

**Greater Dayton Area Hospital Association
Influenza Season Visitor Restriction Policy Triggers
Approved by Board of Trustees
March 15, 2010**

Background

During the H1N1 influenza outbreak in the fall of 2009, visitor restrictions were implemented by GDAHA members. The restrictions were based on signs and symptoms of influenza like illness and anyone under age 14. The age based visitor restrictions were in place from October 5, 2009 through January 18, 2010.

The Infection Control Committee of GDAHA was asked to recommend a policy for future implementation of visitor restrictions that will apply to all GDAHA members. The committee does not recommend that the restrictions be implemented automatically on an annual basis during a predetermined time frame of certain months of the year. It was noted that the hospitals in the Greater Cincinnati Healthcare Council area continue to implement visitor restrictions throughout the influenza season and ranges from October 15 through March 15.

Rationale for not having automatic visitation restriction:

- Viral activity may be different every year;
- Different age groups may be the primary spreader of the virus;
- Immunization may have been effective in promoting a mild influenza season; and
- Maintain patient satisfaction by using visitation restriction only when necessary (May end up being 8 weeks instead of 6-8 months)

Visitation Restriction Policy

Representatives of Public Health and GDAHA's Infection Control Committee (ICC) will meet within 48 hours after local or regional flu viral activity has increased to a level where regional hospitals need to consider implementing Visitor Restrictions. The meeting will also be open to each hospital's Chief Operating Officer (COO) and Public Affairs Committee representatives.

EpiCenter, which has the capacity to reflect chief complaint ED visits on a real time basis, will be used to identify the need for local hospitals to implement visitor restrictions. EpiCenter data is automatically captured in an electronic format, eliminates any reporting lags, and can be viewed daily. Additionally, this data is automatically classified into syndromic and symptom categories.

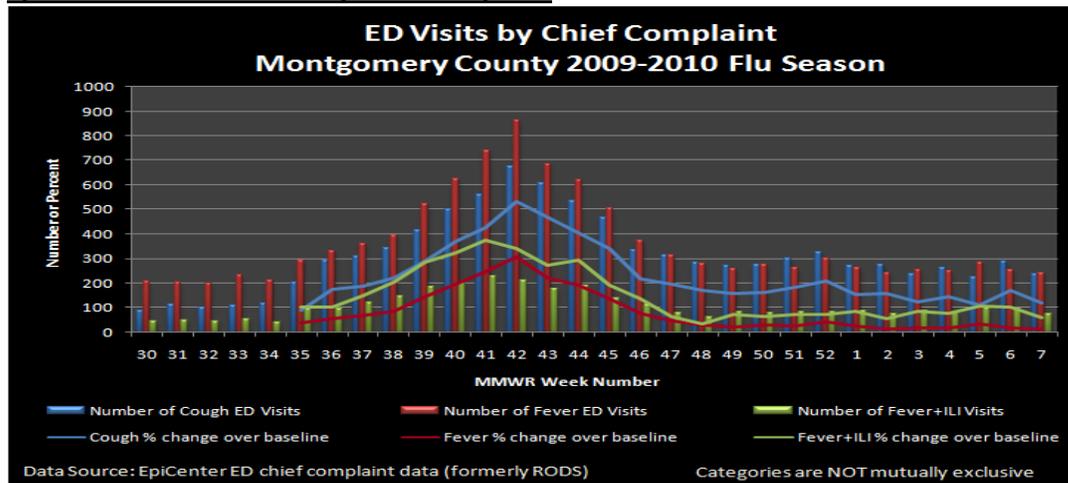
The ICC will meet within 48 hours of a marked increase of any two of the three emergency department (ED) chief complaints of fever, fever with influenza like illness (ILI), or cough. A marked increase occurs when two of the three ED chief complains reach 200 percent. If one or more GDAHA hospitals is experiencing a substantial burden related to any of the three ED chief complaints, then the visitor restriction policy may also be implemented prior to reaching the 200 percent trigger. The three ED chief complains will be reviewed in the total context of influenza admits as well as any out patient flu activity or community activity, but the ED chief complaints will be the primary data source because the EpiCenter data will show an increase well before other parameters.

Restrictions will be implemented as follows:

- No visitation by anyone who is ill with any respiratory symptoms including coughing, fever, chills, headache, vomiting, sore throat, muscle aches or diarrhea.
- No visitation by anyone under age 14 even if they have received the seasonal flu vaccine or receive the appropriate vaccine when it becomes available.

