

EPIDEMIOLOGIC INVESTIGATION SUMMARY

INFLUENZA OUTBREAK AMONG RESIDENTS AND STAFF OF AN ASSISTED LIVING FACILITY IN DOUGLAS COUNTY, NEVADA, 2017

*Department of Health and Human Services
Division of Public and Behavioral Health
Office of Public Health Informatics and Epidemiology*

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PURPOSE

The purpose of this newsletter is to provide the scientific community, decision makers, healthcare providers, and the public a summary of the outbreak investigations conducted by the Division of Public and Behavioral Health.

BACKGROUND

On December 26, 2017, the Division of Public and Behavioral Health (DPBH), Office of Public Health Informatics and Epidemiology (OPHIE) was informed by the Director of Nursing of Facility "A" of an outbreak of influenza among residents and staff. The increase in illness was first identified by staff of the facility on December 21, 2017. Initial symptomology of the ill residents included cough and fatigue. The outbreak investigation began on December 26, 2017.

CASE DEFINITIONS

Clinical criteria An influenza-like illness, which is defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat without a known cause other than influenza between December 15, 2017 to December 29, 2017.

Epidemiological criteria Any residents or staff members associated with Facility "A" and their ill contacts identified through investigations.

Laboratory criteria Any laboratory confirmation by PCR or other method from a human specimen for influenza.

Case classification

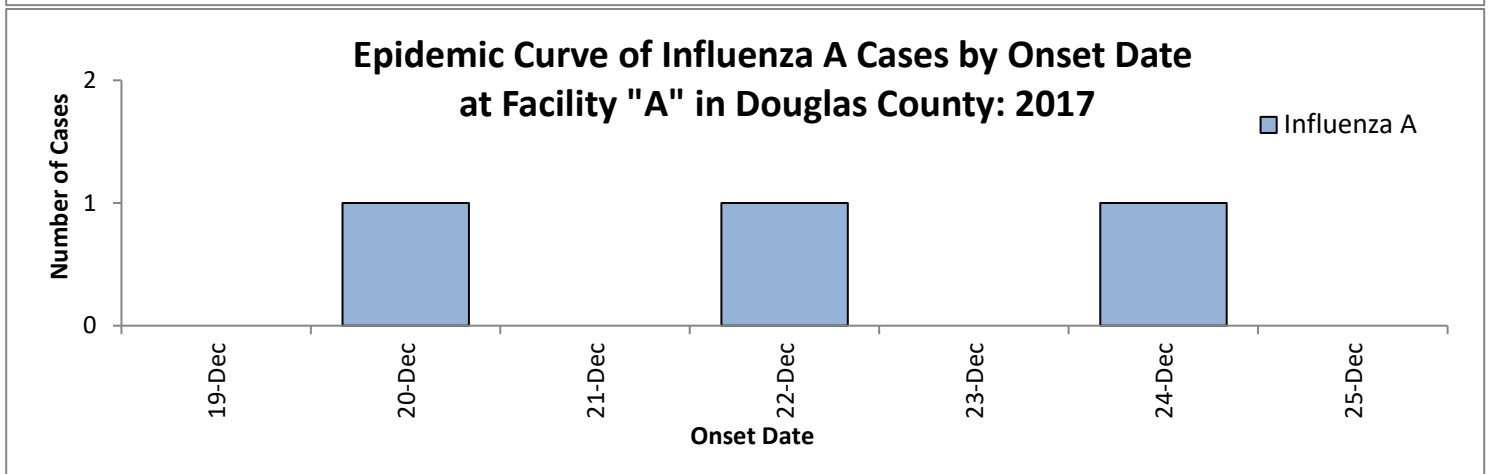
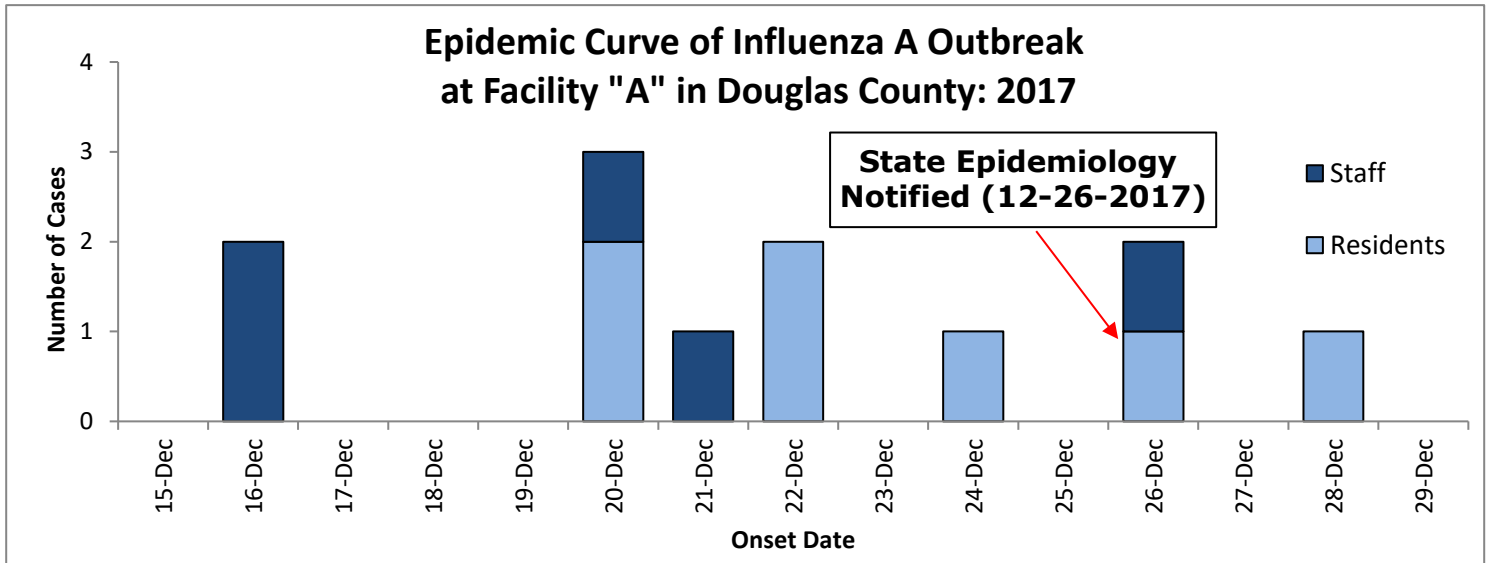
Confirmed case A case meeting clinical, epidemiological, and laboratory criteria.

Probable case A case meeting clinical and epidemiological criteria without laboratory confirmation.

Epidemiology

Onset Date

The peak illness onset date was December 20, 2017.



Epidemiology

A total of 12 cases met the confirmed and probable case definition (three lab-confirmed and nine probable). Two (2) residents were hospitalized and there were zero (0) deaths associated with this outbreak. The resident attack rate was 10.6% (n=66) and the staff attack rate 10% (n=50). The overall attack rate was 10.3% (n=116).

Age- The median age was 63 (range: 20 – 95 years).

Age	n	Total N	%
20-49 years	5	12	41.7%
50-74 years	1	12	8.3%
> = 75	6	12	50%

Sex- Male 1 (8.3%), Female 11 (91.7%)

Incubation period- The incubation period for influenza is 1-4 days.

Duration of illness- The average duration of illness was approximately six days (range four – nine days).

Clinical symptoms-

Symptoms	n	Total N	%
Chills	7	12	58%
Congestion	12	12	100%
Cough	12	12	100%
Headache	2	12	17%
Malaise/Body Aches	8	12	67%
Sore Throat	2	12	17%

Laboratory

A total of three specimens were tested, and all were positive for influenza A.

Data Sources

Health Clinic Visit Data. (electronic)

Residents who had complaints consistent with respiratory illness. (line listing form)

Staff who call in with complaints consistent with respiratory illness. (line listing form)

CONCLUSIONS

The last onset date occurred on December 28, 2017. The outbreak was declared over on January 8, 2018 because the facility went two full incubation periods without a new case.

Mitigation

After lab results confirmed that the cause of the outbreak was influenza which has an incubation period of one to four days, DPBH reiterated the importance of continued outbreak control measures in order to interrupt further transmission. The facility continued their own mitigation efforts as well.

RECOMMENDATIONS

To prevent influenza outbreaks in healthcare settings, the following public health measures are recommended:

- Remind residents, staff, and visitors of proper hand hygiene and cough etiquette in compliance with CDC/WHO guidelines.
- Clean and disinfect equipment and environment with an agent approved to kill the influenza virus.
- Educate healthcare workers, housekeepers, administration staff, residents, and families on influenza.
- Isolate residents and exclude from work any staff members who have symptoms consistent with influenza¹.
- Immediately notify infection control about positive laboratory results.

REFERENCES

1. Centers for Disease Control and Prevention. Prevention Strategies for Seasonal Influenza in Healthcare Settings: Infection Control Practices Advisory Committee. January 9, 2013. Retrieved February 2, 2015, from: <https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>

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