



COVID-19 Chicago Long Term Care Roundtable

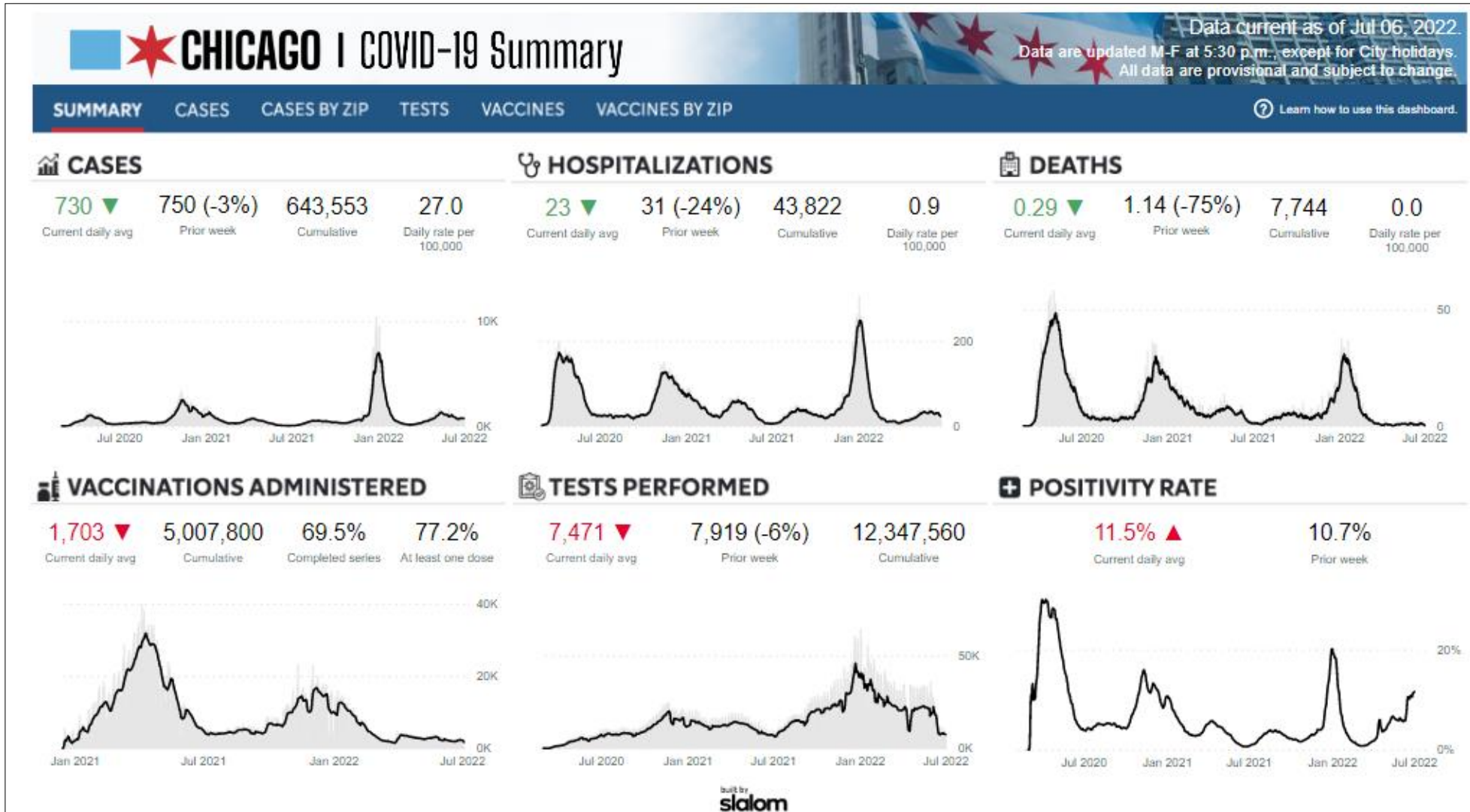
07-07-2022



Agenda

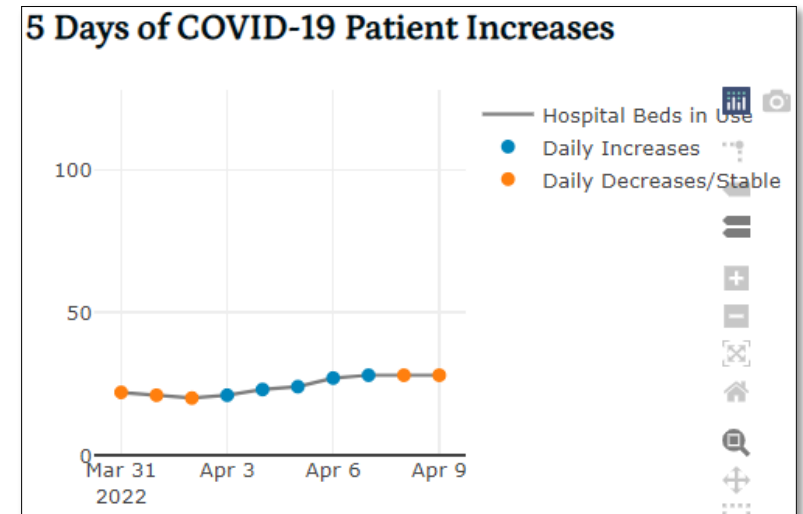
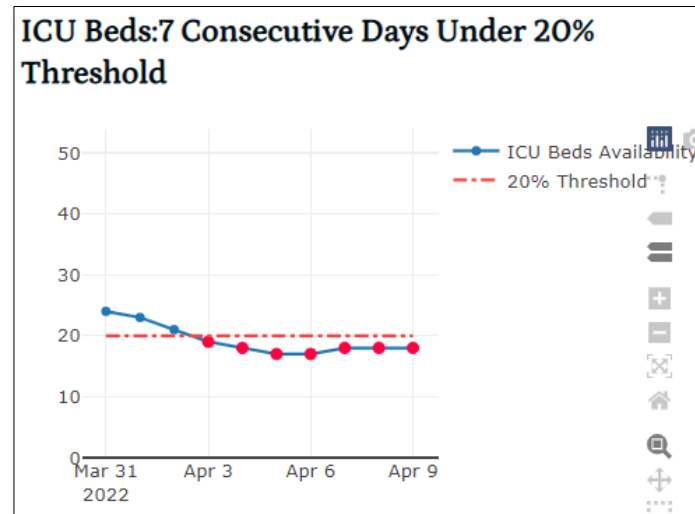
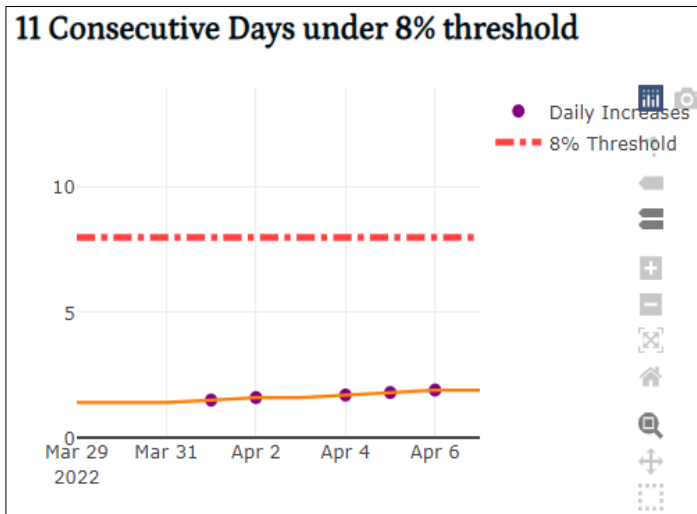
- COVID-19 Epidemiology
- COVID Reminders, Updates, and FAQs
- Summary of Booster Hesitancy Focus Groups & Interviews
- Monkeypox Overview
- Questions & Answers

Chicago Dashboard

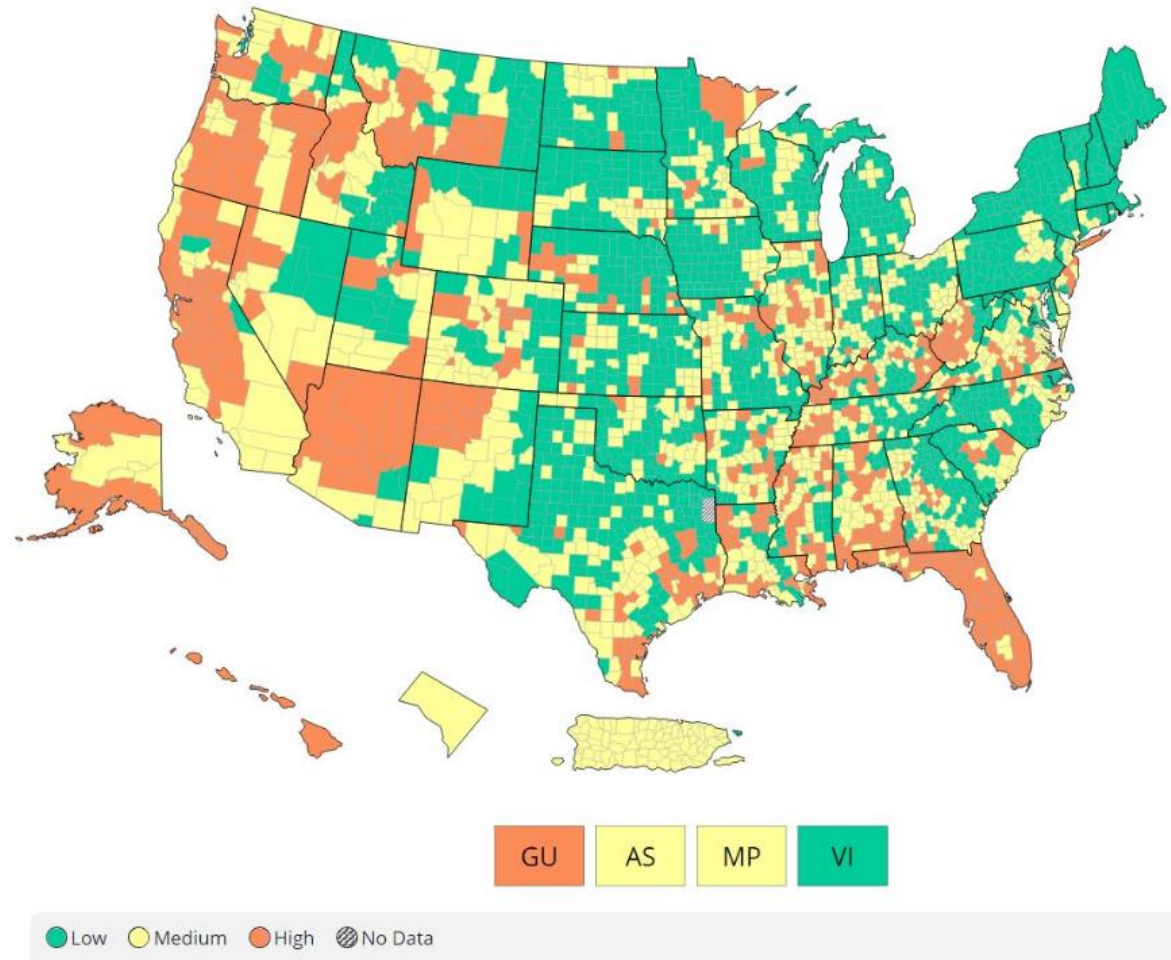




IDPH Regional Resurgence Metrics: Region 11



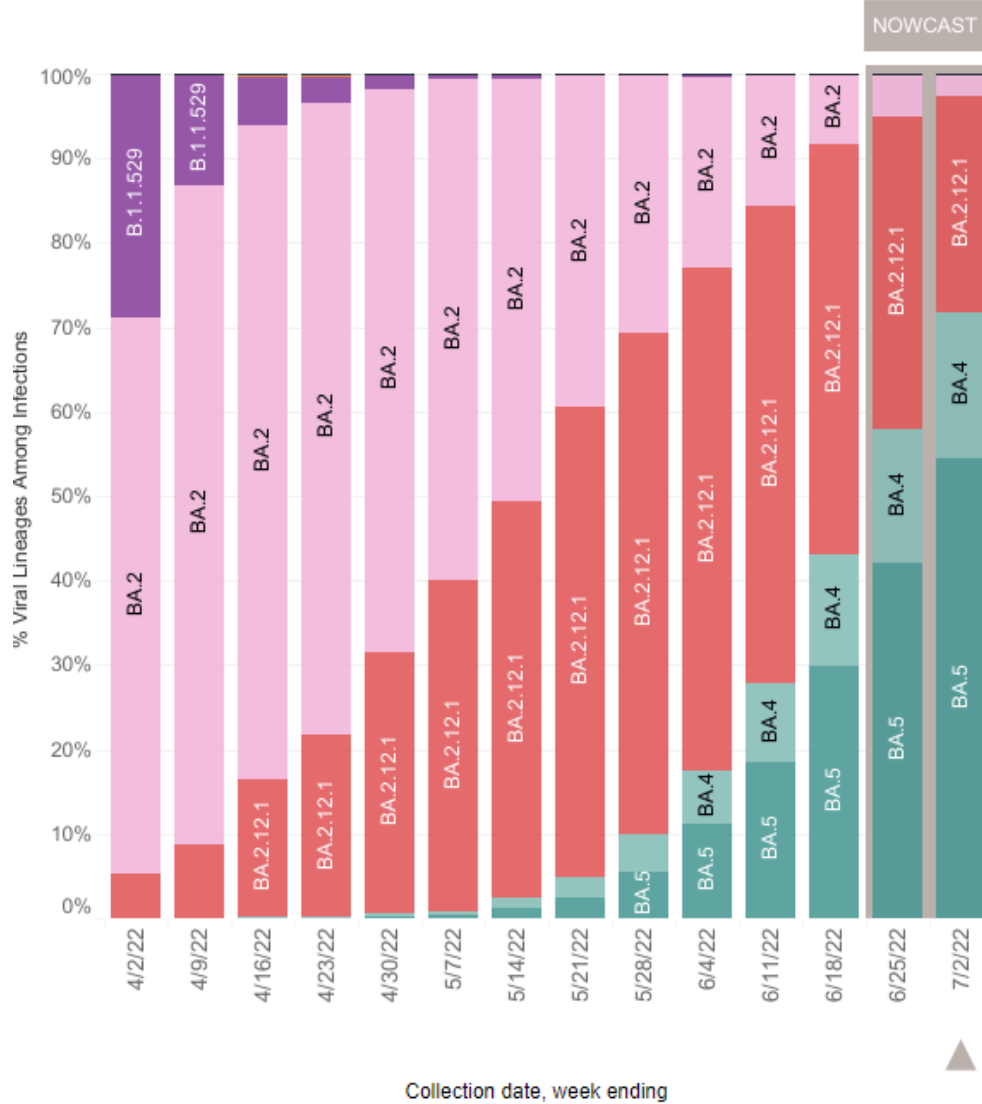
CDC Community Level Maps/CDPH Travel Guidance



<https://www.chicago.gov/city/en/sites/covid-19/home/emergency-travel-order.html>

HHS Region 5: 3/27/2022 – 7/2/2022

HHS Region 5: 6/26/2022 – 7/2/2022 NOWCAST



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

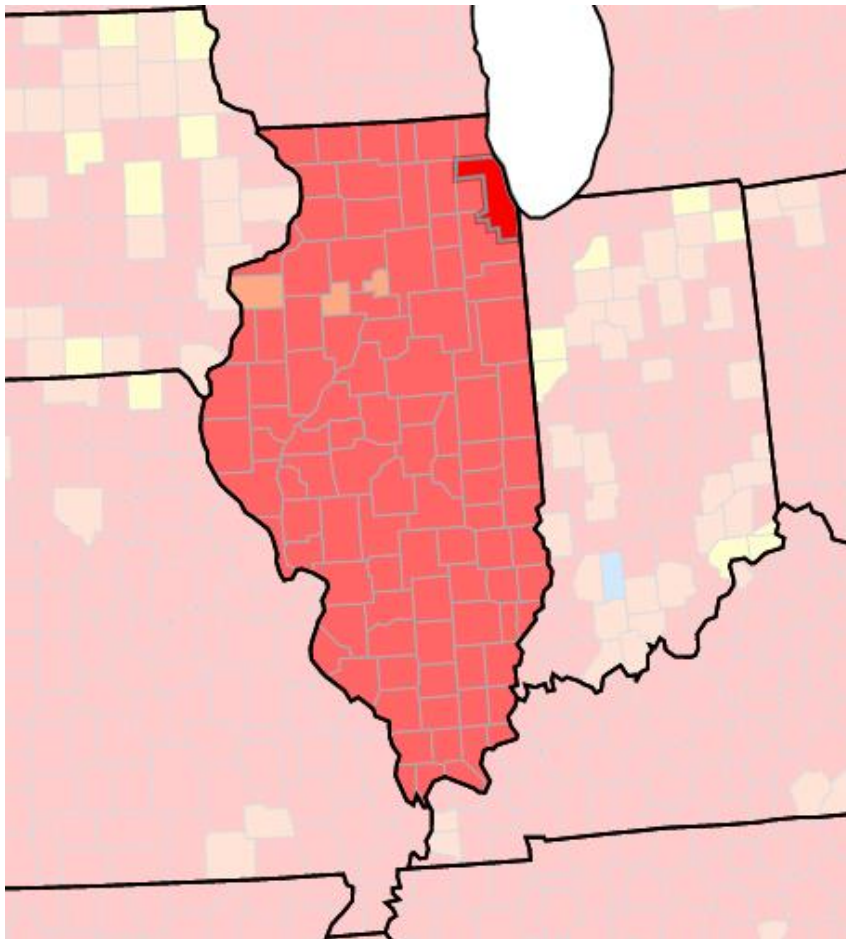
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	54.5%	47.6-61.1%
	BA.2.12.1	VOC	25.7%	21.4-30.4%
	BA.4	VOC	17.3%	12.4-23.5%
	BA.2	VOC	2.6%	2.2-3.1%
	B.1.1.529	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
 ** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
 # AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. For regional data, BA.1.1 and its sublineages are also aggregated with B.1.1.529, as they currently cannot be reliably called in each region. Except BA.2.12.1, BA.2 sublineages are aggregated with BA.2. BA.5.1 is aggregated with BA.5.

★ 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 ¹ that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%

CDC COVID Data Tracker: Cook County

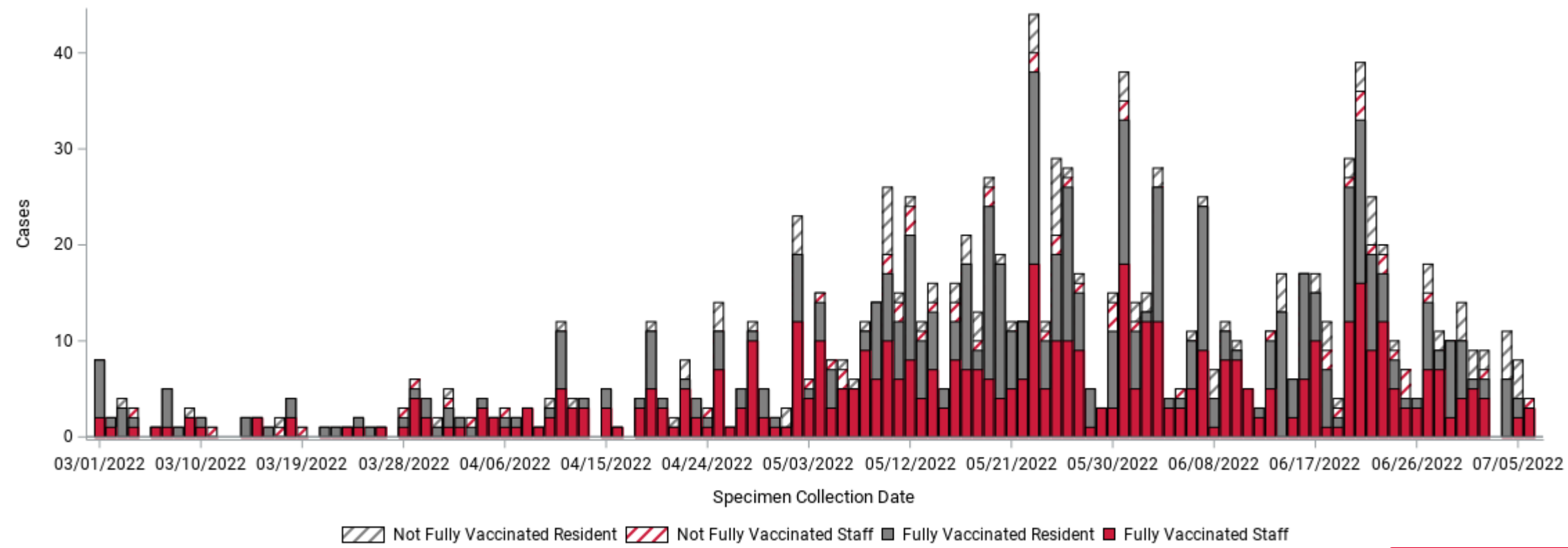


Data through Tue Jul 05 2022

Total Cases	9746
Case Rate (last 7 days)	189.23
% Change (last 7 days)	-9.11
<hr/>	
Total Deaths	<10
Death Rate (last 7 days)	suppressed
% Change (last 7 days)	-81.82

★ Small Drop in Skilled Nursing Home Cases but Maintained Outbreaks

(Mar. 1, 2022 – July 6, 2022)



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

55 (69%) SNFs have active outbreaks



Reminder: Minimum Routine Staff Testing Frequency

Vaccination Status	Testing Frequency
Unvaccinated	2x a week*
Partially Vaccinated	2x a week*
Vaccinated but not up to date**	2x a week*
Up to date	No required routine testing

Based on Executive Order and related Emergency Rules

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

** An individual has not received all COVID-19 vaccinations for which they are eligible, as outlined under “up to date”

★ Reminder: Minimum Routine Resident Testing Frequency

Vaccination Status	Routine Testing Frequency
Unvaccinated*	No required routine testing**
Partially vaccinated*	No required routine testing**
Vaccinated but not up to date*	No required routine testing**
Up to date*	No required routine testing**
New and readmissions, regardless of vaccination status, <i>when community transmission is low or moderate</i>	No required routine testing**
New and readmissions, regardless of vaccination status, <i>when community transmission is substantial or high</i>	Must be tested upon admission (unless tested within the 72 hours prior to admission) <i>and</i> at 5-7 days post-admission

*Excluding new/readmissions when community transmission is substantial or high

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



FAQ: Since we cannot have temporary barriers anymore, do we still need to have a COVID unit, or can we place COVID+ patients on regular units?

- COVID positive residents still need to be placed in a designated area, with dedicated staff.



FAQ: A staff member's spouse tested positive for COVID-19. The staff member is negative. Do they need to be excluded from work?

- Up to date on their vaccine: Allowed to work with testing* (must be asymptomatic)
- Not up to date on their vaccine: 10 days off (ideal) or 7 days off and may return with one negative test if asymptomatic

* Allowed to work with negative test completed on days 1 and 5-7 post exposure, unless within 90 days of COVID-19 infection. Note: HCP with prolonged, continued exposure in the home, must additionally test weekly for two weeks after the last exposure date.



FAQ: Our staff member tested positive for COVID-19 at their other job. They worked here yesterday. Do I need to report the positive COVID case through CDPH RedCap link?

- Yes, all staff and resident COVID cases, including those who tested positive via a rapid antigen test, must be reported to CDPH via the online [SNF Case Reporting Form](#).
- Even if they have not worked in 48 hours, please still report but indicate the last date that they worked.



FAQ: We have a staff member who is not up to date on their COVID-19 vaccine. Do they need to wear a N95?

