Guidance and responses were provided based on information known on 05.12.2022 and may become out of date. Guidance is being updated rapidly; users should look to CDC and NE DHHS guidance for updates.

COVID-19 and LTC

May 12, 2022

ICAP

Infection Control Assessment and Promotion Program

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

Presentation Information:

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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

TMF Health Quality Institute
CMS Quality Improvement Organization

Debi Majo, BSN, RN, CMDCP
Quality Improvement Specialist

New NHSN Training

- LTCF COVID-19 Module Surveillance Pathways and Vaccination Modules Webinar. Tuesday, May 17. Register in advance: https://cdc.zoomgov.com/webinar/register/WN_2vwCHWGkQj63Nvka5h5GUA
- LTCF COVID-19 Module Surveillance Pathways Webinar. Wednesday, May 24. Register in advance:

  https://cdc.zoomgov.com/webinar/register/WN_BOPw0KKtRd6c49c8do7prw

New NHSN Training continued

- LTCF COVID-19 Module Surveillance Pathways webinar repeated on Thursday, May 26. Register in advance:

  https://cdc.zoomgov.com/webinar/register/WN_BOPw0KKtRd6c49c8do7prw

NHSN Training

Video: NHSN Event-Level COVID-19 Vaccination Forms – April 2022

Slides: Office Hours and FAQs NHSN Event-Level Vaccination Forms – April 2022

In case you missed this last week

Upcoming TMF QIN-QIO Training

May 17, 2022
Office Hours: Open Q&A Session
10:30 a.m. CT
Register

May 19, 2022
LTC Connect: Being Mindful of Medications in Acute Illness and COVID-19
1:30 p.m. CT
Register

Upcoming TMF QIN-QIO Training

May 24, 2022
Office Hours: Leadership Rounding and the Impact on Organizational Culture
10:30 a.m. CT
Register

May 31, 2022
Office Hours
Register

TMF QIN-QIO Resources

TMF Events Calendar

How to Create an Account on the TMF Network

Website: tmfnetworks.org

Need Assistance?

Email nhnetwork@tmf.org.

Submit requests for help with NHSN and/or quality improvement assistance.

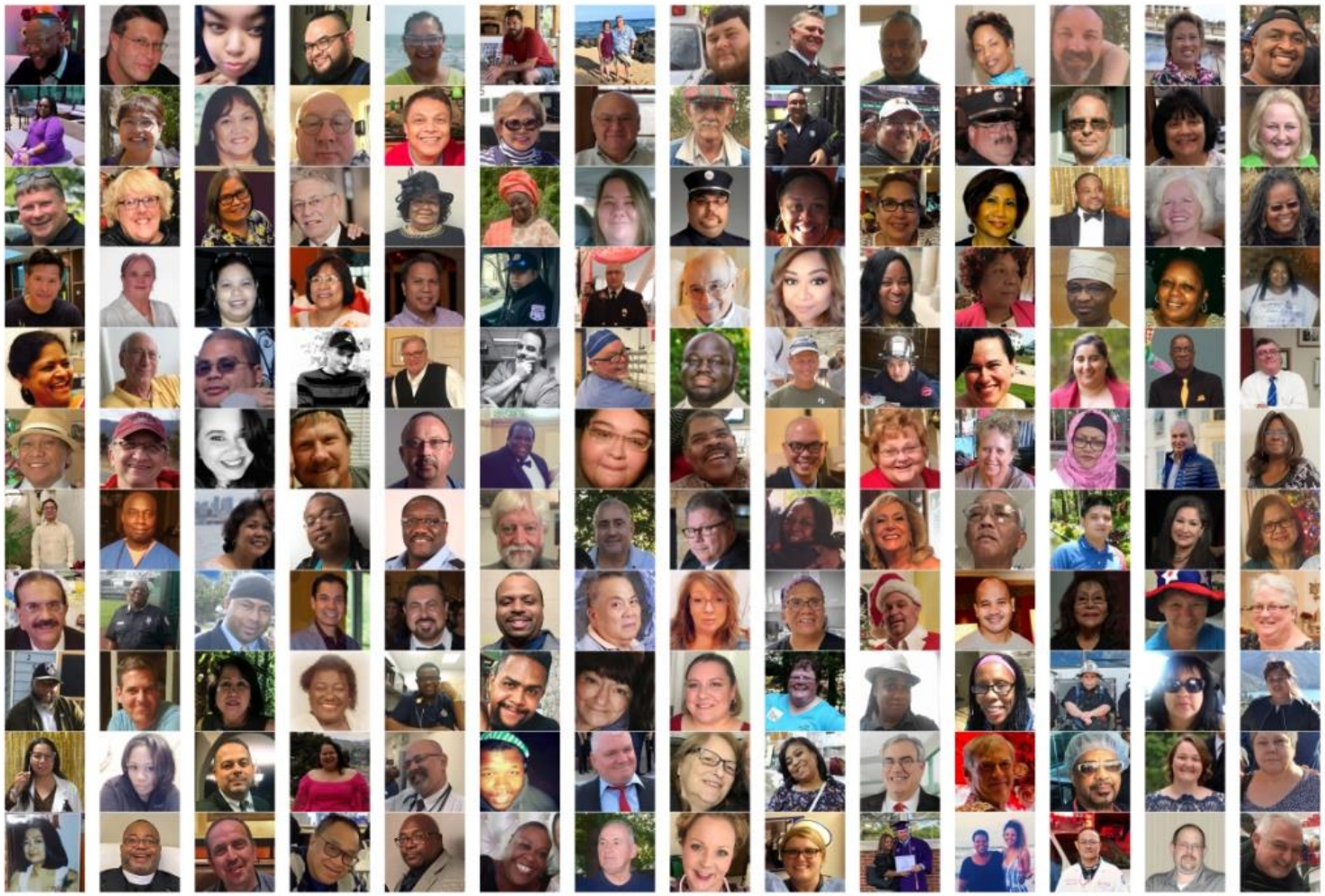
And, send your NHSN vaccination tips.

This material was prepared by TMF Health Quality Institute, the Medicare Quality Innovation Network Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 12SOW-QINQIO-NH-22-45-5/10/2022

Nebraska Statistics

ICAP
Infection Control Assessment and Promotion Program

US Death toll tops 1 million



link to image; source Kaiser Health News

Nebraska Statistics

Transmission metrics

DAILY NEW CASES PER 100K	INFECTION RATE	POSITIVE TEST RATE
7.4	1.12	9.9%

Over the last week, Nebraska has averaged 143 new confirmed cases per day (**7.4** for every 100,000 residents). About this data

Share

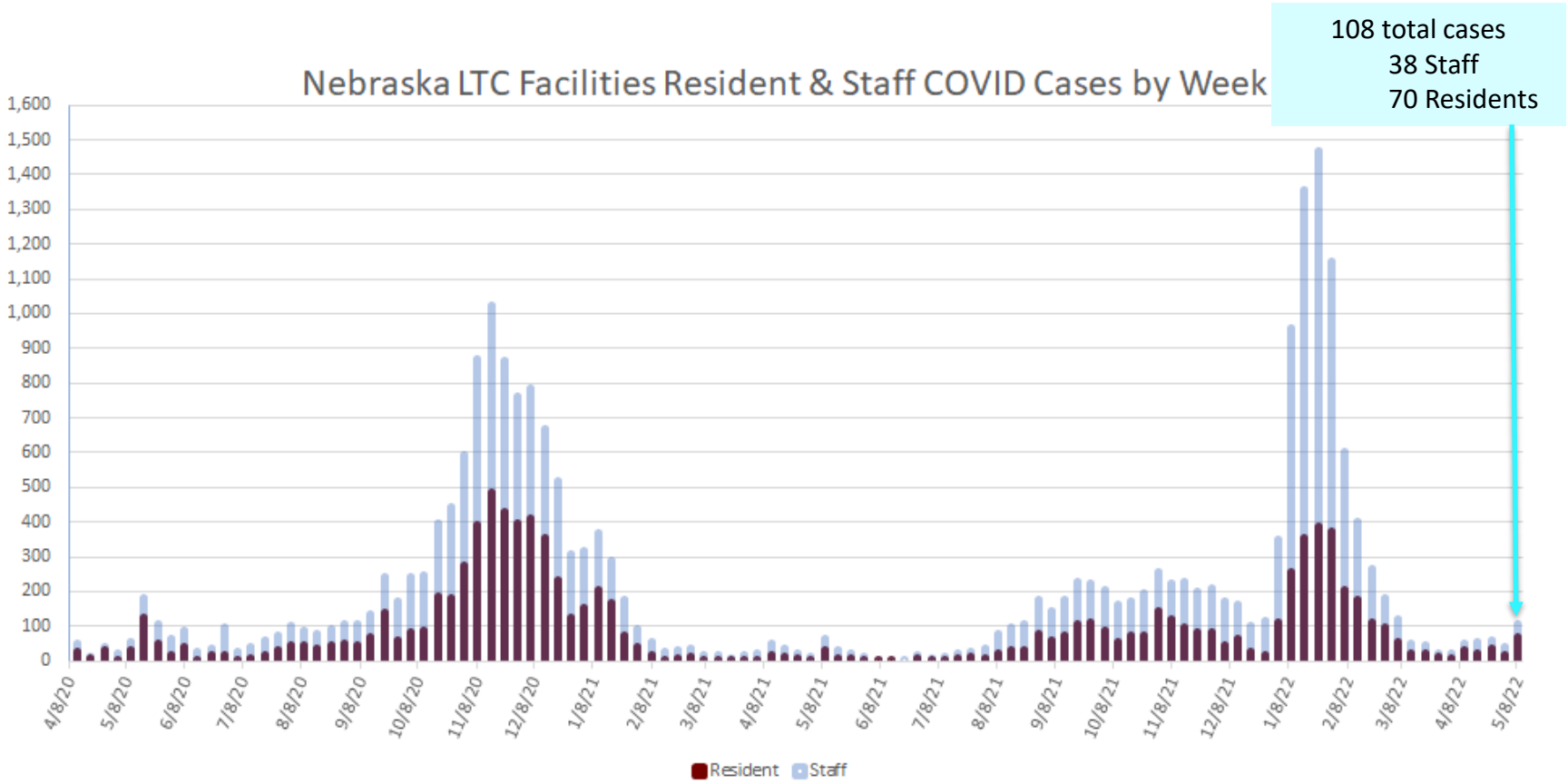
https://covidactnow.org/?s=22441170

Nebraska Statistics

Week	Daily New Cases/ 100K	Infection Rate	Positive Test Rate	ICU Capacity Used	Vaccinated 1+	Vaccinated + Booster
01/20/2022	215.0	1.31	35.6%	82.0%	67.4%	
01/27/2022	211.4	1.11	37.7%	78%	68.4%	
02/03/2022	104.8	0.80	30.8%	79%	68.7%	
02/10/2022	53.6	0.57	28.4%	84%	68.9%	
02/17/2022	22.2	0.42	14.8%	80%	69.1%	
02/24/2022	10.7	0.37	11.6%	73%	69.2%	29.9%
03/03/2022	3.8	0.43	8.1%	73%	69.4%	30.2%
03/10/2022	6.5	0.64	7.3%	71%	69.5%	30.3%
3/24/2022	2.1	0.63	4.5%	71%	69.7%	30.7%
4/7/2022	1.3	1.06	3.7%	71%	70.0%	31.7%
4/14/2022	**3.0**	**0.81**	**4.5%**	**71%**	**70.0%**	**31.7%**
4/21/2022	**3.4**	**0.95**	**5.1%**	**67.0%**	**70.1%**	**31.9%**
4/28/2022	**6.1**	**1.21**	**5.6%**	**65%**	**70.2%**	**32.1%**
5/5/2022	**6.5**	**1.17**	**7.7%**	**70%**	**70.3%**	**32.2%**
5/12/2022	**7.4**	**1.12**	**9.9%**	**63%**	**70.4%**	**32.3%**

https://covidactnow.org/?s=22441170

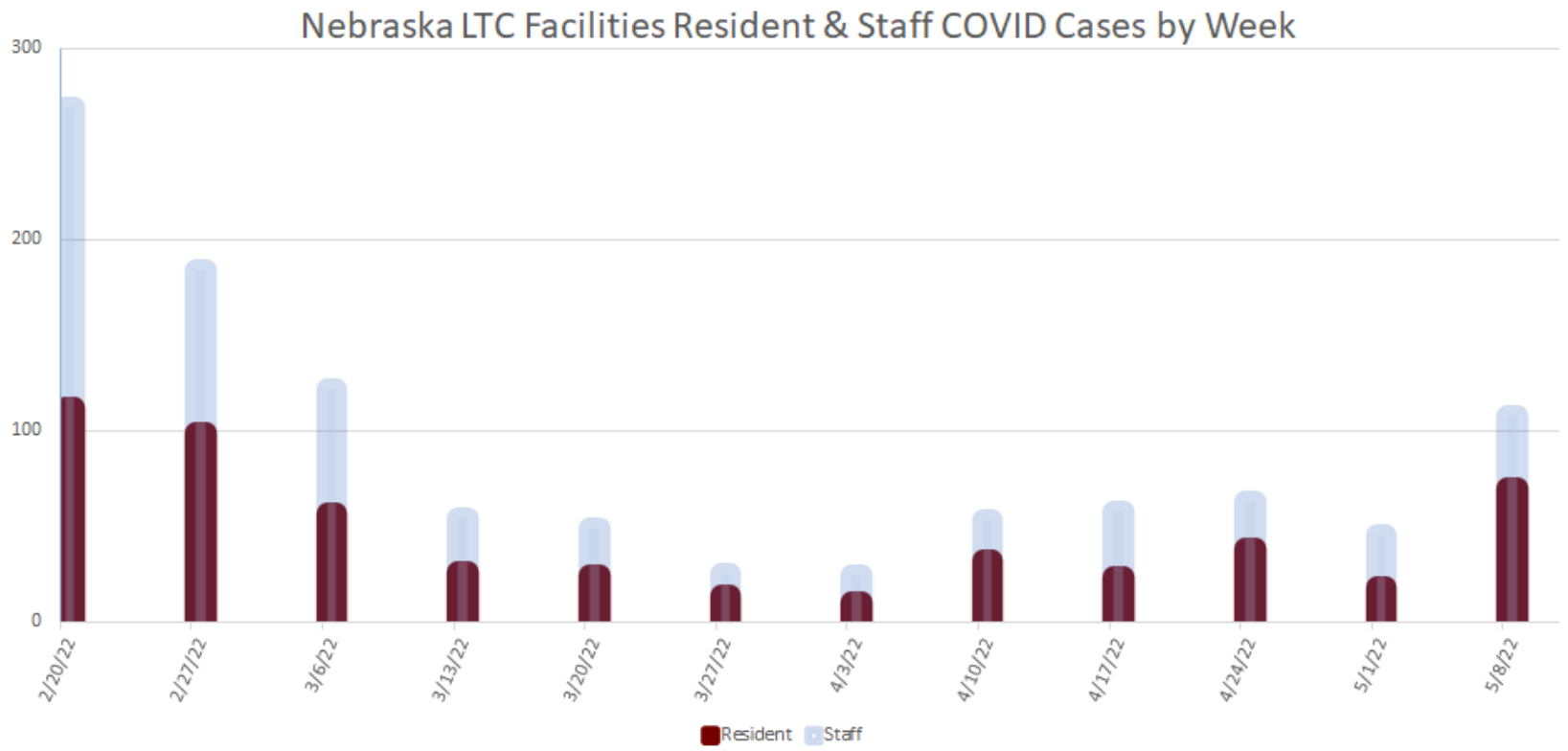
Nebraska LTC Facility COVID-19 Cases



**Updated: 5/9/2022

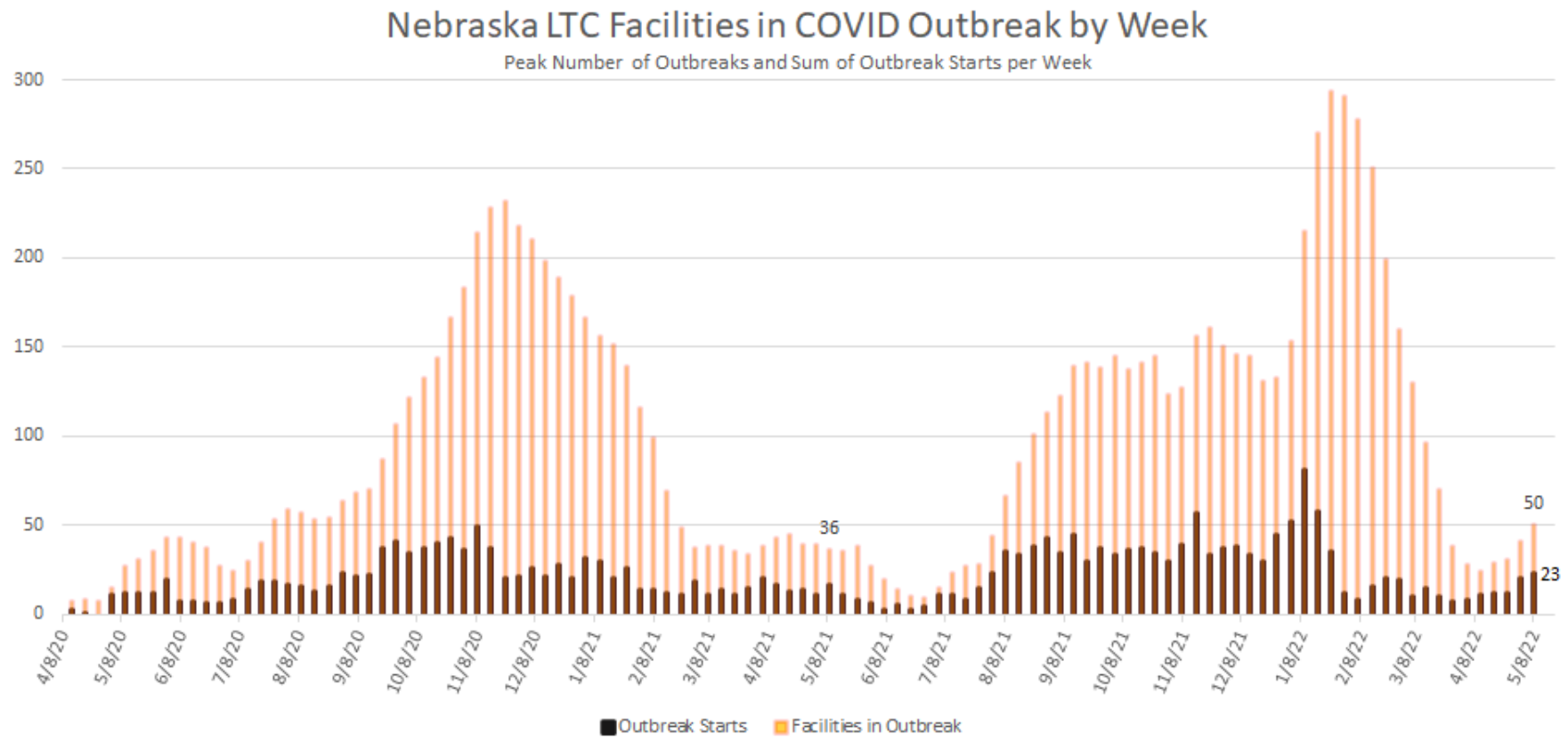
Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary slightly

Nebraska LTC Facility COVID-19 Cases



**Updated: 5/9/2022
Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary slightly

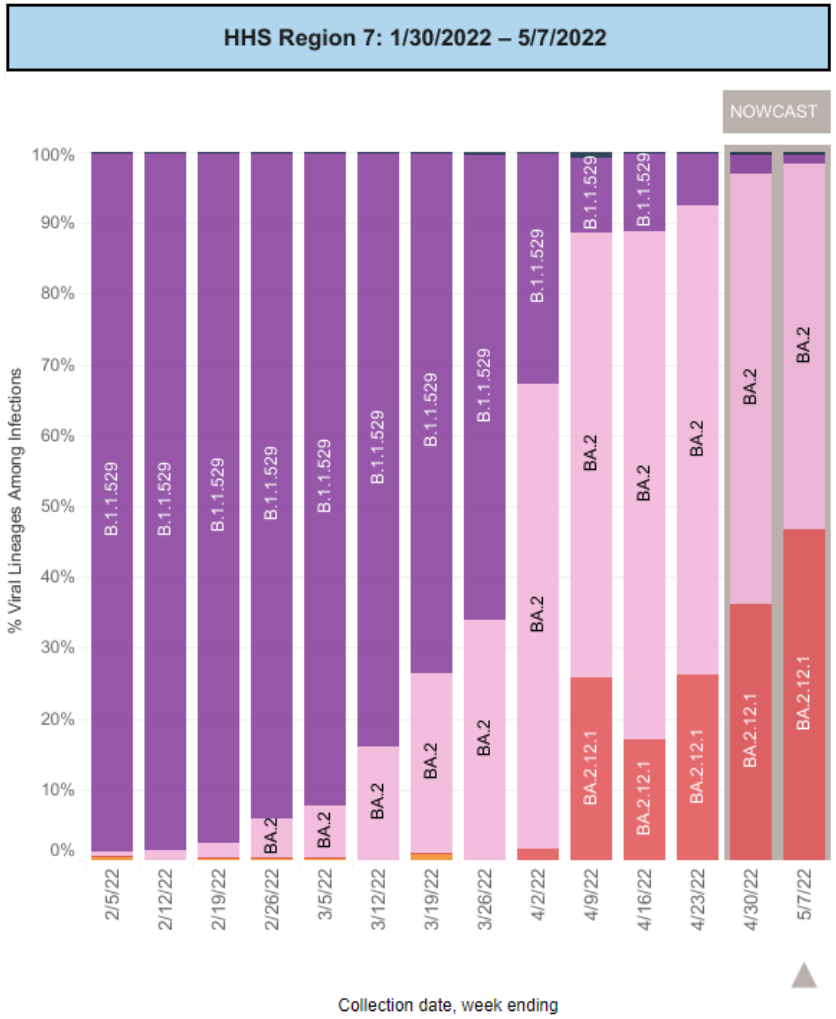
Nebraska LTC Facility COVID-19 Cases

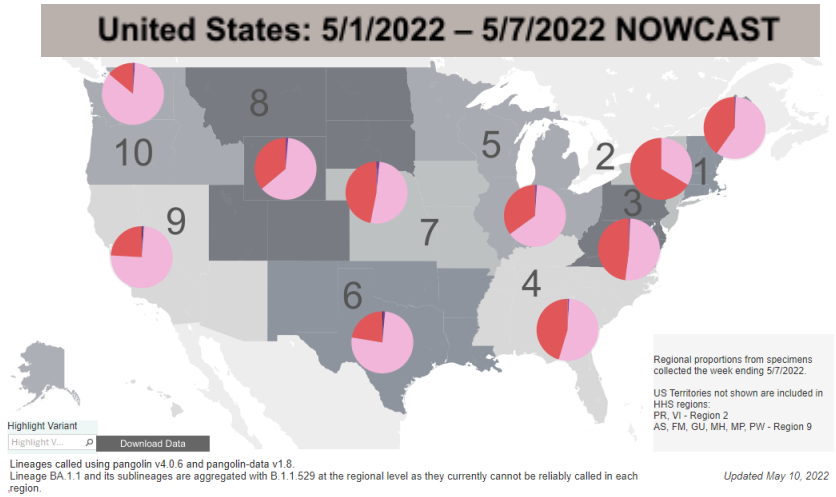


**Updated: 5/9/2022

Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary slightly. Numbers reflect the peak during the week.

What's happening with variants?





Region 7 - Iowa, Kansas, Missouri, and Nebraska

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.2	VOC	51.6%	38.8-64.3%
	BA.2.12.1	VOC	46.8%	34.4-59.7%
	B.1.1.529	VOC	1.2%	0.9-1.5%

[CDC COVID Data Tracker: Variant Proportions]

Reminder to Keep Collecting and Sending PCRs for Sequencing

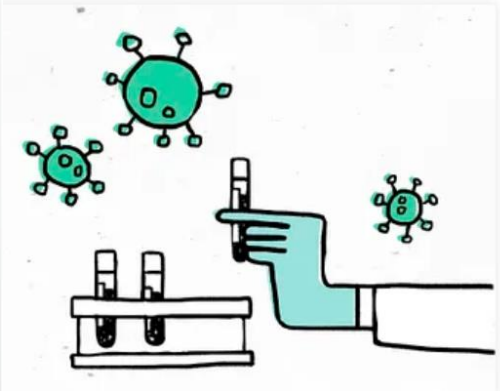


Image Courtesy rawpixel.com

- As COVID-19 case counts and hospitalizations decline throughout the state, the risk of new (variant of concern) VOC introductions remains.
- LTC facilities entering outbreak should send nasopharyngeal specimens to NPHL on initial positive cases
- Obtaining genotypes from residents with COVID-19 will help facilitate earlier detection of a VOC possibly associated with more severe outcomes, if one emerges.

COVID Updates

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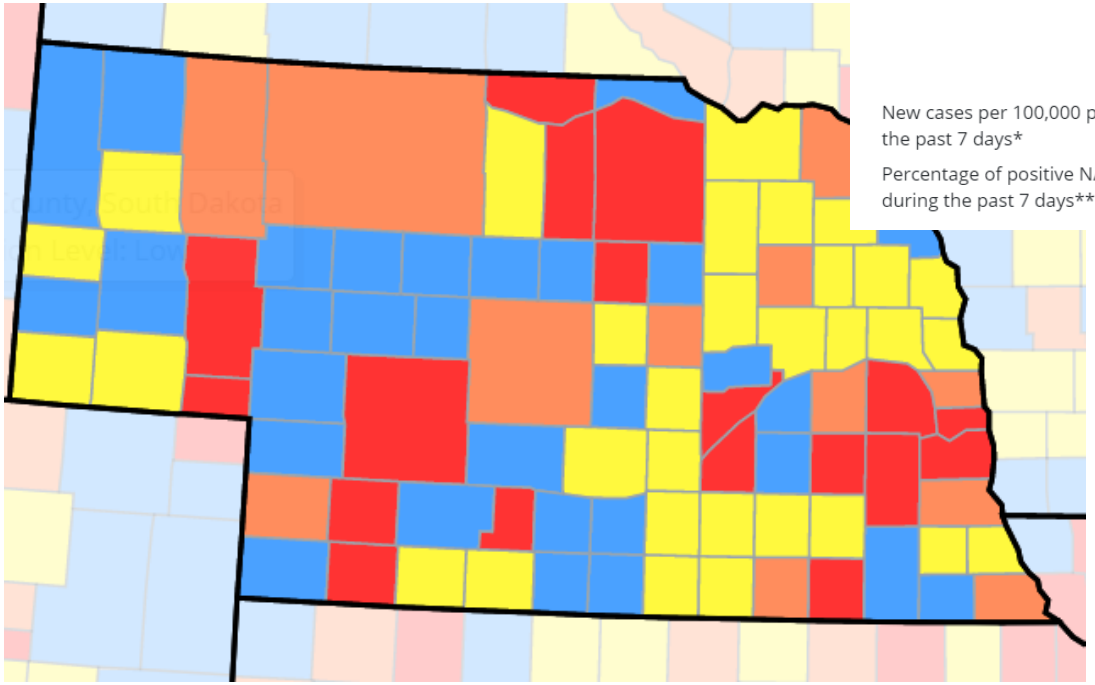
Community Transmission Rates

Healthcare settings should continue to use community transmission rates and continue to follow CDC's infection prevention and control recommendations for healthcare settings.



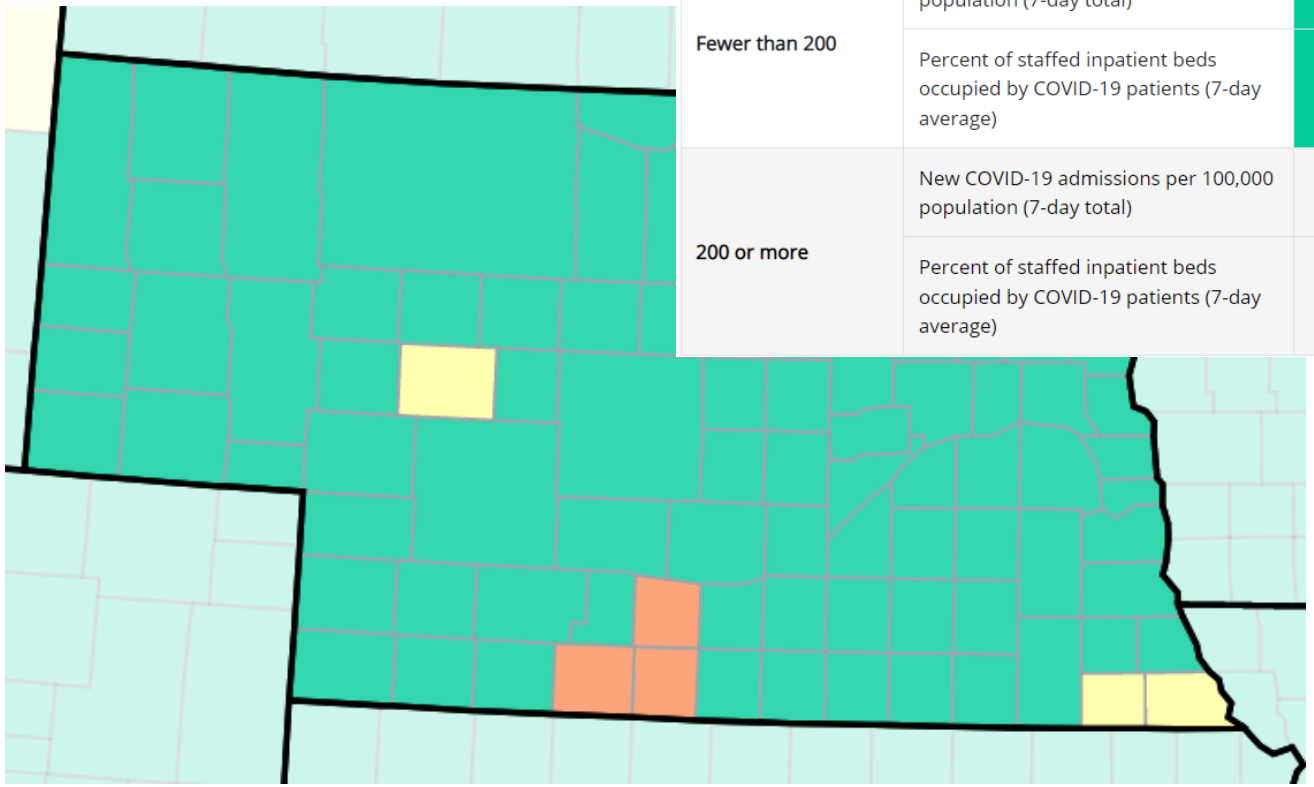
Determining Transmission Risk

If the two indicators suggest different transmission levels, the higher level is selected

	Low	Moderate	Substantial	High
New cases per 100,000 persons in the past 7 days*	<10	10-49.99	50-99.99	≥100
Percentage of positive NAATs tests during the past 7 days**	<5%	5-7.99%	8-9.99%	≥10.0%

COVID-19 Community Levels – Map NOT for use in healthcare settings

COVID-19 Community Levels – Use the Highest Level that Applies to Your Community				
New COVID-19 Cases Per 100,000 people in the past 7 days	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%



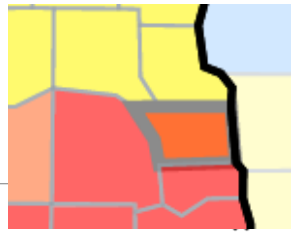
Case Study: Douglas County, NE

From the Douglas County Dashboard

- New COVID-19 cases per 100, 000: 99.1 (7 day total number of cases)
- Percent positive by collection date: 9.1%

From the CDC [community levels] map

- % staffed inpatient beds in use by patients with confirmed COVID-19: 1.9%
- New COVID-19 admissions per 100,000 population: 3.5



Determining Transmission Risk

If the two indicators suggest different transmission levels, the higher level is selected

	Low	Moderate	Substantial	High
New cases per 100,000 persons in the past 7 days*	<10	10-49.99	50-99.99	≥100
Percentage of positive NAATs tests during the past 7 days**	<5%	5-7.99%	8-9.99%	≥10.0%

COVID-19 Community Levels – Use the Highest Level that Applies to You

New COVID-19 Cases Per 100,000 people in the past 7 days	Indicators	Low	Medium	High
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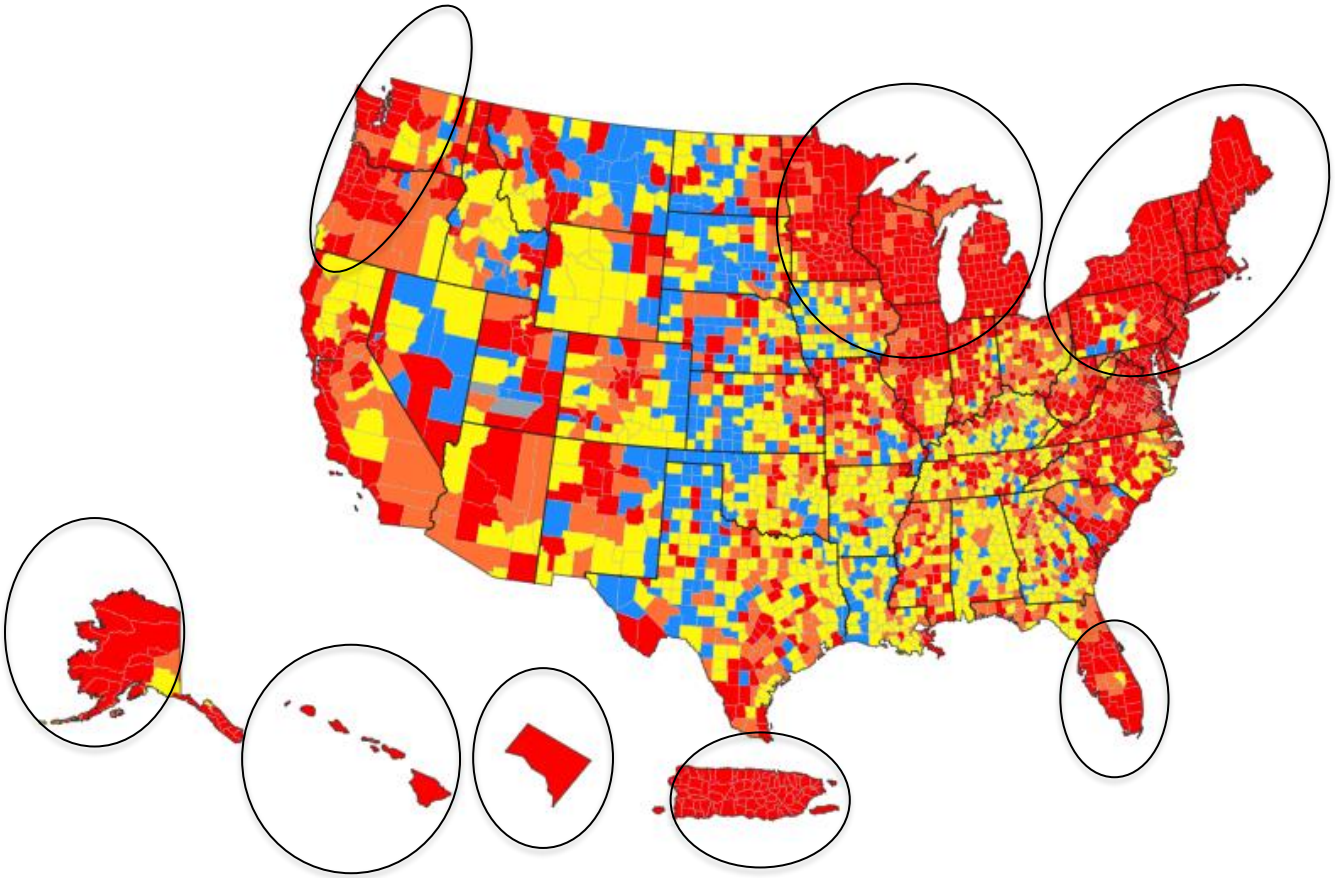
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

Community Transmission Rates in US



Changing Map View

Data Type:

Community Transmission

COVID-19 Community Levels

Cases

Nucleic Acid Amplification Tests (NAATs)

Deaths

Hospital utilization

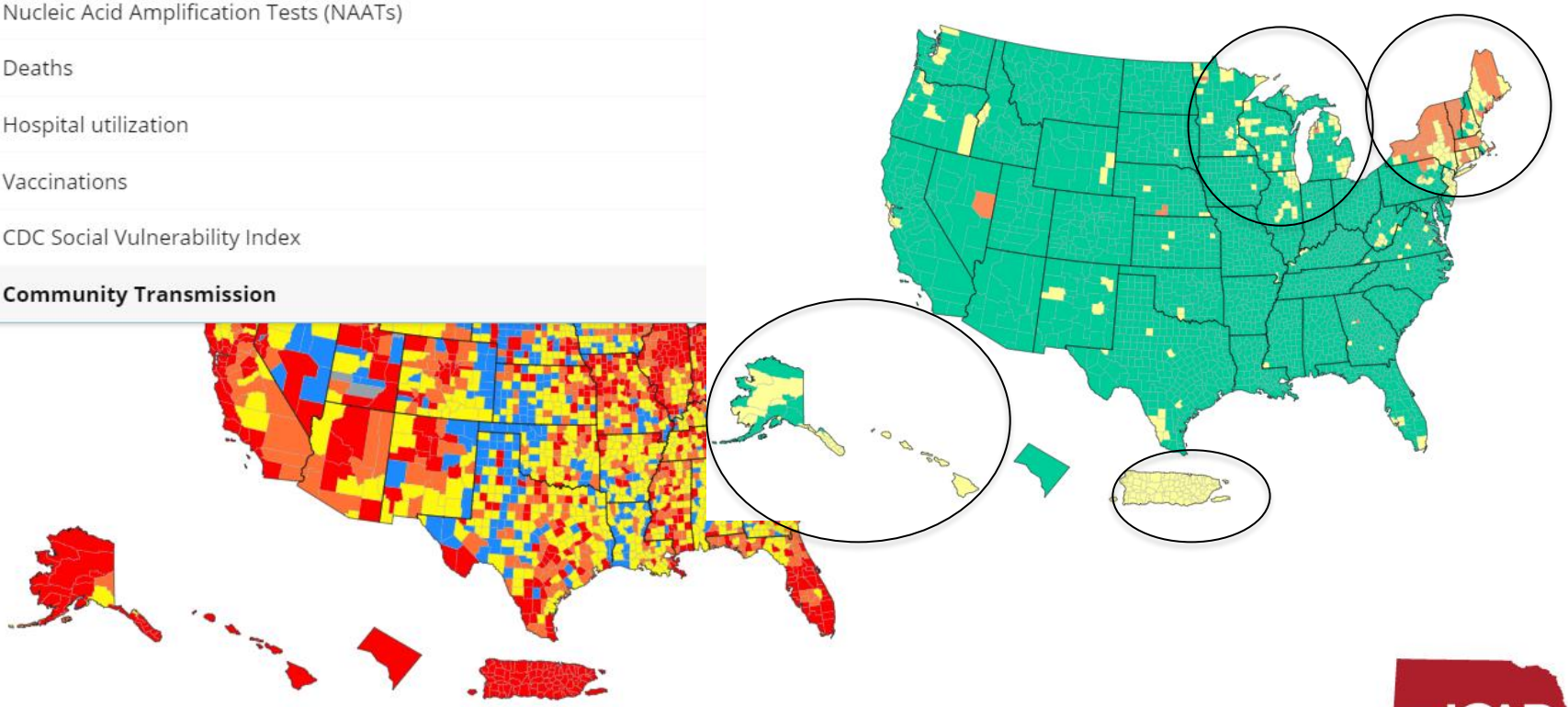
Vaccinations

CDC Social Vulnerability Index

Community Transmission

Map Metric:

Community Transmission



How often should I check the map?

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**

The facility should test all unvaccinated staff at the frequency prescribed in the Routine Testing table based on the *level of community transmission* reported in the past week. Facilities should monitor their *level of community transmission* every other week (e.g., first and third Monday of every month) and adjust the frequency of performing staff testing according to the table above.

- If the *level of community transmission* increases to a higher level of activity, the facility should begin testing staff at the frequency shown in the table above as soon as the criteria for the higher activity *level* are met.
- If the *level of community transmission* decreases to a lower level of activity, the facility should continue testing staff at the higher frequency level until the *level of community transmission* has remained at the lower activity level for at least two weeks before reducing testing frequency.

QSO-20-38-NH REVISED (cms.gov)

ICAP

MMWR COVID-19 Vaccine Booster

MMWR, Effectiveness of a COVID-19 Additional Primary or Booster Vaccine Dose in Preventing SARS-CoV-2 Infection Among Nursing Home Residents United States, February 14–March 27, 2022 (cdc.gov), MMWR/ May 6, 2022/ Vol.71/ No. 18

Summary

What is already known about this topic?

Nursing home residents are at high risk for COVID-19–associated morbidity and mortality. Little is known about the vaccine effectiveness (VE) of additional or booster COVID-19 vaccine doses against SARS-CoV-2 infection in this population, particularly against the Omicron variant.

What is added by this report?

Analysis of COVID-19 surveillance and vaccination data from approximately 15,000 skilled nursing facilities found that, compared with primary series vaccination only, an additional or booster dose provided greater protection (relative VE = 46.9%) against SARS-CoV-2 infection during Omicron variant predominance.

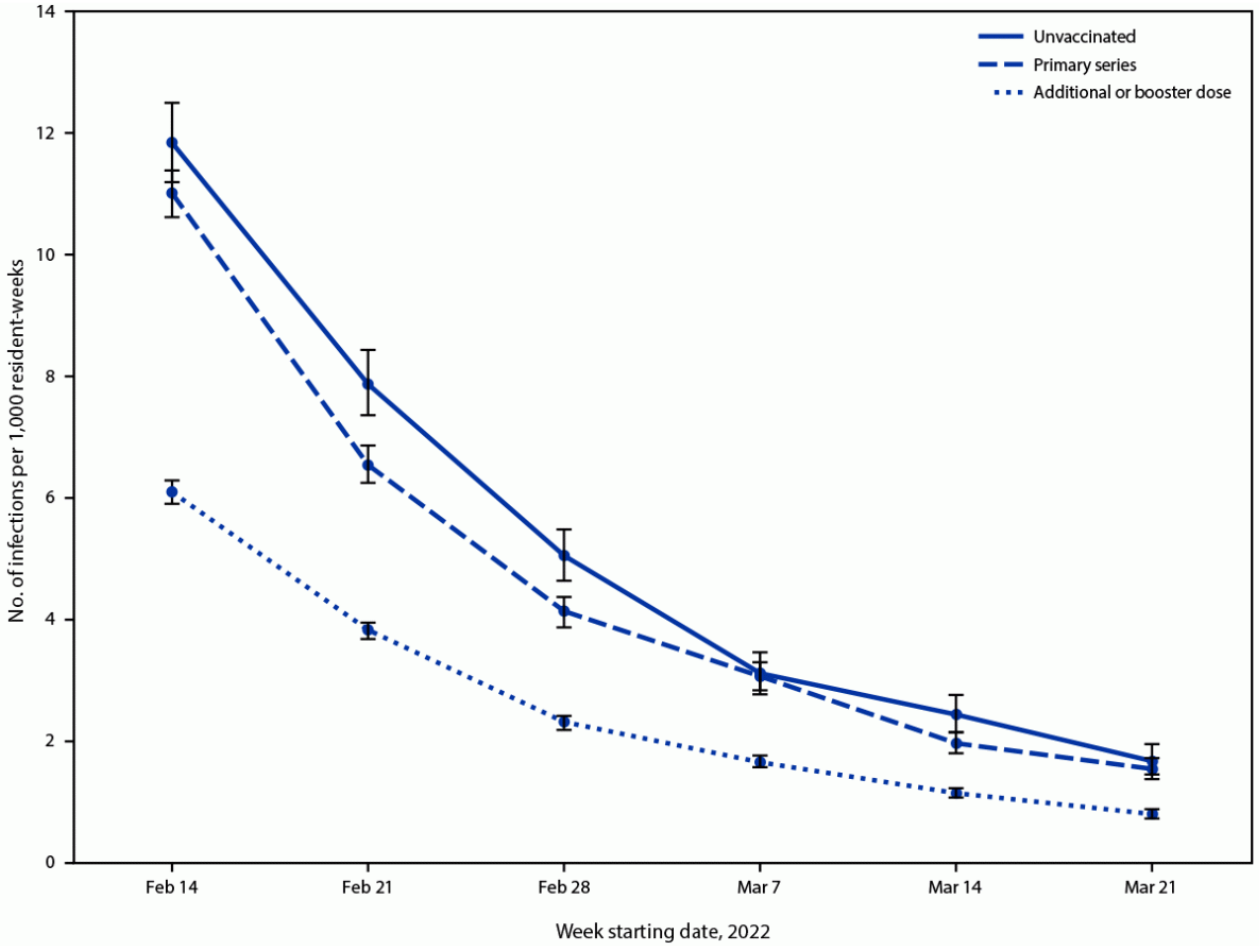
What are the implications for public health practice?

