

INFLUENZA VACCINATION

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 and older, especially for residents and staff of long-term care facilities.

- Vaccinate newly admitted residents and newly hired staff.
- Keep a record of vaccination status of residents and staff.

DIAGNOSIS

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 congestive heart failure.

Familiarize yourself with signs and symptoms of influenza-like illness in the elderly.

Even if influenza activity is low in the community, influenza testing should occur when any resident has signs and symptoms consistent with influenza, and especially when two residents or more develop respiratory illness within 72 hours of each other.

ANTIVIRAL TREATMENT vs. CHEMOPROPHYLAXIS

Antiviral Treatment: Give antiviral medication to all residents and staff with influenza-like illness. Antiviral treatment can shorten the duration of fever, symptoms, and hospitalization, and might reduce the risk of complications such as pneumonia, respiratory failure, or death.

Do not wait for laboratory results to initiate treatment.

Chemoprophylaxis: Since staff and residents can spread influenza to residents on other units, floors, or buildings of the same facility, all non-ill residents should receive antiviral chemoprophylaxis to prevent influenza outbreaks. Priority can be placed on residents in the same area of the facility as the resident(s) diagnosed with influenza. Also give antiviral chemoprophylaxis to all well, unvaccinated staff.

AT A GLANCE

Incubation period	1-4 days (average 2 days)
Period of communicability	1 day before symptom onset - up to 10 days after symptom onset
Report to Public Health	2 or more residents with a new respiratory illness onset within 72 hours of each other
Oseltamivir for adults*	Treatment: 75 mg twice daily for 5 days Chemoprophylaxis: 75 mg once daily for a minimum of 2 weeks, continuing for up to 1 week after identification of last known case * Antiviral prescribing guidelines https://www.cdc.gov/flu/professionals/antivirals/index.htm
Lab testing	RT-PCR or rapid influenza diagnostic test A negative rapid test alone does not rule out influenza
Further information	Idaho Influenza Surveillance Trends, www.flu.idaho.gov CDC Influenza Site, https://www.cdc.gov/flu/index.htm CDC Long-term Care Guidance, https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm
Contact SWDH Epidemiology Program	Phone – 208 455 5442 Fax – 208 455 5350 Website -https://swdh.id.gov/healthy-living/epidemiology/

KEY POINTS FOR PREVENTING SPREAD DURING AN INFLUENZA OUTBREAK

Notify your public health district that an outbreak might be occurring. Public health officials may recommend:

- For ill residents: test for influenza (if not already done), start antiviral treatment, isolate in their room, implement standard and droplet precautions, serve meals in-room, exclude from group activities, if being transferred to an acute care facility notify infection prevention of the patient’s influenza test results.
 - Educate residents and staff on hand hygiene, respiratory hygiene, and other ways to minimize spread of influenza.
 - Offer antiviral chemoprophylaxis to all well residents and unvaccinated staff.
 - Limit group activities and consider serving all meals in resident rooms.
 - Avoid new admissions or transfers to areas of the facility with symptomatic residents.
 - Limit visitation and exclude ill persons from visiting the facility using posted notices.
 - 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).
 - Restrict staff movement from areas of the facility with illness to areas not affected by the outbreak.
 - Consider vaccinating unvaccinated residents and staff with influenza vaccine.
 - Regularly monitor the health of staff and residents and report updates to your local health district until the outbreak resolves.
- Note: An influenza outbreak can generally be considered over 7 days from the last onset (the clock starts again with each new onset).