



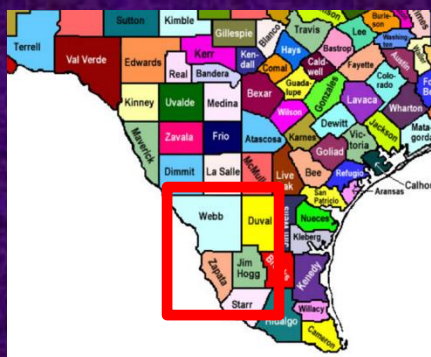
# **Nursing Home Influenza Outbreak**

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City of Laredo Health Department**



# Background

- The City of Laredo Health Department's jurisdiction encompasses **Duval County** (Benavides, Concepcion, Freer, Realitos, & San Diego), **Jim Hogg County** (Hebbronville & Los Guerra), **Webb County** (Bruni, El Cenizo, Laredo, Mirando, Oilton & Rio Bravo) and **Zapata County** (Falcon, Lopeño, San Ignacio & Zapata)

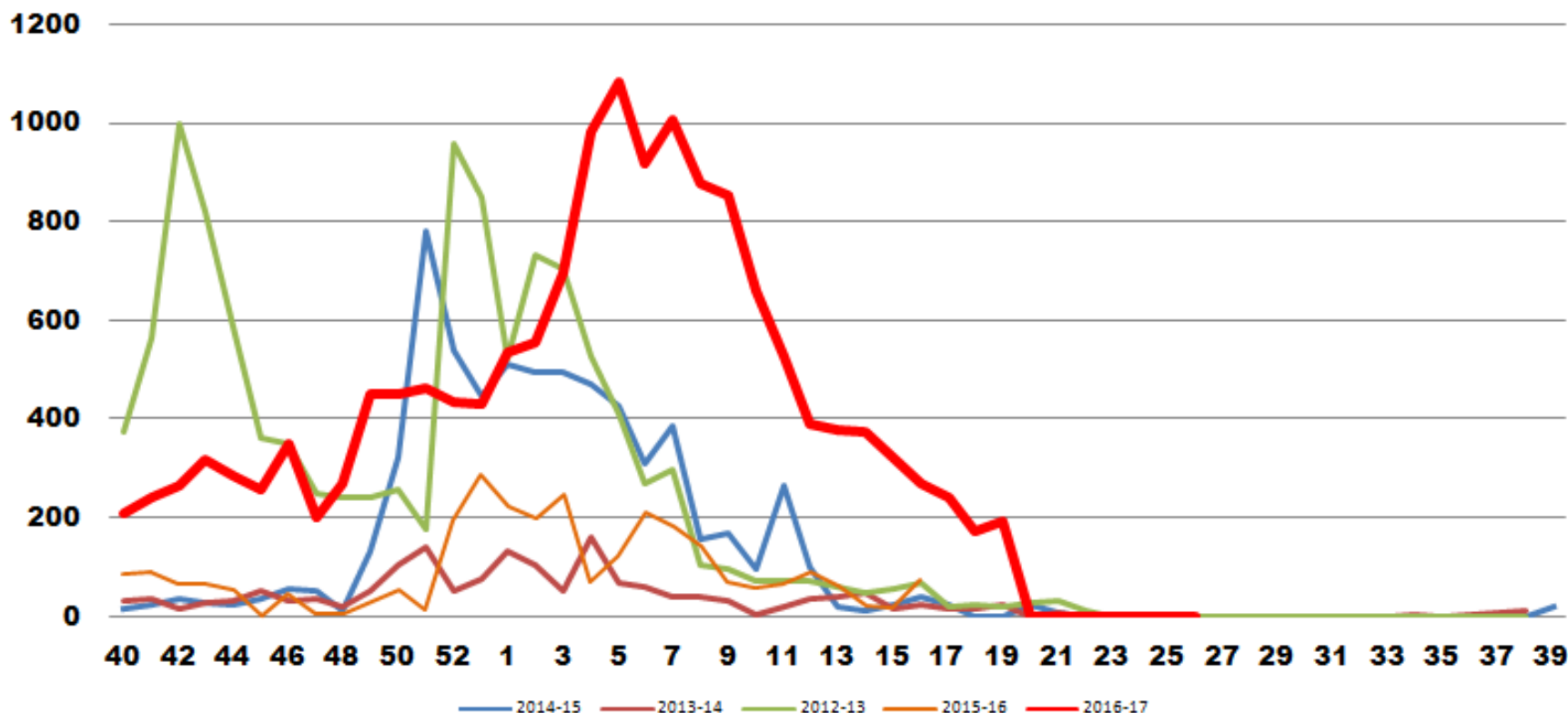






# 2016-2017 Influenza Season

**Laredo Influenza Season Comparison Chart (by ILI Counts)**



**ILI Totals**

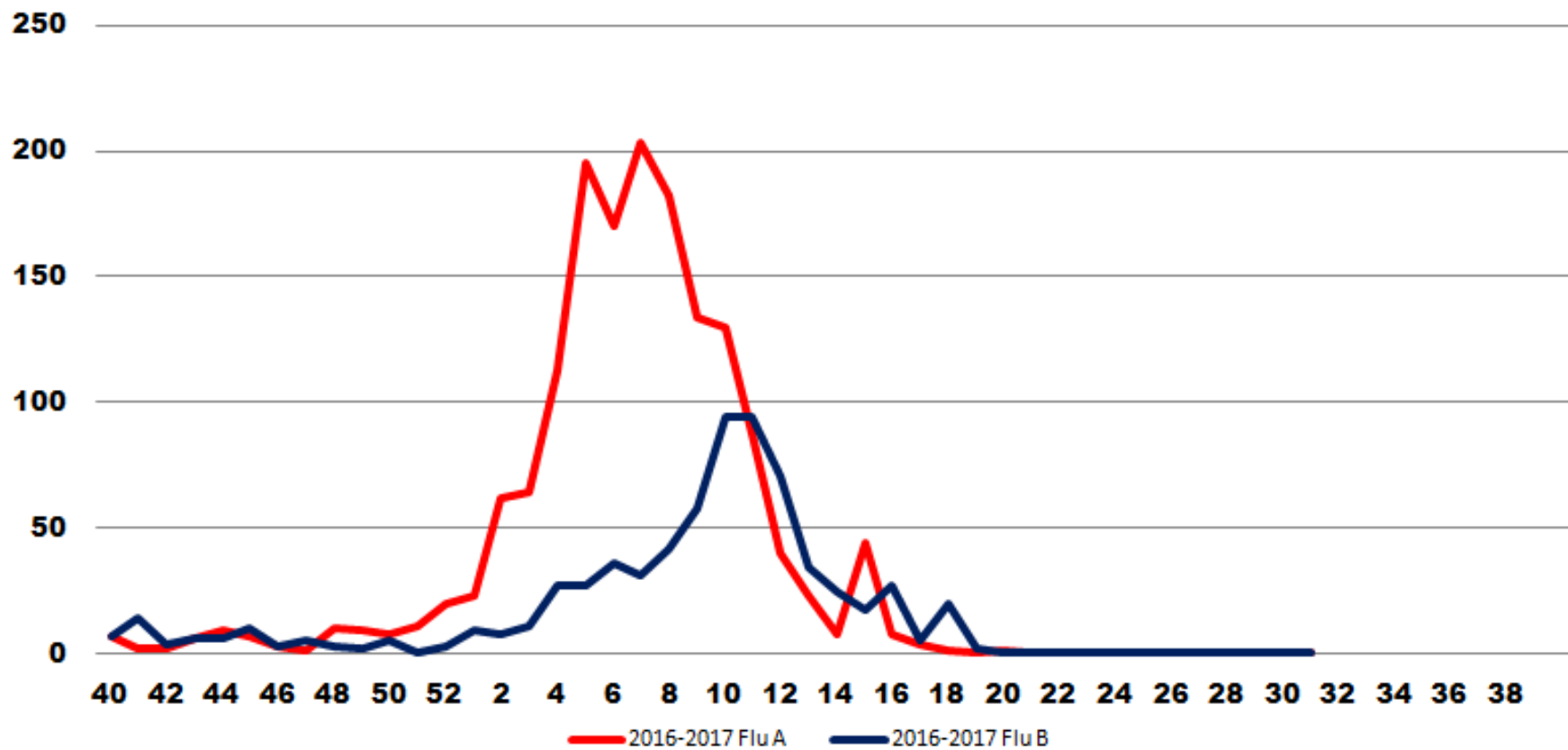
ILI  
Report  
**15,648**

Total  
Patients  
**42,278**



# 2016-2017 Influenza Season

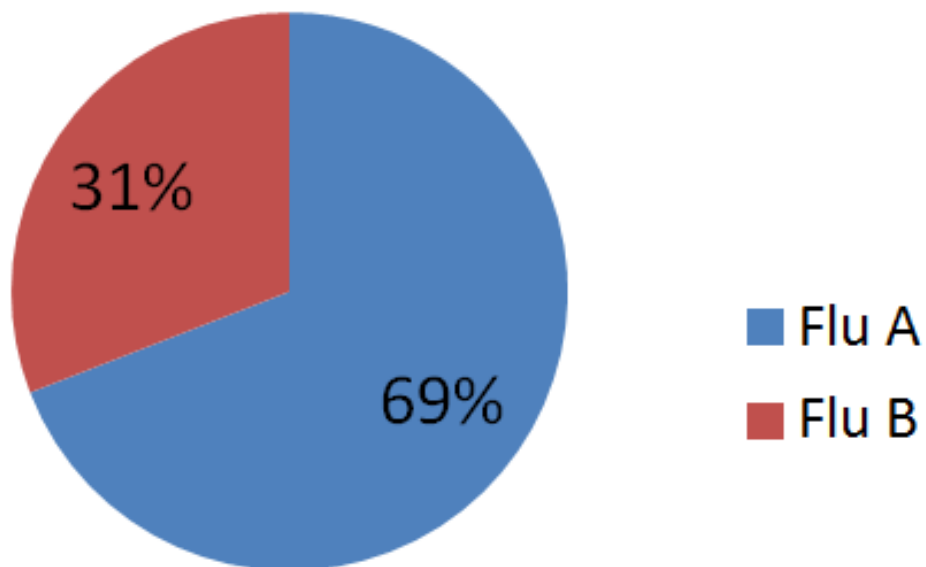
