

# COVID-19 Chicago Long Term Care Roundtable

# **\***Agenda

- Respiratory Disease Epi & Surveillance
- New IDPH Guidance & Resources
- Acute Gastroenteritis/Norovirus 101
- H5N1 Update
- Updated NHSN Requirements for LTCFs
- Questions & Answers

### **COVID-19 Variant Proportions**

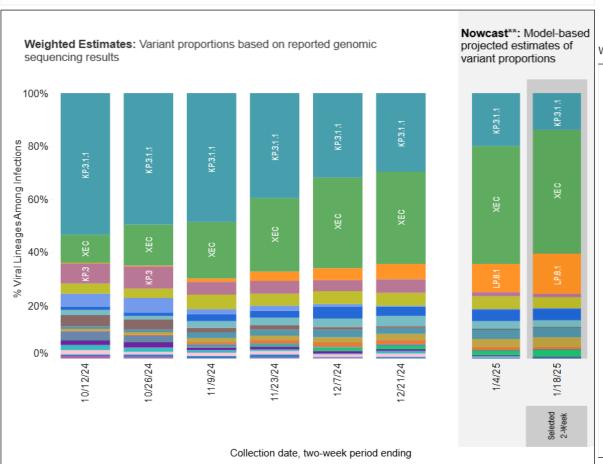


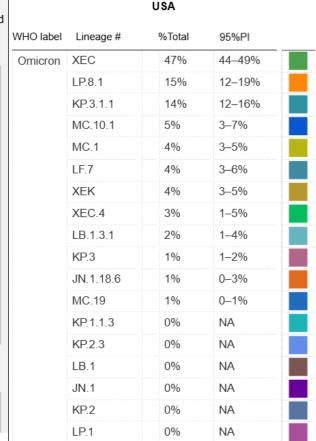
Weighted and Nowcast Estimates in United States for 2-Week Periods in 9/29/2024 – 1/18/2025

Nowcast Estimates in United States for 1/5/2025 – 1/18/2025



Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.







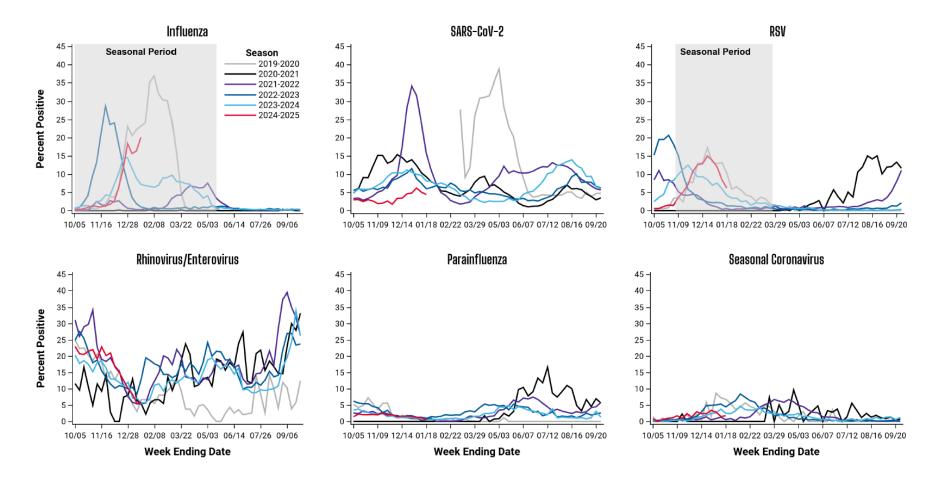
## Chicago Respiratory Virus Surveillance Report – Current Week & Cumulative

|                                     | Week I<br>January | Ending<br>18, 2024 | Since<br>September 29, 2024 |            |  |
|-------------------------------------|-------------------|--------------------|-----------------------------|------------|--|
| Respiratory Pathogen                | # Tested          | % Positive         | # Tested                    | % Positive |  |
| Influenza*                          | 4,104             | 20.2               | 56,587                      | 7.7        |  |
| RSV*                                | 3,339             | 6.2                | 45,257                      | 8.0        |  |
| SARS-CoV-2*                         | 3,343             | 4.5                | 45,920                      | 3.6        |  |
| Parainfluenza                       | 1,972             | 0.5                | 31,811                      | 1.7        |  |
| Rhinovirus/Enterovirus              | 917               | 5.9                | 17,081                      | 16.3       |  |
| Adenovirus                          | 917               | 0.9                | 17,053                      | 1.9        |  |
| Human Metapneumovirus               | 950               | 0.5                | 17,343                      | 0.5        |  |
| Seasonal Coronaviruses <sup>†</sup> | 1,967             | 1.8                | 22,211                      | 1.9        |  |

<sup>\*</sup>Represents both dualplex and multiplex PCR data. All other data represents only multiplex panels that include the specified pathogens;† Four seasonal coronavirus strains include 229E, NL63, OC43, and HKU1.



