



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

January 6th, 2023

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 Events & Webinars
- Outbreaks during Influenza Season
- Open Q & A

Upcoming Infection Prevention and Control Updates

1:00 pm - 2:00 pm

Date	Infection Control Topic	Registration Link
Friday, January 6 th	COVID Q&A	https://illinois.webex.com/illinois/onstage/g.php?MTID=e256d87336db875da5401867770b44c4d
Friday, January 13 th	COVID Q&A	https://illinois.webex.com/illinois/onstage/g.php?MTID=eb7c73912c101cdaa8215aeef340a3ad
Friday, January 20 th	COVID Q&A	https://illinois.webex.com/illinois/onstage/g.php?MTID=ef060b197573007d332fcb90f90d44783
Friday, January 27 th	COVID Q&A	https://illinois.webex.com/illinois/onstage/g.php?MTID=e256d87336db875da5401867770b44c4d

<https://www.ihca.com/files/Education/2023/Building%20An%20Infection%20Prevention%20Program-Jan%202023.pdf>

Presented by

*Illinois Health Care Association
Hektoen Institute of Medicine
Illinois Department of Public Health*

REGISTER TODAY

JANUARY 18 - 19, 2023

BUILDING AN INFECTION PREVENTION PROGRAM

IT'S MORE THAN JUST COVID-19



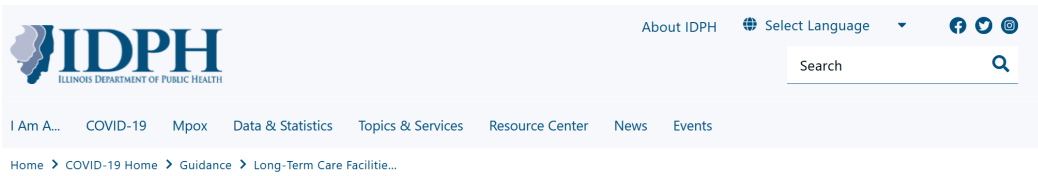
Welcome Back to a New Year!
So Glad you are Here!

Goals of the Friday LTC Q/A

- Provide a place for weekly questions and answers about guidance, COVID-19, respiratory outbreaks
- Questions and answers about other LTC infection prevention and control concerns and issues
- Maintain communication between care communities and IDPH

What's New?

November 4 IDPH Guidance



Long-Term Care Facilities Guidance

Essential Caregiver Guidance

Long-Term Care Antigen Testing

PPE Guidance for LTC Facilities

Private Laboratory COVID-19 Testing Options for Il...

Vaccination and Testing Reporting FAQ

Long-Term Care Facilities Guidance

RESOURCES > FORMS >

Long Term Care Facilities Guidance

This interim guidance provides guidelines to mitigate the spread of COVID-19 in nursing homes and other long-term care (LTC) facilities that provide skilled personal care services. The guidance in this document is specifically intended for facilities as defined in the Nursing Home Care Act (210 ILCS 45), Intermediate Care Facilities for the Developmentally Disabled (ICF/DD), State-Operated Developmental Centers (SODC), Medically Complex/Developmentally Disabled Facilities (MC/DD), and Illinois Department of Veterans Affairs facilities.

<https://dph.illinois.gov/covid19/community-guidance/long-term-care.html>

Changed focus to facilities providing skilled personal care services

Non-skilled facility guidance in development



Original Release Date: August 13, 2020
Effective Date: August 14, 2020
Updated: October 21, 2020
Updated: March 19, 2021
Updated: May 6, 2021
Updated: July 28, 2021

Updated: August 6, 2021
Updated: October 20, 2021
Updated: December 3, 2021
Updated: January 18, 2022
Updated: March 22, 2022
Updated: **November 4, 2022**

Updated Interim Guidance for Nursing Homes and Other Licensed Long-Term Care Facilities

Please note: this document has been reorganized and rewritten. LTC Facility staff should read the document in its entirety. Key section updates have been highlighted in red.

Applicability

This interim guidance provides guidelines to mitigate the spread of COVID-19 in nursing homes and other long-term care (LTC) facilities that provide skilled personal care services. **The guidance in this document is specifically intended for facilities as defined in the Nursing Home Care Act (210 ILCS 45), Intermediate Care Facilities for the Developmentally Disabled (ICF/DD), State-Operated Developmental Centers (SODC), Medically Complex/Developmentally Disabled Facilities (MC/DD), and Illinois Department of Veterans Affairs facilities.**

https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf



Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES
PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE
SECTION 300.1060 VACCINATIONS

Section 300.1060 Vaccinations

- a) *A facility shall annually administer or arrange for administration of a vaccination against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the vaccination is medically contraindicated or the resident has refused the vaccine. Influenza vaccinations for all residents age 65 and over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before November 1. Residents admitted after November 30, during the flu season, and until February 1 shall, as medically appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated or the resident has refused the vaccine. (Section 2-213(a) of the Act)*
- b) *A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, arranged, refused or medically contraindicated. (Section 2-213(a) of the Act)*
- c) *A facility shall administer or arrange for administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated. (Section 2-213(b) of the Act)*
- d) *A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213(b) of the Act)*

Vaccinations in LTC

- Influenza by November 30 or as soon as practicable
- Pneumococcal vaccines (multiple types)
- CDC recommendations (ACIP)
- <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>

Keeping Staff Up to Date with Vaccination Decreases Severe Illness and Deaths of Residents

JAMA Network
JAMA Network Open
JAMA Network Open
Enter Search Term

Original Investigation | Health Policy
December 29, 2022

Association of COVID-19 Vaccination Rates of Staff and COVID-19 Illness and Death Among Residents and Staff in US Nursing Homes

Soham Sinha, MS¹; R. Tamara Konetzka, PhD^{1,2}

> Author Affiliations | Article Information

JAMA Netw Open. 2022;5(12):e2749002. doi:10.1001/jamanetworkopen.2022.49002

Key *Conclusions and Relevance* The findings of this cohort study suggest that before the Omicron variant wave, increasing staff vaccination rates was associated with lower incidence of COVID-19 cases and deaths among residents and staff in US nursing homes. However, as newer, more infectious and transmissible variants of the virus emerged, the original 2-dose regimen of the COVID-19 vaccine as recommended in December 2020 was no longer associated with lower rates of adverse COVID-19 outcomes in nursing homes. Policy makers may want to consider longer-term policy options to increase the uptake of booster doses among staff in nursing homes.

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2799964?utm_campaign=articlePDF&utm_medium=articlePDFlink&utm_source=articlePDF&utm_content=jamanetworkopen.2022.49002

JOURNAL OF THE AMERICAN GERIATRICS SOCIETY
AGS Geriatrics Healthcare Professionals
Leading Change. Improving Care for Older Adults.

Clinical Investigations | Free Access

Estimating the Effect of Influenza Vaccination on Nursing Home Residents' Morbidity and Mortality

Aurora Pop-Vicas MD, Momotazur Rahman PhD, Pedro L. Gozalo PhD, Stefan Gravenstein MD, MPH, Vincent Mor PhD

First published: 17 August 2015 | <https://doi.org/10.1111/jgs.13617> | Citations: 25
<https://agsjournals.onlinelibrary.wiley.com/doi/full/10.1111/jgs.13617>

SECTIONS TOOLS SHARE

Cite this article as: BMJ, doi:10.1136/bmj.39010.581354.55 (published 1 December 2006)

Research

Effectiveness of an influenza vaccine programme for care home staff to prevent death, morbidity, and health service use among residents: cluster randomised controlled trial

Andrew C Hayward, Richard Harling, Sally Wetten, Anne M Johnson, Susan Munro, Julia Smedley, Shabed Murad, John M Watson

Conclusions Vaccinating care home staff against influenza can prevent deaths, health service use, and influenza-like illness in residents during periods of moderate influenza activity

https://www.bmj.com/content/bmj/333/7581/1241.full.pdf?casa_token=qzVAYD0Jgs0AAAAA:zn4Yc99-O_LA-Ret3qBAqVTj9hco1jvva1n9Vh7WV7s8BN38zzDRXoqO1YjzpYjYSk5hf0QuVI





December 27, 2022

Centers for Disease Control (CDC) Gives Temporary Access to Single Dose Pfizer-BioNTech COVID-19 Vaccine for Long-term Care Facilities

CDC has announced a new initiative to support the vaccination of individual residents, such as new admissions, by long-term care facility* (LTC) staff, through **March 15, 2023**. There is a critical need to encourage older adults to receive the updated (bivalent) COVID-19 boosters, especially those living in LTC. Older adults are at high risk for severe illness, hospitalization, and death from COVID-19. **The updated (bivalent) COVID-19 boosters are the best protection against COVID-19 variants causing illness right now.**

To qualify for this program LTC:

- Must partner with one pharmacy enrolled as a COVID-19 Vaccine Provider
- Cannot be a regular fully enrolled COVID-19 Vaccine Provider
- NOTE: Pfizer-BioNTech COVID-19 Vaccine for people 12 years of age and older in single-dose vials is the ONLY vaccine product/presentation available in this program.

