PENNSYLVANIA DEPARTMENT OF HEALTH
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Testing and Management Considerations for Long-term Care Facility Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating

DATE:	11/30/2020
TO:	Health Alert Network
FROM:	Rachel Levine, MD, Secretary of Health
SUBJECT:	**Testing and Management Considerations for Long-term Care Facility Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating**
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This transmission is a Health Advisory: 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 AND DIRECT CAREGIVERS IN YOUR FACILITY

The Department is providing guidance for long-term care facilities on testing and management considerations for residents with acute respiratory illness symptoms when SARS-CoV-2 and influenza viruses are co-circulating. Highlights of the guidance include:

- Place symptomatic residents in Transmission-Based Precautions using all recommended PPE for care of a resident with suspected SARS-CoV-2 infection
- Test any resident with symptoms of COVID-19 or influenza for both viruses
- Placement Decisions
  - Residents confirmed to have SARS-CoV-2 infection should be moved to a dedicated COVID-19 care unit
- Clinical management
  - Initiate treatment and chemoprophylaxis using antiviral medications, as appropriate
  - Encourage influenza vaccination for residents and healthcare personnel
- Influenza infections and outbreaks are reportable to the Pennsylvania Department of Health. For reporting, positive influenza tests should be reported electronically to PA-NEDSS. For outbreak reporting, please call your local public health authority or call 1-877-PA-HEALTH (1-877-724-3258).

The following practices should be considered when SARS-CoV-2 and Influenza viruses are found to be co-circulating based upon local public health surveillance data and testing at local healthcare facilities. While these considerations are specific to care of residents residing in nursing homes, some practices could be adapted for use in other long-term care settings (e.g. assisted living facilities).

1. **Place symptomatic residents in Transmission-Based Precautions using all recommended PPE for care of a resident with suspected SARS-CoV-2 infection**

   Because some of the symptoms of influenza and COVID-19 are similar, it may be difficult to tell the difference between these two infections based on symptoms alone. Residents in the facility who develop symptoms of acute illness consistent with influenza or COVID-19 should be moved to a single room (or roommate(s) moved to a separate private room), if available, pending results of viral testing. They should not be placed in a room with new roommates nor should they be moved to the COVID-19 care unit (Red Zone per PA-HAN-530) unless they are confirmed to have COVID-19 by SARS-CoV-2 testing.

   Nursing home residents, including older adults, those who are medically fragile and those with neurological or neurocognitive conditions, may manifest atypical signs and symptoms of influenza virus infection and may not have fever.

   Older adults with COVID-19 may not always manifest fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, and loss of taste or smell.

2. **Test any resident with symptoms of COVID-19 or influenza for both viruses**

   Because SARS-CoV-2 and influenza virus co-infection can occur, a positive influenza test result without SARS-CoV-2 testing does not exclude SARS-CoV-2 infection, and a positive SARS-CoV-2 test result without influenza testing does not exclude influenza virus infection.

   Facilities should ensure that their designated laboratory can test for both SARS-CoV-2 and influenza. If the designated laboratory is not able to test for both viruses, the facility should ensure that laboratory services are secured to ensure that testing for both influenza and SARS-CoV-2 can be performed, if needed.

   Facilities should promptly notify the health department for consultation and further investigation for any of the following: a suspected or confirmed case of either SARS-CoV-2 or influenza in a resident or healthcare personnel (HCP); a resident with severe respiratory infection resulting in hospitalization or death; or ≥ 3 residents or HCP with new-onset respiratory symptoms within 72 hours of each other.

   A) Obtain respiratory specimens for influenza and SARS-CoV-2 testing.

   Check the laboratory your facility is working with or the manufacturer's package insert for approved respiratory specimens. There are no FDA-cleared influenza diagnostic assays that use saliva specimens.

If available, multiplex nucleic acid detection assay for SARS-CoV-2, influenza A and B viruses can be performed onsite, or at an offsite clinical laboratory.

Two individual specimens may need to be collected if a multiplex nucleic acid detection assay, including both influenza viruses and SARS-CoV-2, is unavailable.

B) Test for SARS-CoV-2 by nucleic acid detection *OR* by SARS-CoV-2 antigen detection assay.

Because antigen detection assays have lower sensitivity than nucleic acid detection assays, a negative SARS-CoV-2 antigen detection assay result *in a symptomatic person* does not exclude SARS-CoV-2 infection and should be confirmed by SARS-CoV-2 nucleic acid detection assay. Review guidance in PA-HAN-526 and PA-HAN-534 regarding antigen detection testing and reporting.

New SARS-CoV-2 infection identified in HCP or long term care facility-onset infection in a resident should prompt additional testing in the facility per PA-HAN-530.

C) Test for influenza by rapid influenza nucleic acid detection assay; if a rapid influenza nucleic acid detection assay is not available, perform rapid influenza antigen detection assay. Because of lower sensitivities to detect influenza viruses, confirm negative rapid influenza antigen detection test results in a symptomatic person by influenza nucleic acid detection assay.

D) Test for other respiratory pathogens; if residents with acute respiratory illness test negative for both influenza and SARS-CoV-2, consider additional viral or bacterial testing based on respiratory pathogens known or suspected of circulating in the community. Please refer to PA-HAN-526 and PA-HAN-532 for appropriate interpretation of negative test results when antigen testing for SARS-CoV-2 is being performed.

3. **Placement Decisions**

A) Residents confirmed to have SARS-CoV-2 infection should be moved to a dedicated COVID-19 care unit (Red Zone per PA-HAN-530).

Residents found to have SARS-CoV-2 and influenza virus co-infection should be placed in a single room on the dedicated COVID-19 unit (Red Zone per PA-HAN-530) or housed with other co-infected residents on that unit. These residents should continue to be cared for using all recommended PPE for the care of a resident with SARS-CoV-2 infection.

If single room isolation or cohorting of residents with SARS-CoV-2 and influenza virus co-infection is not possible, consult with public health authorities for guidance on other management options (e.g., transferring the resident; placing physical barriers between beds in shared rooms and initiating antiviral chemoprophylaxis for roommates to reduce their risk of acquiring influenza).

B) Residents confirmed with influenza infection only should be placed in a single room, if available, or housed with other residents with only influenza infection. If unable to move a resident, he or she could remain in the current room with measures

in place to reduce transmission to roommates (e.g., physical barriers, antiviral chemoprophylaxis).

Residents with only influenza infection should be placed in Droplet Precautions with eye protection, in addition to Standard Precautions.

If the facility is currently experiencing an outbreak of COVID-19, cohort the resident according to exposure status for COVID-19, as per PA-HAN-530. For example, a resident with a positive influenza test and a negative test for SARS-CoV-2 should be placed in the Yellow Zone if they have been exposed to COVID-19 and in the Green zone if they have not been exposed, per PA-HAN-530. Make all possible efforts to provide a private room or provide a roommate who has an influenza infection *and the same level of COVID-19 exposure*.

C) Residents with symptoms of acute respiratory illness who are determined to have neither SARS-CoV-2 infection nor influenza should be cared for using Standard Precautions and any additional Transmission-Based Precautions based on their suspected or confirmed diagnosis.

If the facility has an outbreak of COVID-19, follow guidance for cohorting and testing of residents provided in PA-HAN-530. Transmission-Based Precautions may also be indicated if the resident was exposed to COVID-19.

4. **Clinical management**

A) Prescribe antiviral treatment if influenza testing is positive *OR* prescribe empiric antiviral treatment based upon a clinical suspicion of influenza while test results are pending for symptomatic residents.

Antiviral treatment for influenza should be administered as soon as possible following clinical diagnosis.

B) Properly manage residents with SARS-CoV-2 infection.

Recommendations for treatment of persons with COVID-19 are available from the National Institutes of Health COVID-19 Treatment Guidelines. Remdesivir is the only FDA-approved treatment for patients with COVID-19 who are hospitalized. There are currently no FDA-approved therapies for persons with COVID-19 who are not hospitalized. Clinicians may wish to consult clinicaltrials.gov for clinical trials of remdesivir in outpatients that are open for enrollment.

On November 9, 2020, FDA issued an Emergency Use Authorization (EUA) for the monoclonal antibody product bamlanivimab for single-dose (700 mg) intravenous treatment of outpatients with mild to moderate COVID-19 in adults and pediatric patients with positive results of direct SARS-CoV-2 viral testing and within 10 days of symptom onset who are 12 years of age and older weighing at least 40 kg, and who are at high risk for progressing to severe COVID-19 and/or hospitalization: Medicare Monoclonal Antibody COVID-19 Infusion Program Instruction is available at: https://www.cms.gov/files/document/covid-medicare-monoclonal-antibody-infusion-program-instruction.pdf.

On November 21, 2020, FDA issued an EUA for the combination monoclonal antibody product casirivimab and imdevimab to be administered as a single intravenous infusion (1200 mg of each monoclonal antibody given together) for the treatment of mild to moderate COVID-19 in adults and pediatric patients (12 years of age or older weighing at least 40 kilograms [about 88 pounds]) who are NOT hospitalized or receiving supplemental oxygen or who require an increase in chronic oxygen therapy, and who test positive for SARS-CoV-2 by a direct viral test and who are at high risk for progressing to severe COVID-19 and/or hospitalization: https://www.fda.gov/media/143892/download.

C) For adult patients with suspected community-acquired pneumonia who do not require hospitalization, see antibiotic treatment recommendations from the American Thoracic Society-Infectious Diseases Society of America Adult Community-acquired Pneumonia Guidelines.

D) Influenza antiviral chemoprophylaxis considerations.

The facility should promptly initiate antiviral chemoprophylaxis with oral oseltamivir to all exposed individuals (e.g. roommates) of residents with confirmed influenza. When at least 2 residents are ill within 72 hours of each other with laboratory-confirmed influenza, the facility should expand antiviral chemoprophylaxis to non-ill residents living on the same unit as the residents with influenza (outbreak affected units), regardless of influenza vaccination status.

Persons receiving antiviral chemoprophylaxis who develop signs or symptoms should be tested (see above) and switched to antiviral treatment doses pending results.

E) Encourage influenza vaccination for unvaccinated residents and HCP.

Administration of inactivated influenza vaccine to persons receiving influenza antiviral drugs for treatment or chemoprophylaxis is acceptable. Live-attenuated influenza vaccine should not be administered until 48 hours after cessation of influenza antiviral therapy. If influenza antiviral medications are administered within 2 weeks after receipt of live-attenuated influenza vaccine, the vaccine dose should be repeated 48 or more hours after the last dose of antiviral medication.

As a reminder, lab-confirmed cases and outbreaks of influenza and SAR-CoV-2 are reportable conditions in Pennsylvania. Information on outbreaks of SARS-CoV-2 can be found in PA-HAN-530 and information about influenza outbreaks can be found at: https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Flu/LTCFtoolkit11%2012%202018_FINAL.pdf

If you have questions about this guidance, for DOH-licensed facilities please contact DOH at 1-877-PA-HEALTH (1- 877-724-3258) or your local health department.

For DHS-licensed facilities, please contact the appropriate program office:
RA-PWARLHEADQUARTERS@pa.gov for OLTL-licensed facilities
RA-PWODPEMRGNCYRSPRQ@pa.gov for ODP-licensed facilities
RA-PWOMHSASCOVID-19@pa.gov for OMHSAS-licensed facilities

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 November 30, 2020 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.