

WASHINGTON STATE DEPARTMENT OF HEALTH

PREVENTING **Respiratory Disease in** **ADULT FAMILY HOMES**

Vaccination and Outbreak Resources For Caretakers



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Introduction

The fall marks the start of respiratory disease season, when we see higher numbers of flu, respiratory syncytial virus (RSV), and COVID-19 cases. Every year, **3% to 11%** of the U.S. population gets the flu.* Flu is a serious disease that causes illness, hospitalizations, and deaths every year, even among otherwise healthy people.

Respiratory syncytial virus (RSV) also follows a similar seasonal pattern to flu. In most cases, RSV causes mild symptoms. However, some people are at higher risk for severe disease including older adults, and adults with certain medical conditions.



What is the flu

Influenza (flu) is a respiratory illness caused by flu viruses. The flu is contagious, and the most common types of flu virus are spread person to person. The flu infects the lungs, throat, and nose.

The flu is different from a cold and can cause mild to severe illness. Most people recover from the flu in less than two weeks, but some develop complications — particularly people in high-risk groups.

The flu can spread to others days before a person knows they're sick. The flu spreads easily from person to person by coughing and sneezing and can spread by touching infected surfaces.

* Source: <https://www.cdc.gov/flu/about/index.html>

Who is at risk of serious illness from the flu?

Anyone can get seriously ill from the flu. Some people are at higher risk of becoming seriously ill from the flu. This includes:

- Pregnant people
- Children younger than 5
- Adults aged 65 and older
- People with certain medical conditions:
 - Asthma
 - Disorders of the brain, spinal cord, peripheral nerve and muscle
 - Chronic lung disease
 - Blood disorders
 - Diabetes & other endocrine disorders
 - Kidney disorders
 - Liver disorders
 - Weakened immune systems
 - And more

What is RSV?

RSV is a common illness caused by a respiratory virus. RSV symptoms include runny nose, cough, and fever. For some, such as infants and older adults, RSV can be serious.

You can get RSV by:

- Having the virus touch your eyes, nose, or mouth when an infected person coughs or sneezes.
- Having direct contact with the virus, like kissing an infected child.
- Touching a surface that has the virus on it, like a doorknob, and then touching your face.

People with RSV are contagious for 3 to 8 days. They can spread RSV a day or more before they show signs of illness. Infants and those with weak immune systems can spread the virus for as long as 4 weeks.

Who is at risk of serious illness from RSV?

People at most risk for serious illness include:

- Adults with weak immune systems
- Older adults, especially those with heart or lung disease
- Premature infants
- Young children with certain medical conditions or weak immune systems

Babies, young children, and older adults are most likely to be hospitalized or have severe symptoms from RSV. Older adults may experience trouble breathing or dehydration.

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What is COVID-19?

COVID-19 is a respiratory illness caused by SARS-CoV-2 virus. It is most commonly spread from an infected person to others by coughing and sneezing, close personal contact, touching an object or surface with the virus on it, and rarely, fecal contamination with coronavirus present. People are thought to be most contagious when they are the sickest, though some spread is possible before people show symptoms.

Symptoms include but are not limited to coughing, shortness of breath, fever, chills, muscle aches, and new loss of taste or smell. Most people will recover on their own, but some people can develop more serious complications, such as pneumonia, and require medical care or hospitalization.

Who is at risk of severe COVID-19?

People at most risk of serious illness include:

- Older adults aged 65 and older.
- Immunocompromised individuals
- Individuals with underlying health conditions



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Prevention of flu, RSV, or COVID-19

Getting vaccinated is your best defense against getting seriously ill from the flu and COVID-19. The RSV vaccine is also available using shared clinical decision making. Getting vaccinated not only protects you, it protects the people you work with. Some people who get the vaccinated may still get sick. If you do get the sick from the flu, RSV or COVID-19, being vaccinated will help reduce the severity of your illness. It will also lower your chance of needing to go to the hospital.

You must get vaccinated for each illness in order to be protected from it. The flu vaccine only protects against the flu, it does not protect against RSV or COVID-19. Similarly, the RSV vaccine only protects against RSV and the COVID-19 vaccine only protects against COVID-19.

