

SUMMARY

A. Residents who have laboratory confirmed influenza or who have Influenza-Like Illness (ILI)

1. For 7 days after onset of ILI Signs & Symptoms,
 - a. Initiate & maintain droplet and standard precautions and
 - b. Confine to room
2. Treat with influenza antivirals according to current CDC recommendations
3. Test persons with ILI symptoms for influenza.

B. Asymptomatic residents

1. Exposed roommates of residents with ILI/lab confirmed influenza should be moved to a private room if possible.
 - a. Monitor for symptoms, and restrict to room for 4 days following move.
 - b. If roommate cannot be moved to a private room, confine roommate to their room for 4 days after their last exposure to the ill roommate. Make sure there is a minimum distance of 6 feet between the beds of the ill resident and the roommate.
2. Administer influenza vaccine to all unvaccinated residents.
3. Consider antiviral chemoprophylaxis for all exposed residents.
4. For 7 days after the last onset of ILI symptoms, restrict residents on the affected floors to their own floor.
5. If more than one floor is affected, until the outbreak is over, may want to restrict all residents to their own floor.

C. Visitors

1. Use signage at entrances to alert visitors that an outbreak of influenza/ILI is occurring within facility.
2. Screen visitors upon entry for ILI; ask symptomatic persons to postpone visiting until asymptomatic.
3. Make available BPHC influenza fact sheets.
4. Consider doing a flu immunization clinic for frequent visitors.

D. Staff

1. Do daily surveillance for ILI among residents, staff & visitors; update BPHC daily.
2. Implement influenza work restrictions for staff.
3. Offer flu vaccine to unvaccinated staff.
4. Do not float staff.
5. Stress importance of hand washing and “cough etiquette”.
6. Increase cleaning of common areas/items.



CONTROL MEASURES FOR INFLUENZA/INFLUENZA-LIKE ILLNESS IN A LONG-TERM CARE FACILITY

Influenza is a contagious respiratory disease that can cause serious illness and death in long-term care facility residents and illness among staff. Influenza vaccination of staff and residents combined with basic infection control practices can help prevent transmission of influenza. However, because influenza outbreaks can still occur among highly vaccinated long-term care residents, personnel should monitor residents and employees for influenza like illness so control measures can be promptly instituted.

I. DEFINITIONS

- A. Influenza-like Illness (ILI):** acute onset of fever > 100.4° F and cough or acute onset of fever > 100.4° F and sore throat.
- B. Infectious Period:** for adults, from 1 day before getting symptoms to about 7 days after symptom onset. Young children and persons with weakened immune systems may be infectious for 10 or more days after symptom onset.
- C. Incubation Period** (time it takes to develop symptoms after being exposed to an infectious person): 1—4 days.
- D. Transmission:** primarily spread from person to person via large virus-laden droplets that are generated when infected persons cough or sneeze. These large droplets can then settle on the mucosal surfaces of the upper respiratory tracts of susceptible persons who are within 3-6 feet of the infected persons. Transmission may also occur through direct contact or indirect contact with respiratory secretions such as when touching surfaces contaminated with influenza virus and then touching the eyes, nose or mouth.
- E. Close contact:** people within 6 feet of a person who's infectious with influenza.

II. CONTROL MEASURES FOR INFLUENZA/INFLUENZA-LIKE ILLNESS IN A LONG-TERM CARE FACILITY

A. Residents who are lab confirmed for influenza or who have ILI

- I. Initiate and maintain droplet and standard precautions for 7 days after onset of illness.** Regardless of whether the resident has been vaccinated against influenza or whether the resident is on antivirals or not.



