

ISDH Long Term Care  
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## GPRA Pressure Ulcer and Restraint Update

As part of the Government Performance Responsibility Act (GPRA), the Centers for Medicare and Medicaid Services (CMS) in 2005 established pressure ulcers and restraints as their two GPRA goals. The GPRA data includes all Indiana nursing homes. The Indiana State Department of Health (ISDH) continues to monitor our progress on preventing pressure ulcers and reducing the use of restraints.

### GPRA Pressure Ulcer Rates

The following are events related to pressure ulcer prevention:

- October 2005: CMS began its GPRA initiative on pressure ulcers
- October 2007: ISDH conducted a Leadership Conference on the topic of pressure ulcers
- July 2008: ISDH implemented the Indiana Pressure Ulcer Initiative
- October 2008: Learning sessions began for first group of 163 Indiana Initiative participants
- August 2009: First group of 163 facilities and agencies completed the Indiana Initiative
- October 2009: Learning sessions began for second group of 80 Initiative participants
- September 2010: Second group of 80 facilities and agencies to complete the Indiana Initiative

GPRA pressure ulcer data for Indiana nursing homes (includes all nursing homes):

<u>Quarter/Year</u>	<u>IN Rate</u>	<u>IN Rank</u>	<u>National Rate</u>	<u>Region V Rate</u>
Q4 2008	8.3%	35th	8.0%	7.4%
Q1 2009	8.0%	29th	8.2%	7.6%
Q2 2009	7.6%	27th	7.9%	7.2%
Q3 2009	7.3%	26th	7.6%	6.9%
Q4 2009	7.8%	32nd	7.7%	7.1%
Q1 2010	7.6%	29th	7.8%	7.1%

Overview:

- Since the beginning of the GPRA pressure ulcer data report going back to 2003, Indiana has had the highest pressure ulcer rate in CMS Region V.

- The first quarter of 2009 was the first time since the start of data in 2003 that Indiana was below the national average.
- Since 2003, Indiana has ranked last (6th) in CMS Region V. In the third quarter of 2009, Indiana improved to 4th but slid back to 6th in the fourth quarter. Indiana currently ranks last in the six state Region V.

The ISDH is pleased with the progress made by Indiana facilities over the past year. The 1% reduction translates into approximately 250 fewer residents per quarter with pressure ulcers and a cost savings of over \$10 million. The ISDH encourages facilities to review their pressure ulcer prevention systems and implement improvements. The ISDH Pressure Ulcer Resource Center provides useful resources and best practices and is found at <http://www.in.gov/isdh/24558.htm>.

#### GPRA Restraint Rates

The following are events related to restraint reduction:

- October 2005: CMS began its GPRA initiative on pressure ulcers
- March 2008: ISDH conducted a Leadership Conference on the topic of behavior management and restraint reduction

GPRA pressure ulcer data for Indiana nursing homes (includes all nursing homes):

<u>Quarter/Year</u>	<u>IN Rate</u>	<u>IN Rank</u>	<u>National Rate</u>	<u>Region V Rate</u>
Q4 2007	4.4%	31st	4.8%	4.0%
Q1 2008	4.0%		4.5%	3.8%
Q2 2008	3.6%		4.2%	3.6%
Q3 2008	3.4%		4.0%	3.6%
Q4 2008	3.1%	27th	3.9%	3.4%
Q3 2009	2.5%	23rd	3.3%	3.0%
Q4 2009	2.3%	21st	3.1%	2.9%
Q1 2010	2.2%	25th	2.9%	2.7%

Overview:

- The Indiana restraint rate continues to decline.
- Beginning in Q4 of 2008, Indiana improved from fourth in the region to third. Indiana remains ranked third in the region.

Congratulations to Indiana nursing homes on the continued efforts to reduce restraints.

