

# Influenza Prevention and Outbreak Management in SNF 2021-22

10.27.2021

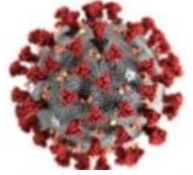
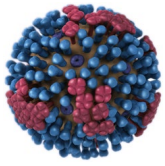
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Healthcare-Associated Infections Program  
Center for Health Care Quality  
California Department of Public Health

## Objectives

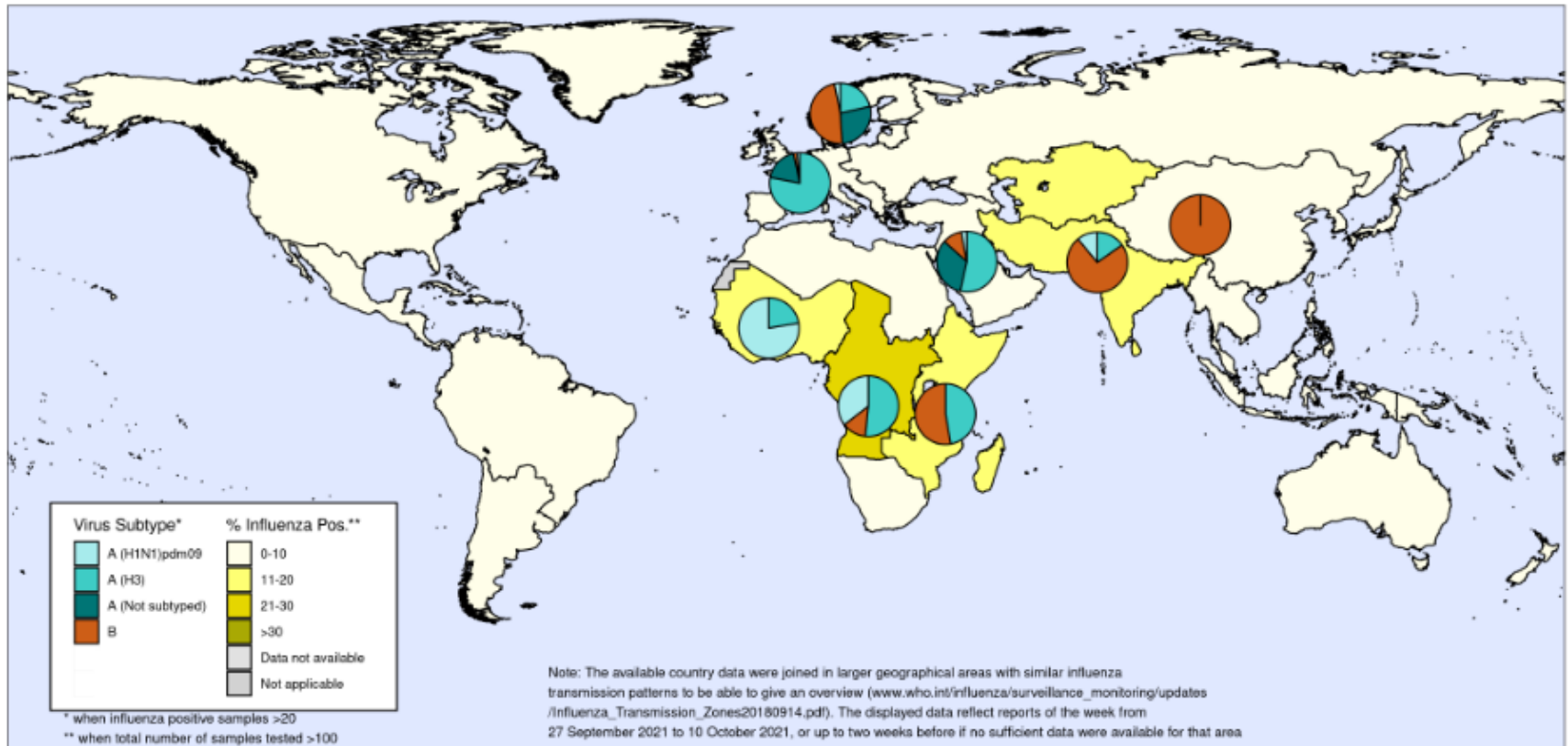
- Describe the epidemiology of influenza, SARS-CoV-2, and other respiratory viruses in California
  - Describe background and key messages about prevention of influenza during the COVID-19 pandemic
  - Describe guidance for planning and managing influenza and SARS-CoV-2 co-circulation in SNF
  - Describe the role of the local health department (LHD) in influenza prevention and outbreak management
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## What will be different this flu season?

- Influenza seasons vary in severity from year to year, based on the characteristics of the circulating influenza virus strains and how well the vaccine matches the circulating strains
- Co-circulation of influenza and SARS-CoV-2 viruses has been documented
- Frequency, severity, risk factors, interactions unpredictable
  - Concern about predominance of **A(H3N2)** influenza A strain in the southern hemisphere 2021

# Influenza Activity Up To 10/10/2021 – WHO



Globally: Flu activity lower than expected for time of year

< 1% flu tests 9/27-10/10/21 pos.

