COVID-19 and HAI Updates and Q&A Webinars for Long-Term Care and Congregate Residential Settings

December 9th, 2022

Housekeeping

- All attendees in listen-only mode

- Submit questions via Q&A pod to **All Panelists**

- Slides and recording will be made available later

Agenda

- Upcoming Webinars
- Navigating Project Firstline
- Project Firstline Landscape Assessment
- COVID-19 Outbreak Testing: *Strategies from the Updated Interim Guidance for Nursing Homes and other Licensed LTCFs*
- Civil Money Penalties for In-Person Visitation Aids
- COVID-19 Therapeutics and Influenza Testing
- Open Q & A

Upcoming Infection Prevention and Control Updates
1:00 pm - 2:00 pm

Date	Infection Control Topic	Registration Link
Friday, December 16th	CAUTI/CLABSI	https://illinois.webex.com/illinois/onstage/g.php?MTID=e00594f71075334ee88516dec33c0042c

Navigating Project Firstline

Project Firstline

Listens to healthcare workers

Appreciates the value of every healthcare worker

Recognizes that bandwidth is low due to burnout and trauma

Meets healthcare workers where they are

CDC's Project Firstline

Interactive Resources

Videos and Social Media Graphics

Print Materials and Job Aids

Training Toolkits

HEKTOEN INSTITUTE
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Partnering to improve patient care.

Access Infection Control Educational Materials

Explore Project Firstline Partnerships

https://www.cdc.gov/infectioncontrol/projectfirstline/index.html

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Videos and Social Media Graphics

Interactive Resources

Print Materials and Job Aids

Training Toolkits

https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/educational-materials.html

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Videos and Social Media

https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/videos-graphics.html
https://www.cdc.gov/infectioncontrol/projectfirstline/resources/videos.html

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https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/educational-materials.html

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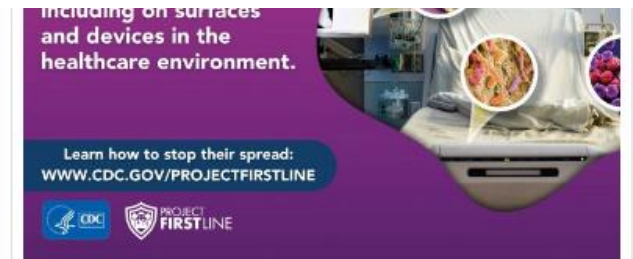OF MEDICINE

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Interactive Resources

https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/interactive.html

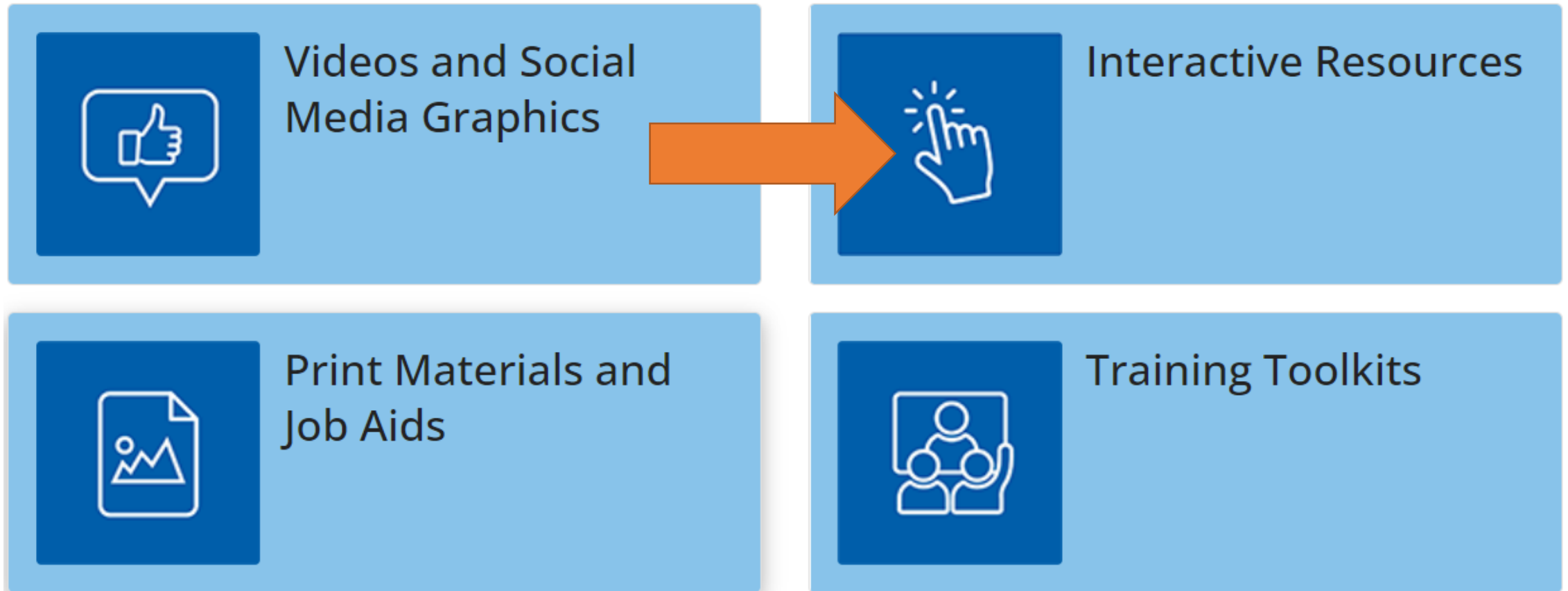**HEKTOEN INSTITUTE** OF MEDICINE

https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/educational-materials.html

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Print Materials and Job Aids

https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/print.html
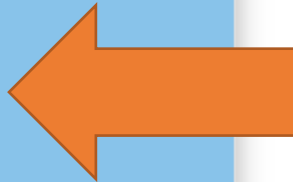
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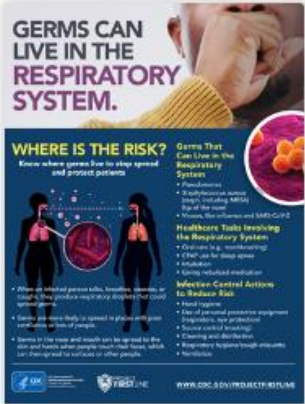
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General Infection Control Training Toolkits

Facilitator and Participant Resources

- Facilitator Toolkit Guide [PDF – 8 Pages]
- Session Feedback Form [PDF – 3 Pages]
- Facilitator Self-Assessment Form [PDF – 3 Pages]

Session 1:
What Does it Mean to Recognize A Risk?

Session Plan: Recognizing Risk [PDF – 18 Pages]

Slide Set: Recognizing Risk [PPT – 22 Slides]

Participant Booklet: Recognizing Risk [PDF – 4 Pages]

Session 2:
How Germs Make People Sick

Session Plan: How Germs Make People Sick [PDF – 21 Pages]

Slide Set: How Germs Make People Sick [PPT – 25 Slides]

Participant Booklet: How Germs Make People Sick [PDF – 4 Pages]

Session 3:
Recognizing Risk Using Reservoirs: A Review

Session Plan: Recognizing Risk Review [PDF – 20 Pages]

Slide Set: Recognizing Risk Review [PPT – 22 Slides]

Participant Booklet: Recognizing Risk Review [PDF – 4 Pages]

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https://www.youtube.com/watch?v=DTaelg1Ogb0&feature=youtu.be

https://www.cdc.gov/infectioncontrol/projectfirstline/index.html

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Watch Project Firstline Videos

Learn about infection control by watching Project Firstline videos.

...fection ...aining

Use our facilitator toolkit to lead trainings on your team's schedule, even if you're not an infection control expert.

Access Multimedia Resources

Access shareable images, web buttons, posters, and print materials.

