PDPH/LTCF Conference Call
Friday, 10/31/25

Agenda

- Seasonal Influenza and Other Respiratory Viruses in LTCFs: Testing and Infection Prevention and Control Considerations
- FREE Infection Prevention Supply Survey
- Spotlight on Antibiotic Stewardship
  - R-FAST Toolkit
  - U.S. Antibiotic Awareness Week, November 18-24
  - SNF Pharmacist Survey Reminder
- PDPH Resources and Services

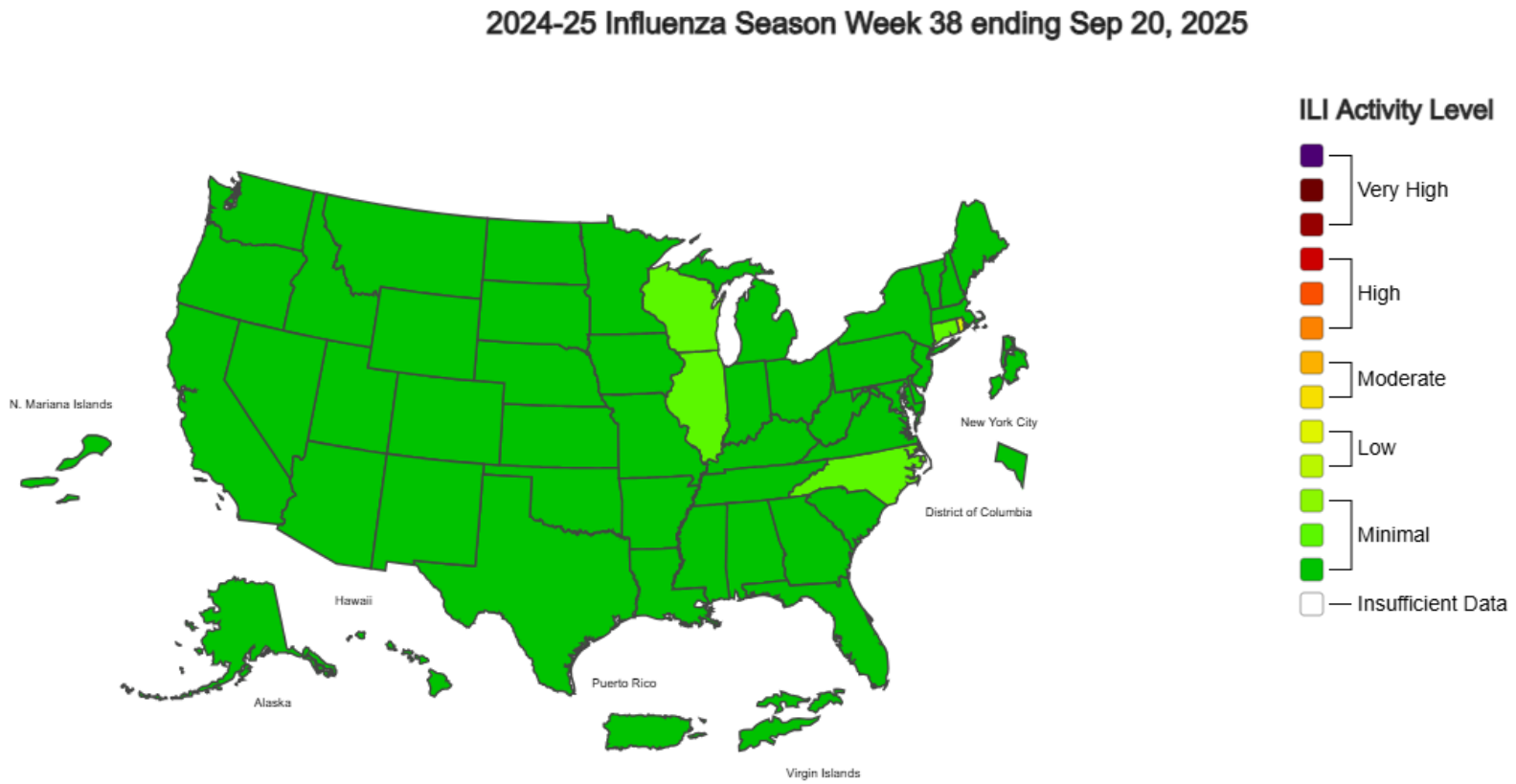
SEASONAL INFLUENZA AND OTHER RESPIRATORY VIRUSES IN LTCFS: TESTING AND INFECTION PREVENTION AND CONTROL CONSIDERATIONS

