

Vermont Department of Health

2012-2013 Influenza Prevention & Control Measures for Long-term Care Facilities

Influenza can be introduced into a long-term care facility by newly admitted residents, health care workers and by visitors. Spread of influenza can occur between and among residents, health care providers, and visitors. Residents of long-term care facilities can experience severe and fatal illness during influenza outbreaks.

NOTE: If there is one laboratory-confirmed influenza positive case along with other cases of respiratory infection in a unit of a long-term care facility, an influenza outbreak might be occurring.

Influenza Outbreak Prevention Measures:

- Influenza vaccination should be provided routinely to all residents and health care workers at long-term care facilities.
- Be alert for influenza among residents, health care personnel and visitors to the facility.
 - *Remember that elderly persons and other medically-fragile long-term care residents, may not have typical signs and symptoms of influenza, and may not have fever.*
- Ask family members and friends not to visit when they are ill. Post signs alerting visitors not to enter if they have symptoms of influenza-like illness (see <http://healthvermont.gov/prevent/flu/documents/VisitorPoster.pdf>).
- Exclude healthcare personnel with symptoms of respiratory infection from work for the duration of illness.
- Continue to offer influenza vaccine to unvaccinated staff and to new admissions throughout the flu season. Ensure that residents have received pneumococcal vaccine.
- Collaborate with the facility medical director to develop a protocol for antiviral use to expedite treatment and prophylaxis if an influenza outbreak occurs. See the ***Infection Prevention Manual for LTCF*** (2009, APIC) section VI, pages 28-29.

Outbreak Control Measures:

- Call the Vermont Department of Health/Epidemiology Field Unit (800-640-4374 or 802-863-7240) for guidance. When you call to report a suspected

outbreak, VDH will help facilitate the specimen submission process. Test kits are available from the state lab at 1-800-660-9997.

- Administer influenza antiviral treatment immediately to all residents who have confirmed or suspected influenza.
 - *Antiviral treatment should not wait for laboratory confirmation of influenza.*
- When at least 2 residents/patients are ill within 72 hours of each other and at least one resident has lab-confirmed influenza, promptly initiate antiviral prophylaxis to all non-ill residents. CDC recommends antiviral prophylaxis for a minimum of 2 weeks, and continuing for at least 7-10 days after the last known case was identified (www.cdc.gov/flu/professionals/antivirals).
- Use standard and droplet precautions for symptomatic individuals.
- Restrict symptomatic individuals to their rooms; cohort patients/residents who have influenza symptoms.
- Curtail group activities; serve meals in room.
- Promote respiratory etiquette and hand washing among residents, staff and visitors.
- Call the Division of Licensing and Protection to inform them of a confirmed or suspected outbreak of influenza.
- Start a line list to keep track of cases, both residents and staff; initiate active surveillance.
- Avoid floating staff from unit to unit to the extent possible.
- Continue to offer influenza vaccine to unvaccinated staff & residents.
- Provide in-service training for staff on control measures and hand hygiene. Employees who develop fever and respiratory symptoms should be asked not to report to work until acute symptoms have resolved.
- Curtail admissions and transfers to the extent possible.

Testing

- Collect specimens from 4-6 residents who have influenza-like illness. Specimens should be collected as soon as possible -- no more than 3 days after onset of symptoms.

- Follow instructions that come with VDH Laboratory flu kits for collecting adequate specimens.
- If your facility uses rapid influenza diagnostic tests, be aware that false negative results can occur in individuals who have influenza. A negative rapid test cannot exclude influenza as a cause of an outbreak in a facility with ill residents or patients who have clinically compatible illness.
- Once an influenza cluster or outbreak has been confirmed, it is not necessary to continue collecting additional specimens for influenza testing.

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