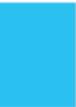




# **COVID-19 Chicago Long Term Care Roundtable**

7.2.20

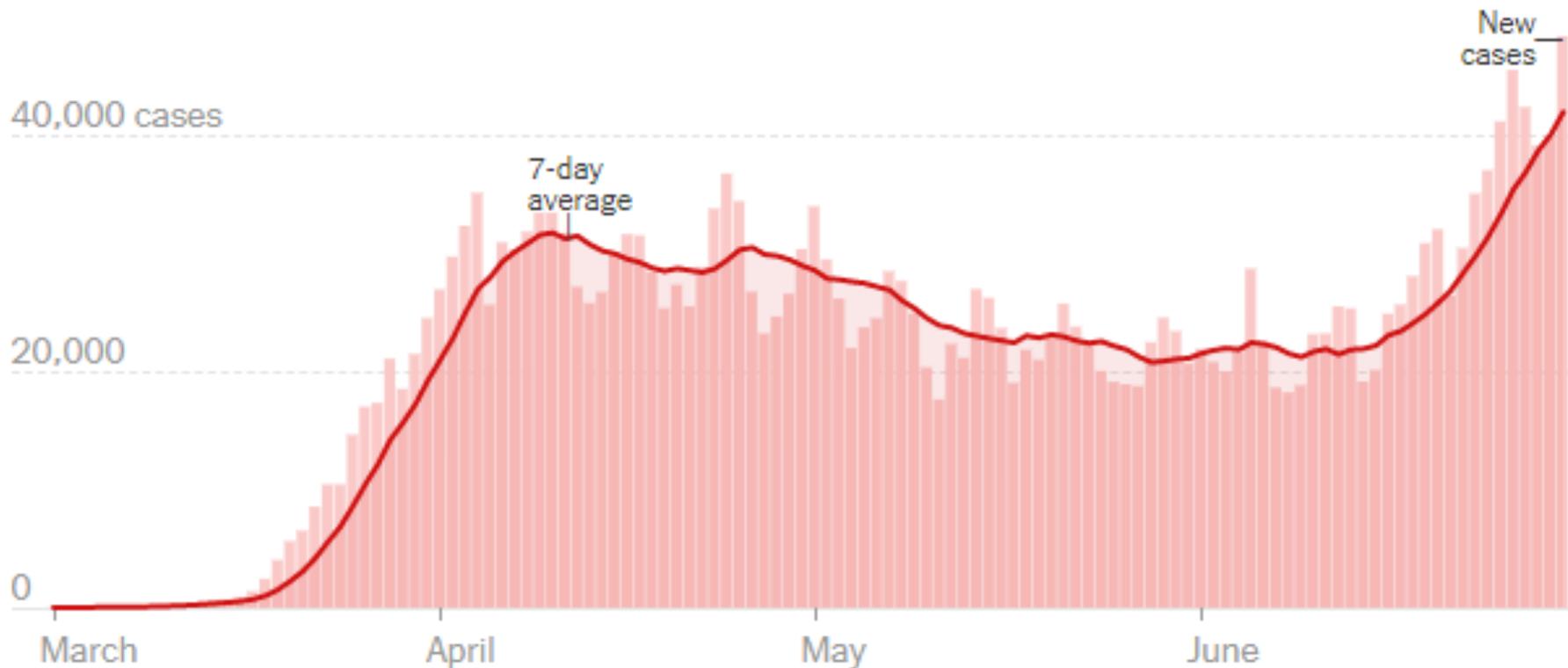


# Objectives

- Chicago Epidemiology
- Updated guidance
- Shane scenario specials



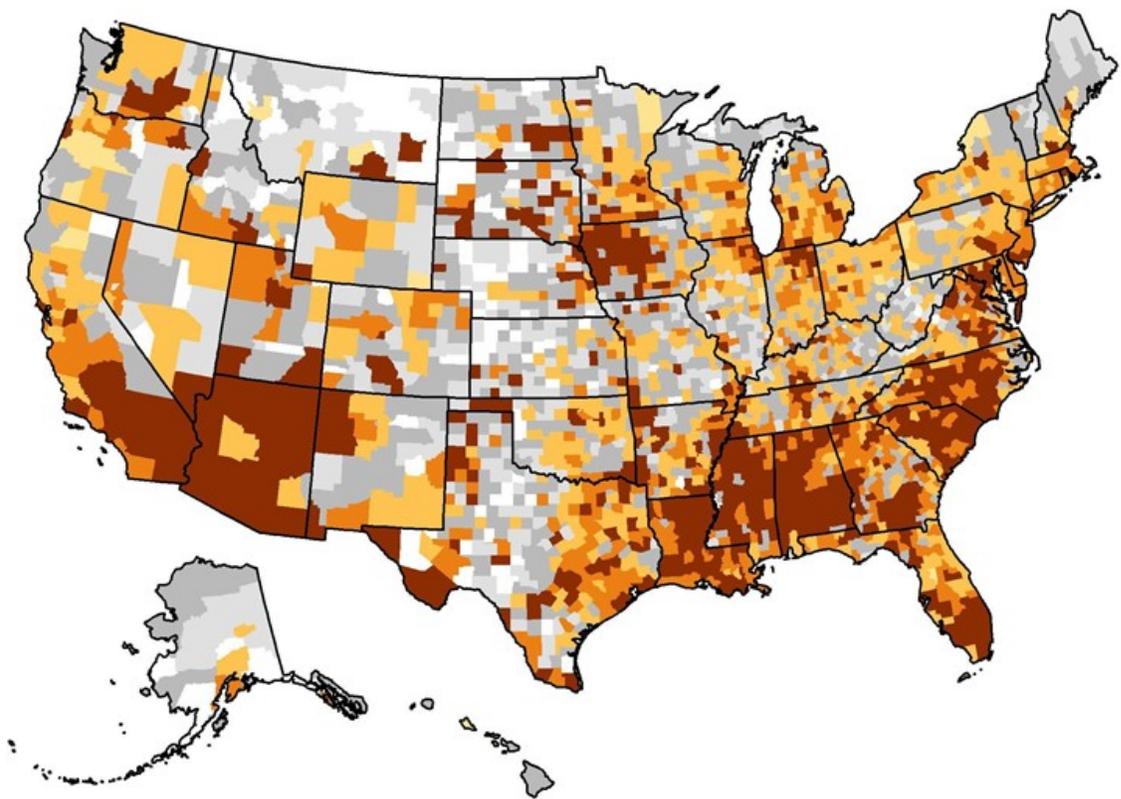
## New reported cases by day in the United States



Note: The seven-day average is the average of a day and the previous six days of data.



### Coronavirus Disease 2019 (COVID-19) Number of New Cases per 100,000 in the past 2 weeks, by U.S. County, 03 June 2020 - 17 June 2020



- DC
- NYC
- PR
- VI
- GU
- AS
- RMI
- MP
- PW
- FSM

**Incidence**

- Low
- Moderate
- Moderately high
- High
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

**Purpose of this map**  
Describes recent incidence of COVID-19 infection to capture the potential burden of currently ill people who may be infectious and/or accessing healthcare

- Main Findings**
- COVID-19 infection remains prevalent throughout the country.
  - Elevated incidence of disease during the past 2 weeks remains widespread, including in the Northeast (and the New York City area), the Southwest, the Southeast, DC, areas around Chicago, and parts of California, Iowa, and Washington.

Notes: Defined using the number of new cases per 100,000 in the past 2 weeks. Low is >0 to 10, moderate is >10 to 50, moderately high is >50 to 100, and high is >100. Jurisdictions denoted as 0 cases in the past 2 weeks have had at least 1 case previously.  
Sources: HHS Protect, US Census



