

Influenza-Like Illness (ILI) or Acute Respiratory Illness (ARI) Outbreak Management Checklist for All Residential Facilities (rev. 12/2021)

Thank you for reaching out to Contra Costa Public Health for assistance and guidance for your facility.

This document details local reporting requirements/guidance summaries from the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH) and the California Department of Social Services (CDSS) in the event of a suspected respiratory illness outbreak.

Please review and quickly implement this checklist of outbreak control measures. Rapid implementation will help prevent additional illness among patients/residents and staff members and reduce overall facility disruptions.

The following situations are reportable to Contra Costa Public Health and should trigger a facility response:

- Influenza outbreak: at least one laboratory-confirmed influenza case in the setting of a cluster (two or more cases) of influenza-like illness* within a 72-hour period.
- Non-influenza respiratory outbreak of known etiology: at least one case of a laboratory-confirmed respiratory pathogen in the setting of a cluster (two or more cases) of acute respiratory illness** within a 72-hour period.
- Respiratory outbreak of unknown etiology: a sudden increase of acute respiratory illness cases over the normal background rate in the absence of a known etiology.
- **If you need to report a COVID19 event, please click [here](#).**

Case Definitions for Respiratory Illnesses:

***Influenza-like Illness (ILI)**

ILI is defined as fever ($\geq 100^{\circ}\text{F}$ or 37.8°C) plus cough and/or sore throat, in the absence of a known cause other than influenza. Persons with ILI often have fever or feverishness with cough, chills, headache, myalgia, sore throat, or runny nose. In the context of a multi-pathogen outbreak that includes influenza, patients with ILI symptoms who have tested positive for another respiratory pathogen in the absence of an influenza negative test result may be considered to meet the ILI case definition; however, influenza testing is recommended in this situation because the results are helpful for infection control and clinical decision-making.

***NOTE:** Clinical presentation in the elderly, young children/adults with neuromuscular/neurocognitive disorders and young infants may be atypical; fever may be absent and pneumonia may be secondary to influenza infection.*

****Acute Respiratory Illness (ARI)**

Illness characterized by any two of the following: fever (100.0°F [37.8°C] or greater), cough, runny nose or nasal congestion, sore throat, or muscle aches.

Please review the material and provide real-time training with all staff involved in carrying out the job duties. The checklist below is grouped by focus area. Please initial next to each item on the checklist once it is implemented at your facility and provide the date of implementation.

- Step 1: Complete Page 3 and the Preliminary Report (Page 12) and fax to (925) 313-6465 as soon as possible**
- Step 2: Review and promptly implement checklist (Pages 4-11)**
- Step 3: Complete the white “When Outbreak Detected” checklist column (Pages 4-11) and submit by fax**
- Step 4: Monitor facility daily and update Public Health**
- Step 5: When outbreak has ended, complete the gray “When Outbreak Has Ended” checklist column (Pages 4-11); sign and date “When Outbreak Has Ended” section on Page 11; complete the final report on Page 13; and fax all pages**

Your signature on each document indicates that your facility has implemented the recommended measures.

If you need to report a COVID19 event, please click [here](#) or go to: cchealth.org/covid19/clf/.

For information on differences and similarities between the common cold, influenza/flu and COVID19, please click [here](http://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm?web=1&wdLOR=cA77AB961-A963-42E8-A588-B0109615BEA2) (www.cdc.gov/flu/symptoms/flu-vs-covid19.htm?web=1&wdLOR=cA77AB961-A963-42E8-A588-B0109615BEA2) and refer to the graphics at the end of this document.