Single Dose Pfizer-BioTech COVID-19 Vaccine for LTC December 27, 2022

- Centers for Disease Control (CDC) Gives Temporary Access to Single Dose Pfizer-BioNTech COVID-19 Vaccine for Long-term Care Facilities
- CDC new initiative to
- Support vaccination of individual residents, such as new admissions, by long-term care facility* (LTC) staff, through March 15, 2023.
- Qualification: Must partner with one pharmacy enrolled as a COVID-19 Vaccine Provider
 - Cannot be a regular fully enrolled COVID-19 Vaccine Provider

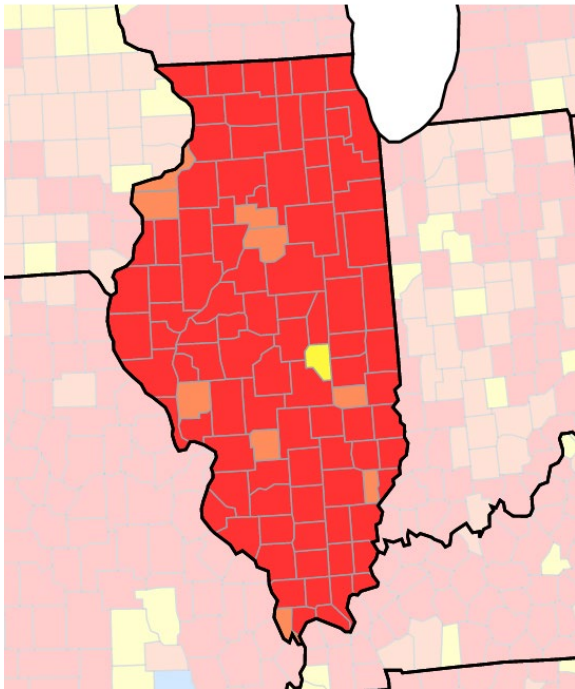
See SIREN For Details

Respiratory Outbreaks (Or, You have dealt with this before, you probably just did not know it)

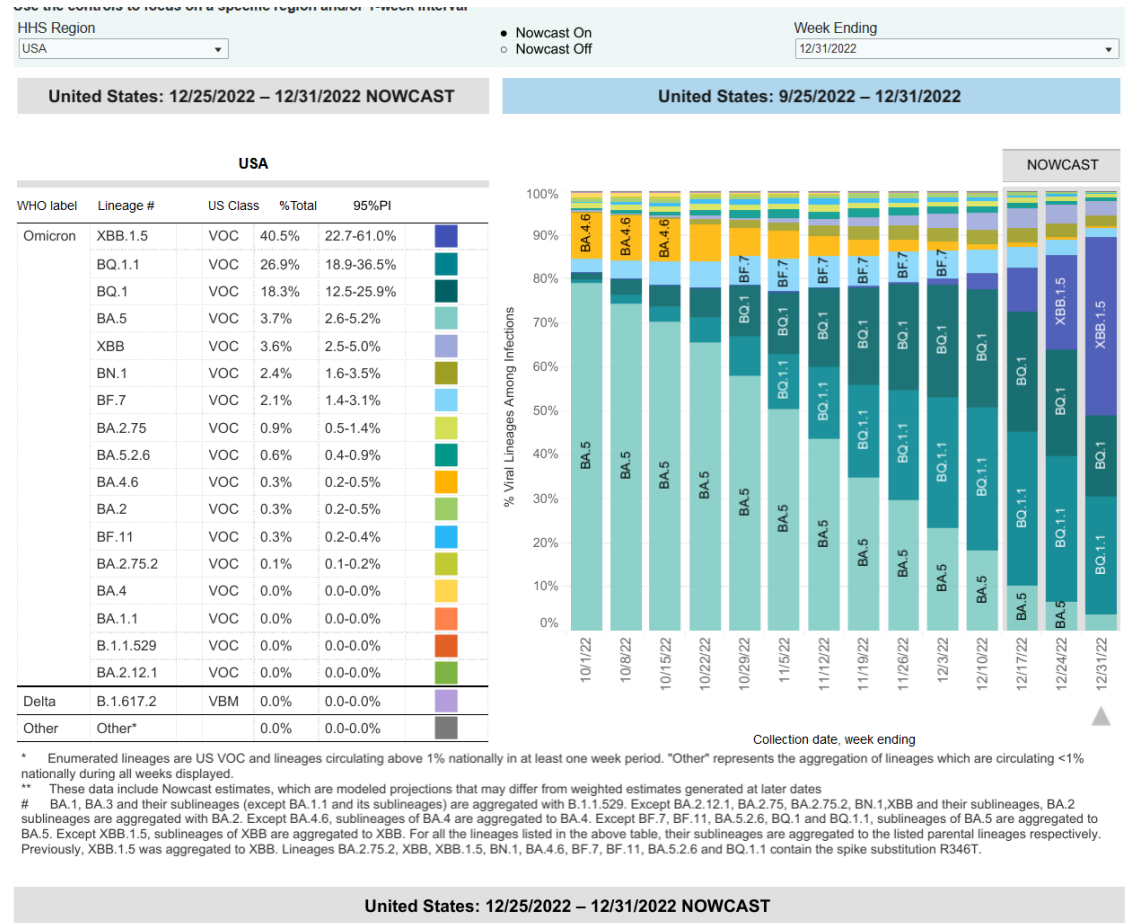
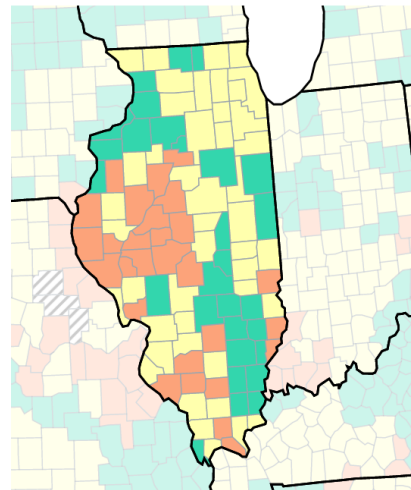


