Recommendations for Prevention and Control of Influenza Outbreaks in Long Term Care Facilities

This document provides general guidance to long term care facilities (LTCF) on preventing, detecting, reporting, and controlling suspected and confirmed influenza outbreaks. Additional guidance for managing influenza outbreaks in long term care facilities is available at: http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm

If symptoms are compatible with Acute Febrile 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).

Preventing Outbreaks

Upon admission, state law (RCW 74.42.285 and WAC 388-97-1340) requires LTCFs to inform, verbally and in writing, residents or their legal representative about the benefits of receiving flu vaccination. LTCFs must also make available flu vaccination annually to their residents. Influenza vaccination is the best means to prevent influenza and its complications among residents and staff of LTCFs. ***Therefore, unless contraindicated for medical reasons, influenza vaccination is strongly recommended annually for all residents and employees (both medical and non-medical) of LTCFs.***

Other year-round prevention measures include:

- Strict attention to hand hygiene and cough etiquette
- Exclusion of ill staff and visitors from the facility
- Adherence to appropriate infection control precautions, including isolation of ill residents
- Early recognition and testing of suspected influenza cases

Detecting and Reporting Outbreaks

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
- Any resident who tests positive for influenza.

*Acute febrile respiratory illness is defined as fever $\geq$ 100°F AND one or more respiratory symptoms (runny nose, sore throat, laryngitis, or cough). However, please note that elderly patients with influenza may not develop a fever.

For information on COVID-19 outbreaks in LTC:
https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/LongTermCareFacilities

Testing for influenza should occur when any resident has signs and symptoms that could be due to influenza.

Note that elderly patients may experience subtle symptoms, including anorexia, mental status changes, pneumonia, low-grade or no fever, and worsening of chronic respiratory conditions or congestive heart failure.

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).

When influenza is circulating in the surrounding community of the LTCF, a high index of suspicion should be maintained.

State influenza surveillance data are available at:
http://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf

Controlling Outbreaks

If there is one laboratory-confirmed influenza positive case along with other cases of respiratory infection in a LTCF, an influenza outbreak might be occurring. In general, the measures in the following checklist should be implemented once an outbreak of influenza has been identified in a LTCF.

These recommendations do not supersede those of the local health jurisdiction. Always report a suspected or confirmed respiratory illness outbreak to local public health.

Note that an influenza outbreak can generally be considered over 7 days from the last onset (the clock starts again with each new onset).

Remember that the time from when a person is exposed to flu to development of symptoms is about 1 to 4 days, with an average of 2 days.

Most healthy adults are able to infect others beginning 1 day **before** symptoms develop and up to 5 to 7 days **after** becoming sick. Some people, especially those with weakened immune systems, may be infectious for longer. https://www.cdc.gov/flu/keyfacts.htm

Washington State Department of Health	Checklist for Controlling Influenza Outbreaks in Long Term Care Facilities		
	Recommendations	**Recommended By LHJ**	**Implemented By Facility**
Ill Residents			
Administer antiviral treatment to all residents or staff with **suspected or confirmed** influenza according to current CDC recommendations. Do *not* wait for laboratory results to initiate treatment. Note that the usual first line treatment is oseltamivir 75 mg twice daily for five days. https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm			
Implement droplet precautions in addition to standard precautions for suspected or confirmed cases for 7 days after illness onset or until 24 hours after resolution of fever and respiratory symptoms, *whichever is longer*. Staff should wear a *facemask* when entering the room of a patient with suspected or confirmed influenza.			
HCP should wear respiratory protection equivalent to a fitted N95 filtering facepiece respirator or equivalent N95 respirator (e.g., powered air purifying respirator, elastomeric) during aerosol-generating procedures. https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm			
Restrict ill residents to their rooms. If private rooms are not available, consider other placement options such as cohorting ill residents with the same condition, or ensuring at least 3 feet of separation and a physical barrier (e.g., curtain) between ill and well roommates.			
Ill residents who must leave their room should wear a facemask and be instructed to cover coughs and sneezes.			
If requested by the local health jurisdiction, obtain specimens for viral culture or PCR on a subset of residents and/or staff with most recent onset of illness. Upon local health jurisdiction approval, specimens can be submitted to the Washington State Public Health Laboratories (PHL) for influenza testing free of charge per instructions available at: http://www.doh.wa.gov/Portals/1/Documents/pubs/301-018-InfluenzaTestingPHL.pdf			
Staff			
Exclude ill staff, including volunteers, from work for at least 24 hours after resolution of fever* (without the use of fever-reducing medications). Those with ongoing respiratory symptoms should be evaluated to determine appropriateness of contact with patients.			
Designate staff to care for ill residents and others to care for well 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.			
Vaccination			
Administer influenza vaccine to all previously unvaccinated residents and staff according to ACIP guidelines. https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html			
Administration of Chemoprophylaxis			

