



# **COVID-19 Chicago Long Term Care Roundtable**

04-28-2022



# Agenda

- COVID Epidemiology
- COVID Reminders, Updates, and FAQs
- Influenza Guidance
- Questions & Answers

# Chicago Dashboard

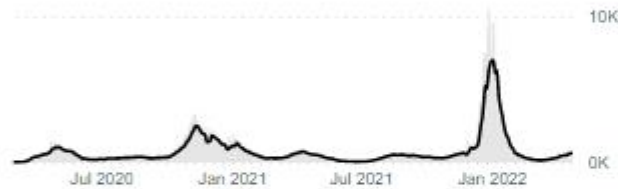


**CHICAGO | COVID-19 Summary** Data current as of Apr 27, 2022.  
Data are updated M-F at 5:30 p.m., except for City holidays.  
All data are provisional and subject to change.

**SUMMARY** CASES CASES BY ZIP TESTS VACCINES VACCINES BY ZIP ? Learn how to use this dashboard.

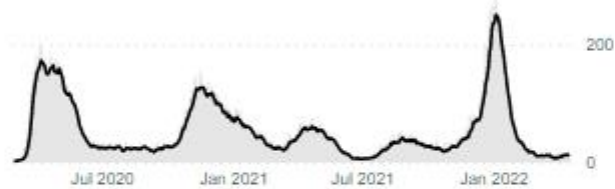
## CASES

**625** ▲ **499 (+25%)** **579,210** **23.1**  
Current daily avg Prior week Cumulative Daily rate per 100,000



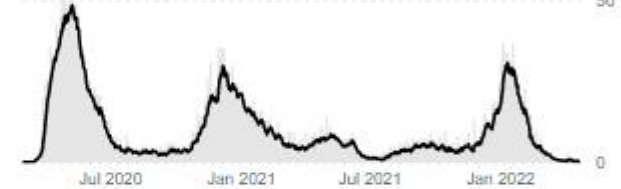
## HOSPITALIZATIONS

**12** ▲ **12 (+5%)** **41,972** **0.4**  
Current daily avg Prior week Cumulative Daily rate per 100,000



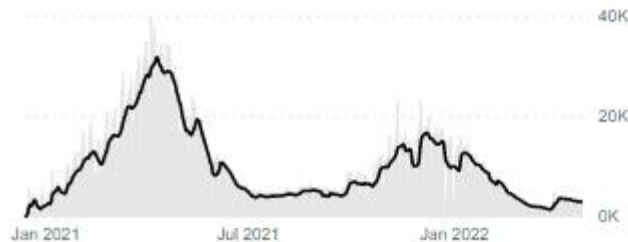
## DEATHS

**0.14** ▼ **0.29 (-50%)** **7,667** **0.0**  
Current daily avg Prior week Cumulative Daily rate per 100,000



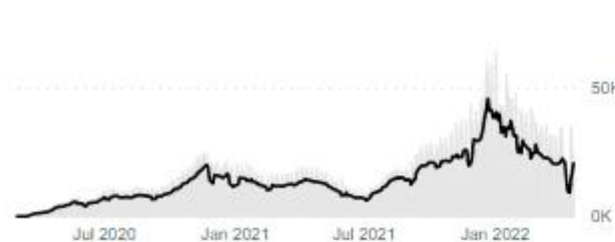
## VACCINATIONS ADMINISTERED

**2,919** ▼ **4,825,159** **68.9%** **77.4%**  
Current daily avg Cumulative Completed series At least one dose



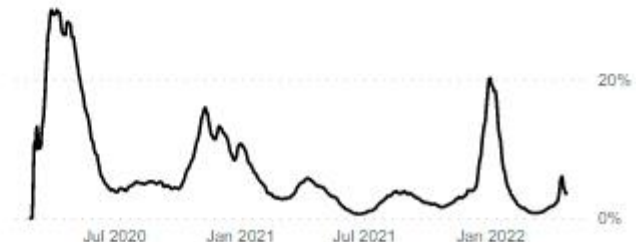
## TESTS PERFORMED

**20,361** ▲ **9,410 (+116%)** **11,175,817**  
Current daily avg Prior week Cumulative



## POSITIVITY RATE

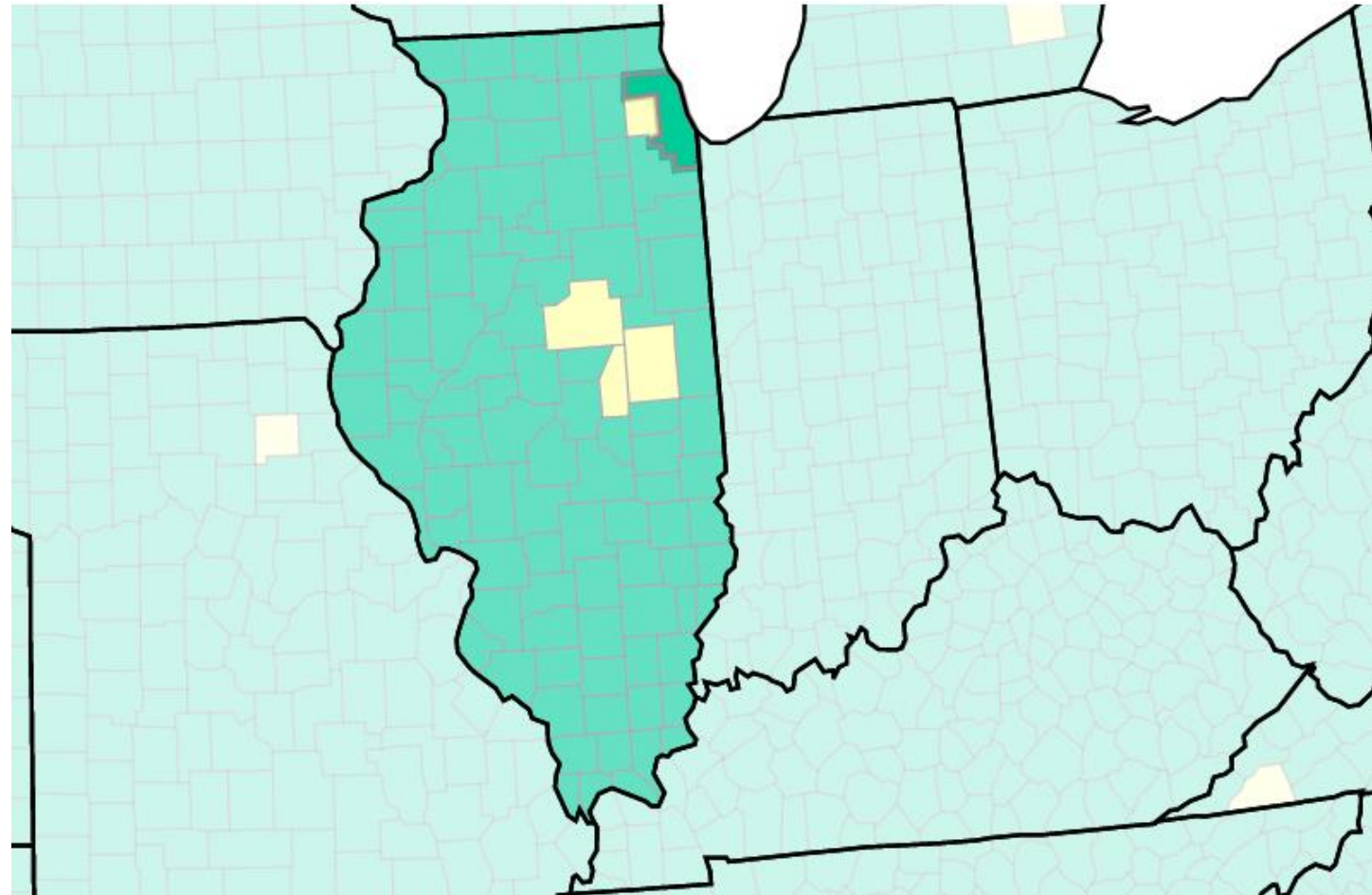
**3.6%** ▼ **6.0%**  
Current daily avg Prior week



