RESPIRATORY VIRUS OUTBREAKS in SKILLED NURSING FACILITIES[†]

Michigan Department of Health and Human Services

Communicable Disease Division (517) 335-8165 **Updated October 2024**

Notify the local health department (see directory on pg. 2) for any of the following:

- confirmed case of either SARS-CoV-2 or influenza in a resident or healthcare personnel
- a resident with severe respiratory infection resulting in hospitalization or death
- ≥3 residents or health care staff with new-onset respiratory symptoms within 72 hours of each other

Immediately start Transmission-Based Precautions using all recommended PPE for symptomatic resident(s) with possible **COVID-19** infection

Test any resident with symptoms of COVID-19 or influenza for BOTH viruses

Confirmed Influenza

Test symptomatic persons for influenza and SARS-CoV-2 in the affected unit(s) as well as previously unaffected units in the facility.

Apply Standard and Droplet

Precautions with eye protection for residents with only influenza. Residents confirmed with influenza only should be placed in a single room, if available, or cohort with other residents with the same strain of influenza.

Conduct daily active surveillance for

acute respiratory illness among all residents, staff, visitors

Administer influenza antiviral treatment to all residents with confirmed or suspected influenza. Antiviral treatment should *not* wait for laboratory confirmation of influenza.

Initiate influenza antiviral **chemoprophylaxis** to all non-ill residents on the outbreak unit(s). Consider chemoprophylaxis for residents on other unaffected units and unvaccinated caregivers.

Administer current seasonal influenza vaccine to unvaccinated residents and unvaccinated healthcare personnel.

Apply additional facility measures^ to reduce transmission among residents and healthcare personnel Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities | CDC

Confirmed SARS-CoV-2

Apply Transmission-based

Precautions with gown, NIOSH-approved N95, eye protection, and gloves for staff. Infection Control Guidance: SARS-CoV-2 | CDC

Implement universal source control for residents and visitors during outbreak.

Post guidance to not enter the facility if exposed, confirmed positive or have signs

and symptoms of illness.

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Conduct daily active surveillance for

acute respiratory illness among all residents, staff, and visitors.

Increase hand hygiene and disinfection of high-touch surfaces.

For cases not requiring hospitalization, administer therapeutics.

Assess residents for exposure and administer antiviral therapy as applicable.

For Health Care Providers (michigan.gov)

Administer SARS-CoV-2 vaccine

to residents and staff as applicable. Up-to-date is considered when an individual has received the most recently available COVID-19 vaccine

Staying Up to Date with COVID-19 Vaccines | CDC

Apply additional facility measures^ to reduce transmission among residents and staff.

Infection Control Guidance: SARS-CoV-2 | CDC

Unknown Etiology

Test for other respiratory pathogens (such as RSV) known or suspected to be circulating in your

community.

See MI Respiratory Dashboard, NREVSS, MI Flu Focus

Apply Standard Precautions and any additional Transmission-

Based Precautions based on suspected or confirmed diagnosis of ill residents with neither SARS-CoV-2 nor influenza

Conduct daily active surveillance

for acute respiratory illness among all residents, staff, visitors

For suspected community-acquired pneumonia cases not requiring hospitalization, see treatment recommendations from American

Thoracic Society-Infectious Diseases Society of America Adult Communityacquired Pneumonia Guidelines

No recommendations for chemoprophylaxis

Provide routine vaccination care

of residents for vaccine- preventable respiratory diseases

Apply additional facility measures^ to reduce transmission

among residents and healthcare personnel

Infection Prevention and LTCFs | CDC

Note: This document outlines recommendations for control of influenza, COVID-19, and other respiratory outbreaks and is not meant to be a comprehensive guide or complete course of action steps.

[†] Assumes co-circulation of Influenza and SARS CoV-2 viruses during the 2024-2025 season

[^] Additional facility measures may include cohorting, admission restrictions, visitor restrictions, group activity restrictions, monitoring and exclusion of ill staff. Please contact your LHD for additional support during an outbreak including with admission and visitor restrictions.

Additional Information

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. Fever is not always present in patients with either influenza or SARS CoV-2 disease, particularly in patients who are immunosuppressed or elderly.

Facilities should educate staff on the signs and symptoms of various respiratory viruses, testing procedures, the need for ongoing respiratory hygiene, and appropriate control measures.^{2,3,4,5} It is important for training and materials to be routinely updated.

Any suspected outbreaks should prompt immediate action. The treatment of influenza is the *same in all patients* regardless of SARS-CoV-2 coinfection.

Reporting

The care facility should contact their local health department (LHD) to report every suspect or confirmed respiratory outbreak. Refer to the <u>LHD directory and reportable disease list</u>.

Clinicians should monitor local influenza and SARS-CoV-2 activity by tracking local and state public health surveillance data to inform evaluation and management of patients with acute respiratory illness.

Laboratory Testing

Only laboratory testing can distinguish between SARS-CoV-2 and influenza virus infections and identify co-infection with SARS-CoV-2 and influenza virus.

Develop a plan for respiratory virus testing with consideration for a range of possible viral pathogens, including RSV. The MDHHS Bureau of Laboratories can provide testing support at no charge to confirm the outbreak etiology. MDHHS will initially perform multiplex PCR testing for Influenza A, B, and SARS-CoV-2. Complete test requisition form *MDHHS-6097*, *VIRAL RESPIRATORY* found on the <u>test request forms webpage</u>. Outbreak specimens that are positive for influenza at an external lab should be forwarded to MDHHS Bureau of Laboratories for viral strain characterization. Contact your <u>LHD</u> (see pg. 2) for consultation and coordination.

Vaccination

CDC recommends influenza vaccine be offered to all long-term care facility residents and healthcare personnel throughout the influenza season. Clinical Guidance for Influenza Vaccination.

If a patient is eligible, both influenza and COVID-19 vaccines can be administered at the same visit, without regard to timing. Please refer to the webpage on <u>Getting a Flu Vaccine and other</u> <u>Recommended Vaccines at the Same Time</u>.

Resource links

- 1. Local Health Department Directory and List of Reportable Diseases
- 2. Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities
- 3. <u>Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when</u> SARS-CoV-2 and Influenza Viruses are Co-circulating
- 4. CDC Standard Precautions Excerpt from Isolation Guidelines (see Section IV)
- 5. Guidelines for Environmental Infection Control in Health-Care Facilities