

MDS Alert

Seasonal Preparations: Brush Up on Flu Season Best Practices

Don't let flu season catch you, your staff, or residents by surprise.

You know that flu season generally makes itself known from October to May. Refresh your memory now on facility and staff best practices.

Flu 'season' basics For SNF and other healthcare provider purposes, your facility's response to influenza is very tied to geography: "flu season" starts when flu arrives in your area, and ends when new cases are no longer beginning. Flu vaccinations should be administered before the season starts, which, for most areas, is before the end of October. The vaccination should be available to anyone who has not yet been vaccinated during the entirety of the season if unexpired vaccine is available while the season is ongoing.

The CDC, the Advisory Committee on Immunization Practices, and the Healthcare Infection Control Practices Advisory Committee all recommend that U.S. healthcare workers get the flu vaccine, as they are particularly susceptible to infection, as well as spreading infection. For SNFs, this includes the obvious employees: nurses, CNAs, therapists, physicians, as well as the non-medical service providers, like dining staff, housekeeping, receptionists, noncontract volunteers, emergency medical technicians, private ambulance/transport companies, security, and laundry.

2017-18 flu specifics This year's flu vaccines are made up accordingly, per the Centers for Disease Control and Prevention (CDC) website:

- 2017-18 trivalent vaccines:
 - o an A/Michigan/45/2015 (H1N1) pdm09-like virus;
 - o an A/Hong Kong/4801/2014 (H3N2)-like virus; and
 - o a B/Brisbane/60/2008-like virus (Victoria lineage).
- 2017-18 quadrivalent vaccines:
 - o the same three HA antigens as trivalent vaccines, plus
 - o a B/Phuket/3073/2013-like virus (Yamagata lineage).

Live, attenuated flu vaccines (LAIV) are normally not recommended for people over 65 years of age, but please note that its use is particularly dangerous this year, per the CDC. The CDC recommends that any provider or anyone else involved in caregiving or other close contact with the elderly or otherwise immunosuppressed populations avoid interactions for seven days after receiving an LAIV.

Minimize risk for better outcomes Healthcare providers are always told that vaccination reduces risk, especially for vulnerable populations, but what does that actually mean? A study published in May 2017 in the journal *Clinical Infectious Diseases* provides convincing numbers. The CDC website features an update, on the importance of flu vaccination, saying the study shows that "flu vaccination reduced deaths, intensive care unit (ICU) admissions, ICU length of stay, and overall duration of hospitalization among hospitalized flu patients."

The study suggests that receiving a flu vaccination can reduce severe outcomes, and the benefits were greatest in people over 65 — people who are at the greatest risk of serious complications from flu infection and have the highest rate of hospitalization, compared to other age groups.

Specifically, the study shows that "vaccinated adults were 52-79 percent less likely to die than unvaccinated flu-hospitalized patients. In other words, an unvaccinated hospitalized flu patient was 2 to 5 times more likely to die than

someone who had been vaccinated."

Though most SNFs have set flu vaccination protocols, these results should reduce any reticence for comprehensive vaccination for residents and staff. (Though staff may not be as likely to suffer a severe infection, they can pass it to vulnerable populations, like their residents.)

Transmission and best practicesInfluenza is transmitted primarily by an infected person coughing or sneezing and sending virus particles out into the environment. Transmission in this way is very close-contact (usually 6 feet or less), but indirect transmission is also possible via influenza-contaminated surfaces. You and staff should consider all respiratory secretions and other bodily fluids — your own and residents' — possibly infectious. In caregiving situations, you are particularly at risk of encountering or spreading influenza and other viruses. The CDC recommends these best practices; adjust your facility and team's protocols if you need to (and put out reminders!):

- administration of influenza vaccine
- implementation of respiratory hygiene and cough etiquette
- appropriate management of ill health care personnel
- adherence to infection control precautions for all patient-care activities and aerosol-generating procedures
- implementing environmental and engineering infection control measures.

Find updates about the flu here: <http://www.cdc.gov/flu/weekly/fluactivitysurv.htm> or <http://www.cdc.gov/flu/weekly/usmap.htm>.

In addition, or in lieu of, facilities can also contact their local health department website for local influenza surveillance information.