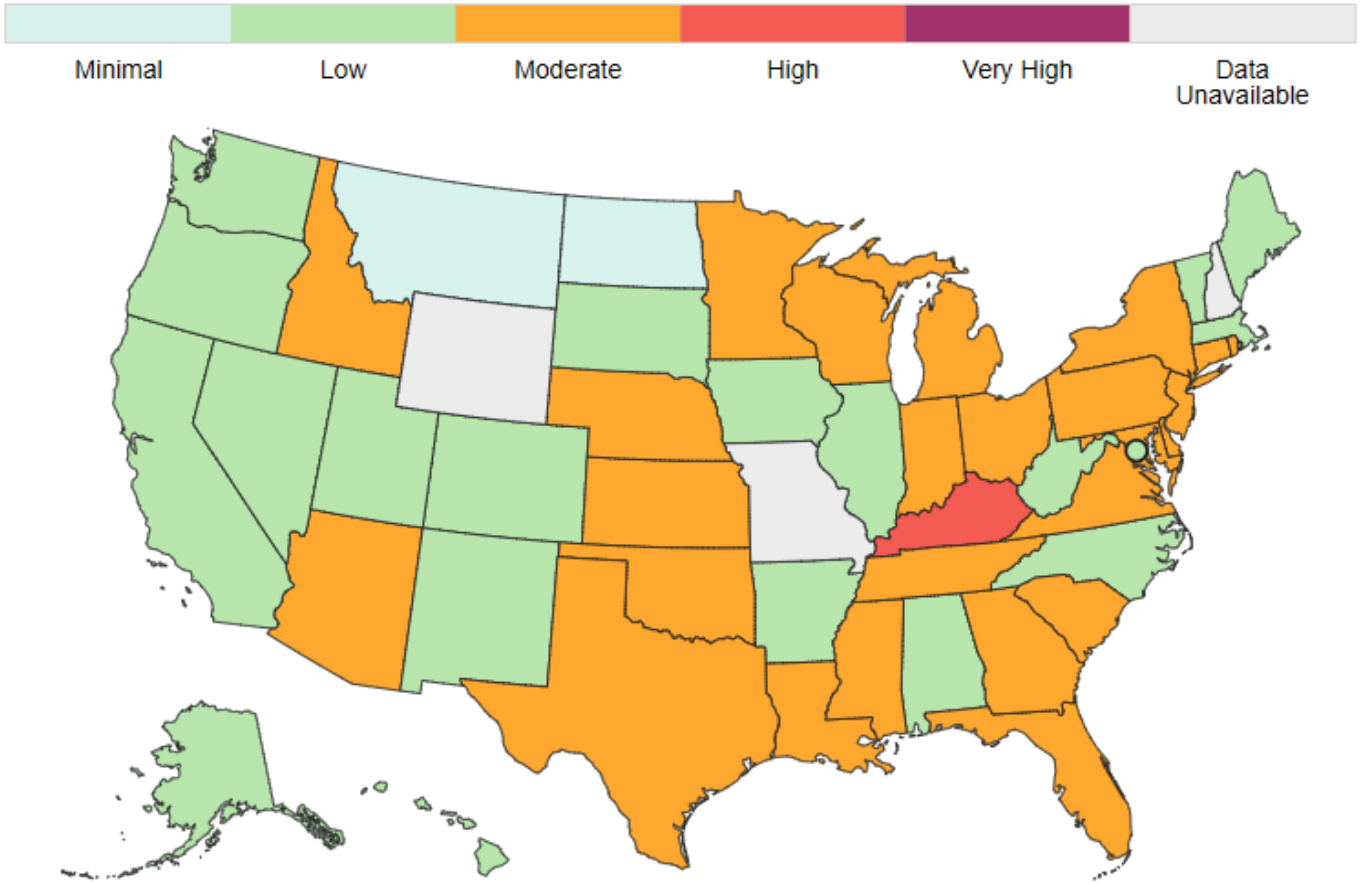
PDPH/LTCF Conference Call
Wednesday, 12/18/24

