Influenza and Other Respiratory Virus Diseases Outbreak Toolkit for Skilled Nursing Facilities

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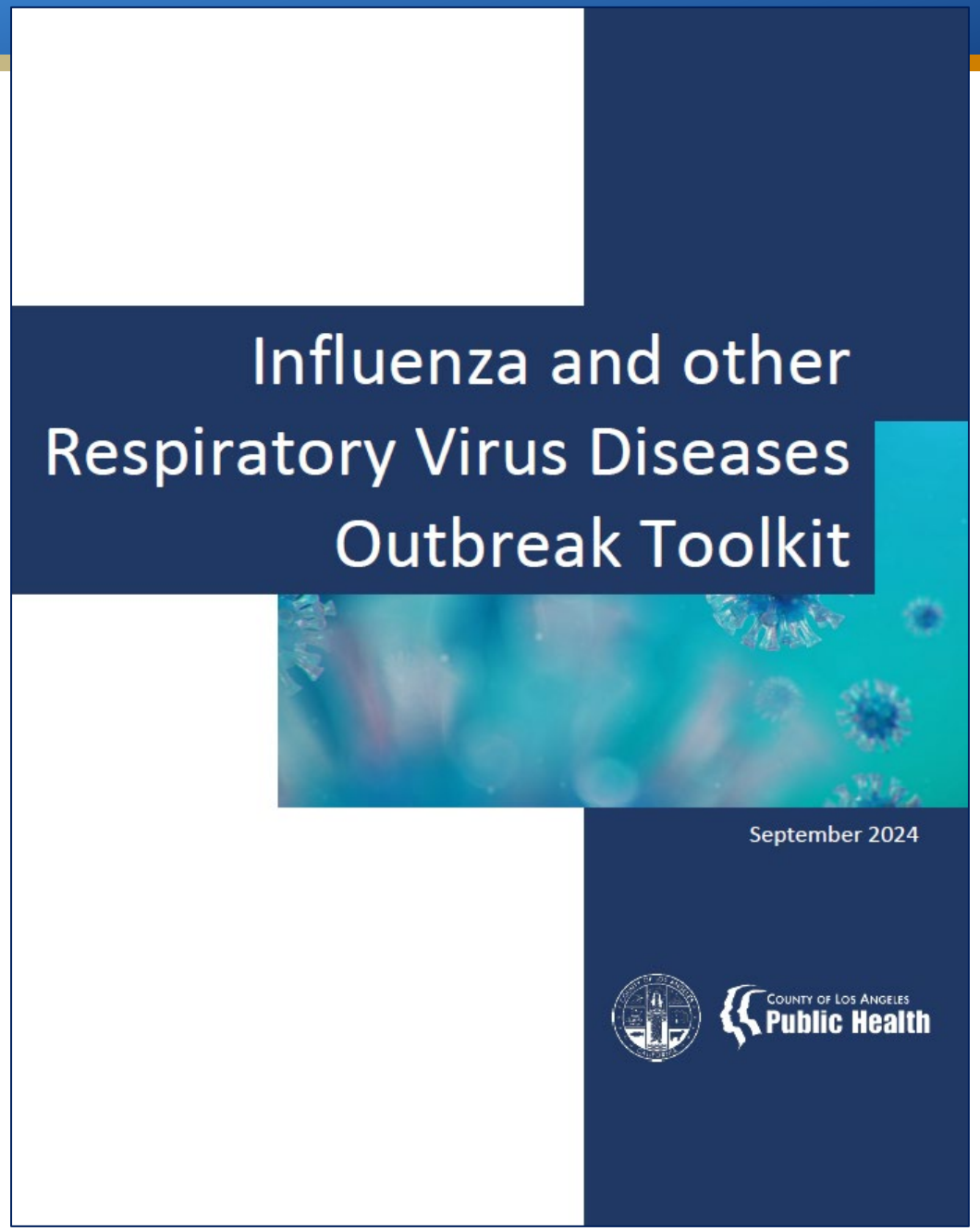

The direct link to the toolkit:

http://publichealth.lacounty.gov/acd/docs/SNFRespVirusDisToolkit.pdf

1. **Influenza webpage:** http://publichealth.lacounty.gov/acd/diseases/flu.htm under the 'LAC DPH Resources' section

2. **Skilled Nursing Facility (SNF) webpage:** http://publichealth.lacounty.gov/acd/SNF/index.htm under '9. Resources for 'Common Outbreaks in Long-Term Care' section

- **Introduction:**
  - Streamlined guidance and strategies that can be broadly applied for the prevention and control of COVID-19, influenza, RSV, and other common respiratory viruses in Los Angeles County SNFs
  - Adapted from the CDC, CDPH, and LAC DPH guidance
- **About the toolkit:**
  - Assist SNF infection control staff and administrators in developing a robust respiratory viral infection prevention and control program tailored to their facility's needs, utilizing available resources efficiently
  - Includes an outbreak management checklist, line lists for residents and staff, a notification alert template, and health educational materials
- **Key Messages:**
  - How to keep residents/staff up to date on recommended vaccinations, implement source control/masking, initiate prompt testing, and treatment

Contents

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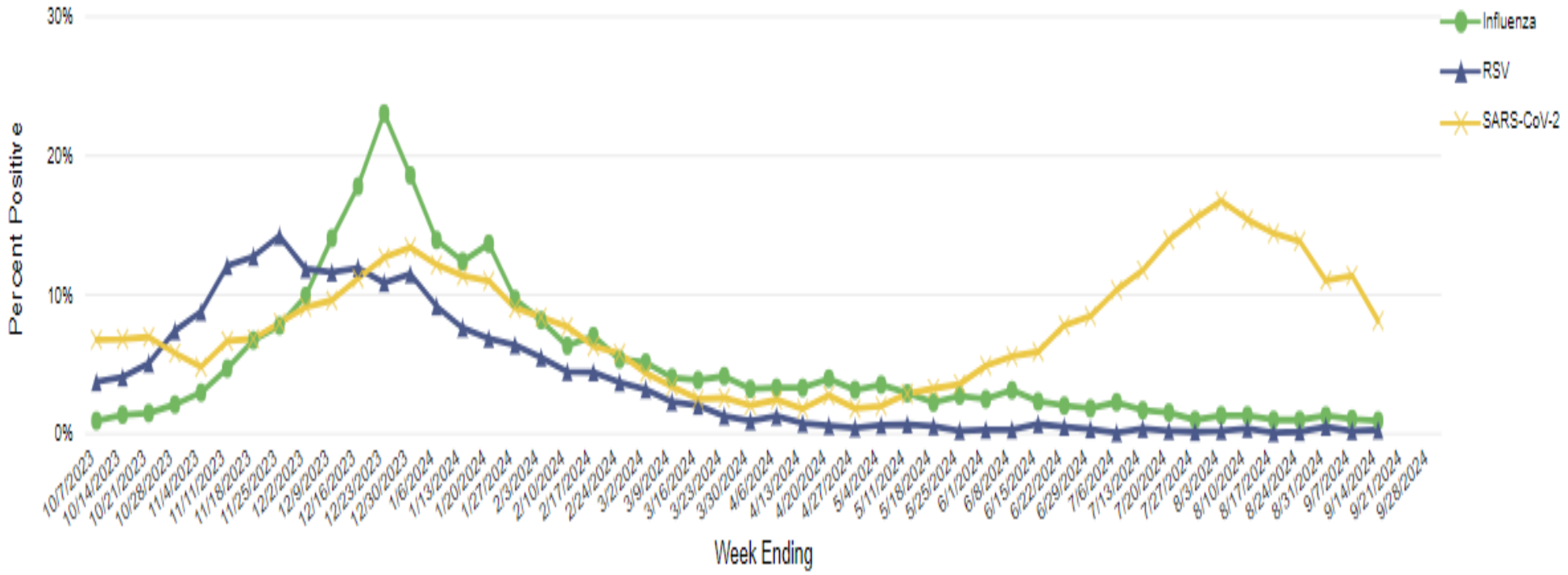
I. Guidance

- Develop and implement a **respiratory virus prevention and control plan** year-round
- The SNF infection preventionist (IP) leads and monitors implementation with the assistance and support of facility leadership
- **Maintain awareness of respiratory virus circulation throughout the year** in the local community to guide prevention efforts
- Prepare to care for residents with infections, develop a respiratory virus policy, and manage outbreaks
- **References:**
  - "RespWatch" Los Angeles County Weekly Report for Influenza, RSV, and Other Respiratory Viruses. Visit RespWatch to subscribe.
  - CDC updates national influenza surveillance data in their Weekly U.S. Influenza Surveillance Report.
  - CDC Respiratory Virus Activity website.

To receive this report, go to the ‘Sign up’ section.

Percentage of Respiratory Specimens Testing Positive by Viral Etiology, Los Angeles County Sentinel Surveillance Laboratories, 2023-24 Influenza Season



II. Elements of a SNF respiratory virus prevention and control plan

A. Vaccination

Prevent Morbidity and Mortality from Respiratory Illness in SNFs—VACCINATE!

- **Vaccines are the most effective tools for preventing infection, hospitalization, serious complications, and deaths from respiratory infections**

- Available vaccines for prevention of respiratory illness in adults are:
  - Influenza
  - COVID-19
  - RSV
  - Pneumococcal

- **RESOURCE:** 2024-2025 Influenza, RSV, & COVID-19 Vaccine Update (9-23-24) on the SNF webiste under 'News & Updates'

Vaccination

- CMS requires SNFs to:
  - **Educate and offer** COVID-19, influenza, and pneumococcal vaccines to residents
  - Educate and offer COVID-19 vaccines to HCP
- During outbreaks, continue to offer vaccines that protect against respiratory diseases to residents and HCP per CDC recommendations.

https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.80#p-483.80(d)(3)

ACIP Recommendations for 2024 – 2025 Flu Season

- Everyone 6 months and older should receive a flu vaccination
  - High – dose flu vaccine recommendations: 65+
  - Transplant recipients aged 18 through 64 years who are receiving immunosuppressive medication **(New)**

- All flu vaccines for the 2024 -2025 season are trivalent **(New)**
  - Administer flu vaccine by the end of October, especially to persons at high risk for severe disease (65+)
  - Pregnant persons
  - Children <5 year of age
  - Persons who are immunocompromised or have a chronic disease

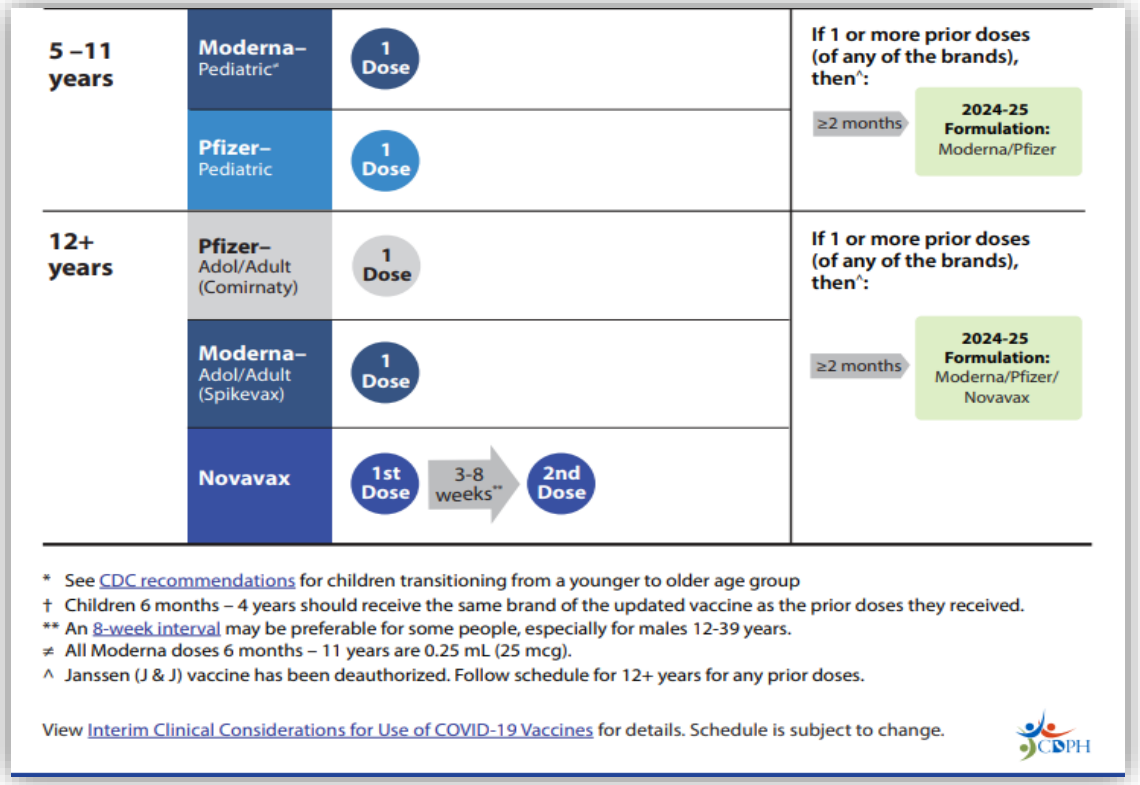
COVID Vaccine Recommendations

- Everyone 6 months and older get an updated COVID-19 vaccine
    - Pfizer
    - Moderna
- Novavax (12+)
- Persons with immunocompromising conditions may need additional doses
- Priority populations
    - Persons 65+
    - Increased risk for disease
    - Unvaccinated
- Administer updated dose at least 2 months from the last dose

Updated! 2024 – 2025 mRNA COVID-19 Vaccine Recommendations: Routine Schedule

Everyone ≥5 years old should receive 1 updated dose, at least 2 months after their last dose.

Additional dose: An additional dose of 2024-25 COVID-19 vaccine for people ages ≥65 years old who are not moderately or severely immunocompromised is NOT currently recommended.



5 –11 years	Moderna– Pediatric*	1 Dose	If 1 or more prior doses (of any of the brands), then^: ≥2 months → 2024-25 Formulation: Moderna/Pfizer
	Pfizer– Pediatric	1 Dose	
12+ years	Pfizer– Adol/Adult (Comirnaty)	1 Dose	If 1 or more prior doses (of any of the brands), then^: ≥2 months → 2024-25 Formulation: Moderna/Pfizer/ Novavax
	Moderna– Adol/Adult (Spikevax)	1 Dose	
	Novavax	1st Dose → 3-8 weeks** → 2nd Dose	

* See CDC recommendations for children transitioning from a younger to older age group
† Children 6 months – 4 years should receive the same brand of the updated vaccine as the prior doses they received.
** An 8-week interval may be preferable for some people, especially for males 12-39 years.
≠ All Moderna doses 6 months – 11 years are 0.25 mL (25 mcg).
^ Janssen (J & J) vaccine has been deauthorized. Follow schedule for 12+ years for any prior doses.

View Interim Clinical Considerations for Use of COVID-19 Vaccines for details. Schedule is subject to change.

CDPH

COVID-19 Vaccine Timing Guide:
English, **Spanish**

Interim Clinical Considerations for Use of COVID-19 Vaccines (CDC)
Staying Up to Date with COVID-19 Vaccines

Updated 2024 - 2025 mRNA COVID-19 Vaccine Recommendations: Immunocompromised

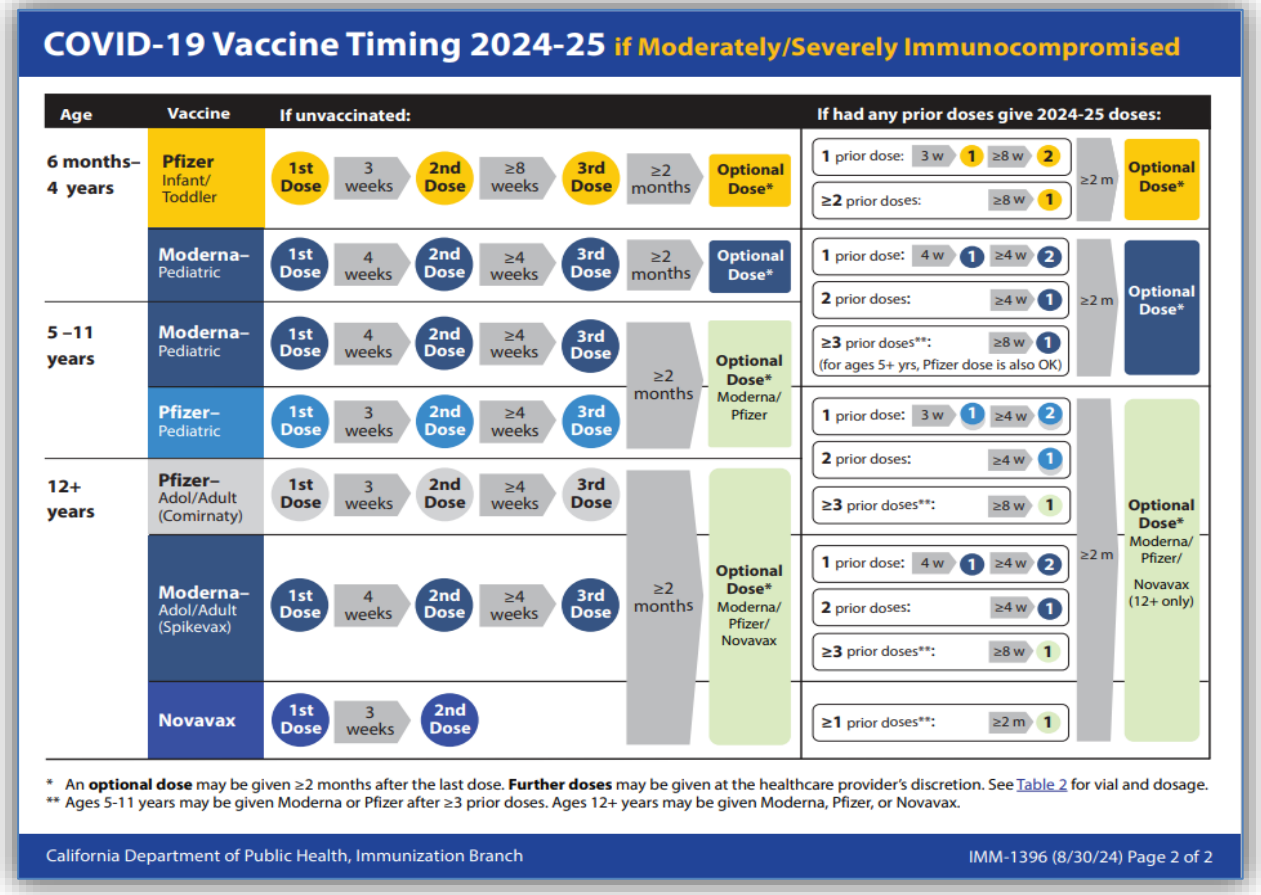
Age ≥6 months who are moderately or severely immunocompromised*:

Initial series: 3 doses

If had prior doses:

1-2 updated doses as needed

May receive additional optional doses.



COVID-19 Vaccine Timing 2024-25 if Moderately/Severely Immunocompromised

Age	Vaccine	If unvaccinated:	If had any prior doses give 2024-25 doses:
6 months–4 years	Pfizer Infant/Toddler	1st Dose → 3 weeks → 2nd Dose → ≥8 weeks → 3rd Dose → ≥2 months → Optional Dose*	1 prior dose: 3 w → 1 → ≥8 w → 2 ≥2 prior doses: ≥8 w → 1 → ≥2 m → Optional Dose*
	Moderna–Pediatric	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose*	1 prior dose: 4 w → 1 → ≥4 w → 2 2 prior doses: ≥4 w → 1 ≥3 prior doses**: ≥8 w → 1 (for ages 5+ yrs, Pfizer dose is also OK) → ≥2 m → Optional Dose*
5–11 years	Moderna–Pediatric	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose* Moderna/Pfizer	
	Pfizer–Pediatric	1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose	1 prior dose: 3 w → 1 → ≥4 w → 2 2 prior doses: ≥4 w → 1 ≥3 prior doses**: ≥8 w → 1
12+ years	Pfizer–Adol/Adult (Comirnaty)	1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose* Moderna/Pfizer/Novavax	→ ≥2 m → Optional Dose* Moderna/Pfizer/Novavax (12+ only)
	Moderna–Adol/Adult (Spikevax)	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose	1 prior dose: 4 w → 1 → ≥4 w → 2 2 prior doses: ≥4 w → 1 ≥3 prior doses**: ≥8 w → 1
	Novavax	1st Dose → 3 weeks → 2nd Dose	≥1 prior doses**: ≥2 m → 1

* An **optional dose** may be given ≥2 months after the last dose. **Further doses** may be given at the healthcare provider's discretion. See Table 2 for vial and dosage.
** Ages 5-11 years may be given Moderna or Pfizer after ≥3 prior doses. Ages 12+ years may be given Moderna, Pfizer, or Novavax.

California Department of Public Health, Immunization Branch — IMM-1396 (8/30/24) Page 2 of 2

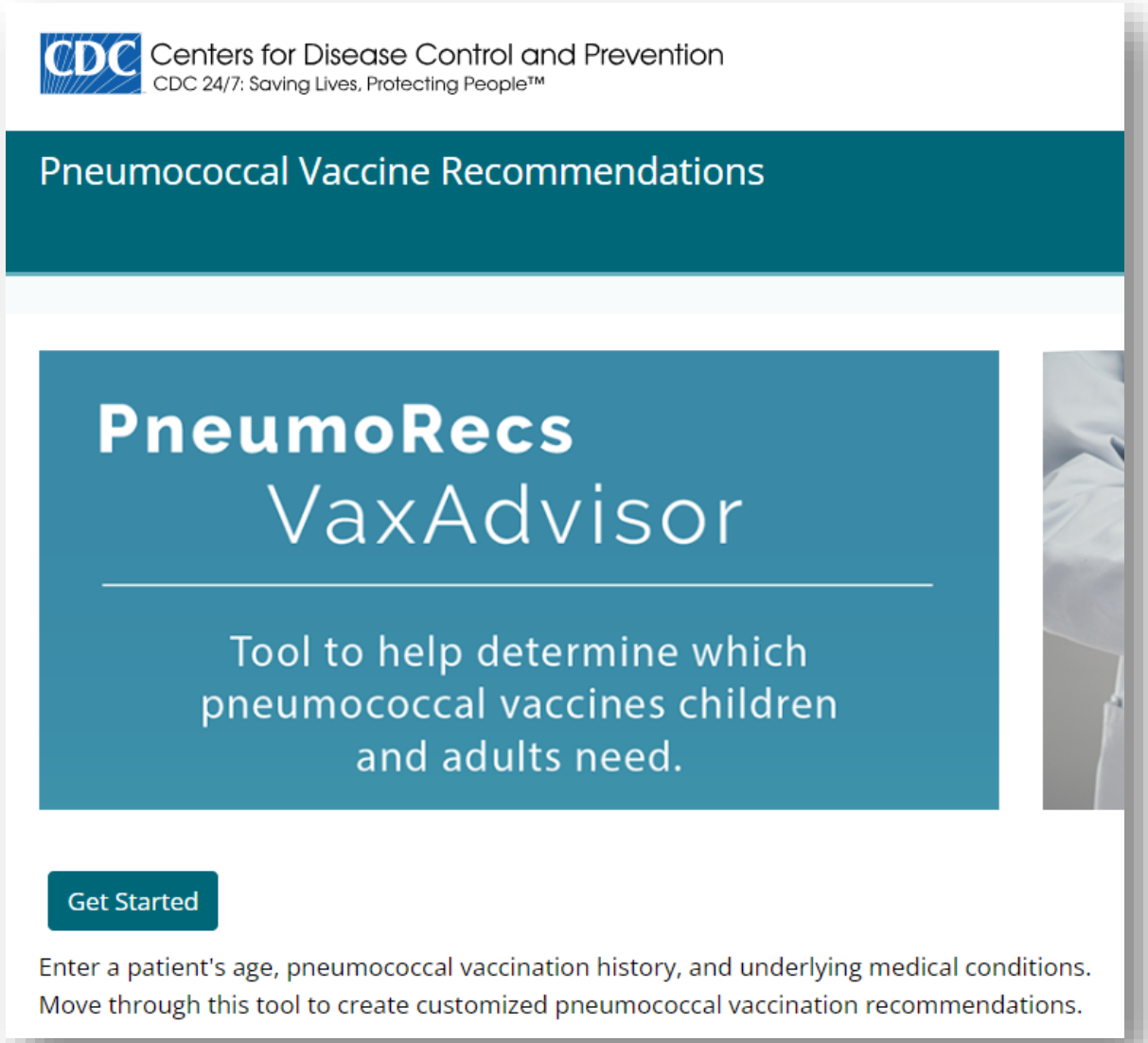
*Description of moderate and severe immunocompromising conditions

Staying Up to Date with COVID-19 Vaccines

COVID-19 Vaccine Timing Guide Immunocompromised: **English**, **Spanish**

Respiratory RSV Vaccine Recommendations - Adults

- 1 dose of RSV vaccine for persons age ≥ 75 years or persons aged 60-74 years at increased risk for RSV
- 80% effective in preventing RSV-associated **lower respiratory tract disease** (LRTD)
- Arexvy (GSK), Abrysvo (Pfizer), and MRESVIA (Moderna) vaccines are approved for use in adults 60 years and older
- Coadministration of RSV vaccine with other adult vaccines, including influenza, and COVID, is acceptable



https://www2a.cdc.gov/vaccines/m/pneumo/pneumo.html

Co-administration

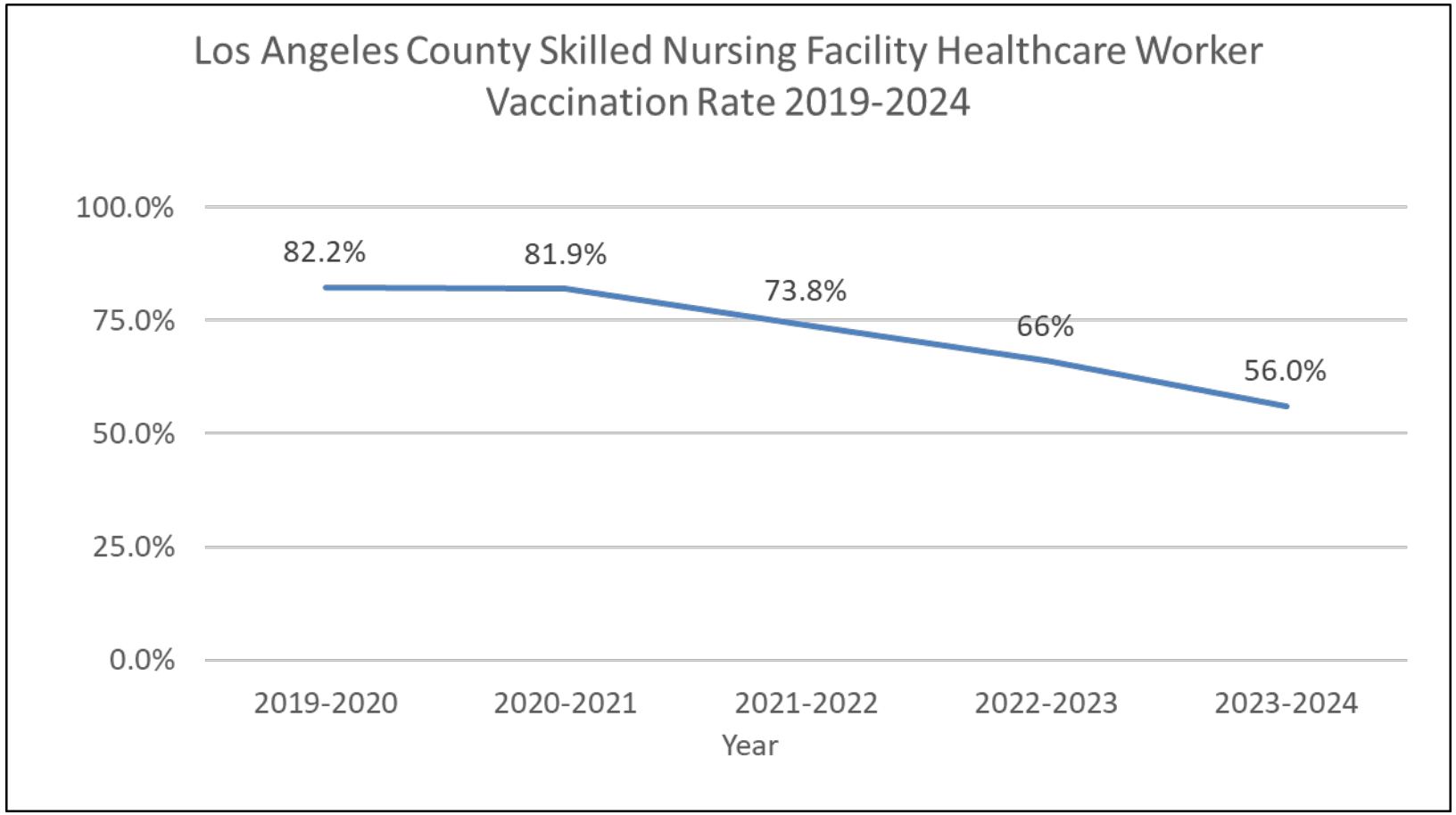
- Coadministration of age-appropriate vaccines including RSV, influenza, and COVID-19 during the same visit is acceptable
  - Coadministration with pneumococcal vaccines, Td/Tdap, and recombinant zoster vaccine (Shingrix) are also acceptable.
  - Administer vaccines in different anatomical sites

- Recommended to avoid missed opportunities and delayed vaccination

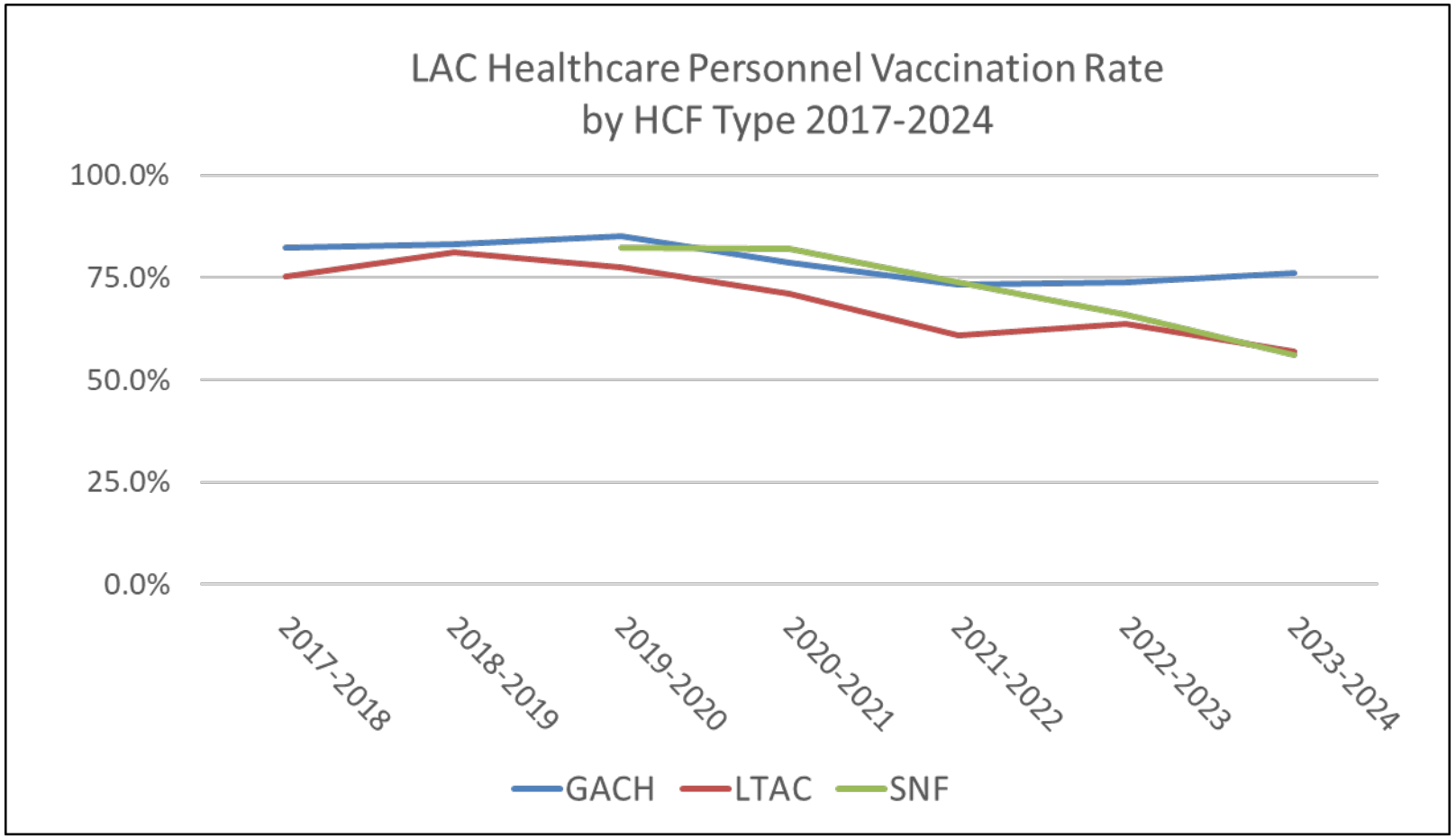
Influenza and COVID-19 Vaccination Health Officer Order for Healthcare Personnel (HCP)

- Facilities should establish policies and procedures to ensure that staff have received the influenza vaccine as outlined by the Health Officer–updated annually
- **2024-2025 Respiratory Virus Season**: Influenza and the most updated COVID-19 vaccination or masking for HCP during the respiratory virus season (previously known as influenza season November 1st-April 30th) in all licensed healthcare facilities in LAC whenever HCP are in contact with patients or in patient care areas
- CDC recommends influenza and COVID-19 vaccination as long as flu and COVID-19 viruses are circulating

Los Angeles County Skilled Nursing Facility HCP Flu Vaccination Rates 2019-2024



Los Angeles County HCP Flu Vaccination Rates by Healthcare Facility Type: General Acute Care, Long-term Acute Care, SNFs



Continued Need for HCP Immunizations to Reduce Influenza and COVID-19 Rates

1. Protects employees, their families, and their patients from getting influenza and COVID-19
2. Reduced work absences
   - Reduced need to hire outside staff
   - Can contribute to better patient care
3. Reduced morbidity and mortality among patients
   - Fewer deaths among hospitalized patients

Best Practices Utilized by Facilities to Increase HCP Influenza and COVID-19 Immunization Rates

- Obtain support from your Administrator, Infection Control Nurse, and/or Employee Health
- Removal of the personal beliefs exemption and only allow medical contraindications
- Engage Director of Nursing, Director of Staff Development, and department managers in your influenza campaign and encourage them to hold staff accountable
- Provide staff with information on immunization benefits/risks for themselves and their residents

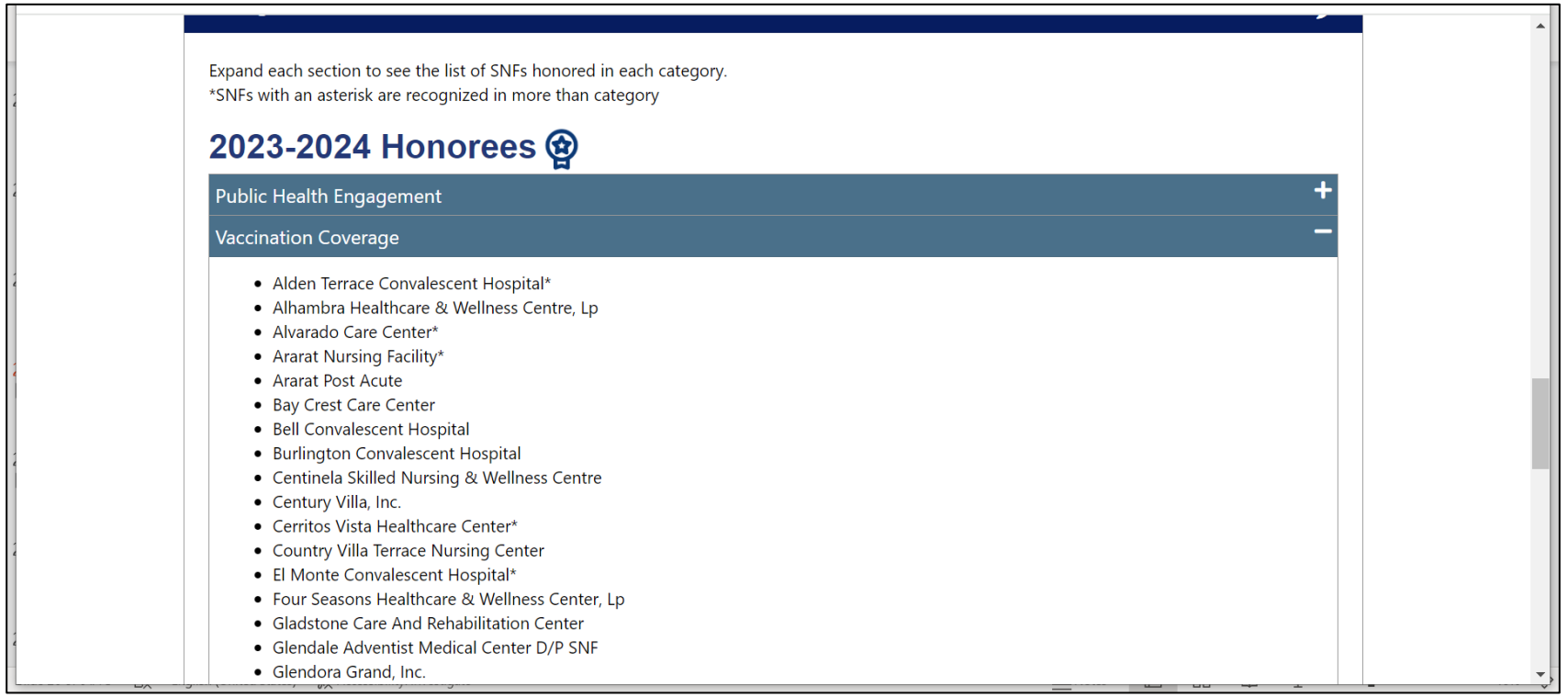
Best Practices Utilized by Facilities to Increase HCP Influenza and COVID-19 Immunization Rates cont.

- Offer immunizations in the workplace at convenient locations/times
- Provide immunizations to staff at no cost
- Offer incentives
- Develop a method for gathering the immunization documentation from staff (i.e. create a spreadsheet with deadlines for follow up)
- Track/monitor immunizations among HCP
- Submit accurate HCP immunization data to the CDC's National Healthcare Safety Network (NHSN)

For more best practices, visit:
publichealth.lacounty.gov/acd/docs/BestPracticesInfluenzaImmunizationHCP.pdf

Los Angeles County HCP Influenza Vaccination Honor Roll 2023-2024

Top Performing SNFs who Achieved 90%



Expand each section to see the list of SNFs honored in each category.
*SNFs with an asterisk are recognized in more than category

2023-2024 Honorees

Public Health Engagement +

Vaccination Coverage −

- Alden Terrace Convalescent Hospital*
- Alhambra Healthcare & Wellness Centre, Lp
- Alvarado Care Center*
- Ararat Nursing Facility*
- Ararat Post Acute
- Bay Crest Care Center
- Bell Convalescent Hospital
- Burlington Convalescent Hospital
- Centinela Skilled Nursing & Wellness Centre
- Century Villa, Inc.
- Cerritos Vista Healthcare Center*
- Country Villa Terrace Nursing Center
- El Monte Convalescent Hospital*
- Four Seasons Healthcare & Wellness Center, Lp
- Gladstone Care And Rehabilitation Center
- Glendale Adventist Medical Center D/P SNF
- Glendora Grand, Inc.

http://publichealth.lacounty.gov/acd/SNFHonorsProgram/index.htm

Annual HCP Influenza Vaccination Reporting Requirement by CMS

- CDC/NHSN encourages that HCP influenza vaccination summary data be updated on a **monthly basis**
- CMS requires* one influenza vaccination summary report to be submitted at the conclusion of the measure reporting period (Oct. 1–Mar. 31). **Tied to Quality Reporting Payment (QRP)*
- Includes all influenza vaccinations received by staff members on- and off-site of the facility
- Data must be entered in the **NHSN Healthcare Personnel Safety (HPS) Component** by **May 15** of each year

- A (very helpful) NHSN "Survival Guide" from HSAG: https://www.hsag.com/contentassets/5e33497eb60d41258abba4d3cab9d8f0/nhsnsurvivalguide-oct2023-508.pdf

CAIR2 Reporting Reminders

CAIR2 (California Immunization Registry): Per California state law (Assembly Bill 1797), all healthcare providers, including SNFs, are legally mandated to report all immunization doses administered effective Jan 1, 2023

Applies to ALL vaccines: influenza, pneumococcal, shingles, Tdap, RSV, COVID-19, etc.

Enroll/correct your access in CAIR2 to report vaccines. For more information and technical support:

- Your local CAIR representative (scroll down to CAIR2 Los Angeles Region); or
- The CAIR Helpdesk

Include your facility name, full address, and CAIR org ID (if available) when reaching out.

Please also see our **Aug 4, 2023 webinar** on this topic: slides & recording

II. Elements of a SNF respiratory virus prevention and control plan

B. Source Control Masking

- HCP use of a surgical, procedure or N95 respirators for source control of respiratory infections in healthcare settings **prevents HCP from infecting residents and other HCPs with respiratory viruses**
- **Implement source control masking:**
  - During periods of increased community transmission of respiratory viruses
  - If there are elevated resident or HCP respiratory infections or HCP absenteeism
  - In the event of a facility outbreak
- **During an outbreak of flu, COVID, RSV, etc.**
  - Consider source control masking for residents while in common areas
  - COVID-19-specific guidance for SNFs is detailed in the LAC DPH Guidelines for Preventing and Managing COVID-19 in SNFs

II. Elements of a SNF respiratory virus prevention and control plan

C. Ventilation and Filtration of Indoor Air and Isolation Areas

- Proper **ventilation and filtration of indoor air** helps reduce the accumulation of infectious virus particles and reduce the risk of transmission of SARS-CoV-2 and other respiratory viruses in SNFs
- For strategies to improve general indoor air quality, refer to CDPH's guidance on Improving Ventilation Practices to Reduce COVID-19 Transmission Risk in Skilled Nursing Facilities
- For additional strategies to improve ventilation and filtration and create directional airflow from clean to less-clean isolation areas, refer to CDPH's Best Practices for Ventilation of Isolation Areas to Reduce COVID-19 Transmission Risk in Skilled Nursing Facilities, Long-Term Care Facilities, Hospices, Drug Treatment Facilities, and Homeless Shelters

II. Elements of a SNF respiratory virus prevention and control plan

D. Outbreak Definition and Reporting

- **Outbreak Definitions (**Note: Subject to change - For the current outbreak definition of COVID-19, please check the link: COVID-19 & Acute Respiratory Illness (ARI) Reporting under Skilled Nursing Facilities**)**

  - COVID-19 Outbreak Definition

  - Influenza Outbreak Definition

  - RSV and Other Respiratory Virus Outbreak Definition

COVID-19 Outbreak Definition

1. ≥2 cases of confirmed* COVID-19 among residents admitted for a non-COVID condition who have resided in the facility for at least 7 days, with epi-linkage**

OR

2. ≥2 cases of confirmed* COVID-19 among HCP AND ≥1 case of confirmed* COVID-19 among residents admitted for a non-COVID condition who have resided in the facility for at least 7 days, with epi-linkage**, AND no other more likely sources of exposure for at least 1 of the cases.

***confirmed and **epi-linkage definition:**

- In the outbreak definition section of the toolkit
- COVID-19 & Acute Respiratory Illness (ARI) Reporting under Skilled Nursing Facilities

Influenza Outbreak Definition

- At least one case of laboratory-confirmed influenza
- In the setting of a cluster (≥2 cases) of ILI*
- Occurring within a 72-hour period

*ILI (Influenza-like illness) case definition = Fever (≥100° F or 37.8° C) plus cough and/or sore throat.

- Single cases of influenza is not reportable, but outbreaks are reportable. When in doubt, contact Public Health at: LACSNF@ph.lacounty.gov

RSV and Other Respiratory Virus Outbreak Definition

- Individual cases of RSV are not reportable (unless the case is a death and < 5 years of age) but outbreaks are reportable
- Outbreak definitions:
  - at least 1 case of laboratory-confirmed respiratory pathogen, other than influenza, in the setting of a cluster of ≥2 cases OR Acute Respiratory Illness (ARI)* within a 72-hour period; OR
  - a sudden increase of ARI cases over the normal background rate in the absence of a known etiology

***ARI**: illness characterized by any 2 of the following: fever, cough, rhinorrhea (runny nose) or nasal congestion, sore throat, or muscle aches*

Reporting to LAC DPH

- Suspected outbreaks of respiratory illnesses other than COVID-19 in LAC SNFs must immediately be **reported to LAC DPH** by emailing rpu@ph.lacounty.gov or by calling (888) 397-3993 or (213) 240-7821 as noted in the LAC DPH Reportable Diseases and Conditions list

- **For any suspected COVID-19 outbreak**, report using one of the following methods:
  - Online REDCap reporting form: https://acdcredcap.ph.lacounty.gov/surveys/?s=CRD9LMEYN4MHW9YH
  - Phone Call: (888) 397-3993 or (213) 240-7821

Reporting to California Department of Public Health (CDPH)

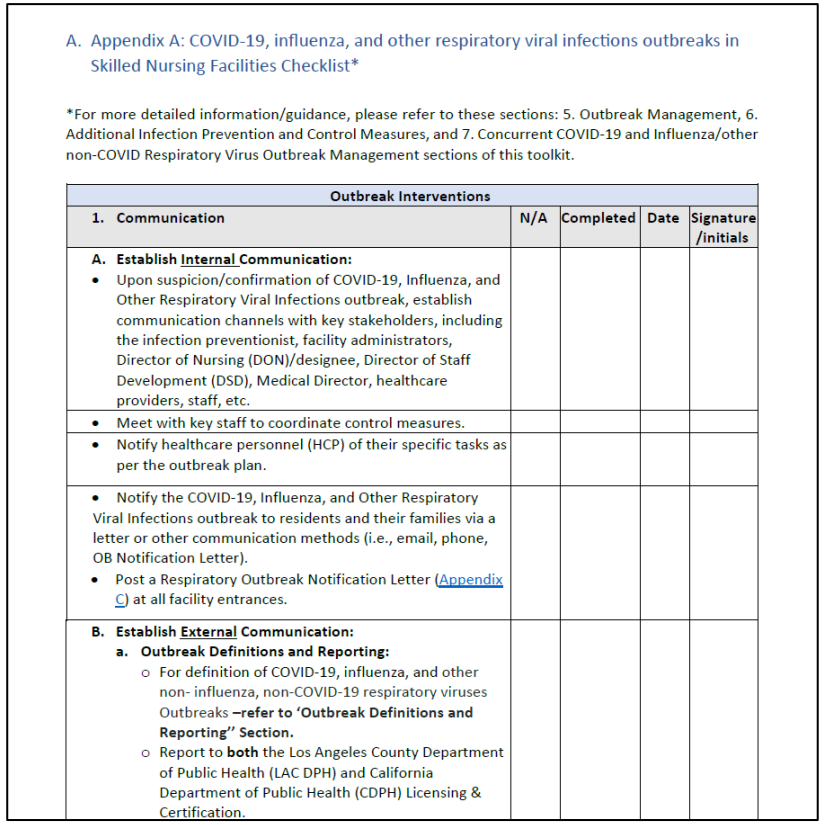
- Outbreaks are reportable to the CDPH Licensing & Certification local office-AKA **Healthcare Facilities Inspection Division (HFID)** in LAC

- All SNFs should have contact information for their respective district offices. However, they may report via CDPH-LNC-LOSANGELES@cdph.ca.gov or Find the respective district office at: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx#LosAngeles

II. Elements of a SNF respiratory virus prevention and control plan

E. Outbreak Management

- When an outbreak is suspected, **prompt and simultaneous implementation of all recommended interventions** can minimize the size and scope of the outbreak and adverse impact on resident health
- **Follow the COVID-19, Influenza, and Other Respiratory Viral Infections Outbreak Management Checklist (see Appendix A)** for a **step-by-step guide** to reporting the outbreak and implementing control measures to prevent further transmission in your facility



A. Appendix A: COVID-19, influenza, and other respiratory viral infections outbreaks in Skilled Nursing Facilities Checklist*

*For more detailed information/guidance, please refer to these sections: 5. Outbreak Management, 6. Additional Infection Prevention and Control Measures, and 7. Concurrent COVID-19 and Influenza/other non-COVID Respiratory Virus Outbreak Management sections of this toolkit.

Outbreak Interventions				
1. Communication	N/A	Completed	Date	Signature /initials
A. Establish Internal Communication: • Upon suspicion/confirmation of COVID-19, Influenza, and Other Respiratory Viral Infections outbreak, establish communication channels with key stakeholders, including the infection preventionist, facility administrators, Director of Nursing (DON)/designee, Director of Staff Development (DSD), Medical Director, healthcare providers, staff, etc.				
• Meet with key staff to coordinate control measures.				
• Notify healthcare personnel (HCP) of their specific tasks as per the outbreak plan.				
• Notify the COVID-19, Influenza, and Other Respiratory Viral Infections outbreak to residents and their families via a letter or other communication methods (i.e., email, phone, OB Notification Letter). • Post a Respiratory Outbreak Notification Letter (Appendix C) at all facility entrances.				
B. Establish External Communication: a. Outbreak Definitions and Reporting: o For definition of COVID-19, influenza, and other non- influenza, non-COVID-19 respiratory viruses Outbreaks –refer to 'Outbreak Definitions and Reporting'' Section. o Report to both the Los Angeles County Department of Public Health (LAC DPH) and California Department of Public Health (CDPH) Licensing & Certification.				

NOTE: Once the outbreak in a SNF is reported to LAC DPH, an outbreak investigation will be performed by a LAC DPH Community and Field Services (CFS) Outbreak (OB) Investigator

- SNF staff should stay in close communication with the OB investigator assigned to the facility throughout the outbreak investigation period
  - Discuss surveillance period
  - Recommendations for control measures
  - Determine if the facility should limit/close new admissions and readmissions during an outbreak

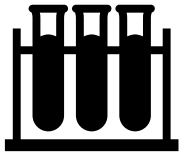
i. Monitoring for Respiratory Illness

- **Daily proactive surveillance (symptom screening) of both staff and residents**
  - Residents: include oxygen saturation checks with vitals
  - HCP:
    - Routine: educate HCP on self-screening before reporting to work
    - Increased community transmission or during outbreak: active symptom screening (log) upon reporting to work

- **Use a line list (see Appendix B sample line list) to help track residents/staff with respiratory illness even if testing is negative**

ii. Testing

- **To identify the etiology of acute respiratory illness is necessary to inform**:
  - Treatment of COVID-19 and influenza
  - Chemoprophylaxis during an influenza outbreak
  - Transmission-Based Precautions and cohorting decisions



- **Test supplies and availability**
  - Before each winter respiratory virus season and during periods of increased community transmission
    - Determine the point-of-care SARS-CoV-2 and influenza test supplies that will be needed and how the SNF will obtain and re-stock them as needed
    - Identify a lab that performs molecular testing for SARS-CoV-2, influenza, and complete respiratory panels, and provides results within 24-48 hours

Testing of asymptomatic individuals

- Do **not** test for influenza
- Do **not** use combination rapid flu/COVID tests
- Do **not** test with multiplex/respiratory virus panels even during an outbreak of a non-COVID respiratory virus

- ONLY test asymptomatic residents for SARS-CoV2 per COVID-19 guidelines: http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/#testing

iii. Isolation, Transmission-Based Precautions, and Cohorting

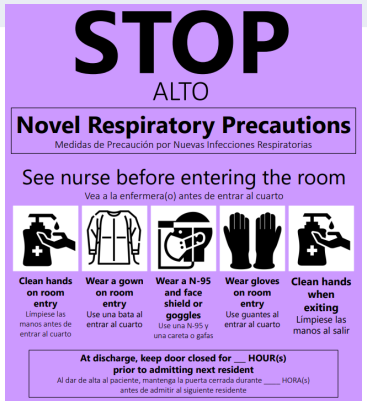
- Symptomatic residents and residents with respiratory virus exposures should **generally remain in their current room** and wear a mask for source control when outside their room

  - Avoid movement of residents that could lead to new exposures

- While awaiting test results on symptomatic residents, implement **empiric** Transmission-Based Precautions for COVID-19

Transmission and Precautions: Flu vs COVID-19

Characteristics	Influenza	COVID-19
Primary Route of Transmission	• Large respiratory fluid droplets	• Small respiratory droplets and aerosols • Fomite (environmental surfaces) less common
Recommended PPE	• Surgical mask • Eye protection • Gown • Gloves if high contact activity • N95 respirator if aerosol generating procedure (AGP)	• N95 respirator • Eye protection • Gown • Gloves • Airborne infection isolation room (AIIR) if AGP



http://publichealth.lacounty.gov/acd/SNF/index.htm#transmission-precautions

Table 1. Recommended Transmission-Based Precautions for Healthcare Personnel Caring for Residents with respiratory Viral Infections

*SNFs are subject to the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard and should consult those regulations for applicable requirements.

Virus	Type of Precautions	Mask or Respirator*	Eye Protection	Gown	Gloves	Duration of Isolation
SARS-CoV-2	Novel Respiratory Precautions	N95 or higher-level respirator	Yes	Yes	Yes	10 days
Influenza	Droplet	Surgical/ procedure mask	Per Standard Precautions	Per Standard Precautions	Per Standard Precautions	≥ 7 days
RSV and other respiratory viruses	Droplet Contact	Surgical/ procedure mask	Per Standard Precautions	Yes	Yes	≥ 7 days**

II. Elements of a SNF respiratory virus prevention and control plan

F. Additional Infection Prevention and Control Measures

i. Management of Healthcare Personnel with Respiratory Symptoms or COVID-19 Exposure

- Encourage HCPs to receive the flu vaccine if they haven't already

- HCP testing positive for COVID-19, follow return-to-work guidance outlined in LAC DPH Coronavirus Disease 2019 Infection Prevention Guidance for Healthcare (including EMS) Personnel

ii. Visitation

- No general visitation restrictions for flu or COVID-19 outbreaks
- Inform visitors of outbreaks through signage and communication
- Ensure that visitors understand the risks and follow instructions for proper PPE use
- Be aware that additional COVID-19 guidance might apply; check Communal Dining, Group Activities, and Visitation section of the LAC DPH Guidelines for Preventing and Managing COVID-19 in SNFs

II. Elements of a SNF respiratory virus prevention and control plan

G. Concurrent COVID-19 & Influenza/Other non-COVID Respiratory Virus Outbreak Management

- **Prioritizing Infection Control Measures:**
  - Implement isolation, PPE use, and other infection control precautions recommended for COVID-19 during concurrent outbreaks.

- **Resident Placement:**
  - **Prioritize the isolation for confirmed COVID-19 cases** and avoid movement of residents based on influenza/another non-COVID respiratory virus status that could worsen COVID-19 transmission
  - Dedicated staffing should be prioritized for the designated COVID-19 isolation area
  - If private rooms are insufficient, consider placing co-infected residents together (like with like)

- **Treatment for Co-infections:**
  - Start antiviral treatment for both influenza and COVID-19 in residents with suspected or confirmed co-infections
  - Initiate influenza antiviral treatment immediately and within 48 hours of symptom onset, even before testing confirmation (empiric treatment)
  - Begin COVID-19 antivirals (e.g., Paxlovid) in symptomatic individuals upon confirmed infection and within 5 days of symptom onset

III. Key Resources &
IV. Appendices

IV. Appendices

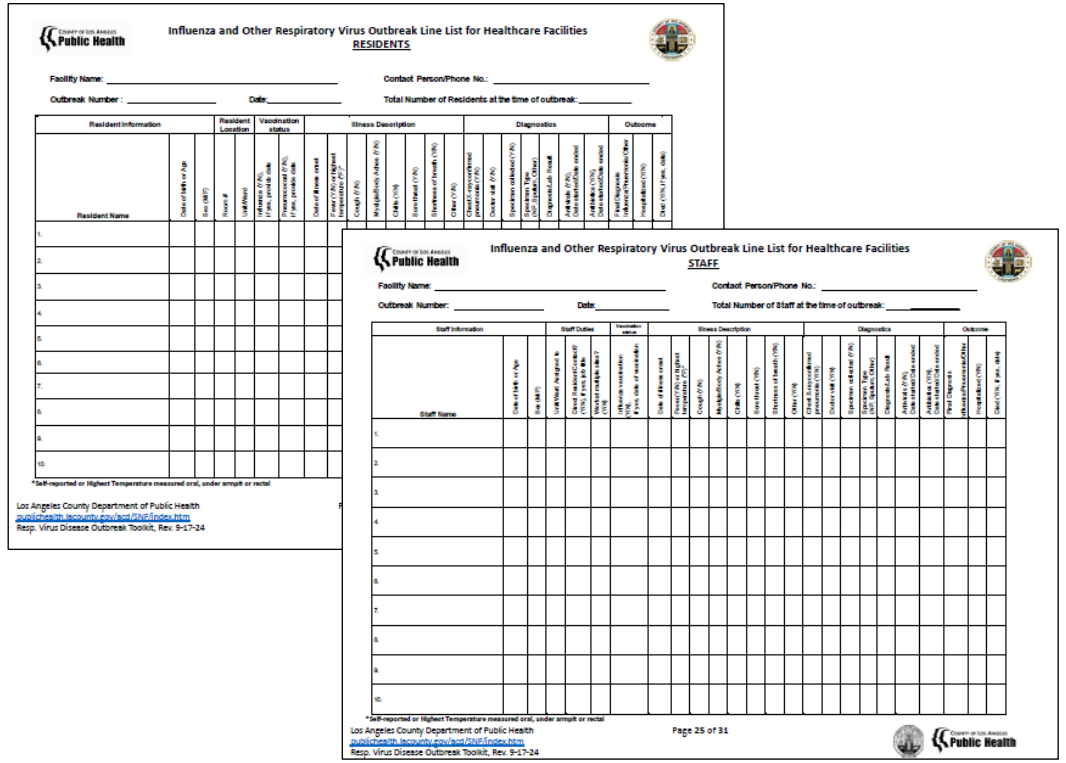
- **Appendix A: COVID-19, influenza, and other non-COVID respiratory viral infections Outbreak Management Checklist**

- **Appendix B: Influenza/Other Respiratory Virus & COVID-19 - Residents & Staff Line Lists**
  - These forms can be used to report cases to the LA County Department of Public Health-Community and Field Services Outbreak Investigator assigned to the facility

- **Appendix C: Environmental Cleaning and Disinfection for Influenza**

- **Appendix D: Respiratory Disease Outbreak Notification Alert Template**

- **Appendix E: LAC DPH Influenza Health Educational Materials for SNFs**



COVID-19 Outbreak Line List for LTCF Excel

V. DPH Contact Information

- ACDC Program Contact Information:
  - Phone: (213) 240-7941
  - Fax: (213) 482-4856

- ACDC Program Healthcare Outreach Unit/Long-Term Care Facilities Team
  - E-Mail: LACSNF@ph.lacounty.gov

Questions?