

Influenza-Like Illness (ILI) or Acute Respiratory Illness (ARI) Outbreak Management Checklist for Healthcare Facilities v. 12/2018

Facility Information

Facility Name:	Facility Contact Name(s):
Facility Classification*:	CDPH License Number:
Phone #1:	Phone #2:
Fax:	E-Mail:
Facility Street Address:	
Facility City:	Facility Zip Code:

* Skilled Nursing Facility, Intermediate Care Facility, Congregate Living Health Facility, General Acute Care Facility, Intermediate Care Facility for the Developmentally Disabled, Ambulatory Surgical Center, etc.

This document details local reporting requirements and guidance summaries from both the Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH) in the event of a suspected respiratory illness outbreak.

Please review and quickly implement this checklist of outbreak control measures. Rapid implementation will help prevent additional illness among patients and staff members and reduce overall facility disruptions.

The following situations are **reportable to Contra Costa Public Health and should trigger a facility response**:

- (1) One case of laboratory-confirmed respiratory pathogen, OR
- (2) A cluster of respiratory illness (≥ 2 cases) within a 72-hour (3 day) period

Case Definitions for Respiratory Illnesses:

Influenza-like Illness (ILI)

New onset of fever (100.0 °F [37.8 °C] or greater) in addition to one or more of the following: cough and/or sore throat. Individuals can also present with some of the following symptoms: chest discomfort, chills, fatigue, general weakness, headache, muscle aches (myalgia), runny nose, and/or confusion.

***NOTE:** Clinical presentation in the elderly, young children with neuromuscular disorders and young infants may be atypical; fever may be absent and pneumonia maybe secondary to an influenza infection.*

Acute Respiratory Illness (ARI)

Illness characterized by any two of the following: fever (100.0 °F [37.8 °C] or greater), cough, rhinorrhea (runny nose) or nasal congestion, sore throat, or muscle aches.

Please review the material and provide real-time training, as needed with all staff involved in carrying out the job duties which have been grouped by focus area in the checklist below.

Please fax the signed and dated copy of this form to Contra Costa Public Health - Communicable Disease Programs (925-313-6465). A preliminary report copy is faxed at the beginning of the outbreak and a final report copy faxed when the outbreak has resolved.

Thank you,
 Communicable Disease Programs
 Contra Costa Public Health

Checklist

Focus Area	Implemented	Outbreak Recommendation/ Intervention
A. Notifications	<i>Report suspected outbreak to all of the following parties:</i>	
		1. Contra Costa Public Health - Communicable Disease Programs (Staff are available 24/7 - 365) <u>Business Hours</u> (8AM-5PM M-F): Phone #: (925) 313-6740 <u>After Hours & Holidays:</u> Phone #: (925) 646-2441 (via Sheriffs Dispatch) - Ask Dispatch for the Health Officer on-call
		2. Facility Administrator
		3. Medical Director
		4. Facility Infection Control Lead or Designee
		5. Healthcare Staff
		6. California Department of Public Health (CDPH) - Licensing and Certification (L&C) <ul style="list-style-type: none"> • L&C East Bay Office (866) 247-9100 https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/ContactUs.aspx
		7. Patient Transport Agency and Receiving Facilities Limit patient transfers out of your facility unless a higher level of care is needed. <ul style="list-style-type: none"> • If transfer is necessary, use the Infection Control Transfer Form: https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/Interfacility%20Transfer%20Form%20061417.pdf
	8. Patients, family members and visitors	
B. Outbreak Assessment	<i>Initiate enhanced surveillance</i>	
		1. Conduct rounds and identify patients with symptoms of ILI or ARI.

		2. Screen staff for symptoms of ILI or ARI.
		3. Fax available diagrams of your facility indicating which units/wing/bldg./floor(s) with patient(s) or staff that have tested positive for influenza and/or have respiratory symptoms. This will assist Public Health in making recommendations for infection control.
		4. Compile initial line list(s) of symptomatic: (1) patients <u>and</u> (2) staff and fax to Contra Costa Public Health <ul style="list-style-type: none"> • Fax #: (925) 313-6465 • A template line list is posted at: http://cchealth.org/flu/pdf/AcuteRespiratoryIllnessOutbreak-FacilityLineList.xlsx
		5. Lab testing: Promote and provide specimen testing for organism identification. Testing can help detect the cause of the outbreak and assist in determining when the outbreak is over. <ul style="list-style-type: none"> • Gold standard for testing: Nasopharyngeal swab for RT-PCR Influenza or Respiratory Panel (which includes influenza). Rapid influenza testing (antigen detection only), is NOT recommended.
C. Daily Updates to Public Health	<i>Compile and update daily two line lists of symptomatic persons (patients and staff)</i> <u>NOTE:</u> Daily updates to the line lists should only include additions of newly symptomatic persons.	
		1. Update patient line list
		2. Update staff line list
		3. Fax the TWO updated line lists to Contra Costa Public Health Fax #: (925)313-6465
D. Infection Control	<i>Implement facility-wide control measures</i>	
		1. When multiple units are affected, cancel or postpone group activities until at least 4 days (96 hours) after the last identified case.
		2. When multiple units are affected, if possible, discontinue community dining until 4 days (96 hours) after the last identified case. Shift dining service to meal delivery in patient's rooms.
		3. Screen all visitors for symptoms of respiratory illness.
		4. Increase the accessibility of hand sanitizers, boxes of tissues and surgical masks in your facility. <ul style="list-style-type: none"> • Recommended locations: facility entrance, dining areas, group activities, rehab gym, etc.
		5. Educate and assist all patients in handwashing and use of hand sanitizer before meals and after toileting.

