



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg
Caring for Health *À l'écoute de notre santé*

Long Term Care Program

SEASONAL INFLUENZA MANAGEMENT

2019-2020 Update

Long Term Care Resource Guide

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New for 2019

1. Excerpt from the Manitoba Health, Seniors and Active Living *Manitoba's 2019/2020 Seasonal Influenza Immunization Program* (July 2019):
<http://www.gov.mb.ca/health/publichealth/cdc/div/manual/docs/msiipp.pdf>

MHSAL continues to offer the high-dose inactivated influenza vaccine (Fluzone® High-Dose, IIV3-HD) to residents of long-term care facilities (LTCFs) aged 65 years and older, **including chronic care residents. Clients in interim/transitional care beds, respite care clients as well as new, unimmunized residents admitted to a LTCF during the flu season are also eligible.** *Staff of LTCFs and residents of LTCFs less than 65 years of age should be immunized with standard-dose IIV.*

Residents of LTCFs 65 years of age and older are at higher risk of complications from the flu, and the immune response to flu vaccines in this population is thought to be less effective than that seen in younger populations. In order to elicit a stronger and more effective immune response among elderly individuals, Fluzone® High-Dose (IIV3-HD) is being offered because it contains four times the amount of influenza virus antigen per strain (60 µg vs. 15 µg) compared to the Standard-dose (IIV4-SD). Fluzone® High-Dose (IIV3-HD) is a *trivalent* IIV and protects against three (2A + 1B) of the influenza strains predicted to be circulating in North America during the 2019/2020 season. Given the burden of influenza A(H3N2) disease and evidence of better efficacy in this age group, it is expected that Fluzone® High-Dose (IIV3-HD) will provide superior protection compared with Standard-dose (IIV4-SD).

The higher antigen concentrations contained within Fluzone® High-dose (IIV3-HD) may result in higher rates of post-injection local adverse events compared to Standard-dose (IIV4-SD), but they are expected to last only two to three days and rarely interfere with normal activities. Studies reported higher rates of malaise, myalgia, and moderate to severe fever. Various studies noted a higher rate of systemic reactions with Fluzone® High-Dose (IIV3-HD), but serious adverse events were similar in frequency between the High-dose (IIV3-HD) and Standard-dose (IIV4-SD). Fluzone® High-Dose (IIV3-HD) has been authorized for use in Canada since 2015.

Two randomized controlled trials (RCTs) and one retrospective cohort study measured the relative efficacy of Fluzone® High-Dose (IIV3-HD) compared to a Standard-dose (IIV4-SD) in adults 65 years of age and older. Relative efficacy of High-dose (IIV3-HD) versus Standard-dose (IIV4-SD) against lab-confirmed symptomatic influenza was 12.5% (95% CI: -141 to 66%) in one RCT during the 2009-10 season, in which the pandemic A (H1N1) flu virus predominated and represented a vaccine strain mismatch. Canadian authorization of the High-dose (IIV3-HD) vaccine was based on a second, larger RCT conducted over two seasons (2011/12, 2012/13) in which the relative efficacy was 24% (95% CI: 10 to 36%) compared to Standard-dose (IIV4-SD). In the retrospective cohort study of Medicare beneficiaries in the USA, Fluzone® High-Dose (IIV3-HD) was estimated to be 22% (95% CI: 15 to 29%) more effective than Standard-dose (IIV4-SD) in preventing probable influenza-related illness, and 22% (95% CI: 16 to 27%) more effective than Standard-dose (IIV4-SD) in preventing hospital admission due to an influenza diagnosis.

A literature review by the National Advisory Committee on Immunization found there is good evidence that High-dose (IIV3-HD) provides superior protection compared with Standard-dose (IIV4-SD) in adults 65 years of age and older. A few studies found that High-dose (IIV3-HD) may provide greater benefit in the very elderly (e.g., 75 years of age and older) compared to younger elderly (e.g., 65–74 years of age); however, additional studies are needed to validate this finding. There remain no efficacy or effectiveness studies that compare High-dose (IIV3-HD) with adjuvanted trivalent inactivated influenza vaccine (IIV3-Adj) or Standard-dose (IIV4-SD) vaccine.

Also noted in the National Advisory Committee on Immunization Literature Review, only one study was identified that measured Standard-dose quadrivalent efficacy. In that study, efficacy was estimated at 59% in children three to eight years of age, in comparison to children who received hepatitis A vaccine. No literature was found in this review on efficacy or effectiveness directly comparing trivalent and quadrivalent formulations.

In observational studies, influenza vaccination has been shown to reduce the number of physician visits, hospitalizations, and deaths in adults 18–64 years of age with high-risk medical conditions, hospitalizations for cardiac disease and stroke in adults 65 years of age and older, and hospitalization and deaths in adults 18 years of age and older with diabetes mellitus during influenza epidemics.

The National Advisory Committee on Immunization concludes that, given the burden of disease associated with influenza A(H3N2) and the good evidence of better efficacy compared to Standard-dose (IIV4-SD) in adults 65 years of age and older, when available, High-Dose (IIV3-HD) should be used over Standard-dose (IIV4-SD).

New influenza vaccine product for 2019-2020: Afluria® Tetra (Seqirus) is a split virus *quadrivalent inactivated* Standard-dose (IIV4-SD) influenza vaccine that was authorized for use in Canada in adults and children 5 years of age and older on February 22, 2018. Based on a review of available pre-licensure clinical trial data, National Advisory Committee on Immunization (NACI) has concluded that Afluria Tetra has a comparable safety and immunogenicity profile to already authorize quadrivalent inactivated influenza vaccines. Therefore, they recommend that Afluria Tetra may be considered among the quadrivalent inactivated influenza vaccines offered to adults and children 5 years of age and older (Discretionary NACI Recommendation). The vaccine will be available in a pre-filled syringe format. As such, this product will be used to fill pharmacy orders for pre-filled syringes, while supplies last. The vaccine is to be kept stored at 2°C to 8°C.

Vaccines currently available for use in Manitoba, 2019-2020:

- ✓ **Standard-dose quadrivalent inactivated influenza vaccine (IIV4-SD)**
 - Afluria® Tetra (Seqirus)
 - Flulaval® Tetra (GlaxoSmithKline)
 - Fluzone® Quadrivalent (Sanofi Pasteur)

- ✓ **High-dose trivalent inactivated influenza vaccine (IIV3-HD)**
 - Fluzone® High-Dose (Sanofi Pasteur)

Please refer to the individual product monographs for further details, you can find them online at (Control and Click to follow link):

- [Fluzone Quadrivalent-Sanofi Pasteur](#)
- [Fluzone High Dose-Sanofi Pasteur](#)
- [FluLaval Tetra-GlaxoSmithKline](#)
- [Afluria Tetra-Seqirus](#)

Important notice: FluMist[®] quadrivalent (LAIV4) (AstraZeneca) is not available for use in Canada for the 2019-2020 influenza season. Therefore, no live attenuated influenza vaccine (LAIV4) is available in Canada for this season.

2. **FluWatch is Canada's national surveillance system that monitors the spread of influenza** and influenza-like illnesses on an ongoing basis. FluWatch reports are posted every Friday and contain information on flu activity in Canada. The FluWatch program consists of a network of labs, hospitals, doctor's offices and provincial and territorial ministries of health. This overview of influenza monitoring across Canada is available online at: <https://www.canada.ca/en/public-health/services/diseases/flu-influenza/influenza-surveillance/about-fluwatch.html>.
3. **CADHAM LAB RESULTS LANGUAGE REVIEW:**
 - ✓ New language: PCR Gene Xpert testing – same as current Triplex testing done with PCR test but you may see a note within the results stating 'NOTE: Sample tested by the *use of Xpert Xpress FLU/RSV assay*'. Clinical correlation is required.
 - ✓ PCR test – remains current, no changes.
 - ✓ Culture – remains current, no changes.
 - ✓ Multiplex – This test is used when submitted sample volumes at Cadham Lab are low (specimens received throughout the province) and would be used to identify all possible outbreaks.

Purpose

- To prevent and/or minimize the mortality (death) and morbidity (illness) of influenza outbreaks in the Winnipeg Health Region by providing a consistent and practical guideline to manage influenza outbreaks.
- To provide a structure for coordinating the activities of the various provincial, regional, facility and laboratory agencies that have responsibility for the investigation, prevention, and control of respiratory disease outbreaks in long term care facilities in the Winnipeg Health Region.
- To define the roles and responsibilities of key stakeholders during the course of a facility outbreak.

Introduction

Respiratory disease outbreaks occur frequently in long-term care facilities. Most influenza outbreaks occur during the winter months. Facility staff should watch for clusters of upper or lower respiratory tract infections as early recognition of an outbreak is vital to effective management.

Outbreaks are disruptive and costly; however, influenza outbreaks are often milder in facilities with high staff and Resident vaccination rates. It is critical that all Residents be vaccinated against influenza to prevent or reduce the impact of outbreaks during the winter season. It is even more critical that health care workers receive the influenza vaccine to protect themselves, their families and more importantly to build herd immunity to protect Residents. Health care workers can transmit respiratory viruses to high-risk, vulnerable Residents even when those vulnerable Residents have been immunized themselves. Health care worker immunization is associated with substantial decreases in illness and death among Residents. Most deaths associated with influenza in industrialized countries occur in individuals 65 years of age and older. LTC Residents are at most risk for complications from influenza infection; therefore they rely on health care workers to provide the highest standard of care which includes annual influenza immunization.

The Public Health Agency of Canada states that, “the most effective way to prevent and control seasonal influenza is through Immunization of both healthcare workers and patients. Annual influenza vaccination is recommended for health care workers who are potentially capable of transmitting influenza, including those who provide direct patient care or provide indirect health care. Annual influenza vaccination is considered an essential component of the standard of care for the protection of patients”. ([Click here](#), #14 for reference)

Information regarding the provision of staff chemoprophylaxis will be addressed separately on an adhoc basis depending on the regional strategy.

Manitoba Health, Active Living and Senior’s Public Health Branch has included the following statement in the 2016 protocol:

“Influenza vaccination provides benefits to health care workers and to the patients/residents to whom they provide care. Being immunized against influenza is an essential component of the standard of care for all health care workers for the protection of their patients/residents. Immunization of care providers decreases their own risk of illness, as well as the risk of death and other serious outcomes among the patients/residents to whom they provide care and who are vulnerable to influenza-related complications. For the purposes of influenza vaccination, health care workers include any person, paid or unpaid, who provides services, works, volunteers or trains in a health care setting.”

“Transmission of influenza between infected HCWs and their vulnerable patients/residents results in significant morbidity and mortality. Randomized controlled trials conducted in geriatric long-term care settings have demonstrated that vaccination of HCWs is associated with substantial decreases in morbidity and mortality in the residents. Therefore, HCWs should consider annual influenza vaccination included in their responsibility to provide the highest standard of care. In the absence of contraindications, refusal of HCWs to be immunized against influenza implies failure in their duty of care to patients/residents. Any unimmunized staff and patients/residents should be offered immunization unless contraindicated. This may not prevent illness during the current outbreak, but will provide protection against different strains should they circulate later in the season.

Sites are responsible for weighing the risks and benefits of directing unimmunized staff to wear a mask during outbreaks, and may want to reserve the use of a mask for direct care only when outbreaks are occurring. Inappropriate use of masks can cause the mask itself to become a source of hand contamination and subsequent transmission. Sites desiring assistance in making the choice to use masks for unimmunized healthcare workers are encouraged to contact the WRHA LTC Program Coordinator of Infection Prevention and Control and Quality Improvement.

Reporting Requirements

Under legislation of the Reporting of Diseases and Conditions Regulation (37/2009) of The Public Health Act (C.C.S.M. c. P210); “If a health professional becomes aware that a person has a disease or condition that is potentially serious but is not otherwise reportable under this regulation, the health professional must make a report respecting it if the disease or condition is occurring in a cluster or outbreak” as such, influenza outbreaks are to be reported to the Chief Public Health Officer or designate at Manitoba Health. In Winnipeg, notification of a suspected or confirmed influenza outbreak shall occur as outlined [here](#).

Definitions

Alcohol based hand rub (ABHR): An alcohol based antiseptic with a minimum of 60% alcohol that is applied to all surfaces of the hands to reduce the number of microorganisms present on the hands.

Chemoprophylaxis: The use of a chemical agent or drug to prevent infection (e.g., use of oseltamivir in an influenza outbreak for residents who may have been exposed).

Cohorting: Two or more individuals colonized or infected with the same organism, placed/roomed together to minimize their contact with other unaffected individuals on the same unit.

Hand hygiene: A general term that applies to hand washing, antiseptic hand wash, antiseptic hand rub, or surgical hand antiseptics.

Herd immunity: When a large percentage of the population is vaccinated in order to prevent the spread of certain infectious diseases. Even individuals not vaccinated (such as newborns and those with chronic illnesses) are offered some protection because the disease has little opportunity to spread within the community; also known as “community immunity”. In terms of Influenza immunization, some scientists argue that herd immunity is not possible with influenza (due to the ability of the virus to change rapidly); rather a “**herd effect**” can be observed when those who are immunized do not transmit disease to others.

Impaired renal function: Creatinine clearance of less than 60 mL/minute and those receiving dialysis.

Informed consent: A process involving dialogue, understanding and trust between the patient/resident/client or Substitute Decision-Maker and the Responsible Party or Authorized Designate.

Informed Consent requires:

- a) The patient/resident/client or Substitute Decision-Maker to have Decision-Making Capacity;
- b) Requires disclosure of the information;
- c) Must be specific to the act performed; and
- d) Requires the consent to be given freely and voluntarily, without undue promise of favorable outcome, threat of penalty for non-compliance, or overt or covert coercion.

Influenza-like illness (ILI) criteria: *FEVER* and/or NEW and/or INCREASED COUGH MUST BE PRESENT AND* at least two of the following influenza-like illness sub-criteria **OR** a lab confirmed positive nasopharyngeal swab for Influenza Virus:

- Chills
- New Headache or eye pain
- Myalgia (muscular or body aches)

- Malaise or loss of appetite
- Sore throat
- Arthralgia (joint pain)

**Fever* may not be present in the elderly. If criteria for influenza-like illness and another upper or lower respiratory tract infection are met at the same time, only the diagnosis of influenza-like illness should be recorded.

- ❖ Please note, in the elderly, *fever* is defined as:
 - A single oral temperature greater than 37.8°C OR;
 - Repeated oral temps greater than 37.2°C or rectal temperatures greater than 37.5°C OR;
 - A single oral temperature greater than 1.1°C above baseline from any site (oral, tympanic, auxiliary).

Research shows that a resident can have a laboratory confirmed Respiratory Tract Infection (e.g. positive nasopharyngeal [N/P] swab) but few signs and symptoms of an infection due to the lack of immune response in the elderly. Influenza-like illness (ILI) clinical definitions, for instance, has performed poorly in studies for this reason. Therefore, a nasopharyngeal swab positive for a respiratory pathogen was added to the common cold syndrome and Influenza-like illness (ILI) definition sets.

Influenza-like illness outbreak: The occurrence of two or more cases of influenza-like illness (ILI) occurring within 7 days and evidence of spread in excess of the expected number of cases in the facility.

Outbreak: An excess over the expected incidence of disease within a geographic area during a specified time period, synonymous with epidemic. The number of cases indicating presence of an outbreak will vary according to the infectious agent, size and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence. Therefore, the status of the outbreak is relative to the usual frequency of the disease in the same facility/unit, among the same population, at the same season of the year.

Progressive influenza illness: Typical influenza symptoms (see ILI above) plus signs or symptoms suggesting more than mild illness: chest pain, poor oxygenation (e.g., tachypnea, hypoxia, laboured breathing), cardiopulmonary insufficiency (e.g., low blood pressure), central nervous system impairment (e.g., confusion, altered mental status), severe dehydration or exacerbations of chronic conditions (e.g. asthma, chronic obstructive pulmonary disease, chronic renal failure, diabetes or cardiovascular disease).

Resident: An individual living in a Long Term Care Facility (LTCF) or Personal Care Home (PCH). For the purposes of this document the word Resident will be used to reflect Patients, Residents, and Clients.

Respiratory hygiene: A combination of measures to be taken by an infected source designed to minimize the transmission of respiratory microorganisms.

<http://www.wrha.mb.ca/extranet/ipc/files/routine-practices/RespiratoryHygieneEducation.pdf>

Routine practices: A minimum standard of infection prevention and control precautions and practices used for all direct resident care regardless of the Resident's presumed infection status or diagnosis.

<http://www.wrha.mb.ca/extranet/ipc/files/routine-practices/InfoSheet-Education.pdf>

Severe (influenza) illness: Severe or complicated illness characterized by signs of lower respiratory tract disease (e.g., hypoxia requiring supplemental oxygen, abnormal chest radiograph, mechanical ventilation), central nervous system abnormalities (e.g., encephalitis, encephalopathy), complications of low blood pressure (e.g.,

shock, organ failure), myocarditis or rhabdomyolysis, or invasive secondary bacterial infection based on laboratory testing or clinical signs (e.g., persistent high fever and other symptoms beyond 3 days).

ROLES & RESPONSIBILITIES:

[Routine Practices](#) are a **minimum requirement** for all health care professionals.

Unit Health Care Aides are responsible to:

PRE INFLUENZA SEASON

- **Get immunized!** Herd immunity is more effective at preventing morbidity (illness) and mortality (death) from influenza than immunizing elderly individuals alone.
 - ✓ Review the MB Health Public Health Seasonal Influenza Vaccine fact sheet online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_vaccine.pdf
 - ✓ Review the MB Health Public Health Fact Sheet - Questions and Answers about Manitoba's Seasonal Influenza Immunization Program online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_qanda.pdf
 - ✓ Review Caring for Yourself and Others with Influenza (the Flu) Fact Sheet available online at: https://www.gov.mb.ca/health/publichealth/factsheets/caringforselfandothers_flu.pdf

INFLUENZA SEASON/OUTBREAK MANAGEMENT

- Report Resident signs and symptoms of an influenza-like illness (ILI) to nursing staff immediately upon recognition.
- Assist with the implementation of outbreak measures, for example: helping to hang signage [Appendix B](#), redirecting ill residents back to their rooms, notifying the individual responsible for supply orders when stocks of personal protective equipment (PPE) need replenishment.
- Assist with outbreak mitigating measures specific to meal times. Feed residents who are on precautions in their rooms and/or assist with cohorting residents on unit contained dining rooms where they exist but resources do not permit 1:1 assistance with feeding a resident in their room.
- In facilities lacking the infrastructure and resources to be able to assist residents on outbreak affected units on the units or to safely eat in their rooms that are on precautions, every effort should be made to cohort affected residents while in the communal dining room.
- Collaborate with nursing staff to determine who should be cohorted together for meal time. The unit clerk can assist by making copies of the dining room seating plan.

