

C M H C INFECTION CONTROL MANUAL	Effective Date: 10/13/16	NUMBER: B-14.51 Page <u>1</u> of <u>5</u>
	Replaces: 10/08/15	
	Formulated: 9/24/2010	
INFLUENZA-LIKE ILLNESS (ILI)		

POLICY: Vaccination, treatment, chemoprophylaxis, and control measures will be standardized for seasonal influenza-like illness (ILI).

DEFINITION: Influenza-like illness (ILI) is defined as fever of ≥ 100.0 accompanied by either cough and/or sore throat (in the absence of a known cause other than influenza).

PROCEDURES:

I. INFECTION CONTROL

- A. During the flu season, **all** units should:
 1. Encourage handwashing with soap (Attachment A)
 2. Encourage cough etiquette (cover mouth or wear mask if coughing, Attachment B)
 3. Ensure that ill staff are not allowed to come to or remain at work
 4. Disinfect common areas with a bleach solution
 5. Inform healthcare providers who **provide direct patient care that** they should be vaccinated because unvaccinated employees can transmit influenza to patients. Unvaccinated employees may be re-assigned to duties without direct patient involvement or asked to wear a mask during the flu season.
- B. Offenders complaining of symptoms consistent with ILI should be
 1. Triage as soon as possible
- C. Offenders determined by medical to have ILI should
 1. Be single-celled (isolated) or cohorted (ie, co-housed) with other offenders with ILI if they cannot be single celled
 2. Remain in isolation until they have been off antipyretics and afebrile for 24 hours or until 7 days has passed (whichever is longer)
 3. **Not** be transported on a chain bus or MPV except for medical emergencies
- D. Units with offenders with ILI should
 1. Institute Standard and Droplet Precautions for offenders with ILI
 2. Ensure that sick offenders do not expose other offenders without ILI while in waiting rooms (consider setting up a separate waiting area for offenders with ILI). At a minimum, ensure that offenders with ILI wear surgical masks or sit at least 6 feet from other offenders while waiting to be seen by medical
 3. Have staff wear surgical masks if their responsibilities require them to remain less than 6 feet from a symptomatic individual. Mask, gloves, and gowns should be worn when examining or providing direct care to offenders with ILI

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4. Implement daily active surveillance for respiratory illness among all residents and health care personnel until at least 1 week after the last confirmed influenza case occurred

II. VACCINATION

- A. Although flu vaccine should be provided to any offender wishing to decrease his or her risk of getting the flu, some groups of offenders are at high risk for influenza-related complications. Vaccinations should be given or a signed Refusal of Treatment of Services Form (HSM-82) should be obtained from offenders who
 1. Have chronic pulmonary (including moderate to severe asthma), cardiovascular (excluding hyperlipidemia, hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)
 2. Are immunosuppressed (including immunosuppression caused by medications or by human immunodeficiency virus)
 3. Are or will be pregnant during the influenza season
 4. Are <18 years of age and on chronic aspirin therapy
 5. Are morbidly obese (body-mass index is 40 or greater)
 6. Are ≥ 50 years of age
- B. Vaccinations should be offered to offenders who are cell-mates of offenders at risk of complications because they fall into one of the above high-risk groups.

III. INFLUENZA TESTING

- A. At the apparent beginning and end of the flu season on a unit, submit 3 – 5 **diagnostic** specimens for “influenza/RSV PCR.” If your unit is in the UTMB sector, these specimens should go to the UTMB laboratory; if your unit is in the Texas Tech sector, submit the diagnostic to the appropriate contracting laboratory. Prior to instituting any antiviral therapy, collect a **posterior nasopharyngeal swab** in the following manner:
 1. Insert a fine-tipped Dacron, polyester, or rayon swab (such as that used to sample the male urethra for STDs) several inches into the nose, past the nasal turbinate.
 2. Turn the swab several times and remove.
 3. Put the swab into a tube of universal medium or viral transport medium (VTM).
 4. Store tightly capped upright specimen at refrigerated temperature prior to courier pickup.

