QUICK GUIDE FOR LONG TERM CARE FACILITIES (LTCF):

INFLUENZA OUTBREAKS IN LTCF

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 LTCF.

- Vaccinate newly admitted residents and newly hired staff throughout the flu season.
- 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 (ILI) in the elderly.

Public Health provides specimen collection kits and laboratory testing at no cost to you when influenza is suspected.

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

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.

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 SIMULTANEOUSLY.

Prophylaxis is approximately 70-90% effective in preventing influenza.

PREVENTION OF ADDITIONAL CASES

Encourage residents and staff to minimize risk of infecting others.

- Limit large group activities and consider serving all meals to residents in their rooms if the outbreak is widespread.
- 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.
- 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.

INFLUENZA IN KING COUNTY: 2013-2014 SEASON

10 outbreaks of lab confirmed influenza in LTCF (80% influenza A)

22 laboratory confirmed influenza deaths were reported:

- 91% influenza A
- 68% occurred in persons 65 and older
- No pediatric deaths