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## INSTRUCTION FOR CONTACT HOUR

- Your display name **MUST** match your evaluation name for CEU credit. If it does not, type your name and facility in the chat.
- Enjoy the entire program.
- Complete the post-evaluation by August 30, 2024, 5:00 PM (available on the last slide)
- Certificate will be emailed to you by September 15, 2024

# Welcome

**BEFORE WE BEGIN, ANSWER IN THE CHAT:**

**What is your favorite  
water activity?**



# San Diego Skilled Nursing Facility Infection Prevention Collaborative

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Grow - Collaborate - Succeed

Coordinated by the County of San Diego  
Healthcare-Associated Infections (HAI) Program

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# Reminders



Recording is on!



PHS.HAI.HHSA@ sdcounty.ca.gov



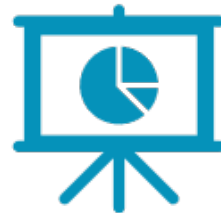
Keep your lines muted



Participate in the polls and chat



Use the chat box for questions



Slides will be emailed



Type into the chat your:

- Name
- Title
- Facility

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# Land Acknowledgement



**Public Health Services would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today. While we are meeting on a virtual platform, I would like to take a moment to acknowledge the importance of the lands, which we each call home. We respectfully acknowledge that we are on the traditional territory of the Kumeyaay. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honor those teachings.**

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# Agenda



**Welcome**

**General Updates**

**Announcements**

**Featured Topic: "FLUNOVID+RSV"**

**Next Collaborative**

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SNF IP  
Email List



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# Poll Question



## Which topics would you like to see featured in an upcoming SNF IP Collaborative Meeting? (select all that apply)

- a. Infection Control considerations for Ancillary Services (Wound care, Rehab, Respiratory Therapy)
- b. Multiple MDROs and cohorting
- c. TB Control
- d. Scabies
- e. How to implement a QAPI project
- f. IP rounds: What to look for
- g. Effective strategies for educating staff, adult learning principles
- h. Other ideas, please place ideas in chat

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# CAHAN Alerts



To: CAHAN San Diego Participants

Date: August 15, 2024

From: Public Health Services

Health Advisory Update #2: Clade I Mpox Human-to-Human Transmission and Geographical Spread in Africa

## Key Messages

- Mpox infections from clade I monkeypox virus (MPXV) continue to increase in the Democratic Republic of the Congo (DRC), with confirmed spread of clade I MPXV to neighboring countries in central and east Africa.
- Clade I MPXV is associated with increased transmissibility and fatality rates compared to the clade IIb MPXV that continues to circulate in the United States.
- Providers should screen patients with possible mpox infection who report recent travel to east and central African countries that border DRC or close contact to travelers returning from these areas within the prior 21 days for clade I MPXV.
- Medical countermeasures used in the ongoing global outbreak (e.g., vaccines, tecovirimat (TPOXX), brincidofovir, and vaccinia immune globulin intravenous) are anticipated to be effective for clade I mpox. Providers should offer vaccination to patients who are vulnerable to mpox or request the vaccine.
- If clade I MPXV infection is suspected, notify County of San Diego Public Health Services immediately and obtain clade-specific MPXV testing (available through the San Diego Public Health Laboratory).

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# CAHAN Alerts



To: CAHAN San Diego Participants

Date: August 26, 2024

From: Public Health Services

Health Advisory: Increase in Human Parvovirus B19 Activity in the United States

### Key Messages

- CDC has received reports indicating increased parvovirus B19 activity in the United States.
- Parvovirus B19 is a seasonal respiratory virus that is [transmitted through respiratory droplets](#) by people with symptomatic or asymptomatic infection.
- Children aged 5–9 years, showed the largest increase in the proportion of IgM seropositives: in 2022 this group accounted for 15%, that increased to 40% in June 2024.
- Parvovirus B19 infection can lead to adverse health outcomes among people without pre-existing immunity who are pregnant, immunocompromised, or have chronic hemolytic disorders.
- Consider parvovirus B19 among people presenting with compatible symptoms (i.e., fever, rash, arthropathy, or unexplained anemia with low reticulocyte count).

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# Respiratory Virus Update



LIVE WELL  
SAN DIEGO

## San Diego County

### Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

[www.sdepi.org](http://www.sdepi.org)

August 8, 2024

#### COVID-19

Cases

**7,742**

Deaths

**21**

Outbreaks\*

**44**

6/30/2024 – 8/3/2024

#### Influenza

Cases

**395**

Deaths

**3**

Outbreaks\*

**1**

6/30/2024 – 8/3/2024

\*In residential congregate settings

#### RSV

Cases

**25**

Deaths

**0**

Outbreaks\*

**0**

6/30/2024 – 8/3/2024

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# County/CDPH Briefings



- **CDPH/HSAG SNF IP Webinars:**
  - Bi-monthly 4th Wednesday @ 3PM-4PM
  - Next webinar is on 8/28/24
- **HSAG/CalTCM Vaccine Office Hours:**
  - 2<sup>nd</sup> and 4<sup>th</sup> Thursdays monthly at 12PM-1PM
  - Next session is 9/12/24
- **NHSN & HAI Nursing Home Office Hours:**
  - Monthly 3<sup>rd</sup> Tuesday @ 11:30AM-12:30PM
  - Next session is 9/19/24
- **County LTC Sector Monthly Telebriefing:**
  - Bi-monthly 4th Thursday @ 2PM-3PM
  - Next briefing is on 9/26/24



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# Contact Hour Instructions

Ensure

- Ensure your full name identifies you on Teams

Enjoy

- Enjoy the full presentation

Complete

- Complete the post-evaluation

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## Presenters



Grace Kang, MPH, RN, PHN, CIC  
Public Health Nurse Supervisor  
County of San Diego  
Healthcare-Associated Infections Program



Shelby Canino, BSN, RN, PHN  
Senior Public Health Nurse  
County of San Diego  
Healthcare-Associated Infections Program

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# *FLUNOVID + RSV*

## Untangling Infection Prevention in SNFs for influenza, RSV, Norovirus and COVID-19

Grace Kang MPH, RN, PHN, CIC Public Health Supervisor  
Shelby Canino, BSN, RN, PHN Senior Public Health Nurse

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# Objectives



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## The Learner will be able to:

- Identify the four viral conditions that commonly cause outbreaks in skilled nursing facilities.
- Describe how to report outbreaks to public health.
- Explain the infection control actions to mitigate transmission of these viruses during outbreaks.

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# Seasonality of Viruses



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HEALTH AND HUMAN  
SERVICES AGENCY



LIVE WELL  
SAN DIEGO



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Associated  
Infections  
Program



ACCREDITED HEALTH DEPARTMENT  
PHAB  
Advancing public health  
performance  
NATIONAL HEALTH ACCREDITATION BOARD

Many common viral infections that impact skilled nursing facilities are somewhat seasonal:

- **Influenza virus**
- **SARS-CoV-2**
- **Respiratory Syncytial Virus (RSV)**
- **Norovirus**

Month	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May
Winter virus						Influenza virus						
							HCoV					
						RSV						
All-year virus	Adenovirus/HBoV											
Type-specific	PIV3	PIV1										
Spring	hMPV											
Spring/Fall	Rhinovirus											
Summer virus	Non-rhinovirus enteroviruses											

Moriyama M, et al. 2020.  
Annu. Rev. Virol. 7:83-101

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# Respiratory Viruses - Overview



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## INFLUENZA VIRUS – QUICK REFERENCE

### Typical Symptoms

- Fever, Myalgia, headache, malaise, nonproductive cough, sore throat; rhinitis
- Persons aged 60 years and older are less likely to have a fever and may present atypically.

### Incubation

- 1-4 days (average 2 days)

### Infectious Period

- 24 hours prior to symptoms onset to 3-7 days after symptom onset

### Transmission

- Person to person, large-particle respiratory droplet transmission
- Contact with contaminated surfaces
- Aerosol transmission possible (limited data)

### Seasonality

- Oct. - Apr./May.