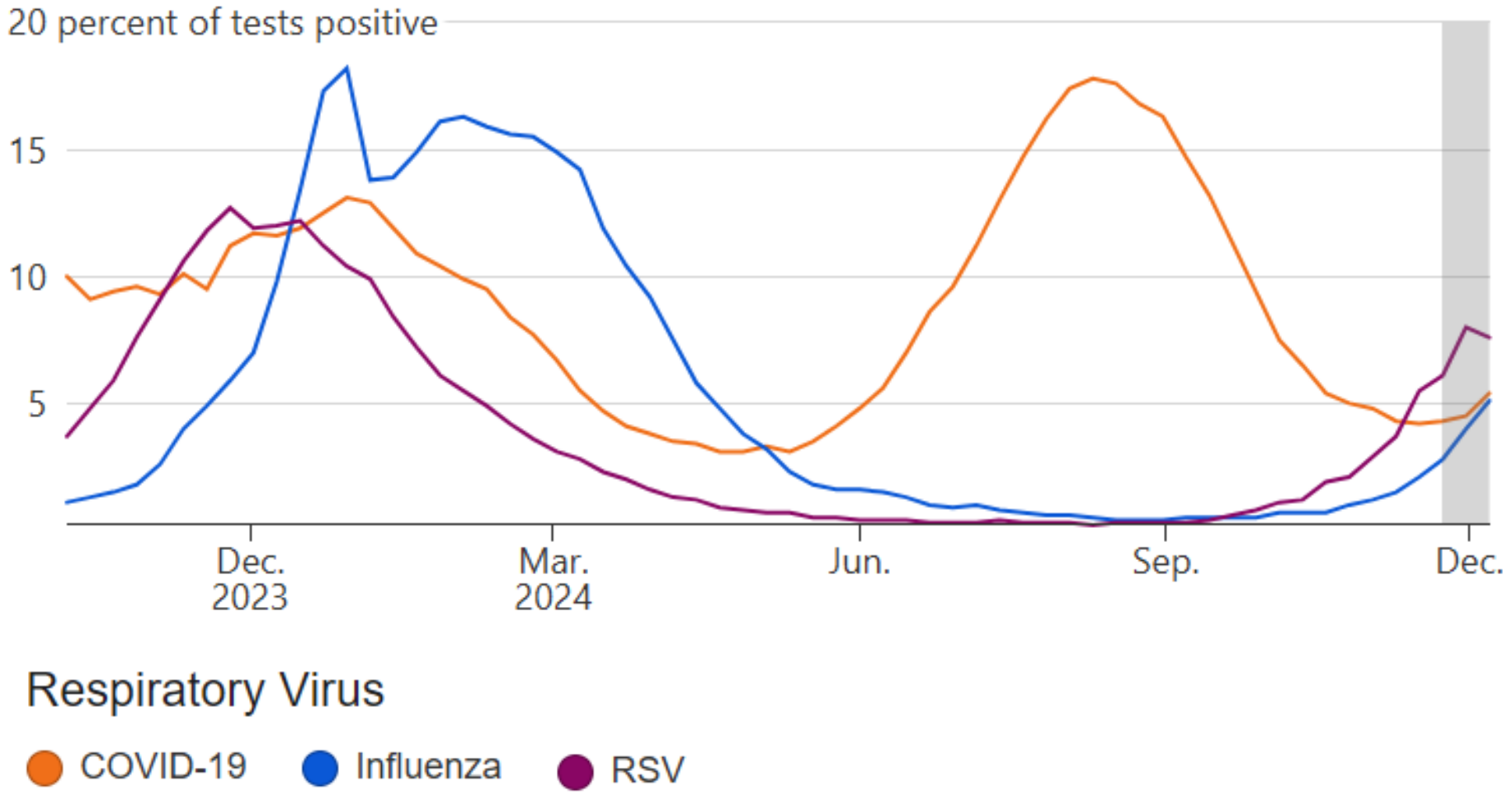
Agenda

- Respiratory Season Surveillance Update
- Response to Seasonal Gastrointestinal (GI) Illness in LTCFs
- SNF NHSN Reporting Updates
- Enhanced Barrier Precautions (EBP) Survey – Sign up by 12/20!
- Disinfectant Agent Selection & Best Practices
  - APIC Consulting Services ICAR Project Presentation

ACUTE RESPIRATORY ILLNESS

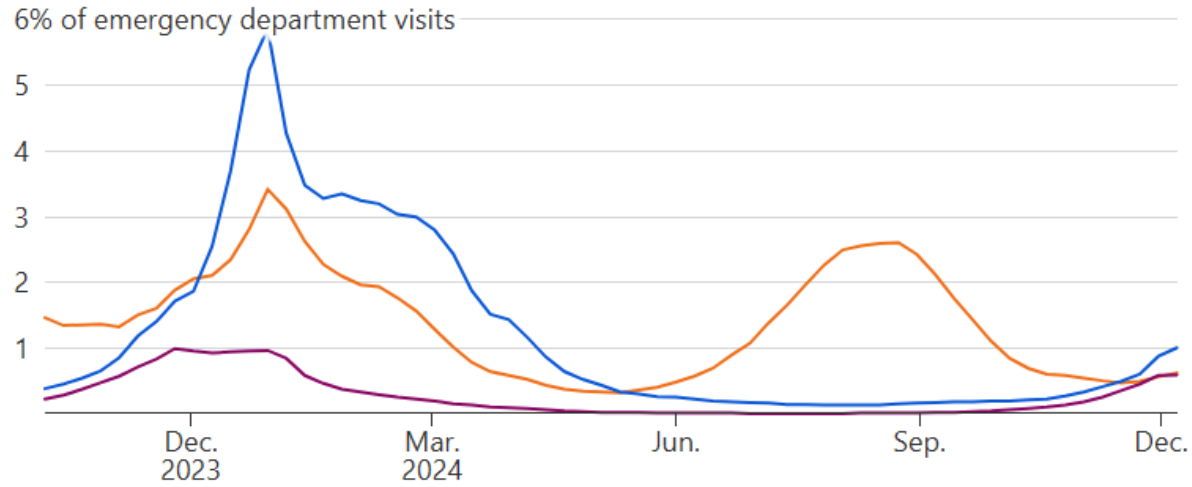


PERCENT OF TESTS POSITIVE FOR RESPIRATORY VIRUSES (US)

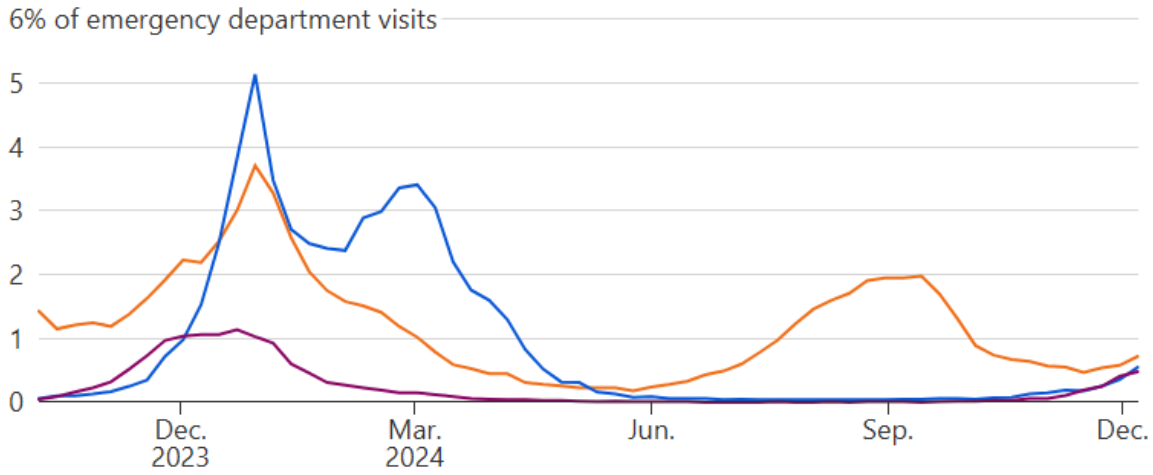


EMERGENCY DEPARTMENT VISITS FOR VIRAL RESPIRATORY ILLNESS

United States

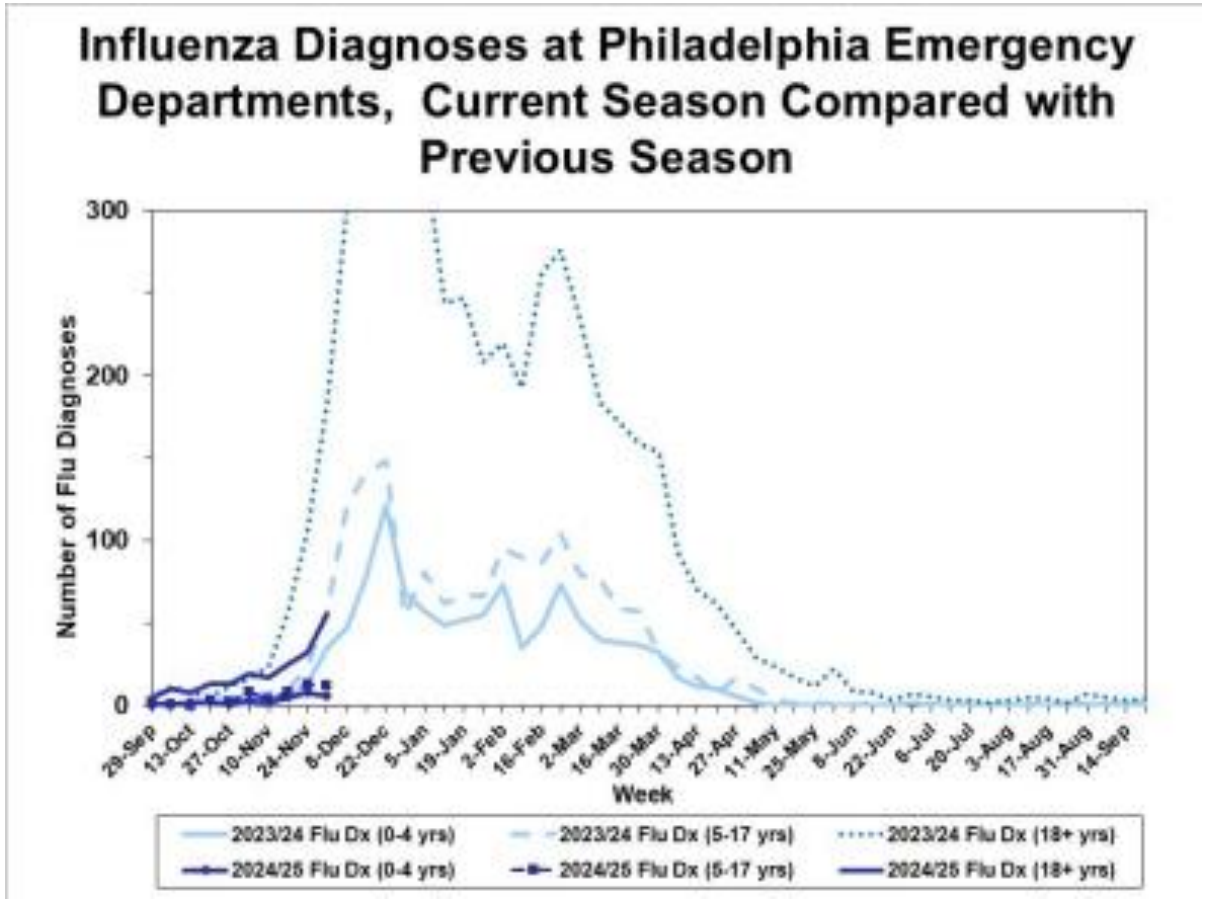


Pennsylvania



COVID-19 Influenza RSV

RESPIRATORY VIRUS ACTIVITY, PHILADELPHIA



December 1-7, 2024:

- RSV activity continued to increase; current level is similar to peak activity from the 2023-2024 season.
- COVID-19 hospitalizations remained at a low level.

Response to Seasonal GI Illness in LTCFs

LONG TERM CARE FACILITY COLLABORATIVE CALL

DECEMBER 18, 2024

CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF DISEASE CONTROL

2024-2025 GI Illness Season

Surveillance data suggest a start of seasonal GI illness activities

- Increases in ED visits for GI illness seen in the past few weeks
- Reports of confirmed and suspected norovirus/GI illness from LTCF and childcare facilities
- Historically January-April most common months for GI illness outbreaks reported in LTCFs

Norovirus basics

- Most common cause of acute gastroenteritis worldwide; highly contagious (very low infectious dose). Spreads quickly in communal settings.
- Incubation range 12-48 hours (typical is 24-48 hours)
- Acute onset watery, non-bloody diarrhea, vomiting, stomach cramping, nausea. Headache and low-grade fever may also be present
- Fecal-oral spread: most common is person-to-person in LTCF settings
- Complications: dehydration, may require hospitalization
- Shedding may continue to occur after symptoms resolve (days or more)
- No vaccine available
- No antiviral treatment available

GI Illness Outbreak Reporting

Definition

- At least 3 residents/staff in a facility who are experiencing symptoms within 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

- Infection control guidance
- Line list for tracking cases
- 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.
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 unit, 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. Improving ventilation by using HEPA air purifiers in affected units may help reduce potential aerosol transmission of norovirus
12. Review food service/disinfection practices. Pay attention to staff hand washing and ice machines.
13. Restrict admissions and transfers until outbreak is over (no new cases for at least 96 hours).
14. Limit staff from moving between affected and unaffected units and assign staff to work on the same 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.
15. Post notice for visitors: Restrict visitors to a single entry point, and monitor compliance with contact isolation precautions.
16. Cancel group activities and serve meals in rooms until 96 hours after symptoms of last case resolve.
17. Educate staff and post signage around building reminding of precautions against the spread of disease.
18. Notify receiving acute care facility if residents need to be transferred.

Resources

CDC page on norovirus

- https://www.cdc.gov/norovirus/index.html

CDC Video: Clean Up After Someone with Norovirus Vomits or has Diarrhea

- https://www.youtube.com/watch?v=TAkH4jakLYA

CDC Interactive Infection Control Challenge: Diarrhea Dilemma

- https://www.cdc.gov/project-firstline/hcp/training/Diarrhea-Dilemma.html

EPA List G: Antimicrobial Products Registered with EPA for Claims Against Norovirus

- https://www.epa.gov/pesticide-registration/epas-registered-antimicrobial-products-effective-against-norovirus-feline#use

Questions?

Yvette.Khachadourian@phila.gov

SNF NHSN Reporting Updates

TASEEN KARIM, MPH

HEALTHCARE-ASSOCIATED INFECTIONS/ANTIMICROBIAL RESISTANCE (HAI/AR) PROGRAM

NHSN – Respiratory Pathogens

Updated Reporting Requirements for Residents

- LTCFs will be required to report resident information about COVID-19, influenza, and RSV
    - Starting January 1, 2025, on a weekly basis, through NHSN
    - For COVID-19, Influenza, and RSV: vaccination status, confirmed cases (overall and by vaccination status), hospitalizations with confirmed cases (overall and by vaccination status)

NHSN – COVID-19

Updated Reporting Requirements for HCP

- Starting January 1, 2025, facilities are ***no longer required*** to report COVID-19 vaccination data for HCP **every week**
- Required to report HCP COVID-19 vaccination data for one week per month, due on a quarterly basis
- The week-end date determines which month a week is included in
  - e.g. week of 01/27/25 – 02/02/25, would count as data for a week in February

NHSN – COVID-19

COVID-19 Vaccination Updates for Long-term Care Facilities

- Beginning the first week of reporting for Quarter 1, 2025
  - Individuals aged **65 years and older** and those who are moderately or severely immunocompromised are up to date
    - when they have received **2 doses of the 2024-2025 COVID-19 vaccine**
    - **or received 1 dose of the 2024-2025 COVID-19 vaccine in the past 6 months**
  - Individuals aged less than 65 years are up to date when they have received 1 dose of the 2024-2025 COVID-19 vaccine

NHSN Resources

NHSN will be hosting a webinar to review the updates

- Webinar registration information:
  - Tuesday, January 7, 2025, at 1:00 PM Eastern Time (US and Canada) https://cdc.zoomgov.com/webinar/register/WN_Sd8zLQXEQCWl9vKCrfJcpw#/registration

- Updates to the surveillance up to date definition for each quarter can be found here:
  - Understanding Key Terms and Up to Date Vaccination (cdc.gov)

NHSN

Reporting Reminder:

- If your facility is anticipating staffing changes, please take appropriate steps to retain access to NHSN, especially transferring the facility NHSN administrator role if needed.

Resources:

- Please email NHSN@cdc.gov for NHSN related questions and samshelp@cdc.gov for SAMS related questions.

Enhanced Barrier Precautions (EBP) Survey

- Centers for Medicare & Medicaid Services (CMS) made implementing EBP mandatory in SNFs effective March 20, 2023, and will survey SNFs on this practice

- EBP is still fairly new to skilled nursing facilities so staff may not be proficient with it and issues in the process may not have been identified yet

Study Goals:

- Gain an understanding of EBP implementation

- Identify areas for improvement in each participating SNF and overall, among all facilities

- Provide education on EBP and MDRO prevention to frontline staff in Philadelphia SNFs

Participation

- Participating facilities will:
  - Receive the survey via the email provided between November and December
  - Advertise the survey to their staff via email and a flyer provided by PDPH
  - Distribute the survey to all staff members in various clinical and environmental service roles via:
    - PDPH provided staff email
    - PDPH provided posters with QR codes for the survey
  - Receive an **individual report** with **targeted recommendations and support** we can offer
- Overall, survey data will be used to provide further resources, including trainings
- Anonymous aggregate data will be shared in a PDPH monthly LTCF Collaborative Call and possibly elsewhere
- **Enroll via the email in follow up!**

Questions?

Department of
Public Health
CITY OF PHILADELPHIA

Happy Holidays!

Our calls will resume in 2025, stay tuned for the calendar invite!