



# **COVID-19 Chicago Long Term Care Roundtable**

12-22-22



# Agenda

- CDPH IPJob Openings
- COVID-19 Epidemiology
- COVID-19 Reminders, Updates, and FAQs
- NHSN Flu Reporting – Telligen
- Influenza Reminders, Updates, and FAQs
- Questions & Answers



# CDPH Infection Prevention Specialist Job Openings

- Three job openings on the CDPH Healthcare Settings team:
  - Skilled Nursing Facility IP
  - Acute Care/Outpatient IP
  - Training & Education IP
- Application deadline: January 8, 2023
- To apply, go to:  
<https://chicago.taleo.net/careersection/200/jobdetail.ftl?job=3405-CDPH-2022>



JOB ANNOUNCEMENT

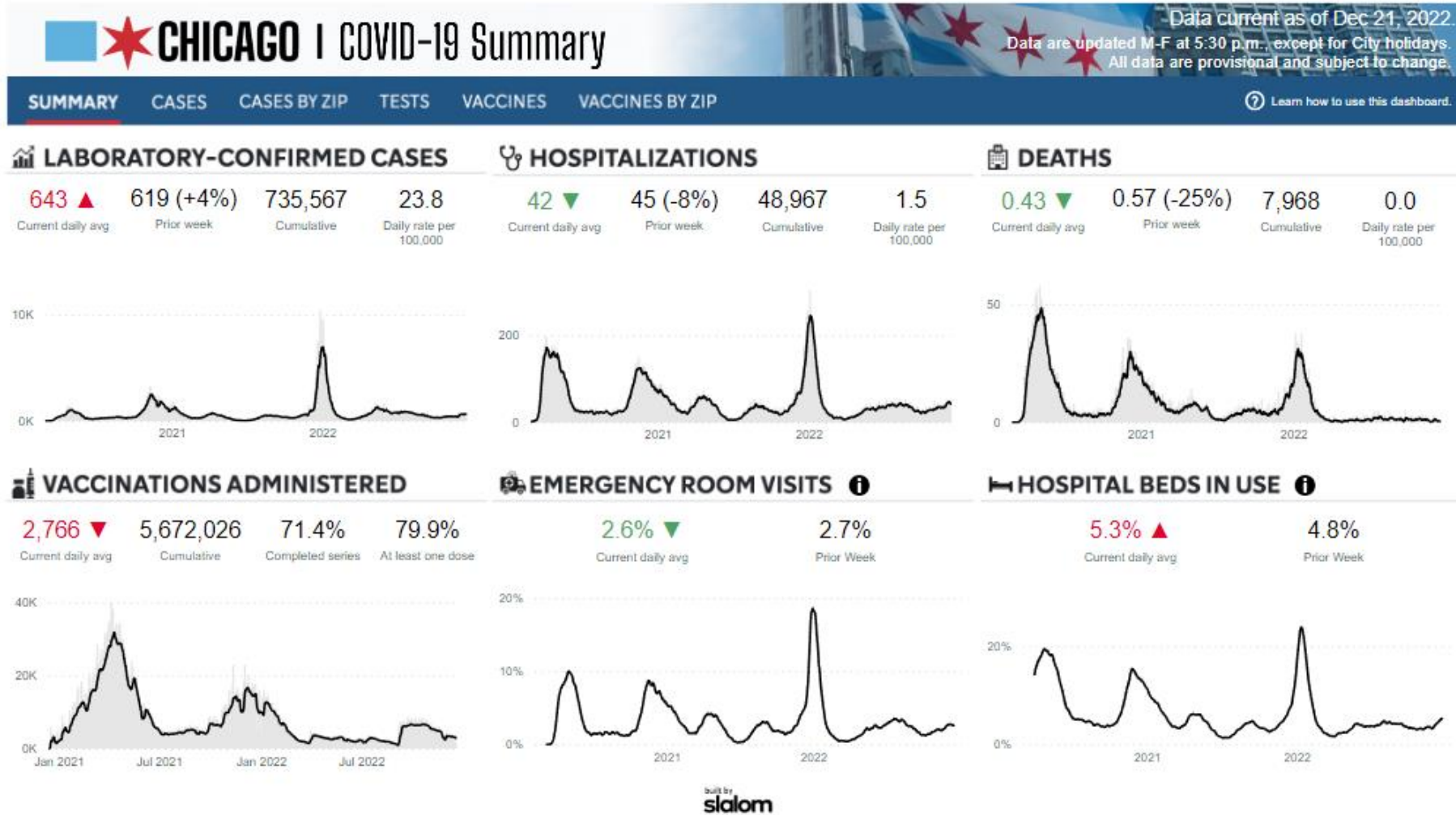
## Infection Prevention Specialist

Bureau of Disease Control

Healthcare Program

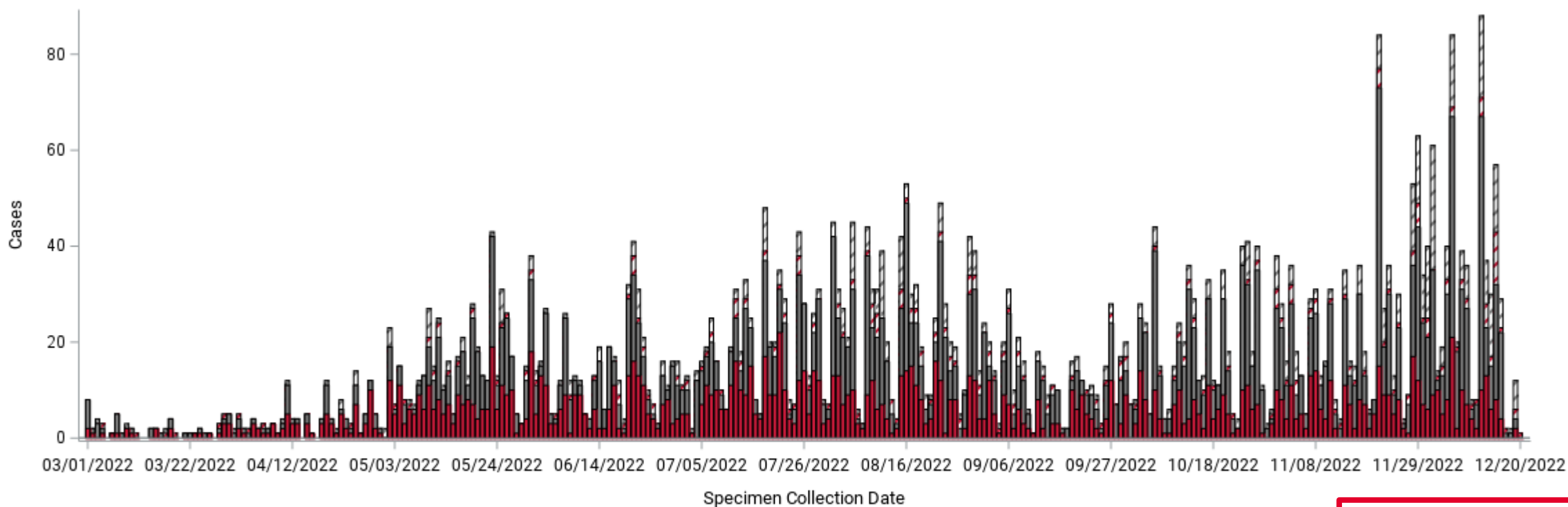
Number of Positions: 3

# Chicago Dashboard



# SNF COVID-19 Cases

(Mar. 1, 2022 – Dec. 20, 2022)



Not Fully Vaccinated Resident Not Fully Vaccinated Staff Fully Vaccinated Resident Fully Vaccinated Staff

Data Sources: INEDSS (Illinois state) and REDCap (facility self report)

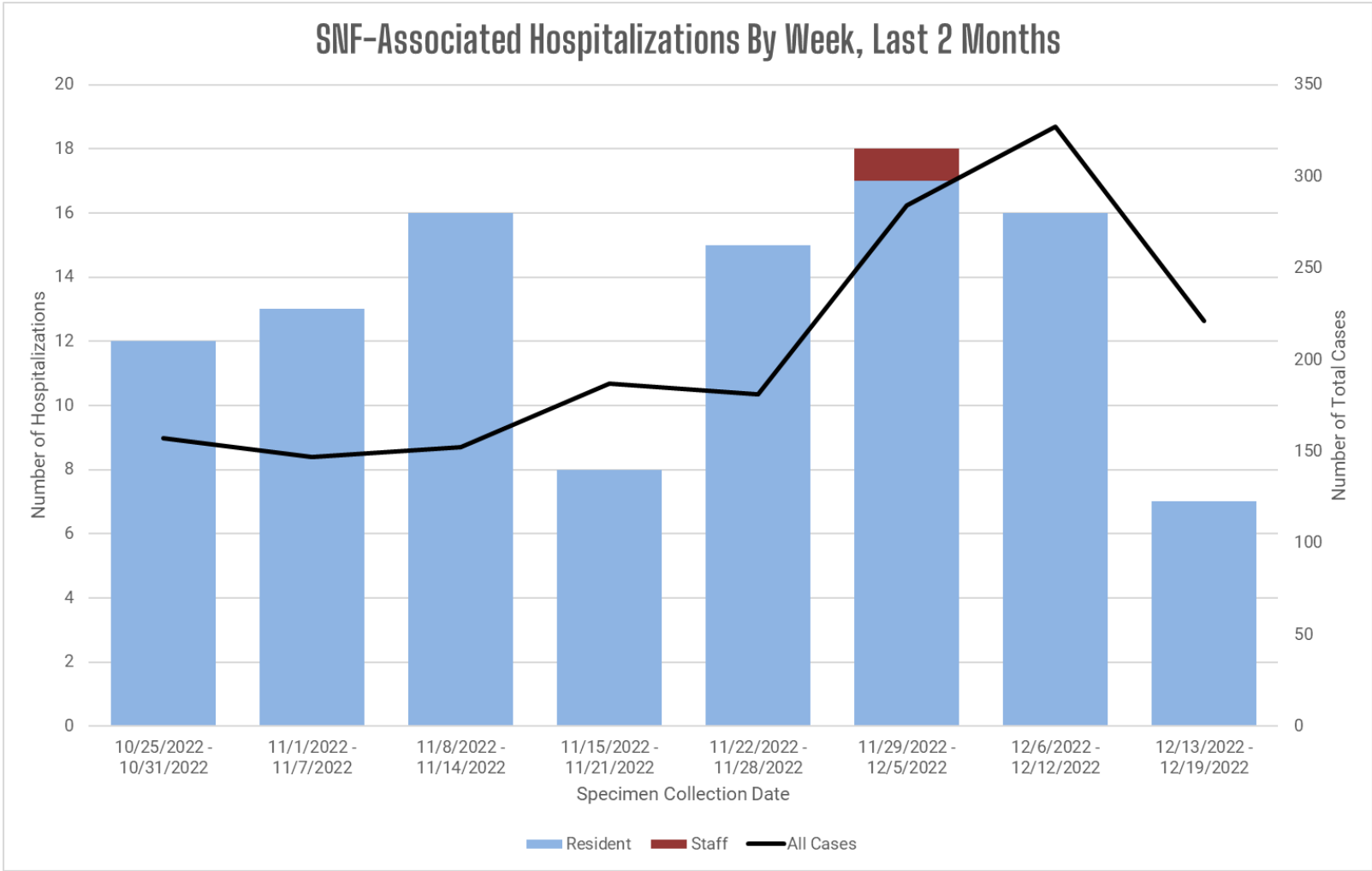
A fully vaccinated case occurs when the positive test specimen was collected at least 14 days after the individual completed their COVID vaccination

Fully vaccinated cases may be underestimated due to delayed reporting

**65 (82%) SNFs  
have active  
outbreaks**



# Hospitalizations for COVID+ Residents/Staff



Data sources: INEDSS (statewide database) and REDCap Case Report Form (facility self-report)  
Data as of 12/20/2022

# COVID-19 Variant Proportions

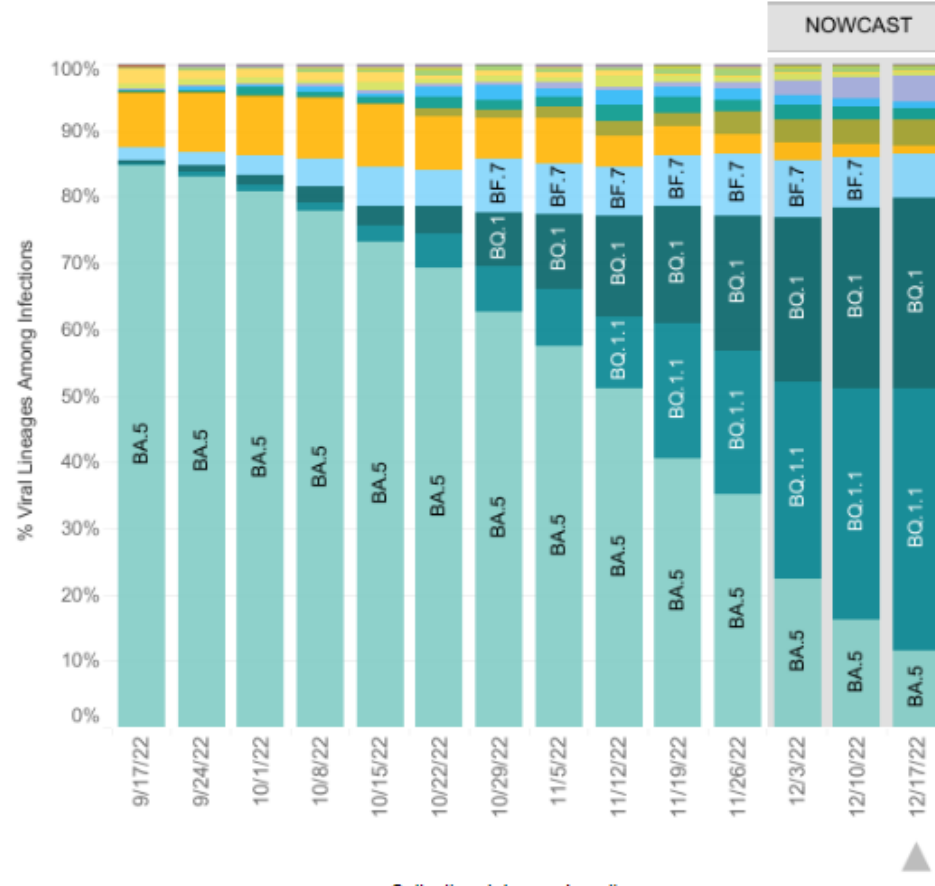


HHS Region 5: 12/11/2022 – 12/17/2022 NOWCAST

HHS Region 5: 9/11/2022 – 12/17/2022

Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

WHO label	Lineage #	US Class	%Total	95%PI	
Omicron	BQ.1.1	VOC	39.5%	36.9-42.1%	
	BQ.1	VOC	28.8%	26.5-31.1%	
	BA.5	VOC	11.7%	10.4-13.0%	
	BF.7	VOC	6.6%	5.7-7.7%	
	XBB	VOC	3.9%	1.8-7.9%	
	BN.1	VOC	3.8%	3.1-4.8%	
	BA.5.2.6	VOC	1.8%	1.3-2.3%	
	BA.4.6	VOC	1.3%	1.0-1.6%	
	BF.11	VOC	1.1%	0.8-1.4%	
	BA.2.75	VOC	0.6%	0.5-0.8%	
	BA.2	VOC	0.6%	0.4-0.8%	
	BA.2.75.2	VOC	0.4%	0.3-0.5%	
	BA.4	VOC	0.0%	0.0-0.0%	
	BA.1.1	VOC	0.0%	0.0-0.0%	
	B.1.1.529	VOC	0.0%	0.0-0.0%	
BA.2.12.1	VOC	0.0%	0.0-0.0%		
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%	
Other	Other*		0.0%	0.0-0.1%	



# ★ Reminder: CDC COVID Data Tracker

Indicator - If the two indicators suggest different transmission levels, the higher level is selected	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs <sup>1</sup> that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%

**Note:** Community transmission levels will now be updated weekly



# CDC COVID Data Tracker: Cook County

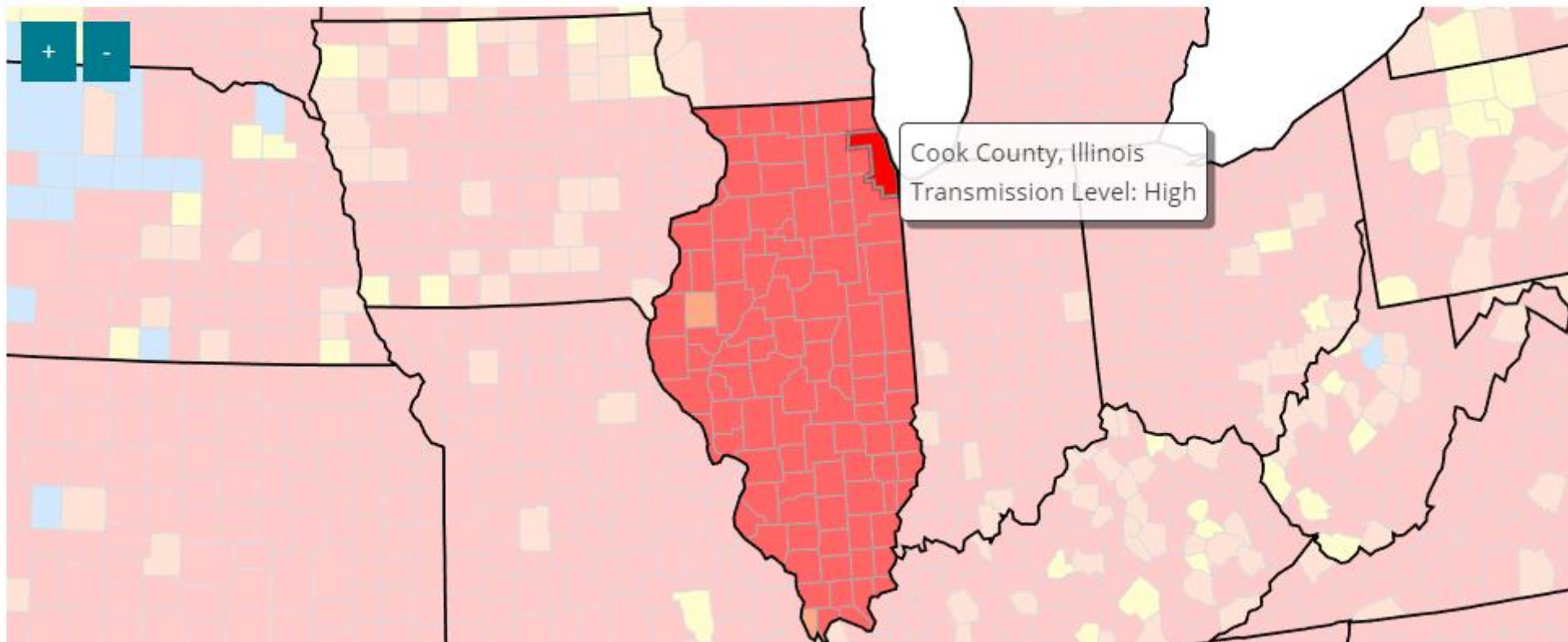


Data Type:

Community Transmission

Map Metric:

Community Transmission





# Chicago Respiratory Virus Surveillance Report

**Respiratory Virus Laboratory Surveillance - Current Week and Cumulative** *The table below includes respiratory viral PCR tests performed by several hospital laboratories in Chicago as well as two commercial laboratories serving Chicago facilities. Reporting facilities represent nearly half of all acute care hospitals in the city. Data reported include Chicago and non-Chicago residents.*

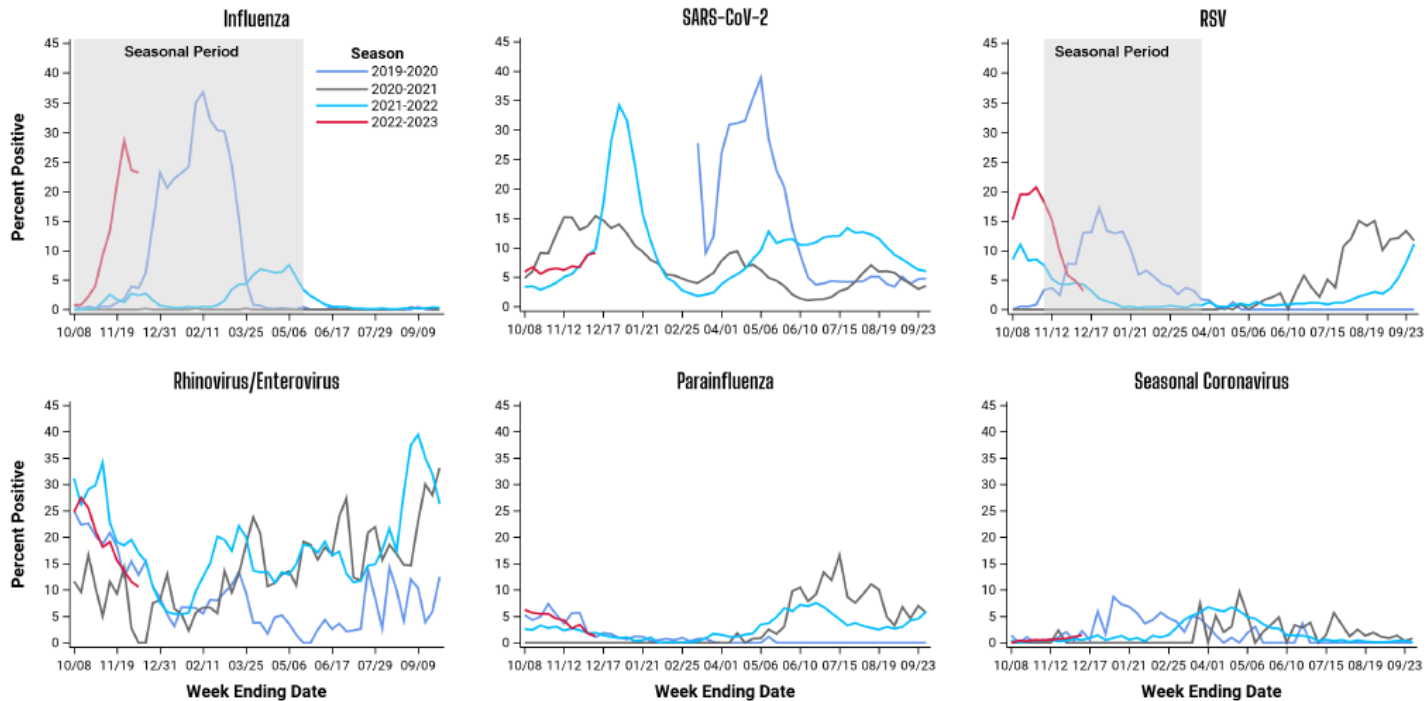
Respiratory Pathogen	Week Ending December 10, 2022		Since October 2, 2022	
	# Tested	% Positive	# Tested	% Positive
Influenza*	6,952	23.2	60,520	14.9
RSV*	5,113	3.2	46,799	12.0
SARS-CoV-2*	7,992	9.1	78,949	6.9
Parainfluenza	1,651	1.3	18,129	4.0
Rhinovirus/Enterovirus	1,069	10.6	13,279	18.5
Adenovirus	1,069	2.7	13,124	3.3
Human Metapneumovirus	1,069	0.3	13,279	0.5
Seasonal Coronaviruses <sup>†</sup>	1,648	1.4	18,619	0.6

\*Represents both dualplex and multiplex PCR data. All other data represents only multiplex panels that include the specified pathogens;† Four seasonal coronavirus strains include 229E, NL63, OC43, and HKU1.



# Chicago Respiratory Virus Surveillance Report

**Respiratory Virus Laboratory Surveillance - Seasonal Trends** *These graphs show seasonal trends of selected respiratory virus testing data presented in the previous table. Typical seasonal periods when activity tends to increase for influenza and RSV are indicated by shaded areas. Elevated test positivity outside of typical seasonal periods suggests atypical activity, and increased clinician awareness and testing may be warranted. Yearly data can also be used to compare the timing and intensity of viral activity, although changes in testing patterns also influence yearly trends, and data should be interpreted in the context of other surveillance indicators.*





# Reminder: Minimum Routine Staff Testing Frequency

Vaccination Status	Community Transmission Level	Testing Frequency
<b>Not up to date</b>	All	No required routine testing*
<b>Up to date**</b>	All	No required routine testing*

\* Unless symptomatic, had a high-risk exposure, or your facility is in outbreak and performing unit/broad-based testing.

\*\* An individual has received all COVID-19 vaccinations for which they are eligible



# Reminder: Minimum Routine Resident Testing Frequency

Vaccination Status	Community Transmission Level	Routine Testing Frequency
<b>Not up to date*</b>	All	No required routine testing**
<b>Up to date*</b>	All	No required routine testing**
<b>New and readmissions, regardless of vaccination status</b>	Low, Moderate, Substantial	No required routine testing**
<b>New and readmissions, regardless of vaccination status***</b>	High	Upon admission, 48 hours after 1st negative test, 48 hours after 2nd negative test (i.e., days 0, 2, 4)

\*Excluding new/readmissions when community transmission is high

\*\*Unless symptomatic, following a high-risk exposure, or your facility is in outbreak and performing broad-based testing.

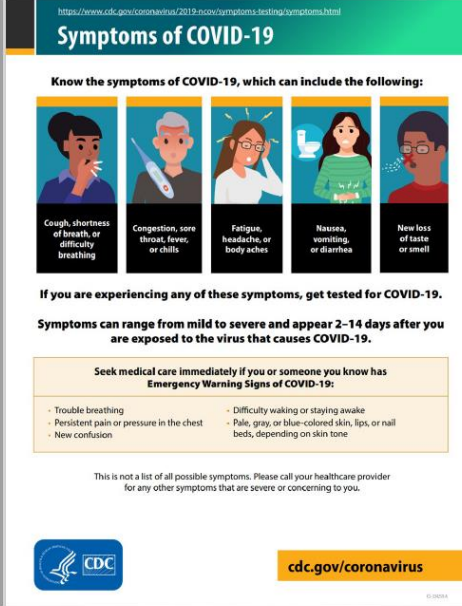
\*\*\*Unless COVID+ within the prior 30 days

# ★ IDPH Signage

- Can use to inform staff, residents, and visitors of recommended actions to prevent COVID-19 transmission
- Link will be posted on our website soon

## Preventing COVID-19 Transmission

### Everyone has a Role in Preventing the Spread of COVID-19



**Symptoms of COVID-19**

Know the symptoms of COVID-19, which can include the following:

- Cough, shortness of breath, or difficulty breathing
- Congestion, sore throat, fever, or chills
- Fatigue, headache, or body aches
- Nausea, vomiting, or diarrhea
- New loss of taste or smell


If you are experiencing any of these symptoms, get tested for COVID-19.

Symptoms can range from mild to severe and appear 2–14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if you or someone you know has Emergency Warning Signs of COVID-19:


- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Difficulty waking or staying awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

This is not a list of all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.

 [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)


If any of the following apply, we ask that you postpone your visit for the health and safety of your loved one and others:

- 1) Symptoms of COVID-19
- 2) Have tested positive for COVID-19
- 3) Been exposed to someone that is positive for COVID-19





**Wear a mask with the best fit, protection, and comfort for you.**

N95 Respirator	KN95 Respirator	Disposable Mask	Cloth Mask
NIOSH-approved		Sometimes referred to as "surgical masks" or "medical procedure masks"	Non-medical, made of fabric
When worn correctly, respirators offer the highest level of protection and filter 95% of particles.	filtration varies depending on standard.	Disposable masks offer more protection than cloth masks.	Layered finely woven cloth masks offer more protection.
	When worn correctly, KN95s provide more protection than disposable masks.		Loosely woven cloth masks provide the least protection.

 Masks and respirators should not be worn by children younger than 2 years old. [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Use hand sanitizer





ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
**IDPH**  
PROTECTING HEALTH. IMPROVING LIVES

# ★ Bivalent Booster Efficacy in Older Adults

- Key finding:
  - “Among immunocompetent adults aged  $\geq 65$  years hospitalized in the multistate IVY Network, a bivalent booster dose provided 73% additional protection against COVID-19 hospitalization compared with past monovalent mRNA vaccination only.”

## Early Estimates of Bivalent mRNA Vaccine Effectiveness in Preventing COVID-19–Associated Hospitalization Among Immunocompetent Adults Aged $\geq 65$ Years — IVY Network, 18 States, September 8–November 30, 2022

Early Release / December 16, 2022 / 71

Diya Surie, MD<sup>1\*</sup>; Jennifer DeCuir, MD, PhD<sup>1\*</sup>; Yuwei Zhu, MD<sup>2</sup>; Manjusha Gaglani, MBBS<sup>3,4</sup>; Adit A. Ginde, MD<sup>5</sup>; David J. Douin, MD<sup>6</sup>; H. Keipp Talbot, MD<sup>7</sup>; Jonathan D. Casey, MD<sup>2</sup>; Nicholas M. Mohr, MD<sup>2,4</sup>; Anne Zepeski, PharmD<sup>8</sup>; Tresa McNeal, MD<sup>3,4</sup>; Shekhar Ghamande, MD<sup>3,4</sup>; Kevin W. Gibbs, MD<sup>7</sup>; D. Clark Files, MD<sup>7</sup>; David N. Hager, MD, PhD<sup>9</sup>; Harith Ali, MBBS<sup>8</sup>; Leyla Taghizadeh<sup>9</sup>; Michelle N. Gong, MD<sup>10</sup>; Amira Mohamed, MD<sup>10</sup>; Nicholas J. Johnson, MD<sup>11</sup>; Jay S. Steingrub, MD<sup>12</sup>; Ithan D. Peltan, MD<sup>13</sup>; Samuel M. Brown, MD<sup>13</sup>; Emily T. Martin, PhD<sup>14</sup>; Akram Khan, MD<sup>15</sup>; William S. Bender, MD<sup>16</sup>; Abhijit Duggal, MD<sup>17</sup>; Jennifer G. Wilson, MD<sup>18</sup>; Nida Qadir, MD<sup>19</sup>; Steven Y. Chang, MD, PhD<sup>19</sup>; Christopher Mallow, MD<sup>20</sup>; Jennie H. Kwon, DO<sup>21</sup>; Matthew C. Exline, MD<sup>22</sup>; Adam S. Luring, MD, PhD<sup>23</sup>; Nathan I. Shapiro, MD<sup>24</sup>; Cristie Columbus, MD<sup>4,25</sup>; Natasha Halasa, MD<sup>2</sup>; James D. Chappell, MD, PhD<sup>2</sup>; Carlos G. Grijalva, MD<sup>2</sup>; Todd W. Rice, MD<sup>2</sup>; William B. Stubblefield, MD<sup>2</sup>; Adrienne Baughman<sup>2</sup>; Kelsey N. Womack, PhD<sup>2</sup>; Jillian P. Rhoads, PhD<sup>2</sup>; Kimberly W. Hart, MA<sup>2</sup>; Sydney A. Swan, MPH<sup>2</sup>; Nathaniel M. Lewis, PhD<sup>1</sup>; Meredith L. McMorrow, MD<sup>1</sup>; Wesley H. Self, MD<sup>2</sup>; IVY Network ([VIEW AUTHOR AFFILIATIONS](#))

[View suggested citation](#)

### Summary

#### What is already known about this topic?

Immunity from monovalent COVID-19 mRNA vaccination wanes over time. A bivalent COVID-19 mRNA booster dose is recommended for all eligible persons; however, little is known about its effectiveness against COVID-19 hospitalization.

#### What is added by this report?

Among immunocompetent adults aged  $\geq 65$  years hospitalized in the multistate IVY Network, a bivalent booster dose provided 73% additional protection against COVID-19 hospitalization compared with past monovalent mRNA vaccination only.

#### What are the implications for public health practice?

To maximize protection against severe COVID-19 this winter season, all eligible persons, especially adults aged  $\geq 65$  years, should receive a bivalent booster dose and consider additional prevention strategies, including masking in indoor public spaces.

### Article Metrics

#### Altmetric:



#### Citations:

#### Views:

Views equals page views plus PDF downloads

[Metric Details](#)

Tables



# Resident Booster Posters

- Will combine 1<sup>st</sup> and 3<sup>rd</sup> bullet point to say: "Previous shots only protected you from the original COVID strain. Get the updated bivalent booster to protect you and your loved ones against the type of COVID currently making people sick."
- Will have another several other versions/languages
- Who are the best people for residents interested in the booster to talk to at your facility?

**NEW, UPDATED COVID-19  
VACCINES ARE HERE!**

**Get Your Booster Today!**

- An updated, safe, and effective COVID-19 vaccine (called the bivalent booster) is now available.
- Adults 65 years and older and those with underlying medical conditions like diabetes or kidney disease are at highest risk for severe COVID-19 illness and death.
- By staying up to date on your COVID vaccines, you can help to protect yourself and those around you.

"I wanted to protect my family and others. I didn't want to get sick myself. I was trying to stay safe..."

- Nursing Home Resident



If you are interested in getting the bivalent vaccine, talk to your CNA or nurse to get more information.



# ★ Staff Booster Posters

- Will be distributing staff booster posters to you by mail within the next few months
- Please use the box at the bottom left to post information about your next booster clinic
- Those facilities that had staff featured in the campaign will also get a larger poster that can be displayed in the lobby

## Thanks, Elsa.

Thank you for taking the call.

Thank you for answering our families' questions during the pandemic, no matter how many they had.

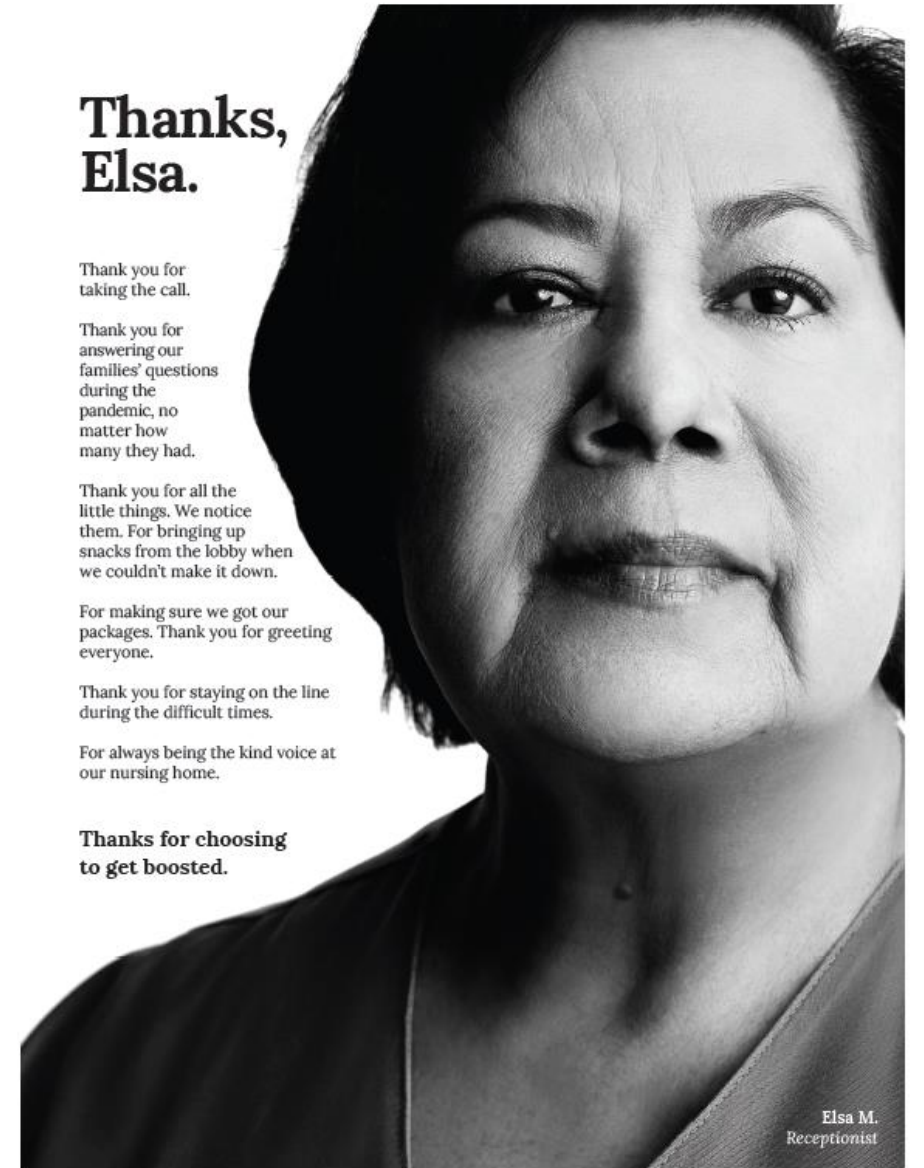
Thank you for all the little things. We notice them. For bringing up snacks from the lobby when we couldn't make it down.

For making sure we got our packages. Thank you for greeting everyone.

Thank you for staying on the line during the difficult times.

For always being the kind voice at our nursing home.

**Thanks for choosing to get boosted.**



Elsa M.  
Receptionist

To learn more about protecting yourself and the ones you care for:





**FAQ: We had one positive resident on the 3<sup>rd</sup> floor. We tested all of their close contacts on day 1, 3, and 5 and everyone was negative. Do we need to do any more testing?**

- No, if all the case's close contacts tested negative x3 (Days 1, 3, and 5), you do not need to do any additional testing.
- If any of the contacts *had* tested positive, you should switch to a broad-based testing approach and test every 3-7 days until there are no new cases for at least 14 days (with the final round of testing occurring on or after day 14).

# COVID Data Tracker



[< Back to Cases, Deaths, & Testing](#)

## COVID-19 Integrated County View

Maps, charts, and data provided by CDC, updates Mon-Fri by 8 pm ET<sup>†</sup>

This site provides an integrated, county view of key data for monitoring the COVID-19 pandemic in the United States. It allows for the exploration of standardized data across the country.<sup>§</sup> The footnotes describe each data source and the methods used for calculating the metrics. For the most complete and up-to-date data for any particular county or state, visit the relevant health department website. Additional data and features are forthcoming.

<sup>§</sup>County level data are not available for territories. Territory level data are available under the [Cases, Deaths, and Testing tab](#). Data presented here for District of Columbia may differ from those presented on the [Cases, Deaths, and Testing tab](#) due to reporting differences for each tab. For CDC's most up to date data for District of Columbia, select District of Columbia in the dropdown on this tab or see the map below.

[The percent of the population coverage metrics are capped at 95%. Learn how CDC estimates vaccination coverage.](#)

[View Footnotes and Additional Information](#)

How to Find a COVID-19 Vaccine

Who is Recommended to Receive Booster Doses?

State or territory:

Illinois

County or metro area:

Cook County

[Reset Selections](#)

### Cook County, Illinois

[State Health Department](#)

#### COVID-19 Community Level

Recommended actions based on current level



● Medium

Stay [up to date](#) with COVID-19 vaccines. [Get tested](#) if you have symptoms. Wear a mask if you have symptoms, a positive test, or exposure to someone with COVID-19. Wear a mask on [public transportation](#). You may choose to wear a mask at any time as an additional precaution to protect yourself and others. If you are at [high risk for severe illness](#), consider wearing a mask indoors in public and taking [additional precautions](#).

[Weekly Metrics Used to Determine the COVID-19 Community Level](#)

On this page:

[Cases & Deaths](#)

[Testing](#)

[Vaccinations](#)

[Hospitalizations](#)

[Community Characteristics](#)

[https://covid.cdc.gov/covid-data-tracker/#county-view?list\\_select\\_state=Illinois&data-type=Risk&list\\_select\\_county=17031&null=CommunityLevels](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Illinois&data-type=Risk&list_select_county=17031&null=CommunityLevels)

# COVID Data Tracker



## COOK COUNTY, ILLINOIS

[State Health Department](#)

### COVID-19 Community Level

● Medium

#### Recommended actions based on current level

Stay [up to date](#) with COVID-19 vaccines. [Get tested](#) if you have symptoms. Wear a mask if you have symptoms, a positive test, or exposure to someone with COVID-19. Wear a mask on [public transportation](#). You may choose to wear a mask at any time as an additional precaution to protect yourself and others. If you are at [high risk for severe illness](#), consider wearing a mask indoors in public and taking [additional precautions](#).

#### Weekly Metrics Used to Determine the COVID-19 Community Level

Case Rate per 100,000 population	162.94
New COVID-19 admissions per 100,000 population	13.9
% Staffed inpatient beds in use by patients with confirmed COVID-19	5.1%

[How are COVID-19 Community Levels calculated?](#)

*Note: The COVID-19 Community Level and associated metrics presented above are updated weekly on **Thursday**; the values for the same hospital-based metrics presented below may differ because they are updated daily.*

#### On this page:

[Cases & Deaths](#)

[Testing](#)

[Vaccinations](#)

[Hospitalizations](#)

[Community Characteristics](#)

[Data Downloads and Footnotes](#)

Data Type:

COVID-19 Community Levels

**COVID-19 Community Levels**

Cases

Nucleic Acid Amplification Tests (NAATs)

Deaths

Hospital utilization

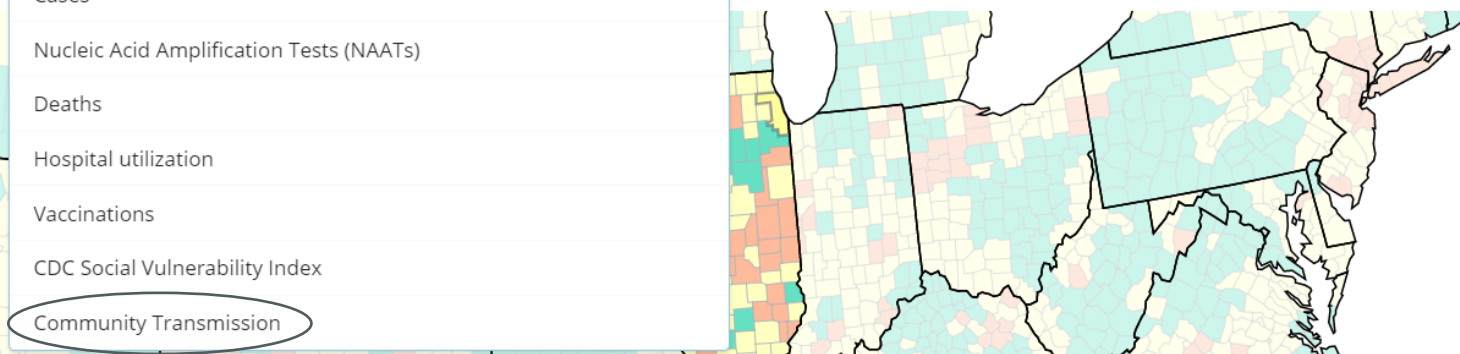
Vaccinations

CDC Social Vulnerability Index

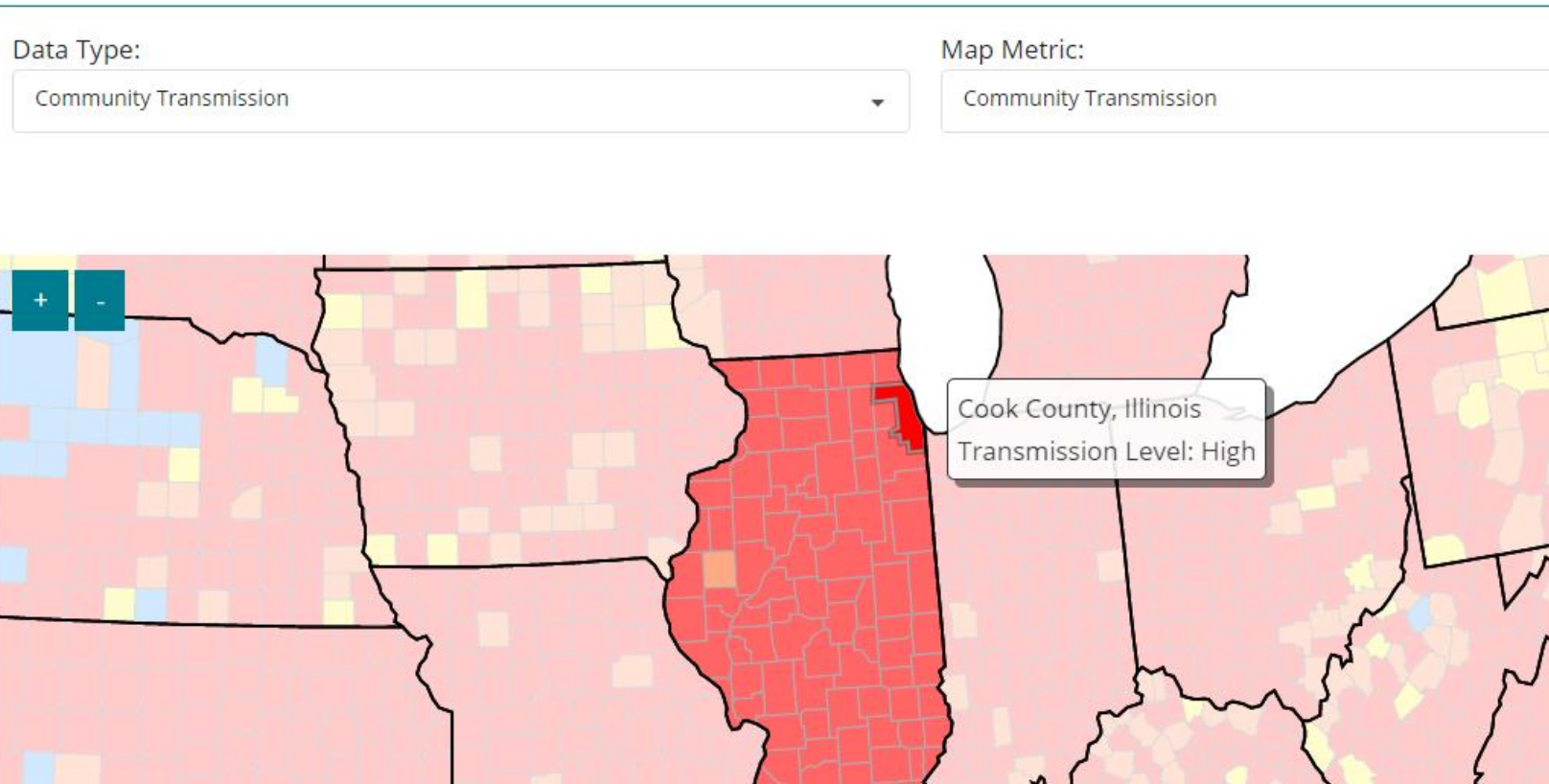
Community Transmission

Map Metric:

COVID-19 Community Levels



# COVID Data Tracker





# Poll Question 1: When Cook County is experiencing high transmission what is the required testing frequency for new/readmissions?

- a) day 0 (i.e., day of admission) and 5-7 days later
- b) day 0 (i.e., day of admission), day 2, and day 4
- c) day 0 (i.e., day of admission) only
- d) No testing required



# Poll Question 1 Answer: When Cook County is experiencing high transmission what is the required testing frequency for new/readmissions?

- a) day 0 (i.e., day of admission) and 5-7 days later
- b) day 0 (i.e., day of admission), day 2, and day 4
- c) day 0 (i.e. day of admission) only
- d) No testing required



## **Poll Question 2: Do we need to wear N95s throughout the facility when in outbreak?**

- a) Yes
- b) No





# Poll Question 2 Answer: Do we need to wear N95s throughout the facility when in outbreak?

- a) Yes
- b) No
  - However, you must wear N95s when entering the room/caring for residents who are under isolation for COVID (and for aerosol generating procedures)



# NHSN Influenza Reporting Demonstration

Kirsten Ives, Telligen

# ★ Reminder: Influenza Outbreak Reporting

- Report influenza outbreaks to CDPH via the “[Influenza Outbreak Report Form for Congregate Settings](#)”



resize font:  
+ | -

## **IDPH Influenza Outbreak Report Form for Congregate Settings**

(e.g. Long Term Care & Correctional Facilities)

**All reports must be received within 24hrs of a confirmed influenza outbreak being met**

Confirmed influenza outbreak: 2 or more cases of influenza-like illness occurring within 72hrs among RESIDENTS in a unit of the facility with at least one of the ill residents lab-confirmed for influenza. An outbreak must start with residents, but should include staff once it has started.

Fax or email (encrypted) the Outbreak Log to Chicago Department of Public Health. See section below "Reporting Logs and Contact Information"

Visit <https://www.chicagohan.org/diseases-and-conditions/influenza> for more information.



# FAQ: How long does a resident who is flu positive need to be under isolation?

- A resident must be placed under droplet precautions for at least seven (7) days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer.



# FAQ: How long does a staff member with flu need to be off of work?

- Staff with influenza like illness should be excluded from work for at least 24 hours after fever has subsided, without the use of fever-reducing medications.
  - Those with ongoing respiratory symptoms should be considered for evaluation by the facility's Director of Nursing/Nursing Supervisor to determine appropriateness of contact with patients
  - Ensure that staff member has also been tested for COVID. If COVID+, they must follow the COVID work exclusion guidance (i.e., can return on day 8 with a negative test)
- Upon return, they must be diligent about mask wearing and hand hygiene



# Next Roundtable

- Thursday January 19 12:30 – 1:30 p.m.
- Planning on monthly (instead of biweekly) roundtables moving forward



# Questions & Answers

For additional resources and upcoming events,  
please visit the CDPH LTCF HAN page at:  
<https://www.chicagohan.org/covid-19/LTCF>