**October 20, 2020**

## Management of Co-Circulation of Influenza and COVID-19 Infections

OPWDD provides annual guidance on the prevention and management of influenza to assist facilities operated and/or certified by the Office for People With Developmental Disabilities. These guidelines are based on information made available by the New York State Department of Health (NYSDOH) and Centers for Disease Control (CDC) and are accurate as of the date written Due to the on-going circulation of the virus that causes COVID-19 in the community, this year's influenza guidelines includes important information that will ensure the continued adherence to current COVID-19 guidelines.

The following guidelines apply to providers of services to individuals with intellectual and/or developmental disabilities (I/DD) certified or operated by the Office for People With Developmental Disabilities (OPWDD). This includes staff employed by the OPWDD (State-Operated Facilities) and those employed by community organizations (Voluntary-Operated programs). State-Operated Facilities should also consult the information provided by the OPWDD Office of Employee Relations for further implementation considerations.

### 1. CHARACTERISTICS OF INFLUENZA AND COVID-19

#### Symptoms of Illness

If a person has a fever over 100 degrees (37.8° C) and a cough or sore throat, they are considered to have "Influenza-like Illness" (ILI) and should be treated the same as if they had diagnosed influenza. COVID-19 can also cause similar symptoms, as well as some that differ. Please remember that some people can be asymptomatic of either virus but may still be able to spread it to others. Although rare, it is possible to have the flu and COVID-19 simultaneously.

| Influenza | COVID-19 |
|---|---|
| • Fever*<br>• Chills<br>• Muscle aches<br>• Headache<br>• Significant lack of energy<br>• Dry Cough<br>• Sore throat<br>* Per the CDC, people who are older, medically fragile, immunocompromised, or have neurological or neurocognitive conditions may not have a fever. | • Fever<br>• Cough<br>• Difficulty breathing<br>• Shortness of breath<br>• Chills / shaking with chills<br>• Muscle pain<br>• Headache<br>• Sore throat<br>• New loss of taste<br>• New loss of small |

#### Infectious (Contagious) Periods

The incubation period for influenza is 1-4 days after exposure. The contagious period is considered to be 1 day before symptoms develop until 5-7 days after becoming ill. People are most contagious 3-4 days after illness begins. Some people may be able to infect others for an even longer period. Also, persons treated with influenza antiviral medications continue to transmit influenza virus while on treatment.

The incubation period for COVID-19 is 2-14 days after exposure. The contagious period is considered to be 2 days before symptoms develop until 10 days after becoming ill. Patients with poor immune systems can be contagious for up to 20 days.

**Diagnosis of Illness**

Diagnosis can be made by healthcare providers based on clinical symptoms and/or viral testing. **Due to the similarities of influenza and COVID-19,** OPWDD recommends that as a best practice, any individual who is exhibiting symptoms be tested for both influenza and COVID-19. A timely and accurate diagnosis is important to provide efficient and appropriate treatment of persons with respiratory illness.

## 2. PREVENTION OF INFLUENZA TRANSMISSION

Preventing transmission of Influenza virus within OPWDD settings requires a multi-faceted approach. Core prevention strategies include:

**Vaccination**

The most effective strategy for preventing influenza is **vaccination**. The Influenza vaccine is recommended for ALL people over the age of 6 months. It will be more important this year, due to the pandemic, to reduce flu prevalence and flu severity through influenza vaccination for individuals and employees. The CDC recommends vaccination as soon as the vaccine is available, and optimally before the end of October. Vaccination can and should continue throughout the flu season.

In light of the pandemic and the demands on the health care system, it will be more important this year to reduce flu prevalence and flu severity through influenza vaccination for individuals and employees.
More information about influenza vaccination can be obtained by visiting the CDC website:
https://www.cdc.gov/flu/consumer/vaccinations.htm

**Education**

All staff, and individuals should receive education and training on preventing transmission of influenza and COVID-19 including adherence to hand hygiene and respiratory etiquette. Flyers and educational information are available from the CDC: https://www.cdc.gov/flu/resource-center/freeresources/print/index.htm

Staff should receive education and training on:

- the importance of vaccination against the flu;
- Influenza and COVID-19 signs and symptoms, and risk factors that increase the potential for complications of each;
- standard precautions hand hygiene, respiratory etiquette, environmental cleaning and proper use of personal protective equipment to prevent the spread of viral illnesses; (https://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html); and
- Droplet Precautions.

**Use of Personal Protective Equipment (PPE)**

PPE is used by healthcare personnel, including direct support staff and clinicians, to protect themselves, individuals, and others, when providing care. PPE helps protect staff from potentially infectious individuals and materials, toxic medications, and other potentially dangerous substances used in healthcare delivery.

PPE is only effective as one component of a comprehensive program aimed at preventing the transmission of viral illnesses such as influenza and/or COVID-19.

**NOTE: All staff must comply with all** current OPWDD **procedures, protocols and guidelines** regarding the prevention and management of COVID-19**. Current COVID-19 procedures with regards to staffing can be found in the July 29, 2020 document "Revised Staffing Guidance for Management of COVID-19.**

**Droplet Precautions**

Droplet precautions are utilized when an individual has a communicable disease that can be spread through coughing and/or sneezing and are intended to prevent transmission of the pathogen through close respiratory or mucous membrane contact with respiratory secretions.

- Use of gloves and a medical mask at a minimum, when providing care for an individual with a viral illness (when working within less than 6 feet of the ill individual)
- Providing a face mask to individuals who have a viral illness such as influenza, ILI or COVID-19 if they need to leave their room for personal care activities such as toileting and bathing and when appropriate for the individual and the individuals agrees to utilize the mask.
- Separation of ill and well individuals to the extent possible.
- Dedicated medical equipment for the duration of the symptomatic period. Any equipment that must be shared is to be cleaned/disinfected as per the manufacturer's instructions before use with another individual.

**Cleaning and Environmental Measures**

All facilities must continue to follow all COVID-19 cleaning procedures and environmental measures, outlined in previously issued guidance, throughout this flu season.

## 3. SURVEILLANCE AND REPORTING OF INFLUENZA REQUIREMENTS

**Surveillance**

Facilities should monitor Influenza activity reports published weekly by the NYSDOH to remain aware of current rates of influenza activity in their local communities. https://www.health.ny.gov/diseases/communicable/influenza/surveillance/. When Influenza activity is increasing, or becoming more prevalent, staff at the facility should be notified to monitor individuals closely for signs/symptoms of Influenza or Influenza-like Illness (ILI) and to be vigilant about implementing precautions.

**Reporting**

For the 2020 – 2021 Influenza season, the NYSDOH reporting requirements for Influenza in Outpatient Settings are consistent with last year's requirements and summarized below:

*Facilities are encouraged to review the full Influenza Surveillance Reporting Requirements report issued by NYSDOH by visiting:*
https:/./www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/docs/current_influenza_surveillance_and_reporting_requirements.pdf

*"Under New York State public health law, outbreaks of influenza or other ILI occurring in community or facility settings such as state institutions, day care centers, schools, colleges, group homes, adult homes, home care agencies and assisted living facilities must be reported by the director of the facility to the Local County Health*

*Department (LHD) in which the facility is located. Contact information for LHDs can be found at: http://www.nysacho.org/i4a/pages/index.cfm?pageid-3713*

** In ambulatory, outpatient, community or other facility settings, an outbreak is defined as "an increase in the number of persons ill with laboratory-confirmed influenza or influenza-like illness (ILI) above a commonly observed baseline in a particular community."*

For facilities operated or certified by OPWDD:

- Single cases of laboratory-confirmed influenza or clinician-diagnosed Influenza-like Illness (ILI) do not need to be reported to the Local County Health Department where the individual resides.
- On September 9, 2020, EO 202.61 was issued requiring all clinical labs or physician office labs (POLs) or healthcare providers conducting POC influenza testing must report influenza test results (positive and negative) immediately (within 3 hours of receiving the results) through **the Electronic Clinical Laboratory Reporting System (**ECLRS**)**. **Note that it is not the responsibility of the OPWDD facility to report lab results.**
- Facilities are required to report clusters of Influenza-like Illness or laboratory-confirmed Influenza to the Local County Health Department where the outbreak is occurring.
    - In this case, identification of ongoing transmission of ILI or laboratory-confirmed flu cases in individuals or staff within a residence, program or other setting would be considered a cluster and should be reported to the Local County Health Department.
- Facilities are also required to report the following to the LHD:
    - Based on the September 9, 2020 Executive Order, all influenza-associated deaths will need to be reported to the LHD.
    - Suspected or confirmed case of any novel influenza A virus (including viruses suspected to be of animal origin.
    - Suspected lack of response to antiviral therapy, e.g., ongoing severe disease despite a full course of antiviral therapy.

Facilities should also report clusters of Influenza or ILI to the local DDSOO Infection Control Officer or Nursing Program Coordinator **https://opwdd.ny.gov/opwdd_contacts/ddsoo**
Single cases do not need to be reported to OPWDD.

## 4. CLINICAL MANAGEMENT AND TREATMENT

Facilities are expected to identify individuals who are at risk for complications of Influenza and/or COVID-19 Identifying such individuals at present, and in advance of onset of symptoms, is necessary so that treatment of Influenza or chemoprophylaxis for exposure to Influenza is not delayed. The CDC website provides information on individuals who are at high risk for complications associated with the flu:
https://www.cdc.gov/flu/about/disease/high_risk.htm

### Identification of Individuals at High Risk for Complications of Influenza

People noted for being at high risk for developing flu-related complications include:

- Children younger than 5, but especially children younger than 2 years old;
- Adults 65 years of age and older;
- Pregnant women;
- Residents of nursing homes and other long-term care facilities;
- American Indians and Alaskan Natives; and
- People who have medical conditions, including:
    - Asthma;
    - Neurological and neurodevelopmental conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy, stroke,

intellectual/developmental disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury). NOTE: Having such conditions may also compromise a person's ability to manage respiratory secretions.

- Chronic lung disease (such as COPD or cystic fibrosis);
- Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease);
- Blood disorders (such as sickle cell disease);
- Endocrine disorders (such as diabetes mellitus);
- Kidney disorders;
- Liver disorders;
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders);
- Weakened immune system due to disease or medication (such as people with HIV or AIDS, cancer, or those on chronic steroids);
- People younger than 19 years of age who are receiving long-term aspirin therapy;
- People who are morbidly obese (BMI of 40 or greater); or
- People who have had a stroke.

**Treatment of Influenza with Antiviral Medications**

With the anticipated co-circulation of influenza viruses and COVID-19 virus, decisions about starting antiviral treatment for patients with suspected influenza should not wait for laboratory confirmation of influenza virus infection. Influenza and COVID-19 have overlapping signs and symptoms. Testing can help distinguish between influenza and COVID-19 infection. However, clinicians should not wait for the results of influenza testing to start empiric antiviral treatment for flu in individuals who are at high risk for complications from influenza.

The Centers for Disease Control (CDC) advises that early antiviral treatment may prevent or shorten the duration of fever and illness symptoms, and may reduce the risk of complications (https://www.cdc.gov/flu/about/disease/complications.htm#complications) from influenza.

Clinical benefit is greatest when antiviral treatment is administered early, especially within 48 hours of influenza illness onset. The CDC website provides the most up-to-date recommendations on antiviral treatment of influenza and medications that can be used to treat or prevent the flu (http://www.cdc.gov/flu/professionals/antiviralssummary-clinicians.htm ).

**Prophylaxis for Influenza Exposure with Antiviral Medications**

While the use of antiviral drugs for chemoprophylaxis is not a substitution for vaccination, it is a key component of influenza and ILI outbreak control in residences and programs. According to the CDC, chemoprophylaxis should be reserved for exposed persons who are considered to be at high risk for complications of influenza. Facilities are encouraged to identify at risk individuals in advance, so that receipt of chemoprophylaxis, if indicated, is not delayed.

**Control Measures and Activity Restrictions**

OPWDD recommends that any individual who exhibits symptoms of influenza or COVID-19 be tested for **both** diseases. Pending test results, all COVID-19 guidelines must be implemented. This includes isolation of the affected individual and activity restrictions of all individuals in the home for a 14-day period.

A summary of infection control guidelines and protocols can be found in more detail at: https://opwdd.ny.gov/system/files/documents/2020/07/7.29.2020-opwdd_covid19_staffguidance_updated_1.pdf.

Protocols and guidelines for presumed or confirmed COVID-19 include:

- Required notifications to the local health department and the OPWDD Incident Management Unit;
- Appropriate Personal Protective Equipment (PPE) to be used when caring for the affected individual(s);
- Environmental cleaning and disinfection protocols to be documented each shift;
- Requirements for promoting physical distancing of at least 6 feet;
- Requirements for continued health screenings for all employees;
- Restrictions on group activities including communal dining. Activities should be offered for individuals in their rooms~~;~~
- Staff deployment considerations, including limitations on floating staff between units or wings, or between individuals to the extent possible;
- Need to cohort individuals with like diagnoses with dedicated employees to the extent possible. Minimizing the number of different employees entering an individuals' room;
- Requirements for monitoring and documenting the health status of individuals once per shift for ~~a~~ symptoms and temperature check. During the overnight shift, staff should quietly enter an individual's bedroom and do a bedside check, ensuring that the individual does not appear to be in any distress (i.e., breathing does not appear to be labored). If any symptoms are observed the RN should be contacted immediately for further direction;
- During periods of activity restriction visitation should be restricted to the extent possible; and
- Individuals should not attend outside programming during periods of isolation or activity restriction.

Programming may resume for an individual with presumed or confirmed COVID-19 upon the completion of the required activity restriction and/or quarantine period provided:

(1) symptoms are improving;
(2) the individual has been without a fever of 100.0*F degrees or greater for 72 hours without the use of fever-reducing medication; and
(3) there is no evidence of on-going transmission in the residence.

If the outcome of COVID-19 testing is positive, all current COVID-19 protocols must be followed.

If the outcome of COVID-19 testing is negative, but the individual has an influenza diagnosis or ILI, all of the control measures listed above must remain in place; however, the activity restriction would be reduced from 14 days to 7 days from the onset of symptoms. The decrease in activity restrictions should not be implemented until there are confirmed results of negative COVID-19 diagnostic testing.

Programming for the individual with an influenza diagnosis may resume upon the completion of the 7-day period provided:

(1) the individual has completed at least 5 days of antiviral medication; and
(2) the individual is asymptomatic and has been without a fever of 100.0 degrees Fahrenheit or greater without the use of fever-reducing medication for 72 hours; and
(3) there is no evidence of ongoing transmission in the residence.

NOTE: If the primary care provider determines that an individual cannot or should not have antiviral medication therapy, conditions (b) and (c) above must be met prior to the person returning to program.

For those individuals who are exposed to a person with influenza-like-illness (ILI) or confirmed influenza, normal programming may resume after the 7-day period provided:

~~a)~~ the individual has completed at least 5 days of a course of prophylactic medication if indicated; and/or
b) the individual is asymptomatic of influenza-like-illness (ILI) and afebrile.

If there is evidence of ongoing transmission of influenza or ILI in the residence, activity restrictions should be extended for 5 days beginning on the day of the last onset of symptoms or exposure from the most recent case.

**Day Program Considerations**

Day programs where an individual or staff person has been diagnosed with COVID-19, ILI or confirmed influenza need to **assess** the pattern of interaction among participants and staff. This provides an opportunity to identify who may have been exposed to the virus(es).

Notification is to be sent to **all** residences/homes that have individuals attending the day program, including families of individuals who live at home informing them that there may have been an exposure to COVID-19 and/or influenza or ILI. Day program and residential staff, including nurses, must maintain close contact and communication regarding all respiratory illnesses. Daily communication is essential. The day program nurse must notify the residential nurse of any respiratory illness, ILI, confirmed case of influenza, or a suspected or confirmed case of COVID-19. The residential nurse must notify the day program nurse of the same. The day program nurse and the residential nurse are to coordinate their efforts in the management of influenza or COVID-19. This same type of communication should occur between the day program and individual's caregivers as appropriate and to the extent possible.

Individuals and staff, including bus drivers, bus aides, cafeteria workers and others who have been exposed to ILI, confirmed influenza, or suspected / confirmed COVID-19 are to be notified of their exposure and should be advised to consult with their primary care provider regarding prophylaxis if indicated.

## 5. STAFF CONSIDERATIONS

The following staff considerations should also be implemented to help protect against and reduce the spread of respiratory illnesses:

1. Educate staff about the benefits of vaccination, the signs and symptoms of respiratory illness, and the potential health consequences of influenza illness for themselves, their family members and the individuals for whom they provide care.
2. Encourage all staff, including temporary and part-time staff and volunteers, to get vaccinated against influenza. Additional emphasis should be placed on the importance of vaccination of staff that provide direct care supports such as staff who provide assistance with activities of daily living such as feeding and bathing and therefore are likely to have close contact with individuals who carry the virus.
3. Staff should be encouraged, but not required, to report the receipt of influenza vaccine to their infection control officer or their nursing management.
4. A staff person who is present at work and is exhibiting symptoms of influenza or ILI must leave work and charge his or her accruals so as not to risk the spread of influenza or ILI.

   **For State Operated Facilities only**: If such staff person refuses to leave the work location, the employee may be placed on involuntary leave if there is probable cause to believe that his/her continued presence on the job represents a potential danger to persons or would severely interfere with operations as required by Civil Service Law § 72 (5). To determine probable cause, AOD's must inquire of the supervisor as to whether the staff person is exhibiting any of the "**SIGNS AND SYMPTOMS**" described in such sections above. The AOD shall direct the staff person to leave work and advise that the Human Resources Office will inform such person of his/her rights with respect to such involuntary leave and the process that will be followed. The supervisor or AOD must inform the Human Resources Office immediately so that notice and other provisions of Civil Service Law § 72 (5) are timely complied with.

State Operated Facilities should also consult information provided by the OPWDD Office of Employee Relations for implementation of these considerations.

**For Non-State Operated Facilities**: Agencies should develop a policy related to staff who become ill at work and educate staff about its provisions. If a staff person becomes ill at work, the agency will proceed according to its policy. Absent such a policy, if such staff person refuses to leave work, the agency should take lawful and appropriate action pursuant to any applicable collective bargaining agreement and/or personnel policies.

**Guidelines for Staff Movement**

The guidelines outlined in this document, including the guidelines under the section titled "Restriction of Activity," are designed to minimize the risk for the transmission of influenza/flu and ILI from infected to non-infected persons. In addition, agencies and programs must ensure that staffing levels are maintained in accordance with agency/program requirements and based on the supervision needs of the individuals served.

Staff movement into or out of sites that serve people who have contracted the influenza virus or ILI should be avoided to the greatest extent possible. If necessary, to meet urgent staffing needs, staff members who have voluntarily reported that they have received the influenza vaccination should be "floated" into the home first. Staff who did not receive the influenza vaccination, or staff whose vaccination status is unknown, should only be "floated" when it is necessary and there is no other feasible alternative.

## 5. ADDITIONAL RESOURCES

Centers for Disease Control and Prevention (CDC)
https://www.cdc.gov/flu/resource-center/freeresources/print/index.htm
https://www.cdc.gov/flu/consumer/vaccinations.htm
http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm
https://www.cdc.gov/flu/about/disease/high_risk.htm
https://www.cdc.gov/flu/about/disease/complications.htm#complications
http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm

New York State Department of Health (DOH)
https://www.health.ny.gov/diseases/communicable/influenza/surveillance/
https://www.health.ny.gov/diseases/communicable/influenza/seasonal/
https://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/docs/2017-2018_influenza_surveillance_and_reporting_requirements.pd f

If you have any questions or concerns, or require assistance in implementing these management strategies, please feel free to contact the **Infection Control Officer** at the appropriate DDSOO.