

DATE: October 13, 2022
TO: Long-Term Care Facility & Residential Care Facility for the Elderly Administrators
FROM: Sefanit Mekuria, MD, MPH, Deputy Health Officer
SUBJECT: Influenza Season & Respiratory Illness Preparedness

Influenza (flu) outbreaks in Long-Term Care Facilities (LTCFs) and Residential Care Facilities for the Elderly (RCFEs) during a normal respiratory season can result in negative outcomes in both staff and residents. With COVID-19, it becomes even more important to ensure the swift implementation of appropriate control measures that will help protect residents and staff and decrease facility disruption.

An important control measure remains prompt identification of flu infection in staff and residents. Facilities should continue to partner with laboratories that can simultaneously identify multiple respiratory pathogens such as COVID-19, influenza, and RSV. Prompt flu antiviral treatment for residents with flu infection, regardless of their COVID-19 infection status, can improve their health outcome. Spread within the facility can be limited by promptly starting antiviral flu chemoprophylaxis for non-ill residents, regardless of flu vaccination status.

Facilities should take steps now to reduce future delays in starting antiviral treatment and chemoprophylaxis. Flu activity can be high during the holiday season. Taking these steps now will also help reduce facility disruptions and staffing shortages due to flu illness and outbreaks.

- Facilities with healthcare worker staff, including skilled nursing facilities, are strongly encouraged to have [antiviral flu standing orders](#) for both flu antiviral treatment and chemoprophylaxis so they can be quickly started without delay.
- For facilities without healthcare staff, including assisted living facilities and board and care homes, residents or their families should contact their primary care providers and request an antiviral flu prescription that can be filled in the future when needed for chemoprophylaxis or treatment. Their primary care provider should be informed that their patient is a LTCF or RCFE resident and benefit of prompt treatment and early antiviral chemoprophylaxis when flu impacts the facility. Below/attached is a sample letter for your residents. They should share it with their healthcare provider now.

For COVID-19, please continue reporting cases via SPOT and communicating with your Public Health Nurse. For all other respiratory pathogens, please email CoCoCD@cchealth.org or call (925) 313-6740.



Dear Healthcare Provider,

Your patient is currently a resident of an assisted living facility or residential care facility for the elderly and at a greater risk of influenza illness and severe influenza disease, especially if there is an influenza outbreak in the facility.

Contra Costa Public Health recommends health care providers prepare prescriptions for influenza treatment and chemoprophylaxis for their patients who reside in congregate living facilities. Prescriptions should be prepared now to ensure antivirals can be initiated without delay during the influenza season.

Prompt initiation of influenza antiviral treatment and chemoprophylaxis is critical in protecting your patient from severe influenza illness and infection. The dosing table below and resource links are included below for your convenience.

Thank you for your efforts to protect our community from influenza.

Sefanit Mekuria, MD, MPH
Public Health Medical Director and Deputy Health Officer

Recommendations for Influenza Antiviral Treatment and Chemoprophylaxis in a Congregate Living Setting or Residential Care Facility

	Influenza Antiviral Treatment	Influenza Antiviral Chemoprophylaxis
Patient Population	All residents and staff with confirmed flu, influenza-like illness (ILI) when there is a concern, treatment should not be delayed awaiting laboratory testing.	All asymptomatic (non-ill) residents, regardless of vaccination status, who have been exposed to influenza
Antiviral Dosage	75mg Oseltamivir (Tamiflu) orally twice a day *Dose adjustment is recommended for patients with renal disease. See www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm#Table1 for further guidance.	75mg Oseltamivir orally once a day
Antiviral Duration	5 days	2 weeks (minimum) AND continuing for at least 1 week after the last known case of ILI is identified in the facility
Initiation	<ul style="list-style-type: none"> Treatment works best when started within the first 2 days of symptom onset Treatment is still recommended and considered effective when given more than 48 hours after onset of symptoms 	<ul style="list-style-type: none"> Start as soon as possible Priority should be given to residents in the same unit/floor as an ill resident
Considerations	Amantadine and Rimantadine are NOT recommended due to high levels of antiviral resistance	

Additional Resources:

- CDC Influenza Antiviral Medications Summary For clinicians: www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm
- NIH Influenza and COVID-19: www.covid19treatmentguidelines.nih.gov/special-populations/influenza/
- California Department of Public Health's Influenza and Other Non-COVID-19 Respiratory Illness Outbreak Quicksheet: www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/FluAndRespiratoryIllnessOutbreakQuicksheet.pdf
- Contra Costa Public Health Seasonal Influenza Resources for Providers: cchealth.org/flu/providers.php