		6. Discontinue floating of staff from affected units to unaffected units.
		7. Assign staff to specific patients and/or areas.
E. Environmental Cleaning	<i>Implement environmental cleaning measures</i> <i>NOTE: Influenza can survive for 24 hours on solid surfaces (tables, telephones) and up to 12 hours on porous surfaces (clothing, linens, paper, etc.).</i>	
		1. Increase cleaning frequency of hard non-porous, high touch surfaces 2-3 times per day with an EPA-approved disinfectant. <ul style="list-style-type: none"> • High touch surfaces include, but not limited to: door knobs, bed rails, call lights, bedside tables, commodes, toilets, phones, keyboards/mouse, hallway rails, elevator buttons and faucets.
F. Patient Management (SYMPTOMATIC)	<i>For a lab-confirmed case or clinically compatible case:</i>	
		1. For influenza begin antiviral treatment ; do not delay until laboratory results.
		2. Placement in a private room or cohort symptomatic patients with same influenza strain when private rooms are not available; maintain 6 feet distance between patients, with curtain drawn between patients.
		3. Isolate for at least 7 days after onset of symptoms or 24 hours after resolution of all respiratory symptoms other than cough -- whichever is longest. <ul style="list-style-type: none"> • If after 7 days the patient continues to have fever or illness, you may need to extend Droplet and Standard Precautions past 7 days; consult with Public Health as needed.
	4. Use Standard and Droplet Precautions <ul style="list-style-type: none"> • <u>Standard Precautions</u>: hand hygiene, use of gloves, gown, mask, eye protection – if patients are unable to contain their respiratory secretions. AND • <u>Droplet Precautions</u>: surgical masks should be worn upon entry to the patient’s room and during patient care. Mask should cover mouth and nose at all times. 	

		<p>5. Equipment: Place dedicated equipment in isolation rooms. If not possible, clean and disinfect equipment before use with another patient.</p> <ul style="list-style-type: none"> • Equipment includes, but is not limited to the following: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> BP Cuffs <input checked="" type="checkbox"/> Commodes <input checked="" type="checkbox"/> Stethoscopes <input checked="" type="checkbox"/> Wheelchairs <input checked="" type="checkbox"/> Thermometers <input checked="" type="checkbox"/> Therapy Equipment
		<p>6. Movement of symptomatic patients:</p> <ul style="list-style-type: none"> • Confine activities to patient room. • Place a surgical mask on patients if they need to leave their room for transport to another facility or any reason (MD appointment, behavior problems). • Provide physical/rehab therapy in patient’s room
		<p>7. Hand hygiene: Wash hands using soap and water or apply hand sanitizer</p>
		<p>8. Re-admission: Hospitalized patients diagnosed with influenza may be re-admitted back to the facility and placed in isolation, as described above (see, F #1-6)</p>
<p>G. Patient Management (ASYMPTOMATIC)</p>	<p><i>For patients with exposure to lab-confirmed influenza with <u>NO</u> symptoms:</i></p>	
		<p>1. Place the asymptomatic patient with exposure in Standard and Droplet precautions for 5 days.</p>
		<p>2. Give antiviral chemoprophylaxis dosage for 2 weeks minimum or 1 week after last identified influenza case – whichever is longer. Influenza Antiviral Medications: Summary for Clinicians (CDC) https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm</p>
		<p>3. Lab testing is NOT recommended, unless symptoms of influenza occur</p>
<p>H. Staff and Volunteer Management</p>	<p><i>Monitor staff absenteeism due to respiratory symptoms.</i></p>	
		<p>1. Exclude all symptomatic staff from work until 24 hours after fever is resolved without the use of fever reducing medicine (acetaminophen, ibuprofen and/or aspirin products).</p>
		<p>2. Consider antiviral chemoprophylaxis for unvaccinated health care personnel.</p> <ul style="list-style-type: none"> • SPECIAL SITUATION: If the outbreak is caused by a strain of influenza virus that is not well-matched by the vaccine, chemoprophylaxis can be offered for all staff, regardless of their influenza vaccination status

