

Mission:

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



Rick Scott
Governor

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State Surgeon General & Secretary

Vision: To be the **Healthiest State** in the Nation

2014-15 Influenza Season Recommendations for Long-Term Care Facilities (LTCF):

December 5, 2014

Version 1

Prevention:

Please identify and vaccinate residents, staff and health care personnel (HCP) that still need to be vaccinated this flu season.

- **Administer the current season's influenza vaccine to unvaccinated residents, staff and health care personnel** as per current vaccination recommendations.
<http://www.cdc.gov/flu/professionals/acip/index.htm>
- **Vaccinating HCP has been shown to reduce mortality among LTCF residents by 30%-40%, even when resident vaccination coverage is high (1-3).**
- The Centers for Disease Control and Prevention (CDC) and partner organizations have identified approaches to increase influenza vaccination rates among HCP (4).

Treatment:

Because of the detection of drifted influenza A (H3N2) viruses, the CDC issued a Health Advisory to re-emphasize the importance of the use of neuraminidase inhibitor antiviral medications when indicated for treatment and prevention of influenza, as an adjunct to vaccination.

- **All LTCF residents who have suspected or confirmed influenza should receive antiviral treatment immediately according to current recommendations.**
 - The CDC recommends initiating treatment for suspected influenza without waiting for confirmatory influenza laboratory results.
 - A flu test that is *negative by rapid antigen test* should not be used to exclude a diagnosis of influenza if it is suspected.
- **The two prescription antiviral medications recommended for treatment or prevention of influenza are oseltamivir (Tamiflu®) and zanamivir (Relenza®).**
- **Evidence from past influenza seasons and the 2009 H1N1 pandemic has shown that treatment with neuraminidase inhibitors has clinical and public health benefit in reducing severe outcomes of influenza and, when indicated, should be initiated as soon as possible after illness onset.** Clinical trials and observational data show that early antiviral treatment can:
 - shorten the duration of fever and illness symptoms;
 - reduce the risk of complications from influenza (e.g., otitis media in young children and pneumonia requiring antibiotics in adults); and
 - reduce the risk of death among hospitalized patients.

Outbreak Control Measures:

Outbreaks are managed in accordance with current recommendations from the Advisory Committee on Immunization Practices (ACIP) and the CDC (5, 6). Influenza outbreaks can carry substantial societal and financial costs in addition to the impact on affected individuals and their

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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 (7).

- **During outbreaks of influenza (two or more residents with ILI), 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 2 patients are ill within 72 hours of each other and at least one resident has laboratory-confirmed influenza, the facility should promptly initiate antiviral chemoprophylaxis to all non-ill residents, regardless of whether they received influenza vaccination during the current flu season.
 - 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.
 - Antiviral chemoprophylaxis can be considered or offered to unvaccinated personnel who provide care to persons at high risk of 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.**
 - Restrict them from common activities, and have their meals served in their rooms when possible.
 - Limit the number of large group activities in the facility.
 - 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. Conduct daily surveillance for ILI among all residents, staff, and visitors to LTCFs until the end of influenza season.
- **Be aware of the possibility of a drug resistant virus.**
 - Residents receiving antiviral medications who do not respond to treatment or who become sick with influenza after starting chemoprophylaxis might have an infection with an antiviral-resistant influenza virus.
 - Infection-control measures are especially important for patients who are immunocompromised to reduce the risk for transmission of oseltamivir-resistant viruses.
 - Notify your local county health department (CHD) (<http://www.Floridahealth.gov/CHDEpiContact>) if a resident develops influenza while on or after receiving antiviral chemoprophylaxis.
- **Suspected outbreaks of influenza or ILI (two or more residents with ILI), should be reported to your county health department.**
 - Florida Administrative Code, Chapter 64D-3 requires the reporting outbreaks to your CHD.
 - Contact information for CHDs can be found here <http://www.Floridahealth.gov/CHDEpiContact>.

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Resources:

Detailed guidance for managing influenza outbreaks in LTCF can be found here
<<http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>>.

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