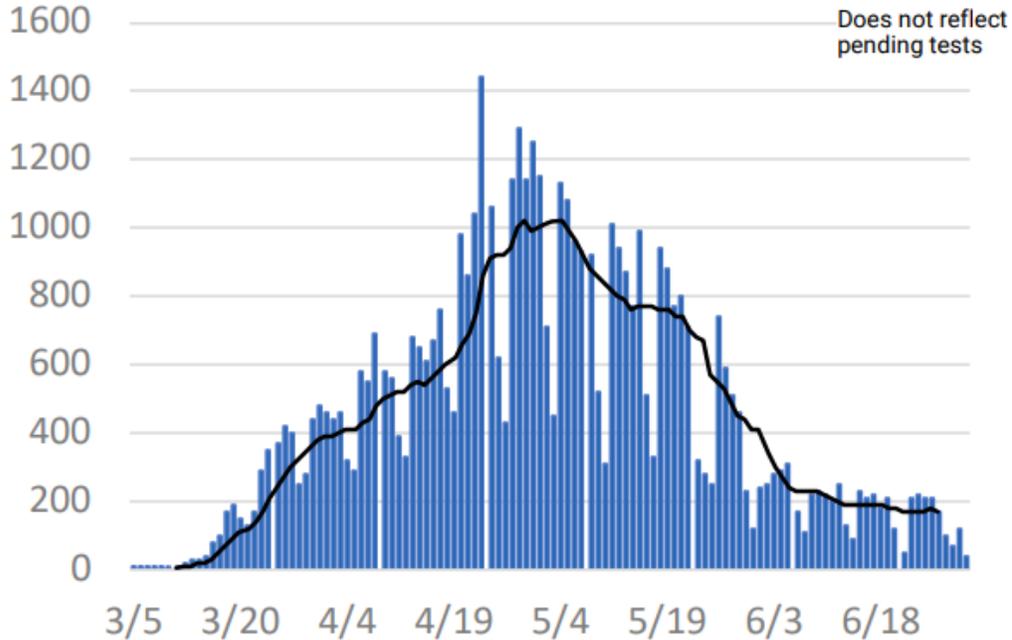


# CHICAGO COVID-19 UPDATE

July 1, 2020

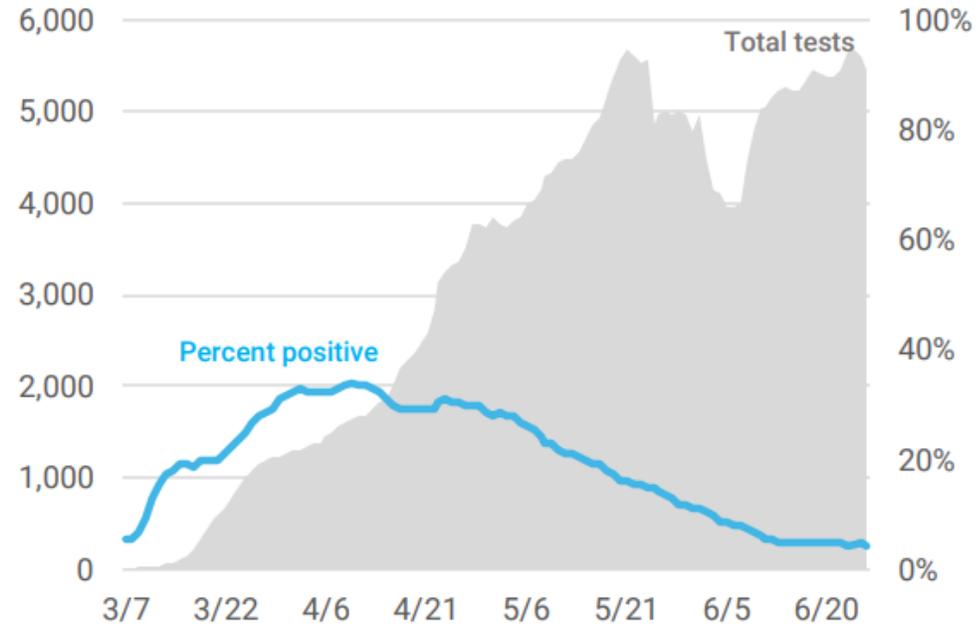
**There are 52,569 cases of COVID-19 and 2,611 deaths among Chicago residents as of July 1, 2020. There are an average of 169 new cases and 9 deaths every day. An estimated 47,745 residents have recovered.<sup>1</sup>**

Confirmed daily COVID-19 cases and 7-day rolling average



Daily COVID-19 cases reported for Chicago residents with known specimen collection date. Results for several previous days are updated each day. Two cases with specimen collection dates prior to March 1, 2020 are not included in the graph.

COVID-19 testing and percent positivity, 7-day rolling average



Number of tests performed and percentage of tests that were positive averaged over 7 days. Includes molecular tests performed at state and private laboratories with known specimen collection date. Percent positivity is based on individuals tested. Tests performed between Jan 21 and Feb 29, 2020 are not included in graph. CDPH may not receive all non-positive results.

**As of July 1, 2020, there have been 383,579 tests performed. The 7-day average is 5,452 tests per day, with a percent positivity of 4.6%.**

# ★ Long-Term Care Case Data

**Total number of cases associated with long-term care: 5,850**

- # of Residents: 4,314 (74%)
- # of Healthcare workers/employees: 1,536 (26%)

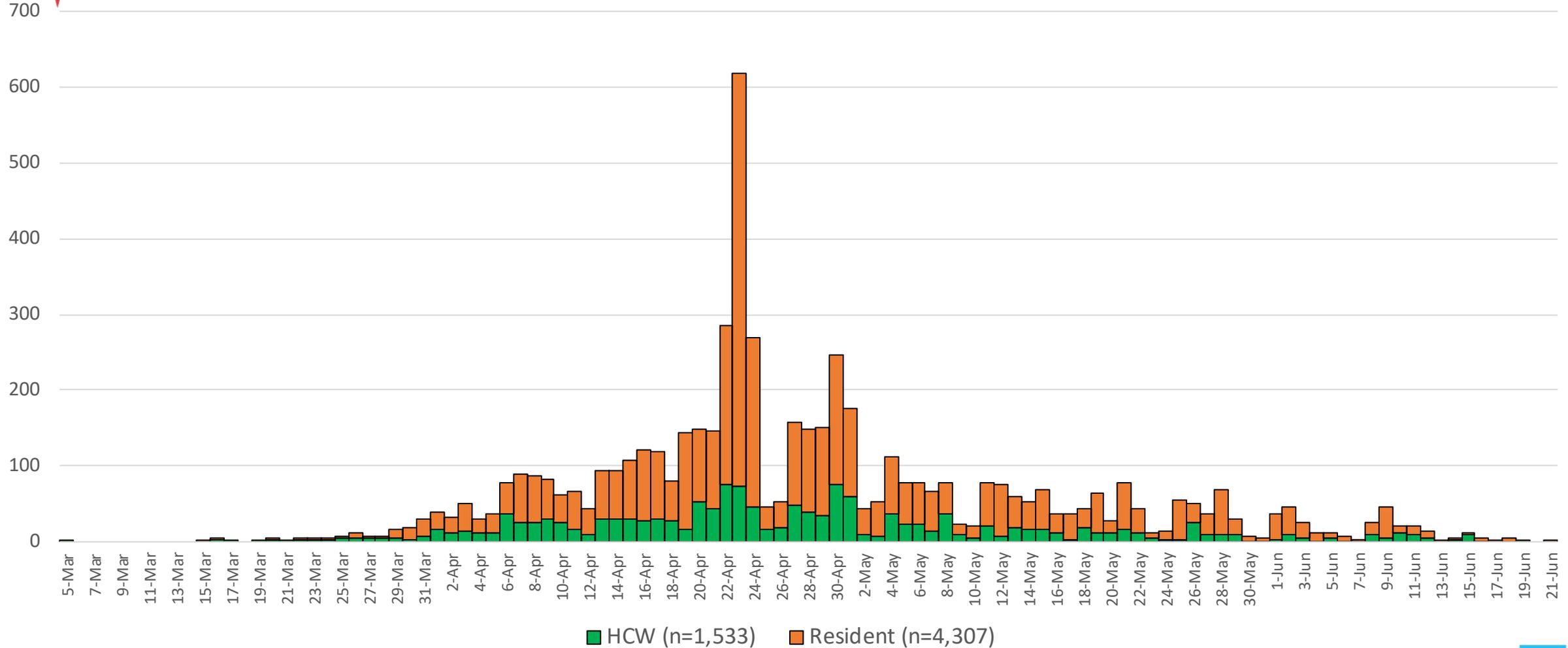
**Number of deaths among COVID-19 cases in LTC settings: 960**

- # residents: 946
- # healthcare workers: 14

**6/23/2020**

Datasource: Illinois National Electronic Database Surveillance System

# COVID-19 Cases Among Individuals Associated with Long-Term Care Facilities (N=5,850\*)



\*10 not included in graph due to missing specimen collection date





Demographic	Resident (n=4,314)	HCW (n=1,536)
<b>Sex</b>		
Male	2,119 (49)	346 (22)
Female	1,890 (44)	1,091 (71)
Unknown	305 (7)	99 (7)
<b>Race/etch</b>		
Black, non-Latinx	1,270 (29)	495 (32)
White, non-Latinx	1,094 (25)	130 (8)
Latinx	529 (12)	311 (20)
Asian, non-Latinx	121 (3)	151 (10)
Other, non-Latinx*	161 (4)	64 (4)
Unknown	1,139 (26)	385 (25)
<b>Age</b>		
0-17	0	0
18-29	19 (<1)	297 (19)
30-39	65 (2)	366 (24)
40-49	174 (4)	368 (24)
50-59	509 (12)	300 (20)
60-69	1,087 (25)	179 (12)
70-79	1,084 (25)	20 (1)
80+	1,375 (32)	4 (<1)
Unknown	1 (<1)	2 (<1)

# ★ Outcomes

Outcome	Resident (n=4,314)	HCW (n=1,536)
<b>Hospitalized*</b>		
Yes	1,771 (41)	137 (9)
No	2,541 (59)	1,398 (91)
Unknown	2 (<1)	1 (<1)
<b>Died from COVID*</b>		
Yes	946 (22)	14 (1)
No	3,367 (78)	1,522 (99)
Unknown	1 (<1)	0

# Long-Term Care Facility Data

- **Number of facilities with at least one resident case: 75**
  - Median number of resident cases per facility: 49 (range: 0 to 171)
- **Number of facilities with outbreaks: 78**
- **Number of facilities with known deaths: 71**

**6/23/2020**

Datasource: INEDSS, REDCap, self report

# Deceased Data

- Among 71 long-term care facilities with resident deaths,
  - Median number of deaths per facility: **12** (range: 1 to 45)
  - Median % of known resident cases who are deceased: **22.7%** (range: 2 to 48%)

14 HCW deaths

**6/23/2020**

# Report new cases

Resize font:  


**HEALTHY  
CHICAGO**  
CHICAGO DEPARTMENT OF PUBLIC HEALTH

## COVID-19 Case Report Form

**This is the Chicago Department of Public Health COVID-19 Case Report Form. Please fill out the form below.**

Both individual lab-confirmed cases and clusters of COVID-19 are reportable conditions to the Chicago Department of Public Health.

**For individual lab-confirmed cases:**

Providers must report individual lab-confirmed cases of COVID-19 into [I-NEDSS](#). This form should only be used if you are an outpatient facility and do not have access to I-NEDSS.

**For clusters:**

Clusters of two or more cases (at least one of which is lab-confirmed) in a congregate setting (such as a long-term care facility, childcare setting, correction facility, etc.) should be reported using this form.

1) Select the case type you want to report:

Reporting cases/clusters



- Rather than emailing facility summary reports twice a week....
- send your report in using the [CDPH Facility Summary Report Upload Site](#) by noon on Thursdays

<https://redcap.link/1tdpzx40>

Resize font:

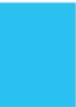
CHICAGO DEPARTMENT OF PUBLIC HEALTH

### COVID-19 CDPH Facility Summary Report Upload

Please fill out the information below and upload your facility summary report.

Thank you!

Date of Report	<input type="text"/> Today M-D-Y
Day Report Due	<input type="radio"/> Monday <input type="radio"/> Thursday <small>reset</small> Reports are due both Monday and Thursday of each week. Please indicate which day this submission is for
Facility Name	<input type="text"/> <small>* must provide value</small>
Upload CDPH Facility Summary Report	<input type="button" value="Upload file"/> <small>* must provide value</small>
<input type="button" value="Submit"/>	



# Testing plans

- Please submit your testing plan to CDPH at: [CDPHHAIAR@cityofchicago.org](mailto:CDPHHAIAR@cityofchicago.org).



## Outdoor Visitation Guidance for Long-Term Care Facilities

2 visitors at a time per resident for non-COVID residents  
Max number of residents and visitors depends on size of outdoor space  
6 ft distancing  
Face coverings

Schedule appointment to visit a resident  
Prescreen visitors via phone with symptom checklist

Continuous or intermittent supervision



# Preparing for COVID-19 in Nursing Homes

Updated June 25, 2020

[Print Page](#)



## Summary of Changes to the Guidance:

- Tiered recommendations to address nursing homes in different phases of COVID-19 response
- Added a recommendation to assign an individual to manage the facility's infection control program
- Added guidance about new requirements for nursing homes to report to the National Healthcare Safety Network (NHSN)
- Added a recommendation to create a plan for testing residents and healthcare personnel for SARS-CoV-2

## On This Page

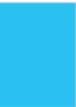
[Background](#)

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[Core Practices](#)

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[Additional Strategies](#)



# Core practices

- **Assign individuals with training in infection control to provide onsite management of the IPC program**
- Report COVID 19 cases, facility staffing, and supply information to the **NHSN**
- **Educate residents, HCP, and visitors** about COVID 19, current precautions, and actions to protect themselves
- Implement **source control measures**
- **Visitor restrictions**

# ★ Core practices (cont'd)

- Create a **plan for testing residents and HCP** for SARS-CoV2
- **Evaluate and manage HCP** (sick leave policies, monitor sx)
- **Provide supplies** necessary to adhere to recommended Infection Prevention and Control Practices
- **Dedicated space** to monitor and provide care for residents with COVID-19
- Create plan for **managing new admissions** and readmissions whose COVID-19 status is unknown
- Evaluate and manage residents with symptoms of COVID-19
  - Because of the higher risk of **unrecognized infection** among residents, **universal use of all recommended PPE** for the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or HCP is newly identified in the facility

# CDPH COVID-19 Cohorting Guidance



Zones	COHORT
	Lab confirmed COVID-19 cases
	Symptomatic residents (PUI)
	Asymptomatic exposed to COVID-19 residents
	Asymptomatic, unexposed residents
	Convalescent
	Quarantine transfer unit

# Scenario 1

Resident with dementia but no other serious underlying health conditions.

- Admitted to hospital on 4/22 due to severe shortness of breath; result is positive
- Tested at facility on 5/6 and 5/8 (facility was using the test-based strategy to discharge from COVID unit); results are both negative
- Tested at facility on 6/24; asymptomatic; result is positive



# CDC response FAQ

- The person should be managed as potentially infectious and isolated.
- When a positive test occurs less than about 6 weeks after the person met criteria for discontinuation of isolation, it can be **difficult to determine** if the positive test represents a new infection or a persistently positive test associated with the previous infection.
- If the positive test occurs more than 6-8 weeks after the person has completed their most recent isolation, clinicians and public health authorities should **consider the possibility of reinfection**.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>

## ★ CDC response FAQ (cont'd)

- Ultimately, the determination of whether a patient with a subsequently positive test is contagious to others should be made on a **case-by-case basis, in consultation with infectious diseases specialists and public health** authorities, after review of available information (e.g., **medical history, time from initial positive test, RT-PCR Ct values, and presence of COVID-19 signs or symptoms**).
- Persons who are determined to be potentially infectious should undergo evaluation and **remain isolated until they again meet criteria for discontinuation of isolation** or of transmission-based precautions, depending on their circumstances.

# Cohorting options

Zones	COHORT
	Convalescent

Private room ideal

Could potentially have roommate with prior COVID infection

Contact/Droplet precautions

**Do not retest positive resident unless clinically indicated**

## Scenario 2

Resident with stage 3 pancreatic cancer; currently undergoing chemotherapy.

- Tested at facility on 4/26 due to a cough; result is positive
- Tested at facility on 6/26 due to a high fever; result is positive

# Cohorting options

Zones	COHORT
	Symptomatic residents (PUI)

**Private room**— due to level of immune compromise, **must** isolate this person for protection of others AND patient who could be neutropenic (move a resident if necessary)

**Assess for other respiratory pathogens and etiologies of fever**

Low threshold for hospitalization

Contact/Droplet precautions

No extended use of gown

## Scenario 3

Resident who goes offsite for dialysis 3x a week.

- Tested on 4/30 at dialysis center; asymptomatic; result is positive
- Tested at facility on 6/28; asymptomatic; result is positive

# Cohorting options

Zones	COHORT
	Convalescent

Private room ideal

Contact/Droplet precautions

Was there potential exposure at HD center? Assess  
practices at HD

## Scenario 4

Staff member who provides direct patient care.

- Tested on 4/25 due to an outbreak on the floor that the staff member worked on; asymptomatic; result is positive
- Tested again at the facility on 6/27; asymptomatic; result is positive

# **Positive HCP**

- Do not retest previously positive staff unless symptomatic
- If symptomatic, home isolation for 10+3 days



# In what cohorting zone should residents be placed who test positive >8 weeks after their initial infection

Zones	COHORT
	Symptomatic residents (PUI)
	Convalescent

Depends on if resident is symptomatic:

Symptomatic person in **PUI zone**

Asymptomatic person in **convalescent zone**

Ideally private room

Assess for other respiratory pathogens and etiologies of fever if present

Contact/Droplet precautions

No extended use gowns

**Do not retest positive resident unless clinically indicated**

# Do roommates of a resident who tested positive > 8 weeks after initial infection need to be quarantined?

Zones	COHORT
	Asymptomatic exposed residents
	Convalescent

If convalescent asymptomatic person tested positive after 8 weeks, and roommate prior positive (both in **grey zone**), can stay in the same room

If convalescent asymptomatic person tested positive after 8 weeks has a negative roommate (in the **green zone**), then roommate should move to **yellow zone**

If convalescent person with symptoms, move this person or **orange zone**; leave roommate on convalescent.

**Do not retest positive resident unless clinically indicated**

 **Based on the CMS guidelines, does the facility have to notify all families, residents, and representatives by 5 p.m. the next day if a resident tests positive >8 weeks after their initial infection?**

Given the uncertainty of meaning by the repeat positive testing that this would not fall under the CMS notification guidance, unless in consultation with infectious disease and/or public health that the infection is felt to be a re-infection.

 **If a resident tests positive >8 weeks from their initial infection, do they need to continue to be retested on a weekly basis or should the facility wait an additional 8 weeks before testing the resident again?**

- Until more is understood about meaning of persistent shedding vs reinfection...
- **DO NOT RETEST PRIOR POSITIVE RESIDENTS AND STAFF WITHOUT CLINICAL INDICATION**

# ★ Reporting repeat positives

- Does a facility that uses a commercial laboratory for testing need to **re-report residents** who test positive >8 weeks after their initial infection using the **CDPH online case reporting form**?
- How should a facility report a resident who tested positive >8 weeks after their initial infections on the **weekly facility summary report** (e.g., should they include two records for the same individual or should they make a note in the first record that the resident tested positive again)?
- Is a resident that tests positive >8 weeks after their initial infection going to be counted twice on the **IDPH public-facing outbreak** reporting website?

# ★ Reporting repeat positives

- Does a facility that uses a commercial laboratory for testing need to **re-report residents** who test positive >8 weeks after their initial infection using the CDPH **online case reporting form**? **Stay tuned**
- How should a facility report a resident who tested positive >8 weeks after their initial infections on the **weekly facility summary report** (e.g., should they include two records for the same individual or should they make a note in the first record that the resident tested positive again)? **Please send encrypted email to CDPH with resident information**
- Is a resident that tests positive >8 weeks after their initial infection going to be counted twice on the **IDPH public-facing outbreak reporting website**? **NO**



# New question for local health depts in INEDSS lab page to collect information

For a confirmed COVID-19 patient with clinical recovery for approximately 10 days after symptom onset or diagnosis (if asymptomatic) and subsequently had any of the following:

- 2 documented negative PCR tests followed by a positive
- Recurrence of symptoms with a positive result
- Positive PCR results  $\geq$  40 days after initial symptom onset or diagnosis (if asymptomatic) without recurrence of symptoms

<https://ein.idsociety.org/surveys/survey/125/>

HOME

LISTSERV

- Search Archive
- Browse Archive
- EIN Community

SURVEYS

- View all Surveys
- Suggest a Survey

PROJECTS

- Quick Queries
- Case Series
- Mobile Apps

MEMBER INFO

- New Member Sign Up
- Log In

RESOURCES

- IDSA Homepage
- Publications
- Conferences

QUESTIONS (FAQ)

CONTACT US

## Clinically Suspected SARS-CoV-2 Reinfection among COVID-19 Cases

The purpose of this query is to facilitate case description. Please complete as much as feasible. If preferable, you may describe the case in its entirety using the final text box at the end of this query.

**Clinician's Information:**

Your name:

Your email address:

Your state of practice:

**Patient's Demographic Information :**

1. Age group in years:  18-44  45-54  55-64  >=65

2. Sex:  Male  Female

**COVID-19 Initial Presentation:**

3. Date of illness onset (approximate):  [MM/DD/YY]

4. Symptoms (please separate each symptom by a comma):

5. Lab-confirmed SARS-CoV-2 infection?  Yes  No

6. Illness severity:

- Mild to moderate (mild symptoms up to mild pneumonia)
- Severe (dyspnea, hypoxia, or >50% lung involvement on imaging)
- Critical (respiratory failure, shock, or multiorgan system dysfunction)

7. Evidence of recovery: [Select all that apply]

- Two consecutive negative RT-PCR results
- Resolution of symptoms, describe:
- Radiographic evidence of recovery, describe:

8. Date isolation ended (approximate):  [MM/DD/YY]

9. Comments about 1st course of illness:

**COVID-19 Recurrence:**

10. Date of illness onset (approximate):  [MM/DD/YY]

11. Symptoms (please separate each symptom by a comma):

12. Lab-confirmed SARS-CoV-2 infection?  Yes  No

13. Illness severity:

- Mild to moderate (mild symptoms up to mild pneumonia)
- Severe (dyspnea, hypoxia, or >50% lung involvement on imaging)
- Critical (respiratory failure, shock, or multiorgan system dysfunction)

14. Evidence of recovery: [Select all that apply]

- Two consecutive negative RT-PCR results
- Resolution of symptoms, describe:
- Radiographic evidence of recovery, describe:

15. Date isolation ended (approximate):  [MM/DD/YY]

16. Comments about 2nd course of illness:

**SARS-CoV-2 Testing History:**

	Date [MM/DD/YY]	Specimen Type	Test Type	Result (For PCR, cycle threshold value, if known)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# ★ Who can have visitors (outside)?

Zone	COHORT
	Asymptomatic, unexposed residents
	Convalescent

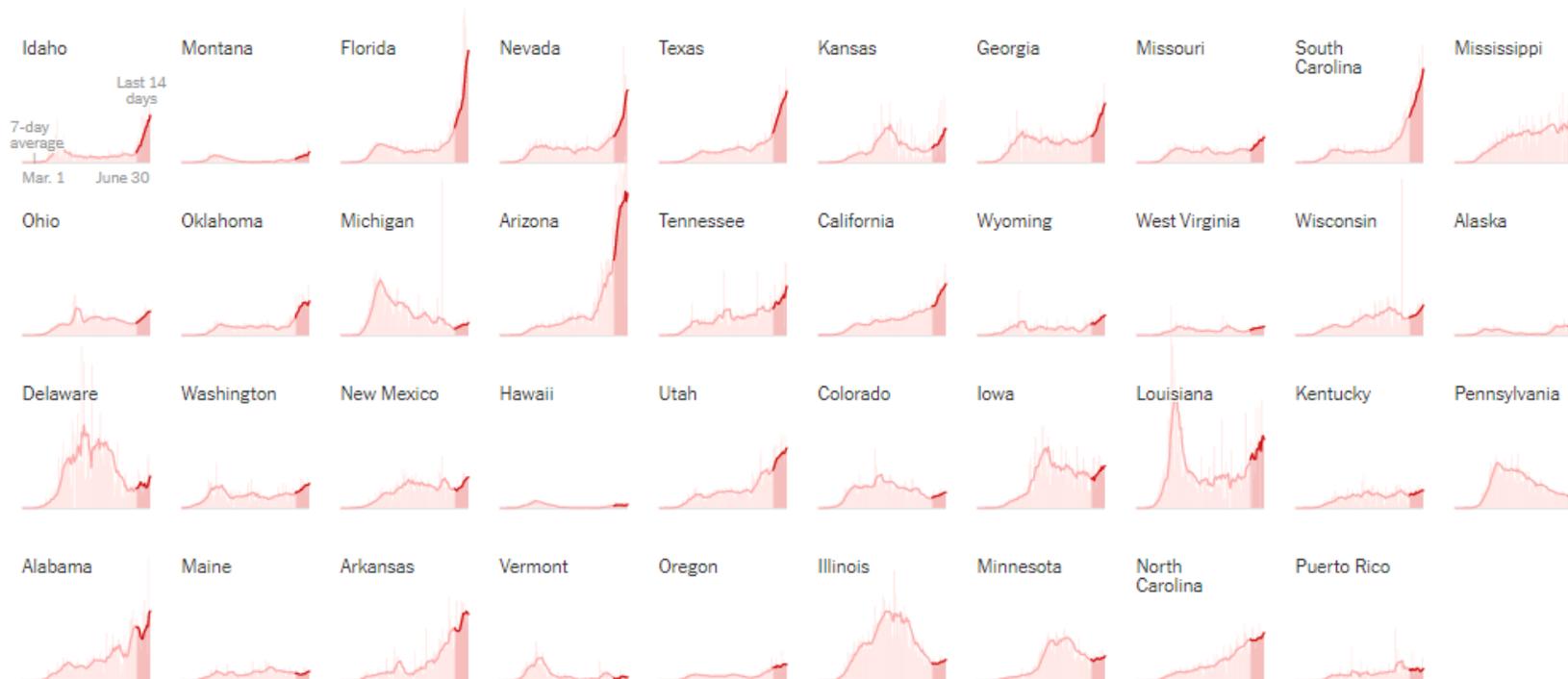
# ★ Travel for healthcare personnel

## Where new cases are increasing

Cases per capita

Total cases

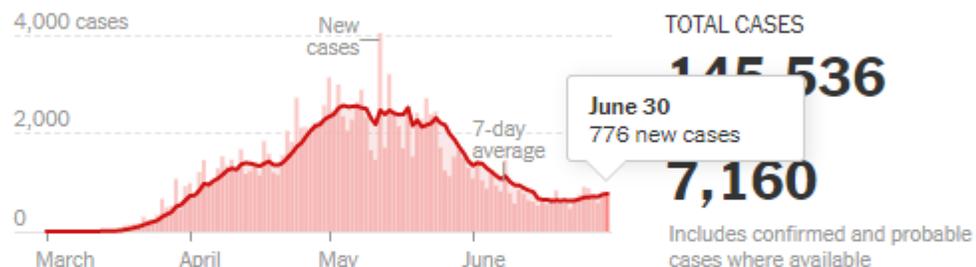
Charts show daily cases per capita and are on the same scale. States are sorted by the percentage change in the last two weeks, from most to least. Click a state to see detailed map page.





# Illinois Coronavirus Map and Case Count

By The New York Times Updated July 1, 2020, 8:47 P.M. E.T.



- Map
- By county
- New cases
- Tips
- Latest news »

There have been at least 145,536 cases of coronavirus in Illinois, according to a New York Times database. As of Wednesday evening, at least 7,160 people had died.

# **When is outbreak over?**

- Need at least 28 days without facility onset case

## Initial and Repeated Point Prevalence Surveys to Inform SARS-CoV-2 Infection Prevention in 26 Skilled Nursing Facilities — Detroit, Michigan, March–May 2020

Guillermo V. Sanchez, MSHS, MPH<sup>1</sup>; Caitlin Biedron, MD<sup>1</sup>; Lauren R. Fink, MPH<sup>2</sup>; Kelly M. Hatfield, MSPH<sup>1</sup>; Jordan Micah F. Polistico, MD<sup>3,4</sup>; Monica P. Meyer, MS, MPH<sup>3,4</sup>; Rebecca S. Noc, MN, MPH<sup>1</sup>; Casey E. Copen, PhD<sup>1</sup>; Amanda K. Lyons, MS<sup>1</sup>; Gonzalo Gonzalez, DNP<sup>2</sup>; Keith Kiama<sup>2</sup>; Mark Lebednick<sup>2</sup>; Bonnie K. Czander<sup>2</sup>; Amen Agbonze<sup>2</sup>; Aimee R. Surma, MS<sup>2</sup>; Avnish Sandhu, DO<sup>3,4</sup>; Valerie H. Mika, MS<sup>4</sup>; Tyler Prentiss, MA<sup>5</sup>; John Zervos, JD<sup>5</sup>; Donia A. Dalal<sup>2</sup>; Amber M. Vasquez, MD<sup>1</sup>; Sujan C. Reddy, MD<sup>1</sup>; John Jernigan, MD<sup>1</sup>; Paul E. Kilgore, MD<sup>4</sup>; Marcus J. Zervos, MD<sup>4,5</sup>; Teena Chopra, MD<sup>3,4</sup>; Carla P. Bezold, ScD<sup>2</sup>; Najibah K. Rehman, MD<sup>2</sup>

### Rapid increases in confirmed COVID-19 cases were detected among residents of Detroit **skilled nursing facilities (SNFs)**\*

#### Facility-wide testing of residents across 26 SNFs

- **DETECTED** a 44% attack rate
- **IDENTIFIED** asymptomatic infections
- **INFORMED** infection prevention and control strategies
- **GUIDED** health department priorities

\*March–April 2020

CDC.GOV

bit.ly/MMWR7120

MMWR

<https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6927e1-H.pdf>

  **Next LTCR: July 16, 2020**



# Questions and Answers

**Thanks to:**

Shannon Xydis

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Amy Hanson, PharmD, BCPS AQ-ID

Winter Viverette, MA, MATD

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