



COVID-19 Chicago Long Term Care Roundtable

01-06-2022

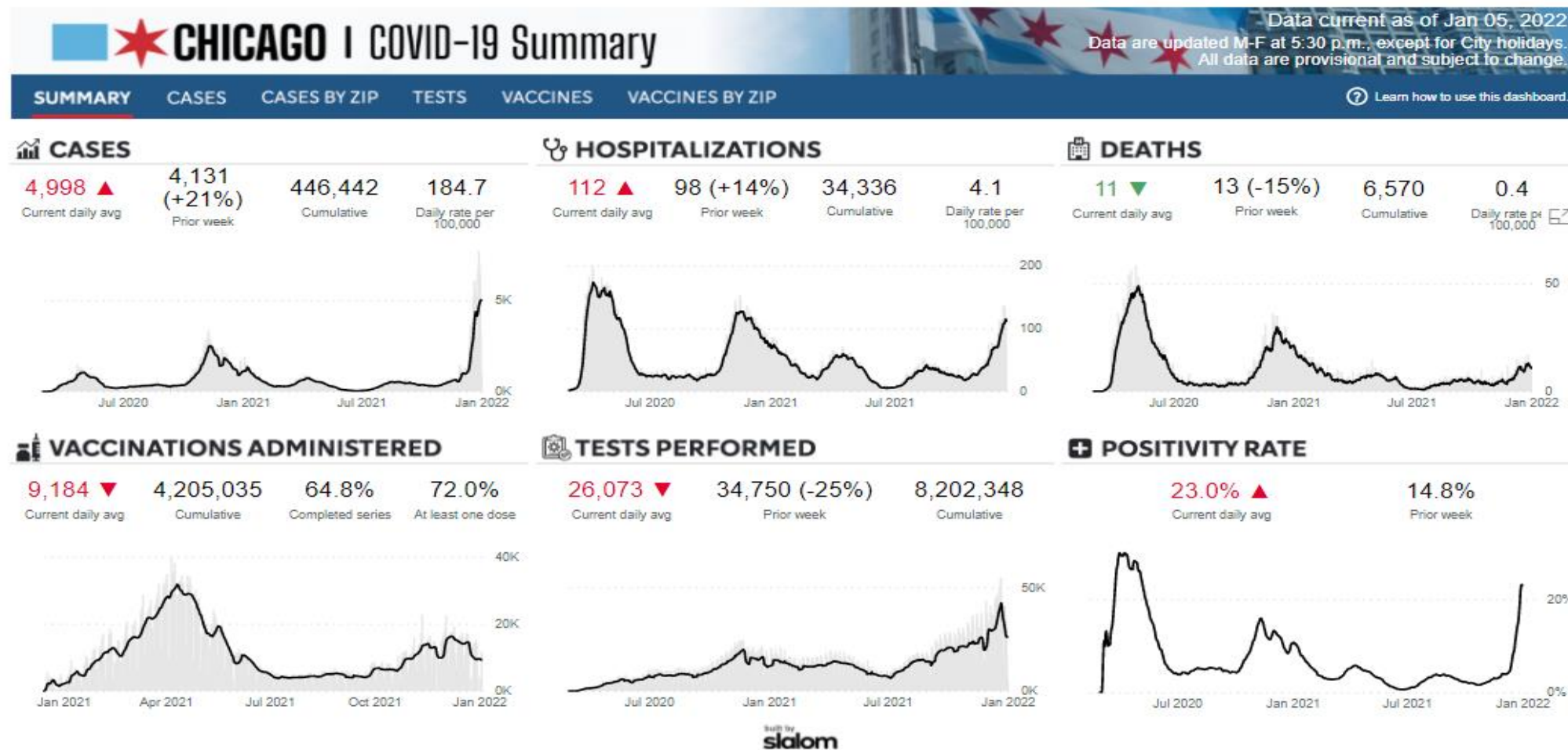


Agenda

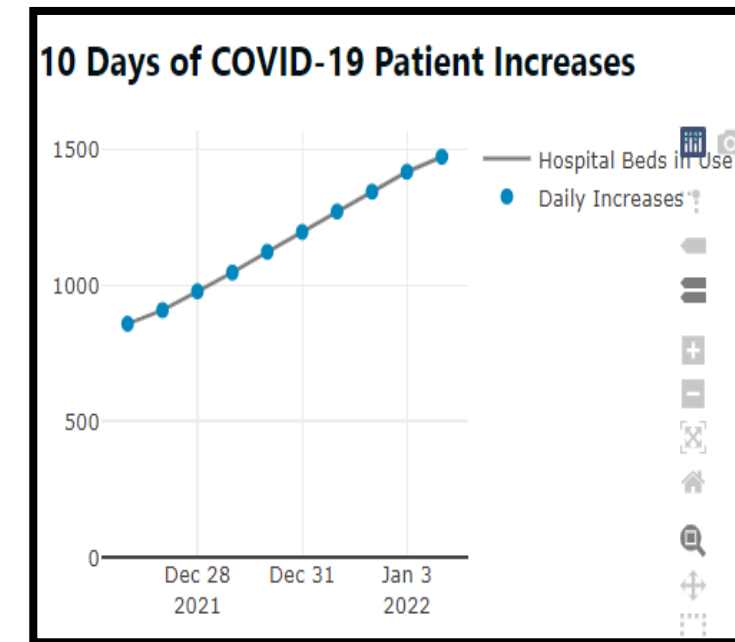
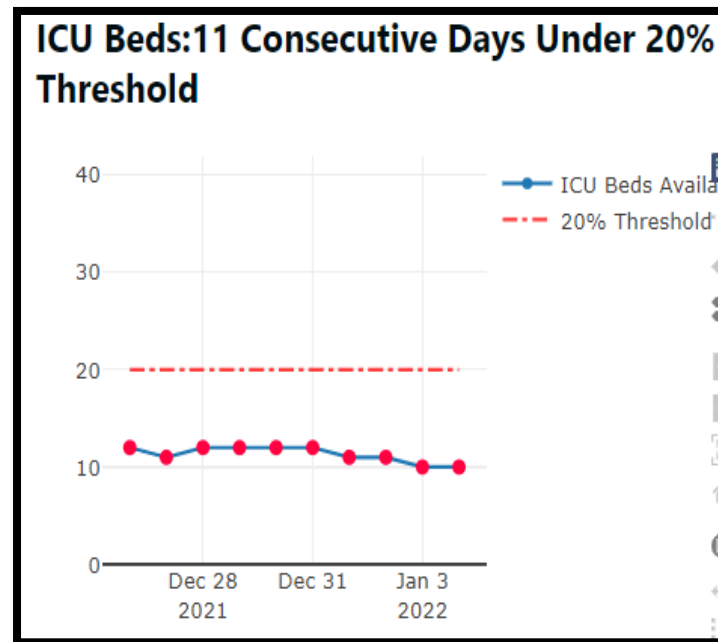
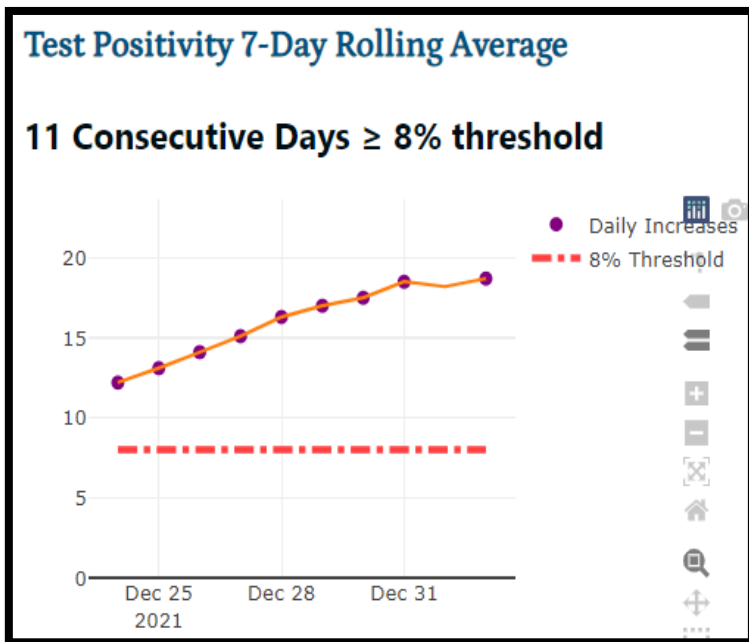
- COVID-19 Epidemiology
- COVID Reminders, Updates, and FAQs
- Questions & Answers



Chicago Dashboard

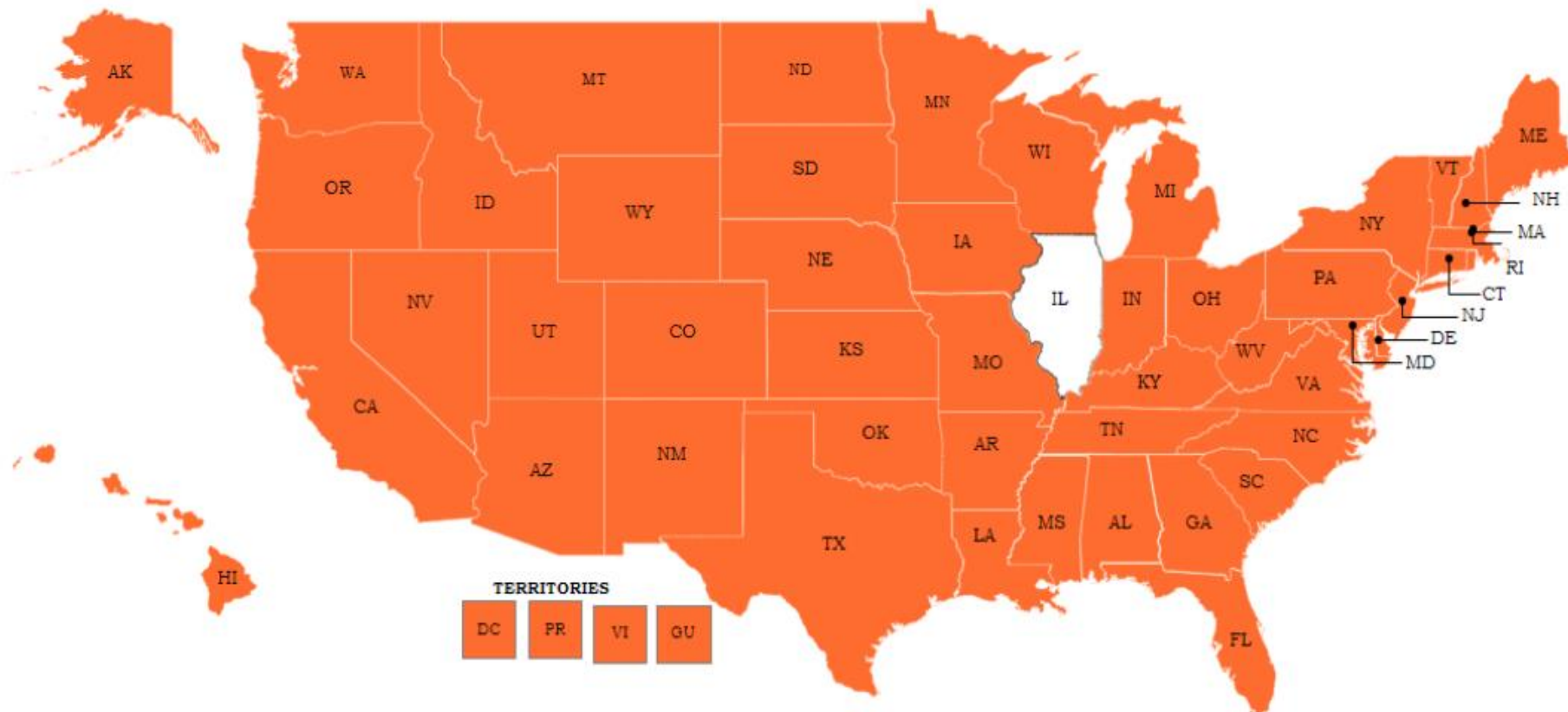


★ IDPH Regional Resurgence Metrics: Region 11





Chicago's COVID-19 Travel Advisory: 49 States, 4 Territories



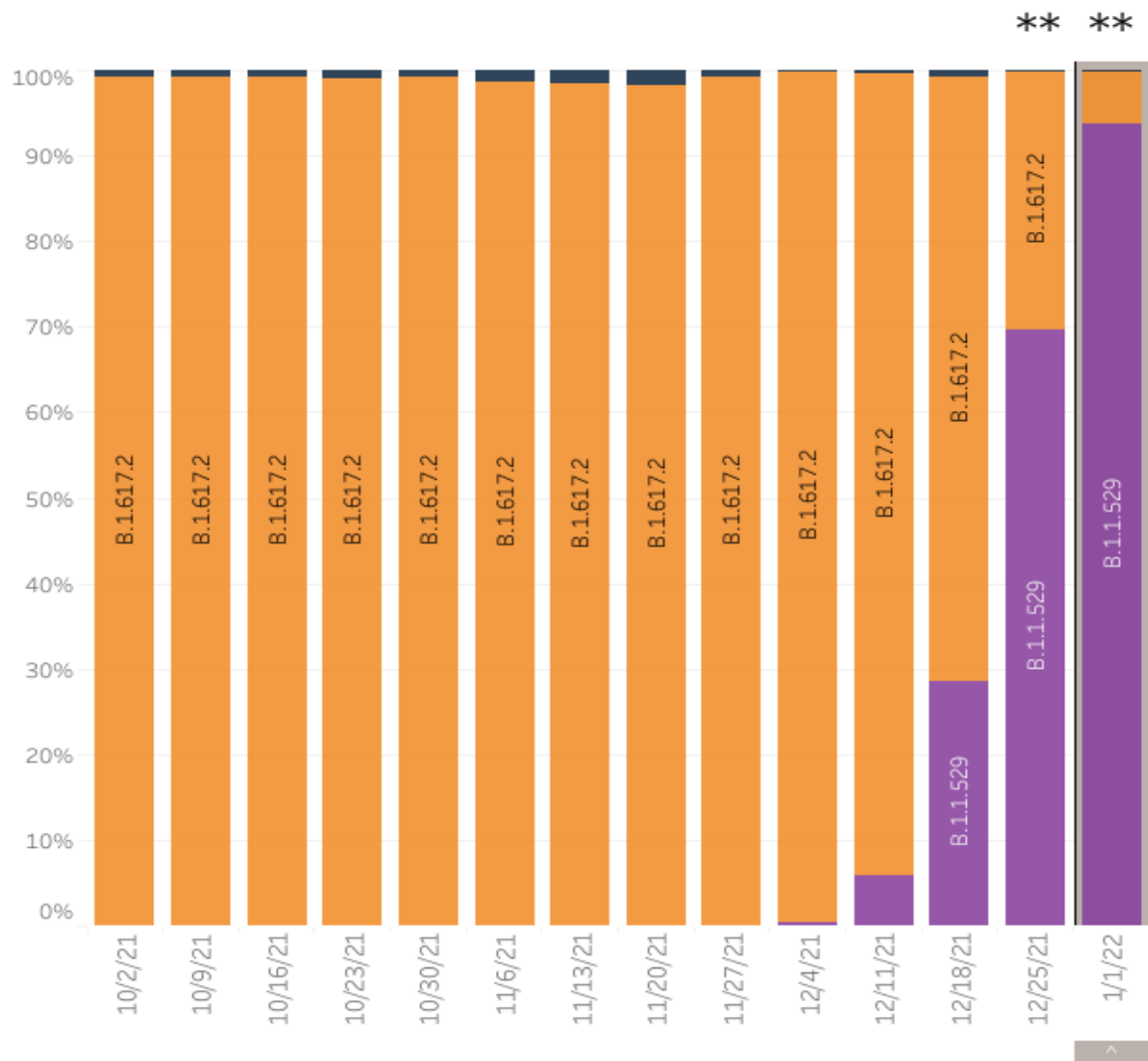
