Memorandum

To: Local Public Health Officers
Local Communicable Disease Investigators
Oregon Licensed Health Care Facilities

From: Paul Cieslak, MD
Medical Director, Acute & Communicable Disease Prevention

Re: Patient admissions and transfers during this period of widespread influenza activity and unusually high demand for emergency and inpatient services

Date: January 13, 2017

Situation and background:
Multiple counties in Oregon are trying to ease the strain on unusually busy hospital in-patient units and emergency departments.

Weather events, holidays, and the circulation of several respiratory viruses, most notably influenza, have delayed or prevented some in-patient discharges to care facilities.

Care facilities across the state are experiencing outbreaks, predominantly influenza. Facility outbreak control measures routinely include closing to admissions and transfers.

Recommendations for general flu outbreak prevention and management
1) Promote influenza vaccination to patients, residents, and staff. For elderly persons, consider use of high-dose or adjuvant-containing influenza vaccine. Flu vaccine may not provide full protection against illness — especially among the elderly — but it is the best tool available for preventing severe disease.
2) Promote respiratory hygiene, including
   a) Hand hygiene
   b) Cough hygiene
   c) Encouraging staff to stay at home when ill
   d) Isolating ill persons in private rooms, or alternatively, grouping individuals with the same infectious illness in a specific section of the facility
3) Lessen transmission with preventive oseltamivir (Tamiflu®) for staff and residents or patients.
4) Consult with your internal infection control experts or your local county health department regarding specific outbreak response measures as needed.
Time-limited recommendations to balance ED and hospital access with safety of residents of care facilities.

Until February 15, 2017, we are asking hospital discharge planners and licensed care facilities to implement voluntarily the following guidance with respect to patient admissions and transfers:

1) Hospital inpatients with no symptoms of a communicable disease who are medically ready for discharge may transfer to a facility with a known outbreak as long as
   a) The patient and caregivers are informed and agree AND
   b) The patient has a clear plan to start preventive antiviral treatment (oseltamivir) on arrival at a facility with a known influenza outbreak

2) Hospital inpatients with confirmed influenza who are medically ready for discharge and who give informed consent may transfer to a facility with a known influenza outbreak. They do NOT need to have completed antiviral therapy prior to transfer, but they DO need to be admitted to a private room if available or to share a room only with another person already ill with influenza.

3) Hospital in-patients with acute gastroenteritis who are medically ready for discharge and who give informed consent may transfer to a facility with a known gastroenteritis outbreak.

4) Do NOT transfer a patient with confirmed influenza to a facility with a known gastroenteritis outbreak.

5) Do NOT transfer a patient with recent acute gastroenteritis to a facility with a known or suspected influenza outbreak.

6) Hospital inpatients with symptoms of any communicable disease (most notably influenza or gastroenteritis) who are medically ready for discharge may transfer to a facility with no known outbreak if the facility is able to admit the patient to a private room and implement rigorous infection control precautions, specifically droplet or contact isolation as warranted.

Other important notes
Oregon law requires hospitals to notify medical transport providers and receiving facilities of any condition that requires transmission based precautions. See Oregon Administrative Rule 333-019-0052:

For additional guidance regarding State and Federal admission and discharge requirements for nursing, assisted living, and residential care facilities, see the Provider Alert dated January 17, 2017 at: