

Control of Outbreaks in Long Term Care Homes (LTCH) And Retirement Homes (RH)

Once a flu outbreak is suspected and laboratory-confirmed, several measures can be implemented to prevent further transmission of this highly contagious and potentially life-threatening infection.

As respiratory influenza outbreaks multiply in LTCH and RH, Public Health Ontario is recommending deployment of procedures to stop the spread of the respiratory influenza virus that can lead to hospitalization and death of our elders.

Strategies to prevent the spread of infection involve the administration of antiviral medications such as Tamiflu. It is administered to vaccinated or unvaccinated adults over 65, as well as to unvaccinated staff members. However, as there is a 2-week period necessary to build immunity (post vaccination) antiviral medication must be taken by staff members for up to two weeks or until the end of a “less than 2-week” outbreak. Of course, getting the flu shot at the beginning of flu season is always recommended as the season extends to April. Additionally, flu vaccine can be administered by pharmacists at both **Medical Arts Pharmacy** locations.

General “Outbreak” guidelines for the preferred antiviral, **Tamiflu**:

- Administration begins as soon as outbreak is declared
- Prophylaxis dosing is used for the duration of the outbreak
- Duration means up to 8 days after the last case of influenza is declared

Some Tamiflu specifics:

- Residents with a positive swab for influenza are treated with Tamiflu for 5 days
- Residents with signs and symptoms (but no swab), are treated with Tamiflu for 5 days, followed by a period of prophylaxis with Tamiflu
- The U.S. Centers for Disease Control and Prevention (CDC) states that antivirals are approximately 70 to 90% effective in preventing influenza
- Tamiflu should initially be taken with food to prevent possible nausea and vomiting, a side effect that usually decreases after the first dose

The rationale for immunizing Staff in the LTCH and RH is that:

- Staff members with influenza can be infectious at least one day before their initial signs and symptoms, and most staff will continue to work even when ill with influenza, particularly if the illness is mild. Approximately 20 per cent of ill staff remain subclinical (not severe enough to present definite or readily observable symptoms), yet are still infectious and risk infecting more vulnerable residents.

- Some groups that are at high risk for influenza complications cannot receive the vaccine, such as babies less than six months of age, persons who have had an anaphylactic reaction to a previous dose of influenza vaccine or are allergic to a vaccine component.
- Some groups, such as the immunocompromised, can generally receive inactivated influenza vaccine but may not develop protective immunity. Others, such as the elderly, should be immunized but do not develop good levels of immunity from the vaccine. **These vulnerable groups are best protected when their family and the community around them, including staff members of LTCH and RH are immunized.**
- Getting your flu vaccine, even at the time of the outbreak, is beneficial as it limits the treatment with Tamiflu to 2 weeks. There are no data about the risk associated with prolonged use of Tamiflu (> 2 weeks)
- Pregnant women are among people at high risk for influenza-related complications or hospitalization. The risk of influenza-related hospitalization increases with length of gestation. It is safe and strongly recommended to get your flu vaccine when you are pregnant. Although Tamiflu has been considered safe during pregnancy, the flu vaccine remains a first line prevention
- Flu vaccine is free of charge to residents of Ontario with a valid health card and does not require a prescription whereas Tamiflu requires a prescription and is not free of charge
- Respiratory Flu outbreaks usually happen in large numbers. Thus depending solely on Tamiflu (to carry on your duties in the home) puts you at risk of facing demand-related drug shortages. This could result in missing work without pay

Let's define 'Staff' for non-Long-Term Care Home Facilities

It is recommended that facilities other than long term care homes (e.g. retirement homes) adopt a broader definition of staff to increase prevention and protection opportunities. The recommended definition for staff is taken from PIDAC's Routine Practices and Additional Precautions in All Health Care Settings, November 2012. They define 'staff' as follows:

[All] persons, except volunteers, who carry on activities in the [facility], including but not limited to employees (permanent, temporary), students, attending physicians and both health care and non-health care contract workers and any other staff, including persons with admitting/clinic privileges (MD, Nurse Practitioners); maintenance workers (e.g. janitorial, repair, kitchen staff, etc.) or other workers who carry on activities in resident care areas or come into contact with residents (e.g. hairdressers, chiropractors, pharmacists).



As of December 15th 2016, Pharmacists trained for Injection can give other vaccine than the flu vaccine which will be discussed in the February 2017 newsletter.

For more information, please refer to Facts and Fictions about Flu Vaccination at:
<http://www.phac-aspc.gc.ca/chn-rcs/flufacts-eng.php>

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