

SEASONAL READINESS AGAINST VIRAL PATHOGENS IN LONG TERM CARE FACILITIES



2024/2025 – PROGRAM HIGHLIGHTS

LAND ACKNOWLEDGEMENT

We wish to acknowledge that the land on which we gather is the traditional and unceded territory of the Coast Salish Peoples, including the Musqueam, Squamish, and Tsleil-Waututh Nations.

Vancouver Coastal Health is committed to delivering exceptional care to 1.2 million people, including the First Nations, Métis and Inuit in our region, within the traditional territories of the Heiltsuk, Kitasoo-Xai'xais, Lil'wat, Musqueam, N'Quatqua, Nuxalk, Samahquam, shíshálh, Skatin, Squamish, Tla'amin, Tsleil-Waututh, Wuikinuxv, and Xa'xtsa.



AGENDA

Azadeh Gharedaghi

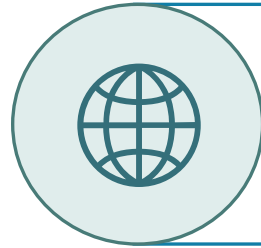
VCH Vaccine Lead, Long Term Care

Dr. Rohit Vijn

Medical Health Officer

Jacqueline Hlagi

Infection Control Nurse, Long Term Care

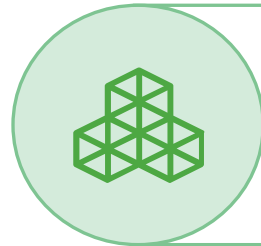


PRESENTATION PURPOSE

VCH Response, Roles & Responsibilities

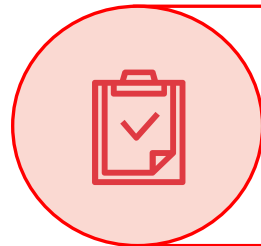


IMPACTS OF INFLUENZA & COVID-19



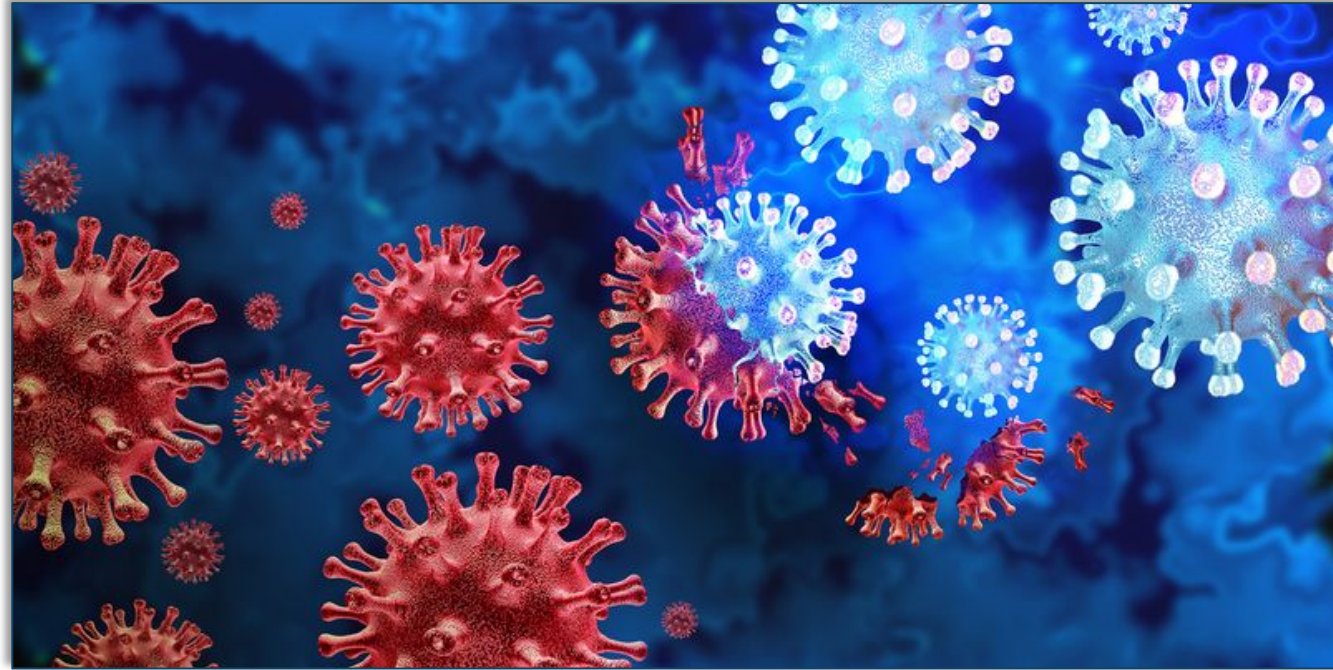
FALL VACCINATION CAMPAIGN

COVID-19, Influenza, Pneumococcal



FALL READINESS

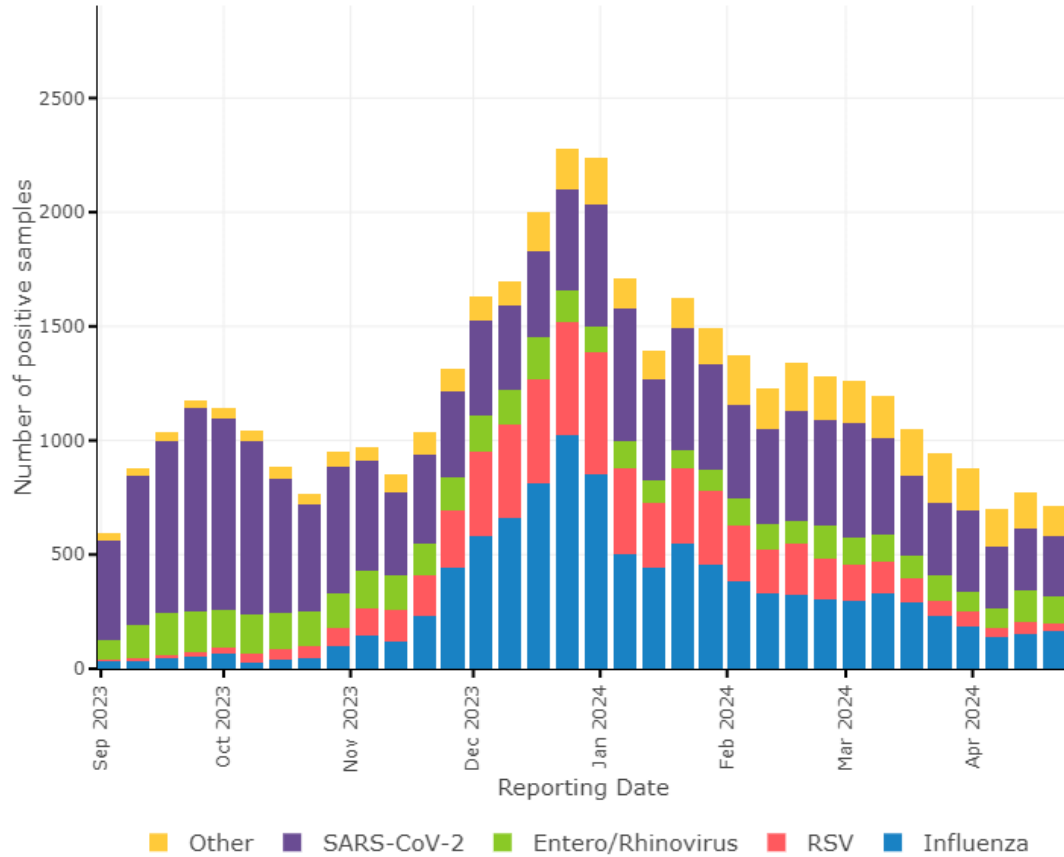
Readiness reminders; Antivirals; Infection Control



