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| **Insert Local Health Jurisdiction Logo** | | |
| QUICK GUIDE FOR LONG TERM CARE FACILITIES—**INFLUENZA OUTBREAKS** | | |
| |  | | --- | | **INFLUENZA VACCINATION** | | **Vaccinations can decrease 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 residents and staff of long term care facilities.   Vaccinate newly admitted residents and newly hired staff throughout the flu season.   Keep a record of vaccination status of residents and staff, and schedule annual vaccine. | | **DIAGNOSIS** | | Common symptoms of influenza include: fever, fatigue, headache, cough, sore throat, runny or stuffy nose, chills, and muscle aches.  Elderly patients may experience more subtle symptoms, including anorexia, mental status changes, pneumonia, low-grade or no fever, worsening of chronic respiratory conditions or congestive heart failure.  **Familiarize yourself with signs and symptoms of influenza-like illness in the elderly.**  Even if influenza activity is low in the community, 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.  If symptoms are compatible with other agents during periods with high levels of respiratory virus infections, consider testing for COVID-19 or infections with specific treatment available (e.g., legionellosis, other bacterial pneumonia).  For more information on COVID-19 outbreaks: <https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/LongTermCareFacilities> | | **TREATMENT vs. PROPHYLAXIS** | | **Antiviral Treatment:** Give antiviral medication to all residents and staff with **confirmed or suspected** influenza-like illness. Antiviral treatment can shorten the duration of fever, illness symptoms, and hospitalizations, and may reduce the risk of complications such as pneumonia and respiratory failure or death.  **Do not wait for laboratory results to initiate treatment.**  **Chemoprophylaxis:** After influenza has been confirmed in your facility, givepreventativeantiviral medication to non-ill residents (ill residents should be treated with antivirals) and consider for non-ill, unvaccinated staff. Priority can be placed on residents in the same area of the facility as the cases. However, since staff and residents may spread influenza to residents on other units, floors, or buildings of the same facility, all non-ill residents are recommended to receive antiviral chemoprophylaxis to control influenza outbreaks. | | **FLU AT A GLANCE** | |
| **Incubation period:** | 1-4 days (avg. 2) |
| **Period of communicability:** | 1 day before symptoms start up to 10 days after symptom onset |
| **Report to Public Health** | Within 1 day of one lab-confirmed case of influenza or ≥ 2 cases of influenza like illness |
| **Oseltamivir:** | **Treatment:** 75 mg twice daily for 5 days  **Prophylaxis:** 75 mg once daily for a minimum of 2 weeks , continuing for at least 7 days after identification of last known case |
| **Lab testing:** | Rapid influenza diagnostic test;\*Viral cell culture; RT-PCR; Multiplex Assay Influenza Sars-CoV-2  \*negative test does not rule out influenza |
| **Further information including CDC guidelines** | [www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/InfluenzaFluInformation](https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/InfluenzaFluInformation) |
| [www.cdc.gov/flu/professionals/](https://www.cdc.gov/flu/professionals/) |
| **Insert LHJ contact information for reporting of outbreaks** | |
| **KEY POINTS FOR PREVENTION OF ADDITIONAL CASES DURING AN INFLUENZA OUTBREAK** | | |
| **Encourage residents and staff to minimize risk of infecting others.**   Follow all recommendations of your LHJ.   Limit large group activities and consider serving all meals to residents in their rooms if the outbreak is widespread.   Ill residents should stay in their rooms and limit time spent in common areas; all meals should be served in their rooms if possible.   As long as appropriate infection control measures are maintained, facilities can admit new residents. It is important to inform potential new residents of the outbreak so they may choose whether to postpone their admission.   Designate staff to care for ill residents and minimize staff movement between areas in the facility with illness and areas not affected by the outbreak. Consider setting up a separate break room for staff caring for ill residents, and disinfect surfaces used by all staff (such as time clocks) or set up an interim system to avoid contamination of shared surfaces.   Limit visitation and exclude anyone with influenza-like illness from visiting the facility.   Monitor staff absenteeism for respiratory illness and exclude ill staff for at least 24 hours after fever is gone without use of fever-reducing medications.   Place signs around facility indicating that an outbreak is occurring.   Regularly monitor the health of staff and residents and report updates to your LHJ**.**  Note: An influenza outbreak can generally be considered over 7 days from the last onset (the clock starts again with each new onset). | | |