PERSONAL CARE HOME/LONG TERM CARE FACILITY

INFLUENZA OUTBREAK

MANAGEMENT PROTOCOL
ACKNOWLEDGEMENTS

The revision of the Personal Care Home/Long Term Care Respiratory Illness Outbreak Management Protocol was made possible through the collaborative efforts of the following persons:

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1. **PREAMBLE**

Respiratory disease outbreaks occur frequently in long-term care facilities. Most influenza outbreaks occur during the winter months. Facility staff should watch for clusters of upper or lower respiratory tract infections, (e.g., cases occurring on a particular ward or cases occurring over a brief period of time), as early recognition of an outbreak is vital to effective management.

Outbreaks are disruptive and costly; however, influenza outbreaks may be milder in facilities with high staff and resident vaccination rates. It is critical that all residents be vaccinated against influenza to prevent or reduce the impact of influenza outbreaks during the winter season. It is equally critical that health care workers receive influenza vaccine to protect themselves, their families and the residents. Health care workers can transmit respiratory viruses to high-risk, vulnerable residents.

The Public Health Agency of Canada stated the “refusal of health care workers who are involved in direct patient care to be immunized against influenza implies failure in their duty of care to their patients”.

2. **PURPOSE**

2.1 To prevent and/or minimize the mortality and morbidity of influenza outbreaks in the Winnipeg Health Region by providing a consistent, practical guideline to manage influenza outbreaks.

2.2 To provide a structure for coordinating the activities of the various provincial, regional, facility and laboratory agencies that have responsibility for the investigation, prevention and control of respiratory disease outbreaks in long term care facilities in the Winnipeg Health Region.

2.3 To define the roles and responsibilities of key stakeholders during the course of a facility outbreak.

3. **REPORTING REQUIREMENTS**

Under legislation of the *Public Health Act*, (section 210), influenza outbreaks are to be reported to the Director, Communicable Disease Control, Public Health Branch, Manitoba Health. In Winnipeg, for practical reasons, initial notification of a suspected influenza outbreak is made to the Communicable Disease Coordinator, Population and Public Health Program, Communicable Diseases Unit, Winnipeg Regional Health Authority (WRHA).
4. DEFINITIONS

4.1 Alcohol based hand rub: An alcohol based antiseptic with a minimum of 60% alcohol that is applied to all surfaces of the hands to reduce the number of microorganisms present on the hands.

4.2 Hand Hygiene: A general term that applies to hand washing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis.

4.3 Hand washing: The process of washing hands with soap and water and friction.

4.4 Influenza: Acute onset of respiratory illness characterized by cough and one or more of the following symptoms:

- fever > 38°C,
- sore throat,
- arthralgia
- myalgia,
- prostration.

4.5 Influenza-like Illness Outbreak: The occurrence of cases of influenza-like illness (ILI) in excess of the expected number of cases in the Personal Care Home/Long Term Care Facility (PCH/LTCF). Notify the Communicable Disease Coordinator, Population and Public Health Communicable Diseases Unit, WRHA and the Manager, PCH Infection Prevention & Control, WRHA (see Appendix F-1, F-2) when there are two or more cases of ILI occurring within 7 days and evidence of spread.

4.6 Outbreak: The occurrence in a facility/unit of cases of an illness with a frequency clearly in excess of normal expectancy. The number of cases indicating presence of an outbreak will vary according to the infectious agent, size and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence. Therefore; the status of the outbreak is relative to the usual frequency of the disease in the same facility/unit, among the same population, at the same season of the year.

4.7 Routine Practices—A set of infection control precautions and practices used for all direct resident care regardless of the resident’s presumed infection status or diagnosis. These precautions and practices are used to prevent the transmission of microorganisms from direct or indirect contact with blood, body fluids and/or secretions. Routine Practices includes hand hygiene, use of personal protective equipment, accommodation, equipment and environmental cleaning.
5. **POLICY**

5.1 Facilities shall keep viral testing kits on hand during the influenza season.

5.2 Residents shall be assessed on an ongoing basis for signs and symptoms of influenza-like illness.

5.3 The PCH/LTCF Infection Control Professional or designate shall be responsible for identifying and reporting a possible influenza outbreak.

5.4 Influenza-like illness outbreaks shall be reported to the Director, Communicable Disease Control, Public Health Branch, Manitoba Health & Healthy Living as per the Public Health Act, section 210. In Winnipeg, for practical reasons, initial notification of a suspected influenza outbreak shall be made to the Communicable Disease Coordinator, Population and Public Health Communicable Diseases Unit, WRHA and to the Manager, PCH Infection Prevention & Control, WRHA.

5.5 Nasopharyngeal swabs shall be performed after consultation with the Communicable Disease Coordinator, WRHA and sent to the laboratory for diagnostic purposes when viral testing for influenza is indicated.

5.6 Appropriate Infection Prevention & Control Precautions shall be implemented.

5.7 In consultation with the PCH Medical Director, the Communicable Disease Coordinator, WRHA, the Medical Officer of Health and the Manager, PCH Infection Prevention & Control, WRHA an outbreak investigation shall be initiated and the outbreak managed accordingly.

6. **ROLES AND RESPONSIBILITIES**

6.1 The Unit Nurse is responsible for:

6.1.1 Knowing the symptoms for influenza-like illness

6.1.2 Monitoring residents for symptoms of influenza-like illness and recognizing an influenza-like illness.

6.1.3 Obtaining nasopharyngeal swabs (Appendix G), after consultation with Communicable Disease Coordinator, WRHA (Appendix F2), completing the Cadham Lab requisition (Appendix H), and ensuring delivery of specimen (courier direct) to the Cadham Laboratory as required.

6.1.4 Reporting new cases of influenza-like illness to PCH/LTCF Nursing Administration/Infection Control Professional or designate.

6.1.5 Assisting the PCH/LTCF Infection Control Professional with completing the Daily Outbreak Report- Residents Record (Appendix D) and the Daily Outbreak Report- Staff Record (Appendix E).

6.1.6 Contacting the resident’s attending Physician.

6.1.7 Communicating the facility plan and interventions with unit staff, residents and family members.
6.2 The PCH/LTCF Infection Control Professional/designate is responsible for:

6.2.1 Ensuring viral test kits are available. Refer to Instructions for Ordering Viral Transport Medium, Nasopharyngeal Swabs and Cadham Lab Requisitions (Appendix B).

6.2.2 Ensuring the Influenza/Pneumococcal Immunization Form for PCH Residents (Appendix A) is completed.

6.2.3 Knowing the criteria for an influenza-like illness outbreak.

6.2.4 Notifying the Communicable Disease Coordinator, WRHA and the Manager, PCH Infection Prevention & Control, WRHA (Appendix F-1, F-2) of the outbreak.

6.2.5 Obtaining an Outbreak code from the Communicable Disease Coordinator, WRHA if outbreak is suspected.

6.2.6 Providing the Communicable Disease Coordinator, WRHA and Manager, PCH Infection Prevention & Control, WRHA with information on the Report of a Suspected Influenza-Like Illness Outbreak in a Personal Care Home/Long Term Care Facility (LTCF) form (Appendix C) daily.

6.2.7 Completing and sending the Manitoba Health Initial Outbreak Report form (Appendix I) to the Communicable Disease Coordinator, WRHA; the Manager, PCH Infection Prevention & Control, WRHA and Manitoba Health & Healthy Living.

6.2.8 Ensuring the Daily Outbreak Report-Resident Record (Appendix D) is completed and sent to the Communicable Disease Coordinator, WRHA daily.

6.2.9 Ensuring the Daily Outbreak Report-Staff Record (Appendix E) is completed and sent to the Communicable Disease Coordinator, WRHA daily. Confirm staff cases with occupational health nurse or designate.

6.2.10 Making arrangements for ongoing communication with the Communicable Disease Coordinator, WRHA and the Manager, PCH Infection Prevention & Control, WRHA.

6.2.11 Coordinating infection control measures (Appendix R).

6.2.12 Assisting with the education of staff, families and residents and distributing Influenza Information Sheet for Residents, Families, Staff and Visitors (Appendix-O).

6.2.13 Communicating with PCH/LTCF Administration/Director of Care to determine and obtain required resources.

6.2.14 Ensuring the facility’s Medical Director is notified of the outbreak. The Medical Officer of Health will have sent appendices K1, K2, K3, K4 to the Medical Directors.

6.2.15 Advising the PCH/LTCF Support Services Coordinator (dietary, housekeeping, laundry) of the appropriate infection control measures.

6.2.16 Communicating with the laboratory (re: Creatinine and other health issues) and pharmacy regarding additional responsibilities related to the outbreak.

