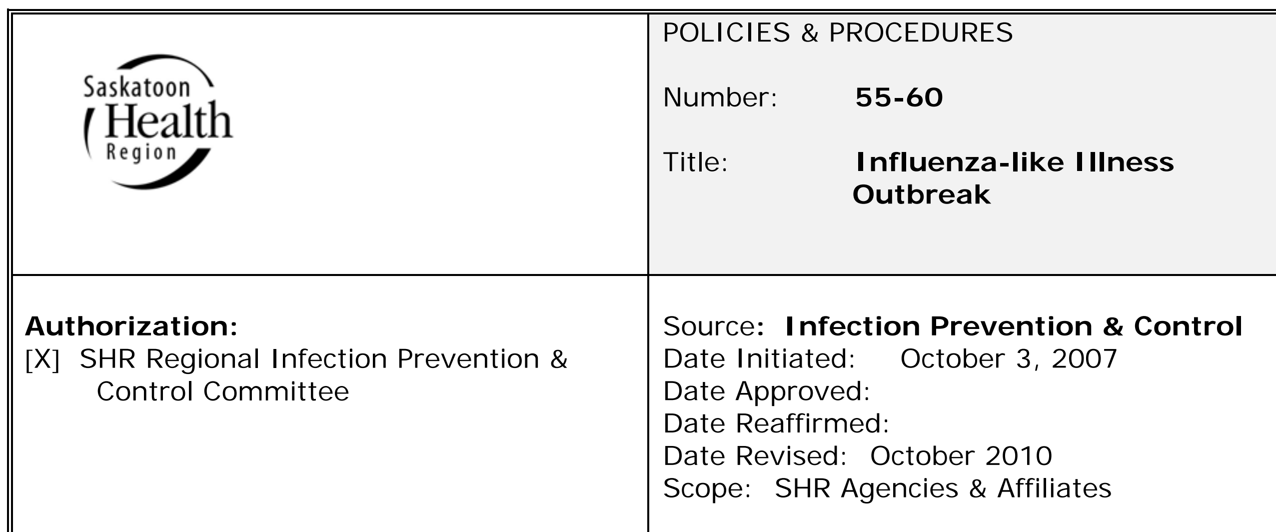

Saskatoon Health Region	POLICIES & PROCEDURES Number: **55-60** Title: **Influenza-like Illness Outbreak**
Authorization: [X] SHR Regional Infection Prevention & Control Committee	Source**: Infection Prevention & Control** Date Initiated: October 3, 2007 Date Approved: Date Reaffirmed: Date Revised: October 2010 Scope: SHR Agencies & Affiliates

Any PRINTED version of this document is only accurate up to the date of printing. Saskatoon Health Region, (SHR) Infection Prevention & Control (IP&C) can not guarantee the currency or accuracy of any printed policy. Always refer to the IP&C internal website for the most current versions of documents in effect. SHR IP&C accepts no responsibility for use of this material by any person or organization not associated with SHR. No part of this document may be reproduced in any form for publication without permission of SHR IP&C.

Introduction

Influenza-like illness (ILI) is characterized as:

Acute onset of respiratory illness with cough and fever (which may or may not be present in the elderly) AND with one or more of the following: sore throat, arthralgia, myalgia, or prostration.

ILI outbreak definition: three or more people (any combination of patients/residents/staff) in the same unit/department exhibiting symptoms of ILI in a 24 hour period.

Policy

1. ILI meeting the outbreak definition will be reported immediately to the site Infection Prevention & Control Professional (ICP) and/or Medical Health Officer.

2. The Medical Health Officer/Infection Control Officer or his/her designate is responsible for declaring the influenza outbreak, making the recommendations to initiate antiviral prophylaxis for residents, and expanding the infection control measures required to contain the outbreak and minimize the health consequences.

Purpose

1. To control and prevent further spread of ILI.

2. To provide guidelines for the investigation and management of an ILI outbreak.

Procedure

1. Validation:

Infection Prevention & Control (IP&C) or Public Health Services (PHS) validates the outbreak and its extent. This may include involving Occupational Health & Safety to investigate staff illness.

Public Health Services assigns an outbreak number to all outbreaks in the Saskatoon Health Region to facilitate the follow-up of specimens and results.

For outbreaks in long term care facilities, refer to the "SHR Long Term Care Outbreak Management Manual.

