CHICAGO

COVID-19
Chicago Long Term Care Roundtable

10.31.24

Agenda

- Chlorine Meter Training
- Respiratory Disease Surveillance
- Influenza Updates
- CIMPAR Respiratory Protection Program
- Viral Respiratory Vaccines
- Updated IDPH Respiratory Guidance
- FAQs
- Questions & Answers

Chlorine Testing – MD100

Premier Colorimetric Solutions

Chlorine

What is It?

- Chlorine was first discovered in 1774, but it was not recognized as an element until 1811.
- It was first used for water disinfection in Hamburg, Germany in 1893.
- Today, chlorine is the most widely used disinfectant in the world.
- Chlorine is added to water as chlorine gas, sodium hypochlorite or calcium hypochlorite.

Chlorine

Why is it Measured?

Drinking Water and Wastewater Treatment

- Chlorine is used oxidize organic matter and to kill bacteria and other microorganisms
- Chlorine is also used to ensure there is proper residual disinfecting potential in the water as it travels from the treatment plant to homes and other locations throughout the distribution system.
- The disinfection efficiency is proportional to the contact time and concentration of the chlorine

Chlorine

How is it Measured?

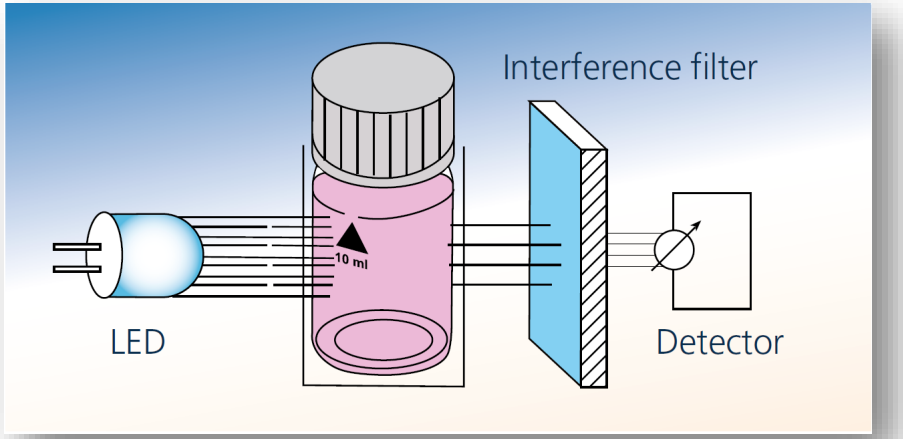
Method	Analysis Range (mg/L)	DL* (mg/L)	Estimated Precision (% RSD†)	Application	Skill Level‡
DPD Colorimetric	0-5	0.005	1-2%	Free and Total	1
ULR-DPD Colorimetric	0-0.500	0.002	5-6%	Total	2
DPD Titration					2
Iodometric					2
Amperometric Titr					
Forward					3
Back					3
FACTS					1
Electrode					2

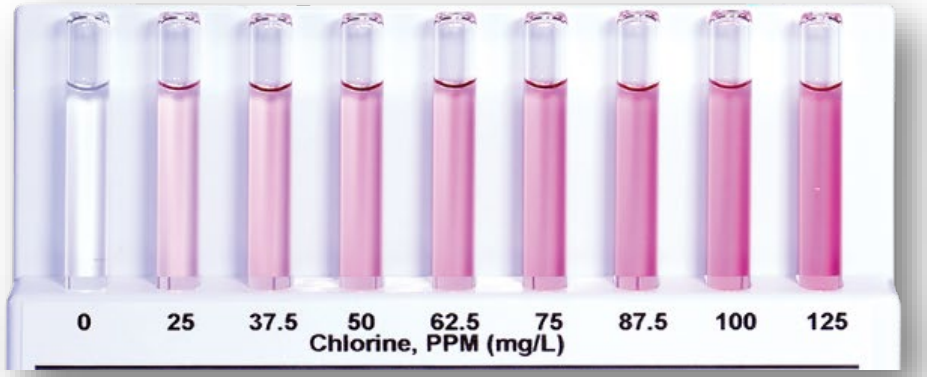
* Minimum or Estima
† % Relative Standar
‡ 1 = minimal trainin
NR = not reported

Illinois Pollution Control Board
Section 604.725 Residual Chlorine

a) A minimum free chlorine residual of 0.5 mg/L or a minimum combined chlorine residual of 1.0 mg/L must be maintained in all active parts of the distribution system at all times.
b) b) Community water supplies must monitor chlorine residual to determine the amount and type of residuals existing at different points in the distribution system.

Colorimetry





Closer Look

Setting up your Colorimeter

Setting date and time (24-hour-format)

Retrieve menu (see "Retrieve menu")

2x press = arrow symbols on Time & Date

confirm

Increase value

Decrease value

Confirm the respective setting

"IS SET" appears on the display after the final confirmation.

The instrument returns to the measurement mode.

Countdown / reaction period

For methods with a reaction time, a countdown function can be switched on during the test for some methods.

press and hold

press

release

Countdown/reaction time runs, measurement takes place automatically after the time runs out.

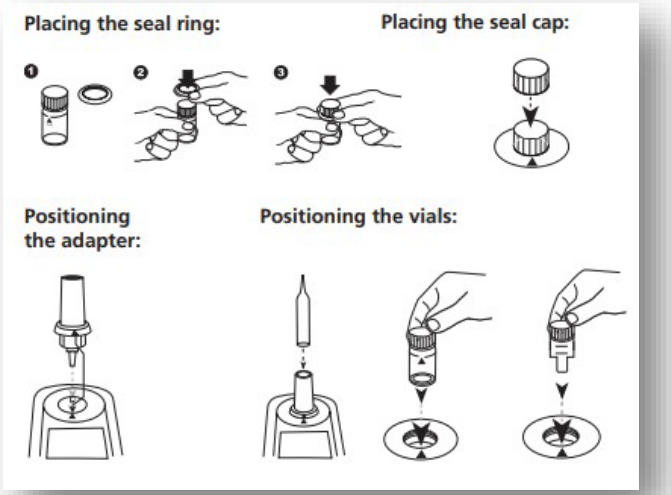
Interrupt countdown/reaction time

Attention:
Non-compliance with reaction periods leads to incorrect test results.

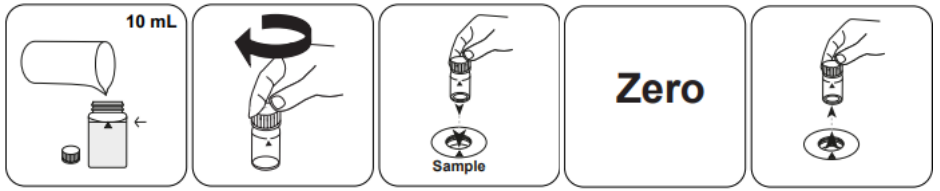
*** Required for compliance monitoring Total & Combined CL

Closer Look

Taking your samples

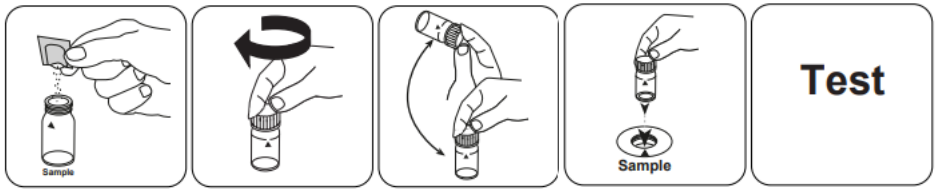


Zero your sample



Fill 24 mm vial with **10 mL sample**. | Close vial(s). | Place **sample vial** in the sample chamber. Pay attention to the positioning. | Press the **ZERO** button. | Remove the vial from the sample chamber.

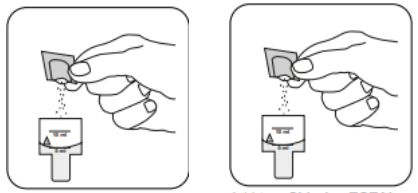
Free Chlorine (0.02 – 2 mg/L)



Add **Chlorine FREE-DPD/ F10 powder pack**. | Close vial(s). | Invert several times to mix the contents (20 sec.). | Place **sample vial** in the sample chamber. Pay attention to the positioning. | Press the **TEST** (XD: **START**)button.

The result in mg/L free chlorine appears on the display.

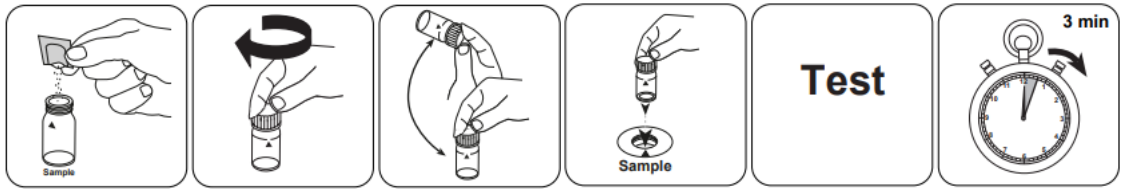
HR Chlorine (0.1 – 8 mg/L)



Add **two Chlorine FREE-DPD / F10 powder packs** . | Add **two Chlorine TOTAL-DPD / F10 powder packs** .

2 Powder Pillows per sample
5 mL Sample Vial

Total Chlorine (0.02 – 2 mg/L)



Add **Chlorine TOTAL-DPD/ F10 powder pack**. | Close vial(s). | Invert several times to mix the contents (20 sec.). | Place **sample vial** in the sample chamber. Pay attention to the positioning. | Press the **TEST** (XD: **START**)button. | Wait for **3 minute(s) reaction time**.

Once the reaction period is finished, the measurement takes place automatically.

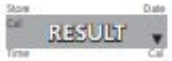
The result in mg/L total Chlorine appears on the display.

Closer Look

Annual Calibration

Factory calibration reset

Resetting the user calibration to the original factory calibration will reset all methods and ranges.



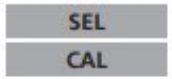
A user calibrated method is indicated by an arrow while the test result is displayed.

In order to reset the device to the factory calibration, proceed as follows:

press and **and hold both**

press briefly, release

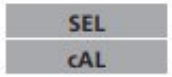
release approx. 1 second.



The following messages will appear in turn on the display:

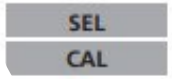
Factory calibration

oder:



User calibration

Calibration is reset to the factory setting by pressing the [MODE] key.



The following messages will appear in turn on the display:

Switch the unit off.

Any Questions?

941.756.6410
sales@lovibond.us

Thanks for Your Time!

