Recommendations for the Prevention and Control of COVID-19, Influenza, and Other Respiratory Viral Infections in California Skilled Nursing Facilities – 2023-24

Erin Epson, MD
Chief, Healthcare-Associated Infections Program
Center for Health Care Quality
California Department of Public Health

California Department of PublicHealth

What's coming this fall and winter 2023-24?

- CDC expects moderate COVID-19 wave, typical flu and RSV burden
  - Peak likely higher than most pre-pandemic seasons
  - Uncertainty in timing and magnitude of peaks for each disease
- SNF residents are at increased risk for severe disease, hospitalization, and death caused by COVID-19, influenza, RSV, and other respiratory viruses.
- The strategies outlined in this presentation are generally applicable to the prevention and control of multiple types of respiratory viruses.
- SNFs should develop and implement a respiratory virus prevention and control plan year-round.

CDC 2023-24 Fall and Winter Virus Season Playbook Oct 5, 2023

Key Messages

- Ensure that residents and healthcare personnel (HCP) are **up-to-date on recommended vaccinations**
- Implement **source control masking**
- Initiate prompt **testing and treatment** of COVID-19 and influenza

Viral Respiratory Pathogens Toolkit for Nursing Homes

Print

Preparing for and responding to nursing home residents or healthcare personnel (HCP) who develop signs or symptoms of a respiratory viral infection

ACTION: PREPARE for respiratory viruses (e.g., SARS-CoV-2, influenza, RSV)

- Vaccinate: Provide recommended vaccines to residents and HCP and provide information (e.g., posted materials, letters) to families and other visitors encouraging them to be vaccinated. Recommended vaccines help prevent infection and complications such as severe illness and death. Utilize pharmacy and public health partners to ensure access to indicated vaccines for residents and HCP.
- Allocate resources: Ensure that resource limitations (e.g., personal protective equipment (PPE), alcohol-based hand sanitizer (ABHS)) do not prevent HCP from adhering to recommended infection prevention and control (IPC) Plan for situations (e.g., multiple symptomatic individuals) that may require increased supplies.
- Monitor and Mask: Be aware when levels of respiratory virus spread are increasing in the community. When levels in the community are higher, consider having visitors and HCP wear a mask at all times in the facility and at a minimum, consider having residents wear a mask when outside of their room.
- Educate: Ensure everyone, including residents, visitors, and HCP, are aware of recommended IPC practices in the facility, including when specific IPC actions are being implemented in response to new infections in the facility or

https://www.cdc.gov/longtermcare/prevention/viral-respiratory-toolkit.html

Outline (1 of 2)

- Awareness of respiratory virus circulation
- Vaccination
- Source control masking
- Ventilation and filtration of indoor air and isolation areas
- Monitoring for respiratory illness
- Management of healthcare personnel (HCP) with respiratory symptoms or COVID-19 exposures

Outline (2 of 2)

- Testing
- Isolation, transmission-based precautions, and cohorting
- Additional infection prevention and control measures
- Antiviral treatment and chemoprophylaxis
- Outbreak definitions, reporting, and duration of outbreak control measures

Awareness of respiratory virus circulation

Stay up-to-date on COVID-19 in California

Access at: https://covid19.ca.gov/state-dashboard/

Stay up-to-date on flu / respiratory viruses in California

California Weekly Report

Influenza (Flu), RSV, and Other Respiratory Viruses

Week 40: October 1, 2023 – October 7, 2023

Influenza and RSV Highlights

▲ 1.2%	▼ 2.8%	▶ 0.1%	0 (+0)	▲ 5.4%
Influenza positivity	Outpatient ILI activity	Hospital flu admissions	Deaths since 10/1/23 (new)	RSV positivity

Influenza Activity Levels⁺

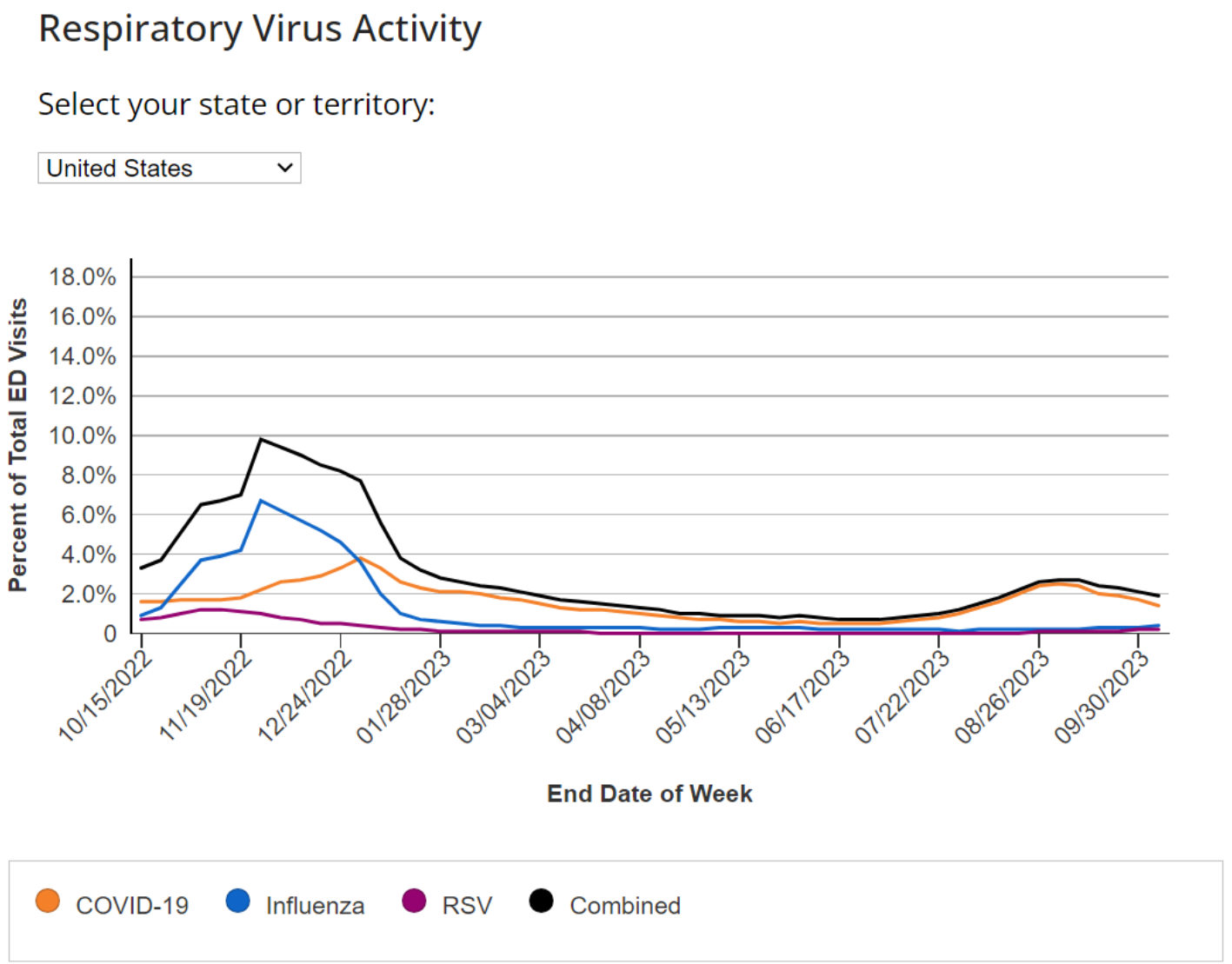
Minimal — Low — Moderate — High — Very High

Geographic Area	Activity Level
California Statewide	**Minimal**
Northern Region	Insufficient data
Bay Area Region	Insufficient data
Central Region	Low
Upper Southern Region	Minimal
Lower Southern Region	Low

Access at: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Influenza.aspx

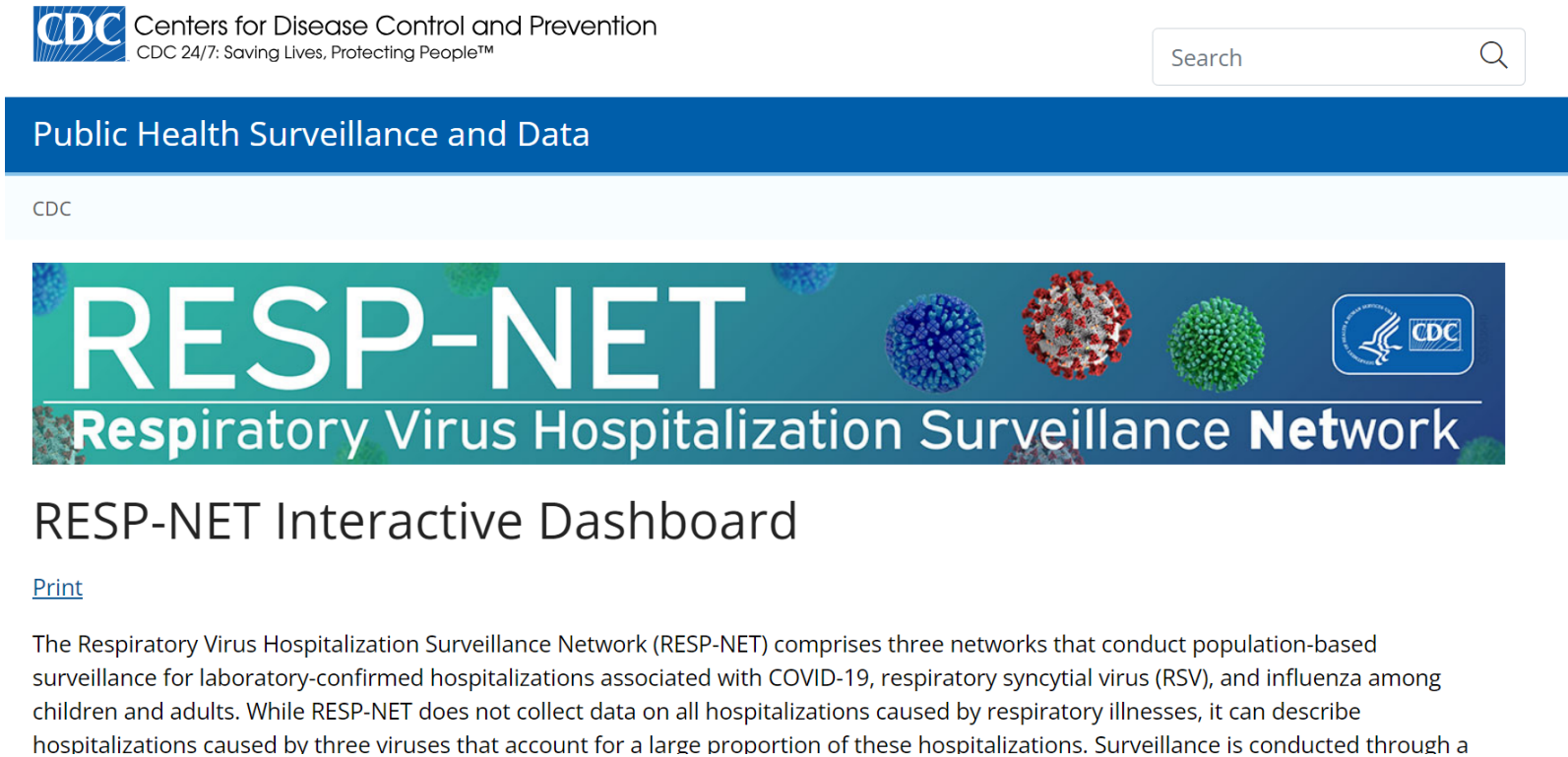
Stay up-to-date on respiratory virus activity in the U.S.

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™



Access at: https://www.cdc.gov/respiratory-viruses/index.html

Stay up-to-date on respiratory virus hospitalizations in the U.S.



Access at: https://www.cdc.gov/surveillance/resp-net/dashboard.html

Vaccination

Prevent Morbidity and Mortality from Respiratory Illness in SNFs – VACCINATE!

- The most effective strategy to prevent morbidity and mortality from influenza and COVID-19 continues to be ensuring that **residents and HCP are up-to-date on all recommended vaccinations.**
- Available vaccines for prevention of respiratory disease in adults are:
  - COVID-19
  - Influenza
  - Pneumococcal
  - RSV vaccines

CDC Adult Immunization Schedule: https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html

Vaccination

- CMS requires SNFs to:
  - **Educate and offer** COVID-19, influenza, and pneumococcal vaccines to residents
  - Educate and offer COVID-19 vaccines to HCP
- During outbreaks, continue to offer vaccines that protect against respiratory diseases to residents and HCP per CDC recommendations.

https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.80#p-483.80(d)(3)

Source control masking

Implement Source Control Masking in Healthcare Facilities

- Source control masking prevents HCP from infecting residents and other HCP with respiratory viruses
- Implement source control masking:
  - During periods of increased transmission of respiratory viruses
  - If there are elevated resident of HCP respiratory infections or HCP absenteeism
  - In the event of a facility outbreak
- For additional considerations for non-outbreak circumstances, see CDPH Guidance for Face Coverings as Source Control in Healthcare Settings

CDPH

TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health

GAVIN NEWSOM
Governor

July 28, 2023

TO: Staff in Healthcare Settings

SUBJECT: Guidance for Face Coverings as Source Control in Healthcare Settings

Related Materials: When and Why to Wear a Mask | All Guidance | More Languages

Background

High-quality, well-fitting face masks are effective at reducing the risk of transmission of respiratory infections (including COVID-19) and are an important component of a comprehensive strategy to reduce the risk of illness, hospitalization, and death from COVID-19 and other respiratory infections. Masks can provide both source control and personal protection within healthcare settings.

This document is intended to provide information that California healthcare settings should consider when developing and implementing their own facility-specific plans about face masking for source control, based on their patient population, facility considerations, and respiratory virus transmission metrics. The Centers for Disease Control and Prevention (CDC) provides additional recommendations for facilities on when to implement broader use of source control masking. Local health jurisdictions and other entities may implement requirements that go beyond this statewide guidance based on local circumstances.

In the workplace, employers are subject to the Cal/OSHA COVID-19 Non-Emergency Regulations or in some workplaces the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard (PDF) and should consult those regulations for additional applicable requirements.

This source control masking guidance is intended to be implemented in addition to other respiratory infection prevention measures, including immunizations for COVID-19 and other respiratory diseases, which remain the most effective strategy in preventing infection, disease, and serious illness and death from COVID-19.

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-for-Face-Coverings-as-Source-Control-in-Healthcare-Settings.aspx

California Department of PublicHealth

Monitoring for respiratory illness

Monitoring for respiratory illness

- During periods of increased community transmission of respiratory viruses and during outbreaks:
  - Conduct active daily monitoring of residents to identify signs/symptoms of respiratory illness and quickly manage
  - Track residents with respiratory illness using line list
- Educate HCP on routine self-screening for respiratory illness before reporting to work
  - Institute active symptom screening of HCP upon reporting to work when increased community transmission or during outbreaks

Management of healthcare personnel with respiratory symptoms or COVID-19 exposures

Manage healthcare personnel

- If symptoms develop at work: ensure face mask in place, notify supervisor, leave promptly, test for SARS-CoV-2 and influenza
- If test positive for COVID-19, follow return-to-work guidance outlined in AFL 21-08 (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx)
  - Otherwise, follow routine return-to-work guidance for ill HCP (i.e., HCP should not return to work until afebrile >24 hours without antipyretics and with improvement in respiratory symptoms)

Testing

Obtain prompt diagnostic testing to inform:

- Treatment of COVID-19 and influenza
- Chemoprophylaxis during an influenza outbreak
- Transmission-based precautions and cohorting decisions

Test supplies and availability

- Before each winter respiratory virus season and during periods of increased community transmission:
  - Determine the point-of-care SARS-CoV-2 and influenza test supplies that will be needed and how SNF will obtain and re-stock them as needed
  - Identify a lab that performs molecular testing for SARS-CoV-2, influenza, and complete respiratory panels AND provides results within 24-48 hours

Immediately test residents and HCP with respiratory illness

- Test for SARS-CoV-2, and test for influenza when influenza is circulating
- If RSV is circulating, consider preferential use of a molecular test that includes RSV in addition to SARS-CoV-2 and influenza
  - This could include a full respiratory panel or other multiplex assay
- If initial testing is negative and >1 resident is ill, obtain a full respiratory panel to evaluate for other respiratory infections

Testing of asymptomatic individuals

- Test for SARS-CoV-2 immediately (but not earlier than 24 hours after exposure) and, if negative, again at 3 days, and if negative, again at 5 days after exposure
- In general, testing asymptomatic individuals for influenza, RSV, or other non-SARS-CoV-2 respiratory viruses is **not recommended**.
- Reserve combined SARS-CoV-2 and influenza rapid tests for residents with respiratory symptoms who have not yet been diagnosed.
  - Do not used combined SARS-CoV-2/influenza rapid tests

Isolation, Transmission-Based Precautions, and Cohorting

Isolation of symptomatic residents

- Symptomatic residents and residents with respiratory virus exposures should generally remain in their current room and wear a mask for source control when outside their room.
- Avoid movement of residents that could lead to new exposures.
  - For example, roommates of symptomatic residents, who have already been potentially exposed, should not be placed with new roommates, if possible.

Transmission-Based Precautions for symptomatic residents

- While awaiting test results on symptomatic residents, implement empiric Transmission-Based Precautions for COVID-19.
  - HCP should use a fit-tested N95 or higher-level respiratory, eye protection, gloves, and gown.
- If SARS-CoV-2 test results are negative, HCP may downgrade their N95 to a surgical mask while awaiting test results for influenza and other respiratory viruses
- Ongoing Transmission-Based Precautions will depend on the determined etiology.

Recommended Transmission-Based Precautions for Healthcare Personnel Caring for Residents with Respiratory Viral Infections

Virus	Mask or Respirator*	Eye Protection	Gown	Gloves	Duration of Isolation
SARS-CoV-2	N95 or higher-level respirator	Yes	Yes	Yes	10 days
Influenza	Surgical mask	Per Standard Precautions	Per Standard Precautions	Per Standard Precautions	≥ 7 days
RSV and other respiratory viruses	Surgical mask	Per Standard Precautions	Yes	Yes	≥ 7 days

*SNFs are subject to the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard and should consult those regulations for additional applicable requirements. See: https://www.dir.ca.gov/dosh/dosh_publications/ATD-Guide.pdf

Isolation and cohorting for COVID-19

- Residents with confirmed COVID-19 should be placed in a single room, if available, or a designated COVID-19 isolation area or cohort.
  - This may be a designated floor, unit, or wing, or a group of rooms at the end of a unit that is physically separate and ideally includes ventilation measures to prevent transmission to residents outside the isolation area.

Isolation and cohorting for influenza and other viruses

- Multiple residents with confirmed influenza or other respiratory viruses may be cohorted together in shared rooms (if single rooms unavailable) or a designated area of the facility for residents with the *same confirmed virus infection*.
- If the number of infected residents is small, residents may be isolated in their original rooms.

Outbreak definitions, reporting, and duration of outbreak control measures

Outbreak definition: COVID-19

- Residents: >=1 facility-acquired COVID-19 case
- HCP: >=3 suspect, probable, or confirmed cases in HCP with epi-linkage AND no other more likely sources of exposure for at least 2 of the cases

Outbreak definition: influenza

- At least one case of lab-confirmed influenza in the setting of a cluster (>=2 cases) of influenza-like illness (ILI) within a 72-hour period.
- ILI is defined as fever (>=100 degrees F or 37.8 degrees C) plus cough and/or sore throat, in the absence of a known cause other than influenza.
  - Persons with ILI often have fever with cough, chills, headache, myalgia, sore throat, or runny nose.
  - Some persons, such as the elderly, may have atypical clinical presentations, including the absence of fever.

Outbreak definition: other non-influenza, non-COVID-19 respiratory viruses

- At least one case of a lab-confirmed respiratory pathogen, other than influenza or COVID-19, in the setting of a cluster (>=2 cases) or acute respiratory illness (ARI) within a 72-hour period.
- ARI is defined as an illness characterized by any two of the following: fever, cough, rhinorrhea or nasal congestion, sore throat, or muscle aches.

Reporting and notifications in the event of an outbreak

- As soon as the criteria for an outbreak are met:
  - Notify facility IP, administration, and medical director
  - **Report to local health department**, per Title 17 CCR
  - **Report to CDPH Licensing and Certification district office** (per AFL 23-08, 23-09)
  - Notify residents, family members, visitors
- If the outbreak demonstrates unusual severity or a higher-than-expected attack rate, or if an infection preventionist site visit is requested, notify both your LHD and the CDPH HAI Program at HAIProgram@cdph.ca.gov.

Duration of outbreak control measures

- In general, once **no new cases have been identified for at least two median incubation periods after the last confirmed case**, it is reasonable to consider the outbreak over and resume routine operations.
  - For influenza and currently circulating SARS-CoV-2:
    - Duration of 2 median incubation periods = ~1 week
    - For COVID-19 outbreaks where a broad-based SARS-CoV-2 testing strategy is used, the end of outbreak may be determined by no new cases identified with unit/facility-wide testing for 14 days
  - Some control measures instituted during an outbreak may continue beyond the defined end of the outbreak. These include:
    - Source control masking
    - Influenza antiviral chemoprophylaxis

Key Messages - Recap

- Vaccinate, vaccinate, vaccinate!
- Implement source control masking
- Initiate prompt testing and treatment of COVID-19 and influenza

Key Resources

- CDC Viral Respiratory Pathogens Toolkit for Nursing Homes: https://www.cdc.gov/longtermcare/prevention/viral-respiratory-toolkit.html
- CDC Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating: https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm
- CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Diseases 2019 (COVID-19) Pandemic: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
- CDC Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities: https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm
- CDC Prevention Strategies for Seasonal Influenza in Healthcare Settings: https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm
- CDPH Guidance for Face Coverings as Source Control in Healthcare Settings: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-for-Face-Coverings-as-Source-Control-in-Healthcare-Settings.aspx
- Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza: https://academic.oup.com/cid/article/68/6/e1/5251935?login=false
- CDC RSV Information for Healthcare Providers: https://www.cdc.gov/rsv/clinical/index.html