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To: Directors of Nursing and Administrators, Long-Term Care Facilities

From: Jeffrey P. Davis, MD, Chief Medical Officer and State Epidemiologist for Communicable Diseases and Emergency Response

Re: Importance of the use of neuraminidase inhibitor antiviral medications for treatment and prevention of influenza in long-term care facilities

Two weeks ago, the CDC issued a health advisory regarding the circulation of drifted influenza A/H3N2 viruses, at: <http://emergency.cdc.gov/HAN/han00374.asp>.

Since then, the DPH has received reports of numerous outbreaks of laboratory confirmed influenza A infections among long-term care facilities (LTCFs) throughout Wisconsin. This is an unusual influenza season because of the extent of the drift of some circulating A/H3N2 strains from the influenza A/H3N2 vaccine strain and the predominance of drifted strains among circulating strains nationwide and throughout Wisconsin. Therefore, it is particularly important to follow the recommendations of the Advisory Committee on Immunization Practices (ACIP) and CDC regarding influenza vaccination and the use of neuraminidase inhibitor antiviral medications, when indicated, for treatment and prevention of influenza.

The DPH acute respiratory illness guidance for LTCFs dated October 16, 2013 has not changed and is available at: <https://www.dhs.wisconsin.gov/influenza/lcari-memo-201314.pdf>.

Key points from this guidance and CDC recommendations include:

- Treatment with antiviral medications has clinical benefit in reducing severe outcomes of influenza and, when indicated, should be initiated as soon as possible after illness onset.
 - Start treatment early, ideally within 48 hours of symptom onset.
 - Decisions regarding initiating antiviral treatment should not be delayed to wait for laboratory confirmation of influenza.
- Because of the drifted influenza A/H3N2 strain, when an outbreak of influenza A infection has been confirmed at an LTCF, antiviral chemoprophylaxis should be used among non-ill residents and staff for prevention of influenza.
 - CDC recommends antiviral chemoprophylaxis for a minimum of two weeks and for at least seven days after the onset of the last confirmed or suspected case of influenza at the LTCF.
 - Outbreaks of influenza and other acute respiratory diseases that occur at LTCFs should be reported immediately by telephone to the local health department.
 - A respiratory disease outbreak in a LTCF is defined by CDC and DPH as three or more residents and/or staff from the same unit with illness onsets

within 72 hours of each other and who have any of the following: acute respiratory illness, pneumonia or laboratory-confirmed viral or bacterial infection (including influenza).

- Contact information for your local health department can be found at: <https://www.dhs.wisconsin.gov/lh-depts/counties/index.htm>.
- During outbreak situations, contact your contract pharmacy to obtain antivirals for treatment and chemoprophylaxis of residents and staff. If not available at the contract pharmacy, contact your local pharmacies or your local health department.
 - Local health departments can obtain antiviral medications free of charge from the State Stockpile through the DPH.
 - Please note that antiviral medications may be requested from the State Stockpile during outbreak situations only when the medications are not readily available from the facility's contract pharmacy.
 - Antiviral medications from the State Stockpile are to be used as a **supplemental source during outbreaks** and not to replenish the facility's supply.

For any questions and to report respiratory virus outbreaks, please contact Thomas Haupt, Influenza Surveillance Coordinator, at 608-266-5326 or thomas.haupt@wisconsin.gov or Anna Kocharian, Communicable Diseases Epidemiologist, at 608-267-9004 or anna.kocharian@wisconsin.gov.