



Service Priorities and Programmes  
Electronic Presentations

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**Early identification of influenza outbreak in a residential care home for elderly by combat influenza like illness team (CILIT) prevents spreading of infection**

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**Introduction**

Institutionalized older residents have high risk of influenza related hospitalization and mortality. During influenza outbreak, active surveillance and implementation of infection control measure is important. The Hong Kong West Community Geriatric Assessment Team (HKW CGAT) has set up a prompt response team, the Combat Influenza-like-illness Team (CILIT), in 2004 to provide early clinical management of elders living in residential care homes (RCHEs) with confirmed influenza.

**Objectives**

The objective was to assess the clinical effectiveness of CILIT in containing influenza outbreak.

**Methodology**

It was a retrospective case control study of an influenza A outbreak in a residential care home for elderly (RCHE), which is a 3-floor RCHE with different floors conneted by lift and stairs, located in Hong Kong West Cluster of Hospital Authority in 2013. Baseline demographics of residents were collected. Detail procedures of implementation of infection control measures were recorded. Outcome measures were onset time of influenza like illness, laboratory confirmed influenza and hospitalization of residents and health care workers.

**Result**

191 residents (72% female, mean age  $82.1 \pm 7.2$  years) were included in the study. The outbreak started with 5 residents living on the second floor. They developed symptoms of influenza like illness (ILI) on Day 1. During the 10-day period of influenza outbreak, 48 (25%) of 191 residents developed symptoms consistent with ILI. 37.5% (18 of 48) of them required hospitalization. 12 residents subsequently confirmed to have influenza A. The outbreak was detected by the Centre of health protection and CILIT. They visited the RCHE for a total of 5 times since day 2 of outbreak with 17 therapeutic oseltamivir and 70 prophylactic oseltamivir prescribed. Besides, community care nurse of CGAT visited the nursing home on Day 2 with infection control measures strengthened. Although the clinical attack rate of second floor was

55.8%, attack rate of third floor was kept at a low level (7.5%) and there was no infected case on the first floor (ILI: first floor, 0 of 48 ; second floor, 43 of 77; third floor, 5 of 66;  $p < 0.001$ ). There were 54 health care workers in the nursing home and none of them was infected.