Influenza Update for Long-Term Care Facilities in Minnesota

Vaccination of Long-Term Care Facility Staff

- All long-term care facility (LTCF) staff should be vaccinated against influenza including all employees, volunteers, students, and contractual staff, regardless of direct patient contact.
- Because influenza vaccine is 60 percent effective among healthy adults and lower in the elderly, vaccination coverage must be as high as possible to optimize protection against influenza.
- Vaccination rates among health care personnel are well below national goals in all settings, and are especially low in LTCF. Because influenza vaccine is less effective in the elderly than healthy, younger adults, vaccinating staff in addition to residents is the best strategy for preventing influenza in LTCF.
- LTCF staff may be exposed to influenza in the community and transmit the virus to residents before symptoms appear or with an asymptomatic infection; therefore, the recommended exclusion of ill staff cannot alone prevent the introduction of influenza into the facility.
- Staff vaccination reduces absenteeism among these critical employees in addition to protecting patients.
- LTCF need to make every effort to promote vaccination and make vaccine available to all staff. Refer to MDH’s Vaccinating Health Workers website (follow link from www.mdhflu.com) for tools and materials to enhance your vaccination campaign.
- The latest recommendations for influenza vaccination information can be found in the Annual Fall Flu Guide, which is published annually online by MDH and can be found at: www.health.state.mn.us/divs/idepc/diseases/flu/hcp/vaccine/index.html.
- If your facility needs influenza vaccine, please check with your regular source or the Influenza Vaccine Availability Tracking System at www.preventinfluenza.org/ivats.

Exclusion of Ill Staff

- Conduct active, daily surveillance for influenza-like illness among all staff when there is influenza activity in the community and/or the facility.
- Exclude staff with influenza from the facility until at least 24 hours after resolution of symptoms (including fever) or, for 7 days after symptom onset, whichever is longer.

Visitors

- Exclude ill persons from visiting the facility using posted notices. Posters may be downloaded and printed from the MDH website: www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/cover/hcp/stopres.html
- Broader limits on visitors may be considered during community outbreaks.
- Inform visitors to affected units/wings to contact the nursing station before visiting a loved one when an influenza outbreak is occurring in the facility.
- Encourage frequent visitors, such as family members, to be vaccinated.
- Vaccinated visitors and staff will help to minimize the introduction of influenza into the facility and protect vulnerable residents.
Influenza Prevention and Control in Long-Term Care Facilities

MDH is no longer using Minnesota-specific guidance for influenza in LTCF. Refer to the CDC guidance:

- Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities
  www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm
- Prevention Strategies for Seasonal Influenza in Healthcare Settings
  www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm
- Using Antiviral Medications to Control Influenza Outbreaks in Institutions
  www.cdc.gov/flu/professionals/infectioncontrol/institutions.htm

Please note that CDC recommendations differ slightly from previous MDH recommendations. Updated or clarified recommendations include the following:

- **Droplet Precautions for Residents with Influenza**
  Droplet precautions should be implemented for patients with suspected or confirmed influenza for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer. Facilities may choose to apply droplet precautions for longer periods based on clinical judgment, such as in the case of severely immunocompromised residents who may shed influenza virus for longer periods of time. [MDH previously recommended droplet precautions for 5 days.]

- **Antiviral Prophylaxis**
  All eligible residents in the entire long-term care facility (not just currently impacted wards) should receive antiviral chemoprophylaxis as soon as an influenza outbreak is determined.

Antiviral chemoprophylaxis is recommended for all non-ill residents, regardless of their influenza vaccination status, in LTCF that are experiencing outbreaks.

CDC recommends antiviral chemoprophylaxis for a minimum of 2 weeks and continuing for at least 7-10 days after the last known case was identified.

Other Infection Prevention and Control Measures

- Follow routine cleaning and disinfection policies and procedures, including EPA-registered products; consider daily cleaning/disinfection of high-touch surfaces in communal areas.
- Promote cough etiquette (Cover Your Cough) and frequent hand hygiene among staff, residents, and visitors.
  - Consider making hand hygiene stations available at LTCF entrances.
- Cohort influenza positive residents if feasible and private rooms are not available.
  - Cohort to a specific unit/wing if feasible.

Please continue to report any suspected or confirmed influenza outbreaks to MDH by calling 1-877-676-5414.