

# Guidelines for Suspected Influenza Outbreaks in Nursing Homes

## Prior to flu season:

1. Offer flu vaccinations to nursing home patients and staff.
2. Obtain standing orders to enable influenza laboratory testing and administration of antiviral agents in the event of an influenza outbreak.
3. Make sure there is an adequate supply of masks on hand.

## Define the outbreak. . .

Case Definition of Influenza-like illness: Fever ( $\geq 100^{\circ}\text{F}$  [ $37.8^{\circ}\text{C}$ ], oral or equivalent) AND cough and/or sore throat (in the absence of a known cause other than influenza).

Outbreak Definition: Three or more cases of influenza-like illness occurring within 72 hours should prompt *testing* for influenza. When influenza viruses are circulating, even one positive laboratory test for influenza in conjunction with other compatible illnesses on the unit indicates that an outbreak is occurring.

## When you have an outbreak:

1. Begin a line listing of ill persons (staff and residents)
  - a. Complete for the duration of the outbreak (until you have no new cases for 7 days)
  - b. Use the line listing to track the progress of the outbreak and to adjust your diagnostic, prevention and control measures.
2. Implement appropriate control measures (see below)
3. Report the outbreak to your local health department **and stay in touch throughout the outbreak.**
4. Collect specimens
  - a. Please collect 8-10 nasopharyngeal swab specimens from recently ill persons (within 72 hours of onset of illness). Information on collection and shipment can be found on the Office of Laboratory Services website. <http://www.wvdhhr.org/labservices/labs/virology/influenza.cfm>

## To help control the spread of infection...

1. Use standard and droplet precautions with careful attention to respiratory etiquette and hand hygiene.
2. Place ill patients in private rooms or in the same room or wing as other ill patients.
3. Ill staff should stay off work until they are recovered. To the extent possible, keep staff from “floating” between floors/units.
4. Begin antiviral prophylaxis for all residents. Antiviral therapy should be continued for 14 days or for 7 days after the onset of symptoms in the last person infected, whichever is longer. For details see <http://www.dhhr.wv.gov/oeps/disease/flu/Documents/IDSA%20Seasonal%20Influenza%20Guidelines.pdf>
5. Unvaccinated staff should receive antiviral prophylaxis. If inactivated vaccine is administered to staff, antiviral chemoprophylaxis can generally be stopped 2 weeks after vaccination.
6. Consider:
  - a. Limiting new admissions
  - b. Limiting or stopping visitation to the facility until there has been no new cases for 48 hours or more.
  - c. Stopping or limiting group activities (dining hall, activity rooms, etc.)
  - d. Serve meals in residents’ rooms.

**REMEMBER: Outbreaks are immediately reportable to your health department!**

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<http://www.dhhr.wv.gov/oeps/disease/flu/Pages/default.aspx>

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