

Purpose

These guidelines are intended to aid long-term care facilities (LTCF) in the identification, reporting, control, and prevention of suspected and confirmed influenza outbreaks.

Surveillance and Testing

Surveillance and testing are key to identifying potential outbreaks. Influenza-like illness (ILI) is defined as a fever ($\geq 100^{\circ}\text{F}$ [37.8°C], oral or equivalent) AND cough and/or sore throat.

- Residents with ILI should be tested for influenza despite the time of year; molecular assays are preferred for testing ill persons. During the influenza season, testing for COVID-19 is also recommended for these people.
- If one resident tests positive for influenza, begin daily active surveillance for respiratory symptoms and ILI among all residents and staff.
- Continue daily active surveillance until one week after the last confirmed influenza case in the facility has occurred and in consultation with the regional health department.

Criteria for Reporting Influenza Outbreaks

Report influenza outbreaks based on the definition listed below.

- An influenza outbreak is defined when two cases, who shared the same unit or the same exposure, are reported as testing positive for influenza and identified within 72 hours of each other (i.e., resident or staff tests positive for influenza by a lab test such as a rapid influenza test, culture, real-time PCR, DFA, or IFA).

Please note: Outbreaks should be considered over when no new cases of influenza have been detected for seven consecutive days. Report a new outbreak if your facility meets the above listed criteria again during the influenza season and a minimum of seven days has passed since the latest case onset date.

What to Report

Provide the following information to the regional health department.

- Facility name and point of contact
- Facility population (e.g., resident enrollment and number of staff employed)
- Number of total and affected units/wings in facility

- Number of residents and staff who have received the current season's influenza vaccine
- Number of residents and staff with ILI and treatment that has been given, if applicable
- Earliest illness onset date and latest illness onset date
- Number of residents and staff who have tested positive for influenza and the testing method
- Number of residents and staff who visited the ER, were hospitalized or died due to their illness
- Reported influenza viral types from persons who tested positive for influenza
- Mitigation measures already taken
- Promptly report all influenza-associated deaths that occur utilizing the influenza-associated mortality case report form, within 24 hrs by phone

Subsequent Reporting

Report aggregate number of influenza cases, hospitalizations and/or deaths among residents and staff members at least weekly until the outbreak is declared over.


How to Report

Report influenza outbreaks to the regional health department where the facility is located. Contact information for regional health departments can be found at:

www.scdhec.gov/sites/default/files/Library/CR-009025.pdf

Guidance for Preventing* Influenza Outbreaks in Long-Term Care Facilities

*Listed below are recommendations to help prevent influenza outbreaks from occurring in long-term care facilities during influenza season.

| <p>Completed</p>  | <p>Checklist for Prevention Measures During Influenza Season in Long-Term Care Facilities</p> | <p>Resources</p> |
|--|---|---|
| <p>Vaccination</p> | | |
| <input type="checkbox"/> | <p>Offer the annual age-appropriate influenza vaccine to all residents and staff, unless they cannot receive it for medical reasons.</p> | <p>cdc.gov/flu/professionals/vaccination</p> |
| <input type="checkbox"/> | <p>Offer the pneumococcal vaccine to all adults aged 65 and older.</p> | <p>cdc.gov/flu/toolkit/long-term-care/plan.htm</p> |
| <input type="checkbox"/> | <p>Maintain a vaccination log for all residents, staff, and new admissions.</p> | <p>cdc.gov/flu/toolkit/long-term-care/importance.htm</p> |
| <input type="checkbox"/> | <p>Track each resident who cannot receive the vaccine for medical reasons, residents (or their legal representatives) who refuse vaccination, and those who did not receive the vaccine because it was not available because of shortage.</p> | <p>cdc.gov/vaccines/vpd/pneumo/index.html</p> <p>scdhec.gov/Agency/RegulationsAndUpdates/LawsAndRegulations/Health/</p> |
| <p>Good Hygiene Etiquette</p> | | |
| <input type="checkbox"/> | <p>Provide annual in-service training to staff on proper hand hygiene, respiratory hygiene, and cough etiquette.</p> | <p>cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm</p> |
| <input type="checkbox"/> | <p>Post signage in the facility about proper respiratory hygiene and cough etiquette.</p> | <p>cdc.gov/handhygiene/providers/index.html</p> <p>cdc.gov/flu/protect/covercough.htm</p> |

Exclusion and Visitation



Staff with ILI should be tested for both influenza and COVID-19. Follow current CDC and DHEC guidance regarding exclusion of staff while COVID-19 test results are pending.

[cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm](https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm)



Exclude staff who test positive for influenza from work until 24 hours fever free without the use of fever-reducing medicines.



Follow current guidance on visitation. If visitation is allowed, post signage for ill visitors and do not allow them to enter the facility.



If visitation is allowed, restrict visitation from children during heightened times of influenza activity in the local community.



Develop a tracking system to monitor staff absences.