I. Antiviral Drugs (Treatment and Chemoprophylaxis)	Initiate treatment and chemoprophylaxis ASAP , when influenza has been lab-confirmed in at least one patient	
		<ol style="list-style-type: none"> 1. Antiviral treatment should be started as soon as possible for all symptomatic patients with suspected <u>or</u> confirmed influenza. <u>Influenza Antiviral Medications: Summary for Clinicians (CDC)</u> https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm <ul style="list-style-type: none"> • The initiation of treatment should NOT be delayed until laboratory testing results are available.
		<ol style="list-style-type: none"> 2. Antiviral chemoprophylaxis should be given to ALL asymptomatic patients, regardless of influenza vaccination status.
J. Vaccine	<p>Annually, vaccinate all patients and staff with influenza vaccine before influenza season. Patient (65+ years) should also be up-to-date with vaccine for pneumococcal disease.</p> <p><i>NOTE: Cal/OSHA Aerosol Transmissible Diseases Standard (8 CCR 5199) states for staff "vaccination will be offered free of charge."</i></p> <p>https://www.dir.ca.gov/title8/5199.html</p>	
		<ol style="list-style-type: none"> 1. All licensed health care facilities, in Contra Costa County, must require their health care workers (HCWs) receive an annual influenza vaccination or, if they decline, they must wear a mask during the influenza season (November 1st - April 30th) as stated in the Contra Costa County Health Officer Order. <ul style="list-style-type: none"> • Contra Costa Vaccine – Masking Order https://cchealth.org/public-health/pdf/2018-0917-Masking-Memo-update.pdf
		<ol style="list-style-type: none"> 2. Offer catch-up influenza vaccine to asymptomatic patients and staff who previously declined it.

Preliminary Report

I have read these recommendations and had the opportunity to ask questions, on behalf of the affected facility.

Facility Name:

Facility Baseline Metrics (Preliminary Report)	Count Indicators	Count
	Patient Census	
	Vaccinated Patients - Baseline (Total number vaccinated against influenza ≥14 days before outbreak began)	
	Staff Census	
	Vaccinated Staff – Baseline (Total number vaccinated against influenza ≥14 days before outbreak began)	
	Staff with Documented Influenza Vaccination Declination	
	Date Indicators	Date
	Date facility temporarily closed to new admissions	
	Date facility temporarily closed to new visitors	
	Date facility temporarily closed group dining	
	Date facility temporarily postponed group activities	

Signature: _____ Date: _____

(Facility Administrator)

Final Report

As a facility, we monitored all patients and staff for symptoms of ILI or ARI a total of 7 days following the last date of illness onset.

Facility Name:

Outbreak Resolution Metrics (Final Report)	Count Indicators	Count
	Number of patients prescribed antiviral TREATMENT	
	Number of patients prescribed antiviral CHEMOPROPHYLAXIS	
	Number of patients covered by an influenza antiviral standing order	
	Number of staff prescribed antiviral CHEMOPROPHYLAXIS	
	Number of patients given catch-up influenza vaccine	
	Number of staff given catch-up influenza vaccine	
	Date Indicators	Date
	Date facility re-opened to new admissions	
	Date facility re-opened to all visitors	
	Date facility group dining re-opened	
	Date normal group activities restarted	

Signature: _____ Date: _____

(Facility Administrator)

Resources

Educational & Training Materials:

- 1) Real-Time Training Video: Managing Influenza Outbreaks in Long-Term Care Facilities (Oregon Patient Safety Commission)
https://www.youtube.com/watch?v=4mwawB_yg7c
- 2) Poster: Sequence for Putting on Personal Protective Equipment (CDC)
<https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

Guidance Documents:

- 1) Recommendations for the Prevention and Control of Influenza in California Skilled Nursing Facilities (SNF), California Department of Public Health (CDPH) (UPDATED – October 2018)
https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/RecommendationsForThePreventionAndControlOfInfluenzaNov2018_FINAL.pdf
- 2) Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities (CDC)
www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm
- 3) Influenza Antiviral Medication: Summary for Clinicians (CDC)
<https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>
- 4) All Facilities Letter – Influenza Outbreaks in Long-Term Care Facilities (CDPH, January 2018)
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-18-08.aspx>
- 5) Physician Alert – Influenza and Sepsis (Medical Board of California, February 2018)
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Flu-and-Sepsis.pdf>
- 6) Mandatory Vaccination or Masking Order – Contra Costa County (2018-2019)
<https://cchealth.org/public-health/pdf/2018-0917-Masking-Memo-update.pdf>