



# **COVID-19 Chicago Long Term Care Roundtable**

9.26.24



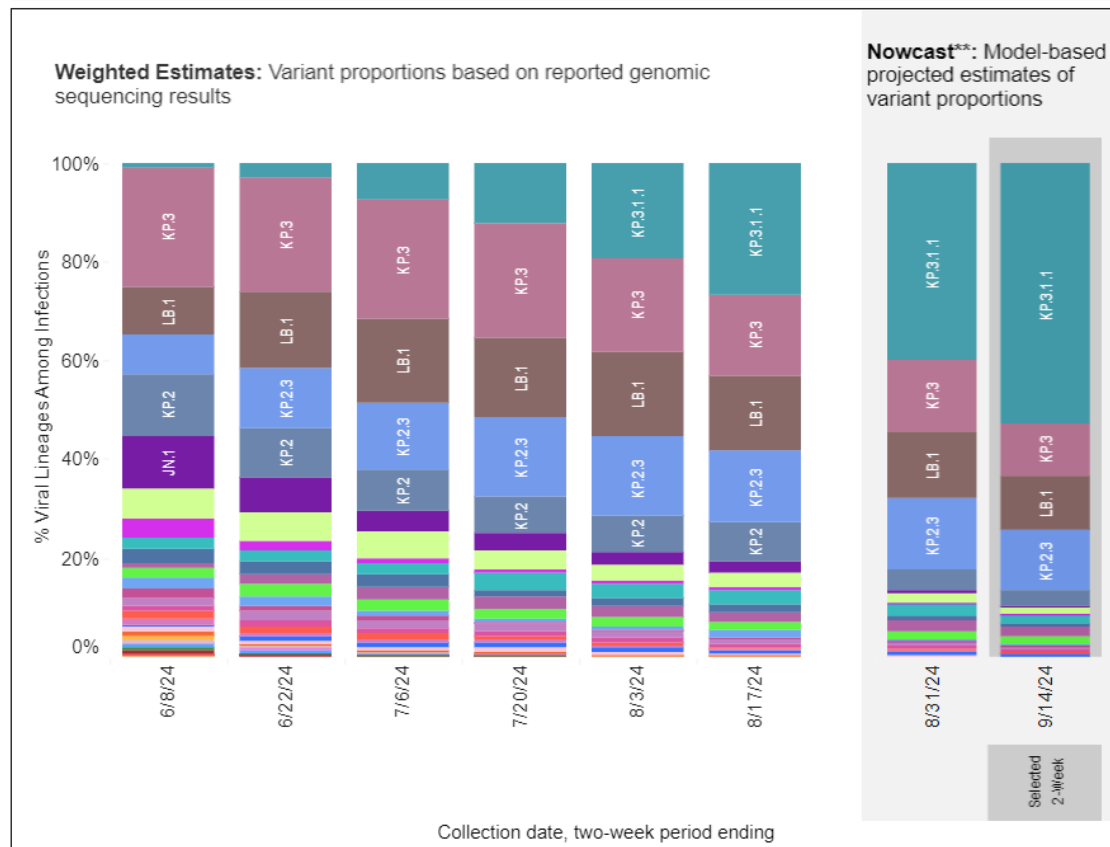
# Agenda

- Respiratory Season Updates & Testing/Vaccine Resources
- Resource Distribution
- Quality Improvement Tools: “What Matters to You?” Activity
- IPC Resources: SPICE
- FAQs
- Questions & Answers

# COVID-19 Variant Proportions

## Weighted and Nowcast Estimates in United States for 2-Week Periods in 5/26/2024 – 9/14/2024

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



## Nowcast Estimates in United States for 9/1/2024 – 9/14/2024

USA				
WHO label	Lineage #	%Total	95%PI	
Omicron	KP.3.1.1	52.7%	48.6-56.8%	
	KP.2.3	12.2%	10.8-13.8%	
	LB.1	10.9%	9.4-12.6%	
	KP.3	10.6%	9.3-12.1%	
	KP.2	3.1%	2.2-4.2%	
	LP.1	2.1%	1.4-3.0%	
	KP.1.1.3	1.9%	1.4-2.8%	
	JN.1.18	1.7%	0.6-4.0%	
	KP.1.1	1.5%	1.2-1.9%	
	KS.1	0.7%	0.4-1.0%	
	KP.2.15	0.7%	0.4-1.0%	
	LF.3.1	0.6%	0.4-0.9%	
	JN.1.16.1	0.6%	0.4-0.8%	
	KP.4.1	0.2%	0.1-0.4%	
	JN.1.11.1	0.2%	0.1-0.3%	
	JN.1	0.2%	0.1-0.3%	
	KW.1.1	0.0%	0.0-0.1%	
	XDV.1	0.0%	0.0-0.1%	
	JN.1.16	0.0%	0.0-0.0%	
	JN.1.7	0.0%	0.0-0.0%	
	KP.1.2	0.0%	0.0-0.0%	
	KQ.1	0.0%	0.0-0.0%	
	JN.1.8.1	0.0%	0.0-0.0%	
	JN.1.32	0.0%	0.0-0.0%	

Targeted by updated Pfizer/Moderna vaccines

Targeted by updated Novavax vaccine

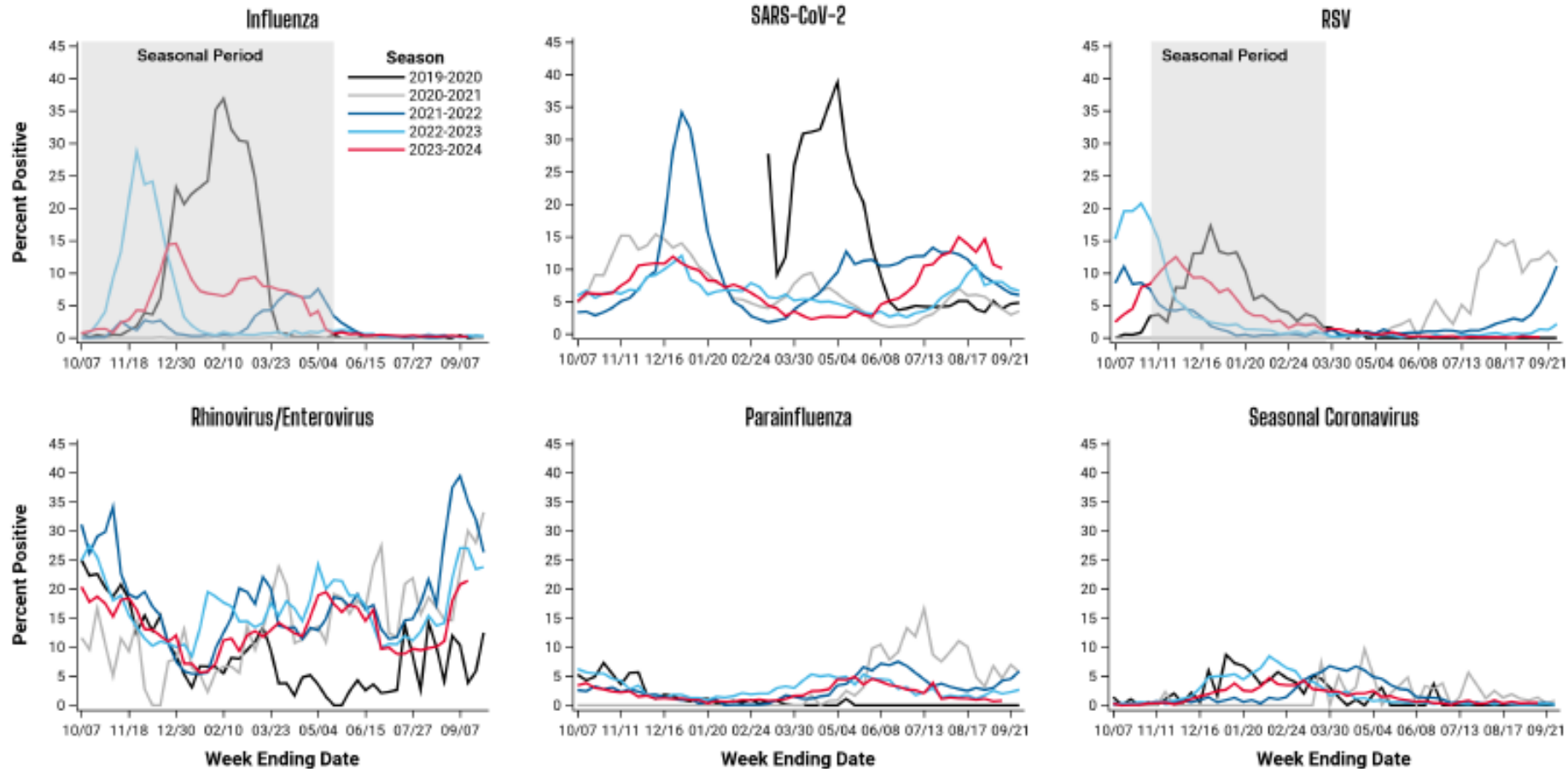
# Chicago Respiratory Virus Surveillance Report – Current Week & Cumulative

Respiratory Pathogen	Week Ending September 14, 2024		Since October 1, 2023	
	# Tested	% Positive	# Tested	% Positive
Influenza*	2,583	0.2	210,372	5.4
RSV*	1,605	0.1	143,623	3.9
SARS-CoV-2*	1,029	10.1	154,076	7.3
Parainfluenza	1,637	0.8	86,860	1.9
Rhinovirus/Enterovirus	686	21.4	47,783	13.2
Adenovirus	686	0.9	47,256	2.9
Human Metapneumovirus	686	0.4	47,567	2.5
Seasonal Coronaviruses <sup>†</sup>	1,637	0.4	85,959	1.6

\*Represents both dualplex and multiplex PCR data. All other data represents only multiplex panels that include the specified pathogens;† Four seasonal coronavirus strains include 229E, NL63, OC43, and HKU1.



# Chicago Respiratory Virus Surveillance Report – Seasonal Trends



# COVID-19 Vaccine Operations

- CDPH to provide updated COVID-19 vaccines for uninsured/underinsured staff in the LTC space for the 2024-2025 season
  - Limited doses
  - The federal Bridge Access Program that provided COVID-19 vaccine to un/underinsured adults has ended across the country
    - To fill that gap, CDPH has purchased COVID-19 vaccine to fill this gap and ensure access for un/underinsured adults
- CDPH's COVID-19 and Flu campaign is citywide starting Oct. 1
  - To find a COVID-19 and Flu shot, please visit our public facing calendar on our website: **[chicago.gov/flu](https://chicago.gov/flu)**



# Respiratory Season Planning



## NEW COVID-19 and FLU VACCINES AVAILABLE NOW

- What are your plans for vaccine clinics for residents?
  - Is staff interested in the new COVID-19 vaccine?
- What are your plans for offering staff the Flu vaccine?

