

PDPH/LTCF Conference Call – Friday, 4/21/23

Agenda

- SARS-CoV-2 Surveillance Update
- New Guidance: CDC Recommends Additional Bivalent COVID-19 Vaccine Dose for Those Who Are 65 Years and Older or Immunocompromised
- *Candida auris* update:
 - CDC article: [Worsening Spread of *Candida auris* in the United States, 2019 to 2021](#)
 - [PAHAN 687/PDPH Health Advisory](#): Outbreak and Containment of *Candida auris*
 - Local *C. auris* Epidemiology
 - The ABC's of *Candida auris*: A Can-Do Guide for Leadership
- Community Behavioral Health Services Available to Your Residents

United States COVID-19 Cases and Deaths

Daily Update for the United States

Cases

New Cases (Weekly Total)

94,142

Case Trends



Feb 2023

Apr 2023

Deaths

New Deaths (Weekly Total)

1,160

Death Trends



Feb 2023

Apr 2023

Hospitalizations

New Admissions (Daily Avg)

1,753

Admission Trends



Mar 2023

Apr 2023

Total Cases

104,445,294

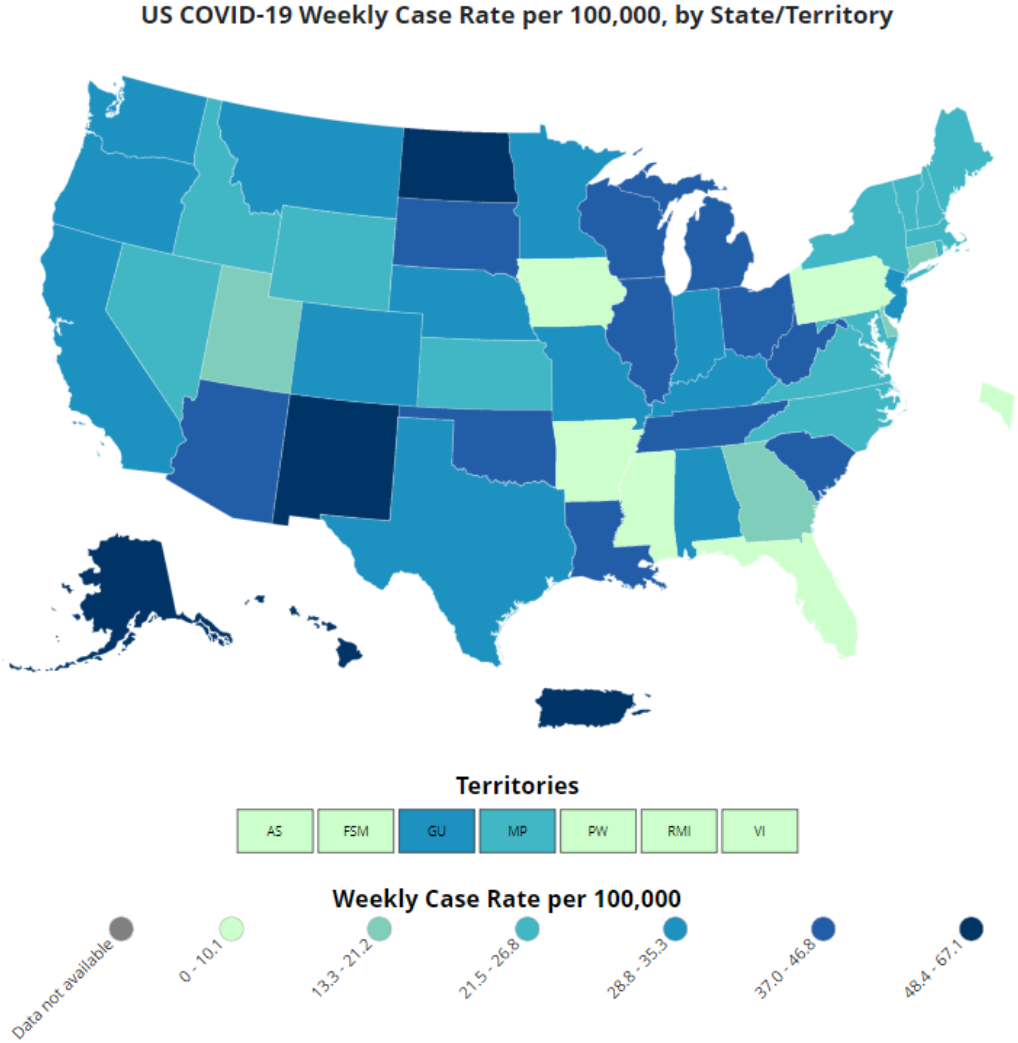
Total Deaths

1,129,573

Current Hospitalizations

10,638

United States COVID-19 Cases by State

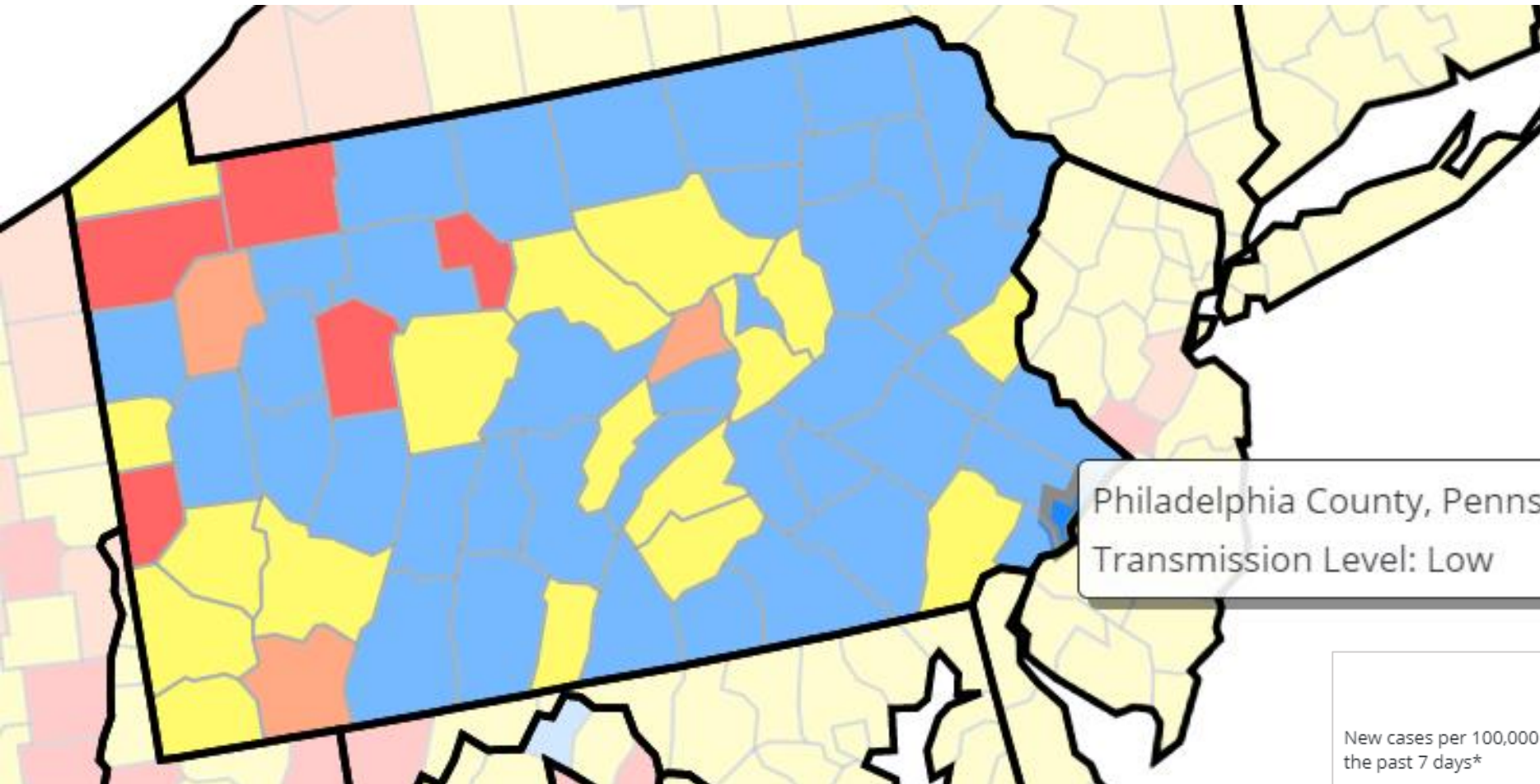


Pennsylvania

Last 7 days:

- 3,473 new cases
- Case rate: 27.1/100K
- PCR % Positivity: 3-4.9%

Philadelphia



Philadelphia

Last 7 days that data is available for:

- New cases per day: 25
- Case rate: 10.8/100K
- PCR % Positivity: 2.96

Philadelphia County, Pennsylvania
Transmission Level: Low

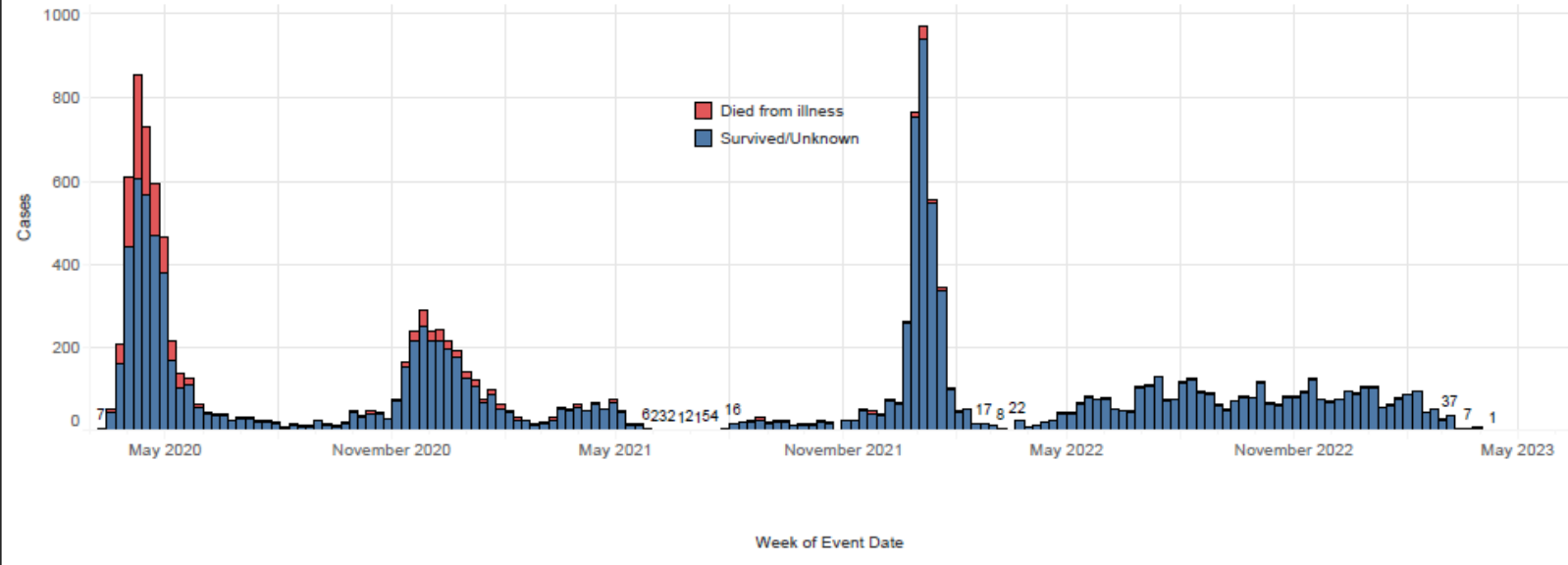
	Low	Moderate	Substantial	High
New cases per 100,000 persons in the past 7 days*	<10	10-49.99	50-99.99	≥100
Percentage of positive NAATs tests during the past 7 days**	<5%	5-7.99%	8-9.99%	≥10.0%

