



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

May 5th , 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
- PHE End Informational Update
- Open Q & A

Upcoming Infection Prevention and Control Q&A

1:00 pm - 2:00 pm

Date	Infection Control Topic	Registration Link
Friday, May 19 th	Norovirus	https://illinois.webex.com/weblink/register/r8ff76251bb28ef95e6e307e56843571b
Friday, June 5 th	MDRO organisms: C. auris	https://illinois.webex.com/weblink/register/r41548e40d239c7e92a7bf651c8c06dfd

End of the Federal COVID-19 Public Health Emergency (PHE) and the State COVID-19 Disaster Proclamation

Implications for Long-Term Care Facilities

05/05/2023

Dr. Catherine Counard,
State Medical Officer

Thomas C. Roome,
Infection Control Coordinator

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Infection Prevention Consultant



What does the end of the Public Health Emergency Mean?

- As expressed by CDC on a call this week, the end of the PHE is one step to moving to a sustainable approach that integrates COVID-19 activities into a broad public health framework with a pan-respiratory effort.
- In other words, while some of the federally funded initiatives will end, public health will continue to monitor and address COVID-19 to prevent severe disease and minimize the negative impact the disease has on Illinois residents.

What is
Ending on
May 11th,
2023?

- US Dept. of Health and Human Services COVID-19 Public Health Emergency
- The State of Illinois Public Health Emergency Proclamation

HHS Announcement Ending the Federal COVID-19 Public Health Emergency (PHE) 02/09/23

Our response to the spread of SARS-CoV-2, **the virus that causes COVID-19, remains a public health priority**, but thanks to the Administration's whole of government approach to combatting the virus, we are in a better place in our response than we were three years ago, and we can transition away from the emergency phase.

As a result of the many response efforts, since the peak of the Omicron surge at the end of January 2022 (updated to 5/5/23 data):

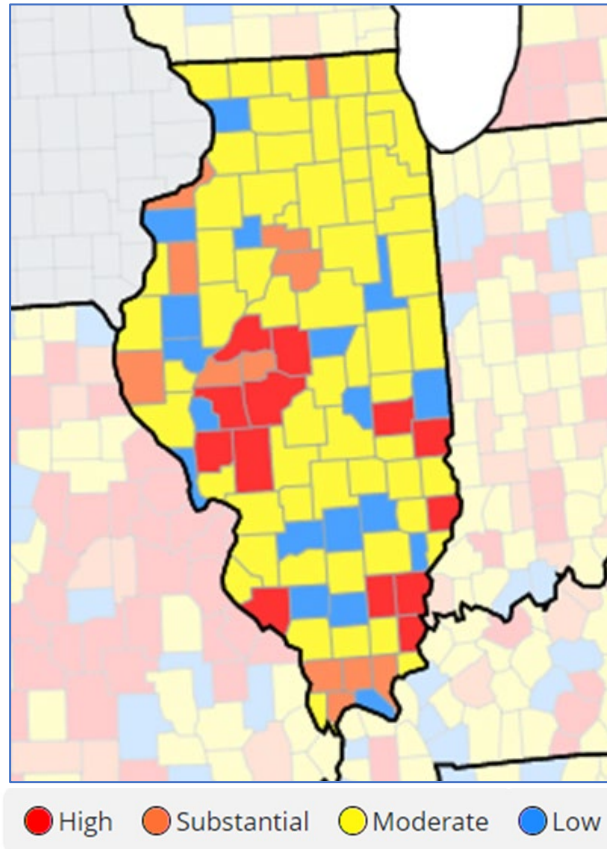
- Daily COVID-19 reported cases are down **99.7%**,
- COVID-19 deaths have declined by **93.6%**, and
- New COVID-19 hospitalizations are down nearly **92.1%**.

The PHE will expire at the end of the day on Thursday, May 11, 2023

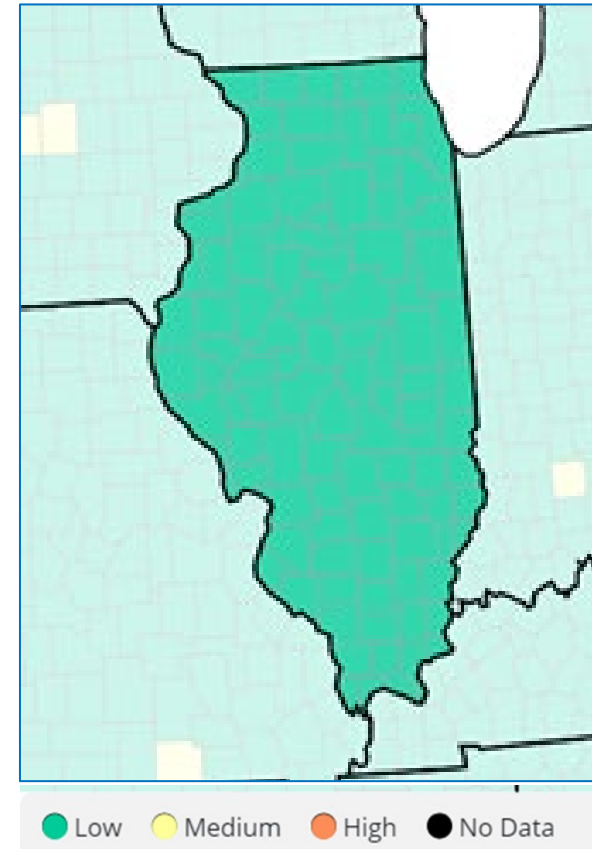
Situation in Illinois Mirrors Improved National Trends

- We have safe and effective vaccines and therapeutics for COVID-19.
- The healthcare system is no longer in immediate danger of being overwhelmed.
- Cases, hospitalizations, and deaths are all down *substantially (but still occurring)*
 - As of 5/2/23 weekly case rate per 100,000 population is; 31.1 (31.1/100,000)
 - Compared to **1,889 cases/100,000** (at the peak)
 - 38 hospital admissions per week
 - Compared to **861 hospitalizations/week**
 - 19 deaths per week (Lowest since 3/22/2020!)
 - Compared to **1,051 deaths per week**
- Facilities have developed the skills and tools they need to prevent COVID-19 infections.