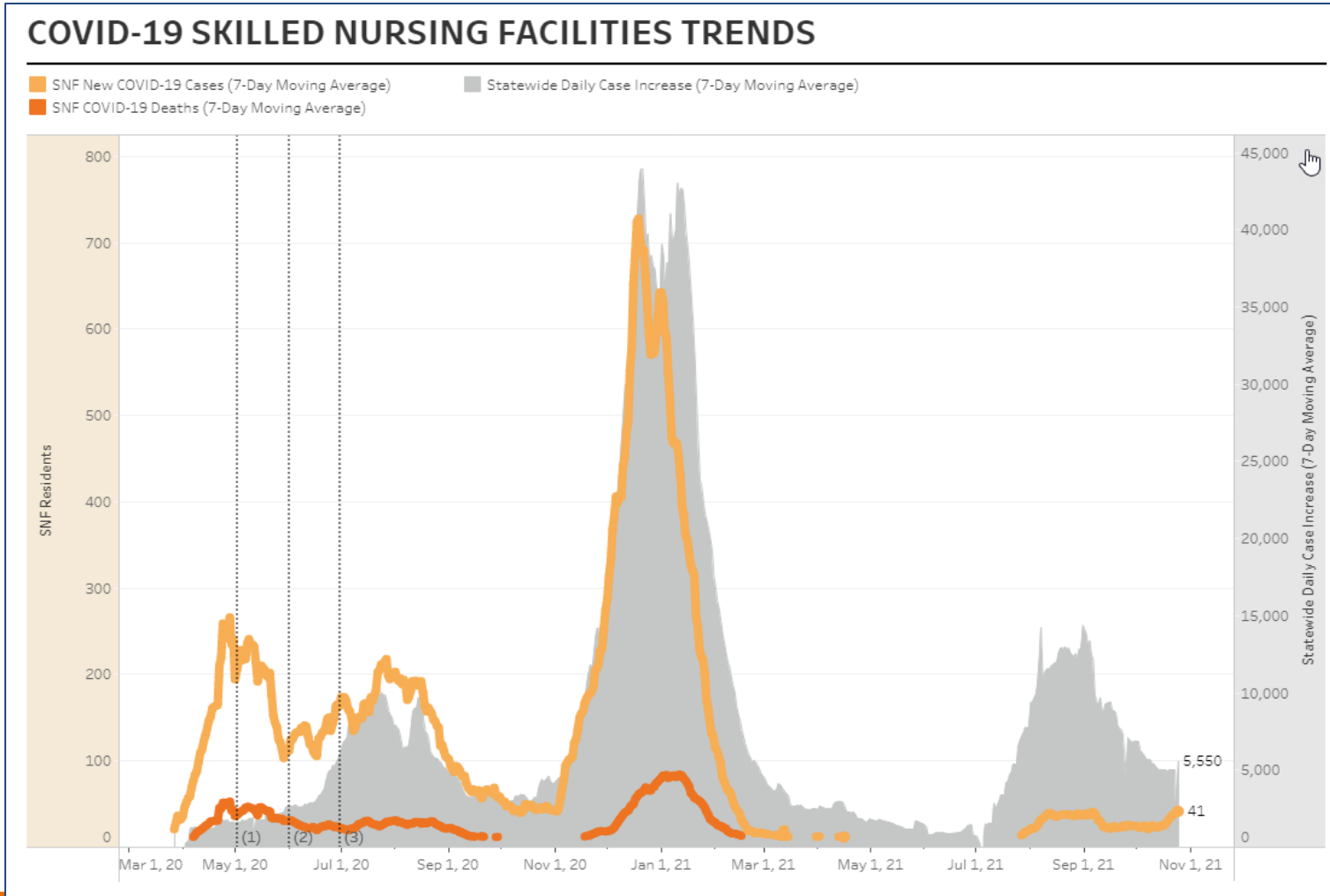
Flu B 66% (Victoria) Flu A 34%, 66% A(H3N2)

RSV increased in many areas

[WHO Global Influenza](https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update)

([www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update](https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update))