# Chicago Respiratory Virus Surveillance Report – Seasonal Trends





# New: CDPH Respiratory Illness Dashboard



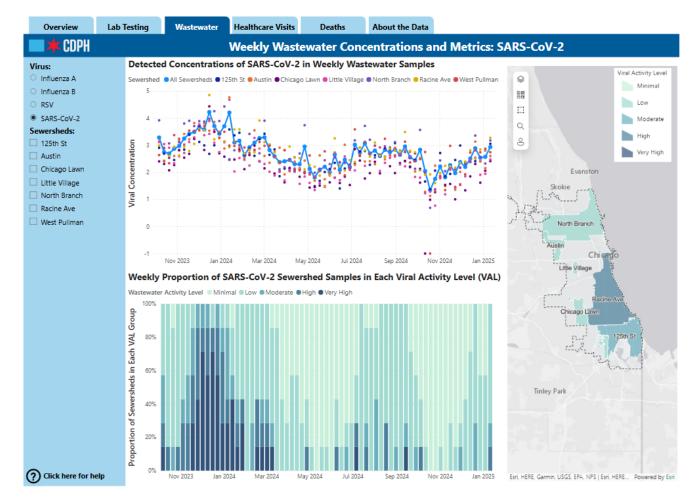


# New: CDPH Respiratory Illness Dashboard



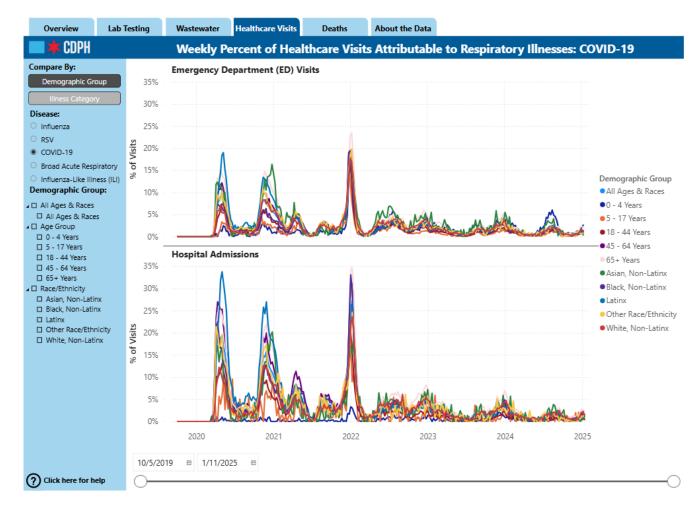


# New: CDPH Respiratory Illness Dashboard



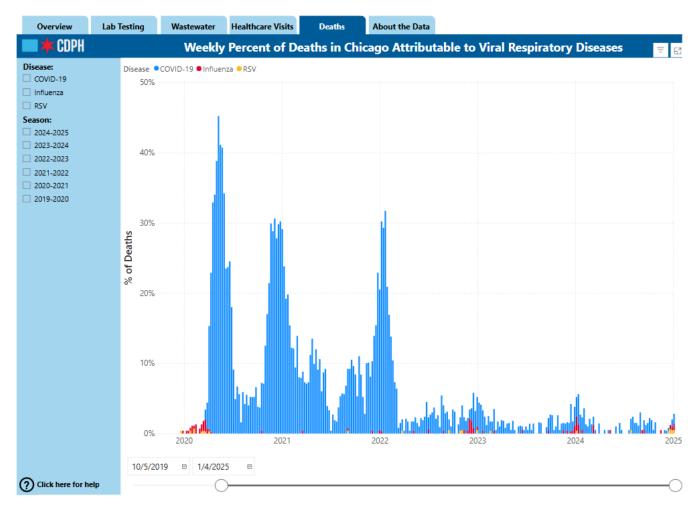


# New: CDPH Respiratory Illness Dashboard





# New: CDPH Respiratory Illness Dashboard





## **X** New IDPH Signage

- IDPH created a sign that facilities can use for respiratory infections that require full PPE (i.e., gloves, gown, eye protection, N95 respirator)
- Facilities can use this sign for residents on transmission-based precautions for COVID and for residents with respiratory symptoms of unknown etiology
- If you use this sign, ensure that you inservice your staff and that it's reflected in your policies





#### **EVERYONE MUST:**



Door to room must remain closed or authorized alternative. See nurse.



Clean their hands, including before entering and when leaving the room.



Put on a fit-tested N-95 respiratory before room entry, (visitors wear a mask). Remove after exiting the room and closing the door.



Put on gloves before room entry and discard before room exit.



Put on gown before room entry and discard before exit.



Put on eye protection before entry to the room and remove after exit.



## New IDPH Guidance for Non-Healthcare \*\* Community Congregate Settings

 "Facilities that provide a spectrum of care (e.g., skilled nursing, assisted living, and independent living) should follow the appropriate guidance for each setting; personnel who serve across settings should be held to the most conservative guidance. Health care providers should follow guidance for health care personnel across all setting types."

Preventing and Controlling Acute Respiratory Illness Outbreaks in (Non-Health Care) Community Congregate Settings

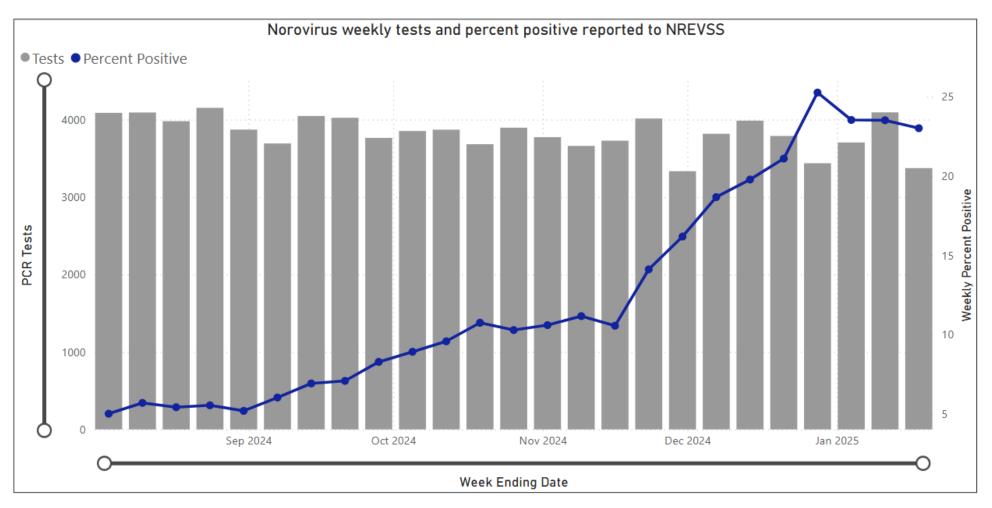
#### Who does this apply to?

This guidance is intended for community congregate settings. Community congregate settings are non-health care settings and include long-term care facilities (excluding nursing homes) whose staff provide non-skilled personal care\* similar to that provided by family members in the home (e.g., many assisted living, and group homes) and shelters. This includes, but is not limited to, facilities that are licensed under the following Illinois administrative codes:

- PART 295 ASSISTED LIVING AND SHARED HOUSING ESTABLISHMENT CODE
- PART 330 SHELTERED CARE FACILITIES CODE
- PART 370 COMMUNITY LIVING FACILITIES CODE
- PART 385 SUPPORTIVE RESIDENCES LICENSING CODE

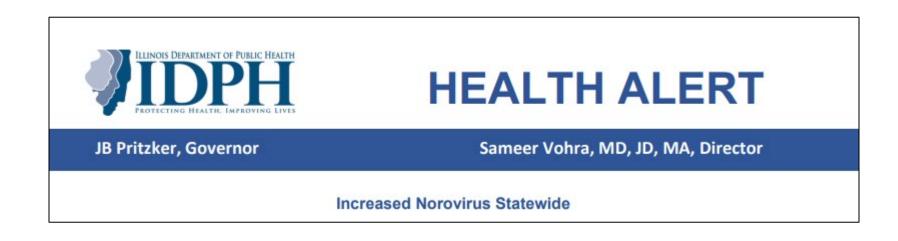


## **X** National Norovirus Situation



# **Local Situation**

- Since the beginning of December 2024, our team has responded to many norovirus/GI Illness outbreaks:
  - 10 outbreaks in SNFs 7 confirmed as norovirus
  - 4 outbreaks in Assisted Living facilities 1 confirmed as norovirus
  - Several facilities with one or two cases not meeting outbreak criteria
- On January 7<sup>th</sup>, 2025, IDPH released a Health Alert titled *Increased Norovirus* Statewide





