



# Influenza

## Recommendations for Long-Term Care Facilities

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Influenza is a highly contagious viral infection that affects mainly the nose, throat, chest and lungs. The flu may cause mild to severe illness and at times lead to death. In the very young, the elderly, and those with other serious medical conditions, infection can lead to severe complications such as pneumonia.

### **Influenza transmission**

Influenza is mainly spread from person to person through coughing or sneezing. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose.

Influenza can be introduced into a long-term care facility by newly admitted residents, health care workers, and by visitors. Spread of influenza can occur between and among residents, health care providers, and visitors.

Ill persons may infect others beginning 1 day before symptoms develop and up to 5 to 7 days after becoming sick. Some people, especially young children and people with weakened immune systems, might be able to infect others with flu viruses for an even longer time.

### **Prevention of influenza**

Preventing transmission of influenza within long-term care facilities requires multiple strategies including vaccination, testing, infection control, and use of antiviral medications for prevention and treatment.

### **The best way to prevent the flu is to get the vaccination each year**

Types of vaccines include the following:

- The “flu” shot is an inactivated influenza vaccine (IIV) made from killed virus that is given by injection. IIV formulations include a standard injection, a higher dose vaccine, a formulation with adjuvant, a vaccine given with a jet injector, and an intradermal formulation.
- An alternative to the inactivated vaccine is a recombinant vaccine (made without influenza virus) that is approved for people aged 18 and older.

### **Who should be vaccinated?**

All residents and health care personnel should receive influenza vaccination annually. Employees of nursing homes and long-term care facilities, including persons not directly involved in patient care but potentially exposed to influenza (e.g., clerical, dietary, housekeeping, maintenance, and volunteers), should be vaccinated against influenza.

### **Why people should get the flu vaccine every year**

The influenza virus changes every year as it makes its way around the world. Since the exact flu viruses are almost never the same from year to year, the strains of influenza in the vaccine changes each year. This is why people need to get a new flu vaccine every year. The vaccine only protects people from influenza for one year.

## Timing of vaccination

To avoid missed opportunities for vaccination of persons at increased risk for serious complications of influenza, the vaccine may be offered as early as September if available. The optimal time for vaccination efforts is usually during October and November. Vaccine should continue to be sought and administered throughout the influenza season even after influenza activity has been established in the community.

## What are influenza antiviral drugs?

Influenza antiviral drugs are prescription medicines (oral, inhaled, and intravenous) that fight against the flu by keeping flu viruses from reproducing in people. Antiviral drugs can make influenza illness milder and make people feel better faster. They may also prevent serious flu complications. This could be especially important for people at high risk.

## Influenza antiviral medications are an important second line of defense in the prevention and treatment of influenza

- Influenza antiviral drugs can be used to treat influenza if given within 48 hours of symptom onset.
- These medications are also used to prevent influenza in people who have been exposed to the virus.
- Vaccination is the best way to prevent influenza because vaccination can be given well before influenza virus exposures occur, and it provides safe and effective immunity throughout the influenza season.
- Antiviral medications are 70% to 90% effective in preventing influenza.

## Treatment with antiviral medications

- Antiviral drugs are used to prevent and to treat viral illnesses, like influenza. They often are used to control influenza outbreaks in long-term care facilities, such as nursing homes or in people who are at risk for serious complications due to influenza.
- Antiviral drugs work best if started soon after getting sick (within two days of symptoms). When used this way, these drugs can reduce the severity of flu symptoms and shorten the time people are sick by one or two days. They also may make people less contagious to other people.

## Administer influenza antiviral treatment and chemoprophylaxis to residents and health care personnel according to current recommendations

For more information, visit the [CDC page for antiviral medication guidance](#).

## Actions to take to prevent or reduce the spread of influenza in your facility

- **Cover coughs and 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.
- **Staff with influenza should stay home when ill.** Any staff member suspected of having influenza should be sent home and stay home until at least 24 hours after they no longer have a fever.
- **Use standard and droplet precautions.** Staff should use standard and droplet precautions when caring for patients with influenza.
- **Practice good hand hygiene.** Staff and residents should be encouraged to practice good hand hygiene at all times. This means using warm water and soap for at least 15-20 seconds each time hands are washed. Alcohol hand gels may be used if hands are not visibly soiled.
- **Clean frequently.** Common use surfaces such as door handles, handrails, game table surfaces, and phones should be cleaned regularly (approximately twice daily) with disinfectant. Bleach solutions or commercial disinfectants are appropriate.
- **Isolate and/or cohort ill residents.** 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.

- **Restrict staff moving from areas of the facility experiencing illness to areas that are unaffected.** Staff caring for ill residents should not also care for the well residents.
- **Screen for illness in visitors.** Family members and other visitors with respiratory illness should not be allowed into the facility.
- **Test residents with suspected influenza.** Even if it's not influenza season, influenza testing should occur when any resident has signs and symptoms that could be due to influenza.
- **Report suspected outbreaks.** If there is one laboratory-confirmed influenza positive case along with other cases of respiratory illness in a unit of a LTC facility, suspect an outbreak. Report suspected influenza outbreaks to local public health or the Center for Acute Disease Epidemiology (CADE) at 800-362-2736. Visit the [IDPH long-term care influenza page](#) for more information.

**Contact information:**

The Center for Acute Disease Epidemiology  
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