

PDPH/LTCF Conference Call – Friday, 2/11/2022

Agenda

- **SARS-CoV-2 Surveillance Update**
- **Updated Guidance**
 - PAHAN 620: Therapeutics to Prevent and Treat COVID-19
 - PDPH Health Advisory: Prescribing Oral Antivirals (Paxlovid and Molnupiravir) for COVID-19
 - PAHAN 621: Work Restrictions for Healthcare Personnel with Exposure to COVID-19
 - PAHAN 622: Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19
 - PAHAN 624: Interim IPC Recommendations for Healthcare Settings during the COVID-19 Pandemic
 - CMS Nursing Home Visitation FAQ, Updated 2/2/2022
 - Updated CDC COVID-19 Infection Control Guidance for Healthcare Personnel and Nursing Homes
- **SNF COVID-19 Vaccination Data Summary**
- **PDPH LTCF COVID-19 Vaccination Dashboard**
- **Services and Resources**

United States

At a Glance

Cases Total **77,179,255**

Last 30 Days



Deaths Total **910,373**

Last 30 Days



80.6% of People 5+ with At Least

One Vaccination



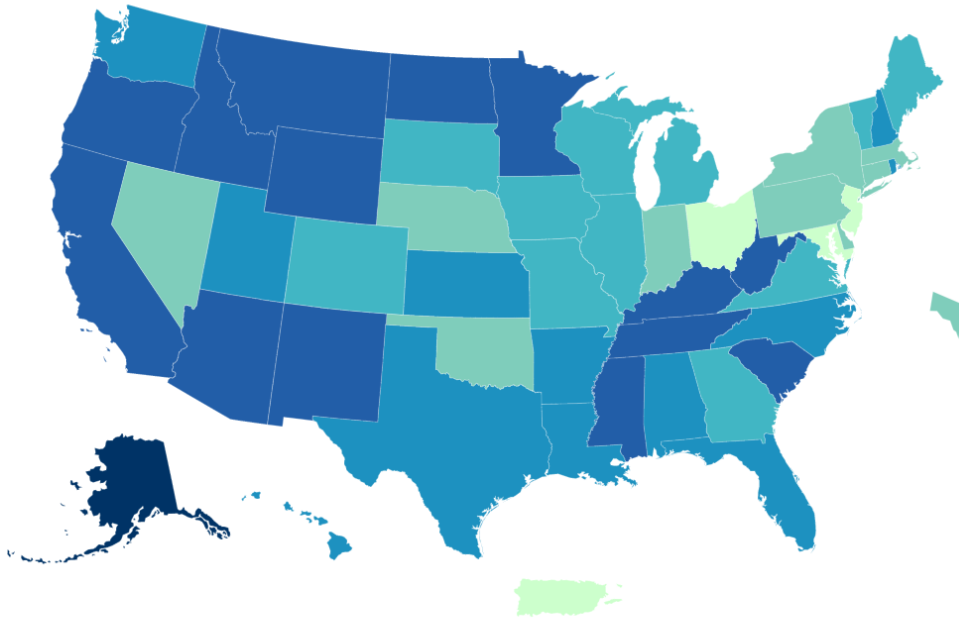
Community

Transmission

High



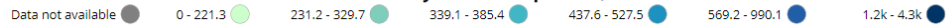
US COVID-19 7-Day Case Rate per 100,000, by State/Territory



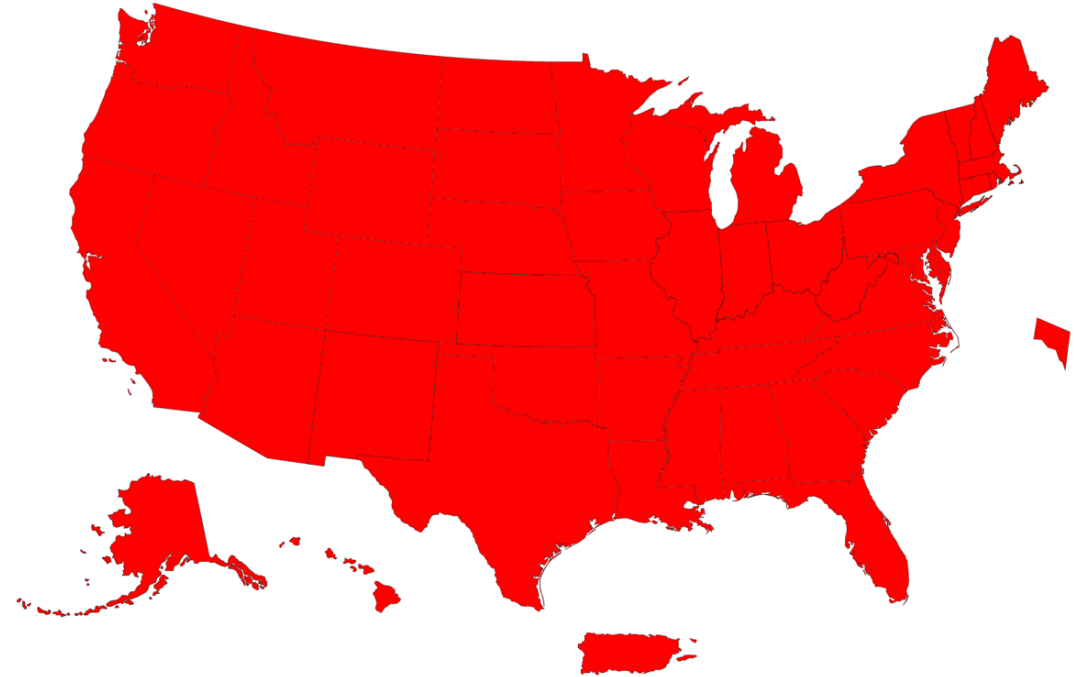
Territories



7-Day Case Rate per 100,000



Level of Community Transmission of COVID-19, by State/Territory



Territories



Level of Community Transmission By County

Philadelphia

Philadelphia County, Pennsylvania

[State Health Department](#)

7-day Metrics | [7-day Percent Change](#)

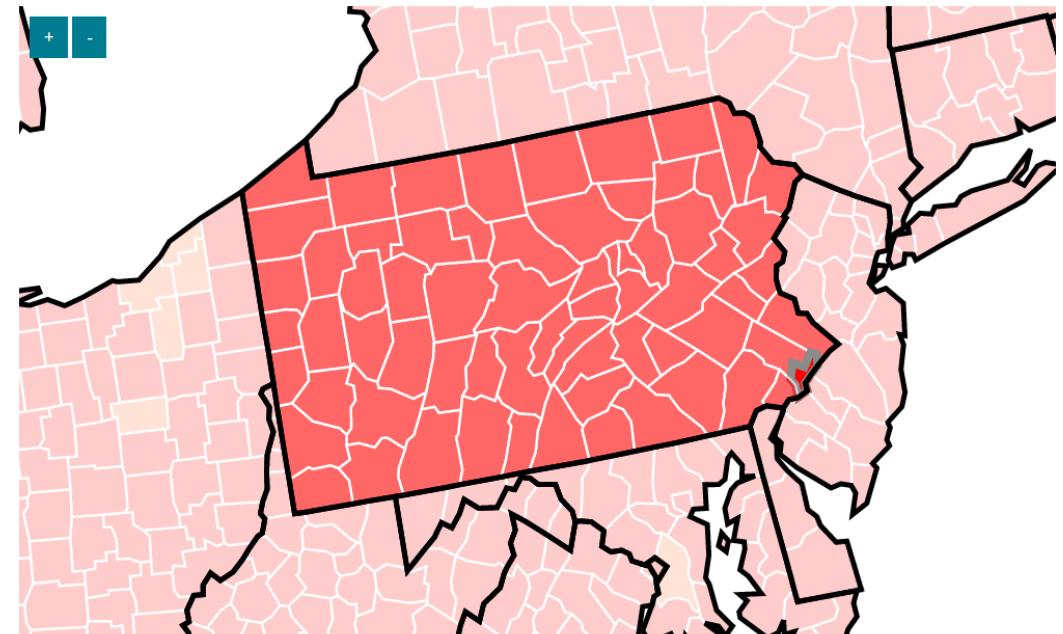
Community Transmission ● High

Everyone in **Philadelphia County, Pennsylvania** should wear a mask in public, indoor settings. Mask requirements might vary from place to place. Make sure you follow local laws, rules, regulations or guidance.

[How is community transmission calculated?](#)

February 10, 2022

Cases	2,843
Case Rate per 100k	179.48
% Positivity	7.25%
Deaths	104
% of population ≥ 5 years of age fully vaccinated	70.5%
New Hospital Admissions	427



● High ● Substantial ● Moderate ● Low ● No Data

Current 7-days is Thu Feb 03 2022 - Wed Feb 09 2022 for case rate and Tue Feb 01 2022 - Mon Feb 07 2022 for percent positivity. The percent change in counties at each level of transmission is the absolute change compared to the previous 7-day period.

	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%

Variants

Omicron continues to be the main variant circulating in the United States

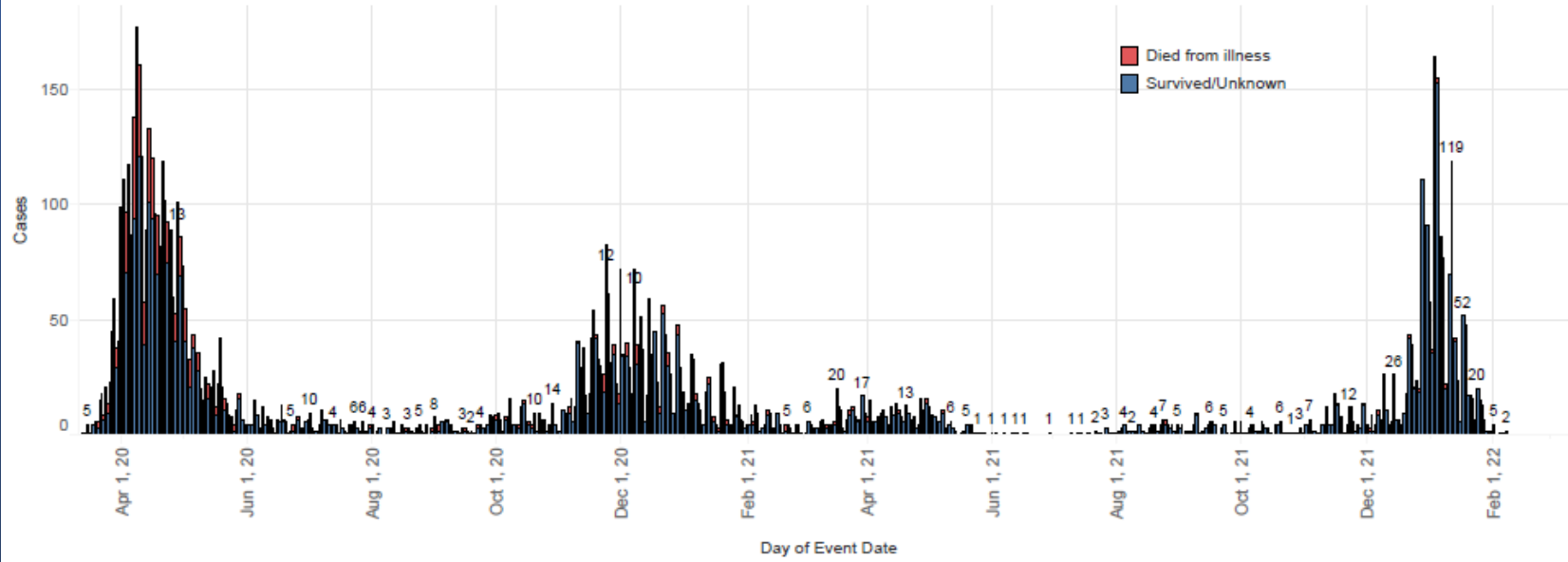


Variants

Nowcast predicts an increase in Omicron subvariant BA.2

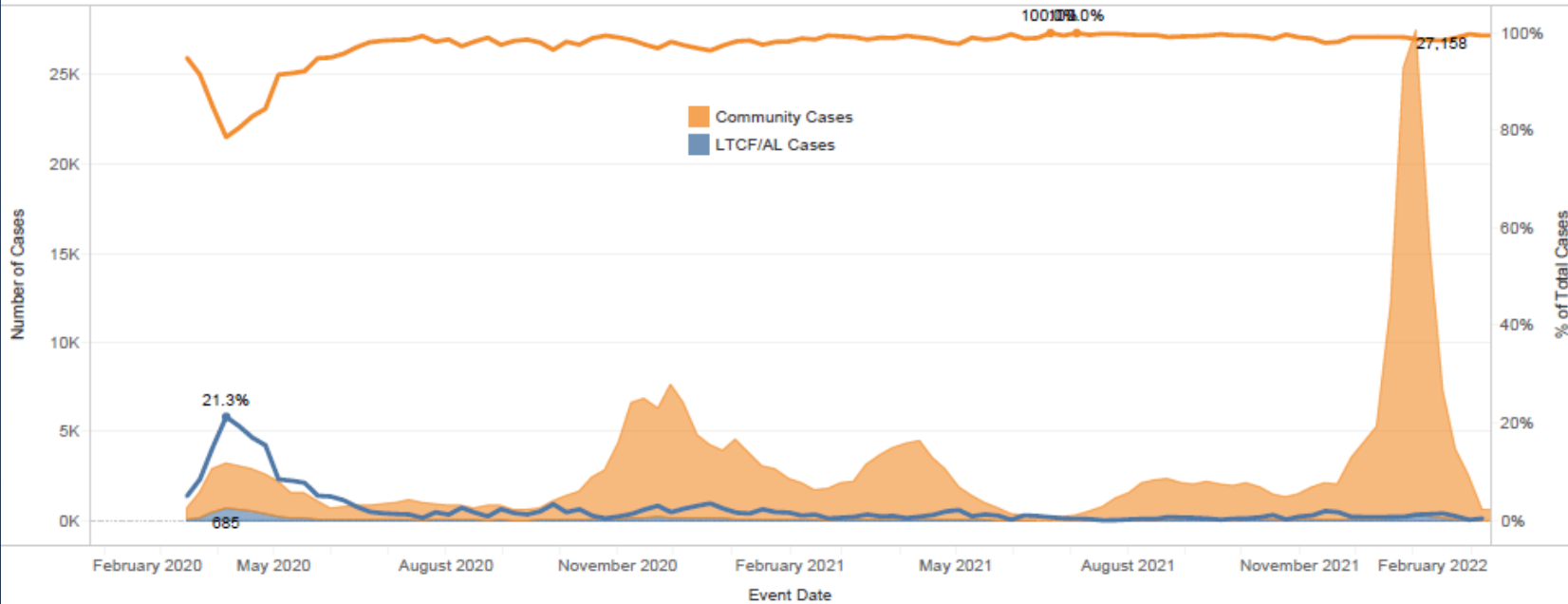


Licensed Long Term Care Facility Epi. Curve
 *All Cases (Confirmed & Probable) for Facility Type LTCF
 *Includes Staff who could live out of jurisdiction
 Updated: 2/10/2022



LTCF vs Community Cases

Note: Area represents count, line represents %





Department of
Public Health

CITY OF PHILADELPHIA

Guidance Updates

Guidance Updates

- **PA HAN 620: Therapeutics to Prevent and Treat COVID-19**
- **PDPH Health Advisory: Prescribing Oral Antivirals (Paxlovid and Molnupiravir) for COVID-19**
- **PA HAN 621: Work Restrictions for Healthcare Personnel with Exposure to COVID-19**
- **PA HAN 622: Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19**
- **PA HAN 624: Interim Infection Prevention and Control Recommendations for Healthcare Settings during the COVID-19 Pandemic**
- **CMS Visitation FAQ**
- **CDC: Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes, Interim Guidance for Managing Healthcare Personnel with SARS-COV-2 Infection or Exposure to SARS-CoV-2**

**PENNSYLVANIA DEPARTMENT OF HEALTH
2022 – PAHAN – 620 –01-15-ADV**

**UPDATE: Therapeutics to Prevent and Treat
COVID-19**



DATE:	01/15/2022
TO:	Health Alert Network
FROM:	Keara Klinepeter, Acting Secretary of Health
SUBJECT:	Therapeutics to Prevent and Treat COVID-19
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

- The SARS-CoV-2 Omicron variant has quickly become the dominant variant of concern in the United States and is present in all 50 states, including Pennsylvania.
- Vaccination (especially after receipt of a booster dose) is expected to protect against severe illness, hospitalizations, and deaths from infection with the Omicron variant.
- Therapeutics are also available for preventing and treating COVID-19 in specific at-risk populations.
- Providers may continue to consider treatment options previously detailed in [HAN 575](#) and [HAN 613](#).
 - The FDA has issued Emergency Use Authorizations (EUAs) for anti-SARS-CoV-2 monoclonal antibodies, combination therapies bamlanivimab plus etesevimab and casirivimab plus imdevimab (REGEN-COV), and monotherapy sotrovimab for use in non-hospitalized patients.
 - The federal government's current supply of sotrovimab is *extremely limited*. Continued use of bamlanivimab plus etesevimab and casirivimab plus imdevimab (REGEN-COV) monoclonal antibody products is recommended while reserving sotrovimab for treatment of eligible outpatients at *highest risk*.
- Treatment options also include intravenous (IV) antiviral agent, remdesivir, for hospitalized patients and two oral antiviral agents, Paxlovid and molnupiravir for non-hospitalized patients.
- Pre-exposure prevention of COVID-19 with EVUSHELD is available for certain at-risk individuals.
- Post-exposure prophylaxis for COVID-19 with casirivimab plus imdevimab (REGEN-COV) or bamlanivimab plus etesevimab is available for certain at-risk individuals.
- Details on how to obtain the agents listed above can be found at the [PA DOH website](#).
- If you have questions about this guidance, please call your local health department or **1-877-PA-HEALTH (1-877-724-3258)**.



PDPH Health Advisory



Philadelphia Department of Public Health
Division of COVID-19 Containment

CHERYL BETTIGOLE, MD, MPH
Acting Health Commissioner

SHARA EPSTEIN, MD
Medical Director, Division of COVID Containment

Health Advisory

Prescribing Oral Antivirals (*Paxlovid* and *Molnupiravir*) for COVID-19 January 24, 2022

SUMMARY POINTS

- Paxlovid and Molnupiravir are now available to individuals with mild to moderate COVID-19 illness who are at high risk for progression to severe COVID-19.
- Paxlovid has significant drug interactions. It is essential to complete medication review before prescribing this medication.
- Molnupiravir should be used only when alternative options are not available.
- Oral antivirals must be used as soon as possible and within 5 day of symptom onset
- Visit COVID-19 Public Therapeutic Locator to identify potential pharmacies that may have Paxlovid and Molnupiravir available to the community.



PA HAN 621

PENNSYLVANIA DEPARTMENT OF HEALTH
2022 – PAHAN – 621 – 1-25- UPD
UPDATE: Work Restrictions for Healthcare
Personnel with Exposure to COVID-19



DATE:	1/25/2022
TO:	Health Alert Network
FROM:	Keara Klinepeter, Acting Secretary of Health
SUBJECT:	UPDATE: Work Restrictions for Healthcare Personnel with Exposure to COVID-19
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

PA HAN 621

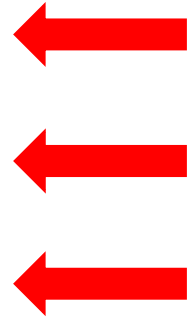
This guidance replaces PA-HAN-616. Information has been added to clarify the recommendations in consultation with CDC as well as to incorporate changes that have been made by CDC on January 21, 2022. Language has changed from using the term “boosted” in PA-HAN-616 to instead describe persons as being “up to date” with vaccine doses.

This guidance pertains only to the healthcare personnel and their need for work restriction. For guidance on isolation and quarantine in the community, please refer to PA-HAN-615 or its successor.

This update includes clarification that:

- Being **up to date** with all recommended COVID-19 vaccine doses includes persons who have completed a primary vaccine series at least 2 weeks prior but are not yet eligible for a booster shot per current CDC guidelines.
- **A person is considered up to date immediately after receipt of the booster dose; there is no waiting period following a booster.**
- In general, asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days do not require work restriction following a higher-risk exposure; however, it should be considered in certain circumstances.

If you have additional questions about this guidance, please contact DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.



PA HAN 621

- For HCP who share a household with someone who has COVID-19, the HCP's work restriction period (if applicable based on vaccination status) starts from the last time they were exposed to the person with COVID-19.
- If the person with COVID-19 cannot fully isolate and exposure is ongoing, the HCP (if applicable based on vaccination status) should extend their work restriction for an additional 10 days (or 7 days with a negative test) AFTER the person with COVID-19 is released from isolation.
- Isolation for the infected household member may be as short as 5 days; however, it is possible for persons to still be infectious during days 6-10, thus healthcare facilities may consider extending work restriction for HCP with household exposure.

PA HAN 622

PENNSYLVANIA DEPARTMENT OF HEALTH

2022 – PAHAN – 622– 1-25-UPD

UPDATE: Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19



DATE:	1/25/2022
TO:	Health Alert Network
FROM:	Keara Klinepeter, Acting Secretary of Health
SUBJECT:	UPDATE: Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

Due to concerns about increased transmissibility of the SARS-CoV-2 Omicron variant, this guidance is being updated to enhance protection for healthcare personnel (HCP), patients, and visitors, and to address concerns about potential impacts on the healthcare system given a surge of SARS-CoV-2 infections. These updates will be refined as additional information becomes available to inform recommended actions. Updates include:

- Antigen testing is preferred if testing symptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days. If tests are in short supply, they should be prioritized to diagnose infection.
- Added additional information to strategies to mitigate healthcare personnel staffing shortages.

If you have additional questions about this guidance or would benefit from discussion to support infection prevention and control decisions in your facility, please contact DOH at **1-877-PA-HEALTH (1-877-724-3258)** or your local health department.



Table 1. Summary of Strategies for Mitigating Staffing Shortages for HCP with SARS-COV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Up to Date, Unvaccinated, and <u>Not</u> Up to Date	10 days OR 7 days with negative test [†] , if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restrictions, with prioritization considerations (e.g., types of patients they care for)

[†]Negative test result from test collected within 48 hours of returning to work. For calculating the day of the test, consider day of symptom onset (or first positive test if asymptomatic) as day 0.

- **Allowing HCP with SARS-CoV-2 infection or higher-risk exposures to return to work before meeting the conventional criteria could result in healthcare-associated SARS-CoV-2 transmission**
- **Healthcare facilities should inform patients and HCP when the facility is utilizing these strategies, specify the changes in practice that should be expected, and describe the actions that will be taken to protect patients and HCP from exposure to SARS-CoV-2 if HCP with suspected or confirmed SARS-CoV-2 infection are requested to work to fulfill staffing needs**

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

“Up to Date” with all recommended COVID-19 vaccine doses is defined in [Stay Up to Date with Your Vaccines | CDC](#)

For more details, including recommendations for healthcare personnel who are immunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) (conventional standards) and [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Up to Date and Not Up to Date	10 days OR 7 days with negative test [†] , if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)

Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1 [‡] and 5–7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test [†]	No work restriction with negative tests on days 1 [‡] , 2, 3, & 5–7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work

[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0



At baseline, healthcare facilities must:

- Ensure any COVID-19 vaccine requirements for HCP are followed, and where none are applicable, encourage HCP to remain up to date with all recommended COVID-19 vaccine doses**
- Understand their normal staffing needs and the minimum number of staff needed to provide a safe work environment and safe patient care under normal circumstances**
- Understand the local epidemiology of COVID-19-related indicators (e.g., community transmission levels)**
- Communicate with local healthcare coalitions and federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) to identify additional HCP (e.g., hiring additional HCP, recruiting retired HCP, using students or volunteers), when needed**

PA HAN 624

PENNSYLVANIA DEPARTMENT OF HEALTH

2022 – PAHAN – 624 – 02-08-UPD

UPDATE: Interim Infection Prevention and Control

Recommendations for Healthcare Settings during the COVID-19 Pandemic






DATE:	02/08/2022
TO:	Health Alert Network
FROM:	Keara Klinepeter, Acting Secretary of Health
SUBJECT:	UPDATE: Interim Infection Prevention and Control Recommendations for Healthcare Settings during the COVID-19 Pandemic
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

PA HAN 624

This HAN Update provides comprehensive information regarding infection prevention and control for COVID-19 in healthcare settings based on changes made by CDC on February 2, 2022.

Major additions and edits in this version include:

- For instances where the term “fully vaccinated” was previously used to guide infection prevention and control measures, a person must instead be “up to date” with all recommended COVID-19 vaccine doses. 
- Clarified how quarantine and isolation periods apply to visitors. To enter healthcare facilities, visitors should follow timeframes as described for patients in this healthcare guidance (typically 10 days), even if they are following the community guidelines for ending isolation and quarantine (typically 5 days) elsewhere. See text for more details. 
- Revised guidance for ending Transmission-Based Precautions for patients with suspected or confirmed SARS-CoV-2 infection. For symptomatic and asymptomatic patients who are moderately to severely immunocompromised, a test-based strategy and (if available) consultation with an infectious disease specialist is recommended to determine when these patients can be released from isolation. 

This update replaces PA-HAN-597. Additions are written in red. If you have additional questions about this guidance, please contact DOH at 1-877-PA- HEALTH (1-877-724-3258) or your local health department.

PA HAN 624

Establish a process to identify anyone entering the facility, regardless of their vaccination status, who has any of the following so that they can be properly managed:

- 1) A positive viral test for SARS-CoV-2;
- 2) Symptoms of COVID-19, or
- 3) **Close contact with someone with SARS-CoV-2 infection (for patients and visitors) or a higher-risk exposure (for health care personnel (HCP)) if they have not met criteria for discontinuing isolation or quarantine for patients (Section 2E, also applies to visitors) or criteria for return-to-work in PA-HAN-621 or PA-HAN-622 for HCP.** Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which individuals can self-report any of the 3 above criteria before entering the facility

Even if they have met community criteria to discontinue isolation or quarantine, visitors should not visit if they meet any of the 3 above criteria.

PA HAN 624

- In general, testing is not necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 90 days; however, if testing is performed on these individuals an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period.
- Expanded screening testing of asymptomatic HCP without known exposures is required in nursing homes and could be considered in other settings.
 - o HCP who are up to date with all recommended COVID-19 vaccine doses may be exempt from expanded screening testing.
 - o Guidance for expanded screening testing for nursing homes is described in the CDC resource Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes.

CMS QSO 20-38, Revised 09/10/2021

Table 2: Routine Testing Intervals by *County COVID-19 Level of Community Transmission*

<i>Level of COVID-19 Community Transmission</i>	Minimum Testing Frequency of Unvaccinated Staff⁺
Low (blue)	<i>Not recommended</i>
<i>Moderate (yellow)</i>	<i>Once a week*</i>
<i>Substantial (orange)</i>	<i>Twice a week*</i>
High (red)	Twice a week*

⁺Vaccinated staff do not need *to* be routinely tested.

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

PA HAN 624: Transmission-Based Precautions Based on Close Contact with Someone with SARS-CoV-2 infection

Patients placed in empiric Transmission-Based Precautions based on close contact with someone with SARS-CoV-2 infection should be maintained in Transmission-Based Precautions for the following time periods:

- Patients can be removed from Transmission-Based Precautions after day 10 following the exposure (day 0) if they do not develop symptoms. Although the residual risk of infection is low, healthcare providers could consider testing for SARS-CoV-2 within 48 hours before the time of planned discontinuation of Transmission-Based Precautions.
- Alternatively, although the 10-day quarantine period is preferred, patients can be removed from Transmission-Based Precautions after day 7 following the exposure (day 0) if a viral test is negative for SARS-CoV-2 and they do not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned discontinuation of Transmission-Based Precautions.

PA HAN 624: Duration of Transmission-Based Precautions for Patients with SARS-CoV-2 Infection

In general, patients who are hospitalized for SARS-CoV-2 infection should be maintained in Transmission-Based Precautions for the period described for patients with severe to critical illness

Patients with severe to critical illness **and** who are **not** moderately to severely immunocompromised:

- At least 10 days and up to 20 days have passed since symptoms first appeared, and
- At least 24 hours have passed since last fever without the use of fever-reducing medications, and
- Symptoms (e.g., cough, shortness of breath) have improved.
- **The test-based strategy for moderately to severely immunocompromised patients below can be used to inform the duration of isolation.**

If available, consultation with an infectious disease specialist is recommended to determine when these patients can be released from isolation

PA HAN 624: Duration of Transmission-Based Precautions for Patients with SARS-CoV-2 Infection

The criteria for the test-based strategy are:

o Patients who are symptomatic:

- Resolution of fever without the use of fever-reducing medications, and
- Symptoms (e.g., cough, shortness of breath) have improved, and
- Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an **antigen test** or NAAT.

o Patients who are not symptomatic:

- Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an **antigen test** or NAAT.

February 02, 2022

Nursing Home Visitation Frequently Asked Questions (FAQs)

CMS is providing clarification to recent guidance for visitation (see [CMS memorandum QSO-20-39- NH REVISED 11/12/2021](#)). While CMS cannot address every aspect of visitation that may occur, we provide additional details about certain scenarios below. However, the bottom line is visitation must be permitted at all times with very limited and rare exceptions, in accordance with residents' rights. In short, nursing homes should enable visitation following these three key points:

- Adhere to the core principles of infection prevention, especially wearing a mask, performing hand hygiene, and practicing physical distancing;
- Don't have large gatherings where physical distancing cannot be maintained; and
- Work with your state or local health department when an outbreak occurs.

CMS Visitation FAQ- February 02, 2022

12. Are there any suggestions for how to conduct visits that reduce the risk of COVID-19 transmission? For example, should facilities have different policies for vaccinated and unvaccinated visitors?

A: While we strongly encourage everyone to get vaccinated, *the facility must permit visitation* regardless of the visitor's vaccination status (*if the visitor(s) does not report COVID-19 symptoms or meet the criteria for quarantine*). There are ways facilities can and should take extra precautions, such as hosting the visit outdoors, if possible; creating dedicated visitation space indoors; permitting in-room visits when the resident's roommate is not present; and the resident and visitor should wear a well-fitting mask (preferably those with better protection, such as surgical masks or KN95), perform frequent hand-hygiene, and practice physical distancing. Some other recommendations include:

- Offering visitors surgical masks or KN95 masks.
- Restricting the visitor's movement in the facility to only the location of the visit.
- Not conducting visits in common areas (except those areas dedicated for visitation).
- Increasing air-flow and *improving ventilation and air quality*.
- Cleaning and sanitizing the visitation area after each visit.
- Providing reminders in common areas (e.g., signage) to maintain physical distancing, perform hand-hygiene, and wear well-fitting masks.

CMS Visitation FAQ

13. Are there best practices for improving air quality to reduce risks during visitation?

A: Yes, a facility may consider a number of options related to air quality such as:

- Adding ultraviolet germicidal irradiation (UVGI) to the heating ventilation and air conditioning system (HVAC).
- To avoid having multiple groups of people or multiple visitors for a resident within small rooms or spaces, designate special visitation areas that are outdoors when practical or in designated large-volume spaces with open windows and/or enhanced ventilation.
- Adding portable room air cleaners with high-efficiency particulate air (HEPA, H-13 or -14) filters to communal areas.
- Ensure proper maintenance of HVAC system to ensure maximum outdoor air intake.

For additional information on air cleaning, disinfecting, and UVGI, see CDC's Ventilation FAQs or the American Society of Heating, Refrigerating and Air-Conditioning Engineers site on Filtration and Disinfection.

CMS Visitation FAQ

14. What are ways a facility can improve and or manage air flow during visitation?

A: A facility may consider implementing the following:

- *The use of a portable fan placed close to an open window could enable ventilation. A portable fan facing towards the window (i.e. facing outside) serves to pull the room and exhaust air to the outside; a fan facing towards the interior of the room (i.e. facing inside) serves to pull in the outdoor air and push it inside the room. Direct the fan discharge towards an unoccupied corner and wall spaces or up above the occupied zone.*
- *Activate resident restroom exhaust fans whenever visitors are present.*
- *Consider opening windows, even slightly, if practical and will not introduce other hazards.*
- *The use of ceiling fans at low velocity and potentially in the reverse-flow direction (so that air is pulled up toward the ceiling), especially when windows are closed.*
- *Avoid the use of the high-speed settings for any fan.*

For additional information on improving air quality, optimizing air flow and use of barriers, see the Centers for Disease Control and Prevention (CDC) site on [Ventilation in Buildings](#).

CMS Visitation FAQ

15. *Is there funding available for environmental changes which reduce transmission of COVID-19?*

A: Yes, a facility may request the use of Civil Money Penalty (CMP) Reinvestment funds to purchase portable fans and portable room air cleaners with HEPA filters to increase or improve air quality. A maximum use of \$3,000 per facility including shipping costs may be requested.

16. *Can a state require facilities to test visitors as a condition of entering the facility?*

A: States can require visitors to be tested prior to entry if the facility is able to provide a rapid antigen test (i.e., the visitor is not responsible for obtaining a test). If the facility cannot provide the rapid antigen test, then the visit must occur without a test being performed if the visitor(s) does not report COVID-19 symptoms or meet the criteria for quarantine.

Currently PADOH does not require visitors to be tested prior to entry to a facility

CDC Updated Infection Prevention Guidance for LTCFs

On February 2, 2022, CDC updated the following healthcare infection prevention and control (IPC) guidance documents: [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#) and [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes | CDC](#).

Updates were made in these guidance documents to align with prior updates made for healthcare personnel with high-risk exposures in the [Interim Guidance for Managing Healthcare Personnel with SARS-COV-2 Infection or Exposure to SARS-CoV-2](#), which was released on December 23, 2021.



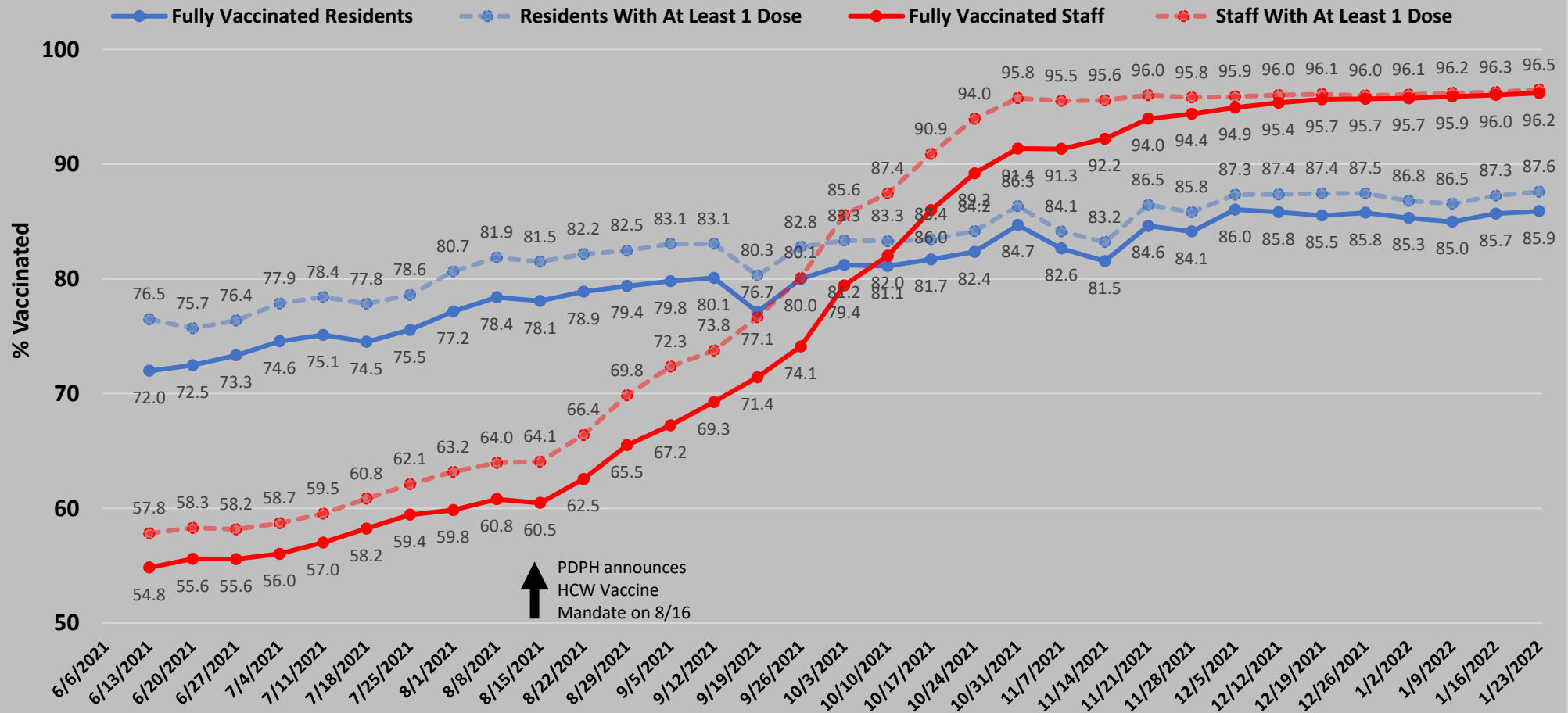
Department of
Public Health

CITY OF PHILADELPHIA

SNF COVID-19 Vaccination Data Summary

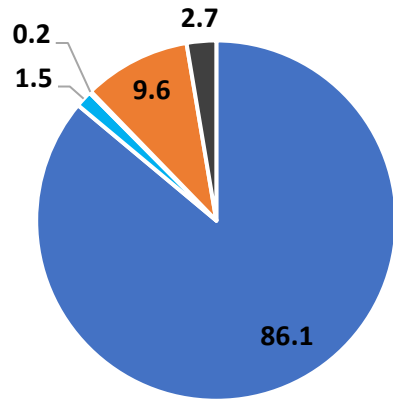
NHSN COVID-19 Vaccination Data – June-Feb

Philadelphia Skilled Nursing Facility Vaccination Rates Reported to NHSN (n=47)
June 2021 - February 2022



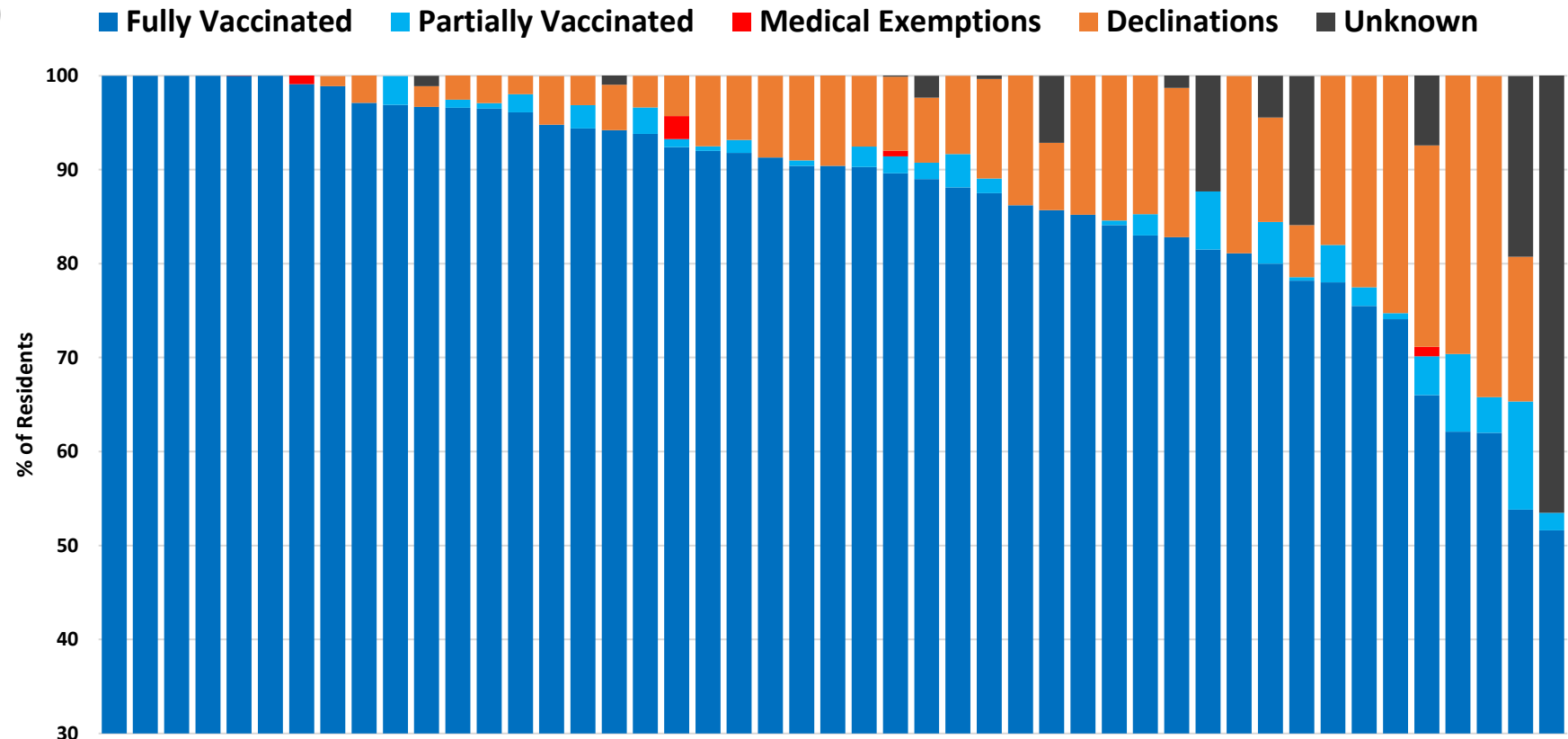
NHSN COVID-19 Resident Vaccination Data

Overall Vaccination Status, % (n=47)



86.1% of all SNF residents are fully vaccinated!

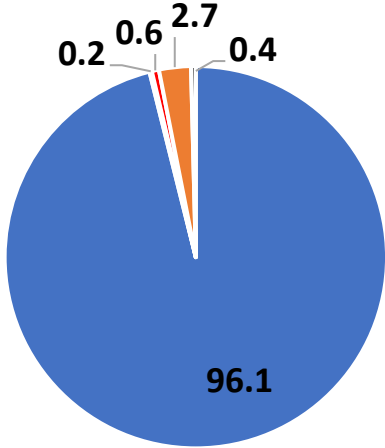
% Resident COVID-19 Vaccination Status, Individual SNFs (n=47)



*NHSN data from the most recent week that each facility reported

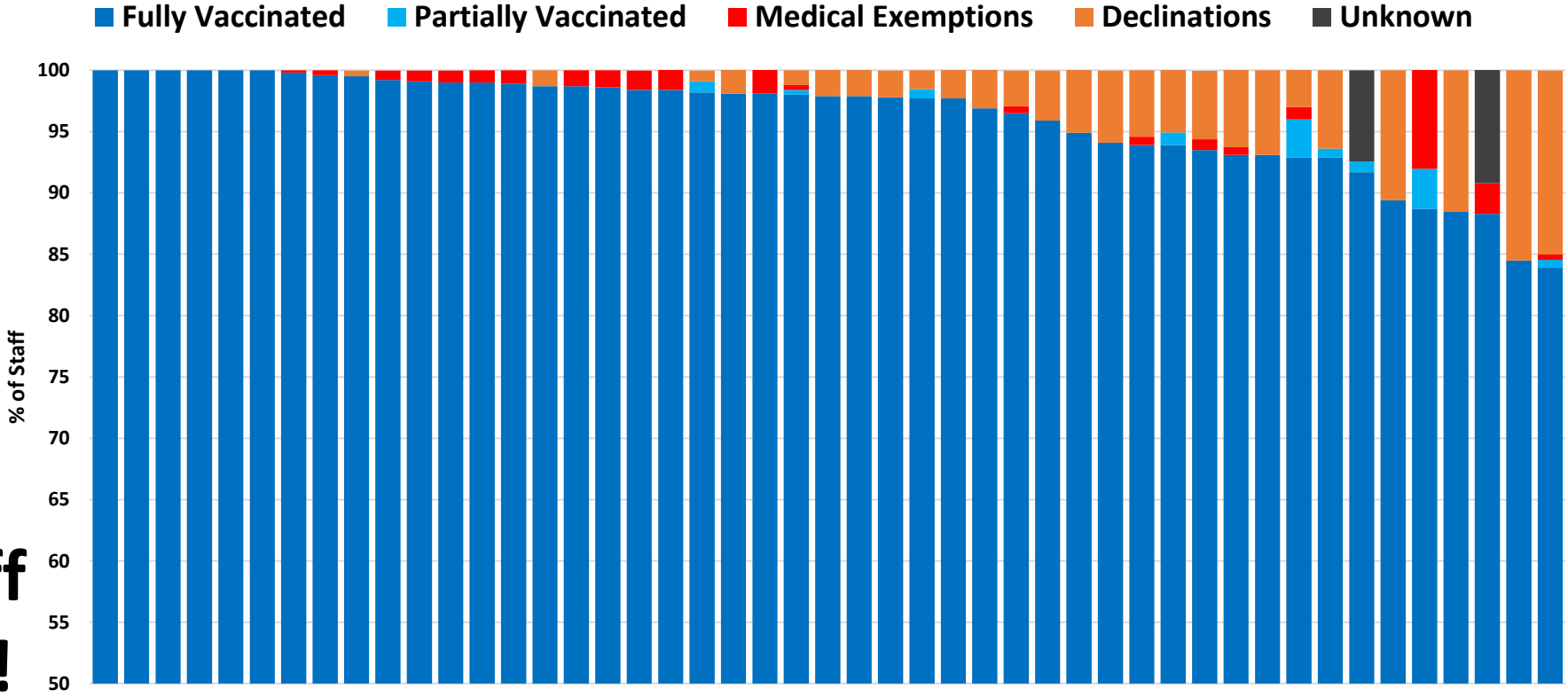
NHSN COVID-19 Staff Vaccination Data

Overall Vaccination Status, % (n=47)



96.1% of all SNF staff are fully vaccinated!

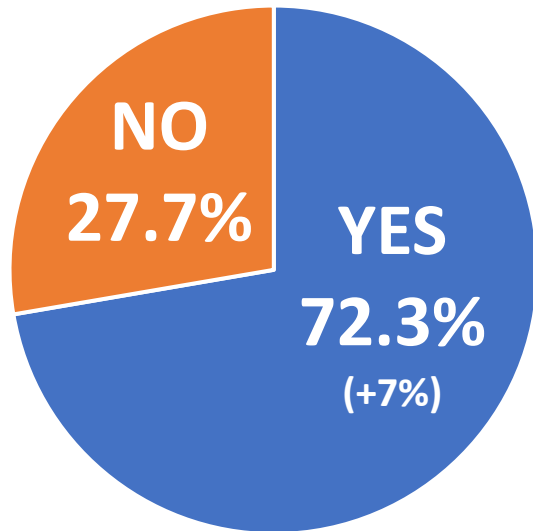
% Staff COVID-19 Vaccination Status, Individual SNFs (n=47)



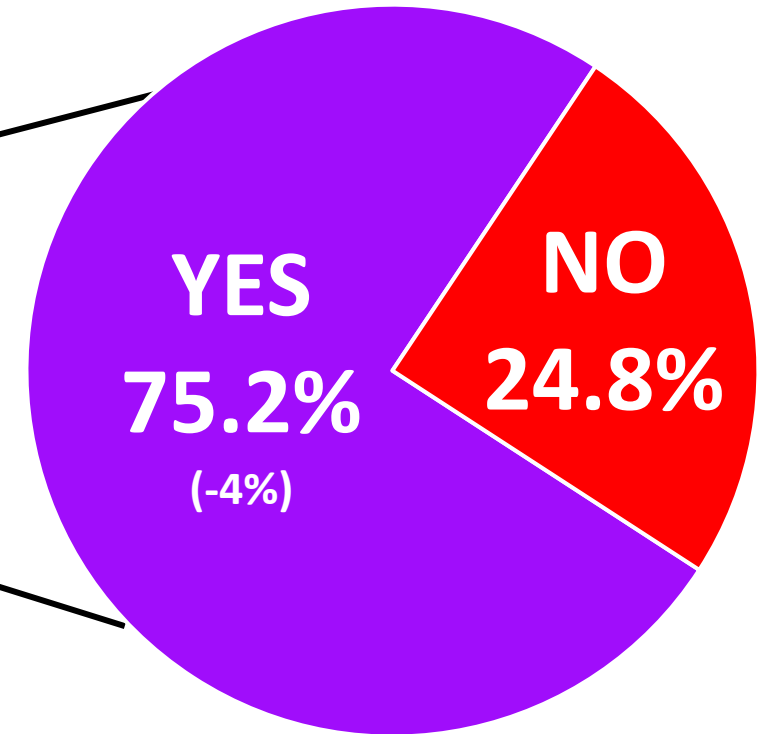
**NHSN data from the most recent week that each facility reported*

NHSN Resident Booster Doses

Eligible* for a booster or additional dose?



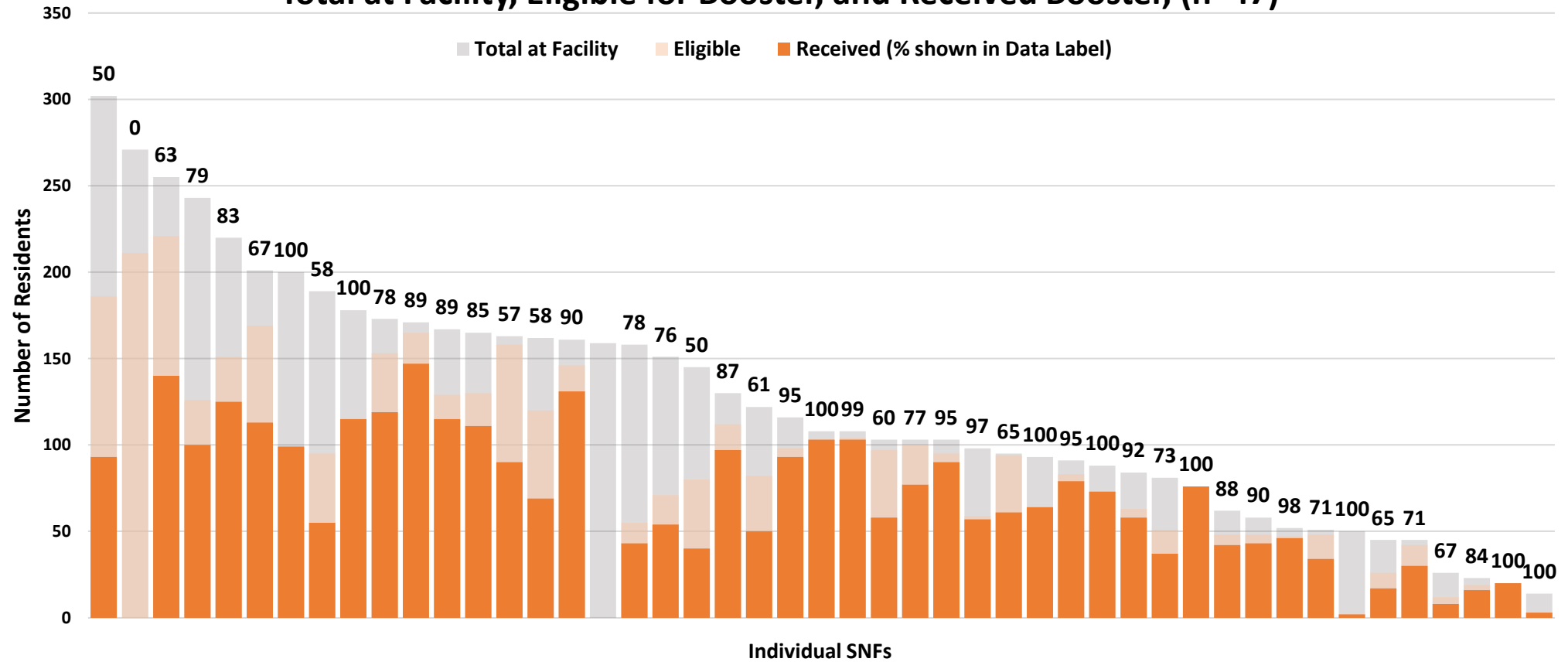
Received a booster or additional dose?



*J&J – 2 months after 1st dose
Pfizer or Moderna – 5 months after completion of initial series

NHSN Resident Booster Doses

COVID-19 Booster Dose Uptake Among SNF Residents,
Total at Facility, Eligible for Booster, and Received Booster, (n=47)



NHSN Reporting Reminders

- **Booster Doses**
 - **Eligible** – Total number of residents who have been fully vaccinated and are:
 - 5 months past 2nd mRNA dose OR
 - 2 months past initial J&J dose
 - **Received** – Total number of residents from “eligible” who have received an additional dose
 - *Cumulative counts* NOT incident counts

NHSN LTCF Dashboard

- **Publicly available COVID-19 staff and resident vaccination dashboard coming soon**
 - **Fully vaccinated**
 - **Partially vaccinated**
 - **Booster rates**



Department of
Public Health

CITY OF PHILADELPHIA

Services and Resources

PhilaVax Access for LTCFs

How is PhilaVax Helpful?

- Accurate immunization records, even when changing health care providers in Philadelphia
- Ensures timely immunization
- Prevents unnecessary immunization
- Cost savings by ensuring patients get only those immunizations that are needed

Confidentiality and Security

- PhilaVax data is confidential and meets all requirements set by the CDC and HIPAA
- Immunization information is only accessed by authorized health care professionals
- All users must complete a Confidentiality and Security Agreement annually
 - Not to be used for employment purposes
 - Users, health care entities, or schools who violate this agreement are subject to immediate termination of electronic access

How to get started

- Webpage: <https://vax.phila.gov>
- PhilaVax Registration Form:
https://docs.google.com/forms/d/e/1FAIpQLScqIH0ogRIBHcb_XjlwtnMHC_D85i5Dh5CDre-RVDIGGA69yhQ/viewform
- Access it directly: Once completed email or fax agreements to:
PhilaVax@phila.gov or 215-238-6944

Contact PhilaVax

PhilaVax Hotline:

215-685-6784 or PhilaVax@phila.gov

Vaccine Booster Fact Sheets

Fact sheets for:

- [Facilities](#)
- [Staff and Residents](#)

PA UNITES AGAINST COVID

SKILLED NURSING AND OTHER LONG-TERM CARE FACILITIES

Benefits of staff and residents getting the booster shot

Skilled nursing facilities (SNF) and long-term care facilities (LTCF) care for many of our most vulnerable. They have and continue to experience the hardest impacts of COVID. Vaccines continue to be our best defense against COVID and are increasingly important given the presence of Omicron.


We ask our SNFs and LTCFs to have their staff and residents get the booster shot to protect their communities.

Why should you get a booster shot?

- **They improve your body's immune response**
 - Booster shots are recommended because vaccines become less effective over time
 - You should still get a booster shot even if you had COVID. Your last infection may not protect you against the Omicron variant
- **The CDC recommends it**
 - The CDC asks all individuals 12 and older to get a booster shot. These recommendations continue to expand. Please visit www.cdc.gov for the latest guidelines
- **Booster shots are effective against Omicron infection**
 - Data from South Africa and the UK show that a booster shot provides 70-75% protection against symptomatic Omicron infection
 - Pfizer and Moderna found that the booster shot helps you fight COVID, including the Omicron variant
- **COVID is still a risk**
 - COVID is still in our communities and a risk, especially in the older populations

Best practices for enabling staff and residents' to get their booster shot

- **Vaccinate at the facility**
 - Host an onsite clinic with a local pharmacy
 - The Pennsylvania Department of Health can help your facility find a local pharmacy partner
 - Please fill out the [DOH Vaccine Access Survey](#) to request a match
 - The pharmacy will handle all logistics including supply, storage, and administration



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PA PA.GOV/COVID

PA UNITES AGAINST COVID

THE IMPORTANCE OF BOOSTER SHOTS

Keeping SNF and long-term care staff and residents safe

Skilled nursing facilities (SNF) and long-term care facilities (LTCF) care for many of our most vulnerable. They have and continue to experience the hardest impacts of COVID.

We urge staff and residents to get the booster shot to protect their communities.

Why are booster shots important?

Booster shots provide a boost in protection. Along with the primary shots, they are our best defense against COVID. Protection from the initial COVID-19 shots may decrease over time. The booster shot helps extend the vaccine's effectiveness.

Who should get a booster shot?

The CDC recommends that all people 12 and older should get a booster:

- 5 months after second dose of Moderna or Pfizer
- 2 months after initial dose of Janssen

Please visit www.cdc.gov for the latest guidelines.


Are booster shots effective against Omicron?

Yes, booster shots are effective against Omicron

- Data from South Africa and the UK show that a booster shot provides 70-75% protection against symptomatic Omicron infection
- Pfizer and Moderna found that the booster shot helps you fight COVID, including the Omicron variant

Should I get a booster shot if I already had COVID?

Yes, you should still get a booster shot even if you had COVID. Your last infection may not protect you from the Omicron variant.

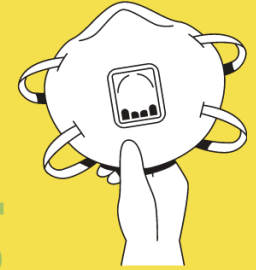


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PA PA.GOV/COVID

HAI/AR Program Services

**N95
Fit Test
Training**



- ✓ **ICAR Program**
- ✓ **Train-the-trainer N95 Fit Testing Program**

[Sign-Up Form for HAI/AR Services](#)



Department of
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Thank you!

Next call Friday, March 11, 2022