Winnipeg Regional Health Authority
Caring for Health

Office régional de la santé de Winnipeg
À l'écoute de notre santé

INFLUENZA MANAGEMENT

WRHA LONG TERM CARE INFECTION PREVENTION & CONTROL

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1. PREAMBLE

Respiratory disease outbreaks occur frequently in long-term care facilities. Most influenza outbreaks occur during the winter months. Facility staff should watch for clusters of upper or lower respiratory tract infections, as early recognition of an outbreak is vital to effective management (e.g. cases occurring on a particular ward or cases occurring over a brief period of time).

Outbreaks are disruptive and costly; however, influenza outbreaks may be milder in facilities with high staff and Patient/Resident vaccination rates. It is critical that all Patient/Residents be vaccinated against influenza to prevent or reduce the impact of influenza outbreaks during the winter season. It is equally critical that health care workers receive the influenza vaccine to protect themselves, their families and the Patient/Residents. Health care workers can transmit respiratory viruses to high-risk, vulnerable Patient/Residents.

The Public Health Agency of Canada states that "**refusal of health care workers who are involved in direct patient care to be immunized against influenza implies failure in their duty of care to their patients."** (click here to see reference)

2. PURPOSE

2.1 To prevent and/or minimize the mortality and morbidity of influenza outbreaks in the Winnipeg Health Region by providing a consistent, practical guideline to manage influenza outbreaks.

2.2 To provide a structure for coordinating the activities of the various provincial, regional, facility and laboratory agencies that have responsibility for the investigation, prevention and control of respiratory disease outbreaks in long term care facilities in the Winnipeg Health Region.

2.3 To define the roles and responsibilities of key stakeholders during the course of a facility outbreak.

3. REPORTING REQUIREMENTS

Under legislation of the Reporting of Diseases and Conditions Regulation (37/2009) of The Public Health Act (C.C.S.M. c. P210), influenza outbreaks are to be reported to the chief public health officer or designate at Manitoba Health. In Winnipeg, notification of a suspected or confirmed influenza outbreak shall occur as outlined in 5.3.9.

4. DEFINITIONS

4.1. **Alcohol based hand rub:** An alcohol based antiseptic with a minimum of 60% alcohol that is applied to all surfaces of the hands to reduce the number of microorganisms present on the hands.

4.2 **Cohorting**: Two or more individuals colonized or infected with the same organism, placed/roomed together to minimize their contact with other unaffected individuals on the same unit.

4.3 **Hand Hygiene:** A general term that applies to hand washing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis.

4.4 **Impaired Renal Function:** Creatinine clearance of less than 60 mL/minute and those receiving dialysis.

4.5 **Influenza-like illness (ILI):** acute onset of respiratory illness with fever and cough and with one or more of the following:

- Sore throat
- Arthralgia (joint pain)
- Myalgia (muscular pain)
- Prostration (extreme exhaustion) that could be due to influenza virus
    - In children < 5 years of age, gastrointestinal symptoms (e.g., nausea, vomiting, diarrhea) may be present
    - In patients/residents < 5 years or ≥ 65 years of age, fever may not be prominent

4.6 **Influenza-like Illness Outbreak:** The occurrence of two or more cases of influenza-like illness (ILI) occurring within 7 days and evidence of spread in excess of the expected number of cases in the site.

4.7 **Outbreak:** The occurrence in a facility/unit of cases of an illness with a frequency clearly in excess of normal expectancy. The number of cases indicating presence of an outbreak will vary according to the infectious agent, size and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence. Therefore; the status of the outbreak is relative to the usual frequency of the disease in the same facility/unit, among the same population, at the same season of the year.

4.8 **Progressive** (influenza) **illness**: typical influenza symptoms (see ILI above) plus sign or symptoms suggesting more than mild illness: chest pain, poor oxygenation (e.g., tachypnea, hypoxia, labored breathing), cardiopulmonary insufficiency (e.g., low blood pressure), central nervous system impairment (e.g., confusion, altered mental status), severe dehydration or exacerbations of chronic conditions (e.g. asthma, chronic obstructive pulmonary disease, chronic renal failure, diabetes or cardiovascular disease).

4.9 **Respiratory Hygiene:** A combination of measures to be taken by an infected source designed to minimize the transmission of respiratory microorganisms. http://www.wrha.mb.ca/extranet/ipc/files/routine-practices/RepiratoryHygieneEducation.pdf

4.10 **Routine Practices**: A minimum standard of infection prevention and control precautions and practices used for all direct patient/resident/client care regardless of the Patient's/Resident's/client's presumed infection status or diagnosis. http://www.wrha.mb.ca/extranet/ipc/files/routine-practices/InfoSheet-Education.pdf

4.11 **Severe** (influenza) **illness**: severe or complicated illness characterized by signs of lower respiratory tract disease (e.g. hypoxia requiring supplemental oxygen, abnormal chest radiograph, mechanical ventilation, central nervous system abnormalities (e.g. encephalitis, encephalopathy), complications of low blood pressure (e.g. shock, organ failure), myocarditis or rhabdomyolysis, or invasive secondary bacterial infection based on laboratory testing or clinical signs (e.g. persistent high fever and other symptoms beyond 3 days).

5. PROCESS /ROLES & RESPONSIBILITIES

Routine Practices are a **minimum requirement** for all health care professionals.

5.1 The site **Unit Nurse** is responsible for the following:

PRE INFLUENZA SEASON

5.1.1 Obtaining Patient/Resident consent for Influenza vaccine yearly, and if applicable, Pneumococcal vaccine. One dose of pneumococcal polysaccharide vaccine is routinely recommended in a lifetime.

- The Influenza vaccine fact sheet is available at http://www.gov.mb.ca/health/publichealth/factsheets/seasonal.pdf
- The pneumococcal vaccine fact sheet is available at http://www.gov.mb.ca/health/publichealth/factsheets/ppv23.pdf
- The current regional consent form is available at http://www.wrha.mb.ca/professionals/immunization/files/05_Form_Consent.pdf

5.1.2 Verifying that serum creatinine levels are current; within the year for those with normal renal function and within the last 6 months for those with impaired renal function. This is usually done every August/September.

5.1.3 Administering Influenza and Pneumococcal immunizations to eligible Patient/Residents as directed by, or in conjunction with, the site ICP. See the WHRA Immunization Manual available at http://www.wrha.mb.ca/professionals/immunization/manual.php for immunization competencies and additional information.

- Eligibility criteria can be found in the MB Health Influenza Protocol http://www.gov.mb.ca/health/publichealth/cdc/protocol/influenza1.pdf

- Any adverse events following immunization is reportable to MB Health by completing and submitting the form available at www.gov.mb.ca/health/publichealth/cdc/docs/aefi_form.pdf

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5.1.4 Continuously monitoring Patient/Residents for signs and symptoms of an influenza-like illness (ILI) throughout the season and documenting assessment finding in the Integrated Progress Notes (IPNs).

5.1.5 Initiating droplet-contact precautions as required. See the WRHA LTC IP&C Manual, Droplet-Contact Precautions at http://www.wrha.mb.ca/extranet/ipc/files/manuals/ltc/ManualPCH_Sec05.pdf#page=21 for further information in the event of an ILI Outbreak.

5.1.6 Reporting any ILI cases to the ICP / designate promptly.

- ILI is reportable in the WHRA LTC Surveillance program. Cases that meet definition for ILI shall also be reported to the ICP via telephone or other mechanism that ensures the ICP is informed in a timely fashion.

5.1.7 Reporting to the attending Physician any residents who meet the ILI definition and advocating for antiviral treatment for those individuals. Appendix D will calculate the required treatment dosage based on creatinine clearance/age/weight for adults or weight and age for pediatric cases.

- The use of antivirals for treatment of ILI is not contingent upon an outbreak being declared and should be implemented without delay.
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When indicated, treatment with antivirals should be initiated as rapidly as possible after onset of illness because the benefits of treatment are much greater with initiation at <12 hours than at 48 hours.

5.1.8 Collecting nasopharyngeal specimens using flocked swabs (see Appendix A: *Collection of Nasopharyngeal Specimens*), upon the direction from site ICP or designate. Specimens must be sent with a Cadham Lab requisition that includes the outbreak code (see sample Appendix B).

5.1.8.1 Courier specimens directly to Cadham Provincial Laboratory at 750 William Avenue to minimize the deterioration of the specimen.

5.1.8.2 To make arrangements to deliver specimens to Cadham Lab after hours or during holidays and weekends, please call 204-945-6123 (security guard will answer).

5.1.8.3 Do not hold specimens longer than 24 hours at a refrigerator temperature of 4^0C prior to shipping. Do not freeze.

NOTE: Usually 6 specimens are obtained on newly (within last 24-48 hrs) symptomatic Patients/Residents (generally infectious for 5 days after onset of symptoms). If there is an indication of ongoing transmission, there may be a need for further testing, your site ICP/designate will provide you with direction on additional testing as needed.

5.1.9 Completing the *Daily Outbreak Report - Patient/Residents Record* (Appendix C) in the event of an outbreak. This form is used by the site ICP for the purposes of outbreak investigation.

5.1.10 Informing the Patient/Resident's attending Physician in the event of an outbreak, the infection prevention and control measures in place as well as plans for chemoprophylaxis as required.

5.1.11 Communicating the facility plan and interventions to unit staff, Patient/Residents and family members/visitors in the event of an outbreak.

5.1.12 Promoting influenza immunizations to staff, Patient/Residents, volunteers and families not yet immunized.

Return to List of Persons Responsible

5.2 The site **Unit Clerk**/designate is responsible for the following;

PRE INFLUENZA SEASON

5.2.1 Checking that serum creatinine levels are current; within the year for those with normal renal function within the last 6 months for those with impaired renal function.

- Inform nursing staff of any Residents who require a serum creatinine level.
- An order for a serum creatinine level is required when standing orders are not in place in the site.

5.2.2 Completing the *Influenza Season Immunization and Oseltamivir Form for LTC* (Appendix D) if required.

- Sites are encouraged to use this form. .
- Alternatively, in sites that have pharmacy calculate creatinine clearance and oseltamivir dosing for them, the unit clerk may be required to report serum creatinine levels to the pharmacy. Refer to your site specific protocol or contact the site ICP for direction in these situations.

5.2.3 Reporting the numbers of Patient/Residents immunized with Influenza and Pneumococcal vaccine to the site ICP designate. Frequency of reporting will be directed by the site ICP and will be based on the requirements from WHRA Population and Public Health's surveillance program. http://www.wrha.mb.ca/professionals/immunization/files/FluImmMonPro.pdf

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5.2.4 Ensure Patient/Residents admitted to the facility during influenza season are transferred with a record of serum creatinine, or a serum creatinine level is ordered on admission. Enter this Patient/Resident information into the *Influenza Season Immunization and Oseltamivir Form for LTC (*Appendix D).

5.2.5 Assisting with communication of the facility plan and interventions to unit staff, Patient/Residents and family members/visitors in the event of an outbreak.

Return to List of Persons Responsible

5.3 The site **LTC ICP/designate** is responsible for the following:

PRE INFLUENZA SEASON

5.3.1 Ensuring viral test supplies are available. Refer to *Instructions for Ordering* (Appendix E) and order supplies using *Cadham Lab Supply Request Form* (Appendix F). Note that orders take 48 hours to fill, ensure you have stock on hand before an outbreak occurs.

5.3.2 Coordinating, implementing and promoting the Patient/Resident influenza immunization campaign.

- This includes verifying that the *Influenza Season Immunization and Oseltamivir Form for LTC* (Appendix D) is completed if required (see 5.2.2 for sites that do not use Appendix D).

- Vaccines can be ordered from the provincial vaccine warehouse before the seasonal influenza kick off is announced. Delivery will occur once the vaccine is available and can be obtained by completing the Biologics Order Form available at http://www.gov.mb.ca/health/publichealth/cdc/protocol/vaccinebiologics.pdf

- Promotional material is available for order from MDA www.gov.mb.ca/health/flu/docs/mda.xls. To view available materials or to print directly see http://www.gov.mb.ca/health/flu/resources.html.

5.3.3 Assisting and/or directing nursing staff to administer Influenza and Pneumococcal immunizations to eligible Patient/Residents. See the WHRA Immunization Manual available at http://www.wrha.mb.ca/professionals/immunization/manual.php for immunization competencies and clinical practice guidelines).