Transmission is mostly High, even Levels are High (orange) in many parts of Illinois: Drift to Omicron XBB.1.5

Map Metric:
Community Transmission



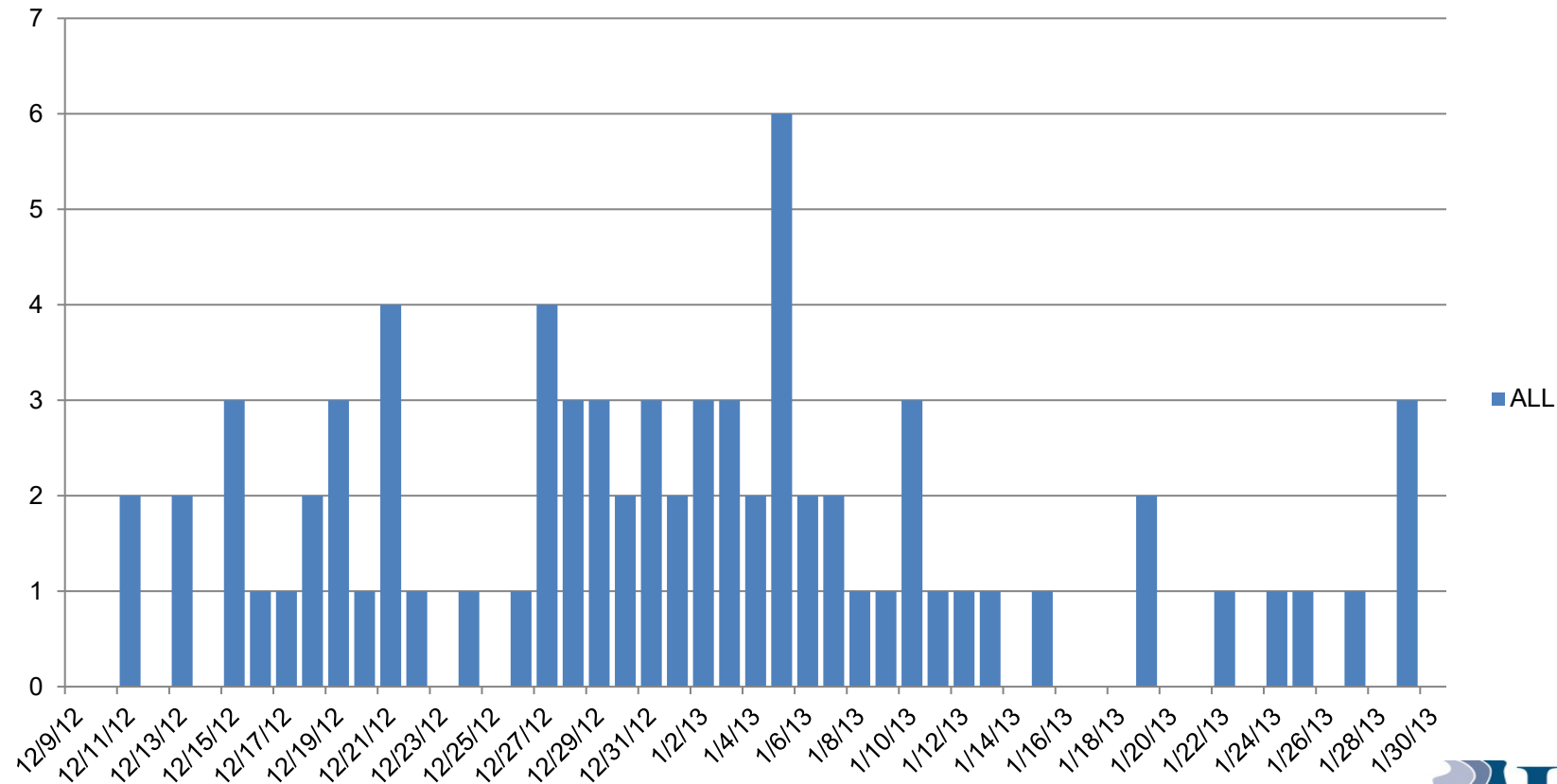
Map Metric:
COVID-19 Community Levels



https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Illinois&data-type=Risk

What does this type of outbreak look like in the middle of Influenza Season?

**All Influenza-like illness residents,
families, employees**



Respiratory Viral Panels

The screenshot shows the CDC NREVSS website. At the top, there is a search bar and a language selector for Spanish and other languages. The main header reads "The National Respiratory and Enteric Virus Surveillance System (NREVSS)". A sidebar on the left lists various surveillance categories with expandable options: Coronavirus Surveillance, Human Metapneumovirus Surveillance, Human Parainfluenza Virus Surveillance, Respiratory Adenovirus Surveillance, Respiratory Syncytial Virus Surveillance, Rotavirus Surveillance, Norovirus Surveillance, and Participating Labs. The main content area is titled "Updated November 30, 2022" and contains a detailed description of the NREVSS system, its purpose, and the types of data it collects. Below the text is a grid of seven blue buttons representing different viruses: Coronavirus, Respiratory Adenovirus, Human Metapneumovirus, Rotavirus, Human Parainfluenza Virus, Norovirus, and Respiratory Syncytial Virus. At the bottom of the page, there is a "Last Reviewed" date and a source citation from the National Center for Immunization and Respiratory Diseases (NCIRD).

Sample Respiratory Viral Panel, PCR
Diagnosis of respiratory viral infection
Used for the detection of respiratory viruses:

Adenovirus

Influenza A

Influenza A Subtypes H1

Influenza A Subtypes H3

Influenza B

Parainfluenza 1

Parainfluenza 2

Parainfluenza 3

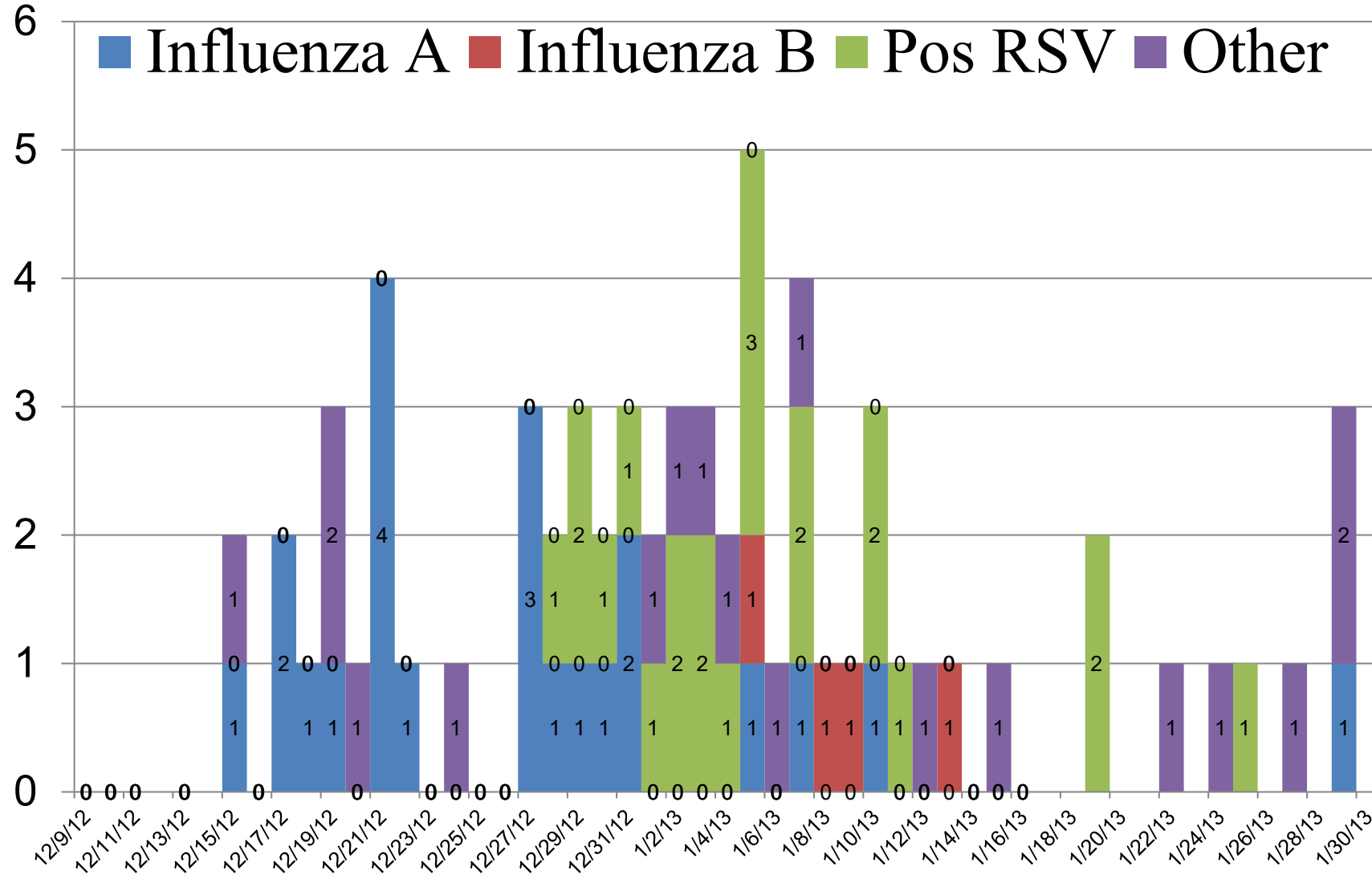
Rhinovirus/Enterovirus

Metapneumovirus

Respiratory Syncytial Virus Subtype A


Respiratory Syncytial Virus...

