



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

08-24-23



# Agenda

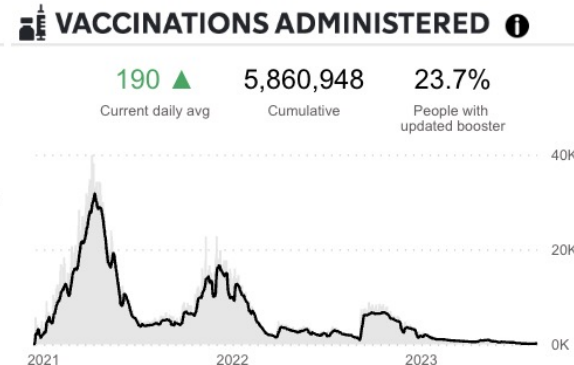
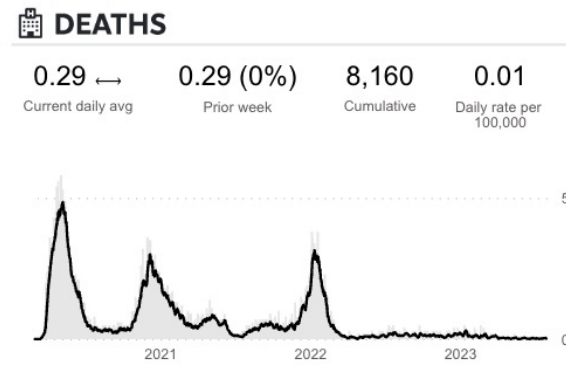
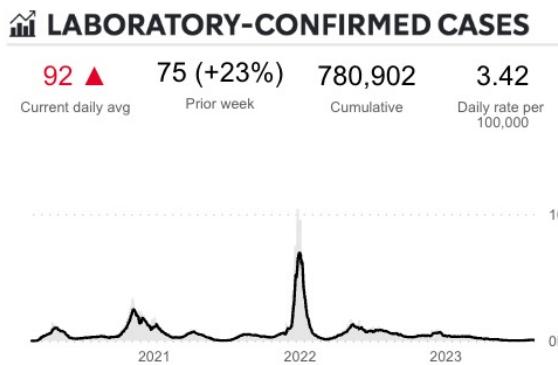
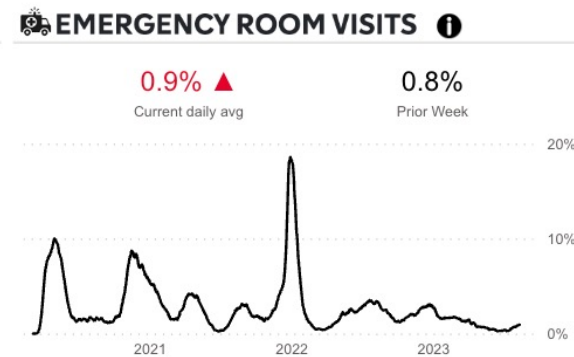
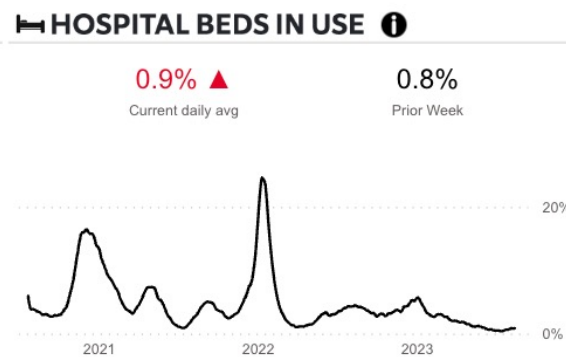
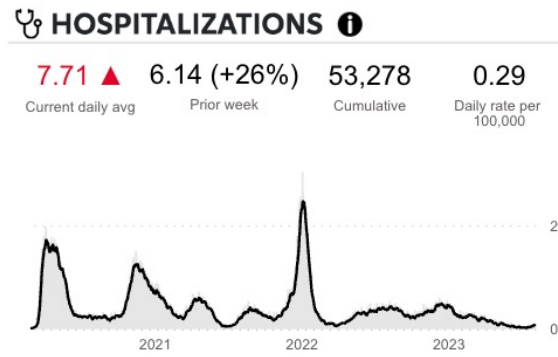
- COVID-19 Epidemiology & Updates
- Respiratory Virus Season & Available Vaccines
- Free IPC Resources for Chicago-based SNFs
- XDRO Cohorting Scenarios
- Emergency Operations Plan (EOP) Request
- Project Firstline
- Questions & Answers



# Chicago COVID-19 Dashboard

**CHICAGO** | COVID-19 Summary Data current as of Aug 16, 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.



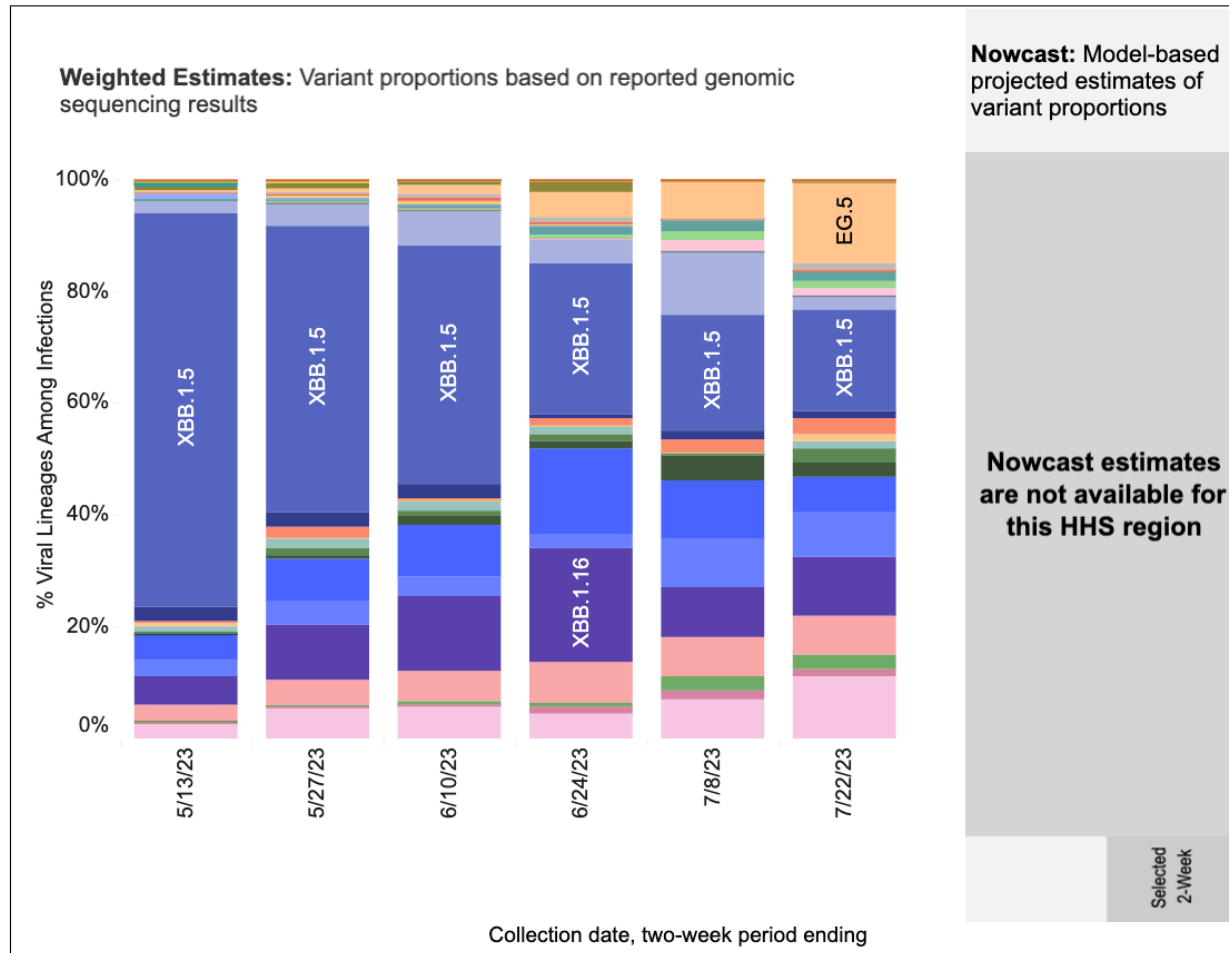
built by **slalom**

# COVID-19 Variant Proportions



Weighted Estimates in HHS Region 5 for 2-Week Periods in 4/30/2023 – 8/19/2023

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



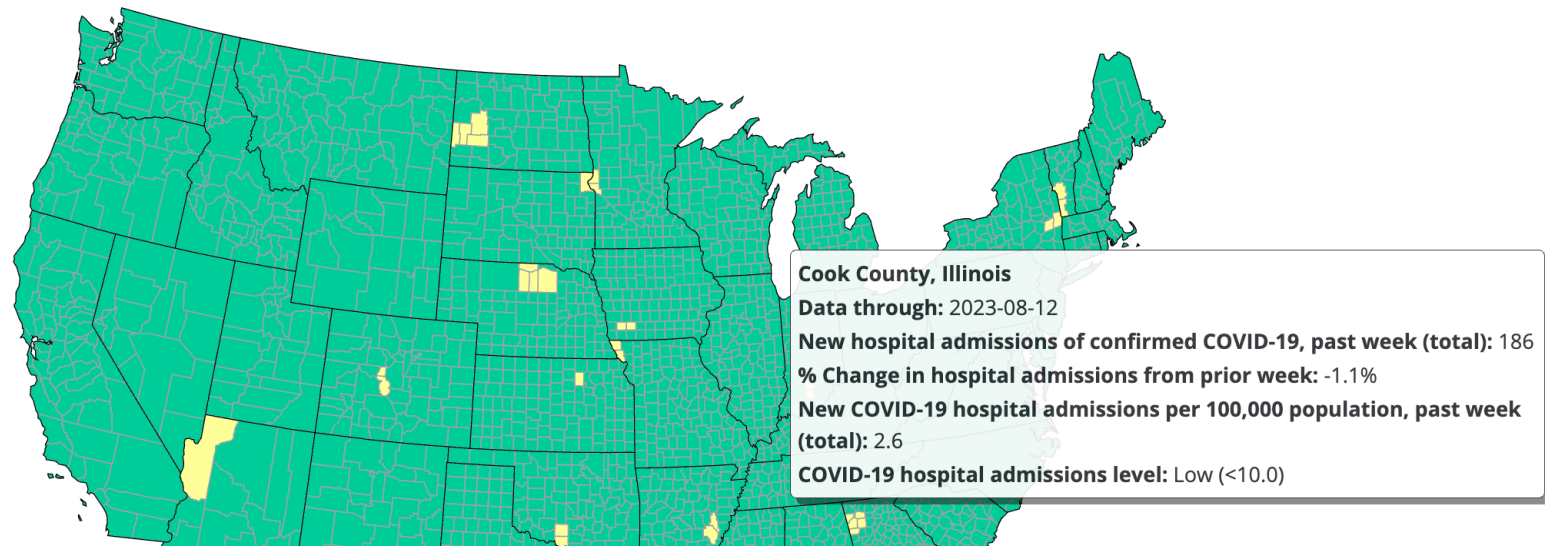
