

**Communicable Disease Epidemiology
and Immunization Section**

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November 30, 2023

Dear Nursing and Medical Directors:

Outbreaks of respiratory viral infections in long-term care facilities (LTCF) cause high rates of complications, hospitalizations, and death among LTCF residents. During the 2023-2024 respiratory viral season, LTCFs may be at increased risk for respiratory viral outbreaks due to the co-circulation of respiratory viral infections including COVID-19, influenza, and other respiratory viruses such as respiratory syncytial virus (RSV). Implementing appropriate testing diagnostics can help distinguish between different infections and determine the appropriate treatment course. Vaccinations are mainstays of preventing complications related to these infections. Public Health - Seattle & King County (Public Health) is providing the following information to help you prevent influenza, COVID-19, and RSV among your residents and staff this respiratory viral season. **As a reminder, health care facilities in Washington are required by law to report outbreaks and suspected outbreaks of disease to Public Health (WAC 246-100-076).** You can find reporting guidelines for LTCFs in the [Nursing Home Guidelines Purple Book 6th Edition](#).

The following are fundamental components of an effective influenza prevention and control policy.

- **Ensuring LTCF residents are up to date with recommended vaccinations:** The Centers for Medicare and Medicaid Services require nursing homes participating in their programs to offer all residents **influenza and pneumococcal** vaccines. **Vaccinate newly admitted residents throughout the respiratory viral season.** Updated monovalent COVID-19 boosters and RSV vaccines are available and should be offered to eligible residents. [Routine co-administration](#) of the COVID-19 vaccine with influenza and RSV is recommended if there are no contraindications. Maintaining high rates of vaccination in residents can reduce risk of an outbreak and health complications among residents who become infected. If available, Public Health recommends using high-dose flu vaccine and adjuvanted flu vaccine for people aged 65 years and older. For additional information see resources below.
- **Ensuring all health care personnel (HCP)* are up to date with recommended vaccinations:** Maintaining high rates of vaccination among HCP protects staff against illness and reduces absenteeism during an outbreak. It also minimizes the risk of exposing high-risk residents to influenza and COVID-19. To increase employee vaccination rates, consider offering vaccine on site, paying for vaccine, and providing special in-services for staff.
- **Restrict staff with symptoms compatible with influenza, COVID-19 or other respiratory illness from working. Restrict visitors with symptoms compatible with influenza, COVID-19 or other respiratory illness from visiting:** Ask all visitors to take appropriate precautions to prevent spreading infections to residents including frequent hand washing and wearing facemasks. Consider instituting policies for all staff and visitors to wear facemasks during respiratory viral season. Staff with symptoms compatible with influenza, COVID-19 or other respiratory illness

should be restricted from working, tested for COVID-19 and influenza, [and follow appropriate return to work guidance](#). Staff should also be instructed not to work at other facilities during this time.

- **Recognize respiratory illnesses in your facility early:** Respiratory illness in the elderly can be difficult to recognize. Educate staff about the subtle ways in which influenza, COVID-19 or other respiratory viral infection may present in elderly persons (such as anorexia, mental status changes, fever, worsening of chronic respiratory status or congestive heart failure).
- **Have a low testing threshold for influenza, COVID-19 or other respiratory viral infection in ill persons. Antigen tests for influenza or COVID-19 may require verification by PCR testing depending on the situation:** Rapid antigen tests are not highly sensitive for seasonal influenza especially early in the season. Therefore, a positive test is helpful, but a negative test does not rule out infection.
- **Public Health can provide testing support. For assistance call Public Health at 206-296-4774.**
- **Report to Public Health within 24 hours when either: 1) influenza or COVID-19 is diagnosed in at least one resident, OR 2) more than one resident in the facility or an area of the facility (e.g., separate unit) develops acute respiratory illness during a 72hr period.** When an outbreak is suspected, Public Health can assist you in confirming the diagnosis and responding to the outbreak.

[CLICK HERE](#) to submit your report for Influenza, respiratory illness and/or COVID-19 using our REDCap reporting system. Call 206-296-4774 if you have questions.

- **Promptly implement infection control measures for any outbreak of respiratory illness and administration of antiviral medication for treatment or chemoprophylaxis for influenza outbreaks:** Antiviral medications must be administered quickly to ill persons to provide optimal clinical benefit (treatment) and to uninfected persons to effectively stop an outbreak (chemoprophylaxis). For outbreak control purposes, **consider having orders for antiviral treatment and chemoprophylaxis for influenza as well as testing orders for influenza and COVID-19 prepared in advance.**
- **Develop and implement a plan to provide or encourage treatment for all residents who test positive for COVID-19.** Treatment guidelines for non-hospitalized patients are available from [NIH](#).

If you have questions about influenza, COVID-19 or other respiratory infection prevention, need assistance evaluating or responding to an outbreak, or have suggestions on other ways we can assist you, please contact us at 206-296-4774.

Thank you for your work to protect the health of your residents and staff.

Sincerely,



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Public Health – Seattle & King County

Influenza, Pneumococcal, RSV, and COVID-19 Resources for Long-Term Care Facilities

- Public Health- Seattle & King County's Influenza Long Term Care facility resources. Available at: <https://www.kingcounty.gov/depts/health/communicable-diseases/immunization/flu-season/for-long-term-care-facilities.aspx>
- Public Health- Seattle & King County's Long Term Care Facility COVID-19 resources. Available at: <https://kingcounty.gov/depts/health/covid-19/providers/LTCF.aspx>
- Bradley SF, et al. SHEA Position Paper: Prevention of Influenza in Long-Term Care Facilities. *Infection Control and Hospital Epidemiology* 1999; 20(9):629-637. Available at: <http://www.jstor.org/stable/10.1086/501687>.
- CDC's Prevention Strategies for Seasonal Influenza in Healthcare Settings. Available at: <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>
- CDC's Influenza Antiviral Medications: Summary for Clinicians. Available at: <https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>
- Seasonal Influenza Vaccine Supply for the U.S. 2023-2024 Influenza Season. Available at: <https://www.cdc.gov/flu/prevent/vaxsupply.htm>
- CDC recommendations for use of pneumococcal vaccine in adults. Available at: <https://www.cdc.gov/vaccines/vpd/pneumo/hcp/recommendations.html>
- Guidelines for preventing healthcare associated Pneumonia. Available at: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5303a1.htm>
- Additional information from the CDC on prevention and control of influenza can be found at: <http://www.cdc.gov/flu/professionals/>
- [Increased Respiratory Syncytial Virus \(RSV\) activity in southeastern United States: New prevention tools available to protect patients - King County, Washington](#)
- Regional Statement Regarding Masking in Healthcare Settings [HC Masking-Statement Update 2023-09-26 FINAL.pdf \(nwhrn.org\)](#)

***Healthcare Personnel (HCP):** HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, volunteer personnel). For this guidance, HCP does not include clinical laboratory personnel. Reference: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>