



COVID-19 Question and Answer Session for Long-Term Care and Congregate Residential Settings

July 9th, 2021

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
- 2021 Illinois Summit on Antimicrobial Stewardship
- COVID-19 Long-Term Care Data
- OSHA ETS Review
- COVID Variants
- Case Studies
- Open Q & A

Slides and recording will be made available after the session.

IDPH webinars

Upcoming Friday Brief Updates and Open Q&A 1:00 pm - 2:00 pm

Friday, July 16 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e8ef00222d1f7d8e93bda0dc6628ef305
Friday, July 23 rd	https://illinois.webex.com/illinois/onstage/g.php?MTID=e3c23d6facfe5fe9cc3ba3afe3ebe6790
Friday, July 30 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e962291424a9ff6a7888aeac5eb1ae9a2

Previously recorded webinars can be viewed on the [IDPH Portal](#)

Slides and recordings will be made available after the sessions.

SAVE THE DATE:

**ILLINOIS SUMMIT ON
ANTIMICROBIAL STEWARDSHIP**

**Tuesday, July 13, 2021
8:30 a.m. – 5 p.m.**

View agenda here:
https://ve.attendify.com/index/qlva0o/s_qlva0o/

Registration Open:
<https://attendify.co/illinois-summit-on-antimicrobial-stewardship-aWzjvdU>

Illinois COVID-19 Long-Term Care Data

COVID-19 Home

Guidance *

Illinois Data -

Statewide Metrics

Regional COVID-19 Metrics

Contact Tracing -

Contact Tracing Data

Outbreak Locations

Potential Exposure Location

School Outbreaks

Schools Potential Exposures

County Level Risk Metrics -

County & School Metrics

Hospitalization Utilization

Syndromic Surveillance

LTC Data

LTC Facility Outbreaks

Data Portal

Testing Statistics

Travel Plans

COVID-19 Long-Term Care Data

The Illinois Department of Public Health (IDPH) recognized the potential for long-term care facilities (LTC) to be heavily impacted by COVID-19 early in the pandemic. As soon as the first few cases of COVID-19 were identified in the state, the department issued LTC guidance, restricted visitors, canceled group activities and implemented screening of staff and residents for illness. Weekly COVID-19 infection and prevention educational sessions for LTC administrators and staff began on March 9, 2020, in conjunction with Governor J.B. Pritzker's Disaster Proclamation.

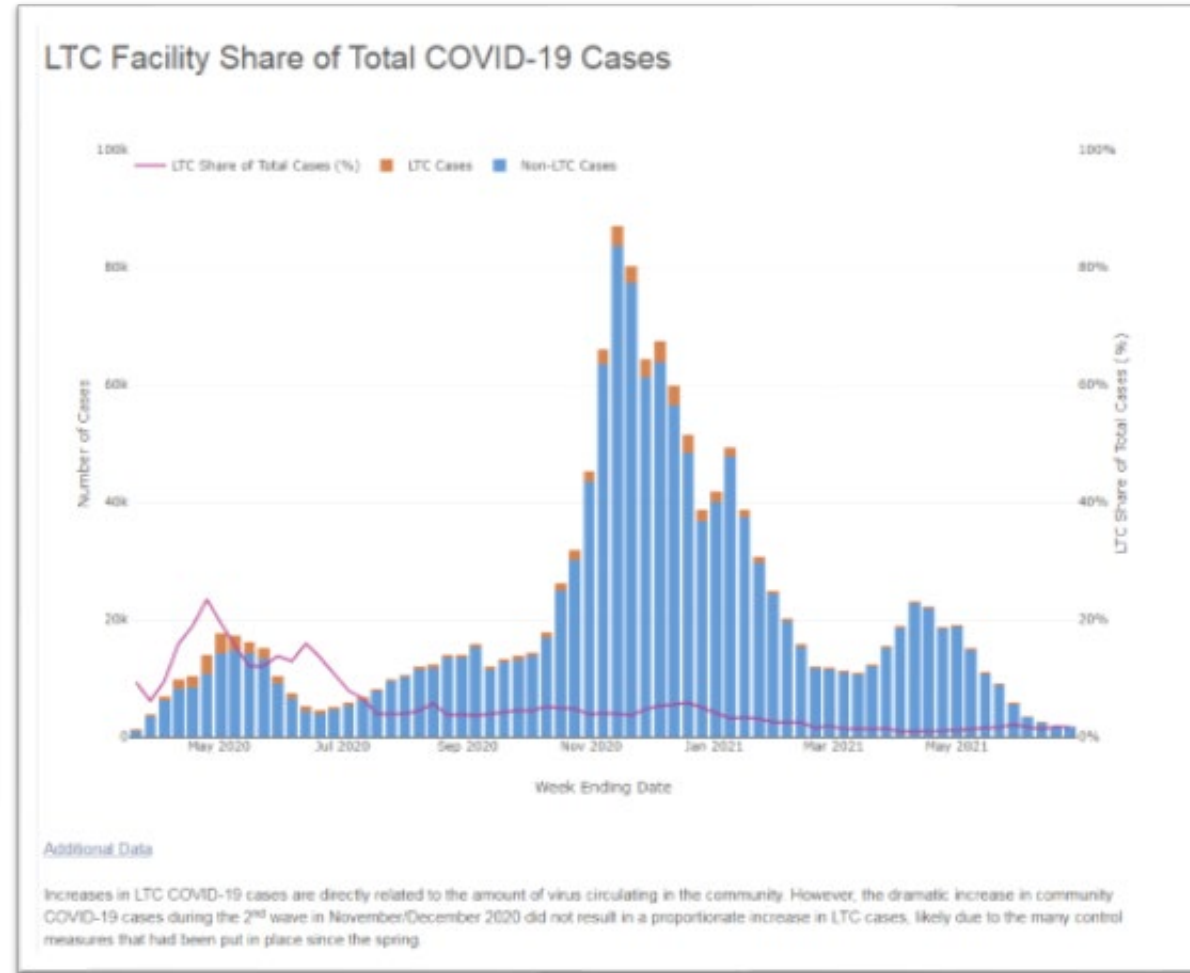
The first case of COVID-19 in an Illinois LTC facility was diagnosed on March 11, and a large outbreak ensued. A joint investigation with IDPH, DuPage County Health Department, the University of Illinois at Chicago Department of Medicine, Illinois Emergency Management Agency, Centers for Disease Control and Prevention (CDC), and Rush University Medical Center, confirmed that unrecognized asymptomatic spread of the virus had contributed to the outbreak. This finding was published in June 2020 adding to the national discussion on appropriate COVID-19 control measures for LTC facilities.

During the weeks that followed this first outbreak, the number of COVID-19 cases and deaths surged in the community and at LTC facilities, peaking in May. The IDPH LTC response focused on increasing testing capacity, providing personal protective equipment, and working with facilities and local health departments to ensure that the core principals of infection prevention were put into practice. IDPH contacted with healthcare organizations to perform onsite LTC infection prevention evaluations and COVID-19 testing. Emergency Rules were issued requiring LTC facilities to perform testing during outbreaks at the end of May 2020.

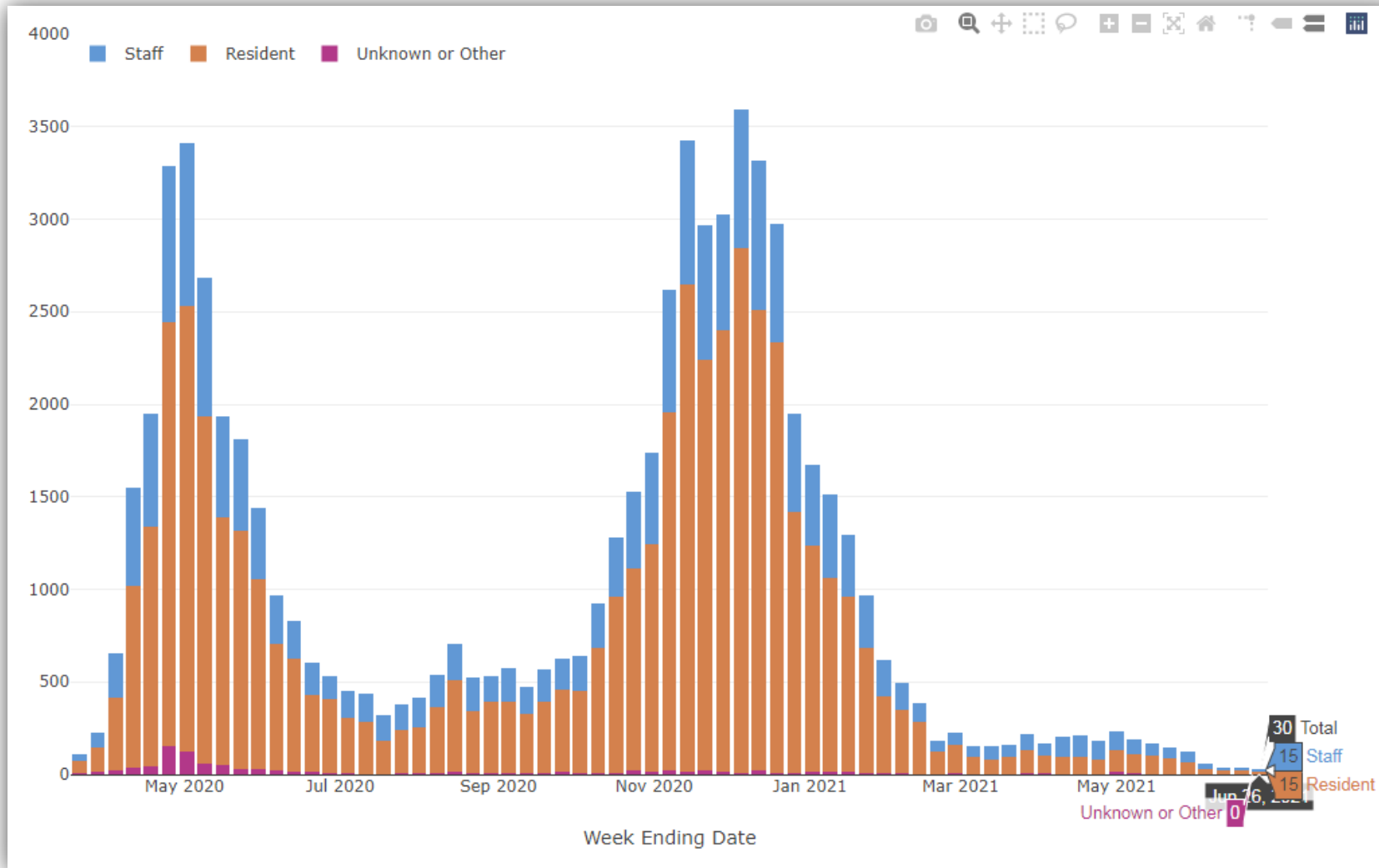
By summer 2020, the number of cases had decreased substantially. Anticipating that there would likely be another surge in cases, the U.S. Department of Health and Human Services sent newly developed point-of-care antigen tests to LTC facilities across the nation. IDPH ensured that all LTC facilities had adequate supplies of the tests and, following the Centers for Medicaid and Medicare Services lead, required routine testing of all staff. When a second wave of COVID-19 cases hit Illinois in the fall, this LTC staff testing helped to identify infected asymptomatic individuals who could inadvertently spread the virus to residents and co-workers.

After months of intense effort, COVID-19 vaccinations became available in December 2020, and CDC launched a massive national program to vaccinate the residents and staff of all LTC facilities in the United States. In Illinois 46% of all deaths from COVID-19 have been in LTC, and facilities were urged to participate in the program. Nearly 1500 LTC facilities, 99% of the total number licensed in the state, were enrolled. IDPH worked together with Walgreens, CVS and PharmScript to hold three vaccination clinics at each facility over a three-month period, 4500 clinic sessions in total. In March 2021, with COVID-19 cases in decline, and evidence of the effectiveness of vaccinations, IDPH released LTC guidance for the safe resumption of visitation and activities.

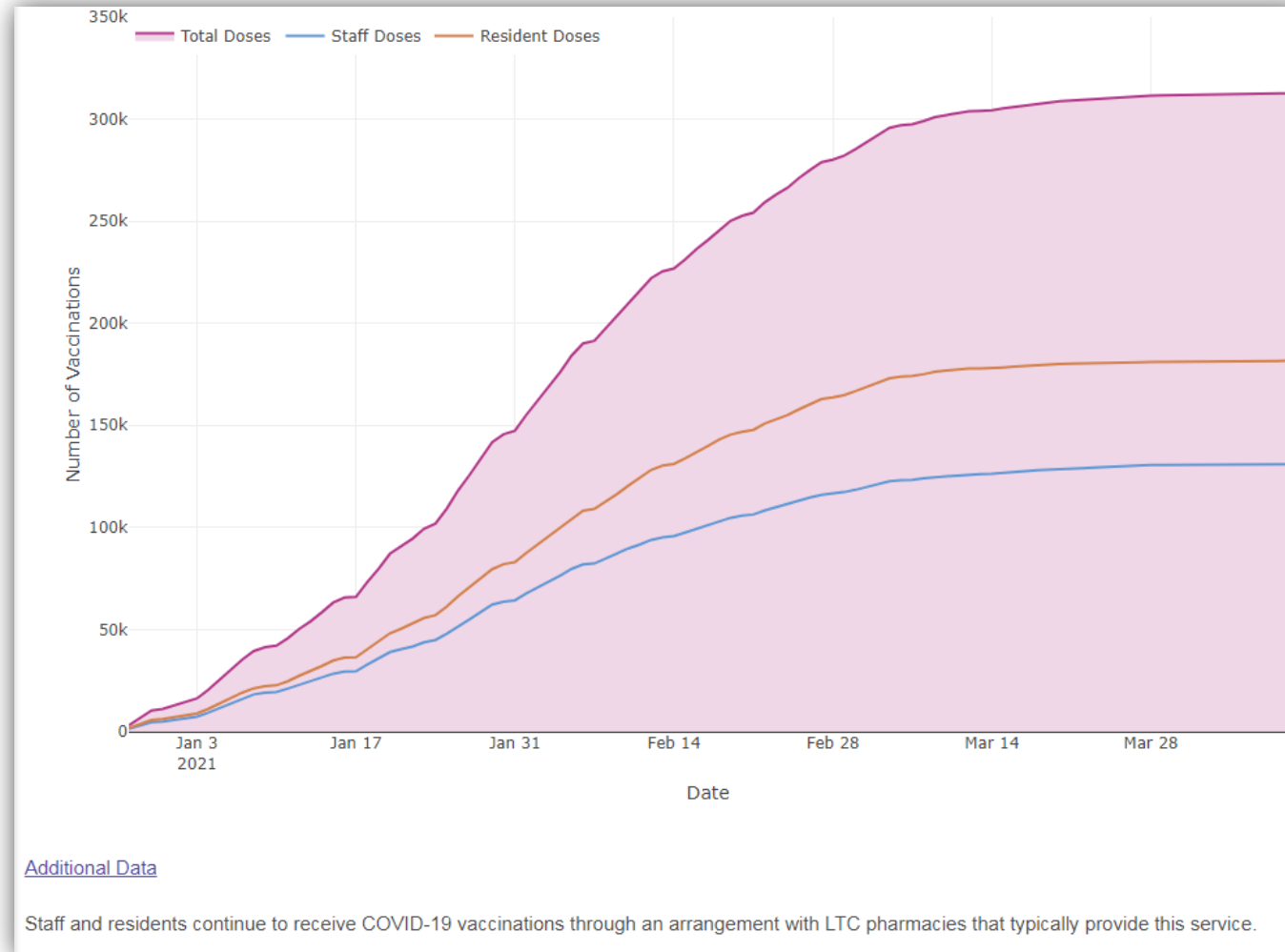
Data Updated: 7/7/2021



LTC Facility COVID-19 Cases

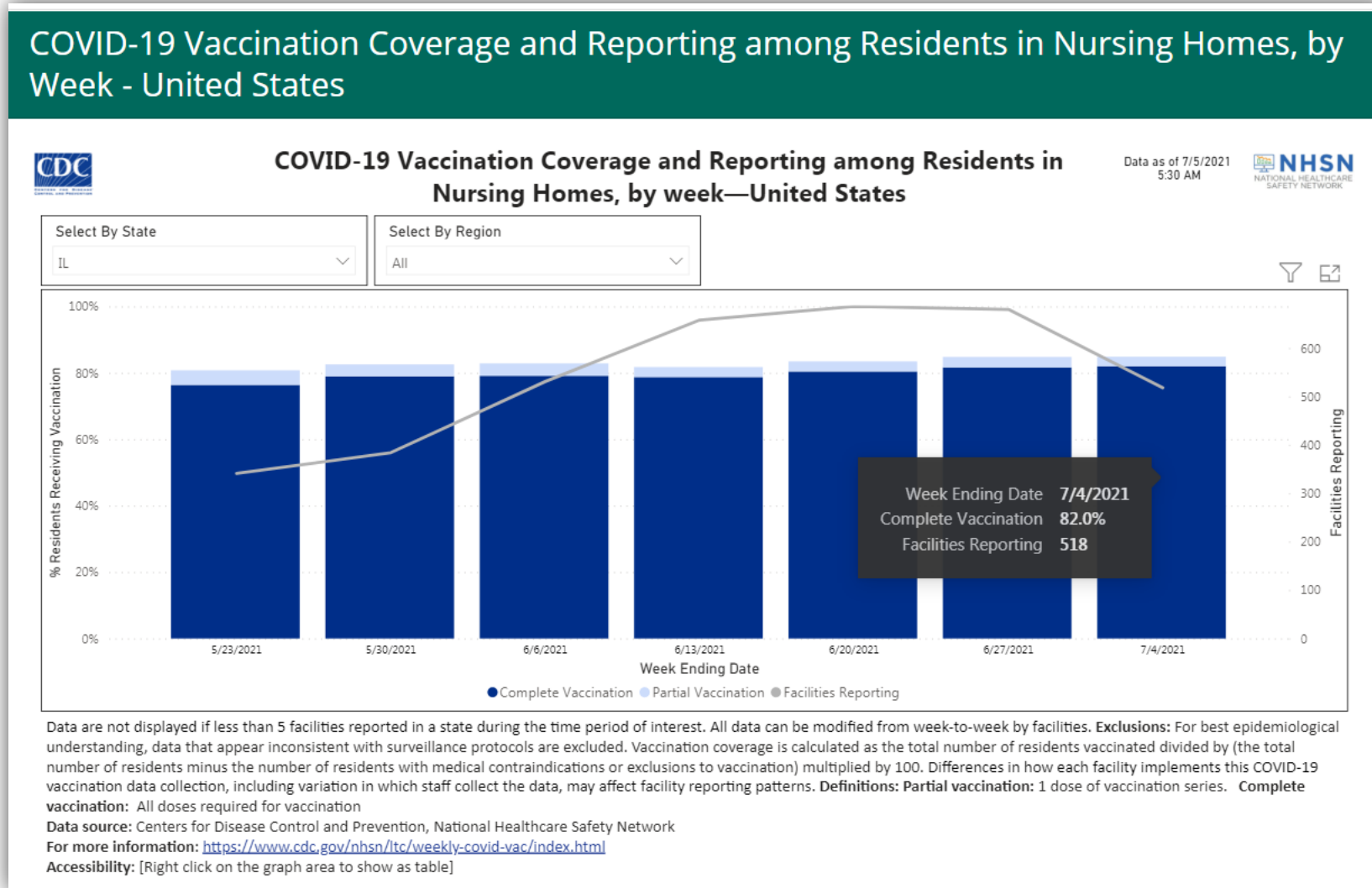


LTC Administered COVID-19 Vaccinations, December 2020-April 2021



***Only includes vaccinations administered through Federal Pharmacy Partnership Program (PPP), which ended in April 2021. Graph will no longer be updated.**

CDC's new LTC vaccination dashboard



COVID-19 Vaccination Coverage and Reporting among Residents in Nursing Homes, by State and Week - United States



COVID-19 Vaccination Coverage and Reporting among Residents in Nursing Homes, by State and Week—United States

Data as of 7/5/2021
5:30 AM

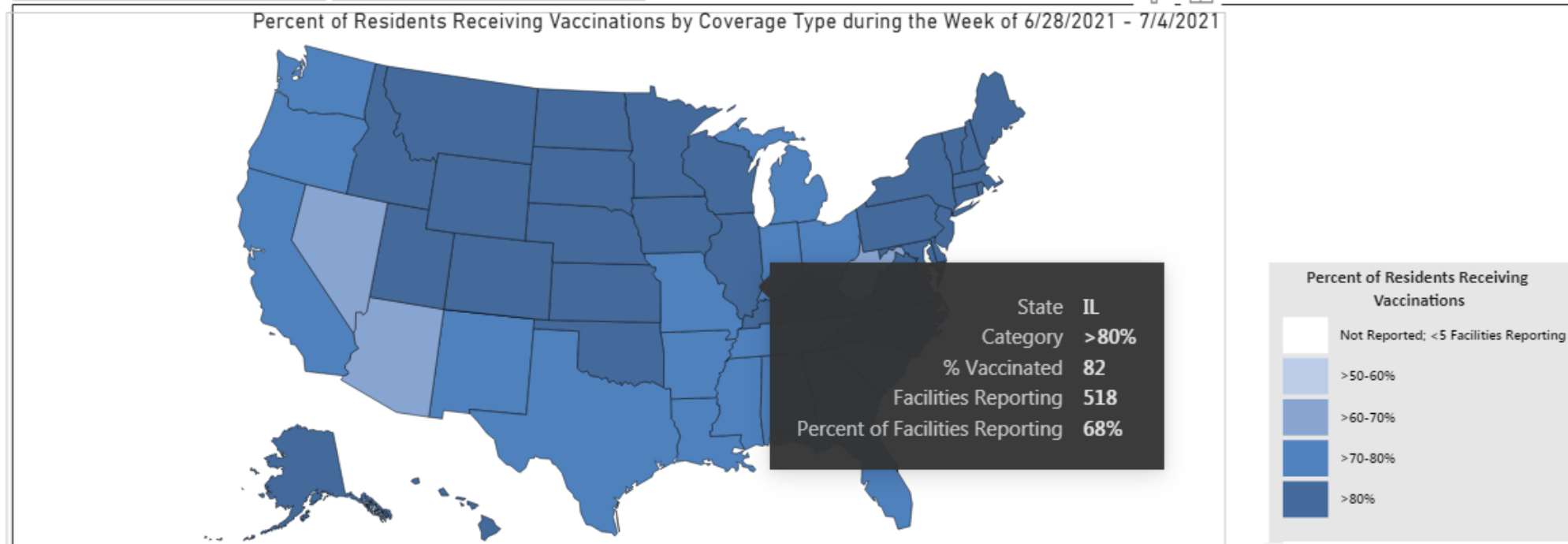


Select By Coverage: Complete

Select By Week: Most Recent Week



Percent of Residents Receiving Vaccinations by Coverage Type during the Week of 6/28/2021 - 7/4/2021



All data can be modified from week-to-week by facilities. **Exclusions:** For best epidemiological understanding, data that appear inconsistent with surveillance protocols are excluded. Vaccination coverage is calculated as the total number of residents vaccinated divided by (the total number of residents minus the number of residents with medical contraindications or exclusions to vaccination) multiplied by 100. Differences in how each facility implements this COVID-19 vaccination data collection, including variation in which staff collect the data, may affect facility reporting patterns. **Definitions: Partial vaccination:** 1 dose of vaccination series. **Complete vaccination:** All doses required for vaccination.

Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network

For more information: <https://www.cdc.gov/nhsn/rtc/weekly-covid-vac/index.html>

Accessibility: [Right click on the graph area to show as table]

COVID-19 Vaccination Coverage and Reporting among Staff in Nursing Homes, by Week - United States



COVID-19 Vaccination Coverage and Reporting among Staff in Nursing Homes, by week—United States

Data as of 7/5/2021
5:30 AM



Data are not displayed if less than 5 facilities reported in a state during the time period of interest. All data can be modified from week-to-week by facilities. **Exclusions:** For best epidemiological understanding, data that appear inconsistent with surveillance protocols are excluded. Vaccination coverage is calculated as the total number of residents vaccinated divided by (the total number of residents minus the number of residents with medical contraindications or exclusions to vaccination) multiplied by 100. Differences in how each facility implements this COVID-19 vaccination data collection, including variation in which staff collect the data, may affect facility reporting patterns. **Definitions:** **Partial vaccination:** 1 dose of vaccination series. **Complete vaccination:** All doses required for vaccination

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COVID-19 Vaccination Coverage and Reporting among Staff in Nursing Homes, by State and Week - United States



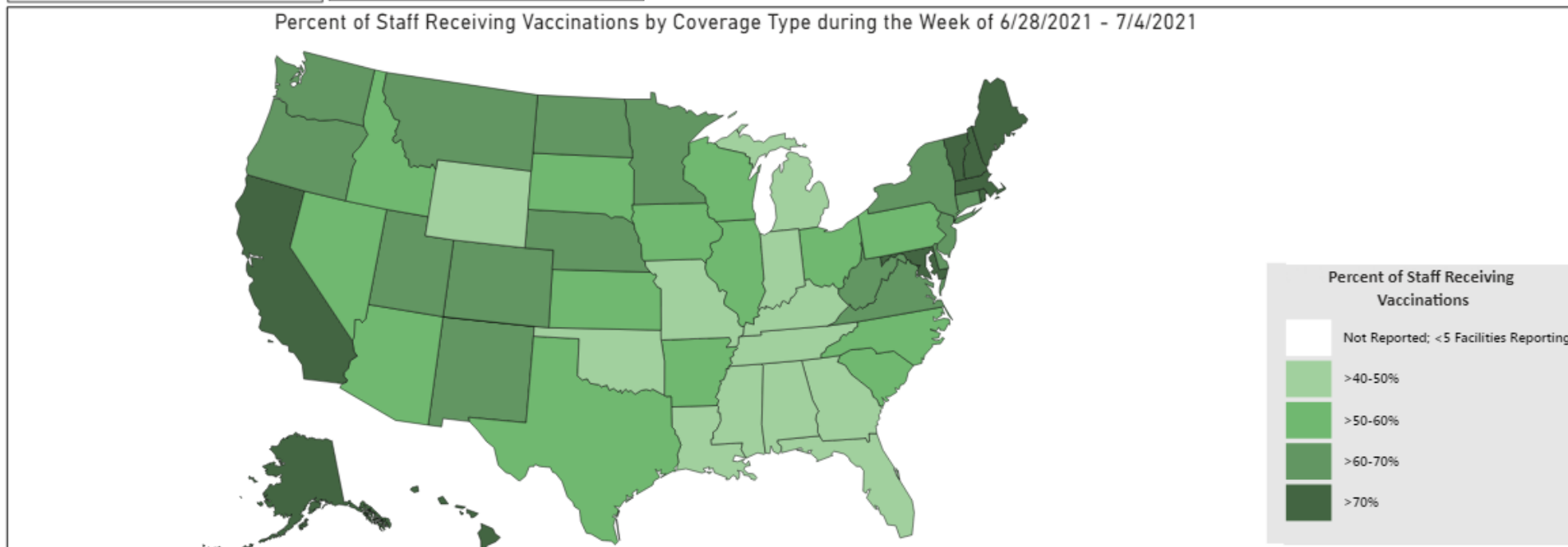
COVID-19 Vaccination Coverage and Reporting among Staff in Nursing Homes, by State and Week—United States

Data as of 7/5/2021
5:30 AM



Select By Coverage: Complete
Select By Week: Most Recent Week

Percent of Staff Receiving Vaccinations by Coverage Type during the Week of 6/28/2021 - 7/4/2021



All data can be modified from week-to-week by facilities. **Exclusions:** For best epidemiological understanding, data that appear inconsistent with surveillance protocols are excluded. Vaccination coverage is calculated as the total number of staff vaccinated divided by (the total number of staff minus the number of staff with medical contraindications or exclusions to vaccination) multiplied by 100. Differences in how each facility implements this COVID-19 vaccination data collection, including variation in which staff collect the data, may affect facility reporting patterns.

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For more information: <https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>

Accessibility: [Right-click on the map to see a table]

NHSN VACCINE MODULE – DATA QUALITY

- CMS Interim Final Rule for CMS-certified SNFs requires **weekly** reporting in the staff and resident vaccination module, even if no vaccine clinic has taken place.
- Some facilities have been having issues with their entries in NHSN not saving. I would recommend double checking after your weekly entry and watch for any error messages.
- Definition of Vaccine Module Question #1
 - Total number of residents occupying a bed at this facility for at least 1 day during the week of data collection.
 - All healthcare personnel who were eligible to work at the facility for at least 1 day during the week of data collection.
- Definition of Vaccine Module Question #2
 - **Of residents and staff in question #1**, how many of those individuals have **ever** received a COVID-19 vaccine at this facility or elsewhere since December 2020.
 - Answer this question using a blank slate each week. Do not enter 0 unless no resident or staff members at the facility have ever received a vaccine.

CMS website – facility-level vaccination data

COVID-19 Nursing Home Resident and Staff Vaccination Rates - Read-Only - Excel

Recent Facility Staff Vaccination Rates at 75% or More, as reported for week ending 06/27/21
Recent in the title refers to the current week rate if present, otherwise the prior week rate if present

Federal Provider Number	Provider Name	Provider Address	Provider City	Provider State	Provider Zip Code	Provider Phone Number	County	Recent Percentage of Current Healthcare Personnel who Received a Completed COVID-19 Vaccination At Any Time	
754	'145011	GROVE OF EVANSTON L & R, THE	500 ASBURY STREET	EVANSTON	IL	60202	8.473E+09	Cook	76.4
755	'145016	HERITAGE HEALTH-BLOOMINGTON	700 EAST WALNUT	BLOOMINGTON	IL	61701	3.098E+09	McLean	78.7
756	'145024	PINECREST MANOR	414 SOUTH WESLEY AVENUE	MOUNT MORRIS	IL	61054	8.157E+09	Ogle	80.1
757	'145026	WESTMINSTER PLACE	3200 GRANT STREET	EVANSTON	IL	60201	8.475E+09	Cook	80.2
758	'145027	HEARTLAND OF MOLINE	833 S DTEENTH AVENUE	MOLINE	IL	61265	3.098E+09	Rock Island	77.3
759	'145029	ASCENSION VILLA FRANCISCAN	210 NORTH SPRINGFIELD AVENUE	JOLIET	IL	60435	8.157E+09	Will	78.6
760	'145050	DUPAGE CARE CENTER	400 N COUNTY FARM RD	WHEATON	IL	60187	6.307E+09	DuPage	86.9
761	'145126	ALDEN LINCOLN REHAB & H C CTR	504 WEST WELLINGTON AVENUE	CHICAGO	IL	60657	7.733E+09	Cook	81.7
762	'145171	ELEVATE CARE NORTHBROOK	270 SKOKIE HIGHWAY	NORTHBROOK	IL	60062	8.475E+09	Cook	92.9
763	'145198	BELLA TERRA MORTON GROVE	8425 WAUKEGAN ROAD	MORTON GROVE	IL	60053	8.48E+09	Cook	94.8
764	'145200	FRANKLIN GROVE LIVING AND REHAB	502 NORTH STATE STREET	FRANKLIN GROVE	IL	61031	8.155E+09	Lee	91.8
765	'145219	BURGESS SQUARE HEALTHCARE CTR	5801 SOUTH CASS AVENUE	WESTMONT	IL	60559	6.31E+09	DuPage	80.1
766	'145241	HELIA SOUTHBELT HEALTHCARE	101 SOUTH BELT WEST	BELLEVILLE	IL	62220	6.183E+09	St. Clair	77.3
767	'145257	CRYSTAL PINES REHAB & HCC	335 NORTH ILLINOIS AVENUE	CRYSTAL LAKE	IL	60014	8.155E+09	McHenry	80.5
768	'145268	GLENVIEW TERRACE NURSING CTR	1511 GREENWOOD ROAD	GLENVIEW	IL	60025	8.477E+09	Cook	80.3
769	'145285	BUCKINGHAM PAVILION	2625 WEST TOUHY AVENUE	CHICAGO	IL	60645	7.74E+09	Cook	83.5
770	'145286	HERITAGE HEALTH-STAUNTON	215 WEST PENNSYLVANIA AVENUE	STAUNTON	IL	62088	6.186E+09	Macoupin	77.8
771	'145294	PRAIRIE VILLAGE HEALTHCARE CTR	1024 WEST WALNUT	JACKSONVILLE	IL	62650	2.172E+09	Morgan	80.3
772	'145307	GROVE OF LAGRANGE PARK, THE	701 NORTH LAGRANGE ROAD	LA GRANGE PARK	IL	60526	7.084E+09	Cook	92.6
773	'145324	ASCENSION RESURRECTION PLACE WEST SUBURBAN NURSING & REHAB CENTER	1001 NORTH GREENWOOD AVENUE	PARK RIDGE	IL	60068	8.477E+09	Cook	92.7
774	'145333	EDGEWATER DRIVE	311 EDGEWATER DRIVE	BLOOMINGDALE	IL	60108	6.309E+09	DuPage	98.2
775	'145344	LIBERTYVILLE MANOR EXT CARE	610 PETERSON ROAD	LIBERTYVILLE	IL	60048	8.474E+09	Lake	77.4
776	'145350	PEARL OF ROLLING MEADOWS,THE	4225 KIRCHOFF ROAD	ROLLING MEADOWS	IL	60008	8.474E+09	Cook	94.6
777	'145364	UNIVERSITY REHAB	500 SOUTH ART BARTELL ROAD	URBANA	IL	61802	2.174E+09	Champaign	79.7
778	'145382	LEE MANOR	1301 LEE STREET	DES PLAINES	IL	60018	8.476E+09	Cook	88.5
779	'145400	WESTMINSTER VILLAGE	2025 EAST LINCOLN STREET	BLOOMINGTON	IL	61701	3.097E+09	McLean	98.5
780	'145420	BRIDGEWAY SENIOR LIVING	111 EAST WASHINGTON	BENSENVILLE	IL	60106	6.308E+09	DuPage	85.3
781	'145431	LOFT REHABILITATION & NURSING	700 NORTH MAIN STREET	EUREKA	IL	61530	3.095E+09	Woodford	100.0
782	'145434	CLARIDGE HEALTHCARE CENTER	700 JENKISSON	LAKE BLUFF	IL	60044	8.473E+09	Lake	85.4
783	'145439	CHAMPAIGN URBANA NRSG & REHAB	302 WEST BURWASH	SAVOY	IL	61874	2.174E+09	Champaign	100.0
784	'145447	HERITAGE HEALTH-ELGIN	355 RAYMOND STREET	ELGIN	IL	60120	8.477E+09	Kane	87.4
785	'145458	OAK BROOK CARE	2013 MIDWEST ROAD	OAK BROOK	IL	60521	6.305E+09	DuPage	80.8
786	'145466	TWIN LAKES REHAB & HEALTH CARE	310 FANS AVENUE	PARIS	IL	61944	2.175E+09	Eldar	76.6

Filter Mode: All Facility Vaccination Rates 75% or More Staff Vaccinated

- All Facility Vaccination Rates
- 75% or More Staff Vaccinated

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>



Evidence is Evolving

- Vaccines work
- Ventilation works
- Masks work as both source control and PPE
- Outdoor activities have the lowest risk of transmission
- Delta variant of SARS-CoV-2 risk is greater if you are not vaccinated
- Modifications of the guidance are coming

OSHA Emergency Temporary Standard: Additional Information

- Compliance with most regulations: July 6, 2021
- Compliance with training, ventilation, and physical barriers: July 21, 2021

Efficacy of Portable Air Cleaners and Masking for Reducing Indoor Exposure to Simulated Exhaled SARS-CoV-2 Aerosols — United States, 2021

Summary

What is already known about this topic?

Ventilation systems can be supplemented with portable high efficiency particulate air (HEPA) cleaners to reduce the number of airborne infectious particles.

What is added by this report?

A simulated infected meeting participant who was exhaling aerosols was placed in a room with two simulated uninfected participants and a simulated uninfected speaker. Using two HEPA air cleaners close to the aerosol source reduced the aerosol exposure of the uninfected participants and speaker by up to 65%. A combination of HEPA air cleaners and universal masking reduced exposure by up to 90%.

What are the implications for public health practice?

Portable HEPA air cleaners can reduce exposure to simulated SARS-CoV-2 aerosols in indoor environments, especially when combined with universal masking.

NIOSH-approved N95s: Check the List

- *“Today, the FDA is taking additional action by announcing the revocation of EUAs for imported, non-NIOSH-approved respirators as well as decontamination and bioburden reduction systems because of an increase in domestically-manufactured NIOSH-approved N95s available throughout the country. As access to domestic supply of disposable respirators continues to significantly improve, health care organizations should transition away from crisis capacity conservation strategies that were implemented at the onset of the pandemic.”*
- **No** K-95s, Some KN-95s are still acceptable

https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html

FDA IN BRIEF

FDA In Brief: FDA Revokes Emergency Use Authorizations for Certain Respirators and Decontamination Systems as Access to N95s Increases Nationwide

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

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The National Personal Protective Technology Laboratory (NPPTL)

NIOSH-Approved Particulate Filtering Facepiece Respirators

Promoting productive workplaces through safety and health research **NIOSH**

NIOSH-approved N95 Particulate Filtering Facepiece Respirators

For information about Coronavirus Disease 2019, visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

OSHA Emergency Temporary Standard (ETS) : Additional Information

- Is the expectation that outpatient ambulatory clinics each have a respiratory protection program and N95s available if they are performing COVID-19 testing?
- ***Yes***

OSHA Emergency Temporary Standard (ETS): Additional Information

- If a patient comes into an outpatient ambulatory clinic and subsequently tests positive, do all employees in the clinic need to be notified if they did not have full COVID PPE (i.e., respirator, face shield, gown, and gloves)? If the employee is fully vaccinated, does notification still need to take place?
- **Yes,**
- *Notifications should take place for all individuals that did not have full COVID PPE in a well-defined area if a COVID positive individual was in that space.*
- *Notification does not necessarily equate to exposure, the close contact definition would still need to be met.*
- *Recommended facilities make notifications in writing (although not strictly required) because it will protect the employer and provide proof of notification if they are surveyed by OSHA. Postings may be used for notification, but they don't provide the protection that an employee has seen it.*
- *Vaccinated individuals would have to be notified.*

OSHA Emergency Temporary Standard (ETS): Additional Information

- Do face shields need to meet ANSI/ISEA Z87.1 standards or does the "usually" in the sentence allow other types of face shields as long as they cover the face and wrap around the sides of the face?
- **No**, the ANSI/ISEA Z87.1 standard has impact (i.e., physical impacts from flying debris, etc.) requirements that would not apply to protection from respiratory droplets. The face shield must cover the entire face, especially mucus membranes, from temple to temple and to the chin.

Metro East, West Central, and Southern regions

Where COVID-19 case rates are rising

The average daily rate of new cases per 100,000 residents is climbing in three downstate regions. (The Chicago region is marked in red; suburban regions in green.)

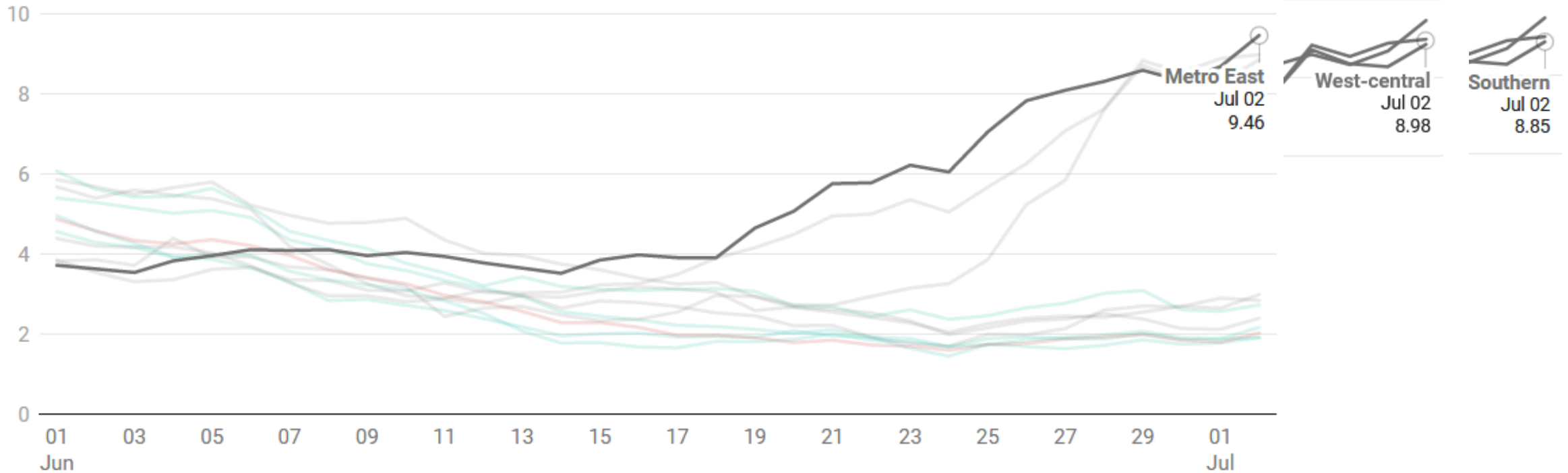


Chart: Joe Mahr • Source: Tribune analysis of IDPH data • [Get the data](#) • Created with [Datawrapper](#)



News & Perspective

Infectious Disease Topics

Antimicrobial Stewardship

Ongoing Programs

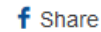
About

FEATURED NEWS TOPICS [COVID-19](#) [Ebola](#) [MERS-CoV](#) [Chronic Wasting Disease](#)

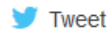
CDC: Delta variant now 50% of US COVID-19 cases

Filed Under: [COVID-19](#)

Stephanie Soucheray | News Reporter | CIDRAP News | Jul 07, 2021



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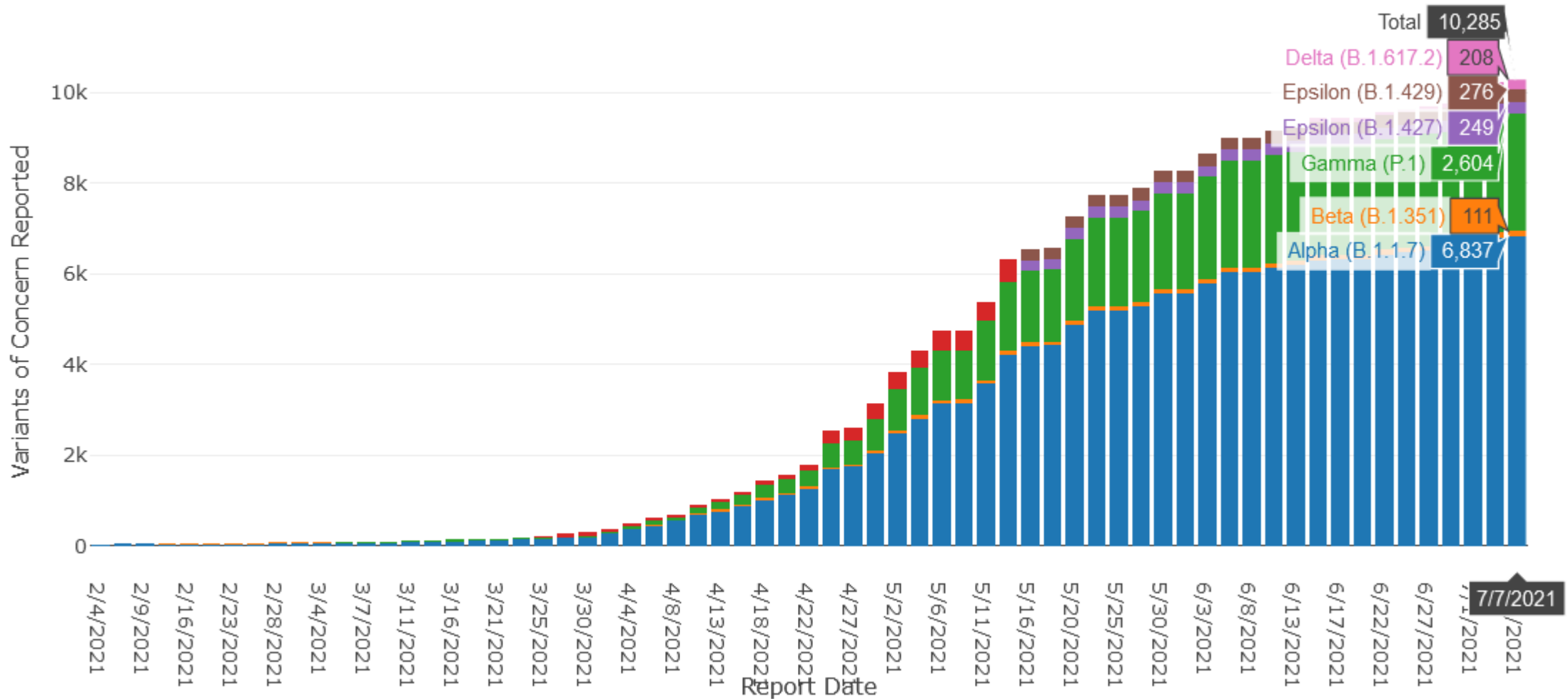
By the end of the month, the Delta (B1617.2) variant will likely become an even more dominant strain of SARS-CoV-2 in the United States, as the more transmissible variant now accounts for 51.7% of all new COVID-19 cases in the country, [CNN](#) reports. The Alpha (B117) variant now accounts for [28.7% of cases](#).

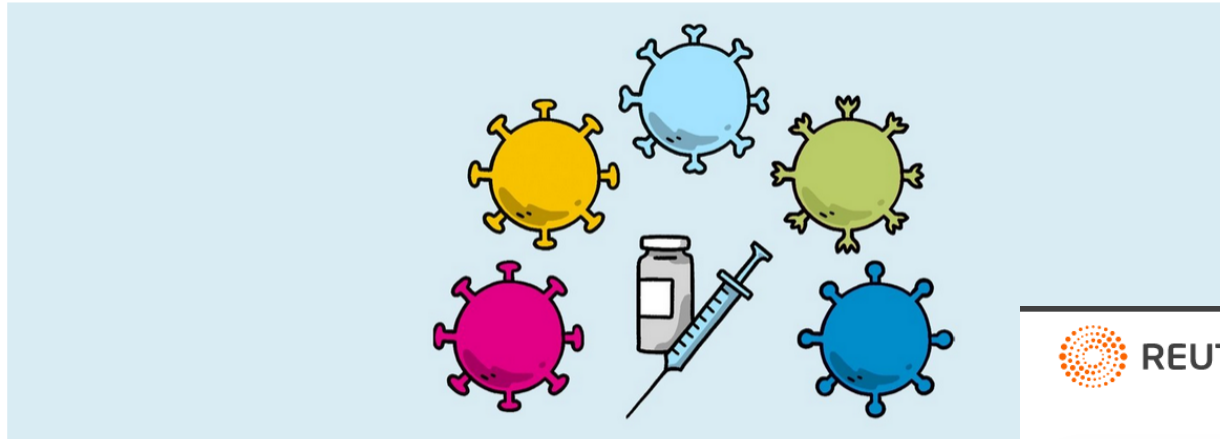
The variant, first identified in India, has swept across the globe and caused delayed reopening throughout the United Kingdom.

The United States reported 23,839 new COVID-19 cases yesterday, and 338 deaths, according to the [Johns Hopkins COVID-19 tracker](#). In total, the country has the most confirmed cases and deaths in the world, with 33,758,758 recorded infections, and 606,121 fatalities.



Alpha (B.1.1.7 UK), Beta (B.1.351 South Africa), Gamma (P.1 Japan/Brazil), Delta (B.1.617.2 India) Same SARS-CoV-2 with Spike Protein Changes-Variants of Concern





