



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

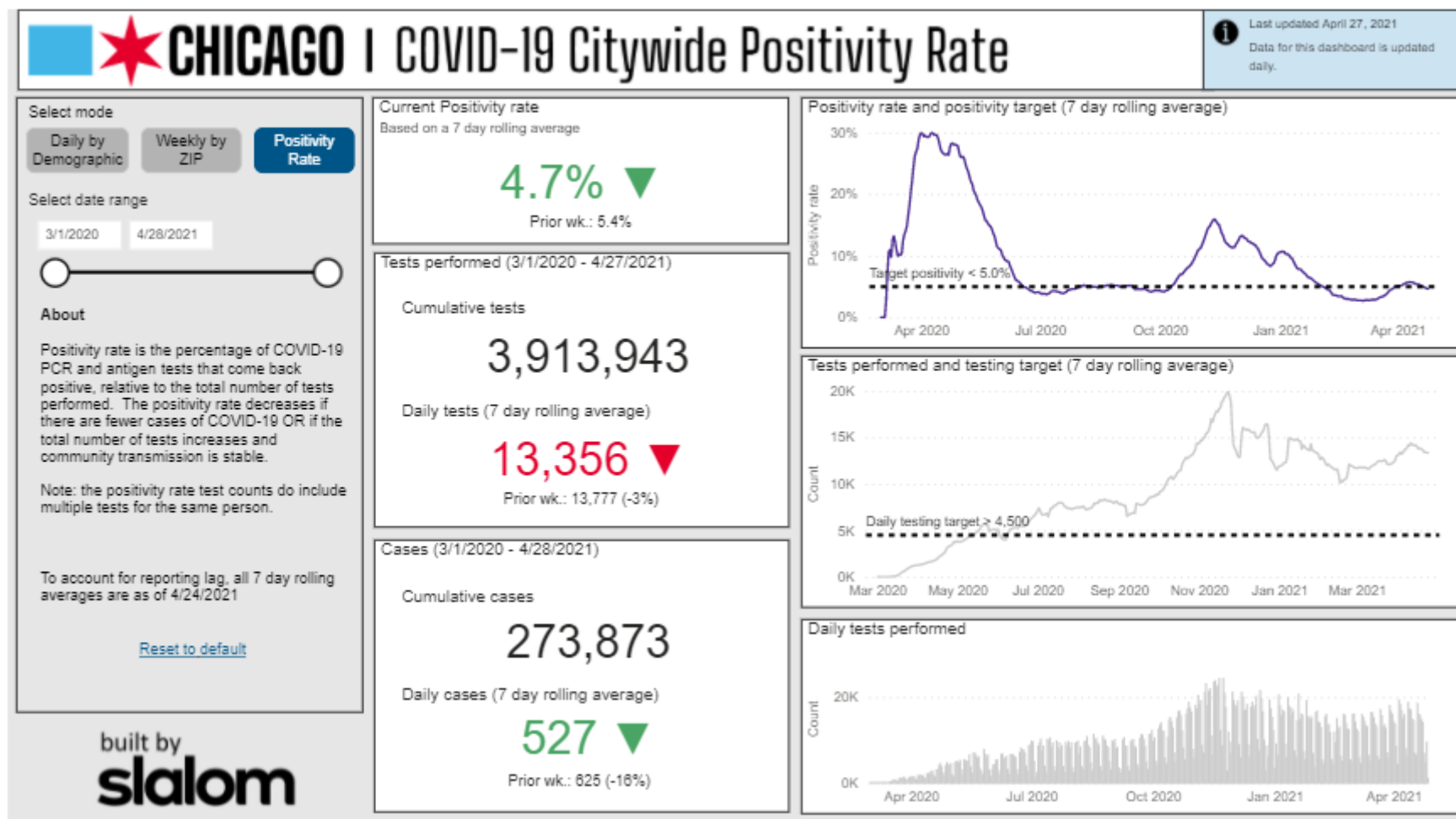
04-29-2021



# Objectives

- Chicago COVID-19 Epidemiology
- MMWR Report: Breakthrough Cases in Chicago SNFs
- Reminders, Updates, and FAQs
- NHSN Module Review
- Q&A

# Chicago Dashboard

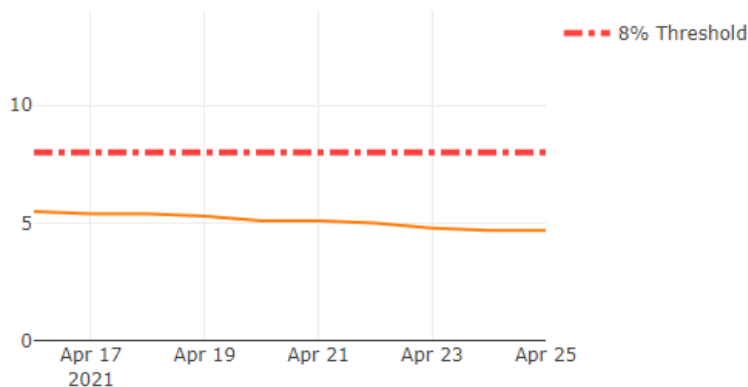




# IDPH Regional Resurgence Metrics: Region 11

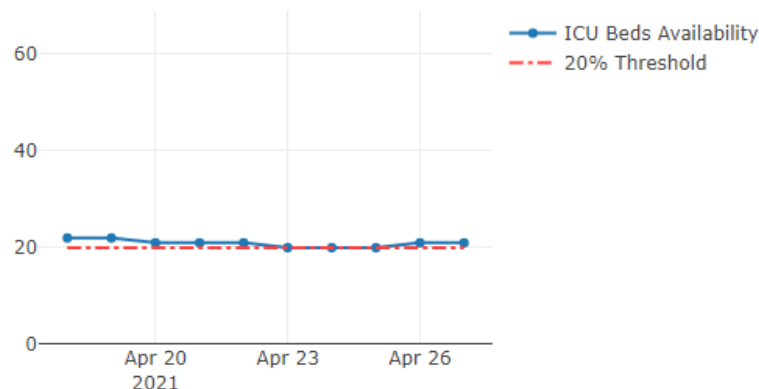
Test Positivity 7-Day Rolling Average

11 Consecutive Days under 8% threshold



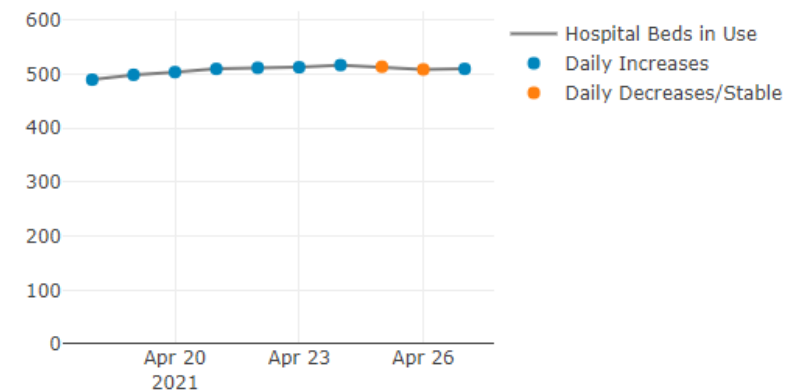
Hospital Bed Availability 7-Day Rolling Average

