CHICAGO

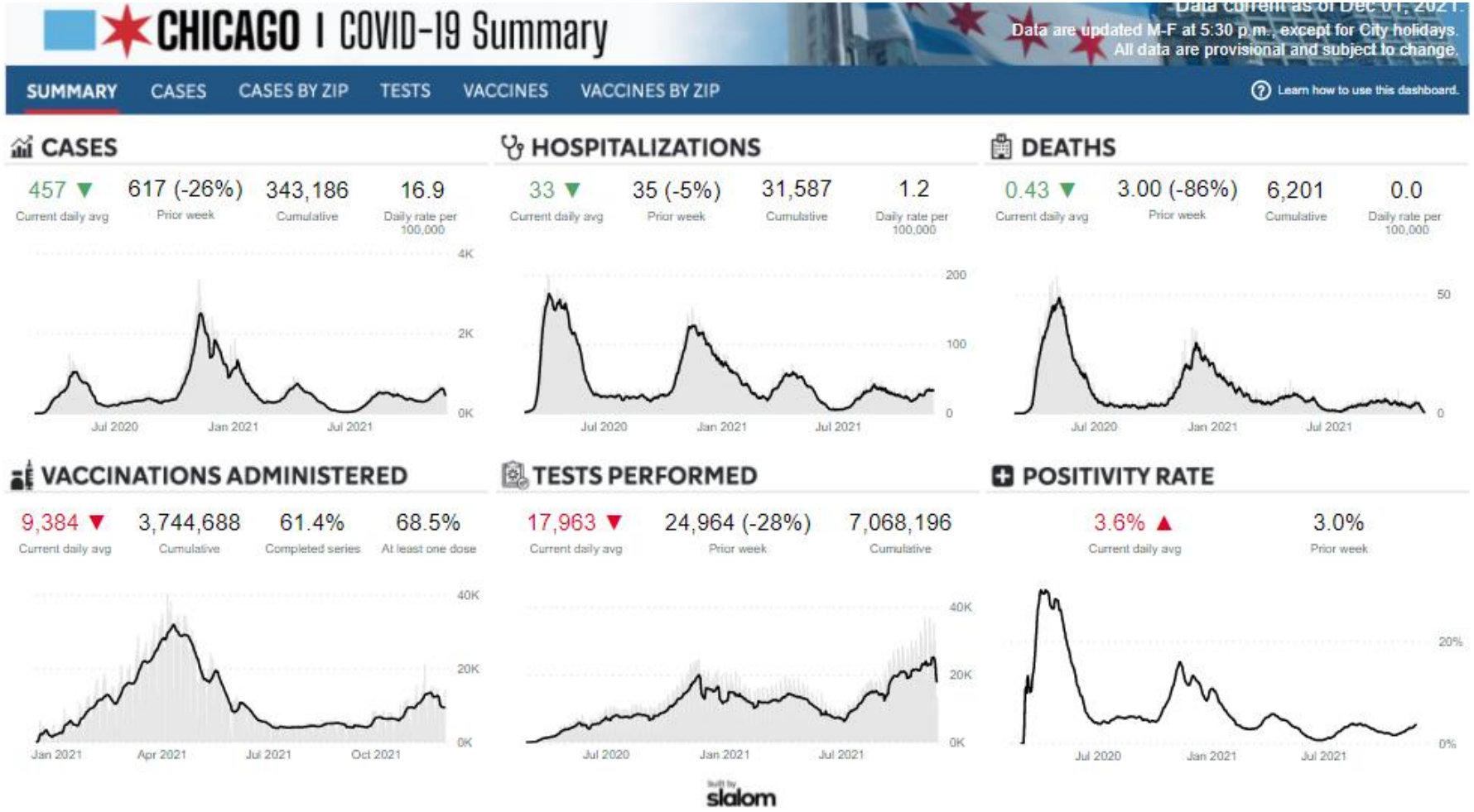
COVID-19
Chicago Long Term Care Roundtable

12-02-2021

Agenda

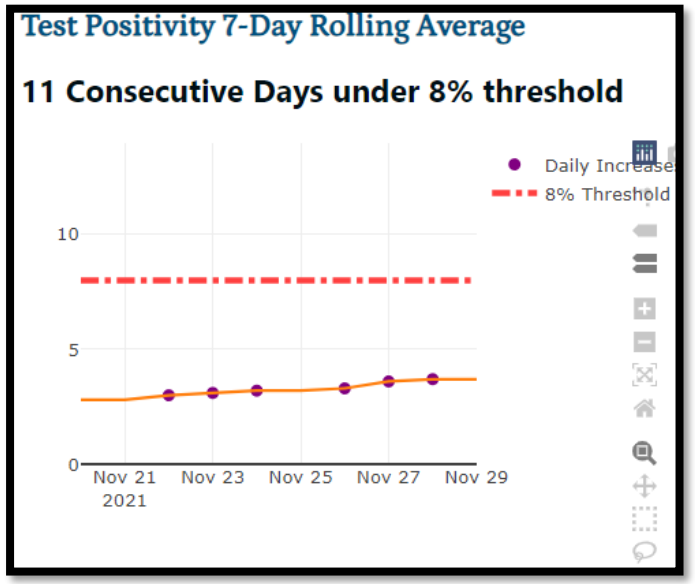
- COVID-19 Epidemiology
- COVID Reminders, Updates, and FAQs
- Influenza Outbreak reporting and response
- Questions & Answers