5.3.4 Coordinating the collection of the numbers for Patient/Resident immunizations, communicating the plan for data collection (method and frequency) to the site Unit Clerk, and then reporting the findings to immunization clerk as directed by WRHA Population and Public Health. http://www.wrha.mb.ca/professionals/immunization/files/FluImmMonPro.pdf

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5.3.5 Investigating reports of ILI to determine and/or confirm that an ILI outbreak is occurring for information on how to investigate an outbreak see http://www.gov.mb.ca/health/publichealth/cdc/protocol/investigation.pdf .

5.3.6 Obtaining an Outbreak code from the appropriate CDC upon suspicion or confirmation of an ILI outbreak. See Table 1 for contact information.

Table 1. CDC Contact Information

East St. Paul, Fort Garry, Fort Rouge, Point Douglas, River East, River Heights, Riverview, Transcona	Downtown, Inkster, Seven Oaks, West St Paul	Charleswood, St. Boniface, St. James, St Vital, Tuxedo
Corinne Adams Tel: 204-940-2326 Cell: 204-781-1033 Fax: 204-940-2690 Email: Cadams@wrha.mb.ca	Jacquie Sarna Tel: 204-940-8280 Cell: 204-918-7509 Fax: 204-940-2690 Email: JSarna@wrha.mb.ca	Cheryl Podolchak Tel: 204-940-3641 Cell: 204-250-8231 Fax: 204- 940-2690 Email: CPodolchak@wrha.mb.ca

5.3.7 Ensuring appropriate infection control measures are instituted in a timely fashion, which may include (but are not limited to);

- Reinforcing good Hand Hygiene
- Reinforcing Respiratory Hygiene
- Empowering frontline staff to initiate droplet-contact precautions immediately upon suspicion of an ILI outbreak
- Cohorting symptomatic Patient/Residents (if possible)
- Confining ill Patients/Residents to their rooms in the acute stage of illness when possible
- Cancelling group activities and restricting Patient/Residents to the outbreak affected units for the duration of the outbreak and/or confining group activities to the unit level. This will depend on the severity of the illness and the amount of risk in inherent in the group.
- Instituting visitor restrictions (discouraging visitation while the outbreak is occurring, and /or limiting the number of visitors permitted) and posting a sign (sample Appendix G) at entrance of facility and/or entrance into affected units/areas for public awareness of the outbreak and accompanying restrictions
    - If site specific signage is developed, ensure the site Senior Management/ Administration approves the sign before posting
- Restricting staff movement from outbreak affected areas to non-affected areas (as resources permit)
- Collaborating with Occupational Health/designate and site Senior Management/ Administration to restrict ill staff from attending work while symptomatic
- Collaborating with Housekeeping/Environmental Services to increase cleaning. High touch surfaces shall be cleaned at least daily, preferably twice per day (as resources permit) for the duration of the outbreak.
- Collaborating with site Senior Management/Administration, CDC, and MOH to determine if facility closure is warranted (see Appendix J).
- Assisting with the education of staff, Patient/Residents, families/visitors (see *Influenza Information Sheet for Patient/Residents, Families, Staff and Visitors* (Appendix H)
- Collaborating with CDC re: specimen testing. Usually up to 6 specimens can be taken at the

outset of an outbreak during the infectious period of the individual being tested. Upon occasion and in discussion with CDC, if there is continued transmission despite initiation of precautions and/or chemoprophylaxis, additional specimens may be warranted.

- Collaborating with the attending physician as needed to ensure that single cases of ILI outside the context of outbreaks are treated promptly.
- Coordinating chemoprophylaxis of asymptomatic Patient/Residents in collaboration with the CDC (e.g. using oseltamivir to prevent influenza illness among exposed Patients/Residents)
- Communicating with site Senior Management/Administration to determine and obtain required resources
- Notifying the site Medical Director (and other stakeholders deemed relevant by the site) of the outbreak. Medical Directors will have received information about the seasonal influenza protocol from the MOH (Appendix I)
- Advising support services (e.g. dietary, laundry, laboratory etc.) of the appropriate infection control measures, and discussing the additional responsibilities and possible increased demand for services/supplies due to the outbreak
- Encouraging staff, Patients/Residents, families, visitors and volunteers not yet immunized to receive influenza vaccine.
- Collaborating with site stakeholders with respect to admissions and transfers (see Appendix J).

