

# SEASONAL INFLUENZA GUIDANCE

**Federal Bureau of Prisons**

**Clinical Guidance**

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## WHAT'S NEW IN THIS GUIDANCE?

- *Table 1. Conditions That Put Persons at High Risk for Influenza Complications:* Updated to include the addition of persons  $\geq 50$  years of age and health care personnel who have the potential for exposure to influenza patients or to their infectious materials. .
- If used, baloxavir (Xofluza<sup>®</sup>) must be given within 2 days of illness onset.

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## OVERVIEW

The following guidance is provided for management of seasonal influenza. An optional **INFLUENZA OUTBREAK RESPONSE CHECKLIST** is provided in [Appendix 1](#).

Preventing transmission of influenza viruses within the correctional environment requires a **MULTI-FACETED APPROACH** that includes:

- Influenza vaccination ([Section 3](#))
- Infection prevention ([Section 3](#)) and control measures ([Section 4](#))
- Influenza testing ([Section 5](#))
- Antiviral treatment ([Section 5](#))
- Antiviral prophylaxis ([Section 5](#))

For information concerning the management of influenza when SARS-CoV-2 is co-circulating with influenza viruses, refer to the BOP *Influenza Co-circulating with SARS-CoV-2 Clinical Guidance*.

## INFLUENZA-LIKE ILLNESS SURVEILLANCE

Early detection, prevention and control of influenza are important activities used to protect the health of individuals and to decrease the burden of disease in an institution and across the BOP. These activities are accomplished through influenza-like illness (ILI) surveillance, which is a tool used for the ongoing and systematic collection, analysis, and interpretation of ILI data, closely integrated with the timely dissemination of these data to leadership, infection prevention and public health entities. It is essential to the planning, implementation, and evaluation of BOP's health practices.

**The Centers for Disease Control and Prevention (CDC) defines ILI as:** fever (temperature of 100.0° F [37.8° C] or greater, oral or equivalent) AND cough and/or sore throat. This definition is used for influenza surveillance worldwide and will continue to be used for surveillance and reporting in the BOP.

## NEW ONSET RESPIRATORY ILLNESS

In prior years, the CDC definition of influenza-like illness (ILI) was used to assess for influenza. **However, with the recognition that ILI is a surveillance definition and in the context of co-occurring viral respiratory illnesses**, healthcare providers should consider influenza *and* other viral respiratory illnesses when patients present with a **NEW ONSET RESPIRATORY ILLNESS** and have symptoms such as:

- Fever/feverishness (**Note:** Not everyone will present with fever)
- Shortness of breath/Difficulty breathing
- Cough
- Sore throat
- Runny nose/Nasal congestion
- Myalgia
- Headache
- Fatigue
- Gastrointestinal symptoms (nausea/vomiting/diarrhea)

## PREVENTION

### INFLUENZA VACCINATION

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**Influenza vaccination is the most critical measure for preventing seasonal influenza.** The CDC recommends that all persons over age 6 months of age receive influenza vaccination. **It is recommended that all staff and inmates be offered vaccination.**

- **STAFF:** Vaccination should be strongly promoted for all staff.
- **PRIORITIES FOR VACCINATING INMATES:** Inmates who are at high risk for influenza (see [Table 1](#)) and whose work assignments require interaction with others from different areas within an institution (e.g., health services, food services) are the highest priority of inmates to receive vaccination.

### GOOD HEALTH HABITS

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Educate staff and inmates that the following measures help protect against the spread of influenza.

- **REGULAR HAND WASHING**, especially after sneezing, coughing, or touching the face.
- **RESPIRATORY ETIQUETTE:** Sneeze and cough into a sleeve or tissue; avoid touching the eyes, nose, or mouth.
- Post signs, posters, and other visuals about good health habits in strategic places. See [Appendix 2](#) for an example of a sign.
- During influenza season, institutions are encouraged to develop a plan to emphasize hand hygiene for both staff and inmates. It is particularly important that hand hygiene be emphasized in settings where hand shaking is an integral part of programs such as RDAP, CHALLENGE, and BRAVE.

### DISINFECTION OF HIGH-TOUCH SURFACES

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During influenza season, institutions should emphasize cleaning of high-touch surfaces (e.g., door knobs, hand rails, telephones, keys, computer keyboards).

### EDUCATION

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- **EDUCATE INMATES AND STAFF** to avoid close contact with persons who have new onset respiratory symptoms.
- **EDUCATIONAL MATERIALS** on influenza prevention can be obtained from the CDC's Seasonal Influenza Resource Center: <https://www.cdc.gov/flu/prevent/actions-prevent-flu.htm>

## CONTROL MEASURES

### SCREENING

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**All new arrivals** should be screened for new onset of respiratory symptoms using the COVID-19 screening process for new intakes which includes the respiratory symptoms of interest.

