Congregate Care Facilities

Tacoma - Pierce County Health Department
Healthy People in Healthy Communities

Information for Pierce County Long-Term Care Facilities • Oct. 2021

Communicable Disease Division
3629 South D Street, Tacoma, WA 98418
(253) 649-1412 • (253) 649-1389 (fax)

Note: It is very important to have situational awareness of both local influenza activity and SARS-CoV-2 activity (the virus that causes COVID-19). Subscribe to the Pierce County Influenza Update and COVID-19 Update. Go to https://www.tpchd.org/healthy-people/provider-resources/health-news-and-alerts. Complete subscription page and select "Health Advisories and Disease Alerts."

Influenza Outbreak Guidelines

Reporting Requirements

- Outbreaks of disease in long-term care (LTC) are reportable to the Health Department. Call (253) 649-1413 to report, or during business hours call (253) 649-1412, press "0" for an operator, and ask to speak to a nurse. After hours, we are available through our answering service at (253) 649-1412.
- Influenza-associated death is reportable to the Health Department within three business days.

General Information about Influenza

- Symptoms of influenza include fever, cough, sore throat, muscle aches, headache and malaise.
- Incubation period: one to four days.
- Transmitted by respiratory droplets.
- Infectious period: from one day prior to onset of symptoms until seven days after onset. Children can be communicable up to ten days after onset of symptoms.
- Influenza outbreaks occur even in highly vaccinated populations. The effectiveness of the flu vaccine varies from year to year. Influenza vaccine is most effective in children and younger, healthy individuals; it is least effective in the elderly and immune compromised.
- Influenza can be asymptomatic (studies range from 5% to as high as 35%) with variability from season to season and between different strains. This has implications for transmission in the health care setting during flu season.

COVID-19 During Influenza Season

- Test any resident with symptoms of COVID-19 or influenza for both viruses.
- It may be difficult to distinguish between COVID-19 and influenza during the respiratory season. Although many of the symptoms are similar, consider the following:
    - Residents with influenza generally display respiratory symptoms, with or without fever.
    - Although respiratory symptoms and pneumonia are present in many patients with COVID-19, elderly people may not show respiratory signs, but instead may show poor appetite, increased confusion, increased lethargy, weakness and dizziness.
    - Fever is frequently absent or very low-grade among LTC residents who have influenza and residents who have COVID-19.
    - Influenza tends to be an abrupt onset of symptoms; COVID-19 can be more gradual.
    - New loss of taste or smell is a different sign that is associated with COVID-19.
    - Residents with COVID-19 may have gastrointestinal (GI) symptoms, which are not common in adults with influenza (it is more common for children with influenza to experience GI symptoms).
        - Norovirus type illness causes GI symptoms that generally do not last more than 24-36 hours.
- It is possible that when influenza and COVID-19 are both circulating in the community, facilities may have outbreaks of both diseases, potentially at the same time. Health care personnel need to be vigilant for signs of both influenza and COVID-19.

    - COVID-19 testing is frequently done to detect virus in asymptomatic individuals; **influenza testing should not be done on asymptomatic individuals.**
- Positive tests for influenza do not necessarily exclude COVID-19 and vice-versa.
- Many labs are offering multiplex nucleic acid testing that combines assays for SARS-CoV-2 and influenza A and B. If multiplex testing is not available, collect separate specimens.

Detecting an Outbreak

October 1 through April 30, staff must be diligent in observing symptoms of influenza like illness and promptly report findings to infection control. Outbreak control measures should be put in place if:

- Influenza is diagnosed in at least one resident; or
- Two or more residents in the facility or an area of the facility (e.g., separate unit) develop fever with respiratory symptoms during a one-week period.

During influenza season, acute respiratory illness in several residents within a short timeframe should be considered influenza until proven otherwise, regardless of whether the affected residents are vaccinated.

Laboratory Confirmation

Influenza outbreaks should be confirmed through laboratory testing. Rapid influenza testing can provide immediate results at the point of care in doctors' offices, emergency departments or urgent care facilities. If the patient does not need to leave the long-term care setting for medical evaluation, private laboratories are usually able to provide influenza testing, or it can be provided through your local hospital laboratory for a more rapid turn-around.