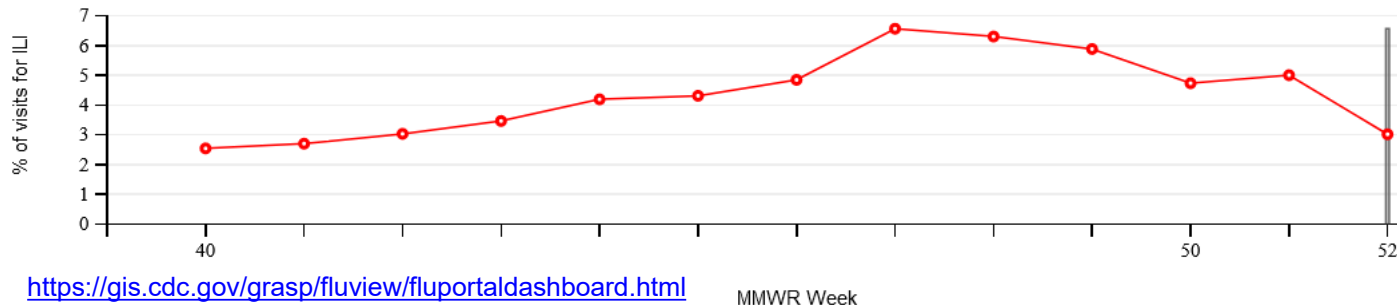
With Viral Identification



Influenza Pneumonia

- Most common viral cause of pneumonia
- Primary pneumonia manifests with persistent symptoms of cough, sore throat, headache, myalgia, and malaise for more than 3-5 days
- Symptoms worsen with time, and new respiratory symptoms, such as dyspnea and cyanosis, appear
- Vaccination is critical
- **ANTIVIRALS** make identification important!

Percentage of visits for ILI, Illinois,
2022-23 Season, week ending Dec 31, 2022
Reported by: U.S. WHO/NREVSS Collaborating Laboratories and ILINet
[Download Image](#) [Download Data](#) 



<https://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>

MMWR Week

Respiratory Syncytial Virus (RSV)

- Second most common viral cause of pneumonia in adults
- Highly contagious, spreading via droplet and contact exposure
- Reinfection in older children and young adults is common but mild
- Likelihood of more severe disease and pneumonia increases with advancing age
- Symptomatic treatment only
- RSV vaccines are coming!!

Source: Mosenifar, Z., et al., *Viral Pneumonia*

CDC Isolation Precautions

- Adenovirus- **Contact and Droplet Precautions**
- Influenza A and B- **Droplet Precautions**
- Human Metapneumovirus (hMPV)- **Contact Precautions**
- Respiratory Syncytial Virus (RSV)- **Contact Precautions**

Source CDC , 2007

Transmission Based Precautions for Respiratory Illness



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

Infection Control

Infection Control > Isolation Precautions > Appendix A

Clinical Syndromes or Conditions Warranting Empiric Transmission-Based Precautions in Addition to Standard Precautions

[Print](#)

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)

Appendix A: Table 2

Respiratory Infections	Cough/fever/pulmonary infiltrate in any lung location in a patient with a history of recent travel (10-21 days) to countries with active outbreaks of SARS, avian influenza	<i>M. tuberculosis</i> , severe acute respiratory syndrome virus (SARS-CoV), avian influenza	Airborne plus Contact Precautions plus eye protection. If SARS and tuberculosis unlikely, use Droplet Precautions instead of Airborne Precautions.
Respiratory Infections	Respiratory infections, particularly bronchiolitis and pneumonia, in infants and young children	Respiratory syncytial virus, parainfluenza virus, adenovirus, influenza virus, <i>Human metapneumovirus</i>	Contact plus Droplet Precautions; Droplet Precautions may be discontinued when adenovirus and influenza have been ruled out

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/transmission-precautions.html>

Pragmatic Suggestion

- Resident with respiratory symptoms or a positive test?
- Full PPE for direct care (Contact, Droplet, N95 and Eye Protection)
- Less confusing for staff
- Covers all circulating viruses
- Consistent with CDC Appendix A, Table 2 (2007)

Influenza Vaccination and Outbreak Reporting

New and Old Requirements

Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS
PART 690 CONTROL OF COMMUNICABLE DISEASES CODE
SECTION 690.100 DISEASES AND CONDITIONS

Section 690.100 Diseases and Conditions

The following diseases and conditions are declared to be contagious, infectious or communicable and may be dangerous to the public health. Each suspected or diagnosed case shall be reported to the local health authority, which shall subsequently report each case to the Department. The method of reporting shall be as described in the individual Section for the reportable disease.

