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TO: Illinois Long Term Care Facilities and Assisted Living Facilities, Local Health Departments, Local Health Department Administrators, Regional Offices of Illinois Department of Public Health, Illinois Department of Public Health Long Term Care Regional Contacts

FROM: Jennifer E. Layden, MD, PhD, Chief Medical Officer and State Epidemiologist
Debra D. Bryars, Deputy Director, Office of Health Care Regulation

RE: Guidelines for the Prevention and Control of Influenza Outbreaks in Illinois Long Term Care Facilities

DATE: October 2, 2017

The purpose of this memorandum is to provide long-term care facilities[1] with current guidance for preventing and controlling influenza cases and outbreaks, and with information on the reporting requirements in the event of a suspected or confirmed influenza outbreak.

Influenza is a highly contagious respiratory illness that can cause substantial sickness and death among long-term care facility (LTCF) residents and personnel. Influenza from the community usually enters LTCFs via newly admitted residents, health care workers, and/or visitors. Vaccination is the primary way to prevent influenza, limit transmission, and prevent complications from influenza in LTCFs. It is recommended that influenza testing occur year-round (and not just during flu season) whenever a resident has an influenza-like illness, regardless of whether the affected resident has been vaccinated.

Local health departments (LHDs) and LTCFs should print this document for use during the upcoming influenza season. The guidance is intended for use by inpatient rehabilitation facilities, long-term psychiatric hospitals, and senior living residential facilities. "Local Health Department" refers to the certified local health department in the jurisdiction where the LTCF is located. In Edwards and Richland counties, IDPH will assume the LHD role during an influenza outbreak investigation. In addition to this guidance, the Centers for Disease Control and Prevention (CDC) has an online Toolkit for Long-Term Care Employers that may also assist your facility with the influenza season.

[1]LTCF includes Assisted Living and Shared Housing Establishments (77 Illinois Administrative Code Part 295), Community Living Facilities (77 Illinois Administrative Code 370), Illinois Veterans Homes (77 Illinois Administrative Code Part 340), Intermediate Care Facilities for the Developmentally Disabled (77 Illinois Administrative Code Part 350), Skilled Nursing and Intermediate Care Nursing Facilities (77 Illinois Administrative Code Part 300), Long Term Care for Under Age 22 Facilities (77 Illinois Administrative Code Part 390), Shared Housing Establishments (i.e., 77 Illinois Administrative Code 295), Shelter Care Facilities (77 Illinois Administrative Code Part 330), Skilled Nursing Facilities, Supportive Residences (i.e., 77 Illinois Administrative Code 385), Supportive Residences (77 Illinois Administrative Code Part 385), and Specialized Mental Health Rehabilitation Facilities (77 Illinois Administrative Code Part 380).

Influenza
Disease and Outbreak Management for Long-term Care Facilities

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I. Influenza Overview

Influenza (also known as the flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild illness in some persons, but can cause substantial illness and death among LTCF residents. Adults 65 years of age and older are at higher risk for developing influenza-related complications. Influenza symptoms usually occur abruptly and include some or all of the following: fever, myalgia, headache, malaise, nonproductive cough, sore throat, and rhinitis.

Influenza viruses are spread from person to person primarily through large-particle respiratory droplet transmission (e.g., when an infected person coughs or sneezes near another person). Transmission via large-particle droplets requires close contact between the source and recipient persons, because droplets do not remain suspended in the air and generally travel only a short distance (less than or equal to one meter or just over three feet.)

Contact with respiratory droplet-contaminated surfaces is another possible source of transmission (e.g., the susceptible person touches contaminated surface and then touches his eyes, nose, or mouth). The typical incubation period for influenza is one to four days, with an average of two days. Infected adults shed influenza virus from the day before symptoms begin through five to seven days after illness onset. Young children and persons with weakened immune systems may be infectious for 10 or more days after onset of symptoms.

II. Definitions

The following definitions will assist you in determining how to respond to influenza-like illness and influenza outbreaks within your facility:

- **Influenza-like illness (ILI):** Fever (a temperature of 100° F [37.8° C] or higher orally) AND new onset cough or sore throat.

