

Preventing Influenza in Long-Term Care Facilities

Guidelines and Best Practices

San Francisco Department of Public Health

Flu Season 2015-2016

Updated December 12, 2016

INTRODUCTION

- Vulnerable population – high risk for complications.
- Preventing flu requires a multi-faceted approach:
 - Comprehensive program to immunize all staff and residents
 - Aggressive use of antiviral chemoprophylaxis (PEP)
 - Strong infection control practices
- Establish policies and procedures ahead of time
- Get the support of key staff and administrators

OVERVIEW

✓ Vaccination

- Key points
- Increasing vaccination rates
- Legal requirements

✓ Antiviral Treatment

✓ Antiviral Chemoprophylaxis

✓ Testing

- Key points
- When to test and what tests to order

✓ Reporting

- When and to whom

✓ Infection Control

- Key points
- Standard precautions
- Droplet precautions
- Respiratory hygiene/cough etiquette
- Hand hygiene
- Enhanced environmental cleaning
- Additional infection control tips and prevention measures

VACCINATION

KEY POINTS

- Annual vaccination of staff and residents is the **most effective** way to prevent flu in LTCFs
- Vaccine should be given routinely to all staff and all residents, unless medically contraindicated

VACCINATION

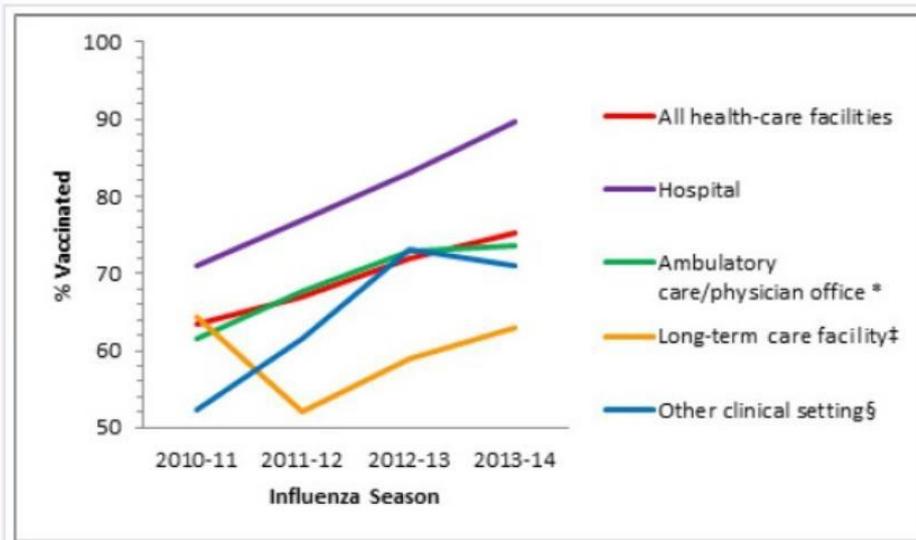
To increase flu immunization rates, use Standing Orders for staff.

- Use free, CDC reviewed [templates from the Immunization Action Coalition](#)

VACCINATION RATES IN HCWs

Although CDC estimates overall vaccination coverage rates for HCWs to be around 75%, rates are the lowest in LTCF settings at 54%.

Figure 1. Percentage of healthcare personnel (HCP) who received influenza vaccination, by occupational setting – Internet panel survey, United States, 2010-11, 2011-12, 2012-13, and 2013-2014 influenza seasons



* Ambulatory care (physician's office, medical clinic, and other ambulatory care setting).

‡ Nursing home, assisted living facility, other long-term care facility, home health agency or home health care.

§ Settings other than hospitals, ambulatory care setting, or long-term care facilities; includes dentist office or dental clinic, pharmacy, EMS, and other

VACCINATION: ENCOURAGE STAFF TO GET IMMUNIZED

- Make it convenient! Offer vaccine on multiple dates and/or shifts.
- Track vaccination status of employees; collect declination forms with reasons to help target future education.
- Use strategies from [CDC's LTCF Employer Toolkit](#).
- Show the [Influenza Immunization and the Health Care Worker video](#) to employees.
- Offer incentives to staff who get vaccinated.

VACCINATION

- Masking Mandate—a legal requirement for LTCFs in San Francisco
 - San Francisco Health Officer order requires “that each ...LTCF in San Francisco implement a program requiring its HCWs to receive an annual influenza vaccination or, if they decline [for any reason], to wear a mask for the duration of the influenza season while working in patient care areas.”
 - Dates are typically December 15th – March 31st
 - HCW is defined as “persons paid and unpaid, working in health care settings who have direct patient contact or who work in patient care areas.”

VACCINATION

- Aerosol Transmissible Diseases (ATD) Standard—a legal requirement for LTCFs
 - LTCFs mandated to offer influenza vaccine annually to ‘susceptible health care workers’ at no charge.
 - Collect declination form for unimmunized HCWs
 - Declination form wording can be found in Appendix C2 of the ATD standard
 - Questions about the ATD Standard? Call the CDPH Occupational Health Workplace Hazard Helpline at (866) 282-5516.

PLAN AHEAD

How will you improve staff vaccination rates in your facility?



ANTIVIRAL TREATMENT

- If a resident has ILI (fever $\geq 100^{\circ}$ and cough and/or sore throat), consider antiviral treatment immediately.
- Treatment may reduce duration of symptoms, and may prevent hospitalization and death.
- Don't wait for a positive flu test to start treatment.
 - Greatest benefit if started within 48 hrs of symptom onset.

ANTIVIRAL CHEMOPROPHYLAXIS

(ALSO CALLED POST-EXPOSURE PROPHYLAXIS OR “PEP”)

- Antivirals are 70%-90% effective in preventing influenza
- If there is only **1 influenza/ILI case, PEP the roommate of the ill resident**
- If there is **1 influenza case in a nursing unit with at least one additional ILI case, PEP the entire nursing unit and unvaccinated exposed HCWs**
- PEP residents whether or not they received influenza vaccination.

CHEMOPROPHYLAXIS: THE FACTS

A review of sixty influenza outbreaks showed that 'Antiviral chemoprophylaxis significantly reduced influenza attack rates, reducing the odds of developing influenza by fifty percent among LTCF residents.'



50%

PLAN AHEAD

Have you ever had to
PEP a whole unit within
your facility?

- If yes, how did that go? What could be improved
- If no, what do you think some potential challenges might be?



INFECTION CONTROL

- Use Standard and Droplet Precautions when caring for residents with flu or ILI.
- The bottom line: When caring for residents with flu and ILI, a minimum of gloves and a face mask must be worn at all times. Use additional PPE as needed.
- Hand hygiene before and after each patient contact
- Use a face mask to enter the ill resident's room.
- Ill residents should wear a face mask when they leave their rooms.

HAND HYGIENE

Most common mode of transmission of infections in LTCFs is via hands of HCW.

- Provide easy access to sinks, hand soap, paper towels, and hand sanitizer.
- Teach proper technique:
 - Rub with soap, paying close attention to between the fingers and nails, for 20 seconds.
 - Wash hands before putting gloves on and after taking them off.
 - Alcohol based hand-sanitizers are okay if hands are not visibly dirty.
- Be the role model and check up on your staff.
- Post [“Wash your Hands” signs](#)

INFECTION CONTROL

ENHANCED CLEANING

- Flu virus can live on surfaces for hours.
- Educate housekeeping staff regarding expectations for room cleaning for ILI and flu patients.
 - High touch surfaces such as door knobs and faucets must be cleaned and disinfected on a regular basis.
- Housekeeping staff should use a mask, gloves, and other Personal Protective Equipment (PPE) as appropriate.