Viruses that cause flu change frequently. People who have had the flu or a flu shot in previous years may become infected with a new strain. That is why it is so important to get a new flu vaccine every year. Similarly, the virus causing COVID-19 has changed over time, transforming into different variants. It is important to stay up to with the most recently updated COVID-19 vaccine to ensure updated protection from new variants circulating in your community.

You can also help prevent the spread of respiratory illnesses by covering your coughs and sneezes, washing your hands for 20 seconds with soap and water, wearing face masks and staying home when you feel sick.

Why you should get vaccinated as Adult Family Home (AFH) caretaker

It is important that you help maintain a healthy environment for your patients. Getting vaccinated for the flu, and COVID-19 can help prevent you from infecting your patients with seasonal respiratory virus. These vaccines can also prevent you from becoming seriously ill or hospitalized from complications.

Getting Vaccinated

Getting vaccinated for the flu, RSV, and COVID-19 is your best option for protecting yourself and others from seasonal respiratory illnesses. It is recommended to stay up to date with COVID-19 vaccination as soon as you are eligible.

It's best to be vaccinated before flu begins spreading widely in your community. September and October are generally good times to be vaccinated against flu. Ideally, everyone should be vaccinated by the end of October. However, even if you are not able to get vaccinated until November or later, vaccination is still recommended because flu most commonly peaks in February and significant activity can continue into May. The best time to get vaccinated is now.

If you are over the age of 60, you may be eligible for an RSV vaccine. Talk to your healthcare provider to see if you should get an RSV vaccine.

Where to find your vaccine

You can get flu and COVID-19 vaccines at your primary care provider's office or from most pharmacies. To receive the RSV vaccine, talk to your healthcare provider. Many available locations can be searched for on [vaccines.gov](https://www.vaccines.gov), however, the website may not capture all the available locations near you offering a flu, RSV, and COVID-19 vaccines. Be sure to give your local clinic or pharmacy a call to see when they're offering flu vaccines.



Vaccines.gov

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Things to know before scheduling your vaccinations

What you should bring when you get vaccinated

Be sure to bring your insurance information if it is available. If you don't have insurance, there are options for getting a flu vaccine at low cost or no cost. Contact your local health jurisdiction to learn more. You can get a COVID-19 vaccine at the same appointment as your flu and RSV vaccine.

Options for uninsured and underinsured

Vaccines are often covered by insurance. If you are uninsured, Washington state provides recommended vaccines at no cost.

If you have a private health care plan: Most health insurance plans have preventive services coverage that includes vaccines. However, some people may have co-payments or other costs. Check with your doctor or clinic and your health insurance plan to determine your costs.

If you have Medicaid/Apple Health: Washington Apple Health (Medicaid clients can get immunizations from their primary care provider, pharmacy, or local health department. See the [list of covered vaccines on the Washington State Health Care Authority website](#). This service isn't available for those in the Take Charge or Family Planning Only and the Alien Emergency Medical Only programs.

If you have Medicare: Medicare covers preventive services, including vaccines. [Part B](#) covers some vaccines (flu, hepatitis B and pneumococcal shots; Medicare prescription drug plans ([Part D](#) cover the rest (like the shingles shot. Contact your [Medicare drug plan](#) for more information about coverage.

If you are uninsured: The [Washington State Adult Vaccine Program \(AVP\)](#) provides vaccines for adults 19 years of age and older who are uninsured or underinsured. This program is federally funded. The vaccines offered may change from year to year. Check with any healthcare provider to see if they participate in the program or go to the [Department of Health map to find providers who participate in this program](#).

Flyers for Facilities

Many adults don't know they need immunizations for protection against serious, but preventable diseases.

These factors determine which immunizations you need:

HEALTH CONDITIONS

Lifestyle

Age and Job

If you are 60 or older, ask your doctor about these immunizations:

- Flu (Influenza)
- Pneumococcal Disease
- Shingles (Zoster)
- Tetanus, Diphtheria, and Whooping Cough (pertussis)

Where can I get immunizations?

