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Influenza-Like Illness and non-COVID-19 Acute Respiratory Illness Outbreak
Recommendations for Long-Term Care Facilities
Updated 01/2025
COVER SHEET

This guidance was created by the Alameda County Public Health Department (ACPHD) and is intended for use by Long-Term Care Facilities (LTCFs) for the management and containment of influenza-like illness (ILI) outbreaks and other non-COVID-19 acute respiratory illness (ARI) outbreaks. More detailed guidance that includes recommendations about prevention and planning for influenza, COVID-19 and other respiratory outbreaks is available on the California Department of Public Health (CDPH) website. Report all suspected or confirmed influenza and non-COVID-19 ARI outbreaks to Alameda County Public Health Department by calling (510) 267-3250, option 2. To report on evenings, weekends, or holidays, call Alameda County Dispatch at (925) 422-7595 and ask to speak with the On Call Public Health Duty Officer.

Skilled Nursing Facilities (SNFs) experiencing outbreaks of COVID-19 should refer to the COVID-19 Outbreak Guidance for SNFs. Facilities licensed by CDSS that are experiencing an outbreak of COVID-19 should refer to the COVID-19 Outbreak Control Recommendations for Non-Healthcare Congregate Living Facilities. Facilities with a COVID-19 outbreak must report their outbreak to ACPHD by using the instructions found at https://covid-19.acgov.org/reporting-requirements.page.

Please review the following documents and guidelines:

☒ ILI Outbreak Recommendations Checklist for Facilities
☒ Line List for Facilities
☒ Outbreak Summary Form
☒ Infection Control Transfer Form
☒ CDPH Respiratory Viruses Webpage
☒ Handwashing & Approved Disinfectants Effective Against Influenza

Documents and other information requested by Public Health may be sent by fax to (510) 273-3744 or by secure encrypted email to AcuteCD@acgov.org

Please send the following:	**When to send:**
1. Facility floorplan with room numbers	1. As soon as possible
2. Line list of potential cases	2. Daily
3. Completed outbreak summary form	3. After the outbreak is determined to be resolved by ACPHD

Note: Privacy Rule (HIPAA) permits covered entities to disclose PHI without authorization to public health authorities or other entities who are legally authorized to receive such reports for the purpose of preventing or controlling disease. This includes the reporting of disease, conducting public surveillance, investigations, or interventions.

Public Health Department
Alameda County Health

Influenza-like Illness (ILI) and Acute Respiratory Illness (ARI) Outbreak Recommendations Checklist for Facilities

Definitions

Influenza-like illness (ILI)
Fever (oral or equivalent temperature of 100 °F or greater) and 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. Some people, such as the elderly, may have atypical clinical presentations, including the absence of fever.

Influenza Outbreak within a LTCF
At least one case of laboratory-confirmed influenza in the setting of a cluster (≥2 cases) of ILI within a 72-hour period.

Non-influenza, non-COVID-19 Respiratory Outbreak within a LTCF
At least one case of a laboratory-confirmed respiratory pathogen, other than influenza or COVID-19, in the setting of a cluster (≥2 cases) of ARI within a 72-hour period.

Acute Respiratory Illness (ARI)
An illness characterized by any two of the following: fever, cough, rhinorrhea (runny nose) or nasal congestion, sore throat, or muscle aches.

Respiratory Outbreak of Unknown Etiology
Two or more cases of ILI or ARI occurring within 72 hours of each other without laboratory confirmation of influenza or other respiratory pathogens.

Reporting Requirements

Initial Reporting:

- ☐ When an ILI or ARI cluster or outbreak is identified, immediately report to the Alameda County Public Health Department (ACPHD) at 510-267-3250, option 2, Mon-Fri 8:30 am to 5 pm. After hours and on weekends and holidays, call Alameda County Fire Dispatch at (925) 422-7595 and ask to speak to the On Call Public Health Duty Officer.
- ☐ Facilities licensed by CDPH Licensing and Certification must report outbreaks to the East Bay District Office.
- ☐ Facilities licensed by CDSS must report outbreaks to Community Care Licensing and Certification Regional Office: (510) 286-4201 andCCLASCPOaklandRO@dss.ca.gov
- ☐ Submit a map/floor plan of your facility with room numbers to ACPHD by email at AcuteCD@acgov.org.

Daily Reporting:

- ☐ Complete attached line list for all **new** cases and submit to ACPHD by fax at (510) 273-3744 or by secure encrypted email (AcuteCD@acgov.org) daily until instructed to stop by ACPHD.

Reporting After Outbreak is Resolved:

- ☐ Submit a completed outbreak summary form via email (AcuteCD@acgov.org) after outbreak is determined to be resolved by ACPHD.

Outbreak Control Recommendations	
Surveillance	
	Conduct daily active surveillance for respiratory illness (i.e., ILI, ARI and COVID-19 signs and symptoms) among all residents, health care personnel (HCP), and visitors throughout the influenza season.
	Monitor staff absenteeism due to respiratory illness and instruct residents, HCP, and visitors to report any signs or symptoms of respiratory illness to the facility infection preventionist or another facility designee.
Confirm the Presence of an Outbreak Through Diagnostic Testing	
	Test residents and HCP with onset of respiratory illness for both influenza and COVID-19 at the same time. Try to test within 24-72 hours of symptom onset. Co-infections are possible.
	If available, use multiplex nucleic acid tests that can detect influenza A and B, COVID-19 and other respiratory pathogens.
	For influenza, only test people with symptoms and use a molecular test (RT-PCR), if available. If molecular tests are not available, use rapid antigen test for immediate response followed by RT-PCR for confirmation. Once cause of the outbreak is confirmed, if using point-of-care (POC) multiplex antigen, RT-PCR should be done to confirm negative results.
	If influenza and COVID-19 tests are negative, order a full respiratory panel or order additional viral (e.g., RSV) or bacterial testing based on respiratory pathogens known or suspected to be circulating in the community. Refer to CDPH Influenza and Other Respiratory Virus Weekly Report for information on respiratory viruses circulating in California.
	In general, testing asymptomatic individuals for influenza, RSV, or other non-COVID-19 respiratory viruses is not recommended.
	Additional considerations for influenza and COVID-19 testing can be found at CDC's Testing and Management Considerations for Nursing Home Residents. For testing guidance during a COVID-19 outbreak, refer to the Skilled Nursing Facility COVID-19 Outbreak Control Recommendations.
	If unable to perform testing at your facility or through a commercial laboratory, contact ACPHD at (510) 267-3250, option 2 to coordinate testing through the Alameda County Public Health Laboratory.
Communication	
	As soon as an influenza or other respiratory pathogen outbreak is identified, in addition to notifying ACPHD and Licensing, notify key stakeholders including the facility infection preventionist, administrator, medical director, health services director, staff, primary care providers of residents, and the residents, family, and visitors.
	Distribute respiratory pathogen prevention information to residents, their families, and visitors.
	Post signs at facility entrance. Post visual alerts instructing residents, staff, visitors, and volunteers to report symptoms of respiratory infection to a designated person and to follow hand hygiene and respiratory hygiene/cough etiquette.

Implement Appropriate Transmission-Based Precautions and Exclude Ill Staff	
	While results are pending, use COVID-19 transmission-based precautions for resident with symptoms of respiratory illness. Precautions for COVID-19 include HCP use of a fit-tested N95 or higher-level respirator, eye protection, gloves and gown.
	While test results are pending, residents with symptoms of respiratory illness may remain in their current room with measures in place to reduce transmission to roommates (e.g., optimizing ventilation, air purifier, spatial separation of at least 6 feet between residents, privacy curtain between residents). Do not place roommates of symptomatic residents with new roommates. Residents with lab-confirmed influenza may be roomed together unless there are other conditions present that prevent appropriate cohorting (i.e., *C. difficile*, colonization with MDRO, co-infection with COVID-19).
	For residents who test positive for influenza and negative for COVID-19, transition to droplet precautions. Use eye protection during procedures and patient care activities likely to generate splashes or sprays. Continue droplet precautions for 7 days after the resident's illness onset or 24 hours after the resolution of fever and improvement in respiratory symptoms, whichever is longer. Refer to Table 1 in CDPH guidance for additional PPE and isolation duration guidance for influenza, RSV, and COVID-19.
	For residents who test positive for COVID-19 and are negative or positive for other respiratory pathogens, refer to the Skilled Nursing Facility COVID-19 Outbreak Control Recommendations for guidance on isolation and transmission-based precautions.
	Have staff with respiratory illness symptoms tested for both influenza and COVID-19. Test for other pathogens (i.e., RSV) if they are known to be circulating in your facility. Per CDPH AFL 25-01, HCP with suspected or confirmed respiratory viral infection, regardless of whether testing is performed, should: • Not return to work until at least 3 days have passed since symptom onset* and at least 24 hours have passed with no fever (without use of fever-reducing medicines), symptoms are improving, and they feel well enough to return to work. ○ If testing is performed that renders a positive result, but the individual is asymptomatic throughout their infection, HCP should not return to work until at least 3 days have passed since their first positive test. • Wear a facemask for source control in all patient care and common areas of the facility (e.g., HCP breakrooms) for at least 10 days after symptom onset or positive test (if asymptomatic), if not already wearing a facemask as part of universal source control masking. • Perform frequent hand hygiene, especially before and after each patient encounter or contact with respiratory secretions. *Where the first day of symptoms is day 0, making the first possible day of return to work on day 4.
Infection Control Measures	
	As required by local health officer order, all health care facility staff must wear a high-quality, well-fitting mask while in patient care areas, regardless of vaccination status, from November 1 until March 31. Masking for source control should be implemented for staff during a respiratory illness outbreak, regardless of the time of year.
	During an outbreak, consider source control masking for residents while in common areas.
	Promote cough etiquette and hand hygiene for all residents, staff and visitors.
	Increase frequency of environmental cleaning to at least twice per shift with a focus on high

	touch surfaces and common areas.
	Ensure proper ventilation and filtration of indoor air. Refer to CDPH's guidance on Improving Ventilation Practices to Reduce COVID-19 Transmission Risk in Skilled Nursing Facilities.
	Keep symptomatic residents in their rooms and restrict from activities in common areas including meals.
	Consider temporarily pausing communal dining and other group activities for all residents until control measures have been instituted or the outbreak has resolved.
	Prioritize cohorting of residents and HCP by COVID-19 status first, then by influenza status; if necessary, designate cohort of influenza positive residents within a COVID-19 isolation area.
	Staff should work with asymptomatic residents first before caring for symptomatic residents and must always perform hand hygiene and adhere to infection control precautions (such as using gowns and gloves) between resident contacts. Restrict HCP movement from areas of sick residents to well residents, as feasible.
	Monitor adherence to hand hygiene, source control masking, and other infection control measures using standardized adherence monitoring tools. Correct deficiencies with individual staff, as needed, and present de-identified adherence monitoring data to staff and facility administrators/leaders.
Vaccination for Residents and Staff	
	Obtain standing vaccination orders from providers for residents and staff and vaccinate residents and staff for influenza at the beginning of every influenza season as well as newly admitted residents who are unvaccinated. Mild illness and egg allergies are not a contraindication for receiving the influenza vaccine.
	Offer the influenza vaccine again to residents and staff who previously declined vaccination throughout the respiratory season.
	Track resident and staff vaccination status and calculate vaccination rates.
	Encourage all residents and staff to stay up-to-date with vaccinations for COVID-19, pneumococcal disease, RSV, and other recommended vaccines according to current CDC recommendations.
Antiviral Treatment	
	Treat all residents with confirmed or suspected influenza with antiviral medication as soon as possible, ideally within 48 hours of symptom onset, for maximum benefit. For information about current recommended influenza antiviral treatment, see the CDC influenza antiviral medication webpage.
	Have standing orders for antiviral medication administration. • Identify a supply source for rapidly obtaining antiviral medication forresidents. • Define indications and mechanism for obtaining antiviral agents for resident treatment, and dose adjustments as needed for underlying conditions (for example, renal impairment).
	Do NOT wait for confirmatory test results to initiate treatment unless there is ongoing transmission of SARS-CoV-2 in the facility.
	Antiviral agents for influenza and for COVID-19 may be administered simultaneously when coinfection occurs; see CDPH COVID-19 Treatment Resources for Healthcare Providers.
	Consult resident's PCP for any necessary dose adjustments in persons with underlying conditions, such as renal impairment.
	Antiviral resistance may be possible if the resident is positive for influenza and has progressive illness after 72 hours of treatment. Report to ACPHD and consult with PCP/medical director.

