

# Influenza-Specific Infection Prevention and Control Recommendations: Residential and Long-term Care Facilities

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The following recommendations are in no way to be perceived as a complete list of infection control practices required by the facility.

## Specific Influenza-Related Recommendations:

### Influenza Season Preparation:

- Review the latest Centers for Disease Control and Prevention (CDC) *Morbidity and Mortality Weekly Report*, "Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices." The report is usually published in the spring.
- Review CDC's "Prevention Strategies for Seasonal Influenza in Healthcare Settings." The document can be found at the following link:
  - <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>
- Contact your pharmacy or distributor to establish the availability of the influenza vaccine and order.
- Contact your pharmacy to confirm the availability of antiviral agents.
- Provide a detailed influenza education campaign for all staff (including medical, environmental, dietary, contract, etc.), residents' families, and volunteers.
- Verify orders for influenza immunization for residents and vaccinate appropriately.
- All staff and volunteers should receive annual influenza vaccinations. Require personnel to sign declination forms to acknowledge that they have been educated regarding the benefits and risks of vaccination. Keep proof of vaccination for your records.
- Provide tissues and alcohol-based hand rubs throughout the facility for staff and visitor access.

### Education:

*Instruction should include job- or task-specific education and training during orientation and periodically through ongoing education and training programs.*

- Conduct in-services for all staff, contract employees, volunteers, medical staff, teachers, and residents' families regarding:
  - Respiratory Hygiene and Cough Etiquette (e.g. cough and/or sneeze into tissue, discard and perform hand hygiene). Discuss special considerations for the facility regarding respiratory etiquette.
    - <http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
  - The importance of immunization and facts concerning the vaccine. Explicitly explain how the vaccine develops antibodies and does not cause influenza illness. Immunocompromised individuals have a lower likelihood of developing a full immune response; therefore, staff, volunteer, and family vaccinations are important to protect against the introduction of influenza into the facility.
    - <http://www.cdc.gov/flu/professionals/vaccination/index.htm>
  - Signs and symptoms of influenza. The typical influenza symptomology is not always predictive of influenza in immunocompromised populations. Immunocompromised individuals may not experience fever or cough with an acute onset. Those with neurological and neurodevelopmental conditions (NNC)[including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability (mental retardation), moderate to severe developmental delay, muscular dystrophy, or spinal cord injury] are at increased risk for developing influenza-related complications. Severely immunocompromised individuals can shed the influenza virus for weeks or months.
    - <http://www.cdc.gov/flu/about/disease/symptoms.htm>
  - Reporting influenza-like illness (ILI) symptoms among residents, staff, volunteers, and visitors.
  - Non-punitive facility policies and support of not working or volunteering while ill and prohibiting visitation while ill through the period of communicability. (Employees with fever and other ILI symptoms should not work with residents/individuals for at least seven days after onset of illness, or 24 hours after they no longer have a fever [without the use of a fever-reducing medication such as acetaminophen], or resolution of symptoms, whichever is longer. ILI is defined as a fever greater than 100° Fahrenheit AND cough and/or sore throat [in the absence of a known cause other than influenza]). See the following for further information regarding ILI case definition:
    - [http://www.acha.org/ILI\\_Project/ILI\\_case\\_definition\\_CDC.pdf](http://www.acha.org/ILI_Project/ILI_case_definition_CDC.pdf)
    - <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>
  - Reinforcement of Standard Precautions, specific instructions for instituting Contact and Droplet Isolation Precautions, and considerations for distancing residents (at least three feet), especially while in common areas of the

## Influenza-Specific Infection Control and Prevention Recommendations (Continued)

facility during times of increased illness. Symptomatic individuals should not be permitted in common areas until resolution of illness.

- <http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>
- Decreasing opportunities for crowding by having fewer residents in common areas at the same time.

### Infectious Disease Reporting:

Please refer to "Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio" from the Ohio Administrative Code Chapter 3701-3, as infectious disease reporting requirements are subject to change.

