



Public Health
Prevent. Promote. Protect.

Region IV Public Health
Clark, Cowlitz, Skamania, Wahkiakum counties
and Cowlitz Tribe

Health Advisory

Please deliver a copy of the accompanying alert to each provider in your organization.

Thank you

Questions regarding this alert may be directed to the office of:

Alan Melnick, MD, MPH
Health Officer

Clark County Public Health
Cowlitz County Health Department
Skamania County Health Department
Wahkiakum County Department of Health and Human Services
(360) 397-8412

Please Distribute

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for specific incident for situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; no immediate action necessary.



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HEALTH ADVISORY

February 8, 2013

TO: Physicians and Other Health Care Providers

FROM: Alan Melnick, MD, MPH, CPH, Health Officer

RE: Influenza Outbreak in an Assisted Living Facility

On February 7, we received notification of an influenza outbreak at a local assisted living facility in Vancouver. Included below is the letter for the facility that is consistent with CDC guidelines regarding duration of work exclusion for ill staff. In addition, we have provided explicit recommendations for prophylaxis of assisted living residents who are not ill, which includes at a minimum 14 days of Tamiflu. We recommended that those who reside in the retirement wing of the facility discuss the option of prophylaxis with their health care provider. Local providers may receive an increase in calls or visits regarding this outbreak and the desire for vaccination, prophylaxis, and/or treatment for influenza.

Actions Requested:

- Recommend influenza vaccine to all persons 6 months and older without contraindications in accordance with current ACIP recommendations*.
- Report notifiable influenza cases to Clark County Health Department at 360-397-8182 as follows:
 - Laboratory-confirmed influenza deaths in persons of all ages (within 3 days).
 - Patients suspected to have a novel influenza virus such as avian influenza A (H5N1) virus (immediately).
 - Outbreaks of influenza-like illness or laboratory-confirmed influenza in an institutional setting (e.g., long term care facility) (immediately).
 - Unexplained critical illnesses or deaths in persons < 50 years old (immediately). Note: The Washington State Public Health Laboratories (WSPHL) will perform influenza testing free of charge for suspected influenza deaths.

*Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) – United States, 2012-13 Influenza Season. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6132a3.htm>

Additional Influenza Resources:

Washington State Influenza Update:

<http://www.doh.wa.gov/portals/1/Documents/5100/fluupdate.pdf>

International Influenza Data: <http://www.who.int/topics/influenza/en/>
National Influenza Surveillance Report: <http://www.cdc.gov/flu/weekly/>
Washington Local Health Department Influenza Surveillance Reports:

Clark County: <http://www.clark.wa.gov/public-health/diseases/flu.html>

King County:

<http://www.kingcounty.gov/healthservices/health/communicable/immunization/fluactivity.aspx>

Pierce County: <http://www.tpchd.org/files/library/3ec93f80e97d9e04.pdf>

To report notifiable conditions or if you have questions, please call:

- Clark County Public Health: (360) 397-8182.
- Cowlitz County Health Department: (360) 414-5599
- Skamania County Community Health: (509) 427-3850
- Wahkiakum County Health and Human Services (360) 795-6207

If you have questions about influenza or this advisory please call the Clark County Health Department at (360) 397-8182. Thank you for your attention.

Alan Melnick, MD, MPH, CPH
Region IV, Clark County Health Officer

DATE: February 7, 2013

TO: Bridgewood Assisted Living

FROM: Alan Melnick, MD, MPH, CPH, Health Officer
Catherine Kroll, MPH, CPH, Program Manager Communicable Disease

RE: Influenza Outbreak Control Measures

Thank you for reporting an outbreak of influenza in your facility. Even one lab-confirmed case when accompanied by other respiratory illnesses is considered to be an outbreak. Please immediately notify your licensor and implement the following control measures until 7 days after the last new onset of respiratory illness in your facility. **Please review and implement the following measures in your facility today.**

Control spread within your facility

- Contact the healthcare provider for all residents with influenza-like symptoms (see below under additional information).
- Staff should wear a surgical mask for close contact with ill residents (an N95 respirator is not necessary); staff should put the mask on when entering the room. Ill residents who are taken outside of their rooms or the facility should wear a mask, if tolerated, and cover their coughs and sneezes.
- Remind staff to cover coughs and sneezes and to wash hands frequently, especially after coughing and sneezing. Hand sanitizers may also be used, and should be distributed throughout the facility.

- Cancel common activities. Post signs in common areas that discourage resident congregation.
- Close the dining room to both assisted living and retirement residents and serve meals in residents' rooms. Post signs indicating that the dining room is closed until 7 days after the last onset or 24 hours after resolution of fever and respiratory symptoms, whichever is longer.
- Monitor staff absenteeism and exclude those with influenza-like symptoms from patient care for at least 24 hours after resolution of fever (without the use of antipyretics).
- Do not accept new admissions until 7 days after the last onset or 24 hours after resolution of fever and respiratory symptoms, whichever is longer.

Vaccination and prophylaxis with antiviral medication for residents who do not have influenza symptoms:

- Residents should receive flu vaccine immediately if they have not received one earlier this season.
- All residents who do not have influenza symptoms (cough, fever of 100 degrees F or greater, and/or sore throat in the absence of another explanation) should start prophylaxis with antiviral medication immediately (even if they had flu vaccine).
- Contact the residents' healthcare providers for medication orders. Residents should receive prophylaxis for a minimum of 2 weeks, continuing for at least one week after onset of symptoms in any resident or staff, whichever is longer.

