

Reporting and Managing Outbreaks in the Long Term Care Facility Setting



LAC FACTS

- Covers 4300 square miles
- Over 10 million residents
- 99 acute care hospitals
- Over 320 subacute/long-term care facilities





Outbreak Management Components

Communication – Core Team & Dept. of Public Health

Investigation & Monitoring

Specimen Collection

Treatment/Prophylaxis, if needed

Infection Control – HH, Precautions, Environmental Cleaning

Education



Communication

Obtain Toolkits

Notify

Public Health

Rapid Identification

Los Angeles County Morbidity Unit

Phone (888) 397-3993

Fax (888) 397-3778

After hours: (213) 974-1234

What Is Reportable?



Please Post Revised January 2019



REPORTABLE DISEASES AND CONDITIONS

Title 17, California Code of Regulations (CCR), § 2500

It is the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. "Health care provider" encompasses physicians (surgeons, osleopaths, oriental medicine practitioners), veterinarians, podiatrists, physician assistants, registered nurses (nurse practitioners, nurse midwives, school nurses), infection control professionals, medical examiners/coroners, dentists, and chiropractors, as well as any other person with knowledge of a case or suspected case.

Note: This list is specific to Los Angeles County and differs from state and federal reporting requirements *

- Report <u>immediately</u> by telephone (for both confirmed and suspected cases)
- O Report by telephone within 1 working day from identification
- Report by electronic transmission (including FAX), telephone or mail within 1 working day from identification
- Report by electronic transmission (including FAX), telephone or mail within 7 calendar days from identification
- * Mandated by and reportable to the Los Angeles County Department of Public Health
- ± Report electronically via the National Healthcare Safety Network (https://www.cdc.gov/nhsn/index.html) if enrolled, if not enrolled, use the LAC DPH CRE Case Report Form (http://publichealth.lacounty.gov/acd/Diseases/EpiForms/CRERepSNF.pdf)
- For TB reporting questions: contact the TB Control Program (213) 745-0800 or visit www.publicheaith.lacounty.gov/tb/heaithpro.htm
- For HIV/STD reporting questions: contact the Division of HIV and STD Programs. HIV (213) 351-8516, STDs (213) 368-7441 www.publichealth.lacounty.gov/dhsp/ReportCase.htm

For laboratory reporting: www.publicheaith.lacounty.gov/lab/index.htm For veterinary reporting: www.publicheaith.lacounty.gov/vet/index.htm

REPORTABLE COMMUNICABLE DISEASES Amehiasis Glardiasis Rickettsial Diseases (non-Rocky Mountain Anaplasmosis Gonococcal Infection . Spotted Fever), including Typhus and Anthrax, human or animal Haemophlius Influenzae, Invasive disease Typhus-like Ilinesses only, all serotypes, less than 5 years of age @ Rocky Mountain Spotted Fever Bofulism: Infant, foodborne, or wound Hantavirus Infection Rubella (German Measles) Brucellosis, animal; except infections due to Hemolytic Uremic Syndrome Rubella Syndrome, Congenital Salmonellosis, other than Typhold Fever Brucella canis Henatitis A acute Infection Brucellosis, human Hepatitis B, specify acute or chronic Scables, only outbreaks of 2 or more cases, Hepatitis C, specify acute or chronic any type Scombroid Fish Poisoning Carbapenem-Resistant Enterobacteriaceae Hepatitis D (Delta), specify acute or chronic (CRE), including Klebsiella sp., E. coll, and Hepatitis E, acute Infection Shiga Toxin, detected in feces Enterobacter sp., in acute care hospitals or Human Immunodeficiency Virus (HIV) skilled nursing facilities * ± Infection, stage 3 (AIDS) = (§2641.30-Smallnoy (Variola) Chancrold . Streptococcal Infection, outbreaks any type Chickenpox (Varicella), only Human immunodeficiency Virus (HIV), Streptococcal Infection, Individual case in a hospitalizations, deaths, and outbreaks (≥3 acute infection = (§2641.30-2643.20) food handler or dairy worker Influenza deaths, confirmed cases only, all cases, or one case in a high-risk setting) Streptococcal Infection, Invasive Group A, ages * Influenza, novel strains, human Chikungunya Virus Infect Including Streptococcal Toxic Shock Chiamvdia trachomatis infection, including Syndrome and Necrotizing Fascitis: do not lymphogranuloma venereum (LGV) . I enionellosis report individual cases of pharynoitis or Leprosy (Hansen's Disease) Cholera scarlet fever. * Ciquatera Fish Poisoning Streptococcus pneumoniae, invasive+ Leptospirosis Coccidioidomycosis Syphilis . Creutzfeldt-Jakob Disease (CJD) and other Lyme Disease Transmissible Spongiform Encephalopathies (TSE) Measles (Rubeola) Tuberculosis . Meningitis, specify etiology: viral, bacterial, Tularemia, animal Cyclosportasis fungal, or parasitic Tularemia, human Cysticercosis or Taeniasis Meningococcal Infection Typhold Fever, cases and carriers Dengue Virus Infection Diphtheria Myelitis, acute flaccid * Viral Hemorrhagic Fevers, human or animal Domoic Acid (Amnesic Shellfish) Poisoning Novel virus infection with pandemic (e.g., Crimean-Congo, Ebola, Lassa and Encephalitis, specify etiology: viral, Paralytic Shellfish Poisoning West Nile Virus (WNV) Infection bacterial, fungal or parasitio Pertussis (Whooping Cough Yellow Fever Escherichia coli, shiga toxin producing Plaque, human or animal Yersiniosis (STEC) including E. coll O157 Pollovirus Infection Zika Virus Infection Flavivirus infection of undetermined species OCCURRENCE OF ANY UNUSUAL DISEASE Foodborne Outbreak; 2 or more suspected Rables, human or animal OUTBREAKS OF ANY DISEASE, Including cases from separate households with same Relapsing Fever diseases not listed above. Specify if in an assumed source Respiratory Syncytial Virus, deaths less institution and/or the open community. than 5 years only REPORTABLE NON-COMMUNICABLE DISEASES OR CONDITIONS

