



COVID-19 Chicago Long Term Care Roundtable

08-19-2021

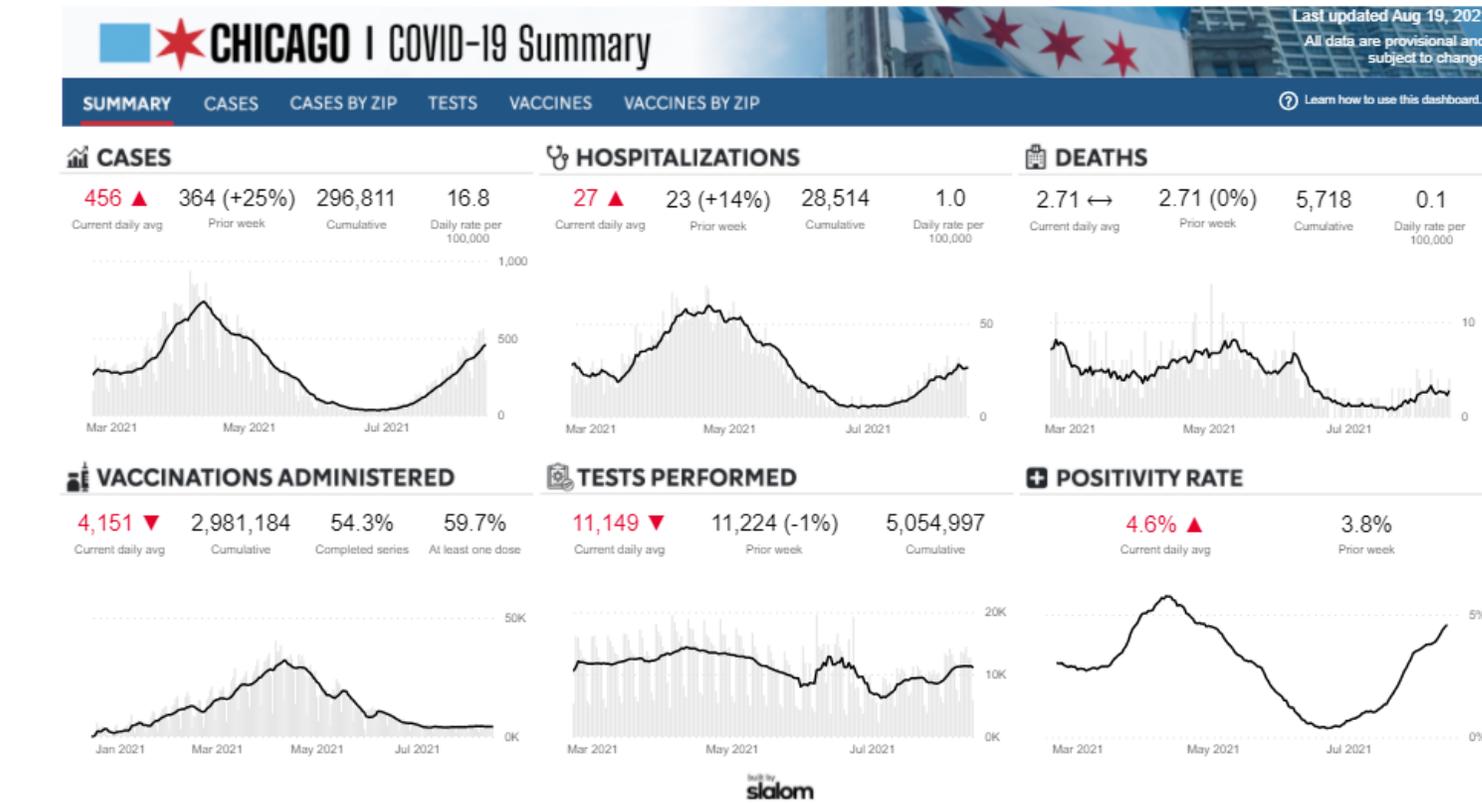


Agenda

- COVID-19 Epidemiology
- COVID Reminders, Updates, and FAQs
- ***New*** SNF Case Reporting Form
- Questions & Answers

