



HEALTH SERVICES
PUBLIC HEALTH





Deschutes County Health Department

Influenza Outbreak Tool Kit for Long Term Care Facilities

P:541-322-7418

F:541-322-7618

Influenza Outbreak Response Checklist for Long-Term Care Facilities

To Do	Reference
<p>NOTIFY:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Notify Deschutes County Health Department (DCHD) of possible outbreak within 24 hours. 	<p>Page 3</p>
<p>TRACK:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Keep track of cases by filling out the case log. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">  <p>Influenza case log.pdf</p> </div> <div style="text-align: center;">  <p>Influenza case log.xlsx</p> </div> </div>	<p>Page 3 Appendix 1</p>
<p>SPECIMENS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have 3-5 nasopharyngeal swab specimens tested at a lab (your lab or the Oregon State Public Health Lab). 	<p>Page 4 Appendix 2</p>
<p>EDUCATE:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Educate facility staff and residents of the outbreak, symptoms and preventive measures 	<p>Page 4 Appendix 3</p>
<p>CONTROL MEASURES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stop all transfers and new admissions <input type="checkbox"/> Isolate ill residents <input type="checkbox"/> Limit visitors and post notices on all entrances to the facility <input type="checkbox"/> Post "<u>Cover your Cough</u> pdf" posters <input type="checkbox"/> Cancel group activities <input type="checkbox"/> Restrict/exclude sick employees from work <input type="checkbox"/> Enforce hand washing with soap and warm water or alcohol-based hand sanitizer if hand washing is not available <input type="checkbox"/> Implement standard and droplet precautions <input type="checkbox"/> Provide personal protective equipment among staff <input type="checkbox"/> Increase cleaning of equipment and frequently touched surfaces <input type="checkbox"/> Provide prophylaxis treatment for Influenza outbreaks 	<div style="display: flex; justify-content: center; margin-bottom: 10px;">   </div> <p>Page 5 Appendix 4 Appendix 5 Appendix 6 Appendix 8</p>
<p>OUTBREAK STATUS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Outbreak may be declared over and restrictions lifted 7 days after last influenza symptom onset and with approval from DCHD. 	<p>Page 7</p>

Appendices:

Appendix 1: Influenza Case Log

Appendix 2: Submitting Specimens for Testing

Appendix 3: Specimen Request Form

Appendix 4: Flu Key Facts

Appendix 5: Cover your Cough Poster

Appendix 6: Facility Outbreak Notice

Appendix 7: Oregon Health Authority Flu Cheat Sheet

Appendix 8: Provider Cover Letter and Order Template for Tamiflu



Notify Deschutes County Health Department (DCHD) of possible outbreak within 24 hours.

Influenza guidance: Single cases of suspected respiratory influenza like illness (i.e. someone experiencing fever greater than 100°F with cough or sore throat.) are not reportable, however Oregon Administrative Rule 333-018 requires all *outbreaks* to be reported and investigated by the Local Health Department (LHD).

Outbreak definition: If there are two or more people showing symptoms of influenza like illness in your facility within a short period of time, it must be reported to DCHD within 24 hours. Confirming the presence of influenza through testing is important, but suspected outbreaks should be reported even if results are not yet available.

You should encourage staff members to report respiratory illnesses among residents immediately to their supervisor and/or DCHD. For a list of common symptoms, see page 5.

Practice active respiratory illness surveillance within your facility to detect outbreaks promptly by following these steps:

- Keep accurate, daily health records of each resident to be able to identify early symptoms of influenza or other respiratory illnesses.
- Review resident health data over time to identify trends that are signs of outbreaks.
- Alert the designated Infection Control Practitioner in your facility (if available) of staff or residents with respiratory influenza like symptoms.

**Deschutes County Health Department 24
hour disease reporting line
541-322-7418**



Keep track of cases by filling out the case log.

DCHD will instruct you to complete and submit the “Respiratory Case Log” (Appendix 1). You may also be asked to provide daily updates on case counts. Please select a point person at your facility who will track and update the case log.

The “Influenza Case Log is available as a fillable Excel spreadsheet (Appendix 1), which you should complete and return by secured email. You may also choose to print a copy and fax it to DCHD at (541-322-7618).



Have 3-5 nasopharyngeal swab specimens tested at a lab (your lab or the Oregon State Public Health Lab).

If you haven't already done so, DCHD encourages you to collect 3-5 nasopharyngeal samples from ill staff and/or residents. Testing can be done through your facility's laboratory or through public health. If you would like assistance with testing through public health or need testing supplies, please coordinate with DCHD. The Oregon State Public Health Laboratory (OSPHL) will test nasopharyngeal specimens during respiratory outbreaks. DCHD can provide Respiratory Influenza like Illness (ILI) Collection Kits and help prepare and send specimens to the OSPHL laboratory.

When coordinating specimen submission through DCHD please fill out completely the Patient Specimen Request Form (Appendix 3). Residents/staff will not be billed for this lab test.

For OSPHL Specimen Collection Guidelines please refer to: [Instructions for submitting specimens for influenza-like illness outbreak testing](#). Appendix 2.



Educate all facility staff and residents of influenza symptoms and preventive measures

Share key facts about Influenza with all staff and residents (see Appendix 4 to print a copy.)

Influenza (or the flu) is a contagious respiratory illness caused by viruses that infect the throat, nose, and lungs. It can cause mild to severe illness and at times lead to death. The best way to prevent the flu is by getting a flu vaccine every year.

Symptoms include:

- Fever or feeling feverish/chills
- Cough
- Sore throat

- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue

While vaccination is the best way to prevent an influenza infection, there are prophylactic treatments available to help prevent an infection after someone has been exposed.

Encourage frequent hand washing among staff, food handlers, and residents in the facility. Droplet precautions should be in place.

Sick staff members should not be allowed to work until fever free for 24 hours without the use of fever reducing medicines.



Implement facility-wide control measures

The quickest way to prevent new cases in an outbreak is by identifying and stopping transmission. Control measures should be implemented once your facility suspects an outbreak; do not wait for DCHD to declare an outbreak.

Effective control measures include:

STOP ADMISSIONS & TRANSFERS

Inform and limit the facility's visitors to protect the facility residents. Stop all transfers within and out of the facility; or provide a descriptive symptom profile to the receiving facility prior to any transfer. Do not accept new admissions into the infected facility until the outbreak is declared over by DCHD. Post notices on the entrance of the facility warning visitors of the outbreak and its highly communicable nature (refer to *Facility Outbreak Notice*, Appendix 6).

STOP GROUP ACTIVITIES

Stop group activities until the outbreak has been declared over. Communal meals and social and recreational groups should be stopped to prevent further person-to-person transmission.

IMPLEMENT COHORTING

If your facility has the capacity and resources, place all sick patients into the same area or wing and assign staff to work with those patients only (staff cohorting). Restrict staff movement from sick residents to well residents. If that is not possible, staff should work with well patients first before moving to sick patients. Isolate cases until asymptomatic for 24 hours. Consider excluding non-essential staff, students and volunteers during an outbreak.

KEEP CLEAN

Disinfect all affected surfaces with an Environmental Protection Agency-registered commercial virucide. If one is not available, prepare a bleach solution (3/4 cup concentrated bleach per 1 gallon of water) to disinfect all affected surfaces as well as nearby surfaces: chair handles and backs, door handles, counters, hand railings, bed linens and frequently used items (food trays, combs, remote controls, etc.)

Standard and Droplet Precautions

Implement droplet precautions for all residents with suspected or confirmed influenza. Continue this for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer. Use standard precautions for all others.

Treatment and Prophylaxis

All residents who have confirmed or suspected influenza should receive antiviral treatment immediately; do not wait for lab confirmation to treat. When 2 or more residents are ill and one is lab confirmed, begin to administer prophylactic treatment to all residents. See Appendix 8 for a sample cover letter and order for oseltamivir (Tamiflu) which can be used for both prevention and treatment.



With DCHD, declare the outbreak over 7 days after last influenza symptom onset.

DCHD will declare the outbreak over 7 days after the last onset of influenza symptoms, which is two incubation periods. You will be notified when it is safe to resume normal operations, with normal ongoing respiratory surveillance at your facility. Using enhanced precautions is recommended in the two weeks following the end of an outbreak. DCHD can provide advice on what enhanced precautions you should follow.



