

Guidance for Long-Term Care Facilities on Preparedness for the Upcoming Respiratory Season

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TO:	Health Alert Network
FROM:	Debra L. Bogen, M.D., FAAP, Acting Secretary of Health
SUBJECT:	Guidance for Long-Term Care Facilities on Preparedness for the Upcoming Respiratory Season
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This transmission is a “Health Advisory,” and provides important information for a specific incident or situation; may not require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; **EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS:** PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

SUMMARY

- The respiratory virus season is imminent, and facilities should be prepared for concurrent activity of influenza, respiratory syncytial virus (RSV), and COVID-19.
- Long-term care facilities (LTCF) provide an optimal setting for the transmission of respiratory infections, with their residents being particularly vulnerable due to factors such as congregate living, frailty, and the presence of chronic comorbidities.
- LTCFs should:
 - Review and update their infection prevention and control plan.
 - Monitor community respiratory virus activity using the resources noted below.
 - Test residents with comprehensive respiratory virus panel tests especially when community respiratory virus activity is high.
 - Report laboratory-confirmed influenza and RSV cases and all outbreaks to Pennsylvania Department of Health (PA DOH).
 - Reporting of positive point-of-care tests for COVID-19 is mandated by some PA counties, and voluntary reporting is strongly encouraged in all other counties.
- LTCFs should be aware of all local, state, and federal report requirements.
- If you have any questions, please call PA DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

Background

Long-term care facilities (LTCFs) are at high risk for the transmission of respiratory infections for a variety of reasons. Their residents are vulnerable due to factors such as congregate living,

frailty, and the presence of chronic comorbidities. COVID-19, influenza, respiratory syncytial virus (RSV), and other respiratory viruses tend to follow seasonal patterns, often overlapping during the fall, winter, and early spring months. The 2022-2023 respiratory season illustrated the extent of this overlap and placed immense strain on healthcare facilities. Many of these infections can be prevented through a range of interventions and strategies, including vaccination. Infection prevention and control measures to curtail transmission, such as isolation, cohorting, and implementing source control are vital. This guidance aims to assist LTCFs in preparing for the 2023-2024 respiratory season and improve their readiness to prevent and manage respiratory outbreaks.

LTCF infection prevention and control plans

An infection prevention and control plan is essential to maintaining safe operations and mitigating the risk of infectious disease transmission. The plan should include detailed instructions on the prevention of transmission through the methods listed below. These methods include monitoring community transmission, vaccination, management of ill healthcare personnel (HCP) and residents, providing education and training, implementing environmental and engineering infection control measures, and maintaining robust surveillance within the facility to detect infections early and prevent outbreaks.

The plan should also cover outbreak response and should include the identification of respiratory symptoms, unit-based or facility-wide testing as appropriate, cohorting affected individuals, offering chemoprophylaxis, and providing therapeutic treatment when indicated. Having standing orders for these therapeutics can streamline early intervention and facilitate efficient control of outbreaks.

The resources section of this HAN includes many Department of Health (DOH) and Centers for Disease Control and Prevention (CDC) tools that can help you enhance existing plans or create the plan if one is not in place.

1. Vaccination:

LTCFs should emphasize the importance of vaccination to HCP, residents, and visitors. HCP and residents should receive age-appropriate vaccines against influenza, COVID-19, RSV, and pneumococcal disease. Please refer to CDC's adult immunization guidance for specific vaccine recommendations concerning each virus or disease: [Adult Immunization Schedule – Healthcare Providers | CDC](#)

2. Monitoring community transmission of respiratory infections

Community respiratory virus activity and transmission can affect respiratory virus activity within facilities, through the movement of HCP and visitors. Facilities should regularly monitor community transmission to gauge respiratory virus activity within the community. LTCFs should use the surveillance data sources provided below to monitor activity and make data-driven decisions regarding implementation of broader source control measures for both residents and HCP, visitation policies, scaling or reducing group activities as appropriate, activation of enhanced surveillance, and determining the optimal timing for offering vaccinations.

- a. **Pennsylvania Department of Health's (PA DOH's) respiratory dashboard:** Beginning in mid-October, the Department of Health website will include a dashboard containing data on the activity and severity of influenza, RSV, and COVID-19.
- b. **CDC's COVID Data Tracker:**
<https://covid.cdc.gov/covid-data-tracker/#datatracker-home>
- c. **CDC's RESP-NET:** This is a federal system which monitors COVID-19, influenza, and RSV hospitalizations in a network of acute care hospitals in 13 states. PA is not among

the participating states; however, these data can be used as an indicator of high activity nationally.

<https://www.cdc.gov/surveillance/resp-net/dashboard.html>

- d. **CDC's FluView dashboard:** This comprehensive dashboard displays data on influenza activity and severity collected from numerous surveillance systems. Many of the views within the dashboard can be zoomed in to provide data at the state level.
<https://www.cdc.gov/flu/weekly/fluviewinteractive.htm>
- e. **The National Respiratory and Enteric Virus Surveillance System (NREVSS):** This is a laboratory-based system that monitors temporal and geographic circulation patterns (patterns occurring in time and place) of many respiratory viruses.
<https://www.cdc.gov/surveillance/nrevss/index.html>
- f. **National Emergency Department Visits for COVID-19, Influenza, and Respiratory Syncytial Virus:** This site provides a combined view of emergency department visit data for multiple respiratory conditions as tracked by the National Syndromic Surveillance Program (NSSP).
<https://www.cdc.gov/ncird/surveillance/respiratory-illnesses/index.html>

3. HCP training

Facilities should conduct refresher HCP training sessions to reinforce the prevention and control measures for respiratory viruses. It is important to emphasize the significance of vaccination and non-therapeutic preventive measures, including proper cough etiquette, rigorous hand hygiene, implementing source control, and maintaining appropriate social distancing. Ensure that the staff training aligns with the facility-specific plans discussed earlier in this document.

4. Educate residents and visitors

The facility's Infection prevention and control plan should be communicated to residents through educational sessions and visual communication tools like posters and wall banners. Visitors and families of residents should be informed about the facility's plans via educational emails, as well as the use of posters, flyers, and signage placed strategically throughout the facility.

5. Infection Prevention and Control

Facilities should revise their infection prevention and control plan and diligently adhere to infection prevention and control precautions during all resident-care activities, including aerosol-generating procedures.

6. Virologic testing

Point-of-care or PCR testing should be used to diagnose respiratory infections due to the similarity of symptoms. Virus identification is crucial for making decisions regarding cohorting, administering chemoprophylaxis, and implementing treatment, among other interventions. During increased respiratory virus activity in the community, facilities are advised to use comprehensive respiratory panels to determine if multiple pathogens are circulating in a facility. LTCFs should work to establish relationships with commercial laboratories that offer comprehensive respiratory panels.

7. Use of antiviral medications for chemoprophylaxis of influenza and treatment of influenza or COVID-19

Optimal antiviral treatment yields the most significant advantages when initiated promptly at the onset of flu symptoms, ideally within a two-day window from the commencement of illness. However, starting them later can still be beneficial, especially if the person is at higher risk of serious flu complications or is hospitalized. There are four FDA-approved antiviral drugs recommended by CDC to treat flu this season:

- Oseltamivir phosphate (available as a generic version or under the trade name Tamiflu),

- Zanamivir (trade name Relenza)
- Peramivir (trade name Rapivab), and
- Baloxavir marboxil (trade name Xofluza).

Oseltamivir and Zanamivir are also recommended for chemoprophylaxis. IV Peramivir and oral Baloxavir are not recommended for chemoprophylaxis. Visit <https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm> for more information.

Antiviral treatments for COVID-19 should be administered within 5-7 days of symptom onset. There are several FDA-approved COVID-19 antiviral treatments for adults recommended by the CDC to treat COVID-19.

- Nirmatrelvir with ritonavir (Paxlovid)
- Remdesvir (Veklury)
- Molnupiravir (Lagevrio)

8. Virologic Surveillance

The PA DOH conducts ongoing virologic surveillance year-round to monitor the prevalence of respiratory viruses, particularly in high-risk settings like LTCFs. Your state or local public health authorities may request the collection and submission of specimens from residents who exhibit respiratory symptoms during outbreak situations. These specimens are sent to the PA DOH's Bureau of Laboratories for diagnosis confirmation and virus characterization, helping to identify the specific viruses circulating within the community. The costs associated with these tests, including specimen collection, shipping, and testing, are covered by PA DOH.

Reporting of lab confirmed respiratory infections and outbreaks to PA DOH and your local public health authorities:

Laboratory-confirmed cases of influenza and RSV infections must be reported to PA DOH via PA-NEDSS (the state's electronic reportable disease surveillance system). You have the option to enter cases identified through point of care testing via the PA-NEDSS aggregate reporting module. Please ensure that cases are not also being reported through spreadsheet uploads. Note that hospitalizations and deaths associated with influenza and RSV should be individually entered into PA-NEDSS and not reported in aggregate. This provides more comprehensive data on these serious outcomes.

Reporting of positive point-of-care tests for COVID-19 is still mandated by Allegheny, Philadelphia, and Montgomery County, but voluntary reporting is strongly encouraged in all other counties. Refer to your local public health reporting requirements and comply accordingly.

All *outbreaks*, including those of COVID-19, influenza, RSV, and all other respiratory infections, must be reported to PA DOH.

Please be mindful that reporting to other entities, including state facility licensure offices and federal agencies such as the Centers for Medicare and Medicaid Services (CMS), may be necessary. Therefore, it is crucial to stay informed about and adhere to any specific federal, state, or local reporting requirements.

If you have additional questions about this guidance, please contact PA DOH at 1-877-PAHEALTH (1-877-724-3258) or your local health department.

PA DOH resources

- [Influenza Outbreaks in Long-Term Care Facilities: Toolkit for Facilities](#)
- [COVID-19 Infection Control and Outbreak Response Toolkit for Long-Term Care](#)
- [Bureau of Laboratories instructions for obtaining and shipping viral respiratory specimens](#)
- [Resources for healthcare facilities on Hand Hygiene enhancement toolkit and Infection Control Plan Resources](#)

CDC resources

- [Influenza Antiviral Medications: Summary for Clinicians](#)
- [Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities](#)
- [Adult Immunization Schedule – Healthcare Providers | 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](#)
- [COVID-19 Treatments and Medications | CDC](#)

Individuals interested in receiving future PA-HANs can register at <https://ondemand.mir3.com/han-pa-gov/login/>.

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of September 29, 2023 but may be modified in the future.