



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Wisconsin HAI Long-Term Care Education Series

June 23, 2022

Today's Agenda

- Acute Respiratory Illnesses Update
 - **Tom Haupt**, Research Scientist Epidemiologist, Bureau of Communicable Diseases
- LTCF Infection Prevention and Infrastructure Matching Grant Update
 - **Ashlie Dowdell**, Director, HAI Prevention Program



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of HEALTH SERVICES

Respiratory Illness in Long-Term Care Facilities

Tom Haupt, M.S.
Research Scientist Epidemiologist
June 23, 2022

The Facts

- It remains imperative to perform surveillance and respond to respiratory outbreaks in a long-term care facility.
- Testing only for influenza and COVID is not adequate for diagnosis and response to respiratory outbreaks. Use of a rapid antigen tests may yield unreliable results.
- Many distinct viruses can and have caused respiratory outbreaks in Wisconsin.
- It is impossible to diagnose the cause of the outbreak based on clinical signs and symptoms.

Outbreak Guidelines

Definition:

- ARI (acute respiratory illness) is defined as illness with two or more of the following:
 - Fever*
 - Rhinorrhea (runny nose) or nasal congestion
 - Sore throat
 - Cough (productive or non-productive)
 - Myalgia (muscle aches) greater than the resident's norm

*Fever may be difficult to determine in older people. Therefore, the definition of fever used for ARI may be defined as temperature >100° F or 2° above the established baseline for that resident.

Outbreak Guidelines

- A respiratory disease outbreak is defined as **three or more** residents from the **same unit** whose onset of acute respiratory illness was within **72 hours** of each other.
- When an outbreak of respiratory disease is suspected in a facility, notify local public health.
- With prior approval from the Division of Public Health (DPH) testing (free of charge) is initiated.
- Results will be sent to the DPH and to the specimen submitter.

Outbreak Guidelines

Common Errors:

- Relying **solely** on influenza and COVID testing
- Being **too specific** in original diagnosis (e.g., URI vs. pneumonia vs. bronchiolitis vs. aspiration pneumonia etc.)
- Not monitoring and including staff in surveillance

Outbreak Guidelines

Reasons given for an inadequate response:

- It's aspiration pneumonia (i.e., not infectious)
- The resident was/is on palliative care
- Residents always have some kind of respiratory illness
- No need to test. It won't change the treatment

Outbreak Guidelines

Resident/Staff Specimen Collection

- Collect specimens from 2-3 residents or staff with the most recent onset of illness.
- A nasopharyngeal (NP) swab is the preferred specimen.
- A nasal swab or an oropharyngeal (OP) swab is an alternative if an NP cannot be collected.
- The swab should be placed in viral transport media and sent **overnight** with a cool pack to the Wisconsin State Laboratory of Hygiene (WSLH).

Outbreak Guidelines

Common Errors in Resident/Staff Specimen Collection

- Specimens received from residents/staff whose onset is > 5 days prior to collection.
- Staff inexperience in collecting NP/OP swabs for testing.
- Delay in collection because no viral transport media is available.
- Specimens are not sent overnight and sometimes need to be rejected by the WSLH due to unsafe transport.

Outbreak Guidelines

Tests Performed at the WSLH

- Each specimen is initially tested for influenza by RT-PCR
 - SARS-2 (COVID-19)
 - Influenza type (A or B)
 - Influenza type A subtyped (seasonal H1N1, pandemic 2009 H1N1, seasonal H3N2)
- Specimens negative for influenza and a small number that test positive for influenza (looking for co-infection) will be tested on a Respiratory Pathogen Panel (RPP)
 - Tests are run on different days
 - Tests are complete in ~ 6 hours

Outbreak Guidelines

WSLH 17 Target Respiratory Pathogen Panel (RPP) Components

- Respiratory Syncytial Virus (RSV A, RSV B)
- Influenza A, Influenza B
- Parainfluenza type 1-4
- Human metapneumovirus
- Rhinovirus/Enterovirus (test cannot distinguish)
- Adenovirus subgroup B and E
- Coronavirus type NL63, HKU1, 229E, and OC43
- Bocavirus

Outbreak Guidelines

REMEMBER:

- It is **not required** to send specimens to the WSLH. Specimens can be sent to private labs.
- Fee exempt testing will **only** be done at the WSLH.
- The WSLH will **not perform** testing without DPH approval.

Outbreak Guidelines

What is the purpose of testing?

- The virus causing the respiratory illnesses cannot be identified based on signs and symptoms.
- Respiratory illness can rapidly spread throughout a long-term care facility if proper infection control precautions are not implemented.
- Illness caused by some viruses require contact precautions in addition to droplet precautions.

Precaution Guidelines

	Droplet Precautions	Contact Precautions
Influenza	X	
RSV	X	X
Parainfluenza		X
Rhino/Enterovirus	X	
Seasonal Coronavirus		X
Human Metapneumovirus		X
Adenovirus	X	X

CDC Contact Precautions Guide

Contact Precautions apply where the presence discharges from the body suggest an increased potential for extensive environmental contamination and risk of transmission.

- A single-patient room is preferred for residents
- When a single-patient room is not available, consultation with infection control personnel is recommended to assess the various risks associated with other patient placement options (e.g., cohorting, keeping the patient with an existing roommate).

CDC Contact Precautions Guide

- In multi-patient rooms, ≥ 3 feet spatial separation between beds is advised to reduce the opportunities for inadvertent sharing of items between the residents.
- Health care staff wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the environment.
- Donning PPE upon room entry and discarding before exiting the patient room is done to contain pathogens, implicated in transmission through environmental contamination.

CDC Droplet Precautions Guide

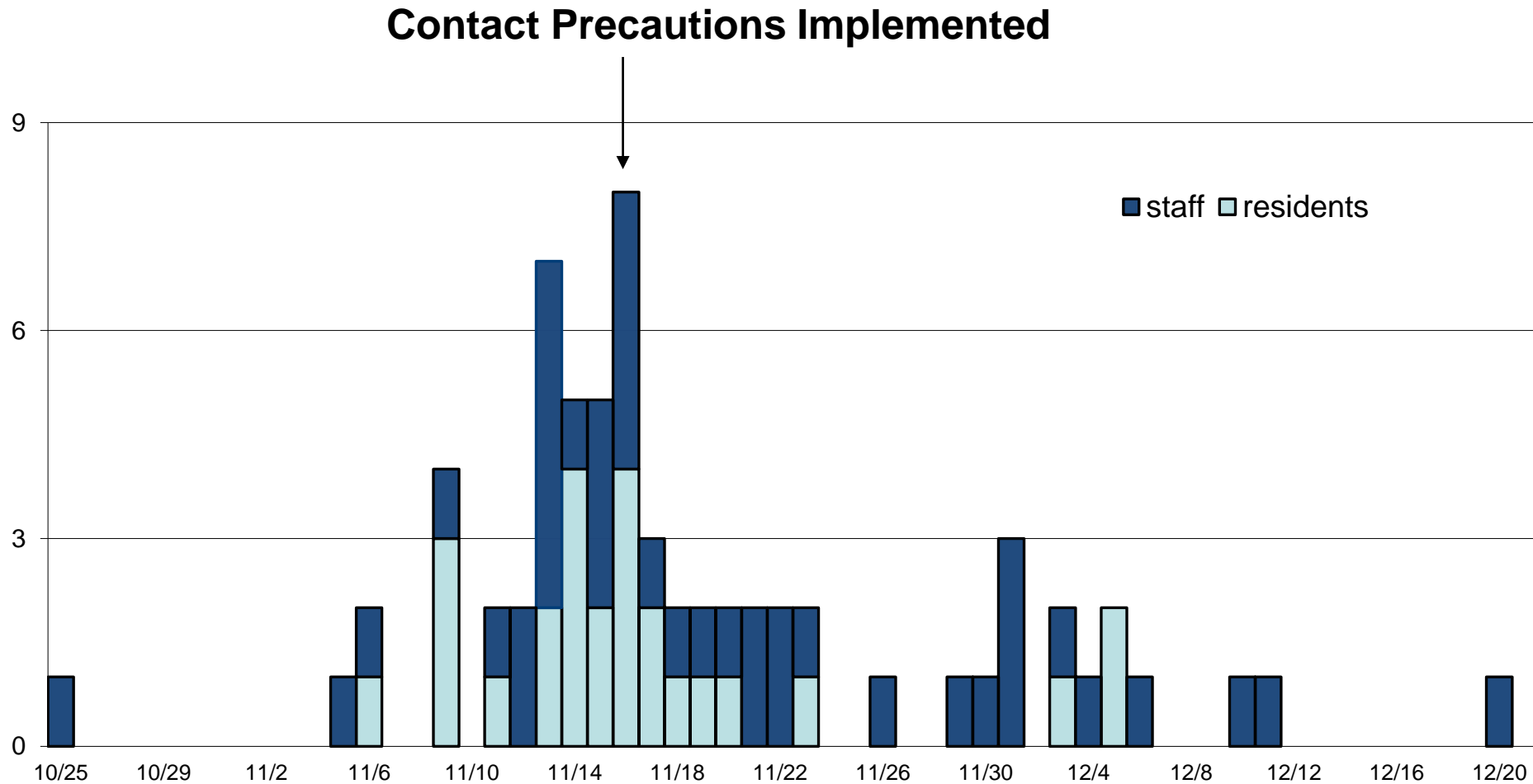
Droplet Precautions are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Special air handling and ventilation are not required to prevent droplet transmission.

- A single patient room is preferred for residents.
- When a single-patient room is not available, consultation with infection control personnel is recommended to assess risks associated with other patient placement options (e.g., cohorting, keeping the patient with an existing roommate).

CDC Droplet Precautions Guide

- Spatial separation of ≥ 3 feet and drawing the curtain between patient beds is especially important for residents in multi-bedrooms.
- Health care personnel wear a mask (a respirator is not necessary) for close contact with infectious patient; the mask is generally donned upon room entry.
- Patients on droplet precautions who must be transported outside of the room should wear a mask if tolerated and follow respiratory hygiene/cough etiquette.

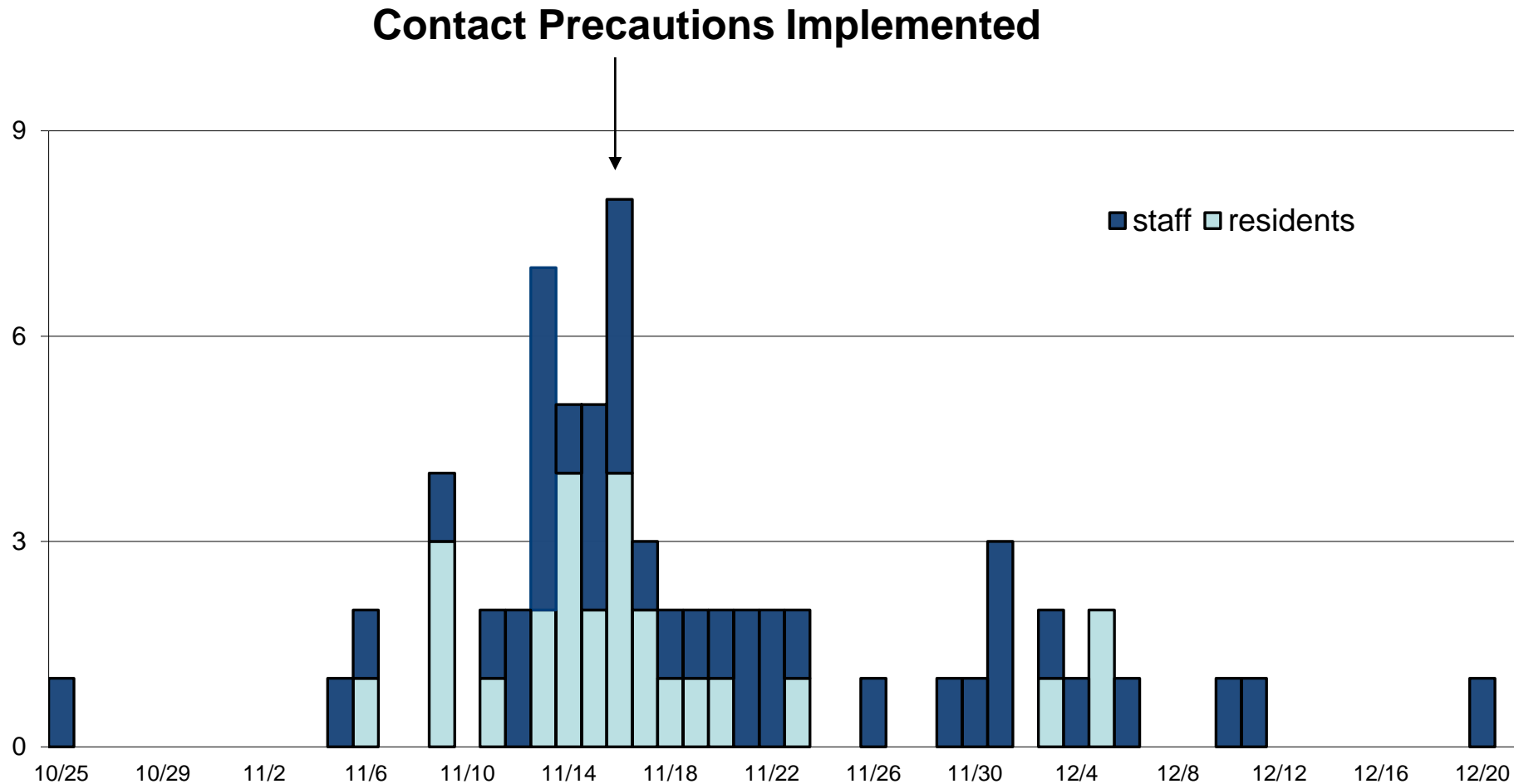
Outbreak of Coronavirus OC43 (n=68)



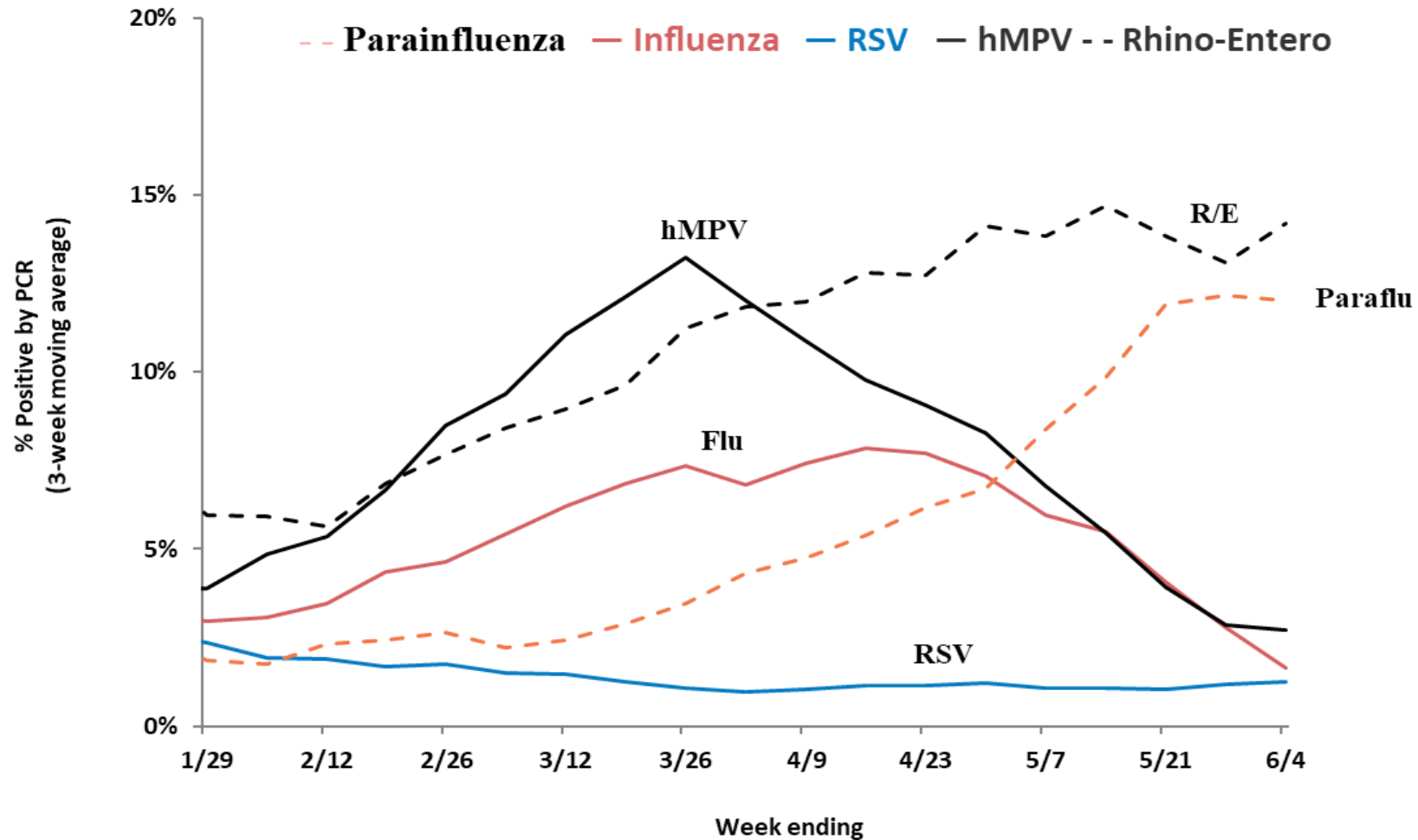
Outbreak of Coronavirus OC43 (n=68)

Sign/symptom	Staff n = 43 (%)	Resident n = 25 (%)	Total n = 68 (%)
Fever	17 (40%)	23 (92%)	40 (59%)
Cough	35 (81%)	13 (52%)	48 (71%)
Pharyngitis	33 (77%)	6 (24%)	39 (57%)
Rhinitis	37 (86%)	12 (48%)	49 (72%)
Myalgia	23 (53%)	16 (64%)	39 (57%)
Headache	25 (58%)	4 (16%)	29 (43%)
Vomiting	3 (7%)	2 (8%)	5 (7%)
Diarrhea	7 (16%)	3 (12%)	10 (15%)
Fatigue	28 (65%)	21 (84%)	49 (72%)
Nausea	5 (12%)	1 (4%)	6 (9%)
Chills	17 (40%)	17 (68%)	34 (50%)
Pneumonia	2 (5%)	1 (4%)	3 (4%)

Outbreak of Coronavirus OC43 (n=68)



2021-2022 Respiratory Season



Contact Information

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Questions?



WISCONSIN DEPARTMENT
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Long-Term Care Infection Prevention and Infrastructure Matching Grant Update

LTCF Matching Grant Update

- 1,016 applications received
 - More than \$13 million requested
- 565 applications fully or partially approved for funding

Distribution Strategy

- All approved applications, will receive 100% of the funds that were approved for non-staffing recruitment and retainment projects.
 - Nursing homes will receive 68% of the funds that were approved for staffing recruitment and retainment projects.
 - Assisted living facilities and other LTCFs will receive 53% of the funds that were approved for staffing recruitment and retainment projects.

Award Notification

- Award notifications will be emailed to all applicants.
 - If awarded fund, notification emails will include specific directions for receiving reimbursement.
- The award notification process and reimbursement will take time, we appreciate your patience!

Questions?

HAI Prevention Program

dhswhaipreventionprogram@dhs.wisconsin.gov

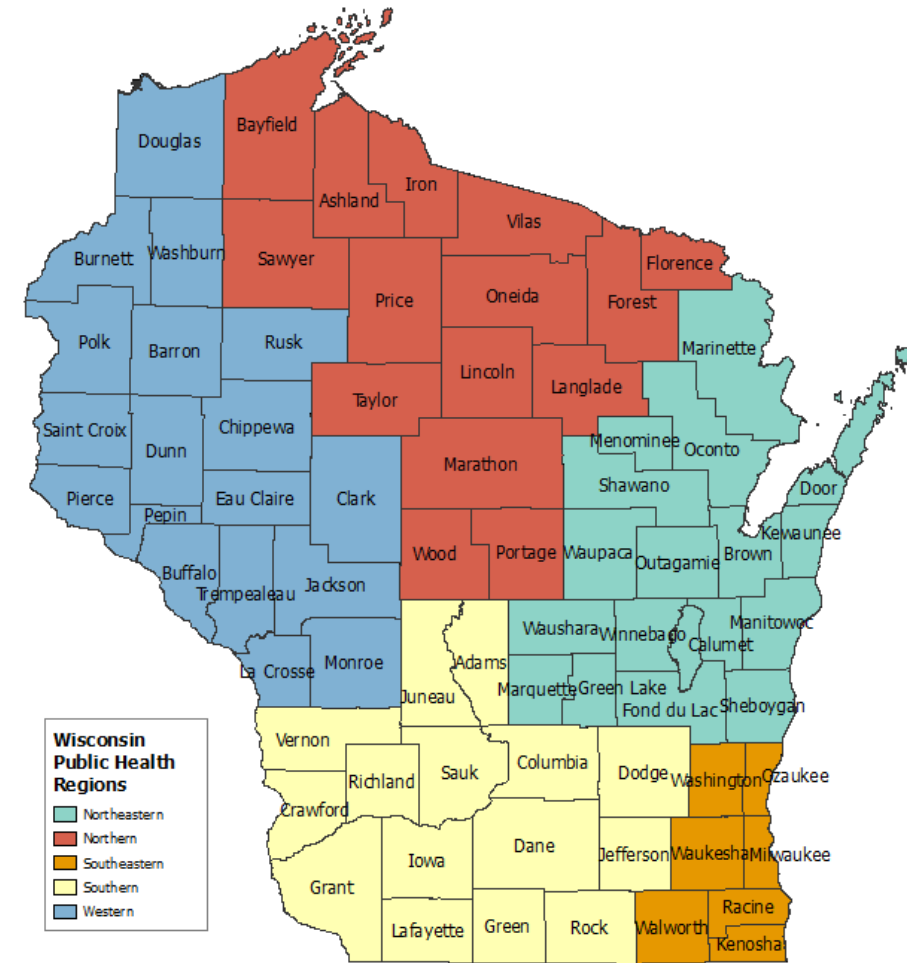
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<https://www.dhs.wisconsin.gov/hai/contacts.htm>

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Topics A-Z: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

 [Find a COVID-19 vaccine](#)
 [Stop the spread of COVID-19](#)

 Diseases & Conditions > Healthcare-Associated Infections: Resources for Health Professionals > HAI Infection Prevention Education

HAI: Home
For Health Professionals
Basic Information
Antimicrobial Stewardship
Infection Prevention Education >
Laboratories
Personal Protective Equipment
Precautions
Reportable Exposures
Surgical Site Infection Prevention

HAI Infection Prevention Education

The resources below are intended to connect health care facility infection preventionists (IP) with education materials to support their role in preventing, detecting, and responding to healthcare-associated infections.

IPs play an essential role in facility infection prevention policy development, surveillance, and risk assessment.

IPs serve as a resource to other staff and programs within their facilities.

In addition to the state in-person trainings and online references below, there are a number of links to trusted education resources, including the Center for



The [IP Starter Kit](#) provides Infection Preventionists a brief background and resources for some of the many infection

Upcoming LTC Education Session

**There will not be a July LTC Education Session.
The LTC Education Series will resume in August!**