Scott Walker
Governor

Dennis G. Smith
Secretary

State of Wisconsin

Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET
P O BOX 2659
MADISON WI 53701-2659

608-266-1251
FAX: 608-267-2832
TTY: 888-701-1253
dhs.wisconsin.gov

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To: Local Health Departments
Infection Preventionists
Division of Quality Assurance
Wisconsin LTC D.O.N. Association
Wisconsin LTC Medical Directors Association
Wisconsin Healthcare Association
Wisconsin Association of Homes and Services for the Aging

From: Thomas Haupt M.S.
Wisconsin Division of Public Health

RE: Communicable Disease Reporting Requirements, and
Prevention and Control of Influenza in Long-term Care Facilities

The purpose of this memo is to clarify when, how and to whom nursing homes and other long term care (LTC) facilities should report communicable diseases and disease outbreaks.

REPORTING

Which diseases need to be reported?

LTC facilities are required by state statute 252 to report single cases of notifiable disease to their local health department. Category I diseases require immediate notification by telephone; Category II diseases must be reported within 72 hours. A complete list of notifiable conditions and the timeframe for reporting can be found in HFS 145 Appendix A or at http://dhs.wisconsin.gov/communicable/diseasereporting/index.htm

Which outbreaks need to be reported?

Any suspected or confirmed outbreak of **any** communicable disease within a LTC facility must be reported immediately by telephone to the local health department.

Who should be notified when a reportable disease or an outbreak is suspected or confirmed?

It is strongly recommended that the local public health department receive the initial notification of a reportable disease or outbreak. As an alternative, the Division of Public Health (DPH) Bureau of Communicable Diseases and Emergency Response can be notified.

How quickly should public health officials be notified?

When a LTC facility suspects or confirms a communicable disease outbreak they should immediately notify the local health department or DPH by phone. Single cases of Category I notifiable diseases should also be reported immediately by phone, and within 24 hours a case report should be submitted, either by entering the data into the Wisconsin Electronic Disease Surveillance System (WEDSS), or completing an Acute and Communicable Disease Case Report (DPH F-44151) and mailing it to the address on the form. For single cases of Category II notifiable diseases, a case report should be submitted within 72 hours, either by entering the data into the Wisconsin Electronic Disease Surveillance System (WEDSS), or completing an Acute and Communicable Disease Case Report (DPH F-44151) and mailing it to the address on the form. A copy of the submitted case report should be retained at the long-term care facility as documentation that the disease has been reported.

What is *not* reportable to local or state public health?

Individual cases of diseases not listed in HFS 145 Appendix A do not need to be reported to public health, but should prompt a response by LTC staff to identify, treat and control the infection to prevent additional cases.

Is Influenza A 2009/H1N1 still considered a novel influenza virus and reportable to public health?

No, 2009 H1N1 virus is no longer considered a novel strain. Single cases should not be reported to public health unless the resident is hospitalized.

Are local health departments responsible for notifying state LTC regulators when outbreaks occur?

No. The DPH will notify the Division of Quality Assurance (DQA) of any outbreak in a long-term care facility. DPH will not notify DQA of single cases of reportable disease.

DEFINITION OF TERMS USED

ILI (influenza-like illness) is defined as illness characterized by fever* and at least one of the following:

- Rhinorrhea (runny nose) or nasal congestion
- Sore throat
- Cough (productive or non-productive)
- Myalgia (muscle aches) that are greater than the resident's norm

***Fever may be difficult to determine in elderly residents. Therefore, the definition of fever used for ILI may be defined as temperature >100° F or 2° above the established baseline for that resident**.

Pneumonia is defined as radiographic evidence of ***new*** or ***increased*** pulmonary infiltrates, usually accompanied by fever. It is strongly recommended that all suspect cases of clinically-diagnosed pneumonia be followed with radiographic testing.

A **respiratory disease outbreak** is defined as three or more residents from the same unit whose onset of illness was within 72 hours of each other who have pneumonia, ILI or laboratory-confirmed viral or bacterial infection (including influenza) or a sudden increase in ILI or pneumonia over the facility's normal background rate.

PREVENTION and CONTROL of INFLUENZA in LTC FACILITIES

Vaccine:

CDC has projected a plentiful supply of influenza vaccine will be available in the United States during the 2011-12 influenza season. No delays in delivery have been identified. CDC recommends that **all residents and employees** of LTC facilities receive annual influenza vaccine as soon as it becomes available. It is also essential that LTC staff monitor new and current residents for recommended vaccinations, including, but not limited to, pneumococcal and tetanus, in addition to annual influenza vaccine.