## **X** Signs and Symptoms

#### **Most Common Symptoms**

- Diarrhea
- Vomiting
- Nausea
- Stomach Pain

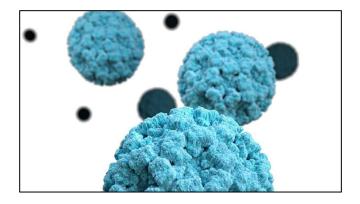
#### Other Symptoms

- Fever
- Headache
- Body aches



These symptoms can lead to dehydration, which can manifest as:

- Decreased urination
- Dry mouth and throat
- Dizziness upon standing
- Unusual sleepiness





### **X** How Norovirus Spreads

You can get norovirus by accidentally getting tiny particles of feces or vomit in your mouth from an infected individual

#### **Contaminated Surfaces**

- A person with norovirus touches surfaces with bare hands
- Food, water, or objects that are contaminated are placed on other surfaces
- Tiny drops of vomit from a person with norovirus spray in the air, landing on surfaces or entering another person's mouth

#### **Contaminated Food**

- A person with norovirus touches food with their bare hands
- Food is placed on a counter that has bodily fluids/virus particles on it
- Tiny drops of vomit spray through the air and land on food



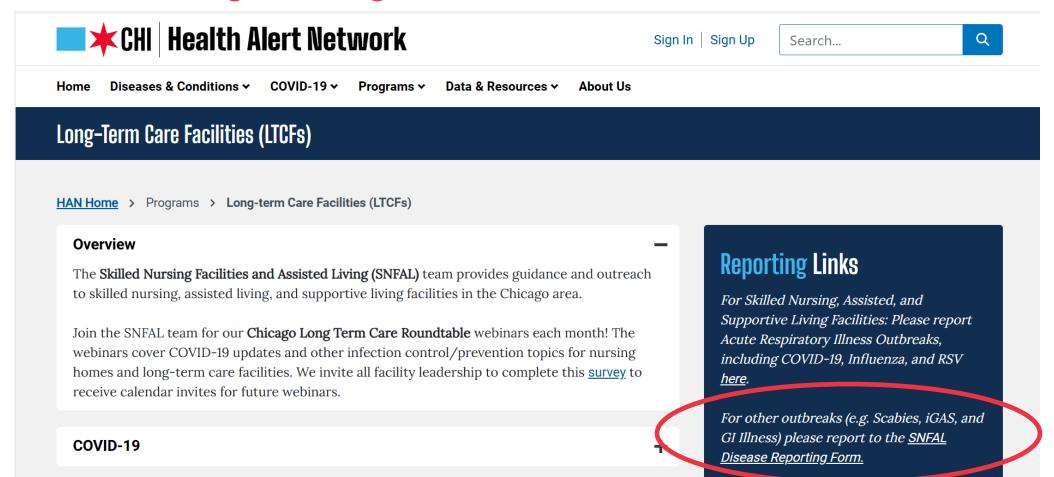
### Acute Gastroenteritis (AGE) Outbreak Definition

Two or more AGE cases occurring in a unit with onset dates within 48 hours of each other



# **\*** How to Report

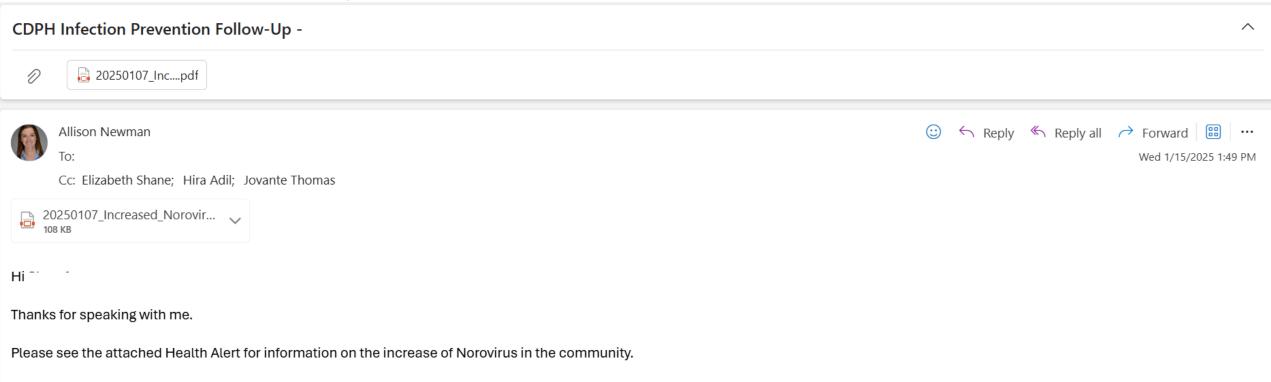
Visit: www.chicagohan.org/Itcf





definition).

How to Report
Search Email Subject: CDPH Infection Prevention Follow Up



Respiratory Disease Outbreak Reporting Link: Use the IDPH Facility Outbreak Notification Form to report outbreaks of Acute Respiratory Illness including COVID-19, RSV, or Influenza.

Non-Respiratory Disease Outbreak Reporting Link: Use the CDPH Long-Term Care Facility Outbreak Report Form to report outbreaks of non-respiratory reportable communicable diseases like GI

NEW Respiratory Illness Outbreak Guidance issued 9/20/2024: IDPH released a new guidance document on Preventing and Controlling Acute Respiratory Illness Outbreaks in Skilled Nursing Facilities. This guidance document replaces previous IDPH guidance documents on COVID-19 and influenza. Please review this document in detail as some guidance has changed (e.g., new outbreak







#### **Long-Term Care Facility Outbreak Report Form**

This form should be used by skilled nursing, assisted living, and supportive living facilities to report outbreaks of reportable communicable diseases.

| Reporter Information                     |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Reporter Name: * must provide value      |  |  |  |  |  |  |  |
| Reporter Job Title: * must provide value |  |  |  |  |  |  |  |
| Reporter Phone Number:                   |  |  |  |  |  |  |  |
| Reporter Email:                          |  |  |  |  |  |  |  |
| Facility Type:  * must provide value     | Skilled Nursing Facility (SNF)  Assisted Living or Supportive Living (AL/SL) |  |  |  |  |  |  |
|  | reset  |  |  |  |  |  |  |

#### Disease Information



What disease would you like to report?

\* must provide value

COVID-19

Invasive Group A Strep (iGAS)

Influenza

Legionella

#### Norovirus and other GI Illness

RSV

Scabies

Other/unspecified acute respiratory illness

Other

reset



If we are reporting cases of gas. centeritis/GI illness, please complete the attached line list.



Attachment: GI Outbreak Linelist.xlsx (17.4 B)

Please upload the line list for gastroenteritis/GI illness, here.