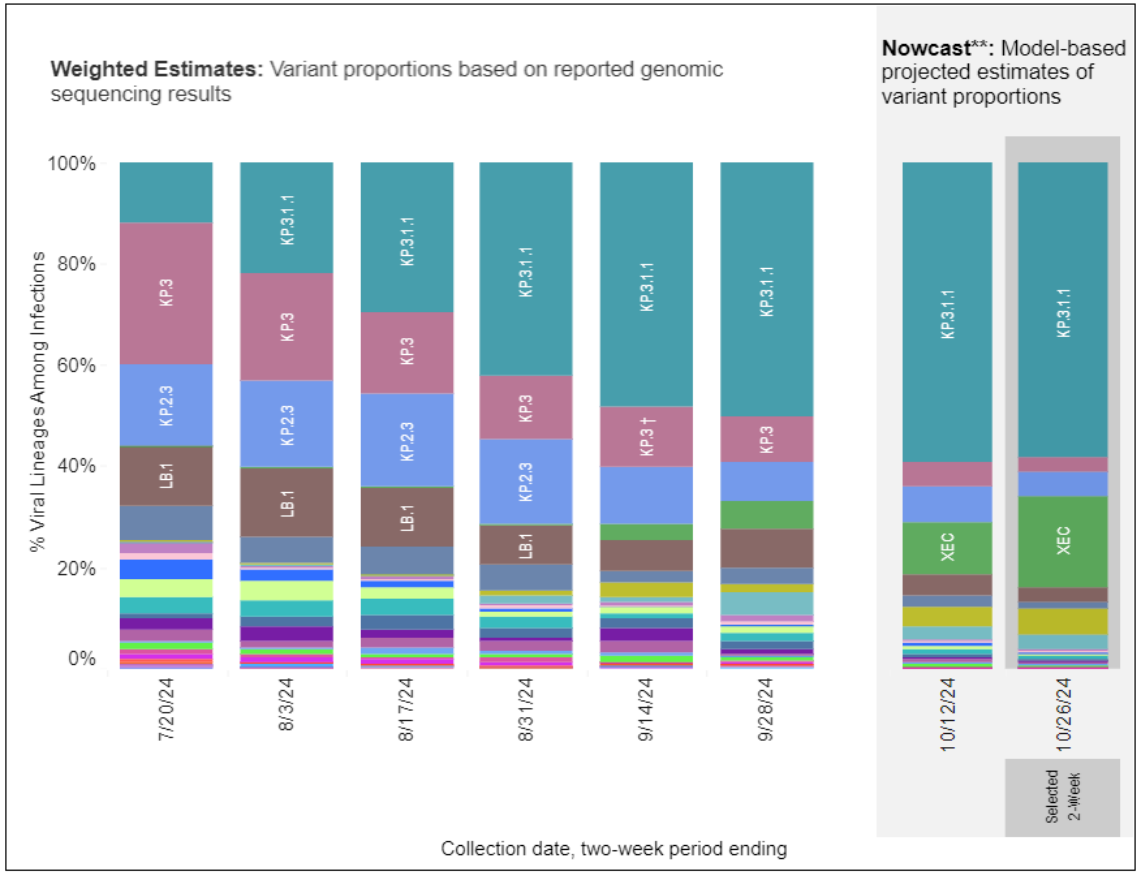
You can also call or email us any questions:

941.756.6410 / sales@lovibond.us

COVID-19 Variant Proportions

Weighted Estimates in HHS Region 5 for 2-Week Periods in 7/7/2024 – 10/26/2024

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



Nowcast Estimates in HHS Region 5 for 10/13/2024 – 10/26/2024

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

WHO label	Lineage #	%Total	95%PI
Omicron	KP.3.1.1	58%	52–64%
	XEC	18%	12–25%
	MC.1	5%	2–12%
	KP.2.3	5%	3–7%
	KP.3	3%	2–4%
	LB.1.3.1	3%	0–12%
	LB.1	3%	2–4%
	KP.2	2%	1–2%
	KP.1.1.3	1%	1–1%
	LP.1	0%	0–1%
	JN.1.18	0%	0–1%
	KP.2.15	0%	0–1%
	KP.1.1	0%	NA
	JN.1.16.1	0%	NA
	JN.1	0%	NA
	KS.1	0%	NA
	JN.1.11.1	0%	NA
	LF.3.1	0%	NA
	JN.1.7	0%	NA
	KP.4.1	0%	NA

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 2-week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all 2-week periods displayed. While all lineages are tracke by CDC, those named lineages not enumerated in this graphic are aggregated with their parent lineages, based on Pango lineage definitions, described in more detail here: https://web.archive.org/web/20240116214031/https://www.pango.network/the-pango-nomenclature-system/statement-of-nomenclature-rules.

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

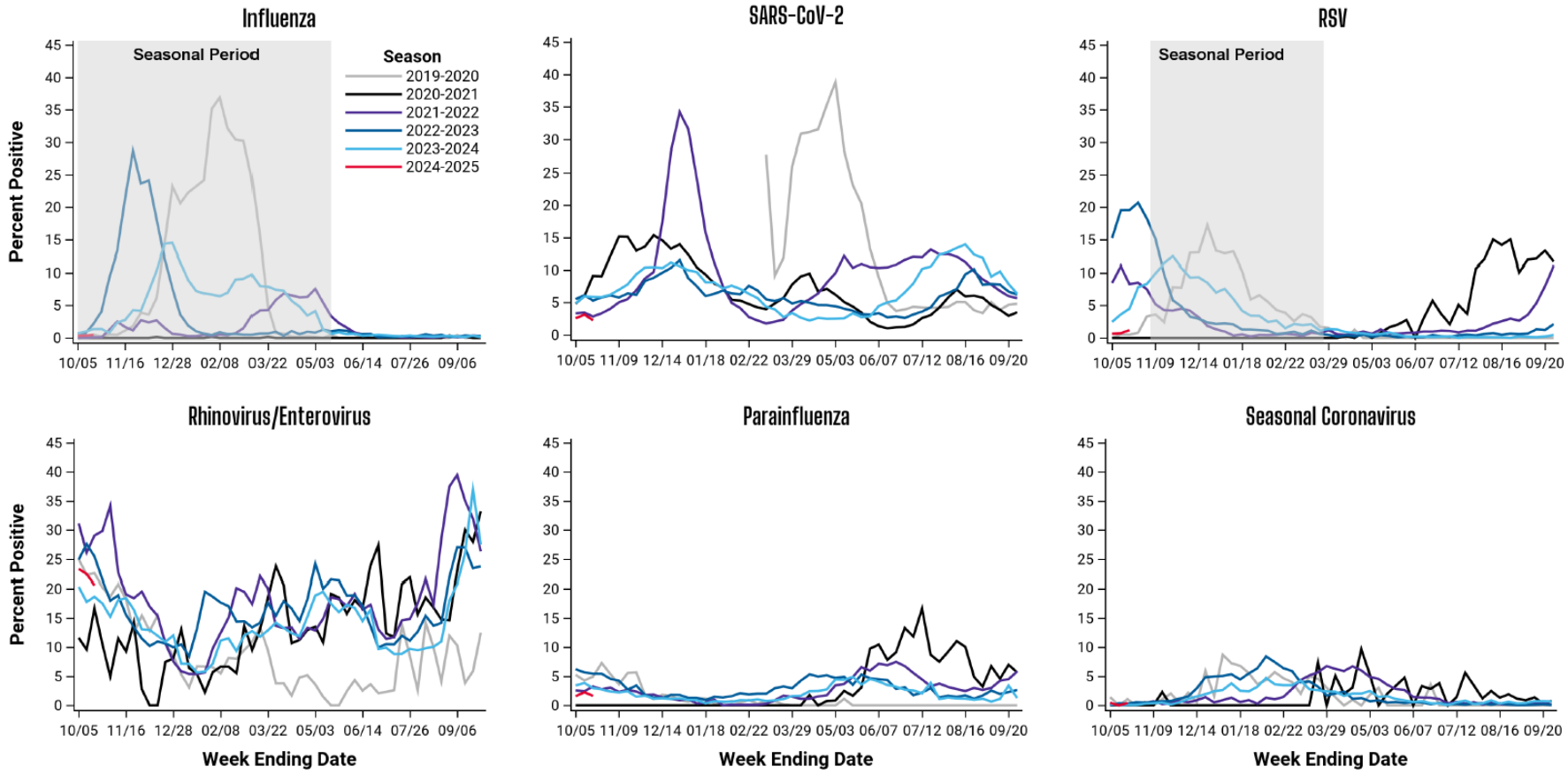
Chicago Respiratory Virus Surveillance Report – Current Week & Cumulative

	Week Ending October 19, 2024		Since September 29, 2024	
Respiratory Pathogen	# Tested	% Positive	# Tested	% Positive
Influenza*	2,317	0.5	7,079	0.4
RSV*	1,401	1.2	4,853	0.8
SARS-CoV-2*	1,519	2.3	5,278	2.7
Parainfluenza	1,450	1.7	4,839	1.8
Rhinovirus/Enterovirus	640	20.6	2,317	22.3
Adenovirus	640	1.3	2,317	1.3
Human Metapneumovirus	646	0.3	2,331	0.1
Seasonal Coronaviruses†	1,444	0.4	4,825	0.3

*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.

