

## COVID-19 Updates

September 28<sup>th</sup>, 2021

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Illinois Department of Public Health

- Core Measures of Infection Prevention
- Review of Evidence
- CDC and CMS links
- Licensed care communities under IDPH guidance
- Vaccine, Boosters, and Third Doses
- Monoclonal Antibody Therapy for COVID-19
- Upcoming IDPH Guidance
- Visitation



# Let's Look at What We Have Learned



# It has been a long and difficult time

- The focus of congregate care has been person centered care within a home like environment
- Many people rely on the support of congregate care
- The infection prevention interventions traditionally used for weeks have been required for months and at this point over a year
- Social isolation has been especially difficult in congregate care
- Yet we have learned a lot and the light at the end of the tunnel does not seem so much like an oncoming train.





General Vaccine Administration







Surface Cleaning / Disinfecting

exceptable Alternative PPE - Use Tacemask



### Screening and Surveillance



NIOSH-approved N95 Particulate Filtering Facepiece Respirators

Updated July 22, 2021

cdc.gov/COVID19





**Respiratory Protection / Ventilation** 

**Core Infection Prevention Practices** 

# **Residents and Visitors**

- Cloth Face Covering (Launder)
- Procedure Mask (Change frequently, discard if soiled or damaged)

#### FOLLOW THESE GUIDELINES TO PROPERLY WEAR YOUR FACE MASK







Wash your hands before and after touching the mask.

Touch only the bands or ties when putting on and taking off your mask.

Make sure the mask fits to cover your nose, mouth and chin. If you adjust the mask to cover those areas, wash your hands before and after.



Make sure you can breathe and talk comfortably through your mask.

Wash reusable masks after each use. If the mask is disposable, discard it when visibly soiled or damaged.

# Staff/HCP

- Procedure/Surgical Mask (Discard if removed, soiled, or damaged)
- Respirator





- Systematic Review of the literature included 36 empirical studies
- Outcome measure was probability of at least one case or death from COVID-19 (or other defined threshold), numbers of cases and deaths, measured variability
- 1.4 million cases and 183,000 deaths as of mid May
- Perfect storm of airborne transmission, asymptomatic spread in congregate settings
- Systematic examination of the evidence based on COVID-19 cases and deaths in LTCF
- Goal is to better inform practice and policy

https://agsjournals.onlinelibrary.wiley.com/doi/epdf/10.1111/jgs.17434

DOI: 10.1111/jgs.17434

REVIEW ARTICLE

Journal of the American Geriatrics Society

A systematic review of long-term care facility characteristics associated with COVID-19 outcomes

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R. Tamara Konetzka PhD<sup>1</sup> | Elizabeth M. White APRN, PhD<sup>2</sup> |
Alexander Pralea<sup>3</sup> | David C. Grabowski PhD<sup>4</sup> | Vincent Mor PhD<sup>2,5</sup>
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- Outcomes varied by facility racial composition- partially explained by facility size and community prevalence of COVID-19
- Larger bed size and location in area with high COVID-19 prevalence strongest and most consistent predictor or facility having more COVID-19 cases and deaths
- More staff associated with higher probability of any outbreak
- In facilities with outbreaks higher staffing associated with fewer deaths
- Nursing Home Compare 5-star ratings, ownership, and prior infection prevention citations did not have consistent associations with COVID-19 outcomes"

https://agsjournals.onlinelibrary.wiley.com/doi/epdf/10.1111/jgs.17434

DOI: 10.1111/jgs.17434

# Conclusions

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- "Better control of community spread would have been critical for mitigating much of the morbidity and mortality long term care residents and staff experienced during the pandemic."
- "COVID-19 presented a novel problem requiring extensive adaption by both long-term care providers and policymakers."

https://agsjournals.onlinelibrary.wiley.com/doi/epdf/10.1111/jgs.17434

# IDPH Guidelines Nursing Homes and other Long-Term Care Facilities

- Facilities as defined in the Nursing Home Care Act (210 ILCS 45)
- Supportive Living Facilities
- Assisted Living Facilities
- Shared Housing Establishments
- Sheltered Care Facilities
- Specialized Mental Health Rehabilitation Facilities (SMHRF)
- Intermediate Care Facilities for the Developmentally Disabled (ICF/DD)
- State-Operated Developmental Centers (SODC)
- Medically Complex/Developmentally Disabled Facilities (MC/DD)
- Illinois Department of Veterans Affairs facilities.



# Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes

#### Summary of Recent Changes

Updates as of September 10, 2021

- Updated outbreak response guidance to promote use of contact tracing approach. Alternative broad-based approaches to outbreak response at a facility-wide or unit level are also described.
- Updated expanded screening testing recommendations for healthcare personnel (HCP).
- Updated recommendations for quarantine of fully vaccinated residents.
- Updated visitation guidance.

#### Previous Updates

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COVID-19									
G Your Health	Vaccines	Cases & Data	Work & School	Healthcare Workers	Health Depts	Science	More		
✿ Healthcare Workers Testing	+	To maximize protection from the <u>Delta variant</u> and prevent possibly spreading it to others, get vaccinated as soon as you can and wear a mask indoors in public if you are in <u>an area of substantial or high transmission.</u>							
Clinical Care	+	Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in							
Infection Control	+								
Exposure in Healthcare Setting	gs +								
Optimizing PPE Supplies	+	Nursing Homes &	Long-Term Care Fac	cilities					
Managing Operations	+	Updated Sept. 10, 2021	Print						

https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

# Recommendations for Healthcare Personnel

#### Summary of Recent Changes

#### Updates as of September 10, 2021

Updates as of September 10, 2021

- Updated source control recommendations to address limited situations for healthcare facilities in counties with low to moderate community transmission where select fully vaccinated individuals could choose not to wear source control. However, in general, the safest practice is for everyone in a healthcare setting to wear source control.
- Updated quarantine recommendations for fully vaccinated patients who have had close contact with someone with SARS-CoV-2 infection to more closely align with recommendations for the community.
- Clarified the recommended intervals for testing asymptomatic HCP with a <u>higher-risk exposure</u> and patients with <u>close contact</u> with someone with SARS-CoV-2 infection.
- Added content from previously posted CDC guidance addressing:
  - Recommendations for fully vaccinated HCP, patients, and visitors
  - SARS-CoV-2 testing
  - Duration of Transmission-Based Precautions for patients with SARS-CoV-2 infection
  - Specialized healthcare settings (e.g., dental, dialysis, EMS)



https://www.cdc.gov/coronavirus/2019-ncov/hcp/infectioncontrol-recommendations.html

Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure

#### Summary of Recent Changes

#### Updates as of September 10, 2021

As of September 10, 2021

The interim guidance was updated to:

- Combine information from previously posted CDC guidance addressing when healthcare personnel (HCP) with SARS-CoV-2 infection could return to work and risk assessment and work restriction for HCP with higher-risk exposure to SARS-CoV-2
- Clarify the recommended intervals for testing asymptomatic HCP with a higher-risk exposure.

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Infectio	on Control	+						

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidancerisk-assesment-hcp.html

### CMS Policy and Regulatory Revisions in Response to the COVID-19

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



Ref: OSO-20-38-NH

**REVISED 09/10/2021** 

#### Center for Clinical Standards and Quality/Survey & Certification Group

- **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

https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

# **Delta Variant has changed the game**



SARS-CoV-2 Infection Among Nursing Home Residents Before and During Widespread Circulation of the SARS-CoV-2 B.1.617.2 (Delta) Variant — National Healthcare Safety Network, March 1–August 1, 2021

Sriniyas Nanduri, MD<sup>1,\*</sup>; Tamara Pilishvili, PhD<sup>1,\*</sup>; Gordana Derado, PhD<sup>1</sup>; Minn Minn Soe, MBB<sup>3</sup>; Philip Dollard, MPH<sup>1</sup>; Hsiu Wu, MD<sup>1</sup>; Qunna Li, MSPH<sup>1</sup>; Suparna Bagchi, DrPH<sup>1</sup>; Heather Dubendris, MSPH<sup>1,2</sup>; Ruth Link-Gelles, PhD<sup>1</sup>; Jonn A. Jernigan, MD<sup>1</sup>; Daniel Budnitz, MD<sup>1</sup> Jeneita Bell, MD<sup>1</sup>; Andrea Benin, MD<sup>1</sup>; Nong Shang, PhD<sup>1</sup>; Jonathan R. Edwards, MStat<sup>1</sup>\*; Jennifer R. Verani, MD<sup>1,\*</sup>; Stephanie J. Schrag, DPhil<sup>1,\*</sup>