- Report influenza-associated pediatric mortality cases by the close of the next business day after the case or suspected case presents and/or a receipt of a positive laboratory result to the jurisdiction of the local health department (LHD) where the facility is located.
- Report an individual hospitalized with influenza by the end of the business week in which the case or suspected case presents and/or receipt of a positive laboratory result to the LHD.
- Report a respiratory disease outbreak by end of the next business day to the LHD: Three or more residents from the same unit whose onset of illness was within 72 hours of each other who have pneumonia, ILI or laboratory-confirmed viral or bacterial infection (including influenza) or a sudden increase in ILI or pneumonia over the facility's normal baseline rate.

### Identify and Take Action:

- **Perform active surveillance to identify cases of ILI.**
- **Test individuals with signs and symptoms of ILI.**
  - Respiratory specimens should be obtained from ill persons during institutional outbreaks and sent for testing to determine the virus type or subtype of influenza virus associated with the outbreak and to guide antiviral therapy decisions.
    - The LHD can assist with the arrangement of free influenza testing via the Ohio Department of Health (ODH) Laboratory if needed.
    - Check with the LHD regarding collection and handling of influenza test specimens if the specimens will be sent to the ODH Laboratory for testing.

Please note: The typical influenza symptomology is not always predictive of influenza in immunocompromised populations. Immunocompromised individuals may not experience fever or cough with an acute onset. Potential symptoms of illness may present as altered respiratory activity (e.g. labored breathing, coughing, wheezing), change in baseline temperature, increased crying, irritability, fussiness, refusal to eat, decreased tolerance of tube feeds, vomiting, diarrhea, etc. Individuals with NNC are at increased risk for developing influenza-related complications.

- **Single Case:**
  1. Restrict resident with suspected or confirmed ILI to his or her room and from group activities for a minimum of seven days from the onset of symptoms or until 24 hours after the resolution of fever (without the use of a fever-reducing medication such as acetaminophen) and respiratory symptoms, whichever is longer.
  2. Utilize proper personal protective equipment (PPE) and Isolation Precautions (see the CDC link provided in the references below for Isolation Precaution guidelines):

- Adhere to Standard Precautions and institute Contact and Droplet Precautions.
- Gloves, masks, and gowns should be worn for those in contact with the ill individual:
  - ♦ <http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>
  - ♦ <http://www.cdc.gov/HAI/prevent/ppe.html>

Please note: healthcare personnel should wear a surgical or procedure mask when in close contact (i.e. within three feet) of a resident/individual with symptoms of a respiratory infection, particularly if a fever is present, as recommended for Standard and Droplet Precautions. The precautions should be maintained until the resident/individual has been determined to be non-infectious or for the duration recommended for the specific infectious agent.

- ♦ <http://www.cdc.gov/flu/professionals/infectioncontrol/maskguidance.htm>
- Perform meticulous environmental cleaning. (Cleaning and disinfection of all resident-care areas is important for frequently touched surfaces, especially those that are closest to the resident. These areas should include all surfaces within close proximity to the resident including bedrails, bedside tables, wheelchair tables, and surfaces that are high touch for staff such as doorknobs, sinks, etc.). Further guidance regarding environmental infection control is provided in the following links:
  - ♦ <http://www.flu.gov/professional/hospital/influenzaguidance.html>
  - ♦ <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm>
- 3. Communicate with the physician or nurse practitioner for guidance on use of antiviral treatment.

