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Antimicrobial Resistance  
and Infection Control Team

## Notification of Infectious Disease Outbreaks to Departments of Public Health in acute hospital setting Declaration of an Outbreak and Closure of an Outbreak

Policy  Procedure  Protocol  Guideline

*Insert Service Name(s), Directorate and applicable Location(s):* **Acute Operations**

Title of PPPG Development Group:	Antimicrobial Resistance and Infection Control (AMRIC) Team		
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## **1.0 INITIATION**

### **1.1. Purpose**

The purpose of this protocol is to outline a process to support hospital practitioners and hospital management to ensure compliance with the statutory obligations with respect to notification of outbreaks of infectious diseases. Notification of all outbreaks of infectious disease to the Department of Public Health also serves to provide an assurance of transparency in that a person with relevant expertise and authority who is independent of the hospital is informed of the incident. This process should also support Departments of Public Health in ensuring that they update the Computerised Infectious Diseases Reporting (CIDR) system on status and closure of outbreaks in a timely manner.

To facilitate this process, a Computerised Infectious Disease Reporting (CIDR) system is in place which allows labs to upload information on notifiable diseases and send it to their local Department of Public Health and onwards to the Health Protection Surveillance Centre (HPSC). The HPSC collates the national data and provides regular reports to all stakeholders. Labs cannot upload information on outbreaks directly. The pathway is through Public Health in compliance with the statutory requirement for notification.

Implementing this guidance requires that it is disseminated by Acute Operations to their managers, quality and patient safety personnel, clinical and IPC personnel and risk managers and others as appropriate. This will assist staff in the process of notification, management and closure of outbreaks of infectious diseases. This contributes to enhanced patient safety systems.

### **1.2 Scope**

#### **1.2.1 Target Users**

This protocol is intended for use in identifying, notifying and managing outbreaks of infectious diseases in acute hospital settings. It will be used by managers, clinical teams, IPC teams and risk managers to support outbreak management.

#### **1.2.2 Populations to whom it applies**

All patients that access healthcare in hospitals.

### **1.3 Objectives**

To support managers, clinical and IPC teams, and risk managers to assist in the process of notification, management and closure of outbreaks of infectious diseases. This will improve patient safety.

### **1.4 Outcomes**

To have processes in place to recognise outbreaks of infectious diseases, to improve management and support timely notification, thus improving patient care.

To have processes in place to reduce outbreaks of infectious diseases and improve identification and management of outbreaks in a timely manner, thus improving patient care.

### **1.5 PPPG Development Group**

Antimicrobial Resistance and Infection Control Implementation Team.

### **1.6 PPPG Development Governance Group**

Antimicrobial Resistance and Infection Control Oversight Group.

### **1.7 Supporting Evidence**

#### **1.7.1 Relevant legislation / PPPGs**

- Health Acts [1947](#) and [1953](#).
- [Infectious Disease Regulations 1981](#) and subsequent amendments
- [Health \(Duties of Officers\) Order, 1949](#).
- HIQA, 2017 National Standards for the prevention and control of healthcare-associated infections in acute healthcare services.

### 1.7.2 PPPGs that are being replaced by this PPPG

None.

### 1.7.3 Related PPPGs

- HSE, June 2018 Escalation Procedure for Outbreaks/Incidents/Situations of Healthcare Associated Infection (HCAI).

## 1.8 Glossary of Terms

AMRIC – Antimicrobial Resistance and Infection Control.

CEO - Chief Executive Officer.

CIDR - Computerised Infectious Disease Reporting.

GM - General Manager.

IPC – Infection Prevention and Control.

HCAI – Healthcare Associated Infection.

HIQA – Health Information and Quality Authority.

HSE – Health Service Executive.

MOH - Medical Officer of Health.

OCT- Outbreak Control Team.

## 2.0 DEVELOPMENT OF PPPG

The purpose of the protocol is to outline a process to support hospital practitioners and hospital management to ensure compliance with the statutory obligations with respect to notification of outbreaks of infectious diseases. Notification of all outbreaks of infectious disease to Departments of Public Health also serves to provide an assurance of transparency in that a person with relevant expertise and authority who is independent of the hospital is informed of the incident. This process should also support Departments of Public Health in ensuring that they update the Computerised Infectious Diseases Reporting (CIDR) system on status and closure of outbreaks in a timely manner.

