

Outbreak Management

Influenza-like Illness (ILI) Outbreak Protocol

Infection Prevention and Control Guidelines for Acute and Residential Care

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ILI Introduction and Definitions

INFLUENZA-LIKE-ILLNESS (ILI): Should be considered in any resident or patient with:

- New or worsening cough **and** fever > 38°C, or a temperature that is abnormal for that individual¹
- **PLUS**, one or more of the following symptoms:
 - Sore muscles/joints (myalgia/arthralgia)
 - Extreme weakness/fatigue (prostration)
 - Sore throat
 - Headache

INFLUENZA-LIKE-ILLNESS (ILI) OUTBREAK: Suspected when 2 or more residents/patients and/or epidemiologically linked staff member with symptoms of ILI within a 7 day period, with at least one of the cases identified as a resident/patient.

OUTBREAK STAGES

1. **Suspected Outbreak:** A cluster of residents/patients meet the case definition of an ILI outbreak triggering: communication with IPAC, initiation of control measures, and collection of specimens.
2. **Declared Outbreak:** the Medical Health Officer (MHO) in conjunction with the Medical Microbiologist declares the outbreak.
3. **Concluded Outbreak:** 2 incubation periods (6 days) with no new cases identified and the MHO in collaboration with the Medical Microbiologist declares the outbreak over.

INFLUENZA IMMUNIZATION: As per [VCH Influenza Prevention Policy](#), all employees, physicians, residents, volunteers, students, contractors, and vendors must be vaccinated annually against influenza or wear a surgical/procedure mask during influenza season when in any patient care area.

The 2017-2018 seasonal vaccine contains:

- A/Michigan/45/2015 (H1N1)pdm09-like virus
- A/Hong Kong/4801/2014 (H3N2)-like virus
- B/Brisbane/60/2008-like virus
- *B/Phuket/3073/2013-like virus (in quadrivalent vaccines for children)*

Unimmunized Staff during an outbreak:

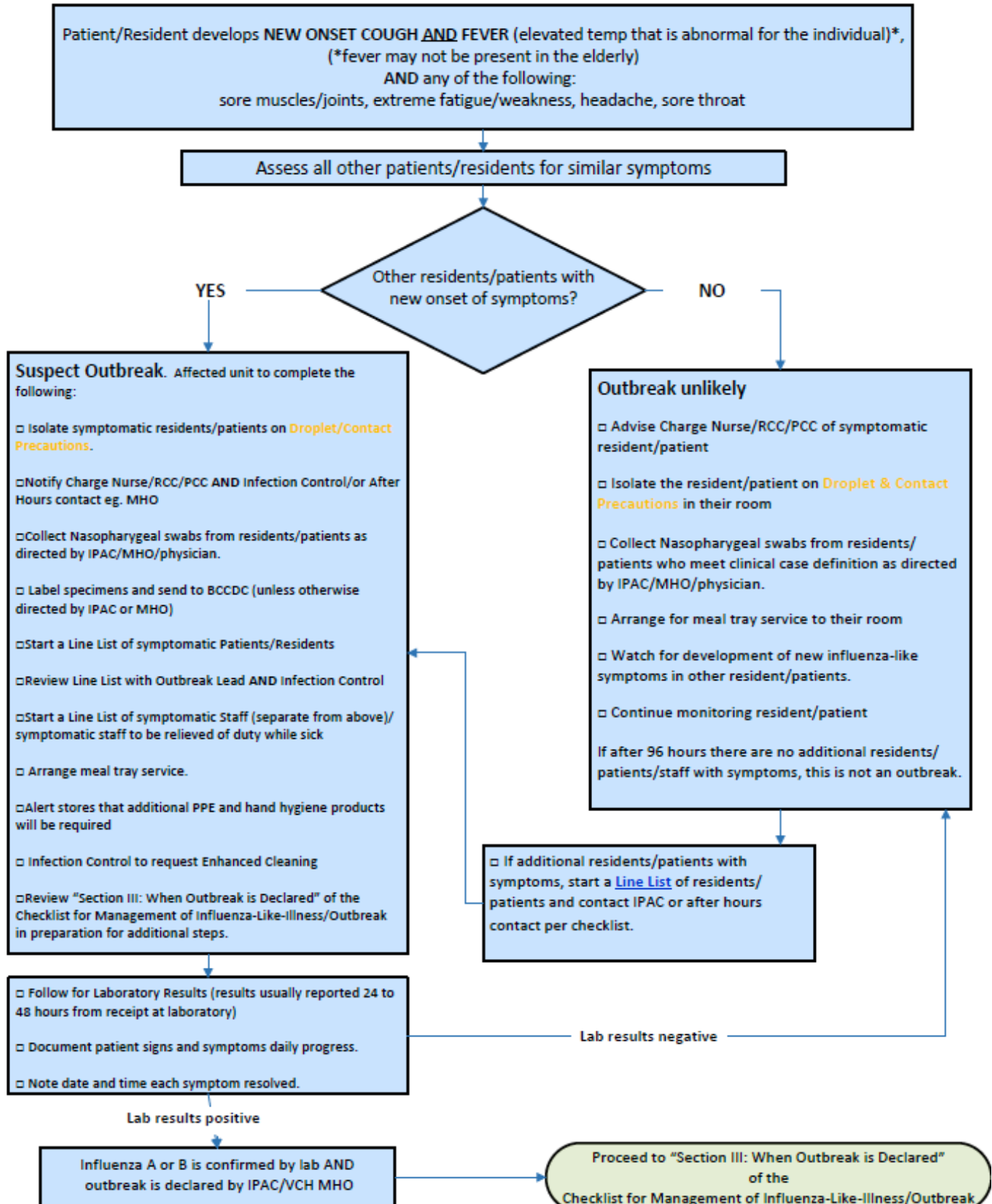
- Re-offer influenza vaccine to staff
- Staff members who receive a dose of influenza vaccine less than 14 days prior to the onset of an outbreak are required to wear a procedure mask until 14 days post immunization.
- During influenza season, [unimmunized staff must wear a mask at all times](#). Antiviral medication is recommended (but not required). The MHO may recommend excluding unimmunized staff.
- MHO discretion if may work between outbreak and non-outbreak facilities

