

These guidelines are intended to help long-term care facilities in the identification, reporting, and control of suspected influenza and/or influenza-like-illness outbreaks.

## Influenza in the Elderly

Adults aged 65 and older have a higher risk of developing severe complications from influenza infections. During the 2018-2019 influenza season (time period October 1, 2018 to May 31, 2019), individuals in this age group accounted for 57% of all influenza-associated hospitalizations and 72% of all influenza-associated deaths.

## Surveillance and Testing

Surveillance and testing are key to identifying influenza outbreaks. Residents who are suspected to have influenza should be tested, regardless of the time of year. If one resident tests positive for influenza, begin daily active surveillance for respiratory symptoms and ILI in all residents and staff.

## What is an Influenza Outbreak?

An influenza outbreak in a long-term care facility is defined as two persons, who shared the same household structure 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).

## What to Report

Report the number of ill individuals, symptoms, symptom onset, testing results, affected areas/units of the facility, hospitalizations, treatment, and mitigation measures already taken.

## How to Report

Contact your local regional health department by phone as listed on the List of Reportable Conditions: [www.scdhec.gov/sites/default/files/Library/CR-009025.pdf](http://www.scdhec.gov/sites/default/files/Library/CR-009025.pdf)

## Outbreak Control Measures

- ✓ Immediately initiate antiviral treatment for all residents with suspected and confirmed influenza. Recommended dosage and duration for oral Oseltamivir is 75 mg twice daily for five days.
- ✓ Initiate antiviral chemoprophylaxis for ALL residents. 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.
- ✓ Consider chemoprophylaxis for staff, regardless of their influenza vaccination status.
- ✓ Promote proper hand hygiene, respiratory hygiene, and cough etiquette throughout the facility.
- ✓ Continue to perform standard precautions during patient care. Implement droplet precautions during patient care of ill residents.
- ✓ Isolate ill residents to their rooms. If not possible, house ill residents together.
- ✓ Designate staff to care for ill residents.
- ✓ Discontinue group activities. Provide meals to residents in their rooms.
- ✓ Discourage visitation, particularly from children, during heightened times of influenza activity.
- ✓ Frequently clean areas close to residents and high-touch surfaces.
- ✓ Reduce contact between ill persons taking antiviral drugs for treatment and other persons, including those receiving antiviral chemoprophylaxis

## Resources

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

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

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

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

[cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm](http://cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm)