

Guidance and responses were provided based on information known on 2/11/2021 and may become out of date. Guidance is being updated rapidly, so users should look to CDC and NE DHHS guidance for updates.

COVID-19 and LTC

February 11, 2021

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



**Infection Control Assessment
and Promotion Program**

Presentation Information:

Panelists today are:

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Moderated by Marissa Chaney Machaney@nebraskamed.com

Slides and a recording of this presentation will be available on the iCAP website:

<https://icap.nebraskamed.com/covid-19-webinars/>

Use the Q&A box in the webinar platform to type a question. Questions will be read aloud by the moderator. If your question is not answered during the webinar, please either e-mail it to NE ICAP or call during our office hours to speak with one of our IPs.

Continuing Education Disclosures

- 1.0 Nursing Contact Hour and 1 NAB Contact Hour is awarded for the LIVE viewing of this webinar
- In order to obtain nursing contact hours, you must be present for the entire live webinar and complete the post webinar survey
- No conflicts of interest were identified for any member of the planning committee, presenters or panelists of the program content
- This CE is hosted Nebraska Medicine along with Nebraska ICAP and Nebraska DHHS
- Nebraska Medicine is approved as a provider of nursing continuing professional development by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation

COVID-19: New Variant Update

Matthew Donahue, MD, EIS '19
Medical Epidemiologist, DHHS

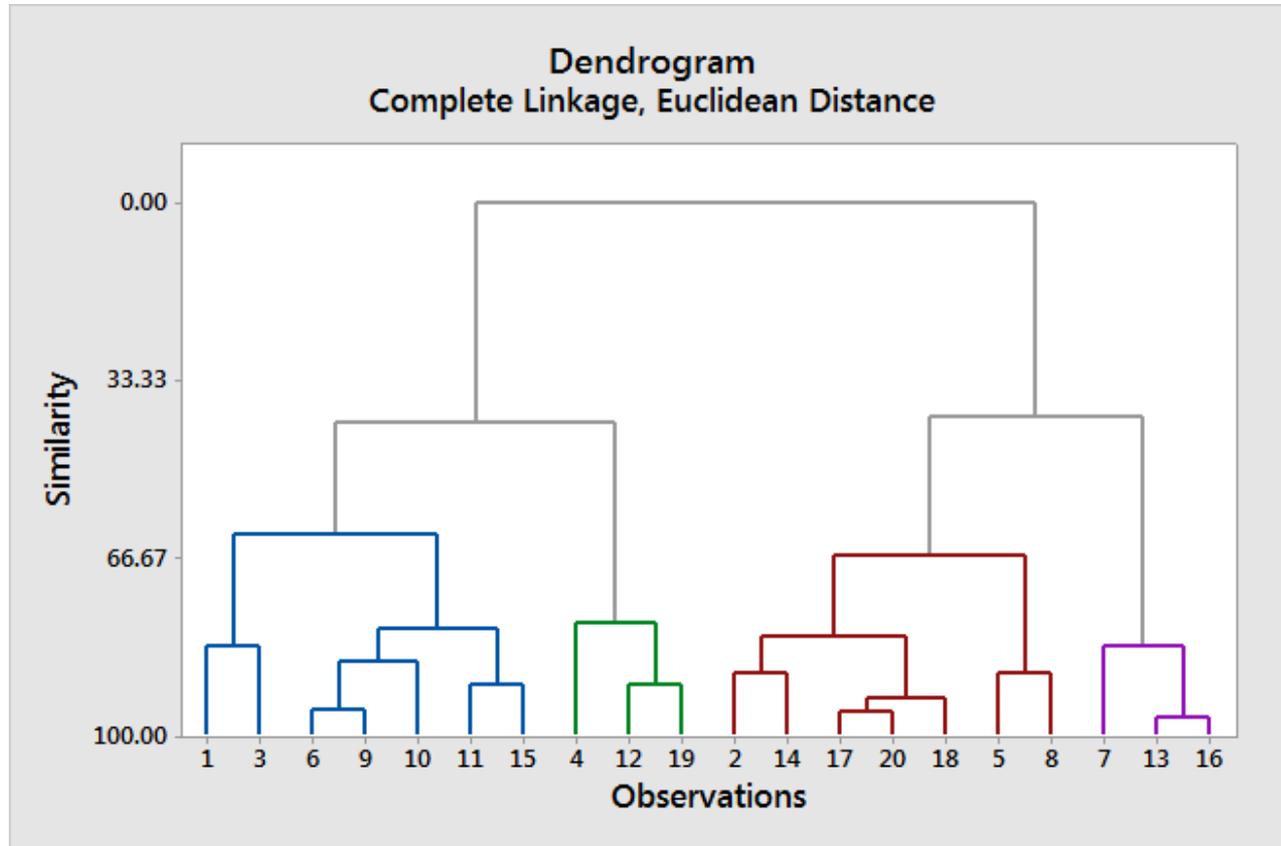


Infection Control Assessment
and Promotion Program

▶ **BLUF – Variants of Concern & State Sequencing**

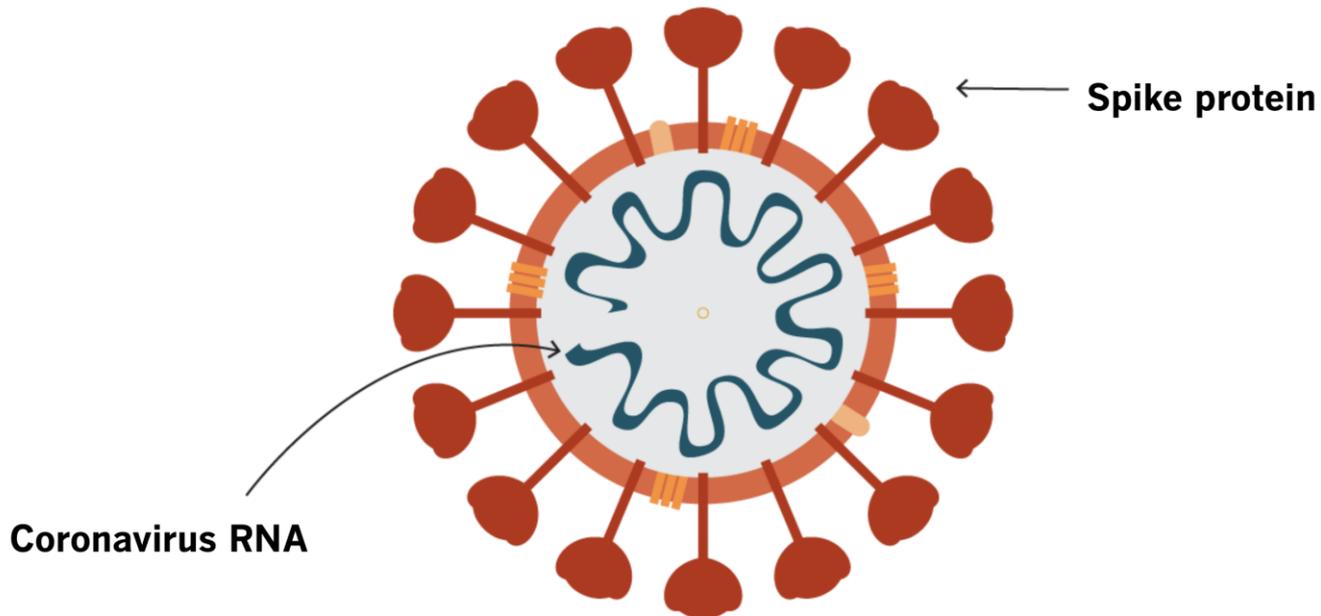
- New strains of SARS-CoV-2 identified globally, now found in the US
- Do not appear to be more severe
- Do appear more infectious/transmissible
- Some mutations identified in new strains appear to reduce neutralization by vaccine-induced antibodies, but real-world implications unclear
- Sequencing is required to identify variants of concern, expensive, time-consuming
- DHHS and NPHL have secured funding to increase sequencing up to 100 specimens per week, will sequence ALL positives with CT <28-30
- Need help getting more positive specimens to NPHL for sequencing
- Why do we care if not more severe? If it spreads more quickly can still result in more hospitalizations. Early identification could allow for thorough case investigations and contact tracing, allow healthcare facilities time to prepare for potential surges.

