

# Friday Outbreaks – Fact or Fiction?

## Chingiz Amirov, Baycrest Centre, Toronto

### A Webber Training Teleclass

**Friday Outbreaks – Fact or Fiction?**

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**Chingiz Amirov**  
Director, Infection Prevention and Control

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Hosted by Patsy Rawding  
Shannex Annapolis Valley, Nova Scotia

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[www.webbertraining.com](http://www.webbertraining.com) March 20, 2014

**A typical Friday afternoon...**

- ~ 4:30 pm when you're ready to call it a day...
- ... you receive an outbreak notification from your IPAC team ☹. Again...
- Why does it happen so often on Fridays? How common is this anyway?

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**What do we know about Friday outbreaks?**

- Healthcare is rife with anecdotes about “Friday outbreaks”
- Dearth of solid data to support or rule it out
- No published analysis on *institutional* outbreaks

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**Our postulate**

- Do institutional outbreaks occur more often on Fridays?
- $H_0$ : no relationship exists between outbreak reporting and day of the week
- To reject  $H_0$ , identify the day(s) of the week when outbreaks are more likely to be reported

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**Definitions**

- Institutional vs. community outbreak
- Outbreak occurrence vs. outbreak reporting
- Bugs don't live by human calendar
- So, the study is about our ability to identify outbreaks and report them

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**Cracking the “Friday outbreak” myth**

- 2 dedicated volunteers
- 3 enthusiastic infection control practitioners
- 1 experienced statistician
- 4 years worth of outbreak reports
- 901 institutional outbreaks: enteric and respiratory
- Hundreds of institutions: acute, chronic and LTC

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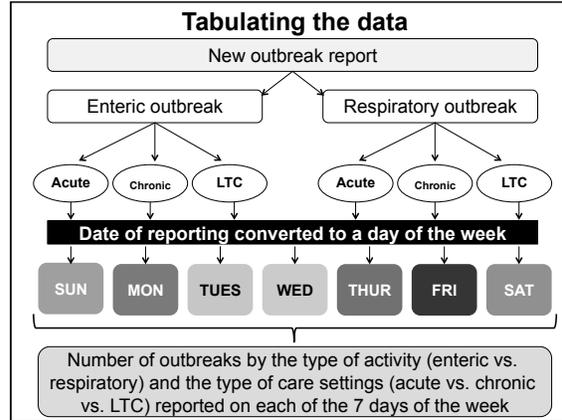
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**TORONTO Public Health**  
 Active Institutional Outbreaks as of: **Tuesday, Mar. 1, 2011**  
 New Information Since: **Monday, Feb. 28, 2011** (Last Report)  
 Outbreak Declared Over Within Last 7 Days

General Phone Numbers:  
 East Office: 416-338-7148  
 West Office: 416-338-5521  
 North Office: 416-338-8439  
 South Office: 416-338-7178  
 After Hours: 416-600-0142

TPH Region	Outbreak No.	Institution Name	Institution Address	Outbreak Setting	Status of Agent Identification	Confirmed	Ecological Agent	TPH Investigator	Date Reported	Decided Over
North	3969-2011-008	Name & address of the institution		LTC	No organism isolated			Public Health Contact	20-Feb-11	
West	3969-2011-009	Name & address of the institution		Chronic	Confirmed Agent identified	Rubovius		Public Health Contact	15-Feb-11	
North	3969-2011-010	Name & address of the institution		LTC	No organism isolated			Public Health Contact	24-Feb-11	
West	3969-2011-011	Name & address of the institution		Retirement Home	Pending lab tests			Public Health Contact	01-Mar-11	
East	3969-2011-012	Name & address of the institution		Hospital/Chronic Care	Confirmed Agent identified	Influenza A		Public Health Contact	10-Feb-11	
West	3969-2011-013	Name & address of the institution		Hospital/Acute Care	Confirmed Agent identified	Crotidium difficile		Public Health Contact	08-Feb-11	
South	3969-2011-014	Name & address of the institution		LTC	Confirmed Agent identified	Respiratory syncytial virus		Public Health Contact	20-Feb-11	
West	3969-2011-015	Name & address of the institution		LTC	Pending lab tests			Public Health Contact	10-Feb-11	
South	3969-2011-016	Name & address of the institution		Retirement Home	Pending lab tests			Public Health Contact	18-Feb-11	
West	3969-2011-017	Name & address of the institution		Chronic	Confirmed Agent identified			Public Health Contact	28-Feb-11	
West	3969-2011-018	Name & address of the institution		LTC	Confirmed Agent identified	Respiratory syncytial virus		Public Health Contact	28-Jan-11	
				Respiratory				Public Health Contact	27-Feb-11	7



### 3-step data analysis

**Step 1**

- 7-day week analysis (chi<sup>2</sup> goodness-of-fit,  $\alpha=0.05$ )
- Compare observed to expected values (avg. # of OB/day)
- Sat & Sun – clear outliers – excluded from further analysis

**Step 2**

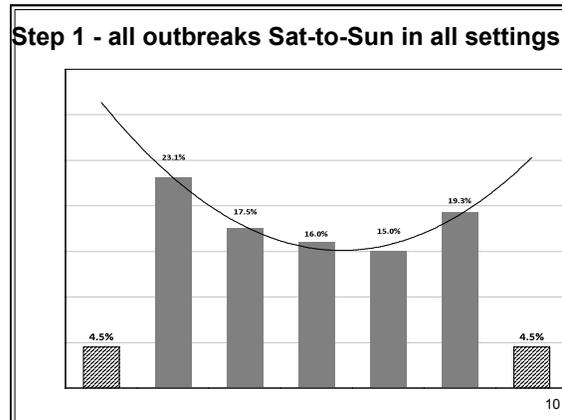
- 5-day week analysis
- Look for anything significant in 5-day period (chi<sup>2</sup>,  $\alpha = 0.05$ )

**Step 3**

- If anything significant in 5-day period, then zero in on the day
- Post-hoc partitioning analysis (chi<sup>2</sup>,  $\alpha = 0.013$ )

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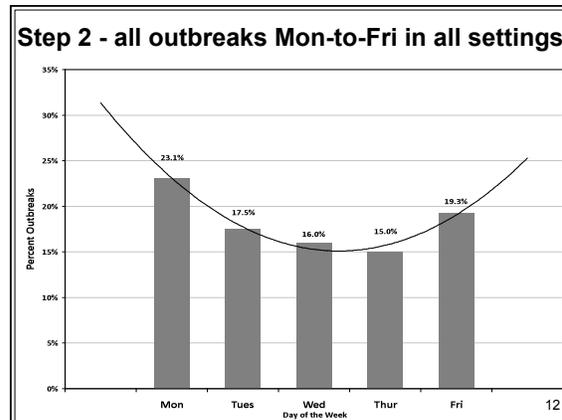


### Weekend outliers

- Only 4.5% of OB reports attributed to each Sat & Sun
- “Structurally different” days of the week
- Lower staffing levels (nursing, MDs, IPAC)
- Clear outliers – excluded from further analysis

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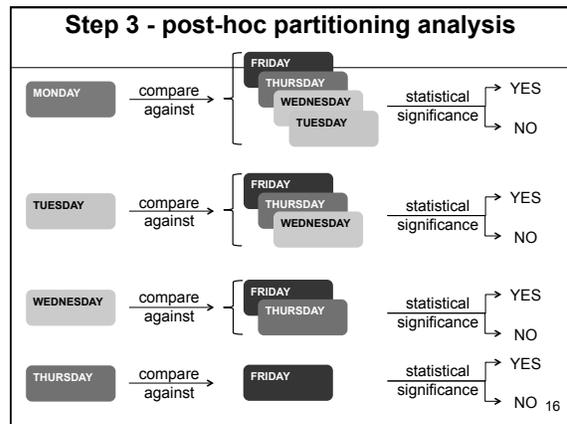
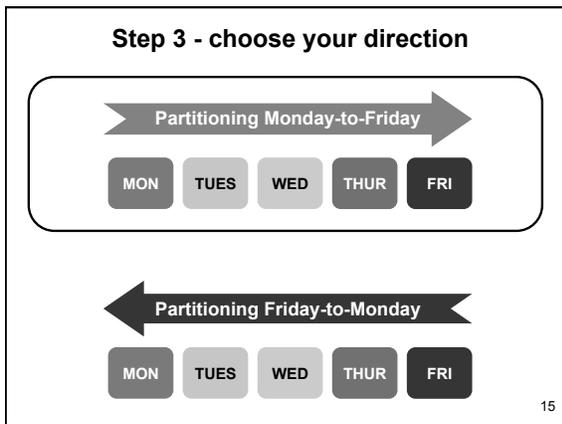
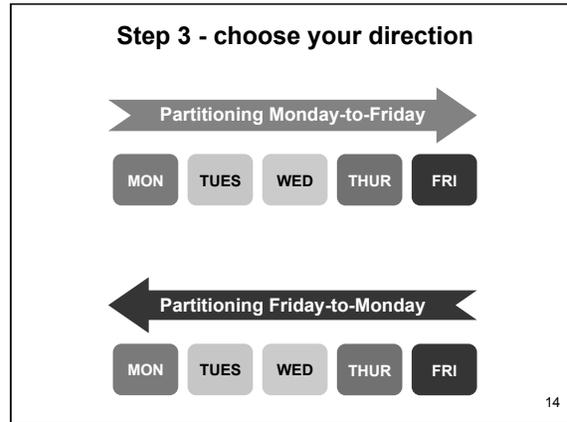
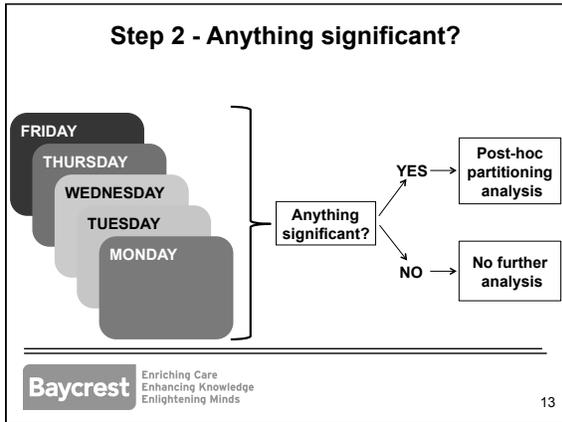
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## RESULTS

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### Results: all outbreaks in all settings

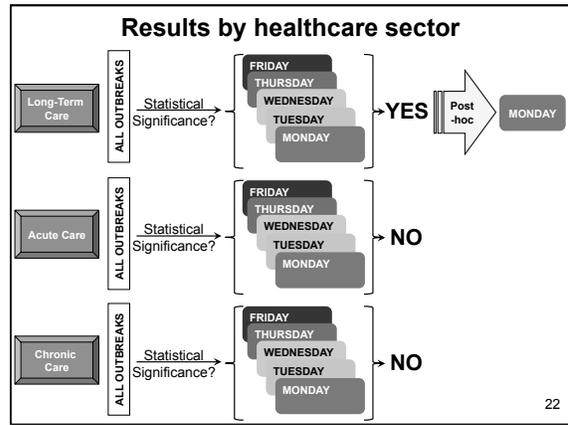
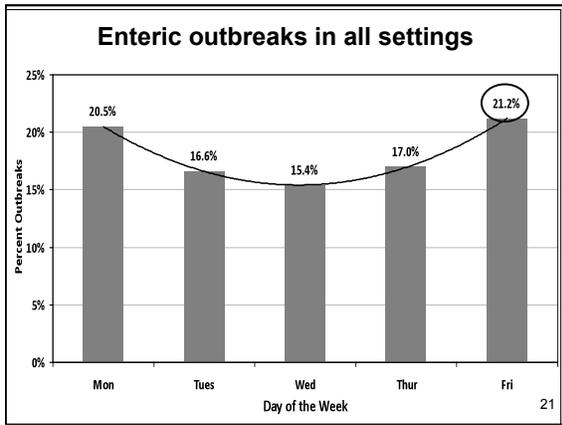
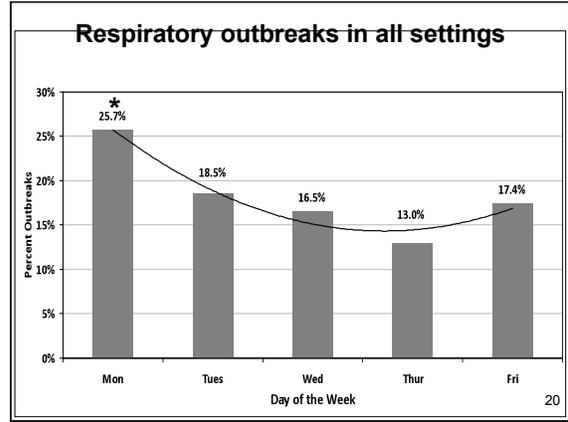
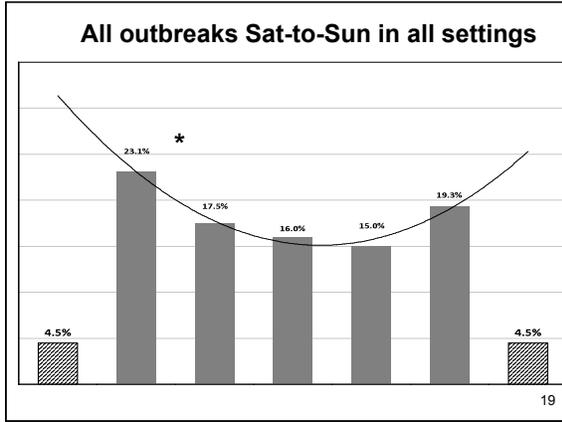
- $\chi^2$  goodness-of-fit: statistically significant difference
- Post-hoc partitioning: outbreaks significantly more likely to be reported on Mon vs. the remaining weekdays ( $p = 0.001$ )
- Friday statistically significant at  $\alpha = 0.05$ , BUT...
- With  $\alpha$  adjusted to 0.013, Friday statistically indeterminate

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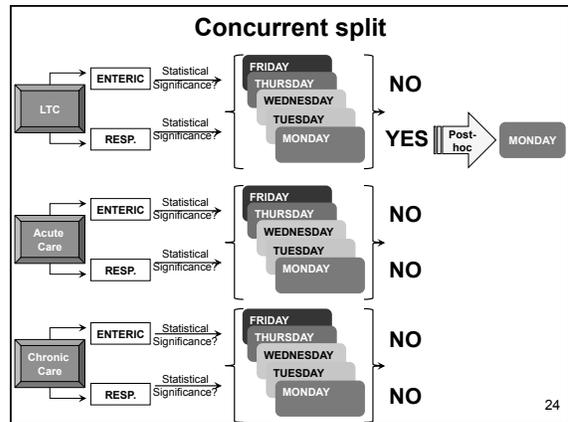


### Concurrent split by outbreak type and by setting

Outbreak	Mon	Tues	Wed	Thurs	Fri	Total
<b>Acute Care</b>						
Enteric Outbreak	17 (27%)	15 (23.8%)	8 (12.7%)	7 (11.1%)	16 (25.4%)	63 (100%)
Respiratory Outbreak	3 (25%)	4 (33.3%)	0 (0%)	3 (25%)	2 (16.6%)	12 (100%)
<b>Chronic Care</b>						
Enteric Outbreak	11 (22%)	9 (18%)	6 (12%)	14 (28%)	10 (20%)	50 (100%)
Respiratory Outbreak	11 (25.6%)	12 (27.9%)	6 (13.9%)	5 (11.6%)	9 (20.9%)	43 (100%)
<b>Long-Term Care</b>						
Enteric Outbreak	65 (21.8%)	51 (17.1%)	56 (18.8%)	56 (18.8%)	70 (23.5%)	298 (100%)
Respiratory Outbreak	101 (28.6%)	67 (19%)	68 (19.2%)	50 (14.2%)	67 (19%)	353 (100%)

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**DISCUSSION**

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### Why such differences in reporting?

- Bugs don't live by human calendar
- Some variations in reporting are expected
- Slight variance in outbreak detection/reporting criteria for acute and non-acute care...
- ...cannot account for significant differences

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### A 'weekend effect'

- A clear pattern of underreporting on Sat & Sun
- Recognized in infectious disease surveillance as a 'weekend effect'
- Attributed to the structural differences in staffing
- Sat/Sun – outliers excluded from further analysis
- However, Sat/Sun directly impact Mon-Fri reporting

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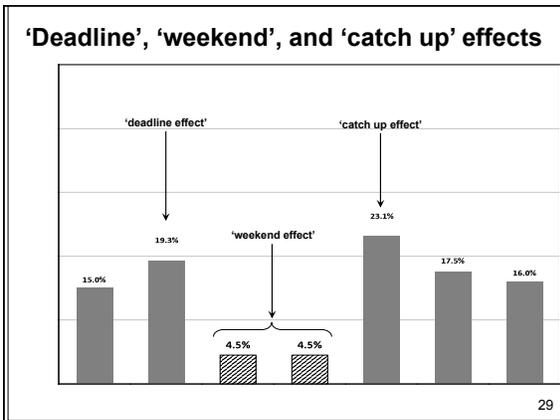
### 'Catch-up effect' and 'deadline effect'

- Monday – the most likely day for outbreak reporting - attributed to a 'catch-up effect', that is, a delay in detection and reporting of weekend outbreaks until Monday
- Friday – the second most likely day for outbreak reporting, likely due to a 'deadline effect', that is, a delay in declaration and reporting of midweek outbreaks, eventually urged by the impending onset of the weekend

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### Friday Outbreaks: Fact or Myth?

Chingiz Amirov\*, Ryan Walton, Sarah Ahmed, Malcolm Binns, Jane E. Van Toen, Latha E. Jacob, Heather L. Candon • Baycrest, Toronto, Ontario

#### Background

Healthcare institutions are at high risk for nosocomial infections. Outbreaks are most likely to be reported in long-term care facilities (LTCFs). Although a variety of conditions between day of the week and different healthcare facilities have been investigated in the literature, there is a paucity of data to support an analysis of the particular nature of Friday outbreaks. This study addresses this gap, and specifically asks: "Does a weekend effect exist in reporting of outbreaks from long-term care facilities? If so, what are the structural differences in staffing and reporting criteria for acute and non-acute care?"

#### Results

Outbreaks were less likely to be reported on Saturday and Sunday, indicating a weekend effect. Outbreaks were significantly more likely to be reported on Monday, which is attributed to a catch-up effect. Friday outbreaks, consistently accounted for the second highest rates, with mid-week peaks. This being the case (Figure 1), the reporting being more consistent, when it was the highest (Figure 2).

The above results for aggregate data still types of outbreaks in all types of facilities (Figure 3).

#### Conclusions

Our null hypothesis has been rejected. Saturday and Sunday were clearly different, being well below other days of the week. Outbreaks were significantly more likely to be reported on Monday, than due to "catch-up effect" from the weekend – i.e. delayed reporting of weekend outbreaks on Monday.

Friday, on the other hand, had another peak in overall outbreak reporting. This due to "big effect" – i.e. delayed reporting of weekend outbreaks on Friday. However, this could be the largest effect of weekend outbreaks reported. In conclusion, even though the largest share of overall outbreak reports is attributable to weekend, the notion of "Friday outbreaks" cannot be completely dismissed.

#### Methods

To test our hypothesis, we analyzed the data from 600 institutional outbreaks, as reported to Toronto Public Health, from acute, chronic, and long-term care facilities over the course of 4 years (2006 – Feb 2010).

Data were categorized by type of outbreak (respiratory vs. enteric) and by day of the week each outbreak was reported. We analyzed the distribution by day of the week of all types of outbreaks from all types of facilities. We then compared a subset of the data – respiratory vs. enteric or respiratory vs. enteric.

The difference in reporting by day of the week was tested for statistical significance. Due to potential differences on weekends (e.g. lower staffing), Saturday and Sunday were analyzed from separate samples. Chi-square analysis, complemented by the Fisher's permutation test for analysis of differences, was used to determine which outbreak reporting days were significant.

For chi-square analysis we considered a p-value < 0.05 to be statistically significant. This report contains results to describe the distribution of reporting and a p-value < 0.05 were considered statistically significant.

#### Figure 1: All Types of Outbreaks (Enteric + Respiratory) by Day of the Week in All Types of Facilities

#### Figure 2: Enteric Outbreaks by Day of the Week in All Types of Facilities

#### Figure 3: Respiratory Outbreaks by Day of the Week in All Types of Facilities

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Major article  
 Distribution of outbreak reporting in health care institutions by day of the week  
 Chingiz Amirov MPH, CIC<sup>a,\*</sup>, Ryan N. Walton BSc, MPH<sup>b</sup>, Sarah Ahmed MPH<sup>c</sup>, Malcolm A. Binns PhD<sup>d</sup>, Jane E. Van Toen MLT, CIC<sup>a</sup>, Heather L. Candon MSc, CIC<sup>a</sup>

<sup>a</sup> Infection Prevention and Control, Baycrest Geriatric Rehabilitation System, Toronto, Canada  
<sup>b</sup> Infectious Disease Prevention and Control, Public Health Ontario, Toronto, Canada  
<sup>c</sup> Department of Community Health and Epidemiology, Queen's University, Kingston, Canada  
<sup>d</sup> Baycrest Research Institute, Toronto, Canada

**Key Words:** Friday outbreak; Pattern; Outbreak distribution

**Background:** The notion that outbreaks are more likely to occur on Friday is prevalent among staff in health care institutions. However, there is little evidence to support or discredit this notion. We postulated that outbreaks were no more likely to be reported on any particular day of the week.

**Methods:** A total of 901 institutional outbreaks in Toronto health care facilities were tabulated according to type, outbreak setting, and day of the week reported. A  $\chi^2$  goodness-of-fit test compared daily values for 7-day per week and 5-day per week periods. Post hoc partitioning was used to pinpoint specific day(s) of the week that differed significantly.

**Results:** Fewer outbreaks were reported on Saturdays and Sundays. Further analysis examined the distribution of outbreak reporting specifically focusing on the Monday to Friday weekday period. Among the weekdays, higher proportions of outbreaks were reported on Mondays and Fridays.

**Conclusions:** Our null hypothesis was rejected. Overall, Mondays and Fridays had the highest occurrence of outbreak reporting. We suggest that this might be due to "weekend" and "catch-up" reporting related to the "weekend effect," whereby structural differences in weekend staffing affect detection of outbreaks. Such delays warrant re-examination of surveillance processes for timely outbreak detection independent of calendar cycle.

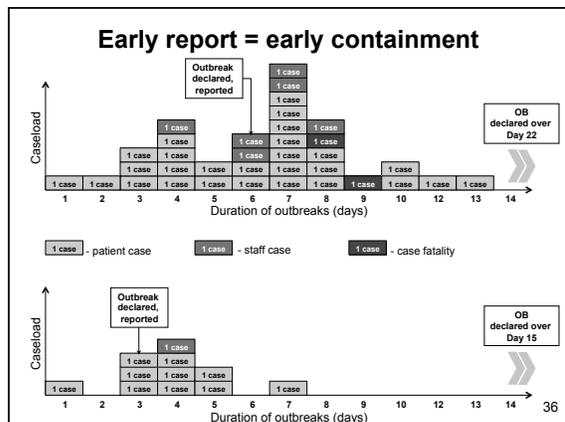
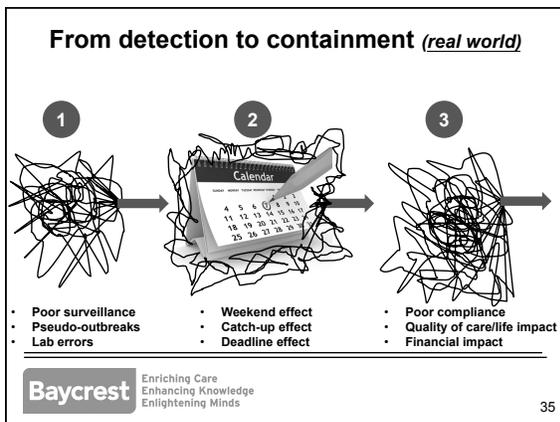
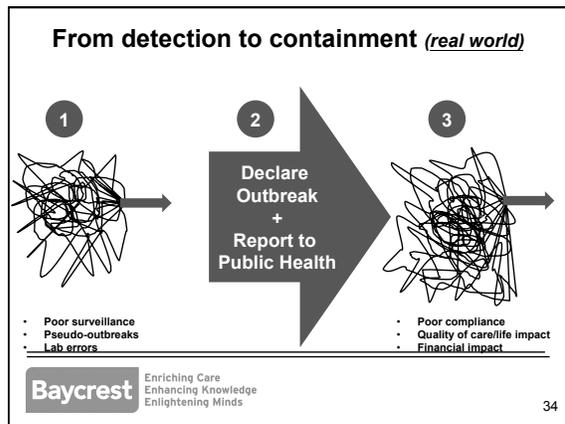
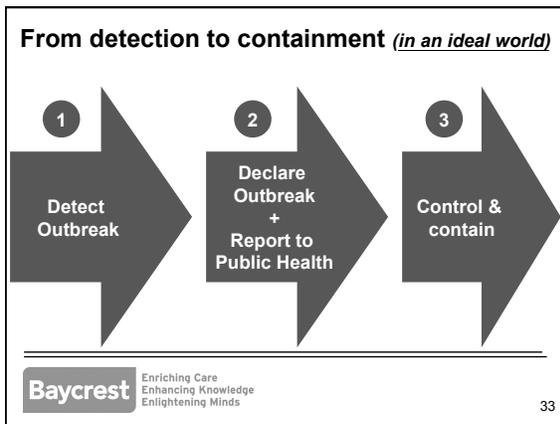
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### The implications of this study