Thank you,
Acute Communicable Disease Program
Contra Costa Public Health

Prior to implementing the checklist, please complete this page and the Preliminary Report (page 12) and submit by fax to Public Health

Facility Name:	Facility Contact Name (s):
Phone #1: Phone #2:	CDPH/CDSS License Number, if applicable:
Fax #:	E-Mail:
Facility Address:	
Facility City:	Facility Zip Code:

Please check one box below for your facility type:

<input type="checkbox"/> Alcohol & Drug Rehab Center	<input type="checkbox"/> Ambulatory Surgical Center	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Board & Care
<input type="checkbox"/> Congregate Living Health	<input type="checkbox"/> General Acute Care / Acute Psychiatric Care	<input type="checkbox"/> Independent Living	<input type="checkbox"/> Intermediate Care
<input type="checkbox"/> Long-term Care Facility	<input type="checkbox"/> Memory Care	<input type="checkbox"/> Pediatric Day Health	<input type="checkbox"/> Residential Care for Persons with Special Health Needs/Chronically Ill
<input type="checkbox"/> Respite Care	<input type="checkbox"/> Skilled Nursing Facility	<input type="checkbox"/> Shelter	<input type="checkbox"/> Other:

- 1) How many licensed beds do you have? # ____
- 2) What is your current patient/resident census? # ____
- 3) First date affected individuals started to feel sick? (mm/dd/yy): ____
- 4) How many symptomatic patient(s)/resident(s) do you have? # ____
- 5) How many total staff do you have? # ____
- 6) How many symptomatic staff do you have? # ____
- 7) Is your facility experiencing any staffing shortages? No Yes: please describe: Click or tap here to enter text.
- 8) Do any staff work at other facilities? No Yes: please describe: Click or tap here to enter text.
- 9) Has testing already been done for affected individuals for the cause of their symptoms? (circle answer): Yes / No

If Yes, provide the information below but if not known, write "pending". If you circled No, proceed to checklist on the next page.

Information requested	Answer
Testing dates (mm/dd/yy)	
What were they tested for? (list organism{s}):	
If results available, what are they? (list organism{s}):	
Name of the laboratory you used for testing:	

Checklist (initial when implemented):		When Outbreak Detected	When Outbreak Has Ended
Focus Area	Outbreak Recommendation/ Intervention	Date Initiated	Date Completed
A. Notifications	Report suspected outbreak to the following parties:		
	1. Facility Administrator, and if applicable, the following staff: <ul style="list-style-type: none"> • Medical Director • Facility Infection Control Lead or Designee • Healthcare Staff • All other affected staff 		
	2. Contra Costa Public Health - Communicable Disease Programs (Staff are available 24/7 – 365 days) <u>Business Hours</u> (8AM-5PM M-F): Phone #: (925) 313-6740 <u>After Hours & Holidays:</u> Phone #: (925) 646-2441 (via Sheriff's Dispatch) - Ask Dispatch for the Health Officer on-call		
	3. Report to your respective licensing agency: California Department of Public Health (CDPH) – Licensing and Certification (L&C) L&C East Bay Office: (866) 247-9100 www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx District Offices (ca.gov) California Department of Social Services (CDSS) – Community Care Licensing Division East Bay Region Office - Community Care Licensing Telephone: (510) 286-4201; FAX: (510) 286-4204 www.cdss.ca.gov/inforesources/senior-care-licensing		

Checklist (initial when implemented):		When Outbreak Detected	When Outbreak Has Ended
Focus Area	Outbreak Recommendation/ Intervention	Date Initiated	Date Completed
A. Notifications (cont.)	4. If it is necessary to send a patient/resident to another facility/ or healthcare facility, notify the transport agency (i.e. ambulance company) <u>and</u> the receiving facility. <ul style="list-style-type: none"> • Limit patient/resident transfers out of your facility unless a higher level of care is needed. • If a patient/resident transfer is necessary, use the Infection Control Transfer Form: www.cdph.ca.gov/Programs/CHCO/HAI/CDPH%20Document%20Library/Interfacility%20Transfer%20Form%20061417.pdf 		
	5. Patients/Residents, family members <u>and</u> visitors		
B. Outbreak Assessment	<i>Initiate Enhanced Surveillance</i>		
	1. Conduct rounds of patients/residents to identify patients/residents with any of the following: <ul style="list-style-type: none"> • Fever, cough, and sore throat, OR • Diagnosed with influenza or tested positive for influenza by healthcare provider NOTE: Other symptoms in the elderly can include - chest discomfort, chills, fatigue, general weakness, headache, muscle aches, runny nose, or confusion.		
	2. Screen staff for any of the following: <ul style="list-style-type: none"> • Fever, cough, and sore throat, OR • Diagnosed with influenza or tested positive for influenza by healthcare provider 		