- ▶ Lineages are names of specific roots on a dendrogram



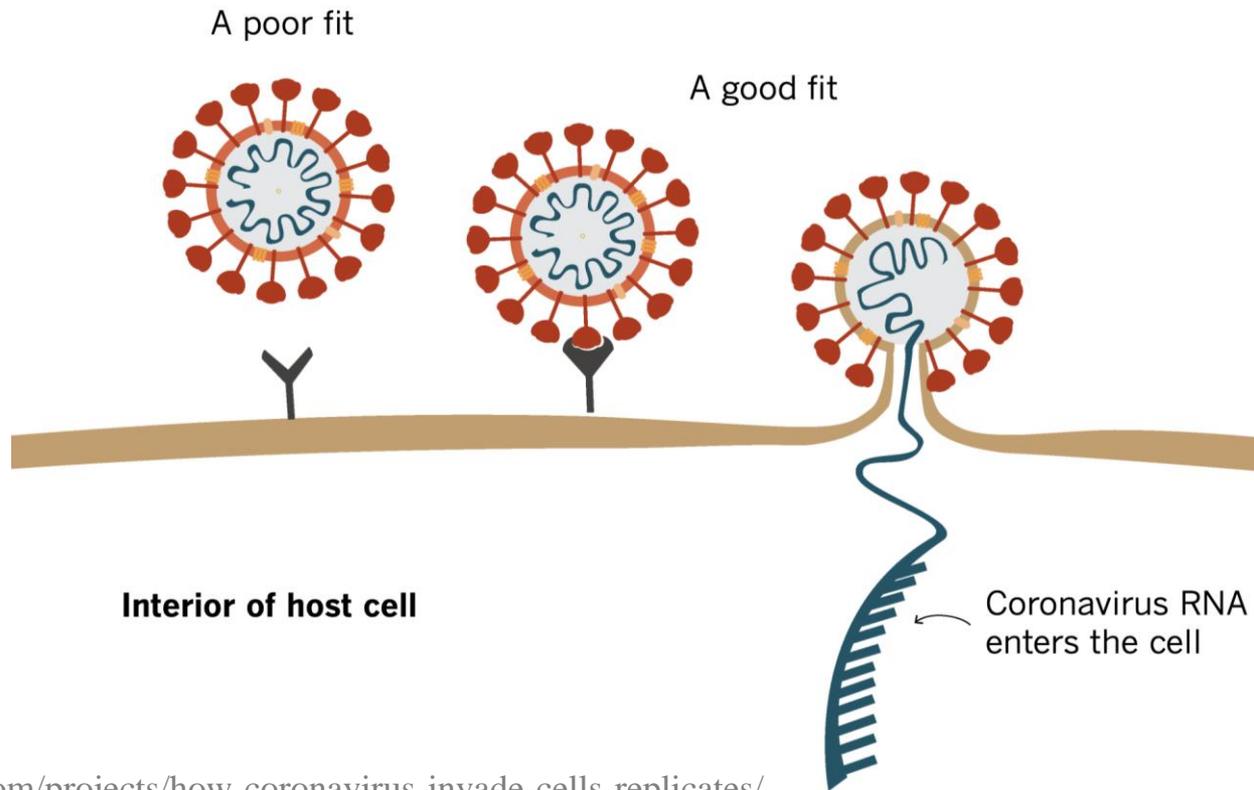
▶ Spike protein mutations are most concerning

Cross section of a coronavirus



<https://www.latimes.com/projects/how-coronavirus-invade-cells-replicates/>

▶ **The spike protein is what allows the virus to get into a cell and cause infection. It's also the piece of the virus that our antibodies target.**



<https://www.latimes.com/projects/how-coronavirus-invade-cells-replicates/>

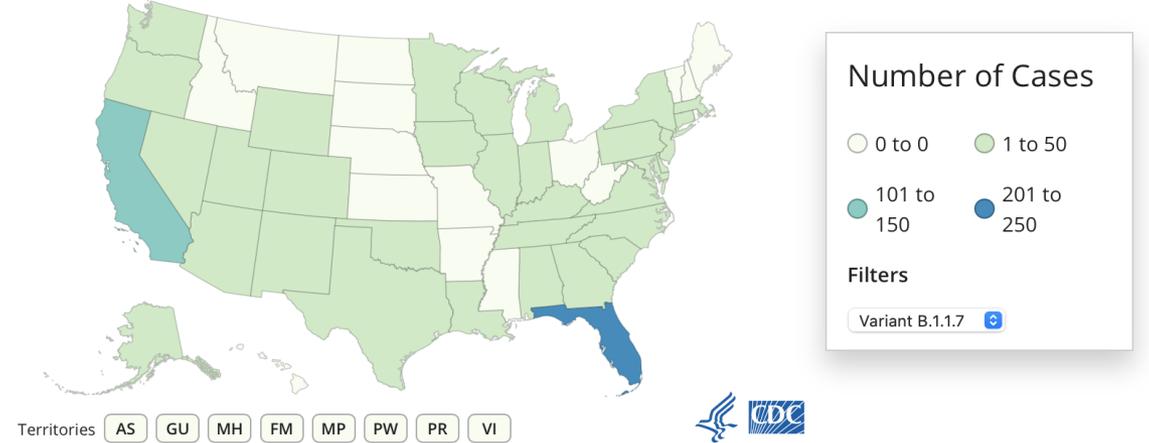
SARS-CoV-2 Variants

- In fall of 2020, several SARS-CoV-2 variants emerged, with changes in receptor-binding domain of spike protein – confer increased transmissibility

Amino acid change in spike protein	United Kingdom (B.1.1.7)	South Africa (20H/501Y.V2 or B.1.351)	Brazil (P.1)
No. of spike changes	8	10	12
N501Y	✓	✓	✓
E484K		✓	✓
K417T/N		✓	✓

Variant	Reported Cases in US	Number of States Reporting
B.1.1.7	690	33
B.1.351	6	3
P.1	3	2

