

STATE OF COLORADO

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Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
of Public Health
and Environment

Guidelines for Prevention and Control of Influenza Outbreaks in Long Term Care Facilities

*Developed by the Colorado Medical Directors Association and
The Colorado Department of Public Health and Environment
Revised September 28, 2006*

These guidelines can be found on the CDPHE web site at: www.cdphe.state.co.us/hf/Protocols.htm.

Influenza Vaccination

Influenza in the community enters LTCF via infected staff and visitors. Influenza vaccination is the primary means to prevent influenza among residents and staff of LTCF, limit transmission, and prevent complications. Therefore, unless contraindicated, influenza vaccine is strongly recommended annually for ALL EMPLOYEES and HEALTH CARE PROVIDERS working in the facility.

Case Definitions

Influenza-Like Illness (ILI) Case Definition for LTCF

- [Fever ($\geq 100^{\circ}\text{F}$ orally) or Prostration] AND [new cough or sore throat]
- When influenza is circulating in the surrounding community of the LTCF, a high index of suspicion should be maintained. The medical director might consider loosening the ILI case definition to [fever OR prostration OR new cough] for a highly suspect influenza outbreak situation in which many patients do not manifest multiple signs.

Confirmed Influenza Infection

There are two types of human influenza virus which cause epidemics and outbreaks, type A and type B. For the purpose of identifying a LTCF outbreak, influenza infection is confirmed when there is a positive laboratory test for influenza. Note: rapid diagnostic tests may be falsely negative as their sensitivity is less than that of viral culture, and because specimen collection and transport techniques are often sub-optimal. Rapid tests also may be falsely positive; especially when there is little or no circulating influenza virus in the surrounding community.

Influenza outbreak in a long term care facility

During the time period **October through March** of each winter, **three cases of influenza-like illness within a 1-week period is considered an outbreak**. During these months, the occurrence of acute febrile respiratory

illness in several residents within a short time frame should be considered due to influenza until proven otherwise, regardless of whether the affected residents have been vaccinated.

In addition, during the period when influenza is documented to be circulating in the surrounding community (e.g., based on state surveillance data at: www.cdphe.state.co.us/dc/Influenza/index.html), even **one case of confirmed influenza in a LTCF should be considered an outbreak.**

PLEASE REPORT ALL SUSPECTED OUTBREAKS OF INFLUENZA TO CDPHE (group outbreaks are reportable conditions in Colorado) by phone (303-692-2700 during business hours; 303-370-9395 after hours) or Fax (see attached Report Form) OR TO THE LOCAL HEALTH DEPARTMENT.

CDPHE can provide guidance on laboratory testing, selection/use of antiviral medications, and other control measures.

Response to an outbreak

1) Confirmatory Testing

- For the purposes of confirming an influenza outbreak, up to **3-5 residents with influenza-like illness should be tested within 1-2 days of symptom onset** by rapid diagnostic testing. The outbreak should be considered due to influenza if one or more residents test positive.
- If the outbreak of ILI occurs during the early part of the flu season (i.e., October/November), CDPHE may request specimens for testing at the State Laboratory to confirm the results of rapid flu tests.

2) Prophylaxis with antiviral medications

- **In outbreaks, antiviral PROPHYLAXIS should be administered to all residents, regardless of whether they received influenza vaccine.** Prophylaxis is also recommended for unvaccinated staff who provide patient care; alternatively, such staff (ages 5-49 years, healthy, non-pregnant, and non-nursing) could receive live, attenuated influenza vaccine (LAIV) without prophylaxis, that should offer protection within 1-2 days.
- Antiviral prophylaxis should be continued for at least two weeks AND until approximately 1 week after the onset of the last known case.
- On the basis of antiviral testing results conducted at CDC during the 2005-06 flu season, CDC recommends that neither amantadine nor rimantadine currently be used for the treatment or prophylaxis of influenza A in the United States. **Oseltamivir** (Tamiflu[®]) should be selected by LTCFs if an antiviral medication is used for the treatment or prophylaxis of influenza.

