



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Thomas Farley, M.D., M.P.H.  
*Commissioner*

## 2013 Advisory #3: New York City Influenza Update

- **Outbreaks of influenza, some with associated deaths, have occurred in NYC long-term care facilities during the 2012-13 influenza season.**
- **If an influenza outbreak is suspected or confirmed in a long term care facility, immediate measures to prevent influenza transmission should be implemented, including vaccination, testing, antiviral treatment, and chemoprophylaxis.**
- **Suspected or confirmed influenza outbreaks in long-term care facilities should be reported to both the city and state health departments.**

January 9, 2013

Dear Colleagues,

Residents of long-term care facilities (LTCFs), even when vaccinated, are at high risk for being infected with and suffering complications from influenza infection. Influenza is easily transmitted in congregate settings, such as LTCFs, and outbreaks can result in severe illness and death, because of the advanced age and co-morbidities among LTCF residents. To date, the number of LTCFs in New York City reporting influenza outbreaks is high compared with most seasons. From 12/2/2012 to 1/9/2013, 24 outbreaks have been reported. During the past three influenza seasons, the number of outbreaks reported to date has ranged from 1 to 26. In this season's outbreaks, an estimated 350 residents have been ill, and at least 9 are known to have died.

During each influenza season, New York City Department of Health and Mental Hygiene (DOHMH) personnel visit LTCFs in New York City to encourage evidence-based policies and practices for influenza prevention and control. DOHMH maintains close contact with facilities throughout the season. During this and previous influenza seasons, DOHMH has identified problems in some New York City LTCFs regarding influenza prevention, including:

- Reluctance of healthcare workers to receive annual seasonal influenza vaccine.
- Inadequate use of personal protective equipment by healthcare workers.
- Delays in recognizing influenza symptoms in LTCF residents.
- Delays in testing or failure to test for influenza in LTCF residents with influenza symptoms.
- Delays in treating suspect or confirmed influenza cases with oseltamivir or zanamivir.
- Delays in using or failure to use oseltamivir or zanamivir as prophylaxis in LTCF residents without influenza symptoms.
- Failure to report outbreaks to DOHMH or New York State Department of Health.

DOHMH urges all LTCFs and medical personnel that work at LTCFs to adopt the following measures to prevent and control influenza:

- All non-vaccinated facility residents and staff should be offered vaccine. Vaccinating LTCF staff has been shown to reduce mortality among LTCF residents.
- Any resident with febrile respiratory illness should be tested for influenza. Some residents, especially those who are elderly or immunosuppressed, may not manifest classic symptoms of influenza and instead may only exhibit changes in behavior or mental status.
- If an outbreak is confirmed, evaluate each LTCF resident and healthcare worker daily for symptoms of influenza. An outbreak is defined as
  - One or more facility-associated cases of confirmed influenza in residents, or
  - Two or more cases of influenza-like illness (measured temperature  $\geq 37.8^{\circ}\text{C}$  [ $100^{\circ}\text{F}$ ] with cough or sore throat) among residents or healthcare workers of a facility on the same unit

within 7 days.

- Standard and droplet precautions should be implemented for all infected residents (<http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>).
- All residents with laboratory-confirmed infection should be treated with an appropriate antiviral medication (oseltamivir or zanamivir, not amantadine or rimantadine). After one case of lab-confirmed infection is detected, any resident subsequently developing signs or symptoms consistent with influenza infection should be treated while awaiting test results.
- The following groups should receive antiviral chemoprophylaxis for 14 days, or for 7 days after onset of symptoms in the last person infected, whichever is longer:
  - All non-infected residents on all floors and wards of the facility, whether or not they have received influenza vaccine
  - All unvaccinated facility employees
- The following non-pharmaceutical outbreak control measures should be employed:
  - Infected residents should be cohorted, group activities should be suspended, and movement of non-infected residents from affected wards should be restricted.
  - New admissions or transfers to wards with symptomatic residents should be avoided. Staff should not float from unit to unit.
  - Monitor staff absenteeism. Ill staff should remain home for 24 hours after resolution of fever.
  - Ill persons from the community should not be allowed to visit the facility.
- Suspected or confirmed facility outbreaks should be reported to Ms. Beth Nivin (347-396-2616) or Ms. Alice Yeung (347-396-2608) at the NYC Health Department. Additionally, suspected or confirmed outbreaks should be reported to the New York State Health Department through the Nosocomial Report Outbreak Application (see [http://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/98-07-16\\_nosocomial\\_outbreak\\_reporting.htm](http://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/98-07-16_nosocomial_outbreak_reporting.htm)), or by fax to 518-402-5165.

As always, we appreciate the cooperation of the medical community in New York City in helping to reduce influenza-related morbidity and mortality and will update you with new information on the current influenza season, especially when relevant to management of your residents and staff.

*Scott Harper*

Scott Harper, MD, MPH, MSc  
Medical Epidemiologist  
Bureau of Communicable Disease

*Jay K. Varma*

Jay K. Varma, MD  
Deputy Commissioner  
Division of Disease Control

## Resources

NYC Influenza Surveillance

<http://www.nyc.gov/html/doh/flu/html/data/data.shtml>.

Centers for Disease Control and Prevention Guidance for Long-term Care Facilities

<http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>

Centers for Disease Control and Prevention Antiviral Guidance

<http://www.cdc.gov/flu/pdf/professionals/antivirals/antiviral-summary-clinicians.pdf>

Clinical Influenza Guidelines, Infectious Diseases Society of America

[http://www.idsociety.org/uploadedFiles/IDSA/Guidelines-Patient\\_Care/PDF\\_Library/Infuenza.pdf](http://www.idsociety.org/uploadedFiles/IDSA/Guidelines-Patient_Care/PDF_Library/Infuenza.pdf)

New York City Health Information: Influenza Prevention and Control 2012-13

[http://www.nyc.gov/html/doh/html/chi/chi31-4\\_index.html](http://www.nyc.gov/html/doh/html/chi/chi31-4_index.html)

New York State Recommendations for Follow-up of Respiratory Disease Outbreaks of Influenza and Influenza-like Illness in Health Care Facilities

[http://www.health.ny.gov/diseases/communicable/control/respiratory\\_disease\\_checklist.htm](http://www.health.ny.gov/diseases/communicable/control/respiratory_disease_checklist.htm)