6.2.17 Being a resource to administration/staff.

6.2.18 Determining the outbreak is resolved in consultation with the Communicable Disease Coordinator, WRHA; the Manager, PCH Infection Prevention & Control, WRHA; the Medical Officer of Health, and the PCH Medical Director.

6.2.19 Completing and sending the Manitoba Health Final Outbreak Report form (Appendix M) to the Communicable Disease Coordinator, WRHA; Manager, PCH Infection Prevention & Control, WRHA and Manitoba Health & Healthy Living.
6.2.20 Compiling and submitting a summary of cases, facility plan and interventions using the *WRHA Influenza Outbreak Investigation Final Form*” (Appendix N), to the Communicable Disease Coordinator, WRHA and Manager, PCH Infection Prevention & Control, WRHA.

6.3 The PCH/LT CF Medical Director/ designate is responsible for:

6.3.1 Consulting with the Medical Officer of Health to determine the need to initiate a prophylactic antiviral medication as a control measure in the outbreak. The Medical Officer of Health may communicate recommending antiviral therapy to the Communicable Disease Coordinator, WRHA who will then inform the PCH/LTCF Infection Control Practitioner of the recommendation. See appendices K1, K2, K3, K4.

6.3.2 Ensuring antivirals are ordered as recommended.

6.3.3 Being a resource to the PCH/LTCF Infection Control Professional or designate and PCH/LTCF Administration.

6.3.4 Liaising with the residents’ physicians.

6.3.5 Determining the outbreak is resolved in consultation with the Communicable Disease Coordinator, WRHA; the Manager, PCH Infection Prevention & Control, WRHA and the Medical Officer of Health.

6.4 The PCH/LTCF Administration is responsible for:

6.4.1 Approving outbreak signage for posting (Appendix Q).

6.4.2 Disseminating information including, internal and external updates and media releases.

6.4.3 Facilitating meetings to update administration and staff.

6.5 The PCH Director of Care/Occupational Health Coordinator is responsible for:

6.5.1 Developing crisis staffing contingency plans.

6.5.2 Coordinating and delegating all required resources.

6.5.3 Ensuring management of ill or exposed employees.

6.5.4 Compiling statistics of staff influenza like illnesses cases and reporting cases to the Infection Control Professional or designate.

6.5.5 Being a resource to staff.

6.5.6 Implementing the facility protocol for staff.

6.5.7 Promoting immunization to staff not yet immunized.

6.6 The PCH/LTCF Environmental Support Services Coordinator is responsible for:

6.6.1 In consultation with the PCH/LTCF Infection Control Professional or designate, ensuring the implementation of infection control measures as recommended.

6.6.2 Informing and updating environmental support staff regarding the outbreak.

6.7 The PCH/LTCF Dietary Food Services is responsible for:

6.7.1 In consultation with the PCH/LTCF Infection Control Professional or designate, ensuring the implementation of infection control measures as recommended.

6.7.2 Informing and updating dietary staff regarding the outbreak.
6.8 **The PCH/LTCF Pharmacy Services is responsible for:**

6.8.1 Providing antiviral medications as required.
6.8.1 Being a resource to the professional health care providers.

6.9 **The PCH/LTCF Physicians are responsible for:**

6.9.1 Assessing, diagnosing and treating the resident with influenza like illness.
6.9.2 Being a resource to the PCH/LTCF Infection Control Professional or designate, nursing staff, administration and families.
6.9.3 Prescribing appropriate antivirals to residents either for treatment of ILI or for influenza prophylaxis as required.

6.10 **The Manager, PCH Infection Prevention & Control, WRHA is responsible for:**

6.10.1 Receiving reports from the PCH/LTCF Infection Control Professionals or designates.
6.10.2 Providing/reviewing management of influenza-like illness information to include infection prevention & control precautions, reporting processes, the completion of forms, and assisting with education material.
6.10.3 Notifying the following persons of ILI outbreaks
   - Director, WRHA Infection Prevention & Control Program
   - Executive Director, PCH Program
   - Chief Operating Officer-GGH, DLC & Vice President Long Term Care, WRHA
   - PCH Program Medical Director
   - Bed Utilization Coordinator
   - WRHA; Director, Long Term Care Access Centre
   - Transitional Manager, WRHA Long Term Care Community Health Services
   - WRHA Media Relations
   - WRHA Public Affairs
   - PCH Infection Control Professionals and Directors of Care
   - PCH Program Team
6.10.4 Liaising with the Communicable Disease Coordinator WRHA, PCH Infection Control Professional or designate, Bed Utilization, WRHA and Long Term Care Access Centre WRHA.
6.10.5 Facilitating the admission, transfer and discharge of residents during an outbreak as required (Appendix L)
6.10.6 Determining the outbreak is resolved in consultation with the Communicable Disease Coordinator, WRHA and the Medical Officer of Health.
6.10.7 Compiling and reporting of statistics as required.

6.11 **The Communicable Disease Coordinator, Population and Public Health, WRHA is responsible for:** (see role – Public Health Investigation of a Respiratory Illness Outbreak in a PCH/LTCF)

6.11.2 Providing consultation and guidance to the PCH/LTCF.
6.11.3 Communicating information to and from the Medical Officer of Health and others as applicable.
6.11.4 Providing the PCH/LTCF Infection Control Professional or designate with information regarding type of testing recommended (i.e. rapid testing for influenza virus and number of specimens).
6.11.5 Obtaining and communicating the outbreak code to the PCH/LTCF Infection Control Professional or designate.
6.11.6 Receiving viral test results from Cadham Lab and relaying results to the PCH/LTCF Infection Control Professional or designate and the Manager, PCH Infection Prevention & Control, WRHA.
6.11.7 Consulting with the Medical Officer of Health regarding antiviral prophylaxis or other measures and communicating the information to the PCH/LTCF.
6.11.8 Suggesting infection control measures throughout the outbreak in consultation with the Manager, PCH Infection Prevention & Control, WRHA.
6.11.9 Compiling and plotting, on an epidemic curve in the form of a bar graph, the information received from the daily report forms (Appendix J) and sharing this information with the PCH/LTCF Infection Control Professional or designate and the Manager, PCH Infection Prevention & Control, WRHA.
6.11.10 Determining the outbreak is resolved in consultation with PCH/LTCF Infection Control Professional or designate, Manager PCH Infection Prevention & Control, WRHA; PCH Medical Director, and Medical Officer of Health.

6.12 The Medical Officer of Health is responsible for:

6.12.1 Communicating with and providing information to the PCH Medical Director (Appendices K-1, K-2, K-3, K-4).
6.12.2 Liaising with the Communicable Disease Coordinator, WRHA and the Manager, PCH Infection Prevention & Control, WRHA as required.
6.12.3 Determining the need for antiviral prophylaxis, as an adjunct to infection prevention and control measures to contain the spread of influenza in the PCH (PCH outbreaks of novel H1N1 influenza may not require antiviral prophylaxis, as experience has shown that PCH outbreaks due to novel H1N1 influenza are associated with limited spread and low morbidity/mortality).
6.12.4 Determining the outbreak is resolved in consultation with the PCH Medical Director, WRHA Communicable Disease Coordinator, WRHA; PCH/LTCF Infection Control Professional or designate, and the Manager PCH Infection Prevention and Control, WRHA.
6.12.5 Determining the need to close the Personal Care Home (Appendix L- Influenza O/B Guidelines for Admissions, Transfers, Respite and Staff working at several sites)

7. STEPS FOR INFLUENZA OUTBREAK MANAGEMENT

Influenza Immunization for Residents and Staff should be offered before, during and after an outbreak. It is never too late!

Pre Influenza Season
1. Obtain Influenza Vaccine consent for each resident
2. Ensure a recent serum creatinine level is available for each resident
3. Complete the Influenza/Pneumococcal Immunization Form for PCH Residents (Appendix A) to include the resident’s date of birth, weight, serum creatinine.
4. Calculate the creatinine clearance and dosage for oseltamivir (based on creatinine clearance result) for each resident.
5. Ensure there is a plan for writing individual oseltamivir orders for each resident either in advance of an influenza outbreak or within 24 hours if an outbreak is confirmed.
6. Ensure viral media and nasopharyngeal swabs are available at the start of the influenza season. (Appendix B).

**Influenza Season**

7. Ensure residents entering the facility during influenza season are transferred with a record of serum creatinine, or a serum creatinine level is ordered on admission.
8. Continually assess residents for signs and symptoms of influenza-like illness. Symptoms include: cough and one or more of the following: coryza, sore throat, malaise and fever, although fever may not be prominent in elderly people.

