Residential Care Winter Preparedness Forum

Presenters: Naomi Clarke Annie Henry Penny Radalj



Barwon South West Public Health Unit



Acknowledgement of Country

We, Barwon Health, acknowledge the Traditional Owners of the land, the Wadawurrung people of the Kulin Nation. We pay our respects to the Elders past, present and emerging. We thank the Traditional Owners for custodianship of the land, and celebrate the continuing culture of the Wadawurrung people acknowledging the memory of honourable ancestors. We also welcome all Aboriginal and Torres Strait Islander people present today.

Barwon Health

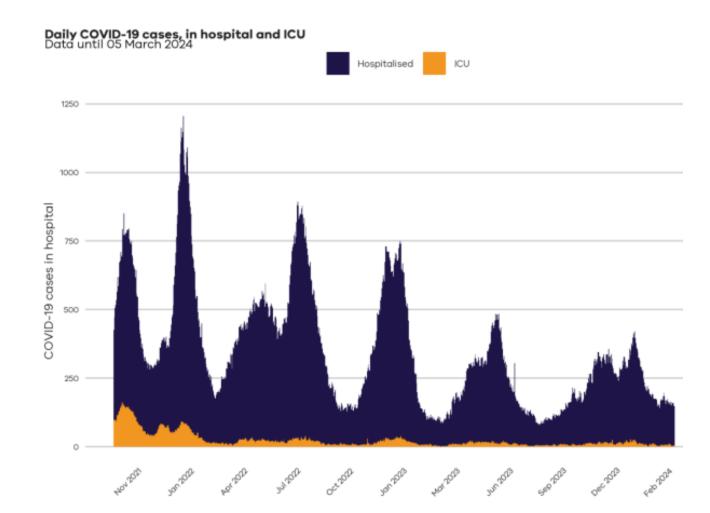




Local public health units

- Local public health units (LPHUs) now undertaking public health follow-up of almost all notifiable conditions and outbreaks in Victoria
- Work closely with Department of Health and other key stakeholders
- Residential care:
 - Acute respiratory infection (ARI) outbreaks (e.g., COVID-19, influenza, RSV)
 - > Gastroenteritis outbreaks
 - > Other notifiable conditions

COVID-19



Outbreak definitions

- COVID-19 outbreak: **Two or more residents** in the facility test positive for COVID-19 within a **72-hour period**
- Influenza outbreak: Two or more residents in the facility test positive for influenza within a 72-hour period
- RSV outbreak: **Two or more residents** in the facility test positive for RSV within a **72-hour period**
- Respiratory outbreak: Three or more resident cases of acute respiratory infection (ARI) in the facility within a 72hour period

Outbreaks in BSW region

- So far in 2024, BSWPHU has been notified of:
 - > 32 COVID-19 outbreaks (25 RACF, 5 disability, 2 SRS)
 - > No other outbreaks (influenza, RSV, other, mixed)
- In 2023, BSWPHU was notified of:
 - > 147 COVID-19 outbreaks: 127 RACF, 16 disability, 4 SRS
 - > 44 COVID-19 exposures: 29 RACF, 15 disability
 - > 1 influenza outbreak
 - ➢ 6 RSV outbreaks
 - > 6 other ARI outbreaks: rhinovirus, parainfluenza, HMPV
 - 5 mixed outbreaks: 3 COVID + RSV, 1 COVID + parainfluenza, 1 COVID + RSV + rhinovirus

Outbreak management overview



Management of Acute Respiratory Infection outbreaks, including COVID-19 and influenza, in residential care facilities (RCFs)

Public Health Division | Department of Health OFFICIAL



https://www.health.vic.gov.au/publications/ management-of-acute-respiratory-infectionoutbreaks-including-covid-19-and-influenza

Updated 1st March 2024

Outbreak management overview

- Similar for COVID-19, influenza, RSV and other ARI outbreaks
- Key components include isolation, PPE, cleaning, ventilation, rapid case detection, communications
- Asymptomatic testing of contacts **only** for COVID-19
- Slightly different isolation requirements:
 - COVID-19: until at least five (strongly recommended seven) days after positive test and symptoms have resolved
 - Influenza: until 5 days after symptom onset and symptoms have resolved
 - > RSV and other pathogens: until symptoms have resolved
- Slightly different criteria for standing down outbreaks

Key messages for residential care

- Outbreak preparedness: outbreak management plans, staff education and training, *supplies of PPE and RATs*, workforce planning, exclusion of unwell staff and visitors, antiviral access
- Vaccination: COVID-19 and influenza
- Surveillance: early identification and testing (RA and/or PCR) of symptomatic residents
- **Treatment:** early antiviral treatment for those eligible
- Notify outbreaks: to PHU (and Commonwealth for RACFs)
- Surge workforce: time limited access to surge workforce support for RACFs where resident safety is at risk and all other avenues for staffing have been exhausted

Antiviral treatments

- Oral antiviral treatments are available for COVID-19 (treatment only) and influenza (treatment and prophylaxis)
- Reduce risk of severe disease, and reduce transmission
- Consider proactive GP reviews re: eligibility and access
- COVID-19:
 - > Two oral treatments available (Lagevrio and Paxlovid)
 - PBS eligibility criteria include people in residential aged care and those with disability with multiple comorbidities and/or frailty
- Influenza:
 - > Tamiflu can be used as treatment or prophylaxis
 - Recommended in Australian Therapeutic Guidelines for people at higher risk of severe disease from influenza

2024 COVID-19 vaccination update

Western Victoria Primary Health Network, Annie Henry

Supporting general practice, commissioning health services into gaps and driving service integration.



An Australian Government Initiative

Current advice

COVID-19 vaccination is voluntary but strongly encouraged for residents in aged care homes.



Notes:

- 1. Monovalent Omicron XBB.1.5 vaccines are preferred; for ages in which a monovalent XBB.1.5-containing vaccine is not available, use other vaccines approved for that age group.
- 2. Consider dose based on an individual risk benefit assessment with an immunisation provider.
- People with severe immunocompromise, who are aged between 18 to 64 years, are recommended a dose every 12 months and are eligible for a dose every 6 months based on an individual risk-benefit assessment. Please refer to the <u>Australian Immunisation Handbook</u> for further information.
- People aged between 65 and 74 years are recommended a dose every 12 months and are eligible for a dose every 6 months based on an individual risk-benefit assessment. Please refer
 to the <u>Australian Immunisation Handbook</u> for further information.

Information current as of 1 March 2024

- The <u>Australian Technical Advisory Group on</u> <u>Immunisation (ATAGI)</u> provides advice on COVID-19 booster doses.
- In 2024, those aged **75 years+** continue to be recommended a dose of COVID-19 vaccine **every 6 months**
 - Those aged 65 years of age, and adults with severe immunocompromise, continue to be **eligible** to receive a COVID-19 vaccine dose **every 6 months**.
 - All other adults can receive a single **dose this year**
- <u>atagi-statement-on-the-administration-of-covid-19-vaccines-in-2024.docx (live.com)</u>



Victoria as a whole

Resident vaccination summary for 29 Feb 2024

Sourced from AIR data as at 28 February 2024, aged care data for permanent residents in residential aged care homes as at 31 Dec 2023

	Resident	ial Aged Care Homes	summary	Receive	ed booster in the last	Primary course summary		
Jurisdiction	Total services3	Total doses administered	Total residents1	Residents vaccinated	# of linked residents2	% of linked residents₂ vaccinated	Residents vaccinated	% of linked residents₂ vaccinated
National	2,609	846,761	187,551	70.4k	184,347	38.2%	177,009	96.0%
ACT	27	11,657	2,384	1.3k	2,337	53.6%	2,282	97.6%
NSW	824	271,943	60,012	22.9k	59,225	38.7%	57,131	96.5%
NT	9	1,912	472	<200	460	20.7%	441	95.9%
QLD	460	168,181	38,172	13.8k	37,448	36.9%	35,431	94.6%
SA	230	73,618	16,136	6.7k	15,948	42.1%	15,242	95.6%
TAS	70	20,924	4,436	2.1k	4,344	49.0%	4,146	95.4%
VIC	743	222,733	48,515	18.5k	47,565	38.9%	45,917	96.5%
WA	246	75,793	17,424	5k	17,020	29.1%	16,419	96.5%

Data sources and notes

Source: Matched Australian Immunisation Register (AIR) data of residents in permanent residential aged care homes.

Aged Care AIR data as at 28 February 2024; VAPP/Primary Care clinic data as at 27 February 2024; Matched AIR data uses a snapshot of permanent residents in residential aged care homes as at 31 December 2023.

- As an outlet may be linked to one or more services, the total number of outlets may not line up with the total number of services.
- Not all residents are able to be matched to a Medicare PIN (AIR record)
- 1: Total residents refers to all residents in Commonwealth funded positions in Residential Aged Care Homes.
- 2: Linked residents refers to all residents in Commonwealth funded positions in Residential Aged Care Homes who have also been linked with their vaccination records. 92,5% of aged care residents can be linked to their vaccination records.
- 3: Total services refers to permanent RACHs matched in the aged care resident linked AIR data.



Role of the WVPHN in the COVID-19 vaccination space

- Conduit between the C'Wealth and RACHs
 - Fortnightly RACH lists provided by the C'Wealth DoHAC
- Work with primary care providers to ensure access to COVID-19 vaccines
- Facilitate and fund COVID-19 vaccination clinics
 - Liaise with councils, population groups, community health etc.
- Messaging to primary care providers
 - Ensure GPs are updated with changes as they arise
 - Onboard clinics to vaccinate

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- As a last resort assist with linking a provider to a RACH
 - Supports RACH to obtain vaccinations
 - Funds primary care providers to assist RACH with COVID-19 vaccinations

