



GREATER NEW YORK HEALTH CARE FACILITIES ASSOCIATION

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Memo 26-02

To: Administrator, DNS, Medical Director, MDs/NPs, Infection Preventionist and QA Committee

**From: Mary Gracey-White RN, Director of Regulatory Compliance and
Arlette A Drigpaul, MSN RN Infection Preventionist/Education Coordinator**

Date: January 8, 2026

Re: NYSDOH-GNYHCFA Collaboration on Combating Flu in Nursing Homes

GNYHCFA participated in a call at the request of the NYSDOH Commissioner of Health on January 8th to discuss the continued high rates of influenza cases and hospitalizations along with steps that need to be taken to reduce the spread of influenza in our facilities.

Following this call, and review of current influenza data, we recommend you review your facility's influenza policy/protocol **to address actual and potential outbreaks swiftly and effectively**. Ensure that you have a plan in place for managing suspected and/or confirm cases of flu as well as those who were exposed. **Chemoprophylaxis of exposed residents should be initiated promptly with oral Oseltamivir for a minimum of 2 weeks and continuing up to 1 week after the last known case was identified** remains the recommended first line therapy in outbreak situations in long-term care facilities.

We urge you to continue to strengthen your infection prevention and control (IPC) measures to prevent the transmission of influenza by:

- Monitoring and early identification of symptomatic residents with prompt respiratory panel testing
- Reporting confirmed cases of influenza via the NORA report on the Health Commerce System.
- Reoffering and encouraging influenza vaccination for all staff and residents
- Reinforcing correct masking for all staff that have not received influenza vaccination with tracking mechanism such as ID card stickers indicating vaccination status. This regulation can be reviewed during survey activities by NYSDOH.
- Encouraging visitors with respiratory symptoms to delay non-urgent visits until they are well; Facilities can encourage or implement visitor masking as necessary
- Posting signage in highly visible areas regarding common infection prevention measures (e.g., hand hygiene, respiratory etiquette, vaccination, stay home when sick, etc.);
- Having hand sanitizers readily available in common areas and by elevator banks for use;
- Educating staff, residents, and visitors about infection prevention and control measures such as hand hygiene, respiratory hygiene and cough etiquette, and appropriate PPE use.
- Rounding on unit by leadership staff to observe IPC practices, get feedback from staff, and perform just in time education as necessary.
- Taking measures to limit crowding in communal spaces (e.g., dining rooms, recreational areas, staff lounges, etc.);

- Monitoring healthcare personnel for illnesses. Ensure sick leave policies are non-punitive.

Be prepared to implement Tamiflu prophylaxis by having resident information, including age/weight and creatine level, available to ensure accurate Tamiflu dosing. Your Pharmacy Consultant may assist with this. Our colleagues at Guardian Consulting Services have shared additional resources including the attached Oseltamivir (Tamiflu®) Dosing Data Collection tool.

You can find a sample Influenza Policy as well as an Influenza Outbreak Guidance on our website www.gnyhcfa.org. Please do not hesitate to reach out to the NYS Bureau of Health Care Acquired infection icp@health.ny.gov or the Association if you have any questions.

Recommended Oseltamivir (Tamiflu) Dosing

Medication	Creatinine Clearance	Recommended Treatment Regimen	Recommended Chemoprophylaxis Regimen
Oseltamivir (Tamiflu)	Normal kidney function	75mg 2x/day x5 days	75mg daily x2 weeks
	Mild (>60-90 mL/minute)	75mg 2x/day x5 days	75mg daily x2 weeks
	Moderate (>30-60 mL/minute)	30mg 2x/day x5 days	30mg daily x2 weeks
	Severe (>10-30 mL/minute)	30mg daily x5 days	30mg every other day x2 weeks
	ESRD Patients on Hemodialysis (≤ 10 mL/minute)	30mg immediately and then 30mg after every hemodialysis cycle (treatment duration not to exceed 5 days)	30mg immediately and then 30mg after alternate hemodialysis cycles x2 weeks
	ESRD Patients on Continuous Ambulatory Peritoneal Dialysis (≤10 mL/minute)	A single 30mg dose administered immediately	30mg immediately and then 30mg once weekly x2 weeks
	ESRD Patients not on Dialysis	Not recommended	Not recommended

Resources:

NYSDOH (1/2/2026). [NYSDOH_Respiratory_Rpt_20251227_1767367287480_0.pdf](#)

CDC (12/11/2025). [CoCA Slides for December 11, 2025](#)

CDC (12/19/2025). [Influenza Antiviral Medications: Summary for Clinicians | Influenza \(Flu\) | CDC](#)

Thank You,
GNYHCFA Team