November 17, 2022

LTC COVID-19 Update

Presented by:

Lori Davenport, Director of Regulatory & Clinical Affairs

Indiana Department of Health Team

Indiana Department of Health

IHCA INCAL

INDIANA HEALTH CARE ASSOCIATION

INDIANA CENTER FOR ASSISTED LIVING

Today's Topics

SARS-CoV-2, Influenza and RSV - Dr. Vuppalanchi
Strike Team Project and Project Firstline - Russ Evans, Probari
Advance Directives Q&A and other updates - Lori Davenport
Q&A

Happy Thanksgiving!

We will resume our meeting on December 1

***SNF DON Workshop**, an in-person event on Nov. 30-Dec 1, details HERE*

***Astute Survey Preparedness & Application of Infection Control Regulatory Requirements**, a webinar on Dec 20, details HERE*

Indiana Department of Health

RESPIRATORY PATHOGENS

SHIREESHA VUPPALANCHI, MD

11/17/2022

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.

Respiratory pathogens in circulation

Indiana Department of Health

Increased Respiratory Virus Activity, Especially Among Children

- Currently, the United States is experiencing a surge and co-circulation of respiratory viruses other than SARS-CoV-2. CDC is tracking levels of respiratory syncytial virus (RSV), influenza, and rhinovirus/enterovirus (RV/EV) that are higher than usual for this time of year, especially among children, though RV/EV levels may have plateaued in recent weeks.
- While RSV activity appears to be plateauing in some places, the timing, intensity, and severity of the current RSV season are uncertain
- CDC has been tracking early and increasing influenza activity in recent weeks. Although the timing, intensity, and severity of the 2022–2023 influenza season are uncertain, CDC anticipates continued high-level circulation of influenza viruses this fall and winter.
- SARS-CoV-2 also continues to circulate in all U.S. states. CDC expects continued high-level circulation of SARS-CoV-2 this fall and winter.
- Co-circulation of respiratory syncytial virus (RSV), influenza viruses, SARS-CoV-2, and others could place stress on healthcare systems this fall and winter.

Increased Respiratory Virus Activity, Especially Among Children

- Preliminary data from October 2022 show that weekly rates of RSV-associated hospitalizations among children younger than 18 years old are higher than rates observed during similar weeks in recent years.
- Most common viruses identified to date have been influenza A(H3N2) viruses, with most infections occurring in children and young adults. Cumulative influenza-associated hospitalization rates for children (age 0–4 years and 5–17 years) and all ages combined are notably higher compared to the same time periods during previous seasons since 2010–2011.
- SARS-CoV-2 activity is expected to increase in the winter as has been observed in previous years. Rates of COVID-19-associated hospitalizations among all age groups including children have decreased since August, but rates in infants younger than 6 months remain higher than in other pediatric age groups and higher than in all adult age groups except those 65 years and older.

Prevention

- Offer prompt vaccination against influenza and COVID-19 to all eligible people aged 6 months and older who are not up to date. Vaccination can prevent hospitalization and death associated with influenza and SARS-CoV-2 viruses. These vaccines can safely be co-administered.
    - Influenza vaccines have been updated for the current season. Data so far suggest influenza vaccination this season should offer protection against predominant A(H3N2) viruses to date.
    - Currently approved SARS-CoV-2 bivalent mRNA booster doses for use in patients 5 years of age and older offer protection against both the ancestral SARS-CoV-2 virus and the currently predominant Omicron BA.4 and BA.5 subvariants that cause COVID-19. Emerging evidence suggests that COVID-19 vaccination provides some protection against multisystem inflammatory syndrome in children (MIS-C) and against post-COVID-19 conditions, and that vaccination among persons with post–COVID-19 conditions might help reduce their symptoms.
- For COVID-19, preexposure prophylaxis with EVUSHELD may help prevent COVID-19 in persons 12 years and older who are moderately to severely immunocompromised who might not mount an adequate immune response after COVID-19 vaccination, as well as persons for whom COVID-19 vaccination is not recommended because of their personal risk for severe adverse reactions.

Testing

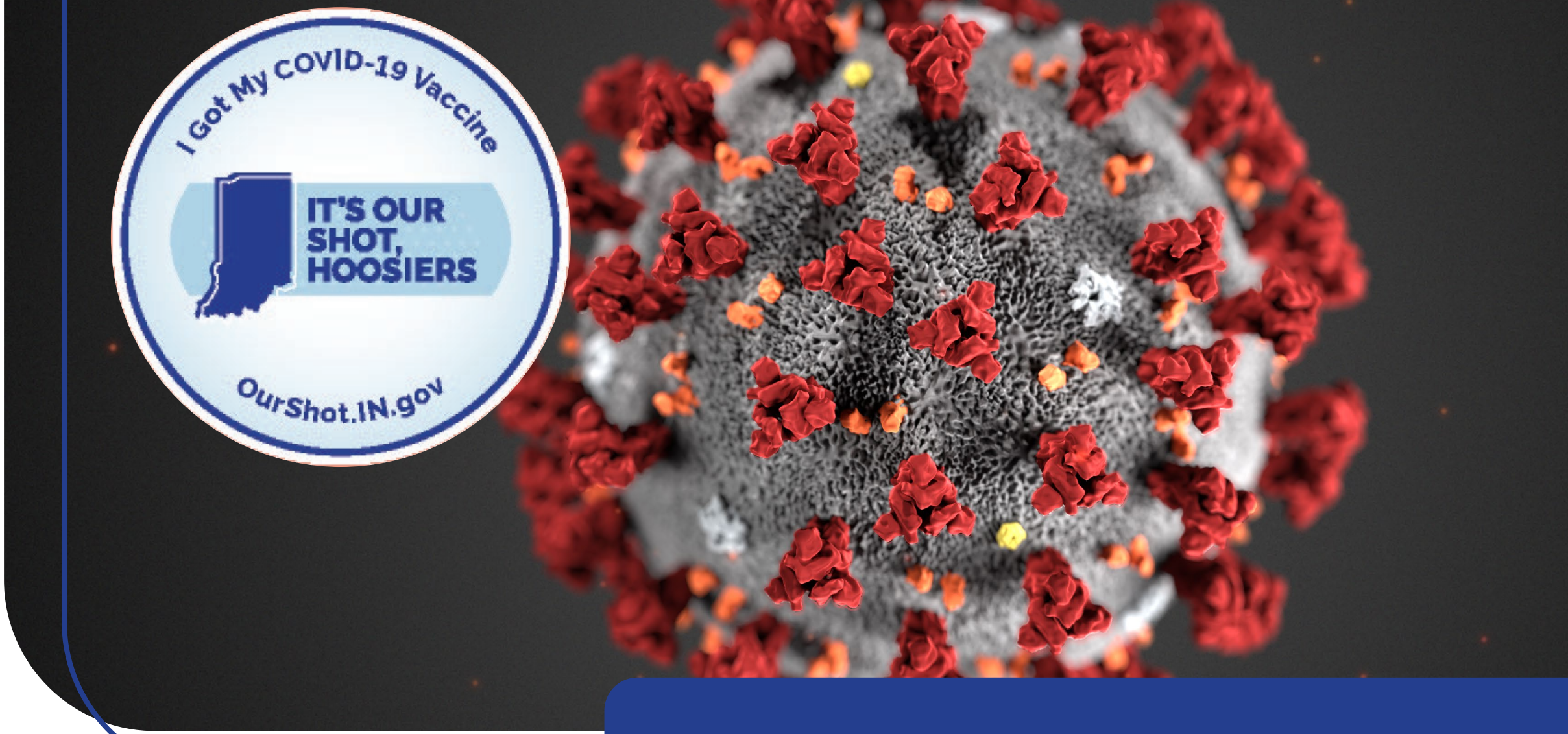
- Use diagnostic testing to guide treatment and clinical management.
- Molecular assays are recommended when testing for RSV, influenza, SARS-CoV-2, and other respiratory viruses in hospitalized patients with suspected respiratory virus infections, and multiplex respiratory testing should be considered since multiple respiratory viruses may cause severe illness.

