

West Virginia Department of Health and Human Resources Recommendations for Long-Term Care Facilities on Influenza and Influenza-like Illness

A severe influenza season is anticipated this year. Influenza is an acute, highly contagious respiratory disease, characterized by abrupt onset of fever, body aches, sore throat, headache and cough. The guidelines below are being provided to assist in minimizing transmission and the impact of outbreaks.

- Employees of nursing homes and chronic-care facilities, residents, family members and others who have regular patient/resident contact should be vaccinated against influenza. FluMist, the live-attenuated nasal spray vaccine, is not recommended for health-care workers.
- Influenza vaccine may not be fully protective in the frail elderly. Thus, if an outbreak of influenza occurs, the facility may consider giving residents and staff prophylactic antivirals.
- For those who become ill (both staff and residents), antiviral treatment may reduce viral shedding, and viral transmission. For antiviral treatment to be effective, it must be started as soon as possible (and is probably ineffective if started more than 48 hours after the onset of symptoms).
- The specific antiviral drug used may depend on the strain of influenza circulating in the facility. Testing a sample of residents should be considered in an outbreak situation. Contact your local health department or the state health department at (1-800-423-1271 or 304-558-5358) for assistance with clinical testing (provided free of charge).

How to prevent transmission of the influenza virus

- Transmission commonly occurs from unprotected coughs or sneezes. Make sure tissues are available at all times. Encourage residents and staff to cover their mouths when coughing and use a tissue when sneezing or blowing their nose. Tissues should be disposed of immediately, followed by proper hand washing (alcohol hand gels may be used).
- Provide an easily accessible container for proper disposal of tissues.
- Any staff member suspected of having the flu should be sent home and stay home for the duration of the illness.

- Staff should use standard and droplet precautions.
- Staff must practice good hand hygiene at all times. This means using warm water and soap for at least 15-20 seconds each time. Alcohol hand gels may be used if hands are not soiled.
- Residents should wash hands or have hands washed before leaving room, after sneezing or coughing, and at other appropriate times. Alcohol hand gels can be used for this purpose if hands are not soiled.
- Common use surfaces such as door handles, handrails, game table surfaces, etc., should be cleaned regularly (at least twice daily) with disinfectant. (Bleach solutions or commercial disinfectants are appropriate).
- Ill residents should stay in their rooms. Non-ill roommates should be relocated to other rooms. If many residents are ill, cohorting to a specific area or ward may be considered.
- If cohorting is practiced, staff should be cohorted also, i.e. those staff caring for ill patients should not also care for the well patients.
- Family members and other visitors with respiratory illness should not be allowed into the facility.

Who should get the flu shot: *(for more information contact your health care provider or local health department).*

- Persons 50 years of age or older.
- Residents of nursing homes and other chronic-care facilities.
- Anyone older than 6 months of age with chronic cardiovascular or pulmonary disorders, including asthma.
- Anyone older than 6 months of age who have had regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, or are immunosuppressed.
- Women who will be in the second or third trimester of pregnancy during the influenza season.
- Employees of nursing homes and chronic-care facilities who have patient/resident contact.
- Household members (including children) of persons in high-risk groups

Modified from Iowa Department of Public Health, Center for Acute Disease Epidemiology