



COVID-19 Chicago Long Term Care Roundtable

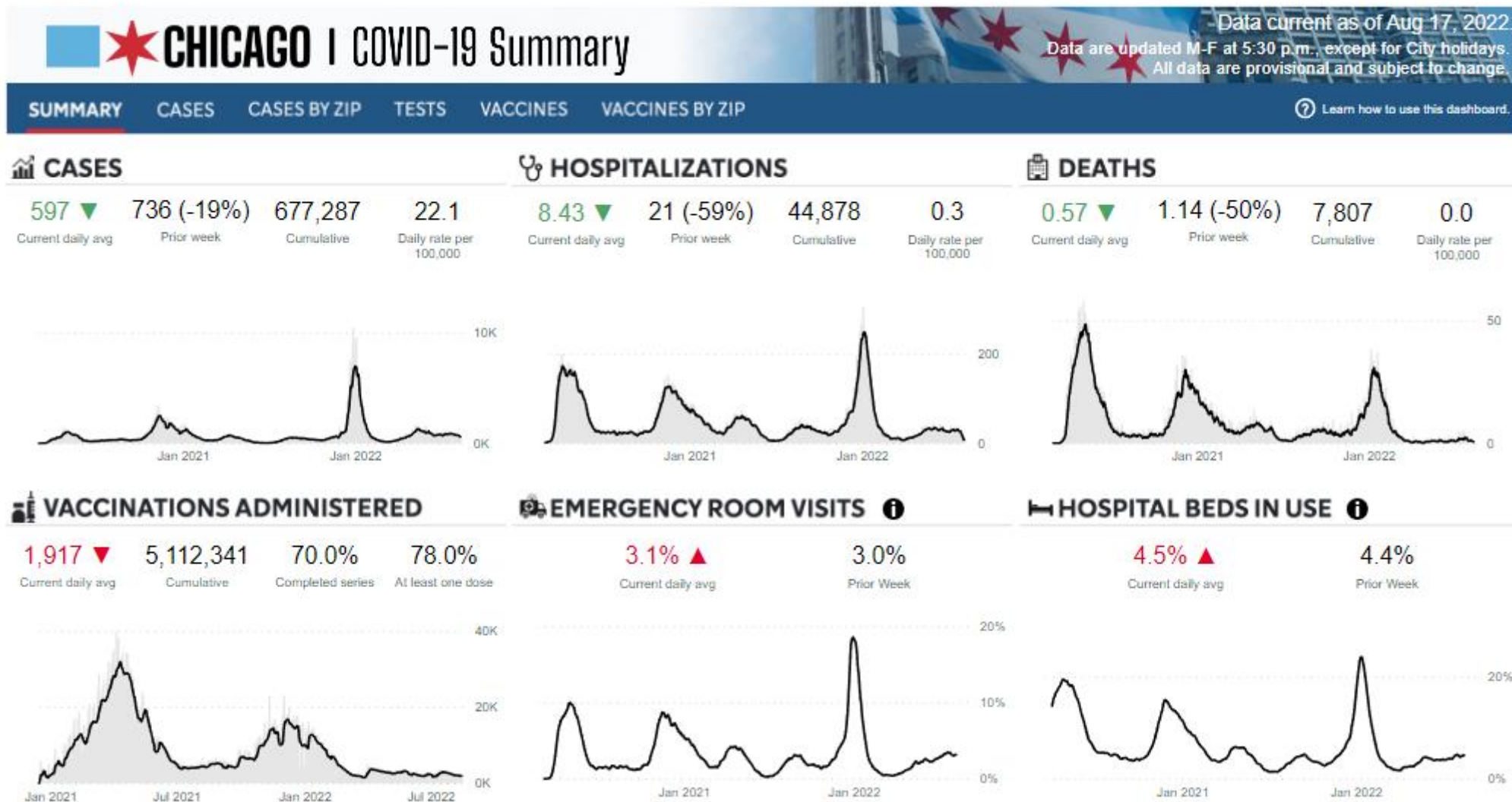
08-18-2022



Agenda

- COVID-19 Epidemiology
- COVID Reminders, Updates, and FAQs
- Monkeypox Infection Prevention Basics
- Questions & Answers

Chicago Dashboard

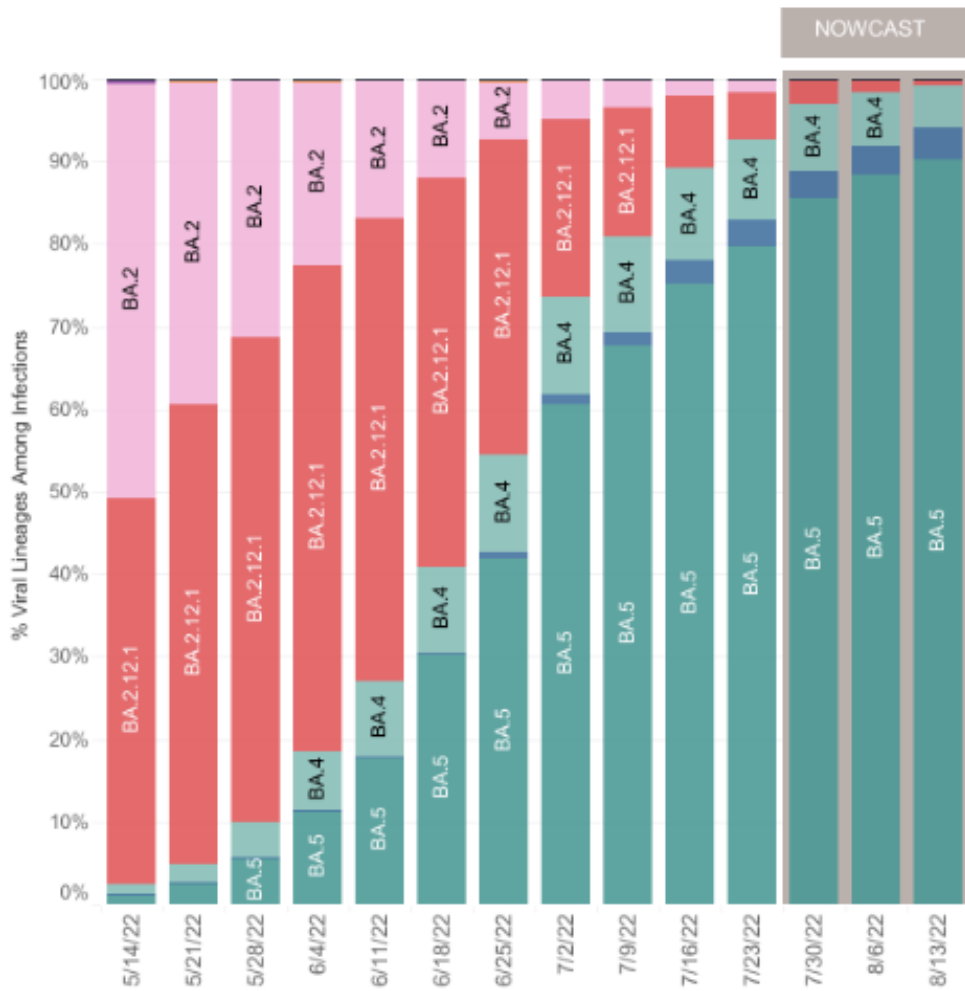


COVID-19 Variant Proportions



HHS Region 5: 5/8/2022 – 8/13/2022

HHS Region 5: 8/7/2022 – 8/13/2022 NOWCAST



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

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	90.1%	89.0-91.1%
	BA.4	VOC	5.2%	4.5-5.9%
	BA.4.6	VOC	3.9%	3.0-5.0%
	BA.2.12.1	VOC	0.8%	0.7-0.9%
	BA.2	VOC	0.0%	0.0-0.0%
	B.1.1.529	VOC	0.0%	0.0-0.0%
	Delta	B.1.617.2	VBM	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. Sublineages of BA.4 are aggregated to BA.4. Sublineages of BA.5 are aggregated to 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

Cook County, Illinois

[State Health Department](#) 

COVID-19 Community Level

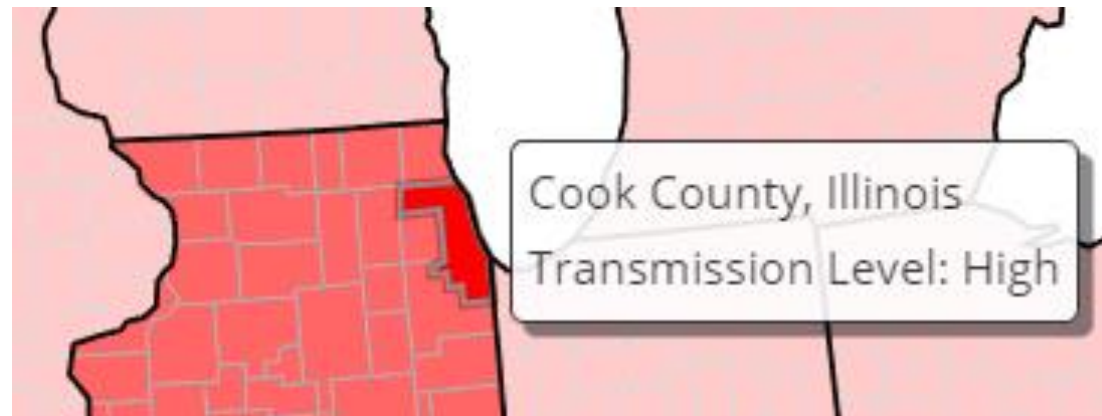
 Medium

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](#).

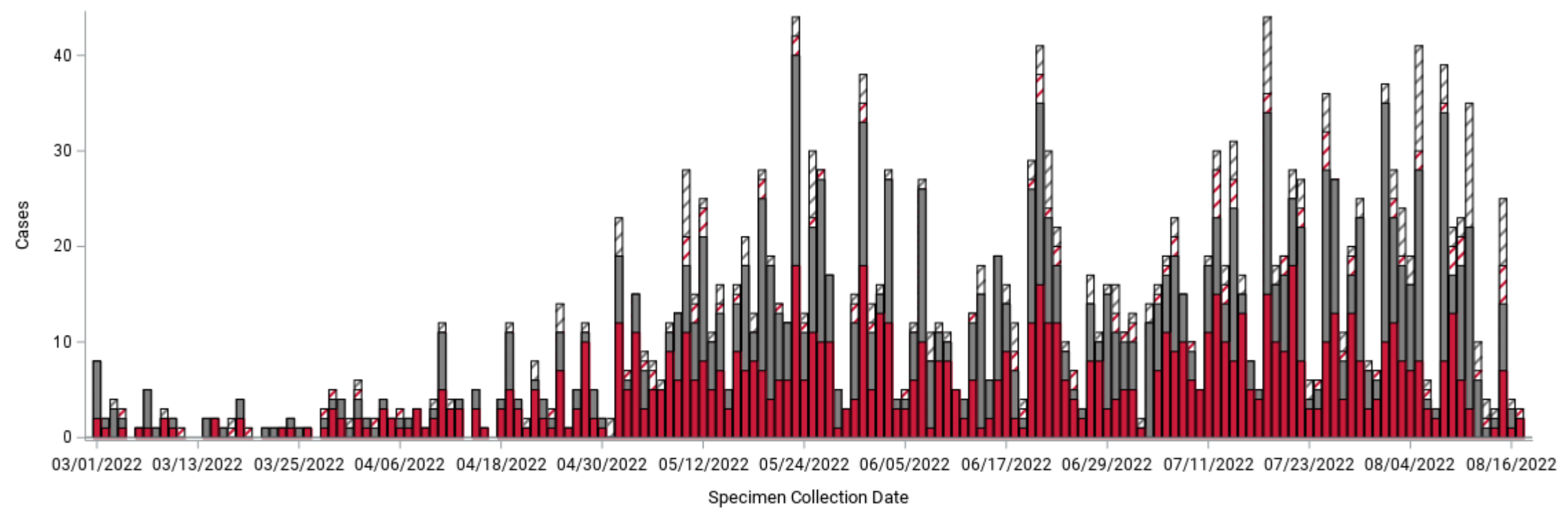
Weekly Metrics Used to Determine the COVID-19 Community Level

Case Rate per 100,000 population	192.3
New COVID-19 admissions per 100,000 population	13.3
% Staffed inpatient beds in use by patients with confirmed COVID-19	4.9%



Sustained Incidence of Skilled Nursing Home Cases

(Mar. 1, 2022 – Aug 17, 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

64 (81%) SNFs have active outbreaks

★ Recent Hospitalizations and Deaths Among Chicago SNF Residents & Staff

Hospitalizations and COVID-related deaths by role within the **last 28 days**

Data between 7/19/2022 – 8/16/2022

Role	# of total cases	# of total hospitalized (%)	# of COVID-related deaths	Change in hospitalizations and deaths since last report
Resident	312	14 (4%)	1	-4 deaths, -3 hospitalizations
Staff	215	1 (0.5%)	-	+1 hospitalization
Unknown	121	3 (2%)	-	+1 hospitalization

★ Minimum Routine Staff Testing Frequency

(for facilities licensed under Ill. 77 Adm. Codes 300, 350, and 390)

Vaccination Status	Community Transmission Level	Testing Frequency
Not up to date*	High	2x a week
	Substantial	2x a week
	Moderate	1x a week
	Low	No required routine testing*
Up to date	All	No required routine testing*

Based on Illinois Executive Order and related Emergency Rules

* An individual has not received all COVID-19 vaccinations for which they are eligible

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



Minimum Routine Resident Testing Frequency

Vaccination Status	Community Transmission Level	Routine Testing Frequency
Unvaccinated*	All	No required routine testing**
Partially vaccinated*	All	No required routine testing**
Vaccinated but not up to date*	All	No required routine testing**
Up to date*	All	No required routine testing**
New and readmissions, regardless of vaccination status	Low & Moderate	No required routine testing**
New and readmissions, regardless of vaccination status	Substantial & High	Must be tested upon admission (unless tested within the 72 hours prior to admission) <u>and</u> 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.



Reminder: HHS Rapid Antigen Test Orders

- Facilities can sign up for free direct shipments of BinaxNow RATs from the federal government
 - If interested, e-mail the HHS Binax Team at Binax.Team@hhs.com
 - Let them know you are a LTCF interested in receiving RATs and someone will assist you with next steps.

FAQ: A resident was positive 30 days ago. They were admitted yesterday to the hospital for a knee replacement and had a pre-procedure PCR that was positive. They have no symptoms of COVID. Do we need to isolate them when they readmit to the facility ?

- No, since the resident had COVID <90 days ago and is asymptomatic, you would not need to isolate them upon re-admission.
- PCR tests can remain positive for several months, well beyond the time that a person is potentially infectious.



FAQ: I heard that the CDC said exposed people don't need to quarantine anymore, even if they are not up to date. Is that true?

- The CDC did recently update their guidance for the general population and some congregate settings (e.g., schools and daycares), but the new guidance does **not** apply to nursing homes at this time
- You should continue to quarantine exposed residents who are not up to date on their COVID vaccinations



Poll Questions



Poll Question 1

A resident tests positive. She has two roommates, one who is up to date and one who is not up to date. What is the next step(s) for the roommate who is up to date?

- A. Test
- B. Quarantine
- C. Both

 **Answer**

Test!

Asymptomatic exposed residents who are up to date do not need to quarantine, but they must be tested immediately (but no sooner than 24 hours following exposure) and, if negative, again 5-7 days after the exposure. They should also continue to be tested every 3-7 days for the duration of your outbreak testing protocol. Additionally, they must strictly adhere to masking at all times when out of their rooms for 10 days from the date of last exposure.

Poll Question 2

I was told that we do not need to wear eye protection for all resident care or when we are on patient care units if our facility is not in outbreak, even if the community transmission level is substantial/high. Is this true?

- A. Yes
- B. No

Answer

No, that is false!

When the community transmission level in Cook County is substantial or high, staff need to wear eye protection whenever they are interacting with residents or on patient care units.



Poll Question 3

The current community transmission level for Cook County is high right now. Are we compliant with the resident new/readmission guidance if we are not testing upon admission (or requiring proof of a negative test within the 72 hours prior to admission)?

- A. Yes
- B. No



Answer

No!

Asymptomatic new/readmitted residents who are up to date do not need to quarantine, but they must be tested upon admission (or have documentation of a negative Covid test within 72 hours prior to arrival to the facility) and 5-7 days post-admission.

Please note: Testing is not required, except for symptomatic residents and staff, if a resident or staff member has had COVID in the prior 90 days.



Poll Question 4

You are reviewing four different products for cleaning and disinfection. Which of the following would you purchase for your facility?

- A. EPA List N Product with a 2-3 minute contact time
- B. Not on List N with a 1-minute contact time
- C. EPA List N with a 10-minute contact time
- D. The best-smelling product that makes the residents feel at home

 **Answer**

EPA List N Product with a 2-3 minute contact time

Poll Question 5

A facility has one HCW case of COVID who worked the second floor within 48 hours prior to positive test result. Contact tracing was completed and it was found the HCW did not go to any other floors and didn't interact with any other co-workers outside of the second floor. Who does the facility need to test?

- A. The HCWs on the unit
- B. The entire facility (broad-based testing)
- C. Residents and staff on the 2nd floor

 **Answer**

C. Residents and staff on the 2nd floor (unit-based testing)

A unit-based approach involves contact tracing to identify any high-risk exposures in HCP or close contacts in residents AND requires testing to be done on all residents and HCP working on the unit or department where the new case was identified.

Please note: Additional testing and contact tracing may be warranted if the investigation expands beyond the affected unit/department.



MPV Infection Prevention Basics in SNFs

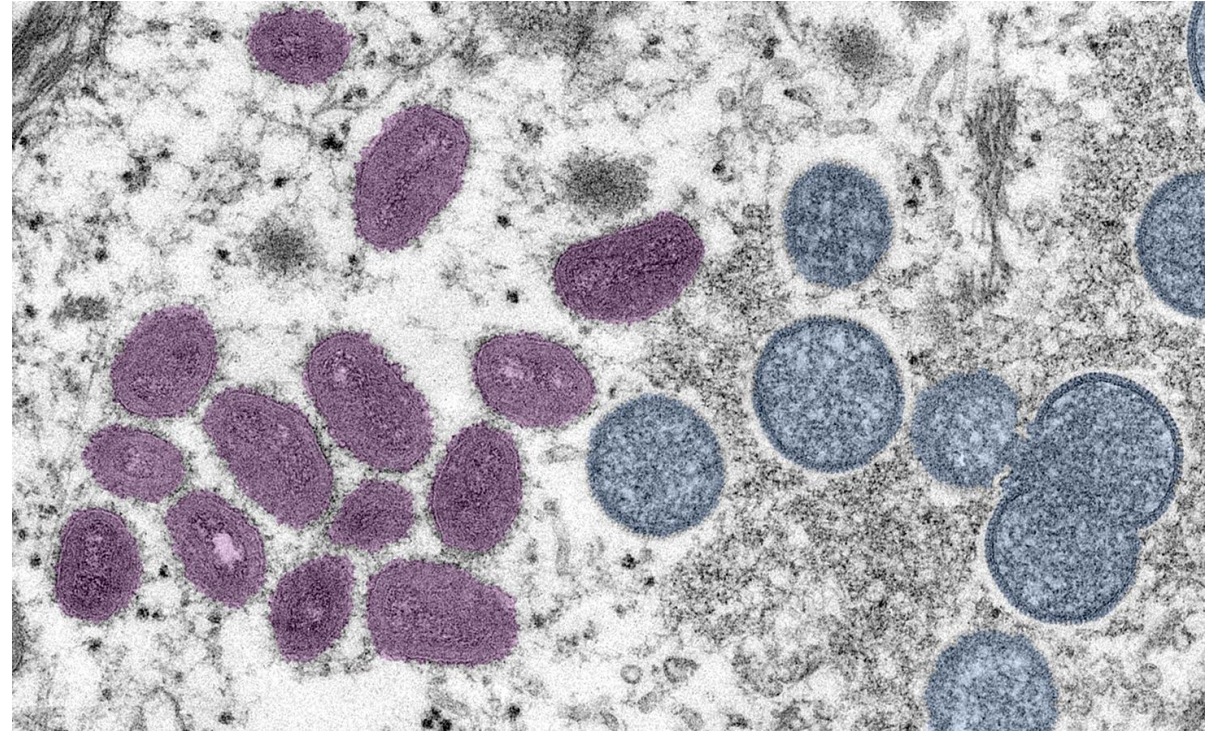


Agenda

- Monkeypox virus infection prevention and control basics
 - What is monkeypox virus (MPV)?
 - How does MPV spread?
 - Case studies - What infection control lessons can we learn from these case studies?
 - Reflection - What infection control actions can I take to keep myself safe as a healthcare worker?
- Questions & Answers

★ What is Monkeypox?

- Monkeypox: a rare disease caused by infection with the monkeypox virus (MPV).
 - Monkeypox is in the same virus family as smallpox and cowpox.
 - Scientists are tracking multiple cases of monkeypox in countries that normally don't report monkeypox, including the United States in 2022.



Monkeypox in the U.S. (2022, June 17). Centers for Disease Control and Prevention.
<https://www.cdc.gov/poxvirus/monkeypox/about.html>

★ What are the symptoms of MPV?

- Symptoms of MPV can include:
 - Fever
 - Headache
 - Muscle aches and backache
 - Swollen lymph nodes
 - Fever
 - Chills
 - Exhaustion
 - New onset rash
 - Can look like pimples or blisters
 - Can appear on the face, inside the mouth, and on other parts of the body, like the hands, feet, chest, genitals, or anus.



Photo credit: UK Health Security Agency



Photo credit: UK Health Security Agency



Photo credit: UK Health Security Agency



Photo Credit: NHS England High Consequence Infectious Diseases Network

★ Can I get MPV from a patient?

- When conducting routine patient care with appropriate PPE, the risk to healthcare workers is low.
- MPV spreads through:
 - Direct contact with infectious rash, scabs, or body fluids.
 - Respiratory droplets during prolonged face-to-face contact (more than 3 hours).
 - Touching objects, fabrics (such as clothing or linens) that previously touched the rash or body fluids of someone with monkeypox.



★ Why is it important to recognize MPV?

- CDC urges healthcare workers in the U.S. to be alert for patients who have rash illnesses consistent with monkeypox.
- Infection control measures that keep frontline staff safe from germs like MPV:
 - Wearing recommended PPE
 - Hand hygiene
 - Environmental cleaning
 - Proper handling of patient bedding/soiled linens



★ What do I do if I See a MPV PATIENT?

- Follow any new guidance given by:
 - Your Infection Preventionist
 - Your Administrator/Director of Nursing
 - Federal, state, and local health departments
- Follow all signs posted with new instructions
 - Note any changes in PPE, cleaning and disinfection, or isolation precautions
- Follow other infection control actions and protocols.
- Ask management if any questions.



★ How to Keep MPV from Spreading



- Strict adherence to proper **hand hygiene**.
 - Know when to use soap and water vs. alcohol-based hand rubs.
 - Hand hygiene limits the spread of germs through touch.
- **Use PPE appropriately** and keep extra PPE in stock!
 - PPE prevents germs from spreading through splashes and sprays, by being breathed in, or through touch.
 - Ask your IP for specifics on which PPE to use for different settings.
- Frequently and effectively **clean all areas** in your facility.
 - Germs can spread from common reservoirs in healthcare, such as wet surfaces, dry surfaces, dirt and dust, and common medical devices.
 - Follow instructions on the disinfectant label (pay special attention to high-touch surfaces and the disinfectant contact time).



How can infection control PREVENT outbreaks?

- Recognizing infection risks throughout your workday can help you protect your patients, yourself and coworkers.
 - **If you see something, say something!**
 - Screen patients for MPV symptoms *prior* to their appointment.
 - Notify your DON/IP if you notice a patient or a visitor with:
 - New fever
 - New rash
 - New swollen lymph nodes
- **Observe standard precautions** - wear gloves when potentially infectious skin lesions are noted.
- Frontline workers must wear all required PPE – gown, gloves, eye protection, and a NIOSH-approved N95 (or higher) for suspect MPV patients.
- Clean and disinfect areas where MPV patients spent time.
 - Perform disinfection using an EPA-registered disinfectant with an Emerging Viral Pathogens claim, which may be found on EPA's List Q.

Case Study #1

CASE DETAILS

- A CNA works 3 floors in a skilled nursing facility and wears PPE as indicated.
- On Monday, he calls off sick due to a rash and fatigue
- On Thursday, he notifies the Administrator, IP, and DON that he tested positive for MPV

INFECTION CONTROL ACTIONS

- Notify the health department for further guidance
- Healthcare workers diagnosed with MPV should be excluded from work until all lesions have crusted over and a new layer of skin has formed (generally 2-4 weeks)
- Contact trace all areas the HCW worked from symptom onset until the date of exclusion to assess any potential exposures.
 - If full PPE (gown, gloves, eye protection, and a NOISH-approved N95) was used during resident care activities, these exposures would be considered no risk.
 - If partial PPE (i.e., gloves, surgical mask, and eye protection) was worn during resident care activities, these exposures would be considered low risk
 - If a resident or staff member had direct contact with the CNA's lesions, this would be considered high risk
- Exposed residents and healthcare workers should be monitored for 21 days for symptoms (e.g., new onset rash).

★ Case Study #2

CASE DETAILS

- A SNF resident went out on a day pass 1 week ago.
 - The resident did not disclose their activities.
- A CNA performing vitals on the resident notices a lesion on the resident's wrist.
 - The resident is identifying for testing and tests positive for MPV.
- The resident is seen consistently unmasked.

INFECTION CONTROL ACTIONS

- Infection Control and the DON should be notified of any concerning symptoms suggestive of MPV.
- Once MPV is confirmed, notify the health department for further guidance.
- Positive resident should be moved to a private room and be placed under transmission-based precautions
 - HCWs entering the room should wear a N95, eye protection, gown, and gloves
- Clean and disinfect areas where patients with monkeypox spent time.
 - Perform disinfection using an EPA-registered disinfectant with an [Emerging Viral Pathogens](#) claim, which may be found on EPA's [List Q](#).
- Exposed healthcare workers and residents to MPV should be monitored for 21 days for symptoms



Resources

- CDC's Monkeypox Resource: <https://www.cdc.gov/poxvirus/monkeypox/index.html>
- CDC's HCP Risk Assessment for MPV Exposure: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html>
- CDC's Treatment information for Healthcare Professionals: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/treatment.html>
- CDPH's Monkeypox HAN: <https://www.chicagohan.org/monkeypox>
- EPA's Six Steps for Safe & Effective Disinfectant Use: <https://www.epa.gov/sites/production/files/2020-04/documents/disinfectants-onepager.pdf>
- Selected EPA-Registered Disinfectants: <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>
- Disinfectants for Emerging Viral Pathogens (EVPs): List Q: <https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q>



Questions & Answers

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

Upcoming Past

<p>Sexually Transmitted Diseases... <i>MATEC Webinar</i> 📅 08/04/2021 🕒 8:00 - 9:00 AM CST</p> <p>SIGN UP ></p>	<p>COVID-19 Chicago Long-Term Car... <i>CDPH Webinar</i> 📅 08/05/2021 🕒 12:30 - 1:30 PM CST</p> <p>JOIN ></p>	<p>IDPH COVID-19 LTC Q & A Webina... <i>IDPH Webinar</i> 📅 08/06/2021 🕒 1:00 - 2:00 PM CST</p> <p>SIGN UP ></p>
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Upcoming Past

<p>IDPH COVID-19 LTC Q & A Webina... <i>IDPH Webinar</i> 📅 07/30/2021</p> <p>SLIDES</p>	<p>IDPH COVID-19 LTC Q & A Webina... <i>IDPH Webinar</i> 📅 07/23/2021</p> <p>SLIDES</p>	<p>COVID-19 Chicago Long Term Car... <i>COVID-19 LTCR</i> 📅 07/22/2021</p> <p>SLIDES</p>
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Questions & Answers

A special thanks to:

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