Source: Chicago Respiratory Virus Weekly Surveillance Report

Chicago Respiratory Virus Surveillance Report – Seasonal Trends

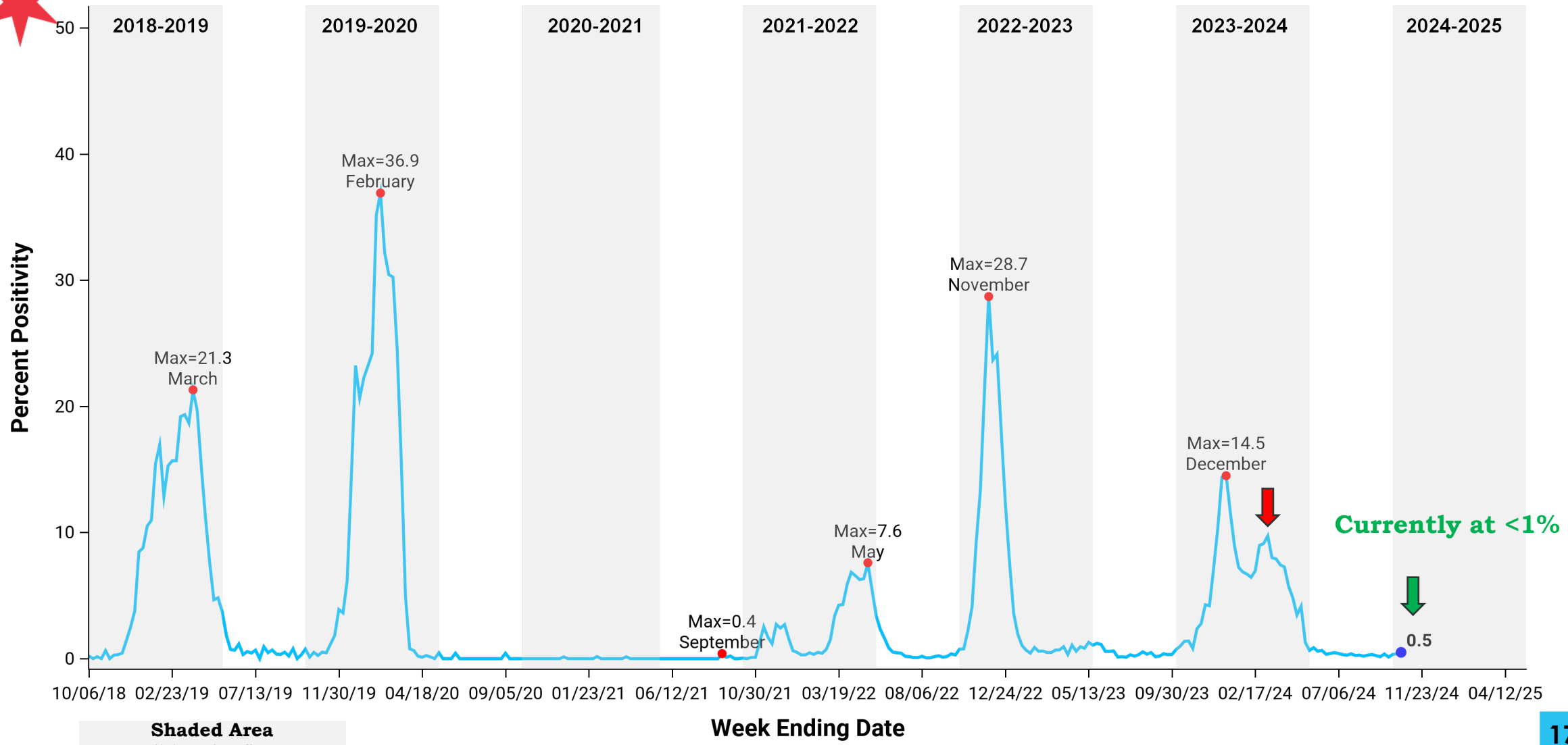


Source: Chicago Respiratory Virus Weekly Surveillance Report

2023-2024 Chicago Respiratory Virus Activity Summary

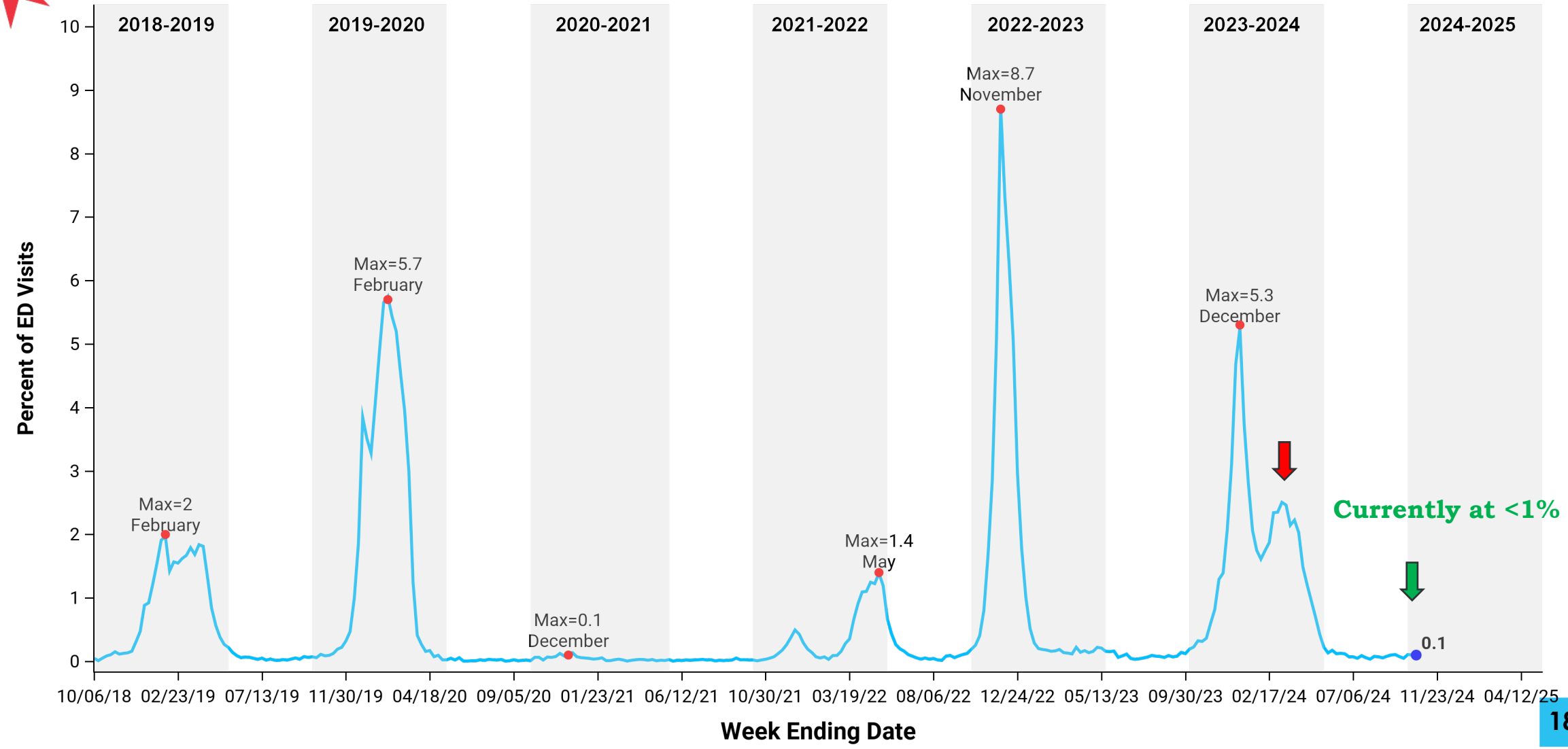
- Influenza activity in Chicago during the 2023-24 season was similar to previous non-pandemic seasons.
- Among the positive influenza A specimens that were subtyped, the majority (61%) were influenza A(H1N1)pdm09.
- Influenza lab percent positivity peaked lower (14.5%) and later (in December) than 2022-2023 season. Unlike 2022-2023, there was a second peak (9.4%) in March mainly associated with influenza B.
- Although, COVID-19 does not have an established seasonality, lab positivity has peaked during traditional influenza seasons (October-May) with smaller peaks occurring during the summer. During the 2023-2024 influenza season, lab positivity peaked in December (11.2%), similar to the previous season. However, a summer peak (14.0%) occurred in August.
- The RSV season is usually November-March. During the 2023-2024 season, lab positivity peaked later (November) and lower (12.5%) than 2022-2023 season.
- Emergency department visits due to influenza also peaked lower and later than the 2022-2023 season; COVID-19 was similar to 2022-2023 season, and ED visits for RSV in children <5 years was also similar to 2022-2023 season.
- 16 influenza outbreaks in long-term care facilities were reported, double than the previous season.
- No influenza-associated pediatric deaths were reported.

Influenza lab percent positivity peaked lower (14.5%) and later (in December) in 2034-2024 than the previous season.

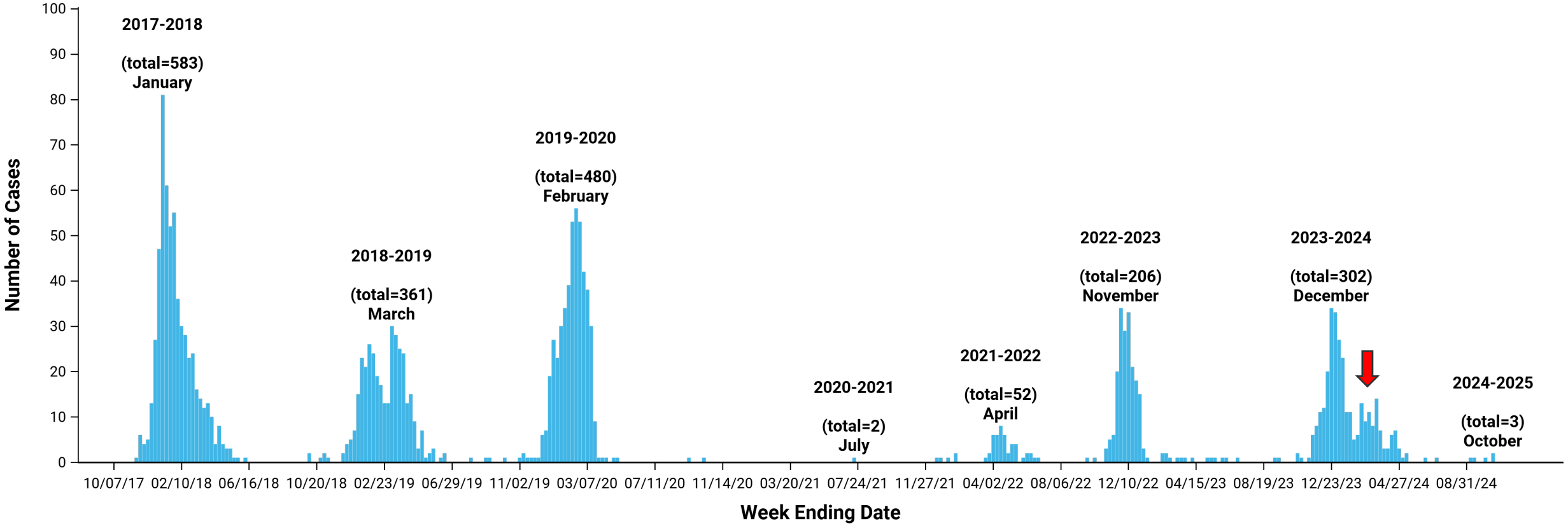


Shaded Area
Traditional Influenza Season October - May

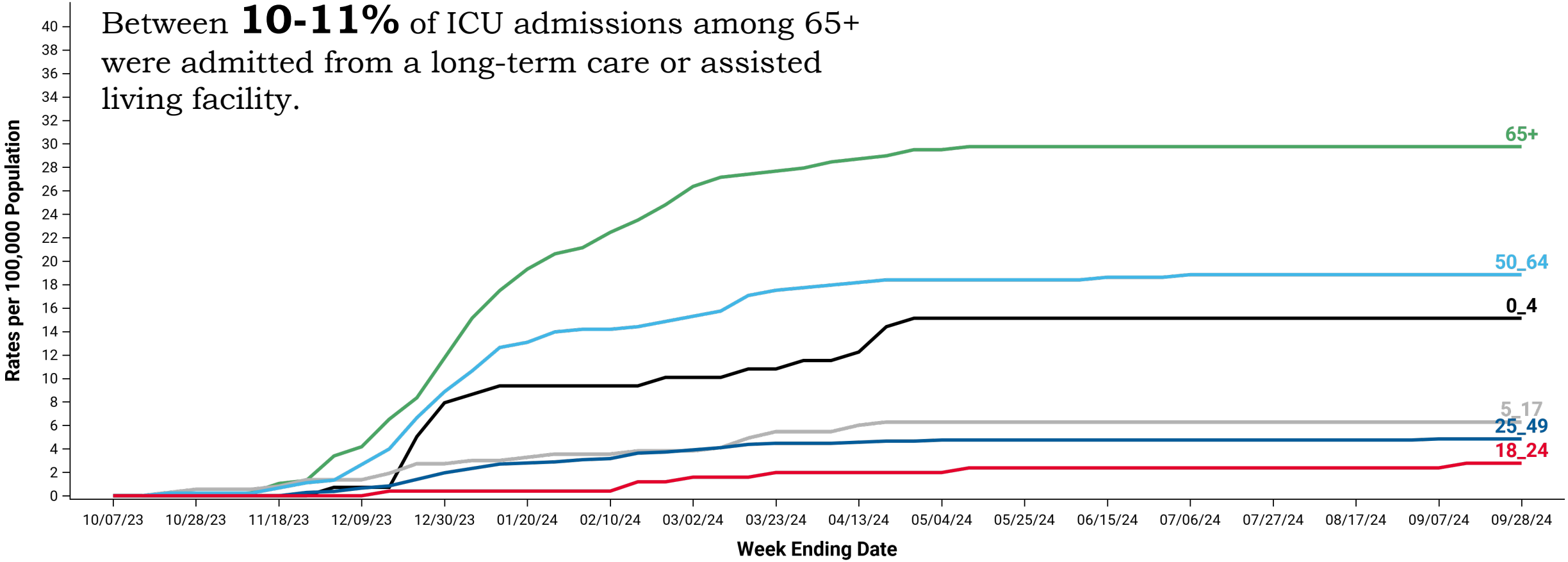
Similar trends seen among emergency department visits due to Influenza (DDx)



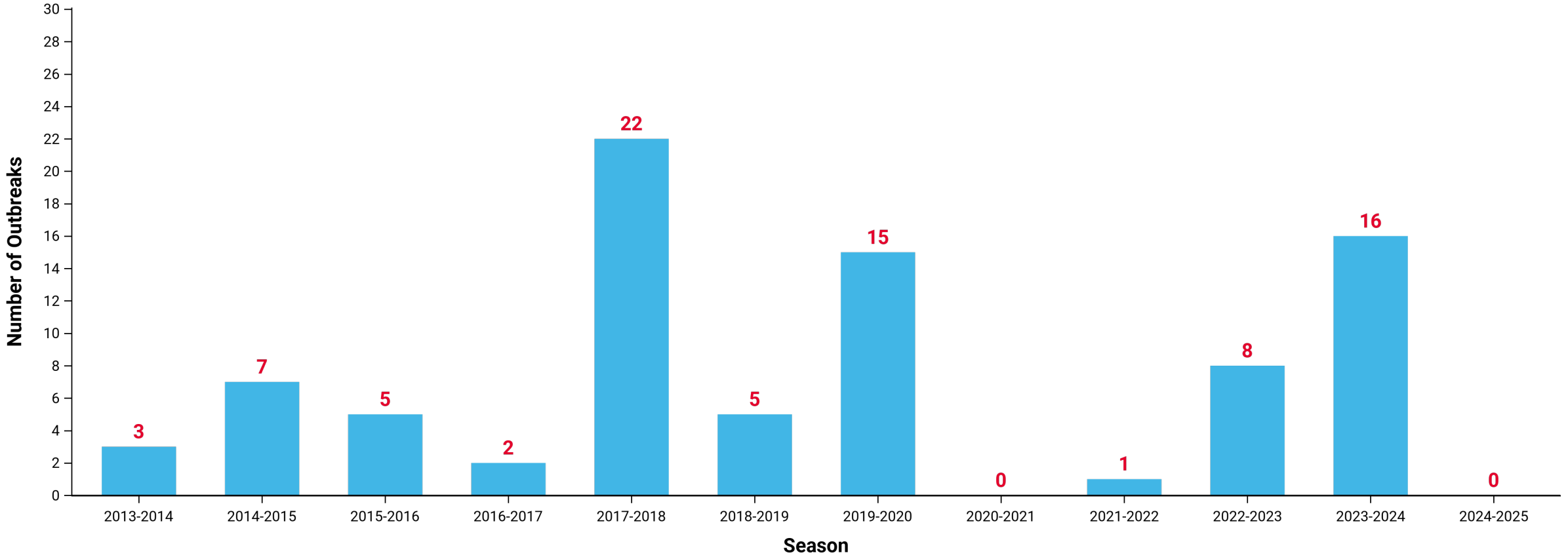
Weekly Reported Influenza-Associated ICU Hospitalizations
2017-2018 to 2024-2025



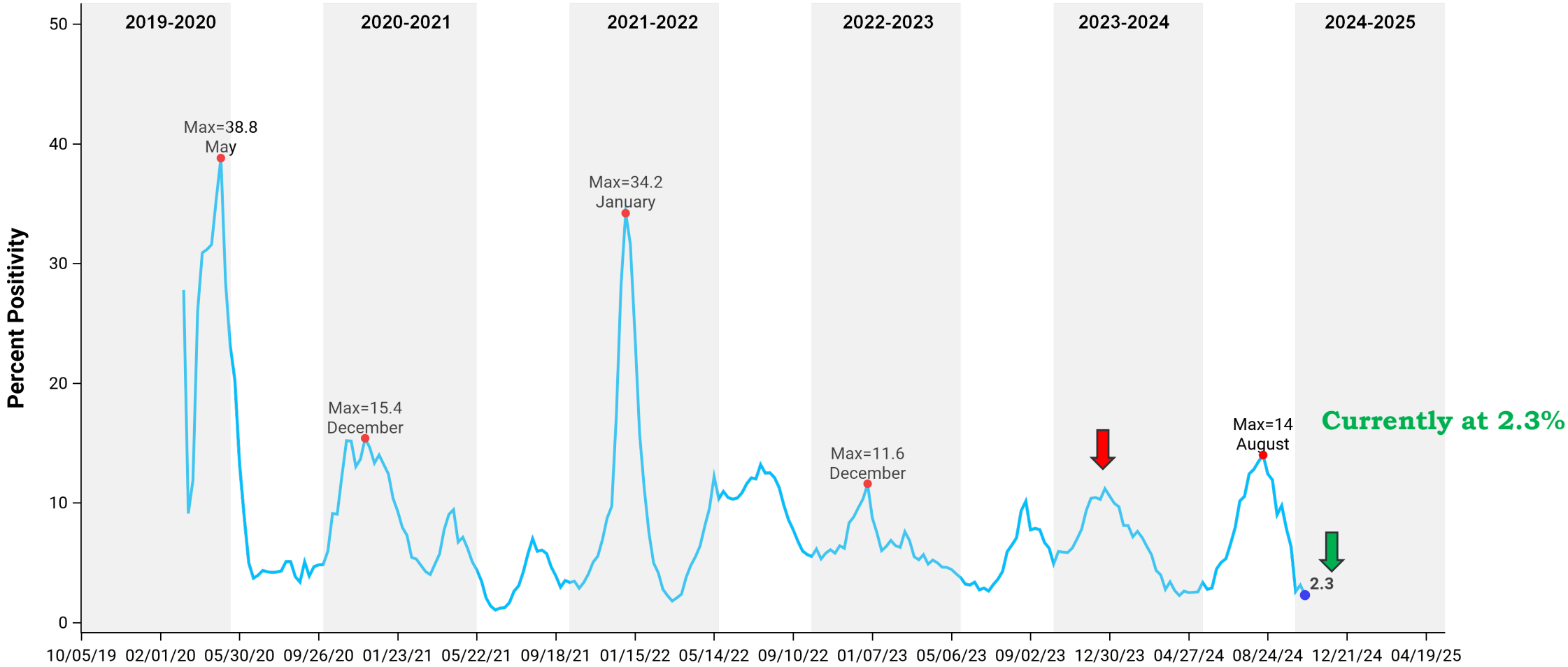
Cumulative ICU rates highest among those 65 years and older for the 2023-2024 season



16 influenza outbreaks in long-term care facilities were reported last season, double than previous season.

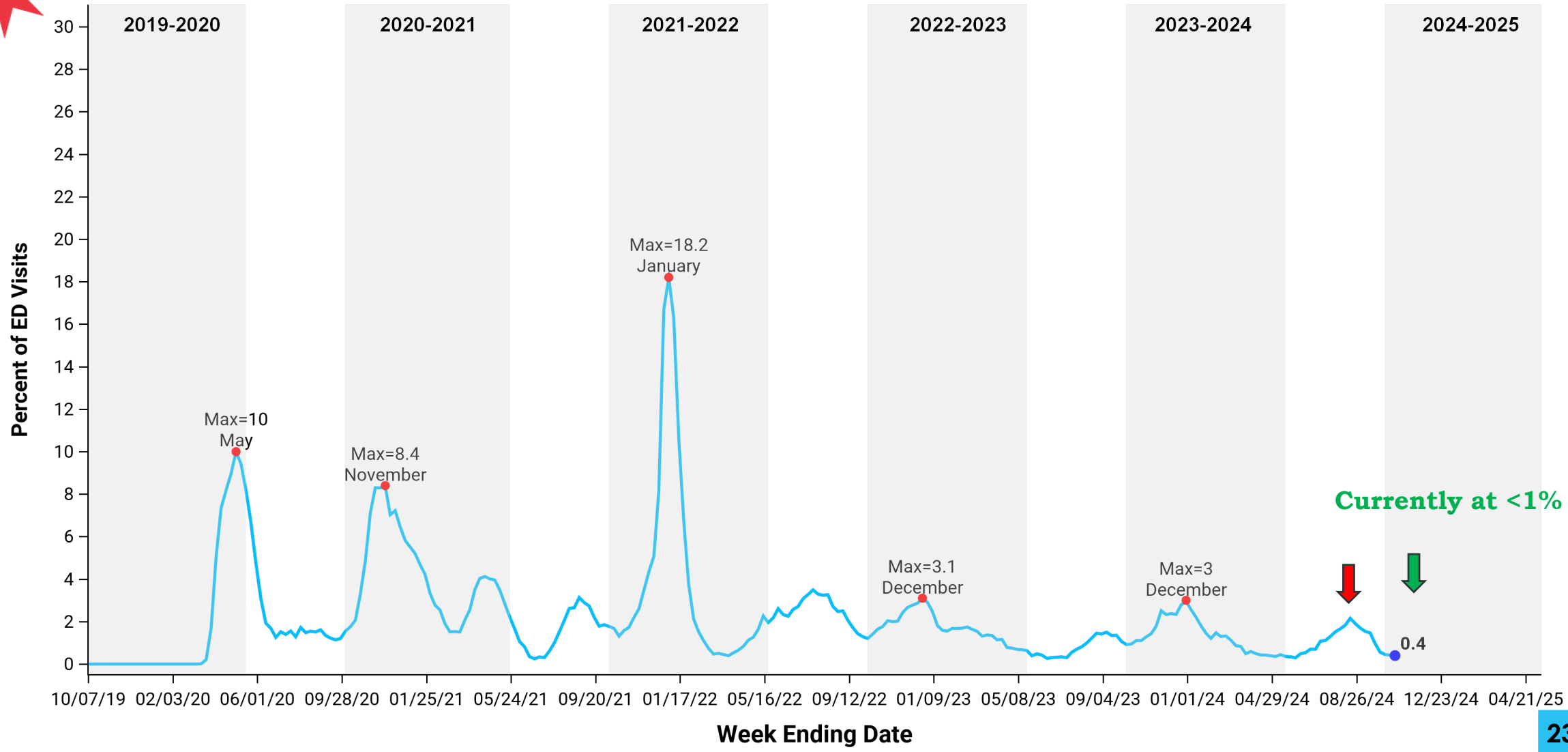


During the 2023-2024, COVID test positivity peaked in December (11.2%), similar to previous season. However, a summer peak (14.0%) occurred in August.

