Infection Control Nurses of CT/DPH HAI Monthly Meeting

September 27, 2023
Welcome and Introductions

This meeting is being recorded.
Welcome and Introductions

1. Welcome and Introductions
   Kris Magnussen

2. COVID-19 Data and Guidance
   Ramisa Rahman

3. Immunization Recommendations: COVID-19, Flu, RSV
   Deepa Mavani

4. Outbreak Reporting for SNFs
   Ramisa Rahman

5. NHSN Up to Date Definition Change
   Anna Garcia

6. DPH-APIC Training Course and DPH Excel Course
   Ramisa Rahman

   Abby Griffin

8. Open Discussion & Questions
   HAI-AR/ICNC Members
Nursing Home Resident Deaths due to COVID-19

Resident Deaths due to COVID-19

Death Rate

NHSN Reporting Period - Week End Date
CT Respiratory Viral Disease Surveillance

- CT DPH conducts surveillance for COVID-19, influenza, and respiratory syncytial virus (RSV).
- Data will be posted on the CT DPH website and it will be updated weekly from October to May.
COVID-19 Guidance: Testing

• No routine screening testing is required except for in the cases of exposures and symptoms (3 viral tests)
  • **Exposures**: Those who have been exposed to a positive case but are asymptomatic do NOT need to quarantine, but they do need to complete 3 viral tests (day 1, 3, and 5)
  • **Symptoms**: Anyone with symptoms should receive a viral test as soon as possible

• Further testing requirements are left to the discretion of the facility
• For more information, please see:

*CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic*
Advisory Committee on Immunization Practices (ACIP) Updates:
Adult Recommendations Summer/Fall 2023

- COVID-19 Vaccines
- Respiratory Syncytial Virus (RSV)
- Influenza (Flu)
Updated (2023-24) COVID-19 Vaccine

• As of 9/11/23 the previous version of the bivalent mRNA vaccines (Pfizer and Moderna) have been deauthorized; an updated version of Novovax is not yet available but older version still is

ACIP recommends 2023–2024 (monovalent, XBB containing) COVID-19 vaccines as authorized under EUA or approved by BLA in persons ≥6 months of age

• Everyone ages 5 years and older is recommended to receive 1 dose of updated (2023–2024 Formula) mRNA COVID-19 vaccine

• People more likely to get very sick from COVID-19 can get additional updated COVID-19 vaccines. Learn more about additional doses.

• Can be co-administered with other vaccines, including influenza
Getting Vaccines If You Had or Currently Have COVID-19

• If you recently had COVID-19, you still need to stay up to date with your vaccines, but you may consider delaying your next vaccine dose by 3 months from:
  • When your symptoms started.
  • Or, if you had no symptoms, when you first received a positive test.
• Reinfection is less likely in the weeks to months after infection. However, certain factors could be reasons to get a vaccine sooner rather than later, such as:
  • Personal risk of severe disease,
  • or risk of disease in a loved one or close contact,
  • Local COVID-19 hospital admission level,
  • And the most common COVID-19 variant currently causing illness.
Special Situations

More information to come

• Vaccine Information Statement not published yet—
  • pre-publication advice is to use the package insert, written FAQs, or any other document – or produce their own information materials – to inform patients about the benefits and risks of that vaccine. Once a VIS is available it should be used; but providers should not delay use of a vaccine because of the absence of a VIS. [CDC About VIS page](#)

• CDC [Clinical considerations page](#) is updated

• CDC will publish Standing Orders
RSV Vaccines for Older Adults

Adults 60 years of age and older may receive a single dose of RSV vaccine, using shared clinical decision-making.

- Two vaccines available commercially:
  - Arexvy (GSK)
  - Abrysvo (Pfizer)

- ACIP recommendations have been published in the MMWR

- Previously recorded CDC Webinars:
  - Preparing for the Upcoming Respiratory Virus Season: Recommendations for Influenza, COVID-19, and RSV Vaccines for Older Adults
  - New RSV Vaccines for Adults: General Information and Clinical Guidance
Shared clinical decision-making

- There is no **default decision** to vaccinate.
- Recommendations are **individually based** and informed by a decision process between the **health care provider and patient**.

- **Best available evidence**
- **Patients’ risk for disease, characteristics, values, preferences**
- **Clinical discretion**
- **Characteristics of the vaccine**
Chronic Underlying Medical Conditions Associated with Increased Risk of Severe RSV Disease

<table>
<thead>
<tr>
<th>Lung disease</th>
<th>Neurologic or neuromuscular conditions</th>
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</thead>
<tbody>
<tr>
<td>Cardiovascular disease</td>
<td>Kidney disorders</td>
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<tr>
<td>Moderate or severe immune compromise</td>
<td>Liver disorders</td>
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<tr>
<td>Diabetes Mellitus</td>
<td>Hematologic disorders</td>
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</table>

Other conditions that might increase the risk for severe disease
Other Factors Associated with Increased Risk of Severe RSV Disease

- Residence in a nursing home or other long-term care facility (LTCF)
- Frailty
- Advanced age

RSV incidence increases with advancing age.
Vaccination Timing: 2023-2024 Season

**Summer:**
Offer RSV vaccination as early as vaccine is available

Continue to offer vaccination throughout the RSV season to eligible adults who remain unvaccinated

**Coadministration**
- Coadministration with all other adult vaccines is acceptable.
- If vaccines are NOT administered the same day, there is no required interval between vaccines.

https://www.cdc.gov/mmwr/volumes/72/wr/mm7229a2.htm
Vaccine Safety: GSK & Pfizer

- Generally well-tolerated with an acceptable safety profile

- Most common side effects are similar to those of other vaccines
Influenza Vaccines

Adults aged ≥65 years preferentially receive any one of the following higher dose or adjuvanted flu vaccines:

- quadrivalent high-dose inactivated flu vaccine,
- quadrivalent recombinant flu vaccine,
- or quadrivalent adjuvanted inactivated flu vaccine.

If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate flu vaccine should be used.

- For most adults (particularly adults aged ≥65 years) and for pregnant persons in the first or second trimester, vaccination during July and August should be avoided unless there is concern that vaccination later in the season might not be possible.
- All persons aged ≥6 months with egg allergy should receive influenza vaccine. Any influenza vaccine (egg based or nonegg based) that is otherwise appropriate for the recipient's age and health status can be used.

ACIP Recommendations: MMWR
SNF Reporting Requirements to CT DPH

• Facilities are only required to report outbreaks that initiated in their facility

• An outbreak is defined as a sudden rise in the number of cases of a disease

• **SNF do not need to call in COVID-19 outbreaks**

• The reporting criteria mentioned in this document are broad and each facility should work as a team (IP, DNS, and medical director) to identify if an outbreak is truly occurring
<table>
<thead>
<tr>
<th>Reportable Event</th>
<th>Facility Licensing and Investigations Section (FLIS) Reporting Requirement</th>
<th>Infectious Disease (ID) Epidemiology Reporting Requirement</th>
<th>Local Health Department (LHD) Reporting Requirement</th>
</tr>
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<tbody>
<tr>
<td>COVID-19</td>
<td>• Report via <a href="https://www.dphect.org/health/flu">DPH FLIS Events</a> portal</td>
<td>• Report to Epidemiology via <a href="https://www.dphect.org/health/flu">DPH FLIS Events</a> portal</td>
<td>• Please contact your LHD to inquire regarding their outbreak reporting requirements.</td>
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<tr>
<td></td>
<td>• 1 confirmed case of COVID-19 (staff or resident)</td>
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<td>GI outbreaks</td>
<td>• Report via <a href="https://www.dphect.org/health/flu">DPH FLIS Events</a> portal</td>
<td>• Report to Epidemiology via phone (860-509-7994)</td>
<td>• Please contact your LHD to inquire regarding their outbreak reporting requirements.</td>
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<td>• Facilities should report GI outbreaks when there is an increase in cases above the expected baseline for your facility. Depending on your facility's census this can mean 2 or more cases.</td>
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<td>Legionella</td>
<td>• Report via <a href="https://www.dphect.org/health/flu">DPH FLIS Events</a> portal</td>
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<tr>
<td>reporting</td>
<td>• 1 or more case of presumptive healthcare-associated Legionnaires' disease at any time</td>
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<td></td>
<td>• 2 or more cases of possible healthcare-associated Legionnaires' disease within 12 months of each other</td>
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<td>Respiratory</td>
<td>• Report via <a href="https://www.dphect.org/health/flu">DPH FLIS Events</a> portal</td>
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<td>• Please contact your LHD to inquire regarding their outbreak reporting requirements.</td>
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<tr>
<td>(including</td>
<td>• 1 confirmed case of Flu (staff or resident)</td>
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<tr>
<td>influenza)</td>
<td>• Other respiratory diseases (e.g., RSV) should be reported when there is an increase in cases above the expected baseline for your facility. Depending on your facility's census this can mean 2 or more cases.</td>
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<tr>
<td>outbreaks</td>
<td>• Report to Tuberculosis Control Program via phone (860-509-7722).</td>
<td>• TB disease is reportable immediately on recognition by healthcare provider.</td>
<td>• Please contact your LHD to inquire regarding their outbreak reporting requirements.</td>
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<td>• Latent TB infection is not reportable.</td>
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<td>Other</td>
<td>• Report via <a href="https://www.dphect.org/health/flu">DPH FLIS Events</a> portal</td>
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Facilities are only required to report outbreaks that initiated in their facility.
NHSN Updates: Up to Date Definition Change

• New definition of Up to Date with COVID-19 vaccines will apply for NHSN surveillance beginning the week of September 25, 2023 – October 1, 2023

• The new definition applies to both the NHSN Weekly HCP and Resident Vaccination forms and the NHSN COVID-19 Surveillance Pathways (RIFC Form).

• Under the new recommendations, most individuals will not be up to date with COVID-19 vaccines until they receive the 2023-2024 updated COVID-19 vaccine.

NHSN Webinar:
Topic: Up to Date Vaccination Status: Surveillance Definition Change for Long Term Care Facilities (Replay)
When: October 2, 2023, 1:00PM Eastern Time (US and Canada)
Register in advance for this webinar: https://cdc.zoomgov.com/webinar/register/WN_TDnotOroSbiPut3-2-5RtQ
NHSN Updates: Up to Date Definition Change

Flow Chart: Quarter 4 2023 Up to Date with COVID-19 Vaccines

- Has the individual received a 2023-2024 updated COVID-19 vaccine?
  - Yes: Has the individual received a bivalent COVID-19 vaccine in the last two months?
    - Yes: Up to date
    - No: Not Up to date
  - No: Not Up to date

For additional slides and examples go to the following link:
Up to Date Vaccination Status Surveillance Definition Change 0923_508 (cdc.gov)
DPH-APIC: Long-term Care Essentials Courses

• CT DPH is partnering with the Association for Professionals in Infection Control and Epidemiology (APIC) to offer complimentary Long Term Care Essentials Courses at **no cost** to skilled nursing facilities

• Designed for novices or those gaining proficiency in infection control

• Available training sessions:
  • Nov 14-16
  • Jan 16-18
DPH-APIC: Long-term Care Essentials Courses

• Along with registration, please complete the SNF Contact Information Form
Reminder: Excel Courses for SNF IPs

- Excel Course sign ups remain available to facilities who have not had any staff members register yet.
- There is capacity for **ONE** staff member per facility to take a class.
- If your facility is not listed on the form dropdown, it means a staff member from your facility has already registered for a course.
- Registration Form:
  https://forms.office.com/g/4x2i0QxRPu

QR Code:
Project Firstline Micro-Learns

• Project Firstline Infection Control Micro-Learns are a series of guided infection control discussions that provide brief, on-the-job education opportunities.

• Each micro-learn focuses on a single infection control topic and connections infection control concept to immediate, practical value.

• Micro-learns can be incorporated into existing opportunities where groups of healthcare workers gather, such as pre-shift “huddles” or team meetings.

• The Cough and Congestion Micro-Learn may be of interest to facilities. To view the full Cough and Congestion Micro-Learn, click here.
One patient with cough and congestion can release germs into the air and infect multiple people quickly.

You can help stop the spread of germs.

Ask the patient to wear a mask.

If you are near the patient, wear a respirator or mask.

Check to make sure air vents are not blocked.

Place the patient in a separate room.

Clean your hands.

Clean and disinfect surfaces and shared devices.

Learn More

Germs Can Live in the Respiratory System Infographic: https://bit.ly/3tE6zWE
Infection Control Actions to Stop the Spread of Respiratory Viruses: https://bit.ly/3D1UX0M
Long-Term Care National Infection Prevention Forum

• The National Infection Prevention Forum (NIPF) is for infection preventionists’ (IPs) in long-term care

• This forum provides opportunity for collaboration and sharing of experiences between IPs in long-term care (LTC)

• This is open to all LTC professionals focusing on infection control and prevention

• If you are interested in participating, please click here to request to join. For questions, contact LTC-NIPFhelp@ahca.org
Discussion and Questions
Thank you for all you do!
If you would like to be added to the meeting invite list, please email us at dph.haiar@ct.gov

Next meeting:
October 25, 2023
NOBODY PANIC!
I GOT THIS
I'M A

Infection Control Nurse