A background image of a dark blue night sky with numerous bright, golden-yellow sparks from a sparkler. The sparks are of various lengths and orientations, creating a dynamic and festive pattern. A solid dark blue rectangular box is overlaid on the left side of the image, containing the text.

# IDPH COVID-19 Update for Ombudsman Family Council

Catherine A. Counard, MD, MPH  
State Medical Officer/ODC  
12/13/22



# COVID-19 Data

Data Last Updated 12/13/2022 at 1 p.m.

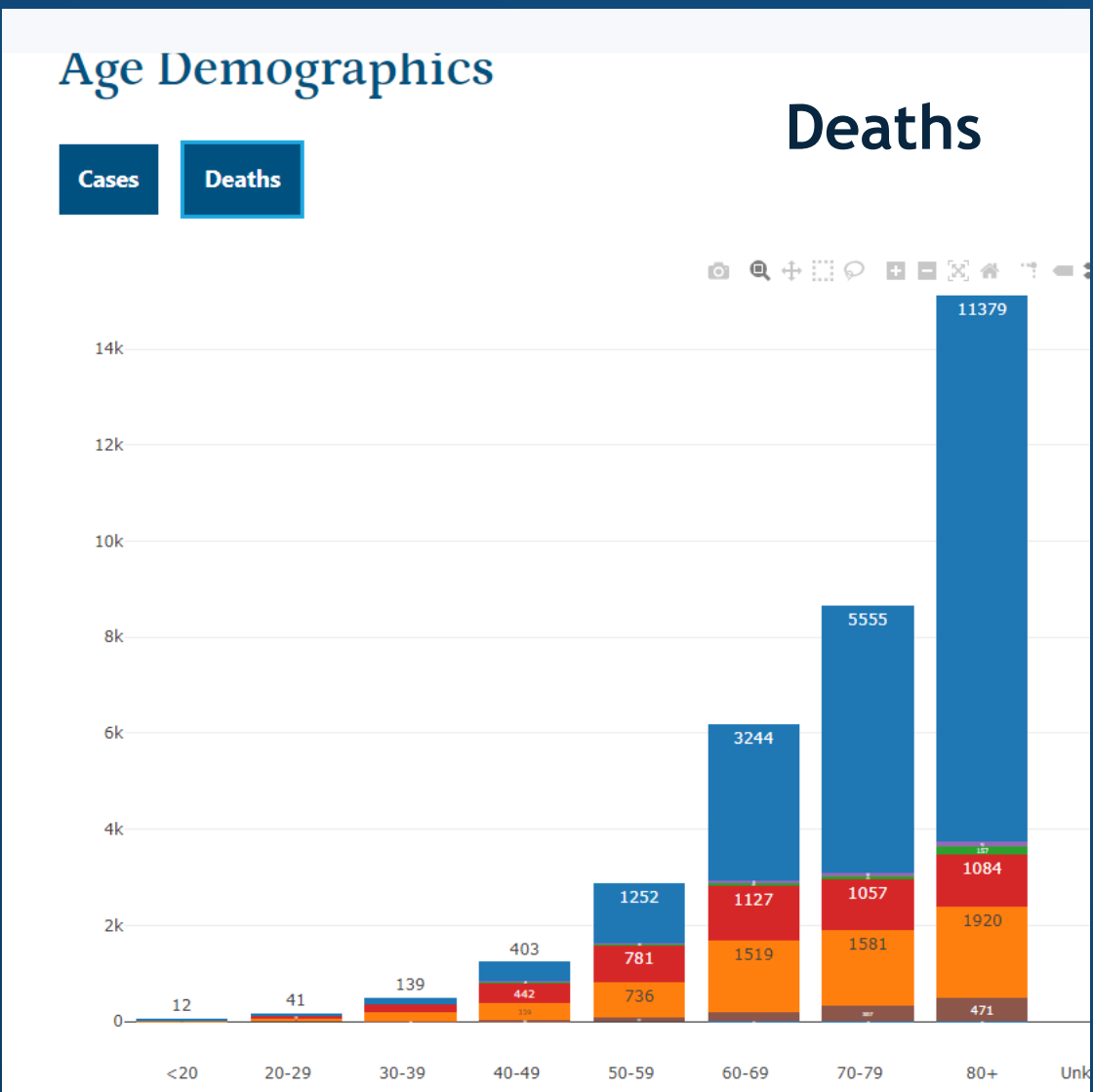
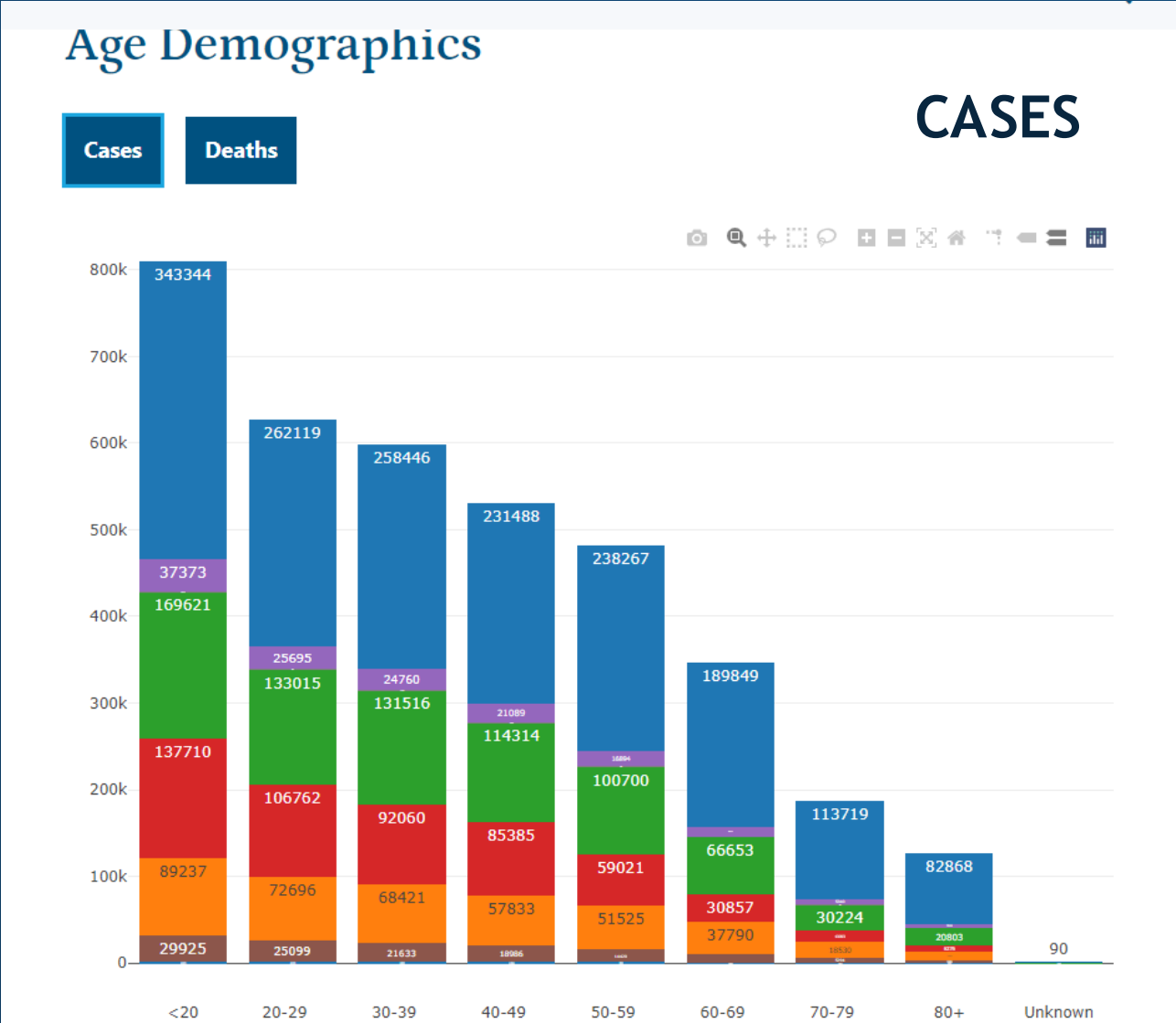
Data is updated on weekdays, Monday-Friday, either daily or weekly. Data is not updated on weekends or holidays.



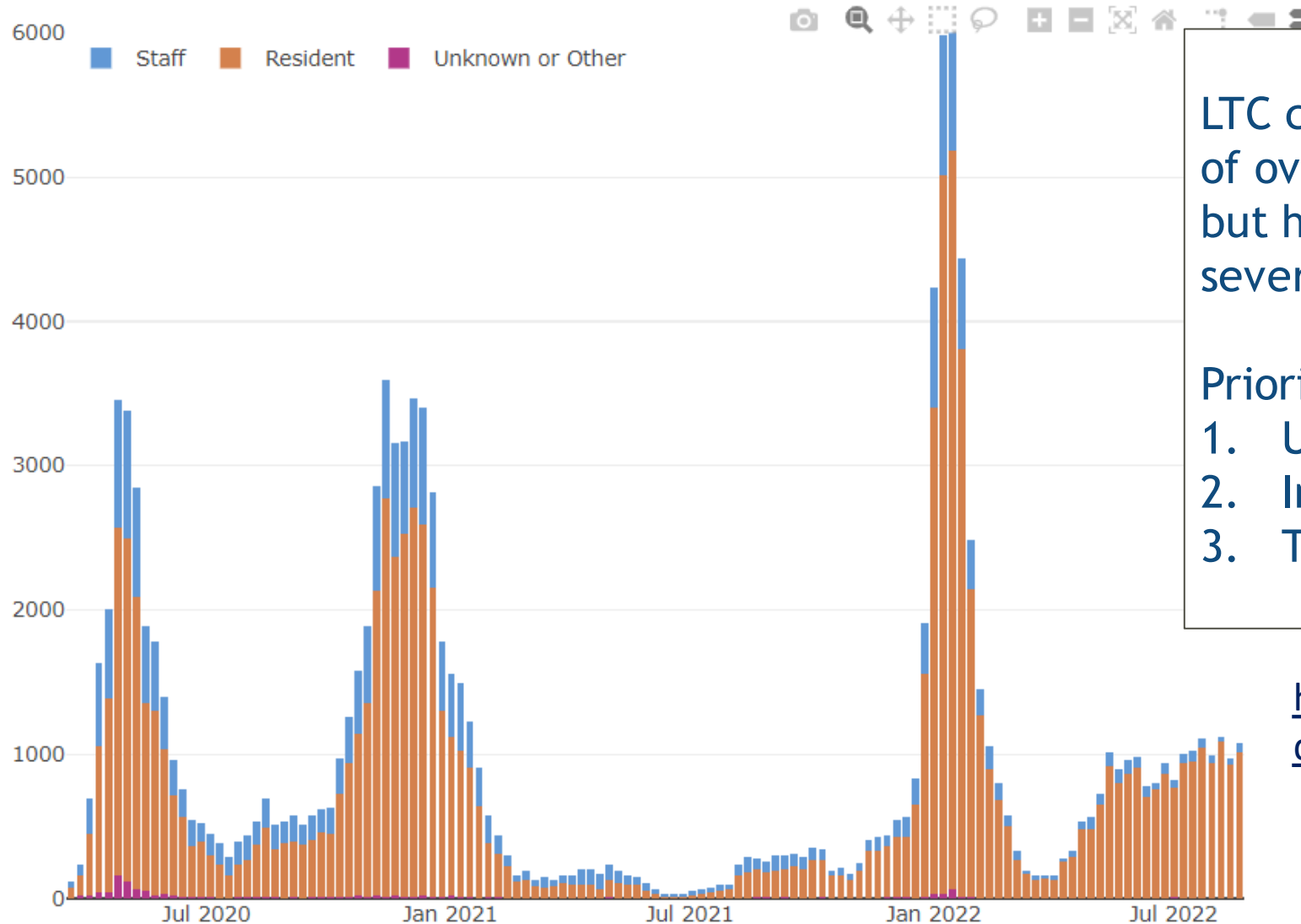
\*Total molecular and antigens tests performed and reported electronically for testing of COVID-19 at IDPH, commercial or hospital laboratories. All numbers displayed are provisional and will change.

<https://dph.illinois.gov/covid19.html>

# COVID-19 cases and deaths vary markedly by age



# LTC Facility COVID-19 Cases



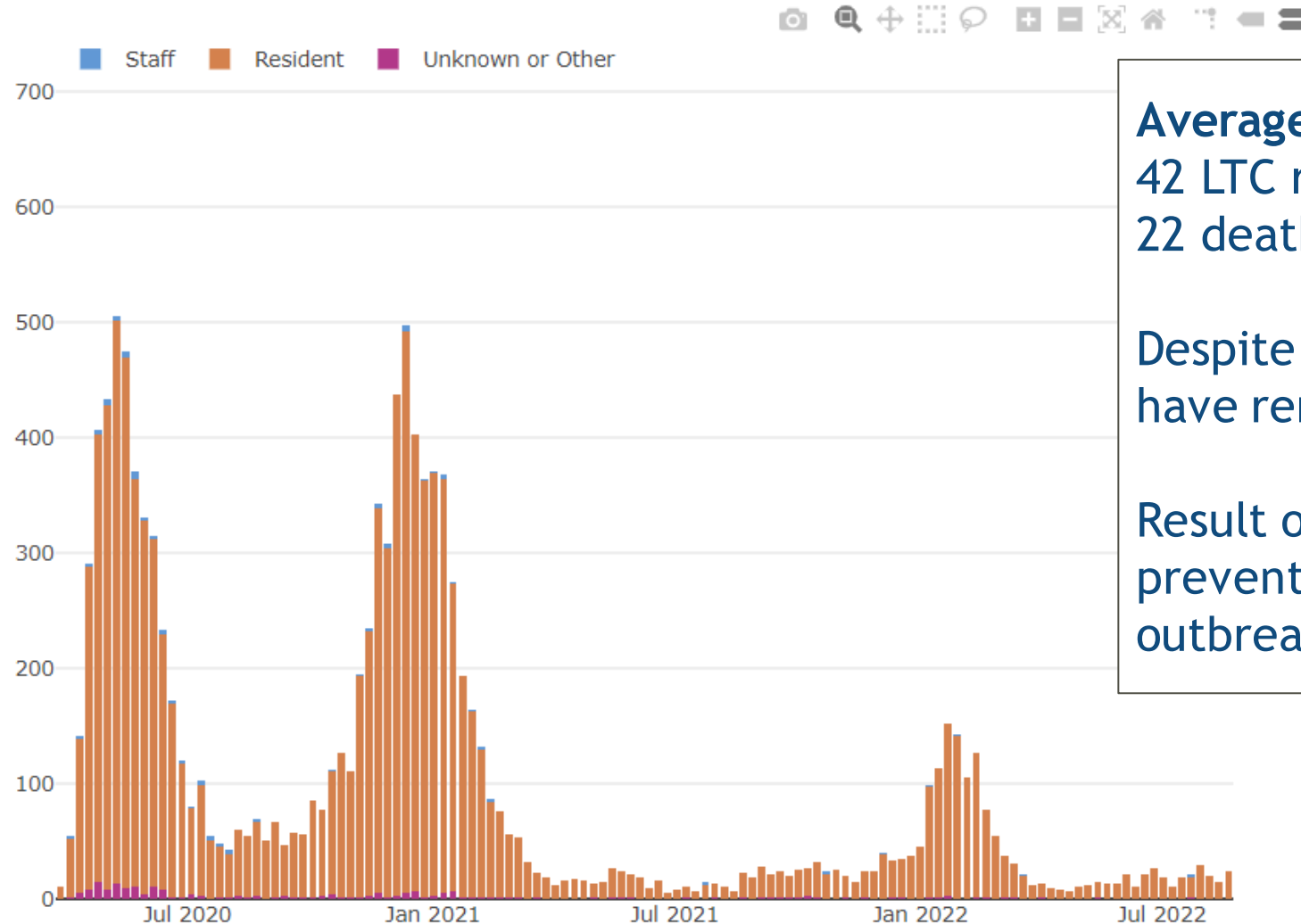
LTC cases still small percentage of overall cases (3.4%) but highest risk group for severe illness.

## Priorities:

1. Up-to-date vaccinations
2. Infection Prevention & Control
3. Therapeutics

<https://dph.illinois.gov/covid19/data/long-term-care-data.html>

# LTC Facility COVID-19 Deaths



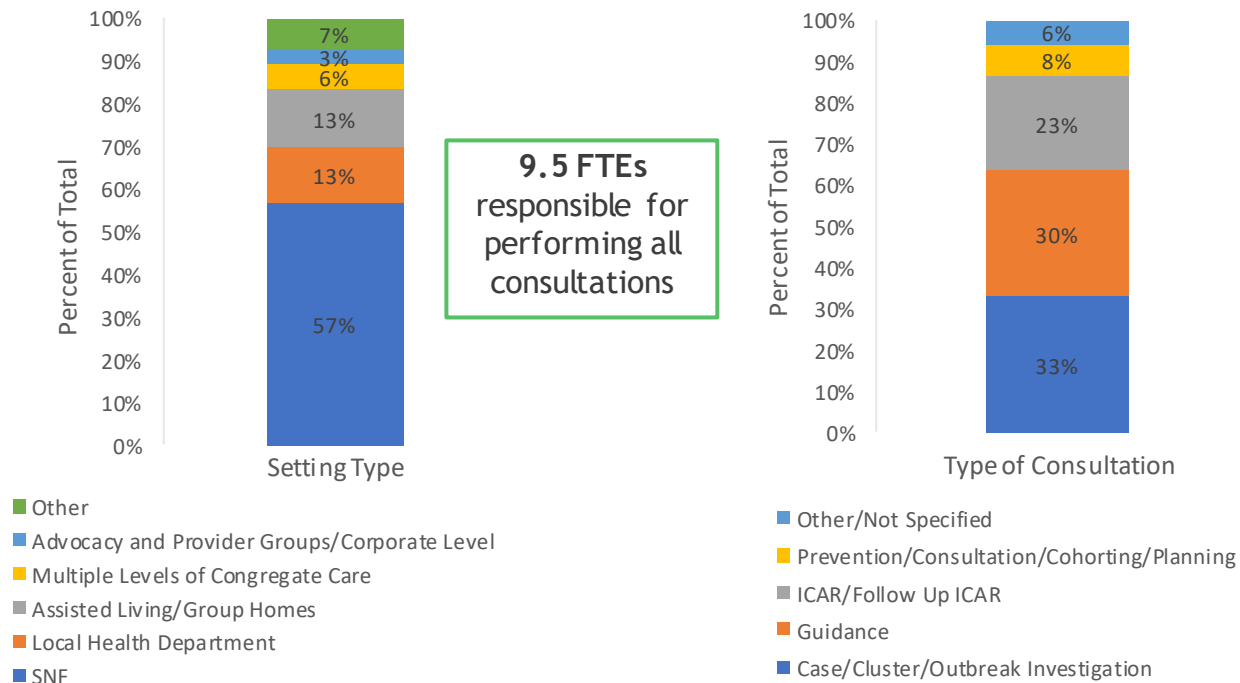
**Average July - October 2022:**  
42 LTC resident hospitalizations/  
22 deaths per week

Despite increase in cases, deaths  
have remained low.

Result of ongoing efforts to  
prevent and limit LTC COVID-19  
outbreaks.

# Long Term Care Facilities (LTCF): Infection prevention and outbreak guidance continues to be a focus - activities July 2021 - August 2022

IDPH performed 3,656 consultations on infection prevention and control



... while providing ongoing support and education across all facilities



Have held **42 Q&A/webinars** on Fridays, typically with **650 attendees** from LTCFs and local health departments



Weekly infection prevention meetings with **sister state agencies** operating 24/7 facilities (IDOC, IDHS, IDVA, IDJJ)



Updated and published infection prevention and control **guidelines and educational materials 11 times**



With OHCR, Legal, Rules teams **strengthened SNF permanent infection prevention rules** April 2022

Note: Represents estimate based on data entry; consultations may have more than one reason; a small number of consultations were not COVID-19 specific.  
Source: IDPH congregate care dashboard



## Notes from the Field

### **COVID-19–Associated Mortality Risk Among Long-Term Care Facility Residents and Community-Dwelling Adults Aged ≥65 Years — Illinois, December 2020 and January 2022**

Daniel Lee, MPH, MBA<sup>1</sup>; Catherine Counard, MD<sup>2</sup>;  
Angela Tang, MPH<sup>3</sup>; Sarah Brister, MPH<sup>3</sup>; Ngozi Ezike, MD<sup>4</sup>

U.S. adults aged ≥65 years are at increased risk for severe illness and death from COVID-19 (1). The communal nature of long-term care facilities (LTCFs), and the vulnerability of the LTCF population (typically aged ≥65 years, and often having underlying chronic conditions, cognitive and physical impair-

living facilities (11,980, 10,954, and 92%, respectively).\*\* The population of community-dwelling adults was obtained by subtracting the LTCF group's population from the U.S. Census Bureau's July 2021 estimate for the overall Illinois population aged ≥65 years.†† COVID-19 vaccination coverage rates among community-dwelling adults were obtained from the Illinois Comprehensive Automated Immunization Registry Exchange.§§

Numbers of COVID-19 deaths among LTCF residents“ and community-dwelling adults were abstracted from the Illinois National Electronic Disease Surveillance System (I-NEDSS) for December 2020 and January 2022 and divided by the cor-

The ratio of the COVID-19 mortality rate among LTCF residents aged ≥65 years to community-dwelling adults aged ≥65 years *decreased by 71%, from 16.1 to 4.6*, between December 2020 and January 2022.

These findings reinforce that COVID-19 prevention and control strategies, including vaccination, can substantially reduce COVID-19-associated mortality among LTCF residents.

<https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7124-h.pdf>



**Stay Up to Date  
with COVID-19  
Vaccines Including  
Boosters (and don't  
forget your flu  
shot!)**



# Staying Up-to-date with COVID-19 vaccinations

- You are up to date with your COVID-19 vaccines if you have completed a COVID-19 vaccine primary series and received the most recent booster dose recommended for you by CDC.
- COVID-19 vaccine recommendations are based on three things:
- Your age
  - The vaccine you first received, and
  - The length of time since your last dose
  - People who are moderately or severely immunocompromised have different recommendations for COVID-19 vaccines.
- You are still up to date if you receive all COVID-19 vaccine doses recommended for you and then become ill with COVID-19. You do not need to be immediately revaccinated or receive an additional booster.

# Updated (bivalent) Boosters

- The updated (bivalent) boosters are called “bivalent” because they protect against both the original virus that causes COVID-19 and the Omicron variant BA.4 and BA.5.
- Previous boosters are called “monovalent” because they were designed to protect against the original virus that causes COVID-19. They also provide some protection against Omicron, but not as much as the updated (bivalent) boosters.
- The virus that causes COVID-19 has changed over time. The different versions of the virus that have developed over time are called variants. Learn more about variants of the COVID-19 virus.
- Two COVID-19 vaccine manufacturers, Pfizer and Moderna, have developed updated (bivalent) COVID-19 boosters.

# Bivalent booster recommendations for Adults

- All adults are recommended to receive 1 bivalent mRNA booster dose after completion of any FDA-approved or FDA-authorized primary series or previously received monovalent booster dose(s).
- People cannot receive a bivalent booster without first completing a primary series.
- Monovalent mRNA vaccines are not authorized as a booster dose.

# Interim Clinical Considerations for COVID-19 Vaccines: Bivalent Boosters

**COVID-19 Vaccination Guidance**

**Elisha Hall, PhD**

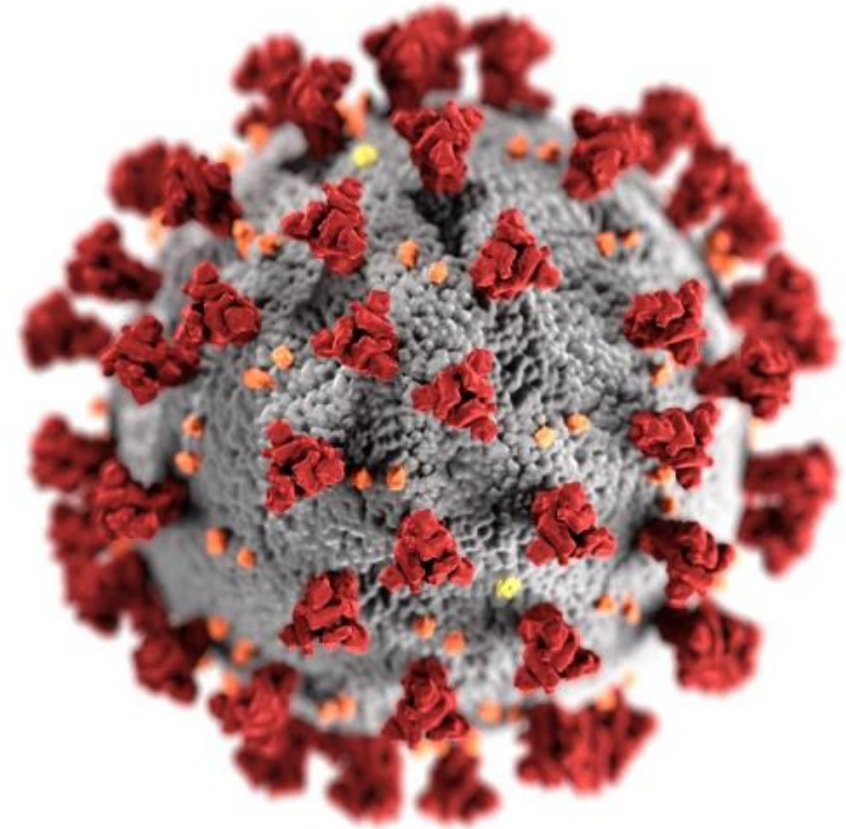
**Clinical Guidelines Lead**

**COVID-19 Pre-exposure Prophylaxis Guidance**

**Evelyn Twentyman, MD, MPH**

**Vaccine Policy Unit Lead**

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/09-COVID-Hall-508.pdf>



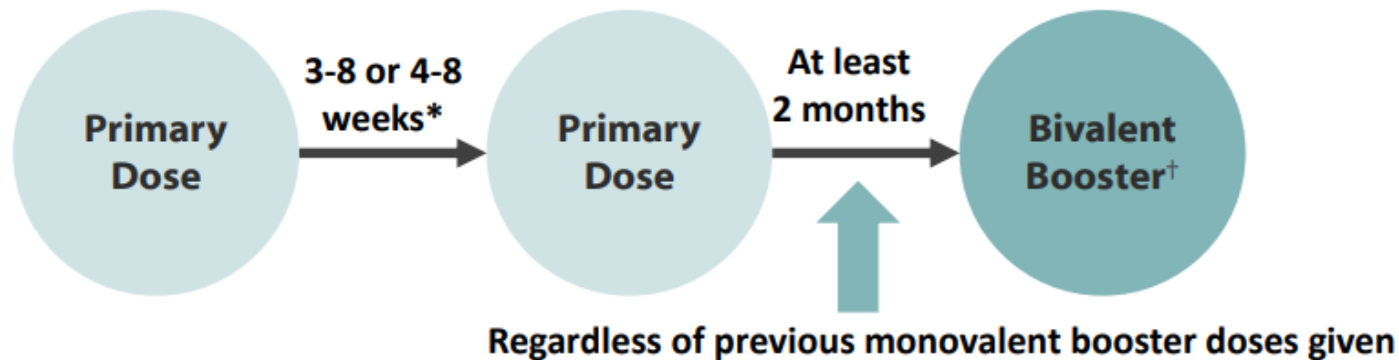
ACIP Meeting  
9/01/2022

[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# COVID-19 Vaccination Schedule for People who are **NOT** Moderately or Severely Immunocompromised

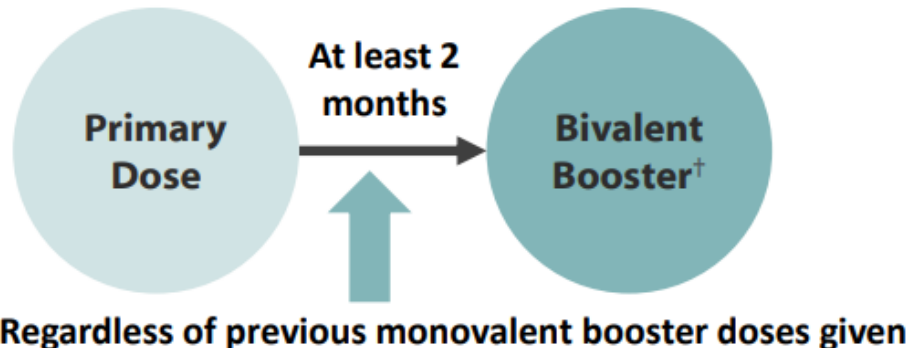
## People ages 12 years and older

*Moderna,  
Novavax, or  
Pfizer-BioNTech  
Primary Series*



## People ages 18 years and older

*Janssen Primary  
Series Dose*



\*3-8 interval for Novavax and Pfizer-BioNTech; 4-8 interval for Moderna

<sup>†</sup>The bivalent booster dose is administered at least 2 months after completion of the primary series. For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose. The bivalent booster should be age appropriate; Pfizer-BioNTech is authorized for people ages 12 years and older and Moderna is authorized for people ages 18 years and older.



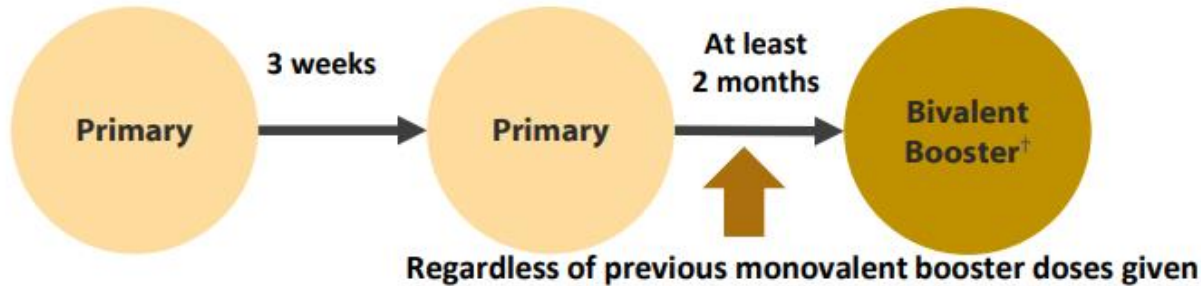
# COVID-19 Vaccination Schedule for People who ARE Moderately or Severely Immunocompromised

