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PIN 21-46-ASC

TO: ALL ADULT AND SENIOR CARE PROGRAM LICENSEES

FROM: ***Original signed by Kevin Gaines***
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SUBJECT: **INFLUENZA OR “FLU”, NOVEL CORONAVIRUS DISEASE 2019 (COVID-19),
PNEUMONIA AND INFECTION CONTROL GUIDANCE**

Provider Information Notice (PIN) Summary

PIN 21-46-ASC provides information for the prevention, mitigation, and containment of the flu, COVID-19, and pneumonia in Adult and Senior Care facilities based on the recommendations from the Centers for Disease Control and Prevention (CDC) and California Department of Public Health (CDPH) guidance.

Please post/keep this PIN in the facility where persons in care can easily access it and distribute the PIN Summary (located at the end of this PIN) to persons in care and, if applicable, their representatives.

Persons in care in adult and senior care licensed facilities are at increased risk for severe disease, hospitalization and death from infections caused by influenza (henceforth referred to as the flu) viruses and the severe acute respiratory syndrome-coronavirus-2 (SARS-CoV-2), the virus that causes COVID-19. The ongoing COVID-19 pandemic and the potential for concurrent COVID-19 and flu outbreaks may complicate the upcoming flu season; therefore, it is essential for licensees to optimize all available effective flu prevention and outbreak control interventions, coupled with similar measures related to COVID-19 outbreaks. In addition, persons in care are often vulnerable to increased risk of complications from pneumonia and other respiratory illnesses.

The Delta variant, which is very highly contagious and possibly more virulent, is currently the most common variant causing new infections in California. Unvaccinated persons are more likely to get infected and spread the virus, which is transmitted through the air. Most current hospitalizations and deaths are among unvaccinated persons.

It is important to note, the Centers for Disease Control and Prevention (CDC) recommends administration of booster shots of COVID-19 vaccine for qualifying individuals who have already received the Pfizer-BioNTech, Moderna, or Janssen (Johnson & Johnson) vaccine. Booster shots add an additional layer of protection and will be discussed in greater detail in a forthcoming PIN on boosters. Please monitor the [Community Care Licensing Division \(CCLD\) website](#) for this PIN and share information about boosters with persons in care.

COVID-19 and flu are both contagious respiratory illnesses, but they are caused by different viruses. The flu is caused by infection with flu viruses, and while various flu viruses circulate year-round, most of the time flu activity peaks between December and February. Pneumonia however is an infection of the lungs that can be caused by bacteria or virus or fungi, and can often develop as a complication from a respiratory illness.

This PIN provides guidance, requirements, best practices and resources, on issues related to the flu, COVID-19, and pneumonia as follows:

- **SECTION A:** Signs and Symptoms of Flu, COVID-19 and Pneumonia
- **SECTION B:** Transmission, Incubation and Contagiousness
- **SECTION C:** Prevention (Vaccinations), Testing and Treatment Measures
- **SECTION D:** Reporting Requirements
- **SECTION E:** Resources

All providers shall continue to follow guidance in all applicable California Department of Social Services (CDSS) [PINs](#), in addition to guidance or instructions from:

- Health care providers;
- [Centers for Disease Control and Prevention \(CDC\)](#);
- [California Department of Public Health \(CDPH\)](#);
- [California Department of Developmental Services \(CDDS\)](#);
- [California Department of Industrial Relations \(DIR/ Cal/OSHA\)](#);
- [Local health departments](#).

*If there are differing requirements between the most current CDC, CDPH, CDSS, CDDS, Cal/OSHA, and local health department guidance or health orders, **licensees should follow the strictest requirements**. For instance, counties may have a higher standard regarding vaccinations, including but not limited to flu. However, there may be times where a licensee will need to contact their Regional Office for assistance, in reconciling these differences, especially if the strictest requirements appear to be in conflict with the best interest of persons in care.*

SECTION A: SIGNS AND SYMPTOMS OF FLU, COVID-19 AND PNEUMONIA

Symptoms of the flu, COVID-19, and other respiratory viruses that can cause pneumonia are similar, so it may be hard to tell the difference between them without testing. For example, both the flu and COVID-19 can have varying degrees of signs and symptoms, ranging from no symptoms (asymptomatic) to severe symptoms. Below is a summary of the signs and symptoms, according to the [CDC](#).

Signs and Symptoms	Flu	COVID-19
Fever or feeling feverish (common, not necessary)	X	X
Cough (new or changed)	X	X
Sore throat	X	X
Runny or stuffy nose	X	X
Muscle or body aches	X	X
Headaches	X	X
Fatigue (tiredness)	X	X
Vomiting and diarrhea (more common in children)	X	X
Change in or loss of taste or smell	+/-	X

Compared to the flu, COVID-19 spreads more easily, can cause more serious illness in some people and can be contagious for a longer time than flu viruses. The COVID-19 long-term complications are more common. Per [CDC](#), both flu viruses and COVID-19 are more severe and deadly for older adults and people with certain underlying medical conditions.

Additionally, other respiratory tract viruses circulate every year and may cause similar respiratory illness. A person can also be infected with more than one respiratory virus at the same time.

Symptom Onset and Improvement

According to the [CDC](#), people who have the flu or COVID-19 can have some or all of these signs and symptoms, which usually start suddenly, not gradually. In most people, the symptoms start to clear up after a few days, but cough and fatigue can last more than two (2) weeks.

Some flu and COVID-19 symptoms in people who are 65 years of age and older can be less common and subtle, such as confusion, a change in mental status or a below normal temperature (hypothermia). In addition, many individuals may not be able to reliably report symptoms, especially those with dementia or cognitive impairment.

Pneumonia

Pneumonia is an infection of the lungs that can cause mild to severe illness. Some people

with the flu or COVID-19, or other respiratory viruses can develop complications, such as a viral or bacterial pneumonia.

Common signs and symptoms in people with pneumonia may include those that are similar to the flu, such as cough, fever and chills. They may also include chest pain and difficulty breathing.

For more information on symptoms of [flu](#), [COVID-19](#) and [pneumonia](#), visit the [CDC](#) website.

SECTION B: TRANSMISSION, INCUBATION AND CONTAGIOUSNESS

Feature	Flu	COVID-19	Other respiratory viruses that can also cause Pneumonia
Transmission	<p>Respiratory droplets are most common way of spreading.</p> <p>Contact with objects is less common way of spreading.</p>	<p>Respiratory droplets and aerosols* are most common way of spreading.</p> <p>Contact with objects is less common way of spreading.</p>	<p>Respiratory droplets are most common way of spreading.</p> <p>Contact with objects is less common way of spreading.</p>
Incubation time , time between exposure to virus and first symptoms	Range 1-4 days	Usually 5 days, range 2-14 days	Range 2-14 days
Period of contagiousness , when a person can infect other people	1 day <i>before</i> symptoms start until 7 days after becoming sick	<p>2 days <i>before</i> symptoms start until 10 days after becoming sick</p> <p>People with no symptoms can also be contagious: up to 40% of people infected with COVID-19 have <i>no symptoms</i> (asymptomatic).</p>	Range of days to weeks depending on the virus

*Aerosol is a suspension of tiny particles or droplets in the air.

NOTE: The virus that causes COVID-19 can quickly and easily spread from infected people who have no respiratory signs or symptoms (asymptomatic).

SECTION C: PREVENTION (VACCINATION), TESTING AND TREATMENT MEASURES

Vaccination is the most important step to preventing COVID-19 infection. Similarly, the first and most important step in preventing the flu and severe complications of flu is for persons in care, staff and volunteers to get a flu vaccine each year. The flu vaccine prevents millions of illnesses and thousands of deaths each year in the United States. Flu vaccination does not prevent COVID-19 or increase the risk of developing COVID-19.

The healthcare system may have challenges treating a high number of people with the flu, COVID-19, and other respiratory illnesses this fall and winter. To slow the spread of respiratory infections, licensees are advised to consider the following measures:

Prevention Measures: Vaccinations

NOTE: Per the [CDC](#), the COVID-19 vaccines, including boosters, may be administered without regard to timing of other vaccines. This includes simultaneous administration of COVID-19 vaccine and the flu vaccine on the same day if possible. This is especially important to consider given that the flu vaccination does not prevent COVID-19 or increase the risk of developing COVID-19.

Annual Flu Vaccination

During the COVID-19 pandemic, getting a flu vaccine will be more important than ever. The [CDC](#) recommends that all people age 6 months and older get a yearly flu as early in the fall season as possible.

Offering flu vaccinations on-site to staff and persons in care is one of the best ways to increase flu vaccination rates. Flu vaccination can also be given by primary care offices, pharmacies, and local health departments. Contact the medical provider of the person in care or go to the Find Flu Vaccines for more information on where to get a flu vaccine.

Pneumonia Vaccination

For individuals who are 65 years of age or older or have other high-risk conditions, getting the pneumococcal vaccine (also known as the pneumonia shot) will reduce the risk of bacterial pneumonia complicating a viral respiratory infection. For more information about pneumococcal vaccine, visit the [CDC](#).

COVID-19 Vaccination

COVID-19 vaccination is one of the most important tools to help the full recovery from the pandemic and thrive again. Per the [State Public Health Order](#) issued on September 28, 2021, all workers who provide services or work in Adult and Senior Care Facilities must have the first dose of a one-dose regimen or the second dose of a two-dose regimen by November 30, 2021. More information on vaccinations and appointments can be found on the [My Turn website](#).

Additional Preventative Measures

Consider the following best practices to prevent the spread of the flu, COVID-19 and other viruses or bacteria that can cause pneumonia:

- ***Face Coverings***: Facility staff must wear a well-fitting face mask (e.g., surgical mask or N95 respirators, as required) at all times while they are in the facility. Refer to [PIN 21-38-ASC](#) for residential facilities and [PIN 21-33-ASC](#) for ADPs, for updated guidance on COVID-19 and the required use of face coverings and exceptions for persons in care and clients/participants.
- ***Hand washing and gloves***: Actively promote adherence to [hand hygiene](#) among facility staff, persons in care, and visitors including the use of gloves as recommended by the [CDC](#) and discussed in [PIN 20-23-ASC](#).
- ***Respiratory Hygiene and Cough Etiquette***: During flu season, post visual reminders asking persons in care and facility staff to [practice respiratory hygiene and cough etiquette](#) and report symptoms of respiratory illness to a designated person. Visitors should not come into the facility if they have symptoms of respiratory illness.
- ***Visitor Precautions and Restrictions***: Visitors must wear a well-fitting face mask at all times while in the facility. Post signs notifying visitors that if they have fever, respiratory symptoms or symptoms consistent with flu or COVID-19, they should immediately inform the facility. Refer to [PIN 21-40-ASC](#) for updated guidance on COVID-19 visitation policies for information regarding the statewide waiver on visitation.
- ***Cleanliness of Facility***: Perform routine cleaning and [disinfection](#) of frequently touched surfaces and equipment. Frequently touched surfaces include, but are not limited to, commodes, toilets, faucets, hand and/or bed railings, telephones, door handles and knobs, computer equipment, and kitchen food preparation surfaces. Additional guidance can be found in the PowerPoint Presentation titled: [Infection Prevention: Fostering a Robust Framework in Facilities](#).
- ***Linens and Clothing***: Put linens soiled with respiratory secretions, contaminated tissues, vomit, or fecal matter in a plastic bag before taking them to the laundry room. Do not shake dirty laundry in order to avoid shaking virus droplets into the air. Encourage facility staff responsible for laundry to wear gloves, a mask, and a disposable gown (or to change their clothes) when physical contact with soiled linens is necessary. Also refer to [PIN 20-14-CCLD](#) on COVID laundry sanitizing and the PowerPoint Presentation titled: [Infection Prevention: Fostering a Robust Framework in Facilities](#).
- ***Staff Leave and Screening***: Staff with a fever of 100°F or higher, respiratory symptoms, or symptoms consistent with flu or COVID-19 should not work and should immediately report to their supervisor. Refer to [PIN 21-32.1-ASC](#) for guidance on COVID-19 screening of staff.

Testing, Isolation/Quarantine/Cohorting and Treatment Measures

Testing

Monitor persons in care and facility staff for flu-like illness and test individuals symptomatic for both the flu and COVID-19. Flu-like illness is a fever plus a cough and/or a sore throat. Testing is especially important if there are two or more cases of flu-like illness within 72 hours. The [local health department](#) can coordinate prompt testing for the flu and COVID-19. Since the flu and COVID-19 cause similar symptoms, the local health department or an individual's healthcare provider can provide recommendations in addition to testing. If testing results are negative for both the flu and COVID-19, they can also guide further steps, which could include response testing and/or testing for other respiratory viruses. Additionally, [PIN 21-11-ASC](#) provides updated guidance on testing for COVID-19 and on [Finding a Testing Site](#). [PIN 21-30-ASC](#) provides information on the BinaxNow Antigen Testing Program, run by the Department of Public Health.

Isolation, Quarantine and Cohorting – Residential Facilities

It is challenging to determine appropriate isolation, quarantine, and cohorting when flu and COVID-19 are circulating together in the community. Symptoms of the two infections are similar, but procedures are different because COVID-19 is more infectious, has a longer incubation and isolation period compared with influenza.

If a person in care or facility staff has flu like symptoms, the person in care should be restricted optimally to a single room and separated bathroom and tested for both the flu and COVID-19. If flu test is positive (but COVID-19 negative) then manage as flu. The facility staff should wear PPE when caring for persons in care pending results. If the room is shared, the roommate should be quarantined and tested for the flu. The licensee should consider antivirals in consultation with a medical provider.

If COVID-19 test is positive (and flu negative) manage as COVID-19.

Flu Positive

- **Isolate:**
 - Persons with flu-like symptoms who are waiting for test results.
 - Persons who test positive for influenza due to exposure, even if they do not have symptoms until 7 days since positive test if they remain asymptomatic.
 - Persons who are ill with the flu until:
 - Seven (7) days after illness began, or
 - One day (24 hours) has passed after fever and respiratory symptoms stop, whichever is longer, per [CDC](#) recommendations.

A licensee of a residential facility should not isolate persons in care infected with the flu in their room if the licensee can arrange for those persons in care to engage in appropriate activities at the facility in isolation from others who have not tested positive for flu.

- **Cohort** efforts may include:

- Placing persons with the flu in multi-occupancy rooms together with others who also have tested positive for flu, or
- Designating areas or sections that are next to each other within a facility for persons in care who have the flu.
- Persons in care with both flu and COVID-19 should not be cohorted together.

Persons in care who have been discharged and return to the facility after being hospitalized with the flu, should be on the same precautions, based on the same length of time following the beginning of illness or the end of symptoms, as persons in care who are ill.

COVID-19 Positive

- **Isolate:**

- Persons in care with flu-like illness who test positive for COVID-19 until:
 - at least 10 days have passed since COVID-19 symptoms first appeared, **and**
 - at least one day (24 hours) have passed since last fever without the use of fever-reducing medication and symptoms have improved, unless the person is immunocompromised.

Note that per [CDC guidance](#) for persons with COVID-19 who have moderate or severe immunocompromised or persons with COVID-19 who are severely ill requiring hospitalization and often intensive care, the duration of isolation can be up to 20 days. In very rare instances, persons with severe immunocompromising conditions may require isolation beyond 20 days. These decisions should be made in consultation with the person's healthcare provider and an infectious disease specialist.

[PIN 21-23-ASC](#) provides updated guidance for quarantine and isolation of staff who test positive for COVID-19, who were exposed to COVID-19 cases, and who are fully vaccinated. Additional guidance related to isolation and cohorting of persons in care in residential settings is provided in [PIN 21-12-ASC](#).

Isolation – Adult Day Programs

In Adult Day Programs, if there is a possible exposure to COVID-19, or someone displays symptoms of respiratory infection after entering the facility, then the staff, visitor or client should be isolated from others and limit contact as much as possible until they can safely leave the facility. The [CDC](#) recommends that individuals with COVID-19 stay home and avoid contact with other people except to get medical care. For additional information on isolation procedures, please see [PIN 21-33-ASC](#).

Treatment

Flu

The flu can be treated with antiviral drugs prescribed by a licensed medical professional.

Antiviral drugs, such as oseltamivir (Tamiflu), started as soon as possible, within two days of getting sick, can make the illness milder, shorten the time a person in care is sick, and may also prevent serious flu complications. Starting them later, however, can still be helpful, especially if a person has higher risk for complications or is seriously ill from the flu.

When a flu outbreak has been confirmed in a facility, as a best practice and as circumstances permit, the licensee should assist the person in care in accessing their medical provider to ask about antiviral medication. In outbreaks, antiviral drugs to prevent the flu should be given regardless of flu vaccination history. Antivirals used for preventative reasons in an outbreak should be administered for a minimum of two weeks and continued for at least seven days after the last known case of the flu is identified. Refer to [CDPH guidance](#). The local health department can assist with recommendations on influenza outbreak management and preventive antivirals in an outbreak setting.

COVID-19

If a person in care is diagnosed with COVID-19, their health care provider should be notified as treatment options are available.

Per the [CDC](#), guidance on treatment is regularly updated as new evidence on treatment options emerges.

The Food and Drug Administration (FDA) has approved one drug, remdesivir (Veklury®), to treat COVID-19. The FDA has issued [emergency use authorizations](#) to allow healthcare providers to use investigational products that are not yet approved, or that are approved for other uses, to treat patients with COVID-19 if certain legal requirements are met.

SECTION D: REPORTING REQUIREMENTS

Reporting an Epidemic Outbreak

Early detection of a flu or COVID-19 outbreak is imperative in controlling its transmission. The number of cases indicating the presence of an outbreak will vary according to the disease agent, size and type of population exposed, previous exposure to the agent, and the time and place of the occurrence. Per [CDC](#), an outbreak occurs when there is a higher-than-expected number of occurrences of disease in a specific location and time.

Licensees should contact the local health department immediately if there is a confirmed case of COVID-19 in the facility or suspected outbreak of a respiratory illness.

In addition, adult and senior care facility licensees are required to report a suspected or confirmed epidemic outbreak (including influenza epidemic outbreak) to the local [Adult and Senior Care Regional Office](#), and the resident's authorized representative, as required by applicable regulations (*California Code of Regulations, Title 22, [section 80061\(b\)\(1\)\(H\)](#), [section 81061\(b\)\(1\)\(G\)](#), [section 82061\(a\)\(1\)\(F\)](#), [section 87211\(a\)\(2\)](#) and [section 87861\(b\)\(1\)\(H\)](#)*).

SECTION E: RESOURCES

The resources below provide additional information regarding the flu, COVID-19 and pneumonia.

- California Department of Public Health, [Influenza \(Flu\) and Other Respiratory Diseases](#)
- California Department of Public Health, [Local Health Services/Offices](#)
- Centers for Disease Control and Prevention, [How COVID-19 Spreads](#) and [COVID-19 Testing in California – What You Need to Know](#)
- Centers for Disease Control and Prevention, [Influenza \(Flu\)](#) and [Influenza \(Flu\) Viruses](#)
- Centers for Disease Control and Prevention, [Influenza \(Flu\) Campaign Toolkit 2021-2022 Flu Season](#)
- Centers for Disease Control and Prevention, [Pneumonia, an infection of the lungs](#)
- Centers for Disease Control and Prevention, [Print Materials](#) and [Images and Infographics](#)

If you have any questions, please contact the applicable [Adult and Senior Care Regional Office](#).

PIN Summary for Persons in Care

A Companion Guide for Provider Information Notice (PIN) 21-46-ASC, Influenza or “Flu” and Novel Coronavirus Disease 2019 (COVID-19) in Adult and Senior Care Facilities.

The Community Care Licensing Division (CCLD) has prepared this **Summary for Persons in Care** as a companion to **PIN 21-46-ASC** to inform you of guidance that CCLD provided to Adult and Senior Care Facilities concerning your care.

Signs and Symptoms

Symptoms of the flu, COVID-19, and other respiratory viruses that can cause pneumonia are similar. A person can also be infected with more than one respiratory virus at the same time. Keep in mind that it can take up to 14 days to develop symptoms once you have been exposed to the flu, COVID-19, and other respiratory viruses. For detailed information on symptoms of flu, COVID-19 and pneumonia please refer to **Section A of PIN 21-46-ASC**. If you become ill, you should follow the treatment plan outlined by your medical provider as treatment varies.

Prevention and Mitigation Measures

To help slow the spread of respiratory infectious viruses, it is recommended that you take the following preventative actions:

- get an annual flu vaccination as early in the fall season as possible
- get a pneumococcal vaccine (pneumonia shot), if you are 65 years of age or older or have other high-risk conditions
- get a COVID-19 vaccination and booster shot as recommended
- wear a face covering when in public or in close proximity to others
- practice hand hygiene and use gloves if appropriate
- practice respiratory hygiene and cough etiquette

During flu season, your facility should:

- post visual reminders to practice respiratory hygiene and cough etiquette
- post signs notifying visitors if they have a fever, or other respiratory symptoms, to inform the facility
- perform routine cleaning and disinfection of frequently touched surfaces and equipment
- put linens soiled with respiratory secretions, contaminated tissues, and other bodily fluids in a plastic bag before taking them into the laundry room
- encourage facility staff responsible for touching items which may have come into contact with bodily fluids to wear gloves, a mask, and if available, a disposable gown
- contact the local health department if there are two or more cases of flu-like illness within 72 hours

- test any persons in care and facility staff with a flu-like illness for both flu and COVID-19
- follow isolation procedures outlined for each respiratory infection in **Section C of PIN 21-46-ASC**
- contact medical provider for appropriate treatment

Your care providers, the licensee of your facility, and your ***local Long-Term Care Ombudsman*** ([call 1-800-510-2020](tel:1-800-510-2020)) ***are available to answer your questions.***