- Latest Revision Jan. 2019
- Over 88 communicable diseases, conditions, syndromes
- Unusual diseases
- Emerging diseases
- Outbreaks of any disease

- Consciousness (CCR § 2806, § 2810)
- Pesticide-Related Illnesses (Health and Safety Code §105200)

To report a case or outbreak of any disease, contact the Communicable Disease Reporting System Tel: (888) 397-3993 • Fax: (888) 397-3778 or (213) 482-5508

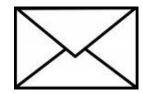
Health Professionals Reporting Webpage: www.publichealth.lacounty.gov/clinicians/report



Urgency Reporting Requirements

- Report <u>immediately</u> by phone
 - Meningococcal infection
 - Outbreaks of any disease
 - Occurrence of any unusual disease
- Report within 7 calendar days
 - Legionellosis









Why Report?

- Required by law
- Determine extent of morbidity
- Evaluate risk of transmission
- Implement rapid interventions
 - Protect public/healthcare workers



CALIFORNIA HEALTH REGULATIONS

- California Code of Regulations (CCR)
 - Title 17
 - Public Health
 - Reportable Diseases & Conditions, §2500
 - Title 22, Social Security
 - GACH, Acute Psych, SNF, Intermediate Care, etc.
 - Reporting, §70737
- California Health & Safety Code

Investigation & Monitoring

- ✓ Assess employees and initiate line list
- ✓ Assess residents and initiate line list
- ✓ Cohort residents and staff
- ✓ Collect samples for identification
- ✓ Treat employees/residents prophylactically
- ✓ Close facility to new admissions if indicated
- ✓ Notify transferring location
- Daily assessments
- ✓ Communicate with District Public Health Nurse until case is closed





Specimen Collection

Influenza

- A nasopharyngeal (NP) swab is the optimal
- collected within the first 4 days of symptom onset

Norovirus

- Requires fresh (unfrozen) stool
- Stool should be obtained from ill individuals
- Ideally within 48-72 hrs. post onset
- Must be kept refrigerated
- Scabies skin scraping



Treatment/Prophylaxis

Influenza

- Supportive care and antiviral medication
- Prophylaxis to contacts

Norovirus

- Supportive care, Oral hydration if possible
- IV hydration if unable to take oral hydration
- Anti-emetics

Scabies

- Topical Scabicide (most frequent) and/or Oral anti-parasitic agent
- Prophylaxis to contacts



Infection Control

- ✓ Implement recommended control measures
- ✓ Place in appropriate precaution / isolation
- ✓ Enhance environmental cleaning
- ✓ Provide personal protective equipment (PPE) & Dispose of PPE appropriately
- ✓ Reinforce hand washing / covering coughs
- ✓ Restrict group activities if needed
- ✓ Continue to monitor employees and residents on a daily basis for new cases
- ✓ Update Public Health Nurse





When is it Over?