**Suspected Influenza outbreak**

10. Initiate appropriate infection control precautions. Some standard control measures that can be implemented as soon as the respiratory illness outbreak is recognized include:
   - reinforcing good hand hygiene
   - confining ill residents to their room in the acute stage of illness
   - limiting social and group activities
   - limiting visitors
   - encouraging ill staff to stay away from work
   - enhancing environmental cleaning
   - consideration of facility closure (should be made in consultation with Communicable Disease Coordinator, WRHA, Medical Officer of Health and Manger, PCH Infection Prevention & Control, WRHA. (Appendix L)
   - encouraging staff not yet immunized to receive influenza immunization.
11. Notify the:
   - Resident’s physician of the resident’s signs and symptoms.
   - PCH Medical Director of the outbreak.
   - Communicable Disease Coordinator, WRHA (Appendix F2). Obtain an Outbreak code from the Communicable Disease Coordinator, WRHA and review the infection control precautions.
   - Manager, PCH Infection Prevention & Control Program, WRHA of the situation and discuss the infection control precautions.
   - Health care professionals (RNs, LPNs, Occupational Therapist, Social Worker, Physiotherapist) and support staff (health care aides, dietary, laundry, housekeeping, maintenance, recreational therapy) of the outbreak.
12. Obtain nasopharyngeal swabs (Appendix G) as indicated after consultation with Communicable Disease Coordinator, WRHA. Complete the Cadham Laboratory requisition (Appendix E). Ensure the outbreak code is on all the lab requisitions related to the outbreak. Send the specimens to:
NOTE: Usually 6-8 specimens are obtained on newly symptomatic residents (infectious for 5 days after onset of symptoms) unless Influenza has been detected and then no new specimens are necessary. If there is an indication of ongoing transmission, there may be a need for further testing. Specimens must be couriered “Direct” to minimize the deterioration of the specimen. To make arrangements to deliver specimens to Cadham Lab after hours or during holidays and weekends, please call 945-6123 (Security guard will answer). Do not hold specimens longer than 24 hours at a refrigerator temperature of 4°C prior to shipping. Do not freeze.

13. Complete the following forms:
   - Report of Suspected Influenza Like Illness Outbreak in a PCH/LTCF (Appendix C). Send to the Communicable Disease Coordinator, WRHA fax # 940-2690 and the Manager, PCH Infection Prevention & Control, WRHA fax # 831-2915.
   - Manitoba Health Outbreak Report-Initial Assessment (Appendix I). Send to Manitoba Health Communicable Disease Control fax #948-3044, Communicable Disease Coordinator, WRHA fax # 940-2690 and Manager, PCH Infection Prevention &Control, WRHA fax# 831-2915.
   - Daily Outbreak Report – Residents Record (Appendix D). Send to Communicable Disease Coordinator, WRHA fax # 940-2690.
   - Daily Outbreak Report- Staff Record (Appendix E). Send to Communicable Disease Coordinator, WRHA fax # 940-2690.

14. Post a sign (Appendix Q) at entrance of facility for public awareness of the outbreak.

15. Consider strategically placing alcohol based hand rub with instructions on how to use (Appendix P) in areas for public and staff use.

16. Provide education sessions and/or written material re: infection control precautions, signs and symptoms for the staff, visitors and families (Appendix O,P,Q,R).

17. Obtain direction from the Communicable Disease Coordinator, WRHA/Medical Officer of Health regarding the prophylactic use of antiviral medication (Appendix K).

18. Continue to assess residents and staff daily for signs and symptoms of influenza-like illness and document findings on the Daily Outbreak Report- Residents Record (Appendix D) and Daily Outbreak Report- Staff Record (Appendix E). Send the completed forms to the Communicable Disease Coordinator, WRHA fax #940-2690 daily or as indicated.

19. Complete the Report of Suspected Influenza Like Illness Outbreak in a PCH/LTCF (Appendix C) daily and send to the Communicable Disease Coordinator, WRHA fax # 940-2960 and the Manager, PCH Infection Prevention & Control, WRHA fax # 831-2915.

Post Influenza Outbreak

21. When the outbreak is over complete the Manitoba Health Outbreak- Final Report (Appendix M). Send this form to Manitoba Health Communicable disease Control fax #948-3044, Communicable Disease Coordinator, WRHA fax # 940-2690 and the Manager, PCH Infection Prevention &Control, WRHA fax # 831-2915.
22. Summarize the Outbreak by completing the *WRHA Influenza Outbreak Investigation Final Report* (Appendix N). Send to Communicable Disease Coordinator, WRHA fax # 940-2690 and the Manager, PCH Infection Prevention & Control, WRHA fax # 831-2915.

23. Meet with all staff to review/debrief the outbreak.
INTAKE/NOTIFICATION

- The Communicable Disease (CD) Coordinator, WRHA is notified of a suspected respiratory illness outbreak in a PCH by the PCH Infection Control professional (ICP) or designate, Manitoba Health & Healthy Living or other source.
- The CD Coordinator obtains the initial outbreak information from the PCH Infection Control Professiona or designate by phone or reviews the Report of a Suspected Influenza Like Illness Outbreak in a PCH/LTCF (Appendix C) intake form with the PCH ICP.
- During the initial intake phone call, the WRHA CD Coordinator also discusses:
  - Laboratory testing that should be done, giving consideration to the need for rapid testing.
  - Initial outbreak control measures planned or in place at the PCH/LTCF.
  - Establishes the flow or Daily Outbreak Reports (appendix D, E) to be faxed daily from the PCH/ LTCF

REFERRAL/COMMUNICATION

Communicable Disease Coordinator, WRHA

- Notifies Cadham Provincial Laboratory (CPL) about the anticipated specimens and obtains an outbreak code which is communicated to the PCH/LTCF.
- Notifies the MOH about the suspected outbreak and discusses the initial investigation and management. Any further recommendations decided upon are communicated to the PCH/LTCF.
- Communicates with the Manager, PCH Infection Prevention and Control, WRHA.
- Notifies Community Area Team Manager that an outbreak is occurring in their respective area. Public Health Nurse may become involved when the outbreak requires more intensive involvement at that level.

Medical Officer of Health

- Provides advice regarding the investigation and initial management of the outbreak
- Makes initial contact with the Medical Director where appropriate.

OUTBREAK INVESTIGATION/MANAGEMENT

CD Coordinator, WRHA:

- Opens an outbreak investigation file using the PCH/ LTCF Respiratory Illness Outbreak Investigation Folder.
- Uses information from the initial Report of a Suspected Influenza Like Illness Outbreak in a PCH/ LTCF and enters the initial number of cases, generating an initial outbreak epidemiological curve (Appendix J).
• Each day of the outbreak or as necessary, a Daily Outbreak Report - Resident (and Staff if any staff cases are reported) are faxed from the PCH/LTCF to the WRHA CD Coordinator. An updated epidemic curve can be sent daily (or periodically) to the ICP at the PCH/ LTCF.

• If the etiology of the outbreak is confirmed to be influenza, additional outbreak management measures will be considered, including the MOH recommending antiviral prophylaxis to the PCH Medical Director for all residents. If prophylaxis is recommended the WRHA CD Coordinator will communicate this to the PCH Infection Control Professional or designate.

• Acts as a resource to the facility regarding management issues, and consults MOH when appropriate.

**Medical Officer of Health**

• If antiviral prophylaxis is recommended, the MOH will communicate this to the PCH Medical Director.

• Decisions to close PCHs or Units to new admissions will be made in consultation with the MOH.

• Receives regular updates on the status of the outbreak from the WRHA CD Coordinator.

• Acts as a resource to the WRHA CD Coordinator and the PCH Medical Director regarding outbreak management issues.

**OUTBREAK CLOSURE**

**CD Coordinator, WRHA:**

• Monitors the status of the outbreak and identifies when outbreak appears to be over.

• In general influenza outbreaks can be declared over 8 days after the onset of the last outbreak-related case.

• Once the outbreak is confirmed to be over, through consultation with the WRHA CD Coordinator and the MOH, the WRHA CD Coordinator notifies the PCH/LTCF Infection Control Professional or designate and the Manager, PCH Infection Prevention and Control Program, WRHA the outbreak is over.

**Medical Officer of Health:**

• Reviews the status of the outbreak with the WRHA CD Coordinator and decides when to consider the outbreak over.

• Receives a completed Outbreak Report.

