# Guidelines for Acute Respiratory Illness Outbreaks in Long-Term Care Facilities

West Virginia Bureau for Public Health — Your Health Your Safety Our Purpose — Department of Health & Human Resources

## Define the outbreak…

Case Definition: Use revised McGeer's case definition of respiratory illnesses. See outbreak toolkit at http://www.dhhr.wv.gov/oeps/disease/ob/Pages/acute-RI-LTCF.aspx .
Outbreak Definition: An increase in the number of cases of acute respiratory illness over and above the expected number of cases. After determining the usual/expected rates of respiratory diseases and giving consideration to seasonal variation, you can determine the threshold for outbreak detection.

## Prior to having an outbreak:

1. Develop policies to address the authority of Infection Preventionist (IP) to implement infection control measures.
2. Maintain ongoing surveillance using standard case definitions to determine the usual rates of respiratory infection within the facility.
3. Educate all staff about their roles in infection prevention and control, such as hand washing, isolation precautions, cohorting, staying home when they get sick, the use of personal protective equipment, and the benefits of influenza vaccination in preventing illness among residents and staff.

## When you have a suspected outbreak of acute respiratory illness…

1. Report the outbreak immediately to your local health department (LHD) and stay in touch throughout the outbreak.
2. Collect 5-10 nasopharyngeal swabs from ill residents or staff within 48-72 hours of onset of illness. Collaborate with your LHD to obtain testing kits and ship to the Office of Laboratory Services (OLS). Information on collection and shipment can be found on OLS website: http://www.wvdhhr.org/labservices/labs/virology/influenza.cfm .
3. Look for new cases and inform your healthcare provider about every new case.
4. Use worksheet for classifying cases of respiratory illness. The worksheet can be found by Clicking here.
5. Start a line list using the data from the worksheet and update daily for the duration of the outbreak. Line list is available in pdf format or in Excel format.
6. Implement appropriate infection control measures (see below). Monitor effectiveness of control measures with data collected on the line list.
7. Avoid the unnecessary use of antibiotics, particularly if you suspect a viral illness.

## To help control the spread of infection…

1. Practice respiratory hygiene and cough etiquette including the following components: a) education of residents, staff, visitors; b) posted signs in appropriate language; c) source control measures (e.g., covering the mouth/nose with a tissue when coughing); d) hand hygiene; and e) spatial/social distancing, ideally >3 feet.
2. In addition to standard precautions, immediately initiate droplet precautions as follows:
   - Place ill patients in private rooms. If this is not possible, place ill patients with similar symptoms (and no other infections) in the same room or wing (cohorting).
   - If cohorting is not possible, maintain separation of at least 3 feet between the infected resident and other residents, staff, and visitors. Use a cubicle curtain between beds.
   - Cohort staff. Avoid sharing staff between affected and unaffected residents, if possible.
   - Use personal protective equipment (PPE), such as a mask, when entering the room of an infected resident. Remove and properly dispose of PPE upon leaving the room of an infected resident, wash hands, and then use a new mask before moving to another room.
   - Outbreaks of certain viral pathogens such as parainfluenza virus and human metapneumovirus require adding contact precautions to the above measures.
3. Ill staff should stay off work until afebrile, off antipyretics for 24 hours, and improving.
4. Limit transportation of ill residents. Have the ill resident wear a surgical mask if transport is necessary. Notify the receiving facility when transferring ill residents.
5. Consider limiting group activities (dining halls, activity rooms, etc.) and serve meals in ill resident rooms.
6. Avoid new admissions and/or transfers to the affected units.
7. Discourage visitation to the facility. Instruct visitors on appropriate hand hygiene and cough etiquette. Instruct ill visitors not to enter the facility.

## When you have a cluster or outbreak of pneumonia:

In addition to the above measures, all residents suspected of having pneumonia should have a thorough evaluation as follows:

1. Complete physical examination by the facility healthcare provider/medical director and collect nasopharyngeal swabs as described above.
2. Complete Blood Count (CBC) with differential, blood culture before considering antibiotic treatment.
3. A good quality sputum sample for gram stain and culture can be very helpful for making decisions about patient and outbreak management. Use clinical judgment.
4. Chest x-ray (CXR).
5. Other tests as indicated by clinical presentation, such as tests for legionella, mycoplasma, etc. Use clinical judgment.

## When you have a cluster or outbreak of influenza-like illness:

Please refer to the guidelines for influenza outbreaks at:
http://www.dhhr.wv.gov/oeps/disease/flu/Documents/influenza%20outbreak%20toolkit_nursing%20home_Oct%202012.pdf

**REMEMBER: Outbreaks are immediately reportable to your local health department! For further questions or information contact the Division of Infectious Disease Epidemiology at 304-558-5358 or 800-423-1271, extension 1**

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