CHICAGO

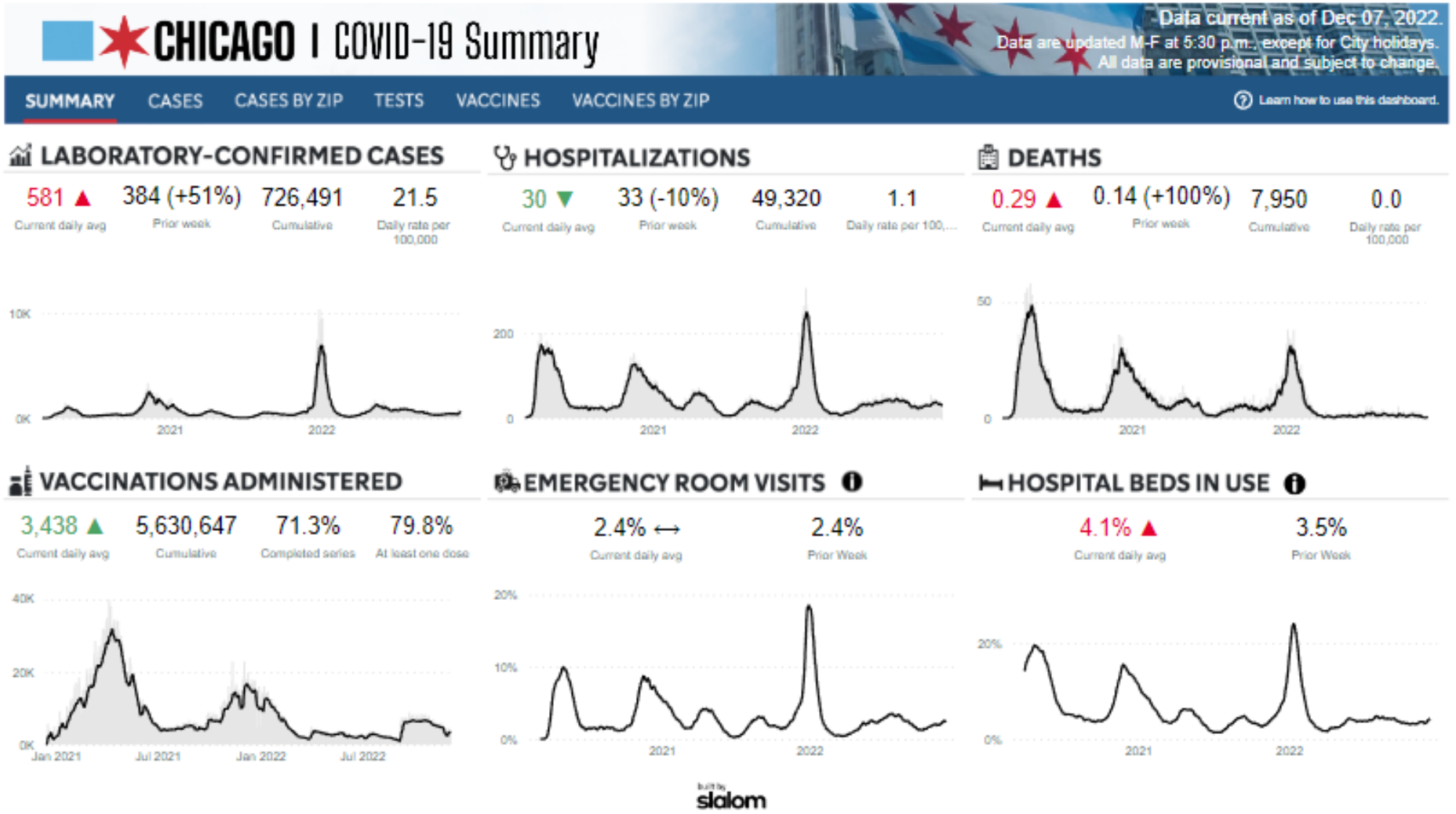
COVID-19
Chicago Long Term Care Roundtable

12-08-22

Agenda

- COVID-19 Epidemiology
- COVID-19 Reminders, Updates, and FAQs
- TREAT COVID-19 Program
- Influenza Reminders, Updates, and FAQs
- Scabies 101
- Questions & Answers

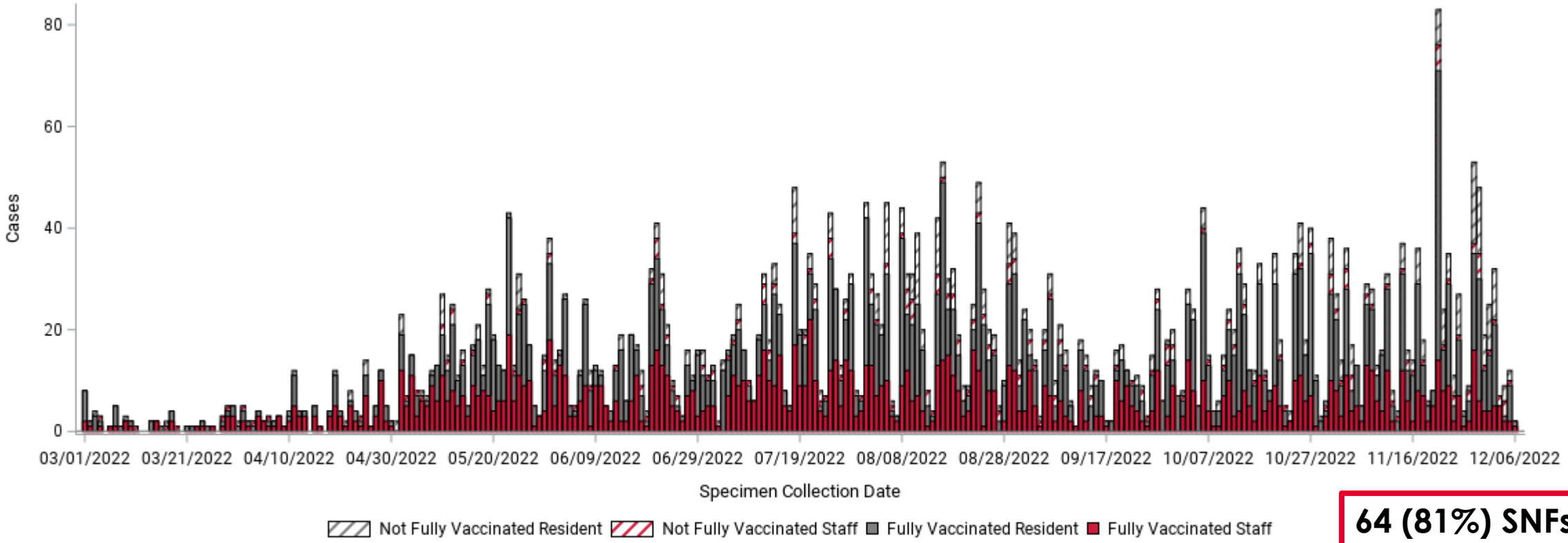
Chicago Dashboard



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

SNF COVID-19 Cases

(Mar. 1, 2022 – Dec. 6, 2022)



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

A fully vaccinated case occurs when the positive test specimen was collected at least 14 days after the individual completed their COVID vaccination

Fully vaccinated cases may be underestimated due to delayed reporting

64 (81%) SNFs have active outbreaks

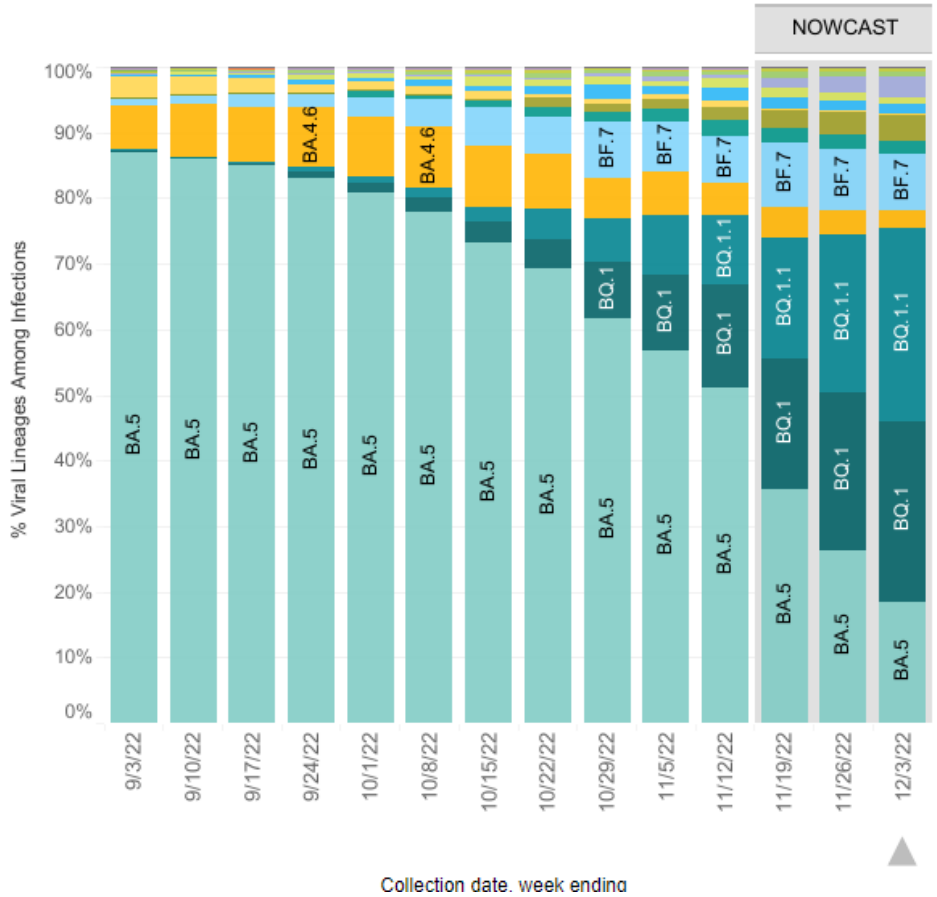
COVID-19 Variant Proportions

HHS Region 5: 11/27/2022 – 12/3/2022 NOWCAST

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

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BQ.1.1	VOC	29.6%	26.5-32.9%
	BQ.1	VOC	27.6%	24.2-31.1%
	BA.5	VOC	18.4%	16.1-21.0%
	BF.7	VOC	8.5%	7.4-9.7%
	BN.1	VOC	4.1%	3.4-5.0%
	XBB	VOC	3.4%	1.5-6.8%
	BA.4.6	VOC	2.6%	2.1-3.3%
	BA.5.2.6	VOC	2.1%	1.5-3.0%
	BF.11	VOC	1.4%	1.1-1.8%
	BA.2.75	VOC	0.9%	0.7-1.1%
	BA.2	VOC	0.8%	0.5-1.2%
	BA.2.75.2	VOC	0.6%	0.4-0.8%
	BA.4	VOC	0.0%	0.0-0.0%
	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%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.1%

HHS Region 5: 8/28/2022 – 12/3/2022



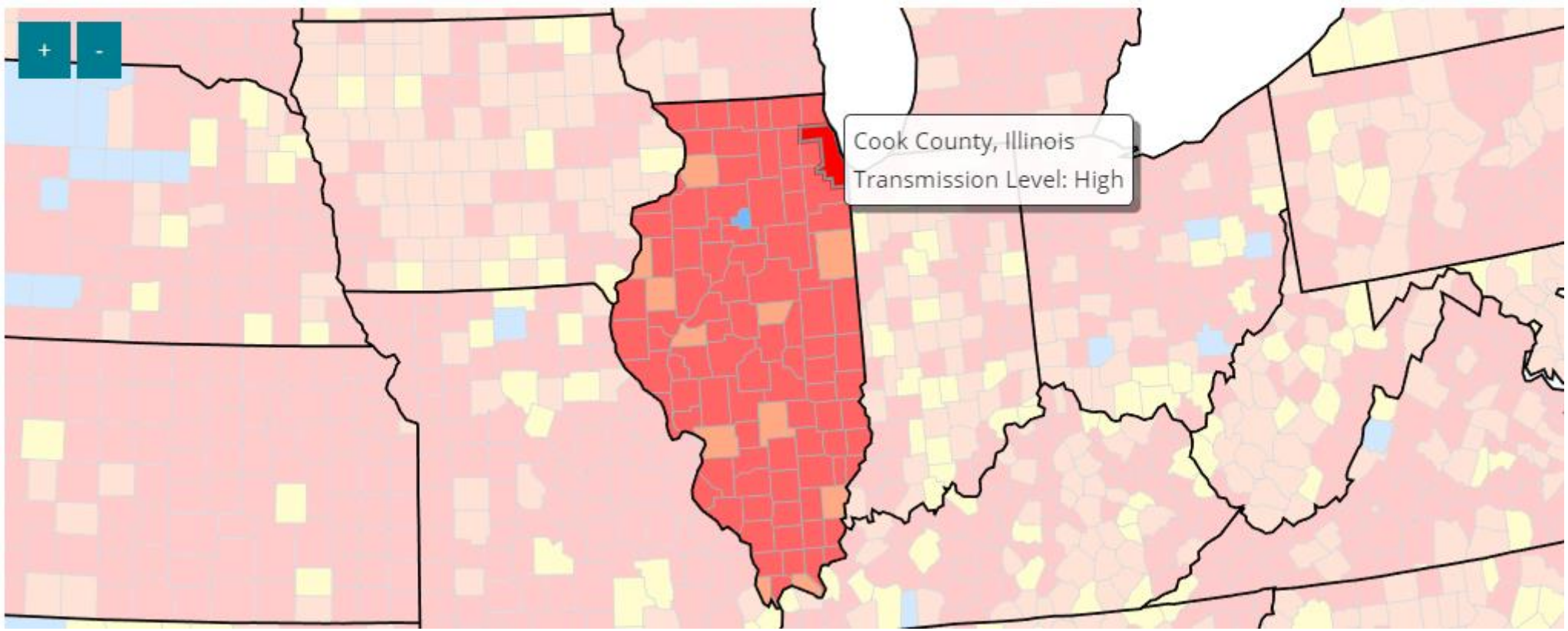
Soucre: https://covid.cdc.gov/covid-data-tracker/#variant-proportions

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

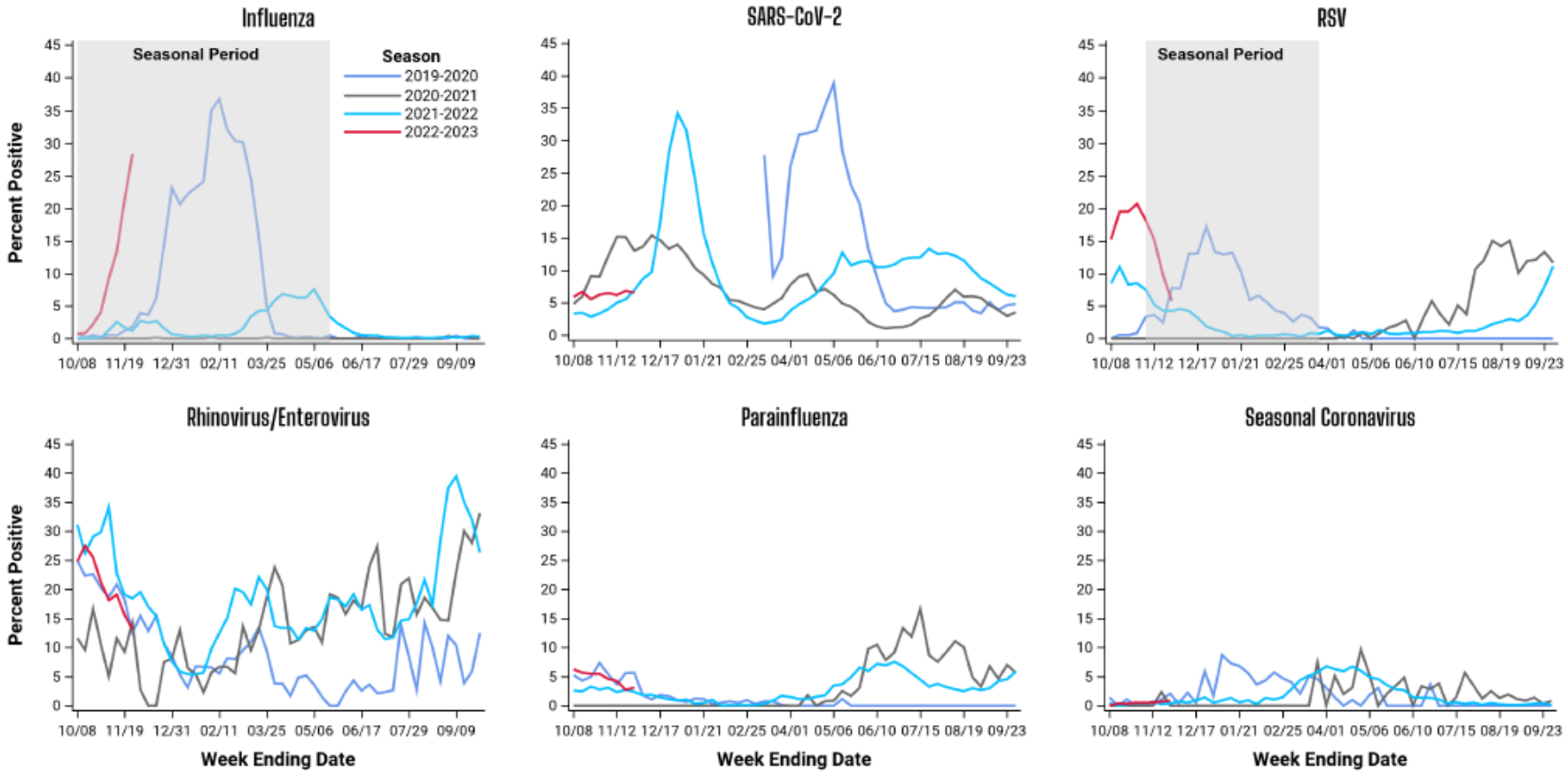
Chicago Respiratory Virus Surveillance Report

Respiratory Virus Laboratory Surveillance - Current Week and Cumulative *The table below includes respiratory viral PCR tests performed by several hospital laboratories in Chicago as well as two commercial laboratories serving Chicago facilities. Reporting facilities represent nearly half of all acute care hospitals in the city. Data reported include Chicago and non-Chicago residents.*

	Week Ending November 26, 2022		Since October 2, 2022	
Respiratory Pathogen	# Tested	% Positive	# Tested	% Positive
Influenza*	6,862	28.5	44,593	11.7
RSV*	5,280	5.8	34,491	14.8
SARS-CoV-2*	6,480	6.6	61,270	6.3
Parainfluenza	1,200	3.1	14,166	4.7
Rhinovirus/Enterovirus	1,348	13.1	10,504	20.3
Adenovirus	1,193	3.0	10,349	3.5
Human Metapneumovirus	1,348	0.9	10,504	0.5
Seasonal Coronaviruses†	1,809	0.8	14,704	0.5

*Represents both dualplex and multiplex PCR data. All other data represents only multiplex panels that include the specified pathogens;† Four seasonal coronavirus strains include 229E, NL63, OC43, and HKU1.

Chicago Respiratory Virus Surveillance Report



Update: Minimum Routine Staff Testing Frequency

Vaccination Status	Community Transmission Level	Testing Frequency
Not up to date	All	No required routine testing*
Up to date**	All	No required routine testing*

* Unless symptomatic, had a high-risk exposure, or your facility is in outbreak and performing unit/broad-based testing.
** An individual has received all COVID-19 vaccinations for which they are eligible

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

Reminder: 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 (i.e., days 0, 2, 4)

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

Update: Bivalent Booster Effectiveness

Effectiveness of Bivalent mRNA Vaccines in Preventing Symptomatic SARS-CoV-2 Infection — Increasing Community Access to Testing Program, United States, September–November 2022

Weekly / December 2, 2022 / 71(48);1526–1530

On November 22, 2022, this report was posted online as an MMWR *Early Release.*

Ruth Link-Gelles, PhD[1]; Allison Avrich Ciesla, PhD[1,2]; Katherine E. Fleming-Dutra, MD[1]; Zachary R. Smith, MA[3]; Amadea Britton, MD[1]; Ryan E. Wiegand, PhD[1]; Joseph D. Miller, PhD[3]; Emma K. Accorsi, PhD[1,4]; Stephanie J. Schrag, DPhil[1]; Jennifer R. Verani, MD[1]; Nong Shang, PhD[1]; Gordana Derado, PhD[1]; Tamara Pilishvili, PhD[1] (VIEW AUTHOR AFFILIATIONS)

View suggested citation

Summary

What is already known about this topic?

Monovalent mRNA COVID-19 vaccines were less effective against symptomatic infection during the period of SARS-CoV-2 Omicron variant predominance.

What is added by this report?

In this study of vaccine effectiveness of the U.S.-authorized bivalent mRNA booster formulations, bivalent boosters provided significant additional protection against symptomatic SARS-CoV-2 infection in persons who had previously received 2, 3, or 4 monovalent vaccine doses. Due to waning immunity of monovalent doses, the benefit of the bivalent booster increased with time since receipt of the most recent monovalent vaccine dose.