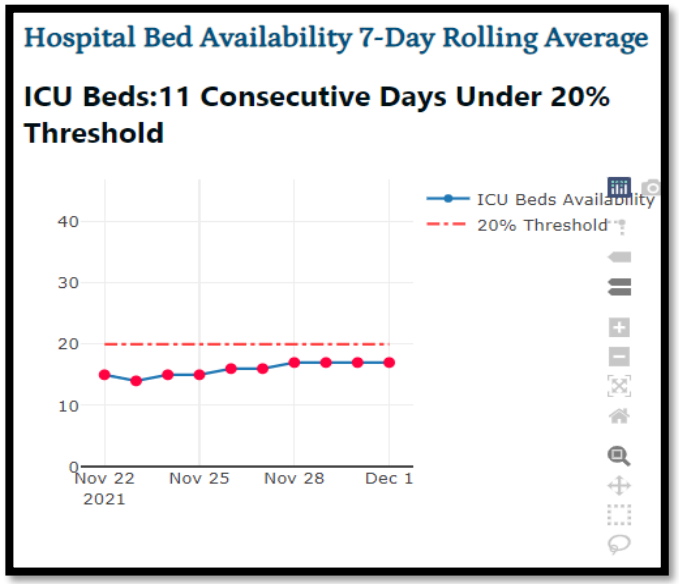
Chicago Dashboard

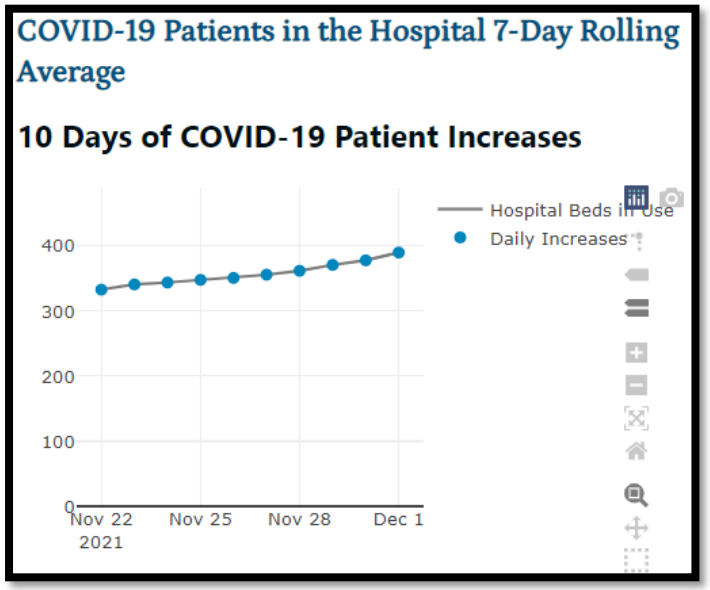


Source: https://www.chicago.gov/city/en/sites/covid-19/home/covid-dashboard.html

IDPH Regional Resurgence Metrics: Region 11

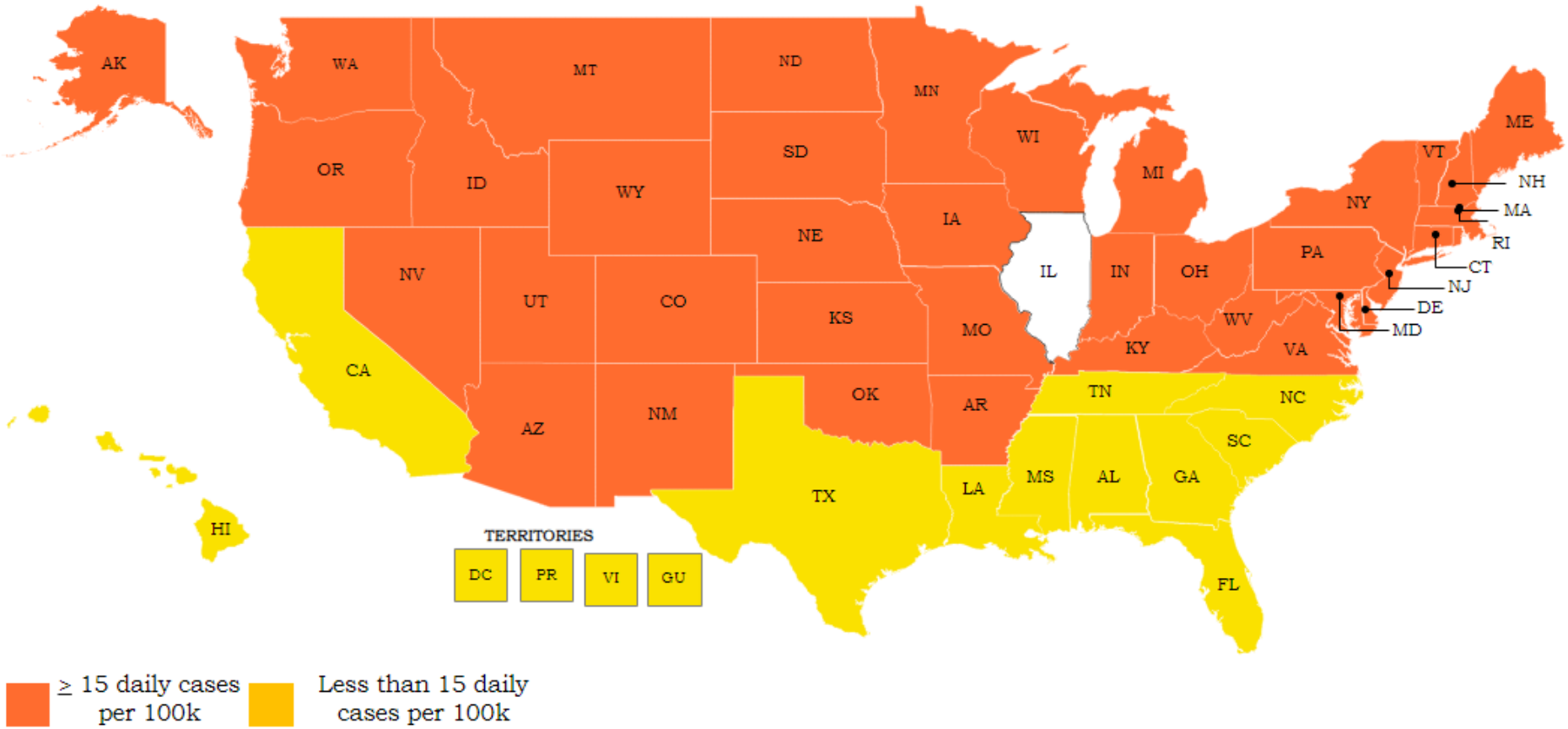


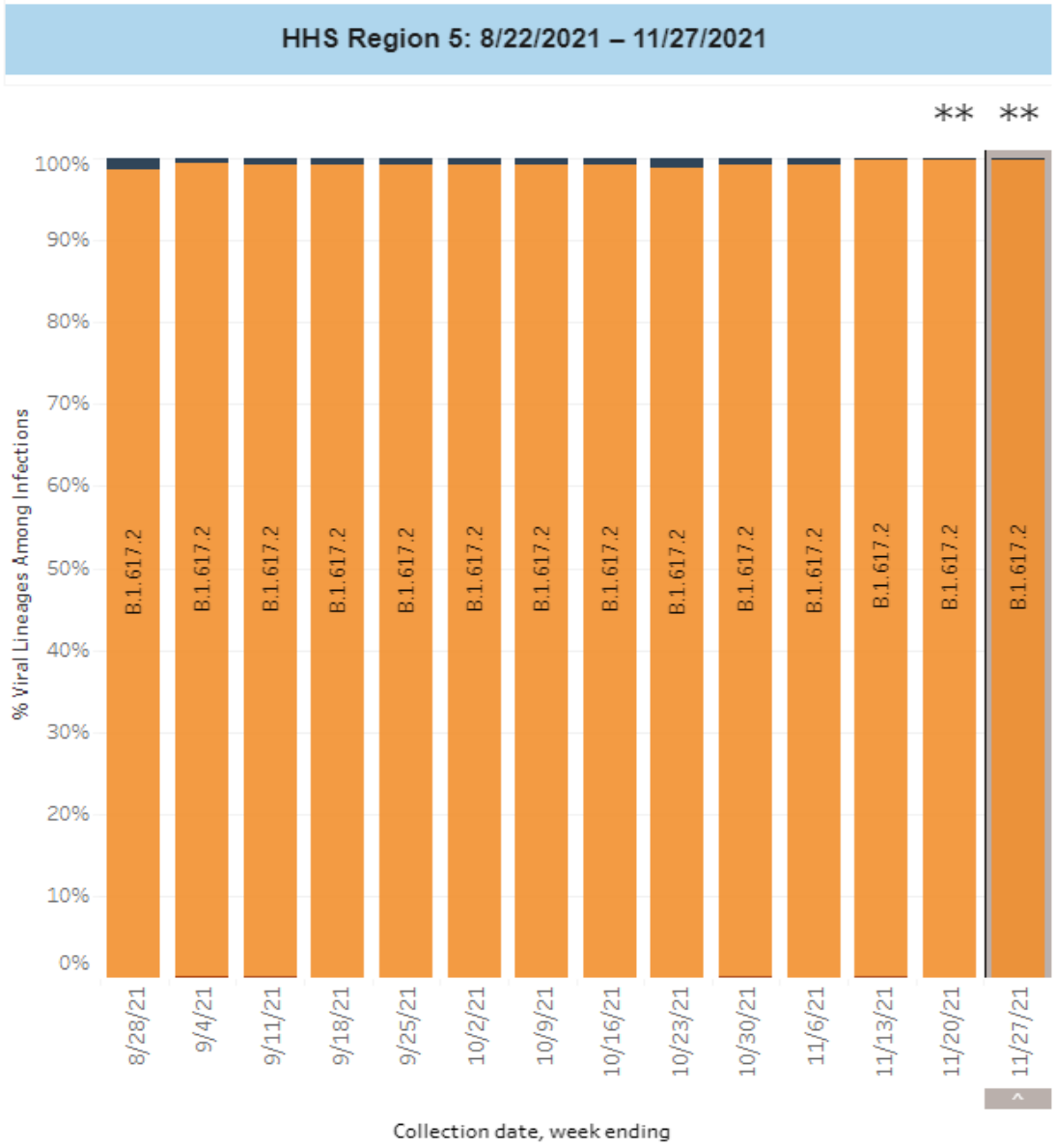




Source: https://www.dph.illinois.gov/regionmetrics?regionID=11

Chicago's COVID-19 Travel Advisory: 38 States





HHS Region 5: 11/21/2021 – 11/27/2021 NOWCAST

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

WHO label	Lineage #	US Class	%Total	95%PI
Delta	B.1.617.2	VOC	99.9%	99.9-100.0%
	AY.1	VOC	0.0%	0.0-0.1%
	AY.2	VOC	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.1%

