OAKLAND COUNTY MICHIGAN HEALTH DIVISION

2025 - 2026 INFLUENZA SEASON

RECOMMENDATIONS FOR PREVENTION AND CONTROL OF INFLUENZA OUTBREAKS IN LONG TERM CARE FACILITIES

This toolkit provides general guidance to long term care facilities (LTCF) on preventing, detecting, reporting and controlling suspected and confirmed influenza outbreaks. Additional guidance for managing influenza outbreaks in LTCFs is available at: https://www.cdc.gov/flu/hcp/infection-control/ltc-facility-guidance.html?CDC_AAref_Val=https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm

PREVENTING OUTBREAKS

State law (MI 333.21332, MI 333.21311) requires LTCFs to "provide each resident with information and assistance in obtaining an annual vaccination against influenza in accordance with the most recent recommendations". Vaccination is the best way to prevent influenza and associated complications among residents and staff of LTCFs. ***Unless medically contraindicated, annual influenza vaccination is recommended for residents and all employees of LTCFs.*** Keeping an updated list of residents or staff that are unvaccinated can help when trying to prevent or respond to outbreaks.

Other year-round prevention measures include:

- Strict attention to hand hygiene and cough etiquette
- Exclusion of ill staff and visitors from the facility
- Adherence to appropriate infection control precautions, including isolation of ill residents
- Early recognition and testing of suspected influenza cases

DIRECTING AND REPORTING OUTBREAKS

Long term care facilities are required to report all suspected and confirmed outbreaks to local public health per Michigan Public Health Code (MPHC) Rule 325.174(1), (5). LTCFs are required to report the following:

- A sudden increase in acute febrile respiratory illness* over the normal background rate (e.g., two (2) or more cases of acute respiratory illness occurring within 72 hours of each other) OR
- Any resident who tests positive for influenza.

*Acute febrile respiratory illness is defined as fever > 100°F AND one or more respiratory symptoms (runny nose, sore throat, laryngitis, or cough). However, please note that elderly patients with influenza may not develop a fever.

Testing for influenza should occur when any resident has signs and symptoms that could be due to influenza. When influenza is circulating in the surrounding community of the LTCF, a high index of suspicion should be maintained. State influenza surveillance data are available at: https://www.michigan.gov/mdhhs/keep-mi-healthy/chronicdiseases/seasonal-respiratory-viruses

CONTROLLING OUTBREAKS

If there is one laboratory-confirmed influenza positive case along with other cases of respiratory infection, an influenza outbreak may be occurring. The measures in the following checklist should be implemented once an outbreak of influenza is suspected in a LTCF.

Chemoprophylaxis of residents in LTCF can help control outbreaks as well as attenuate the severity or shorten the duration of illness. Chemoprophylaxis should be prescribed to all LTCF residents with suspected or confirmed influenza. If influenza is suspected, residents should be put on chemoprophylaxis before test results come back. Additionally, when two (2) or more residents become ill within 72 hours of each other and at least one (1) case is confirmed by laboratory testing, chemoprophy-laxis should be given to all residents, regardless of symptoms or vaccination status. Priority should be given to residents who live on the same floor, wing or participate in activities with the ill resident(s). Dosing information and duration can be on Table 2 at https://www.cdc.gov/flu/hcp/antivirals/summary-clinicians.html.

CONTROLLING INFLUENZA OUTBREAKS IN LONG TERM CARE FACILITIES CHECKLIST

RECOMMENDATIONS	RECOMMENDED BY LHJ	IMPLEMENTED BY FACILITY
ILI RESIDENTS		
Administer antiviral treatment to patients with suspected or confirmed influenza according to current CDC recommendations.†		
Implement droplet precautions in addition to standard precautions for suspected or confirmed cases for 7 days after illness onset or until 24 hours after resolution of fever and respiratory symptoms, whichever is longer. Staff should wear a facemask when entering the room of a patient with suspected or confirmed influenza.		
Restrict ill residents to their rooms. If private rooms are not available, consider other placement options such as cohorting ill residents or ensuring at least 3 feet of separation and a physical barrier (e.g., curtain) between ill and well roommates.		
Ill residents who must leave their room should wear a face mask and be instructed to cover coughs and sneezes.		
If requested by local health jurisdiction (LHJ), obtain specimens for viral culture or PCR on a subset of residents and/or staff with most recent onset of illness. Specimens can be submitted to MDHHS Bureau of Labs for influenza testing free of charge. Instructions at: www.michigan.gov/documents/mdhhs/Influenza_testing_algorithm_2024_2025.pdf		
STAFF		
Exclude ill staff, including volunteers, from work for at least 24 hours after resolution of fever* (without the use of fever reducing medications). Those with ongoing respiratory symptoms should be evaluated to determine appropriateness of contact with patients. Exclusion for a minimum of 5 days is ideal.		
Reference list of unvaccinated employees and require them to wear a mask within the facility to prevent and control transmission. As much as possible, have vaccinated employees care for residents with suspect or confirmed influenza illness.		
Restrict staff movement between areas of the facility with and without illness.		
VACCINATION		
Administer influenza vaccine to all previously unvaccinated residents and staff according to ACIP guidelines. www.cdc.gov/mmwr/preview/mmwrhtml/mm6430a3.htm		
EDUCATION/HAND HYGIENE		
Educate staff, residents and visitors regarding outbreak and control measures. Remind them about the need for hand and respiratory hygiene. Post signs and make the OCHD Influenza fact sheet available.		

RECOMMENDATIONS	RECOMMENDED BY LHJ	IMPLEMENTED BY FACILITY
ADMINISTRATION OF CHEMOPROPHYLAXIS †		
When at least 2 patients are ill within 72 hours of each other and at least one resident has laboratory-confirmed influenza, administer chemoprophylaxis to all non-ill residents regardless of vaccination status for a minimum of 2 weeks, and at least 7-10 days after last known case is identified. ***Note:*** *Persons who develop acute respiratory illness >72 hours after beginning antiviral chemoprophylaxis should be immediately tested for influenza and reported to the LHJ.*		
Previously unvaccinated staff should be administered chemoprophylaxis. In addition, chemoprophylaxis may be considered for all employees, regardless of their influenza vaccination status, if indications exist that the outbreak is caused by a strain of influenza virus that is not well matched by the vaccine.**		
RESIDENT MOVEMENT/ADMISSIONS/TRANSFERS		
Cancel large group activities in the facility and consider serving all meals in rooms.		
Do not move residents to other wards or facilities unless medically indicated.		
Limit new admissions until the outbreak is over.		
VISITORS		
Exclude ill visitors from the facility.		
Post notices alerting visitors of the presence of illness, to postpone visits to ill residents if able, to wear masks if they must visit an ill resident, and the need for hand washing with soap and water both before and after visiting any resident.		
Limit visitation until the outbreak is over.		
Make hand sanitizer and the OCHD Influenza fact sheet available.		
ACTIVE SURVEILLANCE/COMMUNICATION		
Initiate active daily surveillance for influenza-like illness (ILI) among residents and staff until 1 week after last onset of illness. Record illnesses on line list provided.		
Report outbreak to LARA or other licensor.		
Communicate with the local health jurisdiction daily.		

†CDC recommends oseltamivir, zanamivir or peramivir for treatment and chemoprophylaxis and of influenza. Refer to CDC guidance for dosing: http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm

*Healthcare providers with confirmed or suspected influenza should not care for patients in Protective Environments such as stem cell transplant patients until 7 days from symptom onset or until resolution of symptoms, whichever is longer.

**Note: Persons receiving antiviral drugs within the period 2 days before to 14 days after vaccination with LAIV (live attenuated influenza vaccine, or nasal spray) should be revaccinated at a later date with any approved and appropriate vaccine formulation, as the antiviral medications may interfere with the immune response to LAIV. Note that antivirals do not interfere with the immune response to inactivated influenza vaccine (IIV, or flu shot), so the concern about revaccinating after antivirals does not exist for IIV.

RESOURCES

CDC. Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities: https://www.cdc.gov/flu/hcp/infection-control/ltc-facility-guidance.html?CDC_AAref_Val=https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm

CDC. Guidance on Infection Control in Healthcare Facilities: http://www.cdc.gov/flu/professionals/infectioncontrol/

CDC. Prevention and control of seasonal influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices—United States, 2015–2016 Influenza Season. MMWR 2015; 64(30). Available at: http://www.cdc.gov/MMWr/preview/mmwrhtml/mm6430a3.htm

CDC. Antiviral Drugs: Recommendations of the Advisory Committee on Immunization Practices (ACIP): Information for Health Care Professionals.
http://www.cdc.gov/flu/professionals/antivirals/index.htm

Harper SA, Bradley JS, Englund JA, et al. Seasonal influenza in adults and children---diagnosis, treatment, chemoprophylaxis, and institutional outbreak management: clinical practice guidelines of the Infectious Diseases Society of America. Clin Infect Dis 2009;48:1003–32.

EDUCATIONAL RESOURCES

Centers for Disease Control and Prevention materials: https://www.cdc.gov/flu-resources/index.html

LINE LIST FOR OUTBREAKS IN LONG TERM CARE FACILITIES

Please list all residents and employees ill with respiratory symptoms. Designate employees with an asterisk (*)

NAME	AGE	UNIT/ ROOM	ONSET DATE	SYMPTOMS	FLU SPECIMEN COLLECTION DATE	LAB RESULT/ TYPE TEST	FLU VACCINE (Y/N/DATE)	HOSPITALIZED (Y/N)	DIED (Y/N)