Antiviral Chemoprophylaxis	
	Obtain orders from medical director or primary care providers for influenza chemoprophylaxis when it is indicated. • Identify a supply source for rapidly obtaining antiviral chemoprophylaxis for residents and staff. • Define indications and mechanism for obtaining chemoprophylaxis, and dose adjustments as needed for underlying conditions (for example, renal impairment).
	As soon as an outbreak is identified, provide antiviral chemoprophylaxis to all non-ill residents in the facility, regardless of vaccination status. If there is a limited supply of antiviral agents, prioritize chemoprophylaxis for: 1. Roommates and residents on the same floor or unit as residents with active influenza 2. Residents in the same building with shared HCP Consult with medical director and ACPHD for further guidance. For information about current recommended influenza antiviral chemoprophylaxis and dosage, see the CDC influenza antiviral medication webpage.
	For control of influenza outbreaks in LTCFs, CDC recommends antiviral chemoprophylaxis for at least 2 weeks and at least 7 days after the last known case was identified, whichever is longer.
	Obtain influenza testing for any resident who develops signs or symptoms of ILI or ARI after receiving an antiviral agent for at least 72 hours. Report positive results to ACPHD due to the possibility of antiviral resistance.
	Strongly consider antiviral chemoprophylaxis for HCP if: • HCP was vaccinated but the circulating influenza strain is not well matched with vaccine strains. • Recently vaccinated and exposure to influenza occurred within 2 weeks of receiving injectable vaccine; do NOT give antiviral chemoprophylaxis until at least 12 days after administration of intranasal live-attenuated (LAIV) vaccine. • HCP was not vaccinated due to a medical contraindication or are at high risk for complications of influenza due to age or medical conditions.
Admissions, Re-admissions, and Transferring Residents	
	When planning to accept or transfer residents who still require isolation for influenza, evaluate the resident's COVID-19 exposure status and test for SARS-CoV-2 as appropriate before moving resident.
	Do not place new admissions on units with symptomatic residents.
	Do not transfer asymptomatic residents to units with residents who have active influenza.
	Use the ACPHD Infection Control Transfer Form when transferring residents to a different facility or unit.
	Consult with facility medical director and ACPHD to determine if the facility should be closed to new admissions during an influenza outbreak. • The duration of closures or limiting admissions should be determined foreach situation individually. • Facility-wide and prolonged closures are not necessary if transmission is controlled and there is an unaffected location available where new admissions can be placed.
	Hospitalized patients with respiratory pathogens should be discharged when they no longer require the level of care provided in an acute care setting. Implement droplet precautions for returning residents who were hospitalized with influenza and are ready for discharge from the hospital but