Recursos en español

Recursos para la capacitación en control de infecciones.

- https://www.cdc.gov/infectioncontrol/projectfirstline/resources.html

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Project Firstline Inside Infection Control Series

Check out these videos with CDC's Dr. Abby Carlson to learn the basic ideas behind infection control, how they work to prevent COVID-19, and how using infection control actions while you're at work can protect you, your patients, your coworkers and your community.

Earn a certificate of completion ⬈ for watching *Inside Infection Control* episodes on CDC TRAIN. Launch the video from TRAIN to receive your certificate.

Earn continuing education through Training and Continuing Education Online (TCEO).

- Group One – Introduction to Infection Control and Virus Basics
- Group Two – Injection Safety
- Group Three – PPE Basics
- Group Four – Respirator Basics
- Group Five – Environmental Cleaning and Disinfection Basics
- Group Six – Ventilation, Source Control, and Hand Hygiene
- Group Seven – How COVID-19 Spreads

https://www.cdc.gov/infectioncontrol/projectfirstline/resources/videos.html

INSIDE INFECTION CONTROL

WHAT'S THE GOAL OF INFECTION CONTROL?

EPISODE 1

INSIDE INFECTION CONTROL

SARS-COV-2? COVID-19? WHAT'S THE DIFFERENCE?

EPISODE 2

INSIDE INFECTION CONTROL

WHAT'S A VIRUS?

EPISODE 3

Episode 1:
What's the Goal of Infection Control?

View on Web Episode 1 ▶
[Video – 4:06]
YouTube Episode 1 [Video – 4:06]
Facebook Episode 1
Episode 1 Transcript
[TXT – 3 KB]

Episode 2:
Sars-Cov-2? Covid-19? What's the Difference?

View on Web Episode 2 ▶
[Video – 3:16]
YouTube Episode 2 [Video – 3:16]
Facebook Episode 2
Episode 2 Transcript
[TXT – 3 KB]

Episode 3:
What's a Virus?

View on Web Episode 3 ▶
[Video – 4:23]
YouTube Episode 3 [Video – 4:23]
Facebook Episode 3
Episode 3 Transcript
[TXT – 4 KB]

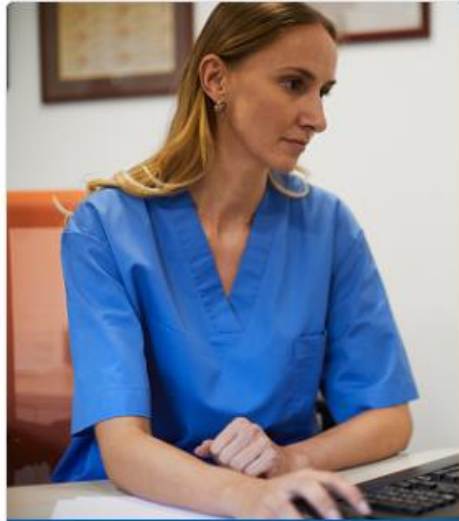https://www.cdc.gov/infectioncontrol/projectfirstline/resources/videos.html

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Recursos para la capacitación en control de infecciones.

- https://www.cdc.gov/infectioncontrol/projectfirstline/resources.html

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COVID-19 Training Toolkits

Project Firstline Facilitator Toolkit

Our facilitator toolkit is designed to work with your team's learning styles and busy schedules. Whether you've got 10 minutes, or 60, we've got resources to help you deliver a great training.

You don't need to be an infection control expert to lead these trainings. The resources in this toolkit will help you along the way.

Facilitator and Participant Resources

- Project Firstline Facilitator Toolkit Guide [PDF – 22 Pages]
- Inside Infection Control Participant Booklet [PDF – 18 Pages]
- Project Firstline is for You Poster [PDF – 1 Page]
- Session Feedback Form [PDF – 3 Pages]
- Facilitator Self-Assessment Form [PDF – 3 Pages]

https://www.cdc.gov/infectioncontrol/projectfirstline/resources/facilitator-toolkit.html

The Concept of Infection Control

Topic One: The Concept of Infection Control (Session Plan) [PDF – 25 Pages]

- 60-Minute Session Slides for Topic One [PPT – 4 MB]
- 20-Minute Session Slides for Topic One [PPT – 3 MB]
- 10-Minute Session Slides for Topic One [PPT – 3 MB]
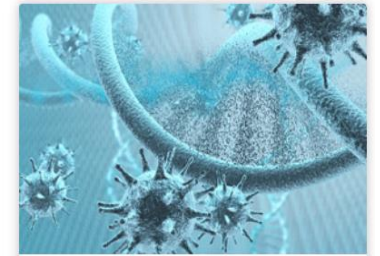
The Basic Science of Viruses

Topic Two: The Basic Science of Viruses (Session Plan) [PDF – 31 Pages]

- 60-Minute Session Slides for Topic Two [PPT – 4 MB]
- 20-Minute Session Slides for Topic Two [PPT – 3 MB]
- 10-Minute Session Slides (Part 1) for Topic Two [PPT – 3 MB]
- 10-Minute Session Slides (Part 2) for Topic Two [PPT – 4 MB]

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Hektoen's Project Firstline Program

- You pick the lesson!
  - Project Firstline offers COVID-19 specific & general infection control curriculum

- Request a Project Firstline training by completing a PFL request form
  - Request form included on attendee flash drives
  - Send to Shannon.Calus@Hektoen.org

- Hektoen will provide an instructor and all required materials

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Project Firstline Training Request Form

Facility Information

Facility Name: _____

Facility Address: _____

Contact Phone Number: _____

Contact Email: _____

Estimated Number of Attendees: _____

Learning Session Information

COVID-19 specific sessions can be found here.
General infection control sessions can be found here.

Please select a learning session topic from the drop-down list:

[_____]

What length training session would you prefer?

☐ 10 Minutes   ☐ 20 Minutes   ☐ 60 Minutes

What day of the week would you prefer for this session?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Will you need printed materials?

☐ Yes   ☐ No

Please send the completed form to Shannon.Calus@Hektoen.org

Free!!! Non-regulatory!!! Infection Control Assessment and Response (ICAR)!

Comprehensive Infection Control Assessment and Response (ICAR)

- Newer versions of the original ICAR
- Looks at the entire infection prevention and control program
- Consultation free of charge, non-regulatory and interdisciplinary
- Contact Shannon.calus@hektoen.org

Project Firstline's
Illinois Landscape Assessment Results

Jessica Ledesma MEd MPH

What is Project Firstline?

Diverse collaborative designed to provide engaging, innovative, and effective infection control training to more than 6 million healthcare personnel (HCP) in the United States

Empowering
- Core Training
- Practical Tools

Immersive
- Engagement
- Mentorship

Lasting
- Public Health Capacity
- Innovation

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Who is Project Firstline for?

- All HCP in all settings:
  - Hospitals
  - Outpatient clinics
  - Dialysis centers
  - Nursing homes
- For all education levels

IDPH Role in Project Firstline

Distribute Learning Needs Assessment → Promote Project Firstline Curriculum → Prevent Further Spread of infection → Track Participation → Evaluate Impact

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Project Firstline Curriculum

This Photo by Unknown Author is licensed under CC BY-NC

- Project Firstline curriculum is expanding everyday
  - Results of LNA are incorporated

- IDPH will offer a variety of IC training to supplement curriculum:
  - In-person
  - Self-paced/on demand
  - Team based
  - Webinars

Illinois Landscape Assessment

- Completed via REDCap

- Approximately 10-15 minutes

- Open for 15 days

- Only 1 survey should be completed per organization.

Purpose:

- Learn IPC training initiatives currently being carried out in Illinois
- Identify opportunities to better support healthcare worker IPC training
- Develop a resource directory

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Who responded to our survey?

Medical practice group

19 Local Health Departments

Hospital

LTAC hospital

Rehab center

Professional organization

2 assisted living facilities

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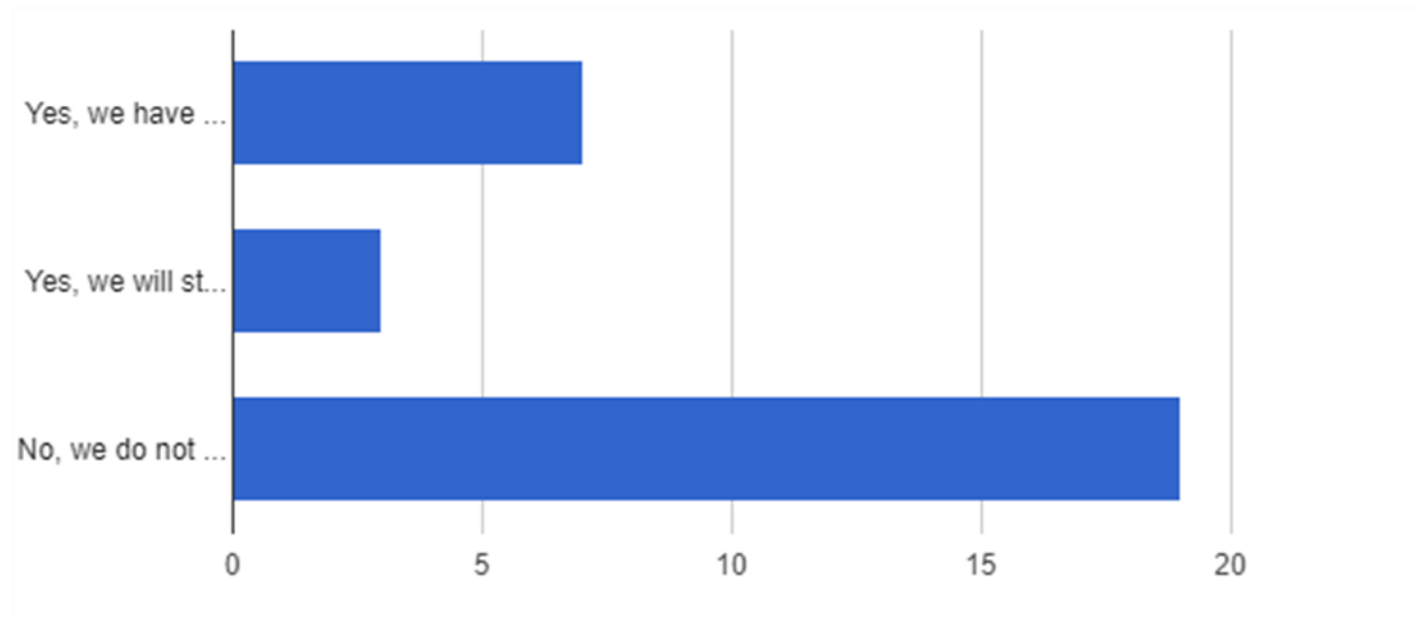
Briefly describe your organization's Project Firstline plans or activities

LHD

- We participate in Project Firstline trainings for our staff and encourage long term care facilities to attend trainings when possible.
- We organized a team of COVID-19 investigators who specialize in long-term care facility outbreaks.
- Funded by national AAP for past two years to do trainings and promote on our social media
- Discuss with every LTCF ICAR and provide link for access.
- We attend the Project Firstline zoom series

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Briefly describe your organization's Project Firstline plans or activities

Other respondents

- We currently have a contract with the Chicago Department of Public Health to administer the Project Firstline trainings and curriculum on behalf of frontline healthcare workers in the City of Chicago
- Another group was funded by the national AAP for past two years to do trainings and promote on our social media
- To educate and promote the importance of infection control in LTC setting and reduce rate of transmission.

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Project Firstline has three main intentions, which intention is your organization targeting?
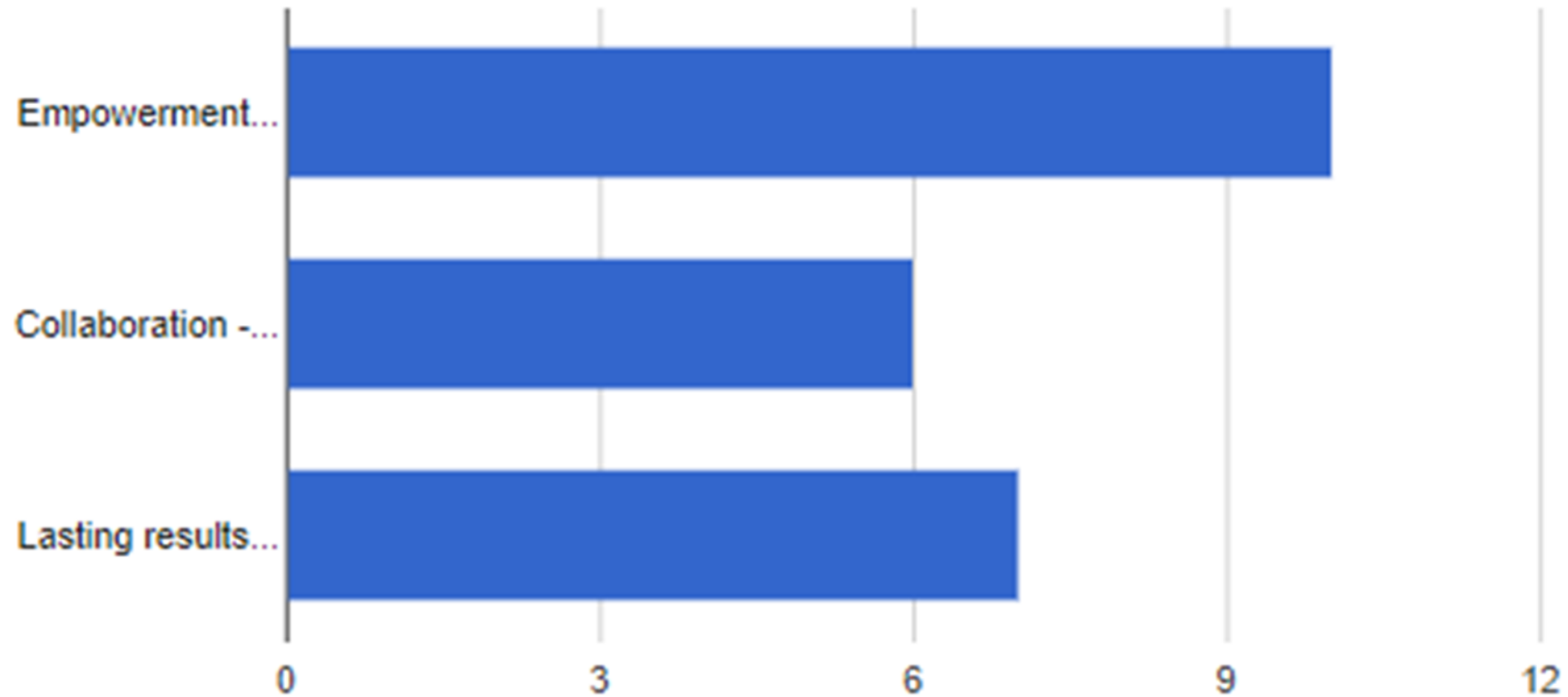
What setting is your organization's Project Firstline activities serving/targeting?

- Assisted living facilities, home health agencies, hospice providers, local health department staff, mental/behavioral health facilities, laboratories, EMS providers, pharmacies, and FQHCs.

- Pediatricians

- Initially focused on SNFs, will expand to: SMHRF, Group Homes, Assisted Living, Memory Care, Shelters

What groups of workers is your organization targeting through its Project Firstline activities?

