

# Influenza Management in Community Care Facilities in the Context of the COVID-19 Pandemic

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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 licensed community care facilities and is off the record. Reporters should log off now.



## DISCLAIMER

- This is a rapidly evolving situation so the information being presented is current as of today (10/27/2020), so we highly recommend that if you have questions after today you utilize the resources that we will review at the end of this presentation.



# Outline

- Epidemiology of influenza in LA County
- Influenza management guidance
- Influenza vaccination
- Questions



# Epidemiology of Influenza in LA County



## What is influenza (flu)?

- Contagious respiratory illness caused by influenza viruses
- There are two main types of flu virus: Types A and B
- Transmission
  - Spread mainly by droplets made when people with flu cough, sneeze or talk
  - Droplets can land in mouths or noses of people who are nearby or be inhaled into the lungs
  - Can spread to people up to 6 feet away
- Most contagious in 3-4 days after illness onset (incubation period)
- May be able to spread it from 1 day before to 7 days after symptom onset (infectious period)

## What are the symptoms of influenza?

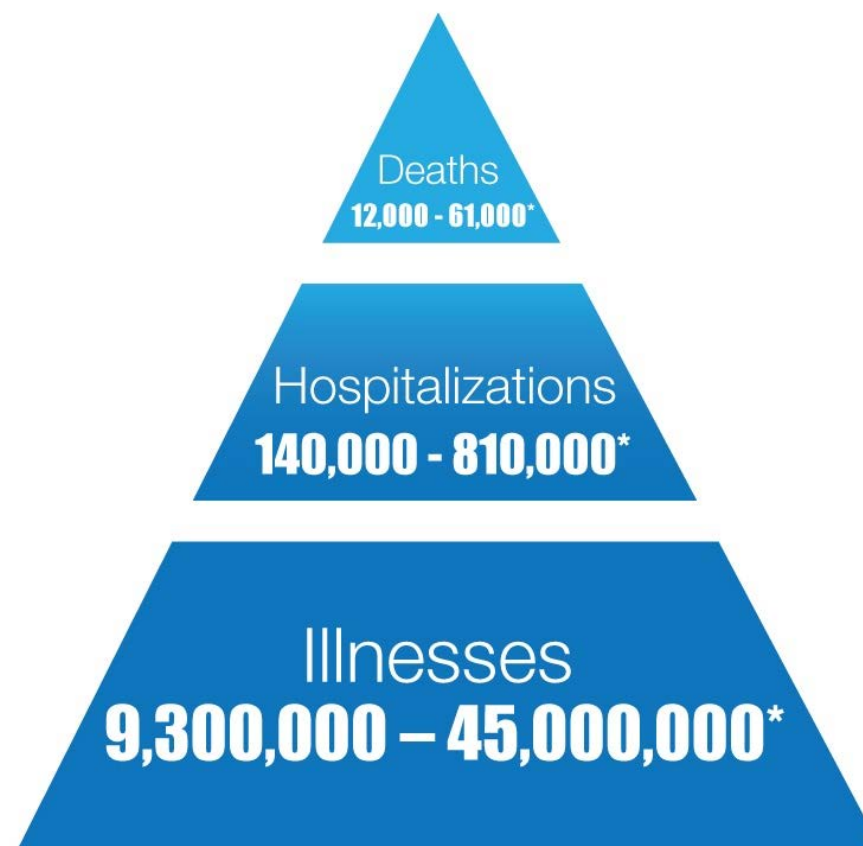
- Symptoms can range from mild to severe (can lead to hospitalization and death)
- Symptoms include: fever, cough, sore throat, headache, body ache, fatigue
  - Older adults can have atypical or nonspecific symptoms (e.g., “seems off”)
- Flu and COVID-19 have similar symptoms so can be hard to distinguish based on symptoms alone
- People at increased risk of flu complications include:
  - Adults 65 years and older,
  - people with certain chronic medical conditions (e.g., asthma, diabetes, or heart disease),
  - pregnant women and children younger than 5 years (especially <2 years old)

## Influenza Surveillance in LA County

- What do we mean by surveillance?
- Challenges with counting influenza cases
  - Many with mild illness → will not present for care
  - Not everyone with flu will get tested
  - Potential false positive results
  - Too many cases to count (~10-15% of population annually)
- Modelling provides more comprehensive estimates of burden
- Track indicators of influenza activity
  - ED visits for influenza-like illness (ILI)
  - Percentage of respiratory specimen positive for influenza
  - Influenza-associated deaths



# Estimated Range of Annual Burden of Flu in the U.S. from 2010–2020



\*The top range of these burden estimates are from the 2017-2018 flu season. These are preliminary and may change as data are finalized.



# ***INFLUENZA WATCH***

Influenza and Related Disease Updates for Los Angeles County

Updated: 27MAR2020

MMWR week: 12

Ending on: 3/21/2020

Season: 2019-2020

## **This week at a glance**

**Activity:** The rate of emergency-department visits for influenza-like illness has *increased* since week 11 (*Page 2*).

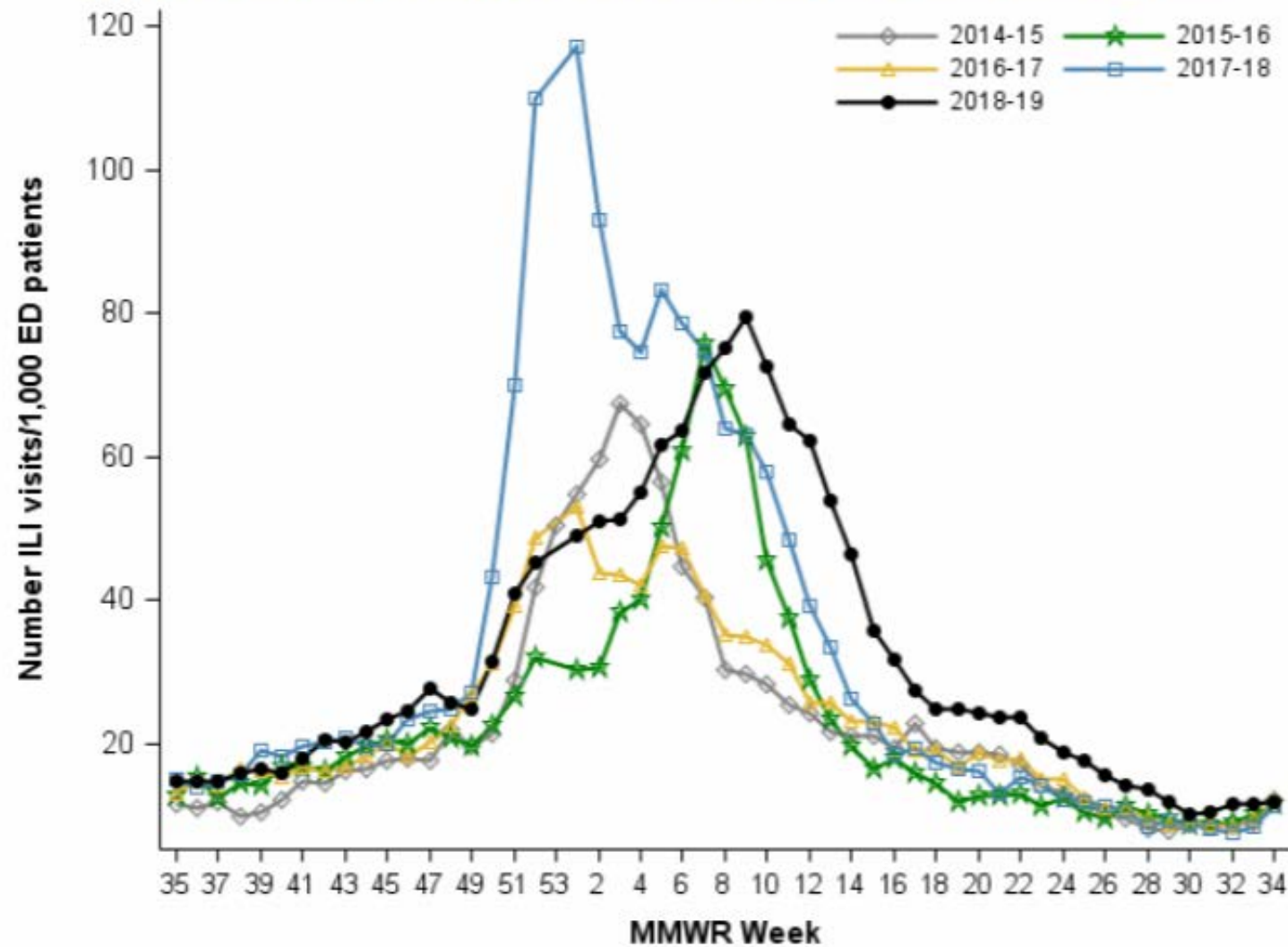
**Severity:** The percentage of deaths reported in Los Angeles County with pneumonia or influenza as a cause of death is *unavailable* this week (*Page 3*).

**Virology:** The percentage of specimens testing positive for influenza during week 11 has *decreased* since last week.

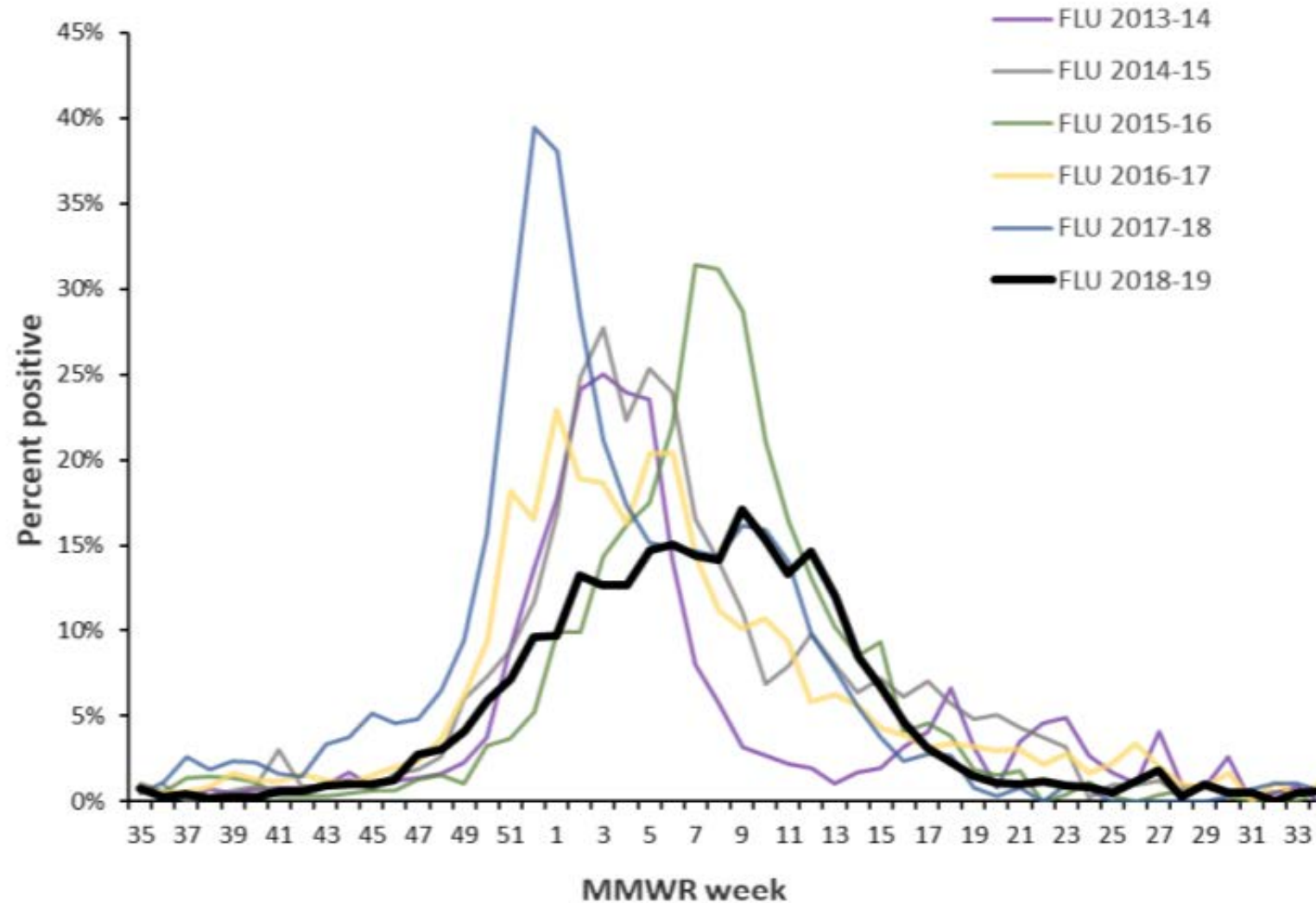
**Vaccine match and effectiveness:** Interim estimates of 2019-2020 flu vaccine effectiveness were released last. So far this season, the 2019-20 seasonal flu vaccines are reducing flu-related doctor's visits by about half overall. In children, the vaccine is reducing doctor's visits for flu by 55%.

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

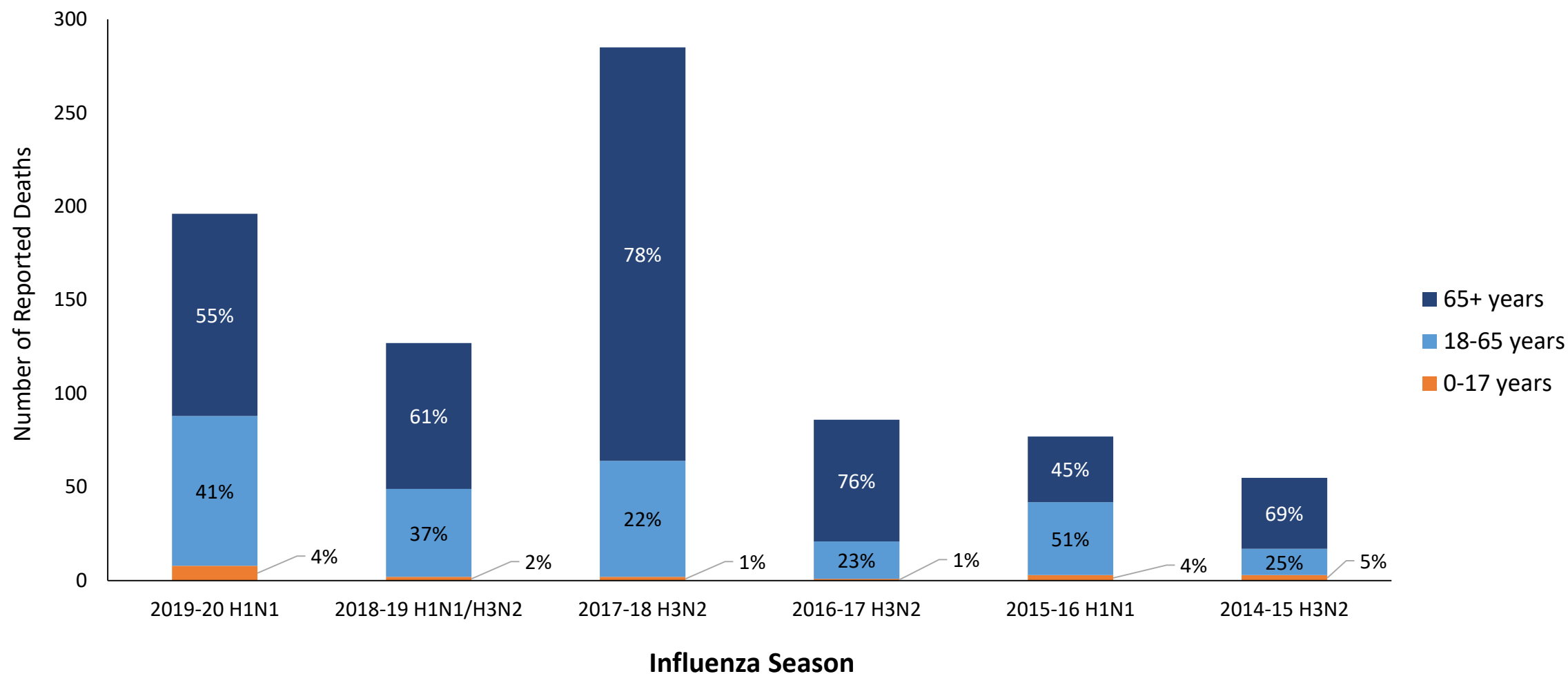
**Figure 3. Influenza-like Illness Emergency Department Visits per 1,000 by MMWR Week, Los Angeles County, 2014-15 through 2018-19 Influenza Seasons**



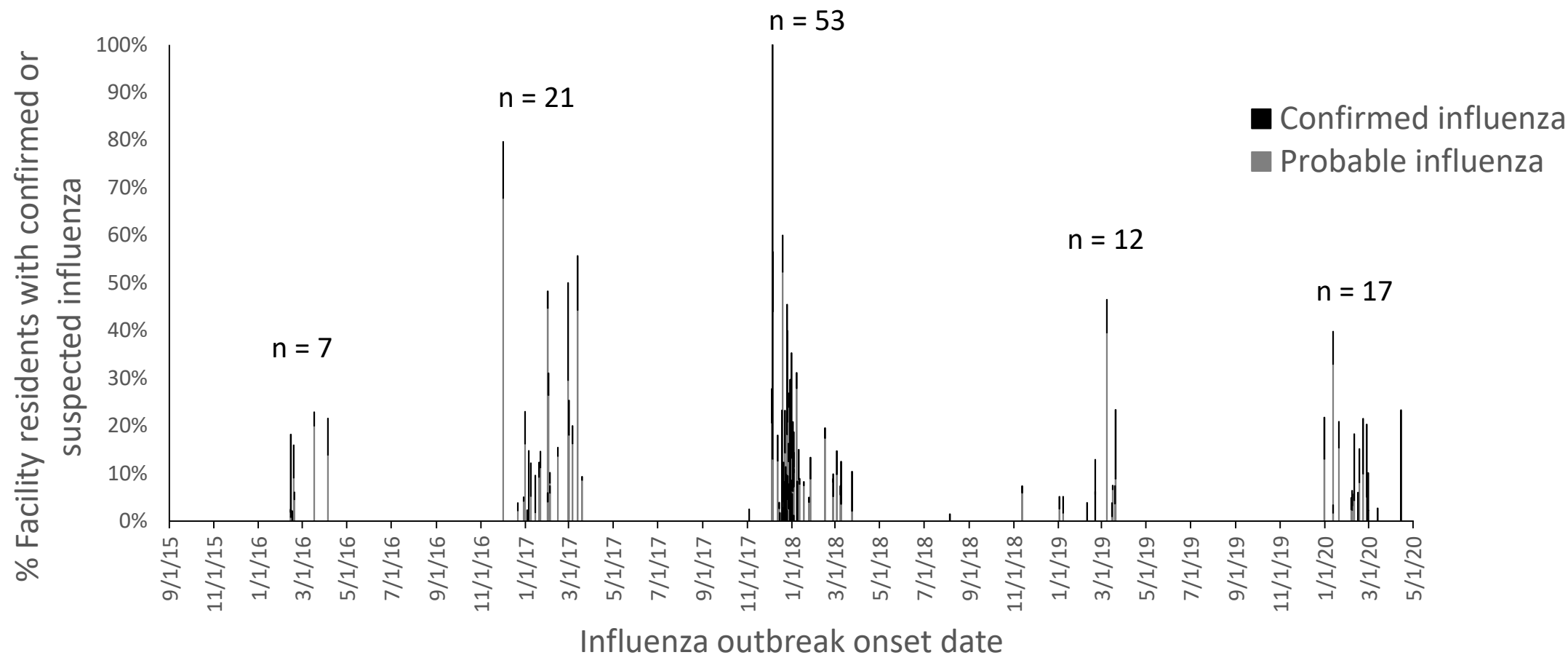
**Figure 1. Respiratory specimens testing positive for influenza at LA County sentinel clinical laboratories, 2013-14 to 2018-19 seasons**



# Influenza-Associated Deaths in LA County, 2014-15 to 2019-20



# Percentage of Residents with Confirmed or Probable Influenza in Skilled-Nursing Facilities with a Seasonal Influenza Outbreaks — Los Angeles County, 2015–2020. (N = 110)



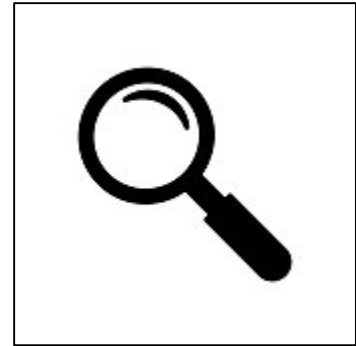


# Influenza Management Guidance



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

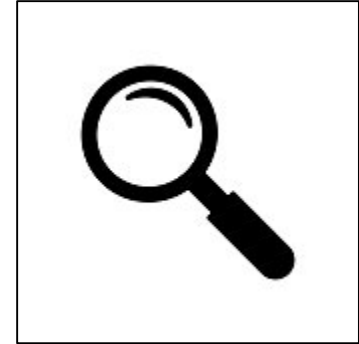
1. Early identification of infected residents and staff
2. Early initiation of antiviral therapy for infected residents
3. Optimal isolation of residents with suspected/confirmed influenza





## Early Identification of Influenza

- Daily symptom screening of staff and residents
- Test anyone with symptoms for COVID-19 and for influenza
  - Strongly encouraged to coordinate testing with a healthcare provider (Facility MD or resident's personal physician)
  - Establish relationship with a laboratory in advance to conduct testing
- If influenza identified two or more residents who are not roommates
  - consider collecting specimens for influenza testing during ongoing testing for COVID-19



## Early Initiation of Antiviral Therapy

- Immediately start antiviral therapy for residents with suspected or confirmed influenza
  - Reduce duration and severity of illness
- Influenza should be strongly suspected in a resident with acute respiratory symptoms if
  1. There are other persons with confirmed influenza at the facility
  2. LA County influenza surveillance data indicate that >5% of respiratory specimens tested Countywide are positive for influenza.
- Antiviral therapy should be coordinated with a healthcare provider
- Oseltamivir is the most commonly used antiviral medication



## Isolation and Quarantine Recommendations for Influenza

- Isolate residents with suspected/confirmed influenza in a private room (if possible)
  - If multiple infected residents, can isolate together in a single room
  - Isolate for 7 days or 24 hours after fever resolution (longer of the two)
- If a private room unavailable, then resident with influenza and roommates should remain in current rooms
  - Spatial separation of at least 6 feet
  - Privacy curtain between residents
- Quarantine for exposed residents
  - Four days after last exposure to resident with confirmed flu
  - If unable to isolate infected resident in a private room, then quarantine for roommates would extend to 4 days after the end of isolation

## Other Resources

- CDPH "Recommendations for the Prevention and Control of Influenza in California SNFs during the COVID-19 Pandemic" (October 5, 2020)
- [Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2020–21 Influenza Season](#)
- [CDSS PIN 20-39-ASC](#) – links to a presentation on planning for influenza during a pandemic
- LA County Public Health
  - [COVID-19 guidance for congregate residential facilities](#)
  - Influenza toolkit for SNFs <http://www.ph.lacounty.gov/acd/SNFToolKit.htm>



# Influenza Vaccination





## Why immunization against influenza is more important than ever:

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



## Why immunization against influenza is more important than ever:

4. Co-infection with influenza and COVID-19 increases complications, hospital length of stay and mortality.
5. Influenza is associated with future medical complications (e.g. cardiac, neurologic, kidney disease). Some occur sooner than others (e.g. MI in days, stroke and kidney disease in months).
6. Influenza infections in the midst of the COVID-19 pandemic significantly increase disruption of the healthcare system with stress, risk and cost increases for all involved. EMS resources, diagnostic testing, hospital beds, PPE and other scarce materials and services become difficult to manage. Protecting against flu and other respiratory illness preserves healthcare services.



# U.S. Licensed Influenza Vaccines 2020-21

Vaccine type	6 through 23 mos	2 through 3 yrs	4 through 17 yrs	18 through 49 yrs	50 through 64 yrs	≥65 yrs
IIV4s (egg)	Afluria Quadrivalent Fluarix Quadrivalent FluLaval Quadrivalent Fluzone Quadrivalent					
ccIIV4 (cell)			Flucelvax Quadrivalent			
RIV4 (recombinant)				Flublok Quadrivalent		
Adjuvanted aIIV3 (egg)						Fluad
Adjuvanted aIIV4 (egg)						Fluad Quadrivalent <b>NEW</b>
High-dose HD-IIV4 (egg)						Fluzone High-Dose Quadrivalent <b>NEW</b>
LAIV4 (egg)		FluMist Quadrivalent				

- No influenza vaccines are licensed for children under 6 months of age.
- For children 6 through 35 months of age, volume per dose is different than for older persons—refer to PI for dose volumes.
- For many people, there is more than one appropriate vaccine.
- ACIP expresses no preference for any one influenza vaccine over another where more than one is appropriate.
- All are intramuscular except for LAIV4 (intranasal).
- LAIV4 should not be used for some groups, including pregnant women and certain other populations (see ACIP statement).





# Patient Care Before Administering Vaccines

- Obtain complete immunization history at every healthcare visit
- Screen for contraindications and precautions
- Discuss vaccine benefits and risks of vaccination
- Provide current Vaccine Information Statements (VIS)
- Provide after-care instructions

VACCINE INFORMATION STATEMENT

**Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know***

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis).  
Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis).

**1 Why get vaccinated?**

**Influenza vaccine can prevent influenza (flu).**  
Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

**2 Influenza vaccine**

CDC recommends everyone 6 months of age and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

**3 Talk with your health care provider**


Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**.
- Has ever had **Guillain-Barré Syndrome** (also called GBS).

In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.

 U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

# Vaccination of Persons Who Report Allergy to Eggs

Can the person eat lightly cooked egg (e.g., scrambled egg) without reaction?

Yes →

**Administer IIV, LAIV, or RIV**  
Observe for 15 minutes after vaccination.

↓ No

After eating eggs or egg-containing foods, does the person experience ONLY hives?

Yes →

**Administer IIV, LAIV, or RIV**  
Observe for reaction for at least 15 min after vaccination.

↓ No

After eating eggs or egg-containing foods, did the patient have a **severe allergic** reaction such as:

- Cardiovascular changes (e.g., hypotension)
- Respiratory distress (e.g., wheezing)
- Gastrointestinal (e.g., nausea or vomiting)
- Reaction requiring epinephrine
- Reaction requiring emergency medical attention

Yes →

**Administer IIV, LAIV, or RIV\***  
Observe for reaction for at least 15 min after vaccination.




\* If a vaccine other than cclIV4 or RIV4 is used, the selected vaccine should be administered in an inpatient or outpatient medical setting (including but not limited to hospitals, clinics, health departments, and physician offices)

# Contraindications to Flu Vaccine

## All flu vaccines

- History of severe allergic reaction to any component of the vaccine or after a previous dose of any influenza vaccine

## LAIV

- Children aged 2 through 4 years diagnosis of asthma or wheezing w/in 12 months.
- Use of aspirin or salicylates in children and adolescents
- Immunocompromised individuals (functional or anatomical asplenia) 
- Close contacts and caregivers of severely immunosuppressed persons
- Pregnant women
- Cerebrospinal fluid leaks and cochlear implants 
- Receipt of influenza antiviral medication within the **previous 48 hours to 17 days.** 



# Precautions to Flu Vaccine

## All flu vaccines

- History of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine

## Temporary deferral

- Moderate or severe acute illness with or without fever
- Suspected or confirmed **COVID-19** regardless of symptoms until patient has met criteria to discontinue isolation

*Patients should be reminded to return for flu vaccination once they've recovered*

## LAIV

- Asthma in persons aged  $\geq 5$  years
- Other underlying medical conditions (e.g., chronic pulmonary, cardiovascular, renal, hepatic, neurologic, hematologic, or metabolic disorders including diabetes mellitus)



# Screening for Contraindications

- Are you sick today?
- Do you have an allergy to a component in the vaccine? (i.e. eggs, thimerosal)
- Have you ever had a serious reaction to influenza vaccine in the past.
- Have you ever had Guillian - Barre' syndrome?


**Screening Checklist  
for Contraindications  
to Inactivated Injectable Influenza Vaccination**

PATIENT NAME \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

For patients (both children and adults) to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person to be vaccinated have an allergy to a component of the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORM COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
FORM REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

 Saint Paul, Minnesota • 651-647-9009 • [www.immunize.org](http://www.immunize.org) • [www.vaccineinformation.org](http://www.vaccineinformation.org)  
[www.immunize.org/catg.d/p4066.pdf](http://www.immunize.org/catg.d/p4066.pdf) • Item #P4066 (9/20)

# 7 Rights of Vaccine Administration

The “Rights of Medication Administration” must be applied to each encounter when medications are administered.

1. Right **patient**
2. Right **medication**
3. Right **time**
4. Right **dosage**
5. Right **route** and **technique**
6. Right **site**
7. Right **documentation**



20 second scrub!



# Vaccine Adverse Event Reporting System

- Report all adverse reactions to VAERS
  - “adverse event” is any health problem or “side effect” that happens after a vaccination
  - life-threatening illness, hospitalization, prolongation of an existing hospitalization, permanent disability or death
- <https://vaers.hhs.gov/index>

## VAERS Vaccine Adverse Event Reporting System *A National Program for Monitoring Vaccine Safety*

### Vaccine Adverse Event Reporting System (VAERS)

The Vaccine Adverse Event Reporting System (VAERS), is a national program managed by the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA) to monitor the safety of all vaccines licensed in the United States. VAERS collects and reviews reports of adverse events that occur after vaccination. An “adverse event” is any health problem or “side effect” that happens after a vaccination. VAERS cannot determine if a vaccine caused an adverse event, but can determine if further investigation is needed.

#### VAERS provides valuable information

VAERS is an early-warning system that detects problems possibly related to vaccines. The system relies on reports from healthcare providers\*, vaccine manufacturers, and the general public. Reporting gives CDC and FDA important information to identify health concerns and ensure vaccines are safe in order to protect the public's health.

#### VAERS staff evaluate reports of adverse events

VAERS defines a “serious adverse event” as life-threatening illness, hospitalization, prolongation of an existing hospitalization, permanent disability or death. Once adverse events are identified using VAERS, they may be monitored in other immunization safety systems to confirm if a particular adverse event is related to a vaccination and identify any specific risk factors.

#### Anyone can report to VAERS

Anyone can submit a report to VAERS, including patients, family members, healthcare providers, vaccine manufacturers and the general public. CDC and FDA encourage anyone who experiences an adverse event after receiving a vaccine to report to VAERS.

#### How to report to VAERS

You can report to VAERS online at <https://vaers.hhs.gov/index>.

For further assistance reporting to VAERS, visit <https://vaers.hhs.gov/index> or contact VAERS directly at [info@VAERS.org](mailto:info@VAERS.org) or 1-800-822-7967.

#### VAERS data are available to the public

VAERS data can be downloaded at <https://vaers.hhs.gov/data/index> or searched at <http://wonder.cdc.gov/vaers.html>. Privacy is protected and personal identifying information (such as name, date of birth and address) is removed from the public data.



For more information  
about VAERS:

Email: [info@vaers.org](mailto:info@vaers.org)

Phone: 1-800-822-7967

Web site: [www.vaers.hhs.gov](http://www.vaers.hhs.gov)



\*Healthcare providers are encouraged to report all clinically significant adverse events after vaccination to VAERS even if it is uncertain whether the vaccine caused the event. They are also required to report to VAERS adverse events found in the Reportable Events Table (RET) at [https://vaers.hhs.gov/resources/VAERS\\_Table\\_of\\_Reportable\\_Events\\_Following\\_Vaccination.pdf](https://vaers.hhs.gov/resources/VAERS_Table_of_Reportable_Events_Following_Vaccination.pdf)



From: Vaccination-Induced Bursitis:  
Technique Matters

<https://www.acponline.org>

# YOU CALL THE SHOTS

Shoulder injuries related to vaccine administration  
Improper vaccine administration could result in shoulder  
injuries such as shoulder bursitis and tendinitis.

Make sure vaccination is safe.

## KNOW THE SITE. GET IT RIGHT!

When administering vaccine by an intramuscular (IM) injection to an adult:

**Use the correct syringe and needle**

- Vaccine may be administered using either a 1-mL or 3-mL syringe
- Use a 22 to 25 gauge needle
- Use the correct needle size based on your patient's size

Injection site: Deltoid muscle of upper arm

1 in (25 mm)	1.5 in (38 mm) OR 1 in (25 mm)	1.5 in (38 mm)
Men and women, less than 60 kg (130 lbs)	Men, 79-118 kg (152-260 lbs) Women, 79-90 kg (152-200 lbs)	Men, greater than 118 kg (>260 lbs) Women, greater than 90 kg (>200 lbs)

\*Some experts recommend a 5/8-inch needle for men and women who weigh less than 60 kg (130 lbs).

**Identify the injection site**

- Locate the deltoid muscle of the upper arm
- Use anatomical landmarks to determine the injection site
- In adults, the midpoint of the deltoid is about 2 inches (or 2 to 3 fingers' breadth) below the acromion process (bony prominence) and above the armpit in the middle of the upper arm

**Administer the vaccine correctly**

- Inject the vaccine into the middle and thickest part of the deltoid muscle
- Insert the needle at a 90° angle and inject all of the vaccine into the muscle tissue

**Always follow safe injection practices**

- Maintain aseptic technique
- Perform hand hygiene before preparing and administering vaccines
- Use a new needle and new syringe for each injection
- If using a single-dose vial (SDV) discard after use

*A SDV should be used for one patient only!*

**IM injection best practices**

- Administering the injection too high on the upper arm may cause shoulder injury
- If administering additional vaccines into the same arm, separate the injection sites by 1 inch if possible

Report any clinically significant adverse event after vaccination to the Vaccine Adverse Event Reporting System (VAERS) at [vaers.hhs.gov/](http://vaers.hhs.gov/)

For additional information on proper vaccine administration, visit the CDC vaccine administration web page at [www.cdc.gov/vaccines/hcp/admin/admin-protocols.html](http://www.cdc.gov/vaccines/hcp/admin/admin-protocols.html)

Sept 2017



Remember—you call the shots when it comes to proper flu vaccine administration.





# The Importance of Immunizations

An **INSURANCE POLICY** for the **HEALTH**  
of your **CLIENT, PATIENT, YOU**  
and their **PERSONAL COMMUNITY**

Provides **FREEDOM** from the restrictions and costs of illness

Helps **PROTECT** the health of **OTHERS** in your community



Questions?



## 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
- Antigen detection 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
- CDC recommends using RT-PCR or other molecular assays

## Recommendations for Preventive Antiviral Therapy

- All of the roommates of a resident with confirmed influenza infection
- All residents in the outbreak-affected unit/wing if influenza 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
- 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