



Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities

This is a summary of guidance intended to be a reference for use during investigations of respiratory outbreaks in long-term care facilities. It highlights preparations for flu season, outlines control measures, and provides links to reference documents.

Before an Outbreak Occurs

- Vaccinate residents:
 - Vaccinate staff.
 - Prepare for outbreaks.
 - Have a plan for treating and providing chemoprophylaxis to residents.
 - Preapproved orders from physicians or plans to obtain orders for antiviral medications on short notice can substantially expedite administration of antiviral medications.
 - Monitor new and current residents and visitors for flu-like symptoms.
 - Remember: elderly patients can have atypical flu presentations, like vomiting, diarrhea, and no fever.
 - Have plans in place for testing. If any resident has flu-like symptoms, test.

Monitor

- Implement daily surveillance using the **Influenza-like Illness (ILI) Line List** located on [Long-Term Care: Influenza](http://www.health.state.mn.us/diseases/flu/lte/index.html) (www.health.state.mn.us/diseases/flu/lte/index.html) for respiratory illness among:
 - Ill residents.
 - Health care personnel.
 - Visitors to the facility.
- Conduct daily active surveillance until at least 1 week after the last confirmed influenza case occurred.

Testing

- PCR tests are considered the gold standard for influenza testing, but rapid antigen tests may also be used. Consider testing 3-5 ill residents. If any are positive by rapid or PCR test, the outbreak is confirmed.
- It is possible to get false negatives and/or false positives with rapid antigen tests. However, a positive rapid test is still considered lab confirmed.

Identifying an Outbreak

When at least two cases of laboratory-confirmed influenza are identified within 72 hours of each other in residents on the same unit.

Reporting an Outbreak to MDH

Submit a report using the **LTC Facility Influenza and RSV Report Form** located on [Long-Term Care: Influenza \(www.health.state.mn.us/diseases/flu/ltc/index.html\)](http://www.health.state.mn.us/diseases/flu/ltc/index.html) when an influenza outbreak is identified in your long-term care (LTC) facility. Please call 651-201-5924 if you have questions regarding reporting or influenza outbreak control measures.

Control

- Implement Standard and Droplet Precautions for all residents with suspected or confirmed influenza.
- Continue for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer.
- Examples of Standard Precautions:
 - Wear gloves.
 - Wear gowns if clothes may be soiled with respiratory secretions.
 - Change gloves and gowns after each resident encounter.
 - Perform hand hygiene frequently even if gloves are worn.
 - Including: before and after touching the resident, after touching the resident's environment, or after touching the resident's respiratory secretions.
 - Gloves do not replace the need for performing hand hygiene.
- Examples of Droplet Precautions:
 - Placing ill residents in a private room.
 - Cohort ill residents if private rooms are unavailable.
 - Wear a facemask upon entering the resident's room.
 - Have the resident wear a facemask if resident movement or transport is necessary.
- Communicate information about patients with suspected, probable, or confirmed influenza to appropriate personnel before transferring them to other departments.

Treatment

- All long-term care facility residents who have confirmed or suspected influenza should receive antiviral treatment immediately.
- Treatment should not wait for laboratory confirmation of flu.
- Antiviral treatment works best when started within the first 2 days of symptoms.
- Dosing: Tamiflu antiviral treatment is typically 75 mg twice daily for 5 days.
 - Longer treatment courses for patients who remain severely ill after 5 days of treatment can be considered.
 - Always consult the resident's physician for dosing guidance. Patients with renal impairment may require lower doses.

Chemoprophylaxis

- All eligible well residents living on the same floor or unit as the resident(s) with lab-confirmed influenza should promptly receive antiviral chemoprophylaxis as soon as an influenza outbreak is determined.
 - Facilities may consider extending chemoprophylaxis to residents in unaffected areas based upon other factors (e.g., unavoidable mixing of residents or staff from affected and unaffected areas).
- Dosing: In the LTCF setting, Tamiflu antiviral chemoprophylaxis is typically 75 mg once daily for a minimum of 2 weeks, continuing for 7 days after the last known case was identified.

- Always consult the resident's physician for dosing guidance. Patients with renal impairment may require lower doses.
- Consider offering prophylaxis to staff in the facility. Alternatively, have staff contact their primary care provider to discuss prophylaxis.

Additional Control Measures

- Have symptomatic residents stay in their own rooms as much as possible, including restricting them from common activities, and have their meals served in their rooms when possible.
- Limit the number of large group activities in the facility and consider serving all meals in resident rooms, if possible, when the outbreak is widespread (involving multiple units of the facility).
- Avoid new admissions or transfers to wards with symptomatic residents, if possible.
- Limit visitation and exclude ill persons from visiting the facility via posted notices. Consider restricting visitation by children during community outbreaks of influenza.
- Monitor personnel absenteeism due to respiratory symptoms and exclude those with influenza-like symptoms from work until at least 24 hours after they no longer have a fever.
- Restrict personnel movement from areas of the facility having illness to areas not affected by the outbreak.
- Administer the current season's influenza vaccine to unvaccinated residents and health care personnel as per current vaccination recommendations.

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To obtain this information in a different format, call 651-201-5414.