

|  |
| --- |
| Respiratory Outbreak Management |
| Frequently Asked Questions – updated March 2018 |

## Are facilities required to notify the Department of Health and Human Services of a respiratory outbreak?

Currently there is no legal requirement for facilities to notify the Department of Health and Human Services (the department) of a respiratory outbreak. Notification is strongly recommended as the department can provide advice and support in managing outbreaks to minimise illness and outbreak duration. Notification of outbreaks should occur whenever three or more cases of influenza-like illness (ILI) occur in 72 hours in a facility. There is no need to wait for confirmed influenza or another result from a swab.

# **Does the facility have to go into ‘lockdown’?**

No. The department recognises that the facility is the resident’s home and does not advocate the use of this term which can cause undue stress and concern for residents and their families. Visitors may still see their relatives during an outbreak but should adhere to **strict** infection control measures. Unwell visitors should not visit the facility until their symptoms have resolved. High risk groups (newborn infants, pregnant women and individuals with chronic diseases or low immunity) should not visit the facility during a respiratory outbreak. Families should limit visits to their relatives only (avoid visiting multiple residents) but should not be prevented from entering the facility. Non-essential communal activities should be reconsidered or cancelled during an outbreak.

## Can a facility accept new admissions during an outbreak?

Admissions of new residents to the affected unit during the outbreak are **not recommended**. If new admissions are unavoidable, new residents and their families must be informed about the current outbreak and adequate infection control measures must be in place.

**Can a facility accept re-admissions (e.g. residents returning from hospital) to the facility during an outbreak?**Residents with ILI who were admitted to hospital **can** be re-admitted back to the facility as long as appropriate infection control measures are implemented.

Re-admission of residents who do not or did not have ILI (non-cases) should be **avoided** to protect them from developing illness; however the department recognises that this is often unavoidable due to increased strain on hospital systems. If hospitals decide to discharge residents then accepting re-admissions is unavoidable, and the resident and their families must be informed about the current outbreak and adequate infection control measures must be implemented. A resident with confirmed influenza will not be at risk of acquiring the same strain again but could be infected with a different strain or different respiratory virus.

## What do you do when there is a death at the facility during respiratory outbreaks? What about hospitalisations?

Facilities should report deaths **of cases** (residents who meet the case definition for ILI)to the department by telephone (ph. 1300 651 160) within 24 hours of the death (Call 9am – 5pm Mon-Sun). Facilities should also report hospitalisation **of cases** (residents who meet the case definition for ILI)to the department however can add this information to the case list (which is updated **daily** at the facility and sent to the department **twice weekly**)

## Do facilities need to notify the department of hospitalisations/deaths of other residents at the facility during an outbreak?

There is no requirement for facilities to notify the department if other **(non-case)** residents are hospitalised or die during the outbreak.

## How long does a resident with ILI symptoms need to be in isolation for?

Residents with ILI should be isolated in a single room (or cohorted with other residents with ILI) and cared for with droplet precautions for **5 days** **from their symptom onset** (their infectious period). The guidelines acknowledge that droplet precautions should ideally continue until residents are ‘symptom free’ however the department recognises that this is often not feasible due to underlying co-morbidities and associated complications (e.g. chronic coughs). A resident does not have to remain in isolation for the duration of the entire outbreak.

## Who provides for and covers the cost of antiviral medications and vaccines during an outbreak?

The department does not provide or cover the cost of antiviral medications (e.g. Tamiflu). These costs are covered by the resident and/or their families. It is recommended that discussion of antiviral use in an outbreak setting should occur with a resident’s GP and family early (prior to the start of the influenza season) to facilitate early treatment and prophylaxis (if appropriate). Facilities should liaise with their local pharmacy to ensure there is adequate availability of antiviral medications if they are being used during an outbreak. The department can assist with pharmacy liaison if facilities are having difficulty sourcing medications.

Seasonal influenza vaccine is available to all healthcare workers and residents and is strongly recommended prior to the beginning of the influenza season (ideally March/April). Vaccination is also recommended for staff, residents and their families during an outbreak (where influenza has been detected) who have not already received one. It takes approximately two weeks after receiving a vaccination to develop a protective response.

## What type of nose and throat swabs are used? Where are they sourced?

The type of nose and throat swabs depends on the pathology lab your facility or GP uses. The department **does not supply** nose and throat swabs for facilities. You will need to order your stock from your pathology lab and refer to their collection, storage and courier recommendations.

When can you declare a respiratory outbreak over?

You should **always** liaise with the department for final clearance on declaring a respiratory outbreak over.   
Generally, respiratory outbreaks including those caused by influenza can be declared over if no new cases have occurred in **8 days** from the **onset of symptoms of the last resident case**.

## What happens if non-influenza pathogens are detected in a respiratory outbreak (e.g. rhinovirus or respiratory syncytial virus)?

If other respiratory pathogens are identified in the nose and throat swabs collected contact the department for advice for ongoing outbreak management. Your public health officer will enquire about the type of pathogen(s) detected, whether influenza has also been detected / not detected and how many swabs have been collected to help advise on whether the facility will need to continue to send case lists to the department and actively report on outbreak progress.

## Where can members of the public register their complaints?

Members of the general public can contact the Aged Care Complaints Commissioner on 1800 550 552. Further information can be found on their website <https://www.agedcarecomplaints.gov.au>