CDC COVID-19 Transmission and Community Levels: Lowest since early in the the pandemic (5/4/23)



Transmission Levels (SNFs)



Community Levels
(non-skilled)

Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Weekly / Vol. 71 / No. 24

June 17, 2022

Notes from the Field

COVID-19–Associated Mortality Risk Among Long-Term Care Facility Residents and Community-Dwelling Adults Aged ≥65 Years — Illinois, December 2020 and January 2022

Daniel Lee, MPH, MBA¹; Catherine Counard, MD²;
Angela Tang, MPH³; Sarah Brister, MPH³; Ngozi Ezike, MD⁴

U.S. adults aged ≥65 years are at increased risk for severe illness and death from COVID-19 (1). The communal nature of long-term care facilities (LTCFs), and the vulnerability of the LTCF population (typically aged ≥65 years, and often having underlying chronic conditions, cognitive and physical impair-

living facilities (11,980, 10,954, and 92%, respectively).** The population of community-dwelling adults was obtained by subtracting the LTCF group's population from the U.S. Census Bureau's July 2021 estimate for the overall Illinois population aged ≥65 years.†† COVID-19 vaccination coverage rates among community-dwelling adults were obtained from the Illinois Comprehensive Automated Immunization Registry Exchange.§§

Numbers of COVID-19 deaths among LTCF residents¶¶ and community-dwelling adults were abstracted from the Illinois National Electronic Disease Surveillance System (I-NEDSS) for December 2020 and January 2022 and divided by the cor-

The ratio of the COVID-19 mortality rate among LTCF residents aged ≥65 years to community-dwelling adults aged ≥65 years **decreased by 71%, from 16.1 to 4.6**, between December 2020 and January 2022.

These findings reinforce that **COVID-19 prevention and control strategies, including vaccination, can substantially reduce COVID-19-associated mortality among LTCF residents.**

<https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7124-h.pdf>

Kudos to all of you

- The LTC community rose to the challenge!
 - Learning how to manage communicable diseases in LTC, very rapidly.
 - Taking steps to protect your residents and staff, adapting when necessary.
 - Persevering, despite what at times seemed like impossible odds, to do truly amazing things.
- I think we all need to take a moment to recognize and appreciate the outstanding and courageous work that you've all done to get us to where we are now.
- Thank you!

Anticipated changes:

Expecting CDC guidance to be released early next week – IDPH will continue to align with CDC and CMS guidance and requirements.



Emergency Rules

- Many emergency rules have been made over the past 3 years.
- On May 11th 2023, these Emergency Rules will lapse.
- Some emergency rules may be integrated into the Federal Register or Ill. Admin. Code.
- In addition, some emergency rules have been extended in order to ensure that certain specific problems are addressed before they end.

FDA Emergency Use Authorizations

- The FDA has used Emergency Use Authorizations (EUAs) to deploy many products essential to the COVID-19 response (diagnostic tests, therapeutics, vaccinations etc.)
- These EUAs are **NOT linked to the PHE**, but an FDA Emergency Use Authorization Declaration. (§567 FD&C Act)
- Therefore, ***products approved under EUAs WILL continue to be authorized after 5/11/23.***
- Commercialization of COVID-19 vaccines, or any other products, ***is not tied to the end of the PHE.***

What stays the same?

- SARS-CoV-2 Infection will remain reportable by providers and laboratories to the local health department as directed in the [Communicable Disease Code, Section 690.361](#).
- Outbreaks of COVID-19 will continue to be reportable in higher-risk congregate care settings.
- Hospitals and Long Term Care Facilities will continue to be required by CMS to report COVID-19 Data to NHSN, weekly numbers with some changes through April 2024 and December 2024, respectively.

What stays the same?

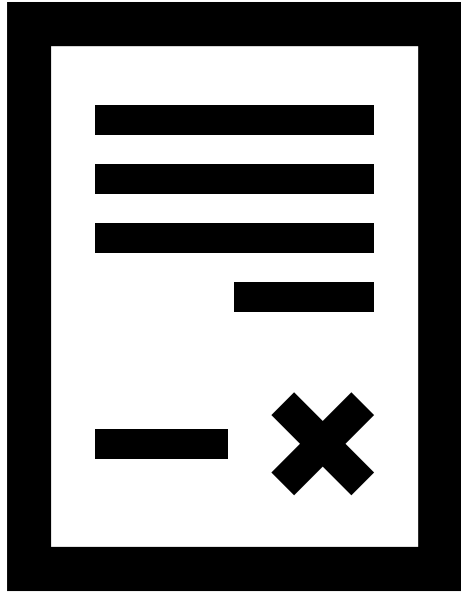
- **COVID-19 vaccines** will still be available. Further information is forthcoming from the IDPH Immunization Section.
- **Therapeutics** will continue to be free as long as the federal government's supply exists. When oral antivirals are also available commercially, the federal supply will be prioritized for the underserved populations. Illinois residents will still be able to locate free federal treatment through the [therapeutics locator](#).
- The [Telemedicine Test to Treat Program](#) through SIU School of Medicine for all Illinois residents will continue to operate into early 2024.
- The federal government has a [Bridge Access Program](#) designed for the uninsured to access vaccine, testing and treatment services.

Who Pays for What?

- For the last 3 years, the federal government has paid for the lions share of the testing, vaccination and therapeutics for COVID-19. Healthcare facilities, and Private Insurance also bore some costs.
- Essentially, we are returning to the traditional model of medical coverage in the United States;
 - Private insurance, Medicare, Medicaid etc. will be the payers going forward, similar to healthcare for most other diseases/conditions.
- Healthcare facilities will need to bill them to be reimbursed for the services they provide.

Changes to Coverage for COVID-19 Testing, Vaccination, and Therapeutics, Following the end of the COVID-19 Public Health Emergency

	Testing Coverage	Vaccination	Therapeutics	Free At Home Test kits
Medicare	Medicare Part B will still cover COVID-19 lab tests ordered by a provider in full.	COVID- 19 vaccinations will still be covered under Medicare Part B without cost sharing	COVID-19 oral antivirals (Paxlovid, molnupiravir etc.) will still be covered by Medicare in full.	End
Medicaid	Medicaid will still cover COVID-19 Tests without cost sharing until 9/30/24. After that, coverage will vary by state.	Access to COVID-19 vaccines without cost sharing for Medicaid will END on 9/30/2024. Afterward ACIP Recommended vaccines will be covered by Medicaid.	Medicaid programs will still cover COVID-19 therapeutics without cost sharing until 9/30/2024 , after which coverage may vary by state.	End
Private Insurance	Requirement that Private Insurance cover COVID-19 tests without cost sharing will end , for both OTC and Lab tests. Plans may still choose to cover these tests in full, however, this will vary by plan.	Requirement for private insurance to cover COVID-19 vaccines in full WILL END .	The The requirement for Private Insurance to cover COVID-19 Therapeutics WILL END .	End

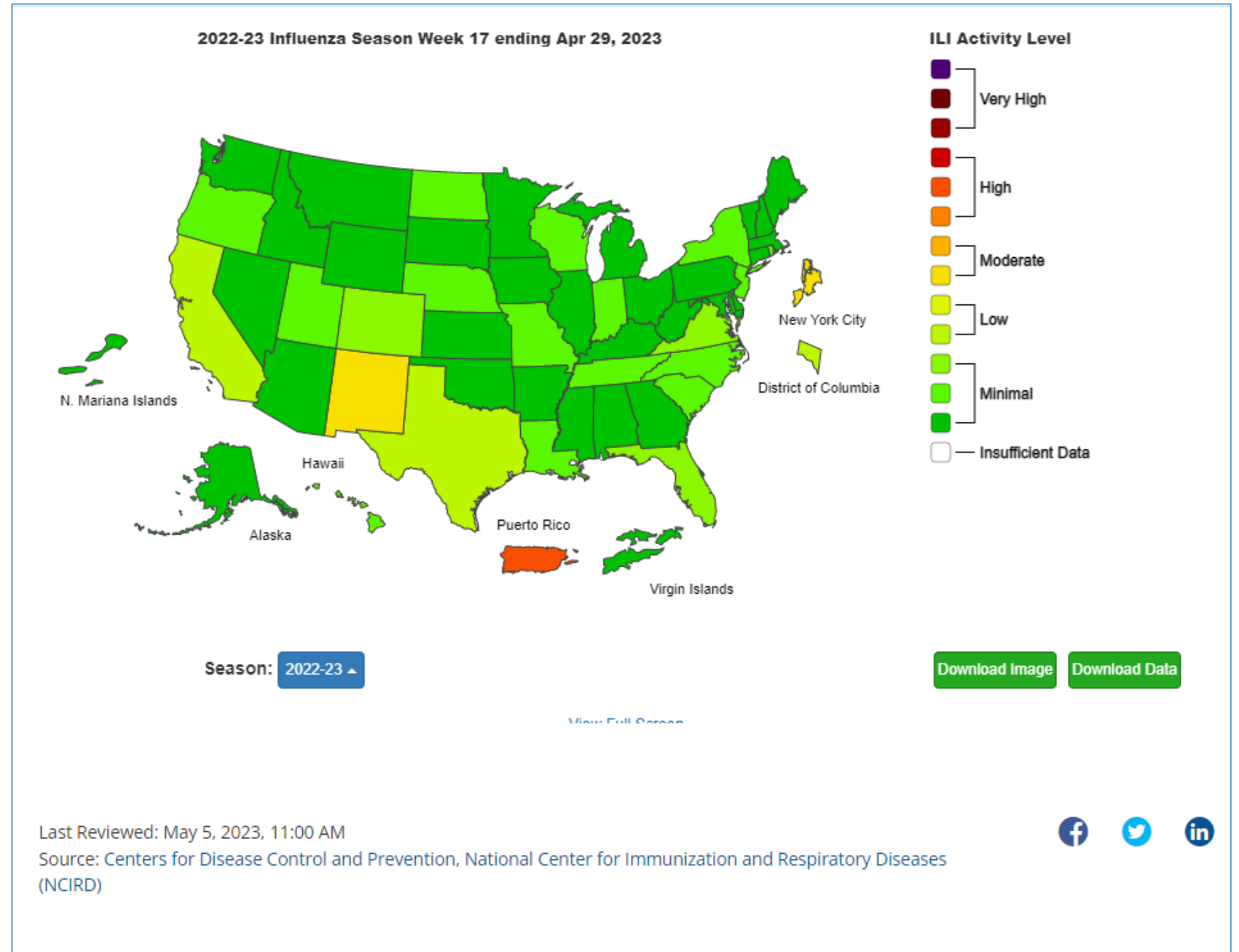


Potential Impact on LTC Guidance

Potential Impact on LTC Guidance

- CDC will no longer be utilizing COVID-19 Community and Transmission Levels.
- This will be replaced with a metric for indicating levels (high vs. not high) at which increased preventative measures would be recommended.
- Long-term care facilities will likely utilize an approach similar to the annual influenza monitoring and mitigation measures.
- Response measures to cases of COVID-19 and outbreaks will likely remain much as they are now.

For example, a metric is used for seasonal influenza, and LTC facilities take action based on activity levels



What IPC measures will stay the same?