[Return to Roles and Responsibilities List](#)

Unit Nurses are responsible to:

PRE INFLUENZA SEASON

- **Get immunized!** Herd immunity is more effective at preventing morbidity (illness) and mortality (death) from influenza than immunizing elderly individuals alone.
 - ✓ Review the MB Health Public Health Seasonal Influenza Vaccine fact sheet online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_vaccine.pdf
 - ✓ Review the MB Health Public Health Fact Sheet - Questions and Answers about Manitoba’s Seasonal Influenza Immunization Program online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_qanda.pdf
 - ✓ Review Caring for Yourself and Others with Influenza (the Flu) Fact Sheet available online at: https://www.gov.mb.ca/health/publichealth/factsheets/caringforselfandothers_flu.pdf
- Ensure that Informed Consent for influenza vaccine has been obtained before the resident is immunized. [Appendix A](#) is the *WRHA LTC Patient/Resident Influenza and Pneumococcal Immunization Form* for documenting consent. It was revised in July 2018, to indicate the specific influenza vaccine (e.g. seasonal influenza vaccine or high-dose seasonal influenza vaccine) being consented to. Consent can be reviewed at future annual care conferences. If applicable, pneumococcal vaccine consent should also be obtained. One dose of pneumococcal polysaccharide vaccine is routinely recommended in a lifetime unless there are chronic underlying diseases that could warrant a second immunization. See [Section 6](#) of the WRHA LTC IP&C manual for additional detail on pneumococcal vaccine.
 - ✓ Review the MB health *Seasonal Influenza Vaccine for Residents in Long-Term Care Facilities – Q&A for Health Care Providers* is available online at: http://www.manitoba.ca/health/flu/docs/ltof_hcp.pdf
 - ✓ Review the MB Health *Seasonal Influenza Vaccine for Residents of Long-Term Care Facilities - Public Health Factsheet 2019/2020* is available online at: http://www.gov.mb.ca/health/publichealth/factsheets/flu_ltc.pdf
 - ✓ Review the MB Health *Seasonal Influenza Vaccine fact sheet for Residents **under** 65 years of age* is available at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_vaccine.pdf
 - ✓ Review the MB Health *Pneumococcal Polysaccharide (Pneu-P-23) Vaccine Public Health Fact Sheet* available online at: <https://www.gov.mb.ca/health/publichealth/factsheets/ppv23.pdf>
- Verify serum creatinine levels are current; within the year for those with normal renal function and within the last 6 months for those with impaired renal function. An order to draw a serum creatinine annually in August is included in the WRHA PCH Medication Standing Orders.
- Administer influenza and pneumococcal immunizations to all eligible Residents as indicated on the WRHA PCH Medication Standing Orders, in conjunction with the facility ICP. See the WHRA Immunization Manual which is available online at <http://www.wrha.mb.ca/professionals/immunization/manual.php> for immunization competencies and additional information.
 - All individuals institutionalized in a personal care home setting are eligible for influenza immunization. Additional details regarding eligibility criteria can be found at: <http://www.gov.mb.ca/health/publichealth/cdc/div/manual/docs/msiipp.pdf>
 - Adverse effects following immunization (AEFI), doses administered, consent obtained and incidents of adverse storage must be recorded and reported to Manitoba Health. Complete the Manitoba Health Adverse Effects Following Immunization form at: www.gov.mb.ca/health/publichealth/cdc/docs/aeafi_form.pdf and submit to your regional MOH (Medical Officer of Health), see bottom of form for link to list of MOH contact information. Refer to the WRHA LTC Anaphylactic Shock Operational Guideline (2016) for adverse events including anaphylaxis.

INFLUENZA SEASON/OUTBREAK MANAGEMENT

- Continuously monitor Residents for signs and symptoms of an influenza-like illness (ILI) throughout the season and document assessment findings in the integrated progress notes (IPNs).
- Initiate droplet-contact precautions **without delay** when an influenza-like illness (ILI) is suspected. See the WRHA LTC IP&C Manual, Droplet-Contact Precautions available online at: http://www.wrha.mb.ca/extranet/ipc/files/manuals/ltc/ManualPCH_Sec05.pdf
- Keep ill Residents in their rooms and/or re-direct them to their rooms in the acute stage of illness when possible.
- Offer alcohol based hand rub (ABHR) frequently to ill residents who cannot be successfully redirected to their rooms to reduce the amount of contact transmission.
- Institute visitor restrictions by discouraging visitation while the outbreak is occurring, and /or limiting the number of visitors permitted. Post a sign (sample [Appendix B](#)) at entrance of facility and/or entrance into affected units/areas for public awareness of the outbreak and accompanying restrictions. Facility specific signage must be approved by site Senior Management before posting.
- Report any influenza-like illness (ILI) cases to the ICP/designate promptly.
- Influenza-like illness (ILI) is reportable in the WHRA LTC Surveillance Program using the [LTC Infection Surveillance Report Form](#). Cases that meet definition for an influenza-like illness (ILI) shall also be reported to the ICP/designate via telephone or other mechanism that ensures the ICP/designate is informed in a timely manner.
- Report any Residents who meet the influenza-like illness (ILI) definition to the attending prescriber and inquire about an order for antiviral (e.g. oseltamivir) treatment.
- The treatment tab of [Appendix C](#) will calculate the required treatment dosage of Oseltamivir based on creatinine clearance and age for adults, or weight and age for pediatric cases.
- All unit nurses should be aware of the location of the facility's completed [Appendix C](#). If the location is unknown contact the facility ICP/designate or download and complete a new copy for the Residents on the unit from: <http://www.wrha.mb.ca/extranet/ipc/manuals-ltc-sec10.php>
- Document administered doses of oseltamivir on each Resident's medication administration record (MAR). Pre-printed transparent oseltamivir prophylaxis labels can be used.
Oseltamivir Label templates are available in Appendix D:
 - ✚ [30 mg Daily](#)
 - ✚ [30 mg Every Other Day](#)
 - ✚ [75 mg Daily](#)
- **The use of antivirals (e.g. oseltamivir) for treatment of influenza-like illness (ILI) is not contingent upon an outbreak being declared and should be initiated without delay.** Prompt treatment prevents further morbidity and mortality in the ill resident themselves, and prevents transmission to others, possibly stopping an outbreak from occurring.
- When indicated, treatment with antivirals (e.g. oseltamivir) should be initiated as rapidly as possible after onset of illness. Benefits of treatment are much greater when initiated less than 12 hours after onset than at 48 hours.
- Collect nasopharyngeal specimens using flocked swabs (see [Appendix E: Collection of Nasopharyngeal Specimens](#)), **immediately** when an influenza-like illness (ILI) is suspected. Specimens may also be required upon the direction from facility ICP/designate Population and Public Health, WRHA LTC Program Infection Prevention & Control contact, and/or prescriber/Medical Director; however nurses should never wait for direction to swab if a resident is exhibiting signs and symptoms of influenza-like illness (ILI). Specimens must be sent with a Cadham Lab requisition that includes an outbreak code (see [sample Appendix F](#)).

If you do not have an outbreak code, contact the ICP or designate who can obtain one. If the ICP or designate is unavailable (e.g., after hours and on weekends) follow the directions in the [Influenza Outbreak Management Quick Reference Guide \(Appendix G\)](#).

- Courier specimens with an ice pack enclosed directly to Cadham Provincial Laboratory at 750 William Avenue to minimize the deterioration of the specimen.
 - To make arrangements to deliver specimens to Cadham Laboratory after hours or during holidays and weekends, please call 204-945-6123 (security guard will answer).
 - Do not hold specimens longer than 24 hours at a refrigerator temperature of 4°C prior to shipping. Do not freeze.
 - **NOTE:** Usually 6 nasopharyngeal specimens are obtained on newly symptomatic Residents (i.e., have become ill within last 24-48 hours). If there is an indication of ongoing transmission, submit additional specimens on newly ill resident cases every 3 days.
- Complete the [Outbreak Investigation Form \(Appendix H\)](#) in the event of an outbreak or suspected outbreak. This form is used by the facility ICP/designate, facility Medical Director, and the WRHA LTC Program Coordinator of IP&C and Quality Improvement for the purposes of outbreak investigation and to facilitate decision making around outbreak mitigation. This form cannot be transmitted outside of the facility unless measures to preserve confidentiality have been taken.
- Cohort symptomatic Residents where possible and as directed by the facility ICP/designate. Often it is not possible to make room changes to cohort ill residents but consideration for cohorting at meal times can be an effective and achievable outbreak mitigating measure. Assist health care aides to determine who should be and who can be safely assisted to eat in their rooms and how they could be cohorted in the dining room to minimize transmission. The unit clerk can assist by making copies of seating plans.
- Feed residents who are on precautions in their rooms and/or cohort residents in unit contained dining rooms where they exist but resources do not permit safe 1:1 assistance to help residents eat in their rooms.
- In facilities lacking the infrastructure and resources to be able to assist residents to safely eat meals in their rooms on outbreak affected units, every effort should be made to cohort residents from the outbreak affected areas in the communal dining room as well.
- Inform the Resident's prescriber, per the facility communication process, in the event of an outbreak, if outbreak measures are initiated and plans for Chemoprophylaxis of non-symptomatic Residents.
- Communicate the facility plan and interventions to other unit staff, Residents and family members/visitors in the event of an outbreak. For example, post outbreak signs, discuss outbreak measures in shift report, and speak to the Residents on the affected unit about the restrictions in place.
- Promote influenza immunizations to staff, Residents, volunteers and families not yet immunized. For example, review the list of Resident immunizations and offer vaccination to those who have not been immunized, and remind staff at shift report about the importance of herd immunity.

[Return to Roles and Responsibility List](#)

Unit Clerks/designates are responsible to:

PRE INFLUENZA SEASON

- **Get immunized!** Herd immunity is more effective at preventing morbidity (illness) and mortality (death) from influenza than immunizing elderly individuals alone.
 - ✓ Review the MB Health Public Health Seasonal Influenza Vaccine fact sheet online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_vaccine.pdf
 - ✓ Review the MB Health Public Health Fact Sheet - Questions and Answers about Manitoba's Seasonal Influenza Immunization Program online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_qanda.pdf
 - ✓ Review Caring for Yourself and Others with Influenza (the Flu) Fact Sheet available online at: https://www.gov.mb.ca/health/publichealth/factsheets/caringforselfandothers_flu.pdf
- Check that serum creatinine levels are current; within the last year for those with normal renal function, or within the last 6 months for those with impaired renal function.
 - ✓ Inform nursing staff of any Residents who require a serum creatinine level.
 - ✓ An order for a serum creatinine level is required when standing orders are not in place in the facility.
- ✓ Ensure medication standing orders are signed for each Resident.
- ✓ Complete the [Resident Immunization and Oseltamivir Spreadsheet and Public Health Submission Spreadsheet \(Appendix C\)](#).
- ✓ Report the numbers of Residents immunized with influenza and pneumococcal vaccine to the facility ICP/designate at the end of the season. The facility ICP/designate will communicate the deadline for reporting.
 - ✓ Weekly reporting is no longer required during the beginning of the influenza season; however, it may be required in the event of an outbreak as directed by the facility ICP in collaboration with WRHA Population and Public Health and the WRHA LTC Program Coordinator of Infection Prevention & Control and Quality Improvement.
 - ✓ Print the oseltamivir prophylaxis labels for the medication administration record (MAR) using transparent labels (e.g., Avery Easy Peel clear mailing labels item #18663) and the template provided in [Appendix D](#).
 - ✓ Transparent labels are required as they prevent any documentation from being covered up in the Resident chart.

INFLUENZA SEASON/OUTBREAK MANAGEMENT

- Ensure Residents admitted to the facility during influenza season are transferred with a record of serum creatinine, or a serum creatinine level is ordered on admission. Enter this Resident's information into the site's *Resident Immunization and Oseltamivir Spreadsheet*.
- Assist to cohort ill residents in dining rooms by printing and/or copying dining room assignments so that nurses and HCAs can re-organize the seating plan.
- Assist with communication of the facility plan and interventions to unit staff, Residents and family members/visitors in the event of an outbreak. For example, post outbreak signs and speak to the families/visitors that approach the desk about the restrictions in place. Some facilities choose to have the unit clerk call all families in the affected area to inform them of the outbreak.

[Return to Roles and Responsibility List](#)

Unit Managers of affected area(s) are responsible to:

PRE INFLUENZA SEASON

- **Get immunized!** Herd immunity is more effective at preventing morbidity (illness) and mortality (death) from influenza than immunizing elderly individuals alone.
 - ✓ Review the MB Health Public Health Seasonal Influenza Vaccine fact sheet online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_vaccine.pdf
 - ✓ Review the MB Health Public Health Fact Sheet - Questions and Answers about Manitoba's Seasonal Influenza Immunization Program online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_qanda.pdf
 - ✓ Review Caring for Yourself and Others with Influenza (the Flu) Fact Sheet available online at: https://www.gov.mb.ca/health/publichealth/factsheets/caringforselfandothers_flu.pdf
- Ensure the preparatory work preceding immunizations is complete. Serum creatinine results are current, consents have been obtained, and the [Resident Immunization and Oseltamivir Spreadsheet and Public Health Submission Spreadsheet \(Appendix C\)](#).
- Coordinate, implement and promote the Resident and staff influenza immunization campaign.
 - ✓ Vaccines can be ordered from the provincial vaccine warehouse before the seasonal influenza kick off is announced. Delivery will occur once the vaccine is available and can be obtained by completing the Influenza and Pneumococcal Vaccine Order Form for Long Term Care Facilities available at: http://www.gov.mb.ca/health/publichealth/cdc/protocol/influpnevcorderform_ltc.pdf
 - ✓ Review and post for staff, residents and families to review the MB Health *Seasonal Influenza Vaccine for Residents of Long-Term Care Facilities - Public Health Factsheet 2019/2020* is available online at: http://www.gov.mb.ca/health/publichealth/factsheets/flu_ltc.pdf
 - ✓ Review and post for staff to review the MB Health *Seasonal Influenza Vaccine for Residents in Long-Term Care Facilities – Q&A for Health Care Providers* is available online at: http://www.manitoba.ca/health/flu/docs/ltcf_hcp.pdf
 - ✓ Review and post for staff, residents and families to review the MB Health *Seasonal Influenza Vaccine fact sheet for Residents under 65 years of age* is available at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_vaccine.pdf
 - ✓ Review and post for staff, residents and families to review the MB Health *Pneumococcal Polysaccharide (Pneu-P-23) Vaccine Public Health Fact Sheet* available online at: <https://www.gov.mb.ca/health/publichealth/factsheets/ppv23.pdf>

INFLUENZA SEASON/OUTBREAK MANAGEMENT

- Ensure that the responsibilities under the Unit health care aide, Unit clerk, and Unit nurse have been completed.
- Encourage staff, Residents, families, visitors and volunteers not yet immunized to receive the influenza vaccine.
- Collaborate with facility Senior Management and ICP/designate to determine and obtain resources required for outbreak management.
- Ensure staff has access to required PPE (Personal Protective Equipment) and signage to facilitate the initiation of droplet-contact precautions immediately upon suspicion of an influenza-like illness (ILI) case and/or outbreak.
- Restrict staff movement from outbreak affected areas to non-affected areas as resources permit.

- Consult [Appendix I: Guidelines for Admissions, Transfers, and Respite during Outbreaks](#) to determine if/when facility closure is warranted in collaboration with members of the facility Senior Management/Administration team, facility ICP, and the WRHA LTC Program Coordinator of Infection Prevention & Control and Quality Improvement.
- Disseminate information such as outbreak updates and WRHA media releases as required to staff.
- Facilitate meetings to update administration and staff as required.
- Address performance issues when staff does not comply with outbreak mitigating measures as required.
- Develop crisis staffing contingency plans in collaboration with Senior Management as required.
- Promote influenza immunizations to staff, Residents, volunteers and families not yet immunized.
- Communicate the outbreak measures required to staff, explain their role in preventing transmission and the importance of following precautions.

[Return to Roles and Responsibility List](#)

Site LTC Infection Control Professional/designates are responsible to:

PRE INFLUENZA SEASON

- **Get immunized!** Herd immunity is more effective at preventing morbidity (illness) and mortality (death) from influenza than immunizing elderly individuals alone.
 - ✓ Review the MB Health Public Health Seasonal Influenza Vaccine fact sheet online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_vaccine.pdf
 - ✓ Review the MB Health Public Health Fact Sheet - Questions and Answers about Manitoba's Seasonal Influenza Immunization Program online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_qanda.pdf
 - ✓ Review Caring for Yourself and Others with Influenza (the Flu) Fact Sheet available online at: https://www.gov.mb.ca/health/publichealth/factsheets/caringforselfandothers_flu.pdf
- **Ensure viral test supplies** (e.g., frozen Viral Transport Media (VTM) and flocked swabs) are available. Refer to [Instructions for Ordering \(Appendix J\)](#) and order supplies using [Cadham Lab Supply Request Form \(Appendix K\)](#). **Please note that lab supply orders take 48 hours to fill, so ensure you have enough stock on hand and it has not expired before an outbreak occurs.**
- **Order resources for the site in collaboration with the Unit Manager (Refer to Unit Managers section of roles and responsibilities, page 17 for details) :**
 - ✓ *Seasonal Flu – Information for Health Professionals* is available online at: <http://www.manitoba.ca/health/flu/pro.html>
 - ✓ Promotional/educational resources (e.g. factsheets, posters, brochures) will be available to order, free-of-charge on MHSAL's Seasonal Flu website available online at: <http://www.manitoba.ca/health/flu/resources.html>
 - ✓ Health Information Resources Order Form from is available online at: https://www.gov.mb.ca/health/flu/docs/mda_flu_orderform.pdf
- **Ensure supplies do not expire in the midst of the outbreak season.** Take note of the stock on hand and its expiry date and then ensure new stock is re-ordered before the expiration.
- Assist and/or direct nursing staff to administer influenza and pneumococcal immunizations to eligible Residents. See the WRHA Immunization Manual available online at: <http://www.wrha.mb.ca/professionals/immunization/manual.php> for immunization competencies and clinical practice guidelines.

- Coordinate the collection of the number of Resident immunizations, communicate the plan for data collection (method and frequency) to the appropriate individuals, and then report the findings to the immunization clerk as directed by WRHA Population and Public Health.
 - ✓ For sites that do not have occupational health and the ICP/Designate is responsible to coordinate the collection of the number of Resident immunizations, the ICP/Designate will submit immunization records for residents that have been immunized. This can be done using the [Resident Immunization and Oseltamivir Spreadsheet and Public Health Submission Spreadsheet \(Appendix C\)](#).
 - ✓ Although there is no reimbursement for providing these immunizations to residents (except for residents of PCHs receiving pneumococcal vaccine), it is still important to forward immunization records so they can be entered into the Public Health Information Management System (PHMIS) to complete their immunization record.
 - ✓ Complete the [Public Health Submission Spreadsheet](#). *Submit a paper hard-copy of the Public Health Submission Spreadsheet along with reimbursement invoice to:*

The Immunization, Senior Administrative Secretary

Office telephone number: 204.940.2688

2-490C Hargrave St.

Winnipeg, MB

R3A 0X7

- ✓ **Due to the Immunization, Senior Administrative Secretary by December 31, 2019. PLEASE SUBMIT BY SECURE COURIER ONLY. Please do NOT submit surveillance worksheets via email or they will not be accepted.**
 - ✓ **Immunizations given after December 31st should be included in the next year's invoice and data set for Population and Public Health database entry.**
 - ✓ If the Facility ICP is also responsible for staff immunization administration and/or reporting, please refer to the reporting requirements for Occupational and Environmental Safety and Health (OESH) ([click here to be directed to the OESH section](#)).
 - ✓ Seasonal influenza campaign-end reports will be generated directly from PHIMS. If/when there are requests for status updates from Public Health about the number of influenza immunizations administered by a Long Term Care Facility, the respective Facility representatives will address/respond directly. Therefore, each Facility should maintain weekly records of resident administered immunizations and collate numbers directly.
 - ✓ **All Facilities are to report the number of resident administered influenza and pneumococcal vaccinations by December 31, 2019 as well to the WRHA LTC Program Coordinator of Infection Prevention & Control and Quality Improvement so that all Facilities data can be tracked and collated at the Program level. Any immunizations administered after December 31, 2019 should be included in the next year's reporting data to the LTC Program.**
- ICPs giving immunizations are responsible for reporting adverse effects to Manitoba Health using the Adverse Effects Following Immunization form at: www.gov.mb.ca/health/publichealth/cdc/docs/aefi_form.pdf. Refer to the WRHA LTC Anaphylactic Shock Operational Guideline (2016) for adverse events including anaphylaxis, found online at: http://home.wrha.mb.ca/ltc/files/2016_LTCProgAnaphylacticShock_OpDirective.pdf

INFLUENZA SEASON/OUTBREAK MANAGEMENT

- Investigate reports of an influenza-like illness (ILI) in order to determine and/or confirm that an influenza-like illness (ILI) is occurring. For information on how to investigate an outbreak see: <http://www.gov.mb.ca/health/publichealth/cdc/protocol/investigation.pdf>.