• Participates in debriefing if required.
### INFLUENZA/PNEUMOCOCCAL
### IMMUNIZATION FORM FOR PCH RESIDENTS

**Resident Information**

- **Date:** ______

**Personal Care Home/Chronic Care Facility:** __________________________

**Contact Person:** __________________________

<table>
<thead>
<tr>
<th>Resident Name</th>
<th>PHIN Number</th>
<th>Date of Birth</th>
<th>Room No</th>
<th>Gender</th>
<th>Date of Immunization</th>
<th>Reason for Immunization (A/B/C)*</th>
<th>Informed Consent Obtained</th>
<th>Weight IDENTIFY</th>
<th>Serum Creatinine</th>
<th>Calculated Creatinine</th>
<th>Amantadine</th>
<th>Tamiflu</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname (please print)</td>
<td>First Name (please print)</td>
<td>YYYY/MM/DD</td>
<td>M/F</td>
<td>YYYY/MM/DD</td>
<td>YYYY/MM/DD</td>
<td>(9 digits)</td>
<td>Kg or Lb</td>
<td>Date</td>
<td>Result</td>
<td>Clearance</td>
<td>Dosage (for outbreak only)</td>
<td>Dosage (for outbreak only)</td>
</tr>
</tbody>
</table>

*A-High Risk < 65 yrs  B- > 65 yrs  C- Household Contact*

When form has been completed, please send copy by December 31st to:

Attention: Influenza Clerk, WRHA Communicable Diseases Program, 490 Hargrave Street, R3A 0X7
INSTRUCTIONS FOR ORDERING VIRAL TRANSPORT MEDIUM, NASOPHARYNGEAL SWABS AND CADHAM LAB REQUISITIONS

Call Cadham Provincial Laboratory (CPL) at 945-6805 or 945-6806 during business hours.

M – F 7:30 – 16:30
Sat  7:30 – 15:30
Sun  10:00 – 16:00

The PCH is responsible for pick-up, e.g. courier, cab. A message can be left on the phone number listed above but the pick-up service may not be available on the weekend.

Viral Transport Media (VTM)
- Viral Transport Media is used to transport the swabs for the culture of viruses. Only use this medium for virus isolation.
- Shelf life of the viral media is: **3 months** at -20°C or **1 week** in the refrigerator. It may be refrozen if melted during delivery. The shelf life of re-frozen VTM is 1½ months
- Check expiry date on viral media to ensure media is not outdated.

Nasopharyngeal Swabs (NPswab) Flocked swabs
- The nasopharyngeal swabs using the flocked swab are preferred specimens for respiratory virus detection.
- NP swabs must be requested at the same time as the VTM. Ask for flocked swabs.

Rapid testing for Influenza is done in consultation with Public Health.

Specimens and requisitions must be couriered “Direct” to Cadham Lab to minimize the deterioration of the specimen.
To make arrangements for receipt of specimens to Cadham Lab after hours or during holidays and weekends, please call 945-6123 (Security guard will answer).

Do not hold specimens longer than 24 hours at a refrigerator temperature of 4°C prior to shipping. Do not freeze.
### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Facility:</th>
<th>Phone:</th>
<th>Fax:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Number of residents</th>
<th>Number of staff in facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>In facility</td>
<td></td>
</tr>
</tbody>
</table>

| Influenza Immunization rate: | Residents: % | Staff: % |

<table>
<thead>
<tr>
<th>Contact person(s) and positions:</th>
<th>a.</th>
<th>b.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Medical Director:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date Public Health notified:</th>
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### OUTBREAK DETAILS:

<table>
<thead>
<tr>
<th>Onset date in residents:</th>
<th>Onset date in staff:</th>
<th>Deaths</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Hospitalizations</th>
<th>Geographic distribution of illness:</th>
<th>facility wide</th>
<th>unit (specify)</th>
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<tbody>
<tr>
<td></td>
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</table>

Daily listing of new resident and staff cases: (prior to reporting):

<table>
<thead>
<tr>
<th>Date</th>
<th># new resident cases</th>
<th># new staff cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Intervention:</th>
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<tbody>
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</tbody>
</table>

Outbreak code: ___________________________

Comments: ____________________________
## Daily Outbreak Report – Resident Record

### Facility: ________________________________

### Date: ________________________________

### Outbreak Code: ________________________________

<table>
<thead>
<tr>
<th>#</th>
<th>New Case – Name</th>
<th>Unit/Room</th>
<th>Symptoms</th>
<th>Onset date</th>
<th>N/P Swab &amp; Requisition Number</th>
<th>Complications (Hospitalized, Death, Duration of illness, other symptoms, Other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<tr>
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</table>

**Influenza definition:** Acute onset of respiratory illness characterized by: cough and one or more of the following symptoms, fever > 38°C, sore throat, arthralgia, myalgia, prostration
## Daily Outbreak Report – Staff Record

### Facility: _____________________________

<table>
<thead>
<tr>
<th>Date: _____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outbreak Code ___________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#</th>
<th>New Case – Name</th>
<th>Staff Dept</th>
<th>Symptoms</th>
<th>Onset date</th>
<th>N/P Swab &amp; Requisition Number</th>
<th>Complications (Hospitalized, Deaths, Other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>11</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
CONTACT NUMBERS
In the event of an influenza-like illness outbreak the Personal Care Home Infection Control Practitioner or designate should contact:

1. Communicable Disease Coordinators, WRHA

<table>
<thead>
<tr>
<th>Area</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Vital, St. Boniface, River</td>
<td>Corinne Adams</td>
</tr>
<tr>
<td>East, East St. Paul &amp; Transcona,</td>
<td><strong>Tel:</strong> 940-2350  <strong>Cell:</strong> 781-1033  <strong>Fax:</strong> 940-2690  <strong>Email:</strong> <a href="mailto:CAdams@wrha.mb.ca">CAdams@wrha.mb.ca</a></td>
</tr>
<tr>
<td>Downtown West</td>
<td></td>
</tr>
<tr>
<td>Fort Garry, River Heights,</td>
<td>Nancy Gates</td>
</tr>
<tr>
<td>Fort Rouge, Riverview,</td>
<td><strong>Tel:</strong> 940-2326  <strong>Cell:</strong> 223-3423  <strong>Fax:</strong> 940-2690  <strong>Email:</strong> <a href="mailto:NGates@wrha.mb.ca">NGates@wrha.mb.ca</a></td>
</tr>
<tr>
<td>Point Douglas</td>
<td></td>
</tr>
<tr>
<td>St Boniface, St Vital</td>
<td>Cheryl Podolchak</td>
</tr>
<tr>
<td>Contact:</td>
<td><strong>Tel:</strong> 940-3641  <strong>Cell:</strong> 250-8231  <strong>Fax:</strong> 940-2690  <strong>Email:</strong> <a href="mailto:CPodolchak@wrha.mb.ca">CPodolchak@wrha.mb.ca</a></td>
</tr>
<tr>
<td>Downtown East</td>
<td></td>
</tr>
<tr>
<td>Seven Oaks &amp; West St. Paul</td>
<td>Jacquie Sarna</td>
</tr>
<tr>
<td>Inkster, St. James, Charleswood &amp;</td>
<td><strong>Tel:</strong> 940-8280  <strong>Cell:</strong> 918-7509  <strong>Fax:</strong> 940-2690  <strong>Email:</strong> <a href="mailto:JSarna@wrha.mb.ca">JSarna@wrha.mb.ca</a></td>
</tr>
<tr>
<td>Tuxedo</td>
<td></td>
</tr>
</tbody>
</table>

AFTER HOURS, WEEKENDS AND HOLIDAYS
Contact: Medical Officer of Health (MOH) On Call: 788-8666

2. Manager, PCH Infection Prevention and Control, WRHA

Ms. Betty Taylor
Tel: 831-2964 (M - F 08:30 - 16:30)
Fax: 831-2915
Email: btaylor@wrha.mb.ca

* Leave a message if during after hours, holidays or on weekends.
* Ms. Taylor will notify Director, Long Term Access Centre of outbreak.

In the event of a death during an Influenza Outbreak, the Medical Examiner’s Office should be called. Tel: 945-2088
### WRHA INFLUENZA OUTBREAK CONTACTS FOR PERSONAL CARE HOMES