## Laredo Influenza Season Comparison Chart Flu A & B





# 2016-2017 Influenza Season

**Laredo Influenza 2016-2017 Season  
Comparison**





# Zapata County Influenza Outbreak



- **Wednesday, March 22, 2017:** The City of Laredo Health Department received a telephone communication from a nursing home's Administrator to report a possible outbreak of Influenza.
- The City of Laredo Health Department investigated the initial report via laboratory reports received by fax and telephone communication of the possible outbreak.
- Region 11 assisted with providing the case definition and criteria for influenza outbreaks in nursing homes/long term care facilities.
- The City of Laredo Health Department and Region 11 officially concluded the initial report as an outbreak.





# Zapata County Influenza Outbreak



Texas Influenza Surveillance Handbook:

Long-term care facility (LTCF):

- An outbreak of AFRI or ILI in a long-term care facility is three or more cases occurring within 72 hours in residents who are in close proximity to each other (e.g., in the same area of the facility),
- OR a sudden increase of cases over the normal background rate.
- **One case of confirmed influenza by any testing method along with other cases of respiratory infection in a long-term care facility resident is also an outbreak.**



# Zapata County Influenza Outbreak



- A nursing home, first identified through influenza rapid testing on March 18, 2017, four (4) patients and one (1) staff member (CNA) as positive for Influenza A.
- On March 19, 2017 two (2) more patients were rapid test positive for Influenza A.
- On March 21, 2017 one (1) staff member (Dietician) tested positive for Influenza A.
- On March 22, 2017 one (1) staff member (CNA) tested positive for Influenza A and B.

