


California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, November 9, 2022

Upcoming Calls

- CDPH Tuesday, 8 a.m., All-Facilities Phone Calls (every other Tuesday)
  - Call in: **1.844.721.7239**
  - Access code: **799 3227**
- CDPH Wednesday, 3 p.m., SNF Infection Prevention (IP) Webinars
  - 2nd & 4th Wednesdays of every month
  - Register at: **hsag.com/cdph-ip-webinars**
  - Recordings, notes, and slides are posted at registration site
- HSAG Tuesday, 11:30 a.m., National Healthcare Safety Network (NHSN) Updates & Office Hours:
  - **https://bit.ly/OctNovDecNHSNOfficeHours**

SNF = skilled nursing facility

Agenda

- CDPH Updates
- Testing Task Force Updates
- Air Handling Evaluations
- Immunization Branch Updates
- NHSN Updates: Upcoming Quality Reporting Program Deadline
- Healthcare-Associated Infection (HAI) Updates
- Q&A

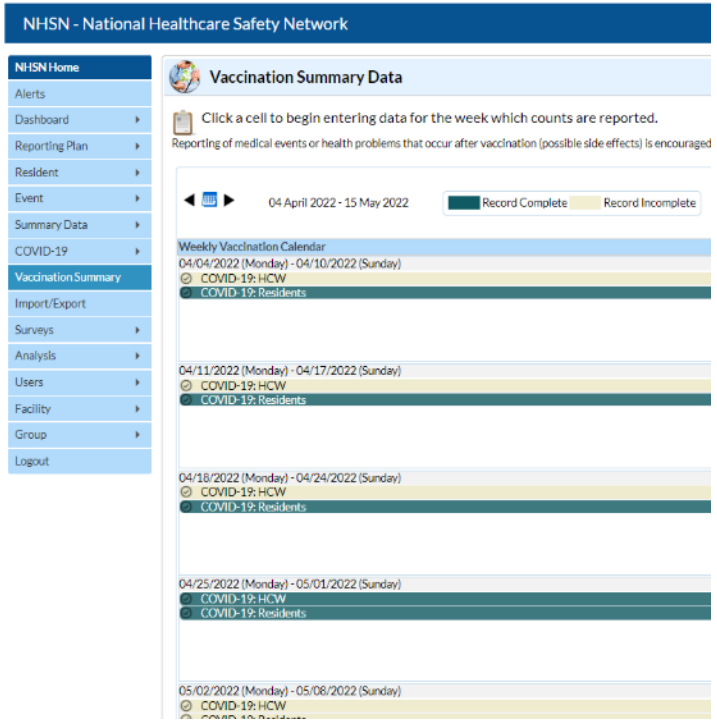
Educational Opportunity

- San Diego & Imperial County APIC Chapters Present: **"Virtually Yours"**
  - Date: Friday, November 18, 2022
  - Time: 10 a.m.–2 p.m. PT
- Register at: https://sdapic.org/2022-ltcf-conference-2/
- Agenda:
  - Sharpening Your Infection Prevention Tools
  - COVID-19 Lessons Learned from the Frontline
  - Influenza and RSV are Back! Be Ready
- BRN CEUs

NHSN Updates: Upcoming Quality Reporting Program Deadline

CMS Reporting Deadline

The deadline for quarterly reporting of COVID-19 vaccination coverage data to fulfill CMS Quality Reporting Program requirements covering Quarter 2 of 2022 (April 1, 2022–June 30, 2022) is **November 15, 2022**

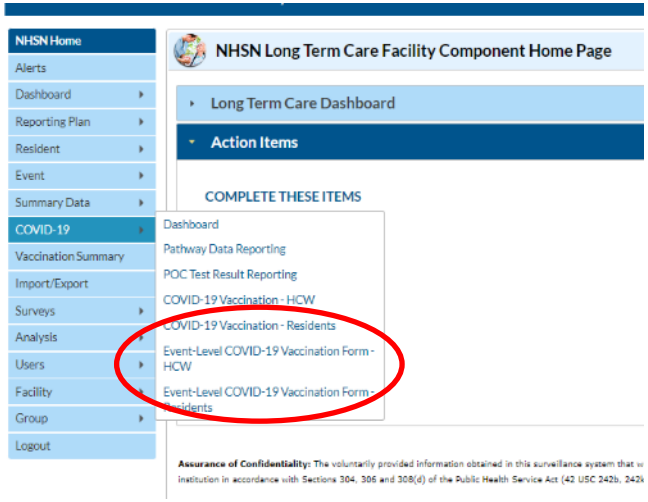


Verify that COVID-19 – HCW are green for all weeks in Q2

NHSN Updates

Person-Level COVID-19 Vaccination Forms (Optional Tool)

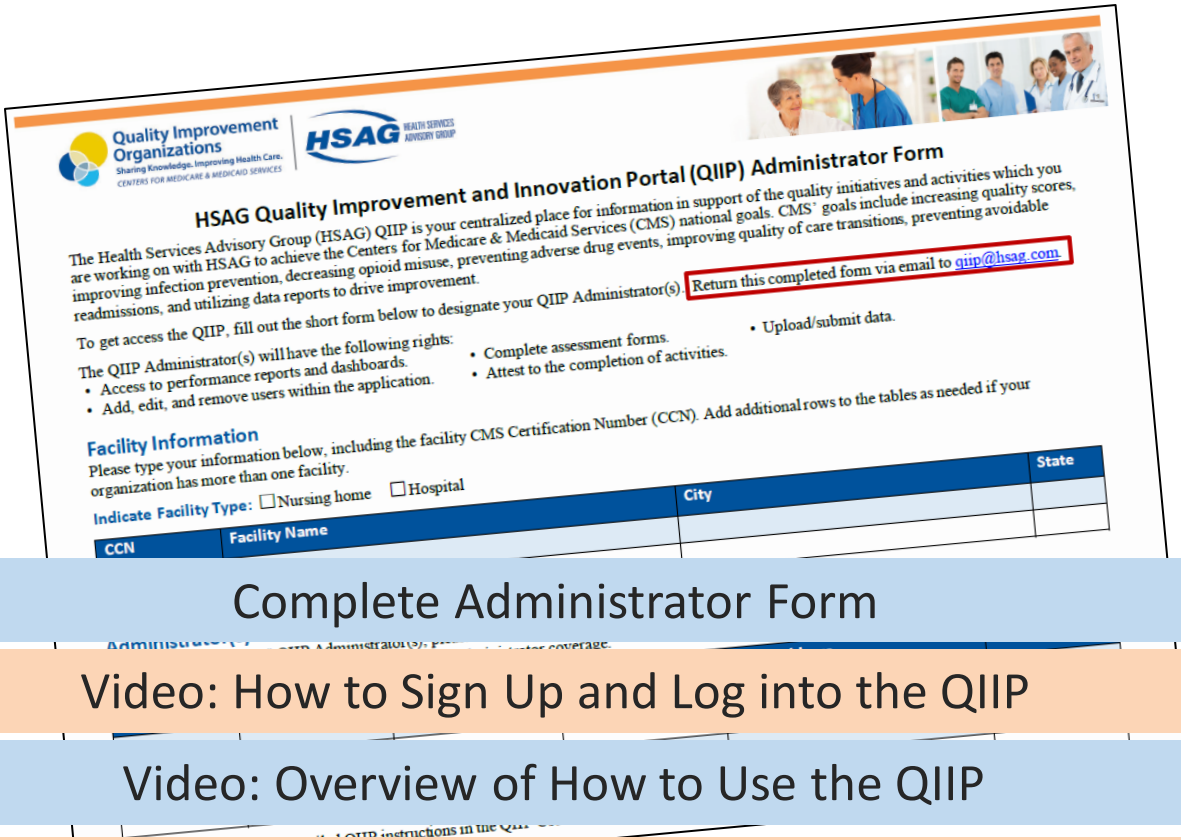
- Demographic variables are now required for individuals currently in the facility (i.e., those without an end date or discharge date) to save and submit data.



Point of Care Test Reporting Tool

- Additional POC devices were added to the NHSN system.
  - DxLab COVID-19 Test_ DxLab Inc.
  - MicroGEM Sal6830 SARS-CoV-2 Saliva Test_ MicroGEM U.S., Inc.
  - OHC COVID-19 Antigen Self Test_ OSANG LLC
  - QuickVue At-Home OTC COVID-19 Test_ Quidel Corporation
  - Rapid SARS-CoV-2 Antigen Test Card_ Xiamen Boson Biotech Co., Ltd.

HSAG QIIP for Facility Reports



HSAG Quality Improvement and Innovation Portal (QIIP) Administrator Form

The Health Services Advisory Group (HSAG) QIIP is your centralized place for information in support of the quality initiatives and activities which you are working on with HSAG to achieve the Centers for Medicare & Medicaid Services (CMS) national goals. CMS' goals include increasing quality scores, improving infection prevention, decreasing opioid misuse, preventing adverse drug events, improving quality of care transitions, preventing avoidable readmissions, and utilizing data reports to drive improvement.

To get access the QIIP, fill out the short form below to designate your QIIP Administrator(s). Return this completed form via email to qiip@hsag.com.

The QIIP Administrator(s) will have the following rights:
- Access to performance reports and dashboards.
- Add, edit, and remove users within the application.
- Complete assessment forms.
- Attest to the completion of activities.
- Upload/submit data.

Facility Information

Please type your information below, including the facility CMS Certification Number (CCN). Add additional rows to the tables as needed if your organization has more than one facility.

Indicate Facility Type: ☐ Nursing home ☐ Hospital

CCN	Facility Name	City	State

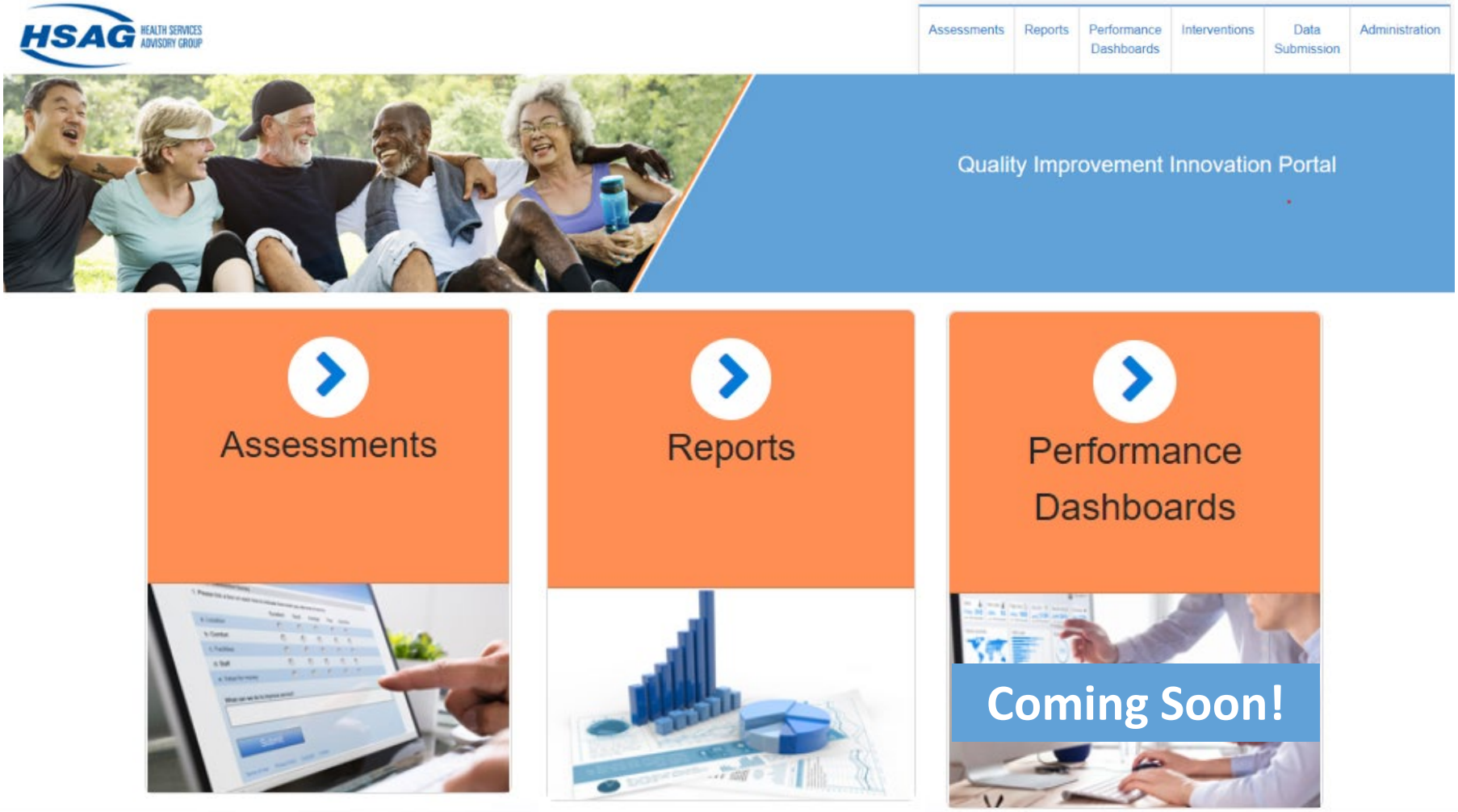
Complete Administrator Form

Video: How to Sign Up and Log into the QIIP

Video: Overview of How to Use the QIIP

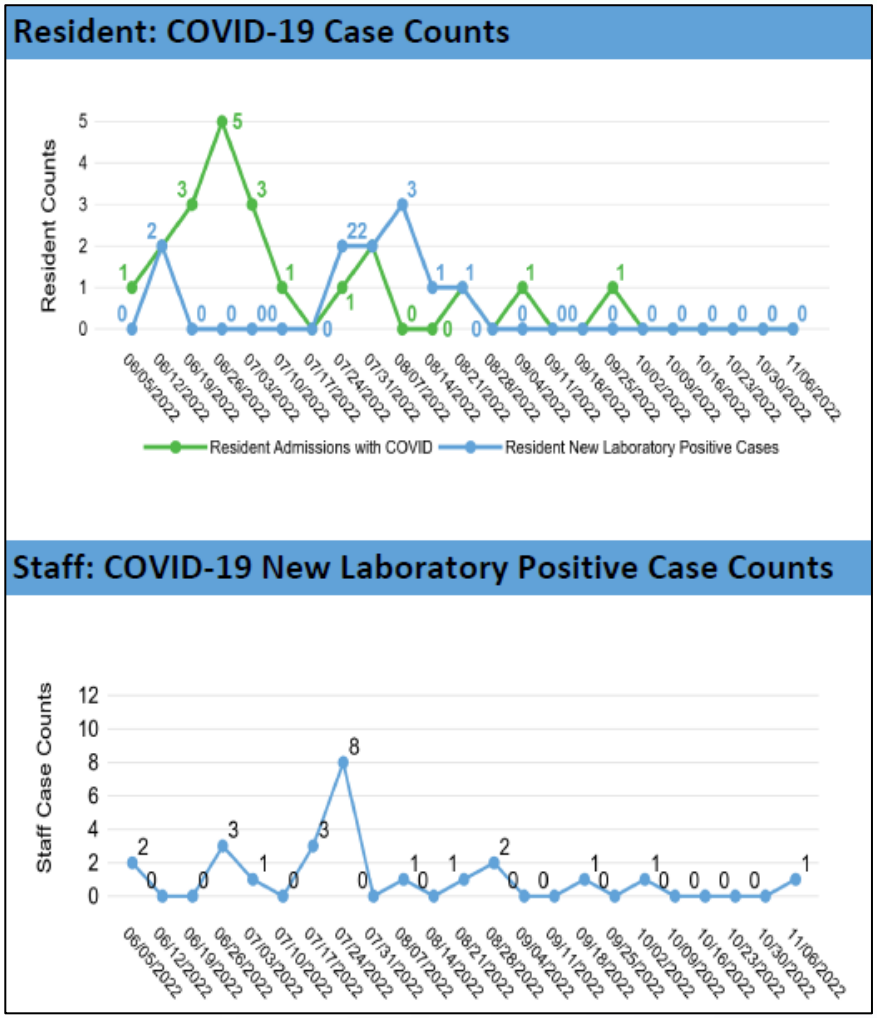
www.hsag.com/qiip-start

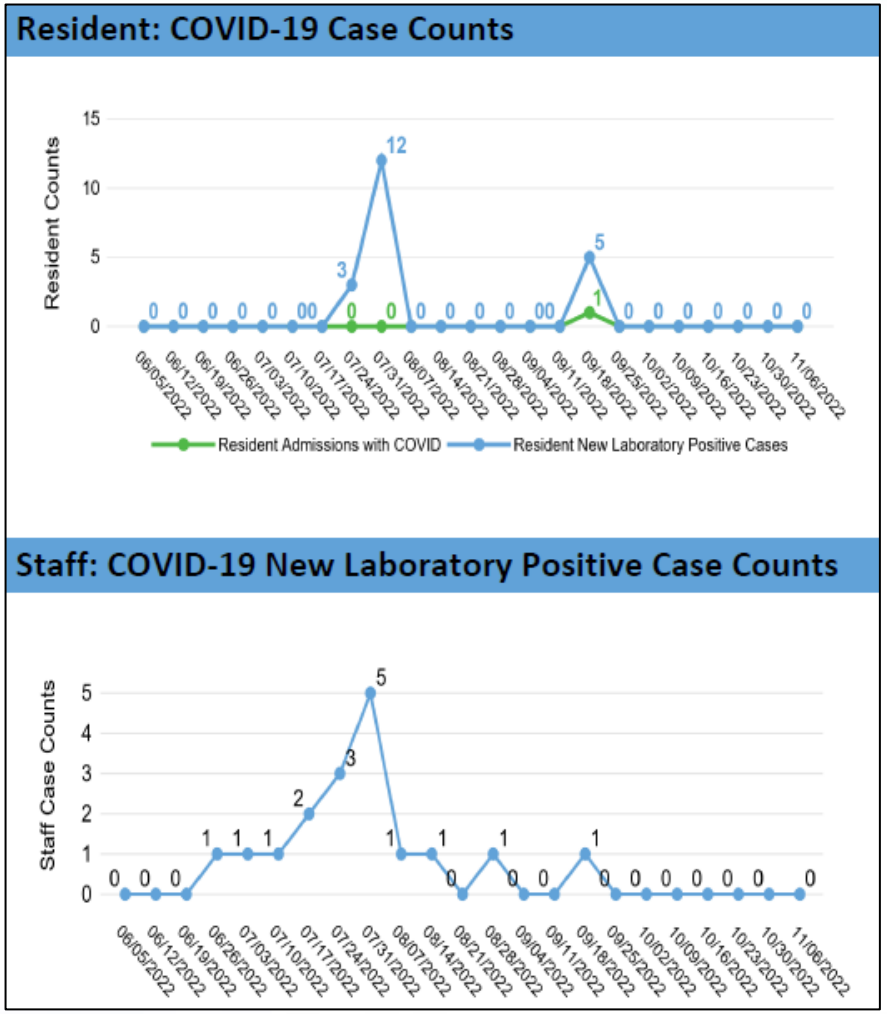
QIIP Home Page | **https://qiip.hsag.com**



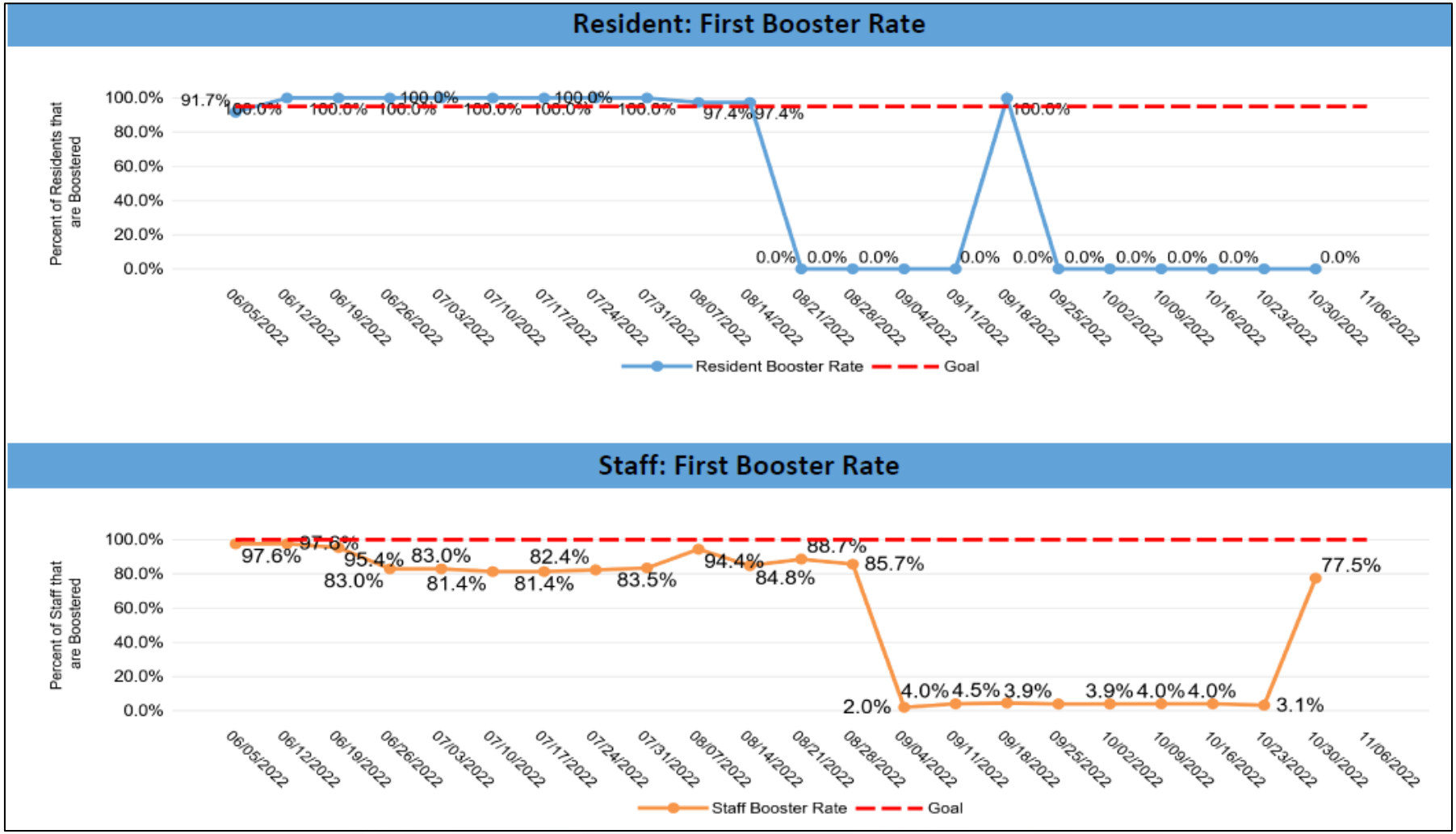
QIIP Reports:

COVID-19 Resident and Staff Case and Death Counts Run Chart

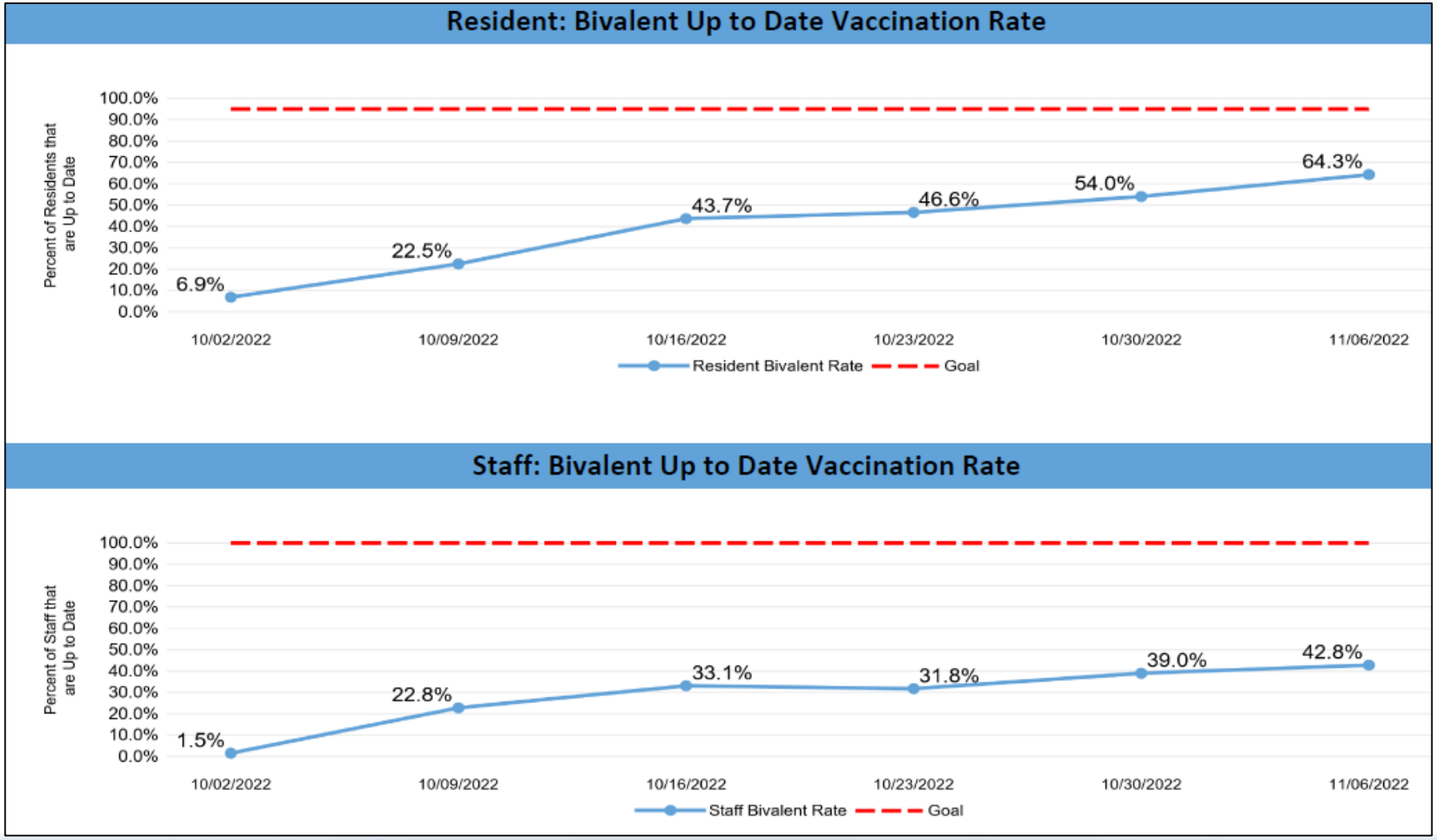




QIIP Report: First Booster Rate Run Chart

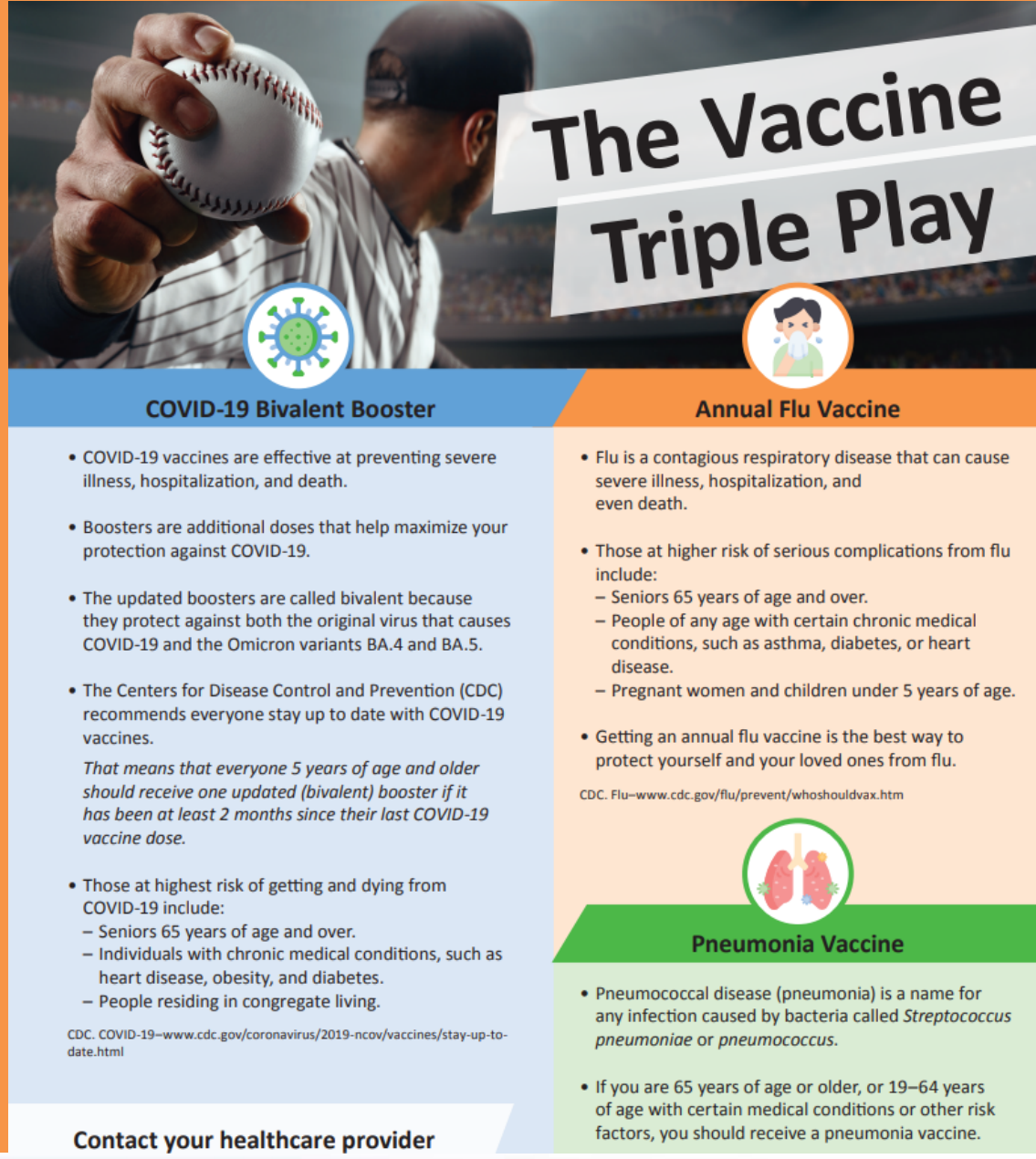


New QIIP Report: Up to Date Vaccination Rate



The Vaccine Triple Play

www.hsag.com/contentassets/c70f21dce19d49c0b369391f77024171/hsagtriplevaccineflyer.pdf



HAI Updates

Masking Guidance for Source Control in Healthcare Settings

- In healthcare settings, CDPH continues to require universal masking (source control) of all visitors and HCP, regardless of vaccination status or community transmission rates.
  - Surgical masks or higher-level respirators (e.g., N95s, KN95s, KF94s) with good fit are highly recommended.
- In healthcare settings, masks continue to be required in non-patient care areas, including meeting or break rooms.

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-for-Face-Coverings.aspx
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Face-Coverings-QA.aspx

When can masks be removed?

- Examples when individuals are exempt from wearing masks are:
  - Persons with a medical condition, mental health condition, or disability that prevents wearing a mask. This includes persons with a medical condition for whom wearing a mask could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a mask without assistance.
  - Persons who are hearing impaired or communicating with a person who is hearing impaired (i.e., the mouth is essential for communication).
- Persons who are working alone in a closed office or room.
- Persons/providers who are obtaining or providing a speech, occupational or language therapy session.
- People do not need to wear masks when outdoors.
- For residents who are not in isolation and not exposed, masks may be removed while actively eating or drinking, and while participating in group/social activities together (without outside visitors present).

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Face-Coverings-QA.aspx

Masking Guidance for Residents

- Masks are not generally required for residents in their rooms (i.e., their home)
  - However, they are still required during in-room visits (unless eating or drinking)
- Masks are recommended for residents when outside of their rooms (i.e., hallways, common areas), however, they are not a requirement
  - If outside visitors are present (e.g., during large communal space visitation), both residents and visitors must wear a mask unless eating or drinking
- If residents have been exposed, they need to wear a mask for 10 days following the exposure, even during group activities
  - Residents who have been exposed should not participate in communal dining (in which masks need to be removed)

Are visitors allowed to visit a resident if there is a roommate present?

- It is not ideal for roommate(s) to be present during a visit, but it is permissible if there are no other options, such as an outdoor or large communal space visit.
- If roommate(s) is present during a visit:
  - Ensure residents and visitor(s) wear masks for source control
  - Provide as much distance possible between roommate and visitor(s)
  - Try to limit total number of individuals present to avoid crowding in small rooms and enclosed spaces.

When do HCP need to wear eye protection (face shields, goggles)?

- HCP need to wear eye protection when caring for COVID-19 positive residents in isolation.
- Eye protection should also be worn when performing tasks that could generate splashes or sprays of blood, body fluids, secretions, and excretions (per Standard Precautions).
- Universal eye protection is no longer required during care of residents who do not have COVID-19 or for recently exposed residents, regardless of community transmission rates.
- Universal eye protection and N95 respirators for AGPs can be considered:
  - During a surge or periods of high community transmission
  - During a COVID-19 outbreak in the facility.
  - If recommended by the local health department.
- Eye protection is not necessary in non-patient care areas (i.e., kitchen, hallways, nurses' station).

What PPE do visitors need to wear when visiting COVID-19 positive residents?

- Visitors should wear the same PPE recommended for HCP when visiting COVID-19 positive residents in isolation.
  - N95 Respirator
  - Eye Protection (face shield, goggles)
  - Gown
  - Gloves
- HCP should instruct visitors on proper hand hygiene and donning and doffing PPE.
- Fit testing is not required for visitors, but the visitors should be instructed how to perform a respirator seal check.

Do nursing homes need to have a yellow zone anymore to quarantine residents?

- Yellow zones are not routinely needed anymore because exposed residents and new admissions no longer need to quarantine, and empiric transmission-based precautions are no longer routinely recommended for exposed residents.
- Per AFL 22-13.1, “A facility-wide or group-level approach with quarantine for exposed groups should be considered if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission.”
  - If a contact tracing approach does not successfully prevent transmission, in consultation with the local health department, the facility may need to revert back to the unit-based quarantine approach wherein all residents would be considered exposed. In this scenario, the facility would essentially have a yellow zone.

Following an exposure, does a resident need to be tested for 14 days, or just on days 1, 3, and 5?

- Per AFL 22-13.1, "All HCP who have had a higher-risk exposure and residents who have had close contacts, regardless of vaccination status, should be tested promptly (but not earlier than 24 hours after the exposure) and, if negative, again at 3 days and at 5 days after the exposure.
- If testing of close contacts reveals additional HCP or residents with SARS-CoV-2 infection, contact tracing should be continued to identify more individuals that need to be tested.
  - This might result in additional testing for residents with repeated exposures/close contacts.
- A facility-wide or group-level approach with quarantine for exposed groups should be considered if a contact tracing approach fails to halt transmission.
  - In this scenario, serial retesting of all residents and HCP should be performed every 3-7 days until no new cases are identified among residents in sequential rounds of testing over 14 days.

Is physical distancing still necessary for communal dining and group activities?

- Residents who are not in isolation and not exposed may participate in communal dining and group/social activities together without distancing (when no outside visitors present).
- During indoor visitation in large communal spaces, physical distancing should be maintained between visitor-resident groups and avoid crowding.

Announcement: One-time offer of OTC COVID-19 Tests for Winter Surge Testing

<u>These tests may be used in these situations:</u>

1. To test residents or HCP who are symptomatic if other testing options are not available.
2. To support post-exposure or outbreak response testing.
3. *If* recommended by CDPH or your local health department (LHD) in response to elevated community rates, for asymptomatic screening testing of HCP or visitors.

SNF may order a maximum number of tests based on bed size, shipped directly to facility.

Email with link to order form distributed today.

Coming Soon: Point-of-care Combined COVID-19 + Influenza Tests

Combined COIVID-Flu tests may be used in these situations:

1. To test symptomatic residents or HCP, especially among an initial cluster of symptomatic individuals while influenza and COVID are both circulating.

Not generally recommended for screening, post-exposure or outbreak response testing of asymptomatic individuals

Ordering instructions forthcoming.

New in the 2022-2023 Influenza Season: *Epidemiology*

- Timing, intensity, and severity of the 2022–2023 influenza season are uncertain
- Influenza activity in 2022 in areas of the Southern Hemisphere was increased compared with past years
- More influenza activity in California at this time compared with 2020-’21 when there was nearly absent activity and 2021-’22 with increased activity only in May-June 2022
- Predominant circulating strain A(H3N2) has been associated with more severe disease in past years
  - The circulating A(H3N2) strain is genetically and antigenically closely related to the 2022-’23 vaccine

CDC HAN. Increased Respiratory Virus Activity, Especially Among Children, Early in the 2022-2023 Fall and Winter.November 4, 2022
emergency.cdc.gov/han/2022/han00479.asp

New in the 2022-2023 Influenza Season: *Testing and treating*

- Three viruses, influenza, SARS-CoV-2, RSV, circulating simultaneously threaten co-infection with increased morbidity and mortality
- Testing of symptomatic individuals is recommended for infection control management and for determining when and which antiviral agent is indicated
- Antiviral agents for influenza and for SARS-CoV-2 may be administered simultaneously when co-infection occurs*

NIH treatment guidance (*www.covid19treatmentguidelines.nih.gov/special-populations/influenza/*)

New in the 2022-2023 Influenza Season: *Vaccine*

- Nonpharmaceutical interventions (NPI) implemented for prevention of COVID-19 may have contributed to prevention of influenza, but do NOT replace influenza vaccination and antiviral therapy and chemoprophylaxis
- Influenza activity is increasing during the time when we usually begin influenza vaccine campaigns
- ACIP recommends that adults aged ≥65 years preferentially receive high dose inactivated influenza vaccine (HD-IIV4) or quadrivalent adjuvanted inactivated influenza vaccine (aIIV4)
- Vaccination rates of HCP in long term care facilities have lagged behind rates of vaccination in HCP in ACH
- A new SNF quality measure will require annual reporting of SNF HCP influenza vaccination rates for the Value Based Purchasing Program.

Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2022–23 Influenza Season
www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm?s_cid=rr7101a1_w

Influenza Vaccination Rates of HCP During 2019-2022 Seasons: Annual Internet Panel Surveys

	2019-2020 % vaccinated (95% CI)	2020-2021 % vaccinated (95% CI)	% Point Change 2019-'20 to 2020-'21*	2021-2022 % vaccinated (95% CI)	% Point Change 2020-'21 to 2021-'22**
All HCP	**80.7** (76.9, 84.6)	**75.9** (71. 3, 80.1)	**-4.9** (-10.7, 1.0)	**79.9** (76.6, 82.9)	**4.0** (−1.4, 9.4)
Long-term care facility / home health care	**73.8** (65.5, 82.0)	**66.0** (57.6, 73.6)	**-7.8** (-19.1, 3.5)	**66.4** (57.5, 74.4)	**0.4** (−11.0, 12.0)
Hospital	**92.1** (88.3, 96.0)	**91.6** (87.8, 94.5)	**-0.5** (-5.5, 4.4)	**92.0** (89.6 to 94.1)	**0.4** (−3.6, 4.4)

* Influenza Vaccination Coverage Among Health Care Personnel — United States, 2020–21 Influenza Season (www.cdc.gov/flu/fluvaxview/hcp-coverage 1920-21-estimates.htm)

**Razzaghi H. Srivastav A, dePerio MA, et al. Influenza and COVID-19 Vaccination Coverage Among Health Care Personnel —United States, 2021–22. MMWR 2022; 71: 1319-26.

Influenza (Flu) and Other Respiratory Viruses
Week 43: October 23 – October 29, 2022

Influenza Activity Levels[+]

Minimal Low Moderate High Very High

Geographic Area	Activity Level
California Statewide	Low
Northern Region	Low
Bay Area Region	Low
Central Region	Minimal
Upper Southern Region	Low
Lower Southern Region	High

California Influenza and Other Respiratory Disease Surveillance (CDPH)
www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Influenza.aspx

Influenza

Figure 1. Percentage of Influenza Detections at Clinical Sentinel Laboratories, 2017–2023 Season to Date

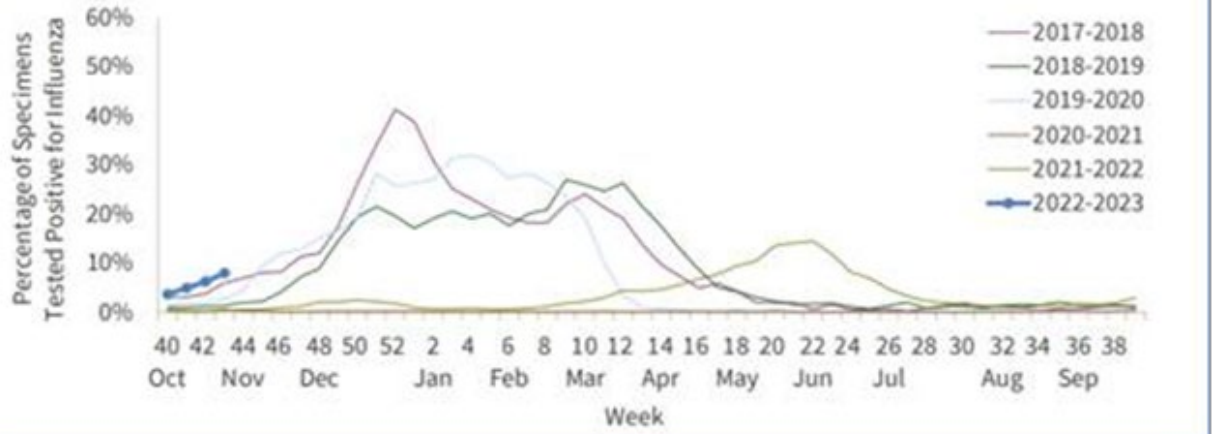
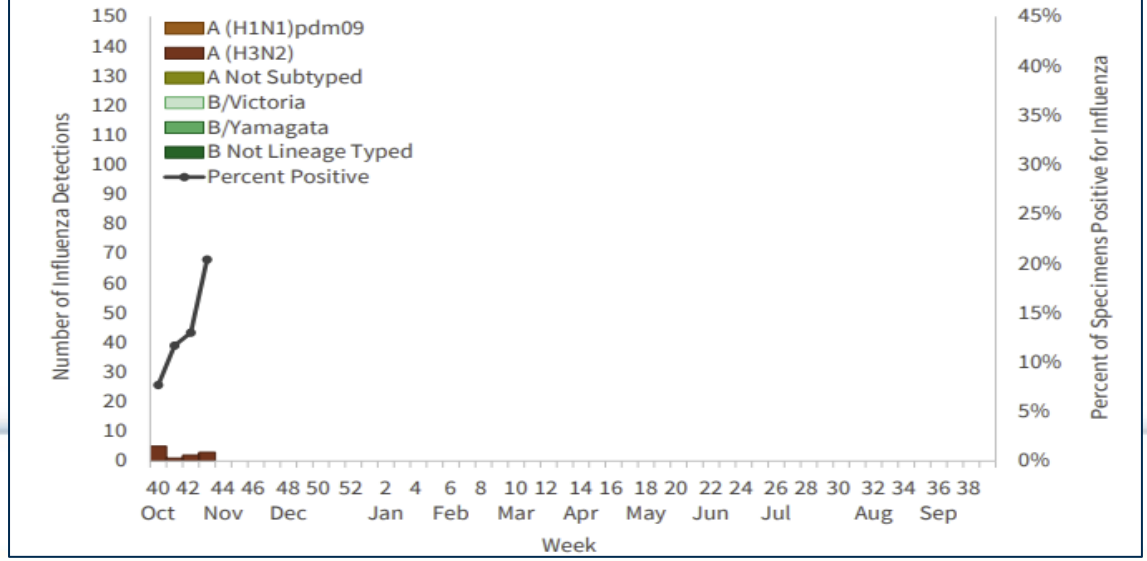
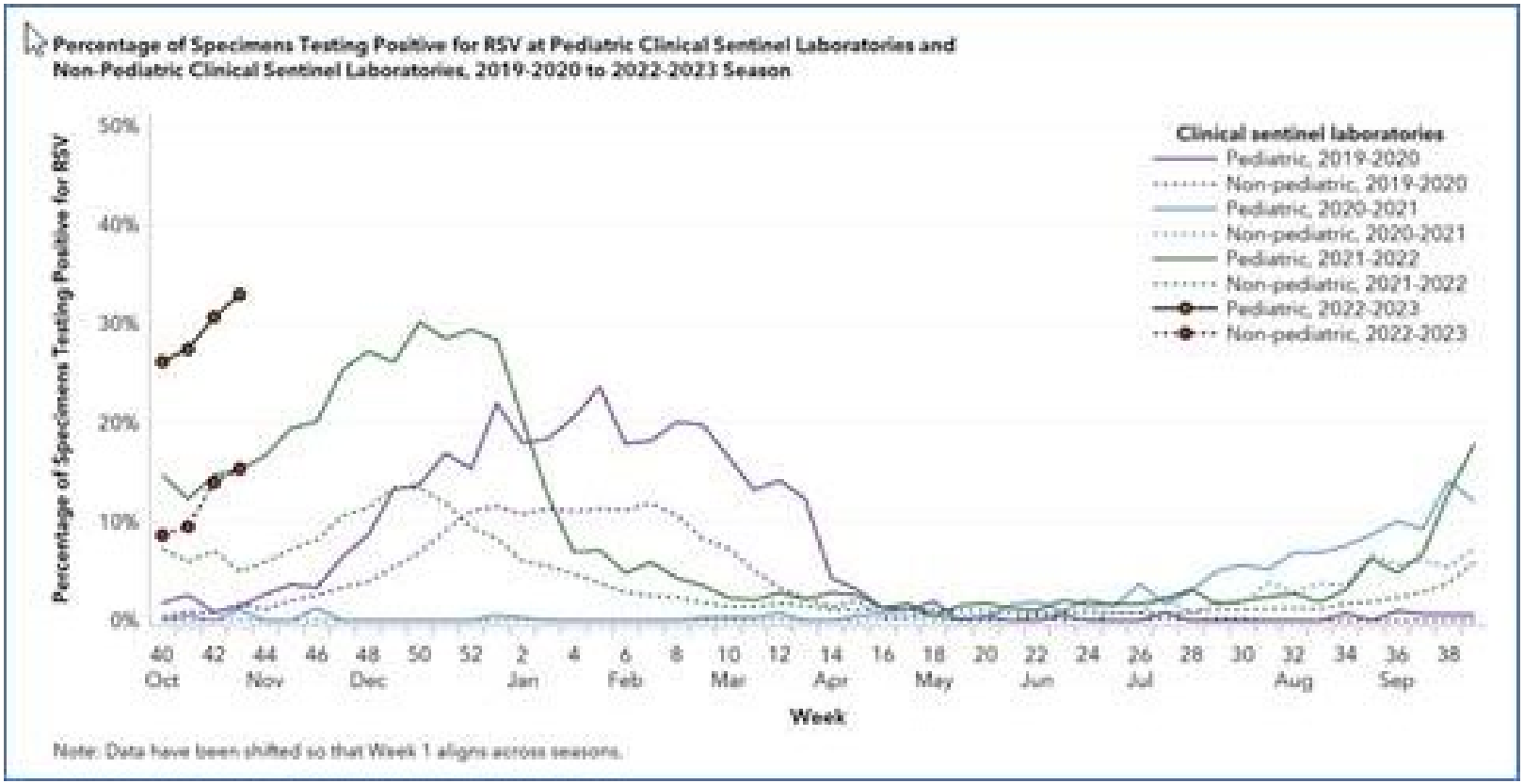


Figure 12. Number of Influenza Detections by Type and Subtype Detected in Respiratory Laboratory Network Laboratories and the Percentage of Specimens Testing Positive at Clinical Sentinel Laboratories — California Border Region, 2022–2023 Season to Date

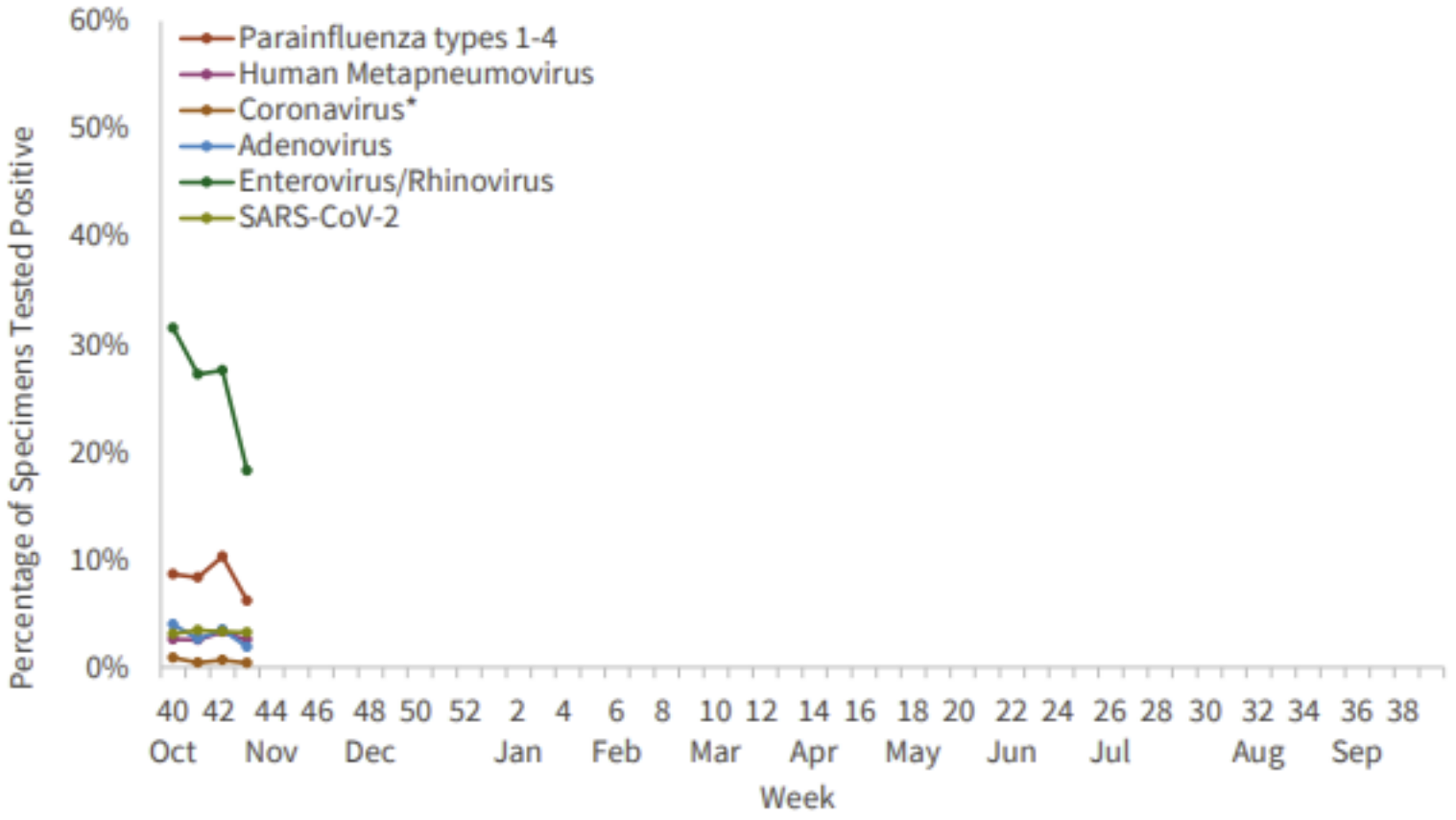


RSV


Percentage of Specimens Testing Positive for RSV at Pediatric Clinical Sentinel Laboratories and Non-Pediatric Clinical Sentinel Laboratories, 2019-2020 to 2022-2023 Season
Percentage of Specimens Testing Positive for RSV
50%
40%
30%
20%
10%
0%
Clinical sentinel laboratories
Pediatric, 2019-2020
Non-pediatric, 2019-2020
Pediatric, 2020-2021
Non-pediatric, 2020-2021
Pediatric, 2021-2022
Non-pediatric, 2021-2022
Pediatric, 2022-2023
Non-pediatric, 2022-2023
40 42 44 46 48 50 52 2 4 6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38
Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep
Week
Note: Data have been shifted so that Week 1 aligns across seasons.

Other Respiratory Pathogens

Figure 19. Percentage of Other Respiratory Pathogen Detections at Clinical Sentinel Laboratories, 2022-2023 Season to Date



*Coronaviruses identified include common human coronaviruses 229E, NL63, OC43, and HKU1 and do NOT include SARS-CoV-2.

Additional resources

- Recommendations for the Prevention and Control of Influenza in California SNFs during the COVID- 19 Pandemic *www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_DetectAndControlOutbreaks.aspx*
  - Undergoing minimal revisions to align with recent state public health orders and updated AFLs
  - Anticipate posting this month

Questions?




Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

HSAG HEALTH SERVICES ADVISORY GROUP

This material was prepared by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. CA-12SOW-XC-11092022-02