Infection Control



Provide annual in-service training on standard and droplet precaution procedures to all staff.

[cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm](https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm)



Implement standard precautions when providing care to residents, including the use of personal protective equipment (PPE), such as gloves, gowns, and masks, as dictated by patient-care activities.

Environmental Cleaning



Follow your facility's policies for cleaning and disinfecting.

[cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf](https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf)

Guidance for Controlling* Suspected Influenza Outbreaks in Long-Term Care Facilities

*Listed below are recommendations to help control and prevent further influenza transmission during an influenza outbreak in a facility.



Checklist for Control Measures During Influenza Season in Long-Term Care Facilities

Resources

Testing, Antiviral Treatment and Chemoprophylaxis



Collect specimens for influenza testing from ill persons prior to treatment. [cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm](https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm)



Initiate antiviral treatment for all suspected and confirmed cases of influenza. Treatment should not wait for laboratory confirmation of influenza. Recommended dosage and duration for oral Oseltamivir is 75 mg twice daily for five days.



Initiate antiviral chemoprophylaxis for ALL residents in facility. Priority should be given to residents in affected areas. Recommended dosage and duration for oral Oseltamivir is 75 mg once daily for a minimum of two weeks and continuing for one week after date of last reported case.

[cdc.gov/flu/professionals/antivirals/summary-clinicians.htm](https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm)

- When at least two patients are ill within 72 hours of each other and at least one resident has laboratory-confirmed influenza, the facility should promptly initiate antiviral chemoprophylaxis.



Offer antiviral chemoprophylaxis to staff regardless of their vaccination status.



Notify the regional health department if a resident or staff develops influenza during or after antiviral chemoprophylaxis therapy to initiate antiviral resistance testing, if available.



Reduce contact between ill persons taking antiviral drugs for treatment and other persons.

Infection Control using Standard and Droplet Precautions



Ensure adherence to standard precautions:

- Perform hand hygiene frequently and after each patient encounter.
- Ensure supplies for hand hygiene are available.
- Wear gloves for any contact with potentially infectious material.
- Wear gowns for any patient-care activity when contact with blood, body fluids, secretions (including respiratory), or excretions is anticipated.
- Change gloves and gowns after each patient encounter.

[cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm](https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm)

[cdc.gov/flu/pdf/protect/cdc_cough.pdf](https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf)

[cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm](https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm)

[cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm](https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm)

[cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm](https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm)



Dedicate specific staff to care for ill residents in their rooms. If dedicating staff is not possible, staff should provide care for well residents before providing care for ill residents.



Implement droplet precautions for ill residents:

- Isolate ill residents to their rooms. If not possible, house sick residents together.
- Don a facemask when entering the room of a patient with suspected or confirmed influenza.
- Place a facemask on residents who are under droplet precautions if they must leave their room.



Continue to implement droplet precautions for seven days after illness onset, until 24 hours after the end of fever and respiratory symptoms, or for the duration of antiviral therapy, whichever is longer.

Guidance for Controlling* Suspected Influenza Outbreaks in Long-Term Care Facilities

*Listed below are recommendations to help control and prevent further influenza transmission during an influenza outbreak in a facility.



Checklist for Control Measures During an Influenza Outbreak in Long-Term Care Facilities

Resources

Additional Control Measures



Discontinue group activities. Provide meals to residents in their rooms.

[cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm](https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm)



Accept currently ill residents returning from influenza-associated hospital admissions, as staffing capacity and bed availability allow. Adhere to droplet precaution practices, as indicated.

[scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/Flu/FluData/](https://www.scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/Flu/FluData/)



Avoid accepting new admissions to affected units/wings. If new admissions cannot be deferred, administer antiviral chemoprophylaxis upon entry.



Current residents hospitalized for other reasons should be evaluated on a case-by-case basis for readmission.

[cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm](https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm)



Communicate information about patients with suspected, probable, or confirmed influenza to appropriate personnel before transferring them to other facilities.



Staff with ILI should be tested for both influenza and COVID-19. Follow current CDC and DHEC guidance regarding exclusion of staff while COVID-19 test results are pending.



Ensure exclusion of staff who test positive for influenza from work until 24 hours fever free without the use of fever-reducing medicines.



Ensure return-to-work criteria and practices are followed for staff who test positive for COVID-19.



Enhance environmental cleaning procedures. Clean and disinfect on a frequent basis areas close to residents (i.e., beds rails, tables, doorknobs, and area around toilet) and other high-touch areas throughout the facility.



Continue following current state guidance related to visitation. If visitation is allowed, instruct visitors to use hand hygiene and wear facemasks (when indicated) until the outbreak is over. Provide hand sanitizers, tissues, face masks, and no-touch trash bin at entrances.



Inform family members and other visitors about their role in the transmission of flu to patients and encourage them to get vaccinated.



Continue to test residents with respiratory symptoms for influenza and COVID-19 during an outbreak and/or during influenza season.