Emerging Variant Cases in the United States*†



<https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant-cases.html>



Nebraska response: screen for S gene target failure

- Communication with all major labs using TaqPath to begin monitoring for SGTF
- Identified 3 specimens at Mayo, sequenced these, no variants of concern identified
- Obtained ThermoFisher TaqPath at NPHL
- Screened 315 high priority specimens for SGTF, none identified
- Screening now ending, because sequencing capacity increased



Nebraska response: sequence all positives at NPHL

- CDC genomic surveillance: sent 10 specimens to CDC every other week since December 1st, began sending 17 specimens every 2 weeks beginning February 1st as part of CDC's population-based genomic surveillance
- **NPHL genomic surveillance**
 - 90 SARS-CoV-2 specimens sequenced at NPHL in 2020
 - Secured funding to increase sequencing to **100 per week**, enough to screen all positives specimens with CT <28 at NPHL



Request help from nursing facilities, LHDs, & ICAP in sending specimens to NPHL

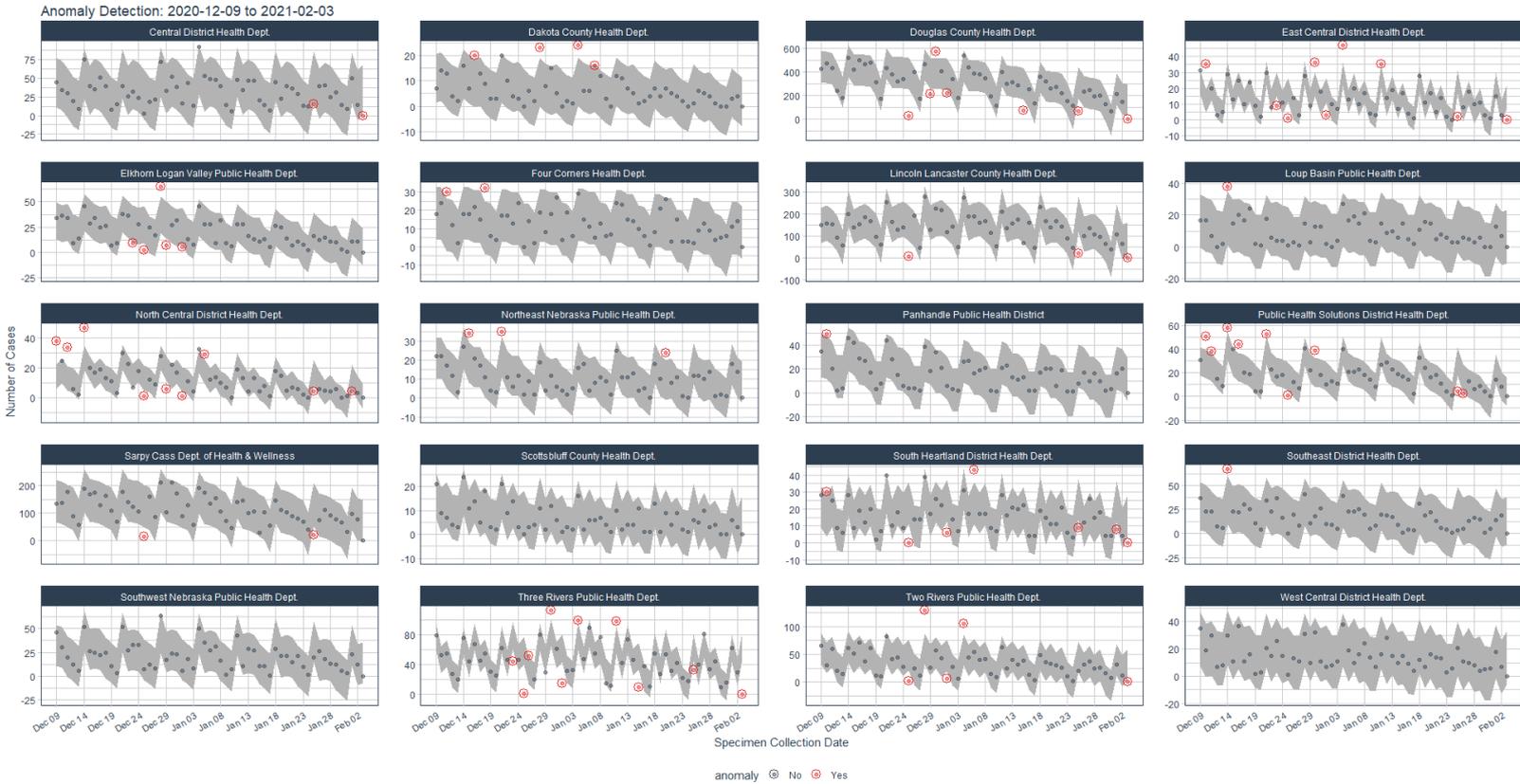
- Potential reinfections
- Potential vaccine failures
- Rapid transmission, elevated attack rates, elevated percent positivity
- Increased severity (youth in ICU)
- Potential false positive confirmatory testing
- Travelers



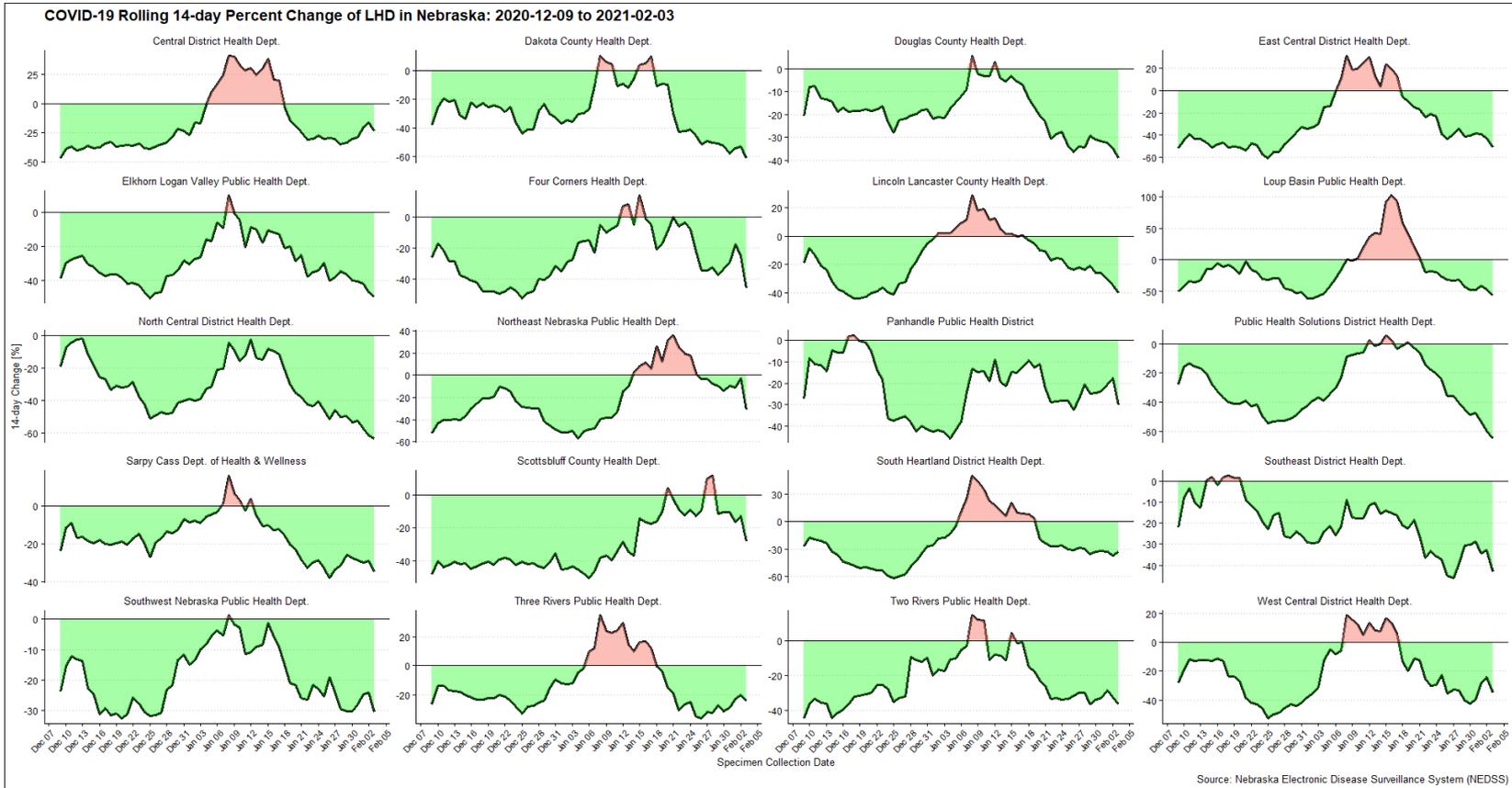
Request help from nursing facilities, LHDs, & ICAP in sending specimens to NPHL

- Potential reinfections
 - Potential vaccine failures
 - Rapid transmission, elevated attack rates, elevated percent positivity
 - Increased severity (youth in ICU)
 - Potential false positive confirmatory testing
 - Travelers
-
- **Order “NCOVFL – COVID-19 and influenza multiplex PCR” test in NUIirt**

Watching for unexpected case counts using anomaly detection



Watching for unexpected case counts using anomaly detection



▶ **BLUF – Variants of Concern & State Sequencing**

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Questions?

COVID Update



**Infection Control Assessment
and Promotion Program**

Nebraska Coronavirus Map and Case Count

Updated February 11, 2021, 12:10 A.M. E.T.



