



Influenza Outbreak Management QUICK REFERENCE GUIDE for LTC IPC

Follow case definitions outlined in [Shared Health Guideline: Infection Prevention and Control](#)

[Outbreak Management Guidelines – Respiratory \(including influenza and COVID-19\) and Gastrointestinal](#)

Outbreak Preparation:

1. PCH [Respiratory Season Checklist](#)
2. Check stock of universal viral transport and/or flocked swabs. Contact CPL at (204) 945-6123 (or your laboratory) to reorder supplies and requisition forms and arrange pick up. [CPL Supply request form](#)
 - [Outbreak Cadham Laboratory Requisition Sample](#)
 - [Respiratory Virus Specimen Collection](#)
3. Print [Outbreak Poster](#)
4. Populate the [Seasonal Influenza Oseltamivir Spreadsheet](#) and print oseltamivir prophylaxis dosing labels for Medication Administration Record (MAR)
 - [75 mg daily](#)
 - [30 mg daily](#)
 - [30 mg every other day](#)
5. Influenza-associated deaths are defined as all laboratory-confirmed influenza cases who have died within 10 days before or 30 days after the specimen collection date. Note the reason for deaths does not have to be attributable to influenza. A positive laboratory test is sufficient for reporting.
 - Report all Influenza-associated deaths in Personal Care Homes to Manitoba Health using the [Clinical Notification of Reportable Diseases and Conditions form](#)

Outbreak Investigation:

1. Isolate and swab all residents presenting with influenza-like illness (ILI) ([see table 1](#)) symptoms without delay. Apply Droplet/Contact precautions, with Airborne precautions for AGMPs, then notify your site ICP/designate
 - Collect nasopharyngeal (NP) swabs on symptomatic residents. These are automatically tested for COVID-19 (unless you inform the lab they are [COVID-19 recovered less than 120 days](#)), Influenza A, B, and RSV. Test all residents presenting with ILI to rule these out
 - In the event of a suspected outbreak for respiratory viruses other than COVID-19, Influenza A, B, or RSV: further viral testing will be limited once the initial test is negative for COVID-19, Influenza A & B, and RSV. Consult Regional LTC ICP in these situations.
2. Manage ILI cases in accordance with the [Shared Health – Guideline: Infection Prevention and Control Outbreak Management Guidelines – Respiratory \(including influenza and COVID-19\) and Gastrointestinal](#) and [Guidelines for use of oseltamivir in LTC](#), working with your site prescribers/ Medical Director to ensure timely *treatment with oseltamivir for residents with ILI*. [Oseltamivir treatment is more effective the sooner it is started](#). Oseltamivir treatment doses prescribed prior to declaration of an outbreak should be started using the [stat box](#) supply, with the remaining doses to be ordered from the [pharmacy](#).
3. If 2 or more residents on each unit/institution/area meet the ILI case definition ([see Table 1](#)) within the same 7-day period:
 - **Initiate the outbreak line list and communicate this information to the Facility Medical Director**
 - Contact the Regional LTC ICP to obtain an outbreak code and to discuss the outbreak investigation, including what is required to call an outbreak and the resident influenza vaccination rate(s) at the unit/facility
 - [Proactively establish a plan for outbreak declaration with WRHA IP&C in the eventuality influenza is confirmed via laboratory testing. This is especially important prior to weekends and holidays when lab results are pending.](#) For WRHA Infection Prevention and Control support [outside of regular business hours](#), please refer to the [WRHA IP&C Manual, After Hours Coverage: Infection Prevention & Control Program](#)
 - Once an influenza outbreak is confirmed by WRHA IP&C, consult the PCH Medical Director to [authorize oseltamivir prophylaxis as soon as possible](#). This process should **NOT** be unnecessarily delayed. [See Outbreak Management below](#).
4. Apply an outbreak code to all outbreak samples collected in each unit/institution/area. **Do not delay specimen collection or management to wait for an outbreak code.** Write '*outbreak code pending*' if not available.
5. **Do not email resident personal health information** unless required to support the response, and only do so in a secure, [password protected format](#) in accordance with [personal health information policies](#).
6. **Implement outbreak measures during an outbreak investigation, even in the absence of a formal outbreak declaration** per [Shared Health Guideline: Infection Prevention and Control Outbreak Management Guidelines – Respiratory \(including influenza and COVID-19\) and Gastrointestinal](#).

Key actions include:

- Increase monitoring of other residents on the affected unit(s). Identify and manage all residents meeting the ILI case definition
- Follow cohorting guidelines
- Enhanced cleaning/disinfection of all high touch surface and common areas at least twice daily and cleaning/disinfection of affected resident rooms last; clean/disinfect using [facility approved disinfectants](#)
- Restrict resident movement off of the affected unit(s) except for medically necessary purposes
- Cancellation of group activities as appropriate on the affected unit
- Limit staff movement to other units where possible
- Communicating with other facilities in advance, when an outbreak is suspected or declared, including PCH-PCH transfers, ER/hospital transfers, medical appointments, e.g., dialysis, CCMB.

Outbreak Management:

1. Upon receipt of a positive result for influenza:

Outbreak definition: Two or more patients/residents (who are not roommates, do not share a bathroom between two resident rooms and/or are not tablemates), acquire healthcare-associated ILI (including at least one influenza laboratory-confirmed case) occurring within a seven-day period in an institution/unit/area ([Shared Health Guideline: Infection Prevention and Control Outbreak Management Guidelines – Respiratory \(including influenza and COVID-19\) and Gastrointestinal, Page 25](#)).

- Collect the information outlined in the text box below
- **Once an outbreak is declared by WRHA IP&C**
 - Nurse to contact the site Medical Director to authorize [oseltamivir](#) prophylaxis in accordance with [Guidelines for use of oseltamivir in LTC](#) and the [Manitoba Seasonal Influenza protocol](#)
 - Upon declaration of an outbreak, oseltamivir for both treatment and prophylaxis is to be ordered from MDA **without delay**: (204) 948-1333 (regular hours) or (204) 805-4096 (after hours)
 - **Determine the number of boxes of oseltamivir 30 mg and 75 mg to provide prophylaxis to the unit (calculated from the oseltamivir spreadsheet) BEFORE CALLING MDA**
 - [Oseltamivir prophylaxis orders are included in the PCH Medication Standing Orders. For residents meeting the clinical case definition of ILI, continue to work with prescribers to ensure the resident receives timely treatment with oseltamivir.](#)
 - Communicate and educate visitors and staff: [Information for Families and Visitors During an Outbreak](#)
 - Post signage in visible areas (at entrances, nursing team area, elevators): [Outbreak Poster](#)

**IMPORTANT INFORMATION TO HAVE BEFORE YOU CALL THE PCH MEDICAL DIRECTOR*
For Oseltamivir Prophylaxis in a declared outbreak**

- Total number of residents on unit _____
- Date of 1st symptomatic ILI resident _____
- Date outbreak declared (including location(s)) _____
- Number of residents symptomatic with ILI _____
- Number of residents tested _____
- Number of lab positive residents _____
 - # positive for Influenza A _____
 - # positive for Influenza B _____
- Amount of oseltamivir required to provide prophylaxis to the unit (calculated from the oseltamivir spreadsheet)
 - Number of boxes of oseltamivir 30 mg _____
 - Number of boxes of oseltamivir 75 mg _____

* This information will support the PCH Medical Director in the decision on oseltamivir prophylaxis. Collect as much as you can prior to calling.

ILI Definition:

TABLE 1: INFLUENZA-LIKE ILLNESS

ILI Case Definition	<p>Acute onset of respiratory illness with fever AND cough and with one or more of the following:</p> <ul style="list-style-type: none"> • Sore throat • Arthralgia (joint pain) • Myalgia (muscular pain) • Prostration (extreme exhaustion) that could be due to influenza <p>In children < 5 years of age, gastrointestinal symptoms (e.g., nausea, vomiting, diarrhea) may be present.</p> <p>In patients < 5 years or ≥ 65 years old, fever may not be prominent.</p>
	<p>NOTE: Illness associated with novel influenza viruses may present with other symptoms</p>
	<p>Source: MH Seasonal Influenza protocol (gov.mb.ca)</p>
	<p>NOTE FOR LTC SETTINGS:</p> <ol style="list-style-type: none"> 1. fever definition is single oral temperature >37.8°C or 2. Repeated oral temperatures >37.2°C or rectal temperatures >37.5°C or 3. Single temperature >1.1°C over baseline from any site (oral, tympanic, auxiliary).

Source for Fever Definition: [Infection Prevention and Control Canada \(IPAC Canada\). Can J Infect Control. Fall 2017 \(Suppl\):10-17.](http://infectionpreventionandcontrol.ca)

Source: <https://healthproviders.sharedhealthmb.ca/files/outbreak-management-guidelines-resp-and-gi.pdf>