



Cowlitz County Health and Human Services

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Influenza Outbreak/Exposure in Long Term Care Facilities

Influenza Quick Reference

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| Influenza Symptoms | Common symptoms include: fever, fatigue, headache, cough, sore throat, runny/stuffy nose, chills, and muscle aches. Elderly patients can experience more subtle symptoms including anorexia, mental status changes, pneumonia, low-grade fever, and worsening or chronic respiratory conditions or congestive heart failure. |
| Incubation Period | 1 – 4 days (average 2 days) |
| Period of Communicability | 1 day before and up to 10 days after symptom onset |
| Lab Testing | Rapid influenza diagnostic test, viral cell culture, RT-PCR **A negative test does not rule out influenza** |
| Influenza Antiviral Treatment/Prophylaxis | Recommended for all residents with confirmed or suspected influenza |
| When to Report to CCHHS | Within 1 day of one lab-confirmed case or influenza or ≥ 2 cases of influenza like illness (ILI) |
| How to Report to CCHHS | Upload a line list securely online OR fax a line list to our secure fax line at (360) 425-7531. |
| What to Report to CCHHS | A line list of positive and symptomatic residents/staff. |
| DSHS/RCS Reporting | Per DSHS Purple Book facilities are required to report outbreaks to DSHS by calling 1-800-562-6078 or reporting online . |

What are the Reporting Requirements?

- 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:
 - One or more resident(s) who tests positive for influenza OR
 - 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)
 - Per the [DSHS Purple Book](#), facilities are 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 Cowlitz County Health & Human Services?

- To report a suspected or confirmed outbreak, facilities can upload a line list securely [online](#) OR fax a line list to our secure fax line at (360) 425-7531. If facilities have questions or aren't sure if they are having an outbreak, CCHHS can be reached via phone at (360) 414-5599 extension 6431.

How do I report an outbreak to DSHS/RCS?

- Call DSHS 1-800-562-6078 or report [online](#).
- What happens when I report to DSHS?
 - 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.

Washington DOH Interim Return-to-Work Guidance for Healthcare Personnel with COVID-19, Influenza, RSV, and Other Acute Viral Respiratory Infections

- Healthcare personnel (HCP) should be excluded from work until:
 - At least 3 days have passed since symptom onset (or positive test if asymptomatic), AND
 - At least 24 hours have passed with no fever (without fever-reducing medications) and symptoms improving and HCP feels well enough to work.
- Upon return, HCP must wear source control through day 10 and practice strict hand/respiratory hygiene.
- The first day of symptoms or positive test is day 0.

Note: These recommendations are not regulatory unless required by agencies such as Labor and Industries (L&I), Department of Social and Health Services (DSHS), or Centers for Medicare & Medicaid Services (CMS). Facilities must ensure their own policies comply with applicable regulations. Click [here](#) for more information.

Infection Prevention Control Measures

Before Influenza Season

- Ensure staff have received training regarding infection control policies and procedures with focus on influenza and can demonstrate competence.
- Review and update work-exclusion policies, avoiding penalizing employees who are absent due to illness.
- Review and update your facility exposure plan.
- Recommend vaccination of residents and staff for influenza.
- Review and update standing orders for rapid initiation of influenza prophylaxis for residents and staff in the event of an outbreak.
- Provide a letter to families and independent living residents about the facility's flu protocols, flu symptoms, and who should be notified in the event of illness.
- Test any resident with signs and symptoms of ILI, regardless of whether it is influenza season or not. This is especially important when 2 or more residents develop respiratory illness within 72 hours of each other.

Throughout Influenza Season

- Offer influenza vaccine to all residents and staff from beginning of October to the end of May.
- Maintain a record of vaccination status of all residents and staff.
- Initiate daily screening for respiratory symptoms among residents, staff, and visitors. Continue monitoring until the end of flu season.
 - Screen all residents at least daily
 - Screen staff at the start of each shift
 - Maintain an illness log for both residents and staff
- Ensure alcohol-based hand rub (ABHR) stations are located throughout the facility at all common areas, elevators, front door entrances, and nursing stations.
- Designate staff to care for ill residents and limit movement between affected and non-affected areas when possible.

- Perform enhanced cleaning with bleach wipes of all handrails, dining room chairs, condiment containers, room doorknobs, and any objects frequently touched by multiple people.

During an Outbreak

- Notify CCHHS of a confirmed or suspected influenza outbreak and conduct daily surveillance with line listing until the outbreak is declared over.
- Utilize [WA State DOH Recommendations for Prevention and Control of Influenza for LTC](#) to guide your facility's response.
 - Implement standard and droplet precautions for all residents with suspected or confirmed influenza for 7 days after illness onset or until 24 hours after resolution of fever and respiratory symptoms, whichever is longer.
 - Positive employees or employees presumed to have influenza may return to work when they have been fever free for 24 hours without fever reducing medication and have had significant improvement in symptoms.
 - HCP should wear respiratory protection equivalent to a fitted N95 filtering facepiece respirator or equivalent N95 respirator (e.g., powered air purifying respirator, elastomeric) during aerosol-generating procedures.
- Symptomatic residents should be treated regardless of testing; Treatment should not be delayed for laboratory confirmation.
- Limit large group activities and consider serving all meals to residents in their rooms if the outbreak is widespread.
- Restrict staff movement between areas of the facility with and without illness.
- Post signs at building entrances notifying visitors of the increase in respiratory illness and exclude anyone with ILI from visiting the facility.
- Consider and prepare for chemoprophylaxis for all non-ill residents and staff.
- Increase the frequency of cleaning and disinfecting throughout the facility.

Ending the Outbreak

- An outbreak is typically over 7 days after the last onset of influenza or Acute Febrile Respiratory Illness.
- Continue robust hand hygiene throughout the facility, respiratory hygiene, and other infection control practices.

After an Outbreak

- Evaluate your facility's response.
- Develop action plans to address any identified areas of concern regarding facility readiness and response.
- Review and update staff training regarding applicable policies and procedures with focus on infection prevention practices.

Frequently Asked Questions

Recommendations for Chemoprophylaxis and Treatment

- Antiviral Treatment:
 - Administer antiviral medications to all residents and staff with confirmed or suspected ILI. Antiviral treatment can shorten duration of fever, illness symptoms, and hospitalizations, and may reduce risk of complications such as pneumonia, respiratory failure, or death.
 - Do not wait for lab results to initiate treatment.
- Chemoprophylaxis:

- Administer antiviral medication to all non-ill residents and consider for staff starting when, at least 2 residents are ill within 72 hours of each other and at least one resident has laboratory-confirmed influenza.
- Review CDC Guidelines here:
 - [Influenza Antiviral Medications: Summary for Clinicians](#)
- Does CCHHS provide chemoprophylaxis?
 - CCHHS does not provide prophylaxis.
- Does Washington State Department of Health (DOH) provide chemoprophylaxis?
 - DOH does not provide prophylaxis.

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.
- AFRI counts as suspect influenza because the symptoms of AFRI are the same as influenza.

Can confirmed influenza cases be admitted to our facility?

- Yes. There is no 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 should be maintained.

Can we admit to our facility while in outbreak status?

- Patients with influenza should be discharged from hospitals when clinically appropriate.
- LTCF should not require that influenza patients have completed their antiviral therapy or be off transmission-based precautions in order to accept them for admission or readmission.
- Before interfacility transfer, the sending facility must provide the receiving facility with clinical information about a patient's illness and transmission-based precautions requirements so that appropriate care and infection prevention measures can be implemented.
- When accepting a patient for transfer, LTCF should determine if they have the capacity to safely care for a given patient. LTCFs should accept residents back from all healthcare settings, regardless of influenza testing status, as long as the LTCF is able to provide the appropriate level of care under the appropriate transmission-based precautions.
- Appropriate infection prevention precautions and influenza control measures should be maintained.

Are we required to close our dining room?

- There is no requirement to close your dining room. The guidelines/recommendations are for the facility to consider the following actions to limit transmission:
 - Encourage social distancing during communal activities
 - Cancelling large group activities
 - Consider serving all meals in resident rooms

Why should we 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 can be found [here](#).
- Testing symptomatic residents for influenza helps to determine the extent of spread within the facility among residents. If there is concern for multiple respiratory pathogens, testing for influenza can help with cohorting and other infection prevention practices.

Where can I find influenza testing guidance?

- CDC: [Clinical Description & Lab Diagnosis of Influenza](#)
- CDC: [Influenza Virus Testing Methods](#)
- CDC: [Rapid Influenza Diagnostic Tests](#)

Additional Resources

- WA DOH:
 - [Recommendations for Prevention and Control of Influenza Outbreaks in Long Term Care Facilities](#)
- CDC:
 - [Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings](#)
 - [Cover Your Cough Poster Health Care Poster](#)
- DSHS:
 - [Purple Book](#)