

QUICK GUIDE FOR LONG-TERM CARE FACILITIES (LTCF): INFLUENZA OUTBREAKS

INFLUENZA VACCINATION	AT A GLANCE	
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 of age and older, especially residents and staff of LTCF's.	Incubation period	1-4 days (average 2 days)
 Vaccinate newly admitted residents and newly hired staff throughout the flu season. Keep a record of vaccination status of residents and staff. 	Period of communicability	1 day before symptoms start up to 10 days after symptom onset
DIAGNOSIS	Report to Public Health	1 confirmed influenza positive
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	→ 2 suspect case with ILI among	residents within 7 hours of each
congestive heart failure. Familiarize yourself with signs and symptoms of influenza-like illness (ILI) in the elderly.		other
Public Health provides specimen collection kits and laboratory testing at no cost when a LTCF influenza outbreak is suspected. Contact the Alaska State Public Health Laboratory – Fairbanks at 907-371-1000 or Section of Epidemiology at 907-269-8000.		
Even if it's not influenza season, 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.		
TREATMENT vs. PROPHYLAXIS	 Oral Oseltamivir Inhaled Zanamivir Intravenous 	CDC influenza antiviral recommendations are available on the <u>CDC clinician</u> <u>summary</u>
Antiviral Treatment: Give antiviral medication to all residents and staff with confirmed or suspected ILI. 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.	Peramivir	webpage.
Chemoprophylaxis: Give antiviral medication to all non-ill residents and consider for non- ill, unvaccinated staff after a laboratory-confirmed case of influenza. It's important to administer these courses of medication <i>SIMULTANEOUSLY</i> .	 Oral Baloxavir 	
Prophylaxis is approximately 70-90% effective in preventing influenza.		
PREVENTION OF ADDITIONAL CASES	Lab Testing	 (a)Rapid influenza diagnostic test*; (b) RT-PCR *negative test does not rule out influenza
 Limit large group activities and consider serving all meals to residents in their rooms. Ill residents should stay in their rooms and limit time spent in common areas; all meals should be served in their rooms if possible. 		
 Avoid new admissions or transfers to areas with symptomatic residents. 	Further information including CDC guidelines: http://dhss.alaska.gov/dph/Epi/id/Pages /influenza/fluinfo.aspx https://www.cdc.gov/flu/professionals/i ndex.htm	
 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. 		
 Limit visitation and exclude anyone with ILI 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.		