Meet with staff and the Infection Control Practitioner

Arrange a meeting with your staff and Infection Control practitioner, if available, to discuss lessons learned and how to prevent future outbreaks at your facility. Please contact DCHD if you have any questions or would like additional guidance



Influenza Case Log

County: _____

Facility: _____

Outbreak #: _____

Setting of Exposure: _____

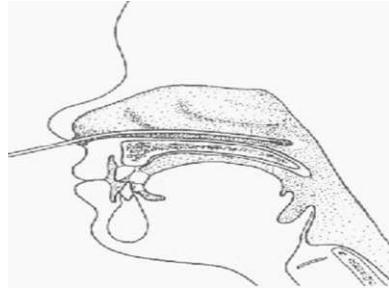
IDENTIFIERS					ONSET				SIGNS & SYMPTOMS				OUTCOME											
List all hospital patients, preschoolers, students, residents and staff with any respiratory illness					Date of Birth	Sex	Patient, preschooler, resident, staff or student	room number	Job duty code (staff only)	Onset	Fever > 100 F (highest temp recorded)	Cough	Sore Throat	Pneumonia	Emergency Dept Visit	Hospitalized	Died?	Vaccinated for Influenza	Lab Confirmed Influenza?	Other Lab Results (e.g.: adenovirus, legionella)	lab specimens collected for outbreak testing at OSPHL	seen by provider	Comments	
					MM/DD/YY	F or M	Codes Below	Codes Below	Date (m/d)															
Name						Check all that apply				Check all that apply														
					Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Instructions:
 Complete all columns for each person listed. Add rows as necessary. Save and email form by secured email to Deschutes County Health Department, by fax at 541-322-7618 or as instructed. For help using this log contact the CD nurse at Deschutes County Health Department at 541-322-7418.

Setting of exposure	type	Use these job codes for staff duties
Nursing Home	H hospital patient	A administrative/clerical
Day Care	P preschooler	F food service
School	R resident	H housekeeping
Hospital	S staff	M maintenance
Other	Stu student	O other
		P patient care
		T teacher/teacher's assistant
		W washroom/laundry

Completing the Test Requisition, Packaging Specimens and Transport to OSPHL

1. Complete the test requisition, fill in all shaded boxes. Include:
 - Patient full name or unique identifier
 - Date of Birth
 - County of Residence or Zip Code
 - Date of Collection
 - Gender
 - Outbreak number**Complete a separate request form for each specimen (a dual swab counts as one specimen).**
2. Fold requisition for one specimen in half and place it in the outer pocket of the specimen biohazard bag with the top of the test requisition facing out. Leave all unused bar codes on the test requisition. They will be used at OSPHL.
3. Place the UTM tube in the sealable pocket of the specimen biohazard bag. Be sure that the cap on the UTM tube is securely fastened.
4. Even though the UTM can be stored at room temperature, once a patient specimen is added **it must be maintained at 2-8°C**. Transport the specimen in a container which can maintain 2-8°C during transport such as a Styrofoam or hard sided cooler with a frozen gel pack.



NASOPHARYNGEAL SWAB METHOD:

1. We recommend infection control (IC) precautions as described at: <http://www.cdc.gov/flu/professionals/infectioncontrol/maskguidance.htm>.
2. Have patient sit with head against a wall as patients have a tendency to pull away during this procedure.
3. Insert swab into one nostril **straight back** (not upwards) and continue along the floor of the nasal passage for several centimeters until reaching the nasopharynx (same distance as from nostrils to external opening of ear). Do not force swab, if obstruction is encountered before reaching the nasopharynx, remove swab and try the other side.
4. Rotate swab gently for 5-10 seconds to obtain infected cells.
5. For an optimal sample, repeat procedure using other nostril.
6. Place swab in transport medium.
7. Bend or cut shaft to completely seal transport tube.
8. Be sure cap is securely fastened.



Submitting Specimens for Influenza-Like Illness (ILI) Outbreak Testing

**Oregon State Public Health
Laboratory**
3150 NW 229th Ave Suite 100
Hillsboro, OR 97124
503-693-4100

INSTRUCTIONS FOR SUBMITTING SPECIMENS FOR INFLUENZA-LIKE ILLNESS (ILI) OUTBREAK TESTING

Acceptable Specimens:

- Nasopharyngeal swab
- Nasal swab
- Throat swab
- Nasal aspirate
- Nasal wash
- Dual nasopharyngeal/throat swab
- Bronchoalveolar lavage Bronchial wash
- Tracheal aspirate
- Sputum
- Lung Tissue

Collection Kit Contents:

- Nasopharyngeal (NPS) swab
- Throat Swab
- Universal Transport Media (UTM)
- Biohazard specimen transport bag
- Absorbent material
- Test request form

Procedure:

1. Specimens should be collected from patients within 3 days of clinical onset and not later than 5 days after onset.
2. Collect an approved specimen type. If not using the OSPHL provided swabs, use only swabs made with a Dacron polyester tip or a flocked swab on a plastic shaft. Wooden shaft swabs are unacceptable.
3. Place swab in the Universal Transport Media Tube (UTM) and break off the shaft, leaving the swab head inside the UTM tube. If using dual swabs, place both in the same vial. **Failure to** break off swabs will cause leakage and the specimen will be unsatisfactory for testing.
4. Label the UTM tube. Each tube must be labeled with **two** unique identifiers such as patient full name; patient ID or health record number; specimen bar code from the bottom of the test request form (it has a line for you to write in the other patient identification)



5. Place bar code label lengthwise on the specimen tube. The label should read left to right and bottom to top as shown above.
6. Instructions for completing the requisition and packaging the specimen for transport are continued on the back.

OSPHL Contact information:

Virology/Immunology 503-693-4100

Courier Service: 503-693-4100

To order supplies 503-693-4114

*Online Stockroom Order Request form:
<http://public.health.oregon.gov/Laboratory/Services/Documents/stock3.pdf>*



HEALTH SERVICES PUBLIC HEALTH

Patient Specimen Request

PATIENT INFORMATION

Last Name:	First Name:	Middle Initials:	
Date of Birth(mm/dd/yyyy):	Sex/gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Onset Date:	
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multi-race <input type="checkbox"/> Other Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Declined	Date of Collection:	Time of Collection:	Hospitalized?: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name and Address of Facility:		
	Contact Name and Number:		
	Patients Provider or PCP:		

Instructions: Please fill out all fields completely and label each tube with two unique identifiers such as patient full name and date of birth. Be sure that the cap on the tube is securely fastened and place in biohazard bag. Place this form in outer pocket of specimen bag. After collection store specimens in refrigerator at 2-8 degrees C.



Influenza

THE FACTS

The best way to prevent the flu is to get a flu shot

What is influenza (flu)?

The flu is a contagious disease caused by influenza germs. Flu can cause mild to serious illness, and sometimes hospitalization or even death.

How to stop flu



Everyone over 6 months of age should get a flu shot each year.



Wash your hands with soap and water and do it often.

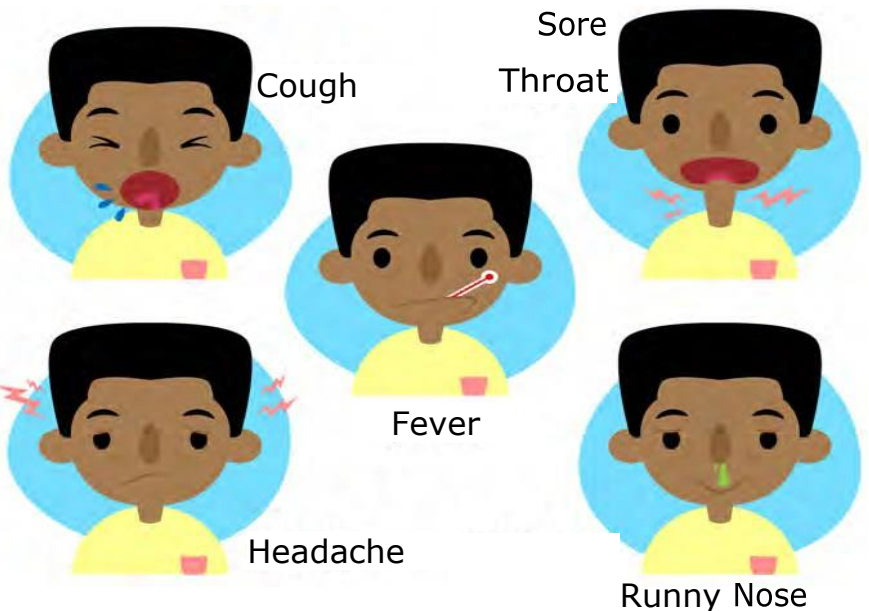


Cover your coughs and sneezes. Use tissue or your elbow, not your hand

Symptoms

People who have the flu often feel some or all of these symptoms.

You may also have body aches, chills and feel very tired.



How does flu spread?

Flu is spread from person to person by coughing, sneezing, talking or singing. It usually takes 1-4 days to get sick after you've been infected. You can spread flu 1 day before you start to feel sick and up to 5 to 7 days after becoming sick.