The effects of virus variants on COVID-19 vaccines

1 March 2021



Related

Yes, the COVID-19 vaccines work on the current variants

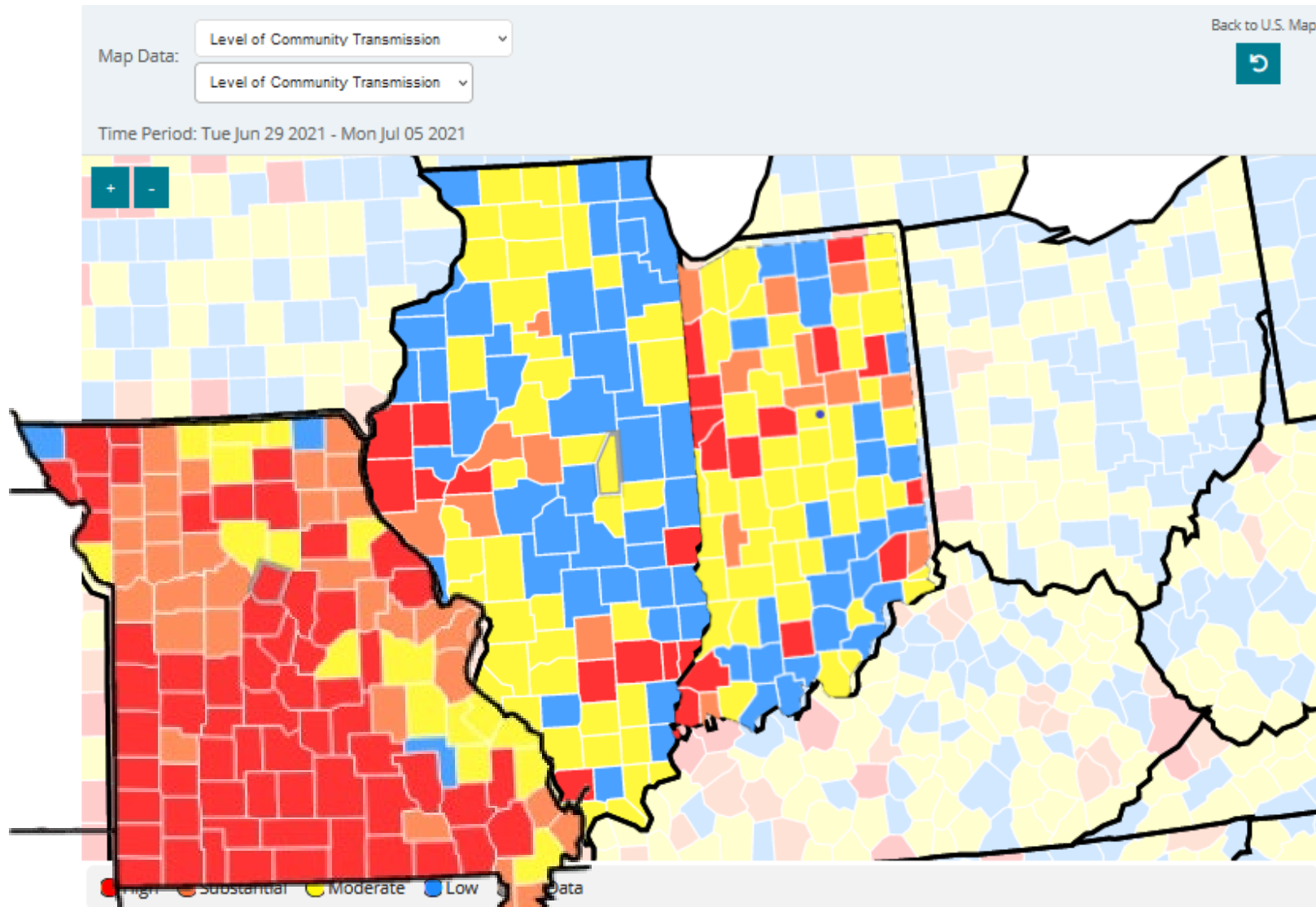


June 23, 2021
11:23 AM CDT
Last Updated 16 days ago

Healthcare & Pharmaceuticals

AstraZeneca, Pfizer vaccines effective against Delta COVID-19 variants-study

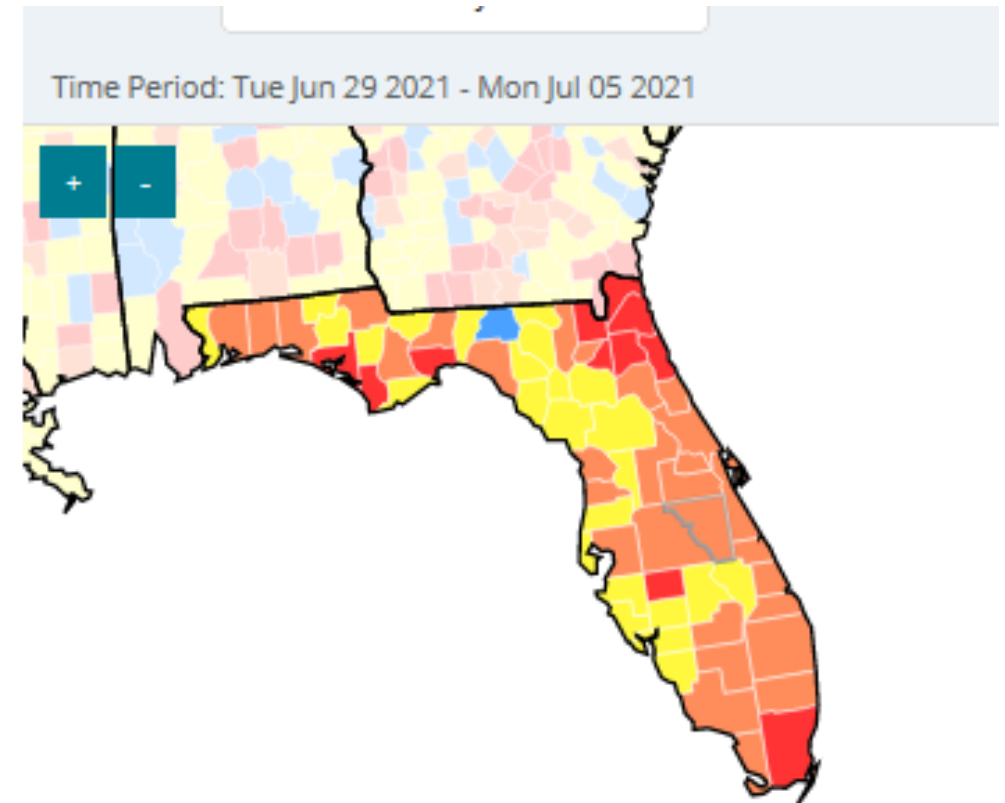
<https://www.who.int/news-room/feature-stories/detail/the-effects-of-virus-variants-on-covid-19-vaccines>



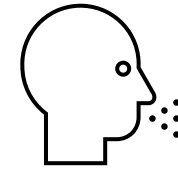
Current 7-days is Tue Jun 29 2021 - Mon Jul 05 2021 for case rate and Mon Jun 28 2021 - Sun Jul 04 2021 for percent positivity. The percent change in counties at each level of transmission is the absolute change compared to the previous 7-day period.

Case Study #1 Back to Work after Jacksonville Florida Vacation

- Coworkers vacation together
- Ms. A and Ms. B are symptomatic upon return on July 1 (“not feeling well...body aches, headache, fever”)
- One attended morning meetings in conference room (all staff were sitting within 6 feet of each other)
- Second worked with residents
- Both tested positive for COVID-19 after completing their shifts

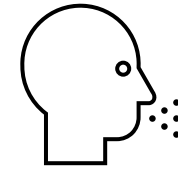


Case Study #2 “I have allergies”



- Healthcare administrator (Mr. O) not vaccinated to protect against SARS-CoV-2 infection
- Mr. O comes to work with “allergies and blocked sinuses”.
- Works with unvaccinated coworkers (only one staff vaccinated), including attending meetings where social distancing and masks are not always carefully observed.
- Routine screening uncovers 6 other coworkers who test positive for SARS-Cov-2 5 days after they worked with Mr. O.
- After interview there are also 12 other staff who worked closely with Mr. O in three large department meetings

Case Study #3 “It’s just a cold”



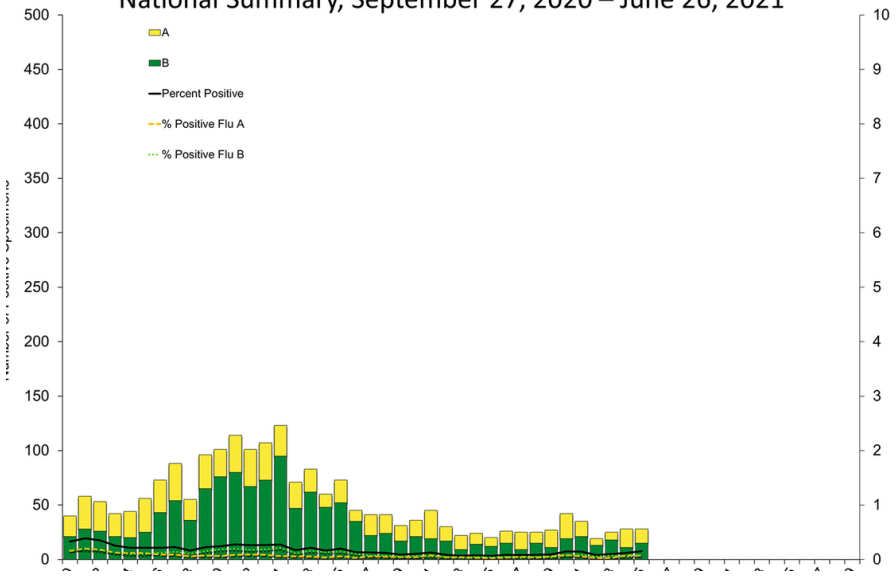
- Five residents on the same unit start with upper respiratory symptoms June 1
- Antigen for SARS-CoV-2 negative, chest x-rays are negative
- Two additional residents develop symptoms on the same unit June 2
- Three of the residents develop pneumonia on June 3 with infiltrates on chest x-ray
- All resident’s tests are antigen and PCR negative for SARS-CoV-2
- Investigation uncovers that CNA worked with a “cold”
- Next steps?

Health

Coronavirus shutdowns have quashed nearly all other common viruses. But scientists say a rebound is coming.

'I never would have expected to see flu activity this low,' says CDC official.

Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories, National Summary, September 27, 2020 – June 26, 2021



PBS NEWS HOUR



elen answell, IAT

24 comments

share

HEALTH

Summer spike of RSV cases unlike anything North Texas doctors have ever seen

"It's so out of cycle it's almost hard to fathom," said Dr. Jeffrey Kahn, chief of infectious diseases at Children's Health in Dallas.

As COVID dissipates in the U.S., cold and flu viruses may return with a vengeance





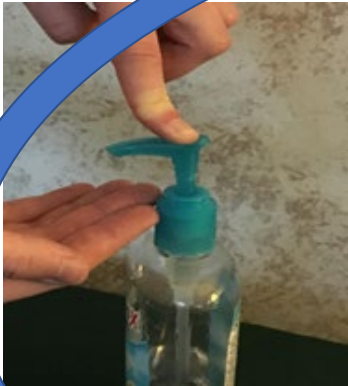
General Vaccine Administration



Image: Harper College Ventilation



Screening and Surveillance,



Hand Hygiene



Source Control/ PPE



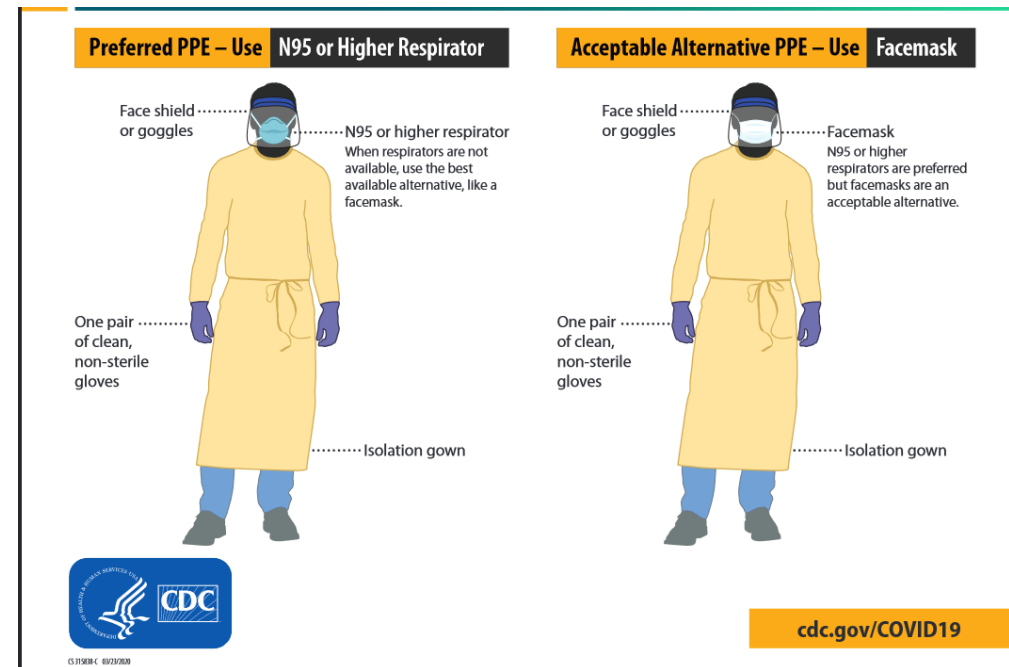
Surface Cleaning / Disinfecting



Detection, Isolation

Core Infection Prevention Practices

- Transmission-based Precautions ASAP: What works for COVID-19 works for other common respiratory viruses
- Don't ignore just because it is not COVID-19 or influenza
- Contact Public Health and Interdisciplinary Team
- Respiratory Viral Panels
- Legionella?
- Review Screening
- Review and monitor PPE use



What Could it Be?

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

Slide: Peterson, L., Burdsall, D, Oliver-Wright, M (2014).
Respiratory Outbreaks and Precautions, Oh My! Viral
Identification Panels, Electronic Media Tracking, and
Implications for Practice in Acute and Long-term Care
APIC Session 3601: 6/9/2014, 2:30-3:30

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

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
- Second to influenza in elderly
 - The signs and symptoms include fever, cough, coryza, dyspnea with rales, and wheezing

Slide: Peterson, L., Burdsall, D, Oliver-Wright, M (2014).
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Source: Mosenifar, Z., et al., *Viral Pneumonia*



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

Slide: Peterson, L., Burdsall, D, Oliver-Wright, M (2014).
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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%)

Slide: Peterson, L., Burdsall, D, Oliver-Wright, M (2014).
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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.

Slide: Peterson, L, Burdsall, D, Oliver-Wright, M (2014).
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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.



Slide: Peterson, L., Burdsall, D, Oliver-Wright, M (2014).
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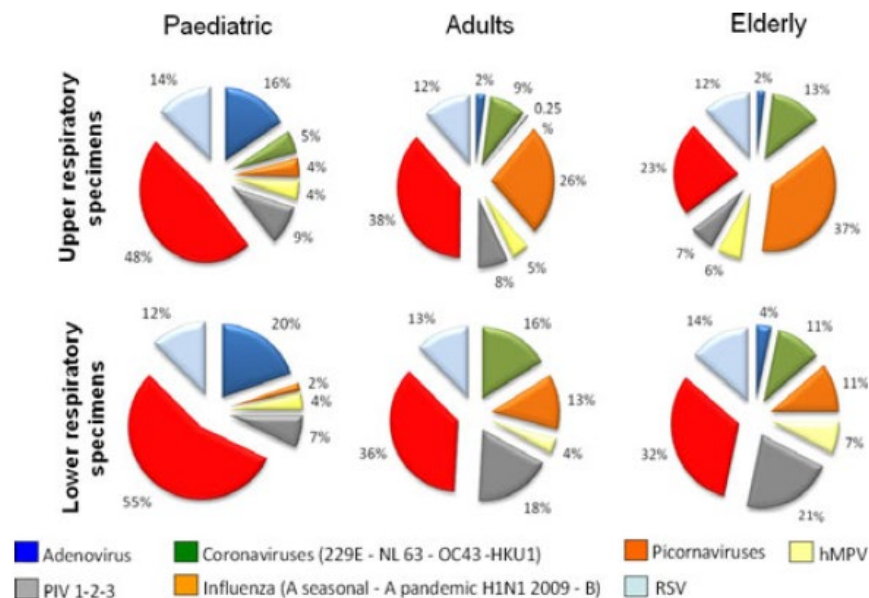
Source: Mosenifar, Z., et al., *Viral Pneumonia*

Age Distribution of Viruses

- Evaluated respiratory viruses over 2 years
 - 2996 specimens in 2011-2012
 - Highest positivity in children – 79%
 - Multiple viruses in 10% of positives
 - Influenza, parainfluenza, coronavirus most in elderly

J Ambrosioni et al. Clin Micro Infect.
10.1111/1469-0691.12525, 2013

Slide: Peterson, L., Burdsall, D, Oliver-Wright, M (2014).
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Human Parainfluenza Viruses (HPIVs)

[CDC](#) > [HPIV Home](#) > [For Healthcare Professionals](#)

Transmission

HPIVs usually spread by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes.

HPIVs may remain infectious in airborne droplets for over an hour and on surfaces for a few hours depending on environmental conditions.

People are most contagious during the early stage of illness.

People usually get HPIV infection in the spring, summer, and fall. However, it is possible to get infected at any time of the year. For more information, see [HPIV Seasons](#).

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**