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Influenza Prevention and Outbreak Control in Long-Term Care Facilities

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Objectives

1. Understand the importance of preventing influenza in long-term care facilities
2. Describe components of a long-term care facility influenza prevention and control plan
3. Understand how to recognize an influenza outbreak in a long-term care facility and what control measures are necessary



Influenza in California: 2016-2017 Season

- Overall influenza activity in California "widespread" since mid-December
 - Increase in influenza cases and outbreaks reported

[http://www.cdph.ca.gov/HealthInfo/
discond/Pages/Influenza\(Flu\).aspx](http://www.cdph.ca.gov/HealthInfo/discond/Pages/Influenza(Flu).aspx)



Influenza Outbreaks in California: 2016-2017 Season

- 146 laboratory-confirmed influenza outbreaks, as of February 4, 2017
 - Most outbreaks in long-term care facilities (LTCF)
- More than twice as many influenza outbreaks than at this date in recent seasons



CDPH Guidance

RECOMMENDATIONS FOR THE PREVENTION AND CONTROL OF INFLUENZA CALIFORNIA LONG-TERM CARE FACILITIES

DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTHCARE QUALITY
HEALTHCARE ASSOCIATED INFECTIONS PROGRAM

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Revised October 2016



<http://www.cdph.ca.gov/programs/hai/Documents/RecommendationsForThePreventionAndControlOfInfluenzaOct2016.pdf>

Influenza

- Contagious respiratory illness caused by influenza viruses
- Mild to severe illness
- Influenza-related complications
 - Pneumonia
 - Hospitalization or death

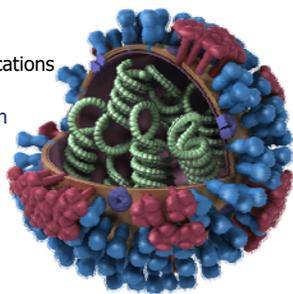


Illustration of influenza virus



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Persons at High Risk of Influenza-Related Complications

- Children younger than 5 years
- Pregnant women
- Adults 65 years of age and older
- Residents of nursing homes and other long-term care facilities
- People with certain medical conditions



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Influenza Outbreaks in Long-Term Care Facilities

- Influenza can be introduced and spread among residents and staff of LTCF by
 - Newly admitted residents
 - Healthcare workers
 - Visitors



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Influenza Prevention and Control: A Multifaceted Approach

- Vaccination
- Surveillance and testing
- Infection control
- Antiviral treatment and chemoprophylaxis



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Influenza Vaccination

- Vaccinating residents and healthcare workers is the best strategy for influenza control
- Although not 100% preventative, can reduce influenza-related complications and deaths, and lower healthcare worker absenteeism

<https://www.cdc.gov/flu/protect/vaccine/index.htm>



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Promoting Influenza Vaccination

- Implement a designated "Influenza Vaccination Week"
 - Chose one week where influenza vaccination is featured to vaccinate as many residents and healthcare workers as possible
- Use protocols to check residents for flu-like symptoms and vaccination status upon admission; vaccinate ASAP
- The single best predictor of vaccination is a strong recommendation:
 - "Flu illness can cause serious problems for those with your condition. Let's make sure you're protected and get that shot taken care of today."



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Influenza Vaccination Promotional Materials

If you work in a health care setting...

Get Your Flu Vaccine!



Protect Yourself
Getting a flu vaccine is your best protection against the flu.

Protect Your Patients
Flu can be flu threatening.

Avoid Missing Work
If you get sick, others may need to cover your duties.

Get your flu vaccine at:

<http://eziz.org/resources/flu-promo-materials/>

<https://vaccinefinder.org/>



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Influenza Surveillance

- Conduct daily active surveillance for influenza-like illness (ILI) during influenza season
- Signs and symptoms of possible influenza
 - Fever
 - Headache
 - Muscle ache
 - Sore throat
 - Cough
 - Chills
 - Fatigue
 - Runny or stuffy nose
 - Mental status changes

 Symptoms in elderly might be atypical and subtle

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Influenza Testing

- Real-time Polymerase Chain Reaction (RT-PCR) is best way to confirm the diagnosis of influenza
- False negative rapid influenza diagnostic tests can occur when influenza prevalence is high
- If influenza outbreak is suspected, contact local health department to access RT-PCR testing (if not readily available)