**COMMUNICABLE DISEASES COORDINATORS (PUBLIC HEALTH)**

<table>
<thead>
<tr>
<th>WRHA INFLUENZA OUTBREAK CONTACTS FOR PERSONAL CARE HOMES</th>
<th>WRHA INFLUENZA OUTBREAK CONTACTS FOR PERSONAL CARE HOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy Gates</td>
<td>Cheryl Podolchak</td>
</tr>
<tr>
<td>Phone: 940-2326  <a href="mailto:ngates@wrha.mb.ca">ngates@wrha.mb.ca</a></td>
<td>Phone: 940-3641  <a href="mailto:cpodolchak@wrha.mb.ca">cpodolchak@wrha.mb.ca</a></td>
</tr>
<tr>
<td>The Saul &amp; Claribel Simkin Centre</td>
<td>Beacon Hill Lodge</td>
</tr>
<tr>
<td>1 Falcon Ridge Dr</td>
<td>190 Fort St.</td>
</tr>
<tr>
<td>R3Y 1V9</td>
<td>R3C 1C9</td>
</tr>
<tr>
<td>586-9781</td>
<td>942-7541</td>
</tr>
<tr>
<td>Golden Door Geriatric Centre</td>
<td>Parkview Place</td>
</tr>
<tr>
<td>1679 Pembina Hwy</td>
<td>440 Edmonton St.</td>
</tr>
<tr>
<td>R3T 2G6</td>
<td>R3B 2M4</td>
</tr>
<tr>
<td>269-6308</td>
<td>942-5291</td>
</tr>
<tr>
<td>St. Norbert Nursing Home</td>
<td>Misericordia Health Centre</td>
</tr>
<tr>
<td>50 St. Pierre St.</td>
<td>99 Cornish Ave.</td>
</tr>
<tr>
<td>R3V 1J6</td>
<td>R3C 1A2</td>
</tr>
<tr>
<td>269-4538</td>
<td>788-8366</td>
</tr>
<tr>
<td>Fred Douglas Lodge</td>
<td>Middlechurch Home of Winnipeg</td>
</tr>
<tr>
<td>1275 Burrows</td>
<td>80 Balderstone Road</td>
</tr>
<tr>
<td>R2X 0B8</td>
<td>R4A 4A6</td>
</tr>
<tr>
<td>586-8541</td>
<td>336-4100</td>
</tr>
<tr>
<td>Central Park Lodge-Poseidon</td>
<td>Oakview Place</td>
</tr>
<tr>
<td>70 Poseidon Bay</td>
<td>2395 Ness Ave</td>
</tr>
<tr>
<td>R3M 3E5</td>
<td>R3J 1A5</td>
</tr>
<tr>
<td>452-6204</td>
<td>888-3005</td>
</tr>
<tr>
<td>Convalescent Home of Winnipeg</td>
<td>Deer Lodge Centre</td>
</tr>
<tr>
<td>276 Hugo St. N</td>
<td>2109 Portage Ave</td>
</tr>
<tr>
<td>R3M 2N6</td>
<td>R3J 0L3</td>
</tr>
<tr>
<td>453-4663</td>
<td>831-2112</td>
</tr>
<tr>
<td>Pembina Place Mennonite PCH &amp; Deaf Centre of MB.</td>
<td>Tuxedo Villa</td>
</tr>
<tr>
<td>285 Pembina Hwy</td>
<td>2060 Corydon Ave</td>
</tr>
<tr>
<td>R3L 2E1</td>
<td>R3P 0N3</td>
</tr>
<tr>
<td>284-0802</td>
<td>889-2650</td>
</tr>
<tr>
<td>Corinne Adams</td>
<td>Phone: 940-2350  <a href="mailto:Cadams@wrha.mb.ca">Cadams@wrha.mb.ca</a></td>
</tr>
<tr>
<td>Riverview Health Centre</td>
<td>West Park Manor</td>
</tr>
<tr>
<td>1 Morley Ave</td>
<td>3199 Grant Ave</td>
</tr>
<tr>
<td>R3L 2P4</td>
<td>R2R 1X2</td>
</tr>
<tr>
<td>478-6172</td>
<td>889-3330</td>
</tr>
<tr>
<td>Luther Home</td>
<td>Charleswood Care Centre</td>
</tr>
<tr>
<td>1081 Andrews St.</td>
<td>5501 Roblin Blvd</td>
</tr>
<tr>
<td>R2V 2G9</td>
<td>R3R 0G8</td>
</tr>
<tr>
<td>336-5392</td>
<td>888-3363</td>
</tr>
<tr>
<td>Holy Family Home</td>
<td>Golden West</td>
</tr>
<tr>
<td>165 Aberdeen</td>
<td>811 School Rd</td>
</tr>
<tr>
<td>R2W 1T9</td>
<td>R2Y0S8</td>
</tr>
<tr>
<td>589-7381</td>
<td>888-3311</td>
</tr>
<tr>
<td>Bethania Mennonite</td>
<td>Heritage Lodge</td>
</tr>
<tr>
<td>1045 Concordia Ave. R2K 3S7</td>
<td>3555 Portage Ave</td>
</tr>
<tr>
<td>654-5039</td>
<td>R3K 0X2</td>
</tr>
<tr>
<td>Concordia Place PCH</td>
<td>888-7940</td>
</tr>
<tr>
<td>1095 Concordia Ave R2K 3S8</td>
<td>500 Mandalay Dr.</td>
</tr>
<tr>
<td>661-7253</td>
<td>R2P 1V4</td>
</tr>
<tr>
<td>Maples PCH</td>
<td>632-8570</td>
</tr>
<tr>
<td>Donwood Manor</td>
<td>St. Joseph’s Residence</td>
</tr>
<tr>
<td>171 Donwood Drive</td>
<td>1149 Leila Ave</td>
</tr>
<tr>
<td>R2G 0V9</td>
<td>R2P 1S6</td>
</tr>
<tr>
<td>668-4410</td>
<td>697-8031</td>
</tr>
<tr>
<td>Calvary Place</td>
<td></td>
</tr>
<tr>
<td>1325 Erin St R3E3R6</td>
<td></td>
</tr>
<tr>
<td>943-4424</td>
<td></td>
</tr>
<tr>
<td>Lions Manor</td>
<td></td>
</tr>
<tr>
<td>320 Sherbrook</td>
<td></td>
</tr>
<tr>
<td>R3B 2W6</td>
<td>784-1548</td>
</tr>
</tbody>
</table>
COLLECTION OF NASOPHARYNGEAL SPECIMENS

Nasopharyngeal Swab (preferred Specimen)

Equipment:
1. Nasopharyngeal Swab (refer to Appendix B for an appropriate swab)
2. Viral transport media (refer to Appendix B for an appropriate swab)
3. Cadham Lab Virology Requisition
4. Sterile Scissors

Procedure:
1. Lift nose slightly to get better access to nostril

2. Insert swab into nostril straight back, until gentle resistance is felt.

3. Turn and withdraw swab so that the tip drags lightly across the nasal mucosa. This will be irritating for the resident, but should not be painful.

4. Cut the shaft of the swab so that the tip drops into the viral transport medium with nothing extending above the lip of the bottle.

5. Tightly secure the top of the viral transport media, label the bottle with the name and sticky number at the side of the completed requisition of each patient before proceeding to the next patient. Transport the swab (s) and the Cadham Provincial Lab requisition(s) to Cadham Provincial Lab without delay.

6. Refrigerate if the specimen cannot be transported immediately. Do not hold specimens longer than 24 hours at a refrigerator temperature of 4°C prior to shipping. Do not freeze.

Further information can be accessed on the Cadham Lab website Guide to Services 2005 edition pg 55
Appendix H Completion of Cadham Laboratory Requisition

SAMPLE LABORATORY REQUISITION

a) Follow the above example for how to complete a requisition
b) Stick requisition number (# on sticker) to/around tube containing specimen as well as patient’s name
c) Stick requisition number (# on sticker) to your records/flow sheet
d) Ensure outbreak code is on the requisition
e) Be sure to fill in the name of the C.D. Coordinator associated with your facility and their phone number. This is to provide Cadham with a contact name and phone number. The C.D. Coordinators are:

- Nancy Gates  940-2326
- Jacquie Sarna  940-8280
- Corinne Adams  940-2350
- Cheryl Podolchak  940-3641
Appendix I  Initial Outbreak Report Form

Policy: Reporting on Communicable Diseases to Manitoba Health

OUTBREAK REPORT  Manitoba Health  CDC Unit Fax: (204) 948-3044

INSTRUCTIONS Upon suspicion of a communicable disease outbreak please complete the Outbreak Identification sections on both sides of this page and the Initial Assessment. Fax to above number.

OUTBREAK IDENTIFICATION

Month Outbreak Recognized (mm/yy) / 

Choose 1  □ Qtr only  □ Qtr/Seasonal  □ Fever/Headache  □ STD/UTI  □ Fever/Rash

Syndrome:  □ Resp. only  □ GI/Resp.  □ Other pls. specify

Please choose a unique name to be used for this outbreak only: _____________________________ (max 10 letters)

NOTE: Unchecked boxes assumed negative

INITIAL ASSESSMENT

Contact Person: ___________________  Phone/fax: ___________________/ ___________________/ ___________________/ ___________________  Date (yyyy/mm/dd) / /

RHA(s) involved_______________________________________________________________

Site/Location  Check all that apply  Name(s)  Name(s)

□ Food Handling Establishment

□ Geriatric Extended Care Facility

□ Other Extended Care Facility

□ Correctional Facility

□ General Community on Reserve  Name reserve(s) __________________

□ General Community  Name area, city, town(s), etc. involved __________________

Working Case Definition and Case Details:

Onset of first symptoms of first case (yyyy/mm/dd) / /  CPL Lab Code __________________________

□ Clinical Cases Only  Please list symptoms

□ Clinical and Lab Confirmed

□ Clinical or Lab Confirmed

□ Lab Confirmed Only  Infectious Agent: □ Unknown  □ Suspected  □ Confirmed

Current/Proposed Interventions: Please check all that apply and provide details below

□ Handwashing/Hygiene enhancement

□ Barrier procedures (e.g. gloves, etc.)

