



Nebraska Department of Health and Human Services



HEALTH ALERT NETWORK

Update



TO: Nebraska Infection Preventionists

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RE: **Weekly Hospital Influenza-like Illness (ILI) Admissions Surveillance**

DATE: August 31, 2009

Dear Nebraska Infection Preventionists:

Your participation for the past six years in the weekly ILI hospital admission surveillance system has been invaluable. We greatly appreciate your efforts in the face of busy schedules and multiple responsibilities. This year your data reporting has never been more important. This surveillance data has helped guide vaccination, diagnostic and treatment recommendations and enabled us to closely monitor the severity of the 2009 H1N1 flu virus. With the emergence of the pandemic H1N1 strain, ILI hospital admission data will take on greater importance. Other surveillance methods may become unreliable due to factors such as availability and advisability of using of rapid flu tests, recommendations for patient's to stay home rather than visit their medical provider, and possible school closures. ILI hospital admissions surveillance will still allow us to track the disease. The CDC has redefined the age groups for tracking ILI/Syndromic Hospitalizations: 0-4, 5-18, 19-24, 25-49, 50-64, 65+. We continue to request a weekly report from Nebraska IPs: the revised age groups are specified on the attached form. This data will be a key indicator that CDC will compile and track nationwide. Please implement these changes on September 1, 2009, and continue until May 1, 2010. If you have any questions, please contact your local health department.

Nebraska influenza surveillance for the 2009-2010 season will begin the week of Sunday, August 30th. The surveillance week begins at 12:01 AM on Sunday and runs through midnight on Saturday (e.g., August 30-September 5 is a surveillance week). By noon on Tuesday of the following week, please report directly to your local health department or access the web-site to enter data at: <https://han.ne.gov/survey/SurveyDispatcher> PIN: **ili2009**

To address questions we have received from surveillance personnel, we provide the following "Q and A":

1. How do we define ILI for this surveillance system?

For the purpose of this survey, ILI is defined as any patient with physician-diagnosed influenza or ILI, or any patient with fever $\geq 100^{\circ}\text{F}$ ($\geq 37.8^{\circ}\text{C}$), oral or equivalent, AND cough and/or sore throat (in the absence of a known cause other than influenza). Patients who meet these criteria should be reported even in the absence of confirmatory lab tests.

2. What is “total hospital admissions”?

This is the total number of patients admitted into your facility for that surveillance week. This provides a denominator for calculating the percentage of ILI in the facility and enables comparison to other facilities.

3. Are newborns included in total hospital admissions?

Yes, they are.

4. What do we mean by 0-4, 5-18, 19-24, 25-49, 50-64, and 65+?

These are the REVISED age groups for classifying all ILI patients. These groups are consistent with the age breakdown used in our Influenza Sentinel Provider Surveillance Network. *This is a change from previous seasons.*

5. What does “number of new ILI patients on ventilator” mean?

This refers to the total number of **new** patients with ILI that were placed on a ventilator in the facility during the surveillance week. This helps track the severity of the illness.

6. What do you mean “total ILI patients”?

“Total ILI patients” means the cumulative number of ILI patients currently in the hospital as determined once a week at the time of this survey, and should include all patients with ILI even if admitted in previous weeks. This is a point prevalence survey.

7. What do we mean by “are you experiencing shortage due to influenza like illness”? Do you mean just acute care nurses? Or are you asking all staff at the facility?

We are asking if there is a staff shortage of any type for the entire facility at the time of this survey. This includes kitchen, reception, custodial and/or direct care staff. This could affect the daily operations of the facility.

8. How/when should the % of bed occupancy be done?

Please report the % of bed occupancy as point in time data determined on the day the weekly survey data is collected. This includes all beds in the facility not just acute care. For example:

Total number of inpatient beds in the hospital on a specified day of the week = 50

Number of beds occupied that day: 25

Bed occupancy for that point in time = $(25 \times 100) / 50 = 50 \%$

9. Some hospitals are seeing ILI cases in their ER. They hydrate the patients and send them home. Do you want these numbers included?

No. Only information on ILI **admissions** should be included in this survey.

10. Do you want gastrointestinal ILI numbers?

For the purposes of this survey we refer to the disease caused by the influenza virus as influenza or flu. We do not use the term “flu” if the case-definition described above is not met. Some persons with flu have gastrointestinal symptoms (diarrhea, vomiting) along with their respiratory symptoms. These should be included in your surveillance numbers, provided the ILI case definition is met. Gastroenteritis (e.g. norovirus) in the absence of ILI should NOT be reported.

11. Is there a guide on what to do when the case number threshold has been reached? When X% of the population is ill?

No threshold number has been established by the Nebraska Department of Health and Human Services. The purpose of this survey is to track the number, severity and distribution (geographic and age) of ILI cases in the state so control/prevention measures can be recommended/taken.

12. When is isolation/quarantine necessary?

<http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Isolation2007.pdf>

Quarantine: None

Isolation: In addition to Standard Precautions, health-care workers should adhere to [Droplet Precautions](#) during the care of a patient with suspected or confirmed influenza for 5 days after the onset of illness:

- Place patient in a private room. If a private room is not available, place (cohort) suspected influenza patients with other patients suspected of having influenza; cohort confirmed influenza patients with other patients confirmed to have influenza.
- Separate suspected or confirmed influenza patients from asymptomatic patients.
- Restrict staff movement from areas of the facility having outbreaks
- If patient movement or transport is necessary, have the patient wear a surgical or procedure mask, if possible.

13. Where do I go to enter weekly surveillance data on-line?

If you and your local health department representative have decided that you will be the one to enter the data for your facility go to, <https://han.ne.gov/survey/SurveyDispatcher> enter pin number code **ili2009**.

14. If the report does not get submitted by noon on Tuesday, should the data still be entered?

YES. We need consistent data no matter when the data comes in. The local health departments are responsible for making sure each of their facilities has data entered for each surveillance week.

Again, your participation is appreciated. If you have any questions regarding this surveillance please contact your local health department,

<http://www.dhhs.ne.gov/puh/oph/lhd.htm>.