IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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

October 22nd, 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

IDPH
Illinois Department of Public Health

Agenda

- Upcoming Webinars
- Briefing on Outpatient Monoclonal Antibody Therapy
- COVID-19 Booster Vaccination Update
- LTC Reporting Requirements
- IDPH LTC Rules and Guidance Updates
- Flu Vaccination
- Open Q & A

Slides and recording will be made available after the session.

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

IDPH webinars

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

Friday, October 29th	https://illinois.webex.com/illinois/onstage/g.php?MTID=ee9499a4477d86c47a443457a4100cbb8
Friday, November 5th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e17a6575b8ed96558531336dcccd90cb2
Friday, November 19th	https://illinois.webex.com/illinois/onstage/g.php?MTID=ece5da24751a13f1e0d8d6e40a8362857

Previously recorded webinars can be viewed on the IDPH Portal

Slides and recordings will be made available after the sessions.

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Briefing on Outpatient Monoclonal Antibody Therapy

Arti Barnes MD, MPH, Medical Director/Chief Medical Officer

Ashley Thoele, MSN, MBA, RN, Acting Deputy Director
Office of Preparedness & Response

Kristin Rzeczkowski, Senior Policy Advisor

10-8-21

AGENDA

- OVERVIEW OF MONOCLONAL ANTIBODY THERAPY
- ALLOCATION PROCESS OVERVIEW
- OPTIONS FOR IMPLEMENTING INTO WORKFLOW
- Q&A

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Monoclonals (mAB): A look back in time

- First developed in the 1970s in the study of lymphomas, they were programmed to target antigens in 1975
  - First Nobel prize for Monoclonals was awarded in 1984
- Started therapeutic uses in the 1990s
- 2nd Nobel prize for monoclonals awarded in 2018 for its use in cancer therapy.

César Milstein and Georges Jean Franz Köhler

IDPH
Illinois Department of Public Health

mAB for COVID-19

WHICH? WHO? WHEN? WHY? WHERE? HOW?

IDPH
Illinois Department of Public Health

WHICH MONOCLONAL?

- **Bamlanivimab** was first approved for use in Nov 2020 as single agent
  - Decreased activity against alfa and beta- single use revoked in April 2021
  - **BUT** in combination with **etesivimab** , good activity against delta variant- **re-authorized for use in states with <5% resistance to bamla- IL was included in 08/2021**
  - IV ONLY
  - Approved for post exposure prophylaxis in Sept 2021
- **Casirivimab and imdevimab** -Casiri/imde (RegenCov) first approved in Nov 2020
  - EUA for post exposure prophylaxis approved in July 2021
  - Subcutaneneous injection use approved as alternate to IV
- **Sotrovimab**: Approved for early treatment in May 2021
  - IV only

IDPH
Illinois Department of Public Health

How do they work for Covid-19?

- Bind to nonoverlapping epitopes of the spike protein receptor binding domain, blocking attachment to the human ACE2 receptor
- Half life elimination ~ 17-31 days
- Time to peak ~ 6-8 days for casiri/imde
- Side effects: Mostly injection site or infusion related (~10%)
  - Very rarely nausea and vomiting (1% for casiri/imde)

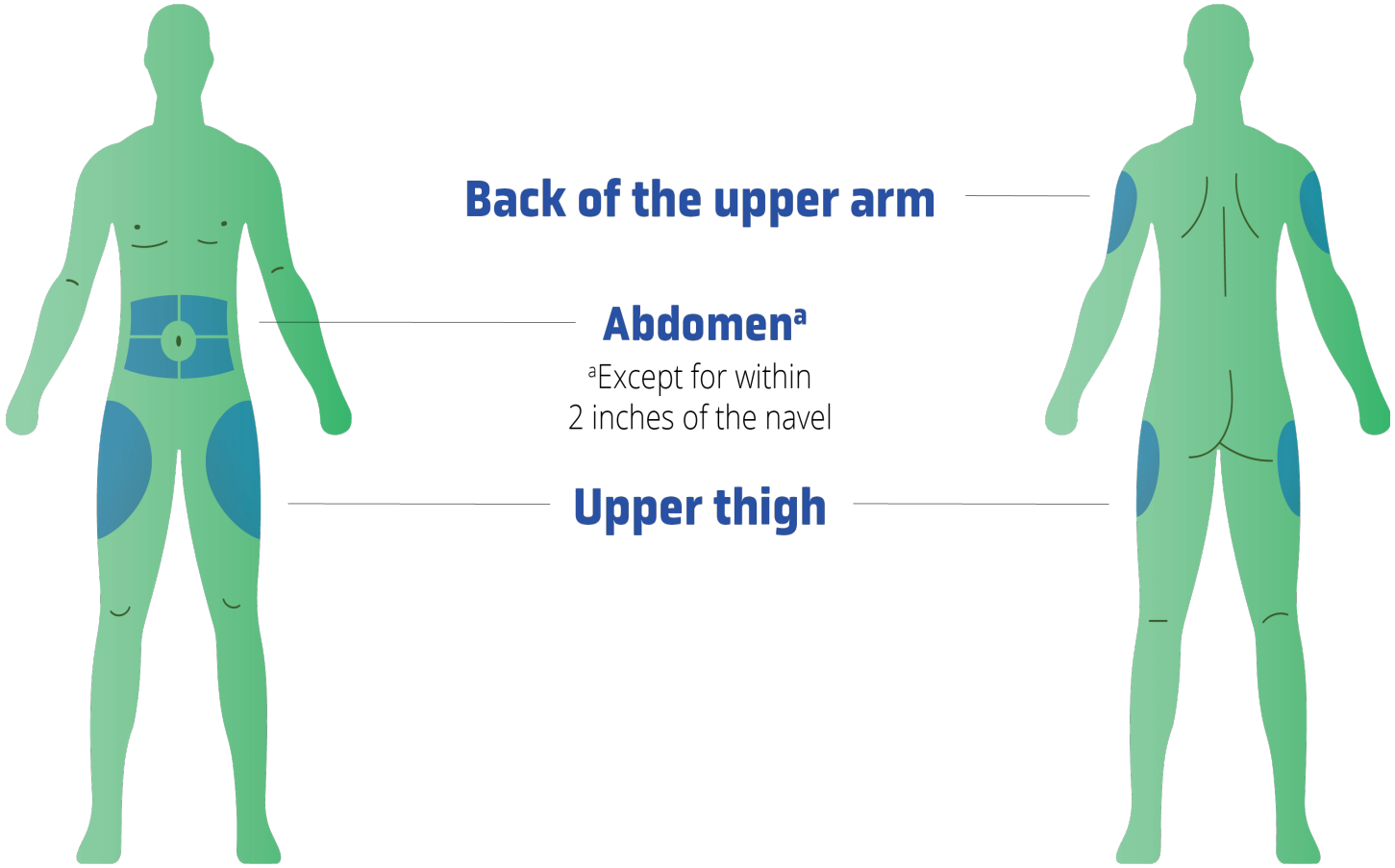
IDPH
Illinois Department of Public Health

Administration Issues

- **REGEN-COV™** in both packaging configurations may be used to prepare and administer **intravenous infusions** as well as **subcutaneous injections**.
- Shelf-life ~10 months at minimum (can extend to 18M)
  - Could store in anticipation of future use.

IDPH
Illinois Department of Public Health

RegenCov Subcutaneous injection



- **For the administration of 600 mg of casirivimab and 600 mg of imdevimab, gather 4 syringes (see preparation instructions) and prepare for subcutaneous injections.**

IDPH
Illinois Department of Public Health

Who? When?

- For treatment:
  - Non-hospitalized patients
  - Mild to moderate illness (eg, not requiring supplemental oxygen or, if on chronic supplemental oxygen, without an increased oxygen requirement)
  - Administered as soon as possible AND within 10 days of symptom onset
  - Earlier administration is likely associated with greater efficacy→ SubQ if any delays in IV
    - No current definition of what constitutes a “delay”

IDPH
Illinois Department of Public Health

mAB and COVID-19 vaccine/booster

- Limited data on how they may interact with each other
- If vaccine is administered first, no delay in mAB
- If mAB if administered first, CDC suggests a 90 day delay till vaccine administered considering that re-infection in 90 days from receipt of such therapies is rare.
- "*Receipt of passive antibody therapy in the past 90 days is not a contraindication to receipt of COVID-19 vaccine. COVID-19 vaccine doses received within 90 days after receipt of passive antibody therapy do not need to be repeated*."

HHS clinical implementation guide for Monoclonal Antibodies, 9/2/21

IDPH
Illinois Department of Public Health

WHO? WHEN?

