



Health and Wellness

# Guideline for Influenza Control in Long Term Care Facilities

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ONE ISLAND FUTURE

ONE ISLAND HEALTH SYSTEM



# Long Term Care PEI

- PEI's Population approximately 144,000
- 18 LTC facilities (9 public, 9 private)
- ~1050 beds with about 55% public and 45% private
- Public facilities have dedicated ICP
- No dedicated ICPs in private facilities
- Private facilities are inspected and licensed by a Board.



# Public Health in PEI

- Legislation: *Public Health Act* and Regulations
- Chief Public Health Officer and Office (DHW) provides leadership and direction to all matters related to Public Health
- Operational responsibility is with HPEI



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# Role of CPHO

## Seasonal Influenza

- Notifiable disease under the Communicable Disease Regulations
- Surveillance
- Vaccine procurement and facilitation
- Certification of RN's to immunize
- General public education/Key Spokesperson
- Follow up/assistance during outbreaks
- Provision/Guidance of Oseltamivir in LTC

# Role of LTC Facility Seasonal Influenza

- Prepare for influenza season
- Identify illness through surveillance
- Manage illness/outbreaks
- Report illness to CPHO when there is a cluster



# Preparations for Influenza Season

- Creatinine Clearance on residence who have renal impairment
- Standing orders for the administration of antiviral prophylaxis in the event of an influenza outbreak in the facility
- Annual influenza immunization for residents and staff (uptake generally high for both)



# Notifying the CPHO

- If there is a cluster of cases (3 or more in 72 hours) of ILI
- Call the Chief Public Health Office and speak to a nurse
- Business hours/On call pager
- Discussion determines the course of action



# Influenza

- Acute respiratory illness caused by influenza A and B viruses
- Characterized by sudden onset of fever, cough, chills, headache, muscle and joint aches





# Influenza-Like Illness

- ILI is defined as the sudden onset of respiratory illness with fever and cough with one or more of the following:
    - ▶ Sore throat
    - ▶ Muscle aches
    - ▶ Joint aches
    - ▶ Prostration
- \*Fever may not be present in those under 5 and over 65.
- \*GI symptoms may also be present in children under 5



# Information Required

- Resident Information
  - ▶ Total number of residents/those ill
  - ▶ Name of those ill, location in facility (unit ) symptoms, onset date, current status, immunization status, swab done for influenza
- Staff Information
  - ▶ Total number ill/total number of staff,
  - ▶ Name of staff with ILI, onset date, symptoms, current status, unit worked on, last date worked, immunization status

# Testing of Residents

- Will be determined based on the whether influenza is known to be circulating in the community
- Best specimens are those who have had symptom onset within the last 24 hours
- NP swab



# Role of CPHO (specific to AV)

- Approve use of Antivirals
- Facilitate delivery/pick up of same
- Ongoing support as required



# Treatment versus Prophylaxis

- Treat residents with symptoms which have started within last 48 hours (now even longer)
- Post-exposure prophylaxis to those who are asymptomatic (and as determined in consultation with the CPHO)
- If a resident develops symptoms while on prophylaxis, switch to a treatment dose



# Program Uptake

Influenza Season	Number of times Program was Accessed	Comments
2007/2008	0	Program introduced
2008/2009	1	Season saw primarily influenza B
2009/2010	0	H1N1 Influenza Pandemic and no seasonal influenza
2010/2011	6	All three seasonal strains in PEI with 8 OB reported, 7 in LTC
2011/2012	0	Late season, lots of influenza B Vaccine used in LTC was FluAd

