



Seasonal Influenza Prevention & Control for Long-Term Care Facilities

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HealthVermont.gov
802-863-7200



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Introduction

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 you need help accessing or understanding this information, contact ahs.vdhEpiFluSurv@vermont.gov.

When to Report

- If there is one laboratory-confirmed influenza positive resident along with at least two other residents experiencing respiratory illness in a unit of a long-term care facility, report that an influenza outbreak might be occurring.
- Report an influenza-like illness outbreak when two or more residents with at least two of the following symptoms are ill within 72 hours of each other: fever of 100 degrees Fahrenheit or more, nonproductive cough, myalgia (muscle pain), pharyngitis (sore throat).

Key Points and Quick Links

- Prepare for flu before October, the typical start of flu season with the [Influenza Outbreak Plan Guide](#).
- 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.
- For current Vermont influenza surveillance/activity information, visit the [Department of Health Flu Activity and Surveillance](#) website.
- For general information about the current season, see the CDC's [influenza webpage](#).

Prevention Measures



- 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.
- Write or update your facility's [Influenza Outbreak Plan Guide](#) **before** influenza is widely circulating. Ensure staff are aware of the plan.

- Monitor for respiratory symptoms among residents, staff, and visitors. Note that elderly persons and other medically-fragile (e.g., immunocompromised) long-term care residents may not have typical signs and symptoms of influenza and may not have fever.
- Sick staff should stay home until **24 hours after fever has resolved** without the use of fever-reducing medication. Health care personnel with respiratory illness should [follow guidance for restriction from work](#) for at least three days since symptom onset or a positive test, and to use source control upon return to work until the end of day 7.
- 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. The Vermont Department of Health has a [Healthy Visiting](#) poster that can be printed and displayed around the facility.
- Develop a protocol for antiviral use to expedite treatment and prophylaxis if an influenza outbreak occurs. See the CDC [Antiviral Drugs](#) website. Consider standing orders from medical directors and resident physicians **before** influenza is widely circulating.

Outbreak Management Measures

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

Call the Vermont Department of Health 24/7 (802-863-7240) to report an outbreak and for guidance on control measures. You may also report by completing the [outbreak report form](#) on the www.HealthVermont.gov/FluOutbreak webpage, or emailing AHS.VDHEpiFluSurv@vermont.gov.

- When you report a suspected outbreak, the Health Department will help facilitate the surveillance specimen submission process. Test kits are available from the state lab at 802-338-4724. This testing is for influenza surveillance, not for the diagnosis of new illnesses.
 - If testing has been performed and resulted positive at an area hospital, provide that information on your report. The Department of Health will outreach the hospital laboratory for further testing of those specimens.
 - If you are performing in-facility **surveillance** testing, follow the instructions that come with the Vermont Department of Health Laboratory influenza test kits for collecting adequate specimens.
 - [Specimen collection instructions](#) for the #9 test kit.
 - Collect specimens from 3-5 residents who have influenza-like illness. Specimens should be collected as soon as possible and no more than three days after onset of symptoms.
 - Each specimen should have its own [Vermont Department of Health Laboratory Clinical Test Request Form](#).
 - Once an influenza outbreak has been confirmed, it is not necessary to continue collecting additional specimens for influenza testing during the outbreak period. If other respiratory illnesses are suspected, consult with the facility resident's health care provider for testing recommendations to determine appropriate treatment.

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.

- 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](#).
- **When at least two 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 two weeks and continuing for at least 7-10 days after the last known case was identified. If illness is reported in only one unit or other group of the facility, antiviral treatment may be considered for only the affected group.
- Use [standard](#) and [droplet](#) precautions for symptomatic individuals. See CDC interim masking recommendations for influenza [here](#).
- Restrict symptomatic individuals to their rooms; cohort patients/residents who have influenza symptoms.
- Curtail group activities; serve meals in room.
- Promote respiratory etiquette and hand washing among residents, staff and visitors.
- Start a line list to keep track of cases, both residents and staff; initiate active surveillance. The line list does not need to be submitted to the Health Department in most instances.
- Avoid floating staff from unit-to-unit to the extent possible.
- Continue to offer influenza vaccine to unvaccinated staff and residents.
- 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.

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.

- Health care personnel with respiratory illness should [follow guidance for restriction from work](#) for at least three days since symptom onset or a positive test, and to use source control upon return to work until the end of day 7.
- 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.

Please review [CDC Guidance for Influenza Outbreak Management in Long-Term Care Facilities](#) before using this tool.

1 confirmed or ≥ 2 suspected cases of influenza¹ among residents

- Report to the Vermont Department of Health 24/7 to report an outbreak or situation and for guidance on control measures:
 - 802-863-7240 and/or
 - [Viral respiratory illness outbreak report form](#)
- Administer influenza antiviral treatment immediately to all residents who have confirmed or suspected influenza. Antiviral treatment should not wait for laboratory confirmation of influenza²
- Implement [outbreak control measures](#) if indicated, including an internal line list of confirmed and suspected cases

Perform influenza testing on ill residents (RT-PCR preferred, immunofluorescence, rapid test)³

Do one or more residents
have a positive influenza
lab test?

No

Yes

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

Has it been >7-10 days
since the onset of the
most recent case of flu?

Yes

- Discontinue antiviral chemoprophylaxis
- Continue surveillance for new cases

No

- Continue outbreak control measures
- Continue antiviral chemoprophylaxis for all residents and unvaccinated staff for 7-10 days after onset of last known case of influenza

Notes:

1. Patients with influenza virus infection often have fever or feverishness with cough, chills, headache, myalgias, sore throat, or runny nose and, at times, GI symptoms. Older adults may have atypical signs and symptoms without fever. Additional resources: www.healthvermont.gov/fluoutbreak
2. 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](#)
3. See CDC laboratory diagnosis guidance: www.cdc.gov/flu/professionals/diagnosis/labrolesprocedures.htm