# SARS-CoV-2 in California SNF as of 10/25/2021



## Influenza and Other Respiratory Viruses Weekly Report



California Influenza Surveillance Program

**Highlights** (Week 41: October 10, 2021 – October 16, 2021)

### Statewide Activity

No Activity

**Sporadic**

Local

Regional

Widespread

**Regions with Elevated Activity**



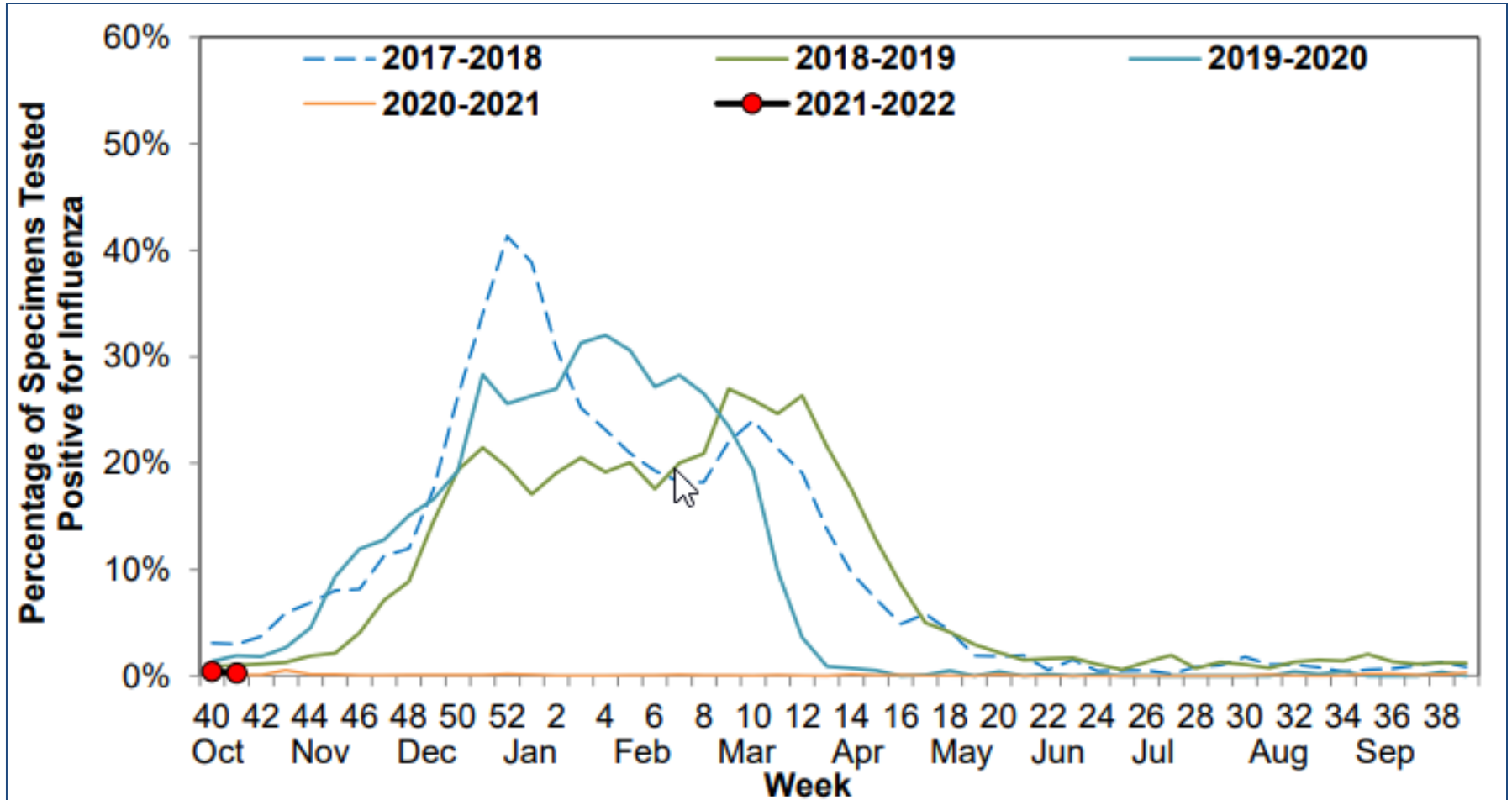
- ▶ **Deaths:** 0\* since Oct. 3, 2021
- ▶ **Outbreaks:** 0 since Oct. 3, 2021
- ▶ **Laboratory:** 0.3% flu positive
- ▶ **Hospitalizations:** 0.0% flu admissions
- ▶ **Outpatient ILI:** Within expected levels

\* Influenza-coded deaths from death certificates  
Click on images and links for more information

### Key messages:

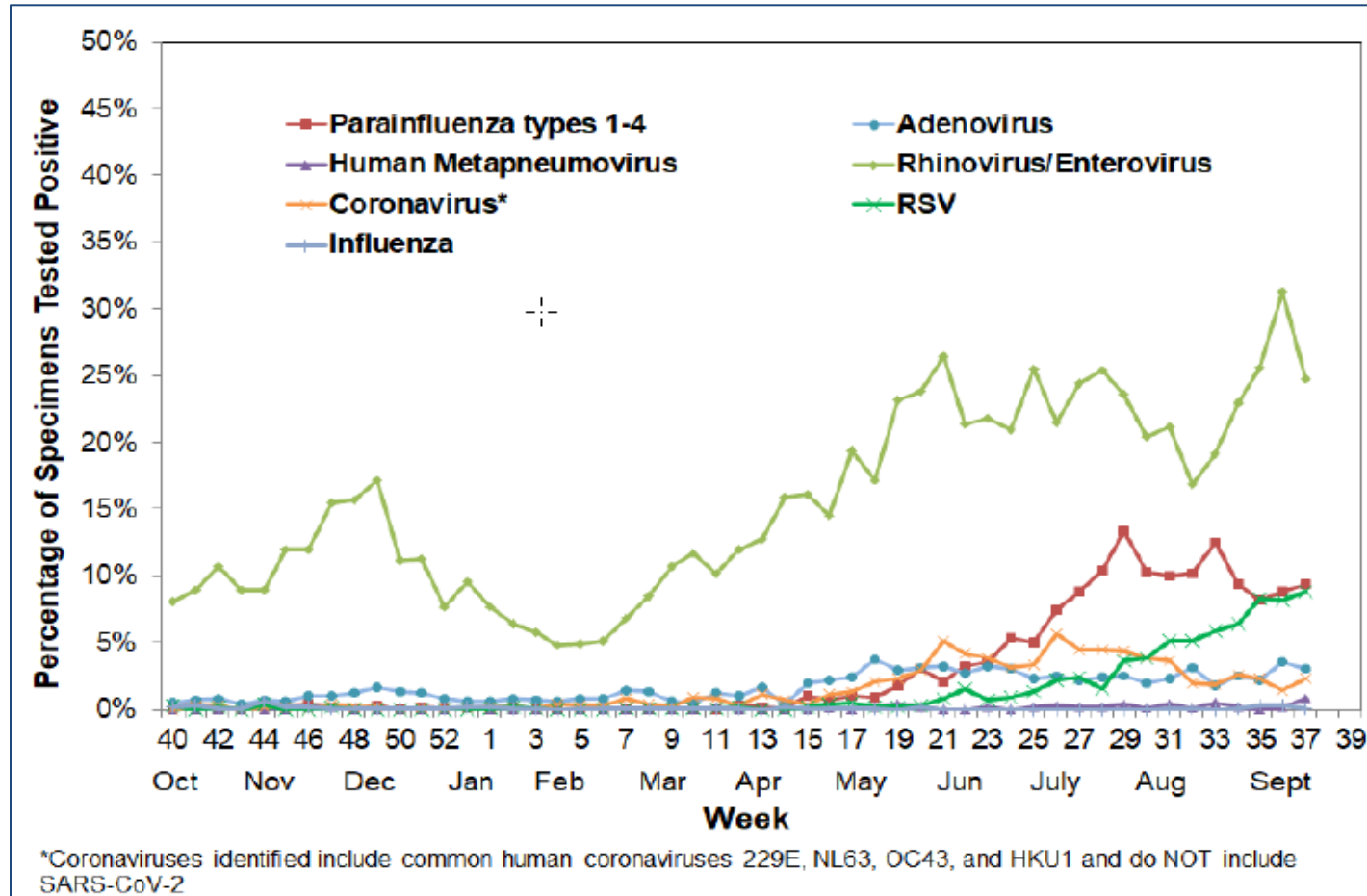
- Influenza activity is low in California.
- Getting a flu shot is the best way to protect yourself against flu, its potentially serious complications, and reduce strain on our healthcare system.
- Respiratory syncytial virus (RSV) activity is unusually high for this time of year.
- Prophylactic palivizumab can prevent serious RSV illness in [high risk-infants](#).

# Percentage of Influenza Detections at Clinical Sentinel Labs 2017-2022



Season to date: pos. 0.4%, sporadic, 3 cases Flu B in 3 different LTCF

# Percentage of Respiratory Pathogen Detection at Clinical Sentinel Labs, California 2020-2021



As of 10/16/21: 8.2% RSV pos. (decreasing; usual peak Dec-March pre-COVID)  
Parainfluenza, non SARS-CoV-2 coronaviruses, rhino/entero increased



# Reasons for Low Influenza Activity During 2020-21 Season

- COVID-19 mitigation measures
  - Wearing face masks
  - Staying home
  - Hand hygiene
  - School closures
  - Reduced travel
  - Increased ventilation of indoor spaces
  - Physical distancing
  - ? Viral interference



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- **How will COVID-19 vaccine and changes in behaviors affect influenza circulation this season????**

# Key Message: Nonpharmaceutical Interventions

**Nonpharmaceutical interventions (NPI)** for prevention of COVID-19 such as **universal masking\***, physical distancing, avoiding group gatherings, staying home when sick, and limiting travel will likely contribute to prevention of influenza, but **do not replace influenza vaccination and chemoprophylaxis with influenza antivirals**



\*[CDPH FAQs on Face Coverings 9/1/2021](#)

([www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Face-Coverings-QA.aspx](http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Face-Coverings-QA.aspx))

## Key Messages: Influenza Vaccination

- **Vaccination** is the most effective tool to prevent influenza and its serious complications
- While the effectiveness of influenza vaccines for preventing influenza infections varies by season, these vaccines prevent severe disease, ICU admissions, and death
- **Influenza vaccine is especially important for**
  - **SNF residents at risk of severe illness and death**
  - **SNF HCP to protect themselves and their vulnerable residents**



[CDPH Flu Campaign Communications](http://www.cdph.ca.gov/Programs/OPA/Pages/Communications-Toolkits/Fight-Flu-Together.aspx)  
(www.cdph.ca.gov/Programs/OPA/Pages/Communications-Toolkits/Fight-Flu-Together.aspx)

[Letter to the Editor; Journal of Medical Virology](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC7300995/pdf) (PDF)  
(www.ncbi.nlm.nih.gov/pmc/articles/PMC7300995/pdf)

[Inactivated trivalent influenza vaccine is associated with lower mortality among Covid-19 patients in Brazil](http://www.medrxiv.org/content/10.1101/2020.06.29.20142505v1.full.pdf) (PDF)

(www.medrxiv.org/content/10.1101/2020.06.29.20142505v1.full.pdf)

## Key Messages: Influenza Vaccination (cont'd.)

- Influenza vaccine may be given at the same time as SARS-CoV-2 vaccine
- Influenza vaccine will neither prevent nor increase the risk of infection with SARS-CoV-2
  - Data from Italy<sup>1</sup> and Brazil<sup>2</sup> demonstrated a significant reduction in mortality from COVID-19 among influenza vaccine recipients
- See [CDPH Communication Tools website](https://www.cdph.ca.gov/Programs/OPA/Pages/Communications-Toolkits/Fight-Flu-Together.aspx) (www.cdph.ca.gov/Programs/OPA/Pages/Communications-Toolkits/Fight-Flu-Together.aspx) for communication tools in Spanish and English, updated 9/21/2021