≥ 15 daily cases
per 100k



Less than 15 daily
cases per 100k



HHS Region 5: 9/26/2021 – 1/1/2022



HHS Region 5: 12/26/2021 – 1/1/2022 NOWCAST

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

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	B.1.1.529	VOC	93.7%	86.7-97.3%
Delta	B.1.617.2	VOC	6.3%	2.7-13.2%
Other	Other*		0.1%	0.0-0.1%

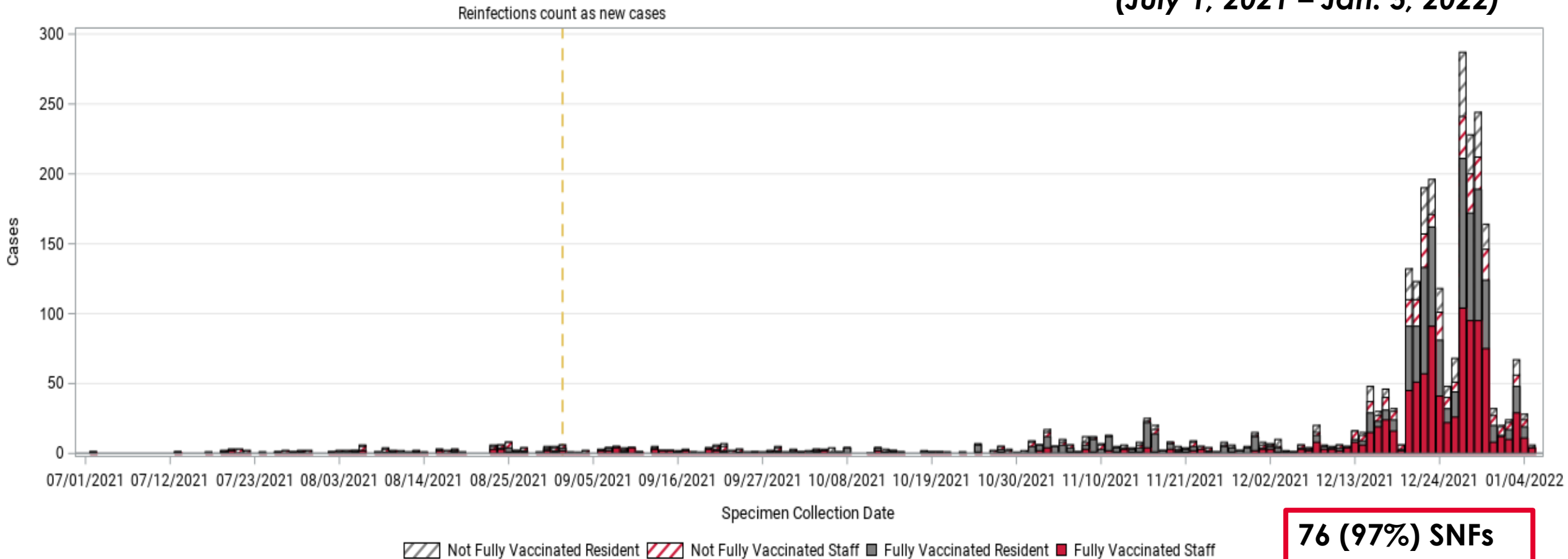
* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

** 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

(July 1, 2021 – Jan. 5, 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

**76 (97%) SNFs
have active
outbreaks**

Reminder: CDC COVID Data Tracker

Indicator - If the two indicators suggest different transmission levels, the higher level is selected	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs ¹ that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%

CDC COVID Data Tracker: Cook County

Cook County, Illinois	
State Health Department 	
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 6, 2022	
Cases	72,682
Case Rate per 100k	1,411.24
% Positivity	18.91%
Deaths	168
% of population ≥ 5 years of age fully vaccinated	71.9%
New Hospital Admissions	2,528

Data through Tue Jan 04 2022	
Total Cases (last 7 days)	72682
Case Rate (last 7 days)	1411.24
% Change (last 7 days)	26.66
Total Deaths (last 7 days)	168
Death Rate (last 7 days)	3.26
% Change (last 7 days)	9.8



Reminder: Minimum Routine Staff Testing Frequency

Vaccination Status	Testing Frequency
Unvaccinated	2x a week*
Partially vaccinated	2x a week*
Fully vaccinated	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*
NEW New and readmissions (regardless of vaccination status)	Must be tested upon admission (unless tested within the 72 hours prior to admission) <i>and</i> at 5-7 days post-admission

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

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test [†] , if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2 [‡] and 5–7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1 [‡] , 2, 3, & 5–7	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work

[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

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

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 CDPH recommends negative test within 48 hours 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-assessment-hcp.html>



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 2 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
- ✓ 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, 2, 3, and 5-7

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 two days after the exposure) and, if negative, again 5–7 days after the exposure

	Quarantine/Isolation	PPE
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

New : Symptomatic residents

- Isolate using transmission-based precautions and test.
- If test positive for COVID by antigen or PCR:
 - ✓ Asymptomatic COVID+ residents must remain on COVID unit for at least 10 days from the specimen collection date for their first positive test.
 - ✓ 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.
 - ✓ COVID+ resident who are severely immunocompromised or were hospitalized due to their infection, they should remain in the COVID unit for at least 20 days from the date of specimen collection for the first positive test.
- If test negative for COVID by PCR on or after the date of symptom onset AND symptoms have resolved within 2 days AND they remain fever-free for 24 hours without the use of fever-reducing medication, they can come off isolation.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-residents.html>

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



Contact tracing

- Either contact tracing or broad-based approaches are recommended by the CDC for outbreak investigations in long-term care facilities. In order to assure that all potential close contacts are tested, IDPH will require, at a minimum, a unit-based approach in addition to contact tracing.
- CDC's term "broad-based approach" means you aren't able to determine close contacts or don't have the resources to do contact tracing so you are testing everyone regardless of vaccination status and are placing all unvaccinated residents in quarantine BECAUSE you haven't done contact tracing (or can't do contact tracing)!!



Reminder: Revised CMS Visitation Guidance

- CMS issued revised guidance with big changes re: visitation
- Facilities must allow indoor visitation at all times and for all residents as permitted under the regulations.
- Residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors. In these cases, visits should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated).

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Center for Clinical Standards and Quality/Survey & Certification Group

Ref: QSO-20-39-NH
REVISED 11/12/2021

DATE: September 17, 2020
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group

SUBJECT: Nursing Home Visitation - COVID-19 (**REVISED**)

Memorandum Summary

- CMS is committed to continuing to take critical steps to ensure America's healthcare facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Visitation Guidance:** CMS is issuing new guidance for visitation in nursing homes during the COVID-19 PHE, including the impact of COVID-19 vaccination.
- **Visitation is now allowed for all residents at all times.**

Background

Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality.¹ The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a healthcare setting have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes.

In March 2020, CMS issued memorandum [QSO-20-14-NH](#) providing guidance to facilities on restricting visitation of all visitors and non-essential healthcare personnel, except for certain compassionate care situations, such as an end-of-life situation. In May 2020, CMS released [Nursing Home Reopening Recommendations](#), which provided additional guidance on visitation for nursing homes as their states and local communities progress through the phases of reopening.

While CMS guidance has focused on protecting nursing home residents from COVID-19, we recognize that physical separation from family and other loved ones has taken a physical and emotional toll on residents and their loved ones. Residents may feel socially isolated, leading to increased risk for depression, anxiety, and expressions of distress. Residents living with cognitive impairment or other disabilities may find visitor restrictions and other ongoing changes related to



Reminder: Revised CMS Visitation Guidance

- Before visiting residents, who are on TBP or quarantine, visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident.
- Visitors should adhere to the core principles of infection prevention (including hand hygiene and wearing a well fitted mask).
- There may be occasions when a local or state health department advised a nursing home to pause visitation and new admissions due to a large outbreak of an infectious disease. Consultation with state health departments on how to address outbreaks should still occur.

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

★ Omicron Variant

- Omicron has been detected in most states and territories and is rapidly increasing the proportion of COVID-19 cases it is causing.
- CDC expects that anyone with Omicron infection can spread the virus to others, even if they are vaccinated or don't have symptoms.
- booster dose of its COVID-19 vaccine works!!!
lab tests showed a booster increased by 25-fold people's levels of virus-fighting antibodies.



★ We have tools to fight Omicron

Vaccines

- ✓ Vaccines remain the best public health measure to protect people from COVID-19, slow transmission, and reduce the likelihood of new variants emerging.
- ✓ COVID-19 vaccines are highly effective at preventing severe illness, hospitalizations, and death
- ✓ CDC recommends that everyone ages 18 years and older should get a booster shot at least two months after their initial J&J/Janssen vaccine or six months after completing their primary COVID-19 vaccination series of Pfizer-BioNTech or Moderna.
- **Coming Soon:** Sitrovumab (mAb), Paxlovid, Molnupiravir (antivirals)



<https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant.html>

★ We have tools to fight Omicron

- ✓ Masks offer protection against all variants.
- ✓ CDC continues to recommend wearing a mask in public indoor settings in areas of substantial or high community transmission, regardless of vaccination status.
- ✓ In accordance with Governor Pritzker's August 4, 2021 Executive Order Number 18 (**COVID-19 Executive Order No. 85**), "all nursing homes and long-term care facilities in Illinois **must** continue to follow the guidance issued by the CDC and IDPH that requires the **use of face coverings in congregate facilities for those over the age of 2 and able to medically tolerate a face covering, regardless of vaccination status.**"
- ✓ HCP must wear at a minimum a well fitted face mask while working.



★ We have tools to fight Omicron

Testing:

- ✓ Tests can tell you if you are currently infected with COVID-19.
- ✓ Until we know more about the risk of Omicron, it is important to use all tools available to protect yourself and others.



Simple Report

- NHSN SAMS level 3 is still the preferred option to report antigen testing results
- For facilities that have been reporting to the IDPH portal : IDPH will be sending out communication to transition to Simple report in the coming weeks.
- Once you start reporting into Simple Report, you may stop entering into the IDPH POC Reporting Portal.
- All facilities will use the IDPH Point of Care portal with the unique link to your facility to Simple. If you have questions and/or would like to switch over sooner, you may email dph.elrresp@illinois.gov and request to be switched to Simple Report.
- Keep your eye out for communication from dph.elrresp@illinois.gov and read the instructions carefully.
- Upon registering for Simple Report, your identity will be verified via Equifax. This is required by the CDC and the US Digital Service.
- If you have issues with the registration process or any other Simple Report issue, please contact support@simplereport.gov
- For more information see here: <https://simplereport.gov/> .





Questions & Answers

A special thanks to:

CDPH HAI Team:

Dr. Stephanie Black
Shannon Xydis
Liz Shane
Hira Adil
Winter Viverette
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>