

RESPIRATORY VIRUS OUTBREAKS in SKILLED NURSING HOMES †

Michigan Department of Health and Human Services

Communicable Disease Division (517) 335-8165

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Notify the local health department (see [directory](#)) 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 ill resident(s) with possible COVID-19 infection

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

Confirmed Influenza

Test ill 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 housed with other residents with only 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

Conduct outbreak testing for staff and residents.
[QSO-20-38-NH REVISED 09/23/2022](#)

Apply Transmission-based Precautions with gown, NIOSH-approved N95, eye protection, and gloves for staff. [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | 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.
[QSO-20-39-NH REVISED 09/23/2022](#)

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 includes all primary series doses and applicable boosters by age and condition.
[Stay Up to Date with COVID-19 Vaccines Including Boosters | CDC](#)

Apply additional facility measures[^] to reduce transmission among residents and staff.
[Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)

Unknown Etiology

Test for other respiratory pathogens known or suspected to be circulating.
See [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 Community-acquired 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
[Infections and Outbreaks | LTCFs | CDC](#)

† Assumes co-circulation of Influenza and SARS CoV-2 viruses during the 2022-2023 season

[^] Additional facility measures may include cohorting, admission restrictions, visitor restrictions, group activity restrictions, monitoring and exclusion of ill staff

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.

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 (2,4,5). 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 (LHD) to report every suspect or confirmed respiratory outbreak. Refer to the [LHD directory and reportable disease list](#)

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. 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 ([FluSC2](#)). 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 [LHD](#) 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.

<https://www.cdc.gov/flu/professionals/vaccination/index.htm>

If a patient is eligible, both influenza and COVID-19 vaccines can be administered at the same visit, without regard to timing as [recommended by CDC and its Advisory Committee on Immunizations Practices \(ACIP\)](#).

Resource links

1. [Local Health Department Directory and List of Reportable Diseases](#)
2. [Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities](#)
3. [Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating](#)
4. [MDHHS Initial Cluster Report Form](#) (under "Reporting Forms") - can be used to report outbreaks
5. [CDC Standard Precautions Excerpt from the Isolation Guidelines](#) (see Section IV)
6. [Guidelines for Environmental Infection Control in Health-Care Facilities](#)