- For **post exposure** prophylaxis (casiri/imde subQ or IV OR bamla/ete IV)
  - Close contact OR institutional setting exposure (high risk)
  - Not been fully vaccinated OR who are expected to have inadequate response to vaccination (anyone considered immunosuppressed)
  - Within 7 days of exposure
    - Studies used 96 hours from exposure to measure efficacy

IDPH
Illinois Department of Public Health

What to do in an outbreak

- If you don't already have mAB on hand
  - Determine if there is a local infusion site that patients can be transported to:
    - https://infusioncenter.org/infusion_resources/nica-monoclonal-antibody-therapies/
    - Covid 19 Patients can be transported per CDC guidance
  - If no local site or transportation not feasible, contact LTC pharmacy partner or IDPH immediately so as to have mAB re-allocated from another site for immediate use in an outbreak

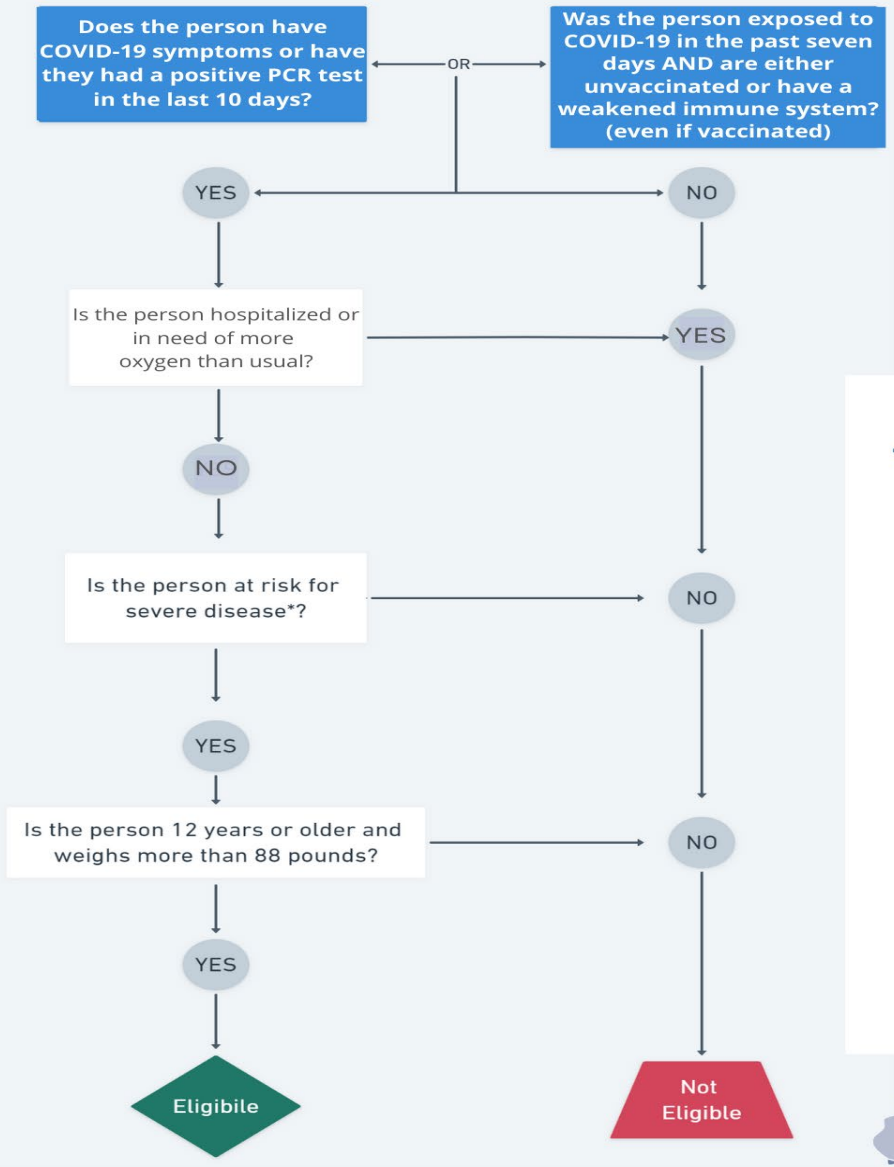
IDPH
Illinois Department of Public Health

The WHO: Criteria for use of monoclonal antibodies to treat OR PREVENT SARS-CoV-2

- Older age (≥65 years)
- Obesity or being overweight (eg, adults with BMI >25 kg/m2, or, if age 12 to 17, have BMI ≥85th percentile for age and sex)
- Pregnancy
- Chronic kidney disease
- Diabetes mellitus
- Immunosuppression (immunosuppressive disease or treatment)
- Cardiovascular disease (including congenital heart disease) or hypertension
- Sickle cell disease
- Chronic lung diseases (eg, chronic obstructive pulmonary disease, asthma [moderate to severe], interstitial lung disease, cystic fibrosis, pulmonary hypertension)
- Neurodevelopmental disorders (eg, cerebral palsy) or other medically complex conditions that confer medical complexity (eg, genetic or metabolic syndromes and severe congenital anomalies)
- Dependence on a medical-related technology (eg, tracheostomy, gastrostomy, or positive pressure ventilation [unrelated to COVID-19])

IDPH
Illinois Department of Public Health

Eligibility for Monoclonal Antibody Treatment to Prevent Severe COVID-19



*Risk conditions for severe disease:

- Older age (65 and older)
- Chronic respiratory disease
- Diabetes
- Cardiovascular disease
- Chronic kidney disease
- Immunosuppressive disease or treatment
- Obesity
- Hypertension

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH, IMPROVING LIVES

DPH
OIS DEPARTMENT OF PUBLIC HEALTH

LTC considerations

- If flu is circulating
  - Antivirals for treatment and chemoprophylaxis
- If SARS-Cov2 is circulating
  - Monoclonals for those not hospitalized and who don't need additional oxygen
- No indication that antivirals for flu and monoclonals cannot be co-administered
- In outbreak, monoclonals act faster than vaccines/boosters

CDC: Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating

IDPH
Illinois Department of Public Health

TIMING IS CRITICAL!

- Cases: ideally 48 hrs from positive but within 10 days
- Contacts: within 7 days of exposure
- IDPH will stock a few doses
  - LTCs who are in outbreak and have limited or no mAB on hand must approach IDPH ASAP
- Consider signing up for doses on hand

IDPH
Illinois Department of Public Health

Is it happening

- Facilities using NHSN MUST report mAB too.
- Week Oct 19, 2021: 663 SNFs reported in NHSN.
  - Almost all facilities reported 0 residents treated with those therapies during that time
  - with only two facilities reporting 1-2 residents treated from stock from another facility.
  - In October there were >250 facilities in outbreak
    - Staff: 347 cases
    - Residents: 848 cases
    - **CONTACTS!??**

IDPH
Illinois Department of Public Health

The WHY: Does it work?

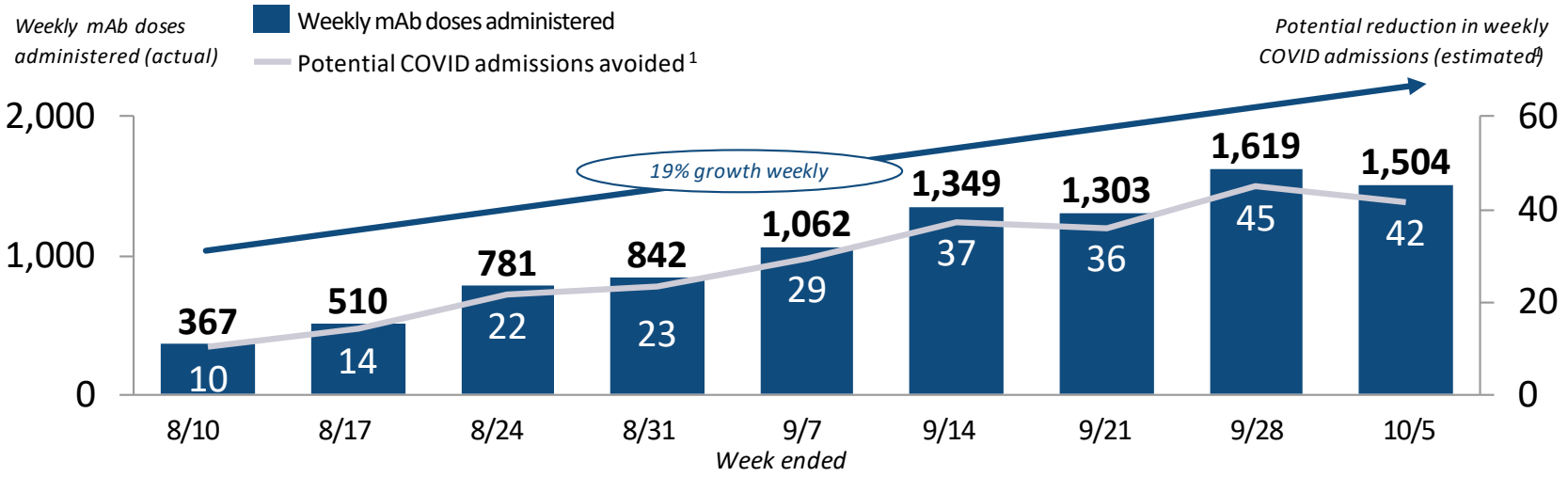
- Clinical Trials: mAb treatment clinically proven to reduce relative risk of admission by ~ 70+%[1]
- Real world (only 1 study [2])
  - Decreased likelihood of emergency care or hospitalization (odds ratio, 0.69)
  - Weighted probability that a given patient would require an emergency department visit or hospitalization decreased significantly (0.7% per day).
  - Mortality was 0.2% (n = 1) in the mAb group compared with 1.0% (n = 71
  - Adverse events occurred in 7 (1.2%); 2 (0.3%) were considered serious.
- Should prioritize areas with highest community spread and limited access to hospitals

1. Based on NIH clinical studies; hospitalization rate for non-treated populations eligible for mAb treatment between 3.2% and 4.6%; reflects a 71% relative risk reduction for admission for COVID patients receiving mAb treatment 2. Represents 7 days from 9/7 to 9/14; 9/15 data not available at this time
Source: NIH, HHS
2. Webb et al, Open Forum Infectious Diseases July 2021

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

mAb clinics: Since 8/4, 9K+ mAb doses administered in IL, potentially avoiding 250+ COVID admissions

Data as of Oct 5, 2021 at 23:59



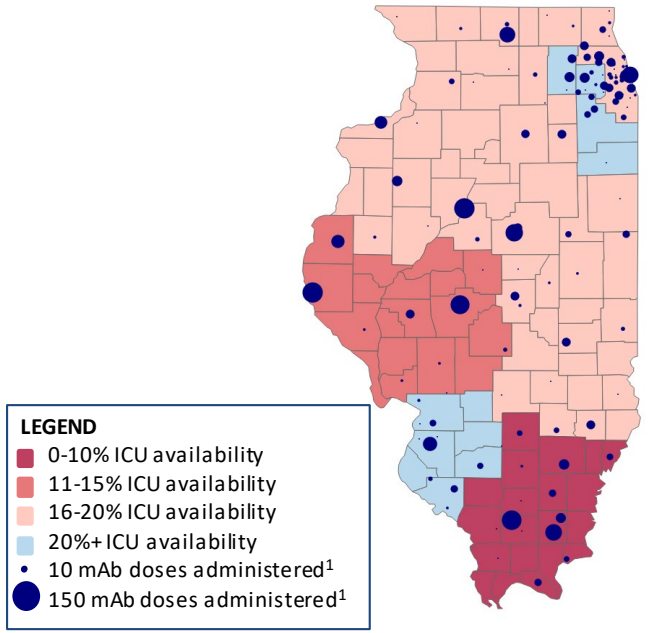
mAb doses shipped[2]	2.0K	2.1K	2.4K	3.4K	3.2K	2.2K	1.3K	3.4K	2.3K

1. Based on NIH clinical studies; hospitalization rate for non-treated populations eligible for mAb treatment between 3.2% and 4.6%; reflects a 71% relative risk reduction for admission for COVID patients receiving mAb treatment 2. As of 9/17, mAb doses are allocated by federal government to IL and then allocated by IL to individual sites
Note: Figures for prior periods update weekly due to data cleaning and other data quality measures implemented at HHS
Source: NIH, HHS

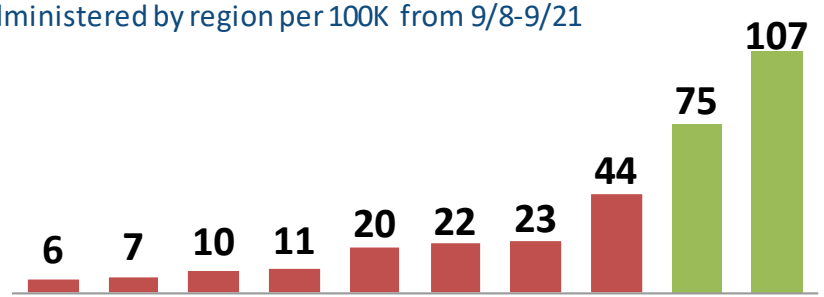
IDPH
Illinois Department of Public Health

WHERE? Regions with lowest ICU capacity receiving more mAb doses as we continue to prioritize areas with greatest need

mAb doses administered by region and ICU availability from 9/8-9/21



mAb doses administered by region per 100K from 9/8-9/21



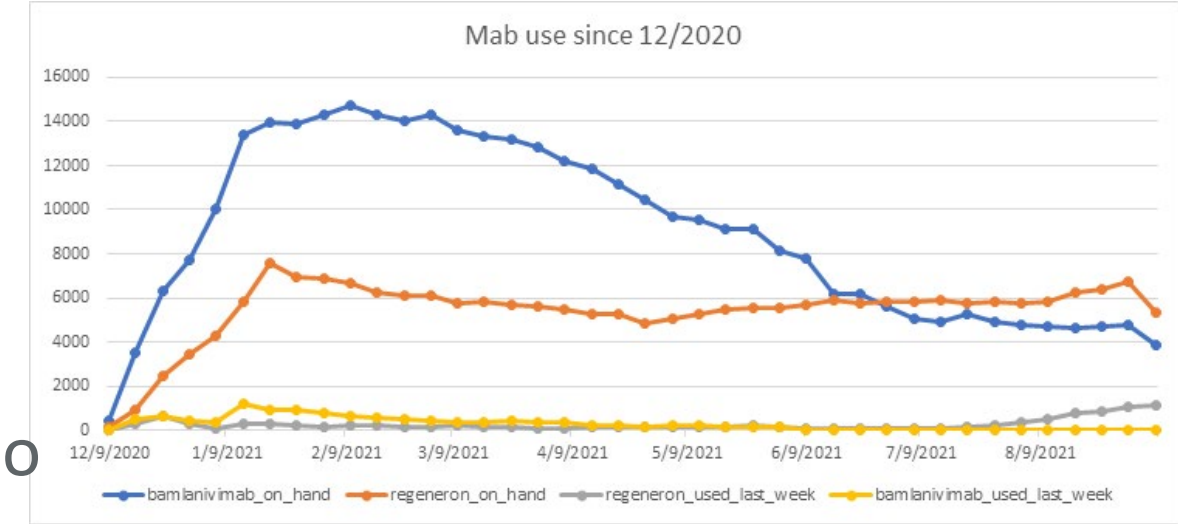
Region	9	7	10+11	8	1	6	4	2	3	5
% ICU availability	18	>20	16	>20	17	16	>20	17	14	1
Est. ICU beds available[1]	29	33	297	84	27	25	32	47	22	1
Prevented admissions[2]	2	2	14	5	4	5	4	15	12	12

1. 7-day average as of 9/23 2. Based on NIH clinical studies; hospitalization rate for non-treated populations eligible for mAb treatment between 3.2% and 4.6%; reflects a 71% relative risk reduction for admission for COVID patients receiving mAb treatment
Source: NIH, HHS, I-CARE, EMResource

IDPH
Illinois Department of Public Health

What can we do next?

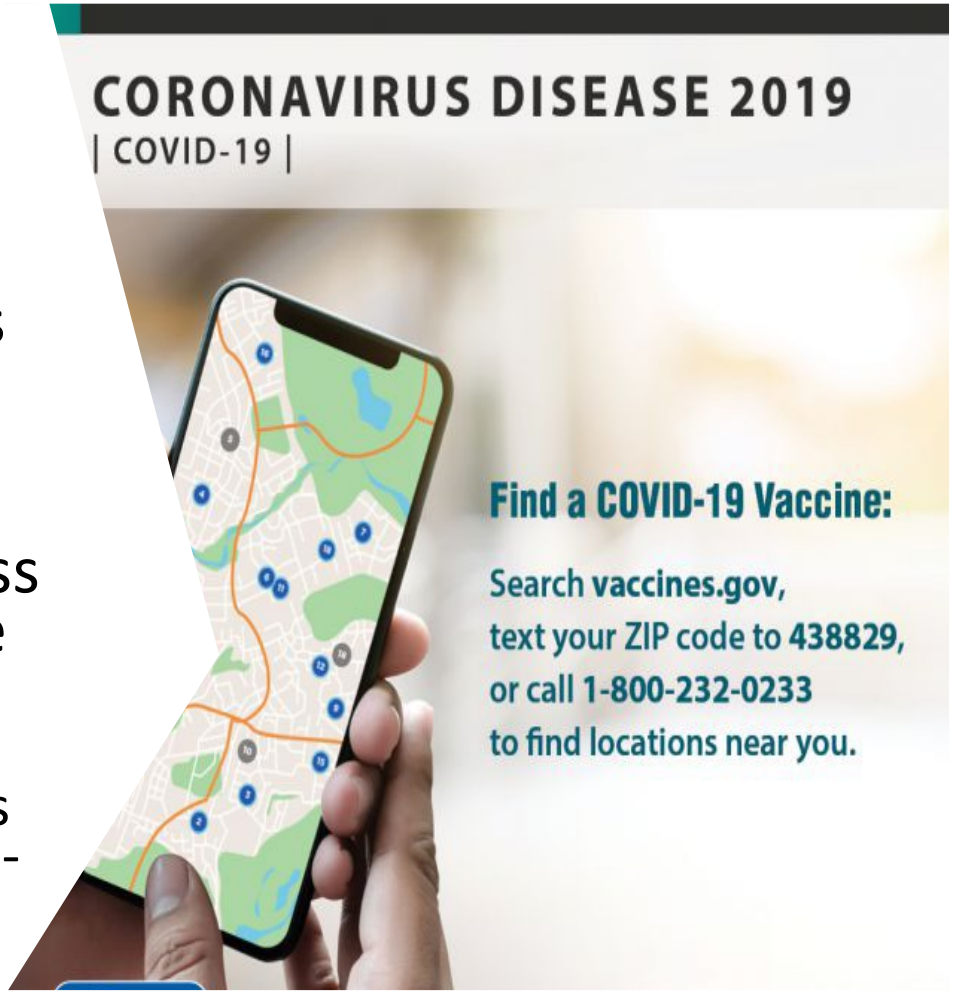
- VACCINATE!!!!
- IDPH will stock a few mAB doses for use in OUTBREAKS/URGENT
- Collaborating with pharmacy association to determine how **pharmacies can support mAb treatment**



IDPH
Illinois Department of Public Health

REMEMBER: VACCINES STILL WORK!

- mAb is **not designed to replace vaccination**
- mAb is to augment vaccination efforts to prevent hospitalizations and deaths from Covid
- mRNA Vaccines are still ~80% effective in preventing serious illness with Covid including the Delta variant
  - 3rd doses as well as boosters are critical tools in the fight against Covid-19



IDPH
Illinois Department of Public Health

How to obtain Monoclonal

- **As of Monday, September 13, 2021: Administration sites no longer order mAb directly from AmerisourceBergen.**
- **HHS determines each state's weekly amount of mAb products based on COVID-19 case burden and mAb utilization.**
- • State health departments subsequently identify which sites in their respective jurisdictions receive the product and the amount each site receives.
- • HHS will continue to monitor product utilization rates, COVID-19 case burden, and overall availability of mAbs to determine when a shift back to the normal direct ordering process may be possible.

IDPH
Illinois Department of Public Health

- All future requests for products will now go through a request process to the state.
- Please use the smartsheet link to make a **request for product** : https://app.smartsheet.com/b/form/8238e9e2bb744c3d97f846260c4b02c1
- Please use this link to **set up as a new site** https://app.smartsheet.com/b/form/2003f755dcbc4c37acbf7a29a1fec8c4
- If your site does not have an account in Teletracking please register as soon as possible via this link: https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Pages/COVID19-therapeutics-teletracking.aspx .
- All sites must document weekly. **IDPH will honor a one time request for an allocation without a prior entry in to Teletracking. No further requests for allocations will be granted without evidence of weekly utilization reporting**.

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

- **Future Requests for product will follow this schedule:**
- 1. **Friday to Tuesday of Cycle week** – Providers allowed to make requests for upcoming cycle
  - Cycle 2 – 9/20/2021 (Request no later than 9/21/2021)
  - Cycle 3 – 9/27/2021 (Request no later than 9/28/2021)
  - Cycle 4 – 10/4/2021 (Requested no later than 10/5/2021)
  - Cycle 5 – 10/11/2021 (Requested no later than 10/12/2021)
  - Cycle 6 – 10/18/2021(Requested no later than 10/19/2021)
  - Cycle 7 – 10/25/2021 (Requested no later than 10/26/2021)
  - Cycle 8 – 11/1/2021 (Requested no later than 11/2/2021)
  - Cycle 9 – 11/8/2021 (Requested no later than 11/9/2021)
  - Cycle 10 – 11/15/2021 (Requested no later than 11/16/2021)
- 2. **Tuesday – Thursday of cycle week** – allocations released to states and local allocations will be determined based on requests and areas of need
- 3. **Friday** – allocations are entered in the AmeriSource Bergen Distribution Portal; SIREN Distribution to providers indicating allocation amounts

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

POCKETBOOK MATH!
REIMBURSEMENT AND COVERAGE

- Monoclonal antibodies are expensive but **are free through the federal government**
  - Bamla/ete: ~ $1,250 cost per dose (IV only)
  - Regen-Cov: ~ $1,250 cost per dose (IV or SubQ)
  - Sotrovimab: $2000 cost per dose (IV only)
- Medicare will pay approximately
  - $450 in most settings (including LTCs)
  - $750 in the beneficiary's home or residence

IDPH
Illinois Department of Public Health

CMS: Coverage of Monoclonal Antibody Products to Treat COVID-19

Medicare

Site of Care[1]	Payable by Medicare	Expected Patient Cost-Sharing
Inpatient Hospital	✓	No patient cost-sharing
Outpatient Hospital or "Hospital without Walls[2]"	✓	No patient cost-sharing
Outpatient Physician Office/Infusion Center	✓	No patient cost-sharing[3]
Nursing Home (See third bullet in Key Facts on CMS enforcement discretion)	✓	No patient cost-sharing
Home	✓	No patient cost-sharing

[1]Services must be furnished within the scope of the product's FDA authorization or approval and within the provider's scope of practice.
[2]Under the Hospital Without Walls initiative, hospitals can provide hospital services in other healthcare facilities and sites that would not otherwise be considered to be part of a healthcare facility; or can set up temporary expansion sites to help address the urgent need to increase capacity to care for patients.
[3]Cost-sharing may apply to Medicare beneficiaries when they receive care from a provider that doesn't participate in Medicare.
[4]Certain monoclonal antibody products to treat COVID-19 have been authorized under Food and Drug Administration Emergency Use Authorizations since November 10, 2020. More information including the level II HCPCS codes for the administration/ infusion and post administration monitoring of these products can be found online in the Program Instruction.

Expected Payment to Providers: Key Facts

- Medicare payment for monoclonal antibody products to treat COVID-19 is similar across sites of care, with some small differences.
- Medicare pays for the administration of monoclonal antibody products to treat COVID-19. For example, Medicare will pay a national average of approximately $450 for the administration of certain monoclonal antibody products4 . Home infusion is reimbursed at a higher rate.
- CMS will exercise enforcement discretion to allow Medicare-enrolled immunizers working within their scope of practice and subject to applicable state law to bill directly and receive direct reimbursement from the Medicare program for administering monoclonal antibody treatments to Medicare Part A Skilled Nursing Facility residents
- Medicare will pay the provider for these monoclonal antibody products when they are purchased by the provider. Medicare won't pay if the product is given to the provider for free by, for example, a government entity.
- When purchased by the provider, Medicare payment is typically at reasonable cost or at 95% of the Average Wholesale Price (an amount determined by the manufacturer). These payment amounts vary depending on which type of provider is supplying the product. Original Medicare will pay for these products for beneficiaries enrolled in Medicare Advantage.
- For more specific information about Medicare payments to providers for these monoclonal antibody products, please see these Frequently Asked Questions.

Additional information can be found at https://www.cms.gov/files/document/covid-infographic-coverage-monoclonal-antibody-products-

IDPH
Illinois Department of Public Health

BILLING CODES

Regeneron product codes

- Q0243:
  - Long descriptor: Injection, casirivimab and imdevimab, 2400 mg
- M0243:
  - Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring
- **M0244:**
  - Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency

IDPH
Illinois Department of Public Health

Billing Codes cont'd

- **Bamla/ete codes**
  - M0245 : intravenous infusion, includes infusion and post administration monitoring
  - M0246 : same as above but home infusion
- **Sotrovimab codes**
  - M0247:Intravenous infusion, sotrovimab, includes infusion and post administration monitoring
  - M0248:home infusion

IDPH
Illinois Department of Public Health

The FUTURE

- Pre-exposure prophylaxis mAB submitted for review to the FDA
- Oral pill for outpatient treatment- Molnupiravir also being reviewed by the FDA
  - 800 mg twice a day for 5 days
  - Given within 5 days of symptom onset

IDPH
Illinois Department of Public Health

In Summary

- Monoclonal antibodies are important tools to
  - PREVENT and
  - TREAT early covid
- Regencov can now be given subcutaneously when any anticipated delays in referral to IV infusion centers
- Regencov and Bamla/ete are FREE from the federal government and re-imburseable through CMS
- Ordering of product is currently through IDPH in weekly allotments, reporting through NSHN

IDPH
Illinois Department of Public Health

Resources

- IDPH Monoclonal Antibody page
- Monoclonal Antibody Therapy Playbook (link to HHS materials)
- Amerisource Bergen support center: C19therapies@amerisourcebergen.com
- IDPH Technical Assistance:
  - Allocation and Distribution: Theresa Tolar Theresa.tolar@illinois.gov
  - Clinical Guidance: Dr. Arti Barnes arti.barnes@illinois.gov
  - Secondary Contact: Ashley Thoele ashley.thoele@illinois.gov

- Teletracking:
  - Email hhs-protect@teletracking.com or Call 1-877-570-6903

IDPH
Illinois Department of Public Health

IDPH

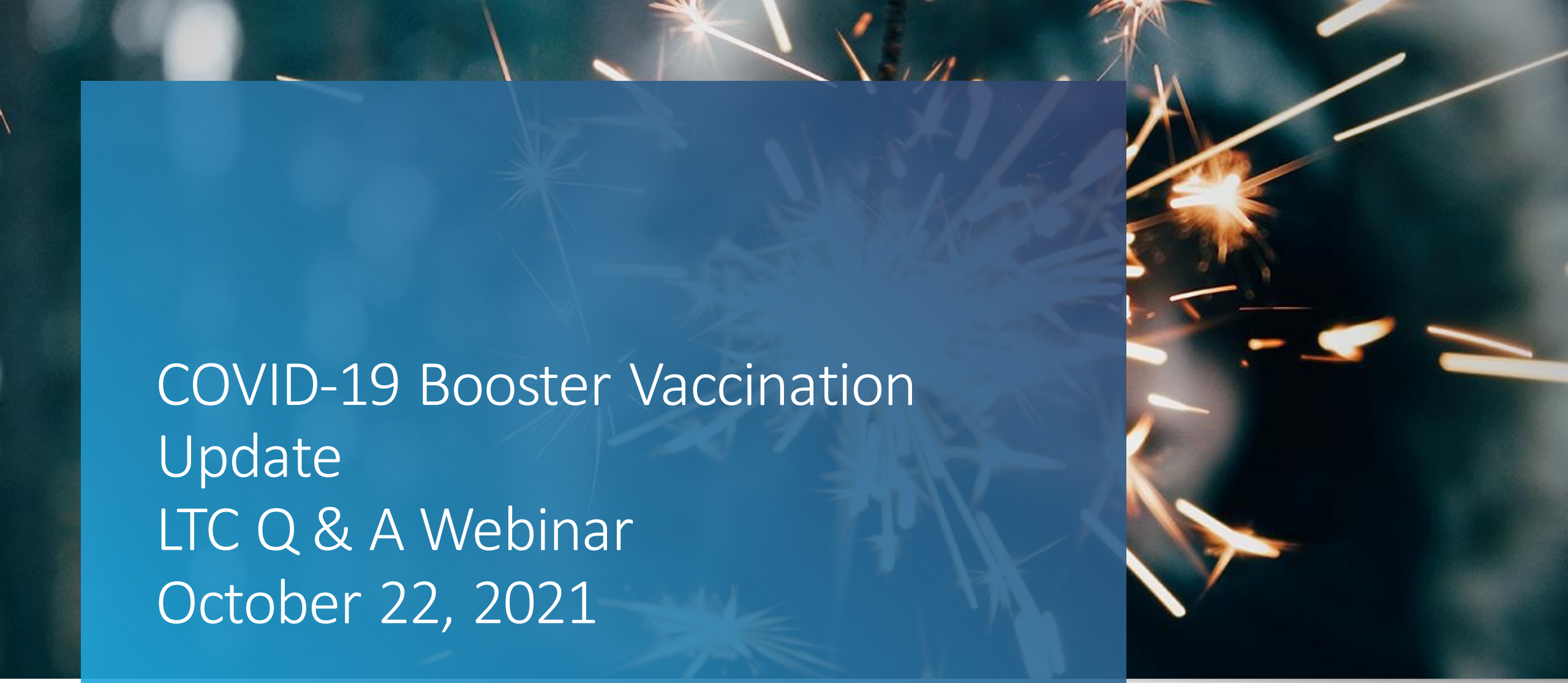
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

THANK YOU

Dr. Arti Barnes, arti.barnes@illinois.gov

Ashley Thoele, ashley.thoele@illinois.gov

Kristin Rzeczkowski,
kristin.rzeczkowski@illinois.gov



COVID-19 Booster Vaccination Update
LTC Q & A Webinar
October 22, 2021

New CDC COVID-19 Vaccine Booster Recommendations – Oct. 21, 2021

- FDA EUA amended to allow a single booster dose for all three available COVID-19 vaccines in the United States (Oct. 20, 2021).
- Oct. 21 – ACIP concurred, CDC endorsed FDA recommendations.
- Eligible individuals may choose which vaccine they receive as a booster dose. It does not need to be the same vaccine as the original series.
- CDC's recommendations now allow for this type of mix and match dosing for booster shots.

mRNA COVID-19 Vaccines Booster Dose recommendations

- Approved for certain individuals who received the **Pfizer** or **Moderna** COVID-19 vaccine.
- Evidence of waning immunity beginning at 6 months after receiving the 2nd dose.
- Booster dose should be administered at **6 months or later** following the 2nd dose.
- A booster is **not** currently recommended after a 3rd dose of mRNA vaccine (given to individuals who are immunocompromised, 28 days after the initial 2 dose series)

Who can get a Pfizer or Moderna COVID-19 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.

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 or Moderna 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

Janssen (J & J) COVID-19 Vaccine Booster Dose Recommendations

- Anyone 18 years and older
- At least **two months** after the initial dose.

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

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.

Scheduling COVID-19 Vaccine Booster Dose Clinics

- Please schedule booster dose clinics for your facility **within the next 4 weeks.**
- IDPH will provide you with a list of LTC pharmacies if you do not have a vaccine provider.
- Can also reach out to all major retail pharmacies in your area: Walgreens, CVS, Jewel-Osco, Walmart, Hy-Vee, Kroger, and Mariano's
- Let us know if you are having difficulty getting a clinic scheduled.

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*	https://app.smartsheet.com/b/form/fa2d7abfb102490b9d2622a2ba490744 **(New)**

*E.g., Assisted living, ICF/DD, SMHRF, SNF (not CMS-certified) etc. Emergency rules to be issued.

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	https://app.smartsheet.com/b/form/fa2d7abfb102490b9d2622a2ba490744 **(New)**

Section 1: Facility Information

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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.

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.

Select

Facility License Number *

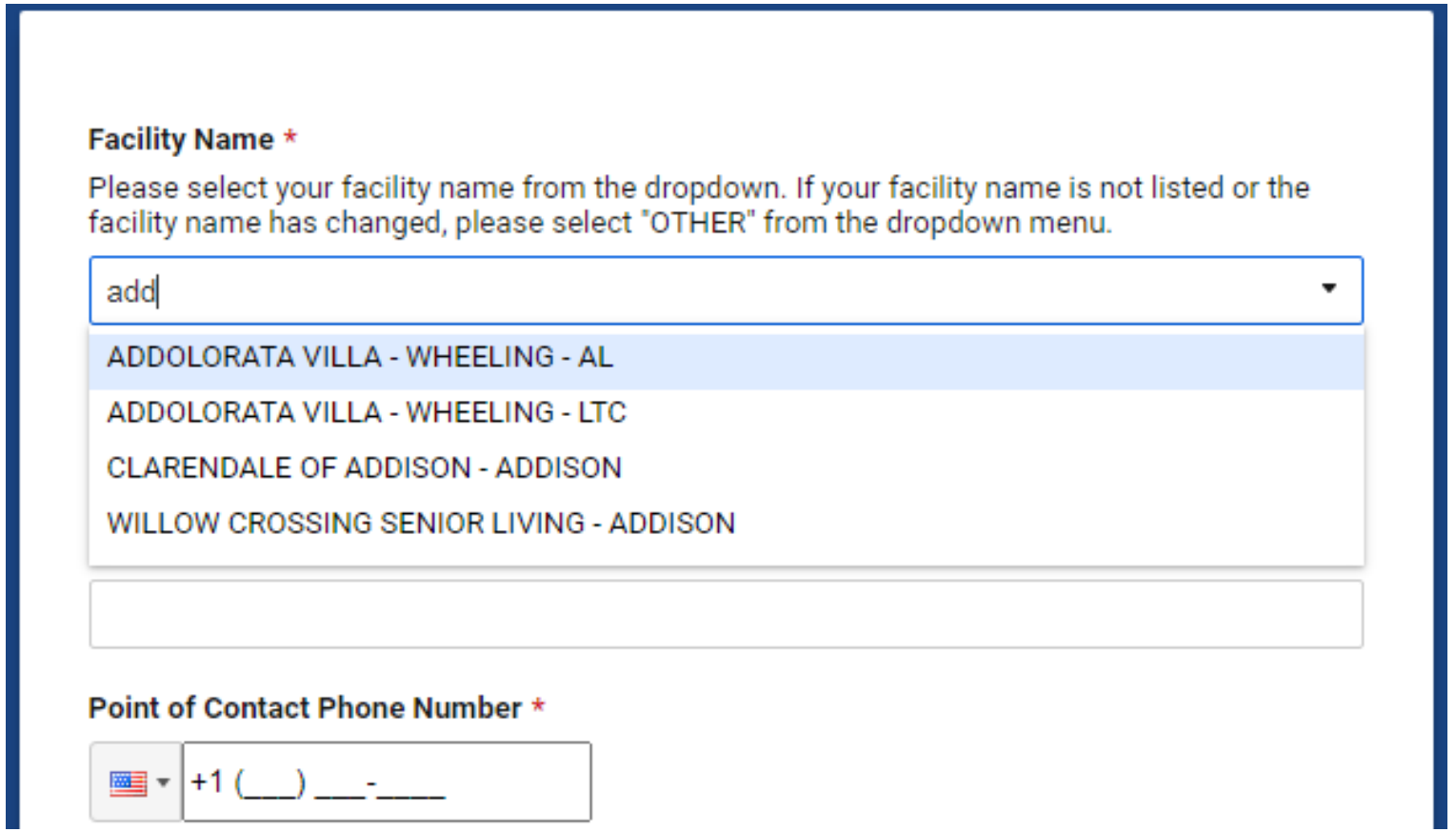
Point of Contact *

Point of Contact Phone Number *

+1 (___) ___-____

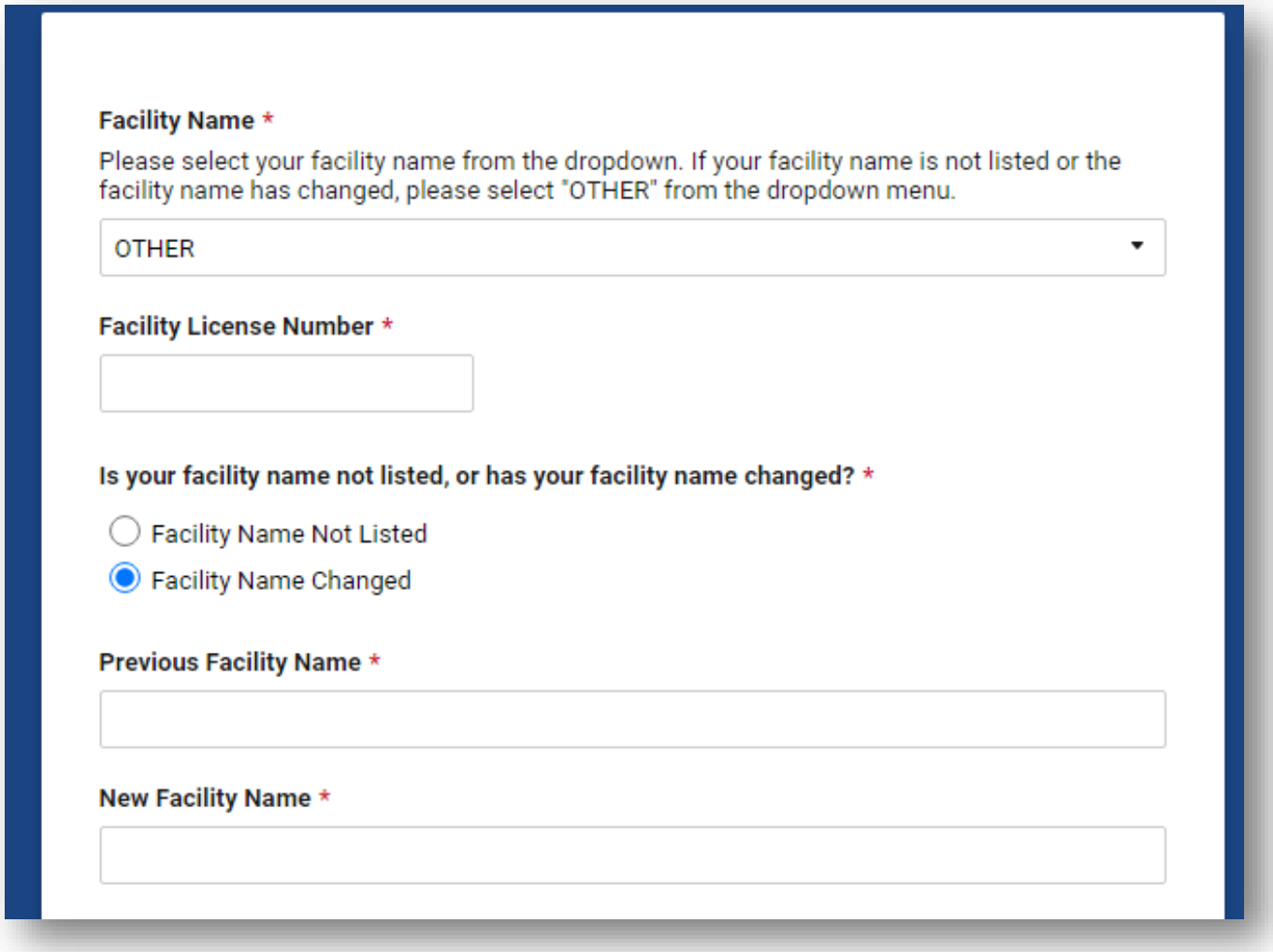
Point of Contact Email *

Facility Name Drop-down



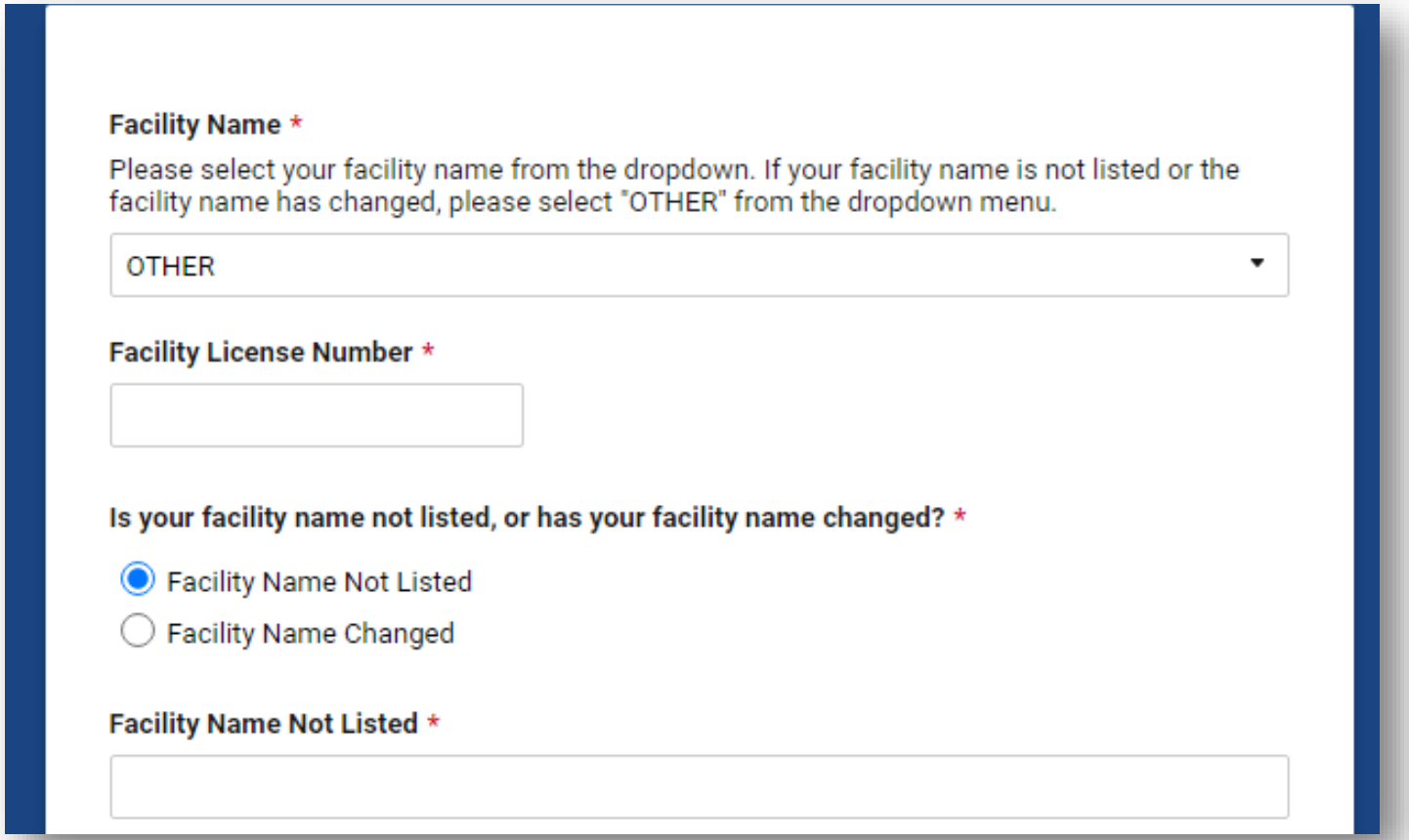
- Can use drop down or start typing name into the box, then select facility.
- Format is “Facility Name – City – Facility type (if needed)”
- E.g., Facility A has multiple types of care. If all the licensed types of care share the same facility name, the assisted living side will have “AL” at the end”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

Facility Name **Changed**



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

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 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? *

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

State of Illinois
Illinois Department of Public Health

COVID-19

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

https://dph.illinois.gov/covid19/community-guidance/long-term-care.html 67%

Outlook Web App | IDSA : Medical Schola... | Mail - dburdsall@apic... | Pennsylvania Vital Stat... | Concordia Plan Services | Gmail - Enrollment

ILLINOIS.gov AGENCIES SERVICES

Anyone 12 years of age and older is eligible for the COVID-19 vaccine.
Find your nearest vaccination location at https://www.vaccines.gov/ or call (833) 621-1284 to schedule an appointment near you.

IDPH Illinois Department of Public Health

About IDPH | Select Language | Search

I Am A... | COVID-19 | Data & Statistics | Topics & Services | Resource Center | News | Events

Home > COVID-19 Home > Guidance > Long Term Care Facilitie...

Long Term Care Facilities Guidance

Essential Caregiver Guidance

Long Term Care Facilities Guidance

RESOURCES > FORMS >

Long Term Care Facilities Guidance

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.

se Date: August 13, 2020
: August 14, 2020
ber 21, 2020
ch 19, 2021

Updated: May 6, 2021
Updated: July 28, 2021
Updated: August 6, 2021
Updated: October 20, 2021

ated Interim Guidance for Nursing Homes and Other Long-Term Care Facilities

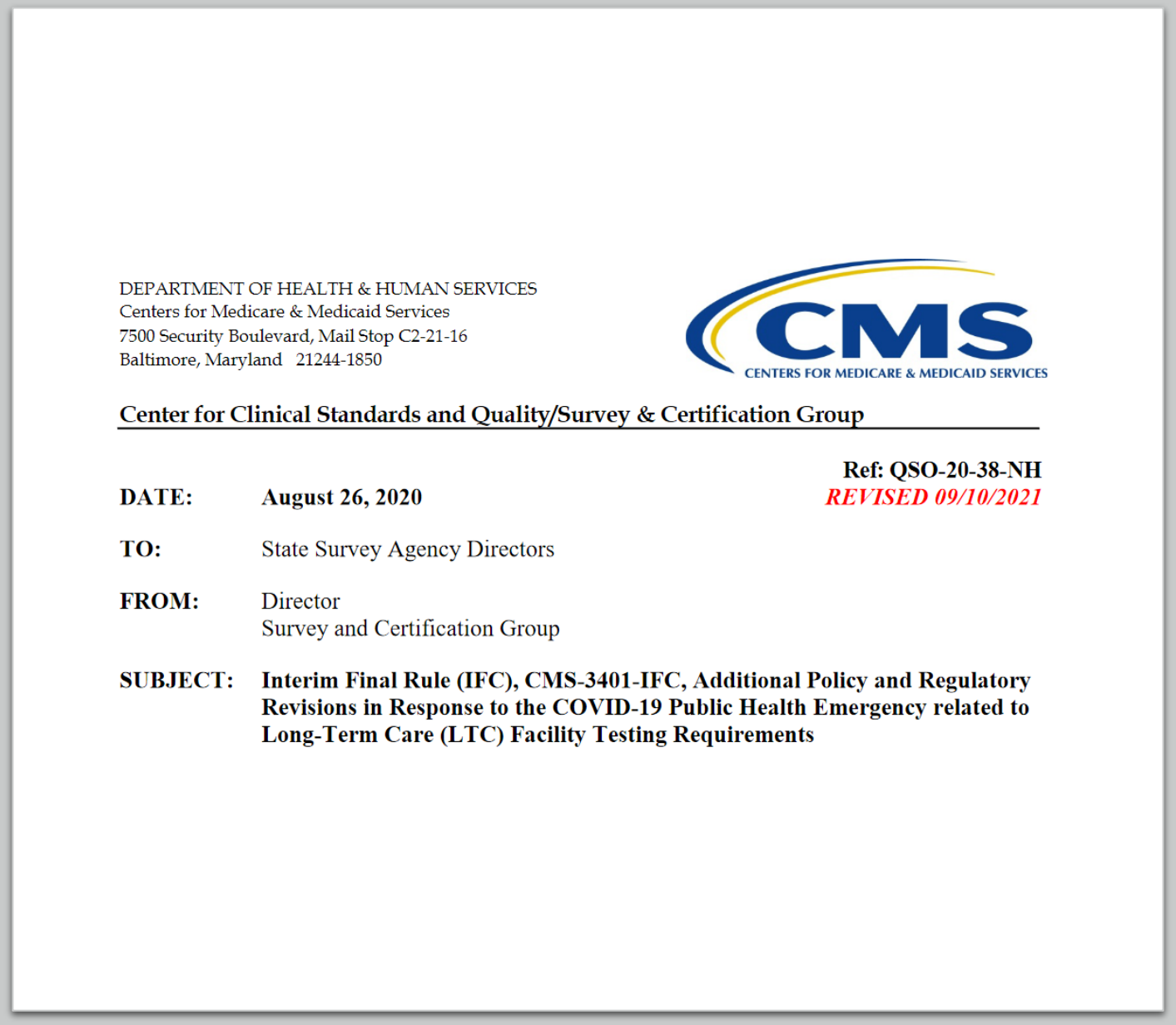
Corresponding Emergency Rules will be Promulgated

ummary of Changes to Guidance Since August 6, 2021 Release

IDPH Illinois Department of Public Health

CMS QSO 20-38-NH

- “Upon identification of a single new case of COVID-19 infection in any staff or residents, testing should begin immediately. Facilities have the option to perform outbreak testing through two approaches, contact tracing or broad-based (e.g. facility-wide) testing.”



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

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Survey & Certification Group

Ref: QSO-20-38-NH
REVISED 09/10/2021

DATE: **August 26, 2020**

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

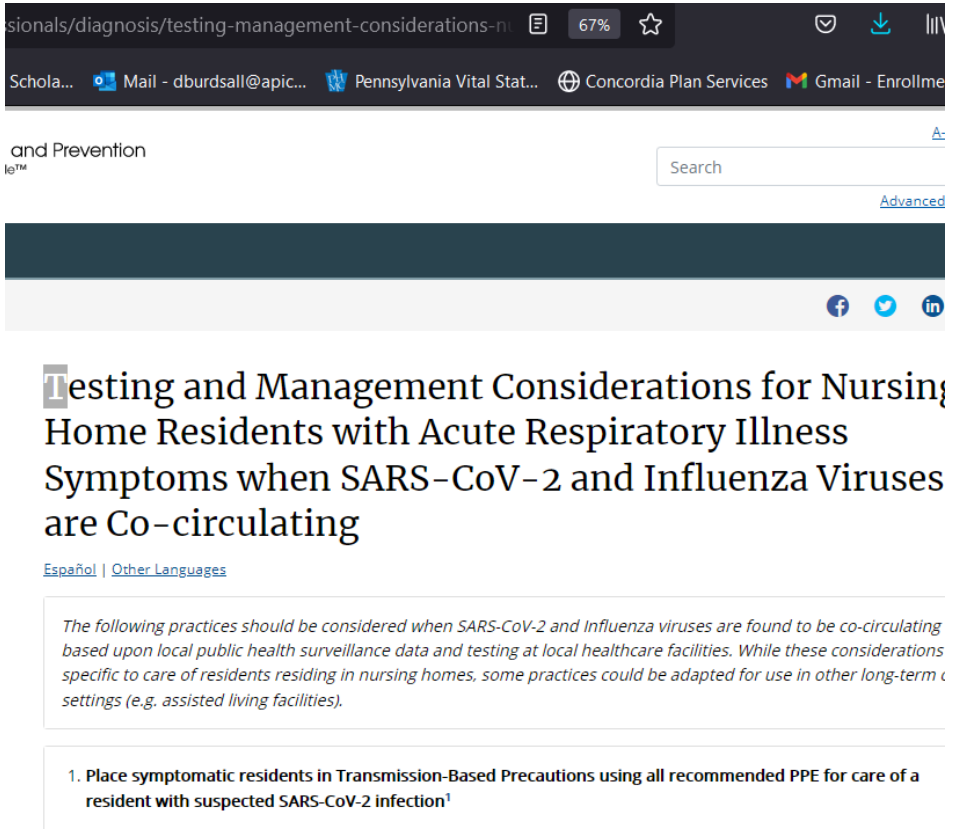
SUBJECT: **Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements**

Resident with Respiratory Symptoms: Contact/Droplet with N95 and Eye Protection during Pandemic in Red or Orange CDC Transmission Risk Counties

- Obtain respiratory specimens for influenza and SARS-CoV-2 testing
- Use the correct test: No saliva testing for influenza at this time
- Test for both if able (multiplex) – May need two different specimens

SARS-CoV-2 and influenza negative?

- Test for other respiratory pathogens (Consider selective use of Respiratory Viral Panels)
- Suggest COVID-19 precautions with full PPE (hand hygiene, gown, gloves, N95 and eye/face protection)



https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm

What PPE?

- **COVID-19 unit**: Full PPE including N95s and face/eye protection
- **Persons suspected or confirmed with COVID-19:** Full PPE including N95s and face/eye protection
- **Quarantine:** Full PPE including N95s and face/eye protection
- **Aerosol generating procedures (AGP):**
  - **Suspected or Confirmed COVID-19**
    - Full PPE including N95s and face/eye protection
  - **NOT suspect or confirmed COVID-19 but Substantial to high community transmission levels (Red or Orange Counties)**
    - N95 and eye protection.
    - Gown and gloves to be worn per Standard Precautions (e.g., resident is coughing, clearing the throat, etc.).
  - **NOT suspect or confirmed COVID-19 Low to moderate community risk (Yellow or Blue Counties)**
    - Well-fitted face mask or N95 if preferred.
    - Gown and gloves to be worn per Standard Precautions needs (e.g., resident is coughing, clearing the throat, etc.)

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Watch For CMS Requirements of Participation: Phase 3

McKnights Long-Term Care News

NEWS + MAGAZINE + COLUMNS + MARKET NEWS + RESOURCES + EVENTS + TOPICS +

Search

NEWS

With Phase 3 guidance nearing, skilled nursing providers advised 'don't wait' on infection preventionist, other regs

KIMBERLY MARSELAS

@KIMMARSELAS

OCTOBER 22, 2021

SHARE

- How facilities should implement specific Phase 3 rules
- How to meet infection preventionist, ethics, care planning and other requirements

https://www.mcknights.com/news/with-phase-3-guidance-nearing-skilled-nursing-providers-advised-dont-wait-on-infection-preventionist-other-regs/

IDPH Illinois Department of Public Health

NAICS Code: 623110 *Nursing Care Facilities (Skilled Nursing Facilities)*

Listed below are the standards which were cited by **Federal OSHA** for the specified NAICS Code during the period October 2020 through September 2021. Penalties shown reflect current rather than initial amounts. For more information, see definitions.

Standard	Citations	Inspections	Penalty	Description
Total	345	120	$1,125,465	*All Standards cited for Nursing Care Facilities (Skilled Nursing Facilities)*
19100134	266	107	$889,614	Respiratory Protection.
19040004	15	15	$28,039	Recording criteria.
19100502	13	2	$60,076	*--- No Description Found ---*
19040039	11	11	$60,098	*--- No Description Found ---*
19261101	8	1	$28,671	Asbestos
19040040	5	5	$4,896	*--- No Description Found ---*

Standards Cited for....html

OSHA Citations October 2020 to September 2021

https://www.osha.gov/pls/imis/citedstandard.naics?p_esize=&p_state=FEFederal&p_naics=623110

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Getting Everyone Vaccinated

cdcgov

COVID-19

Am I eligible for a booster shot?

Who?

If you received a Pfizer or Moderna 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

If you received a J&J vaccine:

- Age 18+

When?

- At least 6 months after Pfizer or Moderna
- At least 2 months after J&J

Which booster shot do I get?

- You may have a preference, but you can get any booster shot.

FIND OUT MORE AT CDC.GOV & VACCINES.GOV

326630-BE

CDC
34m ·

COVID-19 and flu are both contagious respiratory illnesses that can have similar symptoms, but they are caused by different viruses. Use this chart to learn some of the similarities and differences.

For more information on COVID-19 and flu, visit: http://bit.ly/2LxknGF.

COVID-19 vs Flu

	COVID-19	Flu
Fever/chills	✓	✓
Cough	✓	✓
Body Aches/Headache	✓	✓
Tiredness	✓	✓
Loss of taste/smell	✓	✗
Runny/stuffy nose	✓	⊖
Sore throat	⊖	⊖
Shortness of breath	✓	⊖
Severity	Varies. Older adults and people with certain underlying conditions are at higher risk of severe illness. Seems to cause more severe illness in more people than flu.	Varies. Young children, older adults, and people with certain chronic conditions are at higher risk of severe illness.
Onset of symptoms	Later (2-14 days after infection)	Earlier (1-4 days after infection)
Cause	SARS-CoV-2	Influenza viruses

CDC

✓ Common ⊖ Less Common ✗ Not Common

cdc.gov/coronavirus

CS326630-AG 9/29/2021

Visit the COVID-19 Information Center for vaccine resources.
Get Vaccine Info

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER u: MISCELLANEOUS PROGRAMS AND SERVICES
PART 956 HEALTH CARE EMPLOYEE VACCINATION CODE
SECTION 956.30 INFLUENZA VACCINATION

Section 956.30 Influenza Vaccination

Each health care setting shall ensure that all health care employees are provided education on influenza and are offered the opportunity to receive seasonal, novel and pandemic influenza vaccine, in accordance with this Section, during the influenza season (between September 1 and March 1 of each year), unless the vaccine is unavailable (see subsection (d)).

https://www.ilga.gov/commission/jcar/admincode/077/07700956000030OR.html

Influenza Program

b) Each health care setting shall develop and implement a program that includes the following:

1) A plan to offer seasonal, pandemic or any other influenza vaccine;

2) The time frame within which health care employees will be offered vaccination; and

3) Any required documentation relating to the health care employee vaccination requirement of this Part.

https://www.ilga.gov/commission/jcar/admincode/077/07700956000300R.html

IDPH
Illinois Department of Public Health

Declination of Vaccine

1) A health care employee may decline the offer of vaccination if:

   A) the vaccine is medically contraindicated;

   B) the vaccination is against the employee's religious belief; or

   C) the employee has already been vaccinated.

https://www.ilga.gov/commission/jcar/admincode/077/07700956000030OR.html

IDPH
Illinois Department of Public Health

Declination

2) General philosophical or moral reluctance to influenza vaccinations does not provide basis for an exemption. (Section 2310-650 of the Act)

3) Health care employees who decline vaccination for any reason indicated in subsection (c)(1) shall sign a statement declining vaccination and certifying that he or she received education about the benefits of influenza vaccine.

https://www.ilga.gov/commission/jcar/admincode/077/07700956000300R.html

IDPH
Illinois Department of Public Health

Documentation

1) Each health care setting shall maintain a system to track the offer of vaccination to health care employees. The system shall include documentation that each person either accepted the offer or declined the offer by signing a declination statement pursuant to subsection (c)(3).

2) If a health care setting is unable to provide or arrange for influenza vaccination for health care employees who wish to be vaccinated, the reasons why the vaccination could not be provided or arranged for shall be documented.

3) Individual declination statements shall be handled in a manner that ensures individual confidentiality.

4) Documentation shall be maintained for at least three years.

f) Health care settings may choose to develop and implement more stringent influenza vaccination policies, strategies or programs designed to improve health care employee vaccination rates than those required by this Part and that are consistent with existing law and regulation.

(Source: Amended at 43 Ill. Reg. 2597, effective February 6, 2019)

https://www.ilga.gov/commission/jcar/admincode/077/07700956000300R.html

IDPH
Illinois Department of Public Health

Get Email Updates

To receive email updates about this page, enter your email address:

Email Address

What's this? Submit

Post-acute and Long-term Care Facility Toolkit: Influenza Vaccination among Healthcare Personnel

Increasing Influenza Vaccination among Health Care Personnel in Long-term Care Settings

Español | Other Languages

This toolkit is intended to assist post-acute and long-term care (LTC) facility owners and administrators with improving vaccination coverage among their healthcare personnel (HCP). The toolkit outlines the importance of influenza vaccination for HCP, provides strategies for increasing influenza vaccination coverage among HCP, and describes tools a facility may use for monitoring influenza vaccination coverage among their HCP throughout an influenza season

Post-acute and Long-Term Care Facilities

Post-acute and LTCFs provide rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents in need of assistance with activities of daily living. Post-acute and LTCFs can include nursing homes, rehabilitation facilities, inpatient behavioral health facilities, assisted living communities, and long-term chronic care hospitals.

Overview of Influenza | Increase Influenza | Monitor Influenza

https://www.cdc.gov/flu/toolkit/long-term-care/index.htm

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**