



Outbreak Preparedness Toolkit

Influenza & Antiviral Readiness

Participant's Guide

Time Required: 30 min

Target Audience: Individuals involved with decision making regarding antiviral prophylaxis and treatment as well as front line staff providing direct care to residents.

Introduction

Influenza vaccination and antiviral medication play a key role in the management of outbreaks of influenza, as they are effective for both the prevention and early treatment of influenza infection. Long term care homes and retirement homes should be prepared to preauthorize influenza antiviral orders for all residents prior to the start of the influenza season each year. The neuraminidase inhibitor, oseltamivir (Tamiflu™), is effective against influenza A and B viruses and is recommended by Toronto Public Health (TPH) as first line prophylaxis and treatment for influenza outbreaks.

Are you familiar with when and how antiviral medications should be given? Let's get prepared!

Objectives

- Become familiar with how to apply the antiviral prophylaxis and treatment algorithm
- Understand the importance of preparing for influenza season (e.g. preauthorized orders ready for all residents, pharmacy identified)

- Facilitate discussions and critical thinking through application scenarios/situations

Instructions

Read through the scenario and questions below and practice using the antiviral algorithm in the appendix to determine the course of action. The participant worksheet that accompanies this facilitator guide can be used to record discussions and answers to the questions.

Activity

Influenza Outbreak Scenario

Background

Blueberry Fig Long Term Care Home is home to 58 residents across 4 units (Birch, Maple, Oak and Evergreen). There are two dining rooms at the facility: Birch and Maple share one dining room while Oak and Evergreen share another dining room. Each unit has their own small activity room and there is one large activity room on the main floor that is accessed by all units.

Scenario

February 15

Resident Violet Rain (V.R.), who is in a single room on Maple unit, became symptomatic with a fever and cough and was subsequently tested for COVID-19 and Multiplex.

February 16

Resident, Green Fern (G.F.), in a single room on the same unit, became symptomatic with fever, cough, and malaise and was tested for COVID-19 and Multiplex. V. R.'s result came back negative for COVID-19, Multiplex pending.

February 17

V.R.'s result came back positive for Influenza B.

56 hours passed since Violet became symptomatic and her symptoms have not improved. No more symptomatic residents on the unit or the facility and no staff were off sick.

TPH declared a **Confirmed Influenza Respiratory Outbreak** on Maple Unit at Blueberry Fig Long Term Care Home on February 17 subsequently issued a letter to the Director of Care at the facility, detailing the recommendations of TPH for the use of antivirals in the outbreak affected area. The letter included algorithms for the recommendations for prophylaxis and treatment of residents and recommendations for prophylaxis of staff ([See Appendix A](#)).

Resident	Unit	Symptom Onset	Test Results
Violet Rain	Maple	February 15	COVID-19 negative Influenza B positive
Green Fern	Maple	February 16	Pending

1. Who should be started on antiviral prophylaxis treatment and for how long? What dose should be given for prophylaxis treatment? *Consider residents and staff recommendations.*

2. Who should be started on antiviral treatment and for how long?

February 18

Resident Green Fern's (G.F.)'s result came back negative for COVID-19 and positive for Influenza B.

PSW staff Daisy Bunch (D.B.) who provides care to residents on **both Maple and Birch Units**, called in sick with symptoms of a fever, cough, and body aches. D.B. had provided care to the two symptomatic residents on Maple Unit.

Two other residents from Birch unit that share a room, Sunflower Field (S.F.) and Pumpkin Vine (P.V.) became symptomatic and met the case definition and line listed.

S.F. and P.V. COVID-19 results negative and multiplex results pending.

After consulting with Toronto Public Health, it was decided to expand the influenza outbreak area to include Birch Unit.

