

# 2020–21 Influenza Recognition, Diagnosis & Treatment for LTC Patients

Name \_\_\_\_\_ Influenza Vaccine Given? Y N [Date \_\_\_/\_\_\_/1\_\_]

Time & Date of first symptoms (see box below) \_\_\_\_\_ AM / PM; \_\_\_/\_\_\_/\_\_\_

## Clinical symptoms (check all that apply):

Major:  Acute onset of nonproductive cough  Sudden onset of fever >100.5 F

Minor: \_\_\_ Upper Respiratory Congestion \_\_\_ Sore Throat \_\_\_ Headache

\_\_\_ New Confusion or Delirium \_\_\_ Acute change in bowel habits \_\_\_ Myalgias

**DURING FLU SEASON:** If either major symptom or  $\geq 2$  minor symptoms are present, consider Rapid Diagnostic Test or diagnose based on symptoms

## Diagnosis

1. Check with Local Health Department to see if there is a predominant strain in the community
2. If there is a Predominant Strain Identified in the Community
  - Consider starting treatment with a presumptive diagnosis
  - If it is 1<sup>st</sup> case in the area, swab index case & send result to health dept. Once you have a positive, no need to send more.
3. **Rapid Tests: NO Predominant Strain in the Community:** Order **A and B** rapid antigen tests [stat]  
Time/ Date of **test** \_\_\_\_\_ am/pm; \_\_\_/\_\_\_ [Should be <36 hours from symptom onset]
  - Collect *hearty, bilateral* posterior nasopharyngeal specimen with *appropriate swabs* after vigorous cough from patient
  - Transport quickly to lab without swab contents being smeared off
  - Inform the lab you need the results back quickly
4. **Positive Tests for Influenza A and NO predominant strain** in the community
  - Begin treatment and follow Health Dept protocols for sending a swab specimen of index case(s) for subtyping
5. **Positive Tests for Influenza B:** *Go to treatment*

## Antiviral Treatment **\*\*\*Must be started within 48 hours of initial symptoms**

**Zanamivir (Relenza):** 2 inhalations (=10 mg) every 12 hours for 5 days

- Avoid in patients with asthma or COPD as it may trigger coughing; or use it after pretreating with inhaled albuterol

**Oseltamivir (Tamiflu):** 75 mg po twice daily x 5 days with the following adjustments for Kidney Disease:

- GFR 30-60: 30 mg bid X 5 days; GFR <30: 30 mg qd X 5 days; ESRD + Dialysis: 30 mg immediately + after dialysis X 5 days
- Common adverse effects: Insomnia (1.1%), Vertigo (1%), Nausea (9.9%), Vomiting (9.4%)

## Prophylaxis and/or Facility Response for Outbreaks ( $\geq 3$ Flu-Like Illness cases in <48 hours or $\geq 1$ + Influenza test)

1. Strongly consider prophylaxis of close contacts and/or high-risk patients near resident
2. Cohort patients and staff and limit movements to and from immediate area
  - Patients with flu should be physically separated with no staff crossover to noninfected patients
  - Surgical masks *may* decrease spread if patients are coughing, but only N95 or higher respirators effectively filter virus
3. Limit access until endemic period is over (housekeeping, nursing, admin, providers, visitors, maintenance)
4. Limit visitors to those vaccinated this season until there are no new cases for a 1-week period
5. Unvaccinated persons should be counseled again to consider getting a flu vaccine
6. Open windows and doors on warm days to increase ventilation with fresh (*noninfected*) air

## Geriatric Dosing for Prophylaxis in Nursing Homes (Continue until > 7 days with no new cases)

- **Zanamivir (Relenza):** 2 inhalations (=10 mg) every day\* or **Oseltamivir (Tamiflu):** 75 mg daily\*

\*See specific prescribing instructions for patients with hepatic and/or renal compromise

For updates and more details, access CDC guidelines at <http://www.cdc.gov/flu/weekly/fluactivity.htm>. To report suspected cases, call your state or county health department.