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### 2.1 Statutory Obligation

There is a statutory obligation on Medical Practitioners to report individual cases of notifiable diseases and outbreaks of disease or unusual patterns of disease to the Medical Officer of Health.

*A medical practitioner and a clinical director of a diagnostic laboratory shall notify to the medical officer of health any unusual clusters or changing patterns of any illness, and individual cases thereof, that may be of public health concern. The medical officer of health shall in turn notify the Health Protection Surveillance Centre. (Amendment S.I. No 707 of 2003); (Amendment S.I. No 865 of 2004)*

Furthermore,

*On becoming aware, whether from a notification or intimation under these Regulations or otherwise, of a case or a suspected case of an infectious disease or of a probable source of infection with such disease, a medical officer of health, or a health officer on the advice of a medical officer of health, shall make such enquiries and take such steps as are necessary or desirable for investigating the nature and source of such infection, for preventing the spread of such infection and for removing conditions favorable to such infection Regulation 11.*

### 2.2 Steps to be taken once an outbreak of an infectious disease is identified or suspected

- A medical practitioner (hospital clinician or laboratory director) is legally obliged to notify the local Public Health Department by phone or in writing. To facilitate this notification, a template notification form and worked example are available in the appendices (Appendices 1 and 3 refers).

- The medical practitioner should also inform the GM/CEO of the hospital or someone authorised to act for them.
- The GM/CEO should inform the office of the Hospital Group CEO and the Acute Hospital Office by forwarding a copy of the Notification Form used to inform the Department of Public Health (Appendix 1). A worked up example is available in Appendix 3.
- An OCT should normally be convened by the GM/CEO and should be chaired by the GM/CEO or their deputy with executive authority<sup>1</sup>. Note National Standards indicate that an OCT should generally not be chaired by the Infection Prevention Control practitioners (medical, nursing or scientific) advising on the management of the outbreak.
- In exceptional cases, where an outbreak involves small numbers of people and is essentially over before it is detected it may be reasonable not to convene an OCT. However, the issues of appropriate communication with patients and staff and risk management must be addressed.
- The local Department of Public Health must be invited to join the OCT.
- Management of the outbreak includes ensuring all necessary actions are taken which may include contact tracing, screening tests, isolation or cohorting of patients, hand hygiene training and auditing, environmental cleaning, visitor restrictions, ward closures, restriction of hospital activity and compliance with national guidance.
- In the event that the hospital GM/CEO or their deputy forms a view that the advice of the Infection Prevention and Control Practitioners cannot be implemented for any reason, the rationale should be specified in writing and the justification should be on grounds of competing patient safety demands. Any decision not to implement IPC Guidance on the grounds of competing patient safety pressures must be approved by the relevant Clinical Director.
- If necessary, the outbreak should be escalated in accordance with the HSE, June 2018 Escalation Procedure for Outbreaks/Incidents/Situations of Healthcare Associated Infection (HCAI).
- Regular OCTs must be convened until the outbreak is declared over. The minutes of meetings should be circulated to all members of the OCT as soon as available.
- The Chair of the OCT should ensure that the Department of Public Health is informed when the outbreak is declared over using the Closure Form (Appendix 2). This should include a brief report which should include lessons learnt. A worked up example is available in Appendix 4.

### **2.3 Actions for Departments of Public Health**

The Department of Public Health, on notification of an outbreak in a hospital should:

- Confirm that there is an outbreak with the hospital IPC Lead including organism involved, wards, patients and staff affected.
- Open an outbreak report on CIDR and ensure the outbreak code is made available to the hospital IPC Team.
- Undertake a risk assessment to determine the apparent scale of the outbreak including risk to public health.
- Escalate the issue promptly to the Director of Public Health if there is an apparent major risk to public health. Depending on the scale of risk, it may need to be further escalated to the Assistant National Director of Public Health and National Director of Health and Wellbeing.
- Ensure CIDR is updated on a regular basis to reflect status of outbreak.

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<sup>1</sup> From time to time it may happen that an outbreak involving two or three patients is essentially resolved by the time it becomes apparent. In such cases the full OCT process as outlined may not be relevant, however, at a minimum, the statutory obligation with respect to notification should be fulfilled and the forms related to opening and closing of the outbreak should be completed.

