

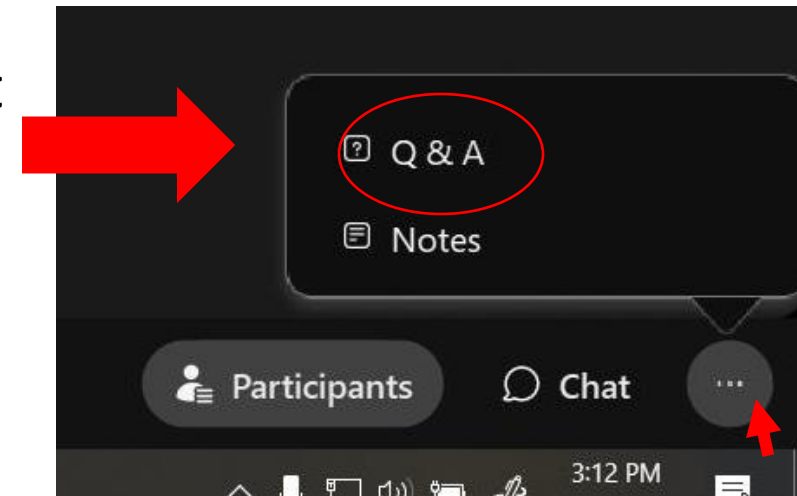


# MDH Infectious Disease Bimonthly LTC Call

1/8/2025

# Introduction

- Thank you for joining us!
- Questions for verbal Q&A are selected in advance of the call.
- Please submit general questions in the “Q&A” box found at the bottom right of the WebEx screen.
  - Our presenters will use the "Chat" box to place links and resources



# A glance ahead...

- HRD - Sarah Grebenc: QSO 25-11, pneumococcal vaccine
- Influenza – Jeff Sanders: influenza update
- COVID-19 surveillance – Karen Martin: COVID-19 and respiratory activity update
- GI surveillance – Amy Saupe: norovirus update
- Project Firstline – Caramae Steinwand: Coming in 2025
- Vaccination – Caitlyn Stehlin: NHSN coverage update

CDC and CMS continue to update guidance documents throughout the pandemic.  
MDH works to update our guidance and recommendation documents accordingly.

## CDC & CMS Guidance

- [CDC: Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)  
*Updated 1/21/22*

## MDH LTC Guidance

- [Reporting Requirements for Minnesota Long-term Care Facilities \(PDF\)](#)
- [MDH | Health Care Worker Isolation and Quarantine Recommendations](#)
- [MDH | Long-term Care Testing: COVID-19](#)
- [MDH | COVID-19 Test Reporting Requirements](#)

# Key Links: Forms and Resources

## REDCap Forms

- COVID-19 Long-Term Care Report Form: [REDCap online Case Report Form](#)
- Subscribe to this call and emailed LTC updates: [MDH LTC Call Subscription](#)

## Additional Resources

- To request a ICAR visit: Email [Health.icar@state.mn.us](mailto:Health.icar@state.mn.us)
- [MN Vaccination Finder](#)
- [Vaccine Adverse Effects Reporting \(VAERS\)](#)

# Key Links: Additional Resources

**CDC and CMS continue to update guidance documents as needed.  
MDH works to update our guidance and recommendation documents accordingly.**

- [CDC : Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](#)
- [Monoclonal Antibody Treatments in Senior Care Environments](#)
- [MDH: Therapeutic Options for COVID-19 Patients](#)
- [CMS Medicare Reimbursement for mAbs](#)
- [Project Firstline - Minnesota Dept. of Health \(state.mn.us\)](#)

# Contact MDH LTC Teams

- Vaccines: [health.vaccineSME@state.mn.us](mailto:health.vaccineSME@state.mn.us)
- LTC Surveillance: [Health.LTC.COVID19.MDH@state.mn.us](mailto:Health.LTC.COVID19.MDH@state.mn.us)
- HCW Monitoring: [health.hcwmonitoring@state.mn.us](mailto:health.hcwmonitoring@state.mn.us)
- Questions about when, how, and who to test: [Health.LTC.COVID19.MDH@state.mn.us](mailto:Health.LTC.COVID19.MDH@state.mn.us)
- ICAR: [Health.icar@state.mn.us](mailto:Health.icar@state.mn.us)
- LTC Crisis Staffing: [health.COVID.SEOC-LTC.staffing.response@state.mn.us](mailto:health.COVID.SEOC-LTC.staffing.response@state.mn.us)
- COVID-19 Therapeutics: Your healthcare coalition representative, [sarah.lim@state.mn.us](mailto:sarah.lim@state.mn.us) (for clinical questions) or [Rebecca.Colby.c19@state.mn.us](mailto:Rebecca.Colby.c19@state.mn.us) (for ordering questions)
- Questions about the Assisted Living Licensure: [health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us)
- Project Firstline: [Project.Firstline.MDH@state.mn.us](mailto:Project.Firstline.MDH@state.mn.us)

- Beginning on January 1, 2025, LTC facilities are required to electronically report information about COVID-19, influenza, and respiratory syncytial virus (RSV) in a standardized format and frequency specified.

## [QSO-25-11-NH](#)

- CDC made revisions and updates to their website in October and now recommends pneumococcal vaccination for adults 50 years or older.
- F883 §483.80(d) Influenza and pneumococcal immunizations
- Facilities should follow the CDC and ACIP recommendations for vaccines.

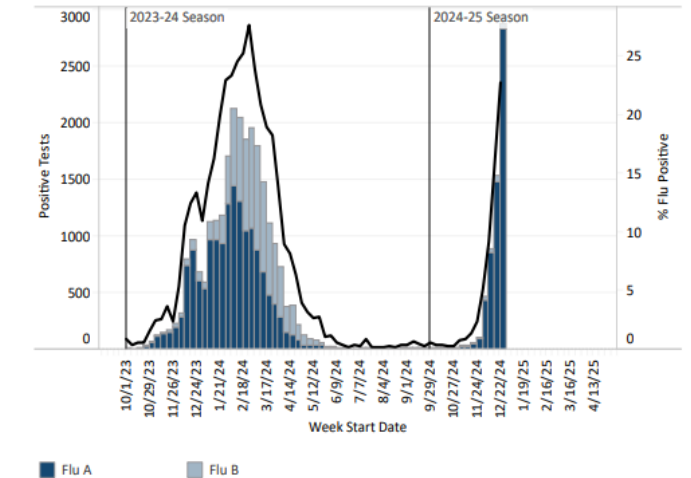
## [Pneumococcal Vaccine Recommendations | Pneumococcal | CDC](#)