Resident	Unit	Symptom Onset	Test Results
Violet Rain	Maple	February 15	COVID-19 negative Influenza B positive
Green Fern	Maple	February 16	COVID-19 negative Influenza B positive
Sunflower Field	Birch	February 18	COVID-19 negative Multiplex pending
Pumpkin Vine	Birch	February 18	COVID-19 negative Multiplex pending
Staff	Unit	Symptom Onset	Test Results
Daisy Bunch (PSW)	Maple and Birch	February 18	N/A

3. Should any treatment be recommended for PSW Daisy Bunch?

4. Residents Sunflower Field and Pumpkin Vine have been symptomatic for less than 48 hours. What should you recommend?

5. What recommendations should be made for the following individuals?

a. Residents on Birch Unit:

b. Staff on Birch Unit:

February 20

Resident Purple Lilac (P.L.) on Birch Unit, became symptomatic and meets the established case definition and is added to the line list. P.L. started Oseltamivir Prophylaxis dose of 75 mg po once per day on February 18.

Resident	Unit	Symptom Onset	Test Results
Violet Rain	Maple	February 15	COVID-19 negative Influenza B positive
Green Fern	Maple	February 16	COVID-19 negative Influenza B positive
Sunflower Field	Birch	February 18	COVID-19 negative Multiplex pending
Pumpkin Vine	Birch	February 18	COVID-19 negative Multiplex pending
Purple Lilac	Birch	February 20	Pending

Staff	Unit	Symptom Onset	Test Results
Daisy Bunch (PSW)	Maple and Birch	February 18	N/A

4. What should be the next course of action for Purple Lilac, with regards to antiviral medication?

Debrief Discussion Questions

1. What challenges has your facility had in the past in preparing pre-authorized orders?
2. How have you overcome these challenges? Are there any ideas on how to mitigate these challenges in preparing for this year?
3. How does your facility track pre-authorized order completions?
4. Have you had to administer antivirals for an influenza OB in the past? If so, were there any challenges? How can these challenges be addressed in preparing for this year?

Feedback

Thank you for completing the activity. We want to hear your feedback. Please complete this short survey (1-2 min) so we can continue to improve the tools.

https://s.tphsurvey.chkmt.com/TPH_OBPrep_Toolkit



Additional Resources/References

- [PHO Antiviral Medications for Seasonal Influenza: Information for Health Care Providers, 2019](#)
- [PHO FAQ Antiviral Medication Use During an Influenza Outbreak: Congregate Living Settings](#)

Version 2 (June 2023)

Appendix A – Antiviral Letter and Algorithms



Dr. Michael Finkelstein
Deputy Medical Officer of Health

Dr. Eileen de Villa
Medical Officer of Health

Public Health
277 Victoria Street
5th Floor
Toronto, Ontario M5B 1W2

Reply: TPH Investigator's name
Tel: TPH Investigator's Phone #
Fax: TPH Investigator's Fax #

February 17, 2023

Blueberry Fig Long Term Care Home
Toronto, ON

Dear Dr. John Doe,

Re: **2022-2023 Influenza Season Recommendations for Antiviral Use for a Confirmed Influenza B Outbreak at Blueberry Fig Long Term Care Home on Maple Unit. OB # 3895-2023-5555**

On February 17, an influenza B outbreak was declared at Blueberry Fig Long Term Care Home on Maple Unit. This letter details the recommendations of Toronto Public Health (TPH) for the use of antivirals in the outbreak affected area, please see Tables 1 and 2 for specifics.

The neuraminidase inhibitor, oseltamivir (Tamiflu™), is effective against influenza A and B viruses and is recommended by TPH as first line prophylaxis and treatment for influenza outbreaks.

All well residents (regardless of immunization status), and all staff who have not been immunized with this year's seasonal influenza vaccine or who received influenza immunization less than two weeks ago should receive antiviral prophylaxis. Prophylaxis should be started immediately upon confirmation of an influenza outbreak and should continue until the outbreak has been declared over (8 days after onset of symptoms of the last resident case or 3 days after exclusion of the last staff case, whichever is longer). Treatment should be initiated as necessary.

Please note that if the influenza B outbreak extends to other areas of your facility it is expected that TPH's recommendations for antiviral use will also apply to those areas.

If you have any questions regarding TPH's recommendations, please do not hesitate to contact (TPH Investigator Name), Communicable Disease Investigator, at (416) XXX-XXX during business hours or after hours at 3-1-1.

Sincerely,

TPH AMOH/Physician Consultant's name
Toronto Public Health

cc:

Attachments

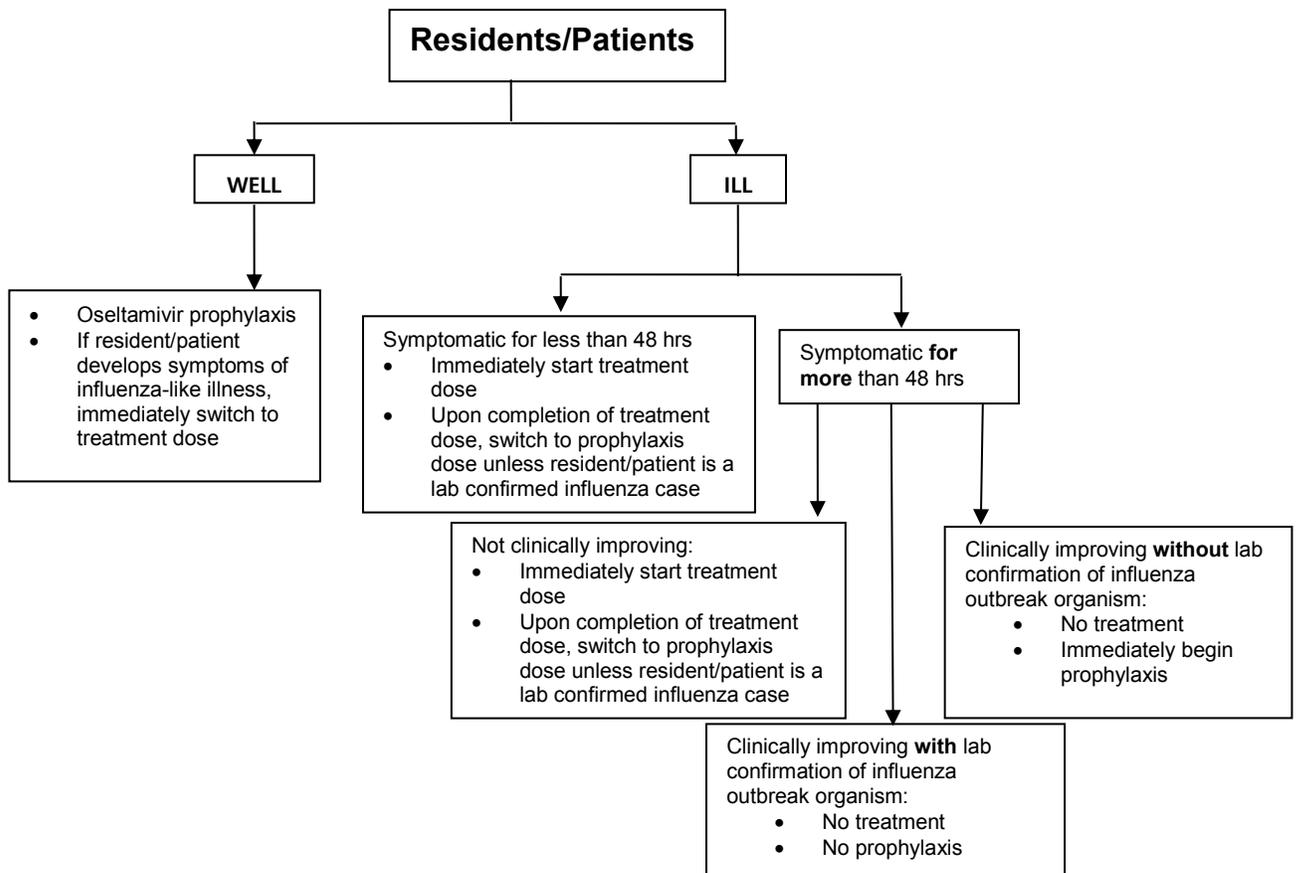
Table 1 Recommendations for Oseltamivir Prophylaxis and Treatment: Residents/Patients