What are the implications for public health practice?

All persons should stay up to date with recommended COVID-19 vaccinations, including bivalent booster doses for eligible persons.

Source: https://www.cdc.gov/mmwr/volumes/71/wr/mm7148e1.htm?s_cid=mm7148e1_w&utm_source=substack&utm_medium=email

FAQ: How should we handle visitation over the holidays?

- In general, visitation should be allowed for all residents at all times
  - However, "*During peak times of visitation and large gatherings (e.g., parties, events) facilities should encourage physical distancing. The facility may restructure the visitation policy, such as asking visitors to schedule their visit at staggered time-slots throughout the day, and/or limiting the number of visitors in the facility or a resident's room at any time*"
- There is no limit on length of visits, in general, as long as the visit poses no risk to or infringes upon other residents' rights
- If Cook County is experiencing high community transmission, visitors and residents should mask in common areas (except when eating or drinking)

Source: https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

Outpatient COVID-19 Therapeutics Effective Against the Most Common Circulating Variants

FDA Announces Bebtelovimab is Not Currently Authorized in Any US Region

Drug Safety and Availability

Information about Nitrosamine Impurities in Medications

Medication Guides

Drug Safety Communications

Food and Drug Administration Overdose Prevention Framework

Drug Shortages

FDA Drug Safety Podcasts

Information by Drug Class

Medication Errors Related to CDER-Regulated Drug Products

Postmarket Drug Safety Information for Patients and Providers

[11/30/2022] The U.S. Food and Drug Administration today announced bebtelovimab is not currently authorized for emergency use in the U.S. because it is not expected to neutralize Omicron subvariants BQ.1 and BQ.1.1., according to data included in the Health Care Provider Fact Sheet.

Nowcast data from the Centers for Disease Control and Prevention published last week estimates that the combined proportion of COVID-19 cases caused by the Omicron BQ.1 and BQ.1.1 subvariants to be above 57% nationally, and already above 50% in all individual regions but one, and data shows a sustained trend of increasing prevalence across all regions. Given that a COVID-19 infection is likely to be caused by a non-susceptible SARS-CoV-2 variant, and consistent with the terms and conditions of the Letter of Authorization, **bebtelovimab is not currently authorized for emergency use in any U.S. region at this time**.

Eli Lilly and its authorized distributors have paused commercial distribution of bebtelovimab until further notice by the Agency. Additionally, the Administration for Strategic Preparedness and Response (ASPR) has paused the fulfillment of any pending requests under its Bebtelovimab Product Replacement Initiative.

The U.S. Government recommends all product be retained in the event that SARS-CoV-2 variants susceptible to bebtelovimab, which are currently circulating at lower prevalence, become more prevalent in the future in the United States. Retained product must be appropriately held in accordance with storage conditions detailed in the authorized Fact Sheet for Health Care Providers and the Letter of Authorization for bebtelovimab.

Health care providers should use other approved or authorized products that are expected to retain activity against BQ.1 and BQ.1.1 as they choose appropriate treatment options for patients, which include the following:

Content current as of:
11/30/2022

Regulated Product(s)
Drugs

FDA releases important information about risk of COVID-19 due to certain variants not neutralized by Evusheld

Drug Safety and Availability

Information about Nitrosamine Impurities in Medications

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Risk Evaluation and

FDA releases important information about risk of COVID-19 due to certain variants not neutralized by Evusheld

Update [10/3/2022] FDA added important information to the authorized Fact Sheets for Evusheld (tixagevimab co-packaged with cilgavimab) to inform health care providers and individuals receiving Evusheld of the increased risk for developing COVID-19 when exposed to variants of SARS-CoV-2 that are not neutralized by Evusheld. Detailed neutralization data can be found in the revised authorized **Fact Sheet for Healthcare Providers.** Health care professionals should inform patients of this risk and advise patients who develop signs or symptoms of COVID-19 to test for SARS-CoV-2 infection and promptly seek medical attention, including starting treatment for COVID-19, as appropriate if they test positive.

Evusheld is currently the only option for pre-exposure prophylaxis (PrEP) of COVID-19 and is authorized under **Emergency Use Authorization** (EUA) for use in immunocompromised individuals who may not mount an adequate response to COVID-19 vaccination, and for individuals for whom COVID-19 vaccination is not recommended due to a history of a severe adverse reaction. It is authorized to be administered every six months. Use of Evusheld is not a substitute for COVID-19 vaccination, and individuals for whom COVID-19 vaccination is recommended should get vaccinated. Individuals who received Evusheld but who develop COVID-19 remain eligible for use of any of the available treatments for COVID-19 if the criteria for use are met.

FDA continues to recommend Evusheld as an appropriate option for PrEP to prevent COVID-19, in combination with other preventative measures like getting vaccinated and boosted as recommended, as Evusheld still offers protection against many of the currently circulating variants and may offer protection against future variants.

Content current as of:
10/03/2022

Regulated Product(s)
Drugs

Topic(s)
Safety - Issues, Errors, and Problems

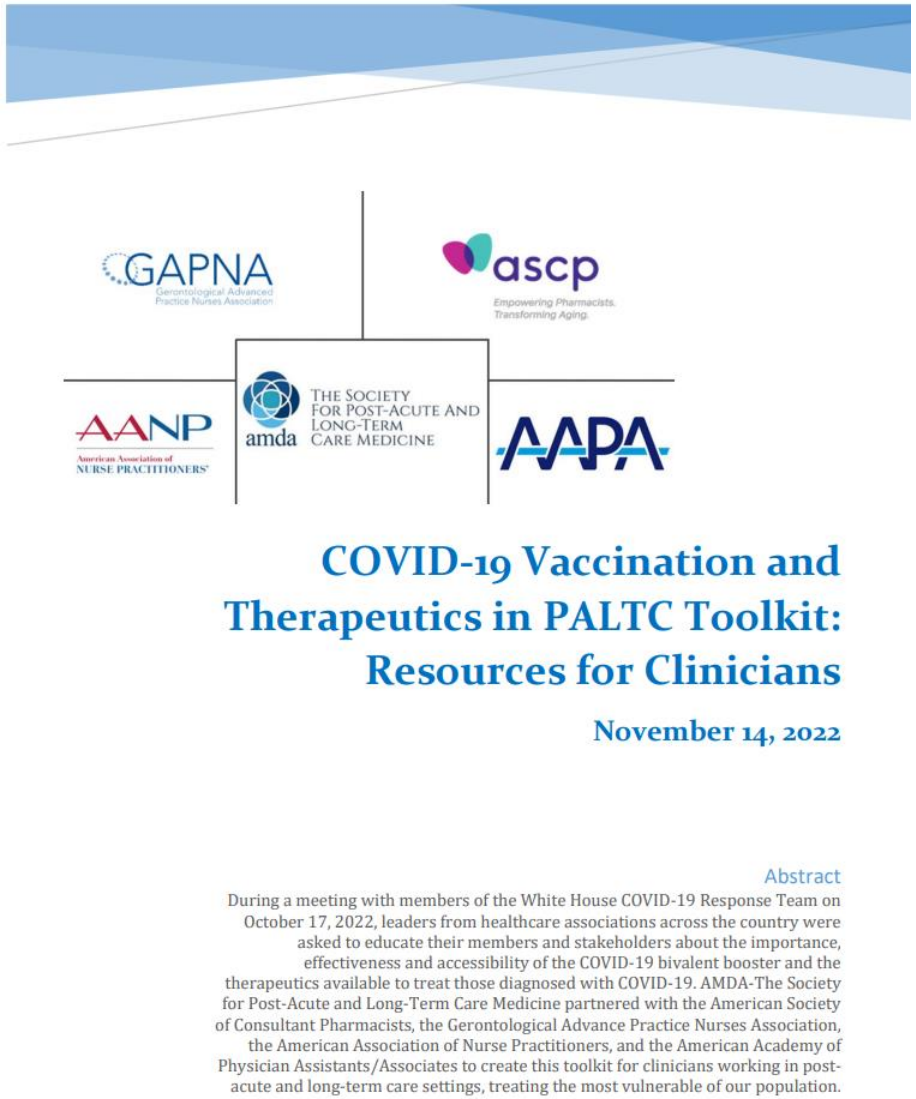
COVID-19 Outpatient Therapeutics

Preferred Therapeutics	Paxlovid (antiviral) Fact Sheet	• Oral medication, 5-day course • Treat within **5 days** of positive test or symptom onset. • **Multiple Drug Interactions** • Very effective
	Remdesivir (antiviral) Fact Sheet	• 3-dose IV Infusion over 3 days • Treat within **7 days** of positive test or symptom onset. • Few/no drug interactions
Alternative Therapeutics	Lagevrio (molnupiravir) (antiviral) Fact Sheet	• Oral medication, 5-day course • Treat within **5 days** of positive test or symptom onset. • Use only if unable to treat with other options. • **Less effective than preferred therapies.** • **Multiple side effects affecting people of reproductive age.**

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

- COVID-19 Vaccination and Therapeutics in PALTC Toolkit

"ALL patients with a positive COVID test should be evaluated for treatment ▪ *Clinicians should consider treatment based on clinical conditions and not symptom severity. For older patients with frailty, waiting for symptoms to become severe may miss the window for treatment or miss the opportunity to prevent progression towards severe symptoms"*



- The Importance of Timely Use of COVID-19 Therapeutics
- *"In addition to mitigating opportunities for transmission of COVID-19, nursing homes should ensure residents receive (in consultation with their physician and family) appropriate treatment* ***when tested positive for COVID-19****."*

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality

Ref: QSO-23-03-All

DATE: November 22, 2022

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: The Importance of Timely Use of COVID-19 Therapeutics

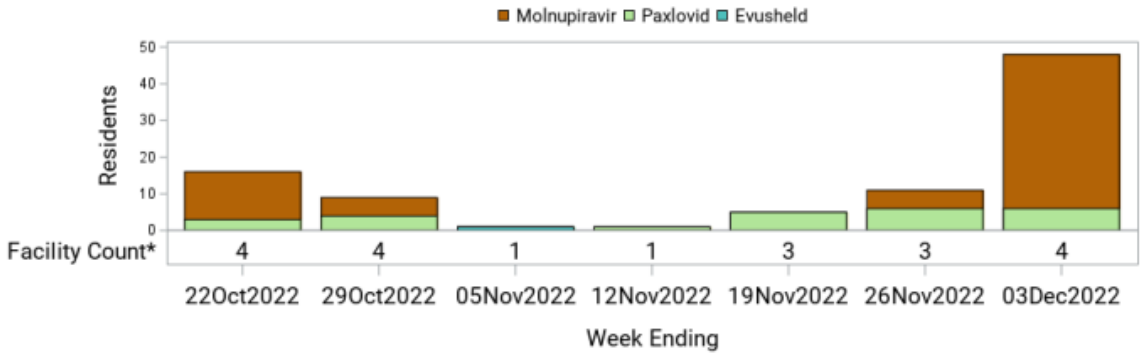
Memorandum Summary

- *Providers and suppliers, especially those delivering care in congregate care settings, should ensure their patients and residents are protected against transmission of COVID-19 within their facilities, as well as receiving appropriate treatment when tested positive for the virus.*
- *Further, all providers and suppliers should continue to implement appropriate infection control protocols for COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html) and Influenza (https://www.cdc.gov/flu/professionals/infectioncontrol/index.htm).*
- *This memo discusses the importance of the timely use of available COVID-19 therapeutics, particularly for high-risk patients who test positive for the virus.*

Utilization of the Preferred COVID-19 Therapeutics in Skilled Nursing Facilities is low.

Hospitalizations of SNF Residents within the last 28 days. Data between 11/8/2022 – 12/6/2022	
Resident COVID -19 Cases	439
Hospitalizations	40 (9%)

Total Number of Residents Receiving COVID-19 Therapeutics in SNFs Per Week



Data Source: NHSN
*Facility Count displays the number of facilities that have reported any treatment for residents the given week
Number of residents receiving monoclonal antibodies include both those that received treatment from stock that was stored in facility and outside facility

Introducing TREAT COVID-19

- **T**he **R**apid Response **E**valuation **A**nd **T**reatment **of COVID-19** for long term care residents, funded by CDC.
- Partnered with CIMPAR S.C.
- Not to replace partnership with LTC Pharmacy but is an added resource to help respond quickly to large outbreaks.
- Available Services
  - On-site or telehealth consultation and drug interaction review with a licensed medical provider
  - Medication courier service
  - On-site IV administration of remdesivir
  - Support mitigating intra-facility transmission of current outbreak though P.O.C. COVID-19 testing and vaccination administration.
  - **NO COST TO FACILITY OR RESIDENTS**

CDPH Chicago Department of Public Health

CIMPAR

TREAT COVID-19

For more information about the TREAT COVID-19 program, contact Christy Zelinski at christy.zelinski@cityofchicago.org

The Chicago Department of Public Health (CDPH) in partnership with the Chicago Internal Medicine Practice and Research (CIMPAR S.C.) is announcing **T**he **R**apid Response **E**valuation **A**nd **T**reatment of COVID-19 (**TREAT** COVID-19) program, funded by CDC.

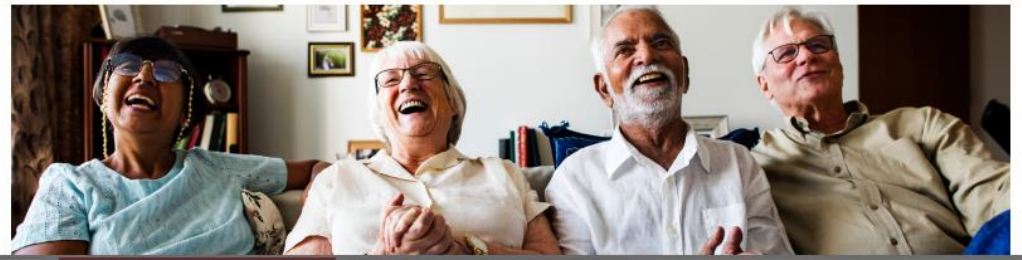
Who we serve:

- Residents of Medicare/Medicaid - certified nursing homes who test positive for COVID-19

What we do:

- On-site or telehealth consultation and drug interaction review with a licensed medical provider
- Medication courier service
- On-site intravenous administration of therapeutics
- Support for control of respiratory pathogen outbreaks

If your facility is experiencing multiple COVID-19 infections among residents, contact chicago-covid19@cimpar.com or call (708) 600-4233 for a consultation with the TREAT COVID-19 program.