Chicago Dashboard

COVID Dashboard

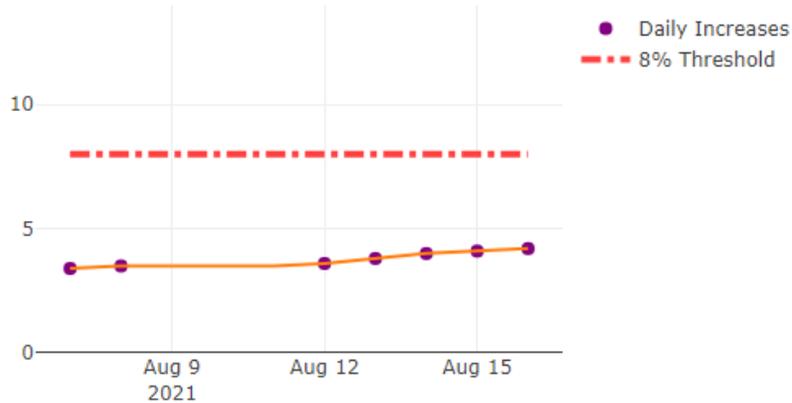




IDPH Regional Resurgence Metrics: Region 11

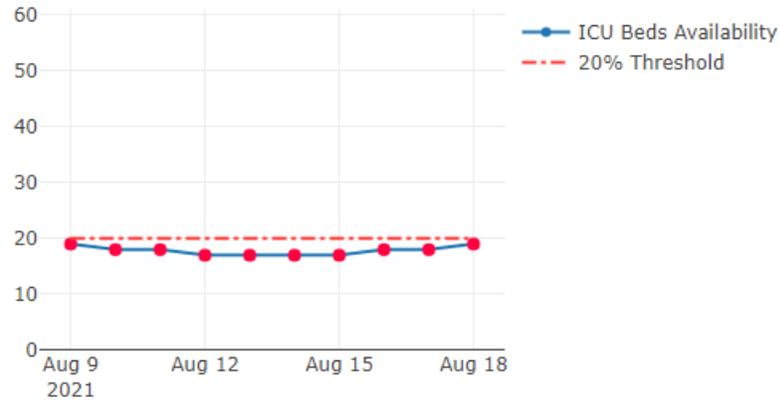
Test Positivity 7-Day Rolling Average

11 Consecutive Days under 8% threshold



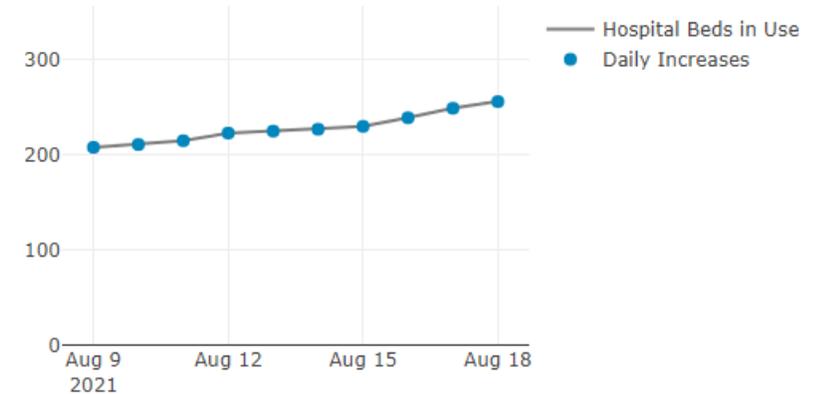
Hospital Bed Availability 7-Day Rolling Average

ICU Beds: 11 Consecutive Days Under 20% Threshold



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

10 Days of COVID-19 Patient Increases



Skilled Nursing Facility COVID-19 Cases

100
90
80
70
60
50
40
30
20
10
0



Epi curve depicts lab-confirmed (PCR or antigen positive) cases since 12/1/2020

50 (64%) SNFs are out of outbreak*

28 (36%) SNFs have active outbreaks*

*by CMS definition



Data as of 8/17/2021

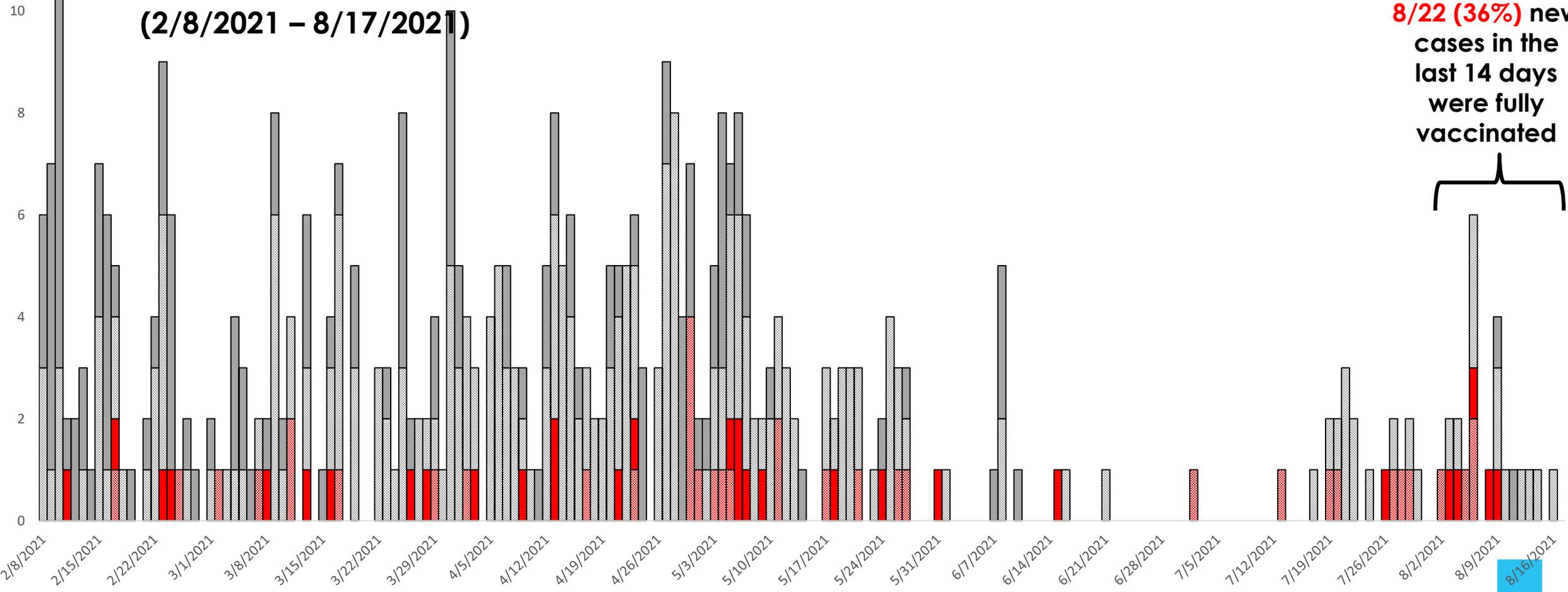
■ HCW ■ Resident



The majority (85%) of SNF-associated COVID-19 cases are not fully vaccinated, however recently we are seeing more breakthroughs

(2/8/2021 – 8/17/2021)

8/22 (36%) new cases in the last 14 days were fully vaccinated

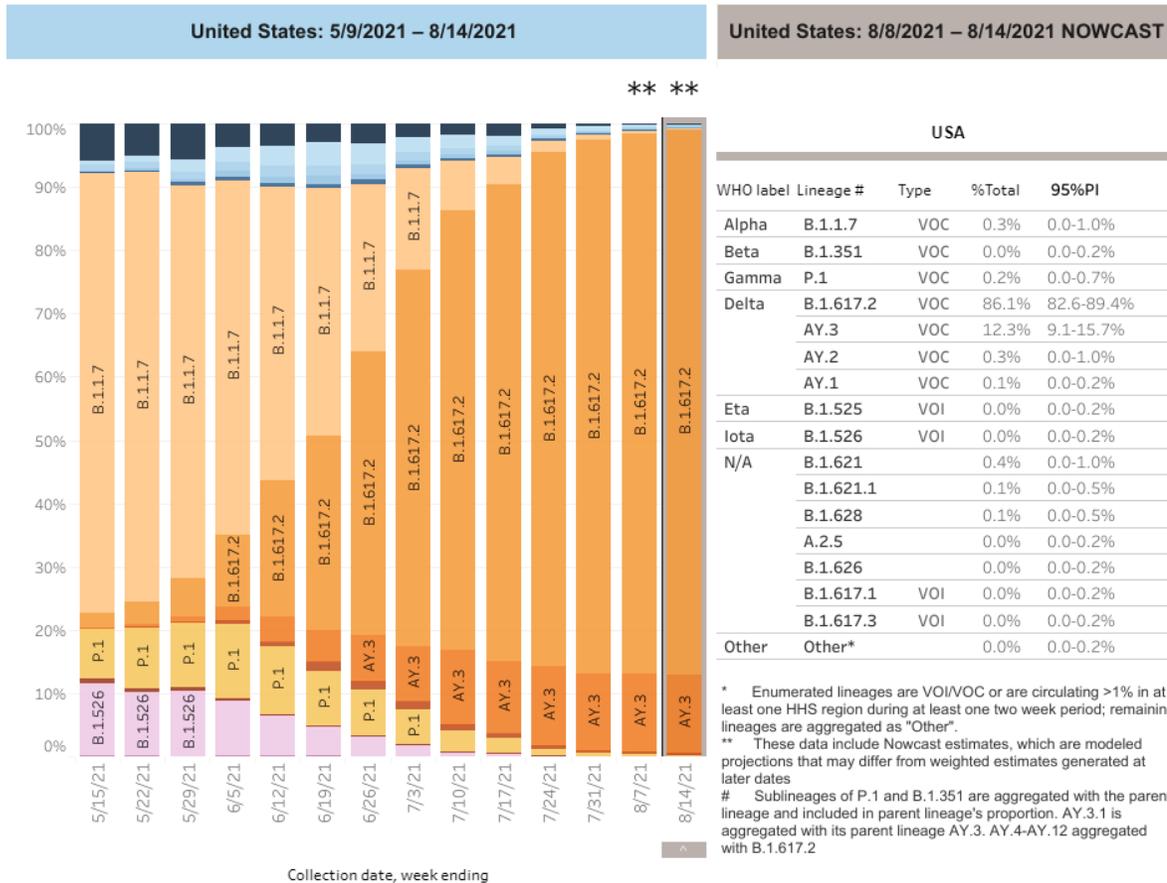


Data as of 8/17/2021

■ Fully vaccinated HCW
 ■ Fully vaccinated Resident
 ■ Not fully vaccinated HCW
 ■ Not fully vaccinated Resident



