



COVID-19 Chicago Long Term Care Roundtable

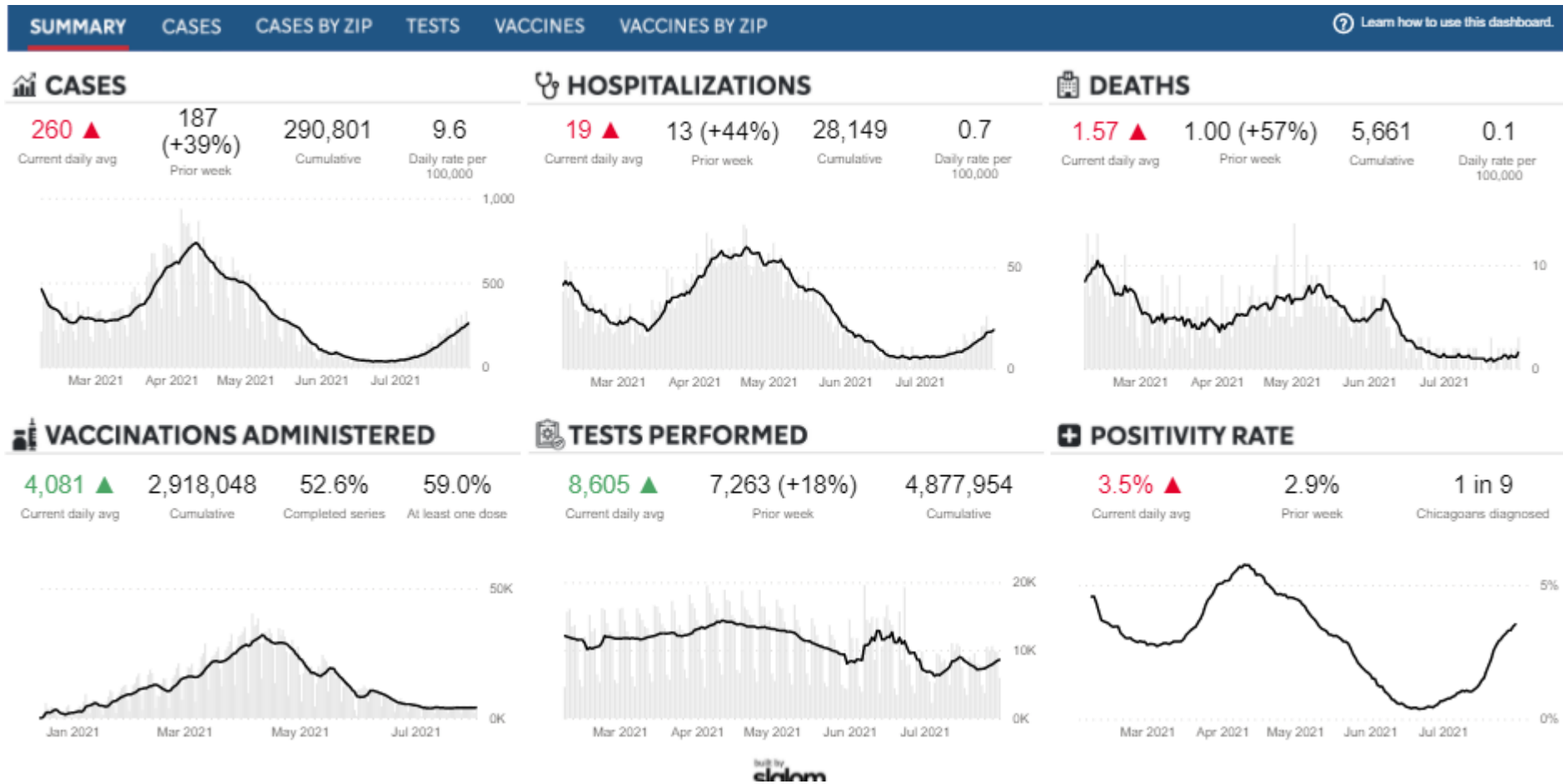
08-05-2021



Objectives

- COVID-19 Epidemiology
- COVID Reminders, Updates, and FAQs
- Candida auris Update

Chicago Dashboard



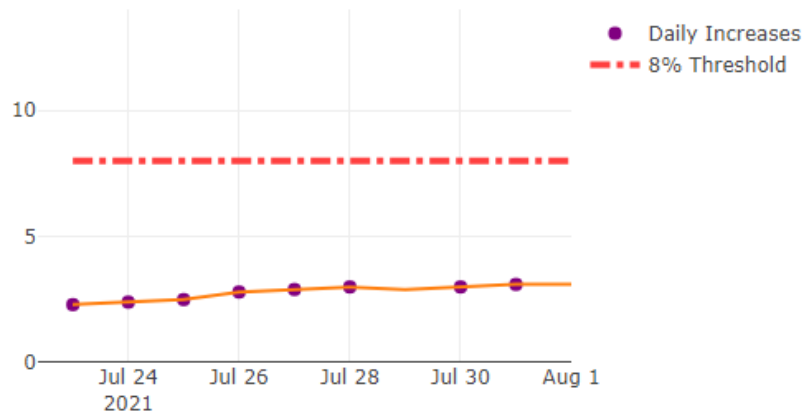
built by **slalom**



IDPH Regional Resurgence Metrics: Region 11

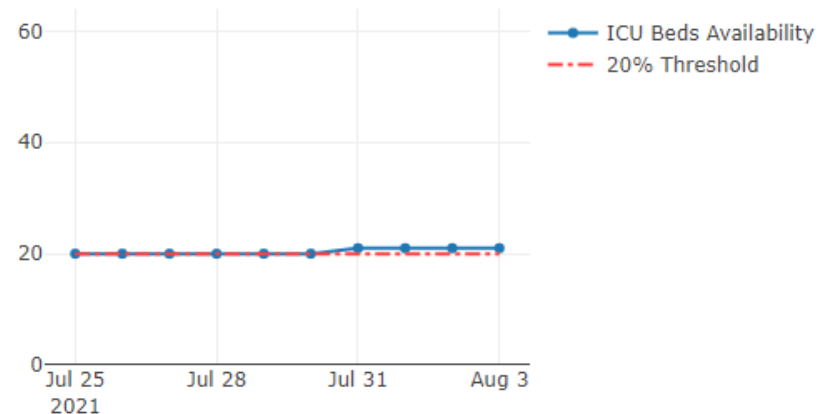
Test Positivity 7-Day Rolling Average

11 Consecutive Days under 8% threshold



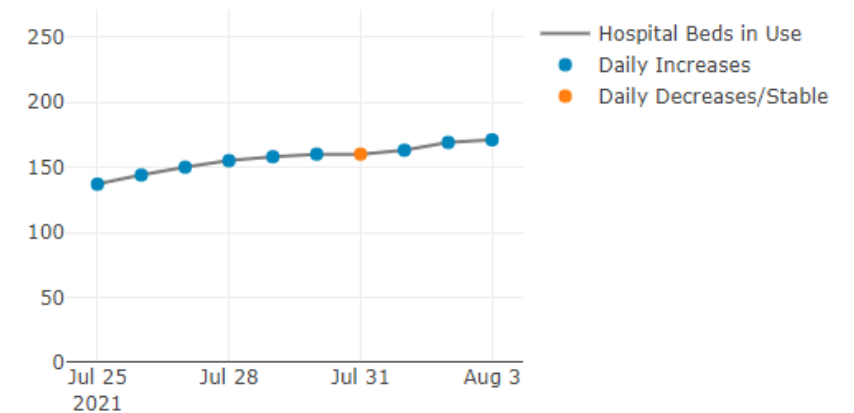
Hospital Bed Availability 7-Day Rolling Average

ICU Beds: 11 Consecutive Days \geq 20% Threshold



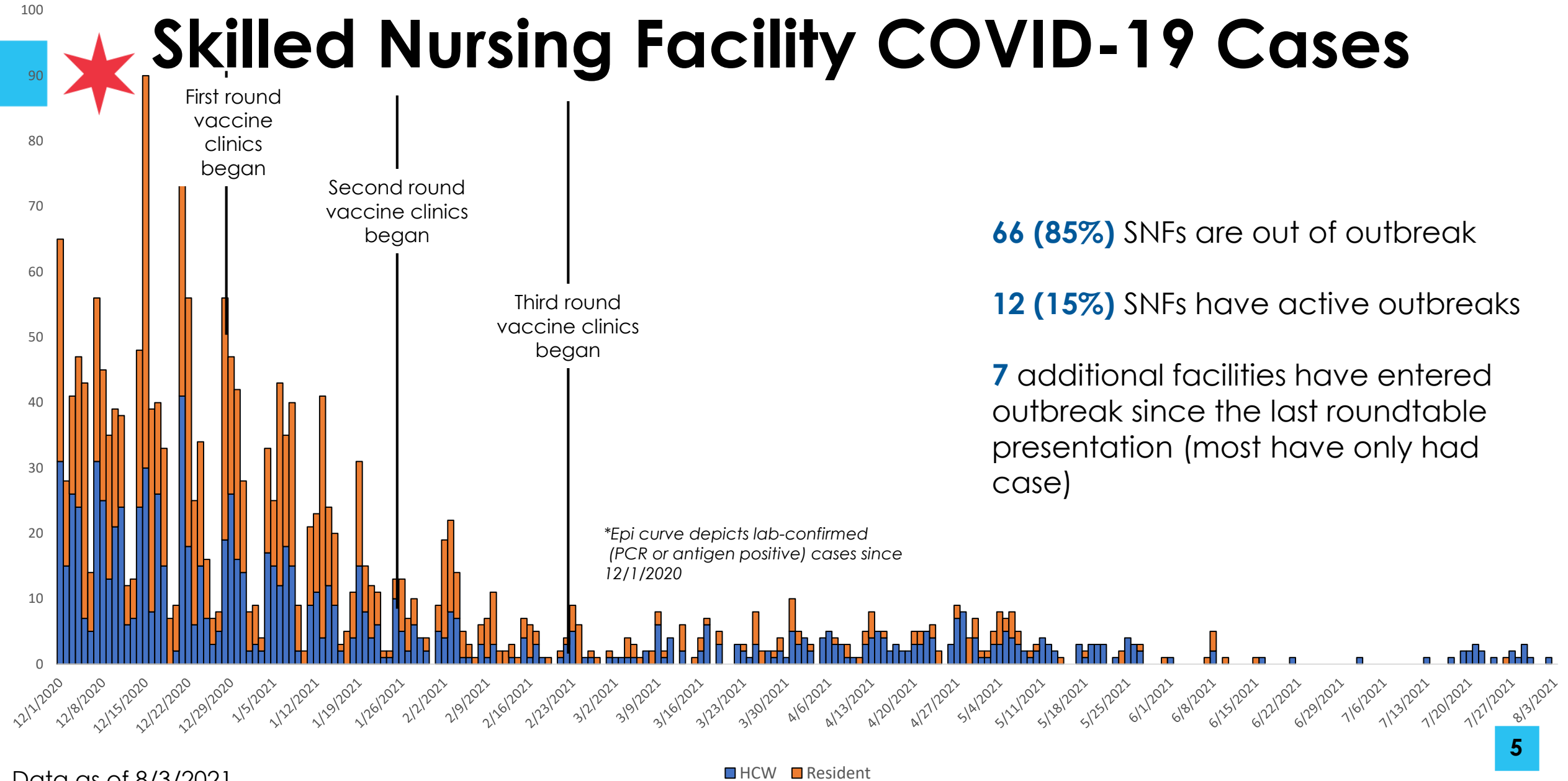
COVID-19 Patients in the Hospital 7-Day Rolling Average

9 Days of COVID-19 Patient Increases





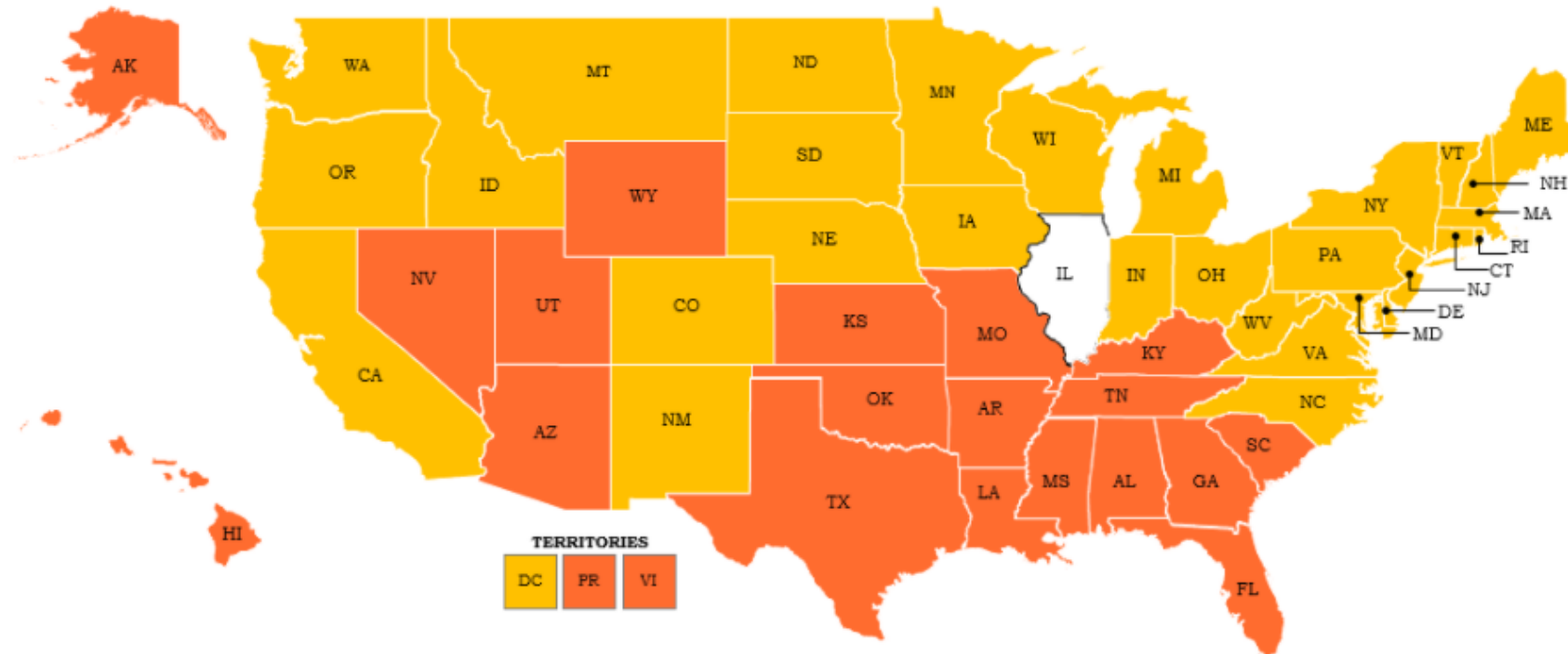
Skilled Nursing Facility COVID-19 Cases



Data as of 8/3/2021

Chicago Travel Advisory

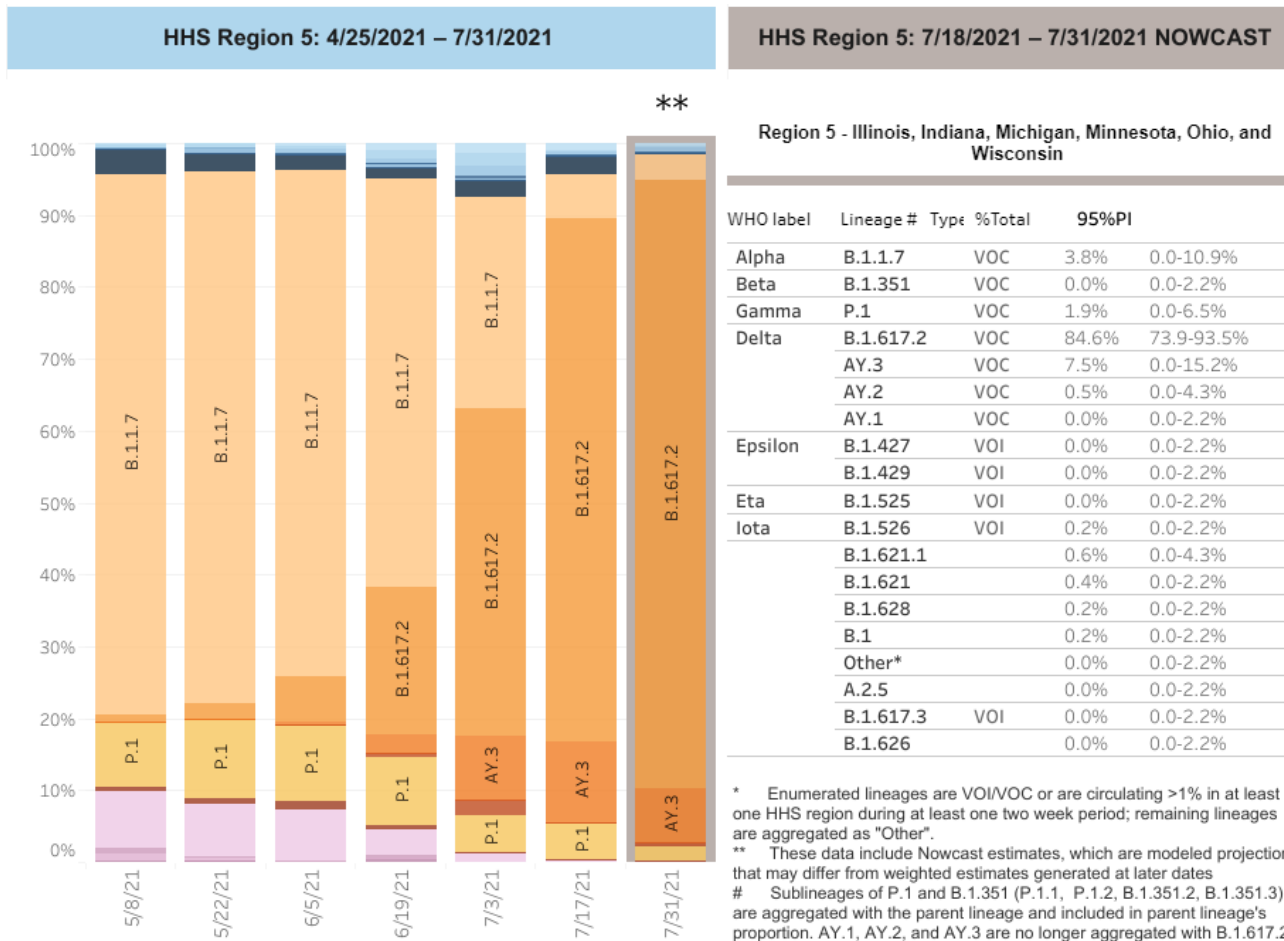
Chicago's Travel Advisory has 19 states and 2 territories