Options included:	Administrators	Environmental Service Workers	Nurses
Nursing Assistants	Physician Assistants	Prescribers (Physicians, Advance Practice Nurses)	Other (please specify)
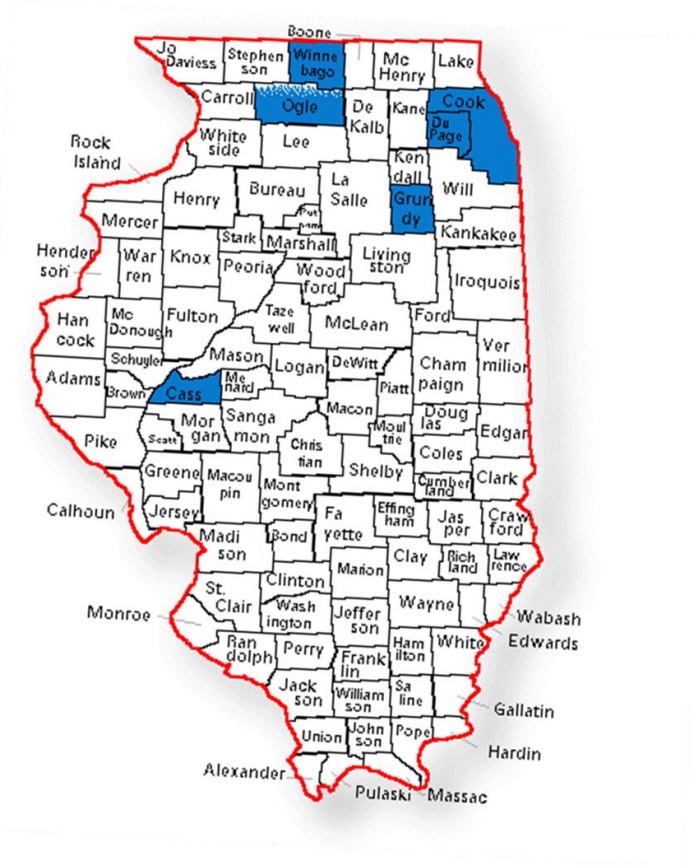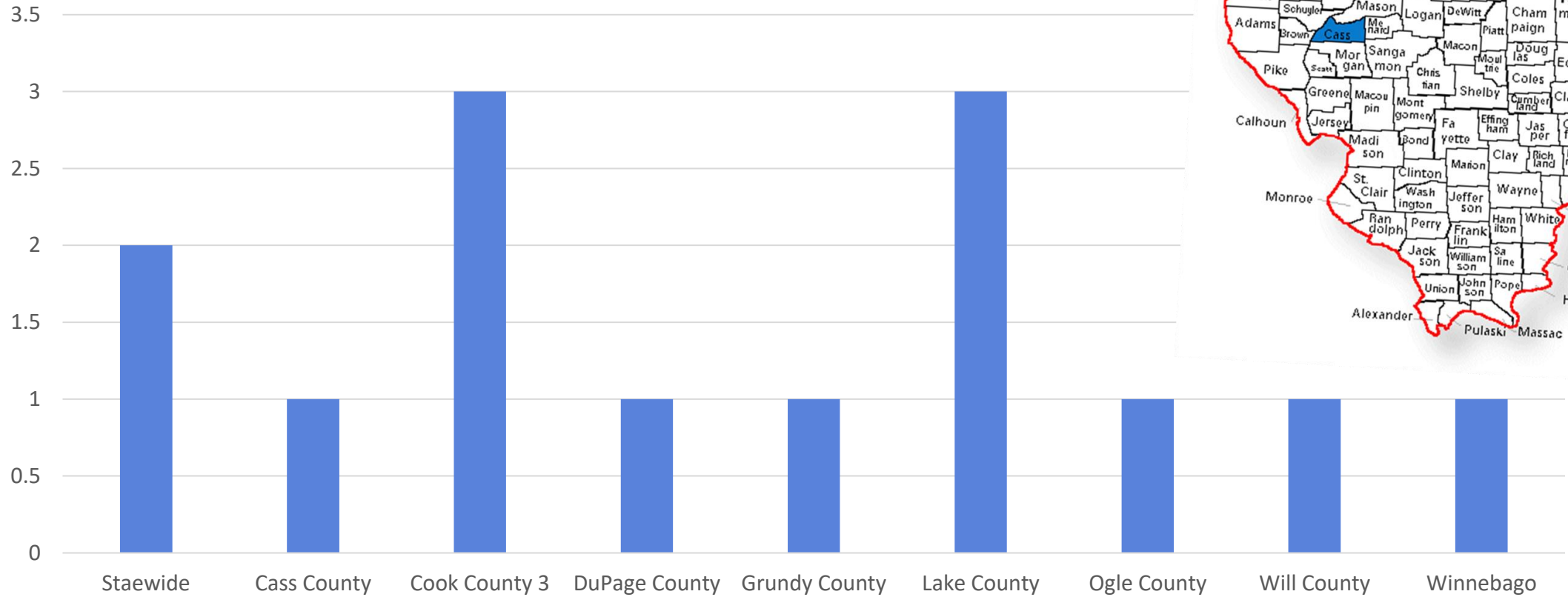
Will your organization collect data or review data collected by others?
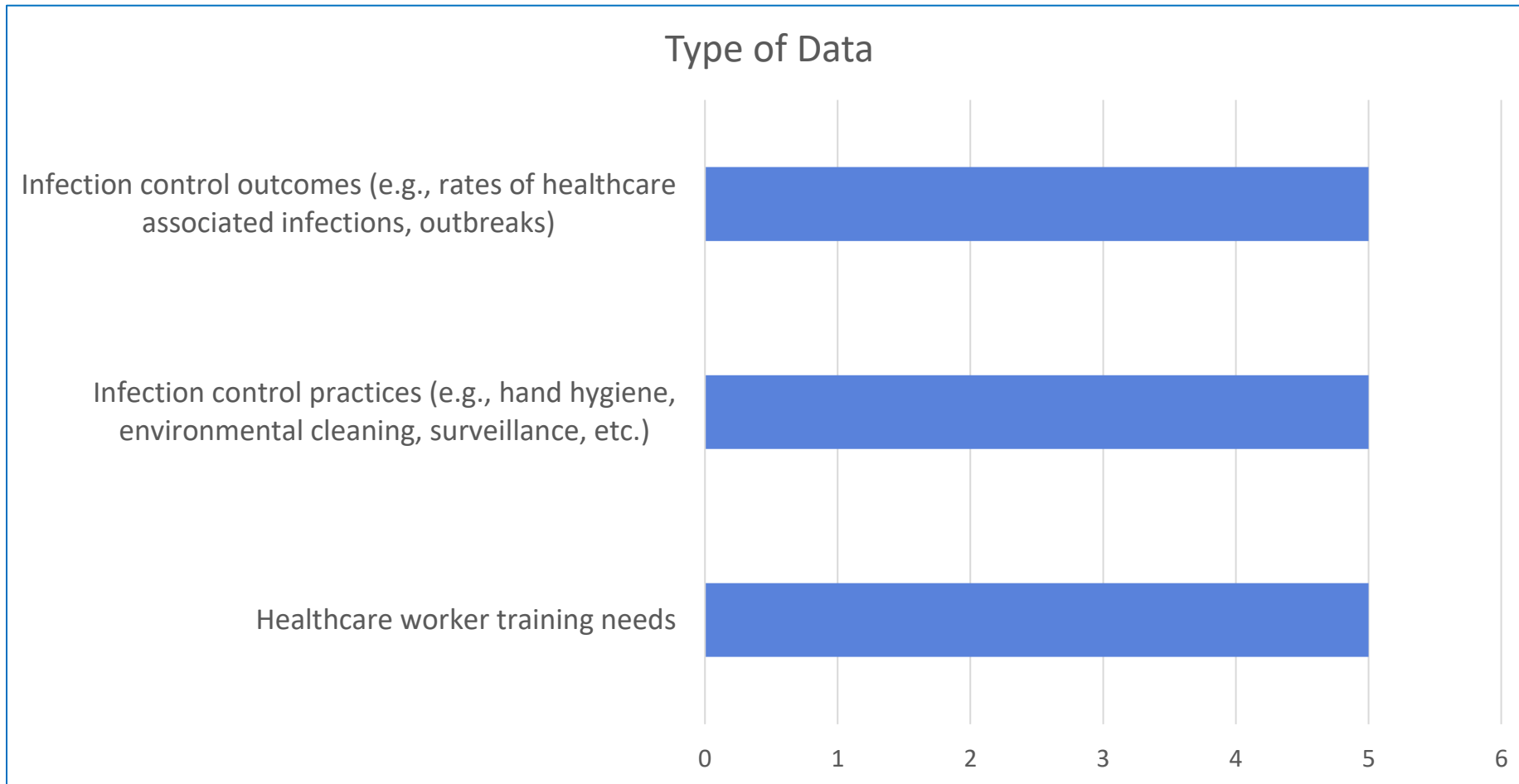
Please identify any challenges your organization has identified associated with utilizing or promoting Project Firstline