COVID Variants of Concern in HHS Region 5 (includes Illinois)



★ Recent Headlines: Chicago's Indoor Mask Mandate Reinstated

BREAKING Watch Live: Chicago's Top Doctor to Give COVID Update

☰ 🔍 **5CHICAGO** LOCAL WEATHER VIDEO INVESTIGATIONS ENTERTAINMENT SPORTS NEWSLETTERS ☀️ 82°

TRENDING Coronavirus Live Blog Coronavirus Stats NBC LX Race in Chicago Reopening Illinois Making a Difference Awards

CHICAGO CORONAVIRUS

Chicago Announces Indoor Mask Mandate For All, Regardless of Vaccination Status

Chicago on Monday surpassed 400 average new cases of COVID-19 diagnosed per day, a metric that city health officials warned earlier in the pandemic would mark a "line in the sand" to implement more mitigations.

Published 1 hour ago • Updated 13 mins ago





Recent Headlines: Vaccine Mandate for Staff at Nursing Homes Serving Medicare and Medicaid Clients

The Washington Post

Democracy Dies in Darkness

Get one year for \$40

Biden will require nursing homes to mandate staff vaccinations or lose federal funds

By Tyler Pager and Annie Linskey • 4:46 p.m.



The Biden administration will require nursing homes to mandate that all of their workers be vaccinated against covid-19 as a condition for those facilities to receive federal funds, President Biden announced Wednesday afternoon.

“If you visit, live or work in a nursing home, you should not be at a high risk of contracting covid from unvaccinated employees,” Biden said.

Biden is directing the Department of Health and Human Services to develop the new regulations for long-term care workers who serve people enrolled in Medicare and Medicaid programs. The new regulations would apply to more than 15,000 nursing home facilities, which employ roughly 1.3 million workers, according to a person

★ MMWR Article – Reinfection After Vaccination

- Vaccination provides added protection for those who have had COVID in the past
 - For individuals who had prior COVID infections, being unvaccinated was associated with 2.34 times the odds of reinfection compared with being fully vaccinated

Reduced Risk of Reinfection with SARS-CoV-2 After COVID-19 Vaccination — Kentucky, May–June 2021

Weekly / August 13, 2021 / 70(32);1081-1083

On August 6, 2021, this report was posted online as an MMWR Early Release.

Alyson M. Cavanaugh, DPT, PhD^{1,2}; Kevin B. Spicer, MD, PhD^{2,3}; Douglas Thoroughman, PhD^{2,4}; Connor Glick, MS²; Kathleen Winter, PhD^{2,5} ([View author affiliations](#))

[View suggested citation](#)

Summary

What is already known about this topic?

Reinfection with human coronaviruses, including SARS-CoV-2, the virus that causes COVID-19, has been documented. Currently, limited evidence concerning the protection afforded by vaccination against reinfection with SARS-CoV-2 is available.

What is added by this report?

Among Kentucky residents infected with SARS-CoV-2 in 2020, vaccination status of those reinfected during May–June 2021 was compared with that of residents who were not reinfected. In this case-control study, being unvaccinated was associated with 2.34 times the odds of reinfection compared with being fully vaccinated.

What are the implications for public health practice?

To reduce their likelihood for future infection, all eligible persons should be offered COVID-19 vaccine, even those with previous SARS-CoV-2 infection.

Article Metrics

Altmetric:



News (120)
Blogs (4)
Twitter (6525)
Facebook (12)
Reddit (7)
Video (1)

Citations: 0

Views: 208,381

Views equals page views plus PDF downloads

[Metric Details](#)

★ MMWR Article – Vaccine Effectiveness in SNFs & the Delta Variant

- Two doses of the mRNA vaccines were 74.7% effective against infection from March – May 2021
- From June – July 2021 (once delta was circulating), effectiveness decreased to 53.1%
 - Similar effectiveness for Moderna and Pfizer
- Supports need for a booster dose

Effectiveness of Pfizer–BioNTech and Moderna Vaccines in Preventing SARS–CoV–2 Infection Among Nursing Home Residents Before and During Widespread Circulation of the SARS–CoV–2 B.1.617.2 (Delta) Variant — National Healthcare Safety Network, March 1–August 1, 2021

Early Release / August 18, 2021 / 70

Srinivas Nanduri, MD^{1,*}; Tamara Pilishvili, PhD^{1,*}; Gordana Derado, PhD¹; Minn Minn Soe, MBBS¹; Philip Dollard, MPH¹; Hsiu Wu, MD¹; Qunna Li, MSPH¹; Suparna Bagchi, DrPH¹; Heather Dubendris, MSPH^{1,2}; Ruth Link-Gelles, PhD¹; John A. Jernigan, MD¹; Daniel Budnitz, MD¹; Jeneita Bell, MD¹; Andrea Benin, MD¹; Nong Shang, PhD¹; Jonathan R. Edwards, MStat^{1,*}; Jennifer R. Verani, MD^{1,*}; Stephanie J. Schrag, DPhil^{1,*} ([View author affiliations](#))

[View suggested citation](#)

Summary

What is already known about this topic?

Early observational studies among nursing home residents showed mRNA vaccines to be 53% to 92% effective against SARS-CoV-2 infection.

What is added by this report?

Two doses of mRNA vaccines were 74.7% effective against infection among nursing home residents early in the vaccination program (March–May 2021). During June–July 2021, when B.1.617.2 (Delta) variant circulation predominated, effectiveness declined significantly to 53.1%.

What are the implications for public health practice?

Multicomponent COVID-19 prevention strategies, including vaccination of nursing home staff members, residents, and visitors, are critical. An additional dose of COVID-19 vaccine might be considered for nursing home and long-term care facility residents to optimize a protective immune response.

Article Metrics

Altmetric:



Citations:

Views:

Views equals page views plus PDF downloads

[Metric Details](#)

[Table](#)



3rd Vaccine Dose for Immunocompromised Individuals

FDA NEWS RELEASE

Coronavirus (COVID-19) Update: FDA Authorizes Additional Vaccine Dose for Certain Immunocompromised Individuals

Other fully vaccinated individuals do not need an additional vaccine dose right now

★ Who is currently eligible for a 3rd dose?

- Moderately and severely immunocompromised individuals:
 - Active treatment for solid tumor and hematologic malignancies
 - Receipt of solid-organ transplant and taking immunosuppressive therapy
 - Receipt of CAR-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
 - Moderate or severe primary immunodeficiency (e.g., DiGeorge, Wiskott-Aldrich syndromes)
 - Advanced or untreated HIV infection
 - Active treatment with high-dose corticosteroids (i.e., ≥ 20 mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, TNF blockers, and other biologic agents that are immunosuppressive or immunomodulatory
 - *Note: Chronic medical conditions such as asplenia and chronic renal disease may be associated with varying degrees of immune deficit*

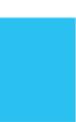
★ Additional Considerations for 3rd Doses

- Amended EUAs for 3rd doses are only for the Moderna and Pfizer vaccines. The EUA for J&J has not been updated
- The 3rd dose should be the same type of mRNA vaccine as the first two doses (e.g., if someone received Moderna for their 1st and 2nd doses, they should receive Moderna for their 3rd dose)
- Wait at least 28 days after the second dose prior to administering the third dose (even for Pfizer)
- COVID-19 vaccines and other vaccines (e.g., influenza) may now be administered without regard to timing. This includes simultaneous administration of COVID-19 vaccine and other vaccines on the same day, as well as coadministration within 14 days

★ Booster Doses for the General Public

- Starting September 20th, booster doses will be available to all who have completed two-dose series with mRNA vaccines (Pfizer or Moderna)
 - Pending input by FDA & ACIP
- Individuals will be able to receive a booster shot as long as it has been at least 8 months since the receipt of their second dose
- Stay tuned for information on boosters for J&J

The screenshot shows the CDC Newsroom website. The header includes the CDC logo and the text 'Centers for Disease Control and Prevention CDC 24/7: Saving Lives, Protecting People™'. A search bar is located in the top right corner. Below the header, the page title is 'CDC Newsroom'. The main content area features a navigation menu on the left with options like 'Newsroom Home', 'Press Materials', 'CDC Newsroom Releases', '2021 News Releases', '2020 News Releases', '2019 News Releases', '2018 News Releases', 'Historical News Releases', 'Joint Statement from HHS Public Health and Medical Experts on COVID-19 Booster Shots', 'Digital Press Kit', and 'Journal Summaries'. The main article is titled 'Joint Statement from HHS Public Health and Medical Experts on COVID-19 Booster Shots'. The article text includes: 'Media Statement', 'For Immediate Release: Wednesday, August 18, 2021', 'Contact: [Media Relations](#) (404) 639-3286', and a paragraph stating: 'Today, public health and medical experts from the U.S. Department of Health and Human Services (HHS) released the following statement on the Administration's plan for COVID-19 booster shots for the American people. The statement is attributable to Dr. Rochelle Walensky, Director of the Centers for Disease Control and Prevention (CDC); Dr. Janet Woodcock, Acting Commissioner, Food and Drug Administration (FDA); Dr. Vivek Murthy, U.S. Surgeon General; Dr. Francis Collins, Director of the National Institutes of Health (NIH); Dr. Anthony Fauci, Chief Medical Advisor to President Joe Biden and Director of the National Institute of Allergy and Infectious Diseases (NIAID); Dr. Rachel Levine, Assistant Secretary for Health; Dr. David Kessler, Chief Science Officer for the COVID-19 Response; and Dr. Marcella Nunez-Smith, Chair of the COVID-19 Health Equity Task Force: "The COVID-19 vaccines authorized in the United States continue to be remarkably effective in reducing risk of severe



Reminder: Vaccine Wastage

State of Illinois
Illinois Department of Public Health

COVID-19

JB Pritzker, Governor Ngozi O. Ezike, MD, Director

05/11/2021

Dear COVID-19 Vaccine Provider,

As COVID-19 vaccine supply is more available, and opportunities to vaccinate Illinois residents may come sporadically, focus is shifting towards ensuring vaccination of all eligible residents even at the risk of leaving some unused doses that may be wasted. The Illinois Department of Public Health (IDPH) is aware that some patients may want to be vaccinated at their primary care provider, rather than attending mass immunization events, and we would like to support and encourage this by providing updated guidance on wastage.

IDPH recommends that you make every effort to vaccinate eligible persons who present at your vaccine clinic location. If you need to puncture a multi-dose vial to administer to one or more patients who present to your practice, please do. Ultimately, you may need to waste some or all the remaining doses in that vial; but at this point in our pandemic response, it is more critical that you do not miss an opportunity to vaccinate people who want to be vaccinated.

We recommend following best practices when managing your inventory to maximize vaccination of Illinoisans and minimize dose wastage. IDPH is expecting increases in vaccine wastage as the vaccination effort in Illinois evolves. You will not be penalized for reporting an increased number of unused doses in vials. IDPH staff remain committed to helping you manage inventory and creating additional strategies to minimize vaccine wastage.

Managing Multidose Vials (MDV)

- If feasible, prepare a Standby List strategy appropriate to your setting and the function of your site.
- Review your patient lists for those who may not have been vaccinated, and/or ask those who present for care if they are willing to be on waitlists.
- Review daily the clinic/appointment schedule to determine if it matches available vaccine inventory.
- As a clinic or appointment day progresses, monitor no-shows and extra doses to anticipate potential need/ability to reach additional people.
- Determine time of day that is appropriate for your site to activate the Standby List strategy.
- Use the Standby List to call people who may be able to arrive at the administration site before the end of your vaccination clinic.
- If individuals with future appointments are rescheduled for the end of the day, republish those future appointments as available by the end of the day.

- If your pharmacy partners are giving you pushback about vaccine wastage due to vaccinating only a few people at a time, please be aware that IDPH does **not** penalize pharmacies for reporting unused doses.

“Ultimately, you may need to waste some or all the remaining doses in that vial; but at this point in our pandemic response, it is more critical that you do not miss an opportunity to vaccinate people who want to be vaccinated.”



★ Reminder: CMS Interim Final Rule

*“If a resident or staff member requests vaccination against COVID-19, but missed earlier opportunities for any reason...we expect the facility to offer the vaccine to that individual as soon as possible. If the vaccine is unavailable in the facility, the facility should provide information on obtaining vaccination opportunities (e.g. health department or local pharmacy) to the individual, however **it is expected that the facility will provide evidence, upon request, of efforts made to make the vaccine available to its staff and residents.**”*

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-21-19-NH

DATE: May 11, 2021

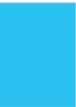
TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Interim Final Rule - COVID-19 Vaccine Immunization Requirements for Residents and Staff

Memorandum Summary

- CMS is committed to continually taking critical steps to ensure America's healthcare facilities continue to respond effectively to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- On May 11, 2021, CMS published an interim final rule with comment period (IFC). This rule establishes **Long-Term Care (LTC) Facility Vaccine Immunization Requirements for Residents and Staff**. This includes new requirements for educating residents or resident representatives and staff regarding the benefits and potential side effects associated with the COVID-19 vaccine, and offering the vaccine. Furthermore, LTC facilities must report COVID-19 vaccine and therapeutics treatment information to the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN).
- **Transparency:** CMS will post the new information reported to the NHSN for viewing by facilities, stakeholders, or the general public on CMS's [COVID-19 Nursing Home Data](#) website.
- **Updated Survey Tools:** CMS has updated tools used by surveyors to assess compliance with these new requirements.



Reminder: CDPH Vaccine Education Team

Goal: To use evidence-based information to answer questions, address fears & misconceptions, and improve confidence in the COVID-19 vaccine among LTCF staff and residents.

- Teams of 2-3 nurses and/or community health educators from Rush or UIC
- Unstructured conversations
 - One-on-one
 - Small group
 - No pressure to be vaccinated
- On-site for 4-5 hours; times are flexible to accommodate facility needs.
- The Vaccine Education Team can now provide vaccinations on site during education events
 - The team can bring multiple types of vaccine (e.g., Pfizer, Moderna, and/or J&J)

If interested, please contact Christy Zelinski at christy.zelinski@cityofchicago.org

Update: Resident Quarantine

- If an unvaccinated or partially vaccinated resident is a new admission, readmission, or is out of the facility overnight for any reason, they **must** quarantine for 14 days upon their return
- If a fully vaccinated resident is a new admission, readmission, or is out of the facility overnight for any reason, IDPH and CDPH **strongly recommend** that they quarantine for 14 days upon their return
- For trips outside of the facility lasting <24 hours, use the IDPH risk assessment tool to determine whether the resident should quarantine.
- Regardless of vaccination status, all residents **must** quarantine for 14 days following close contact with a positive case



Reminder: IDPH Risk Assessment Tool

- Risk assessment helps to determine if TBP are needed after a resident outing:
 - Tool includes questions about masking, social distancing, hand hygiene, and screening
 - Points will automatically be assigned based on how the questions are answered
 - A final score >18 indicates that the resident should be quarantined under transmission-based precautions



For determining whether Transmission-Based Precautions should be implemented upon return after a resident leaves the facility.

Answer all questions after assessing if infection control measures were followed. Scores will calculate automatically.

High - Task completed and infection control measure is followed while out of the building (Score 0)

Medium - Task completed but cannot ensure infection control measure was followed while out of the building (Score 1)

Low - Task completed but infection control measure was not followed while out of the building (Score 2)

None - Task not completed and infection control measure not followed while out of the building (Score 3)

Yes - Task Completed (Score 0)

No - Task Not Completed (Score 3)

Was the Driver (applicable to transport drivers or family members):

Screened for temperature and symptoms of COVID-19 before transporting resident?

Yes No

Wearing a face mask at all times while transporting the resident in the vehicle?

High Medium Low None

Was there limited occupancy in the transport vehicle based upon the ability to maintain social distancing in vehicle?

High Medium Low None

Was social distancing (minimum of 6 feet) maintained?

High Medium Low None

Was physical touch limited? (e.g., no hugging and kissing)?

High Medium Low None

Before leaving the facility was or did the resident:

Screened for temperature and symptoms of COVID-19?

Yes No

Perform hand hygiene?

Yes No

Wear a face mask while in the transport vehicle and during appointment?

High Medium Low None

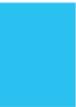
Was social distancing maintained as much as possible en route to the appointment or outing?

High Medium Low None



FAQ: I have a fully vaccinated staff member with a positive household member. Does the staff member need to quarantine?

- At this time, the CDC states that fully vaccinated healthcare workers are not **required** to quarantine following a high-risk exposure
 - Given new information about the delta variant, your facility may want to exclude staff with high-risk exposures regardless of their vaccination status
- The exposed staff member should be tested, preferably by PCR, immediately and at 5-7 days post-exposure
- If the staff member becomes symptomatic and/or tests positive, they **must** be excluded from work
- Reminder that unvaccinated and partially vaccinated staff members and fully, partially, or unvaccinated residents **must** quarantine after a high-risk exposure



FAQ: The Chicago positivity rate is nearing 5%. What changes do we need to make once it crosses that threshold?

All facilities, regardless of outbreak status, must implement the following changes once Chicago hits 5% positivity:

- 1) Face shields must be worn by all staff when providing care or interacting with residents, regardless of the staff member or residents' vaccination status and even if the resident is not under transmission-based precautions.
- 2) Facilities out of outbreak must test all unvaccinated staff members at least once every 7 days. Facilities may choose to test vaccinated staff at the same frequency as unvaccinated staff.
- 3) Unvaccinated residents must continue to be tested at least once per month.



Update: New Streamlined Reporting System

Breakthrough Case Report Form

Weekly Facility Summary Report

Case & Cluster Report Form



SNF Case Report Form

Effective today, please discontinue reporting using the breakthrough case report form, weekly facility summary report, and case and cluster report form and begin reporting using the SNF Case Report Form

Previous CDPH Reporting Requirements

- **Breakthrough Case Report Form**

- Previously had to report all fully vaccinated (at least 14 days after receipt of the 2nd Moderna or Pfizer vaccination or a single J&J vaccination) resident and staff cases

- **Weekly Facility Summary Report**

- Previously had to report all cases associated with the facility, regardless of testing location or vaccination status every Thursday

- **Case & Cluster Report Form**

- Previously had to report all resident and staff cases identified through testing conducted at your contracted laboratory each time there was a new case

★ And in with the new...

- Benefits:
 - Streamlined reporting process
 - All required reporting to CDPH can be done using one form
 - No longer need to enter the same information in multiple locations
 - Increased response timeliness by CDPH
 - The sooner we know about new cases, the faster we can connect with you to assist in your outbreak response

Chicago Department of Public Health

SNF COVID-19 Case Report Form

Lab-confirmed cases of COVID-19 are reportable conditions to the Chicago Department of Public Health.

This form should only be used by **Chicago-based Skilled Nursing Facilities** to report cases.

If you are not affiliated with a Skilled Nursing Facility and would like to report a case, please report the case using the following link: <https://redcap.link/chicovidreport>

1) Date M-D-Y

2) Facility Name * must provide value

3) Do you have any * must provide value

Yes

No

reset

Submit

★ If you have no new cases to report

- Every Thursday, go to the survey link:
 - Date will be auto-populated
 - Select your facility name from the drop-down menu
 - Select “No” for “Do you have any new cases to report this week?”
 - Press “Submit”

<https://redcap.link/snfcasereport>

Resize font: 



SNF COVID-19 Case Report Form

Lab-confirmed cases of COVID-19 are reportable conditions to the Chicago Department of Public Health.

This form should only be used by **Chicago-based Skilled Nursing Facilities** to report COVID-19 cases.

If you are not affiliated with a Skilled Nursing Facility and would like to report a COVID-19 case, please report the case using the following link: <https://redcap.link/chicovidreport>

1) Date	<input type="text" value="08-18-2021"/> M-D-Y
2) Facility Name	<input type="text"/>
	* must provide value
3) Do you have any new cases to report this week?	<input type="button" value="Yes"/>
	<input type="button" value="No"/>
	<input type="button" value="reset"/>

★ If you have a new case to report

- Report all new cases within 24 hours of receiving the positive result, including:
 - Cases that tested positive via your facility testing
 - Cases that tested positive at an outpatient clinic
 - Cases that tested positive at the hospital
- Select “Yes” on the screening form
 - You will automatically be taken to a new screen where you can enter additional information about the case
- Must fill out one record per new case (e.g., cannot report multiple cases at the same time)

Resize font:  | 



Chicago Department of Public Health

SNF COVID-19 Case Report Form

Lab-confirmed cases of COVID-19 are reportable conditions to the Chicago Department of Public Health.

This form should only be used by **Chicago-based Skilled Nursing Facilities** to report COVID-19 cases.

If you are not affiliated with a Skilled Nursing Facility and would like to report a COVID-19 case, please report the case using the following link: <https://redcap.link/chicovidreport>

1) Date	<input type="text" value="08-18-2021"/> M-D-Y
2) Facility Name	<input type="text"/>
* must provide value	
3) Do you have any new cases to report this week?	<input type="button" value="Yes"/>
* must provide value	
	<input type="button" value="No"/>
	<input type="button" value="reset"/>
<input type="button" value="Submit"/>	

★ If you have a new case to report

- Sections on the form include:
 - Reporter information
 - Case information
 - Clinical information
 - Laboratory information
 - Vaccine history
- Additional questions may pop-up depending on your answers to previous questions (e.g., a list of symptoms will appear if you indicate that the case was symptomatic)

Laboratory Information

Where was the case tested?
* must provide value

reset

What type of test was conducted?
* must provide value

reset

Choose the test type that provided a positive result

Name of laboratory that conducted testing:
* must provide value

Specimen Source:
* must provide value

Specimen Collection Date

M-D-Y



SNF Case Reporting Form Notes

- This is the last week we will be accepting facility summary reports
- If you have not already submitted your facility summary report for this week, please begin using the new process
- While you are welcome to inform us about new cases verbally or via email, you must report the cases using the SNF COVID-19 Case Report form
- CDPH will begin to reach out to facilities who are not reporting into the online SNF COVID-19 Case Report form
- Please reach out to Liz (Elizabeth.Shane@cityofchicago.org) if you have any questions or run into technical difficulties



Questions & Answers

A special thanks to:

Dr. Hira Adil
Dr. Stephanie Black
John Ehlers
Dan Galanto
Marie Heppe
Liz Shane
Dr. Richard Teran
Winter Viverette
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>

The screenshot displays two sections of the CDPH LTCF HAN page. The top section is titled 'Upcoming' and features three event cards. The first card is for 'Sexually Transmitted Diseases...' (MATEC Webinar) on 08/04/2021 from 8:00 - 9:00 AM CST, with a 'SIGN UP >' link. The second card is for 'COVID-19 Chicago Long-Term Car...' (CDPH Webinar) on 08/05/2021 from 12:30 - 1:30 PM CST, with a 'JOIN >' link. The third card is for 'IDPH COVID-19 LTC Q & A Webina...' (IDPH Webinar) on 08/06/2021 from 1:00 - 2:00 PM CST, with a 'SIGN UP >' link. The bottom section is titled 'Past' and features three event cards. The first card is for 'IDPH COVID-19 LTC Q & A Webina...' (IDPH Webinar) on 07/30/2021, with a 'SLIDES' link. The second card is for 'IDPH COVID-19 LTC Q & A Webina...' (IDPH Webinar) on 07/23/2021, with a 'SLIDES' link. The third card is for 'COVID-19 Chicago Long Term Car...' (COVID-19 LTCR) on 07/22/2021, with a 'SLIDES' link.