

Seasonal influenza is a serious cause of illness, disability and death in residents of care facilities. Among vaccine-preventable diseases, influenza causes by far the most deaths. Seniors and others in long term care are frequently more vulnerable to influenza than the general population, because of their own compromised health status and the nature of congregate living and care giving.

Infection prevention and control best practice, monitoring for influenza-like illness in your facility and effective management helps prevent influenza illness and outbreaks in your facility.

This document outlines in checklist format tasks to complete during influenza season.

For any COVID-19 information, please refer to Island Health COVID material online.

1.0 Tasks to complete at the beginning of Influenza Season

Those interested in becoming a peer immunizer should be made aware that BC Centre for Disease Control (BCCDC) has courses to assist in maintaining best practice competencies for Influenza immunizations.

For affiliates: Order vaccine for the facility (all residents and staff) and ensure that vaccine from the previous season has been discarded.

- Immunization residents-** Consent for health care is implied on admission to the facility. As with administration of any medication, a conversation regarding the influenza vaccine and prophylaxis should take place between the resident and/or designated representative, and the nurse.
 - Obtain doctor's orders and/or consent for vaccinations, anaphylaxis treatment and antiviral prophylaxis (Oseltamivir) for all current residents and any new admissions during the influenza season (e.g. November to April).
 - Document resident vaccination in the resident's medical record and on a Seasonal Influenza Recording sheet (for a template, see Influenza Vaccine Usage forms under the Community Vaccine Providers page at islandhealth.ca).
 - Prepare a list of residents who have not been vaccinated so they may be easily identified if an outbreak occurs.
 - All facilities must provide their local health unit and/or IPAC with influenza vaccination coverage data for residents and staff. Only summary data is required, not individual records (see online form at www.viha.ca/flu).

- Immunization staff:**
 - Occupational Health and Safety manages immunization records in Island Health.
 - For affiliates: All health care facilities must maintain annual records of staff influenza vaccination status.
 - This includes name, date of birth, position (job), where in the facility they work and date of influenza vaccination.
 - Obtain informed consent for employee vaccinations.
 - Staff should be instructed to retain a written record of their immunization provided by their immunization provider. This record may be requested by the employer at any time.

Influenza like illness Checklist for Long Term Care



- Staff who report a medical contraindication to influenza vaccination should provide medical documentation, and be recorded as having a “contraindication” on the facility staff immunization record.
- Prepare a list of unimmunized staff who may need to be excluded or started on antiviral medication in the event of an outbreak.

□ **Antiviral Medication:** **Preplan** for antiviral medication dosage for prophylaxis and treatment of residents. Neuraminidase inhibitors (Oseltamivir and Zanamivir) remain the recommended drugs of choice for treatment or prophylaxis against influenza A or B for this season. Due to persisting resistance to Amantadine® among the majority of circulating influenza strains, it is not recommended at this time. Oseltamivir is available in 75 mg capsules as well as a powder that can be reconstituted into an oral suspension at 12 mg/mL.

1. Identify residents who have not had a serum creatinine in the previous 12 months, and/or are suspected of renal impairment. If renal impairment is stable, a creatinine clearance within the last year can be used to calculate the Tamiflu™ dosage. If renal impairment is unstable, then Creatinine should be obtained within the previous month. The first dose of Tamiflu™ can be given and the blood sample for Creatinine can be taken at the same time if not available on the chart and the sample can be resulted before the next dose.

OR

2. Compile a complete and up to date list of these residents to be used by lab services to draw STAT creatinine in the event of an outbreak. This option should only be used by facilities that have ready access to mobile lab services that will be prepared to draw labs on all identified residents in a very short period of time (i.e. within 24 hours of the declaration of an outbreak). Ensure that a plan is in place for lab services to draw STAT creatinine (within 24 hours of an outbreak declaration) on all vulnerable residents in the event of an outbreak.

▪ **Affiliates:**

- Connect with your local pharmacy supplier to develop an outbreak antiviral implementation plan. This plan should address how your facility can receive antiviral medications for all residents in a timely way in the event of an influenza outbreak. Weekend, holiday and after hours coverage options should be discussed.
- Healthcare workers who require prophylaxis should attend their family physician to receive a prescription.