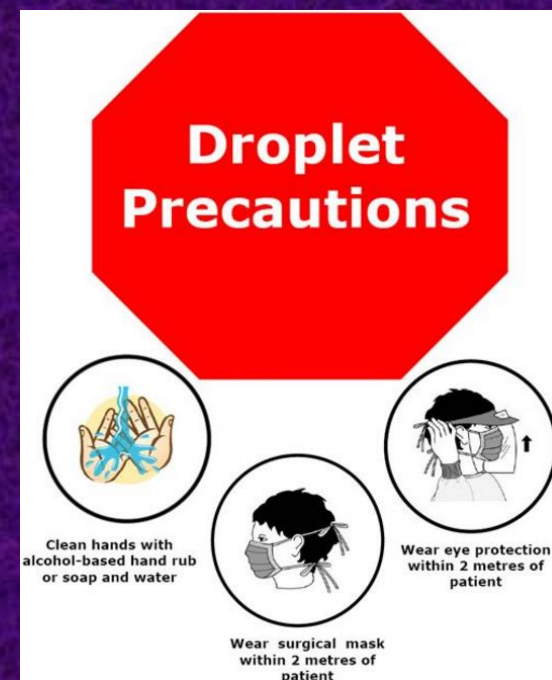






# Zapata County Influenza Outbreak

- The Epidemiologist reported the Outbreak utilizing the Respiratory Disease Outbreak Summary Form
- The Epidemiologist shared guidance and prevention techniques to mitigate the outbreak.
- The Nursing Home implemented:
  - Droplet precautions initiated, warning signs placed on all doors
  - Had the remaining 25 patients obtain prophylaxis (Tamiflu)
  - Face masks were required
  - All activities were postponed (only church services are allowed)
  - No visitors allowed
  - Informational/educational pamphlets were shared





# Zapata County Influenza Outbreak



Local health departments should submit this report to the regional health department  
Regional health departments should fax this report to EAIDB at 512-776-7616

Respiratory Disease Outbreak Summary Form					
Report type: <input type="checkbox"/> Initial or preliminary <input type="checkbox"/> Updated <input type="checkbox"/> Final Report date: ____/____/____					
<b>BASIC INFORMATION</b>					
Primary investigating health department (HD): _____ Date HD first notified: ____/____/____					
Name of lead investigator: _____ Lead investigator's phone: (____) _____					
Date investigation started: ____/____/____ Lead investigator's email: _____					
Other local, state or federal agencies involved with response: _____					
<b>OUTBREAK OVERVIEW</b>					
Outbreak name: _____ Pathogen, syndrome or suspected etiology: _____					
Geographical distribution of the outbreak (Cities/counties involved): _____					
In what setting did the outbreak occur? (Check all that apply): <input type="checkbox"/> Community <input type="checkbox"/> Correctional facility <input type="checkbox"/> School (K-12) <input type="checkbox"/> College <input type="checkbox"/> Cruise ship					
<input type="checkbox"/> Child care facility <input type="checkbox"/> Summer camp <input type="checkbox"/> Business (non-healthcare) <input type="checkbox"/> Long term care facility (nursing home) <input type="checkbox"/> Hospital or clinic					
<input type="checkbox"/> Other (specify): _____					
If facility based, name of facility: _____ City: _____					
<b>Case definitions*</b>					
Confirmed case: _____					
Probable case: _____					
Suspect case: _____					
*Please write in the case criteria used for the outbreak. If the clinical portion of the case criteria is the same as the case criteria for reporting a notifiable condition just include the additional information used to associate the case with this outbreak (e.g., person, place, time).					
<b>CASE INFORMATION</b>					
Date first case became ill: ____/____/____ Date most recent case became ill: ____/____/____ Average length of illness: _____					
If applicable, describe identified exposure (e.g. setting, equipment item, procedure, etc.): _____					
Date of first exposure (if applicable): ____/____/____ Date of most recent exposure (if applicable): ____/____/____					
<b>Case summary table:</b>					
	<b>Primary cases</b>		<b>Exposed (cases and non-cases)*</b>		<b>Secondary cases</b>
	Residents / patients / inmates / students / attendees	Employees / staff / faculty / volunteers	Residents / patients / inmates / students / attendees	Employees / staff / faculty / volunteers	Cases among family members, friends, or other contacts not associated with the primary outbreak setting
<b>Case status</b>	Total numbers:				
	# of confirmed cases:				
	# of probable cases:				
<b>Severity</b>	# of suspect cases:				
	# of people hospitalized:				
<b>Lab</b>	# of people who died:				
	# of specimens tested:				
	# of specimens positive:				

