

Managing Outbreaks in Healthcare Settings

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Vision

- **Communities of Illinois will achieve and maintain optimal health and safety.**

Mission

- **Protect the health and wellness of the people in Illinois through the prevention, health promotion, regulation, and the control of disease and injury.**





OUTBREAK

A disease outbreak is the **occurrence** of disease cases **in excess** of normal expectancy.

Outbreaks are the result of either failures in infection control practices or contaminated equipment or medications.



Consider that you may have an outbreak when a population is afflicted with similar illnesses (symptoms) **in excess of the norm.**

This does not confirm an outbreak but should alert you to the potential of a cluster or outbreak



Report it
for everyone's sake



Mandatory Disease Reporting

Illinois Administrative Code, Part 690 Control of Communicable Diseases Code mandates reporting of infectious diseases or conditions to public health by anyone with knowledge.

Listing of all reportable conditions can be found at <http://dph.illinois.gov/sites/default/files/publications/illinois-laboratory-reporting-requirements-poster.pdf>

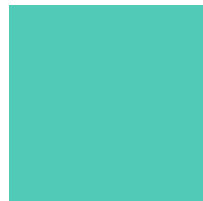
Identifiable information, including names and contact information, is reportable to public health

Early identification and implementation of control measures will limit the number of ill and duration of the outbreak.

4 Components one should consider during outbreak



Number of cases required (for certain diseases, one case can be considered an outbreak)



Timing of cases (incubation period)



Laboratory confirmed and/or by symptoms



Epidemiologically linked

Case Definitions

- A CASE DEFINITION INCLUDES CRITERIA FOR PERSON, PLACE, TIME, AND CLINICAL FEATURES. THESE SHOULD BE SPECIFIC TO THE OUTBREAK UNDER INVESTIGATION.
- CASE DEFINITIONS INCREASE THE LIKELIHOOD THAT **TRUE CASES ARE COUNTED AND NON-CASES ARE NOT COUNTED.**
- DEVELOPMENT OF A CLEAR CASE DEFINITION IS CRITICAL TO EFFECTIVE INVESTIGATION OF AN OUTBREAK.
- USE OF A COMMON CASE DEFINITION ALLOWS FOR STANDARDIZATION OF THE CASES OF INTEREST BOTH WITHIN AN ONGOING OUTBREAK INVESTIGATION



Communication

It is important that you **contact your local health department during outbreak situations** for reporting and guidance.

Periodic updates from you will assist the local health department with their monitoring of your situation.

The local health department will assist in the investigation and reporting to IDPH.

Note:

Since some outbreak require surveys, it is good idea to up to date demographic information which can be shared if needed with the LHD.



Control Measures

- **Control measures are based upon the mode of transmission** and characteristics for a given disease and fall into several general categories:
 - **Person to Person** (i.e., Scabies, Norovirus, etc.)
 - Respiratory (i.e., Influenza, RSV, etc.)
 - **Food or Water Borne** (i.e., Salmonella, Legionella, etc.)
 - **Animal or Vector Contact** (i.e., Rabies, Zika, etc.)
 - **Environmental Contamination Non-food/Non-water borne** (i.e., lead, asbestos, etc.)
- Regardless of mode of transmission use and availability of **Hand Hygiene, PPE, and appropriate environmental cleaning supplies are essential.**

