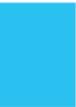




# **COVID-19 Chicago Long Term Care Roundtable**

02-17-2022



# Agenda

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

# Chicago Dashboard

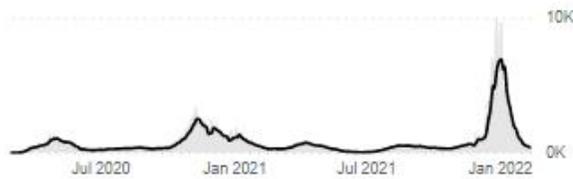


**CHICAGO | COVID-19 Summary** Data current as of Feb 16, 2022.  
Data are updated M-F at 5:30 p.m., except for City holidays.  
All data are provisional and subject to change.

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

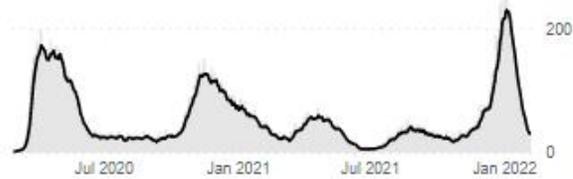
## CASES

389 ▼ 564 (-31%) 553,211 14.4  
Current daily avg Prior week Cumulative Daily rate per 100,000



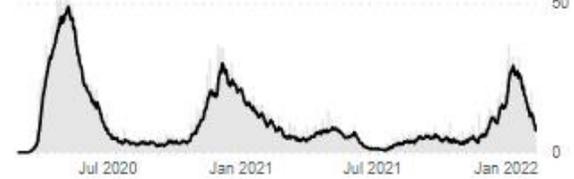
## HOSPITALIZATIONS

31 ▼ 57 (-46%) 40,294 1.1  
Current daily avg Prior week Cumulative Daily rate per 100,000



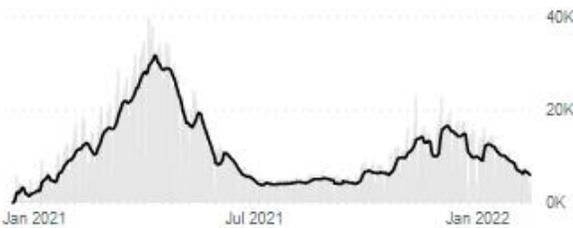
## DEATHS

7.43 ▼ 12 (-38%) 7,432 0.3  
Current daily avg Prior week Cumulative Daily rate per 100,000



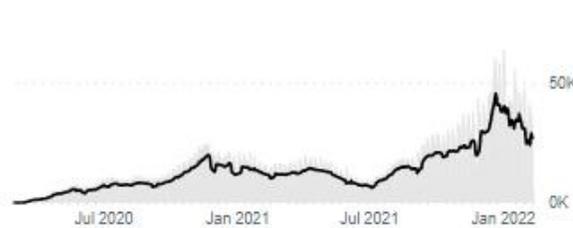
## VACCINATIONS ADMINISTERED

5,977 ▼ 4,598,946 68.4% 76.2%  
Current daily avg Cumulative Completed series At least one dose



