

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

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Dear Colleagues:

Influenza activity is currently increasing in the state of Florida and outbreaks of influenza have recently been reported in multiple types of settings. The Florida Department of Health (FDOH) is taking this opportunity to ask for your assistance with ensuring that residents of Long-Term Care Facilities (LTCF) and health care personnel (HCP) are vaccinated against influenza and that outbreaks are managed in accordance with current recommendations from the Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC) (1, 2). As you are aware, influenza outbreaks can result in substantial societal and financial costs in addition to the impact on affected individuals and their families. A review of the literature shows that an estimated 33% of residents and 23% of staff develop an influenza-like illness (ILI) during a confirmed influenza outbreak. Among affected residents, an estimated 14% are hospitalized and 6% die (3).

Both residents and HCP in LTCFs need influenza vaccination. If residents did not receive trivalent inactivated influenza vaccine (TIV) prior to the start of this year's influenza season, please use this letter as a reminder of the benefits of vaccination and offer another opportunity for vaccination. Vaccinating HCP has been shown to reduce the mortality of LTCF residents by 30%-40%, even when resident vaccination coverage is high (4-6). Vaccination of HCP helps reduce the transmission of influenza, staff illness and absenteeism, and influenza-related illness and death, especially among people at increased risk for severe influenza illness. The CDC and partner organizations have identified approaches to increase influenza vaccination rates among HCP (7).

Active daily surveillance for ILI (defined as fever >100 °F AND sore throat and/or cough) should be conducted among all residents, staff, and visitors to LTCFs until the end of influenza season. If an outbreak (2 or more residents with ILI) of suspected or confirmed influenza should occur, we recommend immediate implementation of outbreak control measures (see attached page) and prompt notification of your county health department. A list of county health department contacts is attached, and can be found at http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/surveillance-and-investigation-guidance/_documents/chd_epi_contacts.pdf. Recommendations for conducting surveillance, influenza testing, infection control guidelines, antiviral treatment, and antiviral chemoprophylaxis can be found at <http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>.

Measures to reduce influenza transmission among residents and health care personnel:

- Report all suspected outbreaks to your county health department.
- Ensure that the current season's influenza vaccine is administered to unvaccinated residents and health care personnel as per current vaccination recommendations.

Florida Department of Health

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References

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6. Hayward AC, Harling R, Wetten S, et al. Effectiveness of an influenza vaccine program for care home staff to prevent death, morbidity, and health service use among residents: cluster randomized controlled trial. *BMJ* 2006;333:1241.
7. CDC. Influenza vaccination of health-care personnel: recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP). *MMWR* 2006;55(No. RR-2).

- All long-term care facility (LTCF) residents who have suspected or confirmed influenza should receive antiviral treatment immediately according to current recommendations.
- All eligible residents in the entire LTCF (not just currently impacted wards) should receive antiviral chemoprophylaxis as soon as an influenza outbreak is determined. When at least two patients are ill within 72 hours of each other and at least one resident has laboratory-confirmed influenza, antiviral chemoprophylaxis to all non-ill residents should promptly be initiated, regardless of whether they received influenza vaccination during the previous fall. Use of antiviral drugs for chemoprophylaxis is a key component of influenza outbreak control in institutions that house residents at higher risk of influenza complications.
- Implement standard and droplet precautions for all residents with suspected or confirmed influenza.
- Have symptomatic residents stay in their own rooms as much as possible, including restricting them from common activities, and have their meals served in their rooms when possible.
- Limit the number of large group activities in the facility and consider serving all meals in resident rooms if possible when the outbreak is widespread (involving multiple units of the facility).
- Avoid new admissions or transfers to wards with symptomatic residents.
- Limit visitation and exclude ill persons from visiting the facility via posted notices. Consider restricting visitation by children during community outbreaks of influenza.
- Monitor personnel absenteeism due to respiratory symptoms and exclude those with influenza-like symptoms from work until at least 24 hours after they no longer have a fever. Restrict personnel movement from areas of the facility having illness to areas not affected by the outbreak.

Sincerely,



Anna M. Likos, MD, MPH, Director
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Enclosure