Washington State Department of HEALTH

LONG-TERM CARE SUBCOMMITTEE

January 4, 2024

Agenda

Item	Speaker
Welcome	Bonita Campo
AMS Tip of the Month PAXLOVID Resources	Jessica Zering
COVID Outbreak Definition	Allison Templeton
Questions and Open Discussion	ALL
Wrap up and next steps	Bonita Campo

Welcome

Thank you for being with us today. We value your input and would like to survey the group to gather your opinions about two topics:

1. Meeting time
2. Posting subcommittee information and materials to the DOH website

Survey link is in the chat and will be sent out in the meeting minutes
Please respond by January 11th

ANTIMICROBIAL STEWARDSHIP TIP OF THE MONTH

Jessica Zering, PharmD, BCIDP, BCPS, CAPM
Jessica.zering@doh.wa.gov

Antimicrobial Stewardship – Tip of the Month

- What?
  - Fast facts from the literature or from clinical guidelines
- Who?
  - All clinical staff
- Why?
  - To provide hospitals with helpful AMS information in a quick, bite-sized format
- How Do I Share These in My Facility?
  - Via emails, staff huddles, educational binders, discussing at committees

These tips do not replace clinical judgement

Urine PCR Guidance Document

WASHINGTON STATE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE

wa-paltc

Washington State Department of HEALTH

October 2023 | DOH 420-548

Urine Polymerase Chain Reaction-Based (PCR) Testing Guidance Document

Introduction:

- Urine polymerase chain reaction-based (PCR) laboratory testing has been promoted to clinicians as an alternative method of obtaining urine cultures.
- Due to the high prevalence and overuse of antibiotics for asymptomatic bacteriuria (ASB) in the post-acute and long-term care population, guidance on the topic of PCR urine testing is provided to ensure safety.
- This document is intended to provide guidance but does not replace clinical judgement.

WA PALTC and WA DOH Urine PCR Testing Guidance Document

Penicillin Allergy Education

- Patient education handout on penicillin allergies
  - Spanish translation coming soon!
- Short podcast episode for patients & providers
- Provider education

Do you really have a penicillin allergy?

If not, you may not be getting the best antibiotic for your infection

The facts

While 10% of all people in the US report an allergic reaction to penicillins...

Studies actually show that less than 1% of the population is truly allergic to penicillin.

Why might this be?

- Most people who have a penicillin allergy lose their allergy within 10 years.
- Side effects from a medication might seem like allergic reactions, but they are not the same. Some people may have incorrectly labeled a side effect as an allergic reaction.
- Some people may believe they are allergic to penicillin due to a family member's allergy. People do not need to avoid penicillin if a family member is allergic.

Side effects vs. allergies

A **side effect** is a symptom caused by a medication you took. Side effects are common. They are usually mild and go away quickly. Examples of common side effects include feeling sick to your stomach and having diarrhea.

An **allergic reaction** is caused by the immune system's reaction to a medication. Allergies are rare and usually happen every time you take a particular medication. These occur right away or shortly after taking a medication. Allergic reactions can include itchy rashes, trouble breathing, wheezing, and anaphylaxis.

Why does it matter?

Penicillin and other similar antibiotics often work better for certain infections (i.e., antibiotics given before surgery or dental procedures).

People who report a penicillin allergy often receive other antibiotics that cause more side effects.

If your health care provider discovers that you do not have a true penicillin allergy, they will have more options to treat your bacterial infection.

Make sure you're getting the best antibiotic for your infection. Talk to your health care provider today about your penicillin allergy.

References:

1. CDC. Is It Really a Penicillin Allergy? https://www.cdc.gov/antibiotic-use/community/pdfs/penicillin-factsheet.pdf
2. Khan DA, Banerji A, Blumenthal KG, et al. Drug allergy: A 2022 practice parameter update. Journal of Allergy and Clinical Immunology. 2022;150(6):1333-1393. doi: https://doi.org/10.1016/j.jaci.2022.08.028
3. AAAAI. Penicillin Allergy FAQ. Updated Sept 2023. https://www.aaaai.org/tools-for-the-public/conditions-library/allergies/penicillin-allergy-faq

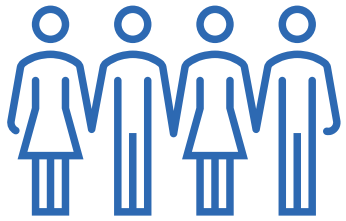
Washington State Department of HEALTH

DOH 420-540 CS November 2023

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov

Jan 2024

OLDER ADULTS AND CAREGIVERS' PERCEPTIONS OF ASB AND UTI STUDY



Antimicrobial Stewardship & Healthcare Epidemiology (2023), **3**, e224, 1–6
doi:10.1017/ash.2023.498

Original Article

Older adults' and caregivers' perceptions about urinary tract infection and asymptomatic bacteriuria guidelines: a qualitative exploration

Michael J. Durkin MD, MPH[1], Viktoria Schmitz BA[2], Kevin Hsueh MD[1], Zoe Troubh HS[2] and Mary C. Politi PhD[2]

[1]Division of Infectious Diseases, Department of Internal Medicine, Washington University School of Medicine, St. Louis, MO, USA and [2]Division of Public Health Sciences, Department of Surgery, Washington University School of Medicine, St. Louis, MO, USA

This study is a series of semi-structured qualitative interviews conducted with 21 older adults and 9 caregivers on the topic of UTI and ASB guidelines

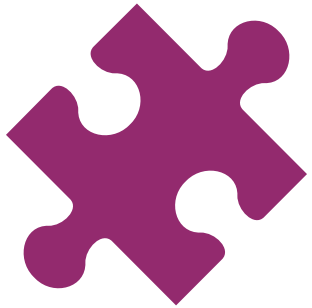
Study located here

Questions Asked of Patients/Caregivers

- Overview:
  - Background information on previous UTIs, treatment received
- Capability:
  - Guidelines for treatment of bacteria of urine, things that they have been told about UTIs
- Motivation:
  - What symptoms they felt were worrisome, what were some risk factors for UTI, benefits and drawbacks of treating bacteriuria without symptoms
- Opportunity:
  - Who helps with decision-making, what are resources that have helped facilitate understanding of UTIs

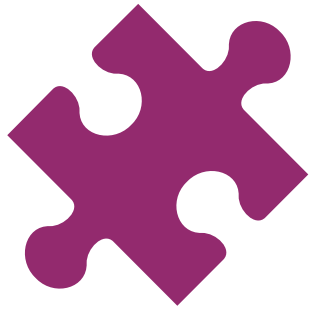
Findings

- Patients and caregivers reported confusion and distress around the diagnosis, treatment, and communication around ASB and UTIs
- Several struggled with understanding non-specific symptoms
- While patients recognize the potential for antibiotic resistance, most worry about the progression of bacteria in urine to something more serious
- Some patients were relieved to learn that antibiotics weren't needed for ASB!



Findings

- One-on-one education from a provider was more trusted than passive educational materials, but patients wanted educational material that would reinforce counseling
- Patients and caregivers worry about progression of illness or missing something if they are not provided a detailed rationale for avoiding urine testing or antibiotics for ASB



Suggested Solutions

Clinician-Level Interventions

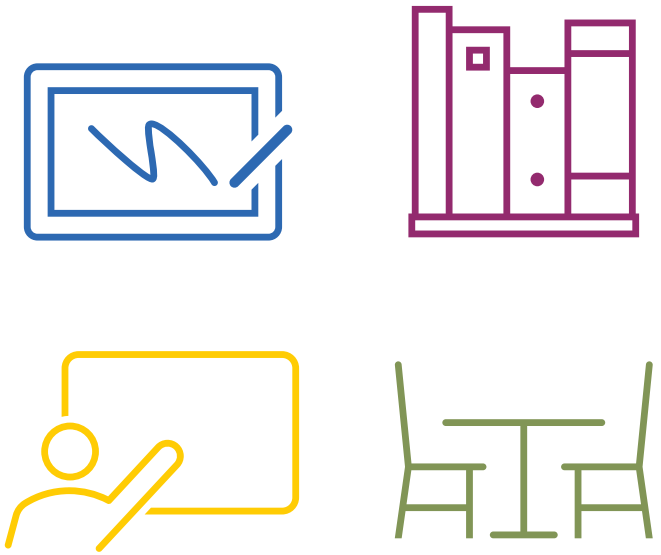
- Clinician communication training at orientation and annually thereafter
- Education at orientation for all new clinician hires to ensure consistent messaging
- 1-on-1 communication

Education Points for Patients/Families

- Specific vs. non-specific symptoms
- ASB is a benign condition that is found in many older adults
- Rationale for why a urine test isn't indicated
- Rationale for why antibiotics are not a part of the treatment plan
- Emphasize individual concerns over population/societal antibiotic resistance (e.g., adverse drug reactions, individual antibiotic resistance, precautions signs)

Other Solutions

- Proactive resident and family communication methods
  - Patient education handout in new resident orientation packet
  - Posters in common areas
  - Resident and family council meetings
  - Table near entrance with pamphlets about antibiotics and UTIs



Antimicrobial Stewardship Toolkit for Nursing Homes

The purpose of this toolkit is to help nursing homes create or maintain an antimicrobial stewardship program. The intended audience is nursing home leadership and all staff involved in antimicrobial stewardship.

[Antimicrobial Stewardship Toolkit for Nursing Homes | Washington State Department of Health]

Resident/Family Education

Free CE for nurses and medical assistants!

WA DOH's Communicating with Residents and Families About Antibiotics CE

Handouts:

CDC's Do You Need Antibiotics Brochure

Residents and Families UTI Pamphlet (English)

Residents and Families UTI Pamphlet (Spanish)

Obtaining Paxlovid

Overview: PAXCESS Patient Support Program

Supporting Patients Prescribed PAXLOVID through 2 Distinct Offerings

PAXCESS
Patient Support Program

Now Available

Pfizer PAXCESS Co-Pay Savings Program

Commercially Insured

- PAXLOVID reimbursement through traditional healthcare system
- Out-of-pocket costs determined by insurer and PBM
- Through Co-Pay Program, eligible patients pay as little as $0*

Now Available

U.S. Government Patient Assistance Program (USG PAP)*:
Operated by Pfizer

Medicare **Medicaid** **Uninsured**

- 2024: PAXLOVID remains free of charge for patients eligible for USG PAP

Details found at PAXLOVID.com and PAXLOVID.pfizerpro.com

ASPR Biweekly Meeting: Distribution and Administration of COVID-19 Therapeutics. 12/13/23

*Eligible commercially insured patients can save up to $1,500 per prescription. Maximum annual savings up to $1,500. Terms and conditions apply. Please visit www.PAXLOVID.com/paxcess-terms-and-conditions for full terms and conditions.

*USG PAP eligibility also includes patients insured through TRICARE and the VA Community Care Network

Please see full Prescribing Information including BOXED WARNING at this presentation or at www.paxlovid.pfizerpro.com

Pfizer | Paxlovid (nirmatrelvir | ritonavir)

Paxlovid Enrollment Process

- Medicare, Medicaid, and Commercial:
  - Completed by the patient, a caregiver, a healthcare provider, or a pharmacist via phone OR through PAXCESS Paxlovid portal
  - Electronic voucher provided to patient
  - Voucher can be exchanged for a free Paxlovid treatment course at a participating pharmacy
  - Overnight shipping to the patient's home is available if unable to obtain Paxlovid locally
  - Enrollment takes approximately 5 minutes
  - Additional mechanisms for Medicaid and some Medicare beneficiaries to receive free Paxlovid without the need to enroll will become available sometime in January

COVID-19 Therapeutics Transition to Commercial Distribution: Frequently Asked Questions | HHS/ASPR

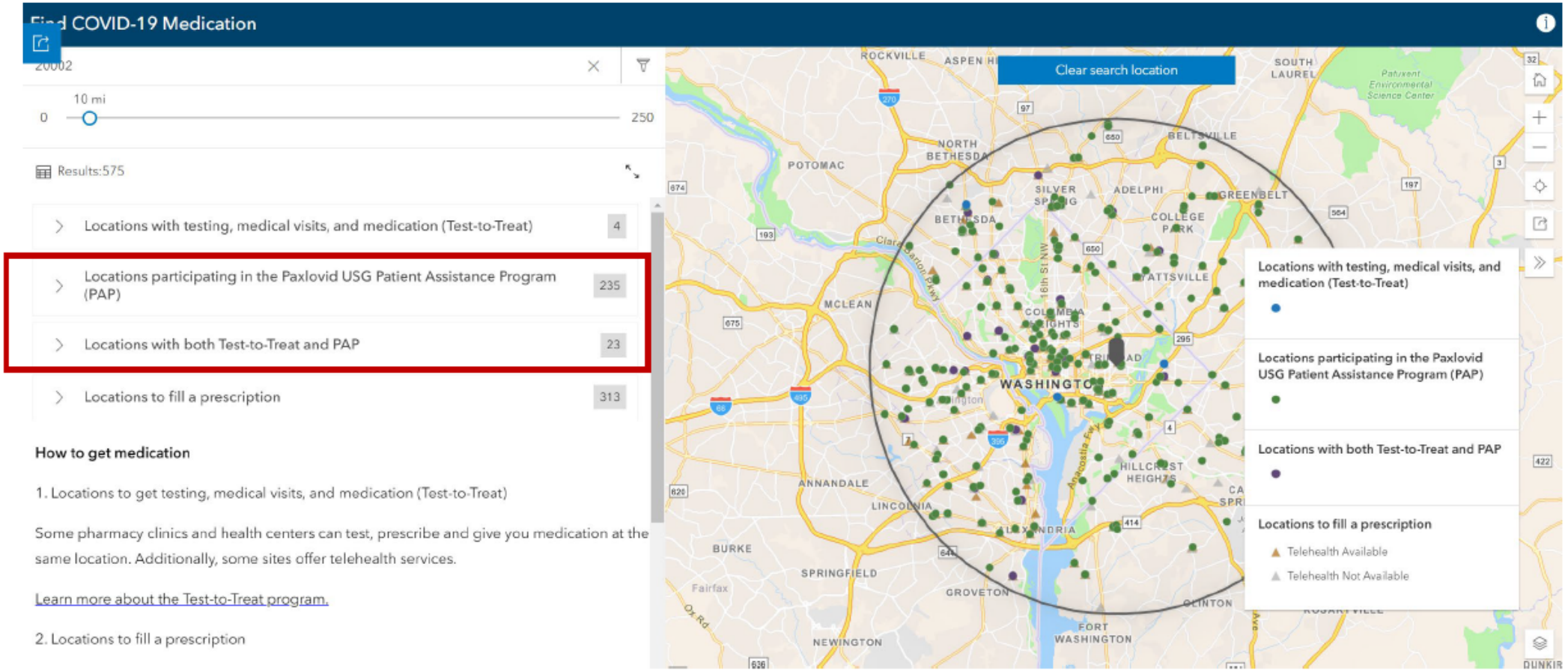
How Do Pharmacies Participate?

- Pfizer is currently working with their program vendor to discuss participation in the USG PAP operated by Pfizer with many of the retail pharmacies across the United States
- Retail pharmacies can learn more about participating in the U.S. government PAP by contacting the program vendor at PharmacyNetworkContract102101@assistrx.com.

COVID-19 Therapeutics Transition to Commercial Distribution: Frequently Asked Questions | HHS/ASPR

New! Paxlovid PAP locations added to Test-to-Treat Locator

- In anticipation of the enhanced Treatments Locator, **locations participating in the Paxlovid USG PAP are currently displayed (~41,000) on the Test-to-Treat locator**.



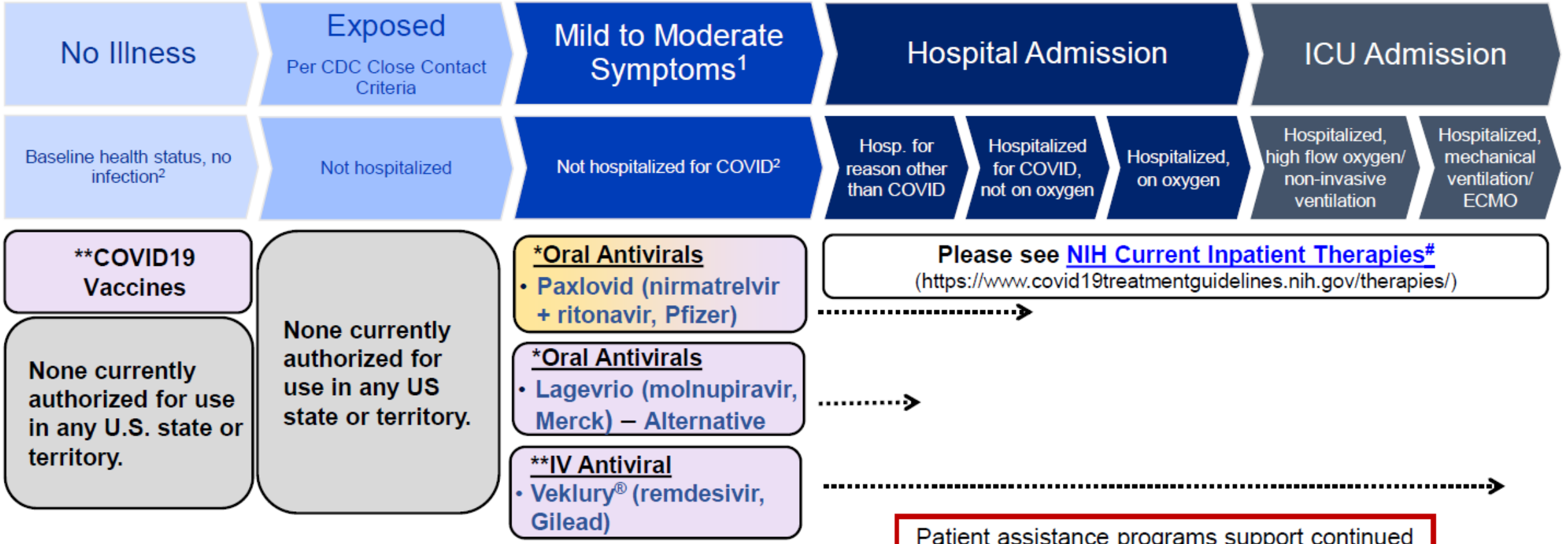
ASPR Biweekly Meeting: Distribution and Administration of COVID-19 Therapeutics. 12/13/23

Reminder: Continued Access to Paxlovid

- **Medicare, Medicaid, and uninsured patients will continue to receive Paxlovid at no charge** through December 2024 using the USG Patient Assistance Program (USG PAP) operated by Pfizer
  - Includes all patients publicly insured through Medicare (with or without Part D, Part B, or Part C and inclusive of Medicare Advantage), Medicaid/CHIP, TRICARE, and patients insured through the VA Community Care Network
  - Uses USG-procured supply (commercial, NDA-labeled)
- Separately, **federal entities (HRSA, IHS, VA, DoD, others) will have continued access to USG-procured Paxlovid supply for their patients**, similar to how they have accessed Paxlovid to date
- USG-procured Paxlovid may also be used to support state, local, tribal, or territorial **special programs targeting vulnerable populations on a case-by-case basis**
  - Reach out to your ASPR regional staff or covid19.therapeutics@hhs.gov
- Concurrently, Pfizer is operating a Paxlovid Co-Pay Savings Program for eligible privately (commercially) insured patients
  - Accessible through Paxlovid.com for patients and Paxlovid.pfizerpro.com for health care providers

ASPR Biweekly Meeting: Distribution and Administration of COVID-19 Therapeutics. 12/13/23

Summary of COVID-19 Preventative Agents & Treatments



ASPR Biweekly Meeting: Distribution and Administration of COVID-19 Therapeutics. 12/13/23

[1] Convalescent Plasma EUA https://www.fda.gov/media/141478/download
High titer convalescent plasma is authorized for specific immunocompromised patients.
[2] Refer to individual product Fact Sheets for authorization details

#Be sure to check latest updates on inpatient care
Therapeutic Management of Nonhospitalized Adults With COVID-19
Therapeutic Management of Hospitalized Adults With COVID-19

More Information

- Questions:
  - Covid19.therapeutics@hhs.gov
- COVID-19 Medication Locator:
  - COVID-19 Test to Treat Locator English
- FAQs about Paxlovid:
  - COVID-19 Therapeutics Transition to Commercial Distribution: Frequently Asked Questions | HHS/ASPR
- Non-Hospitalized Therapeutic Guidance for Providers:
  - Nonhospitalized Adults: Therapeutic Management | COVID-19 Treatment Guidelines (nih.gov)

Thank you!

Jessica.zering@doh.wa.gov

References:

1. ASPR Biweekly Meeting: Distribution and Administration of COVID-19 Therapeutics. 12/13/23
2. COVID-19 Therapeutics Transition to Commercial Distribution: Frequently Asked Questions | HHS/ASPR

CORHA/CSTE COVID OUTBREAK DEFINITION CHANGES 2023

Washington State Department of HEALTH

Allison Templeton, MPH
HAI Epidemiology Outbreak Team

Overall Summary

- **Definition document was streamlined and shortened**
- **Outpatient care was fully removed**
- **Thresholds for reporting to public health and the outbreak definitions were increased for both residents and HCP**
- **Removed HCP only outbreaks (again!)**
- **WA DOH will implement on January 1**

Acute Care Hospitals and Critical Access Hospitals

- Most changes for acute care are in the definition involving HCP
- No more HCP-only outbreaks
- Threshold for reporting to public health aligns with outbreak definition

Acute Care: Specific Changes

Threshold for Additional Investigation:

Old: suspect patients were not included

New: ≥1 case of **suspect**, probable or confirmed COVID-19 among HCP or patients 4 or more days after admission

Threshold for Reporting to Public Health:

Old: HCP was based on community transmission levels

New: ≥2 cases of suspect, probable or confirmed COVID-19 among HCP **AND ≥1 case of probable or confirmed COVID-19 among patients 4 or more days after admission for a non-COVID condition, with epi-linkage (no mention of community transmission levels)**

Acute Care: Specific Changes

Outbreak Definition:

Patients:

No changes for patient definition (≥2 cases of probable or confirmed COVID-19 among patients 4 or more days after admission for a non-COVID condition, with epi-linkage)

HCP:

Old: ≥3 or more cases with epi linkage and no other more likely source of exposure

New: **≥2** cases of suspect, probable or confirmed COVID-19 among HCP **AND ≥1 case of probable or confirmed COVID-19 among patients 4 or more days after admission for a non-COVID condition, with epi-linkage**

Long-Term Care Facilities and Long-Term Acute Care Hospitals

- No more HCP only outbreaks
- No more outbreaks involving only one resident case (threshold increased to two)

Long-Term Care: Specific Changes

Threshold for Additional Investigation:

No changes

Threshold for Reporting to Public Health:

Residents:

Old: ≥1 resident probable or confirmed case

New: **≥2** or more cases of probable or confirmed cases among residents **within 7 days of each other**

HCP:

Old: ≥1 HCP probable or confirmed case

New: **≥2** cases of **suspect**, probable or confirmed COVID-19 among HCP **AND ≥ 1 case of probable or confirmed COVID-19 among residents, with epi-linkage**

Long Term Care: Specific Changes

Outbreak Definition:

Residents:

Old: ≥1 facility-acquired case

New: **≥2 probable or confirmed cases among residents with epi-linkage**

HCP:

Old: ≥3 suspect, probable or confirmed cases in HCP with epi-linkage and no more likely exposure for at least one case

New: **≥2** cases of suspect, probable or confirmed COVID-19 among HCP **AND ≥1 case of probable or confirmed COVID-19 among residents, with epi-linkage**, AND no other more likely sources of exposure for at least 1 of the cases

Outpatient Care Settings

Fully Removed

Preview

- COHRA/CSTE document: COVID-19-HC-Outbreak-Definition-Guidance_November-2023.pdf (corha.org)

- DOH guidance will be posted Jan 1

Questions?

HAIEpiOutbreakTeam@doh.wa.gov

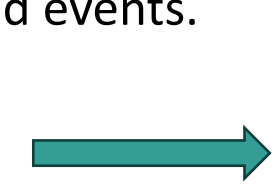
Questions and Open Discussion

Reminders

- The HAIAR section produces a monthly Gov Delivery newsletter

  Each edition delivers updates from various sections within HAIAR and provides readers with valuable resources as well as information about pertinent news and events.

  - Subscribe to our HAIAR monthly newsletter or scan the QR code



- Slides and meeting minutes will be emailed within seven days of this meeting

- The next meeting is scheduled for February 1, 2024, at 4:00 p.m. or TBD depending on survey results

  - Agenda items can be sent to bonita.campo@doh.wa.gov

Thank you

Washington State Department of HEALTH

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.