

Ask an IP

Learning and Communication Series

Preparation for Respiratory Season: IPC Essentials

Wednesday, August 13th, 2025

Marco Marquez, MPH CIC and Walteena Brooks, LVN
Infection Preventionist
Healthcare Outreach Unit
Acute Communicable Disease Control (ACDC) Program
Los Angeles County Department of Public Health





LACDPH Infection Prevention Team

- Jehan Mephors, BSN RN
- Marco Marquez, MPH CIC
- Walteena Brooks, LVN

Contact Us: LACSNF@ph.lacounty.gov

Website:

<http://publichealth.lacounty.gov/acd/AskAnIPProgram/index.htm>

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 a few weeks following the session.
- We will not review COVID-19 guidelines (including CDPH AFLs) during these sessions.

Objectives

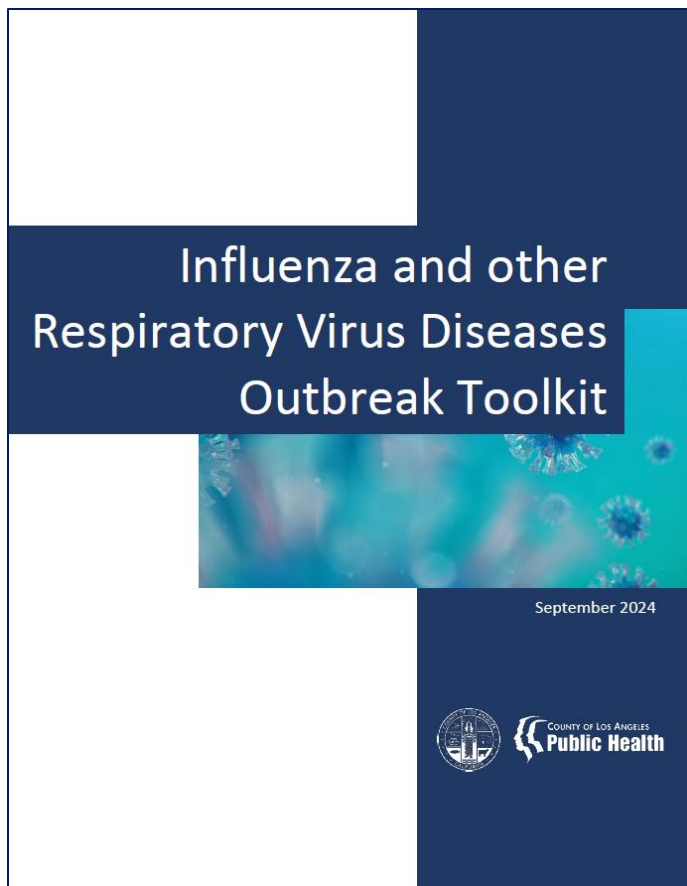
- Identify common respiratory pathogens in Los Angeles County
- Understand key prevention strategies for respiratory season
- Apply appropriate infection control measures for residents with respiratory infections or co-infections



**Did you know that we have an
Influenza and Other
Respiratory Virus Diseases
Toolkit?**



How to Find our Toolkit & other key websites



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. **Long Term Care Facilities (LTCF) webpage:**
<http://publichealth.lacounty.gov/acd/LTCF/index.htm>


Things included in the Toolkit

- Guidance
- Vaccination
- Source Control/Masking
- Ventilation
- Transmission Based Precautions and Testing
- Outbreak Definition and Reporting
- Outbreak Management
- Visitation
- Environmental Cleaning and Disinfection
- How to manage co-infections
- And so much more...

LAC DPH Respiratory WATCH

[Acute Communicable Disease Control](#)

[ACDC A-Z Index](#)[Disease Reporting & Information](#)[Toolkits](#)[Additional DPH Programs](#)



RESP WATCH

Viral Respiratory Surveillance for LA County

Page update 9-27-24. Information on COVID-19, influenza, and other respiratory illnesses in L.A. County for MMWR Week 38 ending on September 21, 2024.

Welcome

Los Angeles (LA) County Department of Public Health (DPH) collects information on indicators of COVID-19, influenza, and Respiratory Syncytial Virus activity year-round. These indicators track the intensity, spread, and temporal trends of viral respiratory illness in LA County.

Sign up

Sign up to receive this report directly in your inbox every Friday during the respiratory virus season.

Vulnerable Populations in SNFs: Why Do We Care?

- Elderly population
- Immunocompromised
- High-risk for severe disease/death

Preliminary 2024-2025 U.S. Flu Burden Numbers

Preliminary 2024-2025 U.S. Flu In-Season Disease Burden Estimates

Since October 1, 2024, CDC estimates there have been between:

47 Million -
82 Million



**Flu
Illnesses**

21 Million -
37 Million



**Flu
Medical Visits**

610,000 -
1.3 Million



**Flu
Hospitalizations**

27,000 -
130,000



**Flu
Deaths**

Based on data from October 1, 2024, through May 17, 2025

Because influenza surveillance does not capture all cases of flu, CDC provides these estimated ranges to better reflect the full burden of flu in the United States. These estimates are calculated using a mathematical model based on CDC's weekly influenza surveillance data and are preliminary and are updated weekly throughout the season.





COVID Deaths

Data Table for Weekly Deaths and Weekly % Deaths Due to COVID-19 - The United States

CDC | Data as of: Thursday, July 24, 2025 2:01 PM ET. Posted: Friday, July 25, 2025 12:00 PM ET

Download Data 

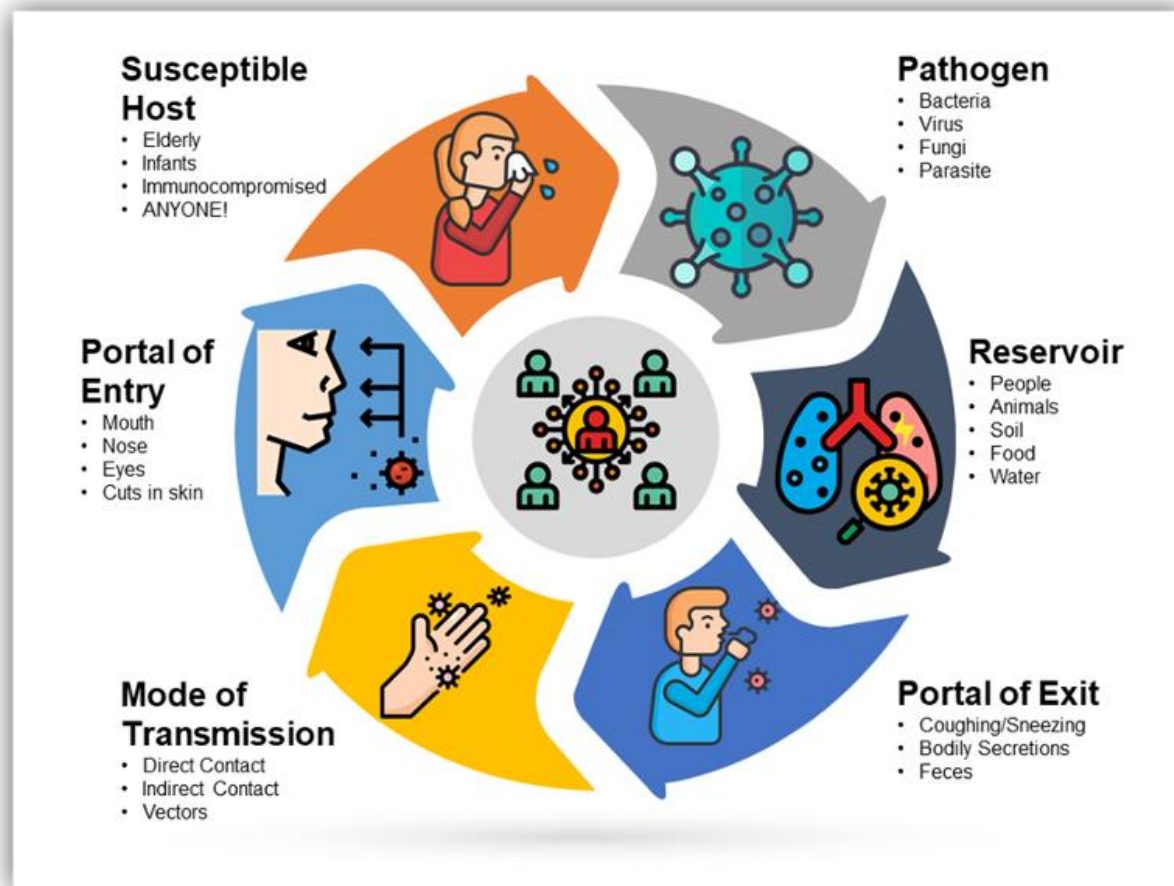
Geography ↕	Date ↕	Weekly Deaths ↕	Weekly % Deaths Due to COVID-19 ↕	Death Data As Of ↕
United States	Jul 19, 2025	67	0.3	Jul 24, 2025
United States	Jul 12, 2025	101	0.3	Jul 24, 2025
United States	Jul 5, 2025	146	0.3	Jul 24, 2025
United States	Jun 28, 2025	149	0.3	Jul 24, 2025
United States	Jun 21, 2025	173	0.3	Jul 24, 2025
United States	Jun 14, 2025	156	0.3	Jul 24, 2025
United States	Jun 7, 2025	183	0.3	Jul 24, 2025
United States	May 31, 2025	206	0.4	Jul 24, 2025
United States	May 24, 2025	191	0.3	Jul 24, 2025
United States	May 17, 2025	228	0.4	Jul 24, 2025
United States	May 10, 2025	260	0.5	Jul 24, 2025
United States	May 3, 2025	288	0.5	Jul 24, 2025



IPC Essentials



Breaking the Chain of Infection



Hand Hygiene



KEEP HANDS CLEAN

- ✓ Prevent the spread of germs
- ✓ Protect your residents, yourself and your coworkers

How to Hand RUB



Steps

1. Dispense alcohol-based hand sanitizer (at least 60% alcohol) into hands
2. Rub all surfaces of hands for at least 20 seconds including:
 - ☐ Palms
 - ☐ Back of hands
 - ☐ Fingers
 - ☐ Fingernails
 - ☐ Back of fingers
 - ☐ Thumb creases
 - ☐ Top of wrists
3. Allow hands to air dry

How to Hand WASH

Steps

1. Wet hands with water
2. Apply soap and lather
3. Scrub all surfaces of hands for at least 20 seconds including:
 - ☐ Palms
 - ☐ Back of hands
 - ☐ Fingers
 - ☐ Fingernails
 - ☐ Back of fingers
 - ☐ Thumb creases
 - ☐ Top of wrists
4. Rinse hands with water
5. Dry hands with towel
6. Use towel to turn off faucet
7. Discard hand towel

WHEN to perform hand hygiene

Before	After
<ul style="list-style-type: none"> <input type="checkbox"/> Donning PPE <input type="checkbox"/> Touching a resident <input type="checkbox"/> Eating <input type="checkbox"/> Entering or exiting the facility <input type="checkbox"/> Touching shared equipment* <input type="checkbox"/> Food preparation <input type="checkbox"/> Entering a resident room <input type="checkbox"/> Performing a resident care task 	<ul style="list-style-type: none"> <input type="checkbox"/> Doffing PPE <input type="checkbox"/> Touching a resident <input type="checkbox"/> Eating <input type="checkbox"/> Entering or exiting the facility <input type="checkbox"/> Touching shared equipment* <input type="checkbox"/> Food preparation <input type="checkbox"/> Entering a resident room <input type="checkbox"/> Bodily fluid exposure <input type="checkbox"/> Handling garbage <input type="checkbox"/> Touching resident surroundings <input type="checkbox"/> Blowing your nose, coughing or sneezing <input type="checkbox"/> Performing a resident care task <input type="checkbox"/> After toileting

*Examples of shared equipment: Blood pressure cuffs, thermometers, glucometers, walkers, wheelchairs, shower chairs

Los Angeles County Department of Public Health
publichealth.lacounty.gov/acd/SNF.htm
 Hand Hygiene 7.20.22

PPE

- Gown
- Gloves
- Surgical Mask
- N95
- Eye Protection

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist

2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

4. GLOVES

- Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

CS0506756

Environmental Cleaning

- Hand Hygiene
- PPE
- Understanding Disinfectants
- Cleaning Cart Setup
- Flow of Cleaning within the room
- Staff Education

Respiratory Hygiene/Cough Etiquette

- Cover coughs
- Cover sneezes
- Masking when indicated
- Proper hand washing
- Break the chain of disease transmission, especially in public setting

Source Control & Masking

- Source control is vital
- Contain germs at the source
- Masking significantly mitigates risk of spread
- Proved effective during height of covid pandemic, especially those resp pathogens that went down in numbers due to masking like flu, etc.

Standard Precautions




- The bare minimum for ALL RESIDENTS
- Top notch Hand Hygiene
- PPE: anticipate what PPE might be necessary dependent on contact with blood, body fluids, non-intact skin, or mucous membranes
- Routine cleaning and disinfection of surfaces
- Respiratory hygiene/cough etiquette for anyone with respiratory symptoms (especially visitors)
- Safe injection practices

Enhanced Barrier Precautions

STOP

ALTO

Enhanced Barrier Precautions
 Medidas de Precaución de Barrera Avanzadas
 See nurse before entering the room
 Vea a la enfermera(o) antes de entrar al cuarto

<p>EVERYONE MUST: TODOS DEBEN:</p> <div style="text-align: center;">  </div> <p>Clean hands on room entry and when exiting Limpiarse las manos antes de entrar y al salir del cuarto</p>	<p>PROVIDERS AND STAFF MUST ALSO: LOS PROVEEDORES Y EL PERSONAL TAMBIÉN DEBEN:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div> <p>Wear gloves and a gown for the for the high-contact resident care activities below Usar guantes y una bata para las actividades de alto contacto de los residentes a continuación</p>
--	---

6 Moments for Enhanced Barrier Precautions
 6 Momentos para las Medidas de Precaución de Barrera Avanzadas

<p>1 Activities of daily living (dressing, grooming, bathing, changing bed linens, feeding) Actividades de la vida diaria (vestirse, arreglarse, bañarse, cambiar la ropa de cama, alimentarse)</p>	<p>2 Toileting & changing incontinence briefs Ayudar a la persona ir al baño y cambiar la ropa para la incontinencia</p>
<p>3 Caring for devices & giving medical treatments Cuidar dispositivos y dar tratamientos médicos</p>	<p>4 Wound care Cuidado de heridas</p>
<p>5 Mobility assistance & preparing to leave room Asistencia de movilidad y preparación para dejar el cuarto</p>	<p>6 Cleaning the environment Limpiar el ambiente</p>

Droplet Precautions

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

Content adapted from UCLA Health Infectious Disease Signs

Los Angeles County Department of Public Health
publichealth.lacounty.gov/acd/SNE.htm
Droplet Precaution, Rev. 9-9-24



Contact Precautions

STOP

ALTO

Contact Precautions

Medidas de Precaución de por Contacto

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 gloves
on room entry**
Use guantes al
entrar al cuarto



**Clean hands
when exiting**
Limpíese las
manos al salir

Content adapted from UCLA Health Infectious Disease Signs

Los Angeles County Department of Public Health
publichealth.lacounty.gov/acd/SNF.htm
Contact Precaution Rev. 9-9-24



COUNTY OF LOS ANGELES
Public Health

Novel Respiratory Precautions (COVID-19)





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 Límpiese 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 Límpiese 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

Content adapted from UCLA Health Infectious Disease Signs

Los Angeles County Department of Public Health
publichealth.lacounty.gov/acd/SNE.htm
Novel Respiratory Precaution, Rev. 9-9-24



COUNTY OF LOS ANGELES
Public Health

Audience Question

- What is the biggest difference in PPE needed for Droplet Precautions and Novel Respiratory Precautions (COVID-19)?

Audience Question: Answered

- What is the biggest difference in PPE needed for Droplet Precautions and Novel Respiratory Precautions (COVID-19)?
- COVID-19 needs N95 for a mask, and eye protection, as well as gown and gloves
- Droplet is just minimum surgical mask



Audience Question

- What is one way you can break the chain of infection?

Audience Question

- What is one way you can break the chain of infection?
- **SO MANY WAYS!!**

Common Respiratory Pathogens



Influenza: Recognizing and Responding to Flu

- Infectious Period: Usually 1 day before symptoms begin and up to 5-7 days after symptom onset
- Incubation Period: 1-4 days
- Asymptomatic and symptomatic presentation
- Symptoms include: fever, cough, sore throat, body aches, headache, chills, fatigue (could be atypical in adults)
- Testing: rapid flu tests, PCR for confirmation
- Reporting Requirements: report all suspected/confirmed influenza outbreaks immediately to DPH (ARI Page for OB/criteria)

Influenza: Prevention and Control

- Annual Vaccine, strongly recommended for ALL residents AND staff
- Stay [UP TO DATE](#) with vaccines & [HOO/MASKING REQUIREMENTS](#)
- Isolation Precautions: Droplet Precautions
 - Surgical mask
 - Gown + gloves (For direct contact with resident or environment per Standard Precautions)
 - Resident masking, when outside room
- Duration: At least 7 days or until >24 hours without fever and fever-reducing medications, whichever is longer


COVID 19: Recognition, Testing, and Reporting

- Infectious Period: In most cases 2 days prior to symptom onset, and up to 5-10 days after
- Incubation Period: Typically 2-14 days (average 3-5)
- Asymptomatic vs symptomatic
- Symptoms include: fever, cough, sore throat, muscle aches, headache, nausea, diarrhea (may be atypical in older adults)
- Testing: rapid antigen testing, PCR
- Reporting requirements: report all suspect/confirmed COVID 19 outbreaks to LACDPH immediately (outbreak criteria on our [reporting website](#))

COVID-19: Prevention and Control

- Vaccination: Strongly recommend all staff and residents stay up to date
- HCP masking [HOO](#): 11/01/2025-03/31/2026 for this season
- Isolation Precautions: novel respiratory precautions
 - N95, eye protection, gown, gloves
 - Resident masking when out of room, but try to avoid leaving the room as much as possible
- Duration of Isolation: 10 days from symptom onset or positive test

COVID-19 and Influenza Guidance for LTCFs



COVID-19 & Influenza

Guidance on Influenza in Long-Term Care Facilities in the Context of COVID-19

On this Page Updated 12-13-24

- [Background](#)
- [Vaccination](#)
- [Surveillance and Outbreak Reporting](#)
- [Diagnostic Tests](#)
- [Outbreak Management](#)
 - [Early identification of influenza](#)
 - Early initiation of influenza treatment and

Quick links

- LAC DPH [Guidelines for Preventing and Managing COVID-19 in SNFs](#)
- LAC DPH [Guidance on COVID-19 and other common respiratory viruses for ICFs/CLHFs](#)
- LA County [Influenza Data](#)
- CDC [Influenza Antiviral Medications: Summary for Clinicians](#)

RSV: Understanding & Identifying the Threat

- Infectious Period: Typically 3-8 days, but can be longer in infants and young children, as well as immunocompromised/elderly
- Incubation Period: 2-8 days (average 4-6)
- Transmission: through droplets and direct contact with contaminated surfaces
- Mostly symptomatic transmission
- Symptoms: cough, runny nose, sneezing, wheezing, fever, and in older adults can progress to confusion, decreased appetite
- Testing: NAATs/PCR
- Reporting: report all suspected/confirmed RSV Outbreaks to LACDPH immediately (check our [website](#) for ob criteria)

RSV: Prevention and Control

- Vaccines: approved for older adults 60+ and immunocompromised, check eligibility criteria
- Isolation Precautions: Contact and Droplet
 - Surgical mask, gown, gloves
 - Resident masking when out of room
- Duration of Isolation: Usually for the duration of illness, often 8-10 days, no fever or fever-reducing meds for >24 hours

Parainfluenza

- Infectious Period: varies, but typically starts a few days before symptom onset and continues several days into the illness, and longer for immunocompromised
- Incubation period: 2-7 days
- Transmission: large respiratory droplets
- Mostly through symptomatic spread
- Symptoms: cough, runny nose, sore throat, fever, wheezing, resembles influenza
- Testing: NAATs/PCR
- Reporting: Report all suspected/confirmed outbreaks to LACDPH immediately (check our [website](#) for criteria for ARI)

Parainfluenza: Prevention and Control

- No vaccine available
- Isolation precautions: droplet precautions/contact
 - Surgical mask, gown, gloves
- Duration of Precautions: Typically for the duration of illness, often 5-10 days, or until symptoms have improved

Audience Question

- How many of you have had an Outbreak of any of the previously mentioned Respiratory Viruses?
- How many of you have had to manage more than one of the previous mentioned respiratory viruses at one time?

COVID 19- & acute Respiratory Illness (ARI) reporting



COVID-19 & Acute Respiratory Illness (ARI) Reporting *Instructions for Multiple Sectors*

ACUTE HEALTHCARE FACILITIES

LONG-TERM CARE FACILITIES

In Los Angeles County, ongoing COVID-19 surveillance necessitates mandatory reporting from healthcare facilities and community settings as required by [Title 17 California Code of Regulations § 2500](#) and the [LA County Health Officer Order](#).

Click the buttons to the left for reporting requirements by type of setting.

If you are looking to submit an anonymous report, call (888) 700-

1. <http://publichealth.lacounty.gov/acd/diseases/covid/reporting/index.htm>

Audience Question:

- What are some consequences of Respiratory Outbreaks in our SNFs?

Consequences of Respiratory OBs in SNFs

- Resident illness/mortality
- Staff absenteeism
- Regulatory scrutiny
- Extra work for IP
- Now have to pay for own tests

Key Information for Common Respiratory Pathogens

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**

Managing Co-Infections

- Residents can have more than one respiratory virus at a given time
- Prioritize the strictest precautions, for example the highest level of TBP required for any of the identified pathogens
- Duration of precautions: longest duration required by any of the identified pathogens
- Prompt testing is important
- Vaccinations reduce burden of possibility
- Mindful cohorting

Audience Question

- If you have a resident with COVID-19 and RSV, what PPE would you wear for this resident?

Audience Question: Answer

- If you have a resident with COVID-19 and RSV, what PPE would you wear for this resident?
- Gown, gloves, N95, and eye protection

Audience Question

- If you have a resident with influenza and COVID-19 co-infection, which duration of isolation would you follow in this case?

Audience Question: Answer

- If you have a resident with influenza and COVID-19 co-infection, which duration of isolation would you follow in this case?
- Whichever is longest, in this instance COVID-19, 10 days



Audience Question

- If you have a resident with C. Auris and COVID-19, what transmission based precautions would you follow?

Audience Question: Answered

- If you have a resident with C. Auris and COVID-19, what transmission based precautions would you follow?
- EBP + Novel Respiratory Precautions, until duration of COVID-19 complete, then just EBP

But What about Cohorting?

- Ideally, cohort residents with **confirmed**, exact same respiratory viruses
- Like with like
- Avoid mixed cohorts
- Prioritize single rooms for those with contact precautions required
- Maintain strict TBP, meticulous hand hygiene, and environmental cleaning and disinfection
- When in doubt consult LAC DPH: LACSNF@ph.lacounty.gov

Audience Question

Resident A has RSV and COVID-19.

Resident B has RSV and C. Auris.

Would this be an ideal pair for cohorting?

Audience Question: Answered

Resident A has RSV and COVID-19.

Resident B has RSV and C. Auris.

Would this be an ideal pair for cohorting?

NO! not like with like

Audience Question

- Resident A has COVID-19
 - Resident B has COVID-19
 - Resident C has RSV and COVID-19
 - Resident D has RSV and Influenza
-
- Which two of these would be the best pair for cohorting?

Audience Question: Answered

- Resident A has COVID-19
- Resident B has COVID-19
- Resident C has RSV and COVID-19
- Resident D has RSV and Influenza
- Which two of these would be the best pair for cohorting?
- **A & B**



Additional Considerations



Vaccination

- Vaccine partnerships
- Key Vaccines (FLU, COVID 19, RSV)
- Educating staff and residents
- Know where the resources are
- SNF Honors Program
- VPDC Presentation next month



Surveillance and Reporting

- Importance of early detection
- COVID 19 & ARI Reporting
- Reportable Disease List
- Action for staff: what to look for who to report to and how quickly

Please Post
Revised 6.27.25

REPORTABLE DISEASES AND CONDITIONS
Title 17, California Code of Regulations (CCR), § 2500

It is the duty of every health care provider, knowing or having reasonable cause to suspect that a patient has a reportable disease or condition, to report the case to the local health officer for the jurisdiction where the patient resides. "Health care provider" means physicians (M.D.s), osteopaths (D.O.s), dental medical practitioners, nurses, physician assistants, registered nurses (RN), dental assistants, infection control professionals, medical examiners, coroners, dentists, and chiropractors, as well as any other person with knowledge of a case or suspected case. **All reports must include hospitalization status if known.**

Note: This list is specific to Los Angeles County and differs from state and federal reporting requirements *

- Report **immediately** by telephone for both confirmed and suspected cases.
- Report by telephone **within 1 working day** from identification.
- Report by telephone **within 24 hours** for both confirmed and suspected cases.
- Report by electronic transmission (including FAX or email), telephone or mail **within 1 working day** from identification.
- Report by electronic transmission (including FAX or email), telephone or mail **within 7 calendar days** from identification.

* Mandated by and reportable to the Los Angeles County Department of Public Health

1. If enrolled, report electronically via the **National Healthcare Safety Network** (www.cdc.gov/nhsn/index.html). If not enrolled, use the LAC DPH CRE Case Report Form (publichealth.lacounty.gov/acd/Diseases/Epiforma/CRERepSNF.pdf)

2. For TB reporting: contact the TB Control Program (213) 745-0803 or visit www.publichealth.lacounty.gov/tb/healthpro.htm

3. For HIV/STD reporting: contact the Division of HIV and STD Programs. HIV (213) 351-8516, STDs (213) 368-7441 www.publichealth.lacounty.gov/dhsp/ReportCase.htm

For laboratory reporting: www.publichealth.lacounty.gov/lab/index.htm For veterinary reporting: www.publichealth.lacounty.gov/vet/index.htm

REPORTABLE COMMUNICABLE DISEASES

<input type="checkbox"/> Anaplasmosis	<input type="checkbox"/> Foodborne Outbreak: 2 or more suspected cases from separate households with same assumed source	<input type="checkbox"/> Paralytic Shellfish Poisoning
<input type="checkbox"/> Anthrax, human or animal	<input type="checkbox"/> Giardiasis	<input type="checkbox"/> Paratyphoid Fever
<input type="checkbox"/> Babesiosis	<input type="checkbox"/> Gonococcal Infection *	<input type="checkbox"/> Pertussis (Whooping Cough)
<input type="checkbox"/> Botulism, foodborne or wound	<input type="checkbox"/> Haemophilus influenzae, invasive disease only, all serotypes, less than 5 years of age	<input type="checkbox"/> Plague, human or animal
<input type="checkbox"/> Botulism, infant—Reportable to CDPH	<input type="checkbox"/> Hantavirus Infection	<input type="checkbox"/> Poliovirus Infection
BTDP (see below)	<input type="checkbox"/> Hemolytic Uremic Syndrome	<input type="checkbox"/> Psittacosis
<input type="checkbox"/> Brucellosis, animal, except infections due to <i>Brucella canis</i>	<input type="checkbox"/> Hepatitis A, acute infection	<input type="checkbox"/> Q Fever
<input type="checkbox"/> Brucellosis, human	<input type="checkbox"/> Hepatitis B, specify acute, chronic, or perinatal	<input type="checkbox"/> Rabies, human or animal
<input type="checkbox"/> Campylobacteriosis	<input type="checkbox"/> Hepatitis C, specify acute, chronic, or perinatal	<input type="checkbox"/> Relapsing Fever
<input type="checkbox"/> Candida auris, colonization or infection	<input type="checkbox"/> Hepatitis D (Delta), specify acute or chronic	<input type="checkbox"/> Respiratory Syncytial Virus, only deaths in a patient less than 5 years of age
<input type="checkbox"/> Carbapenem-Resistant Enterobacteriaceae (CRE), including <i>Klebsiella</i> sp., <i>E. coli</i> , and <i>Enterobacter</i> sp., in acute care hospitals or skilled nursing facilities **	<input type="checkbox"/> Hepatitis E, acute infection	<input type="checkbox"/> Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like illnesses
<input type="checkbox"/> Chagas Disease *	<input type="checkbox"/> Human Immunodeficiency Virus (HIV), acute infection ■ (§2641.30-2643.20)	<input type="checkbox"/> Rocky Mountain Spotted Fever
<input type="checkbox"/> Chancroid ■	<input type="checkbox"/> Human Immunodeficiency Virus (HIV) infection, any stage ■*	<input type="checkbox"/> Rubella Syndrome, Congenital
<input type="checkbox"/> Chikungunya (Varicella), only hospitalizations, deaths, and outbreaks (≥3 cases, or one case in a high-risk setting)	<input type="checkbox"/> Influenza-associated deaths in laboratory confirmed cases, <18 years of age	<input type="checkbox"/> Salmonellosis, other than Typhoid Fever
<input type="checkbox"/> Cholera	<input type="checkbox"/> Influenza, progression to stage 3 (AIDS) ■*	<input type="checkbox"/> Scombroid Fish Poisoning
<input type="checkbox"/> Chikungunya Virus Infection	<input type="checkbox"/> Legionnaires Disease	<input type="checkbox"/> Shiga toxin, detected in feces
<input type="checkbox"/> Ciguatera Fish Poisoning	<input type="checkbox"/> Leprosy (Hansen's Disease)	<input type="checkbox"/> Shigellosis
<input type="checkbox"/> Coccioidiomyces	<input type="checkbox"/> Leptospirosis	<input type="checkbox"/> Silicosis
<input type="checkbox"/> COVID-19 hospitalizations (inpatient reporting instructions)	<input type="checkbox"/> Listeriosis	<input type="checkbox"/> Smallpox (Variola)
<input type="checkbox"/> Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)	<input type="checkbox"/> Lyme Disease	<input type="checkbox"/> Streptococcus pneumoniae: Invasive cases only (sterile body site infections) *
<input type="checkbox"/> Cronobacter, Invasive Infection among Infants	<input type="checkbox"/> Malaria	<input type="checkbox"/> Streptococcus pyogenes (Group A Streptococcus): Invasive cases only, including necrotizing fasciitis and STSS *
<input type="checkbox"/> Cryptosporidiosis	<input type="checkbox"/> Measles (Rubella)	<input type="checkbox"/> Syphilis, all stages including congenital *
<input type="checkbox"/> Cyclosporiasis	<input type="checkbox"/> Melioidosis	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Cysticercosis or Taeniasis	<input type="checkbox"/> Meningitis, specify etiology: viral, bacterial, fungal, or parasitic	<input type="checkbox"/> Trichinosis
<input type="checkbox"/> Cytomegalovirus, congenital *	<input type="checkbox"/> Middle East Respiratory Syndrome (MERS)	<input type="checkbox"/> Tularemia, human
<input type="checkbox"/> Dengue Virus Infection	<input type="checkbox"/> Mpox or Orthopox virus infections, hospitalizations, and deaths (Online reporting)	<input type="checkbox"/> Typhoid Fever, cases and carriers
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Multisystem Inflammatory Syndrome in Children (MIS-C)	<input type="checkbox"/> Vibrio Infection
<input type="checkbox"/> Domic Acid (Amnesic Shellfish) Poisoning	<input type="checkbox"/> Mumps	<input type="checkbox"/> Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
<input type="checkbox"/> Echinococcosis	<input type="checkbox"/> Myelitis, acute flaccid *	<input type="checkbox"/> West Nile Virus (WNV) Infection
<input type="checkbox"/> Encephalitis, specify etiology: viral, bacterial, fungal or parasitic	<input type="checkbox"/> Neisseria meningitidis (invasive disease)	<input type="checkbox"/> Yellow Fever
<input type="checkbox"/> Escherichia coli, shiga toxin producing (STEC) including <i>E. coli</i> O157	<input type="checkbox"/> Nontuberculous mycobacteria (extrapulmonary) *	<input type="checkbox"/> Yersiniosis
<input type="checkbox"/> Flavivirus infection—undetermined species	<input type="checkbox"/> Novel virus infection with pandemic potential	<input type="checkbox"/> Zika Virus Infection
<input type="checkbox"/> Foodborne Disease	<input type="checkbox"/> Use of FAX for HIV reporting is highly discouraged in order to protect patient confidentiality	

* Suspected infant botulism should be reported immediately by phone to CDPH **BTDP** (610-231-7600)

REPORTABLE NON-COMMUNICABLE DISEASES OR CONDITIONS

- Animal (mammal) bites to humans (CCR § 2606) **Immediate electronic report** ☐ Cancer, including benign and borderline brain tumors (CCR §2593)
- Disorders Characterized by Losses of Consciousness (CCR § 2606, § 2810) ☐ Pesticide-Related Illnesses (Health and Safety Code §105200)

To report a case or outbreak of any disease, contact the Communicable Disease Reporting System
Tel: (888) 397-3993 or (213) 240-7624 (M-F 8am-5pm) • (213) 974-1224 (afterhours, weekends, holidays)
Fax: (888) 397-3778 or (213) 482-5508 • Email: RPU@ph.lacounty.gov
Health Professionals Reporting Webpage: www.publichealth.lacounty.gov/clinicians/report



HOO

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
ORDER OF THE HEALTH OFFICER



ORDER NO. 2024-01-02 OF THE LOS ANGELES COUNTY HEALTH OFFICER

ORDER OF THE LOS ANGELES COUNTY HEALTH OFFICER

ANNUAL INFLUENZA AND COVID-19 IMMUNIZATION OR MASKING REQUIREMENT FOR HEALTHCARE PERSONNEL DURING RESPIRATORY VIRUS SEASON

Original Issue Date: Monday, August 26, 2024

Revision Date: Wednesday, June 04, 2025

Brief Highlights (Revisions are highlighted in yellow):

6/4/2025:

- Updated to revise the definition of "Respiratory Virus Season" to reflect a future annual duration of November 1 to March 31.

Please read this Order carefully.

Supply Chain/PPE

- Ensure adequate PPE
- Testing supplies
- Cleaning supplies
- OB carts for PPE



Staffing Plans

- Cohorting staff
- Potential staff shortages due to illness

Audience Question

- What are the dates for the upcoming Respiratory season per the HOO ?

Audience Question

- What are the dates for the upcoming Respiratory season per the HOO ?
- November 1st- March 31st

Resources

- CDC Appendix A
 - <https://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-type-duration.html>
- LACDPH Respiratory Toolkit
 - <http://publichealth.lacounty.gov/acd/docs/SNFRespVirusDisToolkit.pdf>
- Ask an IP Webpage
 - <http://publichealth.lacounty.gov/acd/AskAnIPProgram/index.htm>
- LTCF Webpage
 - <http://publichealth.lacounty.gov/acd/LTCF/index.htm>

Resources

- LACDPH Influenza Webpage
 - <http://ph.lacounty.gov/ip/diseases/flu/index.htm>
- LACDPH Health Officer Order (HOO)
 - <http://ph.lacounty.gov/acd/docs/HOORespVirusSeason2024.pdf>
- LACDPH RESPWATCH Webpage
 - <http://ph.lacounty.gov/acd/respwatch/>
- LACDPH COVID 10 and ARI Reporting Page
 - <http://publichealth.lacounty.gov/acd/diseases/covid/reporting/index.htm>

Resources

- LACDPH Reportable Disease List
 - <http://publichealth.lacounty.gov/acd/docs/ReportableDiseaseList.pdf>
- CDPH EVS Toolkit
 - <https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstlineEVSToolkit.aspx>
- Hand Hygiene One-Pager
 - http://publichealth.lacounty.gov/acd/docs/LTC_HandHygiene.pdf



Questions