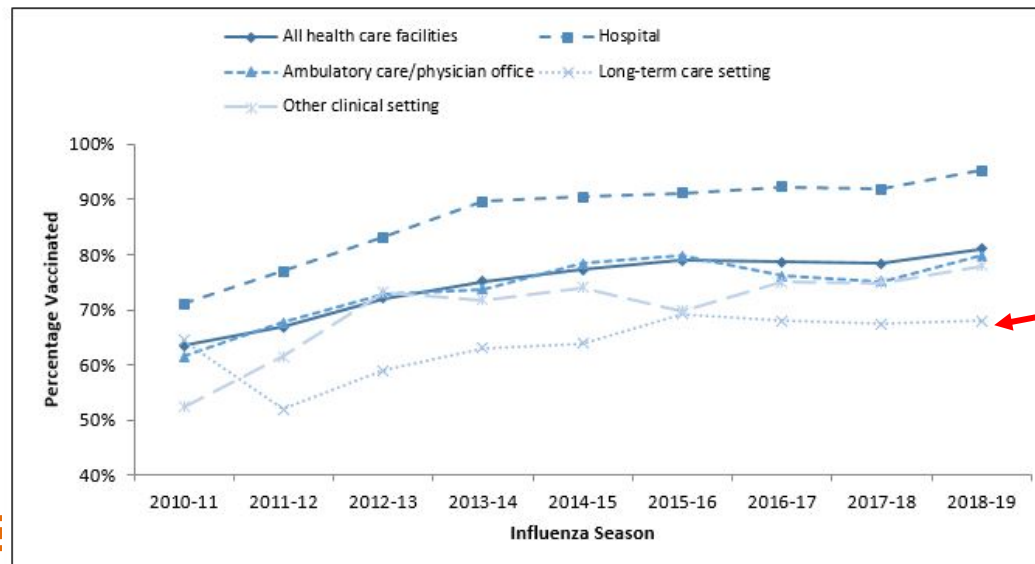
[<sup>1</sup>Letter to the Editor; Journal of Medical Virology](#) (PDF)  
(www.ncbi.nlm.nih.gov/pmc/articles/PMC7300995/pdf)

[<sup>2</sup>Inactivated trivalent influenza vaccine is associated with lower mortality among Covid-19 patients in Brazil](#) (PDF)

(www.medrxiv.org/content/10.1101/2020.06.29.20142505v1.full.pdf)

## Key Message: Provide Influenza Vaccine to SNF HCP

- 2018-2019: **67.9%** of HCP working in long term care facilities (LTCF) in the U.S. were vaccinated against influenza during the 2018-19 season, compared with 95% coverage in acute care hospitals
- 2019-20: vaccination coverage in LTCF was 69.3%, but **85-89%** in LTCF with employer requirement and programs on site



## Flu Vaccine Coverage During 2020-21 Season

- Early estimates of flu vaccine coverage during 2020-21 season in the United States
  - Adults: 50-55%
  - Children: 58.2%
  - Pregnant: slight decrease
- HCP in California acute care hospitals: 79%
  - Decreased from 85% pre-pandemic
  - Only 23% of hospitals met goal of 90%

**Recommendations for the Prevention and Control of Influenza  
in California Skilled Nursing Facilities (SNF) during the  
COVID- 19 Pandemic**

California Department of Public Health (CDPH)  
Updated October 2020

[Recommendations for the Prevention and Control of Influenza in CA SNFs during the COVID-19 Pandemic](https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_DetectAndControlOutbreaks.aspx) (PDF)  
([www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF\\_DetectAndControlOutbreaks.aspx](https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_DetectAndControlOutbreaks.aspx))

# Organization of the Guidance Document

- Introduction
- Key Messages
- **Table 1:** Comparison of clinical characteristics of COVID-19 and influenza
- **Table 2:** Planning for influenza illness and outbreaks in SNF
- **Table 3:** Identifying and Controlling Influenza Outbreaks in SNF
- Glossary
- Resources
- **Appendix A.** Sample Surveillance Case Log of **Residents** with Acute Respiratory Illness and/or Pneumonia
- **Appendix B.** Sample Surveillance Case Log of **Healthcare Personnel** with Acute Respiratory Illness and/or Pneumonia



# TABLE 1. Similarities and Differences Between Seasonal Influenza Virus and SARS-CoV2

**Same:** Fever, chills, cough, shortness of breath or difficulty breathing, fatigue, sore throat, runny or stuffy nose, myalgias, headache, vomiting and diarrhea, cardiac complications

## Differences:

Select Characteristics	Influenza	COVID-19
Peak symptoms	During days 3-7 of illness	During week 2-3 of illness
Incubation Period	1-4 days (median 2 days)	14 days (median 5 days)
Case-Fatality Rate	0.1%	0.25-3.0%
Primary route of transmission	Droplet Short-range aerosol possible	Droplet, short-range aerosol Fomite and fecal-oral less important
Recommended PPE	Surgical mask; gown and gloves if high contact activity	<b>N95 respirator, eye protection</b> , gown, gloves AIIR if aerosol generating procedure

## Key messages: Testing and Resident Placement & Cohorting

- **Testing:** Once influenza is circulating in the community, always test residents with symptoms & signs of COVID-19 or influenza for both viruses
- **Resident placement:** Maintain symptomatic resident in current room and implement COVID-19 transmission-based precautions pending test results
- **Cohorting:** Avoid movement of residents with suspected or confirmed influenza *between* COVID-19 cohorts

[Respiratory Illness Quicksheet](#) (PDF)

([www.cdph.ca.gov/Programs/CID/DCDC/](http://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/FluAndRespiratoryIllnessOutbreak)

[CDPH%20Document%20Library/Immunization/FluAndRespiratoryIllnessOutbreak](http://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/FluAndRespiratoryIllnessOutbreak)

[Quicksheet.pdf](#))

## Table 2. Planning for Management of Influenza Illness and Outbreaks in SNF During the COVID-19 Pandemic

ACTIONS	RESIDENTS	HCP	FAMILY MEMBERS/VISITORS
<b>Educate</b>	✓	✓	✓
Update <b>influenza vaccination</b> plan	✓	✓	
Review <b>pneumococcal vaccination</b> status of residents	✓		
Update plan for daily active <b>ILI surveillance</b>	✓	✓	
<b>PLAN TO TEST RESIDENTS and HCP WITH SYMPTOMS OF COVID OR FLU FOR BOTH VIRUSES</b>	✓	✓	
Adjust plan for <b>influenza prevention and outbreak management for COVID-19</b>	✓	✓	✓
Update plan for obtaining and using influenza <b>antiviral agents</b>	✓		
Develop process for after action <b>evaluation</b> of plan	✓	✓	✓

# Before an Outbreak Occurs: Plan Your Influenza Vaccination Program



- Key elements of an influenza vaccination plan
  - SNF are responsible for
    - Providing influenza vaccine to residents and HCP on site
    - Providing rationale and referral to sites for vaccine to families
  - Standing orders
  - Minor illness, SARS-CoV-2 exposure are not contraindications; be alert to diagnostic uncertainty if fever post influenza vaccination (uncommon)
  - Designate a specific influenza vaccination week to complete most vaccination, but continue throughout the season
  - Identify flu vaccine champions
  - Track vaccine administrations

[CDPH Flu Communications Webpage](https://www.cdph.ca.gov/Programs/OPA/Pages/Communications-Toolkits/Fight-Flu-Together.aspx)

([www.cdph.ca.gov/Programs/OPA/Pages/Communications-Toolkits/Fight-Flu-Together.aspx](https://www.cdph.ca.gov/Programs/OPA/Pages/Communications-Toolkits/Fight-Flu-Together.aspx))

[Guidance for Leaders/Administrators in Post-Acute and LTCFs Who Plan to Improve Staff Influenza Vaccination Compliance through Vaccination Requirement Policies \(PDF\)](https://www.izsummitpartners.org/content/uploads/2019/02/guidance-for-developing-a-flu-vax-reqt-policy-for-hcp-in-post-acute-and-ltcf.pdf)

([www.izsummitpartners.org/content/uploads/2019/02/guidance-for-developing-a-flu-vax-reqt-policy-for-hcp-in-post-acute-and-ltcf.pdf](https://www.izsummitpartners.org/content/uploads/2019/02/guidance-for-developing-a-flu-vax-reqt-policy-for-hcp-in-post-acute-and-ltcf.pdf))



## Table 3. Identifying Influenza Outbreaks in SNF

ACTIONS	RECOMMENDATIONS
<p>1. Perform daily active <b>surveillance</b> for respiratory illness in residents and HCP (Appendix A, B)</p> <p><input type="checkbox"/> Initiated _____ (date)</p> <p><input type="checkbox"/> Complete _____ (date)</p>	<ul style="list-style-type: none"> <li>• During influenza season, usually October-March, conduct daily active surveillance for acute upper respiratory illness and pneumonia among residents and HCP until at least 1 week after the last confirmed case of influenza using a line list (see Appendices A and B for examples of line lists)               <ul style="list-style-type: none"> <li>◦ The respiratory illness line lists are different from the line lists used to track serial testing results for COVID-19 (contact <a href="mailto:covHAI@cdph.ca.gov">covHAI@cdph.ca.gov</a> for COVID-19 line list template); continue to use COVID-19 <u>linelist</u> for tracking serial test results</li> <li>◦ Include individuals with current or recovered COVID-19 who have new onset of respiratory symptoms</li> <li>◦ Record specific locations of ill residents and HCP assignments and include information about sick HCP and sick visitors, as available</li> </ul> </li> <li>• Review line list daily and take actions needed if suspect influenza cases are identified.</li> </ul>
<p>2. Use <a href="http://www.cdc.gov/flu/professionals/diagnosis/overview-testing-methods.htm">diagnostic testing</a> (<a href="http://www.cdc.gov/flu/professionals/diagnosis/overview-testing-methods.htm">www.cdc.gov/flu/professionals/diagnosis/overview-testing-methods.htm</a>) for influenza and SARS-CoV-2:</p> <ul style="list-style-type: none"> <li>• Multiplex molecular assays           <ul style="list-style-type: none"> <li>◦ Influenza A, B, and SARS-CoV-2</li> </ul> </li> <li>• Rapid molecular assays</li> <li>• Rapid antigen detection assays</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Test residents with onset of respiratory symptoms for both influenza and SARS-CoV-2 at the same time to confirm the diagnosis</b>; contact the local health department for assistance obtaining real-time RT-PCR testing for influenza with rapid turn-around time.</li> <li>• Wherever available, use <a href="http://www.cdc.gov/flu/professionals/diagnosis/table-flu-covid19-detection.html">multiplex influenza A and B and SARS-CoV-2</a> (Flu SC2) (<a href="http://www.cdc.gov/flu/professionals/diagnosis/table-flu-covid19-detection.html">www.cdc.gov/flu/professionals/diagnosis/table-flu-covid19-detection.html</a>) tests; multiplex point-of-care (POC) testing for both influenza and SARS-CoV-2 should be considered for rapid evaluation of symptomatic individuals, followed by confirmatory real-time RT-PCR testing for <b>negative</b> results.</li> <li>• The lower sensitivity of antigen detection rapid influenza diagnostic tests (RIDTs) increases the risk of not identifying an influenza case; a negative RIDT in a symptomatic individual should be confirmed with real-time RT-PCR testing for influenza, even when the SARS-CoV-2 test is positive.</li> <li>• The lower sensitivity of POC antigen tests for SARS-CoV-2 increases the risk of not identifying a COVID-19 case; a negative POC antigen test for SARS-CoV-2 in a symptomatic individual should be confirmed with real-time RT-PCR testing for SARS-CoV-2, even when the influenza test (RIDT or otherwise) is positive.</li> </ul>

# Surveillance for Acute Upper Respiratory Illness (URI) and Pneumonia

- Conduct daily active surveillance for acute URI and pneumonia in residents and in HCP
  - Include COVID-19 recovered individuals who develop new onset of respiratory symptoms
  - Review linelist daily to determine if testing or isolation needed, or definition of outbreak is met
  - Review absenteeism of HCP

Resident Identification			Vaccine History		Illness Description								Influenza Test Results		COVID-19 Test Results			Pneumococcal Test Results		Antibiotic Treatment	Illness Outcome										
Name	Age	Sex (M/F)	Residence Unit, Room, Bed	Influenza (Y/N)	Pneumococcal (Y/N)	Day onset illness	High febrile temperature	Cough (Y/N)	Mucous/stridor (Y/N)	Chills/rigors (Y/N)	Sore throat (Y/N)	Adenoviral myalgia (Y/N)	Change in respiratory status (e.g. sputum)	Pneumonia (Y/N)	CXR confirmed (Y/N)	Days specimen collected	RT-PCR Results	Respiratory antigen (+/-/ND)	Days specimen collected	Type of test	Pos/Neg/Ind	Gram stain	Sputum culture	Days specimen entered	Days specimen entered	Influenza (Y/N)	Pneumonia (Y/N)	Hospitalized (Y/N)	No. Days hospitalized	Dead (Y/N) If yes, date	

# Testing SNF Residents with Symptoms During the COVID-19 Pandemic

- Test any resident with symptoms of COVID-19 or influenza for **both viruses** to inform infection control practices and treatment
  - Use flu/SARS-CoV-2 **multiplex tests** (Flu SC2) whenever possible
  - Rapid influenza **molecular** tests (NAAT) rather than rapid influenza antigen tests (RIDTs) are preferred for improved sensitivity, at least to establish the presence of an outbreak
  - Confirm a **negative rapid antigen test for SARS-CoV-2 in a symptomatic individual with RT-PCR**
  - A **positive test for either influenza or SARS-CoV-2 does not exclude the possibility of a co-infection**
  - Use a *broad respiratory virus panel (RVP)* to test for other respiratory viruses, e.g., RSV, adenovirus, parainfluenza, human metapneumovirus, if influenza and SARS-CoV-2 tests are negative and an outbreak of respiratory illness is suspected.

[CDC Multiplex Assays Authorized for Simultaneous Detection of Influenza Viruses and SARS-CoV-2 by FDA](https://www.cdc.gov/flu/professionals/diagnosis/table-flu-covid19-detection.html)

([www.cdc.gov/flu/professionals/diagnosis/table-flu-covid19-detection.html](https://www.cdc.gov/flu/professionals/diagnosis/table-flu-covid19-detection.html))

[CDC Overview of Influenza Testing Methods](https://www.cdc.gov/flu/professionals/diagnosis/overview-testing-methods.html)

([www.cdc.gov/flu/professionals/diagnosis/overview-testing-methods.html](https://www.cdc.gov/flu/professionals/diagnosis/overview-testing-methods.html))

# Collection of Specimens for Testing

- Follow directions in test kits used
- Influenza
  - **When:** 24-72 hours after symptom onset is optimal
  - **What:** A nasopharyngeal or combined throat and midturbinate nasal specimens provide the most accurate results
  - **How:** Follow directions that accompany the rapid influenza testing kit; use a swab with a synthetic tip (e.g., polyester or Dacron<sup>®</sup>) and an aluminum or plastic shaft. **Specimens collected with swabs made of calcium alginate are NOT acceptable.**

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[CDC Information for Clinicians on Influenza Virus Testing](http://www.cdc.gov/flu/professionals/diagnosis/index.htm)  
([www.cdc.gov/flu/professionals/diagnosis/index.htm](http://www.cdc.gov/flu/professionals/diagnosis/index.htm))



# Establish the Presence of an Influenza Outbreak

- Definition
  - $\geq 2$  residents with onset of influenza-like illness within 72 hours of each other AND at least 1 resident with laboratory confirmed influenza, preferably by molecular assay (RT-PCR)
  - Consult LHD for guidance
- ***Influenza outbreaks might occur separately or concurrently with COVID-19 outbreaks***
  - ***The presence of a confirmed influenza outbreak does not preclude the possibility of a COVID-19 outbreak, nor does a COVID-19 outbreak preclude the possibility of an influenza outbreak***

## Communication:

### This is what you have been planning for!



- As soon as an influenza outbreak is established, notify:
    - Facility infection preventionist, administration, medical director, staff
    - Local health department, CDPH L&C district office
    - Residents, family members, visitors
  - Post signs at facility entrances: Reminders about vaccine
    - Add tissues and covered waste receptacles to COVID-19 materials and signage at entrance
  - Remind HCP of their specific tasks according to the influenza outbreak plan
    - Document assignments and dates initiated and completed
  - Restrict visitation and admissions during an active flu outbreak
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# Transmission-based Precautions and Cohorting

- **General principles**

- PPE practices for SARS-CoV2 will protect against flu, but PPE practices for flu won't protect against SARS-CoV-2
- **Do not move residents with suspected or confirmed influenza between COVID-19 cohorts;** for example, do not move a resident with suspected or confirmed influenza from a yellow (COVID-19 exposed or observation) to a green (COVID-19 unexposed or recovered) area
  - Residents with suspected or confirmed influenza may be cohorted together within the same COVID-19 zone
  - During an outbreak of COVID-19 and flu, each COVID-19 zone (Red, Yellow) may require a separate area for flu

# Transmission-based Precautions and Cohorting

- **Source control**
  - Emphasize masks for HCPs, residents, and visitors to prevent transmission of flu, using signage
- **Prioritize single-bed rooms, where available, for residents with suspected flu pending test results**
  - If single rooms are unavailable, ill residents may remain in their room with separation of  $\geq 6$  feet and privacy curtain between residents
- **Use COVID-19 transmission-based precautions while test results pending**

## When Influenza Only is Confirmed: PPE

- Droplet precautions plus face shield
  - Continue for  $\geq 7$  days after illness onset (24 hours after resolution of fever and respiratory signs)
- Don N95 plus face shield, gowns and gloves for aerosol generating procedures
- Add gloves and gowns per Standard precautions when contact with blood or body fluids is anticipated; add Enhanced Standard precautions for high contact activities with residents at risk for MDRO
- Maintain residents in their rooms when safe and restrict from activities in common areas including meals
- Place facemask on resident and have resident perform hand hygiene and don clean clothes if he/she needs to leave room for medical reasons



## Adherence Monitoring

- Perform repeated **audits of HCP adherence** to masking for source control, hand hygiene and other infection control precautions
  - Secret Shopper
  - Immediate feedback to HCP when lapses are observed
- Perform audits of residents wearing masks when HCP are in the room with feedback to resident and staff
- Report trends in audit results to SNF administrators and leaders
- Post de-identified adherence monitoring data in HCP break or charting areas

# Antiviral Agents for Influenza: Treatment



- Begin anti-viral treatment as soon as possible, but within 48 hours of symptom onset
- When there is ongoing transmission of influenza and not SARS-CoV-2, do not wait for test results before initiating Rx
- Consult resident's PCP for any necessary dose adjustments in residents with underlying conditions, such as renal impairment
- If illness progresses for 72 hours on therapy, consult LHD for evaluation of possible drug resistance

# Antiviral Agents for Influenza: Chemoprophylaxis

- When an **influenza outbreak is established, provide influenza antiviral chemoprophylaxis** with the currently recommended antiviral agent at the recommended dosage regimen to **all non-ill residents in the entire facility or in the building or unit affected, regardless of vaccination status**
- Prioritize as follows:
  - Roommates, residents on the same floor or unit as residents with active influenza
  - Residents in the same building with shared HCP
- Duration:  $\geq 14$  days and  $\geq 7$  days after the last known case was identified
- Re-test for flu and SARS-CoV-2 any resident who develops signs or symptoms of ILI after receiving an antiviral agent for  $\geq 72$ h



# Manage Healthcare Personnel

- Ensure vaccination
  - Instruct not to work respiratory infection symptoms
  - If symptoms develop at work: ensure face mask in place, notify supervisor, leave promptly, test for SARS-CoV-2 and flu
  - If influenza pos. and SARS-CoV-2 neg.
    - HCP follows facility policy for return to work for influenza: at minimum do not return to work until afebrile >24 hours without antipyretic treatment and with improvement in respiratory symptoms or no earlier than 5 days after onset
  - Consider referring HCP for antiviral chemoprophylaxis if:
    - < 14 days after receiving vaccine (must be > 14 days after LAIV4)
    - Not vaccinated due to contraindications
    - At high risk for complications
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## Determine End of Influenza Outbreak

- Consult LHD
- No new cases of influenza identified for at least 1 week after the last confirmed case of influenza
- Resume new admissions to previously affected units, or as determined by COVID-19 status
- Notify:
  - Facility infection preventionist, administration, medical director, HCP
  - Local health department
  - L&C district office
  - Residents, family members, visitors
- Perform assessment of program and begin plan for next year

# Conclusions

- Unprecedented times require preparation for flu and SARS-CoV-2 co-circulation: *Prepare for the worst, hope for the best*
- Planning ahead for prevention of adverse outcomes associated with influenza requires a strong flu vaccination program for residents and staff with education for families
- Continue non-pharmaceutical intervention (NPI) practices
- Ongoing surveillance and evaluation will detect unpredicted events
- Communication between LHD and facilities is key