Dosage of Antiviral Medication for Prophylaxis*

	Age 13-64 years	Age ≥ 65 years
Oseltamivir prophylaxis**	75 mg/day	75 mg/day

* for additional information about dosing see Table 6 in MMWR, July 28, 2006 (No. RR-10) at: www.cdc.gov/mmwr/mmwr_rr.html

** use for a minimum of two weeks and continue until one week after onset of last known case

NOTE: To ensure the rapid administration of antiviral medications to residents, all attending physicians should be asked before the flu season to sign a facility standing order which allows the facility's Medical Director to order antiviral prophylaxis if an influenza outbreak is confirmed.

- 3) **Implement Droplet Precautions** for all patients with confirmed or suspected influenza. Staff should wear a surgical mask or procedure mask upon entering the resident's room or when working within 3 feet of the resident. Remove the mask when leaving the resident's room and dispose of the mask in a waste container. If resident movement or transport is necessary, have the resident wear a surgical mask or procedure mask, if possible. In general, the duration of droplet precautions should be for 5 days after onset of symptoms. Note: droplet precautions should not impede patient care or providing social or rehabilitation services in the patient's room.
- 4) **Isolation/Cohorting**
Optimally, symptomatic patients should be confined to their rooms OR cohorted on the affected unit until treatment is completed or until 5 days after the onset of their illness if they are not taking antiviral medicines. This will reduce the spread of virus. Note: isolation should not impede patient care or providing social or rehabilitation services in the patient's room as long as droplet precautions are in place.
- 5) **Surveillance**
Implement daily active surveillance for new respiratory illness among all residents and health-care personnel. Exclude personnel with influenza-like symptoms from patient contact for 5 days following onset of symptoms, when possible.
- 6) **Restrict staff movement** from areas with outbreaks (including dietary, housekeeping, laundry, therapy, medical equipment providers, etc.).
- 7) **Notifying Visitors**
Facilities should notify visitors that an outbreak of influenza (if confirmed) or influenza-like illness is occurring. The notice should advise visitors to protect themselves if they are unvaccinated or at increased risk for complications of influenza. During the period when influenza is occurring in the surrounding community, notify visitors that adults with acute respiratory illness symptoms (i.e., cough, sore throat, fever) should not visit for 5 days and children with respiratory illness symptoms for 10 days following their illness onset.
- 8) **Limit new admissions.**

INFLUENZA OUTBREAK REPORT FORM

For Long-Term Care Facilities

Influenza-like illness (ILI): [Fever ($\geq 100^{\circ}\text{F}$ orally) or Prostration] AND [new cough or sore throat]
Influenza Outbreak: Suspected when three or more cases of ILI are detected during a period of 1-week;
Confirmed when at least one resident has a positive culture or rapid-antigen test for influenza.

FACILITY NAME:		
NAME OF REPORTER:		TITLE:
DATE OF REPORT:		
ADDRESS:		
CITY:	COUNTY:	ZIP:
PHONE #:	FAX #: ()	
FACILITY INFORMATION		
Total number of residents in The facility at time of outbreak:		Total number of staff:
Number of residents in the facility with influenza-like illness (ILI):		
Date of symptom onset/detection for the first case of ILI during the outbreak:		
Type of long-term care facility (check only one): <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Assisted Living <input type="checkbox"/> Combined Care <input type="checkbox"/> Other _____		
Have specimens been sent to a laboratory for confirmation of influenza: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the name of the laboratory performing the test: _____		
Test results: Number of positive tests: _____ Number of negative tests: _____ Type of influenza test:		

FAX:(303-782-0338)
PHONE: (303-692-2700)
COMMUNICABLE DISEASE EPIDEMIOLOGY PROGRAM
COLORADO DEPARTMENT OF PUBLIC HEALTH

Thank you for your assistance with influenza surveillance in Colorado.
Contact Melina Evdemon-Hogan (303) 692-2778 {after hours: (303) 370-9395}
or Dr. Ken Gershman (303) 692-2657 if you have questions.