- ➔ *Elderly patients with influenza may have atypical complaints, such as anorexia and mental status changes with or without an unexplained fever as the only presenting symptoms.*

## MEDICAL ISOLATION

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Inmates with symptoms suspicious for influenza should be housed in medical isolation in single cells with solid walls and solid doors or cohorted together and separated from non-symptomatic inmates. If placement in single cells is necessary, psychology staff should be consulted to ensure inmates are evaluated as to their suicidality risk and/or to make recommendations. Medical isolation is an important and effective measure that limits the spread of influenza and if initiated promptly can prevent an influenza outbreak in a facility.

→ *When combined with other preventive actions such as hand hygiene, face coverings may help prevent people who have influenza from spreading it to others.*

- Medical isolation of an individual with influenza should continue until 24 hours after the resolution of fever or after 5 days from the time of symptom onset, whichever is longer.
- Inmates with new onset respiratory symptoms attributed to influenza should NOT be transferred out of the facility if they have NOT completed medical isolation (i.e., 24 hours after fever resolution or after 5 days from the time of symptom onset, whichever is longer).

## PPE AND INFECTION PREVENTION & CONTROL

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The below **DROPLET PRECAUTIONS** guidelines should be followed while inmates are in medical isolation or quarantine for confirmed or suspected influenza:

- Post a “**DROPLET PRECAUTIONS**” sign on the door of the room or if utilizing cohorting, post on the unit (see second sign in [Appendix 2](#)).
- Staff entering rooms should wear a surgical mask (not a fit-tested N-95), gloves, and a gown (i.e., for close contact).
- Staff should wear gloves for all interactions that may involve direct contact with inmates or with potentially contaminated areas in the immediate environment.
- Staff should perform hand hygiene before donning AND after doffing PPE.
- When staff leave the room, PPE is doffed in the designated area and disposed of in regular trash.
- Meals should be delivered to inmates. Disposable dishes are not required.
- Inmates should wear a surgical mask when outside their room before their medical isolation or quarantine period has finished.
- Inmates should be instructed regarding cough etiquette and hand washing.

**Additional Precautions should be followed for AEROSOL-GENERATING PROCEDURES performed on patients with suspected or confirmed influenza**, since they may be more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. These procedures potentially put staff at increased risk for influenza exposure, particularly those performing the procedures (e.g., sputum induction, nebulizer treatments, cardiopulmonary resuscitation). Additional precautions include:

- Limiting the number of staff present during procedures to only those essential for patient care and support.
- Conducting the procedures in an airborne infection isolation room (AIIR) when feasible. If not feasible, use additional engineering controls (e.g., plexiglass barriers, plastic curtains).
- Wearing a fit-tested N-95 and eye protection.
- Cleaning environmental surfaces after the procedure.

## CLINICAL MANAGEMENT

### INFLUENZA TESTING

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**RAPID INFLUENZA DIAGNOSTIC TESTS (RIDTs)** can help in the diagnosis and management of patients who present with new onset respiratory symptoms. However, there are limitations of RIDTs that are important for clinicians to understand in order to interpret test results properly.

→ See the CDC's discussion of **RIDTs** at:

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

**The use of rapid tests is an accepted method of testing for influenza** and should be used to assist with rapid diagnosis when other respiratory illnesses have similar signs and symptoms (e.g., COVID-19). However, in some circumstances and in consultation with the Regional Medical Director, commercial testing may be used.

- Rapid testing may be conducted with the point of care, CLIA-waived Abbott ID NOW system.
- Communication and collaboration with the local public health department is recommended.

Once influenza activity has been documented in the facility, in the community, or in the geographic area, a preliminary clinical diagnosis of influenza can be made for persons with signs and symptoms consistent with suspected influenza when SARS-CoV-2 **is not** co-circulating. In this situation, testing is not needed for all patients with signs and symptoms of suspected influenza to make antiviral treatment decisions.

**Due to the limited sensitivities of RIDTs, negative results do not exclude influenza virus infection in patients with signs and symptoms suggestive of influenza.**

- All institutions should have situational awareness regarding their own and surrounding community levels of influenza activity. Influenza testing data and ILI surveillance data from local public health departments and from CDC's influenza activity and surveillance reports at <https://www.cdc.gov/flu/weekly/fluactivitysurv.htm> are helpful resources in this regard.
  - Note that local public health departments will have access to more timely local ILI and laboratory-confirmed influenza surveillance data.
- If clinically indicated, antiviral treatment should not be withheld from patients with suspected influenza, even if they test negative by RIDT.

**To minimize false RIDT results:**

- Collect specimens as early in the illness as possible, ideally less than 4 days from illness onset.
- Follow the manufacturer's instructions, including acceptable specimens and handling procedures.
- Follow-up negative results with commercial testing.

**In long-term/nursing care centers when it is not influenza season**, influenza testing should occur when any resident has signs and symptoms that could be due to influenza, and especially when two or more residents develop new onset respiratory symptoms within 72 hours of each other.

## ANTIVIRAL TREATMENT

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Antiviral treatment with oseltamivir (Tamiflu®) or zanamivir (Relenza®) is indicated *as early as possible for any inmate with confirmed or suspected influenza*, particularly for inmates who are hospitalized; have severe, complicated, or progressive illness; or have high risk conditions (see **TABLE 1** below).

When influenza activity is moderate to very high and SARS-CoV-2 is co-circulating, it is recommended that consideration be given to treating influenza with the endonuclease inhibitor, baloxavir (Xofluza®). Baloxavir is indicated for the treatment of acute, uncomplicated influenza in those with high risk conditions if given within 2 days of illness onset (see **TABLE 1** below). No data are available on the use of baloxavir after 2 days of illness onset. It is **NOT** recommended for use in pregnant women, breastfeeding mothers, outpatients with complicated or progressive illness, severely immunosuppressed persons, or hospitalized patients because of the lack of information on its use for these groups to date. Baloxavir can substantially reduce influenza virus shedding at 24 hours after a single treatment dose compared with oseltamivir; however, clinically significant influenza virus resistance to baloxavir may occur during treatment and be transmitted to close contacts. Regional Medical Directors should be notified when there is an outbreak and when baloxavir is being considered as a treatment option, however every effort should be made to not delay care.

**TABLE 1. CONDITIONS THAT PUT PERSONS AT HIGH RISK FOR INFLUENZA COMPLICATIONS**

- Age ≥ 50 years
- Chronic pulmonary disease (including asthma)
- Cardiovascular disease (except hypertension alone)
- Renal, hepatic, hematologic (including sickle cell disease), and metabolic disorders (including diabetes mellitus)
- Neurologic disorders and neurodevelopment conditions (including cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability, muscular dystrophy, or spinal cord injury)
- Immunosuppression due to any cause (including that caused by medications, certain cancers [e.g., leukemia], or HIV infection)
- Women who are pregnant or postpartum (up to 2 weeks after delivery)
- Age < 19 years and receiving long-term aspirin therapy
- American Indian/Alaska Native
- Morbidly obese (i.e., body mass index ≥ 40)
- In long-term inpatient care settings
- Health care personnel who have the potential for exposure to influenza patients or to their infectious materials



**Important notes regarding treatment:**

- Antiviral treatment requires non-formulary approval in the BOP.
- Treatment of patients at high risk for influenza complications should not wait for laboratory confirmation of influenza when clinical suspicion for this diagnosis is high.
- **Antiviral treatment works best when started within the first 2 days of symptoms.** However, these medications can still help when given after 48 hours to those that are very sick, such as those who are hospitalized, have progressive illness, or may have SARS-CoV-2 co-infection.
- Dosages of oseltamivir are adjusted with renal impairment (see manufacturer's prescribing information).

## ANTIVIRAL PROPHYLAXIS

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**ANTIVIRAL PROPHYLAXIS is indicated in long-term/nursing care settings.** The CDC's [Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities](#) recommends that if at least two patients become ill within 72 hours of each other and at least one resident has laboratory-confirmed influenza, antiviral prophylaxis should promptly be administered to all non-ill residents living on the same unit regardless of influenza vaccination status.

➔ *Seek approval of the Regional Medical Director prior to administering antiviral prophylaxis.*

**Key points from the CDC guidance regarding antiviral prophylaxis in long-term/nursing care settings include:**

- Antiviral prophylaxis is **NOT** a substitute for vaccination. It is used as an adjunct in preventing and controlling influenza.
- It is administered to all non-ill residents, *regardless of influenza vaccination status.*
- It is continued for a *minimum of 2 weeks and continued for at least 7 days* after the last known laboratory-confirmed influenza case is identified on the affected unit.
- Dosages of oseltamivir are adjusted with renal impairment (see manufacturer's prescribing information).

➔ *The CDC guidance on antiviral prophylaxis, including recommended medications, is available at: <https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>.*

## CLINICAL MONITORING

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Inmates with new onset respiratory illness should be monitored daily for level of mental awareness (e.g., presence of lethargy, confusion, and disorientation), symptoms and signs of severe illness, and hydration status. While it is important to avoid direct patient contact during infectious respiratory illnesses, it is vital that we thoroughly evaluate the patient to include measurement of vital signs as indicated.