Unit Charge Nurse/Supervisor/designate initiates Patient and Staff line listing forms (Appendix A and B attached) and continues to update the original form as new information is available. This may include date recovered, new symptoms, etc. Continue to add new cases to the original list as they are identified.

2. Laboratory Samples:

The Infection Control Officer determines the need for and type of laboratory testing to be performed.

- Nasopharyngeal swabs are to be collected within 72 hours of onset of symptoms. Refer to Influenza policy in section 40, Appendix A "Collection of Specimen for Influenza". Initially collect specimens from up to six symptomatic people.

Label all specimens as per usual protocol and record on the viral studies requisition "Suspect Outbreak - ? Influenza" and include the outbreak number (SKHR-Year-XXX) obtained by ICP from Public Health Services. Transport specimens to the lab **immediately**. For best results, specimens should be processed in the lab within 24 hours of collection.

Note: Do not delay collecting specimens (outbreak with onsets on the weekend) because you do not have an outbreak number. Contact PHS-CDC on Monday and an outbreak number will be assigned. PHS-CDC will contact the lab to add the outbreak number to specimens that have been sent to the lab

For LTC facilities, outside regular hours, specimens collected:

- In the evening (Monday-Friday) are to be refrigerated and sent to the lab the next morning. On Saturdays, contact Dynamex Courier (975-1010), where available, for pick-up and take to St Paul's Hospital (SPH) lab.
- Saturday evening and Sunday are to be refrigerated and sent to SPH lab on Monday morning.
- On Stat holidays, contact PHS who will contact the microbiologist on call for virology. Send specimens to SPH lab.

As soon as one swab confirms the presence of influenza, no further swabs need to be collected.

If initial swabs are negative but illness continues to occur, it is necessary to continue to collect specimens until a positive result is obtained or another organism is identified or IP&C/PHS advise that no further specimens need to be taken.

3. Outbreak Control Team:

See Outbreak Management policy regarding membership and purpose of the team.

The Infection Control Professional /Infection Control liaison arranges a planning meeting in conjunction with the Unit/Department Manager/ Director of Care and the Infection Control Officer or Medical Health Officer.

The Outbreak Control Team may recommend opening the site Incident Command Center based on the extent of the outbreak and anticipated support requirements, (security, public affairs, purchasing, etc.).

4. Control Measures:

a) Place symptomatic patients/residents on Contact and Droplet Precautions.

b) Upon validation of an outbreak:

- The unit is closed to admissions and transfers.
- All patients/residents are advised of the outbreak situation, including those being discharged, and advised of the need to report symptoms.
- Post STOP sign and Influenza information at entrances (unit or facility as appropriate) to advise visitors. Refer to teaching handout in section 70. Locate hand sanitizer at each unit/department/facility entrance for all to use.
- When **influenza A** is confirmed the Infection Control Officer or Medical Health Officer (MHO) will provide recommendations for antiviral treatment and prophylaxis. Prophylaxis/treatment is to be provided as soon as logistically possible with priority given to treatment of those who are ill. Note that delay in prophylaxis/treatment reduces the effectiveness of the intervention.
- In LTC facilities the "Use of tamiflu in Influenza Outbreaks" (DC169) or the "Physicians order form for Amantadine or Relenza in Influenza outbreaks" (DC-398) form serves as the physician's order process once the MHO has confirmed the appropriate antiviral treatment.

  In acute care, physician's orders for antiviral medication for treatment or prophylaxis must be individually ordered for each patient. During an outbreak, when prophylaxis of patients or residents is deemed necessary as a control measure MHO consultation is required- IP&C, Infectious Diseases, the MHO and Pharmacy will coordinate this activity.
- Retain line listing forms on the unit for ICP/ IC liaison to review daily or fax to a central location as instructed. See Appendix A & B.

- Enhance environmental cleaning of frequently touched surfaces.
  - Increase frequency of cleaning of hand contact surfaces and shared items to two to three times per day.

- Wear gown and gloves to handle soiled laundry.

- Garbage is handled in the routine manner.

- Visitor restrictions: Visitors with ILI symptoms are not allowed to visit except in a patient/resident end-of-life situation. Visitors who routinely provide nursing care may continue to visit and must comply with additional precautions where indicated. As much as possible other visitors should be restricted to end-of-life or critical care visits only.

