



Influenza Outbreak Management Protocol

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1. PREAMBLE

Most Influenza outbreaks occur during the winter months. Site staff should watch for clusters of upper or lower respiratory tract infections as early recognition of an outbreak is vital to effective management.

Outbreaks are disruptive and costly; however, *influenza outbreaks are often milder in facilities with high staff and patient vaccination rates*. Health care workers can transmit respiratory viruses to high-risk, vulnerable patients even when those vulnerable patients have been immunized themselves. Most deaths associated with influenza in industrialized countries occur in individuals 65 years of age and older.

Please note this document is for the management of an outbreak if there are questions regarding the management of individual cases of influenza please refer to the Specific Disease Protocol.

2. PURPOSE

- 2.1 To prevent &/or minimize the mortality (death) and morbidity (illness) of influenza outbreaks in the Winnipeg Health Region by providing a consistent & practical guideline to manage influenza outbreaks.
- 2.2 To provide a structure for coordinating the activities of the various provincial, regional, site and laboratory agencies that have responsibility for the investigation, prevention, and control of respiratory disease outbreaks in acute care sites in the Winnipeg Health Region.
- 2.3 To define the roles and responsibilities of key stakeholders during the course of a site outbreak.

3. DEFINITIONS

- 3.1 **Alcohol based hand rub (ABHR):** An alcohol-containing (60-90%) preparation (liquid, gel or foam) designed for application to the hands to kill or reduce the growth of microorganisms. Such preparations contain one or more types of alcohol with emollients and other active ingredients^[6.5]
- 3.2 **Chemoprophylaxis:** Administration of a medicine or chemical agent with the purpose of disease prevention, such as the use of antimicrobial drugs to prevent the acquisition of pathogens in an endemic area or to prevent their spread from one body area to another.^[6.4]
- 3.3 **Chronic Kidney Disease (CKD):** Abnormalities of kidney structure or function, present for >3 months, with implications for health and CKD is classified based on cause, GFR category, and albuminuria category (CGA).^[6.2]
- 3.4 **Cohort:** Physically separating (e.g., in a separate room or ward) two or more patients exposed to, or infected with, the same microorganism from other patients who have not been exposed to, or infected with, that microorganism.^[6.5]
- 3.5 **Hand Hygiene:** A comprehensive term that applies to hand washing, hand antisepsis and to actions taken to maintain healthy hands and fingernails.^[6.5]
- 3.6 **Impaired Kidney Function:** Estimated Glomerular filtration rate (eGFR) <60 mL/minute 1.78m². Also see Chronic Kidney Disease (CKD).^[6.2]



- 3.7 **Influenza-like illness (ILI):** A constellation of symptoms which may be exhibited by individuals prior to the confirmation of Influenza.^[6.5]
NOTE: Case definition: Acute onset of respiratory illness with fever and cough and with one or more of the following:
- Sore throat
 - Arthralgia (joint pain)
 - Myalgia (muscular pain)
 - Prostration (extreme exhaustion) that could be due to influenza virus
 - In children less than 5 years of age, gastrointestinal symptoms (e.g., nausea, vomiting, diarrhea) may be present
 - In patients less than 5 years or greater than 65 years of age, fever may not be prominent
- 3.8 **Influenza-like Illness Outbreak:** Two or more cases of ILI (including at least one laboratory-confirmed case) occurring within a seven-day period in an institution. An institution includes but is not limited to hospitals, long-term care facilities for both adults and children (e.g., personal care homes, nursing homes, chronic care facilities) and correctional facilities.^[6.6]
- 3.9 **Materials Distribution Agency (MDA):** The MB Provincial Vaccine Warehouse at (204) 948-1333.
- 3.10 **Outbreak:** An excess over the expected incidence of disease within a geographic area during a specified time period, synonymous with epidemic.^[6.5]
- 3.11 **Patient:** For the purposes of this document, the term “patient” will include those receiving health care, including patients, clients or residents.^[6.5]
- 3.12 **Respiratory Hygiene:** A combination of measures to be taken by an infected source designed to minimize the transmission of respiratory microorganisms e.g. influenza.^[6.5]
Note: For additional information, refer to: <http://www.wrha.mb.ca/extranet/ipc/files/routine-practices/RespiratoryHygieneEducation.pdf>.
- 3.13 **Routine Practices (RP):** A comprehensive set of IP&C measures that have been developed for use in the routine care of all patients at all times in all healthcare settings. Routine Practices aim to minimize or prevent HAIs in all individuals in the health care setting including patients, HCWs, other staff, visitors, contractors, etc.
Note: For additional information, refer to: <http://www.wrha.mb.ca/extranet/ipc/files/routine-practices/InfoSheet-Education.pdf>.^[6.5]

4. PROCESS /ROLES & RESPONSIBILITIES

- 4.1 **The Unit Health Care Aide** is responsible to:
- 4.1.1 Report patients who demonstrate signs and symptoms of [ILI](#) to nursing staff immediately upon recognition.
 - 4.1.2 Assist with the implementation of outbreak measures. This could include, for example (but not limited to), redirecting ill patients back to their rooms; and notifying the individual responsible for supply orders when stocks of personal protective equipment (PPE) need replenishment.
 - 4.1.2.1 Assist with outbreak mitigating measures specific to meal times. Feed/assist patients who are on precautions in their rooms.
 - 4.1.2.2 Assist ill patients with hand hygiene frequently.



4.2 The **Unit Nurse** is responsible to:

- 4.1.3 Continuously monitor patients for signs and symptoms of an ILI and document assessment findings in the Integrated Progress Notes (IPNs).
- 4.1.4 Initiate Droplet/Contact precautions without delay when ILI is suspected. See the WRHA IP&C Manual, Droplet/Contact Precautions.
 - 4.1.4.1 Keep ill patients in their rooms and/or re-direct them to their rooms in the acute stage of illness when possible.
 - 4.1.4.2 Offer ABHR frequently to ill patients who cannot be successfully redirected to their rooms to reduce the amount of contact transmission.

Place patients with a **high index of suspicion** for influenza in a **single room** until results are confirmed. Where a single room is not available, ensure appropriate cohorting of patients:

- Do not cohort patients with a high index of suspicion for, or with, confirmed seasonal influenza with a patient not suspected of having influenza
- Cohorting of patients with a high index of suspicion for seasonal influenza (results pending) with another patient with similar presentation, may occur

Patients with a **low index of suspicion** (e.g., absence of fever, cough) **do not** immediately require isolation precautions pending results. Ensure appropriate cohorting of patients:

- Cohorting patients with a low index of suspicion for seasonal influenza with a patient not suspected of having influenza, may occur, **ONLY** if the roommate(s) are not at high risk for acquiring an infection (e.g., chronic lung disease, severe congenital heart disease, immunodeficiency)

- 4.2.1 Institute visitor restrictions by discouraging visitation while the outbreak is occurring, and/or limiting the number of visitors permitted.
- 4.2.2 Report any **ILI** cases to the ICP/designate and Unit Manager promptly.
 - 4.2.2.1 **ILI** is reportable to Manitoba Health, Healthy Living and Seniors. Cases meeting the **ILI** definition shall also be reported to the ICP via telephone or other mechanism ensuring the ICP is informed in a timely fashion.
- 4.2.3 Notify the attending physician of any patients who meet the **ILI** definition, and inquire about an order for antiviral (e.g., oseltamivir) treatment.
 - 4.2.3.1 Discuss with attending physician/delegate if patient meets criteria for renal impairment as would require adjustment of anti-viral dose
 - 4.2.3.2 The use of antivirals (e.g. oseltamivir) for treatment of **ILI** is **not** contingent upon an outbreak being declared and should be initiated **without delay**. Prompt treatment prevents further morbidity and mortality in the ill patient themselves, and prevents transmission to others, possibly stopping an outbreak from occurring.

