



Arkansas Department of Health

Communicable Disease & Immunization Section
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January 16, 2013

Influenza in Arkansas Long Term Care Facilities

- **At least eight outbreaks of influenza, some with associated deaths, have occurred in AR long-term care facilities during the 2012-2013 influenza season.**
- **If an influenza outbreak is suspected or confirmed in a long-term care facility, immediate measures to prevent influenza transmission should be implemented, including vaccination, testing, antiviral treatment, and chemoprophylaxis.**
- **Suspected or confirmed influenza outbreaks in long-term care facilities should be reported to the Arkansas Department of Health at 501-661-2169.**

Dear Doctor,

Residents of long-term care facilities (LTCFs), even when vaccinated, are at high risk for being infected with and suffering complications from influenza infection. Influenza is easily transmitted in institutional settings, such as LTCFs, and outbreaks can result in severe illness and death, because of the advanced age and co-morbidities among LTCF residents. To date, Arkansas LTCFs have reported eight outbreaks and at least two LTCF residents have died - several others are in critical condition.

The ADH urges all LTCFs and medical personnel that work at LTCFs to adopt the following measures to prevent and control influenza:

- All non-vaccinated facility residents and staff should be offered vaccine. Vaccinating LTCF staff has been shown to reduce mortality among LTCF residents.
- Any resident with febrile respiratory illness should be tested for influenza. Some residents, especially those who are elderly or immunosuppressed, may not manifest classic symptoms of influenza and instead may only exhibit changes in behavior or mental status.

- All residents with laboratory-confirmed infection should be treated with oseltamivir or zanamivir.
- If an outbreak is confirmed, evaluate each LTCF resident and healthcare worker daily for symptoms of influenza.
 - An outbreak is defined as two or more cases of confirmed flu or influenza-like illness among residents or healthcare workers of a facility on the same unit within seven days.
- After one case of lab confirmed infection is detected, any resident subsequently developing signs or symptoms consistent with influenza infection should be treated while awaiting test results.
- The following groups should receive oseltamivir or zanamivir prophylaxis:
 - All non-infected residents on all floors and wards of the facility, whether or not they have received influenza vaccine
 - All unvaccinated facility employees
- Oseltamivir or zanamivir prophylaxis should be continued for 14 days or for seven days after onset of symptoms in the last person infected, whichever is longer.
- The following non-pharmaceutical outbreak control measures should be employed:
 - Standard and droplet precautions for all infected residents (<http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>)
 - Infected residents should be cohorted, group activities should be suspended, and movement of non-infected residents from affected wards should be restricted.
 - New admissions or transfers to wards with symptomatic residents should be avoided. Staff should not float from unit to unit.
 - Monitor staff absenteeism. Ill staff should remain home for 24 hours after resolution of fever.
 - Ill persons from the community should not be allowed to visit the facility.
- Anyone in a facility who has had the flu, but gets clinically worse 3-5 days after diagnosis should be evaluated for a potential secondary bacterial infection.

As always, we appreciate the leadership and cooperation of the Arkansas medical community in helping to reduce influenza-related morbidity and mortality and will update you with new information on the current influenza season as it develops, especially when relevant to management of your residents and staff.

Yours sincerely,



Dirk Haselow, MD, PhD

State Epidemiologist and Medical Director for Communicable Disease / Immunizations

Resources and References

1. Centers for Disease Control and Prevention Guidance for Long-term Care Facilities (<http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>)
2. Centers for Disease Control and Prevention Antiviral Guidance (<http://www.cdc.gov/flu/pdf/professionals/antivirals/antiviral-summary-clinicians.pdf>)
3. Clinical Influenza Guidelines, Infectious Diseases Society of America (http://www.idsociety.org/uploadedFiles/IDSA/Guidelines-Patient_Care/PDF_Library/Infuenza.pdf)
4. New York City Health Information: Influenza Prevention and Control 2012-13 (http://www.nyc.gov/html/doh/html/chi/chi31-4_index.html)
5. New York State Recommendations for Follow-up of Respiratory Disease Outbreaks of Influenza and Influenza-like Illness in Health Care Facilities (http://www.health.ny.gov/diseases/communicable/control/respiratory_disease_checklist.htm)
6. New York City Department of Health and Mental Hygiene. 2013 Advisory #3: New York City Influenza Update. January 9, 2013

If you wish to receive future health alerts or the communicable disease newsletter you must sign up at <https://health.arkansas.gov/codespearreg> in order to receive it. If you have any questions or concerns please feel free to contact Dirk Haselow via phone at (501)-661-2169, fax at (501)-661-2300, or e-mail at Dirk.Haselow@arkansas.gov.