TREVOR KANASKIE, MPH
ACUTE COMMUNICABLE DISEASE PROGRAM, DIVISION OF DISEASE CONTROL

CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF DISEASE CONTROL

CURRENT INFLUENZA ACTIVITY IN THE US: 2025-2026 SEASON

- Most recent data, updates currently paused due to federal shutdown

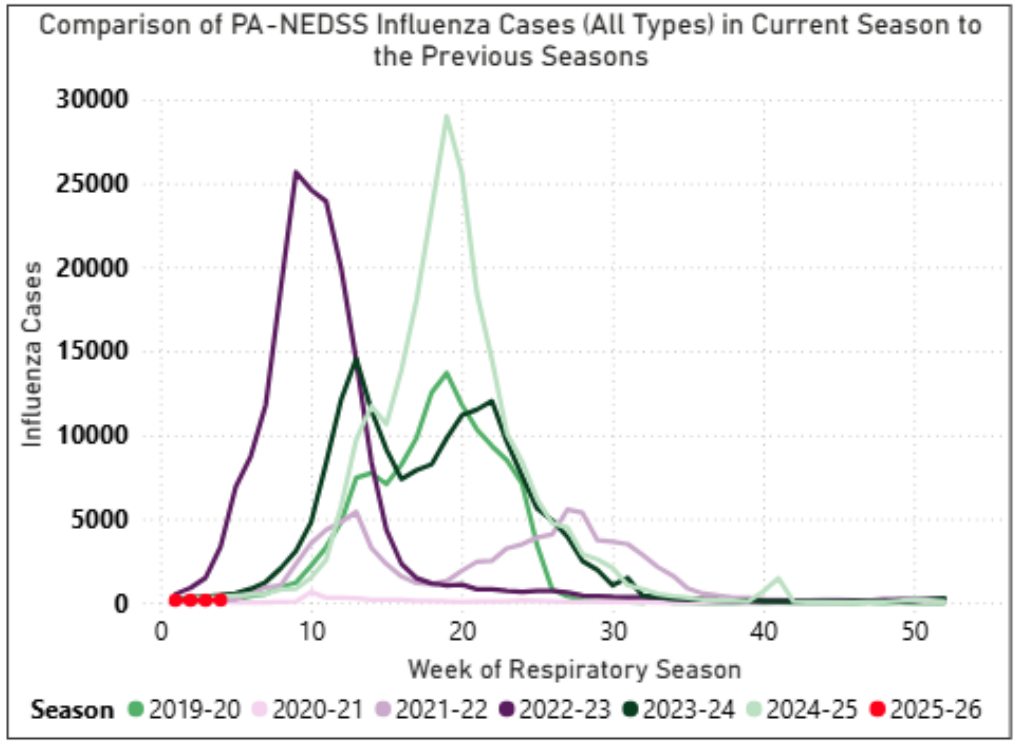


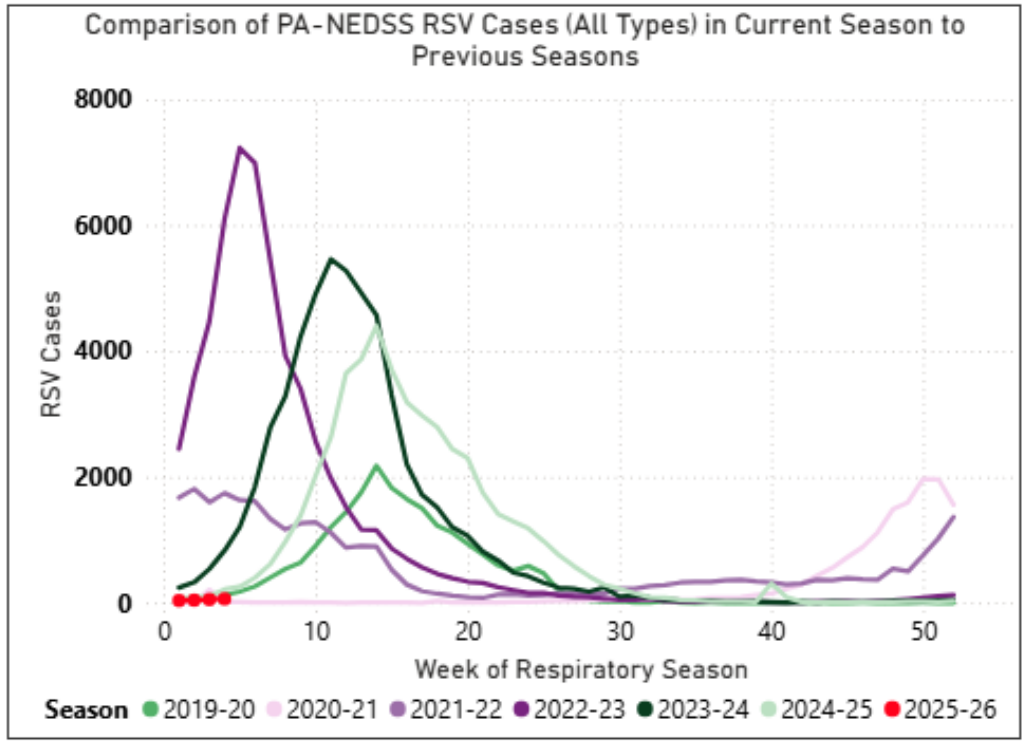
https://www.cdc.gov/fluview/surveillance/week-38.html