When indicated, initiate treatment with antivirals (e.g. oseltamivir) as rapidly as possible after illness onset. Treatment benefits are much greater when initiated less than 12 hours after onset than at 48 hours

- 4.2.4 Collect nasopharyngeal specimens using flocked swabs (see Appendix B), **immediately** when ILI is suspected. Specimens may also be required upon the direction from site ICP/ designate. Send samples to Cadham Provincial Lab and include the Outbreak Code on the requisition. (see sample Appendix C). If you have not yet received an outbreak code contact the facility IP&C program. However **DO NOT DELAY** specimen collection while awaiting an outbreak code.



- 4.2.4.1 Once a nosocomial outbreak has been identified (2 or more cases of ILI , including at least 1 laboratory-confirmed case, occurring within a 7-day period in an institution), Cadham laboratory may discontinue rapid testing on newly identified patients from this unit, usually no more than 6 swabs per affected unit will be accepted.

If you do not already have an outbreak code, contact the ICP/designate who will obtain one. If the ICP or designate is unavailable (e.g., after hours and on weekends) follow the directions in the [ILI](#) outbreak Quick Reference Guide (Appendix D).

- 4.2.5 Accommodation: Cohort symptomatic patients where possible and as directed by the site ICP/designate.
- 4.2.6 Feed/assist patients who are on precautions in their rooms.
- 4.2.7 Discontinuation of Droplet/Contact Precautions for confirmed or suspected cases of influenza is based on the **resolution of respiratory symptoms (non-ventilated patients) and/ or clinical improvement (ventilated patients) for 48 hours** and **NOT** based on duration of treatment or negative influenza results.^[6.2]
- 4.2.8 Assist with the education of staff, patients, families/visitors (see Outbreak Information for patients, Families, Staff & Visitors (Appendix F)

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- 4.3 The **Unit Manager** of the unit(s) affected is responsible to:

Ensure the responsibilities under the [unit health care aide](#) and [unit nurse](#) have been completed.

- 4.3.1 Collaborate with site Senior Management and ICP to determine and obtain resources required for outbreak management. Ensure staff have access to required Personal Protective Equipment (PPE) and signage to facilitate the initiation of Droplet/Contact Precautions immediately upon suspicion of an [ILI](#) case and/or outbreak.
- 4.3.2 Collaborate with Support Services (e.g. Nutrition Services, Laundry Services, Recreation, etc.) to determine additional responsibilities and prepare for possible increased demand for services/supplies due to the outbreak
- 4.3.3 Reinforce provision/assistance of hand hygiene to all patients before meals.
- 4.3.4 Restrict staff movement from outbreak affected areas to non-affected areas as resources permit.
- 4.3.5 Consult with site ICP/designate and Site Leadership/Senior Management if unit closure is warranted.
- 4.3.6 Disseminate information such as outbreak updates and WRHA media releases as required to staff.
- 4.3.7 Facilitate meetings to update administration and staff as required.
- 4.3.8 Address performance issues if staff does not comply with outbreak mitigating measures as required.
- 4.3.9 Develop crisis staffing contingency plans in collaboration with Senior Management as required.
- 4.3.10 Cancel group activities for the outbreak affected units immediately and for the duration of the outbreak.

Under special circumstances and with the collaboration of the facility ICP/designate, it may be acceptable to conduct group activities on affected units with the non-symptomatic patients of the affected unit only. This decision carries the risk of



exposing individuals to fellow patients who have not begun to show signs and symptoms, but who are capable of transmitting disease to others during the incubation period. In areas where there is a high degree of cognitive impairment and lack of recreation/stimulation exacerbates responsive and/or wandering behaviors, the risk of exposing other patients is less in a group setting restricted to participants from affected areas than from wandering and or responsive patients exposing others. Meticulous attention to hand hygiene and equipment cleaning must be paid before and after the group activities if they occur.

- 4.3.11 Promote influenza immunizations to staff, patients, volunteers and families not yet immunized.
- 4.3.12 Communicate the outbreak measures required to staff, explain their role in preventing transmission and the importance of following precautions.

In the event of an outbreak, unimmunized healthcare workers (HCWs) should wear a procedure/surgical mask when providing direct care for all patients on the unit

It is recommended to post a sign at the beginning of Influenza season at the public entrance to the facility asking visitors not to visit when ill (Appendix G). Signs are also available for order from HSC Print Shop. Specify on the purchase order: which educational materials/signs are being ordered; the Printing Shop order number; and the quantity required (see table below). For time sensitive requests, please call (204)787- 4072 to ensure your deadline can be met

Form #	Influenza Signs	Non-laminated	Laminated
W-00303	Visitor Restrictions Sign - English 11 x 17	\$1.50	\$4.50
W-00304	Visitor Restrictions Sign - French 11 x 17	\$1.50	\$4.50
W-00305	Visitor Restrictions Sign – English 8.5 x 11	\$1.50	\$2.50
W-00306	Visitor Restrictions Sign - French 8.5 x 11	\$1.50	\$2.50

In the event chemoprophylaxis is required the Unit Manager is required to consult with the ICP and Unit Attending Physicians to identify those patients who are considered renal impaired and therefore requiring alternative dosing of oseltamivir.

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- 4.4 The site **Infection Control Professional**/designate is responsible to:
 - 4.4.1 Investigate reports of ILI to determine and/or confirm an [ILI outbreak](#) is occurring. For information on how to investigate an outbreak refer to the WRHA Operational Directive.
 - 4.4.2 Determine how outbreaks will be declared in collaboration with the WRHA IP&C Program Team. Often the ICP assumes the responsibility of declaring the outbreak/leading outbreak management efforts.
 - 4.4.3 Obtain an Outbreak code from outbreak coordinator at Cadham Laboratories upon confirmation of an ILI outbreak: Cadham Lab# 204-945-7473 or #204-945-7311
 - 4.4.4 Complete the Outbreak Investigation Form (Appendix E) in the event of an outbreak or suspected outbreak.
 - 4.4.5 Ensure appropriate infection prevention and control measures are instituted in a timely fashion, which may include but are not limited to:
 - Educate/reinforce good hand hygiene and [respiratory hygiene](#)
 - Notify the site Medical Director/Senior Administration and other stakeholders deemed relevant by the site of the outbreak



- Communicate with site Senior Management/Administration and Unit Manager to determine and obtain required resources
- Assist in the coordination of patient accommodation e.g., cohorting with Bed Utilization and Manager of affected outbreak unit
- Respond to concerns from staff, patients, visitors and families regarding outbreak mitigating measures
- Collaborate with Environmental Services/Housekeeping to increase cleaning and disinfection. High touch surfaces (e.g., light switches and doorknobs) shall be cleaned at least daily, preferably twice per day, as resources permit, for the duration of the outbreak
- Consult with WRHA IP&C Program Team and Site Leadership Team/Senior Management to determine if unit closure is warranted
- Once a nosocomial outbreak has been identified (2 or more individuals in a facility/unit meet definition for ILI within the same 7 day period and there is evidence of spread in the facility/unit) CDC may not continue to perform nasopharyngeal specimens on newly identified patients from this unit, usually no more than 6 specimens per affected unit will be accepted.

Additional nasopharyngeal specimens may be warranted in discussion with the CDC, when there is continued transmission despite initiation of precautions and/or Chemoprophylaxis. Assist with the coordination of Chemoprophylaxis of asymptomatic patients when released by the MOH/designate (i.e., using oseltamivir to prevent influenza illness among exposed patients). See more detailed information in section 4.4.6

- Encourage staff, patients, families, visitors and volunteers not yet immunized to receive the influenza vaccine
 - Supply site Senior Management/Administration with recommendations for outbreak management, as developed in consultation with WRHA IP&C Program Team
- Notify Manitoba Health of the outbreak by completing an outbreak summary using the Canadian Network for Public Health Intelligence (CNPHI). A username, password and training are required to complete CNPHI outbreak reports. Contact the WRHA IP&C Epidemiologist for assistance with training

4.4.6 Facilitate the acquisition of oseltamivir if Chemoprophylaxis and/or treatment is required (see Appendix H for dosing)

- Notify site Senior Management/Administration regarding the need for acquisition of oseltamivir, based on direction from the WRHA IP&C Program Team/designate
- Discuss with Unit Manager to determine the number of patients who require oseltamivir. Of these patients, those with renal impairment must be identified as the dosing is different. **Do not order excess amounts of oseltamivir as it cannot be returned**
 - Contact the MDA, the provincial vaccine warehouse at (204) 948-1333 to inform them of the number of oseltamivir doses required; the lab confirmed organism implicated in the outbreak; and the name of the MOH/ WRHA IP&C Program Team/designate with whom the ICP collaborated with to decide to initiate Chemoprophylaxis

If rapid test results are negative, but there is a strong suspicion the outbreak is caused by influenza, the WRHA IP&C Program Team/designate can contact the Medical Officer of Health to request the release of oseltamivir for chemoprophylaxis before lab confirmation. Oseltamivir efficacy is time

7.11.7



sensitive; therefore the use of the drug for chemoprophylaxis should not be delayed while waiting for the results of further testing (which could still be influenza positive)

- Contact the provincial vaccine warehouse as indicated above upon the direction of the WRHA IP&C Program Team/designate and inform the warehouse special approval had been acquired by the MOH/designate to release chemoprophylaxis before lab confirmation

4.4.7 Declare the outbreak over 8 days after the onset of the last symptomatic case. This represents the period of communicability plus one incubation period for influenza. If an additional pathogen is identified in the outbreak, the ICP must use the period of communicability plus one incubation period for the organism with the longer incubation period.

4.4.8 Report deaths per the Public Health Act, Reporting of Diseases and Conditions Regulation, under the following circumstances:

- At death, if the health professional reasonably believes the patient may have had the reportable disease at the time of death or the reportable disease contributed to the death
- Upon becoming aware a person has a disease or condition that is not otherwise reportable, if the disease or condition is occurring in a cluster or outbreak, or has presented itself with an unusual clinical manifestation

Any deaths reported under the aforementioned Public Health Act must also be reported via CNPHI's outbreak summary report.

Deaths occurring in the context of an outbreak are required to be reported using the revised Clinical Notification of Reportable Diseases and Conditions reporting form available at:

<http://www.gov.mb.ca/health/publichealth/cdc/protocol/form13.pdf>

4.4.9 Collect data on deaths, meeting the criteria outlined above, occurring during influenza outbreaks up to 6 weeks after the outbreak has resolved, on the Outbreak Investigation Form.

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4.5 The site **Chief Medical Officer**/designate is responsible to:

- 4.5.1 Site ICPs are responsible to lead outbreak management efforts. When the need arises, Medical Directors may be asked to collaborate with the site ICP to determine the presence of an outbreak.
- 4.5.2 Determine if/when facility closure is indicated in collaboration with other members of the site Senior Management/Administration team, site ICP, and WRHA IP&C Program team.
- 4.5.3 Promote influenza immunizations to staff, patients, volunteers, and families not yet immunized.

[Return to Roles and Responsibility List](#)

4.6 Site **Senior Management/Administration** is responsible to:

- 4.6.1 Remove obstacles to outbreak mitigation measures by collaborating with the site ICP to determine and obtain resources required for outbreak management.



- 4.6.2 Determine if/when facility closure is indicated in collaboration with other members of the site Senior Management/Administration team, site ICP, and WRHA IP&C Program Team.
- 4.6.3 Disseminate information including internal and external updates and media releases as required.
- 4.6.4 Collaborate with the site ICP to determine if/when an outbreak response team is required and help coordinate and attend meetings. An outbreak response team serves as the central coordinating body to reach evidence and consensus based decisions. Response teams may not be required for every outbreak, but they are a highly effective and efficient way to organize and coordinate outbreak response measures to prevent further transmission, morbidity, and mortality. The establishment of an outbreak response team and frequency of meetings should be determined in collaboration with the site ICP/designate. Members of the team (as appropriate) may include:
 - Site ICP(s)
 - Site Executive/Leadership
 - Unit manager(s) and staff
 - OESH
 - Manager of Housekeeping/Environmental Services
 - Allied Health Manager(s)
 - Support Services Manager(s)
 - Education Representation
 - Representation from Physician Group
 - WRHA IP&C Program Team Member
 - Medical Microbiology
- 4.6.5 Develop crisis staffing contingency plans as required.
- 4.6.6 Communicate the outbreak measures required to staff; and explain their role in preventing transmission and the importance of following precautions.
- 4.6.7 Address performance issues if staff does not comply with outbreak mitigating measures as required.
- 4.6.8 Promote influenza immunizations to staff, patients, volunteers, and families not yet immunized.

