



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

01-20-2022



# Agenda

- COVID-19 Epidemiology
- COVID Reminders, Updates, and FAQs
- Questions & Answers

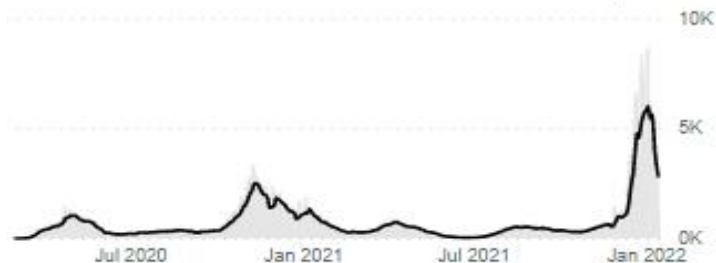
# Chicago Dashboard

 **CHICAGO** | COVID-19 Summary Data current as of Jan 19, 2022.  
Data are updated M-F at 5:30 p.m., except for City holidays.  
All data are provisional and subject to change.

**SUMMARY** | CASES | CASES BY ZIP | TESTS | VACCINES | VACCINES BY ZIP ? Learn how to use this dashboard.

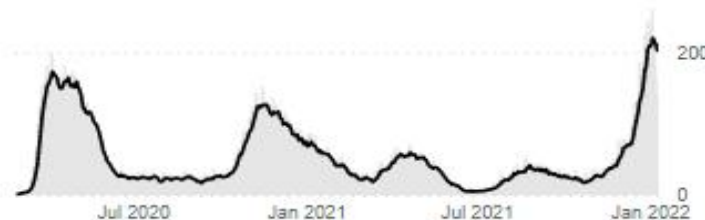
## CASES

2,819 ▼ **5,614** (-50%)  
Current daily avg Prior week  
509,969 104.2  
Cumulative Daily rate per 100,000



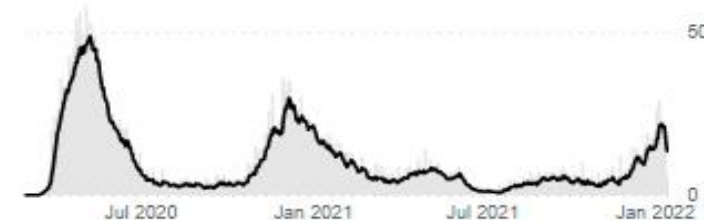
## HOSPITALIZATIONS

203 ▼ **209** (-3%) 38,279 7.5  
Current daily avg Prior week Cumulative Daily rate per 100,000



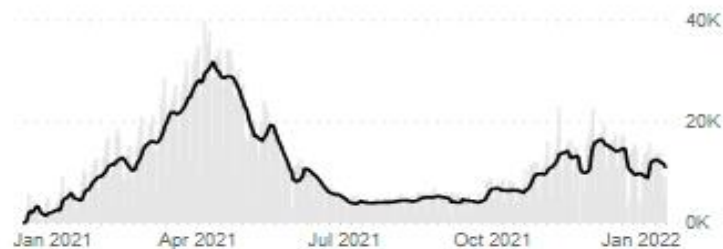
## DEATHS

14 ▼ **22** (-38%) 6,865 0.5  
Current daily avg Prior week Cumulative Daily rate per 100,000



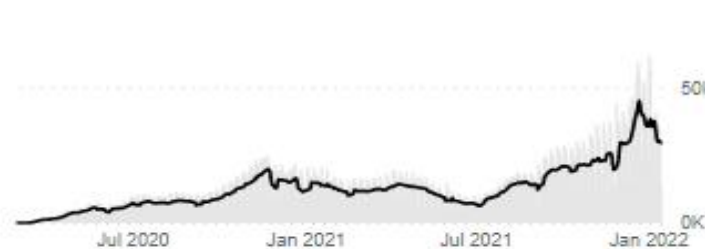
## VACCINATIONS ADMINISTERED

11,014 ▼ **4,375,249** 65.9% 73.9%  
Current daily avg Cumulative Completed series At least one dose



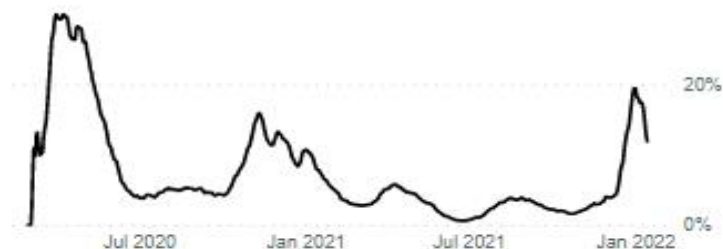
## TESTS PERFORMED

29,573 ▼ **37,563** (-21%) 8,770,948  
Current daily avg Prior week Cumulative



## POSITIVITY RATE

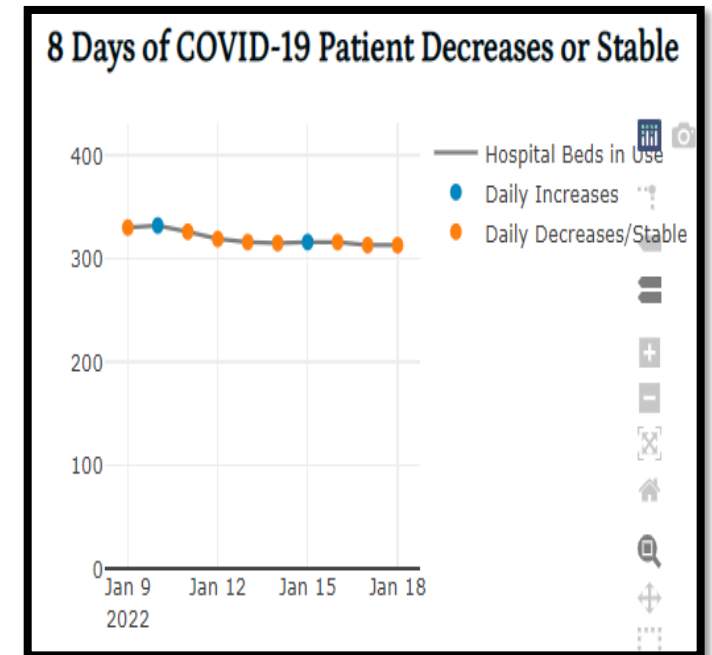
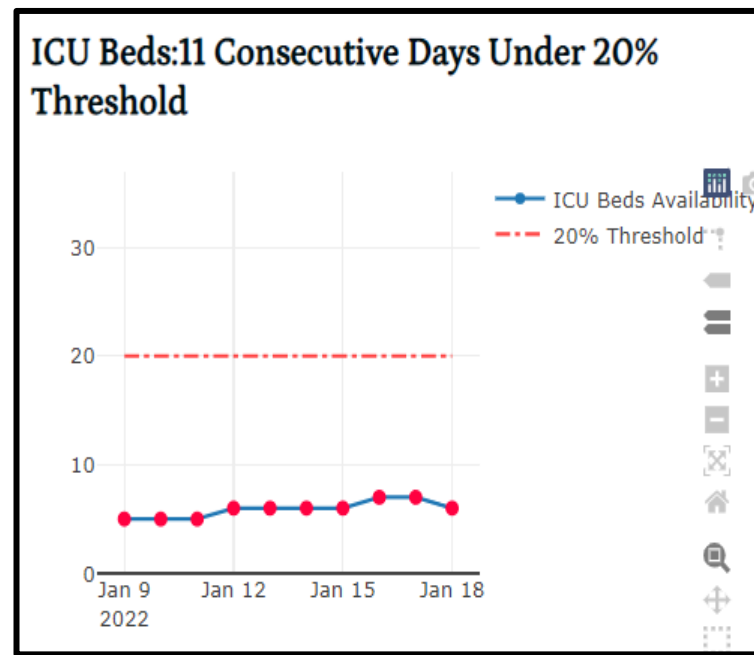
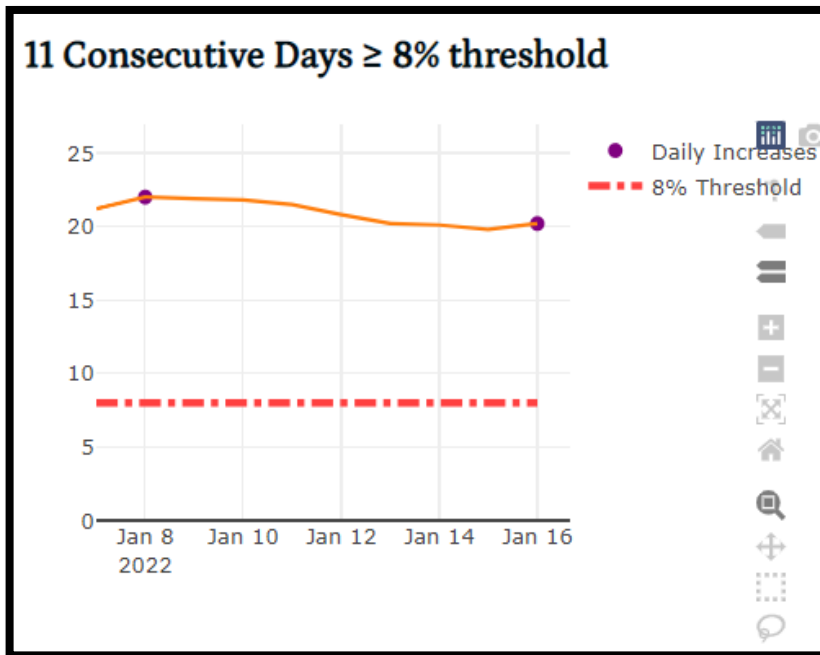
11.9% ▼ **17.4%**  
Current daily avg Prior week



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**slalom**

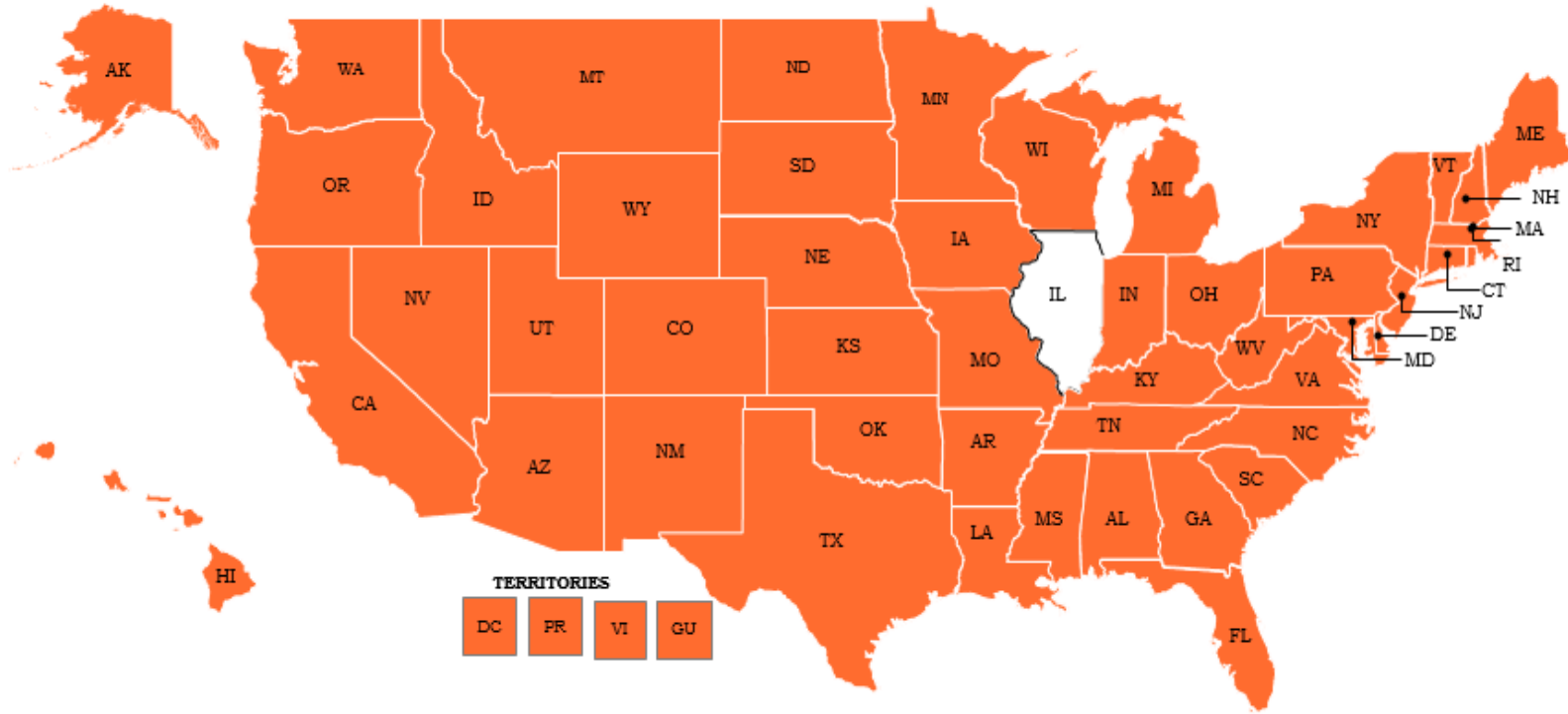


# IDPH Regional Resurgence Metrics: Region 11





## Chicago's COVID-19 Travel Advisory: Third Consecutive Week for Entire U.S. on Advisory

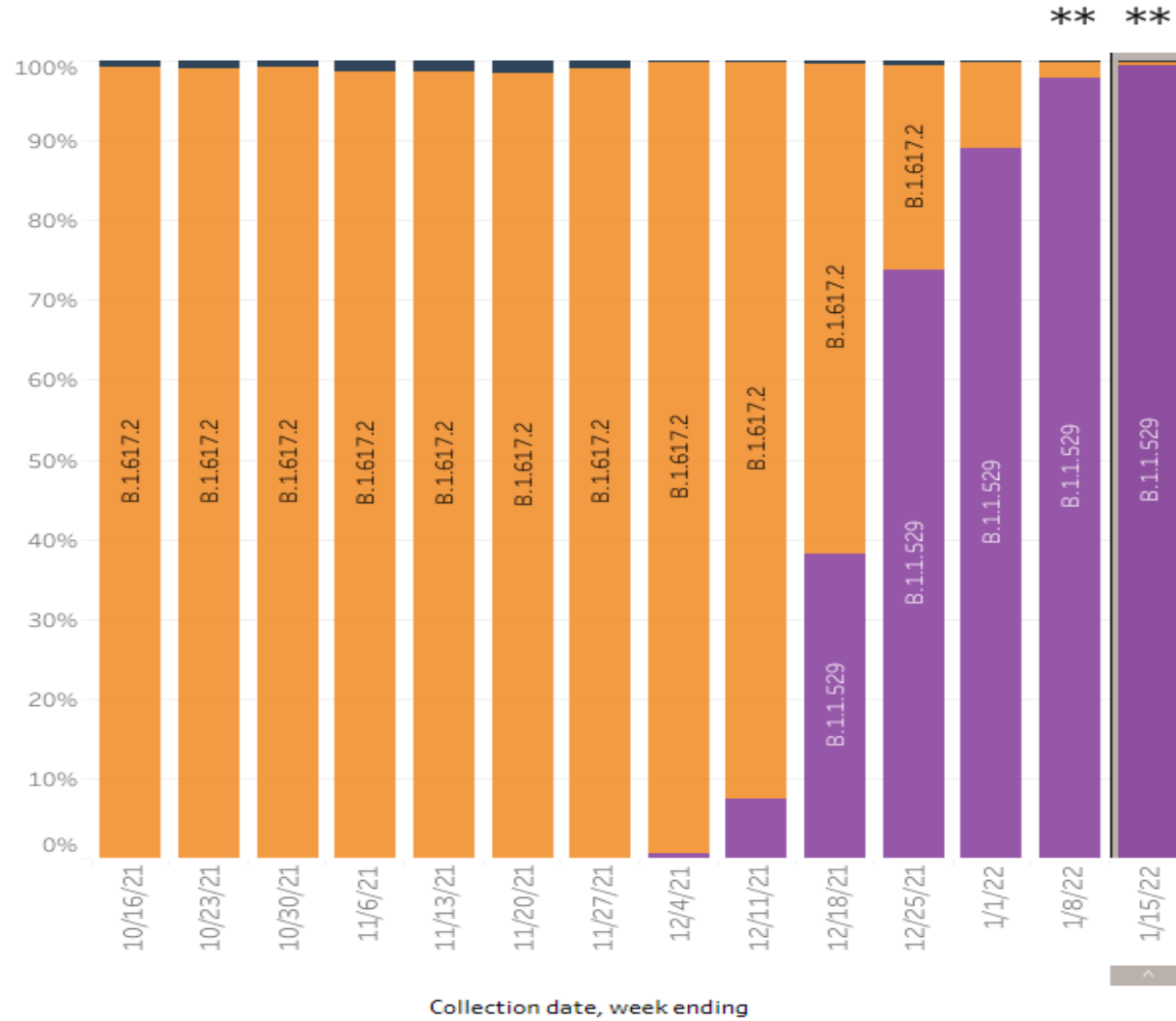


■ ≥ 15 daily cases per 100k
 ■ Less than 15 daily cases per 100k



### United States: 10/10/2021 – 1/15/2022

### United States: 1/9/2022 – 1/15/2022 NOWCAST



\*\* \*\*

### USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	B.1.1.529	VOC	99.5%	99.3-99.7%
Delta	B.1.617.2	VOC	0.5%	0.3-0.7%
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.

