

# Influenza Outbreak in Long Term Care Facilities (LTCF) Frequently Asked Questions

## How long should symptomatic residents remain to be in precautions?

Implement droplet precautions in addition to standard precautions for suspected or confirmed cases for 7 days after illness onset or until 24 hours after resolution of fever and respiratory symptoms, *whichever is longer*.

## Can confirmed influenza cases be admitted to our facility?

Yes. There is not a requirement to suspend admissions. However, it is imperative that facility leadership evaluate their individual facility specific capability and capacity to safely care for residents that are admitted based on provision of services your facility offers and your facility's individual resource allocation, not the residents' diagnosis. Appropriate infection prevention precautions and influenza control measures must be maintained.

## Can we admit to our facility while in outbreak status?

There is not a requirement to suspend admissions. However, it is imperative that facility leadership evaluate their individual facility specific capability and capacity to safely care for residents that are admitted based on provision of services your facility offers and your facility's individual resource allocation, not the residents' diagnosis. Appropriate infection prevention precautions and influenza control measures must be maintained.

## Why should I test symptomatic residents for influenza?

Testing for influenza should occur when any resident has signs and symptoms that could be due to influenza. When influenza is circulating in the surrounding community of the LTCF, a high index of suspicion should be maintained. Washington State influenza surveillance data are available at: <http://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf>

Testing symptomatic residents for influenza helps to establish the existence of an outbreak and possibly the duration.

## Where can I find influenza testing guidance?

Clinical Description & Lab Diagnosis of Influenza  
<https://www.cdc.gov/flu/professionals/diagnosis/index.htm>

Influenza Virus Testing Methods  
<https://www.cdc.gov/flu/professionals/diagnosis/table-testing-methods.htm>

## What is Acute Febrile Respiratory Illness (AFRI) and why does it count as a suspect influenza case?

Acute Febrile Respiratory Illness (AFRI) is defined as fever  $\geq 100^{\circ}\text{F}$  and any combination of the following symptoms: cough, chills, sore throat, runny or stuffy nose, muscle or body aches, headaches or fatigue.

Long term care facilities are required to report all suspected and **confirmed** outbreaks to their local health jurisdiction (LHJ) per Washington Administrative Code (WAC) 246-101-305. LTCFs are required to report the following:

- A sudden increase in acute febrile respiratory illness over the normal background rate (e.g., 2 or more cases of acute respiratory illness occurring within 72 hours of each other)  
**OR**
- Any resident who tests positive for influenza.

## What are the recommendations for chemoprophylaxis and treatment?

Please review the CDC guidelines at this link  
<https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

## Do unvaccinated staff members need to be put on chemoprophylaxis?

Per the WA State guidelines it is recommended to consider administering chemoprophylaxis to previously unvaccinated staff.

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## **Does Cowlitz County Health and Human Services provide chemoprophylaxis?**

CCHHS does not provide prophylaxis.

## **Does Washington State Department of Health (DOH) provide chemoprophylaxis?**

DOH does not provide prophylaxis. The State maintains a stockpile of antivirals to assist with temporary shortages. Contact your Local Health Jurisdiction if needed.

## **What is recommended for chemoprophylaxis during an outbreak?**

Chemoprophylaxis during outbreaks in long-term care settings: recommended for all non-ill residents of long-term care facilities experiencing an influenza outbreak, regardless of vaccination status. CDC recommends a minimum of 2 weeks of antiviral chemoprophylaxis, continuing for at least 7 days after the last known case is identified.

<https://www.cdc.gov/flu/professionals/infectioncontrol/lc-facility-guidance.htm>

## **Do we need to close our dining room?**

There is not a requirement to close your dining room for influenza. The following guidelines/recommendations are for the facility to *consider* the following actions to limit transmission:

- Cancelling large group activities
- Serve all meals in resident rooms
- Limit visitors during the outbreak period

## **When is the outbreak over?**

An outbreak is typically over 7 days after the last onset of influenza or Acute Febrile Respiratory Illness.

## **Why do you send emailed outbreak notifications?**

Community partnerships and timely communications are the key to our ability to rapidly address public health concerns. We share outbreak notifications with our community partners to increase awareness.

## **When can employees who have been sick with influenza return to work?**

Employees diagnosed with influenza or presumed to have influenza can return to work when they have been without fever for 24 hours (without fever reducing medication) and have had a significant improvement in symptoms.

## **How can I improve my vaccination rates?**

Ongoing staff education, engagement and awareness.

Barriers and Strategies to Improving Influenza Vaccination among Health Care Personnel

<https://www.cdc.gov/flu/toolkit/long-term-care/strategies.htm>

## **What are the reporting requirements?**

Per the DSHS Purple Book, the facility is required to report an outbreak to the DSHS Complaint Hotline, local health department, and record the info in their reporting log. Reporting to the Hotline should occur as soon as the facility has knowledge an outbreak is occurring.

## **How do I report an outbreak to DSHS?**

Call DSHS at **1-800-562-6078**

## **What happens when I report to DSHS? Will my facility be cited?**

The DSHS/RCS response should only be to assure the facility is following their infection control policy and procedures, and they are following good infection control practices to minimize the impact of the outbreak and the number of clients who become ill.

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## How do I report an outbreak to my Local Health Department?

To report an outbreak for a facility within Cowlitz County, please call or fax Cowlitz County Health and Human Services at **(360) 414-5599 x 6431**. For facilities outside of Cowlitz County, please click here: <http://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>

## How do I get on the outbreak notification list?

To get on the outbreak notification list, please contact one of the Communicable Disease staff:

Michelle Ashby, Public Health Nurse	(360) 414-5599 x 6417	<a href="mailto:ashbym@co.cowlitz.wa.us">ashbym@co.cowlitz.wa.us</a>
Sheayah Krey, Public Health Nurse	(360) 414-5599 x 6419	<a href="mailto:kreys@co.cowlitz.wa.us">kreys@co.cowlitz.wa.us</a>
Jeanne Snow, Community Health Manager	(360) 414-5599 x 6430	<a href="mailto:snowj@co.cowlitz.wa.us">snowj@co.cowlitz.wa.us</a>

## Additional Resources:

### Cowlitz County Health & Human Services – Communicable Disease Program

<http://www.co.cowlitz.wa.us/index.aspx?nid=2270>

### Washington State DOH

<http://www.doh.wa.gov/Portals/1/Documents/5100/fluoutbrk-LTCF.pdf>

### Centers for Disease Control and Prevention

<https://www.cdc.gov/flu/professionals/infectioncontrol/lc-facility-guidance.htm>

To report a suspected or confirmed outbreak, call the  
**Cowlitz County Communicable Disease Program**  
at **(360) 414-5599 x 6431**