



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

October 8th, 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
- Community Transmission Levels
- Aligning CMS Rules/regulations with IL Administrative Rules
- Higher Risk Exposures and Close Contacts
- Boosters VS 3rd Doses of COVID-19 Vaccine
- Open Q & A

IDPH webinars

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

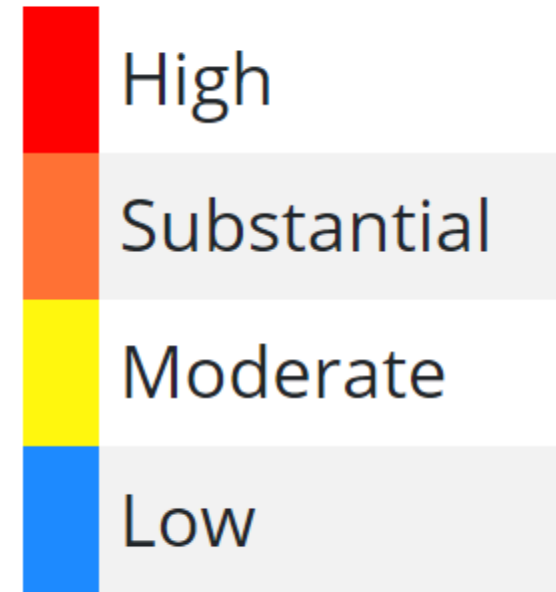
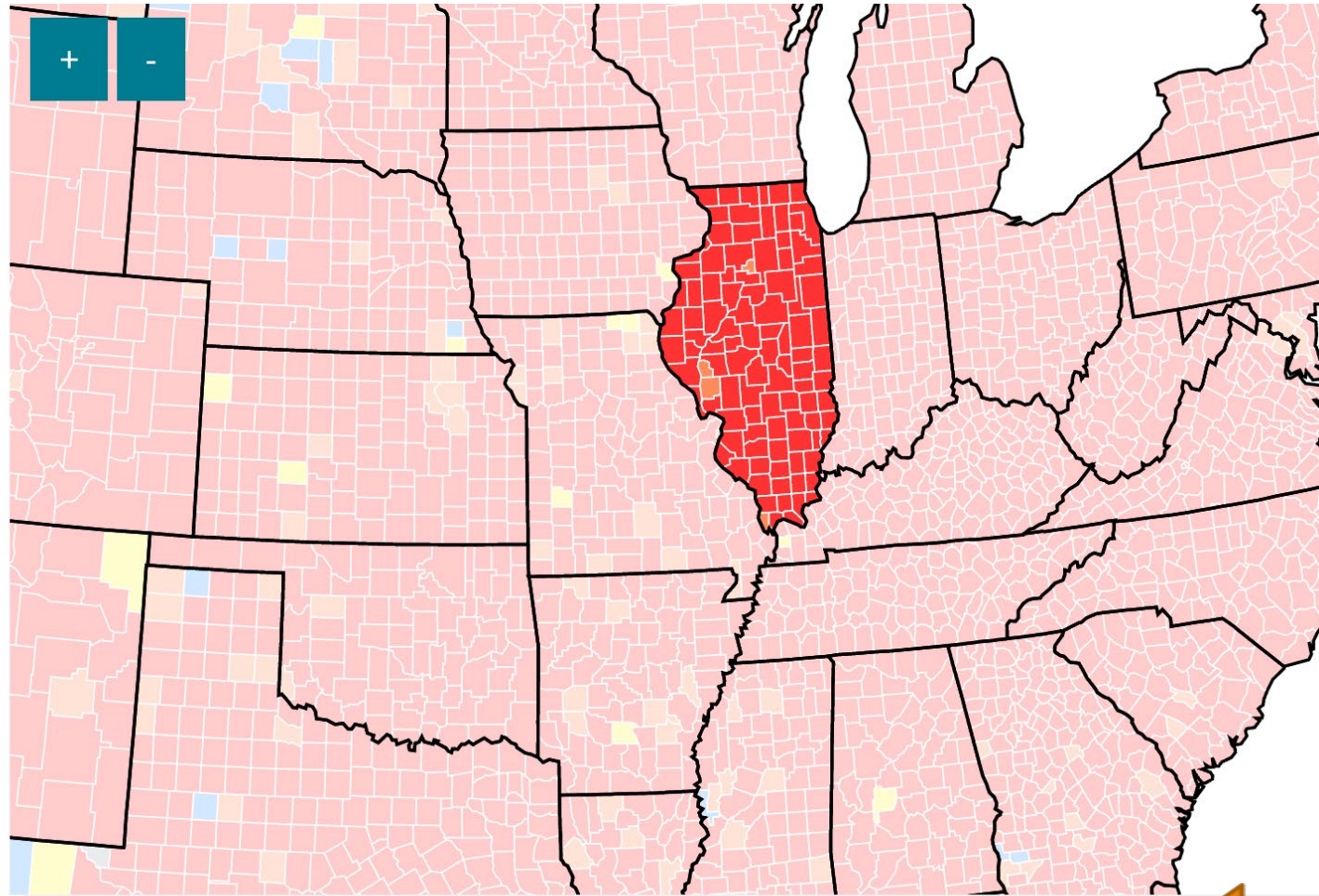
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|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Friday, October 15 th | https://illinois.webex.com/illinois/onstage/g.php?MTID=e1f80032c27f8b7343dc1c486857ca88d |
| Friday, October 22 nd | https://illinois.webex.com/illinois/onstage/g.php?MTID=e43d37abe7734208418fcec0bbb26b3c9 |
| Friday, October 29 th | https://illinois.webex.com/illinois/onstage/g.php?MTID=ee9499a4477d86c47a443457a4100cbb8 |

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

Slides and recordings will be made available after the sessions.

Long-term Care Updates

Color Depicts Community Transmission Levels



● High ● Substantial ● Moderate ● Low ● No Data



Using Community Transmission Levels

Illinois

[State Health Department](#) 

7-day Metrics

Community Transmission ● High

[How is community transmission calculated?](#)

October 7, 2021

Cases 19,829

% Positivity 3-4.9%

Deaths 259

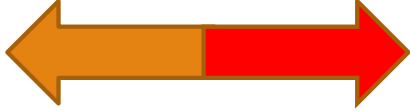
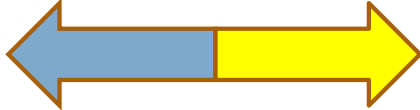
% Eligible Population Fully Vaccinated 63%

New Hospital Admissions (7-Day Moving Avg) 177.43




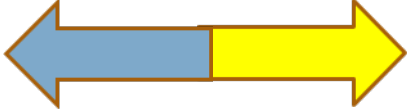
Community Transmission Levels & PPE USE

If a resident is ***not suspected to have COVID-19***, HCP must wear the following PPE:

- When community transmission levels are substantial or high 
 - HCP must wear a well fitted **facemask and eye protection**.
 - HCP working in non-patient care areas are not required to wear eye protection with substantial, or high community transmission levels, except when entering the patient care areas (e.g., dietary aide, maintenance, etc.)
- When community transmission levels are low to moderate 
 - HCP must wear a well fitted **facemask**.

Community Transmission Levels & PPE USE

If a resident is ***not suspected to have COVID-19***, HCP must wear the following PPE:

- For specimen collection: HCP must wear N95 respirator, eye protection, gown, and gloves
- Guidance for CPAP/BIPAP for asymptomatic, residents, who are not suspected to have COVID-19 (regardless of vaccination status)
 - In areas with substantial to high community transmission levels 
 - **HCP must wear N95 and eye protection.**
 - In areas with low to moderate community transmission levels, 
 - **HCP must wear a well-fitted facemask.**

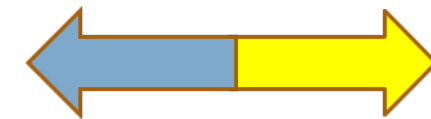
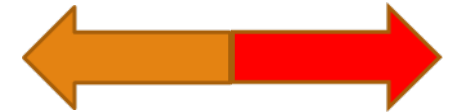
Community Transmission Levels: New Admissions & Readmissions

Quarantine

- Unvaccinated Residents---must quarantine
- Vaccinated Residents—do NOT need to quarantine on admission

Testing (NEW)

- When community transmission levels are **substantial or high**, asymptomatic new admissions and readmissions, 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.
- If community transmission levels are **low to moderate**, asymptomatic new admissions and readmissions do not need to be tested on admission.



Community Transmission Levels: New Admissions & Readmissions

| Community Transmission Levels: Admissions & Readmissions | | | | |
|----------------------------------------------------------|----------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Resident Vaccination Status | Substantial to High (orange to red) | | Low to Moderate (yellow to blue) | |
| | Quarantine | Testing required on admission | Quarantine | Testing required on admission |
| Unvaccinated | YES | YES | YES | NO |
| Vaccinated | NO | YES | NO | NO |

Unit or Broad -Based Approach to Testing

New IDPH Guidance (when released) will provide facilities the option of implementing unit-based or broad-based approach to testing when a new case of COVID-19 is identified in the facility.

Aligning CMS Rules/regulations with IL Administrative Rules

CMS Certified & IL Licensed facilities—Skilled Nursing & Intermediate Care Facilities

- Held to federal regulations and the IL Administrative Code/Rules

IL Licensed facilities-

Supportive Living, Assisted Living, Shared Housing Establishments, Sheltered Care, Specialized Mental Health Rehab (SMHRF), Intermediate Care for Disabled (MC/DD), and Illinois Department of Veterans Affairs facilities

- Held to IL Administrative Code/Rules



Center for Clinical Standards and Quality/Survey & Certification Group

DATE: August 26, 2020 **Ref: QSO-20-38-NH**
REVISED 09/10/2021


TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: **Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements**

“Facilities have the option to perform outbreak testing through two approaches, contact tracing or broad-based (e.g. facility-wide) testing.” page 5 of CMS Memo--Revised 09.10.21

Because skilled and intermediate care are held to CMS standards, they may choose to implement either approach for testing when a new case of COVID-19 is identified in the facility.

Current IL 
Administrative
Rules for AL,
Shelter Care,
ICF/DD, MC/DD

DPH

77 ILLINOIS ADMINISTRATIVE CODE 295

SUBCHAPTER c

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

SUBPART A: GENERAL PROVISIONS

Has the following statement:

“If a resident or staff in the establishment tests positive for COVID-19, all residents and establishment staff, including vaccinated and unvaccinated staff who have not tested positive in the past 90 days, shall be tested every three to seven days for COVID-19 until testing identifies no new cases of COVID-19 infection for a period of at least 14 days since the most recent positive result.”

HOWEVER the above listed facilities are held to current IL Administrative Rules and should continue with the Broad-based Approach for testing until IDPH Guidance (not released yet) and the IL Administrative Rules are aligned. Both documents are going through the approval process.

Unit or Department Approach

- Test all HCP and residents regardless of vaccination status working or residing on the unit with the identified case every 3-7 days until no more positive cases are identified for 14 days
- Identify any higher risk exposures in HCP and close contacts in residents (look-back-contact trace)
- Test asymptomatic HCP with higher risk exposures (HRE) and residents with close contacts
- Test HRE and close contacts immediately (but not earlier than 2 days) post-exposure, if negative, test again between days 5-7 post-exposure **or may incorporate into the unit-based testing schedule**
- Expand testing and investigation as indicated by exposures and test results
- If HCP worked on more than one unit, use broad-based approach

Broad-based Approach

- Facility-wide testing of all HCP and residents regardless of vaccinations status (unless had COVID infection within last 90 days). Test every 3-7 days until no more positive cases for 14 days
 - Identify any higher risk exposures in HCP and close contacts in residents (look-back-contact trace)
 - Test asymptomatic HCP with higher risk exposures (HRE) and residents with close contacts
- Test HRE and close contacts immediately (but not earlier than 2 days) post-exposure, if negative, test again between days 5-7 post-exposure **or may incorporate into the broad-based testing schedule**

HCP Higher-risk Exposure

The specific factors associated with these exposures should be evaluated on a case-by-case basis to determine if a higher-risk exposure occurred

Unvaccinated HCP

- Should be excluded from work for 14 days after their last exposure **and** have a series of two viral tests for COVID-19. See below.
- **HRE in the facility:** Test immediately (but not earlier than 2 days post-exposure), if negative, test again between days 5-7 post-exposure or ***testing may be incorporated into the unit or broad-based testing schedule.***
- **HRE outside the facility:** Test immediately (but not earlier than 2 days post-exposure), if negative, test again between day 5-7 post-exposure.
- The HCP should be referred to their healthcare provider for possible post-exposure prophylaxis with monoclonal antibodies.

HCP Higher-risk Exposure

Fully vaccinated asymptomatic HCP

- Are allowed to work but must have a series of two viral tests for COVID-19. See below. In general, work restriction is not necessary unless the HCP develops symptoms or tests positive for COVID-19
- **HRE in the facility:** Test immediately (but not earlier than 2 days post-exposure), if negative, test again between days 5-7 *post-exposure or testing may be incorporated into the unit or broad-based testing schedule.*
- **HRE outside the facility:** Test immediately (but not earlier than 2 days post-exposure), if negative, test again between day 5-7 post-exposure.
- Note: Fully vaccinated HCP with prolonged, continued exposure in the home must test at 2 days after first exposure, between days 5-7, ***and weekly for two weeks after the last exposure date.--**NEW***
- The HCP should be referred to their healthcare provider for possible post-exposure prophylaxis with monoclonal antibodies.

Residents identified as Close Contacts

Visitation, Dining, & Group Activities

Unvaccinated residents identified as a Close Contact:

- Quarantine
- Allow indoor visits in their room only
- Outdoor visits may be possible if the resident wears source control and maintains physical distancing. The resident is not allowed to linger in the halls (must go from room to outdoors wearing source control)
- Must not participate in communal dining and should dine in their room
- Must not participate in group activities.

Residents identified as Close Contacts

Visitation, Dining, & Group Activities

Vaccinated residents identified as a Close Contact

- No need to quarantine
- Allow indoor visits in their rooms, in common areas or designated visitation spaces
Both the resident and visitor wear source control and physically distance if possible
- Outdoor visits-are allowed if the resident wears source control and maintains physical distancing
- May participate in communal dining but should wear source control to and from the dining hall and when not eating or drinking
- May participate in group activities but should wear source control during the activity

Residents identified as a Close Contacts *Is Quarantine Required??*

- ***If symptomatic regardless of vaccination status***, isolate using transmission-based precautions, test, and HCP must wear full PPE —treat as suspected COVID-19 case
- ***If asymptomatic and fully vaccinated***—no need to quarantine or restrict resident to their rooms, but resident should wear source control for 14 days post exposure. ****NEW**
- ***If asymptomatic and unvaccinated***, quarantine for 14 days even if testing negative, and HCP wear full PPE.
- If has had COVID-19 within last 90 days---no need to quarantine, resident should wear source control for 14 days post exposure.
- If is moderate to severely immunocompromised--- consider quarantine. Consult with resident's health care provider.

Visits During Investigation (testing and contact tracing)

- Pause visitation (except compassionate care, end-of-life, essential caregivers) until the first round of testing is performed (on the unit/department or facility-wide) and the results are obtained.
- If one unit is involved---pause visits on that unit NOT for the entire building

VISITATION

After investigation has been completed

**RESUME VISITATION FOR ALL RESIDENTS REGARDLESS OF VACCINATION
STATUS**

**UNLESS THEY HAVE BEEN IDENTIFIED AS A CLOSE CONTACT or
the resident is suspected or confirmed to have COVID-19**

This includes all residents on the affected unit or throughout the facility

Lock-Down

THERE SHOULD BE NO REASON THE BUILDING IS IN LOCK-DOWN

VISITATION LIMITATIONS APPLY TO THOSE Residents

SUSPECTED or CONFIRMED to have COVID-19

OR if identified as CLOSE CONTACTS


(SEE SPECIFICS FOR EACH TYPE)

- If a resident is identified to be a close contact follow guidance based upon vaccination status of the resident.
- If resident is suspected or confirmed to have COVID-19, they may have compassionate care, end-of-life, essential caregiver visits in their room. No outdoor visits allowed.

Residents that leave the facility

Table 4: Is Quarantine or Testing Needed? (New)

| Resident vaccination status | Is quarantine necessary? | Is testing necessary? | |
|-----------------------------------------|--------------------------|----------------------------------------|--------------------------------------------|
| | | Low to moderate Community transmission | Substantial to high Community transmission |
| Unvaccinated out for less than 24 hours | No | No | No |
| Unvaccinated out for 24 hours or more | Yes | No | Yes; test as readmission |
| Vaccinated out for less than 24 hours | No | No | No |
| Vaccinated out for 24 hours or more | No | No | Yes; test as readmission |



COVID-19 Vaccination Update
IDPH LTC Weekly Q & A Webinar
October 8, 2021

OCTOBER 6, 2021

What is the difference between a 3rd dose and a booster dose?

-
- Who qualifies for it
-
- Which vaccines are authorized
-
- When you can get it

3rd dose: COVID-19 mRNA vaccines

- For people who are immunocompromised, may not have a good immune response to the 1st two doses of COVID-19 mRNA vaccine administered (**Pfizer** or **Moderna**).
- 3rd dose ideally should be the same vaccine (Pfizer or Moderna) initially given.
- Okay to give the other mRNA vaccine, if that is all that is available.
- This dose can be given as soon as 28 days after the 1st two doses.
- No indication for a booster dose yet, following a 3rd dose.

Qualifying Conditions for a 3rd Dose

- Active cancer treatment for solid tumors or cancers of the blood
- Organ transplant and taking medicine to suppress the immune system
- Treatment with high-dose corticosteroids or other drugs that may suppress the immune response (**see next slide**)
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection

Autoimmune diseases treated with immunosuppressant drugs - include

- Psoriasis
- Lupus
- Rheumatoid arthritis
- Crohn's disease
- Multiple sclerosis
- Alopecia areata

Booster dose: only **Pfizer** COVID-19 Vaccine

- Approved for certain individuals who received the **Pfizer** COVID-19 vaccine.
- Evidence of waning immunity beginning at 6 months after receiving the 2nd dose.
- **Pfizer** booster dose should be administered at 6 months or later.
- ACIP is scheduled to consider booster doses for Moderna and J&J on Thursday, October 14.

Who can get a **Pfizer** vaccine booster dose?

- Anyone 65 years old and older.
 - Anyone who lives in a long-term care facility who is at least 18 years old.
 - Anyone 18-64 in an occupation that puts them at risk of exposure to infection.
 - Anyone age 18-64 with certain health conditions (next slide).
- List of occupations:**
- First responders (healthcare workers, firefighters, police, congregate care staff)
 - Education staff (teachers, support staff, daycare workers)
 - Food and agriculture workers
 - Manufacturing workers
 - Corrections workers
 - U.S. Postal Service workers
 - Public transit workers
 - Grocery store workers

Health conditions for a **Pfizer** booster dose?

- Overweight or obesity
- Diabetes
- Chronic Kidney disease
- High blood pressure
- COPD and other lung disease
- Dementia
- Down's syndrome
- Heart conditions
- Liver disease
- Pregnancy
- Sickle cell disease
- Active or History of smoking
- Stroke
- Substance use disorder

Is a doctor's note needed?

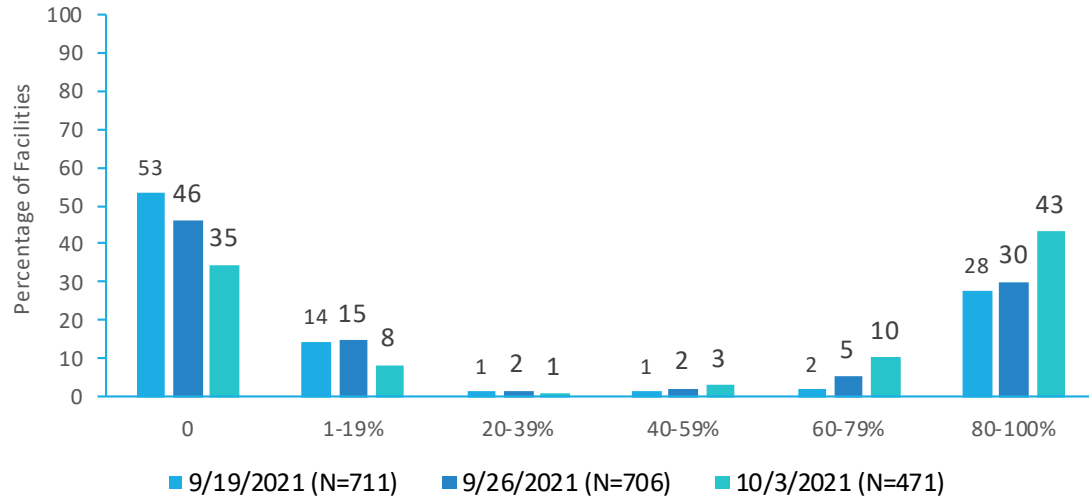
- **No**
- An individual can self-attest that they have a qualifying condition for either the 3rd dose or booster
- There is no need to specify which condition at a vaccination site

Can flu and COVID vaccines be administered at the same time?

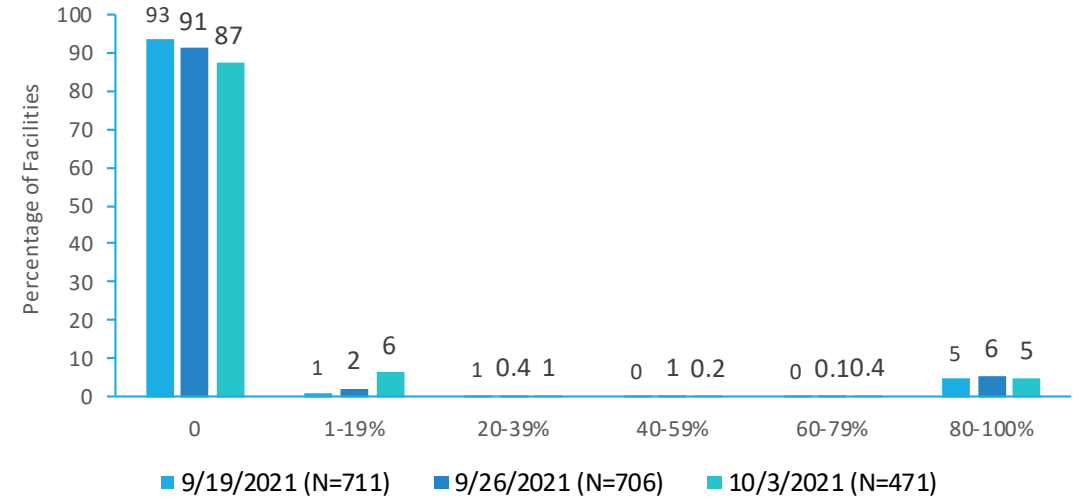
- **Yes**
- **COVID-19 vaccines may be administered without regard to timing of other vaccines.**
- **This includes simultaneous administration of COVID-19 vaccine and other vaccines on the same day.**
- Time-sensitive vaccines such as the flu vaccine should not be delayed in the context of COVID-19 vaccine or vice versa.

NHSN Resident Data

Percent of Residents Eligible for a Booster or Additional Dose

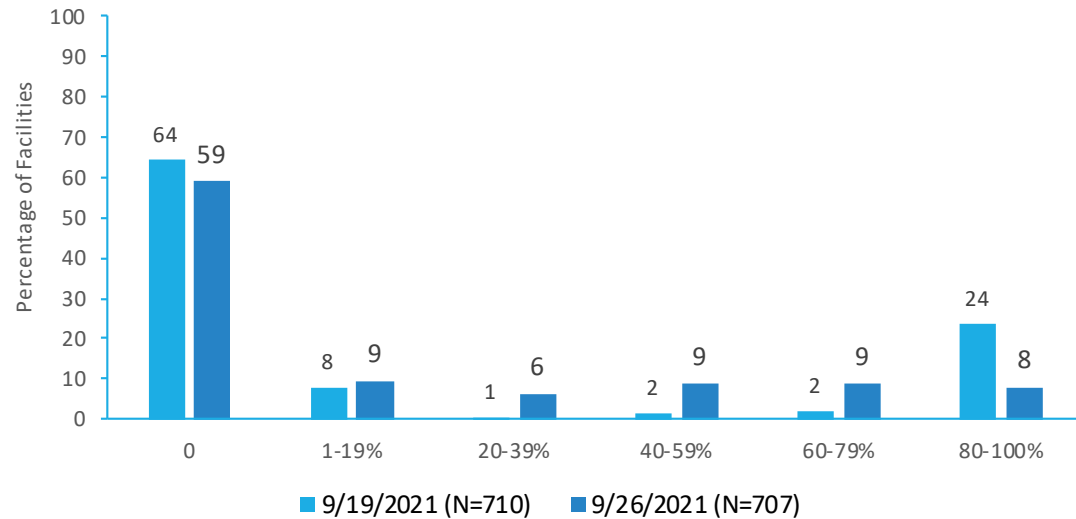


Percent of Residents who Received a Booster or Additional Dose

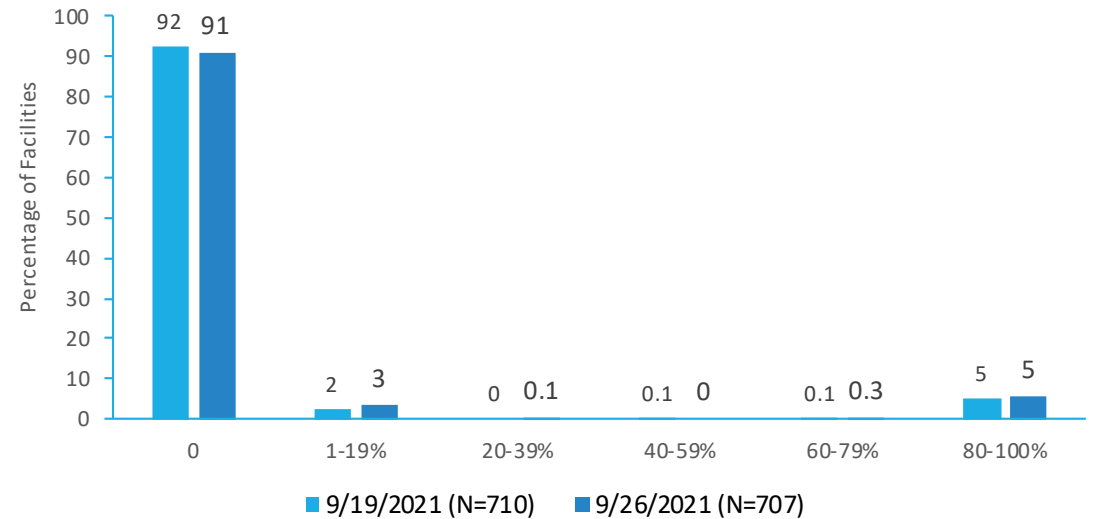


NHSN Staff Data

Percent of Staff Eligible for a Booster or Additional Dose (N=719)



Percent of Staff who Received a Booster or Additional Dose



IDPH Survey data

Purpose: IDPH LTC team created survey to better understand LTCFs' plans and ability to provide COVID-19 booster and influenza vaccinations to their residents and staff

Method: REDCap survey was sent via SIREN on 9/23/21, with requested completion date of 9/27/21

Participants: All IDPH licensed LTCFs (~1500) and HFS Supportive Living Facilities were asked to submit

Note: At the time of the survey, only the Pfizer vaccine was under consideration for boosters. CDC issued their recommendation for a booster on 9/24, while the survey was open

Q1: Does your facility have a **written plan** to provide COVID-19 vaccine boosters for your residents and staff?

| | n | % |
|-----------|-----|-------|
| No | 303 | 36.20 |



- “In the process for creating a written plan for boosters”
- “...we are awaiting approval and guidance from IDPH.” (N=105)*
- “[waiting for] final rule from CMS/CDC.” (N=62)*

**Facilities may be confused. IDPH guidance isn't needed to proceed with boosters, just FDA EUA and CDC recommendations. CMS rule would have to do with mandatory full vaccination of staff for Medicare/Medicaid payment, not boosters.*

Q3: Have you **contacted your pharmacy partner** to plan for COVID-19 booster vaccinations for your facility? (Among those with a partner, N=776)

| | n | % |
|------------|-----|-------|
| No | 84 | 10.92 |
| Yes | 685 | 89.08 |

Q2: Does your facility have a **pharmacy partner** to provide COVID-19 booster vaccinations?

| | n | % |
|------------|-----|-------|
| No | 65 | 7.73 |
| Yes | 776 | 92.27 |

We would like to address:

- Challenges obtaining booster and/or 3rd doses for residents and staff
- Support you may need to schedule these doses over the next two to four weeks

Meeting Dr. Ngozi Ezike, IDPH Director and LTC Administrators

- Topics: 3rd doses and boosters, monoclonal antibody
- Wednesday, October 13
- 8:00 AM – 9AM
- If you have not received an invite let us know
- Questions must be submitted by COB Monday, Oct. 11

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**