



COVID-19 Chicago Long Term Care Roundtable

07-27-2023



Agenda

- COVID-19 Epidemiology & Updates
- Transmission Based Precautions
- Shingles
- Bed Bugs
- iHealth Rapid Test Expiration Dates
- COVID-19 Reporting
- Project Firstline
- Increasing Vaccine Uptake
- CDPH Emergency Preparedness Liaison



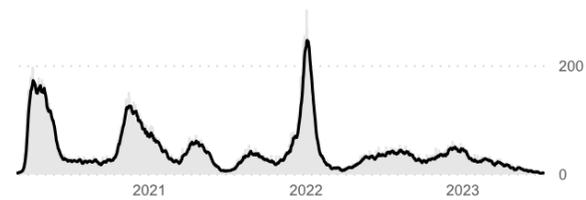
Chicago Dashboard

CHICAGO | COVID-19 Summary Data current as of Jul 20, 2023.
Data are updated Wednesdays at 5:30 p.m., except for City holidays.
All data are provisional and subject to change.

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

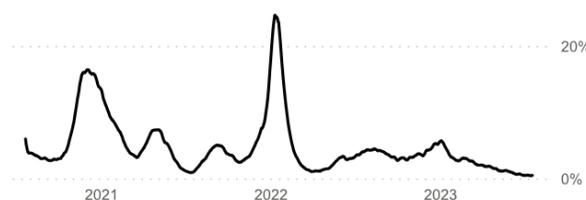
HOSPITALIZATIONS

2.00 ▲ **1.33 (+50%)** **53,036** **0.07**
Current daily avg Prior week Cumulative Daily rate per 100,000



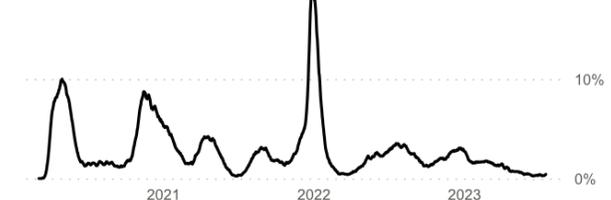
HOSPITAL BEDS IN USE

0.5% ↔ **0.5%**
Current daily avg Prior Week



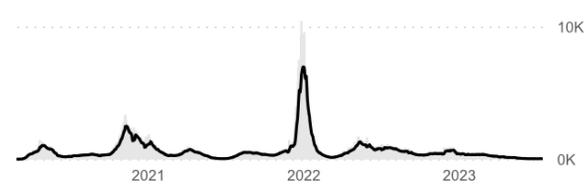
EMERGENCY ROOM VISITS

0.4% ▲ **0.3%**
Current daily avg Prior Week



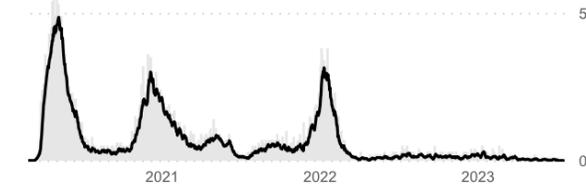
LABORATORY-CONFIRMED CASES

38 ▲ **32 (+19%)** **778,678** **1.43**
Current daily avg Prior week Cumulative Daily rate per 100,000



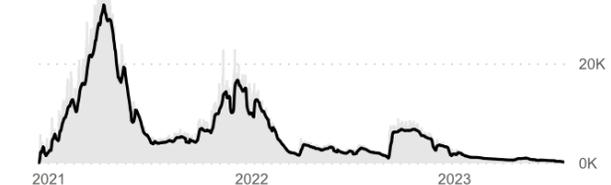
DEATHS

0.00 ↔ **0.00 (0%)** **8,154** **0.00**
Current daily avg Prior week Cumulative Daily rate per 100,000



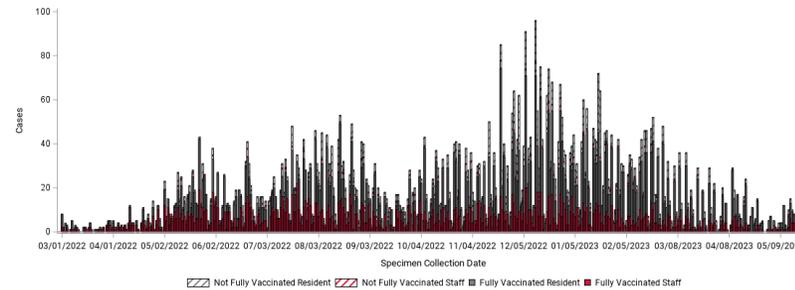
VACCINATIONS ADMINISTERED

193 ▼ **5,855,817** **23.6%**
Current daily avg Cumulative People with updated booster



SNF COVID-19 Cases

(Mar. 1, 2022 – , 2023)