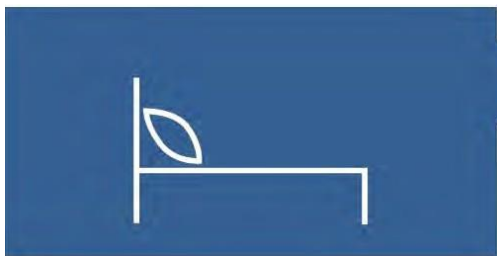
Flu Problems

Some people are at higher risk of getting serious flu-related problems like pneumonia, ear infections, sinus infections, dehydration and worsening of other health problems:



Treatment

Only a healthcare provider can confirm flu. If you are sick you should:



Rest and stay home until at least 24 hours after you are free of fever.



Some people may need pills to lower their chances of serious problems from the flu.

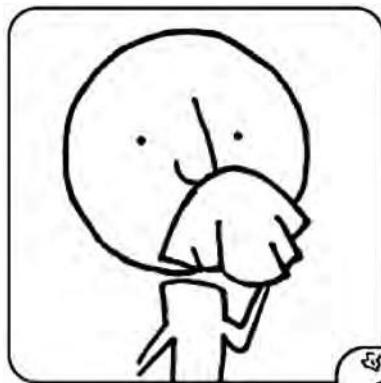
Contact your health care provider with questions.



Stop the spread of germs that make you and others sick!

Cover your Cough

Cover your mouth
and nose with a
tissue when you
cough or sneeze



or



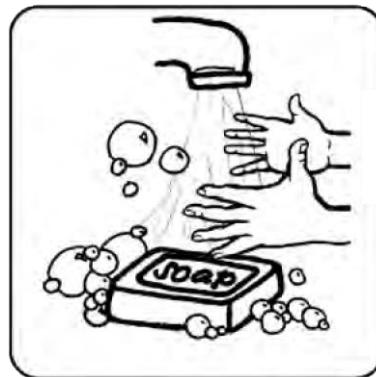
cough or sneeze
into your
upper sleeve,
not your hands.



Put your used tissue in the waste basket.

Clean your Hands

after coughing or sneezing.



Wash with soap and water
or
clean with alcohol-based hand cleaner.

(Thanks to the Minnesota Department of Health for generously sharing this poster.)



<insert facility name and logo>

NOTICE!

We are currently experiencing a respiratory outbreak among our staff and residents.

We are working with the Deschutes County Health Department to contain and control this highly communicable disease.

For the safety of our residents and their visiting friends and family, we please ask that you limit visits to your loved ones as much as possible to avoid further spread of illness. Please do not visit if you are ill with flu like symptoms.

Please also refrain from bringing young children and elderly to visit. They are most susceptible to complications from influenza like illness.

If you do decide to visit, please wash your hands often, wear a mask upon check in at the front desk, and take an outbreak fact sheet for your reference.



ATTENTION VISITORS!

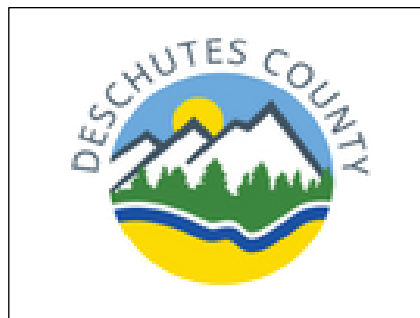
We currently have a number of residents ill with respiratory symptoms.

In order to protect our residents' health and the health of others,

VISITOR ACCESS IS LIMITED THROUGHOUT THE FACILITY.

Please check in at the front desk.

Wash your hands as you enter and exit the facility.



Influenza outbreak control in long-term care facilities

Before a flu outbreak occurs

- **Vaccinate** all residents and staff
- **Prepare** for outbreaks
 - Get pre-approved tamiflu orders from physicians
 - Monitor residents and staff for flu-like symptoms
 - Have flu testing procedures in place
 - Promote handwashing and covering coughs

Is a flu outbreak occurring?