- No scientific basis for outbreaks to be more likely to occur on some days of the week than others
- Yet certain reporting patterns emerge in our analysis
- A prevalent discrepancy between the true onset date of an outbreak and the date of detection/reporting
- Delays due simply to calendar cycle should prompt re-examination of surveillance processes

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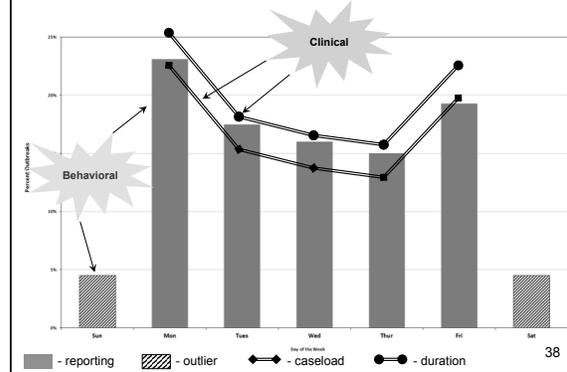
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#### The follow up study

- Reporting alone = descriptive of behavior only
- Caseload info = clinical dimension (morbidity)
- The follow up study:
  - Province-wide data (PHO)
  - Data on >10,000 outbreaks
  - Data on reporting + caseload + duration of OBs
  - Results – next year

#### Expected results



#### Summary

- The null hypothesis was rejected
- Outbreaks are significantly more likely to be reported on certain days
- Sat & Sun – significant underreporting
- Monday – the highest reporting – ‘catch-up effect’
- Friday – the 2<sup>nd</sup> highest (overall) – ‘deadline effect’

#### Acknowledgements

- Heather Candon (IPAC, Baycrest)
- Jane Van Toen (IPAC, Baycrest)
- Ryan Walton (Epidemiologist, Public Health Ontario)
- Sarah Ahmed (Epidemiologist, Queens University)
- Dr. Malcolm Binns (Chief Statistician, Baycrest)

Thank You

**Coming Soon**

March 27 (Free Teleclass)  
**INTEGRATING HUMAN FACTORS WITH INFECTION PREVENTION AND CONTROL**  
*Jules Storr, Claire Kilpatrick, Dr. Neil Wigglesworth, The Health Foundation*

March 31 (FREE Teleclass - Broadcast Live from the German Hospital Hygiene Society Conference)  
**INFECTION PREVENTION IN HIGH AND MIDDLE INCOME COUNTRIES**  
*Bruce Gamage of Canada, Dr. Pierre Parneix of France, and Prof. Dr. Li Han of China*

April 3 **HOW TO BRIDGE THE GAP BETWEEN KNOWLEDGE AND PRACTICE**  
*Gertie van Knippenberg-Gordebeke, APIC International Section, Netherlands*

April 8 (Free British Teleclass ... Denver Russell Memorial Teleclass Lecture)  
**ANTIBACTERIAL EFFICACY OF ATMOSPHERIC PRESSURE NON-THERMAL PLASMA**  
*Dr. Brendan Gilmore, Queen's University Belfast*

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