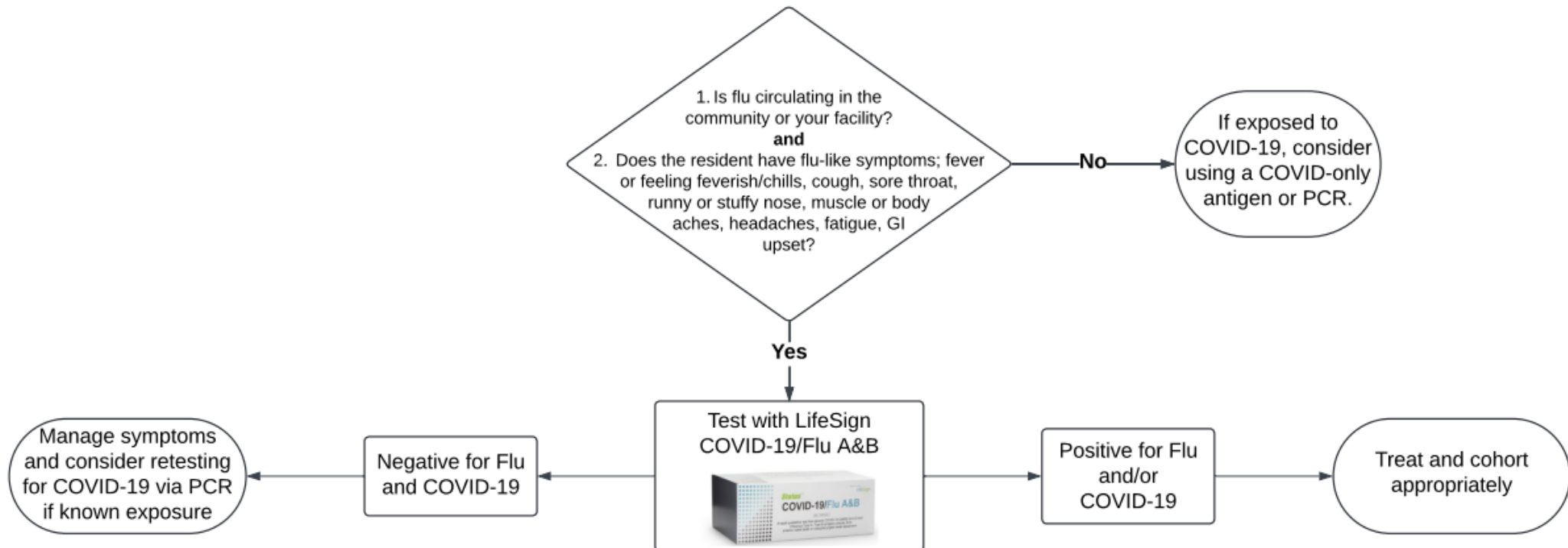


# ★ Respiratory Season Planning



Status™ COVID-19/Flu A&B

**Test kits are coming your way!**



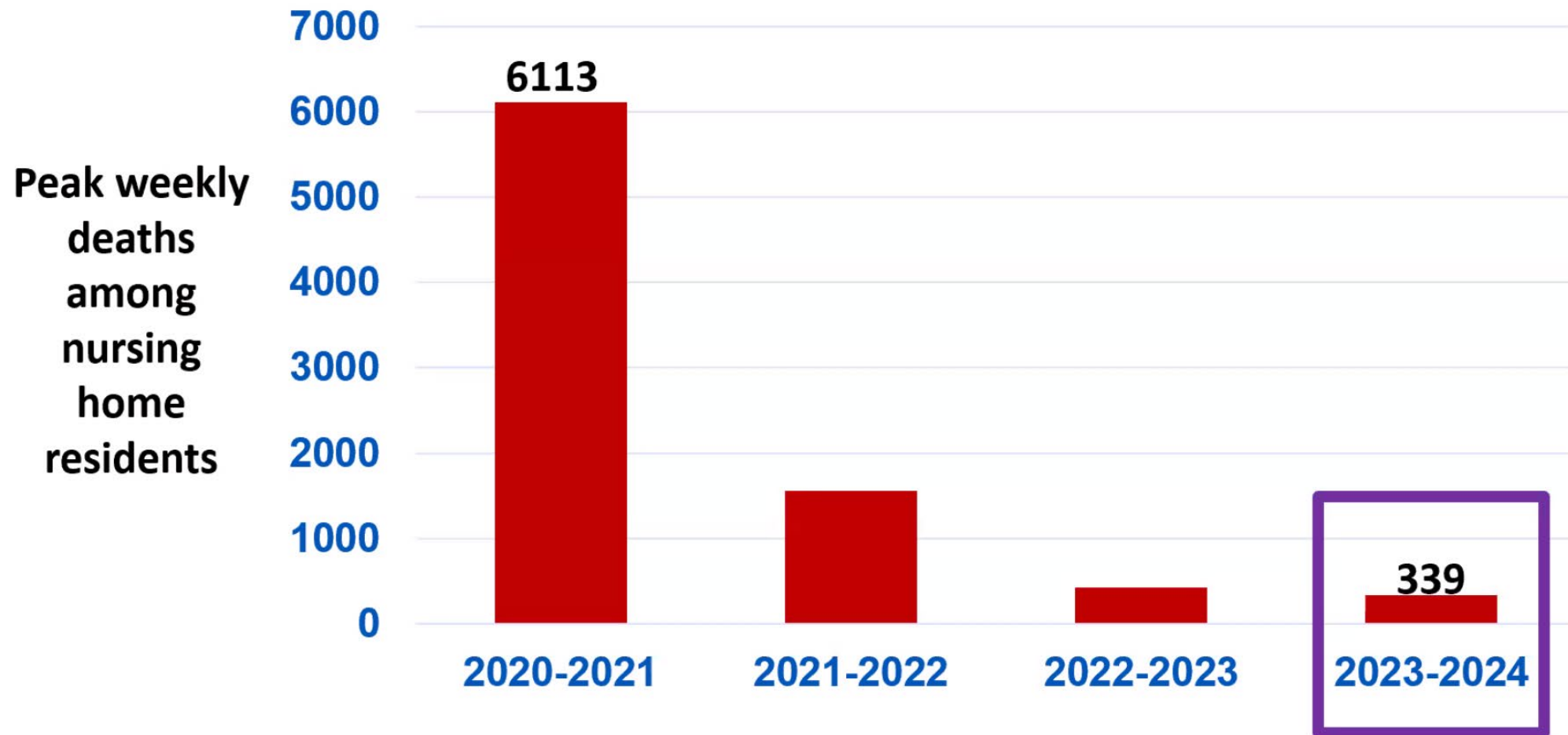


# Forecast for Respiratory Season

- Experts predict that severity of respiratory season this year will be similar to the moderate severity seen last year
- The best tools we have to reduce burden of disease this season are vaccines, face masks, and increased utilization of antivirals

A moderate respiratory season can be worse than a pre-pandemic severe season because of the added burden of COVID-19

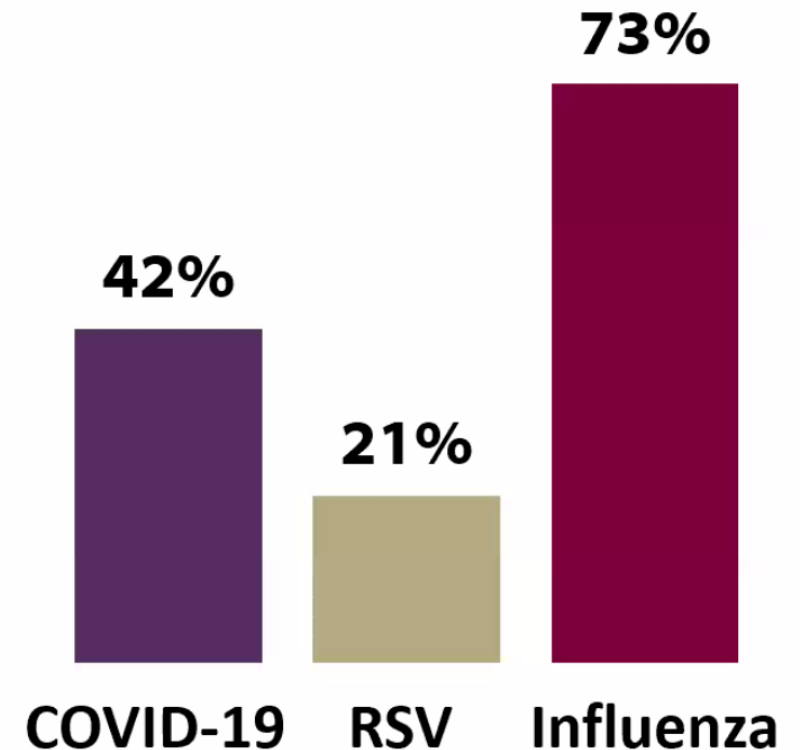
# The burden of COVID-19-related deaths among nursing home residents have decreased since 2020.





## Many residents are missing out on the life-saving benefits of respiratory virus vaccines.

- **Percent vaccinated nursing home residents last respiratory virus season was:**
  - **42% for 1 or more COVID-19 vaccine**
  - **21% for RSV vaccine**
  - **73% for seasonal influenza vaccine**





# Who should receive vaccines for respiratory season?



**Pregnant People**

2024-2025  
COVID-19

All

2024-2025  
Influenza

All

RSV

A single dose of vaccine during weeks 32-36 of pregnancy

*Administered September through January*



**Adults 18-59**

All

All

*See above*



**Adults 60+**

All

All

Higher dose flu vaccines or adjuvanted inactivated flu vaccine are recommended for adults 65 +

All adults 75+

Adults 60-74 years at increased risk of severe RSV

*CDC considers all nursing home residents to be at higher risk of severe RSV*

# Vaccine Updates: COVID

- Updated mRNA vaccines – authorized on 8/22/2024
  - Pfizer or Moderna
  - Targets KP.2
- Updated protein vaccine – authorized on 8/30/2024
  - Novavax
  - Targets JN.1
- Recommended for everyone 6 months and older
- Can receive the COVID vaccine at the same time as the flu shot



# Q: Is it still recommended to delay receiving the COVID vaccine by 3 months after having a COVID diagnosis?

- People who recently had SARS-CoV-2 infection may consider delaying their COVID-19 vaccine by 3 months from symptom onset (or positive test if asymptomatic)
- Studies have shown that increased time between infection and vaccination may result in an improved immune response to the vaccine. There is also a lower risk of reinfection in the months immediately following infection
- Individual factors such as risk of severe disease and current indicators of community transmission should be considered when determining whether to delay getting a COVID-19 vaccine

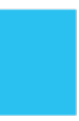
# Vaccine Updates: Influenza

- The 2024-2025 flu shot is authorized and currently available
- Trivalent vaccine
  - A(H1N1)
  - A(H3N2)
  - B/Victoria
- CDC recommends higher dose flu vaccines (high-dose inactivated or recombinant) or adjuvanted inactivated flu vaccine for people 65 and older
- September and October are ideal months to get vaccinated

# Vaccine Updates: RSV

- One dose of vaccine is recommended for all adults 75 and older
- Adults ages 60 to 74 should get a single dose of RSV vaccine if they are at increased risk of severe disease
  - CDC considers **ALL** residents of nursing homes to be at increased risk for severe RSV disease
- RSV vaccination is a one-time dose. If you received a dose last year, another dose is not recommended





## WHY IMMUNIZE: Best defense against viruses that can cause serious illness

**Viruses cause many hospitalizations each respiratory season.**

- **Thousands of people are hospitalized for COVID-19, flu and RSV**

**While some people at higher risk, we cannot predict who will get severely ill.**

- **Adults 65+ are 4–9 times more likely to be hospitalized for COVID-19, flu and RSV than those under age 65**

**Immunizations are our best defense.**

- **COVID-19 & influenza vaccines cut risk of hospitalization in half**
- **RSV vaccines >70% effective in preventing older adult RSV hospitalizations**

