CHICAGO

COVID-19
Chicago Long Term Care Roundtable

11-10-2022

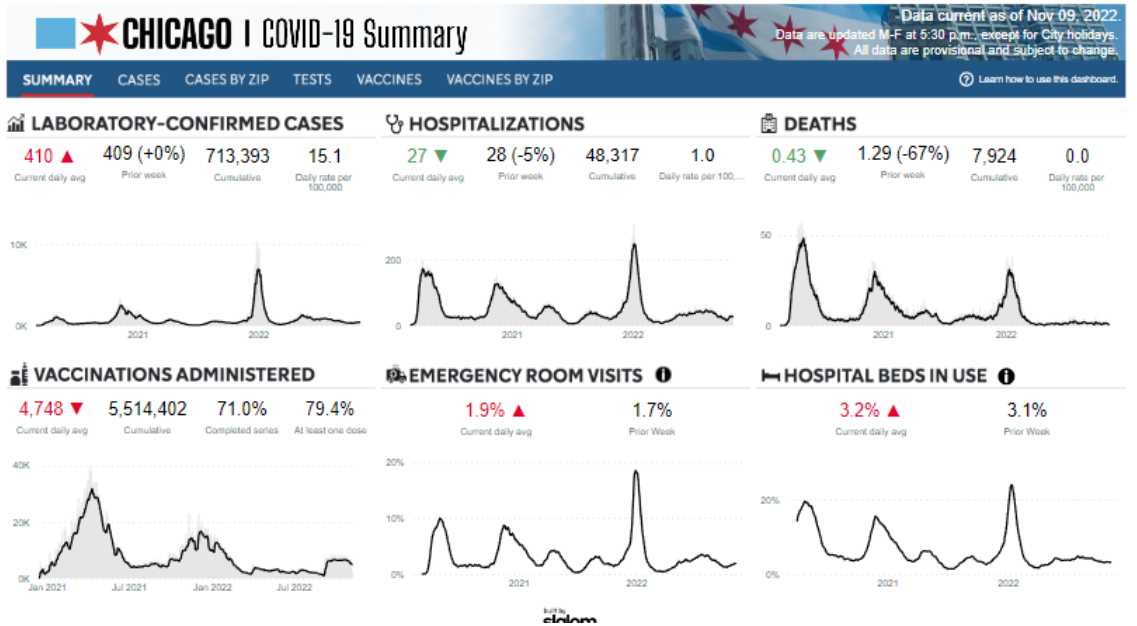
Agenda

- COVID-19 Epidemiology
- COVID Reminders, Updates, and FAQs
- Antibiotic Awareness Week & C. *diff* Awareness Month
- Questions & Answers

Chicago Dashboard

Learn more about COVID-19 Community Levels here.

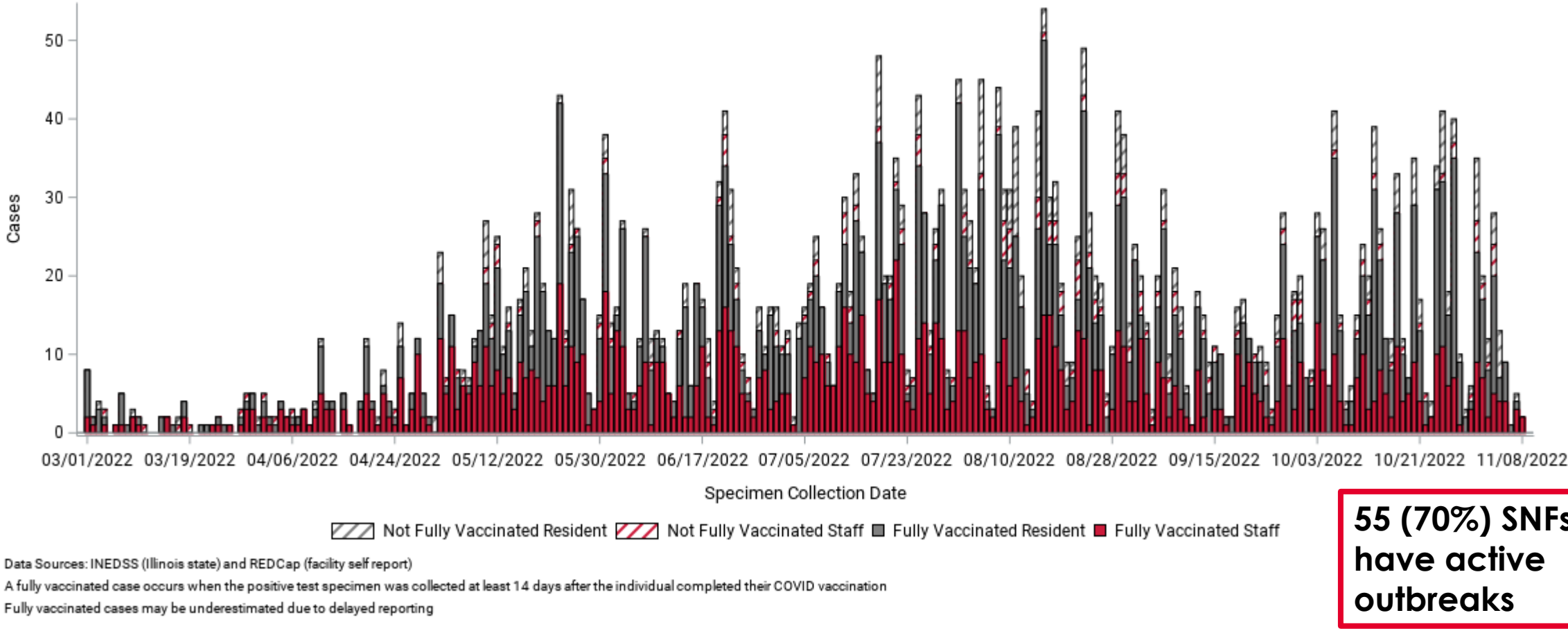
The summary tab of the COVID-19 Dashboard was updated to add charts for Emergency Room Visits and Hospital Beds In-Use that replace the Tests Performed and Positivity Rate charts. Detailed information about testing in Chicago can still be found on the "Tests" tab of the COVID-19 Dashboard. The updated dashboard highlights surveillance indicators used to measure COVID-19 burden at this stage in the pandemic. In alignment with the CDC's COVID-19 Community Levels, the summary page reflects healthcare and severity of illness indicators to measure the impact of COVID-19 illness on communities.



Source: https://www.chicago.gov/city/en/sites/covid-19/home/covid-dashboard.html

SNF COVID-19 Cases

(Mar. 1, 2022 – Nov. 8, 2022)



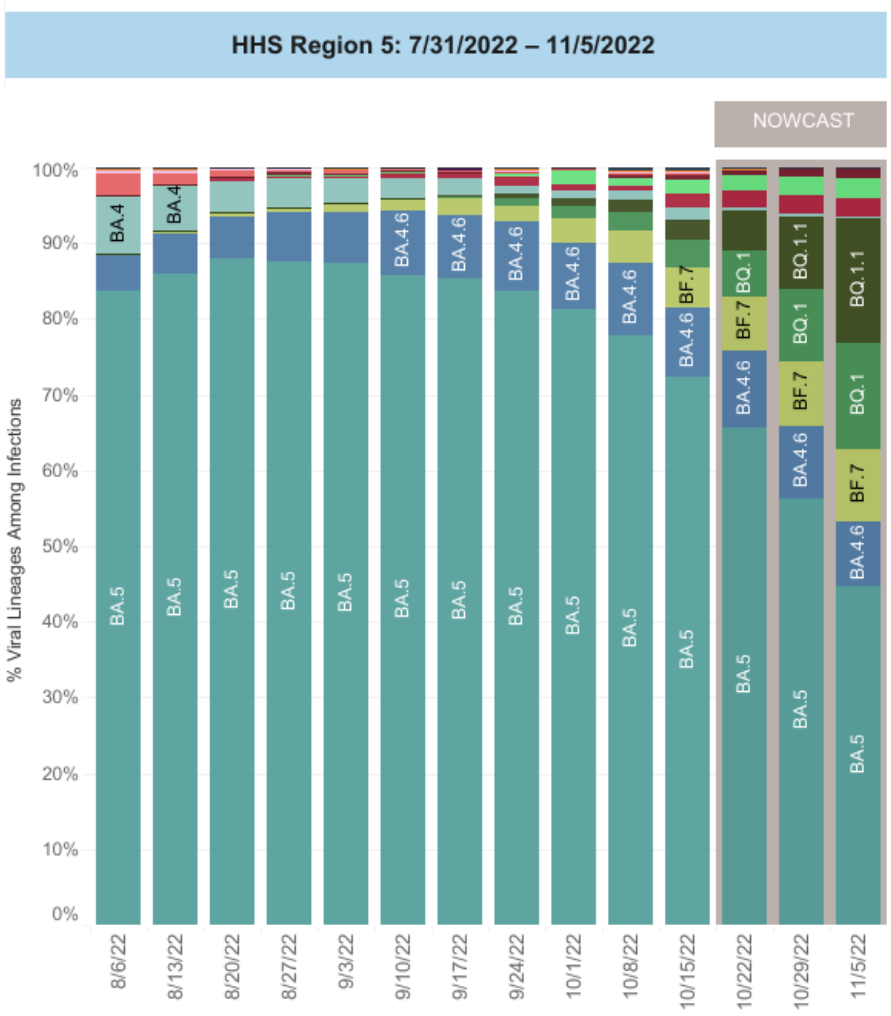
Data Sources: INEDSS (Illinois state) and REDCap (facility self report)

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 (70%) SNFs have active outbreaks

COVID-19 Variant Proportions



HHS Region 5: 10/30/2022 – 11/5/2022 NOWCAST

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

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	44.8%	41.0-48.6%
	BQ.1.1	VOC	16.4%	11.5-22.7%
	BQ.1	VOC	14.0%	11.2-17.5%
	BF.7	VOC	9.5%	8.2-10.9%
	BA.4.6	VOC	8.5%	7.1-10.1%
	BA.5.2.6	VOC	2.6%	1.9-3.6%
	BA.2.75	VOC	2.5%	1.9-3.3%
	BA.2.75.2	VOC	1.3%	0.9-2.0%
	BA.4	VOC	0.2%	0.2-0.3%
	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%
	BA.2	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.1%	0.0-0.2%

* 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
# BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, BA.2.75.2 and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. For all the lineages listed in the above table, their sublineages are aggregated to the listed parental lineages

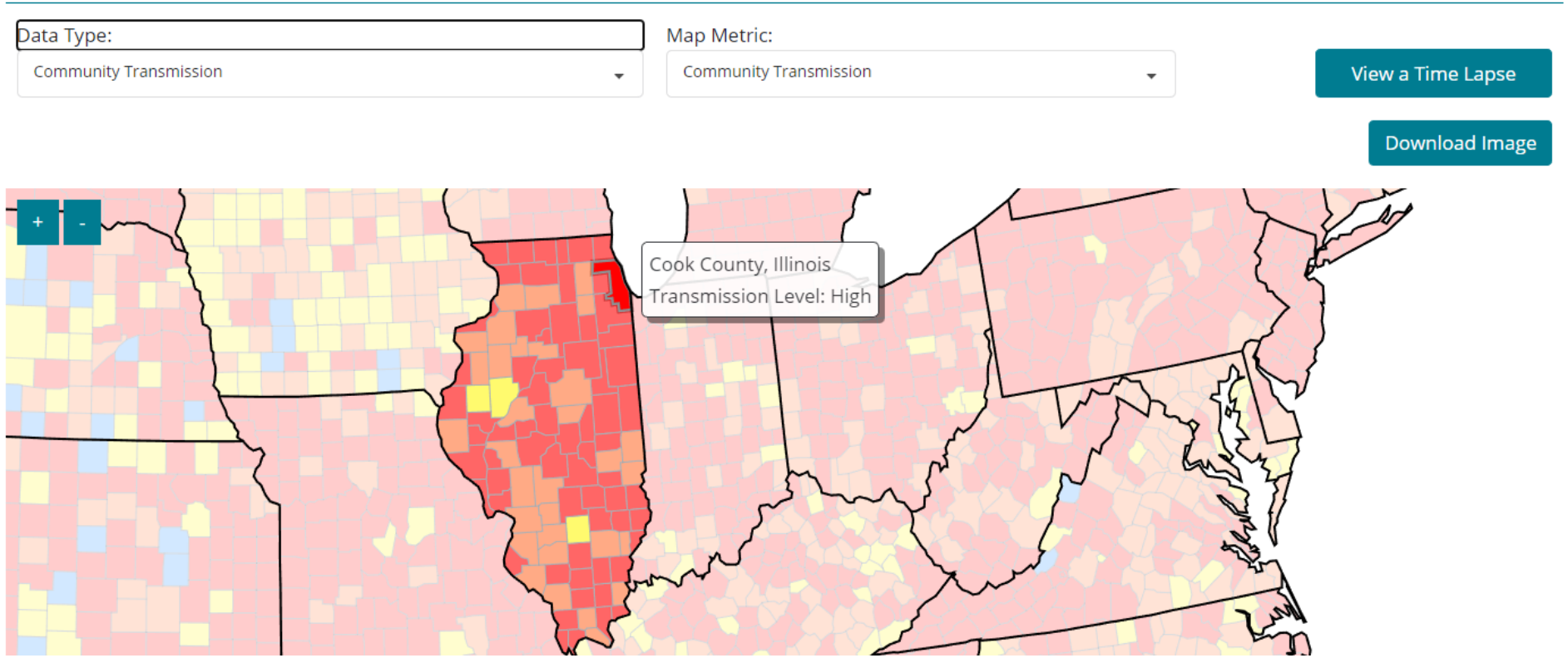
Soucre: https://covid.cdc.gov/covid-data-tracker/#variant-proportions

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%

Note: Community transmission levels will now be updated weekly

CDC COVID Data Tracker: Cook County



Source: https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Illinois&data-type=Risk&list_select_county=17031

Update: Minimum Routine Staff Testing Frequency

Vaccination Status	Community Transmission Level	Testing Frequency
Not up to date*	All	2x a week (as per Emergency Rule)
Up to date**	All	No required routine testing***

* Based on Illinois Administrative Code 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.

Sources: https://coronavirus.illinois.gov/resources/executive-orders/display.executive-order-number-16.2022.html; https://ilsos.gov/departments/index/register/volume46/register_volume46_issue_9.pdf

Update: Minimum Routine Resident Testing Frequency

Vaccination Status	Community Transmission Level	Routine Testing Frequency
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, Substantial	No required routine testing**
New and readmissions, regardless of vaccination status***	High	Upon admission, 48 hours after 1st negative test, 48 hours after 2nd negative test

*Excluding new/readmissions when community transmission is high
**Unless symptomatic, had a high-risk exposure, or your facility is in outbreak and performing broad-based testing.
***Unless COVID+ within the prior 30 days

IDPH LTC Guidance Updates

- Updates have been made to many areas, including:
  - Visitor/Staff Screening
  - Universal Source Control & PPE Usage
  - Testing (Routine, Post-Exposure, and Outbreak)
  - Quarantine/Work Exclusion
  - COVID Unit/Managing COVID+ Residents
  - Communal Dining/Group Activities
  - Live Music/Vocal Performances
  - Elevators

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Guidance Updates

- **Overarching change**: Guidance is no longer based on vaccination status (e.g., up to date and not up to date residents/staff have the same guidance)
  - *Exception*: Staff who are not up to date should continue to be tested 2x a week until the related Illinois Emergency Rule is changed/removed

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Guidance Application

- The updated IDPH guidance no longer applies to the following facility types, assuming that staff only provides non-skilled personal care:
  - SLFs
  - Assisted Living
  - Shared Housing
  - Sheltered Care
- However, any staff who provide significant healthcare (e.g., wound care) to residents in the above facility types should continue to follow the relevant health care IPC guidance from IDPH

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Visitor/Staff Screening

- No longer need to actively screen visitors and staff for symptoms or temperatures

- Must establish a process to inform staff, residents, and visitors of recommended actions to prevent COVID-19 transmission (e.g., source control, hand hygiene) by posting signage at entrances and other strategic places throughout the facility

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Visitor/Staff Screening

- Facilities should provide guidance (e.g., posted signs at entrances) about recommended actions for visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or have had close contact with someone with COVID-19
- Visitors with confirmed COVID-19 infection and/or compatible symptoms should defer non-urgent in-person visitation until they meet CDC criteria for healthcare settings to end isolation

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Routine Resident Screening

- Regardless of community transmission and facility outbreak status, assess residents for COVID-19 symptoms daily

- When community levels are high and/or the facility is in outbreak, in addition to symptom monitoring, actively monitor temperature and respiratory status (with pulse ox) at least daily

- When community levels are not high and the facility is not in outbreak, monitor the following at least weekly:
  - Vital signs (temperature, pulse, respirations)
  - Pulse Oximetry
  - Blood Pressure

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Resident Screening: Symptomatic or COVID+ Residents

- Monitor the following every 4 hours:
  - Vital signs (temperature, pulse, respirations)
  - Pulse oximetry
  - Blood pressure

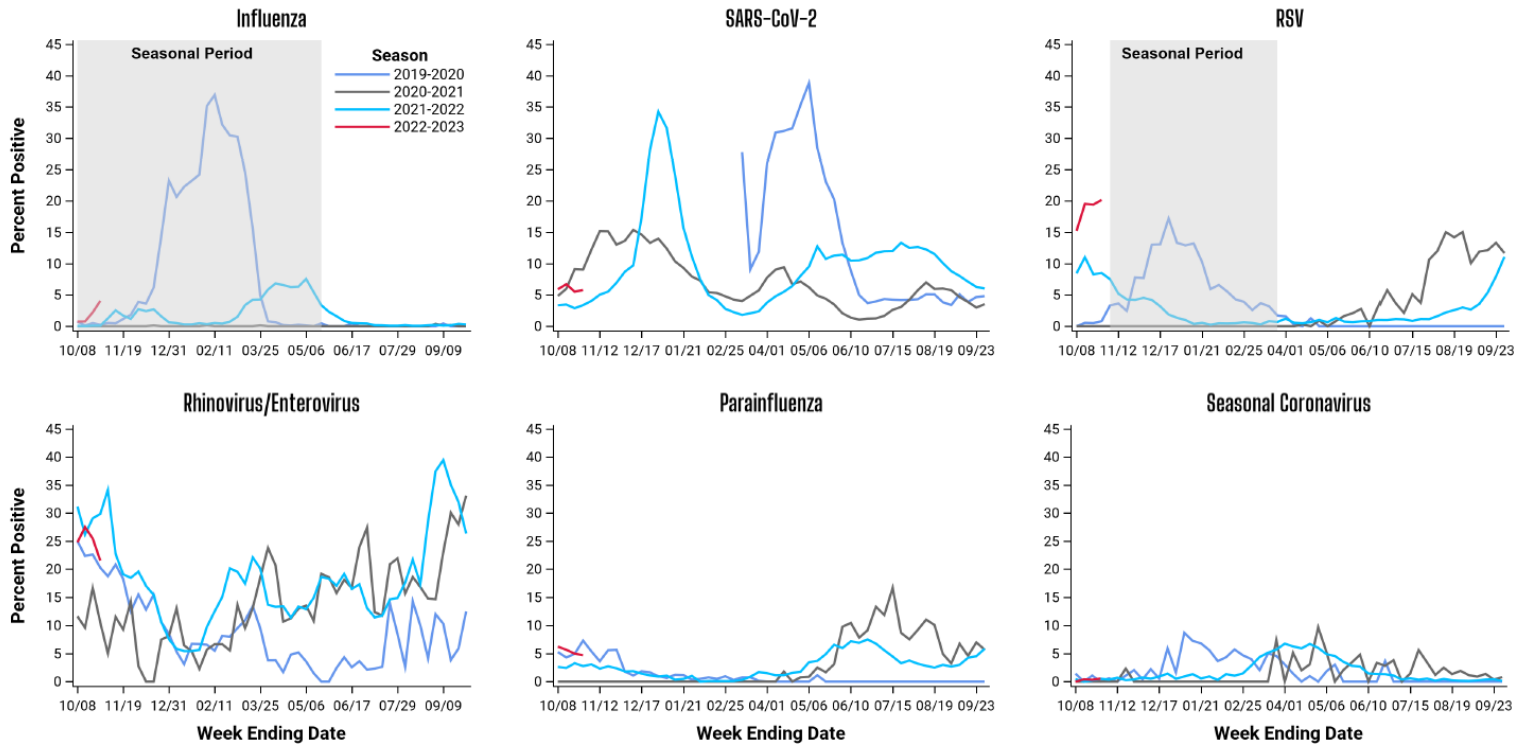
Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Reminder: CDPH Universal Masking Recommendation

- CDPH **strongly recommends** that facilities continue universal masking as:
  - COVID and other respiratory viruses (e.g., influenza, RSV) are circulating
  - LTC facilities house medically vulnerable populations who are at higher risk for severe complications and death resulting from respiratory infections
  - LTC facilities are already experiencing staffing shortages that will be further exacerbated if additional staff are excluded due to illness
  - It will be difficult to implement frequent changes as the county transmission level and facility outbreak status changes

Chicago Respiratory Virus Trends

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.*



Source Control: High Community Transmission

- When Cook County is experiencing high community transmission, masks must be worn throughout the building except for well-defined areas that are restricted from residents
  - ***Exception***: When Cook County is in high for both community level *and* community transmission, masks should also be worn in well-defined areas that are restricted from residents

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Source Control: Substantial, Medium, or Low Community Transmission

- If Cook County is **not** experiencing high community transmission, masking is indicated for individuals who:
  - Have a suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., runny nose, cough);
  - Had close contact (resident or visitor) or a higher-risk exposure (staff) with someone with a SARS-CoV-2 infection, until 10 days have elapsed from the last exposure
  - Reside or work on a unit or area of the facility experiencing a SARS-CoV-2 outbreak, until 14 days have elapsed following the last known case; and/or
  - Have otherwise had source control recommended by public health authorities.

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Eye Protection

- When community transmission levels are high, eye protection should be worn during all resident care encounters
  - If residents are unable to wear source control (e.g., memory care units), HCP should wear eye protection in all areas of the facility where they may encounter residents to avoid exposure

- When community transmission levels are not high, eye protection is not required to be worn during resident care encounters unless indicated per standard or transmission-based precautions
  - CDPH recommends universal eye protection on outbreak-impacted units, regardless of the community transmission level

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Reminder: PPE for Suspected/Confirmed COVID Cases

- There have been no changes to the type of PPE that must be worn for caring for residents with suspected or confirmed COVID

- HCP must wear:
  - N95 respirator (single use)
  - Eye protection (single use or disinfected in between uses)
  - Gown (single use; must be discarded if disposable or laundered if reusable)
  - Gloves (single use)

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

PPE for CPAP/BIPAP

- For asymptomatic residents who are not suspected to have COVID, regardless of vaccination status:
  - If community transmission is high, HCP must wear a N95 and eye protection in the room until at least 60 minutes post-use of CPAP/BIPAP
  - If community transmission is not high, HCP must wear a well-fitted face mask

New/Readmission Testing

- If Cook County is experiencing high community transmission, all new/readmissions should be tested at day 0 (i.e., day of admission), day 2, and day 4

- If Cook County is not experiencing high community transmission, new/readmission testing is at the discretion of the facility

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Post-Exposure Staff and Resident Testing

- Testing should be done at day 1 (i.e., immediately but no sooner than 24 hours after the exposure), day 3, and day 5.
  - If the exposed individual had COVID in the prior 30 days, no testing is needed
  - If the exposed individual had COVID in the prior 31-90 days, use a rapid antigen test instead of PCR
  - If the exposed individual has never had COVID or had COVID >90 days ago, either a rapid antigen test or a PCR test could be used

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Outbreak Testing

- Following a new COVID-19 case in a staff member or resident, facilities have two options for outbreak testing:
  - Contact tracing
  - Broad-based testing (unit, floor, or facility-wide)

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Outbreak Testing: Contact Tracing

- If there is a new case of COVID-19 in a resident or staff member:
  - Identify all residents and staff with close contact/high-risk exposures from the 48 hours prior to positive test or symptom onset until the time where the resident was placed under isolation or the staff member was excluded from work
  - Test the identified contacts at day 1, 3, and 5
  - If no other cases are identified, no further testing is indicated
  - If additional cases are identified, expand to broad-based testing

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Outbreak Testing: Broad-based Testing

- Determine whether you will be testing a unit, floor, or the entire building
  - If selecting a unit or floor-based approach and cases are identified in areas other than those indicated for outbreak testing, consider expanding to facility-wide testing

- When performing broad based testing:
  - Test all residents and staff (excluding those who had COVID in the prior 30 days) every 3-7 days until there are no cases for at least 14 days, with the final round of testing occurring on or after day 14

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

CDPH Recommendation re: Outbreak Testing

- CDPH strongly recommends that, at a minimum, facilities conduct unit or broad-based testing upon identifying a COVID+ resident or staff

Quarantine for New/Readmissions and Asymptomatic Exposed Residents

- Generally, new/readmitted residents and asymptomatic exposed residents, regardless of vaccination status, do not need to be quarantined. However, they should wear a mask for 10 days following (re)admission or exposure.

- For asymptomatic exposed residents, a facility may consider quarantine for situations where:
  - The resident refuses to be tested
  - The resident is not able to wear a mask
  - The resident lives on a unit with individuals who are moderately to severely immunocompromised
  - The resident lives on a unit experiencing an uncontrolled COVID outbreak

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Work Exclusion for Asymptomatic Exposed Staff

- Work restriction is not necessary for most asymptomatic exposed staff, regardless of vaccination status

- However, a facility could consider excluding asymptomatic exposed staff in some scenarios, including:
  - The staff member refuses to be tested
  - The staff member cannot tolerate a mask
  - The staff member is moderately to severely immunocompromised
  - The staff member works on a unit experiencing an uncontrolled COVID outbreak

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Work Exclusion for COVID+ Staff

- Under a conventional strategy, COVID+ staff should be excluded until:
  - At least 7 days have elapsed since the positive staff or symptom onset and the staff member has a negative test conducted on or after day 5 **OR** at least 10 days have elapsed since the positive test or symptom onset and the staff member was not tested or had a positive test after day 5 **AND**
  - The staff member has been afebrile for at least 24 hours without using fever-reducing medication **AND**
  - Symptoms have improved

- If symptom rebound occurs after the staff member returns to work, the staff member should be re-excluded until they meet the above criteria to return to work again

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Managing COVID+ Residents

- The resident should have dedicated medical equipment wherever possible
- Meals and activities should occur in-room
- Residents should only leave their room when medically necessary.
  - Source control must be worn whenever out of their rooms
- The resident should be monitored every four hours including symptom assessment, vital signs, pulse ox, and respiratory exam
- If symptoms recur after the isolation period has ended, the resident should be placed back into isolation until they meet the criteria for discontinuing isolation again

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Placement of COVID+ Residents

- Facilities are not required to have a dedicated COVID unit unless the number of positive residents warrants a dedicated unit
  - A COVID+ resident can be placed in a single room with appropriate signage on the door and an isolation bin outside the door fully stocked with PPE
  - There no longer needs to be a physical barrier or empty room between COVID+ and COVID- residents; however, COVID- residents cannot remain in the same room as COVID+ residents
- The COVID+ resident's door should remain closed if safe to do so and the resident should ideally have a dedicated bathroom
- Staff entering the room should wear full PPE (N95, eye protection, gown, and gloves).
  - The N95, gown, and gloves should be discarded when exiting the room
  - Eye protection should either be discarded or disinfected when leaving the room

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Communal Dining/Group Activities

- Residents should wear source control to, from, and during group activities when community transmission is high
- Residents should wear source control to and from communal dining when community transmission is high
- No source control is required when community transmission is not high
- Physical distancing is no longer required, regardless of the residents' vaccination status
- CDPH recommends supervised hand hygiene when entering the dining and/or activity room

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Musical Performances

- Residents, performers, and visitors should wear source control to, from, and during the performance if community transmission is high
  - No source control is required when community transmission is not high
- There is no longer a limit on the number of individuals who can perform indoors
- Physical distancing is no longer required

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Elevators

- There is no longer a requirement for physical distancing on elevators
  - The maximum capacity on elevators can return to what it was during pre-COVID times

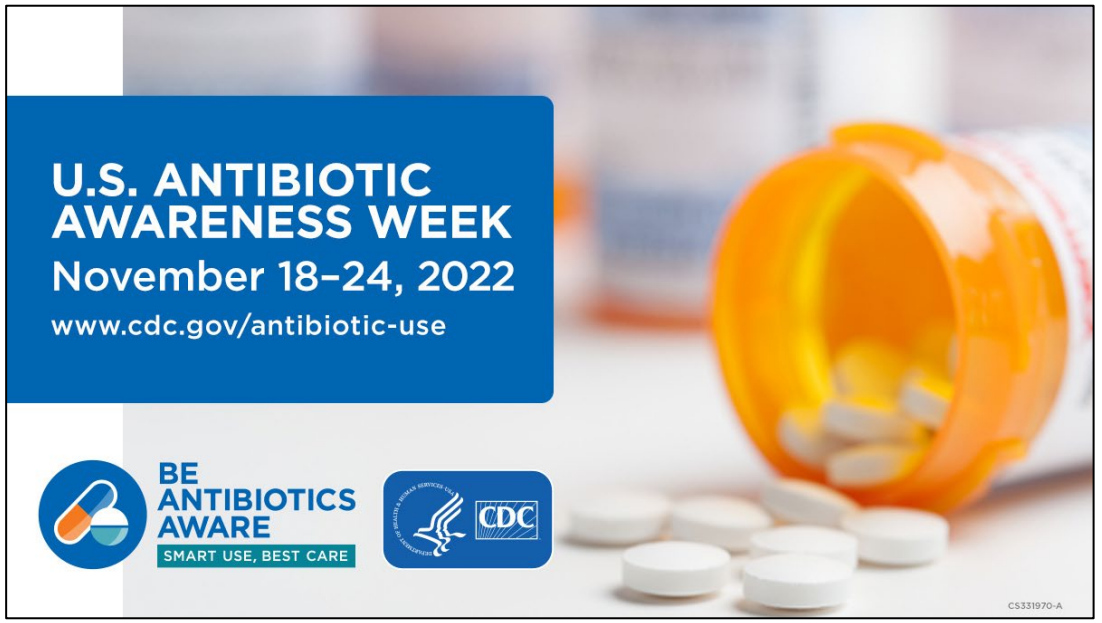
Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/LTC-COVID19-Guidance_11.4.2022.pdf

Summary of CDPH Recommendations

- CDPH recommends:
  - Continuing universal masking, regardless of community transmission level
  - Performing, at a minimum, unit or broad-based testing after identifying a new COVID+ resident or staff case
  - Testing for other respiratory pathogens (e.g., influenza) in addition to COVID upon identifying a symptomatic resident
    - Consider purchasing rapid influenza tests
    - Respiratory viral panels test for a number of viruses including parainfluenza and RSV

U.S. Antibiotic Awareness Week

- November 18-24,2022
- Opportunity to highlight the importance of improving antibiotic and antifungal use
- Raise awareness of antimicrobial resistance and to learn how to combat this global threat



https://www.cdc.gov/antibiotic-use/week/images/auweek/USAAW-2022.jpg

Key messages for Long term care providers

- Right antibiotic, at the Right dose, for the Right duration, and at the Right time.
- Use antibiotics only for treating certain infections caused by bacteria (even some bacterial infections get better without antibiotics).
- Antibiotics do NOT treat viruses
- Optimizing the use of diagnostic tests is critical for improving treatment of conditions like sepsis and stopping the spread of infections, including those caused by COVID-19.

How can you participate in USAAW?

- **Share** social media messages, images, and animated graphics on your organization's social media channels. Remember to use #USAAW22 and #BeAntibioticsAware in every post
- **Include** information about Be Antibiotics Aware and U.S. Antibiotic Awareness Week in your organization's print and e-newsletters.
- **Print** and share handouts and posters with residents and healthcare professionals, available in English and Spanish.
- **Play videos** (available in English and Spanish) on TV screens and iPads in your lobby, hallways, break rooms, and communal resident spaces

https://www.cdc.gov/antibiotic-use/week/get-involved.html

Resources:

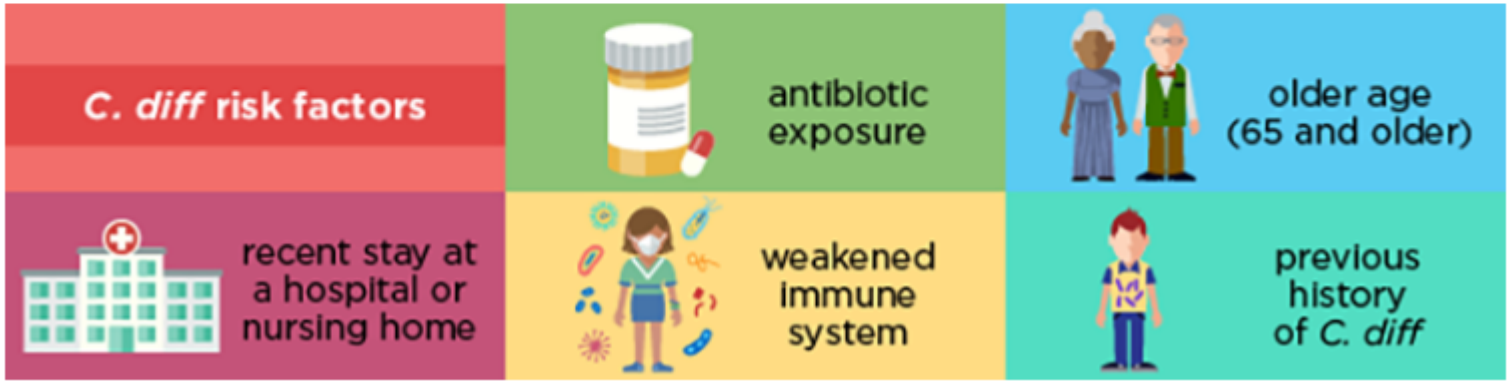
- Article Targeting Healthcare Professionals
  Be Antibiotics Aware: Protect your patient [PDF – 1 Page]
- Global Twitter Conversation for World Antimicrobial Awareness Week:
  Join the conversation! On November 18, 2022
- Bookmark the Safe Healthcare blog
- Sign up for CDC.gov email updates.
- CDC's educational effort, *Be Antibiotics Aware*: Smart Use, Best Care, is the year-round effort to improve antibiotic prescribing and use and combat antimicrobial resistance.

C. diff Awareness Month

Spread the Word, Not *C. diff*

Join CDC in November for *C. diff* Awareness Month to raise awareness about this urgent threat and save lives.

Did you know? *Clostridioides difficile* (*C. diff*) is a germ that causes severe diarrhea, which can be life-threatening. It can affect anyone and is usually associated with recent antibiotic use. CDC estimates that *C. diff* causes **almost half a million infections** in the United States each year and contributes to about **29,300** deaths.



Source: https://www.cdc.gov/cdiff/index.html

C. diff Awareness Month

Help protect yourself, your family, and your community from *C. diff*:

Patients & Families—learn:

- What is *C.diff* and what symptoms to look for
- Who is at risk for *C. diff* infection
- How you can prevent the spread of *C. diff* in the hospital and at home

- **Healthcare providers—download, share, and order:**
  - The latest *C. diff* prevention guidance and resources for clinicians
  - NEW and UPDATED *C. diff* materials for patients and clinicians
  - FREE print materials (search "*C. diff*" under "Programs")
  - Answers to frequently asked questions about *C. diff*

- **Partners—explore new data:**
  - From CDC researchers about emerging strains, association with antibiotic use, recent trends in U.S. hospitals, and the COVID-19 impact on healthcare-associated infections
  - From CDC and partners in the Antibiotic Resistance and Patient Safety Portal

Visit CDC's *C. diff* website to learn more.

Source: https://www.cdc.gov/cdiff/index.html

Questions & Answers

A special thanks to:

CDPH HAI SNF Team:

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Tasa Procter
Michelle Gardner
Kelly Walblay
Sidney Thigpen
Linda Li

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