Influenza-like Illness Outbreak Control Checklist – Residential & Healthcare Facility

Facility Name: _____ Date: _____

Contact Person: _____ Phone: _____

Fax: _____ E-mail: _____

The following recommendations and reporting requirements are being provided to you to assist in the control of the current outbreak at your facility. We are requesting that you return a signed and dated copy of this form to Public Health - Communicable Disease Programs.

Influenza, other respiratory viruses, and some bacteria cause similar illnesses, particularly in the elderly population; therefore, they are referred to as Influenza-like Illnesses (ILI). Symptoms of ILI include: sore throat, itchy eyes, cough, fever (≥100.0°F), muscle aches, headache, fatigue, and nonproductive cough. Many residents may be unable to report symptoms reliably. Symptoms in elderly persons can be atypical and subtle including a change in mental status or a temperature below normal. Please review these basic guidelines with key staff members.

References:

1) California Department of Public Health (CDPH) guidelines:
http://www.cdph.ca.gov/programs/hai/Documents/Influenza-Recommendations-LTCF-v.12-11.pdf
2) Centers for Disease Control and Prevention (CDC) guidelines:
http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm

Any facility may request faxed copies of the comprehensive guidance documents from Public Health- Communicable Disease Programs by phone at (925)313-6740.

Public Health Reporting Requirements

- ❑ Report all clusters and outbreaks of Influenza-like Illness (ILI) to Contra Costa Public Health:
  - Cluster: two or more residents of ILI occurring within 48-72 hours.
  - Outbreak: One case of confirmed influenza by any testing method in a resident of a congregate setting is considered an outbreak or a sudden increase of ILI cases over the normal background rate.
- ❑ Advise the facilities Medical Director and/or corporate headquarters regarding the outbreak.
- ❑ Depending upon the facility licensure, notify the State Department of Health Services Licensing and Certification or the State Department of Social Services Community Care Licensing.
- ❑ Implement daily active surveillance for respiratory illness among ill residents, staff and visitors of the facility.
- ❑ Complete a line list of all symptomatic residents and staff. At minimum include: name, age, onset date, presence or absence of symptoms (e.g. temperature, cough, malaise/fatigue, chills/rigors, sore throat, etc.), vaccination status, influenza test results (if done), and date of start of isolation or sick leave, date no longer infectious, and name and phone number of primary care doctor.
  - A template line list is posted at: http://cchealth.org/flu/pdf/AcuteRespiratoryIllnessOutbreak-FacilityLineList.xlsx
- ❑ Fax daily line lists to Public Health at (925) 313-6465.
- ❑ Observe new cases of respiratory illness among all residents and staff until at least one week following the last case of respiratory illness.

General Infection Control

- ❑ Prioritize good hand hygiene and respiratory etiquette, such as washing hands thoroughly and covering coughs and sneezes, among visitors, staff, and residents. Printable posters are available at:
  - Flu Prevention Tips & Cough Etiquette - http://eziz.org/assets/docs/IMM-969.pdf
  - Wash Your Hands - http://eziz.org/assets/docs/IMM-819.pdf
- ❑ Post a sign on entrance for visitors stating your facility is experiencing a respiratory illness outbreak and advising visitors to wash hands with soap and water when they arrive and leave.
- ❑ Isolate or cohort symptomatic (ill) residents to their rooms and implement Standard and Droplet Precautions for any ill residents for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer.
- ❑ Screen employees and visitors for illness.
- ❑ Encourage staff to remain home when ill with a respiratory disease.
- ❑ Educate and instruct staff to report sign and symptoms of possible influenza including: fever, headache, muscle aches, sore throat, chills, fatigue, runny or stuffy nose, cough, and/or mental status changes occurring in residents.

Reducing Exposures

- ❑ Isolate symptomatic residents to their room, restrict them from common activities, and serve meals in their rooms until symptom free (no fever) for 24 hours.
- ❑ Strongly consider cancelling group activities and serve all meals in resident rooms.
- ❑ Limit visitation, exclude ill visitors, and consider restricting visitation of children via posted notices.
- ❑ Monitor personnel absenteeism due to respiratory symptoms and exclude those with influenza-like symptoms from resident care until at least 24 hours after they no longer have a fever without the use of fever-reducing medications.
- ❑ If the facility is large, restrict personnel movement from areas of the facility having outbreaks to areas without residents with symptoms of respiratory illness, if possible.
- ❑ Ensure that surfaces are routinely cleaned with an Environmental Protection Agency (EPA) - registered disinfectant (http://www.epa.gov/oppad001/influenza-disinfectants.html) Cleaning is especially important for surfaces and objects that are frequently touched, such as desks, countertops, doorknobs, computer keyboards, and phones.

Controlled Movement

- ❑ Keep staff assignments for symptomatic residents, if possible. Restrict staff movement from areas of the facility having outbreaks to areas without symptomatic residents.
- ❑ Place a surgical mask on symptomatic residents during transport, if possible.
- ❑ Notify transporting personnel and receiving facility of a suspected or confirmed outbreak prior to transfer. Provide written notification regarding current respiratory outbreak when resident is being transported.
- ❑ Limit new and returning residents during a suspected or confirmed outbreak.
- ❑ If admissions are necessary, ensure new or returning residents do not have acute respiratory illness or are not transferring from a facility with an ongoing outbreak.

Laboratory Testing

- ❑ Test for influenza in residents with ILI, especially if there is a cluster (2 or more cases of ILI within 72 hours).
- ❑ Public Health can coordinate prompt influenza testing at the Contra Costa Public Health Laboratory by reverse-transcriptase polymerase chain reaction (RT-PCR).

- ❑ The decision not to treat a resident with antivirals should not be made on the basis of a negative Rapid Influenza Diagnostic Test (RIDT) result; RIDT can vary in their sensitivity and specificity compared with RT-PCR or culture.

Vaccination and Antiviral Medications

- ❑ Antiviral treatment should be started as soon as possible for residents ill with symptoms consistent with influenza that are at higher risk for influenza complications on the basis of their age or underlying medical conditions. Begin antiviral treatment with a neuraminidase inhibitor (e.g. oral oseltamivir, inhaled zanamivir, parenteral peramivir).
- ❑ Chemoprophylaxis with antivirals for all non-ill facility residents (regardless of vaccination history) when an influenza outbreak has been confirmed. Antiviral chemoprophylaxis should be administered for a minimum of two weeks and continue at least seven days after last known case of influenza is identified.
- ❑ Assist residents and staff in contacting their healthcare provider to receive antivirals for either treatment (for the ill) or chemoprophylaxis (for the non-ill) according to current recommendations. Inform the provider that the facility is currently experiencing cases of influenza and that the patient is requesting antiviral medicines for either treatment or prophylaxis. Refer provider to the CDC summary for healthcare professional s if they have questions (http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm).
- ❑ Treatment should not be delayed waiting on laboratory-confirmation or a face-to-face appointment. Maximum benefit of antiviral treatment occurs when started within 48 hours of symptom onset; however, do not hold antivirals if symptoms began more than 48 hours prior and resident meets criteria for antiviral treatment.
- ❑ Consider antiviral chemoprophylaxis for all staff with resident contact, regardless of their vaccination status. Antiviral chemoprophylaxis should be administered for a minimum of two weeks and continue at least seven days after last known case of influenza is identified.
- ❑ Enforce staff vaccination or masking policy as required by the Contra Costa County Health Officer Seasonal Influenza Vaccination or Masking Order (http://cchealth.org/flu/pdf/Flu-Memo-Assisted-Living-Facilities-2014.pdf).
- ❑ Promote the current season's influenza vaccine to unvaccinated residents along with staff that have contact with residents (http://www.cdc.gov/vaccines/hcp/acip-recs/index.html).
- ❑ High-risk residents should also be immunized against pneumococcal disease according to CDC recommendations (http://www.cdc.gov/vaccines/hcp/acip-recs/index.html).

I have read and reviewed these recommendations and had the opportunity to ask questions.

_____ Date: _____

(Signature of Facility Representative)