Meet the Team

Presenters:

Swati Gaur, MD, MBA, CMD, AGSF
Medical Director Alliant Health Solutions

Paula St. Hill, MPH, A-IPC
Infection Prevention Technical Advisor
Alliant Health Solutions
Swati Gaur, MD, MBA, CMD, AGSF

MEDICAL DIRECTOR, POST-ACUTE CARE
NORTHEAST GEORGIA HEALTH SYSTEM

Dr. Gaur is the medical director of New Horizons Nursing Facilities with the Northeast Georgia Health System. She is also the CEO of Care Advances Through Technology, a technology innovation company. In addition, Dr. Gaur is on the electronic medical record (EMR) transition and implementation team for the health system, providing direction to EMR entity adaption to the long-term care (LTC) environment. She has also consulted with post-acute long-term care (PALTC) companies on optimizing medical services in PALTC facilities, integrating medical directors and clinicians into the QAPI framework, and creating frameworks of interdisciplinary work in the organization. She established the palliative care service line at the Northeast Georgia Health System.

Dr. Gaur is an attending physician in several nursing facilities. She attended medical school in Bhopal, India, and started her residency in internal medicine at St. Luke’s–Roosevelt Medical Center in New York. She completed her fellowship in geriatrics at the University of Pittsburgh Medical Center and is board certified in internal medicine, geriatrics, hospice and palliative medicine. In addition, she earned a master’s in business administration at the Georgia Institute of Technology with a concentration in technology management.
Paula St. Hill, MPH, A-IPC

INFECTION PREVENTION TECHNICAL ADVISOR

Paula is a doctoral student with a diverse background in public health, infection prevention, epidemiology, and microbiology. She has over 10 years of health care experience and enjoys public health and identifying ways to improve health outcomes, specifically those related to healthcare-associated infections.

Paula enjoys spending time with her friends and family.

Contact: Paula.StHill@allianthealth.org
Thank You to Our Partners

• Georgia Department of Public Health
• University of Georgia
Learning Objectives

- Review COVID-19 updates and data trends
- Review common respiratory diseases
- Explore factors to consider when assessing facilities for respiratory pathogens and outbreaks
- Review infection control actions to take during respiratory virus season
- Discuss how to prepare and respond to residents and HCWs who develop signs or symptoms of a respiratory viral infection
Wastewater Surveillance

Current SARS-CoV-2 virus levels by site, United States

<table>
<thead>
<tr>
<th>Current virus levels category</th>
<th>Num. sites</th>
<th>% sites</th>
<th>Category change in last 7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Site</td>
<td>138</td>
<td>11</td>
<td>1%</td>
</tr>
<tr>
<td>0% to 19%</td>
<td>81</td>
<td>6</td>
<td>-17%</td>
</tr>
<tr>
<td>20% to 39%</td>
<td>328</td>
<td>26</td>
<td>-6%</td>
</tr>
<tr>
<td>40% to 59%</td>
<td>438</td>
<td>35</td>
<td>-3%</td>
</tr>
<tr>
<td>60% to 79%</td>
<td>227</td>
<td>18</td>
<td>4%</td>
</tr>
<tr>
<td>80% to 100%</td>
<td>41</td>
<td>3</td>
<td>0%</td>
</tr>
</tbody>
</table>

Total sites with current data: 1253
Total number of wastewater sampling sites: 1745

How is the current SARS-CoV-2 level compared to past levels calculated?

https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance
Wastewater Change

Percent change of SARS-CoV-2 in the last 15 days by site, United States

<table>
<thead>
<tr>
<th>15-day % change category</th>
<th>Num. sites</th>
<th>% sites</th>
<th>Category change in last 7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>−100%</td>
<td>33</td>
<td>3</td>
<td>43%</td>
</tr>
<tr>
<td>−99% to −10%</td>
<td>415</td>
<td>40</td>
<td>2%</td>
</tr>
<tr>
<td>−9% to 0%</td>
<td>76</td>
<td>7</td>
<td>−25%</td>
</tr>
<tr>
<td>1% to 9%</td>
<td>63</td>
<td>6</td>
<td>−25%</td>
</tr>
<tr>
<td>10% to 99%</td>
<td>193</td>
<td>18</td>
<td>−22%</td>
</tr>
<tr>
<td>100% to 999%</td>
<td>136</td>
<td>13</td>
<td>−26%</td>
</tr>
<tr>
<td>1000% or more</td>
<td>130</td>
<td>12</td>
<td>29%</td>
</tr>
</tbody>
</table>

Total sites with current data: 1046
Total number of wastewater sampling sites: 1742

How is the 15-day percent change calculated?

https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance
COVID-19 Hospitalization

https://covid.cdc.gov/covid-data-tracker/#cases_new-admissions-rate-county
Variant distribution for COVID-19

https://covid.cdc.gov/covid-data-tracker/#variant-proportions
COVID-19 Cases Among Nursing Home Residents

Skilled Nursing Facilities, Confirmed Cases among Residents, Inferred Data, Georgia

CONFERRED CASES Definition (As of Nov 23rd)
Total Confirmed COVID-19 cases (computed variable) = (Total positive tests – Ag positive test and PCR negative confirmatory test)

4-Week Change Definition (apply to the last 4 weeks after excluding the most recent week due to reporting lag)
Increase: meet both: (1) rate for week 4 was greater than week 1; (2) at least two out of three paired consecutive rate comparisons showed a significant increase.
Decrease: meet both: (1) rate for week 4 was lower than week 1; (2) at least two out of three paired consecutive rate comparisons showed a significant decrease.
Stable: States within detection limits.
Note: MIs p (1-tailed) method was used to test a statistical significance

Inferred Data: For the purpose of best epidemiological understanding, data that fail quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns of data entry or excluded. Effective December 7, 2020, exclusion criteria were updated across the entire dataset/all time points.

Data as of 11/06/2023 5:30 AM

https://www.cdc.gov/nhsn/covid19/ltc-report-overview.html
COVID-19 cases in GA Nursing Homes

Skilled Nursing Facilities, Most Recent Week (30OCT23-05NOV23) Inferred Data, by CCN, Georgia

Confirmed Cases per 1000 Resident-Weeks

<table>
<thead>
<tr>
<th>Number of facilities reporting*</th>
<th>Reporting in Georgia, most recent week</th>
</tr>
</thead>
<tbody>
<tr>
<td>No facilities and/or no facilities reporting in county</td>
<td>Number of facilities reporting*</td>
</tr>
<tr>
<td>0</td>
<td>Facilities reporting &gt;= 10 confirmed resident cases</td>
</tr>
<tr>
<td>&gt;0 to 10</td>
<td>Facilities reporting &gt;= 10 confirmed staff cases</td>
</tr>
<tr>
<td>&gt;10 to 20</td>
<td>Confirmed Resident Cases</td>
</tr>
<tr>
<td>&gt;20 to 50</td>
<td>COVID-19 Resident Deaths</td>
</tr>
<tr>
<td>More than 50</td>
<td>Confirmed Staff Cases</td>
</tr>
</tbody>
</table>

Number of facilities reporting*: Limited to facilities reporting positive total number of beds that are occupied
Inferred Data: For the purpose of best epidemiological understanding, data that fail quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns of data-entry or excluded. Effective December 7, 2020, exclusion criteria were updated across the entire dataset/all time points.

Data as of 11/06/2023 5:30 AM
Combined Surveillance

https://www.cdc.gov/surveillance/resp-net/dashboard.html
COVID-19 Cases vs. Death

Cases by Age Group:
Data from 102,043,171 cases. Age group was available for 101,015,667 (98%) cases.

Deaths by Age Group:
Data from 1,002,986 deaths. Age group was available for 1,002,132 (99%) deaths.

https://covid.cdc.gov/covid-data-tracker/#datatracker-home
Safety Strategy

Decrease total cases

Decrease serious illness and death

Decrease total cases

Decrease serious illness and death
COVID-19 Vaccine recommendation 2023-2024

Doses recommended:

• 1 dose of 2023–2024 COVID-19 vaccine, regardless of prior vaccination history

Novavax:

• Ages 12 years and older
• Previously completed primary vaccination using any FDA-approved or FDA-authorized COVID-19 vaccine
• Unable or unwilling to receive an mRNA vaccine and would otherwise not receive a booster dose.
• Administered at least 6 months after completion of any primary series.
• 2023-24 vax was authorized by FDA Oct 3, 2023
Influenza Vaccination of Persons Aged ≥65 Years

- Adults aged ≥65 years should preferentially receive any one of the following higher dose or adjuvanted influenza vaccines:
  - Quadrivalent high-dose inactivated influenza vaccine (HD-IV4),
  - Quadrivalent recombinant influenza vaccine (RIV4), or
  - Quadrivalent adjuvanted inactivated influenza vaccine (aIIV4).

- If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.

- Vaccination of older adults in July and August should be avoided unless later vaccination might not be possible.
  - Due to potential waning of immunity.

A note on RSV vaccine:

Chronic Underlying Medical Conditions Associated with Increased Risk of Severe RSV Disease

- Lung disease
- Cardiovascular disease
- Moderate or severe immune compromise
- Diabetes Mellitus
- Neurologic or neuromuscular conditions
- Kidney disorders
- Liver disorders
- Hematologic disorders

Other Factors Associated with Increased Risk of Severe RSV Disease

- Residence in a nursing home or other long-term care facility (LTCF)
- Frailty
- Advanced age

A word on therapeutics:

**Flu:**
- Tamiflu
- Baloxivir

**COVID-19:**
- Paxlovid
- Molnupiravir
Assessing Facility Risk for Respiratory Pathogens
Other Common Respiratory Diseases

- Pneumonia
- Chickenpox (Varicella)
- Measles (Rubeola)
- Rubella (German measles)
- Mumps
- Diphtheria
- Pertussis (whooping cough)
- Meningitis
- Tuberculosis
So, what can you do and how can you prepare?!
Risk Assessment – Some things to consider...

• Resident Population
• Facility-resident risk
• Staff, resident, and visitor behaviors
• Activities
• What is going on?
• Community positivity rates
Resident Population

- Are they young or old?
- Are they frail?
- Are they healthy?
- Do they move on their own?
- Do they stay where you put them?
- Do they follow instructions?
- Are they cognitively intact?
Facility-Resident Risk

- What kind of resident unit?
- What type(s) of resident(s)?
- How do they travel through the unit?
- Are they using the same elevators as another unit where there’s an outbreak?
Staff, resident, and visitor behaviors

- Can you use posters, signs, and precautions effectively?
- Are they going to follow directions?
- What happens when you’re not there?
- Do residents have the capability of following directions independently and when you’re not around?
Activities

• Are there parties or community events?
• Are there a lot of shared items among residents, such as games, pencils, pens, etc.?
What is going on?

• Are there a lot of callouts among staff?
• Are staff and residents “feeling bad”? 
Community Positivity Rates

CDC COVID-19 data tracker:
• COVID-19 hospital admissions
• COVID-19 deaths
• COVID-19 ED visits
• COVID-19 test positivity
• COVID-19 variants, wastewater, and genomic surveillance
COVID-19 County Check

COVID-19 Prevention Actions

There are many ways your actions can help protect you, your household, and your community from severe illness from COVID-19. CDC’s COVID-19 hospital admission levels provide information about the amount of severe illness in the community where you are located to help you decide when to take action to protect yourself and others.

COVID-19 County Check

Find hospital admission levels and prevention steps by county. Data updated weekly.

Select a Location (all fields required)

State

County

Go
COVID-19 County Check

Find hospital admission levels and prevention steps by county. Data updated weekly.

Select a Location (all fields required)

Georgia  Chatham County  Go

< Start Over

**Low**

In Chatham County, Georgia, the COVID-19 hospital admission level is Low.

- Stay up to date with COVID-19 vaccines.
- Maintain ventilation improvements.
- Avoid contact with people who have suspected or confirmed COVID-19.
- Follow recommendations for isolation if you have suspected or confirmed COVID-19.
- Follow the recommendations for what to do if you are exposed to someone with COVID-19.
- If you are at high risk of getting very sick, talk with a healthcare provider about additional prevention actions.

People may choose to mask at any time. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a high-quality mask or respirator when indoors in public.

If you are immunocompromised, learn more about how to protect yourself.

Find out more about the COVID-19 situation in Chatham County, Georgia with COVID-19 Data Tracker.
Individual-Level Prevention Strategies

LOW, MEDIUM, AND HIGH
At all COVID-19 hospital admission levels:

- Stay up to date on vaccination.
- Maintain ventilation improvements.
- Avoid contact with people who have suspected or confirmed COVID-19.
- Follow recommendations for isolation if you have suspected or confirmed COVID-19.
- Follow the recommendations for what to do if you are exposed to someone with COVID-19.
- If you are at high risk of getting very sick, talk with a healthcare provider about additional prevention actions.

MEDIUM AND HIGH
When the COVID-19 hospital admission level is Medium or High:

- If you are at high risk of getting very sick, wear a high-quality mask or respirator (e.g., N95) when indoors in public.
- If you have household or social contact with someone at high risk for getting very sick, consider self-testing to detect infection before contact, and consider wearing a high-quality mask when indoors with them.

HIGH
When the COVID-19 hospital admission level is High:

- Wear a high-quality mask or respirator.
- If you are at high risk of getting very sick, consider avoiding non-essential indoor activities in public where you could be exposed.

Community-Level Prevention Strategies

At all COVID-19 hospital admission levels:

- Promote equitable access to vaccination, testing, masks and respirators, treatment and prevention medications, community outreach, and support services.
- Ensure access to testing, including through point-of-care and at-home tests for all people.
- Maintain ventilation improvements.
- Provide communications and messaging to encourage isolation among people who test positive.

When the COVID-19 hospital admission level is Medium or High:

- Implement screening testing in high-risk settings where screening testing is recommended.

When the COVID-19 hospital admission level is High:

- Implement healthcare surge support as needed.

Prevention always starts with knowing the risk!
Prevention Strategies

- Hand Hygiene
- Standard Precautions
- Environmental Control
- Source Control
- Vaccination
- Education
- Respiratory Hygiene
Preparing for and Responding to Nursing Home Residents or Health Care Personnel (HCP) Who Develop Signs or Symptoms of a Respiratory Viral Infection

**ACTION:** PREPARE for respiratory viruses (e.g., SARS-CoV-2, influenza, RSV)
- Vaccinate
- Allocate resources
- Monitor and mask
- Educate
- Ventilate
- Test and treat

**ACTION:** RESPOND when a resident or HCP develops signs or symptoms of a respiratory viral infection
- **For Residents:** Apply appropriate transmission-based precautions
- **For HCP:** Test anyone with respiratory illness signs or symptoms
- Investigate for potential respiratory virus spread among residents and HCP

**ACTION:** CONTROL respiratory virus spread when transmission is identified
- Notify the local or state public health department when respiratory viral outbreaks* are suspected or confirmed
- Consider establishing cohort units for residents with confirmed infections
- Limit group activities and communal dining
- Consider modifications to indoor visitation policies
- Avoid new admissions or transfers into and out of units or wards with infected residents or facility-wide if the outbreak is more widespread
Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities

- If one laboratory-confirmed influenza-positive case is identified along with other cases of acute respiratory illness in a unit of a long-term care facility, an influenza outbreak surveillance for additional cases should be implemented as soon as possible once one case might be occurring.
- Active laboratory-confirmed influenza is identified in a facility.
- When 2 cases of laboratory-confirmed influenza are identified within 72 hours of each other in residents on the same unit, outbreak control measures should be implemented as soon as possible.
- Implementation of outbreak control measures can also be considered as soon as possible when one or more residents have an acute respiratory illness with suspected influenza and the results of influenza molecular tests are not available on the same day of specimen collection.

https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm
Resources

- CDC COVID-19 Data Tracker
- Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities
- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
- RESP-NET Interactive Dashboard
- Viral Respiratory Pathogens Toolkit for Nursing Homes
Questions?
Alliant Health Solutions Resources


https://quality.allianthealth.org/topic/infection-control/
Thank You for Your Time!
Contact the AHS Patient Safety Team

Patientsafety@allianthealth.org

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Infection Prevention Specialist
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Thank you!
Consult with the DPH Team! We are here to help!

<table>
<thead>
<tr>
<th>State Region/Districts</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>North (Rome, Dalton, Gainesville, Athens) Districts 1-1, 1-2, 2, 10</td>
<td><a href="mailto:Sue.bunnell@dph.ga.gov">Sue.bunnell@dph.ga.gov</a> (404-967-0582)</td>
</tr>
<tr>
<td>Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange)</td>
<td><a href="mailto:Teresa.Fox@dph.ga.gov">Teresa.Fox@dph.ga.gov</a> (256-293-9994)</td>
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<tr>
<td></td>
<td><a href="mailto:Renee.Miller@dph.ga.gov">Renee.Miller@dph.ga.gov</a> (678-357-4797)</td>
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<tr>
<td>Central (Dublin, Macon, Augusta, &amp; Columbus) Districts 5-1, 5-2, 6, 7</td>
<td><a href="mailto:Theresa.Metro-Lewis@dph.ga.gov">Theresa.Metro-Lewis@dph.ga.gov</a> (404-967-0589)</td>
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<tr>
<td></td>
<td><a href="mailto:Karen.Williams13@dph.ga.gov">Karen.Williams13@dph.ga.gov</a> (404-596-1732)</td>
</tr>
<tr>
<td>Southwest (Albany, Valdosta) Districts 8-1, 8-2</td>
<td><a href="mailto:Connie.Stanfill1@dph.ga.gov">Connie.Stanfill1@dph.ga.gov</a> (404-596-1940)</td>
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<tr>
<td>Southeast (Savannah, Waycross) Districts 9-1, 9-2</td>
<td><a href="mailto:Lynn.Reynolds@dph.ga.gov">Lynn.Reynolds@dph.ga.gov</a> (804-514-8756)</td>
</tr>
<tr>
<td>Backup/Nights/Weekends</td>
<td><a href="mailto:Joanna.Wagner@dph.ga.gov">Joanna.Wagner@dph.ga.gov</a> (404-430-6316)</td>
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</tbody>
</table>
Save the Date

SNF and Medical Directors Office Hours:
December 15, 2023 | 11 a.m. ET

ALF and PCH
November 17, 2023 | 1 p.m. ET
December 15, 2023 | 1 p.m. ET
Thanks Again…

• Georgia Department of Public Health
• University of Georgia