5.3.8 Supplying the Manager WRHA LTC IP&C (mliarakos@wrha.mb.ca), the site Medical Director and the appropriate CDC (see Table 1 for contacts) with information to facilitate collaboration with the MOH on decisions to initiate chemoprophylaxis (e.g. oseltamivir) by submitting the *LTC ILI Pictorial Report* (Appendix K) daily via email.

- Once chemoprophylaxis has been initiated, reporting can occur weekly for the remainder of the outbreak unless ongoing ILI is identified.

5.3.9 Notifying MB Health of the outbreak by completing an outbreak summary using the Canadian Network for Public Health Intelligence (CNPHI). A username, password and training are required to complete CNPHI outbreak reports. Contact the Manager, LTC IP&C, WRHA for assistance with same.

5.3.10 Ensuring all new cases are recorded in a fashion that facilitates case counting and other information for reporting to be easily retrieved. Line listing new cases using the *Daily Outbreak Report- Patient/Resident Record* (Appendix C) and collaborating with Occupational Health or designate and Staffing to complete the *Daily Outbreak Report-Staff Record* (Appendix K) is one method of recording cases.

Note: These documents are for internal site use only. Confidential resident and staff information shall not be disseminated outside of the site unless extraordinary circumstances warrant that the information needs to be shared in order to effectively manage an outbreak.

5.3.11 Facilitating the acquisition of oseltamivir if chemoprophylaxis and/or treatment is required (see Appendix D for dosing).

- For ILI Outbreaks;
    - Determine how many boxes of oseltamivir 75 mg (10 capsules/box) and how many boxes of oseltamivir 30 mg (10 capsules/box) are required (if using oseltamivir for pediatrics, 45 mg doses may also be required). Avoid ordering excess amounts of oseltamivir as it cannot be returned.
    - During regular hours (Monday to Friday 0800-1600)
        - CDC will liase with the vaccine warehouse to advise that the MOH has approved the release of the oseltamivir
        - The ICP or designate can contact the provincial vaccine warehouse at 204-948-1333 to inform them of the number of Patients/Residents who require prophylaxis and/or treatment, at which doses, and the name of the MOH with whom the ICP/CDC collaborated with to decide to initiate chemoprophylaxis
    - After hours, the site ICP/designate must first contact the MOH on call at 204-788-8666 to acquire approval for the release of oseltamivir, and then contact the provincial vaccine warehouse as indicated above.
- Treatment of ILI outside of an outbreak;
    - Residents who meet the ILI definition should be treated without delay and treatment is not contingent on having an outbreak declared. See Figure 1. Antiviral Treatment Considerations
    - Pharmacy will supply the oseltamivir for Residents that require treatment outside of an outbreak. Oseltamivir is covered by the Personal Care Home Drug Formulary.
    - The ICP should ensure a box of oseltamivir 75 mg (10 capsules) and a box of oseltamivir 30 mg (10 capsules) will be available in each site for after-hours initiation of treatment (e.g. in the stat box).

5.3.12 Being a resource to site staff, management, physicians and patients, Patient/Residents, families, visitors.

5.3.13 Declaring the outbreak over 8 days after the onset of the last symptomatic case. This represents the period of communicability plus one incubation period.

5.3.14 Promoting influenza immunizations to staff, Patient/Residents, volunteers and families not yet immunized.

5.3.15 All deaths occurring in the context of an outbreak are reportable to the Medical Examiner's office. The site ICP should also liaise with the Medical Director, Patient/Resident's physician and/or Health Information (in sites where the latter exists) to determine whether a death occurring during a respiratory outbreak is;

- Classified with the outbreak pathogen as underlying cause of death,

- Deaths occurring where the underlying cause of death is associated with the outbreak pathogen shall also be reported in the outbreak summary report created on CNPHI
- Contributed to but is not underlying cause of death, or is unrelated to the cause of the death

5.4 The site LTC **Medical Director**/ designate is responsible for:

PRE INFLUENZA SEASON

5.4.1 Ensuring there is a mechanism to order influenza immunizations to be given to Patients/Residents before the influenza season (e.g. standing order).

5.4.2 Ensuring there is a mechanism in place to order antivirals for treatment. Residents who meet the ILI definition should be treated without delay and treatment is not contingent on having an outbreak declared. See Figure 1. Antiviral Treatment Considerations.

5.4.3 Facilitate the availability of a box of oseltamivir 75 mg (10 capsules) and a box of oseltamivir 30 mg (10 capsules) in each site for after-hours initiation of treatment (e.g. in the stat box).

