

Preparing for Respiratory Season in Minnesota Long-term Care (LTC) Facilities

Vaccinate

COVID-19

- CDC recommends all older adults and healthcare workers stay up to date.
- One dose of the updated 2023-2024 (monovalent, XBB containing) COVID-19 vaccine at least 2 months since the last dose of any COVID-19 vaccine.
 - Consider delaying dose by 3 months from symptom onset or positive test for people with recent SARS-CoV-2 infection.
- Immunocompromised people may receive more than one dose in consult with their healthcare provider.
- There are three updated 2023-2024 (monovalent, XBB containing) COVID-19 vaccines:
 - FDA: Pfizer-BioNTech COVID-19 Vaccine (www.fda.gov/vaccines-blood-biologics/coronavirus-covid-19-cber-regulated-biologics/pfizer-biontech-covid-19-vaccine)
 - FDA: Moderna COVID-19 Vaccine (www.fda.gov/vaccines-blood-biologics/coronavirus-covid-19-cber-regulated-biologics/moderna-covid-19-vaccine)
 - FDA: Novavax COVID-19 Vaccine (www.fda.gov/vaccines-blood-biologics/coronavirus-covid-19-cber-regulated-biologics/novavax-covid-19-vaccine-adjuvanted)

Influenza

- CDC recommends everyone 6 months and older be vaccinated each season against influenza.
- There are three influenza vaccines that are preferentially recommended for people 65 years and older:
 - High dose: <u>CDC: Fluzone High-Dose Quadrivalent inactivated influenza vaccine</u> (<u>www.cdc.gov/flu/prevent/qa_fluzone.htm</u>)
 - Adjuvanted: <u>CDC: Fluad Quadrivalent inactivated influenza vaccine</u> (www.cdc.gov/flu/prevent/adjuvant.htm)
 - Recombinant: <u>CDC: Flublok Quadrivalent recombinant influenza vaccine</u> (www.cdc.gov/flu/prevent/qa flublok-vaccine.htm)

RSV

- CDC recommends adults aged 60 years and older may receive a single dose of one of the newly available RSV vaccines, based on the individual's risk of disease and discussions between the patient and health care provider.
- LTC residents are recommended to receive RSV vaccine because they often have multiple risk factors for complications from RSV.
- There are two Respiratory Syncytial Virus (RSV) vaccines approved for people ages 60 years and older, <u>CDC</u>: <u>Healthcare Providers</u>: <u>RSV Vaccination for Adults 60 Years of Age and Over</u> (<u>www.cdc.gov/vaccines/vpd/rsv/hcp/older-adults.html</u>).
 - Arexvy (GSK adjuvanted RSV vaccine)
 - Abrysvo (Pfizer RSV vaccine)

Test

COVID-19

- Test anyone with COVID-19 symptoms even if mild and regardless of vaccination status.
- Test asymptomatic close contacts 1, 3, and 5 days after exposure.
- Use the following for outbreak response:
 - Contact tracing if contacts are identifiable (e.g., one resident exposed to a visitor).
 - Broad-based testing if contacts not identifiable or spread continues. Test every 3-7 days until no new cases identified for 14 days.

COVID-19 Testing (www.health.state.mn.us/diseases/coronavirus/testsites/index.html)

Influenza

- Test anyone with influenza-like illness (ILI) symptoms.
- ILI in elderly persons may be atypical and fever may be absent.
- Use a rapid-antigen or molecular test, including RT-PCR.
- Rapid influenza diagnostic tests might result in false negatives. If the rapid test is negative and influenza is suspected, confirm with RT-PCR.

RSV

Communicate with medical director or residents' healthcare providers to arrange testing
when RSV is suspected or when a resident ill with respiratory symptoms tests negative for
both COVID-19 and influenza.

Treat

COVID-19

Antiviral treatment is recommended for non-hospitalized patients with mild to moderate symptoms who are at high risk of severe disease:

• High risk: older age (50 years and up), chronic medical conditions such as (but not limited to) immunosuppression, obesity, diabetes, chronic respiratory/cardiac/lung/kidney disease, or not up to date on COVID-19 vaccination.

Currently available antivirals include (in order of preference): Paxlovid (nirmatrelvir/ritonavir), remdesivir, molnupiravir.

- Visit <u>Therapeutic Options for COVID-19 Patients</u>
 (www.health.state.mn.us/diseases/coronavirus/hcp/therapeutic.html) for detailed prescribing information and reference tools, including the <u>University of Liverpool Drug Interactions Checker (www.covid19-druginteractions.org/checker)</u> to evaluate for potentially serious drug interactions when using Paxlovid.
- Paxlovid and molnupiravir: oral, start within 5 days of symptom onset. Remdesivir: IV, start within 7 days of symptom onset.
- For patients with orogastric or nasogastric tubes, molnupiravir capsule contents may be administered via this route. Refer to <u>FDA: Fact Sheet for Healthcare Providers: EUA for</u> <u>Lagevrio (molnupiravir) Capsules (www.fda.gov/media/155054/download)</u>. FDA advises against splitting or crushing Paxlovid tablets.
- There are currently no monoclonal antibodies authorized for use for the treatment or prevention of COVID-19.

Influenza

- Antiviral medications are recommended for:
 - Treatment of suspected and confirmed cases of influenza. Administer as soon as possible after symptom onset, regardless of laboratory confirmation.
 - Chemoprophylaxis for residents in affected areas during LTC facility outbreaks.
- Visit <u>CDC</u>: Interim Guidance for Influenza Outbreak Management in Long-Term Care and <u>Post-Acute Care Facilities (www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm)</u> for dosage and duration recommendations.

Four influenza antivirals are approved for treating uncomplicated influenza: oseltamivir, zanamivir, peramivir, and baloxavir.

• Visit <u>CDC</u>: Influenza Antiviral <u>Medications</u>: Summary for <u>Clinicians</u> (www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm).

RSV

Supportive care.

Report

COVID-19

There are three required reporting components: case reporting, laboratory reporting, and death reporting. Reporting Requirements for Minnesota Long-term Care Facilities (www.health.state.mn.us/diseases/coronavirus/hcp/ltcreportrecs.pdf).

Skilled Nursing Facility Reporting Requirements

- Case Reporting: Report aggregate case counts and death counts to <u>CDC</u>: <u>NHSN Resident Impact and Facility Capacity Pathway (www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.144-resblank-p.pdf)</u>.
- Laboratory Reporting: If you conduct point-of-care (POC) tests, report positive test results to <u>SimpleReport (www.simplereport.gov/)</u> or <u>CDC: NHSN LTCF POC Test Results Reporting Tool (www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.155-p.pdf)</u>.
- Death Reporting: Report individual death information to MDH using the <u>COVID-19 Long-Term Care Report Form (redcap-c19.web.health.state.mn.us/redcap/surveys/?s=HH47NMERJHJX7CJF)</u>.

Assisted Living Facility Reporting Requirements

- Case Reporting: Report aggregate case counts to MDH using the <u>COVID-19 Long-Term Care</u> Report Form (redcap-c19.web.health.state.mn.us/redcap/surveys/?s=HH47NMERJHJX7CJF).
- Laboratory Reporting: If you conduct POC tests, report positive test results to <u>SimpleReport</u> (<u>www.simplereport.gov/</u>).
- Death Reporting: Report individual death information to MDH through the <u>COVID-19 Long-Term Care Report Form (redcap-c19.web.health.state.mn.us/redcap/surveys/?s=HH47NMERJHJX7CJF)</u>.

Influenza

- Report to MDH when 2 or more cases of laboratory-confirmed influenza or RSV are identified within 72 hours of each other in residents on the same unit.
 - Report outbreaks using the <u>LTC Facility Influenza and RSV Report Form 2023-2024</u> (<u>redcap.health.state.mn.us/redcap/surveys/?s=77K8YPJKDEPEMYTY</u>) or by calling 651-201-5414 or 877-676-5414.
- Report any LTC resident hospitalized with laboratory-positive influenza or any influenzarelated death.

Report using the <u>Disease Report Card</u>
 (<u>www.health.state.mn.us/diseases/reportable/forms/reptcard.html</u>) or by calling 651 201-5414 or 877-676-5414.

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- Report any LTC resident hospitalized with laboratory-positive RSV or any RSV-related death.
 - Report using the <u>Disease Report Card</u>
 (<u>www.health.state.mn.us/diseases/reportable/forms/reptcard.html</u>) or by calling 651201-5414 or 877-676-5414.

Implement Infection Prevention and Control Measures

COVID-19

- Use masks and respirators for health care workers, patients, residents, and visitors per CDC guidance and facility policy to decrease the spread of respiratory viruses.
- Monitor respiratory illness in residents and staff; exclude and isolate as appropriate.
- Visitors who have a positive viral test for COVID-19 or symptoms of COVID-19, or who
 currently meet standards for quarantine should not enter the facility until they meet
 standards to end quarantine, isolation, or do not have symptoms.
- Practice physical distancing and implement screening and triage procedures.
- Practice respiratory hygiene and cough etiquette.
- Perform appropriate hand hygiene.
- Clean and disinfect surfaces routinely.
- Check that the air handling in your facility is functioning appropriately <u>CDC</u>: <u>Ventilation in Healthcare Settings</u> (<u>www.cdc.gov/infectioncontrol/pdf/projectfirstline/Ventilation-508.pdf</u>).

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RSV

- Use masks and respirators for healthcare workers, patients, residents, and visitors to decrease the spread of respiratory viruses.
- Monitor respiratory illness in residents and staff; exclude and isolate as appropriate.
- Visitors who have a positive viral test for RSV or symptoms of RSV, or who currently meet standards for isolation should not enter the facility until they meet standards to end isolation, or do not have symptoms.
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To obtain this information in a different format, call: 651-201-5414.