

Information and Guidelines for Respiratory Illness

Wyoming Department of Health

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(Respiratory Illness HAN 1.0)

Current Situation

Over the past two weeks, the Wyoming Department of Health (WDH) has investigated multiple respiratory illness outbreaks in long-term care facilities (LTCFs) across the state. Symptoms include fever, cough, and often radiograph-confirmed pneumonia. These outbreaks are likely viral in nature as patients respond poorly to antibiotics and illness often spreads rapidly through facilities, with both residents and staff becoming ill. Many of these cases have tested negative on rapid influenza diagnostic tests (RIDTs). However, the Wyoming Public Health Laboratory (WPHL) has confirmed at least one case of influenza through reverse transcription polymerase chain reaction (RT-PCR) testing that was RIDT negative; more samples are currently being collected and tested. There is currently widespread influenza activity throughout the state and we believe it is likely these respiratory outbreaks are related to influenza. The predominant strain this year in Wyoming is influenza A (H3N2) which can present severely, especially among patients who are immunocompromised or elderly.

Due to the severity of these respiratory illness outbreaks, the prevalence of influenza statewide, and the vulnerability of the population, we are asking that providers in long-term care facilities, and providers attending patients from long-term care facilities, consider influenza-like illness as influenza even when RIDT negative.

Prevention

Preventing transmission of influenza virus and other infectious agents within healthcare settings requires a multi-faceted approach. Spread of influenza virus can occur among patients, healthcare professionals, and visitors. Core prevention strategies include:

- Administer the influenza vaccine
- Strictly adhere to infection control protocols (especially for all patient-care activities and aerosol-generating procedures)
- Institute droplet and contact precautions (respiratory hygiene and cough etiquette)
- Establish cohorts of patients with confirmed or suspected influenza
- Exclude sick staff from work
- Restricting staff movement between wards or buildings
- Restricting contact between ill staff or visitors and patients
- Implement environmental infection control
- Administer antiviral treatment to patients and healthcare personnel when appropriate

Diagnosis and Laboratory Testing

If an individual is showing influenza-like illness, testing for influenza should occur. Available tests for influenza, in order of most to least sensitive, include reverse transcription polymerase chain reaction

(RT-PCR), immunofluorescence, and rapid influenza diagnostic testing (RIDT). A negative RIDT does not exclude influenza virus infection in patients with signs and symptoms suggestive of influenza. If the rapid flu test is negative, nasopharyngeal swabs can be sent to WPHL for confirmatory RT-PCR testing.

To discuss influenza testing at WPHL or report an outbreak, providers should contact WDH epidemiology by calling Reginald McClinton at 307-777-8640, Cody Loveland at 307-777-8634, or by calling the WDH 24/7 All Hazards Response Line at 1-888-996-9104.

Treatment

Antiviral treatment is recommended as soon as possible for all persons with suspected or confirmed influenza requiring hospitalization or who have progressive, severe or complicated illness regardless of previous health or vaccination status. Treatment consists of supportive care and symptomatic relief:

- Antiviral treatment
- Get plenty of rest
- Drink fluids to prevent dehydration
- Limit contact with others to prevent infecting others

Postexposure Chemoprophylaxis

Postexposure chemoprophylaxis should be reserved for those who have had recent close contact with a person with influenza. It should also be used when trying to control an influenza outbreak in institutions that house patients at higher risk for influenza complications. Those who should receive postexposure chemoprophylaxis include:

- All individuals in long-term care facilities who have confirmed or suspected influenza
- Close contacts of a suspected or confirmed case
- High risk individuals for flu and flu complications
- Unvaccinated health-care workers

Patients receiving postexposure antiviral chemoprophylaxis should be informed that chemoprophylaxis lowers but does not eliminate the risk for influenza, that susceptibility to influenza returns once the antiviral medication is stopped, and that the influenza vaccination is recommended if available.

Information for long-term care facilities from CDC can be found at this website:
<https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>