Influenza Outbreak in Long Term Care Facilities (LTCF)  
Frequently Asked Questions  
September 25, 2017

How long should symptomatic residents remain in precautions?  
Implement droplet precautions in addition to standard precautions for suspected or confirmed cases for 7 days after illness onset or until 24 hours after resolution of fever and respiratory symptoms, whichever is longer.

Can confirmed influenza cases be admitted to our facility?  
Yes. There is not a requirement to suspend admissions. However, it is imperative that facility leadership evaluate their individual facility specific capability and capacity to safely care for residents that are admitted based on provision of services your facility offers and your facility’s individual resource allocation, not the residents’ diagnosis. Appropriate infection prevention precautions and influenza control measures must be maintained.

Can we admit to our facility while in outbreak status?  
There is not a requirement to suspend admissions. However, it is imperative that facility leadership evaluate their individual facility specific capability and capacity to safely care for residents that are admitted based on provision of services your facility offers and your facility’s individual resource allocation, not the residents’ diagnosis. Appropriate infection prevention precautions and influenza control measures must be maintained. It is important to inform prospective residents of the influenza outbreak so they may choose to postpone admission if they desire.

Why should we test symptomatic residents for influenza?  
Testing for influenza should occur when any resident has signs and symptoms that could be due to influenza. When influenza is circulating in the surrounding community of the LTCF, a high index of suspicion should be maintained. Washington State influenza surveillance data are available at: Weekly DOH Flu Report

Testing symptomatic residents for influenza helps to establish the existence of an outbreak and possibly the duration.

Where can I find influenza testing guidance?  
Clinical Description & Lab Diagnosis of Influenza  
Influenza Virus Testing Methods  
Rapid Influenza Diagnostic Tests

What is Acute Febrile Respiratory Illness (AFRI) and why does it count as a suspect Influenza case?  
Acute Febrile Respiratory Illness (AFRI) is defined as fever ≥100°F and any combination of the following symptoms: cough, chills, sore throat, runny or stuffy nose, muscle or body aches, headaches or fatigue. AFRI counts as suspect influenza because the symptoms of AFRI are the same as influenza.

Does Washington State Department of Health (DOH) provide chemoprophylaxis?  
DOH does not provide prophylaxis. The State maintains a stockpile of antivirals to assist with temporary shortages. Contact your Local Health Jurisdiction if needed.
What is recommended for chemoprophylaxis during an outbreak?

Chemoprophylaxis during outbreaks in long-term care settings: recommended for all non-ill residents of long-term care facilities experiencing an influenza outbreak, regardless of vaccination status. CDC recommends a minimum of 2 weeks of antiviral chemoprophylaxis, continuing for at least 7 days after the last known case is identified. Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities

When is the outbreak over?

An outbreak is typically over 7 days after the last onset of influenza or Acute Febrile Respiratory Illness.

Do we need to close our dining room?

There is not a requirement to close your dining room. The guidelines/recommendations are for the facility to consider the following actions to limit transmission:

- Cancellation of large group activities
- Serving all meals in resident rooms
- Limiting visitors during the outbreak period

How can I improve my vaccination rates?

Ongoing staff education, engagement and awareness. CDC Barriers and Strategies to Improve Influenza Vaccination among Health Care Personnel

For staff, consider hosting an onsite influenza clinic or allowing staff to have paid time off to obtain vaccination offsite. For more ideas see the new Washington State Department of Health Knock Out Flu at Work toolkit on promoting vaccination in the workplace: https://www.doh.wa.gov/Portals/1/Documents/8200/348-663-KnockOutFluTool-en-L.pdf

When can employees who have been sick with influenza return to work?

Employees diagnosed with influenza or presumed to have influenza can return to work when they have been without fever for 24 hours (without use of fever reducing medication). Those with ongoing respiratory symptoms should be evaluated to determine appropriateness of contact with patients.

What are the reporting requirements?

Long term care facilities are required to report all suspected and confirmed outbreaks to their local health jurisdiction (LHJ) per Washington Administrative Code (WAC) 246-101-305. LTCFs are required to report the following:

- A sudden increase in acute febrile respiratory illness over the normal background rate (e.g., 2 or more cases of acute respiratory illness occurring within 72 hours of each other) OR
- One or more residents who tests positive for influenza.

Per the DSHS Purple Book, the facility is required to report an outbreak to the DSHS Complaint Hotline, local health department, and record the info in their reporting log. Reporting to the Hotline should occur as soon as the facility has knowledge an outbreak is occurring.
How do I report an outbreak to DSHS?
Call DSHS 1-800-562-6078

What happens when I report to DSHS? Will my facility be cited?
The DSHS/RCS response should only be to assure the facility is following their infection control policy and procedures, and they are following good infection control practices to minimize the impact of the outbreak and the number of clients who become ill.

How do I report an outbreak to my Local Health Department?
Find my Local Health Jurisdiction here
Notifiable Conditions Reporting (LHJ Phone Numbers)

Additional Resources:
Washington State DOH
Influenza Information for Public Health and Healthcare

Centers for Disease Control and Prevention
Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities

DSHS Purple Book (Pages 27 and 32 have helpful tables)