OUTBREAK LEADER: The Outbreak Leader is by default, the Site Leader. The role may be delegated to another appropriate leader, such as a Patient/Resident Care Manager/Coordinator. The Outbreak Leader has the authority to institute outbreak control measures, responsibilities include:

- Collaborate with IPAC and the unit care team to expedite control measures
- Schedule and lead outbreak meetings, including debrief meeting after outbreak has concluded

¹ Young children under the age of 5 yrs, elderly, immune-compromised, those on medications that suppress fever (eg. steroidal therapy, NSAIDs, ASA) may not exhibit a fever however may be infected with an organism that can cause a respiratory outbreak.

Suspected ILI Outbreak Algorithm



Checklist for the Management of ILI Outbreak

I. Preseason Planning

Action	Done	Initial	Comments
1. Identify an influenza lead e.g., PCC/RCC (Name: _____)			
2. LTC Facilities prepare for administration of antivirals and vaccinations:			
<ul style="list-style-type: none"> ▪ Obtain pre-printed orders for vaccine (influenza and pneumococcal eg. routine admission order), antiviral medication (treatment and prophylaxis). Include medical contraindications. 			
<ul style="list-style-type: none"> ▪ Obtain annual serum creatinine clearance level for all residents 			
<ul style="list-style-type: none"> ▪ Pre-arrange with your pharmacy to obtain antiviral medication in a timely fashion 			
<ul style="list-style-type: none"> ▪ Provide staff and residents information on antiviral use in an outbreak of influenza 			
3. Vaccinate staff, patients/ residents as soon as vaccine is available (usually October)			
4. Declutter unit(s)			
5. Review & replenish stock of mask/visors, and NP specimen kits (swabs)			
6. Review Influenza Prevention and Control procedures and policies with staff			
7. Place ILI Outbreak materials in accessible locations for staff to access when outbreak is suspected			

II. Suspected ILI Outbreak

Consultation and Notification:	Done	Initial	Comments
1. For VCH owned and operated facilities: <ul style="list-style-type: none"> • Mon-Fri, during regular office hours, notify your area Infection Control Practitioner (ICP) • After regular office hours, or on weekends and statutory holidays, notify: <ul style="list-style-type: none"> ○ VA & Coastal Acute Sites: Medical Microbiologist on call 604-875-5000 ○ Richmond Acute: Pathologist on call 604-278- 9711 local 4143 ○ Long Term Care: Medical Health Officer on call 604-527-4893 			
Action (If outbreak is suspected by the designate above):	Done	Initial	Comments
1. Immediately isolate all patients (using Droplet and Contact Precautions) having: <ul style="list-style-type: none"> • New or worsening cough, and • Fever > 38°C, or a temperature that is abnormal for that individual • Additional symptoms including aching of muscles and joints, collapse/weakness/extreme fatigue or tiredness, sore throat, headache. 			
2. Alert stores that additional hand hygiene products, gloves, gowns, mask with face shields will be required.			
3. Collect viral nasopharyngeal swabs on up to 6 patients/residents with symptom onset within the past 72 hours (or as directed by IPAC/Med Micro/MHO or delegate)			
4. All facilities forward outbreak specimens to BCCDC Laboratory for testing ASAP (other than VA) unless otherwise advised by IPAC. (Same day results if received by BCCDC before 1200).			
5. Discuss outbreak with IPAC/MHO or designate and implement outbreak control measures as directed.			
6. Begin a line list of patients/residents with symptoms and a separate line list of symptomatic staff.			
7. Implement strategies to prevent or manage dehydration (Vancouver Community Residential Care sites, Richmond and Coastal sites) <ul style="list-style-type: none"> • Remind staff about risks of dehydration during outbreak episodes. • Identify at risk residents: inform dietitian, pharmacist and MRP. • Contact Central food Services (Sodexo) to supply extra water/juice jugs to residents on the unit. • Consider reviewing diet order request: e.g. add extra fluids to meal trays or switch to full fluid diet as appropriate. • Follow Early Detection and Prevention of Dehydration in older adults guide 			

III. Declared ILI Outbreak

Outbreak Control Measures: Facility	Done	Initial	Comments
1. Notify person in charge/Unit Outbreak Leader Name : _____ contact #: _____			
2. Close indicated unit(s) to admissions and transfers (unless medically necessary or otherwise directed by IPAC/MHO). Notify receiving unit/facility on patient/resident transfer			
3. Notify all department leads that they are to follow their outbreak guidelines for all areas			
4. Notify non-facility staff, professionals, and service providers of the outbreak. Provide only essential services			
<ul style="list-style-type: none"> Notify housekeeping, food services and laundry of influenza outbreak so that department-specific outbreak management protocols are initiated. 			
<ul style="list-style-type: none"> Notify other service providers such as volunteers, clergy, Handy DART, oxygen service, BC Ambulance, paid companions, students, and others of any outbreak control measures that may affect their provision of services. 			
<ul style="list-style-type: none"> Notify any facility that would have admitted a resident from you within the past 72 hours that you have an influenza outbreak. 			
<ul style="list-style-type: none"> Notify Priority Access of the outbreak 			
<ul style="list-style-type: none"> Notify family of residents of the outbreak and potential risk. Limit visitors. 			
5. Schedule daily outbreak meeting/teleconference with key stakeholders			
6. Cancel all outings and large group gatherings in the facility (per MHO/designate)			
<ul style="list-style-type: none"> Food related (cooking, potlucks, birthday parties, etc.) 			
<ul style="list-style-type: none"> Hand contact activities (dancing, cards, bingo, crafts, folding linen, etc.). 			
<ul style="list-style-type: none"> Hair salon 			
<ul style="list-style-type: none"> Occupational therapy/physiotherapy 			
<ul style="list-style-type: none"> Pet therapy 			
<ul style="list-style-type: none"> Foot care 			
<ul style="list-style-type: none"> Chapel 			
<ul style="list-style-type: none"> Day care (children) 			
<ul style="list-style-type: none"> Day program, visiting groups & outings 			
<ul style="list-style-type: none"> Outside meetings held in facility 			
7. Arrange for outbreak signage on the doors and post on boards			
8. Place approved hand sanitizer/face masks at all entrances for visitor use			

Outbreak Control Measures: Patients/Residents	Done	Initial	Comments
1. Maintain line list for all symptomatic patients/residents and fax daily to the Infection Control department			
2. Restrict movement of symptomatic patients/residents outside of their rooms as much as possible: may cohort symptomatic patients/residents together per IPAC direction.			
3. Provide tray service (meals to room)			
4. Post Droplet & Contact Precautions signage			
5. Call Pharmacy for Tamiflu (name: _____ contact #: _____)			
<ul style="list-style-type: none"> • Have current weights ready to fax to pharmacy • Creatinine levels should have already been sent to pharmacy <ul style="list-style-type: none"> ○ if not, give first dose of Tamiflu and order STAT creatinine for subsequent dosing 			
6. Encourage diligence in hand washing and use of alcohol hand sanitizer for all patient/residents			
7. Monitor patients/residents for new cases of ILI			
8. Update line listings for ill patients/residents daily			
9. Review immunizations and offer vaccine to those not yet immunized when vaccine is available			
10. Implement strategies to prevent or manage dehydration (Vancouver Community Residential Care sites, Richmond and Coastal sites) <ul style="list-style-type: none"> • Remind staff about risks of dehydration during outbreak episodes. • Identify at risk residents: inform dietitian, pharmacist and MRP. • Contact Central food Services (Sodexo) to supply extra water/juice jugs to residents on the unit. • Consider reviewing diet order request: e.g. add extra fluids to meal trays or switch to full fluid diet as appropriate. • Follow Early Detection and Prevention of Dehydration in older adults guide 			

Outbreak Control Measures: Visitors	Done	Initial	Comments
1. Ask visitors to limit visits unless they have been immunized, or outbreak is declared over. Symptomatic visitors do not enter the facility unless for compassionate or exceptional circumstances.			
2. Restrict visitation of multiple patients/residents (e.g. do not visit room-to room, or resident to resident)			
3. Encourage diligent hand hygiene on entering facility			
4. Ask visitors to implement infection control practices (e.g. Hand hygiene, PPE, visit only one resident)			