TESTING

- Don't wait for results to start treatment or PEP.
- Testing of single ILI cases should be done through your commercial lab; both rapid tests and PCR testing are available.
- Rapid Flu Test
 - During flu season, it is most useful when it is positive; it is helpful to “rule in” influenza.
- Polymerase Chain Reaction (PCR) Test
 - Definitive laboratory test for influenza

OUTBREAK REPORTING-WHEN AND TO WHOM

- Report the following to your LTCF Medical Director, CDPH Licensing and Certification, and SFDPH Communicable Disease Control Unit (415-554-2830). These situations are classified as influenza “outbreaks” by CDPH and SFDPH:
 - One lab-confirmed influenza case(s) (positive influenza tests by any laboratory testing method), plus one ILI in the setting of 2 or more total cases within 72 hours.
 - 3 or more linked cases of ILI (These cases are considered linked if they are in the same nursing unit, are cared for by the same staff, or otherwise have contact with one another.)
 - When you report 2 or more influenza or ILI cases to SFDPH CDCU, you will be asked to complete the [CDCU line list](#) daily for outbreak surveillance

OUTBREAK CONTROL MEASURES

WHEN THERE ARE 2 OR MORE CASES OF ILI OR FLU in a nursing unit:

- Do not accept new admissions to affected unit.
- Cohort staff who work in affected unit; eliminate “floating”.
- Cancel group activities
- Serve meals in rooms
- Antiviral PEP for all residents on unit
- Report daily to CDCU using [line list](#).

FOCUS ON EMPLOYEE HEALTH

- Most important: Vaccinate all staff
 - This helps them stay healthy if there is an outbreak in your facility
- Remind staff not to work if they have ILI or flu. Return to work only after 24 hours of no fever.
- Inform unimmunized staff on a unit experiencing an influenza outbreak that they may be candidates for antiviral PEP.

RESOURCES

- **San Francisco Department of Public Health (SFPDH) Materials**
 - [Influenza and Influenza-like Illness Recommendations Checklist for Long-Term Care Facilities](#)
 - [Influenza and Influenza-like Illness Patient List \(Microsoft Excel 2007 Version\)](#)
 - [Influenza and Influenza-like Illness Patient List \(Microsoft Excel 2003 Version\)](#)
 - [Mandatory Influenza Vaccination or Masking of Health Care Workers](#)
 - [Letter for Skilled Nursing Facilities \(SNFs\) Regarding Flu Vaccination Rate Data Collection: Sent to all SNFs in September 2015](#)
 - [Health Update: Influenza 2015-2016](#)
 - [Flyer: Visitors are Welcome, but the Flu is Not](#)
 - [Establishing an Influenza Vaccination Program for Staff: Best Practices](#)
 - [Order or Download Free Disease Prevention/Health Promotion Materials from SFPDH](#)
- **California Department of Public Health Guidance: [Recommendations for the Prevention and Control of Influenza in Long-Term Care Facilities](#)**
- **Centers for Disease Control and Prevention Toolkit for Long-Term Care Employers: Key Links**
 - [Overview : Increasing Influenza Vaccination Among Health Care Workers in LTCF Settings](#)
 - **Health Care Worker (HCW) Flu Vaccine Information**
 - [Importance of HCW Vaccination](#)
 - [Percentage of HCW Getting Vaccinated: Preliminary 2015-2016 Influenza Season Coverage Estimates](#)
 - [Barriers and Strategies to Improve Flu Vaccine Coverage](#)
 - [Resources for Increasing Flu Vaccine Rates in LTCF Settings](#)
 - [Measuring and Reporting Flu Vaccine Coverage Rates of HCWs in LTCF Settings](#)
 - [Interim Guidance for Influenza Outbreak Management in LTCFs](#)
 - [Guidance on the Use of Influenza Antiviral Agents](#)
- [Influenza Specimen Collection Guidance, Including Nasopharyngeal Swab \(11" x 17" Poster\)](#)
- [Recommended Dosage and Duration of Influenza Antiviral Medications for Treatment or Chemoprophylaxis](#)