- Funding assistance would be helpful
- training NH staff and practitioners
- No staff. No funding
- LTC staffing challenges and pandemic burnout is limiting program roll out.

Our newer ('baby') IPs are still getting settled into their positions with large IP learning challenges ahead.

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Other initiatives your organization is implementing

We have worked with local long term care facilities to increase infection prevention awareness and implemented trainings for staff.

Our Facility continues to practice and train employees infection control measures and have in service meetings to update and practice skills.

supporting new employee completion of items as directed by ID IDPH and ongoing training as needed
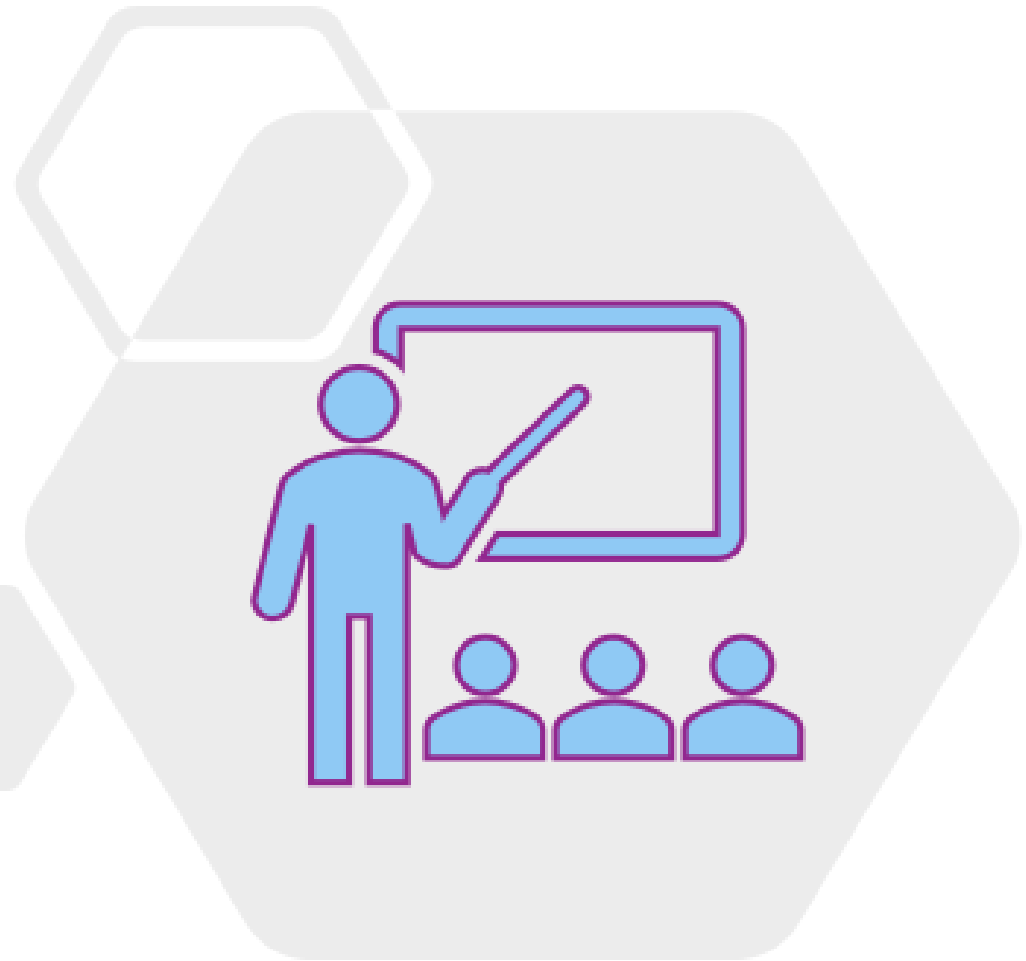
Summary/Next Steps

- Interested in Data

- Receptive to training

- Engage with LHD

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THANK YOU

jessica.ledesma@illinois.gov

IDPH DPSQ WEBSITE

COVID-19 Outbreak Testing:
Strategies from the *Updated Interim Guidance for Nursing Homes and other Licensed LTCFs*

THOMAS C. ROOME, *MPH, EMT,*
IDPH Regional Infection Prevention Specialist,
Office of Policy, Planning, and Statistics,
Division of Patient Safety and Quality,
Tom.Roome@Illinois.gov

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Trigger for Action: Outbreak

- Trigger for outbreak investigation:
  - *"A new **facility-associated** case of COVID-19 infection in any healthcare personnel (HCP) or any nursing home-onset COVID-19 infection in a resident."*

- Facility-Associated is defined as:
  - For residents: *"a COVID-19 case that originated in the facility; a COVID-19 case with a confirmed diagnosis 14 days or more after admission for a non-COVID condition, without an exposure during the previous 14 days to another setting where an outbreak was known or suspected to be occurring."*

  - For staff: *" a COVID-19 case in an individual (staff member) who worked at the facility for any length of time two calendar days before the onset of symptoms (for a symptomatic person) or two calendar days before the positive sample was obtained (for an asymptomatic person) until the day that the positive staff member was excluded from work."*

Outbreak Testing Approaches

- There are two approaches you can choose from:
  - Contact-tracing approach
  - Broad approach

- The contact tracing approach involves identifying and testing all the close contacts of an initial case.

- The broad approach involves testing all residents and staff [on a unit, floor, or even the whole building] based on the areas involved.

Contact Tracing Approach

- When to use the Contract Tracing Approach:
  - When you **can** identify all the close contacts of your initial case.
  - When you don't have any cases that contact tracing can't account for.
  - When only one unit/floor/area is involved.

- Identify all the close contacts of the initial case/cases.
  - Test close contacts on days 1, 3, and 5 after exposure.
  - **If these contacts are negative on all 3 tests, and no other cases are identified, no further testing is needed.**
  - Close contacts at high risk of developing COVID-19 should be quarantined.

Broad Approach

- The broad approach involves testing *everyone* [in the affected area] every 3-7 days until no new cases are identified for 14 days.

- This doesn't *necessarily* mean testing the whole facility;
  - If there are cases on two units on the same floor, but no cases on other floors, you might choose to just test that floor.

  - Or if you can't identify all contacts on a unit, you could only test that unit.

  - However, if you have cases on multiple units, cases you can't account for, or mitigation efforts aren't effective; consider testing the whole facility.

Deciding on an Approach

- Consider a broad approach:

  - If you **CAN'T** contact trace (unable to identify all contacts)

  - There are exposures across several units.