[Return to Roles and Responsibility List](#)

- 4.7 **Occupational and Environmental Safety and Health (OESH)**/designate is responsible to:
 - 4.7.1 Manage ill or exposed employees.
 - 4.7.2 Compile statistics of staff [ILI](#) cases and report cases to the ICP/designate.
 - 4.7.3 Respond to questions and concerns from staff.
 - 4.7.4 Promote and provide influenza immunizations to staff and volunteers not yet immunized.
- 4.8 **Housekeeping/Environmental Services** is responsible to:
 - 4.8.1 Upon notification an outbreak has been declared Housekeeping/Environmental Services plans and arranges for increased cleaning of the affected unit/areas immediately.
 - 4.8.2 Clean and disinfect all high touch surfaces in outbreak affected area(s) at least twice daily.



- 4.8.3 The Housekeeping/Environmental Services manager/designate should consult with the site ICP as required to ensure facility approved disinfectants usage is as directed by the manufacturer, including adequate contact time.
- 4.8.4 Inform and update Housekeeping/Environmental Support staff regarding the outbreak.
- 4.8.5 Communicate required outbreak measures to staff; and explain their role in preventing transmission and the importance of following precautions.
- 4.8.6 Promote influenza immunizations to Housekeeping/Environmental Services staff not already immunized.

4.9 **Nutrition and Food Services** is responsible to:

- 4.9.1 Ensure the infection control measures recommended by site ICP/designate are instituted.
- 4.9.2 Inform and update staff regarding the outbreak.
- 4.9.3 Communicate required outbreak measures to staff; and explain their role in preventing transmission and the importance of following precautions.
- 4.9.4 Promote influenza immunizations to Housekeeping/Environmental Services staff not already immunized.

4.10 Site **Pharmacy** is responsible to:

- 4.10.1 Advise the attending physician(s), site ICP/designate and/or other nursing staff about the appropriate dosing of oseltamivir for patients as required.
- 4.10.2 Replace the supply of oseltamivir for treatment in the site as required. Oseltamivir for chemoprophylaxis is not the responsibility of Pharmacy to supply; it is the responsibility of the ICP/designate to acquire it from the Provincial Vaccine Warehouse.

4.11 **Attending Prescribers** are responsible for:

- 4.11.1 Assess, diagnose and treat the patient with ILI without delay. Treatment is not contingent on having an outbreak declared. When indicated, treatment with antivirals (e.g. oseltamivir) should be initiated as rapidly as possible after onset of illness as the benefits of treatment are much greater with initiation at less than 12 hours than at 48 hours.
- 4.11.2 Act as a resource, as required, to the site ICP/designate, nursing staff, and families.
- 4.11.3 Promote influenza immunizations to staff, patients, volunteers, and families not yet immunized.

4.12 The **WRHA Infection Prevention and Control (IP&C) Program Team** is responsible to:

- 4.12.1 Notify the following persons/groups of [influenza-like illness outbreaks](#):
 - WRHA Senior Executive Team
 - WRHA Regional Director, Bed Utilization
 - WRHA Communications
 - WRHA IP&C Program staff
 - WRHA LTC Program, Manager of IP&C

7.11.10



- Medical Officer of Health (MOH) Manitoba Public Health
- Diagnostic Services of Manitoba
- Occupation & Environmental Safety & Health
- Others as required

4.12.2 Collaborate with site ICP(s) and Administration to determine when the closure of a unit(s) is warranted.

4.12.3 Approve chemoprophylaxis in the event of an influenza confirmed outbreak After hours/weekends call the appropriate WRHA IP&C Program Team Physicians on call

ALL SITES (except Child Health and St. Boniface) Medical Director IP & C: (204)787-2071 Child Health Infection Prevention and Control, Site Director/designate: (204)787-2071

St. Boniface Infection Prevention and Control, Site Director: (204)237-2053

4.12.4 Act as a resource to site ICP(s), site Senior Management/Administration, and staff.

4.12.5 Liaise with site ICPs and other relevant stakeholders as required.

4.13 The **Regional Infection Prevention and Control Epidemiologist** is responsible to:

4.13.1 Monitor outbreak reports submitted via CNPHI and correlate CNPHI reports with the *Outbreak Investigation Form* (Appendix E) as submitted by the facility ICP/designates.

4.13.2 Liaise with CDCs

4.13.3 Act as a resource for site ICPs

4.13.4 Compile and report statistics as required.

4.13.5 Ensure the WRHA IP&C website (internet) is updated regarding current outbreaks in the WRHA.

4.14 The **Communicable Disease Coordinators** are responsible to:

4.14.1 Act as a resource to site ICP(s).

4.14.2 Communicate information to and from the MOH and others as applicable.

4.14.3 Provide the site ICP(s)/designate with information regarding type of testing recommended (e.g., rapid testing for influenza virus and the number of specimens). Usually up to six specimens are taken in an outbreak, but collaboration between the facility ICP/MOH and CDC may determine additional specimens are warranted.

4.14.4 Receive viral test results from Cadham Lab and relay results to the site ICP(s)/designate.

4.15 The **Medical Officer(s) of Health (MOH)** are responsible to:

4.15.1 Collaborate with site ICP(s)/designate/WRHA Program Team to release oseltamivir for chemoprophylaxis use before lab confirmation when rapid tests are negative but the outbreak is strongly suspected to be caused by influenza. Results of further virology testing can take another 24 – 48 hours after the rapid test results are available. Due to the time sensitive nature of oseltamivir's efficacy, the MOH can be consulted to alleviate this delay.



4.15.2 Act as a resource to site ICP(s)/designate/Attending Physicians and the WRHA IP&C Program Team as required.

5. Acknowledgement

- 5.1 Based on: WRHA Long Term Care, Infection Prevention and Control Program. October 2015. *Influenza Management Protocol*.
<http://www.wrha.mb.ca/extranet/ipc/files/manuals/ltc/Influenza.pdf>.

6. References

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Protocol Contacts:

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ALL VISITORS



THE SPREAD OF INFLUENZA

THIS AREA HAS VISITOR RESTRICTIONS IN EFFECT.

FOR THE SAFETY OF OUR PATIENTS AND VISITORS PLEASE NOTE THE FOLLOWING

VISITS ARE LIMITED TO IMMEDIATE FAMILY ONLY.

- There is a visitor limit of 2 visitors per patient at any time.
- Children may visit if they are immediate family. Children must be supervised by an adult at all times.

ALL VISITORS ENTERING THE UNIT MUST:

- Use the hand sanitizer or wash their hands at a sink, when entering and leaving the unit.
- Follow the special signs/precautions listed on the door to the patient's/resident's room.
- Ask a staff member if you are unsure about the precautions or are visiting for the first time.

**VISITING
IS NOT
PERMITTED
IF YOU:**

- Feel unwell with a fever, cough, body aches or tiredness.
- Have had any of these symptoms in the last 7 days.





À TOUS NOS VISITEURS

AIDEZ-NOUS À

ARRÊTER

LA PROPAGATION DE LA GRIPPE

LES VISITES À CET ENDROIT SONT SOUMISES À **CERTAINES RESTRICTIONS.**

POUR LA SÉCURITÉ DE NOS PATIENTS ET DES VISITEURS, VEUILLEZ NOTER LES RÈGLES SUIVANTES :

SEULS LES MEMBRES DE LA FAMILLE IMMÉDIATE PEUVENT VISITER DES PATIENTS.

- Le nombre de visiteurs est limité à deux personnes par patient en tout temps.
- Les enfants seront admis s'ils font partie de la famille immédiate. Ils doivent être supervisés par un adulte en tout temps.

TOUS LES VISITEURS ENTRANT À CET ENDROIT:

- utiliser le savon désinfectant pour les mains ou se laver les mains à un évier à l'entrée et à la sortie de cet endroit.
- suivre les indications ou précautions spéciales indiquées sur la porte de chambre du patient ou du résident.
- s'informer auprès du personnel hospitalier s'ils ne sont pas certains des précautions à prendre, ou s'il s'agit de leur première visite.

VOUS NE POURREZ PAS ENTRER À CET ENDROIT SI VOUS:

- vous sentez mal, ou si vous avez de la fièvre, une toux, des douleurs corporelles ou de la fatigue;
- avez eu l'un ou l'autre de ces symptômes au cours des 7 derniers jours.



Appendix B: Nasopharyngeal aspirates or nasopharyngeal swabs using the flocked swab are the preferred specimens for respiratory virus detection.

Aspirates (NPA): Place a flexible plastic catheter gently through a single nostril into the posterior nasopharynx. Apply gentle suction with a syringe or wall suction, collect sample into a trap device, flush with 2.0 ml of viral transport medium (VTM), then transfer to a sterile bijoux bottle. Do not submit the trap or tubing to the lab.

Flocked Swab - Swab Description: Each swab is individually packaged and labeled “microRheologics sterile swab applicator”. The nasopharyngeal swab has a white plastic shaft, ending in a “furry” or flocked tip. **There are two sizes of flocked swabs available. For children <8 years of age, use the swab with the smaller flocked tip, stock #516CS01.**

For adults and children >8 years of age, use the larger flocked tip, stock #503CS01.

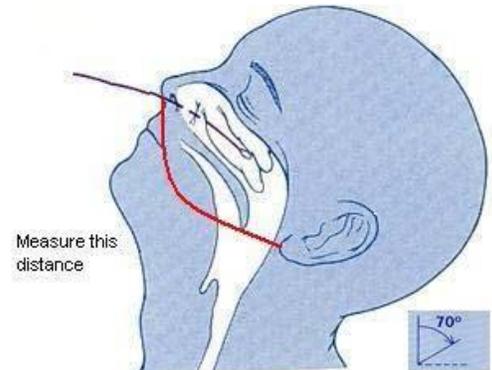
Equipment:

1. **Nasopharyngeal Swab Flocked Swab:** This swab has a white plastic shaft, ending in a “furry” or flocked tip. There are two sizes of available: for children <8 years of age, use the swab with the smaller flocked tip, labeled as ‘pediatric’ in the supply order form (Appendix F). For adults and children >8 years of age, use the larger flocked tip, labeled “adult” on the order form. If flocked swab supplies are low, fiber-tipped thin aluminum swabs may be substituted (no sizing).
2. Viral transport media
3. Cadham Lab Requisition (see sample Appendix B)
4. Scissors

COLLECTION OF NASOPHARYNGEAL SPECIMENS

Procedure:

1. Assemble all supplies such as gloves, facial protection, completed Cadham requisition, flocked swab and transport medium and check expiry date of transport medium.
2. Perform hand hygiene and don appropriate personal protective equipment.
3. Have patient sit in a chair or lie on a bed – elevate the head of the bed so their head can be tilted back.
4. Remove any mucous from the patient’s nose, with a tissue or cotton tipped swab prior to collecting the NP swab.
5. Measure the distance from the corner of the nose to the front of the ear (as shown).
6. Tilt the patient’s head back slightly (about 70°) to straighten the passage from the front of the nose to the nasopharynx making insertion of the swab easier. Gently insert the shaft ONLY half of the measured length into the nostril (if resistance is encountered, try the other nostril, as the patient may have a deviated septum). **Note: insertion of the swab usually induces a cough**
7. Rotate the swab several times to dislodge the columnar epithelial cells, and then remove the swab.
8. Cut the shaft of the swab short enough to fit into the VTM bottle. When placing the lid on the bottle, make sure the entire shaft of the swab is inside the bottle. Failure to do so will result in the transport media leaking and the sample being discarded.
9. Ensure the lid of the bottle is screwed on tight (can use paraffin to wrap the neck of the bottle to prevent leakage if available).
10. Label the bottle with the name and PHIN using the sticker at the bottom of the completed requisition of each patient before proceeding to collect the next specimen.
11. Remove and discard gloves. Perform hand hygiene.
12. Transport the swab(s) along with the completed requisition(s) to Cadham Lab without delay.
13. If a delay is anticipated, refrigerate the specimen. Do not hold specimens longer than 24 hours at a refrigerator temperature of 4°C prior to shipping. Do not freeze.





APPENDIX C:

<p>Cadham Provincial Laboratory Manitoba Health</p> <p>General Requisition</p> <p>ONLY ONE SPECIMEN TYPE PER REQUISITION All areas of the requisition must be completed (please print clearly) See back for requisition/specimen instructions</p> <p>Cadham Provincial Laboratory P.O. Box 8450 750 William Avenue Winnipeg, MB R3C 3Y1</p> <p>Tel: (204) 945-6123 Fax: (204) 786-4770 E-mail: cadham@gov.mb.ca Website: www.gov.mb.ca/health/publichealth/vcp</p>																																						
<p>RELEVANT CLINICAL INFORMATION</p> <p>Outbreak Code: <input type="checkbox"/> In-Patient <input type="checkbox"/> Out-Patient</p> <p>Travel/Treatment History:</p> <p><input type="checkbox"/> Autopsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Food Borne Illness <input type="checkbox"/> Cancer/Chemotherapy <input type="checkbox"/> Dialysis</p> <p>Signs and Symptoms:</p> <p><input type="checkbox"/> Bronchiolitis <input type="checkbox"/> Fever <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Pneumonia <input type="checkbox"/> Chest Pain <input type="checkbox"/> Headache <input type="checkbox"/> Rash <input type="checkbox"/> Diarrhea <input type="checkbox"/> Influenza-Like Illness <input type="checkbox"/> Sore Throat <input type="checkbox"/> Encephalitis <input type="checkbox"/> Jaundice Other: _____</p> <p>Reason for Test:</p> <p><input type="checkbox"/> Immigration <input type="checkbox"/> Occupational <input type="checkbox"/> Other: _____ <input type="checkbox"/> Needlestick <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Pregnant <input type="checkbox"/> Immune Status</p>		<p>PATIENT INFORMATION</p> <p>PHIN: _____ MB Health Reg. # _____</p> <p>Alternate ID: <input type="checkbox"/> RCMP # <input type="checkbox"/> Other Provinces/Territories <input type="checkbox"/> Military # <input type="checkbox"/> Other _____</p> <p>Uninsured: <input type="checkbox"/> Cheque/Money Order enclosed <input type="checkbox"/> Payment to follow</p> <p>Date of Birth: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U <input type="checkbox"/> A Chart/Clinic/Lab # _____</p> <p>Patient Legal Last Name _____</p> <p>First Name _____</p> <p>Street or Other (e.g., General Delivery) _____ Phone # _____</p> <p>City/Municipality/First Nations Reserve _____ Postal Code _____</p>																																				
<p>SPECIMEN INFORMATION</p> <p>Specimen Type: _____ Specimen Source: _____</p> <p>Collected At: (Facility) _____ Date/Time: YYYYMMDD HHMM</p> <p>COPY REPORT TO:</p> <p>Other Practitioner Last Name _____ First Name _____</p> <p>Facility _____ Secure Fax # _____</p>		<p>RETURN REPORT TO:</p> <p>Ordering Practitioner Last _____ First _____ Initial(s) _____</p> <p>Facility _____</p> <p>Facility Address _____ City/Town _____</p> <p>Postal Code _____ Phone # _____ Secure Fax # _____</p>																																				
<p>SEROLOGY</p> <p>Serology Test Panels (see #1 over)</p> <p><input type="checkbox"/> STI Panel <input type="checkbox"/> Prenatal Panel <input type="checkbox"/> Post Exposure: Source Panel (1, 2) <input type="checkbox"/> Prenatal HIV OPT OUT (1) <input type="checkbox"/> Post Exposure: Exposed Panel (1) <input type="checkbox"/> Blood-borne Pathogen</p> <p>HIV (1) <input type="checkbox"/> HIV1/2Ab <input type="checkbox"/> Syphilis Screen</p> <p>Hepatitis</p> <p><input type="checkbox"/> HAV IgG (Immunity) <input type="checkbox"/> HBsAb (Immunity) <input type="checkbox"/> HAV IgM (acute HAV) <input type="checkbox"/> HBsAg <input type="checkbox"/> HBeAb (Total) <input type="checkbox"/> HCV Ab</p> <p>Nucleic Acid (Plasma Only) (1)</p> <p><input type="checkbox"/> HBV PCR/Quant <input type="checkbox"/> HCV PCR/Quant <input type="checkbox"/> WNV PCR <input type="checkbox"/> HCV PCR/Qual <input type="checkbox"/> HCV Genotyping</p> <p>Miscellaneous Serology</p> <table border="1"> <thead> <tr> <th></th> <th>Acute</th> <th>Immune Status</th> <th></th> <th>Acute</th> <th>Immune Status</th> </tr> </thead> <tbody> <tr> <td>CMV</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> <td>Parvo B19</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> </tr> <tr> <td>EBV</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> <td>Rubella</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> </tr> <tr> <td>HSV</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> <td>Toxoplasma</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> </tr> <tr> <td>Measles</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> <td>Varicella</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> </tr> <tr> <td>Mumps</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> IgG</td> <td>WNV</td> <td><input type="checkbox"/> IgM</td> <td></td> </tr> </tbody> </table> <p><input type="checkbox"/> Lyme Ab <input type="checkbox"/> H. pylori Ab <input type="checkbox"/> Mycoplasma pneumoniae IgM</p>			Acute	Immune Status		Acute	Immune Status	CMV	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	Parvo B19	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	EBV	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	Rubella	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	HSV	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	Toxoplasma	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	Measles	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	Varicella	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	Mumps	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	WNV	<input type="checkbox"/> IgM		<p>PARASITOLOGY</p> <p><input type="checkbox"/> Ova & Parasites <input type="checkbox"/> Pinworm Examination <input type="checkbox"/> Blood Smears <input type="checkbox"/> Skin Scrapings <input type="checkbox"/> Identification</p> <p>MICROBIOLOGY/BACTERIOLOGY</p> <p><input type="checkbox"/> C&S <input type="checkbox"/> Chlamydia and Gonorrhea (NAAT) <input type="checkbox"/> MRSA Screen <input type="checkbox"/> Chlamydia DFA (Microtrak) <input type="checkbox"/> VRE Screen <input type="checkbox"/> GC Culture <input type="checkbox"/> Clostridium difficile Toxin <input type="checkbox"/> GBS Prenatal Screen <input type="checkbox"/> Verotoxin Testing <input type="checkbox"/> Spore/Sterilizer Testing</p> <p>Referral isolate:</p> <p><input type="checkbox"/> Identification <input type="checkbox"/> Susceptibility Testing <input type="checkbox"/> Subtyping</p> <p>Isolate information:</p> <p>VIRUS DETECTION</p> <p><input type="checkbox"/> CMV PCR (NAAT) <input type="checkbox"/> Viral Detection <input type="checkbox"/> HSV PCR (NAAT)</p> <p>OTHER TESTS OR REQUESTS</p>
	Acute	Immune Status		Acute	Immune Status																																	
CMV	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG	Parvo B19	<input type="checkbox"/> IgM	<input type="checkbox"/> IgG																																	
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MG-505 (Rev. 03/16)

Name _____	CPL _____	Name _____	CPL _____
PHIN _____		PHIN _____	

Specimen label stickers. Where necessary, please fill one in and affix to the accompanying specimen container.

Appendix D

INFLUENZA OUTBREAK MANAGEMENT QUICK REFERENCE GUIDE

Influenza-like illness (ILI): Acute onset of respiratory illness with **fever and cough** and with **one or more of the following:**

- Sore throat
- Arthralgia (joint pain)
- Myalgia (muscular pain)
- Prostration (extreme exhaustion) that could be due to influenza virus
- In children < 5 years of age, GI symptoms (e.g., nausea, vomiting, diarrhea) may be present
- In patients < 5 years or ≥ 65 years of age, fever may not be prominent

1. In the event 2 or more individuals in a facility/unit meet definition for ILI (see above) within the same 7 day period and there is evidence of spread in the facility/unit, **declare an outbreak.**
2. Determine how many individuals meet case definition and **SEND NP SWABS to Cadham lab immediately!** (Refer to [Appendix C](#) for Lab Requisition) Do NOT wait for IP&C to send swabs.
 - Refer to [Appendix B](#) for instruction regarding collection of NP swabs
3. During regular working hours, contact your **ICP for an outbreak code** (put this code on the specimen requisitions to have them rapid tested).
4. After hours, weekends, and over holidays contact the **appropriate WRHA IP&C Program Team Physicians on call/Designate **** for advice regarding rapid testing of specimens. **DO NOT DELAY SPECIMEN COLLECTION WHILE WAITING FOR AN OUTBREAK CODE!** Cadham lab will perform rapid tests over the weekend and the **WRHA IP&C Program Team Physicians on call/Designate** can request rapid testing.

In the event a request for rapid testing was not placed in advance, contact your site ICP(s) during the next regular working hours with the names and PHINs of the patients whose swabs were sent to have them pulled for rapid testing.

