



COVID-19 Chicago Long Term Care Roundtable

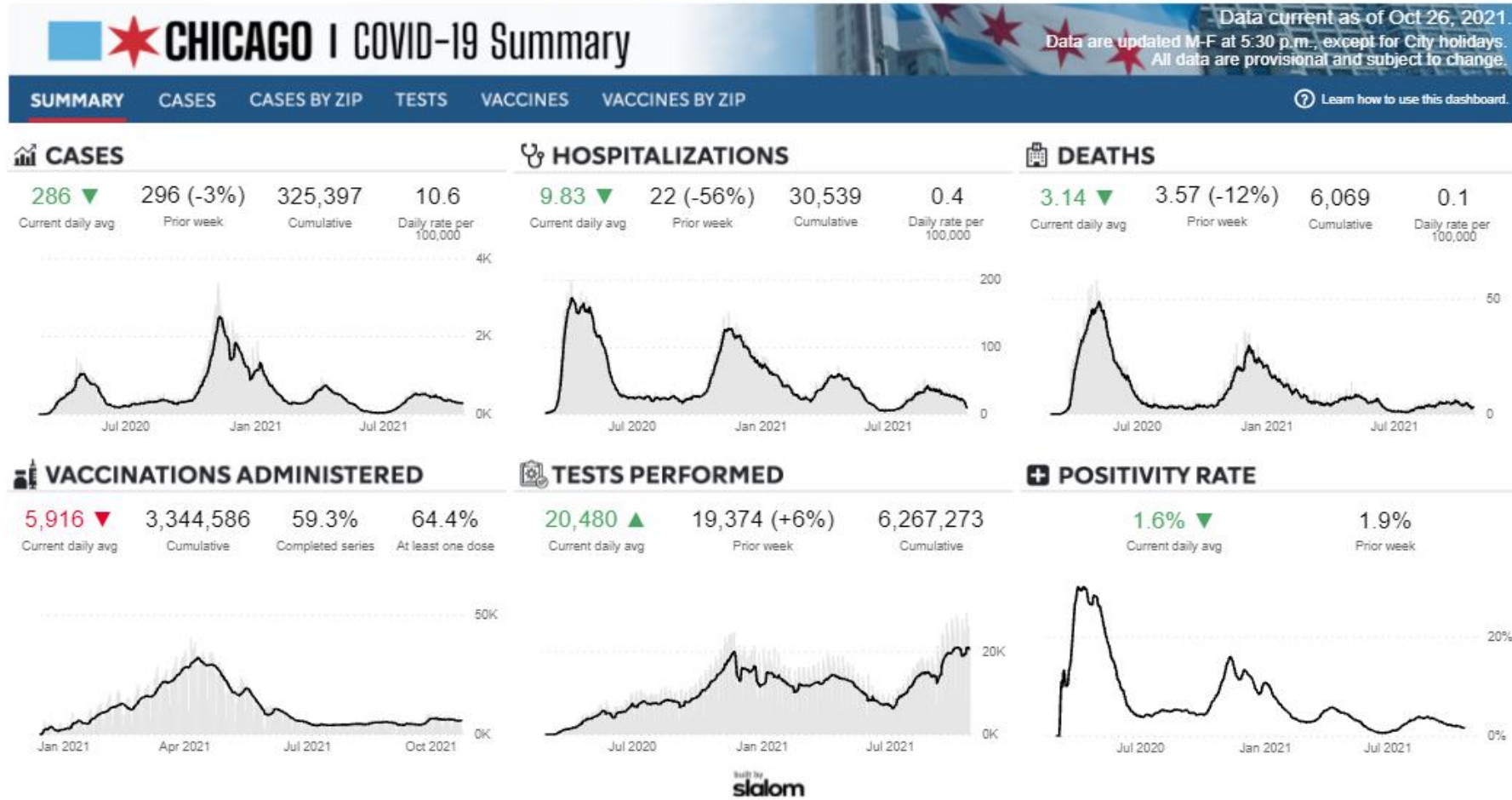
10-28-2021



Agenda

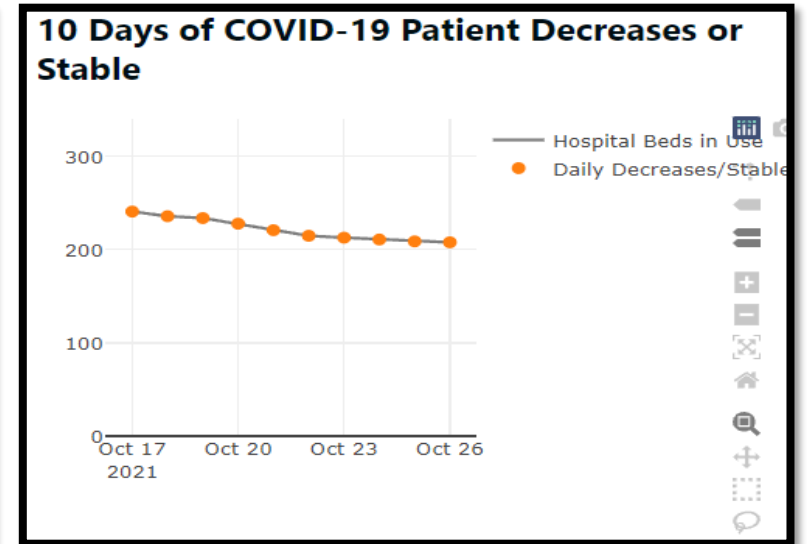
