Employees with ILI must be excluded from work until at least 24 hours after they no longer have a fever (without the use of fever-reducing medicines).

For confirmed or highly suspected cases of influenza, notify the facility medical director and administration and enhance surveillance for ILI among residents and staff.

Test residents who present with ILI by submitting respiratory specimens to a laboratory equipped to test for influenza ***

Within 48 hours of the onset of illness treat confirmed or highly suspect cases among residents and staff with oseltamivir (Tamiflu®) or zanamivir (Relenza®) to reduce the severity and shorten the duration of the illness.****

Provide oseltamivir or zanamivir for chemoprophylaxis to:

- **ALL** unvaccinated employees and those employees vaccinated for <2 weeks
- **ALL** residents regardless of vaccination status, unless exposure is limited to a specific wing or residential area. Then chemoprophylaxis can be limited to residents and staff of those areas.

Chemoprophylaxis once initiated should continue for a minimum of 2 weeks, and 1 week after the onset of symptoms in the last confirmed or highly suspected case.

Restrict new admissions to the facility or to the area where the confirmed resident(s) reside until one week after the illness onset of the last confirmed or suspected case of influenza.

As much as possible, restrict the movement of residents and employees within the facility.

*** Use of rapid influenza test result may not be recommended depending on the current level of influenza activity in the state.**** At the discretion of the clinician antiviral treatment can be initiated more than 48 hours post illness onset

For additional information, contact the Nebraska Office of Epidemiology at 402-471-2937 or your Local Public Health Department http://dhhs.ne.gov/publichealth/Pages/puh_oph_lhd.aspx

October, 2012 - adapted from the Wisconsin Bureau of Communicable Diseases and Emergency Response LTC Memo