Seasonal Influenza Guidance

Federal Bureau of Prisons

Clinical Practice Guidelines

November 2013

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1. PURPOSE

The following guidance is provided for management of seasonal influenza.

2. PREVENTION

a. Vaccination: Influenza vaccination is the most critical measure for preventing seasonal influenza. Centers for Disease Control and Prevention recommends that all persons over age 6 months of age receive influenza vaccination. All staff and inmates shall be offered vaccination. Vaccination should be strongly promoted for all staff. Inmates who are either at high risk for influenza (see *Table 1* below) or who work in health services are the highest priority to receive vaccination.

b. Good health habits: Actively educate staff and inmates that the following measures help protect against the spread of influenza:

- Regular hand washing
- Respiratory etiquette (i.e., sneezing or coughing into sleeve or tissue)
- Avoiding touching eyes, nose, or mouth

c. Disinfection of high-touch surfaces: During influenza season, emphasize cleaning of high-touch surfaces (i.e., door knobs, hand rails, telephones, keys, etc.).

d. Avoid close contact with persons with influenza symptoms (fever with cough and/or sore throat).

e. Educational materials on flu prevention can be obtained from: http://www.cdc.gov/flu/freeresources/index.htm

3. CONTROL MEASURES

a. Screening: Based on the occurrence of influenza, the Clinical Director may institute routine screening of new arrivals for influenza-like illness (ILI), which is defined as: fever (temperature greater than or equal to 100.0 degrees F [37.8 degrees C]) plus cough and/or sore throat—in the absence of a known cause other than influenza.

b. Isolation/cohorting: If feasible (see the following *Note*), inmates with evidence of influenza-like illness should be isolated or cohorted together, separated from non-symptomatic inmates. This is an important, effective measure to limit the spread of influenza and if initiated promptly when a case is identified can prevent an influenza outbreak in a facility.

Note: *In the case of widespread influenza and in certain institutional settings, isolation or cohorting of inmates with ILI may not be feasible.*

The following guidelines should be followed while inmates are isolated or cohorted:

- Food should be delivered to isolated/cohorted inmates. (Disposable dishes are not required.)

- Inmates with ILI should wear a non-respirator mask when coming out of an isolation/cohort room.
- Instruct inmates with ILI regarding cough etiquette, hand washing, wearing a mask outside the room, and proper disposal of masks (in regular trash).
- Isolation/cohorting of an individual should continue until 24 hours after the resolution of fever.
- Inmates with ILI should not be transferred out of the facility until 24 hours after resolution of fever.

c. Influenza precautions: Staff entering rooms with inmates with ILI, or coming into close contact (within three feet), should wear a non-respirator mask. Staff should wear gloves for all interactions that may involve direct contact with inmates with ILI or with potentially contaminated areas in the immediate environment. If gloves are worn, perform hand hygiene before donning and after removing gloves.

4. CLINICAL MANAGEMENT

a. Influenza testing: In general, in the context of a community outbreak of influenza, testing for influenza is not indicated. If testing is done, it is recommended that PCR (reverse transcriptase polymerase chain reaction) tests be performed from throat swabs, nasopharygeal swabs, or sputum. The use of rapid tests is not recommended, due to their low sensitivity.

b. Antiviral treatment: Antiviral treatment with Oseltamavir (*Tamiflu*®) or Zanamivir (*Relenza*®) is indicated as early as possible for any inmate with confirmed or suspected influenza who has at least one of the following conditions:

- Is hospitalized
- Has severe, complicated, or progressive illness
- Is at higher risk for influenza complications (see *Table 1* below).

Table 1. Conditions That Put Persons at High Risk for Influenza Complications

- Age ≥ 65 years
- Chronic pulmonary (including asthma)
- Cardiovascular (except hypertension alone)
- Renal, hepatic, hematological (including sickle cell disease), metabolic disorders (including diabetes mellitus)
- Neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability [mental retardation], moderate to severe developmental delay, muscular dystrophy, or spinal cord injury)
- Immunosuppression, including that caused by medications or by HIV infection
- Women who are pregnant or postpartum (within 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

Note: *Antiviral treatment requires non-formulary approval. Stockpiles of antiviral medication are not to be used for seasonal influenza.*

c. Antiviral prophylaxis is rarely indicated except for close contacts in an inpatient long-term care setting. Seek approval of the Regional Medical Director prior to administering antiviral prophylaxis.

d. Clinical monitoring: Inmates with ILI should be monitored for level of awareness (presence of lethargy, confusion, disorientation) and hydration status. Vital signs should be taken, as indicated.

e. Patient education: Key patient education messages are outlined in *Table 2* below.

Table 2. Key Patient Education Message About Influenza

- 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 most people with influenza, but are sometimes needed to treat secondary infections.
- Generally recommended symptomatic treatment for influenza includes:
  - Treat fever, myalgias, and headache with acetaminophen or ibuprofen.
  - Rest.
  - Drink plenty of fluids.
  - Inmates should promptly report occurrence of shortness of breath and worsening of symptoms after initial improvement.

5. SURVEILLANCE AND REPORTING

a. Inmates with ILI (temperature greater than or equal to 100.0 degrees F plus cough and/or sore throat) should be coded with a BEMR Code of 488.1A.

b. The occurrence of five or more cases of ILI within a one week period per facility should be reported to the Regional Quality Management Coordinator, utilizing the BP-A664 Infectious Disease/Outbreak Report.

6. OUTBREAK RESPONSE

a. If there are reports of outbreaks of influenza in the local community, offer influenza vaccination to staff and inmates who have not be vaccinated previously.

b. In the context of large numbers of influenza cases, the following measures should be discussed and considered for implementation:

- Cohorting of inmates with influenza-like illness in a designated influenza isolation area.
- Discontinuation of recreation, chapel, activity therapy groups, or education.
- Controlled movements by units to dining hall, or feeding on the units.
- Separation of inmates sick with ILI from other inmates when they are being seen in the Health Services Unit.
- Screening inmate workers in Food Service and Health Service areas prior to working and if symptomatic returning them to their rooms or designated influenza isolation area.
- Controlled movement by unit to pill line, or medication delivery on the units.
- Cancellation of inmate visitation.
- Determination of which escorted trips should continue, and which should be rescheduled.
- Continuation or cancellation of ambulatory clinics.
- Consideration of further distribution of hand hygiene supplies.
- Consideration of restrictions of transfers in and out of the institution.

Note: *Decisions about restrictions on inmate transfers in and out of the institution must be made in consultation with the Region and the Office of Quality Management, Infection Prevention, and Control Program.*