SAN BERNARDINO COUNTY | Public Health Communicable Disease

2024

HAIIP CONNECTION

SUMMER ISSUE | AUGUST 2024

IMPORTANCE OF IMMUNIZING LONG-TERM CARE FACILITY (LTCF) RESIDENTS

Healthcare-associated infections (HAIs) in LTCFs are associated with considerable morbidity and mortality. As the recent COVID-19 pandemic has shown, the elderly population living in LTCFs is particularly vulnerable to infectious diseases.

LTCF residents are at greater risk of getting pneumonia than the general population. **Pneumococcal pneumonia** is estimated to be 4 times as frequent in residents of LTCFs compared to community-dwelling older people.

Older adults with **chronic conditions** and living in nursing homes have a higher risk for acquiring **respiratory syncytial virus** (RSV). Each year, between 60,000-160,000 older Americans are hospitalized for RSV and 6,000-10,000 die due to RSV infection.

Long-term care residents typically have several risk factors for infections, and once infected, have lower survival rates. Due to the collective living environment, staff can act as carriers and facilitate the transmission of infections. In addition, a majority of the residents have underlying conditions such as diabetes, cardiovascular, renal, or neurological diseases which are aggravated by respiratory infections.

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80% More than 80% of all COVID-19-related deaths occurred in patients 60 years or older. World Health Organization

50% 50% of those deaths occurred in LTCFs.

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Vaccines' Impact on Reducing Infections and Antimicrobial Resistance

Antimicrobial resistance (AMR) is a major global health concern and is estimated to cause 700,000 deaths per year worldwide. If continued at the present rate, it is projected that AMR-related deaths will increase to 10 million per year globally by 2050.

Vaccines are the most successful and cost-effective healthcare intervention, saving an estimated 4 million lives globally each year.

Studies show that vaccines can decrease AMR by reducing rates of bacterial infections and lowering unnecessary use of antimicrobials. A systematic review on the impact of vaccinations found that **influenza** vaccination can reduce antibiotic use by nearly one-third. Other vaccines such as *Haemophilus influenzae* type b (**Hib**) and 13-valent pneumococcal conjugate vaccine (**PCV13**) have also shown to reduce both antibiotic use and prevalence of resistant strains.

CDC Vaccine Recommendations for Older Adults

1. **COVID-19**
2. **Influenza**
3. **Pneumococcal**
4. **RSV**

1. **COVID-19**

- People aged 65 years and older who received one dose of any updated 2023-2024 COVID-19 vaccine (Pfizer-BioNTech, Moderna, or Novavax) should receive one additional dose of an updated COVID-19 vaccine at least **4 months after** the previous updated dose. For more information about the updated COVID-19 vaccines, click here.
- People who are moderately or severely immunocompromised can get additional doses of the updated COVID-19 vaccine.
- People who live in long-term care (LTC) settings must give consent or agree to receive a COVID-19 vaccine.

2. **INFLUENZA:**

- All influenza vaccines for 2024-2025 will be trivalent (three-component).
- The influenza B/Yamagata vaccine component in flu vaccines is being removed because influenza B/Yamagata viruses have not been detected after March 2020.
- Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications.
- Adults aged ≥65 years should preferentially receive either a higher-dose or adjuvanted influenza vaccine.
- If none are available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.

3. **PNEUMOCOCCAL:**

CDC recommends PCV15 or PCV20 for:

- Children younger than 5 years old
- People 5 through 64 years old with certain risk conditions who never received a PCV
- Adults 65 years or older who never received a PCV

CDC recommends PPSV23 for:

- Children 2 through 18 years old with certain risk conditions who get PCV15
- Adults 19 years or older who get PCV15

People previously recommended to get both PCV13 and PPSV23 who already received PCV13 can complete the recommended series with:

- PCV20 OR PPSV23

4. **RSV:**

- **Adults aged 60 years and older** may receive a single dose of RSV vaccine using shared clinical decision-making. For those who decide with their healthcare provider to get an RSV vaccine, the best time to get vaccinated is in late **summer and early fall** – just before RSV usually starts to spread in the community.

SBC DPH has a limited stock of RSV vaccines available for adults residing in LTCFs.
For more information, please email us at CD@dph.sbcounty.gov.

ENVIRONMENTAL SERVICES (EVS)

CLEANING:
Remove dust, dirt, and bodily fluids using water and detergent.

DISINFECTION:
Chemical process for killing germs on hard, non-porous surfaces.

Cleaning is the necessary first step of any disinfection process.

Cleaning Products and Wet Times

Detergents

- Use a detergent, such as soap.
- Detergent is mixed with water to lift dirt off surfaces.
- Detergents do not kill germs.
- Germs can survive in cleaning solution, so change it often.
- Detergents are less toxic, less odor, and cheaper than disinfectants.

Disinfectants

- Chemicals (e.g., quats, bleach, hydrogen peroxide) that kill germs.
- Used on hard, non-porous surfaces such as bedrails and bedside tables.
- A **one-step detergent-disinfectant** product cleans and disinfects at the same time.

Quaternary Ammonium Products (Quats)

- Widely-used
- Does not kill spores
- Can cause health problems; ensure proper use of personal protective equipment (PPE)

Chlorine-based (Bleach)

- Kills a wide range of germs including **spores**
- Fast-acting
- Can cause health problems; ensure proper use of PPE
- Can damage metals and fabrics

Hydrogen peroxide, accelerated H2O2 (Oxides)

- Kills a wide range of germs including **spores**
- Has a shorter contact/wet time

Do not mix quats and bleach, as this can form a toxic gas

Contact/Wet Time

- Contact/wet time refers to the duration required for a disinfectant to effectively kill germs on a pre-cleaned surface.
- The disinfectant must remain on the surface long enough to achieve thorough disinfection – You may have to re-apply to achieve the contact/wet time.
- Always follow the label instructions for the appropriate contact/wet time.

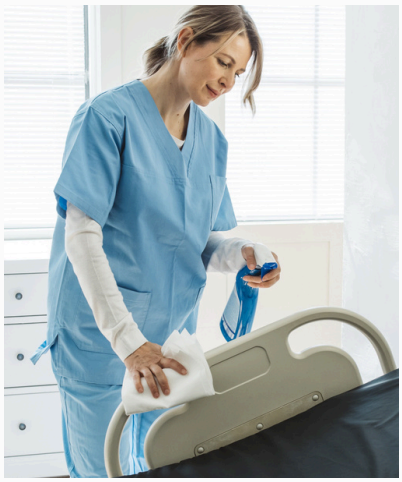
HOW TO READ A DISINFECTANT LABEL (CDC.GOV)

ENVIRONMENTAL SERVICES (EVS)

CLEANING VS. DISINFECTION

CLEANING PRODUCTS AND WET TIMES

CLEANING AND DISINFECTION OF RESIDENT ROOMS



Disease Prevention Key Points

Does the Environment Play a Role in Disease Transmission

- The environment has been implicated as a reservoir for healthcare-associated pathogens.
- Surfaces become contaminated by contact or airborne spread and the organisms survive on items touched during patient care.

Why Do Cleaning and Disinfection Matter?

- A properly cleaned care environment is essential to prevent or contain Healthcare-Associated Infections (HAIs).
- Consistent use of best practices eliminates pathogens responsible for infectious diseases, which is particularly important during outbreaks.

Daily Room Cleaning Guidance

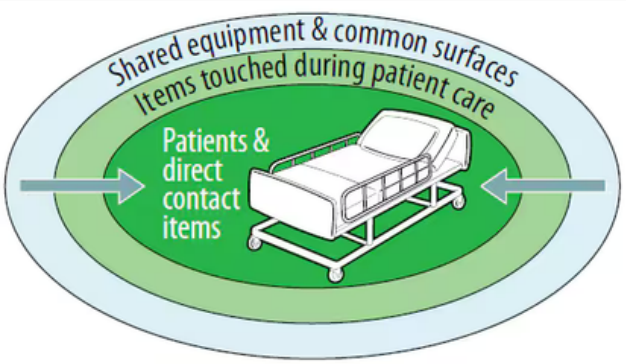
- Follow the facility's standard cleaning process.
- Remove trash and other items.
- Remove gloves and clean your hands when transitioning from a dirty to a clean task.
- Change cleaning cloths between cleaning resident care areas, and when switching from a dirty to a clean task.
- Follow facility's floor cleaning policy.
- Clean and disinfect supplies before placing them back on the cart.

High-Touch Surfaces

Chairs
Bedrail
Remote
Bedpans
Keyboard
Computer
Tray table
Telephone
Call button
Door knobs
Light switch
Toilet handle
Bedside table
Commode chair
IV pump and pole
Respiratory equipment

Standard Cleaning Process

- **Clean from clean to dirty**
- **Clean from top to bottom**
- **Establish a pattern**
- **Prevent contamination**



Prepare to Clean!

- Coordinate with nursing staff on which rooms need cleaning and their priority.
- Check isolation signage for required PPE and supplies.
- Clean your hands before handling cleaning supplies.
- Stock supplies in the EVS cart (e.g., prepare the needed number of microfiber cleaning cloths).
- Clean your hands and put on appropriate PPE based on the isolation signage before entering patient rooms.

Best Practices for Cleaning and Disinfection

- Organize supplies in the EVS cart for easy access.
- Wash hands thoroughly before and after cleaning tasks.
- Identify and focus on high-touch surfaces to clean.
- Don appropriate PPE before starting cleaning tasks.
- Ensure surfaces are clean before disinfecting.
- Clean from cleanest areas to the dirtiest areas.
- Clean from top to bottom.
- Don't touch clean supplies with dirty hands.
- Never mix bleach and quaternary ammonium products (quats).

USEFUL GUIDES FOR EFFECTIVE CLEANING TO ENHANCE INFECTION CONTROL

Who Cleans What?
- Environmental Cleaning and Disinfection Responsibility Assessment tool
- Medical equipment

Disinfectants
- Steps for Effective Disinfectant Use
- Practices to Avoid for Disinfectant Use

Setting Up a Cleaning Cart
- Best Practices for EVS Cleaning Carts
- Practices to Avoid

Adherence Monitoring
- Effective Environmental Cleaning and Disinfection
- Fluorescent Marker Adherence Monitoring

HEALTH OBSERVANCES

AUGUST: NATIONAL IMMUNIZATION AWARENESS MONTH

National Immunization Awareness Month (NIAM) is observed annually in August to highlight the importance of routine vaccination for people of all ages.

Find Vaccines!

- Adult vaccination rates in the United States are low, and most adults are not aware of their vaccination needs.
- Adults with certain health conditions like diabetes or heart disease are at a greater risk for severe complications from certain vaccine-preventable diseases.

ADDITIONAL INFORMATION

- Refer to CDC Adult Immunization Schedule for more details.
- For links to current respiratory infection vaccine guidance, education, and promotion tools, refer to CDPH Resources for Long-Term Care Facilities.
- For CDPH recommendations for prevention and control of COVID-19, influenza, and other respiratory viral infections in skilled nursing facilities (SNFs), click here.
- The Center for Medicare and Medicaid Services (CMS) requires SNFs to educate and offer COVID-19, influenza, and pneumococcal vaccines to residents, and to educate and offer COVID-19 vaccines to healthcare providers (HCP). Refer to Title 42 CFR 483.80 - Infection control

SEPTEMBER 19: GET READY FOR FLU DAY!

CDC estimates that from October 1, 2023, through June 1, 2024, there have been:

390,000-830,000 flu hospitalizations

25,000-72,000 flu deaths

People 65 years and older are at a higher risk of developing serious flu complications compared to young, healthy adults.

Get vaccinated before flu season starts.
It takes about two weeks after vaccination for flu-protective antibodies to develop in the body.

OCTOBER 6-12, 2024: MENTAL ILLNESS AWARENESS WEEK

More than 1 in 5 US adults live with a mental illness.

Mental and physical health are equally important components of overall health. For example, depression increases the risk for many types of physical health problems, particularly long-lasting conditions like diabetes, heart disease, and stroke. Similarly, the presence of chronic conditions can increase the risk of mental illness.

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