Testing:

When an outbreak of respiratory disease is suspected in a LTC facility, with DPH approval it is recommended that nasopharyngeal swabs (preferred) or oropharyngeal swabs be collected from 2-3 residents and sent to the Wisconsin State Laboratory of Hygiene (WSLH)for influenza testing (free of charge). At the discretion of DPH the specimens could also be tested for other respiratory viruses. Results will be sent to DPH and to the specimen submitter. Once influenza is confirmed within a facility, no further testing for influenza is recommended unless the resident has an atypical presentation or is not responding to treatment.

Antiviral Prophylaxis:

Prophylactic treatment with antivirals may prevent outbreaks of influenza in LTC facilities. When cases of influenza have been confirmed, antiviral prophylaxis should be offered to all unvaccinated employees, those employees vaccinated for <2 weeks, and all residents regardless of vaccination status. If exposure is limited to a specific wing or residential area then chemoprophylaxis can be limited to residents and staff in those areas. Both oseltamivir (Tamiflu®) and zanamivir (Relenza®) can be used for prevention of influenza A and B infection.

Once initiated, chemoprophylaxis should continue for a minimum of 2 weeks, and 1 week after the onset of symptoms in the last confirmed or highly suspected case. http://www.cdc.gov/flu/professionals/antivirals/ Prophylactic treatment of the general public, families of healthcare workers, or families of residents is not recommended.

Personal protection and infection control:
Caregivers should adhere to standard and droplet precautions when in the presence of a resident with suspected or confirmed influenza. The resident should, if possible, be in a private room. The resident should remain on droplet precautions for 7 days after onset of illness or 24 hours after resolution of fever and respiratory symptoms. It is not uncommon for residents to have a persistent cough that can last for over a week after their fever has resolved. The LTC facility should use discretion in allowing the resident to leave their room provided they use a surgical mask should they have a persistent cough. Coughing is not necessarily a sign of infectiousness.

Consistent, thorough handwashing before and after contact with residents or after any contact with respiratory secretions will help decrease the spread of influenza. Use of alcohol gels for frequent re-sanitization of hands, and use of standard cleaning agents to frequently wipe down public areas (handrails, doorknobs, phones, and tabletops) can also decrease the spread of influenza.

Treatment:
Antibiotics:
Antibiotic treatment is not helpful for influenza. However, treatment of secondary bacterial infections may be necessary in some residents. The resident's healthcare provider should determine whether antibiotic treatment for secondary infection is advisable.

Antivirals:
Neuraminidase Inhibitors:
Both oseltamivir (Tamiflu®) and zanamivir (Relenza®) can be used for treatment or prevention of influenza A and B infection. 2009 A/H1N1, A/H3N2 and Influenza B viruses are not resistant (and are sensitive) to either antiviral. Seasonal (non 2009 A/H1N1) is resistant to oseltamivir.

Adamantanes:
Because of identified resistance, adamantanes should not be used to treat or prevent suspect or probable cases of influenza A. Both seasonal H1N1 and H3N2 viruses are resistant to adamantanes. Adamantanes (amantadine, rimantadine; Symadine®, Symmetrel®, Flumadine®) are not effective against Influenza B.

Symptomatic relief:
Use of agents that provide symptomatic relief (cough suppressants, analgesics, humidifiers, etc.) may be used to assure that the resident is comfortable and able to sleep during influenza infection.

CDC continues to test circulating influenza A and B viruses to identify changes in resistance patterns to adamantanes and neuraminidase inhibitors. Should recommendations for antiviral use be changed, DPH will immediately notify all health care facilities in the state.

Infection Control Guidelines (CDC)
http://www.cdc.gov/flu/professionals/infectioncontrol/index.htm

DPH immunization website
http://www.dhs.wisconsin.gov/immunization/index.htm or
http://www.dhs.wisconsin.gov/communicable/influenza/Tracking.htm

If you have any questions, comments, or concerns about this memo, please notify Thomas Haupt, Influenza Surveillance Coordinator at 608-266-5326 or by e-mail at thomas.haupt@wisconsin.gov or Kristin Hardy at 608-261-8354 e-mail kristin.hardy@wi.gov

NEW! **SHIPMENT OF VIRAL SURVEILLANCE SPECIMENS VIA DUNHAM EXPRESS TO THE WISCONSIN STATE LABORATORY OF HYGIENE**

SPECIMEN PACKAGING (WSLH KIT # 18 OR EQUIVALENT):

- **Triple package as "Biological substance, Category B UN 3373"**
- Securely tape the cap of the specimen container, wrap specimen with absorbent material; place the specimen vial into a biohazard bag; place the completed requisition form into the outer pocket of the bag.
- Place the bagged specimen and form in the styrofoam mailer with a frozen kool-pak.
- Replace lid on the styrofoam box; close and securely tape the cardboard box shut.
- Attach the WSLH address label to the package:
  State Lab - Virology
  465 Henry Mall
  Madison, WI 53706
- Attach the "***Biological substance, Category B / UN 3373***" label to the package.
- Attach your ***return address*** label; include the ***name and telephone number*** of the person who knows the content of the package (requirement) with the return address

SHIPPING ARRANGEMENTS:

- The WSLH has a contract with Dunham Express for shipment of specimens to the WSLH, with charges billed to the WSLH. **You are not required to ship via Dunham Express unless you wish to have the transport charges billed to the WSLH**.
- Specimens will be picked up during regular working hours, but you must confirm the time with the Dunham Express office in your area.
- Specimens will be delivered to the WSLH the following day, except Fridays. **If you must ship on Fridays or on the day before a holiday, include an extra coolant**.
- All package preparation should be completed before the courier arrives.
- Contact the Dunham Express office in your area (see list below);

Appleton area:	**Call 920-722-6360 or 1-800-236-7128**
Eau Claire area:	**Call 715-834-3200 or 1-800-236-7129**
LaCrosse area:	**Call 608-779-4588**
Madison area:	**Call 608- 242-1000**
Milwaukee area:	**Call 414-435-0002 or 1-800-236-7126**
Niagara area:	**Call 715-251-1909 or 1-800-298-1909**
Wausau area:	**Call 715-848-4882 or 1-800-298-4882**

- Give the office the following information:
  The State Lab-Virology account number: 7274
  Account name: State Lab - Virology
  Your name and phone number
  Your pickup address, including other location information (e.g., room number)
  The destination: State Lab - Virology, 465 Henry Mall, Madison, WI 53706
  Shipment description, if asked: Viral specimens for overnight delivery

WISCONSIN DIVISION OF PUBLIC HEALTH RECOMMENDATIONS FOR THE PREVENTION AND CONTROL OF INFLUENZA IN LONG-TERM CARE FACILITIES

Monitor all residents and staff for symptoms consistent with influenza-like Illness (ILI), defined as fever ≥ 100° F and either a cough, myalgia, rhinorrhea or sore throat.

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Employees with ILI must be excluded from work until at least 24 hours after they no longer have a fever (without the use of fever-reducing medicines).

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For confirmed or highly suspected cases of influenza, notify the facility medical director and administration and enhance surveillance for ILI among residents and staff. → If the definition of an outbreak is met, **NOTIFY** public health officials!!

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Test residents who present with ILI by submitting respiratory specimens to a laboratory equipped to test for influenza ***

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Within 48 hours of the onset of illness **treat** confirmed or highly **s**uspect cases among residents and staff with oseltamivir (Tamiflu®) or zanamivir (Relenza®) to reduce the severity and shorten the duration of the illness.****

For a **single** confirmed or a highly suspected case of influenza ↓ For **two or more** confirmed or highly suspected cases of influenza

Consider use of oseltamivir or zanamivir for chemoprophylaxis per recommendations used for multiple cases of influenza

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Restrict new admissions to the facility or to the area where the confirmed resident(s) reside **until one week** after the illness onset of the last confirmed or suspected case of influenza.

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As much as possible, **restrict** the movement of residents and employees within the facility.

Provide oseltamivir or zanamivir for chemoprophylaxis to:

- **ALL** unvaccinated employees and those employees vaccinated for <2 weeks
- **ALL** residents regardless of vaccination status, unless exposure is limited to a specific wing or residential area. Then chemoprophylaxis can be limited to residents and staff of those areas.

Chemoprophylaxis once initiated should continue for a minimum of 2 weeks, and 1 week after the onset of symptoms in the last confirmed or highly suspected case.

*** Use of rapid influenza test result may not be recommended depending on the current level of influenza activity statewide.
**** At the discretion of the clinician antiviral treatment can be initiated more than 48 hours post illness onset

For additional information, contact the Bureau of Communicable Diseases and Emergency Response at 608-266-5326

October, 2011