

Influenza Outbreak Preparation and Management for Long Term Care Facilities (LTCF)

Diagnosis

- Common symptoms of influenza include: fever, fatigue, headache, cough, sore throat, runny or stuffy nose, chills, and muscle aches.
- Familiarize yourself with signs and symptoms of influenza-like illness (ILI) in the elderly.
- Elderly patients may experience more subtle symptoms, including anorexia, mental status changes, pneumonia, low-grade or no fever, and worsening of chronic respiratory conditions or congestive heart failure.
- Public Health can provide specimen collection kits and laboratory testing at no cost to you when influenza is suspected.
- Even if it's not influenza season, influenza testing should occur when any resident has signs and symptoms that could be due to influenza, and especially when two residents or more develop respiratory illness within 72 hours of each other.

Incubation Period

1-4 days (avg. 2)

Period of Communicability

1 day before to 10 days after symptom onset.

Lab Testing

- Rapid influenza diagnostic test (neg. test does not rule out influenza)
- Viral cell culture
- RT-PCR

Treatment and Prophylaxis

Antiviral Treatment:

Administer antiviral medications to all residents and staff with confirmed or suspected ILI. Antiviral treatment can shorten duration of fever, illness symptoms, and hospitalizations, and may reduce risk of complications such as pneumonia, respiratory failure or death. **DO NOT wait for lab results to initiate treatment.**

Chemoprophylaxis:

Administer antiviral medication to all non-ill residents and consider for non-ill, unvaccinated staff starting when, at least 2 residents are ill within 72 hours of each other and at least one resident has laboratory-confirmed influenza.

Tamiflu

Antiviral Treatment:

75 mg twice daily for 5 days.

Chemoprophylaxis:

75 mg once daily for ≥ 2 weeks AND 7-10 days after onset of last known case.

Influenza Vaccination

Vaccinations can decrease the likelihood of an outbreak, and in the event of an outbreak, can decrease hospitalizations and deaths among residents. The Centers for Disease Control and Prevention (CDC) recommends annual influenza vaccination for everyone 6 months and older, especially for LTCF residents and staff.

When to report to Clark County Public Health (CCPH)

Long term care facilities are required to report all suspected and confirmed outbreaks to their local health jurisdiction (LHJ) per Washington Administrative Code (WAC) 246-101-010 and 305. In Clark County LTCFs are required to report the following:

- A sudden increase in acute febrile respiratory illness (AFRI)* over the normal background rate (e.g., 2 or more cases of acute respiratory illness occurring within 72 hours of each other) OR
- Any resident who tests positive for influenza.

In the event of an outbreak, CCPH will work with the facility to determine appropriate response and the need for additional control measures based on CDC and the Washington Department of Health recommendations. Control measures will be determined on a case-by-case basis in response to that particular outbreak. All control measures should be continued until the outbreak is over, **typically 7 days after the last onset of symptoms among residents or staff.** CCPH may also request specimen collection for viral culture or PCR on a subset of residents and/or staff with most recent onset of illness.

**AFRI is defined as fever $>100^{\circ}\text{F}$ and any combination of the following symptoms: cough, chills, sore throat, runny or stuffy nose, muscle or body aches, headaches or fatigue.*

To report a suspected or confirmed outbreak, call the CD Program at (564) 397-8182

For additional information visit: <http://www.cdc.gov/flu/professional>
<https://www.clark.wa.gov/public-health/long-term-care-facilities>



Throughout the Influenza Season

- Offer influenza vaccine to all residents and staff from beginning of October to the end of May.
- Maintain a record of vaccination status of all residents and staff.
- Initiate daily monitoring for flu symptoms among residents, staff, and visitors. Continue monitoring until the end of flu season.
- Ensure alcohol based hand rub (ABHR) stations are located throughout facility at all common areas, elevators, front door entrances & nursing stations.
- Post signs at building entrances discouraging visitation and exclude anyone with ILI from visiting the facility.
- Avoid new admissions or transfers to areas with symptomatic residents.
- Designate staff to care for ill residents and limit movement between affected and non-affected areas.
- Perform enhanced cleaning with bleach wipes of all hand rails, dining room chairs, condiment containers, room door knobs, and any objects frequently touched by multiple people.

Before an Outbreak

- Ensure staff have received training regarding infection control policies and procedures with focus on influenza** and can demonstrate competence.
- Review and update work-exclusion policies avoiding contact with residents when personnel have potentially transmissible conditions which do not penalize with loss of wages, benefits, or job status.
- Review and update your facility exposure plan; consider implementing a masking policy for staff members that decline vaccination.
- Review and update standing orders for rapid initiation of influenza prophylaxis for all non-ill residents in the event of an outbreak.
- Provide a letter to families and independent living residents about the facility's flu protocols, flu symptoms, and who should be notified in the event of illness.
- Test any resident with signs and symptoms of ILI, regardless of whether it is influenza season or not. This is especially important when 2 or more residents develop respiratory illness within 72 hours of each other.

During an Outbreak

- Notify CCPH of a confirmed or suspected influenza outbreak and conduct daily surveillance until the outbreak is declared over.
- Utilize [WA State DOH Recommendations for Prevention and Control of Influenza for LTC](#) to guide your facility's response.
- Implement standard and droplet precautions for all residents with suspected or confirmed influenza for 7 days after illness onset or until 24 hours after resolution of fever and respiratory symptoms, whichever is longer.
- Symptomatic residents should be treated regardless of testing; Treatment should not be delayed for laboratory confirmation.
- Limit large group activities and consider serving all meals to residents in their rooms if the outbreak is widespread.
- Restrict staff movement between areas of the facility with and without illness.
- Limit visitors during the outbreak.
- Consider and prepare for chemoprophylaxis for all non-ill residents.
- Consider offering antiviral chemoprophylaxis to unvaccinated staff members who provide care to persons at high risk of complications from influenza.

After an Outbreak

- Evaluate your facility's response and readiness.
- Develop action plans to address any identified areas of concern regarding facility readiness and response.
- Promote staff member vaccination.
- Review and update staff training regarding infection control policies and procedures with focus on influenza.
- Evaluate staff competency related to foundation infection control practices (hand hygiene, knowledge of isolation precautions).