All immunocompromised nursing home residents should receive an additional primary dose, and all nursing home residents should receive a booster dose, when eligible, to protect against COVID-19.

"The Food and Drug Administration has recently authorized a second booster dose for all adults aged ≥50 years and for persons aged ≥12 years who are moderately or severely immunocompromised. This authorization was based on data from Israel illustrating increased protection from a fourth mRNA vaccine dose against SARS-CoV-2 infection and severe COVID-19."

COVID-19 Vaccine Booster(s)

FIGURE. Crude weekly rates of reported confirmed SARS-CoV-2 infection among skilled nursing facility residents,* by vaccination status† and resident-week§ — National Healthcare Safety Network, United States, February 14–March 27, 2022



Benefits: A new study from Israel found the following

- 4 total doses (2nd booster) does provide some additional protection from new infection
- Severe infection rates were 3.5x higher in older adults who had 3 total doses (1 booster) vs. those that had 4 total doses (2 boosters) after 4 weeks
- Severe infection rates were 4.3x higher in older adults who had 3 total doses (1 booster) vs. those that had 4 total doses (2 boosters) after 8 weeks

NY Times | Second Booster Helped Protect Older People From Omicron Infection
The New England Journal of Medicine | Protection by a Fourth Dose Against Omicron

COVID-19 Vaccine Booster(s)

Who Can Get a Booster

ELIGIBLE FOR
1 Booster

Everyone ages 12 years and older can get 1 booster after completing their COVID-19 vaccine primary series.

Learn when you can get your 1st booster below.

ELIGIBLE FOR
2 Boosters

- Adults ages 50 years and older
- People ages 12 years and older who are moderately or severely immunocompromised
- People who got 2 doses (1 primary dose and 1 booster) of Johnson & Johnson's Janssen vaccine

Learn when you can get your 2nd booster below and what you should consider.

COVID-19 Vaccine Boosters | CDC
Thinking About Getting a Second COVID-19 Vaccine Booster Dose (cdc.gov)

Vaccination Boosters 50 years and older

Who Can Get a Booster

[COVID-19 Vaccine Boosters | CDC](), updated 4/1/2022

PRIMARY SERIES COVID-19 VACCINE	Who should get one booster:	When to get your booster:	Which booster can you get:
Pfizer-BioNTech	Everyone 12 years and older **Who can get a second booster:** Adults 50 years and older	At least 5 months after completing your primary COVID-19 vaccination series If eligible for a second booster, at least 4 months after your first booster	• Adults 18 years and older should get an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) for the first booster in most* situations • The second booster must be an mRNA COVID-19 vaccine • Teens 12–17 years old may only get a Pfizer-BioNTech COVID-19 vaccine booster
Moderna	Adults 18 years and older **Who can get a second booster:** Adults 50 years and older	At least 5 months after completing your primary COVID-19 vaccination series If eligible for a second booster, at least 4 months after your first booster	For the first booster, an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) is preferred in most* situations The second booster must be an mRNA COVID-19 vaccine
Johnson & Johnson's Janssen*	**Who should get a booster:** Adults 18 years and older **Who can get a second booster:** Anyone who received a J&J/Janssen COVID-19 vaccine for both their primary dose and booster Adults 50 years and older who first received a J&J/Janssen COVID-19 vaccine, regardless of what type of booster they received	**When to get your booster:** At least 2 months after receiving your J&J/Janssen COVID-19 vaccination If eligible for a second booster, at least 4 months after your first booster	**Which booster can you get:** For the first booster, an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) is preferred in most* situations The second booster must be an mRNA COVID-19 vaccine

*Although mRNA vaccines are preferred for the first booster, J&J/Janssen COVID-19 vaccine may be considered in some situations.

Vaccination Booster Immunocompromised

PRIMARY SERIES COVID-19 VACCINE

Pfizer-BioNTech

Age Group:
12+ years

Number of Doses to Complete Primary Series and Timing:
3 doses

- 2nd dose given 3 weeks (21 days) after 1st dose
- 3rd dose given at least 4 weeks (28 days) after 2nd dose

Booster and Timing:
1 booster†

- Given at least 3 months after 3rd dose*

*mRNA vaccine booster is preferred for people ages 18 years and older, but you may consider J&J/Janssen COVID-19 vaccine in some situations.

† People ages 12 years and older who are moderately or severely immunocompromised can choose to receive a 2nd booster (5th dose) of an mRNA vaccine at least 4 months after their first booster. Teens ages 12–17 years may only get a Pfizer-BioNTech COVID-19 vaccine booster.

PRIMARY SERIES COVID-19 VACCINE

Moderna

Age Group:
18+ years

Number of Doses to Complete Primary Series and Timing:
3 doses

- 2nd dose given 4 weeks (28 days) after 1st dose
- 3rd dose given at least 4 weeks (28 days) after 2nd dose

Booster and Timing:
1 booster†

- Given at least 3 months after 3rd dose*

*mRNA vaccine booster is preferred for people ages 18 years and older, but you may consider J&J/Janssen COVID-19 vaccine in some situations.

† Adults ages 18 years and older who are moderately or severely immunocompromised can choose to receive a 2nd booster (5th dose) of an mRNA vaccine at least 4 months after their first booster.

ICAP

Vaccination Booster Immunocompromised

PRIMARY SERIES COVID-19 VACCINE

J&J/Janssen

Age Group:
18+ years

Number of Doses to Complete Primary Series and Timing:
2 doses

- 1st dose: J&J/Janssen
- 2nd dose: either Pfizer-BioNTech or Moderna COVID-19 vaccines given at least 4 weeks (28 days) after 1st dose

Booster and Timing:
1 booster†

- Either Pfizer-BioNTech or Moderna COVID-19 vaccines in most situations*
- Given at least 2 months after 2nd dose

*mRNA vaccine booster is preferred for people ages 18 years and older, but you may consider J&J/Janssen COVID-19 vaccine in some situations.

†Adults ages 12 years and older who are moderately or severely immunocompromised can choose to receive a 2nd booster (4th dose) of an mRNA vaccine at least 4 months after their first booster.

Q & A

Q. When can a person receive vaccine dose after testing positive for COVID?

A. People with COVID-19 should wait to be vaccinated until after they complete their isolation period.
The individual may consider waiting to receive a second booster if they have had COVID-19 in the past 3 months.

Q. When can a person receive vaccine dose after being treated with monoclonal antibodies?

A. In February 2022, CDC updated guidance to recommend that COVID-19 vaccination does NOT need to be delayed following receipt of monoclonal antibodies or convalescent plasma.

In people who previously received a COVID-19 vaccine, administration of tixagevimab/cilgavimab (Evusheld, AstraZeneca) for pre-exposure prophylaxis (PrEP) should be deferred for at least two weeks after vaccination, per the product's emergency use authorization.

Q. What if a person did not get their second dose of a 2-dose primary series within the recommended time, do they need to start over?

A. No. Regardless of the interval, simply administer the second dose to complete the series.

Frequently Asked Questions about COVID-19 Vaccination | CDC
COVID-19 Vaccine FAQs for Healthcare Professionals | CDC
Ask the Experts about COVID-19 - IAC experts answer Q&As (immunize.org)

Q & A

Q. Is it still mandated for assisted living staff, residents and visitors to wear a mask? I have been to other facilities that are no longer masking.

A. **All healthcare workers should wear well-fitting mask.**

- HCP who are up to date with all recommended COVID-19 vaccine doses could choose not to wear source control or physically distance when they are in well-defined areas that are restricted from patient access (e.g., staff meeting rooms, kitchen).
  - They **should wear source control** when they are in areas of the healthcare facility where they could encounter patients (e.g., hospital cafeteria, common halls/corridors).

Patient Visitation:

- **Indoor visitation (in single-person rooms; in multi-person rooms, when roommates are not present; or in designated visitation areas when others are not present):** The safest practice is for patients and visitors to wear source control and physically distance, particularly if either of them are at risk for severe disease or are unvaccinated.
  - If the patient and all their visitor(s) are up to date with all recommended COVID-19 vaccine doses, they can choose not to wear source control and to have physical contact.
  - Visitors should wear source control when around other residents or HCP, regardless of vaccination status.
- **Outdoor Visitation**: Patients and their visitors should follow the source control and physical distancing recommendations for outdoor settings described on the page addressing Your Guide to Masks.

Residents who are up to date with all recommended COVID-19 vaccine doses in Nursing Homes in Areas of Low to Moderate Transmission:

- Nursing homes are healthcare settings, but they also serve as a home for long-stay residents and quality of life should be balanced with risks for transmission. In light of this, consideration could be given to allowing residents who are up to date with all recommended COVID-19 vaccine doses to not use source control when in communal areas of the facility; however, residents at increased risk for severe disease should still consider continuing to practice physical distancing and use of source control

Infection Control: Severe acute respiratory syndrome coronavirus 2| CDC

Q & A

Q. Our independent living (IL) apartments are separate from assisted living (AL), but the residents enjoy participating in activities together. We are currently screening all IL residents prior to the activity and require that they don masks, following visitor guidelines. Is this practice correct?

A. This process noted is considered best practice.

Q. Can IL residents eat in the community dining room (unmasked) with AL residents?

A. IL resident will be considered a visitor to the AL facility. Facility visitor policy should be followed.

ICAP Updates and Information

ICAP

Infection Control Assessment and Promotion Program

SCAN ME

Infection Control Training For Your Facility

- Project Firstline is Infection Control (IC) training for your frontline healthcare workers
- Why is it important? Infection Control:
  - **Works!** The right practices can stop germs from spreading in healthcare facilities.
  - **Is a Team Effort!** Infection control is most effective when all team members use it consistently.
  - **Matters!** Infection control is a critical part of safe healthcare delivery in all healthcare settings.
- To find out more or to schedule a training for your facility, scan the QR code or visit: icap.nebraskamed.com/project-firstline/

Infection Prevention and Control Hotline Number:

Call 402-552-2881

Office Hours are Monday – Friday
8:00 AM - 4:00 PM Central Time

On-call hours are available for <u>emergencies only</u>
Weekends and Holidays from 8:00 AM- 4:00 PM
Please call the main hotline number only during on-call hours

Webinar CE Process

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

Individual surveys must be completed for each attendee.

Questions? Contact Marissa at:

Machaney@nebraskamed.com 402-552-2881

Nursing Contact Hours:

- Completion of survey is required.
  - The survey must be specific to the individual obtaining credit. (i.e.: 2 people cannot be listed on the same survey)
- One certificate is issued monthly for all webinars attended
- Certificate comes directly from ICAP via email
- Certificate is mailed by/on the 15th of the next month

NAB:

- Completion of survey is required.
  - The survey must be specific to the individual obtaining credit. (i.e.: 2 people cannot be listed on the same survey)
- **You must have a NAB membership**
- Credit is retrieved by you
- Any issues or questions regarding your credit must be directed to NAB customer service.
  - ICAP can verify survey completion and check the roster list
- Due to NAB changes, attendance will be submitted quarterly. ICAP will send an email stating when 2022 credits are ready for retrieval.

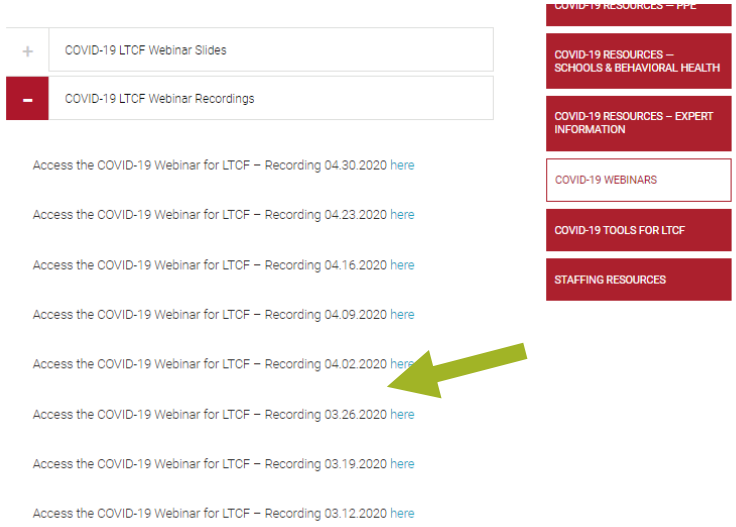
Questions and Answer Session

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

Panelists:

- Dr. Salman Ashraf
- Margaret Drake, MT(ASCP),CIC
- Sarah Stream, MPH, CDA, FADAA
- Josette McConville, BSN, RN, CIC
- Rebecca Martinez, BA, BSN, RN, CIC
- Jody Scebold, EdD, MSN, RN
- Chris Cashatt RN, BSN, CIC
- Daniel Taylor, DHHS
- Becky Wisell, DHHS
- Cindy Kadavy, NHCA
- Kierstin Reed, LeadingAge
- Melody Malone, PT, CPHQ, MHA
- Debi Majo, BSN, RN

- Moderated by Marissa Chaney
- Supported by Margaret Deacy
- Slide support from Sarah Stream and Rebecca Martinez



[COVID-19 Webinars - CDC Nebraska Infection Control Assessment & Promotion Program (nebraskamed.com)]

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