- When transmission no longer occurs
 - No additional cases are identified
 - All requested documents are received
 - Routine investigation
 - Closure email
 - Complex investigation
 - Closure letter
 - »Investigation summary
 - »Final recommendations



Education

- ✓ Obtain Toolkits on Acute Communicable Disease Control Website for guidance and materials
- ✓ Provide training to all staff
- ✓ Provide hand written material
- ✓ Provide in several languages
- ✓ Reinforce signs/symptoms to report
- ✓ Inform staff of updates
- ✓ Stress transmission to home or other jobs
- ✓ District Public Health Nurse can assist

Resources

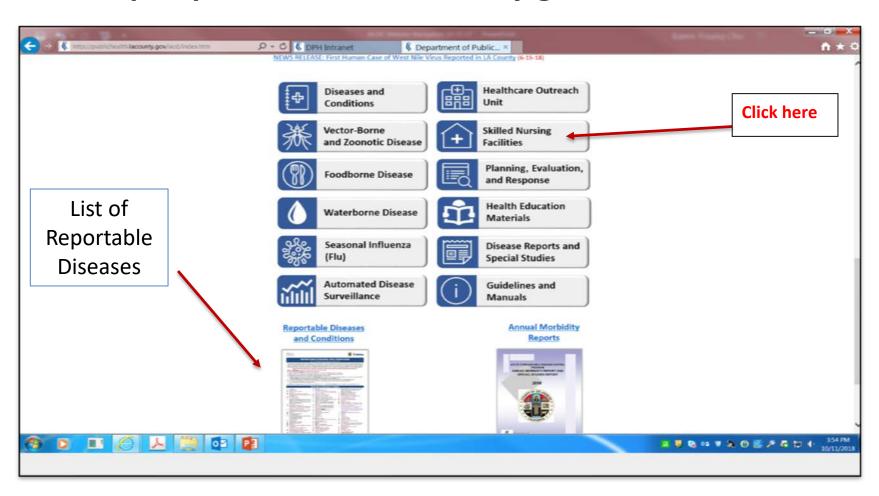


http://publichealth.lacounty.gov/acd

Accessing
Flu / Scabies / Norovirus
Toolkits

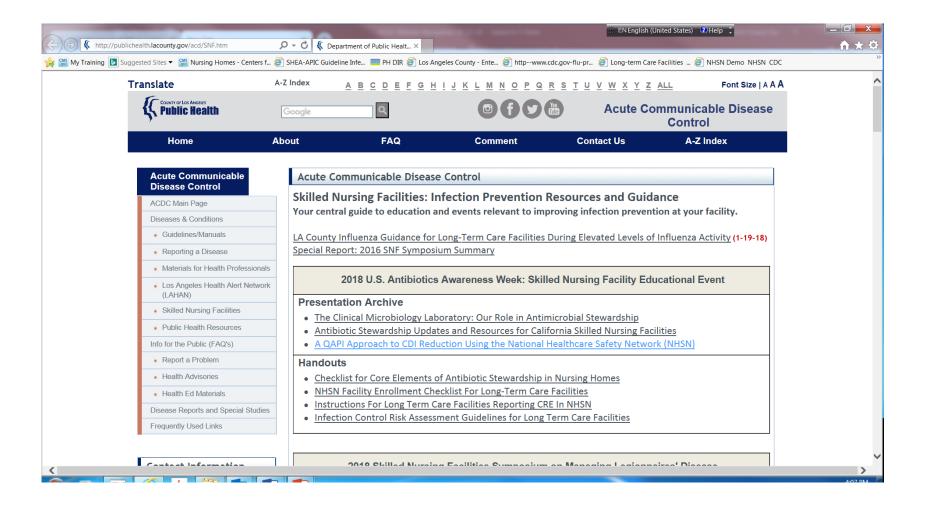


Skilled Nursing Facilities Webpage http://publichealth.lacounty.gov/acd/SNF.htm





SNF Webpage (2)



Useful Links and Resources





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Acute Communicable Disease Control (ACDC)	
Frequently Used Links	Links to other LAC DPH programs, journals,
	organizations and data.
Influenza:	Information on influenza including resources and
- General Information	guidance for outbreak mitigation and prevention.
- <u>LAC DPH Surveillance</u>	Influenza Watch is a free electronic newsletter
- Influenza Watch	summarizing influenza activity in LAC and published
- Outbreak Prevention for SNFs	during influenza season.
- Flu Health Education Materials	T
- <u>Flu Vaccination</u>	
LAC DPH Health Officer Order: Influenza Vaccination	Resources explaining the mandate and supporting
and Masking for for Healthcare Workers	influenza vaccination for healthcare personnel.
- Informational Webpage	
- SNF Toolkit	
Norovirus	Norovirus information and resources; how-to-guide
- General Information	for norovirus outbreak prevention and control in
- Outbreak Prevention Toolkit	SNFs.
Scabies	Scabies information and resources; how-to-guide for
- General Information	scabies outbreak prevention and control in medical
- Toolkit for Acute and Long-term Care Facilities	settings.
LAC DPH Disease Guidelines and Recommendations	Provides guidance for admissions and infection
- <u>Listing</u>	control in healthcare settings; Provides information
- Regulations for Communicable Disease Reporting	on communicable diseases including legal
(<u>B82)</u>	requirements, procedures and investigation forms.
- Communicable Disease Manual (B73)	
Health Education Materials	Health education materials including flyers and
	posters.