Built by **slalom**

# ★ CDC COVID-19 Community Level Map

- This map is for travel and the general public, **NOT** for healthcare settings (including SNFs)
- **Hint:** If it has green in the legend, you are not looking at the right map





# Getting from COVID-19 Community Level Map to Community Transmission Map

## COVID-19 Integrated County View

Maps, charts, and data provided by CDC, updates daily by 8 pm ET<sup>†</sup>

This site provides an integrated, county view of key data for monitoring the COVID-19 pandemic in the United States. It allows for the exploration of standardized data across the country.<sup>§</sup> The footnotes describe each data source and the methods used for calculating the metrics. For the most complete and up-to-date data for any particular county or state, visit the relevant health department website. Additional data and features are forthcoming.

<sup>§</sup>County level data are not available for territories. Territory level data is available under the [Cases, Deaths, and Testing tab](#). Data presented here for District of Columbia may differ from those presented on the [Cases, Deaths, and Testing tab](#) due to reporting differences for each tab. For CDC's most up to date data for District of Columbia, select District of Columbia in the dropdown on this tab or see the map below.

[The percent of the population coverage metrics are capped at 95%. Learn how CDC estimates vaccination coverage.](#)

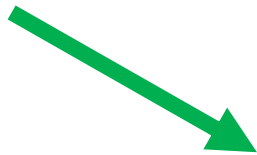
How to Find a COVID-19 Vaccine | Who is Recommended to Receive Booster Doses?


State or territory:  County or metro area:  [Reset Selections](#)


Make sure you select "Illinois" and "Cook County"



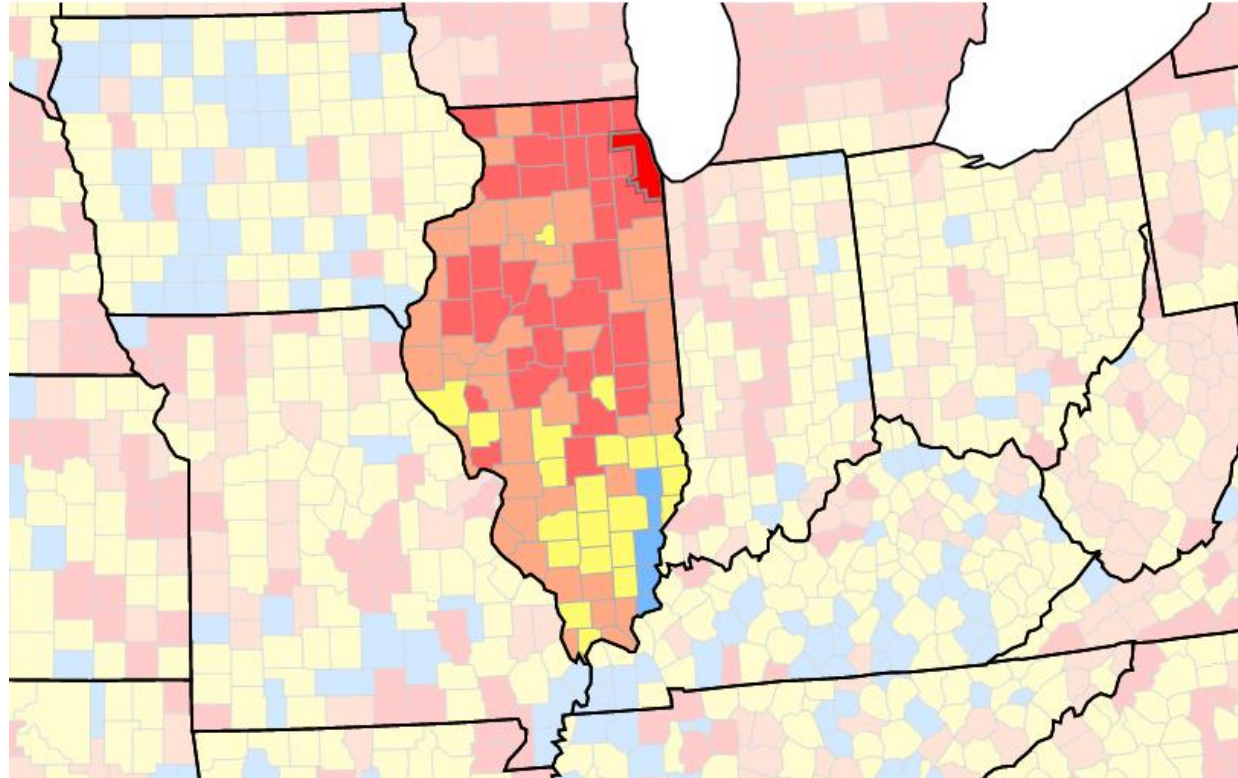
Change the data type from "COVID-19 Community Levels" to "Community Transmission"



