

“Clinical Observations and Notes”
September 1, 2003

Ten Things To Do Before Flu Season

Dr. Joseph Berman, OHCQ Medical Director, asked the DHMH Office of Epidemiology and Disease Control Program to develop a list of actions that long-term care facilities should be doing to prepare for the flu season. Our thanks go to Brenda J. Roup, PhD, RN, CIC, Nurse Consultant in Infection Control, DHMH and Susan Levy, MD, Medical Director, Levindale Hebrew Geriatric Center And Hospital for this contribution.

Preventive Measures for Long Term Care Facilities to Take NOW.

1. Begin now to educate key facility staff (especially administration) about influenza (flu), other winter respiratory infections such as respiratory syncytial virus, and Sudden Acute Respiratory Syndrome (SARS), as well as the benefits of influenza and pneumococcal immunization.
Educational materials may be found at:
 - a. www.cdc.gov/nip/Flu/default.html
At this site, you will also find information about surveillance for flu, materials for resident education, and vaccine information statements.
 - b. www.cdc.gov/ncidod/sars
This web site will give you information about SARS and infection Control guidelines to contain it.
2. The Quality Assurance/Improvement Committee should develop and approve an immunization program for the facility, that includes:
 - a. Resident education
 - b. Blanket consent (upon admission) for annual flu immunization and one time pneumococcal vaccine
 - c. Standing orders for administration of above
 - d. Immunization records that are easily retrievable
 - e. Facility health care worker immunization
 - f. Immunization goals for residents and health care workers
3. Immunize existing and new residents against flu before Halloween.
4. Immunize facility health care workers. **FOR THOSE STAFF WHO REFUSE THE FLU INJECTION, PLEASE CONSIDER OFFERING FLUMIST™, THE NEW NASAL SPRAY INFLUENZA VACCINE.**
(FluMist is currently only approved by FDA for ages 5 – 49, so it is ideal for the LTCF staff, although it can't be given to most residents.)

5. Assign the individual responsible for performing infection control activities in the facility to monitor the following web site on at least a daily basis to determine when influenza and other infectious respiratory diseases have arrived in Maryland: www.edcp.org/influenza
6. Assign the same individual the responsibility of monitoring the following CDC web site to determine if SARS is detected anywhere in the US: www.cdc.gov/ncidod/SARS
7. Once influenza has arrived in Maryland, strongly consider antiviral prophylaxis for those residents and health care workers who are unvaccinated. The four available drugs are:
 - amantadine
 - rimantadine
 - zanamivir
 - oseltamivir

These drugs can be divided into two groups based on how they work. Amantadine and rimantadine can be used to treat and prevent influenza A infections. These drugs do not work against influenza type B viruses.

The second group of drugs includes zanamivir and oseltamivir, which can be used to treat influenza A and B infections. Oseltamivir can also be used for prevention of influenza A and B.

8. If an outbreak of influenza or influenza-like-illness occurs in the facility, follow the DHMH guidelines for outbreaks of infectious respiratory diseases located at: www.edcp.org/guidelines/resp97.html

Develop policies, procedures, and standing orders for use during an outbreak related to family/visitor notification and notification of medical director and attending physicians.

9. Keep accurate records of residents and health care workers who become ill with flu or ILI.
10. Evaluate the facility immunization program in the spring of 2004 to determine the effectiveness of the fall 2003 immunization and education program. Revise program accordingly for fall 2004.

For further questions or concerns, please contact:

Brenda J. Roup, PhD, RN, CIC
Nurse Consultant in Infection Control
DHMH Office of Epidemiology and Disease Control Programs
410-767-6700