- Cancel group activities/gatherings scheduled on the outbreak unit, i.e. visiting groups, pet therapy, day programming, etc.

- Cancel/reschedule outside contractors scheduled to perform work on the outbreak unit unless the job is urgent or related to resolving the outbreak (i.e. oxygen, respiratory equipment).

c) Staff restrictions: (see SHR Regional Human Resources Policy "Management of Employees, Physicians, and Other Health Care Workers during Influenza Outbreaks in Health Care Facilities".

- **Employees/Physicians/health care staff/students or volunteers who are ill with ILI** are to remain off work (not work in any health care facility) for at least 5 days after the onset of symptoms or until their acute symptoms have completely resolved, whichever is longer. This applies to both vaccinated and unvaccinated persons.

- Ill persons are encouraged to consult their physician for testing and treatment for influenza.

- **Employees/Physicians/health care staff vaccinated 14 days or more** before the onset of the outbreak will continue to work as usual unless they develop symptoms.

- Cohort staff to work in only affected or unaffected unit(s)/ facility, not both, whenever possible.

- Staff to notify other facilities/hospitals at which they work that they have worked in an outbreak situation.

- Recommendations for vaccinated students and volunteers who are not ill with influenza-like illness will be made in consultation with the responsible VP, OHS, any outside Agency and the MHO/ICO (or designate).

- **Unvaccinated Employees/Physicians/health care staff** who do not have valid medical contraindications to influenza immunization should all be re-offered influenza vaccine. It takes 14 days for protective immunity to develop post-immunization.

- Those who choose to receive vaccine will be able to return to work 2 weeks after being immunized or sooner if they choose to begin prophylaxis with an appropriate antiviral- they will be permitted to return to work, if they are symptom free, after taking their first dose of the antiviral. They must continue the antiviral medication for 14 days after vaccination or until the outbreak is declared over, whichever comes first.
- Those who decline immunization and those with valid medical contraindications to influenza vaccine will be able to return to work, if they are symptom free and if they choose to begin antiviral prophylaxis and continue it until the outbreak is declared over. See above.
- Those who decline immunization and antiviral medication are restricted from work on an outbreak unit and those who have been exposed to influenza on the outbreak unit/facility are restricted from work on any other unit or facility until the incubation period has passed (8 days from last exposure).
- In the rare instance that an employee has a valid contraindication to influenza immunization AND to antiviral medications, they will not be permitted to return to work until the outbreak is declared over by the MHO.

- Unvaccinated students and volunteers will not be permitted to continue placement or volunteer work in the outbreak unit/department.

- Staff may leave the outbreak unit for breaks as usual after removing all protective equipment and performing hand hygiene.

5. Termination of Outbreak:
The Infection Control Officer or Medical Health Officer will declare the outbreak over, at which time all excluded staff, students, volunteers and others may return to work/placement provided they are symptom free.

Reference:

1. Respiratory Outbreak guidelines for SHR Long Term Care Facilities, October, 2006.
2. Management of Employees and Other Health Care Workers During Influenza Outbreaks in Health Care Facilities, draft template document, SK MHO Council, 2007.

Appendix A – Patient Line Listing for Influenza-Like Illness

DATE: ____________ SITE/FACILITY/UNIT/ ______________________ PHONE # _____

If no addressograph, please include: Full Name HSN DOB Physician		***Addressograph***	***Addressograph***	***Addressograph***
	Room #			
	Onset Date			
	Onset Time			
	Isolation (Y/N)			
SYMPTOMS	Fever			
	Cough			
	Muscle Aches			
	Joint Pain			
	Sore Throat			
	Temp (°C)			
	Fatigue/Malaise			
	Other (Specify)			
SPECIMENS	Date Collected			
	DFA Result			
	Culture Results			
Duration of Illness				
Update and Comments				

Appendix B – Staff Line Listing for Influenza-Like Illness

Date: ____________________ Site/Facility/Department/Unit: _________________________________ Phone Number: _____________

Full Name	D.O.B D/M/Y	Sex	Discipline	Date of Onset	Symptoms and Frequency	Duration	Date Last Worked	Date Returned	Date Spec. Collected	Result	Comment (e.g. work elsewhere)

Code for Symptoms
F - Fever
C - Cough
MA - Muscle Aches
JP - Joint Pain
ST - Sore Throat
Anything else, specify exact symptom