CHICAGO

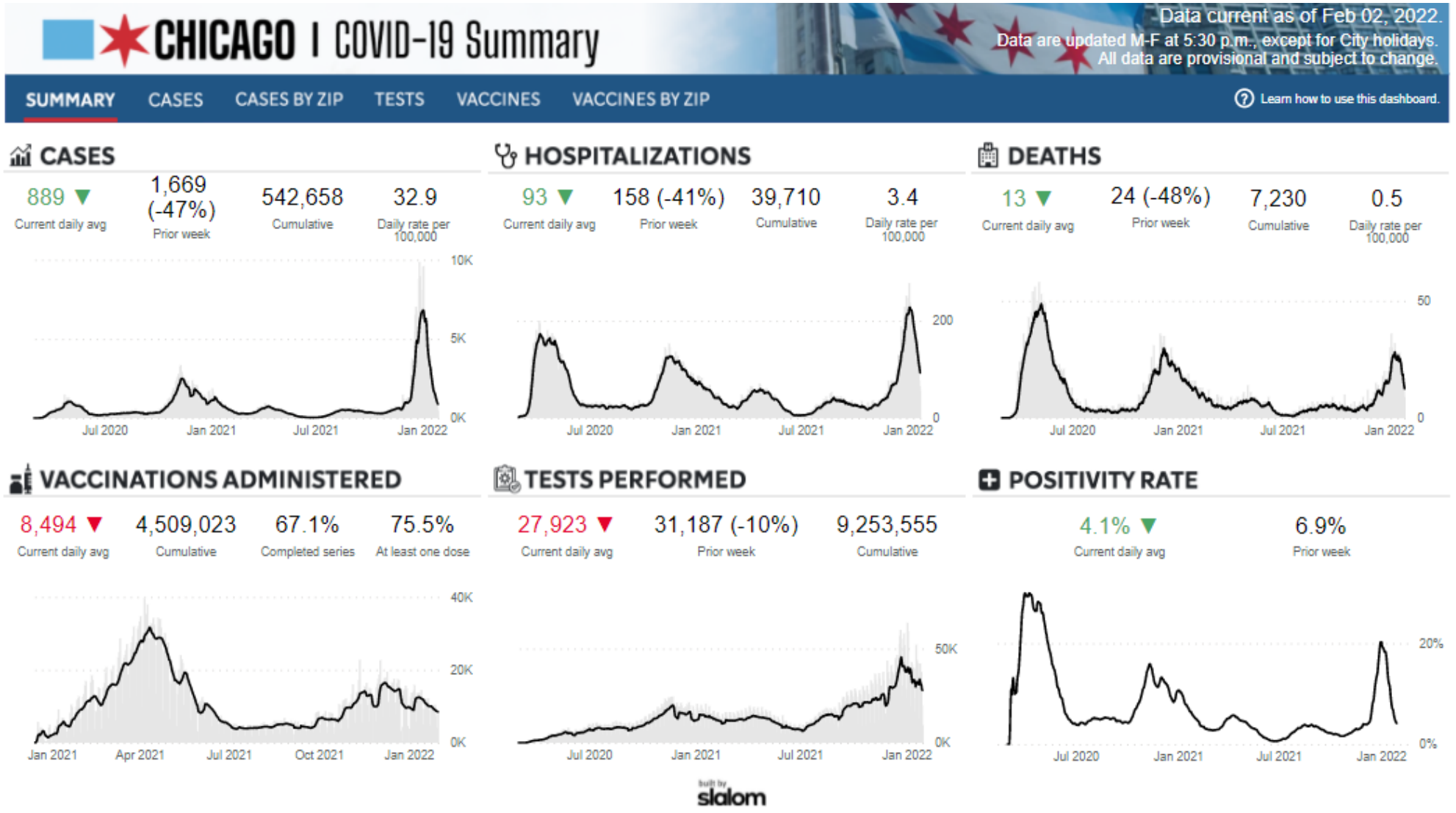
COVID-19
Chicago Long Term Care Roundtable

02-03-2022

Agenda

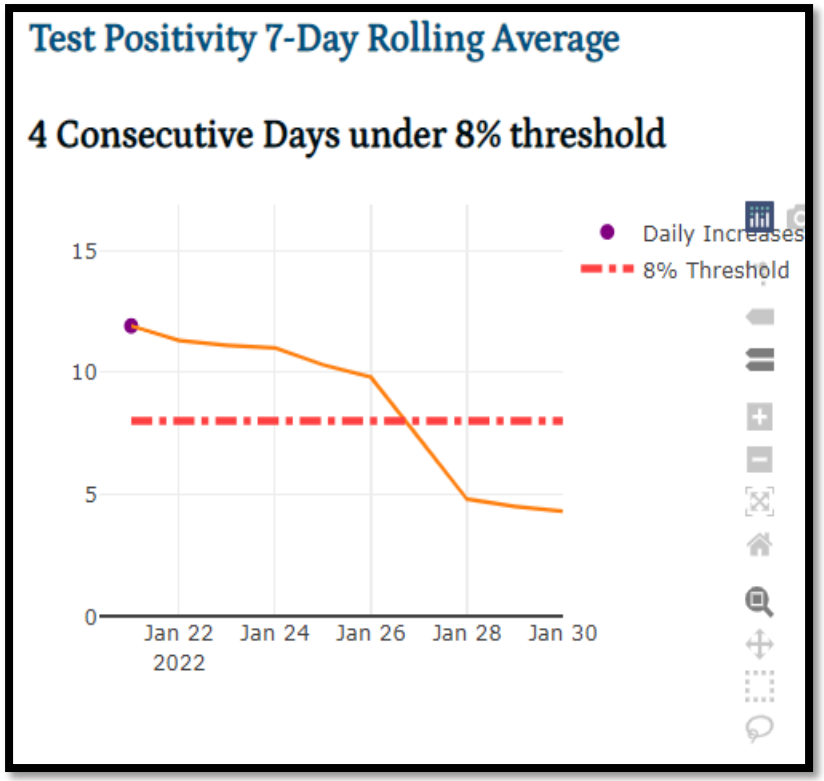
- COVID-19 Epidemiology
- COVID Reminders, Updates, and FAQs
- Questions & Answers

