

# *Prevention and Control of Influenza and Other Respiratory Viruses in Skilled Nursing Facilities*

November 17, 2023

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## Disclosures

There is no commercial support for today's webinar.

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

This webinar is meant for skilled nursing facilities and is off the record. Reporters should log off now.



## Outline: Approach for Preparation and Prevention

1. Awareness of respiratory virus circulation: epidemiology of respiratory viruses in LA County
2. Hierarchy of controls
3. Proactive monitoring: surveillance
4. Influenza Management in SNFs
  - Testing
  - Transmission based precautions and Cohorting
  - Antiviral treatment and chemoprophylaxis
5. Special considerations for RSV and other respiratory virus management in SNFs
6. Outbreak definitions and reporting requirements
- Q&A



# NEWS RELEASE

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For Immediate Release:

**November 15, 2023**

## **First Flu Death of the Season in LA County Confirmed**

The Los Angeles County Department of Public Health has confirmed the first reported influenza-associated death of the 2023-24 influenza season. The death was in an elderly resident with multiple underlying conditions. The person had no record of influenza vaccination this season.

Although most people recover from influenza without complications, this death is a reminder that influenza can be a serious illness. Pneumonia is the most common complication of the flu. Flu can also aggravate underlying health conditions like heart disease or asthma. Annually, thousands of people nationwide are hospitalized or die from influenza-associated illness.

Last season, co-circulation of influenza and respiratory syncytial virus (RSV) began early in the fall compared to prior years. These two viruses, along with the virus that causes COVID-19, created a significant strain on our healthcare system. Although influenza seasons are



*1. Awareness of respiratory virus circulation*

## **Epidemiology of respiratory viruses in LA County**





## The true incidence of influenza is impossible to measure

- On average, 8% of US population gets **sick** with flu each season (range 3%-11%) <sup>1</sup>
  - 5%-20% of population **infected** each season <sup>2</sup>
  - Up to 40% of infections are asymptomatic or subclinical
- Of symptomatic, not all seek care, not everyone who seeks care gets tested, not all tests are reported/reportable

Individual cases of influenza are not reportable in the US

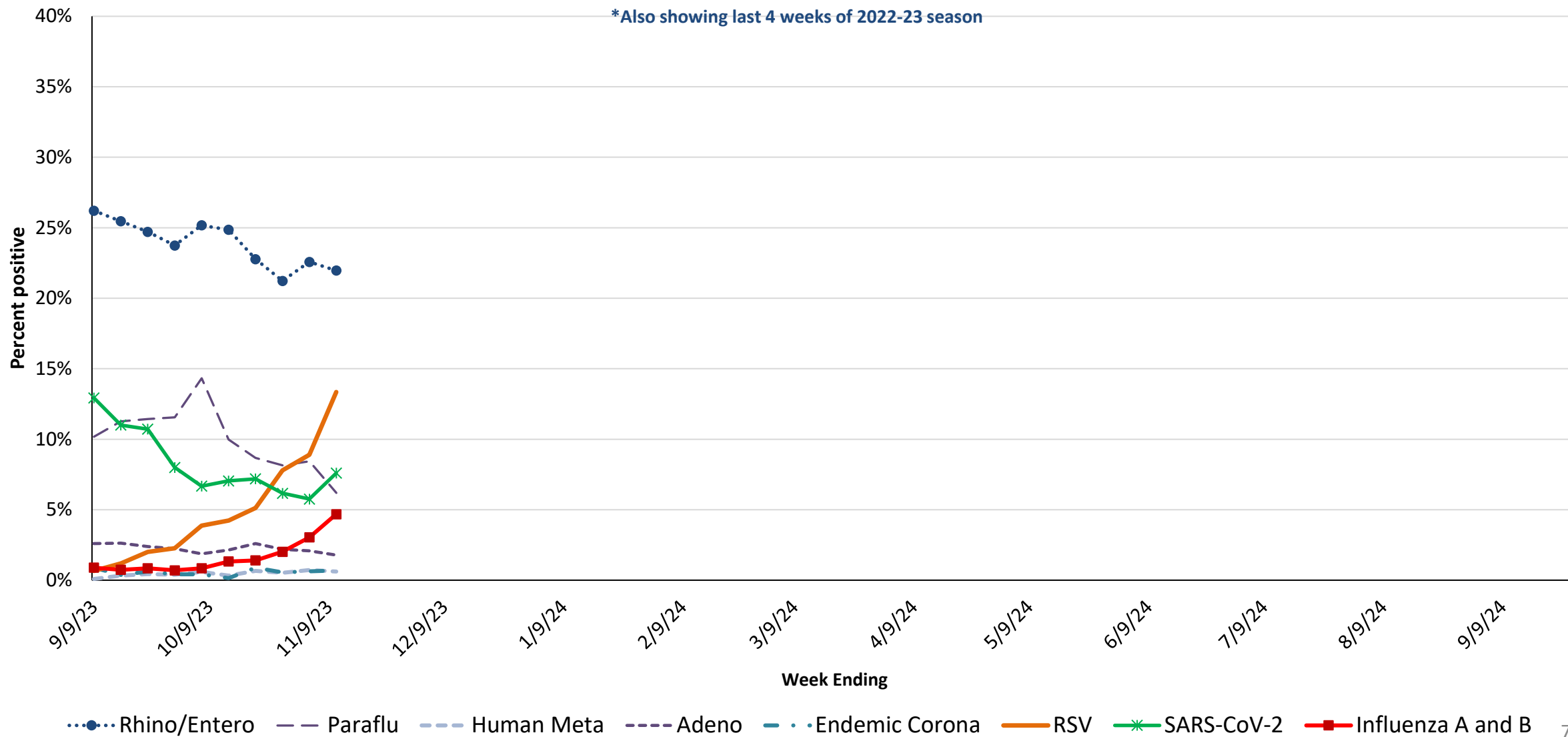
## What we do look at:

- How much virus is circulating
  - LAC sentinel laboratory surveillance
  - CDC viral surveillance - subtyping
  - Wastewater surveillance data (New!)
- How many people are getting sick
  - LAC syndromic surveillance
    - ED ILI
    - ICD-10 coded encounters
  - Angelenos in Action
- How severe is illness?
  - Hospitalizations
    - CDC fluSurv-net /RSVSurv-net
    - NHSN hospital survey
  - Death certificates
- Outbreaks



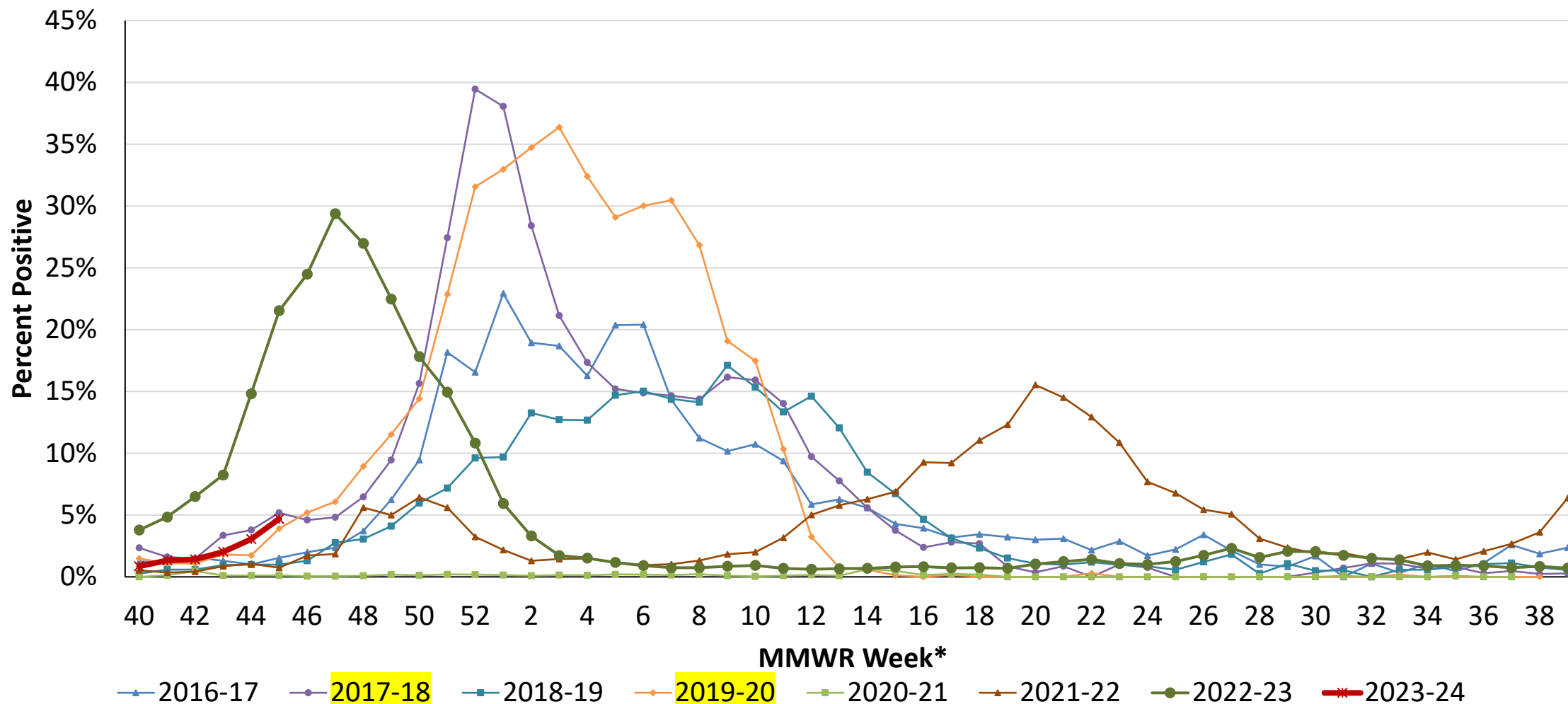
## Percentage of Respiratory Specimens Testing Positive by Viral Etiology, Los Angeles County Sentinel Surveillance Laboratories, 2023-24 Influenza Season\*

\*Also showing last 4 weeks of 2022-23 season



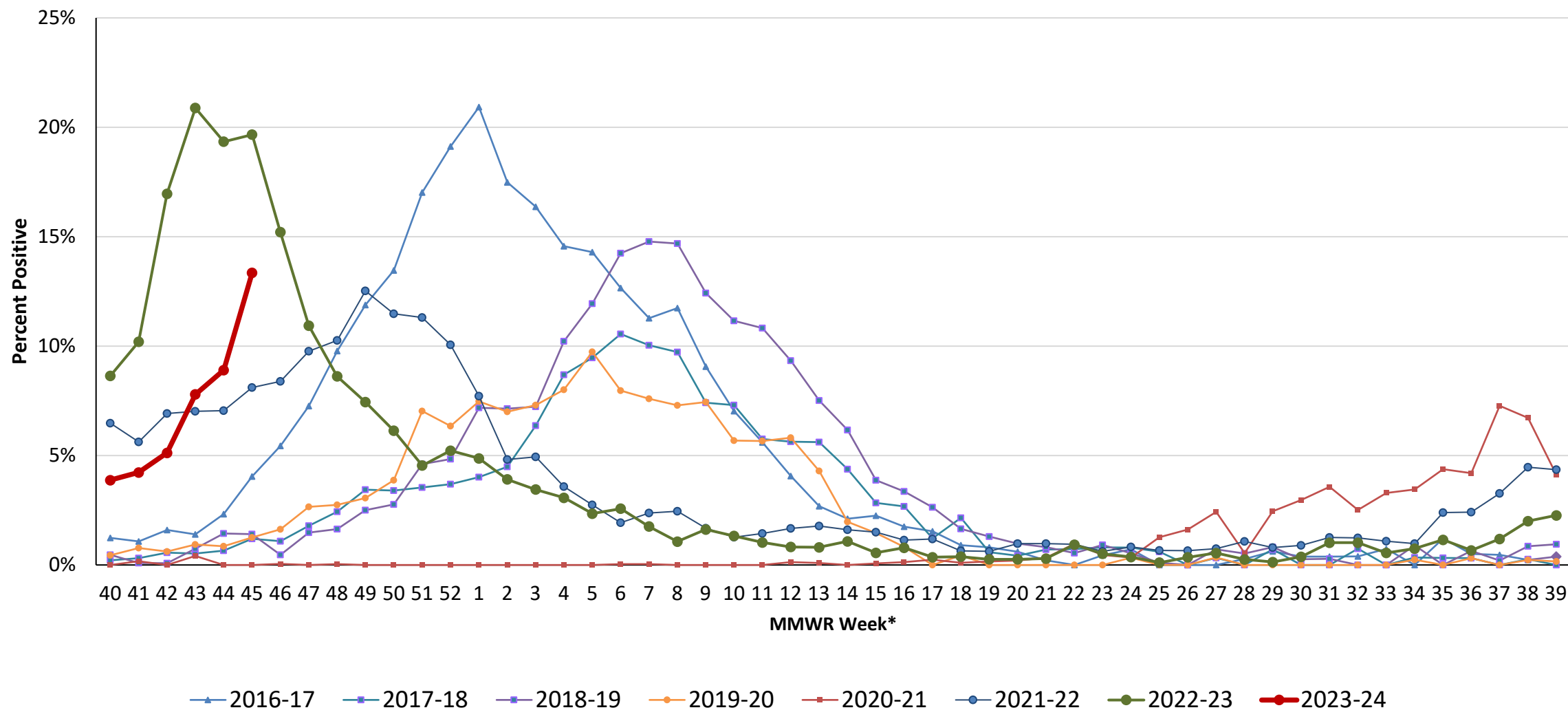


## Percentage of Respiratory Specimens Testing Positive for Influenza at LAC Sentinel Surveillance Laboratories by Season, 2016-17 Through 2023-24



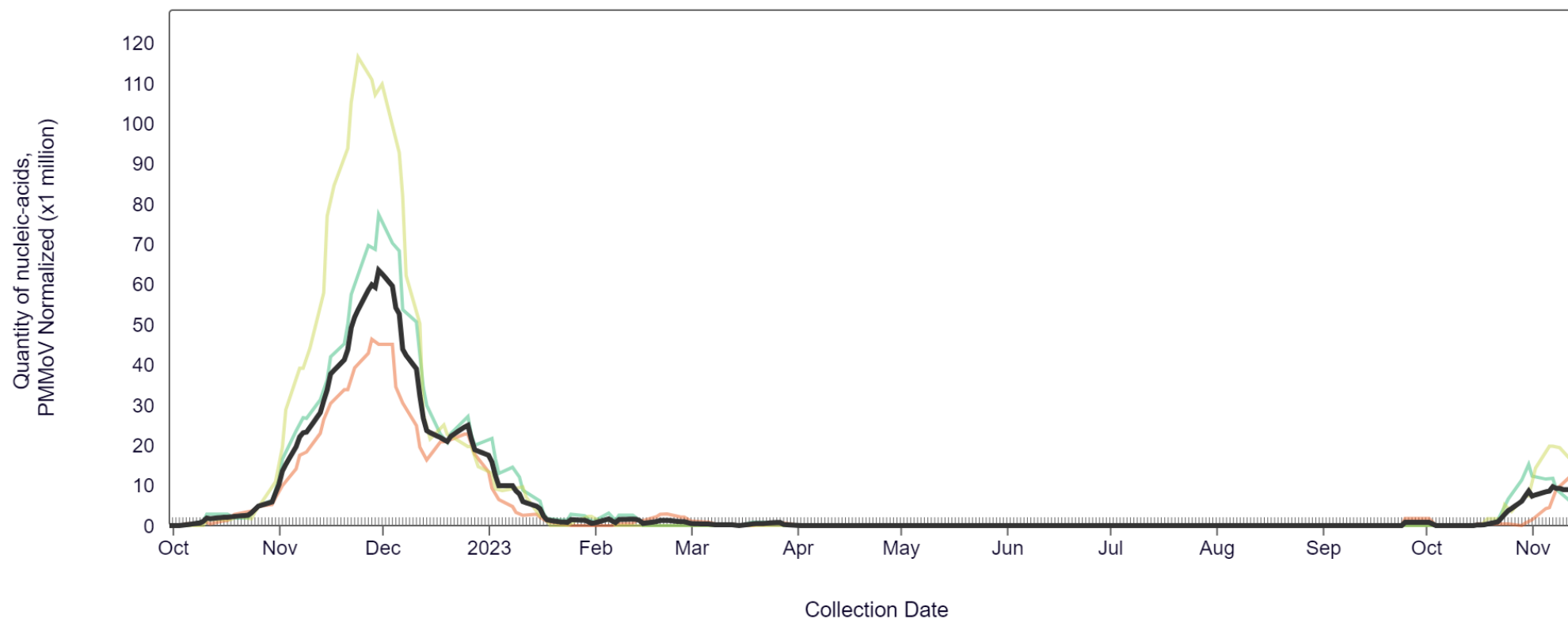


## Percentage of Respiratory Specimens Testing Positive for Respiratory Syncytial Virus (RSV) at LAC Sentinel Surveillance Laboratories by Season, 2016-17 Through 2023-24



# Wastewater surveillance - Influenza

Influenza A, Los Angeles, CA

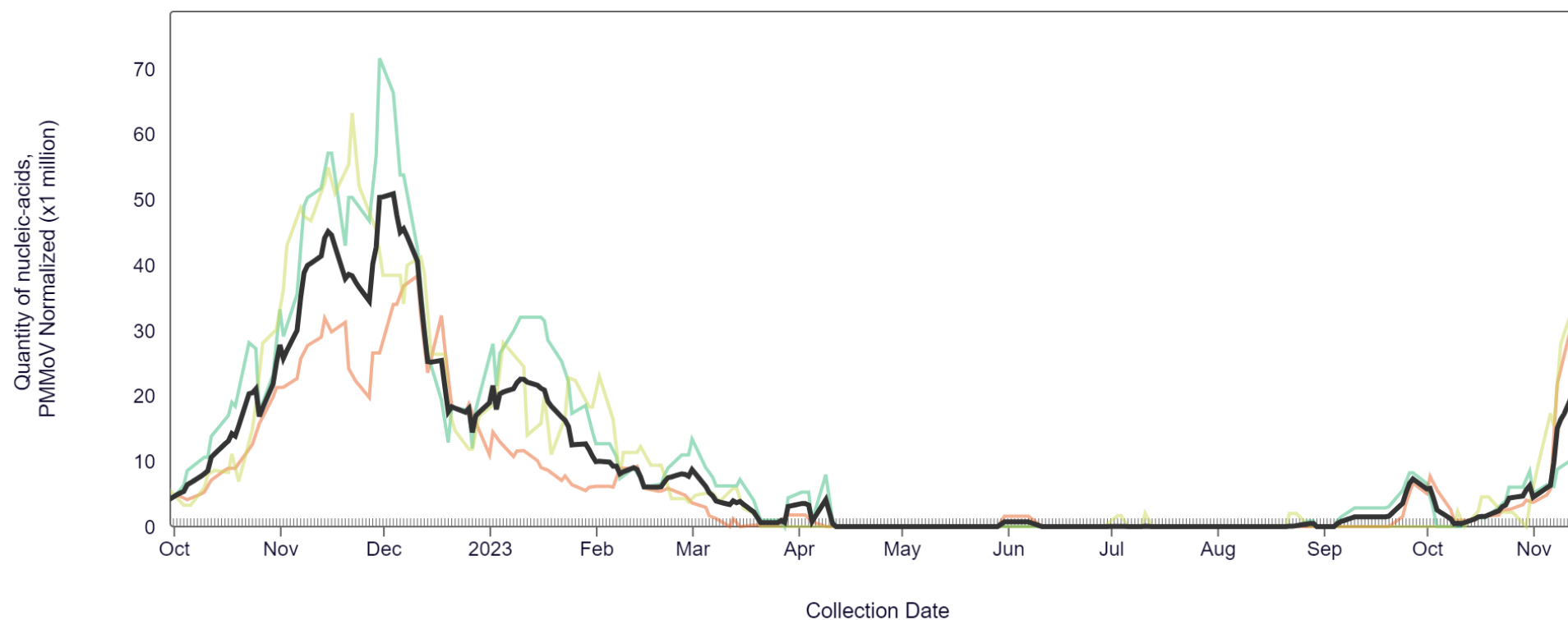


- Sample collected
- All Selected Locations (Average)
- Los Angeles County, CA (Joint Water Pollution Control Plant)
- Los Angeles, CA (Hyperion Water Reclamation Plant (HWRP))
- Lancaster, CA (Lancaster Water Reclamation Plant)

<https://data.wastewaterscan.org/tracker?charts=Ck4QACABOAFIAFIGMzczNzAyUgZiOWMwMmRSBmJjYmI4NVoLSW5mbHVlbnphIEFyCjIwMjltMDktMzByCjIwMjltMTMtMTaKAQY3MGI5ZjA%3D&selectedChartId=70b9f0>

# Wastewater surveillance - RSV

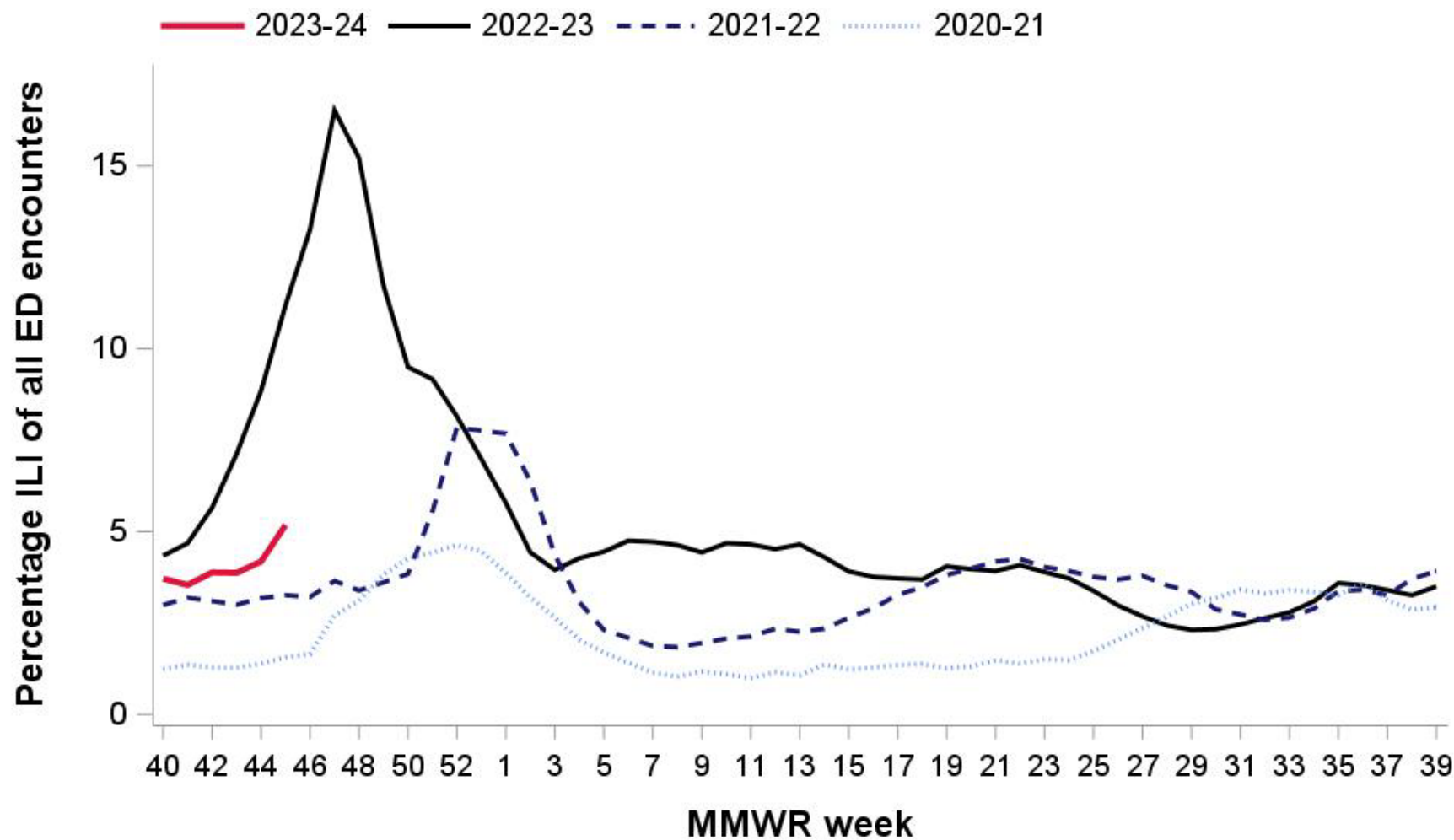
RSV, Los Angeles, CA



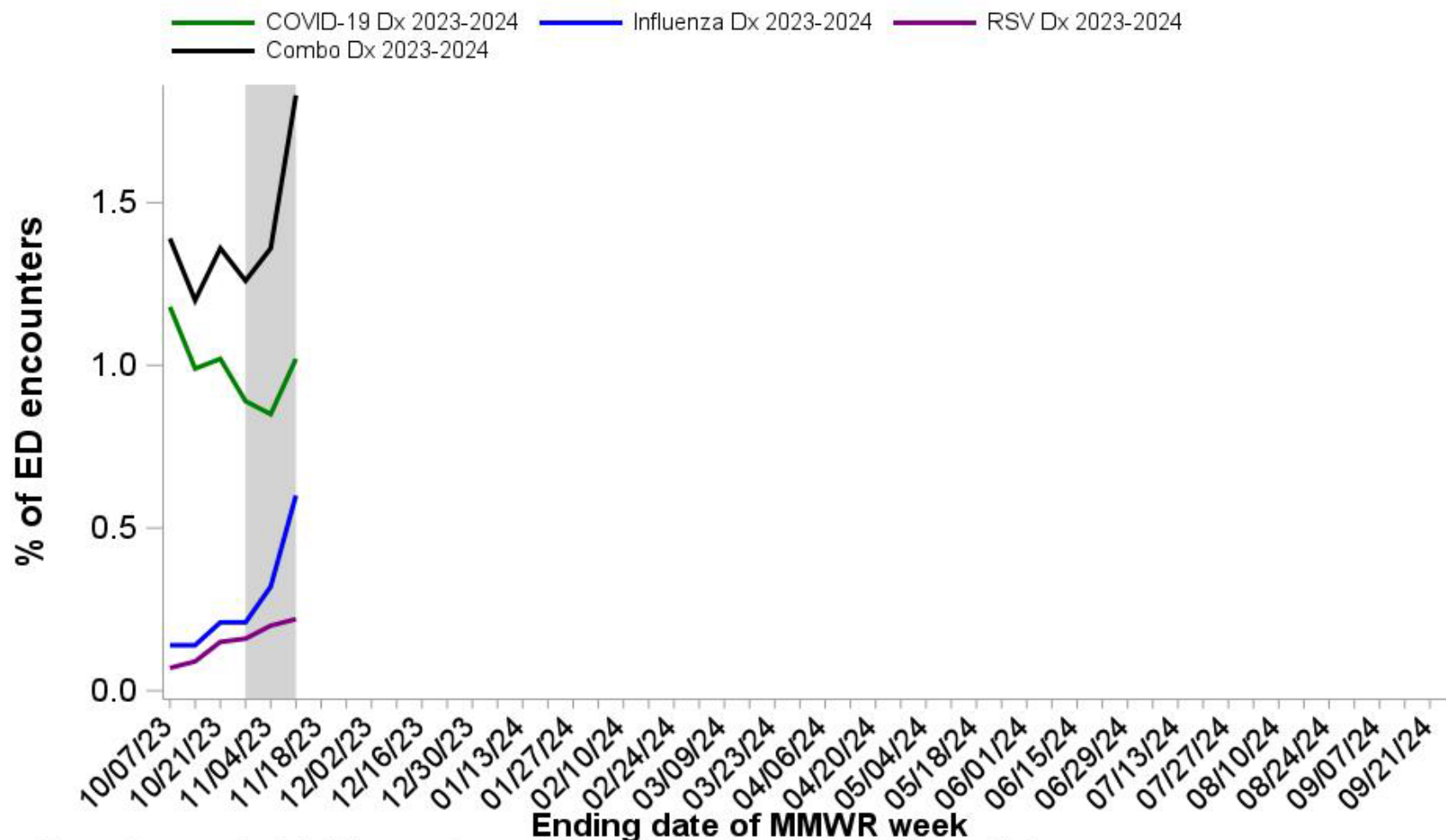
- Sample collected
- **All Selected Locations (Average)**
- **Los Angeles County, CA** (Joint Water Pollution Control Plant)
- **Los Angeles, CA** (Hyperion Water Reclamation Plant (HWRP))
- **Lancaster, CA** (Lancaster Water Reclamation Plant)

<https://data.wastewaterscan.org/tracker?charts=CkYQACABOAFIAFIGMzc zNzAyUgZiOwMwMmRSBmJjYmI4NVoDUINWcgoyMDIyLTA5LTMwcgoyMDIzLTE2igEGNzBiOWYw&selectedChartId=70b9f0>

# Emergency department visits for influenza-like illness (ILI)

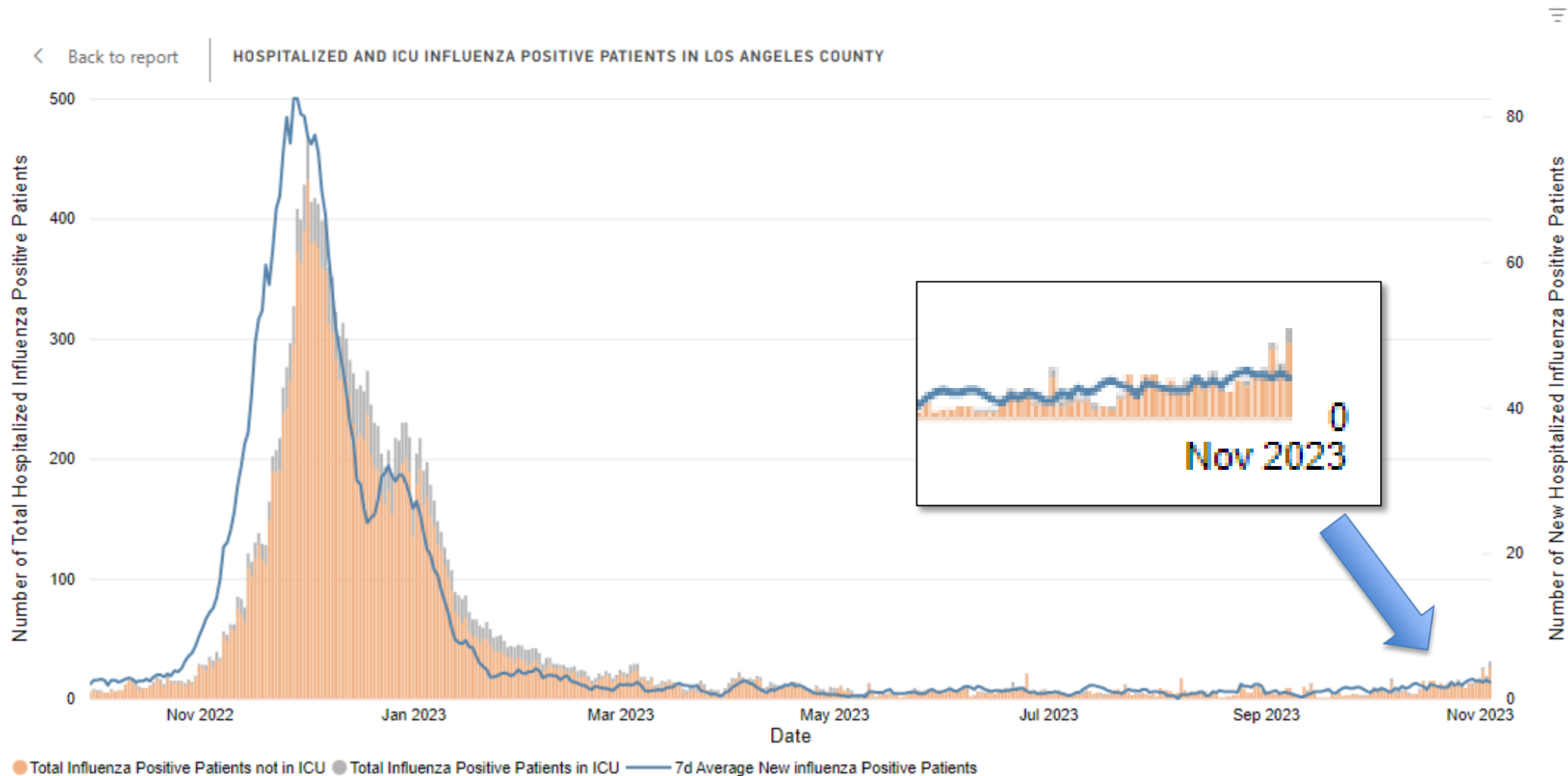


# Emergency department visits, ICD-10 coded



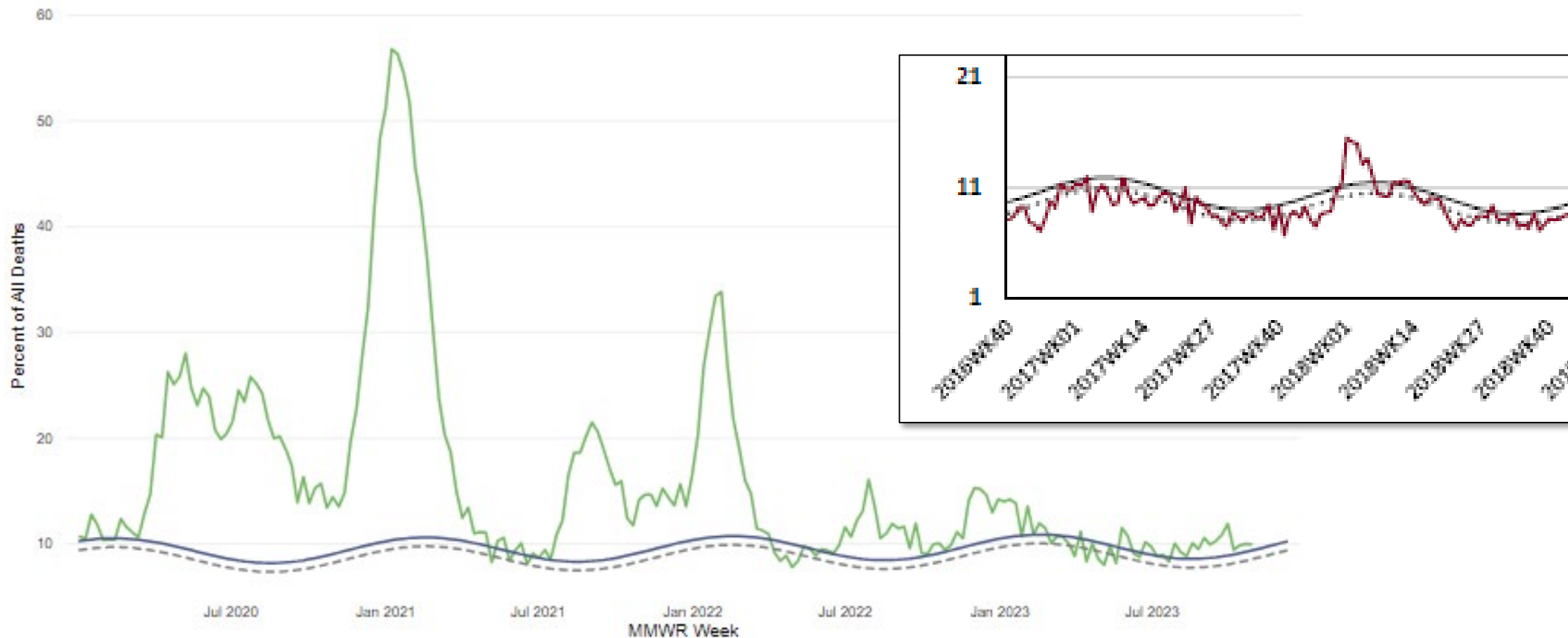
Acute Communicable Disease Control Program Syndromic Surveillance Unit

# Influenza hospitalizations, NHSN



# Pneumonia, influenza and COVID-19 mortality

— Observed PIC mortality — Epidemic threshold - - - Seasonal baseline







# INFLUENZA WATCH

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

Updated: 11-13-2023

MMWR Week: 44

Ending on: 11-04-2023

To subscribe to LAC DPH Viral Respiratory Illness Surveillance

Updates email "Subscribe" to [influenza@ph.lacounty.gov](mailto:influenza@ph.lacounty.gov)

## Influenza Surveillance at-a-Glance

Virology	Illness	Severe Disease
<p><b>3.0%</b> of specimens tested at LAC sentinel labs were positive for influenza in week 44. This is <b>more than</b> in week 43.</p> <p>This season, more <b>influenza A</b> has been detected than <b>influenza B</b>.</p>	<p>Visits for influenza-like illness accounted for <b>4.0%</b> of emergency department visits in week 44, which is <b>more than</b> in week 43.</p>	<p><b>Pneumonia, Influenza, and COVID-19</b> accounted for <b>9.9%</b> of all deaths registered in LAC during week 43, which is <b>the same as</b> in week 42.</p> <p><b>0</b> deaths in adults aged <math>\geq 18</math> years had influenza listed as a primary or contributing cause of death since the start of the 2023-24 respiratory season.</p>

To receive this report, email "Subscribe" to [influenza@ph.lacounty.gov](mailto:influenza@ph.lacounty.gov).

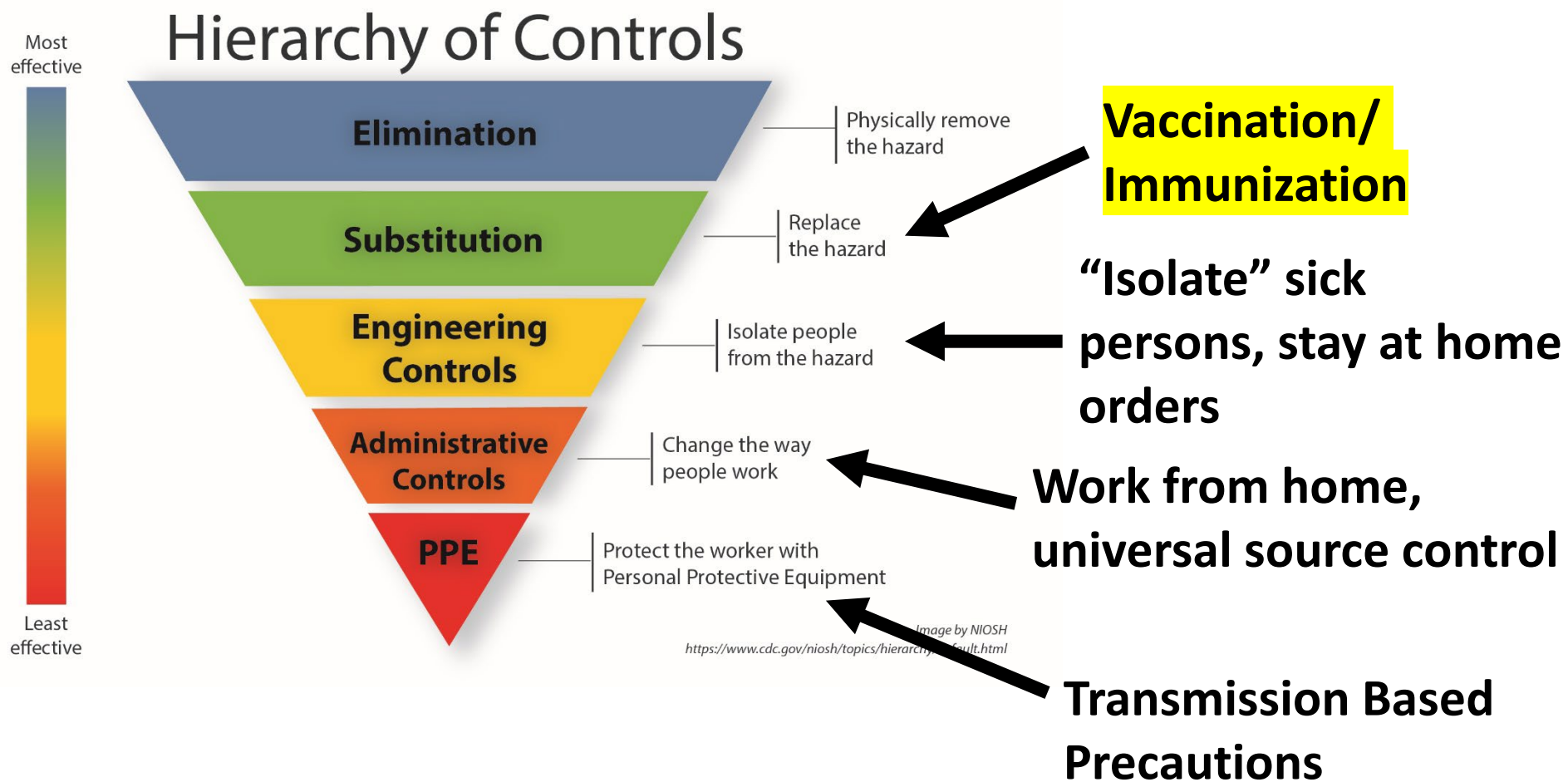


*2. Hierarchy of Controls*

**Vaccinate, vaccinate, vaccinate!**



# Hierarchy of Controls



# Prevent Morbidity and Mortality from Respiratory Illness in SNFs – VACCINATE!

- The most effective strategy to prevent morbidity and mortality from influenza and COVID-19 continues to be ensuring that **residents and HCP are up-to-date on all recommended vaccinations.**
- Available vaccines for prevention of respiratory disease in adults are:
  - COVID-19
  - Influenza
  - Pneumococcal
  - RSV vaccines



## 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.





## Vaccine Recommendations—Influenza Vaccine

- Recommended for all persons 6 months of age and older starting in September and October
  - For adults (especially those 65 years old and older), avoid vaccinating in July and August
- Anyone can get sick with flu, but certain people are at higher risk including:
  - *people 65 years and older*
  - pregnant women
  - children younger than 5 years
  - *people with chronic medical conditions* (asthma, diabetes, heart disease, HIV)
- Last season, people who were vaccinated against flu were about 40% to 70% less likely to be hospitalized because of flu illness or related complications.



# U.S. Licensed Influenza Vaccines 2023-24 Flu Season

Older adults aged  $\geq 65$  yo should get a higher dose or adjuvanted influenza vaccine per [ACIP recommendation](#), but if unavailable at the time of the vaccination opportunity, provide any other age-appropriate vaccine.

HD-IIV4 (high-dose, egg-based vaccine <sup>†</sup> )					
Fluzone High-Dose Quadrivalent (Sanofi Pasteur)	0.7-mL PFS	$\geq 65$ yrs	60 $\mu\text{g}/0.7$ mL	IM <sup>¶</sup>	—
aIIV4 (standard-dose, egg-based <sup>†</sup> vaccine with MF59 adjuvant)					
Fluad Quadrivalent (Seqirus)	0.5-mL PFS	$\geq 65$ yrs	15 $\mu\text{g}/0.5$ mL	IM <sup>¶</sup>	—
RIV4 (recombinant HA vaccine)					
Flublok Quadrivalent (Sanofi Pasteur)	0.5-mL PFS	$\geq 18$ yrs	45 $\mu\text{g}/0.5$ mL	IM <sup>¶</sup>	—

<https://www.cdc.gov/flu/professionals/acip/2022-2023/acip-table.htm#print>

## Estimate of flu vaccination coverage in LA County

All ages

1,754,228 vaccinated / 10.3M people  
About **17%**

65 years and older:

601,887 vaccinated / 1.37M people  
About **44%**



# Respiratory Syncytial Virus (RSV) vaccine for older adults

A single (1) dose of an RSV vaccine, using shared clinical decision-making, in adults aged 60 yrs and older.

2 FDA approved products:

- Pfizer bivalent RSVpreF (Abrysvo)
- GSK adjuvanted RSVPreF3 (Arexvy)

Evidence

- Double-blinded, placebo-controlled clinical studies (gold standard)
  - 7 countries (Pfizer), 17 countries (GSK)
  - >60,000 immunocompetent participants aged ≥60 years between the 2 studies
- Showed **moderate to high efficacy** in prevention of symptomatic RSV associated lung disease (“lower respiratory tract disease”) over 2 consecutive seasons in older adults 60yo+.
- Both vaccines generally well-tolerated.



New *MMWR* on ACIP's **respiratory syncytial virus (RSV) vaccine recommendations**

Stay up to date on recommendations for adults 60 years and older

[bit.ly/mm7229a4](https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7229a4-H.pdf)  
JULY 14, 2023



<https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7229a4-H.pdf>

## Clinical consideration: Timing of RSV vaccination for the 2023–2024 RSV season

Given this variability the ideal time to start vaccinating cannot be predicted in advance of the 2023-2024 RSV season.

Providers should **therefore offer RSV vaccination as soon as vaccine supply becomes available.**

Providers should continue to offer RSV vaccination throughout the RSV season to eligible adults who remain unvaccinated.

There are insufficient data at this time to determine the need for revaccination.

## Prevention of pneumococcal pneumonia

- Caused by bacteria called *Streptococcus pneumoniae*, or pneumococcus.
- Infections can range
  - Mild ear and sinus infections (more commonly in children)
  - More severe: lung (pneumonia), bloodstream infections (bacteremia), joints (septic arthritis), brain lining (meningitis)
- 1 out of 20 people with pneumococcal disease will die from it.
- **In older adults, pneumococcal pneumonia is most common case of pneumonia that results in hospitalization.**
- Risk factors among older adults: advanced age, **living in nursing homes**, smoke cigarettes, regular contact with children aged <6 years, **recent infection and co-infection with respiratory viruses**

*There are vaccines to help prevent pneumococcal disease.*



TABLE 2. Pneumococcal vaccine schedules for adults aged ≥65 years, by underlying conditions — Advisory Committee on Immunization Practices, United States, 2023



Vaccine received previously at any age	Any or no underlying condition	No specified immunocompromising condition,* CSF leak, or cochlear implant	Specified immunocompromising condition,* CSF leak, or cochlear implant
	Schedule option A (PCV20 available)	Schedule option B (PCV15 and PPSV23 available)	Schedule option B (PCV15 and PPSV23 available)
None/unknown† or PCV7 only‡	Administer a single dose of PCV20	Administer a single dose of PCV15, then after a ≥1 year interval since the PCV15 dose, administer a single dose of PPSV23	Administer a single dose of PCV15, then after ≥8 weeks since the PCV15 dose, administer a single dose of PPSV23
PPSV23 only‡	Administer a single dose of PCV20 after a ≥1 year interval since the last PPSV23 dose	Administer a single dose of PCV15 after a ≥1 year interval since the last PPSV23 dose	Administer a single dose of PCV15 after a ≥1 year interval since the last PPSV23 dose
PCV13 only	Administer a single dose of PCV20 after a ≥1 year interval since the last PCV13 dose¶	Administer a single dose of PPSV23 after a ≥1 year interval since the last PCV13 dose**	Administer a single dose of PPSV23 after ≥8 weeks since the last PCV13 dose**
Both PCV13 and PPSV23 (any order of receipt) but has not yet received a dose of PPSV23 at age ≥65 years	Administer a single dose of PCV20 after a ≥5 year interval since the last PCV13 or PPSV23 dose¶	Administer a single dose of PPSV23 after a ≥1 year interval since the last PCV13 dose and a ≥5 year interval since the last PPSV23 dose**	Administer a single dose of PPSV23 after ≥8 weeks since the last PCV13 dose and ≥5 years since the last PPSV23 dose**
Both PCV13 and PPSV23 (any order), and the PPSV23 was administered at age ≥65 years	Together, with the patient, vaccine providers may choose to administer a single dose of PCV20 to adults aged ≥65 years who already have received PCV13 (but not PCV15 or PCV20) at any age and PPSV23 at age ≥65 years. The interval should be ≥5 years since the last PCV13 or PPSV23 dose.¶,††	N/A	N/A

Recommended for

- Infants, young children
- Adults age 65 years and older
- Adults ages 19–64 who are at high-risk

**Good** – more pneumococcal vaccine products available

**Bad** – recommendations are more complicated

[https://www.cdc.gov/mmwr/volumes/72/rr/rr7203a1.htm#T2\\_down](https://www.cdc.gov/mmwr/volumes/72/rr/rr7203a1.htm#T2_down)

<https://www.cdc.gov/vaccines/vpd/pneumo/hcp/who-when-to-vaccinate.html>

**Job aid:** <https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf>



 Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

## Pneumococcal Vaccine Recommendations

# PneumoRecs VaxAdvisor

Tool to help determine which  
pneumococcal vaccines children  
and adults need.

[Get Started](#)

Enter a patient's age, pneumococcal vaccination history, and underlying medical conditions. Move through this tool to create customized pneumococcal vaccination recommendations.

<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) is also acceptable.
  - Administer vaccines in different anatomical sites
- Recommended to avoid missed opportunities and delayed vaccination



**OLDER ADULTS NEED  
VACCINE PROTECTION FROM  
FLU, RSV & COVID-19.**



CDPH Office of Communication: Toolkits for  
Flu, RSV, and COVID-19 Vaccination:  
[https://www.cdph.ca.gov/Programs/OPA/  
Pages/Communications-Toolkits/my-turn-  
flu.aspx](https://www.cdph.ca.gov/Programs/OPA/Pages/Communications-Toolkits/my-turn-flu.aspx)

*And pneumococcal when  
eligible!*



*Increasing Influenza Immunization Rates Among Healthcare Personnel in Los Angeles County*  
**Los Angeles County Health Officer Order**

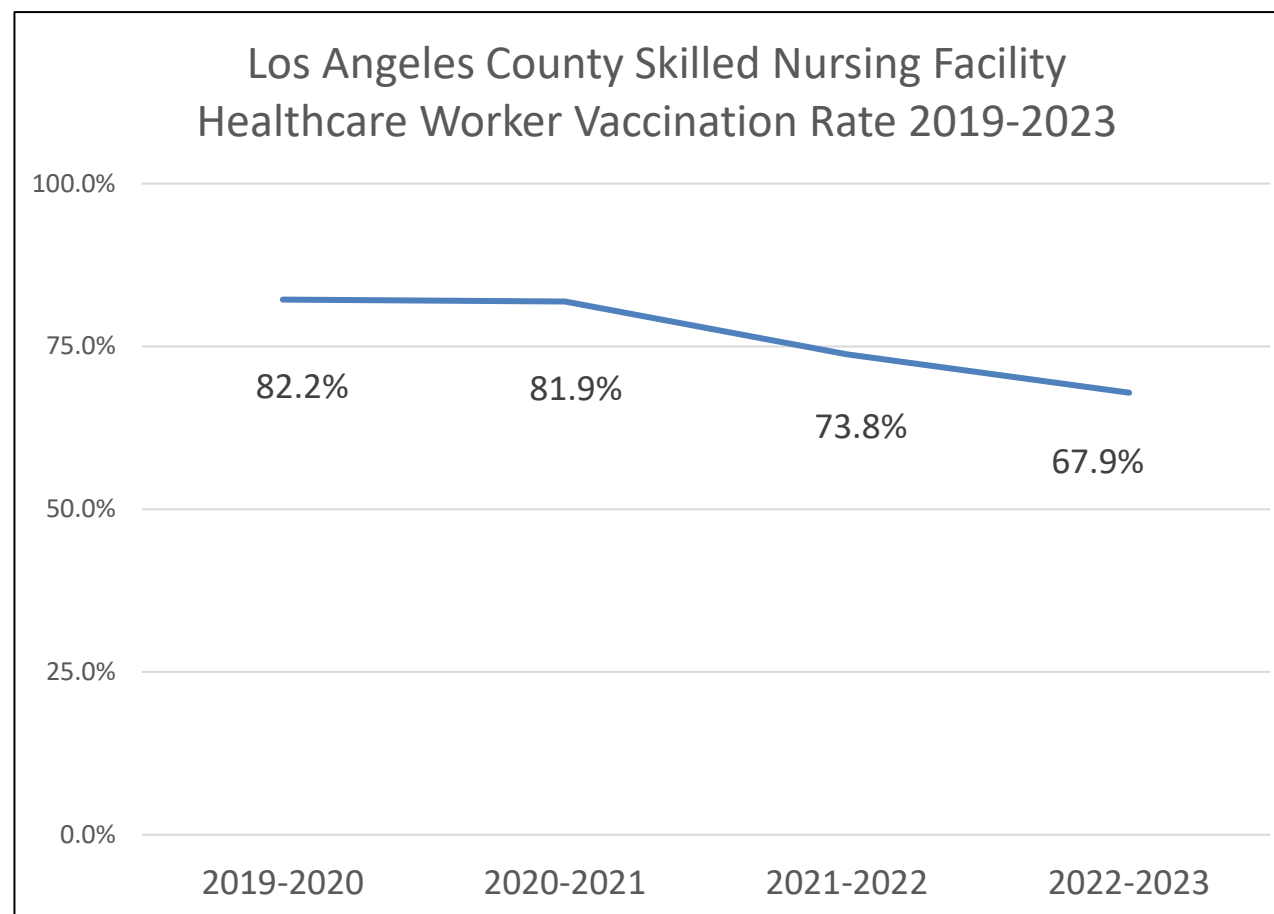




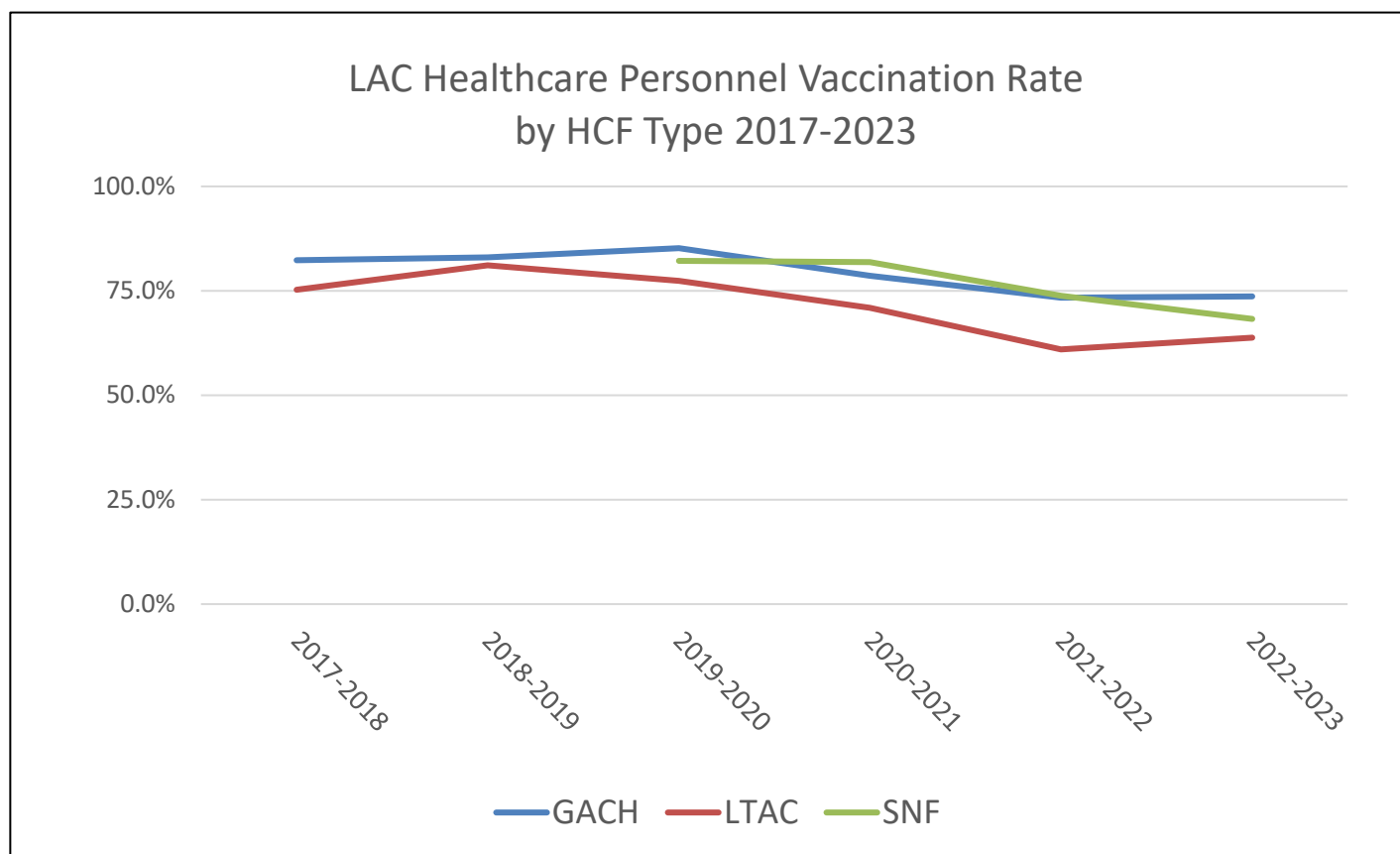
## Influenza and COVID-19 Vaccination Health Officer Order for Healthcare Personnel (HCP)

- Facilities should establish policies and procedures to ensure that staff have received the influenza vaccine as outlined by the [Health Officer](#)—updated annually
- **2023-2024 HOO:** Influenza and COVID-19 vaccination or masking for HCP during the **respiratory virus season** (previously known as influenza season November 1<sup>st</sup>-April 30<sup>th</sup>) 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 2019-2023



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



# Protect Your Loved Ones this Cold and Flu Season



## 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 influenza immunization data to the CDC's National Healthcare Safety Network (NHSN)

For more best practices, visit:

[publichealth.lacounty.gov/acd/docs/BestPracticesInfluenzaImmunizationHCP.pdf](https://publichealth.lacounty.gov/acd/docs/BestPracticesInfluenzaImmunizationHCP.pdf)

# Los Angeles County HCP Influenza Vaccination Honor Roll 2022-2023

## *Top Performing SNFs who Achieved 90%*

Affinity Healthcare Center	Buena Ventura Post Acute Care Center	Del Mar Convalescent Hospital	Lakewood Healthcare Center	Providence St. Elizabeth Care Center	Torrance Care Center West	White Memorial Medical Center D/P SNF
Alden Terrace Convalescent Hospital	Burlington Convalescent Hospital	El Monte Convalescent Hospital	Lotus Care Center	Ramona Nursing & Rehabilitation Center	Torrance Memorial Medical Center D/P SNF	Whittier Pacific Care Center
Alhambra Healthcare & Wellness Centre, Lp	Canyon Oaks Nursing and Rehabilitation Center	Flower Villa, Inc.	Maywood Skilled Nursing & Wellness Centre	Rinaldi Convalescent Hospital	Valley Palms Care Center	
Alvarado Care Center	Cerritos Vista Healthcare Center	Four Seasons Healthcare & Wellness Center, Lp	Montrose Springs Skilled Nursing & Wellness Center	Royal Gardens Healthcare	Victoria Care Center	

[http://publichealth.lacounty.gov/ip/influenza\\_providers.htm](http://publichealth.lacounty.gov/ip/influenza_providers.htm)



# Los Angeles County HCP Influenza Vaccination Honor Roll 2022-2023

## *Top Performing SNFs who Achieved 90%*

Angels Nursing Health Center	Coast Care Convalescent Center	Grand Valley Health Care Center	Mount San Antonio Gardens	San Gabriel Convalescent Center	Villa Del Rio
Atherton Baptist Home-Sam B. West	College Vista Post-Acute	Harbor Post Acute Care Center	Mountain View Convalescent Hospital	Sherman Village Healthcare Center	Villa Del Rio Garden
Bell Convalescent Hospital	Country Villa Pavilion Nursing Center	Heritage Rehabilitation Center	New Vista Post-Acute Care Center	Sunset Park Healthcare	Villa Elena Healthcare Center
Berkley West Convalescent Hospital	Country Villa Sheraton Nursing and Rehab Center	Hollywood Premier Healthcare Center	Oakpark Healthcare Center	Temple Park Convalescent Hospital	West Hills Health and Rehabilitation Center
Brentwood Health Care Center	Country Villa Terrace Nursing Center	Huntington Healthcare Center	Ocean Park Healthcare	The Care Center On Hazeltine, Llc	West Valley Post Acute
Broadway Healthcare Center	Country Villa Wilshire Convalescent Center	La Paz Geropsychiatric Center	Pico Rivera Healthcare Center	The Hills Healthcare Center	Western Convalescent Hospital

[http://publichealth.lacounty.gov/ip/influenza\\_providers.htm](http://publichealth.lacounty.gov/ip/influenza_providers.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.

## NHSN Landing Page

Welcome to the NHSN Landing Page

Select component:  
Healthcare Personnel Safety

Select facility/group:  
Fac: Joy LTC Facility (ID 30074)

Submit

- A (very helpful) NHSN “Survival Guide” from HSAG:  
<https://www.hsag.com/contentassets/5e33497eb60d41258abb4d3cab9d8f0/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 info 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](#)



*3. Proactive monitoring*  
**Surveillance**



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

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



# Clinical Presentation: Flu vs COVID-19

Characteristics	Influenza	COVID-19
Signs and Symptoms that are the <b>same</b>	Fever, chills, cough, shortness of breath or difficulty breathing, fatigue, sore throat, runny or stuffy nose, myalgias, headache, vomiting and diarrhea, cardiac complications.	
Signs and symptoms that are <b>different</b>	<ul style="list-style-type: none"> <li>• Asymptomatic infection uncommon</li> <li>• Bacterial superinfection common</li> </ul>	<ul style="list-style-type: none"> <li>• Asymptomatic infection more common and can transmit disease</li> <li>• Bacterial superinfection uncommon</li> <li>• New loss of sense of taste or smell</li> <li>• Multi-system inflammatory syndrome (MIS-C) in children and young adults</li> <li>• Thromboembolic complications (cardiovascular)</li> <li>• Delayed and lingering symptoms (“long COVID”)</li> </ul>

# Clinical Presentation: Flu vs COVID-19

Characteristics	Influenza	COVID-19
<b>Infectious Period</b>	<ul style="list-style-type: none"> <li>• Less transmissible</li> <li>• More frequent transmission by symptomatic individuals</li> <li>• Contagious from 1 day (24 hrs) before symptoms and thru duration of illness</li> <li>• Most infectious after symptom onset</li> </ul>	<ul style="list-style-type: none"> <li>• More transmissible, but varies with circulating strain</li> <li>• 40% of infections transmitted by pre- or asymptomatic individuals</li> <li>• Contagious from 2 days before onset of symptoms/positive test to 10 days* after onset/positive test</li> </ul> <p><i>*unless immunocompromised or severe illness requiring ICU stay when viral shedding is prolonged</i></p>
<b>Incubation Period</b>	<ul style="list-style-type: none"> <li>• 1-4 days (median 2 days)</li> </ul>	<ul style="list-style-type: none"> <li>• 14 days (median 3-5 days); shorter incubation periods with some variants, (e.g., omicron)</li> </ul>

## Early Identification of Influenza

### 1. 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 (>5% resp specimens positive for flu county-wide) or during outbreak:** active symptom screening (log) upon reporting to work



### 2. Immediately place on transmission based precautions and test anyone with symptoms for both COVID-19 and influenza

### 3. If using antigen tests, confirm with a molecular (PCR) test

### 4. Use a **line list** to help track residents with respiratory illness even if testing is negative. Helps with figuring out **when outbreak criteria is met.**





*4. Influenza Management in SNFs*  
**Testing**





## How to Test for Influenza?

- Two categories of diagnostic tests
  - Molecular assays – include rapid molecular assays and reverse transcription polymerase chain reaction (RT-PCR)
  - Antigen detection tests – including rapid influenza diagnostic tests (RIDTs) and immunofluorescence assays
    - Low to moderate sensitivity for detecting influenza
    - False positives when prevalence of circulating influenza viruses is low
    - False negatives when the prevalence is high

## How to Test for Influenza?

- CDC recommends, in order of preference:
  1. Rapid RT-PCR or other molecular assays; OR
  2. Rapid antigen detection assay → confirm negative test results in symptomatic persons with RT-PCR/molecular assay.
- If a resident with acute respiratory illness tests negative for both influenza and SARS-CoV-2, consider additional viral or bacterial testing based on respiratory pathogens known or suspected to be circulating (RSV)

# 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 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>





*4. Influenza Management in SNFs*

**Transmission based precautions and Cohorting**



# Infection Control Basics: Standard Precautions

- Respiratory hygiene/cough etiquette
  - Education of visitors
  - Avoid crowds

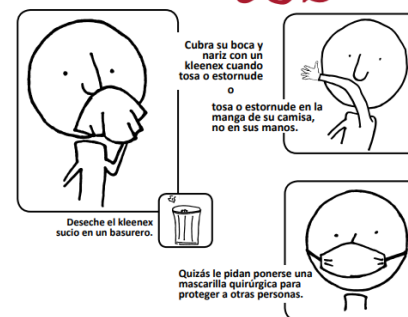


Resp hygiene:

<https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>

¡Para la propagación de gérmenes que lo enferman a usted y a otras personas!

## Cubra su tos



DEPARTMENT OF HEALTH  
<https://www.health.state.mn.us/people/cyc/hcpposter.html>



## 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.

Los Angeles County Department of Public Health  
[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)



<http://www.lapublichealth.org/acd/docs/CoverCough.pdf>

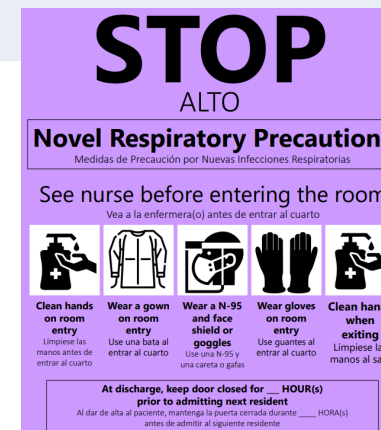
## Infection Control Basics: Standard Precautions

- Use masking for source control
- Mask all residents when outside of their rooms during outbreaks of a respiratory virus (flu, COVID, RSV, etc)
- Hand hygiene with alcohol-based hand rubs



# Transmission and Precautions: Flu vs COVID-19

Characteristics	Influenza	COVID-19
Primary Route of Transmission	<ul style="list-style-type: none"> <li>Large respiratory fluid droplets</li> </ul>	<ul style="list-style-type: none"> <li>Small respiratory droplets and aerosols</li> <li>Fomite (environmental surfaces) less common</li> </ul>
Recommended PPE	<ul style="list-style-type: none"> <li>Surgical mask</li> <li>Eye protection</li> <li>Gown</li> <li>Gloves if high contact activity</li> <li>N95 respirator if aerosol generating procedure (AGP)</li> </ul>	<ul style="list-style-type: none"> <li>N95 respirator</li> <li>Eye protection</li> <li>Gown</li> <li>Gloves</li> <li>Airborne infection isolation room (AIIR) if AGP</li> </ul>





## Prevention and Control of COVID-19 vs Influenza

- Review of COVID-19 infection control
  - Isolate residents with confirmed COVID-19 in a physically separated Red Cohort
  - Prioritize dedicated staffing
  - Response testing of asymptomatic individuals \*
  - LAC DPH [Guidelines for Preventing & Managing COVID-19 in SNFs](#)
- Infection control for influenza differs from COVID-19 because
  - Interventions to mitigate influenza
  - Morbidity is lower for influenza
  - Influenza is less transmissible

## Influenza Prevention & Control

- Consider isolating residents with confirmed influenza in a private room
- If a private room unavailable, then isolate confirmed cases “like with like”
- If there are multiple viruses circulating and/or multiple residents with confirmed cases
  - Prioritize isolating COVID cases in a physically distinct area/unit/floor (Red Zone)
  - Try to cohort remaining confirmed cases “like with like”
  - Worse case scenario: leave cases in their room with roommates and enforce spatial separation of at least 6 feet, privacy curtain between residents
  - Always change gloves and perform hand hygiene between resident beds
- Suspect cases (symptomatic awaiting confirmatory testing results) should be isolated in place (place on TBP)
- Institute HVAC improvements, place portable air cleaners, leave fan switch to “on”
- Avoid making a separate “Red Zone” for influenza confirmed cases

## Managing close contacts

### Flu, RSV, other respiratory illness

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

### COVID-19

- *Manage in place*
- No post-exposure prophylaxis for close contacts (*Evusheld is only for pre-exposure prophylaxis*)
- Surveillance: 14 days post last case

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



*4. Influenza Management in SNFs*

**Antiviral treatment and chemoprophylaxis**



## 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
  - There are other persons with confirmed influenza at the facility,  
OR
  - 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
- Other options: oral baloxavir, inhaled zanamivir, intravenous peramivir



## Recommendations for Preventive Antiviral Therapy (Chemoprophylaxis)

- All of the roommates of a resident with confirmed influenza infection
- All residents in the outbreak-affected unit/wing if influenza confirmed in a second resident who was not a roommate of the first case
- All residents in the facility if cases in multiple units/wings (priority given to roommates of confirmed cases if low supply)
- 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 not well-matched to seasonal influenza vaccine.

## Influenza and COVID-19 Treatment

- Initiate empiric treatment for influenza with oseltamivir ASAP in symptomatic individuals without waiting for testing results during a known influenza outbreak
- Antiviral treatment for influenza is the same for all patients regardless of SARS-CoV-2 coinfection
- No clinically significant drug-drug interactions between the outpatient treatment options for COVID-19 and the influenza antiviral agents
  - But manage any Paxlovid drug-drug interactions with other medications
- Prepare order sets for both influenza chemoprophylaxis and treatment dose regimens to minimize delays

## Infection Control Summary

1. Vaccinate staff and residents. It is not too late.
2. Implement [droplet](#) + [standard precautions](#) for any residents who are suspect 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 “like with like” but avoid placing in a physically separate area especially during concurrent COVID outbreaks.
  - Always prioritize COVID isolation in a physically separate area (formerly “Red Zone”)
5. Antiviral therapy for cases: start within 48 hrs of symptom onset
6. Antiviral prophylaxis for non-ill staff and residents (prioritize roommates when short supply)
  - Minimum 2 weeks and 7 days after last case





*5. Special considerations*

**RSV and other respiratory virus management in SNFs**



## Infection Control Measures for RSV

- Contact and droplet precautions for at least 7 days and until symptoms improve and fever free for 24 hours
- RSV contacts to a confirmed case:
  - If the residents are asymptomatic, they would not need to be put on isolation or tested for RSV
  - If the residents are symptomatic, they should be put on contact isolation and droplet precautions and tested

## HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM

### Recommended Transmission-Based Precautions for Healthcare Personnel Caring for Residents with Respiratory Viral Infections

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

\*SNFs are subject to the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard and should consult those regulations for additional applicable requirements. See: [https://www.dir.ca.gov/dosh/dosh\\_publications/ATD-Guide.pdf](https://www.dir.ca.gov/dosh/dosh_publications/ATD-Guide.pdf)



## Infection Control Measures for RSV cont.

- Clearance testing is NOT recommended due to prolonged shedding of viral particles
- Ensure staff is performing proper hand hygiene with hand washing for at least 20 seconds or using an appropriate alcohol based hand sanitizer
- Increase environmental cleaning and disinfection with appropriate EPA listed agents in areas where residents are receiving care (resident room, shared bathrooms if any, rehab gym equipment, high touch surfaces, etc.)



## RSV Resources

- Los Angeles County Dept of Public Health (LAC DPH) RSV webpage: <http://publichealth.lacounty.gov/acd/diseases/RSV.htm>.
- CDC has updated their website to include guidance on RSV prevention. They have dedicated pages to [Transmission](#), [Prevention](#), and the impact of RSV on [Older Adults](#). They have also issued a [Health Alert](#). Please take the time to read through some or all of these pages for information to keep our elderly residents safe during the winter season.



*6. Outbreaks*

**Respiratory virus outbreak definitions and reporting requirements**



# Outbreaks of Influenza, RSV, or Unknown Respiratory Disease in LA County SNFs (10/11-11/8/23)

**Total # of Non-COVID-19 Respiratory Disease OBs: 4**

Influenza	RSV	OB Unknown Respiratory
3	1	0

**Spread out all over LA County: San Fernando Valley, Antelope Valley, South LA**

## Influenza Outbreak Definition

- ILI (Influenza-like illness) case definition = Fever ( $\geq 100^{\circ}$  F or  $37.8^{\circ}$  C) plus cough and/or sore throat.
- Outbreak definition
  - At least one case of laboratory-confirmed influenza
  - In the setting of a cluster ( $\geq 2$  cases) of ILI
  - Occurring within a 72-hour period
- Single cases of influenza is not reportable, but outbreaks are reportable. When in doubt, contact Public Health ([LACSNF@ph.lacounty.gov](mailto: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)
- Outbreaks are reportable
- Outbreak definitions:
  - at least 1 case of laboratory-confirmed respiratory pathogen, other than influenza, in the setting of a cluster of  $\geq 2$  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*

## Suspected Respiratory Virus Outbreak: Steps to take

1. Review LA County's ["Reportable Diseases and Conditions" List](#)
2. Collect specimen → send to laboratory for RT-PCR testing if not already done so
3. Report any suspected outbreak to Public Health per Title 17 CCR
  - Email: [ACDC-MorbidityUnit@ph.lacounty.gov](mailto:ACDC-MorbidityUnit@ph.lacounty.gov); OR
  - Phone call: 888-397-3993 or 213-240-7821
4. Notify to CDPH Licensing & Certification district office (per AFL 23- 08, 23-09)
5. Notify residents, family members, visitors
6. Immediately start a line list: template ([EXCEL](#) or [PDF](#)) from LAC DPH
7. Follow LAC DPH's ["Influenza Outbreak Prevention and Control Guidelines for SNFs"](#) while working with and following instructions from your PHN

Contact SNF Team at Public Health for any questions! [LACSNF@ph.lacounty.gov](mailto:LACSNF@ph.lacounty.gov)



## References

- Centers for Disease Control and Prevention. "Prevention and control of seasonal influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009." MMWR 58, no. Early Release (2009):1-52.
- Centers for Disease Control and Prevention. "Influenza Vaccination Coverage Among Health-Care Personnel — United States, 2012–13 Influenza Season." MMWR 62(38);781-786.

## Resources

- LAC DPH [Testing & Isolation/Quarantine for Influenza in the Context of COVID-19: Principles & Framework for Skilled Nursing Facilities](#)
- CDPH [Recommendations for the Prevention and Control of Influenza in California Skilled Nursing Facilities \(SNF\) during the COVID- 19 Pandemic \(PDF\) -Updated October 2020, Last Reviewed October 25, 2021](#)
- CDC [Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating](#)
- CDC [Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2022–23 Influenza Season](#)

## Resources con't

- LAC DPH Influenza Outbreak toolkit for SNFs  
<http://www.ph.lacounty.gov/acd/docs/Flu/FluSNFOBGuidelines/InfluenzaGuidelines07092015.pdf>
- LAC DPH's homepage on influenza: <http://publichealth.lacounty.gov/ip/influenza.htm>
- LAC DPH Influenza Healthcare Personnel Health Officer Order:  
[http://publichealth.lacounty.gov/ip/influenza\\_providers.htm#hooinfo](http://publichealth.lacounty.gov/ip/influenza_providers.htm#hooinfo)
- LAC DPH standardized transmission-based precaution signage for LTCFs (including droplet precautions for Flu and RSV):  
<http://publichealth.lacounty.gov/acd/TransmissionBasedPrecautions.htm>



## Contact Information

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