

PDPH/LTCF Conference Call – Friday, 12/16/2022

Agenda

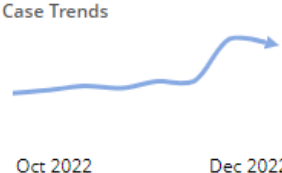
- **SARS-CoV-2 Surveillance Update**
- **Influenza and Other Respiratory Virus Activity Updates**
- **New Guidance on COVID-19 and Influenza Therapeutics**
- **Response to Seasonal GI Illness in LTCFs**
- **SNF NHSN COVID-19 Vaccination Data Summary**
- **Resources and Services**

United States COVID-19 Cases and Deaths

Daily Update for the United States

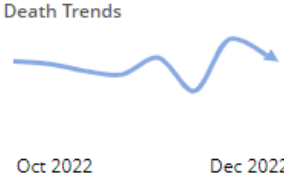
Cases

New Cases (Weekly Total)
455,466



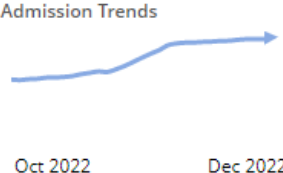
Deaths

New Deaths (Weekly Total)
2,703



Hospitalizations

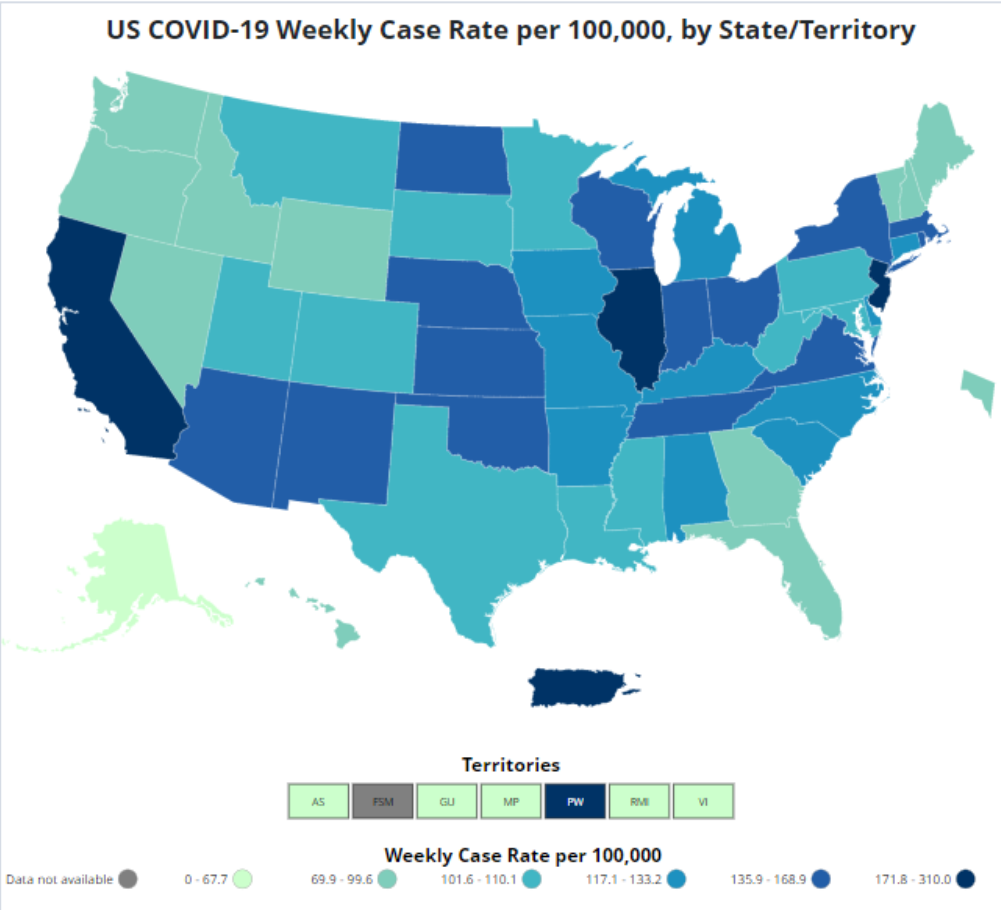
New Admissions (Daily Avg)
5,014



Total Cases
99,705,095

Total Deaths
1,083,279

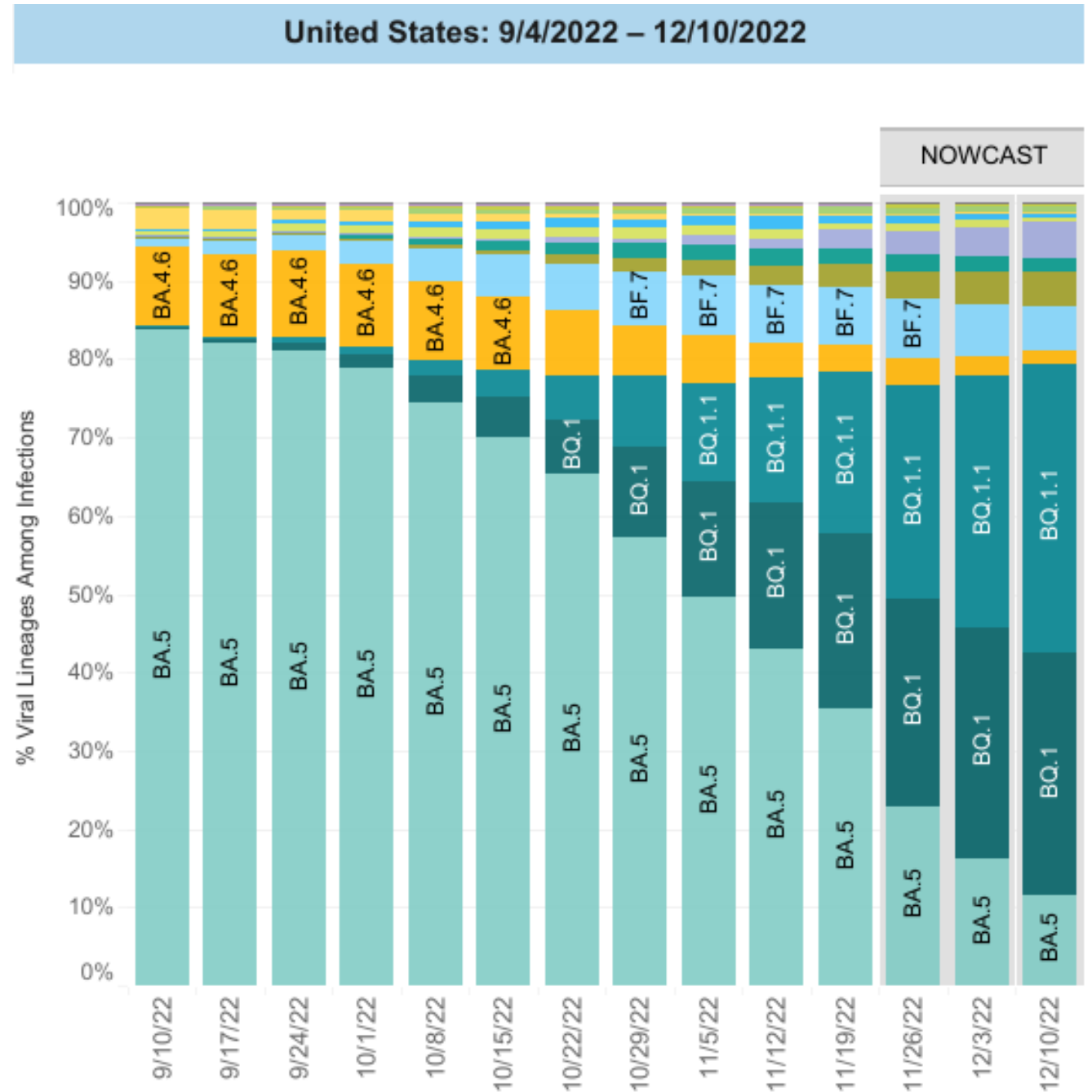
Current Hospitalizations
31,811



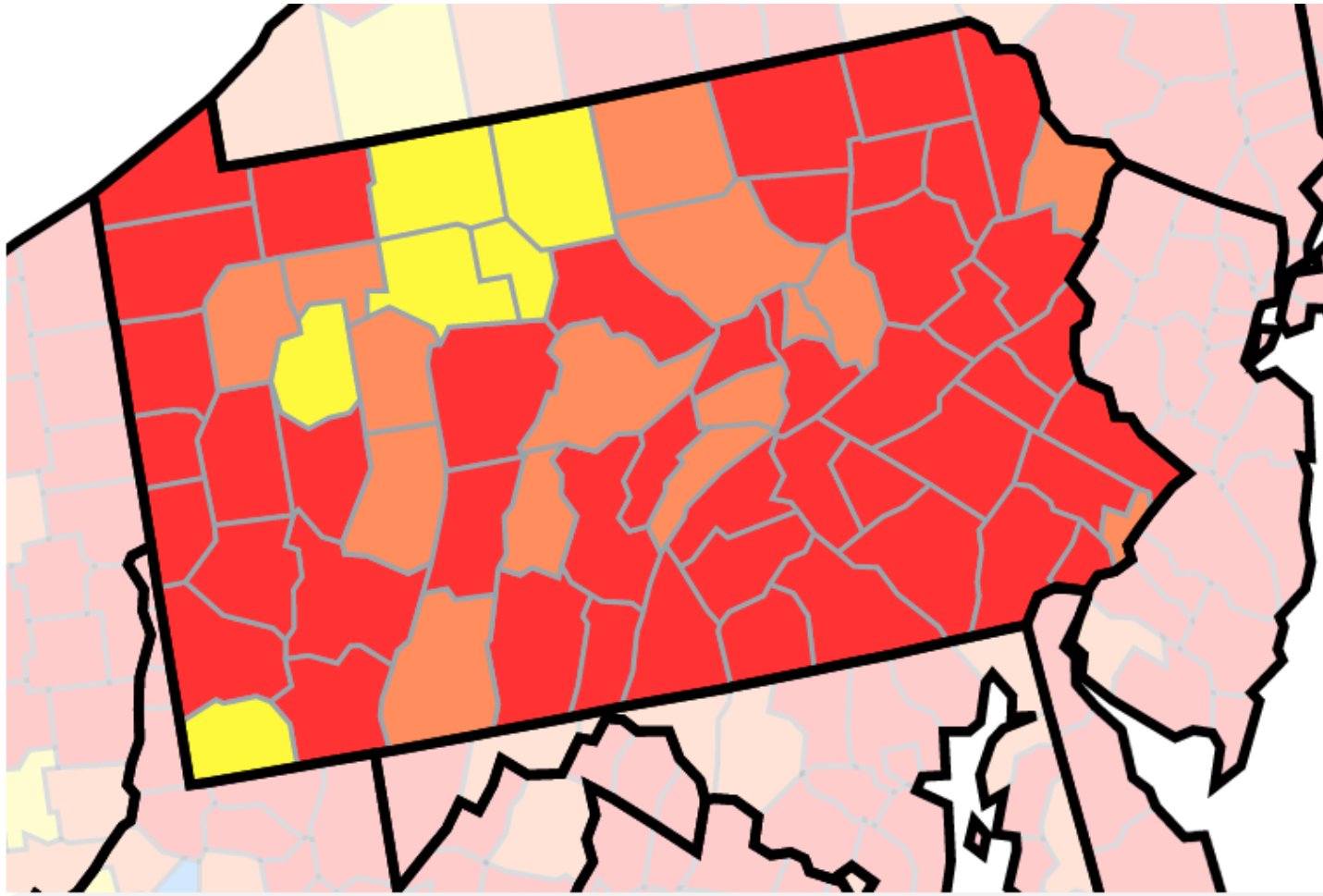
Variants

Omicron

- The only variant circulating in the United States
- Subvariants increasing in prevalence
 - BQ.1.1
 - BQ.1
- Decreasing BA.5



Pennsylvania



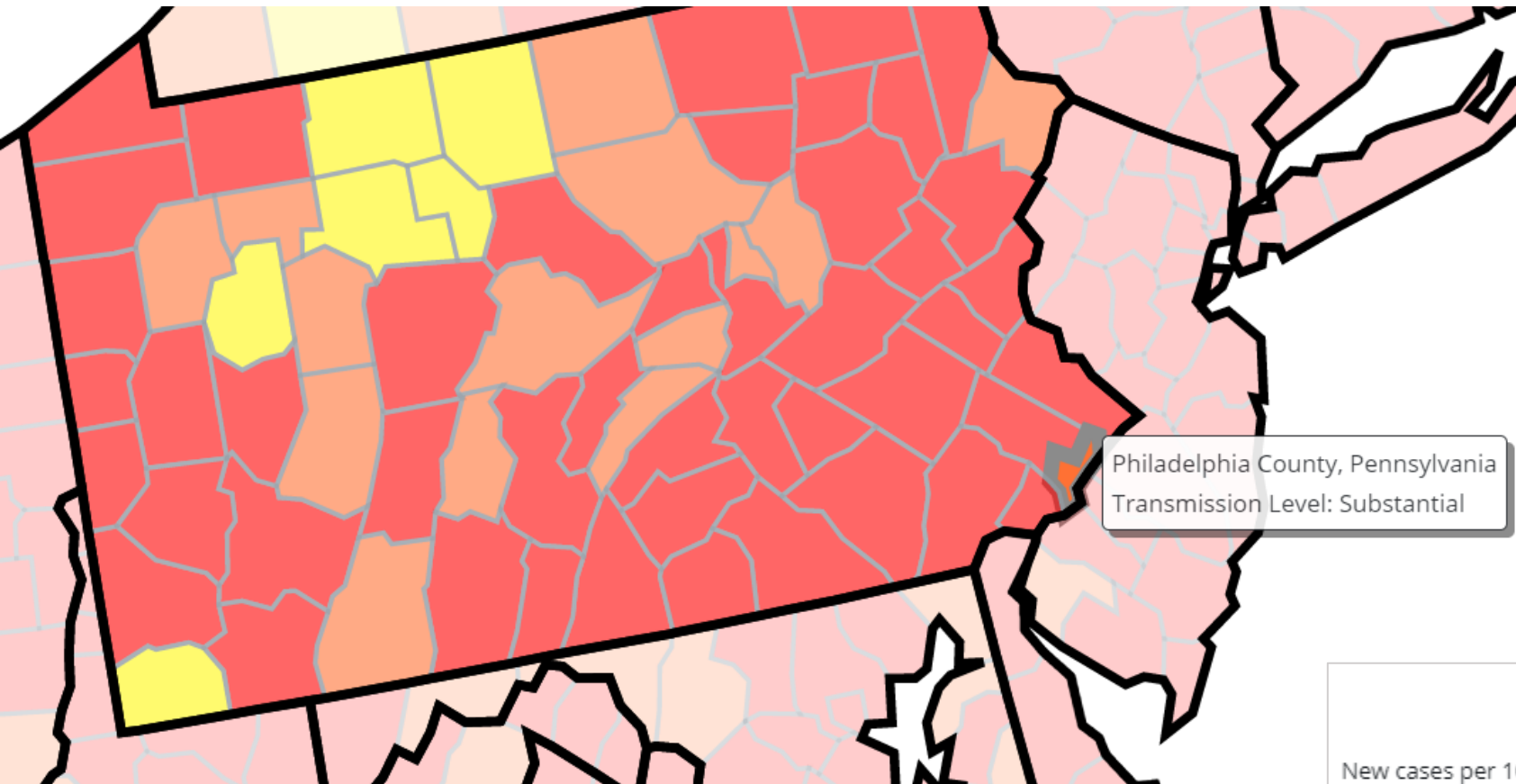
Last 7 days:

- 13,838 new cases
- Case rate: 108.1/100K
- PCR % Positivity: 10-14.9%

● High ● Substantial ● Moderate ● Low ● No Data

	Low	Moderate	Substantial	High
New cases per 100,000 persons in the past 7 days*	<10	10-49.99	50-99.99	≥100
Percentage of positive NAATs tests during the past 7 days**	<5%	5-7.99%	8-9.99%	≥10.0%

Philadelphia



Philadelphia County, Pennsylvania
Transmission Level: Substantial

Data through Wed Dec 14 2022

Total Cases	1539
Weekly Case rate per 100k	97.16
% Change in past week	2.4

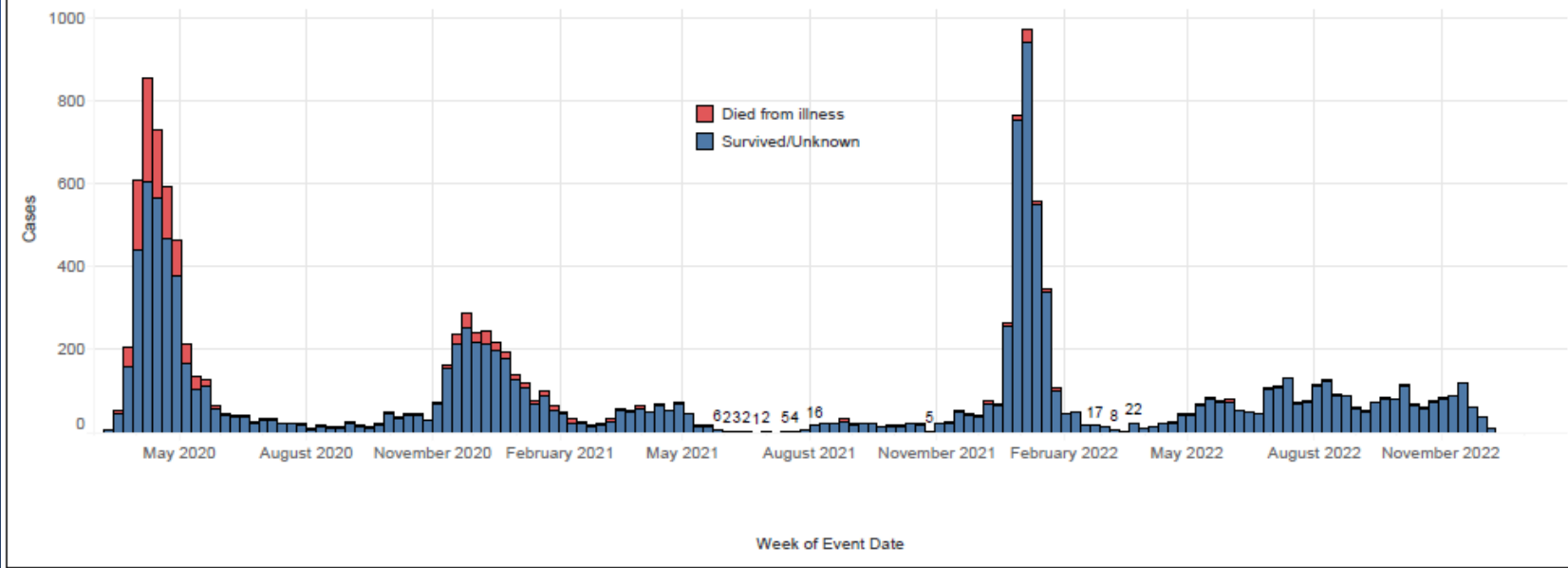
Data through Mon Dec 12 2022

% Positivity	8.64
% Change (last 7 days)	-0.06

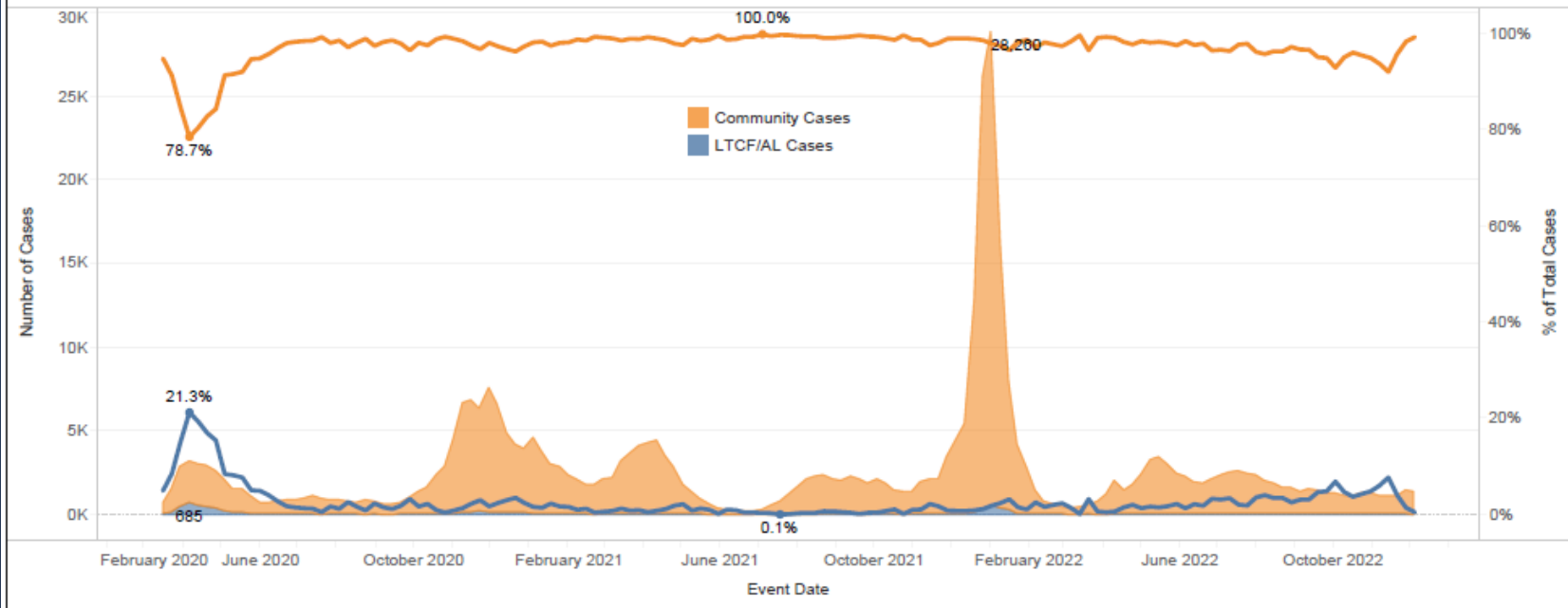
● High ● Substantial ● Moderate ● Low ● No Data

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Percentage of positive NAATs tests during the past 7 days**	<5%	5-7.99%	8-9.99%	≥10.0%

Licensed Long Term Care Facility Epi. Curve
 *All Cases (Confirmed & Probable) for Facility Type LTCF
 *Includes Staff who could live out of jurisdiction
 Updated: 12/13/2022



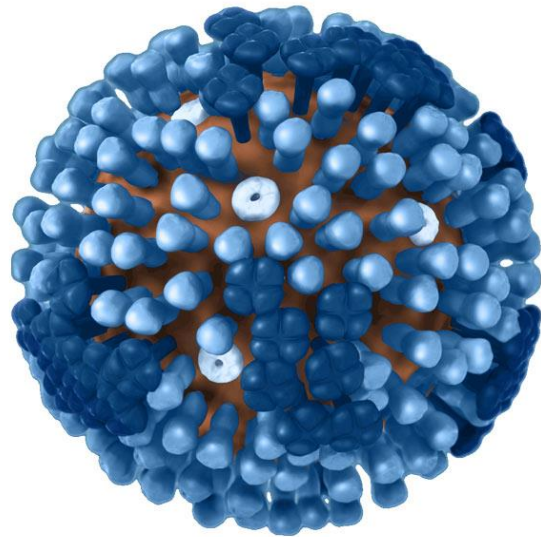
LTCF vs Community Cases
 Note: Area represents count, line represents %



COVID-19 Vaccination Rates

Vaccination rates for individuals over the age of 18

- Pennsylvania
 - Primary series 82.2%
 - Bivalent booster 18.1%
- Philadelphia
 - Primary series 84.8%
 - Bivalent booster 15.1%



Influenza and Other Respiratory Virus Activity Updates

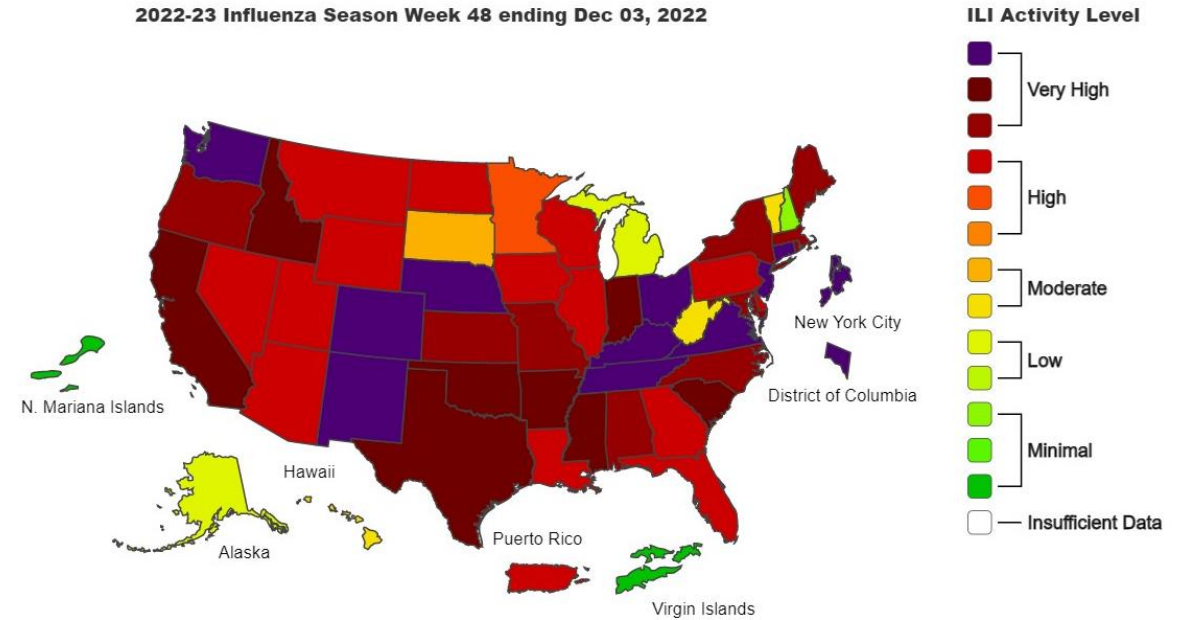
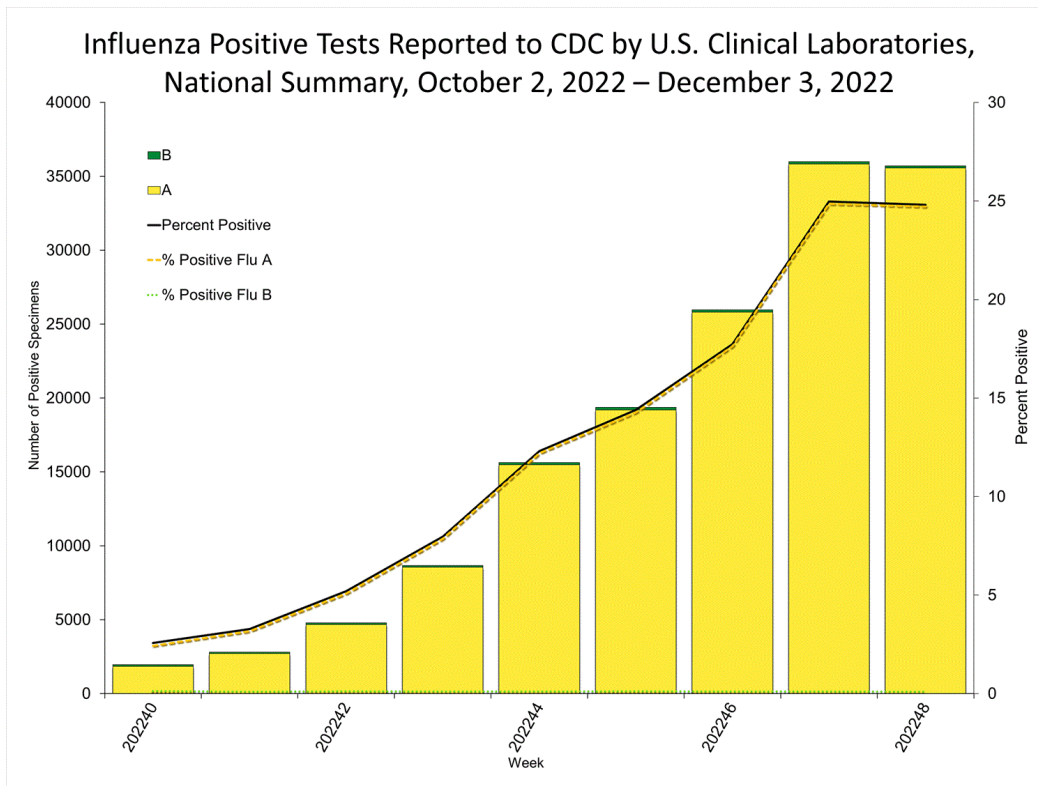
Dana Perella, MPH

Acute Communicable Disease Program,
Division of Disease Control

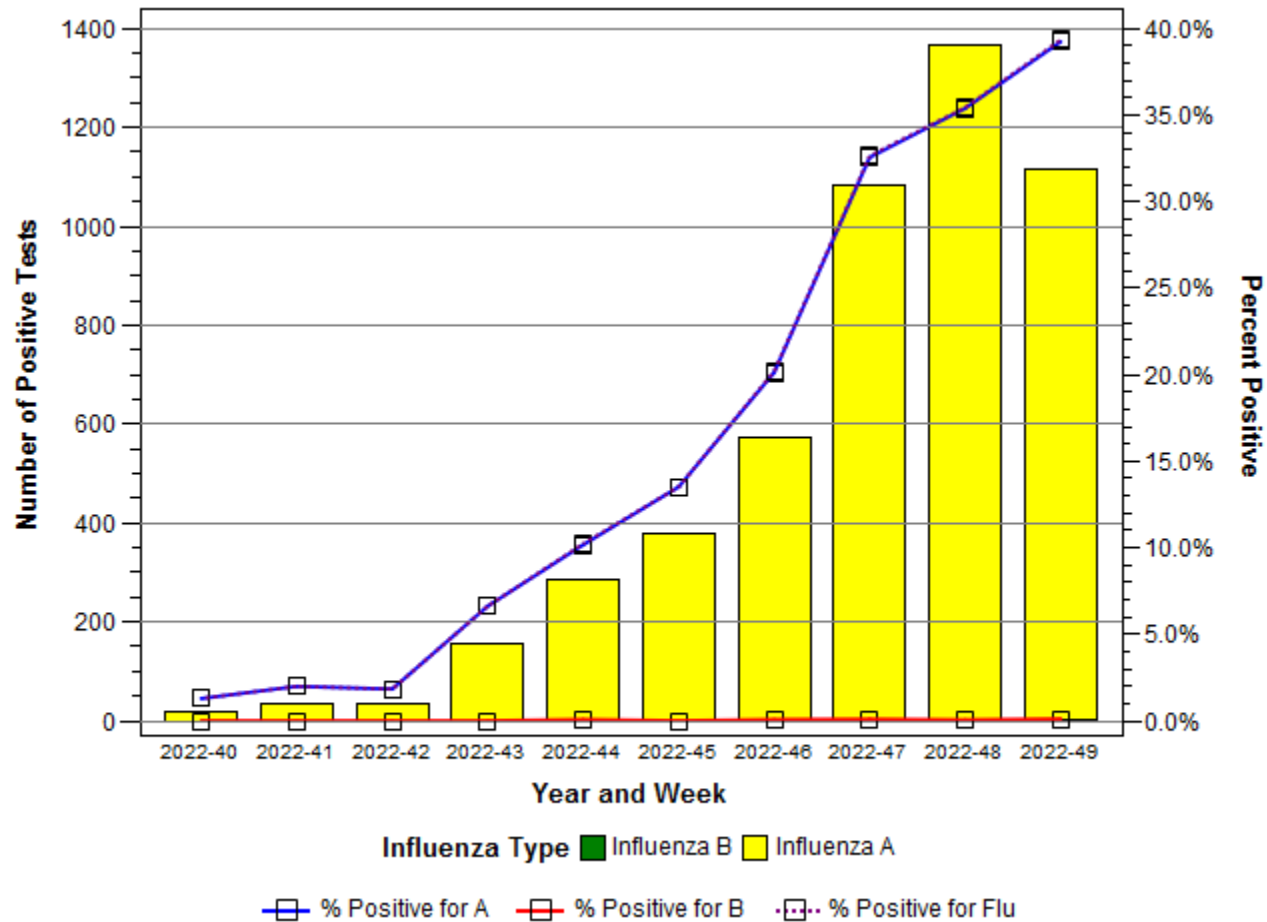


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DEPARTMENT OF
PUBLIC HEALTH
DIVISION OF DISEASE CONTROL

Current Influenza Activity in the US: 2022-2023 Season



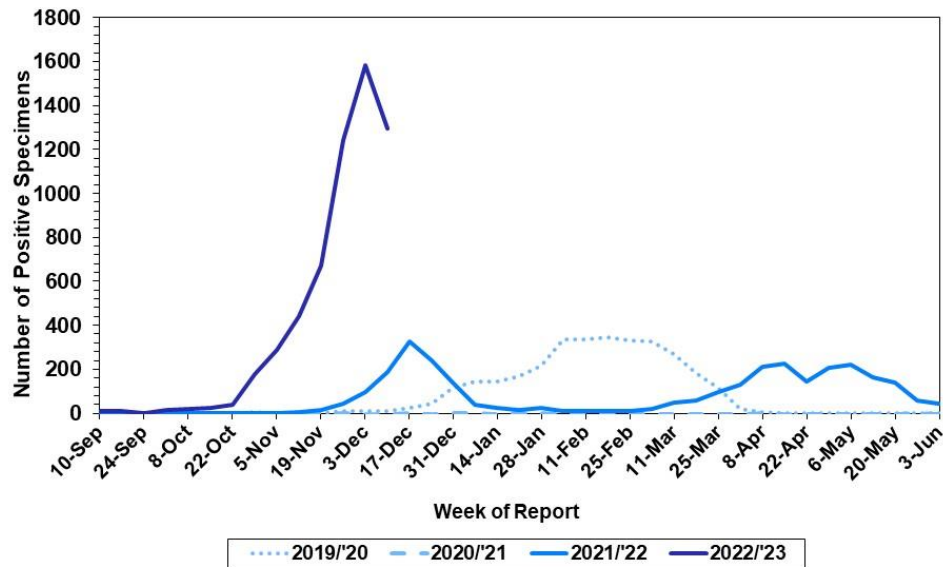
Current Influenza Activity in PA: 2022-2023 Season



Current Influenza Activity in Philadelphia: 2022-2023 Season

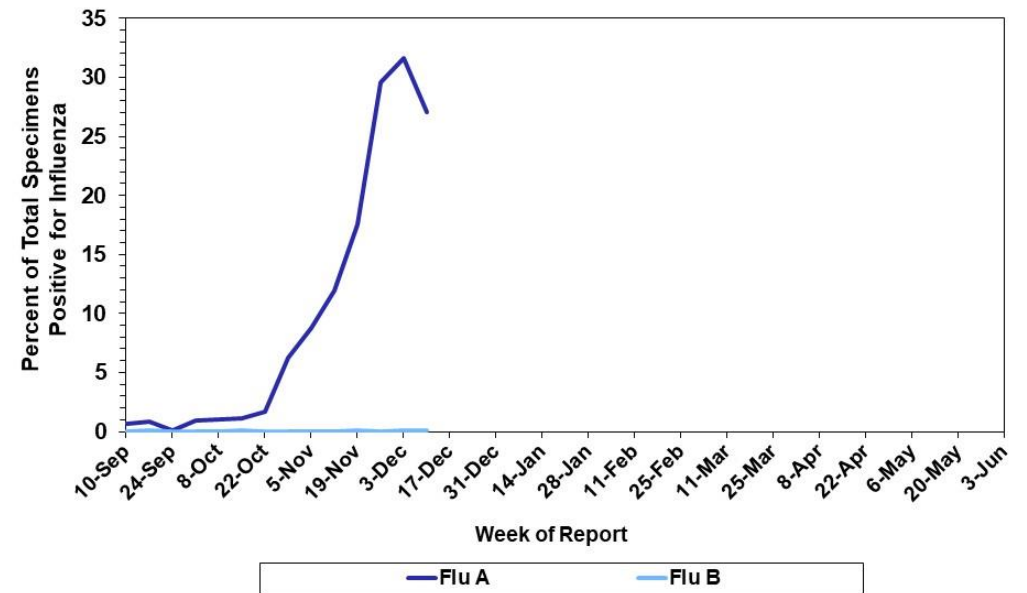
**Laboratory-Based Surveillance for Influenza A
Philadelphia, 2019/2020 through 2022/2023 Seasons***

**Based on select hospital laboratories participating in surveillance across respiratory virus seasons*



**Laboratory-Based Surveillance for Influenza (%)
Philadelphia, 2022/2023 Season***

**Based on select hospital laboratories participating in surveillance across respiratory virus seasons*

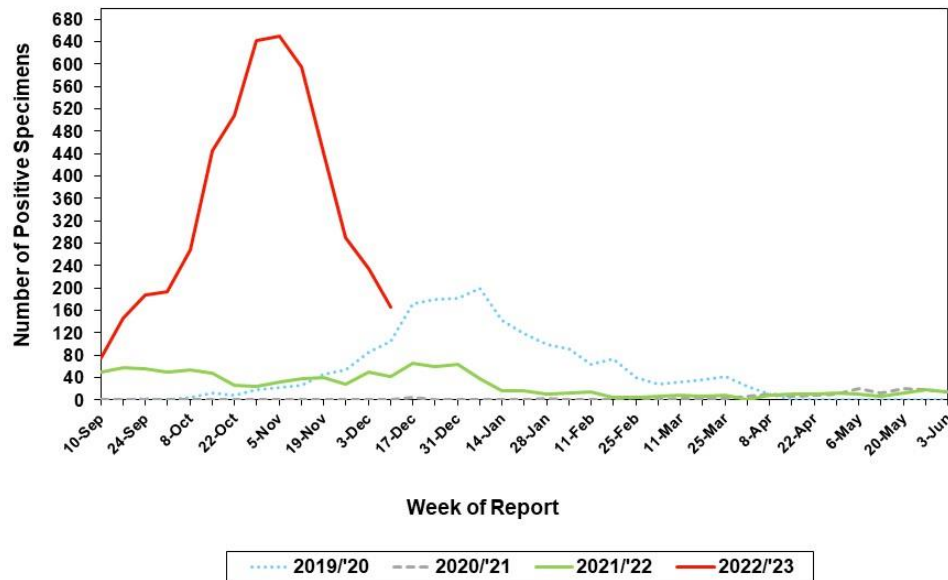


Other Respiratory Virus Activity: 2022-2023 Season



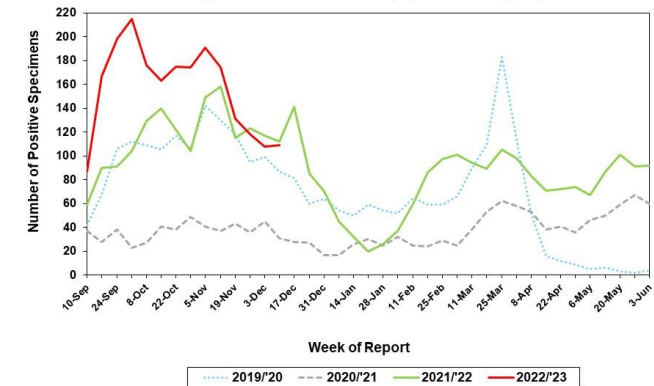
Laboratory-Based Surveillance for RSV (Counts) Philadelphia, 2019/2020 through 2022/2023 Seasons*

*Based on six hospital laboratories with RSV testing capabilities across respiratory virus seasons



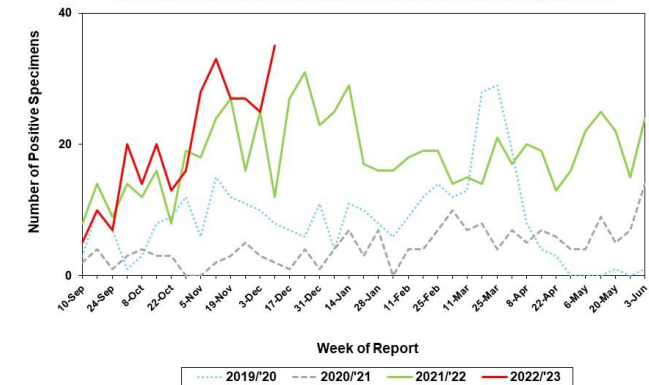
Laboratory-Based Surveillance for Rhinoviruses/Enteroviruses (Counts) Philadelphia, 2019/2020 through 2022/2023 Seasons

*Based on three hospital laboratories with Rhinovirus testing capabilities across respiratory virus seasons



Laboratory-Based Surveillance for Respiratory Adenovirus (Counts) Philadelphia, 2019/2020 through 2022/2023 Seasons

*Based on three hospital laboratories with Adenovirus testing capabilities across respiratory virus seasons



Respiratory Surveillance Resources

- Influenza Activity Updates
 - Philadelphia: <https://hip.phila.gov/data-reports-statistics/influenza/>
 - Pennsylvania: <https://www.health.pa.gov/topics/disease/Flu/Pages/2022-23-Flu.aspx>
 - United States: <https://www.cdc.gov/flu/weekly/fluactivitysurv.htm>
- Other Respiratory Virus Activity Updates
 - Philadelphia: <https://hip.phila.gov/data-reports-statistics/otherrespiratoryviruses/>
 - United States: <https://www.cdc.gov/surveillance/nrevss/index.html>

Guidance Update

Antiviral Medications for Influenza

PDPH Health Advisory 12/1/2022 on Therapeutics for COVID-19

PA HAN 677 on Therapeutics for COVID-19

Polling Question

If you have had influenza cases in your facility this season, which of the options below best describes your facility's experience obtaining oseltamivir/Tamiflu for treatment and/or chemoprophylaxis?

- Oseltamivir/Tamiflu was available from my usual pharmacy
- Needed to reach out to multiple pharmacies to obtain oseltamivir/Tamiflu
- Reached out to multiple pharmacies, but was not able to obtain oseltamivir/Tamiflu
- Not sure/did not administer oseltamivir/Tamiflu
- Not applicable, have not had any influenza cases yet

Recommendations

- ✓ Confirm with your pharmacy that they can provide oseltamivir/Tamiflu to your facility in the event of an influenza outbreak
- ✓ If you need assistance with finding a pharmacy that can provide oseltamivir, reach out to PDPH

CDC Recommendations

- In areas experiencing oseltamivir shortages, antiviral treatment should target patients with laboratory-confirmed influenza who: (i) are at the highest risk of severe disease and (ii) those who are hospitalized
- If oseltamivir is unavailable, oral baloxavir, inhaled zanamivir, or intravenous peramivir can be used for early treatment of those at increased risk for complications who have uncomplicated influenza, depending upon age and contraindications
- The clinical benefit of antiviral treatment of influenza is greatest when treatment is started early (within 2 days of illness onset) in persons with mild, uncomplicated illness

COVID-19: PDPH Health Advisory



Philadelphia Department of Public Health
Division of Disease Control

CHERYL BETTIGOLE, MD, MPH
Health Commissioner

SHARA EPSTEIN, MD
Medical Director, Division of Disease Control

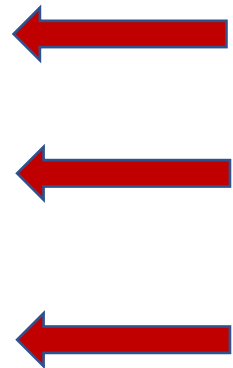
SARA ENES
Acting Director, Division of Disease Control

Health Advisory

Potency reduction of current therapeutics against circulating variants
December 1, 2022

SUMMARY POINTS

- Bebtelovimab is not currently authorized for emergency use in the U.S. because it is not expected to neutralize Omicron subvariants BQ.1 and BQ.1.1. These variants now make up nearly 60% of SARS-CoV-2 infections nationally and more than half of infections in all but one U.S. Region.
- Evusheld is not expected to neutralize the great majority of variants, including BQ.1 and BQ.1.1. The NIH treatment panel continues to allow consideration for Evusheld as PrEP with the understanding individuals should continue to take infection precautions and should seek treatment with antivirals should they become infected.
- The NIH treatment guidelines continue to recommend Paxlovid, Remdesivir, and Molnupiravir, in order of preference. These antivirals are anticipated to be active despite this variant composition.



COVID-19: PA HAN 677

PENNSYLVANIA DEPARTMENT OF HEALTH
2022 – PAHAN – 677-12-15-UPD



UPDATE: Therapeutics to Prevent and Treat COVID-19

DATE:	12/15/2022
TO:	Health Alert Network
FROM:	Denise Johnson, M.D., FACOG, FACHE, Acting Secretary of Health
SUBJECT:	Update: Therapeutics to Prevent and Treat COVID-19
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

COVID-19: PA HAN 677

Summary:

- The SARS-CoV-2 Omicron BQ.1 and BQ.1.1 subvariants are [estimated](#) to be the cause of more than 57% of COVID-19 cases combined in the United States, including in Pennsylvania. This trend is expected to increase across all regions of the U.S.
- Vaccination (especially after receipt of a bivalent booster dose) is expected to protect against severe illness, hospitalizations, and deaths from infection with the Omicron variant and its subvariants.
- Therapeutics are also available for preventing and treating COVID-19 in specific at-risk populations.
- Providers are encouraged to consider COVID-19 treatment [options](#), which are updated frequently. Current options include antiviral treatments Paxlovid, Veklury, and Lagevrio, and COVID-19 convalescent plasma.
- Due to data regarding the prevalence of the Omicron subvariants BQ.1 and BQ.1.1 and likely ineffectiveness against it, **Bebtelovimab is no longer authorized for treatment of COVID-19 in the United States. Subsequently, there are currently NO monoclonal antibody treatments authorized for treatment of COVID-19 in the United States.**
- Details on how to obtain currently authorized treatment agents can be found at the [PA DOH website](#).
- If you have questions about this guidance, please call your local health department or 1-877-PA-HEALTH (1-877-724-3258).



Response to Seasonal GI Illness in LTCFs

LONG TERM CARE FACILITY COLLABORATIVE CALL

DECEMBER 16, 2022



2022-2023 GI Illness Season

Surveillance data suggest a start of seasonal GI illness activities

- Increases in ED visits for GI illness particularly among pediatric patients seen earlier this month
- Identifications of norovirus reported
- Historically January-April most common months for GI illness outbreaks reported in LTCFs

GI Illness Cluster/Outbreak Reporting

Definition

- At least 3 patients/residents in a facility who are experiencing symptoms of this virus in a 48-hour period

Report to PDPH:

- Notify your facility's Outbreak Coordinator or HAI/AR IP contact
- Call 215-685-6741 during business hours

PDPH Support

- Line list for tracking cases
- Infection control guidance and incorporating COVID-19 precautions
- Access to diagnostic testing

Diagnostic Testing

PDPH can facilitate pickup and lab testing of stool samples

- Specimens should be labeled with name, DOB, and collection date
- Ideal specimen number per outbreak is ~5
- Specimens will be tested using a multiplex GI panel

Norovirus/Unspecified GI Illness Clusters/Outbreaks Infection Control Checklist

1. Inform PDPH within 24 hours of outbreak recognition.
2. Staff, residents and visitors should wash hands vigorously with soap and warm water for at least 20 seconds before and after all contact—do not rely exclusively on alcohol-based hand sanitizers.
3. Contact precautions should be used for any symptomatic residents. Precaution signs should be hung on doors of those affected by the virus.
4. Restrict ill patients to private rooms when possible. Observe contact isolation precautions.
5. Maintain line list: Monitor for ill staff and patients. Continue for 1 week after last case onset.
6. Collect specimens from at least 5 individuals to confirm outbreak etiology. Stool should be collected within 48-72 hours of symptom onset. Specimens should be clearly labeled and stored in a refrigerator (4°C). PDPH can assist with laboratory testing.
7. Exclude ill staff until minimum 48 hours after last symptom. If transmission continues in the facility, screen employees who have been exposed and potentially incubating infection, to ensure rapid exclusion if symptoms develop.
8. Persons cleaning areas that are heavily contaminated with vomitus or feces should wear gowns, gloves and surgical masks.

Norovirus/Unspecified GI Illness Clusters/Outbreaks Infection Control Checklist Continued

9. All vomitus and fecal spillages must be promptly and carefully cleaned so that aerosols are minimized. PDPH will provide more detailed norovirus cleaning guidelines for additional information.
10. Routine ward, bathroom and toilet cleaning should occur with increased frequency, especially common-use bathrooms. A chlorine-based or other appropriate disinfectant should be used for non-porous surfaces.
11. Review food service/disinfection practices. Pay attention to staff hand washing and ice machines.
12. Restrict admissions and transfers until outbreak is over (no new cases for at least 96 hours).
13. Limit staff from moving between affected and unaffected units and assign staff to work on the same wards or units as consistently as possible until the outbreak has resolved. If feasible, maintain the same staff-to-resident assignments. Exclude any nonessential personnel from affected units.
14. Post notice for visitors: Restrict visitors to a single entry point, and monitor compliance with contact isolation precautions.
15. Cancel group activities and serve meals in rooms until 96 hours after symptoms of last case resolve.
16. Educate staff and post signage around building reminding of precautions against the spread of disease.

Questions???



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SNF COVID-19 Vaccination Data Summary
NHSN Data

NHSN Updates

Up to date with COVID-19 vaccines (*Please note that changes for **Quarter 4 2022** are highlighted in yellow.*)

*Individuals are considered up to date with their COVID-19 vaccines during the surveillance period of **September 26, 2022 – December 25, 2022** for the purpose of NHSN surveillance if they meet (1) of the following criteria:*

Received an **updated (bivalent)* booster dose**,

or

- a) Received their **last booster** dose **less than 2 months ago**, or
- b) Completed their **primary series** **less than 2 months ago**

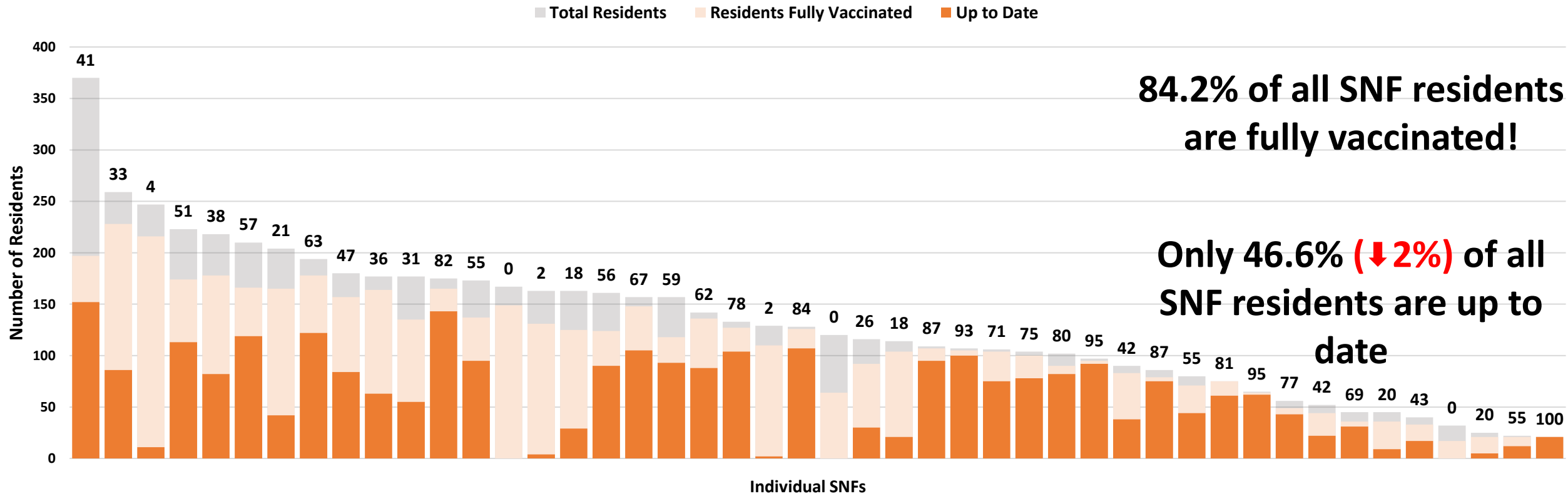
* The updated (bivalent) Moderna and Pfizer-BioNTech boosters target the most recent Omicron subvariants. The updated (bivalent) boosters were recommended by the CDC on 9/2/2022. As of this date, the original, monovalent mRNA vaccines are no longer authorized as a booster dose for people ages 12 years and older.

Note: Up to date guidance for individuals ages 11 years and younger differs; please see [Stay Up to Date with COVID-19 Vaccines Including Boosters](#) for details.

Note: the NHSN surveillance definition for up to date is now the same regardless of immunocompromised status.

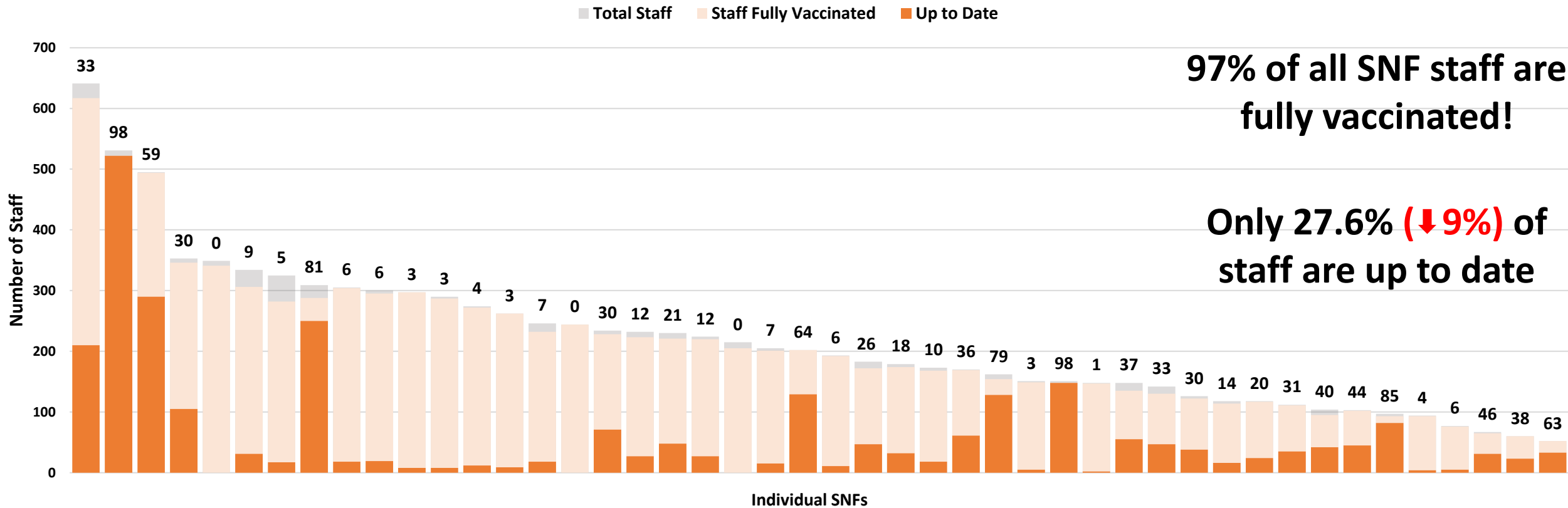
NHSN Resident Booster Doses

COVID-19 Booster Dose Uptake Among SNF Residents,
Total at Facility, Fully Vaccinated, and Up to Date, (n=46)



NHSN Staff Booster Doses

COVID-19 Booster Dose Uptake Among SNF Staff,
Total at Facility, Fully Vaccinated, and Up to Date, (n=46)



97% of all SNF staff are fully vaccinated!

Only 27.6% (↓9%) of staff are up to date

COVID-19 Booster Posters

New COVID-19 Bivalent Boosters: What you need to know



As COVID-19 spreads it changes and can become more contagious. Getting the most up-to-date booster can help protect you from the most common COVID-19 variants.

What is a bivalent booster and why is it different than the other boosters?

The new bivalent booster has a combination of the original booster plus updated protection against the types of COVID-19 that are most common now.

Why should I get yet another vaccine?

As viruses spread, they change, and this is expected. COVID-19 will likely continue to spread around the world and may become as common as the flu. Getting updated boosters help your body build protection against new versions of the virus.

Who should get the updated booster?

- Everyone who is eligible should get a booster. People who are 50+ and anyone who is immunocompromised should also make sure to get a booster.
- Pfizer bivalent booster: people 12 years and older, at least 2 months after their primary series or 2 months since receiving the most recent booster dose.
- Moderna bivalent booster: people 18 years and older, at least 2 months after completion of the primary series or 2 months since receiving the most recent booster dose.

Does it matter which version of the booster shot I take?

It is fine to mix brands. You do not have to get the same vaccine you got for your primary series or other boosters. Both provide similar amounts of protection.

If I had COVID-19 in the last 90 days, do I need to wait to get my booster?

It is okay to get a booster within 90 days of having COVID-19 but waiting closer to 90 days can give you a better immune response. You can get COVID-19 more than once, so it is important to get a booster even if you had COVID-19.

For more information visit:
<https://bit.ly/COVIDboosterPHL>



Why should I get a COVID-19 booster?

- 1 Boosting helps protect against newer variants like Omicron
- 2 Everyone benefits from updated COVID-19 boosters...
 - ✓ Even for people who have had COVID already
 - ✓ And even for people who already got boosted
- 3 Boosters help protect people around us



? What are the new boosters?

Monovalent shot: original booster
Bivalent shot: new, updated booster protecting against more COVID strains

The bottom line: **Boosters energize your immune system** to improve protection against COVID-19. You should get boosted to protect yourself and those around you.

When can I get a COVID-19 booster?

It depends on your age and whether you have finished a full ("primary") vaccine series. Find your age group in the graphic below. This graphic only applies to people that completed their primary series.



6 months-4 years

Booster not yet available for this group



5 years and older

Eligible for 1 updated (bivalent) booster, at least 2 months after most recent COVID-19 vaccine



For more information on boosters, visit:
COVID19LearningNetwork.org

COVID-19 Real-Time Learning Network
Brought to you by CDC and AIDSA



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10/14/2022



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Resources and Services

New Project Firstline Materials!

Many training materials and posters are [now available in Spanish](#):

- Posters/infographics
- Job aides
- Training toolkits



NOW AVAILABLE!

New training materials

EN ESPAÑOL

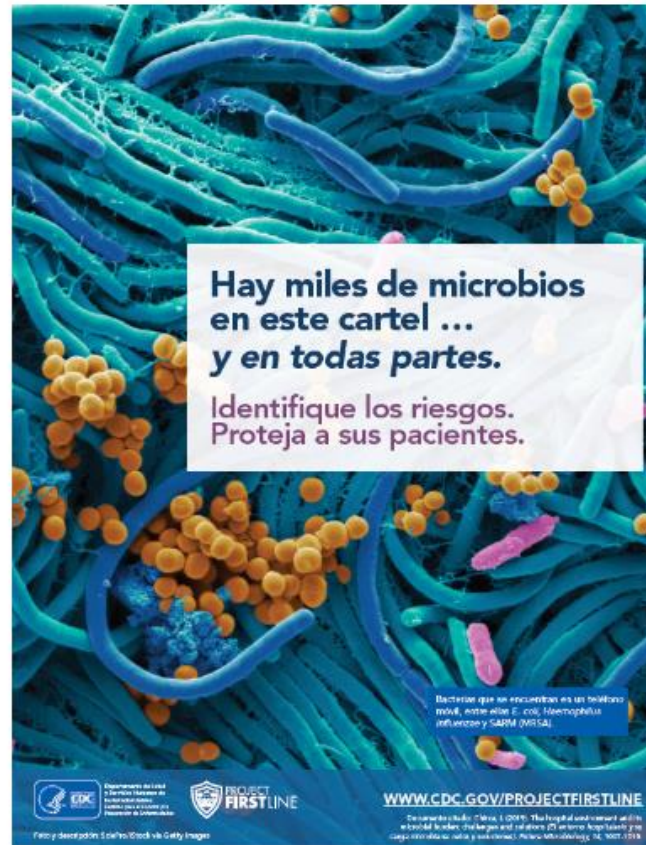
www.cdc.gov/ProjectFirstline



Examples of Materials



[Miles de microbios – Poster 1](#) [PDF – 1 página]



[Miles de microbios – Poster 2](#) [PDF – 1 página]



[¿Qué vería? Cartel](#) [PDF – 1 página]

New Project Firstline Materials!

Antimicrobial resistance fact sheet

FIGHT ANTIMICROBIAL RESISTANCE WITH INFECTION CONTROL

Antimicrobial resistance happens when germs like bacteria and fungi develop the ability to defeat the drugs designed to kill them. That means the germs are not killed and continue to grow and spread.

As a frontline healthcare worker, you play an important role in fighting antimicrobial resistance.

When you practice infection control, you stop resistant germs from:



Entering the body and causing infections through procedures and medical devices



Spreading to people from surfaces like bedrails or the hands of healthcare workers



Moving with patients when they are transferred between facilities



Spreading into the community, making them harder to control

Infection control fights resistance by:



Infection control also protects you from getting sick and decreases the risk of spreading germs to patients.

Check out Project Firstline resources to learn more about how you can protect your patients, yourself, and your community from antimicrobial resistance.

www.cdc.gov/ProjectFirstline

WE HAVE THE POWER
TO STOP RESISTANT
INFECTIONS. TOGETHER



Reminder: HAI/AR Services

- Infection Control Assessment and Response (ICAR) visit
- N95 qualitative fit test training
- Quarterly newsletter
- Onsite education
 - Short form staff education
 - Hand hygiene auditing training
- [Sign-Up Form for HAI/AR Services](#)

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Healthcare-Associated Infections/Antimicrobial Resistance (HAI/AR) Program

Sign-Up Form for HAI/AR Services

Please fill out the fields below.

Thank you!

First Name <small>* must provide value</small>	<input type="text"/>
Last Name <small>* must provide value</small>	<input type="text"/>
Email <small>* must provide value</small>	<input type="text"/>
Phone Number	<input type="text"/>
Facility Name <small>* must provide value</small>	<input type="text"/>

Resize font:  | 

APIC Membership for SNF Infection Preventionists

Connecting LTCF IPs to a professional organization offers:

- Online educational resources
- Online peer community and support
- Local chapter networking opportunities and LTC Focus Group support

PDPH Organizational Membership (annual):

- One membership per facility
- Can be transferred to a new IP
- Link to sign up:

<https://app.smartsheet.com/b/form/3e8cffae22f84c2692ee614321f816f0>



APIC
Association for Professionals in
Infection Control and Epidemiology

Hello,

Welcome to LTC-NIPF – the Long-Term Care National Infection Prevention Forum!

LTC-NIPF is an online community open to infection preventionists (IPs) and infection prevention and control (IPC) champions in LTC across the United States.

This is your space to connect with fellow LTC professionals, stay up to date on the latest IPC guidance, and share your experiences – and challenges – getting staff to follow the latest guidance consistently. Log in daily to see the latest information, ask questions, and learn from Subject Matter Experts in the field.

[Click here to view how to get started.](#)

Passcode to join: Microbe

Guidelines: Discussions are not moderated therefore we ask that users follow posting [rules and etiquette linked here.](#)

If you have questions, please contact LTC-NIPFhelp@ahca.org

Thank you for enrolling in the LTC-NIPF. We look forward to connecting with you!

This information exchange is supported through funding by the Centers for Disease Control and Prevention (CDC) and has been implemented by the American Health Care Association (AHCA) and the Association for Professionals in Infection Control and Epidemiology (APIC).

[Link to LTC National Infection Prevention Forum Sign-up](#)



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Thank you, and Happy Holidays!

Look for the 2023 call series calendar invite in the coming days