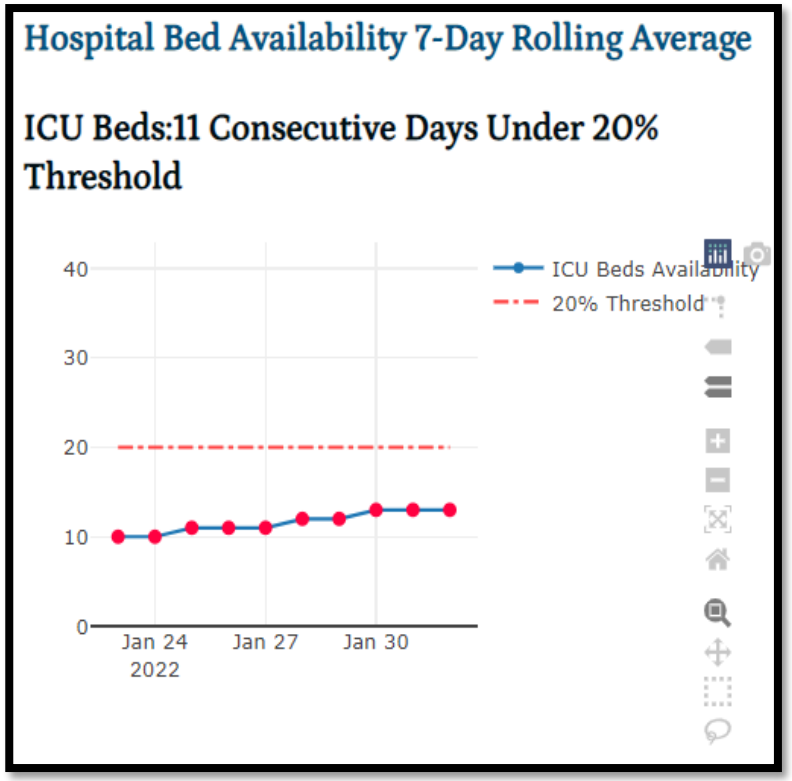
Chicago Dashboard

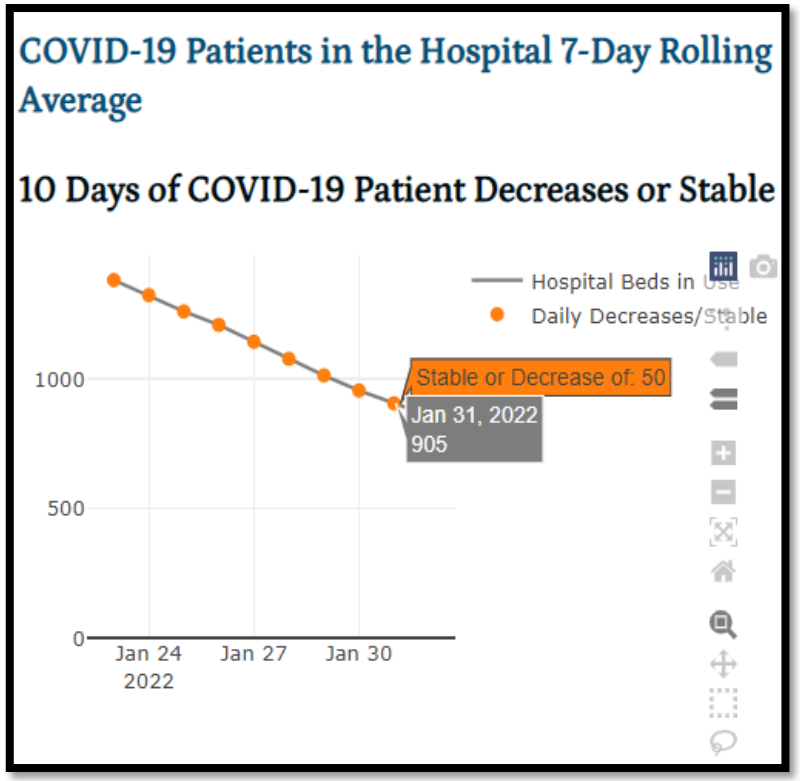


Source: https://www.chicago.gov/city/en/sites/covid-19/home/covid-dashboard.html

IDPH Regional Resurgence Metrics: Region 11

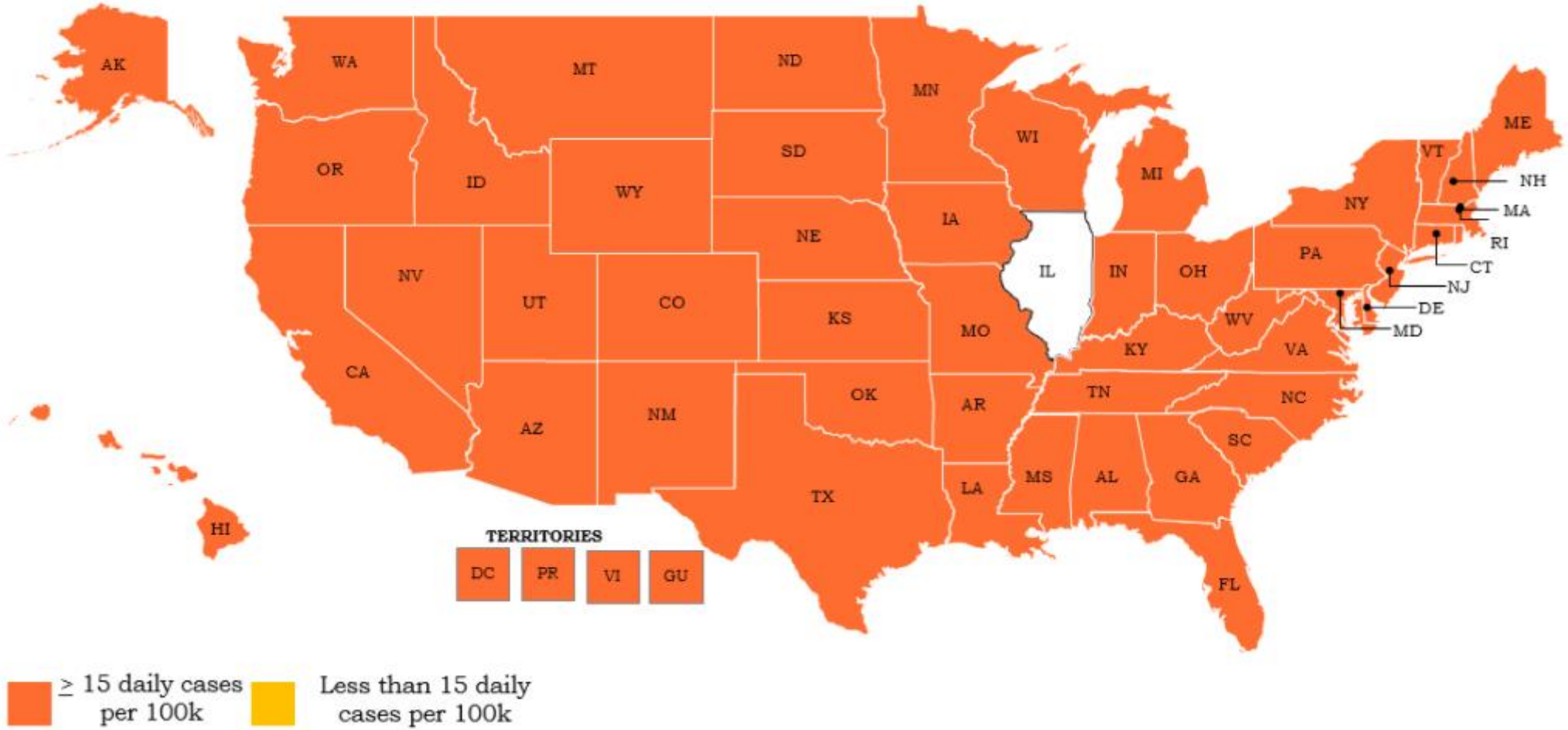




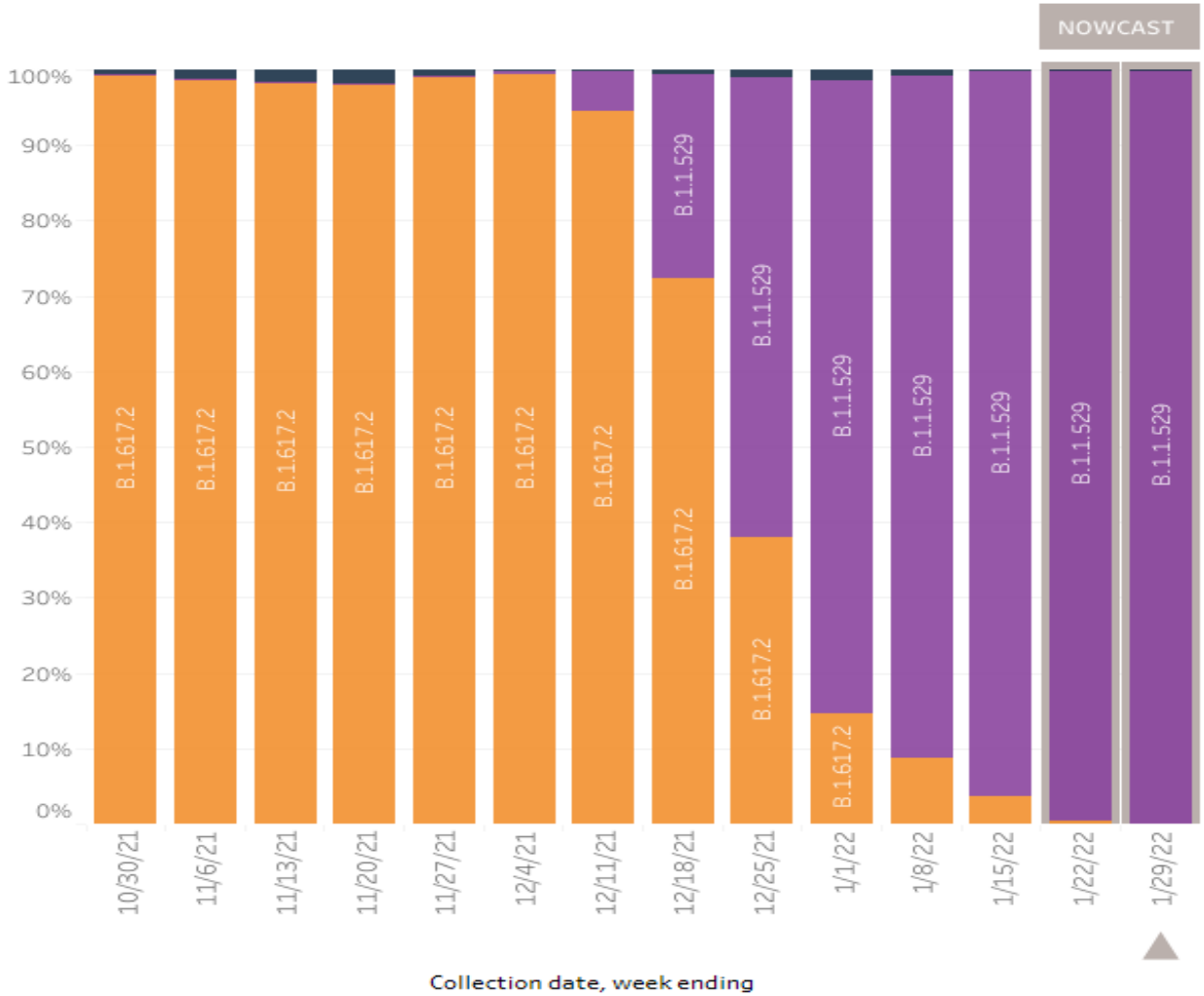


Source: https://www.dph.illinois.gov/regionmetrics?regionID=11

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



HHS Region 5: 10/24/2021 – 1/29/2022