- The core principles of infection prevention and control will remain crucial to preventing and controlling COVID-19 (and other respiratory infections) in LTC:
 - Use of Engineering Controls and Indoor Air Quality
 - Environmental Cleaning and Disinfection
 - Hand Hygiene
 - Screening and Testing
 - Early Identification of Cases and Use of Isolation
 - Proper Use of Standard and Transmission Based Precautions
 - Proper Use of PPE
- Ensuring that staff and residents remain up-to-date on COVID-19 vaccinations
- Ensuring therapeutics are readily available for those with COVID-19

Select CMS Updates

QSO-23-13-ALL

05/01/23

QSO-23-13-ALL: Expiration of PHE Emergency Waivers/ Timelines for Regulatory Requirements (Select/IPC related)

CMS QSO-23-13-All memo, released 5/1/23, contains changes to several waivers and flexibilities offered during the public health emergency declaration.

Will cover a few pertinent IPC details

Urge CMS-certified facilities to read the entire document:

<https://www.cms.gov/files/document/qso-23-13-all.pdf>

QSO-23-13-ALL: Staff Vaccination Requirements

- On November 5, 2021, CMS issued an interim final rule ([CMS-3415-IFC](#)) requiring Medicare and Medicaid-certified providers and suppliers to ensure that their staff were fully vaccinated for COVID-19 (i.e., obtain the primary vaccination series), which was a critical step to protect patients.
- CMS will soon end the requirement that covered providers and suppliers establish policies and procedures for staff vaccination, and will share more details at the anticipated end of the PHE.
- The strongest protection from COVID-19 is the vaccine. Therefore, CMS urges everyone to [stay up to date with your COVID-19 vaccine](#).

• QSO-23-13-ALL: Resident Roommates and Grouping

- CMS waived the requirements in 42 CFR 483.10(e)(5) and (7) solely for the purposes of grouping or cohorting residents with respiratory illness symptoms and/or residents with a confirmed diagnosis of COVID-19 and separating them from residents who are asymptomatic or tested negative for COVID-19.
- **This waiver of these requirements ends with the conclusion of the PHE**
- **While not required, cohorting residents with COVID-19 (or other respiratory illnesses) is an important tool for controlling outbreaks and allowed.**

- **QSO-23-13-ALL: Requirements for Reporting Related to COVID-19**

- The CMS final rule that set December 31, 2024 as the date when requirements for reporting COVID-19 information to residents, their representatives and families will terminate (CMS-1747) was released in November 2021, and at that time, this type of reporting was necessary.
- However, CMS is concerned that the effort required to continue this reporting provision may outweigh the utility of the information provided. For example, we have heard that providing families with the total number of cumulative COVID-19 cases (from June 2020) is not useful information.
- Additionally, this information is now publicly available on CMS' COVID-19 Nursing Home Data Website.
- Therefore, CMS is exercising enforcement discretion and will not expect providers to meet the requirements at 42 CFR 483.80(g)(3) at this time. All other reporting requirements remain in effect until December 31, 2024.

- QSO-23-13-ALL: Requirements for Educating about and Offering Residents and Staff the COVID-19 Vaccine

- On May 21, 2021, CMS issued an IFC ([CMS-3414-IFC](#)) requiring all LTC facilities to educate residents and staff on the COVID-19 vaccine (including any additional doses) **and offer to help them get vaccinated.**
- Pursuant to section 1871(a)(3) of the Act, Medicare interim final rules expire 3 years after issuance unless the Secretary determines an earlier end date.
- Therefore, this requirement will remain in effect until May 21, 2024 unless additional regulatory action is taken.

QSO-23-13-ALL: NHSN reporting will continue

- CMS issued an IFC ([CMS-3414-IFC](#)) requiring facilities to report the COVID-19 vaccination status of residents and staff through NHSN (§483.80(g)(1)(viii)).
- Through a subsequent rulemaking on November 9, 2021 at [CMS-1747-F](#), **the requirement for reporting the COVID-19 vaccine status of residents and staff through NHSN is permanent and will continue indefinitely unless additional regulatory action is taken.**



Upcoming NHSN Trainings to Learn More

The Registration information seen below is also available on the [NHSN LTCF COVID-19 Module webpage](#).

Thursday, June 1st

You are invited to a Zoom webinar.

When: Thursday, June 1, 2023 02:00 PM Eastern Time (US and Canada)

Topic: New Updates to the NHSN LTCF COVID-19 Module Surveillance Pathways

Register in advance for this webinar:

https://cdc.zoomgov.com/webinar/register/WN_IQ92SJReSe6gu3RIRbiquaA

Or an H.323/SIP room system:

H.323: 161.199.138.10 (US West) or 161.199.136.10 (US East)

Meeting ID: 160 765 2767

Passcode: 47430345

SIP: 1607652767@sip.zoomgov.com

Passcode: 47430345

After registering, you will receive a confirmation email containing information about joining the webinar.

Wednesday, June 7th

You are invited to a Zoom webinar.

When: Wednesday, June 7, 2023 01:00 PM Eastern Time (US and Canada)

Topic: New Updates to the NHSN LTCF COVID-19 Module Surveillance Pathways

Register in advance for this webinar:

https://cdc.zoomgov.com/webinar/register/WN_WO7zz66ISwyFGUfEx2bU7g

Or an H.323/SIP room system:

H.323: 161.199.138.10 (US West) or 161.199.136.10 (US East)

Meeting ID: 160 852 4597

Passcode: 87279435

SIP: 1608524597@sip.zoomgov.com

Passcode: 87279435

After registering, you will receive a confirmation email containing information about joining the webinar.