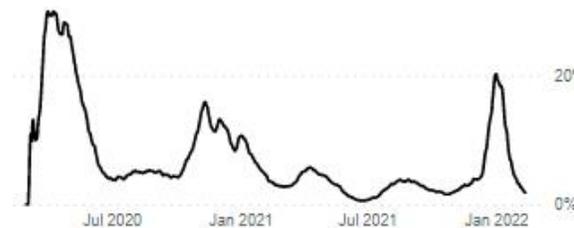
## TESTS PERFORMED

27,033 ▲ 25,905 (+4%) 9,664,591  
Current daily avg Prior week Cumulative



## POSITIVITY RATE

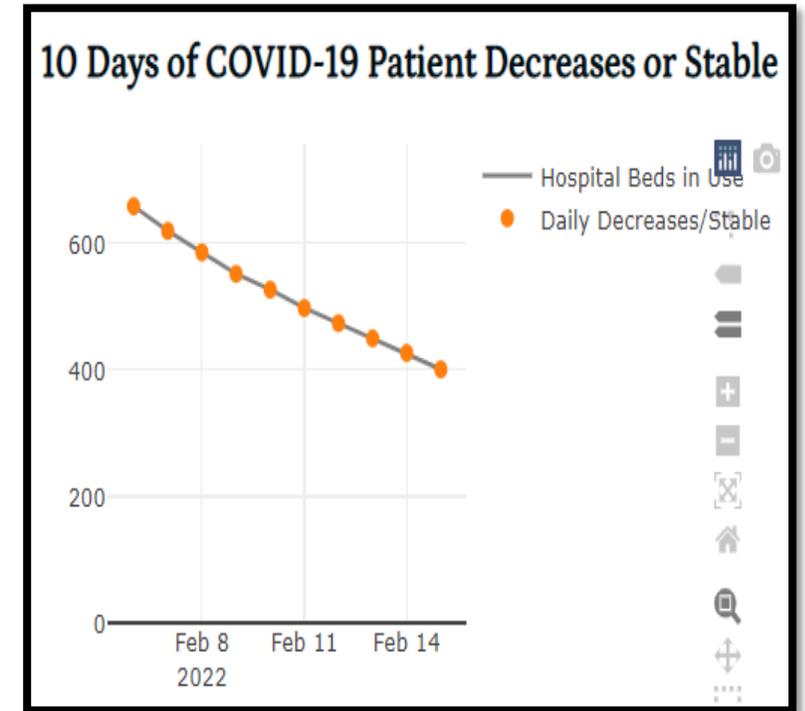
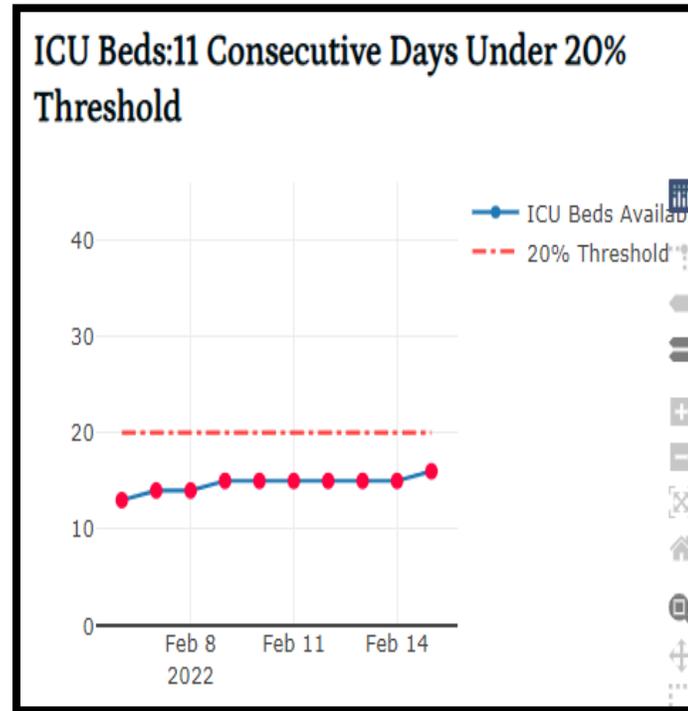
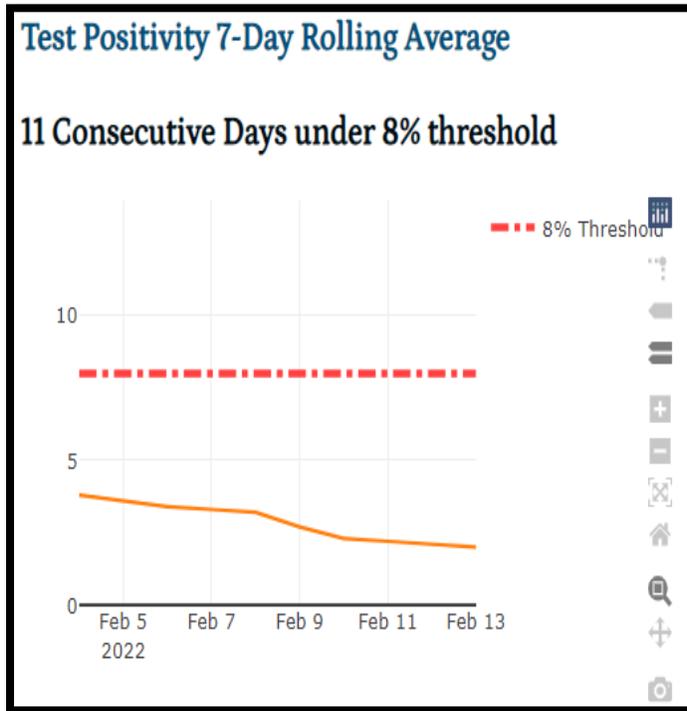
1.9% ▼ 2.8%  
Current daily avg Prior week



built by **slalom**

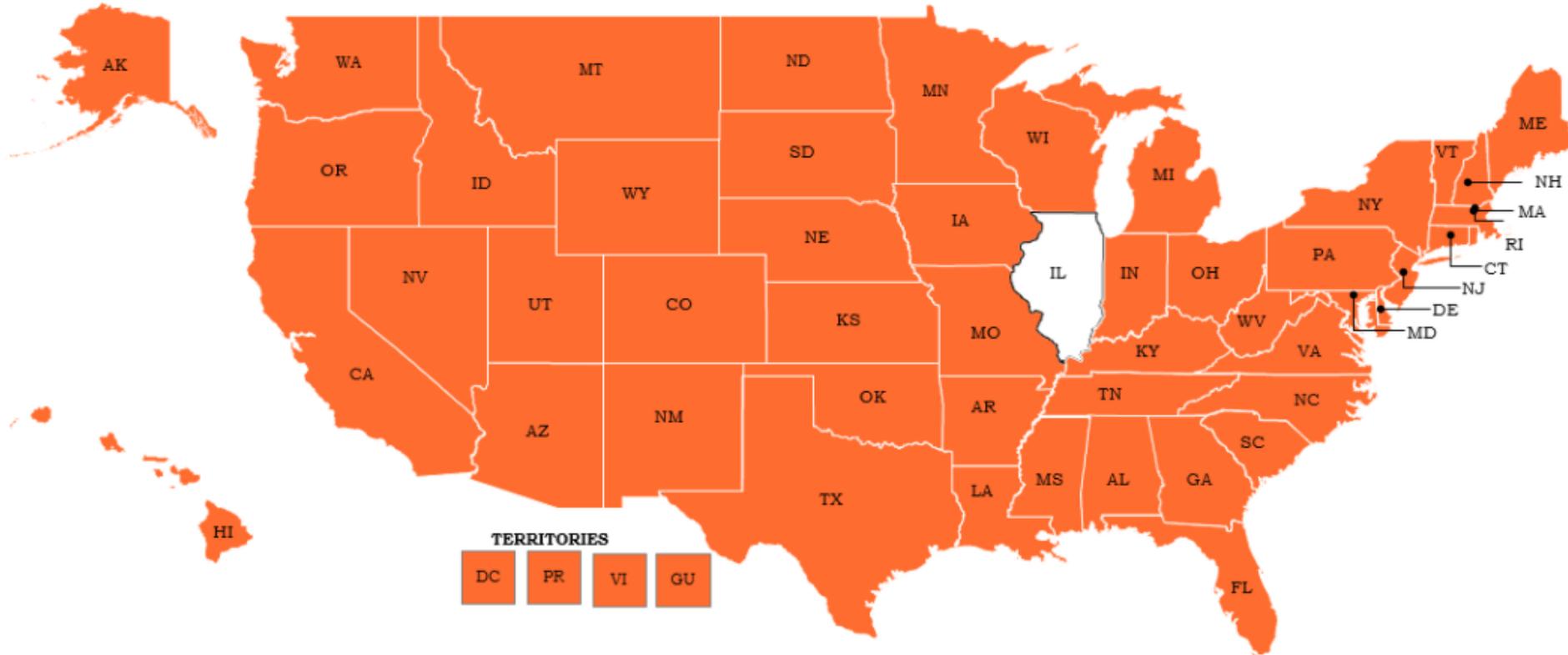


# IDPH Regional Resurgence Metrics: Region 11





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



Orange:  $\geq$  15 daily cases per 100k  
Yellow: Less than 15 daily cases per 100k

<https://www.chicago.gov/city/en/sites/covid-19/home/emergency-travel-order.html>

United States: 11/7/2021 – 2/12/2022

United States: 2/6/2022 – 2/12/2022 NOWCAST



**USA**

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.1.1	VOC	73.2%	69.0-77.1%
	B.1.1.529	VOC	22.9%	19.1-27.1%
	BA.2	VOC	3.9%	2.8-5.3%
Delta	B.1.617.2	VOC	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

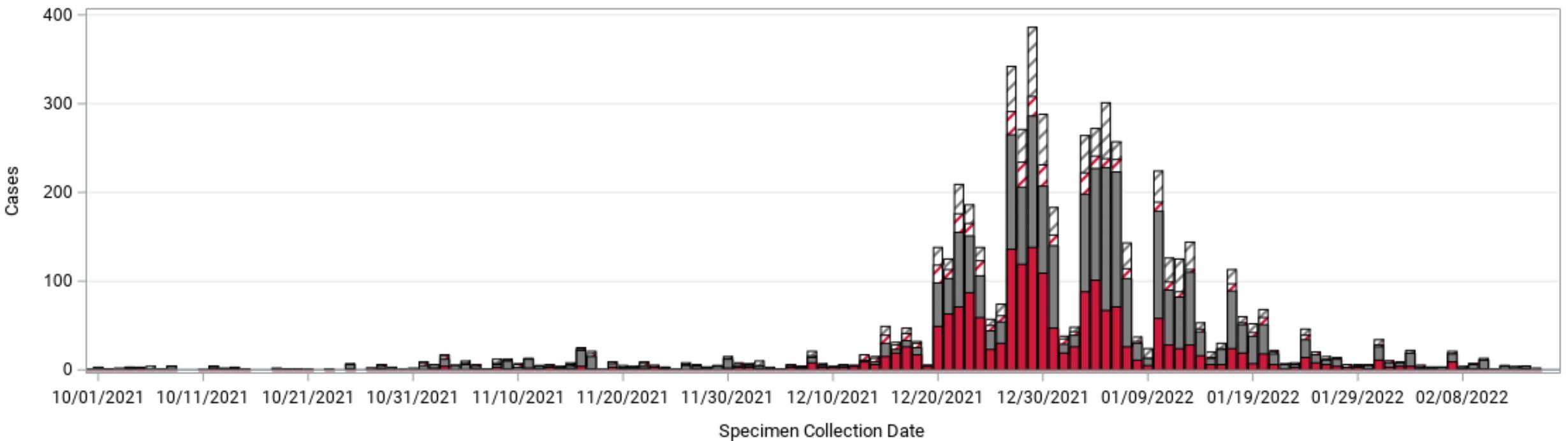
\* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

\*\* 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 and BA.3 are aggregated with B.1.1.529. For regional data, BA.1.1 is also aggregated with B.1.1.529, as it currently cannot be reliably called in each region.

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

(Oct. 1, 2021 – Feb. 16, 2022)



Legend:   
 [Hatched] Not Fully Vaccinated Resident   
 [Red with diagonal lines] Not Fully Vaccinated Staff   
 [Grey] Fully Vaccinated Resident   
 [Red] Fully Vaccinated Staff

**69 (88%) SNFs have active outbreaks**

Data Sources: INEDSS (Illinois state) and REDCap (facility self report)  
A fully vaccinated case occurs when the positive test specimen was collected at least 14 days after the individual completed their COVID vaccination  
Fully vaccinated cases may be underestimated due to delayed reporting

# ★ Reminder: CDC COVID Data Tracker

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

# CDC COVID Data Tracker: Cook County

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

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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 17, 2022

Cases	7,392
Case Rate per 100k	143.53
% Positivity	2.16%
Deaths	186
% of population ≥ 5 years of age fully vaccinated	75.1%
New Hospital Admissions	586