## PATIENT EDUCATION

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Key patient education messages are outlined in **TABLE 2** below.

**TABLE 2. PATIENT EDUCATION MESSAGES REGARDING INFLUENZA ILLNESS**

- The incubation period (time period from exposure to development of symptoms) is typically 1–4 days.
- Infected adults are presumed to be contagious from one day before symptoms until 24 hours after temperature is normal (without fever-reducing medications). However, patients should be very careful to continue to cover their cough and wash hands frequently for a few days after that.
- Fever usually declines after 2–3 days and normally disappears by the sixth day of illness.
- Cough, weakness, and fatigue can persist for 1–2 weeks and up to 6 weeks.
- Antibiotics do not benefit people with influenza but are sometimes needed to treat secondary co-occurring bacterial infections.
- Promptly report shortness of breath or worsening of symptoms after initial improvement.
- Generally recommended symptomatic treatment for influenza includes:
  - ▶ Treat fever, myalgia, and headache with acetaminophen or ibuprofen.
  - ▶ Rest.
  - ▶ Drink plenty of fluids.

## SURVEILLANCE AND REPORTING

- **Inmates with ILI** (see [CDC definition](#)) should be diagnosed with BEMR code **488.1A**. The diagnosis should be “resolved” 24 hours after the temperature has normalized or after 5 days from the time of symptom onset, whichever is longer.
- **Inmates with laboratory-confirmed influenza** should be diagnosed with BEMR code **J111**. The diagnosis should be “resolved” 24 hours after the temperature has normalized or after 5 days from the time of symptom onset, whichever is longer.
- **The occurrence of 5 or more cases of ILI within a 7 day period** should be reported in the BOP Reportable Infectious Disease (RID) system, accessible on the Sallyport Health Services, Quality Management Dashboards page.
- **Start a line list of all ILI cases.** (See [Appendix 1, Influenza Outbreak Response Checklist.](#))
- **Conduct surveillance** of influenza vaccination rates and ILI.

## APPENDIX 1. INFLUENZA OUTBREAK RESPONSE CHECKLIST

1. RECOGNITION, REPORTING, AND DATA COLLECTION	
	<b>a. Consider a rapid influenza diagnostic test (RIDT)</b> when persons present with new onset respiratory illness regardless of fever during influenza season when influenza is suspected.
	<b>b. If there are greater than 5 cases of <a href="#">ILI</a> in a 7-day period, report</b> in the Reportable Infectious Disease (RID) system on Sallyport for surveillance purposes.
	<b>c. Update Medical Problem lists:</b> Inmates with <i>ILI</i> are diagnosed with BEMR code 488.1A and inmates with laboratory-confirmed influenza are diagnosed with BEMR code J111 for tracking purposes.
	<b>d. Start a line list (spreadsheet)</b> of all staff (if known) and inmate ILI cases when more than 5 cases have been documented in a 7-day period.
2. INFECTION PREVENTION AND CONTROL MEASURES	
	<b>a. Isolate inmates with new onset respiratory illness, including ILI, or positive influenza test results. Staff should follow PPE precautions</b> (see <a href="#">Control Measures</a> ). Ill inmates should wear facial coverings.
	<b>b. Educate staff and inmates about the outbreak.</b> Encourage staff and inmates to report cases of new onset respiratory illness, including ILI. Promote hand hygiene (especially in substance abuse treatment programs); respiratory etiquette; avoiding touching the eye, nose or mouth; and avoiding handshakes Post signage about the outbreak and proper hand hygiene. Use staff recalls, email, inmate town halls, TRULINCS.
	<b>c. Increase availability of hand hygiene supplies on housing units.</b>
	<b>d. In HSU, separate inmates with new onset respiratory symptoms</b> from other inmates; require facial coverings.
	<b>e. Educate staff and inmate orderlies to increase cleaning schedules</b> for high-traffic areas and high-touch surfaces (e.g., faucets, door handles, keys, telephones, keyboards). Assure adequate cleaning supplies.
	<b>f. Re-offer influenza vaccine to unvaccinated staff and inmates</b> (especially if immunocompromised).
3. CARING FOR THE SICK AND THEIR CLOSE CONTACTS	
	<b>a. Implement plan for assessing ill inmates.</b> Promote: hydration, ibuprofen or acetaminophen for fever, rest.
	<b>b. Prescribe antiviral treatment to all confirmed influenza cases</b> within 48 hours of symptom onset ( <a href="#">Table 1</a> ).
4. POSSIBLE ADMINISTRATIVE CONTROLS DURING OUTBREAKS	
	<b>a. Institute new onset respiratory illness screening on new inmate intakes, if not already in place.</b>
	<b>b. Waive co-pays</b> for inmates in Health Services to promote reporting of illness.
	<b>c. Minimize inmate movement</b> between affected and unaffected units.
	<b>d. Screen for new onset respiratory illness in inmate workers</b> in Food Service & Health Services; exclude from work if symptomatic.
	<b>e. Minimize self-serve foods in Food Service</b> (e.g., eliminate salad bars).
	<b>f. Initiate controlled movement by unit to the dining hall</b> (cleaning between units) or feed on the units.
	<b>g. Temporarily discontinue group activities</b> (e.g., recreation, chapel, activity therapy groups, education).
	<b>h. Temporarily suspend handshakes in substance abuse treatment programs</b> (i.e., RDAP, BRAVE, CHALLENGE). <i>Note:</i> Authorization is required from Central Office Psychology Treatment Programs.
	<b>i. Initiate controlled movement by unit to pill line</b> or administer medication on the units.
	<b>j. Assign particular inmates to open doors with frequently touched door handles.</b>
<i>(continues on next page)</i>	