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

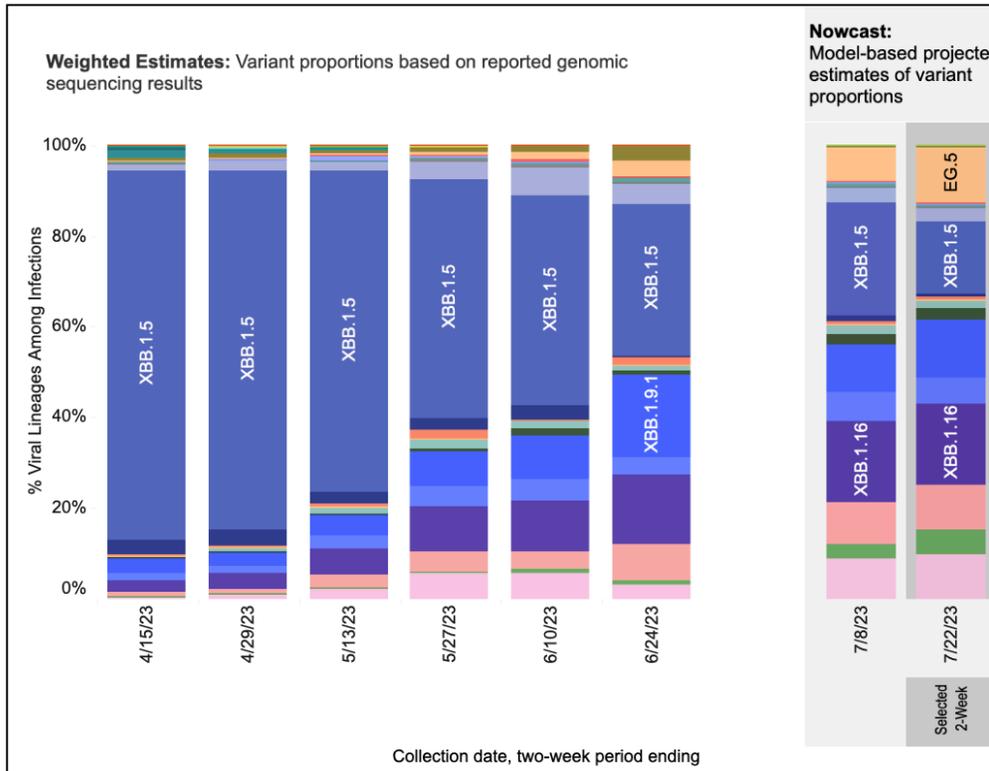
(%) SNFs have active outbreaks

COVID-19 Variant Proportions

Weighted and Nowcast Estimates in HHS Region 5 for 2-Week Periods in 4/2/2023 – 7/22/2023

Nowcast Estimates in HHS Region 5 for 7/9/2023 – 7/22/2023

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



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

WHO label	Lineage #	%Total	95%PI
Omicron	XBB.1.16	17.7%	14.7-21.2%
	XBB.1.5	15.8%	13.1-19.0%
	XBB.1.9.1	12.5%	4.2-29.3%
	EG.5	12.0%	5.9-22.5%
	XBB.2.3	9.9%	6.2-15.1%
	XBB.1.16.1	9.7%	7.3-12.6%
	XBB.1.9.2	6.0%	3.7-9.7%
	XBB.1.16.6	5.5%	2.0-13.5%
	XBB	3.0%	1.2-6.8%
	XBB.1.5.72	2.6%	0.4-10.4%
	XBB.1.5.68	1.7%	0.9-3.3%
	FE.1.1	0.7%	0.2-2.1%
	XBB.1.5.1	0.7%	0.4-1.2%
	CH.1.1	0.6%	0.1-3.0%
	XBB.1.5.10	0.6%	0.3-1.2%
	EU.1.1	0.4%	0.2-1.2%
	XBB.1.5.59	0.3%	0.1-0.8%
	FD.2	0.0%	0.0-0.0%
	BQ.1.1	0.0%	0.0-0.0%
	BA.2	0.0%	0.0-0.0%
	BN.1	0.0%	0.0-0.0%
	BA.5	0.0%	0.0-0.0%
	BQ.1	0.0%	0.0-0.0%
	BA.2.75	0.0%	0.0-0.0%
Other	Other*	0.1%	0.0-0.3%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 2-week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all 2-week periods displayed.
 # BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, XBB and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.2.75.2, CH.1.1 and BN.1, BA.2.75 sublineages are aggregated with BA.2.75. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BF.11, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. Except the lineages shown and their sublineages, sublineages of XBB are aggregated to XBB. Except XBB.1.5.1, XBB.1.5.10, FD.2, EU.1.1, XBB.1.5.68 and XBB.1.5.72, sublineages of XBB.1.5 are aggregated to XBB.1.5. Except XBB.1.16.1, sublineages of XBB.1.16 are aggregated to XBB.1.16. Except FE.1.1, sublineages of XBB.1.16.1 are aggregated to XBB. For all the other lineages listed, their sublineages are aggregated to the listed parental lineages respectively. Previously, EU.1.1, XBB.1.5.68 and XBB.1.5.72 was aggregated to XBB.1.5. FE.1.1 was aggregated to XBB and EG.5 was aggregated to XBB.1.9.2. Lineages BA.2.75.2, XBB, XBB.1.5, XBB.1.5.1, XBB.1.5.10, FD.2, XBB.1.9.1, XBB.1.9.2, XBB.1.16, XBB.1.16.1, XBB.2.3, BN.1, BA.4.6, BF.7, BF.11, BA.5.2.6, BQ.1.1, EU.1.1, XBB.1.5.68, FE.1.1, EG.5 and XBB.1.5.72 contain the spike substitution R346T.