- **Confirmed influenza outbreak:** Two or more cases of ILI occurring within 72 hours among residents in a unit of the facility with at least one of the ill residents having laboratory-confirmed influenza (i.e., reverse transcription polymerase chain reaction [RT-PCR], viral culture, or rapid test).

Note: When influenza is circulating in the surrounding community, a high index of suspicion should be maintained. Some ill residents may not have fevers but may develop prostration (extreme exhaustion) with new onset of cough and/or sore throat.

III. Reporting

PLEASE REPORT ALL OUTBREAKS OF INFLUENZA to the **LHD AND** to your respective IDPH Long-term Care Regional Office or applicable State agency within 24 hours (within eight regularly scheduled business hours) by telephone or fax. Pursuant to the Control of Communicable Diseases Code Section 690.565, any pattern of cases, or increased incidence of any illness beyond the expected number of cases in a given period, that may indicate an outbreak shall be reported to the local health authority within 24 hours. A suspected outbreak of influenza should be reported by the LTCF to the LHD. Clusters or outbreaks determined to be confirmed as influenza should then be reported by the LHD to the IDPH influenza surveillance program via the Outbreak Reporting System (ORS). Facilities should use the attached Influenza Outbreak Report Form to assist them in collecting and disseminating the information to the LHD.

After seven days have passed without a new case of ILI in the facility, the outbreak can be considered resolved and will be finalized and closed by the LHD in the communicable disease Outbreak Reporting System (ORS).

IV. Prevention and Control of Influenza Outbreaks in LTCF

Strategies for the prevention and control of influenza in long-term care facilities include the following:

A. **Vaccination**
B. **Testing**
C. **Infection Control Measures**
D. **Antiviral Treatment**
E. **Antiviral Chemoprophylaxis**

A. Vaccination Recommendations

1. Health care personnel and persons at high risk for complications from influenza (including all residents of LTCFs) are to receive an annual influenza vaccination according to current national recommendations. Immunization policies should include annual influenza vaccination for all residents and staff, and the pneumococcal vaccine as recommended by the Advisory Committee on Immunization Practices (ACIP). **Of note, the ACIP recommends that live, attenuated influenza vaccine (LAIV) (FluMist®) NOT be used during the 2017-2018 season for any population.**

2. **Vaccination of Residents**
   LTC facilities should implement the following guidelines for vaccinating residents:
   a. Standing orders for influenza vaccine should be in effect for all residents ≥6 months of age.
   b. Residents should be vaccinated on an annual basis, unless medically contraindicated, as soon as influenza vaccine is available. It is important to continue to administer influenza

vaccine throughout the influenza season. New residents should be vaccinated as soon as possible after admission to the facility. Residents with uncertain immunization histories should be considered NOT immunized and vaccinated accordingly.

- Flublok® is a trivalent influenza vaccine that has been FDA approved for use in adults ages 18 years and older with severe egg allergies because it does not use the influenza virus or chicken eggs in its manufacturing process.
- For more information about vaccination recommendations, review the 2017-2018 Influenza Vaccine Recommendations.

c. Pneumococcal vaccine should be given to long-term care residents. For specific recommendations, visit the CDC website where this topic is discussed in detail.

For information on Medicare reimbursement for the cost of influenza and pneumococcal vaccines, and for administration of vaccines, go to Centers for Medicare & Medicaid Services website or call (312) 886-6432.

Influenza vaccine may be less effective in the very elderly, and although immunized, some LTCF residents may remain susceptible to influenza.

Fluzone High-Dose® is an influenza vaccine, manufactured by Sanofi Pasteur Inc., which contains more antigen than regular Inactivated Influenza Vaccine (IIV) and is designed specifically for people 65 years and older. Fluzone High-Dose is ***not*** recommended for people who have had a severe reaction to the flu vaccine in the past. Data from clinical trials comparing Fluzone to Fluzone High-Dose among persons aged 65 years or older indicate that a stronger immune response (i.e., higher antibody levels) occurs after vaccination with Fluzone High-Dose. Whether or not the improved immune response leads to greater protection has been the topic on ongoing research. A study published in the New England Journal of Medicine indicated that the high-dose vaccine was 24.2% more effective in preventing flu in adults 65 years of age and older relative to a standard-dose vaccine. The confidence interval for this result was 9.7% to 36.5%). For additional information about Fluzone visit CDC's website.

