

Communication Regarding Influenza

It is the intent of the Office of Mental Retardation and Developmental Disabilities (OMRDD) to notify all potentially affected programs as quickly as possible regarding a known or suspected exposure to influenza while at the same time protecting the confidentiality of the person(s) who is/are ill.

The primary strategy to control an outbreak of influenza and interrupt disease transmission is surveillance and containment. This strategy involves identification of infected persons, isolation of infected persons, prophylactic treatment of household contacts and other close contacts of infected persons (i.e., primary contacts).

When notified of a suspected or confirmed case of influenza, OMRDD in conjunction with the local Department of Health (LDOH) and the primary agency serving the person immediately should begin a contact tracing process.

What is a contact tracing process?

When someone has been diagnosed with a suspected or confirmed case of influenza, it is important to find out what other people may have been exposed to the illness. When medical professionals look to see who may have been exposed, it is called contact tracing. Contact tracing with influenza provides an important means by which individuals can be identified who may be at risk of contracting as the disease as it is contagious before it is symptomatic.

Why do a contact tracing?

The purpose of a contact tracing is to identify primary contacts of an individual with influenza so that appropriate monitoring and treatment (if indicated) can be initiated as early as possible.

A person with influenza can spread the infection without even knowing it. People who are primary contacts, that is, someone who spent some time within 3 feet of a person with influenza during the contagious period, need to know so that they can be monitored for signs and symptoms of disease.

What is the contagious period?

For the purpose of H1N1 influenza and of contact tracing, a person is regarded as infectious for 24 hours **before** the onset of symptoms and until 7 days after the onset of symptoms.

Who are primary contacts?

Primary contacts of a person with influenza are those individuals who have spent time within 3 feet of the individual during the contagious period. This usually includes residential contacts (housemates and staff) and day program contacts (day program participants and staff).

How do you conduct contact tracing?

OMRDD and the agency must gather a great deal of data in a very short time, including the following:

1. Date of onset of symptoms. Date of onset helps determine the period of contagion.
2. Characteristics of the individual:
 - a. Level of support needed [consider ADL and behaviors]
 - b. Ability to participate in respiratory etiquette and hand hygiene infection control measures
 - c. Behaviors that may place the person at higher risk of transmitting influenza

3. Place of residence:
 - a. Type of residence
 - b. Characteristics of the persons at the residence

4. What were the person's activities during the period of contagion [24 hours **before** the onset of symptoms and until 7 days after the onset of symptoms] e.g.: Day program (including how transported e.g. bus? Residence's van?); recreational programs; after school/work program; respite; other activities where they would be in close contact (within 3 feet) of others.

5. For each of the program types identified in number 4 above, that the person attended during the period of contagion [24 hours **before** the onset of symptoms and until 7 days after the onset of symptoms] one must answer the following questions:
 - a. what was the date of last known exposure?
 - b. type of program
 - c. characteristics of the individuals at the program (e.g. are there individuals with medical conditions that place them at high-risk for complications from influenza?; ability to participate in respiratory etiquette and hand hygiene infection control measures etc)
 - d. level of intermingling of individuals in the program
 - e. Staffing patterns: do the staff float freely between individuals? What is their level of contact with the identified individual?
 - f. Are the potentially exposed individuals/staff still within the incubation period for developing the flu? (Typically 2-4 days but possibly as much as 7 days)
 - g. Are there participants from other agencies? If yes, which ones?

What happens with the information?

Once the information is collected a list of primary contacts and involved agencies is developed and a management strategy is devised that will address the unique circumstances of the situation.

Communication with agencies.

OMRDD in partnership with the voluntary providers must work to effect a positive outcome in these situations. Please be assured that all agencies that are identified as having individuals who potentially were exposed to a suspected or known case of influenza will be promptly notified and recommended actions discussed. In accordance with HIPAA requirements, only those agencies identified as impacted will be notified. Notification is typically made in writing as well as by direct phone contact with the executives of the involved agencies.

In day programs, typically a written communication is sent home with each participant. These notices go directly to the person's place of residence.

- ❖ *Communication between the residential and day program on absenteeism and illnesses is essential.*

- ❖ *All staff should be reminded that a diagnosis of a suspected or confirmed case of influenza is protected medical information and is subject to the requirements of HIPAA. Agencies should review HIPAA requirements with all staff to ensure confidentiality.*

What should residences do?

All residences should follow the guidelines in the *Management of Swine-origin Influenza A (H1-N1) in OMRDD Facilities May 1, 2009*. These guidelines may be accessed on the OMRDD website at: http://www.omr.state.ny.us/hp_swineflumanagement.jsp. These guidelines are periodically updated . Agencies should refer back to the site for the most up-to-date information.

Monitoring for fever is key to early detection. The sudden appearance of a fever in excess of 100.4° F is often the first sign of influenza, followed rapidly by cough, sore throat, nasal congestion, fatigue and lack of appetite. The presence of a high fever also assists in distinguishing influenza from other respiratory illnesses, such as the common cold (usually a low grade fever of 100° F or less) and seasonal allergies.

What should a day program do?

Day programs should carefully monitor participants and staff upon arrival and during the day for signs of flu-like illness. Any person identified should be promptly separated from contact with others and sent home as soon as feasible.

Should a day program close?

The decision to close a day program is ultimately the decision of the sponsoring agency in consultation of OMRDD and/or the Local Department of Health. There is no single criteria upon which a program would be closed. The closing of day programs are not typically advised unless there is a magnitude of staff and/or participant absenteeism that interferes with the program's ability to function.