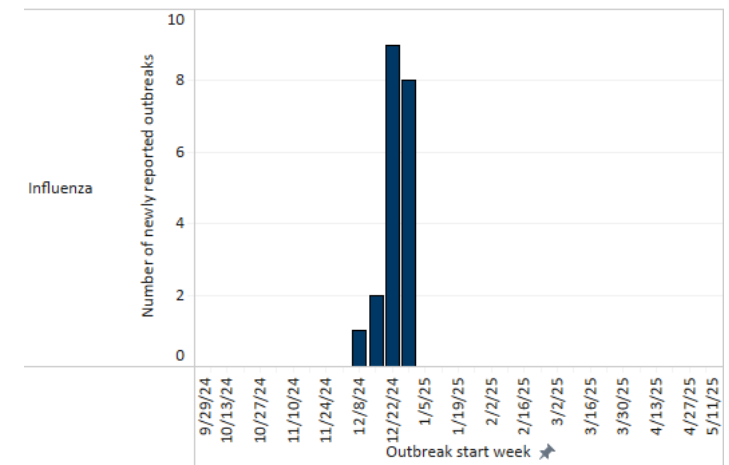
# Flu Updates – Jeff Sanders

- Influenza activity in Minnesota has increased rapidly over the last few weeks, coinciding with various holiday gatherings.
- 20 total LTC outbreaks due to influenza.
  - $\geq 2$  lab-confirmed cases.
- 1500+ total influenza-associated hospitalizations.
  - Broke record of most hospitalizations in a week from 2014-15 season (722 vs. 649)

Specimens Positive for Influenza by Molecular Testing, by Week



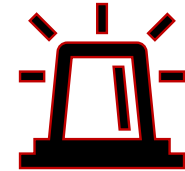
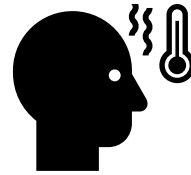
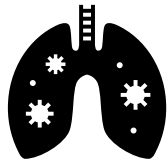
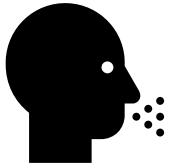
Weekly Influenza and RSV Outbreaks in Long-Term Care Facilities



# Flu Outbreak Control Measures

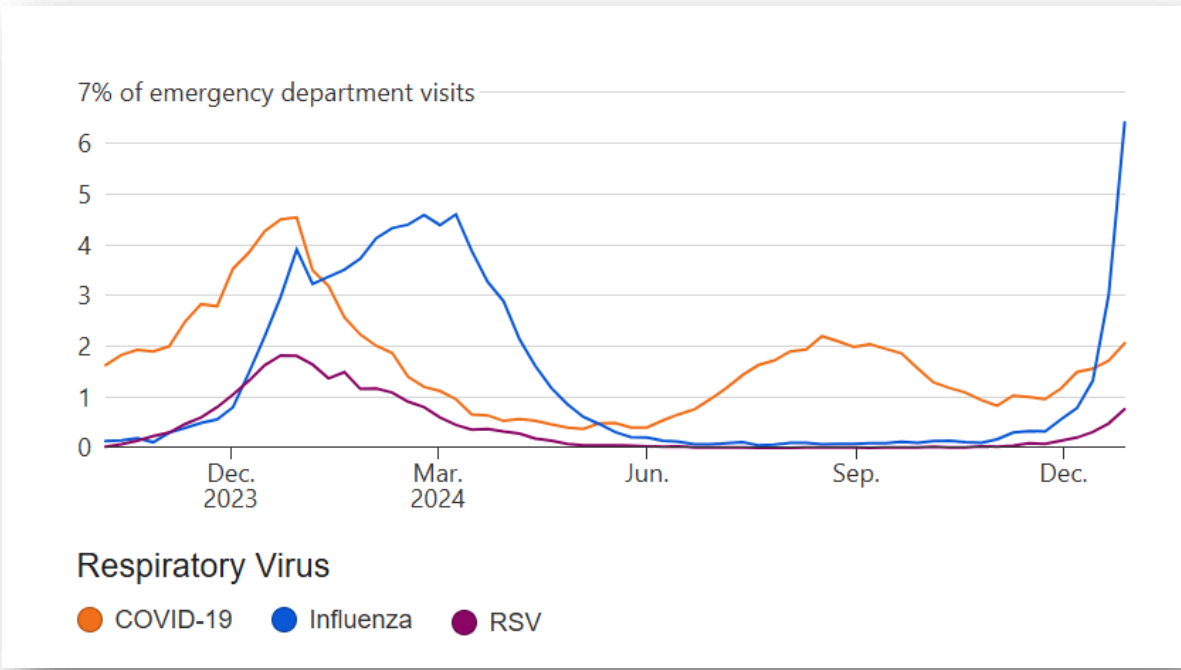
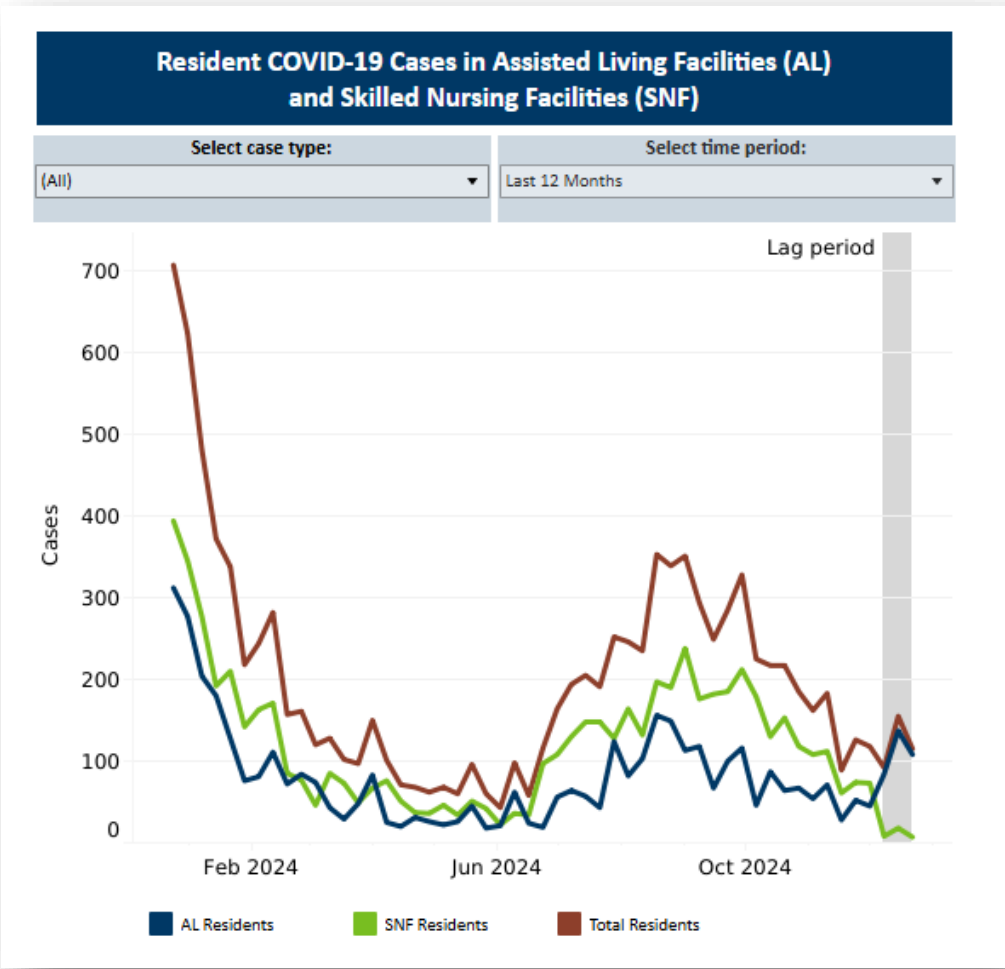
- Not too late to promote influenza vaccination to residents and staff.
- During an outbreak, implement standard and droplet precautions for all residents with suspected or confirmed influenza.
  - Continue 7 days after illness onset or until 24 hours after fever/symptom resolution, whichever is longer.
- Promptly treat suspected or confirmed influenza cases with antivirals.
  - Five days of oseltamivir is typical course; may consider longer in severe cases.
- Use oseltamivir as prophylaxis for eligible well residents living on same floor or unit.
  - Minimum of 2 weeks, continuing for 7 days after last known case identified.