<b>4. POSSIBLE ADMINISTRATIVE CONTROLS DURING OUTBREAKS (CONT.)</b>	
	<b>k. Post visitor notifications regarding the influenza outbreak.</b> If large outbreak, consider suspending visits.
	<b>l. During large outbreaks, consider halting inmate movement in and out of the facility</b> in consultation with the Region/Central Office and institution executive staff. Consider suspending court appearances (detention centers).
<b>5. RESPONSE IN LONG-TERM/NURSING CARE CENTERS</b>	
	<b>If ≥ 2 cases of illness within a 72 hour period and at least one resident has laboratory-confirmed influenza, provide <a href="#">antiviral prophylaxis</a> using oseltamivir to all non-ill residents</b> (prioritize unit where cases occurred).
<b>6. OUTBREAK RESPONSE</b>	
	<b>a. Consider instituting the Incident Command System (ICS) for large outbreaks.</b> Define roles and responsibilities. Schedule daily or twice daily meetings to coordinate response. Engage all departments in the outbreak response. Regularly communicate with staff (e.g., staff recalls, emails) and inmates (e.g., town halls).
	<b>b. Consider a final communication</b> to staff and inmates when outbreak has resolved.

## APPENDIX 2. HEALTH ALERT SIGNAGE

The following sign, in both English and Spanish can be copied in color, or black and white, for use in the facility. Lamination is recommended, if feasible.

1. ***Coughing Spreads Germs*** – For posting throughout the facility but in particular, in the HSU and on the door of the room(s) or unit(s), if utilizing cohorting, where inmates with new onset respiratory illness are isolated.
2. ***Droplet Precautions*** – For posting on the door of room(s) or unit(s), if utilizing cohorting, where inmates with new onset respiratory illness are isolated.

# HEALTH ALERT!

***¡ALERTA DE SALUD!***

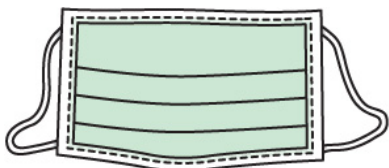
**Coughing spreads germs.  
Protect yourself and others.**

***Al toser se transmiten microbios.  
Protéjase Ud. y a los demás.***



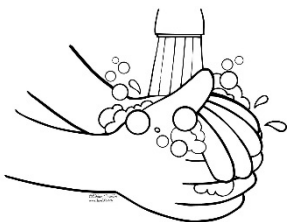
**Cover your cough.**

***Tápese la boca al toser.***



**If you are coughing, wear a surgical mask.**

***Si usted esta tosiendo, usa máscara quirúrgica.***



**Clean hands often for at least 20 seconds.**

***Lávese las manos con frecuencia durante al menos 20 segundos.***



# DROPLET PRECAUTIONS

*PRECAUCIONES CONTRA PARTICULAS O GOTITAS*



TO PREVENT THE SPREAD OF INFECTION,  
**ANYONE ENTERING THIS ROOM SHOULD USE:**

*Para prevenir el esparcimiento de infecciones,  
todas las personas que entren a esta habitación tienen que:*



**HAND HYGIENE (CLEAN FOR AT LEAST 20 SECONDS)**

*Hygiene De Las Manos (Lávese por al menos 20 segundos)*



**SURGICAL MASK**

*Máscara Quirúrgica*



**GLOVES**

*Guantes*



**GOWN**

*Bata*