

Influenza is a common respiratory disease that affects hundreds of thousands of people in the U.S. each year and can be especially devastating in elderly populations. Prevention and control of influenza outbreaks in long-term care (LTC) settings is critical, as residents often have health conditions that put them at higher risk for serious flu complications. Influenza can be introduced into LTC settings by infected staff, volunteers and visitors. Vaccination is the best way to prevent influenza infection and severe complications due to influenza.

This document is intended to summarize guidance from the Centers for Disease Control and Prevention (CDC) and the North Dakota Department of Health (NDDoH) in the event of an influenza or influenza-like illness (ILI) outbreak. An ILI outbreak is defined as two or more residents with fever and respiratory symptoms within 72 hours of each other, or one resident with laboratory-confirmed influenza. Please contact the NDDoH Division of Disease Control at 701.328.2378 with questions, and be sure to report your outbreak online at [www.ndflu.com/Reporting/FluOutbreak.htm](http://www.ndflu.com/Reporting/FluOutbreak.htm), or by calling 701.328.2378.

Recommendation	Implemented by Facility
<b>Ill Residents</b>	
Administer antiviral treatment to residents with suspected or confirmed influenza according to current CDC recommendations: <a href="http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm#dosage">www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm#dosage</a> . Antiviral treatment should not wait for laboratory confirmation of influenza.	
Implement droplet precautions in addition to standard precautions for suspected or confirmed cases for seven days after illness onset or until 24 hours after resolution of fever and respiratory symptoms, whichever is longer. Staff should wear a face mask when entering the room of a resident with suspected or confirmed influenza.	
Restrict ill residents to their rooms. If private rooms are not available, consider other placement options, such as cohorting ill residents or ensuring at least three feet of separation and a physical barrier (e.g., curtain) between ill and well residents.	
Ill residents who must leave their rooms should wear face masks and be instructed to cover cough and sneezes.	
Determine if influenza is the causative agent by collecting specimens from symptomatic residents for influenza testing. Collect specimens as early as possible from ill residents to minimize false results.	
Because of the possibility of false positive results, consider obtaining specimens for polymerase chain reaction (PCR) confirmation from a subset of residents and/or staff with most recent onset of illness. Specimens can be submitted to the NDDoH Division of Laboratory Services for influenza testing free of charge. See <a href="http://www.ndhealth.gov/microlab/SpecimanCollection.aspx">www.ndhealth.gov/microlab/SpecimanCollection.aspx</a> for specimen submission information.	
<b>Staff</b>	
Exclude ill staff, including volunteers, from work for at least 24 hours after resolution of fever (without the use of fever-reducing medications). Those with ongoing respiratory symptoms should be evaluated to determine appropriateness of contact with resident. Exclusion for a minimum of 5 days is ideal.	
Restrict staff movement between areas of the facility with and without ill residents.	

Vaccination	
Administer influenza vaccine to all previously unvaccinated residents and staff according the Advisory Committee on Immunization Practices (ACIP) guidelines.	
Administration of Chemoprophylaxis	
When at least two residents are ill within 72 hours of each other, and at least one resident has laboratory-confirmed influenza, administer chemoprophylaxis to all non-ill residents regardless of vaccination status for a minimum of two weeks and at least 7-10 days after last known case is identified. <i>Note: Persons who develop acute respiratory illness after beginning chemoprophylaxis should be transitioned to a treatment regimen.</i>	
Consider administering chemoprophylaxis to unvaccinated staff. In addition, chemoprophylaxis may be considered for all employees, regardless of their influenza vaccination status, if indications exist that the outbreak is caused by a strain of influenza virus that is not well-matched to the vaccine.	
Education/Hand Hygiene	
Educate staff, residents and visitors regarding outbreak and control measures. Remind them about the need for hand and respiratory hygiene. Post signs.	
Resident Movement and Transfers	
Cancel large group activities in the facility, and consider serving all meals in rooms, or cohort the ill and well together during meals.	
Do not move residents to other wards or facilities unless medically indicated.	
Limit new admissions until the outbreak is over.	
Visitors	
Exclude all ill visitors from the facility.	
Alert visitors to wear masks and of the need for good hand washing with soap and water while visiting a resident who is ill with influenza-like illness.	
Limit visitation until the outbreak is over.	
Active Surveillance/Communication	
Initiate active daily surveillance for influenza-like illness among residents and staff until one week after the last onset of illness. Record illnesses.	
Report outbreaks to the NDDoH Division of Disease Control by calling 701.328.2378 or online at: <a href="http://www.ndflu.com/Reporting/FluOutbreak.htm">www.ndflu.com/Reporting/FluOutbreak.htm</a> .	
Resources	
<ul style="list-style-type: none"> <li>• <b>CDC Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities:</b> <a href="http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm">www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm</a>. Detailed recommendations from the CDC for outbreaks.</li> <li>• <b>CDC Toolkit for Long-Term Care Employers:</b> <a href="http://www.cdc.gov/flu/toolkit/long-term-care/index.htm">www.cdc.gov/flu/toolkit/long-term-care/index.htm</a>. Vaccine-focused influenza prevention strategies.</li> <li>• <b>NDDoH Influenza-like Illness Online Outbreak Report Form:</b> <a href="http://www.ndflu.com/Reporting/FluOutbreak.htm">www.ndflu.com/Reporting/FluOutbreak.htm</a>. LTC outbreaks are reportable, so report your outbreak here. For questions or to report over the phone, call 701.328.2378.</li> <li>• <b>ND Flu:</b> <a href="http://www.ndflu.com">www.ndflu.com</a>. Up-to-date information on the influenza season in North Dakota.</li> </ul>	