



COVID-19 and HAI Updates and Q&A Webinars for Long-Term Care and Congregate Residential Settings

January 27th, 2023

Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later

Agenda

- Upcoming Webinars
- Answered Questions
- COVID-19 and Influenza Update
- Open Q & A

Upcoming Infection Prevention and Control Q&A

1:00 pm - 2:00 pm

Date	Infection Control Topic	Registration Link
Friday, February 3 rd	COVID Q&A	https://illinois.webex.com/illinois/onstage/g.php?MTID=ed1c0401caee3c1b934b58efedc4c1c4d
Friday, February 10 th	COVID Q&A	https://illinois.webex.com/illinois/onstage/g.php?MTID=ec00ad9f307c2c6b3a440a67ff7ac87f3
Friday, February 17 th	COVID Q&A	https://illinois.webex.com/illinois/onstage/g.php?MTID=ec14b4a52f72b74819060ae262d4bf8b8
Friday, February 24 th	COVID Q&A	https://illinois.webex.com/illinois/onstage/g.php?MTID=ee579379913781c752510e95fbae8f306



IDPH COVID-19 LTC Q&A Weekly Webinar

January 27th, 2023

Olapeju “Pej” Lawal, RN, BSN
Infection Control Coordinator

Tom Roome, EMT, MPH
Infection Prevention Specialist



When should
a COVID-19
outbreak be
declared
over?

- Outbreaks can be closed when it has been:
 - **14 days** with no new cases (for outbreaks with first onset ***on or after 1/1/23***)



How do we obtain test kits?

- Please note that the HHS Binax.Team@hhs.gov email provided at the last webinar is no longer in service; it is unclear whether this resource is still available.
- IDPH is only able to provide SARS-CoV-2 rapid antigen test shipments to the following facility types:
 - Local Health Departments (LHDs)
 - Hospitals, Rural Health Clinics, and Federally Qualified Health Centers (FQHCs)
 - K-12 School Districts
 - IDPH Sister Agencies (VA Homes, IDHS Facilities, etc...)
- The above facilities may send requests for tests to <https://redcap.dph.illinois.gov/surveys/?s=N9LPN79ETD9KNYMM>



How do we obtain test kits (cont'd)?

- If a facility does not fall into any of the above categories, it is recommended the facility reach out to its nearest LHD and ask for a supply. If the LHD is unable to support, facilities may need to explore procuring supplies independently.
- A list of vendors that have received FDA approval for SARS-CoV-2 rapid antigen tests can be found here:
<https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas-antigen-diagnostic-tests-sars-cov-2>
- Only COVID-19 POC antigen tests approved for patient care settings can be administered by/in LTC facilities (“W” on the [FDA List of antigen tests](#)).



How do we obtain test kits (for visitors)?

- Also, through Project ACT, **households in the community** may receive a **free** shipment of 5 SARS-CoV-2 OTC rapid antigen tests for doorstep/home delivery at a cadence of **once per month** (*while supplies last*). Approximately 600K tests remain available!
- Visitors may be encouraged to “test-before-you-go”, as a preventative measure to curb spread prior to arriving at the facility.
- More information may be found at:
 - <https://dph.illinois.gov/covid19/testing/act-zip-codes.html#:~:text=Project%20ACT%20is%20aimed%20to,now%20available%20while%20supplies%20last>

Please note—these tests are NOT for healthcare settings!



Can you
please clarify
if we can use a
home test for
staff testing?

- Home tests used by staff should be confirmed with a PCR test at their employer or, a POC test at a lab.
- Home tests should NOT be the sole confirmatory result to determine that an employee is COVID-positive, or negative, or to determine whether employees may return to work.



What Guidance should facilities follow?

- Skilled Nursing Settings should always follow the:
 - [LTC-COVID19-Guidance 11.4.2022.pdf](#) (this is the most up-to-date Guidance for this setting)
- Homeless Shelters, Correctional Facilities, & Detention Facilities should use the CDC's [Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities](#)
- Community Congregate Care Settings (Independent Living, ALFs, SMRFs, Sheltered Care, Shared Housing Establishments etc.) may use the [CDC's Additional Information for Community Congregate Living Settings \(e.g., Group Homes, Assisted Living\)](#) **in conjunction with the CDC guidance above.**
 - Please note that if there continues to be uncontrolled spread, it is **highly recommended** to use the IDPH Guidance for LTCF to help with mitigation.
- IDPH is working on its own Guidance geared towards these other settings, and once the draft is approved, a SIREN will be sent out.



What is the latest guidance on routine testing of staff?

- Per Page 9 of the IDPH COVID-19 LTCF Guidance:
 - Routine serial testing of HCP who are unvaccinated or not up to date **is no longer recommended** but *may* be performed **at the discretion of the facility**. The yield of screening testing for identifying asymptomatic infection is likely lower when performed on those in counties with lower levels of SARS-CoV-2 Community Transmission.
 - If implementing a screening testing program, testing decisions **should not be based on the vaccination status** of the individual being screened.
 - To provide the greatest assurance that someone does not have SARS-CoV-2 infection, **if using an antigen test instead of a NAAT, facilities should use three tests, spaced 48 hours apart**, in line with Food and Drug Administration (FDA) recommendations.



If we are accepting COVID positive residents into the facility but the facility is not considered in outbreak as there are no facility acquired cases, is the facility still required to notify the families weekly?

- Yes. Per guidelines contained within memorandum [QSO-20-29-NH](#), issued by the Centers for Medicare and Medicaid Services (CMS) on May 6, 2020, and since the federal government has yet to declare an end to the Public Health Emergency (see <https://aspr.hhs.gov/legal/PH/E/Pages/covid19-11Jan23.aspx>), the requirements for resident and family notification remain in place.



Are facilities still required to put a sign at the entrance indicating that there are COVID-positive residents within?






- Yes, having signage alerting the public to the presence of SARS-CoV-2 in the facility (whether facility-acquired or not) is still a requirement.

What COVID-19 signage should facilities use, in lieu of screening?

Preventing COVID-19 Transmission
Everyone has a Role in Preventing the Spread of COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
Symptoms of COVID-19

Know the symptoms of COVID-19, which can include the following:

 Cough, shortness of breath, or difficulty breathing	 Congestion, sore throat, fever, or chills	 Fatigue, headache, or body aches	 Nausea, vomiting, or diarrhea	 New loss of taste or smell
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If you are experiencing any of these symptoms, get tested for COVID-19.

Symptoms can range from mild to severe and appear 2-14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if you or someone you know has **Emergency Warning Signs of COVID-19:**





- Trouble breathing	- Difficulty waking or staying awake
- Persistent pain or pressure in the chest	- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone
- New confusion	

This is not a list of all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.

If you have any of the following, we ask that you postpone your visit for the health and safety of your loved one and others.


- 1) Symptoms of COVID
- 2) Have tested positive for COVID-19
- 3) Been exposed to someone that is positive for COVID-19


Wear a mask with the best fit, protection, and comfort for you.