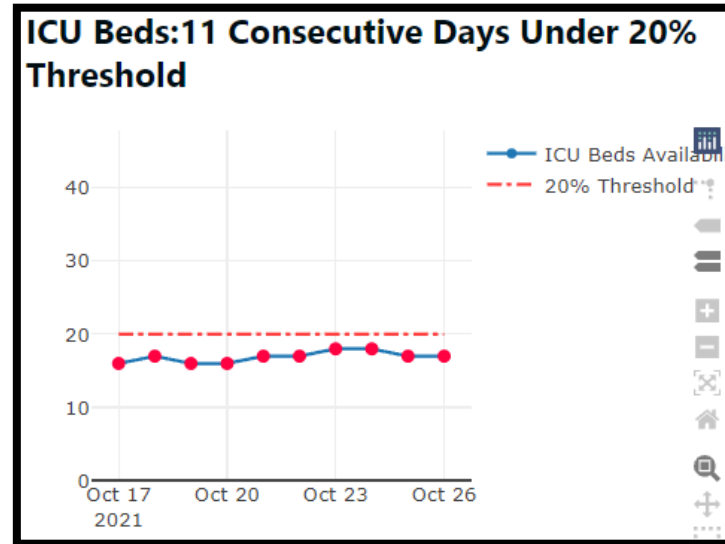
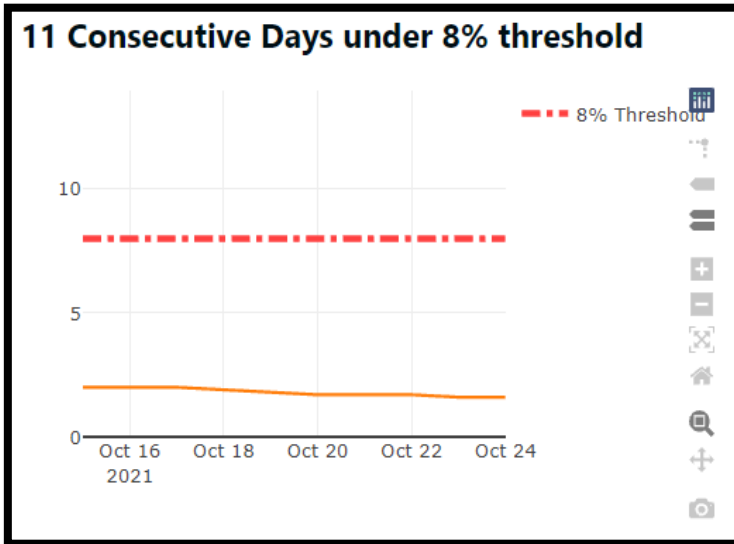
- COVID-19 Epidemiology
- COVID Reminders, Updates, and FAQs
- Questions & Answers

Chicago Dashboard



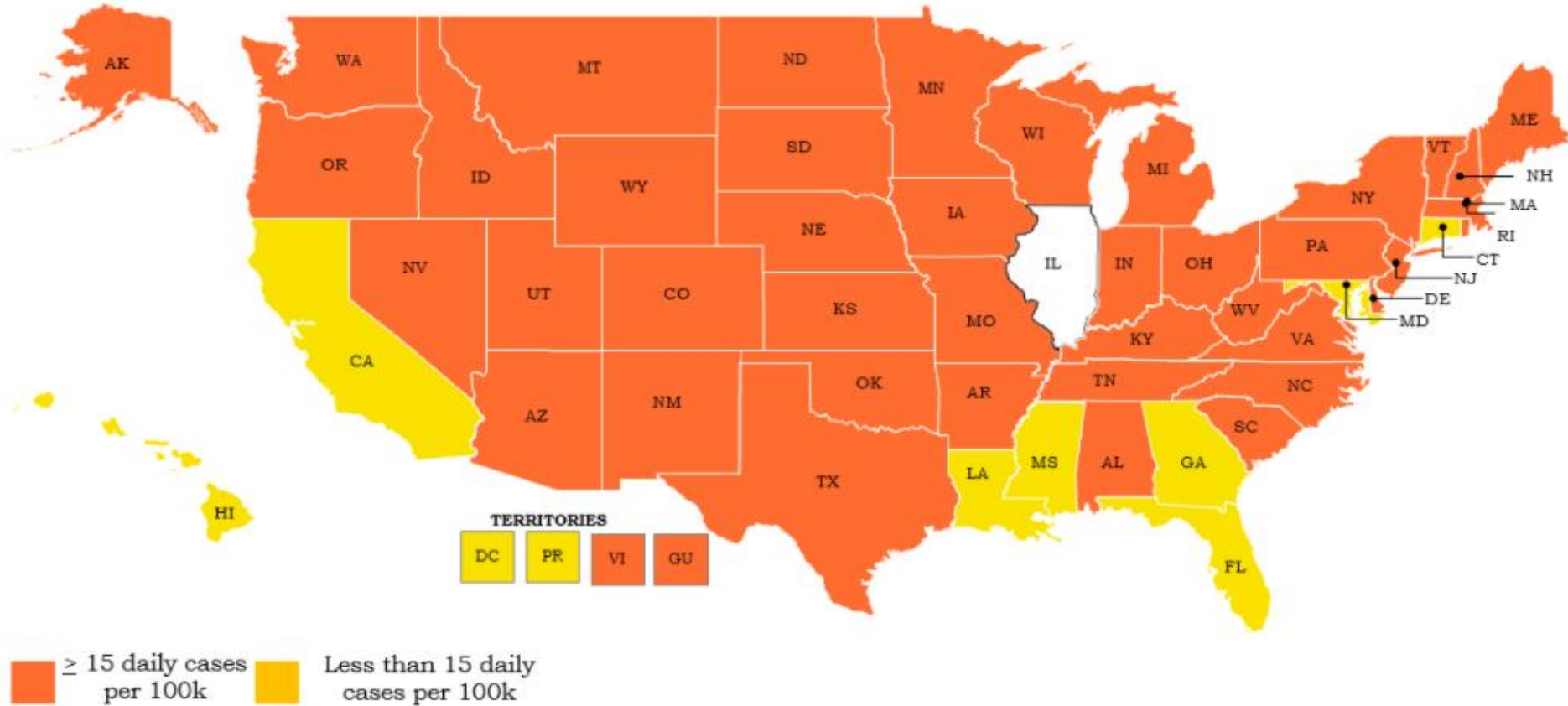


IDPH Regional Resurgence Metrics: Region 11



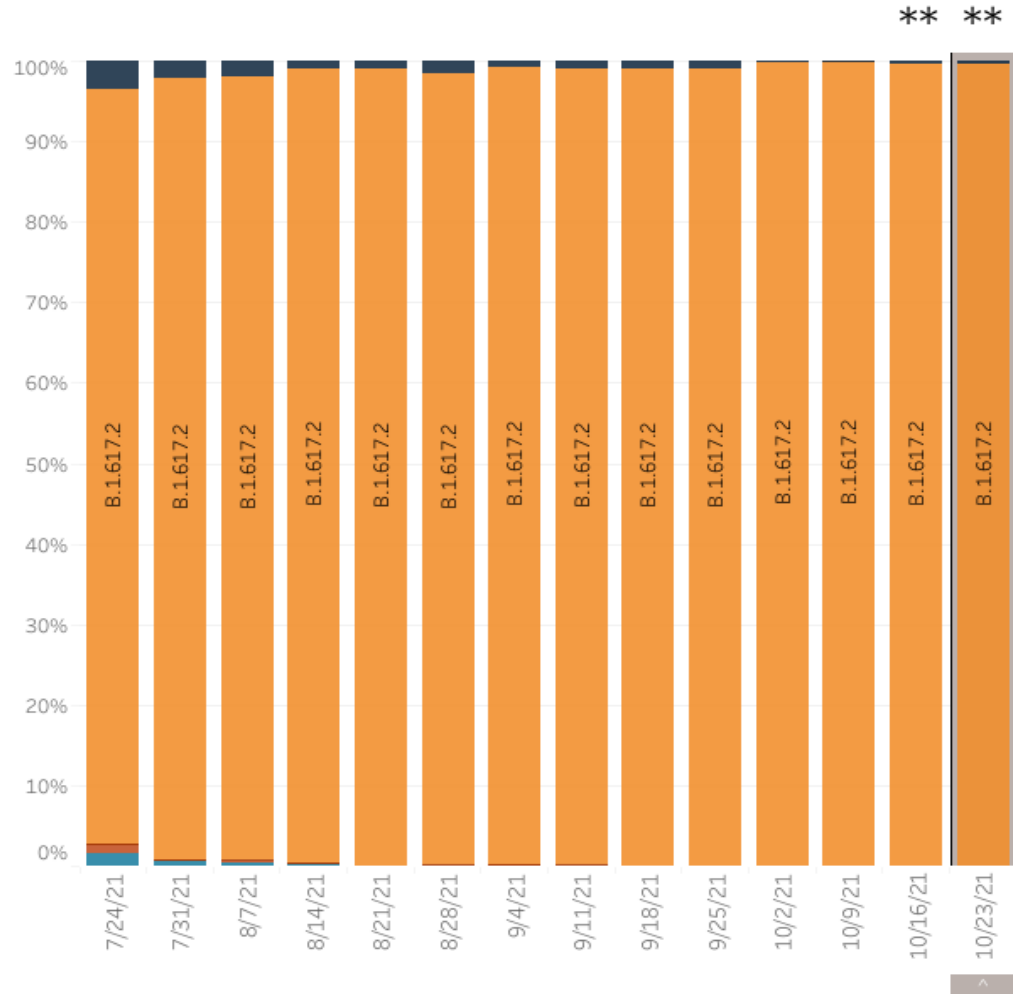


Chicago's COVID-19 Travel Advisory: 41 States and 2 Territories





HHS Region 5: 7/18/2021 – 10/23/2021



HHS Region 5: 10/17/2021 – 10/23/2021 NOWCAST

Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

WHO label	Lineage #	US Class	%Total	95%PI
Alpha	B.1.1.7	VBM	0.0%	0.0-0.0%
Delta	B.1.617.2	VOC	99.6%	99.1-99.8%
	AY.1	VOC	0.0%	0.0-0.1%
	AY.2	VOC	0.0%	0.0-0.0%
Other	Other*		0.4%	0.2-0.8%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

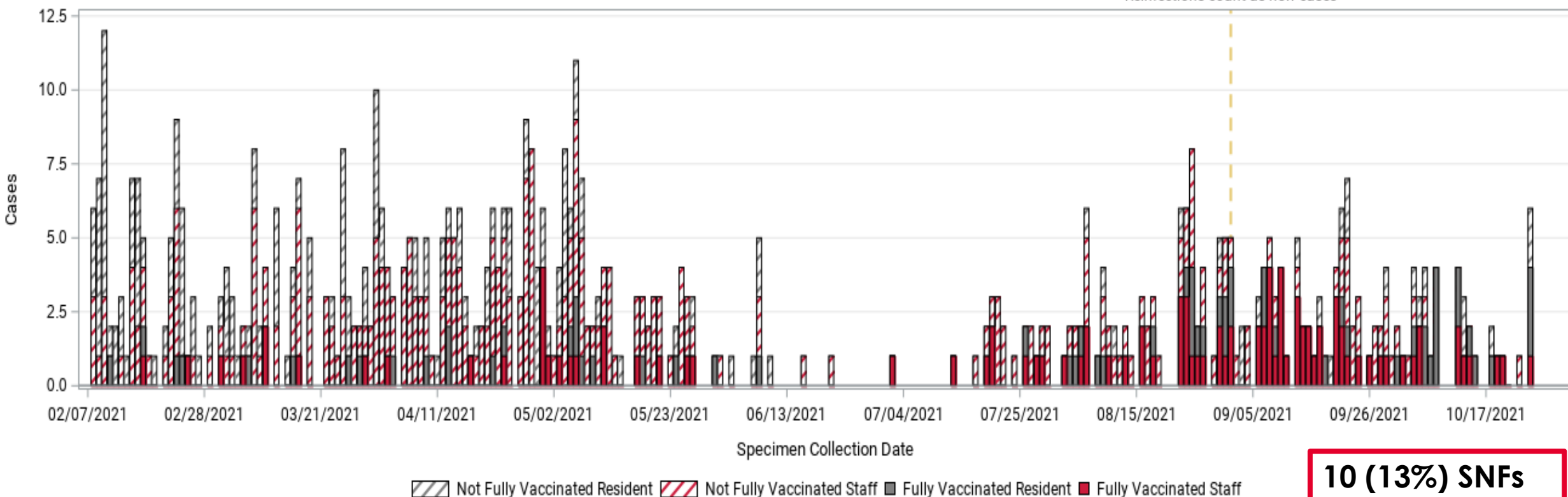
Q.1-Q.8 are aggregated with B.1.1.7. AY.3-AY.38 and their sublineages are aggregated with B.1.617.2.



SNF COVID-19 Epi Curve by Role & Vaccination Status

(Feb 8, 2021 – Oct. 27, 2021)

Reinfections count as new cases



10 (13%) SNFs have active outbreaks

Data Sources: INEDSS (Illinois state) and REDCap (facility self report)

A fully vaccinated case occurs when the positive test specimen was collected at least two weeks after the individual completed their COVID vaccination

COVID Reinfections are not shown until Sept 1, 02021

★ Reminder: CDC COVID Data Tracker

Indicator - If the two indicators suggest different transmission levels, the higher level is selected	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs ¹ that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%

CDC COVID Data Tracker: Cook County

7-day Metrics | [7-day Percent Change](#)

Community Transmission ● Substantial

Everyone in **Cook County, Illinois** should wear a mask in public, indoor settings. Mask requirements might vary from place to place. Make sure you follow local laws, rules, regulations or guidance.

[How is community transmission calculated?](#)

October 27, 2021

Cases	4,993
Case Rate per 100k	96.95
% Positivity	1.63%
Deaths	57
% Eligible Population Fully Vaccinated	66%
New Hospital Admissions	277

Cases & Deaths in Cook County, Illinois

Data through Tue Oct 26 2021

Total Cases (last 7 days)	4993
Case Rate (last 7 days)	96.95
% Change (last 7 days)	1.67
Total Deaths (last 7 days)	57
Death Rate (last 7 days)	1.11
% Change (last 7 days)	-12.31



Reminder: Minimum Routine Staff Testing Frequency

Vaccination Status	Testing Frequency
Unvaccinated	2x a week*
Partially vaccinated	2x a week*
Fully vaccinated	No required routine testing

**Based on Cook County's current community transmission level*



Reminder: Minimum Routine Resident Testing Frequency

Vaccination Status	Routine Testing Frequency
Unvaccinated (excluding new/readmissions)	1x a month
Partially vaccinated (excluding new/readmissions)	1x a month
Fully vaccinated (excluding new/readmissions)	No required routine testing
NEW New and readmissions (regardless of vaccination status)	Must be tested upon admission (unless tested within the 72 hours prior to admission) <i>and</i> at 5-7 days post-admission

★ Reminder: Types of Outbreak Testing

- **Unit-based testing** – testing all staff and residents on an affected unit, excluding those who were positive within the prior 90 days
- **Department-based testing** – testing all staff in an affected department (i.e. kitchen, laundry, etc.) excluding those who were positive within the prior 90 days
- **Facility-wide testing** – testing all staff and residents throughout the facility, excluding those who were positive within the prior 90 days

★ Testing Contacts With High-Risk Exposures When Using a Unit- or Department-Based Approach

- If there are close contacts with high-risk exposures who are not in the affected unit or department, those contacts must be tested, at a minimum, “immediately” (but not sooner than 2 days post-exposure) and between 5-7 days post-exposure.
- **Example 1:** Resident on the 2nd floor tests positive. She eats lunch at the same table as a resident on the 3rd floor. Unit-based testing must occur on the 2nd floor and the 3rd floor resident who sits at the same lunch table should also be tested given the close contact/high-risk exposure to the case.
- **Example 2:** Staff member in the laundry room tests positive. He carools to work with a staff member who works in the kitchen. Department-based testing must occur in the laundry room and the kitchen staff member should also be tested given the close contact/high-risk exposure to the case.

★ Facility Wide Testing

- If cases are identified from more than one unit/department **and/or** a case is identified in a staff member who works on or with residents from multiple units, the facility must use a broad-based (i.e., facility wide) testing approach during the outbreak:
 - Must test all residents and staff in the facility (excluding those who were positive within the prior 90 days), regardless of vaccination status, every 3-7 days*

Universal PPE for HCW

- If a resident is **suspected** or **confirmed** to have COVID-19, or is an unvaccinated resident identified to be a close contact, **HCP must wear an N95 respirator, eye protection, gown, and gloves.**
- If a resident is identified to be a close contact and is vaccinated, HCP must wear PPE according to community transmission levels listed below.
 - When community transmission levels are substantial or high: HCP must wear a well-fitted face mask and eye protection
 - When community transmission levels are low-to-moderate HCP must wear a well-fitted face mask.



COVID-19 Confirmed and Suspected Residents

- Isolate using contact/droplet precautions
- Indoor and outdoor visits - generally not allowed except facilities must allow compassionate care, end-of-life visits, and visits from ombudsman/guardians
- **NEW:**
 - ✓ After discharge, leave the room empty (do not occupy or enter) for a period of one hour (60 minutes).
 - ✓ **Environmental services or housekeeping must not enter to terminally clean the room before 60 minutes has elapsed**, full PPE needs to be worn if they enter the room before 60 minutes after discharge
 - ✓ After 60 minutes has lapsed, staff may enter the room wearing a well fitting face mask and face shield



Residents who are close contacts of a confirmed COVID-19 case

- Regardless of vaccination status, should have a series of two tests (PCR or POC antigen) for COVID-19. The tests should be done immediately (but not earlier than two days after the exposure) and, if negative, again 5–7 days after the exposure

	Quarantine/Isolation	PPE
Symptomatic (regardless of vaccination status)	Isolation required	Full PPE required by HCW
Asymptomatic/fully vaccinated	No quarantine required	Wear source control
Asymptomatic/unvaccinated	14 days quarantine even if negative	Full PPE required
Asymptomatic/ COVID-19 last 90 days	No quarantine required	Wear source control

★ Residents who are close contacts of a confirmed COVID-19 case

	Visitation	Communal Dining	Group Activities
Unvaccinated	In room visits only	Dine in room only	Must not participate in group activities
Vaccinated/asymptomatic	Indoor + outdoor visits	May participate in communal dining	May participate in group activities
All residents	Source control and physical distancing required at all times	Source control and physical distancing required at all times	Source control and physical distancing required at all times

Residents who leave the facility

- Quarantine is not recommended for unvaccinated residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and do not have close contact with someone with COVID-19.
- Residents who leave the facility for 24 hours or longer should be quarantined if unvaccinated



Reminder: Symptomatic staff return to work

- If test positive by COVID by antigen or PCR are excluded from work until all the following criteria have been met:
 - ✓ At least 10 days have passed since symptom onset;
 - ✓ No fever for at least 24 hours (without the use of fever-reducing medications);
 - ✓ Improvement in symptoms
- If test negative for COVID by PCR on or after the date of symptom onset can return to work:
 - ✓ with an alternate diagnosis from their healthcare provider or
 - ✓ once their symptoms have resolved and they remain fever-free for 24 hours without the use of fever-reducing medication.

New : Symptomatic residents

- Isolate using transmission-based precautions and test.
- If test positive for COVID by antigen or PCR:
 - ✓ Asymptomatic COVID+ residents must remain on COVID unit for at least 10 days from the specimen collection date for their first positive test.
 - ✓ Symptomatic COVID+ residents must remain on this unit until they meet all of the following criteria: at least 10 days from symptom onset, improvement in symptoms, fever free for at least 24 hours without the use of fever-reducing medications.
 - ✓ COVID+ resident who are severely immunocompromised or were hospitalized due to their infection, they should remain in the COVID unit for at least 20 days from the date of specimen collection for the first positive test.
- If test negative for COVID by PCR on or after the date of symptom onset AND symptoms have resolved AND they remain fever-free for 24 hours without the use of fever-reducing medication, they can come off isolation.

★ COVID-19 Booster shots

- For individuals who received a Pfizer-BioNTech or Moderna COVID-19 vaccine, the following groups are eligible for a booster shot at 6 months or more after their initial series:
 - ✓ 65 years and older
 - ✓ Age 18+ who live in [long-term care settings](#)
 - ✓ Age 18+ who have [underlying medical conditions](#)
 - ✓ Age 18+ who work or live in [high-risk settings](#)
- For individuals who received the Johnson & Johnson COVID-19 vaccine, booster shots are also recommended for those who are 18 and older and who were vaccinated two or more months ago.

CDC Expands Eligibility for COVID-19 Booster Shots

Media Statement

For Immediate Release: Thursday, October 21, 2021

Contact: [Media Relations](#)
(404) 639-3286

Today, CDC Director Rochelle P. Walensky, M.D., M.P.H., endorsed the CDC Advisory Committee on Immunization Practices' (ACIP) recommendation for a booster shot of COVID-19 vaccines in certain populations. The [Food and Drug Administration's \(FDA\) authorization](#) and CDC's recommendation for use are important steps forward as we work to stay ahead of the virus and keep Americans safe.



IDPH Guidance for Influenza Outbreaks

- [Guidelines for the Prevention and Control of Influenza Outbreaks in Illinois Long Term Care Facilities](#) for the 2021-2022 Influenza season
- If you have not done so already, please work with your LTC pharmacy to start planning influenza clinics for your residents and staff
- Can administer influenza and COVID vaccinations at the same time
 - Administer each vaccine in a different injection site (e.g., different arms, or at least one inch apart on the same arm)



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

TO: Illinois Long Term Care Facilities and Assisted Living Facilities, Local Health Departments, Local Health Department Administrators, Illinois Department of Public Health Long Term Care Regional Contacts

FROM: Becky Dragoo, MSN, RN, Deputy Director of Office of Health Care Regulation
Dr. Arti Barnes, MD, MPH, Medical Director/Chief Medical Officer

RE: Guidelines for the Prevention and Control of Influenza Outbreaks in Illinois Long Term Care Facilities

DATE: October 18, 2021

The purpose of this memorandum is to provide long-term care facilities (LTCF)¹ and other residential health and living facilities with current guidance for preventing and controlling influenza cases and outbreaks and with information on the reporting requirements in the event of a suspected or confirmed *influenza outbreak*. Specific guidance pertaining to COVID-19 can be found on the [Illinois Department of Public Health](#) (IDPH) or [Centers for Disease Control & Prevention](#) (CDC) websites. While notes specific to COVID-19 are mentioned in some sections of this document, the primary intent of this memorandum is to provide guidance for influenza. In certain situation, COVID-19 guidance may be more restrictive than the influenza guidance mentioned in this document. Facilities should defer to the appropriate guidance for the situation currently occurring in the community and the state, as the more restrictive guidance may be recommended.



FAQ's

- Are partially vaccinated (i.e., have received one dose of a COVID vaccine) staff required to complete the 90 minutes of education or is that only a requirement for fully unvaccinated (i.e., have received no doses of COVID vaccine) staff?
- Yes, they need to take the 90-minute training.



FAQ's

- Will the required entrance screening be ending any time soon? With the Fully Vaccinated covered, and the required testing of any unvaccinated, do we still need to screen?
- Screening is still required at this time. You need to screen for any possible symptoms of staff and residents to recognize anyone ill.



FAQ's

- Do you still need to wear face shield in the nursing station, during outbreak?
- Yes, these stations are on resident care units. HCP working in non-patient care areas are not required to wear eye protection except when entering the patient care areas (e.g., dietary aide, maintenance, etc.).



FAQ's

- If a resident case on the 2nd floor does the facility need to shut down visitation for the whole building while doing the initial round of testing?
- When using the unit-based testing the facility would just need to shut down visitation (other than compassionate care) on the 2nd floor until they get the results back from the first round of testing for that unit, but the rest of the building could continue visitation.



FAQ's

- Since the unvaccinated asymptomatic exposed residents can now have in-room visitation during their quarantine, would that same allowance be extended to unvaccinated new/readmissions during their 14-day quarantine period (i.e., can they have in-room visits as well)?
- Yes, unvaccinated new/readmissions can have in-room visitation during their 14- day quarantine as long as the visitors are properly screened and use PPE appropriately.



Upcoming Webinars

- COVID-19 Chicago Long Term Care Roundtable Webinar
Thursday November 18, 2021 12:30 - 1:30 p.m.

[Webinar Link](#)

- COVID-19 Chicago Long Term Care Roundtable Webinar
Thursday December 02, 2021 12:30 - 1:30 p.m.

[Webinar Link](#)

- COVID-19 Chicago Long Term Care Roundtable Webinar
Thursday December 16, 2021 12:30 - 1:30 p.m.

[Webinar Link](#)



Questions & Answers

A special thanks to:

CDPH HAI Team:

Dr. Stephanie Black
Shannon Xydis
Liz Shane
Hira Adil
Winter Viverette
Kelly Walblay
Dan Galanto
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>**