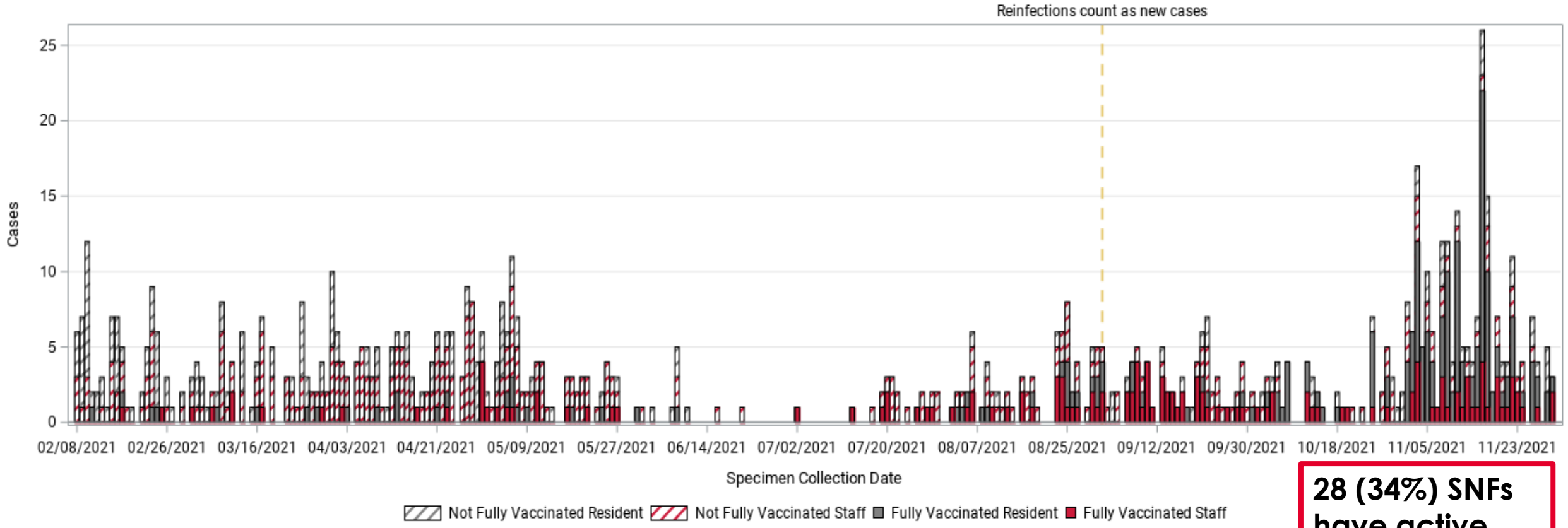
* Enumerated lineages are US VOC and lineages circulating above 1..

https://covid.cdc.gov/covid-data-tracker/#variant-proportions

Data as of 12/1/2021

SNF COVID-19 cases are increasing among both vaccinated and unvaccinated staff and residents

(Feb. 8, 2021 – Nov. 30, 2021)



28 (34%) SNFs have active outbreaks

Data Sources: INEDSS (Illinois state) and REDCap (facility self report)

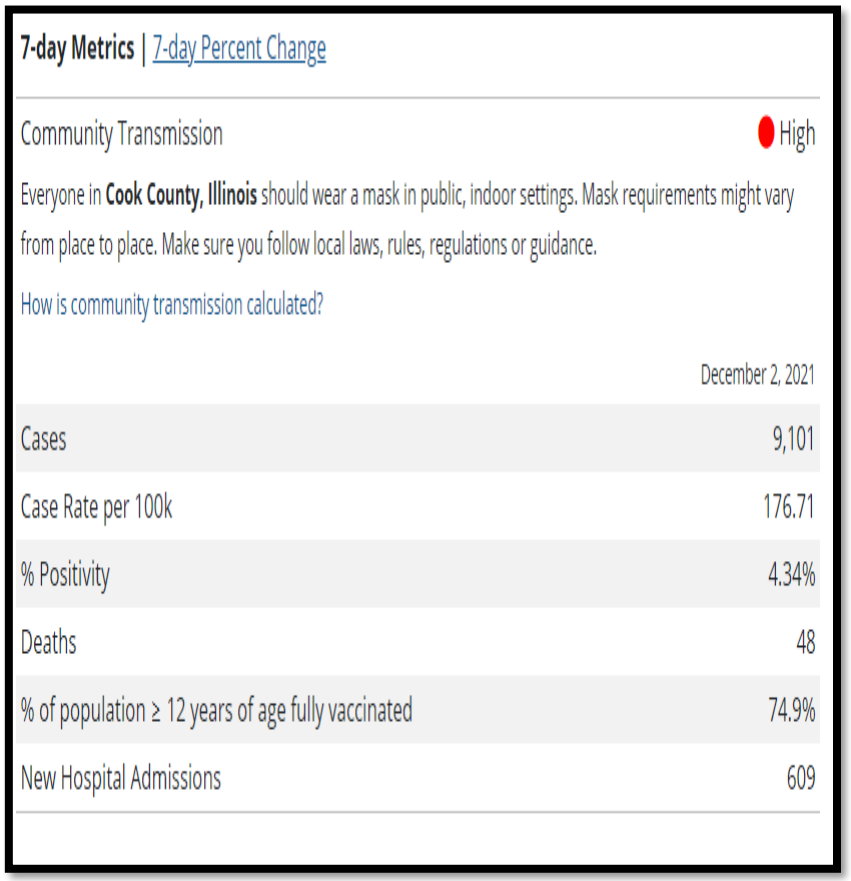
A fully vaccinated case occurs when the positive test specimen was collected at least two weeks after the individual completed their COVID vaccination

Fully vaccinated cases are underestimated due to delayed reporting

Reminder: CDC COVID Data Tracker

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

CDC COVID Data Tracker: Cook County



7-day Metrics | 7-day Percent Change

Community Transmission	High

Everyone in **Cook County, Illinois** should wear a mask in public, indoor settings. Mask requirements might vary from place to place. Make sure you follow local laws, rules, regulations or guidance.

How is community transmission calculated?

	December 2, 2021
Cases	9,101
Case Rate per 100k	176.71
% Positivity	4.34%
Deaths	48
% of population ≥ 12 years of age fully vaccinated	74.9%
New Hospital Admissions	609

Data through Tue Nov 30 2021

Total Cases (last 7 days)	9101
Case Rate (last 7 days)	176.71
% Change (last 7 days)	-12.55

Total Deaths (last 7 days)	48
Death Rate (last 7 days)	0.93
% Change (last 7 days)	-15.79

Source: https://covid.cdc.gov/covid-data-tracker/#cases_community

Reminder: Minimum Routine Staff Testing Frequency

Vaccination Status	Testing Frequency
Unvaccinated	2x a week*
Partially vaccinated	2x a week*
Fully vaccinated	No required routine testing

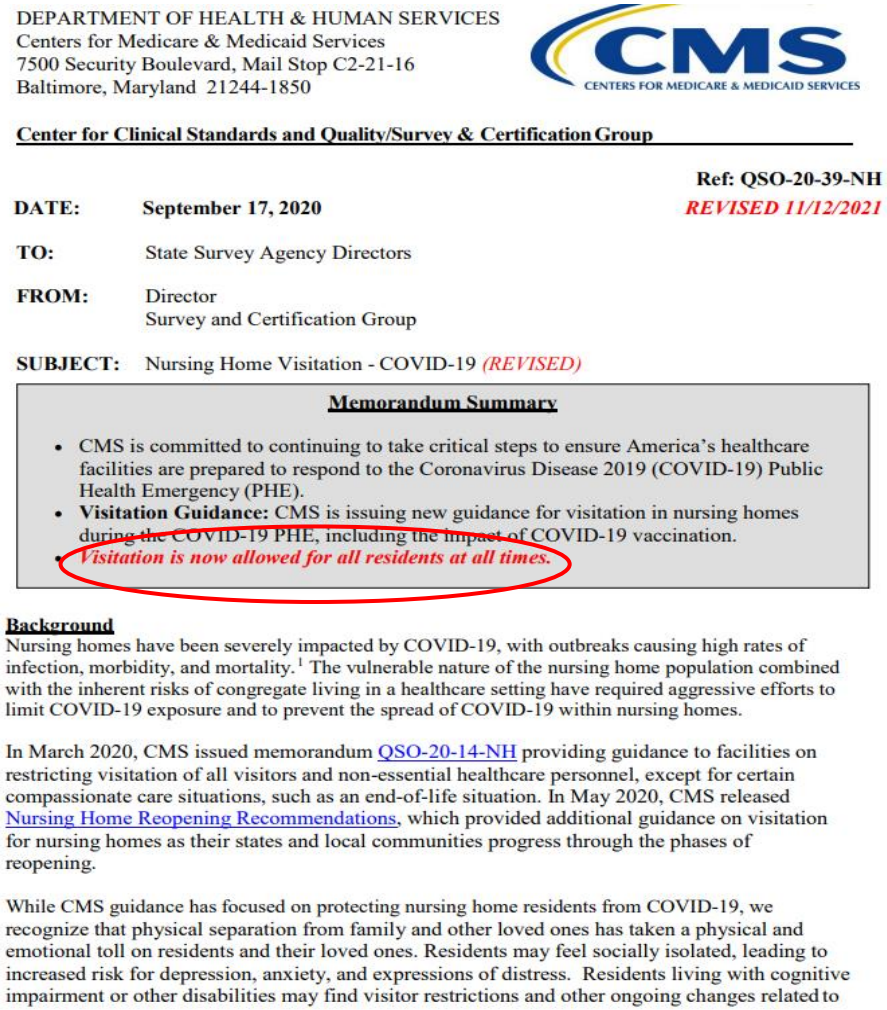
**Based on Cook County's current community transmission level*

Reminder: Minimum Routine Resident Testing Frequency

Vaccination Status	Routine Testing Frequency
Unvaccinated (excluding new/readmissions)	1x a month
Partially vaccinated (excluding new/readmissions)	1x a month
Fully vaccinated (excluding new/readmissions)	No required routine testing*
***NEW* New and readmissions (regardless of vaccination status)**	Must be tested upon admission (unless tested within the 72 hours prior to admission) ***and*** at 5-7 days post-admission

Reminder : Revised CMS Visitation Guidance

- CMS issued revised guidance with big changes re: visitation
- In most situations, facilities must allow indoor visitation at all times and for all residents as permitted under the regulations.
- **Should no longer pause visitation to conduct outbreak testing as a default**
- Facilities may ask about a visitors' vaccination status, however, visitors are not required to be tested or vaccinated (or show proof of such) as a condition of visitation.



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Survey & Certification Group

Ref: QSO-20-39-NH

DATE: **September 17, 2020** ***REVISED 11/12/2021***

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Nursing Home Visitation - COVID-19 *(REVISED)*

Memorandum Summary

- CMS is committed to continuing to take critical steps to ensure America's healthcare facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Visitation Guidance:** CMS is issuing new guidance for visitation in nursing homes during the COVID-19 PHE, including the impact of COVID-19 vaccination.
- ***Visitation is now allowed for all residents at all times.***

Background

Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality.[1] The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a healthcare setting have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes.

In March 2020, CMS issued memorandum QSO-20-14-NH providing guidance to facilities on restricting visitation of all visitors and non-essential healthcare personnel, except for certain compassionate care situations, such as an end-of-life situation. In May 2020, CMS released Nursing Home Reopening Recommendations, which provided additional guidance on visitation for nursing homes as their states and local communities progress through the phases of reopening.

While CMS guidance has focused on protecting nursing home residents from COVID-19, we recognize that physical separation from family and other loved ones has taken a physical and emotional toll on residents and their loved ones. Residents may feel socially isolated, leading to increased risk for depression, anxiety, and expressions of distress. Residents living with cognitive impairment or other disabilities may find visitor restrictions and other ongoing changes related to

CMS Visitation

- Per the CMS memo facilities should not have blanket restrictions but should still adhere to core infection control practices.
- Visitors should be restricted to the indoor visitation area or resident's room only
- If community transmission levels are either substantial or high, visitors and residents must wear masks at all times regardless of vaccination status
- No co-mingling of resident's families with other residents at the facility regardless of the vaccination status.

Clarification on Visitation from CMS

- Physical distancing still needs to be maintained with increase in visitation during peak holiday dates.
- During high traffic periods, like holidays or after business hours, facilities can use structured timeslots to ensure visitation is conducted safely.
- Scheduled visits should not be the default during general periods of operation when spacing is not a concern.
- If several visitors arrive at once limit the number of visitors going in residents' room and rotate to avoid over crowding and ensure appropriate social distancing.

Clarification on Visitation from CMS

- During times of large, unmitigated outbreaks, facilities can pause visitation after consultation with the local health department.
  - Pausing visitation aligns with CDC outbreak response guidance for COVID-19, norovirus, influenza, etc.
  - This would **not** apply to most COVID-19 outbreak scenarios.
  - Facilities must discuss with CDPH prior to implementing.
- Facilities may have their own visitor PPE policy.
- Facilities can provide and educate visitors about PPE use.
- Hand hygiene should be encouraged and ensure alcohol- based hand rubs are available at the entrance and additionally throughout the facility.

Facility not in Outbreak

	Visitation	Communal Dining	Group Activities
Unvaccinated residents	Indoor + outdoor visits (outdoor preferred)	May participate in communal dining	May participate in communal dining
Vaccinated residents	Indoor + outdoor visits (outdoor preferred)	May participate in communal dining	May participate in group activities
Residents under Isolation or Quarantine	In room visits (not recommended but allowed)	Cannot participate	Cannot participate
All residents	Source control and physical distancing required at all times	Source control and physical distancing required at all times	Source control and physical distancing required at all times

Facility in Outbreak

	Visitation	Communal Dining	Group Activities
Unvaccinated residents	Indoor visits (resident room preferred) + outdoor visits	**Not a close contact:** May participate **Close contact:** Cannot participate for 14 days	**Not a close contact:** May participate **Close contact:** Cannot participate for 14 days
Vaccinated residents	Indoor visits (resident room only) + outdoor visits	May participate in communal dining	May participate in group activities
Residents under Isolation or Quarantine	In room visits (not recommended but allowed)	Cannot participate	Cannot participate
All residents	Source control and physical distancing required at all times	Source control and physical distancing required at all times	Source control and physical distancing required at all times

Reminder: Residents leaving the building

- Unvaccinated residents (if out of the facility for > 24hrs) – upon arrival must be tested upon admission ***and*** at 5-7 days post-admission **and** need to quarantine for 14 days
- Vaccinated residents - Must be tested upon admission ***and*** at 5-7 days post-admission. Do not need to quarantine

- Remind residents to follow core infection prevention measures (hand hygiene, source control in crowds, physically distancing when feasible)

Masking in Healthcare Settings

- In accordance with Governor Pritzker's August 4, 2021 Executive Order Number 18 (**COVID-19 Executive Order No. 85**), "all nursing homes and long-term care facilities in Illinois **must** continue to follow the guidance issued by the CDC and IDPH that requires the **use of face coverings in congregate facilities for those over the age of 2 and able to medically tolerate a face covering, regardless of vaccination status**."

- HCP must wear at a minimum a well fitted face mask while working.

Encourage proper masking

- Proper ways of wearing masks
- Be sure to wash your hands or use hand sanitizer before putting on a mask.
- Do NOT touch the mask when wearing it. If you have to touch/adjust your mask often, it doesn't fit you properly, and you may need to find a different mask or make adjustments.
- To improve the fit of a surgical mask, one option is using the knot and tuck method

How Not to wear your masks

Wear your masks properly

N95 and Fit testing

- The purpose of a respirator when worn by healthcare personnel, for example a N95 filtering facepiece respirator, is typically to protect the wearer by reducing the concentration of infectious particles in the air inhaled by the wearer.
- When respirator use is required, the Respiratory Protection standard requires that all employee use of respirators be done within the context of a comprehensive and effective respiratory protection program.
- The program must be in writing, have a designated respirator program administrator, and specify the employer's policies and procedures for the use of respiratory protection in the facility.

FIGURE 6: SOME KEY REQUIREMENTS OF THE OSHA RESPIRATORY PROTECTION STANDARD

- Written respiratory protection program with policies and procedures
- Designation of a program administrator
- Procedures for hazard evaluation and respirator selection
- Medical evaluation of respirator wearers
- Fit testing procedures for tight-fitting respirators (including filtering facepiece respirators)
- Procedures for proper use, storage, maintenance, repair, and disposal of respirators
- Training
- Program evaluation including consultation with employees
- Recordkeeping

N95 and Fit testing

- All employees required to wear tight-fitting respirators, including N95 filtering facepiece respirators and tight-fitting PAPRs (with the blower off) need to be fit tested
- PAPRs with loose-fitting facepieces, hoods, or helmets do not require fit testing.

- How to get fit tested?

✓An OSHA-accepted fit test protocol must be followed exactly as written.

✓Fit testing may be done using a qualitative test using Bitrex® or saccharin or a quantitative test using a PortaCount® or another appropriate instrument

✓Fit tests must be performed by a qualified individual, able to follow the protocol & train employees.

https://www.cdc.gov/niosh/npptl/pdfs/n95info2-2015-508.pdf

Approaches to fit testing

- There are three major approaches regarding fit testing:

✓ centralized (one department or individual conducts the fit testing)

✓decentralized (using a train-the-trainer approach whereby specific units or departments do their own fit testing)

✓contracted (whereby equipment vendors or outside companies or consultants conduct the fit testing and/or training).

