

Swissnoso Recommendations for Influenza Season 2020/2021 and Covid-19

(Version 1, Swissnoso, 9th October 2020)

Background and rationale:

The upcoming winter season 2020/21 is likely to present a different scenario of respiratory illnesses than previous years. Swissnoso anticipates that SARS-CoV-2 will circulate along with influenza and other respiratory viruses, which poses challenges regarding diagnostic pathways, treatment decisions, and isolation management. As seen in the southern hemisphere winter of 2020, influenza cases may drop significantly given the intensified Covid-19 precautions¹. Accordingly, the effect of influenza vaccination in the general population and in healthcare workers is difficult to predict.

Adequate vaccination rates reduce the risk of healthcare services being overwhelmed during the ongoing Covid-19 pandemic (Rubin, 2020). Multiple candidates of SARS-CoV-2 vaccine are in development but not yet marketed at this point in time; hence Swissnoso considers it premature to make concrete plans regarding their distribution.

Swissnoso recommends observing the strategies listed below. These recommendations are geared towards acute-care hospitals but can be adapted to other healthcare settings such as LTCF. For other settings, such as outpatient clinics, please refer to FOPH recommendations.

¹ The FOPH influenza sentinel system, which tracks and reports influenza-like illness in a representative number of private practices is therefore likely to present an atypical “flu curve” compared to past winters. It will be enhanced by a new virological surveillance and benefit from the already established mandatory notification of Covid-19 cases. FOPH weekly report on influenza case numbers, under <https://www.bag.admin.ch/bag/fr/home/krankheiten/ausbrueche-epidemien-pandemien/aktuelle-ausbrueche-epidemien/saisonale-grippe---lagebericht-schweiz.html>

1. Patients in the acute care hospital

a) Patient testing strategy

	Recommendations	Comments
<i>Who needs to be tested and which criteria are to be used?</i>	Use the FOPH Covid-19 testing criteria² as clinical trigger for suspecting/testing for respiratory viruses (BAG, 2020)	<ul style="list-style-type: none"> It is <u>not</u> recommended to use more than one set of clinical criteria. Concurrent use of pathways for SARS-CoV-2 (FOPH testing criteria) and influenza (influenza-like illness criteria) may result in confusion on how to approach the patient presenting with respiratory symptoms
<i>Which respiratory viruses to test for in patients being admitted?</i>	All patients meeting above test criteria should undergo PCR testing for <ul style="list-style-type: none"> Influenza and SARS-CoV-2 PLUS RSV in children (also consider RSV for hospitalized adults) 	<ul style="list-style-type: none"> Patients seen in the emergency department but not requiring hospital admission, or outpatients should at least be tested for SARS-CoV-2 (tests for additional respiratory viruses only if it changes management)
<i>Which should be the test characteristics?</i>	Stock sufficient³ commercially available, PCR-based⁴ rapid tests for influenza <ul style="list-style-type: none"> point-of-care testing (POCT) is preferable ideal turn-around time of < 2 hours use combination tests if available 	<ul style="list-style-type: none"> POC tests may guide early decisions on patient treatment and management (e.g. influenza POC test negative → high suspicion of Covid-19) To date, specifics of commercially available tests at disposal by the start of the cold season are not clear (e.g. test mechanisms, turn-around times, volume of tests on the market) If combination tests become available, Swissnoso recommends using dual SARS-CoV-2 & influenza tests for school-age children and adults, and additional RSV testing in infants and toddlers⁵
	Prepare for a shortage of diagnostic tools for all respiratory viruses	<ul style="list-style-type: none"> Insufficient numbers of diagnostic tests may be available to healthcare institutions: As a fallback option, patient pathways may need to be planned as if there were no diagnostic tests available
<i>How to ensure timely test results?</i>	Optimize turn-around time of SARS-CoV-2, influenza, and RSV testing results in your institution	<ul style="list-style-type: none"> Work with the local virology laboratory to get SARS-CoV-2 results back to patients and HCWs as quickly as possible, preferably via automated mechanisms (e.g. SMS or email), for rapid isolation, contact tracing and management of positive patients

² <https://www.bag.admin.ch/bag/de/home/krankheiten/ausbrueche-epidemien-pandemien/aktuelle-ausbrueche-epidemien/novel-cov/information-fuer-die-aerzteschaft.html>

³ guided by approximate amount of testing during Spring 2020

⁴ Nucleic acid amplification tests such as PCR continue to be the gold standard test method for respiratory viruses. Depending on the results of future research and validation, alternative methods such as antigen tests may become available.

⁵ to be considered for older children and adults if the test result is likely to change management

b) Patient isolation strategy

	Recommendations	Comments
<i>Which isolation strategy should be pursued for patients with respiratory illness?</i>	<p>Preemptive droplet & contact precautions (according to local guidelines)</p> <ul style="list-style-type: none"> ➤ Isolate <u>all</u> patients with respiratory illness as suspected Covid-19⁶ 	<ul style="list-style-type: none"> • Strict droplet & contact precautions, which can be implemented “on site” where the patient bed is (bed isolation) and do not require a single room if the patient is cooperative and the symptoms controlled • In certain settings (e.g., oncology ward) patients with respiratory illness should be placed in a single room (as default) so as not to jeopardize other patients • Observe the Swissnoso recommendations for suspected or confirmed Covid-19 cases (SN, 2020)⁷
<i>Which isolation strategy should be pursued in those admitted to the hospital with confirmed Covid-19?</i>	<p>Confirmed Covid-19 cases should be isolated under droplet & contact⁸ precautions in single rooms, or ‘cohorted’ with other PCR positive case(s) in a COVID unit</p>	<ul style="list-style-type: none"> • Single rooms recommended solely for confirmed Covid-19 cases (to save limited isolation space for patients with a documented potential of transmitting SARS-CoV-2) • Cohorting multiple confirmed Covid-19 patients is an option, but keep cohorted Covid-19 cases separated from patients with influenza and other diseases requiring contact isolation • Observe the Swissnoso recommendations for suspected or confirmed Covid-19 cases (SN, 2020)⁷
<i>What assessment is required in ambulatory patients?</i>	<p>Prepare pre-Emergency Department triage centers, for appropriate assessment of ambulatory patients regarding their need for emergency medicine care and/or hospitalization.</p>	<ul style="list-style-type: none"> • These triage centers should receive appropriate staffing to provide a focused patient interview⁹, and nasopharyngeal swabs • Triage centers should include a waiting area with adequate, weatherproof space, and have information material at disposal for patients

⁶ i.e. meeting the FOPH Covid-19 testing criteria (BAG, 2020)

⁷ https://www.swissnoso.ch/fileadmin/swissnoso/Dokumente/5_Forschung_und_Entwicklung/6_Aktuelle_Ereignisse/200820_Vorsorgemassnahmen_COVID-19_Spital_V8.2_DE.pdf

⁸ Patients with confirmed influenza (and negative SARS-CoV-2 PCR test) can be droplet (only) -isolated according local guidelines.

⁹ For young children, consider a proper medical triage due to the elevated risk of serious differential diagnoses.

c) Patient prevention strategy

	Recommendations	Comments
Influenza vaccine	Review the local vaccination strategy <ul style="list-style-type: none"> ➤ Offer influenza vaccine to at-risk patients starting in October 2020 ➤ Review vaccination need in children¹⁰ 	<ul style="list-style-type: none"> • In the absence of a SARS-CoV-2 vaccine, it is reasonable to offer influenza vaccine to reduce the overall risk of acquiring a respiratory viral illness • A similar number of influenza vaccine doses as in previous influenza seasons will be available by October 2020 and further doses between end of November and beginning of December¹¹ • Please refer to BAG up-to-date seasonal influenza recommendations (BAG, Grippeimpfung, 2020)¹⁰
SARS- COVID19 vaccine (not available yet)	Conceptualize vaccination strategy in case vaccine would become available	<ul style="list-style-type: none"> • As soon as a SARS-CoV-2 vaccine is made available to healthcare institutions, there should be plans for quick distribution among HCW

¹⁰ In children at increased risk of complications or with regular contact with high-risk persons. For further information please refer to the FOPH seasonal influenza vaccination - recommendations. August 2020. Accessed online on the 28.09.2020, under <https://www.bag.admin.ch/dam/bag/en/dokumente/mt/infektionskrankheiten/grippe/empfehlung-grippeimpfung-kurz.pdf.download.pdf/empfehlungen-grippeimpfung-kurz-en.pdf>

¹¹ Up-to-date information on influenza vaccination availability in Switzerland under <https://www.impfengegengrippe.ch/de-ch/impfung/impfstoffe.html> and under <https://www.infovac.ch/de/>

2. HCW testing, isolation and prevention

	Recommendations	Comments
<i>How to ensure adequate testing for HCWs?</i>	Offer an expedited straightforward testing opportunity for local healthcare personnel	<ul style="list-style-type: none"> • HCWs and other hospital employees are likely to continue acquiring respiratory viral infections in the community, the household, or at work. Limited diagnostic opportunities and delayed testing may lead to exposing others • In order to be able to make quick decisions regarding home isolation of healthcare personnel, work with occupational health and the local laboratory to facilitate convenient testing and appropriate instructions for employees. See also → 1.a) Turn-around time of testing results
<i>How to manage HCW with symptoms compatible with Covid-19?</i>	Reinforce a policy that employees with symptoms compatible with Covid-19 should refrain from working and get tested for SARS-CoV-2	<ul style="list-style-type: none"> • HCW with patient contact may be prioritized for PCR testing over those without patient contact • Also refer to → Swissnoso: Management of COVID-19 positive or suspect employees involved in care of patients in acute care hospitals – extraordinary situation (SN, 2020)¹²
<i>How to ensure adequate vaccination of HCW?</i>	<p>Conduct an influenza vaccination campaign for HCW (starting in October 2020)</p> <p>Consider SARS- COVID19 vaccine (once available)</p>	<ul style="list-style-type: none"> • See also → 1.c) Patient prevention strategy → Influenza vaccine • Also refer to BAG Empfehlungen saisonale Grippeimpfung von August 2020 (BAG, 2020)¹³

¹² https://www.swissnoso.ch/fileadmin/swissnoso/Dokumente/5_Forschung_und_Entwicklung/6_Aktuelle_Ereignisse/200417_management_of_COVID-19_positive_HCW_ENG.pdf

¹³ <https://www.bag.admin.ch/dam/bag/en/dokumente/mt/infektionskrankheiten/grippe/empfehlung-grippeimpfung-kurz.pdf.download.pdf/empfehlungen-grippeimpfung-kurz-en.pdf>

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