5.4.4 Ensuring there is a mechanism to order antivirals in the event of an outbreak when recommended by the MOH(e.g. standing order). .

5.4.5 Ensuring there is a mechanism to order serum creatinine levels for all Patient/Residents in order to facilitate oseltamivir administration in the event of an outbreak (e.g. standing order).

- Serum creatinine for those without renal impairment should be current within the past year
- Those with impaired renal function should have serum creatinine levels drawn within the last 6 months or sooner depending on the severity of the impairment

5.4.6 Promoting influenza immunizations to staff, Patient/Residents, volunteers and families.

5.4.7 Being a resource to the LTC ICP /designate, nursing staff, site Senior Management / Administration and families as required.

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5.4.8 Liaising with the Patient/Residents' physician(s) regarding treatment and or outbreak management measures as need arises.

5.4.9 Determining if/when site closure is indicated in collaboration with other members of the site Senior Management/Administration team, site ICP, the MOH and CDC (see Appendix J).

5.4.10 Promoting influenza immunizations to staff, Patient/Residents, volunteers and families not yet immunized

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5.5 Site **Senior Management/ Administration** is responsible for:

PRE INFLUENZA SEASON

5.5.1 Collaborating with site OESH/designate to determine and obtain resources required for influenza immunization.

5.5.2 Promoting influenza immunizations to staff, Patient/Residents, volunteers and families.

INFLUENZA SEASON/OUTBREAK MANAGEMENT

5.5.3 Collaborating with site ICP to determine and obtain resources required for outbreak management.

5.5.4 Determining if/when site closure is indicated in collaboration with other members of the site Senior Management/Administration team, site ICP, the MOH and CDC (see Appendix J).

5.5.5 Disseminating information including, internal and external updates and media releases as/if required.

5.5.6 Facilitating meetings to update administration and staff as required.

5.5.7 Developing crisis staffing contingency plans as required.

5.5.8 Promoting influenza immunizations to staff, Patient/Residents, volunteers and families not yet immunized.

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5.6 Site **Occupational Health**/designate is responsible for:

PRE INFLUENZA SEASON

5.6.1 Coordinating, implementing and promoting the staff influenza immunization campaign.

5.6.2 Reporting staff immunizations as directed by WRHA Population and Public Health. http://www.wrha.mb.ca/professionals/immunization/files/FluImmMonPro.pdf

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5.6.3 Managing ill or exposed employees.

5.6.3.1 Manitoba Health does not cover the cost of oseltamivir prophylaxis for health care workers; employees seeking prophylaxis should see their own physician.

5.6.4 Compiling statistics of staff ILI cases and reporting cases to the ICP/designate (can use Appendix L as a tool to gather the data).

5.6.5 Being a resource to staff.

5.6.6 Promoting influenza immunizations to staff not yet immunized.

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5.7 Site **Environmental Support Services/Housekeeping** is responsible for:

INFLUENZA SEASON/OUTBREAK MANAGEMENT

5.7.1 Ensuring the infection control measures recommended by LTC ICP/designate are instituted.

5.7.2 Informing and updating environmental support staff and other relevant stakeholders regarding the outbreak.

5.7.3 Promoting influenza immunizations to Environmental Services/Housekeeping staff not already immunized.

5.8 Site **Dietary/Food Services** is responsible for:

INFLUENZA SEASON/OUTBREAK MANAGEMENT

5.8.1 Ensuring the infection control measures recommended by LTC ICP/designate are instituted.

5.8.2 Informing and updating Dietary/Food Services staff and other relevant stakeholders regarding the outbreak.

5.8.3 Promoting influenza immunizations to Dietary/Food Services staff not yet immunized.

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5.9 Site **Pharmacist/Pharmacy** is responsible for:

PRE INFLUENZA SEASON

5.9.1 Encourage use of Appendix D. Facilitating the calculation of creatinine clearances according the site/facility protocol in sites where Appendix D is not used.

Calculated Creatinine Clearance Formulas:

Male: CrCl mL/min = (140 - age) x weight (kg) / (serum creatinine (umol/L) x 0.81)

Female: CrCl mL/min = 0.85 x (140 - age) x weight (kg) / serum creatinine (umol/L) x 0.81

5.9.2 Encourage the additional of antiviral prophylaxis to the site standing orders.

5.9.3 Facilitate the availability of a box of oseltamivir 75 mg (10 capsules) and a box of oseltamivir 30

mg (10 capsules) in each site for after-hours initiation of treatment (e.g. in the stat box).

