


Guidelines for Influenza and Respiratory Virus Outbreaks in Long-Term Care Facilities

Michigan Department of Health and Human Services

This guidance outlines Michigan Department of Health and Human Services (MDHHS) recommendations to control influenza and other respiratory virus outbreaks. Residents of long-term care facilities can experience severe and fatal illness during respiratory virus outbreaks, therefore, prompt recognition and management of outbreaks is critical.

Any suspected outbreaks should prompt **immediate** action as outlined below.

 Please call your local health department (LHD)¹ or the MDHHS Division of Communicable Disease at (517) 335-8165 with any questions.

Definition of a Respiratory Virus Outbreak in Long-Term Care (LTC) Settings²



Two or more residents develop respiratory illness within 72 hours of each other

or



One laboratory-confirmed positive case[†] in a resident* along with other cases of respiratory infection

[†] Positive test results excluding serology

or



A sudden increase over the normal background rate of acute respiratory illness (ARI) cases, with or without documented fever

*(e.g. influenza, respiratory syncytial virus, parainfluenza, human metapneumovirus, adenovirus)

Elderly or medically fragile persons may have atypical signs of respiratory virus infection and may not present with fever

Action Steps

A single case of suspected influenza is sufficient for triggering influenza testing and prompt implementation of infection prevention and control measures, including active surveillance for new illness cases.

The following should be undertaken immediately by the LTC facility with LHD coordination:

Testing and Reporting

- The LTC facility should contact their LHD to report every suspect or confirmed respiratory outbreak. Refer to the [2024 LHD directory and reportable disease list](#).
- Active surveillance for additional cases should be implemented as soon as possible once one case of laboratory-confirmed influenza is identified in a facility.
- Develop a plan for respiratory virus testing with consideration for a range of possible viral pathogens. The MDHHS Bureau of Laboratories (BOL) can provide testing support to confirm the outbreak etiology. Contact your LHD for consultation and coordination as needed. **Please see the [MDHHS Influenza Testing Algorithm](#) for information on submitting specimens to MDHHS BOL.**

If needed, order [MDHHS test kits \(#45\)](#) by calling (517) 335-9867 or completing the [MDHHS Clinical Specimen Shipping Units order form](#) and faxing to (517) 335-9039.

Local Health Department

- LHDs must notify MDHHS of a respiratory virus outbreak or apparent ARI cluster, either by entering a report into MDSS as a New Aggregate Case or via the *Cluster and Facility Outbreak Notification Report Form*, faxed to (517)-335-8263. If the LHD receives a positive respiratory virus lab report for a known resident of a LTC facility, they should follow up with the facility to ensure no other respiratory illness is present.
- For influenza outbreaks, LHDs should enter associated cases into MDSS, using their choice of the individual Influenza form for each case OR entering the number of cases into the weekly aggregate influenza case total.

Infection Control²

- Institute *standard* and *droplet precautions* as appropriate, including the use of face masks upon entering ill patient rooms.
- Post handwashing signs. Emphasize *respiratory hygiene and cough etiquette*. Gloves do not replace the need for hand hygiene.
- Cohort and/or isolate ill residents as feasible. Limit large group activities.
- Restrict ill staff from patient care. Restrict movement of other staff between wards. Check facility policy whether unvaccinated staff wear a face mask at all times.
- Apply the facility policy for restriction of ill visitors; consider restriction of all visitors. Post visitor signs.
- Implement the facility policy for limiting or deferring new admissions. Avoid new admissions or transfers to wards with symptomatic residents.
- Continue droplet precautions for residents with suspected or confirmed influenza for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer.
- Maintain influenza precautions and conduct daily active surveillance for respiratory illness among residents, monitoring of staff, and screening of visitors until at least one week after the last known illness has occurred.

Facilities are encouraged to educate staff on the signs and symptoms of various respiratory viruses, testing procedures, the need for ongoing respiratory hygiene, and appropriate control measures. Ideally, education takes place before an outbreak occurs and training/materials are routinely updated. See [CDC Environmental Infection Control Guidelines](#) for more in depth control measures.

Antiviral Treatment and Chemoprophylaxis²

- If influenza is suspected or confirmed, consult with the facility Medical Director regarding antiviral treatment and prophylaxis.
 - All LTC residents who have confirmed or suspected influenza should receive antiviral treatment immediately; **treatment should NOT WAIT for laboratory confirmation.**
 - As soon as an influenza outbreak is confirmed, all non-ill residents on impacted units and wards should receive antiviral prophylaxis, regardless of vaccination status.
 - Antiviral prophylaxis can be considered for unvaccinated personnel who provide care to persons at high risk of complications.
 - Monitor for influenza development in all residents/personnel receiving prophylaxis. Notify the health department if a person develops influenza while on or after receiving antiviral chemoprophylaxis.

Influenza Vaccination

- Review influenza vaccination status of residents and staff. Immunize all unvaccinated residents and staff with the current seasonal influenza vaccine unless medically contraindicated.
- For nursing homes participating in Medicare and Medicaid programs, each resident is required to be vaccinated unless medically contraindicated, refusal, or the vaccine is not available due to shortage.

As the signs and symptoms of influenza-like-illness can be similar to SARS-CoV-2 infection and other respiratory infections, please refer to the following document: [Infection Control Guidance](#)

Essential Reference Websites

1. [List of Reportable Diseases in Michigan and Local Health Department Directory](#)
2. [Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities](#)

Additional Resources

- [Standard Precautions Excerpt from the Isolation Guidelines\(see Table 4\)](#)
- [Droplet Precautions Excerpt from the Isolation Guidelines\(see Section III.B.2.\)](#)
- [Respiratory Hygiene/Cough Etiquette](#)
- [Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings](#)
- [MDHHS Initial Cluster Report Form – can be used to report outbreaks](#)
- [MDHHS Respiratory Illness Outbreak Response Tool](#)

Webpages

Influenza: ([MDHHS](#)) ([CDC](#))

Respiratory Syncytial Virus: ([CDC](#))

Parainfluenza: ([CDC](#))

Adenovirus: ([CDC](#))

Enterovirus: ([CDC](#))

Common Human Coronaviruses (not SARS-CoV-2): ([CDC](#))