 N95 Respirator NIOSH-approved	 KN95 Respirator	 Disposable Mask Sometimes referred to as "surgical masks" or "medical procedure masks"	 Cloth Mask Non-medical, made of fabric
When worn correctly, respirators offer the highest level of protection and filter 95% of particles.	Filtration varies depending on standard. When worn correctly, KN95s provide more protection than disposable masks.	Disposable masks offer more protection than cloth masks.	Layered finely woven cloth masks offer more protection. Loosely woven cloth masks provide the least protection.


Masks and respirators should not be worn by children younger than 2 years old. [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Use hand sanitizer






[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)



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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

What COVID-19 signage should facilities use, in lieu of screening?



Get Vaccinated and Stay Up To Date



COVID-19 vaccines available in the United States are effective at protecting people from getting seriously ill, being hospitalized, and dying. As with other diseases, you are protected best from COVID-19 when you stay up to date with the recommended vaccines, including recommended boosters.





What is the process to obtain COVID-19 therapeutics?

- [On Site Home Service Providers \(003\)](#)
- [COVID-19 Treatments: Information for Long-Term Care Facilities | HHS/ASPR](#)
- As of 1/26/23, the FDA has revoked the Emergency Use of Evusheld as a monoclonal antibody, so we are now left with the antivirals for treatment at this time.



Prism Health Lab

- IDPH is partnering with a STATeam to assist with providing COVID-19 vaccines/vaccine clinics and therapeutics to the entire state.
- They will be presenting on their services and how to reach them at the next Webinar on 2/3/23.
- Website: <https://prism.org/>



What is the testing requirement for CCRCs/Life Plan Communities that transfer or “admit” residents from one level of care to another?

- If moving residents from one care area to another, within the same CCRC, then it should not be treated as a new admission—more like a bed change.
 - The only limitation to this would be if there is a known exposure that would then warrant testing and isolation as a new admit.
- If moving residents geographically from one location/community, to an entirely new location/community (e.g., from Evanston to Arlington Heights), then it should be treated as a new admission.



Can you go from facility-wide outbreak to unit-based, if we find that it was just on one unit?

- Yes, but continue to test on the unit where cases were identified.
- As part of the broad-based approach, testing should continue on affected unit(s) or facility-wide every 3-7 days until there are no new cases for 14 days.
- If antigen testing is used, more frequent testing (every 3 days), should be considered.



Signage outside of rooms with residents in TBP for COVID-19

- It is important to have TBP signage outside the room of residents in TBP for COVID-19, particularly now that a separate COVID-19 unit is no longer required and residents with COVID-19 in isolation can be on the same hallway as residents who do not have COVID-19.
- FYI: TBP signage for COVID-19 is Droplet+Contact.



Need to relocate roommates of residents in isolation for COVID-19

- Although facilities no longer need to have a COVID-19 unit and can isolate a resident who has COVID-19 in their room, the roommate that does not currently have COVID-19 must be moved to another room.
- We've had several instances of facilities not moving roommates, who then became positive for COVID-19.
- Bottomline: Do NOT keep COVID positive and negative residents together!



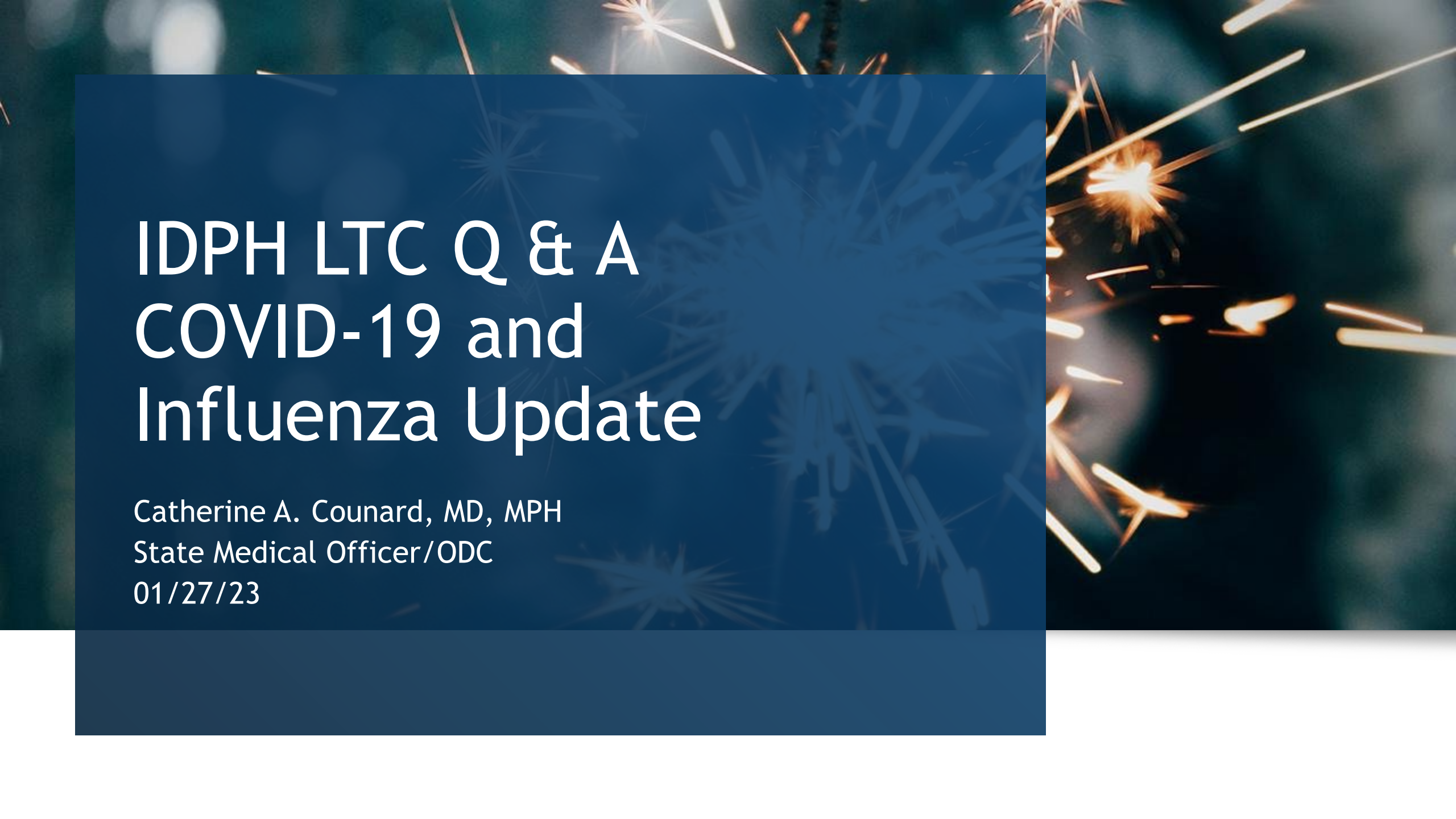
Considerations for relocating roommates of residents with possible or confirmed COVID-19

- Private room is best--i.e., move the asymptomatic roommate to a private room
- If triple or quad rooms/shared bathrooms, best to move the ill resident to the private room
 - Test the remaining residents and keep them masked
 - Try to dilute particles (open windows, portable filters)
- Plan ahead!
 - \$3,000 grant for portable HEPA filters through the [Civil Money Penalty Reinvestment Program](#)
 - If possible, designate room(s) for this purpose
- Document!
 - Thoroughly document all steps taken toward mitigation!



