

PDPH/LTCF Conference Call – Friday, 3/11/2022

Agenda

- SARS-CoV-2 Surveillance Update
- Response to Seasonal GI Illness
- Updated Guidance
 - CMS [QSO-20-38-NH](#), updated 3/10/22
 - PAHAN 626: [UPDATE: Core Infection Prevention and Control Measures for Long-term Care Facilities](#)
 - PAHAN 627: [UPDATE: Response to an Outbreak and Residents with Exposure to COVID- 19 for LTCFs](#)
 - PAHAN 628: [UPDATE: Update to Recommendations Regarding COVID-19 Vaccination](#)
 - PDPH HAN 2/16/22: [Updated COVID-19 Vaccine Guidance](#)
- LTCF COVID-19 Vaccination Data Summary and PDPH Dashboard - **NEW**
- ICAR Program and Onsite Staff Infection Control Education - **NEW**
- Partner Spotlight: LTC RISE Penn/Temple Quality Program
- Quick Resource Updates
 - [Project Firstline](#) Curriculum [Launch Event Wed 3/16](#)
 - Celltrion DiaTrust POC Ag kit [recall](#) (not affecting LTCFs)



Department of
Public Health

CITY OF PHILADELPHIA


United States


At a Glance

Cases Total 79,248,406

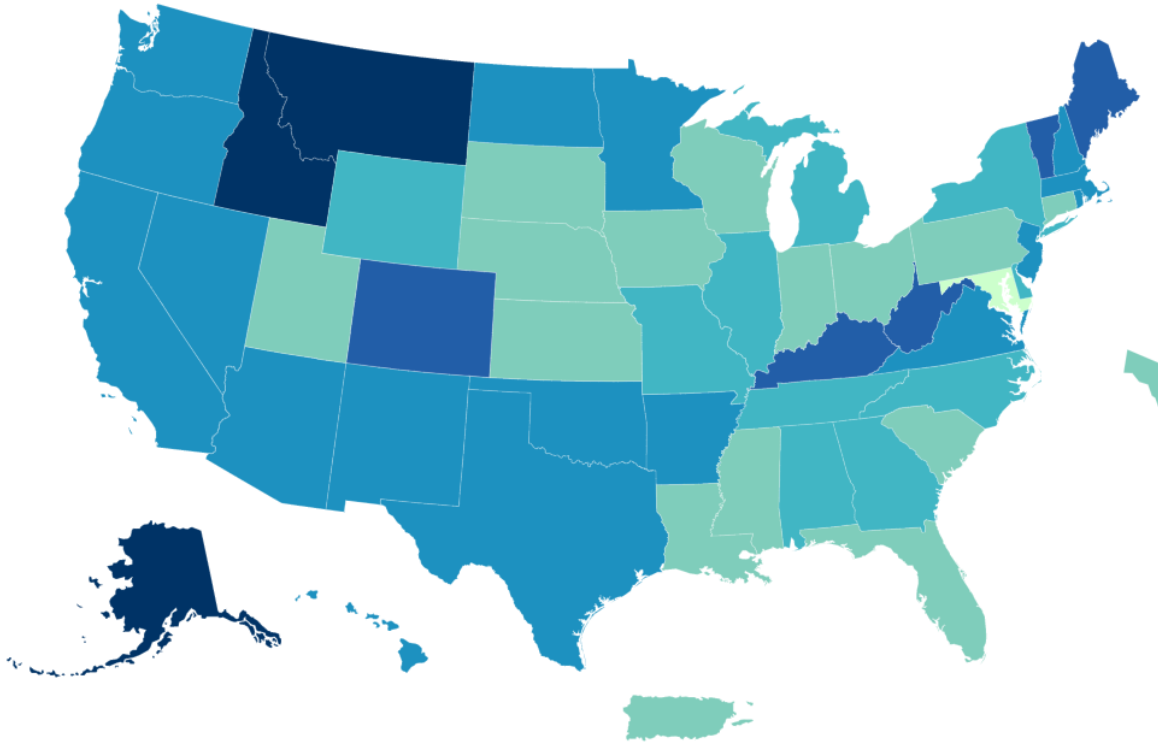
Last 30 Days 

Deaths Total 961,620

Last 30 Days 

81.4% of People 5+ with At Least One Vaccination 

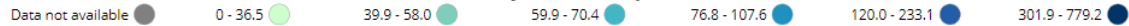
US COVID-19 7-Day Case Rate per 100,000, by State/Territory



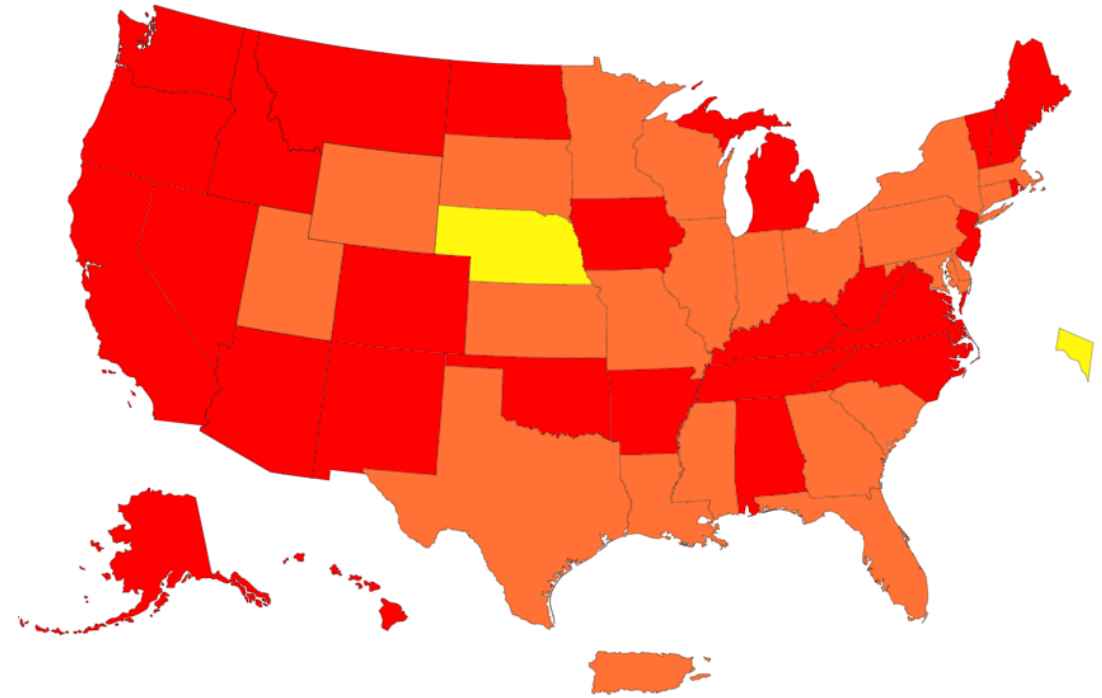
Territories



7-Day Case Rate per 100,000



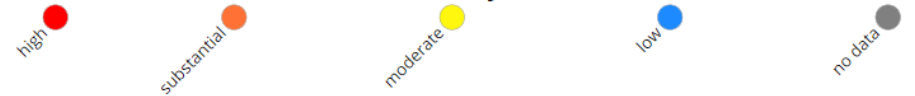
Level of Community Transmission of COVID-19, by State/Territory



Territories



Level of Community Transmission



Philadelphia County, Pennsylvania

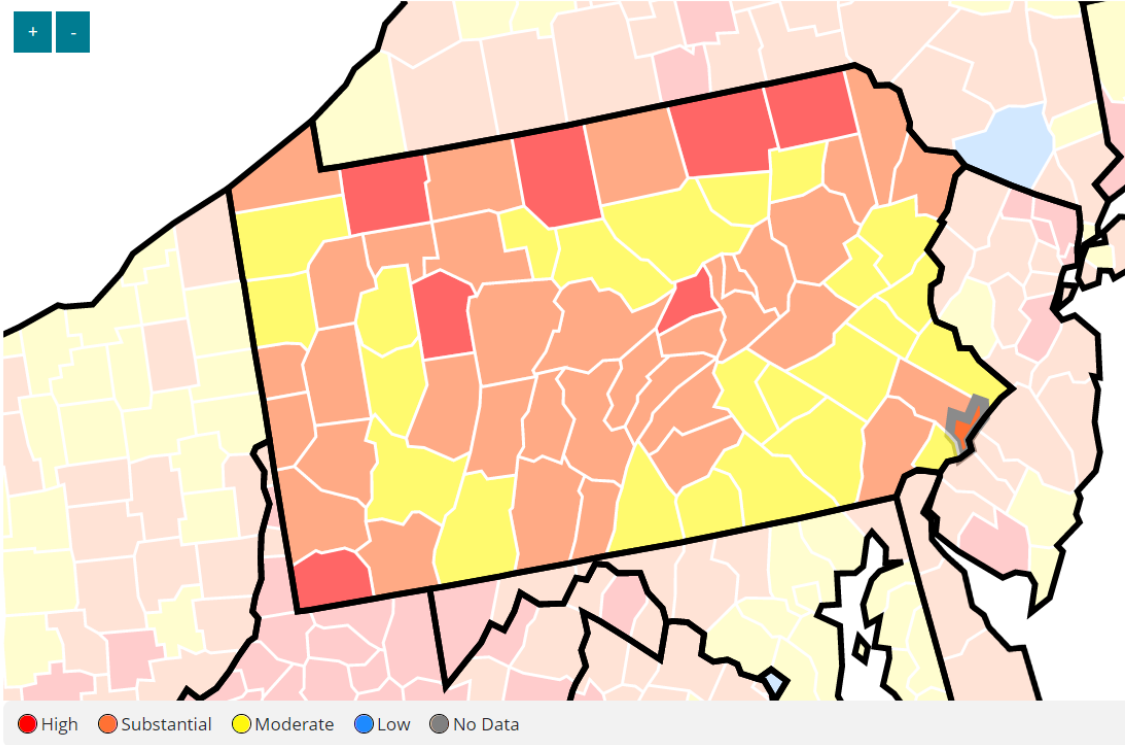
[State Health Department](#)

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

Cases	1,040
Case Rate per 100k	65.65
% Positivity	2.02%
Deaths	28
% of population ≥ 5 years of age fully vaccinated	72.8%
New admissions of confirmed COVID-19 among county residents (estimated)	92

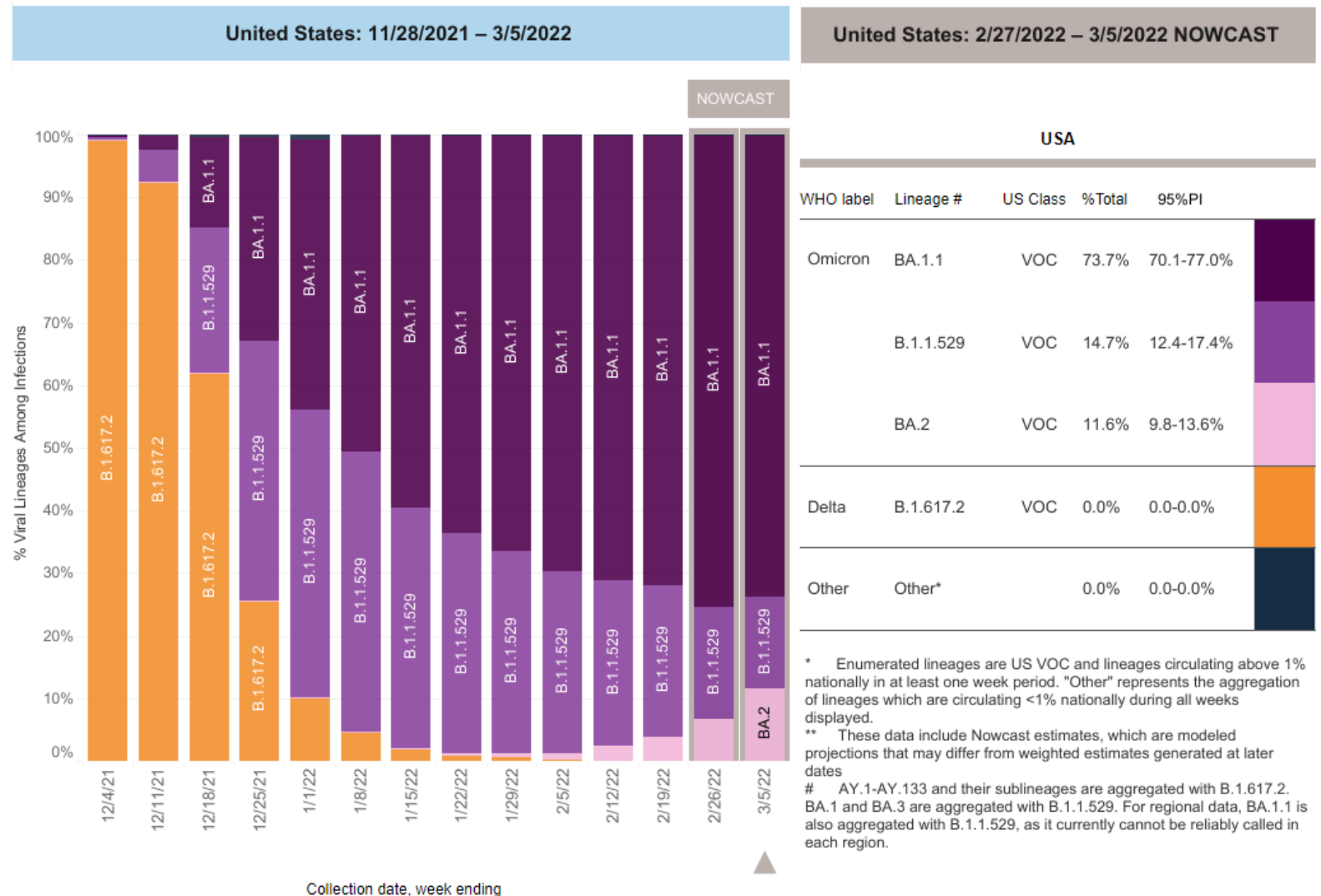


	Low	Moderate	Substantial	High
New cases per 100,000 persons in the past 7 days*	<10	10-49.99	50-99.99	≥100
Percentage of positive NAATs tests during the past 7 days**	<5%	5-7.99%	8-9.99%	≥10.0%

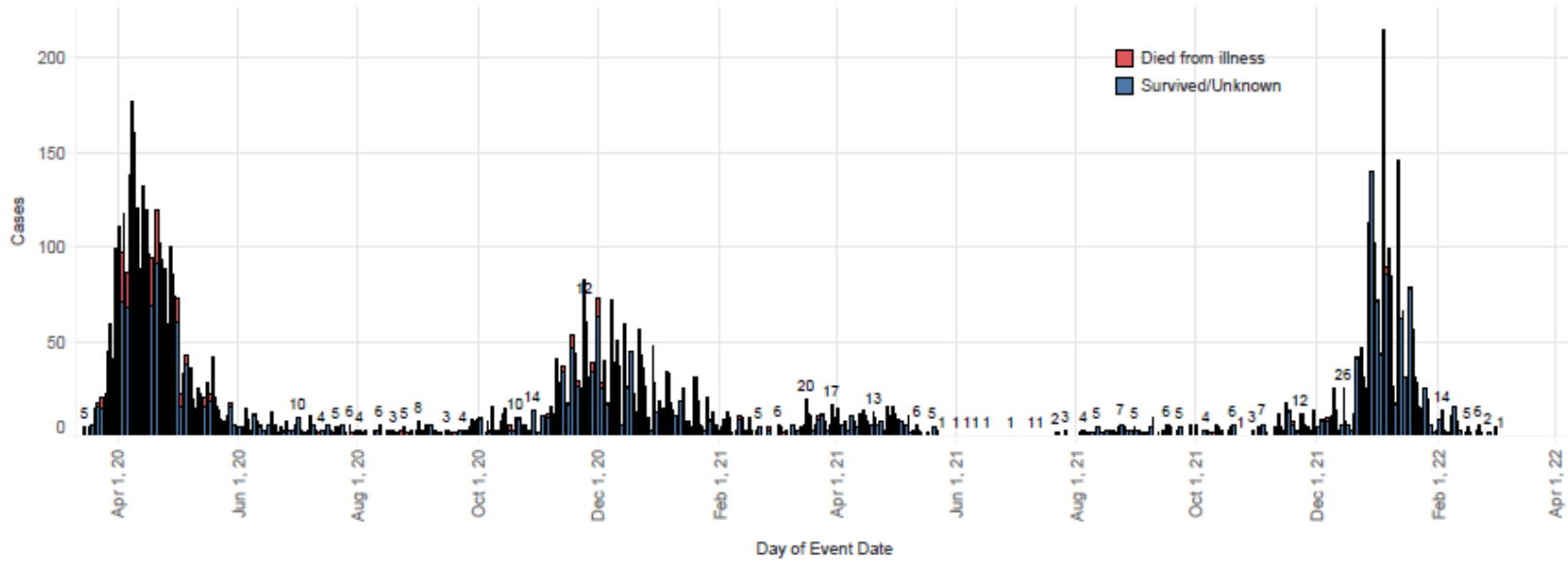


Variants

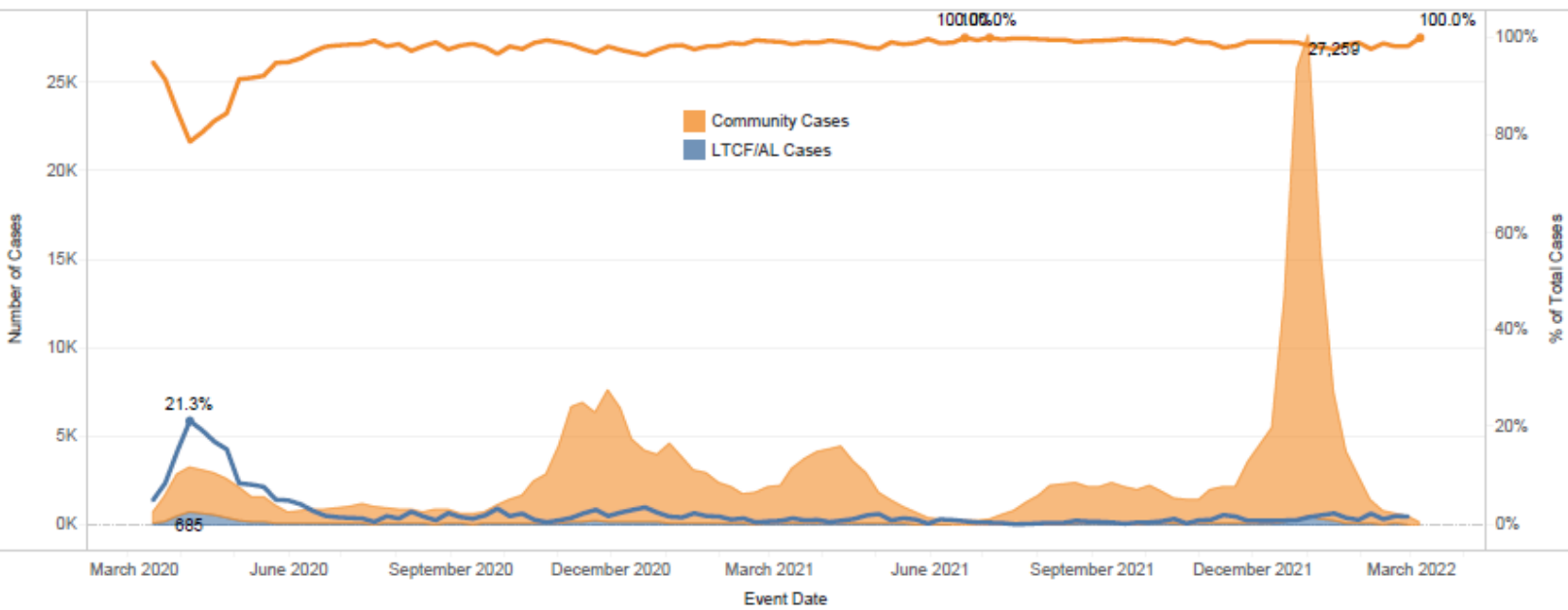
Omicron continues to be the main variant circulating in the United States



Licensed Long Term Care Facility Epi. Curve
 *All Cases (Confirmed & Probable) for Facility Type LTCF
 *Includes Staff who could live out of jurisdiction
 Updated: 3/10/2022



LTCF vs Community Cases
 Note: Area represents count, line represents %



Response to Seasonal GI Illness in LTCFs

LONG TERM CARE FACILITY COLLABORATIVE CALL

MARCH 11, 2022



2021-2022 GI Illness Season

Surveillance data indicate a return of seasonal GI Illness activities

- Healthcare facility associated clusters including LTCFs
- Increases in ED visits for GI illness particularly among pediatric patients
- Identifications of norovirus and rotavirus reported

GI Illness Cluster/Outbreak Reporting

Definition

- At least 3 patients/residents in a facility who are experiencing symptoms of this virus in a 48-hour period

Report to PDPH:

- Notify your facility's Outbreak Coordinator or HAI/AR IP contact
- Call 215-685-6741 during business hours

PDPH Support

- Line list for tracking cases
- Infection control guidance and incorporating COVID-19 precautions
- Access to diagnostic testing

Diagnostic Testing

PDPH can facilitate pickup and lab testing of clinical samples (stool or vomitus)

- Specimens should be labeled with name, DOB, specimen source and collection date
- Ideal specimen number per outbreak is ~5
- Specimens will be tested using a multiplex GI panel

Norovirus/Unspecified GI Illness Clusters/Outbreaks Infection Control Checklist

1. Inform PDPH within 24 hours of outbreak recognition.
2. Staff, residents and visitors should wash hands vigorously with soap and warm water for at least 20 seconds before and after all contact—do not rely exclusively on alcohol-based hand sanitizers.
3. Contact precautions should be used for any symptomatic residents. Precaution signs should be hung on doors of those affected by the virus.
4. Restrict ill patients to private rooms when possible. Observe contact isolation precautions.
5. Maintain line list: Monitor for ill staff and patients. Continue for 1 week after last case onset.
6. Collect specimens from at least 5 individuals to confirm outbreak etiology. Stool or vomitus can be collected within 48-72 hours of symptom onset. Specimens should be clearly labeled and stored in a refrigerator (4°C). PDPH can assist with laboratory testing.
7. Exclude ill staff and visitors until 72 hours after last symptom. If transmission continues in the facility, screen employees who have been exposed and potentially incubating infection, to ensure rapid exclusion if symptoms develop.
8. Persons cleaning areas that are heavily contaminated with vomitus or feces should wear gowns, gloves and surgical masks.

Norovirus/Unspecified GI Illness Clusters/Outbreaks Infection Control Checklist Continued

9. All vomitus and fecal spillages must be promptly and carefully cleaned so that aerosols are minimized. PDPH will provide more detailed norovirus cleaning guidelines for additional information.
10. Routine ward, bathroom and toilet cleaning should occur with increased frequency, especially common-use bathrooms. A chlorine-based or other appropriate disinfectant should be used for non-porous surfaces.
11. Review food service/disinfection practices. Pay attention to staff hand washing and ice machines.
12. Restrict admissions and transfers until outbreak is over (no new cases for at least 72 hours).
13. Limit staff from moving between affected and unaffected units and assign staff to work on the same wards or units as consistently as possible until the outbreak has resolved. If feasible, maintain the same staff-to-resident assignments. Exclude any nonessential personnel from affected units.
14. Post notice for visitors: Restrict visitors to a single entry point, and monitor compliance with contact isolation precautions.
15. Cancel group activities and serve meals in rooms until 72 hours after symptoms of last case resolve.
16. Educate staff and post signage around building reminding of precautions against the spread of disease.

Questions???

Guidance Updates

CMS QSO 20-38

PA HAN 626, 627, 628

PDPH Health Advisory: COVID-19 Vaccine Guidance

CMS QSO-20-38 Revised

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Survey & Certification Group

DATE: August 26, 2020

Ref: QSO-20-38-NH
REVISED 03/10/2022

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

CMS QSO-20-38 Revised

Memorandum Summary

- CMS is committed to taking critical steps to ensure America's healthcare facilities continue to respond effectively to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- On August 25, 2020, CMS published an interim final rule with comment period (IFC). This rule establishes **Long-Term Care (LTC) Facility Testing Requirements for Staff and Residents**. Specifically, facilities are required to test residents and staff, including individuals providing services under arrangement and volunteers, for COVID-19 based on parameters set forth by the HHS Secretary. This memorandum provides guidance for facilities to meet the new requirements.
- *Replaced the term "vaccinated" with "Up-to-date with all recommended COVID-19 vaccine doses" and deleted the term "unvaccinated."*
- *Updated the recommendations for testing individuals within 90 days after recovering from COVID-19.*

CMS QSO-20-38 Revised

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, <i>regardless of vaccination status</i> , with signs or symptoms must be tested.	Residents, <i>regardless of vaccination status</i> , with signs or symptoms must be tested.
Newly identified COVID-19 positive staff or resident in a facility that can identify close contacts	Test all staff, <i>regardless of vaccination status</i> , that had a higher-risk exposure with a COVID-19 positive individual.	Test all residents, <i>regardless of vaccination status</i> , that had close contact with a COVID-19 positive individual.
Newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts	Test all staff, <i>regardless of vaccination status</i> , facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility).	Test all residents, <i>regardless of vaccination status</i> , facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility).
Routine testing	According to Table 2 below	Not generally recommended

CMS QSO-20-38 Revised

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

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



⁺Staff *who are up-to-date* 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.

- For staff routine testing, document the facility's level of community transmission, the corresponding testing frequency indicated (e.g., every week), and the date each level of community transmission was collected. Also, document the date(s) that testing was performed for staff, *who are not up-to-date*, and the results of each test.

CMS QSO-20-38 Revised

Other Testing Considerations

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 people, 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. Facilities should continue to monitor the CDC [LTC webpage](#) and [FAQs](#) for the latest information. The facility should consult with infectious diseases specialists and public health authorities to review all available information (e.g., medical history, time from initial positive test, Reverse Transcription-Polymerase Chain Reaction Cycle Threshold (RT-PCR Ct) values, and presence of COVID-19 signs or symptoms). Individuals who are determined to be potentially infectious should undergo evaluation and remain isolated until they meet criteria for discontinuation of isolation or discontinuation of transmission-based precautions, depending on their circumstances.

PA HAN 626

PENNSYLVANIA DEPARTMENT OF HEALTH

2022 – PAHAN – 626 – 2-15-UPD

UPDATE: Core Infection Prevention and Control Measures for Long-term Care Facilities



DATE:	2/15/2022
TO:	Health Alert Network
FROM:	Keara Klinepeter, Acting Secretary of Health
SUBJECT:	UPDATE: Core Infection Prevention and Control Measures for Long-term Care Facilities
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

PA HAN 626

This HAN provides guidance on core infection prevention and control measures for long-term care facilities (LTCF) during the COVID-19 pandemic and incorporates updates made by CDC on February 2, 2022. The guidance supplements general guidance for all healthcare facilities given in [PA-HAN-624](#).

This update includes:

- 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.
- Even if they have met community criteria to discontinue isolation or quarantine per [PA-HAN 619](#) (typically 5 days), visitors **should not visit** if they have not met the same criteria used to discontinue isolation and quarantine for residents (typically 10 days).
- HCP should not work while acutely ill, even if SARS-CoV-2 testing is negative, in order to minimize the risk of transmission of other infectious pathogens, including respiratory pathogens such as influenza.

This guidance replaces PA-HAN-609. 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 627

PENNSYLVANIA DEPARTMENT OF HEALTH

2022 – PAHAN – 627– 2-15-UPD

UPDATE: Response to an Outbreak and Residents with Exposure to COVID-19 for Long-term Care Facilities



DATE:	2/15/2022
TO:	Health Alert Network
FROM:	Keara Klinepeter, Acting Secretary of Health
SUBJECT:	UPDATE: Response to an Outbreak and Residents with Exposure to COVID- 19 for Long-term Care Facilities
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

PA HAN 627

This HAN provides guidance on response to exposure and outbreaks of COVID-19 for long-term care facilities. It incorporates 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.
- Residents in quarantine can be removed from Transmission-Based Precautions (TBPs) after day 10 following the exposure (day 0) if they do not develop symptoms.
- Although the 10-day quarantine period is preferred, residents can be removed from TBPs 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 TBPs.
- Newly admitted residents and residents who have left the facility for >24 hours, regardless of vaccination status, should have a series of two viral tests for SARS-COV-2 infection; immediately and, if negative, again 5-7 days after their admission.
- 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 people, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended.



This guidance replaces PA-HAN-610. 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 627

- HCP
 - Expanded screening testing of asymptomatic HCP should be as follows:
 - HCP who are up to date with all recommended COVID-19 vaccine doses may be exempt from expanded screening testing.
 - In nursing homes, expanded screening testing should be conducted based on the level of community transmission outlined in [CMS QSO-20-38-NH REVISED](#).
 - It is best practice to include HCP who are fully vaccinated but not up to date in the expanded testing. At the time of publication, this is not *required* by [CMS QSO-20-38-NH REVISED](#).

As of 3/10/22 this is required by CMS

PENNSYLVANIA DEPARTMENT OF HEALTH
2022 – PAHAN –628 – 02 – 18 - UPD



Update to Recommendations Regarding COVID-19 Vaccination

DATE:	2/18/2022
TO:	Health Alert Network
FROM:	Keara Klinepeter, Acting Secretary of Health
SUBJECT:	Update to Recommendations Regarding COVID-19 Vaccination
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

SUMMARY

- [Guidance](#) released on February 11, 2022 from the CDC updates COVID-19 vaccination guidance.
- For immunocompromised individuals only, the interval between completion of the primary vaccine series and the booster dose has been shortened from 5 months to 3 months for mRNA vaccines and remains at 2 months for the Janssen vaccine.
- [Moderate to Severely immunocompromised individuals](#) ages 18 years and older who received a single dose of the Janssen vaccine should receive an additional dose an mRNA vaccine 28 days after the Janssen vaccine.
- It is no longer necessary to delay COVID-19 vaccination for those patients who have received monoclonal antibodies or convalescent plasma for the treatment or prophylaxis of COVID-19.
- Patients who have received their full primary series outside the United States with a WHO approved COVID-19 vaccine may receive either of the 2 mRNA vaccines for their booster dose.
- The CDC has added to their guidance information regarding potential characteristics of allergic reactions, vasovagal reactions, and vaccine side effects following COVID-19 vaccination.

If you have any questions, please call PA DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

PDPH Health Advisory



Philadelphia Department of Public Health
Division of Disease Control

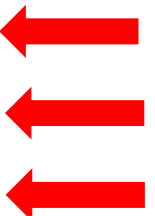
CHERYL BETTIGOLE, MD, MPH
Health Commissioner

COLEMAN TERRELL
Acting Director, Division of Disease Control

Health Advisory
Updated COVID-19 Vaccine Guidance
February 16, 2022

SUMMARY POINTS

- The FDA has fully approved the Moderna COVID-19 vaccine for individuals aged ≥ 18 and will be marketed as “Spikevax.”
- CDC has issued Emergency Use Instructions to allow the use of Moderna (Spikevax) in certain persons 18 years and older who received primary vaccination with certain non-FDA authorized or approved COVID-19 vaccines.
- COVID-19 vaccination should no longer be deferred following use of passive antibody therapy used for treatment or post-exposure prophylaxis of COVID-19.
- Moderately to severely immunocompromised adults ≥ 18 should receive an additional dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) **at least 28 days** following a single dose of the Johnson & Johnson (Janssen) primary vaccine.
- People who are moderately or severely immunocompromised should receive a booster dose **at least 3 months** after the additional (third) dose of an mRNA COVID-19 vaccine or **at least 2 months** after the additional (second) dose of mRNA vaccine following a single dose of the Janssen vaccine.



CDC COVID-19 Vaccine Schedule for People with Moderate to Severe Immunocompromise

COVID-19 Vaccination Schedule for People with Moderate to Severe Immunocompromise

Primary vaccination	Age group	Number of primary vaccine doses	Number of booster doses	Interval between 1st and 2nd dose	Interval between 2nd and 3rd dose	Interval between 3rd and 4th dose
Pfizer-BioNTech	5–11 years	3	NA	3 weeks	≥4 weeks	N/A
Pfizer-BioNTech	≥12 years	3	1	3 weeks	≥4 weeks	≥3 months
Moderna	≥18 years	3	1	4 weeks	≥4 weeks	≥3 months
Janssen	≥18 years	1 Janssen, followed by 1 mRNA	1	4 weeks	≥2 months	N/A

Image Source: [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)



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SNF COVID-19 Vaccination Data Summary
PDPH Vaccine Dashboard

NHSN Reporting Changes/Reminders

- **Booster Doses**
 - No longer a question on individuals eligible for an additional dose or booster
 - Booster rate = (# received / # staff fully vaccinated) * 100
- Cumulative counts NOT incident counts

PDPH LTCF Vaccine Dashboard

- Publicly available COVID-19 staff and resident vaccination dashboard coming next week
 - Fully vaccinated
 - Partially vaccinated
 - Booster rates
- Uses data directly from NHSN



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ICAR Program and
Onsite Staff Infection Control Education

CDC's Infection Control Assessment and Response (ICAR) Program for Philadelphia LTCFs

- **Onsite Infection Prevention and Control (IPC) consultations conducted by PDPH IPC experts**
- **Nonregulatory and confidential**
- **Identifies gaps in IPC understanding and practices**
- **Reviews up to date CMS and CDC guidance**
- **Provides on-site IPC staff education and resources based on your facility's needs**
- **Focuses on**
 - **Infectious disease prevention**
 - **Hand hygiene**
 - **PPE use**
 - **Environment of care**
 - **Cleaning and disinfection**
- **Improves COVID-19 response and regulatory survey readiness**

Onsite Education!

Current offerings:

- Short form education for staff
 - Hand hygiene
 - PPE
 - Environmental cleaning
- Hand hygiene compliance monitoring training for leadership
 - Info gained could be used for a QAPI!
- Will provide GloGerm kits
- [Sign-Up Form for HAI/AR Services](#)



Train-the-trainer Fit Testing Program

- N95 qualitative fit testing
- [Sign-Up Form for HAI/AR Services](#)
- 14 facilities trained, 57 people trained in the procedure





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Partner Spotlight:
LTC RISE Penn/Temple Quality Program



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Quick Resource Updates

Join CDC's Project Firstline for a special event for healthcare workers

- Hear directly from CDC leadership
- Learn about new infection control resources designed just for you

March 16, 1-2 PM ET
Register Today!!



Have you registered? Don't miss your chance to attend [CDC Project Firstline](#) virtual launch event especially for healthcare workers!

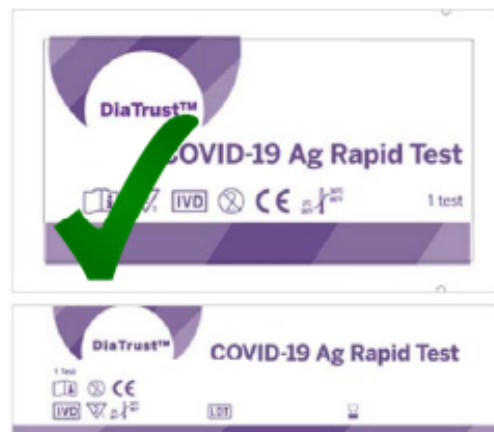
This event will celebrate healthcare workers and present Project Firstline's new infection control educational materials. It is intended for all healthcare workers in the United States, representing all professions and settings in health care.

[Register in advance for this webinar!](#)

On March 1, 2022, [the U.S. Food and Drug Administration \(FDA\)](#) announced that certain [Celltrion COVID-19 Antigen Rapid Tests should not be used](#). This statement does not affect allotments provided by the United States Government (USG). The FDA statement relates to an unauthorized Celltrion COVID-19 Ag Rapid Test that uses a mid-turbinate nasal swab sample to detect SARS-CoV-2, the virus that causes COVID-19. This unauthorized test has a similar name as the FDA authorized version of the test for point of care settings, but it is not the same test. The unauthorized test has a green and white box (pictured below, left).



(unauthorized test)



(test kit authorized by the FDA and provided by USG)

The Celltrion DiaTrust COVID-19 Ag Rapid Test (above, right) was authorized by the [FDA on April 16, 2021](#), for point-of-care use, such as in health clinics and congregate settings. These tests are not the subject of the FDA Safety Communication and can continue to be used.

If there are additional questions or concerns, please contact the Expansion of Screening and Diagnostics Task Force (ESDTF) State Engagement team at eocevent588@cdc.gov.



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Thank you!

Next call Friday, April 8, 2022