# Respiratory Activity



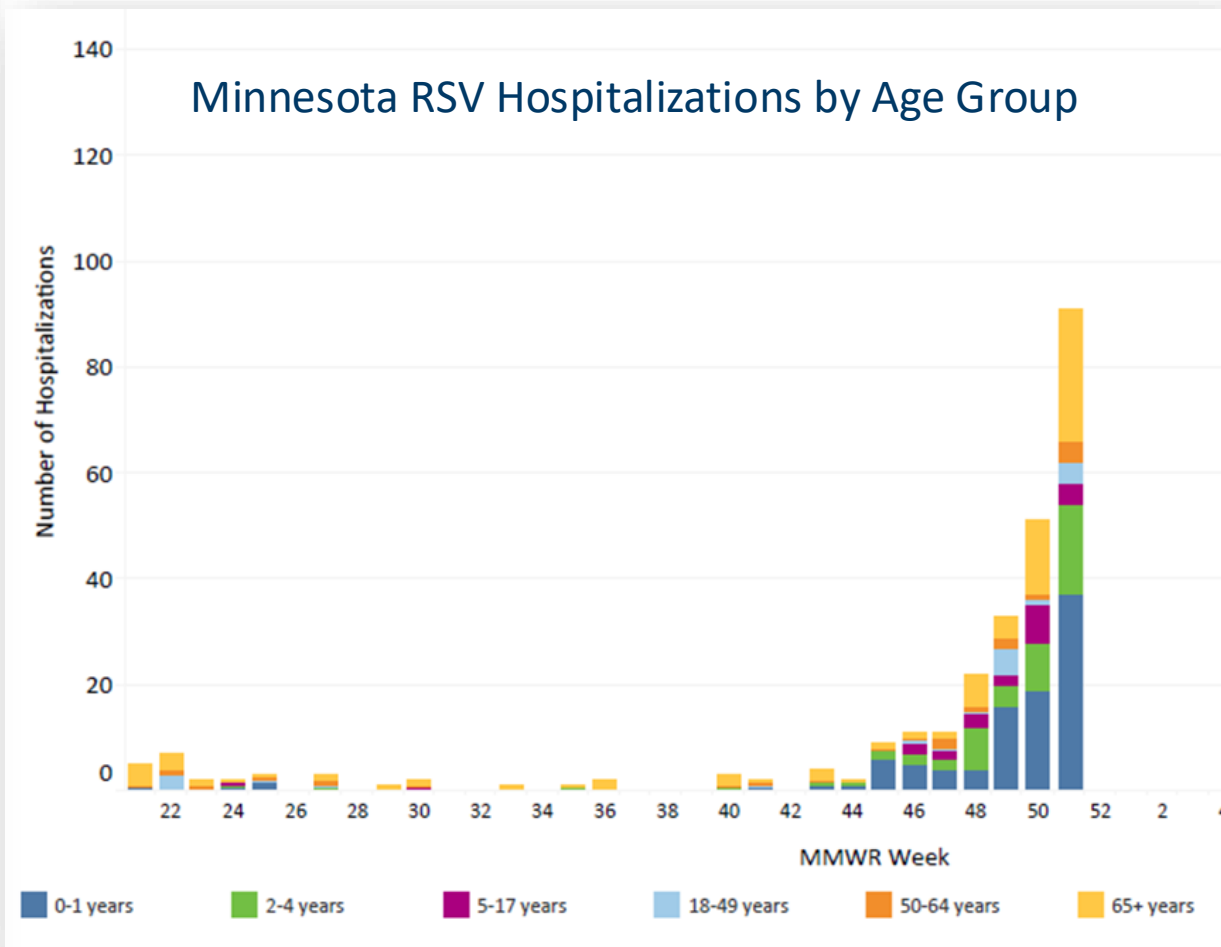
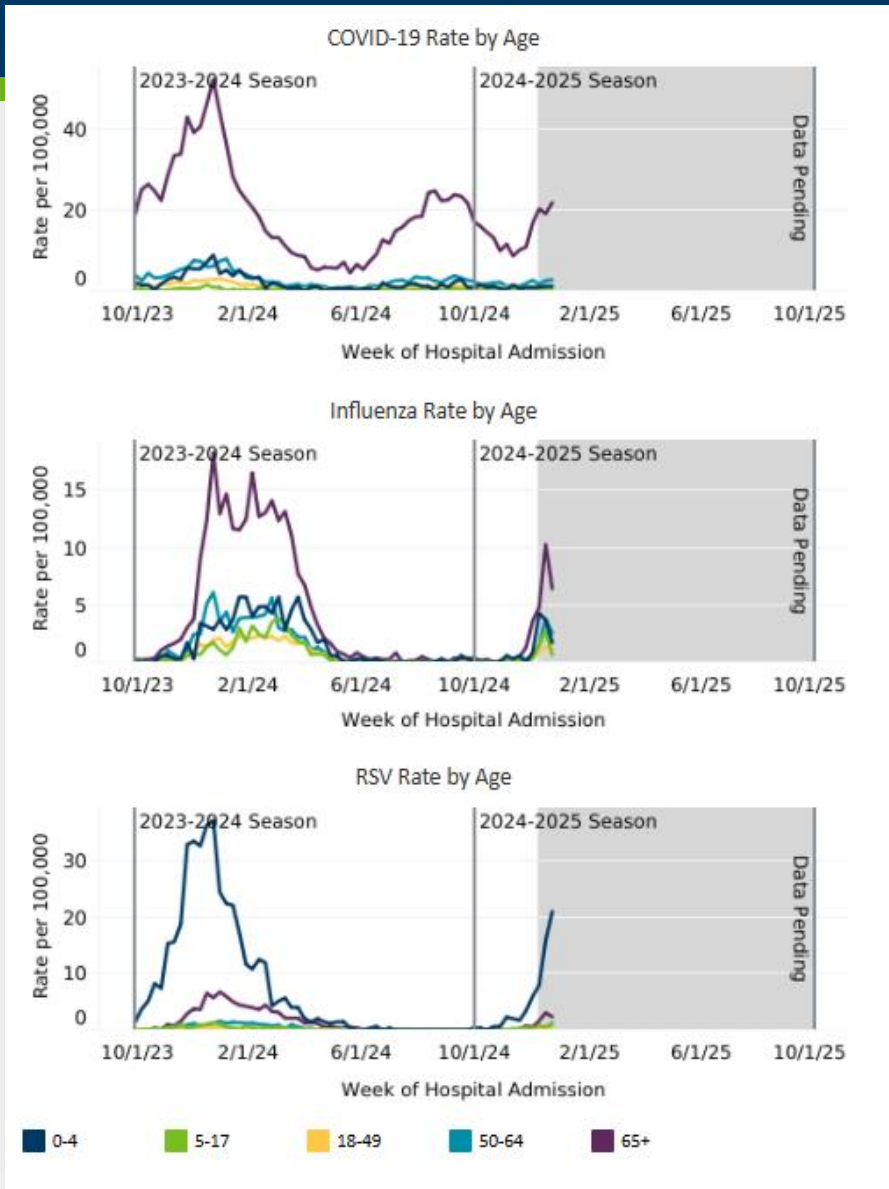
- Nationally and in MN, emergency department (ED) visits with diagnosed COVID-19 have been increasing after several weeks of decrease since the September fall peak.
- Influenza and RSV activity are increasing, both in MN and nationally. ED visits for influenza are the highest contributor for viral respiratory illness.
- The amount of respiratory illness causing people to seek healthcare nationally is high. COVID-19, RSV, and influenza activity continues to increase across the country.