- Helpful tips:

✓Offering fit testing in each unit, in break rooms, or other settings

✓Training managers as back-up fit testers

✓Providing opportunities on all shifts and during off-hours for respirator selection and fit testing

✓ Providing fit testing by appointment

✓ Organizing fit testing and training by month, such as by training each department during a certain month, training employees during their birth month, or offering training during the same month each year

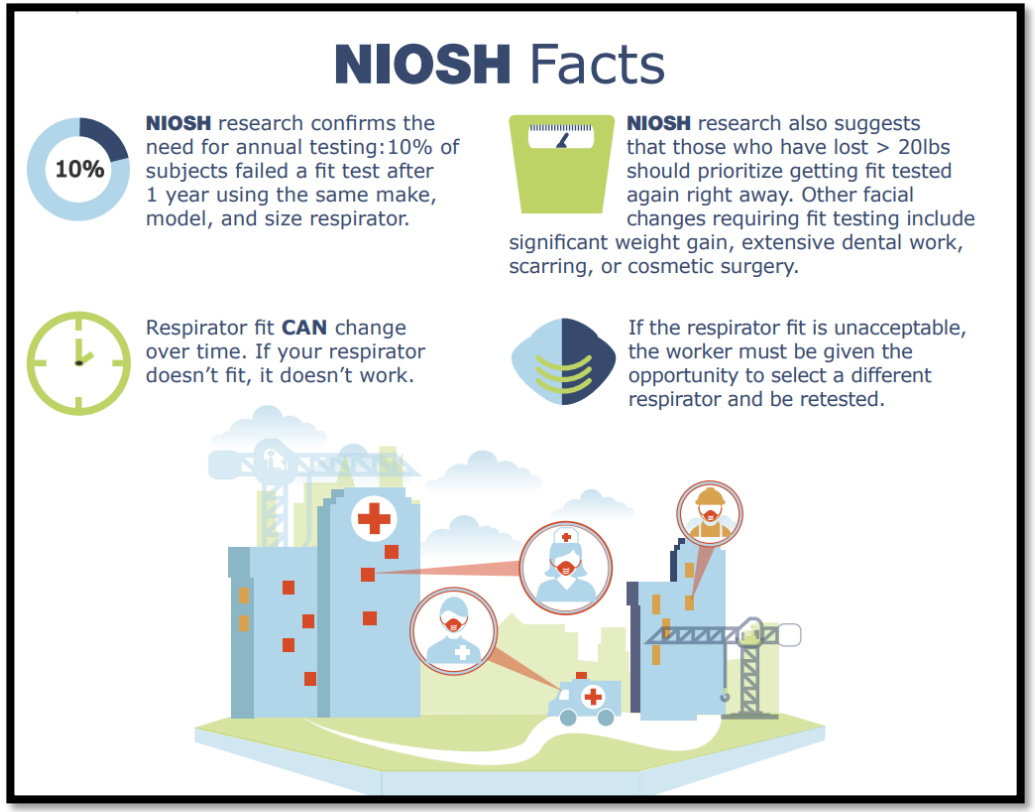
✓Contracting fit testing services through an outside vendor, respirator manufacturer, or other third party

✓Pooling resources with other systemwide facilities

https://www.jointcommission.org/-/media/tjc/documents/resources/health-services-research/implementing_hospital_rpp_2-19-15pdf.pdf

OSHA requires annual fit testing: 29 CFR 1910.134

- Records from fit testing need to be kept on file until the next annual fit test is performed
- Keep record of the fit tested size and model of the respirator and make sure the staff are using the appropriate make/model they passed the fit testing for.
- A fit test is required before a respirator can be worn, yearly and after any physical change that may affect the fit



https://www.cdc.gov/niosh/npptl/pdfs/n95info2-2015-508.pdf

Resources for Fit Testing

- Hospital Respiratory Protection Program Toolkit

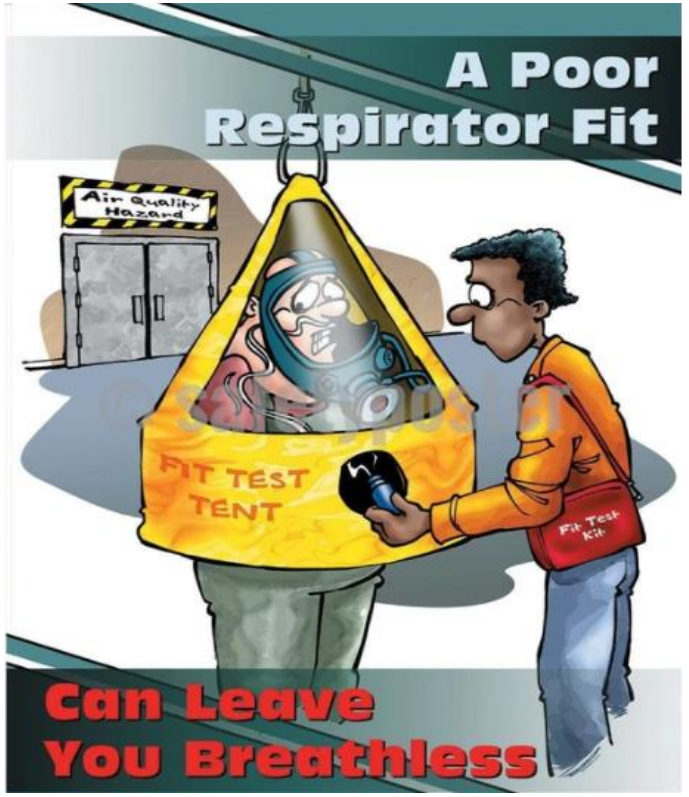
  Hospital Respiratory Protection Program Toolkit pdf icon[PDF – 3818 KB]

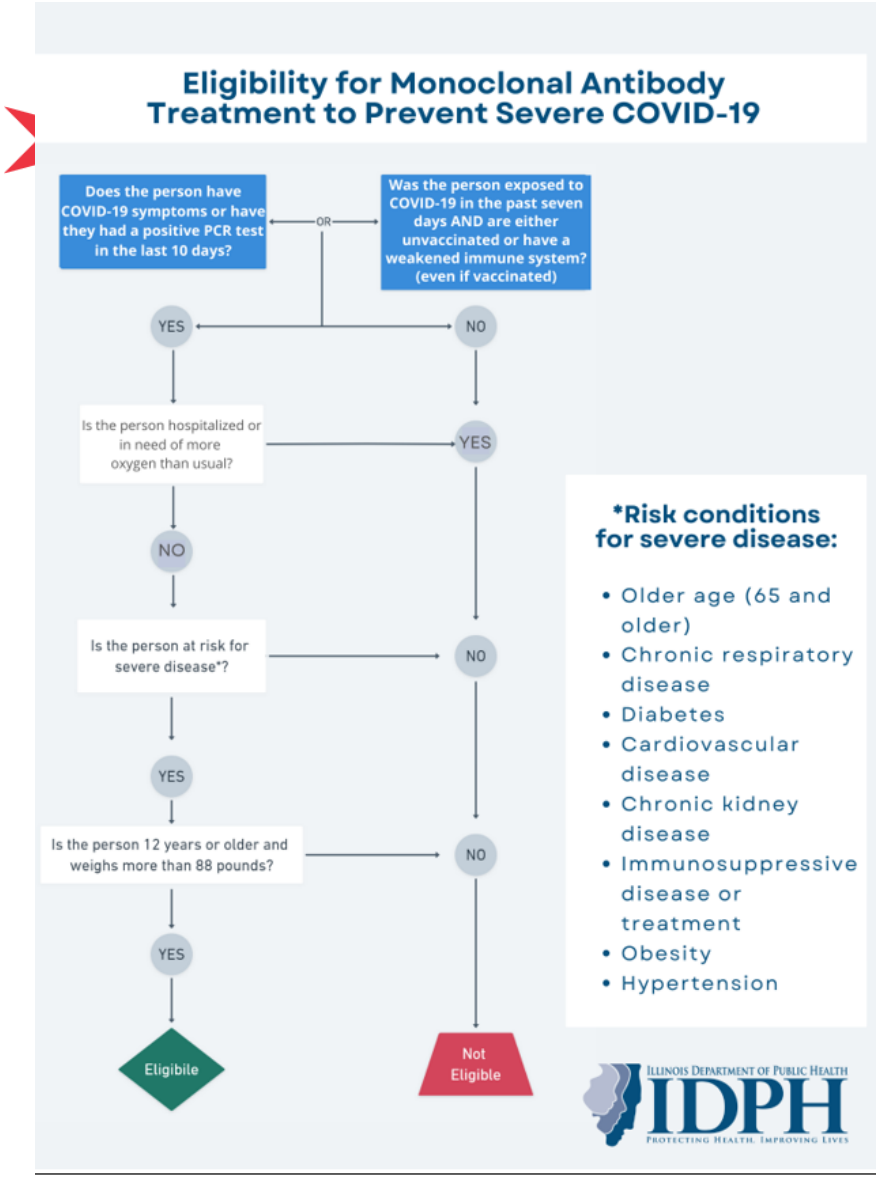
- OSHA Respiratory Protection Standard 1910. 134 Appendix A

  https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppA

- Implementing Hospital Respiratory Protection Programs: Strategies from the Field

  https://www.jointcommission.org/-/media/tjc/documents/resources/health-services-research/implementing_hospital_rpp_2-19-15pdf.pdf