- 2 or more residents ill with influenza-like illness (ILI) = notify your local health department
- **ILI = fever + (cough or sore throat)**
 - Note: the elderly may have atypical flu symptoms

When a flu outbreak occurs

- **Test** ill residents (PCR tests are best!)
- **Monitor** residents and staff daily for ILI symptoms
- **Standard and droplet precautions**
 - Gloves, gowns and facemasks
 - Frequent handwashing even if wearing gloves
- **Implement control measures**
 - Cohort ill residents, stop group activities
 - Ill staff restricted until asymptomatic for 24 hours
 - Restrict visitors, promote handwashing

Treatment

- All long-term care facility residents who have confirmed or suspected influenza should receive antiviral treatment immediately
- Do not wait for lab confirmation to treat, begin within 2 days of symptom onset
- Dose: typically 75 mg twice daily, 5 days

Prophylaxis

- Administer prophylaxis to all residents when ≥ 2 ill within 72 hours AND at least one resident is lab-confirmed
- Consider offering prophylaxis to unvaccinated staff
- Dose: typically 75 mg once daily, 2 weeks

To report an outbreak and additional guidance contact your [local health department](#). CDC's complete flu outbreak guidance is also available [online](#).



HEALTH SERVICES PUBLIC HEALTH

Communicable Disease Services

Dear Provider:

Situation:

Your patient is currently in a long-term care facility that has an influenza outbreak confirmed by the local health department. Your patient should receive preventive antivirals as soon as possible to protect them from getting influenza and to help stop the outbreak, regardless of whether they received a flu vaccine this year.

Background:

Use of antiviral drugs for chemoprophylaxis of influenza is recommended by the Center for Disease Control and Prevention (CDC) as a key component of influenza outbreak control in institutions that house residents at higher risk of flu-related complications.

In general, approximately 90% of influenza related deaths are in individuals age 65 or older. Controlling outbreaks of influenza in long-term care facilities is a top priority to decrease morbidity and mortality of influenza.

More details on the CDC recommendations can be found at:

<http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>

<http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

Recommendation:

Please complete the enclosed orders for oseltamivir (Tamiflu) and return to your patient's facility as soon as possible. The indications and dosing were developed by the Deschutes County Health program, based on CDC guidance.

Thank you for your efforts to protect the health and safety of your patients and our community.

Please contact the Deschutes County Public Health Department at any time with questions at 541-322-7418

Sincerely,

Dr. Richard Fawcett, MD
Health Officer
Deschutes County Health Services

Order for supply of oseltamivir (Tamiflu®) capsules

Indication: For resident of long term care facility (LTCF) in the setting of an influenza outbreak.

1. Patient name: _____ 2. Wt.: _____ kg
 3. DOB: _____ 4. Estimated Creatinine clearance: _____ ml/min

5. Precautions (check all that apply):

- History of hypersensitivity or allergy to oseltamivir – STOP, do not order
- Routine hemodialysis or continuous peritoneal dialysis – STOP, do not order
- Estimated Creatinine clearance <10mL/min – STOP, do not order, consult nephrology.
- Weight <40kg—STOP, dosage adjustment needed. Consult pharmacist as needed.
- History of renal impairment (precaution) – go to 6 and 7
- None – **Check one order each in 6 and 7 below**

6. Order for oseltamivir for PROPHYLAXIS (check one):

FOR ASYMPTOMATIC RESIDENTS IN SETTING OF INFLUENZA OUTBREAK IN LTCF

Check one	Renal function	Rx for prophylaxis in asymptomatic resident: Dispense: QS 2 weeks with one refill*
	Normal renal function	75 mg po ONCE daily
	CrCl >30 to 60 ml/min	30 mg po ONCE DAILY
	CrCl >10 to 30 ml/min	30 mg po EVERY OTHER DAY
	ESRD	Do not use standing order, Contact nephrologist
*CDC recommends minimum 2 weeks, and until 1 week after the last known case is identified in the institution		
If resident becomes symptomatic, consult with medical provider and change to treatment dosage (see 7).		

7. Order for oseltamivir TREATMENT (check one):

If resident is SHOWING SYMPTOMS OF INFLUENZA LIKE ILLNESS (ILI) in setting of known outbreak

Check one	Renal function	Rx for treatment for ILI in setting of outbreak:
	Normal renal function	75 mg po TWICE daily FOR 5 DAYS
	CrCl >30 to 60 ml/min	30 mg po TWICE DAILY x 5 DAYS
	CrCl >10 to 30 ml/min	30 mg po ONCE DAILY x 5 DAYS
	ESRD	Do not use standing order, Contact nephrologist

Additional information:

- Take with food.
- Drug-drug interactions unlikely.
- The most likely adverse effects are gastrointestinal upset, headache and increased liver enzymes; see product information for full list.
- This order in effect through ___/___/___ (6/30/2019 unless otherwise noted)

 Provider signature

 Provider name

 Date