Thresholds for Reporting and Investigating Cases of Influenza

BACKGROUND

The thresholds and outbreak definitions presented below are based on available scientific resources and expert opinion and intended only as guidance for potential adaptation to the local epidemiology of influenza; for example, states and localities may have their own outbreak definitions and reporting requirements. The information provided here does not replace reporting as part of state and local influenza surveillance. Suggested thresholds are intended to expedite facilities' investigation of cases and reporting to public health authorities, thus ensuring early detection of possible outbreaks and timely intervention to prevent the virus' spread. Detailed guidance for investigation and management of influenza outbreaks is available from Centers for Diseases Control and Prevention (CDC). Healthcare facilities should consult public health authorities if they have questions.

POINTS FOR CONSIDERATION

- Symptomatic individuals should be tested for influenza as well as COVID-19. Consider the potential for co-infection. Consider testing for other respiratory pathogens when both influenza and COVID-19 testing are negative. LTCF should engage public health for access to more extensive diagnostic testing.
- Even after an influenza outbreak has been confirmed, additional cases of ILI should not be assumed to be influenza and should be tested for both influenza and COVID-19.
- Consider the potential for cases and transmission among HCP and between HCP and patients. Occupational health programs should investigate HCP influenza cases by looking for associated cases in other HCP or patients.
- Epidemiologic or laboratory suspicion for novel or resistant influenza strain should be reported to public health. A novel strain suggested by travel, animal exposure (e.g. agricultural fair), or unsubtypable influenza after attempt was made.

INPATIENT AND OUTPATIENT THRESHOLDS

	Acute Care and Critical Access Hospitals	Long-Term Care Facilities, including Long-Term Acute Care Hospitals, Skilled Nursing Facilities (SNF)	Dialysis Facilities and Other Ambulatory Specialty Clinics*	Outpatient and Emergency Department
Threshold for additional investigation by facility	• ≥1 lab confirmed‡ case in a patient with symptom onset ≥ 72 hours after admission	• ≥1 resident with influenza-like illness (ILI; fever and cough or sore throat)	• ≥1 patient with ILI • Or when notified of influenza case in a patient	• ≥ 3 lab confirmed‡ cases in HCP with epi link† at the facility
Threshold for reporting to public health	• ≥2 lab confirmed‡ cases in patients with symptom onset ≥ 72 hours after admission, with epi-link†	• ≥1 lab confirmed‡ case with 2 or more residents with ILI identified within 72 hours of each other in residents	• ≥ 2 lab confirmed‡ cases in patients with epi link†	• ≥3 lab confirmed‡ cases in HCP with epi link† at the facility
Outbreak definition	• ≥2 lab confirmed‡ cases in patients with symptom onset ≥ 72 hours after admission, with epi-link†	• ≥ 2 lab confirmed‡ cases identified within 72 hours of each other in residents and epi link†	• ≥ 2 lab confirmed‡ cases in patients with epi link† and no other source of exposure outside the dialysis clinic identified for at least 1 of the patients	• ≥3 lab confirmed‡ cases in HCP with epi link† at the facility and no other source of exposure outside the clinic identified for at least 1 of the HCP

* Ambulatory specialty clinics include settings where patients visit repeatedly for long periods (e.g., oncology infusion centers).
† Epi link is defined as common exposure within the facility, e.g., patients residing on the same unit or cared for by same healthcare personnel with symptom onset within 72 hours of each other.
‡ Lab confirmed cases should be of the same type/subtype if diagnostic testing allows.

The Council for Outbreak Response: Healthcare-Associated Infections and Antimicrobial-Resistant Pathogens

Web Site
https://corha.org

Source
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