



Prevention, Recognition, and Management of Influenza in Long Term Care Facilities Outbreak Checklist

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Case Definitions

Influenza-like Illness (ILI): Onset within 3-4 days of fever AND cough and/or sore throat.

Acute Respiratory Illness (ARI): Onset within 3-4 days of at least 2 symptoms: rhinorrhea, nasal congestion, sore throat, cough, and fever.

Outbreak: Three or more cases of acute febrile illness (fever >100°F plus one or more respiratory symptoms such as cough or sore throat) occurring within 48 to 72 hours, in residents who are in close proximity to each other (e.g., in the same area of the facility) or when any resident tests positive for influenza. One case of confirmed influenza by any testing method in a long-term care facility resident is an outbreak.

Reporting an outbreak

Any outbreak should be promptly reported to the Philadelphia Department of Public Health (PDPH) by calling 215-685-6740 during business hours or 215-686-4514 during evenings, weekends and holidays and asking for the Division of Disease Control on-call staff.

Cluster or Outbreak Checklist*

- 1. Inform PDPH within 24 hours of outbreak recognition.
- 2. Confine the first symptomatic resident and exposed roommates to their room, restrict them from common activities, and serve meals in their rooms. Staff should wear appropriate PPE, such as a mask, when in an ill patient's room and patients should wear a surgical mask if transferred.
- 3. Implement Droplet Precautions (http://www.cdc.gov/hicpac/2007IP/2007ip_part3.html) for all residents with suspected or confirmed influenza for 7 days after the onset of illness or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer.
- 4. Implement daily active surveillance and maintain line list for respiratory illness among all residents and health care personnel until at least 1 week after the last confirmed influenza case occurred. Exclude healthcare workers with influenza-like symptoms from patient care until 24 hours after the resolution of fever and respiratory symptoms.
- 5. Identify influenza virus as the causative agent early in the outbreak by performing rapid influenza virus testing (<http://www.cdc.gov/flu/professionals/diagnosis/index.htm>) of residents with recent onset of symptoms suggestive of influenza. In addition, obtain viral cultures from a subset of residents to confirm rapid test results (both positive and negative) and to determine the influenza virus type. PDPH Division of Disease Control can assist with testing.
- 6. When influenza is confirmed in either a resident or in healthcare personnel, antiviral prophylaxis with oseltamivir or zanamivir should be started as early as possible in all eligible residents (e.g., who have no contraindications), regardless of whether they received influenza vaccination, and should continue for a minimum of 2 weeks. Chemoprophylaxis should be continued until approximately 7-10 days after illness onset in the last patient. Chemoprophylaxis should be offered to unvaccinated staff that provides care to persons at high risk. Staff members who are vaccinated at the time of an outbreak require chemoprophylaxis only for the 2-week period following vaccination.
- 7. If outbreak becomes widespread, cancel common activities and serve all meals in patient rooms.
- 8. Limit visitation, exclude ill visitors, and consider restricting visitation of children via posted notices.
- 9. Restrict personnel and patient movement from areas of the facility having outbreaks to areas without patients with influenza.
- 10. Limit or defer transfers and new admissions.
- 11. Vaccinate any unvaccinated staff or patients with influenza vaccine.
- 12. Educate staff and post signage around building reminding of precautions against the spread of disease.

* (Adapted from the CDC's Infection Control Measures for Preventing and Controlling Influenza Transmission in Long-Term Care Facilities, 2011)