DOH 420-199 June 2023

Influenza Outbreak in Long Term Care Facilities Frequently Asked Questions

How long should symptomatic residents remain in precautions?

Implement **droplet precautions** in addition to standard precautions for suspected or confirmed influenza cases for 7 days after illness onset or until 24 hours after resolution of fever and respiratory symptoms, *whichever is longer*. Healthcare providers should wear NIOSH-approved respiratory protection such as a fit-tested particulate filtering facepiece (e.g., N95) or higher (e.g., powered air-purifying respirator, elastomeric respirator) during aerosol-generating procedures.
https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm

Can confirmed influenza cases be admitted to our facility?

Yes. There is not a requirement to suspend admissions. However, it is imperative that facility leadership evaluate their individual facility specific capability and capacity to safely care for residents who are admitted based on provision of services your facility offers and your facility's individual resource allocation, not the residents' diagnosis. Appropriate infection prevention precautions and influenza control measures must be maintained.

Can we admit new residents to our facility while in outbreak status?

There is not a requirement to suspend admissions. However, it is imperative that facility leadership evaluate their individual facility specific capability and capacity to safely care for residents who are admitted based on provision of services your facility offers and your facility's individual resource allocation, not the residents' diagnosis. Appropriate infection prevention precautions and influenza control measures must be maintained. It is important to inform prospective residents of the influenza outbreak so they may choose to postpone admission if they desire.

When can residents be transferred?

Patients with influenza should be discharged from hospitals when clinically appropriate. Long term care facilities should not require that influenza patients have completed their antiviral therapy or be off of transmission-based precautions in order to accept them for admission or re-admission.

Before interfacility transfer, the sending facility must provide the receiving facility with clinical information about a patient's illness and transmission-based precautions requirements so that appropriate care and infection prevention measures can be implemented. When accepting a patient for transfer, long term care facilities must determine if they have capacity to safely care for a given patient. LTCFs should accept residents back from all healthcare settings, regardless of influenza testing status, as long as the LTCF is able to provide the appropriate level of care under the appropriate transmission-based precautions.

Why should we test symptomatic residents for influenza?

Testing for influenza should occur when any resident has signs and symptoms that could be due to influenza. When influenza is circulating in the surrounding community of the LTCF, a high

index of suspicion should be maintained. Washington State influenza surveillance data are available at: Weekly DOH Flu Report

Testing symptomatic residents for influenza helps to establish the existence of an outbreak and possibly the duration. If there is concern for multiple respiratory pathogens, testing for influenza can help with cohorting and other infection prevention practices.

For further guidance on testing for Influenza and COVID-19, see CDC's Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating and DOH's Laboratory Testing and Cohorting Recommendations for Respiratory Outbreaks in Long-Term Care when SARS-CoV-2 and Influenza Viruses are Co-circulating.

Where can I find influenza testing guidance?

Clinical Description & Lab Diagnosis of Influenza

Influenza Virus Testing Methods

Rapid Influenza Diagnostic Tests

Tests Authorized to Simultaneously Detect Influenza Viruses and SARS-CoV-2

What if residents are not sick with influenza?

If symptoms are compatible with Acute Respiratory Illness during periods with high levels of COVID-19 circulation, consider testing for COVID-19 or infections with specific treatment available (e.g., legionellosis, other bacterial pneumonia).

What is Acute Febrile Respiratory Illness (AFRI) and why does it count as a suspect Influenza case?

Acute Febrile Respiratory Illness (AFRI) is defined as fever ≥100.4°F and any combination of the following symptoms: cough, chills, sore throat, runny or stuffy nose, muscle or body aches, headaches or fatigue. AFRI counts as suspect influenza because the symptoms of AFRI are the same as influenza.

Does Washington State Department of Health (DOH) provide chemoprophylaxis?

DOH does not provide prophylaxis. The State maintains a stockpile of antivirals to assist with temporary shortages. Contact your Local Health Jurisdiction if needed.

What is recommended for chemoprophylaxis during an outbreak?

Chemoprophylaxis during outbreaks in long-term care settings is recommended for all non-ill residents regardless of vaccination status and consider for non-ill, unvaccinated staff of long-term care facilities experiencing an influenza outbreak. CDC recommends a minimum of 2 weeks of antiviral chemoprophylaxis and continuing for at least 7 days after the last known case is identified. Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities

When is the outbreak over?

An outbreak is typically over 7 days after the last onset of influenza or Acute Febrile Respiratory Illness.

Do we need to close our dining room?

There is not a requirement to close your dining room. The guidelines/recommendations are for the facility to ***consider*** the following actions to limit transmission:

- Cancelling large group activities
- Serve all meals in resident rooms
- Limit visitors during the outbreak period

Remember to consult with your local health jurisdiction regarding recommendations for outbreak management.

How can I improve my vaccination rates?

Ongoing staff education, engagement and awareness.
CDC Barriers and Strategies to Improve Influenza Vaccination among Health Care Personnel

For staff, consider hosting an onsite influenza clinic or allowing staff to have paid time off to obtain vaccination offsite. For more ideas see the new Washington State Department of Health Knock Out Flu at Work toolkit on promoting vaccination in the workplace:
https://www.doh.wa.gov/Portals/1/Documents/8200/348-663-KnockOutFluTool-en-L.pdf

When can employees who have been sick with influenza return to work?

Employees diagnosed with influenza or presumed to have influenza can return to work when they have been without fever for 24 hours (without use of fever-reducing medication). Those with ongoing respiratory symptoms should stay home from work at least 4-5 days after the onset of symptoms.

Those with ongoing respiratory symptoms should be evaluated to determine appropriateness of contact with patients.

What are the reporting requirements?

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

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

Long term care facilities are also required to report suspected and confirmed COVID-19 outbreaks to their LHJ per Washington Administrative Code (WAC) 246-101-305. For more information on COVID-19 outbreaks in long term care, see the COVID-19 resources below.

Per the DSHS Purple Book, the facility is required to report an outbreak to the DSHS Complaint Hotline and to the local health department and document the report in their reporting log. Reporting to the Hotline should occur as soon as the facility has knowledge an outbreak is occurring.

How do I report an outbreak to DSHS?

Call DSHS **1-800-562-6078.**

What happens when I report to DSHS? Will my facility be cited?

The DSHS/RCS response should only be to assure the facility is following their infection control policy and procedures, and they are following good infection control practices to minimize the impact of the outbreak and the number of clients who become ill.

How do I report an outbreak to my Local Health Department?

Find my Local Health Jurisdiction

Notifiable Conditions Reporting for Healthcare Providers

Resources

Washington State DOH

Influenza Information for Public Health and Healthcare

COVID-19 Information

SARS-CoV-2 Infection Prevention and Control in Healthcare Settings Toolkit (wa.gov)

Centers for Disease Control and Prevention

Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities

DSHS Purple Book (Pages 27 and 32 have helpful tables)

Prevention Strategies for Seasonal Influenza in Healthcare Settings