- a) Class I(a)
The following diseases shall be reported immediately (within three hours) by telephone, upon initial clinical suspicion of the disease, to the local health authority, which shall then report to the Department immediately (within three hours). This interval applies to primary reporters identified in Section 690.200(a)(1) who are required to report to local health authorities and to local health authorities that are required to report to the Department. The Section number associated with each of the listed diseases indicates the Section under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart D shall be submitted within 24 hours to the Department laboratory.
- 1) Any unusual case of a disease or condition caused by an infectious agent not listed in this Part that is of urgent public health significance 690.295

<https://www.ilga.gov/commission/jcar/admincode/077/077006900B01000R.html>

What Do We Do?

- Report to Local Health Department
- Report to Department (IDPH)

ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH

CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE

SECTION 300.1020 COMMUNICABLE DISEASE POLICIES

SUBPART E: MEDICAL AND DENTAL CARE OF RESIDENTS

Section 300.1020 Communicable Disease Policies

- a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).
- b) A resident who is suspected of or diagnosed as having any communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act and Section 300.620 of this Part. In determining whether a transfer or discharge is necessary, the burden of proof rests on the facility.
- c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall inform the Department of all incidents of scabies and other skin infestations.

- [Section 300.1010 Medical Care Policies](#)
- [Section 300.1020 Communicable Disease Policies](#)
- [Section 300.1025 Tuberculin Skin Test Procedures](#)
- [Section 300.1030 Medical Emergencies](#)
- [Section 300.1035 Life-Sustaining Treatments](#)
- [Section 300.1040 Care and Treatment of Sexual Assault Survivors](#)
- [Section 300.1050 Dental Standards](#)
- [Section 300.1060 Vaccinations](#)

(Source: Amended at 29 Ill. Reg. 12852, effective August 2, 2005)

Influenza in Long Term Care



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
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 6, 2022

Influenza Outbreak Definition

II. Definitions

The following definitions will assist you in determining how to respond to influenza-like illness and influenza outbreaks within your facility:

- **Influenza-like illness (ILI):** Fever (a temperature of 100° F [37.8° C] or higher orally) AND new onset of cough and/or sore throat.
- **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 (i.e., reverse transcription polymerase chain reaction [RT-PCR], viral culture, or rapid test).

Note: When influenza is circulating in the surrounding community, a high index of suspicion should be maintained. Fever may be difficult to determine among elderly residents. Therefore, the definition of fever used for ILI can be a temperature two degrees (2°F) above the established baseline for that resident. Some ill residents may develop prostration (extreme exhaustion) with new onset of cough and/or sore throat.

Reporting



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

IDPH INFLUENZA OUTBREAK REPORT FORM FOR CONGREGATE SETTINGS (e.g. Long Term Care & Correctional Facilities)

Fax or secure email, along with the Outbreak Log, to your Local Public Health Department to report an outbreak

Facility Name		
Name of Reporter	Title:	
Date of Report		
Address:		
City	County	Zip
Phone #	Fax #	
FACILITY INFORMATION		
Total # of residents in the facility at the time of the outbreak (total exposed): _____	Total number of staff: _____	
Number of residents in the facility currently with influenza-like illness (ILI): _____	Number of staff currently with ILI: _____	
	% of residents vaccinated with seasonal flu vaccine: _____	
	% of staff vaccinated with seasonal flu vaccine: _____	
% of outbreak cases vaccinated with flu vaccine: _____		
(ILI) [Fever >100° F [37.8° C] or higher orally AND new onset cough or sore throat]		
(for those with ILI) # Seen by Provider _____ # Hospitalized _____ # Fatalities _____		
Date of symptom/onset detection for the first case of ILI during the outbreak:	Dates of onset for most recent case of ILI during the outbreak:	
Type of setting: <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Long-Term Care Facility <input type="checkbox"/> Group Home <input type="checkbox"/> Other _____		
If long-term care facility, please specify (check only one):		



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Influenza Surveillance for Congregate Setting Outbreak Log

Suspect outbreaks should be investigated and tested to confirm the etiology. Suspect outbreaks should be reported to your local health department who will then report confirmed influenza outbreaks in the Outbreak Reporting System (ORS) to IDPH.

Facility Name: _____

List all ill residents and employees. Designate employees with an “E” by their names.