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5. Do not

- collect a throat swab
- use a calcium alginate swab, a cotton swab, or a swab with a wooden shaft
- use supplies used for GenProbe testing
- re-use a swab that has already been used for a rapid test
- use expired medium

B. In unusual situations,¹ special **surveillance** specimens may occasionally be requested by Office of Public Health (OPH) staff.

1. In contrast to the diagnostic specimens – which are sent either to the UTMB, LabCorp, or other contract laboratory – these specimens are to be sent either to the central or regional network of **DSHS Laboratories**. OPH staff will discuss ordering and shipping instructions with you if you are asked to collect surveillance specimens
2. Collect and store a **posterior nasopharyngeal swab** in the manner described above.
3. Ensure that the patient name and date of collection are written on each specimen tube that is submitted. Submit the specimen with a G2A (Attachment C) that has your unit’s submitter number.

IV. TREATMENT

Decisions to treat severely ill patients with antivirals must be based on clinical impression and knowledge of local circulation of virus. Institution of **antiviral therapy should always precede receipt of laboratory results**, as a delay may contribute to an adverse outcome. Providers also should recall that bacterial pneumonias can either complicate or follow influenza.

- A. Treat patients within the first 48 hours of illness with 5 days of antivirals (oseltamivir/Tamiflu™) if the 2009 strain of H1N1 is confirmed or probable and they appear very ill.
- B. Treat with oseltamivir even if not seen within 48 hours if:
 1. They are at high risk for complications
 2. They have warning symptoms (eg, dyspnea) or signs (eg, tachypnea, unexplained oxygen desaturation) of lower respiratory tract illness.
 3. Their illness appears to be worsening
 4. The treatment dose for individuals with normal renal function is 75 mg BID for 5 days
- C. Oseltamivir/Tamiflu™ dosing must be adjusted for patients with renal insufficiency

¹ eg, outbreaks or from patients that are hospitalized or have fatal cases

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1. Dialysis Patient

- a. Usual Dose Adjustment: 30 mg dose after every dialysis session. Treatment duration not to exceed 5 days.
- b. Usual Frequency: 30 mg after every dialysis session for three doses (e.g., Mon-Wed-Fri dialysis patient would receive 30 mg dose on Monday following dialysis, 30 mg dose on Wednesday following dialysis and 30 mg dose on Friday following dialysis and would then be finished with treatment).

2. Renal Insufficiency, but Not Dialysis

- a. Usual Dose Adjustment for estimated creatinine clearance of greater than 30ml/min to 60ml/min: 30 mg twice daily for 5 days.
- b. Usual Dose Adjustment for estimated creatinine clearance of greater than 10ml/min to 30 ml/min: 30 mg once daily for 5 days.

V. CHEMOPROPHYLAXIS

- A. If the 2009 strain of H1N1 is confirmed or probable and the supply of antivirals is adequate, provide 10 days of antiviral (oseltamivir) chemoprophylaxis to offenders with underlying chronic diseases who are close contacts (less than 6 feet) to offenders with ILI. All cell-mates are close contacts. Close contact may also include sitting or riding next to someone in a dialysis unit or vehicle. Chemoprophylaxis does not need to be instituted if more than 5 days has passed since the exposure.
- B. **The chemoprophylaxis dose in normal individuals is 75 mg once daily for 10 days.**
- C. Oseltamivir/Tamiflu™ dosing must be adjusted for patients with renal insufficiency.
 - 1. **Dialysis Patient**
 - a. Usual Dose Adjustment: 30 mg after every other dialysis session. Usual duration of prophylaxis is at least 10 days.
 - b. Usual frequency: 30 mg after every other dialysis session (e.g., Mon-Wed-Fri dialysis patient would receive 30 mg dose on Monday after hemodialysis, no dose with next hemodialysis session, and then 30mg dose given on Friday after hemodialysis session and then repeat following Monday and Wednesday to complete prophylaxis)
 - 2. **Renal Insufficiency, but Not Dialysis**
 - a. Usual Dose Adjustment for estimated creatinine clearance of greater than 30ml/min to 60 ml/min: 30 mg once daily.
 - b. Usual Dose Adjustment for estimated creatinine clearance of 10ml/min to 30ml/min: 30mg every other day.
- D. Antiviral chemoprophylaxis also may be considered when outbreaks occur on units with a large proportion of offenders at high risk of complications. In such situations, call OPH to discuss which offenders and staff should be treated and for how long.

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V. REPORTING

- A. Once flu has been identified on a unit and until 2 weeks has lapsed since your last ILI
1. submit a daily ILI log (Attachment E) by 9AM.
 - a. The list is only for the 24-hour period ending at 6AM that morning.
 - b. Although you may submit logs over the weekend if you wish, you may also simply submit 3 logs on Monday morning.
 2. In addition to identifying the submitting unit, the log should give totals for number of offenders with ILI, numbers of staff with ILI, and provide detailed information on offenders for whom you have submitted specimens.
 3. The log may be either be submitted as an email attachment to Fax to 936.437.3572.
 4. The subject line should include the your “[Unit] Name, ILI Log, and the Date Sent (___/___/___).”

- REFERENCES**
1. Centers for Disease Control and Prevention. Prevention and Control of Influenza with vaccines; Recommendations of the Advisory Committee on Immunization Practices, United State, 2015-2016 Influenza Season. August 7, 2015; 64 (30); 818-825. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6430a3.htm>.
 2. Centers for Disease Control and Prevention. Guidelines and Recommendations: Infection Control Measures for Preventing and Controlling Influenza Transmission in Long-Term Care Facilities. Available at <http://www.cdc.gov/flu/professionals/infectioncontrol/longtermcare.htm>. Updated December 19, 2011.



USA UN PAÑUELO

DETÉN LOS GÉRMENES



CÚBRETE LA BOCA Y LA NARIZ

Cubre la tos y los estornudos. Lávate las manos.

Detén los gérmenes en la escuela... y en la casa. Cúbrete la boca y la nariz cuando tosas o estornudes. Usa un pañuelo desechable y tíralo a la basura.



LÁVATE LAS MANOS

Lávate seguido las manos

- Después de estornudar o toser
- Después de ir al baño
- Antes de comer
- Antes de tocarte los ojos, la boca o la nariz

Lo mejor es lavarse las manos con agua y jabón. Tárdate levándote las manos el mismo tiempo que tardas cantando "Feliz cumpleaños". O utiliza gels o toallitas con alcohol. ¡El alcohol que contienen mata los gérmenes!

Detén los gérmenes. Y detén los resfriados y la gripe.

www.cdc.gov/germstopper



Stop the spread of germs that make you and others sick!

Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze

or
cough or sneeze into your upper sleeve, not your hands.



Put your used tissue in the waste basket.



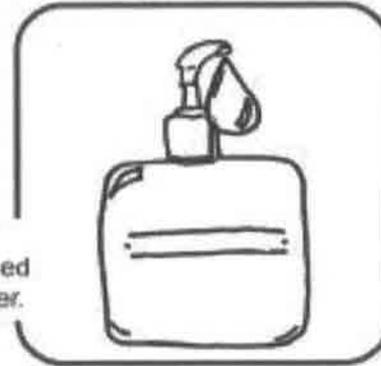
Clean your Hands

after coughing or sneezing.



Wash hands with soap and warm water for 20 seconds

or
clean with alcohol-based hand cleaner.



Missouri Department of Health
117 St. Bernard Street
Jefferson, Missouri 64108
800-735-6044 or 1-877-686-8444
missourihealth.com



¡Pare la propagación de gérmenes que lo enferman a usted y a otras personas!

Cubra su tos



Cubra su boca y nariz con un kleenex cuando tosa o estornude

or

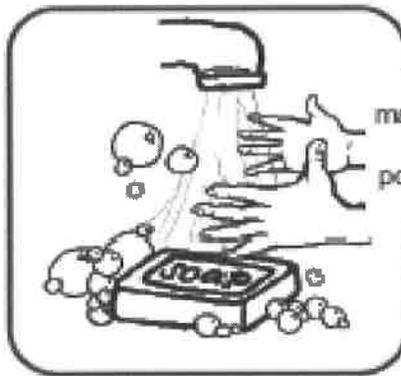
tosa o estornude en la manga de su camisa, no en sus manos.



