



NATIONAL  
HEALTH CARE  
*for the*  
HOMELESS  
COUNCIL

# Winter is Coming Part One: Flu & COVID-19

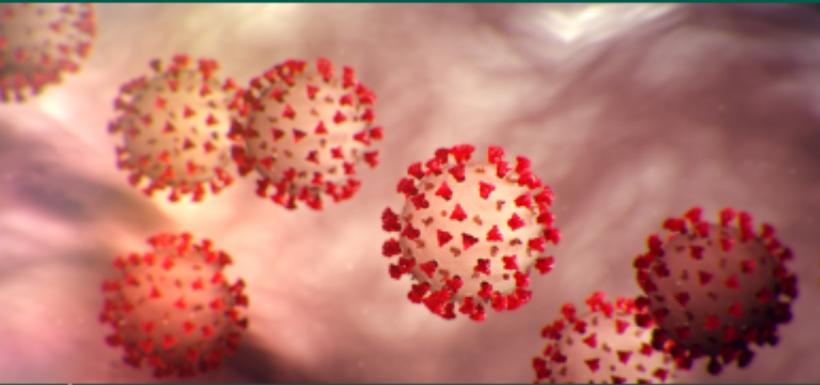
Courtney Pladsen, DNP, FNP-BC

Director of Clinical and Quality Improvement

# Visual representation of my week



# WINTER IS COMING



1 CORONAVIRUS

3 COLD WEATHER

5 EVICTION WAVE

2 FLU SEASON

4 NATURAL DISASTERS

6 SOCIAL UPHEAVAL



# HRSA Disclaimer

- 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](https://www.hrsa.gov).

# CDC COVID Dashboard



## Universal COVID-19 Testing at Homeless Service Sites

### Dashboard Summary

updated 10/20/20

 **250**  
Total Testing Events Submitted

 **10,265**  
Total Clients Tested

 **8.18%**  
Client COVID-19 Positivity Rate

 **2,121**  
Total Staff Tested

 **4.29%**  
Staff COVID-19 Positivity Rate

## Key Points

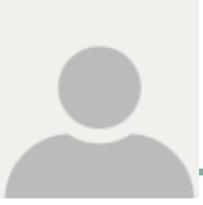
- Understanding the impact and disparities on persons experiencing homelessness
- Improving data collection efforts related to symptomology and race
- Accessibility and transparency of up-to-date COVID and flu data

## 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](mailto:sbmorris@cdc.gov)

Kathleen LaPorte, MPH

Health Communication Specialist

[klaporte@cdc.gov](mailto:klaporte@cdc.gov)

Health Care for the Homeless

November 6, 2020

# Increasing seasonal influenza vaccine coverage to decrease healthcare utilization, 2020-21

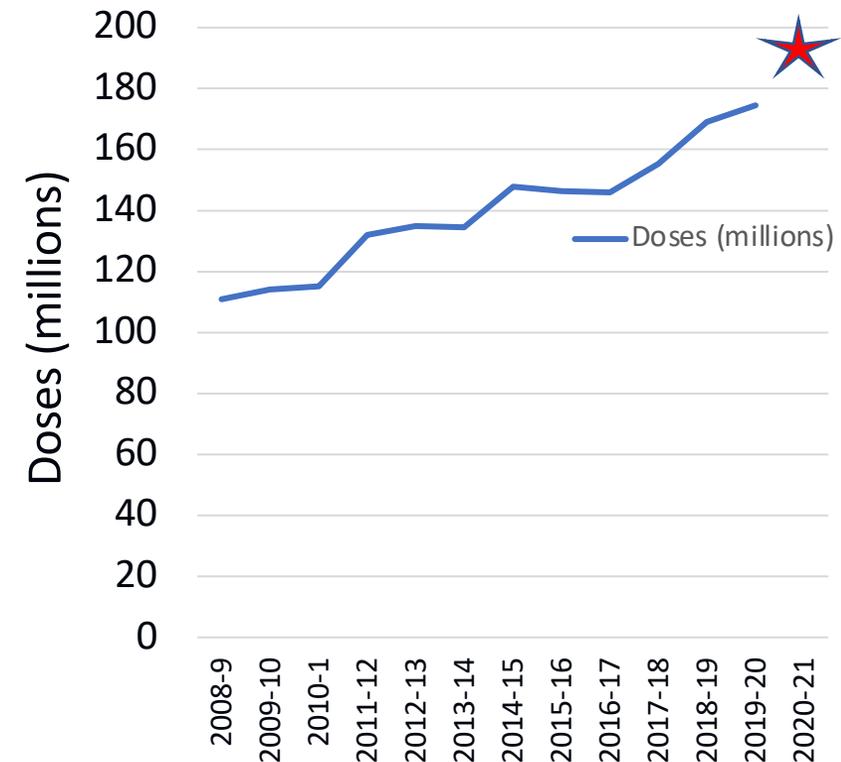
- Expect SARS-CoV-2 to continue to circulate in the fall
- Increasing flu vaccination coverage will reduce stress on the healthcare system
  - Decrease doctor visits and hospitalizations
  - Reduce influenza diagnostic testing
- Focus on adults at higher risk from COVID-19
  - Staff and residents of 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

# 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)*

# 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)

Drug	Route	Treatment
Oseltamivir	Oral	Any age
Zanamivir	Inhaled	≥ 7 years
Peramivir	Intravenous	≥ 2 years
Baloxavir	Oral	≥ 12 years

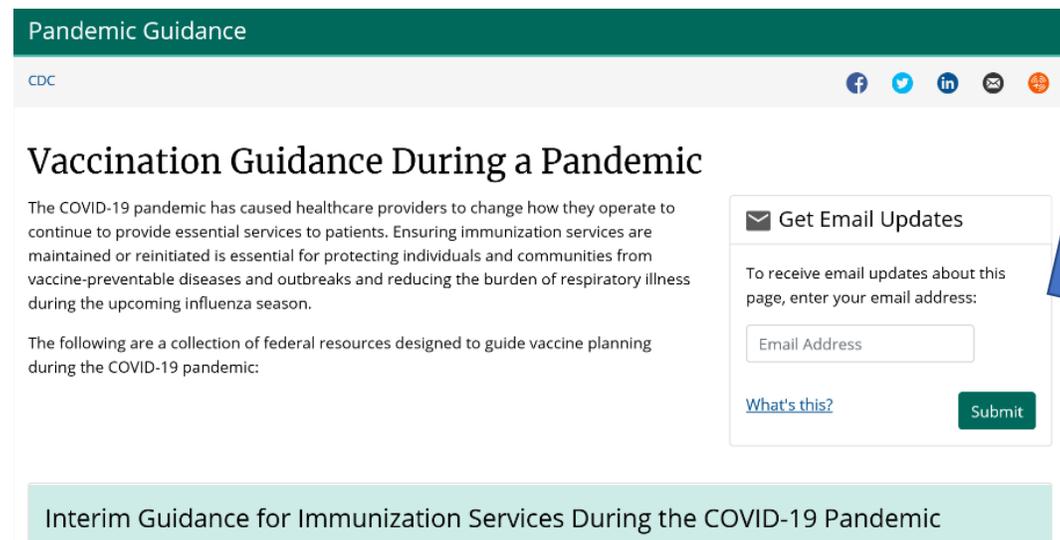
# Clinical Benefit of Early Oseltamivir Treatment - Outpatients

- 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

# 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.



The screenshot shows a web browser window with the title "Pandemic Guidance" and the CDC logo. The main heading is "Vaccination Guidance During a Pandemic". Below the heading, there is a paragraph of text and a link to "Interim Guidance for Immunization Services During the COVID-19 Pandemic". On the right side of the page, there is a "Get Email Updates" form. The form includes a text input field for "Email Address" and a "Submit" button. A blue arrow points to the "Submit" button.

Pandemic Guidance

CDC

## Vaccination Guidance During a Pandemic

The COVID-19 pandemic has caused healthcare providers to change how they operate to continue to provide essential services to patients. Ensuring immunization services are maintained or reinitiated is essential for protecting individuals and communities from vaccine-preventable diseases and outbreaks and reducing the burden of respiratory illness during the upcoming influenza season.

The following are a collection of federal resources designed to guide vaccine planning during the COVID-19 pandemic:

[Interim Guidance for Immunization Services During the COVID-19 Pandemic](#)

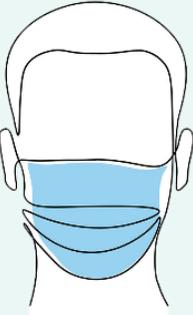
Get Email Updates

To receive email updates about this page, enter your email address:

Email Address

[What's this?](#)

# 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



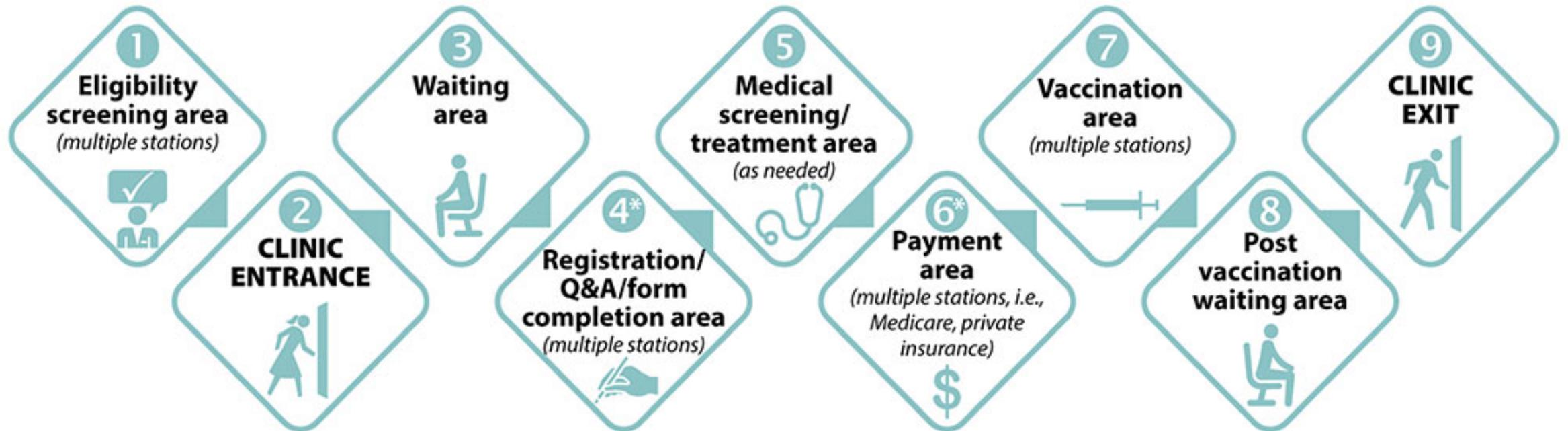
Post-Clinic Activities

## 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.

# Flowchart for vaccination clinic layout for walk-through clinics

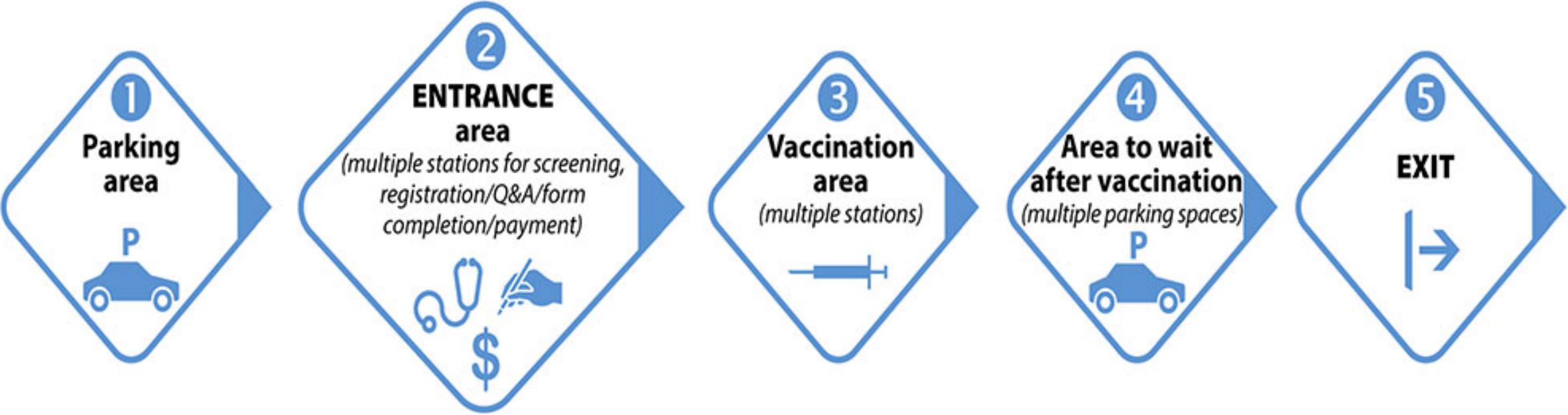
## Indoor or outdoor walk-through clinics



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

# Flowchart for vaccination clinic layout of curbside clinics

## Curbside or drive-through clinics



# Flu Vaccine Communications

# Static Banners: Essential Workers



Flu vaccine protects essential workers and saves medical resources.

[Learn How](#) [#FIGHT FLU](#) 



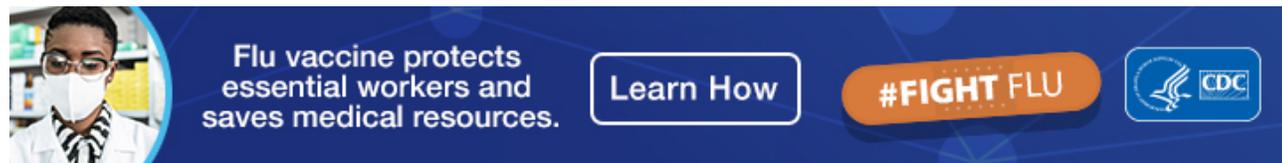
Flu vaccine protects essential workers and saves medical resources.

[Learn How](#) [#FIGHT FLU](#) 



Flu vaccine protects essential workers and saves medical resources.

[Learn How](#) [#FIGHT FLU](#) 



Flu vaccine protects essential workers and saves medical resources.

[Learn How](#) [#FIGHT FLU](#) 

# Animation: Community

Flu vaccine protects you,

Learn How

#FIGHT FLU



This panel features a central circular image of an elderly couple smiling. Surrounding this are several smaller circular images of diverse families and individuals. The background is a dark blue with a network of white dots and lines. At the bottom, there is a white button with 'Learn How', an orange button with '#FIGHT FLU', and the CDC logo.

& your loved ones,  
& your community from flu.

Learn How

#FIGHT FLU



This panel features a central circular image of a family with a young child. Surrounding this are several smaller circular images of diverse families and individuals. The background is a dark blue with a network of white dots and lines. At the bottom, there is a white button with 'Learn How', an orange button with '#FIGHT FLU', and the CDC logo.

Get a flu vaccine.

Learn How

#FIGHT FLU



This panel features a central circular image of a young woman smiling. Surrounding this are several smaller circular images of diverse families and individuals. The background is a dark blue with a network of white dots and lines. At the bottom, there is a white button with 'Learn How', an orange button with '#FIGHT FLU', and the CDC logo.

# Mask Up, Lather Up, Sleeve Up



[www.cdc.gov/flu/resource-center/sleeveup](https://www.cdc.gov/flu/resource-center/sleeveup)

# #SleeveUp to Fight Flu

- As part of this season's flu vaccination campaign, on October 1<sup>st</sup>, 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](#).
- 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

 CDC Flu  
@CDCFlu

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](https://bit.ly/2SyDlp9)



1:33 PM · Sep 25, 2020 · Sprout Social

 MarylandResponds/OPR @MarylandOPR · Oct 2

The weekend is almost here! That means you'll hopefully have some extra time to roll your #SleeveUp and get your flu shot. Find a FREE public flu clinic here: [marylandvax.org/clinic/search](https://marylandvax.org/clinic/search) #FightTheFlu



2

 The IZ Partnership  
@Immunize\_USA

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



12:10 PM · Oct 5, 2020 · Twitter Web App

# 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](#)



## Prepare Your Practice to Fight Flu

Get materials and resources to improve your influenza vaccination rates this year.

[Get the Toolkit ▶](#)

### VaccineFinder



Find flu vaccines in your area.  
Everyone 6 months of age and older  
needs a flu vaccine.

[FIND VACCINES](#)

Powered by HealthMap | Visit CDC/Flu | Embed

© Boston Children's Hospital | Terms of Use



Protect yourself and your loved ones with flu vaccine.

# CDC Digital Materials Available

- 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 [fluidivclear@cdc.gov](mailto:fluidivclear@cdc.gov).
- Files are being uploaded and will be available in the coming days at
  - Digital Toolkit: <https://www.cdc.gov/flu/resource-center/toolkit/index.htm>
- 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 [fluidivclear@cdc.gov](mailto:fluidivclear@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

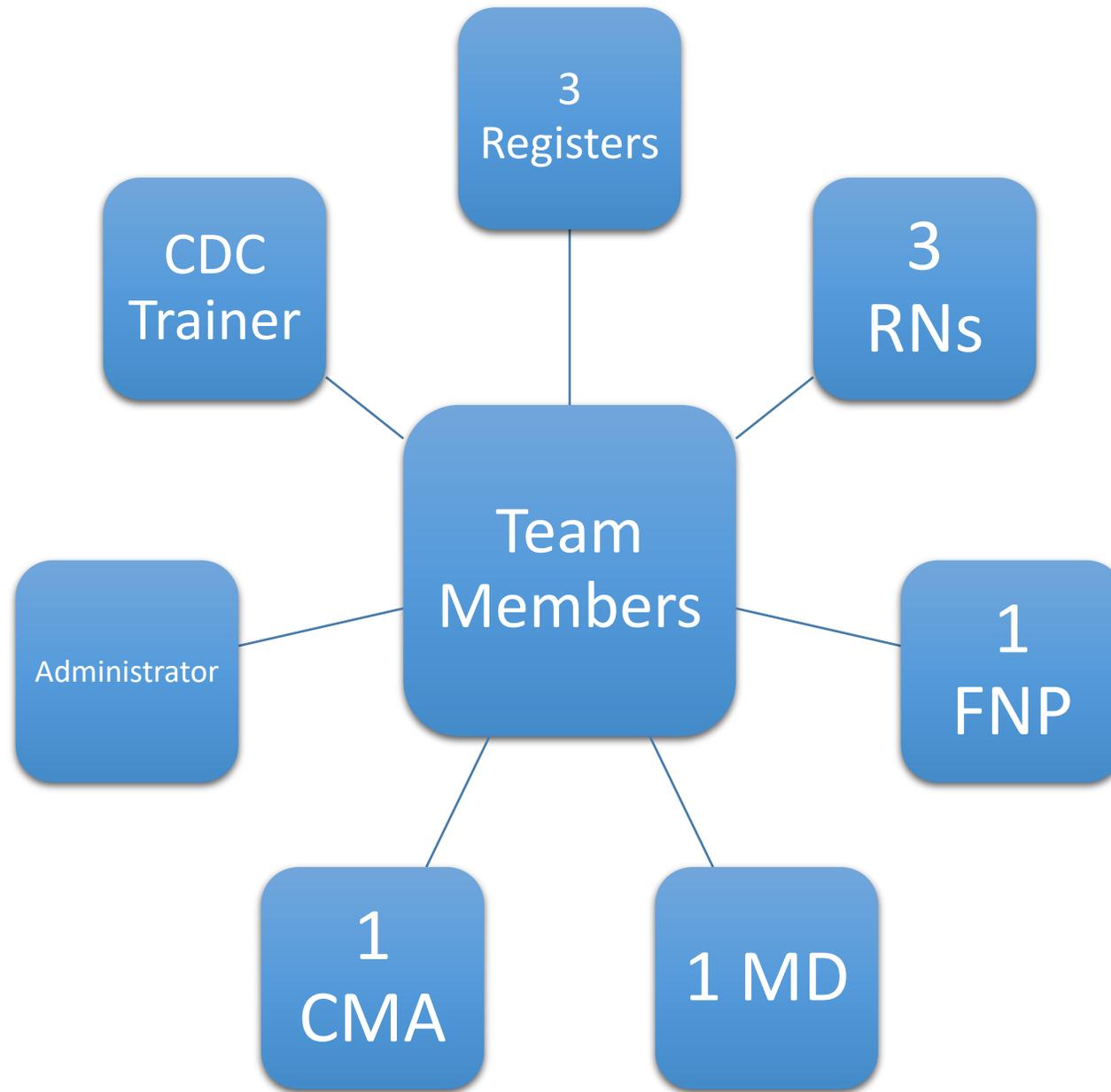
- Flu vaccination will be more important this season than ever
- The \$140M supplemental funding and the additional 9.3M adult flu doses will be used to achieve increased flu vaccination coverage in underserved adults
- State and local health departments are establishing new and strengthening existing 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





# MERCY CARE COVID 19 and Flu events

Kevin Flowers  
Practice Administrator





# 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 Carrier 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

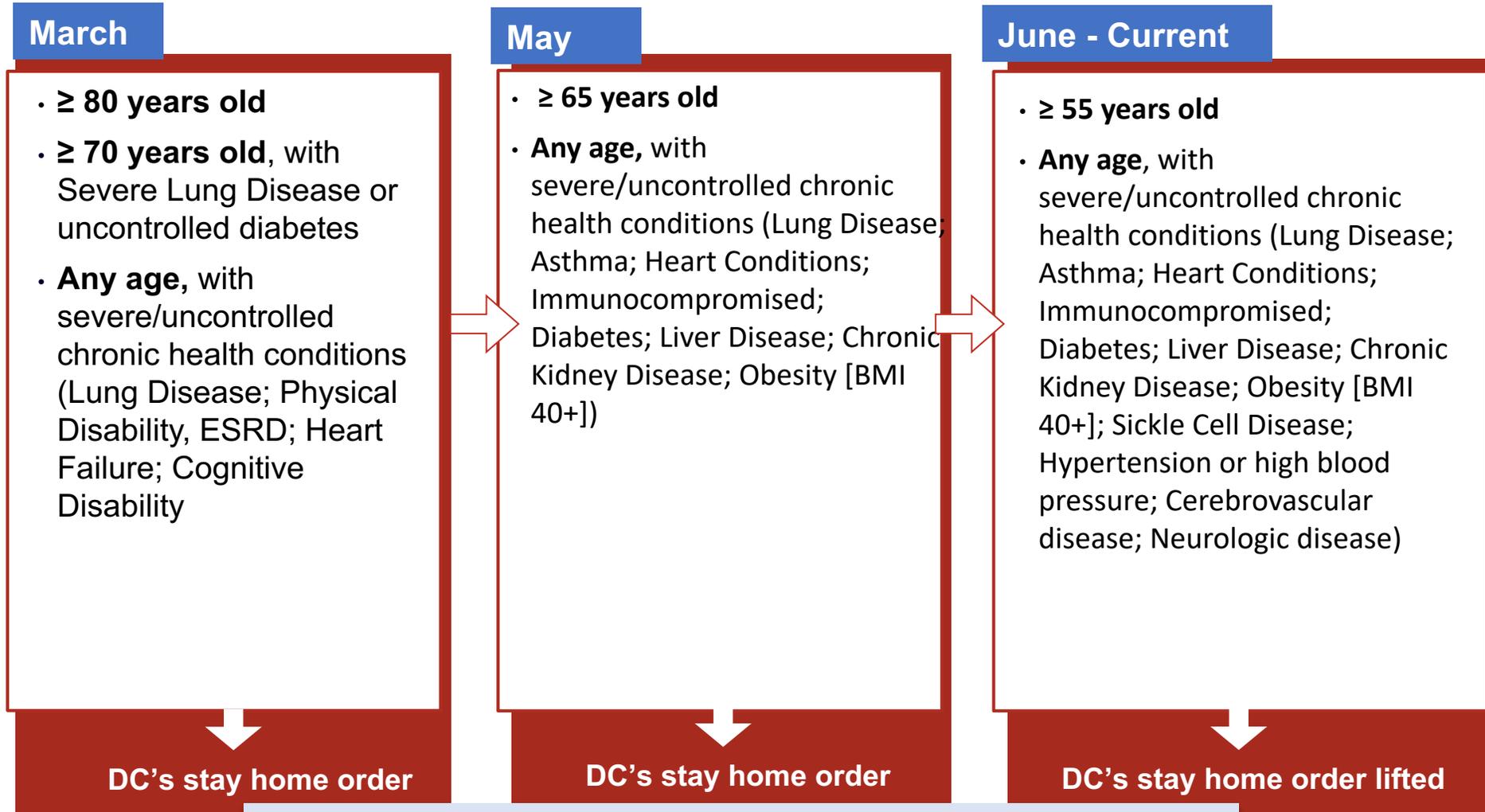


# PEP-V Overview

- 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

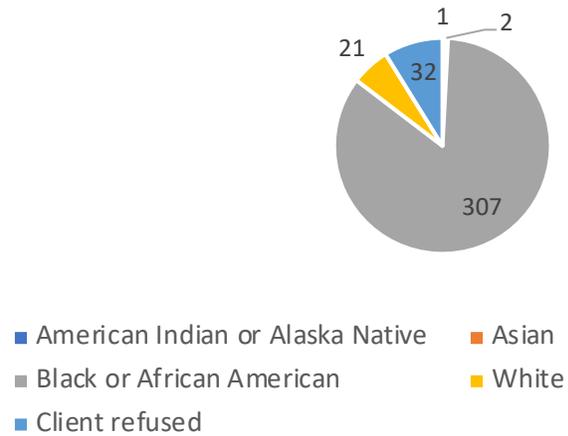


**PEP-V eligibility criteria is based on CDC guidance which changes as COVID-19 knowledge evolves**

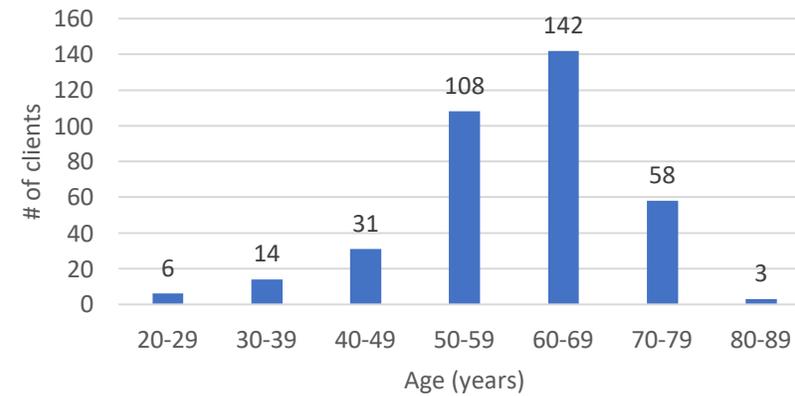


# PEP-V client demographics

PEP-V clients by race



PEP-V clients by age

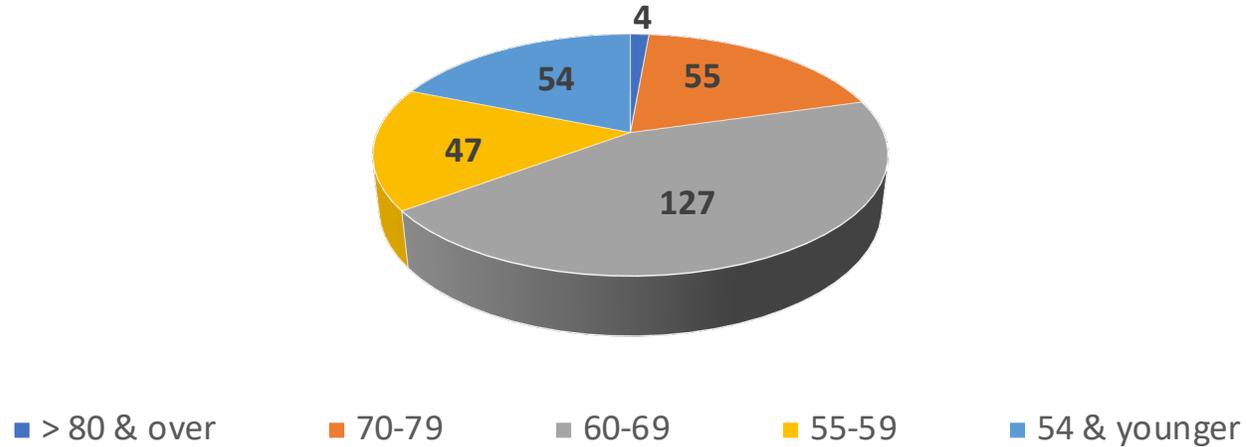


PEP-V clients by gender

Gender	# clients	% clients
Male	259	71%
Female	85	23%
Trans	2	<1%
Refused	17	5%

# PEP-V Client Stats

Age Distribution of PEP-V Clients



Chronic Health Conditions		
High Blood Pressure (68%)	Substance Use Disorder (9.5%)	ESRD (2 %)
Mental Illness (30%)	Congestive Heart Failure (8.5%)	HIV (10%)
Diabetes (28%)	Coronary Artery Disease (7.5%)	Hepatitis C (7%)
Lung Disease [Asthma/COPD] (28%)	Active Cancer Diagnosis, undergoing treatment (5%)	



# 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



# Winter is Coming: Cold Weather and Disasters

Fri., Nov. 13, 2020 | 12 p.m. CT

[Learn More](#)

# Winter is Coming: Evictions & Social Upheaval

Fri., Nov. 20, 2020 | 12 p.m. CT

[Learn More](#)

# WINTER IS COMING

- 1 CORONAVIRUS
- 2 FLU SEASON
- 3 COLD WEATHER
- 4 NATURAL DISASTERS
- 5 EVICTION WAVE
- 6 SOCIAL UPHEAVAL