# CDC COVID Data Tracker: Cook County

**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	85	2.64%	0.99%
<10.0	3137	97.36%	-0.81%

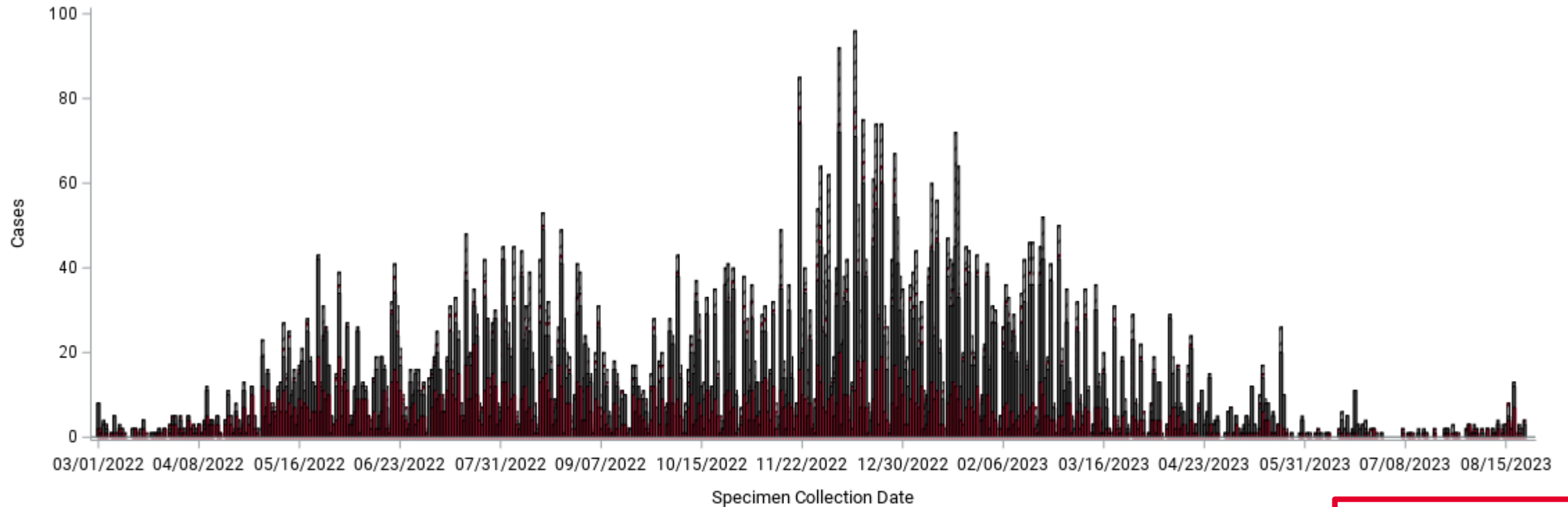
Time Period: New COVID-19 hospital admissions per 100,000 population (7-day total) are calculated using data from the MMWR week (Sun-Sat) ending August 12, 2023.

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



# SNF COVID-19 Cases

(Mar. 1, 2022 – August 23, 2023)



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

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

**22 (28%) SNFs  
have active  
outbreaks**



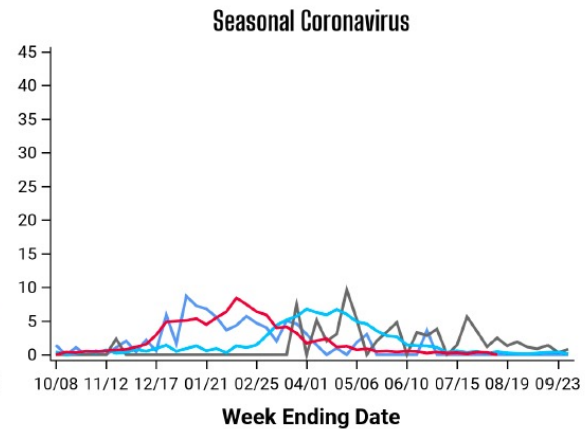
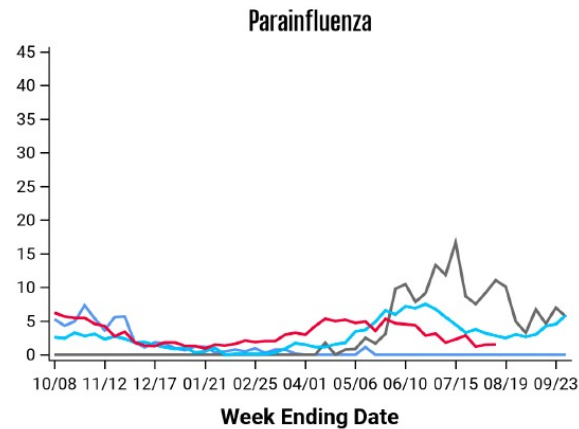
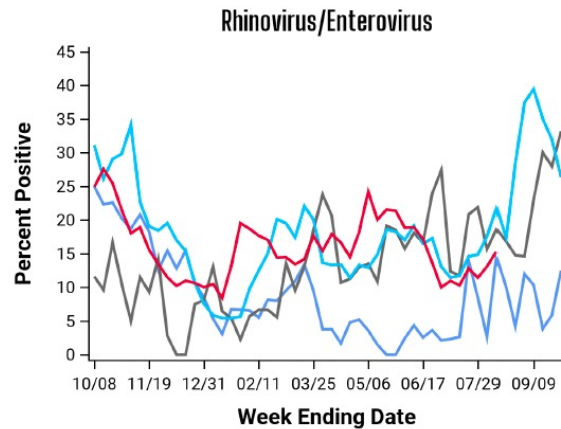
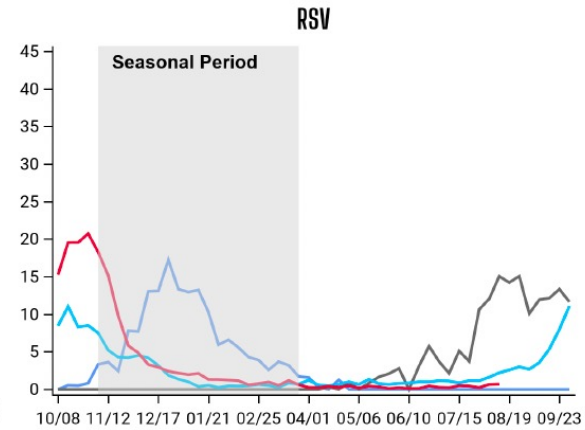
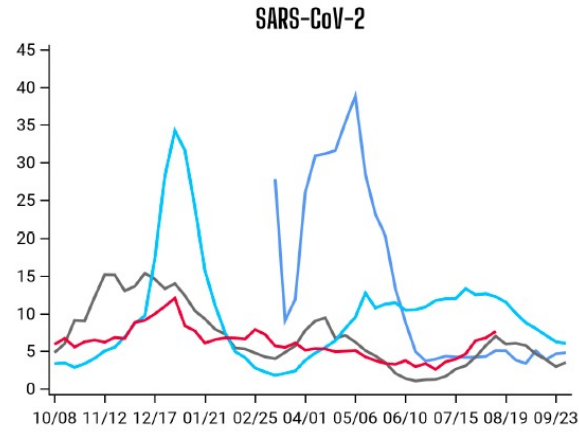
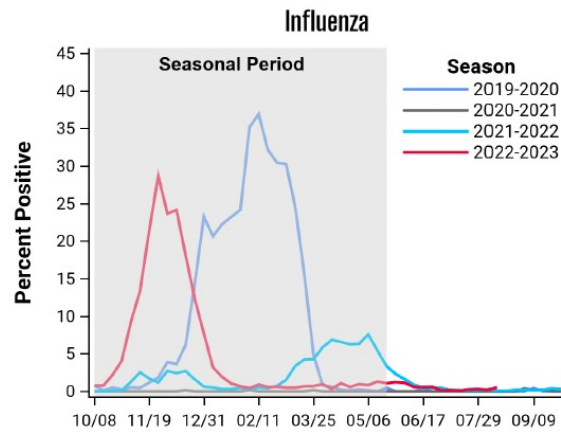
# Chicago Respiratory Virus Surveillance Report – Current Week & Cumulative

Respiratory Pathogen	Week Ending August 12, 2023		Since October 2, 2022	
	# Tested	% Positive	# Tested	% Positive
Influenza*	2,488	0.5	190,501	6.7
RSV*	1,430	0.7	135,550	4.9
SARS-CoV-2*	1,492	7.6	206,210	6.8
Parainfluenza	1,263	1.5	70,342	3.1
Rhinovirus/Enterovirus	595	15.3	45,172	16.1
Adenovirus	597	3.5	45,096	3.9
Human Metapneumovirus	597	1.0	45,484	3.2
Seasonal Coronaviruses <sup>†</sup>	1,261	0.0	70,732	2.3

\*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 or Medium	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.



# Respiratory Virus Season and Available Vaccines

Sylwia Jasniuk, RN, CIMPAR

# Fall '23 New Covid-19 Vaccine Formulations

- Expected to begin at the end of September '23
- Monovalent - Omicron XBB.1.5
- The government will no longer provide widespread free doses.
  - Start forming a vaccination strategy now – consider multiple vaccines
  - Support under TREAT Covid-19 Program
- Clinical guidance for fall Omicron XBB.1.5 COVID-19 vaccines is *not yet issued* – awaiting FDA and CDC.
- Current bivalent vaccine is still authorized and available.

Vaccine	Type	CPT Code	Approximate cost
Pfizer – 12 years old or older	mRNA	91320	Around \$120-\$130
Moderna – 12 years old or older	mRNA	91322	Around \$120-\$130
Novavax – 12 years old or older	Protein-based	91304	Unknown
Administration		90480	Around \$40

# DID YOU KNOW THERE IS A NEW VACCINE AVAILABLE FOR RSV?



## What is RSV?

- RSV (respiratory syncytial virus) is a common respiratory virus that can cause severe illness in older adults
- You can get RSV by being in close contact with someone who has it or by touching something with the virus on it and not cleaning your hands
- Illness may cause cold-like symptoms, pneumonia, or worsen pre-existing conditions like asthma and COPD



## Why is this IMPORTANT?

- Older adults with chronic conditions and/or who live in a long-term care facility are at higher risk for severe RSV disease and death
- Over 60,000 older adults are hospitalized and 6,000-10,000 die each year in the U.S. from RSV infection



## How can YOU stay protected?

- Adults aged 60 years and older may receive a single dose of the RSV vaccine
- The RSV vaccine can be administered at the same time as other vaccines (e.g., influenza, COVID)



**TALK TO NURSING STAFF TO SEE IF VACCINATION IS RIGHT FOR YOU**

	<b>Arexvy</b>	<b>Abrysvo</b>
<b>Manufacturer</b>	GSK	Pfizer
<b>Type</b>	Adjuvanted	Bivalent
<b>Efficacy</b>	In clinical trials, Arexvy was <b>74.6%</b> effective at preventing RSV lower respiratory tract disease	In clinical trials, Abrysvo was <b>84.4%</b> effective at preventing RSV lower respiratory tract disease
<b>Recommendation (CDC's ACIP)</b>	Individuals who are 60 years old or older speak with their healthcare provider about getting one of the new vaccines this fall	
<b>Administration</b>	Single dose IM injection	
<b>With other vaccines?</b>	Yes with flu vaccine Awaiting guidance on COVID-19 vaccine	
<b>Reimbursement?</b>	TBD (roughly \$260 per dose)	



# Risks of a Vaccine Reaction or Adverse Event

- Pain, redness, and swelling where the shot is given, fatigue (feeling tired), fever, headache, nausea, diarrhea, and muscle or joint pain can happen after RSV vaccination.
- Serious neurologic conditions, including Guillain-Barré syndrome (GBS), have been reported very rarely after RSV vaccination in clinical trials. It is unclear whether the vaccine caused these events.
- People sometimes faint after medical procedures, including vaccination. Observe patients for complaints of dizziness, vision changes, or ringing in the ears.
- As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.



**SCHEDULE YOUR  
ONSITE SESSION  
TODAY!**

**IMMUNIZATION CHATS**  
Informative discussions  
about vaccines!

**Book your clinic  
date directly:**

## LET'S DISCUSS

- Staying up-to-date on recommended COVID-19, RSV, and Flu vaccines.
- Why updated vaccines provide better protection than previous versions.
- Questions and concerns about vaccines.



**Residents**



**Families**



**Staff**



<https://shorturl.at/afmrC>

CONTACT VIA EMAIL: **CHICAGO-COVID19@CIMPAR.COM** OR CALL **708.901.0247**

# ★ Glo Germ Kits

- *Kit Contents:*
  - Blacklight
  - Glo Germ Powder
  - Glo Germ Gel
  - Glo Germ Surface Cleaning Detection Gel
  - Carrying Case

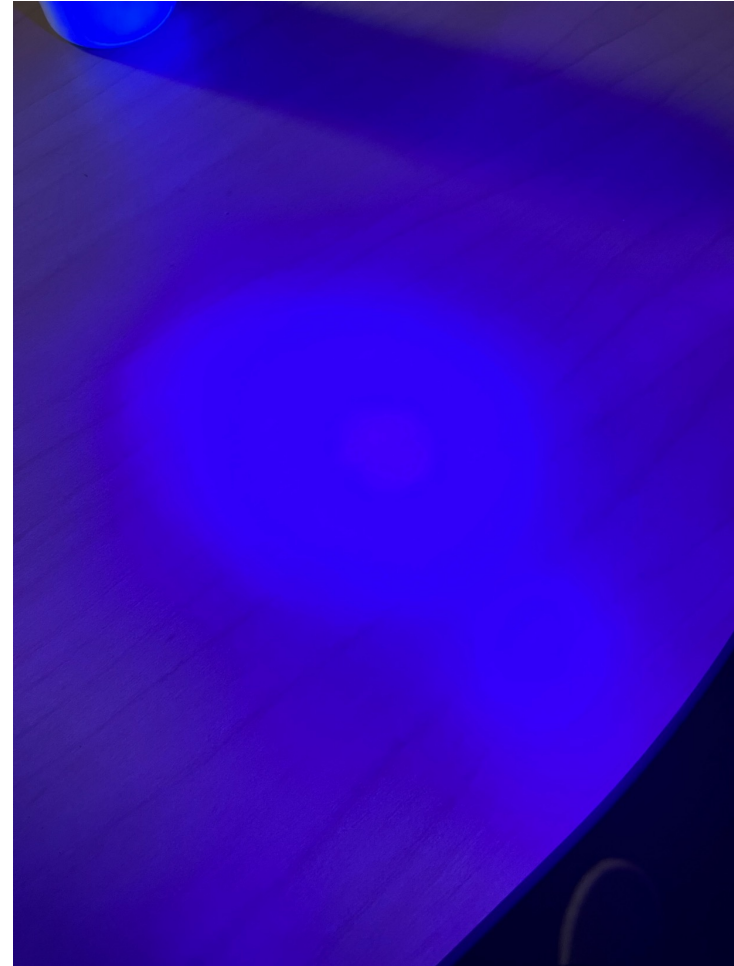
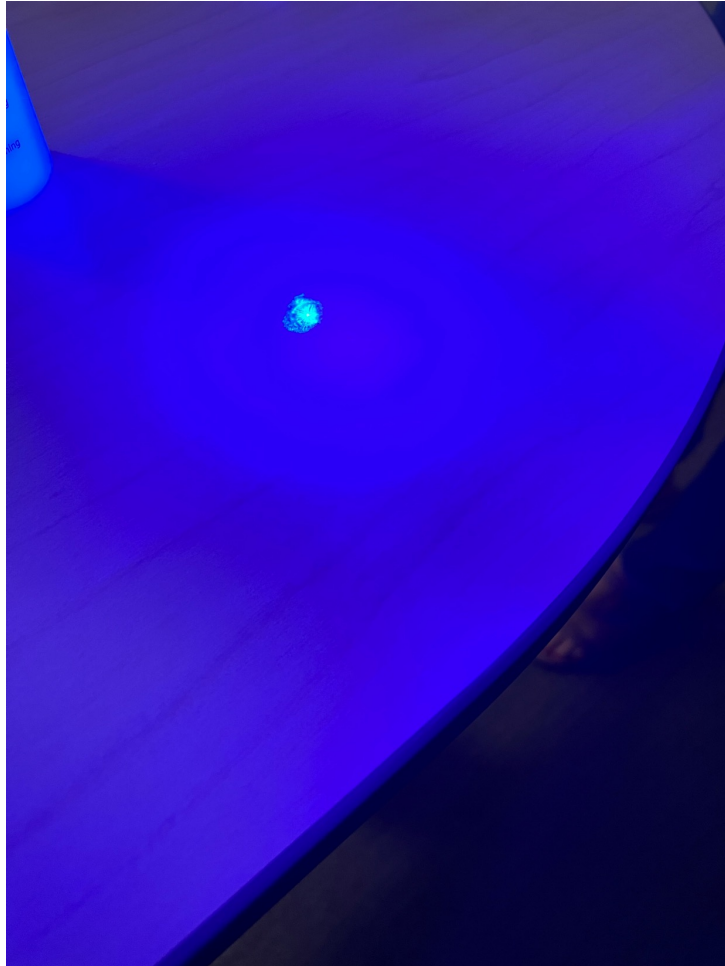




# ★ Glo Germ Activity - Handwashing



# ★ Glo Germ Activity – Surface Cleaning



# ★ Posters

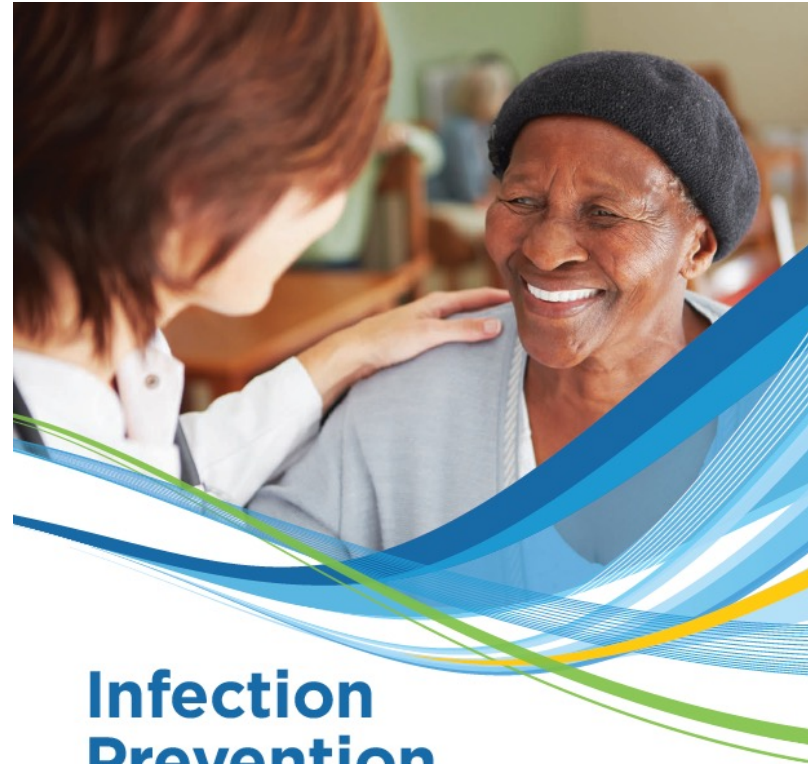
- COVID-19 booster posters for staff
- Flu prevention posters for staff & residents





# APIC Infection Prevention Guide to Long-Term Care

- Covers a range of relevant topics including standard and transmission-based precautions, environmental services, and emergency preparedness
- Great study resource for the LTC-CIP
- Several chapters written by one of Hektoen's amazing LTC IPC gurus, Deb Burdsall!



## Infection Prevention Guide

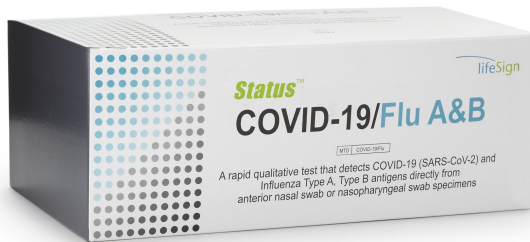
TO LONG-TERM CARE

2nd Edition



# ★ Rapid Influenza/COVID-19 Tests & PPE Kits for LTCFs

- CDPH's Hospital Preparedness Team has purchased **rapid COVID-19/Influenza A&B tests to be provided to all Chicago LTCFs, at no cost.**
- The tests will be shipped out directly to your facility via the supplier McKesson
- No need to fill out any forms for this effort, all locations will be receiving approx 1 test kit (25 tests per kit) for every 50 beds at your facility
- Tests have an approx 15-month shelf life
- Delivery will be in late September/Early October. A HAN notification will be sent out to alert you when the shipment is enroute.



- In Addition to the test kits, *CDPH's HPP Team* would like to **deploy a cache of PPE to your facility, at no cost**
- LTCF PPE Kits will contain similar items to the last ones that were sent out in November.
- These items will be delivered separate from the COVID tests by CDPH's logistics team.
- Those who did not receive LTCF PPE Kits last fall **will need to register via the HAN survey that will be sent out next month.**

## ★ Rapid Influenza/COVID-19 Tests & PPE Kits for LTCFs (cont)

- Additional items may be available as we continue to go through the CDPH's Hospital Preparedness Team's current inventory.
- These items will be available as a first come/first serve basis.
- **Best way to find out about these available items and other opportunities for LTCFs ensure you or someone from your facility is a registered member of the Chicago Healthcare System Coalition for Preparedness and Response (CHSPR).**
- Please feel free to email me at [faye.thanas@cityofchicago.org](mailto:faye.thanas@cityofchicago.org) with any questions about CHSCPR or this initiative.

**We are asking all members (new and continuing) to register using the updated member registration form below.** This initiative is being conducted in order to update the Coalition's distribution list and to assign the appropriate access to the website's updated Member Portal. <https://chscpr.org/membership/join/> or scan the QR code.



# XDRO Cohorting Scenario 1

- You have two residents under Enhanced Barrier Precautions (EBP). One is under EBP for Carbapenem-resistant *Acinetobacter baumannii* (CRAB) and the other is under EBP for a wound (no known XDRO colonization/infection). Can they room together?
  - a) Yes, because they are both under EBP
  - b) No, putting them together is a recipe for disaster
  - c) I don't know

# XDRO Cohorting Scenario 1 Answer

B) No, putting them together is a recipe for disaster

- Someone with a known XDRO should not be placed in a room with someone who has a wound and/or indwelling device, unless they also have the same XDRO (including the same mechanism, if applicable)
- You put someone with an XDRO under EBP to prevent transmission of the XDRO to others
- You put someone with a wound/indwelling device under EBP to prevent acquisition of XDROs and other infections



# XDRO Cohorting Scenario 2

- You have a resident with *Candida auris* (*C. auris*) who has uncontrolled and uncontained diarrhea. What type of precautions should they be under?
  - a) Contact precautions, due to the diarrhea
  - b) Enhanced barrier precautions, due to the *C. auris*
  - c) I don't know

# XDRO Cohorting Scenario 2 Answer

A) Contact precautions, due to the diarrhea

- Regardless of the infection, someone with uncontained/uncontrolled diarrhea should be placed under contact precautions
  - Gown & gloves for every room entry, not just for high-contact activities
- Contact precautions can be discontinued after the diarrheal illness resolves. After that point, the resident can go back to Enhanced Barrier Precautions.

# XDRO Cohorting Scenario 3

- One of your residents is hospitalized and has a *C. auris* positive blood culture. Another resident tested positive for *C. auris* from an axilla/groin specimen collected during a point prevalence survey (PPS). Can they be placed in the same room?
  - a) Yes, because they both have *C. auris*
  - b) No, because one is infected and the other is colonized
  - c) I don't know

# XDRO Cohorting Scenario 3 Answer

A) Yes, because they both have *C. auris*

- As long as neither has any symptoms/conditions that would require higher-level transmission-based precautions, they can be placed in the same room under EBP

# XDRO Cohorting Scenario 4

- One of your residents has *C. auris*. Another has *C. auris* and Carbapenem-resistant Enterobacterales (CRE). Can they room together?
  - a) Yes, because they both have *C. auris* and *C. auris* is more serious than CRE
  - b) No, because one has CRE and the other doesn't
  - c) I don't know

# XDRO Cohorting Scenario 4 Answer

B) No, because one has CRE and the other doesn't

- Can cohort the same type/combo of XDROs (including mechanism) but should not mix and match

# XDRO Cohorting Scenario 5

- One of your residents has CRE with a VIM mechanism. The other has CRE with a NDM mechanism. Can they room together?
  - a) Yes, because they both have CRE
  - b) No, because they have different mechanisms
  - c) I don't know

# XDRO Cohorting Scenario 5 Answer

B) No, because they have different mechanisms

- Even though they both have CRE, they should not room together because they could acquire the other mechanism, which might make an even more resistant superbug



# XDRO Cohorting Scenario 6

- One of your residents has *Klebsiella pneumoniae* with a KPC mechanism. The other has *E. coli* with a KPC mechanism. Can they room together?
  - a) Yes, because they both have CRE with the same mechanism
  - b) No, because they have different types of bacteria
  - c) I don't know

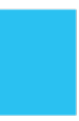
# XDRO Cohorting Scenario 6 Answer

- A) Yes, because they both have CRE with the same mechanism.
- Many different types of bacteria are in the Enterobacterales order, including *Klebsiella*, *Escherichia*, and *Enterobacter*. Any of these types of bacteria can become carbapenem-resistant.
  - It is okay to room two people together with CREs, even if they are different bacteria, as long as they have the same mechanism.



# Emergency Operations Plans (EOPs)

- Please send me copies of your EOPs. I am looking for the document, or documents, that you give to the yearly Life Safety surveyor.
- Your plans should include, but not be limited to, the following:
  - 96-hour shelter in place plan
    - Remember to include staff and possible visitors that may be in your building during this time
  - Generator usage and refueling plan
  - Evacuation plan
  - Workplace violence plan
  - Active intruder plan
  - Communications plan



# Emergency Operations Plan (cont.)

- Additional items to be included are:
- Signed Memorandum of Understandings (MOUs) and Memorandum of Agreements (MOAs) with other facilities, in the event you need to evacuate your residents.
- You should also have these with companies that you will need to transport your residents to and from facilities.
- If anyone is interested in assistance with drafting a plan, there are templates available and I am happy to meet and share with you on how to put one together, and what is required.
- Email: [Mark.mccarville@cityofchicago.org](mailto:Mark.mccarville@cityofchicago.org)
- Phone: 312/747-9581



# 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

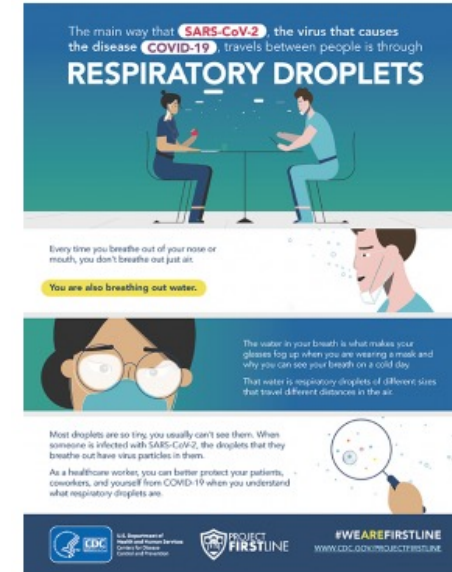
- Several print materials and job aids available on foundational IP&C topics.
  - Available for [free download](#) on CDC's website.
  - Including lock screens for staff computers.
- We are happy to offer professional printing support for poster requests!
  - Please see our team after the presentation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



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



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



[Respiratory Droplets Flyer](#)



[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:*  
[cdphaiar@cityofchicago.org](mailto:cdphaiar@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](mailto:projectfirstline@cityofchicago.org)



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

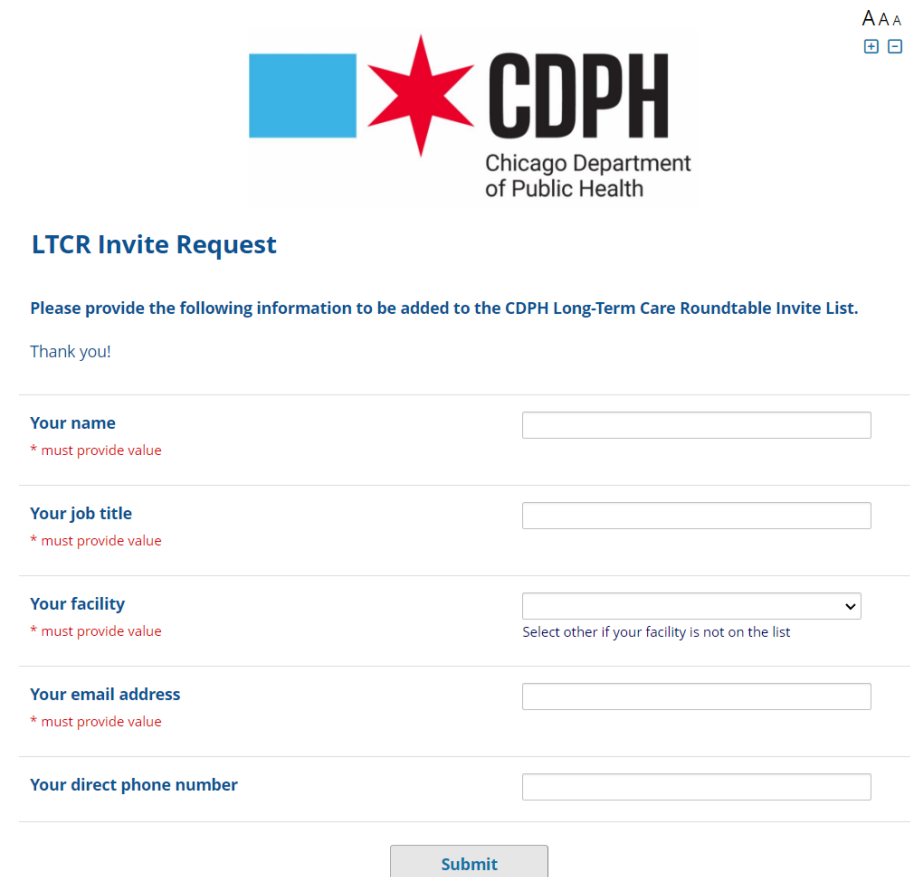
**CDC'S PROJECT FIRSTLINE  
YOUR CHICAGO TEAM**

-  [projectfirstline@cityofchicago.org](mailto:projectfirstline@cityofchicago.org)
-  [www.chicagohan.org/hai/pfl](http://www.chicagohan.org/hai/pfl)
-  1340 S Damen Ave,  
Chicago, IL 60608



# ★ FAQ: Do I need to complete the LTCR Invite Request Form before each roundtable to get the calendar invite?

- No, you only need to complete the invite request form once to be added to the invite list for **all** CDPH monthly long-term care roundtable webinars
- In contrast, we would like you to complete the Attendance Survey during **each** webinar that you attend so that we can track attendance



The screenshot shows the 'LTCR Invite Request' form. At the top right, there is a CDPH logo (a blue square and a red star) and the text 'CDPH Chicago Department of Public Health'. In the top right corner of the page, there are accessibility icons: 'AAA' and two small square icons. Below the logo, the title 'LTCR Invite Request' is displayed. A message reads: 'Please provide the following information to be added to the CDPH Long-Term Care Roundtable Invite List. Thank you!'. The form contains five input fields, each with a label and a red asterisk indicating a required field: 'Your name', 'Your job title', 'Your facility' (a dropdown menu with the text 'Select other if your facility is not on the list'), 'Your email address', and 'Your direct phone number'. A 'Submit' button is located at the bottom right of the form.



# Questions & Answers

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