Influenza like illness

Surveillance Module for rural hospitals and non-acute settings.

Version I



Influenza like illness - surveillance module for rural hospitals and non-acute settings.

Tasmanian Infection Prevention and Control Unit (TIPCU)

Department of Health and Human Services, Tasmania

Published 2013

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Suggested citation:

Wells A., Wilson F. (2013). Influenza like illness – surveillance module for rural hospitals and non-acute settings. Hobart: Department of Health and Human Services.

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Influenza Like Illness (ILI) Management Surveillance

This document provides guidance on how to use the TIPCU Influenza Like illness (ILI) module.

Accompanying assessment tools include:

- Influenza and influenza like illness (ILI) policy compliance
- Influenza immunisation program compliance
- Influenza like illness (ILI) management compliance

Background

Influenza is an acute, highly infectious viral respiratory infection transmitted person to person via droplet and contact routes of transmission. There are some situations where it is transmitted via the airborne route mainly during procedures that produce very fine airborne droplets such as during intubation or suctioning. The incubation period for influenza is from I-7 days. Influenza has an acute onset with symptoms that include fever, cough, lethargy, headache, muscle aches and pains and a sore throat. Most symptoms resolve within 2-7 days but cough may persist for longer. Adults can shed the virus from around one day prior to the symptoms occurring, to up to 7 days after symptom onset. Annual influenza vaccination is recommended as a preventative measure. Persons who are known or suspected to be infected with influenza often require additional infection prevention and control measures to prevent the virus from being transmitted to other patients and staff.

Aim

To identify non-compliance with best practice recommendations in relation to the management of known and/or suspected cases of influenza and influenza like illnesses within rural hospitals and residential care facilities.

Inclusion criteria

- Persons with influenza like illness (ILI).
- Cases of laboratory confirmed influenza.

Exclusion criteria

Persons who do not have an influenza like illness.

Definitions

Influenza Like Illness (ILI) – sudden onset of fever >38° or a good history of fever AND cough or sore throat in the absence of any other explanation for symptoms.

Laboratory confirmed influenza – a person with laboratory confirmation of infection with influenza virus.

Process for surveillance

The person chosen to undertake ILI management surveillance should be familiar with the surveillance definitions.

All cases of ILI warrant investigation to identify infection prevention and control measures that may lead to prevention of transmission.

There are 3 assessments included in this surveillance module:

- Assessment of your facility's ILI management policy.
- Assessment of your facility's influenza immunisation program.
- Assessment of management of persons with an ILI.

Assessment of your facility's influenza and ILI management policy

Obtain a copy of your facility's procedure for influenza and ILI management and assess compliance using the Influenza Management - Policy Compliance Assessment tool.

Assessment of your facility's influenza immunisation program

Obtain a copy of your facility's procedure influenza immunisation and assess compliance using the Influenza Immunisation Program Compliance Assessment tool.

Assessment of management of persons with an ILI

When a person with signs and/or symptoms of influenza is identified within your facility assess the management of the patient/client against the assess compliance using the ILI Management Compliance Assessment tool.

Reporting

Provide feedback from the ILI Management Surveillance program using the Surveillance Investigation and Reporting Sheet to the relevant clinical staff and report results and findings to the Facility Infection Control Committee and or THO Infection Control Committee.

Influenza and influenza like illness management policy compliance assessment

| Assessment Criteria | Yes | No |
|--|-----|----|
| Does your facility have a current policy and/or procedure for annual influenza vaccination for patients/residents and staff that is based on the most recent influenza vaccination guidelines? | | |
| Does your facility have a procedure for managing patients/residents and staff with known or suspected influenza? | | |
| Does your facility have ready access to the 'Influ-Info Influenza Kit for Aged Care'? | | |
| Are staff aware of this/these document/s? | | |
| Do staff receive an annual update about the ILI policy and procedure which includes the following information: Vaccination Signs and symptoms | | |
| Who to contact when influenza is suspected | | |
| Does the policy include a quality improvement program to assess compliance with best practice guidelines? | | |

Influenza Immunisation Program Assessment

| Assessment Criteria | Yes | No |
|--|-----|----|
| Are patients/residents offered annual influenza vaccination? | | |
| Are records kept of patient/client influenza vaccination? | | |
| Are all staff and volunteers at the facility recommended to have annual influenza vaccination? | | |
| Is a record kept of staff known to have received their annual influenza vaccination? | | |

Influenza Like Illness (ILI) Management Compliance Assessment

| Identifying and managing influenza like illness | Yes | No |
|--|-----|----|
| Are staff made aware of the symptoms of influenza via annual education? | | |
| When a case or cases of influenza is suspected, is/are the patients/clients LMO notified? | | |
| Are other relevant staff notified such as the DON, NUM, Infection Control Coordinator for the site/area? | | |
| Did you contact the DHHS Communicable Diseases Prevention Unit for advice? | | |
| For known and suspected cases of influenza: | | |
| Do you refer to the 'Influ-Info Influenza Kit for Aged Care' for case management advice? | | |
| Do you refer to the local and/or THO procedure for case management advice? | | |
| Are contact precautions implemented for the case/s? | | |
| Are droplet precautions implemented for the case/s? | | |
| Are non-case GP's notified of a case of known/suspected influenza in the facility? | | |
| Is detailed documentation kept of the case/s, date of symptom onset, symptoms and case contacts? | | |

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