



CLARK COUNTY
WASHINGTON

proud past, promising future

Clark County Public Health
1601 E. Fourth Plain Blvd.
P. O. Box 9825
Vancouver, WA 98666-8825
(360) 397-8182

INFLUENZA OR RESPIRATORY ILLNESS OUTBREAK Control Measure Recommendations for Long-Term Care Facilities

The enclosed Washington State Department of Health (DOH) recommendations for the Prevention and Control of Influenza Outbreaks in Long Term Care Facilities (LTCF) provide guidance on preventing, detecting, reporting, and controlling suspected and confirmed influenza outbreaks.

In the event of an outbreak, Clark County Public Health (CCPH) may provide control measures in addition to the Washington State DOH recommendations. These would be determined on a case-by-case basis in response to that particular outbreak. All control measures should be continued until the outbreak is over, **typically 5 days after the last onset of symptoms among residents or staff.**

Please take the time to review the Washington State DOH guidelines and control measures included in this document. Below are some additional recommendations from CCPH about preparing for and responding to an influenza outbreak. With your partnership we hope to minimize the impact of influenza on the residents of your facility this season.

Prevention and preparation:

- CCPH recommends that all facility staff and volunteers receive an annual influenza vaccination.
- CCPH recommends facilities take the time to obtain standing orders in advance for rapid initiation of influenza prophylaxis for all non-ill residents in the event of an outbreak. Prophylaxis of residents should ideally be initiated within 48 hours of initial exposure.

Control the spread within your facility during an outbreak:

- Notify relevant healthcare providers that an influenza outbreak is occurring at your facility.
- Contact the healthcare provider for all ill residents with influenza-like symptoms for evaluation and treatment recommendations.

Control spread of illness from your facility to the community during an outbreak:

- Non-urgent appointments for residents should be postponed, such as hair appointments.
- If ill or well residents request to go home to stay with friends or family, provide the family with a written fact sheet that gives information about influenza and the necessary prevention measures. Some helpful resources can also be found in [CDC's Flu & You brochure](#).
- Post Clark County Public Health signs at facility entrances to notify visitors of the outbreak (sample sign included).
- If you have staff that work at other residential facilities, please request that staff notify the other facilities of this outbreak.

General cleaning instructions:

- Thorough and frequent cleaning of objects in high traffic areas should be reinforced during an outbreak (i.e. communal bathroom surfaces, handrails, doorknobs, other hard surfaces).
- Use an EPA-approved disinfectant and follow the manufacturers' instructions.

Conduct disease surveillance:

- CCPH may request specimen collection for viral culture or PCR on a subset of residents and/or staff with most recent onset of illness.
- Fax CCPH a completed line list (sample line list included in Appendix B) at the beginning, periodically through, and at the end of the outbreak.

Treatment and prophylaxis:

- Staff that refuse influenza vaccination and prophylaxis should be excluded from direct patient care for the duration of the outbreak. See Appendix A for determining exclusion, vaccination, and antiviral prophylaxis for staff and residents during an influenza outbreak.
- The below table may be useful for healthcare providers on the use of antiviral medication for treatment and prophylaxis for residents and staff.

Influenza Treatment vs. Prophylaxis for Adults in Long-Term Care Facilities

	Treatment	Prophylaxis
Oseltamivir (Tamiflu®)		
Dosage**	75 mg <i>twice</i> daily	75 mg <i>once</i> daily
Recommended Duration	5 days*	Minimum of 2 weeks and continuing for 1 week after the last onset of illness
Zanamivir (Relenza®)		
Dosage	Two 5 mg inhalations <i>twice</i> daily	Two 5 mg inhalations <i>once</i> daily
Recommended Duration	5 days*	Minimum of 2 weeks and continuing for 1 week after the last onset of illness

*Longer treatment course for patient who remain severely ill after 5 days of treatment can be considered.

**Individuals with creatinine clearance between 10-30 mL/minute who are receiving Oseltamivir (Tamiflu®) for influenza treatment or prophylaxis should receive reduced dosages.

[Click here for CDC dosing recommendations.](#)

Additional references and resources:

1. CDC. [Antiviral Dosage. Guidance on the Use of Influenza Antiviral Agents](#)
2. CDC. [Guidance on Influenza Outbreak Management in Long Term Care Facilities](#)
3. CDC. [Guidance on Infection Control in Healthcare Facilities](#)
4. CDC. [Flu & You Brochure.](#)
5. Prevention and control of seasonal influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices - United States, 2013–2014. MMWR 2013;62(No. RR-7). [Link](#)
6. Clark County Weekly Influenza [Update](#)
7. Seattle & King County. [Influenza treatment vs. chemoprophylaxis in long term care facilities.](#)

Thank you for your partnership, if you have questions or would like to report an outbreak please call our Communicable Disease Unit at (360) 397-8182. Faxed information should be sent to (360) 397-8080.



Recommendations for Prevention and Control of Influenza Outbreaks in Long Term Care Facilities during the 2014–2015 Influenza Season

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>

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 $\geq 100^{\circ}\text{F}$ 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.

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



Checklist for Controlling Influenza Outbreaks in Long Term Care Facilities

Recommendations	Recommended By LHJ	Implemented By Facility
Ill Residents		
Administer antiviral treatment to patients with suspected or confirmed influenza according to current CDC recommendations.†		
Implement <u>droplet precautions</u> 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, <i>whichever is longer</i> . Staff should wear a <u>facemask</u> when entering the room of a patient with suspected or confirmed influenza.		
Restrict ill residents to their rooms. If private rooms are not available, consider other placement options such as cohorting ill residents 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 face mask and be instructed to cover coughs and sneezes.		
If requested by the local health jurisdiction (LHJ), obtain specimens for viral culture or PCR on a subset of residents and/or staff with most recent onset of illness. 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/5100/speccollecttrans.pdf		
Staff		
Exclude ill staff, including volunteers, from work for <u>at least 24 hours</u> 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. Exclusion for a minimum of 5 days is ideal.		
Restrict staff movement between areas of the facility with and without illness.		
Vaccination		
Administer influenza vaccine to all previously unvaccinated residents and staff according to ACIP guidelines.**		
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 <u>all non-ill residents regardless of vaccination status</u> for a minimum of 2 weeks, and at least 7-10 days after last known case is identified. <i>Note: Persons who develop acute respiratory illness >72 hours after beginning antiviral chemoprophylaxis should be immediately tested for influenza and reported to the LHJ.</i>		
Consider administering chemoprophylaxis to <u>previously unvaccinated staff</u> . **		
Consider chemoprophylaxis for <u>all</u> staff, despite vaccination status, if the outbreak is caused by a strain that is not well matched to the vaccine.		
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.		

Resident Movement/Admissions/Transfers		
Cancel large group activities in the facility and consider serving all meals in rooms.		
Do not move residents to other wards or facilities unless medically indicated.		
Limit new admissions until the outbreak is over.		
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.		

†As of November 4, 2013, CDC recommends oseltamivir or zanamivir for treatment and chemoprophylaxis and of influenza. Refer to CDC guidance for dosing: <http://www.cdc.gov/flu/professionals/antivirals/index.htm>

*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.

**For newly vaccinated staff, antiviral chemoprophylaxis can be administered up to 2 weeks following influenza vaccination with TIV. Persons receiving antiviral chemoprophylaxis should not receive live attenuated influenza virus vaccine (LAIV), and persons receiving LAIV should not receive antiviral treatment or chemoprophylaxis until 14 days after LAIV administration.

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, 2013–2014. MMWR 2013;62(No. RR-7). Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6207a1.htm?s_cid=rr6207a1_w

CDC. Antiviral agents for the treatment and chemoprophylaxis of influenza. MMWR 2011;60(RR01):1-24. At: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6001a1.htm?s_cid=rr6001a1_e&source=govdelivery

Harper SA, Bradley JS, Englund JA, et al. Seasonal influenza in adults and children---diagnosis, treatment, chemoprophylaxis, and institutional outbreak management: clinical practice guidelines of the Infectious Diseases Society of America. Clin Infect Dis 2009;48:1003–32.

Educational Resources:

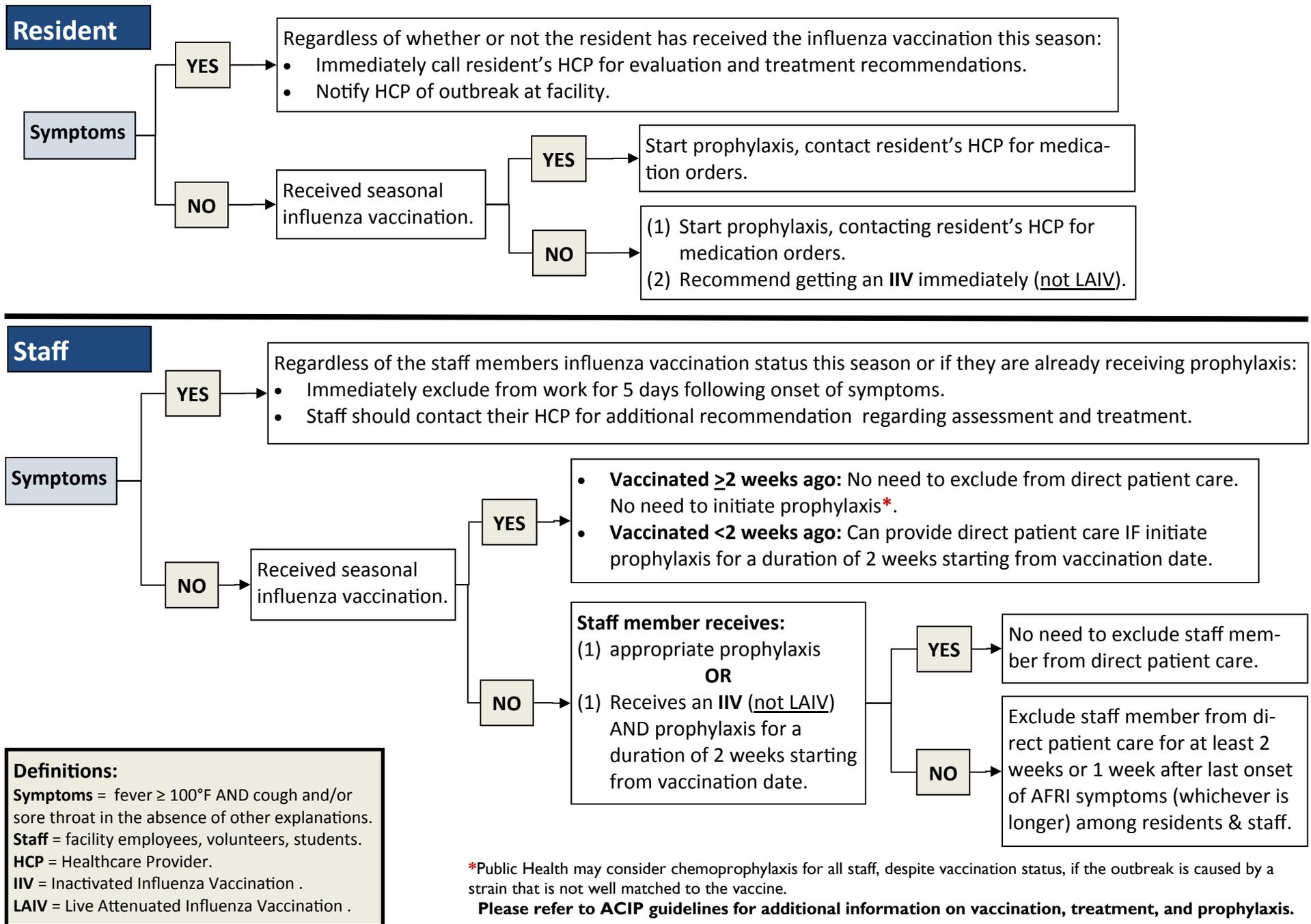
Centers for Disease Control and Prevention materials: <http://www.cdc.gov/flu/freeresources/print.htm>

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

Wash Your Handsington materials:

<http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Flu/WashYourHandsingTon.aspx>

Appendix A. LTCF Guidance - Determining Vaccination, Prophylaxis, Treatment and Exclusion during an Influenza Outbreak



CLARK COUNTY PUBLIC HEALTH

**RECOMMENDS
NO VISITORS AT THIS
TIME**



PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON