



**COVID-19 Question and Answer Session  
for Long-Term Care and Congregate Residential Settings**

October 29<sup>th</sup>, 2021

# Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later

# Agenda

- Upcoming Webinars
- Weekly LTC Reporting Review
- IDPH Holiday Guidance
- Last Week's Questions and Answers
- Open Q & A

# IDPH webinars

## Upcoming Friday Brief Updates and Open Q&A 1:00 pm - 2:00 pm

Friday, November 5 <sup>th</sup>	<a href="https://illinois.webex.com/illinois/onstage/g.php?MTID=e17a6575b8ed96558531336dccccd90cb2">https://illinois.webex.com/illinois/onstage/g.php?MTID=e17a6575b8ed96558531336dccccd90cb2</a>
Friday, November 19 <sup>th</sup>	<a href="https://illinois.webex.com/illinois/onstage/g.php?MTID=ece5da24751a13f1e0d8d6e40a8362857">https://illinois.webex.com/illinois/onstage/g.php?MTID=ece5da24751a13f1e0d8d6e40a8362857</a>

Previously recorded webinars can be viewed on the [IDPH Portal](#)

Slides and recordings will be made available after the sessions.

# Weekly LTC reporting requirements for aggregate testing and vaccination data

LTC facility type	Reporting Location
CMS-certified	National Healthcare Safety Network (NHSN)
Non-CMS-certified, IDPH licensed*	<a href="https://app.smartsheet.com/b/form/fa2d7abfb102490b9d2622a2ba490744">https://app.smartsheet.com/b/form/fa2d7abfb102490b9d2622a2ba490744</a> <b>(New)</b>

\*Emergency rules to be issued. See next slide for facility types.

Which facilities are required to report?

**TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIES**

- [PART 295 ASSISTED LIVING AND SHARED HOUSING ESTABLISHMENT CODE](#)
- [PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE](#)
- [PART 330 SHELTERED CARE FACILITIES CODE](#)
- [PART 340 ILLINOIS VETERANS' HOMES CODE](#)
- [PART 350 INTERMEDIATE CARE FOR THE DEVELOPMENTALLY DISABLED FACILITIES CODE](#)
- [PART 370 COMMUNITY LIVING FACILITIES CODE](#)
- [PART 380 SPECIALIZED MENTAL HEALTH REHABILITATION FACILITIES CODE](#)
- [PART 390 MEDICALLY COMPLEX FOR THE DEVELOPMENTALLY DISABLED FACILITIES CODE](#)

# What if my facility has multiple types of care?

Example: Facility A has skilled nursing (SNF) and assisted living (AL)

LTC facility type	Facility A Type	Reporting Location
CMS-certified	SNF side	NHSN
Non-CMS-certified, IDPH licensed*	AL side	<a href="https://app.smartsheet.com/b/form/fa2d7abfb102490b9d2622a2ba490744">https://app.smartsheet.com/b/form/fa2d7abfb102490b9d2622a2ba490744</a> <b>(New)</b>

\*If reporting testing and vaccination data to NHSN, don't need to double report to smartsheet.



# LTC COVID-19 Vaccination and Testing Reporting

The Illinois Department of Public Health is requiring all licensed long-term care facilities that are not required to report COVID-19 vaccination and testing aggregate data into the National Healthcare Safety Network (NHSN) to report this data to the department weekly utilizing this form.

## Section 1: Facility Information

**Facility Name \***

Please select your facility name from the dropdown. If your facility name is not listed or the facility name has changed, please select "OTHER" from the dropdown menu.

**Facility License Number \***

**Point of Contact \***

**Point of Contact Phone Number \***

**Point of Contact Email \***



## Facility Name Drop-down


**Facility Name \***

Please select your facility name from the dropdown. If your facility name is not listed or the facility name has changed, please select "OTHER" from the dropdown menu.

add|

- ADDOLORATA VILLA - WHEELING - AL
- ADDOLORATA VILLA - WHEELING - LTC
- CLARENDALE OF ADDISON - ADDISON
- WILLOW CROSSING SENIOR LIVING - ADDISON

**Point of Contact Phone Number \***

 +1 ( ) -

- Can use drop down or start typing name into the box, then select facility.
- Format is "Facility Name – City – Facility type (if needed)"
- E.g., Facility A has multiple types of care. If all the licensed types of care share the same facility name, the assisted living side will have "AL" at the end" and all other LTC types (e.g., sheltered care, ICF/DD, etc) will have "LTC"

# Facility Name Changed

**Facility Name \***  
Please select your facility name from the dropdown. If your facility name is not listed or the facility name has changed, please select "OTHER" from the dropdown menu.

OTHER ▼

**Facility License Number \***

**Is your facility name not listed, or has your facility name changed? \***

Facility Name Not Listed

Facility Name Changed

**Previous Facility Name \***

**New Facility Name \***

- Select Facility Name = "OTHER"
- New question appears --> Select "Facility Name Changed"
- Fill out "Previous Facility Name" and "New Facility Name"

Facility  
Name  
Not Listed\*

**Facility Name \***  
Please select your facility name from the dropdown. If your facility name is not listed or the facility name has changed, please select "OTHER" from the dropdown menu.

OTHER

**Facility License Number \***

**Is your facility name not listed, or has your facility name changed? \***

Facility Name Not Listed  
 Facility Name Changed

**Facility Name Not Listed \***

- Select Facility Name = "OTHER"
- New question appears --> Select "Facility Name Not Listed"
- Fill out "Facility Name Not Listed"

\*Note: This would most likely be for new facilities. If your old facility name is in the drop-down, please select 'Facility Name Changed'

## Section 2: Vaccinations

### Vaccinations

Has your facility scheduled booster or additional dose clinics? \*

- Yes  
 No

Date of Booster Vaccination Clinic \*

Total # of Staff \*

Total # of Staff Fully Vaccinated \*

Total # of Staff Receiving Booster or Additional Dose \*

Total # of Residents \*

Total # of Residents Fully Vaccinated \*

Total # of Residents Receiving Booster or Additional Dose \*

Section 2:  
Vaccinations  
  
Data Issues

Vaccinations

Has your facility scheduled booster or additional dose clinics? \*

Yes  
 No

Date of Booster Vaccination Clinic \*

Total # of Staff \*

Total # of Staff Fully Vaccinated \*

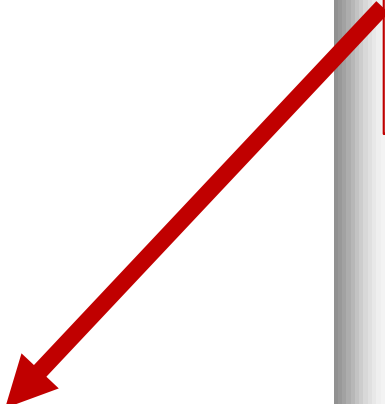
Total # of Staff Receiving Booster or Additional Dose \*

Total # of Residents \*

Total # of Residents Fully Vaccinated \*

Total # of Residents Receiving Booster or Additional Dose \*

Enter # who **have received** booster/ additional dose.



Ensure # vaccinated or received booster is less than Total # Residents/Staff



## Section 3: Testing

# Testing

What testing requirement was your facility operating under last week? \*

Select ▼

- Outbreak: Facility-wide.
- Outbreak: Unit-based approach.
- Routine, high (red) community transmission: unvaccinated staff twice per week.
- Routine, substantial (orange) community transmission: unvaccinated staff twice per week.
- Routine, moderate (yellow) community transmission: unvaccinated staff once per week.
- Routine, low (blue) community transmission: unvaccinated staff once per week.

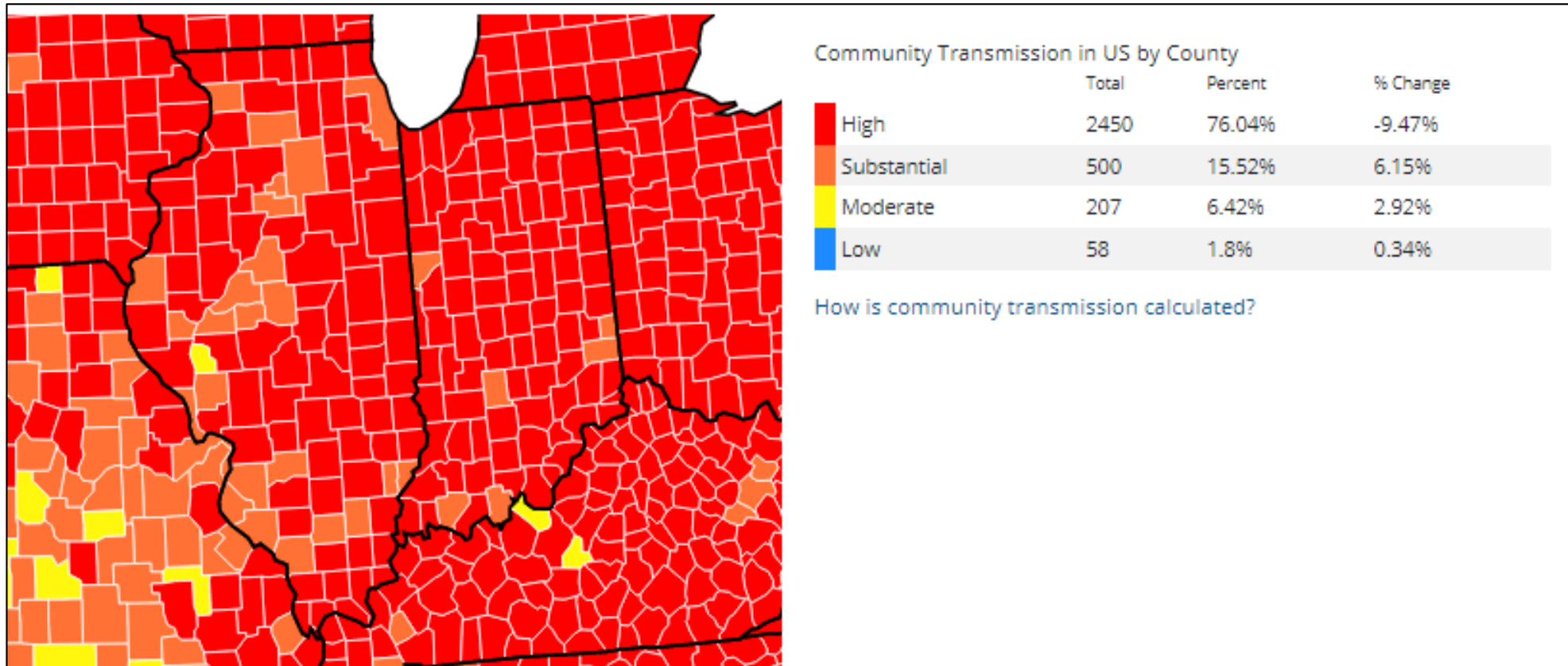
Total # of Staff Tested in the Last Week \*

Total # of Residents Tested in the Last Week \*

Total # of COVID-19 Positive Staff in the Last Week? \*

Total # of COVID-19 Positive Residents in the Last Week? \*

# COVID-19 Integrated County View



<https://covid.cdc.gov/covid-data-tracker/#county-view>

# Please double check answers before submitting!

- We will be using facility license number and name to ensure reporting
- Make sure email address is entered correctly so you can receive a copy

Send me a copy of my responses

Email address

Submit





# Long-term Care Updates

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# HOLIDAY MEALS

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*Happy Thanksgiving!*

**DON'T BE A  
TURKEY**



*Please*  
**WEAR A MASK**

**WASH HANDS & KEEP A SAFE DISTANCE**

Pam the CraftyGirl

# Holiday Meals-Options to Consider & Requirements

1. Consider holding several shifts of meals or have breakfast, lunch, dinner options where families could join their loved ones
2. Hold separate meals for vaccinated and unvaccinated (if possible)
3. Tables must be at least 6 feet apart. Consider meals in rooms or apartments to ease congestion in dining hall
4. Ensure visitors are screened for signs/symptoms and temperatures taken before entry to the facility
5. No co-mingling of residents and families with other residents and families regardless of vaccination status
6. Masks must be worn to and from the dining hall. Masks must be worn unless **ACTIVELY** eating or drinking regardless of vaccination status
7. Provide alcohol-based hand rub at the entrance to the dining hall and ensure hand hygiene is done upon entry to the room
8. Disinfect surfaces thoroughly between meals

# Holiday Meals

## Eating a meal with the resident would be similar to a “visit”

- Abide by visitation requirements—wearing masks, physically distancing based upon vaccination status, screening, hand hygiene
- Separate the table from other residents (not to co-mingle)
- Residents with confirmed and suspected COVID-19 or those in quarantine should not be participating in communal dining (dine in room only)—follow visitation guidance for specifics

## Leaving the building and enjoying meal in family’s home

- Remind residents to follow core infection prevention measures (hand hygiene, source control in crowds, physically distancing when feasible)
- Unvaccinated residents who are out of building 24 hours must quarantine upon return; otherwise, quarantine is not required for short durations out of the building
- Additional testing would be required when community transmission levels are substantial to high and residents are out of the building for 24 hours or more (applies to both vaccinated and unvaccinated residents)

## Question:

We will test HCP according to transmission rate but we are wondering about routine testing for unvaccinated RESIDENTS.

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## Answer:

Routine testing of residents is not recommended even if unvaccinated

- Continue to monitor for signs and symptoms of COVID-19
- Test if symptomatic or identified as close contact
- Encourage vaccination
- Ensure residents wear source control and physically distance from others

Question:

Communal dining and activities—source control and distancing requirements----does community levels matter??

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Answer:

***Source control and physical distancing are generally recommended for everyone in a healthcare setting regardless of vaccination status or community transmission levels.***

Vaccinated residents —must always mask unless actively eating or drinking but are allowed to sit and eat together unless they are at an increased risk for severe disease

Unvaccinated residents -must always mask unless actively eating or drinking and physically distance

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

# Dining and Activities

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## Question:

In the new guidance for communal dining it does not say they have to social distance so if all residents are vaccinated they don't have to social distance during dining?

## Answer:

- Physical distancing (6 feet) and source control are still recommended for unvaccinated residents.
- Vaccinated residents may sit without physical distancing but must wear source control unless actively eating or drinking
- This would apply to dining, group activities, sitting in common areas, etc.

CDC Statement in September 10<sup>th</sup> update:

Fully Vaccinated Residents in Nursing Homes in Areas of **Low to Moderate Transmission:**

*“Nursing homes are healthcare settings, but they also serve as a home for long-stay residents and quality of life should be balanced with risks for transmission. In light of this, consideration could be given to allowing **fully vaccinated residents to not use source control when in communal areas of the facility**; however, residents at increased risk for severe disease should still consider continuing to practice physical distancing and use of source control.)*

## **HOWEVER**

**The Executive Order No. 85 overrides this statement**

**Residents must wear source control in communal areas regardless of vaccination status. Residents may remove their masks in their rooms or apartments.**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>



# IDPH Guidance-October 20, 2021

## Visitation (page 17)—Visitors Wearing Source Control

If the resident and their visitor(s) are fully vaccinated, they can choose not to wear source control and have physical touch while in the resident's room or apartment.

Illinois Executive Order Number 18 ([COVID-19 EXECUTIVE ORDER NO. 85](#)), requires residents and visitors to wear source control while indoors in all areas of the facility other than their room(s) or apartments.

The first sentence was printed in the August 6, 2021 document and should have been removed from the October 20, 2021 guidance. ---THIS STATEMENT IS INVALID DUE TO THE EXECUTIVE ORDER NO. 85

There has been some confusion over how the second sentence is written and whether the resident and the visitor can remove their masks in the resident room or apartment. The IDPH team interpreted it to mean the resident can remove their mask BUT the visitor must always wear source control per the Executive Order. I have verified with regulatory and **visitors must wear source control at all times even while they are in the resident room/apartment.**

Question:

## Clarify Visitation for Residents in Quarantine

(unvaccinated residents identified as a close contact, unvaccinated resident that is new admission/readmission)

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Answer:

### Indoor visits—

- Allowed but only in the resident's room
- Both the resident and the visitor should wear source control and maintain physical distancing

### Outdoor visits—

- **Not allowed**

**NOTE:** this is different from what was presented a couple weeks ago

## Questions:

Our county positivity rate is 1% per our local health department. The CDC tracker has our county listed as "high". How is this possible?

Can you explain why the state is still under high transmission when our positivity rate is so low?

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## Answer:

CDC recommends assessing the level of community transmission using, at a minimum, two metrics:

- new COVID-19 cases per 100,000 persons in the last 7 days and
  - percentage of positive SARS-CoV-2 diagnostic nucleic acid amplification tests in the last 7 days.
- For each of these metrics, CDC classifies transmission values as low, moderate, substantial, or high. If the values for each of these two metrics differ (e.g., one indicates moderate and the other low), then the higher of the two should be used for decision-making. *MMWR / July 30, 2021 / 70(30);1044–1047*
- One reason county test positivity alone is no longer an adequate metric in Illinois is because of the large number of people undergoing routine screening testing in healthcare, congregate and school settings. That large number of screening tests has increased the denominator in the test positivity calculation, making it more difficult to recognize when community transmission risk is high.