How and when should oseltamivir (Tamiflu) be used in LTCFs?

- IPs do not recommend *treatment*
- Please discuss with your facility's medical director/patients' PCPs
- The Influenza Decision Toolkit within the [2022-2023 IDPH Influenza LTCF Outbreak Guidance](#) provides necessary guidance

A background image of a sparkler with bright orange and yellow sparks against a dark blue background. The sparks are concentrated on the right side of the image, with some trailing off towards the left. The overall effect is festive and celebratory.

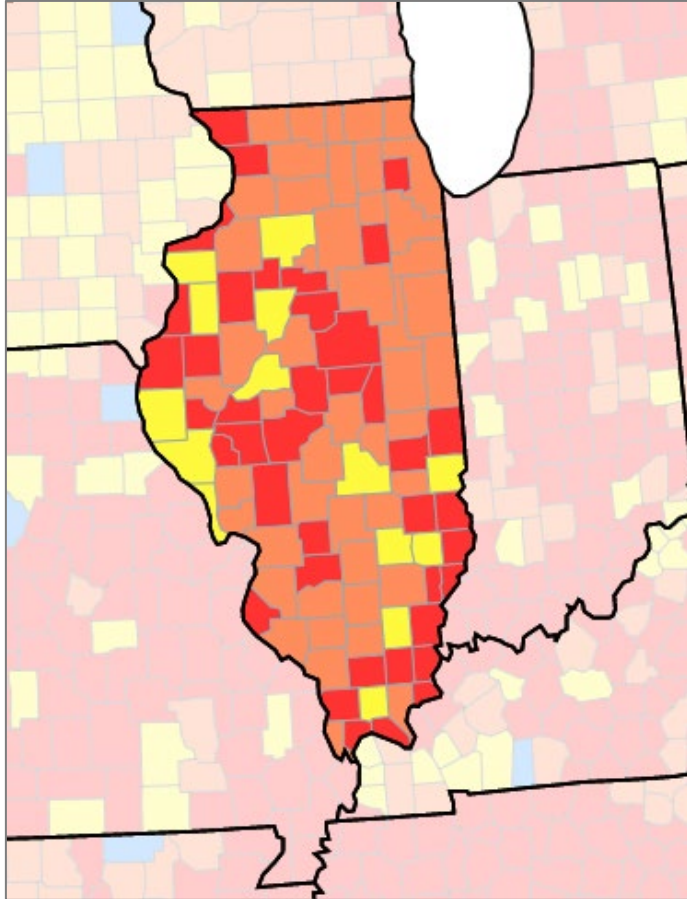
IDPH LTC Q & A COVID-19 and Influenza Update

Catherine A. Counard, MD, MPH
State Medical Officer/ODC
01/27/23



COVID-19 Data and Vaccination Update

CDC Community Transmission

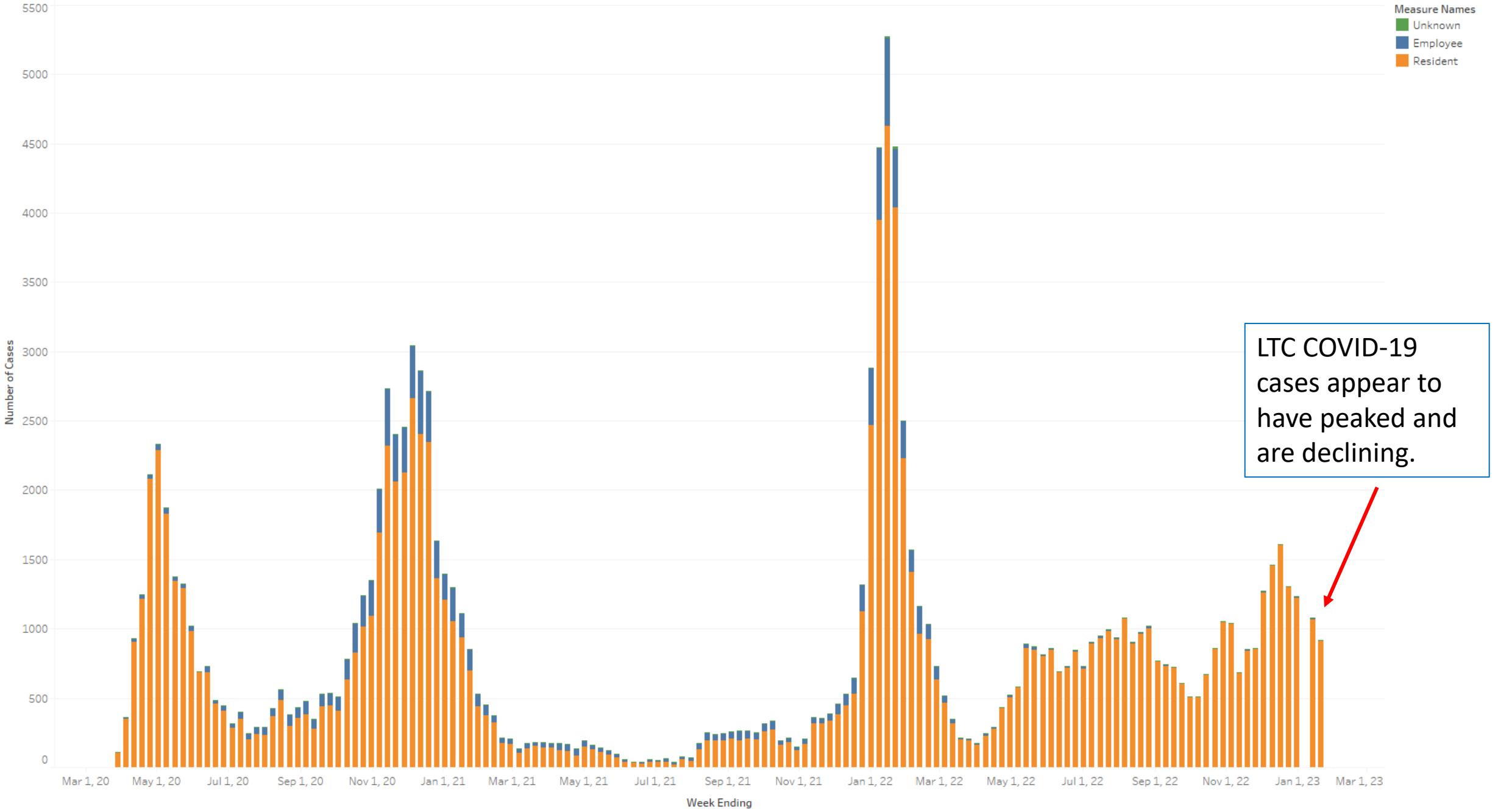


- Many counties remain in substantial or high transmission – but improving!
- Still have increased risk of COVID-19 being introduced to LTC facilities.
- Following infection prevention guidance will prevent introduction of the virus into facilities, and limit spread within facilities.
- COVID-19 vaccines and treatments remain the strongest lines of defense from severe illness, hospitalization, and death.

https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Missouri&data-type=Risk

● High ● Substantial ● Moderate ● Low ● No Data

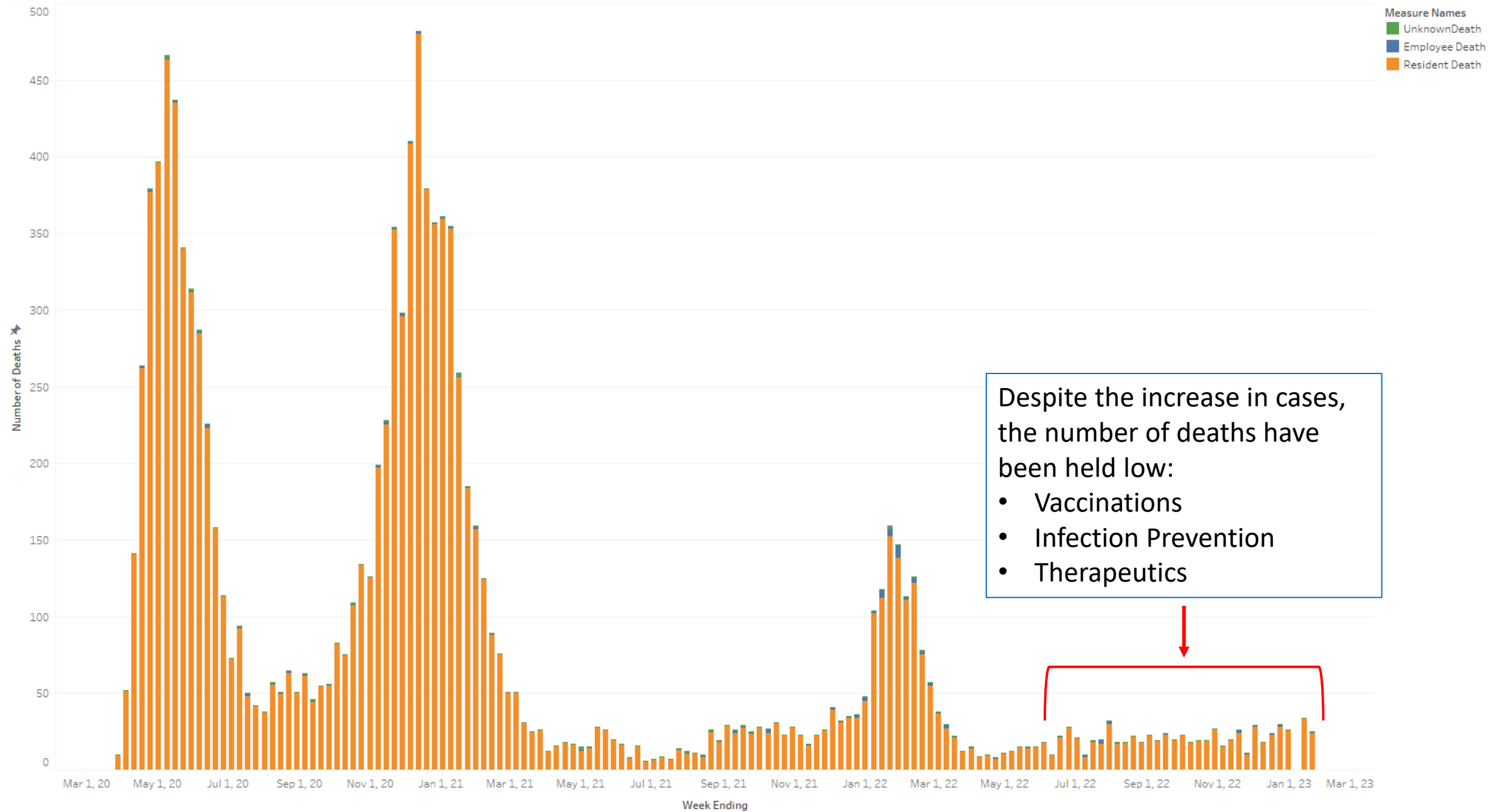
LTC Facility COVID-19 Cases



LTC COVID-19 cases appear to have peaked and are declining.

The plots of Employee, Resident and Unknown for Week Ending. Color shows details about Employee, Resident and Unknown.

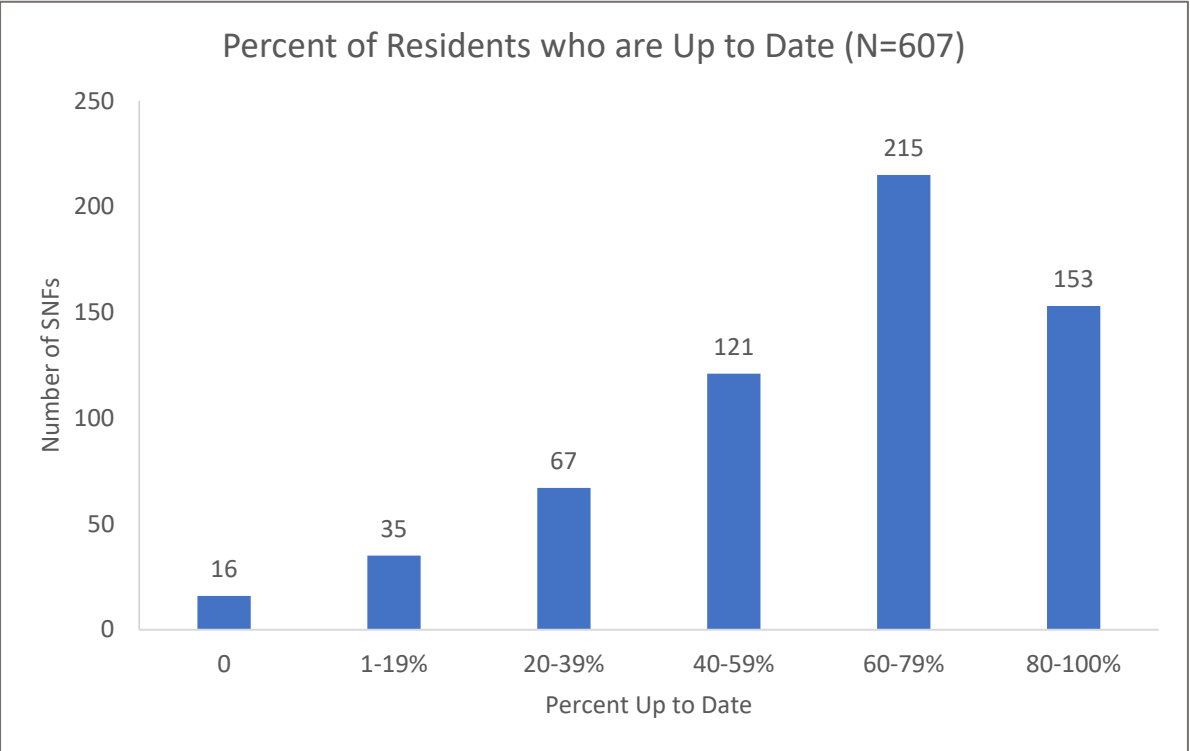
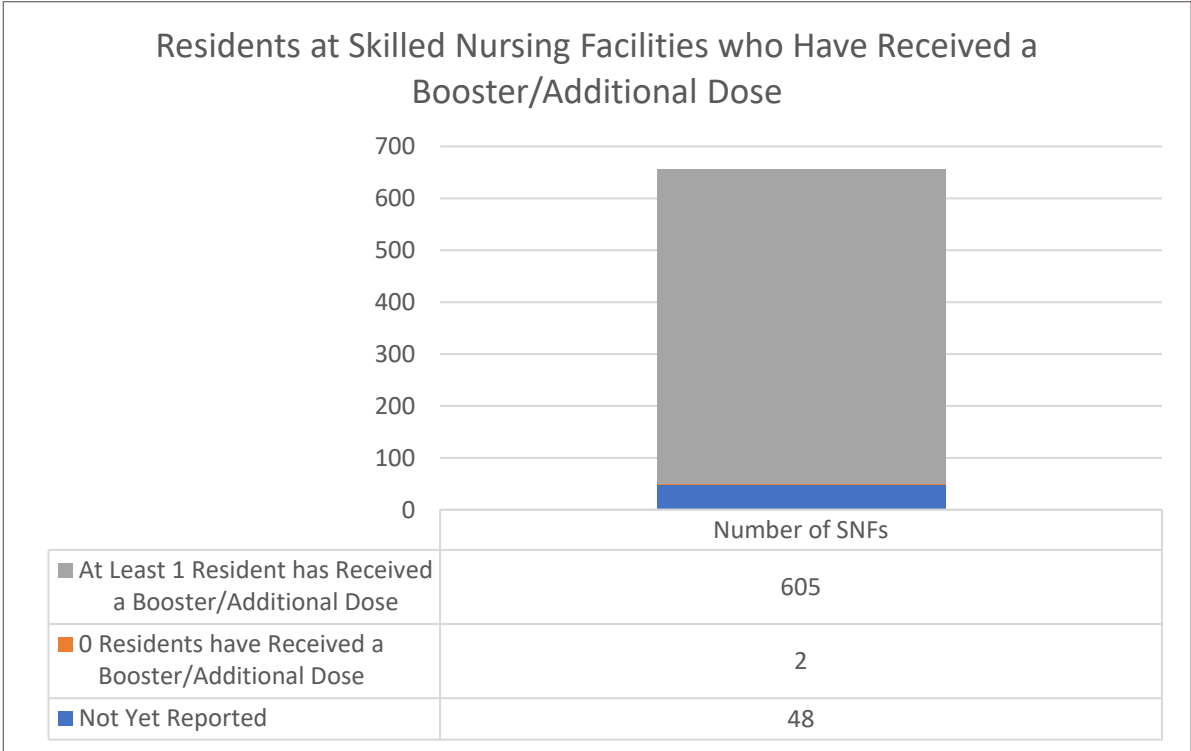
LTC Facility COVID-19 Deaths



Despite the increase in cases, the number of deaths have been held low:

- Vaccinations
- Infection Prevention
- Therapeutics

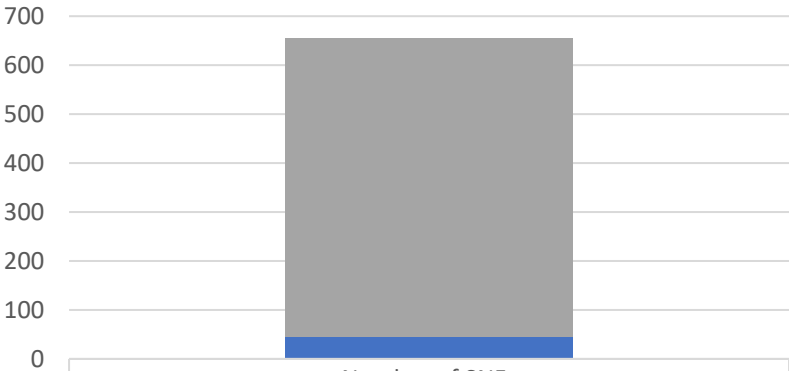
NHSN: Nursing Home Resident Data for IL (01/09/23- 01/15/23)



Source: IDPH Data team.

NHSN: Nursing Home Staff Data for IL (01/09/23- 01/15/23)

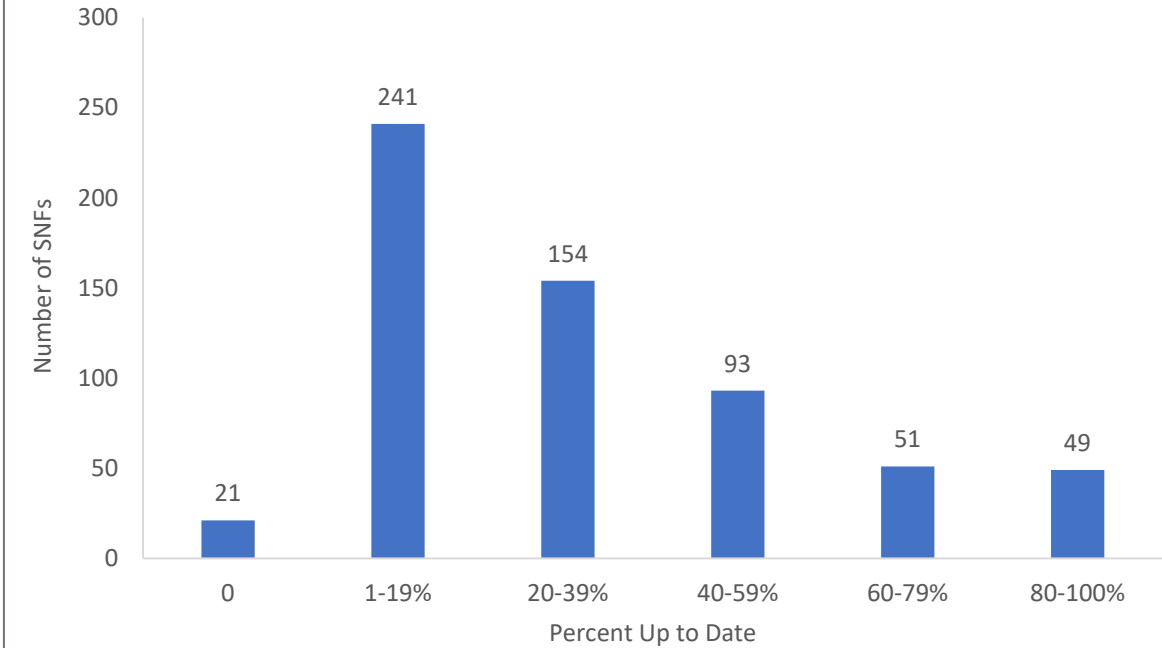
Staff at Skilled Nursing Facilities who Have Received a Booster/Additional Dose



- At Least 1 Staff Member has Received a Booster/Additional Dose
- 0 Staff Members have Received a Booster/Additional Dose
- Not Yet Reported

	Number of SNFs
At Least 1 Staff Member has Received a Booster/Additional Dose	609
0 Staff Members have Received a Booster/Additional Dose	0
Not Yet Reported	46

Percent of Staff who are up to Date (N=609)



Source: IDPH Data team.

IDPH's messaging to counter vaccine hesitancy

Risk of **HOSPITALIZATION** in IL, for those who were not up to date on vaccination for the month of December 2022:

- 70+ year old had a **2.5** times higher risk
- 50–69 year old had a **2.3** times higher risk
- Under 50 year old had a **2** times higher risk
- **Bivalent booster effectiveness**

In those over 65 years who received bivalent boosters (between September - December 2022) had an

- 81% lower risk of hospitalization
- 86% lower risk of death

Source: IDPH Data team, Ronen et al, *Preprints with the Lancet*.
<https://ssrn.com/abstract=4314067>, CDC MMWR Dec 16, 2022

Most U.S. adults have not yet received an updated (bivalent) COVID-19 booster

An **updated booster** may reduce your risk of severe COVID-19 by 50% or more*

For the best protection, get an updated booster

CDC

*Vaccine effectiveness varied based on previous vaccination status of the control group and outcome studied

bit.ly/MMWR_COVIDvaccination

DECEMBER 16, 2022

MMWR

Bivalent Booster Vaccine efficacy against hospitalizations was:

57% compared to no vaccine

45% if you received the monovalent vax > 11 M prior


















37% if you received the monovalent vax 5-7 months prior

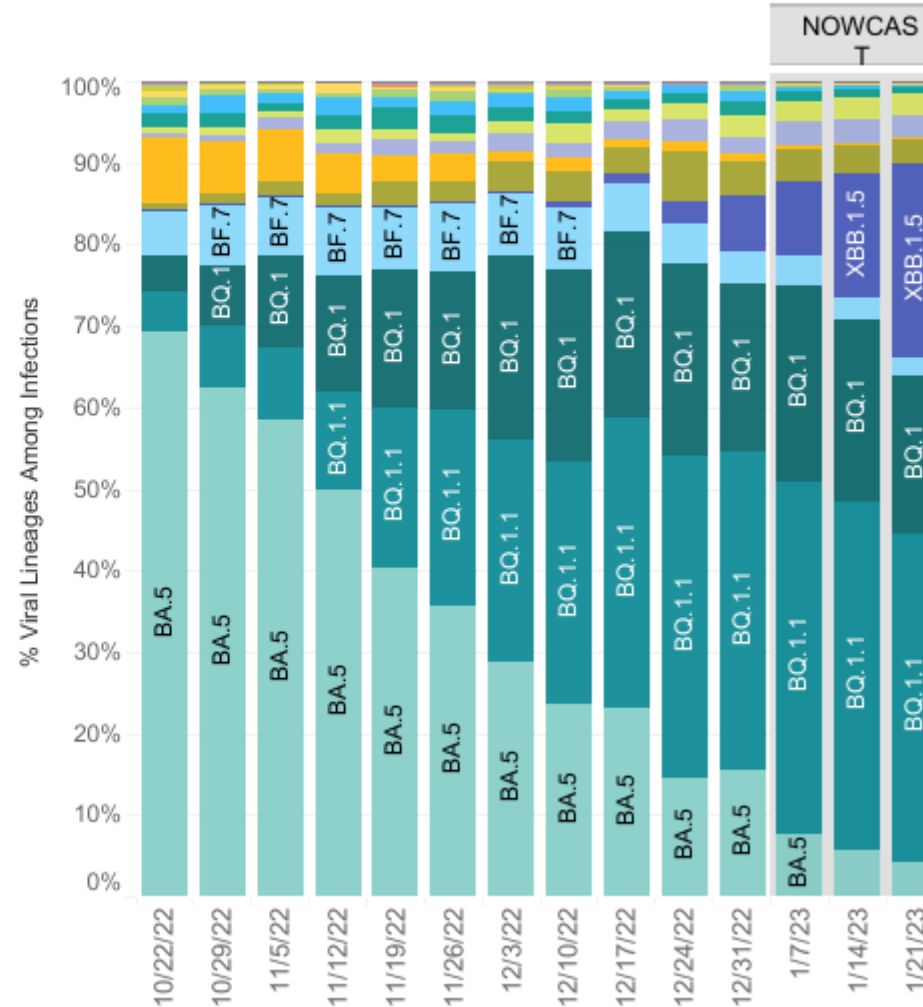
IDPH Variant Surveillance

HHS Region 5: 1/15/2023 – 1/21/2023 NOWCAST

HHS Region 5: 10/16/2022 – 1/21/2023

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

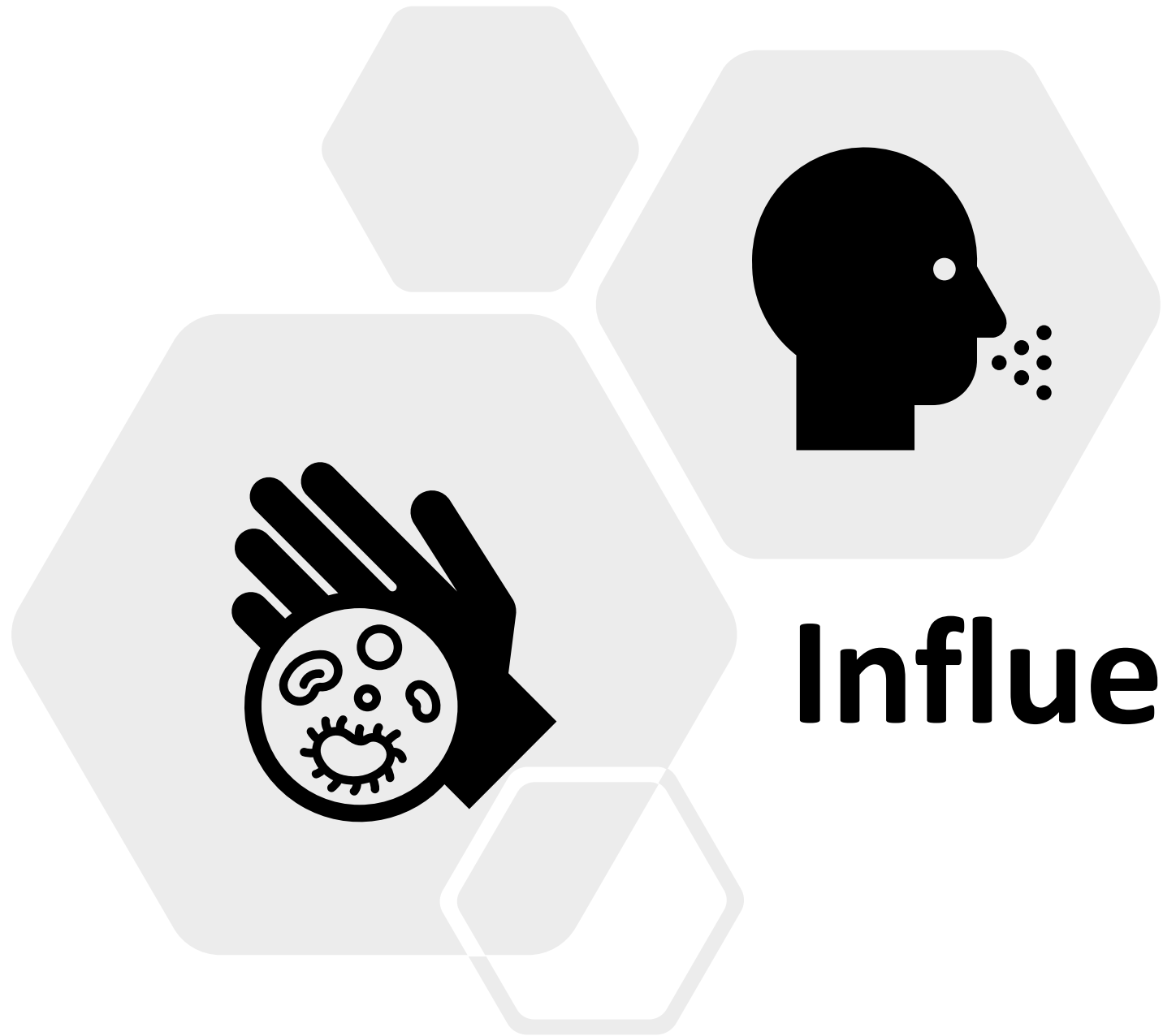
WHO label	Lineage #	US Class	%Total	95%PI	
Omicron	BQ.1.1	VOC	40.3%	36.8-43.8%	
	XBB.1.5	VOC	23.8%	18.7-29.8%	
	BQ.1	VOC	19.5%	17.5-21.7%	
	BA.5	VOC	4.2%	3.5-5.0%	
	BN.1	VOC	3.1%	2.3-4.1%	
	BA.2.75	VOC	2.8%	2.0-3.9%	
	XBB	VOC	2.8%	2.1-3.7%	
	BF.7	VOC	2.1%	1.7-2.5%	
	BA.5.2.6	VOC	0.7%	0.5-0.9%	
	BF.11	VOC	0.4%	0.2-0.5%	
	BA.2	VOC	0.2%	0.2-0.3%	
	BA.4.6	VOC	0.1%	0.1-0.2%	
	BA.2.75.2	VOC	0.1%	0.0-0.1%	
	B.1.1.529	VOC	0.0%	0.0-0.0%	
	BA.4	VOC	0.0%	0.0-0.0%	
	BA.1.1	VOC	0.0%	0.0-0.0%	
	BA.2.12.1	VOC	0.0%	0.0-0.0%	



XBB is NOT rising at the same pace as in the northeastern US

In IL, ~15.5% of clinical samples were XBB as of 1/14/23

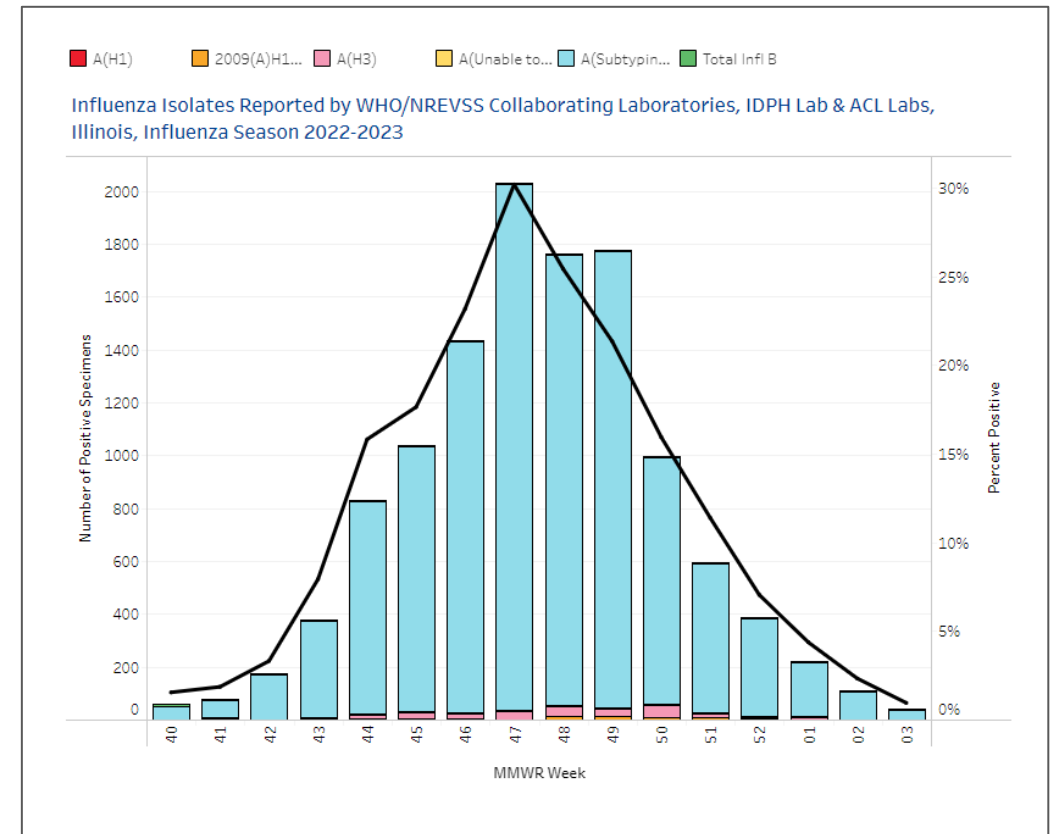
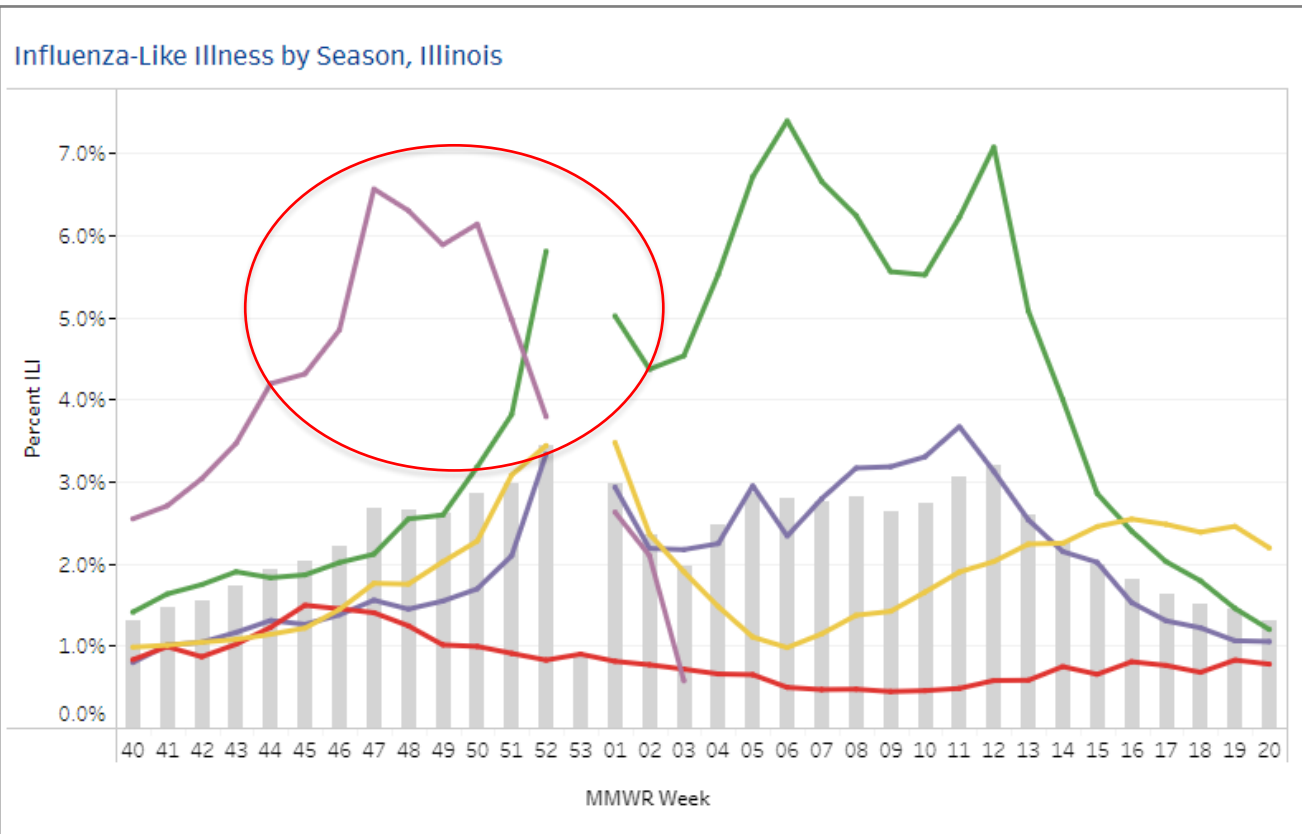
Source: CDC Covid Data Tracker



Influenza Update

2022-2023 Flu Activity Report

<https://dph.illinois.gov/topics-services/diseases-and-conditions/influenza/influenza-surveillance/report.html>



ILI “Influenza like Illness” is defined as fever $\geq 100^{\circ}\text{F}$ with a cough and/or sore throat. Source: Illinois Sentinel Influenza Surveillance.



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TO: Illinois Long Term Care Facilities and Assisted Living Facilities, Local Health Departments, Local Health Department Administrators, Illinois Department of Public Health Long Term Care Regional Contacts

FROM: Becky Dragoo, MSN, RN, Deputy Director of Office of Health Care Regulation
Dr. Arti Barnes, MD, MPH, Medical Director/Chief Medical Officer

RE: Guidelines for the Prevention and Control of Influenza Outbreaks in Illinois Long Term Care Facilities

DATE: October 18, 2021

Influenza Vaccine Recommendations 2022-2023

- Annual influenza vaccination is recommended for all persons aged 6 months and older who do not have contraindications
- All influenza vaccines for 2022-2023 are quadrivalent (4 antigens)
 - Influenza A(H3N2), Influenza A(H1N1)pdm09, Influenza B/Victoria lineage, and Influenza B/Yamagata lineage viruses
- On June 22, 2022, the Advisory Committee on Immunization Practices **(ACIP) recommended influenza vaccination of persons aged ≥65 years with “higher dose and adjuvanted” vaccines:**
 - **High-dose (4x antigen concentration), Adjuvanted, or Recombinant (3x antigen concentration) influenza Vaccine**
 - If not available, then standard-dose vaccine is recommended

Source: CDC COCA Call 11/15/22: https://emergency.cdc.gov/coca/ppt/2022/111522_slides.pdf

Key Considerations

- Ensure that residents and staff are vaccinated against influenza
 - Preference for higher dose vaccinations in elderly
- Test all individuals with flu symptoms
 - Preference for molecular assays (e.g. RT-PCR) as rapid tests are less sensitive and may miss cases
- If a laboratory –confirmed case is identified
 - Standard/droplet precautions
 - Active surveillance for additional cases
- Implement antiviral treatment

Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities

<https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>

Influenza antiviral treatment and chemoprophylaxis

- All long-term care facility residents who have confirmed or suspected influenza should receive antiviral treatment immediately.
- Initiation of antiviral treatment should not wait for laboratory confirmation of influenza.
- Antiviral medications have been shown to be most effective if administered within 48 hours after symptom onset; however, these medications can still help if given to the very ill after 48 hours.
- Pre-approved medication orders, or plans to obtain physicians' orders on short notice, should be in place to ensure that treatment can be started as soon as possible.

Influenza chemoprophylaxis

- When at least 2 patients are ill within 72 hours of each other and at least one resident has laboratory-confirmed influenza, the facility should promptly initiate antiviral chemoprophylaxis with oral oseltamivir to all non-ill residents living on the same unit as the resident with laboratory-confirmed influenza (outbreak affected units), regardless of whether they received influenza vaccination during the current season.
- CDC recommends antiviral chemoprophylaxis for a minimum of 2 weeks and continuing for at least 7 days after the last known laboratory-confirmed influenza case was identified on affected units.
- For more detailed information about the use of antiviral medication to control influenza, visit CDC's website: [Influenza Antiviral Medications: Summary for Clinicians | CDC](#)

NIH COVID-19 and Influenza Treatment Guidelines

Antiviral Treatment of Influenza When Influenza Viruses and SARS-CoV-2 Are Cocirculating:

- Antiviral treatment for influenza is the same for all patients regardless of SARS-CoV-2 coinfection
- For information on using antiviral drugs to treat influenza in hospitalized and non-hospitalized patients, see the [CDC](#) and [IDSA](#) recommendations.
- There are no clinically significant drug-drug interactions between the antiviral agents that are used to treat COVID-19 and the antiviral agents that are used to treat influenza.

<https://www.covid19treatmentguidelines.nih.gov/special-populations/influenza/>

Thank you for working
every day on the frontlines
to protect and support the
LTC residents and staff!

Open Q&A

Submit questions via Q&A pod to **All Panelists**

Please do not resubmit a single question multiple times

Slides and recording will be made available after the session.

Reminders

- SIREN Registration
 - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: <http://www.dph.illinois.gov/siren>
- NHSN Assistance:
 - Contact Telligen: **nursinghome@telligen.com**