	are still within the 7 day or longer period of required droplet precautions. See Table 1 in CDPH guidance for PPE and duration of isolation for RSV.
	Ensure that new or returning residents with acute respiratory illness are evaluated medically to determine room placement and needed infection control precautions.
Managing Family and Visitors	
	During an active respiratory illness outbreak: • Consider implementing visitor restrictions, such as limiting the number of visitors and excluding young children. • Implement screening of visitors for signs of acute respiratory illness and exclude symptomatic visitors. • Require universal masking for source control. • Visitors must perform hand hygiene and follow respiratory/cough etiquette. • Educate and encourage routine and seasonal vaccination for family and visitors. • Encourage outdoor visitation, as feasible. Avoid visitation in indoor common areas.
Assess Outbreak Control Measures	
	If no new cases of lab-confirmed influenza or respiratory illness have been identified for at least 7 days after the last confirmed case of influenza, it is reasonable to consider an influenza outbreak resolved and discontinue outbreak control measures. For RSV outbreaks, use a 10-day period after the last confirmed case. For non-influenza, non-RSV, non-COVID-19 respiratory outbreaks, resolution of the outbreak will be determined in consultation with ACPHD. Outbreak control measures can typically be discontinued when there have been no new cases for two median incubation periods, which varies depending on the pathogen. When you receive notification from ACPHD that your influenza outbreak is considered resolved, complete the enclosed Outbreak Summary form and send to ACPHD.

Line List for Facilities v.01.2024

Name of Facility: Today's Date: ☐ No new illnesses to report

Demographics							Illness Description								Laboratory Test					Outcome				
Name	Staff or Resident (S/R)	Unit / Floor	Room / Bed #	Age	Sex	Vaccinated > 14 d prior (Y/N)	Onset date of symptoms	Temperature	Fever > 100° F (Y/N)	Cough (Y/N)	Sore throat (Y/N)	Myalgia (Y/N)	Rhinorrhea (Y/N)	Active COVID Infection (Y/N)	Other Symptoms (Specify)	Influenza Rapid Test (+/-)	Influenza PCR (+/-)	Other test (specify)	Influenza type (A or B)	If Flu A, which subtype [e.g. H1N1, H1, H3, unsubtyped, etc.]	Antiviral treatment start date	Hospitalized (Y/N)	Alternate Diagnosis? (Y/N)	Death (Y/N) & Date	Comments (include any alternate diagnosis)

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Outbreak Summary Form

v.01.2024

Name of Facility:_____ Today's Date: _____

	Total # of Residents and Staff	# Who Received Influenza Vaccine ≥14 Days Before the Outbreak Began	# Who Received Catch-Up Influenza Vaccine After Outbreak Began	# Who Did Not Receive Influenza Vaccine	# of Ill Residents and Staff*	# of Ill Who Received Antiviral Treatment	# of Non-Ill Who Received Antiviral Chemo-prophylaxis	# of Ill Who Developed Symptoms After 72 hours of Antiviral Treatment or Chemo-prophylaxis	# Transferred to Acute Care Hospital	# of Deaths
Residents										
Staff										

*Ill resident or staff is defined as a person who has laboratory-confirmed influenza (i.e., a positive influenza test result) OR who meets the Influenza-Like Illness (ILI) case definition (Fever ≥100°F and cough and/or sore throat in the absence of a known cause other than influenza

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Alameda County Health

Handwashing and Approved Disinfectants Effective Against Influenza

Handwashing Instructions

Handwashing is the best way to prevent spreading germs to others. The proper way to wash your hands is as follows:

- Wet your hands with clean, running water and apply soap. Use warm water if it is available.
- Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
- Scrub your hands including the palms, back of hands, between finger, and under nails. Continue scrubbing hands for at least 20 seconds, or about the time it takes to hum the "Happy Birthday" song from beginning to end twice.
- Rinse your hands well under clean, running water.
- Dry your hands using a clean paper towel or air dryer. If possible, use a paper towel to turn off the faucet.

If soap and water are not available, use an alcohol-based hand sanitizer as follows:

- Apply product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the product over all surfaces of your hands and fingers until your hands are dry.

More information about handwashing can be found at the CDC handwashing webpage.

Environmental Disinfection

The influenza virus can be killed by many common household and hospital-grade disinfectants, including bleach and ammonia-based products. See the EPA List of Products Effective Against Influenza A Virus on Hard Surfaces for a detailed list of products that are appropriate to use for cleaning and disinfection during an influenza outbreak.