♣ Upload file

Submit

\*If you continue to have new cases after you submit your initial report, please continue to send updated line lists directly to your CDPH IP contact

# Line list for Norovirus/GI Illness

| #     | A. Case Demographics |                   |        |                      | B. Case Location                          |                                   |  | C. Signs and Symptoms (s/s) |   |                            |                                       |                      |                      |  |
|-------|----------------------|-------------------|--------|----------------------|---|-----------------------------------|--|-----------------------------|---|----------------------------|---------------------------------------|----------------------|----------------------|--|
| Case# | Name                 | DOB<br>(mm/dd/yy) | Gender | Resident<br>or Staff | Residents<br>Only<br>(Building/<br>Floor) | Residents<br>Only (Room /<br>Bed) | Staff Only<br>(Primary<br>floor<br>assignment) | Staff Only<br>(Job Title)   | Staff<br>Only<br>(Food<br>handler?<br>Yes/No) | Symptom onset date (mm/dd) | Abdominal pain or tenderness (yes/no) | Diarrhea<br>(yes/no) | Vomiting<br>(yes/no) | Other signs<br>and<br>symptoms<br>(e.g., fever,<br>blood in stool) |
| 1     |                      |                   |        |                      |   |                                   |  |                             |   |                            |                                       |                      |                      |  |
| 2     |                      |                   |        |                      |   |                                   |  |                             |   |                            |                                       |                      |                      |  |
| 3     |                      |                   |        |                      |   |                                   |  |                             |   |                            |                                       |                      |                      |  |
| 4     |                      |                   |        |                      |   |                                   |  |                             |   |                            |                                       |                      |                      |  |
| 5     |                      |                   |        |                      |   |                                   |  |                             |   |                            |                                       |                      |                      |  |

| D. Diagnostics         |                    |  |                     | E. Outcome D                        | Ouring Outbrea          | F. Notes     |          |       |
|------------------------|--------------------|--|---------------------|-------------------------------------|-------------------------|--------------|----------|-------|
|                        |                    | Type of test(s)<br>ordered (e.g.,<br>GI pathogen |                     | If positive,<br>type of<br>pathogen |                         |              |          |       |
| Specimen source (e.g., | Date of collection | panel, stool culture, norovirus                  | Test result         | detected (e.g.,                     | Symptom resolution date | Hospitalized | Died     |       |
| stool)                 | (mm/dd)            | PCR)   | (positive/negative) | Salmonella)                         | (mm/dd)                 | (yes/no)     | (yes/no) | Notes |
|                        |                    |  |                     |                                     |                         |              |          |       |
|                        |                    |  |                     |                                     |                         |              |          |       |
|                        |                    |  |                     |                                     |                         |              |          |       |



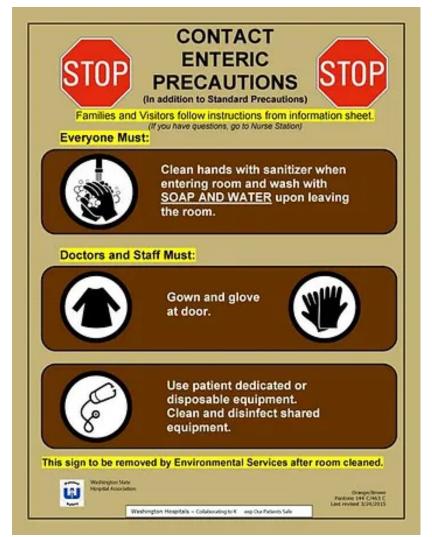
# Key IP&C Recommendations for the Control of Norovirus Outbreaks

- Place residents with norovirus on Contact Precautions for a minimum of 48 hours after the resolution of symptoms
- Suspend group activities (e.g., dining events and group therapies) for the duration of outbreak
- Minimize resident movements with the facility during norovirus outbreaks
- Use only soap and water for hand hygiene
- If etiology isn't yet known, order GI pathogen panels for all symptomatic residents
- Increase frequency of cleaning and disinfection of patient care areas using a product on <u>List G: EPA's Registered Antimicrobial Products Effective Against Norovirus</u>
- Ill staff members should stay home for a minimum of 48 hours after resolution of symptoms. Upon return, the importance of performing frequent hand hygiene should be enforced
- Conduct additional in-service trainings to ensure staff members are up to date with recommendations and precautions



### **X** Contact Precautions







# EPA's Registered Antimicrobial Products Effective Against Norovirus (feline calicivirus) [List G]

#### On this page:

- Disinfectant Products to Use Against Norovirus
- Products on EPA's Registered Antimicrobial Products Effective Against Norovirus (feline calicivirus) [List G]
- How to Use Products on this List Effectively
- How to Check if a Product is on EPA's Registered Antimicrobial Products Effective Against Norovirus (feline calicivirus) [List G]
- Additional Information

#### **Disinfectant Products to Use Against Norovirus**

EPA has reviewed required laboratory testing data demonstrating that these products kill norovirus.

# Products on EPA's Registered Antimicrobial Products Effective Against Norovirus (feline calicivirus) [List G]



| Show | 25 | ~ | entries |
|------|----|---|---------|
|------|----|---|---------|

Export to CSV

| Search: |  |
|---------|--|
|         |  |

#### EPA's Registered Antimicrobial Products Effective Against Norovirus (feline calicivirus) [List G]

| Registration Number | Active Ingredients/s | Product Name | <b>Company</b>          | Contact time in Minutes (time surface should remain wet) | Formulation  | Surface<br>Types          | Use sites<br>(Hospital,<br>Institutional,<br>Residential) |
|---------------------|----------------------|--------------|-------------------------|--|--------------|---------------------------|---|
| 100629-2            | Quaternary ammonium  | Stize RTU+   | Florida Biotech,<br>LLC | 10   | Ready-to-use | Hard<br>Nonporous<br>(HN) | Hospital;<br>Institutional                                |
| 100777-1            | Hypochlorous acid    | EWCO 200     | EWOC LLC                | 5  | Ready-to-use | Hard<br>Nonporous<br>(HN) | Hospital;<br>Institutional;<br>Residential                |
|                     |                      |              |                         |  |              | Hard                      | ^   |

<sup>\*</sup>Supplemental distributer products are not included in the lists. For example, if EPA Reg. No. 12345-12 is on the lists, you can buy EPA Reg. No. 12345-12-2567 and know you're getting an equivalent product.



Show 25 v entries

Export to PDF

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Search: 100799

#### EPA's Registered Antimicrobial Products Effective Against Norovirus (feline calicivirus) [List G]

| Registration<br>Number    | Active Ingredients/s | Product Name | Company <b>∳</b> | Contact time in Minutes (time surface should remain wet) | Formulation | Surface<br>Types | Use sites<br>(Hospital,<br>Institutional,<br>Residential) |
|---------------------------|----------------------|--------------|------------------|--|-------------|------------------|---|
| No matching records found |                      |              |                  |  |             |                  |   |

Showing 0 to 0 of 0 entries (filtered from 386 total entries)



Previous

Next



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Export to PDF

Export to CSV

Search: 100798-1

#### EPA's Registered Antimicrobial Products Effective Against Norovirus (feline calicivirus) [List G]

| Registration Number | Active Ingredients/s ⊹ | Product Name | Company <b>⇔</b> | Contact time in Minutes (time surface should remain wet) | Formulation  | Surface<br>Types          | Use sites<br>(Hospital,<br>Institutional,<br>Residential) |
|---------------------|------------------------|--------------|------------------|--|--------------|---------------------------|---|
| 100798-1            | Hypochlorous acid      | Nanocyn      | Microsafe Group  | 0.5  | Ready-to-use | Hard<br>Nonporous<br>(HN) | Hospital;<br>Institutional                                |

Showing 1 to 1 of 1 entries (filtered from 386 total entries)

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English: <u>HowToReadALabel-508c-Final-</u> 2022-08-30 (005)\_1.png (1700×2200)

Spanish: <u>How to Read a Cleaning Label</u> - Spanish

#### How to Read a Disinfectant Label

Read the entire label.