- a. Droplet Precautions
 - Place resident in a private room. If a private room is not available, cohort all residents suspected to have influenza and then cohort residents with confirmed influenza.
 - Wear a surgical or procedure mask upon entering the resident's room if you will be within 6 feet of the resident's face. Remove the mask when leaving the resident's room and dispose of the mask in a waste container. Wash your hands after removing the mask.
 - If resident movement or transport is necessary, have the resident wear a surgical or procedure mask, if possible.
 - b. Standard Precautions (these should be used for any resident with symptoms of a respiratory infection)
 - Wear gloves if hand contact with respiratory secretions or potentially contaminated surfaces is anticipated.
 - Wear a gown if soiling of clothes with a resident's respiratory secretions is anticipated.
 - Change gloves and gowns after each resident encounter and perform hand hygiene as discussed below.
 - Decontaminate hands before and after touching the resident, after touching the resident's environment, or after touching the resident's respiratory secretions, whether or not gloves are worn.
 - When hands are visibly soiled or contaminated with respiratory secretions, wash hands with soap (either plain or antimicrobial) and water for at least 20 seconds.
 - If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands. Alternatively, wash hands with soap (either plain or antimicrobial) and water.
2. **Confine to room**, including serving all meals in resident's room and restricting resident from common activities. If for safety reasons, resident cannot be confined to room, a space of > 6 feet from other residents should be maintained.
 3. **Treat with influenza antivirals**. According to current CDC recommendations, if antiviral medication is used, it should be started as soon as possible. Currently, recommended medications include oseltamivir or zanamivir. Contraindications and adverse events should be considered prior to initiation of any therapy.
 4. **Identify influenza virus** as the causative agent early in the outbreak by performing laboratory testing, particularly on initial cases. Rapid testing for influenza can be helpful, but both false negative and false positive test results can occur. PCR tests provide more specific information.



B. Asymptomatic residents

1. **Exposed roommates** of residents who have ILI or lab confirmed influenza, **should be moved to a private room if possible, monitored for symptoms and restricted to room for 4 days** (the incubation period) following the move. If the person is asymptomatic at the end of the 4 day period, person no longer needs to be confined to his/her room.

If the roommate cannot be moved to a private room, the roommate should be **confined to their room** including eating in their rooms and restricted from common activities **for 4 days after their last exposure to the case**. A minimum distance of 6 feet between the beds of the ill resident and the roommate should be kept. All restrictions can be lifted at the end of the 7 days after the last exposure if roommate has remained asymptomatic.

2. **Administer** the current **season's influenza vaccine to all unvaccinated residents** in the facility as per current vaccination recommendations. Pneumococcal vaccine should also be offered as appropriate. Continue to vaccinate new residents as soon as possible after admission to facility.
3. **Consider antiviral chemoprophylaxis** (oseltamivir or zanamivir) **to all exposed residents** regardless of their immunization status in accordance with the current recommendations. Antiviral chemoprophylaxis should continue for at least 2 weeks, and as long as one week after the last resident case occurred. **Monitor for potential adverse reactions and for symptoms of ILI.**
4. **For 7 days after the onset of illness in the last case, restrict residents on the affected floors to their own floor.** If more than one resident on the affected floor is symptomatic, do not move residents to other floors, do not admit new residents to the affected floor, and limit visitation.
5. **If more than one floor is affected**, until the outbreak is over, consider restricting **all residents to their own floor**, postpone all gatherings/celebrations and have residents eat on their own floor.

C. Visitors

1. **Use signage at entrances** to alert visitors that an outbreak of laboratory confirmed influenza or ILI is occurring within the facility. Those at high risk for complications may wish to defer their visit.
2. **Screen visitors** upon entry into facility for ILI. Ask symptomatic/sick visitors to postpone their visit until asymptomatic.
3. **Make available BPHC influenza fact sheets.** Factsheets can be found at www.bphc.org. Factsheets are available in various languages.



4. **Consider doing a flu immunization clinic for frequent visitors.**

D. Staff

1. **Do active daily surveillance for ILI among residents, staff & visitors.** Ill staff should not work.
2. **Assign one person to be responsible for obtaining the initial line listing of staff and residents who are symptomatic, updating it at least daily until the outbreak is over (7 days after last onset of ILI symptoms), and sharing it on a daily basis with BPHC** (fax: 617-534-5905; phone 617-534-5611).
3. **Implement Influenza work restrictions for staff** with ILI or laboratory confirmed influenza. Exclude from work for 24 hours after fever resolves without the use of antipyretic medication or 7 days after the onset of illness – whichever is longer. Institutions that serve particularly vulnerable populations may wish to extend the exclusion time period.
4. **Review influenza vaccination status for all staff.** Staff should be offered influenza vaccine, per current vaccination recommendations prior to any cases or outbreaks. Offer influenza vaccination for unvaccinated staff if an outbreak occurs.
5. **Restrict staff movement from areas/units having ILI to areas/units not affected.** If this is not possible for certain categories of staff, consider having them wear gowns and masks upon entering an affected area/unit.
6. **Stress importance of hand hygiene and “cough etiquette”.**
7. **Increase cleaning of common areas/items.**

For additional information and resources, visit:

www.bphc.org/flu

www.cdc.gov/flu

<http://www.cdc.gov/flu/professionals/antivirals/index.htm>

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6001a1.htm>



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