- Determine how outbreaks will be declared in collaboration with the facility Medical Director. Often the ICP assumes the responsibility of declaring the outbreak/leading outbreak management efforts and then informing the Medical Director and other facility Administrators as appropriate. Allowing the ICP to determine outbreaks autonomously results in faster outbreak response. The determination of an outbreak can also be done in collaboration with the facility Medical Director and/or the WRHA LTC Program Infection Prevention and Control contact if/when the outbreak data collected is unclear.
- Treatment of an influenza-like illness (ILI) outside of an outbreak:
 - ✓ Residents who meet the influenza-like illness (ILI) definition should be treated without delay. Treatment is not contingent on having an outbreak declared. Prompt treatment prevents further morbidity and mortality in the ill resident themselves, and prevents transmission to others, possibly stopping an outbreak from occurring. See [Figure 1. Antiviral Treatment Considerations](#)
 - ✓ Pharmacy will supply the oseltamivir for Residents that require treatment outside the context of an outbreak. Oseltamivir is covered by the PCH Drug Benefit List.
 - ✓ Ensure a box of oseltamivir 75 mg (10 capsules) and a box of oseltamivir 30 mg (10 capsules) is available in each facility stat box for after-hours initiation of treatment.
- Obtain an Outbreak code from the appropriate Communicable Disease Coordinator (CDC) upon confirmation of an influenza-like illness (ILI) outbreak. See Table 1 below for contact information.

Table 1. Communicable Disease Coordinator (CDC) Contact Information:

<p>Tanya Horton thorton2@wrha.mb.ca</p>	<p>Actionmarguerite St. Boniface, Actionmarguerite St. Vital, Bethania, Concordia Place, Donwood Manor, Golden Links Lodge, Holy Family, Kildonan, Meadowood Manor, Park Manor, River East, River Park Gardens, St. Amant, Vista Park Lodge, Luther, Maples, Middlechurch, St. Joseph’s</p>	<p>Tel: 204-940-2326 Fax: 204-940-2690</p>
<p>Lynn Klassen Semeniuk lklassensemeniuk@wrha.mb.ca</p>	<p>Charleswood CC, Tuxedo Villa, West Park Manor, Deer Lodge Centre, golden West, Heritage Lodge, Oakview Place, Central Park Lodge, Poseidon, Convalescent Home, Pembina Place, Riverview Health, Golden Door, Southeast, St. Norbert, Simkin Centre, Holy Family Home</p>	<p>Tel: 204-940-3641 Fax: 204- 940-2690</p>
<p>Jennifer Omega JOmega@wrha.mb.ca</p>	<p>Beacon Hill, Misericordia health Centre, Parkview Place, Calvary Place, Lions Manor, Fred Douglas Lodge</p>	<p>Tel: 204-940-8280 Fax: 204-940-2690</p>

- Ensure appropriate infection control measures are instituted in a timely fashion, which may include but are not limited to:
 - ✓ Educate/reinforce good Hand Hygiene_and Respiratory Hygiene
 - ✓ Advocate for treatment for Residents who are symptomatic with the prescriber as needed to ensure that single cases of an influenza-like illness (ILI) outside the context of outbreaks are treated promptly
 - ✓ Notify the facility Medical Director/Senior Administration and other stakeholders deemed relevant by the facility of the outbreak. Medical Directors will have received information about the seasonal influenza protocol from the Medical Officer of Health (MOH) and WRHA LTC Program Coordinator of Infection Prevention & Control and Quality Improvement.

- ✓ Communicate with Facility Senior Management/Administration and Unit Manager to determine and obtain required resources
- ✓ Delegate the task to cohort symptomatic Residents (where possible) to the unit nurses and HCAs. The unit clerk can assist by printing the dining room seating plans which can be amended to reflect the temporary cohorts.
- ✓ Respond to concerns from staff, Residents, visitors and families regarding outbreak mitigating measures.
- ✓ Collaborate with Housekeeping/Environmental Services to increase cleaning. High touch surfaces (e.g., light switches, doorknobs, hand rails, elevator buttons, etc.) shall be cleaned at least daily, preferably twice per day, as resources permit, for the duration of the outbreak.
- ✓ Assist with the education of staff, Residents; families/visitors (see [Outbreak Information for Residents, Families, Staff and Visitors \(Appendix L\)](#)).
- ✓ For ICP Designates who are responsible for their sites’ outbreak preparedness kits, it is recommended to post a sign at the beginning of the Influenza season at the public entrance to the facility asking visitors not to visit when ill ([Appendix M](#)). Signs are also available for order from HSC Print Shop. Send a purchase order form available at: <http://home.wrha.mb.ca/corp/logistics/files/PrintingServicesWorkOrder.xls> via email to: printserv@hsc.mb.ca or fax (204) 787-2086. Specify on the purchase order which educational materials/signs you wish to order, the Printing Shop order number, and the quantity required (see table below). For time sensitive requests, please call (204)787-4072 to ensure your deadline can be met.

Form #	Influenza Signs	Non-laminated	Laminated
W-00303	Visitor Restrictions Sign - English 11 x 17	\$1.50	\$4.50
W-00304	Visitor Restrictions Sign - French 11 x 17	\$1.50	\$4.50
W-00305	Visitor Restrictions Sign – English 8.5 x 11	\$1.50	\$2.50
W-00306	Visitor Restrictions Sign - French 8.5 x 11	\$1.50	\$2.50

- ✓ Ensure collection of up to 6 nasopharyngeal specimens at the onset of an outbreak during the infectious period of the Residents being tested. In discussion with the CDC Coordinator, when there is continued transmission despite initiation of precautions and/or Chemoprophylaxis, additional nasopharyngeal specimens may be warranted.
- ✓ Assist with the coordination of Chemoprophylaxis of asymptomatic Residents when released by the facility Medical Director (e.g. using oseltamivir to prevent influenza illness among exposed Residents).
- ✓ Collaborate with support services (e.g. dietary, laundry, laboratory, recreation etc.) to determine additional responsibilities and prepare for possible increased demand for services/supplies due to the outbreak
- ✓ Report performance issues to the appropriate Unit Manager and/or Facility Senior Management/Administration when staff does not comply with outbreak mitigating measures and education does not resolve the issue as required.
- ✓ Supply the Facility Medical Director with information to facilitate decisions to initiate Chemoprophylaxis (oseltamivir) by submitting the [Outbreak Investigation Form \(Appendix H\)](#) per the direction of the Director via email.

- ✓ Once Chemoprophylaxis has been initiated, reporting can occur less frequently for the remainder of the outbreak unless there are ongoing new influenza-like illness (ILI) cases identified.
- Notify Manitoba Health of the outbreak by completing an outbreak summary using the Canadian Network for Public Health Intelligence (CNPHI). A username, password and training are required to complete CNPHI outbreak reports. Contact the WRHA LTC Program Coordinator of Infection Prevention & Control and Quality Improvement for any assistance.
 - ✓ [Click here](#) to apply for a new CNPHI account if you do not already have one.
 - ✓ Under “name of the application you want access to” please indicate: Outbreak Summaries- Enteric **and** Respiratory/VPD Modules.
 - ✓ Specify that you were referred by: Manitoba Health Outbreak Surveillance.
 - ✓ Please also ensure to sign and return the User Agreement to CNPHI to complete your registration.
 - ✓ For sites that cannot access CNPHI, complete the Manitoba Health Outbreak Summary Paper Report available online at: http://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu_6278.pdf and fax a copy to: Manitoba Health CDC Unit fax #:(204) 948-3044, Population & Public Health Communicable Disease Coordinator fax #:(204) 940-2690 and the WRHA LTC Program Coordinator of Infection Prevention & Control and Quality Improvement at fax #:(204) 940-8610.
- Ensure all new resident and staff cases are recorded in a fashion that facilitates case counting and collection of other information for reporting to be easily retrieved. Create an outbreak line listing and add any new Resident cases on one line list and on a separate line list add any new staff cases in collaboration with Occupational Health or designate and Human Resources/Staffing by completing the outbreak line list using the [Outbreak Investigation Form \(Appendix H\)](#). ****Note: The Outbreak Investigation Form contains confidential Resident and staff information and is not to be disseminated outside of the Facility firewall unless the document is password protected.**
- Facilitate the acquisition of oseltamivir from the Provincial Vaccine Warehouse if Chemoprophylaxis and/or treatment are required. Refer to the site’s [Resident Immunization and Oseltamivir Spreadsheet and Public Health Submission Spreadsheet \(Appendix C\)](#).

DURING A CONFIRMED INFLUENZA OR INFLUENZA-LIKE ILLNESS (ILI) OUTBREAK:

- The Facility ICP/Designate must contact the Facility Medical Director to acquire approval for the release of oseltamivir. A conversation regarding the plan to initiate Chemoprophylaxis must occur between the Facility Medical Director and Facility ICP/Designate early in the season before an outbreak begins.
- [Appendix C](#) will calculate how many boxes of oseltamivir 75 mg (10 capsules/box) and how many boxes of oseltamivir 30 mg (10 capsules/box) are required (if using oseltamivir for pediatrics, 45 mg doses may also be required). **Do not order excess amounts of oseltamivir as it cannot be returned.**
- Oseltamivir treatment can be started from the stat box supply and the remaining supply will be provided by pharmacy. Once the Medical Director approves oseltamivir Chemoprophylaxis, the ICP/Designate contacts MDA (The Provincial Vaccine Warehouse) at **204-948-1333 (regular hours) and 204-805-4096 (after hours)** directly to inform them of the number of doses of oseltamivir required, the lab confirmed organism implicated in the outbreak, the name of the Medical Director with whom the ICP/Designate collaborated with to decide to initiate Chemoprophylaxis and to arrange delivery.
- If rapid tests results return as negative but there is a strong suspicion the outbreak is caused by influenza, the Medical Director can contact the Medical Officer of Health (MOH) to request the release of oseltamivir for chemoprophylaxis before lab confirmation. Oseltamivir efficacy is time sensitive; therefore its use for chemoprophylaxis should not be delayed while waiting for the results of further testing (which could still be influenza positive). The ICP/Designate would then contact the Provincial Vaccine Warehouse as indicated above upon the direction of the Medical Director and inform The Provincial Vaccine Warehouse that special

approval had been acquired from the Medical Officer of Health (MOH) to release chemoprophylaxis before lab confirmation.

Confirmation of causative organism usually occurs late Friday afternoon as a result of the lab testing system. Avoid delays in Chemoprophylaxis by attaining agreement about the use of oseltamivir early in the outbreak instead of waiting until confirmation of influenza occurs.