Checklist (initial when implemented):		When Outbreak Detected	When Outbreak Has Ended
Focus Area	Outbreak Recommendation/ Intervention	Date Initiated	Date Completed
B. Outbreak Assessment (cont.)	3. Fax available map/diagram(s) of your facility indicating where patient(s)/ resident(s) that have tested positive for influenza and/or have respiratory symptoms are. For staff that have tested positive for influenza and/or have respiratory symptoms indicate the facility area(s) worked. This will assist Public Health in making recommendations for infection control.		
	4. Compile initial line list of all symptomatic persons (patients/residents <u>and</u> staff.) The Public Health investigator will assist you with using SharePoint for this.		
	5. Promote and, if available, provide lab testing to find the cause of symptoms. This helps Public Health provide best practice guidance. <i>Recommend a Nasopharyngeal swab for RT-PCR Influenza or Respiratory Panel (which includes influenza). Rapid influenza testing (antigen detection only), is NOT recommended.</i>		
C. Daily Updates to Public Health	Public Health will assist you with using SharePoint		
	1. Complete a line list using SharePoint for all symptomatic patient/residents and staff/employees.		
	2. Update the line list with new symptomatic persons and email to Public Health daily.		

Checklist (initial when implemented):		When Outbreak Detected	When Outbreak Has Ended
Focus Area	Outbreak Recommendation/ Intervention	Date Initiated	Date Completed
D. Infection Control	<i>Implement facility-wide control measures.</i>		
	1. When multiple units/ areas are affected, cancel or postpone group activities until at least 4 days (96 hours) after the last identified case.		
	2. When multiple units/ areas are affected, if possible, discontinue community dining until 4 days (96 hours) after the last identified case. Shift dining service to meal delivery in patients'/residents' rooms.		
	3. Screen all visitors for symptoms of respiratory illness.		
	4. Increase the accessibility of hand sanitizers, boxes of tissues and surgical masks in your facility. Recommended locations: facility entrance, dining areas, group activities, rehab gym etc.		
	5. Educate and assist all residents in handwashing and use of hand sanitizer before/after meals and/or after toileting.		
	6. Discontinue floating of staff from affected units to unaffected units.		
	7. Assign staff to specific patients/residents and/or areas.		

Checklist (initial when implemented):		When Outbreak Detected	When Outbreak Has Ended
Focus Area	Outbreak Recommendation/ Intervention	Date Initiated	Date Completed
E. Environmental Cleaning	<i>Implement environmental cleaning measures.</i> NOTE: Influenza can survive for 24 hours on solid surfaces (tables, telephones) and up to 12 hours on porous surfaces (clothing, linens, paper, etc.).		
	1. Increase cleaning frequency of hard non-porous, high-touch surfaces to 2-3 times per day with an EPA-approved disinfectant . High-touch surfaces include, but not limited to: door knobs, call lights, bedside tables, commodes, hallway rails, toilets, faucets, elevator buttons, phones, and keyboards/mouse.		
F. Patient/Resident Management (SYMPTOMATIC)	For a lab-confirmed or clinically compatible person(s)		
	1. Healthcare provider should prescribe antiviral treatment ; medication initiation should not be delayed for pending laboratory results.		
	2. Place in a private room or cohort symptomatic patients with same influenza strain when private rooms are not available; maintain 6 feet distance between patients/residents, with curtain drawn between each patient/resident.		
	3. Isolate for at least 7 days after onset of symptoms or 24 hours after resolution of all respiratory symptoms other than cough, -- whichever is longest -- regardless of treatment. If after 7 days the resident continues to have fever or illness, you may need to extend Droplet and Standard Precautions past 7 days; consult with Public Health as needed.		