Rapid influenza test results need to be interpreted with caution, based on the presence or absence of known circulating influenza in the community. During influenza season when flu is known to be circulating, a negative result may be false in a person with classic influenza symptoms. False-positive rapid tests for flu are more likely to occur very early or very late season, when influenza activity is low. Influenza PCR is a more reliable test, but very expensive and sometimes not available. Influenza culture takes from 3 to 10 days, so it is not useful for clinical decision making.

Early in the influenza season, Washington State Public Health Laboratory (WSPHL) is interested in receiving specimens for culture to identify circulating viruses. It is best to confirm cases of influenza early in the season at WSPHL, and testing to identify circulating viruses can be done throughout the season. In addition, laboratory testing for outbreak situations is usually available at WSPHL, but rapid test results may take up to three days due to the need to transport specimens to the state lab. You must call the local health department to facilitate any testing done at WSPHL. Call TPCHD at 253-649-1412 to request assistance with lab coordination.

In the event of an outbreak of influenza-like illness, get laboratory specimens on three to five patients within 48 hours of onset of symptoms. It is not necessary to perform influenza testing on all symptomatic patients; what you are trying to do is to confirm the presence of influenza in the facility, and this can be done with a sample of patients. Do not test asymptomatic patients or staff.

During moderate to high influenza activity, if influenza is highly suspected but lab tests for influenza are negative, strongly consider presumptive treatment for influenza. Ensure correct technique for collecting samples for influenza tests.

Nasopharyngeal swab is easiest and most reliable method of sample collection. See the following CDC resource for detailed instructions for sampling methods: https://www.cdc.gov/flu/pdf/professionals/flu-specimen-collection-poster.pdf

Developing a Case Definition

The symptoms of influenza can vary greatly, especially in elderly populations. Generally, a case of influenza or influenza-like illness can be defined as a person with a temperature of 100°F or greater orally, plus cough or sore throat. Elderly persons sometimes do not develop fever, so other symptoms that are common for influenza, such as myalgia should be taken into consideration.

Documenting and Organizing Outbreak Information

To track the progression and resolution of the outbreak, it is helpful to make a line list of confirmed and suspected cases with date of onset of illness, room location, treatment status, etc. See example of a line list on Appendix A. Documentation of staff illness is also important. Mapping room location of cases may also be useful. Please gather information about the proportion of staff and patients who are vaccinated against influenza, as this is needed for the outbreak report.

Outbreak control quick checklist

- ☐ Report outbreak to (253) 649-1412 for specific guidance.
- ☐ Place confirmed or suspected flu patients on droplet precautions and isolate.
- ☐ Patients who must leave their room should wear a face mask.
- ☐ Cohort patients with suspected or laboratory-confirmed influenza.
- ☐ Reinforce hand hygiene for both staff and patients.
- ☐ Limit or halt group activities, which may include closing the dining room.
- ☐ Notify residents and families of influenza outbreak and what you are doing to respond.
- ☐ Restrict movement of staff between wards.
- ☐ Do not admit new residents to designated cohort ward.
- ☐ Restrict visitors with respiratory illness; notify visitors of outbreak with signage and encourage visitors to practice hand and respiratory hygiene. (See samples, Appendix C)
- ☐ Restrict ill staff from patient care.
- ☐ If influenza A or B is confirmed by laboratory, *give prophylactic antivirals to all patients and unvaccinated staff*. The initial course of medication should be for at least two weeks, or for the duration of the outbreak.
  - Antiviral prophylaxis for vaccinated staff may be given.
- ☐ Notify providers and request prophylaxis. A sample letter is attached. (See Appendix B). It is helpful to have a standing order for prophylaxis signed by the medical director.
- ☐ Continue to give influenza vaccine to unimmunized staff and patients.
- ☐ Hospitalized residents should return to their residential facility when they are medically stabile. They should be on droplet precautions until after 7 days post onset of symptoms OR are 24 hours fever-free (without the use of fever-reducing medications).
- ☐ At conclusion of outbreak, please fax final outbreak report to (253) 649-1389. See Appendix F for outbreak report form.

Administration of Antiviral Medication

When outbreaks of influenza A or B are confirmed in a facility, prophylaxis with oseltamivir (Tamiflu) should be started as soon as possible to reduce the spread of virus. Zanamivir (Relenza) is also effective, but is administered in an inhaled powder which may be difficult for some patients. Amantadine and rimantadine are not recommended due to high levels of resistance. Prophylaxis should be administered to all residents, regardless of whether they received influenza vaccine. Unvaccinated staff should also receive prophylaxis.

