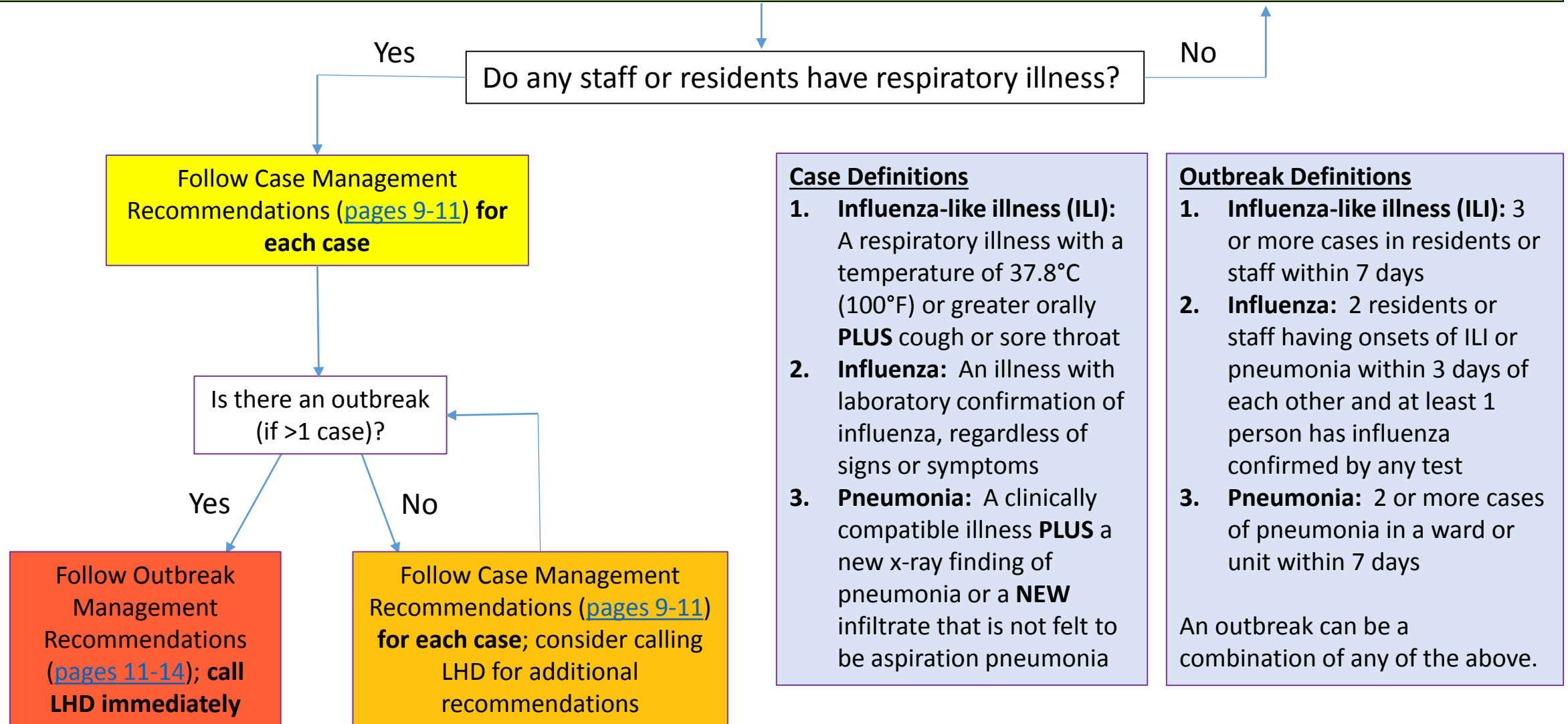


Influenza Season (Oct-May): Follow Outbreak Prevention Recommendations ([MDH Respiratory Guidelines pages 7-9](#))



# 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 fever-free 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