### Types of Tests

- Molecular - PCR
- Antigen

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# Respiratory Viruses - Overview



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## SARS-CoV2 (COVID-19) VIRUS – QUICK REFERENCE

### Symptoms

- Fever, Chills, Cough, Difficulty Breathing, SOB, Congestion, Runny Nose, Sore Throat, New Loss of Taste or Smell, Fatigue, Muscle/Body Aches, Headache, Nausea/Vomiting, Diarrhea

### Incubation

- 14 days

### Infectious Period

- 48 hours from symptom onset to 7 days after symptom onset OR 24 hrs. after resolution of symptoms

### Transmission

- Close contact between people (conversation distance),
- secretions from an infected person's nose and/or mouth, aerosolized particles inhaled or come in direct contact with eyes, nose or mouth,
- surface contaminated with virus, poorly ventilated or crowded indoor settings.

### Seasonality

- Winter and Summer

### Types of Tests

- Molecular – PCR test
- Antigen

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# Respiratory Viruses - Overview



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## RESPIRATORY SYNCYTIAL VIRUS (RSV) – QUICK REFERENCE

### Symptoms

- Runny nose, sore throat, decreased appetite, coughing, sneezing, fever, wheezing, headache, fatigue, difficulty breathing

### Incubation

- 2-8 days after exposure

### Infectious Period

- Typically 1-2 days prior to symptom onset, up to 3-8 days after symptom onset;
- longer for immunocompromised individuals.

### Transmission

- Person to person through large-particle respiratory droplet transmission;  
direct contact with an infected individual;  
contact with contaminated surfaces

### Seasonality

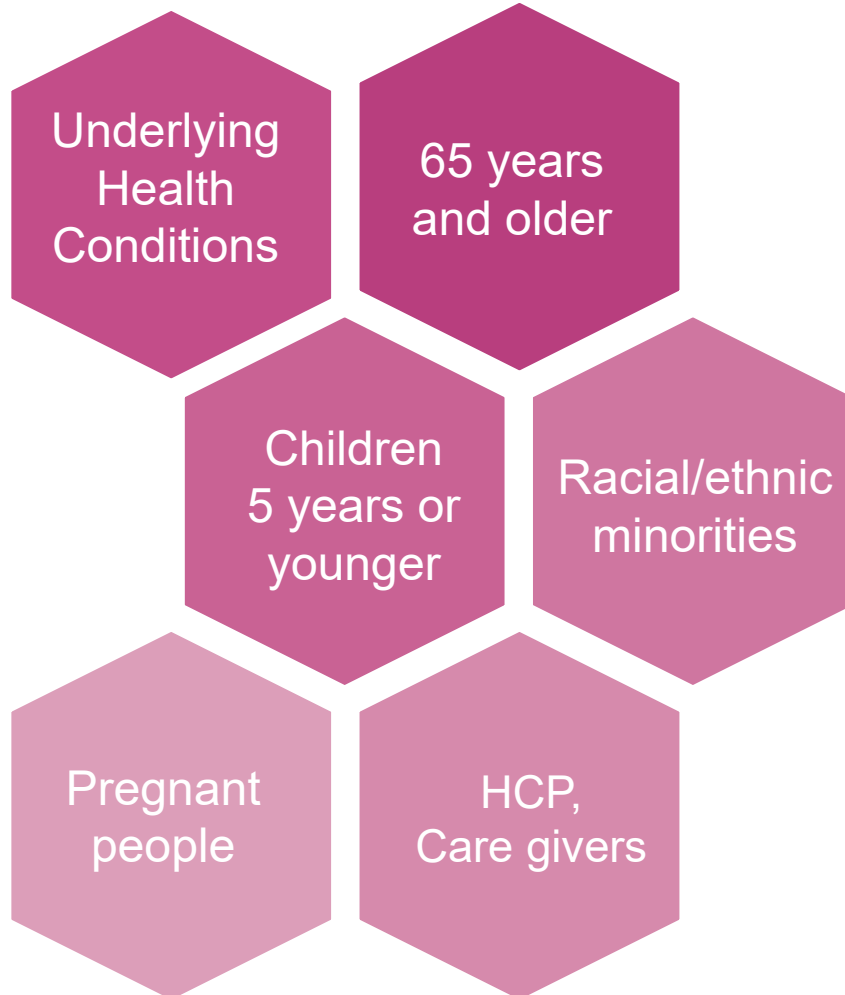
- Starts in the fall; peaks in the Winter
- Can vary year to year

### Types of Tests

- Molecular - PCR
- Antigen

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# Respiratory Virus - High Risk Groups/Settings



### Care For Older Adults? Care About Flu!

Adults 65+ Are At Higher Risk

50%-70% of flu-related HOSPITALIZATIONS

UP TO 85% of flu-related DEATHS

### Who Is Most at Risk of Serious Complications from Respiratory Syncytial Virus (RSV)?

Young Children, Older Adults, Immunocompromised People, Premature Infants

### COVID-19: Seek care if you're at higher risk

Higher risk people have these conditions

- 65+ Age 65 years and older
- Chronic lung disease or asthma
- Serious heart conditions like congestive heart failure (CHF)
- Immunocompromised (including people with AIDS)
- Cancer survivors
- Diabetes
- Obesity

Seek care quickly if you start experiencing COVID-19 symptoms like cough, fever or shortness of breath. COVID-19 symptoms appear 2 to 14 days after exposure to the coronavirus.

[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization\\_branch/Vaccine\\_Preventable\\_Diseases/Seasonal\\_Influenza/Flu\\_Resources1.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/Vaccine_Preventable_Diseases/Seasonal_Influenza/Flu_Resources1.html)

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# Where can you find current Respiratory Virus activity?



## San Diego County Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

[www.sdepi.org](http://www.sdepi.org)

August 8, 2024

### COVID-19

Cases  
**7,742**

Deaths  
**21**

Outbreaks\*  
**44**

6/30/2024 – 8/3/2024

### Influenza

Cases  
**395**

Deaths  
**3**

Outbreaks\*  
**1**

6/30/2024 – 8/3/2024

### RSV

Cases  
**25**

Deaths  
**0**

Outbreaks\*  
**0**

6/30/2024 – 8/3/2024

### COVID-19, Influenza, and RSV Cases by CDC Episode Week,\* 2024-25 Fiscal Year-to-Date

Figure 1.1. San Diego County **COVID-19** Confirmed and Probable Cases (N=7,742)

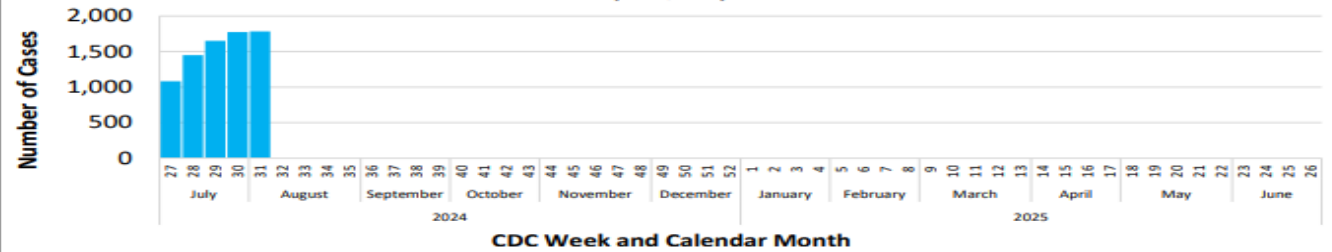


Figure 1.2. San Diego County **Influenza** Cases (N=395)

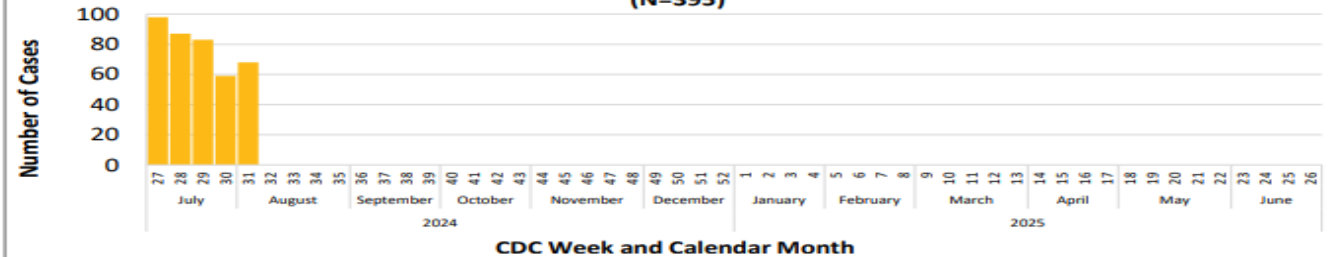
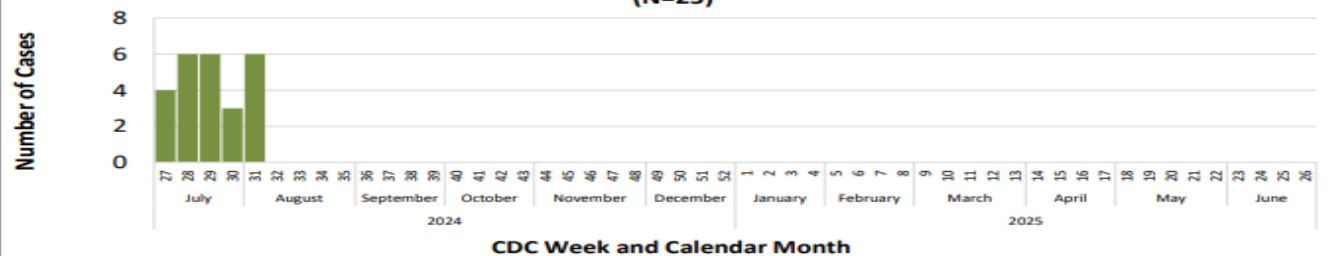


Figure 1.3. San Diego County **RSV** Cases (N=25)



\*occurred in residential congregate setting

# Respiratory Outbreak Guidance



## California Department of Public Health Healthcare-Associated Infections Program

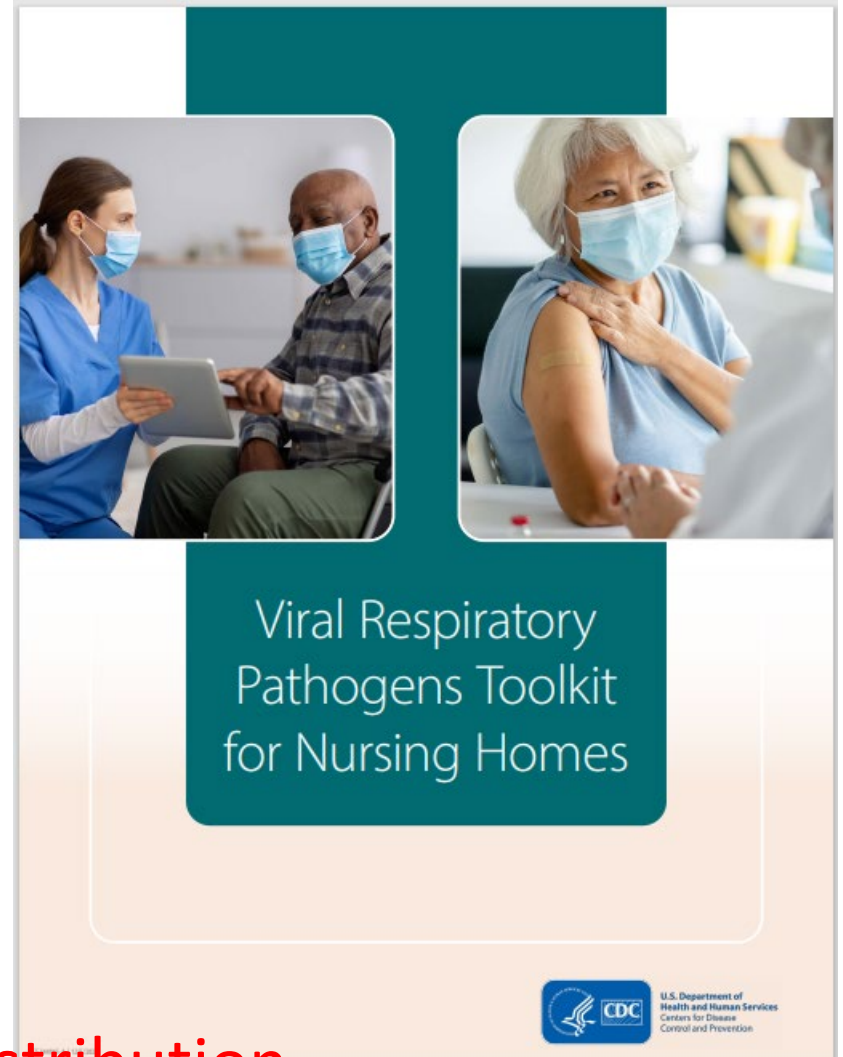
### Recommendations for Prevention and Control of COVID-19, Influenza, and Other Respiratory Viral Infections in California Skilled Nursing Facilities – 2023-24

#### Introduction

Skilled nursing facility (SNF) residents are at increased risk for severe disease, hospitalization, death, and outbreaks caused by SARS-CoV-2 (the virus that causes COVID-19), influenza, respiratory syncytial virus (RSV), and other respiratory viruses. In 2020, the California Department of Public Health (CDPH) developed recommendations for the prevention and control of influenza in California SNFs during the COVID-19 pandemic. **This year's updated document provides streamlined guidance and strategies that can be broadly applied for the prevention and control of COVID-19, influenza, RSV, and other common respiratory viruses (e.g., adenovirus, parainfluenza virus, etc.) in California SNFs.** This CDPH guidance aligns with the Centers for Disease Control and Prevention (CDC) [Viral Respiratory Pathogens Toolkit for Nursing Homes](https://www.cdc.gov/longtermcare/prevention/viral-respiratory-toolkit.html) ([www.cdc.gov/longtermcare/prevention/viral-respiratory-toolkit.html](https://www.cdc.gov/longtermcare/prevention/viral-respiratory-toolkit.html)).

#### Key Messages

- **Encourage residents and healthcare personnel (HCP) to be up-to-date on recommended vaccinations** to prevent morbidity and mortality from respiratory infections in SNFs.
- **Develop policies for source control masking** with well-fitting facemasks or respirators that cover a person's mouth and nose to reduce respiratory virus transmission in healthcare settings.
- **Initiate prompt testing and treatment** of COVID-19 and influenza to reduce the risk of severe illness, hospitalization, and death.



<https://www.cdph.ca.gov/Programs/CHDC/HA/DCDC/Pages/CDocumentLibrary/Respiratory-Pathogens-Toolkit-for-Nursing-Homes-2023-24.pdf>

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<https://www.cdc.gov/long-term-care-facilities/media/pdfs/Viral-Respiratory-Pathogens-Toolkit-508.pdf>

# Prevention Actions



- Vaccine administration
- Source control
- Ventilation and filtration of indoor air
- Monitoring and surveillance
- Appropriate management of ill HCP
- Adherence to Standard Precautions

For internal use only, not for distribution. <https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>

# Vaccination



Vaccines are the most effective tools for preventing infection, hospitalization, serious complications and deaths from respiratory infections.