- Ensure a member attends OCTs as necessary to provide advice and support. When attendance is not required at the OCT, the meeting minutes should be reviewed to monitor progress.
- Provide epidemiological support for the outbreak meetings if required. This may include information on epicurves to show trends and how control measures are impacting on the management of the outbreak.
- In the event of an on-going outbreak (CPE), check status of outbreak at least weekly with the hospital team.
- Close outbreak on CIDR when the OCT informs the Department of Public Health that the outbreak is over using the data provided on the Closure of Outbreak Form (Appendix 2).

### **3.0 GOVERNANCE AND APPROVAL**

- AMRIC Implementation Team.
- AMRIC Oversight Group.

### **4.0 COMMUNICATION AND DISSEMINATION**

- This protocol is circulated through the Acute Operations Office to all Hospital CEOs and General Managers.
- This protocol is also available on line [www.hse.ie/infectioncontrol](http://www.hse.ie/infectioncontrol).

### **5.0 IMPLEMENTATION**

Implementation of this protocol is the responsibility of all hospital managers, clinical directors, directors of nursing, quality and risk managers, IPC professionals/teams and clinical teams (with primary responsibility for care of the patient).

### **6.0 MONITORING, AUDIT AND EVALUATION**

The learning from this protocol (Notification of Infectious Disease Outbreaks to Departments of Public Health - Declaration of an Outbreak and Closure of an Outbreak in the acute setting) should be shared with relevant professionals at team meetings.

### **7.0 REVISION/UPDATE**

This protocol will be reviewed every two years by the AMRIC Implementation Team.

### **8.0 REFERENCES**

- HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPGs, 2016).
- SI No. 707 of 2003 - Infectious Diseases (Amendment) (No. 3) Regulations 2003 (added disease clusters and changing patterns of illness that may be of public health concern to the conditions that must be notified to the Medical Officer of Health).

### **9.0 Appendices**

Appendix 1	HOSPITAL DECLARATION OF INFECTIOUS DISEASE OUTBREAK
Appendix 2	HOSPITAL CLOSURE FORM FOR INFECTIOUS DISEASE OUTBREAK
Appendix 3	WORKED EXAMPLE - HOSPITAL DECLARATION OF INFECTIOUS DISEASE OUTBREAK
Appendix 4	WORKED EXAMPLE - HOSPITAL CLOSURE FOR INFECTIOUS DISEASE OUTBREAK

**Infection Prevention and Control  
XXX Hospital  
Declaration of Outbreak  
(Disease Name)**

<b>Outbreak Code Public Health (CIDR) once available</b>		<b>Date outbreak declared</b>	
<b>Staff Member identifying outbreak</b>		<b>Ward/ Units involved</b>	
<b>Lead for Outbreak</b>			

<b>OUTBREAK DETAILS</b>		
1.	<b>Date of detection of first case</b>	
2.	<b>Name of units/wards affected</b>	
3.	<b>Date of Notification of Outbreak to Public Health</b>	
4.	<b>Date Management informed of outbreak</b>	
5.	<b>Laboratory confirmation</b>	Yes No
6.	<b>Date for 1<sup>st</sup> Outbreak Control Team or Incident Meeting</b>	
<b>CONTROL MEASURES (AS APPLICABLE FOR DISEASE) YES/NO</b>		
7.	Closure of bays/ wards.	
8.	Patients isolated/cohorted	
9.	Management of visiting/- restriction	
10.	Clinical specimens sent to lab	
11.	Alert notices in place	
12.	Increase cleaning frequency to at least twice daily cleaning - Clean and disinfect vomit/faeces spillage promptly - Disinfect with 1000ppm hypochlorite	
13.	Personal Protective Equipment (PPE) availability	
14.	Alcohol Hand rub availability	
15.	Affected staff receive appropriate care and are off duty if required	
16.	Ward/Unit closed to new admissions if appropriate	
17.	Restricted patient movements (should have controls on transfer of affected patients to unaffected areas or to other residential/nursing institutions)	
18.	Appropriate advice to staff regarding visiting affected and unaffected areas	
19.	Appropriate management of catering and food	
20.	Appropriate timing of reopening of wards/units if closed	

21. Patient record flagged if indicated	
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**SUMMARY. BRIEF KEY DETAILS**

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**Appendix 2 HOSPITAL CLOSURE FORM FOR INFECTIOUS DISEASE OUTBREAK**

