Managing an Influenza Outbreak Which Spilled Over to an Acute Care Hospital from a Behavioral Health Unit
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Introduction: Behavioral health units (BHU) have been implicated in influenza outbreaks due to group activities, controlled access to alcohol-based hand gels and unique host factors. We describe the management of an unusual influenza outbreak, which started in the BHU and then spilled over to the acute care hospital (ACH)

Methods: During 2016 and 2017 only 2 cases of healthcare-associated (HA) Influenza in BHU were reported at UM HMH; a 95-bed ACH with a 14-bed closed-door adult BHU on the 5th floor. In 2018, 2 HA influenza cases in the BHU spilled over to the adjacent ACH to cause an outbreak.

Case definition: Patient with Temp of >100.4°F, presence of ILI, and a positive influenza test > 72h after admission

Outbreak control measures:
1) Twice daily fever screening
2) Enhanced droplet precautions
3) Visitor restrictions
4) Cohort units
5) Discontinuing community activities/support groups
6) Enforcing hand hygiene at all hospital entrances
7) Hospital-wide patient chemoprophylaxis with oseltamivir
8) Increasing disinfection of high touch surfaces, i.e. door handles

Results:
• 1/15/18 – HA Influenza case #1 at BHU
• 1/19/18 - HA Influenza case #2 at BHU
• 1/19 – 1/29 Five additional HA influenza cases in ACH reported
• Attack rate was 3%
• Average length of stay - 8.9 days
• Chemoprophylaxis with oseltamivir prescribed to 71% of all eligible hospitalized patients for 7 days at a cost of $17,000
• All 7 patients were influenza A H3N2 and were treated with oseltamivir 75mg PO BID x 5 days. Total duration of outbreak was 11 days

Conclusion: Special attention should be paid to influenza prevention in the BHUs due to the risk of spill-over effect to sicker patients in the adjacent ACH. A short, 7-day course of hospital-wide oseltamivir chemoprophylaxis, in addition to promptly implementing the infection control measures was effective in controlling the outbreak