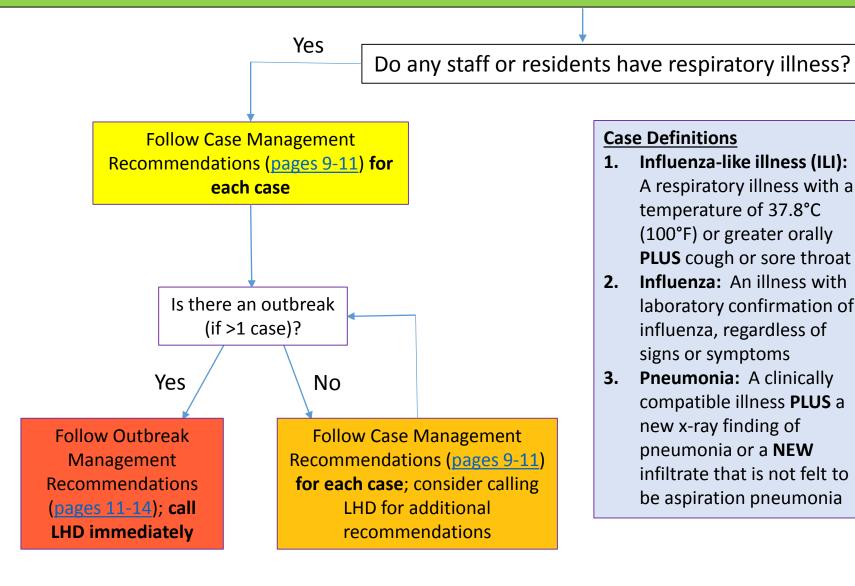
### Influenza Season (Oct-May): Follow Outbreak Prevention Recommendations (MDH Respiratory Guidelines pages 7-9)



#### **Case Definitions**

- 1. Influenza-like illness (ILI): A respiratory illness with a temperature of 37.8°C (100°F) or greater orally **PLUS** cough or sore throat
- 2. Influenza: An illness with laboratory confirmation of influenza, regardless of signs or symptoms
- **3. Pneumonia:** A clinically compatible illness **PLUS** a new x-ray finding of pneumonia or a **NEW** infiltrate that is not felt to be aspiration pneumonia

#### **Outbreak Definitions**

No

- Influenza-like illness (ILI): 3 or more cases in residents or staff within 7 days
- **Influenza:** 2 residents or staff having onsets of ILI or pneumonia within 3 days of each other and at least 1 person has influenza confirmed by any test
- **Pneumonia:** 2 or more cases of pneumonia in a ward or unit within 7 days

An outbreak can be a combination of any of the above.

# Outbreak Prevention (No Cases)

- Maintain an infection control program
- Monitor influenza activity
- Maintain a vaccination program for residents/patients and staff
- Promote respiratory hygiene/ cough etiquette
- Encourage frequent hand hygiene

- Screen visitors for signs of illness
- Maintain environmental cleaning regimen
- Train employees in infection control and best practices for prevention/control of respiratory illness and outbreaks
- Track employee absences
- Enact flexible, non-punitive sick leave policies

## Case Management (Outbreak Definition Not Met)

#### In addition to Outbreak Prevention Recommendations...

- Ill staff should stay home until feverfree for 24 hours without antipyretics
- Use standard and droplet precautions when caring for ill patients/residents
- Place symptomatic patients/residents in private rooms (on same unit)
- Patients/residents with respiratory illness should stay in their rooms
- Test for influenza and other pathogens as clinically appropriate
- Administer antiviral treatment and chemoprophylaxis when appropriate

- Discourage visitors to ill patients from visiting other rooms
- Provide instructions to visitors regarding hand hygiene and other prevention measures
- For pneumonia cases:
  - Perform appropriate diagnostic testing
  - Restrict to room until completion of first
    48 hours of antibiotic therapy
  - Report cases if caused by organism listed in COMAR 10.06.01.03
  - If pneumonia caused by Streptococcus pneumoniae, attempt to vaccinate patients/residents who are unvaccinated

### Outbreak Management

In addition to Outbreak Prevention and Case Management Recommendations...

- Report outbreaks to your local health department immediately
- Notify all staff and residents of the outbreak
- Conduct daily active surveillance until at least 1 week after last case
- New admissions are not allowed during outbreaks in non-acute care settings
- Perform appropriate diagnostic testing

- Follow antiviral treatment and chemoprophylaxis recommendations
- Limit group activities and consider serving meals in patient rooms
- Limit traffic of patients and staff between units
- Start visitor precautions
- Administer influenza vaccine to unvaccinated patients and staff
- Enhanced hand hygiene