



Broward County Health Department
Recommendations for the Control of Influenza-Like Illness (ILI) Outbreaks

Reporting:

Any case, cluster of cases, or outbreak of a disease or condition found in the general community or any defined setting such as a hospital, school or other institution, that is of urgent public health significance is required to be reported to the Department of Health in Florida. This includes those indicative of person to person spread, zoonotic spread, the presence of an environmental, food or waterborne source of exposure and those that result from a deliberate act of terrorism. An outbreak can be defined as an increase in the number of cases of a disease or condition compared to the expected number in a particular period of time and geographical area. For diseases where the expected number is zero, a single case constitutes an outbreak. If an outbreak is suspected, please contact the Broward County Health Department within 24 hours of recognition at 954-847-3567.

Definitions:

Acute febrile respiratory illness (AFRI) - a measured temperature 100 degrees Fahrenheit and recent onset of at least one of the following: rhinorrhea or nasal congestion, sore throat, or cough.

Cluster - Three or more cases of AFRI occurring within 48 to 72 hours, in residents who are in close proximity to each other (e.g., in the same area of the facility).

Influenza-Like-Illness (ILI) - Fever $\geq 37.8^{\circ}\text{C}$ (100°F) and a cough and/or sore throat

Outbreak - A sudden increase of AFRI cases over the normal background rate or when any resident tests positive for influenza. One case of confirmed influenza by any testing method in a long-term care facility resident is an outbreak.

Case Surveillance/Management: Facilities should establish and maintain a surveillance program for Influenza-Like Illness/Respiratory disease. During an outbreak, cases should be recorded daily using a case log, which will help with the investigation of the outbreak. The health department will request daily updates to monitor the outbreak. A copy of the case log is included in the Broward County Health Department ILI Outbreak Toolkit or can be obtained by contacting the Broward County Health Department at 954-847-3567.

Laboratory Testing: The Broward County Health Department can facilitate collection and transport of clinical samples upon request during an outbreak. The purpose of the testing is to confirm the etiology of an outbreak; it is not appropriate for individual patient diagnosis. Please contact the Broward County Health Department at 954-847-3567 for assistance with laboratory testing.

Outbreak Prevention, Control, and Management:

- Promote and administer seasonal influenza vaccine.
- Post visual alerts at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide patients and staff with instructions (in appropriate languages) about respiratory hygiene, hand hygiene, and cough etiquette. Instructions should include:
 - How to use facemasks or tissues to cover nose and mouth when coughing or sneezing and to dispose of contaminated items in waste receptacles.
 - How and when to perform hand hygiene.
- Promote frequent and proper hand hygiene. Frequent handwashing with soap and water is an effective means of prevention. The recommended procedure is to rub all surfaces of lathered hands together vigorously for at least 20 seconds and then thoroughly rinse the hands under a stream of warm water. A paper towel should be used to dry hands and to turn off the water.
 - Recommend all persons, including (but not limited to) residents, staff, volunteers, visitors, and service personnel, to wash their hands upon entering and leaving the facility or resident's/patient's room, after using the restroom, after assisting with toileting or diaper changes, before and after handling food or eating, after having contact with patients, and/or after having contact with infective material that may contain high concentrations of microorganisms.
 - Equip all restrooms with soap, a hand drying device (e.g. paper towels), and covered trash containers so persons can properly wash hands after using the restroom.
- Educate staff, volunteers, residents, visitors, and service personnel regarding the outbreak, methods of transmission, and control measures.
- In situations in which the epidemic is extended by periodic renewal of the susceptible population, the facility or institution might have to be closed and/or stop admissions until it can be cleaned appropriately.
- Limit visitation and notify visitors (e.g. via posted notices) that adults with respiratory symptoms should not visit the facility for 5 days and children with symptoms for 10 days following onset of symptoms.
- Encourage residents, visitors, volunteers, and staff to maintain at least 3 to about 6 feet from others. Residents should be discouraged from using common areas where feasible.
- Provide tissues or masks to residents and visitors who are coughing or sneezing so that they can cover their mouth and nose.
- Post visual alerts instructing residents and persons who accompany them to inform health care personnel if they have symptoms of respiratory infection.

Residents/Patients:

- Isolate all symptomatic persons for at least 5 days following the onset of symptoms. Symptomatic patients should be placed in a private room, if possible. When a private room is not available, place the patient in a room or on one unit (i.e. cohort) with patients who have active infection with the same symptoms but with no other infection for 5 days following the onset of symptoms.
- Limit the movement and transport of the patients for essential purposes only. If the patient is transported out of the room, ensure that precautions are maintained to minimize the risk of transmission of microorganisms to other patients and contamination of environmental surfaces or equipment. Patient(s) should wear a surgical or procedural mask, if possible, during transport and follow respiratory hygiene and cough etiquette and hand hygiene.
- Limit new admissions until at least at least 5 days following onset of symptoms after the last identified case. If new admissions are necessary, admit residents to an unaffected unit or to a unit that has had no new cases for at least 5 days following onset of symptoms after the last identified case.
- Avoid discharging ill patients until at least 5 days following onset of symptoms.
- Cancel or postpone non-essential group activities until at least 5 days following onset of symptoms after the last identified case. Common areas such as activity rooms and dining rooms should be closed. Meals should be served in the residents rooms.

Staff:

- Exclude all staff members (especially staff and volunteers that have direct patient care responsibilities) with ILI symptoms for at least 5 days following onset of symptoms. Since some infectious agents can be shed for a longer duration after recovery from illness and in the absence of clinical disease, all staff members should be required to maintain strict personal hygiene at all times.
- Staff should perform hand hygiene frequently, including before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of personal protective equipment, including gloves.
- Provide staff, visitors, and volunteers with proper personal protective equipment (PPE) when caring for or visiting an ill resident.
 - Disposable gloves (clean, non-sterile gloves are adequate) should be worn when entering the room of a symptomatic patient in which direct contact with ill persons or contaminated surfaces is possible.
 - Gowns should be worn when contamination of clothing is possible.
 - Surgical or procedure masks should be worn when entering the room of a symptomatic patient.
- Remove gloves, gowns, and/or masks after each patient and/or before leaving the patient's room and wash hands immediately with soap and water. After PPE removal and handwashing, ensure that hands do not touch potentially contaminated environmental surfaces or items in the patient's room to avoid transfer of microorganisms to other patients or environments.

- Do not allow staff to float between affected and non-affected units, if possible. Staff should try to maintain same staff to resident assignments, if possible. Non-essential staff should be excluded from affected units.

Antiviral Chemoprophylaxis:

- Antiviral chemoprophylaxis should be given to residents and offered to health care personnel in accordance with current recommendations during influenza outbreaks. Antiviral chemoprophylaxis should continue for at least 2 weeks, and as long as 1 week after the last resident case occurred. Persons receiving antiviral chemoprophylaxis should be actively monitored for potential adverse effects, and for possible infection with influenza viruses that are resistant to antiviral medications. Two FDA-approved influenza antiviral medications are recommended for use in the United States during the 2010-2011 influenza season: oseltamivir (Tamiflu®) and zanamivir (Relenza®). Oseltamivir and zanamivir are effective against both influenza A and B viruses.
- Patients receiving antivirals should continue to be confined until treatment is completed because patients may still be infectious and rarely may be shedding antiviral resistant viruses.

Environmental/Other Measures:

- Environmental Services staff should use appropriate personal protective equipment (PPE) (i.e., household gloves, gowns, and masks) as needed when preparing disinfectant and cleaning solutions and when applying these solutions by hand to wipes and/or surfaces.
- Environmental surfaces should be kept visibly clean and disinfected on a routine basis. During an outbreak, the frequency of cleaning and disinfecting commonly touched surfaces (e.g. faucets, door handles, rails, light switches, elevator buttons, safety/pull-up bars, television controls, etc.) should be increased.
- Avoid large-surface cleaning methods that produce mists or aerosols or disperse dust in patient-care areas (e.g. use wet dusting techniques, wipe application of cleaning and/or disinfectant solutions).
- Avoid placing influenza patients in rooms with carpeting if possible; use vacuums equipped with HEPA filtration when vacuuming carpets in patient-care areas.
- Surfaces that have been soiled should first be cleaned of visible material with soap and water and then disinfected with an Environmental Protection Agency-registered hospital detergent disinfectant. Follow standard facility procedures for cleaning and disinfecting environmental surfaces.
- Soiled linens and clothes should be handled as little as possible and with minimum agitation to prevent transfer of microorganisms to oneself/others and to environmental surfaces. Wear gloves (and gown, if necessary) when handling and transporting soiled linen and laundry. Although influenza viruses can persist on porous materials, the transfer of these viruses from sheets, bedding, and clothing is not as efficient a process as that involving non-porous surfaces. Therefore, management of laundry in healthcare facilities and in the home can be accomplished with existing procedures appropriate for these settings. Perform appropriate hand hygiene after handling soiled linens and clothes.

- There is no evidence to suggest that either pandemic influenza virus or seasonal influenza viruses can be spread via contact with either routine solid wastes or regulated medical wastes generated either in a healthcare facility or in a home, school, or business. Therefore, current waste management strategies can continue to be used while influenza viruses are in circulation

References

CDC - Infection Control Measures for Preventing and Controlling Influenza Transmission in Long-Term Care Facilities

<http://www.cdc.gov/flu/professionals/infectioncontrol/longtermcare.htm>

EPA Selected EPA-registered Disinfectants

<http://www.epa.gov/oppad001/chemregindex.htm>

Interim Guidance on Environmental Management of Pandemic Influenza Virus

<http://www.pandemicflu.gov/plan/healthcare/influenzaguidance.html>