3. **Vaccination of Health Care Personnel**

Pursuant to Section 30 of the Health Care Employee Vaccination Code [77 Illinois Administrative Code 956], "Beginning with the 2010 to 2011 influenza season, each health care setting shall ensure that all health care employees are provided education on influenza and are offered the opportunity to receive seasonal, novel, and pandemic influenza vaccine, in accordance with this section, during the influenza season (between September 1 and March 1 of each year) unless the vaccine is unavailable."

Influenza vaccination of all staff reduces mortality in elderly residents. All LTC staff, including housekeeping and dietary staff, consultants, and volunteers should receive flu vaccine every year, unless contraindicated. (Note: Some studies have shown that ~ 25% of all health care workers are infected with influenza every flu season.)

Each health care setting is also required to maintain a system for tracking and documenting influenza vaccine offered and administered to health care employees. Documentation shall be kept for three years. Health care employees who decline vaccination for any reason shall sign a statement declining vaccination and certifying that he or she received education about the benefits of influenza vaccine. It is important to note that many health care facilities have

chosen to implement more stringent influenza vaccination policies to improve employee vaccination rates. (For 'health care setting' description, see definitions.)

LTC facilities should implement the following guidelines for vaccinating staff.

a. Inactivated influenza vaccine is preferred for vaccinating health care personnel who are >50 years old and health care personnel of any age who have close contact with severely immunosuppressed persons (e.g., patients who have recently had a hematopoietic stem cell transplant [HSCT] and require a protected environment).
b. **ACIP recommends that live, attenuated influenza vaccine (LAIV) (FluMist®) NOT be used during the 2017-2018 season for any population.**

4. **Vaccination of Family Members and Visitors**
Family members and visitors should be informed about their role in the transmission of influenza to LTCF residents and they should be encouraged to receive influenza vaccine. To find out where to get their influenza vaccine, family members can call their health care provider or LHD, or visit the Department of Health and Human Services (HHS) Health Map Vaccine Finder.

B. Testing

If influenza is suspected in any resident, influenza testing should be performed promptly. LTC facilities should develop a plan for collecting respiratory specimens and performing influenza testing and viral cultures when influenza is suspected in a resident.

LTC facilities should work with their laboratory providers to identify a facility that can perform influenza testing. If possible, samples from any influenza outbreak should be sent to the IDPH laboratory. For collection, shipping, and submission details, please contact your LHD. For more information regarding influenza testing, please visit CDC's website.

1. **Influenza Testing During Outbreaks**
   a. Facilities should be prepared to perform diagnostic testing if the index of suspicion is high. Facilities should develop a plan for collecting respiratory specimens and performing influenza testing (e.g., Real-Time PCR, immunofluorescence, and rapid diagnostic test) when influenza-like illness (ILI) clusters occur or when influenza is suspected in a resident. To obtain influenza test kits for testing specimens at IDPH laboratories, please complete the Clinical Supplies Requisition Form and fax to the IDPH Springfield lab at 217-558-3476. **(Also remember you must report the influenza outbreak to your LHD.)**
   b. If your facility is experiencing an outbreak, institute the facility's plan for collection and handling of specimens to identify influenza virus as the causal agent early in the outbreak (within one to two days of symptom onset) by performing rapid influenza virus testing of multiple residents (three to six specimens) with recent onset of symptoms suggestive of influenza. In addition, consult with your LHD regarding the shipment of specimens for RT-PCR testing to IDPH laboratory in order to determine the influenza virus type and subtype. If testing through a hospital or private laboratory, ensure that the laboratory performing the tests notifies the facility of results promptly. Once an outbreak is confirmed, additional testing is not typically indicated.

C. Infection Control Measures

The following infection control measures are recommended to prevent person-to-person transmission of influenza and to control influenza outbreaks in LTCFs:

1. **Respiratory Hygiene/Cough Etiquette**
   Respiratory hygiene/cough etiquette is a component of Standard Precautions. It is important to ensure that all people with symptoms of a respiratory infection adhere to respiratory hygiene/cough etiquette. For more information regarding respiratory hygiene/cough etiquette visit the CDC website. LTC facilities should ensure the availability of supplies for respiratory hygiene in resident and visitor areas, including tissues and no-touch receptacles for used tissue disposal, alcohol-based hand rub dispensers, hand washing supplies (soap, disposable towels), and surgical/procedure masks for symptomatic residents and visitors.

2. **Standard Precautions**
   Use Standard Precautions during the care of all residents in the facility. During the care of any resident with symptoms of a respiratory infection, health care personnel should adhere to the following Standard Precautions:
   a. Wear gloves if hand contact with respiratory secretions or potentially contaminated surfaces is anticipated.
   b. Wear a gown if soiling of clothes with a resident's respiratory secretions is anticipated. Do not reuse gowns, even for repeated contacts with the same resident.
   c. Change gloves and gowns after each resident encounter and perform hand hygiene.
   d. Perform hand hygiene before and after touching the resident, after touching the resident's environment, and/or after touching the resident's respiratory secretions, regardless of whether gloves are worn.
   e. When hands are visibly soiled or contaminated with respiratory secretions, wash hands with soap (either plain or antimicrobial) and water.
   f. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands. Alternatively, wash hands with soap (either plain or antimicrobial) and water. For more information visit CDC's website.

3. **Droplet Precautions**
   In addition to Standard Precautions, health care personnel should adhere to the following. Droplet Precautions should be followed during the care of a resident with suspected or confirmed influenza for at least seven days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer:
   a. Place ill residents in private rooms. If a private room is not available, place residents suspected of having influenza with one another and cohort residents with confirmed influenza with other residents confirmed to have influenza.
   b. Wear facemasks (e.g., a surgical or procedure mask) upon entering the residents' rooms or when working within six feet of residents on droplet precautions. Remove facemasks when leaving residents' rooms, dispose of the masks in waste container and perform hand hygiene.
   c. If resident movement or transport is necessary, have the residents wear facemasks, if possible.
   d. Communicate information about residents with suspected or confirmed influenza to appropriate personnel before transferring them to other departments or healthcare facilities. For more information visit CDC's website.

4. **Restrictions for Ill Visitors and Health-care Personnel**
   Health care personnel with influenza-like illness should be excluded from work for at least 24 hours after they no longer have fever (without the use of fever-reducing medicines). If symptoms such as cough and sneezing are still present when they return to work, they should wear facemasks during patient care activities. Adherence to respiratory

hygiene/cough etiquette and the importance of performing frequent hand hygiene (especially before and after each resident contact) should be reinforced.

LTC facilities should monitor the Illinois Weekly Influenza Surveillance Report for information about influenza activity in Illinois during the season. It can be found on the influenza page on the IDPH website.

a. ***If no or only sporadic influenza activity is in the surrounding community:***
   - Discourage persons with symptoms of a respiratory infection from visiting residents. Implement this measure through educational activities.
   - Monitor health care personnel for symptoms of influenza-like illness and exclude ill persons as recommended above.
   - Monitor residents for symptoms of respiratory illness.

b. ***If widespread influenza activity is occurring in the surrounding community:***
   - Notify visitors (e.g., via posted notices) that adults with respiratory symptoms should not visit the facility for seven days and children with symptoms for 10 days following the onset of illness, or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer.
   - Evaluate health care personnel with influenza-like illness and perform rapid influenza tests to confirm the causal agent is influenza and exclude ill persons as recommended above.
   - Monitor residents for symptoms of respiratory illness to determine need for Droplet Precautions.

5. **Surveillance**

   LTC facilities should implement daily active surveillance for respiratory illness among all residents and health-care personnel until at least one week (seven days) after the last confirmed influenza case occurred. It is important to collect information to assist in developing and targeting of outbreak control strategy. Influenza testing should be used to identify any increased incidence of ILI among residents, so that infection control measures can be promptly initiated to prevent the spread of influenza in the facility. When influenza activity is occurring in the local community, implement daily active surveillance and continue through the end of the influenza season. Examples of conducting surveillance include:

   a. Monitoring for symptoms of respiratory illness among residents, health care personnel, and visitors to the facility.
   b. Maintaining a line listing of those ill, including both staff and residents.
   c. Maintaining a log of staff call-ins and reviewing daily for symptoms of respiratory illness; inquire if influenza testing was performed and request results if available.

6. **Education**

   Annually educate health care personnel about the importance of vaccination, signs and symptoms of influenza, control measures, and indications for obtaining influenza testing. Posting signage about influenza in your facility is one way to educate the visitors, staff, and residents about influenza, especially during peak influenza season. You may utilize the Droplet Precautions Stop Sign in your facility that is at the end of this document.

7. **Other Considerations**

   In addition to the above, the following procedures also may be considered for LTCFs:

a. To maintain residents' ability to socialize and have access to rehabilitation opportunities during periods when influenza infections are unlikely and no influenza outbreaks are suspected or confirmed, residents with symptoms of respiratory infection can be permitted to participate in group meals and activities if the residents can be placed six feet from other residents and can adhere to respiratory hygiene/cough etiquette.
b. If influenza is suspected in any resident, influenza testing should be done promptly. Symptomatic residents with suspected or confirmed influenza and their exposed roommates should be confined to their rooms or grouped together in rooms or on one unit (i.e., cohorted) for seven days following onset of symptoms. Personnel should work on only one unit, if possible.
c. Droplet Precautions should be used for residents receiving antiviral treatment for influenza because they may continue to shed influenza viruses while on antiviral treatment. Using Droplet Precautions also will reduce transmission of viruses that may have become resistant to antiviral drugs during therapy.
d. Standard cleaning and disinfection procedures may be used during influenza season; increased frequency of cleaning and disinfection of high touch surfaces is recommended. An Environmental Protection Agency-registered, hospital grade disinfectant labeled with an influenza or virucidal statement must be used in accordance with product instructions.
e. If a novel influenza strain emerges, resulting in an epidemic, IDPH may delegate orders for Isolation and Quarantine to the certified LHD(s). Please take time to review IDPH's statutes for Isolation and Quarantine, which are hyperlinked below:
   - Section 2 of the Public Health Act [20 ILCS 2310/2310-15],
   - Section 2310-15 of the Department of Public Health and Duties Law
   - Subpart H of the Communicable Disease Code [77 Ill Adm. Code 690 Subpart H]

D. Antiviral Treatment

The use of antiviral medications for treatment of influenza is a key component of influenza outbreak control in LTCFs whose residents are at higher risk for influenza complications. **Antiviral medications have been shown to be most effective if administered within 48 hours after symptom onset.** Due to antiviral resistance identified during previous influenza seasons, it is currently recommended that neither amantadine nor rimantadine be used for the treatment or chemoprophylaxis of influenza A in the United States. The following antiviral medication are recommended for use as antiviral treatment:

1. Oral oseltamivir, inhaled zanamivir and intravenous peramivir are approved for treatment of influenza A and B
2. Oseltamivir may be used for treatment in those $\geq$2 weeks of age.
3. Zanamivir may be used for treatment in those $\geq$ 7 years of age.

Dosage recommendations vary by age group and medical condition. For more information about the use of antiviral medication to control influenza, visit CDC's website about antiviral treatment. Pre-approved medication orders, or plans to obtain physicians' orders on short notice, should be in place to ensure that treatment can be started as soon as possible.

E. Antiviral Chemoprophylaxis

Antiviral chemoprophylaxis should be given to residents and offered to health care personnel in accordance with current CDC recommendations. Persons receiving antiviral chemoprophylaxis should be actively monitored for potential adverse effects, and for possible infection with influenza viruses that are resistant to antiviral medication. The following antiviral medication are recommended for use as antiviral chemoprophylaxis:

1. Oral oseltamivir, inhaled zanamivir and intravenous peramivir are approved for chemoprophylaxis of influenza A and B.
2. Oseltamivir may be used for chemoprophylaxis in those $\geq$1 year of age.
3. Zanamivir may be used for chemoprophylaxis in those $\geq$ 5 years of age.

Dosage recommendations vary by age group and medical condition. For more information about the use of antiviral medication to control influenza, visit CDC's website.

Pre-approved medication orders, or plans to obtain physicians' orders on short notice, should be in place to ensure that chemoprophylaxis can be started as soon as possible. In outbreak settings, antiviral chemoprophylaxis should typically be administered to at-risk residents, regardless of whether they received influenza vaccine. Depending upon the size and configuration of the facility, staffing arrangements, patient and visitor movements, etc, it is not always necessary to administer antiviral chemoprophylaxis to all residents in the facility. Additionally during outbreaks, chemoprophylaxis can be offered to unvaccinated personnel who provide care to at-risk residents. Prophylaxis should be considered for all employees, regardless of their vaccination status, if the outbreak is caused by a variant strain of influenza that is not well-matched by the vaccine. Antiviral prophylaxis should be continued for at least two weeks, and as long as one week after the last resident case occurred.