Name	DOB	Unit or Wing	Onset Date	Symptoms/ Signs*	Influenza Specimen Collection Date	Lab Result	Seasonal Flu Vaccine Date	Hospitalized (Y/N)	Died (Y/N)

* Symptoms/Signs: e.g. cough(C), fever (F), sore throat (ST), or Other (O) {list: i.e., chills (CH), pneumonia (P), myalgias (M)}

Revised 08/2019



Influenza Vaccination Reporting through NHSN

- CDC: *“Employer vaccination requirement at the HCP’s workplace is the strongest factor associated with influenza vaccination uptake among HCP.”*
- At least once for flu season (Oct. 1 to March 31), by May 15, 2023
- May break the reporting up and submit flu-shot data monthly or at another frequency.
- CDC and CMS clarified where to report mandated reporting of flu vaccinations among nursing home staff
- CDC will soon make an update that will eliminate the extra reporting area.
- Providers should report influenza vaccinations through the NHSN Healthcare Personnel Safety Component to feed information correctly into the Quality Reporting Program (CMS Care Compare).
- One category for all employees and two separate categories for non-employees.

<https://www.cdc.gov/nhsn/faqs/vaccination/faq-influenza-vaccination-summary-reporting.html>

https://www.mcknights.com/news/new-flu-shot-reporting-to-be-streamlined-feds-say/?utm_source=newsletter&utm_medium=email&utm_campaign=NWLTR_MLT_DAILYUPDATE_010422&elqTrackId=9f013153039e488eadb993670acd6627&elq=90ac970918de48f38ae4ffb7f8097d76&elqaid=2157&elqat=1&elqCampaignId=1539

Influenza Vaccination Reporting through NHSN

- Providers **MUST** report:
 - Employee vaccinations
 - Licensed independent practitioners (non-employee physicians, advanced practice nurses, and physician assistants)
 - Adult students/trainees and volunteers aged 18 and over.
- Providers **MAY** report (not currently required by CMS):
 - *Contract personnel and vendors*
- *The numerator timeframe begins “as soon as vaccine is available.” Therefore, vaccinations given any time during the influenza season from the time that season’s vaccine is available at a facility through March 31 should be reported in the numerator.*
- *The denominator includes HCP who are physically present in the healthcare facility for at least 1 working day from October 1 through March 31*

<https://www.cdc.gov/nhsn/faqs/vaccination/faq-influenza-vaccination-summary-reporting.html>

https://www.mcknights.com/news/new-flu-shot-reporting-to-be-streamlined-feds-say/?utm_source=newsletter&utm_medium=email&utm_campaign=NWLTR_MLT_DAILYUPDATE_010422&elqTrackId=9f013153039e488eadb993670acd6627&elq=90ac970918de48f38ae4ffb7f8097d76&elqaid=2157&elqat=1&elqCampaignId=1539

More Viruses to Look Out For:

Parainfluenza Virus Pneumonia

- Parainfluenza virus (PIV) is second in importance only to RSV as a cause of lower respiratory tract disease in children
 - Pneumonia and bronchiolitis in <6 months
- Usually second to influenza in elderly
 - The signs and symptoms include fever, cough, coryza, dyspnea with rales, and wheezing

Source: Mosenifar, Z., et al., *Viral Pneumonia*

Rhinovirus

- Accounts for up to 30% of cases of all virus-related pneumonia
- Rhinovirus infection is linked to asthma hospitalizations in both adults and children
- Rhinoviruses can cause up to 32% of all lower respiratory tract infections with an identified pathogen in the elderly (> 60 y)
- Identified more frequently than coronaviruses (17%) or influenza viruses (7%)

Source: Mosenifar, Z., et al., *Viral Pneumonia*

Coronavirus (Other than SARS-CoV-2)

- Human coronaviruses (HCoVs) cause upper and lower respiratory tract infections
- HCoV infection follows a seasonal pattern similar to that of influenza

Source: Mosenifar, Z., et al., *Viral Pneumonia*

Human Metapneumovirus (hMPV)

- 10% of respiratory tract infections
- Distributed worldwide
- Seasonal distribution
- Incidence comparable to influenza
- most children exposed to virus by age 5
- Young children, older adults and immunocompromised individuals are at risk of severe illness and hospitalization.

Sources: Falsey AR. *Pediatr. Infect. Dis. J.* 27 (10 Suppl): S80–3.

Wikipedia: Human metapneumovirus



Adenoviruses

- Little known about mechanisms of pathogenicity
- 52 serotypes
- Age, health of patient, and other unknown host factors are believed to play key roles
- Spread by respiratory secretions, infectious aerosols, feces, and fomites – very contagious
- Contaminated environmental surfaces harbor virus for weeks.
- Resistant to lipid disinfectants
- Inactivated by heat, formaldehyde, and bleach.



Source: Mosenifar, Z., et al., *Viral Pneumonia*

**Thank you for all that you do. Hang in there.
The goal is preventing infections by providing
vaccinations, implementing core infection
prevention and control measures to provide the
best care and information for residents, staff,
and families**

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**