5.9.4 Promoting influenza immunizations to staff, Patient/Residents, volunteers and families

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5.9.4 Advising the Medical Director, Patient/Residents' physician, ICP/designate or other nursing staff about the appropriate dosing of oseltamivir for the Resident/Patient as required. See Figure 1. Antiviral Treatment Considerations

5.9.5 Informing the ICP/designate or other nursing staff that supply of oseltamivir for chemoprophylaxis and/or treatment in the context of an ILI Outbreak is accessed through the provincial vaccine warehouse (see 5.3.11)

5.9.6 Supplying the oseltamivir for Residents that require treatment outside of an outbreak. Oseltamivir is covered by the Personal Care Home Drug Formulary. Residents who meet the ILI definition should be treated without delay and treatment is not contingent on having an outbreak declared.

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5.10 Patient/Resident's **Attending Physicians** are responsible for:

PRE INFLUENZA SEASON

5.10.1 Ordering influenza immunization before the influenza season and ensuring there is a mechanism to order antivirals for chemoprophylaxis in the event of an outbreak when recommended by the MOH (e.g. standing orders).

5.10.2 WRHA PCH Standing orders are available at http://home.wrha.mb.ca/prog/pch/files/MedDir_PCHMedStandingOrders_Approved_Sept.19.2013.pdf and contain orders to cover both immunization and antiviral chemoprophylaxis orders.

5.10.3 Ensuring there is a mechanism to order serum creatinine levels for all Patient/Residents in order to facilitate oseltamivir administration in the event of an outbreak (e.g. standing order)

- Serum creatinine for those without renal impairment should be current within the past year.
- Those with impaired renal function should have serum creatinine levels drawn within the last 6 months or sooner depending on the severity of the impairment.

5.10.4 Promoting influenza immunizations to staff, Patient/Residents, volunteers and families.

INFLUENZA SEASON/OUTBREAK MANAGEMENT

5.10.5 Assessing, diagnosing and treating the Patient/Resident with ILI. Residents who meet the ILI definition should be treated without delay, and treatment is not contingent on having an outbreak declared. See Figure 1.

Figure 1. Antiviral Treatment Considerations

When indicated, treatment with antivirals should be initiated as rapidly as possible after onset of illness because the benefits of treatment are much greater with initiation at <12 hours than at 48 hours. Initiation of antiviral therapy >48 hrs after onset of symptoms is still considered beneficial in Patients/Residents in whom:

- The illness is severe enough to require hospitalization
- The illness is progressive or severe regardless of previous health status
- The individual belongs to a group at high risk for severe disease. See the AMMI guidelines; Use of antiviral drugs for influenza, Table 4, p. e81 http://www.ammi.ca/media/48038/14791_aoki_final.pdf.pdf

5.10.6 Being a resource to the LTC ICP or designate, nursing staff, administration and families.

5.10.7 Promoting influenza immunizations to staff, Patient/Residents, volunteers and families not yet immunized.

Return to List of Persons Responsible

5.11 The **Manager WRHA LTC IP&C** is responsible for:

PRE INFLUENZA SEASON

5.11.1 Reviewing and updating the LTC Influenza Management Protocol and supporting documents on an annual basis in collaboration with the LTC ICP committee (or sub-committee(s)), the MOH and CDCs.

5.11.2 Providing educational resources and information to sites to facilitate the launch of the seasonal immunization campaign each year.

INFLUENZA SEASON/OUTBREAK MANAGEMENT

5.11.3 Monitoring outbreak reports submitted via CNPHI and correlating the CNPHI report with the *LTC ILI Outbreak Pictorial Report* (Appendix J) as submitted by the site ICP/designates.

5.11.4 Notifying the following persons/groups of influenza-like illness outbreaks:

- WRHA LTC Program Team
- WRHA LTC Medical Director
- WRHA Chief Nursing Officer and Vice President (responsible for LTC)
- WRHA Regional Director, Bed Utilization
- WRHA Regional Director, Infection Prevention and Control Program
- LTC ICP committee members, site Executive Directors and Directors of Care

5.11.5 Updating the WRHA IP&C website regarding current outbreaks in the Winnipeg Health Region.

5.11.6 Acting as a resource to site ICPs, site Senior Management/Administration and staff.

5.11.7 Liaising with CDCs, the MOH, site ICPs and other relevant stakeholders as required.

5.11.8 Compiling and reporting of statistics as required.

Return to List of Persons Responsible

5.12.1 The **CDC, WRHA Population and Public Health** is responsible for:

PRE INFLUENZA SEASON

5.12.1 Collaborating with the Manager, WRHA LTC IP&C to educate and update site ICPs regarding the annual immunization campaign

INFLUENZA SEASON/OUTBREAK MANAGEMENT

5.12.2 Acting as a resource to site ICPs.

5.12.3 Communicating information to and from the MOH and others as applicable.

5.12.4 Obtaining and communicating the outbreak code to the LTC ICP/designate.

5.12.5 Providing the LTC ICP/ designate with information regarding type of testing recommended (e.g., rapid testing for influenza virus and number of specimens). Usually 6 specimens are taken in an outbreak, but collaboration between the site ICP/MOH and CDC may determine additional specimens are warranted.

5.12.6 Receiving viral test results from Cadham Lab and relaying results to the ICP/designate

5.12.7 Liaising with the MOH and site ICP to determine antiviral recommendations.

5.12.8 Contacting the Provincial Vaccine Warehouse to advise of MOH approval for antiviral medications during regular working hours.

5.12.9 Sharing the *LTC ILI Outbreak Pictorial Report* (Appendix J) with the MOH responsible during the outbreak.

Return to List of Persons Responsible

5.13 The **Medical Officer of Health (MOH)** is responsible for:

PRE INFLUENZA SEASON

5.13.1 Communicating with and providing information to the LTC Medical Directors (Appendix I)

5.13.2 Collaborating with CDC and the Manager WRHA LTC IP&C to update the WRHA Influenza Protocol annually.

INFLUENZA SEASON/OUTBREAK MANAGEMENT

5.13.3 Liaising with the CDC and the LTC IP&C Manager as required.

5.13.4 Determining the need for, and authorizing the release of antiviral prophylaxis, as an adjunct to infection prevention and control measures to contain the spread of influenza in the LTC site.

6. References

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6.3 Manitoba Health (September 2013). *Seasonal Influenza*. Communicable Disease Management Protocol Manual http://www.gov.mb.ca/health/publichealth/cdc/protocol/influenza1.pdf

6.4 Manitoba Health (2012). *The Public Health Act*, C.C.S.M. c. P210 http://web2.gov.mb.ca/laws/statutes/ccsm/p210e.php

6.5 NACI Statement on Influenza Vaccination for the 2006-2007 Season, Canada Communicable Disease Report, Volume 32 • ACS-7 15 June 2006. http://resources.cpha.ca/immunize.ca/data/1814e.pdf

6.6 Public Health Agency of Canada (2010). Guidance: Infection Prevention and Control Measures for Healthcare Workers in Acute Care and Long-term Care Settings. *Seasonal Influenza*. http://www.phac-aspc.gc.ca/nois-sinp/guide/pdf/ac-sa-eng.pdf

6.7 WRHA Long Term Care, Infection Prevention and Control Program. August 2012. *Influenza Management Protocol.*

6.8 WRHA Long Term Care, Pharmacy Program. *Medication Standing Orders*. http://www.wrha.mb.ca/professionals/immunization/manual.php

6.9 WRHA Population and Public Health Program. *Regional Immunization Manual*. http://www.wrha.mb.ca/professionals/immunization/manual.php

Operational Directives Contact: Manager, LTC Infection Prevention & Control

LTC Infection Prevention & Control Committee distributed for review & comments with return date of September Monday September 16, 2013:

- ICPs and other relevant stakeholders (WRHA LTC Pharmacy Manager, WRHA Population and Public Health Communicable Diseases Coordinators and Dr. Bunmi Fatoye, Medical Officer of Health)

Approved October 3, 2013

Directors of Care (presented for comment at the September 17, 2013 meeting)
Electronic Approval pending (September 27, 2013)

Medical Advisory Council (presented for review at the September 19, 2013 meeting)
Approved September 19, 2013