



COVID-19 Chicago Long Term Care Roundtable

03-03-2022



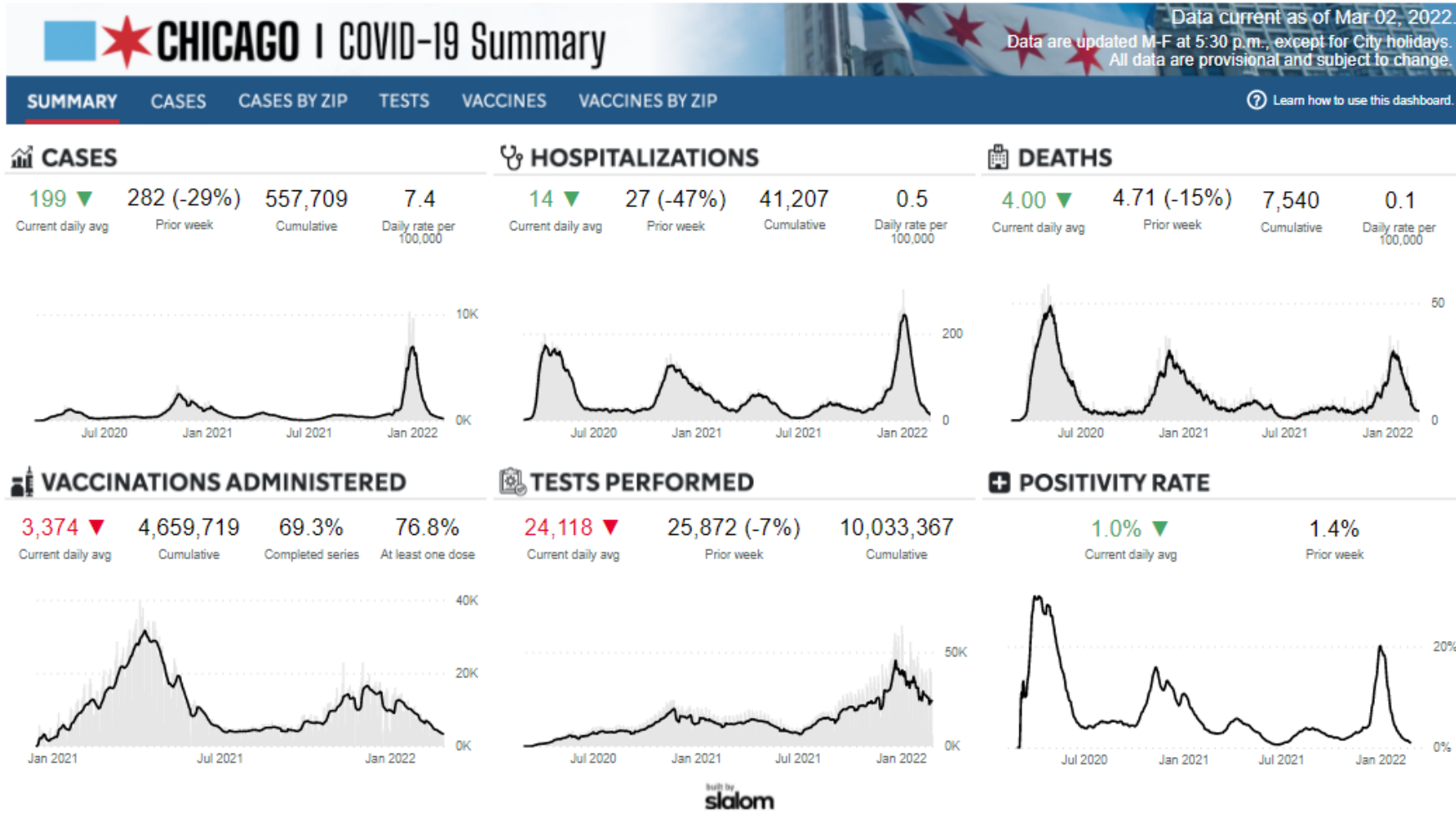
Agenda

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

Chicago Dashboard

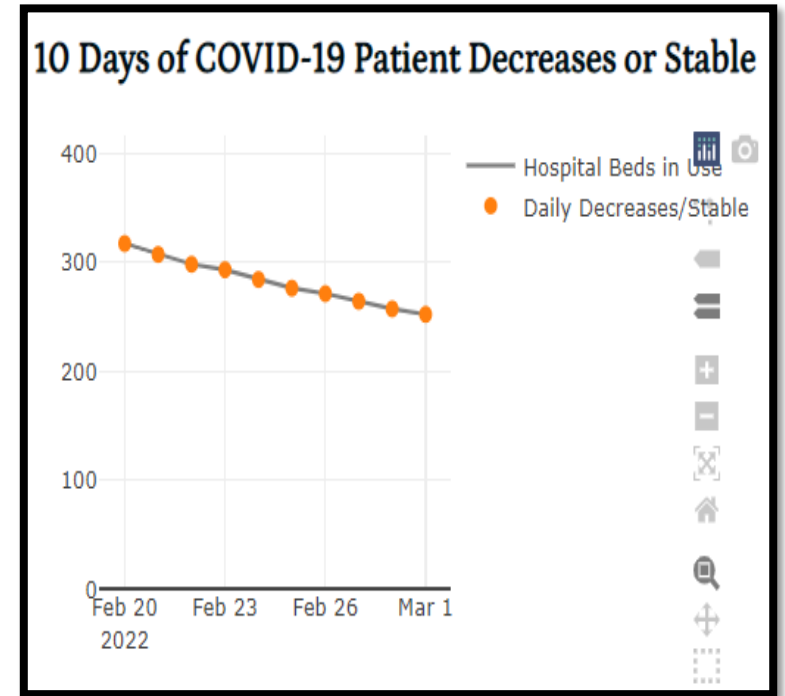
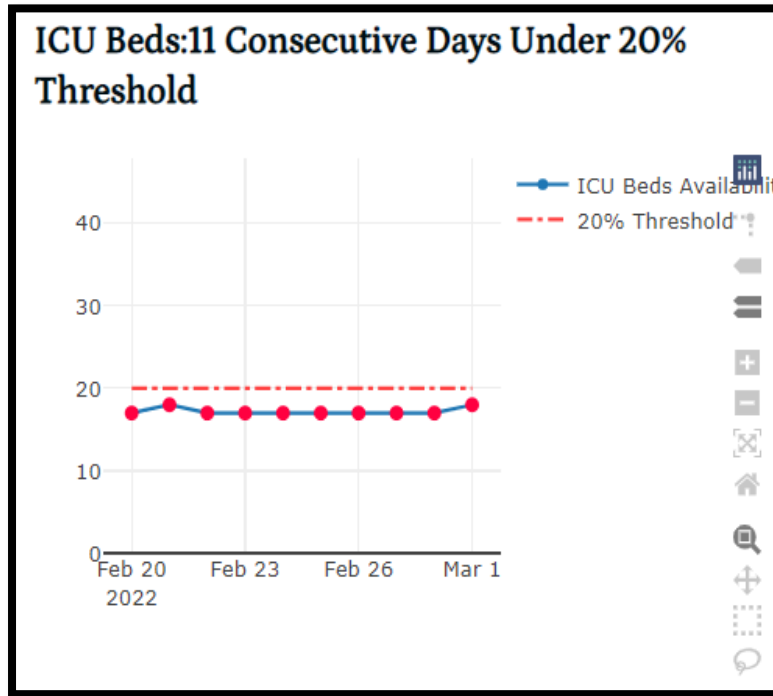
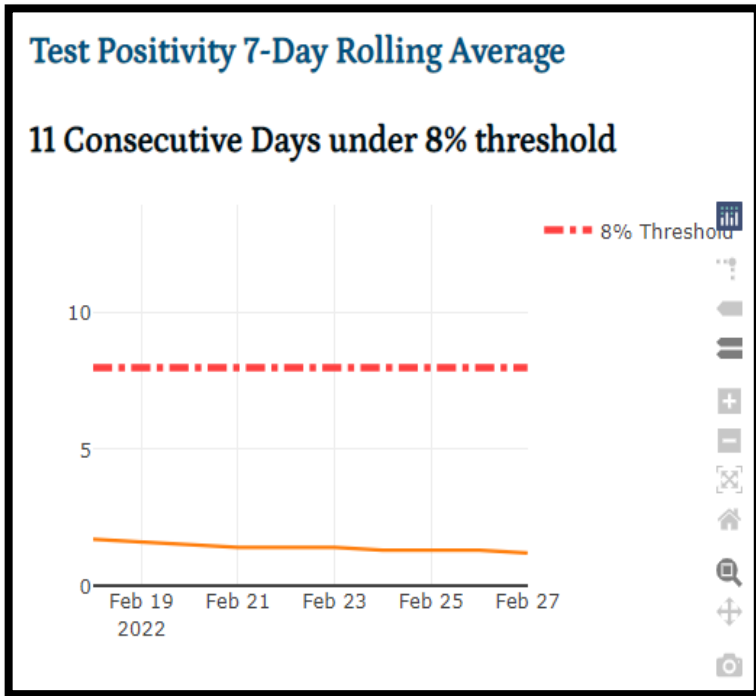
COVID Dashboard

Data are updated M-F at 5:30 p.m., except for City holidays



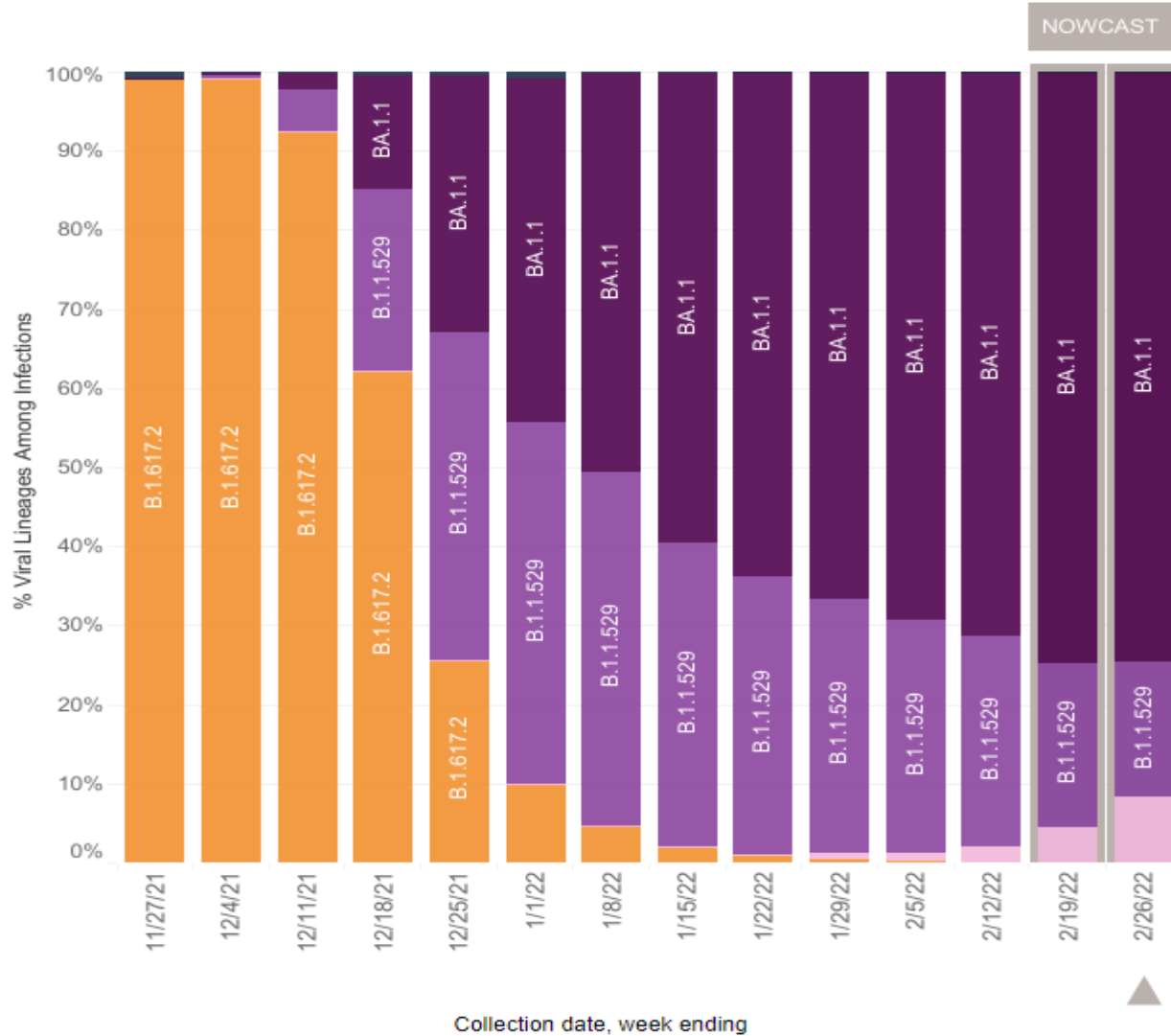


IDPH Regional Resurgence Metrics: Region 11



United States: 11/21/2021 – 2/26/2022

United States: 2/20/2022 – 2/26/2022 NOWCAST



USA				
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.1.1	VOC	74.6%	70.3-78.4%
	B.1.1.529	VOC	17.2%	14.1-20.8%
	BA.2	VOC	8.3%	6.3-10.7%
Delta	B.1.617.2	VOC	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

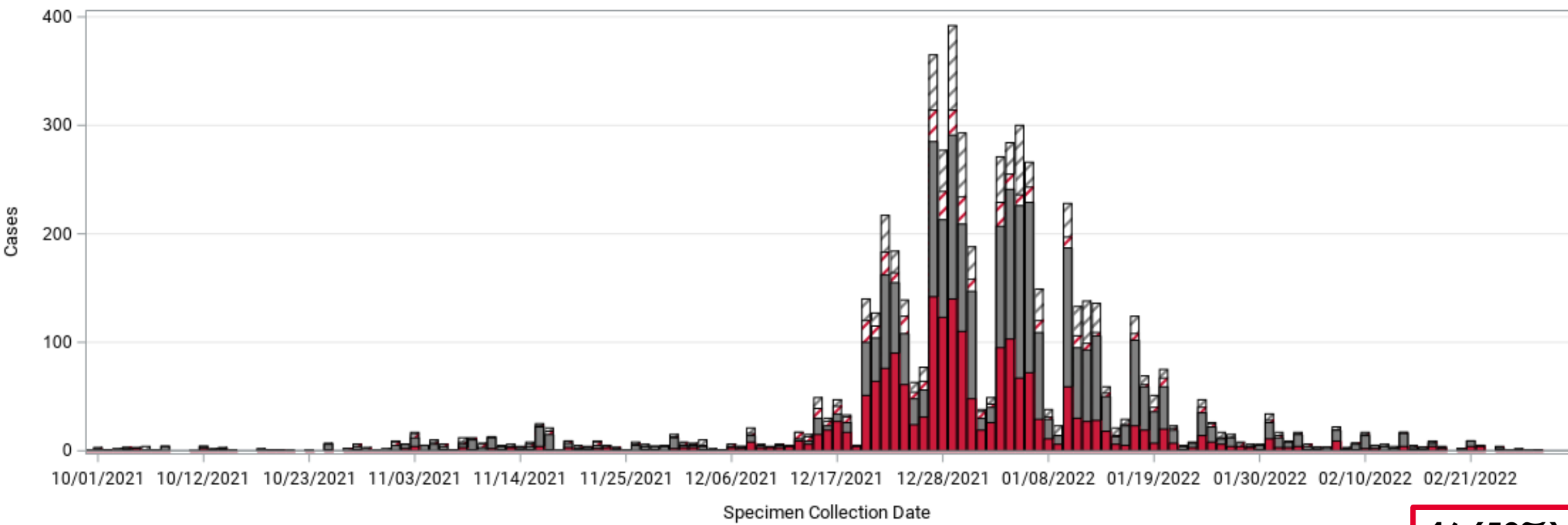
* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

** 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.

★ Large decline in active outbreaks in Skilled Nursing Facilities

(Oct. 1, 2021 – Mar. 2, 2022)



Not Fully Vaccinated Resident Not Fully Vaccinated Staff Fully Vaccinated Resident Fully Vaccinated Staff

46 (58%) 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

Cook County, Illinois

[State Health Department](#)

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

Community Transmission ● Substantial

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?](#)

March 3, 2022

Cases	4,655
Case Rate per 100k	90.38
% Positivity	1.15%
Deaths	133
% of population ≥ 5 years of age fully vaccinated	75.8%
New Hospital Admissions	388

Data through Tue Mar 01 2022

Total Cases (last 7 days)	4655
Case Rate (last 7 days)	90.38
% Change (last 7 days)	1.75
Total Deaths (last 7 days)	133
Death Rate (last 7 days)	2.58
% Change (last 7 days)	20.91



Reminder: 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 emergency rule

*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*
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

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 "not up to date" when they have not received all CDC recommended COVID-19 vaccines, including any booster dose(s) when eligible.

When can a person be boosted?



- 5 months after second dose of mRNA (Pfizer-BioNTech or Moderna)
- 2 months after one dose of viral vector (J&J/Janssen)
- Individuals are considered “up to date” as soon as they get the booster (do not have to wait 14 days to be considered boosted).
- Each facility shall require staff who are up to date on COVID-19 vaccinations to submit proof of all COVID-19 vaccinations via one of the following:
 - A) A Centers for Disease Control and Prevention (CDC) COVID-19 vaccination record card or photo of the card
 - B) Documentation of vaccination from a health care provider or electronic health record; or
 - C) State immunization records.

Emergency Rule

- Beginning March 15th, each facility shall require its staff who are **not up to date** on COVID-19 vaccinations to undergo testing for COVID-19, twice weekly, with tests administered at least three days apart.
 - If staff who are not up to date on COVID19 vaccinations are not tested as required by this subsection, the staff shall not be permitted to enter or work at the facility.
- Each facility shall exempt individual staff members from the COVID-19 vaccination requirements if:
 - A. Vaccination is medically contraindicated, including any individual staff member who is entitled to an accommodation under the Americans with Disabilities Act or any other law applicable to a disability-related reasonable accommodation; **or**
 - B. Vaccination would require the individual staff member to violate or forgo a sincerely held religious belief, practice, or observance.
- Staff that fall within the exemption shall undergo the testing requirements



Reminder: 14-day quarantine is still in effect

- On their 2/25/22 webinar, IDPH clarified that, in order to remain in compliance with current CMS requirements, skilled nursing facilities should continue to use a 14-day quarantine for eligible residents instead of decreasing to a 10-day quarantine.
- Quarantine is indicated for new/readmitted residents and/or residents who had a high-risk exposure to a confirmed case if they are not up-to-date on their COVID vaccinations



Reminder: Universal mask mandate still holds in long term health care settings

Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a health care setting. HCP must wear, at a minimum, a well-fitted face mask while working. Other PPE may be required; see the section on Universal PPE for HCP.

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." Face coverings may be removed temporarily while actively eating or drinking while maintaining 6 feet of distance from others.

CDC COVID-19 Community Levels



COVID-19 County Check

Find community levels and prevention steps by county.

Select a Location (all fields required)

Illinois Cook County

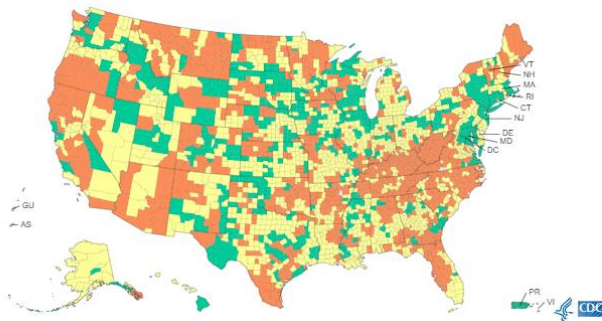
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● **Low**

In Cook County, Illinois, community level is **Low**.

U.S. COVID-19 Community Levels by County

Data provided by CDC
Updated: Feb. 24, 2022




See more information about CDC's COVID-19 community level and indicators

COVID-19 Community Levels – Use the Highest Level that Applies to Your Community

New COVID-19 Cases Per 100,000 people in the past 7 days	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

★ COVID-19 Community Levels Do Not Apply to Long-Term Care Facilities

 **For Healthcare Facilities:** COVID-19 Community Levels do **not** apply in healthcare settings, such as hospitals and nursing homes. Instead, healthcare settings should continue to use [community transmission rates](#) and follow CDC's [infection prevention and control recommendations](#) for healthcare workers.


CDC Community Transmission Rates

Cook County, Illinois

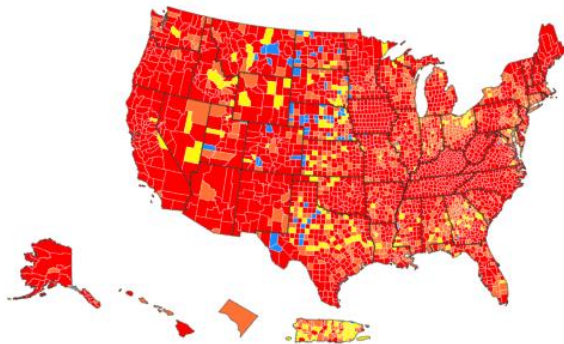
[State Health Department](#) 

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

Community Transmission

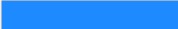



 Substantial

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.



Determining Transmission Risk

If the two indicators suggest different transmission levels, the higher level is selected

	 Low	 Moderate	 Substantial	 High
New cases per 100,000 persons in the past 7 days*	<10	10-49.99	50-99.99	≥100
Percentage of positive NAATs tests during the past 7 days**	<5%	5-7.99%	8-9.99%	≥10.0%

★ Reminder: QSO-20-38-NH

Routine Testing of Staff

Routine testing of unvaccinated staff should be based on the extent of the virus in the community. Fully vaccinated staff do not have to be routinely tested. Facilities should use their *community transmission level* as the trigger for staff testing frequency. **Reports of COVID-19 level of community transmission are available on the CDC COVID-19 Integrated County View site: <https://covid.cdc.gov/covid-data-tracker/#county-view>. Please see the COVID-19 Testing section on the CMS COVID-19 Nursing Home Data webpage: <https://data.cms.gov/covid-19/covid-19-nursing-home-data> for information on how to obtain current and historic levels of community transmission on the CDC website.**

Table 2: Routine Testing Intervals by *County COVID-19 Level of Community Transmission*

<i>Level of COVID-19 Community Transmission</i>	Minimum Testing Frequency of Unvaccinated Staff[†]
<i>Low (blue)</i>	<i>Not recommended</i>
<i>Moderate (yellow)</i>	<i>Once a week*</i>
<i>Substantial (orange)</i>	<i>Twice a week*</i>
<i>High (red)</i>	<i>Twice a week*</i>

[†]Vaccinated staff do not need *to* be routinely tested.

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

Note: Illinois Executive Order 2022-05 and the accompanying Emergency Rule requires 2x weekly testing for staff who are not up-to-date on COVID vaccinations, regardless of the community positivity



FAQ: Do staff still need to wear face shields in patient care areas and when interacting with residents?

- Yes, while Cook County is experiencing substantial or high transmission, eye protection is still required in patient care areas and when interacting with residents (e.g., during resident activities)
- Once Cook County reaches moderate or low transmission, eye protection must continue to be used for residents under quarantine or isolation and in other applicable situations (e.g., when a resident is under droplet precautions for another pathogen)



Update: List of COVID-19 Cases Not Reported to CDPH

- We will soon be sending an updated list of cases associated with your facility that we do not have a record of in the CDPH SNF Case Reporting Form.
 - This encrypted email will come from Dan.Galanto@cityofchicago.org (in the future, it will come from CDPHHAIAR@cityofchicago.org)
- A case may be on the list for a number of reasons, including:
 - The case was never reported by your facility to CDPH
 - Information reported by your facility does not match information in the state surveillance system (e.g., the date of birth is different)
 - The state surveillance system still has your facility listed as the address for a resident that was discharged >14 days prior to their positive result
- If you believe you *did* report a case on this list, email CDPHHAIAR@cityofchicago.org
 - Please include any information that may be useful (e.g., the correct spelling if the name is spelled wrong, the discharge date if the person no longer resides at your facility, etc.)





FAQ: I have a staff member who had COVID 60 days ago, fully recovered, and is now experiencing new COVID-like symptoms. What should I do?

- Staff members who have fully recovered from a recent infection and now have new onset COVID-like symptoms should be excluded from work.
- If possible, conduct a rapid test
 - If test is positive:
 - Exclude staff for at least 7 days. Staff can return on day 8 with a negative test. If the test remains positive or the staff member was not tested after their original positive result, staff can return on day 11.
 - If test is negative:
 - If the staff member did not seek medical care, exclude until symptoms have resolved and the staff member has been fever free for 24 hours without the use of fever-reducing medications
 - If the staff member sought medical care and received an alternate diagnosis, the need for and length of work restriction should be based on the alternate diagnosis





FAQ: I have a resident who had COVID 60 days ago, fully recovered, and is now experiencing new COVID-like symptoms. What should I do?

- Conduct a rapid test
 - If test is positive:
 - Isolate in a private room within the COVID unit for 10 days
 - Note: residents who are severely immunocompromised should be isolated for 20 days
 - If test is negative:
 - Conduct a medical evaluation and consider testing for additional respiratory pathogens:
 - If an alternate diagnosis is identified, the need for and length of isolation should be based on the alternate diagnosis
 - If no alternate diagnosis is identified, the resident should be isolated in a private room outside of the COVID unit until symptoms have resolved and the resident is fever free for 24 hours without the use of fever-reducing medications



FAQ: One of my staff members tested positive at their other job. Do I need to report them to CPDH? What does this mean for my facility's outbreak status?

- Yes, please report the case even if the person tested positive at another job.
- If your facility was already in outbreak:
 - Extend your outbreak testing for 14 days from the specimen collection date for the staff member's positive test
- If your facility was not already in outbreak:
 - If the staff member worked in your facility at any point from 48 hours prior to the positive test until their isolation period ended, your facility will go back into outbreak and you should initiate unit- or broad-based outbreak testing
 - If the staff member has **not** worked at your facility since 48 hours prior to the positive test, your facility will not go back into outbreak and you do not need to initiate outbreak testing



FAQ: Now that the indoor mask mandate has been lifted for Chicago, do staff, visitors, and residents still need to wear masks when in the building?

- Yes, individuals inside healthcare facilities, including nursing homes, must continue to be masked.

★ Innovative Idea

- The Illinois Veterans' Home at Chicago (Chicago's newest SNF) has a color-coded sign by the time clock which indicates what type of PPE staff should wear





Questions & Answers

A special thanks to:

CDPH HAI Team:

Dr. Stephanie Black

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Alison VanDine

Valbona Cela

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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>