Monoclonal Antibodies

- They are a type of treatment, given as a shot in the vein or under your skin, that can protect you from getting COVID-19 if you've been exposed and it can also treat COVID-19 before it becomes serious. This can save lives and stop you from needing to get admitted to the hospital.
- Adult or pediatric (>12 years of age and weighing at least 40 kg) patients at high-risk for progressing to severe disease or death are eligible for MAB.
- For treatment after a positive COVID-19 test

✓ Non-hospitalized patients

✓ Mild to moderate illness (eg, not requiring supplemental oxygen or, if on chronic supplemental oxygen, without an increased oxygen requirement)

✓ Administered as soon as possible AND within 10 days of symptom onset

https://dph.illinois.gov/covid19/community-guidance/monoclonal-antibody-treatment.html

- The optimal time for post-exposure prophylaxis has not been determined but in studies, mAb provided within 4 days of exposure (96h) has been beneficial.
- Can be given to:

✓ Close contact OR institutional setting exposure (high risk)

✓Not been fully vaccinated OR who are expected to have inadequate response to vaccination (anyone considered immunosuppressed)

Identification of patients who may need mAb Therapy in Outbreak

Once a case is reported at a facility complete initial round of outbreak testing for all potentially exposed residents and staff, ideally within 48 hours.

- ✓ALL positive residents could be offered mAb therapy within 10 days of their positive test result.
- ✓All those who test negative and are either:

  (a)unvaccinated or

  (b) have any risk factor for progression to disease could be offered mAb therapy as post-exposure prophylaxis within 7 days of the exposure.

- ✓ If exposure dynamics are unknown, mAb therapy could be offered within 7 days from the test date of the index case.

https://dph.illinois.gov/covid19/community-guidance/monoclonal-antibody-treatment.html

- ✓Residents and staff can receive mAb any time after receipt of COVID-19 vaccination.

However, if they receive mAb first, it is feasible to defer vaccination by 90 days since the risk of re-infection is low in the 90 days after COVID-19 infection or receipt of passive antibody therapy.

Per HHS, Receipt of passive antibody therapy in the past 90 days is not a contraindication to receipt of COVID-19 vaccine. COVID-19 vaccine doses received within 90 days after receipt of passive antibody therapy do not need to be repeated.

Welcome

Do you have any COVID-19 Monoclonal Antibodies (mAb) that would better serve the community if they were redistributed to nearby providers? If so, please let us know by completing the **Add mAb** form.

Before you place an order for mAb, please review this listing. You may find that the mAb you need is already available at a location near you. If so, please consider helping by retrieving this mAb. Submit a request directly to the coordinator by completing the **Request mAb** form.

You will make friends, gain respect, and have done your part to help protect publicly funded mAb from preventable waste.

- If you need to remove your listing, please request the mAb using the the Request mAb form. Enter the row ID. Then ask for zero doses. Then refresh the page. This will remove the listing while preserving the number of doses we have logged as having been requested.
- If you need to change the quantity, please remove the listing and post a new one.

If you have any questions please contact, dph.mabtherapy@illinois.gov.

COVID-19 Monoclonal Antibodies Available

Row ID	County	City	Expiration Date	Sending Facility Name	Monoclonal Antibodies	Quantity
1770	Cook	Palos Heights	01/31/22	Palos Hospital	BAM/ETE	12

Add mAb

What is your name? *

What is your email address? *

What is your phone number? *

+1 (___) ___-____

What city are you located in? *

What is the name of the facility you represent?

Request mAb

What is your name? *

What is your email address? *

What is your phone number? *

+1 (___) ___-____

What city are you located in?

What is the name of the facility you represent?

Use the following link:

https://app.smartsheet.com/b/form/8238e9e2bb744c3d97f846260c4b02c1

FAQ's

- What PPE are the visitors required to wear in outbreak? Also, if in outbreak are visitors required to wear eyewear?

- Visitors should wear source control. They can wear N95 respirators, but the facility does not have to provide them. They can bring their own if they want to use. Gowns should be offered by the facility if a person is in isolation (transmission based precautions). Eye protection can be offered as well. CDC does not require visitors to wear same PPE as staff.

FAQ's

- Immuno compromised residents who have received their 3rd dose can they receive their booster dose?
- Yes, it would be at the same interval as the recommended booster dose i.e.:

✓ 6 months later (Pfizer and Moderna)

✓ 2 months later (J & J)

LTCF Influenza Outbreak Reporting and Response

12/2/2021

Influenza Reporting Requirements in Illinois

There are four influenza conditions that are reportable in Illinois

https://dph.illinois.gov/topics-services/diseases-and-conditions/influenza.html

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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

MEMORANDUM

TO: Local Health Departments and Hospitals, Regional Offices of the Illinois Department of Public Health, Departments of Critical Care, Emergency Medicine, Family Practice, Geriatrics, Internal Medicine, Infectious Disease, Infection Control, Pediatrics, Pharmacy, Neonatal Units, Obstetrics and Gynecology, Pulmonary Medicine, and Laboratory Medicine

FROM: IDPH Communicable Disease Control Section
IDPH Division of Laboratories

DATE: October 18, 2021

RE: Illinois Department of Public Health - Influenza Testing and Reporting Guidance

Illinois Department of Public Health (IDPH) is issuing updated guidance related to submission of influenza laboratory specimens and reporting. Thorough influenza surveillance is only possible with the help of clinicians, infection control practitioners, and laboratories. Thank you for your assistance and cooperation. Please note that all specimens submitted for influenza testing will be tested utilizing an influenza/SARS-CoV-2 multiplex assay. The multiplex will allow a better understanding of which viruses are causing respiratory illnesses, as influenza and SARS-CoV-2 are expected to be cocirculating this flu season. Testing for influenza only will not able available.

The purpose of this memo is to provide updated influenza testing and reporting guidelines.

1. **Influenza Testing at IDPH Division of Laboratories:**
With the exception of laboratories enrolled as sentinel site reporters, testing performed for inpatient and outpatient clinical care, including PCR testing, should be obtained at clinical and hospital laboratories. For the 2021-2022 influenza season, only the following specimens should be sent to IDPH for influenza testing[1]:

   a. Specimens that are approved by local health departments (LHDs) on a case-by-case basis, such as for outbreak management in a congregate facility, post-mortem

a. **Suspected novel influenza** (e.g., severe respiratory illness of unknown etiology associated with recent international travel, contact with swine, or any case of human infection with an influenza A virus that is different from currently circulating human influenza H1 and H3 viruses). Suspected Novel Influenza cases are reportable immediately, within three hours. *Note: For surveillance purposes, 2009 H1N1 (A) influenza is no longer considered to be a novel influenza strain.*

b. **Pediatric influenza-associated death** is defined as death of an individual < 18 years of age resulting from a clinically compatible illness confirmed to be influenza by culture, PCR, commercial rapid influenza, or another appropriate diagnostic test. These cases are reportable as soon as possible, but within seven days.

c. **Influenza associated Intensive Care Unit (ICU) hospitalizations** are defined as individuals hospitalized in an ICU with a positive laboratory test for influenza A or B, including specimens identified as influenza A/H3N2, A/H1N1pdm09, and specimens not subtyped (e.g., influenza positive cases by PCR or any rapid test such as EIA). These cases are reportable as soon as possible, but within 24 hours.

d. **Outbreaks of influenza or influenza-like illness in a congregate setting** (e.g., correctional or long-term care facility): Additional information regarding reporting of outbreaks of influenza and influenza-like illness in congregate settings will be provided under separate cover.