 Nursing homes: Reported weekly case counts of new laboratory-confirmed SARS-CoV-2 infections among nursing home residents and staff by vaccination status from February 15 through August 1





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### Vaccines Effectiveness against Hospitalizations Remains Relatively High





New COVID-19 Cases and Hospitalizations Among Adults, by Vaccination Status — New York, May 3–July 25, 2021

Eli S. Rosenberg, PhD<sup>1,2</sup>: David R. Holtgrave, PhD<sup>2</sup>: Vajeera Dorabawila, PhD<sup>1</sup>: MaryBeth Conroy. MPH<sup>1</sup>: Danielle Greene, DrPH<sup>1</sup>: Emily Lutterloh, MD<sup>1,2</sup>; Bryon Backenson, MS<sup>1,2</sup>; Dina Hoefer, PhD<sup>1</sup>; Johanne Morne, MS<sup>1</sup>; Ursula Bauer, PhD<sup>1</sup>; Howard A. Zucker, MD, JD<sup>1</sup>

### medRxiv 🖾 BMJ Yale

THE PREPRINT SERVER FOR HEALTH SCIENCES

#### Comparison of two highly-effective mRNA vaccines for COVID-19 during periods of Alpha and Delta variant prevalence

Arjun Puranik<sup>1+</sup>, Patrick J. Lenehan<sup>1+</sup>, Eli Silvert<sup>1</sup>, Michiel J.M. Niesen<sup>1</sup>, Juan Corchado-Garcia<sup>1</sup>, John C. O'Horo<sup>2</sup>, Abinash Virk<sup>2</sup>, Melanie D. Swift<sup>2</sup>, John Halamka<sup>2</sup>, Andrew D. Badley<sup>2</sup>, A.J. Venkatakrishnan<sup>1</sup>, Venky Soundararajan<sup>1</sup>

- NY State: Age-adjusted VE against new COVID-19 *diagnoses* declined from 92% to 80%
  - Age-adjusted VE against hospitalizations remained stable at 92%-95%
- Mayo Clinic: VE against Delta variant infection decreased for both mRNA vaccines
  - VE against hospitalization remained high





### Summary

- Vaccine effectiveness against infection (symptomatic and asymptomatic) is decreasing over time
- Vaccine effectiveness against severe disease, hospitalization, and death remains relatively high
- Vaccine effectiveness is decreased for the Delta variant
- Anticipating further waning immunity and the ongoing Delta surge, we are preparing for a booster vaccine





### Immunological Basis Supporting a 3rd (Booster) mRNA Immunization

- Antibody levels decline over time
- Higher levels of antibody are associated with higher levels of vaccine efficacy
- Higher levels of antibody may be required to protect against Delta
- A booster mRNA immunization increases antibody titers by at least 10-fold





#### The Washington Post Democracy Dies in Darkness

### Mapping America's hospitalization and vaccination divide

Stark differences across the country revealed



HEALTH

#### CDC Director Backs COVID Booster Plan And Makes An Additional Recommendation

September 24, 2021 · 2:52 AM ET

THE ASSOCIATED PRESS



Decision aligns with an FDA Pfizer booster authorization decision earlier this week. In a pandemic, even with uncertainty, we must take actions that we anticipate will do the greatest good." CDC Director Dr. Rochelle Walensky



#### Who is eligible for a booster after 6 months?

#### Pfizer vaccine recipients who are:

- 65 years and older
- · Long-term care residents and staff
- 18+ who have underlying medical conditions including asthma, diabetes, obesity
- 18+ who work and live in high-risk settings including healthcare workers, teachers, grocery store workers

\*Guidance for Moderna and J&J vaccine recipients forthcoming





Increasing Vaccine Confidence COVID-19 Vaccine Safety

> LHD Situational Update August 23, 2021

Catherine A. Counard, MD, MPH State Medical Officer Illinois Dept of Public Health How'd they make the vaccine so fast?

