



U.S. Immigration  
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ICE Health Service Corps (IHSC)  
Enforcement and Removal Operations  
U.S. Immigration and Customs Enforcement

# Infectious Disease Public Health Actions Guide: Management of Influenza

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## Foreword

This *Infectious Disease Public Health Actions Guide: Management of Influenza* supplements the following IHSC directive:

- IHSC directive: 05-06, *Infectious Disease Public Health Actions*.

This guide explains concepts, assigns responsibilities and details procedures for the prevention and control of influenza.

The intended audience is IHSC-staffed medical clinics supporting health care operations in ICE owned or contracted detention facilities.

## **I. Overview**

### **A. Purpose**

The purpose of this guide is to assist health staff implement public health actions for the management of influenza in facilities with IHSC-staffed medical clinics. These activities must help to control and limit the spread of influenza.

### **B. Responsibilities**

Health Services Administrator (HSA), Field Healthcare Program Manager (FHPM), and Infection Prevention Officer (IPO)

- Ensure that health staff receive orientation and annual training related to public health actions for the management of influenza.
- Ensure procedures are in place to comply with all policies and standards related to public health actions for the management of influenza.
- Report patients with influenza to the health department in accordance with local and state laws.
- Conduct contact and outbreak investigations and assist local health department, if applicable.

#### Medical Providers

- Oversee the clinical management of detainees and residents diagnosed with influenza.
- Report patients with influenza to the health department in accordance with applicable local and state laws.

#### Health Staff

- Implement infection prevention and control measures to prevent transmission of influenza in IHSC-staffed medical clinics in accordance with applicable guidelines.
- Are knowledgeable about infection prevention and control measures applicable to work duties.

- Notify the FHPM, IPO, or designee to report influenza to the health department in accordance with applicable local and state laws.

#### Public Health, Safety, and Preparedness Unit Staff

- Provide technical guidance on activities related to public health actions for the management of influenza.

#### IHSC Infectious Disease Consultant and Infectious Disease Advanced Practice Provider

- Provide technical guidance related to clinical management and public health actions for the management of influenza.

### C. Acronyms

**ACIP** – Advisory Committee on Immunization Practices.

**CDC** – Centers for Disease Control and Prevention.

**HICPAC** – Healthcare Infection Control Practice Committee.

**IDSA** – Infectious Diseases Society of America.

**ILI** – Influenza-like illness.

**PPE** – Personal protective equipment.

**RIDTs** – Rapid influenza diagnostic tests.

### D. Definitions with Expanded Information

**Airborne infection isolation (AII) room** – A single-occupancy patient-care room; formerly called a negative pressure isolation room. Environmental factors are controlled so the isolation room receives substantial air changes per hour (ACH) ( $\geq 12$  ACH for new construction since 2001 and  $\geq 6$  ACH for construction before 2001) and is under negative pressure (the direction of air flow is from the outside adjacent space [the corridor] into the room). All room air is preferably exhausted to the outside, or recirculated if the return air is filtered through a high efficiency particulate air (HEPA) filter.

**Cohorting** – is a public health strategy used to house individuals separately as a group based on their infectious or exposure status.

**Contagious** – When a disease can be transmitted from one living being to another through direct or indirect contact. Contagious disease are usually caused by microorganisms and termed “communicable” and “infectious.”

**Droplet precautions** – Droplet precautions are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Because these pathogens do not remain infectious over long distances in a health care facility, special air handling and ventilation are not required to prevent droplet transmission. Infectious agents for which droplet precautions are indicated are found in HICPAC 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health care Settings, Appendix A. A single patient room is preferred for detainees who require droplet precautions.

**Epidemic** – The occurrence of more cases of disease, injury, or other health condition than expected in a given area or among a specific group of persons during a particular period of time.

**Exposure** – The condition of being subjected to something (e.g., noise, dust, chemicals, radiation, infectious agents) that could have an adverse health effect.