Recommended Dosage and Duration of Influenza Antiviral Medications for Treatment and Prophylaxis

Antiviral Agent	Use	Adult Dosage
Oseltamivir (Tamiflu®)	Treatment- 5 day course	75mg twice daily
	Chemo-prophylaxis- For institutional outbreak, medications should be taken for a minimum of 14 days and can continue up to one week after last case is identified	75mg once daily

Zanamivir (Relenza®)	Treatment- 5 day course	10 mg (two 5 mg inhalations) twice daily
	Chemoprophylaxis- 7 day course.	10 mg (two 5 mg inhalations) once daily
Baloxavir	Treatment- 1 dose. FDA approved and recommended for persons age ≥12 weighing at least 40 kg. Not recommended for chemoprophylaxis.	40 to <80 kg- one 40 mg dose ≥80 kg- one 80 mg dose
Peramivir (Rapivab®)	Treatment for hospitalized, severely ill persons only	One 600mg dose IV

Dosages should be adjusted for patients with impaired renal function. For patients with creatinine clearance 31–60mL/min, give 30mg oseltamivir twice daily for treatment, and 30mg once daily for prophylaxis. For patients with creatinine clearance 10–30mL/min, give 30mg oseltamivir once daily for treatment, and 30mg every other day for prophylaxis.

Having pre-approved orders from physicians or plans to obtain orders for antiviral medications on short notice can substantially expedite administration of the medications. If surveillance indicates that new cases continue to occur, chemoprophylaxis should be continued until approximately one week after the end of the outbreak. Side effects can diminish or disappear after the first week of taking the medications.

To limit the potential transmission of drug-resistant virus during outbreaks in institutions, measures should be taken to reduce contact as much as possible between persons taking antiviral drugs for treatment and other persons, including those taking chemoprophylaxis.

Antiviral Assistance from Washington State Department of Health

It may be difficult to obtain large amounts of antiviral drugs during periods of high influenza activity. Facilities can request antiviral medications from Washington State Department of Health Office of Emergency Preparedness and Response. This is essentially a loan, repaid by resupplying medications to the state program within three months. The local Health Department must request the medications on behalf of facilities. Please call (253) 649-1412 for further information.

Isolation/Cohorting/Precautions

- Symptomatic patients should be confined to their rooms or cohorted on the affected unit until they are afebrile and asymptomatic for 24 hours and until seven days after the onset of their illness.
- Droplet precautions should be implemented for residents with suspected or confirmed influenza for seven days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while a resident is in a health care facility.

Transferring Patients, Patients Returning from Hospitalization, and New Admissions during Outbreak

- If an influenza patient requires hospitalization, make sure that the receiving hospital is aware of the diagnosis so that appropriate infection control measures are taken. Place a mask on the patient for transport.
- Patients with influenza who are returning from the hospital should be put in droplet precautions for 7 days post onset of symptoms, or until 24 hours after resolution of fever and respiratory symptoms, whichever is longer.
- Facilities with ongoing flu outbreaks can admit new residents during the outbreak as long as appropriate infection prevention measures can be maintained. The new resident should take influenza chemoprophylaxis. Inform potential new residents of the outbreak so they may choose whether to postpone their admission.

Excluding Symptomatic Employees

Flu outbreaks are frequently linked to staff that have influenza or subclinical infection. Facility employees, professional staff, contract labor and volunteers who are symptomatic with influenza-like illness should be excluded from the facility because such persons may contribute to transmission of influenza during an outbreak. Exclusion should continue until five days after onset of their illness unless they are taking antiviral medications, in which case they may return when

afebrile and asymptomatic.

Notifying Attending Physicians

To ensure the rapid administration of antiviral medications to residents, all attending physicians should be provided with a fax or telephone order regarding the use of prophylaxis that comes from both the Medical Director and Director of Nursing (preferably signed by both).