Vaccination and prophylaxis with antiviral medication for staff that do not have influenza symptoms:

- Staff who has received a flu vaccine at least two weeks ago do not require antiviral prophylaxis.
- All staff that do not have influenza symptoms, and have NOT had a flu vaccine earlier this season, should receive a flu vaccination immediately and should start prophylaxis with antiviral medication immediately and continue for two weeks after receiving the vaccine. Staff should contact their personal healthcare providers to receive the appropriate treatment.
- Staff who do not have influenza symptoms who have NOT had a flu vaccine earlier this season AND refuse the vaccine should receive prophylaxis with antiviral medication for at least two weeks and/or one week after the last onset of onset of symptoms in any resident or staff, whichever is longer. Staff should contact their personal healthcare providers to receive the appropriate treatment.
- Staff who do not have influenza symptoms and have NOT had a flu vaccine earlier this season AND refuse the influenza vaccine AND refuse prophylaxis with antiviral medication **must be excluded from work for at least two weeks and /or at least one week after the last onset of symptoms in any resident or staff, whichever is longer.**

Residents and staff who become ill with influenza symptoms after beginning prophylactic medication:

- Immediately refer residents and staff to their provider if they develop influenza symptoms after starting the antiviral medication (their provider will change the

dosage of the medication). The individuals shall then be considered contagious until 5 days after their treatment has been taken).

Control spread of illness from your facility to the community

- Residents, including those without symptoms, must postpone non-urgent appointments, such as hair appointments.
- Postpone non-urgent services provided by individuals who enter the facility.
- Persons providing urgent services, such as home health and hospice, may continue to provide services as long as they do not have symptoms of influenza and wear a surgical mask when providing services to ill residents.
- Do not transfer residents to other facilities, unless for acute medical necessity. If you must transport residents to the hospital because of respiratory illness, please contact the hospital emergency department to notify them that the patient is coming from a facility with an influenza outbreak. If an ambulance service or transportation bus/service plans to transport the ill resident to the hospital, please also notify them of the outbreak prior to their arrival at your facility.
- If ill or well residents request to go home to stay with friends or family, provide the family with a written information sheet that gives information about influenza and the necessary control measures. Clark County Health Department can provide you with this information.
- Temporarily discontinue visitation until the outbreak is over. Post Clark County Health Department signs at facility entrances that state: "Clark County Health Department Recommends No Visitors at This Time." Keep signs posted until 7 days after the last onset or 24 hours after resolution of fever and respiratory symptoms, whichever is longer. Because visitors might enter the facility at residential rooms (such as independent living rooms), post signs at these locations as well.
- If you have staff that work at other residential facilities, please be sure they notify the other facilities of this outbreak.

Disinfection

Thorough and frequent cleaning of objects that are in high traffic areas should be reinforced during an outbreak. These objects include all communal bathroom surfaces, handrails, tables, doorknobs, and other hard surfaces. Please use an EPA-approved disinfectant and follow the manufacturers' instructions.

Surveillance

Monitor the spread of influenza-like illness in your facility on a daily basis, keeping track of any new cases among residents and staff. Continue daily monitoring until at least one week after the last onset of respiratory illness. (No need to send daily reports to Public Health).

Treatment and prophylaxis

The best way to prevent influenza is by annual vaccination. Antiviral medications can be used to treat and prevent influenza illness. When used for treatment, antiviral medications can reduce the severity and duration of illness.

Additional information

Residents with influenza symptoms (cough, fever of 100 degrees F or greater, and/or sore throat in the absence of another explanation) regardless of whether they have already received influenza vaccination this season:

- Immediately contact ill residents' own health care providers for evaluation and treatment recommendations.
- Notify the health care providers that an influenza outbreak is occurring at your facility.
- Ask the healthcare provider to contact Clark County Health Department at (360) 397-8182 if they have additional questions.

Staff with influenza symptoms (cough, fever of 100 degrees F or greater, and/or sore throat in the absence of another explanation) regardless of whether they have already received influenza vaccination this season:

- Immediately exclude ill staff from working. They should remain home for 5 days following onset of symptoms or 24 hours after resolution of fever and respiratory symptoms, whichever is longer.
- Staff should contact their health care providers for additional recommendations regarding assessment and treatment.

Attached table:

The attached table may be useful for the health care providers on the use of antiviral medication for treatment and prophylaxis for residents and staff.

Thank you for your partnership during this outbreak.

INFLUENZA ANTIVIRAL MEDICATIONS

| Agent, group | Treatment (5 days) | | Chemoprophylaxis |
|--|--|--|--|
| Oseltamivir | | | |
| Adults | | 75 mg capsule twice daily (150 mg per day) | 75 mg capsule once per day |
| Children* (age 12 months or older), weight: | ≤ 15 kg (≤ 33 lbs) | 30 mg twice daily (60 mg per day) | 30 mg once per day |
| | > 15 kg - 23 kg (>33 - 51 lbs) | 45 mg twice daily (90 mg per day) | 45 mg once per day |
| | > 23 - 40 kg (> 51 – 88 lbs) | 60 mg twice daily (120 mg per day) | 60 mg once per day |
| | >40 kg (> 88 lbs) | 75 mg twice daily (150 mg per day) | 75 mg once per day |
| | Dosing for adults and teenagers age 13 years and older is not based on weight. | 75 mg capsule twice daily (150 mg per day) | 75 mg capsule once per day |
| Zanamivir | | | |
| Adults | Two 5 mg inhalations (10 mg total) twice per day | | Two 5 mg inhalations (10 mg total) once per day |
| Children | Two 5 mg inhalations (10 mg total) twice per day (age 7 years or older) | | Two 5 mg inhalations (10 mg total) once per day (age 5 years or older) |

***Individuals with renal failure and creatinine clearance between 10-30 mL/min should receive 75 mg Tamiflu every other day rather than every day**

Reference: <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>