## CDC Adult Vaccination Schedule Excerpt (as of 8/27/24)

Vaccine	19-26 years	27-49 years	50-64 years	≥65 years
<a href="#">COVID-19</a> ⓘ	1 or more doses of updated (2023–2024 Formula) vaccine ( <a href="#">See notes</a> )			
<a href="#">Influenza inactivated</a> (IIV4) or <a href="#">Influenza recombinant</a> (RIV4) ⓘ	1 dose annually or 1 dose annually			
<a href="#">Influenza live attenuated</a> (LAIV4) ⓘ				
<a href="#">Respiratory Syncytial Virus</a> (RSV) ⓘ	Seasonal administration during pregnancy. ( <a href="#">See notes</a> )			≥60 years
<a href="#">Pneumococcal</a> (PCV15, PCV20, PPSV23) ⓘ				See Notes
				See Notes

**CMS Requires SNFs to develop policies and procedures to educate and offer certain vaccines to residents and HCP. ([Title 42](#))**



### Legend

- Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity
- Recommended vaccination for adults with an additional risk factor or another indication
- Recommended vaccination based on shared clinical decision-making
- No recommendation/Not applicable

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# Source Control



- Use of masks or respirators for source control prevents transmission of respiratory viral infections.
- Every facility should develop policies for source control masking.
- Implement source control masking:
  - During periods of increased community transmission of respiratory viruses
  - If there are elevated resident or HCP respiratory infections or HCP absenteeism
  - In the event of a facility outbreak

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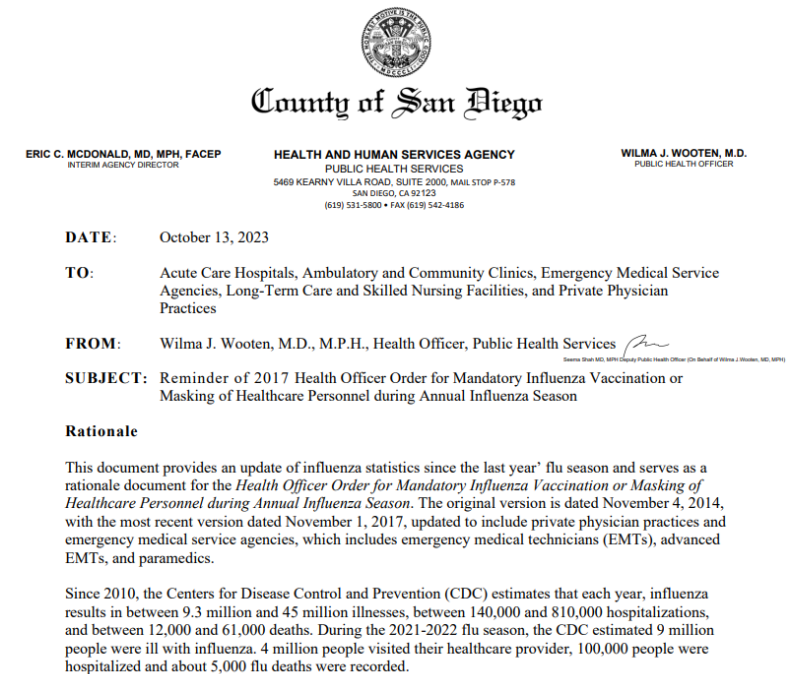
<https://www.cdph.ca.gov/Programs/DCDC/Pages/COVID-19/Guidance-for-Face-Coverings-as-Source-Control-in-Healthcare-Settings.aspx>

# County of San Diego Health Officer Order



## Flu Vaccination or Mask for Healthcare Personnel During Annual Influenza Season

- All licensed acute care hospitals, skilled nursing facilities, long-term care facilities, ambulatory and community clinics, and ambulance providers in San Diego County require their healthcare personnel (HCP) to receive an annual influenza vaccination, or, if they decline, to wear a mask while in contact with patients or working in patient care areas during each annual influenza season.
- **Influenza season is defined as NOVEMBER 1 TO MARCH 31 annually**



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# Ventilation and Filtration of Indoor Air and Isolation Areas



- Proper ventilation and filtration of indoor air helps reduce accumulation of infectious virus particles and reduce the risk of transmission of respiratory viruses in SNFs
  - Increase the amount of outdoor air supplied by HVAC system to maximum capacity. May be necessary to reduce outdoor air supply temporarily when local air quality is poor.
  - Ensure system filters are rated at MERV-14 or higher filter efficiency. If the system cannot tolerate a MERV-14 filter, use highest rated filter tolerated.
  - Run building fans continuously. HVAC fan set to “ON” (vs. “AUTO”); run restroom/kitchen fans continuously.
  - Consider using Portable Air Cleaners to support the HVAC system, particularly in smaller spaces or during an outbreak.
- If using fans for cooling, position fans strategically.



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# Monitoring and Surveillance



- During periods of increased community transmission of respiratory viruses, and in the event of an outbreak, implement active daily surveillance for symptoms in residents and HCP.
  - Keep a line list of ill individuals, which can also include sick HCP and visitors.
- Educate HCP on routine self-screening for signs and symptoms of illness before reporting to work.
- Educate visitors to self-screen prior to visits. Encourage rescheduling visitation if experiencing symptoms or exposed.
- Post signage at facility entrances/common areas (e.g., self-screening, hand hygiene, respiratory/cough etiquette)

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# Testing



- Testing to identify the diagnosis is necessary for treatment, chemoprophylaxis, and implementing Transmission-Based Precautions and cohorting decisions.
- Obtain enough point-of-care testing supplies for influenza/COVID and have a process to obtain confirmatory testing or a multiplex or full respiratory panel, if necessary.
- Co-infections are possible. Positive for one infection does not rule out other virus infections
- Conduct immediate diagnostic testing for any symptomatic residents.
  - Consider circulating viruses in the facility/community to determine what testing is needed beyond COVID/influenza. Use panel that includes RSV if RSV is circulating.



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# Testing, continued



	Influenza	RSV	COVID-19
<b>Asymptomatic, but exposed individuals</b>	Testing not recommended; monitor for symptoms	Testing not recommended; monitor for symptoms	Test immediately (not earlier than 24 hours post-exposure), then again day 3 and day 5.  *If contact tracing is not possible or if contact tracing is not halting transmission, broad-based approach is preferred
<b>Symptomatic individuals</b>	Test immediately, use rapid testing if available; follow-up w/ confirmatory testing.		

**For internal use only, not for distribution.**  
<https://www.cdc.gov/coronavirus/2019-nCoV/faq.html>  
<https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm>

# Isolation Precautions & Cohorting



- Residents with lab confirmed viral infection should ideally be placed in a single room if available, or cohorted with other residents with the same infection in shared room or designated area.
- If number of infected residents is small, residents may be isolated in their original rooms.
- If unable to move a resident, maintain in their current room with measures in place to reduce transmission to roommates (e.g., 6+ feet distance, physical barriers, chemoprophylaxis)
- Avoid resident movement, placements, or transfers that could result in additional exposures.



# Isolation Precautions, Cohorting for Residents



	Influenza	RSV	COVID-19
<b>Quarantine (Asymptomatic Exposed)</b>	Generally not necessary	Generally not necessary	Generally not necessary, however residents/HCP should wear a mask for 10 days following exposure.
<b>Isolation (Symptomatic, pending test result)</b>	Remain in current room under Transmission-based precautions (N95, eye protection, gown, gloves); Restrict from communal dining/group activities  If COVID-19 test is negative, but pending influenza/other respiratory virus test results, may downgrade N95 to surgical mask (use surgical mask, eye protection, gown, gloves)		
<b>Isolation (Confirmed positive test result)</b>	Droplet + Standard ≥7* Days from symptom onset	Contact + Standard ≥7 Days* from symptom onset (mask per Standard Precautions)	Transmission-Based Precautions ≥10 Days* from symptom onset

\*may require longer isolation period for severe illness or immunocompromise status

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# Work Restrictions for HCP



- If HCP develop respiratory infection symptoms while at work, they should wear a mask, notify supervisor, leave promptly, and obtain testing.
- Ill HCP should not return to work until afebrile at least 24 hours without antipyretic treatment and improvement in respiratory symptoms.
- Ensure facility has transparent, non-punitive sick leave policy to allow ill HCP to stay home when sick.