OUTBREAK RESOLUTION:

- Declare the outbreak resolved 8 days after the onset of symptoms in the last symptomatic resident case. This represents two incubation periods for influenza.
- If an additional pathogen is identified during this outbreak, the ICP/Designate must use the outbreak resolution time frame (two incubation periods) for whichever organism has a longer outbreak resolution time frame. Incubation periods for common respiratory pathogens can be found in the Communicable Disease Management table of the WRHA LTC IP&C manual.
- Report deaths per the Public Health Act, Reporting of Diseases and Conditions Regulation, under the following circumstances:
 - ✓ At death, if the health professional reasonably believes that the resident may have had the reportable disease at the time of death or the reportable disease contributed to the death.
 - ✓ Upon becoming aware that a person has a disease or condition that is not otherwise reportable, if the disease or condition is occurring in a cluster or outbreak, or has presented itself with an unusual clinical manifestation.
- The ICP shall report diseases and conditions occurring in the context of an outbreak on CNPHI. Deaths occurring in the context of an outbreak are required to be reported using the revised Clinical Notification of Reportable Diseases and Conditions reporting form available at: <http://www.gov.mb.ca/health/publichealth/cdc/protocol/form13.pdf> and fax the completed form to the Public Health Surveillance Unit. Also fax a copy of the form to the WRHA LTC Program Coordinator of Infection Prevention & Control and Quality Improvement at fax #: (204) 940-8610.
 - ✓ Any deaths reported under the aforementioned Public Health Act must also be reported via CNPHI's outbreak summary report.
- To measure the efficacy of the seasonal influenza response, Facility ICPs are to collect data on deaths occurring during influenza outbreaks up to 6 weeks after the outbreak has resolved on the [Outbreak Investigation Form \(Appendix H\)](#). These measures will help further quantify the morbidity and mortality associated with influenza outbreaks, assist the LTC Program in understanding the impact outbreaks have on patient/resident flow throughout the health region, and to assist in evaluating the efficacy of the outbreak response process. Deaths occurring up to 6 weeks after an influenza outbreak do not need to be reported to Manitoba Health (via CNPHI or on the Clinical Notification of Reportable Diseases and Conditions) unless they meet the criteria outlined above. **Site ICP/Designate must submit a password protected copy of their [Outbreak Investigation Form \(Appendix H\)](#) to the WRHA LTC Program Coordinator of Infection Prevention & Control and Quality Improvement no later than 1 week after the outbreak has been declared over.** If additional deaths occur in the 6 weeks following the end of an outbreak, the investigation form must also be re-submitted with the inclusion of all mortality occurrences that meet the criteria outlined above post outbreak.

[Return to Roles and Responsibility List](#)

Medical Director/ designate is responsible to:

PRE INFLUENZA SEASON

- **Get immunized!** Herd immunity is more effective at preventing morbidity (illness) and mortality (death) from influenza than immunizing elderly individuals alone.
 - ✓ Review the MB Health Public Health Seasonal Influenza Vaccine fact sheet online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_vaccine.pdf
 - ✓ Review the MB Health Public Health Fact Sheet - Questions and Answers about Manitoba's Seasonal Influenza Immunization Program online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_qanda.pdf
 - ✓ Review Caring for Yourself and Others with Influenza (the Flu) Fact Sheet available online at: https://www.gov.mb.ca/health/publichealth/factsheets/caringforselfandothers_flu.pdf
- Ensure there is a mechanism to order influenza immunizations to be given to Residents before the influenza season (e.g. standing orders).
- Ensure there is a mechanism to order serum creatinine levels for all Residents in order to facilitate oseltamivir administration in the event of an outbreak (e.g. standing orders).
 - ✓ Verify serum creatinine levels are current; within the year for those with normal renal function and within the last 6 months for those with impaired renal function. An order to draw a serum creatinine annually in August is included in the WRHA PCH Medication Standing Orders.
 - ✓ Ensure all Facility prescribers are aware of the need to order antivirals (e.g. oseltamivir) for treatment. Residents who meet the influenza-like illness (ILI) definition should be treated without delay and treatment is not contingent on having an outbreak declared. [See Figure 1. Antiviral Treatment Considerations](#). Refer to the [Prescriber Guidelines for the use of Oseltamivir in Long Term Care Facilities within the Winnipeg Health Region \(Appendix N\)](#) for further details.
- Promote influenza immunizations to prescribers, staff, Residents, volunteers and families.
- Act as a resource to the Facility ICP/Designate, nursing staff, Facility Senior Management /Administration and families as required.

INFLUENZA SEASON/OUTBREAK MANAGEMENT

- Facility ICP/Designate is responsible to lead outbreak management efforts. When the need arises, Medical Directors may be asked to collaborate with the facility ICP to determine the presence of an outbreak.
- Approve chemoprophylaxis in the event of an influenza confirmed outbreak. Facility ICPs have been advised to seek approval proactively when an outbreak occurs to eliminate delays in implementing chemoprophylaxis while awaiting test results. It is suggested to come to an agreement on the response plan early in the season.
 - ✓ If rapid test results return as negative but there is a strong clinical suspicion that the outbreak is caused by influenza, the Medical Director should contact the Medical Officer of Health (MOH) to request the release of oseltamivir for chemoprophylaxis before lab confirmation. Oseltamivir efficacy is time sensitive; therefore the use of the drug for chemoprophylaxis should not be delayed while waiting for the results of further testing (which could still be influenza positive). The ICP/Designate then contacts The Provincial Vaccine Warehouse upon the direction of the Medical Director and informs the warehouse that special approval had been acquired from the Medical Officer of Health (MOH) to release chemoprophylaxis before lab confirmation.
- Liaise with the Residents' prescriber(s) regarding treatment and outbreak management measures as required (e.g., the ICP/Designate or unit staff advise that a prescriber is refusing to order oseltamivir for

treatment in a resident who meets the case definition for an influenza-like illness (ILI) and staff believe there is no alternate etiology for the presenting signs and symptoms) .

- Consult [Appendix I: Guidelines for Admissions, Transfers, and Respite during Outbreaks](#) to determine if/when facility closure is warranted in collaboration with members of the Outbreak Response Team.
- Promote influenza immunizations to staff, Residents, volunteers and families not yet immunized.

[Return to Roles and Responsibility List](#)

Facility Senior Management/ Administration are responsible to:

PRE INFLUENZA SEASON

- **Get immunized!** Herd immunity is more effective at preventing morbidity (illness) and mortality (death) from influenza than immunizing elderly individuals alone.
 - ✓ Review the MB Health Public Health Seasonal Influenza Vaccine fact sheet online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_vaccine.pdf
 - ✓ Review the MB Health Public Health Fact Sheet - Questions and Answers about Manitoba's Seasonal Influenza Immunization Program online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_qanda.pdf
 - ✓ Review Caring for Yourself and Others with Influenza (the Flu) Fact Sheet available online at: https://www.gov.mb.ca/health/publichealth/factsheets/caringforselfandothers_flu.pdf
- Collaborate with facility ICP/Designate and OESH/Designate to determine and obtain resources required for influenza immunization.
- Promote influenza immunizations to staff, Residents, volunteers and families.

INFLUENZA SEASON/OUTBREAK MANAGEMENT

- Remove obstacles to outbreak mitigation measures by collaborating with the Facility ICP/Designate to determine and obtain resources required for outbreak management.
- Consult [Appendix I: Guidelines for Admissions, Transfers, and Respite during Outbreaks](#) to determine if/when facility closure is warranted in collaboration with members of the Outbreak Response Team.
- Determine if/when Facility closure is indicated in collaboration with other members of the Facility Senior Management/Administration team, Facility ICP/Designate, and WRHA LTC Program Coordinator of Infection Prevention & Control and Quality Improvement (see [Appendix I](#)).
- Disseminate information including internal and external updates and media releases as required.
- Collaborate with the Facility ICP/Designate to determine if/when an outbreak response team is required and help co-ordinate and attend meetings. Response teams may not be required for every outbreak, but they are a highly effective and efficient way to organize and coordinate outbreak response measures to prevent further transmission, morbidity, and mortality. The establishment of an outbreak response team and frequency of meetings should be determined in collaboration with the Facility ICP/Designate.
- An Outbreak Response Team serves as the central coordinating body to reach evidence and consensus based decisions. This may be necessary during large scale outbreaks or when facility leadership direction is required. Members of the team (as appropriate) can be:
 - Facility ICP/Designate: Chair of team for single facility outbreaks
 - Facility executive(s), supervisors
 - Unit staff and managers
 - OESH designate

- Manager of Housekeeping
 - Allied Health Managers
 - Medical Officer of Health (If a reportable disease)
 - WRHA LTC Program Coordinator of Infection Prevention & Control and Quality Improvement
- Develop crisis staffing contingency plans as required.
 - Communicate the outbreak measures required to staff and explain their role in preventing transmission and the importance of following precautions
 - Address performance issues if staff does not comply with outbreak mitigating measures as required.
 - Promote influenza immunizations to staff, Residents, volunteers and families not yet immunized.

[Return to Roles and Responsibility List](#)

Facility Occupational Health/Designate is responsible to:

PRE INFLUENZA SEASON

- **Get immunized!** Herd immunity is more effective at preventing morbidity (illness) and mortality (death) from influenza than immunizing elderly individuals alone.
 - ✓ Review the MB Health Public Health Seasonal Influenza Vaccine fact sheet online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_vaccine.pdf
 - ✓ Review the MB Health Public Health Fact Sheet - Questions and Answers about Manitoba's Seasonal Influenza Immunization Program online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_qanda.pdf
 - ✓ Review Caring for Yourself and Others with Influenza (the Flu) Fact Sheet available online at: https://www.gov.mb.ca/health/publichealth/factsheets/caringforselfandothers_flu.pdf
- 2019-2020 Influenza Season, contact WRHA OESH to schedule a Flu Clinic at your Facility for your staff, volunteers and public (over the age of 18) by contacting:

Jason Gladu
Administrative Coordinator
Occupational and Environmental Safety & Health
Winnipeg Regional Health Authority
Phone: (204) 926-1018
Mobile: (204) 470-8475
Fax: (204) 947-9970
E-mail: jgladu@wrha.mb.ca

Please note: you will not receive any vaccine reimbursement for anyone who receives an influenza vaccine at the Flu Clinic with WRHA OESH. Facilities can schedule the Flu Clinic rather than or in addendum to scheduling their own Facility Flu Clinic as sites may similarly choose to offer influenza vaccines to their staff and volunteers who may not have been able to attend the WRHA OESH Flu Clinic.