- Your doctor's office
- Your local pharmacy
- Some local health departments: www.doh.wa.gov/localhealth

To find a place where you can get immunizations, call the Family Health Hotline at 1-800-322-2588.

ARE YOU 60 OR OLDER?

Get Immunized

Protect yourself. Protect your family.



www.doh.wa.gov/immunization

Where can I get more information?

Check out these organizations:

- Washington State Department of Health: www.doh.wa.gov/immunization or call at 1-866-397-0337
- Immunization Action Coalition of Washington: www.immunitycommunitywa.org/iacw
- Centers for Disease Control and Prevention: www.cdc.gov/vaccines/adults
- U.S. Department of Health and Human Services: www.vaccines.gov

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(“Are you 60 or older?” flyer?)

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Inactivated or Recombinant): What you need to know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vi.
Mujer de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vi.

1. Why get vaccinated?

Influenza vaccine can prevent influenza (flu).

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age may need 2 doses** during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:


- Has had an allergic reaction after a previous dose of influenza vaccine, or has any severe, life-threatening allergies
- Has ever had Guillain-Barré Syndrome (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

(“Flu: What you need to know” flyer)

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Resources

Resources for managing a flu outbreak

For recommendations on managing a flu outbreak and steps to help prevent a flu outbreak see the following resources:

- [Flu information for healthcare providers](#)
- [Influenza Outbreak in Long Term Care Facilities \(LTCF\) Frequently Asked Questions](#)
- [Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities](#)

Contact your Local Health Jurisdiction for further questions and recommendations.

RSV resources

- [RSV Vaccination: What older Adults 60 Years of Age and Over Should Know](#) (CDC)
- [Healthcare Providers: RSV Vaccination for Adults 60 Years of Age and Over](#) (CDC)
- [Frequently Asked Questions About RSV Vaccine for Adults](#) (CDC)

Additional resources

Washington State Department of Health (DOH)

- [Influenza Information for Public Health and Healthcare](#)
- [Washington State Local Health Jurisdictions](#)
- [Flu Free Washington Toolkit](#)
- [Flu Free at Work – Promoting Vaccination in the Workplace](#)
- [Flu Free Washington](#)
- [COVID-19 Information](#)
- [COVID-19 Information for Long-term Care Facilities](#)

Resources (continued)

Centers for Disease Control and Prevention (CDC)

- [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](#)
- [Flu Season Questions](#)

Frequently Asked Questions

This FAQ section may help answer some common flu-related questions related to vaccination and outbreaks in the Adult Family Home and Long-Term Care Facility (LTC) settings.

How long should symptomatic residents remain in precautions?

Take precautions to avoid respiratory droplets from symptomatic residents. Take standard precautions for suspected or confirmed influenza cases. Do this for seven days after illness onset or until 24 hours after fever and respiratory symptoms stop, whichever is longer. HCP should wear respiratory protection equal to a fitted N95 filtering facepiece respirator or equal N95 respirator during aerosol-generating procedures. This could be a powered air purifying respirator, elastomeric, etc..

Can confirmed influenza cases be admitted to our facility? Can we admit new residents to our facility while in outbreak status?

Yes. There is not a requirement to suspend admissions. It is important that facility leadership decide their facility's capacity to safely care for residents. Leadership should base this decision on your facility's resource allocation, not the residents' diagnosis. You must maintain appropriate infection prevention precautions and influenza control measures. 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. Facilities should not require that influenza patients have completed their antiviral therapy or be off transmission-based precautions to accept them for admission or readmission.

Before transfer, the sending facility must provide the receiving facility with clinical information about a patient's illness and required precautions. This way the receiving facility can implement the right care and infection prevention measures. When accepting a patient for transfer, facilities must determine if they have capacity to safely care for a given patient. Facilities should accept residents back from all healthcare settings, regardless of influenza testing status, if the facility is able to provide the appropriate level of care under the appropriate transmission-based precautions.

Frequently Asked Questions (continued)

Why should we test symptomatic residents for influenza?

You should test any resident that has signs and symptoms that could be due to influenza. When influenza is circulating in the community, you should remain vigilant of infection. Washington State influenza surveillance data are available at: [Weekly DOH Flu Report](#).