**Infection Prevention and Control  
XXX Hospital  
Closure of Outbreak - Summary Report  
(Disease Name)**

<b>OUTBREAK DETAILS</b>		
1.	Total number of patients affected	
2.	Number of laboratory confirmed cases	
3.	Number of staff affected (if any)	
4.	Number of wards/units affected	
5.	Cohort ward used	Yes                      No
6.	Number of patients isolated in single rooms	
<b>SUMMARY. BRIEF KEY DETAILS AND LEARNING POINTS</b>		

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Appendix 3 WORKED EXAMPLE - HOSPITAL DECLARATION OF INFECTIOUS DISEASE OUTBREAK**

**Infection Prevention and Control  
XX Hospital  
Declaration of Outbreak  
(Influenza)**

<b>Outbreak Code Public Health (CIDR) once available</b>	2019-S- 0102	<b>Date outbreak declared</b>	22.01.2019
<b>Staff Member identifying outbreak</b>	XX	<b>Ward/ Units involved</b>	GC, Med 2
<b>Lead for Outbreak</b>	Dr A		

<b>OUTBREAK DETAILS</b>		
1.	<b>Date of detection of first case</b>	18.01.2019
2.	<b>Name of units/wards affected</b>	2
3.	<b>Date of Notification of Outbreak to Public Health</b>	22.01.2019
4.	<b>Date Management informed of outbreak</b>	21.01.2019
5.	<b>Laboratory confirmation</b>	Yes <input checked="" type="checkbox"/> No
6.	<b>Date for 1<sup>st</sup> Outbreak Control Team or Incident Meeting</b>	22.01.2019

<b>CONTROL MEASURES (AS APPLICABLE FOR DISEASE) YES/NO</b>		
7.	Closure of bays/ wards.	Yes
8.	Patients isolated/cohorted	Yes
9.	Management of visiting/- restriction	Yes
10.	Clinical specimens sent to lab	Yes (4)
11.	Alert notices in place	Yes
12.	Increase cleaning frequency to at least twice daily cleaning - Clean and disinfect vomit/faeces spillage promptly - Disinfect with 1000ppm hypochlorite	Yes Yes
13.	Personal Protective Equipment (PPE) availability	Yes
14.	Alcohol Hand rub availability	Yes
15.	Affected staff receive appropriate care and are off duty if required	Yes
16.	Ward/Unit closed to new admissions if appropriate	Yes
17.	Restricted patient movements (should have controls on transfer of affected patients to unaffected areas or to other residential/nursing institutions)	Yes
18.	Appropriate advice to staff regarding visiting affected and unaffected areas	Yes
19.	Appropriate management of catering and food	Yes
20.	Appropriate timing of reopening of wards/units if closed	Yes
21.	Patient record flagged if indicated	Yes

**SUMMARY. BRIEF KEY DETAILS**

First patient became symptomatic on 17<sup>th</sup> in Med 2. On 18<sup>th</sup> further patient fitting case definition. Swabs sent from both patients. Results available on 19<sup>th</sup> confirming Influenza A. Awaiting subtyping. Patients in 4 bed wards but further 4 patients became symptomatic over weekend plus one staff member.

A total of 8 symptomatic on 21<sup>st</sup> and Outbreak identified. Management informed and control measures put in place

A further 2 patients identified in GC on 21<sup>st</sup>

Meeting held in-house and control measures put in place

Public Health notified on 22<sup>nd</sup> and OCT organized for 23<sup>rd</sup>

Other control measures included

- Offer vaccination to staff
- Implement protocol for sick staff to remain off until asymptomatic

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Appendix 4 WORKED EXAMPLE - HOSPITAL CLOSURE FOR INFECTIOUS DISEASE OUTBREAK**

**Infection Prevention and Control  
XX Hospital  
Closure of Outbreak - Summary Report  
(Influenza)**

<b>OUTBREAK DETAILS</b>		
<b>1.</b>	<b>Total number of patients affected</b>	14
<b>2.</b>	<b>Number of laboratory confirmed cases</b>	5
<b>3.</b>	<b>Number of staff affected (if any)</b>	4
<b>4.</b>	<b>Number of wards/units affected</b>	3
<b>5.</b>	<b>Cohort ward used</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>6.</b>	<b>Number of patients isolated in single rooms</b>	
<b>SUMMARY. BRIEF KEY DETAILS AND LEARNING POINTS</b>		
<p>Early identification                      Swabs on first cases                      Control measure in place until outbreak declared over                      Continue to vaccinate staff                      Increased hand hygiene training and environmental cleaning</p>		

Signed \_\_\_\_\_

Date \_\_\_\_\_