HHS Region 5: 1/23/2022 – 1/29/2022 NOWCAST

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

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	B.1.1.529	VOC	99.9%	99.9-99.9%
Delta	B.1.617.2	VOC	0.1%	0.1-0.1%
Other	Other*		0.0%	0.0-0.0%

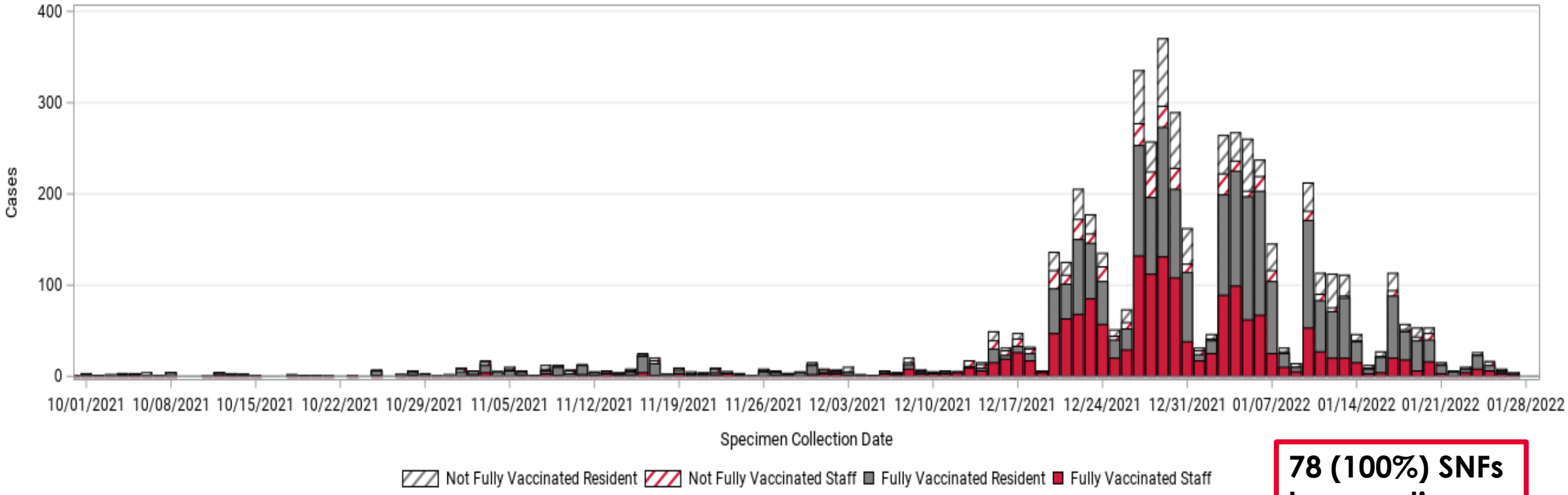
* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
# AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.2 and BA.3 are aggregated with B.1.1.529.