## Seasonal Influenza A (H3N2) Virus Infections

### Summary

Influenza A (H3N2) virus infections have been recently detected in people in a number of states across the U.S., including two small localized outbreaks. Sporadic cases of influenza and localized summer outbreaks from seasonal influenza viruses are detected each summer. Clinicians are reminded to consider influenza as a possible diagnosis when evaluating patients with acute respiratory illnesses, including pneumonia, even during the summer months. Treatment decisions should not be made on the basis of a negative rapid influenza diagnostic test result since the test has only moderate sensitivity. False positive results also can occur, particularly at times when overall influenza prevalence is low.

For patients for whom laboratory confirmation is desired, or to confirm initial influenza cases in a community in which cases have been tested by rapid influenza diagnostic tests, it is recommended that reverse transcriptase -polymerase chain reaction (RT-PCR), and/or viral culture is utilized. Clinicians

should use empirical treatment with influenza antiviral medications for persons hospitalized with suspected influenza, and for suspected influenza infection of any severity in high-risk individuals, regardless of influenza immunization status. Early initiation of treatment provides more optimal clinical responses, although treatment of moderate, severe, or progressive disease begun after 48 hours of symptoms can still provide benefit.

## Background

During late June and July, 2010, the number of seasonal influenza A (H3) viruses reported to CDC increased slightly compared with previous months. In the first part of July, two small RT-PCR-confirmed outbreaks were detected in two non-bordering eastern counties in Iowa. The first included four of 13 members of a college sports team who became ill. Three of the four tested positive for influenza A by rapid tests and two of the three were further tested and found to be positive for influenza A (H3) by RT-PCR. The second outbreak involved nine of 12 children in a child care setting and one parent reporting influenza-like illness; two were rapid test positive for influenza A and one was PCR positive for influenza A (H3). Specimens and isolates have been sent to CDC for further characterization. None of the patients had a history of recent travel and no epidemiological links were identified between the two outbreaks.

Between June 20 and July 23, 2010, CDC also received additional influenza A (H3) positive specimens from 11 other states along with a smaller number of sporadic samples positive for 2009 H1N1 influenza A and B viruses. Localized summer outbreaks in the United States from seasonal influenza viruses and sporadic cases of influenza are detected each summer.

Antigenic characterization of the influenza A (H3) viruses received at CDC are pending. However, based on hemagglutinin gene sequencing data from four viruses isolated from July specimens, these viruses are expected to be antigenically similar to A/Perth/16/2009-like H3N2 viruses. An A/Perth/16/2009-like H3N2 virus is included in the 2010-11 seasonal influenza vaccine. Perth-like H3N2 viruses were first identified in early 2009, but have not yet circulated widely in the United States. Past influenza vaccines did not contain this strain, so vaccination with last year's seasonal vaccine would not be expected to provide substantial protection against this H3N2 Perth-like strain.

## Recommendations

Health care providers are reminded to consider influenza as a possible diagnosis when evaluating patients with acute respiratory illnesses, including pneumonia, even during the summer months. The neuraminidase inhibitors oseltamivir (Tamiflu®) and zanamivir (Relenza®) are currently recommended for use against circulating influenza viruses. The adamantanes (amantadine and rimantadine) are not recommended because of high levels of resistance to these drugs among recently circulating influenza A (H3) and 2009 H1N1 pandemic viruses.

Clinical judgment is an important factor in treatment decisions for patients presenting with influenza-like illness. Prompt empiric antiviral treatment with influenza antiviral medications is recommended while results of definitive diagnostic tests are pending, or if diagnostic testing is not possible, for patients with clinically suspected influenza illness who have:

- Illness requiring hospitalization,
- Progressive, severe, or complicated illness, regardless of previous health status, and/or
- Patients at increased risk for severe disease.

Persons at high risk of influenza complications include people aged 65 years and older, young children, pregnant women, people with long-term health conditions like asthma, diabetes, neurologic and neurodevelopmental disorders, heart disease, and people with immunosuppressive conditions or medications.

