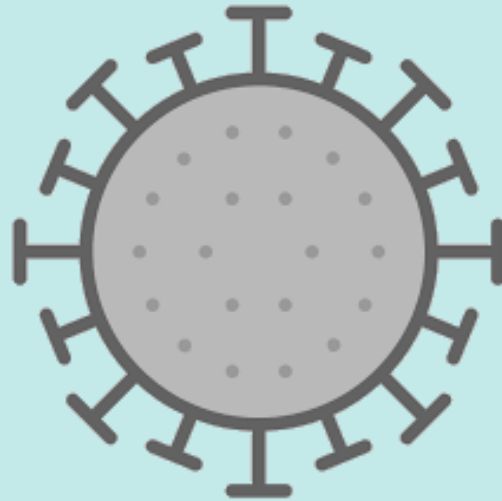


# COVID 19 Q&A for Long Term Care (AKA Comagine Call)



Office of Communicable Disease Epidemiology  
Washington State Department of Health (WA DOH)

# Housekeeping

Attendees will be in listen only mode



Educational webinar



Self-mute your lines when not speaking



Participants from long-term care, regulatory and public health



Type questions into the question window. *Tell us where you are from (e.g., AFH, NH)*



No confidential information presented or discussed





# Introductions

## Healthcare-Associated Infections (HAI) Team

### Consultants/Epidemiologists

- Marisa D'Angeli, MD, MPH
- Larissa Lewis, RN, MPH, CIC
- Sara Podczervinski, RN, MPH, CIC, FAPIC
- Mary Catlin, BSN, MPH, CIC
- Beverly Burt, RN, BSN, CIC
- Lisa Hannah, RN, BSN, CIC
- Audrey Brezak, MPH
- Becky Doe, MS, CIC, CIH
- Paula Parsons





# Experts on the Line

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## **Shauna Clark, RN**

Personal Health Services Supervisor-LTC

## **Claire Brostrom-Smith, RN, MSN, CIC**

Personal Health Services Supervisor-Acute Care  
And Outpatient

## **James Lewis, MD, MPH**

COVID-19 Healthcare System Support Co-Lead

## **Charissa Fotinos, MD**

Deputy chief medical officer





# Experts on the Line

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## **John Ficker**

Executive Director  
Adult Family Home Council

## **Karen Cordero**

Director of Education & Support  
Adult Family Home Council

## **Amy Abbott, LICSW, CDP**

Office Chief for Policy, Training, Quality  
Assurance, and Behavioral Health

## **Candace Goehring, RN, MN**

Director  
Residential Care Services





# Experts on the Line

## **Elena Madrid, RN, BSN**

Executive Vice President for Regulatory Affairs



## **Laura Hofmann, MSN, RN**

Director of Clinical and Nursing Facility  
Regulatory Services



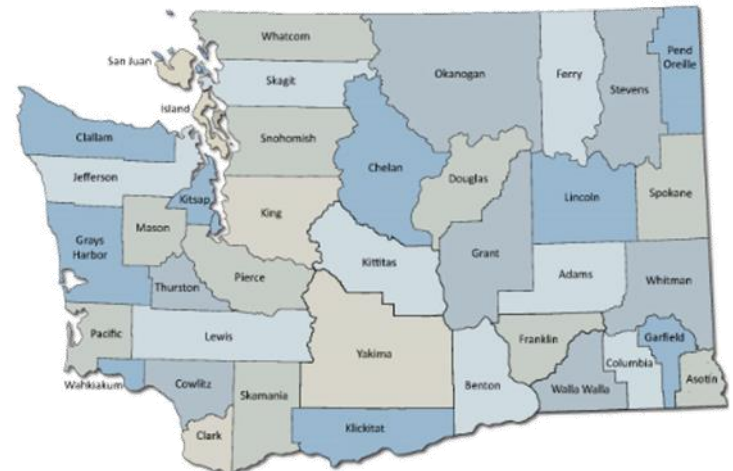
## **Donna S Thorson, MS, CPHQ, CPPS**

Senior Improvement Advisor  
Comagine Health



# The purpose of this meeting

- To provide infection prevention advice and regulatory advice according to national and local guidelines and recommendations
- This does not constitute legal advice
- Please note - Always check with your local health jurisdiction. If LHJ requirements are more stringent, follow that guidance:  
<https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>

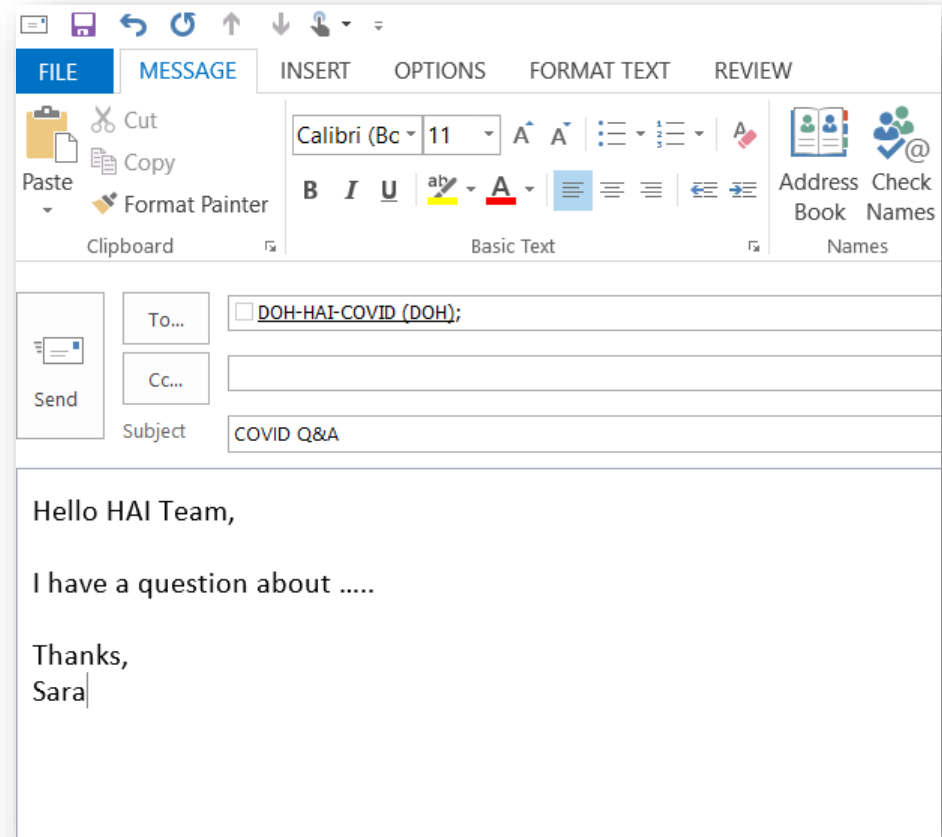


# Q&A Every Thursday:

Send Us Your Questions Ahead of Time

**Subject Line:**  
COVID Q&A

**Email:**  
[HAI-COVID@doh.wa.gov](mailto:HAI-COVID@doh.wa.gov)





# Announcements


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## King County:

1. Use the time/symptom based strategy as recommended by CDC now. Need to preserve hospital capacity and movement along the continuum of care is critical. (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>)
  - Patients who previously had COVID and meet discontinuation of TBP criteria are safest to accept
2. King county positivity rate >5% and likely will surpass 10%. Certified nursing facilities should now be doing at least weekly testing per CMS recommendations and consider preparing for twice weekly testing if at all possible and have access to test result turn around times <48 hours.
  - All areas south of Seattle in King county are >10% positivity – SNF should consider twice weekly testing as above.

# Holiday Pledge

Comagine Health resource for a Holiday Pledge for health care facilities to share with staff to gain commitment to proper safety protocols over the holidays.



**My Holiday Pledge**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I pledge to protect myself, my family, my co-workers and my residents from exposure to COVID-19 by choosing to do the following:

**While at work:**

- Wear the designated PPE appropriately (mask covering my nose and mouth)
- Perform hand hygiene with alcohol-based hand sanitizer in between resident care or interaction (or with soap and water for at least 20 seconds if my hands are soiled)
- Maintain a distance of at least 6 feet from staff and residents except when I am providing direct care to residents
- Support my co-workers to do the same

**While outside of work:**

<https://comagine.org/resource/1177>



# BURDEN OF INFLUENZA, 2019-2020 SEASON



Anna Unutzer, MPH  
Communicable Disease Epidemiologist

# Influenza Background and Transmission

**Flu is caused by influenza virus. Types A and B infect humans.**

Sudden onset of fever ( $\geq 38^{\circ}\text{C}$ ), cough and/or other respiratory symptoms (eg. shortness of breath) and systemic symptoms (fatigue, muscle soreness, headache).

**\*\*Note symptoms in the elderly may be atypical:**

- Fever may be absent
- Patients may present with anorexia, mental status changes

## **Complications**

Pneumonia and worsening respiratory status in patients with underlying chronic obstructive lung disease and congestive heart failure

## **Transmission**

Large respiratory droplets and by direct contact with droplets, followed by touching nose/mouth

## **Infectiousness**

Begins 24 hours prior to onset of illness. May shed virus for five or more days after symptom onset

## **Incubation Period**

1 to 4 days

# 2019-2020 flu season

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## CDC flu season

- Week 40 (early October) - Week 20 (mid May)
- Please note all data in this presentation are for the 2019-2020 season through week 36, ending September 5th, 2020.

## Notes about 2019-2020 flu season in the context of COVID-19

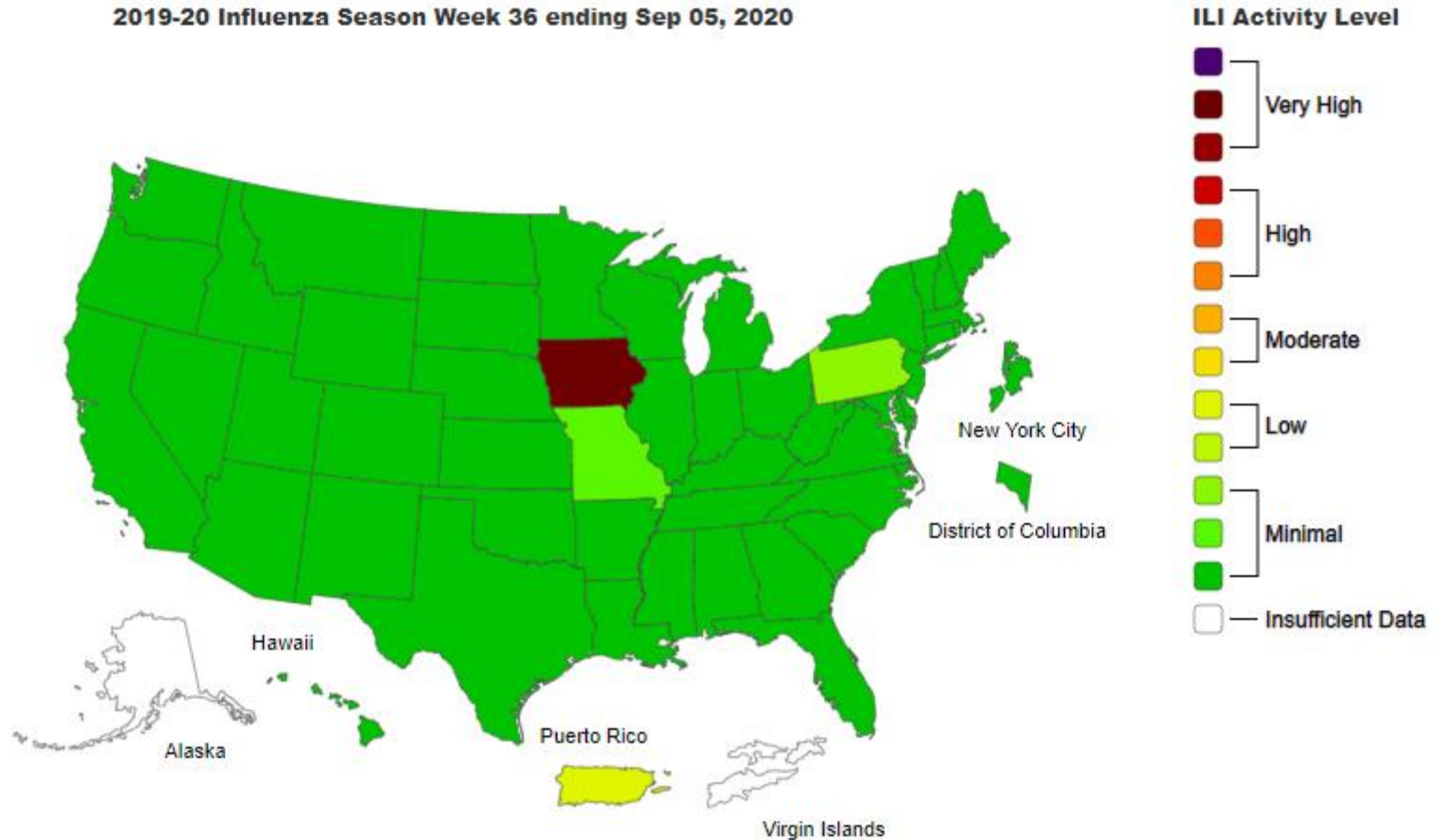
- Due to the COVID-19 pandemic, data reported from the various influenza-like illness surveillance systems may not represent an accurate reflection of influenza activity.
- Results should be interpreted with caution, especially where comparisons are made to previous influenza seasons.
- Influenza activity data should take into account the impact of social distancing measures, likely changes in health seeking behavior of the community including access to alternative streams of acute respiratory infection specific health services, and focused testing for COVID-19 response activities.
- Current COVID-19 related public health measures and the community's adherence to public health messages are also likely having an effect on transmission of acute respiratory infections, including influenza.



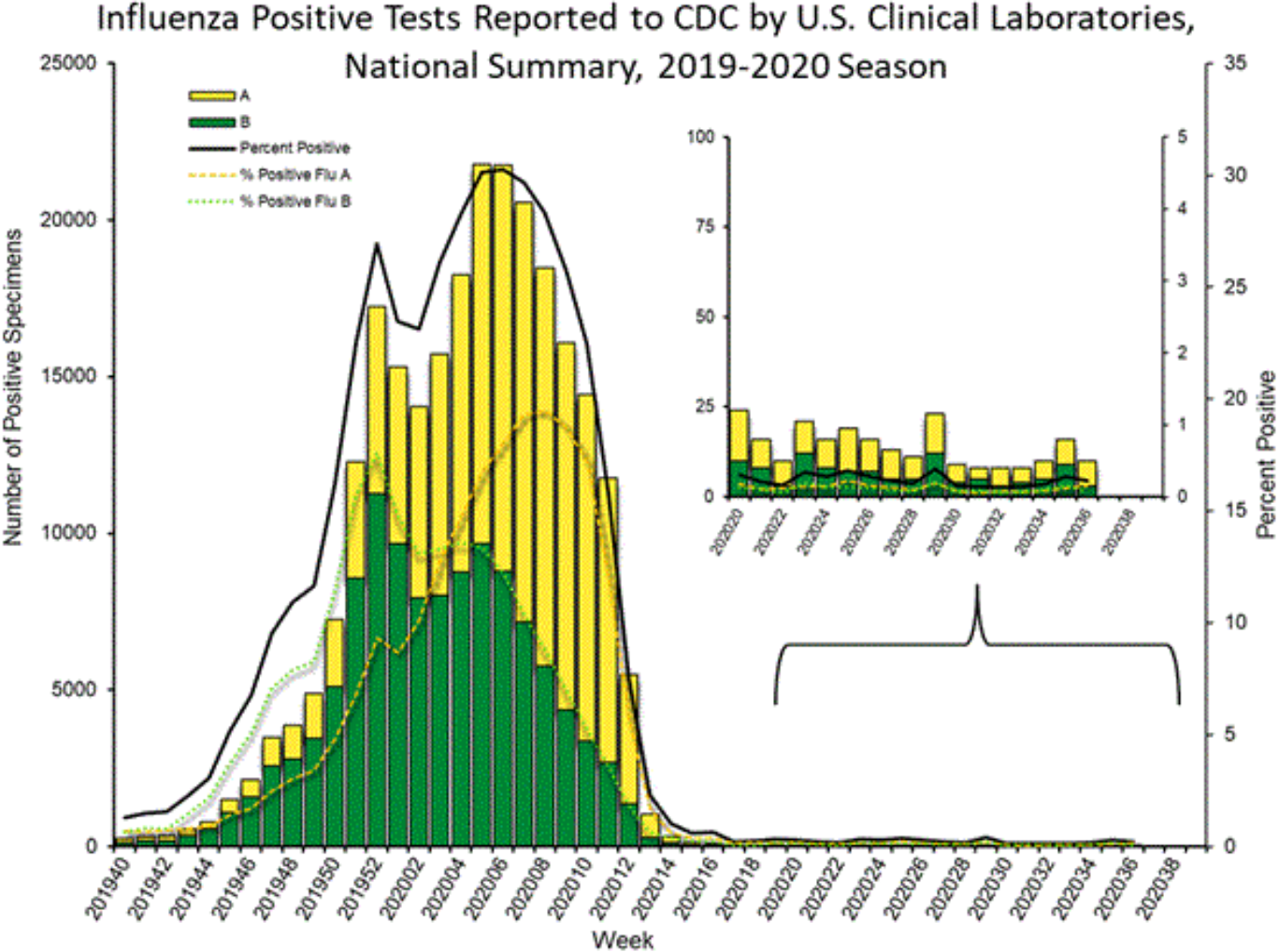
# NATIONAL INFLUENZA SURVEILLANCE, 2019-2020 SEASON

# Influenza Activity Estimates Reported by State and Territorial Epidemiologists\*

2019-20 Influenza Season Week 36 ending Sep 05, 2020



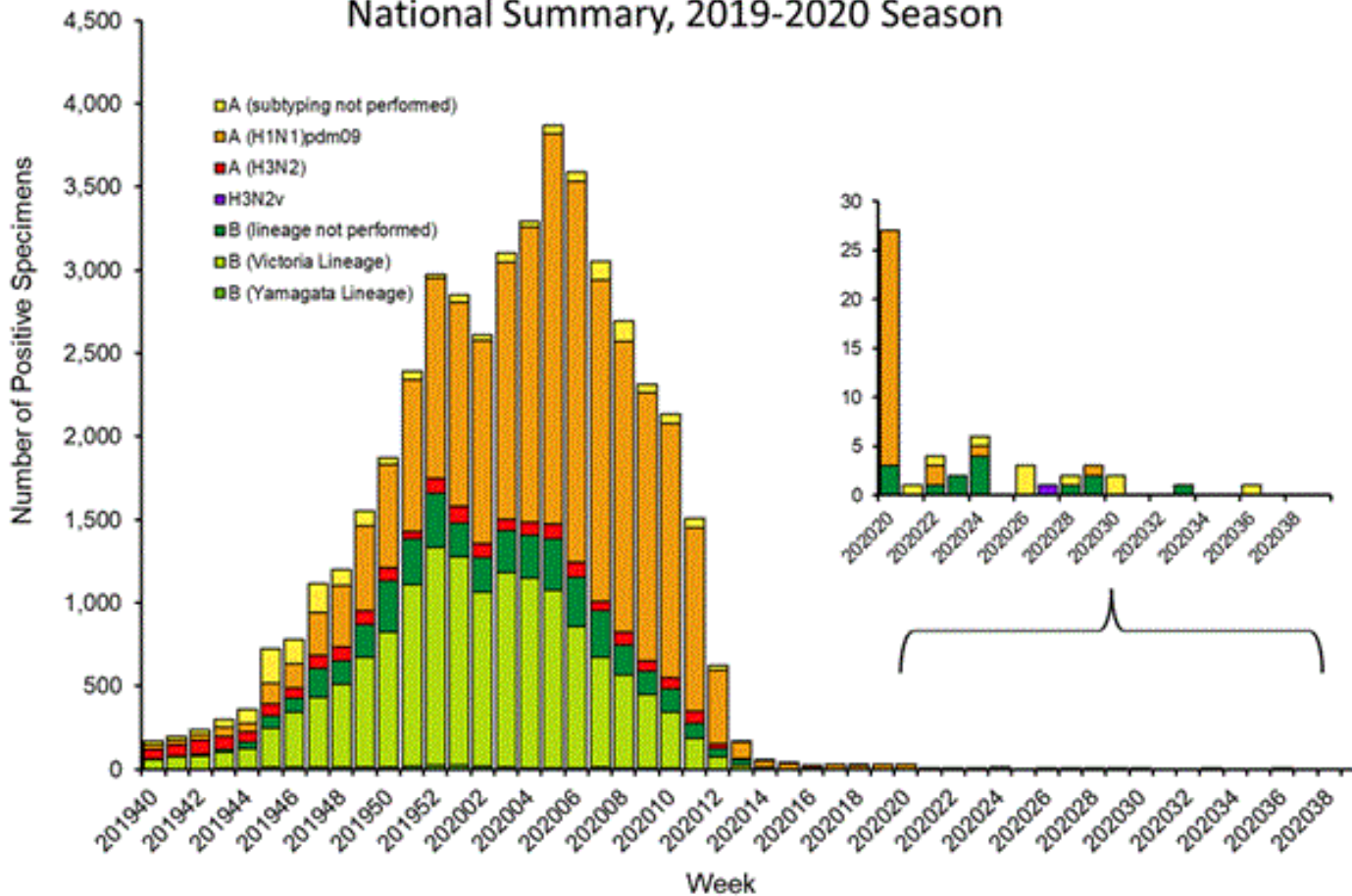
# Influenza Positive Tests, National Clinical Laboratories





# Influenza Positive Tests, National Public Health Laboratories

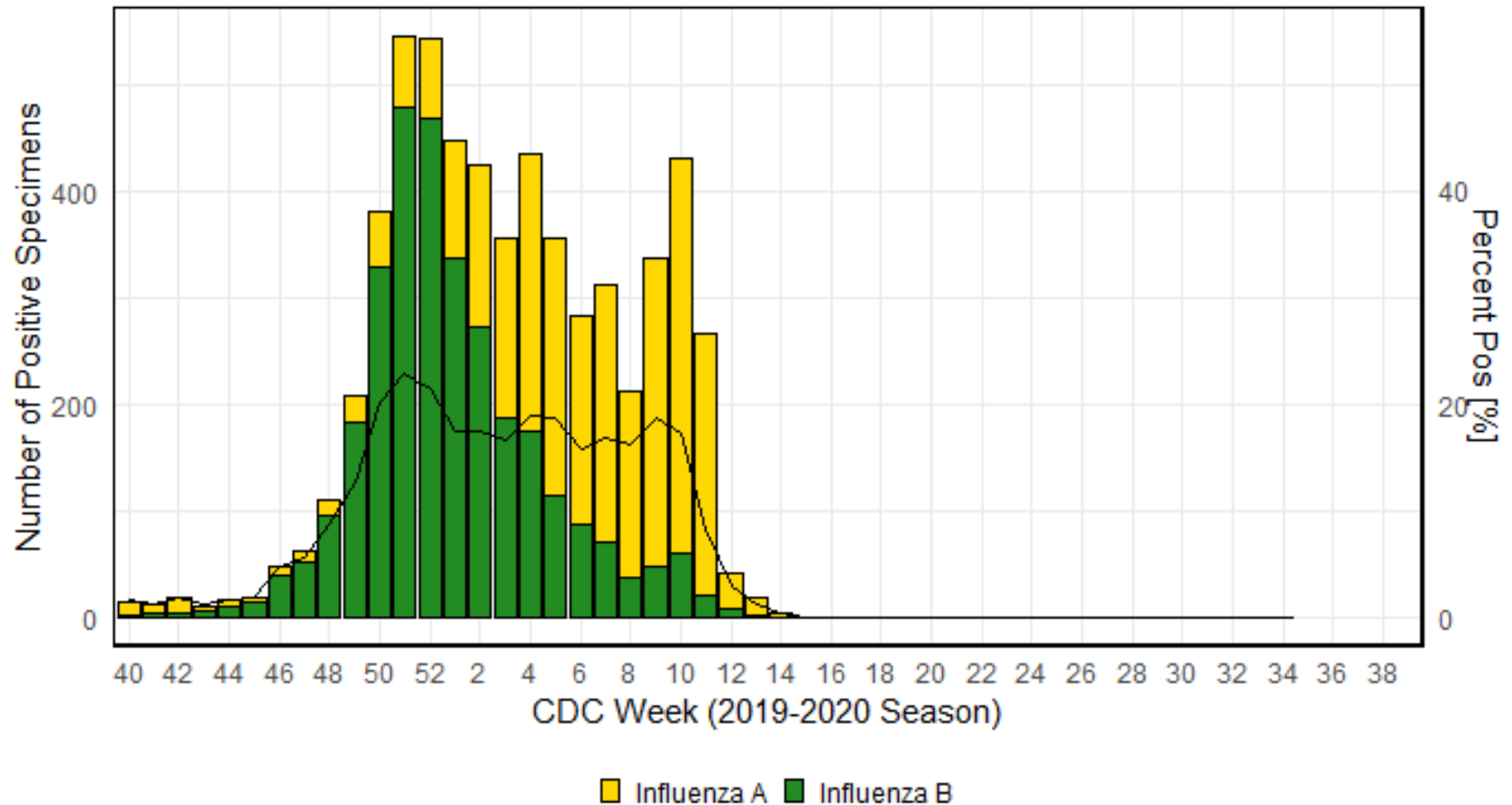
Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, 2019-2020 Season



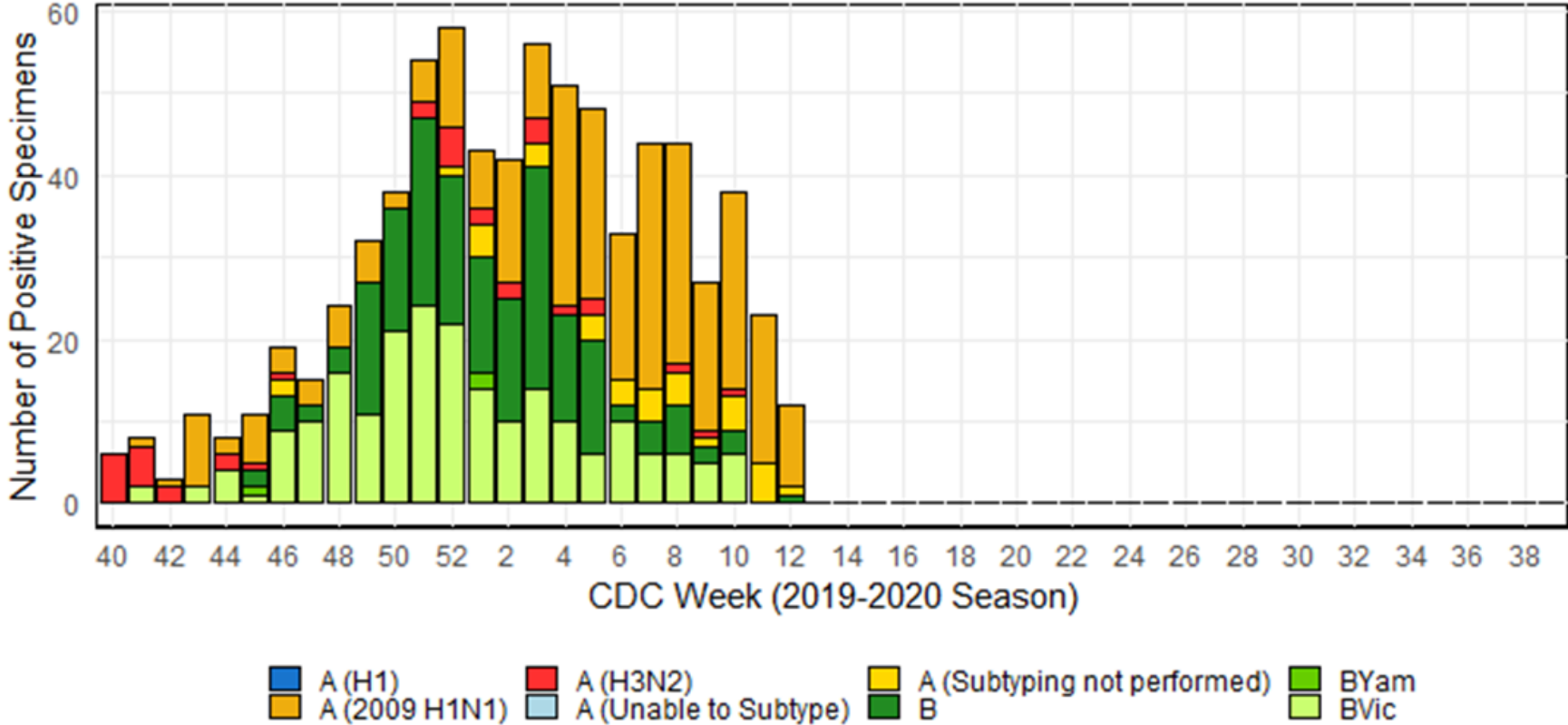


# WASHINGTON STATE INFELUNZA SURVEILLANCE, 2019-2020 SEASON

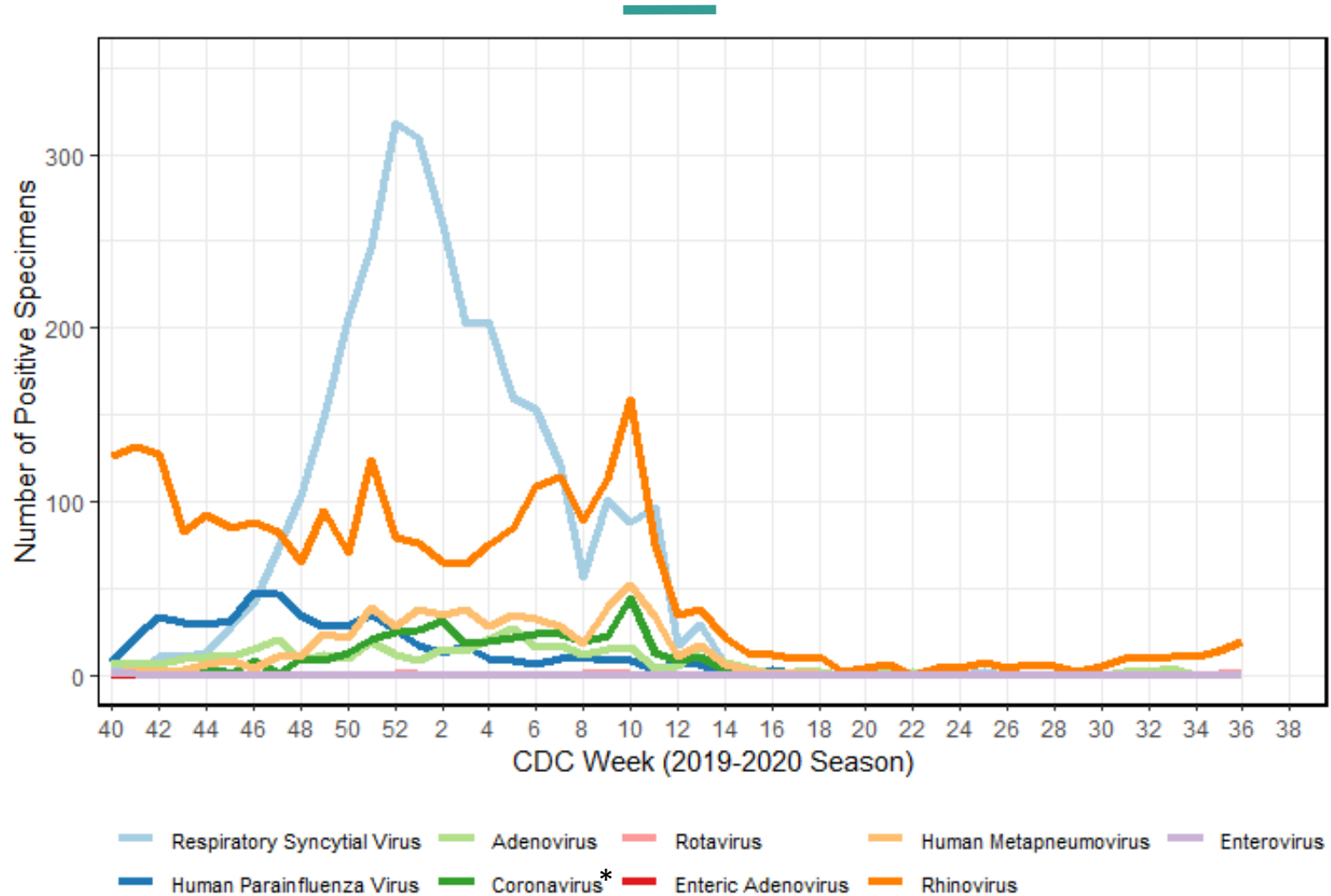
# Influenza Positive Tests Reported to CDC, WA Commercial Laboratories



# Influenza Positive Tests Reported to CDC, WA Public Health Laboratories



# Respiratory and Enteric Viruses, Washington, 2019-2020



\*NREVSS does not capture COVID-19 testing data.

# Reported Lab-Confirmed Influenza Deaths Washington, 2019-2020

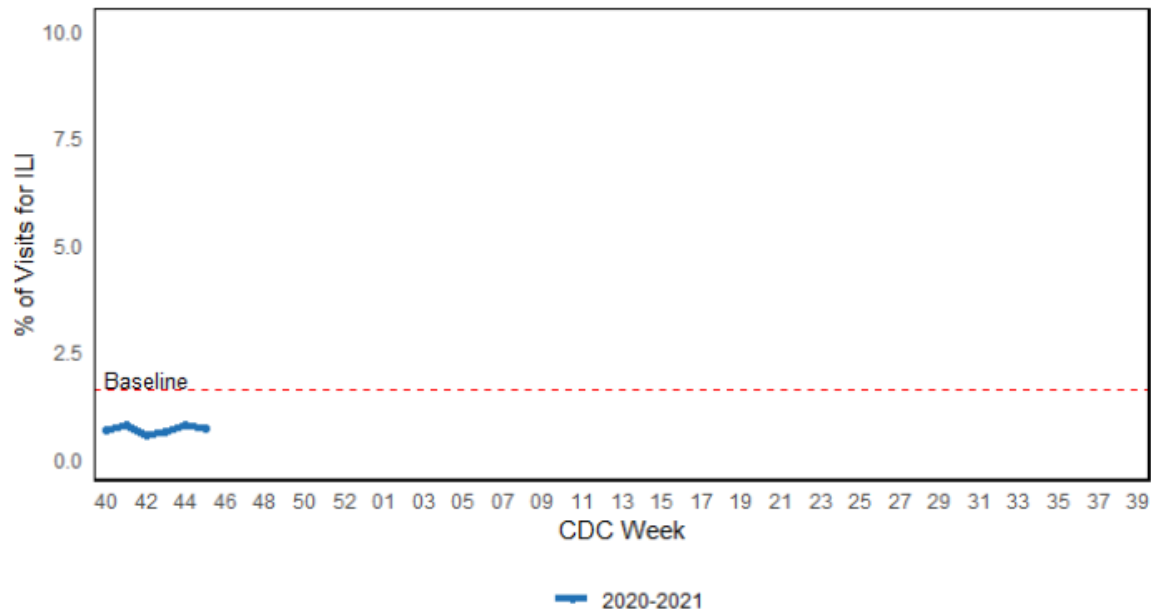
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Age Group (in years)	Number of Deaths
<b>0–17</b>	<b>6</b>
<b>18-29</b>	<b>5</b>
<b>30–49</b>	<b>7</b>
<b>50–64</b>	<b>29</b>
<b>65+</b>	<b>62</b>
<b>Total</b>	<b>109</b>

# 2020-2021 Influenza Season

- As of 11/07/2020
  - 0 lab-confirmed Influenza deaths have been reported
  - 0 ILI Outbreaks have occurred in LTC

Percentage of ILI Visits Reported by Sentinel Providers, Washington, 2020-2021



# Flu Surveillance Resources

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- Washington State Weekly Flu Report:
  - [www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf](http://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf)
- Other Washington Flu Information:
  - [www.knockoutflu.org](http://www.knockoutflu.org)
- CDC Weekly Flu Report:
  - [www.cdc.gov/flu/weekly](http://www.cdc.gov/flu/weekly)



# Influenza Outbreak Prevention, Identification and Control in Long Term Care Facilities

Shauna Clark, RN

Personal Health Services Supervisor – LTC COVID Response Lead

Communicable Disease Epidemiology & Immunization Section

Public Health- Seattle & King County



Before an  
Outbreak



# Before an Outbreak

- Vaccinate, vaccinate, vaccinate
  - Current residents
  - Staff
  - New admission
- Document
- Pneumococcal vaccine for residents  $\geq 65$  years old and certain medical conditions.



Recognizing Signs and Symptoms of Influenza in the Elderly














Common Influenza Signs and Symptoms	Influenza Signs and Symptoms in the Elderly
Sudden Onset of Illness	Often with confusion
Fever	Occurs in approximately 70% of patients, <i>but absent in approximately 30%.</i>
Dry cough	Nonproductive, new onset
Headache	Often a key complaint
Fatigue	May be sole complaint
Loss of appetite	May be sole complaint
Chills	Common
Body aches	Common
Gait instability	Common
Change in mental status	Common
Sore throat	Uncommon
Low risk for flu related complications	High risk for flu related complications, like <b>pneumonia</b> , bronchitis

References

1. Monto A, Gravenstein S, Elliott M, et al. Clinical signs and symptoms predicting influenza infection. *Arch Intern Med* 2000; 160:3243-3247.
2. Bradley S. Prevention of influenza in long-term-care facilities. *Infect Control Hosp Epidemiol* 1999 ;20(9):629-637.

# Signs and Symptoms of Influenza in the Elderly

# Symptoms of COVID-19, Influenza, Cold, and Allergies

SYMPTOMS	COVID-19	FLU	COLD	ALLERGIES
 Cough	Often	Often	Sometimes	Sometimes
 Fever	Often	Often	Rarely	Never
 Shortness of breath	Sometimes	Sometimes	Rarely	Rarely
 Body aches	Sometimes	Often	Rarely	Never
 Headache	Sometimes	Often	Sometimes	Sometimes
 Fatigue	Sometimes	Often	Sometimes	Sometimes
 Sore throat	Sometimes	Sometimes	Sometimes	Sometimes
 Loss of taste or smell	Sometimes	Rarely	Rarely	Rarely
 Diarrhea	Sometimes	Rarely	Never	Never
 Chest pain or pressure	Rarely	Rarely	Never	Never
 Runny nose	Rarely	Sometimes	Often	Often
 Sneezing	Rarely	Sometimes	Often	Often
 Watery eyes	Never	Never	Never	Often

# Before an Outbreak

- Distribute Influenza-like-illness (ILI) policy to staff
  - Staff with influenza-like illness should not work until **24 hours** after fever resolution without the use of fever reducing medication; **exclusion for a minimum of 5 days is ideal**
  - Staff developing influenza-like illness while at work must leave immediately.
- Daily Symptom Screening
  - If symptomatic, test for both Influenza and COVID-19



# Before an Outbreak- Prepare

- ▶ NP Collection Kits
- ▶ Treatment and chemoprophylaxis orders in place



## Help Protect Our Residents

Please **do not** visit if you have a fever or cough.



- Get a flu shot.
- Wash or sanitize your hands when you arrive and before you leave.
- Use a tissue or your sleeve when you cough or sneeze.
- Wash your hands after coughing or sneezing.
- If you are ill and must visit, please ask for a mask.



During an  
Outbreak





# CDC Influenza Outbreak Definition

1 CONFIRMED OR  $\geq$  2 SUSPECTED CASES OF  
INFLUENZA AMONG RESIDENTS AND/OR STAFF

# During an Outbreak-Communication

- ▶ Medical Director or facility administration
- ▶ Key staff members & residents
- ▶ Licensor
  - ▶ WA DOH DSHS 1-800-562-6078
- ▶ Public Health
  - ▶ Report outbreak online - <https://redcap.iths.org/surveys/?s=C48H3AKJWR>
  - ▶ Call 206-296-4774
- ▶ Influenza death- notifiable condition
  - ▶ Public Health may call you

## Outbreak Reporting to King County

### Facility and Staff Information

**Facility type** Long term care/senior living facility (e.g. sk) ▼  
\* must provide value

**What is the name(s) of the person(s) responsible for infection prevention measures in the facility?**

**What illness are you reporting?**

- + COVID
- + Influenza
- + Undiagnosed Respiratory Outbreak (2 or more individuals with respiratory illness within 72 hours of each other)

**Please describe the health concern(s) you have in your facility.**  
\* must provide value

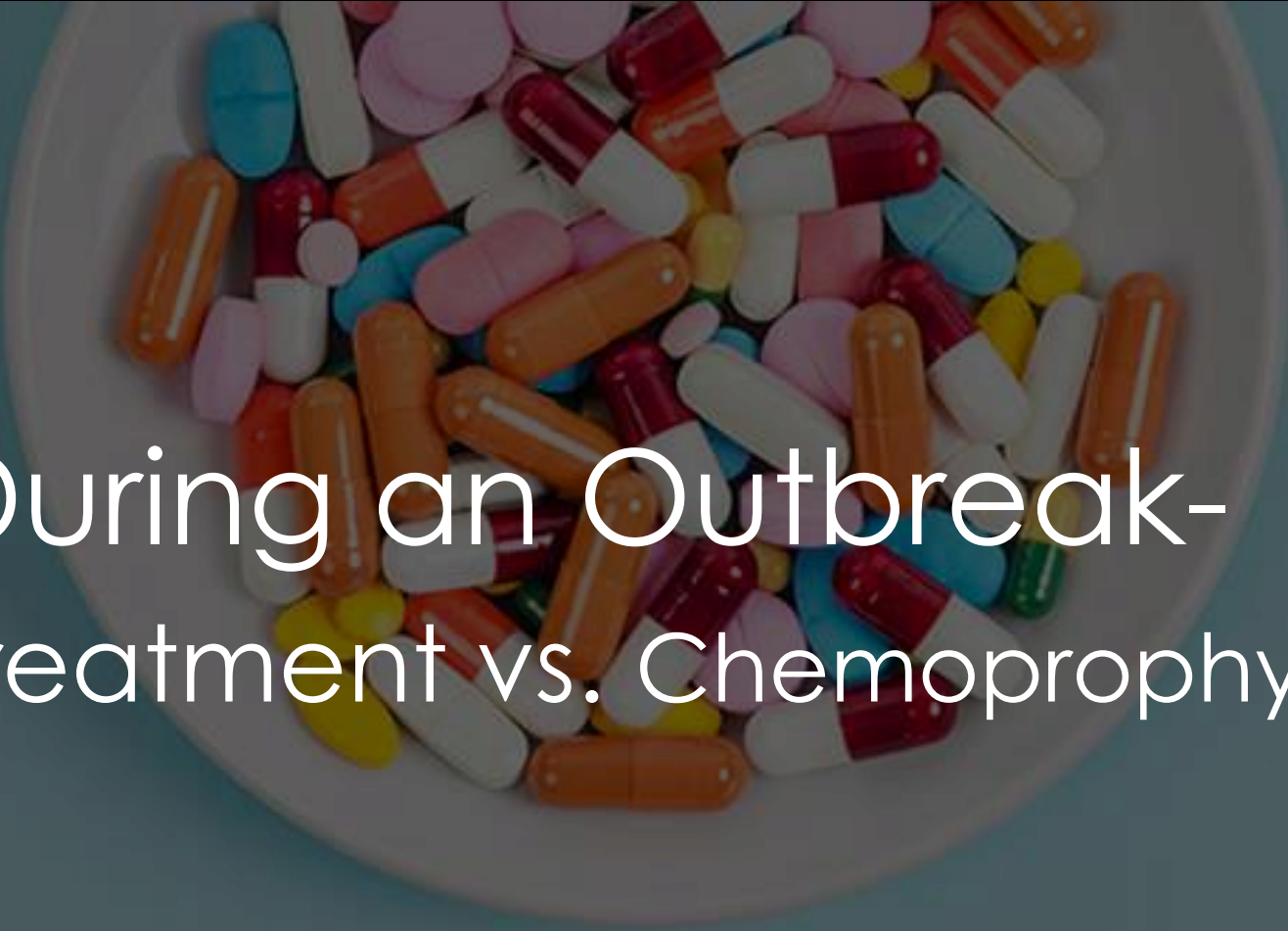
Expand

<https://redcap.iths.org/surveys/?s=C48H3AKJWR>

# During an Outbreak – Surveillance and testing

- ▶ Daily ILI surveillance
- ▶ Testing
  - ▶ If symptomatic, test for COVID-19 and Influenza
  - ▶ PH influenza test kits
- ▶ No Influenza Line-list reporting
- ▶ What if a COVID-19 and Influenza outbreak is identified?





During an Outbreak-  
Treatment vs. Chemoprophylaxis

# During an Outbreak-

## Treatment vs Chemoprophylaxis

### Treatment

- ▶ All **ill** residents with ILI or confirmed flu
- ▶ Start with in **48 hours** of onset
  - ▶ Can have benefits if >48hrs
- ▶ Don't wait for laboratory confirmation
- ▶ Typically for **5 days**
- ▶ CDC dosing guidance

### Chemoprophylaxis

- ▶ All **non-ill** residents
- ▶ Priority to residents on same floors as ill resident
- ▶ Minimum of **2 weeks**, and at least **7 days** after last known case
- ▶ CDC dosing guidance

<https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

# During an Outbreak- Control Measures

- ▶ Chemoprophylaxis for unvaccinated staff
  - ▶ Caring for high risk residents
- ▶ Vaccinate
  - ▶ Residents
  - ▶ Staff

# During an Outbreak- Infection Control Measures

- ▶ Standard and droplet precautions for all ill residents
  - ▶ 7 days after onset or 24 hours after resolution of fever, **whichever is longer**
  - ▶ Confine to room, including at mealtime
- ▶ Post outbreak notices
- ▶ Safe Start Plan - Recommendations may be more restrictive
  - ▶ Consider cancelling group activities and dining room meals


# During an Outbreak- Infection Control Measures


- ▶ Staff PPE
  - ▶ Gloves, gowns, face mask, eye protection
  - ▶ Training
- ▶ Signs

<https://washington-state-hospital-association.myshopify.com/collections/isolation-precautions>

**STOP** **DROPLET PRECAUTIONS** **STOP**  
(In addition to Standard Precautions)  
(If you have questions ask nursing staff)




**Everyone Must:**


 Clean hands when entering and leaving room

 Wear mask

**Doctors and Staff Must:**

Wear eye protection with respiratory symptoms and standard precautions if contact with secretions likely.

 Washington State Hospital Association

Washington Hospitals – Collaborating to Keep Our Patients Safe

Green  
Patent 3,321,100  
Last revised 5/30/19



## During an Outbreak- Infection Control Measures

- ▶ Increase environmental cleaning
  - ▶ Shared equipment & high touch areas
  - ▶ EPA registered disinfectant
  - ▶ Manufacturers instructions



# During an Outbreak- Infection Control Measures

- ▶ Limit admissions
- ▶ Minimize staff movement
- ▶ Audit practices and provide ongoing education



## Attention Staff: Help Protect Our Residents

Please **do not** report to work if you have a fever, cough, or sore throat.



### Ill staff:

- Stay home until you have been fever-free for at least 24 hours without the use of fever-reducing medications



### All staff:

- Get a flu shot
- Wash and sanitize your hands frequently
- Always cover your cough with a tissue or your sleeve
- Clean your hands after coughing or sneezing

Get  
Flu Shot

Public Health   
Seattle & King County

# Stop Germs, Stop Flu!

**Do you have the flu? Ask yourself two quick questions:**

1. Do you have a fever?
2. Do you have other symptoms? A cough, sore throat, body aches, headache, chills, diarrhea or vomiting?

If your answer is **YES** to both, you might have the flu.

**If you have the flu, what should you do?**

- Stay home, drink plenty of liquids and get rest.
- Protect the health of others by staying away from crowds, covering your cough, and washing your hands often.

**If you aren't getting better, please call a health care provider.**

If you need medical care and don't have a medical provider or health insurance, call the **Community Health Access Program at 800-756-5437**.  
You will not be asked for proof of immigration status.

### When sick, stay home



### Wash hands often for 20 seconds



### Cover coughs and sneezes



Can't wash?  
Use alcohol-based  
hand sanitizer



Public Health   
Seattle & King County

For more information visit:  
[www.kingcounty.gov/health](http://www.kingcounty.gov/health)  
Alternate formats available upon request

# When is an outbreak over?

- **7 days** with no new onset of symptoms





After an  
Outbreak

## After an Outbreak- Communication

- ▶ Notify Medical Director facility administration
- ▶ Report Outbreak summary to Public Health
  - Staff and residents:
    - Total number ill
    - Total number tested (including positive and negative)
    - Total number vaccinated
    - Last onset dates
    - How many receive treatment and/or chemoprophylaxis
    - How many hospitalized
    - Suspected or confirmed deaths





# After an Outbreak- Other Considerations

- ▶ Resume group activities per Safe Start Plan
- ▶ Resume admissions using COVID-19 considerations
- ▶ Remove influenza outbreak notices
- ▶ Conduct a post- outbreak debrief/review with your team
- ▶ Check stock of influenza test kits
- ▶ Continue active daily surveillance for ILI and COVID-19
- ▶ Continue environmental cleaning of high touch areas
- ▶ Encourage continued hand hygiene & respiratory etiquette

# Resources

- ▶ CDC Interim Guidance for Influenza Outbreak Management in LTCF  
<https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>
- ▶ WA DOH Long-Term Care Guidance  
<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/InfluenzaFluInformation>
- ▶ PHSKC Flu resources for LTCF  
<https://www.kingcounty.gov/depts/health/communicable-diseases/immunization/flu-season/for-long-term-care-facilities.aspx>



# Resources

- ▶ CDC Weekly National Influenza Surveillance Report  
<https://www.cdc.gov/flu/weekly/>
- ▶ WA DOH Influenza Surveillance Data  
<https://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/CommunicableDiseaseSurveillanceData/InfluenzaSurveillanceData>
- ▶ PHSKC Weekly Flu Surveillance Reports  
<https://www.kingcounty.gov/depts/health/communicable-diseases/disease-control/influenza.aspx>

# Questions?

## **Shauna Clark**

Personal Health Services Supervisor – LTC  
COVID-19 Response Lead

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QUESTIONS





For persons with disabilities, this document is available in other formats.  
Please call 711 Washington Relay Service or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).