

VERMONT DEPARTMENT OF HEALTH
**2018-2019 INFLUENZA PREVENTION & CONTROL MEASURES FOR
LONG-TERM CARE FACILITIES**

Influenza can be introduced into a long-term care facility (LTCF) by newly admitted residents, health care workers, and visitors and can easily be transmitted to others. Residents of LTCFs can experience severe and sometimes fatal illness during influenza outbreaks.

If there is one laboratory-confirmed influenza positive case along with other cases of respiratory illness in a unit of a long-term care facility, an influenza outbreak might be occurring.

For current Vermont influenza surveillance/activity information, visit the [VDH Flu Activity and Surveillance](#) website.

For general information about the current season, see the CDC's [Frequently Asked Flu Questions 2018-2019 Influenza Season](#) website.

Prevention Measures

1. Offer and encourage flu vaccination for residents and staff. See the CDC [Key Facts About Seasonal Flu](#) for more information about the influenza vaccine. Continue to provide influenza vaccine to new admissions and to new and/or unvaccinated staff throughout the influenza season.
2. Monitor for respiratory symptoms among residents, staff, and visitors. Note that elderly persons and other medically-fragile long-term care residents may not have typical signs and symptoms of influenza and may not have fever.
3. Ask family members and friends not to visit when they are ill. Post signs alerting visitors not to enter if they have symptoms of influenza-like illness. VDH has a [Not Visiting Poster](#) that can be printed and displayed around the facility.
4. Develop a protocol for antiviral use to expedite treatment and prophylaxis if an influenza outbreak occurs. See the CDC [Antiviral Drugs](#) website.

Outbreak Management Measures

The following recommendations should be implemented immediately following identification of an outbreak and continuing for a minimum of 8 days following identification of the last suspect influenza case.

1. Call the Vermont Department of Health (VDH) 24/7 (802-863-7240 or 800-640-4374) to report an outbreak and for guidance on control measures.

2. When you call to report a suspected outbreak, VDH will help facilitate the specimen submission process. Test kits are available from the state lab at 1-802-338-4736
 - Follow instructions that come with the VDH Laboratory (VDHL) influenza test kits for collecting adequate specimens.
 - o Specimen collection instructions are also available [here](#) on the VDH Laboratory website
 - Collect specimens from 3-5 residents who have influenza-like illness. Specimens should be collected as soon as possible and no more than 3 days after onset of symptoms.
 - o Each specimen should have its own [VDHL Clinical Laboratory Test Request Form](#)
 - Once an influenza outbreak has been confirmed, it is not necessary to continue collecting additional specimens for influenza testing.
 - **If your facility uses rapid influenza diagnostic tests, be aware that false negative results can occur, even when influenza is the cause of symptoms.** A negative rapid test cannot exclude influenza as a cause of an outbreak in a facility with ill residents and/or staff who have clinically-compatible illness. See the CDC [Rapid Influenza Diagnostic Tests](#) website.
3. Administer influenza antiviral treatment immediately to all residents who have confirmed or suspected influenza. **Antiviral treatment should not wait for laboratory confirmation of influenza.**

For more information on the use of antiviral medications for influenza treatment and prophylaxis, see the CDC [Recommended Dosage and Duration of Influenza Antiviral Medications for Treatment or Chemoprophylaxis](#).

Both health care personnel and residents should be reminded that **persons treated with influenza antiviral medications continue to shed influenza virus while on treatment.** Thus, hand hygiene, respiratory hygiene and cough etiquette practices should continue while on treatment.

4. **When at least 2 residents/patients are ill within 72 hours of each other and at least one resident has lab-confirmed influenza, promptly initiate antiviral prophylaxis to all non-ill residents.** CDC recommends antiviral prophylaxis for a minimum of 2 weeks and continuing for at least 7-10 days after the last known case was identified.
5. Use [standard](#) and [droplet](#) precautions for symptomatic individuals.
6. Restrict symptomatic individuals to their rooms; cohort patients/residents who have influenza symptoms.

7. Curtail group activities; serve meals in room.
8. Promote respiratory etiquette and hand washing among residents, staff and visitors.
9. Call the Division of Licensing and Protection to inform them of an outbreak of influenza so that they will know that your facility is using guidance from the health department.
10. Start a line list to keep track of cases, both residents and staff; initiate active surveillance.
11. Avoid floating staff from unit-to-unit to the extent possible.
12. Continue to offer influenza vaccine to unvaccinated staff and residents.
13. Provide in-service training for staff on control measures and hand hygiene. Employees who develop fever and respiratory symptoms should be asked not to report to work until acute symptoms have resolved.
14. If a resident is being transferred to another facility, whether the resident is symptomatic or not, let the receiving facility know the resident is coming from a facility that is currently experiencing an outbreak.