Antiviral treatment, when clinically indicated, should not be delayed pending definitive laboratory confirmation of influenza. Influenza antiviral medications are most effective when initiated within the first 2 days of illness, but these medications may also provide benefits for severely ill patients when initiated even after 2 days. Point of care rapid tests capable of detecting influenza A and B virus infections are available, but health care providers and public health personnel should be aware that rapid influenza diagnostic tests have limited sensitivity and false negative results are common. Thus, negative results from rapid influenza diagnostic test should not be used to guide decisions regarding treating patients with influenza antiviral medications. In addition, false positive tests can occur and are more likely when

influenza is rare in the community. When laboratory confirmation is desired, testing by RT-PCR and/or viral culture is recommended.

Providers are asked to report unusual increases in febrile respiratory disease outbreaks to their local and state health departments and to confirm positive rapid test results with PCR or culture when community circulation of influenza viruses is low.

For More Information

More information on influenza prevention, diagnosis and treatment can be found at [www.cdc.gov/flu](http://www.cdc.gov/flu). Beginning this influenza season, the Advisory Committee on Immunization Practices (ACIP) recommends influenza vaccination of all persons 6 months of age and older. These updated recommendations can be found at <http://www.cdc.gov/mmwr/pdf/rr/rr59e0729.pdf>.

## NFPA issues safety alert regarding antifreeze in residential sprinklers

The National Fire Prevention Association has issued a [safety alert](#) recommending that residential fire sprinkler systems containing antifreeze should be drained and the antifreeze replaced with water. The alert, issued on July 6, follows a research study and an initial set of fire tests conducted after a fire incident raised concerns about antifreeze solutions in residential sprinkler systems. The incident involved a grease fire in a kitchen where a sprinkler with a high concentration of antifreeze deployed. The fire resulted in a single fatality and serious injury to another person.

As we all know, fire sprinklers are extremely effective fire protection devices, significantly reducing deaths, injuries and property loss from fire. These systems should not be disconnected. Until the results of further testing on antifreeze are available, NFPA recommends the following:

- If you have, or are responsible for, a residential occupancy with a fire sprinkler system, contact a sprinkler contractor to check and see if there is antifreeze in the system.
- If there is antifreeze in the system, as an interim measure, drain the system and replace it with water only. Problems associated with freezing of sprinkler pipes can be mitigated by alternative measures such as insulation. NFPA hopes to provide further guidance based on additional testing before the winter freezing months.
- If you are putting in a new residential sprinkler system, design and install a system that does not require antifreeze.

"We are providing this safety alert as interim guidance based on the information we have right now," says NFPA President Jim Shannon. "As soon as more information is available, we will update the public."

## Recalls

July 28, 2010  
Nutraloid Labs Inc.

Nutraloid Labs Inc. has been informed by representatives of the Food and Drug Administration (FDA) that lab analysis of ejaculoid XXTREME, Lot 79935, and stimuloid II, Lot 79936, by the FDA found that the products contain sulfoildenafil, similar in structure to Sildenafil. Sildenafil is an active ingredient of an FDA-approved drug for male Erectile Dysfunction (ED), making these products unapproved drugs. The active drug ingredient is not listed on the product label. The undeclared ingredient may interact with nitrates found in some prescription drugs such as nitroglycerin and may lower blood pressure to dangerous levels. Consumers with diabetes, high blood pressure, high cholesterol, or heart disease often take nitrates.

No illnesses have been reported to the company to date in connection with these products.

Customers who have any of the above products in their possession should stop using them immediately

and contact their physician if they have experienced any problems that may be related to taking these products.

[Full press release](#)

## Coming Events

July 1 - September 30, 2010 (one-day trainings on select dates): ISDH Minimum Data Set (MDS) 3.0 Training, Indianapolis. To register for a session call the MDS clinical helpdesk at 317-233-4719 or email Gina Berkshire at: [gberkshire@isdh.IN.gov](mailto:gberkshire@isdh.IN.gov).

August 9-11, 2010: Pioneer Network 10th National Conference, Indianapolis, Indiana. For conference information, go to [www.pioneernetwork.org](http://www.pioneernetwork.org).

October 14, 2010: ISDH Indiana Healthcare Leadership Conference, Caring for Alzheimer's and Dementia, Indiana Convention Center, Indianapolis, Indiana. Watch for information late this summer.

Best wishes for the coming week.

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