ICU Beds: 11 Consecutive Days  $\geq 20\%$  Threshold



COVID-19 Patients in the Hospital 7-Day Rolling Average

8 Days of COVID-19 Patient Increases



# Skilled Nursing Facility COVID-19 Cases

38 (49%) SNFs have gone at least 28 days without a case

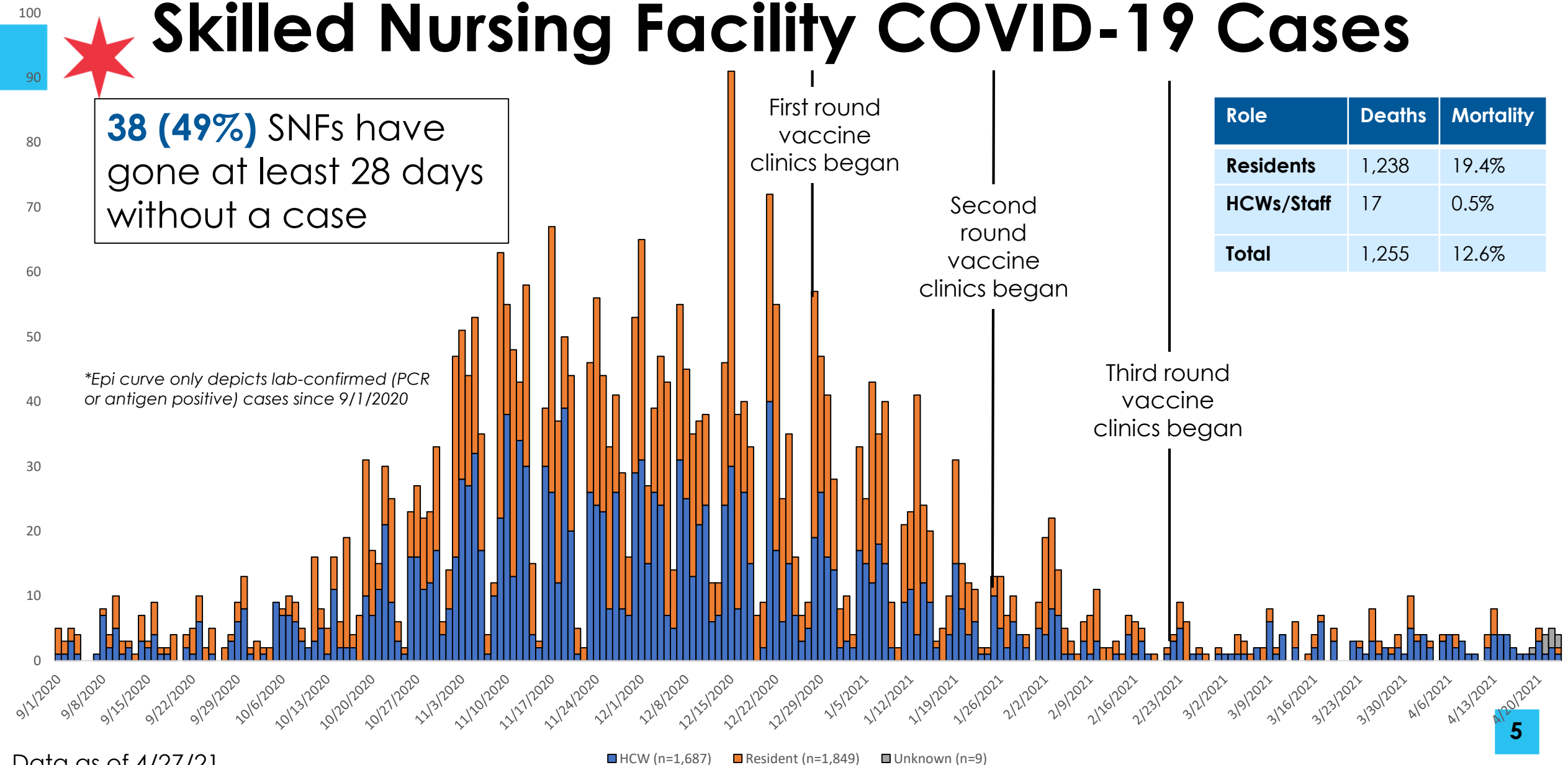
\*Epi curve only depicts lab-confirmed (PCR or antigen positive) cases since 9/1/2020

First round vaccine clinics began

Second round vaccine clinics began

Third round vaccine clinics began

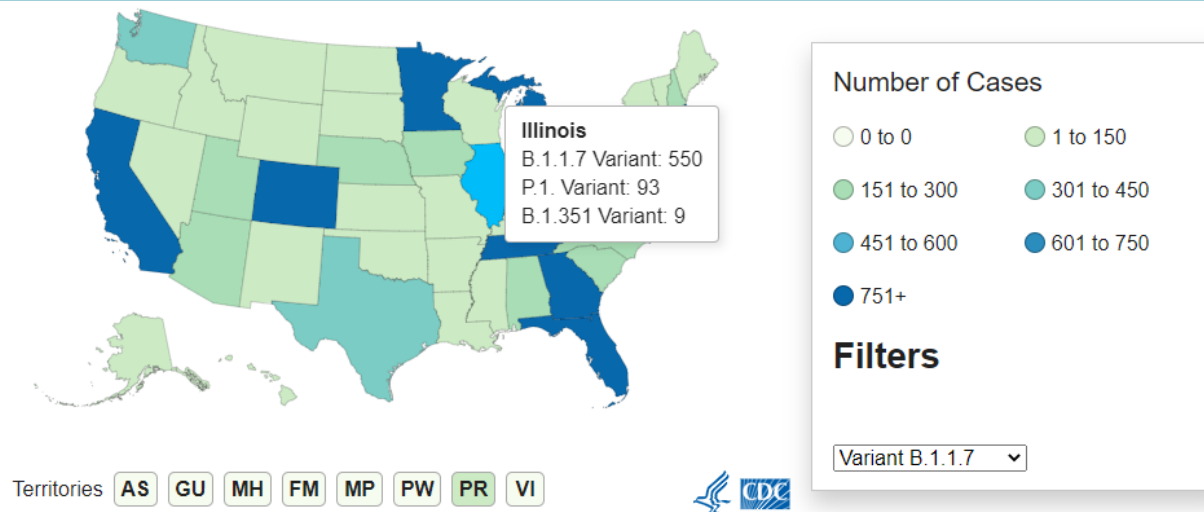
Role	Deaths	Mortality
Residents	1,238	19.4%
HCWs/Staff	17	0.5%
Total	1,255	12.6%



# ★ COVID Variants in the US & IL

Variant	Reported Cases in US	Number of Jurisdictions Reporting
B.1.1.7	20915	52
B.1.351	453	36
P.1	497	31

Cases of Variants of Concern in the United States\*†



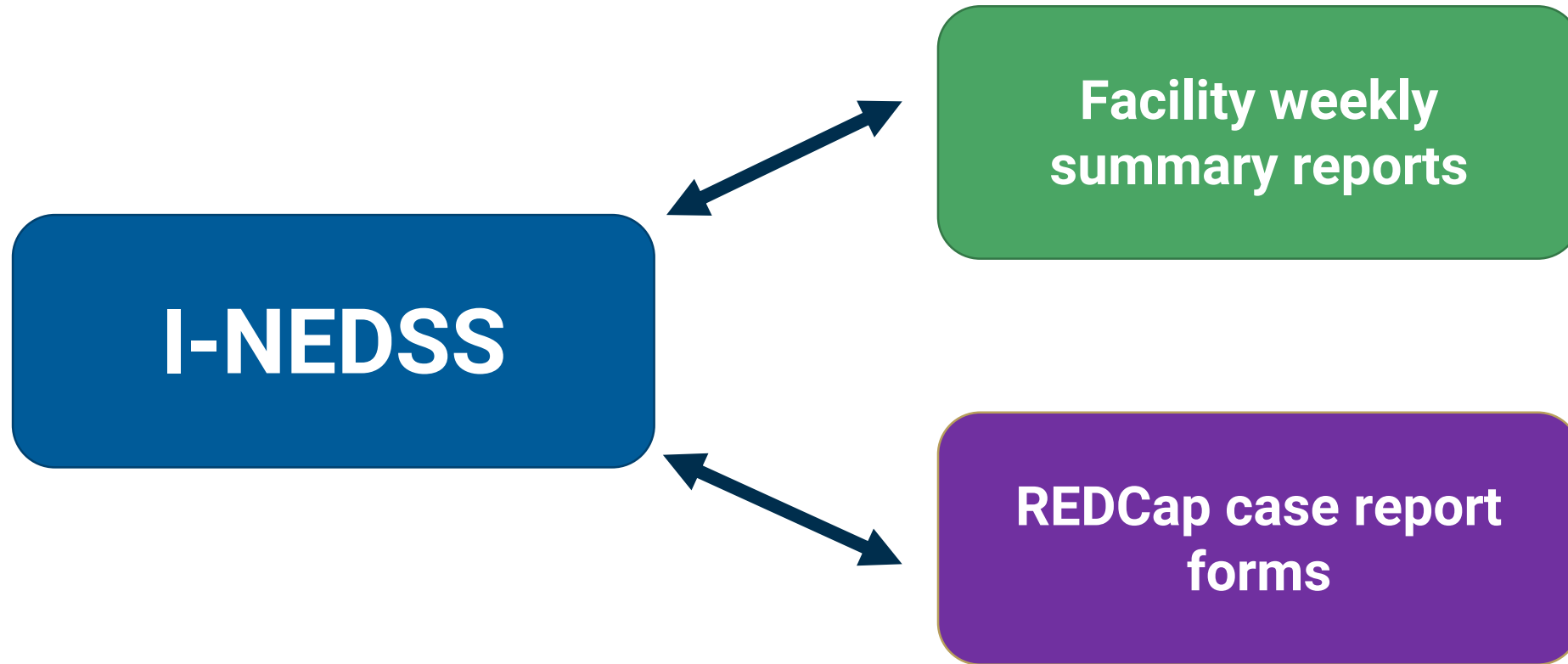
## **Postvaccination SARS-CoV-2 Infections Among Skilled Nursing Facility Residents and Staff Members — Chicago, Illinois, December 2020–March 2021**

Richard A. Teran, PhD<sup>1,2\*</sup>; Kelly A. Walblay, MPH<sup>2\*</sup>; Elizabeth L. Shane, MPH<sup>2</sup>; Shannon Xydis<sup>2</sup>; Stephanie Gretsche, MPH<sup>3</sup>; Alexandra Gagner, MPH<sup>2</sup>; Usha Samala, MPH<sup>2</sup>; Hyeree Choi<sup>2</sup>; Christy Zelinski, MPH<sup>2</sup>; Stephanie R. Black, MD<sup>2</sup>

Early studies suggest that COVID-19 vaccines protect against severe illness (1); however, postvaccination SARS-CoV-2 infections (i.e., breakthrough infections) can occur because COVID-19 vaccines do not offer 100% protection (2,3). Data evaluating the occurrence of breakthrough infections and impact of vaccination in decreasing transmission in

two residents were hospitalized because of COVID-19, and one died. No facility-associated secondary transmission occurred. Although few SARS-CoV-2 infections in fully vaccinated persons were observed, these cases demonstrate the need for SNFs to follow recommended routine infection prevention and control practices and promote high vaccination coverage

# ★ CDPH skilled nursing facility COVID-19 case monitoring

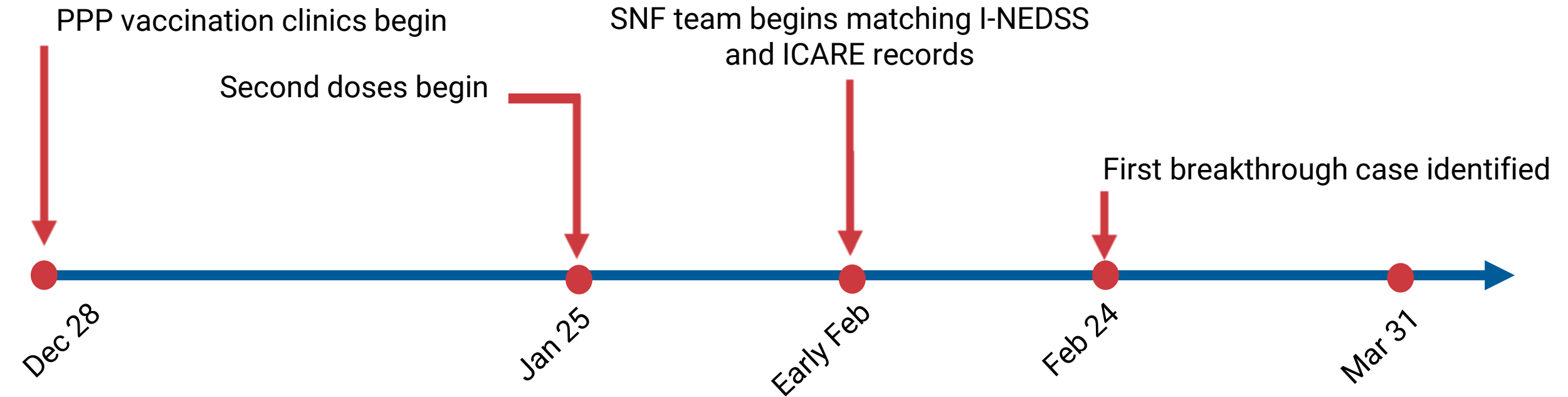


**RESULT: Weekly tracker of SNF-associated resident and staff COVID-19 cases and outbreaks**



# Investigation

## INVESTIGATION PERIOD





# Investigation objectives

- Quantify breakthrough infections across all 78 facilities
- Evaluate symptoms and clinical outcomes
- Assess facility-associated secondary transmission due to the breakthrough infection

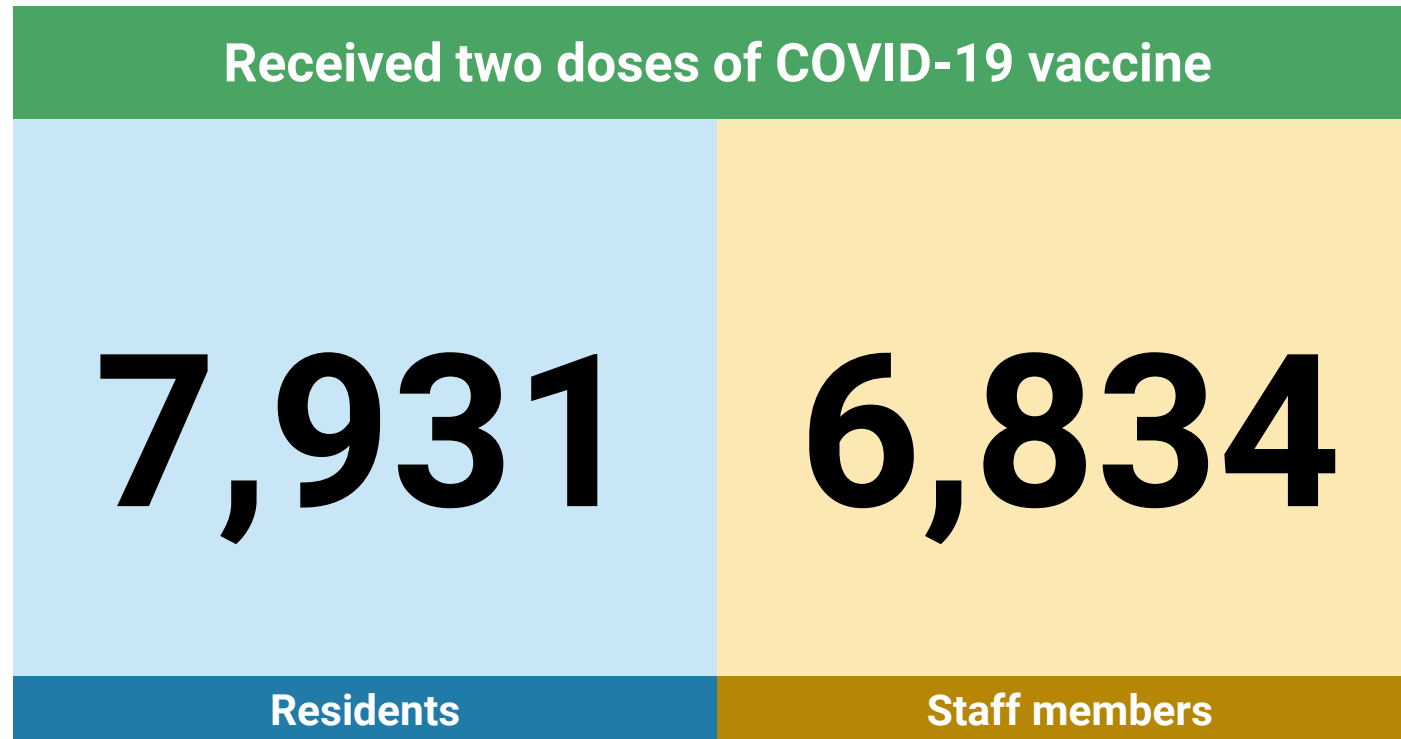


# ★ Case definitions

- SARS-CoV-2 infection
  - A positive SARS-CoV-2 NAAT (e.g., RT-PCR) or antigen test result from a respiratory specimen collected from a resident or staff member during the investigation period
- Breakthrough infection
  - A positive SARS-CoV-2 NAAT or antigen test result from a respiratory specimen collected  $\geq 14$  days after completing the second dose of a two-dose COVID-19 vaccination series

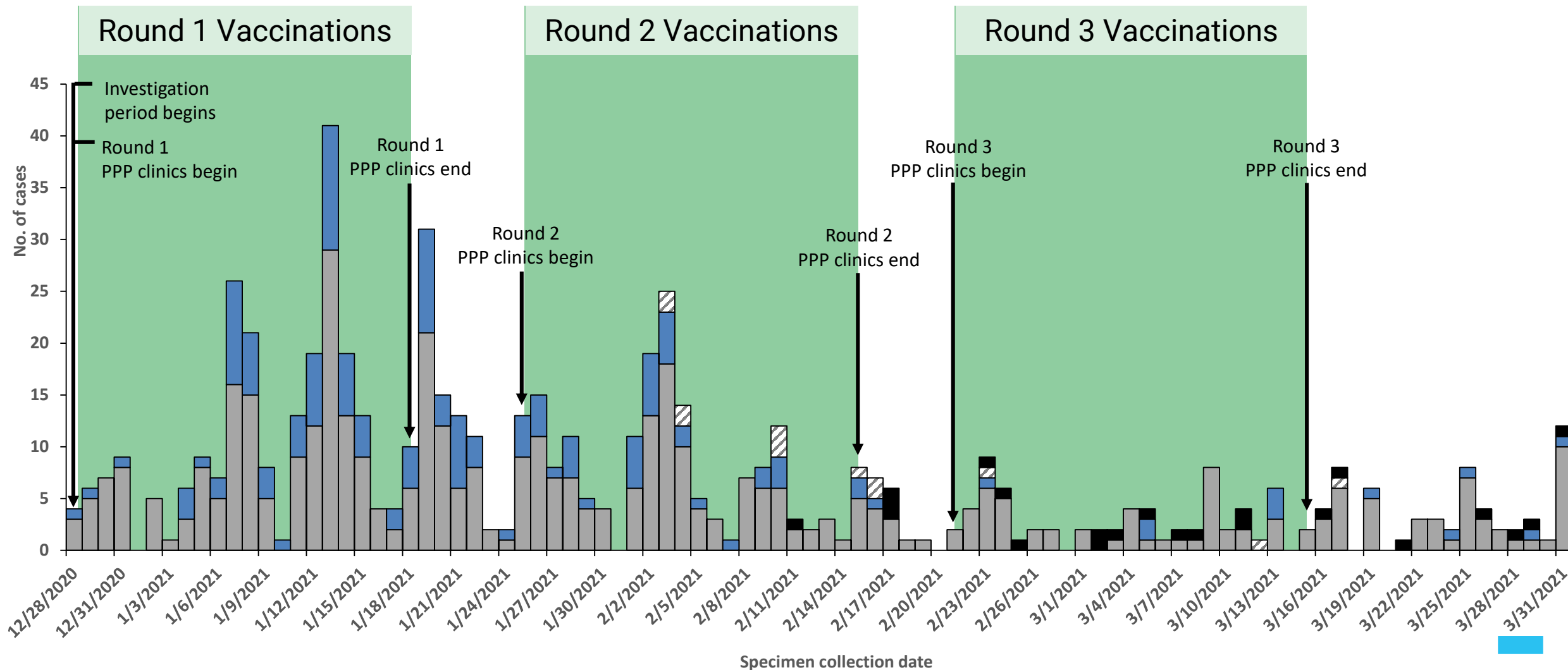


# Vaccination across all skilled nursing facilities



# 627 confirmed SARS-CoV-2 infections during the investigation period

- Fully vaccinated with breakthrough infection (n = 22)
- ▨ Vaccinated but not immune (n = 13)
- Partially vaccinated (n = 145)
- Unvaccinated (n = 447)



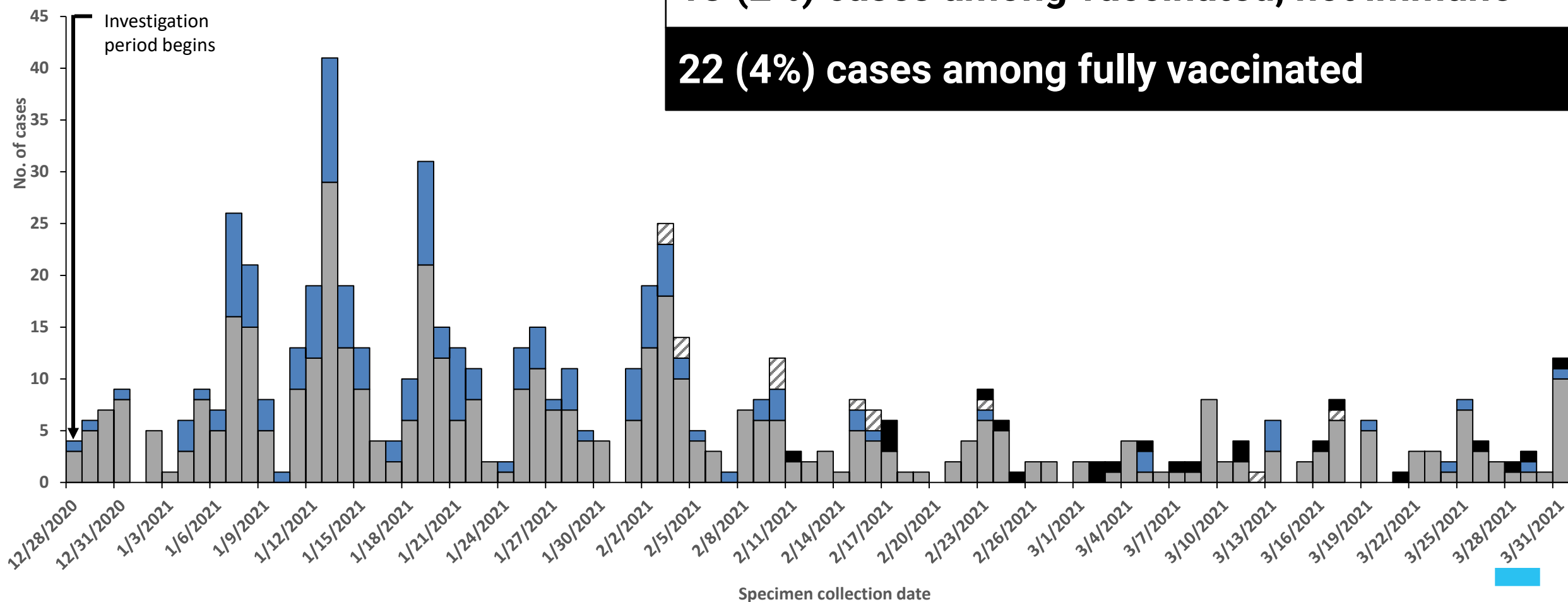


**447 (71%) cases among unvaccinated**

**145 (23%) cases among partially vaccinated**

**13 (2%) cases among vaccinated, not immune**

**22 (4%) cases among fully vaccinated**

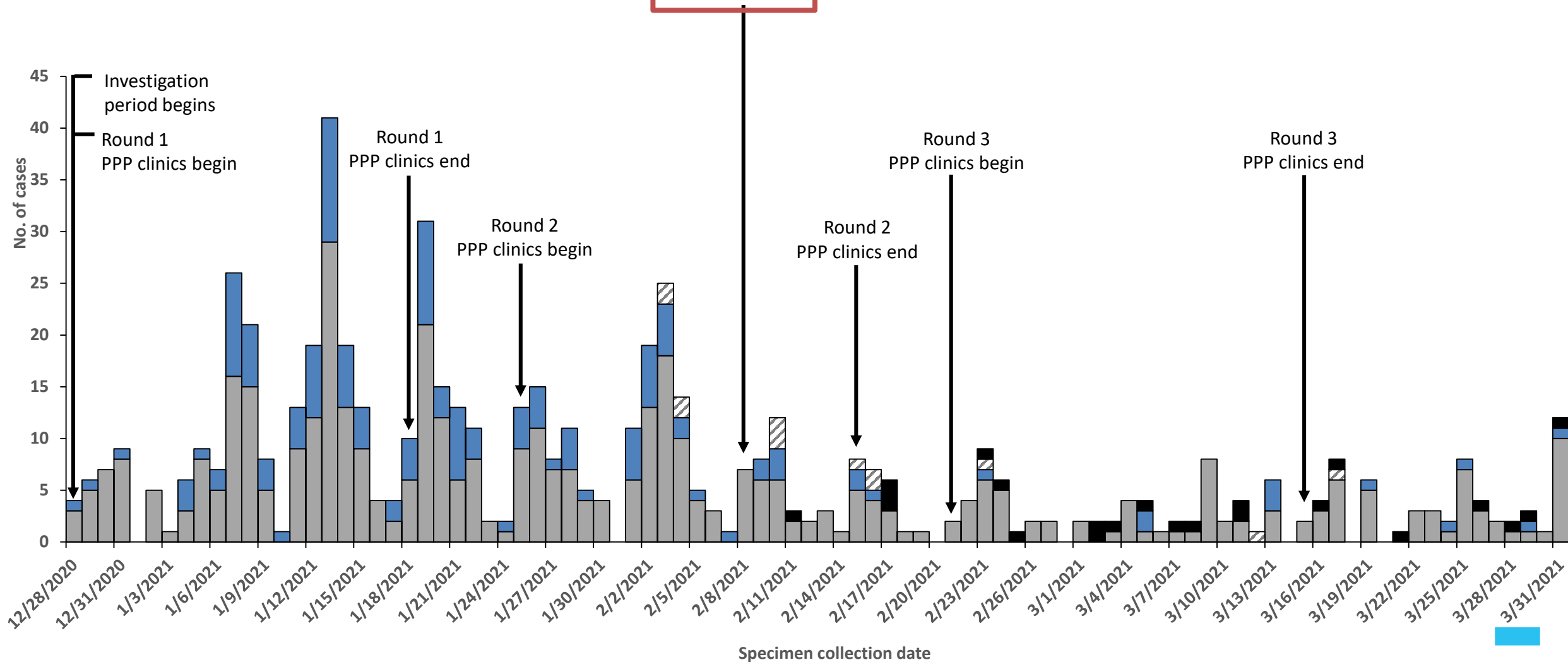


■ Fully vaccinated with breakthrough infection (n = 22)

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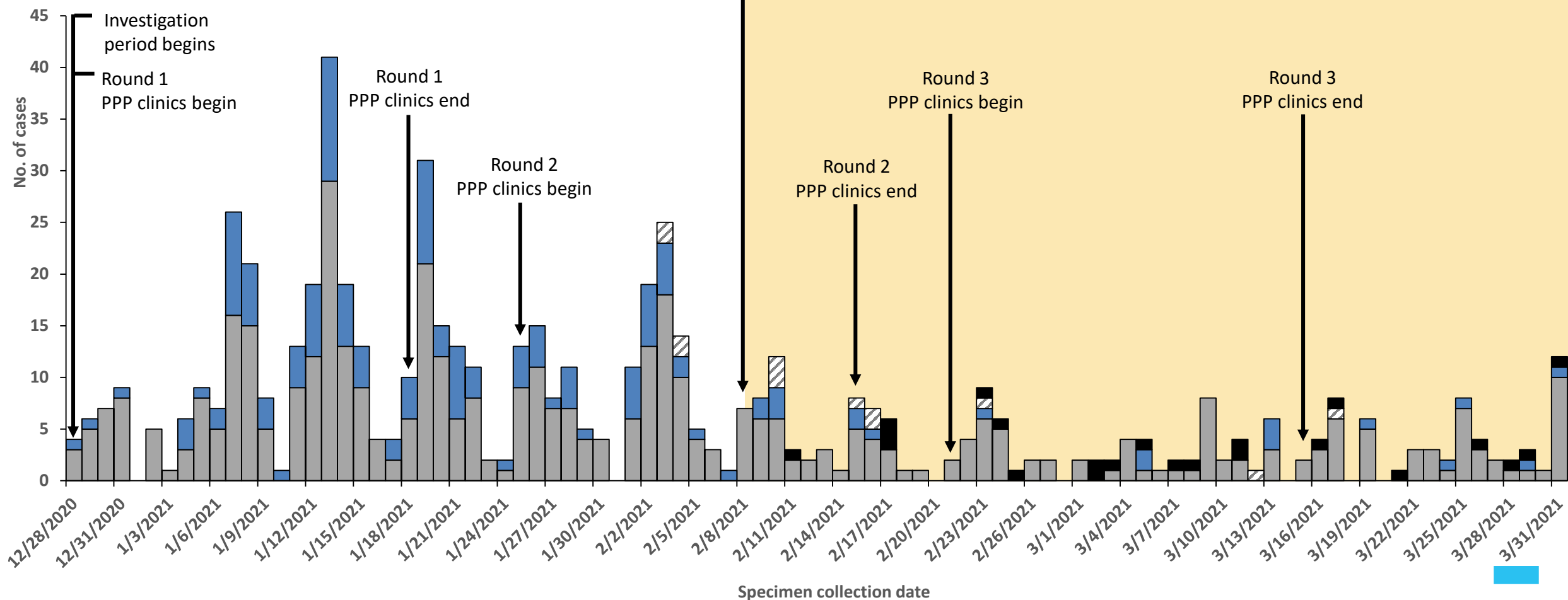
▨ Vaccinated but not immune (n = 13)

■ Partially vaccinated (n = 145)

■ Unvaccinated (n = 447)

Day 14 after  
initial Round 2  
PPP clinics  
began  
administering  
vaccine dose 2

16% of SNF-associated cases  
were breakthrough infections







**22 / 14,765**

**0.15%** of SNF residents and staff who received two doses of COVID-19 vaccine had a breakthrough infection during the investigation period





# Summary of findings



= asymptomatic



= symptomatic

Residents



Staff



**No symptoms | No hospitalizations | No deaths**

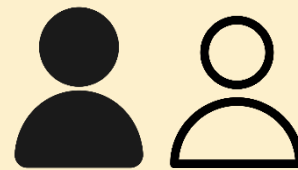
4 Staff | 1 Resident



**Mild symptoms**

Diarrhea, fatigue, headache, nausea, sore throat, cough, new olfactory disorder

Residents



**Non-COVID  
hospitalization**

Resident



**COVID  
hospitalization**

Resident



**COVID  
hospitalization  
and death**

\*\*\* No known facility-associated secondary transmission



# Key Messages

- Most SNF resident and staff who received two doses of COVID-19 did not have SARS-CoV-2 infection
- Among breakthrough infections, the majority were asymptomatic or had mild symptoms
- No facility-associated secondary transmission observed
- Facilities should continue to
  1. Routine screening of residents and staff members, regardless of vaccination status
  2. Maintain high vaccination coverage among SNF residents and staff members
  3. Follow recommended infection prevention and control practices including work restrictions, isolation of confirmed cases, and use of personal protective equipment





# Thank you!

- Co-authors
  - Richard Teran
  - Elizabeth Shane
  - Shannon Xydis
  - Stephanie Gretsche
  - Alexandra Gagner
  - Usha Samala
  - Hedy Choi
  - Christy Zelinski
  - Stephanie Black

- CDPH Communicable diseases team
- Administrative, medical, nursing, and infection prevention staff at all SNF facilities

Questions?

Email: [Richard.Teran@cityofchicago.org](mailto:Richard.Teran@cityofchicago.org)

Email: [Kelly.Walblay@cityofchicago.org](mailto:Kelly.Walblay@cityofchicago.org)



# **MMWR Report: THANK YOU!!!!**

**Thank you to all the facilities with breakthrough cases for answering our countless questions and providing us with all requested information in a timely fashion!**

# ★ **Reminder: Breakthrough Case Survey**

Moving forward, if you have a resident or staff member who tests positive for COVID >14 days after they received their 2<sup>nd</sup> dose of Moderna or Pfizer vaccine or 1<sup>st</sup> dose of J&J vaccine, please complete the Breakthrough Case Investigation Survey.

- Only fill out the information you have available. If there is a mandatory field and you don't know the answer (e.g., type of instrument used), just put "Unknown".

# ★ Update: International Travel Guidance

## CORONAVIRUS DISEASE 2019 (COVID-19)

International Travel RECOMMENDATIONS AND REQUIREMENTS	Not Vaccinated		Fully Vaccinated	
	Not Vaccinated		Fully Vaccinated	
Get tested 1-3 days before traveling out of the US	✓			
Mandatory test required before flying to US	✓		✓	
Get tested 3-5 days after travel	✓		✓	
Self-quarantine after travel for 7 days with a negative test or 10 days without test	✓			
Self-monitor for symptoms	✓		✓	
Wear a mask and take other precautions during travel	✓		✓	



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

CS323515-A 04/02/2021



## FAQs

- **Question:** If we have cases from multiple areas in our building, can our vaccinated residents go out on pass?
- **Answer:** No. If there is more than one affected area, no residents should be going out on pass (except for medically necessary reasons) for at least 14 days from the most recent case. If there is only one affected area, then only the residents in that area need to be restricted from going out on pass for 14 days.



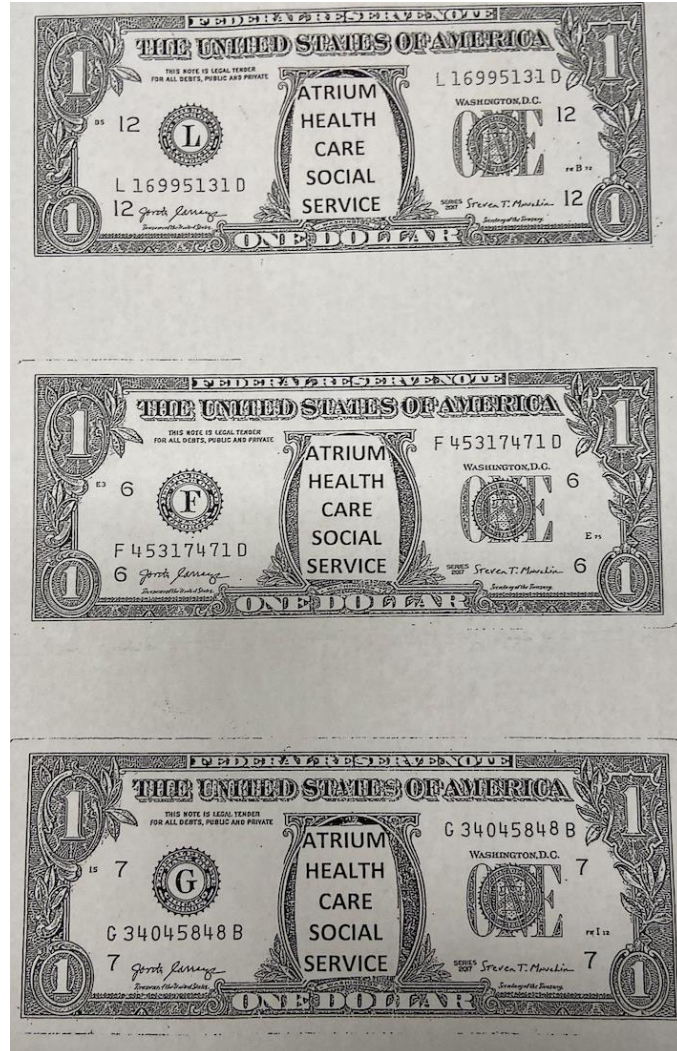
# FAQs

- **Question:** I see that the positivity rate is below 5%, does that mean we can go back to testing staff every other week?
- **Answer:** No. We need to wait until CMS has Cook County in the “green” zone (i.e., positivity rate <5%) for two weeks before we can change the testing frequency. Right now, CMS still classifies Cook County as “yellow”.

Cook County, IL	17031	IL	5	5,150,233	Large central metro	333,394	6,473	5.2%	Yellow
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# ★ Facility Spotlight: Atrium

- Residents can earn “Atrium bucks” by attending groups and following facility policies, including infection prevention and control policies
- Can use the “money” to purchase personal hygiene items and snacks from the Activities department
- Great way to incentivize proper distancing, masking, etc. in a fun way that is mutually beneficial





# Update: New CDC Guidance for Vaccinated Individuals

- New CDC/CMS guidance has been released which has updates on requirements for testing, group activities, and communal dining for vaccinated individuals in healthcare settings (including long-term care facilities)
- Please attend the IDPH webinar tomorrow at 1 p.m. to hear more details about these updates and how they will impact your facility
  - The registration link for tomorrow's webinar is on our HAN page
- Please follow guidance as outlined by IDPH tomorrow
- We will provide additional updates during our follow-up calls with your facilities and the next roundtable



# ★ Reminder: Mask Optimization Strategies

## Crisis capacity:

- Mask re-use (i.e., re-donning a mask that was previously doffed)

## Contingency capacity:

- Extended use (e.g., wearing the same mask from room to room)
- Discarding a mask anytime you doff (i.e., take it off) and putting on a new mask every time you don

## Conventional capacity:

- No reuse and no extended use
- New mask for each resident encounter



# ★ Reminder: N95 Optimization Strategies

## Crisis capacity:

- N95 re-use (i.e., re-donning a respirator that was previously doffed)

## Contingency capacity:

- Extended use (i.e., wearing the same respirator from room to room)
- Discarding a respirator anytime you doff (i.e., take it off) and putting on a new respirator every time you don

## Conventional capacity:

- Single use (i.e., use one N95 for the care of one resident, discard that N95, and then get a new N95 for the care of the next resident)





# ★ Reminder: Gown Optimization Strategies

## Crisis capacity:

- Extended gown use (e.g., wearing the same gown from room to room in the COVID unit)
- Re-donning a previously used gown
- Using gown alternatives (e.g., washable patient gowns or laboratory coats)

## Contingency capacity:

- Using coveralls (not recommended)

## Conventional capacity:

- Single-use disposable gowns (used for one resident and discarded after doffing)
- Reusable (i.e., washable) gowns (used for one resident and laundered after doffing)



# ★ Reminder: Eye Protection Optimization Strategies

## Crisis capacity:

- Using safety glasses (e.g., trauma glasses) that cover the sides of the eyes
- Using eye protection beyond their manufacturer-designated shelf life

## Contingency capacity:

- Extended use (i.e., wearing the same eye protection from room to room)
- Using disposable eye protection more than once

## Conventional capacity:

- Using disposable eye protection and discarding after each resident encounter
- Using reusable eye protection and disinfecting after each resident encounter



**Example of a disposable face shield**



**Example of a reusable face shield**



# Reminder: Glove Optimization Strategies

## **Crisis capacity:**

- Using gloves past their manufacturer-designated shelf life
- Consider non-healthcare glove alternatives
- Extended use (i.e., using the same pair of gloves for the care of multiple residents). Must be sanitized in between residents

## **Contingency capacity:**

- Use disposable medical gloves conforming to other U.S. and international standards

## **Conventional capacity:**

- Use of “FDA-cleared” gloves
- Single use (i.e., perform hand hygiene, don of a pair of gloves for the care of one resident, doff the gloves, perform hand hygiene)





# Update: NHSN Vaccine Module


- Proposed rule from CMS that would **mandate** that SNFs report COVID-19 vaccination coverage into NHSN
- Please begin reporting your facility's data now so that you are well-versed in the process before it becomes mandatory
  - CDPH will be reaching out to facilities who have not yet reported into the module
- If you need additional assistance or training, please visit <https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>

## Weekly HCP & Resident COVID-19 Vaccination

### Weekly COVID-19 Vaccination Data Reporting





Long-term care facilities can track weekly COVID-19 vaccination data for residents and healthcare personnel (HCP) through NHSN.

## Training

- [Reporting Weekly COVID-19 Vaccination Data – December 2020](#)  [PDF – 1 MB]  
Training slides covering weekly COVID-19 vaccination data reporting for residents and healthcare personnel.

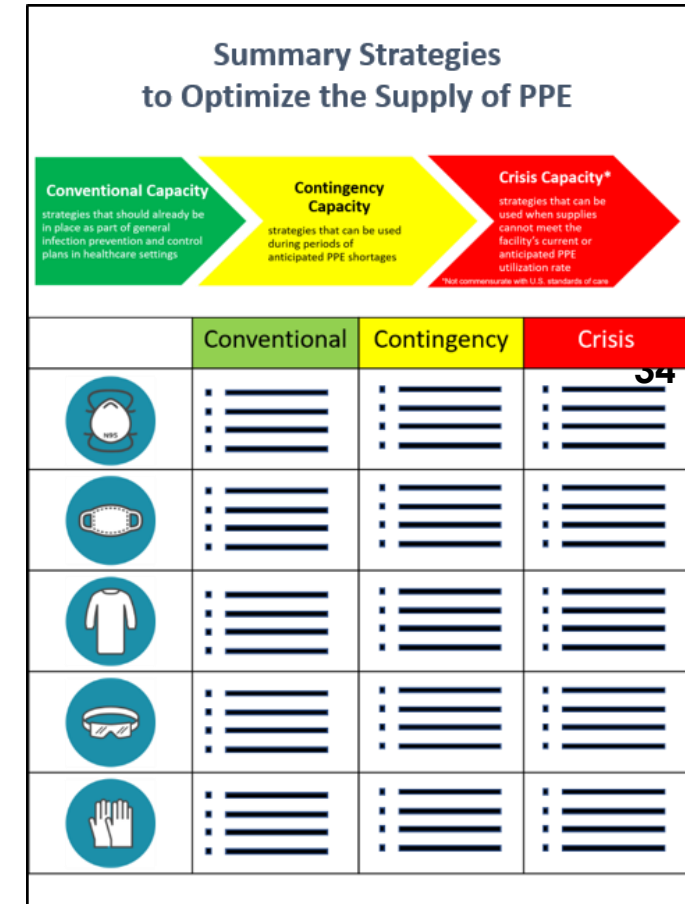
## Data Collection Forms and Instructions

### All Data Collection Forms are Print-only

- [Weekly COVID-19 Vaccination Summary Form for Residents at LTCFs \(57.218\) – March 2021](#)  [PDF – 100 KB]
  - [Table of Instructions](#)  [PDF – 200 KB]
- [Weekly COVID-19 Vaccination Summary Form for Healthcare Personnel at LTCFs \(57.219\) – March 2021](#)  [PDF – 150 KB]
  - [Table of Instructions](#)  [PDF – 200 KB]

# ★ NHSN – PPE Supply Modules

- Answers to NHSN module should match what you're doing at your facility
- For each type of PPE:
  - **What optimization strategy are you using?**
    - Conventional
    - Contingency
    - Crisis
  - **Do you have an urgent need?**
    - Yes
      - Your facility will no longer have this type of PPE in 7 days
        - **Only say yes if you meet this criteria**
    - No
      - All other situations
        - Examples:
          - One delayed PPE shipment
          - Switched from conventional to contingency





# NHSN – Need for Government Support or Assistance

- Questions about facility shortages:
  - Staffing
  - Personal protective equipment
  - COVID-19 test supplies
  - Infection control / outbreak management
  - Staff training
- CDC defines “need” of government support very specifically
- Providing this information does not guarantee resources can be provided as local, state, and federal resources are allocated based on supply and priority of need.

# ★ NHSN – Staffing Shortages

- Examples of Staff include, but are not limited to:
  - **Nursing Staff:** registered nurse, licensed practical nurse, or vocational nurse.
  - **Clinical Staff:** physician, physician assistant, or advanced practice nurse.
  - **Aide:** certified nursing assistant, nurse aide, medication aide, or medication technician.
  - **Other staff or facility personnel** that are not included in the above categories, regardless of clinical responsibility or resident contact.
    - For example, dietary, environmental services, cook, pharmacists, pharmacy tech, activities director, care givers, wound care, physical therapy, shared staff, physical therapy.



# NHSN – Staffing Shortages

- Would your facility like outreach by CDPH/IDPH with staffing shortages?
- Examples for when a facility might select “YES” include:
  - The facility has exhausted other staffing options, such as temporary staffing (for example, travel staff)
  - The facility has exhausted staffing options using mechanisms available internally or through the facility corporate structure.
- Note:
  - Select “**NO**” if facility adequately staffed with credential and/or skilled workers, including agency and/or temporary workers

# NHSN – Staffing Shortages

- Example:
- On the date the facility is entering data into NHSN:
  - The facility has 7 nursing vacancies that it has not been able to fill through hiring actions or contracts with staffing agencies

# NHSN – PPE Shortages

- Examples of PPE include:
  - **N95 Respirators**
  - **Gowns**
  - **Gloves**
  - **Eye Protection (such as face shields)**
  - **Facemasks**



# NHSN – PPE Shortages

- Would your facility like outreach by CDPH/IDPH for assistance with PPE shortages?
  - Examples for when a facility might select “YES” include:
    - The facility is using crisis optimization strategies for supplies and personal protective equipment according to CDC guidance
      - CDC's [Optimizing Personal Protective Equipment \(PPE\) and Supplies](#).
    - The facility will no longer have one or more of the listed PPE supply item in the next 7 days
      - reporting “YES” to “urgent need” and currently using crisis or contingency optimization strategies
- Note:
  - A facility should only select “YES” if they have exhausted other potential sources, **such as commercial distributors and corporate stockpiles**.
  - Facility's answer to this question should match their answer in the previous NHSN PPE supply section

	4/3/2021	
PPE	Available/Strategy	Need (Y/N)
Alcohol-Base Hand Rub	Y	N
N95 Respirator	CONTINGENCY	N
Face Mask	CONTINGENCY	N
Eye Protection	CONVENTIONAL	N
Gowns	CONVENTIONAL	N
Gloves	CONVENTIONAL	N



# NHSN – PPE Shortages

- Example:
- On the date the facility is entering data into NHSN, it is already employing limited reuse of N95 respirators and, despite this strategy, will exhaust its supply of respirators in 7 days.
  - The facility would select “**yes**” to state/local outreach for PPE assistance if it does not anticipate receiving another shipment of N95 respirators from its supplier for approximately 2 weeks, and its corporate parent has exhausted its own stockpile of N95 respirators.
  - The same facility might select “**no**” to state/local outreach for PPE assistance if it expects a large shipment of N95 respirators from its supplier in the next two days.



# NHSN – Testing Supply Shortages

- Testing supply focuses on access to testing.
- Does your facility have:
  - The ability to test:
    - Either at point of care or using a commercial lab
  - One of these types of tests:
    - Either PCR (through a commercial lab) or Antigen (BinaxNow, BD Veritor, Sofia)
  - If using PCR, do you have access to resources to test:
    - Swabs
    - Media
    - Tubes




# NHSN – Testing Supply Shortages

- Would your facility like outreach by CDPH/IDPH for assistance with testing supply shortages?
- Examples for when a facility might select “YES” include:
  - The facility does NOT have the ability to perform or to obtain resources for performing COVID-19 testing on all staff and facility personnel within the next 7 days, if needed.
  - The facility does not have access to or the ability to receive test results within 72 hours of sample collection.
- Note:
  - Facilities should only select “YES” if they have exhausted other potential options, **such as commercial distributors, corporate stockpiles, and alternative contract laboratories.**


# NHSN – Testing Supply Shortages

- Example:
- On the date the facility is entering data into NHSN:
  - The facility does not have sufficient resources, either on site or through a contract with an external laboratory, to initiate outbreak testing for all residents and staff (including temporary, contract staff, if applicable) following a resident newly positive for SARS-CoV-2 (COVID-19) through viral testing.
  - Or the facility's turnaround times for resident and/or staff testing results are greater than 3 days.
    - Can't procure BinaxNow cards AND
    - Can't find a new commercial lab with less than 72 hour turnaround



# NHSN – Infection Control and Outbreak Management

- Would your facility like outreach by CDPH/IDPH for assistance with infection control and outbreak management?
  - Examples for when a facility might select “YES” include:
    - Facility needs technical assistance with:
      - Assessing and strengthening infection prevention and control practices OR
      - Actively responding to and effectively containing the spread of COVID-19
  - Note:
    - A facility can request **additional** outreach for outbreak assistance even if the facility has consulted with IDPH/CDPH in the recent past.
    - If the facility is already actively working with IDPH/CDPH to address their current outbreak, select **“NO”**
    - **A facility should not use this question as a substitute for regular case and/or outbreak reporting;** facilities should contact their health department directly to address urgent questions or needs related to Infection Control or Outbreak Management

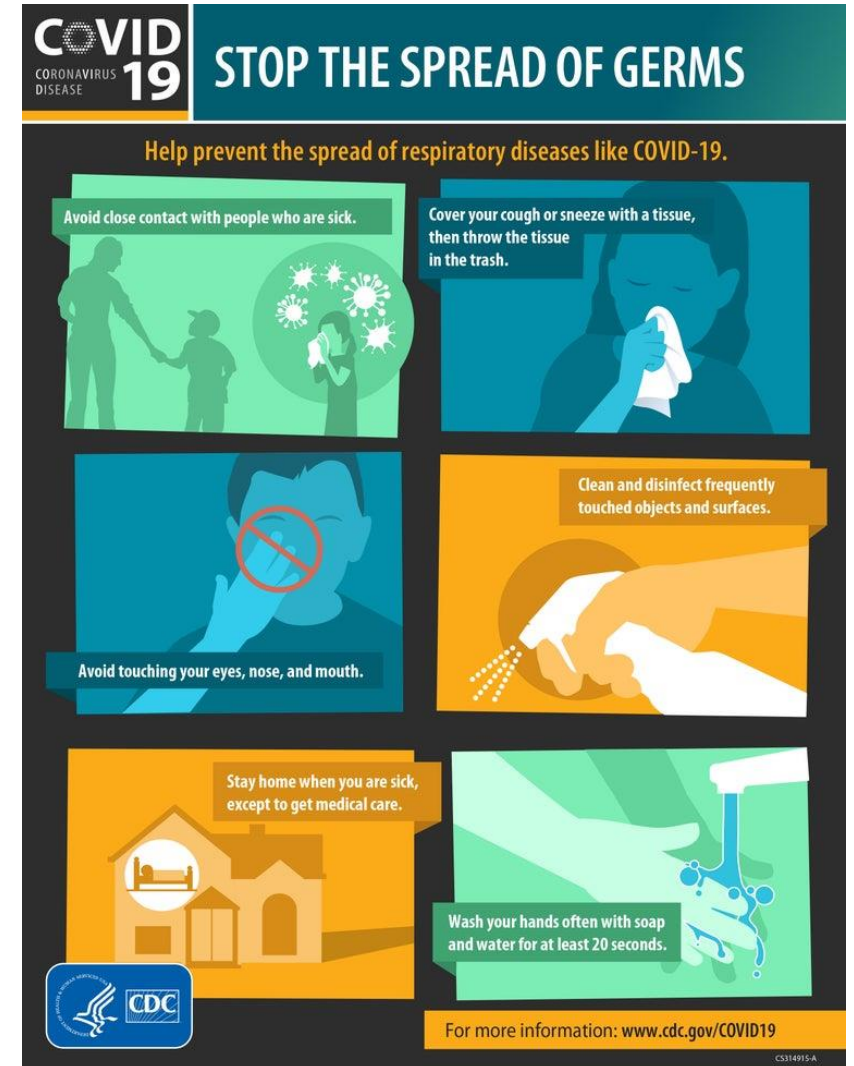


# NHSN – Infection Control and Outbreak Management

- Example:
- On the date the facility is entering data into NHSN:
  - The facility has non-urgent questions about performing internal audits of staff hand hygiene or the implementation of testing and cohorting strategies.

# ★ NHSN – Staff Training

- Examples of staff training include:
  - Infection prevention and control
  - Surveillance and reporting
  - Testing
  - Cohorting strategies
  - Environmental cleaning
  - PPE use (such as optimization strategies, donning and doffing, etc.)



# NHSN – Staff Training

- Would your facility like outreach by CDPH/IDPH for assistance with staff training?
  - Examples for when a facility might select “YES” include:
    - Facility needs technical assistance or resource materials to train staff and/or leadership on infection control topics.
  - Note:
    - CDPH will connect you with resource materials for assist facility leadership in conducting staff trainings
    - CDPH won't send a team out for individual facility frontline trainings



# NHSN – Staff Training

- Example:
- On the date the facility is entering data into NHSN:
  - The facility had determined during a recent internal audit that many leaders and staff did not understand, and were not adhering to, guidelines for PPE use and optimization.
  - Or during a recent COVID-19 Infection Control Survey, the facility had been cited for deficiencies in its implementation of standard and transmission based precautions during resident care—and some of these deficiencies could be addressed through staff training.

# NHSN – Staff Training

- CDPH can send resource materials, but you don't have to wait!
- Facilities may take advantage of the following federal training resources:
  - CDC's Project Firstline, which includes resources for nursing homes
    - <https://www.cdc.gov/infectioncontrol/projectfirstline/index.html>
  - CMS's Targeted COVID-19 Training for Nursing Homes
    - <https://qsep.cms.gov/COVID-TrainingInstructions.aspx>
  - AHRQ's ECHO National Nursing Home COVID-19 Action Network
    - <https://hsc.unm.edu/echo/instituteprograms/nursing-home/pages/>



# NHSN – COVID-19 Vaccine Management

- Would your facility like outreach by CDPH/IDPH for assistance with COVID-19 vaccine access?
  - Examples for when a facility might select “YES” include:
    - Facility does NOT have arrangements in place to receive COVID-19 doses from a vaccine provider for all residents and staff on a periodic basis.
  - Note:
    - Select “**NO**” if your facility is currently partnered with a COVID-19 vaccine provider (typically your contracted LTC pharmacy) to receive regular COVID-19 doses
    - Select “**YES**” if your facility is no longer partnered with a COVID-19 vaccine provider and your previous provider will not be scheduling clinics or sending vaccine in the future



# NHSN – COVID-19 Vaccine Management

- Example:
- On the date the facility is entering data into NHSN:
  - The facility has completed all three clinics under the federal Pharmacy Partnership for LTC Program (PPP) and does not have access to sufficient vaccine (either on site or through a contract with an external pharmacy) to vaccinate newly admitted residents.
  - The facility does not have access to sufficient vaccine (either on site or through a contract with an external pharmacy) to offer a second dose to staff who received their first dose of a two dose COVID-19 vaccine during the third PPP clinic.



# Questions & Answers

**A special thanks to:**

**CDPH HAI Team:**

Hira Adil  
Dr. Stephanie Black  
Dan Galanto  
Dr. Amy Hanson  
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Liz Shane  
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Kelly Walblay  
Shannon Xydis  
Shane Zelencik  
Christy Zelinski

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