# COVID-19 LTC and ED Respiratory Surveillance



# Hospitalizations by Age Group

RESP-NET  
Hospitalizations by  
Age Group →



# Continue to Test and Treat

- Remember to test and treat! Most LTC residents at high risk for complications
  - [MDH: Therapeutic Options for COVID-19 Patients](#)
  - [CDC: Treating Flu with Antiviral Drugs, CDC: Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities](#)
- [CDC: Viral Respiratory Pathogens Toolkit for Nursing Homes](#)  
Universal toolkit for respiratory illnesses in LTCF
- The winter/respiratory season is long in MN, so it's not too late to vaccinate for COVID-19, influenza, or RSV

## Vaccination Coverage Among Nursing Home Residents

- CDC assessed COVID-19, influenza, and RSV rates among nursing home residents early in the 2024–25 respiratory virus season.
- Nursing home residents face elevated risks of severe illness from respiratory viruses, including COVID-19, influenza, and RSV.
  - 30% of nursing home residents in the U.S. had received the updated COVID-19 vaccine
  - 58% had received an influenza vaccine
  - 18% had received an RSV vaccine

## IT'S NOT TOO LATE

[Coverage with Influenza, Respiratory Syncytial Virus, and COVID-19 Vaccines Among Nursing Home Residents — National Healthcare Safety Network, United States, November 2024 | MMWR](#)



# Norovirus (and other diarrheal illnesses) in LTCFs

Amy Saupe, MPH | Epidemiologist Senior

January 8, 2025



I am looking for...

# Norovirus outbreaks doubled in Minnesota in December over 2023

By Leon Purvis | Published January 2, 2025 9:58pm CST | Health | FOX 9 | ↗

[Home](#) > [News and Announcements](#) > [News Releases](#)

## TOPIC MENU

### News Release

Dec. 23, 2024

[Contact information](#)

## Avoid norovirus over the holidays

More than 40 outbreaks of norovirus — sometimes called “stomach flu” — have been reported to the Minnesota Department of Health (MDH) in December over 2023.