When at least 2 patients are ill within 72 hours of each other **and** at least one resident has laboratory-confirmed influenza, administer chemoprophylaxis to all non-ill residents regardless of vaccination status. (Remember that ill persons should receive antiviral treatment.) Note that the usual chemoprophylaxis dose is Oseltamivir 75 mg once daily for a minimum of 2 weeks, continuing for at least 7 days after identification of last known case. Priority for chemoprophylaxis can be given to 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. CDC antiviral guidance is available here: http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm *Note: Persons who develop acute respiratory illness >72 hours after beginning antiviral chemoprophylaxis should be immediately tested for influenza and reported to the LHJ.*		
Consider administering chemoprophylaxis to previously unvaccinated staff. In addition, chemoprophylaxis may be considered for all employees, regardless of their influenza vaccination status, if indications exist that the outbreak is caused by a strain of influenza virus that is not well matched by the vaccine. Consult local public health.		
Education/Hand Hygiene		
Educate staff, residents and visitors regarding outbreak and control measures. Remind them about the need for hand and respiratory hygiene. Post signs alerting staff, residents and visitors to the outbreak.		
Resident Movement/Admissions/Transfers		
Limit large group activities in the facility and consider serving all meals in rooms if the outbreak is widespread.		
Do not move residents to other wards or facilities unless medically indicated. If residents are transferred, provide the receiving facility with healthcare information for the resident and let the receiving facility know of the influenza outbreak so that the resident may be appropriately monitored for symptoms and/or treated if ill.		
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. In determining whether to admit residents, facility leadership should consider the capability and capacity to safely care for residents. Appropriate infection prevention precautions and influenza measures must be maintained.		
Visitors		
Exclude ill visitors from the facility.		
Alert visitors to wear masks and of the need for good hand washing with soap and water while visiting a resident ill with influenza-like illness.		
Limit visitation until the outbreak is over		
Active Surveillance / Communication		
Initiate active daily surveillance for influenza-like illness (ILI) among residents and staff until 1 week after last onset of illness. Record illnesses on line list provided.		
Report outbreak to DSHS or other licensor.		
Communicate with the local health jurisdiction daily.		

*Healthcare providers with confirmed or suspected influenza should not care for patients in Protective Environments such as stem cell transplant patients until 7 days from symptom onset or until resolution of symptoms, whichever is longer.

Resources:

CDC. Guidance on Influenza Outbreak Management in Long Term Care Facilities: http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm

CDC. Guidance on Infection Control in Healthcare Facilities: http://www.cdc.gov/flu/professionals/infectioncontrol/

CDC. Prevention and control of seasonal influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices—United States, 2017–2018 Influenza Season. MMWR 2017; 66(2):1-20. Available at: https://www.cdc.gov/mmwr/volumes/66/rr/rr6602a1.htm

CDC. Antiviral Drugs: Recommendations of the Advisory Committee on Immunization Practices (ACIP): Information for Health Care Professionals. http://www.cdc.gov/flu/professionals/antivirals/index.htm

Educational Resources:

Centers for Disease Control and Prevention materials: https://www.cdc.gov/flu/resource-center/freeresources/print/index.htm

Cover your cough materials: http://www.cdc.gov/flu/protect/covercough.htm

Knock Out Flu educational materials from the Washington State Department of Health: https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Flu

Knock Out Flu: Think of It as Essential toolkit:

https://coronavirus.wa.gov/partner-toolkit/knock-out-flu-think-it-essential

Wash Your Handsington materials: https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Flu/WashYourHandsingTon

Washington State Department of Health

Line List for Outbreaks in Long Term Care Facilities

Please list all residents and employees ill with respiratory symptoms. Designate employees with an *.

Name	Age	Unit Or Room	Onset Date	Symptoms	Flu Specimen Collection Date	Lab Result/ Type Test	Flu Vaccine (Y/N/Date)	Hospitalized (Y/N)	Died (Y/N)