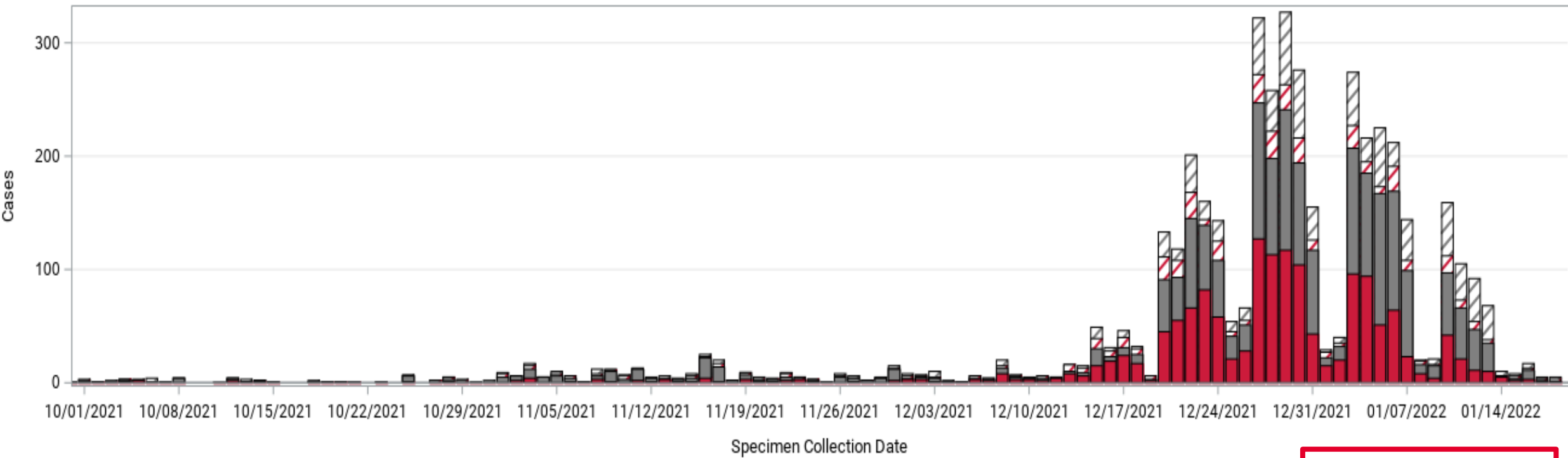
\*\* These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

# AY.1-AY.127 and their sublineages are aggregated with B.1.617.2. BA.1, BA.2 and BA.3 are aggregated with B.1.1.529.



# Nearly all SNFs in Chicago have an active COVID-19 outbreak

*(Oct. 1, 2021 – Jan. 18, 2022)*



Legend: Not Fully Vaccinated Resident Not Fully Vaccinated Staff Fully Vaccinated Resident Fully Vaccinated Staff

**77 (99%) SNFs have active outbreaks**

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

# ★ 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%



# CDC COVID Data Tracker: Cook County

## Cook County, Illinois

[State Health Department](#)

**7-day Metrics** | [7-day Percent Change](#)

Community Transmission ● High

Everyone in **Cook County, Illinois** should wear a mask in public, indoor settings. Mask requirements might vary from place to place. Make sure you follow local laws, rules, regulations or guidance.

[How is community transmission calculated?](#)

January 20, 2022

Cases	60,365
Case Rate per 100k	1,172.08
% Positivity	12.4%
Deaths	253
% of population ≥ 5 years of age fully vaccinated	73%
New Hospital Admissions	2,407

## Cases & Deaths in Cook County, Illinois

Data through Tue Jan 18 2022

<b>Total Cases (last 7 days)</b>	60365
Case Rate (last 7 days)	1172.08
% Change (last 7 days)	-27.99
<b>Total Deaths (last 7 days)</b>	253
Death Rate (last 7 days)	4.91
% Change (last 7 days)	4.55



# Reminder: Minimum Routine Staff Testing Frequency

Vaccination Status	Testing Frequency
<b>Unvaccinated</b>	2x a week*
<b>Partially vaccinated</b>	2x a week*
<b>Fully vaccinated</b>	No required routine testing

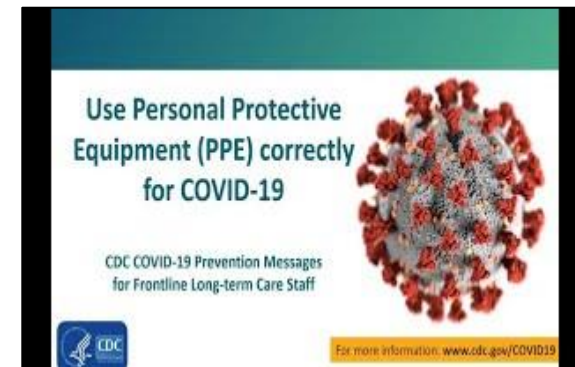
*\*Based on Cook County's current community transmission level*



# Reminder: Minimum Routine Resident Testing Frequency

Vaccination Status	Routine Testing Frequency
Unvaccinated (excluding new/readmissions)	1x a month
Partially vaccinated (excluding new/readmissions)	1x a month
Fully vaccinated (excluding new/readmissions)	No required routine testing*
<b>*NEW* New and readmissions (regardless of vaccination status)</b>	Must be tested upon admission (unless tested within the 72 hours prior to admission) <b><i>and</i></b> at 5-7 days post-admission

# Core Principles of COVID-19 Infection Prevention





## CDC has also transitioned to using “up to date” as the preferred description of an individual’s vaccination status, including any booster dose(s).

