PENNSYLVANIA DEPARTMENT OF HEALTH
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Pennsylvania
Department of Health

Health Care and Long-term Care Facility Preparedness for the 2024-2025 Respiratory Season

DATE:	October 2, 2024
TO:	Health Alert Network
FROM:	Debra L. Bogen, M.D., FAAP, Secretary of Health
SUBJECT:	**Health Care and Long-term Care Facility Preparedness for the 2024-2025 Respiratory Season**
DISTRIBUTION:	Statewide
LOCATION:	Statewide
STREET ADDRESS:	N/A
COUNTY:	N/A
MUNICIPALITY:	N/A
ZIP CODE:	N/A

This transmission is a "Health Advisory" which provides important information for a specific incident or situation; may not require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL**; EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS**: PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

Summary

Key Actions
- **Vaccination:** Encourage vaccination against influenza, COVID-19, RSV, and pneumococcal disease for health care personnel (HCP), patients/residents, staff, and visitors. As feasible, make vaccines available on-site.
- **Monitor Community Transmission:** Use the Pennsylvania (PA) respiratory virus dashboard and Centers for Disease Control and Prevention (CDC) data to guide masking, visitation policies, and other infection control measures based on local virus activity.
- **Enhanced Testing for Respiratory Infections:** Routine testing for respiratory pathogens is crucial, particularly in identifying co-infections during periods of high transmission. Use diagnostic tools like PCR and consider expanded testing using multiplex panels to identify multiple co-circulating respiratory viruses. Testing should be prioritized for symptomatic patients, those at high risk, and hospitalized individuals.
- **Chemoprophylaxis and Therapeutic Treatments:** Administer antiviral medications for influenza to prevent spread in communal settings like long-term care facilities (LTCFs). Timely antiviral treatment is essential for reducing illness severity, especially for high-risk patients.
- **LTCF Outbreak Management:** Leverage the PA Department of Health (DOH) outbreak response toolkit for managing respiratory outbreaks in LTCFs, including guidance on the use of chemoprophylaxis and treatment protocols.
- **Variant and Novel Influenzas:** Remain alert for variant and avian influenza (H5N1). Test symptomatic individuals with exposure to infected animals or people. Forward subtype-negative influenza A samples to the state lab for further testing.
- **Reporting:** Positive antigen and nucleic acid tests for influenza and RSV must be reported to PA-NEDSS. If your lab or facility does not report test data, the aggregate reporting module in PA-NEDSS may be used during peak season to report weekly case counts of non-hospitalized flu and RSV cases. Hospitalizations and deaths due to these conditions must be reported to PA-NEDSS individually. Reporting of positive COVID-19 test results to PA-NEDSS is strongly encouraged.
- **Join ILINet:** Become a U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) provider to guide influenza prevention and control measures, vaccine development, and care guidelines.
- If you have any questions, please call DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

Introduction

As we enter the 2024-2025 respiratory virus season, the Pennsylvania Department of Health urges all health care providers and facilities to take proactive measures to mitigate the impact of respiratory infections including influenza, respiratory syncytial virus (RSV), and COVID-19.

This guidance outlines tools for use:

Vaccinate for influenza, COVID-19, RSV and Pneumococcal Disease

Ensure vaccine availability and encourage it for all health care personnel (HCP), patients, staff and visitors against influenza, COVID-19, RSV, and pneumococcal disease. Everyone aged 6 months and older should receive both influenza and SARS-CoV-2 vaccines, which can be administered simultaneously. Those who are eligible should also receive pneumococcal and RSV vaccines. As feasible, make vaccines available onsite. Follow the CDC's Adult Immunization Schedule.

Monitor community transmission using the DOH Respiratory Virus Dashboard

Track local respiratory virus activity using the DOH Respiratory Virus Dashboard and CDC resources like the National Respiratory and Enteric Virus Surveillance System (NREVSS) and Respiratory Illnesses Data Channel | Respiratory Illnesses | CDC. Use these data to guide implementation of appropriate measures like visitation policies, adjusting group activities, or masking.

Enhanced virologic testing is needed to understand multi-pathogen outbreaks and to improve treatment of those who may be co-infected

Test symptomatic HCP and patients to detect and manage outbreaks. Use point-of-care (POC) or laboratory-based diagnostic tests, like PCR, to confirm respiratory infections.

When community transmission is high, consider expanded testing (e.g., multiplex panels), which may be beneficial in identifying co-circulating respiratory viruses or co-infections. Testing should be prioritized for patients with suspected respiratory virus infections, persons in high-risk groups, and patients with severe or progressive illness. Molecular assays are recommended when testing for RSV, influenza, or SARS-CoV-2 in hospitalized patients, and a full respiratory virus panel should be considered. Clinicians should be aware that a positive SARS-CoV-2 test result does not preclude influenza virus infection or another respiratory pathogen.

Information to assist health care providers about when to consider respiratory virus testing is available at Information for Clinicians on Influenza Virus Testing, Respiratory Syncytial Virus for Healthcare Professionals, and COVID-19 Testing: What You Need to Know. For HCP, testing should occur if they develop symptoms, and exclusion from work should follow CDC guidelines based on test results and symptom resolution.

Chemoprophylaxis and Therapeutics

Chemoprophylaxis and therapeutic treatments are essential for controlling outbreaks.

> **Chemoprophylaxis:** Administer antiviral medications like oseltamivir for non-ill patients, residents and staff to prevent the spread of influenza, especially in health care or communal living settings with confirmed cases.

> **Therapeutics:** Timely treatment of influenza and COVID-19 with antivirals can reduce the severity and duration of illness. Administer antiviral treatment promptly for residents at high risk of complications, following CDC guidelines.

Tools for managing respiratory outbreaks in long-term care facilities
Utilize the DOH outbreak response toolkit to coordinate efforts and streamline outbreak management. Find tools including the toolkit for managing outbreaks in long-term care facilities here: LTCF | PADOH. Outbreaks should be reported by calling your local health jurisdiction.

Variant and Novel Influenza remain a threat; improve education and remain vigilant
In 2024 so far, four cases of variant influenza (all associated with swine exposure) were reported in Pennsylvania—the highest number since 2012. Additionally, avian influenza (H5N1) remains a concern. Outbreaks affecting birds and some mammals have occurred in PA since 2022. Nationwide, fifteen human cases of H5N1 have been confirmed this year, most linked to exposure to infected poultry and dairy cattle. One case, from Missouri, had no known animal exposure and was found through routine influenza surveillance.

To stay vigilant, clinicians should:

Recognize symptoms of variant and avian influenza: Symptoms in humans include influenza-like illness, gastrointestinal symptoms, and conjunctivitis. Severity can vary. Some cases have presented primarily with conjunctivitis. As we enter the respiratory season, it's important to ask about possible animal exposures.

Two classes of people should be tested for H5N1 or variant flu:
- Symptomatic people with known exposure to an H5N1- or variant-infected animal, flock, herd, or person in the 10 days before illness onset.
- Hospitalized patients with severe respiratory illness, with no identified cause, AND with exposure to raw milk, sick or dead birds, sick or dead animals, dairy cows or swine, in the 10 days prior to illness onset. PA HAN 749

Forward select specimens to the state public health laboratory:
- Specimens from severely ill patients for which subtyping was not done.
- Specimens positive for influenza A but subtype negative.
- Influenza A positive specimens that are subtype influenza A (H1) and not influenza A(H1)pdm09, on tests designed to provide an influenza subtyping result and confirmed upon retest. PA HAN 753

Laboratory-confirmed influenza and RSV are reportable, including those with positive POC, antigen, or nucleic acid tests. Reporting of positive COVID-19 tests is mandated in Philadelphia, Allegheny, and Montgomery counties; voluntary reporting is strongly encouraged in all other counties.

Cases of influenza and RSV, confirmed by positive antigen or nucleic testing (including point-of-care testing), must be reported to PA-NEDSS. Tests performed at a commercial or hospital laboratory should be reported by the lab. Facilities doing point-of-care testing can arrange to send spreadsheets directly to PA-NEDSS, submit data via SimpleReport, or use the aggregate reporting module in PA-NEDSS to report weekly case counts. It is important to avoid duplicate entries by ensuring cases reported through the aggregate module are not also submitted through other methods. Positive COVID-19 test results may be submitted directly to PA-NEDSS or via SimpleReport.

Important Notes:

Hospitalizations and deaths associated with influenza and RSV should be individually entered into PA-NEDSS to provide detailed data on severe outcomes. These should not be included in aggregate reporting.

Outbreaks, including those of COVID-19, influenza, RSV, and all other respiratory infections, must be reported to DOH. Please be mindful that reporting to other entities, including state facility licensure offices and federal agencies such as the Centers for Medicare and Medicaid Services (CMS), may also be necessary. Therefore, it is crucial to stay informed about and adhere to any specific federal, state, or local reporting requirements.

ILINet is an important part of our local, state, and federal respiratory virus surveillance, join today!

By volunteering to participate in ILINet, which involves submitting the number of patients you see each week with influenza-like illness (ILI) symptoms to CDC, providers play a key role in monitoring and combating influenza and other respiratory illnesses, helping to protect public health and save lives. Join ILINet today and make a difference! Sign up [here](#)!

For More Information:

DOH resources
- [Viral Testing Respiratory Swab Collection and Shipping](#)
- [Avian Influenza (H5N1)](#)
- [LTCF](#)
- [Influenza LTCF Toolkit (pdf)](#)
- [COVID-19 LTCF Toolkit (pdf)](#)

CDC resources
- [Influenza Antiviral Medications: Summary for Clinicians](#)
- [Interim Guidance for Influenza Outbreak Management in Long-Term and Post-Acute Care](#)
- [Adult Immunization Schedule – Healthcare Providers | CDC](#)
- [Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Cocirculating | CDC](#)
- [Types of COVID-19 Treatment | COVID-19 | CDC](#)
- [About Human Infections with Variant Influenza Viruses | Swine Flu | CDC](#)

[Bird Flu | Bird Flu | CDC](#)

If you have any questions, please call DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

Individuals interested in receiving further PA-HANs are encouraged to register at [HAN Notification Registration (mir3.com)](#)

Categories of Health Alert messages:
Health Alert: conveys the highest level of importance; warrants immediate action or attention.
Health Advisory: provides important information for a specific incident or situation; may not require immediate action.
Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of October 2, 2024, but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.