Norovirus Line list



RESIDENTS vs. STAFF

Norovirus / Viral Gastroenteritis Line List—Symptomatic RESIDENTS



The line list SNF staff should use to document symptomatic residents.

Patient Demographics						ymp	toms			Outcon	ne		Diagn	ostics		Additional Information			
Name	DOB	Age	Sex (M/F)	Patients Only Unit /Room	Symptom Onset Date (mm/dd/yy)	Vomiting (Y/N/U)	arr	Bloody Stools (Y/N/U)	ğΖ	Fever (T max°/N/U)	First symptom-free date (mm/dd/yy)	taliz	Stool or vomitus Sample Collected?	Date of specimen collection (mm/dd/yy)	Labs sent to PHL or outside lab	Lab Results	Immunocompromise or conditions? Date of Death?		
1.																			

Norovirus / Viral Gastroenteritis Line List—Symptomatic STAFF

The line list SNF staff should use to document symptomatic staff.

Staff Demographics					Location				Symptoms						Outco	me	Diagn	Additional Information		
Name	Direct/Non-Direct Patient Contact	DOB	Age	Sex (M/F)	Department / Location	Work at Multiple Sites? (Y/N/U)	Last Date Worked	Date Returned to Work	Symptom Onset Date (mm/dd/yy)	Vomiting (Y/N/U)	200	Bloody Stools (Y/N/U)	Abdominal Cramps (Y/N/U)	Fever (T max°/N/U)	First symptom-free date (mm/dd/yy)	Hospitalized? (Y/N/U)	Date of specimen collection (mm/dd/yy)	Labs sent to PHL or outside lab	Sesu	Residential Address Date of Death?
1.																				
2.																				

Influenza Line List



*Do we list Symptomatic and Asymptomatic Staff/Residents? YES

COUNTY OF LOS ANGELES **Public Health**

Acute Communicable Disease Control Program 313 N. Figueroa St., Rm 212, Los Angeles, CA 90012 213-240-7941 (phone) 213-482-4856 (fax) www.publichealth.lacounty.gov

Resident Name

Influenza and ILI Outbreak Line List for Healthcare Facilities

STAFF

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Facility Name:										Contact Person/Phone No.:														
Outbreak Number :	Date :																							
Staff Information			St	aff Duti	es	Vaccination status		Illness Description										Diagno	stics			Outcome		
Staff Name	Date of birth or Age	Sex (M/F)	Unit/Ward Assigned to	Direct Resident Contact? (Y/N), if yes, job title	Work at multiple sites? (Y/N)	Influenza vaccination (Y/N), if yes, date of vaccination	Date of illness onset	Fever (Y/N) or highest	Cough (Y/N)	Myalgia/Body Aches (Y/N)	Chills (Y/N)	Sore throat (Y/N)	Shortness of breath (Y/N)	Other (Y/N)	Chest X-ray confirmed pneumonia (Y/N)	Doctor visit (Y/N)	Specimen collected (Y/N)	Specimen Type (NP, Sputum, Other)	Diagnosis/Lab Result	Antivirals (Y/N), Date started/Date ended	Antibiotics (Y/N), Date started/Date ended	Final Diagnosis Influenza/Pnuemonia/Other	Hospitalized (Y/N)	Died (Y/N, if yes, date)
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COUNTY OF LOS ANGELES Public Health Acute Communicable Disease Control Program 313 N. Figueroa St., Rm 212, Los Angeles, CA 90012 213-240-7941 (phone) 213-482-4856 (fax) www.publichealth.lacounty.gov															+									
Facility Name:										Conta	ect Pe	erson	n/Pho	ne N	o.:									
Outbreak Number :				Date			Total Number of Residents at time of outbreak:																	
Resident Information				Resident Vaccination					Illness Description							Diagnostics								е
	Date of birth or Age	Sex (M/F)	Room#	UnitWard	Influenza (Y/N), if yes, provide date	Pneumococcal (Y/N), if yes, provide date	Date of illness onset	Fever (Y/N) or highest temperature (°F)*	Cough (Y/N)	Myalgia/Body Aches (Y/N)	Chills (Y/N)	Sore throat (Y/N)	Shortness of breath (Y/N)	Other (Y/N)	Chest X-ray confirmed pneumonia (Y/N)	Doctor visit (Y/N)	Specimen collected (Y/N)	Specimen Type (NP, Sputum, Other)	Diagnosis/Lab Result	Antivirals (Y/N), Date started/Date ended	Antibiotics (Y/N), Date started/Date ended	Final Diagnosis Influenza/Pnuemonia/Other	Hospitalized (Y/N)	Died (Y/N, if yes, date)



Thank You

Debbie Poon, MSN, R.N. Public Health Nurse

Central Health Center
Community Field Services
Service Planning Area 4