



To Our Long-Term and Residential Care Facility Partners:

Influenza (flu) outbreaks within Long-Term Care facilities (LTCFs) and Residential Care facilities (RCF) during a normal respiratory season can potentially lead to negative outcomes for both staff and residents. Control measures are important to decreasing transmissions within the facility during normal respiratory seasons, and with COVID-19 circulating within the community, swift implementation of proper control measures for both flu and COVID-19 is critical. These measures will decrease the possibility of severe outcomes, protect residents and staff, and reduce disruption to facility activities.

For flu, an important control measure remains prompt identification of flu in staff and residents. Furthermore, it has been shown that rapidly initiating resident treatment for flu, regardless of their COVID-19 status, can improve outcomes, along with quick start of antiviral chemoprophylaxis for all non-ill residents, irrelevant of their vaccination status, to decrease chance of transmission and facility disruption.

Facilities with healthcare worker staff, such as skilled nursing facilities, should have antiviral **standing orders** for both treatment and chemoprophylaxis of flu to expedite initiation when needed.

For facilities without healthcare staff, facility administration should share the template letter below with their residents so they can inform their primary care provider about prescriptions for flu chemoprophylaxis and treatment.

Thank you for helping keep your patients, residents, and staff safe and healthy during influenza season and the COVID-19 pandemic. Additional information about flu and COVID-19 is available on cchealth.org Please contact us with any questions or concerns.

Sincerely,

Sefanit Mekuria, MD, MPH
Contra Costa Public Health
Deputy Health Officer
Office: 925-313-6740





Dear Healthcare Provider,

Your patient is currently a resident of an assisted living facility or residential care facility for the elderly and at a greater risk of influenza illness and severe influenza disease, especially if there is an influenza outbreak in the facility.

Prompt initiation of influenza antiviral treatment and chemoprophylaxis is critical in protecting your patient from severe influenza. We recommend that you prepare influenza treatment and chemoprophylaxis prescriptions now and inform your patient, so they are readily available throughout the influenza season. The dosing table below and resource links are included below for your convenience.

Thank you for your efforts to protect our community from influenza.

Sefanit Mekuria, MD, MPH
 Contra Costa Public Health
 Deputy Health Officer
 Office: 925-313-6740

Recommendations for Flu Antiviral Treatment and Chemoprophylaxis Congregate Living Setting or Residential Facility

	Antiviral Treatment	Antiviral Chemoprophylaxis
Patient Population	All residents and staff with confirmed flu, influenza-like illness (ILI) when there is a concern, treatment should not be delayed awaiting laboratory testing.	All asymptomatic (non-ill) residents, regardless of vaccination status, who have been exposed to influenza
Antiviral Dosage	75mg Oseltamivir (Tamiflu) orally twice a day *Dose adjustment is recommended for patients with renal disease. See www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm#Table1 for further guidance.	75mg Oseltamivir orally once a day
Antiviral Duration	5 days	2 weeks (minimum) AND continuing for at least 1 week after the last known case of ILI is identified in the facility
Initiation	<ul style="list-style-type: none"> Treatment works best when started within the first 2 days of symptom onset Treatment is still recommended and considered effective when given more than 48 hours after onset of symptoms 	<ul style="list-style-type: none"> As soon as possible Priority should be given to residents in the same unit/floor as an ill resident
Considerations	Amantadine and Rimantadine are NOT recommended due to high levels of antiviral resistance	STAFF - Consider providing antiviral chemoprophylaxis to unvaccinated staff that provides care to persons at high risk of influenza complications. Monitor staff for ILI symptoms





Resources:

- CDC Influenza Antiviral Medications Summary For clinicians:
www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm
- NIH Influenza and COVID-19: www.covid19treatmentguidelines.nih.gov/special-populations/influenza/
- California Department of Public Health's Influenza and Other Non-COVID-19 Respiratory Illness Outbreak Quicksheet:
www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/FluAndRespiratoryIllnessOutbreakQuicksheet.pdf
- Contra Costa Public Health Seasonal Influenza Resources for Providers:
cchealth.org/flu/providers.php
- Contra Costa Public Health COVID-19 Information for Healthcare Professionals :
cchealth.org/covid19/providers/