Checklist (initial when implemented):		When Outbreak Detected	When Outbreak Has Ended
Focus Area	Outbreak Recommendation/ Intervention	Date Initiated	Date Completed
F. Patient/Resident Management (SYMPTOMATIC) (cont.)	4. Use Standard Precautions <u>and</u> Droplet Precautions <u>Standard Precautions:</u> hand hygiene, use of gloves, gown, mask, eye protection – if patients/residents are unable to contain their respiratory secretions. AND <u>Droplet Precautions:</u> surgical masks should be worn upon entry to the resident’s room and during resident care. Mask should cover mouth and nose at all times.		
	5. Equipment: Place dedicated equipment in isolation rooms. If not possible, clean and disinfect equipment before use with another patient. Equipment includes but is not limited to the following: BP cuffs, Commodes, Stethoscopes, Wheelchairs, Thermometers, Therapy Equipment, etc.		
	6. Movement of symptomatic residents: <ul style="list-style-type: none"> • Confine activities to resident room. • Place a surgical mask on patients/residents if they need to leave their room for transport to another facility or any reason (MD appointment, behavior problems). • Provide physical/rehab therapy in patient’s/resident’s room. 		
	7. Hand hygiene: Wash hands using soap and water or apply hand sanitizer		
	8. Re-admission: Hospitalized patients/residents diagnosed with influenza may be re-admitted back to the facility and placed in isolation, as described above.		

Checklist (initial when implemented):		When Outbreak Detected	When Outbreak Has Ended
Focus Area	Outbreak Recommendation/ Intervention	Date Initiated	Date Completed
G. Patient/Resident Management (ASYMPTOMATIC)	<i>For patients with exposure to lab-confirmed influenza with NO symptoms:</i>		
	1. Place asymptomatic patients/residents with exposure in Standard and Droplet precautions for 5 days .		
	2. Healthcare providers should prescribe antiviral chemoprophylaxis for the asymptomatic patients/resident with dosage for 2 weeks minimum or 1 week after last identified influenza case – whichever is longer. <i>Influenza Antiviral Medications: Summary for Clinicians (CDC)</i> www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm		
	3. Lab testing is NOT recommended unless symptoms of influenza occur.		
H. Staff and Volunteer Management	<i>Monitor for staff absenteeism due to respiratory symptoms</i>		
	1. Exclude all symptomatic staff from work until 24 hours after fever is resolved without the use of fever reducing medicine (acetaminophen, ibuprofen, naproxen, and/or aspirin products).		
	2. Healthcare providers of staff should consider antiviral chemoprophylaxis for unvaccinated staff. SPECIAL SITUATION: If the outbreak is caused by a strain of influenza virus that is not well-matched by the vaccine, chemoprophylaxis can be offered for all staff, regardless of their influenza vaccination status.		

Checklist (initial when implemented):		When Outbreak Detected	When Outbreak Has Ended
Focus Area	Outbreak Recommendation/ Intervention	Date Initiated	Date Completed
I. Antiviral Drugs (Treatment and Chemoprophylaxis)	<i>Initiate treatment and chemoprophylaxis ASAP, when influenza has been lab-confirmed in at least one person.</i>		
	<p>1. Antiviral treatment should be started as soon as possible for all symptomatic patients/residents with suspected <u>or</u> confirmed influenza. <u>Influenza Antiviral Medications: Summary for Clinicians (CDC)</u> www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm</p> <ul style="list-style-type: none"> • The initiation of treatment should NOT be delayed until laboratory testing results are available. • Duration of isolation of symptomatic or influenza-confirmed patients/residents will not be shortened due to starting antivirals. 		
	<p>2. Antiviral chemoprophylaxis should be given to ALL asymptomatic patients/residents, even if vaccinated against influenza.</p>		
J. Vaccine	<p><i>Annually, vaccinate all patients and staff with influenza vaccine before influenza season. Patients/residents (65+ years) should be up to date with pneumococcal vaccination as well.</i></p> <p><i>If applicable to your facility, Cal/OSHA Aerosol Transmissible Diseases Standard (8 CCR 5199) states for staff "vaccination will be offered free of charge." California Code of Regulations, Title 8, Section 5199. Aerosol Transmissible Diseases.</i></p>		
	<p>1. In Contra Costa County, staff of healthcare and residential care facilities must receive an annual influenza vaccination or, if they decline, they must wear a mask during the influenza season (November 1st - April 30th) as stated in the Contra Costa County Health Officer Order.</p>		

Checklist (initial when implemented):		When Outbreak Detected	When Outbreak Has Ended
Focus Area	Outbreak Recommendation/ Intervention	Date Initiated	Date Completed
J. Vaccine (cont.)	2. Offer catch-up influenza vaccine to asymptomatic residents and staff who previously declined it.		

[When the outbreak has been detected]

My signature indicates that I have read, reviewed, and implemented these recommendations and had the opportunity to ask questions.

_____ Date: _____
(Signature of Facility Representative)

[When the outbreak has ended]

As a facility, we have monitored all patients and staff for symptoms of influenza-like illness or acute respiratory illness for a total of 7 days following the last date of illness onset. Our facility outbreak has resolved.

_____ Date: _____
(Signature of Facility Representative)

Preliminary Report

I have read these recommendations and had the opportunity to ask questions, on behalf of the affected facility.

Facility Name:

Facility Baseline Metrics (Preliminary Report)	Count Indicators	Count
	#Vaccinated Patients /Residents (Total number vaccinated against <u>influenza</u> ≥14 days before outbreak began)	
	#Vaccinated Patient/Residents - (Total number vaccinated against <u>Streptococcus pneumoniae</u> ≥14 days before outbreak began)	
	#Vaccinated Staff (Total number vaccinated against influenza ≥14 days before outbreak began)	
	#Staff with Documented Influenza Vaccination Declination	
	Date Indicators	Date
	Date facility temporarily closed to new admissions	
	Date facility temporarily closed to new visitors	
	Date facility temporarily closed group dining	
	Date facility temporarily postponed group activities	

Signature: _____ Date: _____

(Facility Representative)

Final Report

As a facility, we monitored all residents and staff for symptoms of ILI or ARI a total of 7 days following the last date of illness onset.

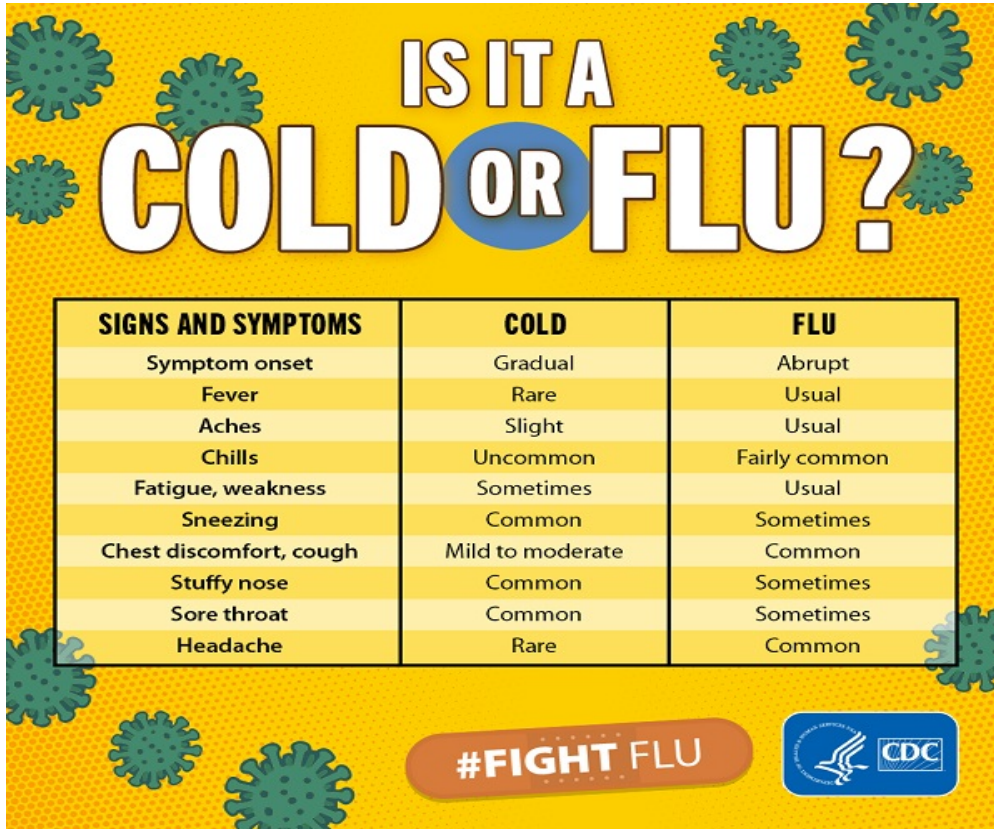
Facility Name: _____

Outbreak Resolution Metrics (Final Report)	Count Indicators	Count
	Number of symptomatic patients/residents prescribed antiviral TREATMENT Antiviral prescribed: _____	
	Number of patients/residents prescribed antiviral CHEMOPROPHYLAXIS Antiviral prescribed: _____	
	Number of patients/residents covered by an influenza antiviral standing order	
	Number of staff prescribed antiviral CHEMOPROPHYLAXIS Antiviral prescribed: _____	
	Number of residents given catch-up influenza vaccine	
	Number of staff given catch-up influenza vaccine	
	Date Indicators	Date
	Date facility re-opened to new admissions	
	Date facility re-opened to all visitors	
	Date facility group dining re-opened	
	Date normal group activities restarted	

Signature: _____ **Date:** _____


(Facility Representative)

Resources






SIGNS AND SYMPTOMS	COLD	FLU
Symptom onset	Gradual	Abrupt
Fever	Rare	Usual
Aches	Slight	Usual
Chills	Uncommon	Fairly common
Fatigue, weakness	Sometimes	Usual
Sneezing	Common	Sometimes
Chest discomfort, cough	Mild to moderate	Common
Stuffy nose	Common	Sometimes
Sore throat	Common	Sometimes
Headache	Rare	Common

#FIGHT FLU



COVID-19 vs Flu

	COVID-19	Flu
 Common	✓	✓
	✓	✓
	✓	✓
	✓	✓
 Less Common	✓	✗
	✓	⊖
	⊖	⊖
 Not Common	✓	⊖
Severity	Varies. Older adults and people with certain underlying conditions are at higher risk of severe illness. Seems to cause more severe illness in more people than flu.	Varies. Young children, older adults, and people with certain chronic conditions are at higher risk of severe illness.
Onset of symptoms	Later (2-14 days after infection)	Earlier (1-4 days after infection)
Cause	SARS-CoV-2	Influenza viruses



cdc.gov/coronavirus

CS32630-AG 9/29/2021

Educational & Training Materials:

- 1) Real-Time Training Video: Managing Influenza Outbreaks in Long-Term Care Facilities (Oregon Patient Safety Commission)
www.youtube.com/watch?v=4mwawB_yg7c
- 2) Poster: Sequence for Putting on Personal Protective Equipment (CDC)
www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

Guidance Documents:

- 1) Recommendations for the Prevention and Control of Influenza in California Skilled Nursing Facilities (SNF), California Department of Public Health (CDPH) during the COVID-19 Pandemic (UPDATED – October 2020, Reviewed October 2021)
www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/RecsForPreventionControl_Flu_inCA_SNFsDuringCOVID_FINAL_100120.pdf
- 2) Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities and Post-Acute Care Facilities (CDC)
www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm
- 3) Influenza Antiviral Medication: Summary for Clinicians (CDC)
www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm
- 4) All Facilities Letter 20-80 – Recommendations for the Prevention and Control of Influenza during the Coronavirus Disease 2019 (COVID-19) Pandemic
www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-80.aspx
- 5) Health Officer Recommendation for Influenza Vaccination of all staff members
cchealth.org/flu/pdf/Memo-Flu-Vaccination-Residential-Care-Facilities-for-the-Elderly.pdf
- 6) CDPH Webinar slides on Infection Prevention and Flu Updates 2020-2021
www.hsag.com/contentassets/808a56f767744268bfa5890eaa1e8f05/cdphinfluenzaslides_oct21.pdf