Prevention & Control of Influenza Outbreaks in LTCF

IDPH guidelines for the prevention and control of influenza outbreaks in LTCFs
https://dph.illinois.gov/topics-services/diseases-and-conditions/influenza.html

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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

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

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

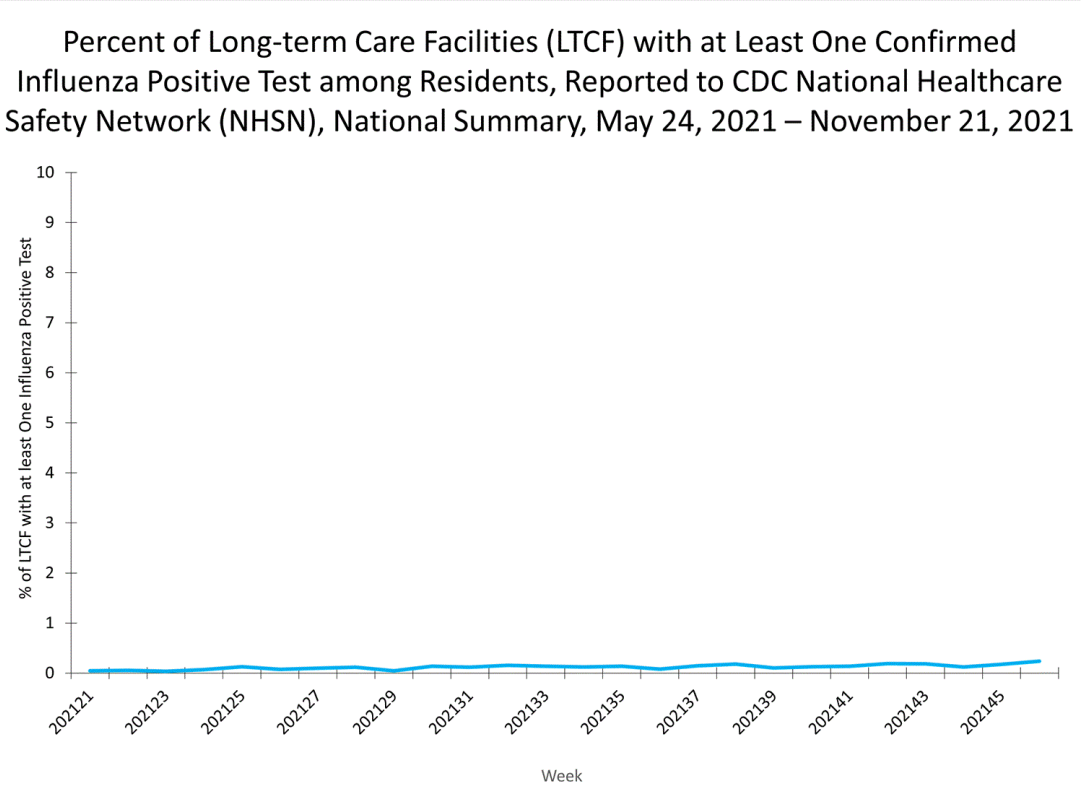
The following definitions will assist you in determining how to respond to influenza-like illness and influenza outbreaks within your facility:

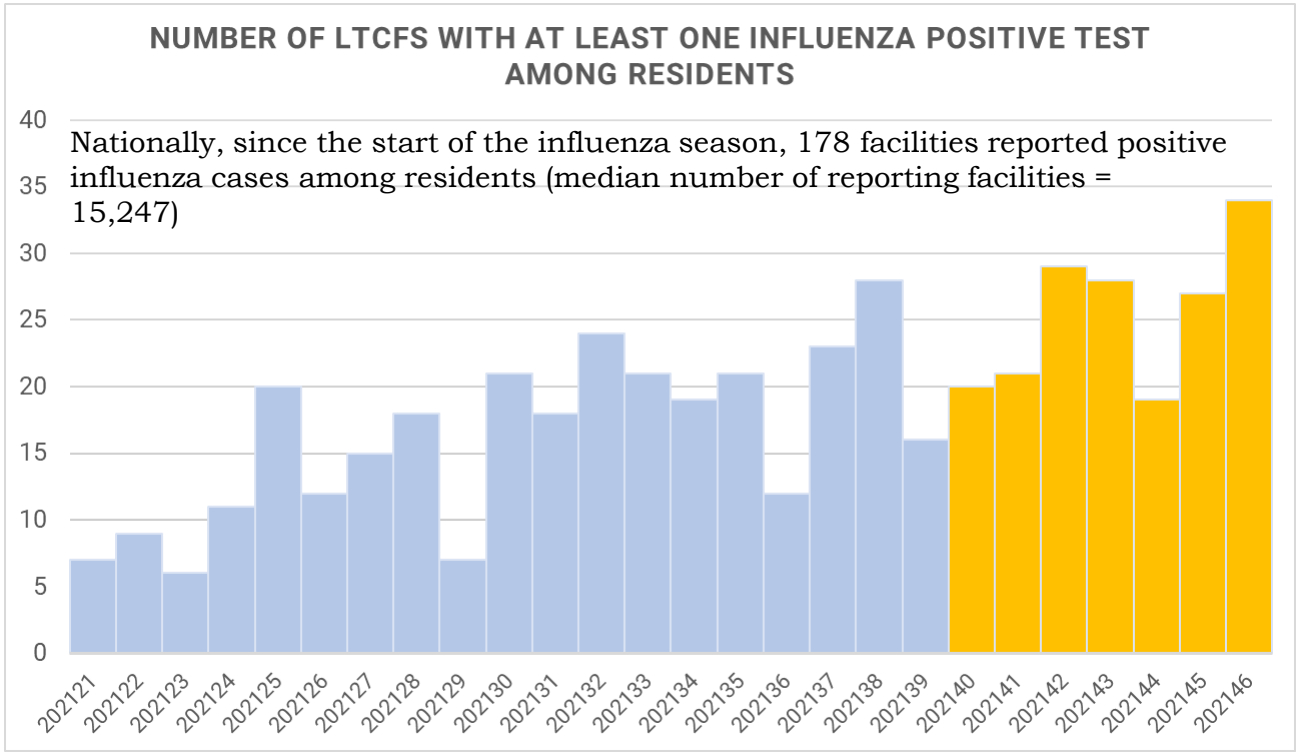
- **Influenza-like illness (ILI):** Fever (a temperature of 100º F [37.8º C] or higher orally) AND new onset of cough and/or sore throat.

- **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).

National Long-term Care Facility (LTCF) Surveillance

- LTCFs (e.g., nursing homes/skilled nursing, long-term care for the developmentally disabled, and assisted living facilities) from all 50 states and U.S. territories report data on influenza infections among residents through the National Healthcare Safety Network (NHSN) Long-term Care Facility Component.