## Influenza-Specific Infection Control and Prevention Recommendations (Continued)

4. Roommates of ill individuals should receive appropriate antiviral therapy. All staff and residents who are medically eligible should have received influenza vaccine at the beginning of the influenza season; re-offer influenza vaccine to any staff and/or residents that were not vaccinated.
  5. Alert personnel to observe other residents for any signs or symptoms of ILI and test for influenza as appropriate.
  6. Begin a line list to monitor cases of ILI. The line list should include dates of onset/resolution of illness, date of influenza vaccination, symptoms, location of individual in facility, testing dates and results, treatment details, and outcome. Consider maintaining a separate line list to monitor trends of staff illness.
- **Multiple Cases:**
    1. Contact the medical director, nurse practitioner, director of nursing, and administrator.
    2. Report respiratory disease outbreaks to the LHD: Three or more residents from the same unit whose onset of illness was within 72 hours of each other who have pneumonia, ILI or laboratory-confirmed viral or bacterial infection (including influenza) or a sudden increase in ILI or pneumonia over the facility's normal baseline rate.
    3. Continue single case management as listed above.
    4. Limit or cease new admissions during time of increased illness.
    5. Readmissions are permitted: try to return the resident/individual to unaffected units/pods.
    6. During an outbreak the medical director/nurse practitioner should initiate antiviral prophylaxis program for the entire facility. Breakthrough cases often occur when antivirals are given only to those individuals in affected units and not to all residents.
      - All staff and residents who are medically eligible should have received influenza vaccine at the beginning of the influenza season; re-offer influenza vaccine to any staff and/or residents that were not vaccinated.
        - [http://www.idsociety.org/uploadedFiles/IDSA/Guidelines-Patient\\_Care/PDF\\_Library/Infuenza.pdf](http://www.idsociety.org/uploadedFiles/IDSA/Guidelines-Patient_Care/PDF_Library/Infuenza.pdf)
        - <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>
    7. Establish cohorts of patients with confirmed or suspected influenza.
    8. Restrict staff movement between units and establish dedicated staff to specific units during this time period.
    9. Individuals on transmission-based precautions should be provided with dedicated non-critical medical equipment (e.g. stethoscope, blood pressure cuff, digital thermometer). Dedicated equipment has been beneficial to decrease transmission of infectious diseases. When use of dedicated medical equipment is not possible, disinfection of shared medical equipment after each use and prior to use on next individual is recommended.
    10. Provide distancing of at least three feet between residents of affected units/pods.
    11. Clearly post visual alerts (e.g. signs, posters) in conspicuous places informing staff, families, and visitors.
      - Alerts should be clearly posted for visitors and staff at all entryway doors and other places throughout the facility to provide a means of education and communication. Information on signs and their suggested locations may include:
        - Visitation limitation during increased time of illness within the facility or community (at all entryway doors).
        - Hand hygiene (in bathrooms and at wash stations).
        - Cough etiquette (throughout the facility).
          - ◆ <http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
    12. Limit or cease visitation, as appropriate. Restrict the number of visitors in the facility during periods of increased illness. (Visitors in contact with the resident before and during illness are a possible source of influenza for other residents, visitors, and staff).
      - Only permit visitation for residents to persons who are necessary for the residents' emotional well-being and care (e.g. parents and guardians).
      - Visitors should only be permitted to enter the facility after they have received education on basic infection control precautions including hand hygiene, limiting surfaces touched, and proper use of PPE.
      - All visitors should follow Respiratory Hygiene and Cough Etiquette precautions.
      - Screen visitors for signs and symptoms of illness. Visitors should not be permitted in the facility when presenting with respiratory symptoms for at least seven days after onset of illness.
      - Permitted visitors should be instructed to limit their movement within the facility.
    13. Postpone group therapy and group activities in affected areas; provide one-on-one sessions instead, as appropriate.
  - **Staff with ILI:**
    - All staff, contract employees, volunteers, medical staff, and teachers with ILI should not work while ill. CDC and the Association of Professionals in Infection Control and Epidemiology (APIC) recommend staff involved in direct patient contact be excluded from duty for seven days after the onset of symptoms, for 24 hours after resolution of fever (without the use of a fever-reducing medication such as acetaminophen) or for the duration of the illness, whichever is longer.
      - <http://text.apic.org/item-87/chapter-83-influenza/basic-principles>
      - <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>