Winter is Coming Part One: Flu & COVID-19

Courtney Pladsen, DNP, FNP-BC
Director of Clinical and Quality Improvement
Visual representation of my week
WINTER IS COMING

1. Coronavirus
2. Flu Season
3. Cold Weather
4. Natural Disasters
5. Eviction Wave
6. Social Upheaval

FLU OUTBREAK
• This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,967,147 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.
Key Points

- Understanding the impact and disparities on persons experiencing homelessness
- Improving data collection efforts related to symptomology and race
- Accessibility and transparency of up-to-date COVID and flu data

How Can you Contribute?

- Add surveillance testing event results directly into the dashboard
- Add flu vaccination data into the dashboard
House Keeping

• We will hear from the presenters and then have time for Q&A
• Please introduce yourselves in the chat box
• Share questions in the chat throughout the presentation
• Evaluation survey will be shared at the end of the webinar
Today’s Speakers

• Sapna Bamrah, MD
  ➢ CAPT at the U.S. Public Health Service, CDC, Atlanta, GA

• Kathleen LaPorte, MPH
  ➢ Health Communication Specialist, CDC, Atlanta, GA

• Catherine Crosland, MD
  ➢ Medical Director, Emergency Response Sites at Unity Healthcare, Washington, DC

• Kevin L. Flowers
  ➢ Practice Administrator at Mercy Care, Atlanta, GA
Flu Vaccination Planning for 2020-21
CAPT Sapna Bamrah Morris, MD, MBA
Influenza Response Team
Vaccine Planning Unit
sbmorris@cdc.gov
Kathleen LaPorte, MPH
Health Communication Specialist
klaporte@cdc.gov
Health Care for the Homeless
November 6, 2020
Increasing seasonal influenza vaccine coverage to decrease healthcare utilization, 2020-21

- Expect SARS-CoV-2 to continue to circulate in the fall

- Increasing flu vaccination coverage will reduce stress on the healthcare system
  - Decrease doctor visits and hospitalizations
  - Reduce influenza diagnostic testing

- Focus on adults at higher risk from COVID-19
  - Staff and residents of long-term care facilities
  - Adults with underlying illnesses
  - African-Americans and Hispanics
  - Adults who are part of critical infrastructure
Influenza vaccination planning for 2020-2021 season

• Maximize available vaccine supply
  • Expect >190M doses for U.S. market

• Operational considerations
  • Outreach to those at higher risk
  • Planning for need to physical distance
  • Extending influenza vaccination season (September through December or later)

• Enhance communication
  • Align with COVID-19 messaging
  • Messaging for high-risk individuals

Influenza Vaccine Doses Distributed By Season, 2008-09 to 2019-20, and Projected, 2020-21
Co-circulation of Influenza Viruses and SARS-CoV-2

- Co-infection with influenza A or B viruses and SARS-CoV-2 can occur
  - Documented in case reports, case series
  - Overlapping signs, symptoms with either infection alone
  - Frequency, severity, and risk factors are unknown
    - N=93 COVID-19 hospitalized adult patients in Wuhan; 49.5% with influenza (serologically-diagnosed)
  - Implications
    - Testing is needed to distinguish influenza from COVID-19
    - Consider influenza virus infection, SARS-CoV-2 infection, co-infection
    - Treatment issues
      - Consider potential for co-infection
      - Dexamethasone treatment of severe COVID-19 may prolong influenza viral replication

Cuadrado-Payan Lancet 2020; Azekawa ID Cases 2020; Ma Int J Infect Dis 2020; Ding J Med Virology 2020; Wu Emerg Inf Dis 2020
Influenza Testing Recommendations: Outpatients*

- Which outpatients should be tested for influenza during influenza season?
  (Test if the results will influence clinical management)
  - High-risk persons with influenza-like illness, pneumonia, non-specific acute respiratory illness
  - Patients with acute onset of respiratory symptoms and exacerbation of chronic medical conditions (e.g. asthma, COPD, heart failure) or known influenza complications
  - Consider testing for:
    - Persons not at high-risk for complications of influenza who present with acute respiratory illness (ILI, pneumonia, ARI without fever) if the results might change clinical management (support antiviral treatment, reduce unnecessary antibiotic use, reduce more diagnostic testing or time in the emergency department)

*History of influenza vaccination does not exclude influenza
What Respiratory Specimens Should Be Collected?

- **Outpatients:** Collect upper respiratory tract specimens as soon after illness onset as possible, preferably with 4 days of symptom onset
  - Nasopharyngeal (NP) specimens
  - If NP specimens are not available, collect combined nasal and throat specimens
  - Mid-turbinate nasal swab specimens should be collected over throat swabs
  - Flocked swabs should be used over non-flocked swabs

- **Hospitalized patients:**
  - Patients without severe lower respiratory tract disease:
    - Collect **NP specimens, mid-turbinate nasal, or combined nasal-throat swab specimens**
  - Patients with respiratory failure receiving invasive mechanical ventilation:
    - Collect **endotracheal aspirate (or bronchoalveolar lavage (BAL) fluid specimens - if performed for other diagnostic purposes)**

IDSA 2018 Influenza Clinical Practice Guidelines Clinical Infect Dis 2019
Recommended Antivirals 2020-2021

- Four FDA-approved antivirals are recommended for use in the United States
  - Neuraminidase inhibitors:
    - oseltamivir (oral)
    - zanamivir (inhaled)
    - peramivir (intravenous)
  - Cap-dependent endonuclease inhibitor: baloxavir marboxil (oral)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Route</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oseltamivir</td>
<td>Oral</td>
<td>Any age</td>
</tr>
<tr>
<td>Zanamivir</td>
<td>Inhaled</td>
<td>≥ 7 years</td>
</tr>
<tr>
<td>Peramivir</td>
<td>Intravenous</td>
<td>≥ 2 years</td>
</tr>
<tr>
<td>Baloxavir</td>
<td>Oral</td>
<td>≥ 12 years</td>
</tr>
</tbody>
</table>

https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm
Clinical Benefit of Early Oseltamivir Treatment - Outpatients

- Meta-analysis of RCTs of early oseltamivir treatment (starting treatment <2 days of onset) versus placebo in outpatients with uncomplicated influenza
  - Adults: Early oseltamivir treatment significantly reduced illness duration, lower respiratory tract complications requiring antibiotics, and hospitalizations for any cause
    - 25.2-hour reduction of illness duration; increased risk of nausea and vomiting
    - 44% reduction of respiratory tract complications requiring antibiotics (RR: 0.56, 95% CI: 0.42-0.75, p=0.0001)
    - 63% reduction in hospitalizations for any cause (RR: 0.37, 95% CI: 0.17-0.81, p=0.013)
  - Children: Early oseltamivir treatment significantly reduced illness duration in non-asthmatic children, and risk of otitis media
    - 17.6-hour reduction in illness duration; increased risk of vomiting
    - 35-hour reduction in illness duration in children without asthma in pooled analysis
    - 34% reduction in risk of otitis media (RR: 0.66, 95% CI: 0.47-0.95)
    - No reduction in illness duration in children with asthma in 2 RCTs

Dobson Lancet 2015; Malosh 2018
Vaccination Guidance during the Pandemic
Vaccination guidance is continuously being reviewed and updated

- Visit https://www.cdc.gov/vaccines/pandemic-guidance/index.html for the most recent guidance.
- Sign up to be notified when information on the web page changes.
Guidance for vaccination clinics held in satellite, temporary, or off-site locations

Guidance during the COVID-19 pandemic
Planning for a satellite, temporary, or off-site vaccination clinic requires additional considerations during the COVID-19 pandemic, including physical distancing, personal protective equipment (PPE), and enhanced sanitation efforts. These additional considerations are called out in boxes throughout this guidance. However, because COVID-19 guidance is evolving, regularly check Infection control guidance for healthcare professionals about coronavirus (COVID-19) for updated information. Consider signing up for the email updates on the website to stay informed of any changes.

Planning Activities

Pre-Clinic Activities

During the Clinic Activities

Post-Clinic Activities

Planners are encouraged to use

- Resources for hosting an off-site vaccination clinic
- The Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations, which outlines CDC guidelines and best practices essential for patient safety and vaccine effectiveness, including guidance for vaccine shipment, transport, storage, handling, preparation, administration, and documentation at temporary clinics.

https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html
Flowchart for vaccination clinic layout for walk-through clinics

Indoor or outdoor walk-through clinics

1. Eligibility screening area (multiple stations)
2. CLINIC ENTRANCE
3. Waiting area
4. Registration/Q&A/form completion area (multiple stations)
5. Medical screening/treatment area (as needed)
6. Payment area (multiple stations, i.e., Medicare, private insurance)
7. Vaccination area (multiple stations)
8. Post vaccination waiting area
9. CLINIC EXIT

*These activities can also be combined with activities, for example, they might be part of activity 1 or 3

https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/pre-clinic-activities.html
Flowchart for vaccination clinic layout of curbside clinics

1. Parking area
2. Entrance area (multiple stations for screening, registration/Q&A/form completion/payment)
3. Vaccination area (multiple stations)
4. Area to wait after vaccination (multiple parking spaces)
5. Exit

https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/pre-clinic-activities.html
Flu Vaccine Communications
Animation: Community

Flu vaccine protects you, & your loved ones, & your community from flu.

Get a flu vaccine.

Embargoed for release September 14, 2020
Mask Up, Lather Up, Sleeve Up

www.cdc.gov/flu/resource-center/sleeveup
#SleeveUp to Fight Flu

- As part of this season’s flu vaccination campaign, on October 1st, CDC will publish a suite of digital resources encouraging everyone to #MaskUp, #LatherUp, and roll their #SleeveUp for a flu vaccine this flu season.
- These resources will include social media frames to put your own #SleeveUp photo in, graphics, and social media content.
- These resources will be available in the [CDC Flu Communication Resource Center](https://www.cdc.gov/flu/prevention/resources/index.html).
- We encourage you to share these new resources with your colleagues and communities.
- If you are interested in sharing more information this flu season, please contact [Kathleen LaPorte at klaporte@cdc.gov](mailto:klaporte@cdc.gov).
#SleeveUp to Fight Flu
Add your own photo to our frames

Join @CDCgov’s Dr. Dan Jernigan and roll your #SleeveUp for a flu vaccine before the end of October. The best time to get a flu vaccine is before #flu starts circulating in your area. Find a flu vaccine near you: bit.ly/2SyDlp9

Did you get your #flu vaccine yet? We got ours! Exercise your right to bare arms. Roll your #SleeveUp and share your pix with us. #MaskUpVaxUp #VaxTexas #immunizeUSA #FluVaccine #FightFlu
Key CDC Campaign Links and Resources

- **Clinician Resources**
  - Fight Flu Toolkit
  - Make A Strong Flu Vaccine Recommendation
- **Campaign and Social Media Toolkits:**
  - Campaign Toolkit
  - Social Media Toolkit
- **Videos**
  - Roll Up Your Sleeve for Your Annual Flu Vaccine
  - Flu Can Be Very Serious – Flu Vaccine Protects
- **VaccineFinder** (a tool you can place on your website to help them find vaccination locations near them)
  - Download widgets from CDC website
- **Key Consumer Web Resources**
  - Protect Your Health This Season
  - What You Need to Know for 2020-21
  - The Difference between Flu and COVID-19
- **Multi-Language Resources:**
  - Multi-Language Factsheets
  - Spanish Communication Resources
This slide-deck contains a representative sample of a suite of digital materials that CDC has developed, and which are cleared for use.

- For special file types, please reach out to fludivclear@cdc.gov.

Files are being uploaded and will be available in the coming days at

CDC also is developing a subset of materials that are not CDC-branded for partners to use with their own brandmark.

If there is a target audience not represented in existing materials, please reach out with a request to fludivclear@cdc.gov
Summary

- CDC influenza testing and treatment recommendations when influenza viruses are circulating in the community are similar to those before emergence of SARS-CoV-2
- Influenza nucleic acid detection testing (molecular assay) is recommended for patients being hospitalized and can help guide treatment decisions in outpatients during influenza season
- Antiviral treatment is recommended as soon as possible for hospitalized patients with suspected influenza without waiting for influenza testing results
- Antiviral treatment is recommended as soon as possible for outpatients with progressive disease regardless of illness duration and in persons at high-risk for influenza complications
  - Can be clinically-diagnosed with influenza (empiric treatment) or patients with a positive influenza test result if timely results are available on-site
- During community co-circulation of influenza viruses and SARS-CoV-2, clinicians should consider the possibility of either influenza virus infection, SARS-CoV-2 infection, and influenza and SARS-CoV-2 viral co-infection in persons presenting with acute respiratory illness
  - Reminder: the best way to prevent influenza is through annual influenza vaccination!
Conclusions

• Flu vaccination will be more important this season than ever
• The $140M supplemental funding and the additional 9.3M adult flu doses will be used to achieve increased flu vaccination coverage in underserved adults
• State and local health departments are establishing new and strengthening existing partnerships with CHCs in their jurisdictions
• We will need to continue to promote flu vaccination throughout flu season to ensure successfully delivery of all available doses
Team Members

- 3 Registers
- 3 RNs
- 1 FNP
- 1 CMA
- 1 MD
- Administrator
- CDC Trainer
Community Partners

**Partners:** Atlanta homeless service providers and continuum of care.

- Shelters – Drug Treatment Centers – Soup kitchens – Transitional housing for homeless in transition -some homeless being housed during pandemic.
- Schedule made in advance and sent to homeless service providers. Time of testing is determined by the services that partner offers to maximize efforts.
- Schedule sent to partners along with consent forms/HIPPA.
Day of Testing

• Location is visited prior to test date to look at space and determine flow.
• Facilities department preps van with needed supplies:
  ➢ Test kits
  ➢ PPE
  ➢ Tents
  ➢ Tables
  ➢ Cooler, etc.
• Team arrive 1 hour before start of event to set up, tents, table, testing stations...
Workflow

• Huddle:
  ➢ Reflection
  ➢ Partner teammates,
  ➢ Discuss workflow (as each location is different)
  ➢ Estimate turn out, typically not over 225

• Service provider assist with crowd control and social distancing
Registration

1. Individual stops by registration table with their completed consents /HIPPA
2. Demographics is entered on pre-populated excel spreadsheet with unique ID numbers, Name, DOB, race, sex, contact number. Labels are handwritten in all CAPS to lessen chance of mistaken ("e" looking like "c")
3. Directory verification of previously tested, Unique ID follows client, regardless of times or locations tested. This directory is updated after each testing event.
4. Client given information on receiving results
5. The labeler makes label with Test date, Name, DOB and Unique ID number.
6. Register and labeler verifies correctness together, client then verifies correctness.
7. Test kit given to client to enter testing station during this time a flu shot is offered, consent taken, VIS given. Those wanting only flu vaccination is fast tracked.
Testing Station

1. Tester and client verify label information again for accuracy.
2. Tester explains procedure to client, allow for questions, brief COVID 19 education given
3. Specimen placed in temperature-controlled cooler. Ensure client is ok before walking away
4. Testing area wiped down before next client
5. Tester prepares PPE for next client.
6. Lab Currier is called in advance with estimated pick-up time and location
7. Spreadsheets of those tested is uploaded to Lab, who verifies specimen against spreadsheet.
Follow-up Test Results

Results:

• Return in 2-3 days
• Client calls for results
• Caller verified, given verbal results, and hard copy sent or picked up in person
• Partners from Home is contacted with positive results, accessed for quarantine determination and placement
• County does contact tracing
• Results are uploaded to EPIC for established patients of Mercy Care
Challenges

• Language barriers
• Mute clients
• People with various disabilities
• Wheelchair access
• Social distancing during testing
• Test results delay during high volume
• Locating unsheltered homeless w/o phone (get more information of the unsheltered, i.e. where they mostly hangout or sleep, or contact person)
• Weather
COVID-19 Pandemic Response in Washington, DC

DC Department of Human Services and Unity Health Care
Catherine Crosland, MD
Medical Director, Emergency Response Sites
Unity Health Care, Inc
Isolation and Quarantine (ISAQ) site

• The Isolation and Quarantine (ISAQ) sites provide hotel room accommodation for individuals experiencing homelessness with the following:
  • Known COVID-19
  • Symptoms Concerning for COVID-19
  • Close contact of someone with COVID-19

• Primary goal: Identify and isolate or quarantine people experiencing homelessness and living in congregate shelters or encampments to minimize spread of COVID-19 in these settings

• Onsite services: Medical (Unity Health Care), COVID-19 Testing, Flu Vaccines, behavioral health
PEP-V Overview

• The Pandemic Emergency Program for Medically Vulnerable Individuals (PEP-V) provides hotel room accommodation for individuals experiencing homelessness thought to be at the greatest risk for severe complications and/or death if they contract COVID-19

• Primary goal: Reduce exposure to COVID-19 of elderly & medically vulnerable individuals residing in congregate shelters and unsheltered where risk of infection is high due to inability to quarantine

• Negative COVID test before placement: administered by Unity Health Care

• Onsite services, Medical (Unity Healthcare), COVID-19 Testing, Flu vaccine, behavioral health
Evolution of Eligibility Criteria

**March**
- ≥ 80 years old
- ≥ 70 years old, with Severe Lung Disease or uncontrolled diabetes
- Any age, with severe/uncontrolled chronic health conditions (Lung Disease; Physical Disability, ESRD; Heart Failure; Cognitive Disability)

**May**
- ≥ 65 years old
- Any age, with severe/uncontrolled chronic health conditions (Lung Disease; Asthma; Heart Conditions; Immunocompromised; Diabetes; Liver Disease; Chronic Kidney Disease; Obesity [BMI 40+])

**June - Current**
- ≥ 55 years old
- Any age, with severe/uncontrolled chronic health conditions (Lung Disease; Asthma; Heart Conditions; Immunocompromised; Diabetes; Liver Disease; Chronic Kidney Disease; Obesity [BMI 40+]; Sickle Cell Disease; Hypertension or high blood pressure; Cerebrovascular disease; Neurologic disease)

DC’s stay home order
DC’s stay home order
DC’s stay home order lifted

PEP-V eligibility criteria is based on CDC guidance which changes as COVID-19 knowledge evolves
PEP-V client demographics

**PEP-V clients by race**
- American Indian or Alaska Native: 32
- Asian: 1
- Black or African American: 21
- White: 2
- Client refused: 1

**PEP-V clients by age**

<table>
<thead>
<tr>
<th>Age (years)</th>
<th># of clients</th>
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<tbody>
<tr>
<td>20-29</td>
<td>6</td>
</tr>
<tr>
<td>30-39</td>
<td>14</td>
</tr>
<tr>
<td>40-49</td>
<td>31</td>
</tr>
<tr>
<td>50-59</td>
<td>108</td>
</tr>
<tr>
<td>60-69</td>
<td>142</td>
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<tr>
<td>70-79</td>
<td>58</td>
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<tr>
<td>80-89</td>
<td>3</td>
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**PEP-V clients by gender**

<table>
<thead>
<tr>
<th>Gender</th>
<th># clients</th>
<th>% clients</th>
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<tbody>
<tr>
<td>Male</td>
<td>259</td>
<td>71%</td>
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<tr>
<td>Female</td>
<td>85</td>
<td>23%</td>
</tr>
<tr>
<td>Trans</td>
<td>2</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Refused</td>
<td>17</td>
<td>5%</td>
</tr>
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</table>
PEP-V Client Stats

Age Distribution of PEP-V Clients

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Count</th>
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<tbody>
<tr>
<td>&gt; 80 &amp; over</td>
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</tr>
<tr>
<td>70-79</td>
<td>54</td>
</tr>
<tr>
<td>60-69</td>
<td>55</td>
</tr>
<tr>
<td>55-59</td>
<td>47</td>
</tr>
<tr>
<td>54 &amp; younger</td>
<td>127</td>
</tr>
</tbody>
</table>

Chronic Health Conditions

<table>
<thead>
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<th>Condition</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>High Blood Pressure (68%)</td>
<td></td>
</tr>
<tr>
<td>Mental Illness (30%)</td>
<td></td>
</tr>
<tr>
<td>Diabetes (28%)</td>
<td></td>
</tr>
<tr>
<td>Lung Disease [Asthma/COPD] (28%)</td>
<td></td>
</tr>
<tr>
<td>Substance Use Disorder (9.5%)</td>
<td></td>
</tr>
<tr>
<td>Congestive Heart Failure (8.5%)</td>
<td></td>
</tr>
<tr>
<td>Coronary Artery Disease (7.5%)</td>
<td></td>
</tr>
<tr>
<td>ESRD (2 %)</td>
<td></td>
</tr>
<tr>
<td>HIV (10%)</td>
<td></td>
</tr>
<tr>
<td>Hepatitis C (7%)</td>
<td></td>
</tr>
<tr>
<td>Active Cancer Diagnosis, undergoing treatment (5%)</td>
<td></td>
</tr>
</tbody>
</table>
PEP-V Capacity and Census

PEP-V 1: Arboretum
Opened: March 2020
Rooms for Client Occupancy: 109 Rooms
Census (as of 10/28): 116 people

PEP-V 2: Holiday Inn
Opened: May 2020
Rooms for Client Occupancy: 193 Rooms
Census (as of 10/28): 143 people

PEP-V 3: Fairfield
Opened: Oct 12, 2020
Rooms for Client Occupancy: 115 Rooms
Census (as of 10/28): 109 people

We continue to take referrals for clients staying in shelter or who are unsheltered, via the PEP-V Referral Form.
PEP-V and DC Winter Plan

Goal: offer indoor shelter for every individual in DC experiencing homelessness

• PEP-V Hotels → Dedensify shelters

• Low Barrier Shelters operating 24/7 at COVID capacity (goal 60% of usual capacity)

• Seasonal Hypothermia Shelters will operate 24/7 at COVID capacity
Unity Health Care’s Role

• Unity’s Health Care for the Homeless Program:
  • Continue medical care in low barrier shelters (and day centers and street outreach)
  • Continue medical care in PEP-V and ISAQ sites
  • Rapid COVID testing across sites
  • Flu vaccine clinics
  • Rapid flu as needed primarily at ISAQ
Q&A