For additional information or questions about influenza outbreaks, please contact your local health department.

V. References

1. "Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities" from CDC (CDC - last updated 03/28/2017)
   http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm

2. 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
   http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html

3. Clinical Description & Lab Diagnosis of Influenza
   http://www.cdc.gov/flu/professionals/diagnosis/index.htm

4. State of Illinois Administrative Code Title 77: Public Health
   http://www.ilga.gov/commission/jcar/admincode/077/077parts.html

5. State of Illinois Administrative Code Title 89: Social Services (Subpart B: Supportive Living Facilities)
   http://www.ilga.gov/commission/jcar/admincode/089/08900146sections.html

6. Illinois Weekly Influenza Surveillance Reports and Updates
   http://www.dph.illinois.gov/topics-services/diseases-and-conditions/influenza/surveillance

7. Prevention and Control of Seasonal Influenza with Vaccines; Recommendations of the Advisory Committee on Immunization Practices – United States, 2017-2018 Influenza Season
   https://www.cdc.gov/mmwr/volumes/66/rr/pdfs/rr6602.pdf

List of Attachments:

1. Regional and Other LTC Contacts
2. Regional Counties List
3. IDPH Influenza Outbreak Report Form
4. Influenza Surveillance for Congregate Settings Outbreak Log
5. Employee Influenza Vaccination Tracking Form
6. Droplet Precautions Stop Sign

IDPH LTC Regional and Other Long Term Care Contacts

REGION 1 – ROCKFORD 4302 North Main Street Rockford, IL 61103 815-987-7511 William Schubert, SPSA	**REGION 2 – PEORIA** 5415 N. University Street Peoria, IL 61614 309-693-5360 Kim Stoneking, SPSA
REGION 4 – EDWARDSVILLE 22 Kettle River Drive Glen Carbon, IL 62034 618-656-6680 Keo Sabengsy, SPSA	**REGION 5 – MARION** 2309 W. Main Street Marion, IL 62959 618-993-7010 Keo Sabengsy, SPSA
REGION 6 – CHAMPAIGN 2125 S. 1st Street Champaign, IL 61820 217-278-5900 Kim Stoneking, SPSA	**REGION 7 – WEST CHICAGO** 245 W. Roosevelt Road, Bldg. #5 West Chicago, IL 60185 630-293-6900 William Schubert, SPSA
REGION 8/9 - BELLWOOD 4212 W. St. Charles Road Bellwood, IL 60104 708-544-5300 Janette Williams-Smith, SPSA Linda I. Langdon, SPSA	**ICF/IID and Under 22 Facilities** 525 West Jefferson, 5th Floor Springfield, IL 62761-0001 217-785-5182 Daniel Levad, SPSA
Assisted Living Facilities 525 West Jefferson, 5th Floor Springfield, IL 62761-0001 217-785-9174 Lynda Kovarik, SPSA	**Illinois Department of Healthcare and Family Services-Supportive Living Facilities** 201 S. Grand Avenue, 3rd Floor Springfield, IL 62763 217-782-1868 Kara Helton

Regional Counties

REGION 1 – ROCKFORD

Boone	DeKalb	Lake	McHenry	Stephenson	Winnebago
Carroll	Jo Davies	Lee Ogle	Ogle	Whiteside	

REGION 2 – PEORIA

Adams	Hancock	Logan	Mercer	Stark
Brown	Henderson	Marshall	Peoria	Tazewell
Bureau	Henry	Mason	Putnam	Warren
Cass	Knox	McDonough	Rock Island	Woodford
Fulton	LaSalle	Menard	Schuyler	

REGION 4 – EDWARDSVILLE

Bond	Greene	Monroe	Pike	Scott
Calhoun	Jersey	Montgomery	Randolph	St. Clair
Christian	Macoupin	Morgan	Sangamon	Washington
Clinton	Madison			