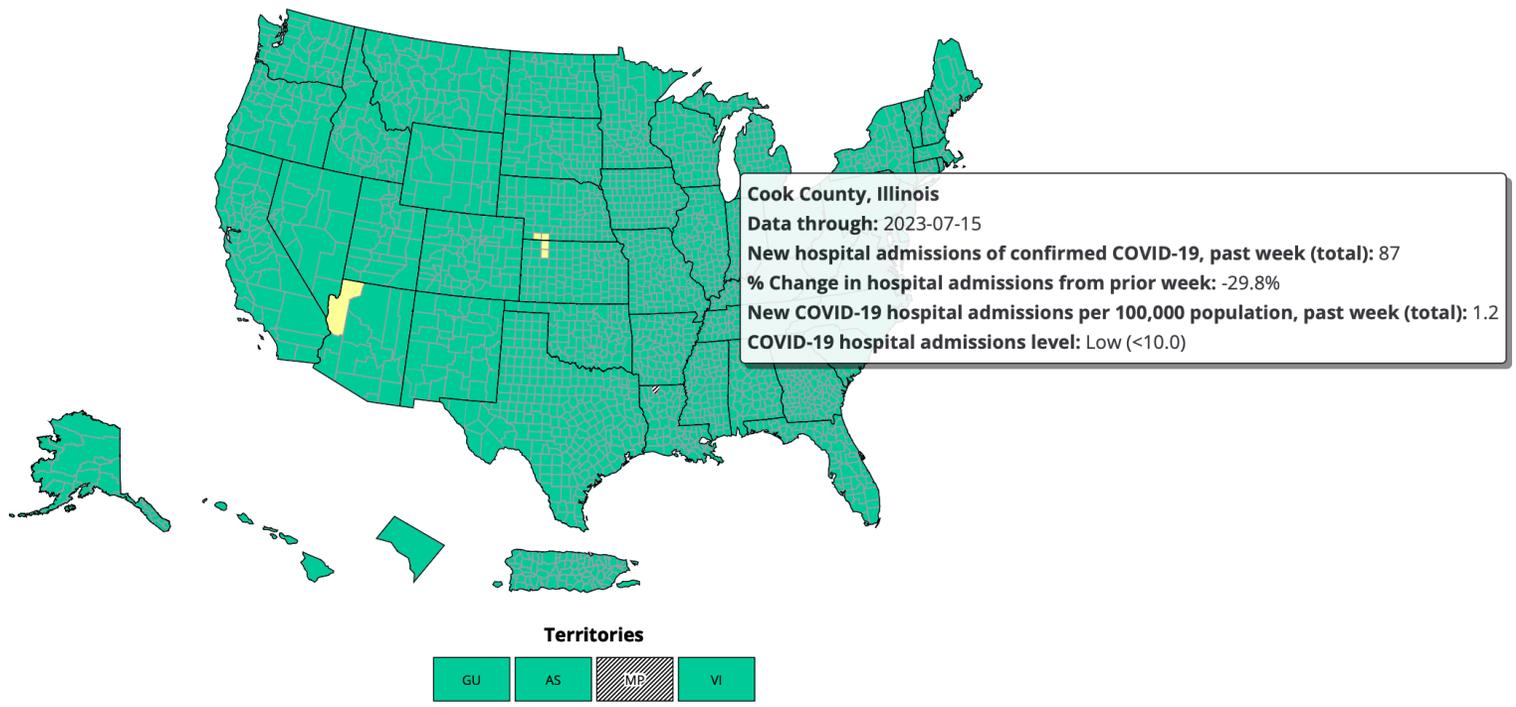
CDC COVID Data Tracker: Cook County

COVID-19 hospital admissions levels in U.S. by county
Based on new COVID-19 hospital admissions per 100,000 population

	Total	Percent	% Change
≥ 20.0	0	0%	-0.03%
10.0 - 19.9	5	0.16%	0.06%
<10.0	3217	99.84%	0.06%

Time Period: New COVID-19 hospital admissions per 100,000 population (7-day total) are calculated using data from the MMWR week (Sun-Sat) ending July 15, 2023.

Reported COVID-19 New Hospital Admissions Rate per 100,000 Population in the Past Week, by County - United States