**Influenza-like illness (ILI)** – Defined as fever (temperature of 100°F or 37.8°C or greater) and a cough or sore throat without a known cause other than influenza.

**Incubation period** – The interval between exposure to a communicable microorganism and onset of symptoms and infectiousness.

**Infection control** – Institutional procedures and policies for monitoring and attempting to control the transmission of communicable diseases.

**Infectious period** – The period during which a person can transmit a communicable microorganism to others.

**Outbreak** – The sudden increase in the incidence of a disease or condition, when the observed number of cases exceeds the expected number of cases of disease.

**Standard precautions** – Infection prevention practices, including hand hygiene, that apply to all detainees and residents regardless of infectious status. Standard precautions are a combination and expansion of universal precautions and body substance isolation, based on the principle that all blood, body fluids, secretions, non-intact skin, mucous membranes, and excretions (except sweat) contain transmissible infectious agents. Standard precautions include hand hygiene, and depending on the anticipated exposure, use of gloves, gown, mask, eye protection,



or face shield. Equipment or items in the patient environment likely to be contaminated with infectious fluids must be handled in a manner to prevent transmission of infectious agents, (e.g., wear gloves for handling, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient).

**Surgical mask**– A device worn over the nose and mouth of a person to prevent infectious particles from being released into room air.

**Symptomatic** – A term applied to a patient with health-related complaints (symptoms) that might indicate the presence of disease.

**Vaccine** – A suspension containing antigenic molecules derived from a microorganism, given to stimulate an immune response to an infectious disease.

## E. About Influenza

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. There are two main types of influenza virus: Type A and Type B. The influenza A and B viruses which routinely spread in people are responsible for seasonal flu epidemics each year. Influenza A viruses can be broken down into sub-types depending on the genes that make up the surface proteins. Over the course of a flu season, different types and subtypes of influenza A and B viruses circulate and cause illness.

Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, pregnant women, and people with certain health conditions, are at higher risk for serious flu complications.

### Transmission

The influenza virus is spread by droplets made when people sneeze, cough, or talk. These droplets can land in a person's mouth or nose or can be inhaled into the respiratory tract. Transmission can also occur by touching contaminated surfaces or objects and then touching your own mouth or nose and through respiratory transmission when in close proximity of ill persons.

### Incubation Period

It takes from one to four days (average is two days) after exposure to influenza for a person to develop symptoms.

### Infectious Period

A person can usually spread the virus from one day before symptoms develop and up to five to seven days after becoming ill. Children may be contagious longer than seven days. Some may be infected with the influenza virus and have no symptoms but may still spread the virus to others.

#### Typical Influenza Season

The flu season typically begins in October of each year and ends in late March; the peak month is February.

#### Symptoms

The influenza virus is different from a cold. The influenza virus usually comes on suddenly. People who have the influenza virus often feel some or all of these symptoms:

- Fever or feeling feverish/chills; not everyone with flu will have a fever.
- Cough.
- Sore throat.
- Runny or stuffy nose.
- Muscle or body aches.
- Headaches.
- Fatigue or tiredness.
- Some people may have vomiting and diarrhea, though this is more common in children than adults.

#### Risk Factors for Flu-Related Complications

Most people who get influenza will recover in a few days to less than two weeks. Some people will develop complications as a result of the flu, some of which can be life-threatening and result in death.

Pneumonia, bronchitis, sinus and ear infections are examples of complications from flu. The flu can make chronic health problems worse. For example, people with asthma may experience asthma attacks while they have the flu, and people with chronic congestive heart failure may experience worsening of this condition that is triggered by the flu. People considered high risk for developing flu-related complications include the following:



- Children younger than five, but especially children younger than two years old.
- Adults 65 years of age and older.
- Pregnant women.
- American Indians and Alaskan Natives seem to be at higher risk of influenza complications.
- People who have medical conditions, including the following:
  - Asthma.
  - Neurological and neurodevelopmental conditions, including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual or developmental disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury.
  - Chronic lung disease, such as chronic obstructive pulmonary disease (COPD) and cystic fibrosis.
  - Heart disease, such as congenital heart disease, heart failure, and coronary artery disease.
  - Blood disorders, such as sickle cell disease.
  - Chronic kidney disorders.
  - Chronic liver disorders.
  - Metabolic disorders, such as diabetes, inherited metabolic disorders, and mitochondrial disorders.
  - Weakened immune system due to disease or medication, such as people with HIV or AIDS, cancer, autoimmune disease that can cause chronic inflammation of the joints and other areas of the body including but not limited to rheumatoid arthritis and lupus, and those on chronic steroids or immunosuppressants.
  - People younger than 19 years of age who are receiving long-term aspirin therapy.

- People who are morbidly obese, with a body mass index (BMI) of 40 or greater.

### Immunization

Please refer to the following official guidance on immunizations located in the IHSC policy library:

- IHSC operations memorandum 17-005, *Adult Influenza Vaccine Protocol*.
- IHSC directive 06-05, *Pediatric Immunizations*.
- IHSC operations memorandum 15-013, *Immunization Protocol for ICE Family Residential Centers*

## **II. Disease Management**

A medical provider is responsible for the clinical management of detainees and residents diagnosed with influenza.

### **A. Diagnosis and Lab Testing**

- A medical provider should use influenza virus diagnostic testing when the results of such testing will influence:
  - clinical care of the detainee or resident;
  - clinical practice for other detainees and residents, such as detainees and residents at high risk for complications, and;
  - outbreak control in a detention or residential facility.
- A medical provider should consult the CDC clinical description and lab diagnosis of influenza website and the Infectious Diseases Society of America - Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza regarding considerations for influenza virus diagnostic testing and test interpretation.
- Medical providers should use reverse-transcription polymerase chain reaction (RT-PCR) or other rapid molecular assays (i.e., nucleic acid amplification tests) over rapid influenza diagnostic tests (RIDTs) to improve detection of influenza virus infection.
- Rapid influenza diagnostic tests (RIDTs) may be used to help with diagnostic and treatment decisions. However, due to the limited

sensitivities and predictive values of RIDTs, negative results of RIDTs do not exclude influenza virus infection in detainees/residents with signs and symptoms suggestive of influenza and they should be managed as presumptive influenza until proven otherwise.

- RIDTs can be useful to identify influenza virus infection as a cause of respiratory outbreaks in any setting, but especially in institutions. Positive RIDT results from one or more ill persons with suspected influenza can support decisions to promptly implement prevention and control measures for influenza outbreaks.
- Negative RIDT results may be followed by RT-PCR to confirm or discount an outbreak due to influenza.
- Testing respiratory specimens from several persons with suspected influenza will increase the likelihood of detecting influenza virus infection, if influenza virus is the cause of the outbreak.
- Once influenza activity is documented in the facility, a clinical diagnosis of influenza can be made for detainees and residents with signs and symptoms consistent with suspected influenza, especially during periods of peak influenza activity in the community.
- Health staff should coordinate with the FHPM, IPO, or designee to notify public health authorities of any suspected institutional outbreak.

#### **B. Treatment and Chemoprophylaxis**

- A medical provider should consider ordering antiviral medications for the treatment and chemoprophylaxis of influenza in accordance with CDC's Influenza Antiviral Medications: Summary for Clinicians and Infectious Diseases Society of America - Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza and with consideration of individuals at high risk for complications.
- A medical provider should evaluate whether to treat detainees and residents with laboratory-confirmed influenza virus infection with an appropriate influenza antiviral medication.

- A medical provider should evaluate whether to treat detainees and residents identified with ILI during suspected outbreaks with an influenza antiviral medication.
- A medical provider should order the collection of respiratory specimens from initial ill persons during institutional outbreaks and send them for testing to determine the virus type or subtype of influenza A virus associated with the outbreak to guide antiviral therapy decisions.
- Where influenza outbreaks are suspected, the antiviral medications most likely to be effective against the influenza virus that is the cause of the outbreak should be used, if known.
- During outbreaks in a detention or residential facility, the medical provider should consider ordering antiviral chemoprophylaxis for at risk detainees and residents for 14 days and continue for at least 7 days after the onset of symptoms in the last person infected.

### **III. Infection Prevention and Control**

#### **A. Standard and Droplet Precautions**

- Health staff must institute standard and droplet precautions for detainees and residents with influenza or ILI in accordance with HICPAC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health care Settings.
- Health staff must maintain transmission-based precautions until the patient has been determined to be noncontagious. Also see 05-02 G-01, *IHSC Occupational Health Guide: Blood Borne Pathogens and Other Potentially Infectious Materials* and 05-02 G-02, *IHSC Occupational Health Guide: Personal Protective Equipment Program*.
- For novel or epidemic strains and for which current vaccinations are inefficient, additional transmission-based precautions may be recommended to reduce transmission in the setting of vaccine inefficacy and/or higher virus pathogenicity.
- Health staff must implement standard cleaning disinfection guidelines in accordance with CDC's 2008 Disinfection & Sterilization Guideline: HICPAC. Also see 05-02 G-02, *IHSC Occupational Health Guide: Blood Borne Pathogens and Other Potentially Infectious Materials* located in the IHSC policy library.

## B. Isolation Management for detainees and residents with influenza or ILI

- When influenza or ILI is diagnosed in a detainee or resident, health staff should institute standard and droplet precautions and separate the ill detainee or resident from other detainees and residents without influenza or ILI.
- If possible, health care personnel must place detainees and residents with confirmed influenza or ILI in a single room or cell.
- When a single room is not available, health care personnel should assess the medical risks and operational impact associated with other detainee and resident placement options, such as shared rooms with other detainees or residents with influenza or ILI.
- During larger outbreaks, gender and classification separation must be maintained, and isolation capabilities may not be available. If isolation is not feasible, health care personnel should recommend that the beds of sick detainees and residents be placed at a distance of at least six feet from other detainees, to the extent possible.
- If there is widespread flu transmission within a facility, isolation as a strategy may not be feasible.
- An airborne infection isolation (AII) room is recommended when performing procedures that are more likely to generate higher concentrations of respiratory aerosols than coughing, sneezing, talking, or breathing.
- Medical providers must send detainees and residents with suspected decompensation or complications to a hospital if medically necessary.
- Health care personnel must educate detainees and residents about respiratory hygiene and cough etiquette strategies. Multilingual printable education materials can be located on the [CDC's Preventing the Flu](#) website.
- If movement is required, health care personnel must recommend that the detainee or resident with influenza or ILI, and exposed detainees and residents, wear surgical masks if tolerated.



- Medical providers should evaluate whether to discontinue isolation of detainees and residents with seasonal influenza or ILI 24 hours after fever resolves or signs of fever without the use of fever-reducing medications.

## **IV. Outbreak and Exposure Management**

In the event of widespread circulation of novel and/or pandemic strains of influenza, more restrictive management measures may be implemented in accordance with Advisory Committee on Immunization Practices, Centers for Disease Control, and Infectious Diseases Society of America guidance and recommendations. Health staff must be familiar with the ICE Pandemic Workforce Protection Plan.

Health staff must coordinate with the FHPM, IPO, or other designated staff to notify health departments of influenza diagnosis and outbreak investigations in accordance with local and state regulations.

### **A. Outbreak Management**

- Health staff must consider an influenza outbreak when two or more detainees or residents in the same facility with common exposures manifest signs and symptoms of ILI within 72 hours of each other.
- A medical provider should order testing for influenza of initial detainees and residents that are clinically ill to confirm and verify outbreak with the same type.
- When influenza viruses are circulating in the facility, single positive laboratory results in conjunction with other detainees or residents with compatible illnesses are suggestive of an institutional outbreak.
- If influenza test results are positive despite antiviral chemoprophylaxis, the medical provider should consider the possibility of drug-resistant virus, the spread of influenza to previously unaffected areas of the facility where antiviral chemoprophylaxis had not been implemented, or multiple introductions of influenza from newly arriving detainees and residents.



- If drug resistance is suspected, a medical provider should consider submitting a respiratory sample to local health authorities for consideration of susceptibility testing.
- For more information on outbreak investigations reference IHSC 05-06 G-01, *Infectious Disease Public Health Actions Guide: Contact and Outbreak Investigations* located in the IHSC policy library.

**B. Cohorting of exposed, asymptomatic detainees**

- During outbreak management, health care personnel should evaluate whether to recommend to facility administrators cohorting with restricted movement to help reduce the spread of influenza. Strict cohorting may not be possible depending on facility characteristics. Less restrictive social distancing measures may help decrease the likelihood of transmission.
- If cohorting is recommended and feasible, health staff should recommend to facility staff to cohort all detainees that were in close contact (within 6 feet) to the detainee with ILI from 24 hours prior to symptom onset until four days following the latest exposure, and new arrivals must not be introduced to a cohorted housing unit.
- In family residential facilities with open movement, the HSA, FHPM, or designee should recommend implementing social distancing to the extent possible, to control the spread of infectious diseases of public health significance.
- Health staff should advise facility staff to discontinue cohorting when all members of the cohort remain asymptomatic four days following the latest exposure.
- If new ILI develops among detainees in the cohort, health staff should advise facility staff to extend the cohorting period for four days after the most recent exposure and repeat the process until there is a full four-day period without any new ILI.
- A medical provider should consider antiviral prophylaxis according to CDC and IDSA recommendations.

- Health care personnel must educate exposed detainees to maintain awareness of ILI symptoms and the importance of seeking medical attention promptly should they develop symptoms consistent with ILI.
- Health staff should recommend to facility staff that detainees wear a surgical mask when leaving the cohort area during the incubation period and if co-mingling with non-exposed persons.
- A medical provider should recommend to facility staff to avoid movement of cohorted detainees within and between facilities until the incubation period has ended.
- At least weekly, FHPMs, IPOs, or designees, and Field Medical Coordinators (FMCs) should report initial and updated status of housing units cohorted for detainee exposures to significant infectious diseases on the [PHSP Unit SharePoint page](#).

## **V. Program Monitoring**

PHSP Unit staff monitors influenza activity using the electronic health record reporting tools. PHSP Unit staff periodically request information from health staff at IHSC-staffed medical clinics for program monitoring.

## **VI. Training and Education**

### **A. Health Staff**

The HSA or designee must ensure that orientation and annual training that includes the influenza management is implemented and documented in accordance with IHSC directive 01-04, *Medical Education and Development* located in the [IHSC policy library](#).

### **B. Detainees and Residents**

Health care personnel should educate detainees and residents diagnosed with influenza about transmission, risk factors, and infection prevention and control. This education is documented in the detainee's or resident's electronic health record.

## **VII. Privacy and Recordkeeping**

Health staff should refer to IHSC directive: 05-06, *Infectious Disease Public Health Actions* located in the IHSC policy library for guidance on complying with privacy and recordkeeping procedures.

## **VIII. References and Resources**

1. 2011 ICE Performance-Based National Detention Standards.
2. ICE Family Residential Standards.
3. American Correctional Association (ACA).
4. National Commission on Correctional Health Care.
5. CDC Influenza.
6. CDC Seasonal Influenza (Flu) | Health Professionals.
7. CDC Clinical Description & Lab Diagnosis of Influenza.
8. CDC Seasonal Influenza (Flu) | Antiviral Medications.
9. CDC HICPAC 2007 Isolation Precautions.
10. CDC HICPAC 2008 Disinfection & Sterilization Guideline.
11. CDC Preventing the Flu.
12. Infectious Diseases Society of America - Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza.