



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

Outbreak Checklist

Last updated October 19, 2016

Persons with illness associated with influenza often have fever ($>100^{\circ}\text{F}$), cough, chills, headache, myalgia, sore throat, or runny nose. The formal definition of influenza-like illness (ILI) is onset within 3-4 days of fever and cough and/or sore throat. Elderly persons may have an atypical clinical presentation, without fever, when they are infected with influenza. Influenza should be considered in residents aged 65 years and older with respiratory symptoms or fever during influenza season.

Outbreak Definition

A suspected influenza outbreak is defined as two or more residents ill with influenza symptoms (fever, cough, chills, headache, myalgia, sore throat, or runny nose) occurring within 72 hours, 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. **A single long-term care facility resident with influenza confirmed by any test method is an outbreak.**

Reporting an outbreak

All suspected and confirmed outbreaks should be promptly reported to the Philadelphia Department of Public Health (PDPH) by calling 215-685-6742 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 residents and exposed roommates to their rooms, 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 nasopharyngeal specimens from a subset of residents to confirm rapid test results (both positive and negative) with PCR or culture 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 facility-wide (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 days after illness onset in the last patient. Chemoprophylaxis should be offered to staff that are unvaccinated or have underlying medical conditions. Staff members who are initially vaccinated at the time of an outbreak, and have no underlying conditions, require chemoprophylaxis only for the 2-week period following vaccination.
- 7. If the 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 staff and patient movement in and out of the area of the facility having an outbreak.
- 10. Limit or defer transfers and new admissions until 5 days after the symptom onset of the last case.
- 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)