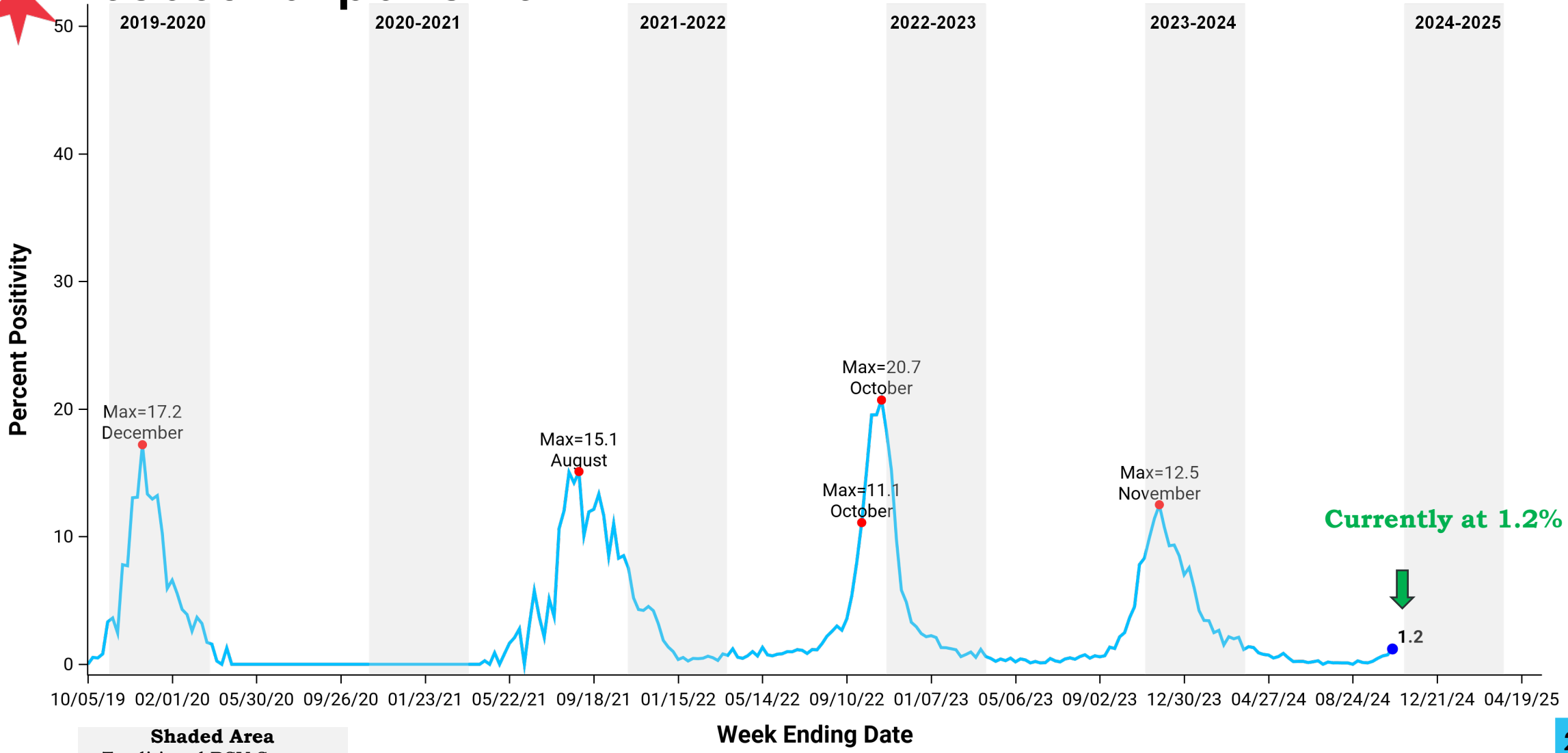


Shaded Area
Traditional Influenza Season October - May

However, ED Visits Due to COVID-19 (DDx) were higher in December than during this current summer wave

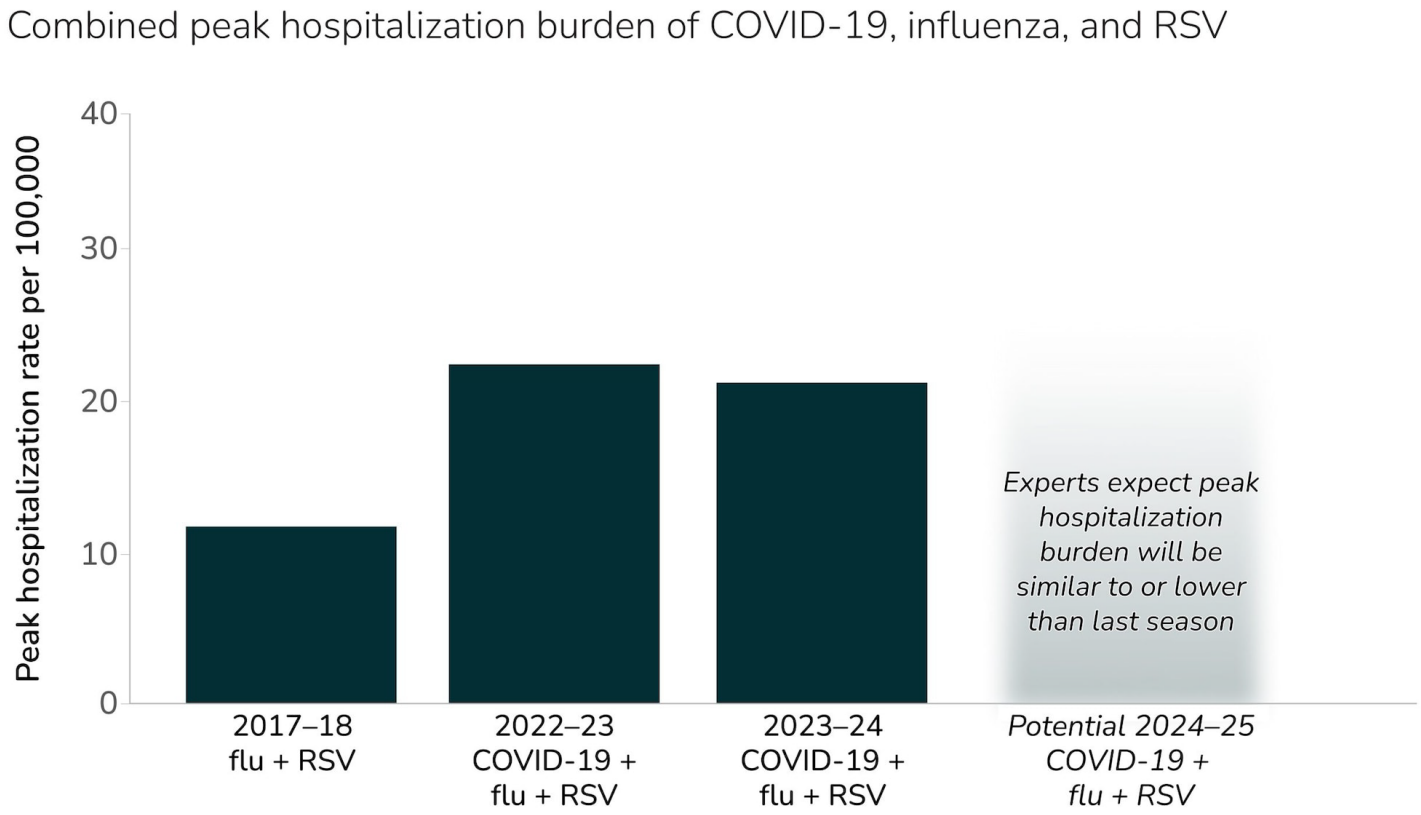


RSV seasonality was disrupted following the COVID Pandemic but has started to shift back to normal seasonal patterns



Shaded Area
Traditional RSV Season
November - March

Upcoming 2024-25 season peak hospitalization burden likely similar to or lower than last year



Could be worse if:

- New COVID variant
- Predominance of influenza subtype with more severe outcomes
- Lower vaccine uptake or effectiveness

2024-2025 Respiratory Disease Season Outlook – October Update | CFA: Qualitative Assessments | CDC

Data suggests that this flu season was similar to previous flu seasons in the Southern Hemisphere.

- **South America**:
  - Flu activity has been primarily attributed to influenza A(H3N2) viruses, though influenza A(H1N1) and B viruses have also been reported.
  - Some countries experienced very high levels of flu activity, but most reported moderate or low flu activity levels similar to levels observed in prior seasons.

- **Africa**:
  - Influenza A(H1N1) viruses have predominated in Africa, though increase in influenza B detections have also been reported.
  - So far, most African countries have remained at low and moderate levels of influenza detections during the 2024 season.

- **Australia**:
  - Influenza A(H3N2) viruses were predominant among subtyped viruses.
  - Australia's 2024 flu season had a similar start week compared to both pre-pandemic trends and the previous 2023 season.
  - Influenza detections briefly reached moderate levels but have been decreasing in recent weeks, though several jurisdictions continue to show increasing flu activity

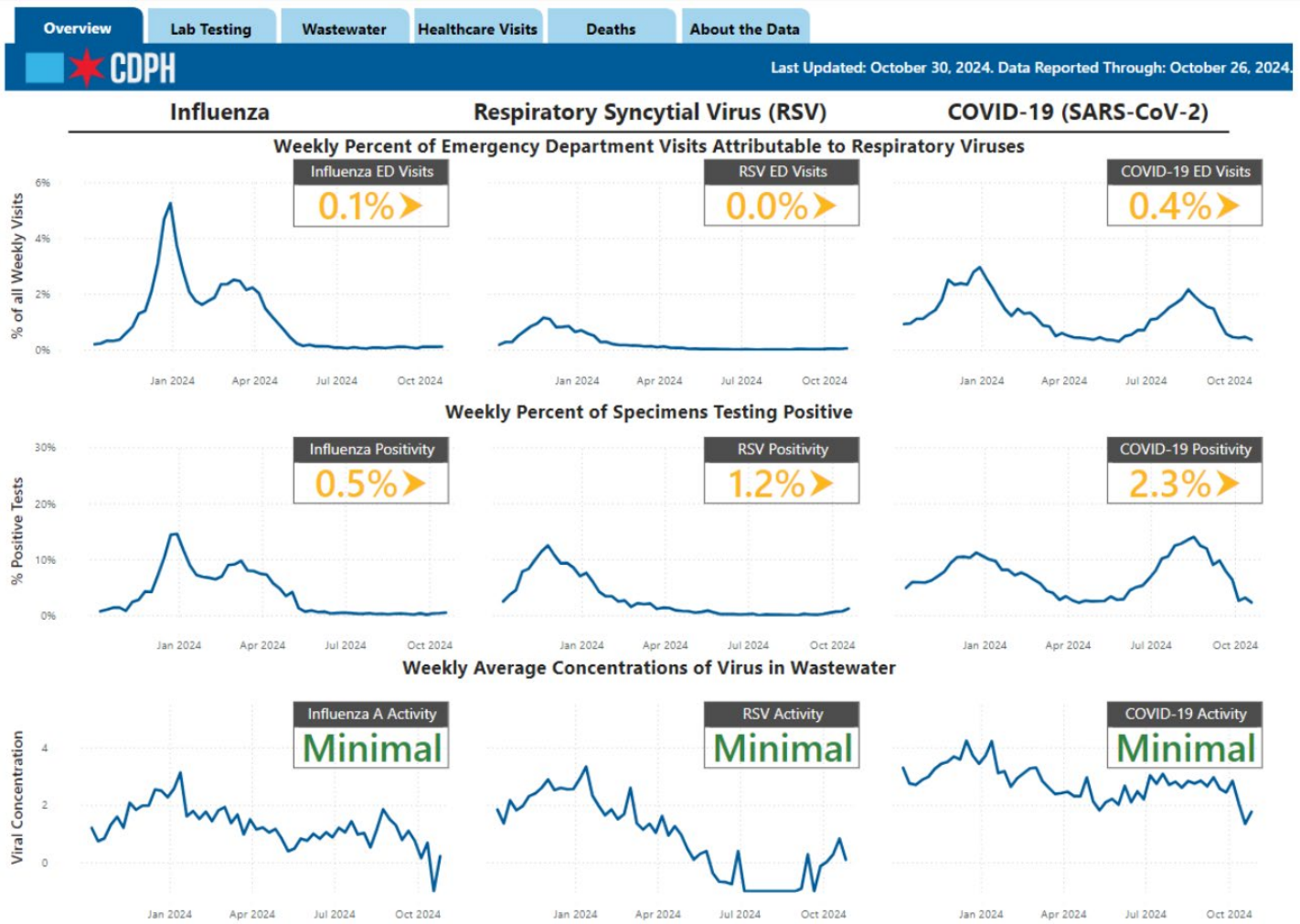
As of October 22, overall respiratory virus activity is low nationally

•**COVID-19**: COVID-19 activity is declining in most areas. COVID-19-associated ED visits and hospitalizations are decreasing overall. Laboratory percent positivity is 7.7%. As of October 22, 2024, epidemic trend estimates indicate that COVID-19 infections are growing or likely growing in 7 states, declining or likely declining in 23 states, and not changing in 18 states (**including Illinois**).

•**Influenza**: Nationally, seasonal influenza activity remains low. As of October 22, 2024, epidemic trend estimates indicate that influenza infections are growing or likely growing in 22 states **(including Illinois)**, declining or likely declining in 2 states, and not changing in 13 states.

•**RSV**: Nationally, RSV activity remains low. However, signs of increased RSV activity have been detected in the southeastern United States, including Florida, particularly in young children.

New Respiratory Virus Surveillance Dashboard Coming Soon!



RESPIRATORY PROTECTION PROGRAM (RPP)

for Post Acute and Long Term Care facilities in Central and southern Illinois

CIMPAR RPP

Introduction

OSHA standard 1910.134 covers respiratory protection and is one of the most frequently cited violations.

Whenever respirators are required, employers must implement a written, worksite-specific respiratory protection program (RPP), including medical evaluation, fit testing, training, and other elements, as specified in OSHA's Respiratory Protection standard (29 CFR 1910.134).

A RPP is a plan that specifies what steps a facility takes to protect their employees from respiratory hazards.

Regulatory Compliance:

- Ensures adherence to OSHA standards and other regulations, reducing the risk of fines

Infection Control:

- Strengthens infection control measures, especially during outbreaks (e.g., influenza, COVID-19)

Employee Confidence and Quality of Care:

- Equips staff with training and proper equipment, boosting confidence and promoting a culture of safety.

Eligibility

Eligible Facilities:

- Open to all post-acute long-term care facilities located in Central and Southern Illinois
- Northern Illinois facilities can also participate, provided they have not previously received supplies from Project Hope's Northern Illinois respiratory protection training

Cost:

- All resources and supplies provided at no cost to the facility **while supplies last**

Final Cohort:

- November 5th, 2024

RESPIRATORY PROTECTION PROGRAM (RPP)

for Post Acute and Long Term Care facilities in Central and southern Illinois

CIMPAR RPP

OSHA standard 1910.134 covers respiratory protection and is one of the most frequently cited violations. Whenever respirators are required, employers must implement a written, worksite-specific respiratory protection program (RPP), including medical evaluation, fit testing, training, and other elements, as specified in OSHA's Respiratory Protection standard (29 CFR 1910.134).

CIMPAR, a Chicago-based medical group specializing in community health, is proud to offer a free program to help protect employees, ensure compliance, and promote a safer workplace through support in developing a comprehensive **Respiratory Protection Program.**

All facilities in Central and Southern Illinois are eligible to join this program. Cohorts begin May 2024, and continue accepting participants until until November 2024.

Each cohort will attend 5 virtual webinars, complete a self paced fit-test module, and participate in an in-person survey of their facility to help improve their employees and residents resident's air quality.

This program will provide:

- CEUs for RNs and administrators who complete the course and course evaluation
- Supplies for your facility at at no cost
- Fit-test medical evaluations for all staff members at no cost
- Multiple HEPA air purifiers for your facility at no cost
- Professional survey of your building's air quality for your benefit.

Program Details:

- 5 one-hour webinars (one per week over five weeks)
  - When: Tuesdays @ 1pm
  - Where: Virtually via Zoom
- 1 self-paced module (complete a one-hour training in your own time)
- In-person fit test competency and optional survey of your building with recommendations on how to your building's air quality

Qualifying facilities may receive:

- Two fit-testing hoods and supplies to fit-test employees
- Free medical evaluations for employees
- Sample policies and resources to get your Respiratory Program up and running
- Five (5) HEPA air purifiers - for communal spaces or patient rooms, you decide!

Our program is solely focused on improving the working conditions within long-term care facilities without passing judgment on your facility or the participants of the program.

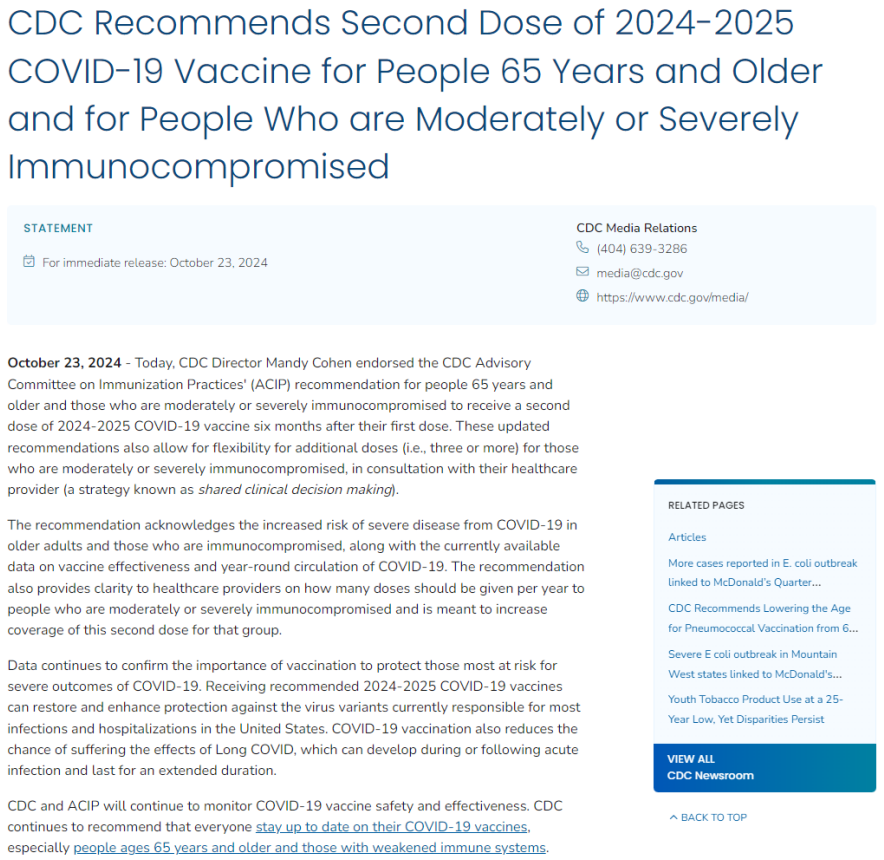
ALL EXPERIENCE LEVELS WELCOME

This project was made possible by a grant from the Illinois Department of Public Health

CIMPAR RPP

New: Second 2024-2025 COVID-19 Dose Recommended for Older Adults (65+)

- On October 23rd, CDC released new recommendations that older adults 65+ receive a second 2024-2025 COVID vaccine dose at least six months after their first dose.
- CDC also recommends that moderately or severely immunocompromised individuals of any age receive a second dose (and possibly more depending on the advice of their healthcare provider)



CDC Recommends Second Dose of 2024-2025 COVID-19 Vaccine for People 65 Years and Older and for People Who are Moderately or Severely Immunocompromised

STATEMENT

For immediate release: October 23, 2024

CDC Media Relations
(404) 639-3286
media@cdc.gov
https://www.cdc.gov/media/

October 23, 2024 - Today, CDC Director Mandy Cohen endorsed the CDC Advisory Committee on Immunization Practices' (ACIP) recommendation for people 65 years and older and those who are moderately or severely immunocompromised to receive a second dose of 2024-2025 COVID-19 vaccine six months after their first dose. These updated recommendations also allow for flexibility for additional doses (i.e., three or more) for those who are moderately or severely immunocompromised, in consultation with their healthcare provider (a strategy known as *shared clinical decision making*).

The recommendation acknowledges the increased risk of severe disease from COVID-19 in older adults and those who are immunocompromised, along with the currently available data on vaccine effectiveness and year-round circulation of COVID-19. The recommendation also provides clarity to healthcare providers on how many doses should be given per year to people who are moderately or severely immunocompromised and is meant to increase coverage of this second dose for that group.

Data continues to confirm the importance of vaccination to protect those most at risk for severe outcomes of COVID-19. Receiving recommended 2024-2025 COVID-19 vaccines can restore and enhance protection against the virus variants currently responsible for most infections and hospitalizations in the United States. COVID-19 vaccination also reduces the chance of suffering the effects of Long COVID, which can develop during or following acute infection and last for an extended duration.

CDC and ACIP will continue to monitor COVID-19 vaccine safety and effectiveness. CDC continues to recommend that everyone stay up to date on their COVID-19 vaccines, especially people ages 65 years and older and those with weakened immune systems.

RELATED PAGES

Articles

More cases reported in E. coli outbreak linked to McDonald's Quarter...

CDC Recommends Lowering the Age for Pneumococcal Vaccination from 6...

Severe E coli outbreak in Mountain West states linked to McDonald's...

Youth Tobacco Product Use at a 25-Year Low, Yet Disparities Persist

VIEW ALL
CDC Newsroom

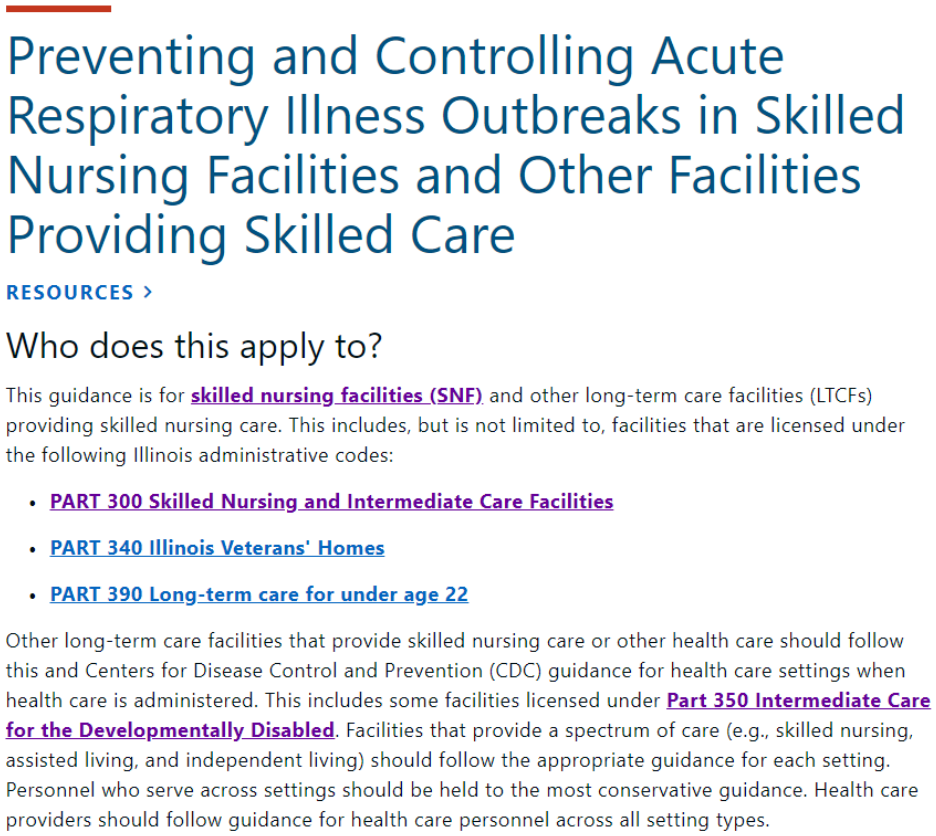
BACK TO TOP

Source: CDC Recommends Second Dose of 2024-2025 COVID-19 Vaccine for People 65 Years and Older and for People Who are Moderately or Severely Immunocompromised | CDC Newsroom

Vaccine Education Sessions

New IDPH Respiratory Guidance

- One-stop shop for IDPH's respiratory guidance
  - Replaces IDPH's previous standalone COVID-19 and Influenza guidance documents
- Webpage as opposed to a PDF
- Applies to all Skilled Nursing and Intermediate Care Facilities licensed under 300
- Separate guidance will be created for other setting types (e.g., Assisted Living), although there are some situations where this guidance applies in those settings



Preventing and Controlling Acute Respiratory Illness Outbreaks in Skilled Nursing Facilities and Other Facilities Providing Skilled Care

RESOURCES ›

Who does this apply to?

This guidance is for **skilled nursing facilities (SNF)** and other long-term care facilities (LTCFs) providing skilled nursing care. This includes, but is not limited to, facilities that are licensed under the following Illinois administrative codes:

- **PART 300 Skilled Nursing and Intermediate Care Facilities**
- **PART 340 Illinois Veterans' Homes**
- **PART 390 Long-term care for under age 22**

Other long-term care facilities that provide skilled nursing care or other health care should follow this and Centers for Disease Control and Prevention (CDC) guidance for health care settings when health care is administered. This includes some facilities licensed under **Part 350 Intermediate Care for the Developmentally Disabled**. 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.

Source: https://dph.illinois.gov/topics-services/diseases-and-conditions/respiratory-disease/guidance/skilled-nursing-facility.html

What Diseases are Covered in the Guidance?

- COVID-19
- Influenza
- RSV
- Parainfluenza
- Adenovirus
- Rhinovirus
- Enterovirus
- Seasonal coronaviruses
- Human metapneumovirus
- Other acute viral respiratory illnesses

Source: https://dph.illinois.gov/topics-services/diseases-and-conditions/respiratory-disease/guidance/skilled-nursing-facility.html

What is an Acute Respiratory Illness?

- An illness characterized by any **two** of the following signs and symptoms that are **new or worsening** from the resident's normal state:
  - Fever (greater than 100 F/37.8 C or more than two degrees above a resident's established baseline)
  - Cough (productive or non-productive
  - Runny nose or nasal congestion
  - Sore throat
  - Muscle aches
  - Shortness of breath or difficulty breathing, which may manifest as increased fatigue
  - Low oxygen saturation in the blood (normal levels are between 95-100%, but may vary for people with certain medical conditions)

Source: https://dph.illinois.gov/topics-services/diseases-and-conditions/respiratory-disease/guidance/skilled-nursing-facility.html

Outbreak Definition For Reporting

- Outbreaks must be reported if they meet certain criteria

- Three or more residents and/or staff in a facility who, within 72 hours of each other, have:
  - Acute respiratory illness **AND/OR**
  - Positive point-of-care (e.g., rapid) or laboratory-positive (e.g., PCR) test for a single respiratory virus **AND**
  - At least one of the cases is a resident

Source: https://dph.illinois.gov/topics-services/diseases-and-conditions/respiratory-disease/guidance/skilled-nursing-facility.html

Important Disclaimer

- **You still must take infection prevention and control actions, even if something does not meet the threshold of a formal outbreak.**

- For example:
  - A single case of ARI/lab-confirmed viral respiratory illness would lead to transmission-based precautions for that resident
  - A single case of COVID would trigger testing of close contacts
  - A single case of flu could lead to antiviral prophylaxis for others on the unit

Scenario 1

- Resident A tests positive for COVID on Monday, Resident B tests positive for COVID on Wednesday, Resident C tests positive for COVID the following Monday.

- Would this be considered an outbreak?

Scenario 1

- No, even though all three individuals have COVID, this is not considered an outbreak as only two of the cases occurred within 72 hours of each other
- That being said, you should still test close contacts, consider unit or facility-wide testing and masking based on the specifics of the situation, and place positive residents under appropriate transmission-based precautions

Scenario 2

- Within 72 hours, Resident A has shortness of breath and a fever, Resident B has muscle aches and a runny nose, and Staff Member C has a cough and sore throat. All were tested for COVID and influenza and were negative

- Would this be considered an outbreak?

Scenario 2

- Yes, this would be considered an outbreak of acute respiratory illness and should be reported

- Recommend further testing (e.g., respiratory viral panel for residents) to help determine the cause of symptoms

Scenario 3

- Within 72 hours, four residents test positive for influenza
- Would this be considered an outbreak?

Scenario 3

- Yes, this meets the outbreak definition

Scenario 4

- Within 72 hours, four staff members test positive for influenza
- Would this be considered an outbreak?

Scenario 4

- No, this would not meet the outbreak definition as none of the cases are residents

Scenario 5

- Within 72 hours, five symptomatic residents are tested with a respiratory viral panel: one resident tests positive for RSV, two residents test positive for COVID, and two residents test positive for influenza

- Would this be considered an outbreak?

Scenario 5

- No, this would not meet the outbreak definition as three separate viruses are involved and no one virus meets the threshold for an outbreak

Scenario 6

- Within 72 hours, two residents test positive for COVID and one symptomatic resident tests negative for COVID on a rapid test

- Is this an outbreak?

Scenario 6

- It could be…
  - Strongly recommend testing the resident who was negative by rapid test with a COVID PCR (or even better, a full respiratory viral panel)
    - If the resident is positive for COVID on a PCR, this would meet the outbreak definition
    - If the resident is negative for COVID on both a rapid and PCR, then this would not meet the outbreak definition

Reporting Viral Respiratory Outbreaks

Old Reporting Form

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.

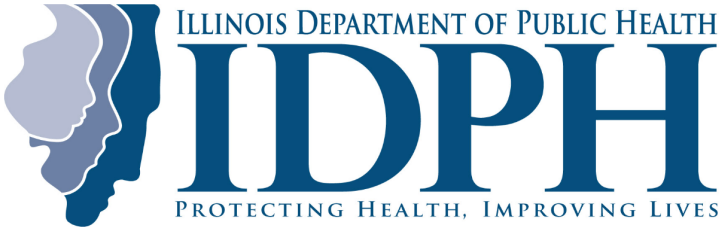
Reporter Information

Reporter Name:
* must provide value

Reporter Job Title:
* must provide value

Reporter Phone Number:

New Reporting Form



Facility Outbreak Notification Form

Thank you for providing information to your local health department regarding the reportable respiratory outbreak in your facility.

If your facility requires outbreak management guidance and/or is requesting specimen testing, please contact your **local health department** for guidance and assistance.

This survey was developed by the Illinois Department of Public Health (IDPH), but all completed reports are sent to the appropriate local health department.

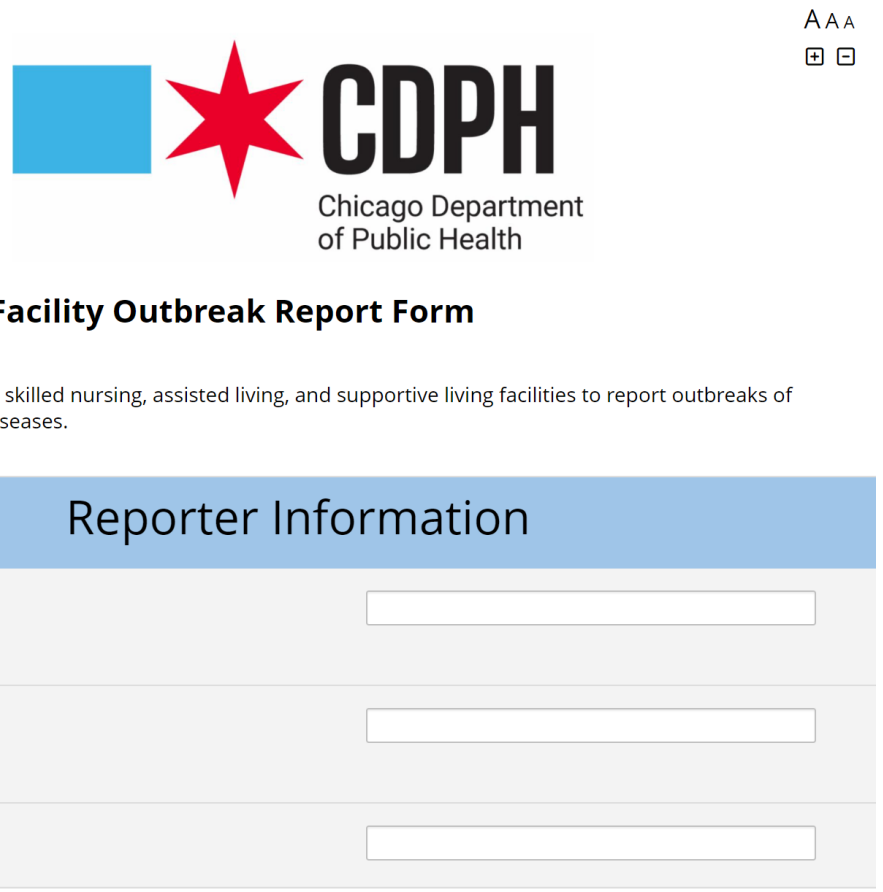
Please use this survey to:

- **Report new or previously unreported** outbreaks of COVID-19, Influenza or RSV among employees/residents in healthcare/congregate settings to your local health department.
- **Provide updated information** of the number of respiratory cases in the outbreak significantly increase and/or cases associated with your facility are hospitalized or die due to the condition.
- **Request Assistance** from your local public health department

Source: https://redcap.dph.illinois.gov/surveys/?s=8LKFXJMTYNM7MLC4; https://redcap.dph.illinois.gov/surveys/?s=JR9K8FXNETK8H3XN

Reporting Non-Respiratory Outbreaks

- For other types of outbreaks (e.g., norovirus, scabies), please continue to report to CDPH using this form



CDPH
Chicago Department of Public Health

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:

Source: https://redcap.dph.illinois.gov/surveys/?s=JR9K8FXNETK8H3XN

IDPH Reporting Form

Outbreak Details

Respiratory Pathogen
* must provide value

- ○ COVID-19
- ○ Influenza
- ○ RSV
- ○ Undetermined Acute Respiratory Pathogen
- ○ Other/Additional Pathogen

reset

Total # of residents in the facility at the time of the outbreak

Total # of staff at the time of the outbreak

Total # of residents in the facility currently experiencing any symptoms

Total # of residents in the facility currently experiencing acute respiratory illness (ARI)

ARI = the presence of two or more respiratory signs or symptoms such as fever, cough, runny nose or nasal congestion, shortness of breath, or sore throat

Total # of staff in the facility currently experiencing any symptoms

Total # of staff in the facility currently experiencing acute respiratory illness (ARI)

ARI = the presence of two or more respiratory signs or symptoms such as fever, cough, runny nose or nasal congestion, shortness of breath, or sore throat

Date of symptom/onset for the first case during this outbreak
* must provide value

Today M-D-Y

Date of most recent symptom onset for most recent case

Today M-D-Y

Has at least one resident or staff member been tested for this respiratory pathogen?
* must provide value

- ○ Yes
- ○ No
- ○ Unknown

reset

# of individuals hospitalized as a part of this outbreak

# of deaths associated with this outbreak

Source: https://redcap.dph.illinois.gov/surveys/?s=JR9K8FXNETK8H3XN

IDPH Reporting Form

Prevention/control measures taken

- [ ] Cancellation of group activities
- [ ] Cohorting
- [ ] Collection of clinical specimens
- [ ] Education of staff
- [ ] Environmental disinfection
- [ ] Increased monitoring for illness
- [ ] Staff rotation reduced/cancelled
- [ ] Use of PPE by healthcare workers/employees
- [ ] Visitor restrictions
- [ ] None
- [ ] Other

Select all that apply

Additional comments/information pertaining to this outbreak.

Expand

Source: https://redcap.dph.illinois.gov/surveys/?s=JR9K8FXNETK8H3XN

IDPH Reporting Form - Outbreak Log

Attachment: Respiratory Outbreak Log.xlsx (96.3 kB)

1 – Download Outbreak Log

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PROTECTING HEALTH, IMPROVING LIVES

2 – Populate Outbreak Log

COVID-19 Congreate Setting Outbreak Log

Facility Name:	
Facility Address:	
Facility County:	

First Name	Last Name	Gender (DROP DOWN MENU)	Date of Birth (MM/DD/YYYY)	Role (DROP DOWN MENU)	Unit or Wing	Test Date (MM/DD/YYYY)	Test Type (DROP DOWN MENU)	Test Result	Individual Ever Symptomatic? (DROP DOWN MENU)	If Ever Symptomic, Symptom Onset Date (MM/DD/YYYY)	Symptoms (list all) See "Symptoms Codes" tab	Vaccination Status of Individual (DROP DOWN MENU)	Most Recent Vaccination Date	Hospitalized	Died
							Antigen (over-the-counter/at home)								

COVID-19 Cases | Influenza Cases | RSV Cases | Symptoms Codes

Select "Upload file" button to select and attach your completed Excel document.

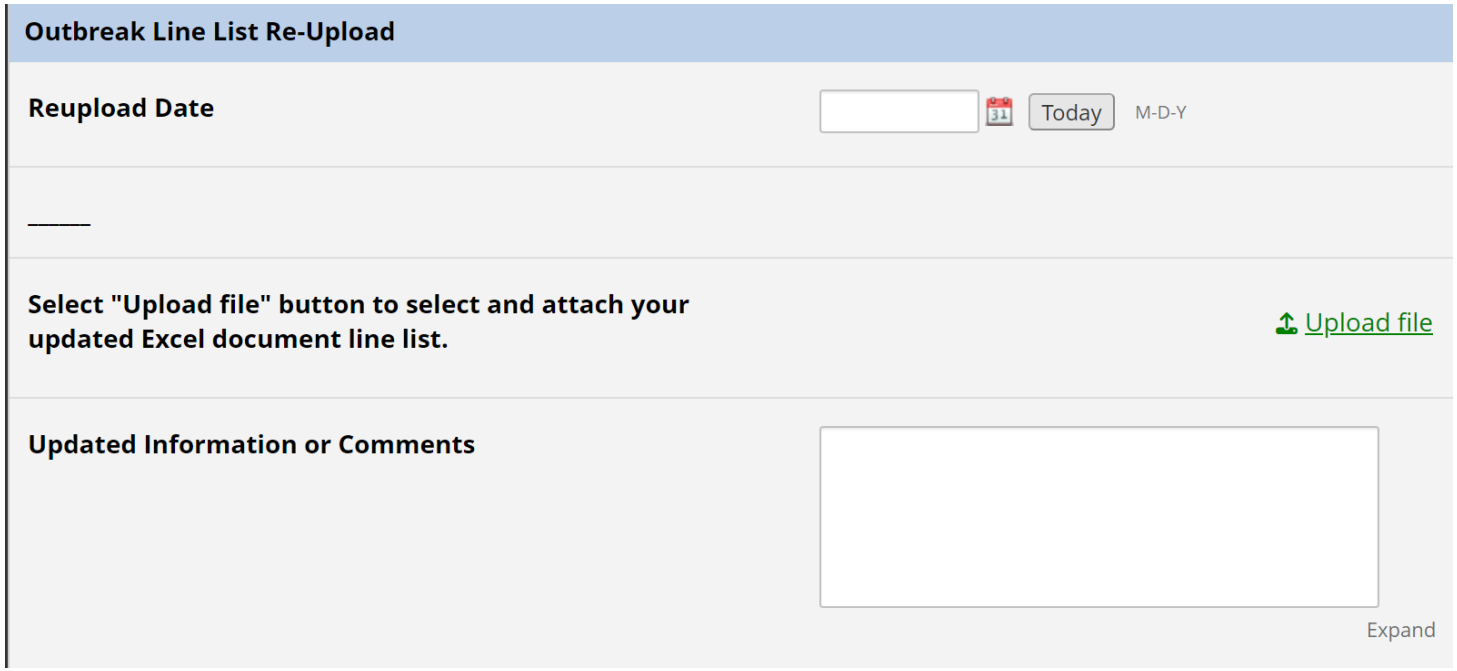
3 – Upload Outbreak Log

Upload file

Source: https://redcap.dph.illinois.gov/surveys/?s=JR9K8FXNETK8H3XN

IDPH Reporting Form – Updated Info

- If your outbreak expands after your initial submission/upload or you have other important information to share with CDPH/IDPH, you can go back and re-upload the outbreak log and provide additional comments



Source: https://redcap.dph.illinois.gov/surveys/?s=JR9K8FXNETK8H3XN

Transmission Based Precautions & Work Exclusion: COVID

- **Residents**
  - ***Type of precautions***: Contact + Droplet + N95
  - ***Duration***: 10 days since the onset of symptoms (or positive test if asymptomatic), 24 hours fever-free without the use of fever-reducing medications, and symptom improvement

- **Staff**
  - ***Work Exclusion:*** Can return on Day 8 with a negative test, otherwise can return on Day 11

Source: https://dph.illinois.gov/topics-services/diseases-and-conditions/respiratory-disease/guidance/skilled-nursing-facility.html

Transmission Based Precautions & Work Exclusion: Flu

- **Residents**
  - ***Type of precautions***: Contact + Droplet
  - ***Duration***: 7 days since the onset of symptoms or 24 hours after the resolution of fever without the use of fever-reducing medications, whichever is longer

- **Staff**
  - ***Work Exclusion:*** Can return when they have been fever-free for at least 24 hours without the use of fever-reducing medications.
    - Should wear a mask for at least 5 days after returning to work

Source: https://dph.illinois.gov/topics-services/diseases-and-conditions/respiratory-disease/guidance/skilled-nursing-facility.html

Transmission Based Precautions & Work Exclusion: RSV

- **Residents**
  - ***Type of precautions***: Contact + Droplet
  - ***Duration***: Until 24 hours fever-free without the use of fever-reducing medications and without respiratory symptoms (can disregard a lingering *non-productive* cough)

- **Staff**
  - ***Work Exclusion:*** Can return when they have been fever-free for at least 24 hours without the use of fever-reducing medications.
    - Should wear a mask for at least 5 days after returning to work

Source: https://dph.illinois.gov/topics-services/diseases-and-conditions/respiratory-disease/guidance/skilled-nursing-facility.html

Transmission Based Precautions & Work Exclusion: Other Viral Respiratory Pathogens

- **Pathogens**
  - Parainfluenza, Rhino/Enterovirus, Seasonal Coronaviruses (not COVID-19), Human Metapneumovirus, Adenovirus

- **Residents**
  - ***Type of precautions***: Contact + Droplet
  - ***Duration***: Until 24 hours fever-free without the use of fever-reducing medications and without respiratory symptoms (can disregard a lingering *non-productive* cough)

- **Staff**
  - ***Work Exclusion:*** Can return when they have been fever-free for at least 24 hours without the use of fever-reducing medications.
    - Should wear a mask for at least 5 days after returning to work

Source: https://dph.illinois.gov/topics-services/diseases-and-conditions/respiratory-disease/guidance/skilled-nursing-facility.html

Transmission Based Precautions & Work Exclusion: ARI, Unknown Pathogen

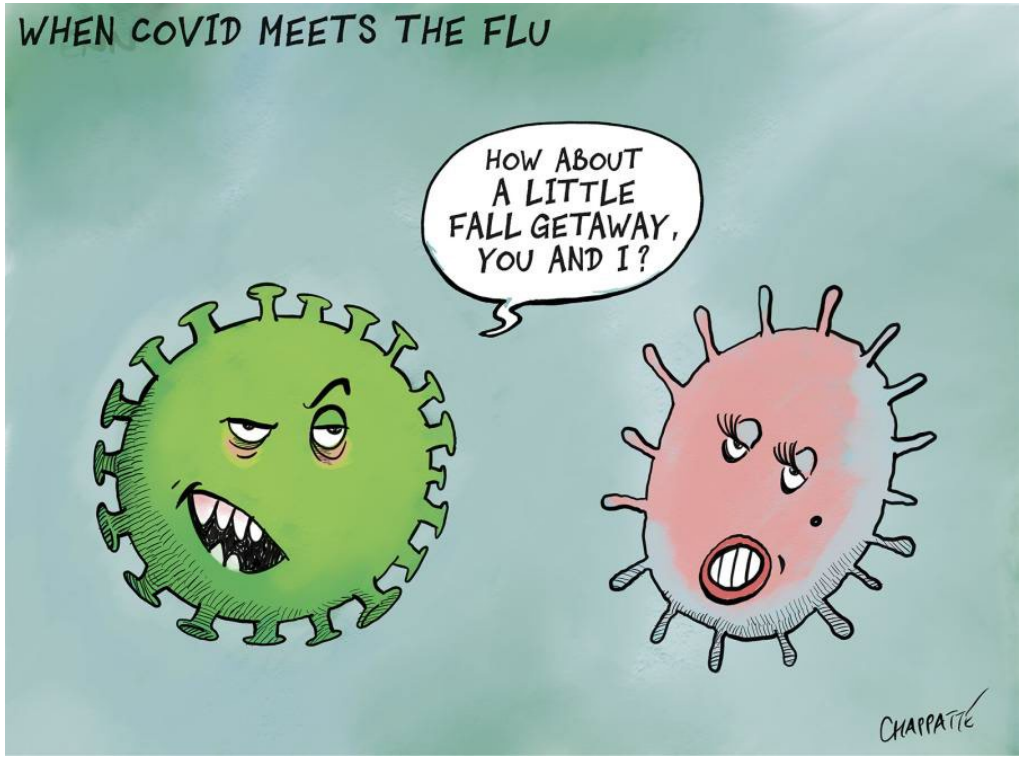
- **Residents**
  - ***Type of precautions***: Empiric Contact + Droplet + N95
  - ***Duration***: Until the cause of the ARI is determined (in which case, switch to the type and duration of precautions for that virus); otherwise, 24 hours fever free without the use of fever-reducing medications and without respiratory symptoms (can disregard a lingering cough unless it produces purulent sputum)

- **Staff**
  - ***Work Exclusion:*** Can return when they have been fever-free for at least 24 hours without the use of fever-reducing medications.
    - Should wear a mask for at least 5 days after returning to work

Source: https://dph.illinois.gov/topics-services/diseases-and-conditions/respiratory-disease/guidance/skilled-nursing-facility.html

IDPH Respiratory Guidance

- Other topics in the guidance:
  - Testing
  - Treatment
  - Infection Prevention and Control Measures
  - Cohorting



Source: https://dph.illinois.gov/topics-services/diseases-and-conditions/respiratory-disease/guidance/skilled-nursing-facility.html

FAQ: Where should we place our portable air cleaners (PACs)?

- Place PAC near the center of where people gather
- They are lightweight and easy to move
- Place off the floor at a height near or above the breathing zone
- Do not block the sides/top of unit
- Position where they can be reached easily to turn on/off/adjust
- Do not create a tripping hazard with the PAC or associated electrical cords

- Prime locations for PAC placement:
  - Common areas – dining and activity rooms
  - Lobby
  - Floors with outbreaks
  - Nurse's stations
  - Employee break room
- Do not put the PACs in someone's individual office (unless they have a contagious respiratory illness) or in locations without a lot of foot traffic

Upcoming Roundtables

- We will **not** be having roundtables in November or December as the scheduled dates fall on or very close to holidays

- Our next roundtable will be on **January 30, 2025**

Questions & Answers

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