
Influenza Guidance for Long-Term Care Facilities

2011-2012 Season



Vaccine-Preventable Disease Surveillance
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Preparing for Influenza Season

Vaccination

- Implement a seasonal influenza vaccination campaign for residents, staff, and volunteers as vaccine becomes available. Continue vaccinating throughout the influenza season, or until vaccine expires.
- Stay up to date with the latest recommendations for influenza vaccination. Information can be found in the Annual Fall Flu Guide, which is published online from MDH each year and can be found on www.mdhflu.com and by clicking this link: www.health.state.mn.us/divs/idepc/diseases/flu/hcp/vaccine/index.html.
- This is also a good time to vaccinate residents who are not up to date with tetanus-diphtheria (Td), tetanus-diphtheria and acellular pertussis (Tdap) and pneumococcal vaccinations.
- A single dose of Tdap vaccine may be given instead of Td vaccine in adults older than 65 who have not previously received Tdap to help prevent the spread of pertussis. Please see the full recommendations for further guidance at www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s_cid=mm6001a4_w
- Encourage all regular visitors to the facility to have a seasonal influenza vaccination. If possible, offer vaccine to them or refer them to a flu shot clinic in your area.
- Enter all vaccine that you administer into the Minnesota Immunization Information Connection (MIIC). It is easy to do and allows you to easily look-up past vaccinations. Please contact your MIIC Regional Coordinator to get started. www.health.state.mn.us/divs/idepc/immunize/registry/map.html
- The immune response to flu vaccine can be lower in the elderly, so it is important to vaccinate all of their contacts, especially employees of your nursing home. Make vaccine easily accessible to all employees and refer to MDH's FluSafe website (follow the link from www.mdhflu.com) for tools and materials to enhance your vaccination campaign. Consider signing up for MDH's FluSafe program to track your employee's vaccination coverage and receive public recognition for high rates.



Staff training and education

- Provide staff with training of appropriate infection prevention practices to be used throughout the facility by all staff, residents, volunteers and visitors. (See Infection Prevention and Control section)
- Instruct staff on the signs and symptoms of influenza-like illness (e.g. fever, cough, sore throat, etc.) and that influenza can be spread prior to onset of symptoms.

Surveillance

- Conduct surveillance for influenza-like illness in staff and residents.
- Advise staff to contact their supervisor if they feel ill OR identify residents with new symptoms of influenza-like illness.

Facility supplies and preparation

- Develop a plan for collecting respiratory specimens and performing rapid influenza testing (e.g., rapid diagnostic test, immunofluorescence) and viral cultures for influenza.
- Obtain influenza testing supplies (e.g. synthetic or non-cotton Dacron swabs and viral transport media).
- Identify a system to transport specimens to MDH for laboratory testing.
- Ensure that the facility has adequate infection prevention supplies and that supplies are readily available at the point of use.
- Post Cover Your Cough posters throughout the facility. See next page or www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/cover/hcp/hcposter.html.
- Post signs on all facility entrances asking visitors who are ill not to enter. www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/cover/hcp/stopres.html
- Consider placing alcohol-based hand sanitizer at all facility/unit entries.
- Make tissues, trash receptacles, and hand sanitizer available throughout the facility for use by staff, residents, and visitors.
- In conjunction with the facility medical director, develop a protocol for antiviral use to expedite treatment and prophylaxis if an influenza outbreak occurs.

Stop the spread of germs that make you and others sick!

Cover your Cough



Help Protect Our Residents!

Please **do not** visit if you have a fever or cough.

All healthy visitors please:

- Clean your hands after arriving and before leaving.
- Always cover your cough.
- Use a tissue or your sleeve when you cough or sneeze.
- Clean your hands after coughing or sneezing.

If you are ill and must visit, please ask for a mask.

Infectious Disease Epidemiology, Prevention and Control
612-675-6414 • TDD/TTY 651-215-5800 • www.health.state.mn.us

Infection Prevention and Control

Remind all staff to follow Standard Precautions in the care of **all** residents **all** of the time. See www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/pre/standard.html

Standard Precautions

- Wear gloves if hand contact with blood and/or bodily fluids including respiratory secretions or potentially contaminated surfaces is anticipated.
- Wear a gown if soiling of clothes or contamination of skin with a resident's respiratory secretions is anticipated.
- Change gloves and gowns after each resident encounter and perform hand hygiene.
- Clean hands before and after touching the resident, after touching the resident's environment, or after touching the resident's blood and/or bodily fluids, including respiratory secretions, whether or not gloves are worn.
- When hands are visibly soiled or contaminated, wash hands with soap and water. If hands are not visibly soiled, an alcohol-based hand rub can be used.

When caring for residents with influenza-like illness:

- Follow **Standard Precautions AND Droplet Precautions** (surgical mask and eye protection as indicated by Standard Precautions). See www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/pre/droplet.html.
- Droplet Precautions should be followed for five days after the onset of the resident's influenza-like illness.

- Place resident into a private room. If a private room is not available, place (cohort) residents with influenza-like illness with other residents having the same symptoms. Avoid cohorting residents with discordant epidemiologically- important organisms when possible.
- Wear a surgical mask when entering the resident's room or when having close contact with the resident.
- Remove the mask when leaving the resident's room, dispose of the mask in a waste container, and perform hand hygiene.
- If resident movement or transport is necessary, have the resident wear a surgical mask, if possible.
- When residents are transferred to another facility, notify the receiving facility of a suspected/confirmed influenza outbreak in your facility.
- Prior to residents being transferred into your facility, notify the transferring facility that you have a suspected/confirmed influenza outbreak.
 - Assure that all new residents have received influenza vaccination prior to transfer.

When caring for residents with suspected or confirmed influenza:

- Follow Standard Precautions and Droplet Precautions. See www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/pre/droplet.html.

Specimen collection

Droplet Precautions should be used by the healthcare workers obtaining a clinical specimen (includes nasopharyngeal swab, nasal wash, throat swab); if splashes are anticipated, then eye protection should be considered. Nebulizer treatment should be performed in an area that is physically separated from other patients (e.g. treatment room, screened enclosure).

Respiratory Protection should be used while performing aerosol-generating procedures (e.g. bronchoscopy, open suctioning of airway secretions, sputum induction, resuscitation involving emergency intubation or cardiac pulmonary resuscitation, endotracheal intubation and extubation and autopsy.)

Respiratory protection includes:

- Fit-tested disposable N95 respirator
 - Repeat fit-testing annually and fit-check/seal-check prior to each use
- OR Powered air purifying respirator (PAPR)
 - Follow facility protocols and procedures for decontamination of PAPR
- PLUS Standard Precautions
- PLUS eye protection (goggles/face shield)

Environmental Cleaning and Disinfection

- Routine cleaning and disinfection strategies should be used.
 - Increase the frequency of cleaning in common areas throughout the facility.
 - Immediately clean/disinfect areas that become visibly soiled.
- Follow regular laundering procedures and policies for patients with influenza-like illness.
 - As usual, follow Standard Precautions (e.g. gown, gloves) when handling soiled linen.

Identify Possible Outbreaks

Definitions:

- **Influenza-Like Illness (ILI):** Documented fever AND cough and/or sore throat in the absence of another cause.
- **Outbreak:** A sudden increase of ILI cases over the normal background rate 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.

If an outbreak of influenza is suspected:

- Report suspected or confirmed outbreaks to MDH at 651- 201-5414 or 1-877-676-5414 (toll-free).

Monitor residents for influenza-like illness

- Instruct staff to be alert to signs/symptoms of influenza-like illness (fever, cough, sore throat, etc.) among residents and report resident illness to supervisors immediately.
- Confine residents with influenza-like illness and their exposed roommates to their rooms or on one unit (e.g., segregated) for five days following the onset of symptoms.
- Develop a line list of symptomatic residents. (See enclosed MDH Influenza-Like Illness Line List for Long-Term Care Facilities).

Monitor staff for influenza-like illness

- Instruct staff to notify their supervisor if they become ill at work.
 - Ill staff should cover their cough with tissues, leave the work area, and make arrangements to go home.
 - Supervisors should make alternative staffing arrangements.
- Ensure that ill staff do not work;
 - Staff who work in resident living/care areas should remain out of work for five days after symptom onset or 24 hours after resolution of fever – whichever is longer.
- Monitor staff absenteeism for influenza-like illness.
- Discontinue floating of staff to other units where possible.

Submitting Specimens to MDH for Laboratory Testing

Obtain and submit specimens from residents or staff promptly for influenza testing

- Diagnostic testing for influenza-like illness should be performed in accordance with your usual procedures.
- If an influenza outbreak is suspected, specimens can also be submitted to MDH for influenza PCR testing and/or viral culture to determine whether influenza may be circulating in your facility. **Submitting specimens to MDH should be done in addition to any diagnostic influenza testing performed.**
- Please call 651- 201-5414 or 1-877-676-5414 (toll-free). When you call to report a suspected outbreak, MDH will help facilitate the specimen submission process.
- Collect specimens from two or three residents and/or staff persons with influenza-like illness. Specimens should be collected as soon as possible and no more than three days after symptom onset.
- Nasopharyngeal swab is the preferred specimen. Other acceptable specimens are: nasal swab, nasal wash/aspirate, or combined nasal swab with a throat swab. Swabs from the same person may be placed in the same vial.
- N/P Swab
 - Perform a nasopharyngeal swab in both nares, using a viral culturette.
 - Gently insert the swab through the nostril to the posterior nasopharynx.
 - Leave swab in place for 15-30 seconds, rotate, and remove.
 - Place the swab directly into the viral transport media.

An MDH Laboratory Clinical Testing and Submission Form must be sent with each specimen.

This form can be found at the following link: www.health.state.mn.us/divs/idepc/diseases/flu/hcp/testing.html

Please denote that the specimen is from a long-term care facility under submitter comments and indicate the project number as 493.

- Use a cold pack to keep specimens at 4o C.
- Ship to the laboratory by an overnight delivery service.

Mail to:

By U.S. Mail:

Minnesota Department of Health
Public Health Laboratory
Attn: Specimen Handling, 1st Floor
601 Robert Street North
P.O. Box 64899
St. Paul, MN 55164-0899

By Federal Express:

Minnesota Department of Health
Public Health Laboratory
Attn: Specimen Handling, 1st Floor
601 Robert Street North
St. Paul, MN 55155-2531

For questions about specimen handling, call the MDH lab at 651-201-4953.

For questions about influenza surveillance, call 651-201-5414 or 1-877-676-5414 (toll-free).

There is no cost to long-term care facilities for testing for influenza at MDH.

Outbreak Management

When an influenza outbreak is suspected or confirmed, take the following steps to monitor residents and staff and to prevent transmission.

- Implement daily active surveillance for respiratory illness among all residents and staff until at least one week after the last confirmed influenza case occurred.
 - Implement Standard AND Droplet Precautions in the care of any resident with influenza-like illness. (see Infection Prevention and Control section)
 - Standard Precautions must be used when providing care to all residents – regardless of whether they have influenza-like illness or not.
 - Confine symptomatic residents with suspected or confirmed influenza to their rooms or on one unit (i.e., cohorted) for five days following the onset of symptoms.
 - Assign staff to work on only one unit, if possible.
 - Confine the first symptomatic resident and exposed roommate to their room, restrict them from common activities, and serve meals in their rooms.
 - If other residents become symptomatic, cancel common activities and serve all meals in resident rooms. If residents are ill on specific wards, do not move patients or staff to other units, or admit new residents to the units with symptomatic residents.
 - To maintain the residents' ability to socialize and have access to rehabilitation opportunities during periods when influenza infections are **unlikely and no influenza is suspected or confirmed**, residents with symptoms of respiratory infections can be permitted to participate in group meals and activities if they can be placed three to about six feet from other residents and can adhere to respiratory hygiene/cough etiquette.
- Limit visitation, exclude ill visitors, and consider restricting visitation of children via posted notices.
 - Monitor staff absenteeism due to respiratory symptoms and exclude those with influenza-like symptoms from patient care for five days following onset of symptoms, when possible.
 - Restrict staff movement from areas of the facility having outbreaks to areas without patients with influenza.
 - Consider limiting new admissions to the affected unit or to the facility – depending on the number of ill residents and ill staff.
 - Administer influenza antiviral chemoprophylaxis and treatment (See: Antiviral Medications for Treatment and Prevention section) to residents and/or staff according to current recommendations, based on MDH laboratory test results.
 - Residents receiving antiviral treatment for influenza should continue to be confined until treatment is completed because residents may still be infectious and rarely may be shedding antiviral resistant viruses.

Guidance for the use of Antiviral Medications is posted at: www.cdc.gov/flu/professionals/antivirals/index.htm. Antiviral medications may be used in the treatment and/or prevention of influenza in long-term care facilities. Treatment and chemoprophylaxis recommendations may be different, based on the influenza virus causing illness and the individuals affected (e.g., staff vs. residents).

Antiviral Medications for Influenza Treatment and Prevention

Antiviral Treatment

- If indicated, antivirals should be started as soon as possible. Maximum benefit occurs when started within the 48 hours of symptom onset. However, antivirals should not be withheld if symptoms began more than 48 hours prior and the individual meets criteria for antiviral treatment.
- Duration of antiviral treatment is five days. Extending the treatment may be needed among those with prolonged illness or who are immunosuppressed. Automatic “stop orders” should be implemented after five days, and the resident’s status re-evaluated.
- Influenza testing of residents with symptoms of influenza-like illness may assist in the management of an outbreak, however, initiation of treatment should not wait for laboratory confirmation of influenza.

Antiviral Chemoprophylaxis

Residents

- Antiviral chemoprophylaxis should be limited to those who have close contact with residents or staff with influenza-like illness, including those who share meals together or reside in the same ward or unit in the facility.
- If multiple wards or units of the facility house residents with influenza-like illness or confirmed influenza, chemoprophylaxis may be indicated for the entire facility. Consult with MDH staff for more guidance on specific situations.
- Chemoprophylaxis should be prescribed for ten days and an automatic “stop order” initiated after day ten.
- Antiviral chemoprophylaxis should be re-evaluated after 10 days. If no further exposures have occurred, antivirals should be discontinued. If close contact* has continued with others who are ill with influenza-like illness, continued use of chemoprophylaxis may be indicated.

Staff

- Staff who have an occupational exposure without using appropriate personal protective equipment (PPE) should be counseled about the early signs and symptoms of influenza.

- These staff must be advised to immediately notify their supervisor, leave the work setting and contact their healthcare provider for evaluation and possible early treatment if clinical signs or symptoms develop.
- Alternatively, post-exposure antiviral chemoprophylaxis can be considered for staff who did not use appropriate PPE during a recognized, close contact exposure to a person with influenza-like illness during the ill person’s infectious period as an alternative to early initiated therapy.

* Close contact, for the purposes of this document, is defined as having cared for or lived with a person who has influenza-like illness, or having been in a setting where there was a high likelihood of contact with respiratory droplets and/or body fluids of such a person. Examples of close contact include sharing eating or drinking utensils, physical examination, or any other contact between persons likely to result in exposure to respiratory droplets. Close contact typically does not include activities such as walking by an infected person or sitting across from a symptomatic patient in a waiting room or office.

The following factors should be considered when determining which antiviral agent is appropriate for chemoprophylaxis:

1. **Influenza virus type and sub-type**
2. **Antiviral resistance**

There are unique antiviral resistance profiles for each of the influenza strains expected to circulate during this influenza season (see table below). The choice of an antiviral should be based on the frequency of particular influenza strain circulating in the state in addition to factor specific to the patient. For the most up-to-date information on circulating influenza strains, see the MDH Weekly Influenza Activity at www.health.state.mn.us/divs/idepc/diseases/flu/stats/index.html.

Current (September 2011) Antiviral Resistance By Influenza Virus

Antiviral Agent	Neuraminidase Inhibitors		Adamantanes
	Oseltamivir (Tamiflu)	Zanamivir (Relenza)	Amantadine/Rimantadine
2009 influenza A / H1N1	sensitive	sensitive	resistant
Seasonal influenza A / H3N2	sensitive	sensitive	resistant
Seasonal Influenza B	sensitive	sensitive	not effective