Reminder: Influenza Testing

- All skilled nursing facilities were given either a BD Veritor or Quidel Sofia machine, both of which have the ability to run rapid tests for SARS-CoV-2 and influenza
  - If you no longer have a machine, please reach out to Christy.Zelinski@cityofchicago.org
- Facilities can also order an influenza PCR or Respiratory Viral Panel (RVP)
  - A RVP also tests for other respiratory pathogens, including RSV
- Poll Questions (answer in chat):
  - Do you still have your machine? If so, what type of machine is it (BD or Sofia)?
  - Do you have rapid influenza tests available on site?

FAQ: What is the definition of an influenza outbreak in a LTCF?

Influenza Outbreak Definition:

Two or more cases of ILI occurring within 72 hours among residents in a institutional setting/facility with at least one of the ill residents having laboratory-confirmed influenza. (Suspect outbreaks without flu confirmation should be investigated and laboratory confirmation should be attempted.)

Institutional Settings where flu outbreaks should be reported include (but are not limited to):

- Long-Term Care Facilities
- Correctional Facilities
- Group Homes

Source: https://dph.partner.illinois.gov/communities/communicabledisease/CDAZ/Pages/Influenza,%20Seasonal.aspx

Influenza Outbreak Reporting

- Report influenza outbreaks to CDPH via the "Influenza Outbreak Report Form for Congregate Settings"

CDPH
Chicago Department of Public Health

Resize font:

IDPH Influenza Outbreak Report Form for Congregate Settings

(e.g. Long Term Care & Correctional Facilitites)

All reports must be received within 24hrs of a confirmed influenza outbreak being met

Confirmed influenza outbreak: 2 or more cases of influenza-like illness occuring within 72hrs among RESIDENTS in a unit of the facility with at least one of the ill residents lab-confirmed for influenza. An outbreak must start with residents, but should include staff once it has started.

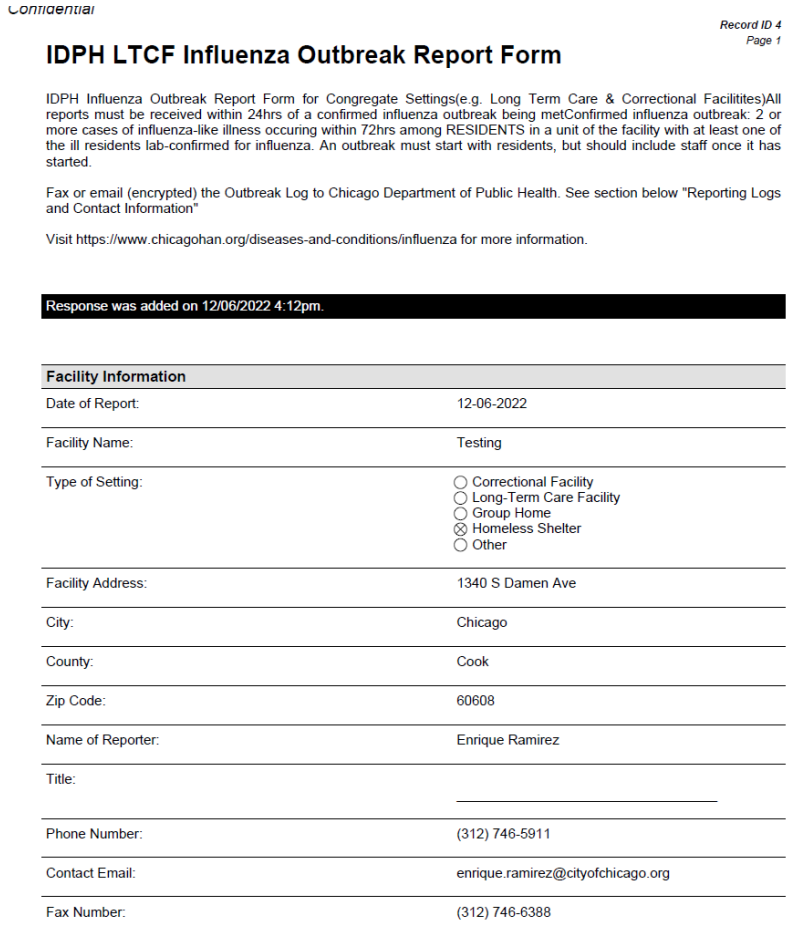
Fax or email (encrypted) the Outbreak Log to Chicago Department of Public Health. See section below "Reporting Logs and Contact Information"

Visit https://www.chicagohan.org/diseases-and-conditions/influenza for more information.

Source: https://redcap.dph.illinois.gov/surveys/?s=T3FNYPPH33DHCEDE

Influenza Outbreak Reporting

- Once you complete the form, you can print/save your responses as a PDF
- Can send PDF and copy of log to IDPH Regional Office



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IDPH LTCF Influenza Outbreak Report Form

IDPH Influenza Outbreak Report Form for Congregate Settings(e.g. Long Term Care & Correctional Facilitites)All reports must be received within 24hrs of a confirmed influenza outbreak being metConfirmed influenza outbreak: 2 or more cases of influenza-like illness occuring within 72hrs among RESIDENTS in a unit of the facility with at least one of the ill residents lab-confirmed for influenza. An outbreak must start with residents, but should include staff once it has started.

Fax or email (encrypted) the Outbreak Log to Chicago Department of Public Health. See section below "Reporting Logs and Contact Information"

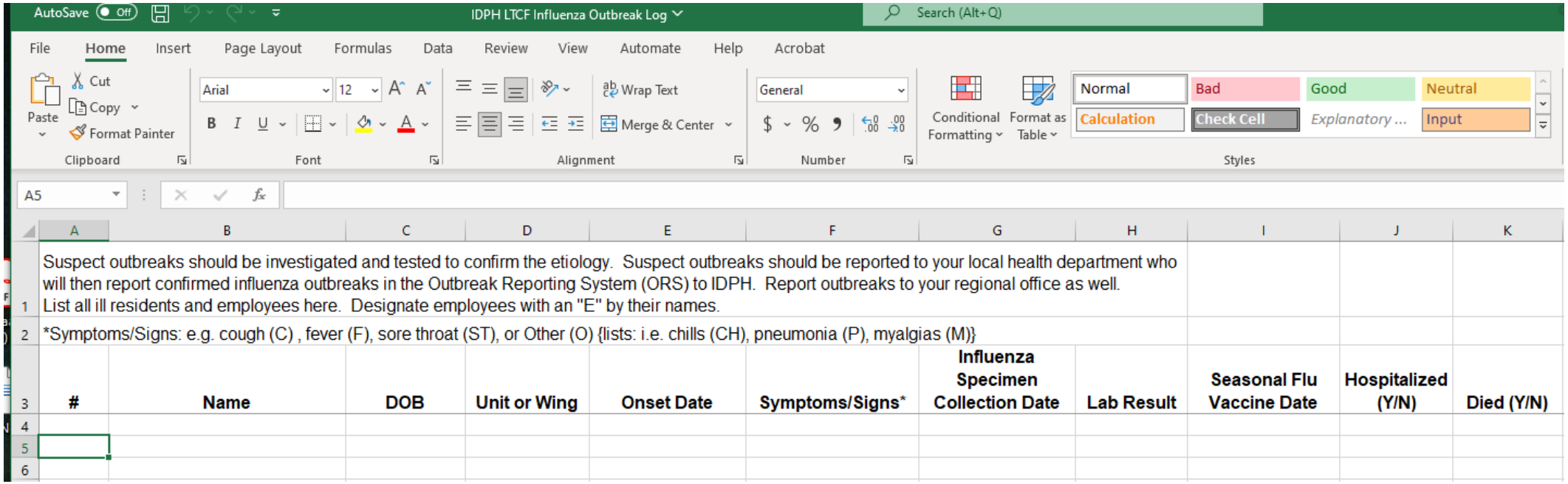
Visit https://www.chicagohan.org/diseases-and-conditions/influenza for more information.

Response was added on 12/06/2022 4:12pm.

Facility Information	
Date of Report:	12-06-2022
Facility Name:	Testing
Type of Setting:	◯ Correctional Facility ◯ Long-Term Care Facility ◯ Group Home ⊗ Homeless Shelter ◯ Other
Facility Address:	1340 S Damen Ave
City:	Chicago
County:	Cook
Zip Code:	60608
Name of Reporter:	Enrique Ramirez
Title:	
Phone Number:	(312) 746-5911
Contact Email:	enrique.ramirez@cityofchicago.org
Fax Number:	(312) 746-6388

Influenza Outbreak Reporting

- Must also complete and return an influenza outbreak log. Send the encrypted log to syndromicsurveillance@cityofchicago.org
- Please send weekly until outbreak has resolved



FAQ: I see on the reportable disease list that novel/variant influenza A cases are reportable within 3 hours. Does that mean we have to report each staff/resident influenza A case individually?

- No, the currently circulating seasonal influenza viruses are not included in the novel/variant influenza reporting requirements

- However, long-term care facilities must report ***outbreaks*** of influenza (including seasonal influenza A and/or B) within 24 hours

FAQ: We have two residents with flu. One has influenza A and one has influenza B. Can I cohort them together?

- No
  - Residents with Flu A can only be cohorted with other residents with Flu A. Residents with Flu B can only be cohorted with other residents with Flu B. Do not cohort a resident with Flu A with a resident with Flu B.

FAQ: We have five residents on the second floor with influenza. Should we provide prophylaxis to the other residents on the floor?

- Yes, during an influenza outbreak use of antiviral medications for chemoprophylaxis within 48 hours of exposure is recommended for all non-ill residents (regardless of their influenza vaccination status) living on the same unit as resident(s) with influenza
  - Do not need to isolate asymptomatic residents without known influenza infections while they are receiving prophylaxis

- May also consider expanding prophylaxis to residents on other units and/or to certain staff (e.g., unvaccinated or newly vaccinated staff members who provide care to persons at high risk of influenza complications)

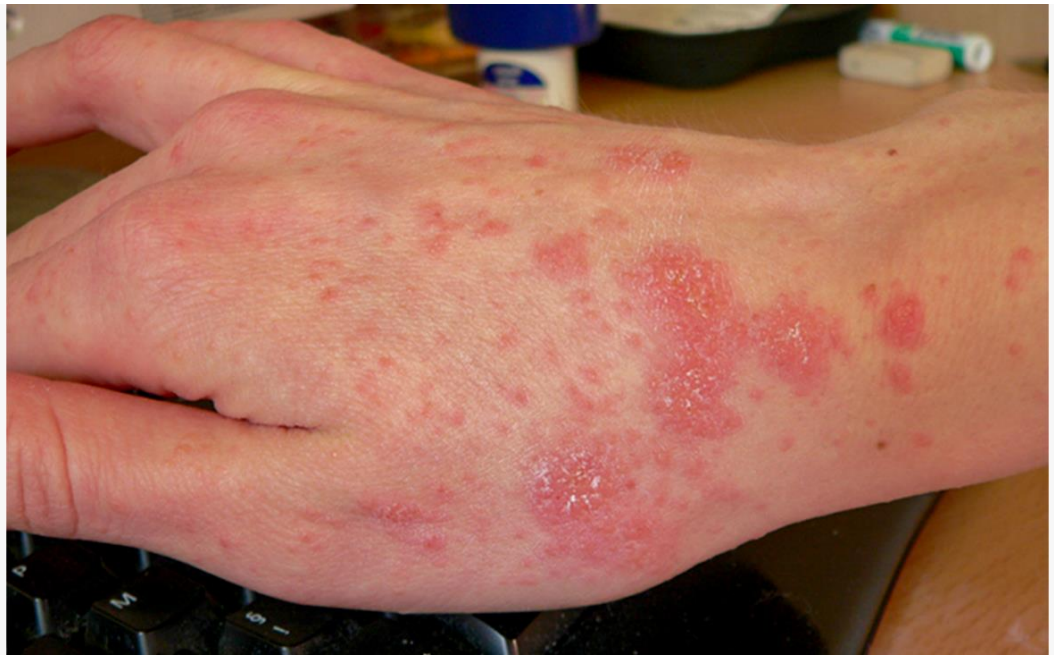
Source: https://www.dupagehealth.org/DocumentCenter/View/7662/Guidelines-for-the-Prevention-and-Control-of-Influenza-Outbreaks-in-Illinois-LTCFs-2022-2023-PDF?bidId=

LTC Pharmacist Poll Question

- Do your facilities have a dedicated in-house pharmacist or are all of your pharmacy services provided by external pharmacists (e.g., from MacRx, UnitedRx, etc.)?

Scabies 101

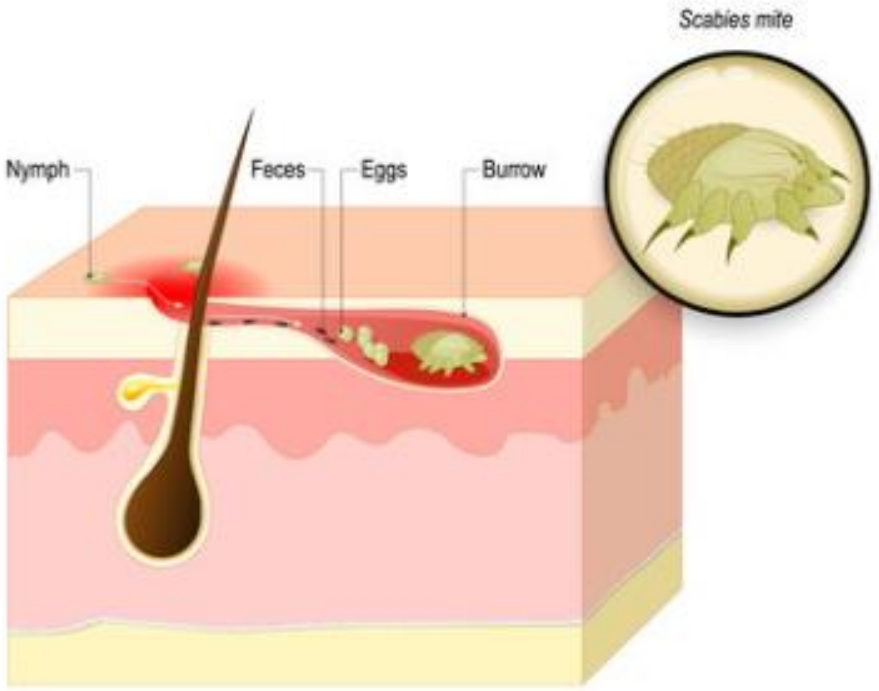
- Scabies is a skin infestation caused by a mite
- Can be spread from person to person via direct contact or indirect contact with contaminated items
- Symptoms include a rash and intense itching that gets worse at night
  - Scratching the infected area can lead to secondary bacterial infections
- Incubation period can be as long as 2-6 weeks
  - Those who have had previous exposure to scabies generally have much shorter incubation periods



Source: https://dph.partner.illinois.gov/communities/communicabledisease/CDAZ/Documents/Scabies/Scabies%20September%206%2c%202017.pdf

Scabies 101

- Typical classic scabies infection involves ~10-15 mites
- Without treatment, the microscopic mites can live on skin for months
  - They reproduce on the skin's surface and then burrow into it to lay eggs
  - An adult mite can walk on the skin at a rate of one inch per minute and can burrow beneath the skin's surface in two and a half minutes
- Scabies mites can survive in carpet or on bedding/furniture for 2-5 days



Source: https://www.mossderm.com/articles/general/514856-scabies, https://dph.partner.illinois.gov/communities/communicabledisease/CDAZ/Documents/Scabies/Scabies%20September%206%2c%202017.pdf

Norwegian Crusted Scabies

- Norwegian scabies is a more severe form of scabies with a larger number of mites (up to 2 million per person)
- Crusted scabies can be transmitted by brief skin to skin contact or indirect contact with items like clothing or bedding
- Treatment should be rapid and aggressive to prevent spread to others

Norwegian Crusted Scabies

Source: https://dph.partner.illinois.gov/communities/communicabledisease/CDAZ/Documents/Scabies/Scabies%20September%206%2c%202017.pdf

Scabies Treatment

- For classic scabies, use one or more of the following:
  - Permethrin cream 5% (e.g., Elimite)
  - Crotamiton lotion or cream 10% (e.g., Eurax, Crotan)
  - Sulfur ointment 5-10%
  - Lindane lotion 1% (not recommended as a first-line therapy)
  - Ivermectin
- For Norwegian crusted scabies, oral and topical agents should be used together:
  - Ivermectin
  - Permethrin cream 5%
  - Benzyl benzoate 25%
  - Keratolytic cream

Source:
https://dph.partner.illinois.gov/communities/communicabledisease/CDAZ/Documents/Scabies/Recommended%20Actions%20and%20Rationale%20for%20Preventing%20the%20Transmission%20of%20Scabies%20in%20Healthcare%20and%20Residential%20Facilities.pdf

Treatment Options during an Outbreak

- **Selective or limited treatment**: treating symptomatic cases and *known* contacts

- **Mass prophylaxis**: treating symptomatic cases and all *possible* contacts, including asymptomatic residents, staff, volunteers, and visitors
  - Could also use limited mass prophylaxis (e.g., treating everyone on a particular unit), but that should only be considered when there is strong epidemiological evidence that the outbreak is limited to a specific unit, area, or department in a facility.

- If possible, all of those included in the treatment schedule should be treated in the same 24-hour treatment period
  - Healthcare workers should wear gowns and gloves for all patient contact during the 24-hour treatment period

Source:
https://dph.partner.illinois.gov/communities/communicabledisease/CDAZ/Documents/Scabies/Recommended%20Actions%20and%20Rationale%20for%20Preventing%20the%20Transmission%20of%20Scabies%20in%20Healthcare%20and%20Residential%20Facilities.pdf

Isolation & Work Restrictions

- Residents with scabies should be isolated under contact precautions for 24 hours following appropriate treatment
  - Patients with Norwegian Crusted Scabies should be isolated under contact precautions until after a second treatment *and* until skin scrapings are negative on three consecutive days or symptoms of infestation have resolved
- Staff with scabies can return to work the morning following overnight treatment with 5% permethrin cream
  - Disposable gloves should be used for 2-3 days by symptomatic staff who must provide extensive hands on care to their patients
- Isolation is **not** required for asymptomatic close contacts who are being treated prophylactically

Source:
https://dph.partner.illinois.gov/communities/communicabledisease/CDAZ/Documents/Scabies/Recommended%20Actions%20and%20Rationale%20for%20Preventing%20the%20Transmission%20of%20Scabies%20in%20Healthcare%20and%20Residential%20Facilities.pdf

Environmental Cleaning & Laundry

- Change and launder linens before and after scabicide treatment is completed
- Bedding and clothing used anytime during the 3 days before treatment should be machine washed using hot water and dried on the hot cycle or be dry cleaned
- Seal non-washable items (e.g., plush toys) in a plastic bag for transport and place in a hot dryer for 20 minutes or leave items in a sealed bag at room temperature for 7 days
- Clean, vacuum, and disinfect carpeting and future

Source: https://dph.partner.illinois.gov/communities/communicabledisease/CDAZ/Documents/Scabies/Scabies%20September%206%2c%202017.pdf

Scabies Reporting

- Individual cases of scabies are not reportable in Illinois, but you must report scabies ***outbreaks***.

Definition of a Scabies Outbreak:

SUSPECT scabies outbreak:

- TWO or more symptomatic persons with epi-linked exposure AND
- None of the affected persons are diagnosed with Norwegian/crusted scabies

AND

- Only ONE person is skin scraping positive, OR
- Healthcare provider diagnosis of scabies (either skin scraping is not performed or skin scraping performed with negative results) AND scabicide treatment is ordered for TWO or more persons.

CONFIRMED scabies outbreak:

- ONE case of healthcare provider diagnosed Norwegian (crusted) scabies, OR
- TWO or more symptomatic persons with epi-linked exposure and at least TWO are skin scraping positive.

A scabies outbreak is considered over when there are no new case onsets in 12 weeks (2 incubation periods).

Source: https://dph.partner.illinois.gov/communities/communicabledisease/CDAZ/Pages/Scabies.aspx

Scabies Reporting

- Start and maintain a scabies outbreak line list and submit to CDPH

Scabies Outbreak Line List																						
Name		Information				Symptoms			Diagnosis By: (*Answer All by Yes/No*)					Date Treatment Started		Date Treatment Started		Hospitalized		Additional Information (*Use Separate List if Necessary*)			
Last	First	Staff (S), Patient (P) or Visitor (V)	Was the Individual Immunocompromised Debilitated, or bedbound	DOB	Symptom Onset Date	Rash	Location	Pruritis	Date of Diagnosis	Skin Scraping Yes/No	MD Exam Yes/No	Other Yes/No	Was Diagnosis for Crusted Scabies Yes/No	Date	Product	Date	Product	Yes/No	Date	Close Contacts/ Relationship	Exposed to someone with Scabies	Ever Had Scabies before	Comments

Questions & Answers

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