Long Term Care PEI

- PEI’s Population approximately 144,000
- 18 LTC facilities (9 public, 9 private)
- ~1050 beds with about 55% public and 45% private
- Public facilities have dedicated ICP
- No dedicated ICPs in private facilities
- Private facilities are inspected and licensed by a Board.
Public Health in PEI

• Legislation: *Public Health Act* and Regulations

• Chief Public Health Officer and Office (DHW) provides leadership and direction to all matters related to Public Health

• Operational responsibility is with HPEI
Role of CPHO
Seasonal Influenza

- Notifiable disease under the Communicable Disease Regulations
- Surveillance
- Vaccine procurement and facilitation
- Certification of RN’s to immunize
- General public education/Key Spokesperson
- Follow up/assistance during outbreaks
- Provision/Guidance of Oseltamivir in LTC
Role of LTC Facility
Seasonal Influenza

- Prepare for influenza season
- Identify illness through surveillance
- Manage illness/outbreaks
- Report illness to CPHO when there is a cluster
Preparations for Influenza Season

• Creatinine Clearance on residence who have renal impairment
• Standing orders for the administration of antiviral prophylaxis in the event of an influenza outbreak in the facility
• Annual influenza immunization for residents and staff (uptake generally high for both)
Notifying the CPHO

- If there is a cluster of cases (3 or more in 72 hours) of ILI
- Call the Chief Public Health Office and speak to a nurse
- Business hours/On call pager
- Discussion determines the course of action
Influenza

- Acute respiratory illness caused by influenza A and B viruses
- Characterized by sudden onset of fever, cough, chills, headache, muscle and joint aches
Influenza-Like Illness

• ILI is defined as the sudden onset of respiratory illness with fever and cough with one or more of the following:
  ‣ Sore throat
  ‣ Muscle aches
  ‣ Joint aches
  ‣ Prostration
*Fever may not be present in those under 5 and over 65.
*GI symptoms may also be present in children under 5
Information Required

• Resident Information
  ‣ Total number of residents/those ill
  ‣ Name of those ill, location in facility (unit) symptoms, onset date, current status, immunization status, swab done for influenza

• Staff Information
  ‣ Total number ill/total number of staff,
  ‣ Name of staff with ILI, onset date, symptoms, current status, unit worked on, last date worked, immunization status
Testing of Residents

- Will be determined based on whether influenza is known to be circulating in the community
- Best specimens are those who have had symptom onset within the last 24 hours
- NP swab
Role of CPHO (specific to AV)

- Approve use of Antivirals
- Facilitate delivery/pick up of same
- Ongoing support as required
Treatment versus Prophylaxis

- Treat residents with symptoms which have started within last 48 hours (now even longer)
- Post-exposure prophylaxis to those who are asymptomatic (and as determined in consultation with the CPHO)
- If a resident develops symptoms while on prophylaxis, switch to a treatment dose
## Program Uptake

<table>
<thead>
<tr>
<th>Influenza Season</th>
<th>Number of times Program was Accessed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/2008</td>
<td>0</td>
<td>Program introduced</td>
</tr>
<tr>
<td>2008/2009</td>
<td>1</td>
<td>Season saw primarily influenza B</td>
</tr>
<tr>
<td>2009/2010</td>
<td>0</td>
<td>H1N1 Influenza Pandemic and no seasonal influenza</td>
</tr>
<tr>
<td>2010/2011</td>
<td>6</td>
<td>All three seasonal strains in PEI with 8 OB reported, 7 in LTC</td>
</tr>
<tr>
<td>2011/2012</td>
<td>0</td>
<td>Late season, lots of influenza B Vaccine used in LTC was FluAd</td>
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</tbody>
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