

Guidelines for Influenza Outbreaks in Long-Term Care Facilities

Define the outbreak:

Case definition for Influenza-like Illness (ILI):

- The McGeer criteria were developed for residents of long-term care settings, who may show atypical signs of influenza (**see included McGeer worksheet**).
 - **Fever:** either a single oral temperature $>37.8^{\circ}\text{C}$ (100°F); a repeated oral temperatures $>37.2^{\circ}\text{C}$ (99°F) or rectal temperatures $>37.5^{\circ}\text{C}$ (99.5°F); or a single temperature $>1.1^{\circ}\text{C}$ (2°F) over baseline from any site, and;
 - **At least three ILI subcriteria:** chills, new headache or eye pain, body aches, loss of appetite, sore throat, new or increased dry cough.
- The classical ILI definition (fever AND cough and/or sore throat) can applied to staff.

Outbreak definitions:

- Three or more cases of ILI identified within 72 hours of each other on the same unit.
- Two cases of laboratory-confirmed influenza identified within 72 hours of each other on the same unit. Confirmation can be by any testing method.

Incubation period: average 2 days (range 1-4)

Communicability: viral shedding is the greatest in the first 3-5 days of illness.

Respond to the outbreak:

- Report all suspected or confirmed influenza outbreaks to your local health department **immediately** and maintain regular contact throughout the outbreak.
- Use the McGeer worksheet included in this outbreak toolkit to classify illnesses in **residents only**.
- Conduct daily active surveillance by maintaining a line list of ill residents and staff until 7 days after the last case is identified.
- Implement appropriate control measures **immediately** (see below) and lift at least one week after the last onset of suspected or confirmed influenza.
- Collect nasopharyngeal swab specimens from recently ill persons and submit to the state laboratory for confirmatory testing
 - Refer to the Centers for Disease Control and Prevention's (CDC) [Information for Clinicians on Influenza Virus Testing](#) for guidance on when to consider testing and interpreting testing results.
 - Your local health department should be able to provide appropriate specimen collection kits if none are available at your facility.

Control the outbreak:

- Implement standard and droplet precautions for all residents with suspected or confirmed influenza.
- Place ill residents in a private room. If a private room is not available, place (cohort) residents suspected of having influenza residents with one another.
- Avoid new admissions or transfers while there is transmission of influenza within the facility. If a new admission or transfer is necessary, communicate information about transmission of influenza within the facility to appropriate healthcare personnel before transferring them or notifying new admits.
- Have symptomatic residents stay in their rooms as much as possible, including restricting them from common activities, and have their meals served in their rooms. If ill resident movement or transport is necessary, have the resident wear a face mask if possible.

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- Discontinue large group activities in the facility and serve all meals in resident rooms when the outbreak involves multiple units of the facility.
- Limit visitation and exclude ill persons from visiting the facility. Consider restricting visitation by children during community outbreaks of influenza.
- Restrict movement within the facility among healthcare personnel from areas of the facility having illness to areas not affected by the outbreak.
- Monitor healthcare personnel absenteeism due to respiratory symptoms and exclude those with ILI from work until at least 24 hours after they no longer have a fever.
- Administer influenza antiviral treatment and chemoprophylaxis to residents and healthcare personnel according to current recommendations. Refer to references above and CDC's [Influenza Antiviral Medications: Summary for Clinicians](#).
 - Do not wait for testing results to initiate antiviral treatment for all residents who have confirmed or suspected influenza.
 - Administer antiviral chemoprophylaxis for all non-ill residents living on the same unit(s), regardless of their influenza vaccination status.
 - Consideration may be given for extending antiviral chemoprophylaxis to residents on other unaffected units in the long-term care facility based upon factors (e.g. unavoidable mixing of residents or healthcare personnel from affected units and unaffected units).
 - Antiviral chemoprophylaxis is meant for residents who are not exhibiting ILI but who may be exposed or who may have been exposed to an ill person with influenza, to prevent transmission.
 - Consider antiviral chemoprophylaxis for unvaccinated healthcare personnel who provide care to those at high risk of influenza complications.
 - Antiviral chemoprophylaxis is recommended for at least 2 weeks and continuing for at least 7-10 days after identification of the last confirmed case.

Before an outbreak occurs:

- Encourage residents and healthcare personnel to obtain an annual, age-appropriate vaccination per CDC recommendations. Consider implementing strategies that may increase vaccination rates at your facility (standing orders, staff incentives, etc.).
- Conduct daily active surveillance for acute respiratory illness among all new and current residents, healthcare personnel and visitors of long-term care facilities. Healthcare personnel, and visitors who are identified with illness should be excluded from the facility until their illness has resolved. Ill residents should be placed on droplet precautions with room restriction and exclusion from participating in group activities as described above.
- Regularly educate residents, staff, and visitors about respiratory hygiene, hand hygiene, and cough etiquette, and take steps to ensure adherence to them.
- At any time of year, conduct influenza testing for any resident who has signs or symptoms of acute respiratory or ILI.
- Have pre-approved orders from physicians or plans to obtain orders for antiviral medications to expedite administration during an outbreak.

For additional information on the management of influenza outbreaks in long-term care facilities see the CDC's [Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities](#), the CDC's [Prevention Strategies for Seasonal Influenza in Healthcare Settings](#), and the Infectious Disease Society of America's Seasonal Influenza Clinical Practice Guidelines ([2018 Update](#)).