□ Isolation/Restriction of movement

□ Closure (e.g. institution, ward, restaurant)

Please list symptoms

□ Active case finding

□ Exclusion

□ Vaccination

□ Prophylaxis

□ Environmental disinfection

□ Water boil order

□ Product Recall

□ Other

Details ____________________________

People Notified:

□ Facility infection control nurse

□ Regional MOH(s)

□ Environmental Health (PH/EHO)

□ Office of the Chief MOH

□ Cadham Lab Outbreak Liaison

□ Cadham Lab Infection Control

□ City of Winnipeg

□ MSB

□ Other

□ Environmental Testing Lab

□ Local Government

□ Local Health Professionals

□ Media

Other Details/Comments: ____________________________

CDC Surveillance Unit, Public Health Branch, Manitoba Health

Revised 1998.05.15
Sample Graph

PCH X Influenza A Outbreak

- Public Health Notified
- Amantadine prophylaxis initiated
- Outbreak declared over

Legend:
- □ residents
- □ staff

Graph showing the number of residents and staff affected by the influenza A outbreak from 1/8/2005 to 1/31/2005, with Public Health Notified on 1/10/2005, Amantadine prophylaxis initiated on 1/25/2005, and outbreak declared over on 1/31/2005.
October 2009

«Hon» «First_Name» «Last_Name»
«Title»
«Company»
«Address»

Dear Dr «Hon» «Last_Name»:

Re: Management of Influenza Outbreaks

As influenza season is soon to be upon us, I would like to take this opportunity once again to provide you with updated information to assist in planning for the prevention and management of an influenza outbreak in your long term care facility.

Enclosed, please find for your reference:

• WRHA Personal Care Home/Long Term Care Facility Influenza Outbreak Management Protocol (also distributed to all Personal Care Home/Long Term Care Facility Infection Control Practitioners). Please replace last year’s protocol with this newer version.
• WRHA Protocol for Administering Influenza Vaccine to Residents in Personal Care Homes (Operational Directive).


Influenza immunization is the most cost-effective measure to minimize the impact of annual seasonal influenza on long term care residents. Immunization with the annual seasonal influenza vaccine is recommended for both residents and their caregivers, including nurses and physicians, and should be administered between early October and mid-November. It is therefore recommended that personal care homes immunize their residents with seasonal influenza vaccine. This careful and prudent approach will ensure we have taken an important step to protect one of our most vulnerable populations.

Annual seasonal influenza outbreaks also demonstrate how symptomatic and asymptomatic health care workers are able to transmit respiratory viruses to high-risk, vulnerable patients/residents. It is therefore not only critical that all residents be vaccinated against seasonal influenza to prevent or reduce the impact of seasonal influenza outbreaks during this winter season, but equally critical that health care workers receive seasonal influenza vaccine to protect themselves, their families, and patients/residents. The Public Health Agency of Canada has repeatedly stated that the refusal of HCWs who are involved in direct patient care to be immunized against influenza implies failure in their duty of care to their patients.

We are also expecting a second wave of pandemic H1N1 influenza this fall/winter and are therefore also recommending that staff and residents be immunized against pH1N1 as well, when the pH1N1 vaccine becomes available to PCHs, likely in mid-to-late November 2009.

Finally, I would like to highlight some considerations that may assist you in preparing for the effective management of an influenza outbreak, should one occur in your facility. If an influenza outbreak is confirmed in a LTCF, notification of public
health is required under The Public Health Act. All infection control practitioners in LTCFs have been informed of their public health contact.

A team consisting of:

- A Communicable Disease Coordinator (Public Health Nurse Specialist),
- The Manager, WRHA PCH Infection Prevention and Control Program, and
- A Medical Officer of Health (MOH)

will provide consultation to assist PCH/LTCF infection control personnel in identifying and managing an influenza outbreak.

One intervention that may be recommended to control an outbreak of influenza A or B is prophylaxis with oseltamivir (Tamiflu®) for all residents. **It is important to note that amantadine is no longer recommended for treatment of or prophylaxis against influenza, due to very high rates of amantadine-resistant influenza A.** Oseltamivir is therefore considered the drug of choice for treatment of and prophylaxis against seasonal influenza. Determining the need for oseltamivir prophylaxis in the event of an outbreak of pandemic H1N1 (pH1N1) influenza must be made in consultation with the MOH. As experience has shown that PCH outbreaks due to pH1N1 influenza are associated with limited spread, antiviral prophylaxis may not be necessary, but early treatment of patients with pH1N1 influenza infection may be indicated as morbidity and mortality in persons over 65 years of age with pH1N1 infection is increased, much like what one sees with seasonal influenza in this age group. As Medical Director, it will be your responsibility, in consultation with a MOH, to make a decision regarding the use of oseltamivir chemoprophylaxis and/or early treatment during an outbreak. If a decision is made to proceed with oseltamivir chemoprophylaxis, it will be your responsibility to order the medication, or ensure it is ordered by attending physicians.

The standard dose of prophylactic oseltamivir for those over age 65 is 75 mg PO once daily. Please refer to the Manitoba Health protocol for the use of oseltamivir chemoprophylaxis for further information.

We recognize that preparing for an influenza outbreak will require some time and effort "up front". Based on previous experiences in Winnipeg LTCFs, I believe that this investment will pay off with the smooth, timely implementation of control measures should an outbreak occur in your facility.

Should you need to contact a MOH outside regular working hours, please call 788-8666. Please do not hesitate to contact me for further discussion or clarification at 940-1683.

Sincerely,

Original signed by

Dr. Pierre J. Plourde, MD, FRCPC
Medical Officer of Health
Winnipeg Regional Health Authority
APPENDIX K-2 - PREPARATION FOR THE USE OF OSELTAMIVIR

Based on recommendations from the National Committee on Immunization (NACI), amantadine is NO LONGER recommended to prevent further cases of influenza among residents during an influenza outbreak in a long term care facility.

Oseltamivir (Tamiflu®) is the recommended medication for prophylaxis against seasonal influenza in the event of a seasonal influenza outbreak in a long term care facility. The standard prophylactic dose of oseltamivir for those over age 65 is 75 mg PO once daily. For individuals with severe renal insufficiency, the dose of oseltamivir should be established based on a calculated (estimated) creatinine clearance. Please refer to the Manitoba Health protocol for the use of oseltamivir prophylaxis for further information.

Determining the need for antiviral prophylaxis, to contain the spread of pH1N1 influenza in a PCH outbreak will require consultation with the Medical Officer of Health (MOH). As experience has shown that PCH outbreaks due to pH1N1 influenza are associated with limited spread, antiviral prophylaxis may not be necessary.

For any residents with known or suspected renal insufficiency, the following information will need to be available prior to an influenza outbreak:

- AGE
- CURRENT WEIGHT (Kg)
- RECENT SERUM CREATININE (umol/L)
- Serum creatinine levels should be done on an annual basis (for residents with known or suspected renal insufficiency).

Using the above information, creatinine clearance can be calculated as per the following formula.

**Calculated Creatinine Clearance**

Male:  \[ CrCl \text{ mL/min} = \frac{(140 - \text{age}) \times \text{weight (kg)}}{\text{serum creatinine (umol/L)} \times 0.81} \]

Female:  \[ CrCl \text{ mL/min} = 0.85 \times \frac{(140 - \text{age}) \times \text{weight (kg)}}{\text{serum creatinine (umol/L)} \times 0.81} \]

Note: Your pharmacy may be able to provide this service for you. If not, if you have computer resources, the above calculation can be automated on a spreadsheet or other program. With appropriate planning this calculation can be performed on all residents in September or October, with predetermined doses of oseltamivir calculated well before an influenza outbreak occurs.

Information accompanying letter to PCH Medical Director – For Information Only
APPENDIX K-3 - INFLUENZA OUTBREAK PREPARATION CHECKLIST

For any resident with known or suspected renal insufficiency, ensure recent serum creatinine is available prior to influenza season.

Resident age, weight, and serum creatinine records are readily accessible as appropriate (e.g. see worksheet distributed to all Infection Control Practitioners in LTCFs).

There is a plan for calculating creatinine clearances for residents with known or suspected renal insufficiency, either in advance of an outbreak (pre-influenza season) or in a timely way (within 24 hours) if an outbreak is suspected.

**There is a plan for writing individual oseltamivir orders for each resident (based on the calculated creatinine clearances for those with known or suspected renal insufficiency) either in advance of an outbreak (pre-influenza season) or in a timely way (within 24 hours) if an outbreak is confirmed.**
APPENDIX K-4 - MANAGEMENT OF CONFIRMED INFLUENZA OUTBREAKS

If an outbreak of influenza has been confirmed (by laboratory testing) in your institution, several measures will be required to contain the further spread of virus. Hopefully, in preparation for the winter season, a high proportion of residents and staff in your institution will have been vaccinated against seasonal influenza. While the seasonal influenza vaccine cannot be expected to fully prevent cases or outbreaks, it is likely that the severity of the cases and the extent of the outbreak will be reduced by a high rate of vaccination.

Case definition and other “flu” facts

- For purposes of counting cases, include all cases of cough and one or more of the following symptoms: fever (>38 degrees C), sore throat, arthralgia, myalgia, prostration
- Incubation period is 1-3 days from time of exposure
- Communicable period is usually 4-6 days starting one day before symptoms begin
  - Main source of transmission is direct exposure to droplets (sneezing, coughing, talking) but indirect spread may occur from secretions; health care providers and visitors are important sources
  - Protection from the seasonal influenza vaccine takes two weeks to develop; in the elderly, it is more effective at reducing severity and death than preventing cases
- Antiviral prophylaxis can further reduce the spread of seasonal influenza by about 70%

Recommended Control Measures

The following measures are recommended to reduce the number of new cases:

- Vaccinate all eligible residents and staff with influenza vaccine (it is never too late!);
- If indicated, give antiviral prophylaxis to eligible residents* (see Appendix K-2);
- Isolate cases as practical;
- Stop or reduce group activities as practical;
- Intensify infection control precautions, especially reduction of close contact and handwashing (masks are not essential);
- Inform visitors of the outbreak so that exposure of high risk visitors can be reduced or prevented.

*If staff wish to take oseltamivir, they should be referred to their family physician. Determining the need for antiviral prophylaxis in residents will require consultation with the Medical Officer of Health (MOH). As experience has shown that PCH outbreaks due to pH1N1 influenza are associated with limited spread, antiviral prophylaxis may not be necessary.

Information accompanying letter to PCH Medical Director – For Information Only
With respect to admissions and transfers:

- New and/or re-admissions should be minimized during the outbreak, but may be considered on a case-by-case basis taking into account the risks and benefits of delaying admission and exposure to influenza:
  - The main risk is to the resident being admitted; therefore, the resident, family and physician should be made aware that an influenza outbreak is in progress;
  - New residents should have received seasonal influenza vaccine and may need to be prescribed oseltamivir (unless contraindicated).

- Transfers to other facilities should be minimized because of the risk of introducing influenza to the receiving institution, but may be considered on a case-by-case basis considering the following:
  - Vaccination status of the individual being transferred;
  - Whether the individual may be incubating or have symptoms of influenza;
  - The opportunity to quarantine the individual for a period of three to five days at the receiving facility to reduce the risk of transmission.

- Consultation with a regional Medical Officer of Health is advised.

Oseltamivir Protocol

Based on recommendations from the National Committee on Immunization (NACI) and Manitoba Health, oseltamivir is recommended to prevent further cases of influenza among residents during an outbreak. Oseltamivir should be given to all residents, whether previously vaccinated or not, for a minimum of 10 days.

The following recommendations and information are suggested for the use of oseltamivir during an influenza outbreak:

1. All residents who are at risk (i.e. have not been a case of influenza-like illness) should be given a standard prophylactic dose of oseltamivir 75 mg once daily. For individuals with renal insufficiency, the dose of oseltamivir should be established based on a calculated (estimated) creatinine clearance (see Appendix K-2 and Manitoba Health oseltamivir protocol). For those with creatinine clearance of >10 ml/min to <30 ml/min, the dose of oseltamivir should be halved (e.g. 75 mg EOD for prophylaxis or 75 mg once daily for treatment doses); there are no dosing recommendations for those with creatinine clearance <10 ml/min (consultation with the Medical Officer of Health or an Infectious Diseases Specialist is recommended).

2. Oseltamivir should be given regardless of influenza vaccine status and should be continued for 10 days.

3. The attending physician will prescribe oseltamivir for residents. Oseltamivir for residents will be provided from publicly-funded Manitoba Health sources (whether for early treatment or for chemoprophylaxis).

4. The only absolute contraindication to oseltamivir is known hypersensitivity (allergy). For those who have contraindications to oseltamivir, there are no good alternative choices.
Significant side effects, especially those which result in drug withdrawal, should be documented and reported to Public Health.

5. The effectiveness of oseltamivir use should be monitored as well. While prophylactic oseltamivir is being administered, please record all new influenza cases and any observed side effects on the provided daily sheets. If someone develops influenza-like illness while on oseltamivir prophylaxis, consideration should be given to increasing to oseltamivir treatment doses (75 mg BID for a 5-day course) to reduce the risk of spreading a drug-resistant influenza. Consultation with the Medical Officer of Health is recommended.

6. Decisions to discontinue the use of oseltamivir should be made in consultation with the Medical Officer of Health. In general, the outbreak can be considered over eight days after the onset of the last outbreak-related case.

After hours, please call 788-8666 to contact the Medical Officer of Health on call.
APPENDIX L

Influenza Outbreak Guidelines for PCH
Admissions, Transfers, Respite and Staff working at several sites

During an influenza outbreak in a Personal Care Home (PCH)/Long Term Care facility (LTCF), movement of residents and patients should be minimized to limit the risk of spread. The following guidelines are meant to guide decision-makers including PCH and WRHA staff who are responsible for patient/resident transfers from facility/unit to facility/unit. As each situation will differ, one guideline cannot account for all eventualities. However, in general, when in the midst of an influenza outbreak, the following should be kept in mind when considering admissions, transfers, respite care, or transfer of staff between units/facilities.

Admissions

In general, new residents should not be admitted to units with ongoing influenza-like illness (ILI) cases during an influenza outbreak. Consultation with a regional Medical Officer of Health is recommended before closing units to admissions/transfers. The WRHA Long Term Care Access Centre (LTCAC) will be the means to provide updates regarding closed units/facilities. New and/or re-admissions should be minimized during the outbreak, but may be considered on a case-by-case basis taking into account the risks and benefits of delaying admission and exposure to influenza:

- The main risk is to the resident being admitted; therefore, the resident, family and physician should be informed that an influenza outbreak is in progress.
- New residents should have received seasonal influenza vaccine and may need to be prescribed antiviral prophylaxis (as indicated).

Admissions to units within PCHs that do not have ILI and are not closed may still be allowed. Staffing a facility adequately during an outbreak may become an issue if a significant number of staff become ill, and may lead to temporary bed closures.

Transfers

Hospital: If a resident with ILI is transferred to hospital, the receiving facility should be notified of suspected influenza diagnosis, as well as the transporting service (ambulance etc). The PCH should notify the WRHA Manager PCH Infection Prevention and Control, who will in turn notify the hospital Infection Control Practitioner. However, if this notification process is delayed, the hospital should be notified by the PCH designate.

Transfers (readmissions) from hospital back to PCH need to be reviewed on a case by case basis considering the following:

- Status of the influenza outbreak at the PCH;
- Reason why the resident was admitted to hospital and clinical course;
- Vaccination status of the individual being transferred;
- Whether the individual may be incubating or have symptoms of influenza;
- The opportunity to isolate the individual for a period of three to five days at the receiving facility, to reduce the risk of transmission.
Hospital will inform WRHA LTCAC of medical stability and inquire if patient/resident can return to PCH; LTCAC will then communicate with the Manager PCH Infection Prevention and Control, WRHA and with Communicable Disease Coordinator, WRHA to determine risk and make decision.

**Transfers from other facilities or other units within the Personal Care Home**

Transfers should not be made to a "closed" unit/facility. If a unit is closed and the remainder of the facility remains open OR if a facility is re-opened while residents are still on antiviral prophylaxis, any admissions need to be told that they are going into a facility where an outbreak exists on another unit OR where an outbreak is under control, respectively. The resident being admitted/transferred should have received seasonal influenza immunization prior to the transfer and may need to receive antiviral prophylaxis (as indicated) until it is no longer needed for prophylaxis in the facility/unit.

**Respite**

Respite admissions should be cancelled or rescheduled during an influenza outbreak, but may be considered on a case-by-case basis taking into account the risks and benefits of delaying admission and exposure to influenza:

- The main risk is to the individual being admitted; therefore, the individual, family and physician should be informed that an influenza outbreak is in progress.
- Respite clients should be vaccinated with seasonal influenza vaccine and may need to be prescribed antiviral prophylaxis (as indicated).

**Other Issues**

In implementing control measures the health care team must find the right balance between effectiveness and an acceptable psychosocial impact on residents. Control measures should be tailored to the situation and address the following:

- **Isolation.** Ill residents should be confined to their rooms while they are acutely ill with ILI (at least 72 hours).

