

Ask an IP

Learning and Communication Series

Influenza in Skilled Nursing Facilities (SNFs)



Acute Communicable Disease Control Program
Los Angeles County Department of Public Health



Disclosures

There is no commercial support for today's call

Neither the speakers nor planners for today's call have disclosed any financial interests related to the content of the meeting

This call is meant for healthcare facilities and is off the record and reporters should log off now

Housekeeping

- **Microphones** are disabled. For questions, please use the chat.
- **Cameras:** please keep them turned off during the presentation.
- **Recording:** the presentation is being recorded and will be posted on the Ask an IP Website within 1 week following the session.
- We will not review COVID-19 guidelines (including CDPH AFLs) during these sessions. To review the LAC DPH SNF COVID-19 Guidance (last updated on 05/31/2023), please visit the link below.
 - <http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities>



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Ask an IP Website: <http://publichealth.lacounty.gov/acd/AskAnIPProgram/index.htm>



Objectives

- Provide a comprehensive overview of influenza, covering its symptoms, transmission, prevention, and impact on public health
- Review key strategies for managing an influenza outbreak, including preventative measures, containment, and response protocols
- Foster discussion among LA County Skilled Nursing Facilities about infection control practices.

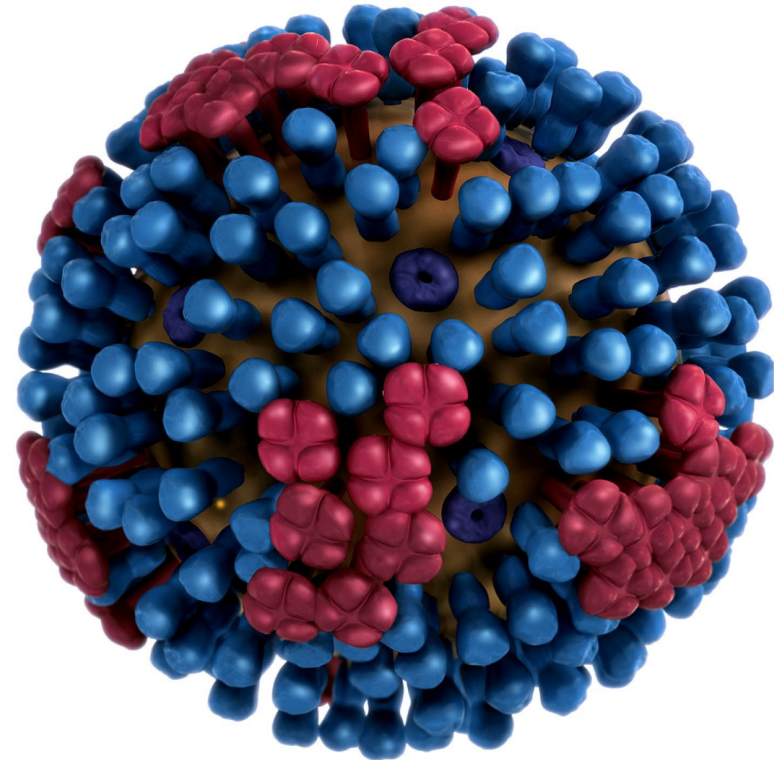


Influenza: Background and Basics



What is Influenza?

- Infectious respiratory virus (commonly either a Type A or Type B influenza virus in humans)
- Highly contagious
- Typically peaks during the winter months, but can circulate year round





Types of Influenza

- A, B, C, D
- A & B: typically circulate during our “flu season”
- C: mild illness and not likely to cause epidemic in humans
- D: primarily affect cattle

Influenza A

- Includes subtypes:
 - H1N1: Spanish flu (1918) and Swine Flu (2009)
 - H2N2
 - H3N2
 - H5N1



Influenza B

- Humans are the natural host for Influenza B
- Two primary lineages
 - Yamagata
 - Victoria



Audience Question

What are the symptoms of
Influenza?

What are the symptoms of Influenza?

Symptoms of illness can include:

- Fever
- Cough
- Sore throat
- Shortness of breath
- Runny or stuffy nose
- Muscle and body aches
- Headaches

Complications can lead to:

- Pneumonia
- Worsening chronic health conditions
- Dehydration
- Death



Audience Question

How does influenza spread?



How Does Influenza Spread?

- Respiratory Droplets
- Person-to-Person
- Exposure to environment of someone who is infected

Incubation & Infectious Period

- Incubation Period: 1-4 days
- Infectious Period: 1 day prior to symptom onset to 4 days after symptom onset
- Infectious period is increased when symptomatic

Are Skilled Nursing Facility (SNF) residents at risk?

- YES!
- Residents are vulnerable due to:
 - Compromised immune system
 - Pre-existing health conditions/ comorbidities
 - Age
 - Close proximity to each other
 - Less likely to control or mitigate secretions (i.e. cover mouth when coughing)



Audience Question

What are some possible complications from Influenza for SNF residents?



Complications from Influenza for SNF residents

- Hospitalizations
- Death

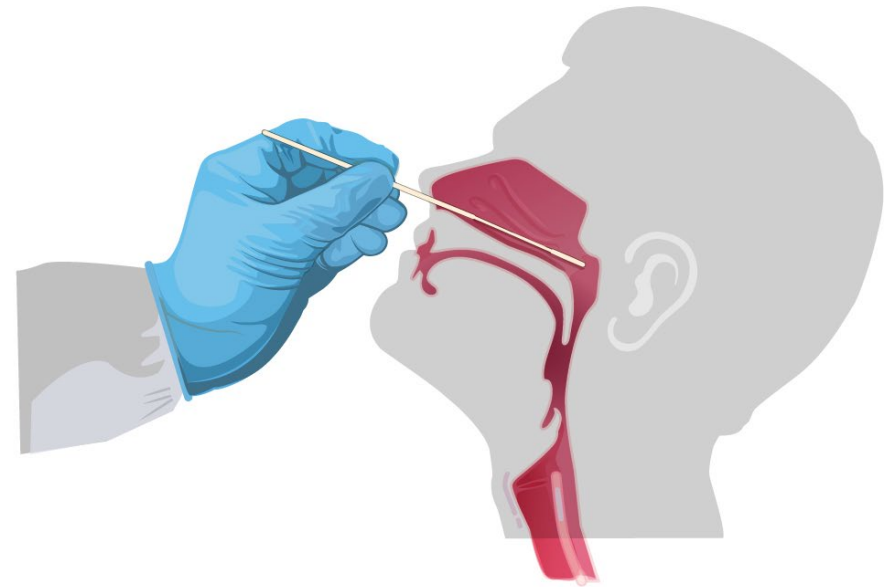


Influenza: Diagnosis + Testing



Diagnosis

- Do not rely on symptoms alone
- Laboratory testing is needed
- Nasopharyngeal (NP) swab is most common for sample collection



2 Categories of Diagnostic Tests

- Molecular Assays
 - Includes rapid molecular assays and reverse transcription polymerase chain reaction (RT-PCR)
- Antigen Detection Tests
 - Includes rapid influenza diagnostic tests (RIDTS) and immunofluorescence assays

Cons of Antigen Detection Tests

- Low to moderate sensitivity for detecting influenza
- False positives when prevalence of circulating influenza viruses is low
- False negatives when the prevalence is high



CDC Recommendation for Influenza Testing

- Rapid RT-PCR or other molecular assays
- Rapid antigen detection assay. Confirm negative test results in symptomatic persons with RT-PCR/molecular assays



COVID vs. Flu



Clinical presentation & transmission

Flu

- Fever, cough, shortness of breath
- Incubation period: 1-4 days
- Infectious Period: 1 day prior to symptom onset to 4 days after symptom onset
- Mainly symptomatic transmission → *do not test asymptomatic individuals*
- Droplet transmission

COVID-19

- Fever, cough, shortness of breath + change/loss of taste or smell is more frequent.
- Incubation period can be longer: 2-5 days and up to 14 days
- Infectious period: 1 day prior to symptom onset to 10 days after symptom onset
- Pre-symptomatic, asymptomatic, and symptomatic transmission
- Droplet and small particle (airborne) transmission

Recommended PPE

Flu

- Surgical mask; gown and gloves if high contact activity
- N95 respirator if aerosol generating procedure

COVID-19

- N95 respirator, eye protection, gown, gloves

STOP
ALTO

Droplet Precautions
Medidas de Precaución de por Gotitas

See nurse before entering the room
Vea a la enfermera(o) antes de entrar al cuarto

Clean hands on room entry Limpíese las manos antes de entrar al cuarto	Wear a medical-grade mask upon entry Use una mascarilla de grado médico al entrar	Door may remain open La puerta puede permanecer abierta	Clean hands when exiting Limpíese las manos al salir

STOP
ALTO

Novel Respiratory Precautions
Medidas de Precaución por Nuevas Infecciones Respiratorias

See nurse before entering the room
Vea a la enfermera(o) antes de entrar al cuarto

Clean hands on room entry Limpíese las manos antes de entrar al cuarto	Wear a gown on room entry Use una bata al entrar al cuarto	Wear a N-95 and face shield or goggles Use una N-95 y una careta o gafas	Wear gloves on room entry Use guantes al entrar al cuarto	Clean hands when exiting Limpíese las manos al salir

At discharge, keep door closed for ___ HOUR(s) prior to admitting next resident
Al dar de alta al paciente, mantenga la puerta cerrada durante ___ HORA(s) antes de admitir al siguiente residente

Mitigation Strategies

Flu

- Manage in place
- Post-exposure prophylaxis: antivirals
- Surveillance: 7 days post last case

COVID-19

- *Manage in place*
- No post-exposure prophylaxis for close contacts
- Surveillance: 14 days post last case

Avoid movement of suspected or confirmed residents that could lead to new exposures.



Influenza: IPC Measures in SNFs



Influenza Vaccination

- Facilities should establish policies and procedures to ensure that staff have received the influenza vaccine as outlined by the [Health Officer Order](#) – updated on our website annually.
- Vaccination is recommended to be offered by the end of October. Ensuring high facility-wide influenza vaccine coverage among residents and staff can substantially reduce the risk for experiencing an influenza outbreak.
- CDC recommends flu vaccination as long as flu viruses are circulating.



How often should I receive the influenza vaccine?

- Annually, during flu season defined as November 1-April 30th.
- The flu virus mutates and replicates quickly, so our defense against it constantly needs to change too.
- Vaccines are therefore unable to provide lifelong immunity, so they must be taken every year.

Am I eligible for the Influenza vaccine?

- 6 months of age and older
- Age, health status, and allergies are all things to consider when determining eligibility.





Why immunization against influenza is more important than ever:

1. When someone obtains an influenza immunization, they are protecting themselves, family, friends, co-workers, and their general community.
2. Any protection against influenza helps. The benefit can range from a person having less severe illness to no disease at all. Each person responds differently to the immunization, but some protection is better than none.
3. Influenza is a potentially lethal disease with significant medical complications, social disruption, and economic hardship for an infected person, their family, and their environment.

LA County Immunization Standards for LTCFs

- One pager to help SNFs to implement strategies to increase resident vaccine rates.
- Los Angeles County Immunization Standards for Long-Term Care Facilities one pager



Los Angeles County

Immunization Standards for Long-term Care Facilities

Protect your residents and get them vaccinated today!

Vaccines provide protection from severe illness due to many diseases and are a vital component of routine healthcare. In Los Angeles County, three out of four adults are missing at least one or more vaccines recommended by the Centers for Disease Control and Prevention (CDC), leaving them at risk for serious diseases. Since adults living in long-term care facilities, such as skilled nursing facilities, may be even more vulnerable to severe disease from these infections, vaccinating them is especially crucial to their safety and wellness. Utilizing [California Immunization Registry \(CAIR2\)](#) can help your facility implement strategies to increase adult vaccine rates.

ASSESS each resident's immunization status upon admission

- Stay informed and get the latest evidence-based vaccine recommendations for adults from the CDC [here](#).
- Review the immunization status for each resident upon admission to determine which vaccines are due or overdue.
- Make sure your residents are up to date for all age-appropriate or medically indicated vaccines by conducting routine assessments (at least once a year).
- Use your facility's electronic medical record system or [CAIR2 to track and run reports](#) on your residents' vaccinations.

Make a **STRONG** recommendation for vaccines

- Share tailored and empowering messages of why vaccination is important for the safety and wellness of the residents.
- Include not only the residents but also their families and medical decision makers in these communications.
- Involve the medical director, treating medical providers, and the interdisciplinary teams (IDT) in strongly recommending vaccines. A trusted healthcare provider's recommendation is associated with patients staying up to date with their immunizations.
- Highlight the safety and effectiveness of vaccines in preventing severe illness.
 - [Flyer: Vaccine Information for Adults](#)
 - [Flyer: Three Important Reasons for Adults to Get Vaccinated](#)

Infection Control for Influenza Differs from COVID-19

- Interventions for influenza mitigation are not the same as those for COVID-19.
- Morbidity is lower for influenza.
- Influenza is less transmissible.
- There is already an annual (seasonal) influenza vaccine.
- There is effective antiviral post-exposure prophylaxis for influenza.

Droplet Isolation Precautions + Standard

- PPE
 - Surgical mask, required
 - Gowns, gloves, eye protection, as needed/ for high-risk activities
 - N95 for aerosol generating procedures

STOP
ALTO

Droplet Precautions
Medidas de Precaución de por Gotitas

See nurse before entering the room
Vea a la enfermera(o) antes de entrar al cuarto

			
Clean hands on room entry Límpiese las manos antes de entrar al cuarto	Wear a medical-grade mask upon entry Use una mascarilla de grado médico al entrar	Door may remain open La puerta puede permanecer abierta	Clean hands when exiting Límpiese las manos al salir

Private Rooms & Cohorting

- Consider isolating residents with confirmed influenza in a private room
- If a private room is unavailable:
 - Isolate suspected and confirmed cases and exposed roommates in current rooms
 - Spatial separation at least 6 feet
 - Privacy curtain between residents
 - Change gloves and perform hand hygiene between residents

Patient Movement & Transport

- Avoid movement of residents with suspected or confirmed influenza between COVID-19 cohorts, to other rooms, or to other areas of the facility that could lead to new exposures.
- If patient transport is needed, place a surgical mask on resident when outside of the room.

Respiratory Hygiene/ Cough Etiquette

- Educate visitors
- Avoid crowds
- Source control
- Cover coughs and sneezes



COVER YOUR COUGH

Stop the spread of germs and keep others from getting sick.



Cover your mouth and nose with a tissue when you cough or sneeze. Throw the tissue in the trash.



If you don't have a tissue, **cough or sneeze into your upper sleeve or elbow.** Don't sneeze into your hands.



You may be asked to **wear a facemask** to protect others.



Wash hands often with soap and warm water for 20 seconds. If soap and water aren't available, use alcohol-based hand sanitizer.



Environmental Cleaning and Disinfection



Transmission from Contaminated Surfaces

- Surface contaminated with infectious droplets
- Organism survives on surface (environmental reservoir)
- A person comes into contact with contaminated surface via touch to a portal of entry
- Omission or poorly performed hand hygiene



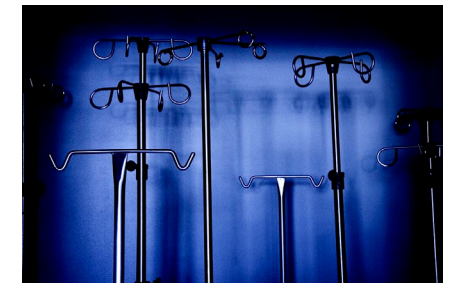
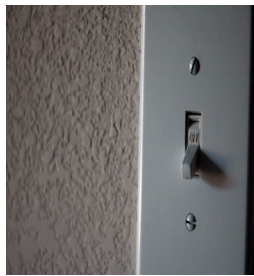
Why is cleaning and disinfection important?

- Decreases risk of transmission from a surface (environmental reservoir) to a person
- Influenza can thrive on environmental surfaces for upwards of 20 hours
- In periods of ongoing infectious disease transmission or outbreak, we want to increase the frequency of cleaning and disinfection



How do we minimize the virus in our environment?

- Increase cleaning and disinfection of all rooms
- Clean and disinfect high-touch surfaces frequently
- Ensure cleaning and disinfection of rooms after discharge of infectious residents
- Clean and disinfect all portable/shared equipment, after each use
- Review label to ensure that disinfectant kills Influenza
- Follow contact time on disinfectant label





Influenza: Outbreak Management and Control



LAC DPH ACDC Skilled Nursing Facility Guidelines for Influenza Prevention and Control

- These guidelines provide general information about influenza, a prevention toolkit for SNFs, an outbreak management checklist, line lists for residents and staff, a notification alert template, and health educational materials. Materials are also available on the Acute Communicable Disease Control (ACDC) web site

<http://publichealth.lacounty.gov/acd/Flu.htm> and at ACDC Skilled Nursing Facilities website under the 'Useful Links and Resources'

<http://www.ph.lacounty.gov/acd/docs/Flu/FluSNFOBGuidelines/InfluenzaGuidelines07092015.pdf>.



3 Keys to Early Detection and Containment of Influenza Outbreak in SNFs

- Early identification of infected residents and staff.
- Early initiation of antiviral therapy for infected residents and preventive therapy for exposed residents.
- Optimal isolation of residents with suspected/confirmed influenza.

Early Identification of Influenza

- Daily symptom screening of staff and residents.
- Test anyone with symptoms for COVID-19 and for influenza.
- If influenza is identified in two or more residents who are not roommates while there is an ongoing COVID-19 outbreak:
 - consider collecting specimens for influenza testing during ongoing testing for COVID-19.

Early Initiation of Antiviral Therapy

- Immediately start antiviral therapy for residents with suspected or confirmed influenza.
- Influenza should be strongly suspected in a resident with acute respiratory symptoms if:
 1. There are other persons with confirmed influenza at the facility, or
 2. LA County influenza surveillance data indicate that >5% of respiratory specimens tested Countywide are positive for influenza.
- Oseltamivir (Tamiflu[®]) is the most commonly used antiviral medication.



Recommendations for Preventive Antiviral Therapy

- All of the roommates of a resident with confirmed influenza infection.
- All residents in the outbreak-affected unit/wing if influenza is confirmed in a second resident who has not been a roommate of the first case.
- All residents in the facility if there are cases in multiple units/wings.
- Should be offered to all residents.
- Consider for staff if:
 - they are unvaccinated,
 - they received an inactivated influenza vaccine within 14 days prior, or
 - if evidence indicates that circulating influenza viruses are not well-matched to the seasonal influenza vaccine.

Skilled Nursing Facility Guidelines for Influenza Prevention and Control in the Context of COVID-19

<http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/influenza/>

Background of this guidance

- Both influenza and SARS-CoV-2 are associated with high morbidity and are of concern in skilled nursing facilities (SNFs) during the fall and winter seasons.
- Optimal management of potential viral respiratory illnesses in SNFs will depend on many factors, such as detection of single or concurrent viruses and a Facility's ability to separate persons with confirmed/suspected infection(s).

Influenza Outbreak Definition

- ILI (Influenza-like illness) case definition = Fever ($\geq 100^{\circ}\text{F}$ or 37.8°C) plus cough and/or sore throat.
- Outbreak definition:
 - At least one case of laboratory-confirmed influenza AND
 - In the setting of a cluster (≥ 2 cases) of ILI AND
 - Occurring within a 72-hour period.
- Single cases of influenza are not reportable, but outbreaks are reportable. When in doubt, contact Public Health (LACSNF@ph.lacounty.gov).



Audience Question: Is this an Influenza OB?

- 12/2/2022: Patient A , has 101 fever, no cough or sore throat
- 12/3/2022: Patient B has 101 fever, with cough and sore throat
- 12/3/2022: Patient C, has 102 fever, with cough and sore throat
- 12/16/2022: Patient D, no fever, with cough and sore throat

Audience Question: Is this an Influenza OB?

- 12/2/2022: Patient A , has 101 fever, no cough or sore throat, **no lab confirmed infection**
- 12/3/2022: Patient B has 101 fever, with cough and sore throat, **lab confirmed Influenza A**
- 12/3/2022: Patient C, has 102 fever, with cough and sore throat, **lab confirmed Influenza A**
- 12/16/2022: Patient D, no fever, with cough and sore throat, **lab confirmed COVID-19**



Audience Question: Is this an Influenza OB?

YES!



Outbreak Investigation Steps

- Confirm that outbreak definition is met:
 - Obtain RT-PCR confirmation of etiology if not already done.
 - Contact Public Health: LACSNF@ph.lacounty.gov
- Create a line list: Residents & Staff ([PDF](#)/[Excel](#)) template from LAC DPH
- Maintain surveillance (daily symptom screening + testing of symptomatic persons) for at least 1 week after last case



How to Report Suspected/Confirmed Outbreak

- To report a case or outbreak of any disease, contact the Communicable Disease Reporting System:
 - Tel: (888) 397-3993 or (213) 240-7821
 - Fax: (888) 397-3778 or (213) 482-5508
 - Email: ACDC-MorbidityUnit@ph.lacounty.gov

Infection Control Summary

1. Vaccinate staff and residents. It is not too late.
2. Implement droplet + standard precautions for any residents who are suspected or confirmed cases for 7 days after illness onset OR until 24 hrs after the resolution of fever without fever reducing meds + symptom improvement, **whichever is longer**.
3. Place cases in a single occupancy rooms, if available.
4. If single occupancy rooms are unavailable:
 - Cohort with other lab confirmed cases .
 - Maintain distance of 6 feet between beds + have privacy curtains.
 - Change gloves and perform hand hygiene between contacts with each resident.
5. Antiviral therapy for cases: start within 48 hours of symptom onset.
6. Antiviral prophylaxis for non-ill staff and exposed residents (prioritize roommates when in short supply)



Influenza Watch

To receive this report, email "Subscribe" to fluwatch@listserv.ph.lacounty.gov.

INFLUENZA WATCH

Summary of Los Angeles County Department of Public Health (LAC DPH)
Influenza and Other Respiratory Disease Surveillance

Updated: 1-27-2023
MMWR Week: 3
Ending on: 1-21-2023

To subscribe to LAC DPH Viral Respiratory Illness Surveillance
Updates email "Subscribe" to influenza@ph.lacounty.gov

Influenza Surveillance at-a-Glance

Virology	Illness	Severe Disease
<p>1.6% of specimens tested at LAC sentinel labs were positive for influenza in week 3. This is less than in week 2.</p> <p>This season, more Influenza A has been detected than Influenza B.</p>	<p>Visits for influenza-like illness accounted for 3.8% of emergency department visits in week 3, which is less than in week 2.</p>	<p>Pneumonia, Influenza, and COVID-19 accounted for 14% of all deaths registered in LAC during week 2, which is less than in week 1.</p> <p>66 confirmed influenza-associated death have been reported since the start of the respiratory surveillance season (10/2/22).</p>

* See indicator specific sections for associated methods.

Additional Resources

- **LACDPH:** <http://publichealth.lacounty.gov/acd/flu.htm>
- **LACDPH Influenza Outbreak Toolkit:**
<http://www.ph.lacounty.gov/acd/docs/Flu/FluSNFOBGuidelines/InfluenzaGuidelines07092015.pdf>
- **LACDPH Skilled Nursing Facility Guidelines for Influenza Prevention and Control in the Context of COVID:**
<http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/influenza/>



Additional Resources

- **LACDPH Line List PDF for SNF Influenza OB:**
<http://www.publichealth.lacounty.gov/acd/Diseases/EpiForms/OBInfluRespListHealth.pdf>
- **CDPH:**
<https://www.cdph.ca.gov/Programs/CID/DCDC/pages/immunization/influenza.aspx>
- **CDC:** <https://www.cdc.gov/flu/about/index.html>

LAC DPH Project Firstline Training



Join us for **FREE** Infection Prevention and Control Training



Los Angeles County Department of Public Health has partnered with the CDC to provide free Project Firstline training to all facility staff and frontline healthcare workers so that—regardless of a healthcare worker’s previous training or educational background — they can understand and confidently apply the infection control principles and protocols necessary to protect themselves, their residents, their facility, their family, and their community from infectious disease threats.



www.ProjectFirstlineLACounty.com

For more information, please visit our website:
www.ProjectFirstlineLACounty.com

To register for Project Firstline training, use your smartphone’s camera or QR scan app and scan this QR on the right:



CONTINUING EDUCATION UNITS (CEUs) from Project Firstline Training

We are thrilled to announce we are offering CEUs for Licensed Vocational Nurses (LVN)/Licensed Practical Nurses (LPN) and Registered Nurses (RNs) in our Project Firstline training program.

In order to be eligible to receive CEUs for our trainings, you will need to:

1. Attend at least 50 minutes of our 60 minute trainings
2. Pass the knowledge quiz with at least a 75%
3. Complete the course evaluation

Once those steps are completed for each training you attend, a CEU certificate will be issued by the LA County Department of Public Health Nursing Administration.

For the Certified Nurse Assistants (CNAs), you are more than welcome to take our trainings, but issuance of CEUs will be at the discretion of your licensing board.



Questions?

Disclaimer: Recording has now stopped. The Q&A will not be recorded.





Questions

LACSNF@ph.lacounty.gov



Our next Ask an IP Session will be on
Wednesday September 13, 2023





THANK YOU!

