

Influenza outbreaks occur every year at long-term care facilities throughout Vermont, and facilities should have an outbreak plan in place to prevent the illness from spreading. This guide will help your facility create an effective outbreak plan for influenza and other respiratory outbreaks.

If you have questions, contact the Health Department's Infectious Disease program at 802-863-7240.

## Staff Training and Education

### Do staff members know the symptoms of influenza?

Ensure staff are educated about general influenza information:

- Symptoms include sudden onset of fever, chills, headache, malaise, myalgia, sore throat, and cough.
- Flu is spread by direct person-to-person contact, droplets (sneezing and coughing) or contact with surfaces that have been contaminated.
- The incubation period is 1 to 4 days.
- Individuals are contagious 24 hours before the onset of symptoms to 7 days after. Young children and immunodeficient patients may shed the virus longer than 10 days.

Prior to a resident being laboratory confirmed to have influenza, it is important to monitor residents for influenza-like illness (ILI). ILI is defined as a fever of 100°F or more, in addition to a cough or sore throat.

### Do staff members know what constitutes an outbreak?

An outbreak occurs when:

- a single resident has a positive flu test **and** two or more additional residents have respiratory illness symptoms.  
**or**
- two or more residents have two or more of the following symptoms:
  - fever of 100 degrees Fahrenheit or more
  - myalgia (muscle pain)
  - nonproductive cough
  - pharyngitis (sore throat)

### Do staff members know to report separate respiratory illness outbreaks?

In some situations, multiple respiratory outbreaks may be occurring at the same time. Ensure staff know to report cases of illnesses like COVID-19 and influenza or influenza-like illness. COVID-19 Health Department Resources are found on the [Long Term Care and Group Living Settings](#) webpage.

## KEY POINTS

- **Prepare for a flu outbreak before October, the typical start of flu season.**
- **Use this information to create or update your guide annually.**
- **Find information about [COVID-19 in long-term care settings](#).**
- **If your facility is interested in a [voluntary ICAR](#), email the [HAI Coordinator](#) for information.**

## Reporting Outbreaks

**Have you identified which staff members are responsible for reporting outbreaks? Do your staff know who needs to receive an outbreak report?**

Ensure staff know to whom suspected cases should be reported within your facility. Outbreaks must also be reported to the Vermont Department of Health by calling 802-863-7240 or by completing the [outbreak report form](#) on the [www.HealthVermont.gov/FluOutbreak](http://www.HealthVermont.gov/FluOutbreak) webpage. You must notify the Vermont Division of Licensing and Protection that you are working with the Health Department by calling 802-241-0344. Ensure the facility's Infection Control Practitioner and Medical Director (if applicable) are aware of the situation.

## Specimen Collection

**Were positive influenza results reported by a hospital laboratory?**

If an outbreak is identified due to PCR testing at a hospital laboratory or another facility, please report those results to the Health Department. The Health Department may be able to request those specimens from the testing facility for further surveillance testing.

**How will your facility get specimen kits?**

When an outbreak is reported, the Health Department will work with your facility to receive specimen collection kits to be sent to the Health Department Laboratory for influenza surveillance testing.

**How will your facility collect specimens? Have you identified which staff members are responsible for collecting specimens?**

Ensure staff are educated on your facility's process for collecting and shipping specimens to the Health Department Laboratory.

- Refer to the Health Department Laboratory's [Instructions for Reporting, Collecting and Shipping Specimens](#) for seasonal and non-avian influenza viruses.
- Refer to the Health Department Laboratory's [Clinical Test Request Form](#).

## Recommendations: Protocol During a Suspected Outbreak

**How will you prevent the illness from spreading?**

- Adhere to CDC's [Standard](#) and [Droplet](#) Precautions for all residents with suspected or confirmed influenza.
- Perform routine and thorough cleaning of commonly touched surfaces.
- Administer antiviral treatment and chemoprophylaxis to patients and healthcare personnel when appropriate. Note that individuals on antiviral treatment can still spread the virus.

## When should staff stay home?

Any staff members who develop a fever and respiratory symptoms should not report to work. If they are already at work, they should leave work and be excluded from work until at least 24 hours after they no longer have a fever without the use of fever-reducing medication.

## How will you separate sick residents from well residents?

- Residents who are positive for flu should be isolated for five to seven days after the onset of symptoms.
- Have symptomatic residents stay in their own rooms as much as possible, including restricting them from common activities and serving meals in their rooms.
- Limit the number of large group activities in the facility and consider serving all meals in resident rooms, if possible, when the outbreak is widespread.
- Do not float staff between sick and well patients.

## What is the plan for new admissions?

If possible, suspend any new admissions during an outbreak. If this is not possible, the new resident should be placed into their own room, away from symptomatic individuals, and should be encouraged to get a flu vaccination if they have not already.

## Treatment and Chemoprophylaxis

### What is your plan for chemoprophylaxis standing orders?

Consider standing orders from medical directors and resident physicians for antiviral chemoprophylaxis before influenza is widely circulating.

In case provider(s) have questions, here are some published recommendations regarding influenza antiviral chemoprophylaxis in an influenza outbreak at a long-term care facility which may be helpful:

- According to the [Infectious Disease Society of America](#), antiviral chemoprophylaxis should be administered as soon as possible to all exposed residents or patients who do not have suspected or laboratory-confirmed influenza regardless of influenza vaccination history, in addition to implementation of all other recommended influenza outbreak control measures, when an influenza outbreak has been identified in a long-term care facility or hospital. Antiviral chemoprophylaxis should be administered to residents on outbreak-affected units, in addition to implementing active daily surveillance for new influenza cases throughout the facility.

# Long-Term Care Facility Influenza Outbreak Plan Guide

- Per [CDC guidance](#), when at least 2 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 with oral oseltamivir to all non-ill residents living on the same unit as the resident with laboratory-confirmed influenza (outbreak affected units), regardless of whether they received influenza vaccination during the current season. Consideration may be given for extending antiviral chemoprophylaxis to residents on other unaffected units or wards in the long-term care facility based upon other factors (e.g., unavoidable mixing of residents or healthcare personnel from affected units and unaffected units). Antiviral chemoprophylaxis is meant for residents who are not exhibiting influenza-like illness but who may be exposed or who may have been exposed to an ill person with influenza, to prevent transmission.

## What is your protocol for treating residents?

CDC recommends that during an outbreak, all long-term care facility residents who have confirmed or suspected flu should receive antiviral treatment immediately. Treatment should not wait for laboratory confirmation of flu.

## What is your protocol for administering antiviral chemoprophylaxis to residents?

CDC recommends that during an outbreak all non-ill residents, regardless of whether they received a flu vaccine during the previous fall, in the entire long-term care facility (not just the currently impacted wards) should receive antiviral chemoprophylaxis as soon as an influenza outbreak is determined.

## Communicating with Staff, Residents, and Visitors

### How will your facility communicate with staff members and residents?

Ensure your facility has a plan to easily and quickly communicate with staff and residents that there is an outbreak occurring at the facility. Share steps that they can take to stay healthy, like washing hands, staying away from others who are sick and covering coughs and sneezes.

### How will your facility communicate with visitors?

Be prepared to place signs and messages around your facility to alert visitors of the outbreak. Consider screening visitors for respiratory symptoms and if they have symptoms, recommend that they come back when they are not symptomatic. The Health Department's flu outbreak web page has resources and print materials that can help: [www.HealthVermont.gov/FluOutbreak](http://www.HealthVermont.gov/FluOutbreak).

## Identifying When an Outbreak is Over

### How will your facility identify when the outbreak is over?

Outbreaks are generally considered over when there have been no new cases after two incubation periods, which is eight days (the incubation period for flu can be up to four days). Continue good hand hygiene, routine environmental cleaning and monitoring of residents for flu symptoms even after eight days have gone by.

### How can we get support if our outbreak is not ending as expected?

The Health Department Healthcare-Associated Infections (HAI) Team may be able to assist your facility with an Infection Control Assessment and Response (ICAR) Program visit. Please reach out to the HAI Coordinator at [AHS.VDHHAIEpi@vermont.gov](mailto:AHS.VDHHAIEpi@vermont.gov) to schedule a voluntary ICAR at your facility, cc'ing the Health Department Influenza Coordinator.

## Additional Resources to Support Outbreak Planning

- Vermont Health Department flu web page: [www.HealthVermont.gov/FluOutbreak](http://www.HealthVermont.gov/FluOutbreak)
- Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities: [www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm](http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm)
- Prevention Strategies for Seasonal Influenza in Healthcare Settings: [www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm](http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm)
- CDC Viral Respiratory Pathogens Toolkit: <https://www.cdc.gov/longtermcare/pdfs/Viral-Respiratory-Pathogens-Toolkit-H.pdf>
- Influenza Antiviral Medications: Summary for Clinicians: [www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm](http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm)
- CDC Wash Your Hands page with information on handwashing: <https://www.cdc.gov/handhygiene/providers/index.html>
- CDC page with handwashing posters that facilities can print out: <https://www.cdc.gov/handwashing/posters.html>
- CDC Health Promotion Materials page with a variety of resources on handwashing: [https://www.cdc.gov/handhygiene/campaign/promotional.html#anchor\\_1555100516](https://www.cdc.gov/handhygiene/campaign/promotional.html#anchor_1555100516)