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*\* NOTICE: This health alert provides written guidance for health care professionals and others who may need to take action to prevent or control a notifiable condition. It is not intended to provide guidance for the general public.*

## INFLUENZA

### Masking of Unvaccinated Staff – Antiviral Treatment

#### BACKGROUND:

The Thurston, Lewis, Mason Infection Control Network has determined that influenza infections are increasing and widespread in our communities based on surveillance data. As of 12/29/2018 there had been 9 lab-confirmed influenza deaths and 10 influenza-like illness outbreaks reported in long-term care facilities in Washington State. Thurston County has had one influenza death in an elderly individual. Visits for influenza-like illness to Influenza-Like Illness Surveillance Network providers has exceeded baseline in Washington State.

#### ACTIONS REQUESTED:

##### 1. Require masking of unvaccinated staff in health care, long-term care, and other congregate care facilities

Require all workers in health care, long term care and other congregate care facilities who are not vaccinated to wear a face mask when providing direct patient care or working within 3 feet of a patient, according to their agency or facility policies. Staff receiving the vaccination now should continue masking for two weeks following vaccination. (When surveillance data show that influenza activity has decreased significantly, an update will be sent out to let hospitals and other facilities know that healthcare workers no longer need to mask.)

##### 2. Encourage influenza vaccination

Vaccinate all persons 6 months of age and older. Vaccines for this season contain A(H3N2), A(H1N1)pdm09, and B virus strains; these are the strains currently circulating.

##### 3. Consider antiviral treatment

Base antiviral treatment decisions for outpatients on clinical judgment; patient's disease severity and progression, age, underlying medical conditions, likelihood of influenza, and time since onset of symptoms.

- Encourage persons with influenza-like illness at high risk for influenza complications to seek care promptly to determine if treatment with antiviral medications is warranted.
- **Based on your clinical judgement, start antiviral treatment ASAP** after illness onset, ideally within 48 hours. There are four antiviral medications now available; XOFLUZA is new this year, [www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm](http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm).
- **DO NOT DELAY antiviral treatment** while waiting for lab tests. Rapid influenza testing can provide false negative results. **Antiviral treatment started later than 48 hours after illness onset may still provide benefit** in patients with severe, complicated, or progressive illness, and in hospitalized patients.
- **Treat high-risk patients** with confirmed or suspected influenza with appropriate antiviral drugs as early as possible including those patients who are:
  - ✓ Hospitalized
  - ✓ Have severe, complicated, or progressive illness
  - ✓ At higher risk for influenza complications;
    - Children aged younger than 2 years;



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- Adults aged 65 years and older;
- Persons with;
  - Chronic pulmonary (including asthma),
  - Cardiovascular (except hypertension alone),
  - Renal, hepatic, hematological (including sickle cell disease),
  - Metabolic disorders (including diabetes mellitus),
  - Neurologic and neurodevelopment conditions (disorders of the brain, spinal cord, peripheral nerve, and muscle like cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability [mental retardation], moderate to severe developmental delay, muscular dystrophy, or spinal cord injury);
- Immunosuppressed, including that caused by medications or by HIV
- Women, pregnant or postpartum (within 2 weeks after delivery);
- Persons younger than 19 years of age receiving long-term aspirin therapy;
- American Indians/Alaska Natives;
- Persons morbidly obese (i.e., body-mass index >or = to 40); and
- Residents of nursing homes and other long-term care facilities.

**4. Report Influenza Deaths to your local health jurisdiction**

**RESOURCES:**

Washington State Weekly Influenza Surveillance Report -

[www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/CommunicableDiseaseSurveillanceData/InfluenzaSurveillanceData](http://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/CommunicableDiseaseSurveillanceData/InfluenzaSurveillanceData)

People at High Risk of Developing Flu–Related Complications -

[www.cdc.gov/flu/about/disease/high\\_risk.htm](http://www.cdc.gov/flu/about/disease/high_risk.htm)

Clinical Signs and Symptoms of Influenza - [www.cdc.gov/flu/professionals/acip/clinical.htm](http://www.cdc.gov/flu/professionals/acip/clinical.htm)

Influenza Vaccination Information for Health Care Workers - [www.cdc.gov/flu/healthcareworkers.htm](http://www.cdc.gov/flu/healthcareworkers.htm)

Influenza Antiviral Medications: Summary for Clinicians -

[www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm](http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm)

Guidance for Clinicians on the Use of Rapid Influenza Diagnostic Tests -

[www.cdc.gov/flu/professionals/diagnosis/clinician\\_guidance\\_ridt.htm](http://www.cdc.gov/flu/professionals/diagnosis/clinician_guidance_ridt.htm)

Prevention Strategies for Seasonal Influenza in Healthcare Settings -

[www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm](http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm)

Guidance for the Prevention and Control of Influenza in the Peri- and Postpartum Settings

[www.cdc.gov/flu/professionals/infectioncontrol/peri-post-settings.htm](http://www.cdc.gov/flu/professionals/infectioncontrol/peri-post-settings.htm)

Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities

[www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm](http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm)

**THANK YOU SO MUCH FOR REPORTING – WE COULDN'T DO THIS WORK WITHOUT YOU!**

<b>TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY</b>	
Voice mail for reporting Non-immediately reportable conditions (24 hours a day)	Phone: 360-786-5470 Fax: 360-867-2601
Day time immediately reportable conditions	360-867-2500 ask staff to locate Communicable Disease staff
After hours immediately and 24 hour reportable conditions or a public health emergency	Call 911 and ask staff to locate the Health Officer.
No one is available with Thurston County Public Health and condition is immediately notifiable	1-877-539-4344