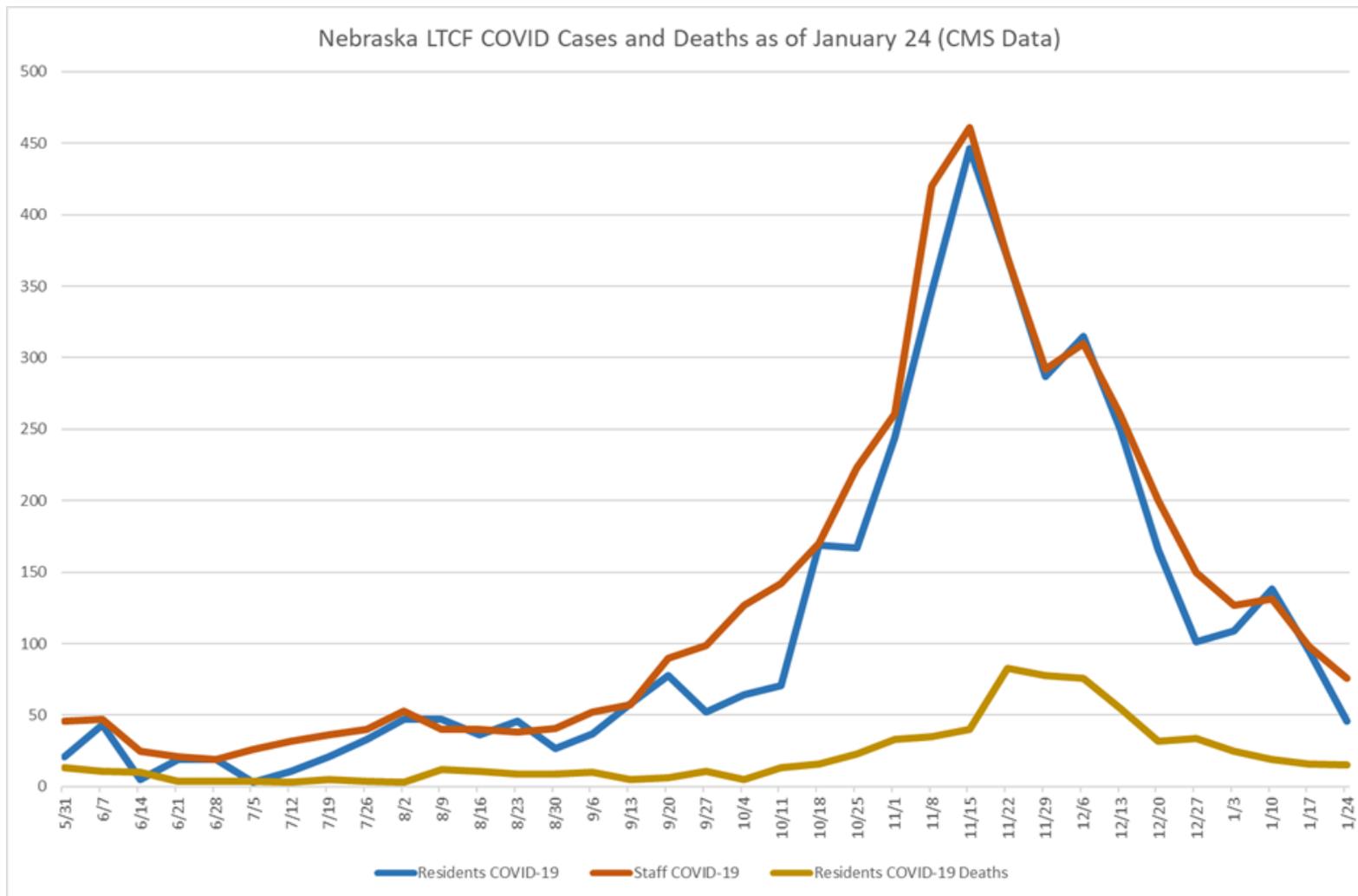
	TOTAL REPORTED	ON FEB. 10	14-DAY CHANGE
Cases	194,901	477	-36% ↘
Deaths	2,095	10	-7% ↘
Hospitalized		240	-33% ↘

■ Day with reporting anomaly. Hospitalization data from the Covid Tracking Project; 14-day change trends use 7-day averages.

<https://www.nytimes.com/interactive/2020/us/nebraska-coronavirus-cases.html>



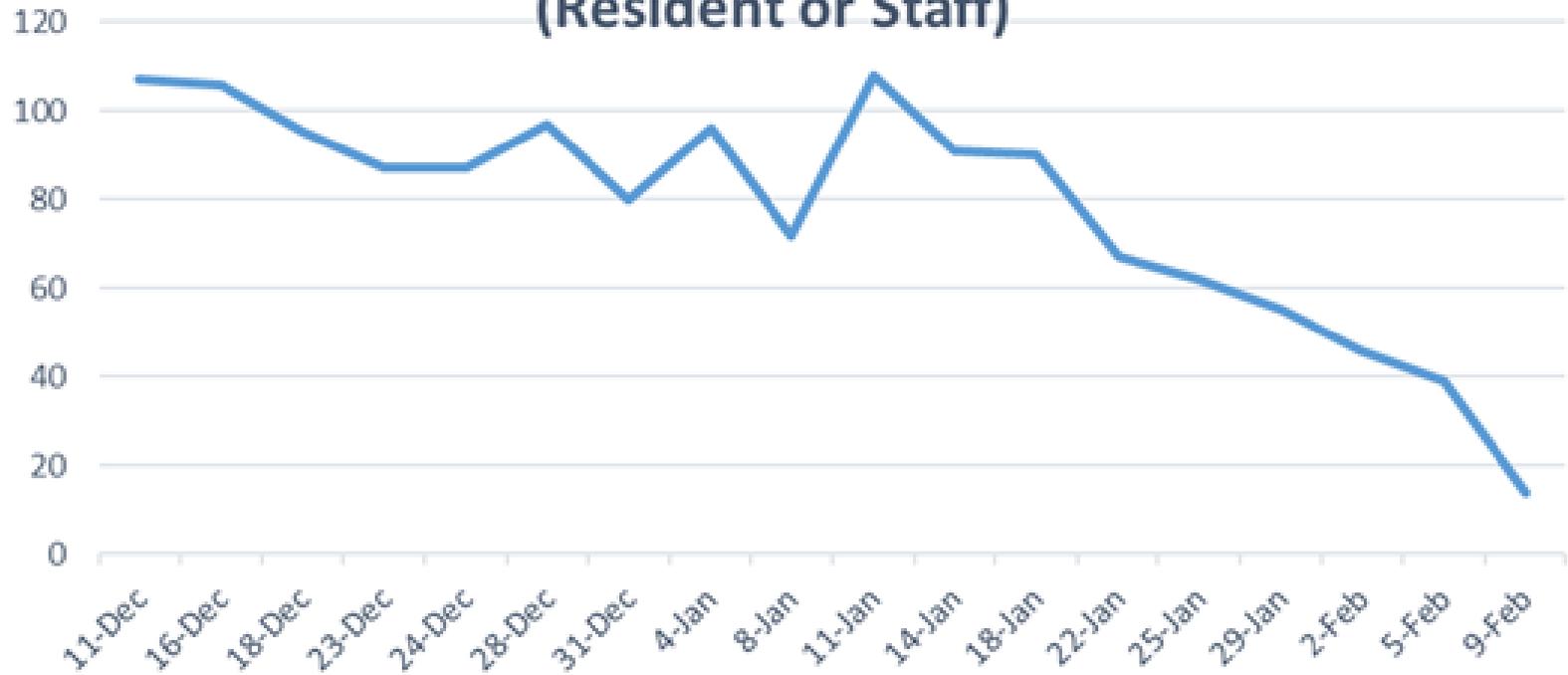
LTCF Resident Weekly COVID Cases



Data source: CMS; Nebraska ICAP Calculations



LTCF with COVID Cases in the Past 7 Days (Resident or Staff)



CDC Post-vaccination guidance (Updated 2/10/2021)

General Public Recommendations:

Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria:

- Are fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine)
- Are within 3 months following receipt of the last dose in the series
- Have remained asymptomatic since the current COVID-19 exposure

****Persons who do not meet all 3 of the above criteria should continue to follow current [quarantine guidance](#) after exposure to someone with suspected or confirmed COVID-19.**



CDC Post-vaccination guidance (Updated 2/10/2021)

Vaccinated healthcare personnel, patients, and residents in healthcare settings

These criteria could also be applied when considering work restrictions for fully vaccinated healthcare personnel with higher-risk exposures, as a strategy to alleviate staffing shortages.

- Of note, exposed healthcare personnel would not be required to quarantine outside of work.

EXCEPTION!

As an exception to the above guidance no longer requiring quarantine for fully vaccinated persons, **vaccinated inpatients and residents in healthcare settings should continue to quarantine following an exposure** to someone with suspected or confirmed COVID-19

- This exception is due to:
 - The unknown vaccine effectiveness in this population
 - The higher risk of severe disease and death
 - Challenges with social distancing in healthcare settings



CDC's Updated Travel Guidelines

- Updated on 2/5/2021
- Double check the state's specific travel guidance before you travel
- **International Travel**
 - Get tested 1-3 days before your international flight into the U.S.
 - **Do not travel if you test positive.**
 - Immediately isolate yourself and follow public health recommendations.
 - Get tested 3-5 days after travel AND stay home for 7 days after travel
 - Even if you test negative, stay home for the full 7 days
 - If you don't get tested, it's safest to stay home for 10 days after travel
 - Avoid being around people who are at increased risk for severe illness for 14 days, whether you get tested or not



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<https://www.cdc.gov/coronavirus/2019-ncov/travelers/testing-international-air-travelers.html>
<http://dhhs.ne.gov/Pages/COVID-19-Traveler-Recommendations.aspx#:~:text=When%20to%20practice%20strict%20social,symptoms%20should%20immediately%20self%2Disolate>



COVID-19 Vaccine Wall of Honor



**Infection Control Assessment
and Promotion Program**

Christian Homes Care Community Holdrege, NE



COVID-19 Vaccine
Wall of Honor
Bronze Medal
Member by
reaching 70% staff
COVID-19
vaccination rate

"The facility has had 96% of the residents vaccinated; the residents actually brought the energy to the process of vaccination. To see their faces, light up and to see hope in their eyes after these long months of COVID was inspiring.

CHCC has 70% of the staff who have been vaccinated. The biggest barrier was all the misinformation out there on the internet, Facebook, and other media sources. People were afraid, so about half of the staff went first and only had mild to no side effects from dose one or dose two. This was helpful so a few more people signed up to take

COVID-19 Vaccine Wall of Honor Gold Medal
Member by reaching 90% staff COVID-19
vaccination rate



**Good Samaritan Society - Samaritan Springs
Beatrice, NE**

Azria Health Gretna Gretna, NE

COVID-19
Vaccine Wall
of Honor

Gold Medal
Member by
reaching 90%
staff COVID-
19 vaccination
rate



"In preparation for the second clinic, we contacted all of the employees who decided originally not to get the vaccine to ensure that their questions were answered. We wanted to make sure that if they have changed their minds, we would make sure they would be able to get the vaccine.."

Valley View Assisted Living Fullerton, NE



COVID-19 Vaccine Wall of Honor Gold Medal Member by reaching 90% staff COVID-19 vaccination rate



Updates and Announcements



**Infection Control Assessment
and Promotion Program**

COVID-19 Tele-ICAP Assessments

- ICAP is offering COVID-19 focused virtual ICAR assessments to LTC, outpatient and acute care facilities
- The assessment will assess the status of COVID-19 policies and procedures and offer a summary of recommendations from ICAP
- Home Health Agencies fall under the outpatient umbrella and ICAP has developed a HH focused survey to support our HH partners
- Contact NE ICAP at 402.552.2881 to be connected with the IP responsible for the facility

Webinar CE Process

1 Nursing Contact Hour and 1 NAB Contact Hour is offered for attending this LIVE webinar

1. A survey will open upon completion of the webinar, **you must complete the survey to get your CE credits.** Please note: Your web browser makes a difference. Google Chrome is the suggested browser.
2. Nursing Credit hours will include the entire month of verified CE on one certificate (Ex: You attended 2 webinars during the month of November, your certificate will reflect the 2 webinar dates and 2 credit hours earned)
3. Nursing Certificates will be emailed to you by the 15th of the following month
4. You must have a NAB account to claim credit with them
5. You must provide your NAB number for us to submit attendance to the NAB system

Direct any CE questions to Sarah Stream, MPH, CDA at
sstream@nebraskamed.com

Infection Prevention and Control: Office and On-Call Hours

Call 402-552-2881

Office Hours are Monday – Friday

8:00 AM - 10:00 AM Central Time

2:00 PM - 4:00 PM Central Time

On-Call Hours are

**Monday – Friday 4:00 PM – 8:00 PM and
8:00 AM – 8:00 PM Weekends and Holidays**

Questions and Answer Session

Use the QA box in the webinar platform to type a question. Questions will be read aloud by the moderator.

Panelists:

- Dr. Salman Ashraf
- Dr. Matthew Donahue
- Kate Tyner, RN, BSN, CIC
- Margaret Drake, MT(ASCP),CIC
- Jody Scebold, EdD, MSN, RN
- Sarah Stream, MPH, CDA
- Karen Amsberry, MSN, RN
- Lacey Pavlovsky, RN, MSN, CIC
- Dan German
- Jenifer Acierno
- Cindy Kadavy
- Dan Taylor
- Connie Vogt
- Becky Wisell

- Moderated by Marissa Chaney
- Supported by Margaret Deacy
- Slide support from Lacey Pavlovsky, RN, MSN, CIC

The screenshot shows a list of COVID-19 resources on the left and a sidebar on the right. The sidebar includes categories like 'COVID-19 RESOURCES - PPE', 'SCHOOLS & BEHAVIORAL HEALTH', 'EXPERT INFORMATION', 'WEBINARS', 'TOOLS FOR LTCF', and 'STAFFING RESOURCES'. The main content area lists several recordings with dates and links. A green arrow points to the link for the recording dated 04.02.2020.

<https://icap.nebraskamed.com/resources/>

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