Data Type:    Map Metric:

Data Type:    Map Metric:

# CDC COVID-19 Community Transmission Map



# ★ Reminder: CDC COVID Data Tracker

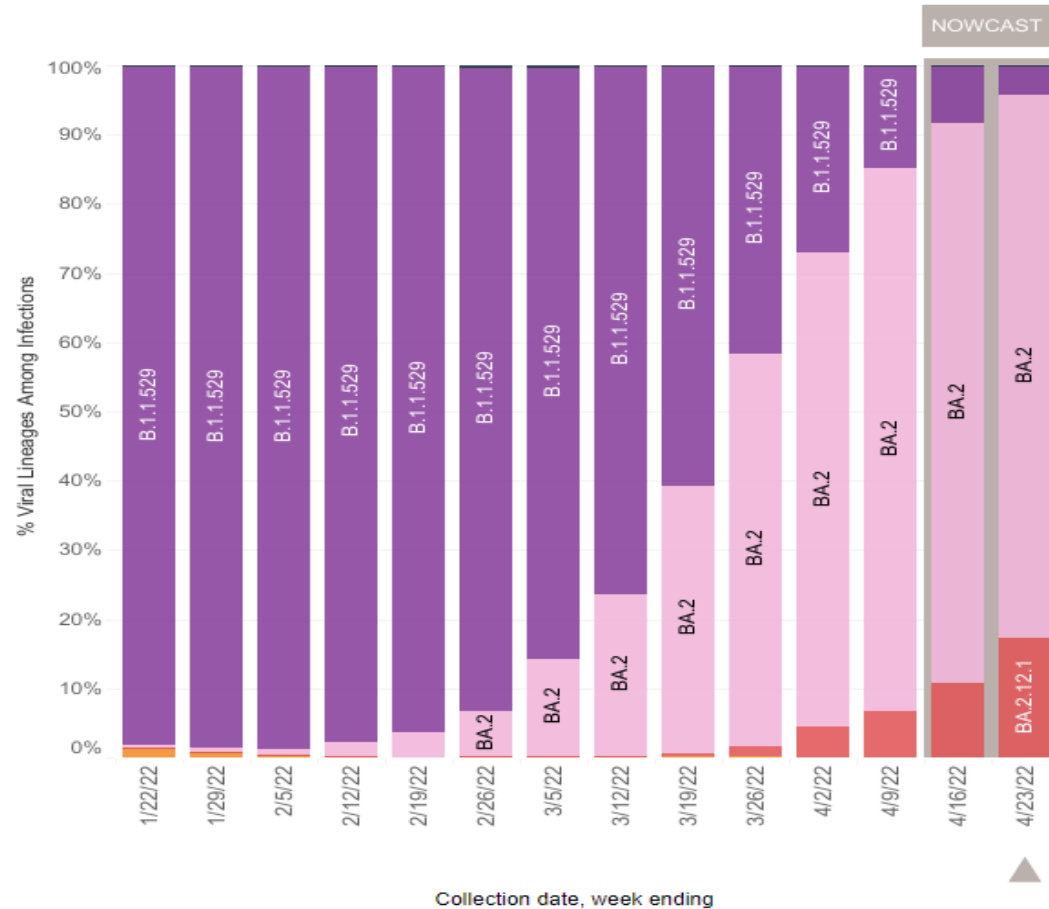
Indicator - If the two indicators suggest different transmission levels, the higher level is selected	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs <sup>1</sup> that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%



# CDC COVID-19 Variant Proportions

HHS Region 5: 1/16/2022 – 4/23/2022

HHS Region 5: 4/17/2022 – 4/23/2022 NOWCAST



Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.2	VOC	78.5%	73.4-82.8%
	BA.2.12.1	VOC	17.3%	12.9-22.9%
	B.1.1.529	VOC	3.9%	3.2-4.8%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.3%	0.1-0.6%

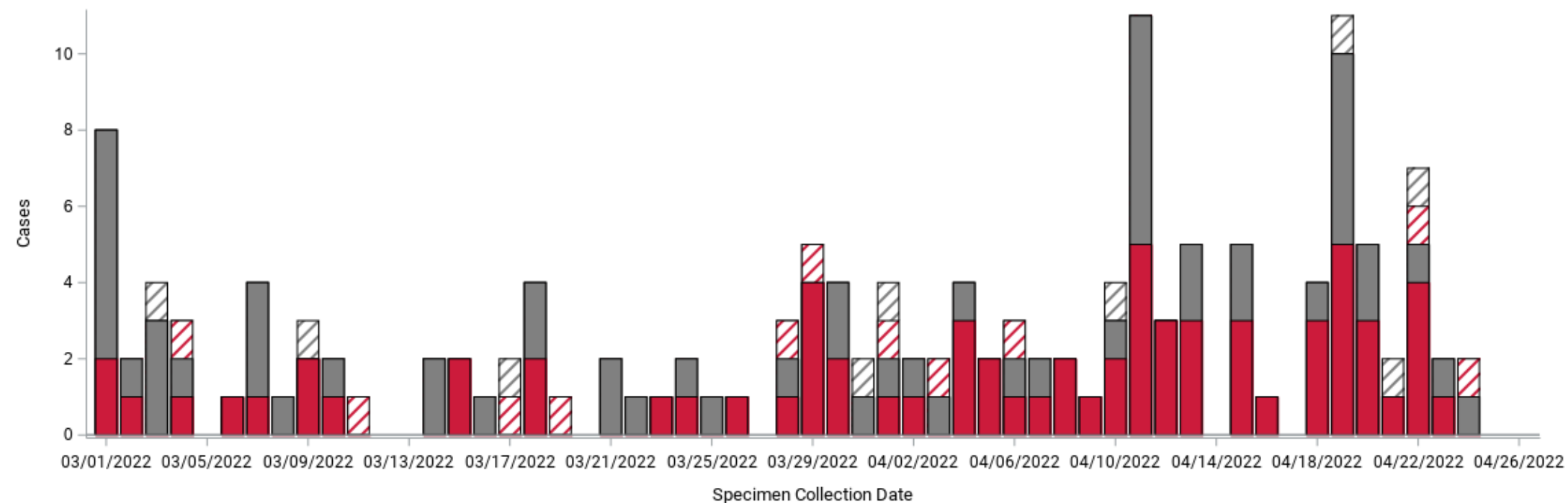
\* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.  
 \*\* These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates  
 # AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.3, BA.4, BA.5 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. For regional data, BA.1.1 and its sublineages are also aggregated with B.1.1.529, as they currently cannot be reliably called in each region. Except BA.2.12.1, BA.2 sublineages are aggregated with BA.2.

Collection date, week ending



# Slight increase in Skilled Nursing Home Cases & Outbreaks

(Oct. 1, 2021 – Apr. 27, 2022)



Not Fully Vaccinated Resident
  Not Fully Vaccinated Staff
  Fully Vaccinated Resident
  Fully Vaccinated Staff

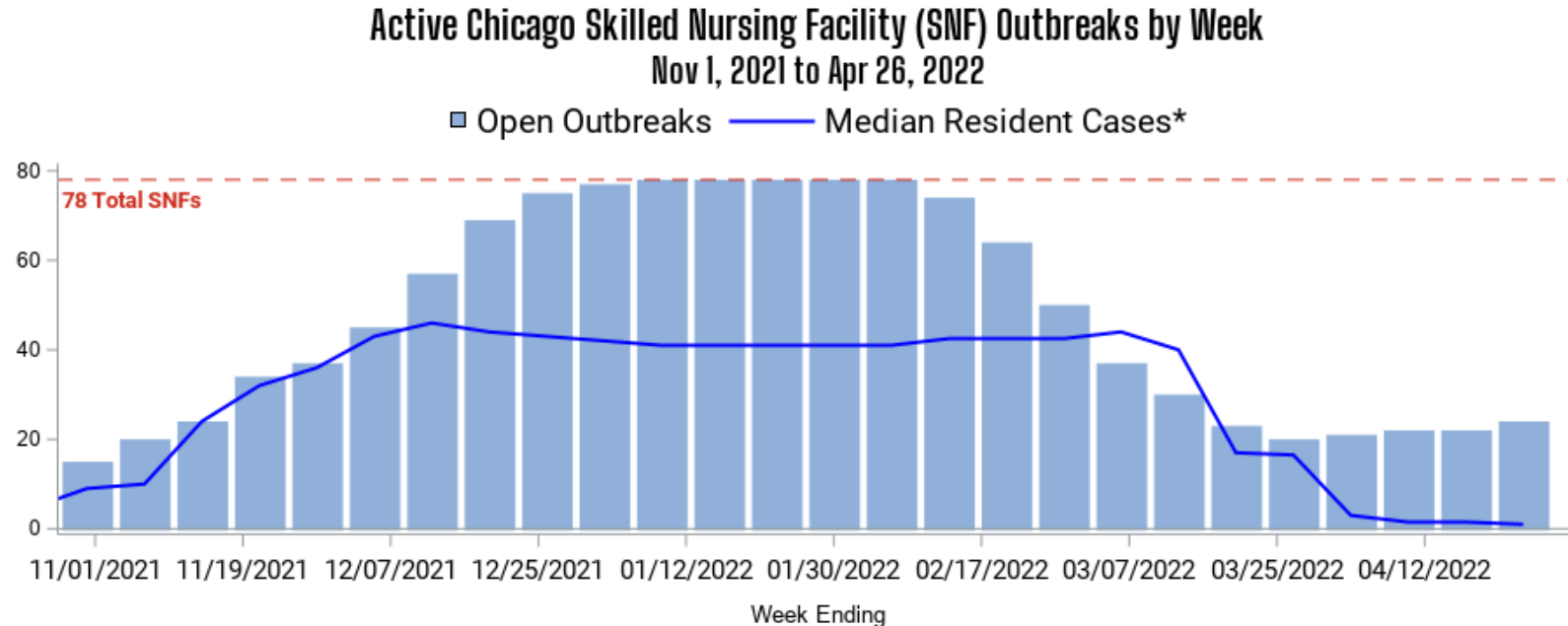
Data Sources: INEDSS (Illinois state) and REDCap (facility self report)  
 A fully vaccinated case occurs when the positive test specimen was collected at least 14 days after the individual completed their COVID vaccination  
 Fully vaccinated cases may be underestimated due to delayed reporting

**22 (28%) SNFs have active outbreaks**





# The Number of SNF Outbreaks is Increasing but the Average Size of Each Outbreak is Smaller than in the Past



\*Median Resident Cases do not reflect cases that occurred at that date. They only reflect the median resident cases associated with an outbreak that was open at any time during the given week whether or not those cases occurred in that week (i.e. Outbreak A only had 10 cases occur 3/15. Outbreak A was open until 4/12 so it will contribute 10 cases to the week of 3/15, 3/22, 4/5 and 4/12 since it was open during those times)

Bars show number of SNF facilities with open outbreak during the given week

An outbreak could be opened by resident and staff cases, not just resident. But only median resident cases are displayed by the line

A single SNF facility is only eligible to have one outbreak at a time given the IDPH COVID-19 outbreak definition



# Reminder: Minimum Routine Staff Testing Frequency

Vaccination Status	Testing Frequency
Unvaccinated	2x a week*
Partially Vaccinated	2x a week*
Vaccinated but not up to date**	2x a week*
Up to date	No required routine testing

*Based on Executive Order and related Emergency Rules*

\* Unless symptomatic, had a high-risk exposure, or your facility is in outbreak and performing broad-based testing.

\*\* An individual has not received all COVID-19 vaccinations for which they are eligible, as outlined under “up to date”

# ★ Reminder: Minimum Routine Resident Testing Frequency

Vaccination Status	Routine Testing Frequency
<b>Unvaccinated*</b>	No required routine testing**
<b>Partially vaccinated*</b>	No required routine testing**
<b>Vaccinated but not up to date*</b>	No required routine testing**
<b>Up to date*</b>	No required routine testing**
<b>New and readmissions, regardless of vaccination status, <i>when community transmission is low or moderate</i></b>	No required routine testing**
<b>New and readmissions, regardless of vaccination status, <i>when community transmission is substantial or high</i></b>	Must be tested upon admission (unless tested within the 72 hours prior to admission) <b><i>and</i></b> at 5-7 days post-admission

\*Excluding new/readmissions when community transmission is substantial or high

\*\*Unless symptomatic, had a high-risk exposure, or your facility is in outbreak and performing broad-based testing.



# Reminder: Isolation for Previously Positive Residents who Test Positive Again

Symptom Status	PCR +		Rapid +		Not Tested
	30-90 days after a previous positive	>90 days after a previous positive	30-90 days after a previous positive	>90 days after a previous positive	
Asymptomatic*	No need to isolate	Isolate for 10 days in the COVID unit	Isolate 10 days in a private room in the PUI/orange zone	Isolate for 10 days in the COVID unit	No need to isolate
Symptomatic (new onset)	Isolate 10 days in a private room in the PUI/orange zone	Isolate for 10 days in the COVID unit	Isolate for 10 days in a private room in the COVID unit	Isolate for 10 days in the COVID unit	Isolate for 10 days (or as determined based on an alternate diagnosis) in a private room in the PUI unit

\*Asymptomatic residents are **not** indicated for retesting until >90 days after their prior infection. However, we are aware that these individuals may be retested in some instances (e.g., some hospitals test all admissions for COVID, regardless of their prior COVID history)



# Request for Information

If you have a resident or staff member who tests positive between 30-90 days after a previous COVID infection, please email [CDPHAIAR@cityofchicago.org](mailto:CDPHAIAR@cityofchicago.org)

# Summary of Recommendations by Primary Series Product and Age

● Everyone in the age group **SHOULD** receive the dose
 ● Some people in the age group **MAY** receive the dose

Pfizer-BioNTech  
(ages 5-11 years)



Pfizer-BioNTech  
(ages 12 years and older)



Moderna  
(ages 18 years and older)



Janssen (J&J)  
(ages 18 years and older)



People ages 18 years and older who received 2 Janssen doses

People ages 50 years and older

# Summary of Recommendations by Primary Series Product and Age, Moderately or Severely Immunocompromised

● Everyone in the age group **SHOULD** receive the dose      ● Some people in the age group **MAY** receive the dose

Pfizer-BioNTech  
(ages 5–11 years)



Pfizer-BioNTech  
(ages 12 years and older)



Moderna  
(ages 18 years and older)



Janssen (J&J)  
(ages 18 years and older)





# ★ Definition: Up to date

- Being up to date means a person has received all recommended doses in their primary vaccine series **and** a booster dose (when eligible)
- Receipt of a second booster dose is **not** necessary to be considered up to date at this time

# NHSN COVID-19 Vaccination Module

What information is required?

- Question #1
  - Number of **residents** staying in the facility for at least 1 day during the reporting week.
  - Number of **HCP** that were eligible to have worked in this facility for at least 1 day during the reporting week. (full definition of eligible HCP in link below)
- Question #2
  - Cumulative number of **residents/HCP** in Q1 who have had a Primary series
- Question #3
  - 3.1: Cumulative number of **residents/HCP** in Q1 **Medical Contraindications**
  - 3.2: Cumulative number of **residents/HCP** in Q1 **Offered but declined**
  - 3.3: Cumulative number of **residents/HCP** in Q1 **Unknown vaccine status**
- Question #4
  - Cumulative number of **residents/HCP** who have received an **additional dose or booster**.
- Question #5
  - Vaccine supply

For a complete list of instructions use the following links

[Residents](#)

[HCP](#)



# Event – Level COVID-19 Vaccination Forms

## Key Points:

- These forms are optional but highly recommended
- Excel Data Tracking Worksheets are being retired in May 2022
- Available in the NHSN application (how to access and use is discussed in detail in the CMS training)
- There are no new reporting requirements related to COVID-19 vaccination at this time

## Full CMS Training:

<https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/c19-eventlevel-508.pdf>

## Step-by-step Guide:

<https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/event-grg-508.pdf>



# Advantages of Using NHSN Event-Level Vaccination Forms

- Simplifies reporting of summary data
- Automatically calculates and displays the weekly totals
- Simple to update the person-level data and use the reporting summary to review the totals and submit weekly data
- Captures changes in individuals' vaccination status over time
- Allows users to record religious/medical exemptions
- If you are using the excel worksheet, you can do a one-time upload to transfer all your data

# Long Term Care Facility Home Page

- Select the “COVID-19” tab on left-hand navigation tool bar



The screenshot shows the NHSN navigation menu with the following items:

- NHSN Home
- Alerts
- Dashboard
- Reporting Plan
- Resident
- Summary Data
- COVID-19** (highlighted)
- Vaccination Summary
- Import/Export
- Surveys
- Analysis
- Users
- Facility
- Group

Callouts from the COVID-19 menu include:

- Long Term Care Dashboard
- Action Items
- Dashboard
- Pathway Data Reporting
- POC Test Result Reporting
- COVID-19 Event
- COVID-19 Vaccination - HCW
- COVID-19 Vaccination - Residents
- Event-Level COVID-19 Vaccination Form - HCW
- Event-Level COVID-19 Vaccination Form - Residents (highlighted in yellow)



## Entering Data

- Select “Add Row” to begin entering Individuals’ COVID-19 Vaccination data
  1. Enter the required fields and vaccination status for each individual
  2. Click outside of the cell last edited before saving or submitting
  3. Click save row



NHSN Home

Alerts

Dashboard ▶

Reporting Plan ▶

Resident ▶

Summary Data ▶

COVID-19 ▶

Vaccination Summary

Import/Export

Surveys ▶

Analysis ▶

### Event-Level COVID-19 Vaccination Form - Residents

1 + Add Row... View Reporting Summary & Submit... Upload CSV... Export CSV... Export SQL...

2 Resident Identifier *	Resident Admit Date *	Resident Discharge Date	Resident First Name *	Resident Last Name *	Dose 1 vaccination date **	Dose

3 Save Row Cancel

Required fields marked with \* Conditionally required fields marked with \*\*

Resident Identifier *	Resident Admit Date *	Resident Discharge Date	Resident First Name *	Resident Last Name *	Dose 1 vaccination date **
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# ★ One-Time Upload of Excel Data Tracking Worksheet

## 1) Prepare Excel Data Tracking Worksheet

- Make sure you are on “Tracking Worksheet” tab
- Ensure all data is up to date
- Select most recent week with updated data from the reporting week drop down menu
- Save as a CSV (additional instructions in CDC NHSN training)

## 2) Upload Worksheet

- Open the Event-Level COVID-19 Vaccination Form
- Click Upload CSV
- Browse to find saved worksheet'
- Select 'Upload CSV'

The screenshot displays the 'Event-Level COVID-19 Vaccination Form - Residents' interface. At the top, there is a navigation bar with buttons for 'Add Row...', 'View Reporting Summary & Submit...', 'Upload CSV...', 'Export CSV...', and 'Export SQL...'. The 'Upload CSV...' button is highlighted with a yellow box and a circled '1'. Below the navigation bar is a table with columns 'Resident Identifier' and 'Resident Adm Date'. The table contains several rows of data, with the first row highlighted in green. To the right of the table, there is a modal window titled 'Upload CSV file'. The modal contains the text 'Please select a CSV file containing:' followed by a 'Browse...' button, which is highlighted with a yellow box and a circled '2'. At the bottom of the modal, there are 'Upload CSV' and 'Cancel' buttons, with the 'Upload CSV' button highlighted by a yellow box and a circled '3'.

	Resident Identifier *	Resident Adm Date *
+	1234	01/05/2022
+	2345	04/17/2021
+	2345	03/21/2022
+	3456	03/02/2022
+	4567	01/07/2022
+	5678	01/07/2022
+	6789	01/05/2022

# Update: Treatment for COVID-19

- Antivirals are widely available
- If you have newly diagnosed cases of COVID-19, ask your medical director about providing either monoclonal antibody or oral treatments
- Data from CDC and FDA suggest that there has been increasing use of systemic corticosteroids and antibiotics to treat outpatients with COVID-19.
  - These drugs can cause harm and provide no demonstrated benefit in patients with COVID-19 who don't need oxygen and who don't have a bacterial co-infection.

This is an official  
**CDC HEALTH ADVISORY**

Distributed via the CDC Health Alert Network  
April 25, 2022, 1:00 PM ET  
CDCHAN-00463

**Updated Information on Availability and Use of Treatments for Outpatients with Mild to Moderate COVID-19 Who are at Increased Risk for Severe Outcomes of COVID-19**

For more information, contact Christy Zelinski at [Christy.Zelinski@cityofchicago.org](mailto:Christy.Zelinski@cityofchicago.org)



# New: COVID Test Kit Distribution

- For facilities that requested and were approved for the bulk shipment of rapid antigen tests from IDPH:
  - Tests have been delivered to CDPH
  - Contact Reynald (Chris) Albert at [reynald.albert@cityofchicago.org](mailto:reynald.albert@cityofchicago.org) to schedule a pick up time
    - If you are unable to pick up, tests can be shipped to you
  - Please contact Chris with any questions

# New: Cleaning & Disinfection Survey

- We will be sending out a link for a survey for you to complete regarding your facility's environmental cleaning and disinfection practices.
- Questions will cover a variety of areas, including:
  - Cleaning/disinfection agents
  - EVS schedule
  - Who/how often rooms, bathrooms, common areas are cleaned
- Please ensure that the Administrator, DON, and EVS Manager are present when completing the survey
- Please only submit one survey per facility
- The deadline for survey completion is Friday May 13th

# ★ Reminder: Project Firstline: Infection Prevention Essentials Webinar Series

- Upcoming series of infection prevention trainings for frontline healthcare workers
- Nursing continuing education credits will be offered
- Next sessions are about Respiratory Droplets (May 5) and Source Control (May 10)
- Registration link:  
<https://web.cvent.com/event/b0e96f24-0ca4-4fa9-9df9-5dd786cfb8fb/regProcessStep1?RefId=T8April22ProjectFirstline>

[Register now](#) for additional information and to join some or all of these education sessions!

Monday, April 18 at 12:00 pm	Session 1:	Introduction to Project Firstline and the Concept of Infection Control
Wednesday, April 27 at 2:00 pm	Session 2:	Environmental Cleaning and Disinfection
Thursday, May 5 at 10:00 am	Session 3:	COVID-19 How Respiratory Droplets Spread
Tuesday, May 10 at 3:00 pm	Session 4:	Source Control
Wednesday, May 18 at 9:00 am	Session 5:	How COVID-19 Spreads
Thursday, May 26 at 2:00 pm	Session 6:	Source Control: Ventilation
Wednesday, June 1 at 11:00 am	Session 7:	Asymptomatic Spread of COVID-19
Wednesday, June 8 at 8:00 am	Session 8:	Outbreak Management

The Illinois Health and Hospital Association (IHA) is authorized by the State of Illinois Department of Financial and Professional Regulation (license number 236.000109) to award up to 0.5 hours of nurse continuing education credit for Session 1 and up to 1.0 hours of nursing continuing education credits for Session 2 through 8 of this series.

For more information please contact [InfectionPrevention@team-ih.org](mailto:InfectionPrevention@team-ih.org).



# Reminder: Staff Focus Groups on COVID-19 Vaccinations

- We have sent select facilities recruitment letters to share with staff
  - If possible, please send the letter out electronically and post it at the time clock, in the break room, and where employee symptom screening takes place
- Looking for participants with a range of job titles, shifts, demographics, work locations, etc.
- Staff who are interested in participating can go to a website and complete a screening questionnaire
  - Based on their answers to the screening questionnaire, they will either be invited to participate or told that they do not qualify



# Reminder: Staff Focus Groups on COVID-19 Vaccinations

- Three virtual focus groups will be held on May 9<sup>th</sup> and May 10<sup>th</sup>
  - Staff can participate in Spanish and English
- Participants will remain anonymous
  - Staff can create an alias, will respond in the group by text, and will not be on camera
- Staff who participate in the group will receive a \$75 stipend



# Reminder: In-depth Interviews with LTCF Residents

- Consulting firm will be conducting one-on-one 30-minute interviews via phone with a small number of unvaccinated or unboosted residents
- We will be contacting Administrators at several facilities with low resident vaccination uptake to request that you select a few residents who are eligible and interested in participating
- I will send you a recruitment letter to share with the selected residents
- Eligible/interested residents can call the consulting company to arrange an interview
- Participating residents will receive a cash incentive



# Reminder: In-depth Interviews with Family Members who have Decision Making Powers

- Consulting firm will be conducting one-on-one 30-minute interviews via phone with a small number of family members with decision making powers related to resident vaccination who have not allowed their loved one to get vaccinated or boosted.
- If you have any family members that are eligible and might be interested in participating, please contact me at [Elizabeth.Shane@cityofchicago.org](mailto:Elizabeth.Shane@cityofchicago.org).
- I will send you a recruitment letter to share with the family members
- If the family members are interested and eligible, they can call the consulting company to arrange an interview
- Participating family members will receive a cash incentive



# FAQ: We just had a new case, do all staff need to wear N95s in the building now?

- No, that requirement has been removed from the IDPH guidance.
- N95s must be worn by HCP, regardless of vaccination status:
  - When caring for residents under transmission-based precautions for COVID (i.e., quarantine or isolation)
  - When performing aerosol-generating procedures
  - When returning to work early under a contingency staffing strategy following a positive COVID test
    - Note: Facilities should not be using contingency staffing strategies at this point





# FAQ: We test all of our residents once a week. If we have a new admission, can we test them the day they get here and then at our next round of weekly testing?

- Possibly, depending on when the next round of weekly testing will take place
- All new and readmissions, regardless of vaccination status, must be tested upon admission (if not tested within the 72 hours beforehand) and at least once between 5-7 days after admission
- Reminder that routine resident testing is not required (outside of new/readmissions), but facilities are always welcome to conduct additional testing as they see fit

# New/Readmission Testing Scenarios

- If a resident is admitted and tested on a Thursday and the next scheduled round of weekly testing is the following Tuesday, that would meet the requirement for new/readmission testing since Tuesday is within the 5-7 day range after Thursday
- However, if a resident is admitted and tested on Sunday and weekly testing takes place on Tuesday, you would need to test them in between the scheduled rounds of weekly testing since Tuesday would only be 2 days post-admission and the following Tuesday is >7 days post-admission.



# CDPH Influenza & Respiratory Virus Surveillance Report & Dashboard



Surveillance Week 15 (April 10-16, 2022)

## Chicago Influenza and Respiratory Virus Surveillance Report



Lori E. Lightfoot, Mayor

April 22, 2022

Allison Arwady, MD, MPH, Commissioner

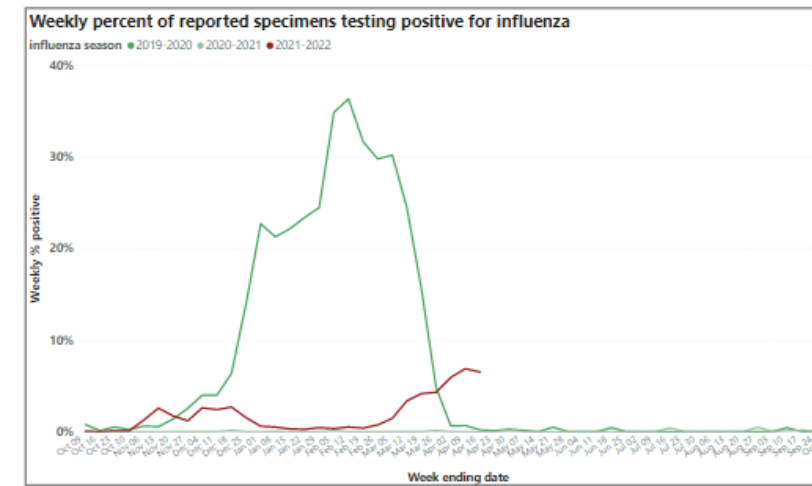
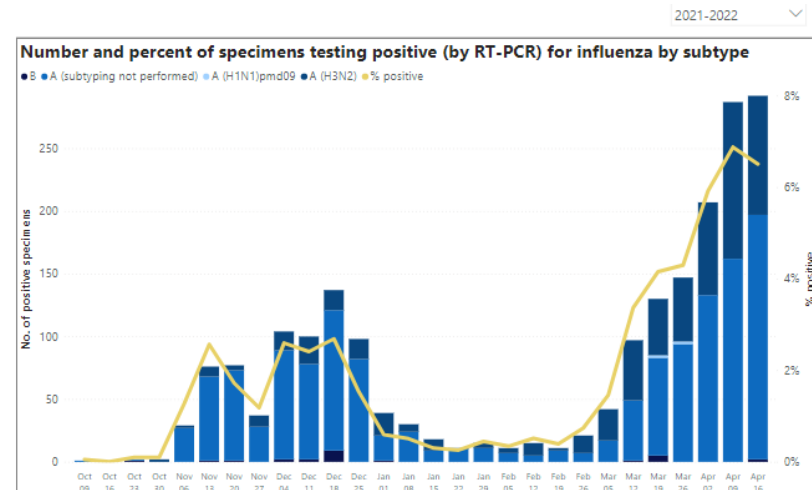
[Online Influenza Dashboard](#)

### Influenza Surveillance in Chicago

The Chicago Department of Public Health utilizes various surveillance indicators to monitor influenza activity in Chicago. This includes surveillance for influenza-associated intensive care unit (ICU) hospitalizations, monitoring circulating influenza viruses, as well outpatient and emergency department visits that are due to influenza-like illness (ILI). Influenza surveillance data are typically aggregated by week. This report is updated on Fridays for the previous Saturday through Sunday. On all graphs, the week ending date is displayed. Ending dates are accurate for the current season but are approximations for all other years. All data presented here are preliminary and may change as more reports are received. Reported percentages for previous seasons represent final, end of season data and may differ from previously published reports. All data presented on this page, except where otherwise noted, are available through the [Chicago Data Portal](#)<sup>1</sup>.

**Note for the 2021-2022 season:** The COVID-19 pandemic has influenced influenza activity and surveillance in several ways. Surveillance indicators that monitor outpatient and emergency department visits for influenza-like illness will capture visits for other respiratory illnesses, like COVID-19, that have similar symptoms. Additionally, health care seeking behavior has changed during the COVID-19 pandemic which may limit our ability to monitor influenza activity. As a result, our typical indicators may be less reliable in measuring influenza activity and should be interrupted with caution and in context with other respiratory pathogens circulating at the time. COVID-19 mitigation measures, like masking and social distancing may also change the timing and intensity of influenza activity this year. Information about the current COVID-19 situation in Chicago can be found on the [COVID-19 Dashboard](#)<sup>2</sup>.

**Expanded respiratory virus surveillance:** In order to provide additional context regarding influenza activity, CDPH, along with participating hospital laboratories, has expanded laboratory surveillance to include other respiratory viruses. The data represented here are a subset of all the respiratory virus testing performed in Chicago and may include both Chicago and non-Chicago residents. The facilities reporting data are the largest medical centers in Chicago and represent nearly half of all acute care hospitals in the city. Additional respiratory virus surveillance data is presented at the end of this report including emergency department visits for RSV among children less than five years of age.



