

RECOMMENDATIONS FOR CONTROLLING THE SPREAD OF INFLUENZA IN LICENSED RESIDENTIAL COMMUNITY CARE FACILITIES, 2007-08

The following is adapted from annual flu recommendations prepared by the California Department of Public Health (CDPH). For the full text of the recommendations, please see CDPH's Prevention and Control of Influenza in Long-Term Health Care Facilities 2007-08 at

<http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/PCofFluinLongtermHealthFacilities.pdf>.

What is Influenza?

Influenza, or “the flu,” is a respiratory illness caused by influenza viruses. *Typical symptoms include fever, respiratory symptoms (such as cough, sore throat and other “cold” symptoms), muscle aches and headache.* Most young, healthy people recover completely from the flu within one or two weeks. Older people and those with certain chronic illnesses are much more likely to develop serious medical complications or die as a result of contracting the flu. The flu virus can spread easily in environments such as licensed residential community care facilities where people live close to each other.

How is the Flu Spread?

The flu is spread in several ways:

- From person to person by large *droplets* of respiratory secretions from an infected person. Transmission occurs when infected persons cough, sneeze or talk, expelling droplets, which are then directly deposited on the surfaces of the upper respiratory tracts (nose, throat) of susceptible persons who are *within approximately three feet* of the infected person. This is best prevented by having infected persons (1) wear masks or cover their mouths when they cough or sneeze and (2) maintain distance from others.
- By *direct* (person-to-person) contact, such as shaking hands with an infected person—or by *indirect* (person-object-person) contact, such as touching an object like a door handle after an infected person has touched it. In both cases, infection occurs when a susceptible person picks up the virus on his/her hand and then touches his/her nose. This is best prevented by frequent hand washing or hand hygiene with alcohol hand rubs.
- By *airborne transmission*. When an infected person coughs, a susceptible person may inhale very small droplets expelled into the air by the person coughing. The degree to which airborne transmission contributes to influenza transmission is uncertain and has not been adequately studied.

Why is Vaccination Against the Flu So Important?

Vaccination is the best way to reduce illness and deaths from the flu. *All residents and facility staff should be vaccinated against the flu each autumn, beginning in October.* (When used in this document, the term “resident” also means “client.”) In addition, nursing homes serving Medicare and Medi-Cal patients must now provide immunizations against the flu and pneumonia to all patients if they want to continue in those programs, according to a federal rule passed on October 7, 2005. While this rule DOES NOT apply to licensed residential community care facilities, it illustrates how important it is for residents of facilities—particularly frail and elderly residents—to be vaccinated against the flu.

How is the Flu Diagnosed and Treated?

The resident's physician should be contacted if the resident has respiratory symptoms. The physician will assess the resident's condition, recommend treatment options, and prescribe any needed medications. It is important for ill persons to drink plenty of fluids so that they do not become dehydrated.

What is an Outbreak?

An outbreak would be the occurrence of even a single case of laboratory-confirmed influenza, or more than one resident in the facility or an area of the facility (e.g., separate unit) developing an acute respiratory illness with fever during a one-week period. All outbreaks or suspected outbreaks should be promptly reported to the local health department.

What Can Be Done to Control the Spread of the Flu and Prevent Outbreaks?

In addition to vaccination of all residents and facility staff, the following steps are recommended:

- Post notices instructing residents and visitors to inform facility staff if they have symptoms of respiratory infections. Also post notices discouraging ill persons from visiting the facility.
- Monitor residents and facility staff for symptoms of respiratory illness.
- Provide tissues or (surgical or procedure) masks to residents and visitors who are coughing or sneezing so that they can cover their mouth or nose. Have plenty of wastebaskets handy for the easy disposal of contaminated tissues.
- Encourage coughing persons to sit at least three feet away from others, if possible.
- Discourage residents with respiratory symptoms from using common areas when feasible.
- Encourage frequent handwashing. Make sure that supplies for handwashing are available where sinks are located (soap may be either plain or antimicrobial), and provide dispensers of alcohol-based hand rubs in other locations.
- Keep countertops and other frequently used environmental surfaces clean at all times. Any disinfectant registered with the Environmental Protection Agency and *used according to the manufacturer's directions* will be effective at eliminating the flu virus. Examples include Pine-Sol, Mr. Clean, or other household cleaners that say "disinfectant" on the label. In addition, a bleach-to-water solution of between 1:100 and 1:10 may also be used.

When staff care for any resident with symptoms of a respiratory infection, the following precautions are recommended:

- Encourage staff to wear gloves if hand contact with respiratory secretions or potentially contaminated surfaces is anticipated; to wear a gown if soiling of clothes with a resident's respiratory secretions is anticipated; and to change gloves and gowns after each resident encounter and perform hand hygiene.
- Encourage staff to wash or sanitize hands before and after touching a resident, after touching a resident's environment, or after touching a resident's respiratory secretions, whether or not gloves are worn.

- Encourage staff to wear a mask when entering a resident's room, or when working within three feet of the resident.
- If resident movement or transport is necessary, have the resident wear a mask, if possible.

What Additional Steps Should Be Taken When an Outbreak of the Flu Is Suspected?

The following steps are recommended:

- Request residents with symptoms to remain in their rooms or apartments until their symptoms have resolved. If it is not possible for residents to do this, request that they take the precautions identified above (e.g., use a tissue or mask to cover their nose and mouth, stay at least three feet away from others, etc.).
- Request ill staff members to remain at home until their symptoms have subsided.
- Limit visitors—especially if they have symptoms—to the extent possible.
- Limit group social activities.
- Notify the local health department and the local community care licensing office.

Questions regarding outbreak control should be directed to your local health department, or to Jon Rosenberg, M.D., at 510-620-3427 or Jon.Rosenberg@cdph.ca.gov.

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