#### The research was basically already done!



New Jersey Department of Health ⊘ August 6 at 10:00 AM · ③

#### **A VACCINE IN A YEAR**

NJ Health

The drug firms Pfizer and BioNTech got their joint SARS-CoV-2 vaccine approved less than eight months after trials started. The rapid turnaround was achieved by overlapping trials and because they did not encounter safety concerns.



Sources: BioNTech/Pfizer; Nature analysis



### The four phases of clinical trials

# 1

As a participant in a phase 1 clinical trial, you'll help researchers understand the safety of a study medicine. You may have frequent clinical exams and lab work, and will be asked to report any issues or side effects. 2

By joining a phase 2 clinical trial, you're helping researchers better understand how well the study medicine may work for the condition being studied, and the side effects that may occur. In a phase 3 clinical trial, you'll be part of a larger group of people with the medical condition being studied. Your participation helps researchers determine whether the study medicine is safe and effective for people with that condition.

# 4

Even after medicines are approved for use, you can continue to participate in long-term clinical studies designed to better understand the effects of the approved medicine over time.

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20-100 participants



As many as several hundred participants



Several hundred to several thousand participants



Typically

several thousand participants



Source: Pfizer

# ACIP Meeting – July 22, 2021

### **COVID-19 Vaccine Safety Monitoring**

- COVID-19 vaccines monitored under the most intensive vaccine safety monitoring in U.S. history
- Ongoing safety surveillance monitored through multiple systems from 6 federal agencies
- Monitoring systems have demonstrated that hundreds of millions of people have safely received COVID-19 vaccines



https://www.cdc.gov/coronavirus/2019-ncov/vaccines/reporting-systems.html

### VAERS is the Nation's Early Warning System for Vaccine Safety



VAERS

Vaccine Adverse Event Reporting System



VAERS reports can be submitted by anyone.

The report of an adverse event is not documentation does not mean that the vaccine caused the event.

IDPH Staff monitor VAERS reports for Illinois, and national trends.



http://vaers.hhs.gov

The Vaccine Safety Datalink (VSD) is the primary means of evaluating vaccine safety in the United States.



OF PUBLIC HEALT

### Benefits and risks after COVID-19 vaccine, by age group- females

For every million doses of vaccine given with US exposure risk and hospitalization rates from June 19, 2021



### Benefits and risks after COVID-19 vaccine, by age group- males

For every million doses of vaccine given with US exposure risk and hospitalization rates from June 19, 2021



### **Benefit-risk interpretation and summary**

- An assessment of the individual benefits and individual risks of vaccination is an important tool to help inform vaccination policy
- This assessment demonstrates that the benefits of COVID-19 vaccination far outweigh the potential risks
- The relative balance of benefits-risks varies by age/sex



Common COVID-19 Vaccine Concerns and Facts (https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html

- Cannot give you COVID-19
- Cannot cause you to become magnetic
- Do not affect either male or female fertility
- Do not shed or release any of their components
- Will not alter your DNA
- Will not cause you to have a positive COVID-19 test (PCR or antigen)



CDC Update on COVID-19 Vaccination during Pregnancy: Key Messages and Talking Points for Partners

COVID-19 vaccination is recommended for all people aged 12 years and older, including people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future. Pregnant and recently pregnant people are more likely to get severely ill with COVID-19 compared with nonpregnant people. Getting a COVID-19 vaccine during pregnancy can protect you from severe illness from COVID-19.





# CDC COVID-19 Vaccine and Pregnancy

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy

- No evidence of increased risk for miscarriage after receiving an mRNA COVID-19 vaccine.
- Benefits of receiving a COVID-19 vaccine during pregnancy outweigh any known or potential risks.
- Pregnant people should be vaccinated against COVID-19.
- COVID-19 vaccination is recommended for all people 12 years and older, including people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future.
- SIREN 8/17/21



# American College of Obstetrics and Gynecology Urges COVID-19 Vaccination



# American College of Obstetrics and Gynecology Urges COVID-19 Vaccination

- ACOG recommends that pregnant and lactating individuals receive a COVID-19 vaccine or vaccine series.
- A pregnancy test is not necessary prior to being vaccinated.
- Claims linking COVID-19 vaccines to infertility are unfounded and have no scientific evidence supporting them.
- Available data suggest that symptomatic pregnant and recently pregnant patients with COVID-19 are at increased risk of more severe illness compared with nonpregnant peers.



LTC Survey -COVID-19 Booster and Flu Vaccination Plans

- IDPH is seeking information
   regarding LTC facility plans to ensure
   that residents and staff receive
   COVID-19 and influenza vaccinations
   over the coming months
- Many facilities working with their own pharmacies and pharmacies that provided initial doses
- Work with provider and public vaccine offerings as well as facility arranged clinics

# **Monoclonal Antibody Treatment**

- Monoclonal antibodies are used to neutralize the COVID-19 virus and intended to prevent progression of disease.
- U.S. Government currently supplying
- Treatment and post-exposure prophylaxis of COVID-19.
- May be given intravenous (IV) or subcutaneous (sq)
- IV preferred for treatment
- Either IV or sq for post-exposure prophylaxis
- Person exposed, or told they had a high-level exposure to a person with COVID-19 in the past 7 days
- Person has COVID-19 symptoms or a positive COVID-19 PCR test in the past 10 days?





#### **Eligibility for Monoclonal Antibody Treatment to Prevent Severe COVID-19**



# New IDPH Guidance

- Core Principles-remain unchanged
- Vaccination Status makes a greater difference
- Monoclonal Antibody Therapy-new content
- Source control-per Executive Order and evidence
- Community transmission risk new content
- Response to a new positive in HCP or resident-*facility's immediate level of response* may change based upon contact tracing or broad-based approach; testing unchanged; quarantine considers vaccination status of residents; isolation remains unchanged
- Visitations, dining, group activities-being updated

# Broad-based approach

- Current approach
- Facility-wide testing of all HCP and residents regardless of vaccinations status (unless had COVID infection within last 90 days)
- Test every 3-7 days until no more positive cases for 14 days

- - Unit or Department Approach (New)
    - Pause visits, communal dining, activities while first round of testing completed on the unit where positive case was found
    - Maintain compassionate care, end-of-life, essential caregiver visits in entire facility
    - Test all HCP and residents regardless of vaccination status working or residing on the unit with the identified case every 3-7 days until no more positive cases are identified for 14 days
    - Test asymptomatic HCP and residents with close contact/high risk exposure occurring within the unit(s) or department(s) where the positive case originated. Test individuals with and close contact 2 days post-exposure, if negative, test again between day 5-7 after the exposure
    - If HCP worked on more than one unit, use broad-based approach

**Examples of Response to a New Positive COVID-19** Case Using Unit or Department Approach

- Example One: A dietary HCP tests positive. They only work in the kitchen and do not go to resident/client units. Testing and contact tracing would occur in the kitchen and with anyone the HCP took breaks with or commuted with. Might not affect the residents at all
- Example Two: A nurse who works on the second floor tests positive. They do not float to any other unit. Only the second floor would be tested and only the residents and staff that were considered close contacts with a higher risk exposure would be affected.

# Admissions and Readmissions

Unvaccinated Residents---must quarantine on admission

Vaccinated Residents—do NOT need to quarantine on admission

The new guidance will require testing to be completed for all new admissions regardless of the vaccination status.

New Risk assessment for visitation and overnight stays under final review

# **Compassionate Care Visitation**

- Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.
- A resident who was living with their family before recently being admitted to a nursing home is struggling with the change in environment and lack of physical family support.
- A resident who is grieving after a friend or family member recently passed away.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident who used to talk and interact with others is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).
- Allowing a visit in these situations is consistent with the intent of "compassionate care situations." Also, in addition to family members, compassionate care visits can be conducted by any individual who can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

https://www.dph.illinois.gov/sites/default/files/LTC%20COVID-19%20Guidance%2020210809.pdf



# **Questions?**