5. **Initiate the outbreak investigation form** (refer to [Appendix E](#))
6. **Initiate outbreak prevention/containment measures:**
 - Droplet/Contact precautions for all individuals meeting the case definition
 - Restrictions of all patients on affected units to that unit
 - Restriction of all affected patients to their rooms
 - Cancellation of group activities
 - Increased cleaning and disinfection
 - Staff education
 - Visitor restrictions
 - Specimen collection: DO NOT wait for outbreak code to send; collect RIGHT AWAY!
 - Signage
 - Treatment for all cases meeting case definition with physician's order (refer to [Appendix H](#)).

7.11.17



Prophylaxis is coordinated in communication with the site ICP and/or WRHA IP&C Program Team Physicians on call/Designate

- Place patients with a **high index of suspicion** for influenza in a **single room** until results are confirmed. Where a single room is not available, ensure appropriate cohorting of patients:
 - i. Do not cohort patients with a high index of suspicion for, or with, confirmed seasonal influenza with a patient not suspected of having influenza
 - ii. Cohorting of patients with a high index of suspicion for seasonal influenza (results pending) with another patient with similar presentation, may occur
- Patients with a **low index of suspicion** (e.g., absence of fever, cough) **do not** immediately require isolation precautions pending results. Ensure appropriate cohorting of patients:
 - i. Cohorting patients with a low index of suspicion for seasonal influenza with a patient not suspected of having influenza, may occur, **ONLY** if the roommate(s) are not at high risk for acquiring an infection (e.g., chronic lung disease, severe congenital heart disease, immunodeficiency)



7. Discontinuation of Precautions (for Confirmed or Suspected Influenza)

Discontinuation of Droplet/Contact Precautions for confirmed or suspected cases of influenza is based on the **resolution of respiratory symptoms (non-ventilated patients) and/ or clinical improvement (ventilated patients) for 48 hours** and **NOT** based on duration of treatment or negative influenza results.^[6.2]

Patients may have chronic respiratory symptoms and/or a post-viral cough, which do not require maintenance of precautions.



8. In the event a test comes back Influenza positive, contact the attending physician immediately to coordinate the initiation of treatment.

- Ensure prophylaxis standing orders are in place
- Ensure there is a process/assistance to get the orders transcribed into the MARs
- Give the prophylaxis as soon as possible without delay
- Once approved by the IP&C Program Team/Designate in collaboration with attending physician, call Materials Distribution Agency (MDA) (Provincial Vaccine Warehouse) at **(204) 948-1333 (regular hours) and (204) 805-4096 (after hours)** directly

** Appropriate WRHA IP&C Program Team Physicians **on call**

- ALL sites except Child Health and St. Boniface: Medical Director/Designate, Infection Prevention and Control: (204) 787-2071
- Child Health: Pediatric Infectious Diseases on-call: (204) 787-2071
- St. Boniface: Site Director/Designate, Infection Prevention and Control: (204) 237-2053

DATE:	<h2 style="margin: 0;">HOSPITAL OUTBREAK REPORT</h2> <p style="margin: 0;">Send to WRHA IP&C Epidemiologist: mdyck5@wrha.mb.ca</p>
FACILITY:	
WARD:	
WARD TYPE:	

New Cases Daily Listing												
Date												
# New Cases/unit												
# New Cases/unit												
Date												
# New Cases/unit												
# New Cases/unit												

Outbreak Summary									
Ward Capacity	CPL Code	# of Colonized Cases (A)	# of Cases of Infection* (B)	TOTAL (add A + B)	Specimens				Date Outbreak Resolved
					Types of Specimens	Total # tested	# of positive cultures	Microorganism	

<p>Initial Outbreak Description</p> <p>Symptoms/Duration</p> <p>Information regarding index case</p> <ul style="list-style-type: none"> • Cases found in other facilities related to this outbreak 	
<p>Infection prevention and control Interventions</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <ul style="list-style-type: none"> <input type="checkbox"/> Contact/ droplet/ airborne precautions <input type="checkbox"/> Active case finding <input type="checkbox"/> Cohort like pts <input type="checkbox"/> Specimen collection <input type="checkbox"/> Increase environmental cleaning <input type="checkbox"/> Education (e.g. Hand hygiene) </div> <div style="width: 45%;"> <ul style="list-style-type: none"> <input type="checkbox"/> Minimize patient transfers <input type="checkbox"/> Reduced visitation <input type="checkbox"/> Eradication treatment <input type="checkbox"/> Dedicated equipment <input type="checkbox"/> Additional intervention: _____ <input type="checkbox"/> Addition intervention: _____ </div> </div>
<p>Additional Information (e.g. outbreak follow-up over time, <u>communication with OESH</u>, etc.)</p> <p>Indicate all severe outcomes or complications</p> <p>* Note for all infections: <u>site of infection</u> (UTI / wound / BSI).</p> <p><u>Critical Incidents</u> details including rationale for declaring CI, details about <u>deaths</u> including cause of all deaths.</p> <p><i>Box lengthens to accommodate information.</i></p>	

Appendix E: Instructions for Hospital Outbreak Report

1. **ALL** areas need to be updated appropriately with each new updated report.
2. Complete top hand corner with date and place specifics.
3. When completing the Daily Cases Listing, each date box used should have accompanying cases within the respective case box. **Do not add dates that have no cases.** Multiple rows are for more complex outbreaks. Use only one row for simple outbreaks.
4. As weekly/daily updates are completed, continue from the previous update, just continually adding new date and case data, while maintaining the previous information.
5. The outbreak summary line has significant information that must be revised as appropriate with each update. Each box must be completed, other than CPL Code.
6. Note that cases of infection and cases of colonization are separated into two areas. Please include initial diagnosis – further follow-up over time and changes resulting are not required.
7. **All** deaths and Critical Incidents, including those in colonized and infected cases MUST have a comment within the Additional Information indicating the cause of death.

As there are many specimen types that are tested during an outbreak, include those that are significant and fit within the box.

The legend for this box is:

- | | |
|-----------------------|---|
| a. Rectal: R | f. Cerebral spinal fluid: CSF |
| b. Nasopharyngeal: NP | g. Wound: W |
| c. Nares: N | h. Invasive Lines (e.g. IV, PICC, CL): IV |
| d. Blood: B | i. Urine: U |
| e. Sputum: S | |

Within this box, just indicate which type of specimens have been sent, not how many of each e.g. NP, CSF, W.