- **Boosted:** Have received all COVID-19 vaccine doses, including a booster dose.
- **Up to date:** An individual has received the primary series of COVID-19 vaccine (either two doses or one dose, depending on the vaccine), and has received all additional and booster doses for which they are eligible\* as recommended by the CDC
- **Not Up to date:** An individual has not received all COVID-19 vaccinations for which they are eligible, as outlined under “up to date”.
- **Fully Vaccinated (“Vaccinated”):** Two weeks have passed since an individual received the second dose of a two-dose primary series, or one dose of a single dose vaccine. These individuals have NOT received a booster dose.
- **Unvaccinated:** have NOT received all primary COVID-19 vaccine doses.

\*Many people who are immunocompromised may need an additional dose as part of their primary vaccine series.

# ★ Reminder: Types of Outbreak Testing

- **Unit-based testing** – testing all staff and residents on an affected unit, excluding those who were positive within the prior 90 days
- **Department-based testing** – testing all staff in an affected department (i.e. kitchen, laundry, etc.) excluding those who were positive within the prior 90 days
- **Facility-wide testing** – testing all staff and residents throughout the facility, excluding those who were positive within the prior 90 days
- **Note: Testing must be conducted immediately (but not earlier than 24 hours after exposure), regardless of vaccination status. Continue to test every 3-7 days until there are no more positive cases for 14 days.**

# Work Restrictions for HCP with SARS-CoV-2 Infection and Exposures



**Table 4: Work Exclusions & Restrictions for HCP with COVID-19 Infection - New**

Vaccination Status	Conventional		Contingency		Crisis (Must notify LHD and OHCR) <sup>2</sup>	
	Work Exclusion	Required Testing	Work Exclusion	Required Testing	Work Exclusion	Required Testing
<b>Boosted, Vaccinated and Unvaccinated</b>	10 days off (ideal)  <b>OR</b>	No testing required to return to work	5 days off	May return after 5 days if asymptomatic or have mild to moderate symptoms that are improving and fever-free for 24 hours. <b>Must have one negative test<sup>1</sup></b> completed within 48 hours before work shift begins or rapid antigen test prior to shift.	Allowed to work except, should have duties prioritized	No additional testing required to work
	7 days off	May return to work after 7 days if asymptomatic or have mild to moderate symptoms that are improving and fever-free for 24 hours. <b>Must have one negative test<sup>1</sup></b> completed within 48 hours before work shift begins or rapid antigen test prior to shift				

<sup>1</sup>Either an antigen test or NAAT can be used as a clearance test to return to work; however, antigen testing is preferred because a NAAT test may remain positive for some time following infection.  
<sup>2</sup>LHD – Local Health Department, OHCR = IDPH Office of Health Care Regulation



# Work Restrictions for HCP with SARS-CoV-2 Infection and Exposures

Mitigation steps needed before transitioning from Conventional Strategy to Contingency and Crisis Capacities

- Contingency Capacity Mitigation Strategies
  - Attempt to hire additional staff; rotate staff; offer overtime, bonus, or hazard pay to support patient care activities.
  - Contact staffing agencies to identify additional health care personnel (staff) to work in the facility. Be aware of Illinois-specific emergency waivers or changes to licensure requirements or renewals for select categories of staff.
  - Determine if there are alternate care sites with adequate staffing to care for patients with COVID-19 (e.g., sister facilities in same network or other COVID-19 designated facilities where residents could be transferred to for care).
  - Reach out to Illinois Helps for staffing assistance (<https://illinoishelps.net/>).
- Crisis Capacity Mitigation Strategies
  - Consult your LHD prior



# ★ Work Restrictions for ALL HCP who test positive for Covid-19 including vaccinated, unvaccinated, or boosted

HCP may return to work based on the below:

- **Conventional Strategy:**

- ✓ Work restrict for 10 days if testing is not performed OR
- ✓ IF healthcare professional:
  - Was asymptomatic or mildly symptomatic throughout their illness AND
  - At least 24 hours have passed since last fever without the use of fever-reducing medications AND
  - Symptoms (e.g., cough, shortness of breath) have improved

HCP may return to work on day 7 IF above criteria is met AND they test negative within 48 hours prior to returning to work.

IF test results are positive, continue to work restrict for 10 days.



# Work Restrictions for ALL HCP who test positive for Covid-19 including vaccinated, unvaccinated, or boosted

## Contingency Strategy:

- ✓ IF healthcare professional:
  - Was asymptomatic or mildly symptomatic throughout their illness AND
  - At least 24 hours have passed since last fever without the use of fever-reducing medications AND
  - Symptoms (e.g., cough, shortness of breath) have improved
  - **HCP may return to work on day 5 IF above criteria is met AND negative test within 48 hours or rapid negative prior to returning to work .**
  - IF test results are positive, continue to work restrict for 10 days.