Based on the above recommendations, 200 percent of two triggers would have been reached on week 35 for 2 of the 3 parameters, which would have triggered a meeting of the ICC within 48 hours. At that meeting, data on age would have been discussed to determine whether or not additional populations need to be included in the restrictions. Examples of the EpiCenter age reports are provided below.

EpiCenter Data - ED Visits by Chief Complaint

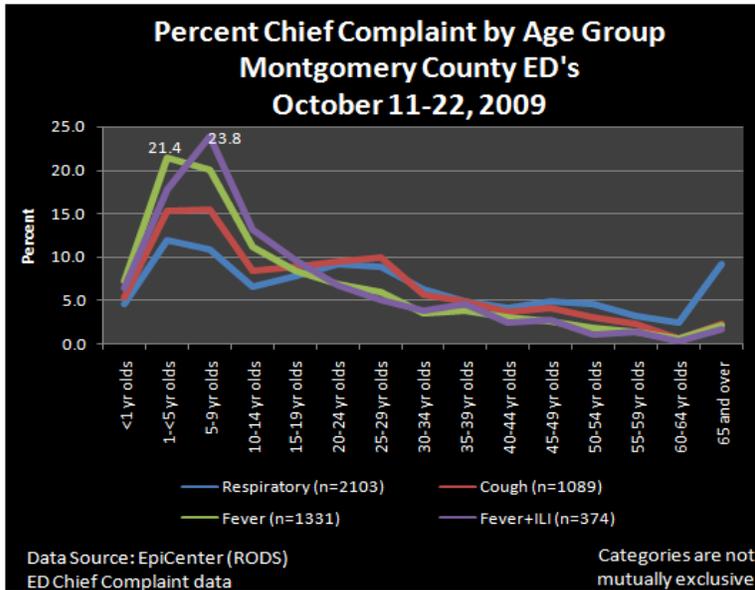


Following the ICC meeting, the GDAHA Board of Trustees will be updated by the GDAHA President & CEO regarding the need to implement visitor restrictions, including a specific date that visitor restrictions will take effect for the entire region.

GDAHA staff will work with each hospital to ensure appropriate signage and support materials are available by the specified date that restrictions will be enacted.

Restrictions will remain in place for a minimum of eight weeks and will be reevaluated by the GDAHA ICC Committee, COOs, and Public Affairs, on or near the 7th week to determine whether they need to continue. EpiCenter data from Public Health and hospital feedback from ICC and Public Affairs will be reviewed. Public Health will provide the number of ED patients with coughs, fever or fever with ILI, and will include data on admissions and known community activity out side the healthcare arena. If the decision is made to rescind visitor restrictions after eight weeks, the ICC, COOs, and Public Affairs Committee will agree upon a specific date to ensure hospitals remove the restrictions and signage simultaneously.

Cumulative Hospitalized Flu Cases Since Week 35		
agegrp	Freq.	Percent
<1	17	10.69
1 to 4	23	14.47
5 to 9	25	15.72
10 to 14	22	13.84
15-19	7	4.4
20-24	4	2.52
25-29	6	3.77
30-34	8	5.03
35-39	8	5.03
40-44	6	3.77
45-49	4	2.52
50-54	10	6.29
55-59	5	3.14
60-64	4	2.52
65 and older	10	6.29
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Total	159	100



	Respiratory (n=2103)	Cough (n=1089)	Fever (n=1331)	Fever+ILI (n=374)
<1 yr olds	4.7	5.4	7.2	6.42
1-<5 yr olds	11.9	15.3	21.4	17.65
5-9 yr olds	10.9	15.4	20.1	23.8
10-14 yr olds	6.7	8.5	11.2	13.1
15-19 yr olds	7.8	8.9	8.4	9.63
20-24 yr olds	9.2	9.6	6.8	6.68
25-29 yr olds	8.8	9.9	6.0	5.08
30-34 yr olds	6.3	5.7	3.5	3.74
35-39 yr olds	5.0	5.0	3.8	4.55
40-44 yr olds	4.2	3.7	3.0	2.41
45-49 yr olds	5.0	4.2	2.6	2.67
50-54 yr olds	4.7	3.0	1.9	1.07
55-59 yr olds	3.3	2.4	1.4	1.34
60-64 yr olds	2.5	0.6	0.6	0.27
65 and over	9.2	2.4	2.2	1.6