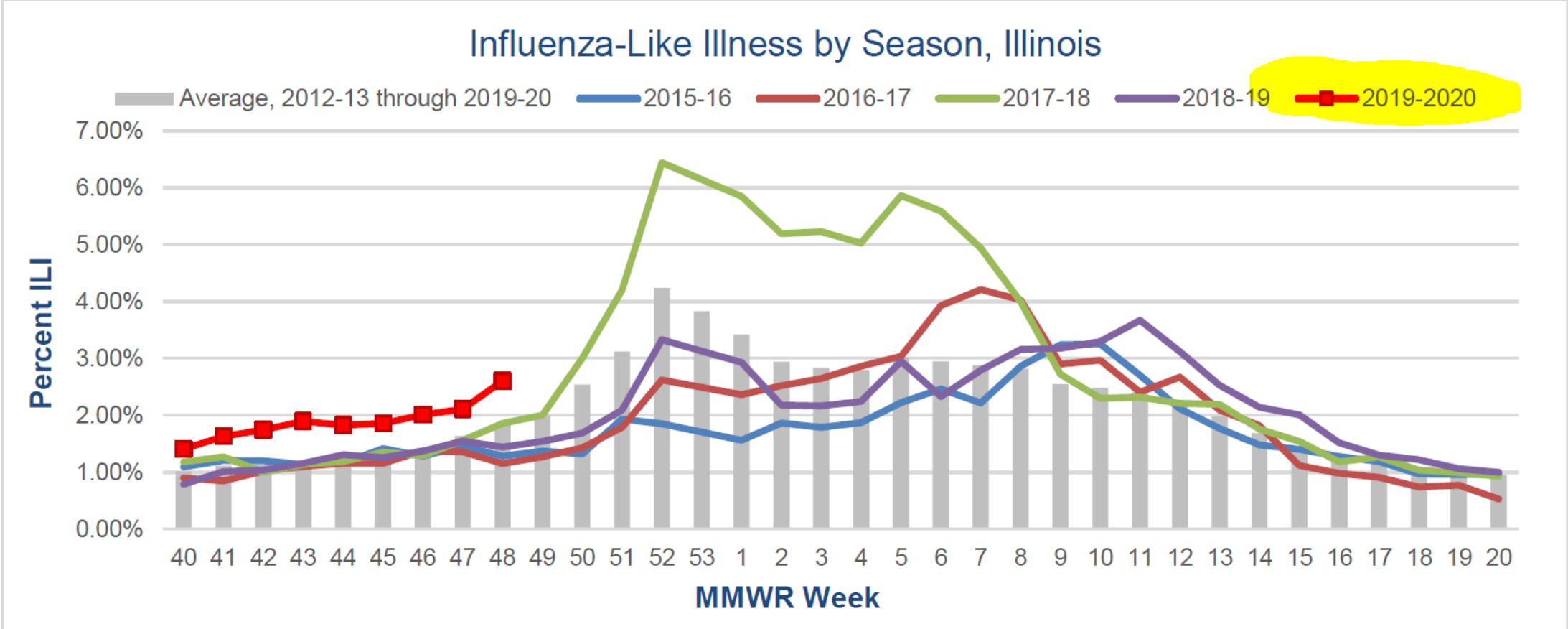




Tis the Season to be under “influenza del freddo!”



Illinois Sentinel Influenza-Like Illness (ILI) Surveillance



ESCHNAZI

VISITORS

Visitation Restrictions Now in Effect for Flu Season

Only immediate family members and significant others not experiencing flu-like symptoms and who are over the age of 18 may visit patients at this time.

Temporary Visitor's

Help us safeguard our patients from respiratory illness during this period of increased VIRAL ILLNESS. Visitor visitation is being restricted.



You are required to stand at the front desk.

CURRENT VISITATION RESTRICTIONS:

Help us protect our patients and others. Please respect these temporary visitation restrictions:

-  PLEASE WEAR A MASK if you have flu symptoms, or you're visiting a patient with flu.
-  Please do not visit if you are not feeling well today.
-  No one age 16 or under may visit patients in the hospital.
-  Only patient's immediate family or caregiver is permitted to visit.
-  Check in at Nurses' Desk before entering a patient's room.

Visitor Restriction

ATTENTION VISITORS

Mandatory Visitor Restrictions at St. Joseph's/Candler Due to the Flu


For the safety of our patients and for the safety of your children, children under the age of 18 are not permitted to visit any patients at St. Joseph's/Candler.

Those under the age of 18 cannot visit patients at the Candler Birthplace at Candler Hospital unless they are the primary caretaker.

If you feel sick or have flu-like symptoms, please do not visit patients at the hospital.

FLU-LIKE SYMPTOMS INCLUDE:

- Fever (100 or more)
- Cough
- Sore Throat
- Runny Nose/Body Ache
- Headache
- Muscle Ache

 St. Joseph's/Candler
LIFE. UNITED.