▪ **Island Health:**

- Residents: Managed by pharmacy
- [Island Health Staff:](#) Antiviral may be offered to staff dependent on the outbreak and presenting risk. This will be determined at the Outbreak Management System (OMS) meeting. Symptomatic staff will be directed to an employee health advisor who will provide direction on work restriction, return to work and if prophylaxis is indicated.

□ **Respiratory etiquette:** Consider increasing access to hand sanitizers and/or hand washing facilities for staff, visitors and residents during influenza season. Also providing access to tissues and no touch garbage containers can decrease transmission.

- Staff educations:**
 - Increase messaging to staff, residents and visitors about hand washing and other personal infection control measures through various media (e.g. posters, newsletters, staff meetings, and email).
 - Conduct in-service training for employees regarding:
 - Signs and symptoms of influenza in patients and staff, and appropriate follow up actions.
 - The importance of reporting all respiratory illness in residents or staff immediately to the appropriate person for your facility (i.e. Director of Care, Infection Control).
 - Proper use of Personal Protective Equipment (PPE)
 - Importance of not reporting to work ill
- Ensure that masks and personal protective equipment are available for unimmunized visitors and staff.
- Establish a plan for quickly accessing masks and other PPE in the case of a surge in demand at your facility.

2.0 Monitoring for Influenza-Like Illness (ILI)

- Review with staff periodically:
 - Signs and symptoms of influenza in patients and staff, and appropriate follow up actions
 - The importance of reporting all respiratory illness in residents or staff immediately to the appropriate person for your facility (i.e. Director of Care, Infection Control)
 - The importance of ill staff not reporting to work in your facility or any other care facility while they have symptoms.
 - Ensure the influenza algorithms are available and the staff are familiar with them.

3.0 Outbreak Preparation

Check on the status of [influenza outbreaks](#) in your community as this may affect your staffing or patient transfers.

- Familiarize yourself with the management of an outbreak.
 - Review Management of Single Cases of ILI among Residents and algorithms found in [the ILI toolkit for affiliates](#) on the internet and [ILI toolkit for VIHA](#) owned facilities.
 - Consider how you will implement control measures including restricting residents, tray service, enhanced cleaning, cohorting staff, and reporting of cases.
 - Prepare a communication plan for residents, staff, volunteers and visitors to be activated in the event of an outbreak.
 - [What to include in an outbreak plan.](#) For affiliates

4.0 Managing Influenza Illness & Outbreaks

- Resident/Staff Management:

Influenza like illness Checklist for Long Term Care

- **All facilities: Follow site management outbreak and staff algorithms** found in [the ILI toolkit for affiliates](#) and [ILI toolkit for Island Health facilities](#) (updated annually).
- If influenza is suspected, notify the resident's physician for assessment, including the use of antiviral medication, which should be given in the first 48 hours for treatment.
- Observe roommates of a case and others in the facility for symptoms.
- Aerosol generating medical procedures (AGMP) should be avoided, if possible, in residents with a respiratory infection. Use of an N95 respirator is required when performing AGMPs.

Treatment and Prophylaxis:

- A physician order is required for treatment dose.
 - Prophylaxis will continue until the outbreak is declared over. Prophylaxis should begin within 48 hours of exposure. Affiliates to consult with Communicable Disease for prophylaxis orders.

Treatment Dosage of Oseltamivir® for individuals 13 years and older:

- Renal function normal or CrCl >60ml/min: 75 mg po twice daily x 5 days
- Impaired renal function (CrCl 30-60 ml/min): 30 mg po twice daily OR 75 mg po once daily x 5 days
- Severely impaired renal function (CrCl 10-30 ml/min): 30 mg po once daily x 5 days
- Renal failure (CrCl <10 ml/min): 75 mg po ONCE during illness

Prophylaxis:

- Renal function normal or CrCl > 60 ml/min: 75 mg po once daily until prophylaxis no longer required.
- Impaired renal function (CrCl 30-60ml/min): 75 mg po on alternate days or 30 mg po daily until no longer required.
- Severely impaired renal function (CrCl 10-30 ml/min): 30 mg po on alternate days until no longer required.

Line listing/ communication:

Island Health owned and operated: Report cases of ILI to their Infection Control Practitioner. Complete the daily line list and send to IPAC daily no later than 1000. . All actions for admission/site specific concerns will be addressed during the daily outbreak management structure teleconference.

Affiliates: Contact Medical Director, Manager **and** Communicable Disease

Outbreaks are to be reported within 24 hours. Affiliate facilities report to Vancouver Island Health Authority (VIHA) Public Health, Communicable Disease Program as follows:

South Island: 1-866-665-6626

Central Island: 1-866-770-7798

North Island: 1-877-887-8835

Publicly funded Assisted Living residences should contact the Home & Community Care Assisted Living Case Manager and other contacts on their facility notification list, such as support staff supervisors/managers, and the Office of the Assisted Living Registrar (if applicable).

Other actions to take during an outbreak in the facility:

- Post signs alerting visitors to the outbreak. Implement other communications about the outbreak according to your facility's communication plan [Outbreak Stop Sign Poster - Residential](#).
- Verify immunization status of all residents. (Re)Offer influenza vaccine to any unvaccinated residents and record on the Influenza Vaccination and Prophylaxis Tracking Form.
- List names of symptomatic residents on the tracking list. The [tracking list](#) is to be sent daily to Infection Prevention and Control (IPAC)/ Communicable Disease (fax or email).
- Affiliates
 - Stop new admissions
 - Readmissions are allowed only in consultation with Public Health: try to return these patients to unaffected units.

5.0 Definitions

Case of influenza-like illness (ILI):

- New or worsening cough with fever * or a temperature that is abnormal for that individual **and one or more of the following:**
- Sore throat
- Arthralgia (painful joints)
- Myalgia (muscle pain)
- Headache
- Prostration
- ***Fever: temperature >38°C**
- **Alternatively, fever that is abnormal for that individual. Temperature <35.6° C or >37.4° C may be indicative of health conditions or medical therapy such as the use of anti-inflammatory medications, use of corticosteroids, etc. Temperature > 38° C may not always be present in infected elderly persons.**

ILI Outbreak:

- Within a residential care facility - Two or more cases of ILI in residents, patients, clients or staff within 7 days.
- In Island health cases must be epidemiologically linked (more than one room/floor /common area/staff). IPAC will determine if the site meets the definition of an outbreak.
- An Influenza outbreak identified will only be declared over by an ICP in consultation with the MM for Island Health facilities or the CD Program in consultation with the MHO for affiliates. Outbreaks will be declared over either; · 8 days from the start of the symptoms in the last patient. Or 4 days after the start of symptoms in a staff member. This time can be extended but not shortened by the IPAC team or CD program.

6.0 Laboratory Testing

- Nasopharyngeal swabs should be collected on symptomatic residents. Testing is best performed within 72 hours of onset of symptoms, but the lab will accept specimens from seriously ill patients taken after the 72-hour period.
- “Influenza-like-illness Outbreak kits” (6 swabs/kit) and instructions on how to handle specimens are available for all facilities from the Island Health microbiology laboratory during an outbreak situation. There is no cost to any facility for the “Outbreak kits” however, they will be released only in the event of an outbreak. Delivery by taxi may be arranged through the hospital laboratory at no charge to the facility.
- All nasopharyngeal swabs will be sent to Island Health lab for processing. LifeLabs laboratories will not do the microbiology on these specimens. The cost of the cab transport is the responsibility of the residential care facility. In the rare event, a staff member must transport a specimen to an Island Health lab, this activity is permissible following the Transport of Dangerous Goods Act including ensuring transport occurs using a rigid container that can be sealed and is strong enough for repeated use. (A paper bag is not sufficient).

Resources

[How to Collect a Viral Nasopharyngeal Swab \(Guideline\)](#)

[How to Perform a Nasopharyngeal Swab \(video\)](#)

[Influenza Prevention Policy](#): For Island Health facilities

[Influenza Protection Policy](#)

- All individuals covered by this Policy are expected to be vaccinated annually against influenza or wear a surgical/procedure mask during influenza season (usually November to March, to be announced by the Provincial Health Officer annually) when in a patient care area in accordance

[What to include in outbreak management plans.](#) Community Care Licensing Program Info sheet.