Pre-flu Season To-Do List

- Subscribe to the Pierce County Influenza Update and COVID-19 Update. Go to https://www.tpchd.org/healthy-people/provider-resources/health-news-and-alerts. Complete subscription page and select "Health Advisories and Disease Alerts."
- Check with your commercial laboratory and/or the local hospital laboratory about the availability and turn-around time for rapid flu tests.
- Procure approximately five test kits for rapid influenza testing from your commercial laboratory or the hospital laboratory to have on hand in the event of an outbreak.
- Post signs (year-round) asking visitors not to enter the facility if they are ill (see samples, Appendix C-E). Request that visitors practice hand and respiratory hygiene.
- Develop respiratory illness surveillance system, and discuss with nursing and care staff.
- Develop a plan for cohorting influenza patients.
- Develop a plan for notifying the residents' physicians of influenza outbreak.
- Develop a plan for coordinating prophylaxis for residents and unvaccinated staff.

Outbreak Prevention: Influenza Vaccination

- Vaccinate all patients who do not have contraindications to flu vaccine.
- Offer all long-term care staff free flu vaccine and make it as convenient as possible for them to comply. Staff who are not vaccinated against influenza are at increased risk for flu and may spread influenza to residents and other staff. People infected with influenza can spread influenza one day *before* they feel sick through five to seven days after becoming sick. Asymptomatic cases may also spread influenza.
- Facilities that require influenza immunization have higher levels of employee vaccination.
- For more information about health care worker flu immunization, see https://www.cdc.gov/flu/professionals/healthcareworkers.htm

High Dose Vaccine and Adjuvanted Vaccines for Seniors

These are products for seniors that may create a stronger immune response to vaccination. The Centers for Disease Control and Prevention (CDC) has not expressed a preference for these vaccines over any other influenza preparation for seniors. FLUAD contains an adjuvant. An observational study in Canada during the 2011-12 flu season found that FLUAD was significantly more effective that the standard dose for people 65 and older[1]. Fluzone High Dose has been available for people age 65 yrs and older for the past several seasons. In large double-blind population studies, the high dose vaccine was found to 24.2% more effective than the standard preparation (95% CI, 9.7- 36.5).[2]

Resources for Long-Term Care Facilities

- Influenza Vaccination Information for Health Care Workers https://www.cdc.gov/flu/professionals/healthcareworkers.htm
- CDC Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities; https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm

References

1. VanBuynder, P.G. et al. The comparative effectiveness of adjuvanted and unadjuvanted trivalent inactivated influenza vaccine (TIV)in the elderly. Vaccine Vaccine 31 (2013) 6122–6128.
2. Diaz-Granados CA, et. Al. Efficacy of high-dose versus standard dose influenza vaccine in older adults. NEJM,

2014; 371:635-45.

Sources:

- Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating | CDC
- Influenza antiviral medications: Summary for Clinicians https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm
- Rapid influenza diagnostic tests. https://www.cdc.gov/flu/professionals/diagnosis/clinician_guidance_ridt.htm
- Washington State Department of Health. Recommendations for prevention and control of influenza outbreaks in long-term care facilities www.doh.wa.gov/Portals/1/Documents/5100/fluoutbrk-LTCF.pdf.
- CDC Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities; https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm

Appendix A

Influenza Outbreak Line List

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Date	Facility Name	Contact Name	Contact Phone Number	Outbreak Onset Date

Patient Name	Date of Birth	Room No.	Hall or Floor	Vaccinated	Onset Date/Time	Fever	Cough	Meets Case Definition	Lab Confirmed	Antiviral Tx	Outcome
				☐ Yes ☐ No	Date: Time:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Rx: Date:	
				☐ Yes ☐ No	Date: Time:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Rx: Date:	
				☐ Yes ☐ No	Date: Time:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Rx: Date:	
				☐ Yes ☐ No	Date: Time:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Rx: Date:	
				☐ Yes ☐ No	Date: Time:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Rx: Date:	
				☐ Yes ☐ No	Date: Time:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Rx: Date:	
				☐ Yes ☐ No	Date: Time:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Rx: Date:	
				☐ Yes ☐ No	Date: Time:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Rx: Date:	
				☐ Yes ☐ No	Date: Time:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Rx: Date:	
				☐ Yes ☐ No	Date: Time:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Rx: Date:	

Appendix B

Facility Letterhead

Date

To: Dr._____
From: Insert Name and Phone #, Responsible Person

Action Requested: Please provide influenza prophylaxis to your patient residing in our facility.

Your patient, _____DOB_____
resides at (name of facility or community). An influenza outbreak has been confirmed at our facility. Give brief detail of outbreak (example- *Three people from XX have been hospitalized for pneumonia. Four of the people who are ill have tested positive for influenza).* The Tacoma-Pierce County Health Department is helping us to control this outbreak and gave us the following information.