**Are you ready to take
control?**

Prevention

- **Residents** should receive trivalent inactivated influenza vaccine (TIV) annually before influenza season.
- **Health Care Personnel should be** vaccinated annually against influenza.

Multi-faceted approach

- **Preventing transmission** of influenza viruses and other infectious agents within health care settings, including in long-term care facilities, requires a multi-faceted approach that includes the following:
 - **Vaccination**
 - Testing
 - **Infection Control**
 - Antiviral Treatment
 - Antiviral Chemoprophylaxis

Vaccinate Health Care Personnel

Health care personnel who get vaccinated help to reduce:

- Transmission of influenza
- Staff illness and absenteeism
 - Influenza-related illness and death, especially among people at increased risk for severe influenza illness
- Higher vaccination levels among personnel have been associated with a lower risk of health care facility-associated influenza cases.
 - Influenza outbreaks in hospitals and long-term care facilities have been attributed to low influenza vaccination coverage among health care personnel.
- • Higher influenza vaccination levels among health care personnel can reduce influenza-related illness, and even deaths, in settings like nursing homes.

Surveillance

Be aware of what's happening in
the community!

BE AWARE



BE PREPARED

Testing

- Even if it's not influenza season, influenza testing should occur when any resident or patient has signs and symptoms of influenza-like illness.

Implementing Active Surveillance in health settings

- **Test for influenza in the following:**
 - ill persons who are in the affected unit as well as previously unaffected units in the facility
 - Persons who develop acute respiratory illness symptoms more than 72 hours after beginning antiviral chemoprophylaxis
 - Ensure that the laboratory performing the tests notifies the facility of tests results promptly.



Transmission Based Precautions.

Droplet Precautions

Prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions.

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, while a resident is in a health care facility.

Examples of Droplet Precautions include

- Placing ill residents in a **private room**. If a private room is not available, place (**cohort**) residents suspected of having influenza residents with one another

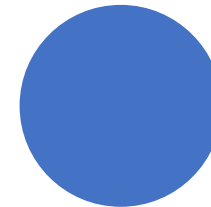
- **Wear a facemask** (e.g., surgical or procedure mask) upon entering the resident's room. Remove the facemask when leaving the resident's room and dispose of the facemask in a waste container.

- If resident movement or transport is necessary, **have the resident wear a facemask** (e.g., surgical or procedure mask)

Communicate information about patients with suspected, probable, or confirmed influenza to appropriate personnel before transferring them to other departments.

- All long-term care facility residents who have **confirmed or suspected** influenza should receive antiviral **treatment immediately**.
- **All eligible residents** in the entire long-term care facility (not just currently impacted wards) should receive **antiviral chemoprophylaxis** as soon as an influenza outbreak is determined.
- Antiviral chemoprophylaxis can be considered or offered to unvaccinated personnel who provide care to persons at high risk of complications.

Antiviral Treatment and Chemoprophylaxis





Be Aware of the Possibility of a Drug-Resistant Virus

- Notify the health department if a resident develops influenza while on, or after receiving antiviral chemoprophylaxis.



Consider the following
additional measures to
reduce transmission among
residents and healthcare
personnel:

All meals in resident rooms



Cohorting



Limit Large Group Activities



Limit visitation



**Avoid new admissions with
symptomatic residents**



Restrict personnel movement

North Wing


South Wing

Infection Control Alert

Restricted Personnel

Monitor staff absences

Staff absences

Bob x 2  Fever
and cough
Mary x 3





DROPLET PRECAUTIONS



EVERYONE MUST:



Clean their hands, including before entering and when leaving the room.



Make sure their eyes, nose and mouth are fully covered before room entry.

or



Remove face protection before room exit.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



Post reminder





Thank you

Reference Links

<https://www.cdc.gov/ophss/csels/dsepd/ss1978/SS1978.pdf>

<https://www.cdc.gov/flu/pdf/professionals/interim-guidance-outbreak-management.pdf>