- Coordinate, implement and promote staff influenza immunization campaign.
- Obtain consent for, and administer influenza immunizations to staff using the WRHA OESH consent form <http://www.wrha.mb.ca/professionals/immunization/files/Consent.pdf>

- Coordinate the collection of the number of staff, volunteer and visitor immunizations, communicate the plan for data collection (method and frequency) to the appropriate individuals, and then report the findings to the immunization clerk as directed by WRHA Population and Public Health.
- ✓ The PCH/LTCF will be reimbursed for each influenza and pneumococcal vaccine given by the Facility that meets the eligibility criteria for funding.

Personal Care Home/Long Term Care Funding:

Risk Category	Seasonal Influenza	Pneumococcal Vaccine
Health care worker, volunteer or visitor	\$6.00 per dose administered	\$3.00 per dose administered*
Residents	Not eligible for funding	\$3.00 per dose administered

- ✓ Copies of staff, volunteers, and visitors’ immunization records and consent forms are required so that this information can be entered into PHIMS as soon as immunizations are completed and before December 31, 2019. To ensure you will be funded for each dose, include the individual’s PHIN # (9 digit Manitoba Health number) on the spreadsheet/consent form. Complete the reimbursement invoice template. *Submit consent forms and immunization worksheets along with reimbursement invoice to:*

The Immunization, Senior Administrative Secretary

Office telephone number: 204.940.2688

2-490C Hargrave St.

Winnipeg, MB

R3A 0X7

- ✓ **Due to the Immunization, Senior Administrative Secretary by December 31, 2019. Please submit consent forms AND spreadsheet by SECURE COURIER ONLY. Please do NOT submit surveillance worksheets via email or they will not be accepted.**
- ✓ Immunizations given **after December 31st** should be included in the next year’s invoice and data set for Population and Public Health database entry.
- ✓ Manitoba Health does a data cut in early March. Based on the information they obtain from PHMIS, they reimburse the regions. The WRHA then reimburses the various facilities based on the number of immunizations that were provided, able to be entered and invoiced for. Reimbursement should occur in April-May.
- ✓ Facilities wishing to report immunizations provided to staff externally are responsible for developing their own means of tracking and verifying that immunization was given by another party.

INFLUENZA SEASON/OUTBREAK MANAGEMENT

- Manage ill or exposed employees.
- Encourage staff, Residents, families, visitors and volunteers not yet immunized to receive the influenza vaccine.
- Collaborate with Facility Senior Management/Administration to restrict ill staff from attending work while symptomatic.
- Manitoba Health does not cover the cost of oseltamivir prophylaxis for health care workers; employees seeking prophylaxis or treatment should see their own health care provider at this time. Information regarding the provision of staff chemoprophylaxis will be addressed separately on an adhoc basis depending on the regional strategy.
- Compile statistics of staff influenza like illness cases and report cases to the ICP/designate (use *Appendix C* as a tool to gather the data).
- Respond to questions and concerns from staff.
- Promote and provide influenza immunizations to staff not yet immunized.

[Return to Roles and Responsibility List](#)

Facility Environmental Support Services/Housekeeping is responsible to:

PRE INFLUENZA SEASON

- **Get immunized!** Herd immunity is more effective at preventing morbidity (illness) and mortality (death) from influenza than immunizing elderly individuals alone.
 - ✓ Review the MB Health Public Health Seasonal Influenza Vaccine fact sheet online at:
https://www.gov.mb.ca/health/publichealth/factsheets/flu_vaccine.pdf
 - ✓ Review the MB Health Public Health Fact Sheet - Questions and Answers about Manitoba's Seasonal Influenza Immunization Program online at:
https://www.gov.mb.ca/health/publichealth/factsheets/flu_qanda.pdf
 - ✓ Review Caring for Yourself and Others with Influenza (the Flu) Fact Sheet available online at:
https://www.gov.mb.ca/health/publichealth/factsheets/caringforselfandothers_flu.pdf

INFLUENZA SEASON/OUTBREAK MANAGEMENT

- Upon notification that an outbreak has been declared Environmental Services/Housekeeping should plan and arrange for increased cleaning of the affected unit/areas immediately.
- All high touch surfaces in the outbreak affected area(s) should be cleaned and disinfected at least twice daily as resources permit.
- The Environmental Services Director/Supervisor should consult with the Facility ICP/Designate and/or the WRHA LTC Program Coordinator of Infection Prevention & Control and Quality Improvement as required to ensure the disinfecting chemistry provides adequate cleansing and disinfection and with a contact time that is attainable.
- Inform and update environmental support staff and other relevant stakeholders regarding the outbreak.
- Communicate the outbreak measures required to staff and explain their role in preventing transmission and the importance of following precautions.
- Promote influenza immunizations to environmental services/housekeeping staff not already immunized.

[Return to Roles and Responsibility List](#)

Facility Nutrition/Dietary/Food Services is responsible to:

PRE INFLUENZA SEASON

- **Get immunized!** Herd immunity is more effective at preventing morbidity (illness) and mortality (death) from influenza than immunizing elderly individuals alone.
 - ✓ Review the MB Health Public Health Seasonal Influenza Vaccine fact sheet online at:
https://www.gov.mb.ca/health/publichealth/factsheets/flu_vaccine.pdf
 - ✓ Review the MB Health Public Health Fact Sheet - Questions and Answers about Manitoba's Seasonal Influenza Immunization Program online at:
https://www.gov.mb.ca/health/publichealth/factsheets/flu_qanda.pdf
 - ✓ Review Caring for Yourself and Others with Influenza (the Flu) Fact Sheet available online at:
https://www.gov.mb.ca/health/publichealth/factsheets/caringforselfandothers_flu.pdf

INFLUENZA SEASON/OUTBREAK MANAGEMENT

- Ensure the infection control measures recommended by Facility ICP/Designate are instituted.
- Inform and update nutrition/dietary/food services staff and other relevant stakeholders regarding the outbreak.
- Provide hand hygiene to all Residents before meals to prevent the risk of exposure to influenza.
- Resident hand hygiene can be accomplished by providing individually wrapped hand hygiene wipes or by dispensing a pump of alcohol based hand rub into the hands of each Resident and assisting them to rub it in until dry, if necessary.
- Although the delivery of resident hand hygiene is traditionally a HCA function; during outbreaks the HCAs efforts may be redirected into providing 1:1 meal assistance for affected residents in additional precautions rooms and/or cohorting during meal times, as such extra support from nutrition/dietary/food services may be required for the duration of an outbreak.
- If dietary/food services staff are responsible for cleaning and disinfection of the affected area's dining room, ensure staff are cleaning and disinfecting those surfaces appropriately to avoid transmission through contamination. Collaborate with the Facility ICP/Designate for assistance with education if required. If dietary/nutrition/food services staff are not traditionally responsible for cleaning and disinfecting tables, this task may be temporarily re-assigned for the duration of the outbreak.
- Communicate the outbreak measures required to staff and explain their role in preventing transmission and the importance of following precautions
- Promote influenza immunizations to dietary/food services staff not yet immunized.

[Return to Roles and Responsibility List](#)

Facility Recreation Manager/Unit Recreation is responsible to:

PRE INFLUENZA SEASON

- **Get immunized!** Herd immunity is more effective at preventing morbidity (illness) and mortality (death) from influenza than immunizing elderly individuals alone.
 - ✓ Review the MB Health Public Health Seasonal Influenza Vaccine fact sheet online at:
https://www.gov.mb.ca/health/publichealth/factsheets/flu_vaccine.pdf
 - ✓ Review the MB Health Public Health Fact Sheet - Questions and Answers about Manitoba's Seasonal Influenza Immunization Program online at:
https://www.gov.mb.ca/health/publichealth/factsheets/flu_qanda.pdf
 - ✓ Review Caring for Yourself and Others with Influenza (the Flu) Fact Sheet available online at:
https://www.gov.mb.ca/health/publichealth/factsheets/caringforselfandothers_flu.pdf

INFLUENZA SEASON/OUTBREAK MANAGEMENT

- Cancel group activities for the outbreak affected units immediately and for the duration of the outbreak.
- Under special circumstances and with the collaboration of the Facility ICP/Designate, it may be acceptable to conduct group activities on affected units with the non-symptomatic Residents of the affected unit only.
 - This decision carries the risk of exposing individuals to fellow residents who have not begun to show signs and symptoms, but who are capable of transmitting disease to others during the incubation period. In areas where there is a high degree of cognitive impairment and lack of recreation/stimulation exacerbates responsive and/or wandering behaviors, the risk of exposing other Residents is less in a group setting restricted to participants from affected areas than from wandering and or responsive Residents exposing others.
 - Meticulous attention to hand hygiene and equipment cleaning is required before and after the group activities should they occur.
- Communicate the outbreak measures required to staff and explain their role in preventing transmission and the importance of following precautions.

[Return to Roles and Responsibility List](#)

Facility Pharmacist/Pharmacy is responsible to:

PRE INFLUENZA SEASON

- **Get immunized!** Herd immunity is more effective at preventing morbidity (illness) and mortality (death) from influenza than immunizing elderly individuals alone.
 - ✓ Review the MB Health Public Health Seasonal Influenza Vaccine fact sheet online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_vaccine.pdf
 - ✓ Review the MB Health Public Health Fact Sheet - Questions and Answers about Manitoba's Seasonal Influenza Immunization Program online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_qanda.pdf
 - ✓ Review Caring for Yourself and Others with Influenza (the Flu) Fact Sheet available online at: https://www.gov.mb.ca/health/publichealth/factsheets/caringforselfandothers_flu.pdf
- Encourage the use [Appendix C](#) to calculate creatinine clearances. Please note that Facilities who have not used Appendix C in the past have experienced delays in initiation of oseltamivir treatment and chemoprophylaxis. It is used as a tool to calculate the total number of boxes of oseltamivir required in addition to determining creatinine clearance and dose for each Resident. Appendix C uses the Cockcroft-Gault formula (**without weight**) to determine creatinine clearance:
Male: $\text{CrCl mL/min} = (140 - \text{age}) \times 88.4 / \text{serum creatinine (umol/L)}$
Female: $\text{CrCl mL/min} = 0.85 \times \text{CrCl (male)}$
- Encourage the addition of antiviral (e.g. oseltamivir) prophylaxis orders to the facility standing orders.
- Confirm the availability of a box of oseltamivir 75 mg (10 capsules) and a box of oseltamivir 30 mg (10 capsules) in each facility stat box for after-hours initiation of treatment.
- Promote influenza immunizations to staff, pharmacists, pharmacy staff, Residents, volunteers and families.