Table 2 Recommendations for Antiviral Prophylaxis: Staff

TABLE 1: RECOMMENDATIONS FOR OSELTAMIVIR PROPHYLAXIS AND TREATMENT: RESIDENTS/PATIENTS

Oseltamivir **Prophylaxis** dose: 75 mg po once per day, until the outbreak is declared over. *

Oseltamivir **Treatment** dose: 75 mg po twice per day, for 5 days. *

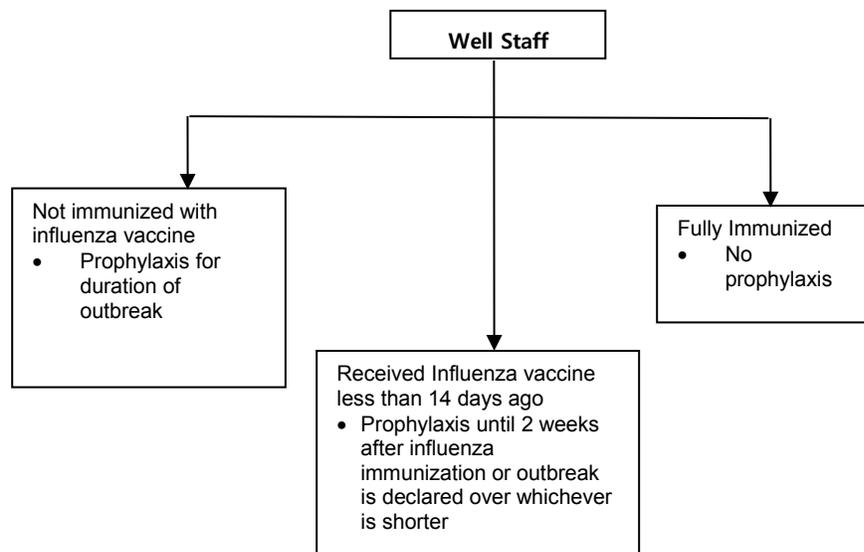


*For dose adjustment and contraindications please refer to the Product Monograph.

TABLE 2: RECOMMENDATIONS FOR ANTIVIRAL PROPHYLAXIS: STAFF

Oseltamivir Prophylaxis dose: 75 mg po once per day, until the outbreak is declared over. *

Zanamivir Prophylaxis dose: 10 mg daily (two 5 mg inhalations once per day), until the outbreak is declared over. *



Ill staff: Exclude from work.
Antiviral treatment upon the recommendation of their health care provider.

*For dose adjustment and contraindications please refer to the Product Monograph.

Appendix B – Scenario Test Result Summary

Resident	Unit	Symptom Onset	Test Results	Antiviral Dose
Violet Rain	Maple	February 15	COVID-19 negative Influenza B positive	Oseltamivir, 75 mg po twice per day X 5 days
Green Fern	Maple	February 16	COVID-19 negative Influenza B positive	Oseltamivir, 75 mg po twice per day X 5 days. Then switch to a prophylaxis dose until OB over If lab confirmed then stop in 5 days
Sunflower Field	Birch	February 18	COVID-19 negative Multiplex pending	Oseltamivir, 75 mg po twice per day, for 5 days. Then switch to a prophylaxis dose until OB over If lab confirmed then stop in 5 days
Pumpkin Vine	Birch	February 18	COVID-19 negative Multiplex pending	Oseltamivir, 75 mg po twice per day, for 5 days. Then switch to a prophylaxis dose until OB over If lab confirmed then stop in 5 days
Purple Lilac	Birch	February 20	Pending	Feb 18 - Oseltamivir

Resident	Unit	Symptom Onset	Test Results	Antiviral Dose
				Prophylaxis dose of 75 mg po once per day Feb 20- Oseltamivir, 75 mg po twice x 5 days. If lab confirmed then stop in 5 days
Staff	Unit	Symptom Onset	Test Results	Antiviral Dose
Daisy Bunch (PSW)	Maple and Birch	February 18	N/A	No antiviral treatment is recommended by the facility. Meet family physician