  - If you have new cases that contact tracing can't account for OR

  - You have new cases appear on other units

    - These indicate the outbreak is more widespread

    - If you've chosen not to quarantine close contacts and they test positive, then a broad approach may be best.

Other Considerations

- Remember: vaccination status no longer affects how or who we test.

- The outbreak testing approach may need to change during a single outbreak.

- Those who have recovered from COVID within 30 days do not need to be tested.

- For those who have recovered 31-90 days ago, you may consider testing them using an **antigen test** (not PCR).
  - PCR may detect genetic material *after* there is no longer replication-competent virus present.

Example № 1:

- Your facility identifies a staff member who has COVID-19. There were 4 residents exposed, all on the same unit. What approach should you take?
  - Contact tracing

- These contacts are tested on days 1, 3, & 5. Per the guidance, you elect not to quarantine the close contacts. On day 3, one of the residents tests positive. Should you stick with contact tracing or change to a broad approach?
  - Broad based approach.

- While looking into what areas to include in testing, you realize that the resident who tested positive took part in communal dining and group activities with residents from all other units. Where should you test?
  - It may be wise to test the whole facility at this point.

Example № 2:

- A resident develops COVID-19 after a trip (<24h) to visit family. You identify all their close contacts, and they are on the same unit. Which approach would be best?
  - Contact tracing

- There are 4 close contacts on the unit, you test them on days 1, 3, & 5. all 4 contacts test negative on all tests. What would you do now?
  - You don't need to do any further outbreak testing right now!
  - *Close contacts should still mask for a full 10 days.*

- Then, 2 days after the last exposure tested negative on their 3rd test, a resident who was **NOT** identified as a close contact develops symptoms, and tests positive. What would you do now?
  - You should switch to a broad approach.

Example № 3:

- A staff member becomes positive and is put on work restriction. You identify all contacts; 3 staff were exposed but no residents. The staff all work on different units. What approach would you take?
  - Contact tracing

- All exposed staff members are asymptomatic. How would you manage these staff members?
  - They would be tested on days 1, 3, & 5

- If one of the staff members recovered from COVID ≥ 31 days ago, do they _need_ to be tested?
  - No, but you can if you feel it's a good idea

- You choose to test them; what kind of test would you use?
  - An antigen test; PCR/NAAT could yield false positives in such situations.

Thank You

If you have further questions, please reach out to your local health department or our team.

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Civil Money Penalties for In-Person Visitation Aids

Mary Alice Lavin

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Civil Money Penalty Reinvestment Funds
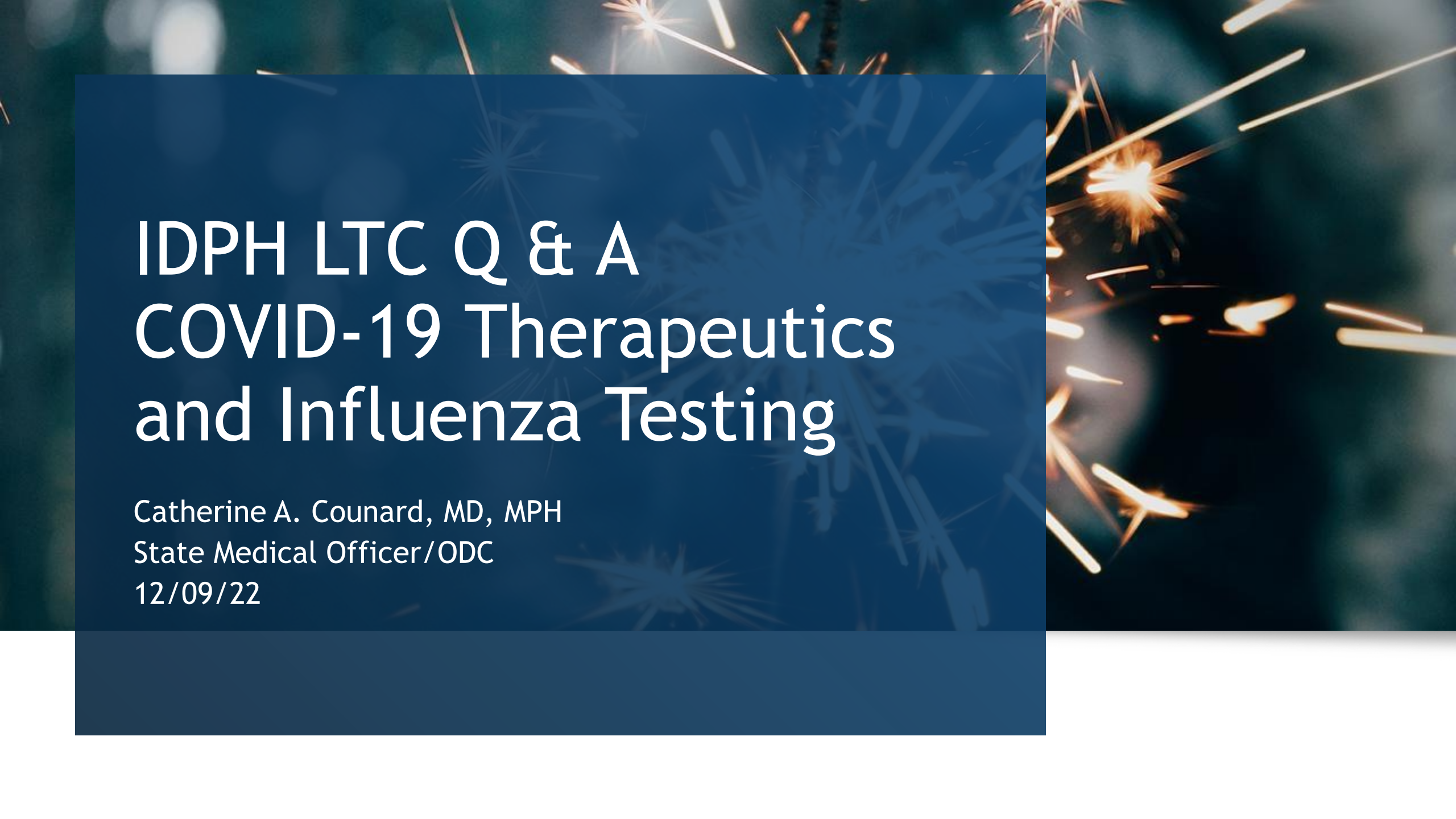
- Centers for Medicare & Medicaid Services (CMS) developed an application process to use the Civil Money Penalty (CMP) Reinvestment funds for in-person visitation aids.

- Up to $3000.00 can be used for in-person outdoor visitation aids.
  - ➢ Can include the cost of installation, installation materials, and shipping costs.
  - ➢ For expenses after QSO 20-39-NH (September 17, 2020).

- Up to $3000.00 can be used for in-person visitation aids to improve indoor air quality.
  - ➢ Can include the cost of portable fans, air cleaners with H-13 or H-14 filters, and shipping costs.
  - ➢ For expenses after QSO 20-39-NH FAQ Revised (February 2, 2022).

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CMP Application Process

- COVID-19 In-Person Visitation Aid Application Template
- Required elements:
  - Name of facility and CMS Certification Number (CCN)
  - Number of certified beds
  - Types of visitation aids
  - Cost per visitation aid
  - Total number of visitation aids requested
  - Total funds requested.

- Application FAQ and application template sent with webinar slides
- Questions: dph.hcr.cmpgrant@illinois.gov

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IDPH LTC Q & A
COVID-19 Therapeutics and Influenza Testing

Catherine A. Counard, MD, MPH
State Medical Officer/ODC
12/09/22
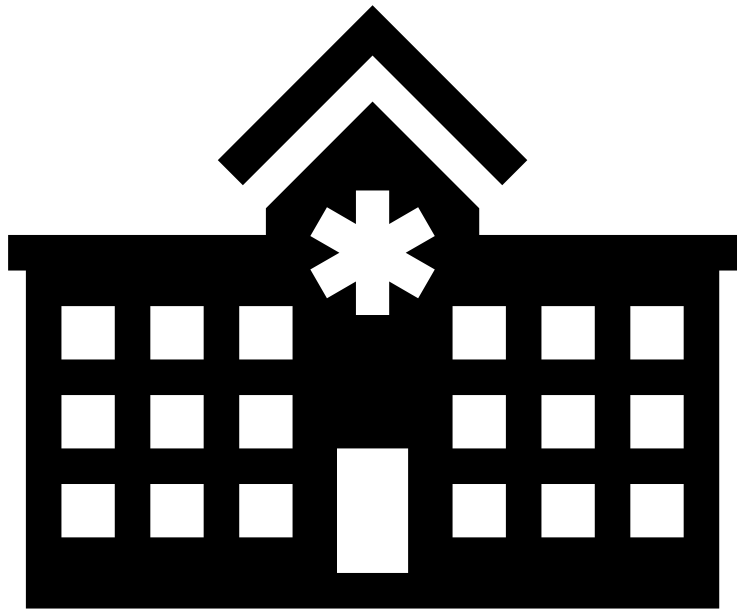
LTC COVID-19 Hospitalizations
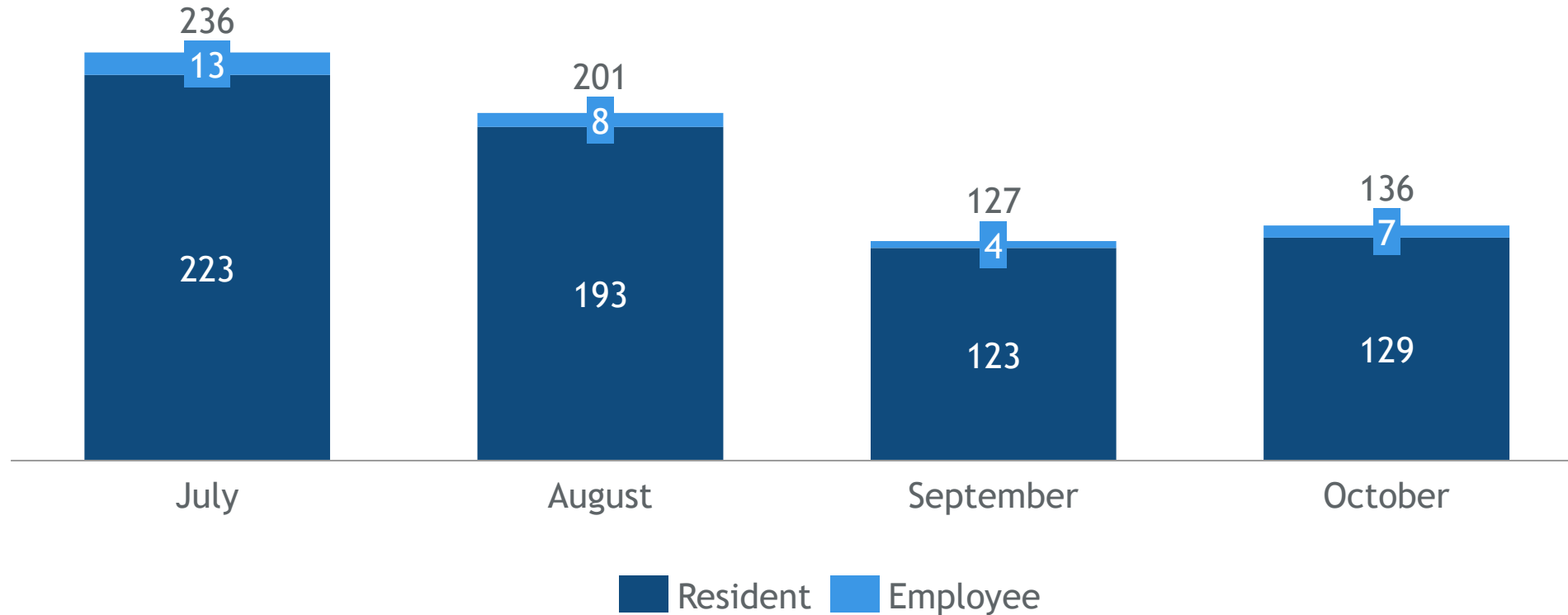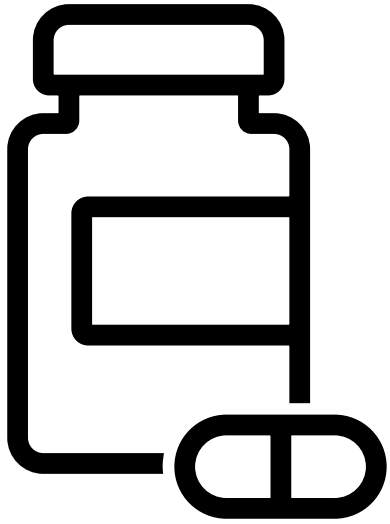
COVID-19 Treatment Update

FDA Announces Bebtelovimab is Not Currently Authorized in Any US Region

[11/30/2022] The U.S. Food and Drug Administration today announced bebtelovimab is not currently authorized for emergency use in the U.S. because it is not expected to neutralize Omicron subvariants BQ.1 and BQ.1.1., according to data included in the Health Care Provider Fact Sheet.

On **Wednesday, November 30, 2022**, the FDA announced:

Bebtelovimab is not authorized for emergency use in the U.S. because it is not expected to neutralize Omicron subvariants BQ.1 and BQ.1.1,

These sub–variants are the majority of all circulating SARS–CoV–2 viruses.

Bebtelovimab Health Care Provider Fact Sheet 11042022 (fda.gov)

PATIENT DISPOSITION

PANEL'S RECOMMENDATIONS

Does Not Require Hospitalization or Supplemental Oxygen

All patients should be offered symptomatic management **(AIII)**.

For patients who are at high risk of progressing to severe COVID-19,[a] use 1 of the following treatment options:

Preferred Therapies
Listed in order of preference:
- **Ritonavir-boosted nirmatrelvir (Paxlovid)**[b,c] **(AIIa)**
- **Remdesivir**[c,d] **(BIIa)**

Alternative Therapies
For use ONLY when neither of the preferred therapies are available, feasible to use, or clinically appropriate. Listed in alphabetical order:
- **Bebtelovimab**[e] **(CIII)**
- **Molnupiravir**[c,f] **(CIIa)**

The Panel **recommends against** the use of **dexamethasone**[g] or **other systemic corticosteroids** in the absence of another indication **(AIII)**.

Rating of Recommendations: A = Strong; B = Moderate; C = Weak
Rating of Evidence: I = One or more randomized trials without major limitations; IIa = Other randomized trials or subgroup analyses of randomized trials; IIb = Nonrandomized trials or observational cohort studies; III = Expert opinion

https://www.covid19treatmentguidelines.nih.gov/tables/management-of-nonhospitalized-adults-summary/

COVID-19 Outpatient Therapeutics
Clinical Decision Aid for Ages 12+ years

Adult or pediatric patient (ages 12 and older weighing at least 40 kg) with mild to moderate COVID-19 and at high risk for progression to severe disease

Is patient:
- Hospitalized for COVID-19

  OR
- Requiring O₂

  OR
- Requiring an increase in baseline home O₂ due to COVID-19?

NO → Symptom onset within the past 5–7 days?

YES →

NO ↓

YES ↓

Treatment of symptoms, management per NIH & CDC Guidelines

Consider one of the following therapeutics, if available, feasible, and clinically appropriate[1]:

Paxlovid[2] within 5 days of symptom onset If patient does not have severe renal impairment (eGFR <30mL/min) OR severe hepatic impairment (Child-Pugh Class C)

- **eGFR ≥ 60mL/min:** 300 mg nirmatrelvir taken with 100 mg ritonavir twice daily for 5 days
- **eGFR ≥ 30mL/min to < 60 mL/min:** 150 mg nirmatrelvir taken together with 100 mg ritonavir twice daily for 5 days
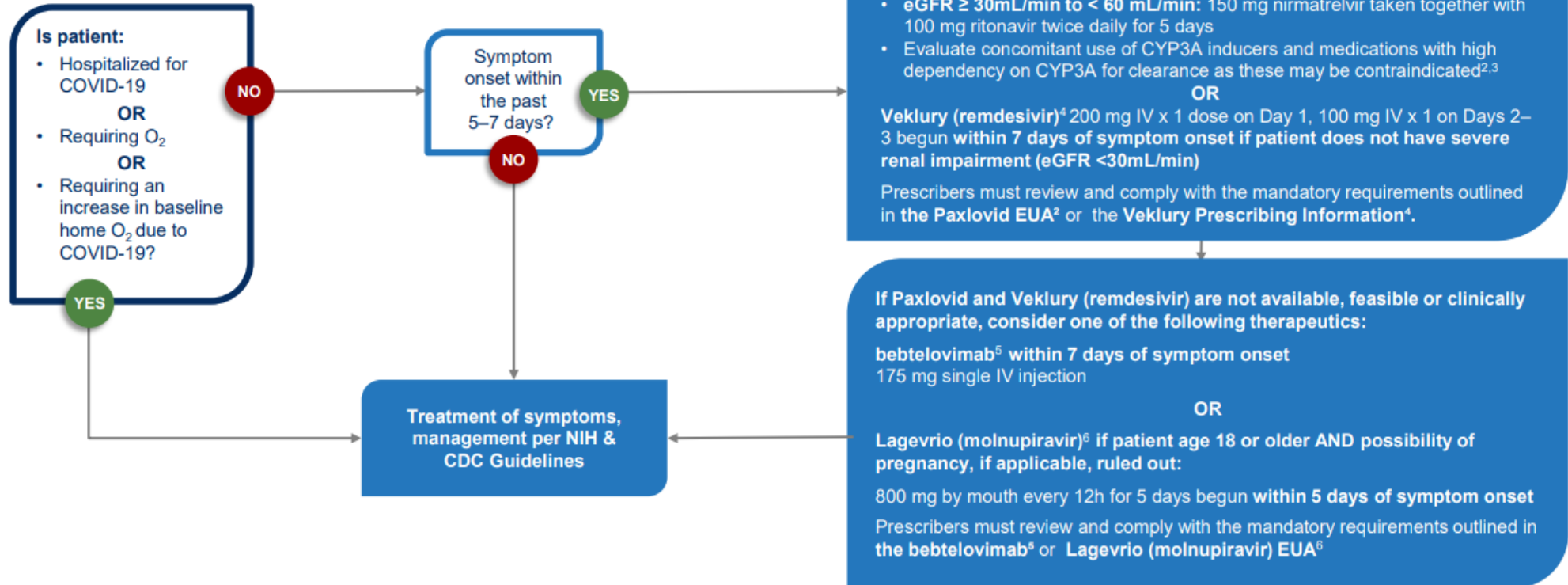- Evaluate concomitant use of CYP3A inducers and medications with high dependency on CYP3A for clearance as these may be contraindicated[2,3]

OR

Veklury (remdesivir)[4] 200 mg IV x 1 dose on Day 1, 100 mg IV x 1 on Days 2–3 begun **within 7 days of symptom onset if patient does not have severe renal impairment (eGFR <30mL/min)**

Prescribers must review and comply with the mandatory requirements outlined in **the Paxlovid EUA**[2] or the **Veklury Prescribing Information**[4].

If Paxlovid and Veklury (remdesivir) are not available, feasible or clinically appropriate, consider one of the following therapeutics:

bebtelovimab[5] **within 7 days of symptom onset**
175 mg single IV injection

OR

Lagevrio (molnupiravir)[6] **if patient age 18 or older AND possibility of pregnancy, if applicable, ruled out:**

800 mg by mouth every 12h for 5 days begun **within 5 days of symptom onset**

Prescribers must review and comply with the mandatory requirements outlined in the **bebtelovimab**[5] or **Lagevrio (molnupiravir) EUA**[6]

References:
[1] NIH COVID-19 Treatment Guidelines Therapeutic Management of Nonhospitalized Adults With COVID-19. https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-therapies-for-high-risk-nonhospitalized-patients/
[2] Paxlovid EUA. https://www.fda.gov/media/155050/download
[3] NIH's COVID-19 Treatment Guidelines Panel: Ritonavir-Boosted Nirmatrelvir (Paxlovid). https://www.covid19treatmentguidelines.nih.gov/therapies/antiviral-therapy/ritonavir-boosted-nirmatrelvir--paxlovid-/
[4] Veklury (remdesivir) Prescribing Information. https://www.gilead.com/-/media/files/pdfs/medicines/covid-19/veklury/veklury_pi.pdf
[5] Bebtelovimab EUA. https://www.fda.gov/media/156152/download
[6] Lagevrio EUA. https://www.fda.gov/media/155054/download

https://aspr.hhs.gov/COVID-19/Therapeutics/Documents/COVID-Therapeutics-Decision-Aid.pdf

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ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Influenza Testing

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • 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

Influenza Testing Recommendations

- If influenza is suspected in any resident, influenza testing should be performed promptly.
- LTC facilities should develop a plan for collecting respiratory specimens and performing influenza testing when influenza is suspected in a resident (e.g., RT-PCR, and rapid molecular or nucleic acid based diagnostic test)
- **LTC facilities should work with their laboratory providers to identify a facility that can perform influenza testing.**
- For more information regarding influenza testing, please visit [Information for Clinicians on Influenza Virus Testing | CDC](#).

Influenza Testing During Outbreaks

- If your facility is experiencing an outbreak, institute the facility's plan for collection and handling of specimens to identify influenza virus as the causal agent early in the outbreak (within one to two days of symptom onset)

- Perform rapid influenza virus testing of multiple residents with recent onset of symptoms suggestive of influenza.

- If your facility has a CLIA waiver for COVID-19 testing, that will apply to rapid flu tests as well.

- Rapid antigen tests are not as sensitive in detecting influenza and a negative test may warrant confirmation with PCR/NAAT testing.

Outbreak Samples For IDPH Lab

- **If possible, a few RT-PCR samples from any LTC influenza outbreak should be sent to the IDPH laboratory to determine the influenza virus type and subtype.**

- The IDPH laboratory does not perform routine diagnostic testing for influenza.

- For collection, shipping, and submission details, please contact your LHD.

COVID-19 testing and Respiratory Viral Panels (RVP) during outbreaks

- When SARS-CoV-2 and influenza are found to be co-circulating, test any resident with symptoms of COVID-19 or influenza for both viruses.

- A positive influenza test result without SARS-CoV-2 testing does not exclude SARS-CoV-2 infection, and a positive SARS-CoV-2 test result without influenza testing does not exclude influenza virus infection.

- Respiratory viral panels (RVP) are used to determine the cause of respiratory illness when influenza and COVID-19 are either not suspected or have been ruled out, when there are concerns about co-infection, or when multiple viruses are circulating.

Open Q&A

Submit questions via Q&A pod to **All Panelists**

Please do not resubmit a single question multiple times

Slides and recording will be made available after the session.

Reminders

- SIREN Registration
  - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: http://www.dph.illinois.gov/siren

- NHSN Assistance:
  - Contact Telligen: **nursinghome@telligen.com**