

SEASONAL READINESS AGAINST VIRAL PATHOGENS IN LONG TERM CARE FACILITIES



2023/2024 – PROGRAM HIGHLIGHTS

LAND ACKNOWLEDGEMENT

We wish to acknowledge that the land on which we gather is the traditional and unceded territory of the Coast Salish Peoples, including the Musqueam, Squamish, and Tsleil-Waututh Nations.

Vancouver Coastal Health is committed to delivering exceptional care to 1.2 million people, including the First Nations, Métis and Inuit in our region, within the traditional territories of the Heiltsuk, Kitasoo-Xai'xais, Lil'wat, Musqueam, N'Quatqua, Nuxalk, Samahquam, shíshálh, Skatin, Squamish, Tla'amin, Tsleil-Waututh, Wuikinuxv, and Xa'xtsa.



AGENDA

Carly Stone

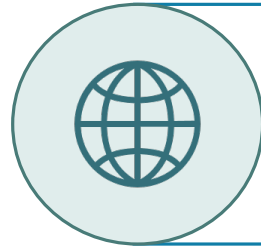
VCH Vaccine Lead, Long Term Care

Dr. Meena Dawar

Medical Health Officer

Jacqueline Hlagi

Infection Control Nurse, Long Term Care

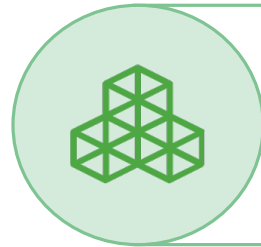


PRESENTATION PURPOSE

VCH Response, Roles & Responsibilities

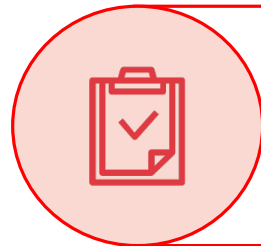


IMPACTS OF INFLUENZA & COVID-19



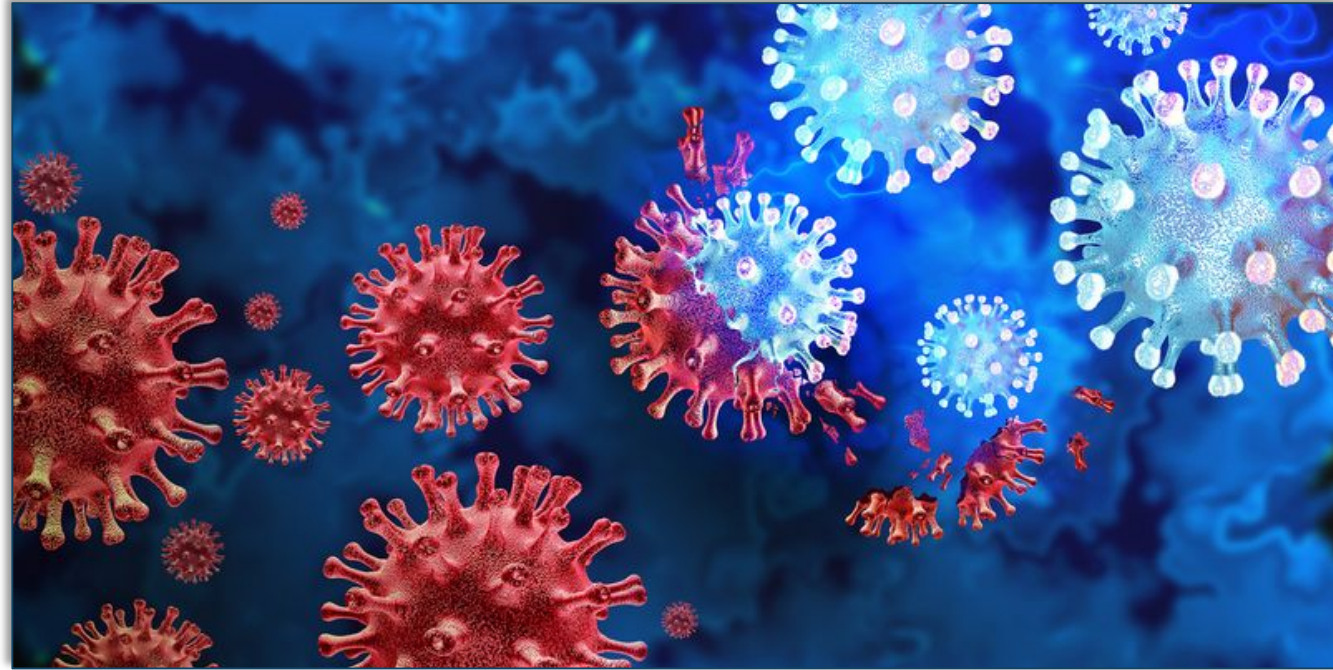
FALL VACCINATION CAMPAIGN

COVID-19, Influenza, Pneumococcal



FALL READINESS

Readiness reminders; Antivirals; Infection Control



IMPACTS OF COVID-19 AND INFLUENZA

RESPIRATORY ACTIVITY 2022-23 SEASON

Figure 1

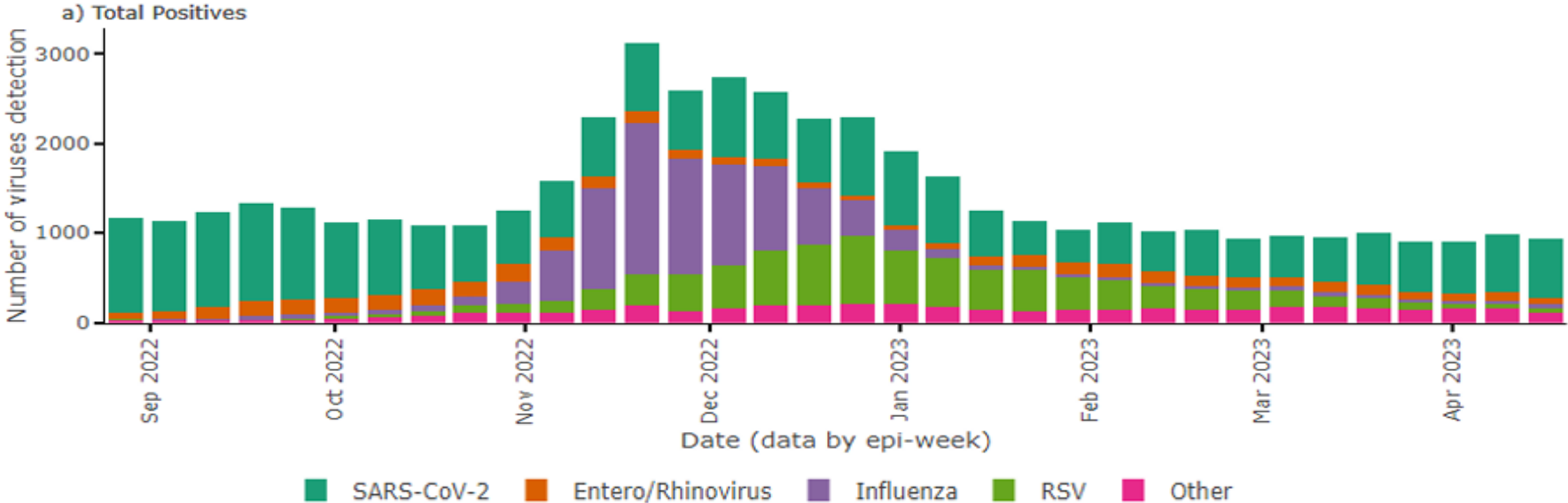
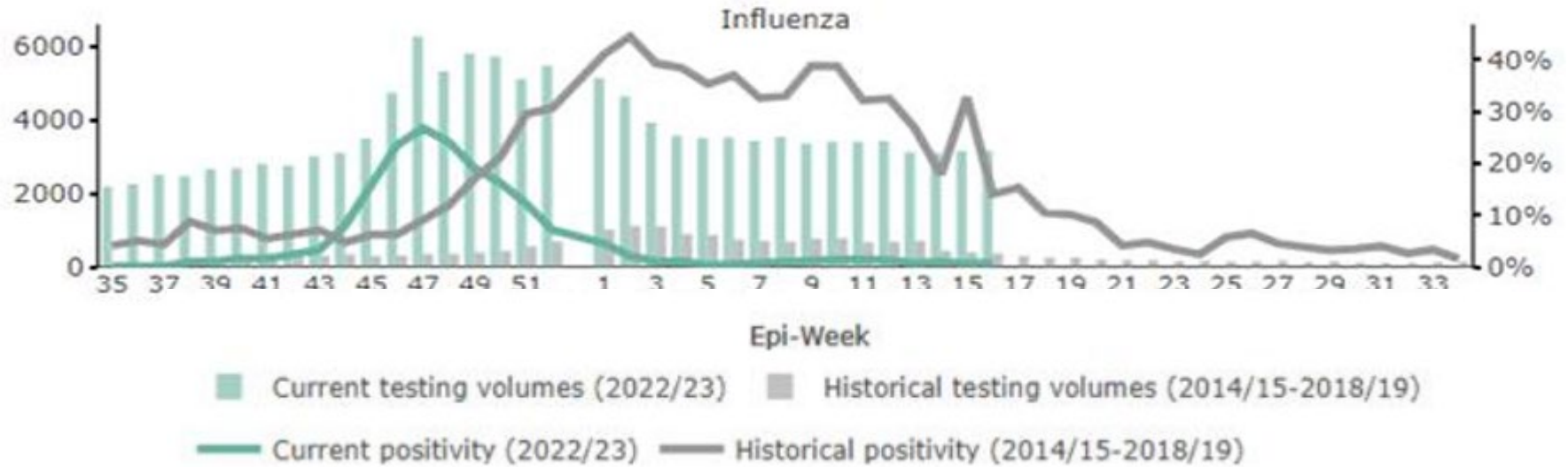
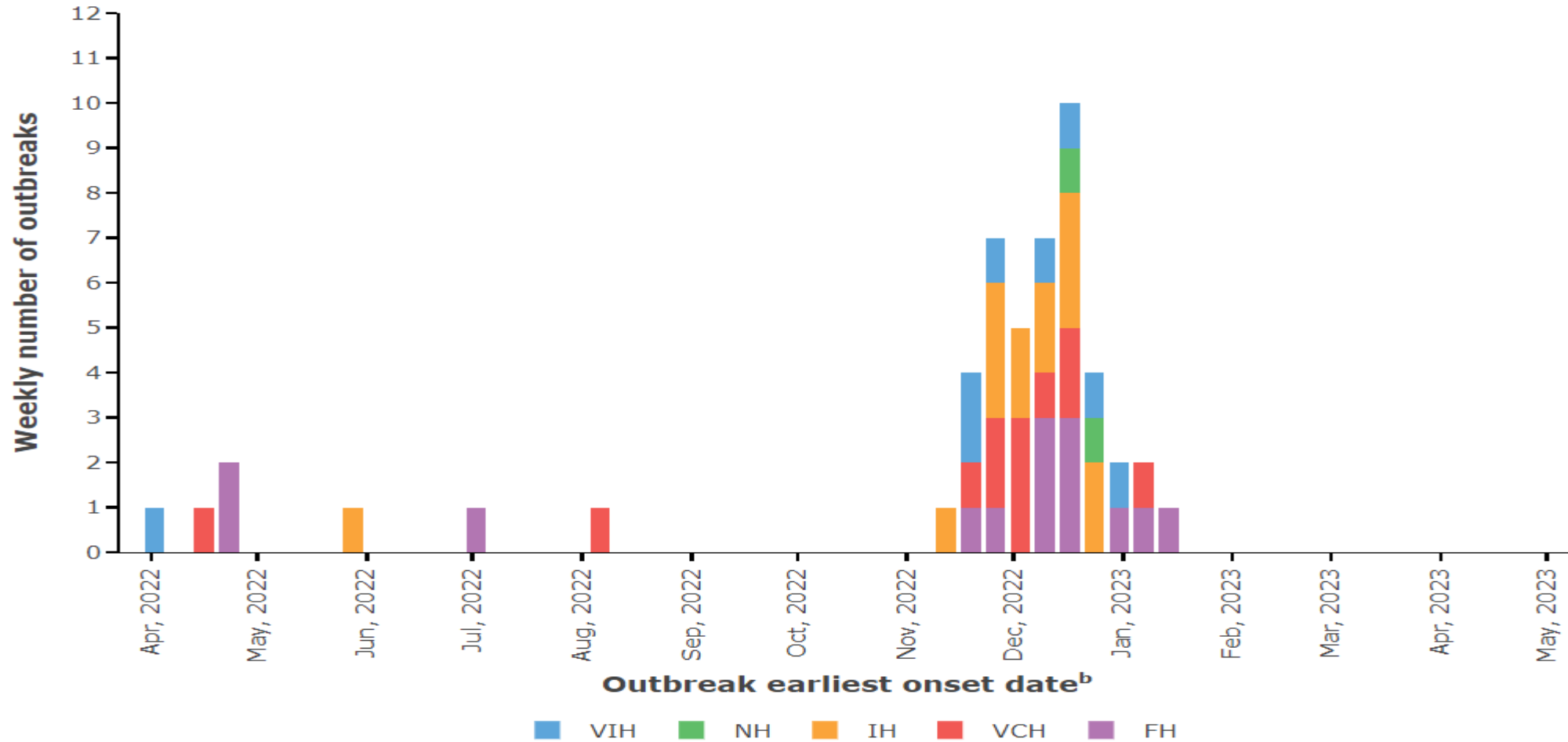


Figure 2



INFLUENZA OUTBREAKS

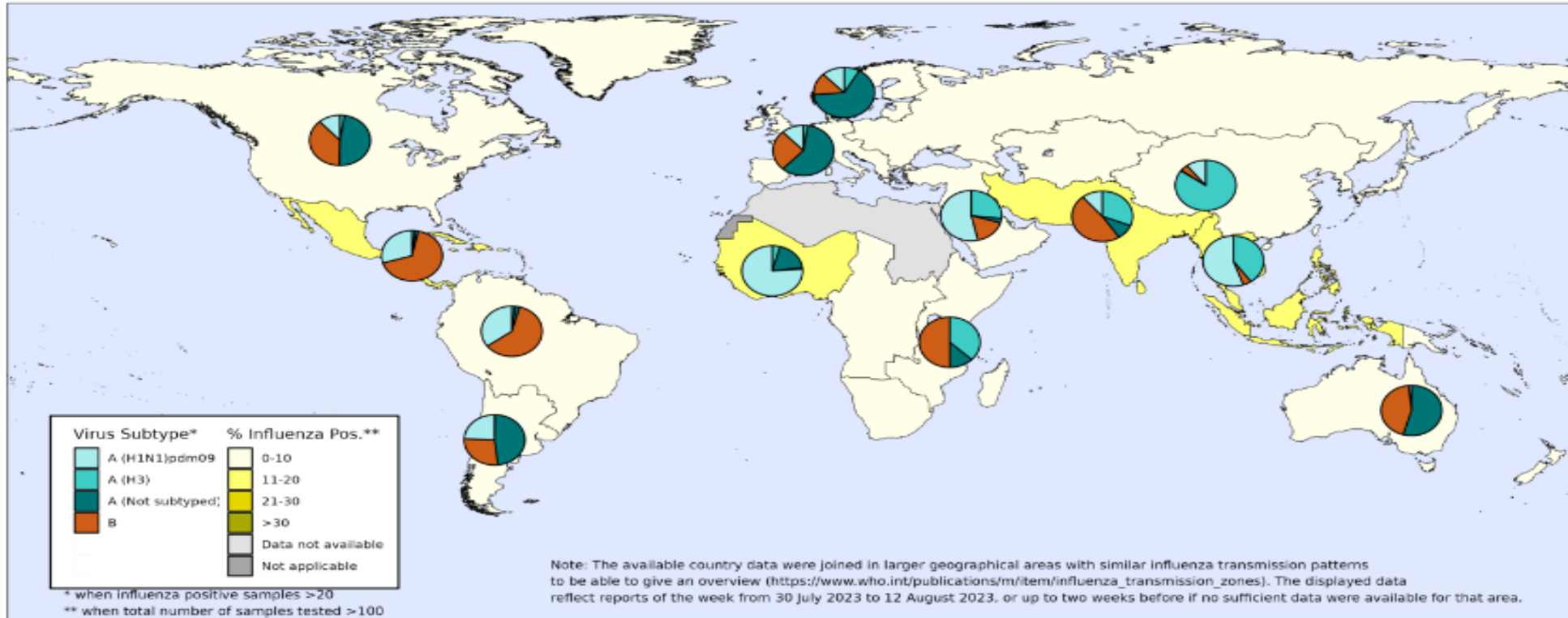
Weekly number of influenza care facility outbreaks by health authority^a



GLOBAL INFLUENZA SURVEILLANCE | AUG 2023

Percentage of respiratory specimens that tested positive for influenza By influenza transmission zone

Map generated on 18 August 2023

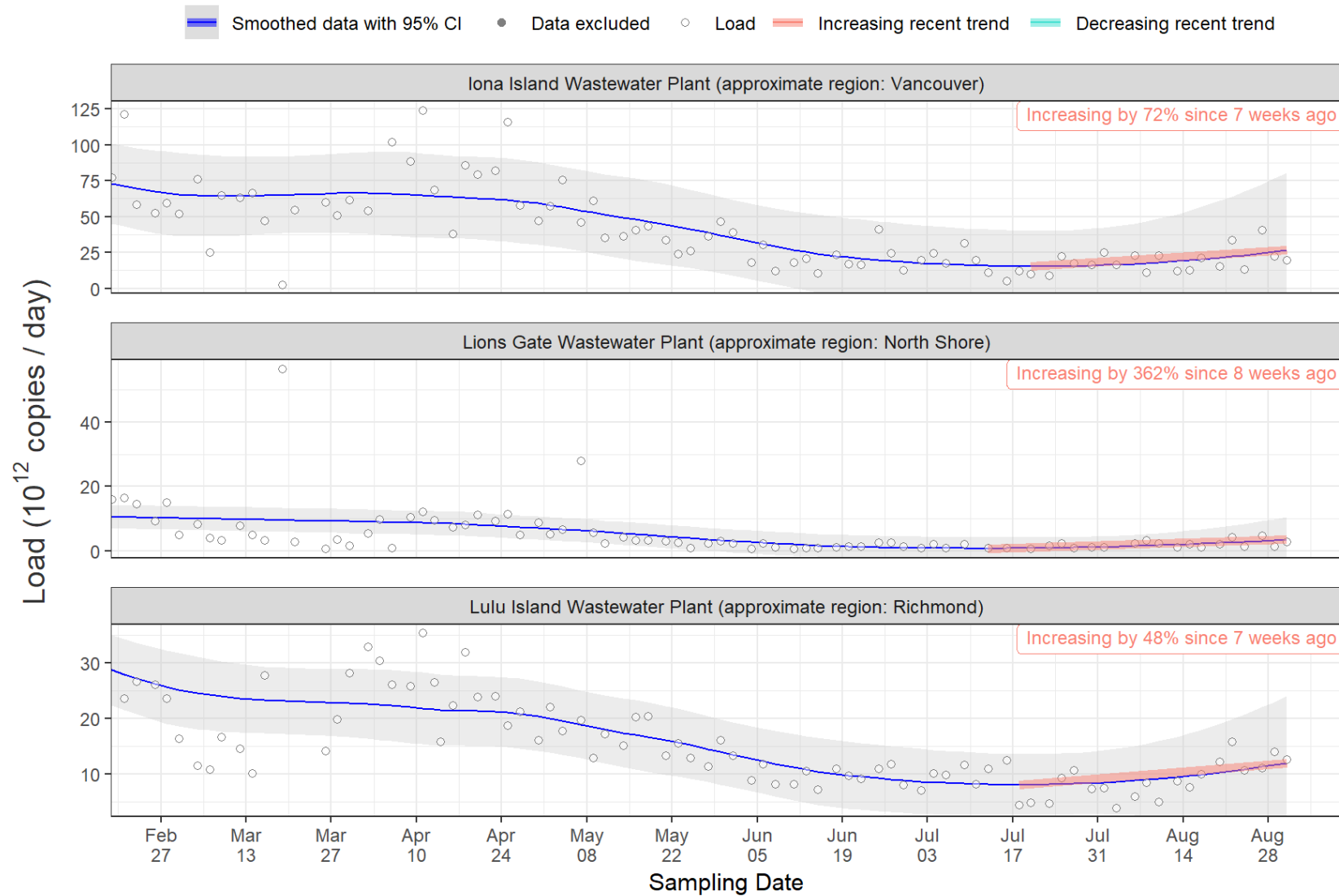


The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.



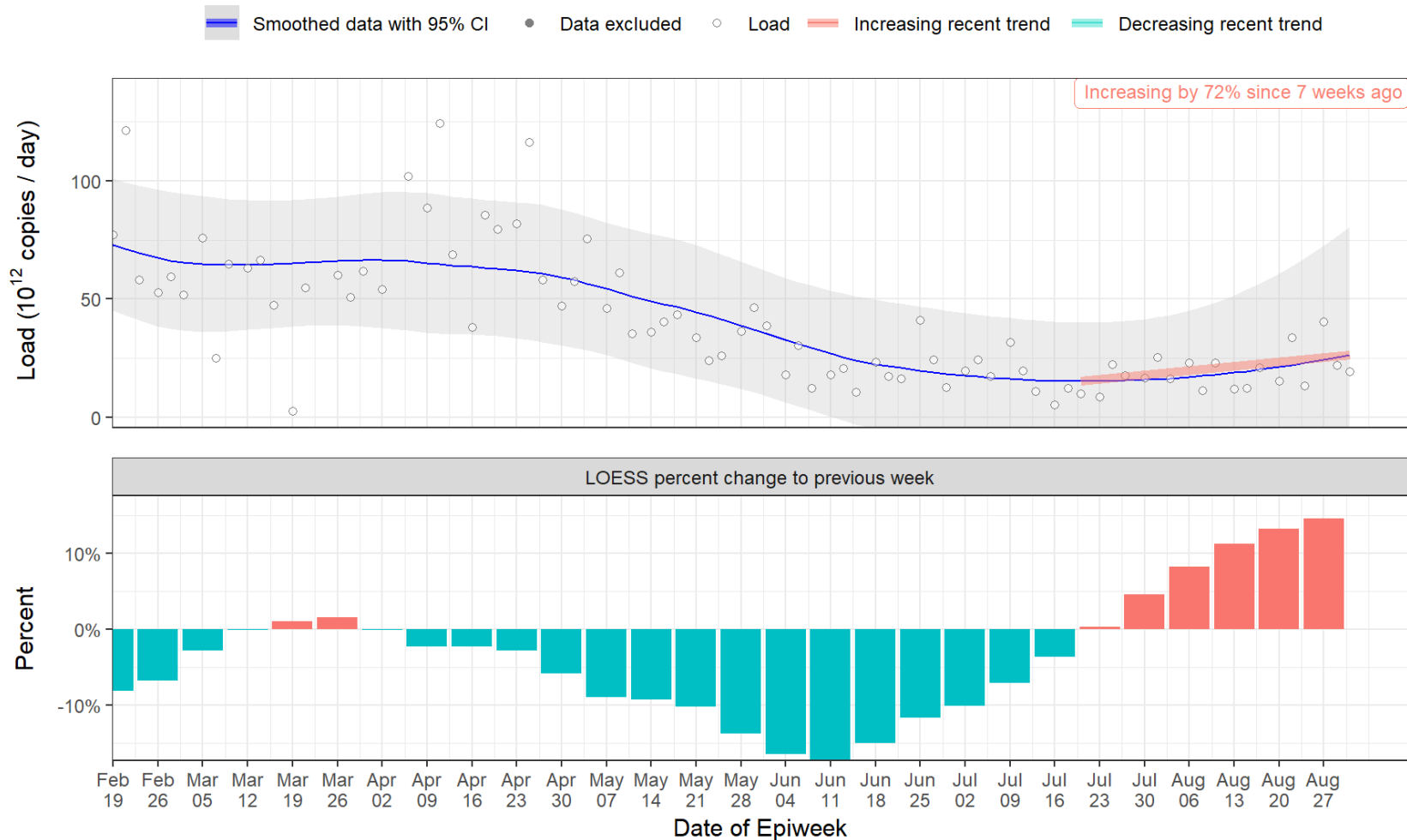
Data source: Global Influenza Surveillance and Response System (GISRS), FluNet (www.who.int/tools/fluinet)
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OVERVIEW: COVID-19 WASTEWATER SURVEILLANCE VCH



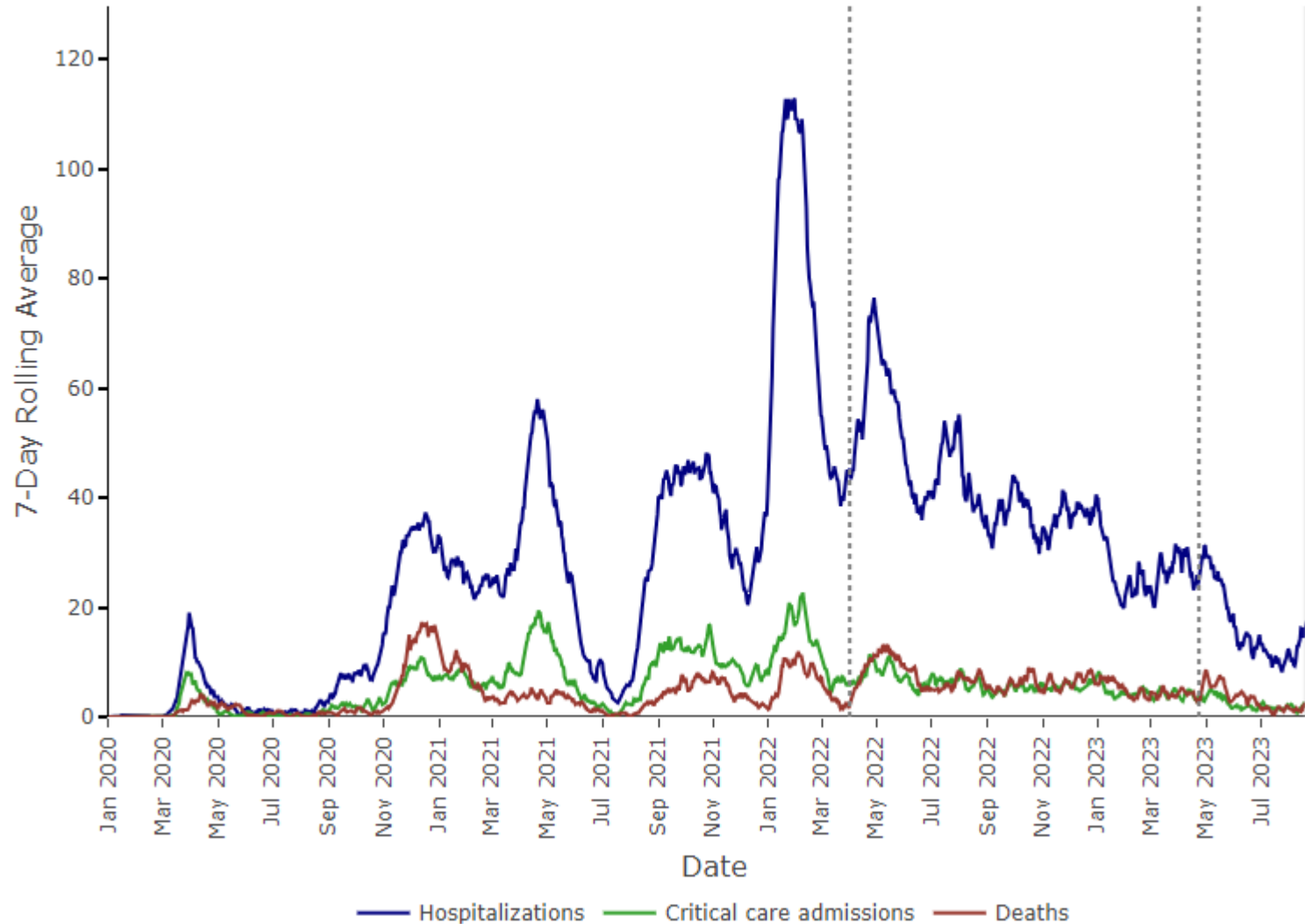
IONA ISLAND PLANT

Iona Island Wastewater Plant (approximate region: Vancouver)
SARS-CoV-2 Target - E gene in Wastewater



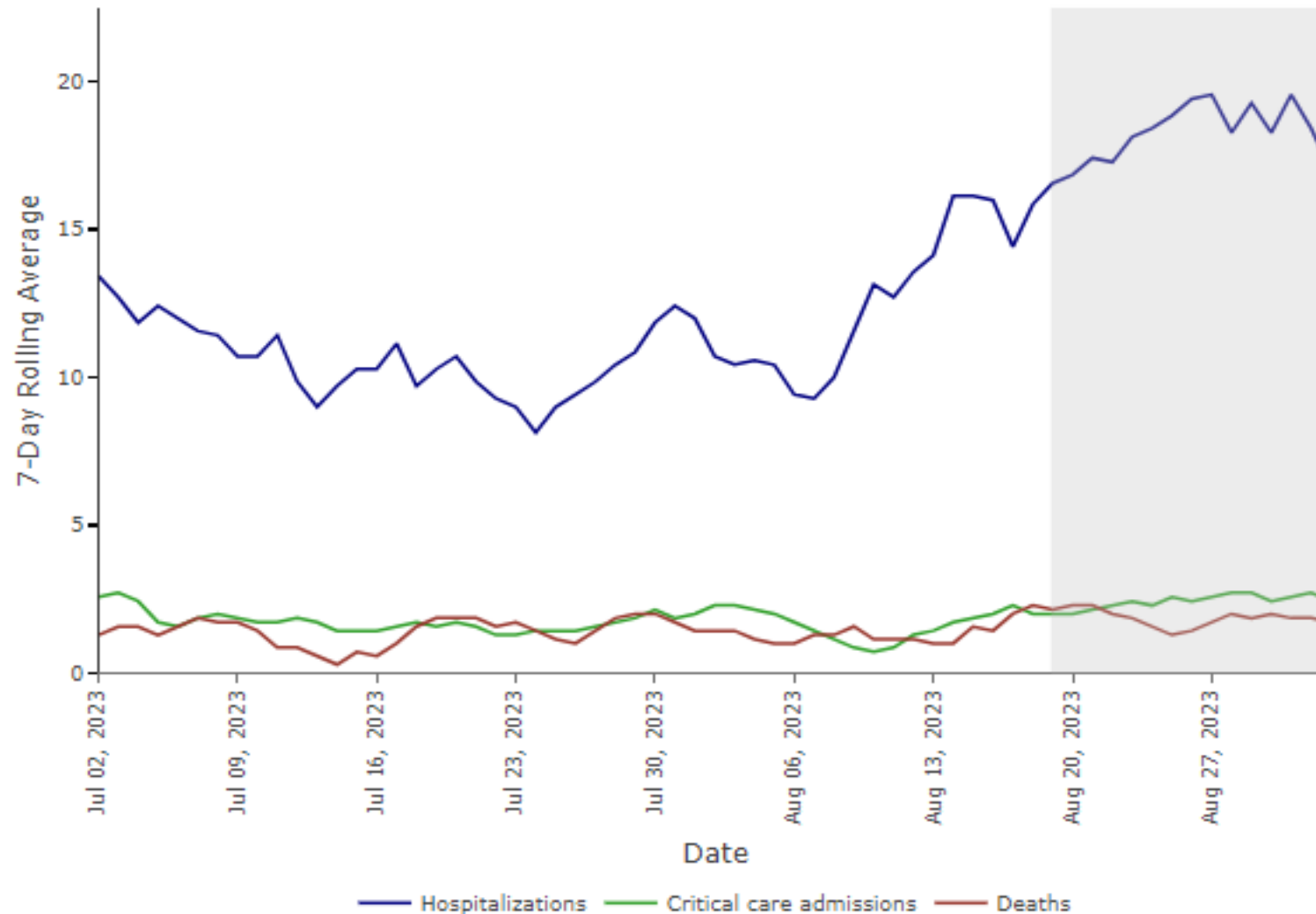
COVID-19: BC OUTCOMES | 2020 – PRESENT

7-day average of COVID-19 severe outcomes^a

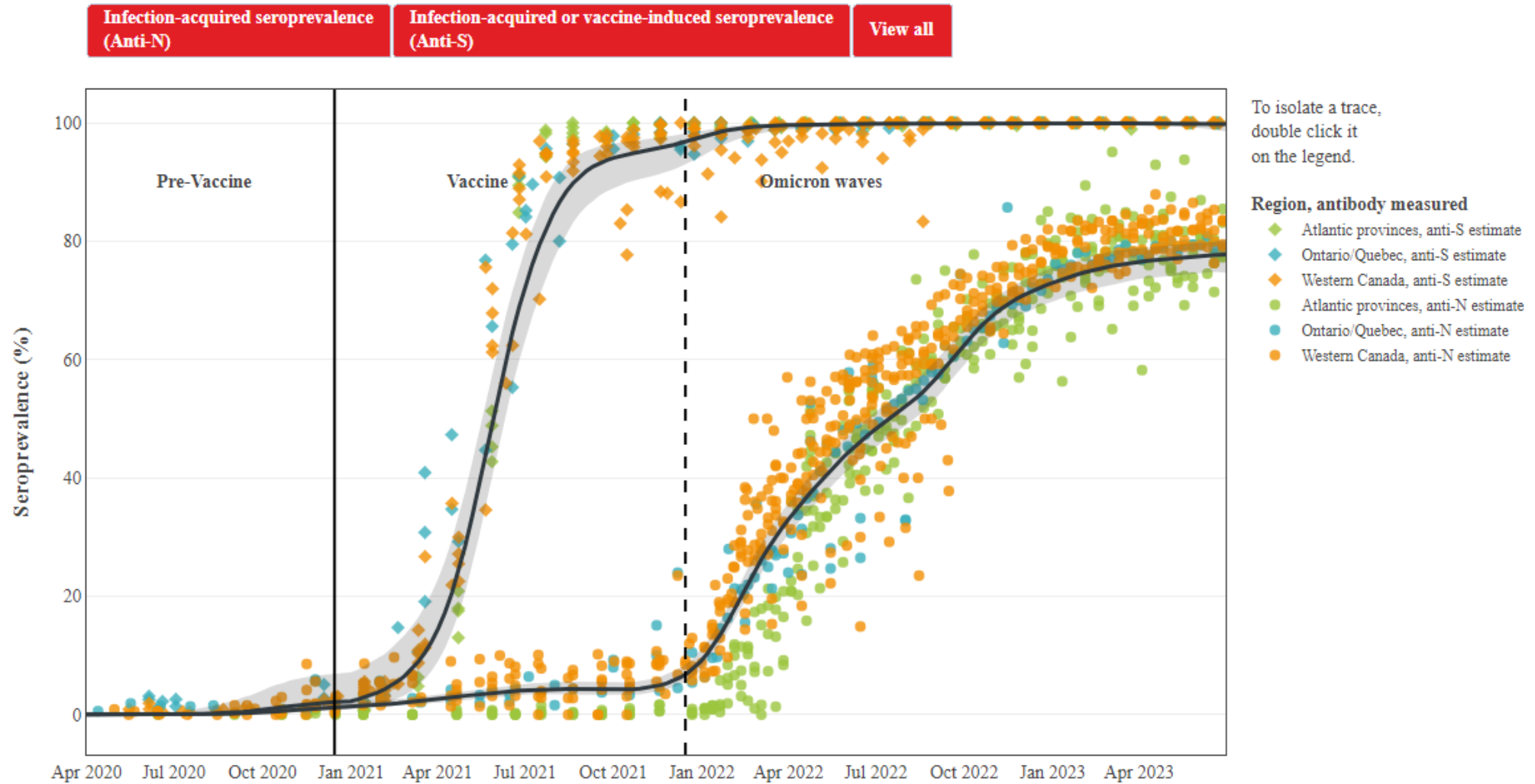


COVID-19: BC OUTCOMES | JULY – SEPT 2023

7-day average of COVID-19 severe outcomes

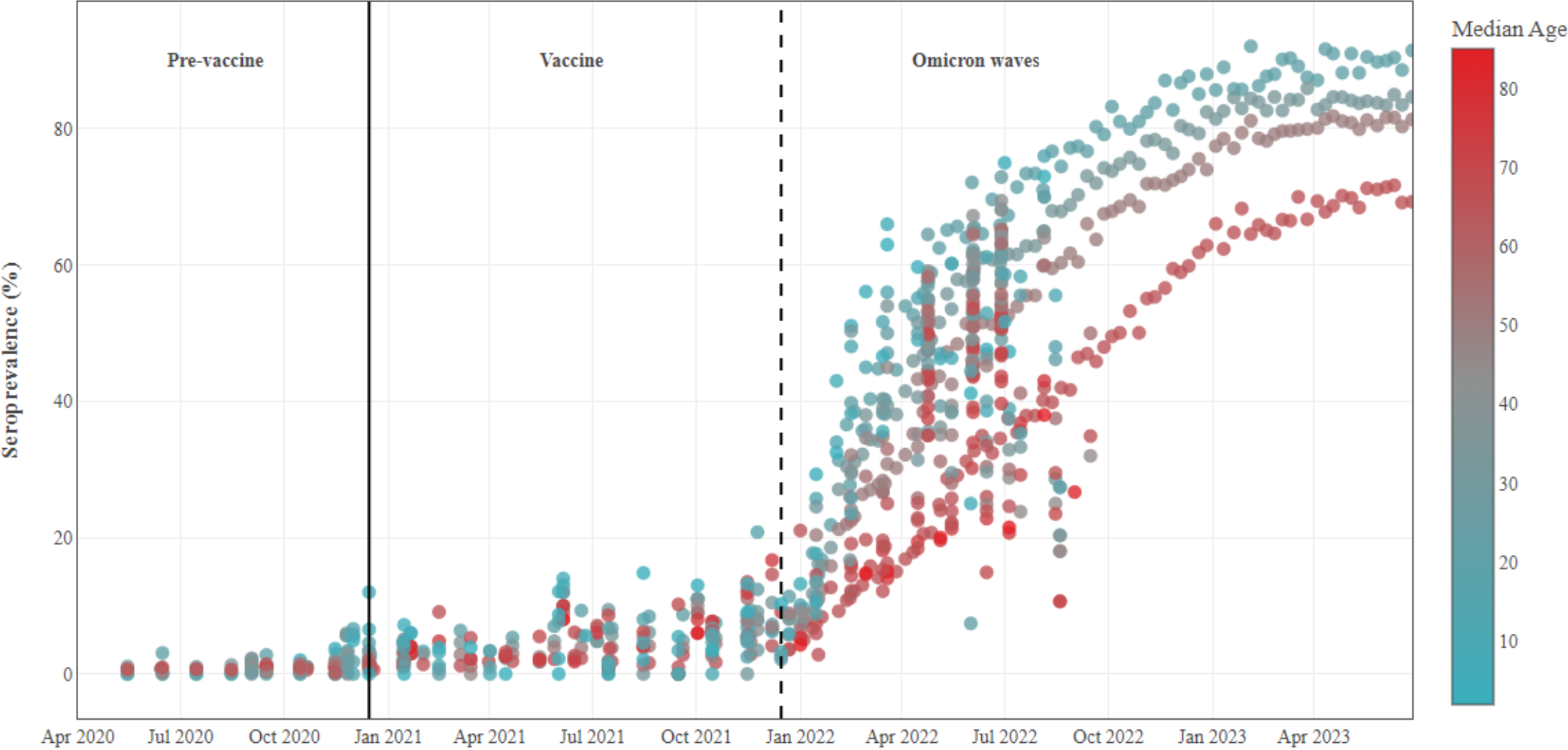


SARS-CoV-2 SEROPREVALENCE IN CANADA | APR 13, 2020 – June 30, 2023



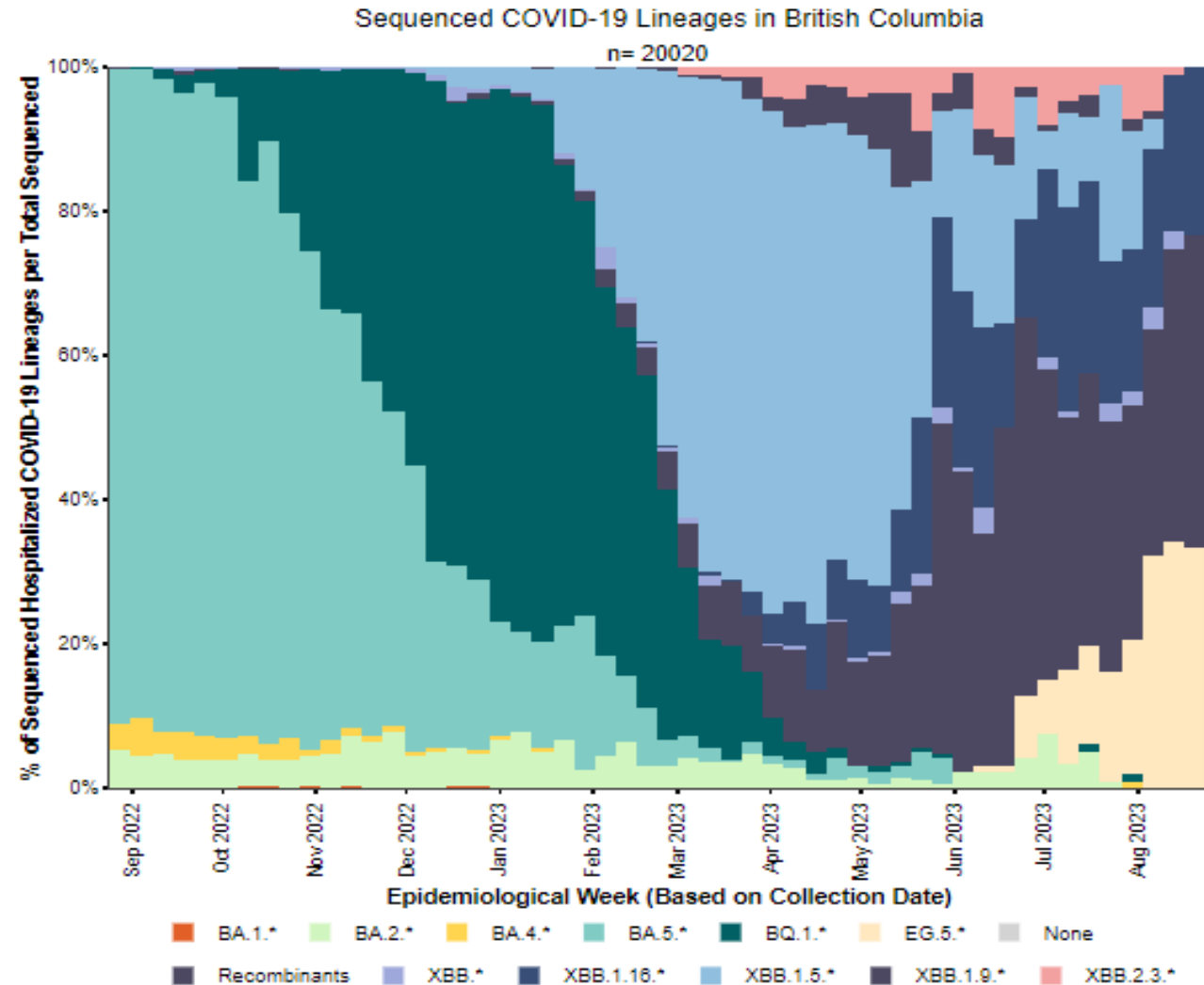
Western Canada: Manitoba, Saskatchewan, British Columbia, Alberta, the Territories.
Atlantic provinces: New Brunswick, Nova Scotia, Newfoundland, Prince Edward Island.

SARS-CoV-2 SEROPREVALENCE DUE TO INFECTION BY AGE IN CANADA



BC COVID-19 LINEAGES

Whole genome sequencing



XBB.* excludes XBB.1.5.*XBB.1.9.*XBB.1.16.*XBB.2.3.*EG.5.*; BA.5.* excludes BQ.1.* and Recombinants exclude XBB.*EG.5.*
Pangolin version: 4.3.1, Usher version: 1.22, Pango version: 1.22.



INFLUENZA & COVID-19 VACCINES

NEW FOR 2023-2024 SEASON

INFLUENZA STRAINS | 2023 - 2024

2022 – 2023

- A/Victoria/2570/2019 (H1N1)pdm09-like virus
- A/Darwin/9/2021 (H3N2)-like virus
- B/Austria/1359417/2021-like virus
- B/Phuket/3073/2013-like virus

2023-2024

- A/Victoria/4897/2022 (H1N1)pdm09-like virus
(new)
- A/Darwin/9/2022 (H3N2)-like virus
- B/Austria/1359417/2021-like virus
- B/Phuket/3073/2013-like virus

VACCINES FOR SENIORS

FLUZONE HIGH-DOSE (HD) QUADRIVALENT & FLUAD ADJUVANTED TRIVALENT

ELIGIBILITY

Fluzone HD® Quadrivalent

- 65+ BC residents residing in LTCFs and 65+ First Nations communities
- Dosage: 0.7ml IM Pre-filled syringes

Fluad® Adjuvanted T1IV

- 65+ BC residents residing in community dwellings and assisted living facilities
- Dosage: 0.5ml IM Pre-filled syringes

VACCINES FOR STAFF

FLUZONE® QUADRIVALENT & FLULAVAL® TETRA

- Influenza immunization of staff remains important to protecting both staff and residents against influenza.
- We are expecting a near normal influenza season, possibly with greater H1N1/B activity.
- Staff influenza immunization coverage has decreased tremendously during the pandemic.
- Encourage staff to be immunized and to report vaccination to employer as per local procedures.

FALL COVID-19 XBB.1.5 MONOVALENT VACCINES

Moderna Spikevax® XBB.1.5 – approved by Health Canada

- 1 product for 3 age groups (6mo-4yr, 11yr, 12+yr)
- Vaccine comes in one formulation, dosage (0.5mL vs 0.25mL) varies by age
- Dosage for seniors: **0.5mL** (50mcg)
- Interval from previous vaccine: 6 months recommended (3 month min interval)
- Interval from COVID-19 infection: 6 months for optimal benefit (safe to administer any time following recovery from infection)
- Approved for use as primary immunization

Pfizer

- Pfizer Adult/Adolescent (12+) will be available after Health Canada approval
- Vaccine formulations for younger age groups also expected

Novovax [non-mRNA vaccine]

- Eligibility expected to be 18+
- Health Canada approval pending



PNEUMOCOCCAL POLYSACCHARIDE VACCINE

Pneumovax® 23 (PPV23)

- Publicly funded in BC for the following groups:
 - Adults 65+
 - Residents of LTC Facilities
 - Individuals 2 years and older with underlying chronic health conditions*
- Booster – Once-only revaccination to be offered 5 years post initial immunization for:
 - Asplenia/hyposplenia/sickle cell disease
 - Immune suppression
 - Chronic renal/liver disease
 - Solid organ or islet cell transplant

NACI recommendations for PCV20 and PCV15 in adults, Feb 2023*

Adults who have not been previously vaccinated with a pneumococcal vaccine, a single dose of PCV20 **should** be offered to:

- Adults \geq 65 years
- Adults 50-64 years who may be at high risk of IPD
- Adults 18-49 years with immune compromising conditions
- As an alternative to PCV20, PCV15 followed by a single dose of PPV23 **may** be offered

Those previously immunized:

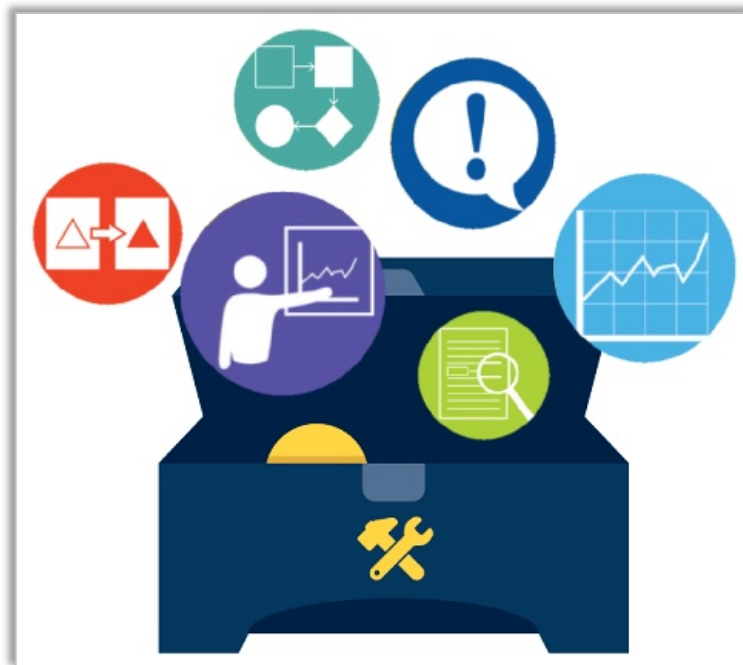
- PCV 20 **should** be offered to adults \geq 65 years at 5 years from previous PCV13/PPV23 series
- PCV 20 **may** be offered to adults \geq 65 years at 1 year from previous PCV13

*These vaccines and recommendations are new; PCV20 and PCV15 are not yet publicly funded

<https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/public-health-level-recommendations-use-pneumococcal-vaccines-adults-including-use-15-valent-20-valent-conjugate-vaccines.html#a8.1>

Medical Conditions and Risk Factors for Invasive Pneumococcal Disease

Non-immunocompromising conditions	Immunocompromising conditions ^a	Other risk factors
<ul style="list-style-type: none"> • Chronic cerebrospinal fluid (CSF) leak • Chronic neurologic condition that may impair clearance of oral secretions • Cochlear implants, including children and adults who are to receive implants • Chronic heart disease • Diabetes mellitus • Chronic kidney disease^a • Chronic liver disease, including hepatic cirrhosis due to any cause^a • Chronic lung disease, including asthma requiring medical care in the preceding 12 months 	<ul style="list-style-type: none"> • Sickle cell disease, congenital or acquired asplenia, or splenic dysfunction^b • Congenital immunodeficiencies involving any part of the immune system, including B-lymphocyte (humoral) immunity, T-lymphocyte (cell) mediated immunity, complement system (properdin, or factor D deficiencies), or phagocytic functions • Immunocompromising therapy, including use of long-term corticosteroids, chemotherapy, radiation therapy, and post-organ transplant therapy • HIV infection • Hematopoietic stem cell transplant (recipient)^c • Malignant neoplasms, including leukemia and lymphoma • Nephrotic syndrome • Solid organ or islet transplant (candidate or recipient) 	<p>Individuals</p> <ul style="list-style-type: none"> • who smoke • who use illicit drugs • with alcohol use disorder • who are experiencing homelessness • who live in communities or settings^d experiencing sustained high IPD rates.
<p>^a Conditions considered to result in the highest risk of IPD</p> <p>^b Generally, asplenia (functional or anatomic), sickle cell disease and other hemoglobinopathies are not considered immunocompromising conditions, but for the purposes of pneumococcal vaccine recommendations, they are included in this category</p> <p>^c Hematopoietic Stem Cell Transplant (HSCT) recipients have specific pneumococcal vaccination recommendations</p> <p>^d Can include long-term care facilities</p>		



VIRAL RESPIRATORY ILLNESS (VRI) TOOLKIT

FOR LONG TERM CARE FACILITIES

FALL READINESS REMINDERS



Prep for fall vaccination campaigns:

- Vaccine order in place
- Supplies



Obtain serum creatinine levels for all residents



Antivirals

- Linkage with pharmacies for Tamiflu™ prophylaxis & Rx;
- Review COVID-19 therapeutics



VRI surveillance:

- Documentation of symptom check NOT required
- Clinical assessment
- Illness reporting



Strengthen IPAC practices:

- Hand hygiene
- Case management

INFLUENZA ANTIVIRALS: PROPHYLAXIS & TREATMENT

Do not delay the PREPARATION

- The sooner antivirals are given, the more effective they are in controlling an outbreak
- Tamiflu™ (Oseltavmivir) recommended antiviral medication for the control of influenza outbreaks
- Residents on treatment dose will not need prophylaxis dose after completion



COVID-19 ANTIVIRALS: TREATMENT

- Prepare for the respiratory virus season by identifying patients who qualify for COVID-19 treatment
- Renal functions and drug interactions in case therapy is needed
- Eligibility is influenced by age, immune-status, chronic conditions AND illness trajectory
- To identify eligibility, clinicians can refer to the [BCCDC COVID-19 Treatment Assessment Guide for Clinicians](#)



VRI TOOLKIT: LONG TERM CARE FACILITY GUIDE

Testing Criteria

Fever or new/worsening cough
AND one or more following
symptoms:

- Chills
- Shortness of breath
- Rhinorrhea
- sore throat
- Hoarseness
- Difficulty swallowing
- Loss of smell or taste
- Lymphadenopathy
- Body aches
- Severe weakness or fatigue

Staff Influenza Prophylaxis Letter

Recommended for unimmunized
staff with chronic health
conditions

VRI LINE LIST

- Must be password protected
- IPAC will also provide line list education sessions
- Staff: Ill staff can be identified by first and last initials only (PHN no longer needed)

Upcoming Ministry Direction for Fall 2023 Respiratory Season



INFECTION PREVENTION & CONTROL

INFECTION PREVENTION & CONTROL

CONTACT INFORMATION

ICP Team Email:

ICP-LTC@vch.ca

ICP Team Individual Phone Numbers:

<http://ipac.vch.ca/contact-us>

PRE-SEASON PLANNING

Current documents

- LTC Viral Respiratory Illness (VRI) Toolkit - Leadership
- LTC Viral Respiratory Illness (VRI) Toolkit - Frontline Staff
- LTC Gastrointestinal Illness (VGI) Toolkit –Leadership
- LTC Gastrointestinal Illness (VGI) Toolkit –Frontline staff

PPE Supplies

Peak warehouse for supplies no longer available

Have Swabs (VRI) and specimen containers (GI)

Staff and Fit testing for N95's for AGMP (CPAP/BIPAP)

VIRAL RESPIRATORY ILLNESS REPORTING

When there are any cases of VRI

- Initiate line list include residents (Monday to Friday excluding weekends and stats) send by 1400 to:
 - ICP-LTC@vch.ca
 - Covid19@vch.ca

VRI (influenza) Outbreak Declaration (2 or more lab confirmed influenza on a unit in 7 days)

- MHO after hours at **604-527-4893** for evenings and after hours on weekends
- Send daily line list of residents and staff until outbreak declared over (Mon-Fri excluding weekends and stats) by 1400 to:
 - Covid19@vch.ca
 - ICP-LTC@vch.ca
 - LTCEOC@vch.ca
 - VCHMedMicroIPAC@vch.ca

VIRAL GASTROINTESTINAL REPORTING

One or Two GI Cases

- Leadership/site to notify Infection Control Practitioner of new resident cases (include symptoms and unit) via email: ICP-LTC@vch.ca
- Frontline staff to record newly symptomatic residents on paper line list.

GI Outbreak when three or more residents meet the case definition for Viral GI cases on the same unit or ward within a 4-day period

- MHO after hours at **604-527-4893** for evenings and after hours on weekends
- Send an electronic line list of residents and staff daily (Monday to Friday excluding weekends and stats) until outbreak declared over to:
 - CDEHO@vch.ca
 - ICP-LTC@vch.ca
 - VCHMedMicroIPAC@vch.ca
 - LTCEOC@vch.ca

TRANSPORT OF SPECIMENS

Viral Respiratory Illness

- All sites to send specimens to VGH lab
 - Owned & operated, contracted and private sites

**Novex courier aware of site change for all sites*

Viral Gastrointestinal Illness

- Send to BCCDC Lab when outbreak definition is met

**Ensure you have contract with your courier for BCCDC Lab*

VRI CASE DEFINITION

Fever or new or worse cough and one of the following symptoms:

- Chills
- Shortness of breath
- Runny or stuffy nose
- Sore throat
- Hoarseness
- difficulty swallowing
- Swollen or tender glands in the neck
- Loss of taste or smell
- Myalgia, arthralgia muscle or body aches,
- Lymphadenopathy
- Headache
- Severe weakness or fatigue

➤ Test for respiratory illness when VRI case definition is met

GASTROINTESTINAL ILLNESS CASE DEFINITION

2 or more episodes of diarrhea* within a 24-hour period

OR

2 or more episodes of vomiting* within a 24-hour period

OR

1 episode diarrhea AND 1 episode of vomiting within a 24-hour period

**Above what is considered normal for that person, or otherwise explained by underlying conditions or medications.*

STAFF RETURN TO WORK

Viral Respiratory Illness

Staff return to work when:

- Resolution of fever for 24 hours without the use of fever reducing medication; and
- Symptoms improve and feel well enough to work

Viral Gastrointestinal Illness

- Staff not to work in any health care facility until they are symptom free for 48 hours
- Food-handler staff not to work in any health care facility until they are symptom free for 72 hours



CAMPAIGN LOGISTICS

LTC FALL SEASONAL CAMPAIGN 2023

COVID-19 & Influenza

Campaign begins week of October 3, 2023:

Q&A Sessions for Site Leaders:

- ❑ Tuesday, October 3rd 2:00pm-3:00pm
- ❑ Thursday, October 5th 10:00am-11:00am

Topics Covered:

- Public Health Updates
- Reporting
 - Checkbox Survey
 - ImmsBC
- Documentation
- Seasonal Vaccines
- Setting up Clinics
- Questions & Answers



Contact: Carly.Stone@vch.ca LTCEOC@vch.ca

ImmsBC PHASED IMPLEMENTATION

Imms BC: Provincial system for COVID-19 and Influenza immunization records

- New ImmsBC access for all Contracted and Private LTC & AL sites
- Owned & Operated sites to continue entering in ImmsBC
- Users can view previous vaccine doses for clients
- Review [PPT instructions](#) to request access for staff who will be entering immunizations
 - Recommended 2-4 users from each site obtain ImmsBC access
- Sites with pharmacy partnership should still obtain ImmsBC access

Help desk hours: Tuesdays 11:30-12:30 PT, Thursdays 10:30-11:30 PT



Streamlining the
LTC Process- V2 Sep

REPORTING & DOCUMENTATION

Checkbox Survey

- Report **resident** COVID-19 and Influenza immunizations after each clinic, or weekly for multiple clinics
- Enter the **total** number of residents immunized for each vaccine **to date** when reporting

ImmsBC

- Direct entry for immunization records to provincial system
- Enter all vaccine doses that occur at the time of administration
- Users can view previous vaccine doses

OneWrites

- Entry support is available for Fall Season
 - Will no longer be available in 2024
- Please request OneWrites if your site requires

Documents

- Updated documents (SOP, PPO, etc) currently under review
- To be distributed when available

FALL 2023/2024 VACCINES

Updates

- Influenza & COVID-19 vaccine deliveries have commenced; not all products have arrived
- Clinics can start immediately once inventory is available
- Staff clinics can be arranged on-site **or** staff can attend pharmacy or health authority run clinics in the community
- For all resident and staff vaccine orders: CDCvaccines@vch.ca and CC LTCEOC@vch.ca

Influenza

- ✓ Site must report total staff flu immunizations in Checkbox Survey once by Dec 22, 2023

COVID-19

- × No need for site to report staff immunizations

THANK YOU



QUESTIONS?