



Influenza-like Illness Outbreak Control Guidelines

Assisted Living Facilities

What is Influenza-Like Illness?

Influenza-like illness (ILI) is defined as an illness with a fever of at least 100°F accompanied by cough or sore throat in the absence of a known cause.

What is an Influenza-Like Illness Outbreak?

- In an assisted living home (10 or fewer residents), three or more cases occurring within 72 hours, or in an assisted living center (11 or more residents), three or more cases occurring within 72 hours among residents who are in the same area of the facility, OR
- A sudden increase of cases over the normal background rate, OR
- **One case of influenza confirmed by any laboratory testing method.**

Whom should I call?

Please contact your local health department if you have an ILI outbreak in your facility, or if you are concerned about an increase in communicable illnesses of any kind. The health department may be able to suggest control measures or help identify the cause of the outbreak, and may be able to facilitate laboratory testing. Local health department phone numbers can be found here:

<http://www.azdhs.gov/phs/oids/contacts.htm#L>

What type of information should I collect?

When you speak to the health department, they will usually ask some of the questions below. Please call sooner rather than later, even if you don't know all the answers at first. The health department can start to work with you while you collect more information.

- How many people are sick? How many staff and how many residents? Approximately how many residents (ill and healthy) are in your facility at this time?
- What are their symptoms?
- Has anyone been hospitalized for this illness?
- Has anyone received laboratory testing, and were any infectious agents identified?
- What, if anything, have you done already to try to stop the spread of infection?

The health department may ask you to put this information into a "line list", which is a list of all the people who are sick, and basic information such as their ages, their symptoms, and whether they received a flu shot this year. The health department will provide you with a template to use and guide you through the process.

If the health department can provide laboratory testing, what specimens should I collect?

- Nasopharyngeal swabs are preferred, must be in viral transport media, and should be kept cold but not frozen.
- Specimens should be collected from three to six residents with recent onset (within 48-72 hours) who have not yet received antiviral treatment. Do not delay antiviral treatment in order to collect specimens.
- Wait until the health department says they can provide testing before collecting specimens.

Control Measures for Assisted Living Facilities

Work with the local health department to determine the control measures most appropriate for your facility.

General Infection Control

- Reinforce good hand hygiene and respiratory etiquette, such as washing hands thoroughly and covering coughs and sneezes, among visitors, staff, and residents. Printable posters are available in the Educational Resources at <http://www.cdc.gov/flu/professionals/infectioncontrol/>.
- Remind staff that they need to stay home when ill with a respiratory disease.
- Every day, look for new cases of respiratory illness among all residents and staff with contact with residents, until at least one week after the last case became sick.

Reducing Exposures

- Limit the first symptomatic resident and exposed roommate to their room, restrict them from common activities, and serve meals in their rooms, as feasible.
- If other residents become symptomatic, cancel common activities and serve all meals in resident rooms.
- Limit visitation, exclude ill visitors, and consider restricting visitation of children via posted notices.
- Monitor personnel absenteeism due to respiratory symptoms and exclude those with influenza-like symptoms from resident care until at least 24 hours after they no longer have a fever without the use of fever-reducing medications.
- If the facility is large, restrict personnel movement from areas of the facility having outbreaks to areas without residents with influenza, if possible.
- Ensure that surfaces are routinely cleaned with an Environmental Protection Agency (EPA)-registered disinfectant. (See <http://www.epa.gov/oppad001/influenza-disinfectants.html>.) This is especially important for surfaces and objects that are frequently touched, such as desks, countertops, doorknobs, computer keyboards, phones, and toys.

Vaccination and Antiviral Medications

- Make available the current season's influenza vaccine to unvaccinated residents and personnel with resident contact as per current CDC recommendations for influenza vaccines. High-risk persons should also be immunized against pneumococcal disease according to CDC recommendations. (See <http://www.cdc.gov/flu/professionals/acip/persons.htm> and <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm#pcv>).
- Suggest that residents consult their health care provider about obtaining influenza antiviral chemoprophylaxis and treatment. Antiviral treatment or prophylaxis in residents at high risk for complications of influenza should not be delayed while waiting for test results.
- Consider antiviral chemoprophylaxis for all personnel with resident contact, regardless of their vaccination status, if the health department has announced that the outbreak is caused by a variant of influenza virus that is a sub-optimal match with the vaccine.