\*e.g., number of persons on ship, number of residents in nursing home or affected ward, number of students in classroom, etc.

CASE INFORMATION CONTINUED				SYMPTOMS			
Number of people in sex and age group categories by case status	Confirmed cases	Probable cases	Suspect cases	Total number of people with each symptom by case status	Confirmed cases	Probable cases	Suspect cases
Male				Cough			
Female				Fever			
Unknown sex				Sore throat			
<1 year old				Pneumonia			
1 to 4 years old				Other: _____			
5 to 9 years old				Other: _____			
10 to 17 years old				Other: _____			
18 to 24 years old				Other: _____			
25 to 49 years old				Other: _____			
50 to 64 years old				Other: _____			
65+ years old				Other: _____			
Unknown age				Other: _____			
<b>LABORATORY DATA</b> If needed, attach a summary of additional tests conducted to this report.							
Were clinical specimens collected for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Were specimens sent to DSHS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
Test name	Total # of people tested	Total # of people negative	Total # of residents / patients / inmates / students / attendees positive	Total # of employees / staff / faculty / volunteers positive	Total # of secondary cases positive	Pathogen identified	
Test 1: _____							
Test 2: _____							
Test 3: _____							
Test 4: _____							
<b>ACTIONS TAKEN BY HEALTH DEPARTMENT</b> (check all that apply and if applicable indicate the date first done):							
<input type="checkbox"/> Provided or reviewed prevention and control guidance ____/____/____ <input type="checkbox"/> Interviewed cases <input type="checkbox"/> Activated ICS on ____/____/____							
<input type="checkbox"/> Conducted a site visit on ____/____/____ <input type="checkbox"/> Notified a regulatory agency on ____/____/____ <input type="checkbox"/> Conducted active case finding							
<input type="checkbox"/> Conducted a case-control study <input type="checkbox"/> Conducted a cohort study <input type="checkbox"/> Collected clinical samples <input type="checkbox"/> Collected environmental samples							
<input type="checkbox"/> Reviewed medical records <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> None							
<b>CONTROL MEASURES IMPLEMENTED</b> (check all that apply) If needed, attach a list of implemented control measures to this report.							
<input type="checkbox"/> Isolation of ill <input type="checkbox"/> Cohorting of ill/exposed and well <input type="checkbox"/> Movement of staff limited <input type="checkbox"/> Educational materials provided to facility							
<input type="checkbox"/> Educational materials distributed or displayed by facility <input type="checkbox"/> Facility modified procedures <input type="checkbox"/> Health alert sent <input type="checkbox"/> Facility closed							
<input type="checkbox"/> Vaccinations recommended <input type="checkbox"/> Vaccinations given <input type="checkbox"/> Prophylaxis given, specify what was given: _____							
<input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> None							
Date control measures were first implemented: ____/____/____							
<b>SUPPLEMENTAL INFORMATION INCLUDED WITH THIS REPORT</b> (check all that apply): <b>Total pages attached:</b> _____							
<input type="checkbox"/> Copies of interview forms <input type="checkbox"/> Line list <input type="checkbox"/> Written outbreak report or after action report <input type="checkbox"/> Epi curve <input type="checkbox"/> Environmental or sanitation report							
<input type="checkbox"/> Educational materials <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> None							

has met the state case criteria for a notifiable condition.



