



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

August 20th, 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
- CDC Updates
- NIH Update
- Third Dose of mRNA Vaccines
- Reviewing LTC Guidance
- Success Story: Clark-Lindsey Life Plan Community
- Open Q & A

IDPH webinars

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

Friday, August 27th

<https://illinois.webex.com/illinois/onstage/g.php?MTID=ebdd71e46e988773f3e457c4b747e135b>

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

Slides and recordings will be made available after the sessions.

Telligen LTC Office Hours - Don't Miss This!

5

- » **Let's Try Something New: Promoting COVID-19 Vaccine Confidence Now**
Wednesday, September 1, 2021
2pm MT / 3pm CT
Register [HERE](#)
- » **Guest Speaker: [Dr. Leslie Eber](#)**, voted Medical Director of the Year *by* AMDA – The Society for Post-Acute and Long-Term Care Medicine
- » **Topics:**
 - » Identify strategies for conversations about the vaccine with your staff
 - » Explain realistic expectations when discussing the COVID-19 vaccine
 - » Learn innovative ways to improve vaccination rates





General Vaccine Administration



Source Control / PPE



cdc.gov/COVID19



Detection, Isolation



Screening and Surveillance



Hand Hygiene



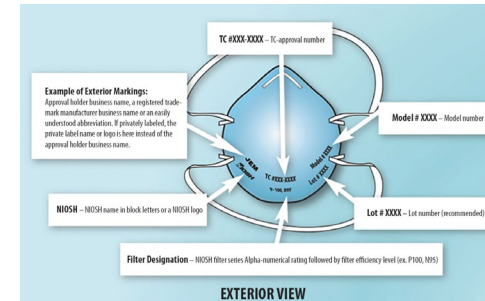
Surface Cleaning / Disinfecting

The National Personal Protective Technology Laboratory (NPPTL)

NIOSH-Approved Particulate Filtering Facepiece Respirators

NIOSH-approved N95 Particulate Filtering Facepiece Respirators

Updated July 22, 2021



Respiratory Protection / Ventilation

Core Infection Prevention Practices



Three Key Steps to Protect Illinois from Variants

- Masks required indoors for all daycares, and preschool through grade 12 (P-12) students and teachers
- Require vaccinations for State employees working in congregate care settings (State VAs, Correctional Facilities, Department of Human Services Developmental Centers, and State Psychiatric facilities) - Effective October 4, 2021
- **Universal Mask mandate required for all residents, staff, and visitors** in congregate care/long term care

Lots of Changes



IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH



Administration Pri

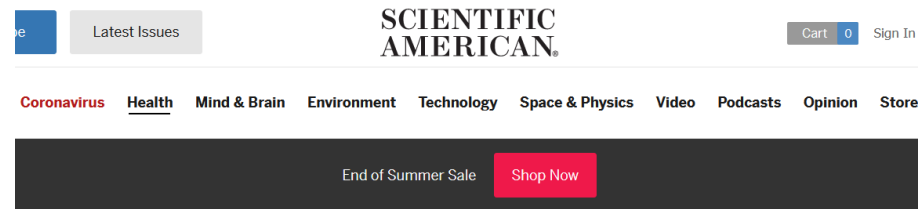
committed to donate globally.

Requiring COVID-19 Vaccinations for Long-Term Care Workers Who Serve Medicare and Medicaid Enrollees.

Today, President Biden is announcing that HHS will develop new regulations requiring nursing homes to require that all of their workers be fully vaccinated against COVID-19 as a condition of participating in the Medicare and Medicaid programs. Some states have already taken similar steps to protect nursing home residents, and this action will ensure consistent and equitable standards across the country. These new regulations would apply to nearly 15,000 nursing home facilities, which employ approximately 1.6 million workers and serve approximately 1.3 million nursing home residents.

Businesses: Both the [Department of Justice](#) and the [Equal Employment Opportunity Commission](#) (EEOC) have ruled that businesses may lawfully require workers to get a COVID-19 vaccine as a condition of coming to the workplace. However, businesses must grant legitimate medical or religious exemptions. The only major court ruling to date upheld [Houston Methodist Hospital's](#) COVID-19 vaccine mandate. The private sector has wide discretion in setting conditions for workers and customers, and businesses have a legal and ethical duty to keep the workplace safe.

Federal and state governments: States have long had the constitutional authority to mandate vaccinations, which the Supreme Court has upheld twice, first in [1905](#) and then in [1922](#). The federal