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

For further guidance on testing for Influenza and COVID-19, see CDC's testing and management guidance: [Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating](#)

Where can I find influenza 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 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 $\geq 100^{\circ}\text{F}$ and any combination of the following symptoms: cough, chills, sore throat, runny or stuffy nose, muscle or body aches, headaches, or fatigue. 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.

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Frequently Asked Questions (continued)

What is recommended for chemoprophylaxis during an outbreak?

Chemoprophylaxis during outbreaks is recommended for all non-ill residents regardless of vaccination status. It should also be considered for non-ill, unvaccinated staff of a facility in an influenza outbreak. CDC recommends at least 2 weeks of antiviral chemoprophylaxis and continuing for at least 7 days after the last known case is identified.

When is an outbreak over?

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

Do we need to close our dining room?

There is no requirement to close your dining room. The 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

How can I improve my vaccination rates?

Ongoing staff education, engagement, and awareness. For staff, consider hosting an onsite vaccine clinic or allowing staff to have paid time off to get vaccinated offsite. For more ideas see the new [Washington State Department of Health Knock Out Flu at Work Toolkit](#) on promoting vaccination in the workplace.

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

Employees diagnosed with the flu or presumed to have the flu 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 be evaluated to determine if they should be in contact with patients.

Frequently Asked Questions (continued)

What are the reporting requirements?

You must report all suspected and confirmed outbreaks to your local health jurisdiction (LHJ) per Washington Administrative Code (WAC) 246-101-305. Facilities must report the following:

- A sudden increase in acute febrile respiratory illness over the normal background rate. For example, if 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.

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 in the Additional Resources section of this document. Per the DSHS Purple Book, the facility must 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 (Department of Social and Health Services)?

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 that they are following good infection control practices to lessen 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 Here](#)

[Notifiable Conditions Reporting \(LHJ Phone Numbers\)](#)

Frequently Asked Questions (continued)

Is the RSV vaccine available to everyone over the age of 60?

If you're 60 or older, your health care provider might recommend RSV vaccination for you if you have a weakened immune system, or chronic medical conditions such as heart or lung disease, or if you live in a long-term care setting. People 60 years of age and older may receive a single dose of RSV vaccine using shared clinical decision-making with their health care provider.

Can I give RSV vaccine with other vaccines?

Yes, giving the RSV vaccine at the same appointment with other adult vaccines is acceptable. However, according to some studies, giving the RSV and flu vaccine at the same time may increase symptom severity, such as fever and soreness around the injection site. Studies suggest that the RSV and flu vaccines may not produce as strong of an immune response if they're given on the same day, but the clinical significance of this is unknown. Additional research is ongoing to further inform guidance on same-day administration of the RSV vaccine and other adult vaccines, including the COVID-19 vaccine.

How do we know the COVID-19 vaccines are safe?

To make sure that COVID-19 vaccines are safe, CDC expanded and strengthened the country's ability to monitor vaccine safety. As a result, vaccine safety experts can monitor and detect issues that may not have been seen during the COVID-19 vaccine clinical trials.

I've had COVID-19. Can I get the vaccine?

Yes, the Advisory Committee on Immunization Practices (ACIP) recommends anyone who previously had COVID-19 to get the vaccine. Data shows it is uncommon to be re-infected with COVID-19 in the 90 days after you were infected, so you might have some protection (called natural immunity). However, we don't know how long natural immunity might last.

People who currently have COVID-19 or who have been recently exposed to COVID-19 should wait to get vaccinated until they feel better and their isolation/quarantine period is finished, if possible. If there is a high risk they could infect others, they may be vaccinated during their quarantine period to prevent spreading the disease.

Frequently Asked Questions (continued)

Can I get the COVID-19 vaccine when I get routine vaccinations?

Yes. The Advisory Committee on Immunization Practices (ACIP) changed their recommendations on May 12, 2021. You can now get a COVID-19 vaccine at the same time that you get other vaccines.

You do not need to schedule your child's required school vaccinations or other recommended vaccines separately from COVID-19 vaccination. A COVID-19 vaccine appointment is another opportunity to get your child caught up on all of their recommended vaccines.