

Influenza

in Long Term Care Facilities (LTCF)

Frequently Asked Questions



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

[Washington State Influenza Surveillance Data](#)

Where can I find influenza testing guidance?

- [Clinical Description & Lab Diagnosis of Influenza](#)
- [Influenza Virus Testing Methods](#)
- [Rapid Influenza Diagnostic Test \(RIDT\)](#)

How long should residents with symptoms of influenza remain in precautions?

Droplet precautions in addition to standard precautions should be implemented for suspected or confirmed cases for seven days after illness onset or until 24 hours after resolution of fever and respiratory symptoms, *whichever is longer*.

Can we admit to our facility while in outbreak status?

There is not a requirement to suspend admissions. It is imperative that facility leadership evaluate their specific capability and capacity to safely care for residents based on provision of services the facility usually offers and the facility's resources, not the resident's diagnosis (even with confirmed influenza). Appropriate infection prevention precautions and influenza control measures must be maintained.

What is Influenza Like Illness (ILI)

ILI is defined as fever $\geq 100^{\circ}\text{F}$ and any combination of the following symptoms: cough, chills, sore throat, runny or stuffy nose, muscle or body aches, headaches, or fatigue.

Are ILI and influenza reportable?

LTCFs are required to report all suspected and **confirmed** outbreaks to their local health jurisdiction (LHJ) per Washington Administrative Code (WAC) 246-101-305, as below:

LTCFs are required to report the following:

- A sudden increase in ILI over the normal background rate (e.g., two or more cases of ILI occurring within 72 hours of each other) **OR**
- Any resident who tests positive for influenza.

Per the Department of Social Health Services (DSHS) Purple Book and WAC 246-101-305, the LTCF is required to report an outbreak to the LHJ and to the DSHS Complaint Hotline **1.800.562.6078** or the online [DSHS Online Reporting Option](#), as well as recording the information in their own log. Reporting should occur as soon as the facility has knowledge an outbreak is occurring.

What happens when we report to DSHS? Will our facility be sited?

The DSHS response should only be to assure the facility is following their own policies and procedures, as well as good infection control practices to minimize the impact of the outbreak and the number of clients who become ill.

What are the recommendations for chemoprophylaxis and treatment?

[CDC guidance for antiviral therapy and chemoprophylaxis](#)

What is recommended for chemoprophylaxis during an outbreak?

Chemoprophylaxis is recommended for all non-ill residents of LTCFs experiencing an influenza outbreak, regardless of vaccination status. The Center for Disease Control and Prevention (CDC) recommends a minimum of two weeks of antiviral chemoprophylaxis, continuing for at least seven days after the last known case is identified.

[CDC Guidance for Influenza in LTCF](#)

Do unvaccinated staff members need to be put on chemoprophylaxis?

Per Washington State guidelines, LTCFs should consider administering chemoprophylaxis to previously unvaccinated staff. The Washington State Department of Health does not provide chemoprophylaxis but does maintain a stockpile of antivirals to assist with temporary shortages. Contact the Spokane Regional Health District at 509.324.1442, if needed.

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 fever-reducing medication). Those with ongoing respiratory symptoms should be evaluated to determine appropriateness of contact with patients. Exclusion for a minimum of five days is ideal.

Do we need to close our dining room?

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

- Cancelling large group activities
- Serving all meals in resident rooms
- Limiting visitors during the outbreak

When is the outbreak over?

An outbreak is typically over seven days after the last onset of influenza or ILL.

How can we improve our vaccination rates?

LTCFs should provide ongoing staff education, engagement, and awareness of the benefits of flu vaccination.

[Barriers and Strategies to Improving Influenza Vaccination among Health Care Personnel](#)

Additional Resources:

[Washington State Department of Health](#)

[DSHS Purple Book](#) (*Pages 27 and 32 have helpful tables*)

For more information:

Spokane Regional Health District

Disease Prevention and Response

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