REGION 5 – MARION

Alexander	Franklin	Jefferson	Perry	Union
Clay	Gallatin	Johnson	Pope	Wabash
Crawford	Hamilton	Lawrence	Pulaski	Wayne
Edwards	Hardin	Marion	Richland	White
Effingham	Jackson	Massac	Saline	Williamson
Fayette	Jasper			

REGION 6 – CHAMPAIGN

Champaign	DeWitt	Ford	Macon	Piatt
Clark	Douglas	Iroquois	McLean	Shelby
Coles	Edgar	Livingston	Moultrie	Vermilion
Cumberland				

REGION 7 – WEST CHICAGO

DuPage	Kane	Kendall
Grundy	Kankakee	Will

REGION 8/9 – BELLWOOD

Cook County – Outside of Chicago (Collar Counties)

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IDPH INFLUENZA OUTBREAK REPORT FORM FOR CONGREGATE SETTINGS

(e.g. Long Term Care & Correctional Facilities)

Fax, along with the Outbreak Log, to your Local Public Health Department after completion

Facility Name	
Name of Reporter	**Title:**
Date of Report	
Address:	
City / **County** / **Zip**	
Phone #	**Fax #**
FACILITY INFORMATION	
Total # of residents in the facility at the time of the outbreak:	**Total number of staff:**
Number of residents in the facility currently with influenza-like illness (ILI):	**Number of staff in the facility currently with ILI:**
(ILI) [Fever >100° F [37.8° C] or higher orally AND new onset cough or sore throat]	
(for all) **# Seen by Provider_________ # Hospitalized________ # Fatalities_________**	
Date of symptom/onset detection for the first case of ILI during the outbreak:	**Dates of symptom/onset detection for additional cases of ILI during the outbreak:**
Type of setting: ☐ Correctional Facility ☐ Long-Term Care Facility ☐ Group Home ☐ Other____________________ **If long-term care facility, please specify (check only one):** **☐ Skilled Nursing ☐ Assisted Living ☐ Combined Care ☐ Other____________________**	
Have specimens been sent to a laboratory for confirmation of influenza: ☐Yes ☐ No **If Yes, names of laboratories:______________________________**	
Influenza test results to date: **Name of test:** **Number of positive tests (*Include type/subtype*):** **Number of negative tests:**	**Infection Control Actions Planned:**

Reviewed 08/2017

Thank you for your assistance with influenza surveillance in Illinois.
Contact your local health department, or IDPH Communicable Disease Section 217-782-2016
(After hours: 1-800-782-7860 or 1-217-782-7860) if you have questions.)

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Influenza Surveillance for Congregate Setting Outbreak Log

Suspect outbreaks should be investigated and tested to confirm the etiology. Suspect outbreaks should be reported to your local health department who will then report confirmed influenza outbreaks in the Outbreak Reporting System (ORS) to IDPH.

Facility Name: ___________________________________

List all ill residents and employees. Designate employees with an "E" by their names.

Name	DOB	Unit or Wing	Onset Date	Symptoms/ Signs*	Influenza Specimen Collection Date	Lab Result	Seasonal Flu Vaccine Date	Hospitalized (Y/N)	Died (Y/N)

* Symptoms/Signs: e.g. cough(C), fever (F), chills (CH), sore throat (ST), pneumonia (P), myalgias (M)

Reviewed 08/2017

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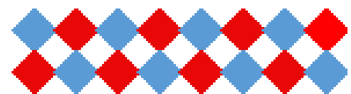
Employee Influenza Vaccination Tracking Form

This form can be used to track employee influenza vaccination status

Date	Last Name	First Name	Unit/Floor/Dept	Date Vaccine Received	Declined Vaccine (Y or N)	Declination Form Signed (Y or N)	Educational Information Received (Y or N)	Date Educational Information Received

DROPLET ISOLATION



Please see health care station for guidance if you need assistance.

VISITORS:

- **Please wear a mask prior to entering this room.**
- **Remove your mask and wash your hands when leaving the resident's room.**

Room: Private room

Mask: REQUIRED upon entering room.

Gloves: Not required, use standard precautions.

Gown: Not required, use standard precautions.

Hand Washing: Use soap and water or alcohol based hand rub when entering and when exiting the resident's room.