## Cases & Deaths in Cook County, Illinois

Data through Tue Feb 15 2022

<b>Total Cases (last 7 days)</b>	7392
Case Rate (last 7 days)	143.53
% Change (last 7 days)	-42.81
<b>Total Deaths (last 7 days)</b>	186
Death Rate (last 7 days)	3.61
% Change (last 7 days)	-17.33



# New: Minimum Routine Staff Testing Frequency

Vaccination Status	Testing Frequency
Unvaccinated	2x a week*
Partially Vaccinated	2x a week*
Not up to date*	2x a week*
Up to date	No required routine testing

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

\*An individual has not received all COVID-19 vaccinations for which they are eligible, as outlined under "up to date"



# Reminder: Minimum Routine Resident Testing Frequency

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

# N95 and Fit testing

- The purpose of a respirator when worn by healthcare personnel, for example a N95 filtering facepiece respirator, is typically to protect the wearer by reducing the concentration of infectious particles in the air inhaled by the wearer.
- When respirator use is required, the Respiratory Protection standard requires that all employee use of respirators be done within the context of a comprehensive and effective respiratory protection program.
- The program must be in writing, have a designated respirator program administrator, and specify the employer's policies and procedures for the use of respiratory protection in the facility.

## FIGURE 6: SOME KEY REQUIREMENTS OF THE OSHA RESPIRATORY PROTECTION STANDARD

- Written respiratory protection program with policies and procedures
- Designation of a program administrator
- Procedures for hazard evaluation and respirator selection
- Medical evaluation of respirator wearers
- Fit testing procedures for tight-fitting respirators (including filtering facepiece respirators)
- Procedures for proper use, storage, maintenance, repair, and disposal of respirators
- Training
- Program evaluation including consultation with employees
- Recordkeeping

# N95 and Fit testing

- All employees required to wear tight-fitting respirators, including N95 filtering facepiece respirators and tight-fitting PAPRs (with the blower off) need to be fit tested
- PAPRs with loose-fitting facepieces, hoods, or helmets do not require fit testing.
- How to get fit tested?
  - ✓ An OSHA-accepted fit test protocol must be followed exactly as written.
  - ✓ Fit testing may be done using a qualitative test using Bitrex® or saccharin or a quantitative test using a PortaCount® or another appropriate instrument
  - ✓ Fit tests must be performed by a qualified individual, able to follow the protocol & train employees.

# ★ Approaches to fit testing

- There are three major approaches regarding fit testing:
  - ✓ centralized (one department or individual conducts the fit testing)
  - ✓ decentralized (using a train-the-trainer approach whereby specific units or departments do their own fit testing)
  - ✓ contracted (whereby equipment vendors or outside companies or consultants conduct the fit testing and/or training).



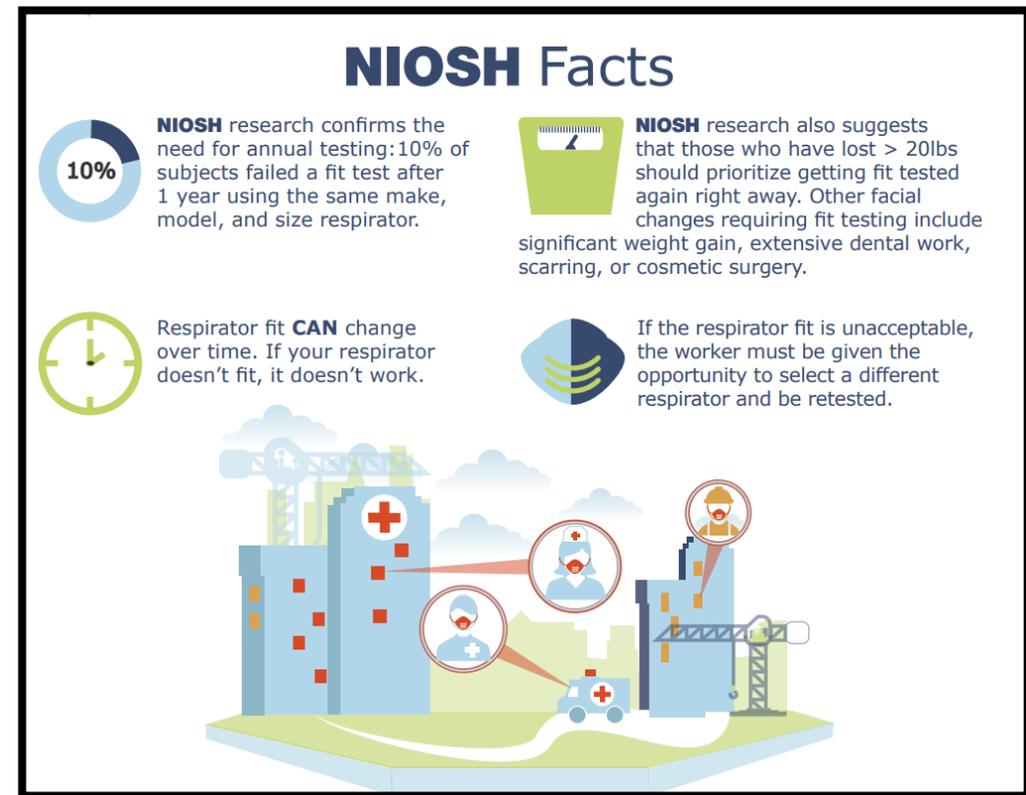


- Helpful tips:

- ✓ Offering fit testing in each unit, in break rooms, or other settings
- ✓ Training managers as back-up fit testers
- ✓ Providing opportunities on all shifts and during off-hours for respirator selection and fit testing
- ✓ Providing fit testing by appointment
- ✓ Organizing fit testing and training by month, such as by training each department during a certain month, training employees during their birth month, or offering training during the same month each year
- ✓ Contracting fit testing services through an outside vendor, respirator manufacturer, or other third party
- ✓ Pooling resources with other systemwide facilities

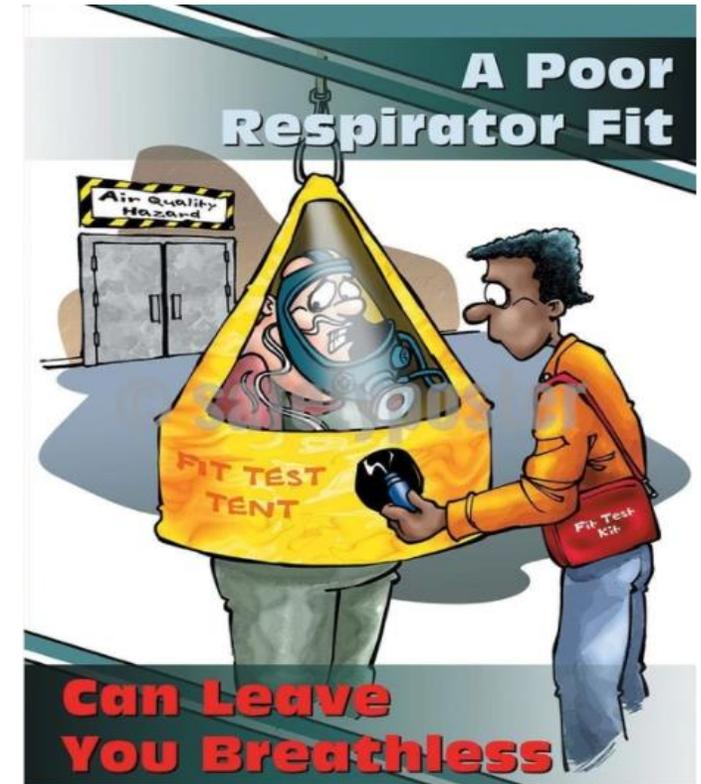
# ★ OSHA requires annual fit testing: 29 CFR 1910.134

- Records from fit testing need to be kept on file until the next annual fit test is performed
- Keep record of the fit tested size and model of the respirator and make sure the staff are using the appropriate make/model they passed the fit testing for.
- A fit test is required before a respirator can be worn, yearly and after any physical change that may affect the fit



# ★ Resources for Fit Testing

- Hospital Respiratory Protection Program Toolkit  
[Hospital Respiratory Protection Program Toolkit pdf icon\[PDF – 3818 KB\]](#)
- OSHA Respiratory Protection Standard 1910.134 Appendix A  
<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppA>
- Implementing Hospital Respiratory Protection Programs: Strategies from the Field  
[https://www.jointcommission.org/-/media/tjc/documents/resources/health-services-research/implementing\\_hospital\\_rpp\\_2-19-15pdf.pdf](https://www.jointcommission.org/-/media/tjc/documents/resources/health-services-research/implementing_hospital_rpp_2-19-15pdf.pdf)





# COVID-19 Therapeutics



- Bebtelovimab a.k.a. BEB (Eli Lilly)
  - A new mAb that received EUA on 2/2/22
  - Use within **7 days** of symptom onset (different from sotrovimab, up to 10 days)
  - Appears to retain activity against the omicron variant and the **BA.2 omicron subvariant**. (sotrovimab may lose neutralizing activity with BA.2)
  - Use only if sotrovimab is not available or clinically appropriate.



# Access to COVID-19 Therapeutics

1. Talk with your on-site Provider and Pharmacy
  - Most LTC Pharmacies should have supply
  - Supply is no longer limited.
2. [IDPH COVID-19 Therapeutics finder](#)
3. Reach out to CIMPAR for on-site mAb administration.
  - Email: [COVID19-therapeutics@cimpar.com](mailto:COVID19-therapeutics@cimpar.com)
  - Phone Number: 708-665-1819
4. For further assistance with access to therapeutics contact Christy Zelinski  
[christy.zelinski@cityofchiocago.org](mailto:christy.zelinski@cityofchiocago.org)

# Remember to Report Vaccine Booster information into NHSN Vaccine Module

## Question #5: Same Questions for Resident and HCP

\*Cumulative number of individuals in question #4 who have received an additional dose or booster of a COVID-19 vaccine at this facility or elsewhere since August 2021

- Each week, report all individuals in question 4 (who are eligible to have received an additional dose or booster) who have ever received an additional dose or booster since August 2021
- Include receipt of additional dose or booster at the facility or elsewhere
- *Example:*
  - Week 1: 5 individuals received an additional dose or booster of a COVID-19 vaccine
  - Week 2: 3 more individuals received an additional or booster of a COVID-19 vaccine
  - For Week 1: Report 5 individuals received an additional dose or booster
  - For Week 2: Report 8 individuals received an additional dose or booster

- Add together those eligible for an additional dose or a booster.
- Most residents and staff who are fully vaccinated are eligible. Therefore, the answer to #4 should not be zero.
- Instructions: [weekly-covid-reporting-508.pdf](#)





# Update: COVID-Vaccination Schedule for People who are Moderately or Severely Immunocompromised

Vaccine	Vaccination Schedule			
<b>Pfizer-BioNTech</b> (ages 5 years and older)	<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</b> (ages 18 years and older)	<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</b> (ages 18 years and older)	<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)

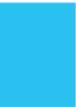
\*Any COVID-19 vaccine can be used for the booster dose in people ages 18 years and older, though mRNA vaccines are preferred. For people ages 12–17 years, only Pfizer-BioNTech can be used. People ages 5–11 years should not receive a booster dose.

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



# Reminder: Examples of Moderate & Severe Immunocompromising Conditions

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic cell transplant (HCT) (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids (i.e.,  $\geq 20$  mg prednisone or equivalent per day when administered for  $\geq 2$  weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory



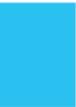
**FAQ: I have an immunocompromised resident who received their 3<sup>rd</sup> dose 5 months ago. Would they be considered “up to date” on their vaccination series?**

- No, they would not be considered up to date as they have not received all doses that they are eligible for.



# Update: Vaccination after Monoclonal Antibodies

- Someone who received monoclonal antibodies or convalescent plasma can be vaccinated at any time after receipt of mAB. There is no longer a need for a 90-day delay.
- However, for people who previously received a COVID-19 vaccine, administration of tixagevimab/cilgavimab (EVUSHELD) for pre-exposure prophylaxis should be deferred for at least two weeks after vaccination



# FAQ: We accidentally gave our resident her second dose of Moderna two days early. Do we have to re-do the dose?

- No, doses administered up to 4 days before the minimum interval are considered valid.
- If a dose is administered prior to the 4-day grace period and is a:
  - Primary series dose: it **should** be repeated; the repeat dose should be spaced from the date of the dose given in error by the recommended minimum interval.
  - Booster dose: it should **not** be repeated

# Update: CDC Quarantine Guidance

- Best practice, as per CDC, is to quarantine new/readmitted and exposed residents who are not up to date on their COVID vaccination series.
- This includes residents who are:
  - Unvaccinated or
  - Partially vaccinated or
  - Fully vaccinated but have not yet received a booster despite being eligible for one
- This does not include residents who are:
  - Fully vaccinated and not yet eligible for a booster or
  - Fully vaccinated and boosted



# Update: Celltrion DiaTrust COVID-19 Antigen Rapid Tests

- The federal government will be sending Celltrion rapid antigen tests to CMS-certified skilled nursing facilities
  - Each facility should receive approximately four tests per resident
  - Test kits began shipping on February 7th
- The test requires specimen collection using a nasopharyngeal (NP) swab
- Facilities that have already been receiving BinaxNow tests directly from Abbott will continue to receive those test kits.
- Future allocations will vary based on positivity rates and facility outbreak status.





# Update: Update to Illinois Executive Order 2022-05

- Beginning March 15, 2022, Health Care Workers at skilled nursing and intermediate care facilities licensed under the Nursing Home Care Act ... 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.
- Stay tuned for related emergency rule.



# FAQ: CMS Vaccination Mandate for LTC HCW

- **FAQ 1:** I have two staff members who have approved medical exemptions. Will I be out of compliance with the CMS vaccination mandate if they are not vaccinated?
  - No, staff who have approved exemptions due to medical reasons or strongly held religious beliefs do not need to be vaccinated
- **FAQ 2:** I have five staff members who refuse to be vaccinated. Two have not submitted exemption requests and three submitted request that were denied. Will I be out of compliance with CMS if they are not vaccinated?
  - Yes



# FAQ: I heard the Illinois indoor mask mandate is going away later this month. Does that mean we can stop wearing masks in our facility?

- No, long term care facilities must continue universal masking, including for visitors, residents (when outside of their rooms), and staff.

To account for the risk of community spread among more vulnerable populations, and in accordance with CDC guidance, Illinois will continue to require masks in the following settings:

- Healthcare Settings: Continue mask requirement
- Long Term Care Facilities: Continue mask requirement
- Congregate Settings (prisons, shelters, etc.): Continue mask requirement
- Transportation: Follow [federal guidelines](#)
- Daycare: Follow [Department of Children and Family Services \(DCFS\) guidelines](#)

Municipalities and businesses in most industries may choose to continue to implement more strict public health mitigations as they deem appropriate, including requiring masks.

# ★ FAQ: The positivity rate in Cook County is below 5% now. Can we stop wearing face shields if we are not in an outbreak?

- No, face shields must continue to be worn by staff in patient care areas and/or when interacting with residents if the facility is located in a county that has substantial or high transmission.
  - This requirement for face shields applies even when a facility is out of outbreak (i.e., has not had a case in >14 days)

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



# FAQ: We have two positive residents, one who tested positive 2 days ago and another who tested positive 8 days ago. Can we put them in the same room together? Do we need to restart their isolation periods?

- Yes, you can put residents in the same room at any point in their isolation period
  - Note: If one resident has a MDRO and the another does not, they should not be placed in the same room. The resident with the MDRO should be placed in a private room or in a room with another COVID positive resident with the same MDRO
- You do not need to restart the isolation period for COVID+ residents who are placed in the same room at different points in their infections.
  - In this example, the first resident should remain in the COVID unit for an additional 8 days and the second resident should remain in the COVID unit for an additional 2 days
    - Note, if they are moderately or severely immunocompromised, they should remain in the unit for an additional 18 and 12 days, respectively.
- Note that isolation is not the same as quarantine. Residents who are under quarantine should be placed in private rooms wherever possible.



# Questions & Answers

**A special thanks to:**

**CDPH HAI Team:**

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Liz Shane

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Alison VanDine

Valbona Cela

Kelly Walblay

Dan Galanto

Shane Zelencik

Christy Zelinski

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

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