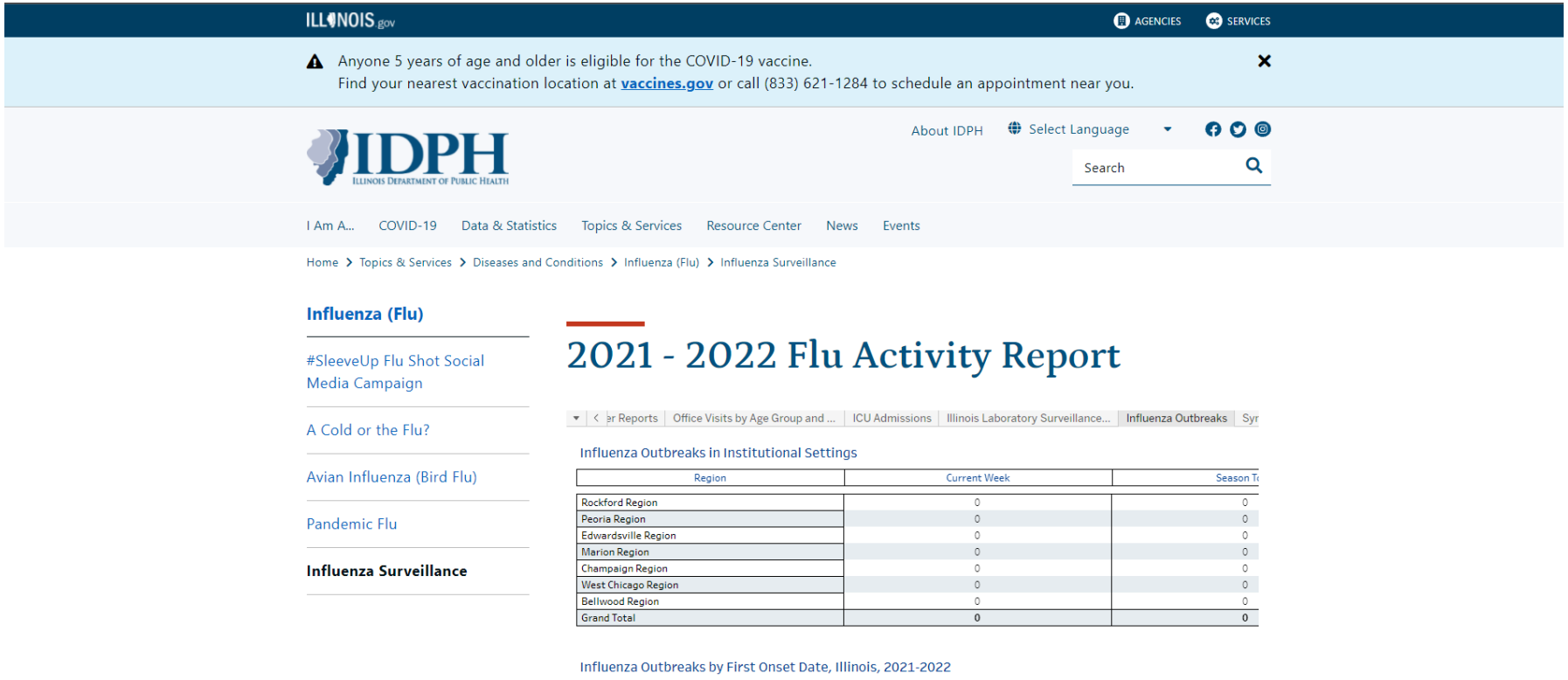




- Reporting to NHSN does **not** take the place of reporting influenza outbreaks to CDPH or your regional office

Illinois Long-term Care Facility (LTCF) Surveillance

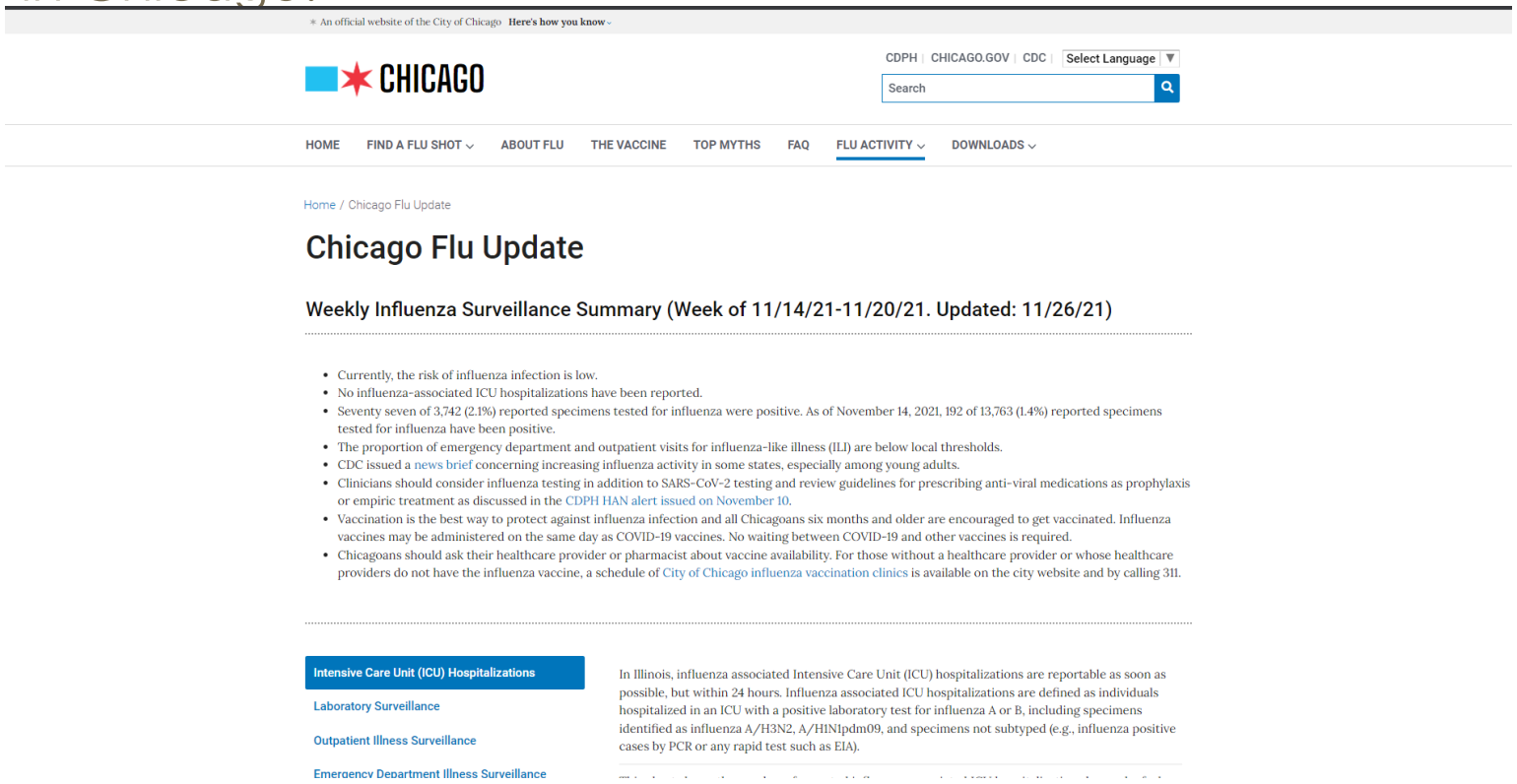
- Since the start of the season, no LTCF influenza outbreaks have been reported in Illinois.



https://dph.illinois.gov/topics-services/diseases-and-conditions/influenza/influenza-surveillance/report.html

Chicago Long-term Care Facility (LTCF) Surveillance

- Since the start of the season, no LTCF influenza outbreaks have been reported in Chicago.



https://www.chicago.gov/flu

Current process of reporting influenza outbreaks

- Paper-based reporting including line-lists, but extensive clinical information is not required

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IDPH INFLUENZA OUTBREAK REPORT FORM FOR CONGREGATE SETTINGS
(e.g. Long Term Care & Correctional Facilities)
Fax, 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 staff currently with ILI:** _____	
Number of residents in the facility currently with influenza-like illness (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: ☐ **Correctional Facility** ☐ **Long-Term Care Facility** ☐ **Group Home** ☐ **Other**_____ **If long-term care facility, please specify (check only one):** ☐ **Skilled Nursing** ☐ **Assisted Living** ☐ **Combined Care** ☐ **Other**_____		
Have specimens been sent to a laboratory for confirmation of influenza: ☐**Yes** ☐ **No** **If Yes, names of laboratories:** _____		
Influenza test results to date: **Name of test:** **Number of positive tests** ***(Include type/subtype)*****:** **Number of negative tests:**	**Infection Control Actions Planned:**	

Reviewed 08/2019

Thank you for your assistance with influenza surveillance in Illinois.
Contact your local health department, or IDPH Communicable Disease Section 217-782-2016
(After hours: 1-800-782-7860 or 1-217-782-7860) if you have questions.

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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)}

Reviewed 08/2019

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Influenza Testing among LTCF Residents

- Positive influenza test results are not reportable in Illinois
- Currently, electronic lab reporting is not an option to identify positive influenza cases among LTCF residents
- What is your facilities' current testing protocol for residents exhibiting respiratory symptoms?
- Does your facility incorporate influenza testing along with SARS-CoV-2 testing?

Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating

- https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm

- **Test any resident with symptoms of COVID-19 or influenza for both viruses**

COVID-19 LTCF Reporting and Influenza Integration

- COVID-19 cases and outbreaks are reported electronically via RedCap
- More extensive information is requested than influenza
- Possibly add influenza reporting capability to existing RedCap system?
- A simple 1-2 question option that allows facilities to report a positive influenza case/outbreak to CDPH
- This would initiate a follow-up with the facility in order to provide IDPH guidelines and reporting forms and provide outbreak assistance via existing relationships with infection preventionists
- Paper-based forms will continue to be utilized

Questions & Answers

A special thanks to:

CDPH HAI Team:

Dr. Stephanie Black
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Dan Galanto
Shane Zelencik
Christy Zelinski

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