IMPACTS OF COVID-19 AND INFLUENZA

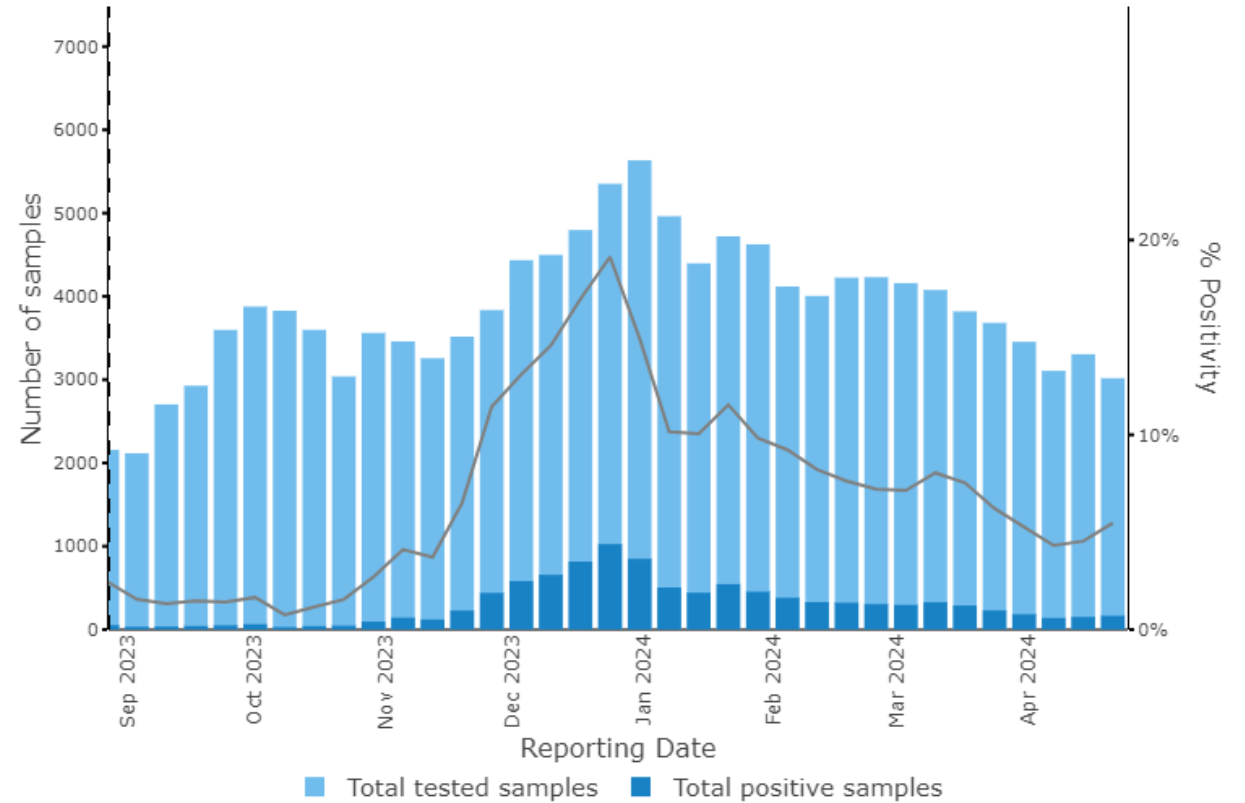
RESPIRATORY ACTIVITY 2023-24 SEASON

Number of positive samples by virus in BC
including previous respiratory season



Histogram represents positive samples detected per epi-week
"Other" includes parainfluenza, adenovirus, human metapneumovirus (HMPV), and seasonal coronaviruses
Dashed line indicates the end of 2022/23 respiratory season

Number of tested samples and percent positivity in BC
Influenza
including previous respiratory season



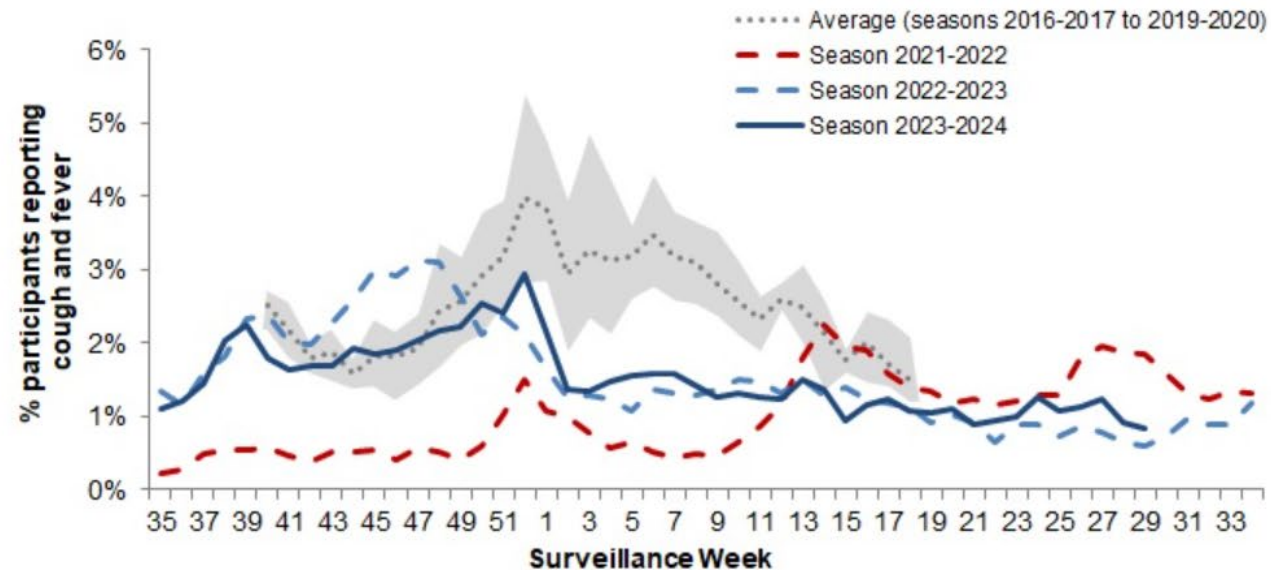
Histogram represents counts, and line represents percent positivity, per epi-week
Dashed line indicates the end of 2022/23 respiratory season

Influenza - Epidemiology

- Syndromic surveillance beginning to resemble pre-pandemic levels

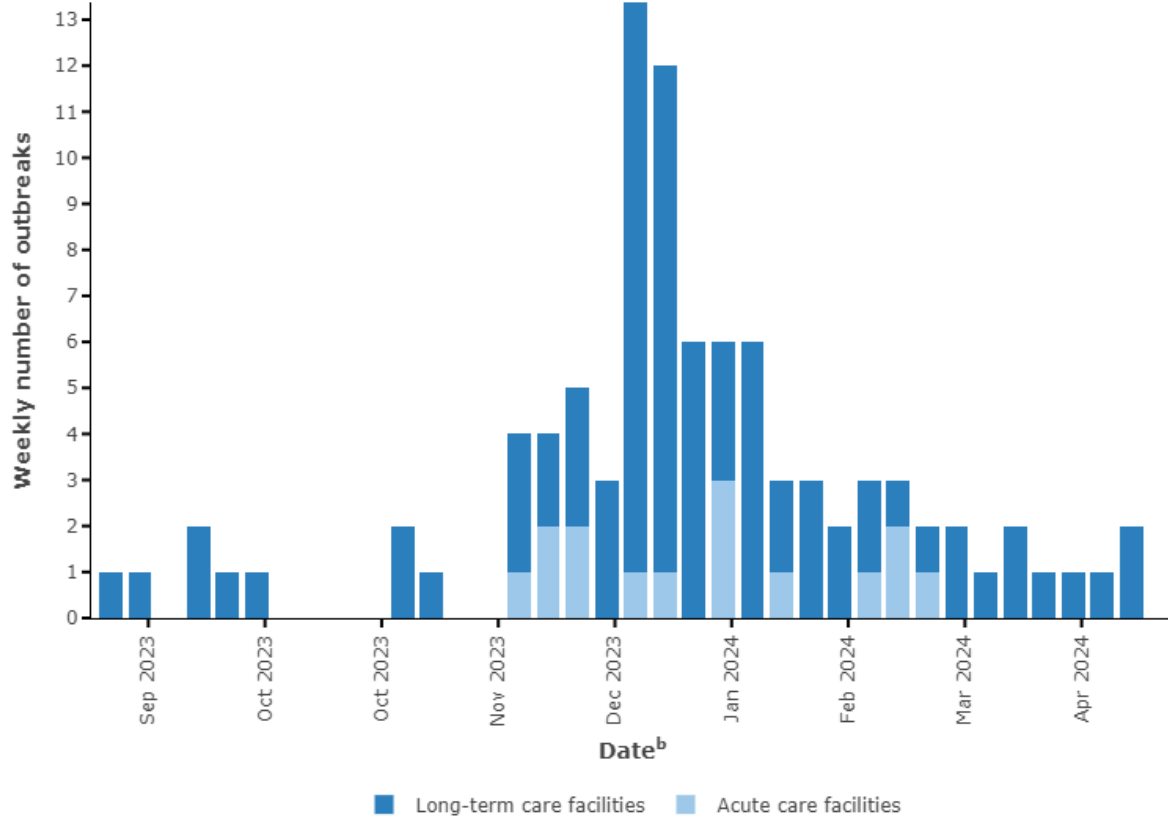
Figure 6 - Percentage of FluWatchers reporting cough and fever, Canada, week 2023-35 to 2024-29

Number of Participants Reporting in Week 29: 8,131



Flu Watch Report: June 23 to July 20, 2024 (week 26-29), Public Health Agency of Canada

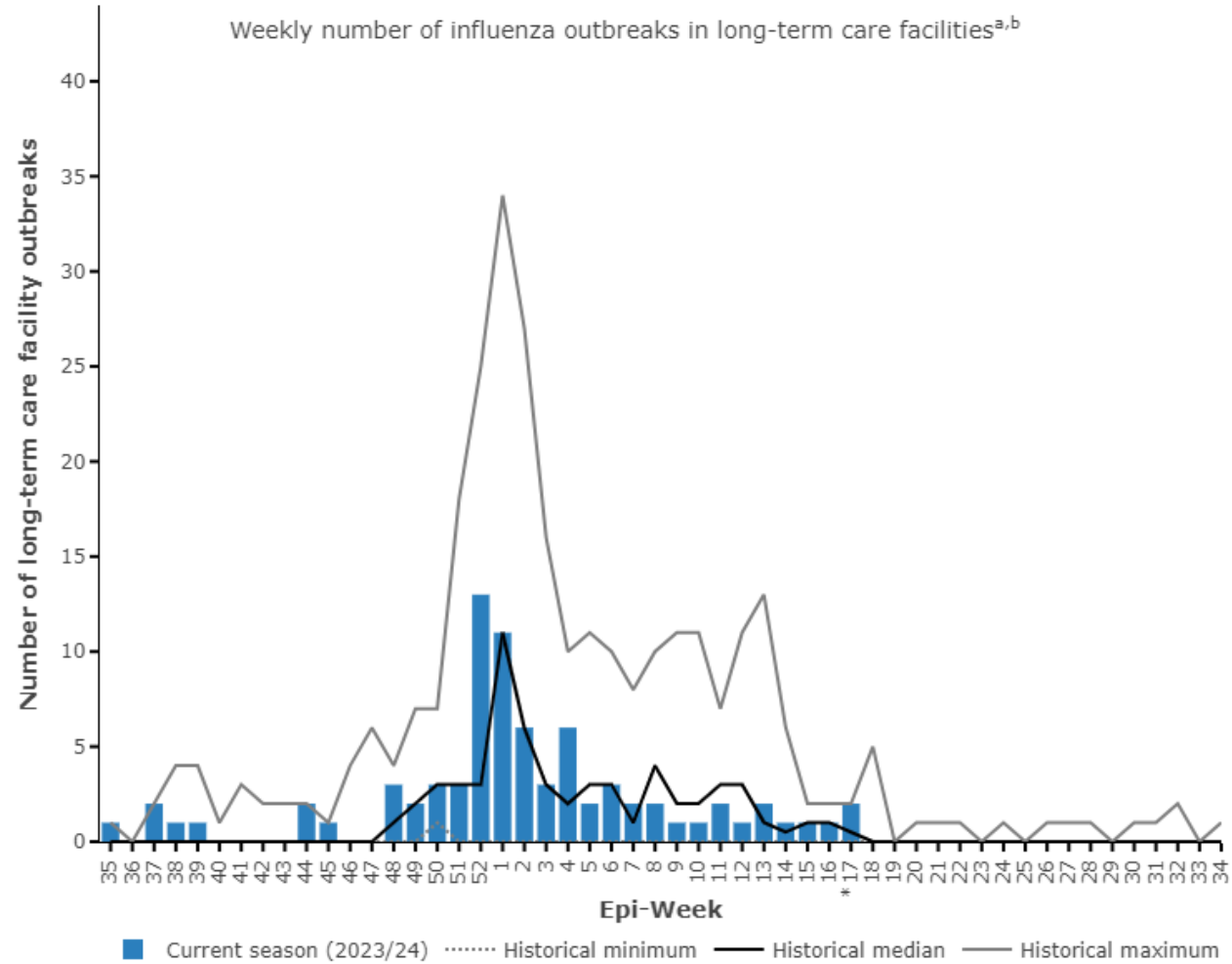
Weekly number of influenza care facility outbreaks by facility type^a



^a Data might be incomplete or vary from what was reported previously due to data corrections and updates by health authorities.

^b Outbreak start dates are determined by earliest onset dates for cases. If unavailable, outbreak declared date is used.

Weekly number of influenza outbreaks in long-term care facilities^{a,b}



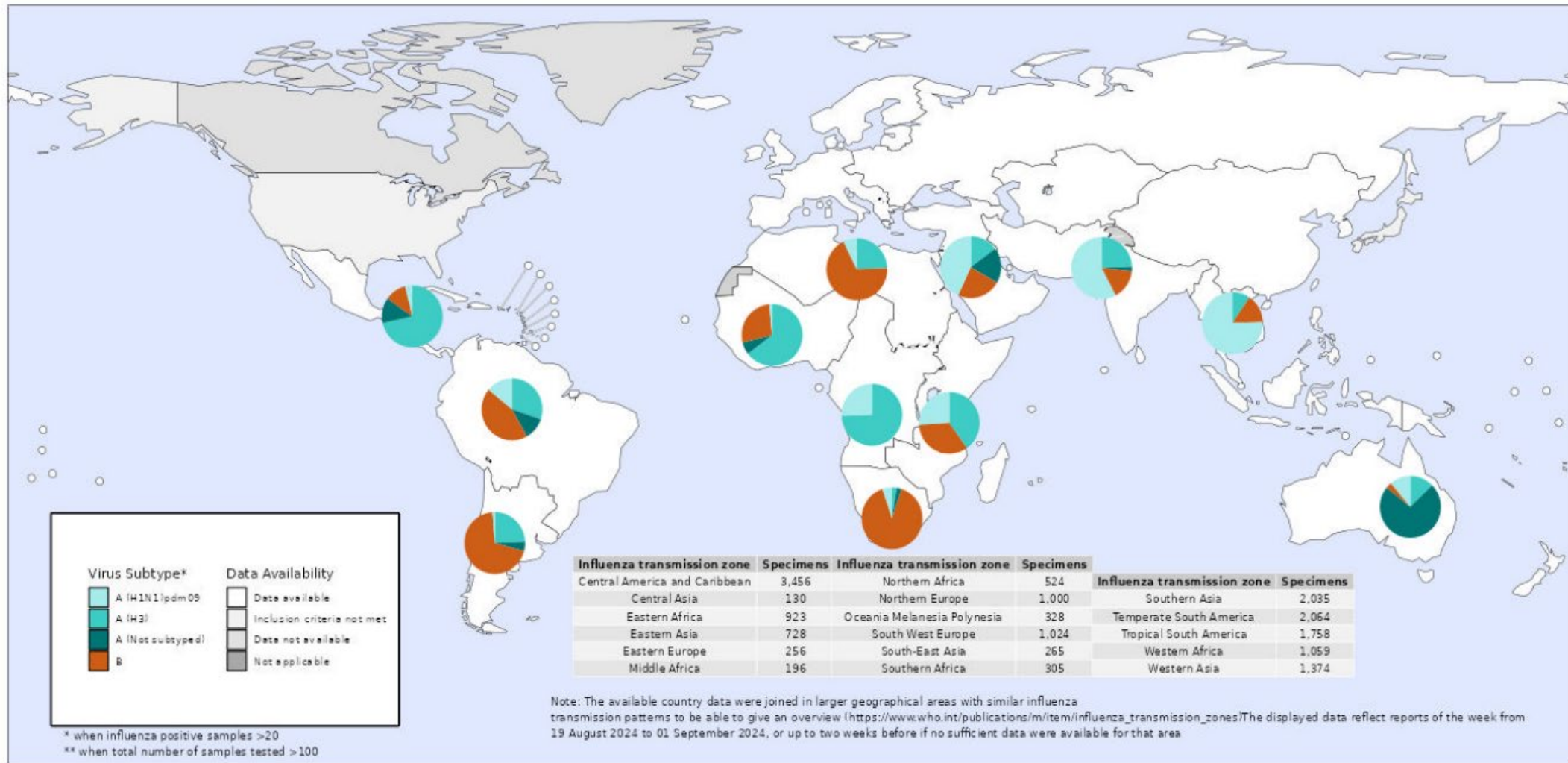
■ Current season (2023/24) Historical minimum — Historical median — Historical maximum

Historical trend lines include data from the 2015/2016 to 2018/2019 and 2022/2023 respiratory seasons. Data from 2019/2020 to 2021/2022 were excluded from the historical average calculations due to the COVID-19 pandemic. The current reporting epi-week period is denoted by an asterisk.

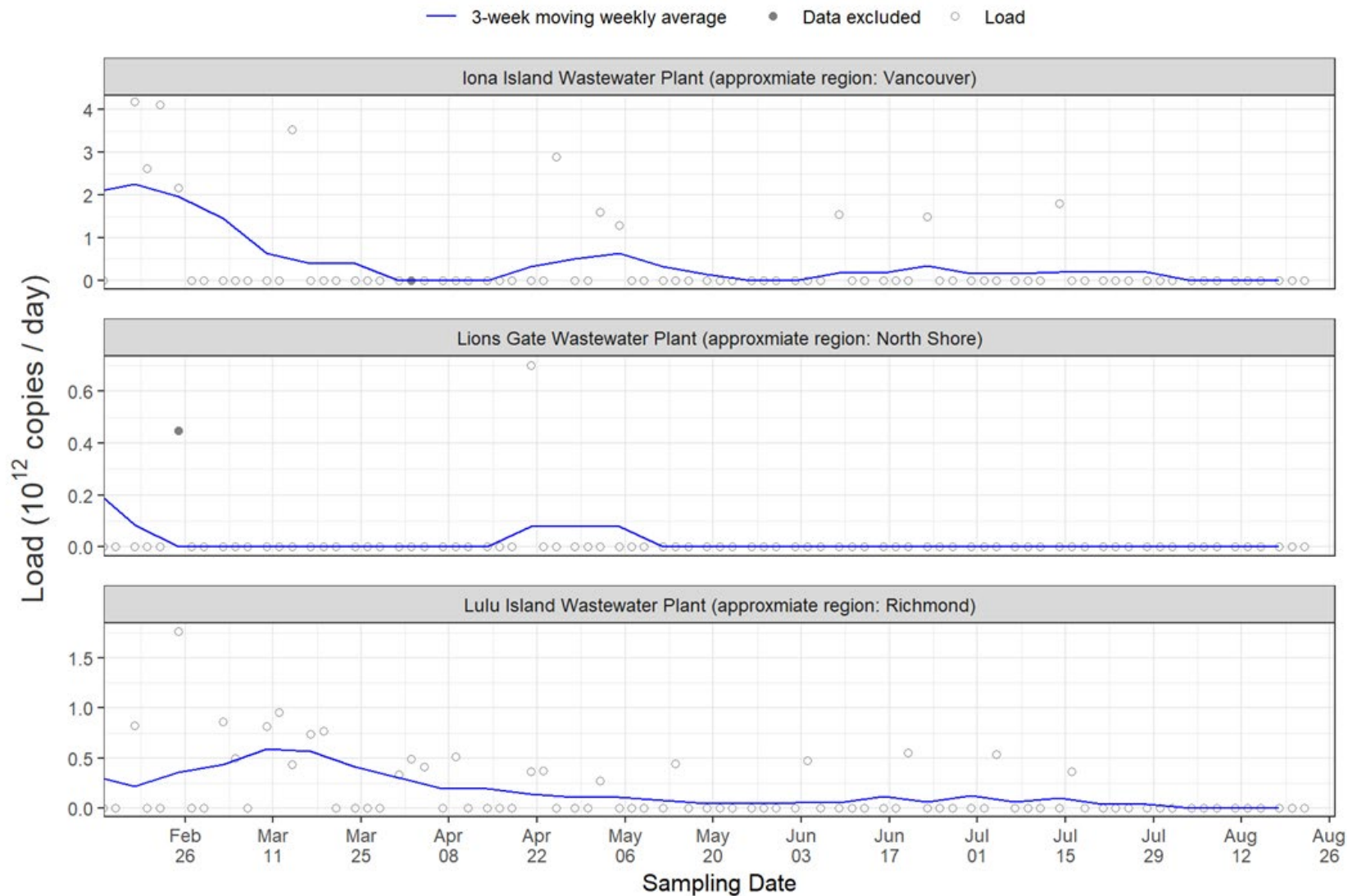
^a Data might be incomplete or vary from what was reported previously due to data corrections and updates by health authorities.

^b Outbreak start dates are determined by earliest onset dates for cases. If unavailable, outbreak declared date is used.

GLOBAL INFLUENZA SURVEILLANCE | SEP 2024



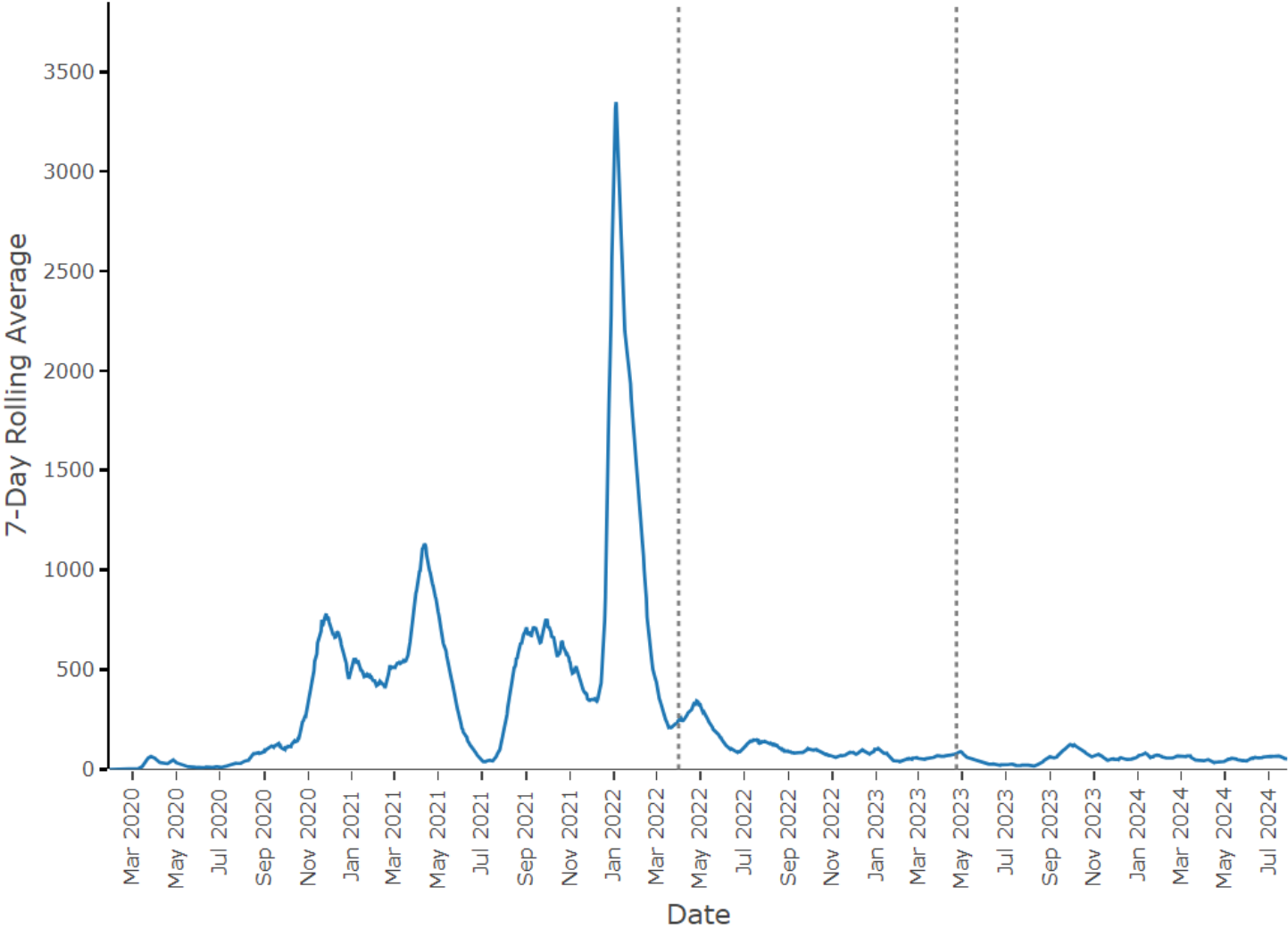
OVERVIEW: INFLUENZA A WASTEWATER SURVEILLANCE VCH



7-day average of COVID-19 cases^a

COVID-19 - Epidemiology

- Despite evolving virus, cases remain low and stable

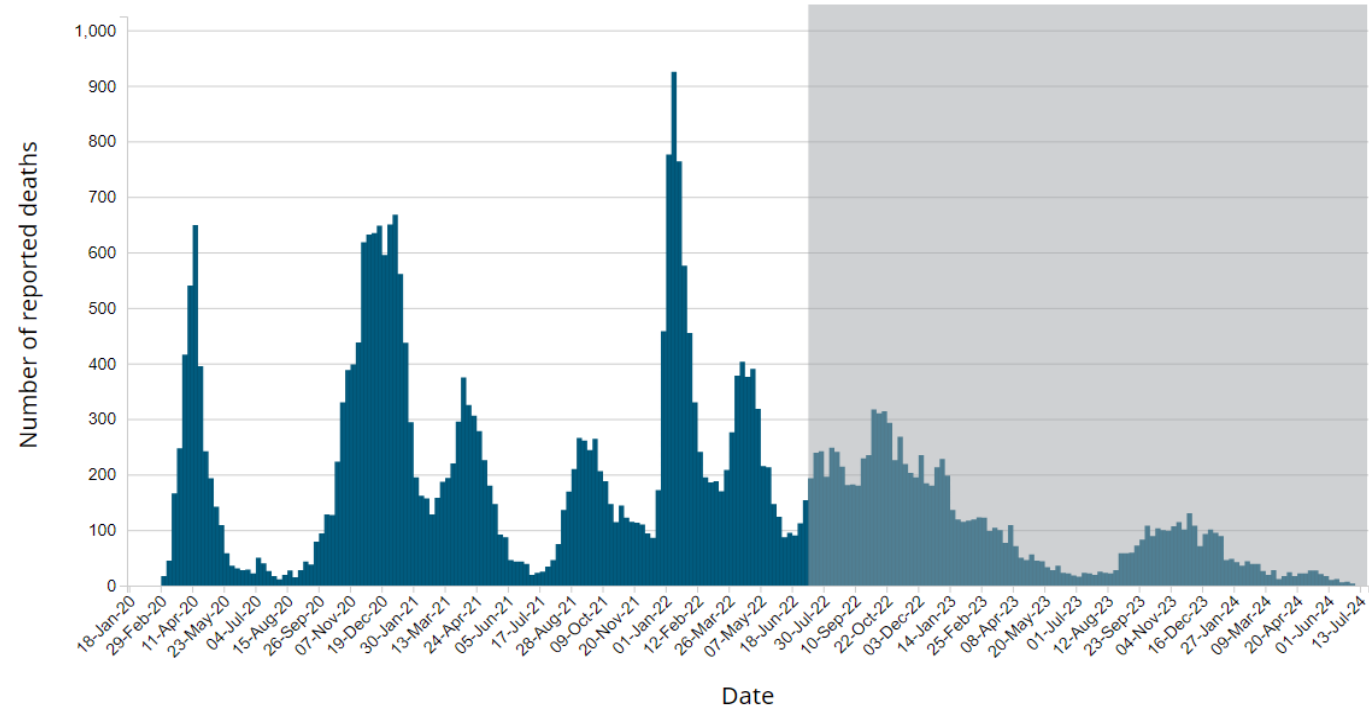


BCCDC Respiratory Surveillance Dashboard, Accessed August 2024

COVID-19 - Epidemiology

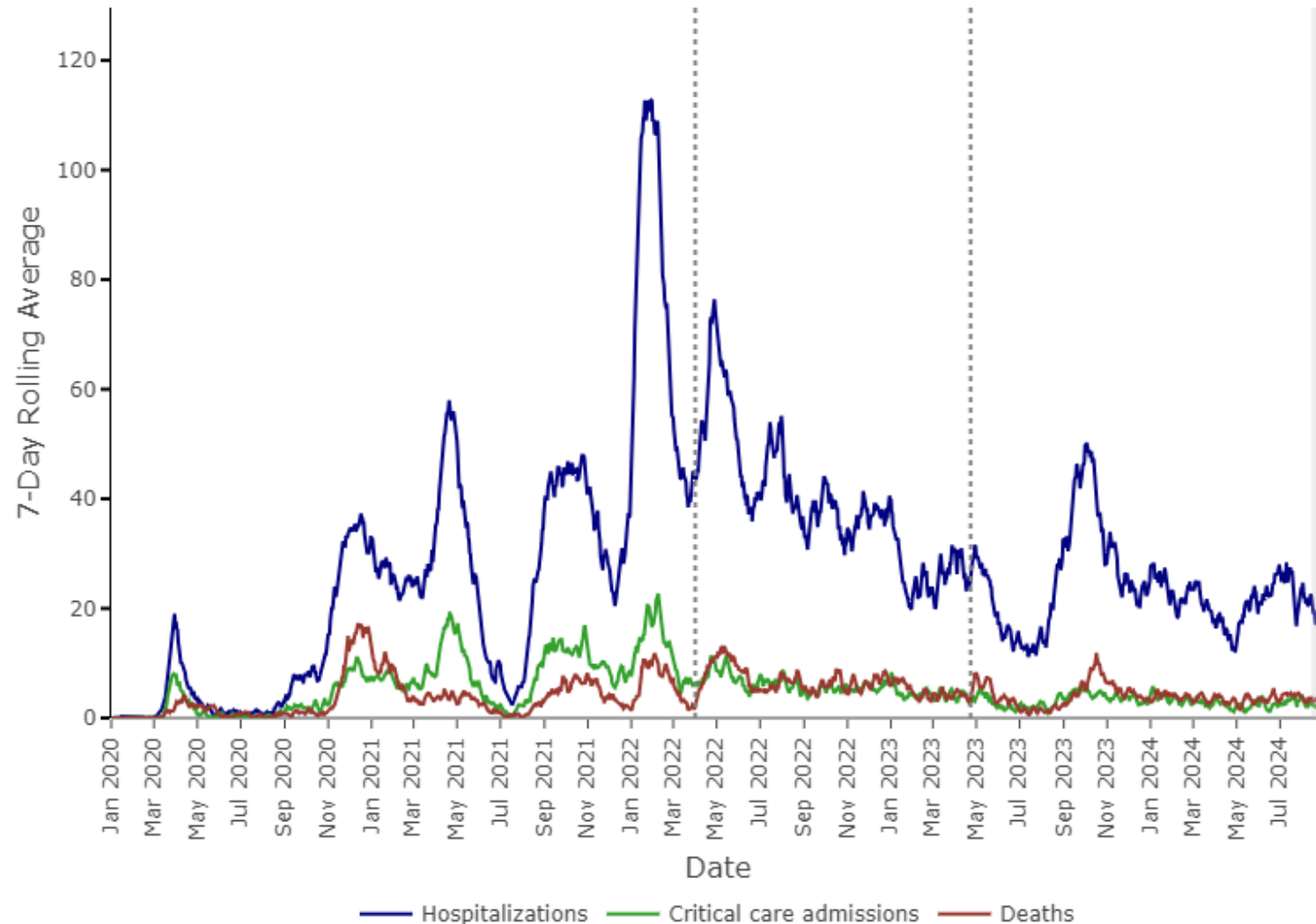
- Severe outcomes also low and stable

Figure 2. Weekly number of COVID-19 (n=38,340) in Canada as of July 20, 2024

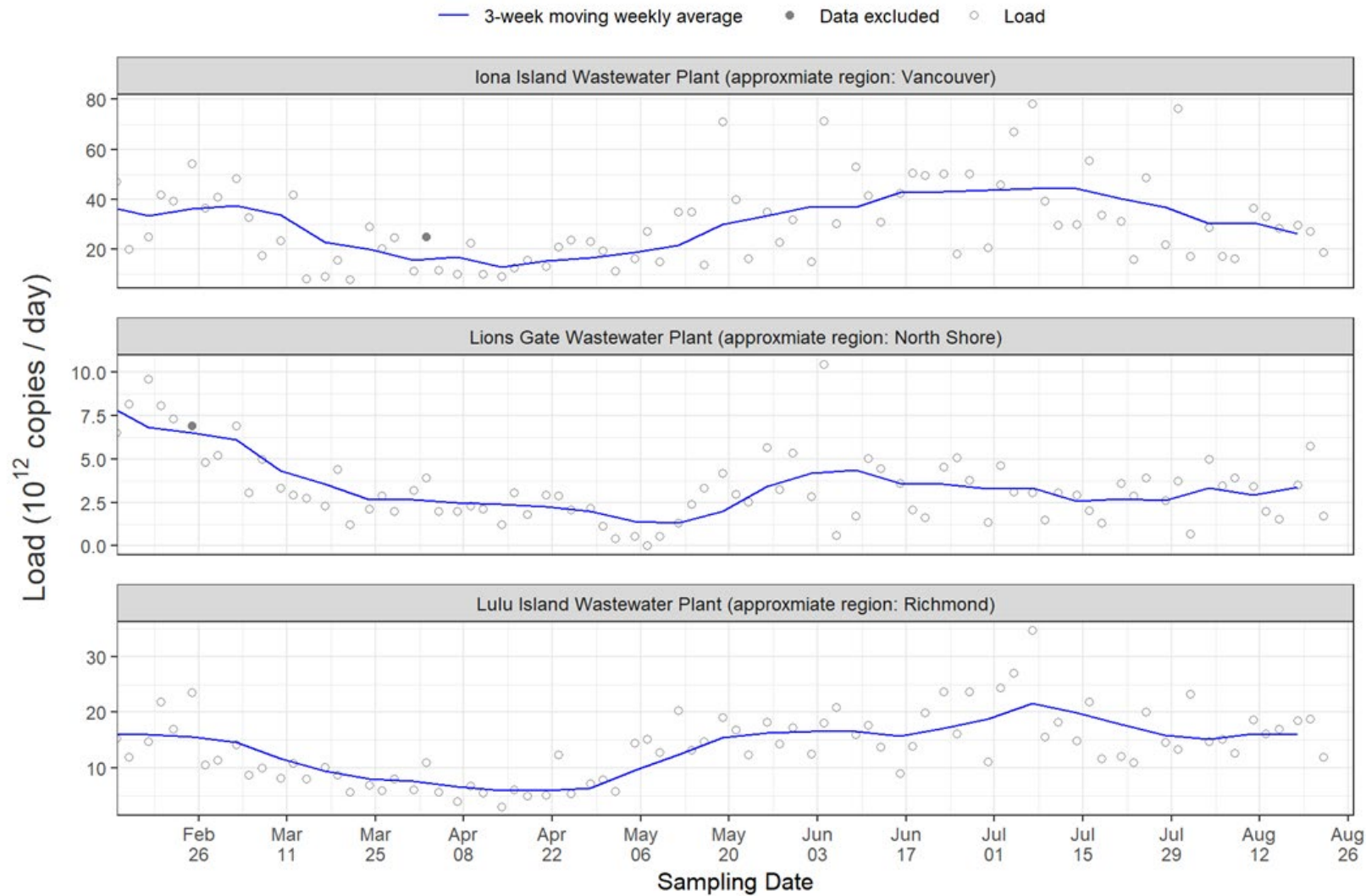


COVID-19: BC OUTCOMES | 2020 – PRESENT

7-day average of COVID-19 severe outcomes^a

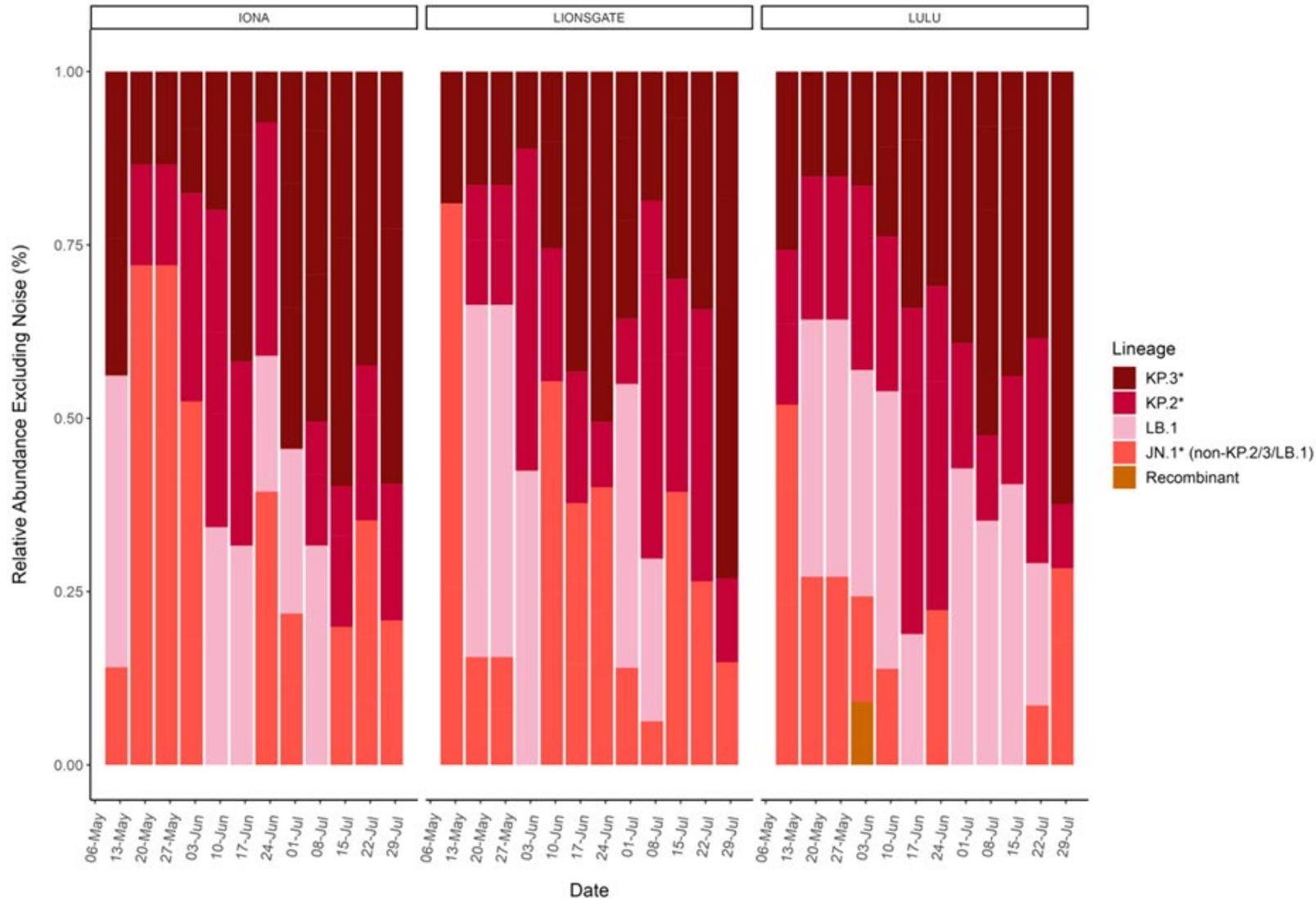


OVERVIEW: COVID-19 WASTEWATER SURVEILLANCE VCH



BC COVID-19 LINEAGES

Whole genome sequencing



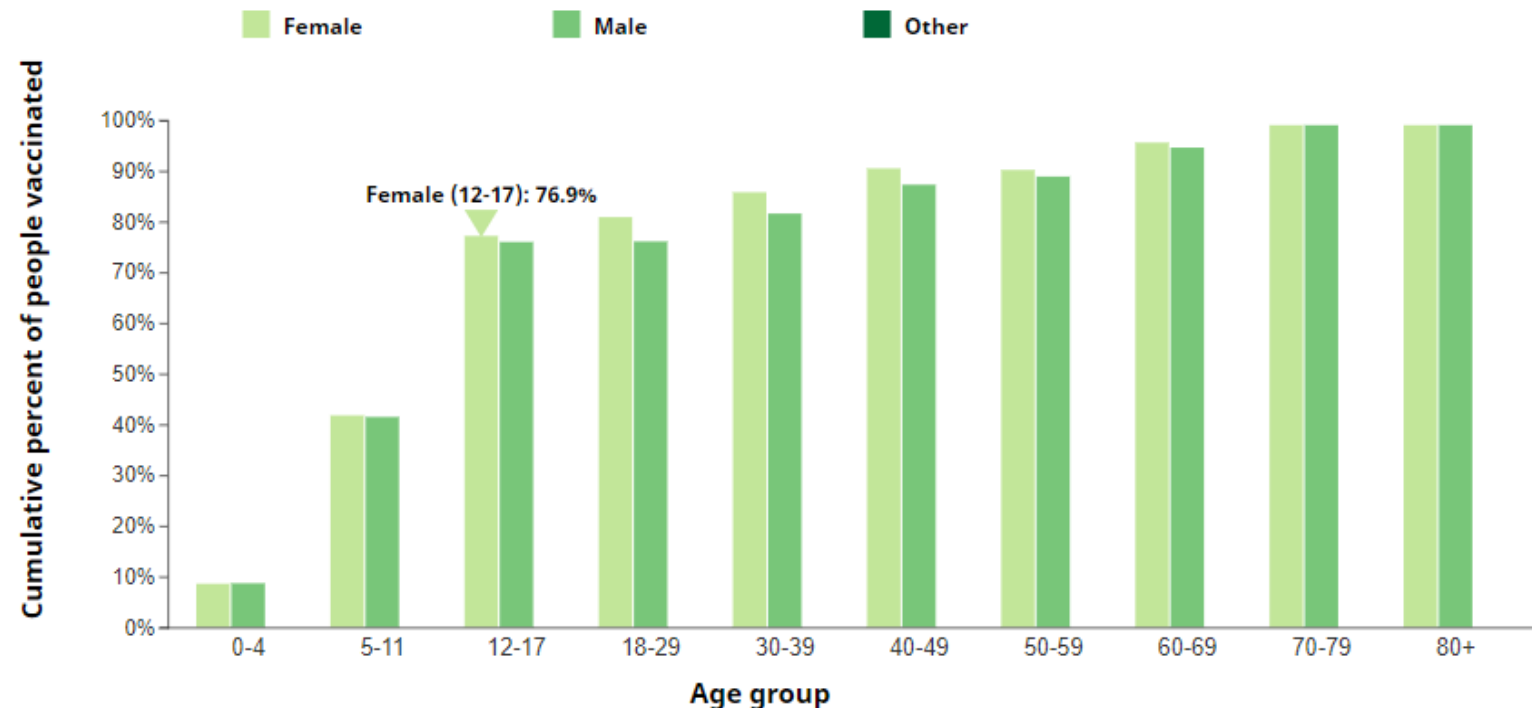
Proportion of SARS-CoV-2 lineages in samples pooled by week at WWTPs within VCH over the past 12 weeks.

COVID-19 – Vaccine Coverage & Protection

- Coverage with at least 1 dose of COVID-19 vaccine is 81.1% in Canada

Figure 2. Cumulative percent of people who have received at least 1 dose of a COVID-19 vaccine in Canada by age group and sex, June 30, 2024 [Access the data](#)

Hover over or select a bar to see the cumulative number or percent of people vaccinated so far.





INFLUENZA & COVID-19 VACCINES

NEW FOR 2024-2025 SEASON

INFLUENZA STRAINS | 2024 - 2025

2023-2024

- A/Victoria/4897/2022 (H1N1)pdm09-like virus
- A/Darwin/9/2022 (H3N2)-like virus
- B/Austria/1359417/2021-like virus
- B/Phuket/3073/2013-like virus

2024-2025

- A/Victoria/4897/2022 (H1N1)pdm09-like virus
- A/Thailand/8/2022 (H3N2)-like virus **(NEW)**
- B/Austria/1359417/2021-like virus
- B/Phuket/3073/2013-like virus

VACCINES FOR SENIORS

FLUAD ADJUVANTED TRIVALENT

ELIGIBILITY

Fluad[®] Adjuvanted TIV

- 65+ BC residents
- Dosage: 0.5ml IM Pre-filled syringes

Fluad[®] is an adjuvanted vaccine, associated with increased vaccine efficacy, and preferentially recommended by the National Advisory Committee on Immunization (NACI) for individuals 65 years of age and older.

VACCINES FOR STAFF

Three products: FLUZONE® QUADRIVALENT, FLULAVAL® TETRA, AFLURIA® TETRA

- Influenza immunization of staff remains important to protecting both staff and residents against influenza.
- We are expecting a near normal influenza season, possibly with greater H1N1/B activity.
- Staff influenza immunization coverage has decreased during the pandemic.
- Encourage staff to be immunized and to report vaccination to employer as per local procedures.

Updated FALL COVID-19 VACCINES

Moderna Spikevax® – approved by Health Canada

- Single vaccine formulation for ages 6 months and older, contains KP.2 antigen
- Vaccine dosage varies by age: 0.25mL (6 months-11 years), 0.5 mL (12 years +)
- Reminder, dosage for seniors: **0.5mL** (50mcg), only one dose needed
- Interval from previous vaccine: 6 months recommended (3 month min interval can be used for operational reasons)
- Interval from COVID-19 infection: 3-6 months for optimal benefit (safe to administer any time following recovery from infection)
- Seniors with moderate to severe immune compromise and no history of COVID-19 vaccine need 2 doses, 8 weeks apart.*

Pfizer

- Pfizer Adult/Adolescent (12+), containing KP.2 antigen, will be available after Health Canada approval
- Vaccine formulations for younger age groups also expected

Novovax [non-mRNA vaccine]

- Eligibility expected to be 18+
- Health Canada approval pending
- Contains JN.1 antigen



PNEUMOCOCCAL VACCINE: 65+ eligible for one dose

Pneumovax® 23 (PPV23) - Pneumococcal Polysaccharide Vaccine

- Publicly funded in BC for the following groups:
 - Adults 65+
 - Residents of LTC Facilities
 - Individuals 2 years and older with underlying chronic health conditions*
- Booster – Once-only revaccination to be offered 5 years post initial immunization for:
 - Asplenia/hyposplenia/sickle cell disease
 - Immune suppression
 - Chronic renal/liver disease
 - Solid organ or islet cell transplant

Prevnar®20/®15 - Pneumococcal Conjugate Vaccines available for private purchase; NACI recommendations available.

NACI recommendations for PCV20 and PCV15 in adults, Feb 2023*

Adults who have not been previously vaccinated with a pneumococcal vaccine:

A single dose of PCV20 **should** be offered to:

- Adults \geq 65 years
- Adults 50-64 years who may be at high risk of IPD
- Adults 18-49 years with immune compromising conditions

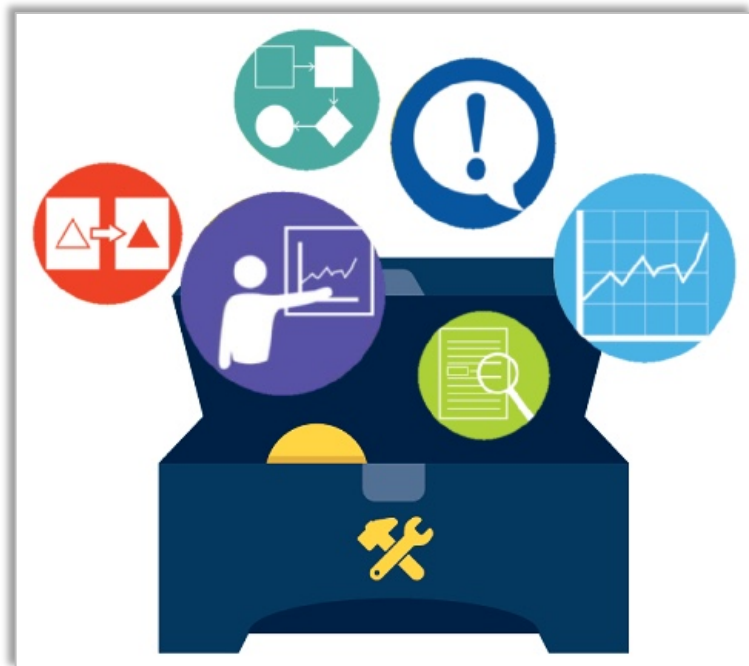
As an alternative to PCV20, PCV15 followed by a single dose of PPV23 **may** be offered

Those previously immunized with a pneumococcal vaccine:

- PCV 20 **should** be offered to adults \geq 65 years at 5 years from previous PCV13/PPV23 series
- PCV 20 **may** be offered to adults \geq 65 years at 1 year from previous PCV13

*PCV20 and PCV15 are not yet publicly funded; NACI recommendations shared here in case of questions.

<https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/public-health-level-recommendations-use-pneumococcal-vaccines-adults-including-use-15-valent-20-valent-conjugate-vaccines.html#a8.1>



VIRAL RESPIRATORY ILLNESS (VRI) TOOLKIT

FOR LONG TERM CARE FACILITIES

FALL READINESS REMINDERS



Prep for fall vaccination campaigns:

- Order Vaccines
- Supplies



Obtain serum creatinine levels for all residents



Antivirals

- Linkage with pharmacies for Tamiflu™ prophylaxis & Rx;
- Review COVID-19 therapeutics



VRI surveillance:

- Documentation of symptom check NOT required
- Clinical assessment
- Illness reporting



Strengthen IPAC practices:

- Hand hygiene
- Case management

INFLUENZA ANTIVIRALS: PROPHYLAXIS & TREATMENT

Do not delay the PREPARATION

- The sooner antivirals are given, the more effective they are in controlling an outbreak
- Tamiflu™ (Oseltavmivir) recommended antiviral medication for the control of influenza outbreaks
- Residents on treatment dose will not need prophylaxis dose after completion



COVID-19 ANTIVIRALS: TREATMENT

- Prepare for the respiratory virus season by identifying patients who qualify for COVID-19 treatment
- Renal functions and drug interactions in case therapy is needed
- Eligibility is influenced by age, immune-status, chronic conditions AND illness trajectory
- To identify eligibility, clinicians can refer to the [BCCDC COVID-19 Treatment Assessment Guide for Clinicians](#)



Upcoming Ministry Direction for Fall 2024 Respiratory Season



INFECTION PREVENTION & CONTROL

CONTACT INFORMATION

ICP Team Email:

ICP-LTC@vch.ca

ICP Team Individual Phone Numbers:

<http://ipac.vch.ca/contact-us>

PRE-SEASON PLANNING

Review Documents with ICP

- Preseason Planning
- LTC Leadership VRI Toolkit
- LTC Frontline Staff VRI Toolkit
- **Stand Alone Assisted Living VRI toolkit**
- LTC Leadership VGI Toolkit
- LTC Frontline Staff VGI) Toolkit
- **Stand Alone Assisted Living VGI toolkit**
- Update Outbreak Management team list
- **Have new VRI lab requisition**
- **Identify residents eligible for Paxlovid treatmet**

Have Swabs (VRI)* and specimen containers (GI) PPE carts, wipes, PPE, ABHR

Follow TDG guidance for packaging swabs for transport to lab in a vehicle.

Staff and Fit testing for N95's for AGMP (CPAP/BIPAP/Nebulizer).

VRI CASE DEFINITION

Fever or new or worse cough and one of the following symptoms:

- Chills
- Shortness of breath
- Runny or stuffy nose
- Sore throat
- Hoarseness
- difficulty swallowing
- Swollen or tender glands in the neck
- Loss of taste or smell
- Myalgia, arthralgia muscle or body aches,
- Lymphadenopathy
- Headache
- Severe weakness or fatigue

➤ Test for respiratory illness when VRI case definition is met

VIRAL RESPIRATORY ILLNESS REPORTING

When there are any cases of VRI

- Initiate line list include only residents (Monday to Friday excluding weekends and stats) send by 1400 to:
 - ICP-LTC@vch.ca

VRI (influenza) Outbreak Declaration (2 or more lab confirmed influenza on a unit in 7 days)

- ICP to connect with MHO after hours for evenings and after hours on weekends
- Send daily line list of residents and staff until outbreak declared over by 1400 to:
 - MHOandCDNurseOnCall@vch.ca *
 - ICP-LTC@vch.ca
 - LTCEO@vch.ca
 - VCHMedMicroIPAC@vch.ca
 - [Outbreak Management team](#)

GASTROINTESTINAL ILLNESS CASE DEFINITION

2 or more episodes of diarrhea* within a 24-hour period

OR

2 or more episodes of vomiting* within a 24-hour period

OR

1 episode diarrhea AND 1 episode of vomiting within a 24-hour period

**Above what is considered normal for that person, or otherwise explained by underlying conditions or medications.*

VIRAL GASTROINTESTINAL REPORTING

One or Two GI Cases

- Leadership/site to notify Infection Control Practitioner of new resident cases (include symptoms and unit) via email: ICP-LTC@vch.ca
- Frontline staff to record newly symptomatic residents on paper line list.

GI Outbreak when three or more residents meet the case definition for Viral GI cases on the same unit or ward within a 4-day period

- ICP will contact MHO after hours for evenings and after hours on weekends
- Send an electronic line list of residents and staff daily until outbreak declared over to:
 - CDEHO@vch.ca
 - ICP-LTC@vch.ca
 - VCHMedMicroIPAC@vch.ca
 - LTCEOC@vch.ca
 - Outbreak Management team

TRANSPORT OF SPECIMENS

Viral Respiratory Illness

- All sites to send specimens to VGH lab
 - Owned & operated, contracted and private sites

**Novex courier aware of site change for all sites*

Viral Gastrointestinal Illness

- Send to BCCDC Lab when outbreak definition is met

**Ensure you have contract with your courier for BCCDC Lab*

STAFF RETURN TO WORK

Viral Respiratory Illness

Staff return to work when:

- Resolution of fever for 24 hours without the use of fever reducing medication; and
- Symptoms improve and feel well enough to work

Viral Gastrointestinal Illness

- Staff not to work in any health care facility until they are symptom free for 48 hours
- Food-handler staff not to work in any health care facility until they are symptom free for 72 hours

VRI VGI Toolkit Highlights

Toolkits

- LTC Leadership VRI Toolkit
- LTC Frontline Staff VRI Toolkit
- **Stand Alone Assisted Living VRI Toolkit**

- LTC Leadership VGI Toolkit
- LTC Frontline Staff VGI Toolkit
- **Stand Alone Assisted Living VGI Toolkit**

Specimen Collection

VRI when case definition met

- Specimens to the VGH lab
- New VRI lab requisition

STANDARD OUT-PATIENT LABORATORY REQUISITION infographic.

VGI when outbreak definition met

- Specimens to BCCDC lab

Follow TDG guidance for packaging Specimens for transport to lab in a vehicle

Swabs/sterile containers: have a process to reorder and check expiry dates

Other

Influenza outbreaks

- Include mhoandcdnurseoncall@vch.ca * when sending the line list
- Include staff in line list
- [Staff influenza prophylaxis letter](#) for staff with underlying chronic health conditions

COVID 19

- [\(Paxlovid™\) 5-Day Treatment PackPrescription](#)



CAMPAIGN LOGISTICS

LTC FALL SEASONAL CAMPAIGN 2024

COVID-19 & Influenza Vaccines

Vaccine Availability Update

- Influenza Vaccines: Expected arrival between Sep 25 – Oct 9
- COVID-19 Vaccines: Available in early October
- Co-administering will be possible mid-October
- Clinics can start as soon as inventory is available

Staff Clinics

- Flu Vaccines
- Can be arranged on-site
- Or staff can attend pharmacy/health authority-run clinics in the community



Resident Clinics

- Flu and COVID-19 Vaccines
- Sites can request Pharmacy partners to assist with immunization

VACCINE ORDERING

Updates on COVID-19 Vaccine Clinic Guide:

Contact your regions Public Health Unit staff to order vaccines based on the following table:

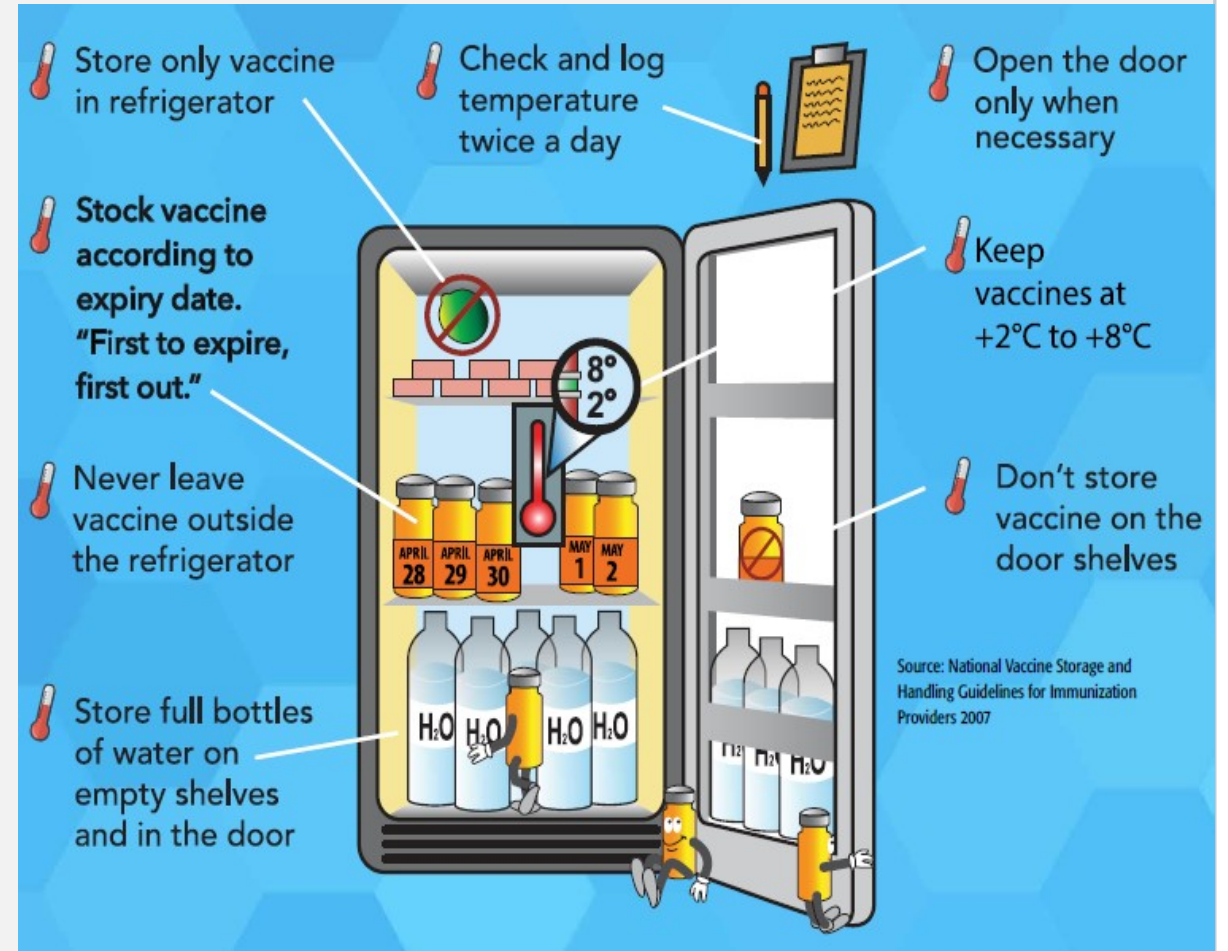
- Please copy LTCEOC@vch.ca in your vaccine request email.
- For support contact CDCvaccines@vch.ca.

Region	Influenza		COVID	
	Team	Contacts	Team	Contacts
Vancouver	Regional Immunizations Team	wendy.dipalma@vch.ca andrew.reyes@vch.ca	Regional Immunizations Team	cdevaccines@vch.ca
Richmond	Richmond Public Health	rhsbiologicals@vch.ca	Regional Immunizations Team	
North Shore	North Shore Public Health	nsbiologicals@vch.ca	Regional Immunizations Team	
Squamish	Squamish Public Health	lauri.arneson@vch.ca jasleen.kingra@vch.ca	Squamish Public Health	lauri.arneson@vch.ca jasleen.kingra@vch.ca
Sunshine Coast	Sechelt and Gibsons Public Health	karen.travis@vch.ca nadine.olsen@vch.ca	Sechelt and Gibsons Public Health	karen.travis@vch.ca nadine.olsen@vch.ca
Qathet (Powell River)	Qathet (Powell River) Public Health	denise.trevisan@vch.ca hang.mathieu@vch.ca	Qathet (Powell River) Public Health	denise.trevisan@vch.ca hang.mathieu@vch.ca
Central Coast	Bella Coola Public Health	rose.dahl@vch.ca	Bella Coola Public Health	rose.dahl@vch.ca

VACCINE COLD CHAIN MANAGEMENT

Vaccine Cold Chain

- Cold chain must always be maintained to ensure the vaccines remain effective and safe for use.
- If cold chain break occurs, contact CDCvaccines@vch.ca.
- Resources
 - [Community Vaccine Provider Resources](#)
 - [BCCDC Quick Reference Guide](#)
 - [Refrigerator Temperature Log](#)
 - [Temperature Log Instructions](#)



REPORTING & DOCUMENTATION

ImmsBC

- Enter all vaccine doses that occur at the time of administration (**staff** and **residents**)
- Users can view previous vaccine doses

Checkbox Survey

- [Report](#) resident COVID-19 and Influenza immunizations after completing a clinic or monthly for ongoing clinics (Oct-Nov-Dec)
- Enter the **total** number of residents immunized for each vaccine **to date** when reporting.
- Contracted and Private LTC Sites must also report total **staff influenza** immunizations.
- Deadline for staff and resident immunization reporting is **Dec 31st**.

OneWrites

- No longer being used for data entries.
- VCH sites can [order](#) updated [OneWrites](#) (Form # VCH.0823) for their own documentation.

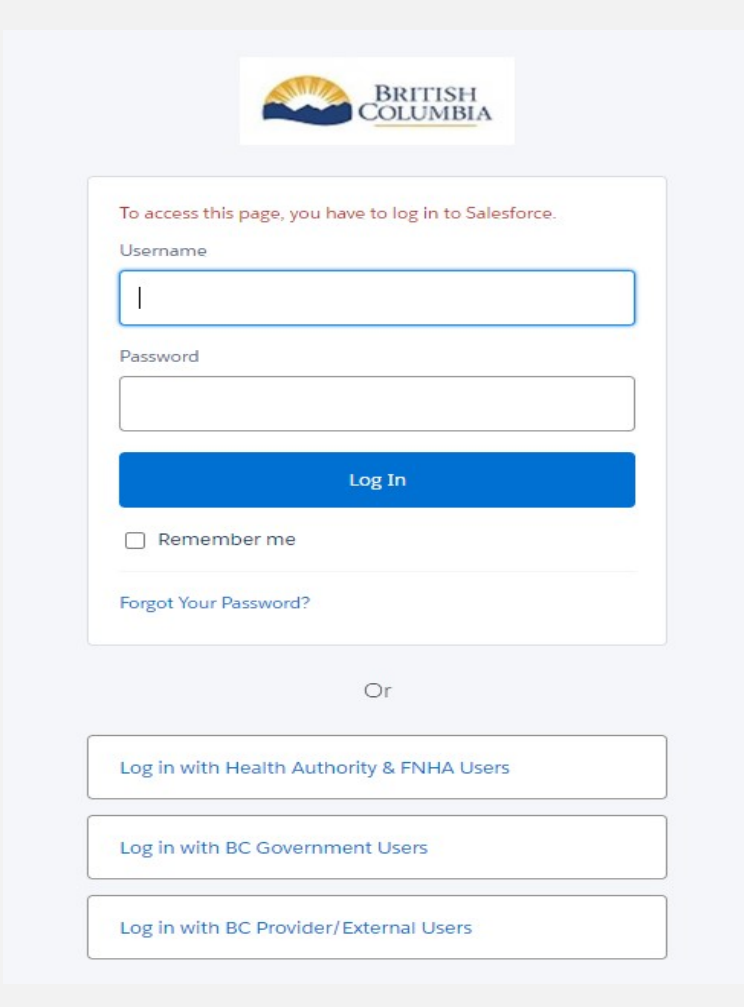
Documents

- Updated documents (COVID-19 Vaccine Clinic Guide SOP, COVID-19 PPO, etc.,) currently under review
- To be distributed when available

ImmsBC: Provincial system for COVID-19, Influenza, and Pneumococcal Vaccine Records

- Review instructions to request access for staff who will be entering immunizations
- All immunizations given will use the reason for immunization, i.e. “LTC Resident, LTC Staff”
- Pharmacy immunizers will also document using the LTC facility as the service delivery location (SDL)
 - Sites with pharmacy partnership are still recommended to obtain ImmsBC access for occasional one-offs and view residents' previous vaccine doses

For any issues, please reach out to the Command Center at BCVAX-Support@gov.bc.ca or via [Zoom](#) (9:00 – 19:00, M-F)



The screenshot shows the login interface for the ImmsBC system. At the top right is the British Columbia logo. Below it, a message states: "To access this page, you have to log in to Salesforce." The login form includes a "Username" field with a cursor, a "Password" field, and a blue "Log In" button. There is a "Remember me" checkbox and a "Forgot Your Password?" link. Below the form, the word "Or" is centered. Three alternative login options are provided in separate boxes: "Log in with Health Authority & FNHA Users", "Log in with BC Government Users", and "Log in with BC Provider/External Users".

ImmsBC EDUCATION SERIES

ImmsBC Support Sessions:

- Provisioning Sessions: offered to contracted and private sites.
- Workflow Sessions: Available for all sites.

You can attend through this barcode:



Topic	Session Dates
ImmsBC Provisioning session (For non-Health Authority Sites)	September 17 Time: 14:00-15:00
	September 19 Time: 14:00-15:00
	October 8 Time: 14:00-15:00
ImmsBC Workflow Sessions for New Users (For All Sites)	September 19 Time: 14:00-15:00
	October 8 Time: 14:00-15:00
ImmsBC Workflow Sessions for Returning Users (For All Sites)	September 26 Time: 14:00-15:00
	October 15 Time: 14:00-15:00

KEY REMINDERS

Lessons learned from previous campaigns:

- Ensure the appropriate vaccine is ordered for the target population: FLUZONE MDV for staff, and FLUAD for residents.
- Vaccine Cold Chain must be maintained for vaccine safety and effectiveness
- When reporting on Checkbox Survey make sure to enter total immunizations to date
- When entering immunization records in ImmsBC, ensure you document in the correct LTC service delivery location (SDL) corresponding to your facility.
- Begin immunizing residents as early as possible, ideally in October and November.

Q&A SESSIONS

Q&A Sessions for Site Leaders

Topics Covered:

- Public Health Updates
- Reporting
 - Checkbox Survey
 - ImmsBC
 - Vaccine Tracking Management
- Documents
- Seasonal Vaccines
- Setting up Clinics
- Questions & Answers

Topic	Session Dates
Fall 2024 LTC Immunization Campaign Q&A	September 27 Time: 11:00-12:00
	October 9 Time: 14:00-15:00

You can attend through this barcode:



For any questions, please contact
azadeh.gharedaghi@vch.ca
CC: LTCEOC@vch.ca

THANK YOU



QUESTIONS?