## Crisis Strategy:

- ✓ First, discuss with CDPH Healthcare Settings Team prior to implementing Crisis strategies to determine prioritization strategies for work restriction

# High risk exposure

- HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection:
  - ✓ HCP not wearing N95/respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask)
  - ✓ HCP not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask
  - ✓ HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

# Asymptomatic HCP with exposure



**Table 5: Work Exclusions & Restrictions for Asymptomatic HCP with Exposures - New**

Vaccination Status	Conventional		Contingency		Crisis (Must notify LHD and OHCR)	
	Work Exclusion	Required Testing	Work Exclusion	Required Testing	Work Exclusion	Required Testing
<p><b>Boosted HCP</b> have received all COVID-19 vaccine doses, including booster dose(s)</p> <p><b>Screen for symptoms twice per shift</b></p>	<p>Allowed to work with testing</p> <p><b>Must be asymptomatic</b></p>	<p>Allowed to work with negative test completed on days 1* and 5-7 post exposure, unless within 90 days of COVID-19 infection.</p> <p>Note: HCP with <i>prolonged, continued exposure in the home</i>, must additionally test weekly for two weeks after the last exposure date.</p>	<p>Allowed to work</p> <p><b>Must be asymptomatic</b></p>	<p>No additional testing required to work <b>but include HCP in outbreak testing completed every 3-7 days</b>, unless within 90 days of COVID-19 infection</p>	<p>Allowed to work</p> <p><b>Must be asymptomatic</b></p>	<p>No additional testing required to work <b>but include HCP in outbreak testing completed every 3-7 days</b>, unless within 90 days of COVID-19 infection.</p>
<p><b>Vaccinated or Unvaccinated</b></p> <p><b>Vaccinated HCP</b> have received all primary COVID-19 vaccine doses but not the booster.</p> <p><b>Unvaccinated HCP</b> have NOT received all primary COVID-19 vaccine doses.</p> <p><b>Screen for symptoms twice per shift</b></p>	<p>10 days off (ideal)</p> <p><b>OR</b></p> <p>7 days off</p> <p><b>Must be asymptomatic</b></p>	<p>If excluded from work for 10 days, no testing is required to return to work.</p> <p>Note: HCP with <i>prolonged, continued exposure in the home</i>, are allowed to work with negative test completed on days 1* and 5-7 post exposure, unless within 90 days of COVID-19 infection, must additionally test weekly for two weeks after the last exposure date.</p> <p>May return after 7 days with <b>one negative test*</b></p> <p>Note: HCP with <i>prolonged, continued exposure in the home</i>, are allowed to work following testing cadence noted above under 10 days off.</p>	<p>Allowed to work with <b>negative testing*</b></p> <p><b>Must be asymptomatic</b></p>	<p>Allowed to work with negative test completed on days 1* and 5-7 post exposure, unless within 90 days of COVID-19 infection.</p> <p>Note: HCP with <i>prolonged, continued exposure in the home</i>, are allowed to work with negative test completed on days 1* and 5-7 post exposure, unless within 90 days of COVID-19 infection., must additionally test weekly for <b>two weeks after the last exposure date</b>.</p>	<p>Allowed to work with <b>negative testing*</b></p> <p><b>Must be asymptomatic</b></p>	<p>Allowed to work with negative test completed on days 1* and 5-7 post exposure, unless within 90 days of COVID-19 infection.</p> <p>Note: HCP with <i>prolonged, continued exposure in the home</i>, are allowed to work with negative test completed on days 1* and 5-7 post exposure, unless within 90 days of COVID-19 for <b>two weeks after the last exposure date</b>.</p>

**NOTE: Asymptomatic Exposed HCP must complete required testing listed above and should be included in the facility's routine testing for unvaccinated HCP and outbreak testing every 3-7 days until there are no more positive results for 14 days.**

\* Negative test result must be within 48 hours of returning to work. Either an antigen test or NAAT can be used, as a clearance test to return to work; however, antigen testing is preferred because a NAAT test may remain positive for some time following infection.

\* For calculating day of test:

1) for infection consider day of symptomatic onset or first positive test if asymptomatic, as day 0

2) for exposure consider day of exposure as day 0



# Work Restriction for HCP who were asymptomatic but exposed to COVID-19

## Conventional Strategy:

- ✓ IF healthcare professional is both **vaccinated** AND **boosted**:
  - Continues to remain asymptomatic
- ✓ HCP may continue working IF above criteria is met AND they continue to test negative on days 1 and 5-7
  
- ✓ IF HCP are vaccinated (but not boosted) OR are unvaccinated:
  - Continues to remain asymptomatic
- ✓ Work restrict for 10 days if testing is not performed OR
- ✓ HCP may return to work on day 7 IF above criteria is met AND they test negative test on day 5-7



# Work Restriction for HCP who were asymptomatic but exposed to COVID-19

## Contingency Strategy:

- ✓ IF healthcare professional is both **vaccinated** AND **boosted**:
  - Continues to remain asymptomatic
  - HCP may continue working without testing
  - But if facility is in outbreak, should be included in outbreak testing
  
- ✓ IF HCP are vaccinated (but not boosted) OR are unvaccinated:
  - Continues to remain asymptomatic
  - HCP may continue working IF above criteria is met AND they continue to test negative on days 1 and 5-7
  
  - **HCP should wear an N95 respirator at work until 10 full days after they developed symptoms or had a positive test.**

## Crisis Strategy:

- ✓ First, discuss with CDPH Healthcare Settings Team prior to implementing Crisis strategies to determine prioritization strategies for work restriction



# COVID-19 positive residents

- These residents can be placed in private rooms or share rooms with other COVID+ residents in the COVID unit.
- Symptomatic COVID+ residents must remain on this unit until they meet all of the following criteria: at least 10 days from symptom onset, improvement in symptoms, fever free for at least 24 hours without the use of fever-reducing medications.
- Asymptomatic COVID+ residents must remain on this unit for at least 10 days from the specimen collection date for their first positive test.
- Note that if a COVID+ resident is severely immunocompromised or was hospitalized due to their infection, they should remain in the red zone for at least 20 days from the date of specimen collection for the first positive test.
- The COVID unit should have dedicated staffing and equipment.



# Residents who are close contacts of a confirmed COVID-19 case

- Regardless of vaccination status, should have a series of two tests (PCR or POC antigen) for COVID-19. The tests should be done immediately (but not earlier than 24 hours after the exposure) and, if negative, again 5–7 days after the exposure

	<b>Quarantine/Isolation</b>	<b>PPE</b>
Symptomatic (regardless of vaccination status)	Isolation required	Full PPE required by HCW
Asymptomatic/fully vaccinated	No quarantine required	Wear source control
Asymptomatic/unvaccinated	14 days quarantine even if negative	Full PPE required
Asymptomatic/ COVID-19 last 90 days	No quarantine required	Wear source control



# Residents who are close contacts of a confirmed COVID-19 case



	Visitation	Communal Dining	Group Activities
Unvaccinated residents	Indoor visits (resident room preferred) + outdoor visits	<b>Not a close contact:</b> May participate <b>Close contact:</b> Cannot participate for 14 days	<b>Not a close contact:</b> May participate <b>Close contact:</b> Cannot participate for 14 days
Vaccinated residents	Indoor visits (resident room or designated area) + outdoor visits	May participate in communal dining	May participate in group activities
Residents under Isolation or Quarantine	In room visits only	Cannot participate	Cannot participate
All residents	Source control and physical distancing required at all times	Source control and physical distancing required at all times	Source control and physical distancing required at all times



# Visitation

- Facilities must allow indoor visitation at all times and for all residents as required under the CMS visitation rules (QSO-20-39-NH).
- The shortened CDC time periods for the general public do not apply to visitors. This means that a visitor must be in **isolation for 10 full days** after a positive test, or **14 days of quarantine if a close contact of a COVID-19 positive individual, regardless of vaccination status.**
- While not required, facilities in counties with substantial or high levels of community transmission are encouraged to offer testing to visitors, if feasible
- Facilities may ask about a visitor's vaccination status; however, visitors are not required to be tested or vaccinated (or show proof of such) as a condition of visitation.



# CMS vaccination mandate

- CMS issued an [interim final rule](#) requiring healthcare worker vaccinations to be completed by January 4, 2022.
- CMS [updated its FAQs](#) on December 28, 2021 to address the above-noted injunctions. CMS stated that: “In the other 25 states [where there is no injunction], the District of Columbia, and the territories, as an exercise of enforcement discretion, **the rule will be implemented and enforced on the following modified timeline: the deadline for Phase 1 implementation is January 27, 2022, and the deadline for Phase 2 implementation is February 28, 2022.**”



# CMS vaccination mandate

- The regulation requires health care providers to establish a process or policy to fulfill the staff vaccination requirements over two phases.
- For Phase 1, within 30 days after the guidance is posted, staff at all health care facilities included within the regulation must have received, at a minimum, the first dose of a primary series or a single dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its patients.
- For Phase 2, within 60 days after the guidance is posted, staff at all health care provider and supplier types included in the regulation must complete the primary vaccination series (except for those who have been granted exemptions from the COVID-19 vaccine or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by CDC).



# OSHA Vaccination

- All covered employers must ensure that their employees have received the necessary shots to be fully vaccinated – either two doses of Pfizer or Moderna, or one dose of Johnson & Johnson – by January 4th.
- After that, all covered employers must ensure that any employees who have not received the necessary shots begin producing a verified negative test to their employer on at least a weekly basis, and they must remove from the workplace any employee who receives a positive COVID-19 test or is diagnosed with COVID-19 by a licensed health care provider."

# COVID-19 Therapeutics

## Therapeutics Effective Against Omicron

Sotrovimab (mAb)

[Fact Sheet](#)

- Single IV Infusion
- Treat within 10 days of positive test or symptom onset. *The earlier the better*

Paxlovid (antiviral)

[Fact Sheet](#)

- Oral medication, 5-day course
- Treat within 5 days of positive test or symptom onset. *The earlier the better*
- assess for potential drug interactions

Remdesivir (antiviral)

[Fact Sheet](#)

- 3-dose IV Infusion over 3 days
- Treat within 7 days of positive test or symptom onset. *The earlier the better*

Molnupiravir  
(antiviral)

[Fact Sheet](#)

- Oral medication, 5-day course
- Treat within 5 days of positive test or symptom onset. *The earlier the better*
- **Consider use if other treatment options are not accessible or clinically appropriate.**

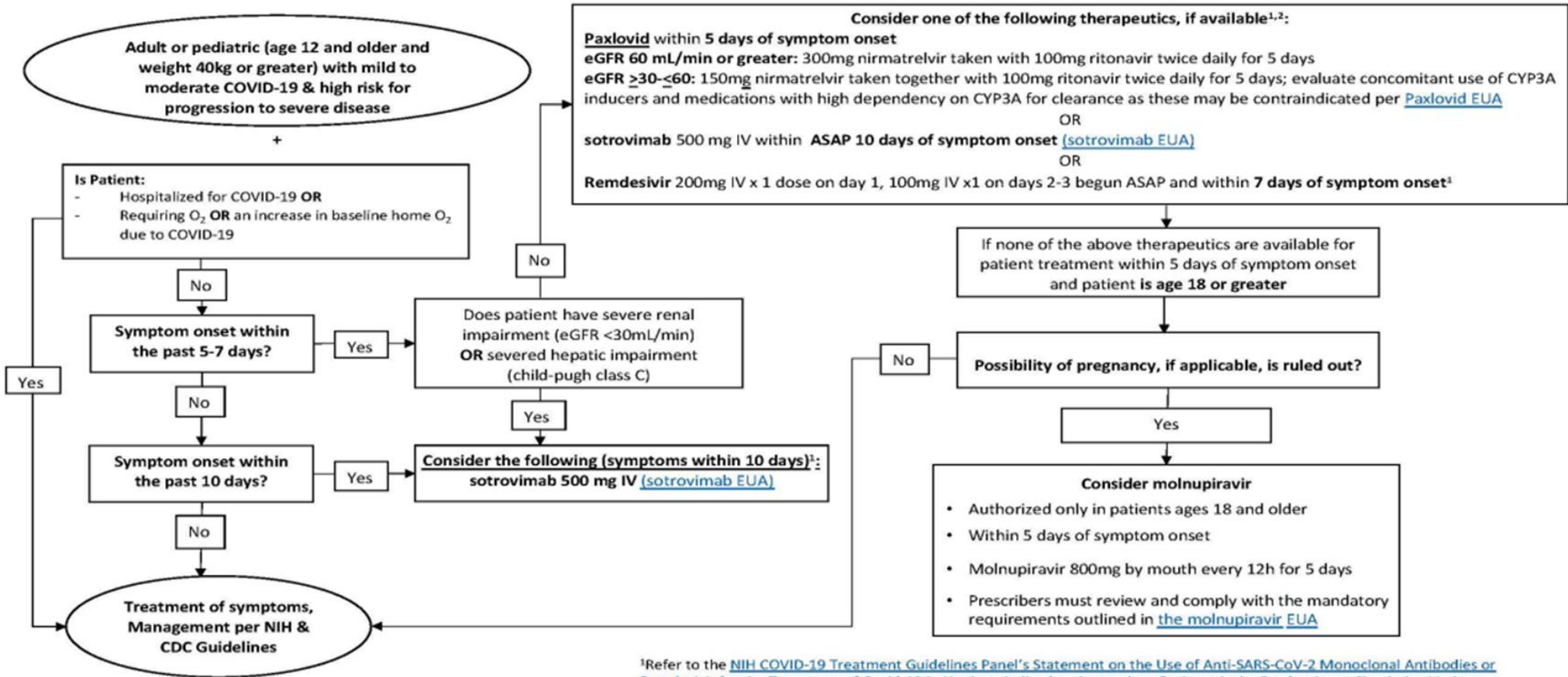
# COVID-19 Therapeutics

## Molnupiravir:

- The use of molnupiravir is not recommended during pregnancy.
- Individuals who are able to become pregnant should use effective contraception correctly and consistently for the duration of treatment and for 4 days after the last dose of molnupiravir.
- While the risk is regarded as low, it is not known if molnupiravir can affect sperm. Sexually active individuals with partners who are able to become pregnant should use a reliable method of contraception correctly and consistently during treatment and for at least 3 months after the last dose of molnupiravir.
- Breastfeeding is not recommended during treatment and for 4 days after the last dose of molnupiravir. A lactating individual may consider interrupting breastfeeding and may consider pumping and discarding breast milk during treatment and for 4 days after the last dose of molnupiravir.

# New Resource

## COVID-19 Outpatient Therapeutics Decision Guide



**Limited use of bamlanivimab/etesevimab and REGEN-COV as they are not expected to be active against the Omicron variant<sup>1</sup>**

December 30, 2021

<sup>1</sup>Refer to the [NIH COVID-19 Treatment Guidelines Panel's Statement on the Use of Anti-SARS-CoV-2 Monoclonal Antibodies or Remdesivir for the Treatment of Covid-19 in Nonhospitalized patients when Omicron is the Predominant Circulating Variant](#);

Remdesivir is only approved for hospitalized individuals with COVID-19. Outpatient treatment is based on information from the literature ([Dec 22, 2021 Early Remdesivir to Prevent Progression to Severe Covid-19 in Outpatients](#); DOI: 10.1056/NEJMoa2116846)

<sup>2</sup> COVID-19 convalescent plasma with high titers of anti-SARS-CoV-2 antibodies is authorized for the treatment of COVID-19 in patients with immunosuppressive disease in either the outpatient or inpatient setting ([COVID-19 Convalescent Plasma EUA](#))





# Access to COVID-19 Therapeutics

1. Talk with your on-site Provider and Pharmacy
  - supply is limited
  - Most LTC Pharmacies are registered with IDPH to be a provider but not all have supply.
2. [IDPH COVID-19 Therapeutics finder](#)
3. Reach out to CIMPAN for on-site Sotrovimab administration.
  - Email: [COVID19-therapeutics@cimpar.com](mailto:COVID19-therapeutics@cimpar.com)
  - Phone Number: 708-665-1819



# ★ Binax Now COVID-19 Ag Card Extension

- Binax Now kits may have a longer than labeled product expiry date.
- All BinaxNOW COVID-19 Ag Card Kits currently have a fifteen-month expiry date.
- The attachment lists the kit lot number, currently labeled kit expiry and new kit expiry date
- [Binax Now COVID-19 Ag Card extension](#)



## BinaxNOW™ COVID-19 Ag Card Product Expiry Update

January 2022

Dear Valued Customer:

Since the launch of the BinaxNOW™ COVID-19 Ag Card, Abbott has continued testing for product stability to extend the expiration date and have shared these results with the FDA. Testing has been completed to support a shelf-life (expiration date) of up to 15 months. **This letter is to notify you the BinaxNOW™ COVID-19 Ag Card, part number 195-000, in your possession may now have a longer than labeled product expiry date.** All BinaxNOW COVID-19 Ag Card Kits currently have a fifteen-month expiry date.

A listing of BinaxNOW™ COVID-19 Ag Card Kit lot numbers, part number 195-000, which qualify for this expiry extension, can be found in Attachment 1. The attachment lists the kit lot number, currently labeled kit expiry and new kit expiry date.

The device housing has a 2D barcode for use with NAVICA. For customers using the NAVICA app, an update to the NAVICA app will be implemented to recognize the extended expiry date.

Please be aware that the product Unique Device Identifier (UDI) barcode on the kit box will display the original expiry date when scanned. This barcode is not used in conjunction with NAVICA.

We are pleased to offer our customers this additional dating in support of their COVID-19 testing efforts. Future extensions may be communicated, as more data becomes available.



# Questions & Answers

**A special thanks to:**

**CDPH HAI Team:**

Dr. Stephanie Black

Shannon Xydis

Hira Adil

Liz Shane

Winter Viverette

Kimberly Goitia

Alison VanDine

Valbona Cela

Kelly Walblay

Dan Galanto

Shane Zelencik

Christy Zelinski

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

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