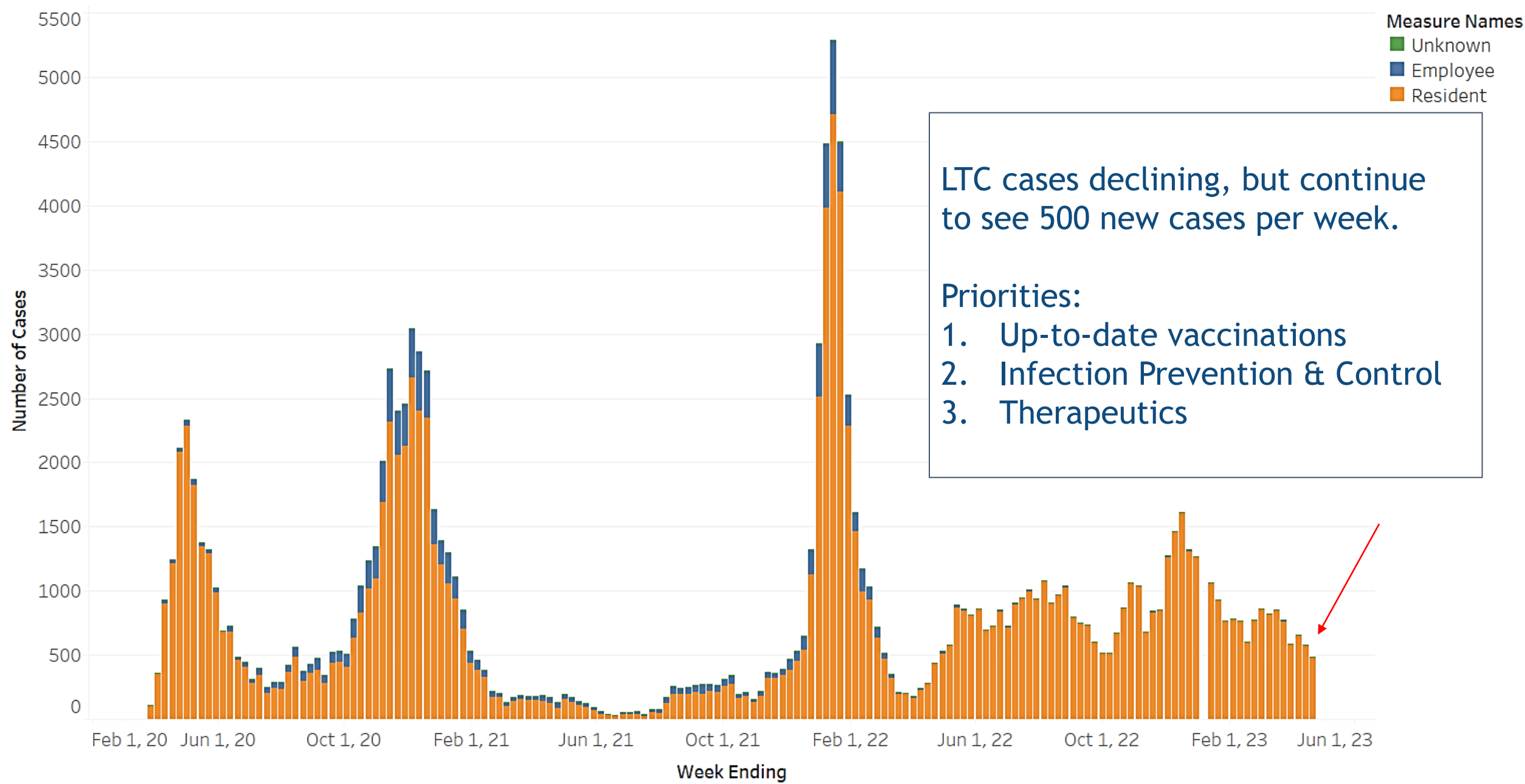
For questions about any of these updates, please send an e-mail to the NHSN Helpdesk at NHSN@cdc.gov with the subject line identifying the topic of the message.

Smartsheet COVID-19 Reporting

- Please note that the Smartsheet reporting requirement for Non-CMS-Certified, Licensed-Only Facilities will end on May 11 as the Emergency Rules will expire and not be renewed.

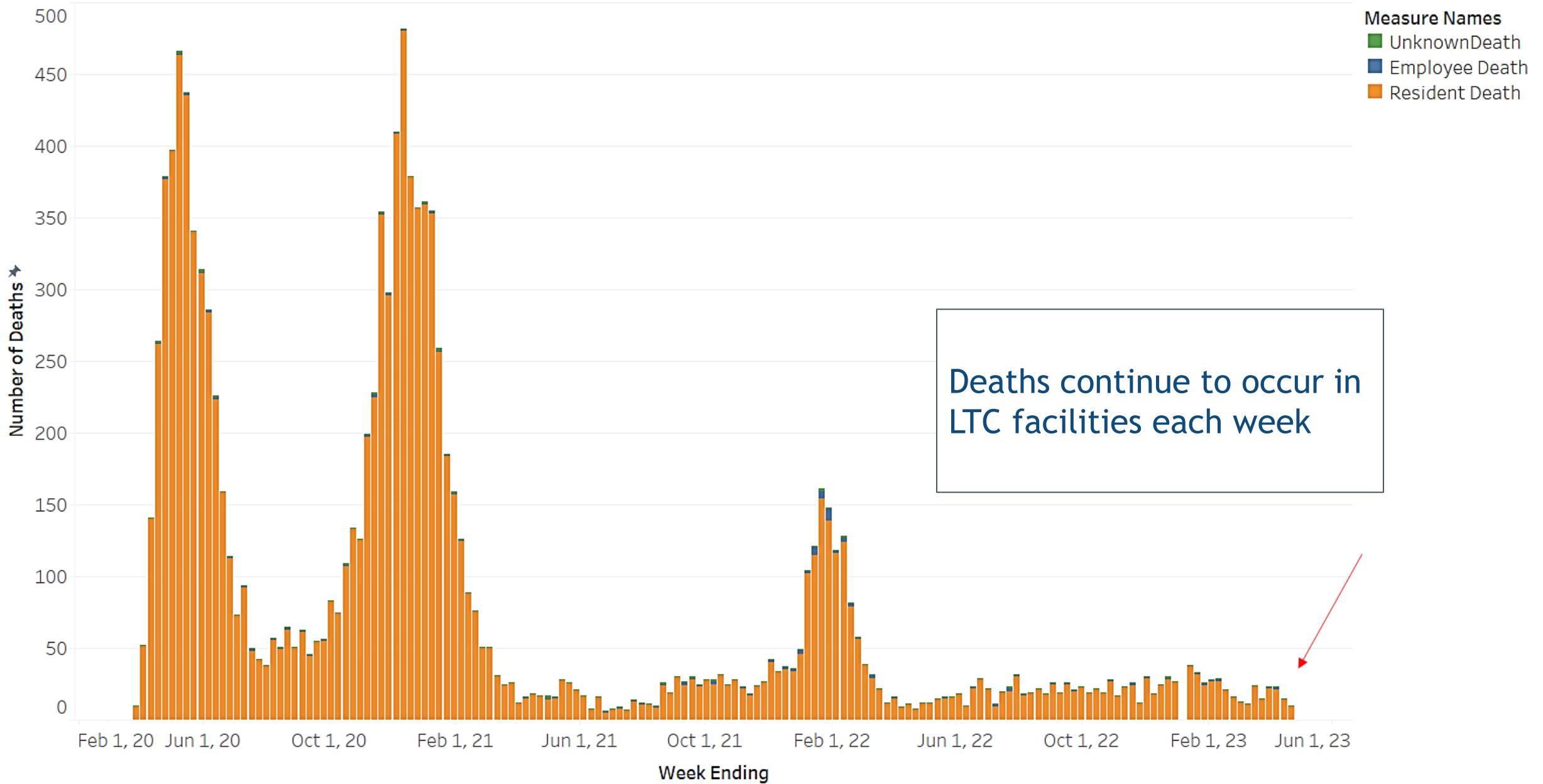
However, COVID-19 is
still with us

LTC Facility COVID-19 Cases



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

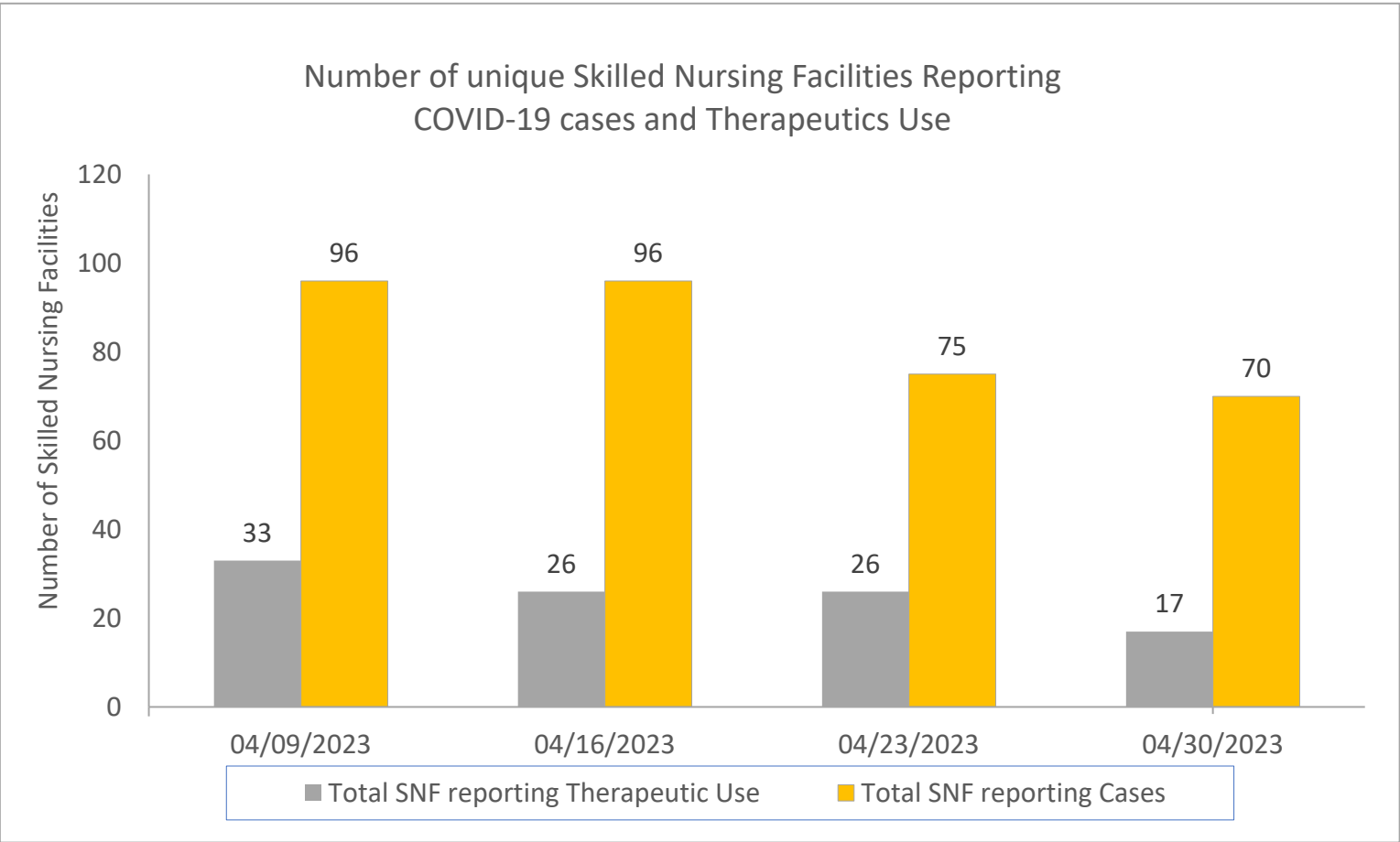
LTC Facility COVID-19 Deaths



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

NHSN: # of SNFs Reporting Cases and Therapeutic Use (04/09/23 – 04/30/23)

Therapeutic use is still LOW



Therapeutic Doses to Resident Cases (SNF) – Still Very Low

Week Ending	Molnupiravir	Molnupiravir Use/Cases(%)	Paxlovid	Paxlovid Use/Cases(%)	Total Therapeutic Doses	Total Resident Cases	Total Therapeutic/Cases(%)
04/09/2023	25	5%	79	17%	104	470	22%
04/16/2023	12	4%	91	29%	103	314	33%
04/23/2023	10	3%	65	22%	75	293	26%
04/30/2023	38	12%	50	16%	88	316	28%

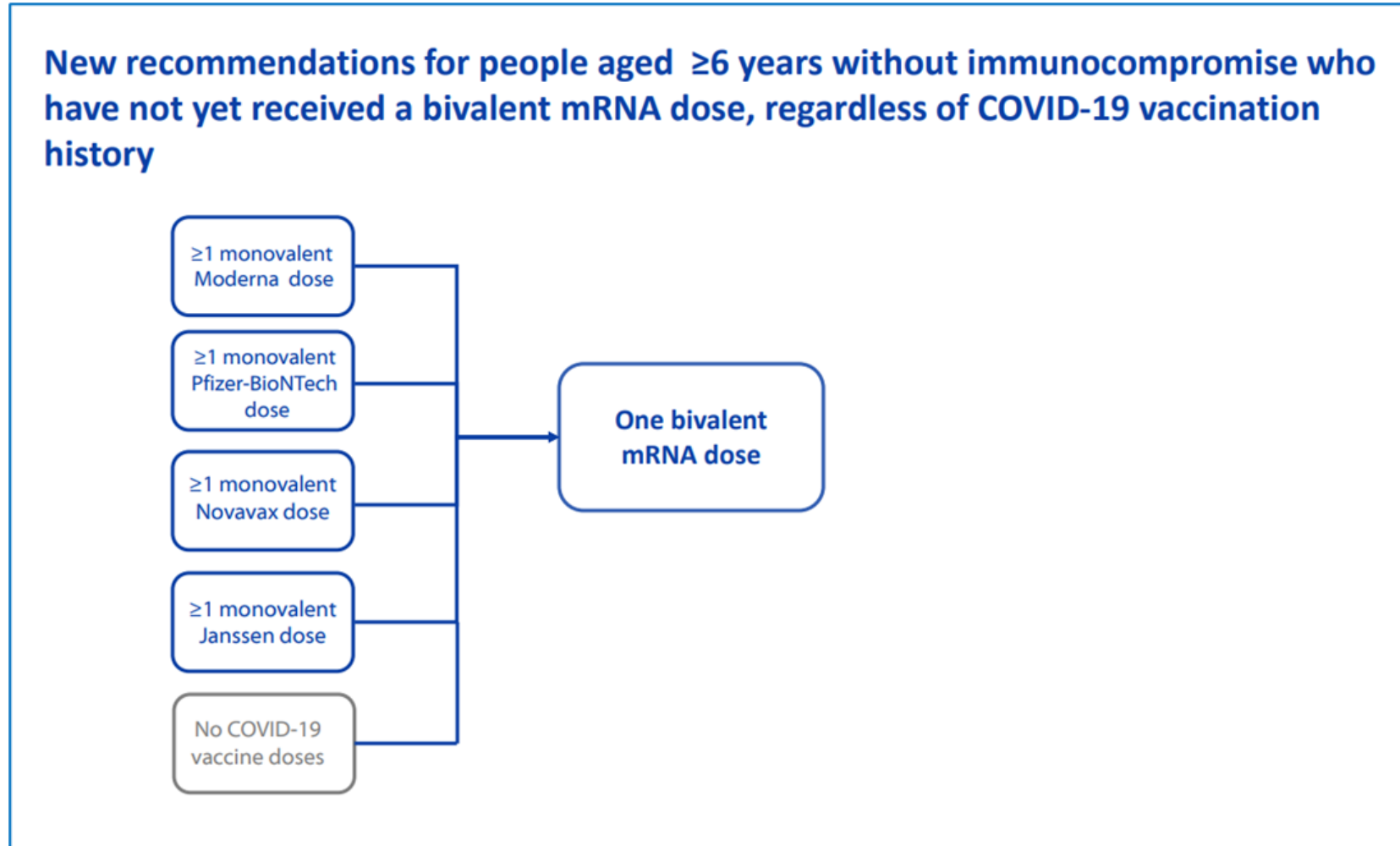
➤ Please ensure that residents with COVID-19 who develop symptoms receive treatment

Interim Clinical Considerations for COVID-19 Vaccines

The CDC [Interim Clinical Considerations for Use of COVID-19 Vaccines](#) have been updated for the mRNA COVID-19 vaccination schedule:

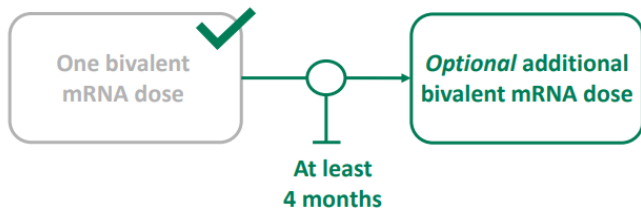
- People ages 6 years and older who are unvaccinated or previously received only monovalent vaccine doses are recommended to receive 1 bivalent mRNA vaccine dose.
- People ages 65 years and older may receive 1 additional bivalent mRNA vaccine dose at least 4 months after the first bivalent dose.

ACIP summary slides (4/19/23 meeting)

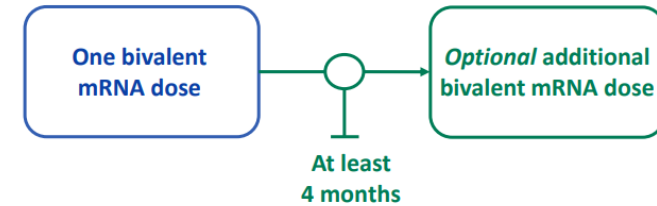


65 Years and Older

**Flexible for people at higher risk of severe COVID-19:
People aged ≥ 65 years who have already received a bivalent mRNA dose**



**Flexible for people at higher risk of severe COVID-19:
People aged ≥ 65 years who have not yet received a bivalent mRNA dose**



<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-04-19/07-COVID-Twentyman-508.pdf>

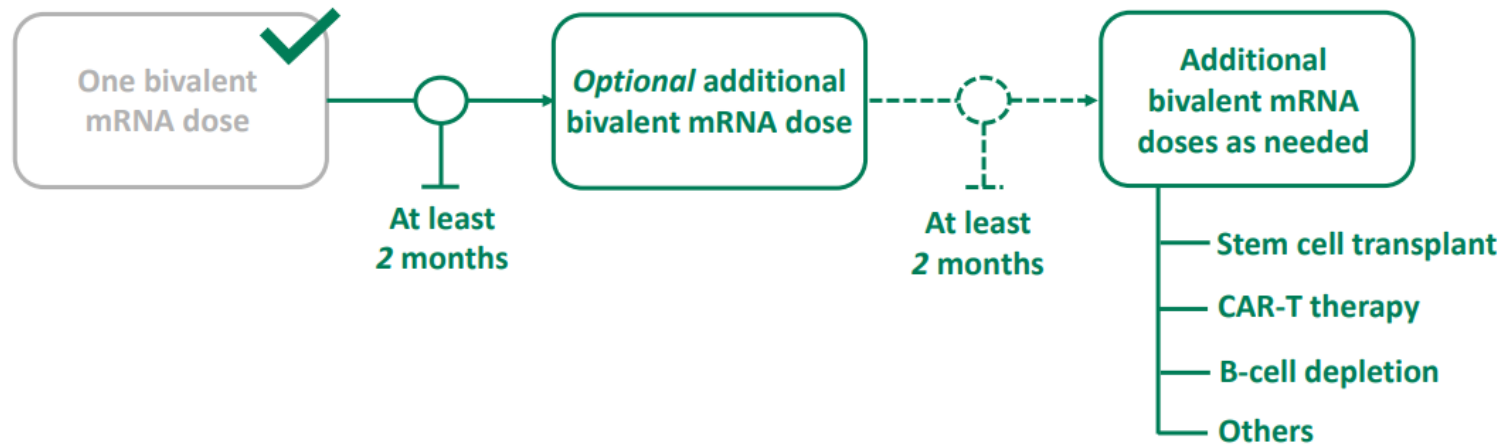
Interim Clinical Considerations for COVID-19 Vaccines

Revision of the mRNA COVID-19 vaccination schedule for people who are [moderately or severely immunocompromised](#) is as follows:

- At the time of initial vaccination, people ages 6 months and older are recommended to receive 3 bivalent mRNA doses.
- People ages 6 months and older who previously received only monovalent doses are recommended to receive 1 or 2 bivalent mRNA vaccine doses, depending on age and vaccine product.
- People who previously received a bivalent mRNA vaccine dose(s) have the option to receive 1 or more additional bivalent mRNA doses.
- Please refer to the CDC website for detailed age-specific guidelines, that take into consideration timing with immunosuppressive therapies and immune status.

Immunocompromised: additional bivalent mRNA doses authorized

**New flexibility for people at higher risk of severe COVID-19:
People aged ≥ 6 years *with immunocompromise** who have
already received a bivalent mRNA dose**



*Including those with imminent immunocompromise (e.g., prior to organ transplant; other causes.)

GREAT NEWS



- Illinois long term care facilities are eligible for a FREE one-time bulk shipment of rapid COVID - 19 antigen tests.
- Eligibility criteria
 - A CLIA waiver that allows for the administration of antigen testing.
 - A provider order for antigen testing that has been approved and signed by a medical professional.
 - Registered to report all positive antigen test results to the State of Illinois.
- Tests may only be administered onsite for diagnostic or screening purposes.
- Request form: <https://redcap.dph.illinois.gov/surveys/?s=T78A4HAKFTPKWAA>
- Deadline: **Friday, May 12**

Best by dates for COVID-19 Tests?

- In the past, the expiration dates on some COVID-19 antigen tests have been extended.
- In addition to Antigen Test Kits, there have been a several other products that have had expiration dates extended in recent years.
- The FDA has a comprehensive webpage on the topic. This information was current as of 4/27/23.
 - <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/expiration-dating-extension>

We want to take a moment to thank our Hektoen Colleagues, you were the 'tip of the spear' of IDPH's COVID-19 response in LTC during the darkest days of the Pandemic.

Without you, many of IDPH's successes would not have been possible.

- Deb Burdsall
- Shannon Calus
- Mary Alice Lavin
- Connie Linchangco
- Christine Pate
- Karen Trimberger

And a special thanks to Michael Moore, who made these Webinars possible.

And of course, all of our partners in Healthcare;
especially Long-Term Care.

Your dedication, tenacity, grit, and hard work, in
often near-impossible circumstances, has saved
countless lives.

The work you've done, and continue to do, is in keeping with the highest
values of the healthcare profession and is nothing short of admirable.

Thank You!



Thank you!

We will now open the floor to questions.

Please enter your questions in the Q&A.

We will do our best to answer all of them, however, if we don't get to your question, we will try to answer it by email or include it in the next webinar.

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**