

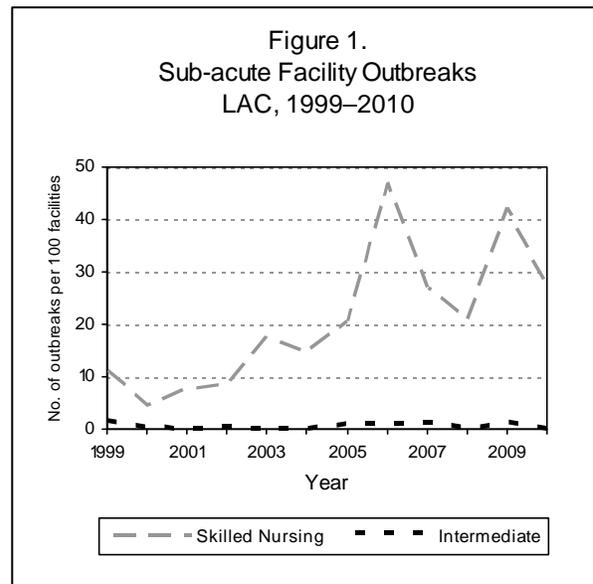


HEALTHCARE-ASSOCIATED OUTBREAKS SUB-ACUTE CARE FACILITIES

DEFINITION

Healthcare-associated outbreaks are defined as clusters of infections in healthcare settings related in time and place, or occurring above a baseline or threshold level for a facility, specific unit, or ward. Baseline is defined as what is normally observed in a particular setting.

The sub-acute care category includes skilled nursing, intermediate care, psychiatric care, and free-standing dialysis centers, among other less common facilities. Skilled nursing facilities provide continuous skilled nursing care to patients on an extended basis. Intermediate care facilities also provide skilled nursing care to patients, but the care is not continuous. Psychiatric facilities provide 24-hour inpatient care for patients with psychiatric care needs.



ABSTRACT

- The total of confirmed sub-acute care associated outbreaks declined substantially from 169 outbreaks in 2009 to 110 outbreaks in 2010. This was largely due to substantial decreases in both gastrointestinal and respiratory outbreaks.
- The number of skilled nursing facility outbreaks decreased by 34% in 2010 from 166 in 2009 to 110. (Table 1). The rate of skilled nursing facility outbreaks also decreased from 42 per 100 facilities in 2009 to 27 per 100 facilities in 2010 (Figure 1).
- There were no outbreaks in intermediate care, psychiatric, or dialysis facilities in 2010.

Table 1. Number of Reported Outbreaks in Sub-acute Healthcare Facilities LAC, 2006–2010

Type of Facility	YEAR				
	2006	2007	2008	2009	2010
Intermediate Care Facilities	3	3	-	3	-
Psychiatric Care Facilities	-	3	2	-	-
Skilled Nursing Facilities	173	110	85	166	104
Total	173	116	87	169	104

Intermediate Care Facilities: No outbreaks were reported in intermediate care facilities in 2010. Three outbreaks were investigated in intermediate care facilities in 2009.

Psychiatric Facilities: As with 2009, no outbreaks were reported in psychiatric care facilities in 2010.

Skilled Nursing Facilities: Reported skilled nursing facility outbreaks decreased by 27% in 2010 compared to 2009. Scabies and rash outbreaks were the most frequently reported, accounting for 68% of



outbreaks. However, gastrointestinal outbreaks accounted for the most cases of illness, with 521 (47%) cases. Three *Clostridium difficile* outbreaks were reported in 2010 compared to four outbreaks reported in 2009. The total number of respiratory outbreaks was a third of those seen in 2009; six outbreaks were documented in 2010 compared to 19 in 2009. In 2009, six of 19 respiratory outbreaks were due to influenza compared to just one outbreak in 2010 (Table 2).

Disease/Condition	No. of Outbreaks	No. of Cases
Clostridium difficile enterocolitis	3	27
Invasive Group A Streptococcal	1	3
Gastroenteritis		
• Unspecified (n=9)	25	521
• Norovirus (n=16)		
Scabies	30	163
Scabies, atypical	1	1
Unknown Rash	45	325
Respiratory illness		
• Unspecified (n=5)	6	81
• Influenza (n=1)		
Total	111	1121

COMMENTS

LAC skilled nursing facilities experienced a decrease in the total number of reported outbreaks. There was a 60% decrease in gastrointestinal outbreaks in 2010 compared to 2009. Outbreaks due to *Clostridium difficile* are not commonly reported to DPH, however, three outbreaks were reported in 2010 and four the previous year. This may signal an increased prevalence of this organism in skilled nursing facilities, whose residents frequently transfer to and from acute care facilities; increased compliance with reporting outbreaks compared to previous years may also be responsible. An outbreak investigation of invasive group A streptococcus (IGAS) was conducted in 2010. Three cases were identified with one death. Investigation revealed several breaches in infection control including improper hand washing and infection control policies that were not standardized to CDC guidelines.

Just one confirmed influenza outbreak occurred in the sub-acute setting in 2010, totaling 25 cases, including six staff and 19 residents. Laboratory investigation revealed Influenza A subtype H3 that was included in the 2010 influenza vaccine. Over 50% of cases who received the influenza vaccination (3 staff, 14 residents) became ill with influenza. Several studies have reported diminished vaccine effectiveness in the elderly. Thus it is important for post-exposure antiviral prophylaxis to be administered during outbreaks involving the elderly even in the presence of a high vaccination coverage rate.

All but two LAC DPH districts investigated at least one subacute healthcare facility outbreak during 2010. The Glendale (14, 13%), Pomona (13, 12%) and West (12, 11%) health districts investigated a larger proportion of outbreaks compared with other districts. Facilities in Service Planning Area (SPA) 2 (26, 26%) SPA 3 (21, 21%) and SPA 4 (19, 19%) reported the largest proportion of such outbreaks in 2010.

PREVENTION

The majority of outbreaks in sub-acute care facilities are caused by agents that are spread via person-to-person contact. Influenza vaccination for skilled nursing facility staff and residents as well as proper handwashing, administrative controls, utilization of appropriate antiviral prophylaxis for facility residents and staff, and isolation where necessary are essential in the prevention of seasonal influenza.



[LAC Guidelines for Prevention and Control of Scabies for Acute and Sub-Acute Care Facilities](#) (accessible on ACDC website) is available to provide guidance to skilled nursing facilities experiencing scabies outbreaks, as well as to be a helpful guide to LAC DPH Community Health Services district public health nurses to investigate scabies outbreaks.