- **Visitors and social events.** Because these are important to quality of life, restricting activities to wards and controlling the number of visitors may be considered instead of strict prohibitions. Visitors to the facility should be notified of the outbreak. Visitors with ILI should be advised NOT to visit the facility (appropriate signage should be posted).

- **Staff.** Ill staff should be kept off work or given tasks other than patient care. During an influenza outbreak, individual staff members should work with either only well residents or only residents with ILL. If they must work with both, they should move from noninfected/asymptomatic residents to infected/symptomatic patients, with strict hand hygiene between residents. Reinforcement of the need for proper hand hygiene by all staff is essential. Staff, who are working at a facility with an outbreak should not work at other facilities during the outbreak.

- If staff wish to take oseltamivir prophylaxis during an influenza outbreak in a PCH, they should be referred to their family physician (cost of oseltamivir in this instance is not covered by Manitoba Health).
Appendix M - Manitoba Health & Healthy Living Final Outbreak Report Form - can be accessed on Manitoba Health & Healthy Living website

Influenza Outbreak Investigation Report

Date: ______________

Name of the LTCF ____________________________________________

Submitted by ________________________________________________

Note: All information needed to complete this template will be accumulated during the course of the outbreak, and can be filled in as you go.

This report summarizes the influenza outbreak that occurred in {name of LTCF} during the 2009/2010 influenza season, from {date of onset} to {date over}.

**Background**

{name of LTCF} is a Personal Care Home/Long Term Care Facility with {number of} residents and approximately {number of} staff. The influenza immunization rate for residents was {percentage}%. The immunization rate for staff was estimated to be {percentage}%.

**Investigation**

The first case in the outbreak occurred on {date} and was reported to public health on {date}. The etiology of the outbreak was confirmed to be influenza on {date}. Oseltamivir prophylaxis of residents was recommended, which was implemented on {date} and was stopped on {date}. The outbreak was considered over on {date}.

**Cases**

Cases were defined as residents or staff with an acute onset of respiratory illness characterized by cough and one or more of the following symptoms; fever > 38°C, sore throat, arthralgia, myalgia, prostration.

**Number of cases**

The total number of resident cases was {number}. The total number of staff cases reported was {number}. Cases occurred {throughout the facility} or predominantly on {location where most cases occurred}. The time distribution of cases is presented in figure 1 (Final Outbreak Curve).

**Clinical Description**

Symptoms most commonly described were ____________________________________________

{other comments?} ____________________________________________

__________________________________________

__________________________________________
Laboratory results (to be filled in by CD Coordinator)

{number _______} of resident throat swabs were tested during the outbreak. {number _______, (____%)} were positive for influenza {A/B}. {number _______} of rapid tests were done, of which {number _______} were positive, and {number _______} of cultures were done, of which {number _______} were positive. {number _______} of staff throat swabs were tested during the outbreak. {number _______, (____%)} were positive for influenza {A/B}. Influenza typing was {not done/ identified as ________________}.

Complications

During the outbreak, {number _____________} residents were hospitalized for influenza-related complications. {number___________} deaths occurred that were likely due to complications of influenza. {Add comments if any ____________________________________________________________}.

Outbreak Control Measures {describe main measures implemented)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Comments (if any or leave blank)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Summary

An influenza outbreak occurred at {name of LTCF ________________________________} between {date of onset____________} to {date over _____________}. There were _________ deaths and _____________ hospitalizations related to this outbreak.
INFLUENZA INFORMATION SHEET FOR RESIDENTS, FAMILIES, STAFF, AND VISITORS

We are experiencing an outbreak of influenza and are working closely with Winnipeg Regional Health Authority and Public Health to limit the spread within the Personal Care Home.

WHAT IS INFLUENZA?

Influenza is a viral illness spread from person to person by coughing or through contact with fluids from the nose. Symptoms are usually more serious than a cold. Symptoms may include fever, headache, cough, muscle aches, runny nose, sore throat and exhaustion. Some people may carry the influenza virus but have no influenza symptoms. Illness lasts 2 to 7 days, sometimes longer in the elderly and in people with chronic diseases. Influenza arrives every year in late fall or early winter.

HOW CAN YOU PROTECT YOURSELF AND OTHERS AGAINST INFLUENZA?

Yearly vaccination is the best way. It is never too late to get your influenza vaccination. Annual influenza immunization campaigns are held every fall. Manitoba Health & Healthy Living offers free vaccine to people who are at risk and their caregivers. Other ways to protect yourself and others include:
Wash your hands often particularly after coughing or touching your nose.
Keep your hands away from your eyes and nose.
Stay home if you are sick.
Do not visit residents in personal care homes if you have a cold or influenza symptoms.

WHAT SHOULD YOU DO IF YOU THINK YOU HAVE INFLUENZA?

Stay home if you are sick. Most people can manage the influenza at home with plenty of rest, fluids and acetaminophen (also called Tylenol or Tempra) for fever control or muscle aches. Do not give ASA (aspirin) to children. Antibiotics do not help unless bacterial complication develops.

New antiviral medications can reduce and shorten the length of influenza symptoms when taken early in the illness. These drugs need to be started early (within 48 hours of onset of symptoms) and are eligible for provincial drug program reimbursement under some circumstances.
You should see your doctor if:
   You have a cough with cloudy (yellow or green) phlegm, especially with persistent high fever.
   You have difficulty breathing, or are not getting better after trying rest, fluids and acetaminophen.
   You have a small child with a fever higher than 39 °C (102° F).

If you have any questions please feel free to ask ___________________.
Hand Hygiene

Using an Alcohol-Based Hand Rub

Apply 2 - 3 mL of product to the palm of one hand.

Rub hands together covering all surfaces including fingernails, web spaces, thumbs and palms.

The product generally dries within 15 - 20 seconds.

Ensure hands are completely dry before performing another task.
Appendix Q

SIGN FOR POSTING

Welcome visitors to Personal Care Homes

Visits from family and friends are appreciated.

However, if you are feeling unwell with a fever and cough, please visit at a time when you are feeling better.

Communicable diseases that cause a fever and cough can be very harmful to residents in personal care homes.

Thank you for your understanding and cooperation.
Appendix R

Routine Practices and Additional Precautions

Visitors please contact the Team Leader prior to entering this room.

The following precautions must be taken prior to entering the room or caring for the Resident:

- Hand hygiene (before and after) □
- Mask □
- Gown □
- Gloves □
- Door Closed □
- Linen Precautions □
- Other Precautions □

(please specify)
Appendix S

**Pre-Influenza season**

- Seasonal Influenza Vaccine Consents obtained
- For each Resident have creatinine tests done; calculate creatinine clearance and dosage for oseltamivir based on this result
- Standing orders of oseltamivir
- Seasonal influenza vaccines given
- Order viral transport media, swabs and requisitions
- Put influenza outbreak protocol in a prominent, secure place
- Education of staff, families, and volunteers

**Influenza season**

**October to April of each year**

**Surveillance for Influenza-like Illness**

- Number of residents with Influenza-like Illness that meet definition-use outbreak forms.
- **Consult Communicable Disease Coordinator**
  - Declare outbreak, notify Mgr.PCH Infection,Prev, Control Pgm
  - Institute Infection Control Respiratory precautions

- Complete Cadham Provincial Laboratory Forms
- Obtain nasopharyngeal swabs and place in viral media, send to Cadham
- Complete and send outbreak forms (see roles and responsibilities)

**Identification of positive Influenza A or B in specimens sent to Cadham Laboratory**

- Decision for antiviral prophylaxis made in consultation with Public Health, Medical Director and PCH

- **Immunize residents and staff**

  1. Ensure that new antiviral medications are transcribed into MARs from physicians’ orders
  2. Notify pharmacy of medication and dosage requirements (usually supplied in bulk initially)
  3. Educate the nurses and residents on administration of dosages, side effects, etc.
  4. Ensure next of kin notified of medication administration
  5. Administration should occur until no new Resident cases are defined for 8 days
  6. If side effect occurs, complete appropriate documentation and notify physician and pharmacist
DEFINITIONS

a) **Influenza** – *Acute* onset of respiratory illness characterized by:
   - **cough** and **one or more** of the following symptoms:
     - fever > 38°C
     - sore throat
     - arthralgia
     - myalgia
     - prostration

b) **Outbreak** - The occurrence of cases of illness in a particular area and period of time which is in excess of the expected number of cases in the long term care facility.

c) **Influenza-like Illness Outbreak** - The occurrence of cases of influenza-like illness in excess of the expected number of cases in the Long Term Care Facility. Notify Public Health when there are two or more cases of influenza-like illness that occur within seven days.