Deséchelo en un basurero.



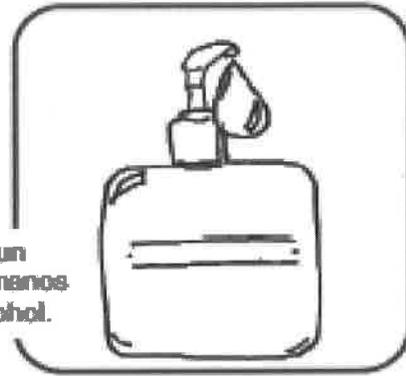
Lávese las manos después de toser o estornudar.



Lávese las manos con jabón y agua tibia por 20 segundos

o

límpielas con un limpiador de manos a base de alcohol.



Minnesota Department of Health
375 N. Sibley Street
St. Paul, MN 55103
651.201.4200 or 1.800.657.3844
www.health.state.mn.us



Minnesota
Statewide
Influenza
Surveillance
System



PLEASE UTILIZE THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES (TDSHS)
FOR ATTACHMENT C (G-2A and G-2B FORMS)



SUBMITTER IDENTIFICATION (ID) NUMBER REQUEST FORM

This form must be completed when requesting a submitter ID number or when updating any information previously submitted. If you have any questions, please call Laboratory Reporting at (512) 776-7578 or toll free at 1-888-963-7111 ext. 7578.

Fax the completed form to Tiffunee Odoms at (512) 776-7533.

1. Reason for submitting form? (Check one) [] Requesting a submitter ID number (complete #1-#7) [] Updating submitter information (complete #1-#8)
2. Submitter Information: (current)
Facility Name:
Address:
City, State, Zip:
Phone Number: () Fax Number: ()
NPI #: (Required) TPI #: Submitter ID #:
3. Contact Information:
Contact Person Name: Phone Number:
Email Address: Fax Number:
4. List the test(s) (or test type) that will be requested (specimen submitted for ????):
5. Preferred method of delivery of test results? (Only Check one)
[] U.S. Mail [] Fax [] Web [] HL7 (NBS Only)
6. Check one box that best describes the submitter? (Check one)
[] Case Manager [] Health Department [] Laboratory [] Physician Office
[] Clinic [] Health Dept. Sub-Office [] Midwife [] Prison System
[] Endocrinologist [] Hematologist [] Nurse [] Other: (describe)
[] Geneticist [] Hospital [] Physician
7. Is the Submitter's address information the same as the mailing address for test results, supplies, and billing?
[] Yes [] No If No, please provide additional address information below.
Additional Address 1: for: [] test results [] shipping [] billing Additional Address 2: for: [] test results [] shipping [] billing
ATTN: ATTN:
Street Address or P.O. Box: Street Address or P.O. Box:
City: State: Zip Code: City: State: Zip Code:
Phone: Fax: Phone: Fax:
8. Old Address Information: (if requesting address change)
Old Address 1: for: [] test results [] shipping [] billing Old Address 2: for: [] test results [] shipping [] billing
ATTN: ATTN:
Street Address or P.O. Box: Street Address or P.O. Box:
City: State: Zip Code: City: State: Zip Code:
DSHS Use Only:
Submitter ID Number Assigned: (Requestor Code) LIMS:
[] PerkinElmer [] LabWare [] Explanation of any changes to existing information noted in LIMS communication log
[] Harvest
Submission Form(s) Provided: [] G-2A [] G-THSTEPS [] G-9 [] F40-A [] G-19
[] G-2B [] G-1B [] G-14 [] F40-B [] None
[] G-2V [] G-27 [] G-23 [] F40-C
[] G-MYCO [] G-27A [] G-26 [] F40-D
Notified: [] Submitter [] Container Prep / Lab Supply [] LabAR [] Customer Service [] STL
Completed By: Date: