Key messages and FAQs about managing residents with influenza and COVID-19 in Skilled Nursing Facilities (SNF)

12.14.2022

Healthcare-Associated Infections Program
Center for Health Care Quality
California Department of Public Health

Respiratory virus activity week ending 12/3/2022

California Weekly Report

Influenza (Flu), RSV, and Other Respiratory Viruses

Week 48: November 27, 2022 – December 3, 2022

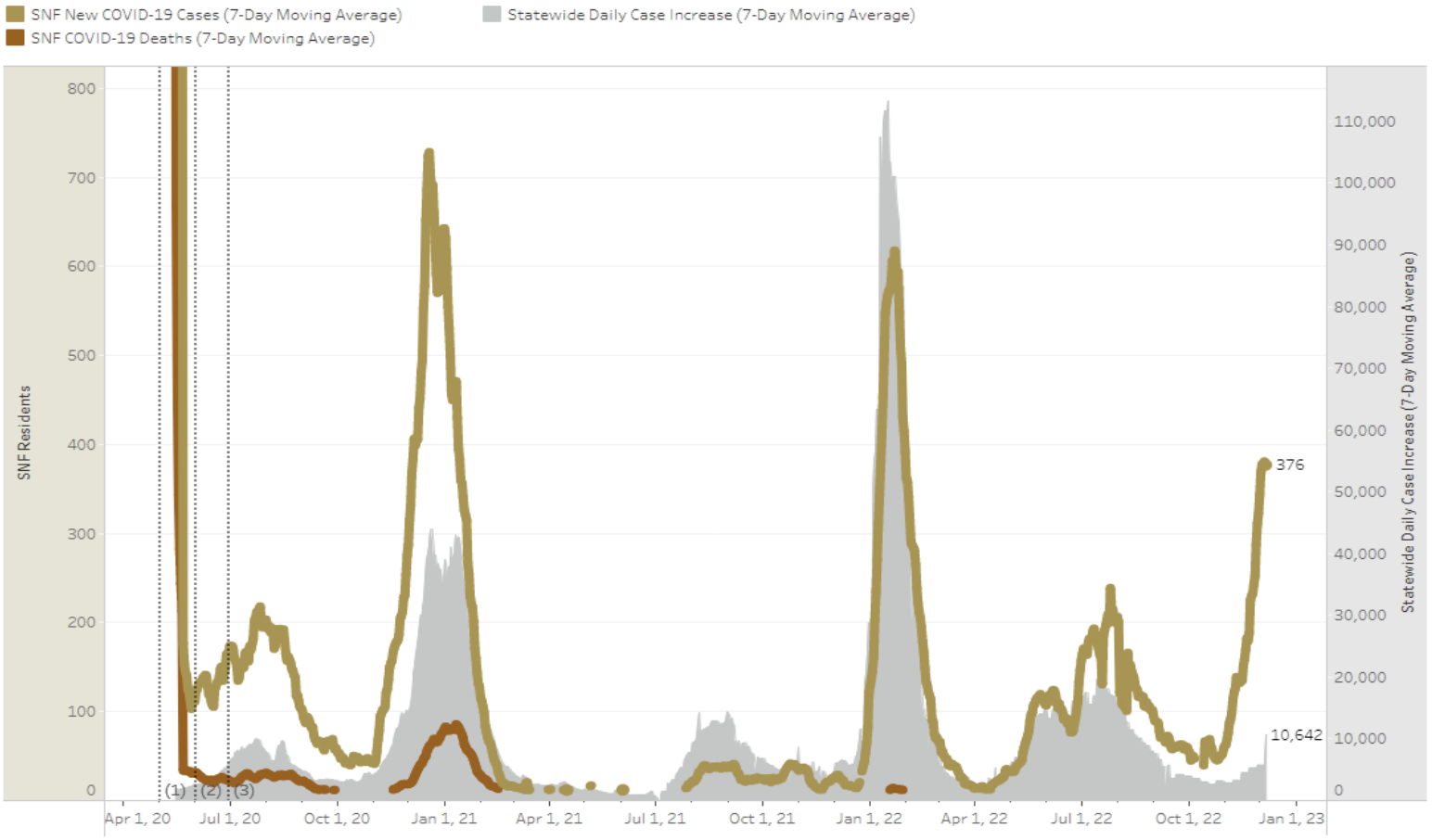
Influenza Activity Levels⁺

Minimal | Low | Moderate | High | Very High

Geographic Area	Activity Level
California Statewide	**High**
Northern Region	High
Bay Area Region	Moderate
Central Region	High
Upper Southern Region	Moderate
Lower Southern Region	High

www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Influenza.aspx

COVID-19 SKILLED NURSING FACILITIES TRENDS



(1) May 2-Predictive analytics are initiated.
(2) June 1-Mitigation plans are due from all SNFs, and baseline COVID-19 testing is initiated.
(3) June 30-Baseline testing is completed.

California Department of PublicHealth

Key messages:

- COVID-19 and influenza cases are increasing in CA
- Stay up-to-date on COVID and influenza community levels

Core Strategies for COVID and Influenza Prevention and Management in SNF

1. Vaccines
2. Masking
3. Testing
4. Treating
5. Outbreak prevention and response

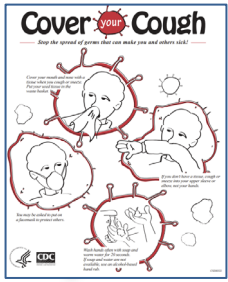
1. Optimize strategies known to prevent transmission (Vaccines)

- **For influenza:**
  - **Vaccines: single best preventive measure**
    - Accelerate influenza vaccination program for healthcare personnel (HCP) and residents
    - Provide adults aged ≥65 years preferred high potency quadrivalent vaccines per ACIP recommendation for the 2022-23 season; if unavailable at vaccine opportunities, provide any other age-appropriate vaccine
- **For COVID-19: bivalent COVID-19 boosters for HCP, residents**

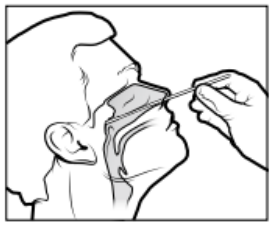
www.cdc.gov/flu/professionals/vaccination/vax-summary.htm
www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

2. Optimize strategies known to prevent transmission (Masking)

- **Masking**
  - Use masking for source control
  - Ensure adherence of all HCP and visitors in healthcare settings to CDPH masking guidance (9/20/2022)
  - Mask residents with known COVID-19 exposure when outside of room
  - Consider masking all residents when outside of room during influenza or COVID outbreak, or during respiratory virus season
- **Respiratory hygiene/cough etiquette**
  - Education of visitors re: when not to visit if symptomatic
  - Avoid crowds

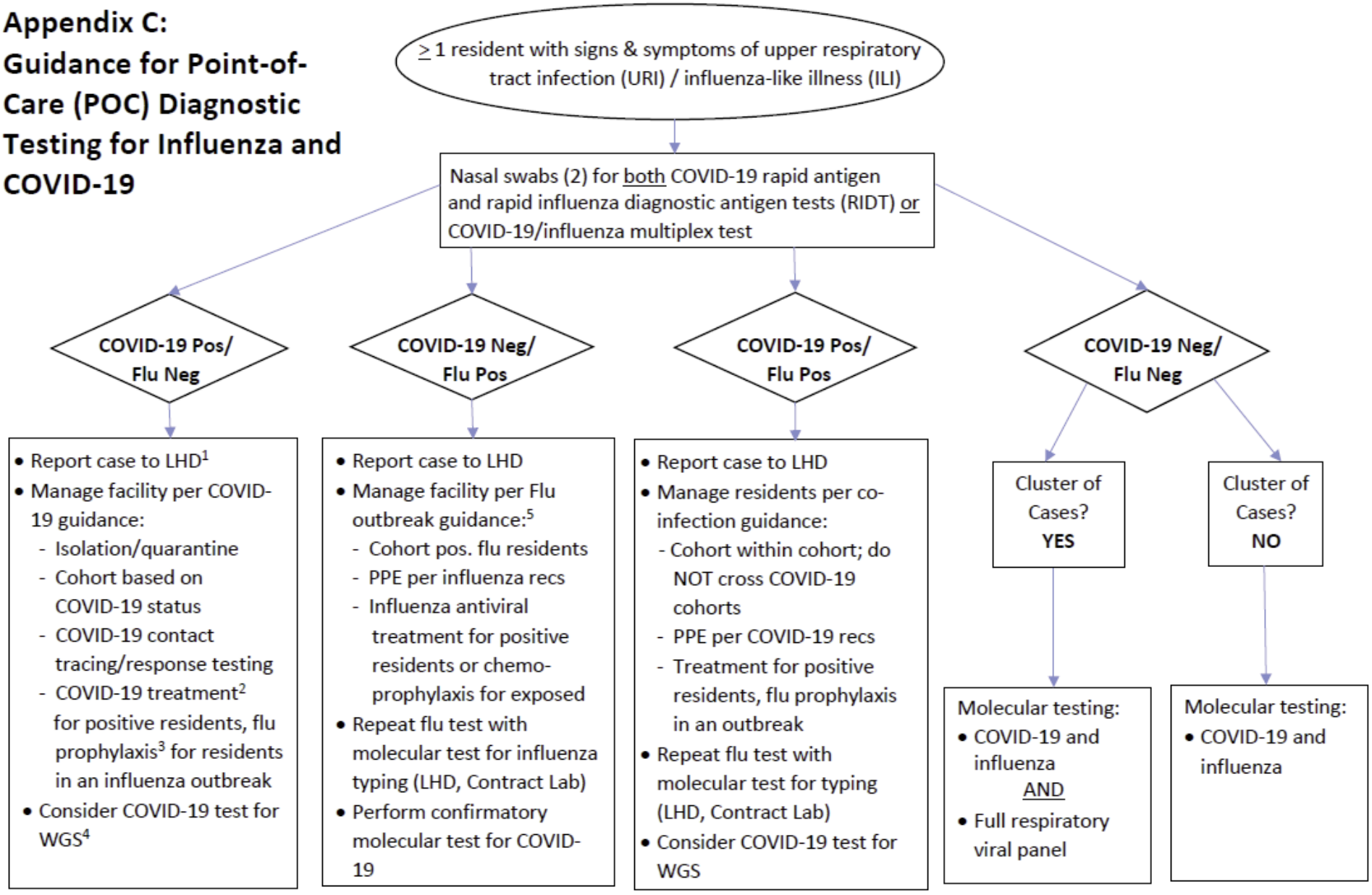


3. Optimize strategies known to prevent transmission (Testing)



- **Test residents for influenza and COVID-19**
  - **Symptomatic**: Rapid antigen tests to detect **influenza and SARS-CoV-2** as soon after symptom onset as possible
    - If negative, perform molecular confirmatory test for influenza and SARS-CoV-2 (or repeat a SARS-CoV-2 antigen test 48h later)
  - **Asymptomatic, exposed**: Rapid antigen tests for **SARS-CoV-2 only** at 24 hours after exposure; repeat at 3 and 5 days after exposure. **Do not test asymptomatic individuals for influenza.**
  - Use data for treatment and placement decisions

Appendix C: Guidance for Point-of-Care (POC) Diagnostic Testing for Influenza and COVID-19



[1] **LHD**: local health department [2] Treatment options for COVID-19 may include antiviral drugs or monoclonal antibody [3] Oseltamivir for influenza post exposure chemoprophylaxis; there is no COVID-19 post exposure prophylaxis currently available [4] **WGS**: whole genome sequencing

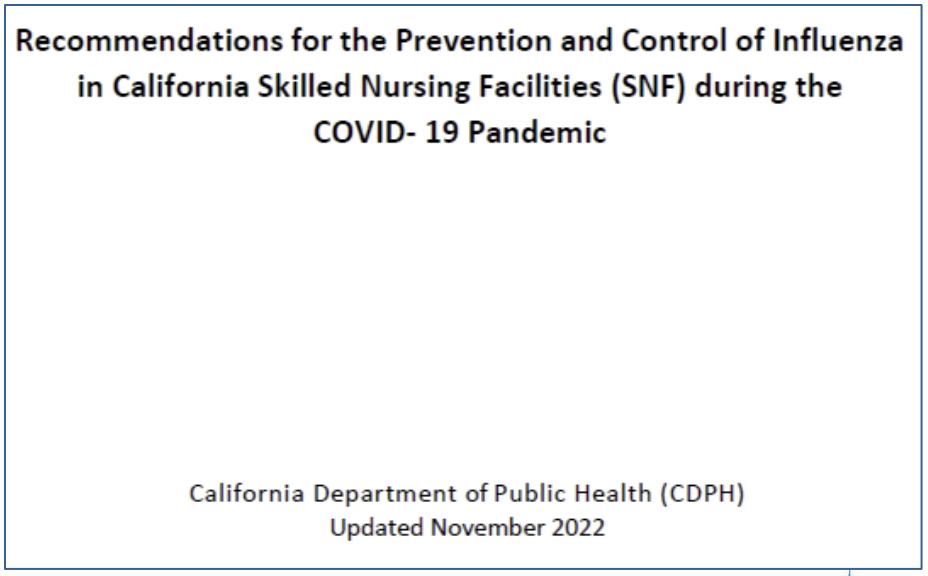
[5] CDPH Influenza Prevention and Management Guidance for SNF (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_DetectAndControlOutbreaks.aspx)

4. Optimize strategies known to prevent transmission (Treatment)

- **Antiviral treatment for positive residents**
  - **Plan for treatment needs of each resident**
    - Know which residents require dose adjustments of antivirals and will not have drug interactions before diagnosis
  - **Influenza**
    - Prioritize treatment over prophylaxis when short supply
    - Begin ASAP, but within 48 hours of symptom onset
  - **SARS-CoV-2**
    - Begin ASAP, but within 5 days of symptom onset
  - Treat influenza and COVID-19 co-infection with appropriate antivirals concurrently; manage any Paxlovid drug interactions

5. Optimize strategies known to prevent transmission (Outbreak prevention and response)

- **Plan**
  - Educate, vaccinate
- **Identify outbreak and manage new cases**
  - Daily active surveillance
- **Respond to outbreak**
  - Cohort, chemoprophylaxis



FAQs

Do we need dedicated staffing for residents with COVID and residents with flu on the same shift?

- This is not required
- Ensure HCP perform hand hygiene and change gloves and gowns (if used) between residents
  - Extended use of facemask or N95 allowed for source control, and when used for respiratory protection in a cohort setting (as long as not soiled by splash or spray)

What if there is an oseltamivir shortage?

1. Prioritize treatment of residents with lab-confirmed influenza (either antigen or molecular test may be used).
2. If there are sufficient oseltamivir supplies, consider empiric antiviral treatment for symptomatic exposed residents (e.g., roommates and other close contacts) while awaiting test results if results will not be available within 48 hours.
3. As oseltamivir supplies allow, prioritize post-exposure prophylaxis for residents with the highest degree of exposure (e.g., roommates and other close contacts).

Information and guidance will be updated as the situation evolves.

What test method should we use for testing of symptomatic individuals for influenza?

- Either molecular assays or rapid influenza diagnostic tests (RIDTs) may be used to test for influenza
- RIDTs are most useful during periods of high influenza activity.
  - Reduced sensitivity of RIDTs may produce false negative results
  - For symptomatic residents with a negative RIDT, obtain a molecular test to confirm diagnosis
  - Multiplex influenza/COVID-19 rapid antigen tests allow for simultaneous flu/COVID testing of symptomatic individuals
    - Available to SNF via the Medical Health Operational Area Coordinator (MHOAC) or the local health department (LHD)

www.cdc.gov/flu/professionals/diagnosis/overview-testing-methods.htm

Should we continue to test residents for influenza and for COVID-19 once an outbreak of either virus has been established?

- Yes.
- Pre-pandemic, we recommended not testing once an outbreak of influenza was established. Now with co-circulation of influenza and SARS-CoV-2, identifying the infecting agent is important to determine antiviral treatment and cohorting.
- Test **only** symptomatic individuals for influenza.

How should we place residents who are symptomatic before test results are available?

- Place symptomatic residents in Transmission-Based Precautions using all recommended PPE for care of a resident with suspected COVID-19
- Residents in the facility who develop symptoms of acute illness consistent with influenza or COVID-19 should be moved to a single room, if available, or **remain in current room, pending results of viral testing**. They should not be placed in a room with new roommates nor should they be moved to a COVID-19 care unit (if one exists) unless they are confirmed to have COVID-19 by SARS-CoV-2 testing.

What if the resident tests positive for flu and the roommate remains asymptomatic?

- A private room is **preferred** for the resident with influenza.
- If private room is unavailable:
  - Treat the resident with influenza with oseltamivir and have them mask for source control
  - Optimize distancing measures including curtain and spacing
  - Oseltamivir prophylaxis for the roommate if sufficient supplies

Where should a resident who is returning to the SNF from a hospitalization for influenza be placed?

- Isolation period is 7 days after illness onset or until 24 hours after resolution of fever and respiratory symptoms, whichever is longer.
- If resident is still in their isolation period, ideally, resident would return to a private room to complete their isolation.
- If no private room is available, return the resident to the original room and follow guidance on previous slide.

Can residents with influenza A be cohorted with residents with influenza B?

- No, ideally.
- Factors to consider:
  - At this time, there is very little influenza B circulating.
  - If there are no other options, use source control for the residents in the room with both influenza A and influenza B and maintain as much distance as possible between residents

When should we consider testing for respiratory viruses other than influenza and SARS-CoV-2?

- When there is a cluster of residents with viral respiratory illness in a facility and all tests for influenza and SARS-CoV-2 are negative, obtain broader respiratory viral testing

What is new in the 2022-2023 Recommendations to Prevent and Control Influenza Outbreaks in SNF? (1)

- AFL and updated document will be released shortly
- Clinical information about SARS-CoV-2 and variants has been updated throughout the document
- ACIP preferential recommendation for higher potency vaccines for those ≥ 65 years old if available
- Recommendation to accelerate influenza vaccination of SNF HCP and residents
- Appendix C. Algorithm for Testing has been updated

What is new in the 2022-2023 recommendations to prevent and control influenza outbreaks in SNF? (2)

- Infection control practices align with most recent CDC recs.
  - Vaccination status is not used to inform source control, screening testing, or post-exposure management
  - Quarantine is not required for asymptomatic exposed residents, newly admitted residents, residents returning to facility after a leave of > 24 hours, or exposed HCP
  - Active screening of HCP and visitors for symptoms of respiratory tract infection at the entrance into a SNF is not required

Summary

- COVID-19 and influenza cases are increasing in California
- Optimize strategies known to prevent transmission of respiratory viruses, including COVID-19 and influenza:
  - VACCINATE residents and HCP against both COVID-19 (bivalent) and influenza
  - MASK
  - TEST
  - TREAT
  - PREVENT and RESPOND TO OUTBREAKS

Questions?

Contact us at

HAIProgram@cdph.ca.gov

Extra Slides

Relevant comparisons for management of influenza and SARS-CoV-2 (COVID) in SNF

Situation	Influenza	SARS-CoV-2
Symptomatic	Test	Test
Asymptomatic, exposed	**Do not test**	**Test**
Received recommended vaccine	Test when symptomatic	Test when symptomatic or exposed
Viral shedding	24 hrs before symptom onset, peaks within 24 hrs of symptom onset with rapid decrease. Highest infectious period within 3 days of symptom onset.	48 hrs. before symptom onset or positive test if asymptomatic Duration 10 days if symptoms improved
Chemoprophylaxis	Oseltamivir or zanamivir for high risk exposed or during an outbreak in a SNF. If limited supply, prioritize treatment	No post-exposure prophylaxis recommended

Influenza antiviral medications (www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm)

Why test for influenza?

- To facilitate prompt clinical decision-making
  - Guide antiviral treatment
  - Facilitate implementation of Infection prevention & control measures
    - Prevention and control of transmission in hospitals and SNF
    - Control of other institutional outbreaks
  - Guide other clinical decisions
    - Reduce inappropriate antibiotic use, reduce use of other diagnostic tests, reduce time in clinical care (e.g. Emergency Department)

www.cdc.gov/flu/professionals/diagnosis/overview-testing-methods.html

What Transmission-Based Precautions should be used for residents with documented influenza?

- Standard plus Droplet Precautions for 7 days after symptom onset or until 24 hours after fever and respiratory symptoms have resolved, which ever is longer
- Factors to consider:
  - If there will be very close contact with a resident's respiratory secretions, use gowns and gloves per Standard Precautions
  - Use N95 or higher respirator if providing aerosol-producing procedures (AGP).

What other respiratory viruses may cause disease and outbreaks in SNF?

- Respiratory viruses other than flu and SARS-CoV-2 that may cause severe disease in SNF residents and have been associated with outbreaks in SNF include:
  - Respiratory syncytial virus (RSV)
  - Adenovirus
  - Parainfluenza viruses 1-4
  - Human metapneumovirus
  - Rhinovirus/enterovirus
  - Coronaviruses other than SARS-CoV-1 or CoV-2

What infection control precautions should we use for residents with other respiratory viruses?

- Standard, plus Droplet, and Contact Precautions are recommended for the duration of illness, but longer if resident is immunocompromised
- **Note:** The CDC Isolation Guideline 2007 is undergoing revision based on new information about transmission of respiratory viruses since 2007; more narrow recommendations in that guideline may not apply. See CDPH Influenza and Other Non-COVID-19 Respiratory Illness Outbreak Quicksheet

www.cdc.gov/infectioncontrol/guidelines/isolation/index.html
www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/FluAndRespiratoryIllnessOutbreakQuicksheet.pdf

Additional resources

- 2022-2023 Seasonal Influenza Testing and Treatment During the COVID-19 Pandemic. COCA Call 11/15/2022 (emergency.cdc.gov/coca/calls/2022/callinfo_111522.asp)

- CDC/IDSA Clinician Call: Preparing for Winter Amid a Flu, RSV & COVID-19 Tridemic; Plus Update on Ebola. 12/5/2022 (https://www.idsociety.org/multimedia/clinician-calls/cdcidsa-clinician-call-preparing-for-winter-amid-a-flu-rsv--covid-19-tridemic-plus-update-on-ebola/)