- No, staff PPE use is not based on vaccination status and staff members do not have to wear N95s just because they are not up to date.
- N95s must be worn, regardless of the staff's vaccination status, in the following situations:
 - ✓ When caring for a resident under isolation for COVID-19 (regardless of vaccination status)
 - ✓ When caring for resident under quarantine (e.g., not up to date new/readmissions, not up to date residents who were exposed to a positive case, symptomatic residents regardless of vaccination status)
 - ✓ When collecting a specimen for COVID-19 testing
 - ✓ When performing an aerosol generating procedure



FAQ: We heard that staff who didn't get their boosters aren't allowed to work. Is that true?

- No, as long as the staff who are not up to date (a) have received their primary series and (b) are tested 2x a week, they can continue to work.
- Per the emergency rule: Beginning March 15th, each facility shall require its staff who are **not up to date** on COVID-19 vaccinations to undergo testing for COVID-19, twice weekly, with tests administered at least three days apart.
 - If staff who are not up to date on COVID19 vaccinations are not tested as required by this subsection, the staff shall not be permitted to enter or work at the facility.



Changes to NHSN COVID-19 Vaccine Module

- Implemented May 30th
- **Questions Added**
 - Two new questions on number of booster doses on resident form only
 - Up-to-Date vaccination status
- **Questions Removed**
 - Vaccine Manufacturer
 - Vaccine Supply



Full CDC presentation found [here](#)



Number of Booster Doses – Resident Form Only

New Adding reporting fields to question 4

- Question 4.1: Adding question on number of residents who have received only 1 booster dose
- Question 4.2: Adding question on number of residents who have received 2 or more boosters

Boosters	4. * Cumulative number of residents with complete primary series vaccine in Question #2 who have received any booster(s) or additional dose(s) of COVID-19 vaccine since August 2021	
	4.1 * Cumulative number of residents in Question #4 who have received only one booster dose of COVID-19 vaccine since August 2021	
	4.2 * Cumulative number of residents in Question #4 who received two or more booster doses of COVID-19 vaccine, and the most recent dose was received since March 29, 2022	





Weekly COVID-19 Vaccination Form

- **New** Question 5: Cumulative number of individuals in question #2 who are up to date with COVID-19 vaccines.
 - Facilities will report the cumulative number of individuals who are up to date with COVID-19 vaccines.

Up to Date	Question 5 asks about individuals who are up to date. Please review the current definition of up to date: 5. * Cumulative number of residents in question #2 who are <u>up to date</u> with COVID-19 vaccines
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Note: Please refer to the CDC NHSN guidance document that will be posted to the NHSN website with the current definition of up to date vaccination. Users should review this document at least once per quarter to check for definition updates.



Outpatient Therapeutics

Paxlovid
(antiviral)

[Fact Sheet](#)

- Oral medication, 5-day course
- Treat within **5 days** of positive test or symptom onset.
- **Multiple Drug Interactions**
- Very effective

Remdesivir
(antiviral)

[Fact Sheet](#)

- 3-dose IV Infusion over 3 days
- Treat within **7 days** of positive test or symptom onset.
- Few/no drug interactions

Bebtelovimab
(mAb)

[Fact Sheet](#)

- Single IV Push
- Treat within **7 days** of positive test or symptom onset.
- Typically, safe in pregnancy
- Few/no Drug Interactions

Lagevrio
(molnupiravir) (antiviral)

[Fact Sheet](#)

- Oral medication, 5-day course
- Treat within **5 days** of positive test or symptom onset.
- Use only if unable to treat with other options.
- **Multiple side effects affecting people of reproductive age.**

<https://www.chicagohan.org/covid-19/therapeutics>



Access to COVID-19 Therapeutics

1. Talk with your on-site Provider and Pharmacy

- Most LTC Pharmacies are registered with IDPH to be a provider but not all have supply.

2. If your pharmacy does not have supply

- Call or email Christy Zelinski
Phone: 312-746-4023
Email: christy.zelinski@cityofchicago.org

OR

- Use the following Therapeutics Finders
 - [COVID-19 Therapeutics Locator](#)

3. For on-site Bebtelovimab administration reach out to CIMPAR.

- Email: COVID19-therapeutics@cimpar.com
- Phone Number: 708-665-1819



Reporting COVID Therapeutics Usage in NHSN

- NHSN therapeutic pathway of COVID module
- Report only new counts for the reporting week, not cumulative.
- Enter 0 if no therapeutics were administered for that reporting week.
- For each therapeutic, 2 questions are asked.
 - How many residents were treated with stock stored at the facility? – **Directly received from HHS**
 - How many residents were treated with stock stored outside the facility? – **Obtained via LTC Pharm**

★ Reminder: EVS Survey

- Survey about cleaning/disinfection practices, frequency, and products
- Ensure your Administrator, DON, and EVS Manager are present when completing the survey but there should only be one submission per facility
- Survey link: <https://redcap.link/snfevs>
 - We are also sending the link in our follow-up emails
- Was due on July 1st

Cleaning and Disinfecting Survey

In order to provide the best service CDPH has created this survey to gauge the cleaning and disinfecting practices at Chicago's Long Term Care Facilities. This is a one-time Redcap survey. CDPH will use this information to supplement site visits and phone discussions to better understand cleaning and disinfection practices within Chicago's LTCFs.

Instructions

- Fill out this section with regards to your facility and the person filling it out.
- CDPH highly recommends filling out this survey with the EVS manager.

Page 1 of 1

Demographics	
Name of facility <small>* must provide value</small>	<input type="text"/>
Address of Facility <small>* must provide value</small>	<input type="text"/>
First Name of Reporter <small>* must provide value</small>	<input type="text"/> <small>First name of person filling out survey</small>
Last Name of Reporter <small>* must provide value</small>	<input type="text"/> <small>Last name of person filling out survey</small>
Title/Position of Reporter <small>* must provide value</small>	<input type="text"/>
E-mail Address of Reporter	<input type="text"/>
Phone Number (Direct Line)	<input type="text"/>
How many resident floors are in your facility?	<input type="text"/>
Is there dedicated cleaning staff for each floor (i.e., do you have different environmental services staff on each floor)?	<input type="button" value="Yes"/> <input type="button" value="No"/> <small>reset</small>
How many housekeeping staff do you have for your facility (FTE)?	<input type="text"/>
What hours of the day do you have environmental services staff present (e.g., 7 a.m. - 7 p.m.)?	<input type="text"/>



Thank you to the facilities that have already completed the EVS Survey

- Alden Northmoor
- All American
- Aperion Care West Ridge
- Beacon
- Bethesda
- Citadel of Waterford
- Elevate Care Irving Park
- Estates of Hyde Park
- Illinois Veteran's Home at Chicago
- Kensington
- Little Sisters of the Poor
- Peterson Park
- Presence Resurrection
- SelfHelp
- Symphony of Bronzeville
- Symphony of Lincoln Park
- The Clare
- Waterfront Terrace
- Wesley Place



New: Reporting Missing Vaccination Doses to be Updated in ICARE

- Ensure that the dose is truly missing (i.e., the resident has their vaccination card and the dose is listed on the card).
 - Do not trust word of mouth
- Contact the vaccine provider (e.g., pharmacy) that provided the dose that is missing in the resident's record and ask them to update the resident's record in ICARE
- If you are not able to contact the provider (e.g., the missing dose is from the Pharmacy Partnership Program in late 2020-early 2021) or the provider cannot report the dose, you can submit the information on the missing dose to: <https://redcap.link/covidmissingdose>
- A member of the CDPH Immunization Team will review the request and update the ICARE record accordingly

★ New: Project Firstline Newsletter Sign-up

- CDPH is releasing a weekly Infection Prevention Essentials newsletter for frontline healthcare workers!
 - Quick resource guide & content in multiple languages
 - Content designed for all educational backgrounds
 - Runs June – August 2022
- Collaboration from CDC's Project Firstline and the Illinois Health and Hospital Association.
- Sign-up here:
<https://www.surveymonkey.com/r/PFLNewsletter>



- For more information, please reference our HAN page:
<https://www.chicagohan.org/en/web/han/hai/pfl>

★ Summary of LTCF Booster Project

- **Project Objective:** To better understand reasons for low vaccine booster uptake among healthcare workers and residents in long-term care facilities across Chicago
 - Sought to understand hesitancies and identify messages to inform culturally appropriate materials for diverse audiences
 - Wanted to assess staff and resident reactions to draft message concepts

★ Summary of LTCF Booster Project

- Unboosted staff focus groups
 - 51 staff representing 33 facilities participated
- 30-minute one-on-one interviews with unboosted residents
 - 11 residents representing 7 facilities participated
- 30-minute one-on-one interviews with vaccine leaders
 - 2 staff representing 2 facilities participated
- Boosted staff campaign (photoshoot and survey)
 - 5 staff representing 4 facilities participated



Unboosted Staff

- Booster shots come with complicated emotions around mandatory vaccination for many staff
- Those who waited to get the primary series until it was mandated for work are often experiencing ongoing feelings of:
 - self-betrayal
 - lack of autonomy
 - social consequences for getting the vaccine (e.g., family members are upset with them)



Unboosted Staff

- Majority expressed weariness at the idea of having to continually get more shots
 - For example, unclear how many booster shots people will be eligible for over the long-term
- Some staff who got the primary series ended up getting symptomatic COVID afterwards, so they don't feel like the booster adds much benefit

Unboosted Residents

- Many unboosted residents are open to receiving boosters, but unclear on logistics about how to obtain the shots:
 - Residents were mostly held back by things like knowledge about eligibility and locations of shot availability
 - Several were not aware of how to receive the booster, believing that they would have to leave the facility first or make an appointment offsite
 - Others did not understand the need for a booster or felt personally exempt from risks



Unboosted Residents

- Because of normal facility turnover, residents have a wide range of pandemic experiences, with recent arrivals to facilities citing the least amount of pandemic impacts on their lives
- Residents already planning to get boosted voiced rationales similar to their reasons for getting the primary series: to protect themselves from severe illness, future variants, and death

Vaccination Leaders

- Vaccination leaders believe in the importance of 1:1 conversations and ongoing education with staff, residents, and family members to encourage vaccination among the hesitant
- One of the vaccination leaders noticed that unboosted staff tended to think of boosters as providing “extra” protection for themselves, whereas actions like wearing PPE and testing represent measures to protect residents.

Vaccination Leaders

- Vaccination leaders acknowledged the “emotional baggage” around boosters for staff who only got the vaccine in response to the mandate, but described themselves as capable of talking through these issues with staff
- That said, vaccination leaders perceived a greater relative impact from their own efforts to educate staff and residents than was mentioned by the staff and residents who participated in the project
 - Vaccination leaders may underestimate family members and physicians outside the facility.

★ More to come...

- Future roundtable presentations will contain more detailed findings from the project

"I was upset, because I was forced and I wasn't ready" - Nurse

*"You know what? When it comes to stuff like that, I don't talk about it...I try not to think about the booster shot or about people dying. We're hearing about it so much on the news that I'm tired of hearing about it...it's making me sad.
-Unboosted resident*

"Many residents refuse the booster because they don't want the side effects" - LPN

"The timing of getting my booster shot just never lines up with my schedule" - CNA

*"I actually don't mind getting tested twice a week"
- Activity aide/Director*

Monkeypox (MPV) Overview



About Monkeypox

2022 U.S. Monkeypox Outbreak

CDC is closely tracking cases of monkeypox recently detected in the United States. CDC urges healthcare providers in the U.S. to be alert for patients who have rash illnesses [consistent with monkeypox](#).

2022 U.S. Outbreak

Monkeypox is a rare disease caused by infection with the monkeypox virus. Monkeypox virus belongs to the *Orthopoxvirus* genus in the family *Poxviridae*. The *Orthopoxvirus* genus also includes variola virus (which causes smallpox), vaccinia virus (used in the smallpox vaccine), and cowpox virus. Monkeypox is not related to chickenpox.

Monkeypox was first discovered in 1958 when two outbreaks of a pox-like disease occurred in colonies of monkeys kept for research. Despite being named “monkeypox”, the source of the disease remains unknown. However, African rodents and non-human primates (like monkeys) may harbor the virus and infect people.

The first human case of monkeypox was recorded in 1970. Since then, monkeypox has been reported in people in several other central and western African countries. Prior to the [2022 outbreak](#), nearly all monkeypox cases in people outside of Africa were linked to international travel to countries where the disease commonly occurs, or through imported animals.

Page last reviewed: June 17, 2022

Content source: Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of High-Consequence Pathogens and Pathology (DHCPP)



MPV: the good news

- It's a rare disease
- The risk of monkeypox to the public is currently very low based on the information available.
- Does not spread as easily as COVID-19
- Not seeing generalized transmission in the population as a whole
- Requires prolonged and direct skin to skin contact with rash lesions
- The processes you have in place to prevent COVID-19 will also help you/facility prevent MPV
- Standard Precautions should be applied for all patient care, including for patients with suspected monkeypox.
 - If a patient seeking care is suspected to have monkeypox, infection prevention and control personnel should be notified immediately.

★ Similarities and Differences to COVID-19

<u>Symptom Onset and Progression</u>	
Monkeypox (MPV)	COVID-19
<p>Initial symptoms of MPV can (but not always) include:</p> <ul style="list-style-type: none">• Fever• Headache• Muscle aches and backache• Exhaustion• Chills• Swollen lymph nodes <p>After 1-3 days (sometimes longer), a rash that may look like pimples or blisters appears on the face, inside the mouth, and on other parts of the body including hands, feet, chest, genitals, or anus.</p>	<p>Initial symptoms of COVID-19 can (but not always) include:</p> <ul style="list-style-type: none">• Fever or chills• Cough• Sore throat• Congestion• Shortness of breath or difficulty breathing• Fatigue• Muscle or body aches• Headache• Nausea or vomiting• Diarrhea• Loss of taste or smell



Frequently Asked Questions: How is it spread?

- Direct contact with the infectious rash, scabs, or body fluids
- Respiratory secretions during prolonged, face-to-face contact, or during intimate physical contact, such as kissing, cuddling, or sex
- Touching items (such as clothing or linens) that previously touched the infectious rash or body fluids
- Pregnant people can spread the virus to their fetus through the placenta
- It's also possible for people to get monkeypox from infected animals, either by being scratched or bitten by the animal or by preparing or eating meat or using products from an infected animal.
- Monkeypox can spread from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed. The illness typically lasts 2-4 weeks. People who do not have monkeypox symptoms cannot spread the virus to others. At this time, it is not known if monkeypox can spread through semen or vaginal fluids.



Frequently Asked Questions: is MPV deadly?

- Infections with the strain of monkeypox virus identified in this outbreak—the West African strain—are rarely fatal. Over 99% of people who get this form of the disease are likely to survive. However, people with weakened immune systems, children under 8 years of age, people with a history of eczema, and people who are pregnant or breastfeeding may be more likely to get seriously ill or die.
- Although the West African strain is rarely fatal, symptoms can be extremely painful, and people might have permanent scarring resulting from the rash.
- For all about MPV, go to CDC website:
- [Frequently Asked Questions | Monkeypox | Poxvirus | CDC](#)

2022 MPV outbreak



2022 Monkeypox Outbreak Global Map



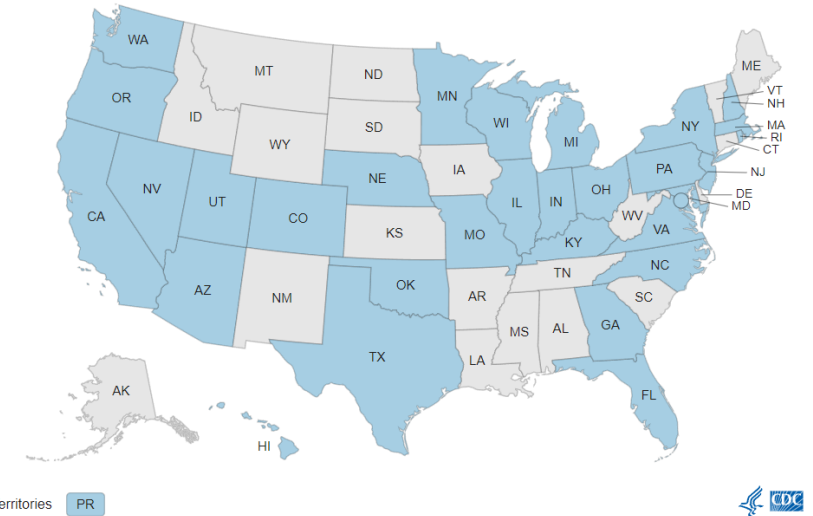
Data as of 01 Jul 2022 5:00 PM EDT

Total Confirmed Cases: 5783
Number of Locations: 52

Countries, Territories, and Areas	Total Confirmed Cases
Argentina	6
Australia	12
Austria	37
Bahamas	1
Belgium	117
Benin	3
Brazil	21
Bulgaria	3
Canada	287
Chile	6
Colombia	3
Croatia	1
Czechia	8
Denmark	20
Estonia	1
Finland	4
France	498
Georgia	1
Germany	1054
Gibraltar	1
Total	5783

*Notes: Numbers shown are sourced from publicly available official sources, such as the WHO, European CDC, US CDC, and Ministries of Health. Data are provided for situational awareness only and are subject to change. Confirmed cases include those confirmed as monkeypox virus and may include cases only confirmed as orthopoxvirus in non-endemic countries. For U.S. case map, please click the following link: [2022 U.S. Map & Case Count](#) | [Monkeypox](#) | [Poxvirus](#) | [CDC](#)

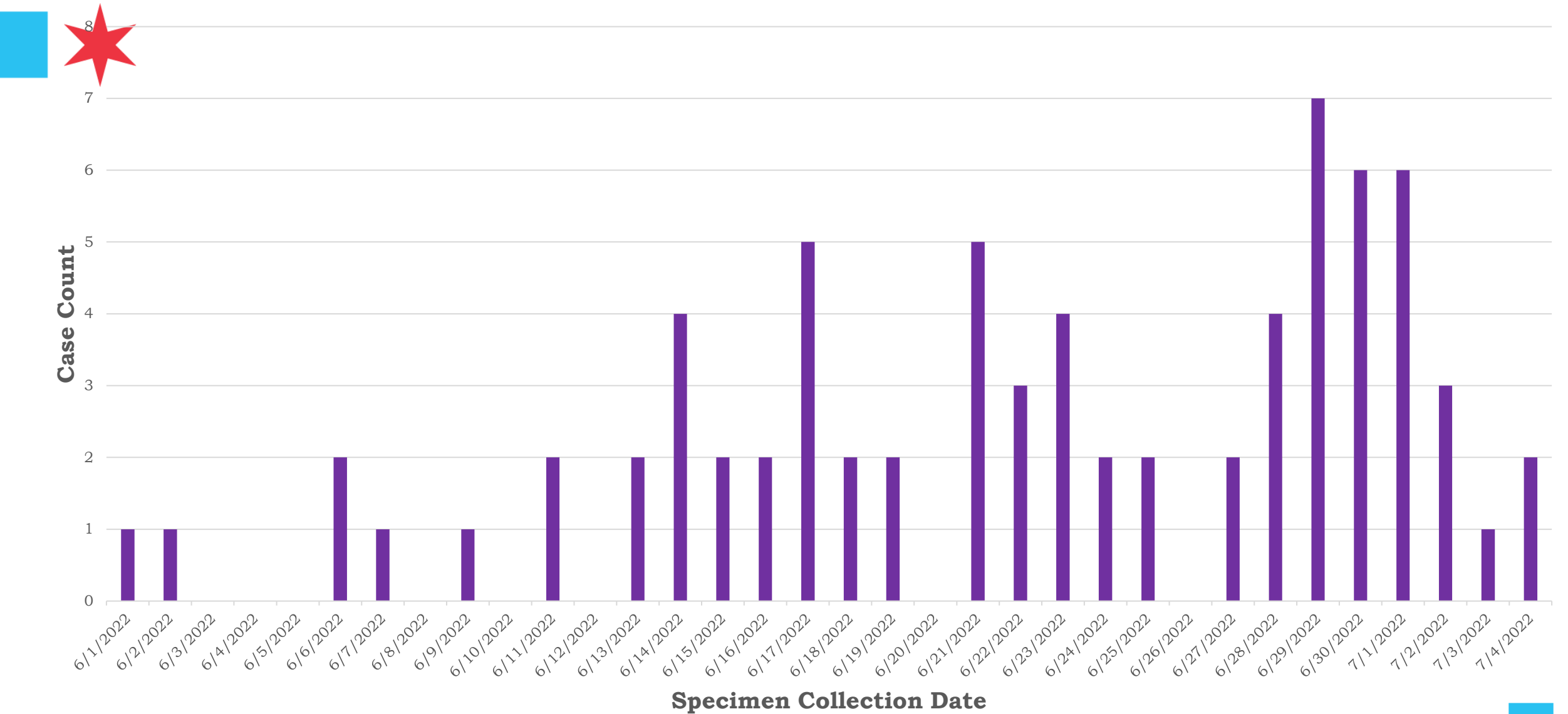
2022 U.S. Map & Case Count



State	Number of Cases
Arizona	1
California	95
Colorado	7
District Of Columbia	31
Florida	51
Georgia	11
Hawaii	6
Illinois	53

CASES | Confirmed MPV Curve - Chicago

July 6, 2022 (N=74)




CASES | Case investigations

	Number	% of Total Cases Investigated
<u>Total Cases</u>	56	
MSM	55	98.2%
Immunocompromised (Includes as a result of medication and disease)	14	25%
<u>Recent Travel History</u>	18	32.1%
International Travel	4	7.1%
Domestic Travel	14	25%
<u>Average time from Symptom Onset to Positive Result</u>		
Average	7.4 Days	
Range	0-18 Days	
Hospitalization	4	7.1%
<u>Identified Contacts that became confirmed Cases</u>	7	
Received PEP	1	14.3%
Did not receive PEP	2	28.6%

CASES | Case investigations Cont.

	Number	% of Total Cases Investigated
<u>Total Cases</u>	56	
<u>Race/Ethnicity</u>		
Asian	3	5.6%
Black or African American	1	1.9%
Hispanic or Latino	15	27.8%
White	35	64.8%
<i>Missing</i>	2	
<u>Reported Symptoms</u>		
Rash	35	63%
Fever	28	50%
Fatigue	27	46%
Enlarged Lymph Nodes	23	41%
Headache	23	41%
Muscle Aches	20	34%
Pruritis	15	27%



Preventing MPV Spread in Congregate Settings

- Immediate next steps for case isolation and monitoring:
 1. Have suspect case wear a mask and cover any exposed skin lesions
 2. Suspect cases should be placed in a single occupancy room and placed on transmission-based precautions.
 1. Ideally the patient should have their own (dedicated) bathroom. If this is not possible, cleaning and disinfection by staff in full PPE.
 2. Isolation can be discontinued when ALL lesions have scabbed over, fallen off and replaced by a new fresh layer of fresh skin
 3. Healthcare worker PPE for suspect/confirmed cases
 1. **Mask**
 2. **Gown**
 3. **Gloves, eye protection**



Preventing MPV Spread in Congregate Settings (continued)

- Contacts to a suspect case should monitor symptoms for 21 days after their last exposure and self isolate IF symptoms develop.
- Do not need to isolate unless symptoms develop
- Patients should remain in isolation until they are examined by a healthcare provider to determine that lesions have healed.
- We have not seen ANY HCWs acquire monkeypox from work related exposures.
- Most patients are being seen in outpatient clinics, urgent/immediate care, STI clinics.
- **Most are low risk and no risk exposures** due to implementation of standard and transmission based precautions (PPE and IP&C best practices)



Questions & Answers

A special thanks to:

Maria Campos-Bovee

CDPH SNF Team:

Dr. Stephanie Black

Shannon Xydis

Hira Adil

Liz Shane

Winter Viverette

Stephanie Villarreal

Kelly Walblay

Dan Galanto

Christy Zelinski

Nisreen Droubi

Leirah Jordan

Matthew Mondlock

Brittney Pitchford

**For additional resources and upcoming events,
please visit the CDPH LTCF HAN page at:**

<https://www.chicagohan.org/covid-19/LTCF>