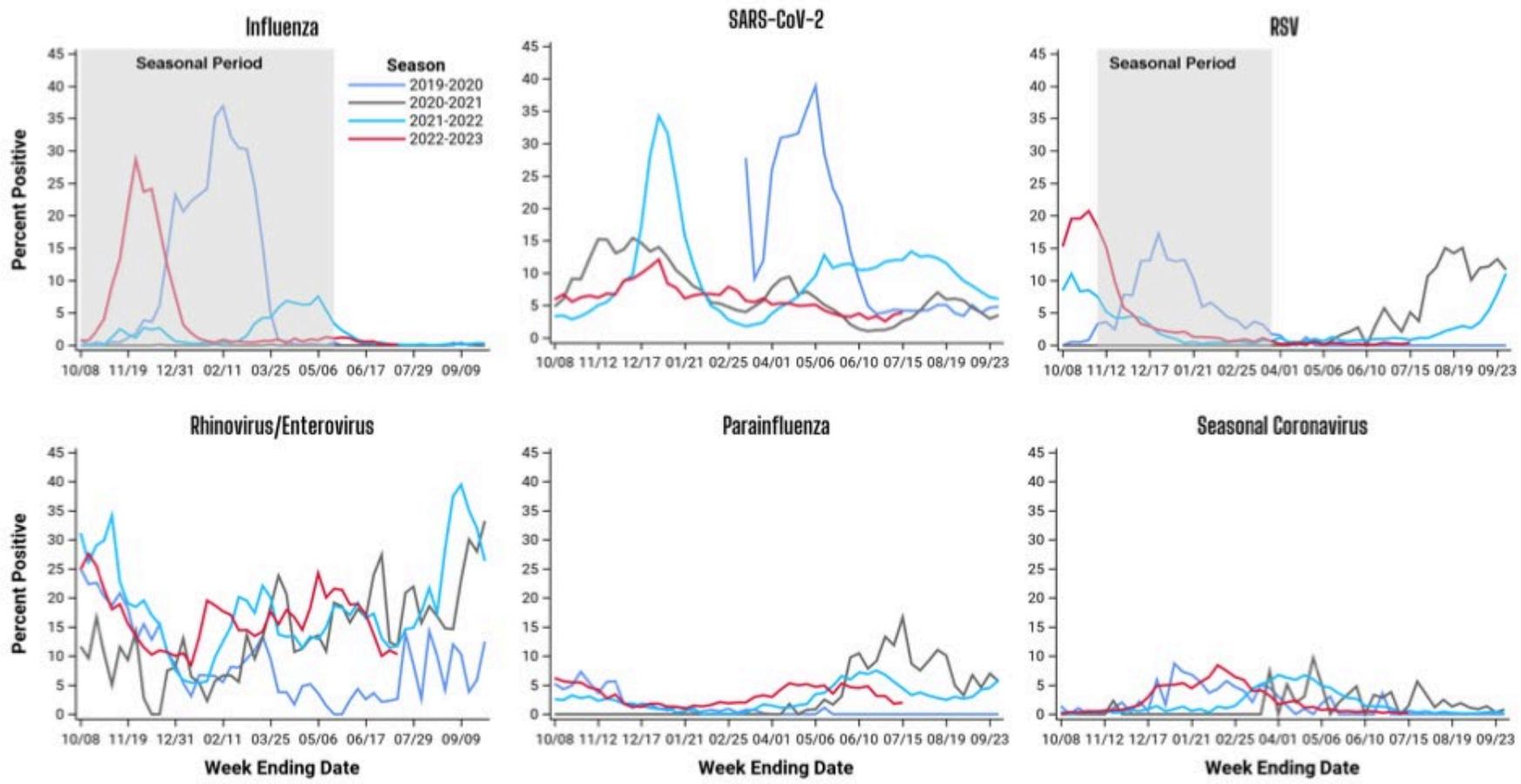
Chicago Respiratory Virus Surveillance Report – Current Week & Cumulative

Respiratory Pathogen	Week Ending July 15, 2023		Since October 2, 2022	
	# Tested	% Positive	# Tested	% Positive
Influenza*	2,464	0.1	180,892	7.0
RSV*	1,436	0.4	130,103	5.0
SARS-CoV-2*	1,380	3.9	200,724	6.8
Parainfluenza	1,396	2.0	65,245	3.2
Rhinovirus/Enterovirus	737	10.3	42,840	16.3
Adenovirus	739	2.7	42,754	3.9
Human Metapneumovirus	739	0.0	43,142	3.3
Seasonal Coronaviruses [†]	1,394	0.3	65,889	2.4

*Represents both dualplex and multiplex PCR data. All other data represents only multiplex panels that include the specified pathogens;† Four seasonal coronavirus strains include 229E, NL63, OC43, and HKU1.



Chicago Respiratory Virus Surveillance Report – Seasonal Trends





Reminder: Minimum Routine Staff Testing Frequency

Vaccination Status	Community Transmission Level	Testing Frequency
Not up to date	All	No required routine testing*
Up to date**	All	No required routine testing*

* Unless symptomatic, had a high-risk exposure, or your facility is in outbreak and performing unit/broad-based testing.

** An individual has received all COVID-19 vaccinations for which they are eligible



Reminder: Minimum Routine Resident Testing Frequency

Vaccination Status	Hospital Admission Level	Routine Testing Frequency
Not up to date	All	No required routine testing*
Up to date	All	No required routine testing*
New and readmissions, regardless of vaccination status	Low, Moderate, Substantial	No required routine testing*
New and readmissions, regardless of vaccination status	High	Facility discretion*

*Unless symptomatic, following a high-risk exposure, or your facility is in outbreak and performing broad-based testing.

New IDPH TBP Guidance Document

- New guidance document released on June 21, 2023
- Best Practices for the use of transmission-based precautions in SNFs
 - Guidance with placing a resident on Contact Precautions or Enhanced Barrier Precautions
- Assist with decision-making regarding the placement of residents with organism of concern



122 S. Michigan Ave., Suite 700 • Chicago, IL 60603-6119 • www.dph.illinois.gov

To: Skilled Nursing Facilities
CC: Local Health Departments, IDPH Office of Health Care Regulation
From: Caroline Soyemi, RN, HFSN, MSN, DNP
Healthcare-Associated Infections Coordinator, Division of Patient Safety and Quality
Date: June 21, 2023
Subject: Use of Transmission-Based Precautions and Room Placement Options for Extensively Drug-Resistant Organisms in Skilled Nursing Facilities

The control of multidrug-resistant organisms (MDROs), extensively drug-resistant organisms (XDROs), and emerging pathogens is particularly challenging in skilled nursing facilities (SNFs). The purpose of the attached document is to summarize best practices for the use of transmission-based precautions in SNFs and to assist with decision-making regarding the placement of residents with organisms of concern. The guidance will help with determining whether to place a resident on Contact Precautions or Enhanced Barrier Precautions in SNFs.

