

OUTBREAK REPORTING FORM

F. Etiology

22. Was a primary causative pathogen identified in the outbreak? Yes No

23. If yes, please specify the name and subtype (if known) of the pathogen Influenza B virus

G. Clinical Specimens (*e.g. stool, blood, urine, nasal aspirate, etc)

24. Type of Specimen	Number Tested	Number Positive	Etiologic Agent	Subtype 1	Subtype 2	Antimicrobial Resistance Profile
Nasopharyngeal swabs	4	2	Influenza B virus	Not Available	Not Available	Not Applicable

H. Food or Environmental Specimens (*e.g. ground beef, raw chicken, water, surface swab, etc)

25. Type of Specimen	Number Tested	Number Positive	Etiologic Agent	Subtype 1	Subtype 2	Antimicrobial Resistance Profile
Not Applicable						

I. Results of an epidemiological study

26. What type of epidemiological study was conducted?

- Cohort study Other, please specify
 Case Control Study No epidemiological study was conducted

27. If a cohort study was conducted, what was the overall attack rate? %

(note, attack rate = [number ill/total persons at risk] x 100)

28. If a cohort or case control study was conducted, please complete the following table

Risk Factor	Odds Ratio or Relative Risk	95% Confidence Intervals	p-value

J. Additional Outbreak Details

Monday January 8, 2007

- Monday afternoon while reviewing the syndromic surveillance data for the preceding week, it was noted that a total of 57 persons with symptoms fitting the diagnosis of "acute respiratory infections" (ARI) had been seen at the Casualty Department and the 4 Health Centres during the period under review.
- A telephone call to the lone Physician in private practice indicated that he had also seen an increase in the number of cases presenting with similar symptoms but actual numbers were not available. He promised to provide these figures the following day, these figures were never received.
- A review of available surveillance records indicated that for the previous 8 weeks, the number of cases of reported ARI averaged around 9 cases per week. Also for Epidemiological week 1 of 2006 there were a total of 5 cases reported.

Tuesday January 9, 2007

- On Tuesday a phone call was received from a Ward Sister on duty reporting that there were a large number of persons at Casualty with "flu-like" symptoms. A visit to the Department confirmed this and a review of the previous day's data indicated that a total of 42 persons had presented with symptoms of ARI.
- Attempts were made to contact the Head of the Epidemiology Division of CAREC by telephone, when this failed a voice mail message was left.
- The data (number of persons presenting with ARI for week 1 and Sunday & Monday of week 2) were forwarded by fax to the Epidemiology Division of CAREC, along with a note reiterating the need to discuss the observed increase that had been outlined in the voice mail message.

Wednesday January 10, 2007

- On Wednesday morning Dr Eldonna Boisson of CAREC returned my telephone call and confirmed that CAREC would accommodate us sending samples for identification of the aetiological agent of the respiratory infections.
- A conversation was also held with Dr Salas (Virologist) who indicated that we should send at 4 - 5 nasopharyngeal swabs from persons in the acute stage of the illness.
- This information was passed on to the Physician at Casualty and the Senior Medical Technologist. A few hours later it was reported by the Senior Technologist that 4 specimens had been packaged and sent to CAREC via courier.
- A memorandum was sent to all members of the Surveillance Response Team apprising them of the situation and actions taken to date.

Thursday January 11, 2007

- Following discussion/consultations with the Physician Specialist, Two District Medical Officers, the Health Educator and Principal Environmental Health Officer; a statement providing information regarding the onset, duration and treatment of what we described as a "flu-like illness" was prepared and recorded at the local radio station ZJB.

Friday January 12, 2007

- A report was received at the local Laboratory from CAREC indicating that preliminary tests confirmed the presence of Influenza B virus in one of the specimens tested.
- The public awareness message began to be aired on radio ZJB, continuing for the next week.

Measures taken

In an effort to contain the spread of the illness and to reduce the likelihood of severe consequences, the following steps were taken:

1. The message aired on radio ZJB presented steps the General Public could take to reduce their chances of contracting the virus. The signs and symptoms of complications of Influenza were highlighted along with the need to seek medical attention should any of these be observed.
2. In an attempt to protect our vulnerable senior citizens, members of Staff employed at the two Government-run homes for the elderly were counseled not to report for work if they had any signs/symptoms associated with the circulating virus. Permission was sought and obtained from the relevant authorities to employ substitute staff when needed.

Lessons learnt

Positive

The Health Team could be observed working as a unit with one aim during this outbreak:

- Surveillance Unit observed the increase via weekly syndromic surveillance
- Epidemiologist investigated and confirmed the outbreak, informed all who needed to know, then monitored the situation on a daily basis
- Surveillance Response Team was activated and decisions made about steps to be taken
- Medical team agreed on and effectively implemented case management strategy
- The Laboratory efficiently facilitated the rapid investigation/diagnosis of the pathogen
- Health Promotion Unit provided appropriate information to the public (positive feed back was received from the 'public' on the content of the message)
- Nursing Administration ensured that primary precautions were initiated at care facilities
- Negative health consequences were minimized – OUR ULTIMATE GOAL.

Negative

There was a breakdown in communication during the week of January 1 – 7, 2007.

- The increase was first identified during routine analysis of the weekly data. Had members of staff on the frontline communicated to the Epidemiologist that they had observed an increase during the latter days of week 1, actions could have been initiated sooner.
- Efforts need to be made to ensure that all members of staff understand '**who**' need(s) to know '**what**' and '**when**' they need to know **it**.