

2/2/2011

Gastrointestinal Illness and Influenza Information

Gastrointestinal Illness Outbreaks – Residential Care Facilities

Over the past three weeks Thurston County Public Health has received several reports of viral gastroenteritis outbreaks at long-term care facilities, and in school age children. Lab results have confirmed some of the illness as caused by Norovirus.

Norovirus refers to the group of viruses previously called Norwalk-like viruses from the family *Caliciviridae*. The viruses cause acute gastroenteritis in humans characterized by nausea, vomiting, diarrhea, and abdominal cramps. The incubation period for Norovirus ranges from 12 to 48 hours: symptoms typically start abruptly, and usually last only one to two days. The virus is present in the feces and vomitus of an infected person. People are most contagious from the onset of symptoms until diarrhea subsides. Viral shedding can continue for two or more days after the symptoms are gone. With an infective dose of fewer than 10 viral particles, the disease spreads easily from person-to-person, and through contaminated food, water or items contaminated by feces or vomitus.

There is no anti-viral medication for treatment nor is there a vaccine to prevent it. Supportive therapy consisting of replacement of fluid and electrolytes may be needed in persons who are vulnerable to dehydration. Strict attention to hand washing and infection control measures are a must to control spread. Ill staff should not return to work until symptom free for 48 hours.

In residential care facilities experiencing an outbreak, proper disinfection of the environment, cohorting of patients, strict adherence to infection control procedures, and not allowing ill or recovering staff to work will help to decrease the number of cases as well as duration of an outbreak. For additional information see: www.co.thurston.wa.us/health/personalhealth/communicabledisease/DrYuUpdates/

Do not delay outbreak control measures while waiting for test results. For assistance with food services review, contact the Environmental Health Division at 360-867- 2667.

Clusters of Norovirus-like illness, such as those in healthcare facilities, residential settings, or long term care facilities, and cases thought to be caused by contaminated food or water, should be reported to Public Health by calling (360)786-5470. For more information about Norovirus infection, including infection control measures, see:

www.cdc.gov/ncidod/dvrd/revb/gastro/norovirus.htm

Influenza

Over the past couple of weeks we have had increased reports of specimens testing positive at local laboratories for Influenza A. The number of schools reporting absenteeism rates of greater than 10% due to influenza-like illness (a fever of greater than 100° F (oral) AND cough and /or sore throat (in the absence of a known cause other than influenza)) has also increased. The proportion of outpatient visits for influenza like illness, remains below the Washington State baseline. Of specimens testing positive for Influenza in Washington this influenza season, 92% were Influenza A, 8% influenza B. Of the Influenza A specimens 55% were influenza A (H3) viruses and 45% were 2009 H1N1 viruses. Most of the Influenza A & B viruses antigenically characterized this flu season in the US are components of the 2010-2011 influenza vaccine. It is not too late to vaccinate individuals.

Highlights of CDC Antiviral Agents Recommendations for 2010-2011:

Current recommendations for antiviral medications include oseltamivir and zanamivir, based on viral surveillance and resistance data indicating that >99% of the circulating influenza virus strains are sensitive to these medications. Amantadine and rimantadine should not be used because of the high levels of resistance to the drugs among circulating influenza A viruses.

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The CDC recommendations on the use of influenza antiviral agents contain information on treatment and chemoprophylaxis of influenza virus infection, provide a summary of the effectiveness and safety of antiviral medications, can be found at:

www.cdc.gov/mmwr/preview/mmwrhtml/rr6001a1.htm?s_cid=rr6001a1_e and include:

- Early empiric antiviral treatment of suspected or confirmed influenza among people with severe, complicated, or progressive illness or those hospitalized for influenza;
- Early empiric antiviral treatment of suspected or confirmed influenza among people at higher risk for influenza complications;
- Use of either oseltamivir or zanamivir for influenza A and B treatment or chemoprophylaxis, and recommendations **not to use** rimantadine or amantadine as influenza antiviral medications due to high levels of resistance to these medications among circulating influenza A viruses;
- Use of antiviral medications among children younger than 1 year of age;
- Use of local data on influenza virus circulation and influenza testing of respiratory specimens from patients with suspected influenza, when available, to help inform clinicians about influenza circulation
- Consideration of antiviral treatment for any previously healthy, non high-risk symptomatic outpatient with confirmed or suspected influenza, based upon clinical judgment, if treatment can be initiated within 48 hours of illness onset.

Highlights of CDC Rapid Influenza Diagnostic Tests Recommendations

Recommendations on the use of rapid influenza diagnostic tests are available to help guide clinical decisions and to determine if outbreaks of respiratory illness in closed settings are due to influenza virus infection. Guidance also provides information for interpreting rapid diagnostic test results, can be found at www.cdc.gov/flu/professionals/diagnosis/clinician_guidance_rdt.htm and include:

- Use of rapid influenza diagnostic tests when a positive result will change the clinical management of patients or change outbreak control strategies in a population, especially if the setting includes hospitalized patients or persons at high risk for influenza-associated complications
- Avoiding the use of negative rapid test results to guide decisions regarding treating patients with influenza antiviral medications due to the suboptimal sensitivity of rapid tests
- Evaluation of rapid diagnostic test results in the context of other available clinical and epidemiological information
- Consideration of further influenza laboratory testing in the following circumstances:
 - When a patient tests negative by rapid test during periods of high influenza activity
 - When a patients tests positive by rapid test during periods of low influenza activity
 - When a patient has had recent close exposure to pigs, poultry, or other animals and novel influenza A virus infection is possible.

Additional Influenza resources and surveillance information are available at www.cdc.gov/flu/weekly and www.doh.wa.gov/EHSPHL/Epidemiology/CD/fluupdate.pdf

Report all notifiable conditions to the Thurston County Public Health Department 24 hour recorded line at 360-786-5470. If you need to speak with someone during business hours please call 360-867-2533. If it is after hours and you need to reach the Health Officer call 911 and ask them to contact the Health Officer.

Thank you for your continued support. Without your diligence reporting notifiable conditions our job of managing them in the Thurston County community would be considerably more difficult. Thank you for your continued help protecting the publics' health.