During outbreaks of influenza at group living facilities, The Centers for Disease Control recommends that all residents take preventive antiviral medication, even if they have had a seasonal flu vaccination. Oseltamivir (Tamiflu) is the most frequently used medication, and is prescribed as follows:

- **Chemoprophylaxis of Influenza-** Oseltamivir 75mg once daily. For control of outbreaks in long-term care facilities and hospitals, CDC recommends antiviral chemoprophylaxis for a minimum of 2 weeks and up to 1 week after the most recent known case was identified
- **Treatment of Influenza**-Oseltamivir 75 mg twice daily for 5 days. Recommended duration for antiviral treatment is 5 days. Treatment is most effective if started within 48 hours of onset of symptoms. Longer treatment courses can be considered for patients who remain severely ill after 5 days of treatment.

A reduction in the dose of oseltamivir is recommended for persons with creatinine clearance <30 mL/min. For patients with creatinine clearance of 10–30 mL per minute, a reduction of the treatment dosage of oseltamivir to 75 mg once daily and in the chemoprophylaxis dosage to 75 mg every other day is recommended.

Reference: Antiviral Agents for the Treatment and Chemoprophylaxis of Influenza

Recommendations of the Advisory Committee on Immunization Practices (ACIP), MMWR R*ecommendations and Reports.* January 21, 2011 / 60(RR01);1-24. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6001a1.htm

Appendix C

NOTICE

Family & Friends Shouldn't Visit If Experiencing Respiratory Or Flu-like Symptoms

www.health.state.mn.us/divs/idepc/diseases/flu/index.html

Appendix D

NOTICE

Flu season is here and to protect our residents:

www.amc.edu

Appendix E

NOTICE TO VISITORS

- **We are having an outbreak of respiratory illness.**
- **If the person you are visiting is ill, check in at the nurse's station.**
- **Postpone your visit if you are at risk for flu complications.**

APPENDIX F

Washington State Department of Health

Fax completed forms to DOH
Communicable Disease Epi
Fax: 206-364-1060

Outbreak Reporting Form - Influenza-like Illness

Date of initial notification to DOH: ___/___/___

Date report sent to DOH: ___/___/___

Form Status: ☐ Preliminary report ☐ Final report

LHJ Cluster #: _____

LHJ Cluster Name: _____

DOH outbreak #: _____

LHJ INFORMATION	REPORTING FACILITY INFORMATION
Local health jurisdiction (LHJ) _____	Facility Name _____
Contact person _____	Facility Address _____
Initial LHJ notification date ___/___/___	Facility City _____ Facility Type _____
Investigation start date ___/___/___ Investigation completion date ___/___/___	Person reporting _____
	Title _____
	Phone (___)___-___

CASE INFORMATION

Total # symptomatic residents		Total # residents in facility		Date first case became ill:	___/___/___
Total # symptomatic staff		Total # staff in facility		Date last case became ill:	___/___/___

LABORATORY, HOSPITALIZATIONS, DEATHS

Any flu testing? ☐ Yes ☐ No If yes: # tested____ # pos____ Type of flu: ☐ A____ ☐ B____

Type(s) of flu testing performed _____

Any COVID-19 testing? ☐ Yes ☐ No If yes: # tested____ # pos____

Types(s) of COVID-19 testing performed _____

COVID-19 outbreaks in Long-term care facilities are reportable to DOH.

RSV ☐ Yes ☐ No Human metapneumovirus ☐ Yes ☐ No Other: _____

Any hospitalizations? ☐ Yes ☐ No If yes, how many ____

Any deaths? ☐ Yes ☐ No If yes, how many ____

PUBLIC HEALTH ACTIONS TAKEN (check all that apply)

☐ Discussed "Checklist for Controlling Influenza in LTCF"	☐ Yes	☐ No	Date: ___/___/___
☐ Faxed written materials to LTCF administrator (Line List, Checklist, CDC guidance)	☐ Yes	☐ No	Date: ___/___/___
☐ Recommended PEP (influenza only)	☐ Yes	☐ No	Date: ___/___/___
☐ Implemented PEP (influenza only)	☐ Yes	☐ No	Date: ___/___/___
☐ Other _____			
☐ Request for DOH assistance			
☐ Request for DOH ICAR Consultative Infection Prevention visit			

DISCUSSION / CONCLUSION / NOTES

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