



**COVID-19 Question and Answer Session  
for Long-Term Care and Congregate Residential Settings**

February 18<sup>th</sup>, 2022

# Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later

# Agenda

- Upcoming Webinars
- COVID-19 Vaccine Updated CDC Guidance
- Quarantine Recommendations
- Application of LTC Guidance
- Open Q & A

# IDPH webinars

## Upcoming Friday Brief Updates and Open Q&A

1:00 pm - 2:00 pm

Friday, February 25 <sup>th</sup>	<a href="https://illinois.webex.com/illinois/onstage/g.php?MTID=e710feef877cc5d88ec538aa612fcc984">https://illinois.webex.com/illinois/onstage/g.php?MTID=e710feef877cc5d88ec538aa612fcc984</a>
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Previously recorded webinars can be viewed on the [IDPH Portal](#)

Slides and recordings will be made available after the sessions.

# COVID-19 Vaccine

## Updated CDC Guidance

### February 11, 2022

# Moderately or Severely Immunocompromised COVID-19 mRNA vaccines

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- People who are immunocompromised, may not have a good immune response to the 1st two doses of COVID-19 mRNA vaccine (**Pfizer** or **Moderna**).
- **5 years and up** who are immunocompromised should have a **3<sup>rd</sup> dose**, as part of their primary series, using the same mRNA vaccine.
- Okay to give the other mRNA vaccine, if that is all that is available.
- This dose should be given **28** days after the 1st two doses.
- **12 years and up** should have a booster **3 months** after 3<sup>rd</sup> dose.

# Moderately or Severely Immunocompromised Janssen (J & J) COVID-19 Vaccine

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- **18 years and older**
- Should have a **2nd dose**, as part of their primary series using an **mRNA COVID-19 vaccine**
- This dose should be given **28** days after the 1st dose
- A booster dose should be given **2 months** after the 2<sup>nd</sup> dose
- mRNA vaccines are **preferred** for the booster dose

# Additional considerations

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- Reminder that the full dose of Moderna vaccine (100mcg) should be given for all primary doses
- Booster doses of Moderna are a half dose (50 mcg)
- Janssen COVID-19 Vaccine recipients may have received a booster dose (Pfizer-BioNTech, Moderna [50 mcg, 0.25 ml], or Janssen vaccine), without having had the 2nd (additional) mRNA vaccine dose.
- In this situation, administer a Pfizer-BioNTech vaccine or a Moderna vaccine (100 mcg [0.5 mL]) at least **2 months** after the booster dose.



# COVID-19 Vaccination Schedule for People Who Are Moderately or Severely Immunocompromised

Vaccine	Dose and Interval			
<b>Pfizer-BioNTech (ages 5 years and older)</b>	<b>1<sup>st</sup> dose</b>	<b>2<sup>nd</sup> dose</b> (21 days after 1 <sup>st</sup> dose)	<b>3<sup>rd</sup> dose</b> (at least 28 days after 2 <sup>nd</sup> dose)	<b>Booster dose*</b> (at least 3 months after 3 <sup>rd</sup> dose)
<b>Moderna (ages 18 years and older)</b>	<b>1<sup>st</sup> dose</b>	<b>2<sup>nd</sup> dose</b> (28 days after 1 <sup>st</sup> dose)	<b>3<sup>rd</sup> dose</b> (at least 28 days after 2 <sup>nd</sup> dose)	<b>Booster dose*</b> (at least 3 months after 3 <sup>rd</sup> dose)
<b>Janssen (ages 18 years and older)</b>	<b>1<sup>st</sup> dose</b>	<b>Additional dose†</b> (at least 28 days after 1 <sup>st</sup> dose)		<b>Booster dose*</b> (at least 2 months after additional dose)

\*Any COVID-19 vaccine can be used for the booster dose in people ages 18 years and older, though mRNA vaccines are preferred. For people ages 12–17 years, only Pfizer-BioNTech can be used. People ages 5–11 years should not receive a booster dose.

†Only Pfizer-BioNTech or Moderna COVID-19 Vaccine should be used

# Qualifying Immunocompromising Conditions for Additional Primary Doses

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- Active cancer treatment for solid tumors or cancers of the blood
- Organ transplant and taking medicine to suppress the immune system
- Treatment with high-dose corticosteroids or other drugs that may suppress the immune response (**see next slide**)
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection

# Autoimmune diseases treated with immunosuppressant drugs - include

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- Psoriasis
- Lupus
- Rheumatoid arthritis
- Crohn's disease
- Multiple sclerosis
- Alopecia areata

# A few additional updates

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- Vaccination following receipt of monoclonal antibodies or convalescent plasma?
  - No need to delay vaccination
- Booster dose if vaccinated outside of the U.S.? If have completed the primary series of:
  - an FDA-approved or FDA-authorized COVID-19 vaccine, or,
  - a COVID-19 vaccine approved by WHO for emergency use
  - Administer **mRNA booster** dose at least **5 months** after last primary series dose



# WORLD HEALTH ORGANIZATION (WHO)

*Last Updated 16 February 2022.*

10 Vaccines Granted Emergency Use Listing  
(EUL) by WHO

# CDC now Recommends 10 Day Quarantine. Manage Not Up to Date Residents who had Close Contact with Someone with SARS-CoV-2 Infection

- *Close contact with someone with SARS-CoV-2 infection should be*
- *Place in quarantine after their exposure, even if viral testing is negative.*
- *HCP caring for them should use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator).*
- *Residents can be removed from Transmission-Based Precautions **after day 10 following the exposure (day 0) if they do not develop symptoms.***
- *Although the residual risk of infection is low, healthcare providers could consider testing for SARS-CoV-2 within 48 hours before the time of planned discontinuation of Transmission-Based Precautions.*

# New Admissions and Quarantine

- *Empiric use of Transmission-Based Precautions (quarantine) is recommended for residents who are newly admitted to the facility and for residents who have had close contact with someone with SARS-CoV-2 infection if they are **not up to date with all recommended COVID-19 vaccine doses.***
- *In general, **quarantine is not needed for asymptomatic residents who are up to date with all COVID-19 vaccine doses or who have recovered from SARS-CoV-2 infection in the prior 90 days; potential exceptions are described in the guidance. However, some of these residents should still be tested as described in the testing section of the guidance.***

Resources

[About Coronavirus](#)

[Covid 19 Contracts](#)

## Executive Order 2022-05 (COVID-19 EXECUTIVE ORDER NO. 100)

February 04, 2022

- *Executive Order 2021-22 is further amended and revised as follows:*
- *Section 2: Vaccination and Testing Requirements for Health Care Workers.*
- ***“Beginning March 15, 2022, Health Care Workers at***
- **Skilled nursing and intermediate care (SNF/ICF) (77-300) skilled nursing and**
- **Intermediate care facilities for persons with developmental disabilities (ID/DD)**
- **Medically complex care for the developmentally disabled facilities (MC/DD)**
- ***“must be up-to-date on COVID-19 vaccinations in order to be considered fully vaccinated against COVID-19. An individual is considered “up to date” on COVID-19 vaccinations when they have received all CDC-recommended COVID-19 vaccines, including any booster dose(s) when eligible.”***



Do wear a mask that



- Covers your nose and mouth and can be secured under your chin.
- Fits snugly against the sides of your face.

## Residents Still Need to Mask

- People who have a condition or are taking medications that weaken their immune system may not be fully protected even if they are up to date with their COVID-19 vaccines.
- Maximize protection and prevent possibly spreading COVID-19 to others
- **Wear a mask indoors in public if you are in an area of substantial or high transmission**
- <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

# Protection against SARS-CoV-2 after Covid-19 Vaccination and Previous Infection

Victoria Hall, F.F.P.H., Sarah Foulkes, M.Sc., Ferdinando Insalata, M.Sc., Peter Kirwan, B.Sc., Ayoub Saei, Ph.D., Ana Atti, M.Sc., Edgar Wellington, M.Sc., Jameel Khawam, M.Sc., Katie Munro, M.Sc., Michelle Cole, D.B.M.S., Caio Tranquillini, M.D., Andrew Taylor-Kerr, M.P.P., *et al.*, for the SIREN Study Group\*

Article    Figures/Media

Metrics

February 16, 2022

DOI: 10.1056/NEJMoa2118691

## • **Results**

- *35,768 participants*
- *27% (9488) had a previous SARS-CoV-2 infection.*
- *Between December 7, 2020, and September 21, 2021, a total of 2747 primary infections and 210 reinfections were observed.*

## • **Conclusions**

- *Two doses of BNT162b2 vaccine were associated with high short-term protection against SARS-CoV-2 infection; this protection waned considerably after 6 months.*
- ***Infection-acquired immunity boosted with vaccination remained high more than 1 year after infection.*** (Funded by the U.K. Health Security Agency and others)



The NEW ENGLAND  
JOURNAL of MEDICINE

**VACCINATE AND  
BOOST EVEN IF  
YOU HAD COVID-19**

# Long-term Care Updates

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➤ Application of LTC Guidance

# Up to Date and Not Up to Date Changed throughout IDPH LTC Guidance

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Unvaccinated

Fully vaccinated but not boosted



**Not Up to Date with COVID-19  
Vaccinations**

Fully vaccinated and has received all eligible booster dose(s)



**Up to Date with  
COVID-19  
Vaccinations (that  
they are eligible to  
receive)**

## VISITATION

- **Visitors** meeting any of the criteria\* should be restricted from entering the facility until they have met criteria to end isolation or quarantine, respectively.
- **Visitors must follow the quarantine and isolation guidance for LTC residents; the shortened CDC time periods for the general public do not apply.**
- This means that a visitor must be in isolation for 10 full days after a positive test **regardless of their vaccination status.**
- **Visitors who are up to date with COVID-19 vaccinations and had a close contact with a positive case do not need to quarantine as long as they remain asymptomatic.**
- **Visitors that are not up to date with COVID-19 vaccinations and had contact with a positive case should quarantine for 10 days following the exposure.**
- **Visitors who have had COVID-19 in the prior 90 days are allowed to visit.**

**\*1) a positive viral test for SARS-CoV-2, 2) symptoms of COVID-19, or 3) persons who meet criteria for quarantine, isolation, or exclusion from work**

# Visitors and Potential Exposure

- Facilities should offer well-fitting mask or other appropriate PPE including KN95 masks (if available). Visitors should not wear facility provided N95s; however, they may bring and wear their own N95s
- 
- Visitors who are ***not up to date*** with COVID-19 vaccinations and choose to visit a COVID-19 positive resident
    - Need to wear appropriate PPE and maintain a distance of 6 feet or more away from the resident while visiting to avoid exposure
    - ***Visitors who are closer than 6 feet for a cumulative total of 15 minutes or more over a 24-hour period without wearing appropriate PPE are consider EXPOSED or a close contact to a positive case.***
    - ***Appropriate PPE=well-fitted mask or KN95, eye protection, gown, gloves***
  - If a visitor is exposed to a positive case (***even if the positive case is the resident they were visiting***) the visitor should quarantine and not visit a long-term care facility ***for 10 days*** (with the date of the visit being day 0)
  - Visitors who are up to date with COVID-19 vaccinations or within 90 days of a COVID-19 infection, do not need to quarantine and are allowed to enter/re-enter long-term care facilities.

# Engineering Controls and Improving Indoor Air Quality

Improving ventilation practices and interventions can reduce the airborne concentrations and reduce the risk that residents, visitors, and HCP come in contact with viral particles.

Approaches include:

- Increasing the introduction of outdoor air.
- Ensuring ventilation systems are operating properly as defined by [ASHRAE Standard 62.1](#)
- Optimizing the use of engineering controls to reduce or to eliminate exposures.
- Exploring options to improve ventilation delivery and indoor air quality in all shared spaces. The higher number of air exchanges per hour will result in better results with respect to purging airborne contaminants. Refer to the CDC suggested options for [Air Changes per Hour \(ACH\)](#).
- Using portable **room air cleaners with a High-Efficiency Particulate Air (HEPA) filter** to enhance air cleaning. **Air cleaners** need to have the appropriate CADR (Clean Air Delivery Rate) rating for the room size [e.g., a 300-ft<sup>2</sup> room with an 11-foot ceiling will require a portable air cleaner labeled for a room size of at least 415 ft<sup>2</sup> ( $300 \times [11/8] = 415$ )]<sup>3</sup>. [CDC FAQ #5](#).
- The following resources provide evidence-based guidance:
  - [CDC Ventilation in Buildings](#) (June 2, 2021)
  - CDC/HICPAC [Guidelines for Environmental Infection Control in Health Care Facilities](#) (2003)
  - American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), which provides [COVID-19 technical resources](#) for health care settings.

**Reminder:**  
**Make every effort to improve the indoor air quality in your buildings.**

**Practical Approaches provided in IDPH LTC Guidance document.**

# Screening twice a shift

## APPENDIX A: SUMMARY TABLES

Vaccination Status	Conventional		Contingency		Crisis (Must notify LHD and OHCR)	
	Work Exclusion	Required Testing	Work Exclusion	Required Testing	Work Exclusion	Required Testing
<b>Up to Date</b>  Screen for symptoms twice per shift for 10 days	Allowed to work with testing  Must be 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 <i>prolonged, continued exposure in the home</i> , must additionally test weekly for two weeks after the last exposure date.	Allowed to work  Must be asymptomatic	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	Allowed to work  Must be asymptomatic	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.
<b>Not Up to Date</b>  Screen for symptoms twice per shift for 10 days	10 days off (ideal)  OR  7 days off  Must be asymptomatic	If excluded from work for 10 days, no testing is required to return to work.  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.  May return after 7 days with <b>one negative test*</b>  Note: HCP with <i>prolonged, continued exposure in the home</i> , are allowed to work following testing cadence noted above under 10 days off.	Allowed to work with <b>negative testing*</b>  Must be 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 <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> .	Allowed to work with <b>negative testing*</b>  Must be 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 <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> .
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						

- Remember these are HCP that were Exposed and brought back to work earlier than expected
- Want to be sure to recognize any symptoms early!
- We used to do this!
- Don't have to do forever! Just during the 10 days (or the time they would have been in quarantine at home---the time when symptoms would appear if the person is going to develop COVID-19



# Added statement by CDC on N95 use

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When community transmission levels are *substantial or high*:

- At a minimum, HCP must wear a well-fitted mask at all times and eye protection while present in resident care areas.
- Facilities might consider having HCP wear N95 respirators at all times while in the facility.
- HCP are not required to wear eye protection when working in non-resident care areas but should add eye protection when entering the resident care areas.

# Open Q&A

Submit questions via Q&A pod to **All Panelists**

**Please do not resubmit a single question multiple times**

Slides and recording will be made available after the session.

# Reminders

- SIREN Registration
  - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: <http://www.dph.illinois.gov/siren>
  
- NHSN Assistance:
  - Contact Telligen: **nursinghome@telligen.com**