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

Data as of 1/28/2022

All SNFs in Chicago have active COVID-19 outbreaks

(Oct. 1, 2021 – Jan. 28, 2022)



78 (100%) 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[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

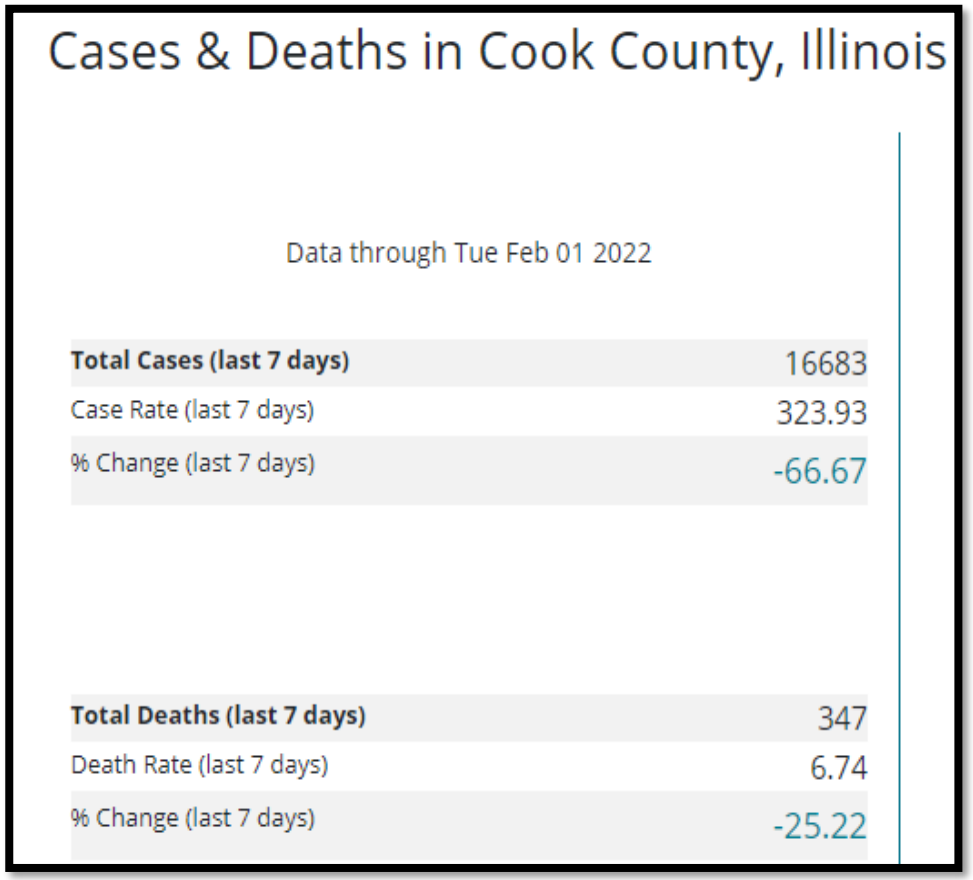
7-day Metrics | 7-day Percent Change

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?

	February 3, 2022
Cases	16,683
Case Rate per 100k	323.93
% Positivity	4.7%
Deaths	347
% of population ≥ 5 years of age fully vaccinated	74.2%
New Hospital Admissions	1,164



Source: https://covid.cdc.gov/covid-data-tracker/#cases_community

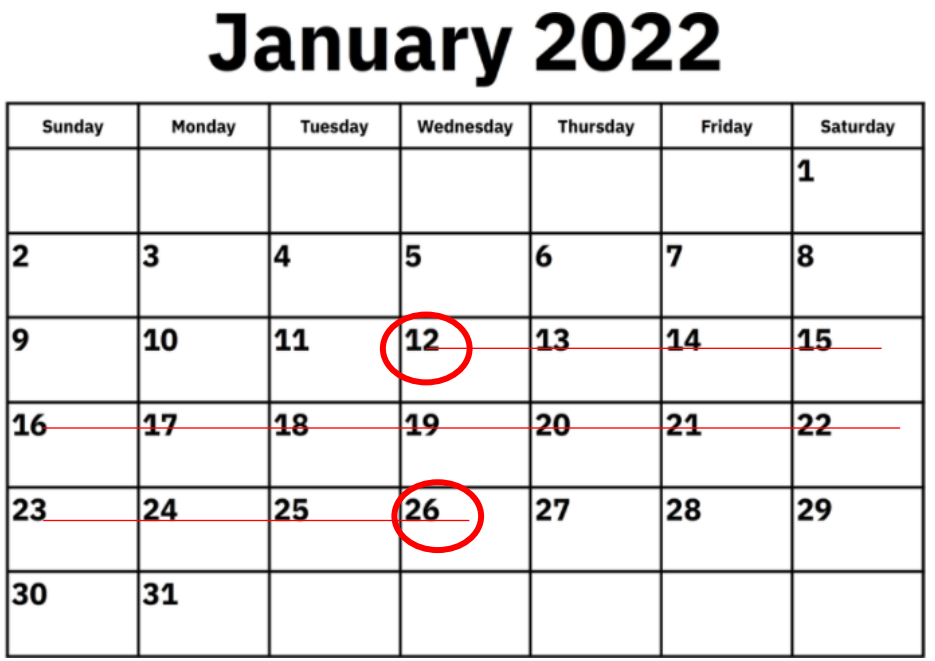
Reminder: Types of Outbreak Testing

- **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.**

Outbreak testing

- Last positive resident case 01/12
- Continue to test every 3-7 days till

  no more positives for 14 days
- Last day of testing should be on or after day 14
- So, if last case was 01/12, the last testing cycle should be on or after 01/26 and if that round of testing is negative, facility can move to routine testing



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) ***and*** at 5-7 days post-admission

New admission and readmissions

FAQ 1: Can we put together 2 unvaccinated new admission/readmissions residents coming in on the same day?

A) No, each unvaccinated new/readmissions need to be quarantined for 14 days in a separate private room

FAQ 2: Can we put together 2 vaccinated new admissions/readmissions coming in on the same day?

A. Yes, vaccinated residents do not need to be quarantined but they should be wearing source control and physical distancing when with other residents.

FAQ 3: When do we need to test new/readmissions?