Influenza Treatment

- CDC recommends influenza antiviral treatment as early as possible for any patient with confirmed or suspected influenza who is: a) hospitalized; b) an outpatient at higher risk for influenza complications; or c) an outpatient with severe, complicated, or progressive illness.
- Clinical benefit is greatest when antiviral treatment is administered as early as possible after illness onset (ideally within 48 hours), although antiviral treatment initiated later than 48 hours after illness onset can still be beneficial for some patients (e.g., outpatients at increased risk for complications and hospitalized patients). **Clinicians should not wait for laboratory confirmation to decide when to start influenza antiviral treatment in patients with suspected influenza.**
  - Oral oseltamivir (generic formulation or Tamiflu®) is the recommended antiviral for outpatients with severe, complicated, or progressive illness and for hospitalized influenza patients.
  - Oral baloxavir marboxil (Xofluza®) is approved by the U.S. Food and Drug Administration (FDA) for treating acute uncomplicated influenza in people 5 years and older who are otherwise healthy or in people 12 years and older who are at high risk of developing influenza-related complications.
  - Oseltamivir is available as both an oral suspension and as capsules, whereas baloxavir is available only as tablets in the United States this fall and winter.

Treatment – COVID-19 and RSV

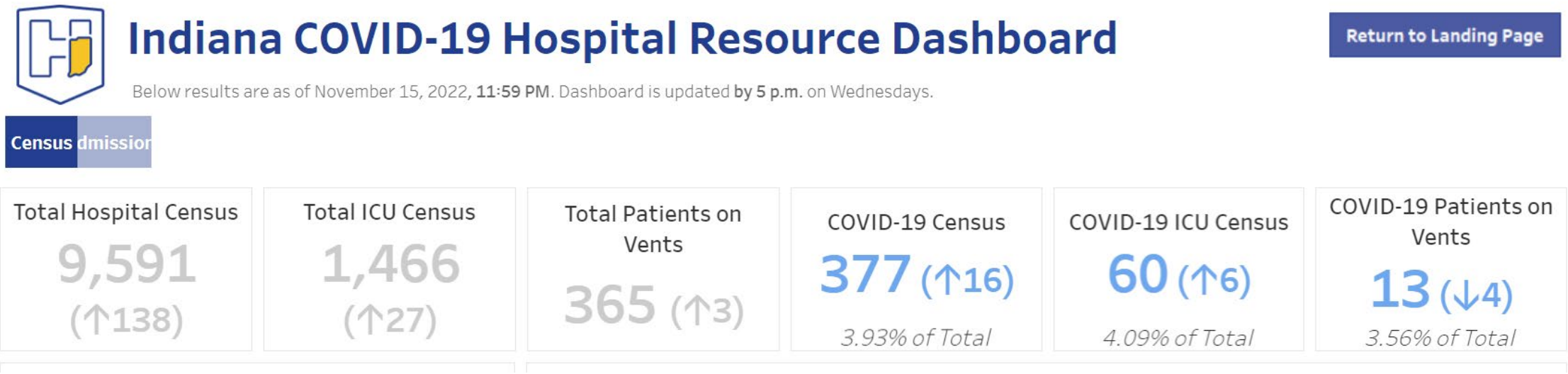
- COVID-19 antiviral agents reduce risk for hospitalization and death when administered soon after diagnosis. The antiviral medications nirmatrelvir and ritonavir (Paxlovid) or remdesivir (Veklury) are the preferred treatment options for COVID-19 in patients with mild to moderate illness who are at increased risk for severe illness, including older adults, unvaccinated persons, and those with certain medical conditions.
    - The antiviral medication molnupiravir (Lagevrio) and monoclonal antibody bebtelovimab are alternative treatment options when Paxlovid and Veklury are contraindicated or not available.
- To prevent RSV-associated hospitalizations, eligible high-risk children should receive palivizumab treatment in accordance with AAP guidelines.
    - In brief, children eligible for palivizumab include infants prematurely born at less than 29 weeks gestation, children younger than 2 years of age with chronic lung disease or hemodynamically significant congenital heart disease, and children with suppressed immune systems or neuromuscular disorders.



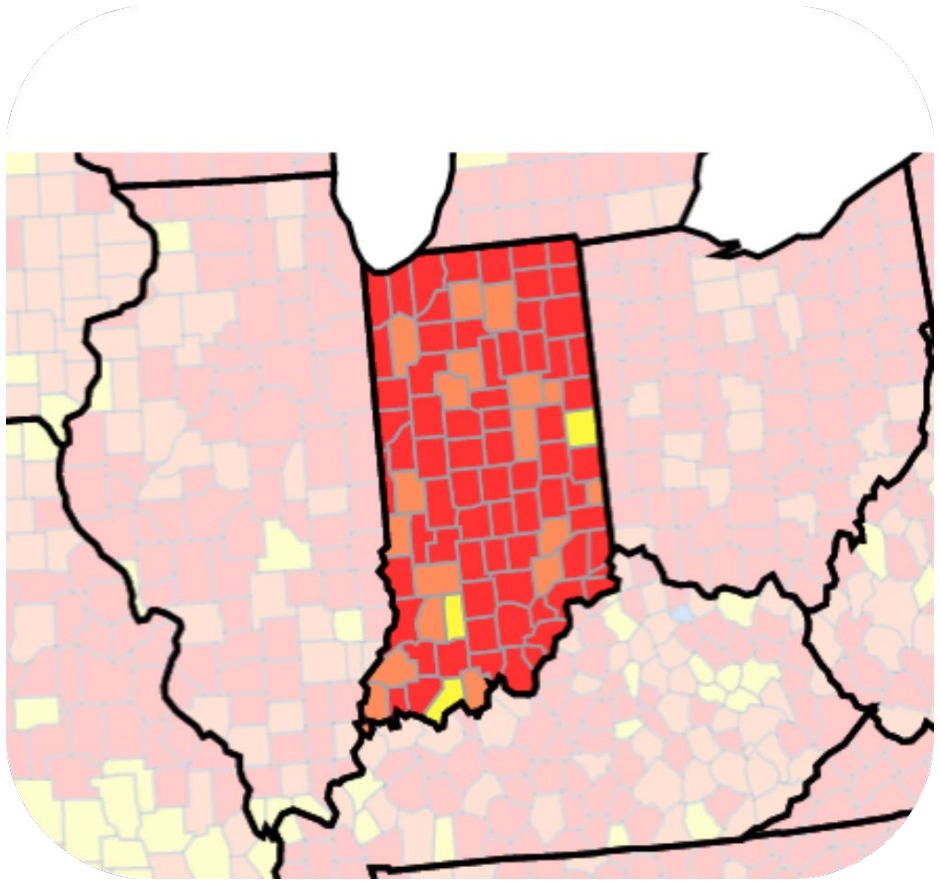
COVID-19 current status

Indiana Department of Health

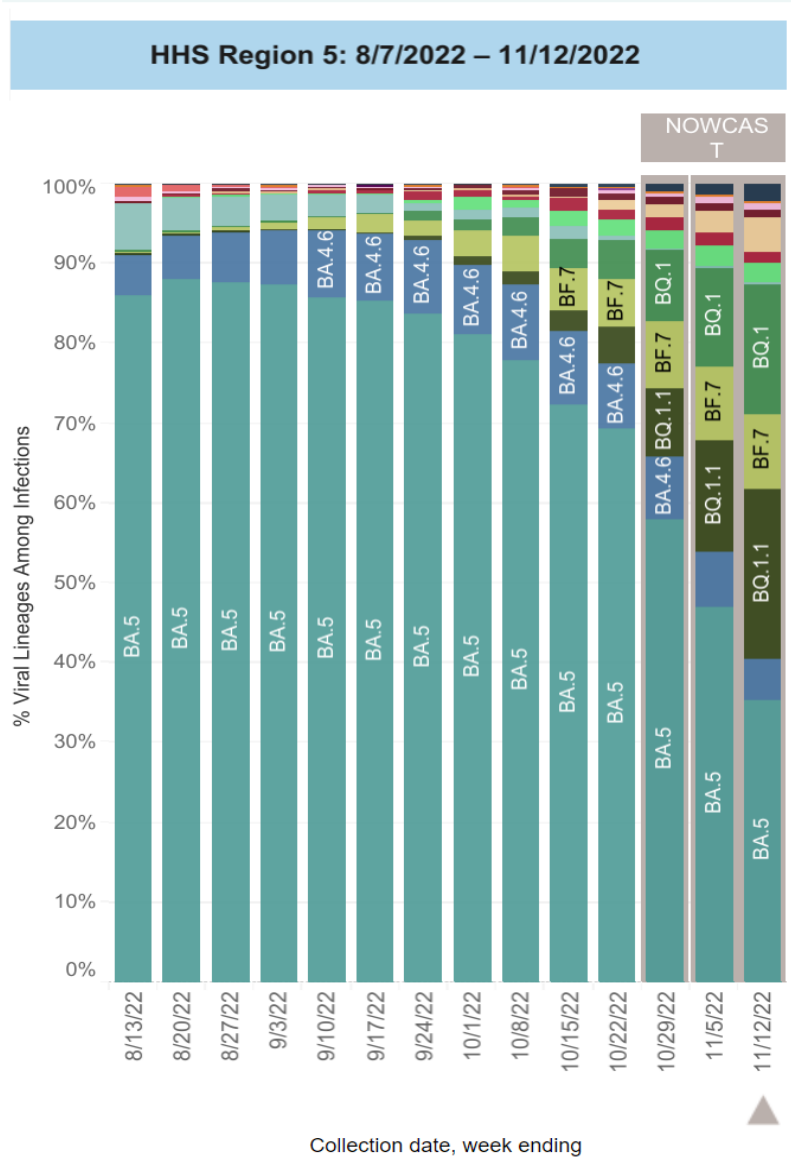
Hospital census



Community Transmission



Subvariants



HHS Region 5: 11/6/2022 – 11/12/2022 NOWC

Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	35.3%	31.8-38.9%
	BQ.1.1	VOC	21.3%	17.8-25.4%
	BQ.1	VOC	16.3%	12.6-20.8%
	BF.7	VOC	9.2%	8.1-10.5%
	BA.4.6	VOC	5.3%	4.3-6.5%
	BN.1	VOC	4.2%	2.8-6.3%
	BA.5.2.6	VOC	2.6%	1.9-3.5%
	BA.2.75	VOC	1.4%	1.1-1.9%
	BA.2	VOC	1.0%	0.4-2.5%
	BA.2.75.2	VOC	1.0%	0.6-1.6%
	BA.4	VOC	0.1%	0.1-0.1%
	BA.1.1	VOC	0.0%	0.0-0.0%
	B.1.1.529	VOC	0.0%	0.0-0.0%
	BA.2.12.1	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		2.3%	1.0-4.9%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
# BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, BA.2.75.2, BN.1 and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. For all the lineages listed in the above table, their sublineages are aggregated to the listed parental ..

HHS Region 5: 11/6/2022 – 11/12/2022 NOWCAST

Indiana Department of Health

https://covid.cdc.gov/covid-data-tracker/#variant-proportions

Practice core principles of infection prevention

- Remember to practice infection prevention principles such as hand hygiene.
- Avoid overcrowding in an indoor space.
- Ensure adequate ventilation when holding gatherings.
- Test for pathogens promptly based on symptoms.
- Practice transmission-based precautions based on symptoms and/or diagnosis.

Questions?

CONTACT:

Shireesha Vuppalanchi, MD
Medical Director
Indiana Department of Health
svuppalanchi@health.in.gov

PROBARI

Indiana Department of Health

Strike Team Project

Project Firstline

Indiana Department of Health

Strike Team Project

PROBARI

Indiana Department of Health

What is the Strike Team program?

- Funded completely by Federal COVID Strike Team dollars
- 12 month total project - each facility gets 3 months
- Probari RNs reviewing Admissions and Infections
- Launched in June 2022

Current Project Stats

- 30 Total facilities
- 1483 Unique Residents touched
- 2316 Total Reviews
- 6996 Total Interventions
- *Currently* averaging 2.4 interventions/review
- Intervention Implementation in average of 1.7 days

Indiana Department of Health

Facility Feedback

- Reported to enhance quality and save time
- 15 minutes per day time commitment
- IHIE access has increased intervention quality
- Easy to use

How to sign up

- Email outreach@probarisystems.com
- Currently booking for 2023
- Can add multiple facilities per corporation

Indiana Department of Health

Project Firstline

PROBARI

CAC CENTER FOR AGING & COMMUNITY
UNIVERSITY OF INDIANAPOLIS

Indiana Department of Health

Project Firstline

- Educational materials from CDC
- Infection Control
- Weekly text messages
- Videos, graphics and quick reads
- Targeted to frontline staff (RNs, LPNs, CNAs)

Next Steps

- January - onboarding
- February - program begins
- Free to all staff
- Ability to opt in or out

Indiana Department of Health

Thank you!

outreach@probarisystems.com

Indiana Department of Health

Advance Directive Questions

Question 1

With all the changes and new law in Indiana; since there is not a standardized advance directive form besides POST and OOHDNR), is Indiana or IPPC group producing one?

Answer: The short form created by Jeff Dible is the document that IPPC is recommending. – handout attached

Question 2

Can a staff member be the two witnesses that sign the Health Care Rep form?

Answer: This is ultimately up to the policy of the facility. Nothing prohibits this in the law.

Question 3

Who should be contacted if it is felt the HCP is not acting in the best interest of the resident?

Answer: This is not specified in the law but would contact the ombudsman. In the hospital, this would come to an ethic committee.

Question 4

Last weeks call, it was stated the law allows the HCR to make decisions after death – autopsy? Funeral?

Does the law give HCR more authority after death? Estate? Lawsuits? Or is there a specific time frame in which the HCR is no longer valid?

Answer: The law does not specify for authority over the estate. The HCR is limited to decisions related to anatomical gifts, autopsies, funeral planning, specifically the deposition of the body (cremation, etc.)

Question 5

Can you direct me to where I can find the final version of this law.

Answer: It is a handout today

Question 6

Can a proxy sign our facility CPR form?

Answer: A proxy can sign an internal CPR form if that is consistent with the facility policy. The law does not prohibit this.

The law prohibits a proxy signing the OJDNR and POST.

IDOH LTC Abuse and Incident Reporting policy

Will be published in the LTC Newsletter this week

Please review and send your questions to ldavenport@ihca.org

Will provide an overview and opportunity for Q&A at the next meeting.

No meeting on Thursday of Thanksgiving

Q & A
Thank you!

Contact Information

Lori Davenport – IHCA/INCAL Clinical/Regulatory
- ldavenport@ihca.org
- 765-516-0148

Amy Kent – Assistant Commissioner, IDH
- amkent1@isdh.in.gov
- 317-233-7289

Jennifer Spivey – Infection Control, IDH
- JSpivey1@isdh.IN.gov
- 317-232-0639
- 317-471-7844 cell

Paul Krievins
- pkrievins@isdh.in.gov

Kelly White – Reporting, IDH
- kewhite@isdh.in.gov

Tammy Alley – Vaccine Questions, IDH
- talley@isdh.in.gov
- 317-223-7441

Randy Synder – Vaccine Questions, IDH
- rsnyder1@isdh.in.gov

Russell Evans
- russ@probarisystems.com
- outreach@probarisystems.com
- 317-804-4102

Paul Peaper – IHCA/INCAL President
- ppeaper@ihca.org

Dr. Shireesha Vuppalanchi – Clinical, IDH
- svuppalanchi@health.in.gov

Brenda Buroker – Survey, IDH
- bburoker@isdh.in.gov
- 317-234-7340

Jan Kulik
- jkulik@isdh.in.gov
- 317-233-7480

Peter Krombach
- pkrombach2@isdh.in.gov

Michelle Donner
- midonner@isdh.in.gov

Pam Pontones – CDC Guidance, IDH
- ppontones@isdh.IN.gov
- 317-233-8400

Kara Dawson – NHSN
- kdawson@qsource.org
- 317-628-1145 OR contact:
- Angeleta Hendrickson - ahendrickson@qsource.org
- Teresa Hostettler - thostettler@qsource.org

- Deeksha Kapoor – IHCA/INCAL Communications/PR
  - dkapoor@ihca.org
- Rob Jones – IDH Gateway Assistance
  - rjones@isdh.in.gov
- David McCormick
  - DMcCormick@isdh.IN.gov
- Dr. Lindsey Weaver
  - lweaver@isdh.in.gov
- **Langham Customer Service**
  - 866-926-3420
  - Covidsupport@elangham.com
- Deanna Paddack – Infection Prevention, IDH
  - dpaddack@isdh.in.gov
  - 317-464-7710
- Dave McCormick – Immunization Division, IDH
  - DMcCormick@isdh.IN.gov