The label is the law!

Note: Below is an **example** of information that can be found on a disinfectant label

#### Active Ingredients:

What are the main disinfecting chemicals?

#### EPA Registration Number:

U.S. laws require that all disinfectants be registered with EPA.

#### Directions for Use (Instructions for Use):

Where should the disinfectant be used?

What germs does the disinfectant kill?

What types of surfaces can the disinfectant be used on?

How do I properly use the disinfectant?

#### Contact Time:

How long does the surface have to stay wet with the disinfectant to kill germs?

#### ACTIVE INGREDIENTS:

Alkyl (60% C14, 30% C16, 5% C12, 5% C18)
Dimentifyl Benzyl Ammonium Chloride 10.0%
OTHER INGREDIENTS: 90.0%
TOTAL: 100.0%

EPA REG NO. 55555-55-55555

#### CAUTION •

protection.

PRECAUTIONARY STATEMENTS:

animals. Wear gloves and eye

CAUSES MODERATE EYE

contact with foods.

15-20 minutes.

Hagardous to humans and domestic

IRRITATION, Avoid contact with eyes,

soap and water after handling. Avoid

FIRST AID: IF IN EYES: Hold eye open

and rinse slowly and gently with water

lenses, if present, after the first 5 minutes, then continue rinsing eye.

for 15-20 minutes. Remove contact

IF ON SKIN OR CLOTHING: Take off

contaminated clothing, Rinse skin

POISON CONTROL: Call a Poison

doctor for treatment advice.

Control Center (1-866-366-5048) or

STORAGE AND DISPOSAL: Store this

product in a cool, dry area away from

prevent moisture loss. Nonrefillable

container. Do not reuse or refill this

direct sunlight and heat, When not in use keep center cap of lid closed to

immediately with plenty of water for

skin or clothing. Wash thoroughly with

#### **Directions for Use**

#### INSTRUCTIONS FOR USE:

It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

#### For Disinfection of Healthcare Organisms:

 Staphylococcus aureus, Pseudomonas aeruginosa,

#### To Disinfect Hard, Nonporous Surfaces:

Pre-wash surface. Mop or wipe with disinfectant solution.

Allow solution to stay wet on surface for at least 10 minutes.

Rinse well and air dry.



#### Signal Words (Caution, Warning, Danger):

How risky is this disinfectant if it is swallowed, inhaled, or absorbed through the skin?

#### Precautionary Statements:

How do I use this disinfectant safely? Do I need PPE?

#### First Aid:

What should I do if I get the disinfectant in my eyes or mouth, on my skin, or if I breathe it in?

#### Storage & Disposal:

How should the disinfectant be stored? How should I dispose of expired disinfectant? What should I do with the container?









### **X** Questions to Consider

- Are there ill food handlers?
- Are visitors bringing in food for residents or staff to share?
- Have staff and residents shared food at an event recently?
- Are you encouraging hand hygiene with soap and water for visitors and residents?
- Are staff members encouraged to stay home when ill?
- Have staff on all shifts in all departments received training on GI outbreaks?



### What to Expect from CDPH

#### What CDPH Will Ask You For

- Regularly updated line lists of all ill staff and residents
- Food menu from the past week
- Name and EPA Numbers of your cleaning and disinfecting products

#### What CDPH Will Send to You

- Guidance email with resources. including:
  - EPA List G
  - IDPH Webingr on Norovirus
  - HAN Alert on Norovirus
  - Food Handler Employee Illness Reporting Form

Please be aware that CDPH will reach out semi-regularly until 96 hours after the last case



#### Gastroenteritis

Gastroenteritis is an inflammation of the lining of the stomach and intestines, causing an acute onset of severe vomiting and diarrhea. Infections causing gastroenteritis can be viral, bacterial, or parasitic in origin.

#### Norovirus

Norovirus is a very contagious virus that causes vomiting and diarrhea. Norovirus infections spread very rapidly. The incubation period is 12–48 hours. Healthcare facilities and other institutional settings are particularly at-risk for outbreaks because of increased person-to-person contact. Norovirus transmission occurs primarily through the fecal-oral route, either through direct person-to-person contact or indirectly via contaminated food or water. **Precautions**: Use Contact Precautions for a minimum of 48 hours after the resolution of symptoms. All staff members and others in contact with the ill resident or their environment should switch to hand hygiene with soap and water.

<u>List G: Antimicrobial Products Registered with EPA for Claims Against Norovirus</u> – List G products are registered for use against Norovirus. Find the EPA registration number on the product label. Look for "EPA Reg. No." followed by two or three sets of numbers and search the registration number exactly as it appears on the label.

#### C. difficile

<u>Clostridioides difficile</u> (*C.* difficile or *C.* diff) is a spore-forming, gram-positive anaerobic bacillus that produces two exotoxins: toxin A and toxin B. It is a common cause of antibiotic-associated diarrhea (AAD) and colitis (an inflammation of the colon). **Precautions**: Use Contact Precautions until 72 hours after diarrhea ceases. All staff members and others in contact with the ill resident or their environment should switch to hand hygiene with soap and water because alcohol-based hand rub (ABHR) is less effective against spores.

<u>List K: Antimicrobial Products Registered with EPA for Claims Against Clostridium difficile Spores</u> - List K products are registered for use against Clostridium difficile spores (C. diff). Find the EPA registration number on the product label-look for "EPA Reg. No." followed by two or three sets of numbers and search the registration number exactly as it appears on the label.

Reporting: Use the Long-Term Care Facility Outbreak Report Form to report all GI outbreaks.



