SHARING EXPERIENCE OF MANAGING OUTBREAK FLU INCIDENT AT A PSYCHIATRIC HOSPITAL

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Purpose: Influenza is caused by viral infection. Type A, in particular, is the culprit for global pandemics for nearly a hundred years and also the main virus for cluster infection with flu in psychiatry over the past few years.

Methods: 17 infection cases were reported over a period of 16 days starting January 9, 2014, including 16 patients and 1 staff member (service provider), the overall attack rate was 27.43%. Patients developed symptoms such as fever and upper respiratory tract infection, including 13 with fever. No one had vomit or diarrhea. Intervening infection control measures were adopted and healthcare professionals cooperated fully to keep patients in separate areas for centralized care and away from respiratory tract and contact exposure. The patients’ temperature was monitored on a daily basis. All the staff and patients were provided masks and practiced correct hand washing. Visitors were provided limited access. Group therapy events were suspended. The environment was cleaned and disinfected in order to keep the situation under control. Among the patients, 8 had a throat sampling swab. Flu Virus A H1 positive developed in the culture of 3 out of the 8 patients (37.5%).

Results: No additional cases were reported after January 25. May be indicators of exposure to environmental cases of influenza virus infection, and infection through common environment interact to others.

Conclusions: This event also shows the importance of flu vaccination. Those with a flu shot had mild symptoms upon infection and their symptoms quickly remitted. The flu vaccination rate in the patient ward was 46.00% among the patients and 53.85% among the staff, lower than the average in the hospital. Although no cases of flu complications, it is necessary to discuss again how to enhance the flu vaccination rate and early antiviral prophylaxis.

INVESTIGATION AND MANAGEMENT OF AN OUTBREAK OF INFLUENZA A INFECTION IN A MEDICAL WARD AT A MEDICAL CENTER

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Purpose: Nine cases happened to flu, including inter-ward with continuous found three patients in the same ward disclosed flu-like symptoms at a medical ward of a medical center during January 16, 2014 to January 25, 2014. In order to avoid endemic transmission, infection control and prevention centers investigated this event.

Methods: The patient characteristic of the medical ward, which is a 62 beds ward, are belong to the infectious diseases and kidney diseases. After the investigation, there are six more patients, including four nurses, one care giver and one family, having the same symptoms of infection. Among 15 patients, there were 14 patients with fever (93.7%), 13 with cough (87.1%), 7 with chills (46.7%), 7 with body aches (46.7%), 3 with headache (20.4%), and 2 with runny nose (13%). The index patient was admitted on January 14, 2014. Infection transmission is suspected by the patient and patient to staff. Hence, starting those infection control measures, including monitoring of fever and cough, hand hygiene, environmental clearance, wearing surgical masks, limiting families visiting the hospital. And we conducted throat swabs for viral culture.

Results: The results of viral culture showed influenza A (n = 15/15 100%). After intervention, there was no new case since January 26, 2014.

Conclusions: Monitoring of fever and cough, hand hygiene, respiratory hygiene, cough etiquette would block the transmission and to avoid further outbreak events.

THE EXPERIENCE OF CONTROLLING A NEWBORN OUTBREAK OF DIARRHEA IN THE HOSPITAL NURSERY

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Purpose: The nursery in the hospital is a relatively closed space where the outbreak of infectious diseases occurred easily. This study showed the experience of controlling a newborn outbreak of diarrhea in our hospital.

Method: In 2014, we found three newborns had bloody stool one after another in the nursery of our hospital. One newborn showed positive reaction of Rotavirus examination in its stool specimen. Stool cultures of three newborns did not yield pathogenic bacteria. Reviewing the protocol of delivery and newborn nursing, we found one mother had diarrhea in delivery. In addition, it is necessary for the nursery members to assist the vaginal delivery in our hospital due to a lack of nursing staffs.

Results: To assay the possible cause for this outbreak, the newborn may be infected directly through its mother in delivery or breast feeding, or through contaminated hands of the nursery members in newborn nursing. Based on the possible causes, the pregnant women for delivery should be monitored strictly for her infection-associated symptoms. When diarrhea is noted during her delivery, her newborn needs preventive contact precaution to avoid contacting with other newborns. In addition, the nursery members need wear barrier gown in assisting delivery. Only after taking off and hand washing, they can perform newborn nursing. After performing this strategy, we did not find new outbreak in the nursery since then.

Conclusion: Neglect of pregnant women’s symptoms of gastrointestinal tract and centralized nursing in the nursery cause occurrence of newborn outbreaks easily. Close monitor pregnant women’s symptoms before delivery, preventive contact precaution of their newborns, and strictly execution of hand hygiene of nursing staffs can decrease occurrence of the newborn outbreaks.