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Antiviral Treatment

- Start antiviral treatment (e.g., oseltamavir, "Tamiflu") as soon as possible for residents with suspected or confirmed influenza
 - Do not wait for results of influenza testing

For current recommendations on influenza antiviral medications, go to:
<https://www.cdc.gov/flu/professionals/antivirals/index.htm>



Infection Control Measures for LTCF Residents with Suspected or Confirmed Influenza

Standard and Droplet Precautions

- Placement in private room; if unavailable, residents with influenza can be cohorted
- Separation of >3 feet, drawing curtain between beds for residents in multi-bed rooms
- Health care workers wear facemask
- If resident movement or transport necessary, resident wears facemask
- Communication before transfer to other departments or facilities



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Duration of Droplet Precautions

- Continue droplet precautions for
 - 7 days after illness onset, or
 - 24 hours after resolution of fever and acute respiratory symptoms, whichever is longer



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Identification of an Influenza Outbreak

- One case of laboratory-confirmed influenza in the setting of two or more cases of ILI within 72 hours
- Report all suspected and confirmed outbreaks
 - Local Public Health Department
 - Licensing and Certification (L&C) district office



All Facilities Letter AFL 17-2: Influenza Outbreaks in LTCF

Purpose: Notify health care community and reiterate guidance on prevention and control of influenza in LTCF
"LTCFs should be prepared to provide care safely without putting residents at risk during influenza season."

<http://cdphinternet/certlic/facilities/Documents/LNC-AFL-17-02.pdf>



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Influenza Outbreak Control

- Recognize an outbreak
- Provide antiviral chemoprophylaxis to all non-ill residents
- Implement infection control measures
 - Standard and droplet precautions
 - Avoid new admissions or transfers to units with symptomatic residents
 - Ensure new or returning residents do not have acute respiratory illness and admit them only to unaffected units of the facility
- Conduct daily active surveillance for new cases



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Antiviral Chemoprophylaxis

- As soon as outbreak determined, provide antiviral chemoprophylaxis (e.g., oseltamavir, "Tamiflu") to all non-ill residents
- Continue antiviral chemoprophylaxis for
 - Minimum of 2 weeks, and
 - At least 7-10 days after the last known case

For current recommendations on influenza antiviral medications, go to: <https://www.cdc.gov/flu/professionals/antivirals/index.htm>

- Before an outbreak: Have plans in place for accessing and prescribing antiviral medication on short notice



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Infection Control Measures During an Influenza Outbreak

- Ensure droplet precautions implemented for all residents with suspected or confirmed influenza
- Cohort residents with suspected or confirmed influenza
- Cancel group activities and serve meals in rooms
- Limit staff movement between affected and unaffected units
- Avoid new admissions or transfers to affected units
- Ensure new or returning residents do not have acute respiratory illness and admit them only to unaffected units of the facility



Droplet Precautions after Hospital Discharge

- "Patients on droplet precautions should be discharged from medical care when clinically appropriate, not based on the period of potential virus shedding or recommended duration of droplet precautions."
CDC infection control guidance for influenza
- LTCF should develop plans to continue droplet precautions* for returning residents who were hospitalized with influenza

* If droplet precautions still necessary



Evaluating New and Returning Residents

- Returning residents hospitalized with influenza and clinically appropriate for discharge are past the acute phase of illness
- New/returning residents with acute respiratory illness should be evaluated by a clinician
 - Determine appropriate treatment and/or infection control measures



Limiting Admissions During an Outbreak

- Closing a LTCF to admissions should be considered on a case-by-case basis in consultation with local public health
- Considerations:
 - Appropriate implementation of control measures, including antiviral prophylaxis
 - Ability to cohort ill residents and restrict staff movement
 - Identification of no new cases during period of monitoring



Determining When an Outbreak is Over

- Active monitoring for new cases should continue for at least 1 week after identification of the last case
- If no new cases identified, ok to consider the outbreak over and resume new admissions to previously affected units



Summary

- LTCF should understand and implement an influenza prevention and control plan
- LTCF should actively monitor for acute respiratory illness and outbreaks during flu season, and take prompt control action
- All LTCF must be able to care for residents on transmission-based precautions, including droplet precautions
- Collaboration with local public health and L&C necessary for outbreak control



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Questions?

For more information, please contact
The HAI Program at
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Thank you