#### Additional Resources:

- Guideline for the Prevention and Control of Viral Acute Gastroenteritis Outbreaks in Illinois Long-Term Care
   Facilities The guideline recommendations are applicable for the prevention and control of all types of viral acute gastroenteritis outbreaks in LTCFs, including outbreaks caused by Norovirus.
- <u>CDPH LTC Acute Gastroenteritis Surveillance Line List</u> This line list template was created to help long term care facilities detect and investigate possible outbreaks of GI illness.
- Food Handler Illness Reporting Form (<u>English</u> | <u>Spanish</u>) This document is intended to educate food
  handlers about the importance of staying home when sick and alerting the facility when they experience
  concerning GI symptoms.
- <u>IDPH Norovirus Webinar (5-19-2023)</u> While these slides are specific to norovirus, the same infection prevention and control principles are applicable to outbreaks of other gastrointestinal pathogens.
- <u>Controlling Outbreaks of Viral Gastroenteritis</u> CDPH guidance on GI outbreaks in congregate settings
  covering resident floors, hand hygiene, food preparation, facility disinfection, visitors, and laboratory
  testing.
- <u>Enteric Precautions Sign</u> This door sign is intended to remind staff and visitors to wash hands with soap and water during a GI Outbreak.



# Avian Influenza Overview

Bird flu outbreak spreads to more animals; egg prices spike

Long Island farm forced to euthanize more than 100,000 ducks after bird flu detected

No cases have been detected among workers at the farm.

By Mary Kekatos January 23, 2025, 9:18 AM











**KACK TO ALL PRESS ROOMS** 

Avian Influenza Cause of Death in Harbor Seal and Chilean Flamingo at Lincoln Park Zoo

Lincoln Park Zoo reports that testing has confirmed highly pathogenic avian influenza was the cause of death for a Chilean flamingo on January 8 and harbor seal on January 9.

#### America's first bird flu death reported in Louisiana

By Brenda Goodman, CNN

2 4 minute read · Updated 6:09 PM EST, Mon January 6, 2025



More than a dozen cats sick or dead from bird flu in raw food, FDA reports

Pet food manufacturers using uncooked cattle or poultry materials advised to consider flu in their safety plans

Bird flu virus detected in Alaskan polar bear

Download PDF Copy

### Why a teenager's bird-flu infection is ringing alarm bells for scientists

A strain of avian influenza is showing signs of adaptation to human hosts, but there is no evidence that it can transmit from person to person.

By Heidi Ledford

**EXPLAINER: GRAPHIC OF THE WEEK** 

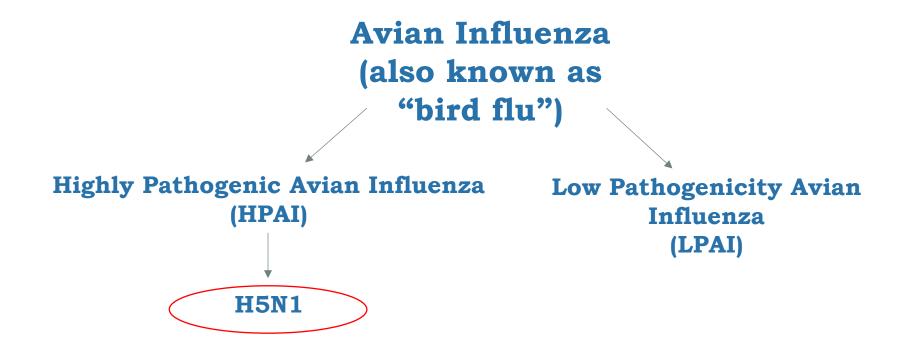
### 134M poultry and counting: Interactive charts show hardest-hit counties in bird flu crisis

Georgia, the nation's leading chicken producer, has suspended all poultry sales after detecting its first case of bird flu in a commercial flock. This development adds to the list of states impacted by the ongoing bird flu crisis, including Iowa, California and Ohio.

LOCAL NEWS

South suburban Chicago farm loses entire flock of hens due to bird flu outbreak

## **\*** Avian Influenza Overview





## **X** Avian Influenza Overview

#### **Birds Affected**

136,327,394

Highly pathogenic avian influenza (HPAI) A(H5) viruses have been detected in U.S. wild aquatic birds, commercial poultry and backyard or hobbyist flocks beginning in January 2022. These are the first detections of HPAI A(H5) viruses in the U.S. since 2016. Preliminary genetic sequencing and RT-PCR testing on some virus specimens shows these viruses are HPAI A(H5N1) viruses from clade 2.3.4.4.

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#### **Counties Affected**

606

#### Reported Outbreaks

1,420



## **Avian Influenza Overview**

- There has been <u>no</u> evidence of human-to-human transmission of H5N1
- To date, no human cases of H5N1 have been reported in Illinois
- As per CDC, the current risk to the general public is low

**67** Confirmed Total Reported Human Cases in the United States

1 Death Associated with H5N1 Bird Flu Infection in the United States

National flu surveillance (since February 25, 2024)



Targeted H5 surveillance (since March 24, 2024)



Total people monitored and total people tested will be updated weekly on Fridays. Human cases are typically updated by 5 PM EST on Mondays, Wednesdays and Fridays. CDC numbers on specimens tested for national flu surveillance is the number of seasonal flu tests conducted by public health labs. CDC numbers on H5 testing and monitoring are based on weekly state aggregate reports since 2022. CDC defers to states for updated information on people being monitored and tested. March 24, 2024, was the date of the first reported dairy cow infections in the United States. April 1, 2024, was the date of the first reported human case in the United States since the outbreaks in dairy cows began. Infected animals include poultry, dairy cows, and other birds and mammals.



# **X** H5N1 Signs and Symptoms in Humans

- Of the human cases, common symptoms include:
  - Fever
  - Cough
  - Runny nose or nasal congestion
  - Sore throat
  - Muscle or body aches
  - Headache
  - Fatigue
  - Conjunctivitis (red irritated eyes)
- Incubation period typically around 3 days (range 2-7 days)





# **X** H5N1 Risk Factors for Humans

- Direct contact with birds, livestock, or other animals with H5N1
- Preparing or consuming certain foods including raw milk or other unpasteurized dairy products from infected animals
- Direct contact with surfaces contaminated with feces from infected animals



# **X** H5N1 in Animals

- Ducks and wild birds can be infected without symptoms
- Mortality rate in infected chickens is ~90-100%, typically within 48 hours
  - Depopulation/culling of remaining chickens usually occurs when H5N1 is detected in a poultry flock
- H5N1 has also been identified in non-bird species, including polar bears, dolphins, bobcats, mountain lions, cats, seals, and squirrels
  - Often causes significant morbidity or mortality
- Can become infected through direct contact with infected animals or through contact with surfaces, food, or water contaminated with the virus





# **X** IDPH Health Alert to LTCs on H5N1

On January 15, 2025, IDPH released a Health Alert with guidance to longterm care facilities around preventing and mitigating H5N1 virus



## **HEALTH ALERT**

Health Advisory to Long-Term Care Facilities regarding Prevention and Mitigation of Novel Influenza A (H5N1) Virus, Illinois, 2025

Several counties in northern Illinois have reported die-offs of waterfowl, including ducks and geese, in the past week. In addition, some large commercial poultry flocks in central and southern Illinois have recently tested positive for the H5N1 virus and are in the process of de-population. Residents in Illinois who have been in contact with these birds without appropriate PPE (personal protective equipment) are at high risk of developing the novel influenza A virus due to H5N1. Many long-term care (LTC) facilities are located near retention ponds that attract waterfowl and other birds. For this reason and a general risk for any LTC facility to have droppings from virus-contaminated wild birds, IDPH is providing specific directions for mitigating the spread of H5N1 in LTC facilities.