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# Work Restrictions for HCP – COVID-19



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## Work Restrictions for HCP with SARS-CoV-2 Infection (Isolation)

Vaccination Status	Routine	Critical Staffing Shortage
All HCP, regardless of vaccination status	5 days* with at least one negative diagnostic test <sup>†</sup> same day or within 24 hours prior to return OR 10 days without a viral test	<5 days with most recent diagnostic test <sup>†</sup> result to prioritize staff placement <sup>‡</sup>

## Management of Asymptomatic HCP with Exposures

Vaccination Status	Routine	Critical Staffing Shortage
All HCP, regardless of vaccination status	No work restriction with <b>negative</b> diagnostic test <sup>†</sup> upon identification (but not earlier than 24 hours after exposure) and if negative, test at days 3 and 5	No work restriction with diagnostic test <sup>†</sup> upon identification (but not earlier than 24 hours after exposure) and at days 3 and 5

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<https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/AFL-21-08.aspx>

# Antiviral Treatment



- Prompt administration of antiviral medications with newly diagnosed influenza and mild-to-moderate COVID-19 can reduce serious illness, hospitalizations, and death.
- All facilities should develop processes for ensuring rapid treatment per clinical guidelines.
- Antivirals for COVID-19 and Influenza may be prescribed concurrently, if indicated.
- **COVID-19 Treatment**
  - Antivirals should be started within 5-7 days after symptom onset.
  - All SNF residents should be considered eligible to receive treatment for mild-to-moderate COVID-19 and should be evaluated for therapeutics ([CDPH AFL 23-29](https://www.cdph.ca.gov/Programs/CHQ/LCP/Pages/AFL-23-29.aspx))
  - Non-ill roommates, and residents on same floor/unit of residents with influenza should be given top priority if there is a limited supply of antivirals.

<https://www.cdph.ca.gov/Programs/CHQ/LCP/Pages/AFL-23-29.aspx>

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# Antiviral Treatment, Continued



## ■ Influenza Treatment and Chemoprophylaxis

- Residents with suspected or confirmed influenza should be treated with antivirals as soon as possible, ideally within 48 hours of onset.
- Promptly initiate prophylactic antivirals for all exposed individuals (e.g., roommates) of residents with confirmed influenza.
- As soon as an outbreak is determined, all non-ill residents in the unit/facility are recommended prophylactic antivirals, regardless of vaccination status.
  - If there is a limited supply, prioritize highest risk contacts.



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# Communication/Reporting



- Prompt outbreak reporting to County Public Health and CDPH Licensing & Certification
- Communicate with facility leadership, staff, residents, visitors:
  - In-services and reminders to HCP of the outbreak mitigation plan and progress
  - Post reminder signage at facility entrances/common areas (e.g., hand hygiene, respiratory/cough etiquette)
  - Provide reminders and education to patients/visitors



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# Additional IPC Measures



- Increase frequency of environmental cleaning w/ focus on high-touch surfaces, common areas, shared equipment.
- Limit or hold new admissions in affected units until no new cases for at least 48 hours.
- Consider temporarily pausing communal dining/group activities until control measures instituted.
- Consult with County of San Diego to determine if facility should limit new admissions. Facility-wide and prolonged closures are not necessary if transmission is controlled and there is an unaffected location available for new admissions.

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# Respiratory Outbreak Definitions



	Influenza	COVID-19	RSV
Outbreak Definition	<p>≥1 case of lab-confirmed influenza, in a setting of ≥2 cases of “influenza-like illness (ILI) within a 72-hour period</p> <p>ILI = fever (≥100°F or 37.8°C) plus cough and/or sore throat</p>	<p>≥2 cases of probable or confirmed COVID-19 among residents identified within 7 days</p> <p>OR</p> <p>≥2 cases of suspect, probable or confirmed COVID-19 among HCP AND ≥1 case of probable or confirmed COVID-19 among residents, with epi-linkage</p>	<p>≥1 case of lab-confirmed RSV, in a setting of ≥2 cases of “acute respiratory illness (ARI) within a 72-hour period</p> <p>ARI = two or more of the following: fever, cough, rhinorrhea, nasal congestion, sore throat, muscle ache</p>

**To report a suspected outbreak to County of San Diego**

Call: 619-692-8499

Email: [PHS.OutbreakReporting.HHSA@sdcounty.ca.gov](mailto:PHS.OutbreakReporting.HHSA@sdcounty.ca.gov)

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# Quick Reference Table for Respiratory Viruses



	Influenza	COVID-19	RSV
<b>Mask or Respirator</b>	Surgical Mask	N95 or higher level respirator	Surgical Mask
<b>Eye Protection</b>	Per Standard Precautions	Yes	Per Standard Precautions
<b>Gown</b>	Per Standard Precautions	Yes	Yes
<b>Gloves</b>	Per Standard Precautions	Yes	Yes
<b>Duration of Isolation for Residents</b>	≥ 7 Days with fever resolution and symptom improvement	≥ 10 Days with fever resolution and symptom improvement	≥ 7 Days with fever resolution and symptom improvement
<b>Duration of Isolation for HCP</b>	Afebrile >24 hours w/o antipyretics and respiratory symptom improvement	Per CDPH AFL 21-08: ≥5 days w/ one negative test within 24 hours prior to return	Afebrile >24 hours w/o antipyretics and respiratory symptom improvement
<b>Vaccination Available</b>	Yes	Yes	Yes
<b>Post-Exposure Prophylaxis Available</b>	Yes	No	No
<b>Antiviral Available</b>	Yes	Yes	No

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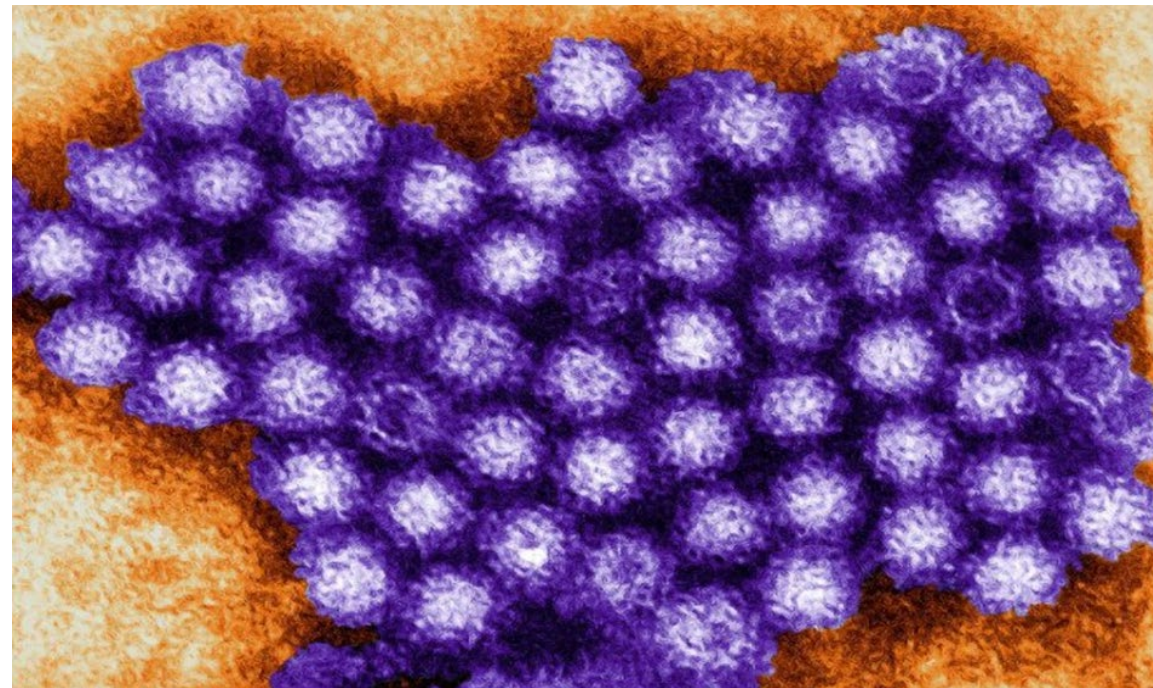
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# Norovirus/Gastroenteritis



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# NOROVIRUS: Basics



- A very contagious virus causing gastrointestinal illness; "stomach flu"
- **Incubation period:** 12-48 hours
- **Duration of symptoms:** 1-3 days
- **Infectious period:** from symptom onset to 48-72 hours after symptom resolution

## Common signs/symptoms

- Diarrhea, nausea, vomiting, abdominal cramping, low grade fever, chills



Diarrhea



Nausea, Vomiting, and Stomach Cramping



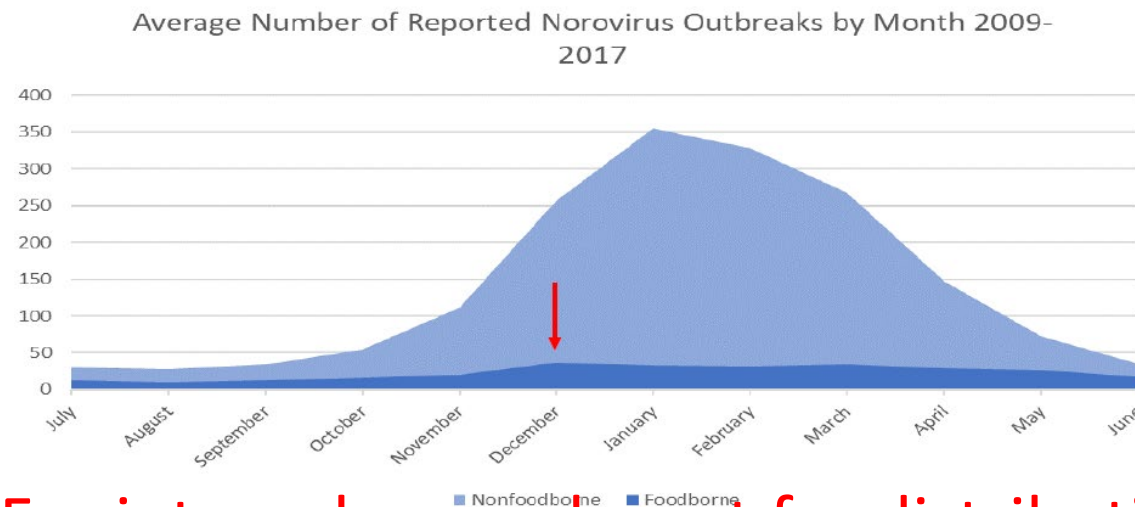
Low Grade Fever and Chills

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# Noro: Basics



- **Treatment:** Symptoms typically resolve without treatment; symptoms are managed/supported. Hospitalization/death can occur in vulnerable individuals
- **Seasonality:** Infections can happen all year round, however norovirus outbreaks often peak in the winter months (Nov-April)



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<https://www.cdc.gov/norovirus/burden.html>

# Noro: Epidemiology



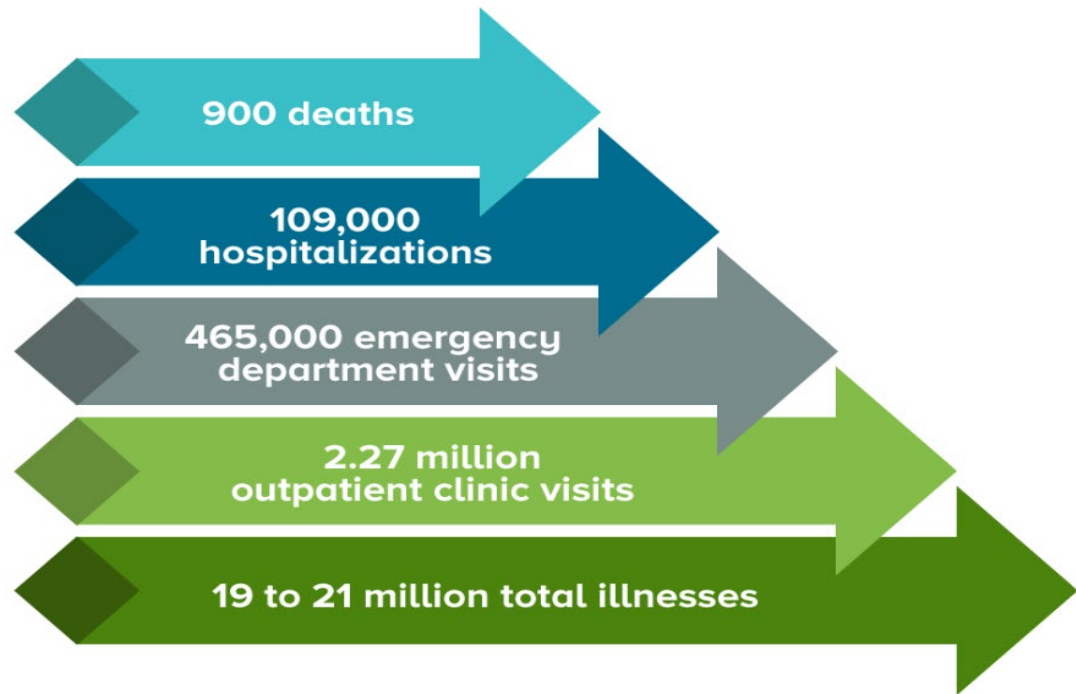
## Vulnerable Population

- Elderly
- People with medical conditions
- Young children

## At Risk Settings

- Healthcare facilities
- Daycare centers, schools,
- Restaurants
- Cruise ships

## U.S. Norovirus Data



# NORO: Lab Testing/Diagnosis



- **Diagnosis is diagnosed through PCR or rapid EIA**
  - PCR is preferred due to poor sensitivity of EIA methods
  - Vomitus can be tested, but fresh (unfrozen) stool preferred
  - Antibody testing – possible but not ideal

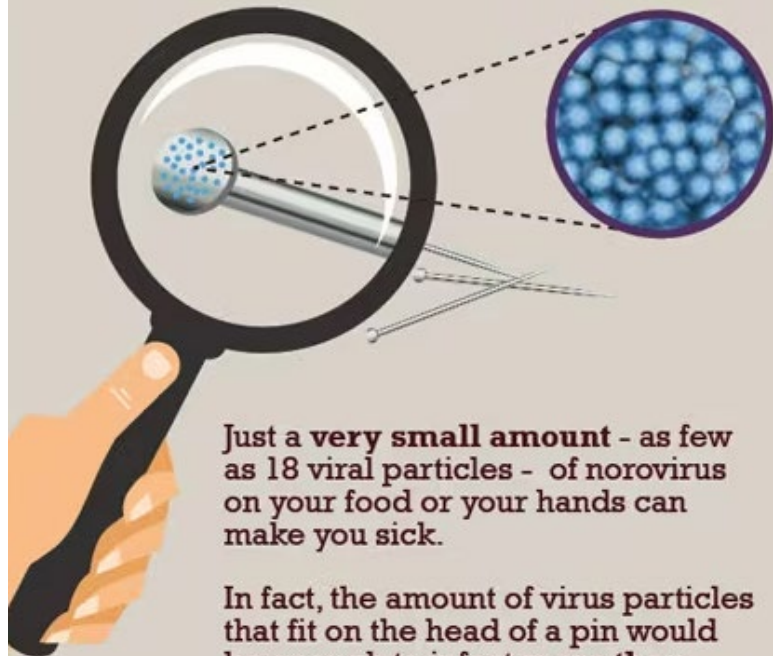


**Facility should not wait for test results before implementing control measures  
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# Noro: Transmission



## How contagious is norovirus?



Just a **very small amount** - as few as 18 viral particles - of norovirus on your food or your hands can make you sick.

In fact, the amount of virus particles that fit on the head of a pin would be enough to infect **more than 1,000 people!**

Source: Journal of Medical Virology, August, 2008

[PLoS One](#). 2015; 10(8): e0134277.

Published online 2015 Aug 19. doi: [10.1371/journal.pone.0134277](https://doi.org/10.1371/journal.pone.0134277)

PMCID: PMC4545942

PMID: [26287612](https://pubmed.ncbi.nlm.nih.gov/26287612/)

## Aerosolization of a Human Norovirus Surrogate, Bacteriophage MS2, during Simulated Vomiting

[Grace Tung-Thompson](#), <sup>1</sup> · [Dominic A. Libera](#), <sup>2</sup> · [Kenneth L. Koch](#), <sup>3</sup> · [Francis L. de los Reyes, III](#), <sup>2</sup> · <sup>†</sup> and [Lee-Ann Jaykus](#) <sup>1</sup> · <sup>‡</sup>

### Transmission Routes:

- Eating contaminated food/drinks
- Touching contaminated objects/surfaces then placing hand to mouth
- Sharing toilet facilities with ill person
- Cleaning up vomit/diarrhea from infected person w/o proper PPE
- Direct contact with infected/symptomatic person
- Noroviruses can survive for long periods on surfaces

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# Noro: Outbreak definitions



## Viral gastroenteritis Outbreak Definition:

2 or more epidemiologically-linked cases of new onset vomiting and/or diarrhea within a 1-2 day period

## To report your suspected outbreak to County:

- Call: 619-692-8499
- Email: [PHS.OutbreakReporting.HHSA@sdcounty.ca.gov](mailto:PHS.OutbreakReporting.HHSA@sdcounty.ca.gov)

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# Noro: Available Guidance



## RECOMMENDATIONS FOR THE PREVENTION AND CONTROL OF VIRAL GASTROENTERITIS OUTBREAKS IN CALIFORNIA LONG-TERM CARE FACILITIES

California Department of Health Services  
Division of Communicable Disease Control  
In Consultation with Licensing and Certification Program

850 Marina Bay Parkway  
Richmond, California 94804

October 2006

ARNOLD SCHWARZENEGGER  
Governor  
State of California



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## Norovirus Toolkit for LTCFs

This toolkit is designed to be used in conjunction with the guidance *Recommendations for the Prevention and Control of Viral Gastroenteritis Outbreaks in California Long-Term Care Facilities* (October 2006), authored by the California Department of Health Services in consultation with the Licensing and Certification Program. This document is available at: <http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/PCofVirus.pdf>.

This toolkit contains supplementary documents authored by the County of San Diego. These documents are intended to help long-term care and other group residence facilities implement the aforementioned guidelines.

### GUIDELINE FOR THE PREVENTION AND CONTROL OF NOROVIRUS GASTROENTERITIS OUTBREAKS IN HEALTHCARE SETTINGS

Taranisia MacCannell, PhD, MSc<sup>1</sup>; Craig A. Umscheid, MD, MSCE<sup>2</sup>; Rajender K. Agarwal, MD, MPH<sup>2</sup>; Ingi Lee, MD, MSCE<sup>2</sup>; Gretchen Kuntz, MSW, MSLIS<sup>2</sup>; Kurt B. Stevenson, MD, MPH<sup>3</sup> and the Healthcare Infection Control Practices Advisory Committee (HICPAC)<sup>4</sup>

<sup>1</sup>Division of Healthcare Quality Promotion  
Centers for Disease Control and Prevention  
Atlanta, GA

<sup>2</sup>Center for Evidence-based Practice  
University of Pennsylvania Health System  
Philadelphia, PA

<sup>3</sup>Division of Infectious Diseases  
The Ohio State University,  
Columbus, OH



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# Noro: Guidance Key Points



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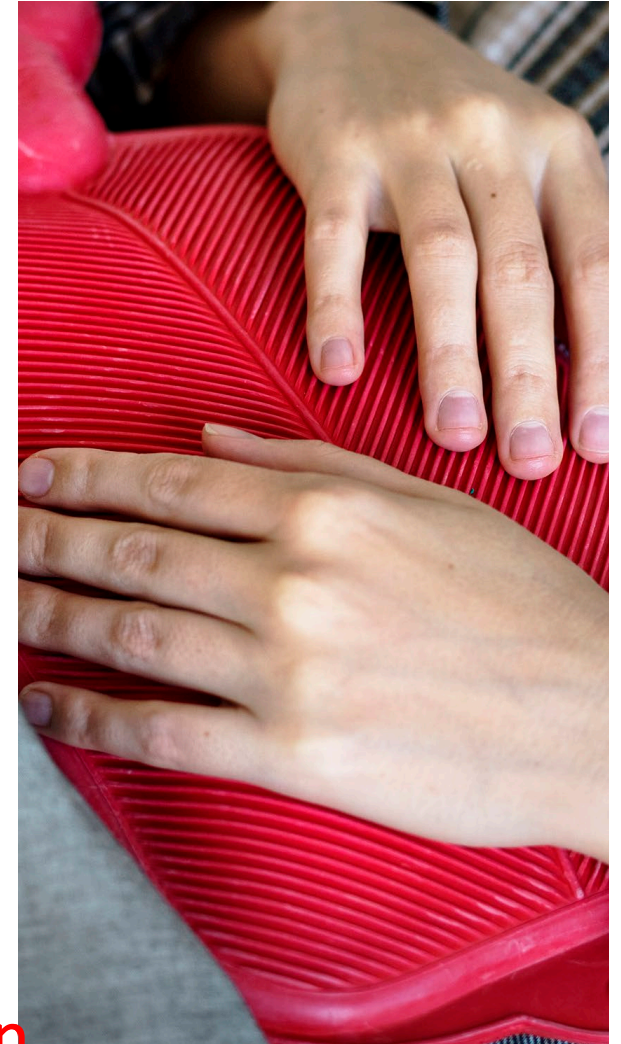


## Surveillance:

- *Implement daily active surveillance* for symptoms in residents/staff
- *Maintain a line list* of ill residents, staff, visitors

## Personnel Management:

- *Exclude symptomatic staff* until symptom free for at least 48 hours
- *Discontinue floating staff* between affected/unaffected units until 4 days after last case onset
- *Adherence monitoring* to ensure staff are performing hand hygiene and using PPE appropriately



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# Noro: Guidance Key Points



## Resident Management:

- *Symptomatic residents:* confine residents to room until symptom free for at least 48 hours
  - *Staff should use PPE* when caring for ill residents: **Contact + Standard**
  - Consider adding surgical mask/eye protection if there is anticipated risk of splash to the face during patient care or environmental cleaning
- *Minimize resident movement:* Asymptomatic/exposed residents should not be moved to unaffected units.
- *Limit or hold new admissions in affected units* until no new cases for at least 48 hours.
- *Cancel/postpone group dining/activities* for affected units until 4 days after the last identified case



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# Noro: Guidance Key Points



## Environmental Cleaning/Disinfection:

- *If there has been vomit/fecal spillage, important to clean PROMPTLY*
  - Clean/disinfect within a **10–25 foot** radius of vomit incident, from clean to dirty
  - EVS personnel should wear gown, gloves, surgical mask at minimum.
  - *Clean carpets/soft furnishings* with hot water and detergent, or steam cleaning. Dry vacuuming is not recommended
- *Increase frequency of routine environmental cleaning*, including bathrooms, resident rooms, and high-touch surface areas
  - Do not reuse mopheads/cleaning cloths/toilet brushes, etc. in-between resident rooms, especially between ill and non-ill residents



Vomiting Larry:

<https://youtu.be/sLDSNvQjXe8>

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# Noro: Guidance Key Points



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## Environmental Cleaning/Disinfection, continued:

- *Change privacy curtains* upon patient discharge/transfer
- *Soiled linens should be handled carefully*, to avoid agitation.
  - Staff should use appropriate PPE to minimize risk of contamination
  - Use hot water, detergent, and hot dryer until completely dry
  - Store linens/laundry in closed containers until ready to wash



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# Noro: Guidance Key Points



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## Environmental Cleaning/Disinfection, continued:

- Use *EPA approved disinfectant* effective against Norovirus or *bleach* solution (mixed daily) to disinfect potentially contaminated surfaces
  - Bleach: 1:10 of 6% bleach w/ contact time of 5 minutes
  - EPA List G\*: <https://www.epa.gov/pesticide-registration/list-g-antimicrobial-products-registered-epa-claims-against-norovirus-feline>
    - \*effectiveness is theoretical, tested on feline calicivirus
- *Clean/disinfect shared equipment* between resident uses
- *Adherence monitoring* to ensure cleaning/disinfection is being done correctly

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# Noro: Guidance Key Points



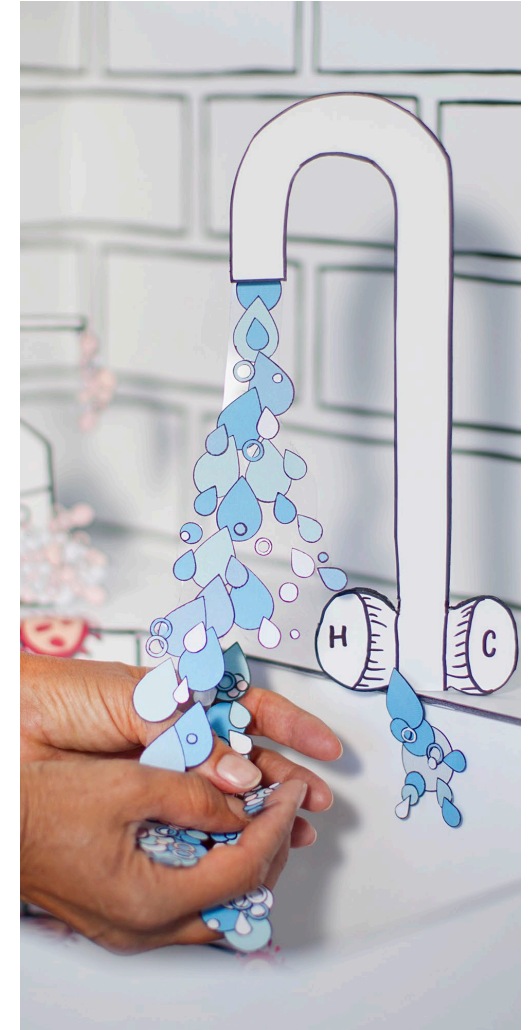
## Communication/Education:

- Prompt reporting to County Public Health 619-692-8499 or [PHS.OutbreakReporting.HHSA@sdcounty.ca.gov](mailto:PHS.OutbreakReporting.HHSA@sdcounty.ca.gov) for cluster of cases, if there is a sudden increase in cases, death, or ill food handler
- Communicate with facility leadership, Licensing & Certification, staff, residents, family members, visitors
  - Post signage at facility entrances/common areas (e.g., hand hygiene, staying home if ill)
  - Provide education/reminders/in-services

## Hand Hygiene:

- *Emphasize hand washing with soap and water* for residents/staff/visitors
- *Alcohol-based hand sanitizers* may be still be used if not visibly soiled

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# Outbreak Reporting



- All outbreaks are reportable to the Local Health Department, per CDPH AFL 23-08 and California Code of Regulations Title 17
- County of San Diego can receive your outbreak report and provide resources
  - **Call:** 619-692-8499
  - **Email:** [PHS.OutbreakReporting.HHSA@sdcounty.ca.gov](mailto:PHS.OutbreakReporting.HHSA@sdcounty.ca.gov)



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# What can the HAI Program do to help?



## The HAI Team



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# General Respiratory References



- CDC Viral Respiratory Pathogens Toolkit <https://www.cdc.gov/long-term-care-facilities/media/pdfs/Viral-Respiratory-Pathogens-Toolkit-508.pdf>
- CDPH Recommendations for Prevention and Control of COVID-19, Influenza, and Other Respiratory Viral Infections in California Skilled Nursing Facilities – 2023-2024  
[https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CA\\_RecsPrevControl\\_RespVirus\\_SNFs.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CA_RecsPrevControl_RespVirus_SNFs.pdf)

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# Influenza Resources



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- CDC Testing and Management Considerations for Influenza in SNFs  
<https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm>
- CDC Influenza Long Term Care Facility Guidance  
<https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>
- County of San Diego – Guidance for High-Risk Groups  
[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization\\_branch/Vaccine\\_Preventable\\_Diseases/Seasonal\\_Influenza/Flu\\_Resources1.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/Vaccine_Preventable_Diseases/Seasonal_Influenza/Flu_Resources1.html)
- County of San Diego HCP Influenza Mandates  
[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization\\_branch/Vaccine\\_Preventable\\_Diseases/Seasonal\\_Influenza/HealthcareFluMandates.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/Vaccine_Preventable_Diseases/Seasonal_Influenza/HealthcareFluMandates.html)

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# COVID-19 & RSV Resources



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- CDC COVID-19 Infection Control [CDC COVID-19 Infection Control](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html)  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- CDPH COVID-19 Related AFLs  
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/COVID-19-AFLs.aspx>
- CDPH Improving Ventilation Practices to Reduce COVID-19 Transmission Risk in Skilled Nursing Facilities  
<https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/OHB/Pages/ventilationFAQ.aspx>
- County of San Diego COVID-19 Website  
<https://coronavirus-sd.com/>
- County of San Diego COVID-19 Reporting  
[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/dc/2019-nCoV/Reporting.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/Reporting.html)
- CDC Respiratory Syncytial Virus Infection (RSV) Webpage  
<https://www.cdc.gov/rsv/about/index.html>

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# Noro Resources



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- CDC Guideline for Prevention & Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings (2011)  
<https://www.cdc.gov/infectioncontrol/guidelines/norovirus/index.html>
- CDPH Norovirus/Viral Gastroenteritis Control Recommendations for Shelters (2018)  
[https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Norovirus\\_Evacuation\\_Centers\\_20181115\\_Letterhead.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Norovirus_Evacuation_Centers_20181115_Letterhead.pdf)
- CDPH Recommendations for the Prevention/Control of Viral Gastroenteritis Outbreaks in CA Long Term Facilities (2006)  
[https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Norovirus\\_Evacuation\\_Centers\\_20181115\\_Letterhead.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Norovirus_Evacuation_Centers_20181115_Letterhead.pdf)
- County of San Diego Norovirus Page  
[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/dc/dc\\_norovirus.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/dc_norovirus.html)

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# Contact Hour Instructions

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- **Ensure your Zoom name is your full name**
- **Complete by August 30th, 5:00 PM**
- **Expect your certificate by Sept 15<sup>th</sup>.**



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# Next Collaborative

**\*\*\*September 25, 2024\*\*\***

**11:00AM – 12:00PM**

**Microsoft TEAMS**

Featured Topic:

**“The Infection Preventionist’s Role in Preventing Antimicrobial Resistance”**

**1 Contact Hour Offered**

Submit questions or  
feedback about today’s meeting to:

[PHS.HAI.HHSA@sdcounty.ca.gov](mailto:PHS.HAI.HHSA@sdcounty.ca.gov)

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# Contact us at:

[PHS.HAI.HHSA@sdcounty.ca.gov](mailto:PHS.HAI.HHSA@sdcounty.ca.gov)

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*The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.*