Outbreak Control Measures: Staff	Done	Initial	Comments
1. Maintain line list for all symptomatic staff. Manager or delegate may contact Workforce Scheduling Services (WSS) to redirect absence reports for the duration of the outbreak as needed			
2. Staff with ILI symptoms are to contact WSS Absence Call line and report to their manager/designate. Staff with ILI must remain off work for 5 days after symptom onset, or until acute symptoms have resolved, whichever is longer.			
3. Staff to notify their other employers about outbreak. Ability of staff to work between outbreak and non-outbreak facilities will be at the discretion of the MHO.			
4. Review immunizations and offer vaccine to those staff not yet immunized			
5. Recently immunized staff must wear a procedure mask until 14 days following immunization. Unimmunized staff must wear a mask per the VCH Influenza Prevention Policy and as directed by the MHO.			
6. Use gown, gloves, masks and eye protection when providing direct care to symptomatic resident (<i>regardless of immunization status</i>)			
7. Encourage diligent hand hygiene and use of alcohol hand sanitizer as required for all staff/patients/residents.			
8. Dedicate staff to affected unit whenever possible , when not possible, start in non-outbreak area and finish work day in outbreak area. Do not go back and forth between			
9. Cohort staff to have breaks separate from staff in unaffected areas (where possible)			
10. Staff to clean and disinfect common use items before re-use (e.g. stethoscopes). Ideally dedicate equipment for symptomatic patients/residents.			
11. Monitor staff for new cases of ILI			
12. Update line listings for ill staff daily and fax to Infection Prevention & Control Department			
13. Volunteers are cancelled			
14. Clinical Instructor ensure students complete IPAC module. If allowed to work, use appropriate PPE, follow outbreak measures, and minimize contact with isolated residents. Instructor to monitor students compliance & competence.			
15. Schedule regular safety huddles to provide outbreak update and to reinforce key messages for staff: hand hygiene, PPE use, cough etiquette, monitoring for new cases			
16. Post daily Outbreak Report sent by Infection Prevention and Control in area accessible to all unit staff			

IV. Outbreak Declared Over

****ILI Outbreak declared over by MHO – two incubation periods (6 days) after last symptom onset**

Lifting of Restrictions	Done	Initial	Comments
1. Notify person in charge Name : _____ contact #: _____			
2. Notify all department leads that outbreak is now over and they may cease outbreak activities			
3. Arrange Isolation (i.e., terminal) cleaning for unit & patient/resident rooms as needed			
4. Discontinue antiviral medication for prophylaxis			
5. Send antivirals back to the pharmacy			
6. Arrange for the removal of outbreak signage			
7. Resume admissions and transfers			
8. Resume outings and large group meetings			
9. Resume dining room meal service			
10. Notify Priority Access that the outbreak is over			
11. Reorder NP swab kit (need 6 swabs on hand)			
12. Continue to monitor staff and residents/clients for signs and symptoms of influenza-like illness			
13. Conduct a post-outbreak debrief/review (Recommendations made for improved management of future outbreaks if necessary)			

INFLUENZA-LIKE ILLNESS OUTBREAK LINE LIST (PATIENTS/RESIDENTS)

Complete and fax daily to Infection Prevention and Control

Facility Name: _____ Unit: _____ Telephone: _____
 Contact Person: _____ Telephone: _____

DEMOGRAPHICS (one line per patient/resident)		NP SWAB	SIGNS & SYMPTOMS		SUDDEN ACUTE ONSET CLINICAL SYMPTOMS (✓tick all applicable)						Acute Admit/ Tsfr Date	Comments /Other (i.e. vaccination date; Tamiflu start/stop date)
NAME (LAST, First) MRN & PHN	ROOM BED #	SENT DATE	Onset Date & Time	Resolved Date	Fever	Cough	Headache	Sore Throat	Sore Muscles/ Joints	Extreme Fatigue		

INFLUENZA-LIKE ILLNESS OUTBREAK LINE LIST (STAFF)

Complete and fax daily to Infection Prevention & Control

Facility Name: _____ Unit: _____ Telephone: _____
 Contact Person: _____ Telephone: _____

DEMOGRAPHICS			SIGNS & SYMPTOMS		ACUTE SUDDEN ONSET CLINICAL SYMPTOMS (✓tick all applicable)						Primary Assignment & Notes
INITIALS	POSITION (e.g., RN, RCA)	DATE OF LAST SHIFT	Onset Date	Date of last S&S	Fever	Cough	Headache	Sore Throat	Sore Muscles/ Joints	Extreme Fatigue	

Note: Staff with influenza-like illness must remain off work for 5 days after symptoms onset, or until acute symptoms resolve, whichever is longer