# Zapata County Influenza Outbreak



- The three staff members were excused from work. They were placed on treatment and returned to work 5 days following treatment (Last sign of symptoms).
- All the patients and staff members were vaccinated with the influenza vaccine October 16, 2016. The epidemiologist recommended continuing enhanced infection control practices until October 29, 2016 (Seven days after last identified symptomatic resident/patient).
- Contact information was shared to ensure communication is fluid.
- The epidemiologist conducted daily telephone communications with the Director of Nursing, Facility Administrator and Administration Staff to monitor the outbreak.
- A line list was developed to share patient demographics.





# Zapata County Influenza Outbreak



## Nursing Home Outbreak

Case #	Identity	Vaccination Date	Rapid Flu Result	Rapid Flu Result Date	Cough	Fever	Sore Throat
1	Patient	10/16/2016	Flu A	3/18/2017	Yes	Yes	No
2	Patient	10/16/2016	Flu A	3/18/2017	Yes	Yes	No
3	Patient	10/16/2016	Flu A	3/18/2017	Yes	Yes	No
4	Patient	10/16/2016	Flu A	3/18/2017	Yes	Yes	No
5	Staff	10/16/2016	Flu A	3/18/2017	Yes	Yes	No
6	Patient	10/16/2016	Flu A	3/19/2017	Yes	Yes	No
7	Patient	10/16/2016	Flu A	3/19/2017	Yes	Yes	No
8	Staff	10/16/2016	Flu A	3/21/2017	Yes	Yes	No
9	Staff	10/16/2016	Flu A & B	3/22/2017	Yes	Yes	No
10	Staff	10/16/2016	Flu A	3/23/2017	Yes	Yes	No
11	Staff	10/16/2016	Flu A	3/23/2017	Yes	Yes	No
12	Staff	10/16/2016	Flu A	3/23/2017	Yes	Yes	No
13	Staff	10/16/2016	Flu A	3/23/2017	Yes	Yes	No
14	Staff	10/16/2016	Flu A	3/23/2017	Yes	Yes	No



# Zapata County Influenza Outbreak



- Thursday, March 23, 2017 – 9:00 - No Updates
- Friday, March 24, 2017 – 15:00 - An LVN was the point of contact for the telephone interview she stated the DON, the ADON, an environmental services employee, a kitchen employee, and an admin assistant were all excused from work March 23, 2017 for testing positive for Influenza A.
- Zapata Primary Care FNP was contacted to obtain samples to be forwarded to DSHS LAB but, the clinic was closed and a telephone call was forwarded to an answering service. The epidemiologist recommended extending the enhanced infection control practices until March 30, 2017.



# Zapata County Influenza Outbreak



- **Monday, March 27, 2017** – 15:00 - Telephone Communication with Administrator. The Administrator mentioned there have not been any new cases.
- **Tuesday, March 28, 2017** – 15:00 -Telephone Communication with ADON. The ADON mentioned there have not been any new cases.
- **Wednesday, March 29, 2017** – 15:00 Telephone Communication with Administrator. The administrator mentioned there have not been any new cases.
- **Thursday, March 30, 2017** –15:00 Telephone Communication with administrator. The administrator mentioned there have not been any new cases. Surveillance period over.





# Zapata County Influenza Outbreak Workshop





# Thank You!

**Laredo Health Department**



**Public Health**  
Prevent. Promote. Protect.

**Richard A . Chamberlain MPH, RS  
Epidemiologist**

**City of Laredo Health Department**

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