## Question:

Will the required entrance screening be ending any time soon? With the Fully Vaccinated covered, and the required testing of any unvaccinated, why do we need to screen?

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## Answer:

- Screening is still required at this time
- Screening is a preventative measure
- You're attempting to recognize COVID-19 as early as possible
- Visitors are NOT tested so it's important to screen them prior to entry
- You would want to screen for any possible symptoms of staff and residents to recognize anyone ill.

## Question:

A positive HCP is discovered. All staff in patient care areas to begin wearing N95s for what period of time? All 1st round testing is negative.

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## Answer:

In earlier guidance when a new case of COVID-19 was identified in a resident or HCP, facilities had to wear N95 respirators and eye protection until there were no more positive cases for 14 days.

Now facilities should follow October 20<sup>th</sup> IDPH guidance (page 5)-Universal PPE for HCP

Wear N95, eye protection, gown, gloves for the care of:

- Residents with confirmed COVID-19
- Residents suspected to have COVID-19
- Residents that are unvaccinated and are identified as a close contact
- For COVID-19 Specimen collection

***Wear N95 and eye protection when community transmission levels are substantial to high for asymptomatic residents (not suspected to have COVID) and have CPAP/BIPAP***

# Visitation

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THIS IS NOT AN  
ACCURATE STATEMENT

Question:

During an outbreak, when only closed window visits are allowed, do we have to screen those visitors?

Answer:

Couple things here---

1. Visitation is allowed during an outbreak. Guidance lists how, who, and when visits can occur.
2. Visitors would need to be screened for visits

Question:

In outbreak status after a pause and **facility-wide testing** if no additional cases detected - do we have to wait 14 days **for visits on the one unit affected?**

---

Answer:

Couple points in this question—

1. If only one unit is affected (the unit the positive case was identified) then **facility-wide testing** is not required unless the facility has decided to conduct facility-wide testing instead of just unit-based testing approach---

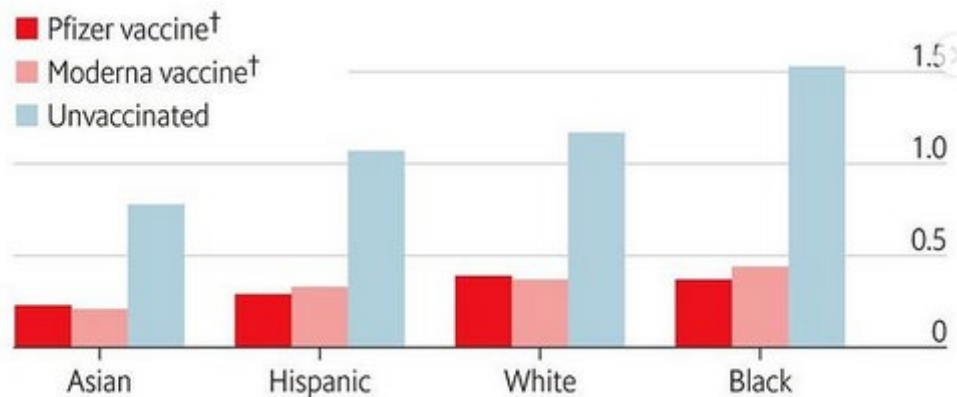
2. Visits may still occur during an outbreak. You **do not need** to wait 14 days before allowing visits.

- You pause all visits (except compassionate care, end of life, essential caregivers, and ombudsmen/guardians) to conduct the testing, evaluate the extent of the outbreak, resume all visits once results are obtained and the outbreak investigation has been completed.
- You determined what close contacts or higher risk exposures occurred and either excluded the persons from work or place the resident in quarantine (if applicable---remember vaccinated residents do not need to be restrict to their rooms even if close contact).
- Follow general visitation guidance for most residents. Follow specific visitation guidance for residents with confirmed COVID-19, residents suspected to have COVID-19, residents identified to be a close contact, or residents that are new admissions/readmission.

## People with covid jabs have been less likely to die of other causes

US, non-covid-related deaths among the vaccinated and the unvaccinated, per 100 person-years\*  
Dec 14th 2020-Jul 31st 2021

By race/ethnicity



\*Average death rate per 100 people, per year †After second dose

Source: CDC

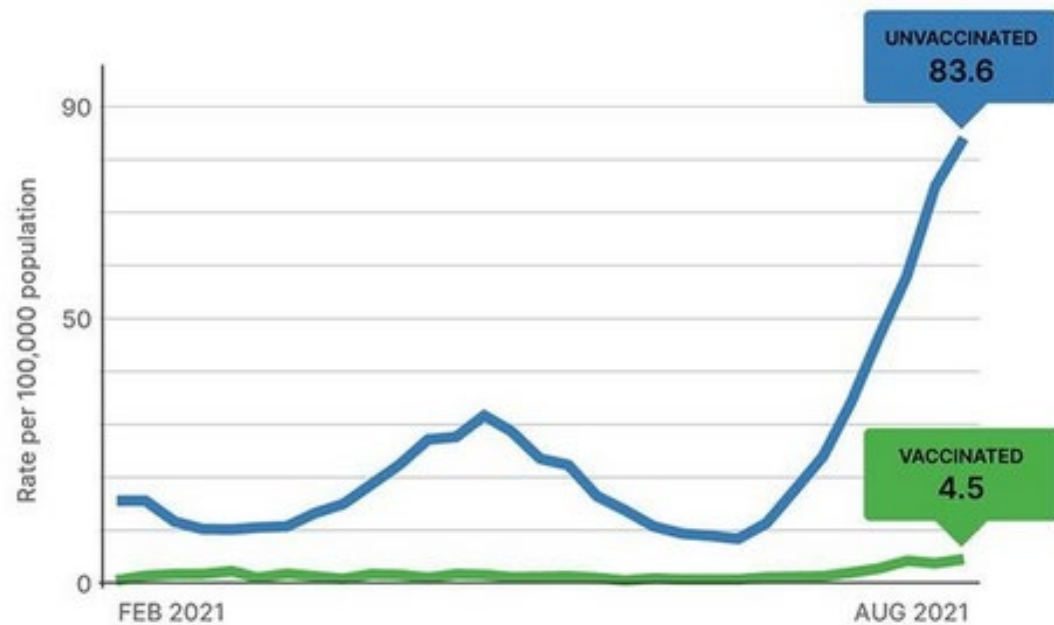
The Economist

# Vaccination Works

COVID DATA TRACKER

NOW AVAILABLE

## Rate of COVID-19-Associated Hospitalizations by Vaccination Status



Find the latest data on  
CDC's COVID Data Tracker

1/30/21-8/28/21





## Will you please review testing for staff/residents with symptoms?

- Symptomatic persons should not be working (presenteeism)
- Multiple viruses that cause LTC outbreaks come in with symptomatic staff (e.g. influenza, rhinovirus, parainfluenza, RSV)
- PCR results are preferred.
- Antigen (rapid) if PCR not available (*“prevalence of infection in the community is high, and the person being tested is symptomatic, then the pretest probability is generally considered high.”* <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html>)
- *“For HCP who were suspected of having COVID-19 but following evaluation another diagnosis is suspected or confirmed, return to work decisions should be based on their other suspected or confirmed diagnoses.”* CDC <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

# Testing of Unvaccinated Residents

- Outbreak
  - Test vaccinated and unvaccinated in defined area (unit based or broad-based)
  - Follow testing schedule
  - Test symptomatic persons
- Non-outbreak
  - Test symptomatic persons
  - Test new admissions and readmissions (see next slide)
  - From CMS, “CMS does not have a minimum requirement for testing residents:
  - "Routine testing of asymptomatic residents is not recommended unless prompted by a change in circumstances"<sup>1</sup>
  - Local County Health Department may have more frequent testing

1. <https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>

## Appendix A: COVID-19 Testing Summary (New)

Testing Trigger	Staff (HCP)	Residents
Symptomatic individual identified.	Vaccinated and unvaccinated staff with signs or symptoms must be tested.	Vaccinated and unvaccinated residents with signs or symptoms must be tested.
Higher risk exposure or close contact with individual who tested positive for COVID-19 <b>that occurs within the facility</b>	<p>Asymptomatic HCP with higher-risk exposure to someone with COVID-19, regardless of vaccination status, must have a series of two tests (PCR or POC antigen) for SARS-CoV-2 infection.</p> <p>Test two days post-exposure. If negative, test again between day 5-7 post-exposure or may incorporate into the unit-based or broad-based testing schedule</p>	<p>Asymptomatic residents with prolonged close contact with someone with COVID-19, regardless of vaccination status, must have a series of two tests (PCR or POC antigen) for SARS-CoV-2 infection.</p> <p>Test two days post-exposure. If negative, test again between day 5-7 post-exposure or may incorporate into the unit-based or broad-based testing schedule</p>
Higher risk exposure or close contact with individual positive with COVID-19 <b>that occurs outside the facility</b>	<p>Asymptomatic HCP with higher-risk exposure to someone with COVID-19, regardless of vaccination status, must have a series of two tests (PCR or POC antigen) for SARS-CoV-2 infection.</p> <p>Test two days post-exposure. If negative, test again between day 5-7 post-exposure.</p> <p><b>Note:</b> Fully vaccinated HCP with prolonged, continued exposure in the home must test at two days, between days 5-7, and weekly for two weeks after the last exposure date.</p>	<p>Asymptomatic residents with prolonged close contact with someone with COVID-19, regardless of vaccination status, must have a series of two tests (PCR or POC antigen) for SARS-CoV-2 infection.</p> <p>Test two days post-exposure. If negative, test again between day 5-7 post-exposure</p>
New admissions, readmissions or those out of the facility for more than 24 hours.		<p><b>If community transmission levels are substantial or high</b>, regardless of vaccination status, must be tested on admission if not tested in the past 72 hours. If negative, test again 5 – 7 days after admission. PCR testing is preferred.</p> <p><b>If community transmission levels are low to moderate</b>, do not need to be tested on admission.</p>

<https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/IDPH%20LTC%20guidance%2020201022.pdf>

<b>Appendix A: COVID-19 Testing Summary Continued (New)</b>		
<b>Testing Trigger</b>	<b>Testing Trigger</b>	<b>Testing Trigger</b>
<p>Newly identified COVID-19 positive HCP or resident in a facility.</p> <p>If the facility has the ability to investigate the outbreak at a unit-level (e.g., unit, floor, or other specific area(s) of the facility), and identify higher risk exposures and close contacts, they can choose the unit-level approach. Otherwise, the facility should use a broad-based approach.</p>	<p><b>Unit approach:</b> Test all HCP on the unit (or department) where the case was identified immediately (but not earlier than two days after exposure), regardless of vaccination status, Continue to test every 3-7 days until there are no more positive cases for 14 days. No need to test individuals who have had COVID-19 in the prior 90 days.</p> <p>Identify any asymptomatic higher risk exposures in HCP and close contacts in residents not on that unit. Test two days post-exposure. If negative, test again between day 5-7 post-exposure or may incorporate into the unit-based or broad-based testing schedule. <b>Broad-based approach:</b> Test <b>all</b> HCP facility-wide immediately (but not earlier than two days after exposure) regardless of vaccination status. Continue to test every 3-7 days until there are no more positive cases for 14 days.. No need to test individuals who have had COVID-19 in the prior 90 days.</p>	<p><b>Unit approach:</b> Test all residents on the unit (or department) where the case was identified immediately (but not earlier than two days after exposure), regardless of vaccination status Continue to test every 3-7 days until there are no more positive cases for 14 days. No need to test individuals who have had COVID-19 in the prior 90 days.</p> <p>Identify any asymptomatic higher risk exposures in HCP and close contacts in residents not on that unit. Test two days post-exposure. If negative, test again between day 5-7 post-exposure or may incorporate into the unit-based or broad-based testing schedule.</p> <p><b>Broad-based approach:</b> Test <b>all</b> residents facility-wide immediately (but not earlier than two days after exposure), regardless of vaccination status. Continue to test every 3-7 days until there are no more positive cases for 14 days.. No need to test individuals who have had COVID-19 in the prior 90 days.</p>
Routine testing	Follow Table 2: Testing Intervals of Unvaccinated HCP by Community Transmission Level	Not generally recommended.

<https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/guidance/ltc/lDPH%20LTC%20guidance%2020201022.pdf>



# What Type of PPE Should Visitors vs. Essential Caregivers/Hands on Care be Wearing?

- PPE should match what the HCP are wearing for gowns, gloves, eye protection
- Train on donning before and doffing after entering and exiting resident room
- Hand Hygiene
- Respiratory protection/Source Control:
  - Facility should generally not provide medical devices (e.g. N95s) for use by visitors
  - Getting clarification about procedural issues from CDC and IDPH

# What Do Long Term Care and Congregate Healthcare Need to Do for Influenza Vaccination?

- All residents are offered influenza, pneumococcal, and COVID-19 vaccines
- Ensure that all health care employees are provided education on influenza and offered the opportunity to receive influenza vaccine
- Have signed declinations from healthcare employees refusing influenza vaccination
- Keep records (employee health file with COVID-19 information, TB records, hepatitis B records, physical, etc.)