CURRENT RESPIRATORY VIRUS ACTIVITY IN PA: 2025-2026 SEASON

Seasonal Comparisons for Influenza and RSV

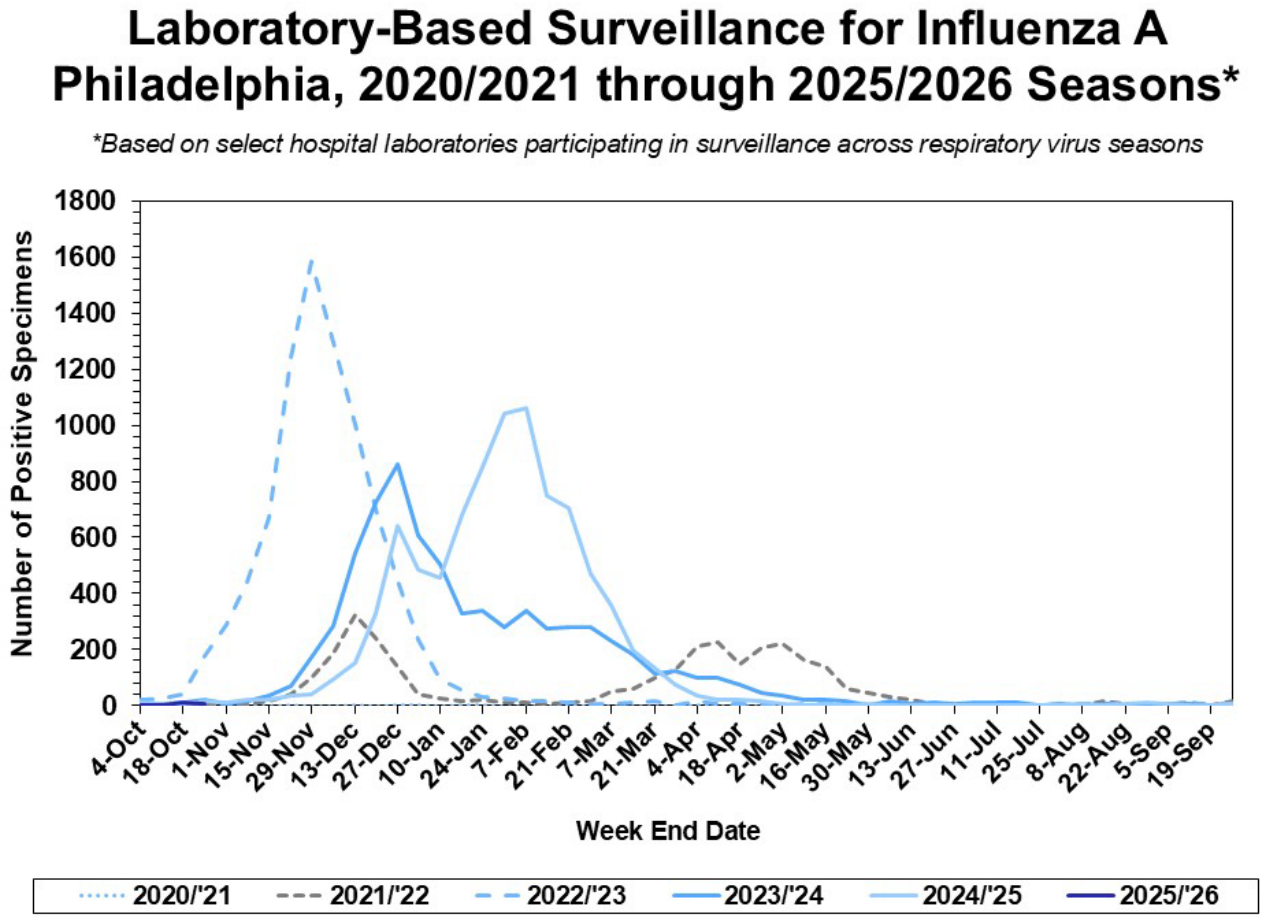
Pennsylvania Department of Health



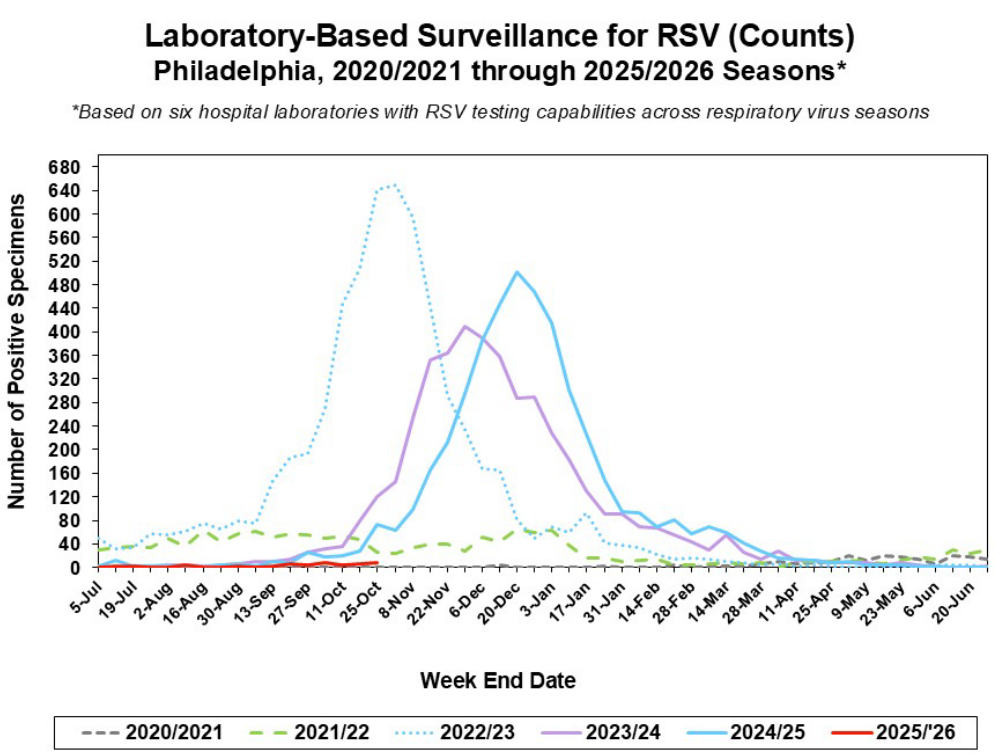


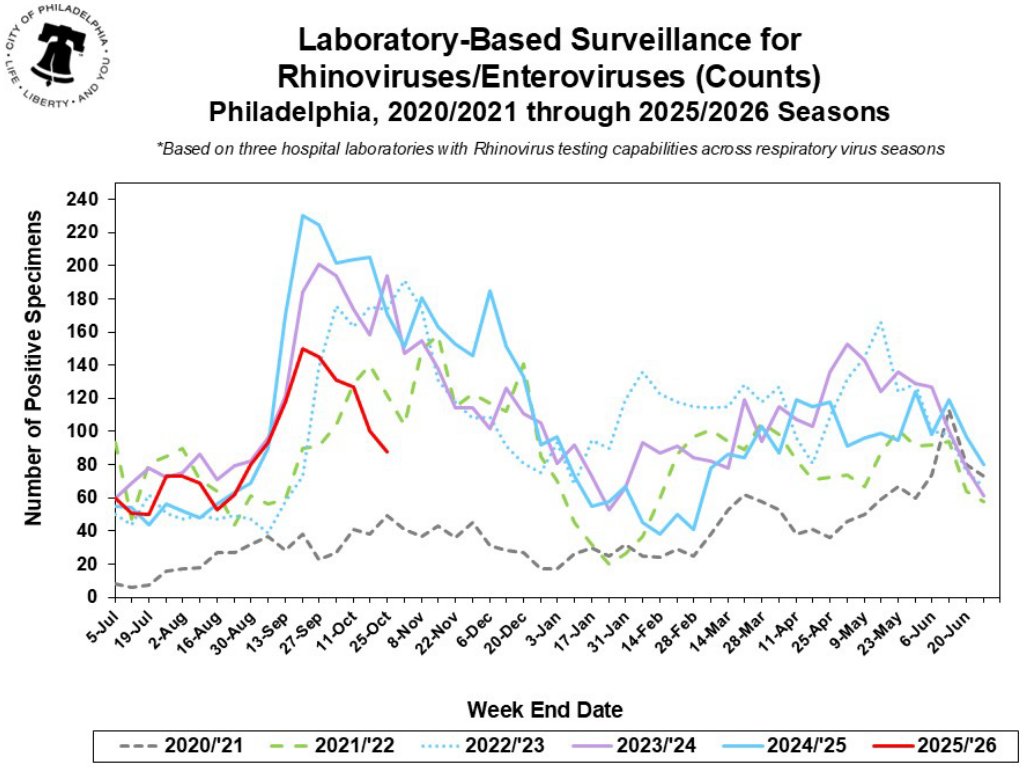
https://www.pa.gov/agencies/health/diseases-conditions/infectious-disease/respiratory-viruses/respiratory-virus-dashboard

CURRENT INFLUENZA ACTIVITY IN PHILADELPHIA: 2025-2026 SEASON

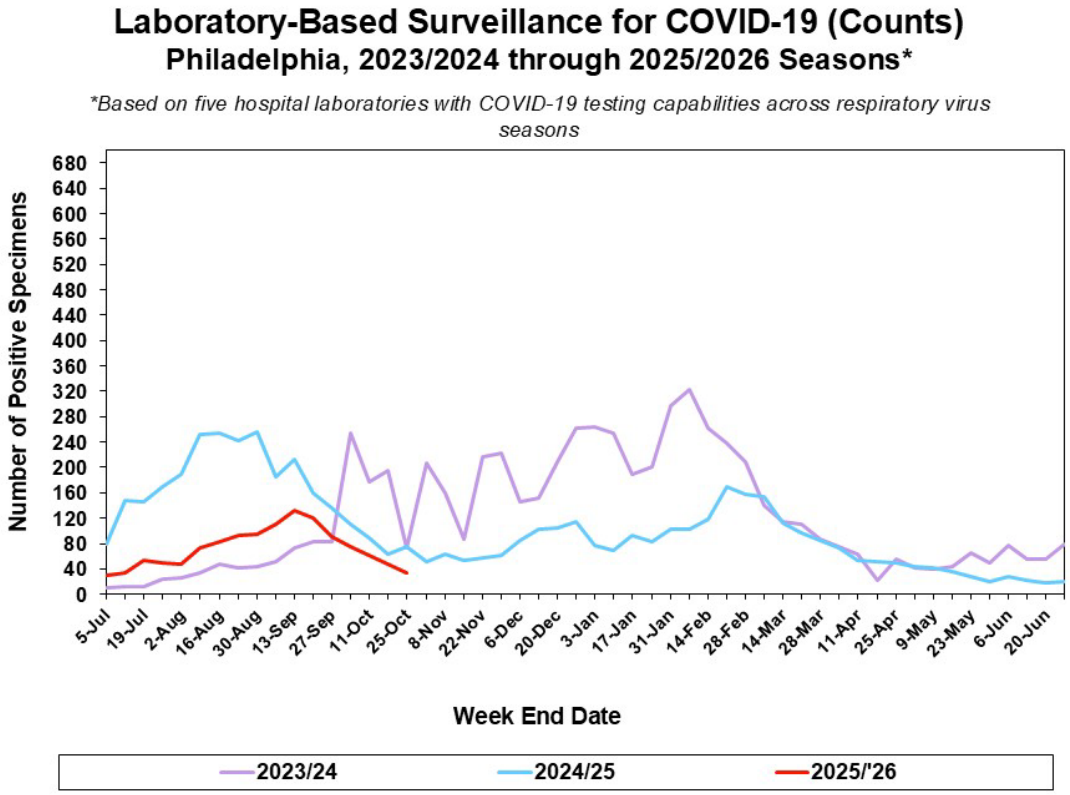


OTHER RESPIRATORY VIRUS ACTIVITY IN PHILADELPHIA: 2025-2026 SEASON





COVID-19 ACTIVITY IN PHILADELPHIA: 2025-2026 SEASON



LONG TERM CARE FACILITY RESPIRATORY VIRUS OUTBREAKS

- What is considered an influenza outbreak?
  - **One** case of laboratory confirmed influenza in a LTCF resident or staff
  - Suspected outbreak: Two or more residents ill with influenza-like illness (ILI) occurring within 72-hours, who are in close proximity to each other
  - ILI consists of fever with cough or sore throat
- What is considered a respiratory virus outbreak?
  - **One** case of laboratory confirmed respiratory virus (COVID-19, rhinoviruses/enteroviruses, respiratory syncytial virus (RSV), adenoviruses, human metapneumoviruses, or parainfluenza viruses in a LTCF resident or staff
  - Suspected outbreak: Two or more residents ill with acute respiratory illness (ARI) occurring within 72-hours, who are in close proximity to each other
  - ARI can include fever, cough, chills, headache, myalgia, sore throat, shortness of breath, or runny nose
- Outbreak conclusion: considered over when 14 days have elapsed with no new lab confirmed influenza/respiratory virus cases or any individuals becoming symptomatic with ILI or ARI
- **LTCFs should call 215-685-6741 during business hours, Mon-Fri 8:30AM-5PM, or report through their PDPH Outbreak Response Coordinator within 1 business day**
- PDPH's approach to outbreak surveillance and response similar to previous years; PADOH's approach was modified and differs from PDPH in some aspects

SURVEILLANCE

- Facilities should conduct regular surveillance for respiratory illness to identify outbreaks and institute infection control recommendations promptly.
- Staff should suspect that a resident has a respiratory virus illness, even if the illness is mild or the resident has been appropriately vaccinated. Elderly persons may have an atypical clinical presentation and lack key symptoms, such as not developing a fever, when infected with a respiratory virus.
- During an outbreak, facilities should maintain an accurate line list for respiratory illness among all residents and healthcare staff.
  - PDPH can provide template line lists.
- Line lists should capture all point of care (POC) antigen tests and be routinely shared with PDPH
  - Secure email preferred, but PDPH can provide alternative methods including using password protected line list files
- PADOH requires that all POC tests are reported
  - **Line lists shared with PDPH will be reported to PADOH and will satisfy reporting criteria for POC tests.**
- LTCFs should contact PDPH at (215) 685-6741 during business hours or their PDPH Outbreak Response Coordinator for additional guidance or questions regarding line list management or reporting

TESTING

- Since we are seeing co-circulation of these viruses in the community, consider testing symptomatic persons for COVID-19, influenza, and other respiratory viruses
- For residents or staff with acute respiratory illness:
  - Order multiplex nucleic acid detection assay for influenza and COVID-19
  - Single-plex is okay if multiplex not available (might need two respiratory specimens)
  - Point of care (POC) rapid antigen tests may also be used if needed
    - Molecular tests have better sensitivity and are recommended over antigen tests
    - False negative results may occur with rapid antigen tests
- PDPH can assist with respiratory panel testing of NP swabs for residents who are COVID-19 and influenza negative
  - 4-plex testing of nasal swabs to test for Flu A, Flu B, RSV, and COVID-19 also available

RESPONSE TO PERSONS WITH ACUTE RESPIRATORY ILLNESS

- Place symptomatic residents in Transmission-Based Precautions using all recommended PPE for care of a resident with suspected COVID-19
- Test any resident with symptoms of COVID-19 or influenza for both viruses
- Placement Decisions
  - Residents confirmed to have COVID-19 should be placed in a single room, if available, or housed with other residents with only COVID-19. If unable to move a resident, the ill individual could remain in the current room with measures in place to reduce transmission to roommates (e.g., optimizing ventilation)
    - Duration of isolation is at least 10 days or until fever free without medication for 24 hours and respiratory symptoms have improved, whichever is longer
  - Residents confirmed with influenza only should be placed in a single room, if available, or housed with other residents with only influenza. If unable to move a resident, the individual could remain in the current room with measures in place to reduce transmission to roommates (e.g., physical barriers, antiviral chemoprophylaxis)
    - For those with influenza only, use droplet and standard precautions with eye protection
    - Duration of isolation is at least 7 days or until fever free without medication for 24 hours and respiratory symptoms have improved , whichever is longer
  - Residents with symptoms of acute respiratory illness who test negative for COVID-19 and influenza should be cared for using Standard Precautions and any additional Transmission-Based Precautions based on their suspected or confirmed diagnosis and symptoms
    - Duration of isolation is until fever free without medication for 24 hours and respiratory symptoms have improved

ANTIVIRAL USE FOR TREATMENT: INFLUENZA AND COVID-19

- Antiviral Treatment for Influenza Cases
  - Antiviral treatment with oseltamivir (Tamiflu) can reduce the severity and duration of influenza illness
  - Treatment should be initiated within 2 days of symptom onset; however, it is still beneficial when given later in the course of progressive illness
- Antiviral Treatment for COVID-19 Cases
  - Antiviral treatment with nirmatrelvir-ritonavir (Paxlovid) can reduce risk of severe outcomes including hospitalization and death in those at higher risk of severe disease
  - Treatment must be started as soon as possible and within 5-7 days of symptom onset

ANTIVIRAL USE FOR CHEMOPROPHYLAXIS: INFLUENZA

- Antiviral Chemoprophylaxis for Persons Exposed to Influenza
  - Antiviral prophylaxis with oral oseltamivir or baloxavir should be started as early as possible in all eligible exposed residents (who have no contraindications), and residents on outbreak-affected units, regardless of vaccination status.
    - Chemoprophylaxis should continue for at least 2 weeks, until 7 days after the onset of illness in the last known case.
  - Chemoprophylaxis should be offered to staff who are unvaccinated or have underlying medical conditions. Staff members who are initially vaccinated at the time of an outbreak, and have no underlying conditions, require chemoprophylaxis only for the 2-week period following vaccination.

ILL STAFF

- Work Exclusion
  - Staff members should be restricted from work until at least 3 days have passed since symptom onset (or since first positive test if asymptomatic) and at least 24 hours have passed with no fever (without the use of fever reducing medicines), symptoms are improving, and HCP feel well enough to return to work
    - The day of symptom onset or first positive test (if asymptomatic) is considered day 0
    - The first possible day for HCP to return to work is day 4
  - Staff should wear a facemask for source control in all patient care and common areas of the facility (e.g., HCP break rooms) for at least 7 days since symptom onset (or since first positive test if asymptomatic).
    - The first possible day for HCP to work unmasked is day 8
  - Staff work exclusion applies to all facility staff regardless of role
- Educate staff about the importance of vaccination, signs and symptoms or respiratory viruses, and proper control measures and precautions

OTHER MEASURES

- Promote seasonal influenza and COVID-19 vaccination among residents and staff
  - RSV vaccine and Pneumococcal vaccine should also be encouraged for those who meet criteria
- Encourage good hand hygiene and covering coughs and sneezes
- Routinely clean and disinfect commonly used objects and surfaces
- Consider masking during respiratory virus season as activity increases
  - Mask and social distance during respiratory virus outbreaks
- Ensure staff and visitors stay home if sick
- For ongoing COVID-19 outbreaks, consider testing asymptomatic exposed residents and staff
  - Testing should be performed on day 1 after exposure (day 0), then day 3 and day 5

CDC: VIRAL RESPIRATORY PATHOGENS TOOLKIT FOR NURSING HOMES

PREPARE for respiratory viruses

- Vaccinate
- Allocate resources (such as PPE, alcohol-based hand sanitizer)
- Monitor and mask
- Educate
- Ventilate
- Test and Treat

RESPOND when a resident or staffer develops sign or symptoms of a respiratory virus infection

- Apply transmission-based precautions
- Test
- Provide treatment and prophylaxis
- Investigate

CONTROL respiratory virus spread when transmission is identified

- Notify PDPH
- Implement initial control measures
- Apply additional control measures, if needed

Viral Respiratory Pathogens Toolkit for Nursing Homes | LTCFs | CDC

KEY DIFFERENCES BETWEEN PDPH AND PADOH OUTBREAK GUIDANCE

Guidance Difference	PADOH	PDPH
LTCF Outbreak Case Definition - Who	Residents only	**Residents and staff who are working with residents while contagious**
LTCF Outbreak Definition – Testing Confirmation	At least 1 of 2 cases must be lab confirmed within 72 hours	**One lab-confirmed or 2 symptomatic cases without laboratory confirmation within 72 hours**
LTCF Outbreak Definition – Number of Ill Persons	2 residents within 72 hours	**If lab-confirmed, 1 resident or staff who work with residents. If symptomatic, 2 residents within 72 hours**
Facility Outbreak Reporting Timing	All LTCF outbreaks within 24 hours	**Within 1 business day (M-F, 8:30AM-5PM)**

RESPIRATORY VIRUS GUIDANCE RESOURCES

- PADOH Bureau of Epidemiology:
  - Respiratory Virus Outbreak Toolkit
  - PA HAN 806: Work Exclusion Guidance for Health Care Personnel with Confirmed or Suspected Respiratory Viral Infections
  - PA HAN 808: Preparedness for the 2025-2026 Respiratory Season
- CDC Influenza Outbreak Management in LTC and Post-Acute Care Facilities: Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities | Influenza (Flu) | CDC
- CDC Respiratory Virus Pathogens Tool Kit for Nursing Homes: Viral Respiratory Pathogens Toolkit for Nursing Homes | LTCFs | CDC

RESPIRATORY VIRUS SURVEILLANCE DASHBOARDS

- Philadelphia
  - Influenza: https://hip.phila.gov/data-reports-statistics/influenza/
  - Other Respiratory Viruses: https://hip.phila.gov/data-reports-statistics/otherrespiratoryviruses/
- Pennsylvania
  - All Respiratory Viruses: Dashboard
- United States – Updates currently paused due to federal shutdown
  - CDC Respiratory Virus Illnesses Data Channel: Respiratory Illnesses Data Channel | Respiratory Illnesses | CDC

QUESTIONS???

FREE Infection Prevention Supply Survey

Survey Dates:

Opened: Monday, October 27th

Closes: Monday, November 10th

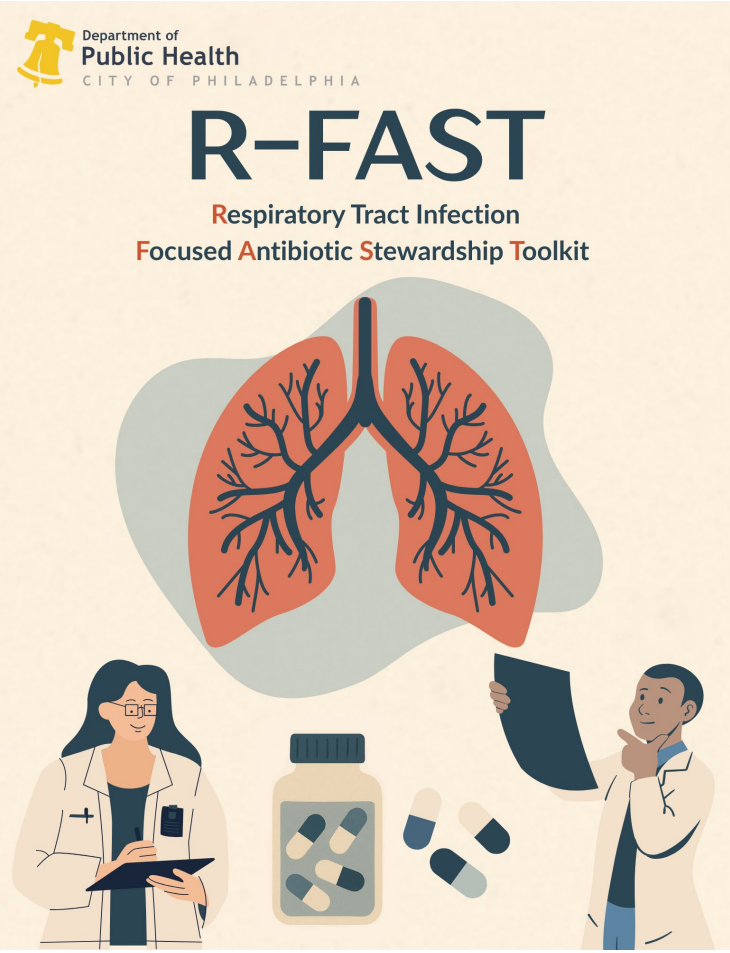
Available Free Supplies:

- COVID-19/Flu Combo Test Kits
  - A rapid at-home antigen test kit that detects COVID-19 and Flu A/B with one nasal swab and provides results in about 15 minutes.
- HEPA Air Replacement Filters
  - HEPA-112 (the larger unit)

Spotlight on Antibiotic Stewardship

Lea Widemann, MSc
Antibiotic Stewardship Epidemiologist
Healthcare-Associated Infections and Antibiotic Resistance (HAI/AR) Program
Philadelphia Department of Public Health, Division of Disease Control

New Toolkit Available

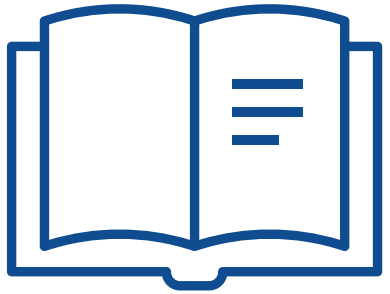


- 15 resources to help your facility enhance antibiotic stewardship in the management of residents with respiratory tract infections
- Topics include…
  - Diagnosis and treatment of various respiratory conditions
  - Collecting respiratory cultures
  - Communication between healthcare providers
  - Communication with residents and family members
  - Penicillin allergy delabeling
  - Materials to display commitment to antibiotic stewardship

Accessing R-FAST

Available online at:

bit.ly/RFASTPhilly



Keep an eye on the mail for a physical copy!

Save the Date

- **November 18-24: US Antibiotic Awareness Week**
  - Special edition of HAI/AR Newsletter
  - Go Purple!
- **November 21st, 11:00am-12:00am**
  - Join us for a talk by Dr. Jerry Jacob – Professor of Clinical Medicine & Infectious Disease at the University of Pennsylvania – on the importance of penicillin allergy delabeling! Guidance and resources on how to successfully implement these programs in your facility will also be provided.

Help Improve Antibiotic Stewardship in Philly

- **Share our brief, anonymous survey with your consultant pharmacists!**
  - Help us develop resources that address real needs identified by pharmacists.
  - Contribute to improved antibiotic stewardship practices at Philadelphia SNFs.
  - Support citywide efforts to reduce antibiotic resistance and improve patient outcomes.

Department of
Public Health
CITY OF PHILADELPHIA

Resources and Services

Reminder: HAI/AR Services

- Infection Control Assessment and Response (ICAR) visit
- Onsite Education
  - Onsite Education Topics:
    - Hand Hygiene
    - Environmental Services
    - Personal Protective Equipment
    - *C. auris*
    - Injection Safety
    - Escape Room
  - Virtual Education Topics:
    - Injection Safety
    - *C. auris*
- N95 Qualitative Fit Test Train-the-Trainer
- Quarterly newsletter

- [Sign-Up Form for HAI/AR Services]

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

Over $200 in value!

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Public Health Micro-Credentials

[Public Health Micro-Credentials | Drexel Dornsife School of Public Health]

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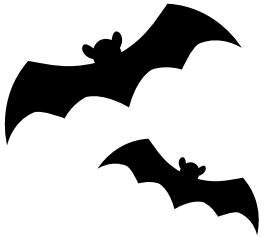

Thank you, and Happy Halloween!

Next call Friday, November 21 @ 11:00 am