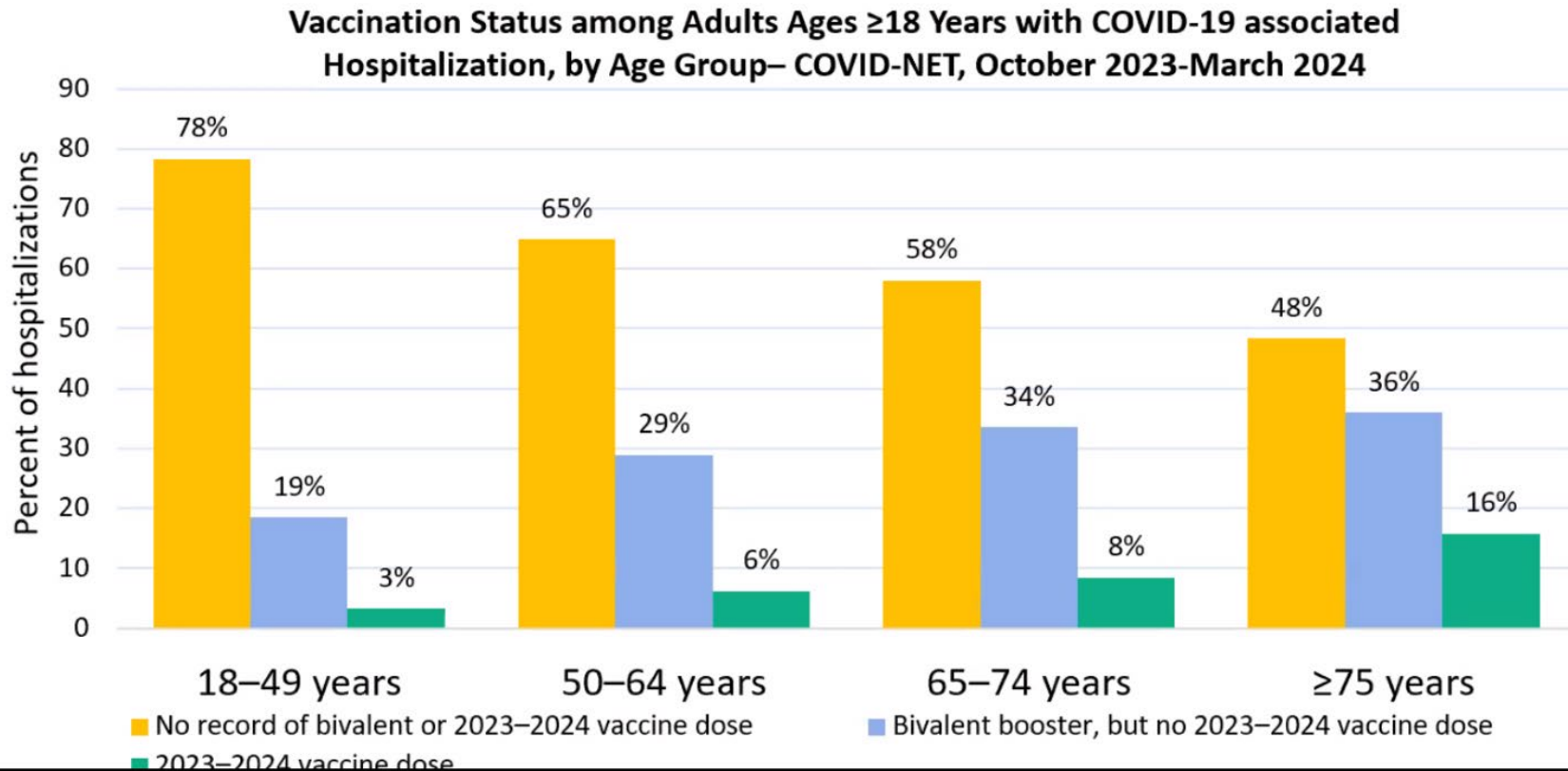


# Why vaccinate against COVID-19?

More than half of adults hospitalized with COVID-19 did not receive a COVID-19 vaccine within the year before they were hospitalized



Your age makes you more likely to get really sick from COVID-19. **The COVID-19 vaccine cuts your risk of being hospitalized in half.**



# ★ Tips for Talking About Vaccines

**Be Specific**



**Be Clear**



**Be Attentive**

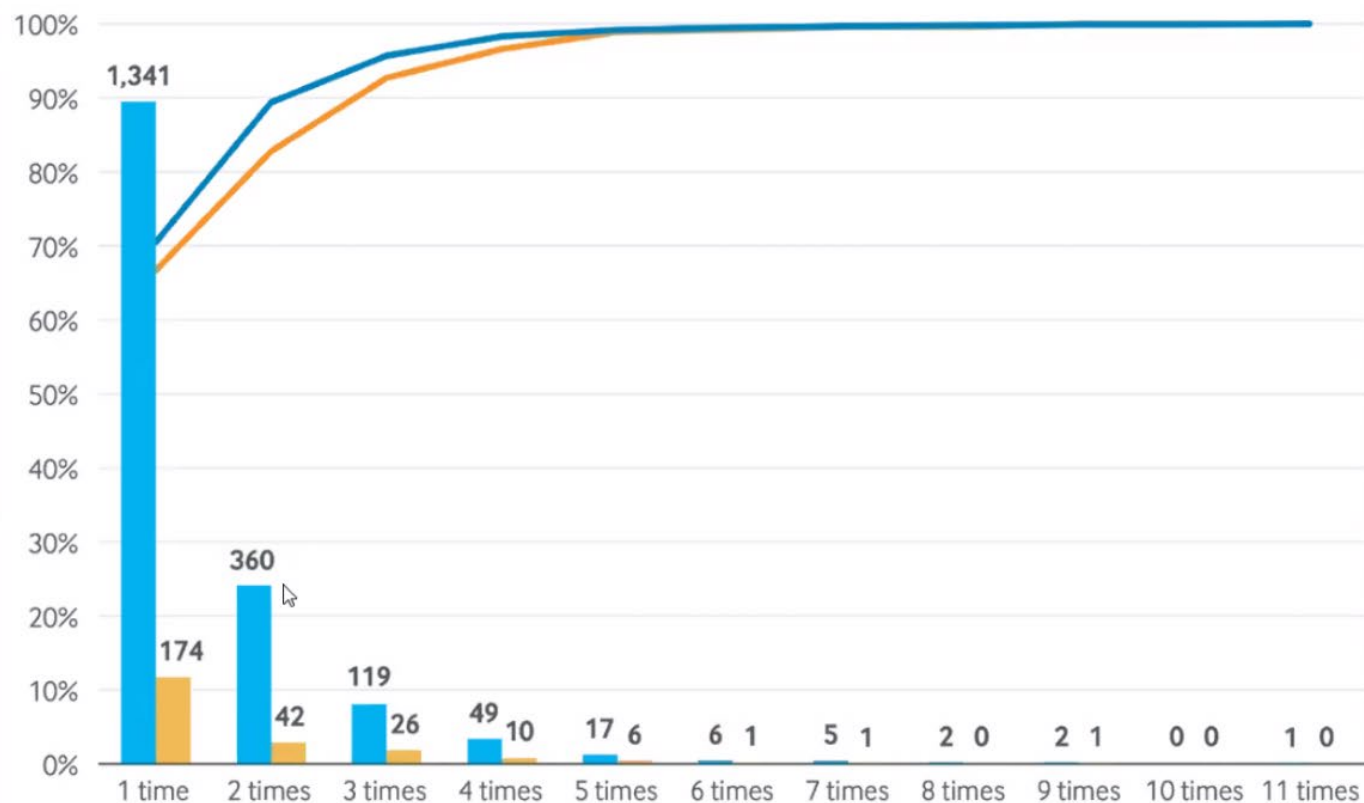


**Try Again!**





## Some individuals need to be offered COVID-19 vaccination **multiple times**



BAA = Black/African American.

While most patients accepted the vaccine after declining it once, a smaller portion were offered COVID-19 vaccinations **2 to 11** times before deciding to be vaccinated

■ Number of Patients  
■ Number of BAA Patients  
— Cumulative percent  
— Cumulative BAA percent



# Pneumococcal Vaccine Resources

*A facility shall administer or arrange for administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated. ([Section 2-213\(b\) of the Act](#))*

- [CDC Summary of Risk-based Pneumococcal Vaccination Recommendations](#)
- [Considerations for Shared Clinical Decision-Making](#)
- [Pneumococcal Vaccine Timing for Adults](#)
- [PneumoRecs VaxAdvisor App for Vaccine Providers](#)



# **Pneumococcal Scenario**

Tom is an 80-year-old resident in your skilled nursing facility. He received a dose of Prevnar 13 (PCV13) at age 68 and a dose of Pneumovax 23 (PPSV23) at age 70. He has no record of any other pneumococcal vaccinations.

Does Tom need additional doses of Prevnar 20 (PV20) or Capvaxive (PCV21) to complete his pneumococcal vaccinations?

[PneumoRecs VaxAdvisor App for Vaccine Providers](#)



# PneumoRecs VaxAdvisor App for Vaccine Providers

## KEY POINTS

- Use PneumoRecs VaxAdvisor to quickly and easily determine which pneumococcal vaccines a patient needs and when.
- Mobile and web versions are available and free to use.
- The PneumoRecs VaxAdvisor app was updated on September 12, 2024, to reflect CDC's updated adult pneumococcal vaccination recommendations.



**PneumoRecs**  
VaxAdvisor

Available for iOS and Android

## Get the app

### Download the mobile app

Download ***PneumoRecs VaxAdvisor*** on your mobile device:

- [iOS devices](#) 
- [Android devices](#) 

### Use the web version

Access a [web version](#) when connected to the internet through a mobile device or computer.

Note: We recommend adjusting the screen size of the web browser to look like a smartphone for a better user experience.

#### RELATED PAGES

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[Risk-based Recommendations](#)

[People with Cochlear Implants](#)

[Clinical Features](#)

[Clinical Overview](#)

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**Pneumococcal**

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# PneumoRecs VaxAdvisor

Tool to help determine which  
pneumococcal vaccines children  
and adults need.

Get Started

Enter a patient's age, pneumococcal vaccination history, and underlying medical conditions.  
Move through this tool to create customized pneumococcal vaccination recommendations.



## DISCLAIMER

This tool is based on current pneumococcal vaccination recommendations (app last updated September 2024) of the Advisory Committee on Immunization Practices (ACIP). The ACIP provides advice and guidance to the Centers for Disease Control and Prevention (CDC) director regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC director and, if adopted, are published as official CDC/Department of Health and Human Services recommendations in the *Morbidity and Mortality Weekly Report (MMWR)*. The information contained in this product is not intended to be, nor should it be used as, a substitute for the exercise of professional judgement. This tool does not account for all possible medical situations. CDC has used its best efforts to accurately portray immunization application for pneumococcal vaccines, but cannot guarantee if it is outdated, incomplete, or accurate in all cases. CDC is not licensed to practice medicine or pharmacology, and this tool does not constitute such practice.

By indicating 'I agree' below, you have indicated your acceptance of these terms.

Agree to the terms:

☐ I agree



# Pneumococcal Scenario

Please select the age group:

<19 years

19 through 64 years

≥65 years

Has the patient ever received PCV15, PCV20, or PCV21?

☐ No

☐ Yes

Has the patient ever received PPSV23?

☐ No/Unknown

☐ Yes

# Pneumococcal Scenario

Has the patient ever received PCV13?

☐ No/Unknown

☐ Yes

Did your patient receive PPSV23 before age 65 years or at/after age 65 years?

☐ Before age 65 years only

☐ At or after age 65 years

# Pneumococcal Scenario

## Recommendation

Based on shared clinical decision-making, decide whether to administer one dose of PCV20 or PCV21 at least 5 years after the last pneumococcal vaccine dose. Regardless of whether PCV20 or PCV21 is administered, their pneumococcal vaccinations are complete.

[Print the recommendation](#)

## Patient Characteristics

**Age:**  
≥65 years

**PPSV23:**  
Has received prior doses  
At or after age 65 years

**PCV13:**  
Has received prior doses

**Risk Factors:**  
N/A

## More Resources

[Pneumococcal ACIP Vaccine Recommendations](#)


[Recommended Immunization Schedule for Adults](#)

[Recommended Immunization Schedule for Children and Adolescents](#)

[Pneumococcal Vaccination: Information for Healthcare Professionals](#)

[Pneumococcal Vaccine Timing for Adults](#) (PDF)

[Pneumococcal Vaccine Shared Clinical Decision-Making for Adults](#) (PDF)

Restart 



# Work Restrictions

COVID-19	Staff members with COVID-19 should stay out of work AT LEAST 7 days from symptom onset or test date, if asymptomatic. They can return on day 8 with a negative test. If they do not have a negative test, they may return on day 11.
Influenza	Healthcare personnel with influenza-like illness should be excluded from work for at least 24 hours after fever has subsided without the use of fever-reducing medicines.
RSV	Staff should not report to work while acutely ill including fever free for 24 hours without the use of fever-reducing medicines.

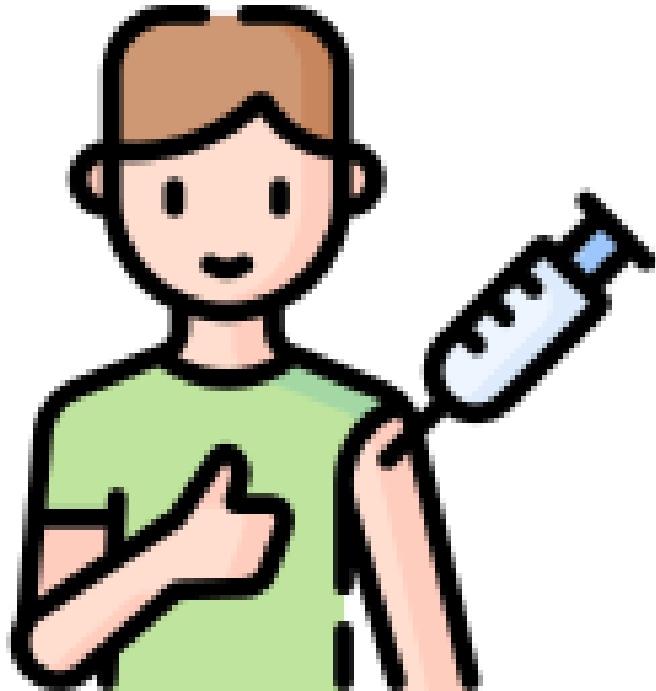


# Precautions for Residents

Pathogen	Type of Precautions	Duration of Precautions
<b>COVID-19</b>	Contact & Droplet <i>with N95 mask</i>	At least 10 days have passed since symptoms first appeared, 24 hours fever free without fever-reducing medications, and symptom improvement
<b>Influenza</b>	Droplet Precautions <i>with surgical mask</i>	For 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, <i>whichever is longer</i>
<b>RSV</b>	Contact (required) & Droplet (recommended) <i>with surgical mask</i>	Duration of illness



# ★ Respiratory Vaccine Resources



- Vaccine Product Details: [U.S. COVID-19 Vaccine Product Information](#)
- Ads, fact sheets, posters from HHS: [Vaccine Education Materials](#)
- CMS Billing Guide: [Billing Medicare for Respiratory Vaccines](#)
- ASPR COVID-19 free tests: email [tdx@hhs.gov](mailto:tdx@hhs.gov)
- ASPR funded Paxlovid through December 2024: [PAXCESS](#)

# ★ **FREE COVID-19 Tests**

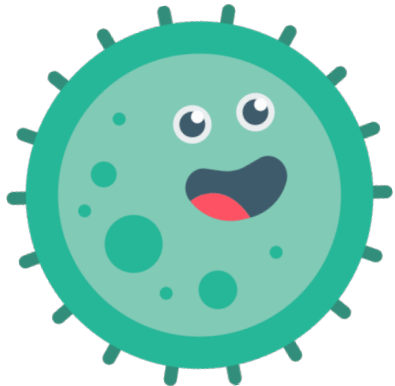
- DHHS Administration for Strategic Planning and Response (ASPR) has FREE COVID-19 test kits available for skilled nursing facilities
- Facilities are eligible for weekly distributions shipped at a minimum of 50 tests



To get free tests: reach out to [tdx@hhs.gov](mailto:tdx@hhs.gov)

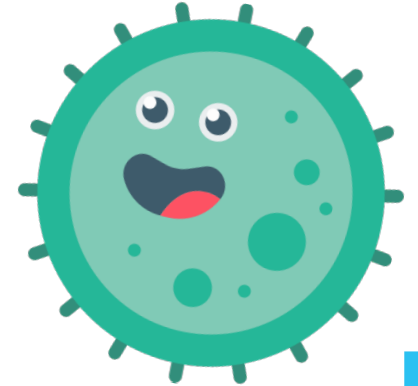
# Project Firstline Resources

- [Project Firstline](#) has released a compilation of one-pagers and micro-learns focused on respiratory illness: [PFL Respiratory Packet](#)
- Prepare Your Clinics and Patients for Fall and Winter Respiratory Virus Season with CDC Director and AMA ([webinar](#))
- Project Firstline can come to your facility for in-service training for your staff on many topics related to respiratory season. If you are interested in having Project Firstline visit your facility, fill out [this form](#).



**PROJECT  
FIRSTLINE**

CDC's National Training Collaborative  
for Healthcare Infection Prevention & Control





**Covid Vaccine and Influenza Vaccine**  
**newly updated for**  
**Fall 2024**  
**Respiratory Season**



Reserve your  
vaccine date!



**Recommended vaccines:**

- Covid-19
- Influenza
- Pneumonia

# ★ Portable Air Cleaners (PACs) – With HEPA filter



## CLEAN AIR CYCLE

Four-sided  
air intake

H13 true HEPA  
filter with three  
filtration layers

Quiet but  
powerful fan

Filtered  
air release

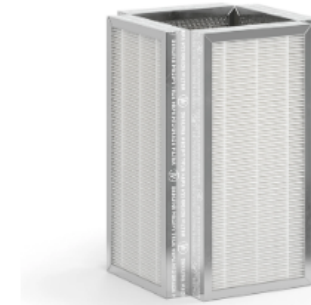


# ★ What is a HEPA filter?

HEPA is a type of pleated mechanical air filter. It is an acronym for "**high efficiency particulate air (HEPA)**[filter]". This type of air filter can theoretically remove at least 99.97% of dust, pollen, mold, bacteria, and any airborne particles with a size of  $0.3\text{ }\mu\text{m}$ . Particles that are larger or smaller are trapped with even higher efficiency

## Medify Air True HEPA H13 Filters

The Medify Air MA-50 uses three layers of filtration: pre-filter, True HEPA H13, and active carbon composite for odors.



Can clean  
**1320 SF**  
in 30 minutes\*

**$598\text{m}^3/\text{h}$**   
Clean Air  
Delivery Rate†

Captures  
**99.9%**  
of particles down to  
0.1 microns\*



True HEPA H13 or better removes 99.9%  
of particles down to 0.1 microns.\*

# ★ PAC Features

- Product manual covers how to use, filter replacement, and cleaning/maintenance
- Each PAC comes with a hard copy of the manual

- [Product Manual](#)
- <https://medifyair.com/collections/air-purifiers/products/ma-50-air-purifier>

## CONTROL PANEL



## HOW TO USE

### BEFORE TURNING THE UNIT ON

- Take the air purifier out of the box.
- Place the air purifier on a firm, level surface.
- Plug the power cord into a standard AC outlet.

### POWER BUTTON AND FAN SPEED SETTINGS

- To turn the air purifier on, press the power button.
- This air purifier has 4 fan speed settings: 1, 2, 3 and 4. The higher the fan speed setting, the faster the air will be purified. To select or change fan speed, press the fan speed button until the desired setting is reached.

### TIMER

Press the timer button until the desired timer setting is lit on the display. The timer button will cycle through the following settings: 0 hr, 2 hr, 4 hr, 8 hr, 12 hr and 0 hr. To cancel the timer at any time, press the timer button until set 0 hr. The air purifier will run continuously when the timer function is off.

### DIMMER

Press the dimmer button to change the backlight to desired brightness, there are 4 brightness levels to change for all buttons' backlight LEDs. The dimmer button backlight will turn off for 1 second when the dimmer button has been pressed.

### CHILD-LOCK BUTTON

Press the child-lock button and hold it down for 3 seconds and all functional buttons will be locked. Press and hold down again the child-lock button for 3 seconds and all functional buttons will be unlocked.

### SLEEP BETTER

Press the sleep button to turn all indicators on the control panel lights off except the sleep button indicator, and turn off the display screen. The fan is set to speed 1. Press the sleep button again to turn the control panel lights and display screen on, and the sleep button indicator is turn off. Keep the fan in speed 1.



# Placement of PACs

- Place PAC near the center of where people gather
  - They are lightweight and easy to move
  - Place off the floor at a height near or above the breathing zone
  - Do not block the sides/top of unit
  - Position where they can be reached easily to turn on/off/adjust
  - Do not create a tripping hazard with the PAC or associated electrical cords
- Prime locations for PAC placement:
    - Common areas – dining and activity rooms
    - Lobby
    - Floors with outbreaks
    - Nurse's stations
    - Employee break room



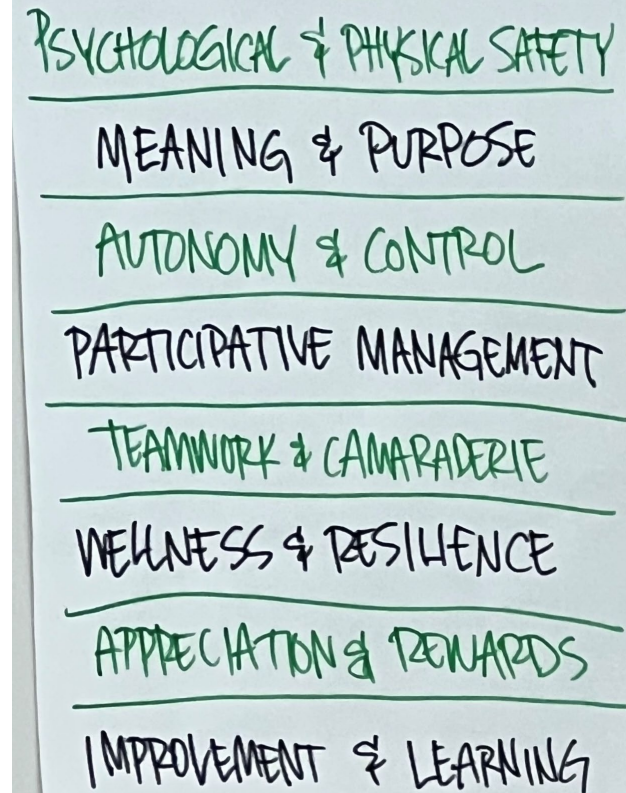
# What Matters to You Activity

- To figure out what motivates and impedes your employees, a quick exercise can give rapid feedback
- What you'll need:
  - Flip chart paper
  - Two colors of Post-it notes
  - Pens or markers



# ★ What Matters to You Activity

- Put up a flip chart paper with multiple themes written out
- Suggested themes are on the right, but you can modify as you see fit



PSYCHOLOGICAL & PHYSICAL SAFETY

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MEANING & PURPOSE

---

AUTONOMY & CONTROL

---

PARTICIPATIVE MANAGEMENT

---

TEAMWORK & CAMARADERIE

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WELLNESS & RESILIENCE

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APPRECIATION & REWARDS

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IMPROVEMENT & LEARNING



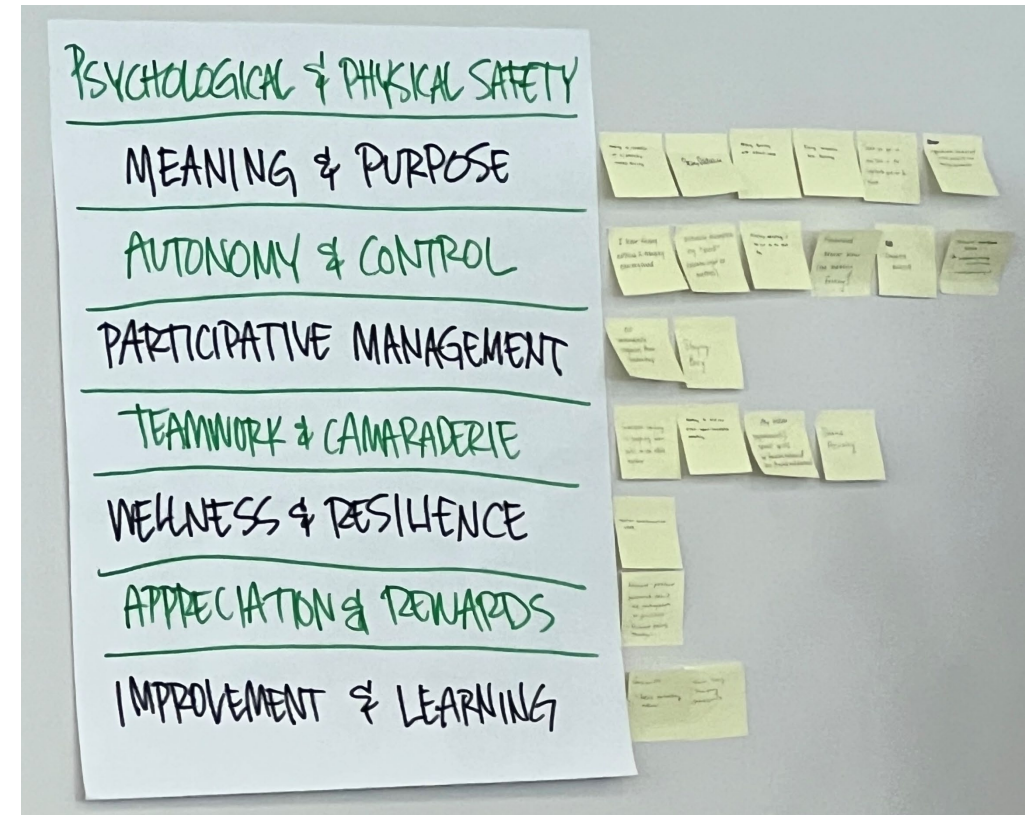
# What Matters to You Activity

- Ask your staff to answer the statement “I have a good day at work when...”
- Use one color of post its for staff to write out their answers. Each staff member can use multiple post its but only one answer should be on each post it
- Answers might be things like:
  - “...when I get recognized for doing a good job”
  - “...when I get all my work done”
  - “...when I feel like I made a difference”
  - “...when a resident that I work with achieves one of their goals”
  - “...when I get to spend time with my favorite colleagues”
  - “...when I learn something new”



# ★ What Matters to You Activity

- Staff should place each post it note to the right of the theme where it fits best
- These are examples of things you can do **more** of to help your employees find joy in their work



# What Matters to You Activity

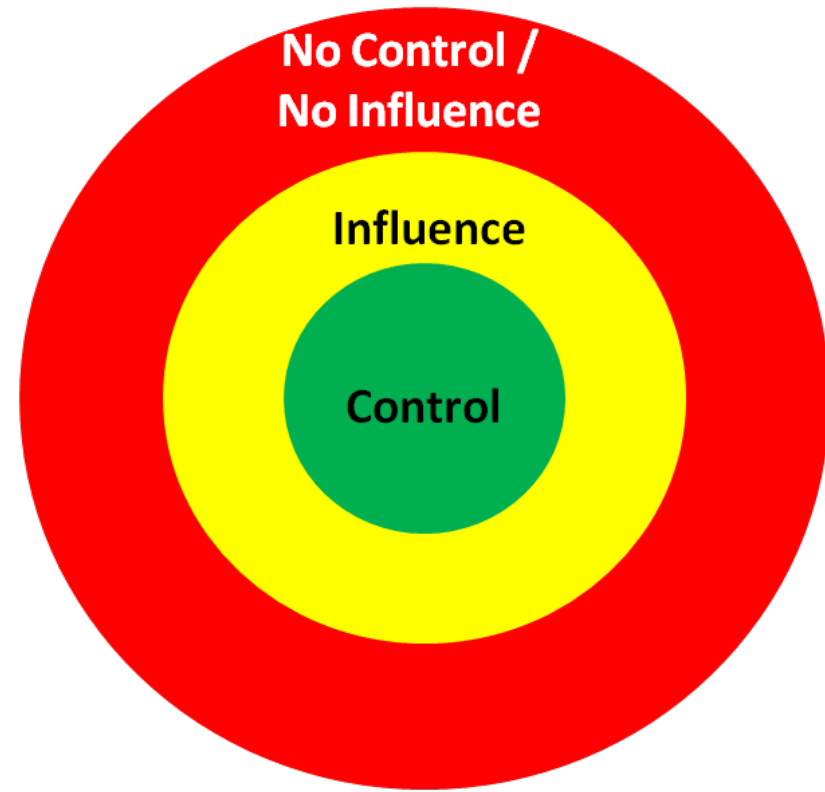
- Next, ask your staff “What gets in the way of having a good day?”
- Use another color of post it notes for staff to write out their answers
- Answers could be things like:
  - “When I get yelled at by a resident”
  - “When we are short staffed”
  - “When the time clock is down...again”
  - “When I have to do tasks that are not in my job description”
- Ask your staff to place each post it note to the left of the theme where it fits best

# What Matters to You Activity

- At the end of the activity, compile the information from all the post it notes
  - Note: while you can do this activity during a team meeting, it might also be useful to have the flip paper/post it notes available in the staff breakroom for team members who either weren't able to attend the meeting or those who think of additional ideas after the meeting is over
- But your work is not done...

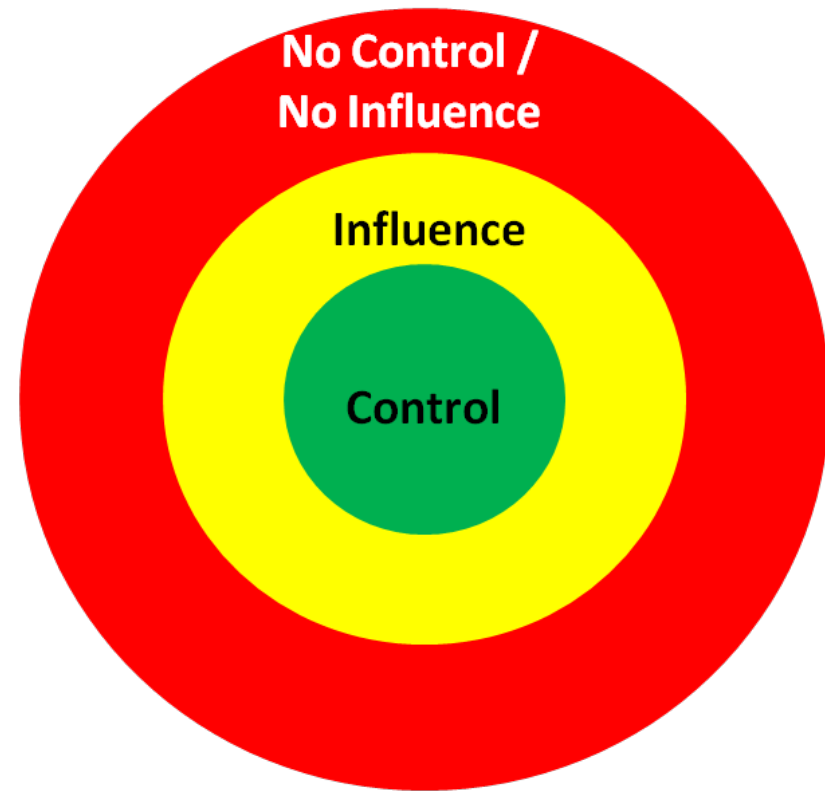
# ★ What Matters to You Activity

- After the activity is complete, assemble the leadership team (bonus points if corporate can participate)
- Place the items that get in the way of your staff having a great day into one of three buckets:
  - **Sphere of control**– you have the resources to address these issues (e.g., putting an extra microwave in the breakroom)
  - **Sphere of influence** – you can influence what happens to these issues, but you need assistance from others
  - **Sphere of concern** – while these issues are important, they are completely out of your control (e.g., regulatory requirements)



# ★ What Matters to You Activity

- Look at the items in your sphere of control and see which ones you can address right away (quick wins)
- For other items in the sphere of control or influence, select some priorities to address in the near term
- For items outside of your control, make sure you can explain to staff the rationale for why you are not able to address these areas



# What Matters to You Activity

- Report out on the results of the activity and planned next steps to all staff, leadership, and corporate
- Involve staff in conducting improvement projects related to the priority areas (e.g., create an interdisciplinary “Wellness Workgroup” that includes frontline and leadership staff and provide protected time for them to meet)
- Touch base frequently to track progress
- Share your wins and celebrate achievements



# IPC Resources: SPICE

- University of North Carolina Chapel Hill Statewide Program for Infection Control & Epidemiology (SPICE)
- Has a wealth of resources, including many specific to long-term care.
- Also includes six **free** infection control modules for nursing home staff that provide CEUs:
  - Antibiotic Resistant Bacteria
  - Isolation Precautions
  - Injection Safety
  - Environmental Disinfection
  - Urinary Tract Infections
  - C. diff



ACUTE CARE



CONGREGATE CARE











OUTPATIENT CARE



# IPC Resources: SPICE

- Resources include webinars, handouts, and more about a variety of topics including:
  - Antibiotic Stewardship
  - Environmental Rounding
  - Blood Glucose Monitoring
  - Legionella
  - McGeer Criteria
  - Audit tools (e.g., PPE)
  - Respiratory Protection Programs
  - Standard Precautions

## CONGREGATE CARE RESOURCES

Search within Resources...	Select Format
Annual Screening TB symptom tool for healthcare personnel (2021)	 Tool
Antibiotic Stewardship in LTC (2021)	 Webinar
Antibiotic Stewardship Program in LTC (2017)	 Webinar
Basics of Infection Prevention (2021)	 Video
CDC and CMS Updates 09/30/22 (2022)	 Webinar
CDC Update: Enhanced Barrier Precautions (2022)	 Webinar
Challenges & Solutions in Antibiotic Stewardship (2023)	 Webinar
Challenges and Solutions in Antibiotic Stewardship for Inpatient, Outpatient, and Nursing Home Facilities (2022)	





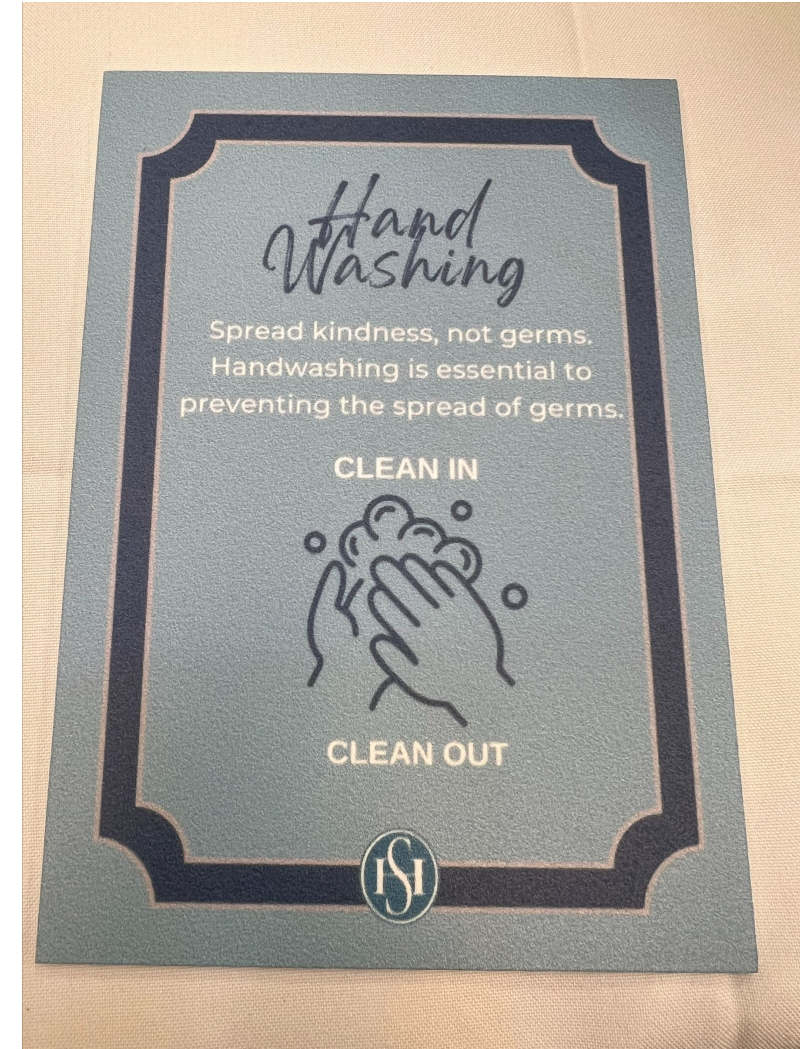
# FAQ: Has NHSN changed their “up to date” definition for COVID vaccines?

Yes, beginning September 30, 2024, individuals are considered up to date if they have received a single dose of the 2024-2025 updated COVID-19 vaccine

# ★ FAQ: When do SNF residents and staff need to be screened for latent TB infection?

- Staff must have a TB screening test within 7 days of hire
  - If a skin test is done, two step testing must be performed unless the employee has a documented skin test result within the last 12 months, in which case the second test would not need to be completed
  - Can also use an interferon gamma release assay (IGRA) (e.g., QuantiFERON)
    - IGRAs are preferred for staff who have previously received the Bacillus Calmette-Guérin (BCG) vaccine, as the vaccine may cause a false positive result on a skin test.
    - Note that the BCG vaccine is **not** given in the U.S.
- Residents must have a TB screening test within 7 days after admission
  - If a skin test is used for residents with an anticipated stay of over 30 days, two-step testing should be performed
  - IGRAs can also be used
- Annual testing is generally not required, unless indicated by your annual risk assessment
- If staff or residents are exposed to an active TB case, CDPH will help you determine which residents/staff need to be tested

# ★ Facility Shout Out: SelfHelp





# Questions & Answers

For additional resources and upcoming events,  
please visit the CDPH LTCF HAN page at:  
<https://www.chicagohan.org/covid-19/LTCF>