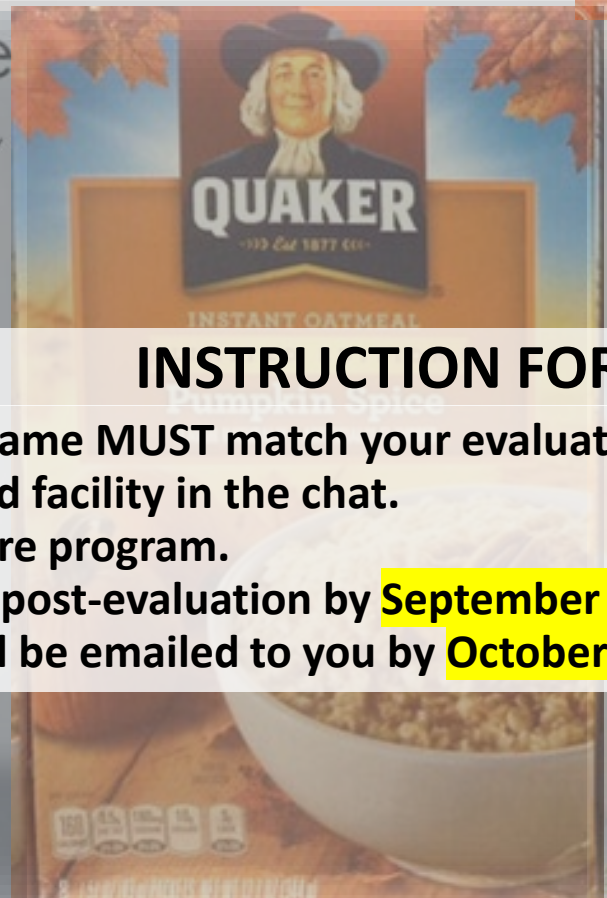
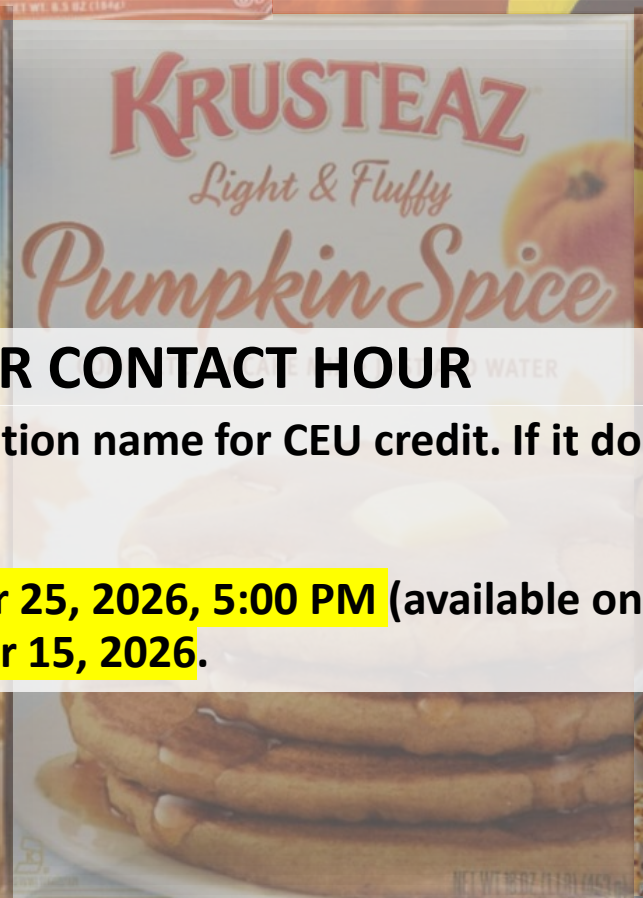
# Welcome

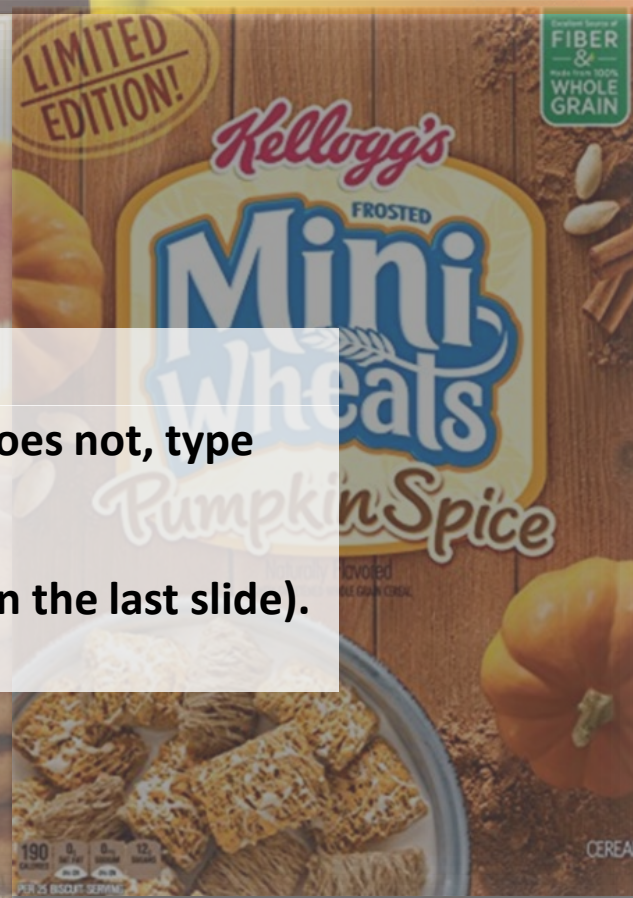
**BEFORE WE BEGIN, ANSWER IN THE CHAT:**

**Do you like Pumpkin Spice?**
**And what do you like it in?**






## INSTRUCTION FOR CONTACT HOUR

- **Your display name MUST match your evaluation name for CEU credit. If it does not, type your name and facility in the chat.**
- **Enjoy the entire program.**
- **Complete the post-evaluation by September 25, 2026, 5:00 PM (available on the last slide).**
- **Certificate will be emailed to you by October 15, 2026.**

# San Diego Skilled Nursing Facility Infection Prevention Collaborative

Grow - Collaborate - Succeed

Coordinated by the County of San Diego
Healthcare-Associated Infections (HAI) Program

# Reminders

Recording is on!

PHS.HAI.HHSA@sdcounty.ca.gov

Keep your lines muted

Participate in the polls and chat

Use the chat box for questions

Slides will be emailed

Type into the chat your:

- Name
- Title
- Facility

Healthcare Associated Infections Program

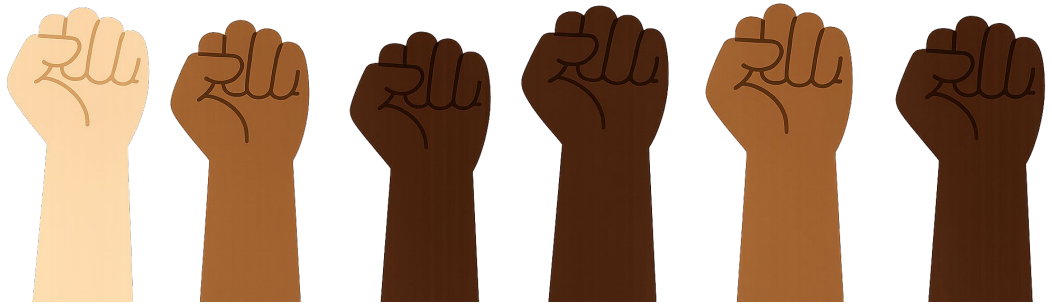
# Land Acknowledgement

**Public Health Services would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today. While we are meeting on a virtual platform, I would like to take a moment to acknowledge the importance of the lands, which we each call home. We respectfully acknowledge that we are on the traditional territory of the Kumeyaay. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honor those teachings.**

Healthcare Associated Infections Program

# Anti-Racism Statement

In 2021, the Board of Supervisors unanimously declared racism a public health crisis, affirming the County's commitment to advancing equity and dismantling structural barriers that harm historically marginalized communities. We affirm this commitment by practicing cultural humility, amplifying diverse voices, addressing structural racism, and ensuring individuals are heard, valued, and respected.



Healthcare Associated Infections Program

# Agenda

- Welcome
- General Updates
- Announcements
- Featured Topic: “Flunovid & RSV Too”
- Next Collaborative

Healthcare Associated Infections Program

# SNF IP
# Email List

# County/CDPH Briefings

- **County LTC Sector Monthly Telebriefing:**
  - Bi-monthly 4th Thursday @ 2PM-3PM
  - Next briefing is 9/24/26

- **CDPH/HSAG SNF IP Quarterly Webinars:**
  - 11AM – 12PM
  - Next webinar is on 11/12/26

Healthcare Associated Infections Program

# Contact Hour Instructions

| | |
|---|---|
| Ensure | • Ensure your full name identifies you on Teams |
| Enjoy | • Enjoy the full presentation |
| Complete | • Complete the post-evaluation |

# Presenters

Jennifer West, BSN, RN, PHN

Public Health Nurse

County of San Diego

Healthcare-Associated Infections Program

Elizar Perez, BSN, RN, PHN

Public Health Nurse

County of San Diego

Healthcare-Associated Infections Program

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

Healthcare Associated Infections Program

PHAB

# *FLUNOVID + RSV*

## Untangling Infection Prevention in SNFs for Influenza, RSV, Norovirus and COVID-19

Elizar Perez, BSN, RN, PHN Public Health Nurse
Jennifer West, BSN, RN, PHN Public Health Nurse

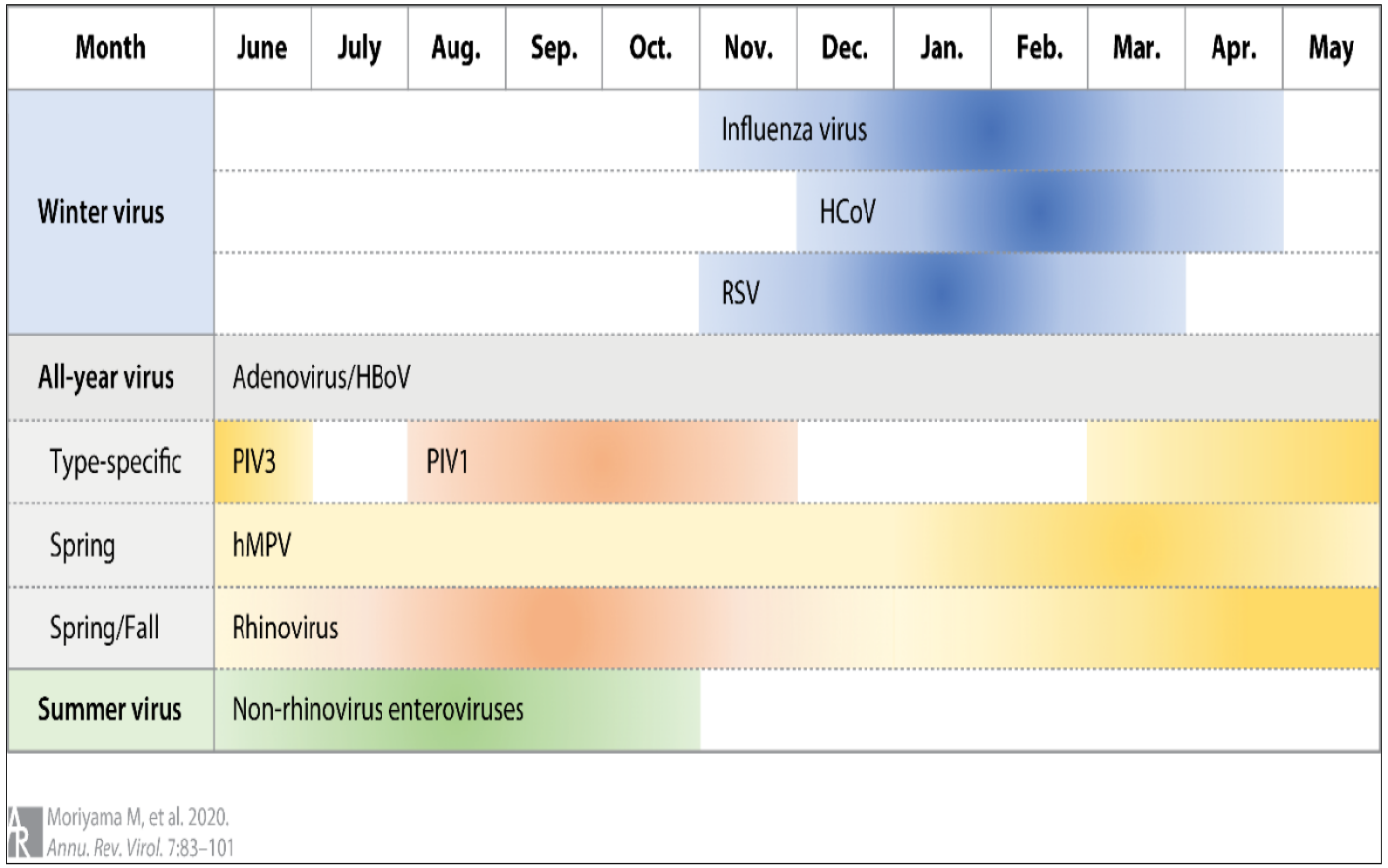
# Objectives

## The Learner will be able to:

- Identify four viral conditions that commonly cause outbreaks in skilled nursing facilities.
- Describe how to report outbreaks to public health.
- Explain the infection control actions to mitigate transmission of these viruses during outbreaks.

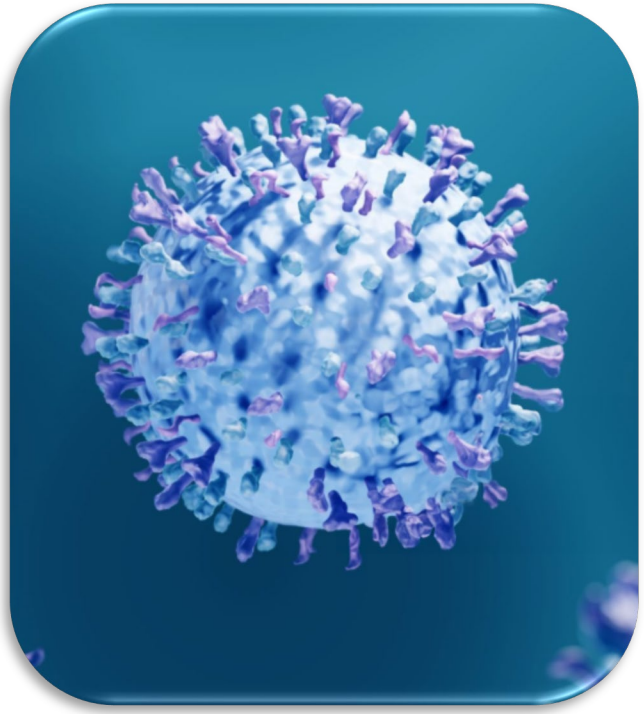
# Seasonality of Viruses

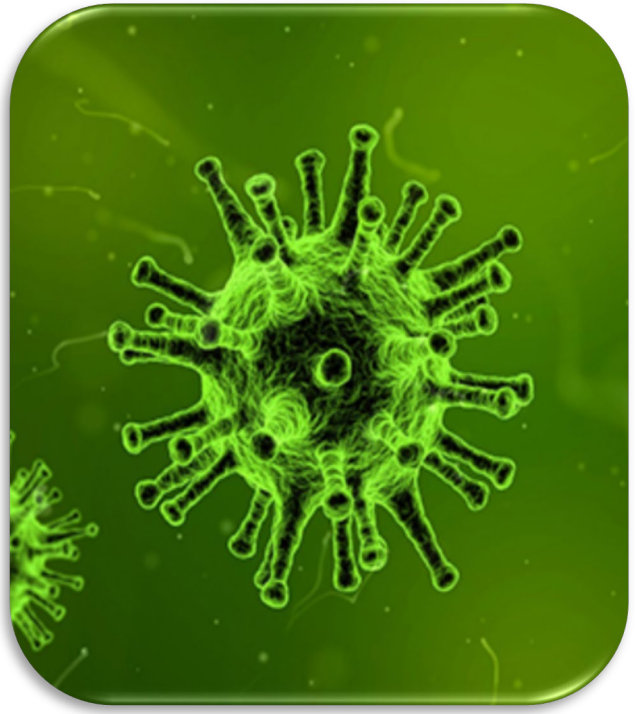
## Many common viral infections that impact skilled nursing facilities are somewhat seasonal:

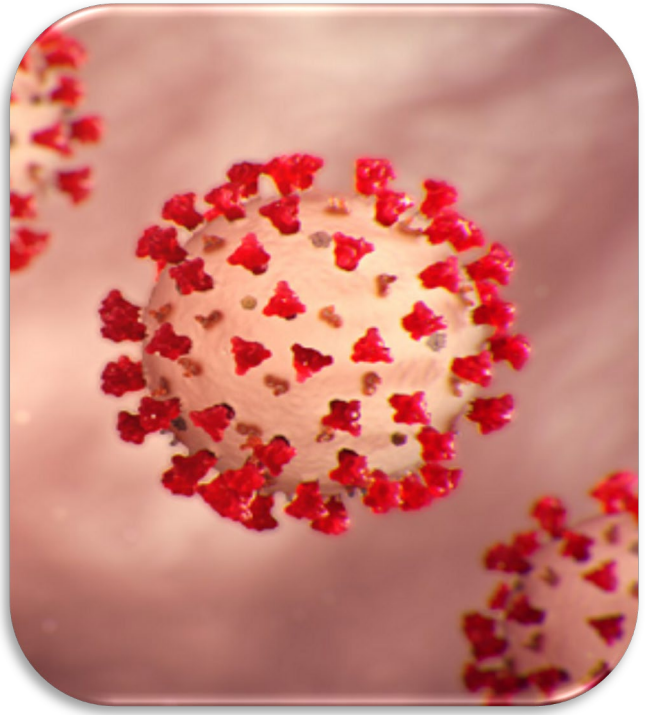



Moriyama M, et al. 2020. *Annu. Rev. Virol.* 7:83–101

- **Influenza virus**
- **SARS-CoV-2**
- **Respiratory Syncytial Virus (RSV)**
- **Norovirus**







# Respiratory Viruses

**Influenza, COVID-19, Respiratory Syncytial Virus (RSV)**

# Respiratory Viruses - Overview

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## INFLUENZA VIRUS – QUICK REFERENCE

### Typical Symptoms

- Fever, Myalgia, headache, malaise, nonproductive cough, sore throat; rhinitis
- Persons aged 60 years and older are less likely to have a fever / may present atypically.

### Incubation

- 1-4 days (average 2 days)

### Infectious Period

- 24 hours prior to symptoms onset to 3-7 days after symptom onset

### Transmission

- Person to person droplet transmission

### Seasonality

- Oct. - Apr./May.

### Types of Tests

- Molecular - PCR
- Antigen

# Respiratory Viruses - Overview

## SARS-CoV2 (COVID-19) VIRUS – QUICK REFERENCE

### Symptoms

- Fever, Chills, Cough, Difficulty Breathing, SOB, Congestion, Runny Nose, Sore Throat, New Loss of Taste or Smell, Fatigue, Muscle/Body Aches, Headache, Nausea/Vomiting, Diarrhea

### Incubation

- 6.5 days

### Infectious Period

- 48 hours prior to symptom onset to 10 days after symptom onset

### Transmission

- Person to Person respiratory droplets
- Possible aerosolization
- Contact with contaminated surfaces

### Seasonality

- Winter and Summer

### Types of Tests

- Molecular – PCR test
- Antigen

# Respiratory Viruses - Overview

Healthcare Associated Infections Program

## RESPIRATORY SYNCYTIAL VIRUS (RSV) – QUICK REFERENCE

### Symptoms

- Runny nose, sore throat, decreased, appetite, coughing, sneezing, fever, wheezing, headache, fatigue, difficulty breathing

### Incubation

- 2-8 days after exposure

### Infectious Period

- Typically, 1-2 days prior to symptom onset, up to 3-8 days after symptom onset;
- Longer for immunocompromised individuals.

### Transmission

- Person to person through respiratory droplet transmission
- Contact with contaminated surfaces

### Seasonality

- Starts in the fall; peaks in the Winter
- Can vary year to year

### Types of Tests

- Molecular - PCR
- Antigen

# Respiratory Virus - High Risk Groups/Settings

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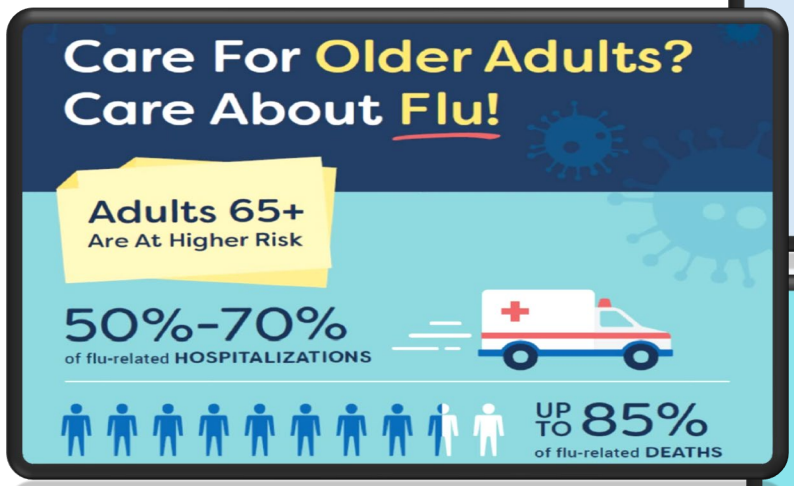
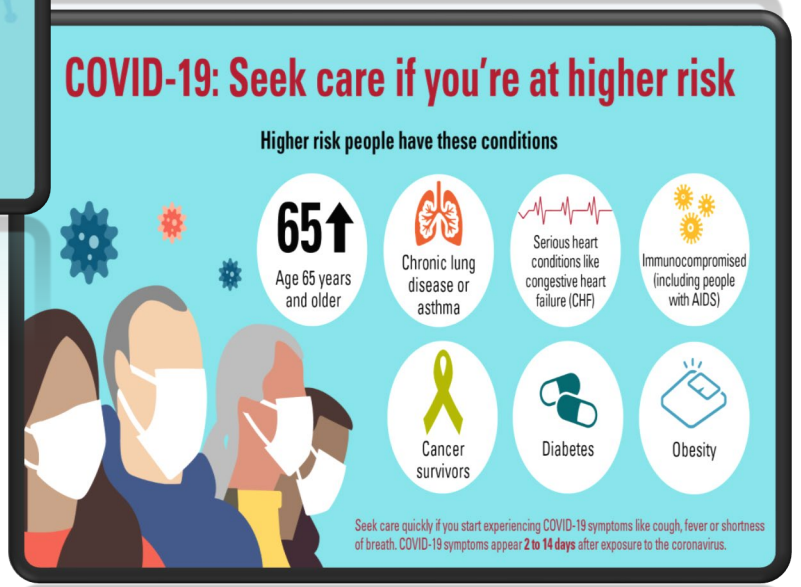
- Underlying Health Conditions
- 65 years and older
- Children 5 years or younger
- Racial/ethnic minorities
- Pregnant people
- HCP, Care givers








https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/Vaccine_Preventable_Diseases/Seasonal_Influenza/Flu_Resources1.html

# Where can you find current Respiratory Virus activity?

September 10, 2026

## San Diego County
## Respiratory Virus Surveillance Report

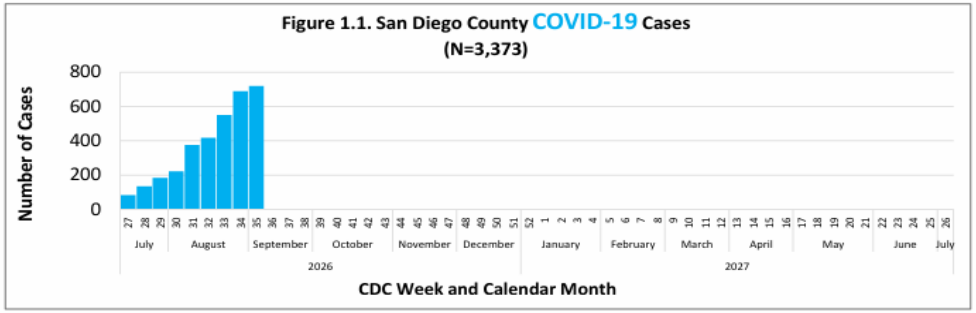
Prepared by Epidemiology and Immunization Services Branch
www.sdepi.org

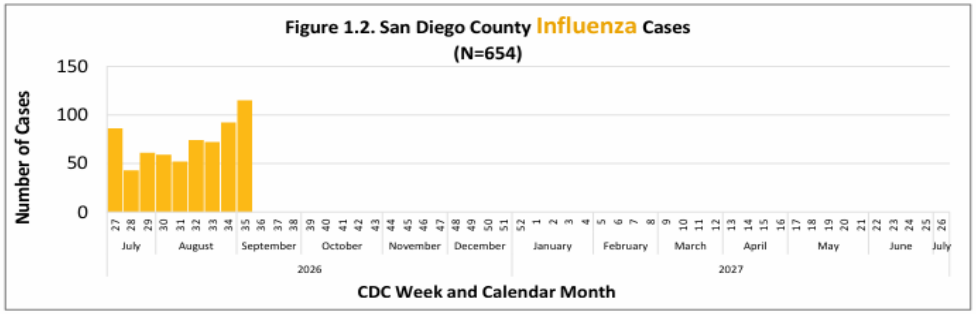
**This report will be issued monthly on the second Thursday of the month.**
**Weekly reporting will resume in October.**

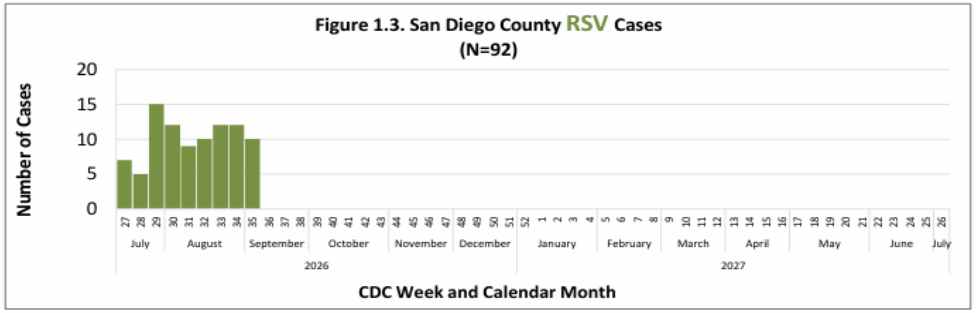
| COVID-19 | Influenza | RSV |
|---|---|---|
| Hospitalizations 506 | Hospitalizations 75 | Hospitalizations 24 |
| Deaths 10 | Deaths 2 | Deaths 1 |
| Outbreaks* 28 | Outbreaks* 0 | Outbreaks* 0 |
| 7/5/2026 – 9/5/2026 | 7/5/2026 – 9/5/2026 | 7/5/2026 – 9/5/2026 |

*occurred in residential congregate setting

**COVID-19, Influenza, and RSV Cases by CDC Episode Week,* 2026-27 Season-to-Date**



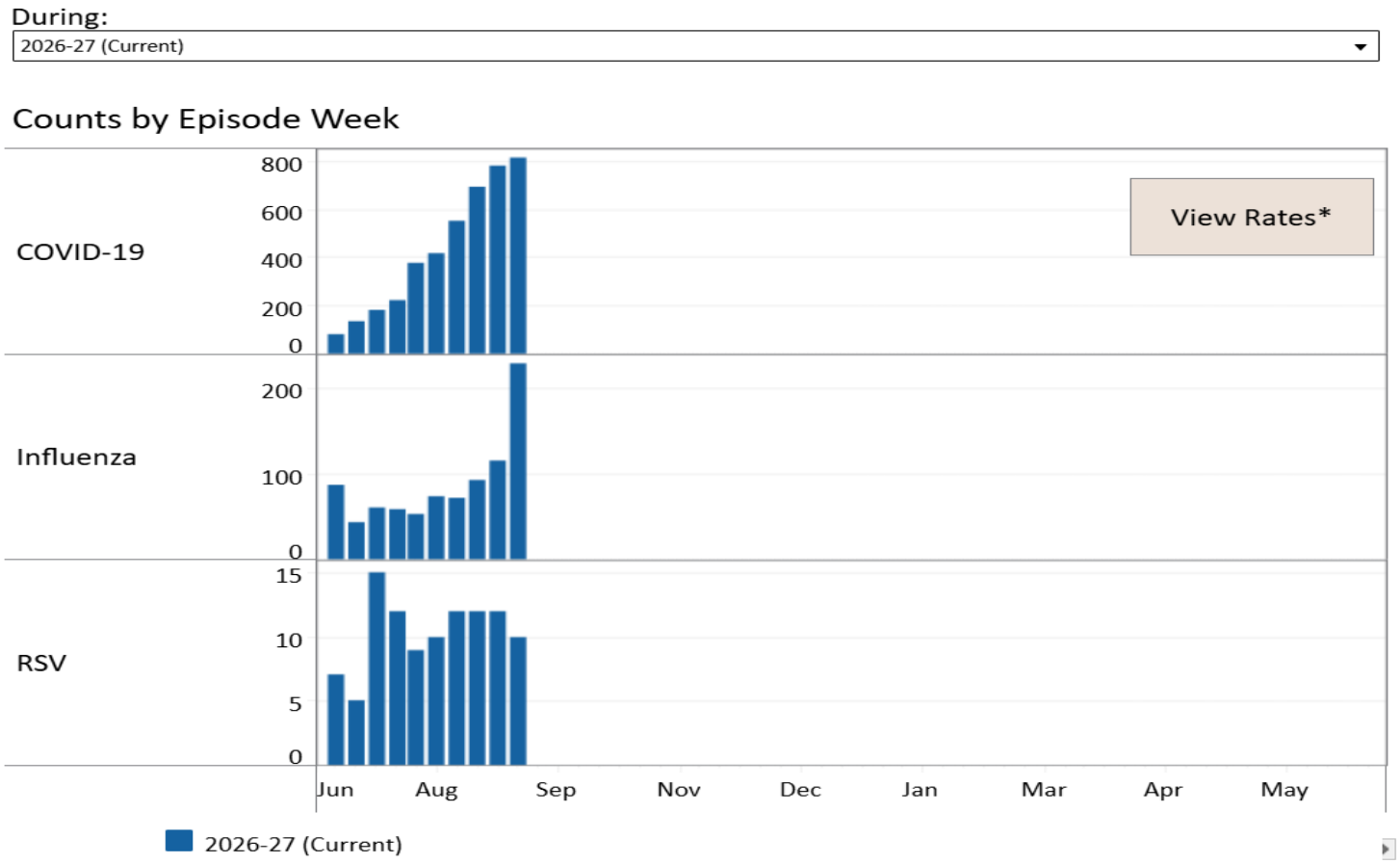




*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported. Data for the most recent week may be incomplete.

https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/Epidemiology/SDC_Respiratory_Virus_Surveillance_Report.pdf

# Current Data in San Diego




**COVID:**

- 07/11/26 – 83 cases
- 09/12/26 – 811 cases

**Influenza:**

- 07/11/26 – 09/05/26 – cases 100 week to week
- 09/12/26 – 228 cases high trajectory
- **RSV:**
- 07/25/26 – 15 cases

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/respiratoryviruses/surveillance.html

# Respiratory Outbreak Guidance

**California Department of Public Health**
**Healthcare-Associated Infections Program**

**Recommendations for Prevention and Control of COVID-19, Influenza, and Other Respiratory Viral Infections in California Skilled Nursing Facilities – 2025-26**

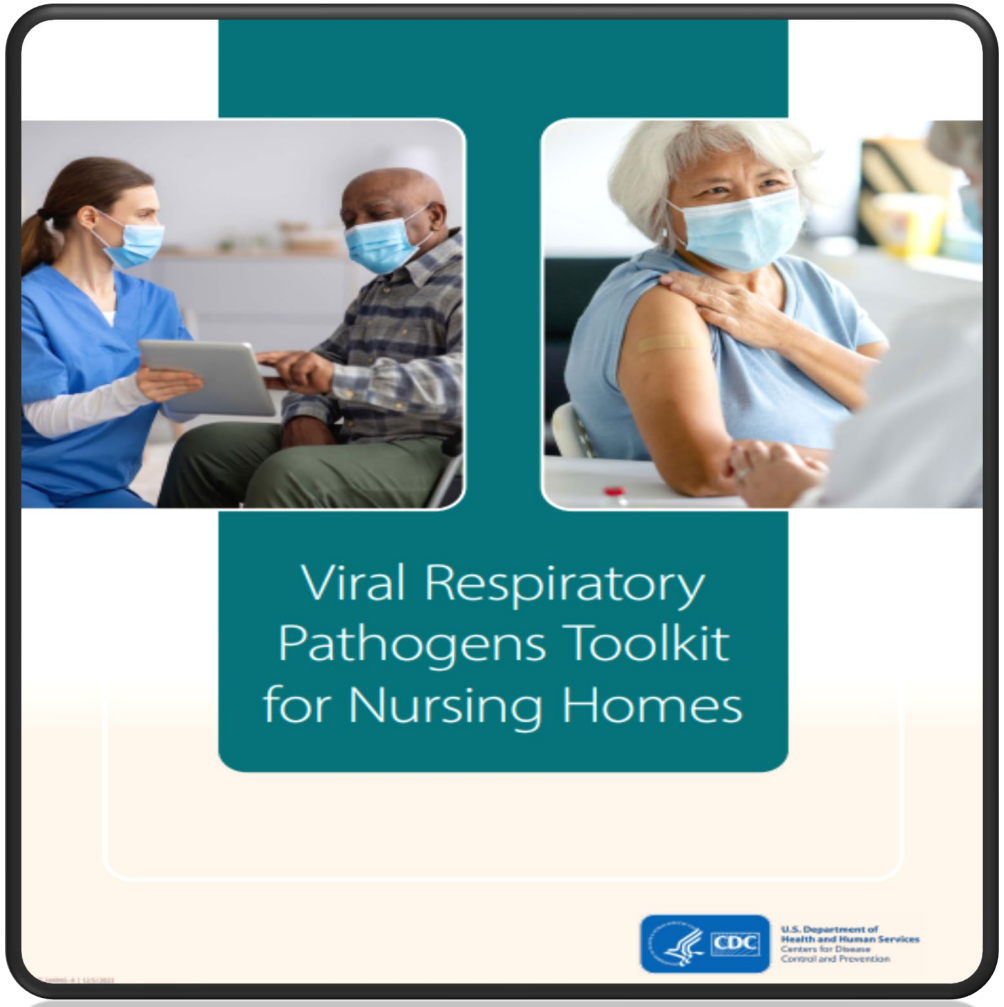
**Introduction**

Skilled nursing facility (SNF) residents are at increased risk for severe disease, hospitalization, death, and outbreaks caused by SARS-CoV-2 (the virus that causes COVID-19), influenza, respiratory syncytial virus (RSV), and other respiratory viruses. This California Department of Public Health (CDPH) guidance document provides streamlined recommendations and strategies that can be broadly applied for the prevention and control of COVID-19, influenza, RSV, and other common respiratory viruses (e.g., adenovirus, parainfluenza virus, etc.) in California SNFs. This guidance aligns with the Centers for Disease Control and Prevention (CDC) Viral Respiratory Pathogens Toolkit for Nursing Homes (www.cdc.gov/long-term-care-facilities/hcp/respiratory-virus-toolkit/).

**Key Messages**

- **Encourage residents and healthcare personnel (HCP) to stay up to date on recommended vaccinations** to prevent morbidity and mortality from respiratory infections in SNFs.
- **Maintain policies for source control masking** with well-fitting facemasks or respirators that cover a person's mouth and nose to reduce respiratory virus transmission in healthcare settings.
- **Initiate prompt testing and treatment** of COVID-19 and influenza to reduce the risk of severe illness, hospitalization, and death.

Recommendations for Prevention and Control of COVID-19, Influenza, and Other Respiratory Viral Infections in CA SNFs 2025-26 - AFL 25-28




https://www.cdc.gov/long-term-care-facilities/media/pdfs/Viral-Respiratory-Pathogens-Toolkit-508.pdf

# Prevention Actions

- Vaccine administration
- Source control
- Ventilation and filtration of indoor air
- Monitoring and surveillance
- Appropriate management of ill HCP
- Adherence to Standard Precautions

https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm

# Prevention: Vaccination

Healthcare Associated Infections Program

Vaccines are one of the very effective tools for preventing serious complications.

**AAFP Recommended Adult Immunization Schedule by Age Group, United States, 2026 - 2027**

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation/ Not applicable

| Vaccine | 19–26 years | 27–49 years | 50–64 years | ≥65 years |
|---|---|---|---|---|
| COVID-19 | 1 or more doses of updated 2025-2026 vaccine See Notes | | | 2 or more doses of 2025-2026 vaccine See Notes |
| Influenza inactivated (IIV3, ccIIV3) Influenza recombinant (RIV3) | 1 dose annually | | | 1 dose annually (HD-IIV3, RIV3 or aIIV3 preferred) |
| Influenza inactivated (aIIV3; HD-IIV3) | Solid organ transplant See Notes | | | |
| Influenza live, attenuated (LAIV3) | | | | |
| Respiratory syncytial virus (RSV) | Seasonal administration during pregnancy See Notes | | 50 through 74 years See Notes | >75 years |

**CMS Requires SNFs to develop policies and procedures to educate and offer certain vaccines to residents and HCP.**
**(Title 42)**

**PENDING ACIP/CDC UPDATE**

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/publichealth4all/vaccines.aspx

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

# Prevention: Source Control

- **Use of masks or respirators for source control reduces transmission of respiratory viral infections.**
- **Every facility should develop policies for source control masking.**
- **Implement source control masking:**
  - During periods of increased community transmission of respiratory viruses
  - If there are elevated resident or HCP respiratory infections or HCP absenteeism
  - In the event of a facility outbreak

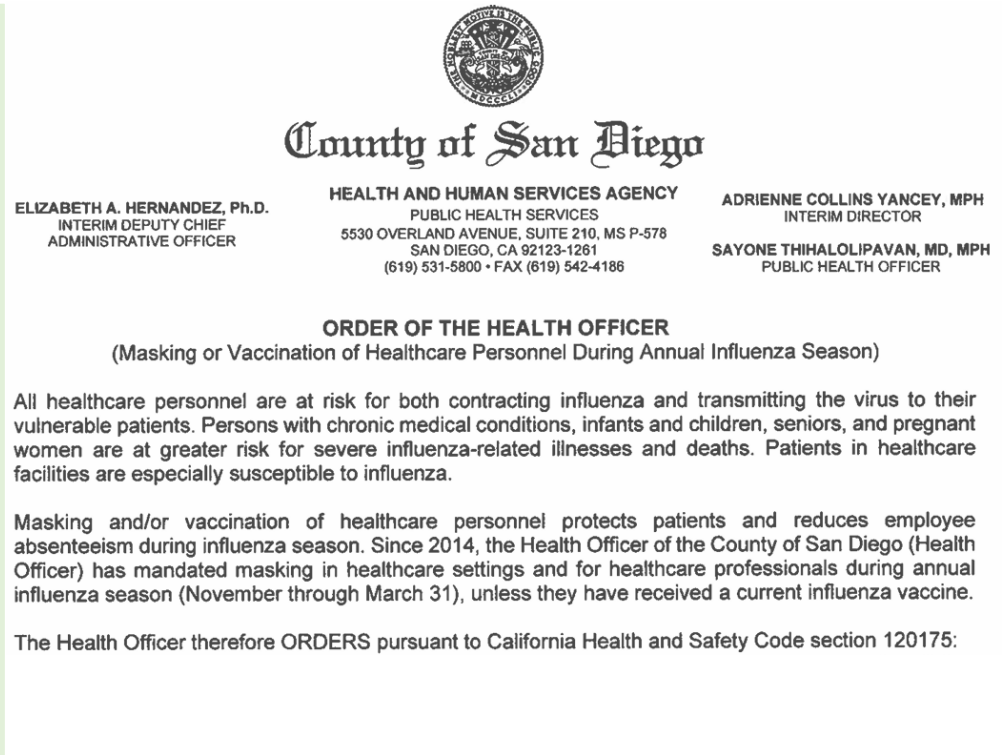
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-for-Face-Coverings-as-Source-Control-in-Healthcare-Settings.aspx

# County of San Diego Health Officer Order

Healthcare Associated Infections Program

## Flu Vaccination or Mask for Healthcare Personnel During Annual Influenza Season

- All licensed acute care hospitals, skilled nursing facilities, long-term care facilities, ambulatory and community clinics, and ambulance providers in San Diego County require their healthcare personnel (HCP) to receive an annual influenza vaccination, or, if they decline, to wear a mask while in contact with patients or working in patient care areas during each annual influenza season.
- **Influenza activity circulates October through May**
- **County of San Diego mask mandate timeframe for unimmunized HCP: Typically, November 1 – March 31**



County of San Diego

ELIZABETH A. HERNANDEZ, Ph.D.
INTERIM DEPUTY CHIEF
ADMINISTRATIVE OFFICER

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
5530 OVERLAND AVENUE, SUITE 210, MS P-578
SAN DIEGO, CA 92123-1261
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ADRIENNE COLLINS YANCEY, MPH
INTERIM DIRECTOR

SAYONE THIHALOLIPAVAN, MD, MPH
PUBLIC HEALTH OFFICER

**ORDER OF THE HEALTH OFFICER**
(Masking or Vaccination of Healthcare Personnel During Annual Influenza Season)

All healthcare personnel are at risk for both contracting influenza and transmitting the virus to their vulnerable patients. Persons with chronic medical conditions, infants and children, seniors, and pregnant women are at greater risk for severe influenza-related illnesses and deaths. Patients in healthcare facilities are especially susceptible to influenza.

Masking and/or vaccination of healthcare personnel protects patients and reduces employee absenteeism during influenza season. Since 2014, the Health Officer of the County of San Diego (Health Officer) has mandated masking in healthcare settings and for healthcare professionals during annual influenza season (November through March 31), unless they have received a current influenza vaccine.

The Health Officer therefore ORDERS pursuant to California Health and Safety Code section 120175:

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/Vaccine_Preventable_Diseases/Seasonal_Influenza/HealthcareFluMandates.html

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

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# Prevention: Indoor Air Quality

**Proper ventilation and filtration of indoor air helps reduce accumulation of infectious virus particles and reduce the risk of transmission of respiratory viruses in SNFs**

- Increase the amount of outdoor air supplied by HVAC system to maximum capacity. May be necessary to reduce outdoor air supply temporarily when local air quality is poor.
- Ensure system filters are rated at MERV-14 or higher filter efficiency. If the system cannot tolerate a MERV-14 filter, use highest rated filter tolerated.
- Run building fans continuously. HVAC fan set to “ON” (vs. “AUTO”); run restroom/kitchen fans continuously.
- Consider using Portable Air Cleaners to support the HVAC system, particularly in smaller spaces or during an outbreak.

**If using fans for cooling, position fans strategically.**

https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/OHB/Pages/ventilationFAQ.aspx

# Prevention: Monitoring and Surveillance

- **Monitor local respiratory virus activity**.
- **Be ready to implement actively daily surveillance** for symptoms in residents and HCP.
  - Keep a line list of ill individuals (residents, HCP, visitors)
- **Educate HCP on routine self-screening** for signs and symptoms of illness before reporting to work.
- **Educate visitors to self-screen prior to visits**. Consider rescheduling visits or offering alternatives if visitors are ill.
- **Post signage at facility entrances/common areas** (e.g., self-screening, hand hygiene, respiratory/cough etiquette)

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/respiratoryviruses/surveillance/

# Prevention: Testing

- **Use testing to identify the diagnosis is necessary for: treatment, chemoprophylaxis, and implementing isolation precautions and cohorting decisions.**
- **Obtain enough testing supplies IN ADVANCE and have a process to obtain confirmatory testing or a multiplex or full respiratory panel, if necessary.**

**Co-infections are possible. Positive for one infection does not rule out other virus infections**

- **Conduct immediate diagnostic testing for any symptomatic residents.**
  - Consider circulating viruses in the facility/community to determine what testing is needed beyond COVID/influenza. Use panel that includes RSV if RSV is circulating.


https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH Document Library/CA_RecsPrevControl_RespVirus_SNFs.pdf

# Prevention: Testing, continued

| | Influenza | RSV | COVID-19 |
|---|---|---|---|
| **Asymptomatic, but exposed individuals** | Testing not recommended; monitor for symptoms | Testing not recommended; monitor for symptoms | Test immediately (not earlier than 24 hours post-exposure), then again day 3 and day 5.<br><br>*If contact tracing is not possible or if contact tracing is not halting transmission, broad-based approach is preferred |
| **Symptomatic individuals** | Test immediately, use rapid testing if available; follow-up w/ confirmatory testing as necessary. | | |

https://www.cdc.gov/long-term-care-facilities/hcp/respiratory-virus-toolkit/ https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH Document Library/CA_RecsPrevControl_RespVirus_SNFs.pdf

# Prevention: Supplies

- **Please order all supplies IN ADVANCE during respiratory season preparations**
- **Unfortunately, <u>supplies are extremely limited through County Public Health</u>**
  - Testing supplies
  - Personal protective equipment (PPE)

https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH Document Library/CA_RecsPrevControl_RespVirus_SNFs.pdf

# Mitigation Actions

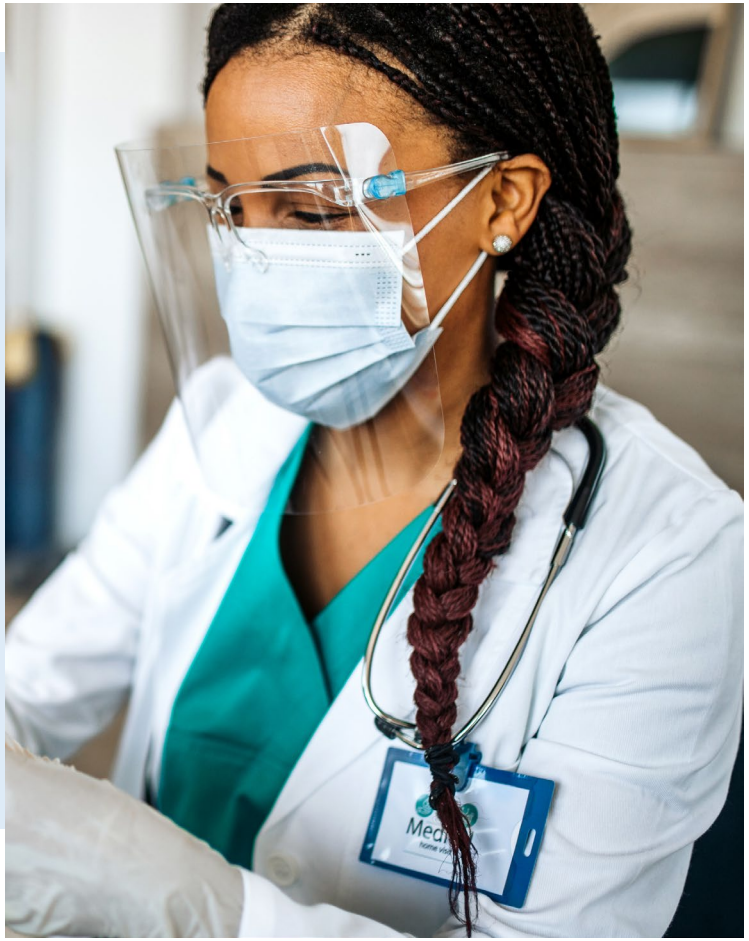
https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm

Continuing Prevention actions AND:

- Infection control precautions
- Isolation & cohorting of residents
- Work exclusions for HCP
- Antiviral treatment
- Communication/Reporting
- Environmental Disinfection

# Mitigation: Isolation Precautions & Cohorting

- **Residents with lab confirmed viral infection should ideally be placed in a single room if available, or cohorted with other residents with the same infection in shared room or designated area.**
- **Avoid resident movement, placements, or transfers that could result in additional exposures.**
- **While awaiting test results on symptomatic residents, implement empiric Transmission-Based Precautions for COVID-19.**



https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CA_RecsPrevControl_RespVirus_SNFs.pdf
https://www.cdc.gov/long-term-care-facilities/hcp/respiratory-virus-toolkit/index.html#cdc_generic_section_2-prepare-for-respiratory-viruses

# Mitigation: Isolation Precautions, Cohorting for Residents

Healthcare Associated Infections Program

| | Influenza | RSV | COVID-19 |
|---|---|---|---|
| **Quarantine (Asymptomatic Exposed)** | Generally not necessary | Generally not necessary | Generally not necessary, however residents/HCP should wear a mask for 10 days following exposure. |
| **Isolation (Symptomatic, pending test result)** | Remain in current room under Transmission-based precautions (N95, eye protection, gown, gloves); Restrict from communal dining/group activities<br><br>If COVID-19 test is negative, but pending influenza/other respiratory virus test results, may downgrade N95 to surgical mask (use surgical mask, eye protection, gown, gloves) | | |
| **Isolation (Confirmed positive test result)** | Droplet + Standard<br>≥7* Days from symptom onset | Contact + Standard<br>≥7 Days* from symptom onset<br>(mask per Standard Precautions) | Transmission-Based Precautions<br>≥10 Days* from symptom onset |

*may require longer isolation period for severe illness or immunocompromise status

https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CA_RecsPrevControl_RespVirus_SNFs.pdf

# Mitigation: Work Restrictions for HCP

- Restrict from work until:
  - At least 3 days have passed from symptom onset (or from their first positive respiratory virus test if asymptomatic throughout their infection), AND
  - Fever free for at least 24 hours without the use of antipyretics, AND
  - Symptoms are improving, AND
  - They feel well enough to return to work.

*Wear a facemask for source control in all patient care and common areas of the facility (e.g., HCP breakrooms) for at least 10 days after symptom onset or positive test (if asymptomatic), if not already wearing a facemask as part of universal source control masking.

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-25-01.aspx
https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/viral-respiratory-infections.html

# Mitigation: Work Restrictions for HCP

- If HCP develop respiratory infection symptoms while at work, they should wear a mask, notify supervisor, leave promptly, and obtain testing if possible.
- Ensure facility has transparent, non-punitive sick leave policy to allow ill HCP to stay home when sick.

https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CA_RecsPrevControl_RespVirus_SNFs.pdf

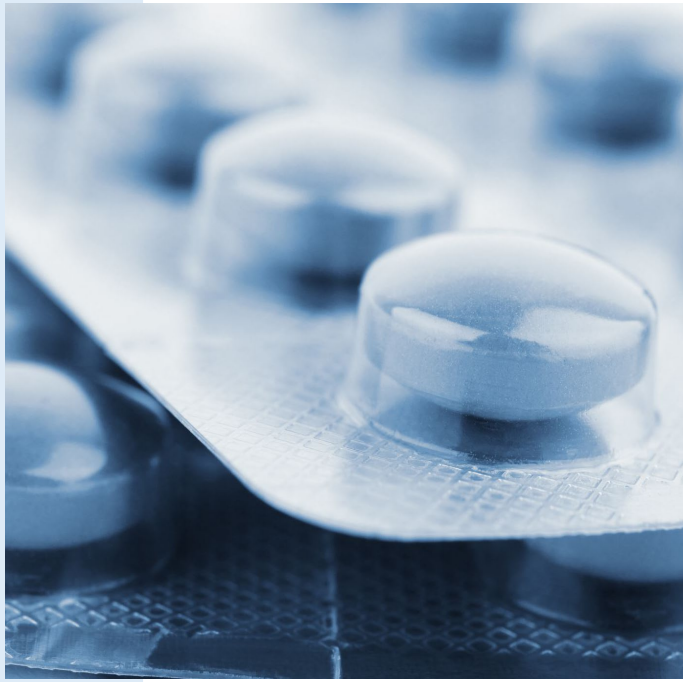
# Mitigation: Antiviral Treatment

- Prompt administration of antiviral medications with newly diagnosed influenza and mild-moderate COVID-19 can reduce serious illness, hospitalizations, and death.
- All facilities should develop processes for ensuring rapid treatment per clinical guidelines.
- Antivirals for COVID-19 and Influenza may be prescribed concurrently, if indicated.
- **COVID-19 Treatment**
  - Antivirals should be started within 5-7 days after symptom onset.
  - All SNF residents should be considered eligible to receive treatment for mild-to-moderate COVID-19 and should be evaluated for therapeutics (CDPH AFL 23-29)
  - Non-ill roommates, and residents on same floor/unit of residents with influenza should be given top priority if there is a limited supply of antivirals.

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-23-29.aspx

# Mitigation: Antiviral Treatment, Continued

- **Influenza Treatment and Chemoprophylaxis**
  - Residents with suspected or confirmed influenza should be treated with antivirals as soon as possible, ideally within 48 hours of onset.
  - Promptly initiate prophylactic antivirals for all exposed individuals (e.g., roommates) of residents with confirmed influenza.
  - As soon as an outbreak is determined, all non-ill residents in the unit/facility are recommended prophylactic antivirals, regardless of vaccination status.
    - If there is a limited supply, prioritize highest risk contacts.



https://www.cdc.gov/flu/hcp/antivirals/summary-clinicians.html

# Mitigation: Communication/Reporting

- **Prompt outbreak reporting** to County Public Health and CDPH Licensing & Certification
- Communicate with facility leadership, staff, residents, visitors:
  - In-services and reminders to HCP of the outbreak mitigation plan and progress
  - Post reminder signage at facility entrances/common areas (e.g., hand hygiene, respiratory/cough etiquette)
  - Provide reminders and education to patients/visitors

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/respiratoryviruses/ARI_Outbreak_Reporting.html

# Additional IPC Measures

- Increase frequency of environmental cleaning include high-touch surfaces, common areas, shared equipment.
- Limit or hold new admissions in affected units until no new cases for at least 48 hours.
- Consider temporarily pausing communal dining/group activities until control measures instituted.
- Consult with County of San Diego to determine if facility should limit new admissions. Facility-wide and prolonged closures are not necessary if transmission is controlled and there is an unaffected location available for new admissions.

# Respiratory Outbreak Definitions

Healthcare Associated Infections Program

| | Influenza | COVID-19 | RSV |
|---|---|---|---|
| Outbreak Definition | ≥1 case of lab-confirmed influenza, in a setting of ≥2 influenza cases* within a 72-hour period<br><br>*Influenza cases = confirmed by lab test OR acute onset of at least 2 symptoms of influenza (fever ≥100F, cough, sore throat, runny nose/congestion, muscle/body aches, HA, fatigue) in the absence of a known cause AND not tested for influenza or tested negative for other respiratory illness | ≥2 cases of probable or confirmed COVID-19 among residents identified within 7 days<br><br>OR<br><br>≥2 cases of suspect, probable or confirmed COVID-19 among HCP AND ≥1 case of probable or confirmed COVID-19 among residents, with epi-linkage | ≥1 case of lab-confirmed RSV, in a setting of ≥2 cases of "acute respiratory illness (ARI**) within a 72-hour period<br><br>**ARI = two or more of the following: fever, cough, rhinorrhea, nasal congestion, sore throat, muscle ache |

**To report a suspected outbreak to County of San Diego**

Call: 619-692-8499

Email: PHS.OutbreakReporting.HHSA@sdcounty.ca.gov

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
LIVE WELL SAN DIEGO

# Quick Reference Table for Respiratory Viruses

Healthcare Associated Infections Program

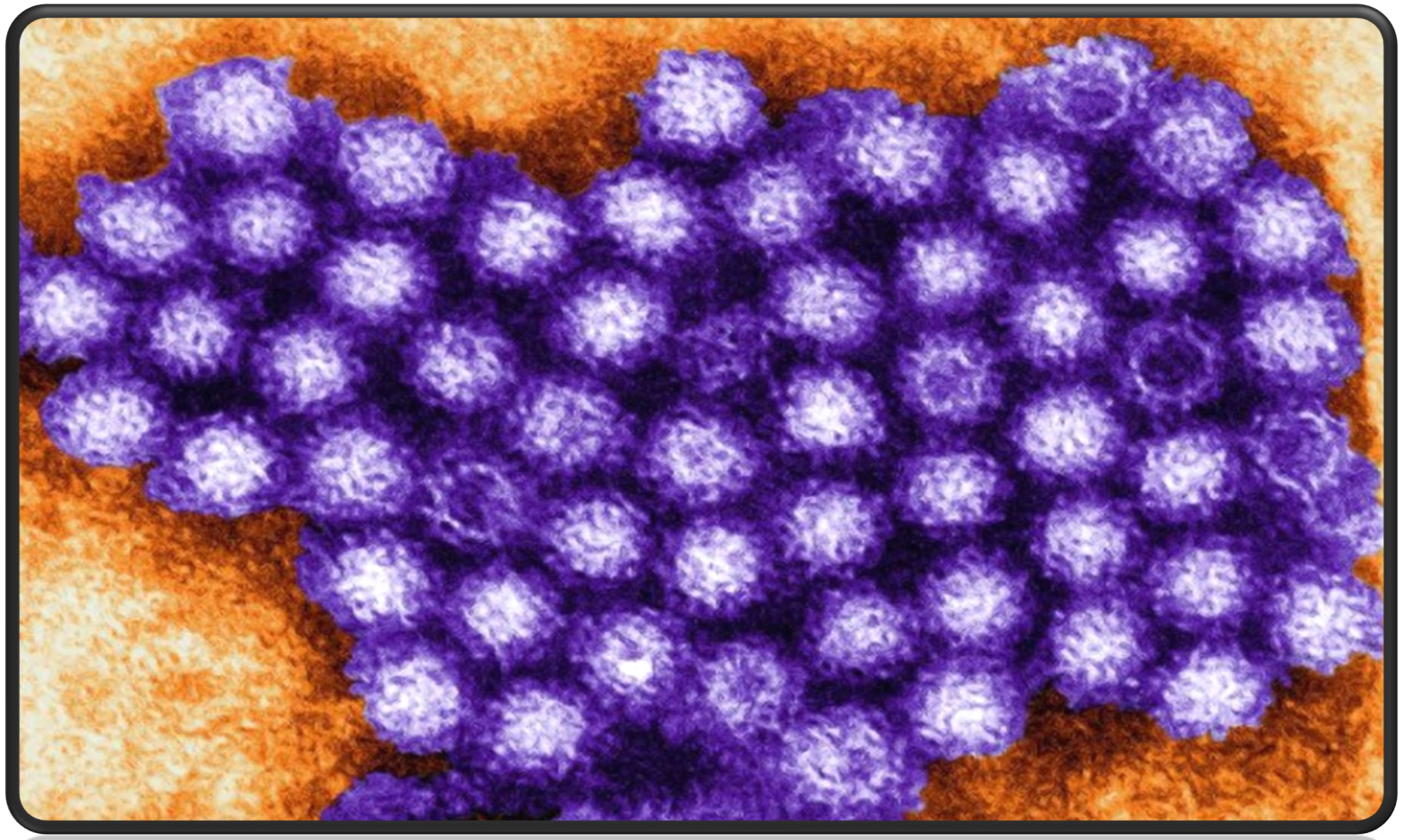
| | Influenza | COVID-19 | RSV |
|---|---|---|---|
| **Mask or Respirator** | Surgical Mask | N95 or higher-level respirator | Surgical Mask |
| **Eye Protection** | Per Standard Precautions | Yes | Per Standard Precautions |
| **Gown** | Per Standard Precautions | Yes | Yes |
| **Gloves** | Per Standard Precautions | Yes | Yes |
| **Duration of Isolation for Residents** | ≥ 7 Days with fever resolution and symptom improvement | ≥ 10 Days with fever resolution and symptom improvement | ≥ 7 Days with fever resolution and symptom improvement |
| **Duration of Isolation for HCP** | **Per CDPH AFL 25-01 (Interim Work Exclusion Guidance):**<br>- Do not return to work for AT LEAST 3 days since symptom onset **AND** Afebrile >24 hours w/o antipyretics and symptom improvement<br>Masking upon return x 10 days after symptom onset in all patient care/common areas<br>Perform frequent hand hygiene | | |
| **Vaccination Available** | Yes | Yes | Yes |
| **Post-Exposure Prophylaxis Available** | Yes | No | No |
| **Antiviral Available** | Yes | Yes | No |

https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CA_RecsPrevControl_RespVirus_SNFs.pdf

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

# Norovirus/Gastroenteritis



Healthcare Associated Infections Program

PHAB Accredited Health Department · Public Health Accreditation Board · Advancing public health performance

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

# Norovirus

**A very contagious virus causing gastrointestinal illness; "stomach flu"**

**Incubation period: 12-48 hours**

**Duration of symptoms: 1-3 days**

**Infectious period: from symptom onset to 48-72 hours after symptom resolution**

**Common signs/symptoms**

- Diarrhea, vomiting, nausea, abdominal cramping, low grade fever, chills, aches, and fatigue
  - Dehydration d/t diarrhea and vomiting

Diarrhea | Nausea , Vomiting, and Stomach Cramping | Low Grade Fever and Chills

# Norovirus

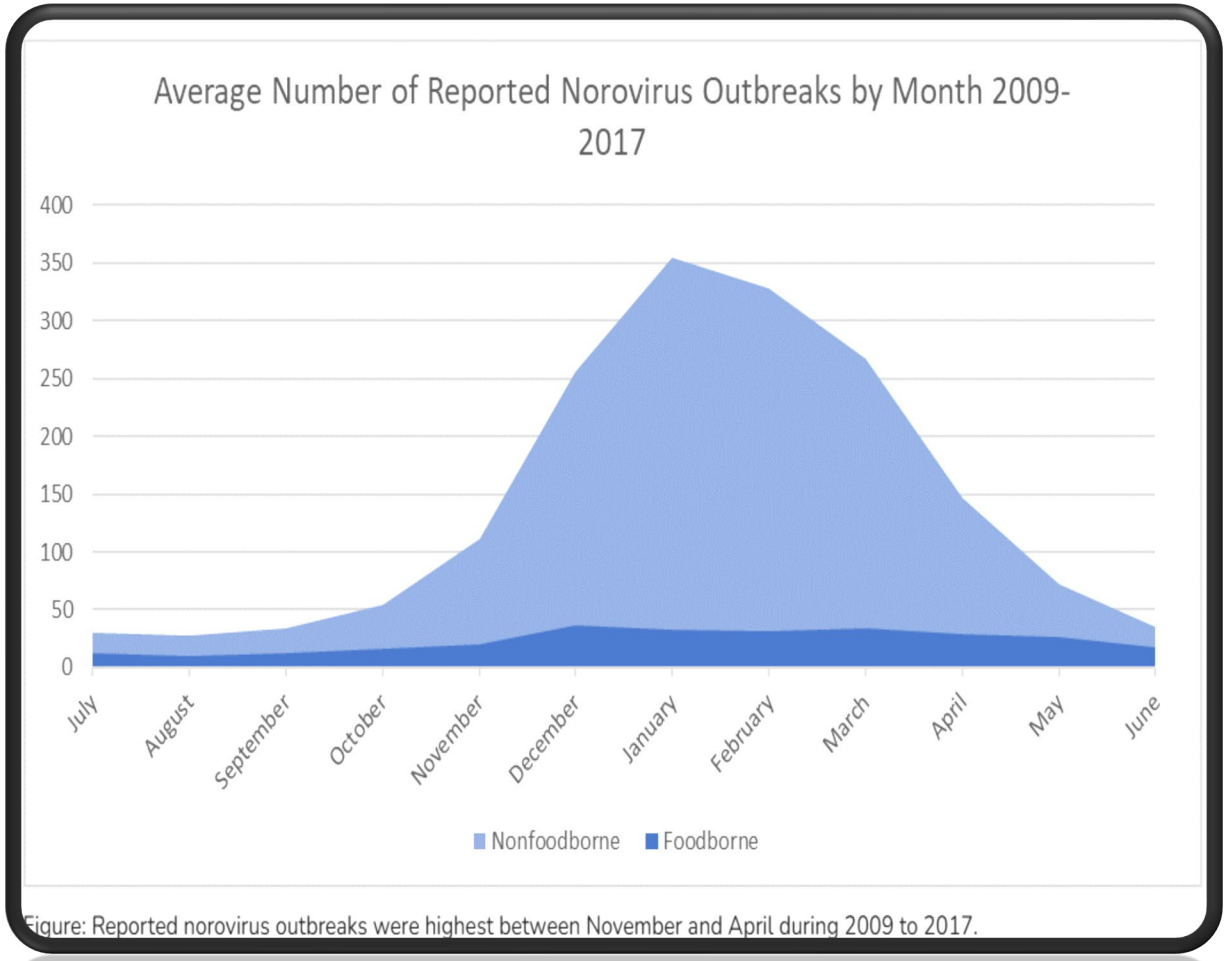
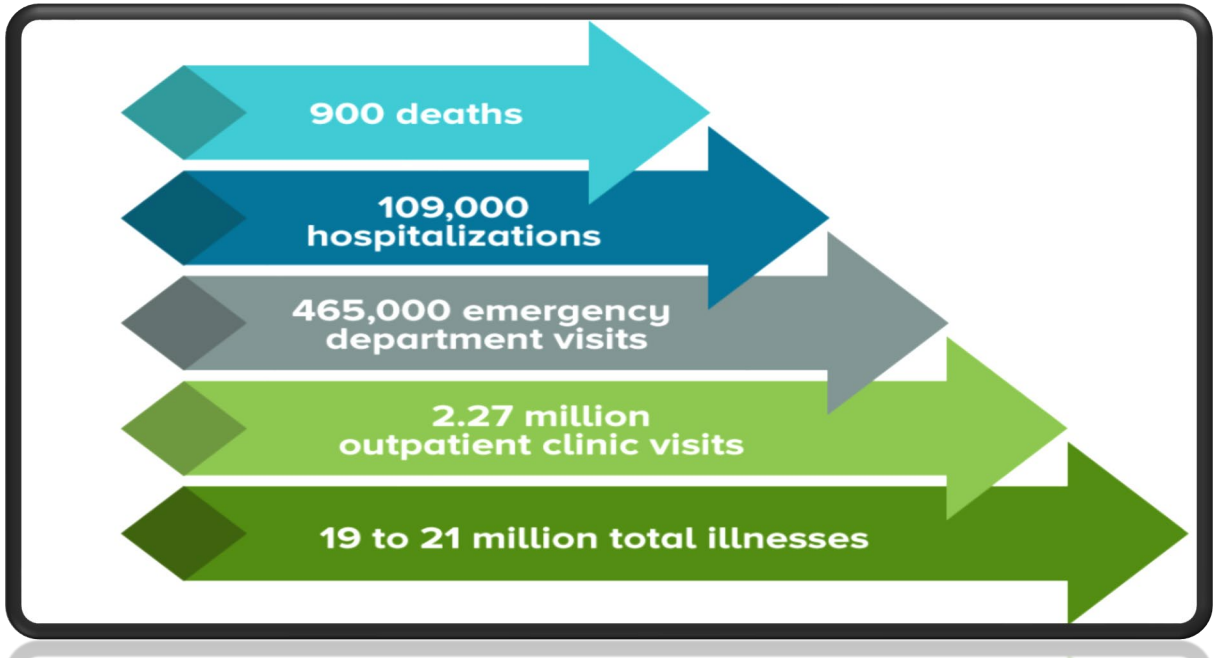



Figure: Reported norovirus outbreaks were highest between November and April during 2009 to 2017.

https://www.cdc.gov/norovirus/burden.html

**Seasonality: Infections can happen all year round, however, norovirus outbreaks often peak in the winter months (Nov-April)**

## U.S. Norovirus Data



# Noro: Who is at Risk?

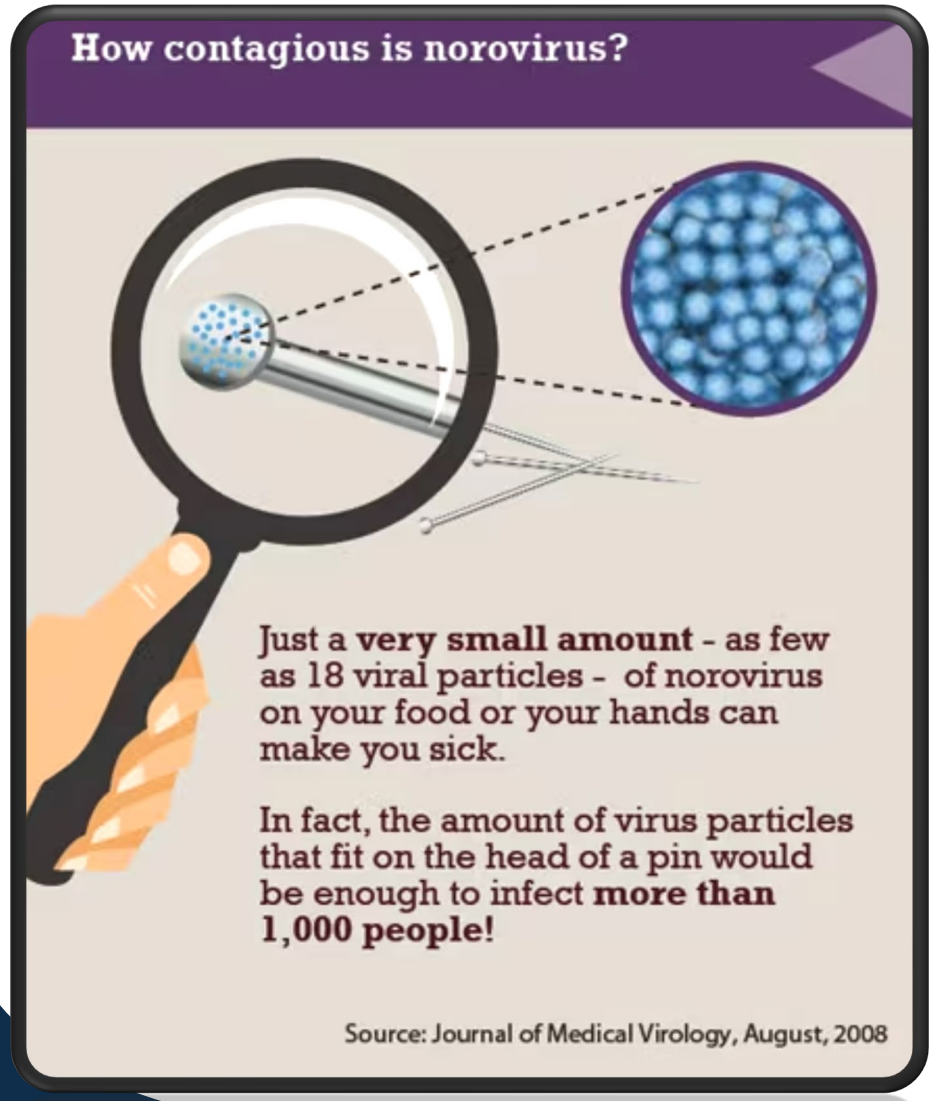
**Vulnerable Population**

- Young children
- Elderly
- People with medical conditions

**At Risk Settings**

- Healthcare facilities
- Daycare centers and schools
- Restaurants
- Cruise ships

# Noro: Transmission




PLoS One. 2015; 10(8): e0134277. PMCID: PMC4545942
Published online 2015 Aug 19. doi: 10.1371/journal.pone.0134277 PMID: 26287612

Aerosolization of a Human Norovirus Surrogate, Bacteriophage MS2, during Simulated Vomiting

Grace Tung-Thompson, [1,¶] Dominic A. Libera, [2,¶] Kenneth L. Koch, [3] Francis L. de los Reyes, III, [2,‡,*] and Lee-Ann Jaykus [1,‡]

**Transmission Routes:**

- Eating contaminated food/drinks
- Touching contaminated objects/surfaces then placing hand to mouth
- Sharing toilet facilities with ill person
- Cleaning up vomit/diarrhea from infected person w/o proper PPE
- Direct contact with infected/symptomatic person

**Noroviruses can survive for long periods on surfaces**

# NORO: Lab Testing/Diagnosis

**Norovirus is diagnosed through PCR or rapid EIA**

- PCR is preferred due to poor sensitivity of EIA methods
- Vomitus can be tested, but fresh (unfrozen) stool preferred
- Antibody testing – possible but not ideal


**Facility <u>should not wait for test results</u> before implementing control measures**

# Norovirus

**Treatment: Symptoms typically resolve without treatment; symptoms are managed and supported.**

# Noro: Outbreak definitions

**Viral gastroenteritis Outbreak Definition:**

2 or more epidemiologically-linked cases of new onset vomiting and/or diarrhea within a 1-2 day period

**To report your suspected outbreak to County and CDPH:**

- Call: 619-692-8499
- County Email: PHS.OutbreakReporting.HHSA@sdcounty.ca.gov
- CDPH Email: CDPH-LNC-SANDIEGO@cdph.ca.gov

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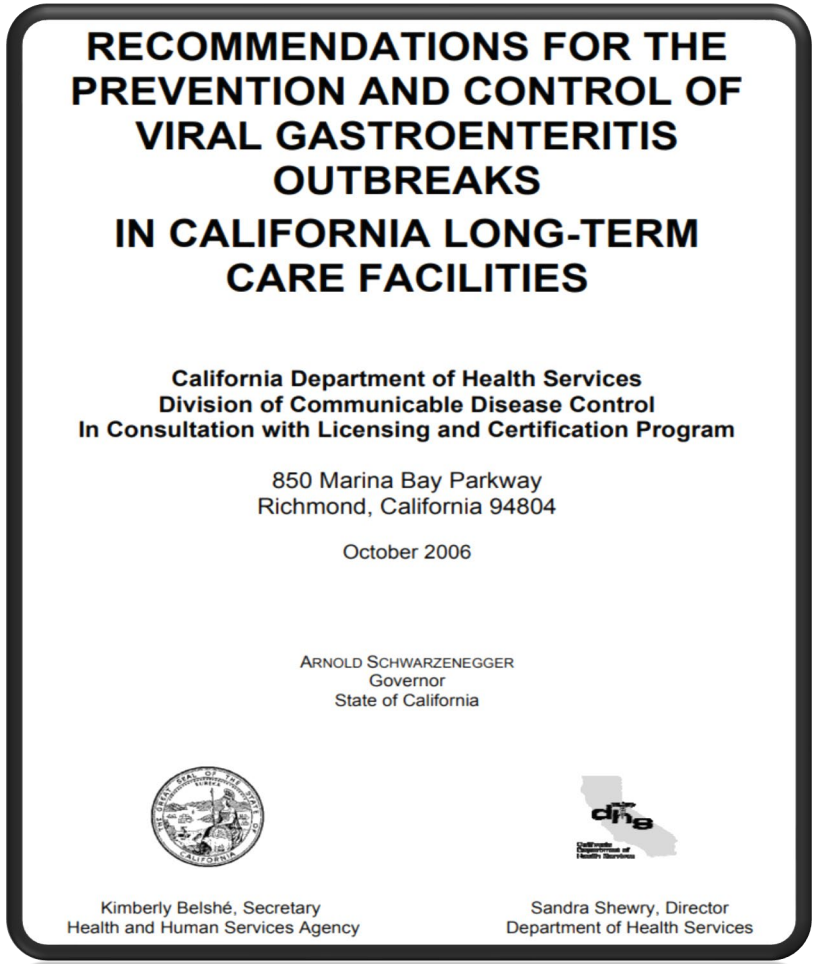
# Noro: Available Guidance



**RECOMMENDATIONS FOR THE PREVENTION AND CONTROL OF VIRAL GASTROENTERITIS OUTBREAKS IN CALIFORNIA LONG-TERM CARE FACILITIES**

**California Department of Health Services**
**Division of Communicable Disease Control**
**In Consultation with Licensing and Certification Program**

850 Marina Bay Parkway
Richmond, California 94804

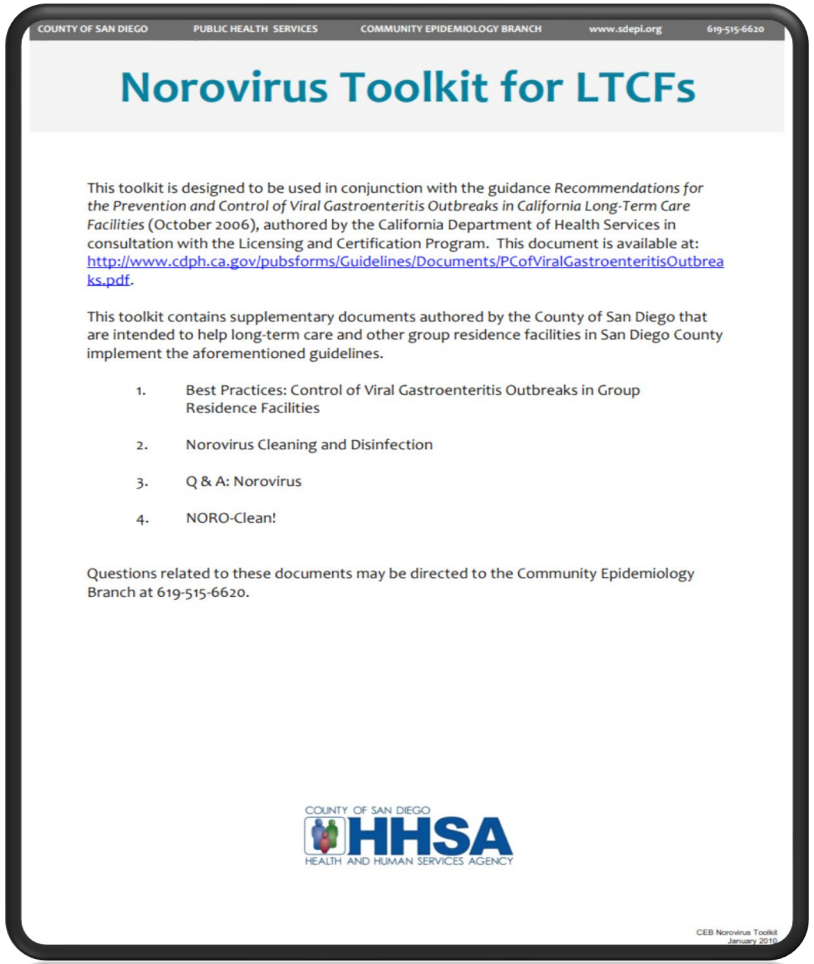
October 2006

ARNOLD SCHWARZENEGGER
Governor
State of California

Kimberly Belshé, Secretary
Health and Human Services Agency

Sandra Shewry, Director
Department of Health Services

https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/PCofViralGastroenteritisOutbreaks_ADA.pdf



COUNTY OF SAN DIEGO | PUBLIC HEALTH SERVICES | COMMUNITY EPIDEMIOLOGY BRANCH | www.sdepi.org | 619-515-6620

**Norovirus Toolkit for LTCFs**

This toolkit is designed to be used in conjunction with the guidance *Recommendations for the Prevention and Control of Viral Gastroenteritis Outbreaks in California Long-Term Care Facilities* (October 2006), authored by the California Department of Health Services in consultation with the Licensing and Certification Program. This document is available at: http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/PCofViralGastroenteritisOutbreaks.pdf.

This toolkit contains supplementary documents authored by the County of San Diego that are intended to help long-term care and other group residence facilities in San Diego County implement the aforementioned guidelines.

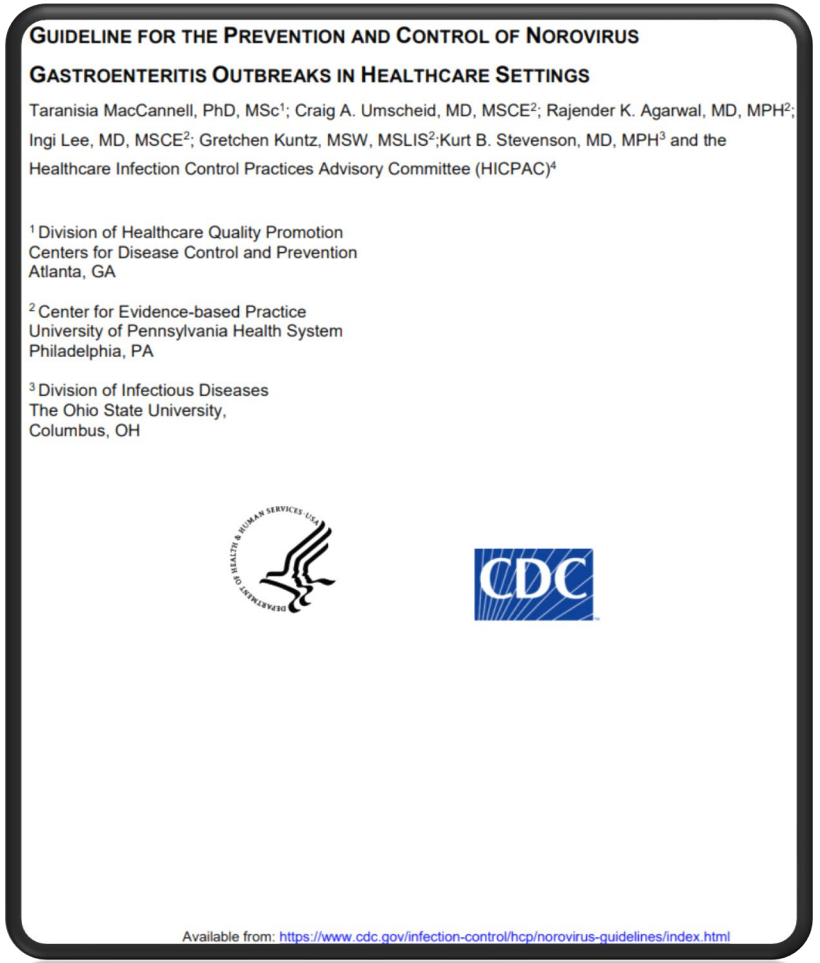
1. Best Practices: Control of Viral Gastroenteritis Outbreaks in Group Residence Facilities
2. Norovirus Cleaning and Disinfection
3. Q & A: Norovirus
4. NORO-Clean!

Questions related to these documents may be directed to the Community Epidemiology Branch at 619-515-6620.

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

CEB Norovirus Toolkit January 2015

https://www.sandiegocounty.gov/hhsa/programs/phs/documents/CEB_DC_noro_Norovirus_Toolkit_for_LTCFs_web.pdf



**GUIDELINE FOR THE PREVENTION AND CONTROL OF NOROVIRUS GASTROENTERITIS OUTBREAKS IN HEALTHCARE SETTINGS**

Taranisia MacCannell, PhD, MSc[1]; Craig A. Umscheid, MD, MSCE[2]; Rajender K. Agarwal, MD, MPH[2]; Ingi Lee, MD, MSCE[2]; Gretchen Kuntz, MSW, MSLIS[2];Kurt B. Stevenson, MD, MPH[3] and the Healthcare Infection Control Practices Advisory Committee (HICPAC)[4]

[1] Division of Healthcare Quality Promotion
Centers for Disease Control and Prevention
Atlanta, GA

[2] Center for Evidence-based Practice
University of Pennsylvania Health System
Philadelphia, PA

[3] Division of Infectious Diseases
The Ohio State University,
Columbus, OH

CDC

Available from: https://www.cdc.gov/infection-control/hcp/norovirus-guidelines/index.html

https://www.cdc.gov/infection-control/media/pdfs/Guideline-Norovirus-H.pdf

# Noro: Guidance Key Points

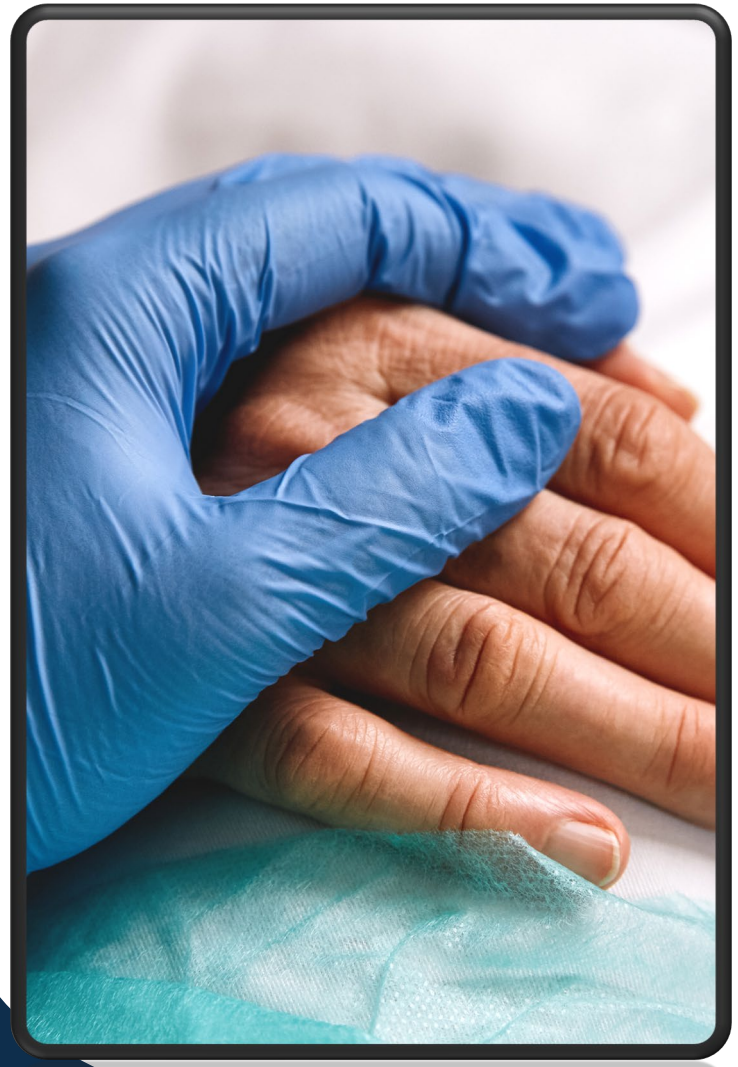
**Surveillance:**

- Implement daily active surveillance for symptoms in residents/staff
- Maintain a line list of ill residents, staff, visitors

**Personnel Management:**

- Exclude symptomatic staff until symptom free for at least 48 hours
- Discontinue floating staff between affected/unaffected units until 4 days after last case onset
- Adherence monitoring to ensure staff are performing hand hygiene and using PPE appropriately

# Noro: Guidance Key Points



**Resident Management:**

- Symptomatic residents: confine residents to room until symptom free for at least 48 hours
  - Staff should use PPE when caring for ill residents: Contact + Standard
  - Consider adding surgical mask/eye protection if there is anticipated risk of splash to the face during patient care or environmental cleaning
- Minimize resident movement: Asymptomatic/exposed residents should not be moved to unaffected units.
- Limit or hold new admissions in affected units until no new cases for at least 48 hours.
- Cancel/postpone group dining/activities for affected units until 4 days after the last identified case

# Noro: Guidance Key Points

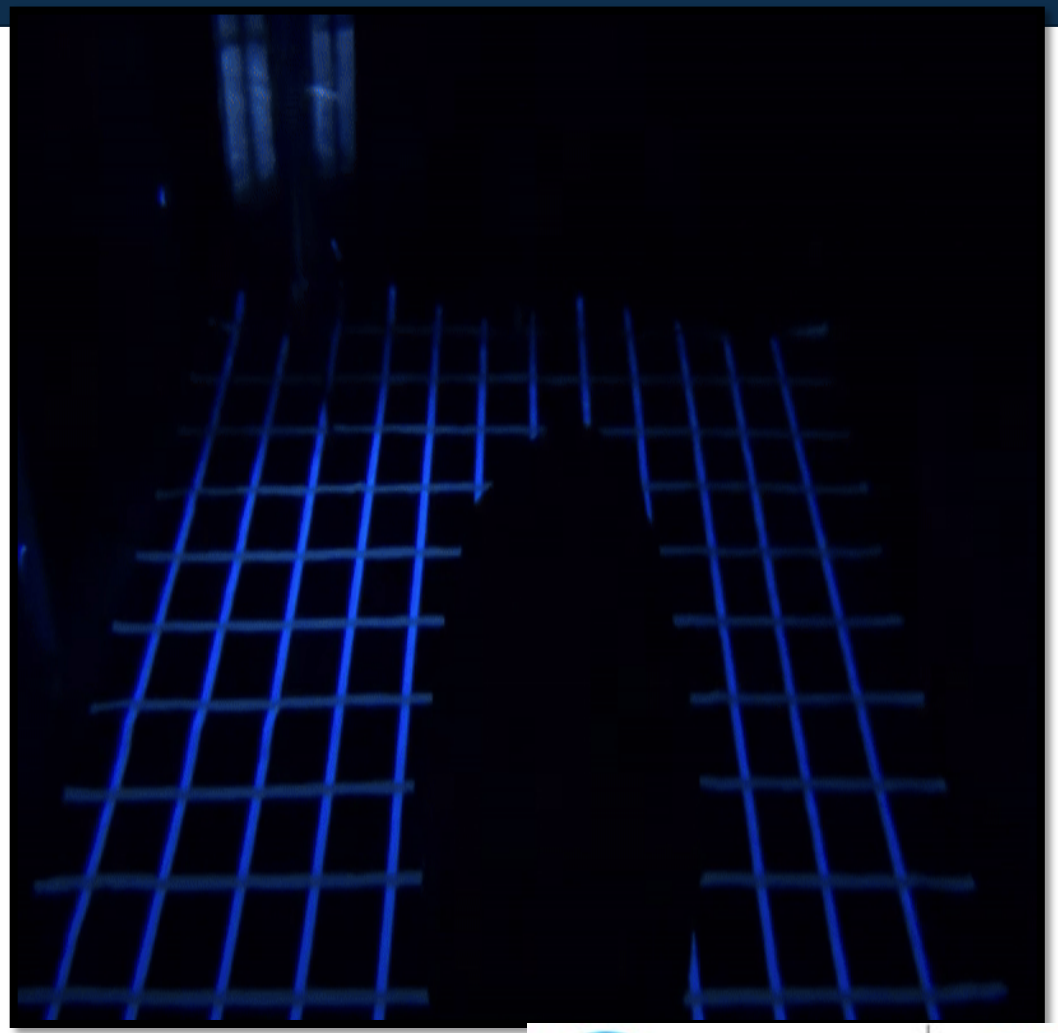
**Environmental Cleaning/Disinfection:**

**If there has been vomit/fecal spillage, important to clean PROMPTLY**

- Clean/disinfect within a 10–25 foot radius of vomit incident, from clean to dirty
- EVS personnel should wear gown, gloves, surgical mask at minimum.
- Clean carpets/soft furnishings with hot water and detergent, or steam cleaning. Dry vacuuming is not recommended

**Increase frequency of routine environmental cleaning, including bathrooms, resident rooms, high-touch surface areas, and common areas**

- Do not reuse mopheads/cleaning cloths/toilet brushes, etc. in-between resident rooms, especially between ill and non-ill residents



Vomiting Larry: https://youtu.be/sLDSNvQjXe8

# Noro: Guidance Key Points

**Environmental Cleaning/Disinfection, continued:**

- *Change privacy curtains* upon patient discharge/transfer, if soiled and when illness resolves
- *Soiled linens should be handled carefully*, to avoid agitation.
  - Staff should use appropriate PPE to minimize risk of contamination
  - Use hot water, detergent, and hot dryer until completely dry
  - Store linens/laundry in closed containers until ready to wash

# Noro: Guidance Key Points

**Environmental Cleaning/Disinfection, continued:**

- *Use EPA approved disinfectant* effective against Norovirus or *bleach* solution (mixed daily) to disinfect potentially contaminated surfaces
  - Bleach: 1:10 of 6% bleach w/ contact time of 5 minutes
  - EPA List G*: https://www.epa.gov/pesticide-registration/list-g-antimicrobial-products-registered-epa-claims-against-norovirus-feline
    *effectiveness is theoretical, tested on feline calicivirus
- *Clean/disinfect shared equipment* between resident uses
- *Adherence monitoring* to ensure cleaning/disinfection is being done correctly

# Noro: Guidance Key Points

**Communication/Education:**

**Prompt reporting to County Public Health 619-692-8499 or PHS.OutbreakReporting.HHSA@sdcounty.ca.gov for cluster of cases, if there is a sudden increase in cases, death, or ill food handler**

**Communicate with facility leadership, Licensing & Certification, staff, residents, family members, visitors**

- Post signage at facility entrances/common areas (e.g., hand hygiene, staying home if ill)
- Provide education/reminders/in-services

**Hand Hygiene:**

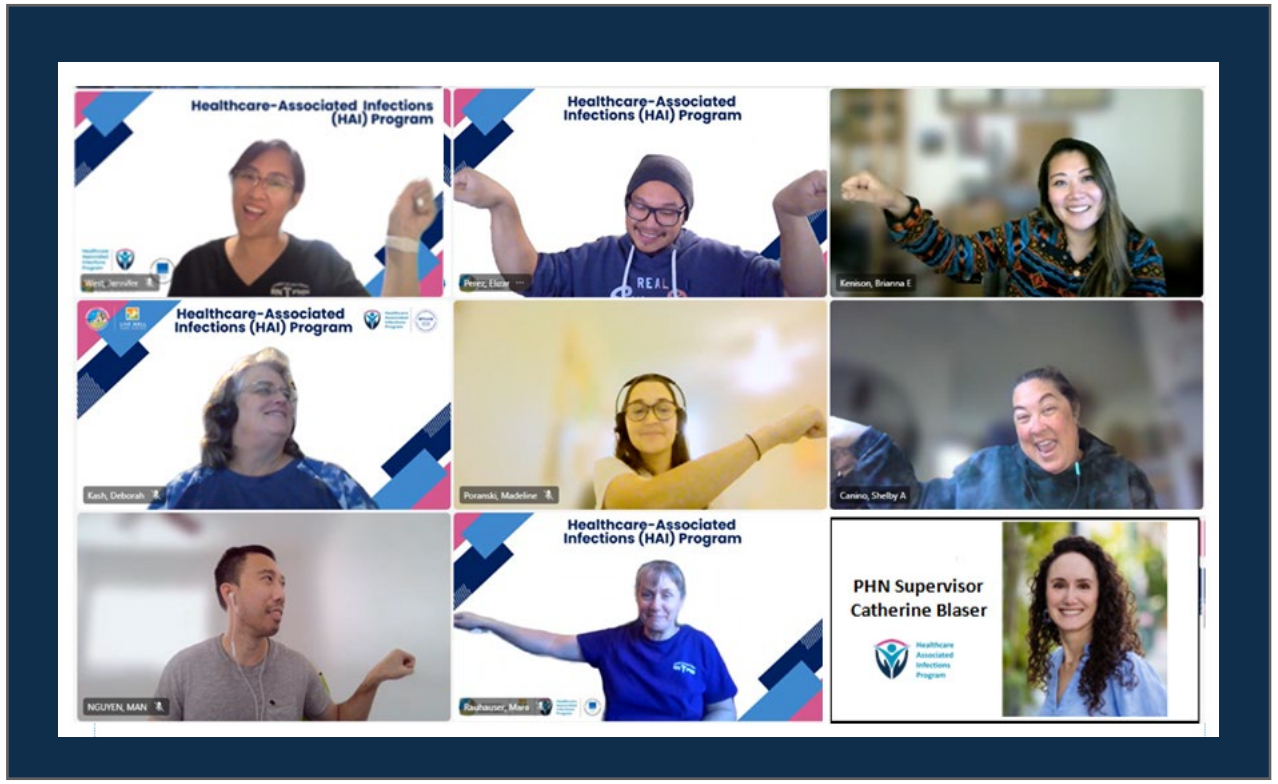
- ***Emphasize hand washing*** **with soap and water for residents/staff/visitors**
  - Observations
- ***Alcohol-based hand sanitizers*** **may be still be used if not visibly soiled**

# Outbreak Reporting

- All outbreaks are reportable to the Local Health Department and CDPH, per CDPH AFL 23-08 and California Code of Regulations Title 17
- County of San Diego can receive your outbreak report and provide resources
  - **Call:** 619-692-8499
  - **Email:** PHS.OutbreakReporting.HHSA@sdcounty.ca.gov
- CDPH
  - **Email:** CDPH-LNC-SANDIEGO@cdph.ca.gov

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-23-08.aspx

# What can the HAI Program do to help?




- Outbreak response
- Support IP rounding
- Interpret state/federal guidance
- Support staff in-services
- Support quality improvement projects
- Share resources and tools

Healthcare Associated Infections Program

# General Respiratory References

- CDC Viral Respiratory Pathogens Toolkit
  https://www.cdc.gov/long-term-care-facilities/media/pdfs/Viral-Respiratory-Pathogens-Toolkit-508.pdf
- CDPH Recommendations for Prevention and Control of COVID-19, Influenza, and Other Respiratory Viral Infections in California Skilled Nursing Facilities – 2025-2026
  https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CA_RecsPrevControl_RespVirus_SNFs.pdf
- County of San Diego – Respiratory Viruses Webpage
  https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/respiratoryviruses.html

# Influenza Resources

- County of San Diego – Guidance for High-Risk Groups
  https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/Vaccine_Preventable_Diseases/Seasonal_Influenza/Flu_Resources1.html
- County of San Diego HCP Influenza Mandates
  https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/Vaccine_Preventable_Diseases/Seasonal_Influenza/HealthcareFluMandates.html

# COVID-19 & RSV Resources

- CDC COVID Clinical Presentation
  https://www.cdc.gov/covid/hcp/clinical-care/covid19-presentation.html#cdc_generic_section_4-incubation-period
- CDC General COVID Information https://www.cdc.gov/covid/hcp/index.html#hcp
- CDPH AFL's
  https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL.aspx
- CDPH Improving Ventilation Practices to Reduce COVID-19 Transmission Risk in Skilled Nursing Facilities
  https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/OHB/Pages/ventilationFAQ.aspx
- County of San Diego COVID-19 Reporting
  https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/Reporting.html
- CDC Respiratory Syncytial Virus Infection (RSV) Webpage
  https://www.cdc.gov/rsv/about/index.html

Healthcare Associated Infections Program

# Noro Resources

- CDC Guideline for Prevention & Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings (2011 and 2017 updates)
  - https://www.cdc.gov/infection-control/hcp/norovirus-guidelines/
  - https://www.cdc.gov/infection-control/hcp/norovirus-guidelines/updates.html
- LA County Norovirus Outbreak Prevention Toolkit (2023) http://publichealth.lacounty.gov/acd/docs/Norovirus/NorovirusToolkit2023.pdf
- County of San Diego Norovirus Page https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/dc_norovirus.html

Healthcare Associated Infections Program

EMAIL: PHS.HAI.HHSA@sdcounty.ca.gov

# SNF IP Collaborative

San Diego

## HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM

The County of San Diego Healthcare-Associated Infections (HAI) Program facilitates the prevention, surveillance, and reporting of HAIs and emerging antimicrobial-resistant (AR) pathogens in San Diego's healthcare facilities.

### OUR SERVICES

- Investigation of notifiable disease incidents and outbreaks associated with healthcare facilities.
- Infection prevention and control (IPC) support and guidance to healthcare facilities.
- Surveillance and data analysis of healthcare-associated infections and antimicrobial-resistant organisms.
- Advancement of IPC through the sharing of best practices in partnership and collaboration with healthcare facilities and community stakeholders.
- Healthcare facility consultation, education, resources, and outreach.

### SAN DIEGO SKILLED NURSING FACILITY INFECTION PREVENTION COLLABORATIVE

Every 4th Wednesday in January, May, July, and September, and 3rd Wednesday in November.
11 AM - 12 PM via Teams.

Join Teams Meeting
Meeting ID: 240 048 886 663
Passcode: L7LmHq

Scan the QR code or visit our website. **www.sdhai.org**

LIVE WELL SAN DIEGO

phs.hai.hhsa@sdcounty.ca.gov

Healthcare Associated Infections Program

PHAB

09/16/2026

Bonus

# Next Collaborative

## ***November 5, 2026***

**2:00 PM – 3:00 PM**

**Microsoft TEAMS**

Featured Topic:

**“Scabies Outbreak”**

**1 Contact Hour Offered**

Submit questions or
feedback about today’s meeting to:

PHS.HAI.HHSA@sdcounty.ca.gov

# APIC Annual Conference

# Contact Hour Instructions

- Ensure your name is your full name
- Complete by September 25, 5:00 PM
- Expect your certificate by October 15th.

Healthcare Associated Infections Program


# Contact us at:

PHS.HAI.HHSA@sdcounty.ca.gov

*The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.*

LIVE WELL SAN DIEGO