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Influenza and ILI Outbreak Reporting

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Overview

- Why Report
- What Is Considered an Outbreak
- Response Protocol
- Discussion of Current Reporting Method
- Review



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Terms to Note



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- Healthcare-associated infection (HAI) of influenza:
Onset of new respiratory symptoms and positive influenza test was > 3 days after admission to hospital
- Acute febrile respiratory illness (AFRI):
An illness characterized with onset in the past 4 days of fever and at least one of the following: cough, sore throat, rhinorrhea or nasal congestion
- Influenza-like illness (ILI):
An illness characterized with a fever greater than or equal to 100° F plus a cough and/or a sore throat in the absence of a known cause other than influenza

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Why Report Respiratory Outbreaks

- Determine source to stop and prevent further exposures
- Identify risk factors for illness to mitigate future risks in specific settings
- Identify agent to guide treatment for remaining cases
- Document outbreak to shorten response time of future outbreaks



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What Is A Respiratory Outbreak?

- Any outbreak is considered reportable by Texas Law
Respiratory disease outbreaks should utilize the respiratory outbreak report form
- Influenza, Respiratory Syncytial Virus (RSV), ILI, etc.
- Providers/Faculties determine when they are observing and outbreak
- Varying definitions of “Outbreak”



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What Is An Outbreak?

Suggested Outbreak Definitions

- Hospital or Clinic
 1. Sudden increase in cases above the normal rate
 2. Three or more healthcare-associated cases of AFRI or ILI among patients or healthcare workers within 72hrs
 3. One or more confirmed healthcare associated influenza cases
- Long-Term Care Settings
 1. Sudden increase in cases above the normal rate
 2. Three or more healthcare-associated cases of AFRI or ILI among patients or healthcare workers within 72hrs
 3. Two or more case of AFRI or ILI among residents when there is at least one confirmed influenza case in the facility



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What Is An Outbreak?

Suggested Outbreak Definitions

- School or Child Care Setting
 1. Sudden increase in cases above the normal rate
 2. Five or more cases of AFRI or ILI in one week among students or staff in an epi linked group
- Other Settings
 1. Sudden increase in cases above the normal rate
 2. Five or more cases of AFRI or ILI within one week in people in the same area of the building or work group



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Outbreak Response

1. Local/Regional HD Receives Initial Report
2. Assess Situation
3. Conduct Outbreak Investigation
4. Expand Investigation (as needed)
5. Communicate & Document Findings



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Current Report Form



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- Respiratory Disease Outbreak Report Form
- Information:
 - Investigator, Outbreak, Case, Lab
- Response Actions:
 - Guidance, Prevention, Intervention
- Discussion
 - Fastest way to inform/report to DSHS
 - Barriers of use
 - Improvement
 - Digital Reporting?

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: Initial or preliminary Updated Final Report date: _____

BASIC INFORMATION
 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: _____

OUTBREAK OVERVIEW
 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): Community Correctional facility School (K-12) College Cruise ship
 Child care facility Summer camp Business (non-healthcare) Long term care facility (nursing home) Hospital or clinic
 Other (specify): _____
 If facility based, name of facility: _____ City: _____

Case definitions*
 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).

CASE INFORMATION
 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): _____

Case summary table: <i>The information from this table can be used to calculate attack rates and assess severity</i>	Primary cases		Exposed (cases and non-cases) [†]		Secondary cases
	Residents / patients / students / attendees	Employees / staff / faculty / volunteers	Residents / patients / students / attendees	Employees / staff / faculty / volunteers	Cases among family members, friends, or other contacts not associated with the primary outbreak setting
Total numbers:					
Case status					
# of confirmed cases:					
# of probable cases:					
# of suspect cases:					
Severity					
# of people hospitalized:					
# of people who died:					
Lab					
# 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.

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- All outbreaks are reportable including ILI outbreaks
- Respiratory Outbreaks are determined by the reporting facility
 - Health Department's can provide guidance on definitions to aid facilities in determining an outbreak
- Response protocols and information is detailed in Influenza Surveillance Handbook
 - [Influenza Surveillance Handbook](#)
- Seeking to improve reporting method and increase outbreak reporting

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Thank You

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