8. # tested – include the total # of samples sent for testing, regardless of whether results are pending.
9. # positive - Total number of positive cultures should equal # of cases indicated in case by day breakdown at the top of the form (you may have more than one from each patient, but each case should have at least one positive culture).
10. If Results of Cultures (etiology) are pending at the time of first report, indicate this. Once there are reports, report this. If no findings are significant, also indicate this. Include all types of cultures – clinical, screening, etc. when determining the cause.
11. The Initial Outbreak Description should include all of your initial findings that have resulted in the conclusion that an outbreak exists. All information regarding index case, signs and symptoms, and cases found at other facilities that were the result of transmission within this outbreak should be included.
12. Use the check boxes to indicate your current interventions. Please add more information, if you are using additional interventions beyond those in the list.
13. Additional Information: Add all of the information that would put this outbreak into context. Also include communication that has occurred with OESH or other Programs (Environmental/Housekeeping). Include information about any **severe outcomes** related to this outbreak that did not result in death (such as any Critical Incidents that were a result of an infection) as well as any patient **deaths** (and association with the infection being reported - # accounted for here needs to match the # reported in the boxes reporting deaths). Even if patients are palliative, cause of death needs to be determined as relating to or not relating to this infection. Insert information regarding additional ward screens completed over time (with dates) and new interventions attempted (with dates). This reporting area could be considered a timeline of the outbreak and the response. **ALL** areas need to be updated appropriately with each new updated report.
14. Complete top hand corner with date and place specifics.
15. When completing the Daily Cases Listing, each date box used should have accompanying cases within the respective case box. **Do not add dates that have no cases.** Multiple rows are for more complex outbreaks. Use only one row for simple outbreaks.
16. As weekly/daily updates are completed, continue from the previous update, just continually adding new date and case data, while maintaining the previous information.
17. The outbreak summary line has significant information that must be revised as appropriate with each update. Each box must be completed, other than CPL Code.
18. Note that cases of infection and cases of colonization are separated into two areas. Please include initial diagnosis – further follow-up over time and changes resulting are not required.
19. **All** deaths and Critical Incidents, including those in colonized and infected cases MUST have a comment within the Additional Information indicating the cause of death.

7.11.20



Appendix F: Outbreak Control and Prevention: Help Keep our Patients Safe

What is an outbreak? An outbreak is the spread of the same illness among a group of people living or working in the same place at the same time. The most common outbreaks are usually Influenza (an illness affecting the lungs) and Norovirus (stomach illness).

What can I do during an outbreak?

Patient safety and health is the priority. If you are aware of an outbreak on your family member's unit please:

- Consider visiting your family member after the outbreak has passed to preserve your own health and reduce the spread of illness
- If you cannot visit at another time, please clean your hands thoroughly before entering the unit and both before and after visiting your loved-one's room
- Please do not visit at any time when you are ill
- If your loved one has been placed on "Additional Precautions" during an outbreak please check with a staff member before you enter his/her room
- Get your flu shot every fall to help protect yourself and your loved ones from seasonal influenza.

What precautions are taken to keep my loved one and me safe?

Preventing and controlling the spread of infection are a priority in keeping patients, staff, and families safe during an outbreak. Some preventative practices include:

- Increase hand hygiene as well as facility cleaning and disinfection;
- Gloves, masks, gowns and eye protection may be necessary when visiting or caring for those with Additional Precautions in place
- Asking patients in the outbreak area to remain either in their rooms or in the unit/area to prevent spreading the illness to other areas in the facility
- Reminding staff to remain home if they are ill to avoid spreading germs

For More Information about Outbreaks

Ask to speak to the Infection Control Professional at your site or visit the WRHA Infection Control Website: <http://www.wrha.mb.ca/ipc>



Winnipeg Regional
Health Authority
Caring for Health

Office régional de la
santé de Winnipeg
À l'écoute de notre santé

Winnipeg Regional Health Authority
Acute Care Infection Prevention & Control Manual

ALL VISITORS

HELP US...

STOP

THE SPREAD OF INFLUENZA

If you are not feeling well or have a
fever, cough or aches and tiredness,
PLEASE DO NOT VISIT within our facility.

*THANK YOU FOR YOUR COOPERATION
& FOR RESPECTING THE SAFETY & HEALTH
OF THOSE IN OUR CARE.*

14-03-301 1-608



Winnipeg Regional
Health Authority
Caring for Health

Office régional de la
santé de Winnipeg
À l'écoute de notre santé

it's ALL about SAFETY

À TOUS NOS VISITEURS

AIDEZ-NOUS À
ARRÊTER

LA PROPAGATION DE **LA GRIPPE**

Si vous ne vous sentez pas bien, ou si vous avez de la fièvre, une toux, des douleurs corporelles ou de la fatigue, S'IL VOUS PLAÎT, N'ENTREZ PAS dans cet établissement.

*MERCI DE COLLABORER AVEC NOUS
POUR ASSURER LA SÉCURITÉ ET
LA SANTÉ DE NOS PATIENTS!*

W-00301 0109



Winnipeg Regional
Health Authority
Caring for Health

Office régional de la
santé de Winnipeg
À l'écoute de notre santé

C'EST UNE QUESTION DE SÉCURITÉ!

AMMI Canada Guidelines Dosing for Oseltamivir

TABLE 1
Oseltamivir treatment of influenza

Updated from: The use of antiviral drugs for influenza: A foundation document for practitioners (6)

Medication	Treatment (5 days)	Chemoprophylaxis (10 days)
Oseltamivir¹		
	Adults	
	75 mg twice daily	75 mg once daily
	Children ≥12 months	
Body weight (kg)	Body weight (lbs)	
≤15 kg	≤33 lbs	30 mg twice daily 30 mg once daily
>15 kg to 23 kg	>33 lbs to 51 lbs	45 mg twice daily 45 mg once daily
>23 kg to 40 kg	>51 lbs to 88 lbs	60 mg twice daily 60 mg once daily
>40 kg	>88 lbs	75 mg twice daily 75 mg once daily
	Children 3 months to <12 months^{2*}	
	3 mg/kg/dose twice daily	3 mg/kg/dose once per day
	Children <3 months^{3*}	
	3 mg/kg/dose twice daily	Not recommended unless situation judged critical due to limited data on use in this age group

¹Please note that antivirals are not authorized for the routine treatment of seasonal influenza illness in infants <1 year of age. Such use may be considered on a case-by-case basis.

TABLE 2
Recommended oseltamivir regimens for prevention and treatment of adult patients with renal impairment (Tamiflu® Product Monograph, 2014)

Creatinine clearance	Treatment for five days	Prophylaxis (10–14 days)
>60 mL/min	75 mg twice daily	75 mg once daily
>30–60 mL/min	30 mg suspension twice daily OR 30 mg capsule twice daily	30 mg once daily
10–30 mL/min	30 mg once daily	30 mg on alternate days
<10 mL/min (renal failure)	Single 75 mg dose for the duration of illness	No data
Dialysis patients	Low-flux HD: 30 mg after each dialysis session	30 mg after alternate dialysis sessions
	High-flux HD: 75 mg after each dialysis session	No data
	CAPD dialysis: 30 mg once weekly	30 mg once weekly
	CRRT high-flux dialysis: 30 mg daily or 75 mg every second day	No data

The following dosing regimen has been suggested for children based on limited data: In children >1 year of age, after alternate hemodialysis (HD) sessions (7.5 mg for children weighing >15 kg; 10 mg for children weighing 16–23 kg; 15 mg for children weighing 24–40 kg, and 30 mg for children weighing > 40 kg). While this may provide a framework for guidance, it is strongly suggested that an infectious disease physician, a specialist in renal insufficiency or clinical pharmacist be consulted