INFLUENZA SEASON/OUTBREAK MANAGEMENT

- Advise the Medical Director, Residents' prescriber, ICP/Designate or other nursing staff about the appropriate dosing of oseltamivir for the Resident as required. [See Figure 1. Antiviral Treatment Considerations](#). Refer to the [Prescriber Guidelines for the use of Oseltamivir in Long Term Care Facilities within the Winnipeg Health Region \(Appendix N\)](#) for further details.
- Replace the supply of oseltamivir for treatment in the facility stat box as required.
- Supply the oseltamivir for Residents that require treatment outside of an outbreak by prescriber order. Oseltamivir is covered by the PCH Drug Benefit List. Residents who meet the influenza-like illness case definition should be treated without delay. Treatment is not contingent on having an outbreak declared.
- Oseltamivir for chemoprophylaxis and treatment once an outbreak is declared is not the responsibility of pharmacy to supply; it is the responsibility of the ICP/Designate to acquire it from the Provincial Vaccine Warehouse (MHSAL warehouse stock).

[Return to Roles and Responsibility List](#)

Residents' Attending Prescribers are responsible for:

PRE INFLUENZA SEASON

- **Get immunized!** Herd immunity is more effective at preventing morbidity (illness) and mortality (death) from influenza than immunizing elderly individuals alone.
 - ✓ Review the MB Health Public Health Seasonal Influenza Vaccine fact sheet online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_vaccine.pdf
 - ✓ Review the MB Health Public Health Fact Sheet - Questions and Answers about Manitoba's Seasonal Influenza Immunization Program online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_qanda.pdf
 - ✓ Review Caring for Yourself and Others with Influenza (the Flu) Fact Sheet available online at: https://www.gov.mb.ca/health/publichealth/factsheets/caringforselfandothers_flu.pdf
- Order influenza immunization before the influenza season (e.g. standing orders) and ensure there is a mechanism to order antivirals for Chemoprophylaxis (e.g. oseltamivir) in the event of an outbreak when recommended by the Facility Medical Director (e.g. standing orders).
- Ensure there is a mechanism to order serum creatinine levels for all Residents to facilitate oseltamivir administration in the event of an outbreak (e.g. standing orders).
 - Serum creatinine for those *without* renal impairment should be current within the past year.
 - Those *with* impaired renal function should have serum creatinine levels drawn within the last 6 months or sooner depending on the severity of the impairment.
- Promote influenza immunizations to staff, Residents, volunteers and families.

INFLUENZA SEASON/OUTBREAK MANAGEMENT

- Assess, diagnose and treat the Resident who meets the clinical case definition of an influenza-like illness. Residents who meet the case definition of an influenza-like illness definition should be treated with oseltamivir without delay, and treatment is not contingent upon having an outbreak declared. Refer to the [Prescriber Guidelines for the use of Oseltamivir in Long Term Care Facilities within the Winnipeg Health Region \(Appendix N\)](#) for further details.

Figure 1. Antiviral Treatment Considerations

When indicated, treatment with antivirals (e.g. oseltamivir) should be initiated as rapidly as possible after onset of illness because the benefits of treatment are much greater with initiation at less than 12 hours than at 48 hours. Initiation of antiviral therapy greater than 48 hours after onset of symptoms is still considered beneficial in Residents in whom:

- The illness is severe enough to require hospitalization
- The illness is progressive or severe regardless of previous health status
- The Resident belongs to a group at high risk for severe disease.

- The Facility ICP is responsible for leading outbreak management and may rely on the Attending Prescriber to act as a resource to the Facility ICP/Designate, nursing staff, administration and families.
- Promote influenza immunizations to staff, Residents, volunteers and families not yet immunized.

[Return to Roles and Responsibility List](#)

WRHA LTC Program Coordinator of Infection Prevention & Control and Quality Improvement is responsible to:

PRE INFLUENZA SEASON

- **Get immunized!** Herd immunity is more effective at preventing morbidity (illness) and mortality (death) from influenza than immunizing elderly individuals alone.
 - ✓ Review the MB Health Public Health Seasonal Influenza Vaccine fact sheet online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_vaccine.pdf
 - ✓ Review the MB Health Public Health Fact Sheet - Questions and Answers about Manitoba's Seasonal Influenza Immunization Program online at: https://www.gov.mb.ca/health/publichealth/factsheets/flu_qanda.pdf
 - ✓ Review Caring for Yourself and Others with Influenza (the Flu) Fact Sheet available online at: https://www.gov.mb.ca/health/publichealth/factsheets/caringforselfandothers_flu.pdf
- Review and update the Seasonal Influenza Management LTC Resource Guide and supporting documents on an annual basis in collaboration with the LTC ICP committee (or sub-committees), the MOH, Manitoba Health, CDCs and WRHA LTC Program Team as required.
- Provide educational resources and information to facilities to facilitate the launch of the seasonal immunization campaign and seasonal outbreak response preparedness each year.

INFLUENZA SEASON/OUTBREAK MANAGEMENT

- Monitor outbreak reports submitted via CNPHI and correlate CNPHI reports with the *Outbreak Investigation Form* (Appendix H) as submitted by the Facility ICP/Designates.
- Distribute outbreak updates to notify the following persons/groups of influenza-like illness outbreaks:
 - WRHA LTC Program Team
 - WRHA LTC Medical Director
 - WRHA Chief Nursing Officer and Vice President (responsible for LTC)
 - WRHA Regional Director, Bed Utilization
 - WRHA Regional Director, Infection Prevention and Control Program
 - WRHA Manager, Occupational Health
 - LTC Executive Directors, Directors of Care and ICPs
 - Manitoba Health Standards Consultants
 - Others as required
- Track and report in the outbreak update the number of respiratory outbreaks and the number outbreaks positive for influenza from October to April annually.
- Collaborate with Facility ICPs/Designates and Administration to determine when the closure of a facility is warranted.
- Update the WRHA IP&C website regarding current outbreaks in the Winnipeg Health Region.
- Act as a resource to Facility ICPs/Designates, Facility Senior Management/Administration and staff.
- Liaise with CDCs, Facility ICPs/Designates and other relevant stakeholders as required.
- Compile and report statistics as required.

[Return to Roles and Responsibility List](#)

Communicable Disease Coordinators are responsible to:

PRE INFLUENZA SEASON

- Collaborate with the WRHA LTC Program Coordinator of Infection Prevention & Control and Quality Improvement to educate and update Facility ICPs/Designates regarding the annual immunization campaign and Influenza outbreak management.

INFLUENZA SEASON/OUTBREAK MANAGEMENT

- Act as a resource to Facility ICPs/Designates.
- Communicate information to and from the MOH and others as applicable.
- Obtain and communicate the outbreak code to the LTC ICP/Designate and advise the WRHA LTC Program Coordinator of Infection Prevention & Control and Quality Improvement of same.
- Provide the Facility ICP/Designate with information regarding type of testing recommended (e.g., rapid testing for influenza virus and number of specimens). Usually 6 specimens are taken in an outbreak, but collaboration between the Facility ICP/Designate/MOH and CDC may determine if additional specimens are warranted.
- Receive viral test results from Cadham Lab and relay results to the Facility ICP/Designate.

[Return to Roles and Responsibility List](#)

Medical Officer(s) of Health (MOH) are responsible to:

INFLUENZA SEASON/OUTBREAK MANAGEMENT

- Collaborate with Facility Medical Directors to release oseltamivir for use in chemoprophylaxis before lab confirmation when rapid tests are negative but the outbreak is strongly suspected to be caused by influenza. Results of further virology testing can take another 24-48 hours after the rapid test results are available and due to the time sensitive nature of oseltamivir efficacy the MOH can be consulted to alleviate this delay.
- Act as a resource to Facility Medical Directors and the WRHA LTC Program Coordinator of Infection Prevention & Control and Quality Improvement as required.
- Consult [Appendix I: Guidelines for Admissions, Transfers, and Respite during Outbreaks](#) to determine if/when facility closure is warranted in collaboration with members of the Outbreak Response Team if outbreak is reportable.

[Return to Roles and Responsibility List](#)

Evaluation

The Seasonal Influenza Management LTC Program Resource Guide will be re-evaluated every year as MHSAL updates the Seasonal Influenza Communicable Disease Management Protocol, and as information from the WRHA Regional Immunization Committee becomes available. Data collected from site ICPs/Designates and site outbreak debriefing reports will be reviewed and analyzed each season with lessons learned from these reports incorporated into the following seasonal update.

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Appendices

Appendices can be downloaded from the following links:

[Appendix A - Annual Immunization Consent Form](#)

Appendix B - Visitor Restrictions Sign

- [English](#)
- [French](#)

[Appendix C - Resident Oseltamivir and Immunization Spreadsheet](#)

Appendix D - Oseltamivir Label Templates

- [30 mg Daily](#)
- [30 mg Every Other Day](#)
- [75 mg Daily](#)

[Appendix E - Collection of Nasopharyngeal Specimens](#)

[Appendix F - Cadham Provincial Laboratory Sample Requisition](#)

[Appendix G - Influenza Outbreak Management Quick Reference Guide](#)

[Appendix H - Outbreak Investigation Form](#)

[Appendix I - Guidelines for Admissions, Transfers, and Respite during Influenza Outbreaks](#)

[Appendix J - Instructions for Ordering Supplies](#)

[Appendix K - Cadham Lab Supply Request Form](#)

[Appendix L - Resident and Family Outbreak Information Handout](#)

Appendix M - Visitor Entrance Sign

- [English](#)
- [French](#)

[Appendix N - Prescriber Guidelines for the use of Oseltamivir in Long Term Care Facilities within the Winnipeg Health Region](#)