

Outbreaks of influenza (flu) in care homes

Do **2 or more** residents or staff have any of the following symptoms **within 2 days (48 hours)** of one another?



Fever of
37.8°C
or above



New onset or acute worsening of one or more of these symptoms:

- cough
- hoarseness
- runny nose or congestion
- shortness of breath
- sore throat
- wheezing
- sneezing
- chest pain
- loss or change of taste/smell



Sudden
decline in
physical or
mental ability

If so, you might have an **outbreak** of flu or another respiratory infection.



Isolate residents with symptoms, send staff with symptoms home.

Contact your Health Protection Team (HPT) via the **online Report an Outbreak tool** or your local infection control team/public health team (follow your local outbreak plan).

The HPT will advise you on:

1. Infection prevention and control, including isolation and cohorting of affected residents
2. Testing for flu, COVID-19 and other viruses
3. Antivirals for flu – these are most effective when started early.

Important:

All residents and staff should be offered seasonal flu vaccination every year
Appropriate infection control measures should be maintained all year round

Infection Control during an Outbreak of Influenza in a Care Home

Hand Hygiene and Protective Clothing

- ensure that liquid soap and disposable paper towels are available at all sinks
- wash hands thoroughly using liquid soap and water before and after any contact with residents
- provide 70% alcohol hand rub for visitor use and supplementary use by staff
- staff should wear single use surgical face masks, single-use plastic aprons and gloves as appropriate when caring for affected residents
- dispose of all these as infectious waste

Cleaning and Waste Disposal

- provide tissues and no-touch bins for used tissue disposal in public areas
- provide tissues and covered sputum pots for affected residents. Dispose of these as infectious waste
- wash residents' clothes, linen and soft furnishings on a regular basis, and keep all rooms clean
- clean surfaces of lockers, tables & chairs, televisions and floors etc frequently
- always clean hoists, lifting aids, baths and showers thoroughly between patients

Reducing Exposure of Unaffected Residents – Actions for Residents

- consider limiting admissions to the home (or a section of the home) if the HPT confirms an outbreak (subject to a risk assessment)
- residents should not transfer to other homes/attend external activities
- residents should only attend out-patient or investigation appointments where these are clinically urgent
- care for residents with symptoms in single rooms until fully recovered and for at least 5 days after the symptoms started
- affected residents should remain in their rooms as far as possible
- discourage residents with symptoms from using common areas

Reducing Exposure of Unaffected Residents – Actions for Staff and Visitors

- as far as possible staff should work in different teams: one team caring for affected residents and the other caring for unaffected residents
- agency and temporary staff in contact with residents with symptoms should not work elsewhere (e.g. in a local acute care hospital, or other care home) until 2 days after last exposure
- staff and visitors with symptoms should be excluded from the home until fully recovered
- the elderly, very young and pregnant women, who are at greater risk from the complications of flu, should be discouraged from visiting during an outbreak
- inform visiting health professionals of the outbreak and rearrange non urgent visits to the home, if possible
- inform the hospital in advance if a resident requires urgent attendance at hospital