## Vaccines & Immunizations

CDC > COVID-19 Vaccination



### COVID-19 Vaccination

- Product Info by U.S. Vaccine +
- Clinical Care +
- Provider Requirements and Support +
- Training and Education -**
  - Training and Education Resources
- Vaccine Recipient Education +
- Health Departments +
- Planning & Partnerships +
- Vaccine Effectiveness Research
- COVID-19 Vaccine Data Systems +
- Content Syndication
- Vaccinate with Confidence +

## Training and Education



### Importance of trained healthcare professionals

A large number of healthcare professionals are needed to support COVID-19 vaccination efforts nationwide. These healthcare professionals are essential to ensuring the American population is vaccinated safely as soon as possible. They play critical roles in proper vaccine storage, handling, preparation, and administration, and they must be prepared to respond to vaccine recipients' questions and concerns. It is important these healthcare professionals receive the training needed to effectively meet the demands of their roles. Training must be ongoing as new COVID-19 vaccines become available and as vaccine recommendations evolve when we learn more about the vaccines and how to

### Become a Vaccinator



Become a COVID-19 vaccine provider. [Check your eligibility](#)

# CDC Training For Vaccinators

- <https://www.cdc.gov/vaccines/covid-19/training-education/index.html>

# Vaccinations

▶ HOME ▶ ABOUT IAC ▶ CONTACT ▶ A-Z INDEX ▶ DONATE ▶ SHOP ▶ SUBSCRIBE

For Healthcare Professionals For

## Immunization Action Coalition

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Welcome

IAC Express

Ask the Experts

Handouts

Immunization News

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### Ask the Experts

IAC experts answer your immunization questions

Answers from IAC experts to more than 1,000 questions about vaccines and their use

Ask the Experts! ? ?

Read Ask the Experts

How serious are measles, mumps, rubella? Which influenza vaccine can we give to children? Can Tdap be administered to pregnant women? Can a 30-year-old female patient insist that she wants to receive HPV vaccine? I give it to her? Can you catch zoster from a person with active zoster infection?

Home | About | Contact

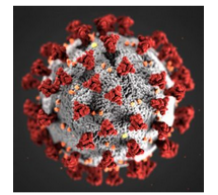
For Health Professionals For the Public For Coalitions

## Immunization Coalitions Network

About Network News Webinars Network Members Events Coalition Resources

## Repository of Resources for Maintaining Immunization during the COVID-19 Pandemic

This repository of resources is intended for use by healthcare settings, state and local health departments, professional societies, immunization coalitions, advocacy groups, and communities in their efforts to maintain immunization rates during the COVID-19 pandemic. The repository includes links to international, national, and state-level policies and guidance and advocacy materials, including talking points, webinars, press releases, media articles, and social media posts, as well as telehealth resources. The materials listed below can be sorted and searched by date, title, geographic area, source, type, category, or setting.



IAC Home | Vaccinating Adults: A Step-by-Step Guide

## Vaccinating Adults: A Step-by-Step Guide

A comprehensive, easy-to-use “how-to” guide for vaccinating adults

AVAILABLE FOR  
DOWNLOAD



**Vaccinating Adults: A Step-by-Step Guide** provides 142 pages of practical information in an easy-to-use format to help you implement or enhance adult immunization services in your healthcare setting. The *Guide* also includes an abundance of web addresses and references to assist you in staying up to date with the most current information. Developed by staff at the Immunization Action Coalition, the *Guide* had several early reviews for technical accuracy by subject matter experts at the Centers for Disease Control and Prevention and the National Vaccine Program Office.



<https://www.immunize.org/>





# Open Q&A

Submit questions via Q&A pod to **All Panelists**

**Please do not resubmit a single question multiple times**

Slides and recording will be made available after the session.

# Reminders

- SIREN Registration
  - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: <http://www.dph.illinois.gov/siren>
  
- NHSN Assistance:
  - Contact Telligen: **nursinghome@telligen.com**