#### Background

Since 2022, many different wild bird species have been reported with HPAI A(H5N1) virus infection, including terrestrial, seabird, shorebird, and migratory species. In the United States, HPAI A(H5N1) virus detections in wild birds have been reported in 50 states or territories, and outbreaks in commercial poultry or backyard bird flocks associated with high mortality have been reported in 48 states since

Although human infections with HPAI A(H5N1) virus are rare, having unprotected exposure to any infected animal or an environment in which infected birds or other infected animals are or have been present increases the risk of infection. Therefore, people with work or recreational exposures to H5N1 virus-infected animals are at increased risk of infection and should follow recommended precautions. Further background and precautions can be found here.

#### **Recommendations to Long-Term Care Facilities**

- · Educate staff to be aware of signs/symptoms. Post signage for visitors. Consider restrictions for symptomatic visitors. Wear a Mask, Respiratory Virus Poster
- Refer to the recent IDPH Health Alert for clinical guidance for residents with suspect influenza due
  - Residents suspected of acute respiratory illness (ARI) due to H5N1 influenza should be tested through the local health department. Novel influenza A is immediately reportable to the local health department.
- · Waterfowl on the property- Facilities should avoid having goose and duck poop tracking into their building, Mitigate via clean entryways, Schedule frequent daily cleanings of the entryways, inside and out. Have residents and visitors avoid walking on littered pathways out of doors.
- . Sick or deceased waterfowl on the property- Facilities that frequently have waterfowl and other birds on their property, especially those located on bodies of water, such as ponds, should:
  - Identify personnel responsible for their removal and ensure they are familiar with IDPH recommendations on removal; Safe Dead Bird Disposal (Less than 5 Birds)
  - Instruct other staff, residents, and visitors not to touch sick or dead birds on the property
- . Therapy birds in congregate settings- Care should only be performed by trained staff. Infected birds in backyard flocks, and possibly pet birds, may show one or more of the following signs:
- · Sudden death with no prior signs



# **X** H5N1 Guidance for LTC Facilities

- Facilities should:
  - Continue educating staff, residents, and visitors about flu signs & symptoms, exclude ill staff, isolate ill residents, and recommend visitors defer non-urgent visitation if symptomatic
  - Schedule frequent cleanings of entryways to limit goose and duck poop that may be tracked into the building
  - Avoid having pets that live in/on the property and therapy animals that come to the property interact with wild and/or dead birds
  - Ensure that animals that live in the facility are not fed food containing raw meat
  - Educate staff and residents not to touch dead birds
  - Identify personnel responsible for removal of dead birds/waterfowl on the property and ensure that they are familiar with IDPH recommendations on removal.
    - If you notice a large die off of birds/waterfowl on your grounds or in a place that residents/staff frequent, please alert CDPH & the Illinois Department of Natural Resources (IDNR) as soon as possible:
      - IDNR please contact Nicky Strahl (847-608-3122 or Nicky.Strahl@illinois.gov)
      - CDPH please email me (<u>Elizabeth.Shane@cityofchicago.org</u>)



## **X** Dead Bird Disposal Guidance



## How do I dispose of dead birds on my property (less than 5)

Given the concern regarding influenza in wild birds (especially waterfowl, aquatic birds, and birds of prey), the following are tips to reduce the risk of avian influenza spreading to people who may need to pick up dead birds on their property. While it is unlikely that handling dead birds would lead to human infection, it is best to be cautious. If you should develop flu-like symptoms within ten days of disposing of a group of dead birds, contact your local health department. CDC recommends specific PPE when around dead birds. In the case of not having that PPE, the following guidance can be used.

### What supplies are needed?

- Disposable waterproof gloves
- Plastic bags
- · Safety goggles (if splashing may occur during removal of the bird from the environment)
- . N95 mask (if splashing may occur during removal of the bird from the environment)
- Secure trash can

#### Instructions

- 1. Don't use bare hands to pick up a dead bird or animal.
- 2. Use disposable waterproof gloves and/or an inverted plastic bag to pick up the dead bird(s). Double the plastic bag with the bird(s) inside and dispose in the trash where it cannot be accessed by children or animals.
- Consider wearing a raincoat or disposable plastic trash bag over your clothes.
- 4. If the bird is in a wet environment or where splashing may occur during removal, safety goggles or glasses and an N95 mask (available in retail stores) can be used to protect your eyes, nose, and mouth.
- 5. After handling a bird, avoid touching your face with gloved or unwashed hands.
- 6. After the bird(s) are disposed of, take gloves off first and put into a plastic bag for disposal.
- 7. Wash hands with soap and water. If soap and water are not available, use hand sanitizer
- 8. Remove mask and goggles. It is important to NOT touch your face with contaminated hands or gloves. Remove your mask after removing gloves.
- 9. Throw away any disposable equipment after use (mask, gloves) and disinfect other equipment (like safety goggles) according to
- 10. Wash clothes in a washing machine with detergent and use the hot water cycle. Wash your hands with soap and water immediately after handling the clothes.
- 11. Disinfect your shoes using one of the following methods: Prepare a solution of 1 part bleach to 10 parts water and submerge shoes in the solution for 10 minutes. The mixed solution is good for 7 days -or- Spray your shoes with a benzalkonium chloride based commercial disinfectant (such as Lysol\* spray or similar product) and allow them to dry.
- 12. Contact your local health department for an exposure assessment and symptom monitoring.



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## How do I dispose of dead birds on my property (5 or more)

Given the concern about avian influenza in wild birds (especially waterfowl and aquatic birds and birds of prey) and the fact that more dead birds may increase the possibility that avian influenza may be the cause of the deaths, the following are tips to reduce the potential risk of avian influenza spreading to people who may need to pick up dead birds on their property during a die-off. While it is unlikely that handling dead birds would lead to human infection, it is best to be cautious. If you should develop flu-like illness within seven days of disposing of a group of dead birds, seek medical attention.

Before disposing of dead wild birds when five or more occur, contact your District Wildlife Biologist with the Illinois Department of Natural Resources at https://www.wildlifeillinois.org/sidebar/contact-an-idnr-district-wildlife-biologist/ or call the U.S. Department of Agriculture, Wildlife Services, at 1-866-487-3297 to determine if domesticated bird samples should be collected for testing.

## What supplies are needed?

- Disposable waterproof gloves
- Plastic bags
- Safety goggles
- N95 mask
- Secure trash can

### Instructions

- 1. Don't use bare hands to pick up any dead bird or animal.
- 2. Use disposable waterproof gloves and/or an inverted plastic bag to pick up the dead bird(s). Double the plastic bag with the bird(s) inside and dispose in the trash where it cannot be accessed by children or animals.
- 3. Consider wearing a raincoat or disposable plastic trash bag over your clothes.
- 4. Safety goggles and an N95 mask (available in retail stores) can be used to protect your eyes, nose, and mouth.
- 5. After handling a bird, avoid touching your face with glove or unwashed hands.
- 6. After the bird(s) are disposed of, take gloves off first and put into plastic bag for disposal.
- 7. Wash hands with soap and water. If soap and water are not available, use hand sanitizer.
- 8. Remove mask and goggles.
- Throw away any disposable equipment after use (mask, gloves) and disinfect other equipment (like safety goggles) according to manufacturer's specifications.
- 10. Wash clothes in washing machine with detergent and use the hot water cycle



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# **X** CDC Avian Influenza Webpage



## **Current Situation**

H5 bird flu is causing outbreaks in wild birds and poultry, other animals and sporadic human cases.



Signs and Symptoms

Learn about signs and symptoms of bird flu in people



## Featured



**Monitoring Current Situation** 

CDC surveillance shows no indicators of unusual flu activity in people, including H5N1 bird flu.



Highly Pathogenic Avian Influenza A(H5N1) Virus in Animals: Interim Recommendations for

Prevention, Monitoring, and **Public Health Investigations** 



Avian Influenza (Bird Flu) Resources

A collection of materials and tools to help educate and inform the public about bird flu



# **X** CDPH H5N1 Webpage

CDPH Home Program Areas V COVID-19 V Quick Links V About Us V Contact Us V News V

Home / Departments / Chicago Department of Public Health / Supporting Info / H5N1 Bird Flu

## \* H5N1 Bird Flu



## **Background**

H5 bird flu is caused by a type of influenza virus called the avian influenza A(H5) virus. This virus is widespread in wild birds and has caused outbreaks in other animals such as poultry and dairy cows.

People rarely get bird flu, but when they do, it's usually due to close contact with sick animals. The risk of H5 bird flu infection for the general public is low. People at higher risk of infection are those who work closely with animals that could be sick, such as farmworkers, backyard flock owners, and veterinarians.

At this time, there is no evidence of person-to-person transmission in the United States, but public health officials are monitoring the situation closely. General information about H5 bird flu & is available from the Centers for Disease Control and Prevention along with a summary of the current situation ♂.

| What animals have tested positive for bird flu at the zoo? | + |
|--|---|
| What is bird flu?  | + |
| What types of animals can get bird flu?                    | + |
| What are symptoms of bird flu in people?                   | + |
| What are signs of bird flu in animals?                     | + |
| How can I protect myself from becoming sick with bird flu? | + |
| How can I protect my pets from getting bird flu?           | + |
| What is public health doing to prevent bird flu in people? | + |
| What should I do if I see a sick/dying bird?               | + |
| I have bird feeders at my home. Do I need to remove them?  | + |



# FAQ: Does the seasonal flu vaccine protect against H5N1

- No, the seasonal flu vaccine does not provide protection against H5N1
- The risk of H5N1 to the general public is very low, while the risk of seasonal influenza is high
  - Please continue to encourage residents, staff, and visitors to get the seasonal flu vaccine
  - Prioritize early detection and treatment of flu
  - Follow current isolation and work exclusion guidance for residents and staff with the flu
  - Ensure exposed residents receive prophylactic antivirals when indicated
  - Reminder to report all flu outbreaks to the IDPH <u>Outbreak Reporting Form</u>



# QSO-25-11-NH: Updates to LTCF NHSN Reporting

2/3/2025

THOMAS C. ROOME MPH CIC EMT
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# **X** NHSN Reporting Requirements

- This update applies to: Skilled Nursing Facilities, Nursing Homes, Intermediate Care, and ICF/IDs. (i.e. Long-Term Care Facilities)
- Previously, Long Term Care Facilities (LTCFs) were required by CMS to report resident COVID-19 vaccination rates to the NHSN COVID-19 Module.
  - This requirement expired on December 31st, 2024.
- On 12/31/24, CMS issued QSO-25-11-NH, to replace the expired LTCF regulations for NHSN COVID-19 reporting.
- QSO-25-11-NH contains significant changes to what LTCFs need to report for viral Acute Respiratory Illness (ARIs)

# \* What are the Changes?

- LTC Facilities are now required to report the following information about COVID-19, Influenza and RSV to NHSN:
  - Resident vaccination status.
  - Confirmed resident cases.
  - And hospitalizations with confirmed cases.
- Facilities are also now required to report their current census.
- The cadence of reporting will remain unchanged.



 These regulations went into effect on January 1<sup>st</sup>, 2025.

- The LTC Module in NHSN has been updated to include these new data elements.
- Enforcement of QSO-25-22-NH will begin once CMS issues enforcement guidelines.

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



#### Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-25-11-NH

DATE: December 31, 2024

TO: State Survey Agency Directors

ROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations

Group (SOG)

SUBJECT: Long-Term Care (LTC) Facility Acute Respiratory Illness Reporting

Requirements

#### Memorandum Summary

- Acute Respiratory Illness Reporting Requirements: The LTC facility requirements for reporting COVID-19-related data expired on December 31, 2024, except for reporting COVID-19 resident and staff vaccination status. On November 1, 2024, the Centers for Medicare & Medicaid Services (CMS) released the Calendar Year 2025 Home Health Prospective Payment System Rate Update. The rule broadens the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) reporting requirements for nursing homes. Beginning on January 1, 2025, LTC facilities are required to electronically report information about COVID-19, influenza, and respiratory syncytial virus (RSV) in a standardized format and frequency specified by the Secretary.
- Survey Process and Enforcement: CMS expects LTC facilities to comply with all
  facility requirements. These requirements will be incorporated into the survey process
  once guidance to LTC facility surveyors is released.

#### Background:

CMS published an Interim Final Rule with Comment (IFC) (CMS-5531-IFC) in 2020, requiring all LTC facilities to report COVID-19 information using the Center for Disease Control (CDC) National Healthcare Safety Network (NHSN) (42 CFR § 483.80(g)). A final rule (CMS-1747-F) extended the reporting requirements until December 31, 2024.

On November 1, 2024, CMS released new acute respiratory illness reporting requirements as part of the Calendar Year 2025 Home Health Prospective Payment System Rate Update. These new requirements replace the COVID-19 reporting standards at § 483.80(g). The new data elements that LTC facilities are required to report are: facility census; resident vaccination status for COVID-19, influenza, and RSV; confirmed resident cases of COVID-19, influenza, and RSV (overall and by vaccination status); and hospitalized residents with confirmed cases of COVID-19, influenza, and RSV (overall and by vaccination status). CMS continues to believe that

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## **Questions & Answers**

For additional resources and upcoming events, please visit the CDPH LTCF HAN page at:

https://www.chicagohan.org/covid-19/LTCF