							Sensitive data - do not distribute externally						
› ل <u>ــــــ</u>	Service details						Vaccination channels		Received booster in the last 6 months		Primary course summary		
Sec	ervice name	_ ACO _	Address		LGA	Total	Primary channel 3	Primary channel 3	Residents vaccinated	Residents vaccinated	Residents vaccinated	Residents vaccinate	
j Je	Service name		Addless	•	LOA	🝸 residents 🍸	(all of 2022) 🍸	🔹 (last 3 months) 🔼	(number) 🏾 🚬	(% of linked*2) 🎽	(number) 🏾 🎽	(% of linked 2)	
7		Government			Ararat (RC)	41-60	Jurisdiction	Not available	21-40	50%-59%	41-60	90%-100%	
3		Not for Profit			Moyne (S)	21-40	Primary Care	Primary Care	21-40	70%-79%	21-40	90%-100%	
9		Government			Greater Geelong (C)	61-80	Jurisdiction	Primary Care	41-60	60%-69%	61-80	90%-100%	
0		Government			Horsham (RC)	0-20	Jurisdiction	Primary Care	0-20	50%-100%	0-20	50%-100%	
1		For Profit			Greater Geelong (C)	61-80	Primary Care	Primary Care	41-60	60%-69%	61-80	90%-100%	
2		For Profit			Greater Geelong (C)	81-100	Primary Care	Primary Care	0-20	0%-9%	61-80	90%-100%	



Vaccinations within the RACH

Currently nil access for RACH to obtain COVID-19 vaccinations (hopefully this will change)

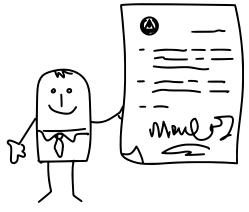
- GPs complete as per resident usual care
- Pharmacies undertake clinic onsite
- Partnered GP clinic undertakes clinic
- Primary care provider
 - GP or Pharmacy attend onsite and work with RACH nurse vaccinators to undertake onsite
 - ALL Vaccinations must be recorded in AIR within 24hrs of vaccination





Consent

- All aged care residents must provide valid consent before receiving a COVID-19 vaccine.
 - written consent using the aged care home's own consent form or a consent form provided by the relevant healthcare professional
 - **verbal consent** verbal consent must be recorded by the aged care home in a resident's care notes, following usual practices
- Residential aged care providers are responsible for organising consent.
- Aged care providers keep a record of the resident's consent for all doses to share with those who give the vaccine for recording on the Australian Immunisation Register.





Messaging for staff and families/carers

The continued importance of COVID-19 vaccination

COVID-19 vaccination remains the best way to protect yourself from serious illness or death from COVID-19.

It's still important to get vaccinated:

- **Preventing severe illness:** Vaccines are your best protection against severe illness, hospitalisation, and death from COVID-19.
- **Protection for everyone:** Vaccinations are particularly important for those aged 75 years and over or those with severe immunocompromise that increase their risk of severe COVID-19.
- **Keeping your guard up:** Protection from COVID-19 wanes over time. Regular vaccinations, tailored to your age and health needs, ensure ongoing protection.



Final Points

- COVID-19 vaccinations should be incorporated into usual care
- Combine COVID-19 vaccinations with annual flu clinic
- Keep on the forefront of care
- Older persons planning to enter a RACH are encouraged to get vaccinated against COVID-19 prior to their admission
- Look at internal processes for COVID-19 vaccinations

QUESTIONS?



Infection Prevention and Outbreak Preparedness

Penny Radalj

Aim for shorter outbreaks with low cases

- Up to date vaccination for residents, staff and visitors
 - COVID-19 and influenza
- Plan and prepare:
 - Review and revise outbreak management plan
 - PPE and RAT supply
 - Staff confident in PPE use
 - Ventilation optimal and air purifiers available
 - Outbreak visiting model established

Aim for shorter outbreaks with low cases

- IPC as an everyday measure:
 - Screen staff and visitors prior to entrance
 - Masks worn when increase in ARI cases in the community
 - Hand hygiene at point of care
 - Respiratory etiquette
 - Environmental cleaning
- Testing option of COVID-19 specific or combination COVID-19, RSV, influenza A and B
 - PCR if symptomatic and COVID-19 negative for COVID specific RAT
- Antivirals are readily available; residents and their families are informed of their use and GP available to prescribe.
- <u>Eligibility for oral COVID-19 treatments</u>

Outbreak support

- Report exposures and outbreaks to BSW PHU and MAC (AC)
 - Respiratory outbreak is when ≥3 resident cases of ARI in the facility within a 72-hr period
 - Influenza, COVID-19 or RSV is an outbreak when ≥2 residents test positive.
- Commonwealth surge workforce is available until December 2024 (AC)
 - Aged Care COVID Enquiries < AgedCareCOVIDEnquiries@Health.gov.au>
- BSW PHU
 - IPC, infectious diseases and resource guidance.
- Contacts:
- BSW PHU phone within business hours (Mon-Friday 8:30 5pm) 4215 3531 or email phu@barwonhealth.org.au
- Department of Health Vic. (24/7 urgent issues) 1300 651 160

IPC Lead

- ↑s Residences IPC ability
- Newly established Aged care IPC Community of Practice
 - \rightarrow provides IPC education, resources and support specific to aged care
- Link: <u>ACIPC Aged Care Community of Practice</u>
- The BSW PHU is available for IPC advice