A. New and readmissions (regardless of vaccination status and facility outbreak status): must be tested upon admission (unless tested within the 72 hours prior to admission) *and* at 5-7 days post-admission

Cohorting Scenario

- 2 COVID positive residents, resident A (asymptomatic)tested positive on 01/12; resident B (immunocompromised)tested positive 01/20
- Can you put both residents in the same room in the COVID unit?

A) Yes, as long as they do not have any other infectious etiology (like multidrug resistant organisms).

✓The isolation for resident A will end on 01/22

✓The isolation for resident B will end on 02/09

Frequency of resident monitoring

- Symptomatic COVID+ residents: vitals/temp/symptom monitoring at least q4 hrs
- Symptomatic residents with unknown COVID status (a.k.a. PUIs): vitals/temp/symptom monitoring at least q4 hrs
- Asymptomatic residents with close contacts and asymptomatic COVID + residents: vitals/temp/symptom monitoring at least q8 hrs
- All other residents (e.g., green, gray, blue zones): temp/symptom monitoring at least once a day

Scenario

- Staff member complains of body aches and fever during his shift

✓Test the staff member and send him home

✓If the staff member tests negative for COVID by PCR on or after the date of symptom onset he can return to work once his symptoms have resolved and he remains fever-free for 24 hours without the use of fever-reducing medication.

COVID-19 Therapeutics

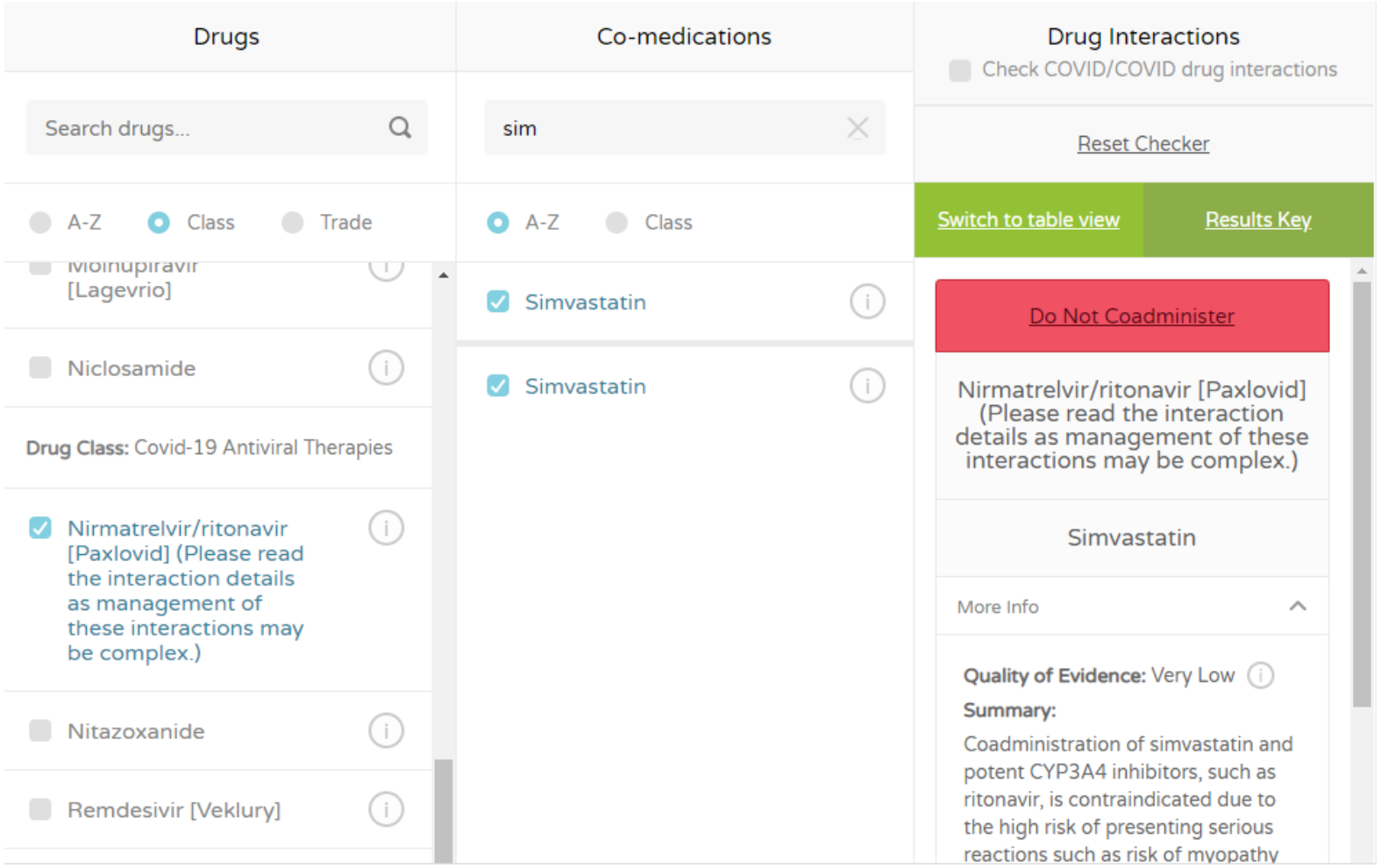
Therapeutics Effective Against Omicron	
Sotrovimab (mAb) Fact Sheet	• Single IV Infusion • Treat within 10 days of positive test or symptom onset. *The earlier the better* • *Few Drug Interactions*
Paxlovid (antiviral) Fact Sheet	• Oral medication, 5-day course • Treat within 5 days of positive test or symptom onset. *The earlier the better* • ***Multiple 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. • **Multiple side effects**

Warnings for Paxlovid & Molnupiravir

Paxlovid	Molnupiravir
Paxlovid should not be used with: • Clopidogrel, rivaroxaban • Sildenafil or tadalafil (for pulmonary HTN) • Phenytoin • Colchicine • Amiodarone • + 12 more **Hold while taking Paxlovid:** • Atrovastatin, simvastatin, rosuvastatin • Tacrolimus, sirolimus • Clonazepam, midazolam (benzo) • Tramadole, hydrocodone, oxycodone • Vardenaphil, sildenafil (for ED)	• Pregnancy – AVOID, especially under 10 weeks • Contraception – childbearing potential females should use contraception during and for 4 days after completing last dose • males should use contraception for THREE MONTHS after completing last dose. • Breastfeeding – Unknown- advise d to avoid for up to 4 days after last dose

COVID-19 Drug Interaction App

- COVID-19 Drug Interactions App
- Paxlovid Fact Sheet
- Molnupiravir Fact Sheet
- Talk with your pharmacist when considering use of these drugs



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 CIMPAR for on-site Sotrovimab administration.
    - Email: COVID19-therapeutics@cimpar.com
    - Phone Number: 708-665-1819

