

COVID-19 Q&A Hour for Long Term Care



WASHINGTON STATE DEPARTMENT OF HEALTH

Healthcare-Associated Infections (HAI) Program

Shoreline, WA

Housekeeping



Attendees will be in listen only mode



Self-mute your lines when not speaking



Type questions into the question window. Please include the type of facility you are from in your question (e.g., NH).



Nursing Home

Participants from long-term care, regulatory, public health



No confidential information presented or discussed. This is an educational webinar and does not constitute legal advice.



Local guidance may differ, please consult with your Local Health Jurisdiction (LHJ):

<https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>

This is the LTC COVID-19 Q&A Hour!

A chance to connect, ask questions, and learn about the COVID-19 response and infection prevention guidance



Where Can I Find the Q & A Document?

Posted every Wednesday

- Washington Health Care Association:

<https://www.whca.org/washington-department-of-health-covid-19-qa-session/>

- Washington LeadingAge:

https://www.leadingagewa.org/ill_pubs_articles/copy-resources-preparing-your-community-staff-residents-and-families-for-the-coronavirus/

- Adult Family Home Council:

<https://adultfamilyhomecouncil.org/departments-of-health-qa-webinars/>

Panelists

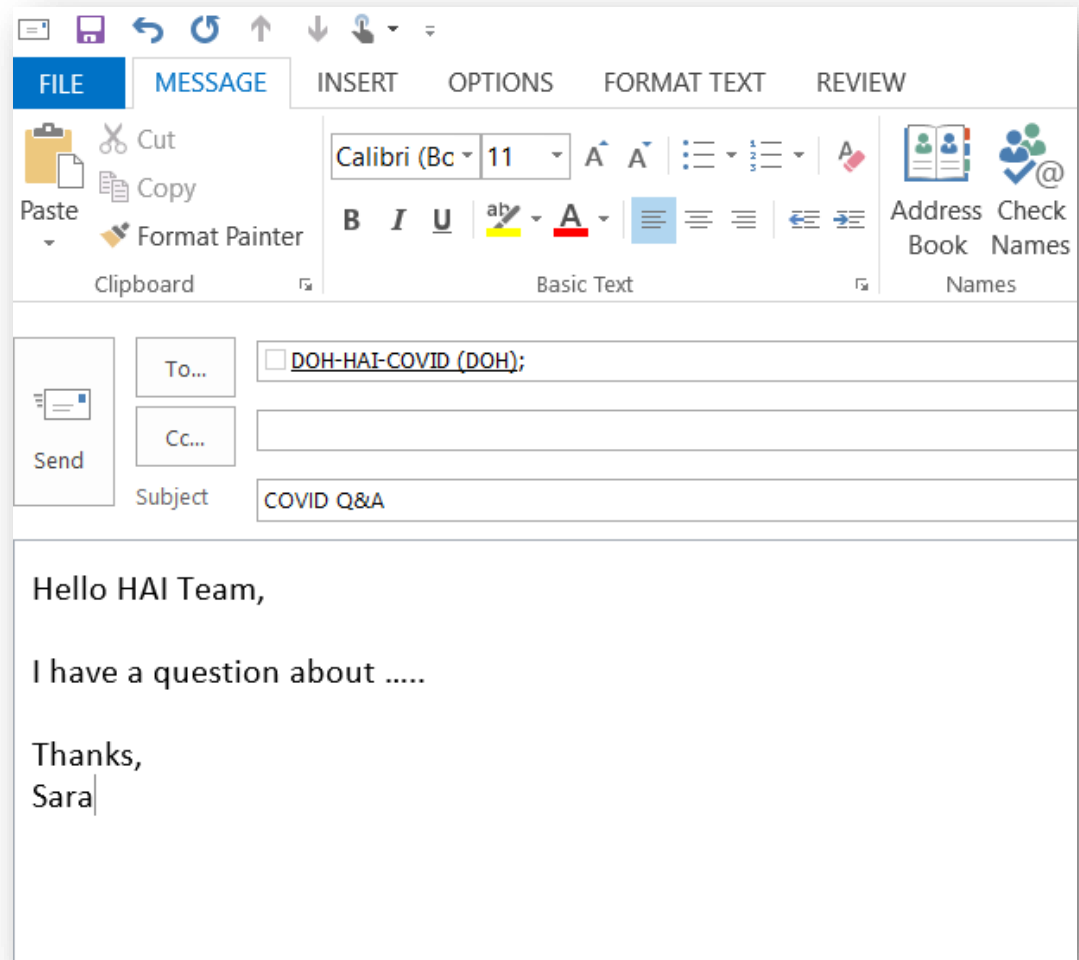


Send Us Your Questions Ahead of Time

Subject Line:
COVID Q&A

Email:
HAI-COVID@doh.wa.gov

Due by: COB Tuesday



Infection Control Assessment & Response (ICAR) Program

Free, non-regulatory ICARs are a great opportunity for skilled nursing facilities, adult family homes, and assisted living facilities to:

- Ask a Department of Health infection prevention expert questions.
- Get help finding gaps in your infection control protocols.
- Receive personalized advice and recommendations for your facility.

There are multiple ways to schedule an ICAR:

- Visit <https://fortress.wa.gov/doh/opinio/s?s=ICARconsultation>
- Email Maria Capella-Morales maria.capella-morales@doh.wa.gov
- Email Melissa Feskin Melissa.Feskin@doh.wa.gov

In partnership with:

- Local Health Jurisdictions
- LeadingAge Washington
- Washington Health Care Association
- Adult Family Home Council of WA State
- Washington State Hospital Association



Upcoming LTC Q&A Schedule

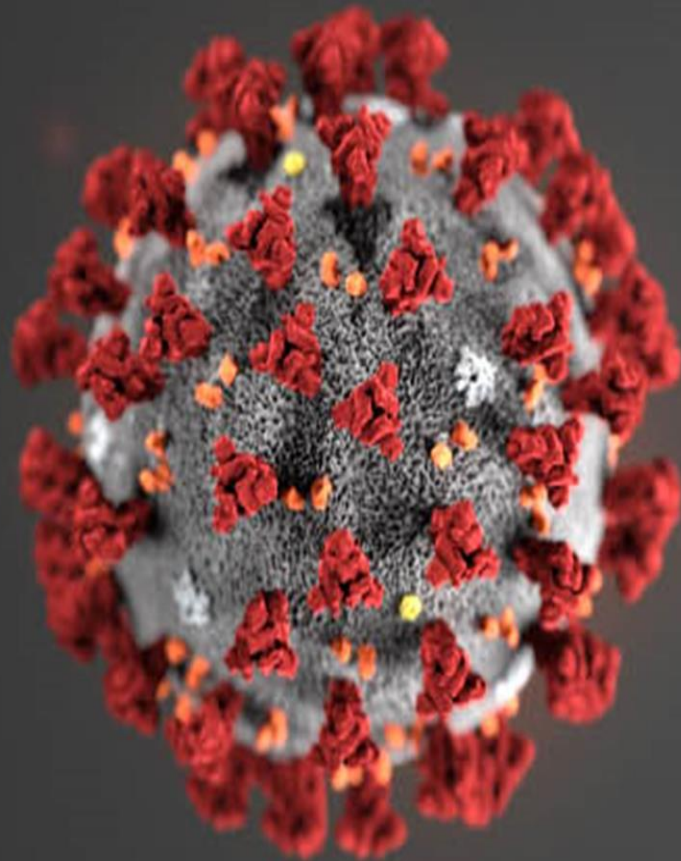
Please plan to attend these upcoming sessions!

November 4: How to do a Risk Assessment

November 11: closed for Veteran's Day – no Q&A call

November 18: How to do a Risk Assessment

November 25: closed for Thanksgiving Day – no Q&A call

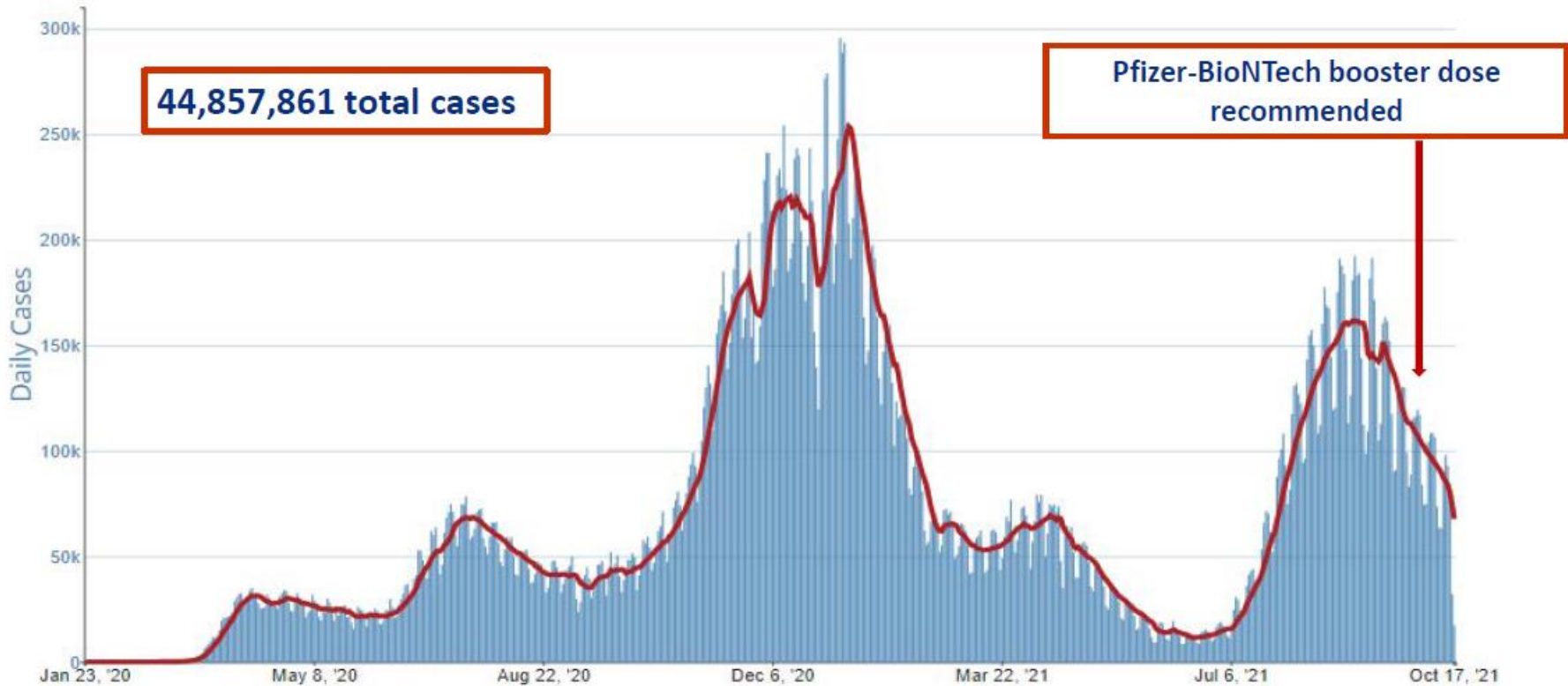


COVID Vaccine Update
26 October 2021



Daily trends in number of COVID-19 cases in the United States

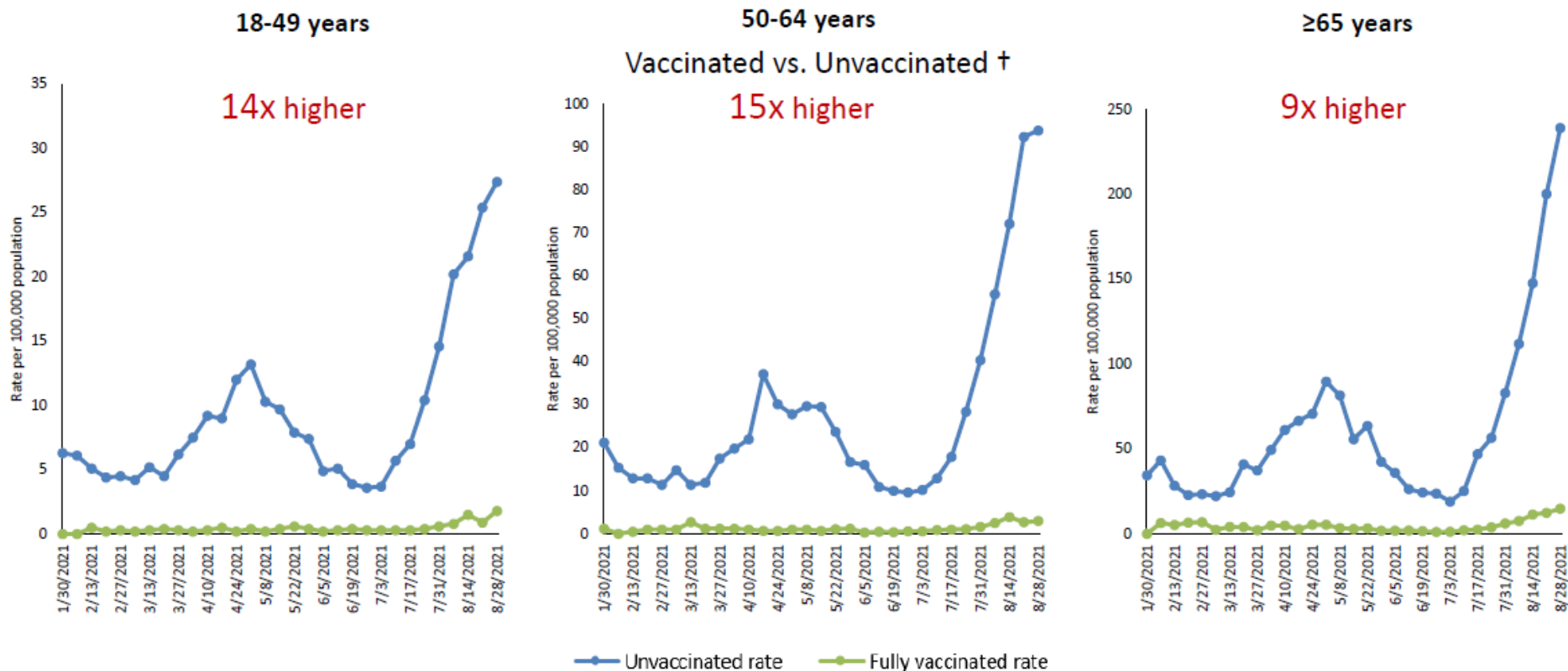
January 23, 2020 – October 17, 2021



CDC. https://covid.cdc.gov/covid-data-tracker/#trends_dailycases. Accessed October 19, 2021

Source: K. Dooling presentation ACIP meeting 10/21/2021 available: [ACIP October 20-21, 2021 Presentation Slides | Immunization Practices | CDC](#). Accessed 10/21/2021.

Age-adjusted weekly COVID-19-associated hospitalization rates among adults by week of admission and age group* — COVID-NET, January 24–August 28, 2021



*Data are preliminary and case counts and rates for recent hospital admissions are subject to lag. As data are received each week, prior case counts and rates are updated accordingly.

†Cumulative rate ratio from January 24 – August 28, 2021.

COVID Data Tracker: <https://covid.cdc.gov/covid-data-tracker/#covidnet-hospitalizations-vaccination>

Source: K. Dooling presentation ACIP meeting 10/21/2021 available: [ACIP October 20-21, 2021 Presentation Slides | Immunization Practices | CDC](#). Accessed 10/21/2021.

Booster doses of COVID-19 vaccines:

Summary

- COVID-19 vaccines continue to maintain **high protection** against severe disease, hospitalization, and death
- Protection against infection (including asymptomatic or mild infections) appears lower in recent months
 - Difficult to distinguish role of **time** since primary series and **Delta variant**
- Reported data through July; data through August shown at future ACIP meetings
 - Important to monitor **trends** of effectiveness by severity of disease over time
- Policy around booster doses requires **continued evaluation** of effectiveness, monitoring impact of both **time** and **variants**, and ability of booster doses to **improve** protection

Source: Advisory Committee on Immunization Practices meeting 08-30-2021; [ACIP August 30, 2021 Presentation Slides | Immunization Practices | CDC](#). Accessed 08-31-2021.

Different From Initial Vaccine Rollout

- Vaccine already available in communities
- Most facilities have partnerships with pharmacies
- Long term care pharmacies already do this work
 - Many are dispensing pharmacies and specialize in managing long term care facility medication orders
 - Local and invested in maintaining their client base allowing for better service and contacts
 - Anticipate annual flu vaccination campaigns



More information: [Long Term Care COVID-19 Immunization Champion Award :: Washington State Department of Health](#)

Planning For Vaccinations

- Priority to
 - Identify type and brand of vaccine for residents
 - Identify type and brand of vaccine for staff
- Outreach to
 - Long term care pharmacy
 - Local health jurisdiction
 - To the Department of Health through
 - Email: Covid.vaccine@doh.wa.gov
 - Survey: <https://www.surveymonkey.com/r/DQ5K9WV>
 - Interpreter line: 800-525-0127



You can reduce the hospitalization and deaths of residents and staff with COVID-19 vaccinations and if indicated, a Pfizer-BioNTech booster shot.

Vaccinate WA
CovidVaccineWA.org

Call 800-525-0127 for an interpreter.

Washington State Department of Health
DOH 348-843 October 2021
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

What Is the Routine for COVID-19 Vaccines

- Everyone ages 12 and older should receive a full initial series
 - Two doses of authorized mRNA vaccine
 - Pfizer, 2 doses, 21 days apart ages 12 and older
OR
 - Moderna, 2 doses, 28 days apart ages 18 and older
OR
 - Single dose of Janssen (Johnson & Johnson) vaccine: Available for ages 18 and older

Who Needs a Booster Dose?

COVID-19 vaccine booster dose in persons who completed an mRNA primary series

Persons who should receive a COVID-19 booster dose

- Aged ≥65 years
- Aged ≥18 years and reside in long-term care settings
- Aged 50-64 years with certain underlying medical conditions

Persons who may receive a COVID-19 booster dose, based on individual benefits and risks

- Aged 18-49 years with certain underlying medical conditions*
- Aged 18-64 years at increased risk for SARS-CoV-2 exposure and transmission because of occupational or institutional setting

- Booster dose administered at least 6 months after completion of mRNA primary series
- Any FDA-approved or authorized COVID-19 vaccine (Pfizer-BioNTech, Moderna, or Janssen) can be used for booster dose, regardless of vaccine received for primary series



* Includes pregnant people

Source: CDC COCA call 10-26-2021; voluntary reporting through v-Safe of 274,167 individuals, available: [Early safety monitoring for additional COVID-19 vaccine doses: Reports to VAERS and v-safe \(cdc.gov\)](#). Accessed 10/26/2021.

Individual risk-benefit assessment for people who “may receive” mRNA booster dose

- Individual risk factors for SARS-CoV-2 infection
 - Risk of exposure (occupational and institutional settings)
 - Risk for infection (time since completion of primary series)
- Potential impact of SARS-CoV-2 infection
 - Risk for severe infection (underlying conditions)
 - Risk associated with a person’s circumstances (living with/caring for at-risk individuals or consequences of inability to meet obligations due to infection)
- Potential benefits of booster
 - Reduced risk of infection, including severe infection
- Potential risks of booster
 - Common risks of transient local and systemic symptoms
 - Rare risks of serious adverse events



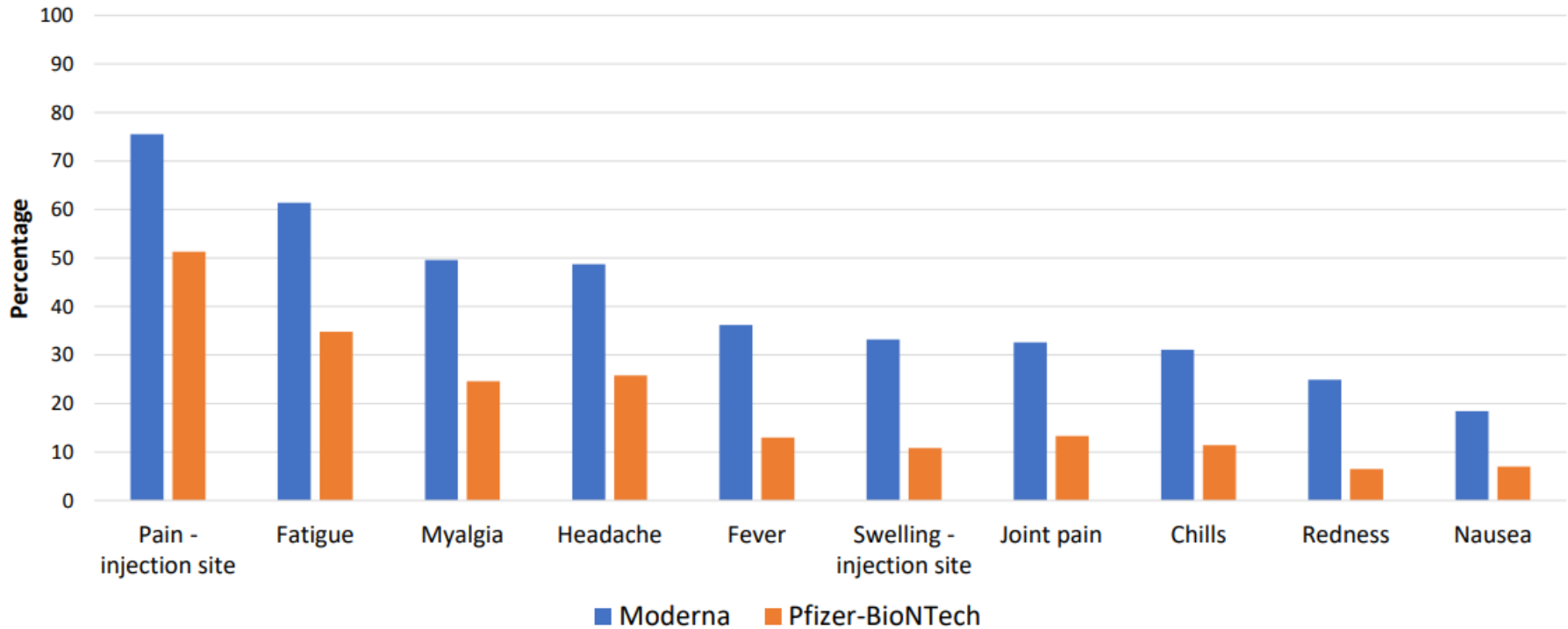
Indications for Booster Dose Following Janssen COVID-19 Primary Dose

- People aged ≥ 18 years who received a single dose Janssen primary series **should** receive a single Janssen COVID-19 booster dose at least 2 months after completing their primary series



Source: Reddy presentation ACIP meeting 10/21/2021 available: [ACIP October 20-21, 2021 Presentation Slides | Immunization Practices | CDC](#). Accessed 10/21/2021.

Top 10 solicited reactions reported at least once 0-7 days after dose 3 of Moderna or Pfizer-BioNTech vaccine



Includes 273,046 participants who completed at least one survey in the first week after additional dose, data collected during August 12–October 10, 2021

Source: CDC COCA call 10-26-2021; voluntary reporting through v-Safe of 274,167 individuals, available: [Early safety monitoring for additional COVID-19 vaccine doses: Reports to VAERS and v-safe \(cdc.gov\)](#). Accessed 10/26/2021.

Additional Information

- Priority remains to provide vaccinations to those who are unvaccinated
- COVID-19 vaccine booster doses (Pfizer-BioNTech, Moderna or Janssen vaccines) may be given with any other vaccines without regarding to timing
- Simultaneous administration of COVID-19 vaccines and other vaccines on the same day are okay in a different injection site
- Still discussing if there is a need for booster doses (4th dose) for those recently recommended as moderately to severely immunocompromised



Questions?



INFLUENZA PREPAREDNESS AND RESPONSE 2021-2022 SEASON



LTC Q&A CALL

Outline

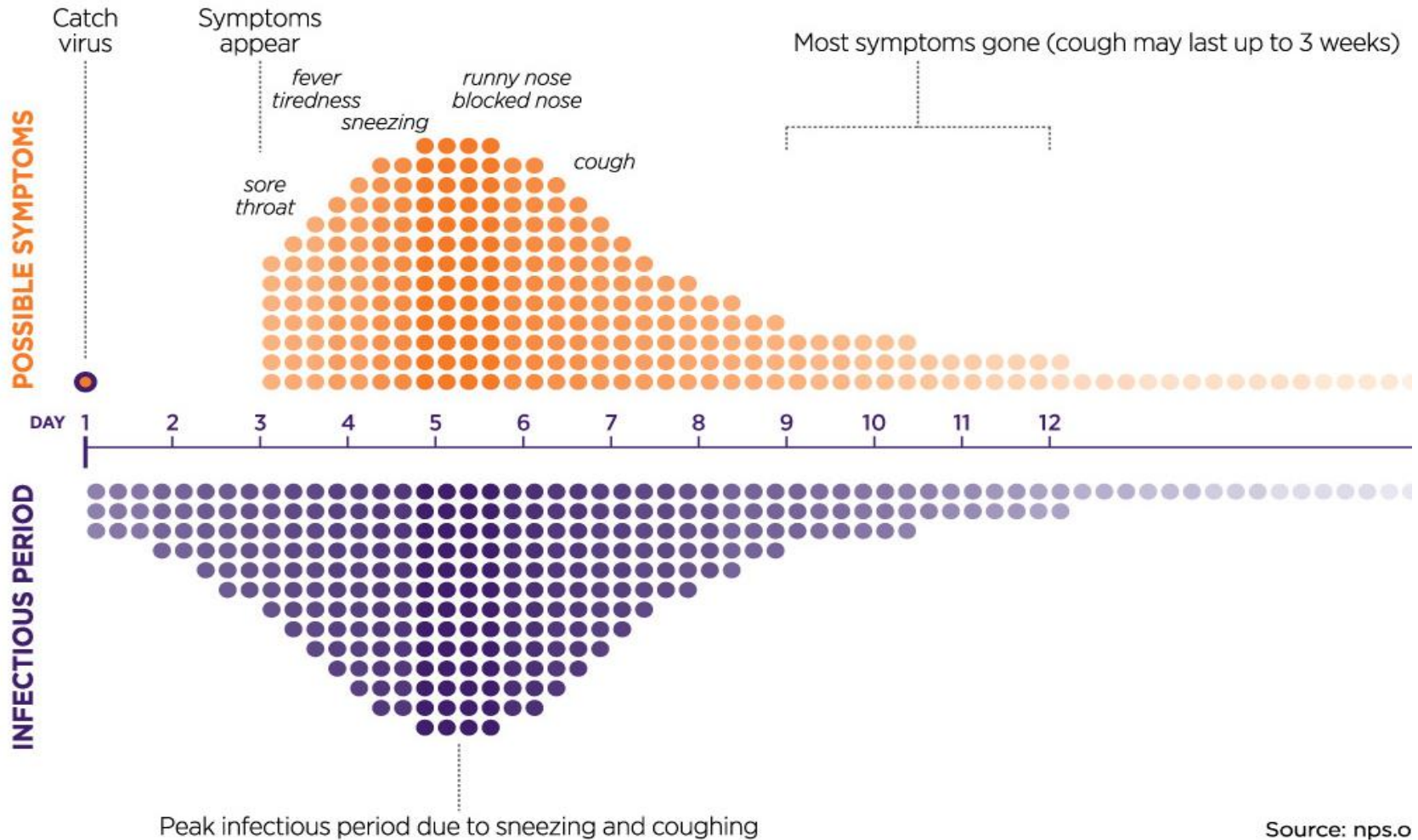
- Introduction to influenza epidemiology
- Reporting influenza-like illness outbreaks to your LHJ and DSHS
- What to expect after you report an influenza-like illness outbreak
- LTCF influenza outbreak walkthrough
- Questions



INFLUENZA EPIDEMIOLOGY

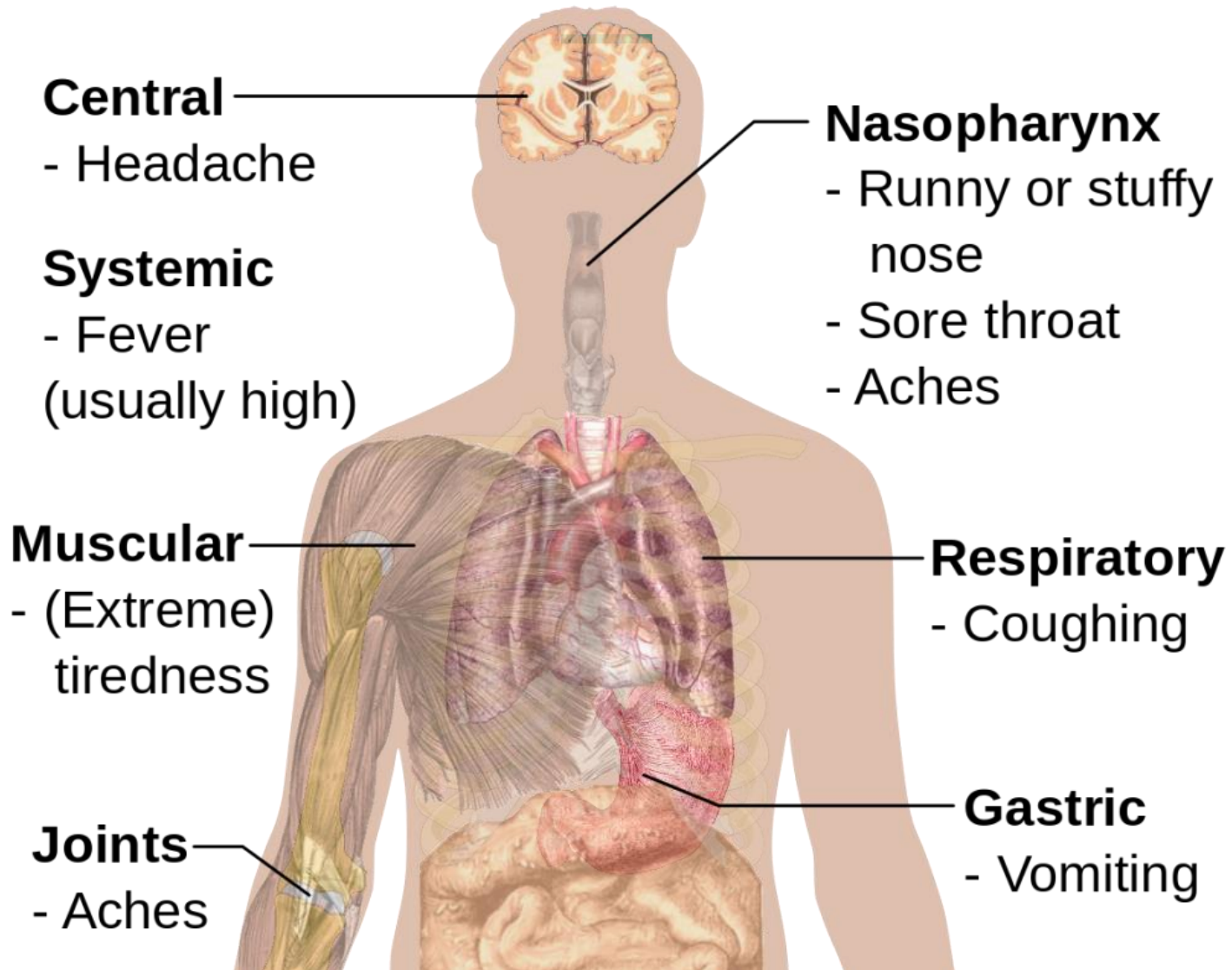
Anna Unutzer, MPH
Influenza Coordinator
WA DOH HAI Program

Influenza Background and Transmission



Source: nps.o

Common Symptoms of Influenza



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

- [Is it COVID?,](#) WA State DOH
 - Available in 17 languages: [toolkits.knockoutflu.org](https://www.wa.gov/toolkits/knockoutflu.org)

WASHINGTON STATE DEPARTMENT OF HEALTH

Is it COVID-19 or is it the Flu?



COVID-19 symptoms might be confused with the flu, common cold, or even allergies. But COVID-19 and flu can be serious and lead to hospitalization, severe illness, and even death. Thankfully, both are preventable through vaccination. Use this chart to help identify common symptoms of each illness.

- If you have symptoms of COVID-19, contact your health care provider. Visit www.doh.wa.gov/coronavirus for more information about testing, vaccination, and more.
- To learn more about flu, flu vaccine, and flu activity in Washington visit www.KnockOutFlu.org.

For medical emergencies, such as difficulty breathing, call 911.

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	Rarely	Sometimes
Fatigue	Sometimes	Often	Sometimes	Sometimes
Sore throat	Sometimes	Sometimes	Sometimes	Sometimes
New loss of taste or smell	Sometimes	Rarely	Rarely	Rarely
Diarrhea	Sometimes	Rarely	Never	Never
Chest pain or pressure	Rarely	Rarely	Sometimes	Never
Runny nose	Rarely	Sometimes	Often	Often
Sneezing	Rarely	Sometimes	Often	Often
Watery eyes	Never	Never	Never	Often



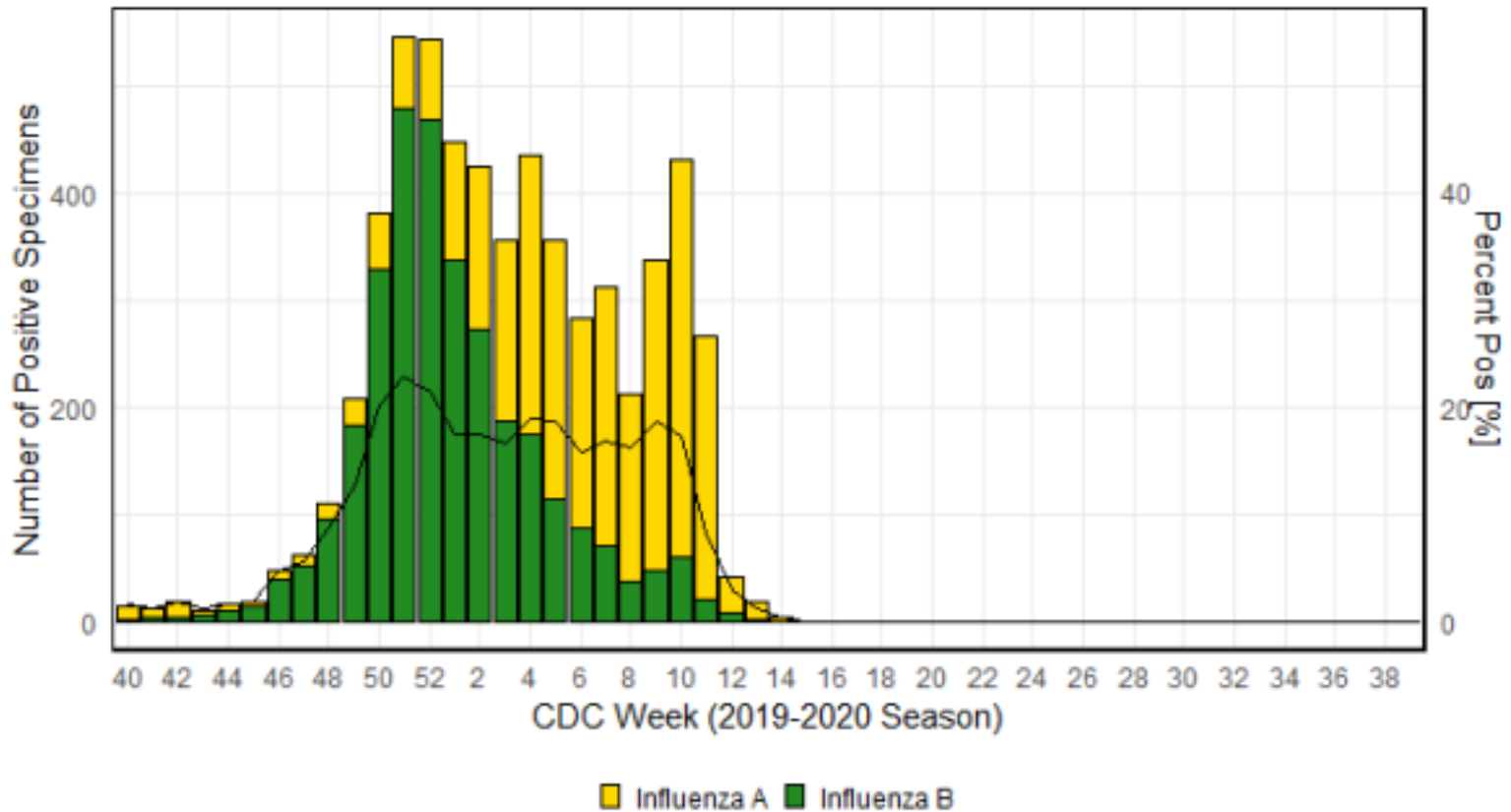
DOH 820-094 September 2021

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

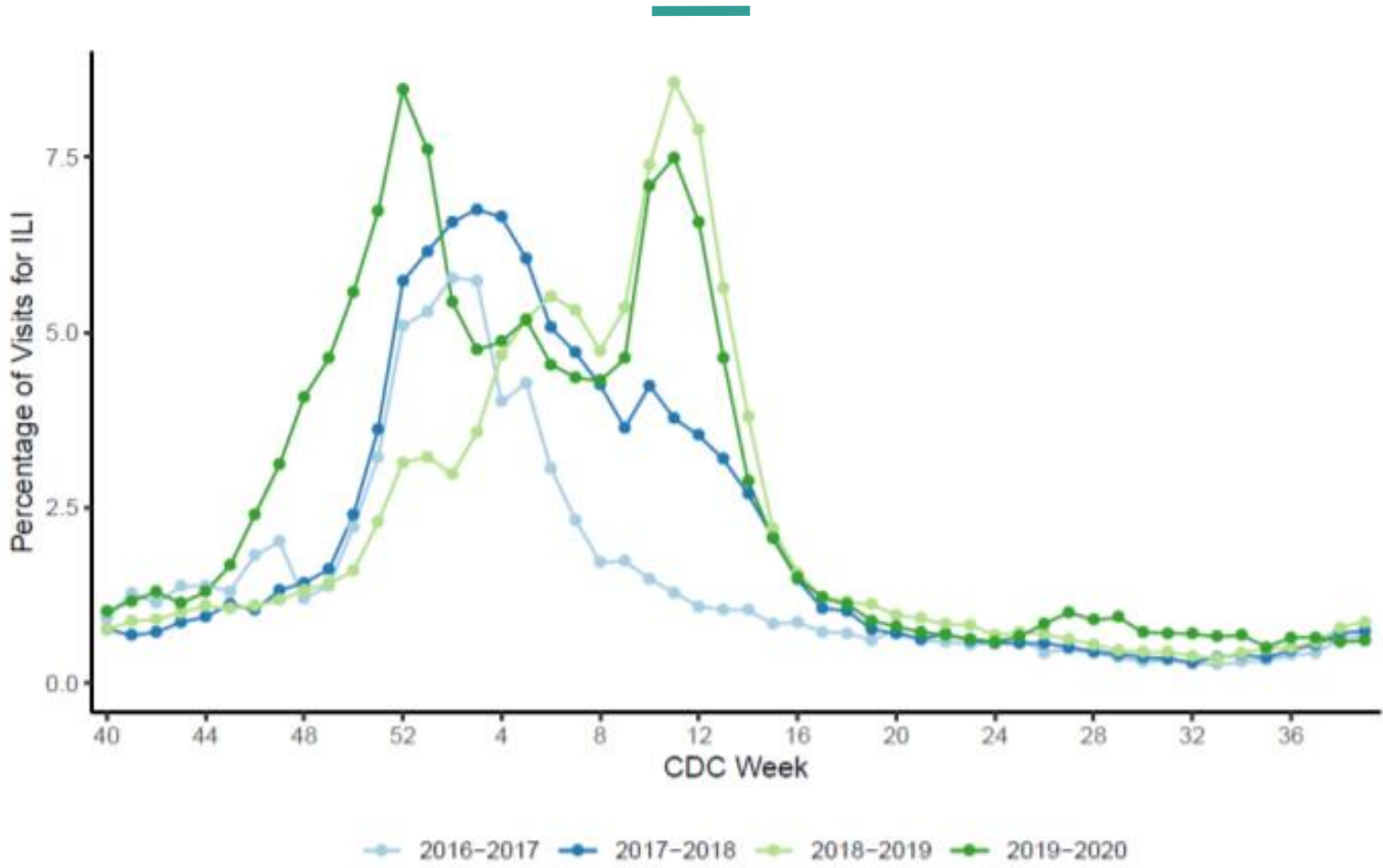


WASHINGTON STATE INFLUENZA SURVEILLANCE, 2019-2020 SEASON

Influenza Positive Tests Reported to CDC, WA Commercial Laboratories



Syndromic Surveillance for Influenza-like Illness, Washington State 2016-2020



Reported Lab-Confirmed Influenza Deaths Washington, 2019-2020

Age Group (in years)	Number of Deaths
0–17	6
18-29	5
30–49	8
50–64	30
65+	65
Total	114

2020-2021 Influenza Season

- **As of 10/18/2021**
 - 0 lab-confirmed Influenza deaths have been reported
 - 0 ILI Outbreaks have occurred in LTC
- **Many reasons for low levels of flu activity**
 - Flu vaccination efforts
 - COVID-19 mitigation measures
 - Masking
 - Staying home
 - Limiting gatherings

2021-2022 Influenza Season

- **Timing and Severity of Flu Season: Unknown**
 - Influenza activity levels and dominant strains cannot be predicted from year to year.
 - Reduced population immunity due to lack of flu virus activity since March 2020 could result in an early and possibly severe flu season. (CDC)
- **Best Preparation:**
 - Vaccination
- **[Frequently Asked Influenza \(Flu\) Questions: 2021-2022 Season \(CDC\):](#)**
 - All flu vaccines are quadrivalent
 - For more detail on vaccination, see ACIP recommendations
 - COVID-19 and Influenza Vaccines can be given at the same time

Flu Resources

- Washington State Flu Report:
 - www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf
- CDC Weekly Flu Report:
 - www.cdc.gov/flu/weekly
- DOH Resources for Public Health and Healthcare Providers:
 - <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immuni-zation/InfluenzaFluInformation>
- Communications Toolkit:
 - toolkits.knockoutflu.org



DSHS' ROLE AROUND INFLUENZA, MOVEMENT/ADMISSIONS/TRANSFERS



Department of Social and Health Services (DSHS)
Aging and Long Term Support Administration (ALSA)
Residential Care Services (RCS)

Flu Reporting Regulations

WAC 246-101-305 Duties of the Health Care Facility

(1) Health care facilities shall: (a) Notify the local health department of

(i-iv) Cases of notifiable conditions identified in Table HF-1 of WAC 246-101-301 that *occur, are suspected or are treated* in the health care facility as well as *outbreaks or suspected outbreaks* of disease that occur or are treated in the health care facility (influenza is named specifically)

How Does This Apply to Long-Term Care Settings?

WAC 246-101-010 (16) "Health care facility" means: (a) Any assisted living facility (ALF), nursing home (NH) or adult family home (AFH)

What About Other LTC Settings?

Group Homes and Group Training Homes must meet communicable disease reporting requirements if licensed as an AFH or ALF

Enhances Services Facilities (ESF) and Supported Living (SL) settings do not have a specific regulation to require communicable disease reporting

- Best practice and appreciated to follow reporting guidelines applicable to other LTC settings
- Reporting allows LHJs and the Department of Health to understand the full picture of communicable disease presence and spread
- The SL provider can be offered guidance on containing the illness and supporting clients during an illness episode

Report to Local Health Jurisdictions (LHJ)

- Long term care facilities are required to report all suspected and confirmed outbreaks to their local health jurisdiction (LHJ)
- Information on Local Health Jurisdictions:

<http://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>



The screenshot shows the Washington State Department of Health website. The header includes the logo and navigation links: Home, Newsroom, Publications, About Us. Below the header is a search bar and a menu with categories: You and Your Family, Community and Environment, Licenses, Permits and Certificates, Data and Statistical Reports, Emergencies, and For Public Health and Healthcare Providers. The main content area is titled "Washington State Local Health Departments and Districts" and includes a navigation menu on the left with items like "About Us", "Vision, Mission and Values", "Strategic Plan", "Organizational Chart", "Partners", "Contact Us", "Business Hours and Locations", "Employment", "Programs and Services", "Leadership", and "Frequently Asked Questions". The main text says "Click on a county in the map below for local health department/district information, or use the text menu below the map." Below this is a map of Washington state with county names labeled: San Juan, Whatcom, Skagit, Okanogan, Ferry, Grant, Pierce, Lewis, Mason, King, Chelan, Douglas, Lincoln, Spokane, Grant, Adams, Whitman, Pacific, Thurston, Pierce, Kittitas, Grant, Adams, Whitman, Walla Walla, Columbia, Garfield, Asotin, Clark, Skamania, Waiilatpu, Benton, Walla Walla, Columbia, Garfield, Asotin.

Report to Department of Social and Health Services (DSHS)

- **Call DSHS 1-800-562-6078**
- **Report outbreak → Triggers a complaint investigation**
 - A sudden increase in acute febrile respiratory illness* over the normal background rate (e.g., 2 or more cases of acute respiratory illness occurring within 72 hours of each other) OR
 - Any resident who tests positive for influenza
- **The DSHS/RCS Investigation Focus:**
 - Is the facility following their infection control policy and procedures?
 - Do infection prevention & control (IPC) practices meet minimum IPC standards to minimize the impact of the outbreak and the number of clients who become ill?

Department of Social and Health Services (DSHS) Role in Admissions, Transfers and Discharge

ADMISSION / READMISSION

- The facility must assess each resident to determine that health care needs can be met.
- A facility can admit/readmit a recently ill resident if able to meet all resident care and service needs and infection prevention and control standards can be followed.

TRANSFER / DISCHARGE

- RCS becomes involved if there is a complaint about transfer practices that violate regulation, or a facility refuses to readmit a resident who was sent to the hospital.
- Facilities may decline to admit/readmit a resident if care needs cannot be met and/or ICP standards followed.

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

Patty Montgomery MPH, RN, CIC, FAPIC

Shauna Clark, RN

Personal Health Services Supervisor – LTC COVID Response Lead
Communicable Disease Epidemiology & Immunization Section
Public Health- Seattle & King County



Before an Outbreak

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



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.

Standing order template

Clark County

Example Standing Order for Tamiflu

Insert Logo Here

STANDING ORDER

Title: Administration of Influenza Antiviral Post-Exposure Chemoprophylaxis (Tamiflu)	No.:
Manager:	Next Review Date:
Department/Unit:	Original Date:
Physicians Signature:	Revision Date:

STANDING ORDER:

[Specify Staff] may administer Tamiflu for Influenza antiviral post-exposure chemoprophylaxis to individuals at high risk¹ according to this standing order. Staff will follow the Center for Disease Control and Prevention (CDC) and product manufacture guidelines.

PROTOCOL:

Use of antiviral drugs for post-exposure chemoprophylaxis of influenza is a key component of influenza outbreak control in institutions that house patients at higher risk for influenza complications and is indicated for contacts in long term care facilities, semi-closed settings, or other settings in which persons live in close proximity where persons at higher risk for Influenza complications are housed.



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

The screenshot shows a web-based survey form with the following sections:

- Facility type**: A dropdown menu with the selected option "Long term care/senior living facility (e.g. sk)". A red asterisk indicates it is a required field.
- What is the name(s) of the person(s) responsible for infection prevention measures in the facility?**: An empty text input field.
- What illness are you reporting?**: Three buttons with plus signs: "COVID", "Influenza", and "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.**: A large empty text area. A red asterisk indicates it is a required field.

An "Expand" link is visible at the bottom right of the form.

<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

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- 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 332 C
Last revised 5/2019

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
Alternate formats available upon request

When is an outbreak over?

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



What if a COVID-19 and Influenza outbreak is identified?

- ▶ Cohort by infection
- ▶ Consider chemoprophylaxis for all exposed residents.
- ▶ Follow highest level of infection prevention precautions when both viruses are circulating.

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

- ▶ PHSKC Flu resources for LTCF
<https://www.kingcounty.gov/depts/health/communicable-diseases/immunization/flu-season/for-long-term-care-facilities.aspx>
- ▶ PHSKC Weekly Flu Surveillance Reports
<https://www.kingcounty.gov/depts/health/communicable-diseases/disease-control/influenza.aspx>
- ▶ Clark County Public Health
<https://clark.wa.gov/sites/default/files/dept/files/public-health/CD/LTCF/TamifluChemoprophylaxisStandingOrder.docx>

Questions?

Shauna Clark

Personal Health Services Supervisor – LTC
COVID-19 Response Lead

Communicable Disease/ Epidemiology and
immunization section

Public Health-Seattle & King County

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Patty Montgomery

Communicable Disease/ Epidemiology and
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