Source: <https://www.chicago.gov/city/en/sites/flu/home/chicago-flu-update.html>

# Influenza Guidance for LTC Facilities

- IDPH Document, “Guidelines for the Prevention and Control of Influenza Outbreaks in Illinois Long Term Care Facilities” guidance was published on October 18, 2021 and is in effect for the 2021-2022 Influenza Season
- Document is linked on our website



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.dph.illinois.gov](http://www.dph.illinois.gov)

TO: Illinois Long Term Care Facilities and Assisted Living Facilities, Local Health Departments, Local Health Department Administrators, Illinois Department of Public Health Long Term Care Regional Contacts

FROM: Becky Dragoo, MSN, RN, Deputy Director of Office of Health Care Regulation  
Dr. Arti Barnes, MD, MPH, Medical Director/Chief Medical Officer

RE: Guidelines for the Prevention and Control of Influenza Outbreaks in Illinois Long Term Care Facilities

DATE: October 18, 2021

The purpose of this memorandum is to provide long-term care facilities (LTCF)<sup>1</sup> and other residential health and living facilities with current guidance for preventing and controlling influenza cases and outbreaks and with information on the reporting requirements in the event of a suspected or confirmed *influenza outbreak*. Specific guidance pertaining to COVID-19 can be found on the [Illinois Department of Public Health](http://www.idph.state.il.us) (IDPH) or [Centers for Disease Control & Prevention](http://www.cdc.gov) (CDC) websites. While notes specific to COVID-19 are mentioned in some sections of this document, the primary intent of this memorandum is to provide guidance for influenza. In certain situations, COVID-19 guidance may be more restrictive than the influenza guidance mentioned in this document. Facilities should defer to the appropriate guidance for the situation currently occurring in the community and the state, as the more restrictive guidance may be recommended.

Influenza (flu) and COVID-19 are highly contagious respiratory illnesses caused by different viruses. Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone, and testing may be needed to help confirm a diagnosis. Facilities should evaluate respiratory symptoms and consider the appropriate test following CDC guidance. The most current information comparing COVID-19 to flu can be found [here](#).

While it's not possible to say with certainty what will happen during the 2021-2022 influenza season, CDC believes it's likely that flu viruses and SARS-CoV-2 will be co-circulating. When SARS-CoV-2 and Influenza viruses are found to be co-circulating based on local public health surveillance data and testing, [additional practices should be considered](#). Influenza and COVID-19 viruses can cause substantial sickness

<sup>1</sup> LTCF includes an assisted living facility, a shared housing establishment, or a board and care home, as defined in the Assisted Living and Shared Housing Act [210 ILCS 9]; a community living facility, as defined in the Community Living Facilities Licensing Act [210 ILCS 35]; a life care facility, as defined in the Life Care Facilities Act [210 ILCS 40]; a long-term care facility, as defined in the Nursing Home Care Act [210 ILCS 45]; a long-term care facility as defined in the ID/DD Community Care Act [210 ILCS 47]; a long-term care facility, as defined in the MC/DD Act [210 ILCS 46]; a specialized mental health



# Definitions

- **Influenza-like illness (ILI)**

- Fever AND new onset of cough and/or sore throat
  - For elderly residents, the definition of fever for ILI can be a temperature 2° F above the established baseline for that resident

- **Confirmed Influenza Outbreak**

- Two or more cases of ILI occurring within 72 hours among residents in a unit of the facility with at least one of the ill residents having laboratory-confirmed influenza via PCR, viral culture, or rapid test

# ★ LTCF Reporting Requirements

- Report all outbreaks of influenza to CDPH:
  - Call 312-743-9000 or e-mail Enrique Ramirez at [Enrique.Ramirez@cityofchicago.org](mailto:Enrique.Ramirez@cityofchicago.org)

# Antiviral Chemoprophylaxis

- Please consider the use of antiviral medications for residents who are positive or exposed to influenza
- Antiviral medications have been shown to be most effective if administered within 48 hours after symptom onset; however, these medications can still help if given to the very ill after 48 hours

# ★ Antiviral Chemoprophylaxis (continued)

- As per CDC guidance:
  - A facility should promptly initiate antiviral chemoprophylaxis with oral oseltamivir to all exposed individuals (e.g., roommates) of residents with confirmed influenza.
  - When at least 2 residents are ill within 72 hours of each other with laboratory-confirmed influenza, the facility should expand antiviral chemoprophylaxis to non-ill residents living on the same unit as the residents with influenza (outbreak affected units), regardless of influenza vaccination status
  - “Persons receiving antiviral chemoprophylaxis who develop signs or symptoms should be tested and switched to antiviral treatment doses pending results”



# ★ Isolation of Residents with Influenza

- If flu positive **and** COVID negative:
  - Isolate in a private room in the PUI unit under droplet precautions for 7 days after illness onset or 24 hours after resolution of fever without the use of fever-reducing medications, whichever is longer
    - **Required PPE:** face mask (surgical mask is fine, doesn't have to be a N95) and eye protection





# Isolation of Residents with Influenza & COVID

- If flu positive **and** COVID positive:
  - Isolate in a private room in the COVID unit for 10 days (20 if severely immunocompromised) under transmission-based precautions
    - **Required PPE:** fit-tested N95, eye protection, gown, gloves

# ★ Work Exclusion for Staff with Influenza

- Staff who are influenza positive must be excluded for at least 24 hours after resolution of fever (without the use of fever-reducing medications)
  - If influenza positive AND COVID positive, they should be excluded for 7 days with a negative COVID test or 10 days without a negative test, as long as their symptoms are improving and they are fever free for at least 24 hours without the use of fever-reducing medications



# Influenza Vaccinations

- Please continue to offer the flu vaccine to any resident or staff who has not yet received it this season
- Encourage family members and other visitors to get vaccinated if they have not done so already
- Your facility must maintain a system for tracking and documenting influenza vaccine offered and administered to staff
  - Records must be kept for three years

# Influenza Vaccination Declinations

- HCP can only decline the vaccine for medical contraindications or religious beliefs. They cannot deny the vaccine based on “general philosophical or moral reluctance”
- HCP who decline the vaccination must sign a statement declining vaccination and certifying that he or she received education about the benefits of the vaccine

# ★ Next Roundtable Canceled

- No Roundtable on 05/12
- Next Roundtable 05/26
- Feel free to contact us if you have any questions.





# Questions & Answers

## A special thanks to:

### CDPH HAI SNF Team:

Dr. Stephanie Black  
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**For additional resources and upcoming events,  
please visit the CDPH LTCF HAN page at:**  
<https://www.chicagohan.org/covid-19/LTCF>