OSHA Ruling COVID-19 Vaccination and Testing; Emergency Temporary Standard-Updated 1/26/22

- On January 26, 2022- OSHA withdrew its November 5, 2021 ETS issued to protect unvaccinated employees of large employers (100 or more employees) from contracting Covid-19
- **Subpart UCOVID-191910.501 – 1910.509 are still active, which include:**
  - § 1910.502 Healthcare
    - "There is no intention to limit state or local government mandates or guidance (e.g., executive order, health department order)"
    - "Employers are encouraged to follow public health guidance from CDC even when not required by this section"
  - § 1910.504 Mini Respiratory Protection Program
  - § 1910.505 Severability
  - § 1910.509 Incorporation by reference

Source: https://www.federalregister.gov/documents/2022/01/26/2022-01532/covid-19-vaccination-and-testing-emergency-temporary-standard

COVID-19 Vaccination Mandates

- State of Illinois
  - Effective September 5, 2021
  - executive-order-2021-20.pdf (illinois.gov)

- Centers for Medicare & Medicaid Services (CMS)
  - Upheld by the Supreme Court
  - Condition of Participation
  - https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-0

- Occupational Safety and Health Administration (OSHA)
  - Struck down by Supreme Court

IDPH
Illinois Department of Public Health

Sources: IDPH LTC Q&A Webinar 01/21/2022

COVID-19 Vaccination Mandates

Within 30 days (1/27/22)

- Policies and procedures are developed and implemented for ensuring all facility staff, regardless of clinical responsibility or patient or resident contact are vaccinated for COVID-19
- Facilities with a staff vaccination rate above 80% at survey with a specific plan to achieve a 100% rate within 60 days would not be subject to additional enforcement action

Within 60 days (2/28/22)

- 100% of staff have received the necessary doses to complete the vaccine series
- At the 60-day mark, a facility above 90% with a plan to achieve a 100% staff vaccination rate within an additional 30 days would not be subject to additional enforcement action.

Within 90 days (3/30/22) and thereafter

- Facilities failing to maintain compliance with the 100% standard may be subject to enforcement action

https://www.cms.gov/files/document/qso-22-07-all.pdf

IDPH Illinois Department of Public Health

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Sources: IDPH LTC Q&A Webinar 01/21/2022

Requesting a Vaccine Clinic from IDPH

If your normal vaccine provider is not able to provide vaccination support, you may request assistance from IDPH

- This should only be as a stopgap measure. IDPH should not replace your normal vaccine provider on a long-term basis.
- Facilities must complete a request form. After completion, a schedule coordinator will reach out to the point of contact at the facility.

IDPH

Illinois Private Business, Association & Organization Vaccination Clinics

APPLICATIONS MUST BE SUBMITTED AT LEAST 14 DAYS PRIOR TO THE REQUESTED DATE OF EVENT

The Illinois Department of Public Health (IDPH) is currently accepting applications for COVID-19 vaccine clinics in the State of Illinois to improve vaccine distribution for private businesses and organizations.

This application is for private businesses, associations, and organizations that want to host an onsite clinic.

PLEASE NOTE:
- We will not accept applications from vaccine vendors.
- If you are an individual looking for an appointment for a vaccination, you can call 833-621-1284 or go to: https://coronavirus.illinois.gov/s/vaccination-location

To request testing please contact IDPH directly.

Business, Association, or Organization Name *

Business/Organization Point of Contact Name *

Is this a Long-Term Care Facility Organization? *
- Yes
- No

Business/Organization Point of Contact Phone Number *
Format: 000-000-0000

Business/Organization Point of Contact Email Address *

Business/Organization Address *

Zip Code of Suggested Location *

Suggested Location Name *

Source: https://app.smartsheet.com/b/form/9a4a682040704efb8a93fe7071120e66

Return to Work for Asymptomatic Exposed Staff – Boosted Employees

- Boosted individuals are considered "up to date" with their COVID vaccinations

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**
Boosted HCP have received all COVID-19 vaccine doses, including booster dose(s) **Screen for symptoms twice per shift**	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 ***prolonged, continued exposure in the home,*** must additionally test weekly for two weeks after the last exposure date.	Allowed to work **Must be asymptomatic**	No additional testing required to work **but include HCP in outbreak testing completed every 3-7 days,** unless within 90 days of COVID-19 infection	Allowed to work **Must be asymptomatic**	No additional testing required to work **but include HCP in outbreak testing completed every 3-7 days,** unless within 90 days of COVID-19 infection.

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/IDPH%20LTC%20COVID-19%20Guidance%2001.18.21.pdf

Return to Work for Asymptomatic Exposed Staff – Unvaccinated, Partially Vaccinated, and Vaccinated Employees

	Conventional		Contingency		Crisis (Must notify LHD and OHCR)	
Vaccinated or Unvaccinated **Vaccinated HCP** have received all primary COVID-19 vaccine doses but not the booster. **Unvaccinated HCP** have NOT received all primary COVID-19 vaccine doses. **Screen for symptoms twice per shift**	10 days off (ideal) OR	If excluded from work for 10 days, no testing is required to return to work. Note: HCP with ***prolonged, continued exposure in the home,*** 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.	Allowed to work with **negative 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 ***prolonged, continued exposure in the home,*** 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.**	Allowed to work **with negative 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 ***prolonged, continued exposure in the home,*** are allowed to work with negative test completed on days 1* and 5-7 post exposure, unless within 90 days of COVID-19 **for two weeks after the last exposure date.**
	7 days off **Must be asymptomatic**	May return after 7 days with **one negative test*** Note: HCP with ***prolonged, continued exposure in the home,*** are allowed to work following testing cadence noted above under 10 days off.				

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/IDPH%20LTC%20COVID-19%20Guidance%2001.18.21.pdf

Scenario 1a: Return to Work for Asymptomatic Exposed Staff – Up to Date

- A staff member's husband is positive. The husband is able to stay in a separate area of the house for the remainder of his isolation period.
  - If the staff member is **boosted** (i.e., up to date) **and asymptomatic**:
    - **Conventional strategy**:
      - Can bring back to work right away but should test at post-exposure day 1 and at least once between days 5-7
    - **Contingency strategy**:
      - No testing required prior to returning to work but should be included in outbreak testing (every 3-7 days) for the remainder of the outbreak
    - **Crisis strategy**:
      - Same as contingency

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/IDPH%20LTC%20COVID-19%20Guidance%2001.18.21.pdf

Scenario 1b: Return to Work for Asymptomatic Exposed Staff – Not Up to Date

- A staff member's husband is positive. The husband is able to stay in a separate area of the house for the remainder of his isolation period.
  - If the staff member is **fully vaccinated but not boosted, partially vaccinated, or unvaccinated** (i.e., not up to date) **and asymptomatic:**
    - **Conventional strategies**:
      - Restrict from work for 10 days; do not need a negative test result to return to work **OR**
      - Restrict from work for 7 days; must have a negative test result from a specimen collected within the 48 hours prior to returning to work
    - **Contingency strategy**:
      - No work restriction. Must test at day 1 and at least once between days 5-7
        - Facilities can test more frequently (as supplies allow)
    - **Crisis strategy**:
      - Same as contingency

Sources: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/IDPH%20LTC%20COVID-19%20Guidance%2001.18.21.pdf; https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

Scenario 1 Testing Dates

- Day of *first* exposure is day 0
  - **Note**: HCP who are not up to date and have prolonged continued exposure where one or both parties are unmasked (e.g., exposed to a young child in their household who cannot remain separate from the HCP), must be tested at:
    - Day 1 **and**
    - At least once between days 5-7 **and**
    - At least weekly (every 3-7 days) for two weeks after the *last* exposure date while the contact was potentially infectious (i.e., 10 days after the positive contact's symptom onset date or specimen collection date)

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/IDPH%20LTC%20COVID-19%20Guidance%2001.18.21.pdf

Scenario 1 Notes: Asymptomatic Exposed Staff

- Post-exposure testing must be completed even if the facility is out of outbreak.
- Staff must continue to be asymptomatic after returning to work. If symptomatic, they should be tested and excluded from work.
  - Regardless of vaccination status, if exposed staff return to work prior to day 7 (with a negative test) or day 10 (regardless of testing), they must be screened for symptoms twice a shift (ideally pre-shift and mid-shift)
- Asymptomatic exposed staff must continue to test negative after returning to work. If one of the rounds of post-exposure testing is positive, the staff must be excluded
- A rapid test or a PCR can be used as a clearance test to return to work prior to 10 days, but rapid testing is preferred because a PCR may remain positive for weeks to months
- Staff who have been positive in the last 90 days do not need to be tested following an exposure unless they are newly symptomatic

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/IDPH%20LTC%20COVID-19%20Guidance%2001.18.21.pdf

Return to Work for Infected Staff

Table 4: Work Exclusions & Restrictions for HCP with COVID-19 Infection - New						
Vaccination Status	Conventional		Contingency		Crisis (Must notify LHD and OHCR)[2]	
	Work Exclusion	Required Testing	Work Exclusion	Required Testing	Work Exclusion	Required Testing
Boosted, Vaccinated and Unvaccinated	10 days off (ideal) OR	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. **Must have one negative test[1]** 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. **Must have one negative test[1]** completed within 48 hours before work shift begins or rapid antigen test prior to shift				

[1]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.
[2]LHD – Local Health Department, OHCR = IDPH Office of Health Care Regulation

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/IDPH%20LTC%20COVID-19%20Guidance%2001.18.21.pdf

Scenario 2: Return to Work for Infected Staff – Up to Date and Not Up to Date

- Staff member tested positive for COVID
  - **Conventional strategies**:
    - Restrict from work for 10 days; do not need a negative test result to come back on day 11 **OR**
    - Restrict from work for 7 days; must have a negative test result from a specimen collected within the 48 hours prior to returning to work
  - **Contingency strategy**:
    - May return after 5 days if asymptomatic *or* have mild to moderate symptoms that are improving and fever free for 24 hours without the use of fever-reducing medications **AND**
    - Must have a negative test completed with 48 hours prior to their first shift back at work.
  - **Crisis strategy (DO NOT USE WITHOUT APPROVAL FROM CDPH)**:
    - Allowed to work, without additional testing, but should have duties prioritized to minimize potential exposure to others

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/IDPH%20LTC%20COVID-19%20Guidance%2001.18.21.pdf

Scenario 2 Notes: Infected Staff

- Either a rapid test or a PCR can be used as a clearance test to return to work prior to 10 days, but rapid testing is preferred because a PCR may remain positive for some time following infection even though the individual may no longer be infectious.
- If a staff member comes back prior to what is allowed under a conventional strategy, they must wear an N95 continuously, even when not in patient care areas, through day 10. If they need to remove their respirator (e.g., to eat lunch) they must be away from others.
- Infected staff members who come back prior to what is allowed under a conventional strategy should be prioritized to work in the COVID unit wherever possible.
- If a staff member was exposed and then becomes positive, the time they were excluded from work due to the exposure **does not** count toward the number of days that they need to be excluded due to the infection.

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/IDPH%20LTC%20COVID-19%20Guidance%2001.18.21.pdf

Scenario 2 Notes, Continued

- If a facility is using a contingency staffing strategy (i.e., testing staff after 5 days and allowing them to return if the test is negative) but the staff member still tests positive on day 5:
  - The staff member can retest at day 7 and, if that test is negative, the staff member can return on Day 8 **OR**
  - The staff member can remain off work through day 10 and does not need a negative test to return on day 11

- If tests are limited, facilities should prioritize using the tests for required routine/outbreak testing and testing newly symptomatic individuals

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/IDPH%20LTC%20COVID-19%20Guidance%2001.18.21.pdf

Scenario 2: Testing Dates

For infected staff:

- If symptomatic, the day of symptom onset is day 0
- If asymptomatic, the specimen collection date for the first positive test is day 0

Source: https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/IDPH%20LTC%20COVID-19%20Guidance%2001.18.21.pdf

FAQ: How can my staff order free at-home tests?

- The federal government is providing four free at-home tests per household
- Tests can be ordered through https://www.covidtests.gov/

Get free at-home COVID-19 tests

Every home in the U.S. is eligible to order 4 free at-home COVID-19 tests. The tests are completely free. Orders will usually ship in 7-12 days.

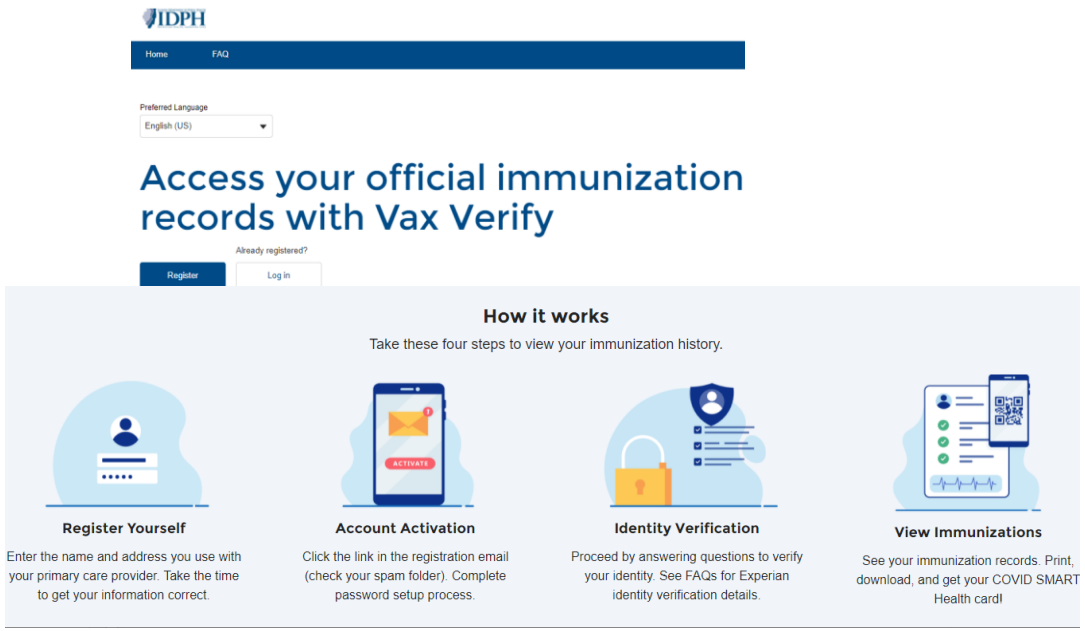
Order your tests now so you have them when you need them.

Order Free At-Home Tests

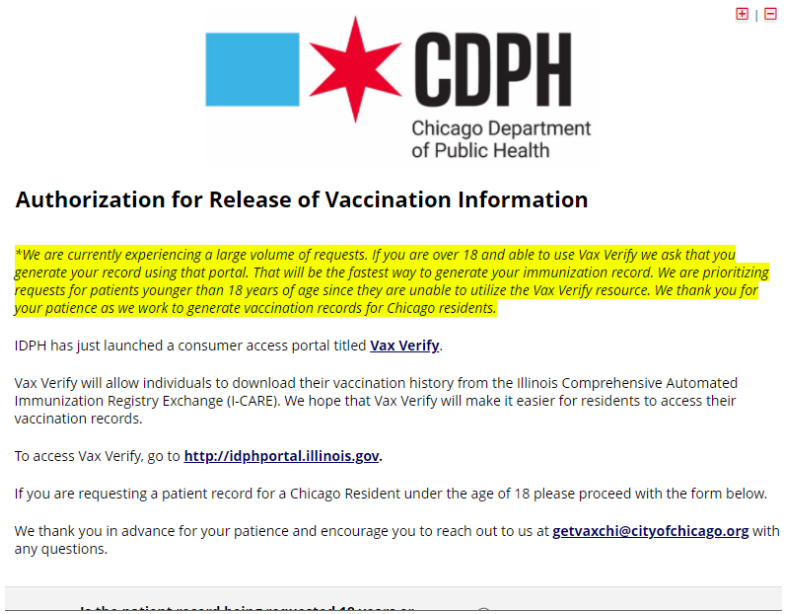
If you need a COVID-19 test now, please see other testing resources for free testing locations in your area.

FAQ: One of my new admissions said he was vaccinated but doesn't have his card. How do I get his vaccine records?

IDPH Vax Verify



CDPH Request Form



- **Note:** Residents must request their own records, unless they have a proxy. Both systems only allow for one request at a time.

Sources: https://idphportal.illinois.gov/s/?language=en_US; https://redcap.dph.illinois.gov/surveys/?s=HYHDYDTL8D

FAQ: A resident's daughter who tested positive six days ago wants to come visit her mom today. Should we let her visit?

- No, an infected visitor cannot visit a nursing home resident until they have completed ten days of isolation.
  - Even though CDC's guidance for the general public allows for community members to discontinue isolation after 5 days as long as they continue to be masked through day 10, this guidance does not apply to visitors at nursing homes.

Source: https://www.chicagohan.org/documents/14171/1461985/LTCF_QAwebinar_1.21.22.pptx/1c6c8bfd-c030-a4a8-eb0e-5cc6c72d01fa?t=1642804701845

FAQ: I thought we don't have to re-test someone who tested positive within the past 90 days. Why do I now need to re-test my infected staff if I bring them back before day 10?

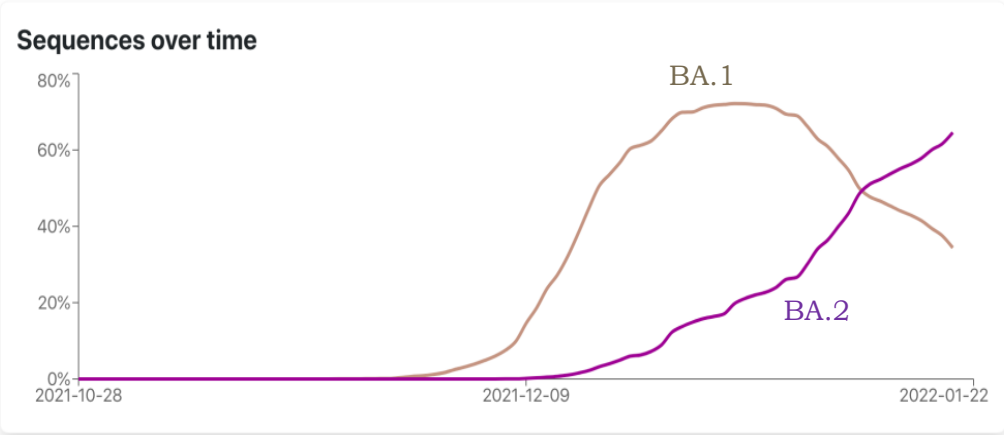
- PCR tests are the gold standard for detecting a COVID infection, but can remain positive for a long time
  - As a result, guidance has been not to include individuals with a previous positive test in routine or outbreak testing for 90 days

- Rapid antigen tests (RATs) are less sensitive (i.e., may have more false negatives) than a PCR but a positive RAT is a better indicator of **current** infectiousness
  - Retesting with a RAT is **only** indicated if a staff member is returning to work prior to completing a ten day isolation period.

FAQ: I heard there is a new COVID variant. Is that true?

- BA.2 is a subvariant under the Omicron umbrella
  - Predominant Omicron subvariant in several countries, including Denmark and South Africa
- Has been detected in the U.S. but currently accounts for only a small proportion of sequenced cases.
  - BA.1 remains the predominant Omicron subvariant in the U.S.
- More data are needed to determine transmissibility, severity, and vaccine efficacy
- Regardless of the variant, getting vaccinated is the best way to reduce the risk of COVID infection, hospitalization, and death

Comparing BA.1 vs. BA.2 in Denmark



Sources: https://www.newscientist.com/article/2306416-what-you-need-to-know-about-the-fast-spreading-ba-2-omicron-variant/; https://time.com/6143069/new-omicron-variant-ba2/; https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/; https://www.reuters.com/business/healthcare-pharmaceuticals/omicron-subvariant-ba2-more-infectious-than-original-danish-study-finds-2022-01-31/; https://www.cnbc.com/2022/01/28/the-new-bapoint2-omicron-subvariant-is-already-circulating-in-half-of-us-states.html; GISAID

Questions & Answers

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