Additional resources will be available in the near future. Please direct any questions to dph.xdroregistry@illinois.gov.

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★ Definitions

- MDROs: multidrug resistant organisms
 - Methicillin-resistant *Staphylococcus aureus* (MRSA)
 - ESBL-producing Enterobacterales
 - Vancomycin-resistant Enterococci (VRE)
 - multidrug-resistant *Pseudomonas aeruginosa*
 - multidrug-resistant *Streptococcus pneumoniae*
- XDROs: extensively drug-resistant organisms entered in the XDRO registry
 - *Candida auris*
 - Carbapenem-resistant Enterobacterales (CRE)
 - Carbapenem-resistant *Acinetobacter baumannii* (CRAB)
 - Carbapenem-producing organisms (CPOs)
 - Endemic CPOs: CRE-KPC, CRAB OXA 23, CRAB OXA 24/40, or unknown mechanisms
 - Rare or low prevalence CPOs: CRE-NDM or CRE-VIM



Facility-level Approaches

- Pathogen-based
 - XDROs: EBP for residents with an XDRO
 - MDROs: use a risk-based approach to determine what type of precautions are warranted for residents colonized or infected with MDROs.
- Risk-based
 - EBP for residents with wounds requiring dressing (e.g. pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers)
 - EBP for residents with any indwelling devices (e.g. central lines, urinary catheters, feeding tubes, hemodialysis catheters, tracheostomies, and ventilators)

Enhanced Barrier Precautions (EBP)

- Single or private rooms are not required
- Don PPE during high-contact resident care activities (e.g. dressing, bathing, transferring, providing hygiene, changing linens, changing briefs, or assisting with toileting, care or use of indwelling devices, wound care requiring a dressing)
- Resident is NOT restricted to their room
- Resident is allowed to participate in communal dining and group activities
- EBP does not impose the same restrictions as contact precautions, EBP is intended to be in place for the duration of a resident's stay or until resolution of wound or discontinuation of indwelling device



Contact Precautions

- Single room is preferred
- Don PPE upon room entry and discard PPE before exiting the patient room
- Resident is restricted to their room except for medically necessary care
- Resident should not participate in communal dining or group activities
- Intended to be time limited, plan for discontinuation or de-escalation
- Use disposable patient-care equipment or implement patient-dedicated use
- Use contact precautions for residents with:
 - Draining wounds that cannot be contained and/or diarrhea
 - Other infections/conditions listed in CDC's [Appendix A](#)
 - C. difficile
 - Scabies
 - Norovirus

★ Signage



STOP CONTACT PRECAUTIONS STOP
EVERYONE MUST:

 Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

 Put on gloves before room entry. Discard gloves before room exit.

 Put on gown before room entry. Discard gown before room exit.
Do not wear the same gown and gloves for the care of more than one person.

 Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.

 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS9-2018-01-A



STOP ENHANCED BARRIER PRECAUTIONS STOP
EVERYONE MUST:

 Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

 Wear gloves and a gown for the following High-Contact Resident Care Activities.

- Dressing
- Bathing/Showering
- Transferring
- Changing Linens
- Providing Hygiene
- Changing briefs or assisting with toileting

Device care or use:
central line, urinary catheter, feeding tube, tracheostomy

Wound Care: any skin opening requiring a dressing

Do not wear the same gown and gloves for the care of more than one person.

 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS9-2018-01-A



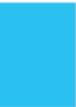
TBP Scenarios

TBP Question 1

A resident is admitted with a diabetic ulcer that requires dressing. The ulcer was cultured at a previous facility and the lab results show no growth.

What type of precautions are indicated?

- a) Enhanced barrier precautions
- b) Contact precautions
- c) Standard precautions



Answer

a) Enhanced barrier precautions

Enhanced Barrier Precautions are recommended for residents with indwelling medical devices or wounds, even if they have no history of MDRO colonization or infection and regardless of whether others in the facility are known to have MDRO colonization. This is because devices and wounds are risk factors that place these residents at higher risk for carrying or acquiring a MDRO and many residents colonized with a MDRO are asymptomatic or not presently known to be colonized.

TBP Question 2

A resident on enhanced barrier precautions (for XDRO infection) is now experiencing loose stools and has tested positive for *C. difficile*.

Should the resident remain on enhanced barrier precautions?

- a) Yes, continue with enhanced barrier precautions
- b) No, change to contact precautions



Answer

b) No, change to contact precautions

Residents with *C. difficile* should be placed under contact precautions. Continue contact precautions for the duration of the *C. difficile* infection.

Enhanced Barrier Precautions do not replace existing guidance regarding use of Contact Precautions for other pathogens and conditions in nursing homes. Refer to [Appendix A – Type and Duration of Precautions Recommended for Selected Infections and Conditions of the CDC Guideline for Isolation Precautions](#).

TBP Question 3

A resident who does not have an indwelling device or wound has tested positive for MRSA colonization.

What type of precautions are indicated?

- a) Enhanced barrier precautions
- b) Contact precautions
- c) Use a risk-based approach to determine precautions needed



Answer

c) Use a risk-based approach to determine precautions needed

A facility should use a risk-based approach to determine what type of precautions (contact or EBP), if any, are warranted for a resident colonized or infected with MDROs. A risk-based approach takes into consideration the resident's clinical situation and the prevalence or incidence of MDROs in the facility. Consider this approach for residents with organisms not previously encountered in the facility.

Shingles (Herpes Zoster)

- Reactivation of varicella-zoster virus, the same virus that causes chickenpox
 - You cannot get shingles from someone with shingles or chicken pox
 - You can get chicken pox from someone with shingles, if you have never had chickenpox or the chickenpox vaccine
- A rash most commonly appears on the trunk along a thoracic dermatome or on the face and it usually does not cross the body's midline.
- The rash develops into clusters of vesicles. New vesicles continue to form over 3 to 5 days, and the rash progressively dries and scabs over. The rash usually heals in 2 to 4 weeks.
- Susceptible HCWs should not provide direct resident care if immune caregivers are available
- Infection control measures depends on the resident's immune status and rash presentation

★ Shingles (Herpes Zoster)



Localized Shingles

Source: <https://myvision.org/eye-conditions/shingles-on-face/>



Disseminated Shingles

Source: <https://www.actasdermo.org/en-clinical-characteristics-outcomes-in-population-articulo-S1578219016303638>

★ Shingles (Herpes Zoster) Precautions

Patient Immune Status	Localized Herpes Zoster	Disseminated Herpes Zoster
Immunocompetent	Completely cover lesions and follow standard precautions until lesions are dry and scabbed.	Airborne and contact precautions until lesions are dry and scabbed.
Immunocompromised	Airborne and contact precautions until disseminated infection is ruled out. After dissemination is ruled out, completely cover lesions and follow standard precautions until lesions are dry and scabbed.	Airborne and contact precautions until lesions are dry and scabbed.



Shingles (Herpes Zoster) Management of Staff

- For localized shingles in immunocompetent staff:
 - Cover lesions and restrict from care of high-risk residents until all lesions are dry and scabbed
 - If lesions cannot be completely covered, exclude from work until all lesions are dry and scabbed
- For disseminated shingles exclude from work until all lesions are dry and scabbed
- For localized shingles in immunocompromised staff exclude from work until disseminated infection is ruled out



Shingles (Herpes Zoster) Vaccine

- CDC recommends adults 50 years and older get two doses of the recombinant zoster vaccine (Shingrix) to prevent shingles and related complications in adults 50 years and older.
- Two doses separated by 2 to 6 months.
- You can get Shingrix even if in the past you:
 - Had shingles
 - Received Zostavax
 - Received varicella (chickenpox) vaccine



★ Bed Bugs

- Health care facilities experience a constant inflow of people and their belongings; and can expect bed bugs to be introduced from time to time.
- Signs can include:
 - Bite marks often circular, inflamed and somewhat linear in arrangement
 - Shed exoskeletons usually an amber color
 - Bed bugs in the fold of mattresses and sheets
 - Rusty-colored blood spots due to their blood-filled fecal material
 - Sweet musty odor if heavily infested



Bed bug nymphs before and after feeding

Photo: University of Minnesota

Bed Bug Identification

- When bed bugs are suspected, specimens should be collected and submitted to entomologists or pest management professionals qualified to identify them.
- Without specimens identified as bed bugs, a report of suspected bites does not necessarily mean a facility is bed bug infested.
- Skin markings may be consistent with bed bug bites, however other biting arthropods and environmental and medical conditions can produce similar markings.
- Visible reactions may not appear for two weeks after the bites or bites may not appear at all.
- An experienced pest management professional should inspect and treat as needed all areas where bed bugs are suspected, as well as all rooms adjacent, above and below.

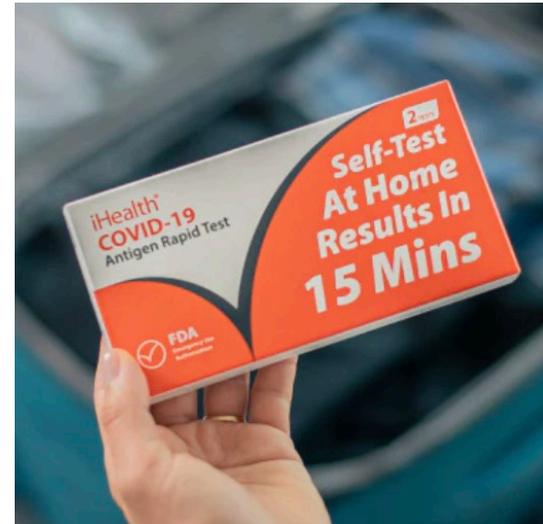
Bed Bug Management

- When bed bugs are discovered in a resident room, the resident should be bathed or showered, clothes changed, and transferred to another room.
- Resident belongings, equipment and furnishings including beds, should not leave the room until thorough inspection finds them bed bug free.
- Linen should be carefully removed, tightly sealed in bags, put directly into a washer or dryer and dried on the hot setting for at least 20 minutes to kill all stages of bed bugs.
- Seal potential bed bug access points to adjacent rooms, by filling gaps that occur where plumbing penetrates common walls and around electrical, cable and phone outlets.
- Waiting rooms, visitor lounges, common areas, laundry rooms, and equipment such as wheelchairs and food carts, should be regularly inspected for bed bugs.



★ Expiration Dates for Rapid Tests

- On Jan 11, 2023, the FDA granted another three-month shelf-life extension for the iHealth COVID-19 Antigen Rapid Test, which extended the shelf-life of all iHealth tests from 6 months to 15 months
- Use the link below to check the most updated expiration date of your kit:
<https://ihealthlabs.com/pages/news#expiration>



★ COVID-19 Reporting

- Continue reporting positive cases to the redcap [SNF COVID-19 Case Report Form](#)
- Complete the [COVID-19 Therapeutics Utilization](#) form on a weekly basis
 - If no therapeutics were administered, select “Did NOT administer therapeutics”

Were anti-SARS-CoV-2 (COVID-19) therapeutics administered during this reporting week?

Report the total COVID-19 therapeutics administrations for the previous week ending Saturday.

* must provide value

Did administer therapeutics

Did NOT administer therapeutics

reset

If any resident received Paxlovid, molnupiravir or remdesivir, please select the first option.



Project Firstline

Gus E. Turner, MPH
Project Firstline
Project Manager, CDPH



★ Project Firstline Overview

- Project Firstline is the Center for Disease Control's (CDC) National Training Collaborative for Healthcare Infection Control education
- Project Firstline (PFL) brings together more than 75 healthcare, academic, and public health partners to reach healthcare workers across the country
- PFL offers educational resources in a variety of formats to meet the diverse learning needs and preferences of the healthcare workforce

As of May 2022, Project Firstline and its collaborative partners have:



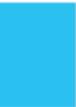
Developed **200+** educational products and training materials on healthcare infection control



Hosted **750+** educational events, reaching approximately **65,238** healthcare workers



Received **84 million+** views across the web and various digital platforms



Available Resources

- [Learn about Infection Control in Health Care](#): CDC's Project Firstline provides innovative and accessible resources so all healthcare workers can learn about infection control in health care.
 - Topics include 14+ foundational IP&C (e.g., hand hygiene, environmental services, ventilation, PPE, how viruses spread, etc.), [Recognizing Risk using Reservoirs](#), [Where Germs Live training toolkits](#), and more interactive resources.
- [Lead an Infection Control Training](#): Our facilitator toolkit is designed to work with your team's learning styles and busy schedules (10-, 20-, and 60-minute scripted sessions).
- [Access Infection Control Educational Materials](#): Find short videos, fact sheets, job aids, infographics, posters, [printed materials](#), interactive computer lock screens, and social media graphics to utilize at your facility on foundational IPC topics.
- [Earn Continuing Education](#): Earn CEU's on CDC Train for PFL content.
- [Translated Resources](#): IPC materials translated into Spanish & additional languages.



Print Materials & Job Aids

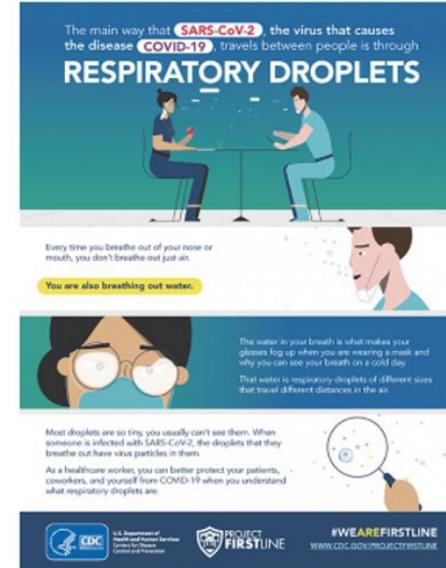
- Several print materials and job aids available on foundational IP&C topics.
 - Available for [free download](#) on CDC's website.
 - Including lock screens for staff computers.
- We are happy to offer professional printing support for poster requests!
 - Please see our team after the presentation to request print materials.
 - For remote guests, please email: projectfirstline@cityofchicago.org



[How to Read a Disinfectant Label](#) [PDF - 1 Page]



[Water and Wet Surfaces Profile](#) [PDF - 1 Page]



[Respiratory Droplets Flyer](#) [PDF - 1 Page]



[What would you see? Poster](#) [PDF - 1 Page]



[Germs live in blood](#) [JPG - 1 Page]

2023 LEARNING NEEDS ASSESSMENT



WE WANT YOUR FEEDBACK TO DEVELOP NEW CONTENT!

- + CDPH is a proud partner of CDC's National IP&C Training Collaborative, Project Firstline.
- + This brief survey (<10 minutes) helps us develop relevant content for you and your team.
- + We are working to identify priority IPC training needs among your frontline healthcare staff.
- + These trainings will be developed for our Fall 2023 IPC webinar series (with free CEUs)!

★ 2023 Learning Needs Assessment

- **Thank you** to our respondents thus far!
- Primary workplace:
 - 31.0% Acute care hospital
 - 13.8% Outpatient healthcare facility
 - 1.7 % Long-term acute care hospital
- Primary professional roles:
 - 24.1% Infection preventionists
 - 24.1% Registered nurses
 - 10.3% Healthcare administrators
- **Topics of interest for NEW Trainings for frontline staff:**
 - Transmission-based precautions/enhanced-barrier precautions (73.7%)
 - Bugs in healthcare settings (63.2%)
 - e.g., maggots, bed bugs, scabies, etc.
 - Vaccines and Vaccination (57.9%)
 - Antibiotic resistance/MDRO basics (57.9%)
 - Early identification & patient screening, with case studies (56.1%)
 - Sterilization and high-level disinfection basics (49.1%)
 - e.g., how to know if something is sterile, sterile supply storage, transport soiled and clean instruments/devices, etc.

★ Your Chicago Project Firstline Team

- **CDPH Infection Preventionist:** Your facility's main contact for all infection prevention and control questions
 - General contact information: cdphhaiar@cityofchicago.org
- **PFL-Chicago Education Specialists:** Contact our team to hear more about specific Chicago-based educational opportunities!
 - We offer many resources including virtual or onsite trainings, webinars, and helpful newsletters.
 - CDPH Project Firstline email: projectfirstline@cityofchicago.org



**CDC'S PROJECT FIRSTLINE
YOUR CHICAGO TEAM**

 projectfirstline@cityofchicago.org

 www.chicagohan.org/hai/pfl

 1340 S Damen Ave,
Chicago, IL 60608

The graphic features a shield-shaped logo on the right with a QR code, a hand holding a globe, a syringe, and a medical professional. The text on the left provides contact information for the Chicago team.

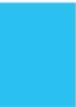


Visit our [Chicago Health Alert Network \(HAN\)](#) page for recorded webinars, newsletter information, and upcoming events. Stay up to date on exciting new resources!



Increasing Vaccine Uptake: COVID-19 Vaccine Posters & Education Sessions

7/27/23



Updated Covid-19 Vaccine

- On average, 45% of all staff, and 70% of residents in our Chicago-based skilled nursing facilities have received at least one dose of the updated COVID-19 vaccine. However, there are many SNFs with lower than average vaccine coverage
- Staying up to date with recommended COVID-19 vaccines still remains the safest and most effective way of protecting yourself from serious illness, hospitalization, and death from COVID-19
- CDC currently recommends adults get the updated Pfizer or Moderna COVID-19 vaccine, regardless of whether they've received any original COVID-19 vaccines.
- People ages 65 years and older have the option to receive **1 additional** bivalent vaccine dose



NEW! COVID-19 Vaccine Poster for Residents' Families

- New family posters discuss the benefits of the updated COVID-19 vaccine, especially for those at high-risk
- Providing families of SNF residents with valuable vaccine information may encourage them to discuss staying up to date with routine vaccinations with their loved ones
- Family Posters will be mailed to each skilled nursing facility along with additional staff and resident vaccine posters

UPDATED COVID-19 VACCINES ARE HERE!
Get Your Vaccine Today!

Help protect your loved ones by making sure they are up to date on their vaccinations.

• Older adults and individuals with underlying medical conditions like diabetes are at higher risk for severe COVID-19 illness and death

• The bivalent vaccine helps to protect against newer variants and can lessen the severity of illness for those who get COVID-19

• People who are 65 years or older can get a second bivalent booster to better protect themselves against COVID-19

• Making sure both you and your loved ones have the updated COVID-19 vaccine makes visiting safer

Speak with facility Nursing Staff to see if your loved one is eligible for their bivalent vaccine.

CDPH
Chicago Department of Public Health

For More Information Visit:
bit.ly/COVIDBoosterFAQ



NEW! Resident & Family Vaccine Education Sessions, Schedule Today!

- To help increase vaccine uptake, CDPH is partnering with CIMPAR through **The Rapid Response Evaluation And Treatment of COVID-19 (TREAT COVID-19)** program to offer **Resident and Family Vaccine Education Sessions!**
- The TREAT Program invites facility residents and their families to attend an on-site session to discuss:
 - Questions and concerns about COVID-19 vaccines
 - The importance of staying up to date with recommended respiratory vaccines (covid, flu, and rsv)
 - Why updated covid-19 vaccines offer better protection than those previous
 - What to expect this fall
- Updated covid-19 vaccines will be available, at no cost, for all interested facility residents and family members
- Contact Leirah.jordan@cityofchicago.org to learn more or schedule



I am the CDPH Emergency Preparedness Liaison to Long Term Care and Assisted Living Facilities.

Although CDPH is not a regulatory agency, I am happy to help build your response capacity through preparedness efforts as required by your regulatory agencies such as CMS.

I can assist with the development and/or review of:

- Emergency Operations Plan (EOP)
- Exercise programs
- Incident Command System
- Staff training

Mark McCarville
Senior Emergency Management Coordinator

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o. 312/747-9581

c. 312/350-0940



LTCR Invite Request Form

- Next roundtable **August 24**
- If you do not receive calendar invitations to the roundtable webinars and/or have a new staff member that you would like to attend, please complete this brief [survey](#)



LTCR Invite Request

Please provide the following information to be added to the CDPH Long-Term Care Roundtable Invite List.

Thank you!

Your name
* must provide value

Your job title
* must provide value

Your facility
* must provide value
Select other if your facility is not on the list

Your email address
* must provide value

Your direct phone number





Questions & Answers

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