Legend:
Orange: ≥ 15 daily cases per 100k
Yellow: Less than 15 daily cases per 100k
All other U.S. Territories are categorized as yellow



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



★ Provincetown Outbreak

- Delta variant outbreak in July 2021
- 469 outbreak-associated cases among MA residents (at the time of MMWR publication):
 - 346 (74%) were fully vaccinated
 - 274 (79%) with breakthrough infections were symptomatic
 - Five hospitalizations
 - No deaths
 - No significant difference in cycle threshold (Ct) values in specimens from vaccinated vs. unvaccinated persons

Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts, July 2021

Early Release / July 30, 2021 / 70

Catherine M. Brown, DVM¹; Johanna Vostok, MPH¹; Hillary Johnson, MHS¹; Meagan Burns, MPH¹; Radhika Gharpure, DVM²; Samira Sami, DrPH²; Rebecca T. Sabo, MPH²; Noemi Hall, PhD²; Anne Foreman, PhD²; Petra L. Schubert, MPH¹; Glen R. Gallagher, PhD¹; Timelia Fink¹; Lawrence C. Madoff, MD¹; Stacey B. Gabriel, PhD³; Bronwyn MacInnis, PhD³; Daniel J. Park, PhD³; Katherine J. Siddle, PhD³; Vaira Harik, MS⁴; Deirdre Arvidson, MSN⁴; Taylor Brock-Fisher, MSc⁵; Molly Dunn, DVM⁵; Amanda Kearns⁵; A. Scott Laney, PhD² ([View author affiliations](#))

[View suggested citation](#)

Summary

What is already known about this topic?

Variants of SARS-CoV-2 continue to emerge. The B.1.617.2 (Delta) variant is highly transmissible.

What is added by this report?

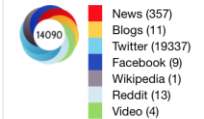
In July 2021, following multiple large public events in a Barnstable County, Massachusetts, town, 469 COVID-19 cases were identified among Massachusetts residents who had traveled to the town during July 3–17; 346 (74%) occurred in fully vaccinated persons. Testing identified the Delta variant in 90% of specimens from 133 patients. Cycle threshold values were similar among specimens from patients who were fully vaccinated and those who were not.

What are the implications for public health practice?

Jurisdictions might consider expanded prevention strategies, including universal masking in indoor public settings, particularly for large public gatherings that include travelers from many areas with differing levels of SARS-CoV-2 transmission.

Article Metrics

Altmetric:



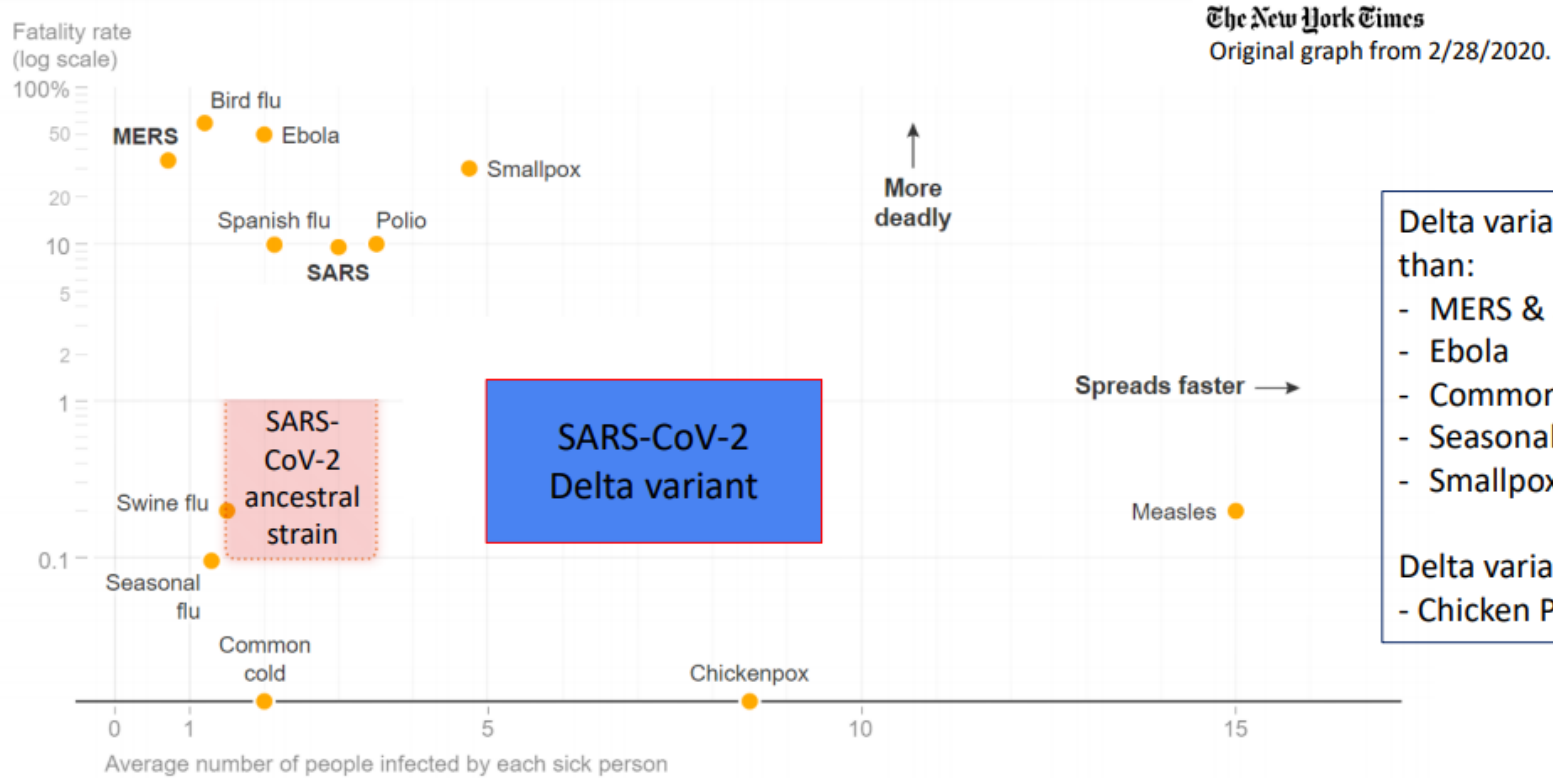
Citations:

Views:

Views equals page views plus PDF downloads

[Metric Details](#)

Transmission of Delta variant vs. ancestral strain and other infectious diseases



Delta variant is **more** transmissible than:

- MERS & SARS
- Ebola
- Common cold
- Seasonal flu & 1918 ("Spanish") flu
- Smallpox

Delta variant is **as** transmissible as:

- Chicken Pox

Note: Average case-fatality rates and transmission numbers are shown. Estimates of case-fatality rates can vary, and numbers for the new coronavirus are preliminary estimates.

Source: <https://context-cdn.washingtonpost.com/notes/prod/default/documents/8a726408-07bd-46bd-a945-3af0ae2f3c37/note/57c98604-3b54-44f0-8b44-b148d8f75165.#page=1>

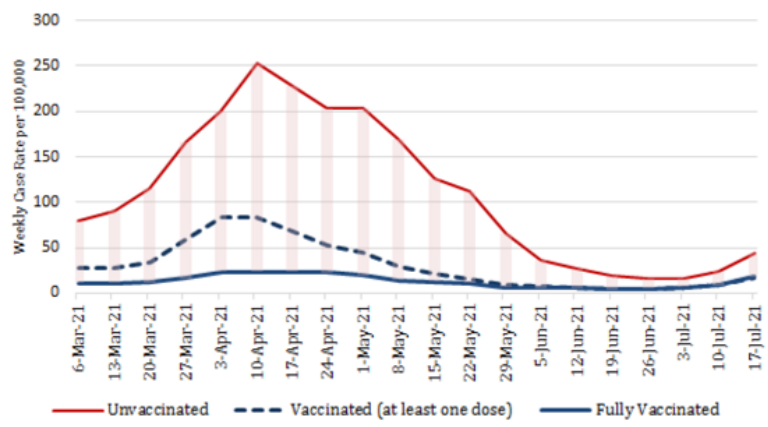
★ Key Points: Delta Variant

- In unvaccinated persons, Delta variant infections are about twice as infectious as early “wild type” variants
- In vaccinated persons, Delta variant breakthrough infections are likely more infectious than breakthrough infections in vaccinated people caused by other variants
- All evidence indicate high levels of vaccine effectiveness against severe illness or death conferred by full vaccination using Pfizer or Moderna product (data more limited for J&J)
- Increasing vaccination coverage remains the number one priority to reduce transmission as well as reducing the risk of more emerging variants

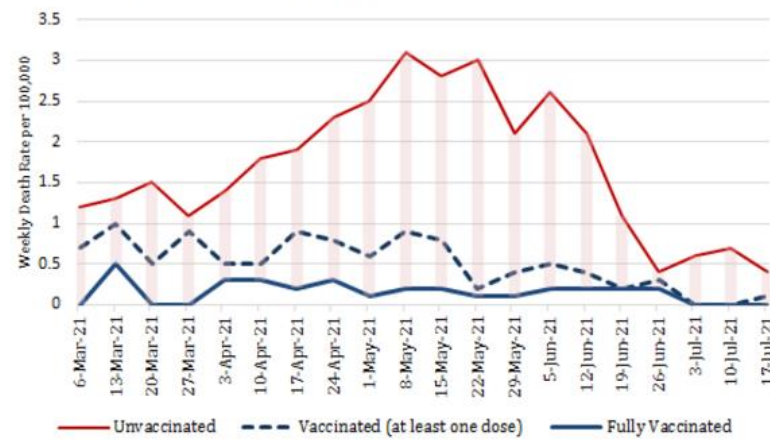


In Chicago, **unvaccinated** people remain much more likely to be diagnosed with, hospitalized with, or die from COVID-19 than **partially** or **fully vaccinated** people

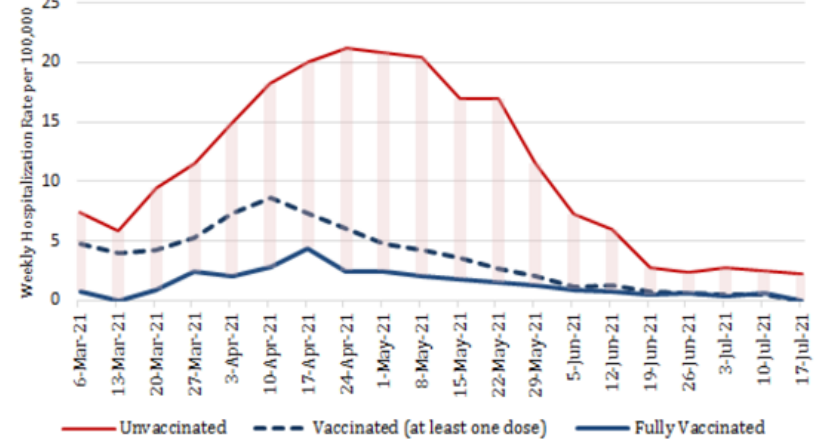
Weekly Chicago Case Rate per 100,000 by Vaccination Status



Weekly Chicago Death Rate per 100,000 by Vaccination Status



Weekly Hospitalization Rate per 100,000 by Vaccination Status



Notes: Includes cases among Chicago residents reported into the Illinois Electronic Disease Surveillance System (I-NEDSS) with date of specimen collection 1/1/21-7/17/21, pulled 7/20/2021. Vaccination status obtained from the Illinois Comprehensive Automated Immunization Registry (I-CARE) registry; Vaccinated defined as having had at least one dose prior to a positive test. Rate for vaccinated calculated as total cases divided by cumulative vaccinated at the end of each week, multiplied by 100,000. Rate for unvaccinated calculated as total cases divided by total population minus cumulative vaccinated at the end of each week, multiplied by 100,000.

★ IDPH LTC COVID-19 Facility Level Data

- IDPH website with facility-specific data, including staff and resident vaccination coverage
- Uses data submitted to NSHN
- Publicly available
- For more information, see the news release issued on 8/4/21



NEWS RELEASE

FOR IMMEDIATE RELEASE

August 4, 2021

CONTACT:

Melaney.arnold@illinois.gov

With Cases on the Rise, Illinois Launches Site to Share Vaccination Data in Long-Term Care Facilities

SPRINGFIELD – To help ensure transparency, the Illinois Department of Public Health (IDPH) announced today that COVID-19 vaccination data for both residents and staff in long-term care (LTC) facilities is now available on the IDPH website at <http://www.dph.illinois.gov/covid19/long-term-care-facility-data>. Given that LTC facilities have experienced a significant portion of COVID-19 deaths, particularly early in pandemic, this resource will be critical for tracking COVID-19 vaccinations for both staff and residents in facilities across state.

“To help keep long-term care residents as safe and healthy as possible, we want to make sure residents and their loved ones know the vaccination rates where they reside so they can make the best decision on where to live, and also advocate for increased vaccination rates,” said IDPH Director Dr. Ngozi Ezike. “Some of our most vulnerable residents live in long-term care facilities and in order to better protect them, COVID-19 vaccination rates in many facilities, especially among staff, need to increase. The vaccine is the primary way to get to the other side of this pandemic. We need to continue to reduce spread of the virus by wearing a mask and getting as many residents and staff vaccinated as soon as possible.”

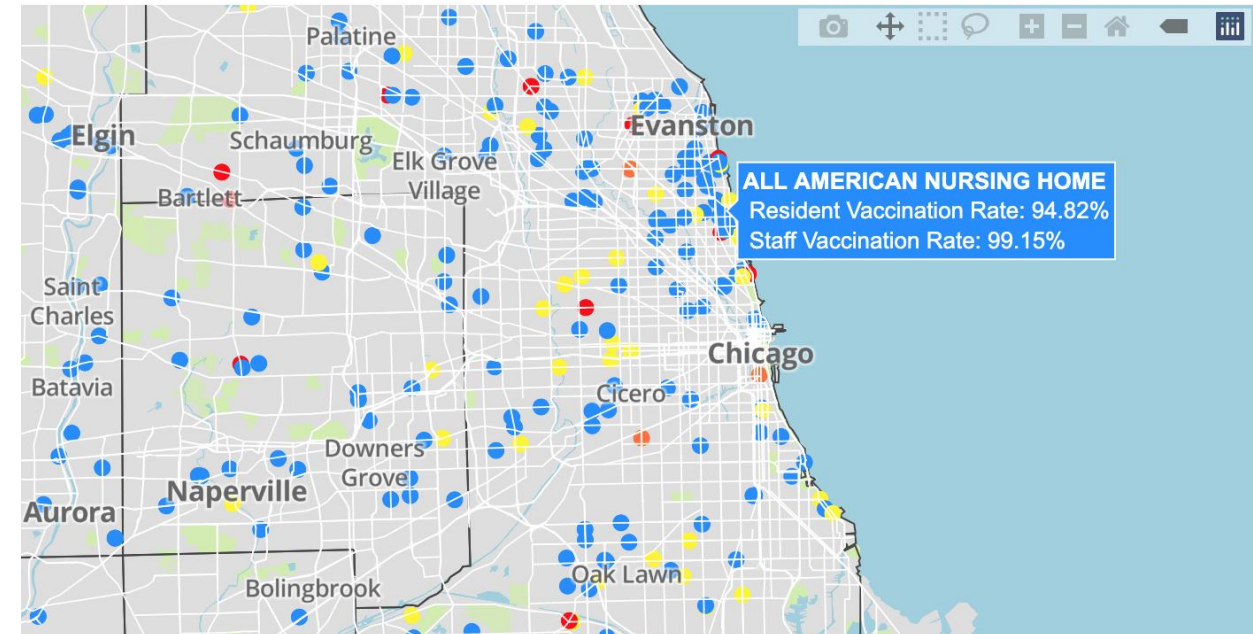
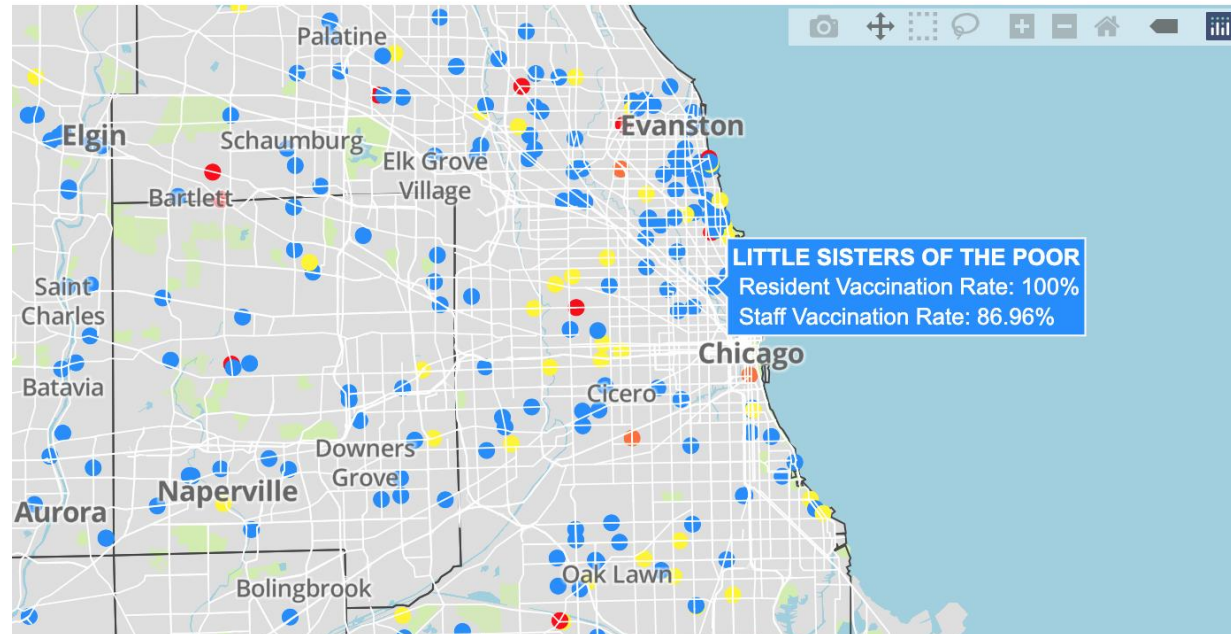
IDPH LTC COVID-19 Facility Level Data

Resident Vaccination Rates

Staff Vaccination Rates

■ >75% ■ 50%-75% ■ 25%-50% ■ <25%

■ >75% ■ 50%-75% ■ 25%-50% ■ <25%



★ Vaccination Coverage in Chicago SNFs

Skilled Nursing Facilities and COVID-19 Vaccination Coverage in Aggregate		
	Residents	Staff
100%-90%	31	12
89% - 80%	20	17
79% - 70%	19	13
69% - 60%	<5	11
59% - 50%	<5	9
49% - 40%	<5	7
<40%	0	9

Individuals in Skilled Nursing Facilities and COVID-19 Vaccination Coverage in Aggregate				
	Residents		Staff	
	Crude	Percent	Crude	Percent
Completed Series	8681	81%	7060	66%
Partial Series	381	4%	257	2%
Unvaccinated	1639	15%	3449	32%



CDPH COVID-19 Vaccine Requirement Statement of Support

- HAN alert released on July 23, 2021:
 - “The Chicago Department of Public Health (CDPH), based on the best science, strongly recommends that healthcare facilities require COVID-19 vaccination for all healthcare employees.”



Chicago Department of Public Health COVID-19 Vaccination Requirement Statement July 23, 2021

The Chicago Department of Public Health (CDPH), based on the best science¹, strongly recommends that healthcare facilities require COVID-19 vaccination for all healthcare employees. Ensuring vaccination of healthcare employees is part of a healthcare facility's commitment to patient and employee safety and aligned with hospital and health systems' ongoing role in protecting the public and healthcare personnel from COVID-19. Protecting healthcare employees through vaccination ensures the availability of critical resources to serve our communities.

Chicago hospitals and health systems have been on the front lines of the response to the COVID-19 pandemic, including providing testing, clinical care, and vaccination (approximately 988,000 doses of COVID-19 vaccine to-date). The available COVID-19 vaccines have been rigorously studied, are safe, and data show high levels of real-world effectiveness in both healthcare personnel and the general population. COVID-19 vaccines are the most effective way to curb the spread of COVID-19 and reduce hospitalizations and deaths.

To date, approximately 70% of all Chicago area hospital and health system employees have been fully vaccinated, along with more than 6.3 million Illinoisians overall, and about 161.2 million Americans. Protecting patients, visitors, and healthcare personnel from COVID-19 infection is critically important, and the most effective way to do this is to ensure that all hospital and health system employees are vaccinated against COVID-19.

Medical and religious exemptions should be determined by each hospital and health system, with exemptions requiring approval by employee health. To support COVID-19 vaccination requirements, education sessions on the vaccine and the opportunity to have questions about the vaccine answered by physicians, nurses, and pharmacists should be available for employees and staff. All hospital and health systems should continue to require other infection control measures, including wearing masks and other personal protective equipment, physical distancing, hand hygiene, and other measures as recommended by the Centers for Disease Control and Prevention.

The Chicago healthcare community has a history of coming together and committing to serve patients with contagious diseases and protect the public from transmission.² CDPH stands ready to support our healthcare partners who commit to protecting their patients and employees from COVID-19 infection by ensuring that all hospital and health system employees are vaccinated against COVID-19.

References:

1. COVID-19 Science Update released: June 25, 2021 Edition 95
2. Omar Lateef, Bala Hota, Emily Landon, Larry K. Kocielek, Julie Morita, Stephanie Black, Gary Noskin, Michael Kelleher, Krista Curell, Amy Galat, David Ansell, John Segreti, Stephen G. Weber. Chicago Ebola Response Network (CERN): A Citywide Cross-hospital Collaborative for Infectious Disease Preparedness. *Clinical Infectious Diseases*, 2015; civ510 DOI: [10.1093/cid/civ510](https://doi.org/10.1093/cid/civ510)



LeadingAge: Statement on Vaccine Mandates for Healthcare Workers

- Statement released on July 26, 2021:
“LeadingAge supports requiring vaccines for current and new staff in long-term care and other healthcare settings.”



LeadingAge Statement on Vaccine Mandates For Healthcare Workers
7/26/21

Since the COVID-19 pandemic was declared in March 2020, older adults and their professional caregivers have been disproportionately at risk—from the virus itself and from our nation's lack of preparedness for a catastrophic public health crisis. LeadingAge has spoken out on behalf of our membership of over 5,000 mission-driven and nonprofit providers of long-term care and other aging services, pleading with state and federal officials to prioritize long-term care for resources, support and, most importantly, for vaccines.

The federal government responded, and access to the COVID vaccine has been the most important development of the pandemic for older adults and the people who care for them. Everyone in healthcare and aging services has been working around the clock to steadily increase vaccination rates. Today over 80% of nursing home residents are fully vaccinated, and COVID deaths have plummeted from a high of over 6,000 weekly in December 2020 to just 130 in May 2021.

As new variants of COVID emerge and proliferate, even fully vaccinated older adults in long-term care seem to be at risk, including from the unvaccinated staff who care for them. Nursing home staff vaccination rates vary widely across the country, with a national rate of just over 61%.

LeadingAge strongly urges all residents and staff in long-term care to get vaccinated. Further, to protect the most vulnerable older adults from breakthrough cases and new COVID variants, LeadingAge supports requiring vaccines for current and new staff in long-term care and other healthcare settings. As the most effective tool to protect from the virus, COVID-19 vaccination should be a condition of employment for all healthcare workers, including employees, contract staff and others, with appropriate exemptions for those with medical reasons or as specified by federal or state law.

Our position reflects the ethical obligation of providers to deliver safe, quality care to the older adults and others they serve, and also the most recent scientific evidence available. Critical factors include:

- COVID-19 vaccines are safe.
- COVID-19 vaccines are effective for preventing infection, and especially severe illness and death.
- COVID-19 vaccines reduce the risk of spreading the virus.
- COVID-19 vaccines, like all vaccines, are not 100% effective, so breakthrough infections can happen.
- Older adults and those with co-morbidities are at greater risk of severe illness or death from a COVID infection.

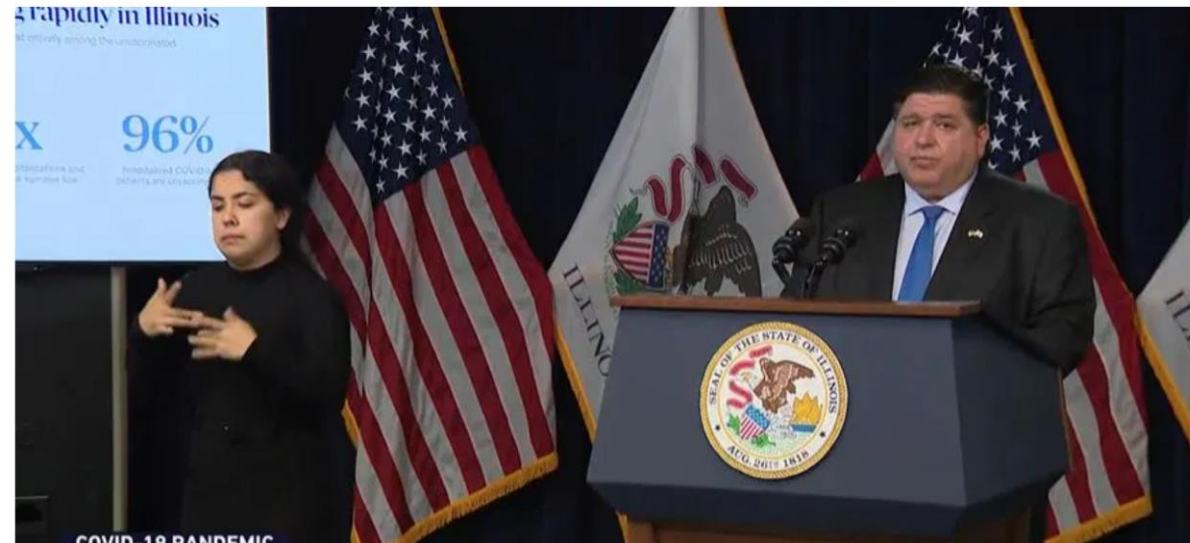


Gov. Pritzker August 4th Press Conference

- “The governor also announced his intent to require all state employees working in congregate facilities to receive the COVID-19 vaccine by October 4th...The state is also requiring universal masking in private long-term care facilities and strongly encourages owners of private facilities to join the state in adopting vaccination requirements.”

CORONAVIRUS

Gov. Pritzker announces mask mandate for schools, long-term care facilities to limit spread of COVID-19 Delta variant



Vaccine Mandates in Nursing Homes

CALIFORNIA

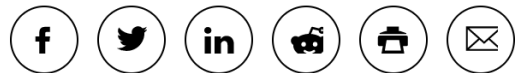
San Francisco to require staff in hospitals, jails and nursing homes to get COVID-19 vaccine

August 3, 2021

BREAKING: Genesis, biggest U.S. nursing home chain, mandates staff COVID-19 vaccinations

James M. Berklan

Follow @jimberklan



Massachusetts to require all long-term care facility staff to be fully vaccinated by Oct. 10

Share



WCVB 

Updated: 6:22 PM EDT Aug 4, 2021

Genesis HealthCare, the nation's largest nursing home chain, has declared a "universal" COVID-19 vaccine policy for all employees, care partners and onsite vendors. They have three weeks to come into compliance.

Sources: <https://www.mcknights.com/news/breaking-genesis-biggest-u-s-nursing-home-chain-mandates-staff-covid-19-vaccinations/>;
<https://www.latimes.com/california/story/2021-06-15/san-francisco-to-require-covid-19-vaccine-for-some-workers>;
<https://www.wcvb.com/article/massachusetts-to-require-all-long-term-care-facility-staff-to-be-fully-vaccinated-by-oct-10/37221925#>

CDPH Vaccine Education Team

Goal: To use factual 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 one-on-one or small group “no pressure” conversations
- On-site for 4-5 hours; times are flexible to accommodate facility needs.
- ***Update*: Vaccine Education Team can now provide vaccinations on site during education events**
- In preparation for a visit from the vaccine education team, facilities should:
 - Make multiple announcements to staff ahead of time
 - Identify a “Vaccine Champion” who can help encourage staff to speak with the team
 - Compile a staff roster of unvaccinated individuals to give to the education team.

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

CDPH Vaccine Confidence Survey

Goal: To better understand reasons for continued vaccine hesitancy among LTC staff

- Anonymous survey
- Distribution Mechanisms:
 - Electronic link that you can e-mail/text to staff
 - <https://redcap.link/VaccineConfidence>
 - Hard copies that you can hand out to staff (e.g., at a staff meeting)
 - Must have a way for staff to return the surveys anonymously (e.g., a drop box)
 - Must be able to scan and send completed surveys back to CDPH
 - Vaccine education team can distribute/collect surveys at an onsite event
- Aggregate results will be shared during future roundtable presentations

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



Reminder: Current CDPH* Reporting Requirements

- **Online Case Report Form**

- Report all resident and staff cases identified through testing conducted at your contracted laboratory; must report each time there is a new case

- **Breakthrough Case Report Form**

- 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; must report each time there is a new breakthrough case

- **Weekly Facility Summary Report**

- Report all cases associated with the facility, regardless of testing location or vaccination status; must report every Thursday

* SNFs must also fulfill state and federal reporting requirements (e.g., NHSN)



Coming Soon: New Streamlined Reporting System

Online Case Report Form

Breakthrough Case Report Form


Weekly Facility Summary Report



SNF Case Report Form

★ Updated IDPH Guidance Document

- Revised guidance document for LTCFs updated on July 28th
- All changes are highlighted in red
- Available on the IDPH website and CDPH LTCF HAN page
 - Link to the new document is also being sent out in the IP follow-up emails
- Additional updates may be forthcoming given anticipated changes in CDC guidance

 State of Illinois
Illinois Department of Public Health

COVID-19

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

Release Date: August 13, 2020
Effective Date: August 14, 2020
Updated Date: October 21, 2020
Updated Date: March 19, 2021
Updated Date: May 6, 2021
Updated Date: July 28, 2021

Updated Interim Guidance for Nursing Homes and Other Long-Term Care Facilities Incorporating COVID-19 Vaccination

Summary of Changes to Guidance Since May 6, 2021 Release	
Newly Added Guidance Sections:	
Outbreak Guidance	29-32
Updated Sections:	
Reason for Update	2
Definitions: Higher Risk Exposure	4
Core Principles of Infection Prevention: Screening	4-5
Universal Screening	8
Vaccinations, Vaccinated Healthcare Personnel	12-13
Visitation Guidance	14-19
State Authorized Personnel	21
Federal Disability Rights Laws	22
Dining, Group Activities, Music, Worship Services and Beauty Salon	23-28

Applicability

This interim guidance provides guidelines for nursing homes and other long-term care (LTC) facilities regarding restrictions that were instituted to mitigate the spread of COVID-19. The guidance in this document is specifically intended for facilities as defined in the Nursing Home Care Act (210 ILCS 45), and also applies to Supportive Living Facilities, Assisted Living Facilities, Shared Housing Establishments, Sheltered Care Facilities, Specialized Mental Health Rehabilitation Facilities (SMHRF), Intermediate Care Facilities for the Developmentally Disabled (ICF/DD), State-Operated Developmental Centers (SODC), Medically Complex/Developmentally Disabled Facilities (MC/DD), and Illinois Department of Veterans Affairs facilities.



Updated IDPH Guidance Document: Screening

- All persons who enter the building must self-screen.
- Screening must assess for:
 - Symptoms of COVID-19
 - Diagnosis of COVID-19 prior to completing required isolation
 - **For visitors:** Close contact with a case in the prior 14 days
- No longer need to take individual's temperatures upon entry. Instead, can ask individuals to self-report (e.g., include fever as a symptom on the screening tool)
- All residents must be screened at least daily for elevated body temperature, pulse ox, and COVID-19 symptoms
 - Residents with active COVID infections and/or COVID-like symptoms must be screened more frequently



Updated IDPH Guidance Document: Visitation Considerations

- The facility can decide how many individuals can visit a resident at one time
- Visits no longer need to be scheduled in advance
- There are no required time limits for visitation
- The state does not prohibit children and/or pets from visiting
- Pre-screening 24 hours in advance is no longer required, but all visitors must be screened upon entry to the facility.
 - Visitors who are ill, infected and still within their isolation period, and/or who have had close contact with a confirmed case should be excluded.



Updated IDPH Guidance Document: Visitor Masking & Physical Distancing

- Visitors must be masked at all times (unless eating or drinking) during indoor visitation
 - Previously, visitors could be unmasked in the visitation area if both the visitor and the resident were fully vaccinated
- If both the visitor and the resident are fully vaccinated, they do not need to be physically distant
- If either the visitor or the resident are not fully vaccinated, the safest option is to remain physically distant
 - If the visitor is unvaccinated but the resident is vaccinated, the resident may choose to have close contact, but all parties must remain masked
- Regardless of their vaccination status, visitors must remain physically distant from all other visitors, staff, and residents during their visit



Updated IDPH Guidance Document: Staff Masking & Social Distancing

- Staff must be masked at all times while in the facility, ***regardless of vaccination status***, unless eating or drinking
 - Previously, staff could be unmasked during situations where only staff were present and everyone was vaccinated (e.g., during a staff meeting, in the break room)
- Vaccinated staff do not need to socially distance from other vaccinated staff
- Unvaccinated staff must socially distance from all other staff



Updated IDPH Guidance Document: Beauty Salon & Barber Shop

- Can now use hand-held blow dryers
- More than one vaccinated resident can be in the salon at the same time
 - All residents should be masked
 - Physical distancing between vaccinated residents is not required
- If an unvaccinated resident is present in the salon, no other residents should be in the salon at the same time
- The beautician/barber(s) must wear source control while in the salon, regardless of vaccination status, and be tested at the same frequency as staff:
 - Monthly if unvaccinated and the facility is not in outbreak (will increase to weekly if county positivity exceeds 5%)
 - At least weekly and the facility is in an outbreak, regardless of vaccination status



Updated IDPH Guidance Document: Outdoor Performances

- Outdoor performances are preferred over indoor performances
- If a performing group includes more than five individuals, they are only permitted to perform outdoors.
- If performers can remain at least 6 feet away from the audience, they do not need to wear source control, regardless of their vaccination status
- If performers are within 6 feet from the audience, they must wear source control, regardless of their vaccination status
- Instruments should be fitted with bell covers and performers can wear face coverings with a slit when playing wind instruments
- Vaccinated residents do not need to wear source control or physically distance from one another when outdoors
- Unvaccinated residents do not need to wear source control when outdoors but must physically distance from all other residents.



Updated IDPH Guidance Document: Indoor Performances

- Groups of performers with more than five people are not allowed to perform indoors.
- Performers must wear source control and remain physically distant (at least 6 feet) from the audience
- Instruments should be fitted with bell covers
- Regardless of their vaccination status, residents must wear source control during indoor performances with singing, chanting, and reciting of words
- Vaccinated residents do not need to physically distance from each other
- Unvaccinated residents must physically distance from all other residents





Updated IDPH Guidance Document: Worship Services

- Same masking and distancing requirements as outlined in the indoor/outdoor performances slides
- For communion, individual serving packages of wafer and juice/wine are preferred
 - Do not share or pass communion articles between residents



FAQ: Can we prohibit unvaccinated visitors from entering the facility?

- No, you can not bar a visitor from entry to the facility due to their vaccination status
- We encourage you to offer visitors rapid tests prior to the start of their visits
 - Cannot *require* that visitors undergo testing, unless they are essential caregivers
- Reminder that residents' loved ones can be vaccinated at LTCF vaccination clinics




FAQ: I'm really worried about the delta variant. Can we test our unvaccinated staff more frequently than once a month?

- Yes, you are welcome to test your staff at whatever frequency you would like, as long as you are testing all unvaccinated staff at least once a month (when out of outbreak) and all staff at least once a week (when in outbreak).
- Many Chicago SNFs are testing unvaccinated staff weekly or every other week.
- Some facilities are including unvaccinated **and** vaccinated staff in their routine surveillance (i.e., non-outbreak) testing

Surveillance and Containment of *Candida auris* during COVID-19 pandemic

Healthcare facility infection that has been causing severe illness in hospitalized patients






- Often multi drug resistant
- It is difficult to identify with standard laboratory methods.
- Can cause outbreaks in health care facilities



***Candida auris*:**
A drug-resistant germ that spreads in healthcare facilities

Candida auris (also called *C. auris*) is a fungus that causes serious infections. Patients with *C. auris* infection, their family members and other close contacts, public health officials, laboratory staff, and healthcare workers can all help stop it from spreading.

Why is *Candida auris* a problem?

-  **It causes serious infections.** *C. auris* can cause bloodstream infections and even death, particularly in hospital and nursing home patients with serious medical problems. More than 1 in 3 patients with invasive *C. auris* infection (for example, an infection that affects the blood, heart, or brain) die.
-  **It's often resistant to medicines.** Antifungal medicines commonly used to treat *Candida* infections often don't work for *Candida auris*. Some *C. auris* infections have been resistant to all three types of antifungal medicines.
-  **It's becoming more common.** Although *C. auris* was just discovered in 2009, it has spread quickly and caused infections in more than a dozen countries.
-  **It's difficult to identify.** *C. auris* can be misidentified as other types of fungi unless specialized laboratory technology is used. This misidentification might lead to a patient getting the wrong treatment.
-  **It can spread in hospitals and nursing homes.** *C. auris* has caused outbreaks in healthcare facilities and can spread through contact with affected patients and contaminated surfaces or equipment. Good hand hygiene and cleaning in healthcare facilities is important because *C. auris* can live on surfaces for several weeks.



Chicago Department of Public Health



Health Alert



City of Chicago
Lori Lightfoot, Mayor

www.chicagohan.org

Chicago Department of Public Health
Allison Arwady, MD, MPH, Commissioner

Surveillance and Containment of *Candida auris* during COVID-19 pandemic
July 26, 2021

Key Messages and Action Steps

- Preventing the spread of multi-drug resistant organisms (MDROs) remains a priority in the midst of the COVID-19 pandemic. Healthcare facilities should remain vigilant for *Candida auris* (*C. auris*) and MDROs and implement measures to detect and prevent spread of these organisms.
- Implement or reinstate the following infection prevention and control measures:
 - Query the Extensively Drug-Resistant Organism Registry (XDRO Registry) for all new admissions to identify patients with *C. auris* or other multidrug-resistant organisms (<https://www.xdro.org/>)
 - Institute appropriate [Transmission-based Precautions](#) for an infected or colonized patient.
 - Ensure at least daily cleaning and disinfection especially of high touch surfaces with an approved Environmental Protection Agency (EPA)-registered sporicidal agent ([see List P](#)).
 - Promote hand hygiene with alcohol-based hand rub among staff, patients/residents, and visitors/family members. If hands are visibly soiled, wash with soap and water.
- Confirmed *C. auris* cases identified in Chicago residents should be reported to Chicago Department of Public Health within 7 days from laboratory result.
- Complete the *C. auris* [case report form or INEDSS module](#) for confirmed clinical *C. auris* cases to report risk factors and potential transmission sources.

REPORTING/CONTACT INFORMATION: *C. auris* cases should be reported to Chicago Department of Public Health via the Illinois National Electronic Disease Surveillance System (INEDSS). For providers without INEDSS access, please fax or send via encrypted email the lab result and case report form to Kelly Walblay (Fax: (312) 746-6388; email: kelly.walblay@cityofchicago.org)



Background

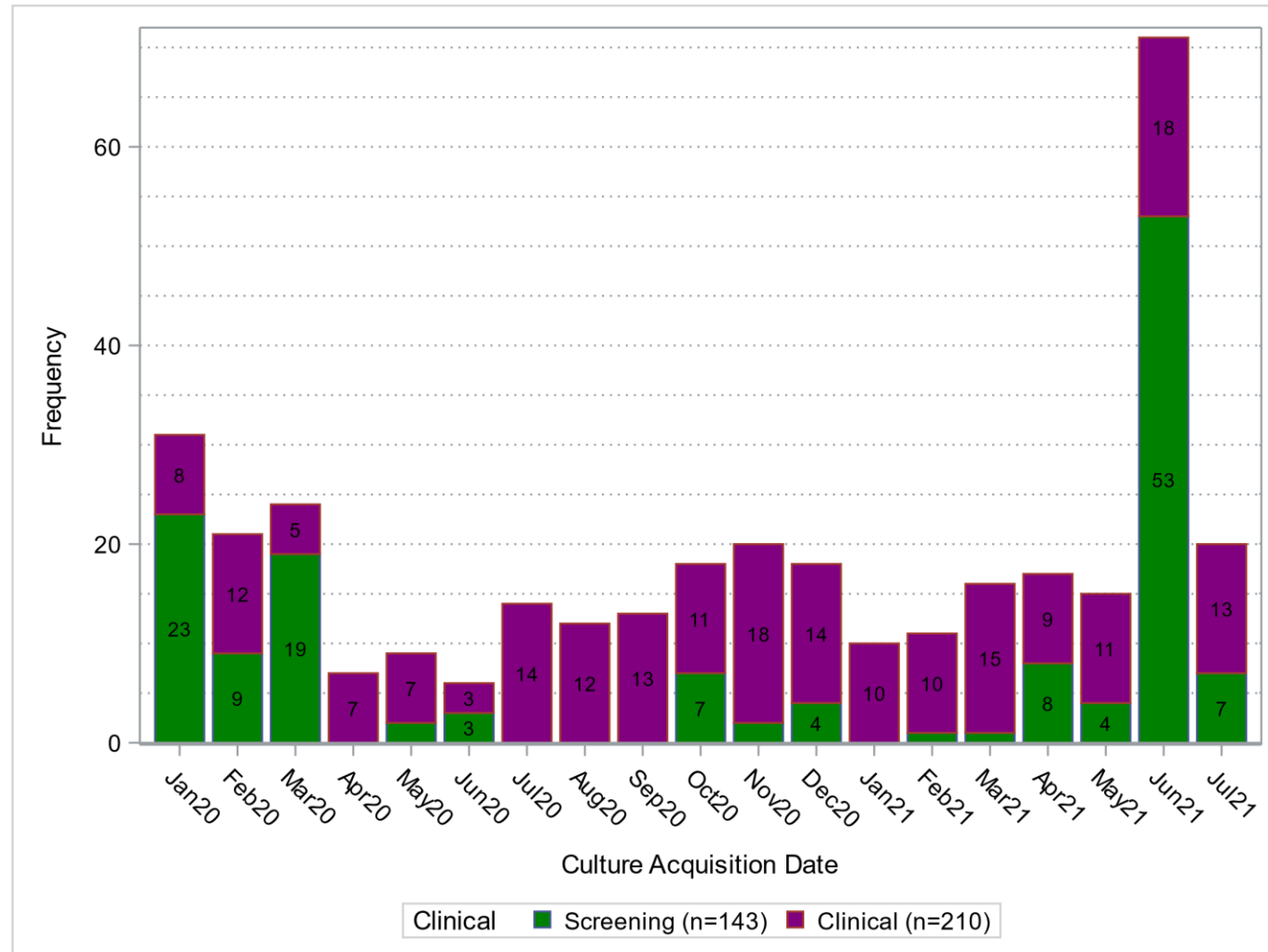
- *C. auris* is an emerging fungus that can cause outbreaks of severe infections in healthcare facilities.
- In the United States, it has most spread among residents with severe medical conditions cared for in high acuity long-term care facilities.
- Patients who have been hospitalized in a healthcare facility for a long time, have a central venous catheter, or other lines or tubes entering their body, or have previously received antibiotics or antifungal medications, appear to be at highest risk of infection with this yeast.

***Candida auris* and COVID-19**

- Since the start of the COVID-19 pandemic, outbreaks of *C. auris* have been reported in COVID-19 units across the spectrum of care settings.
- *C. auris* spread may be related to changes in routine infection control practices during the COVID-19 pandemic, including limited availability of gloves and gowns, or reuse of these items, and changes in cleaning and disinfection practices.
- The Chicago Department of Public Health (CDPH) has been investigating increasing reports of *C. auris* clinical infection raising concerns about undetected *C. auris* transmission in Chicago healthcare facilities.

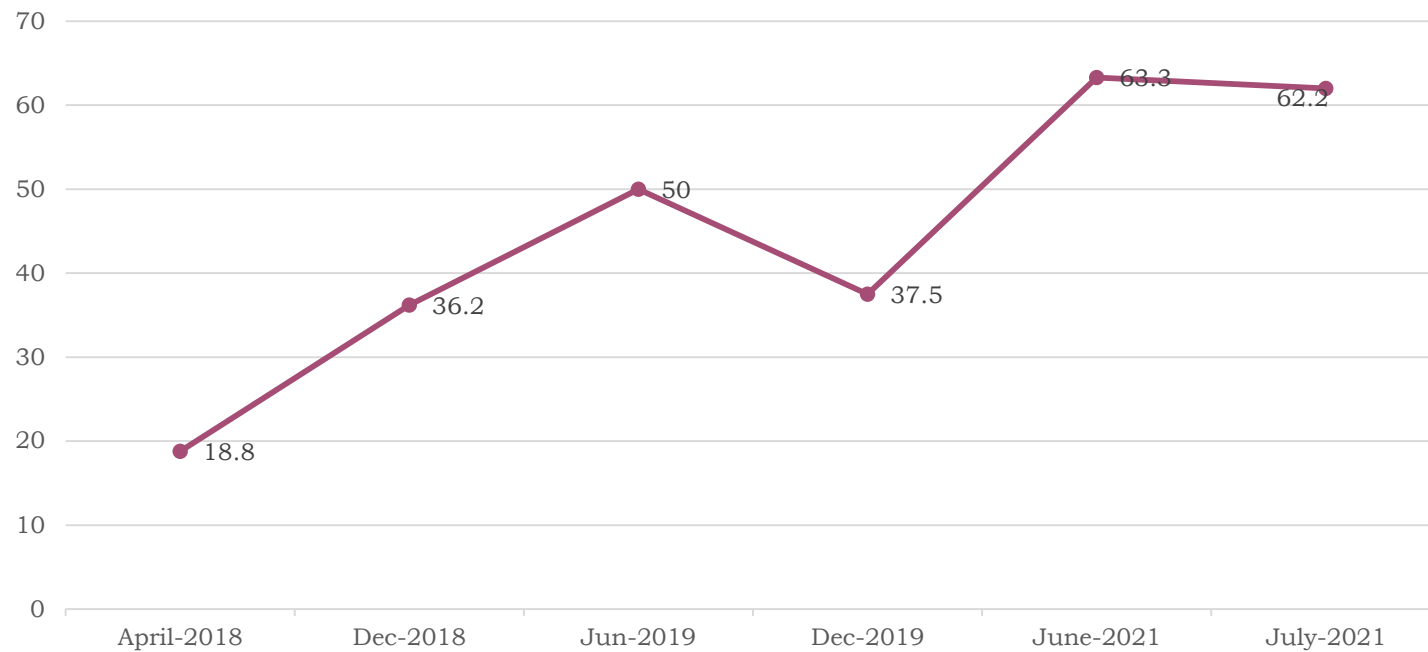


Chicago *Candida auris* cases as of 08/02/2021



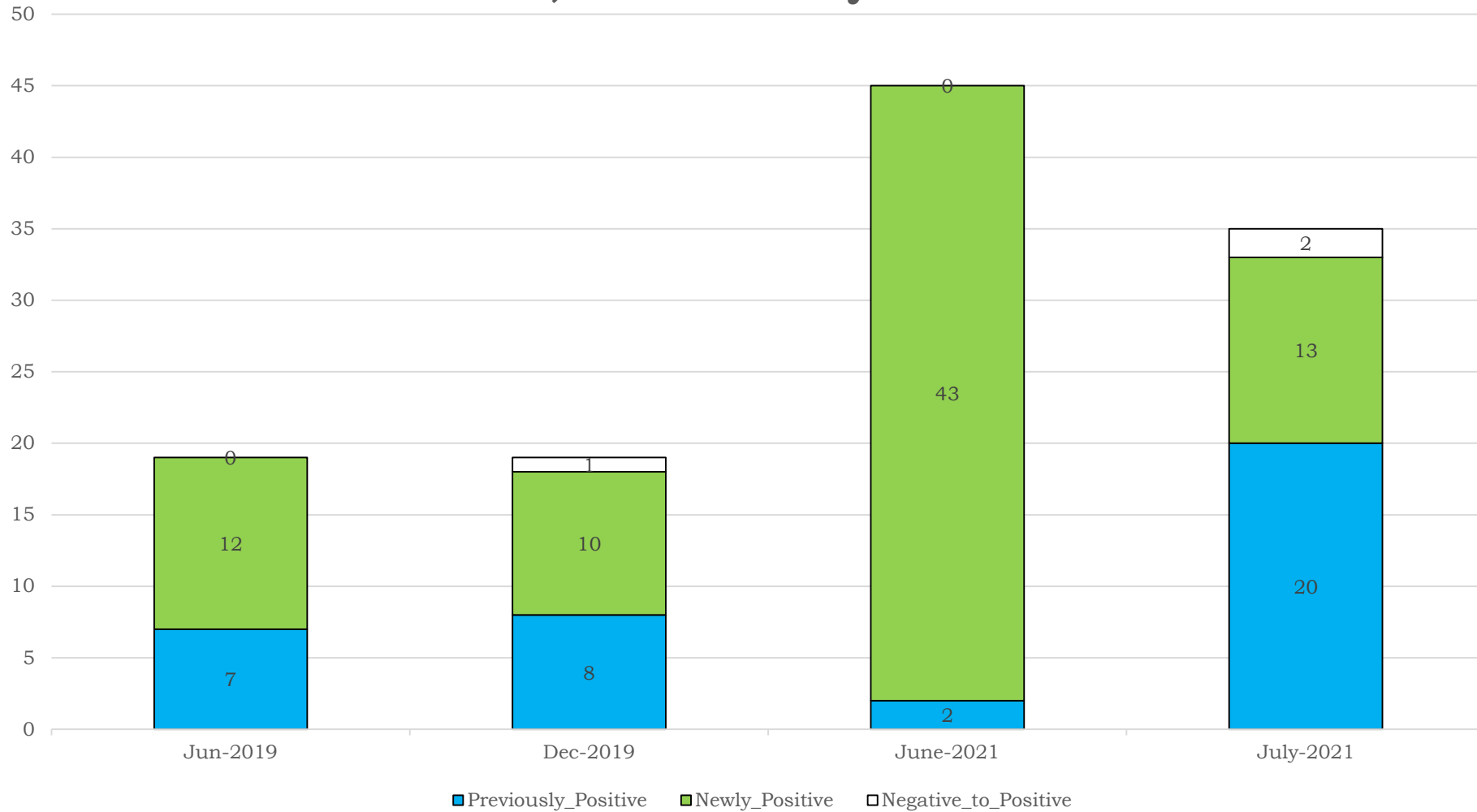
★ Recent outbreak at a LTACH

Prevalence of *C.auris* at LTACH-A





C. auris Colonized Residents LTACH-A, Jun 2019-July 2020



Infection Control

Healthcare facilities should be on the lookout for new introductions of *C. auris* infection from patients who received healthcare elsewhere in the United States or abroad in areas with *C. auris* transmission.

Basic infection control:

a) Hand hygiene:

- When caring for patients with *C. auris*, healthcare personnel should follow standard hand hygiene practices.
- Alcohol-based hand sanitizer (ABHS) is effective against *C. auris* and is the preferred method for cleaning hands when they are not visibly soiled.
- If hands are visibly soiled, wash with soap and water.
- **Wearing gloves is not a substitute for hand hygiene.**



b) Transmission based precautions:

- Patients with *C. auris* in acute care hospitals and long-term acute care hospitals should be managed using contact precautions.
- Residents with *C. auris* in nursing homes, including skilled nursing facilities with ventilator units, should be managed using either contact precautions or enhanced barrier precautions, depending on the situation.
- Refer to the CDC Guidance on enhanced barrier precautions for more details about when contact precautions vs. enhanced barrier precautions would apply.
 - <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

c) Cohorting:

- suspected or confirmed to be colonized or infected with *C. auris* should be placed in a single-patient room using appropriate Transmission-based Precautions.
- If facilities identify multiple patients colonized or infected with *C. auris*, please contact CDPH to discuss cohorting and other containment strategies.



d) EVS cleaning and disinfection:

- CDC recommends use of an Environmental Protection Agency (EPA)–registered hospital-grade disinfectant effective against *C. auris*. To see a current list of EPA-approved products for *C. auris*, please see EPA’s List P.
- Conduct EVS audits and make sure the high touch surfaces are cleaned regularly and continue to educate EVS about frequently missed surfaces.

e) XDRO Registry:

- Receiving facilities should query the Extensively Drug-Resistant Organism Registry (XDRO Registry) for all new admissions to identify patients with *C. auris* or other multidrug-resistant organisms
- If you do not have access to XDRO, please registry by going to (<https://www.xdro.org/>)

f) Screening contacts of newly identified case patients to identify *C. auris* colonization.

- CDPH may be able to facilitate admission screening and point prevalence testing during public health investigation in collaboration with CDC’s AR Lab Network.

Reporting/ Contact us

- C. auris cases, both screening and clinical, should be reported to Chicago Department of Public Health via the Illinois National Electronic Disease Surveillance System (INEDSS).
- For provider without INEDSS access, please fax or send via encrypted email the lab result and case report form to Hira Adil (email: hira.adil@cityofchicago.org) OR Kelly Walblay (Fax: (312) 746-6388; email: kelly.walblay@cityofchicago.org).



Questions & Answers

A special thanks to:

Hira Adil
Dr. Stephanie Black
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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.