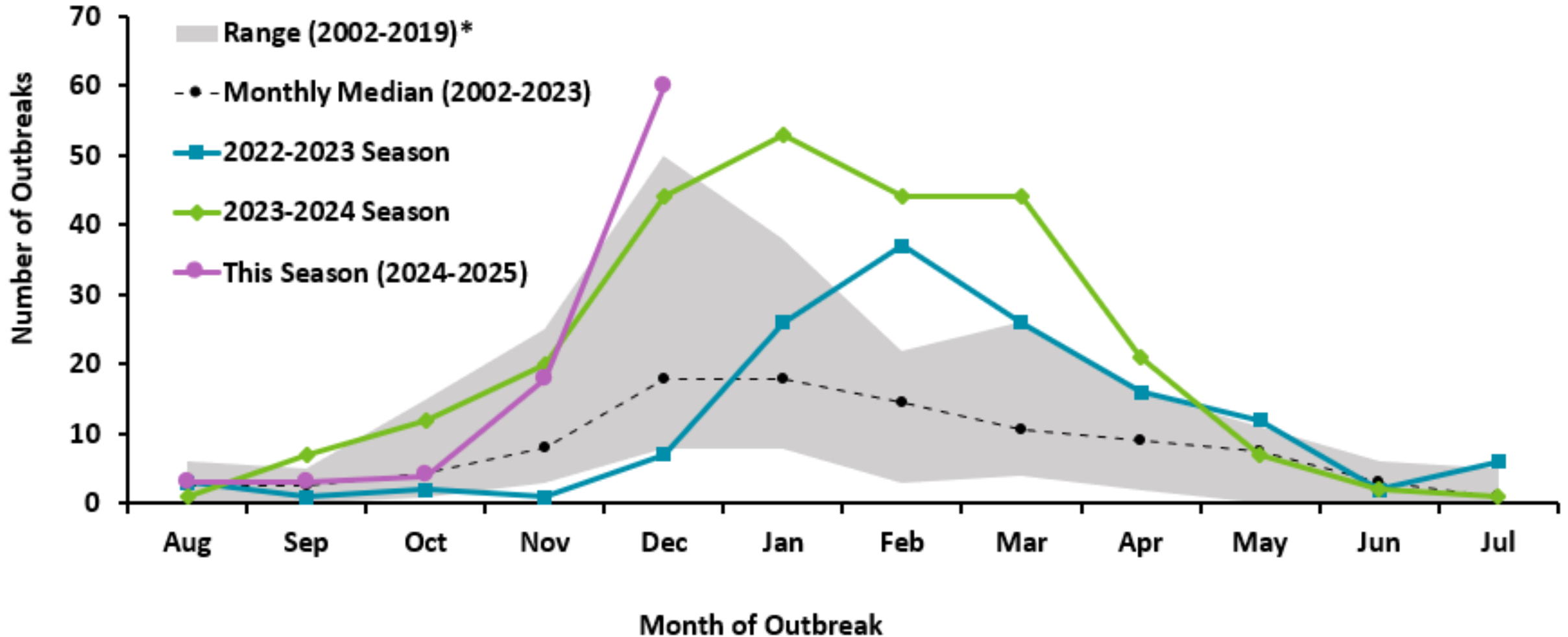


HEALTH

# Spike in norovirus numbers not likely to end soon, Minnesota health officials say

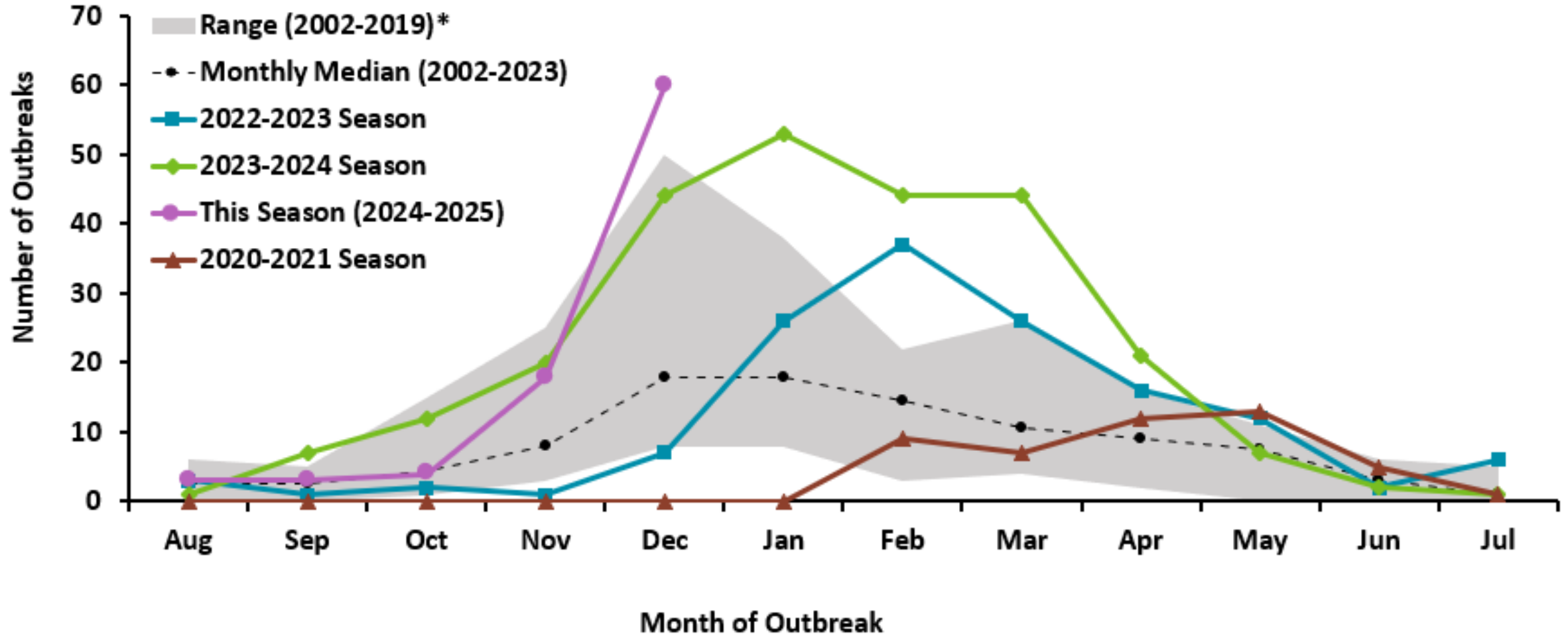


# Confirmed and Suspected Norovirus Outbreaks by Month Minnesota, 2002-2024



*\*2020-2021 and 2021-2022 Seasons not graphed*

# Confirmed and Suspected Norovirus Outbreaks by Month Minnesota, 2002-2024



\*2021-2022 Season not graphed

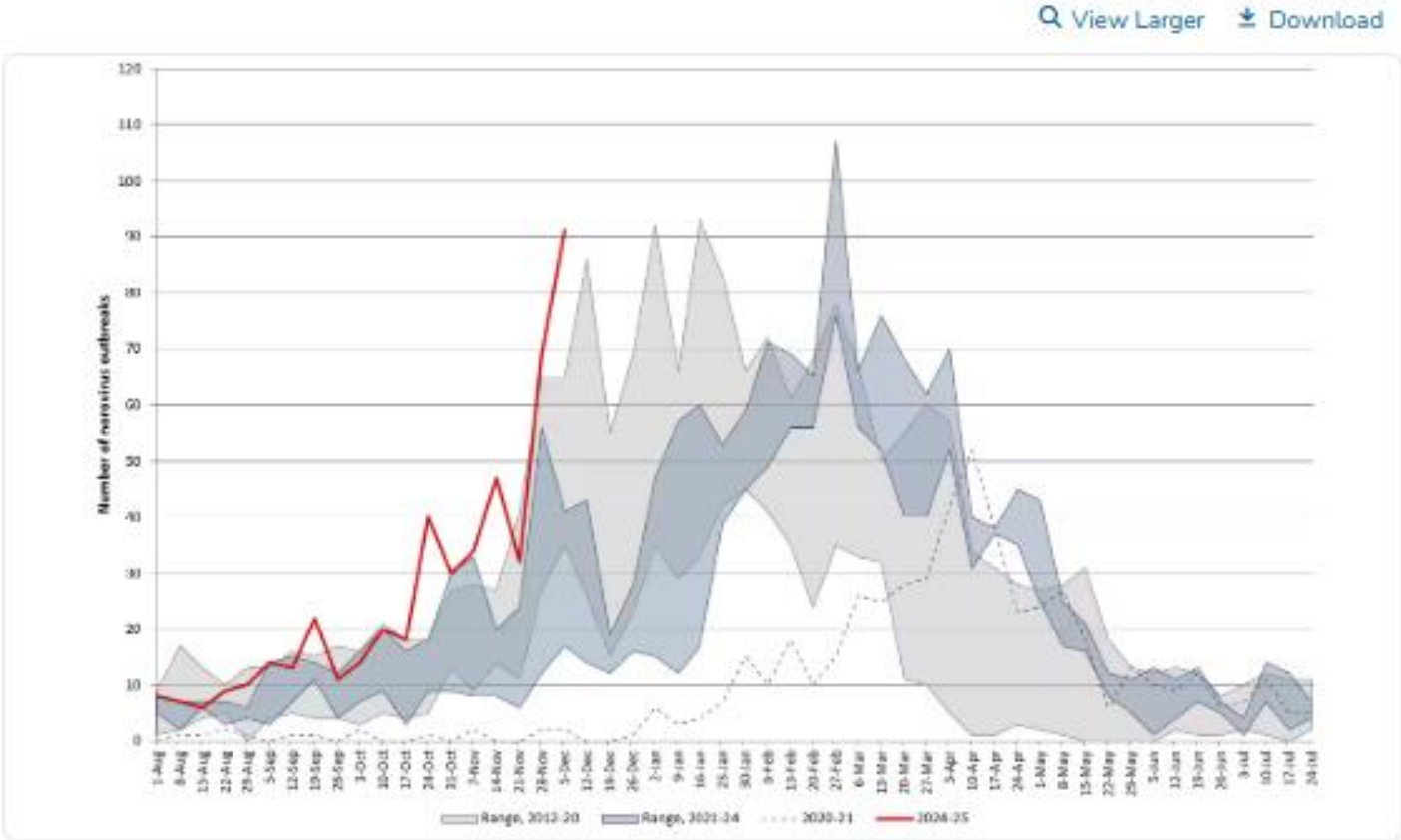
# National Reporting - NoroSTAT

Sentinel states (including MN) report norovirus outbreaks in real-time



<https://www.cdc.gov/norovirus/php/reporting/norostat.html>

Number of Suspected or Confirmed Norovirus Outbreaks Reported by NoroSTAT-Participating States Per Week, 2012–2025



# Norovirus

“stomach flu”

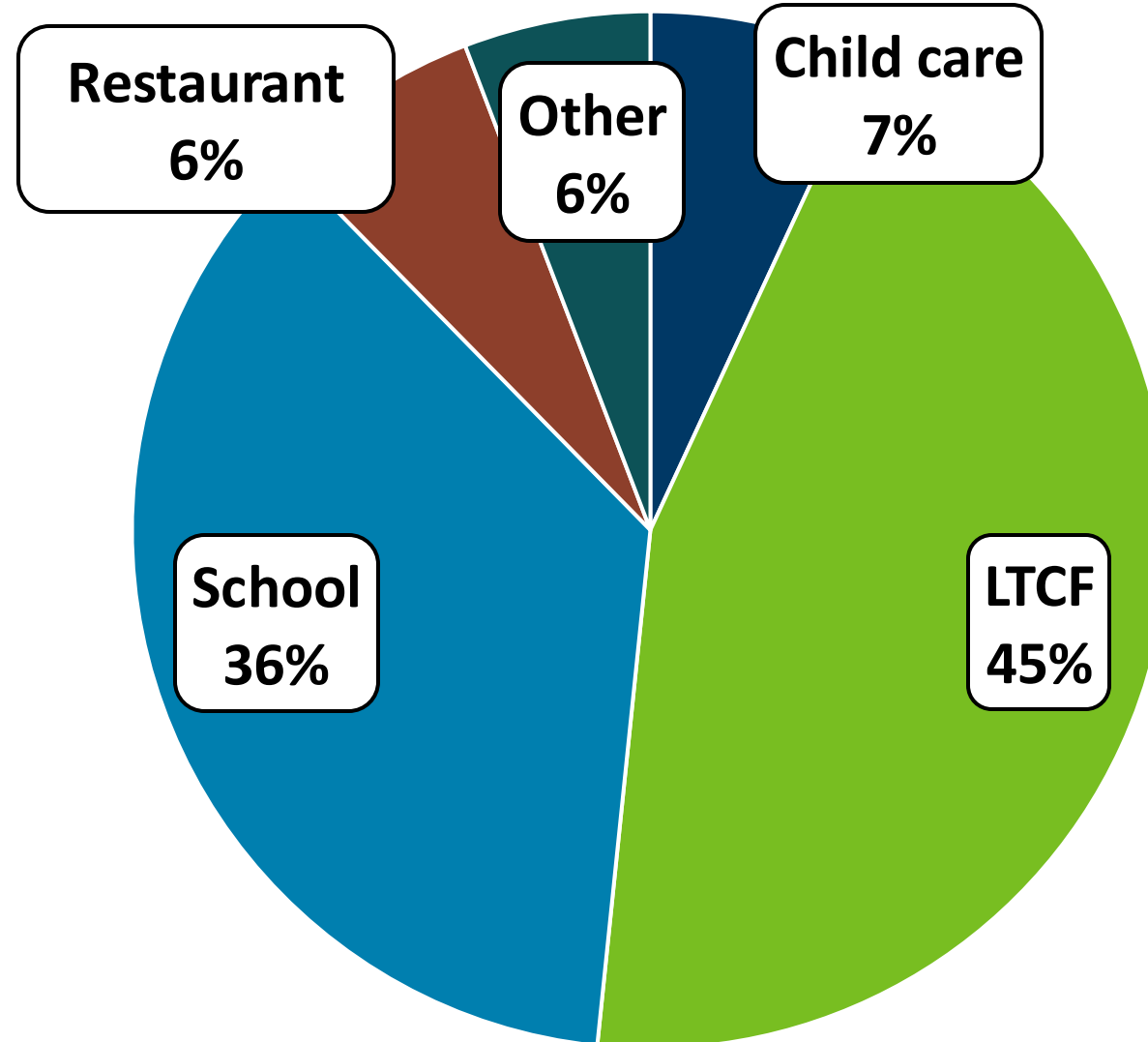
“winter vomiting disease”

“food poisoning”

- **Leading cause of foodborne illness in U.S.**
  - 21 million illnesses/year
  - Lifetime risk: **5 episodes of norovirus gastroenteritis**
- **12 – 48 hour incubation period**
- **Diarrhea, vomiting, nausea, cramps, low-grade or no fever**
- **12 – 72 hour duration**
- **10% seek health care**
- **1% hospitalized (rare in healthy children and adults)**



# Confirmed/Suspected Norovirus Outbreaks in Minnesota, 2024 by Setting (n = 275)



# Outbreak Prevention & Response Toolkit

## 2024-2025 Norovirus Information for long-term care facilities

NOROVIRUS	COVID-19 (SARS-CoV-2)
<b>Transmission:</b> Fecal-oral	<b>Transmission:</b> Respiratory droplets
<b>Common symptoms:</b> <ul style="list-style-type: none"><li>• Diarrhea</li><li>• Vomiting</li><li>• Nausea</li><li>• Abdominal Pain</li><li>• Low-grade fever, headache, body aches</li></ul>	<b>Common symptoms:</b> <ul style="list-style-type: none"><li>• Fever or chills</li><li>• Cough</li><li>• Shortness of breath</li><li>• Body aches</li><li>• Loss of taste or smell</li><li>• Sore throat</li><li>• Congestion/runny nose</li><li>• Nausea or vomiting</li><li>• Diarrhea</li></ul>
<small>Studies show that approximately 33% of COVID-19 cases report gastrointestinal symptoms as part of their illness. It is more rare for COVID-19 cases to report ONLY gastrointestinal symptoms (~15% of cases).</small>	

Norovirus season in Minnesota typically starts in October. Keep an eye out for norovirus this season. Consider testing for norovirus (stool sample) if diarrhea and vomiting are primary symptoms.

Use this toolkit to prevent and respond to an outbreak of norovirus in your facility.

## Norovirus Toolkit • Checklist

Use this checklist for outbreak response

Page 2 of 3



### IMPLEMENT OUTBREAK CONTROL MEASURES

#### RESIDENTS

- Monitor for resident illness (record on RESIDENT ILLNESS LOG) and when possible, isolate residents while they are ill and for 72 hours after symptoms have stopped.
- Consider halting new admissions until the outbreak has ended.
- Exclude actively ill residents from games/activities where touching common items occurs (e.g., checkers, cards).

#### STAFF

- Monitor for staff illness (record on STAFF ILLNESS LOG) and restrict ill staff/volunteers from patient care and food handling duties until 72 hours after their vomiting/diarrhea has ended.
- Redouble efforts to promote glove use and hand hygiene
  - Educate residents, staff, and visitors on proper technique.
  - Promote proper glove use followed by handwashing. Hands should be washed before patient contact, food prep, snacks/meals; and after patient contact, and bathroom visits.
  - Traditional alcohol-based hand sanitizers are not effective against common gastrointestinal pathogens such as norovirus and *C. difficile*. Wash hands with soap and water to remove pathogens.
- Avoid having staff care for patients with active illness before caring for patients who have not been ill.

#### VISITORS

# Report Outbreaks of Gastrointestinal Illness in LTCFs!


## Toolkit: Page 3

- **Phone**

- 651-201-5655 | 1-877-FOOD-ILL (1-877-366-3455)

- **Email**

- [health.foodill@state.mn.us](mailto:health.foodill@state.mn.us)

- 
1. More GI absences than usual
  2. Multiple cases in one wing or unit
  3. More staff with GI than usual

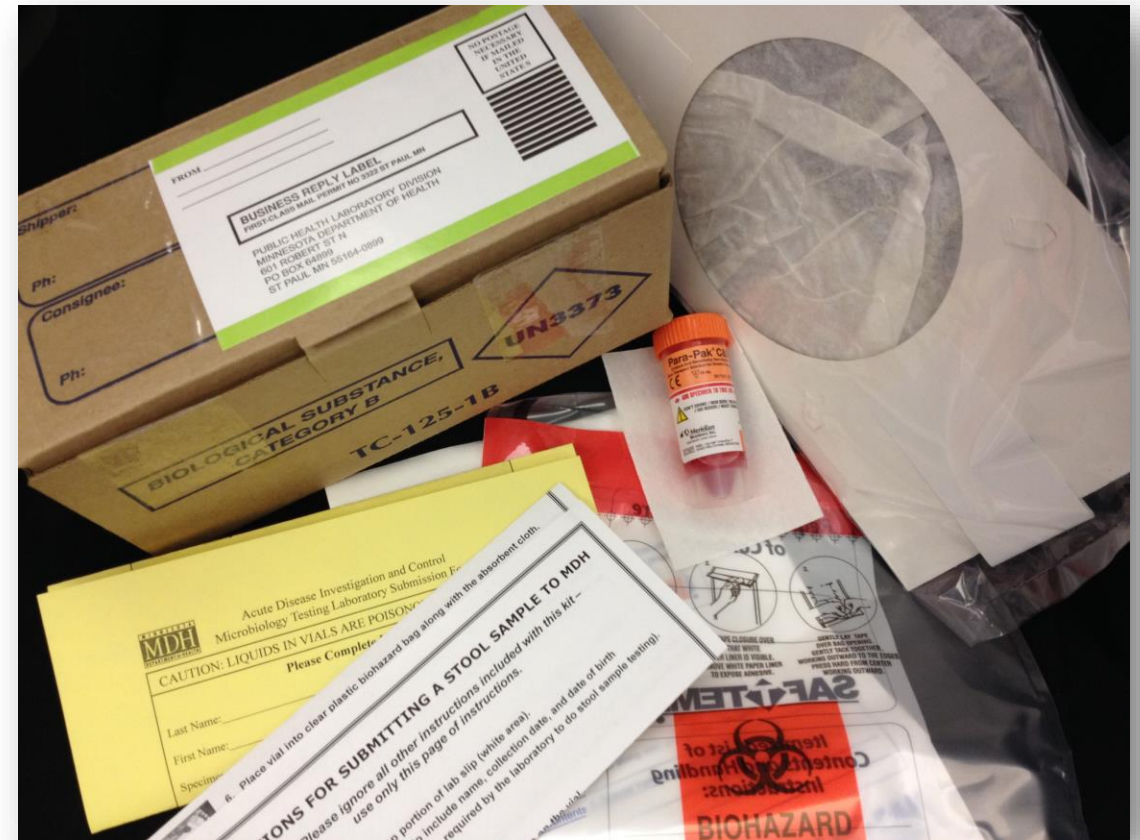


# Stool Samples

- Confirm outbreak etiology
- Determine strain/type
  - E.g., identify cases in national outbreaks
  - Document trends

Testing is free at MDH PHL

Results provided

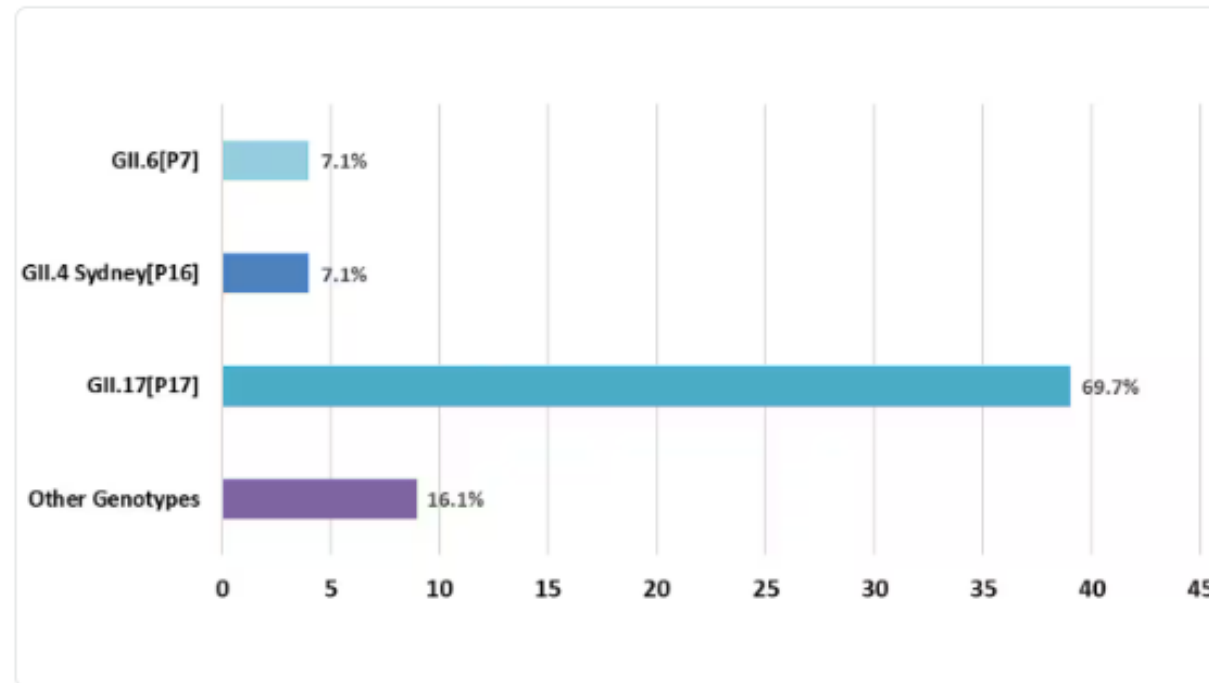


# Norovirus National Genotype Trends - CDC

## Genotype distribution of norovirus outbreaks

September 1, 2024 – December 31, 2024 (n=56)

[View Larger](#)

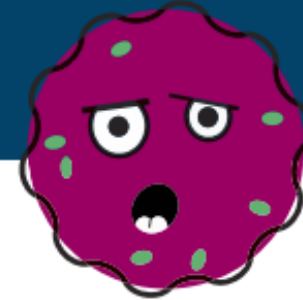


# Norovirus Outbreaks Can be Prevented

## Toolkit: Page 4

### Norovirus Toolkit • Prevention

Help prevent an outbreak at your facility and be prepared to respond if one occurs



#### PREVENTION TOOLS

##### 1. Hand hygiene

- Train staff on proper hand hygiene.
- Make sure staff and resident handwashing facilities are stocked with soap and paper towels.
- Do not use hand sanitizer as an alternative to handwashing.

##### 2. Clean/Sanitize

- Check the labels on your cleaning products to ensure they are effective against norovirus.
  - If not, obtain a sanitizer that is effective against norovirus to have on hand. Consider getting a product that is also effective against *C. difficile*. Check with your chemical supplier, or look at [List G: EPA's Registered Antimicrobial Products Effective Against Norovirus](http://www.epa.gov/sites/production/files/2018-01/documents/2018.05.01.listg_.pdf) ([www.epa.gov/sites/production/files/2018-01/documents/2018.05.01.listg\\_.pdf](http://www.epa.gov/sites/production/files/2018-01/documents/2018.05.01.listg_.pdf)) and [LIST K: EPA's Registered Antimicrobial Products Effective against Clostridium difficile Spores](http://www.epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium) ([www.epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium](http://www.epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium))
- Clean up vomiting or diarrheal incidents immediately, using appropriate PPE. Do not use a vacuum. See RESOURCES for best practices.
- Always use best practices for cleaning/sanitizing, washing linens, etc.

# “Protect Our Residents” Poster Available

 **Toolkit: Page 8**



**STOP**

**Protect  
Our  
Residents!**

*Please do not visit if you have  
diarrhea or vomiting*

**Healthy visitors!**  
Remember to wash your  
hands with soap and  
water...

- when you arrive
- before handling food  
or medicine
- after using the  
bathroom
- before you leave



**mn** DEPARTMENT  
OF HEALTH  
www.health.state.mn.us

8/2019

<https://www.health.state.mn.us/diseases/foodborne/outbreak/facility/>

# Norovirus Prevention

1. Remind visitors and staff to **stay home while ill** with vomiting or diarrhea.
2. Reiterate **proper hand hygiene** procedures with staff. Perform basic norovirus education and remind staff that hand sanitizer is not effective against norovirus.
3. Have staff **monitor residents** for gastrointestinal illness, and place residents on appropriate precautions right away.
4. **Clean up** vomiting or diarrheal accidents immediately, using appropriate procedures and PPE.
5. Consider **postponing the transfer** of ill residents into or out of the facility.
6. Look into having a **sanitizer/disinfectant product** that is effective against norovirus on hand in the facility (for ill residents' rooms, accidents, and potential outbreaks).

# Project Firstline Diarrhea Education Bundle

## Toolkit: Page 8

- Trainings
- Fact sheets
- Etc!

### Minnesota Department of Health Project Firstline Diarrhea Education Bundle

Diarrhea is liquid stool and is full of germs. Diarrhea can be caused by a lot of things, but it is sometimes a sign of a pathogen that can cause illness, even in healthy people. Infections that cause diarrhea spread because germs move easily between hands, equipment, and surfaces in health care. Some of these germs can be difficult to kill. Common examples of infections that cause diarrhea include *C. difficile*, norovirus, and rotavirus (especially in children).

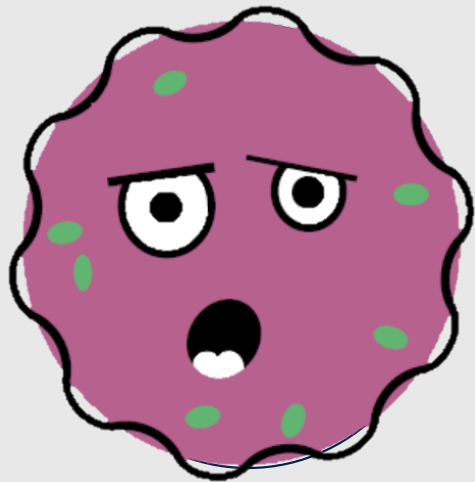


**Resources available:**

Live & recorded trainings

<https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/pfl/training>

**Thank you for reporting your outbreaks,  
and for all your public health efforts!**



[amy.saupe@state.mn.us](mailto:amy.saupe@state.mn.us)

[health.mn.gov/noro](https://health.mn.gov/noro)



# What's Coming in 2025 for MDH Project Firstline



Micro-Learns Topics  
on Infection Control

5



**NEW**

Environmental  
Cleaning and  
Disinfection Training

Infection Prevention  
and Control (IPC)  
Education Bundles

6



Recorded IPC  
Training Topics



Carbapenemase  
-Producing  
Organism  
Printable  
Resource



# QUESTIONS



**LEARN MORE**

**SUBSCRIBE**



**PROJECT  
FIRSTLINE**

CDC's National Training Collaborative  
for Healthcare Infection Control



**DEPARTMENT  
OF HEALTH**



Thank you!