Licensed Long Term Care Facility Epi. Curve

*All Cases (Confirmed & Probable) for Facility Type LTCF

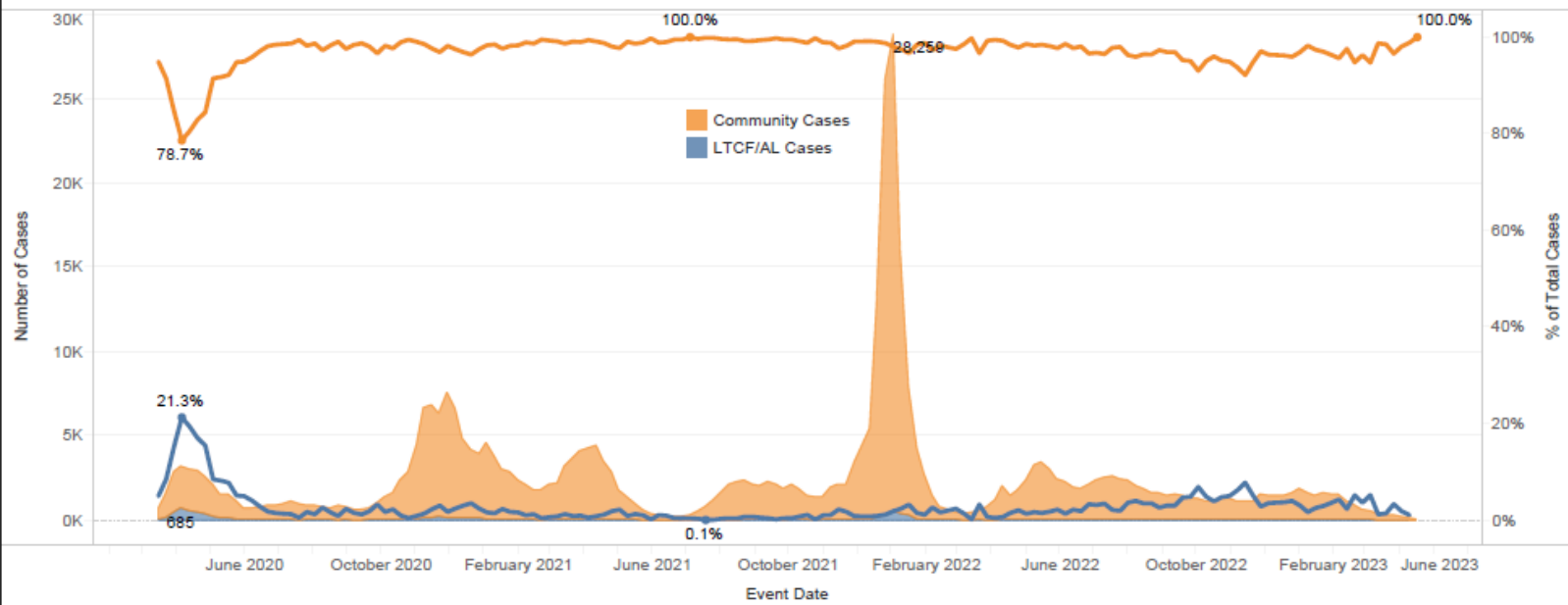
*Includes Staff who could live out of jurisdiction

Updated: 4/18/2023



LTCF vs Community Cases

Note: Area represents count, line represents %



COVID-19 Vaccination Rates

General population over the age of 18

Vaccine type	Philadelphia	Pennsylvania
Primary series	85.7%	83%
Bivalent booster	19.6%	22.1%

Skilled Nursing Facilities (NHSN data), 4/2/2023

Vaccine type	Residents	Staff
Primary series	84.8%	97.2%
Bivalent booster	48.1%	24%

COVID-19 Vaccine and *Candida Auris* Updates

CDC Updated COVID-19 Vaccine Recommendation- April 19,2023

CDC Publication- Ann Intern Med. doi:10.7326/M22-3469

[This article was published at Annals.org on 21 March 2023]

PADOH HAN 687 /PDPH Health Advisory March 31, 2023

CDC COVID-19 Vaccine Updates: Wednesday, April 19, 2023

CDC has simplified COVID-19 vaccine recommendations for older adults and immunocompromised adults:

- Additional updated (bivalent) vaccine dose for adults ages 65 years and older and additional doses for people who are immunocompromised
 - This allows more flexibility for healthcare providers to administer additional doses to immunocompromised patients as needed
-
- Monovalent (original) mRNA COVID-19 vaccines will no longer be recommended for use in the U.S.
 - CDC recommends that everyone ages 6 years and older receive an updated (bivalent) mRNA COVID-19 vaccine, regardless of whether they previously completed their (monovalent) primary series
 - Individuals ages 6 years and older who have already received an updated mRNA vaccine do not need to take any action unless they are 65 years or older or immunocompromised

CDC *C. Auris* 2019-2021 Analysis

Annals of Internal Medicine

ORIGINAL RESEARCH

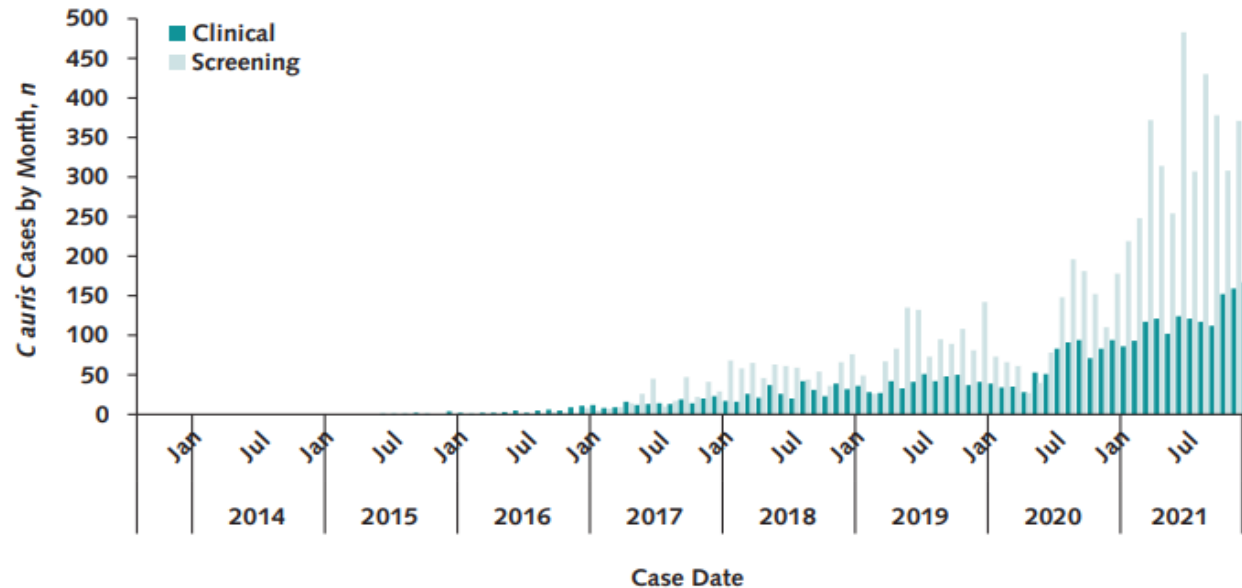
Worsening Spread of *Candida auris* in the United States, 2019 to 2021

Meghan Lyman, MD; Kaitlin Forsberg, MPH; D. Joseph Sexton, PhD; Nancy A. Chow, PhD, MS; Shawn R. Lockhart, PhD; Brendan R. Jackson, MD, MPH; and Tom Chiller, MD, MPHTM

- *C. auris* is an emerging fungal threat that was first reported in the U.S. in 2016
- Most transmission has occurred in high-acuity post-acute care facilities – LTACHs and vSNFs
- This study is a description of U.S. national surveillance data from 2019-2021
- Investigators measured *C. auris* case counts, volume of colonization screening, and antifungal susceptibility results- data was aggregated and compared over time and by geographic region

CDC *C. Auris* 2019-2021 Analysis

Figure 1. Number of clinical and screening *C. auris* cases reported to the Centers for Disease Control and Prevention during 2013 to 2021.

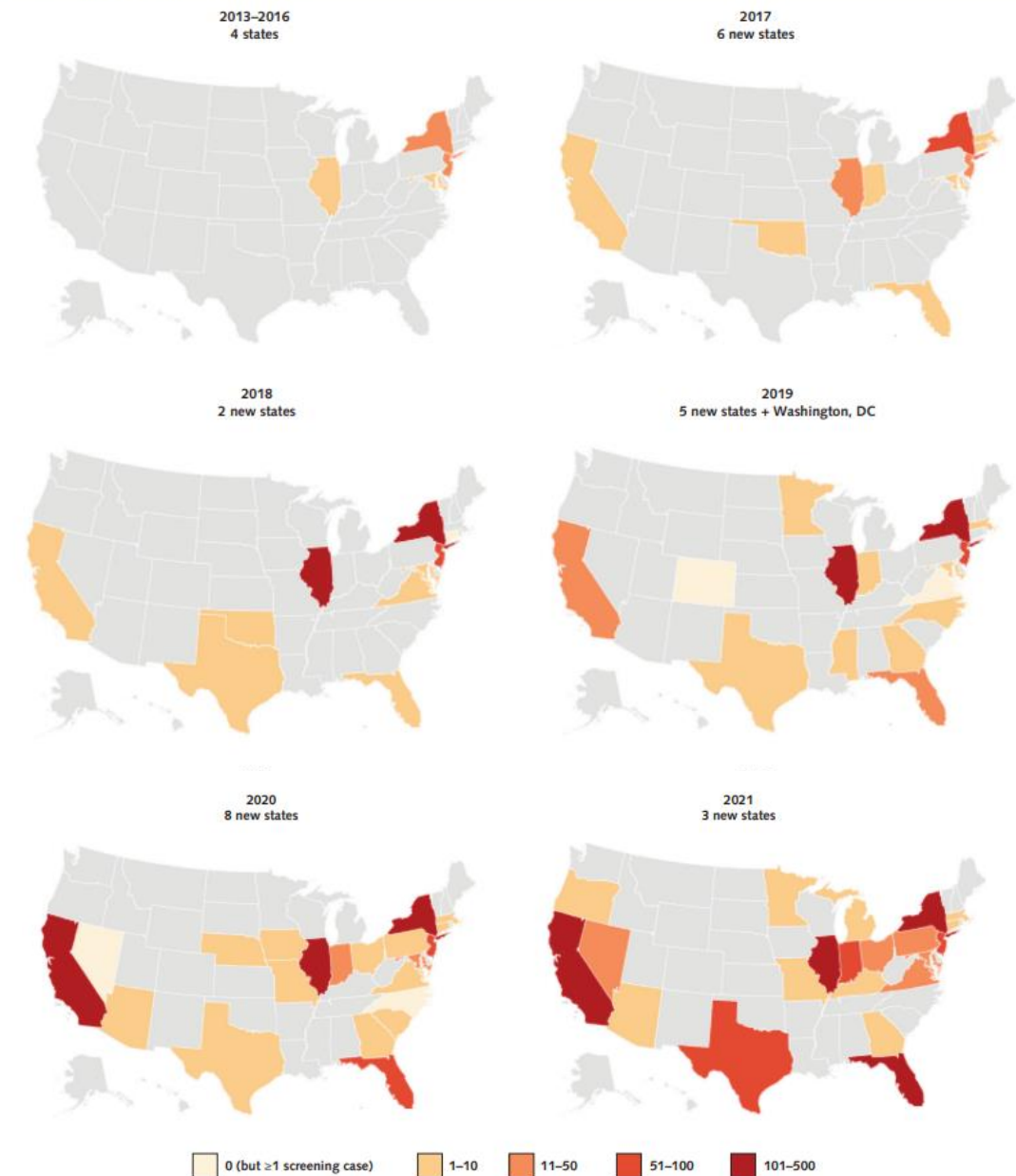


C. auris = *Candida auris*.

- Total of 3270 clinical cases and 7413 screening cases reported through Dec 31, 2021
- Percentage increase in clinical case grew each year, from a 44% increase in 2019 to a 95% increase in 2021
- Colonization screening volume and screening cases increased in 2021 by >80% and >200% respectively
- Screening is not conducted uniformly across the United States, so the true burden of *C. auris* cases may be underestimated



Figure 3. Geographic distribution of clinical *C. auris* cases in the United States reported to the Centers for Disease Control and Prevention by state during 2013 to 2021.



CDC *C. Auris* 2019-2021 Analysis

- Geographic progression of *C. auris* clinical cases 2016-2021
- From 2019 to 2021, 17 states identified their first case
- 2020 had the highest number of new states affected (n=8) including PA
- Now been detected in more than half of U.S. states

CDC *C. Auris* 2019-2021 Analysis

Table. Percentage Resistance of *Candida auris* Isolates Tested by the Antimicrobial Resistance Laboratory Network, 2018 to 2020*

Year or Region	Azoles†	Amphotericin B‡	Echinocandins§
Year			
2018 (n = 463)	372 (80.3)	151 (32.6)	2 (0.4)
2019 (n = 1006)	787 (78.2)	242 (24.1)	14 (1.4)
2020 (n = 1294)	1109 (85.7)	331 (25.6)	15 (1.2)
Region 			
Mid-Atlantic (n = 135)	133 (98.5)	115 (85.2)	4 (3.0)
Midwest (n = 156)	17 (10.9)	2 (1.4)	0 (0.0)
Mountain (n = 25)	24 (96.0)	1 (4.0)	0 (0.0)
Northeast (n = 1051)	1046 (99.5)	468 (44.5)	22 (2.1)
Southeast (n = 172)	170 (99.4)	9 (5.2)	0 (0.0)
West (n = 556)	553 (99.5)	17 (3.1)	1 (0.2)

* Data are numbers (percentages). Numbers are based on records with any minimum inhibitory concentrations (MICs). About 1% of all records for all times were missing MICs for 1 or 2 drug classes.

† The tentative MIC breakpoint for fluconazole was ≥ 32 mcg/mL.

‡ The tentative MIC breakpoint for amphotericin B was ≥ 2 mcg/mL.

§ The tentative MIC breakpoint for echinocandins was ≥ 4 mcg/mL (anidulafungin or micafungin).

|| The Central region is excluded because of the small number of isolates.

- In 2020, 86% of isolates tested were resistant to azoles and 26% were resistant to amphotericin B
- Azole resistance increased approximately 7% between 2019 and 2020
- Azole resistance is common (>90%) in isolates from the NE region of U.S. (clade 1)
- The number of cases that were resistant to echinocandins in 2021 was about 3 times that in each of the previous 2 years

CDC *C. Auris* 2019-2021 Analysis

CONCLUSIONS

- *C. auris* cases and transmission have risen in recent years with a dramatic increase in 2021
 - Exacerbated by COVID-19 pandemic: staff and equipment shortages, increased patient burden and disease severity, increased antimicrobial use, changes in patient movement patterns and poor implementation of non-COVID-19 IPC practices
- Rise of echinocandin-resistant *C. auris* is concerning since this is a first-line antifungal therapy for invasive infection
- Two independent outbreaks of echinocandin-resistant and pan-resistant *C. auris* have occurred among patients with shared healthcare exposures and no previous use of echinocandins, suggesting transmission
- These findings highlight the need for improved detection and infection control practices to prevent the spread of *C. auris*

PA DOH/PDPH *C. Auris* HAN

PENNSYLVANIA DEPARTMENT OF HEALTH
2023 – PAHAN – 687 – 03-31-UPD
UPDATE: Outbreak and Containment of *Candida auris* in
PA Healthcare Facilities



DATE:	03/31/2023
TO:	Health Alert Network
FROM:	Debra L. Bogen, MD, FAAP, Acting Secretary of Health
SUBJECT:	Update: Outbreak and Containment of <i>Candida auris</i> in PA Healthcare Facilities
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a



Philadelphia Department of Public Health
Division of Disease Control

CHERYL BETTIGOLE, MD, MPH
Health Commissioner

SHARA EPSTEIN, MD
Medical Director, Division of Disease Control

SARA ENES, MBA, MSW
Acting Director, Division of Disease Control

Health Advisory

Update: Outbreak and Containment of *Candida auris* in PA Healthcare Facilities
March 31, 2023

PA DOH/PDPH *C. Auris* HAN

This advisory provides an update to [PA-HAN-654](#) by describing the current epidemiology of the *C. auris* in Pennsylvania.

Previously unaffected counties where *C. auris* has now been identified within healthcare facilities include Cumberland, Erie, and Monroe County. Since *C. auris* first appeared in the Commonwealth in March 2020, **199 cases of *C. auris*** have been identified in Pennsylvania, inclusive of Philadelphia. Of these, **59 were cases of *C. auris* clinical infection and 140 were cases of colonization with *C. auris***. Cases have been detected in ventilator-capable skilled nursing facilities (vSNFs), long-term acute care hospitals (LTACHs), and acute care hospitals, and include both colonized and clinically ill persons.

Although cases are still concentrated in the southeast region, *C. auris* detection in healthcare facilities in northeastern, southcentral, northwestern, and southwestern PA indicate that healthcare facilities across the state should be on alert for *C. auris*.

Suspected or confirmed cases of *C. auris* identified in Pennsylvania should be reported promptly to DOH by calling 1-877-PA-HEALTH, or your local health department. Philadelphia cases should be reported to PDPH at 215-685-6748.

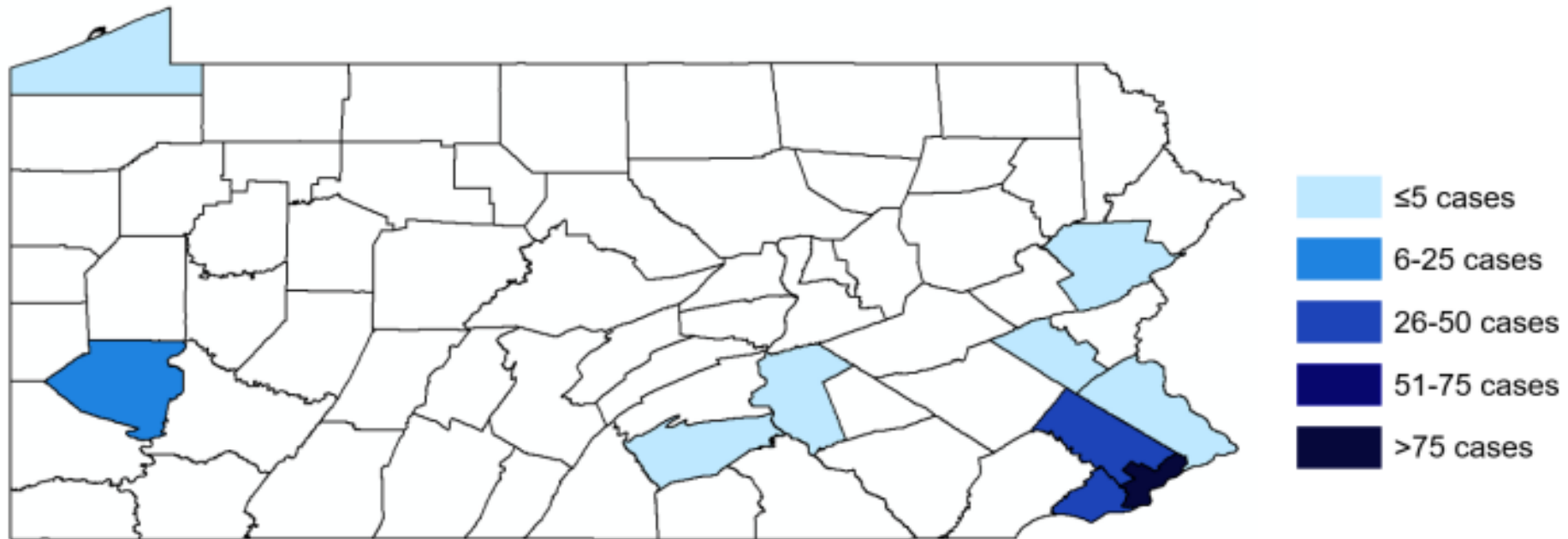
Candida Auris Epidemiology

Pennsylvania and Philadelphia Case Counts

C. auris Cases in Pennsylvania

- Cases have continued to increase nationwide, surrounding PA counties, and in Philadelphia
- 199 cases have been detected throughout Pennsylvania between March 2020 - March 2023
 - 107 cases have been detected in Philadelphia alone

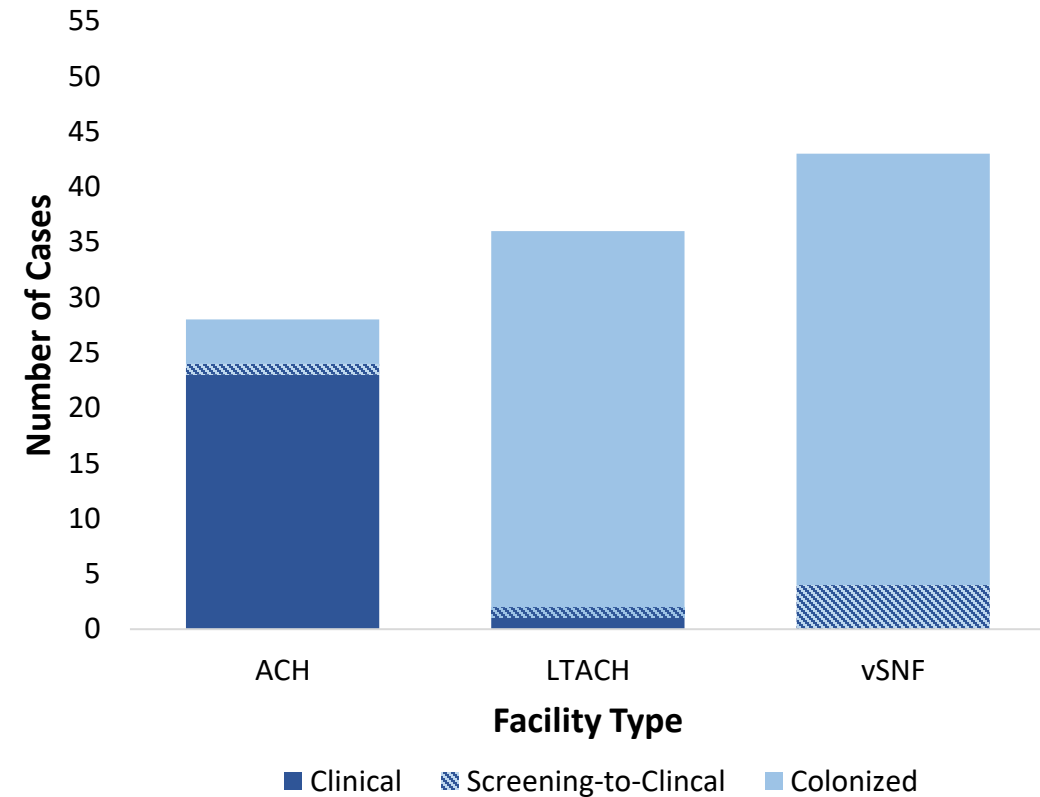
Figure: *Candida auris* Cases in Pennsylvania by County of Healthcare Facility where Identified, March 2020—March 29, 2023, N=199



Cases in Philadelphia

- From March 2020 – March 2023, 107 total *C. auris* cases identified includes 30 clinical cases and 77 colonization cases
- Most clinical cases were reported by ACHs
- Colonization cases were detected during screenings in ACHs, LTACHs, and vSNFs

***C. auris* Cases in Philadelphia
by Facility Type and Case Classification,
March 2020–March 2023 N=107**



ACH = acute care hospital; LTACH = long-term acute care hospital;
vSNF = ventilator-capable skilled nursing facility



Department of
Public Health

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Resources and Services

Reminder: HAI/AR Services

- Infection Control Assessment and Response (ICAR) visit
- Onsite education
- N95 qualitative fit test training
- Quarterly newsletter
- [Sign-Up Form for HAI/AR Services](#)

Department of
Public Health
CITY OF PHILADELPHIA

Healthcare-Associated Infections/Antimicrobial Resistance (HAI/AR) Program

Sign-Up Form for HAI/AR Services

Please fill out the fields below.

Thank you!

First Name <small>* must provide value</small>	<input type="text"/>
Last Name <small>* must provide value</small>	<input type="text"/>
Email <small>* must provide value</small>	<input type="text"/>
Phone Number	<input type="text"/>
Facility Name <small>* must provide value</small>	<input type="text"/>

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APIC Membership for SNF Infection Preventionists

Connecting LTCF IPs to a professional organization offers:

- Online educational resources
- Online peer community and support
- Local chapter networking opportunities and LTC Focus Group support

PDPH Organizational Membership (annual):

- One membership per facility
- Can be transferred to a new IP
- Link to sign up:

<https://app.smartsheet.com/b/form/3e8cffae22f84c2692ee614321f816f0>



PDPH/LTCF Conference Call – 4/21/22


Joseph J. DiMeo, Jr., MS

Behavioral Health Coordinator

Community Health Choices



Objectives of Presentation

- To inform you on **Community Behavioral Health**
 - Inform you to all the Behavioral Health services available to your members.
 - Resources and Information Numbers
- 



CBH Vision

CBH will meet the behavioral health needs of the Philadelphia community by assuring access, quality and fiscal accountability through being a high performing, efficient, and nimble organization driven by quality, performance and outcomes.

CBH Mission

Mission: Access. Quality. Accountability. CBH provides access to high-quality accountable care to improve the health and mental wellness of our members

CBH Key Functions

- Functions as the Behavioral Health Managed Care Organization for the City of Philadelphia's Medicaid population.
- Manages the full range of mental health and substance use services for Medicaid recipients for **more than 700,000 eligible members**.
- Manages a network of approximately **175 providers** offering a full continuum of services at **700 sites**
- Performs utilization review, quality management, provider network management, clinical care management and fiscal oversight.
- Administers a broad array of support, treatment, and intervention programs for children, adults, **older adults**, and families impacted by mental health and substance use issues

CBH Member Services

Members Services – 1-888-545-2600

24/7 Operation - Live Contacts

First Access Point for Services

Specific Duties:

- Provide information on how to obtain services**
- Assists in accessing community resources**
- Schedules appointments for outpatient treatment or evaluations**
- Conducts outreach and appointment reminders to members**
- Collaborates with the CHC-MCO Behavioral Health Coordinators.**

Community Health Choices and CBH

- **Impact on the CBH Environment:** WITH THE IMPLEMENTATION OF COMMUNITY HEALTHCHOICES (CHC), TWO NEW POPULATIONS HAVE BECOME ELIGIBLE FOR BEHAVIORAL HEALTH SERVICES.
 - **INDIVIDUALS PREVIOUSLY IN THE AGING WAIVER**
 - **INDIVIDUALS RESIDING IN A NURSING FACILITY**

Other Impacts

- The number of members enrolled in CBH increased.
- More specialized services have been applied.
- New providers have been added to the CBH Network (OON and In-Network)
- Innovative programming is in development for the Older Adult population.
- New roles for CBH staff have been established.

Available Behavioral Health Services for Nursing Facilities

State In-Plan Benefits

CBH must cover these services

Mental Health Services	Substance Use Treatment
Inpatient psychiatric	Diagnostic evaluation/level of care assessment
Outpatient mental health	Drug and alcohol IOP
MH acute/non-acute partial hospital	Drug and alcohol outpatient
Crisis services	Halfway house
Psychological/neuro psych testing	Hospital-based detox/withdrawal management
Blended case management	Hospital-based rehabilitation
Psychiatric rehab services	Medication-assisted treatment: Methadone, Suboxone, Vivitrol
Peer support services	Non-hospital detox/withdrawal management
Mobile mental health	Non-hospital rehabilitation
Clozapine support service	Targeted case management
Clozaril	
Inpatient and outpatient ECT	
Laboratory testing ordered by psychiatrist	
Telepsychiatry	

Medicaid Behavioral Health Adult In-Plan Services*	Covered by Medicaid?	Covered by Medicare?	Primary Payor?
Clozapine (Clozaril ®) Support	✓	✓	Medicare
Drug & Alcohol Hospital Based Rehab	✓	✓	Medicare
Emergency department evaluations for voluntary & involuntary commitments	✓	✓	Medicare
Inpatient Drug & Alcohol Detox	✓	✓	Medicare
Inpatient Psychiatric Hospital	✓	✓	Medicare
Laboratory & Diagnostic Services	✓	✓	Medicare
Mental Health Partial Hospitalization	✓	✓	Medicare
Mental Health Crisis Intervention (NF)	✓	-	Medicaid
Methadone Maintenance	✓	✓	Medicare
Mobile Mental Health Treatment (NF)	✓	-	Medicaid
Outpatient Drug & Alcohol	✓	✓	Medicare
Outpatient Psychiatric Clinic Mental Health	✓	✓	Medicare
Peer Support Services/Certified Peer Specialist (NF)	✓	-	Medicaid
Physicians' Services (Psychiatrists' Services - whether furnished in the office, beneficiary's home, hospital, skilled nursing facility or elsewhere)	✓	✓	Medicare
Smoking Cessation Counseling Services	✓	✓	Medicare
Targeted Case Management - Mental Health	✓	-	Medicaid

CBH Funded services available for CHC Population (Community and Nursing Facility)

- All Health Choices services (*Medicare Primary, CBH Secondary*)
- Specialized **CBH Primary** funded Services for both Community and Nursing Home Residents:
 - Supportive Peer Services
 - Mobile Mental Health Therapy
 - Mobile Psych Rehab Services/CIRC
 - TCM
 - Crisis Management
- Specialized Services in discussion

Supportive Peer Services

- A Certified Peer Specialist (CPS) is someone who has worked on their own recovery from mental health challenges. They have maintained their recovery and have taken special training
 - Making a personal recovery plan
 - Setting goals to get well and stay well
 - Getting around the system and advocating for you
 - Finding resources in your own community
 - Teaches recovery skills
 - Can visit members residing in nursing facilities

Mobile Mental Health Treatment

- Adults (age 21 and over) who are unable to participate in mental health treatment in a traditional outpatient setting due to complex psychiatric, psychosocial, and medical needs
- Service must be prescribed by a medical doctor
- Provide community-based therapy up to twice a week with the goal of transitioning to office-based outpatient treatment and/or natural supports
- Complex psychosocial needs that require mobile services
- Can be delivered in a nursing facility setting

Crisis Intervention Services

- Crisis intervention is an immediate service designed to help ease stress for adults, children, and families experiencing emotional, mental, or behavioral difficulties.
- Crisis services provide screening, assessment, intervention, problem resolution, and disposition and follow up.
- HealthChoices requires the following types of crisis intervention be available:
 - Telephone crisis is a 24 hour a day, 7 days a week “Hotline” service available in each county: PHILA Crisis Line: **215-685-6440**
 - Walk-In Crisis Services: someone can walk into a designated facility to talk to a trained crisis worker about crisis. Services include assessment, information and referral, crisis counseling and follow-up
 - Mobile Crisis Services: a crisis worker (or team) comes to where the person is in crisis (home, community) to assess the need for further intervention or treatment. Assessment, counseling, problem resolution, referral and follow-up are available



Contact Information:

CBH Member Services: 1-888-545-2600

CBH Main Office: 215-413-3100

CHC Behavioral Health Coordinator: Joseph.Dimeo@phila.gov

267-602-2020

Philadelphia Crisis Hotline: 215-685-6440

Psychiatric Emergency Services (PES) Line (215-413-7171)

Suicide and Mental Health Crisis: 988



Behavioral Health Training Resources

Mental Health First Aid Certification Training:
<https://healthymindsphilly.org/>

Behavioral Health Education and Training Network:
<https://www.bhten.com/> Phone: 215-923-2116

CBH Provider Training and Development: 215-413-3100



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Thank you!

Our next call will be on Friday, May 19, 2023