Vaccine Mandates Are Lawful, Effective and Based on Rock-Solid Science

Clear legal pathways exist to move the U.S. closer to herd immunity

By Lawrence O. Gostin on August 5, 2021



THE WHITE HOUSE
WASHINGTON

CDC Update

Dr. Rochelle P. Walensky

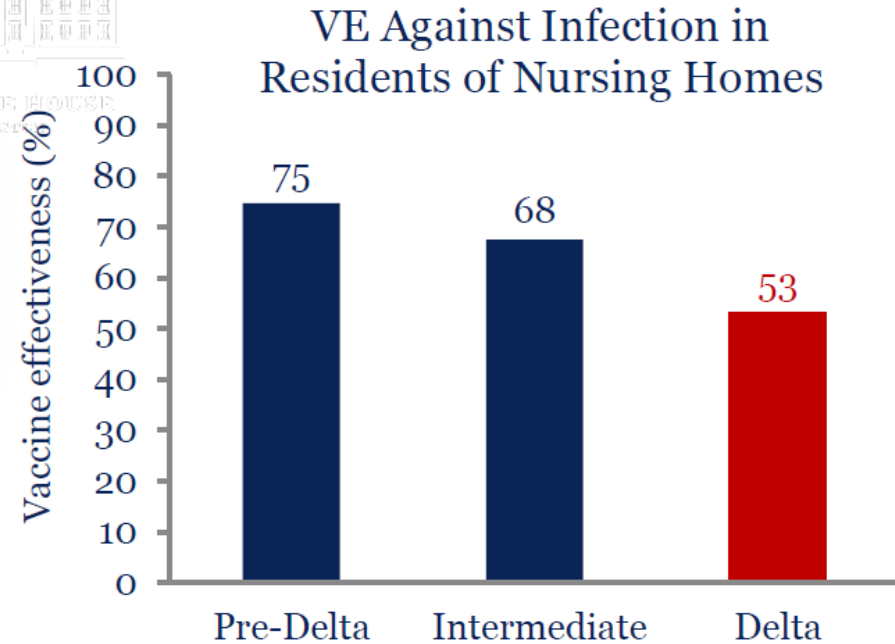
Delta Variant has changed the game



Effectiveness of Pfizer-BioNTech and Moderna Vaccines in Preventing SARS-CoV-2 Infection Among Nursing Home Residents Before and During Widespread Circulation of the SARS-CoV-2 B.1.617.2 (Delta) Variant — National Healthcare Safety Network, March 1–August 1, 2021

Srinivas Nanduri, MD^{1*}; Tamara Plishvili, PhD^{1*}; Gordana Derado, PhD¹; Minn Minn Soe, MBBS¹; Philip Dollard, MPH¹; Hsiu Wu, MD¹; Qunna Li, MSPH¹; Suparna Bagchi, DrPH¹; Heather Dubendris, MSPH^{1,2}; Ruth Link-Gelles, PhD¹; John A. Jernigan, MD¹; Daniel Budnitz, MD¹; Jenetta Bell, MD¹; Andrea Benin, MD¹; Nong Shang, PhD¹; Jonathan R. Edwards, MSc^{1*}; Jennifer R. Verani, MD^{1*}; Stephanie J. Schrag, DPhil^{1*}

- Nursing homes: Reported weekly case counts of new laboratory-confirmed SARS-CoV-2 infections among nursing home residents and staff by vaccination status from February 15 through August 1



Vaccines Effectiveness against Hospitalizations Remains Relatively High

MMWR
Morbidity and Mortality Weekly Report



New COVID-19 Cases and Hospitalizations Among Adults, by Vaccination Status — New York, May 3–July 25, 2021

Eli S. Rosenberg, PhD^{1,2}; David R. Holtgrave, PhD²; Vajeera Dorabawila, PhD¹; MaryBeth Conroy, MPH¹; Danielle Greene, DrPH¹; Emily Lutterloh, MD^{1,2}; Bryon Backenson, MS^{1,2}; Dina Hoefer, PhD¹; Johanne Morne, MS¹; Ursula Bauer, PhD¹; Howard A. Zucker, MD, JD¹

medRxiv



BMJ Yale

THE PREPRINT SERVER FOR HEALTH SCIENCES

Comparison of two highly-effective mRNA vaccines for COVID-19 during periods of Alpha and Delta variant prevalence

Arjun Puranik^{1*}, Patrick J. Lenehan^{1*}, Eli Silvert¹, Michiel J.M. Niesen¹, Juan Corchado-Garcia¹, John C. O'Horo², Abinash Virk², Melanie D. Swift², John Halamka², Andrew D. Badley², A.J. Venkatakrisnan¹, Venky Soundararajan¹

- NY State: Age-adjusted VE against new COVID-19 *diagnoses* declined from 92% to 80%
 - Age-adjusted VE against hospitalizations remained stable at 92%-95%
- Mayo Clinic: VE against Delta variant infection decreased for both mRNA vaccines
 - VE against hospitalization remained high



Summary

- Vaccine effectiveness against infection (symptomatic and asymptomatic) is decreasing over time
- Vaccine effectiveness against severe disease, hospitalization, and death remains relatively high
- Vaccine effectiveness is decreased for the Delta variant
- Anticipating further waning immunity and the ongoing Delta surge, we are preparing for a booster vaccine





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WASHINGTON

NIH Update

Dr. Anthony Fauci

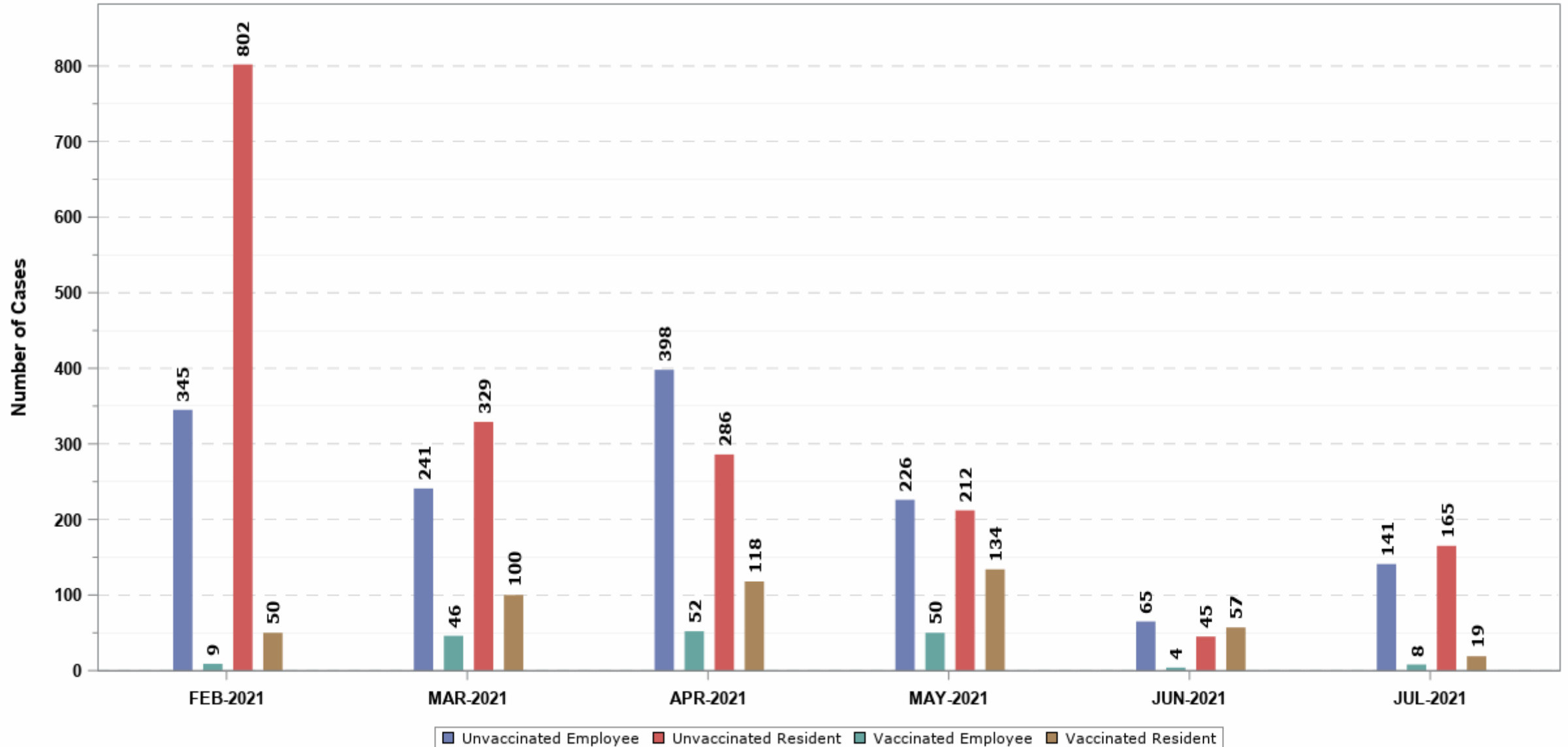
Immunological Basis Supporting a 3rd (Booster) mRNA Immunization

- **Antibody levels decline over time**
- **Higher levels of antibody are associated with higher levels of vaccine efficacy**
- **Higher levels of antibody may be required to protect against Delta**
- **A booster mRNA immunization increases antibody titers by at least 10-fold**



Number of Monthly New LTC* COVID-19 Cases**, by Vaccination Status

FEB-2021 through JUL-2021



*Includes skilled nursing facilities, assisted living facilities, supportive living facilities, and IL Dept of Veterans' Affairs homes

**Counts based on case-reported date when available or else case-open date

Third Dose of mRNA Vaccines (Pfizer and Moderna)

- CDC recommends *people who are moderately to severely immunocompromised receive an additional dose of an mRNA COVID-19 Vaccine (Pfizer-BioNTech or Moderna) at least 28 days after the completion of the initial mRNA COVID-19 vaccine series.*
- Third dose is same formulation as original vaccine
- Got Pfizer? Get third dose Pfizer
- Got Moderna? Get third dose Moderna
- Active treatment for cancers, solid-organ transplant and taking immunosuppressive therapy, Stem cell transplant, HIV infection, active treatment with high-dose corticosteroids or other immunosuppressive drugs

Planning for September 2021 Booster of mRNA Vaccine

- *“It would be smart for LTCFs to start putting their plan together and making some outreach to pharmacy partners now. I completely agree that having conversations early will better position them to receive support.”* CSTE Webinar Q/A response
- Consider your facility vaccination program. Ideal role for Infection Preventionist and your pharmacy partners moving forward
- Work with your local health department
- CDC has excellent vaccine toolkits
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/toolkits.html>
- Immunize.org is another excellent resource <https://www.immunize.org/>

Change Messaging of Vaccine Administration

- “We could have done a much better job at setting realistic expectations for this vaccine,” said Paul A. Offit, a pediatrician and vaccine expert at Children’s Hospital of Philadelphia. “And I think that’s hurt us. Because I think people get disappointed. They think the vaccine isn’t working.” (Washington Post, August 17, 2021)
- Move from vaccine prevents all illness to vaccines reduce hospitalizations and deaths.

COVID-19 Vaccine

(Source: CDC)

- COVID-19 vaccines are safe and effective, and prevent severe COVID-19 disease, especially hospitalizations and death in most persons.
- COVID-19 vaccines reduce (but do not eliminate) the risk of people spreading the virus that causes COVID-19.
- The vaccines are not a force field.

The Vaccines Help Prevent Hospitalization and Death

 CDC 
Yesterday at 12:10 PM · 

A new CDC study shows that COVID-19 vaccines continue to strongly protect against hospitalization. Although vaccine effectiveness against mild or moderate infections may lessen over time, strong protection from severe disease and hospitalization continues. Get vaccinated to protect yourself. Read the report: <https://bit.ly/3spSVf2>.

COVID-19 vaccines continue to show strong protection against hospitalization

Vaccine effectiveness against hospitalization...

<i>before</i> Delta variant increase		95%
<i>during</i> Delta variant increase		92%

*New York State, May-July 2021

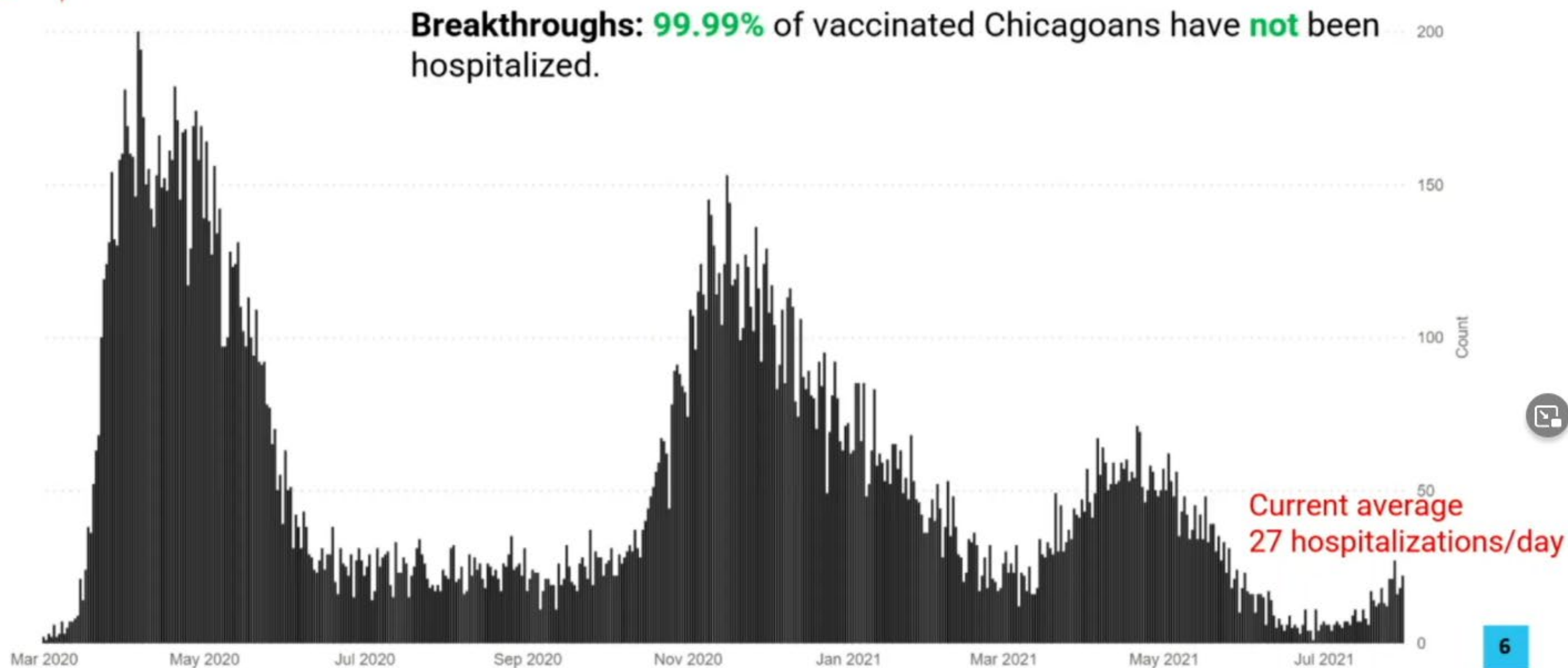
**Get vaccinated.
Protect yourself against
COVID-19 hospitalization.**

 bit.ly/MMWR881821a 

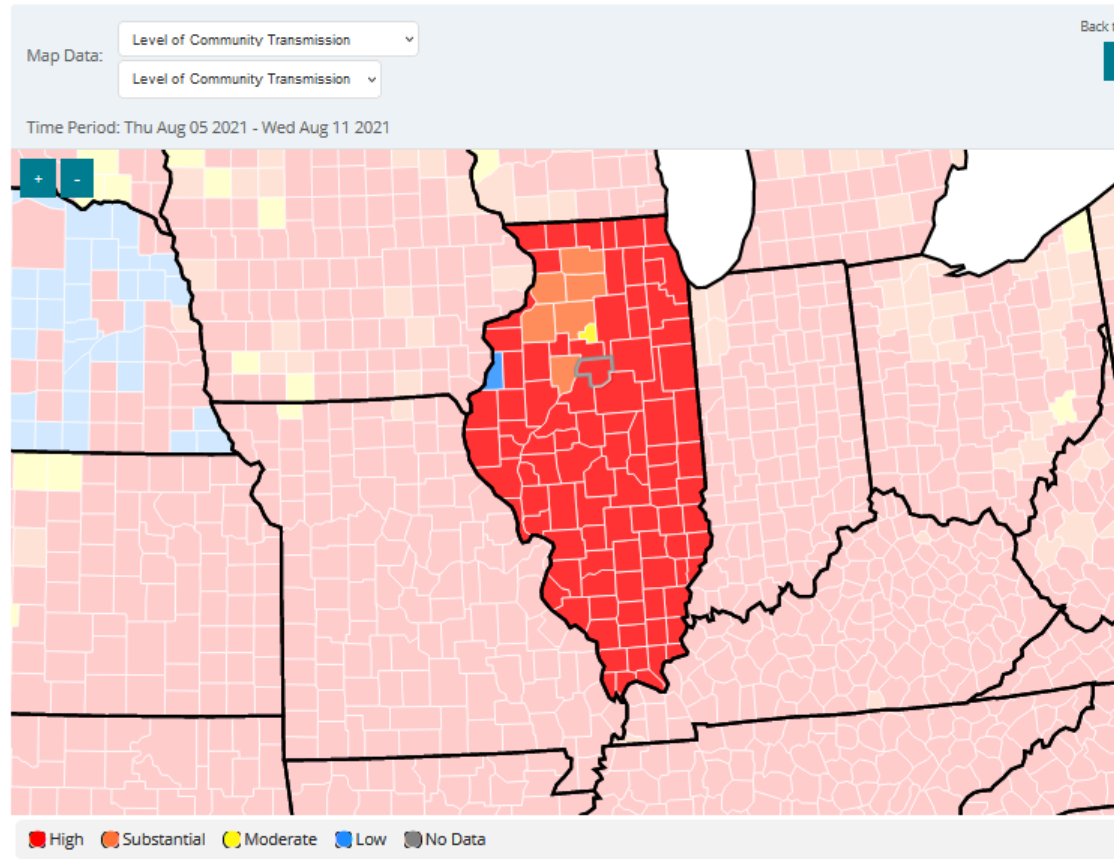
New daily COVID hospitalizations, Chicago residents, full pandemic



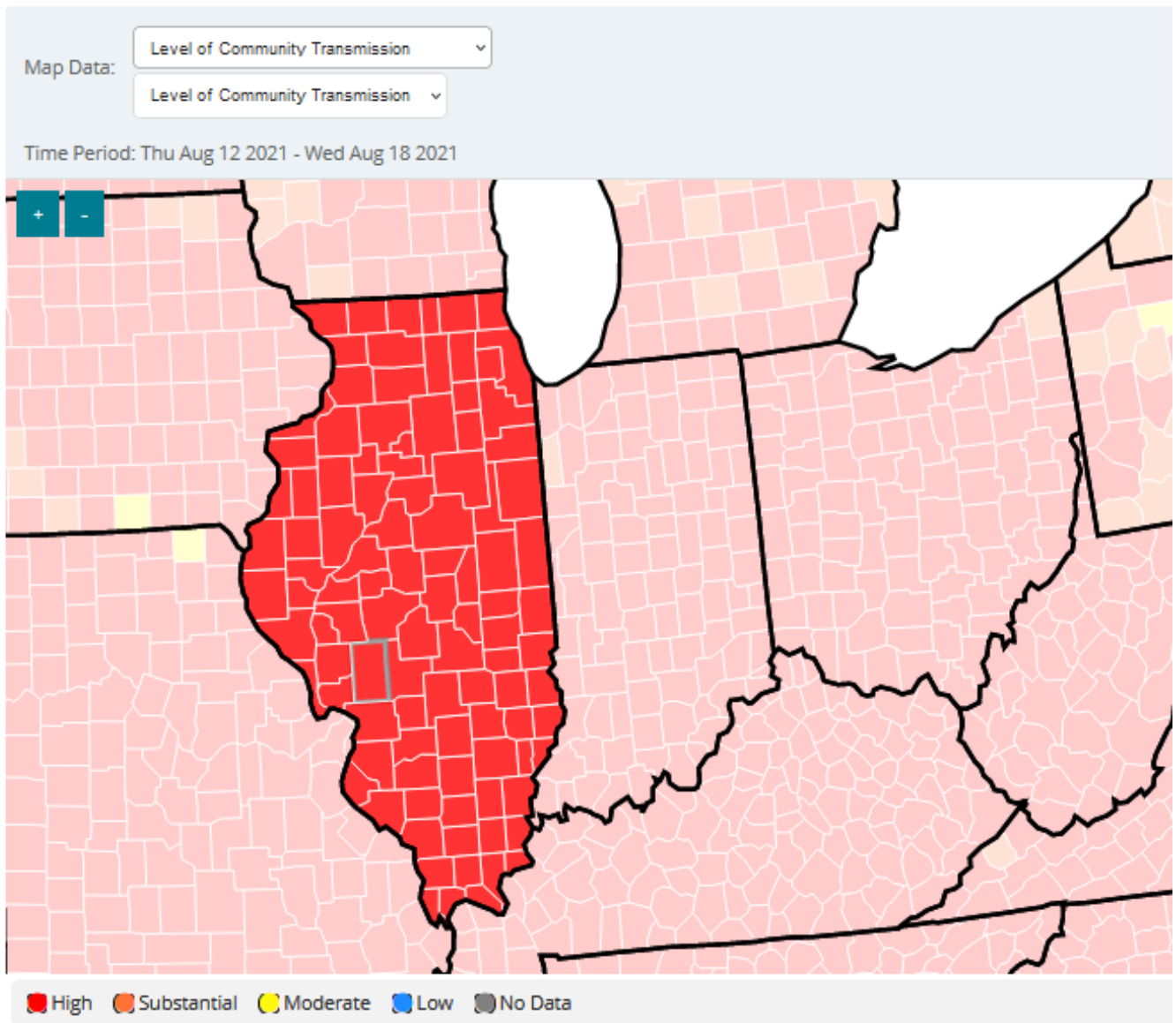
Breakthroughs: 99.99% of vaccinated Chicagoans have not been hospitalized.



Level of Community Transmission in Woodford County, Illinois



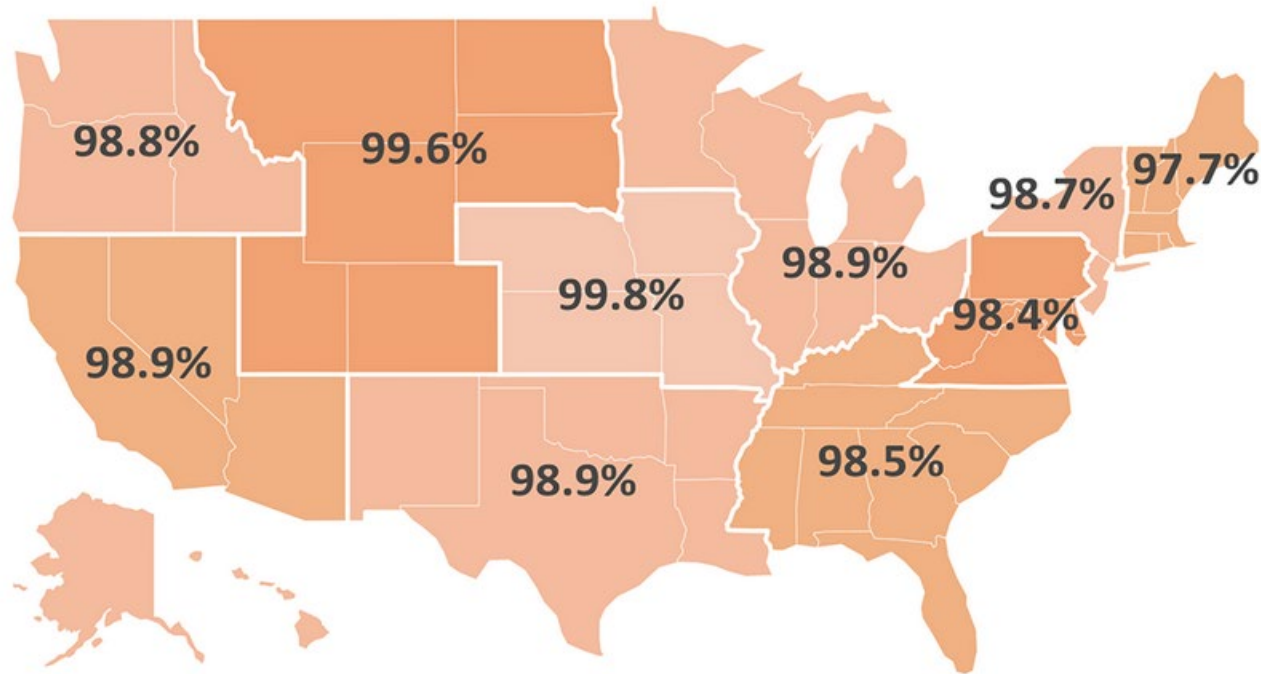
Current 7-days is Thu Aug 05 2021 - Wed Aug 11 2021 for case rate and Tue Aug 03 2021 - Mon Aug 09 2021 for percent positivity. The percent change of transmission is the absolute change compared to the previous 7-day period.



Current 7-days is Thu Aug 12 2021 - Wed Aug 18 2021 for case rate and Tue Aug 10 2021 - Mon Aug 16 2021 for percent positivity. of transmission is the absolute change compared to the previous 7-day period.

County Positivity Range 1.4 % to 19.2% (Source: CMS)

Prevalence of SARS-CoV-2 Delta Variant by Region



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

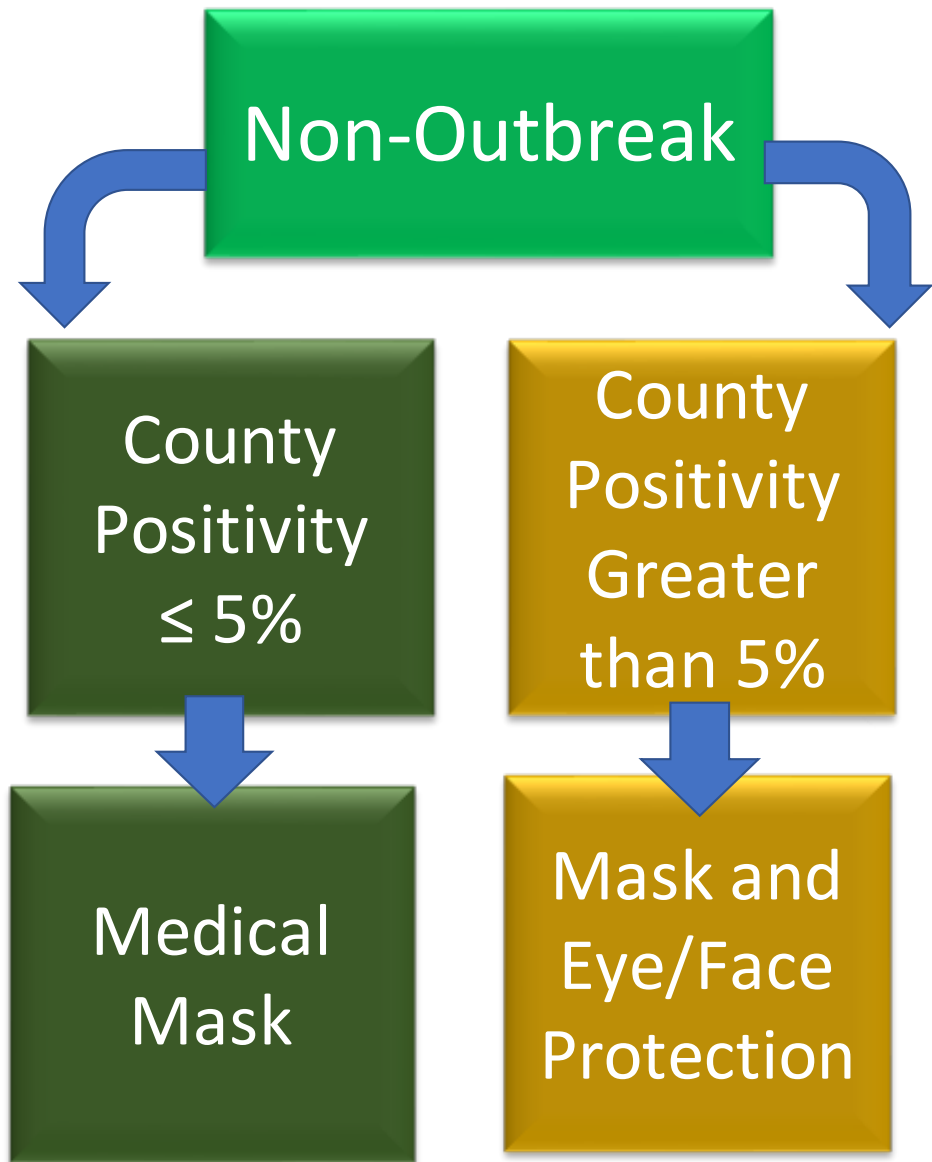
Regional proportions from specimens collected the two weeks ending 8/14/2021.

US Territories not shown are included in HHS regions:
PR, VI - Region 2, AS, FM, GU, MH, MP, PW - Region 9

Find the latest data on
CDC's COVID Data Tracker

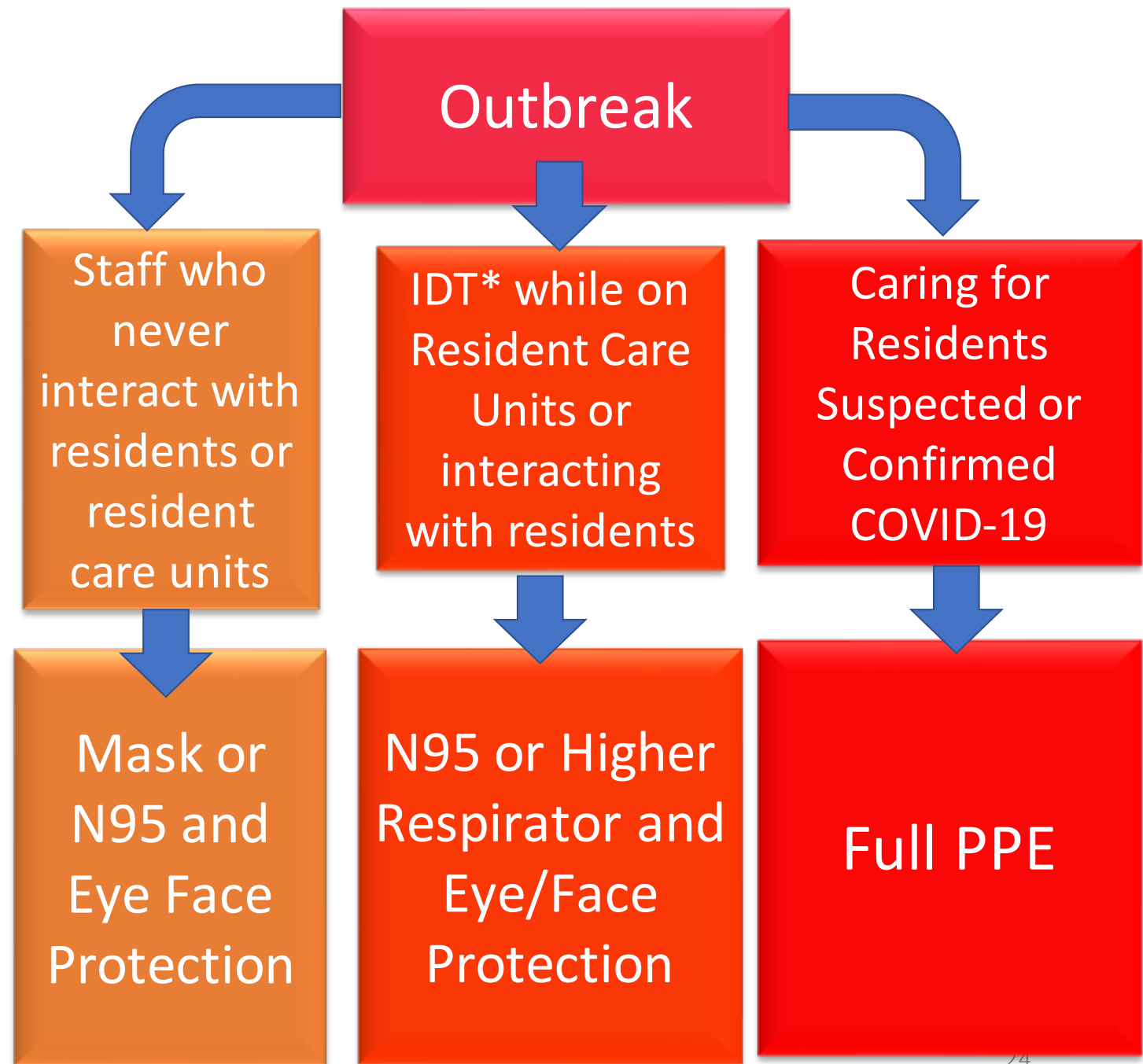
Data as of August 17, 2021
Source: COVID Data Tracker – Variant Proportions





Staff Minimal PPE

* Interdisciplinary Team



“Neck Up vs. Neck Down” PPE Suggestions



- County positivity and cases are increasing.
- PPE burn rates may actually be calculated based on staff using N95s, medical/procedure masks, and face shields/goggles in contingent capacity. If you go to conventional capacity you may find you are running out of N95s, masks, and face shields much faster than you expect.
- “Neck up” Contingent Capacity for respirators, and eye/face protection is allowed per CDC
- Every time HCP remove their N95 and face shield/goggles they are getting their hands close to their face/eyes. This increases the risk of self-contamination. Hand hygiene is critical before and after touching.
- As per CDC the HCP may put a procedure mask over the N95 and change without removing the N95.
- Face shield/goggles should be disinfected or discarded if soiled or damaged and after aerosol generating procedures.
- N95s and HCP masks should be discarded after being removed or if soiled or damaged.

Compassionate Care Visitation

Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.

- **A resident who was living with their family before recently being admitted to a nursing home is struggling with the change in environment and lack of physical family support.**
- A resident who is grieving after a friend or family member recently passed away.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident who used to talk and interact with others is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).
- Allowing a visit in these situations is consistent with the intent of “compassionate care situations.” Also, in addition to family members, compassionate care visits can be conducted by any individual who can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

Newly Admitted or Readmitted Residents and Overnight

- Working on the risk assessment
- IDPH is recommending a 14-day quarantine for all residents admitted or readmitted to the facility **regardless of the resident's vaccination status.**
 - Policy based, interdisciplinary team decision
 - Related to positive cases

Monoclonal Antibody Treatment

- Monoclonal antibodies are used to neutralize the COVID-19 virus and intended to prevent progression of disease.
- U.S. Government currently supplying REGEN-COV (casirivimab and imdevimab)
- Treatment and post-exposure prophylaxis of COVID-19.
- Dosing is the same for both indications (casirivimab 600mg and imdevimab 600mg)
- May be given intravenous (IV) or subcutaneous (sq)
- IV preferred for treatment
- Either IV or sq for post-exposure prophylaxis



Indications for Monoclonal Antibody Treatment

- Adult or pediatric (>12 years of age and weighing at least 40 kg) patient at high risk for progressing to severe disease or death
- Patients who are COVID+
 - mild to moderate symptoms
 - not hospitalized due to COVID symptoms
 - not requiring oxygen or an increase in home oxygen therapy are eligible.

Indications for Monoclonal Antibody Prophylaxis

- Adult or pediatric (>12 years of age and weighing at least 40 kg) patient at high risk for progressing to severe disease or death
- Post-Exposure Prophylaxis (PEP): Individuals who are
 - Not fully vaccinated
 - Or not expected to mount an adequate immune response to complete SARS- CoV-2 vaccination AND
 - have been exposed to an individual infected with SARS-CoV-2 consistent with close contact criteria per CDC OR
 - who are at high risk of exposure to an individual infected with SARS-CoV-2 because of occurrence of COVID-19 in other individuals in the same institutional setting (for example, nursing homes, prisons)

Indicated Risk Factors

- Older age (for example > 65 years of age)
- Obesity or being overweight (for example, adults with BMI > 25, or if age 12-17, have BMI > 85th percentile for their age and gender based on CDC growth charts)
- Pregnancy
- Chronic Kidney Disease
- Diabetes
- Immunosuppressive disease or immunosuppressive treatment
- Cardiovascular disease (including congenital heart disease) or hypertension
- Chronic lung diseases (for example, chronic obstructive pulmonary disease, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis, and pulmonary hypertension)
- Sickle cell disease
- Neurodevelopmental disorders (for example, cerebral palsy) or other conditions that confer medical complexity (for example, genetic or metabolic syndromes and severe congenital abnormalities)
- Having a medical-related technological dependence (for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19))

Dosing and Administration

- What are the routes of administration for REGEN-COV?
- Intravenous: casirivimab 600mg and imdevimab 600mg
- Subcutaneous: four injections given in the same visit totaling casirivimab 600mg and imdevimab 600mg
- For treatment of symptomatic COVID-19, the intravenous route is preferred. If there would be a delay in providing IV administration, subcutaneous administration is acceptable.
- For post exposure prophylaxis, subcutaneous and intravenous administration are viewed equivalently
- More information to come next week!!



Limitations of Authorized Use

- Post-exposure prophylaxis with REGEN-COV (casirivimab and imdevimab) is **not a substitute for vaccination against COVID-19**
- REGEN-COV (casirivimab and imdevimab) is not authorized for pre-exposure prophylaxis for prevention of COVID-19



Clark-Lindsey

Life Plan Community located in
Urbana, Illinois



Our campus

- 12 bed Assisted Living Green House Home
- 12 bed Skilled Care Green House Home
- 93 bed Skilled Nursing Facility
- 16 Villa's
- 132 Independent Living Apartment
- 275 employees
- 257 residents

Why did we make the decision to mandate the vaccine?

Timeline

Notification and Education

- Gave employees 3 months in which to comply
- Provided education 1:1, staff meetings, YouTube videos by our CEO, open office times by leadership, staff champions
- Spent a significant amount of time on the “why”

Partners

- Our residents
- Resident families
- Medical Director
- Already vaccinated staff

Exemptions

- Provided forms to request either a medical exemption or a religious exemption
- Exemption forms were due 30 days before the final date for compliance
- Exemption review process
- How to handle the exemption on a day to day basis

Impact

- 100% of our Skilled nursing and Green House Home residents are fully vaccinated
- 99% of our Independent Living residents are fully vaccinated
- 94% of our staff are fully vaccinated
- Did any employees opt to quit rather than get the vaccine?

Next Steps

- How are we handling new employees?
- Will we do the same process for the flu vaccine?
- Plan for COVID booster vaccine
- Celebrate the success and becoming vaccine champions in our community

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>
- Telligen Webinar: Promoting COVID-19 Vaccine Confidence Now
 - Wednesday, September 1, 2021, at 3pm CT
 - Register [HERE](#)
- NHSN Assistance:
 - Contact Telligen: **nursinghome@telligen.com**