various local health jurisdictions across Washington State, including counties and districts such as Whatcom, Skagit, Okanogan, Ferry, Pend Oreille, San Juan, Island, Snohomish, Chelan, Douglas, Lincoln, Spokane, Clallam, Jefferson, Kitsap, King, Grant, Adams, Whitman, Grays Harbor, Mason, Pierce, Kittitas, Yakima, Franklin, Garfield, Asotin, Pacific, Thurston, Lewis, Benton, Waiilatup, Cowlitz, Skamania, Klickitat, and Walla Walla.

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- Employment
- Programs and Services
- Leadership
- Frequently Asked Questions

<http://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>

Experts on the Line



Amy Abbott

DSHS - Licensed Social Worker,
Policy Unit Manager, Residential Care Services



Laura Stengel NHA

Manor Care Lacey



QUESTIONS

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THANK YOU!