## People ages 12 years and older

*Moderna or  
Pfizer-BioNTech  
Primary Series*

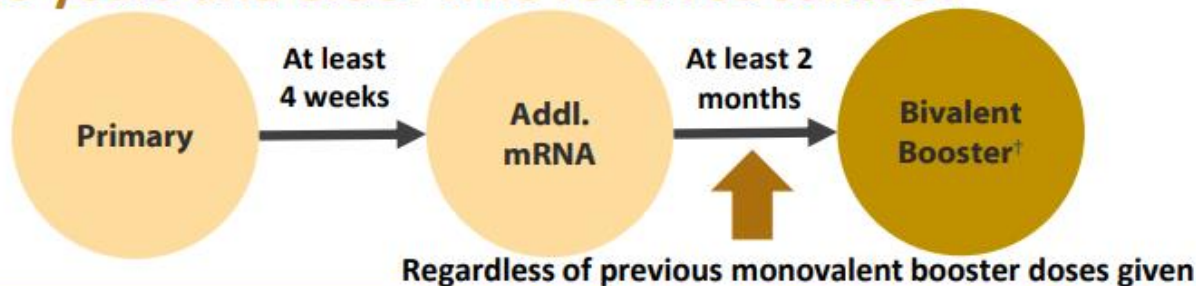


*Novavax  
Primary Series*



## People ages 18 years and older who received Janssen

*Janssen  
Primary Series  
Dose*



\*3-8 interval for Novavax and Pfizer-BioNTech; 4-8 interval for Moderna

<sup>†</sup>The bivalent booster dose is administered at least 2 months after completion of the primary series. For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose. The bivalent booster should be age appropriate; Pfizer-BioNTech is authorized for people ages 12 years and older and Moderna is authorized for people ages 18 years and older.



## Timing Considerations for People with Current or Prior SARS-CoV-2 Infection

- At a minimum, defer any COVID-19 vaccination, including bivalent booster vaccination, at least until recovery from the acute illness (if symptoms were present) and criteria to discontinue isolation have been met.
- In addition, people who recently had SARS-CoV-2 infection may consider delaying any COVID-19 vaccination, including bivalent booster vaccination, **by 3 months** from symptom onset or positive test (if infection was asymptomatic).
- Individual factors such as risk of COVID-19 severe disease, COVID-19 community level, or characteristics of the predominant SARS-CoV-2 strain should be taken into account when determining whether to delay getting a COVID-19 vaccination after infection.

# Coadministration of COVID-19 Vaccines with Other Vaccines

- Routine administration of all age-appropriate doses of vaccines simultaneously is recommended as best practice for people for whom no specific contraindications exist at the time of the healthcare visit.
- Extensive experience with non-COVID 19 vaccines has demonstrated that immunogenicity and adverse event profiles are generally similar when vaccines are administered simultaneously as when they are administered alone.
- **Providers should offer all vaccines for which a person is eligible at the same visit.**

## Coadministration of Influenza with COVID-19 Vaccines

- Providers should offer influenza and COVID-19 vaccines at the same visit, if eligible.
  - This includes adjuvanted or high-dose influenza vaccines; administer in separate limbs.
- With both influenza and SARS-CoV-2 circulating, getting **both vaccines** is important for prevention of severe disease, hospitalization, and death.
- Getting both vaccines at the same visit increases the chance that a person will be up to date with their vaccinations.

# Resources for promoting COVID-19 Vaccinations



<https://wecandothis.hhs.gov/resource/covid-19-vaccine-booster-shot-resources>

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/resource-center.html>

<https://www.immunize.org/covid-19/>



# **Core Practices of Infection Prevention and Control**





General Vaccine Administration



Source Control / PPE



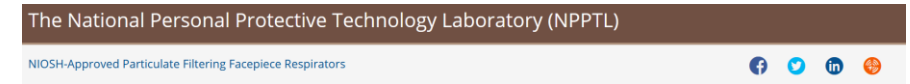
Detection,  
Isolation/Quarantine  
Screening and Surveillance



Hand Hygiene

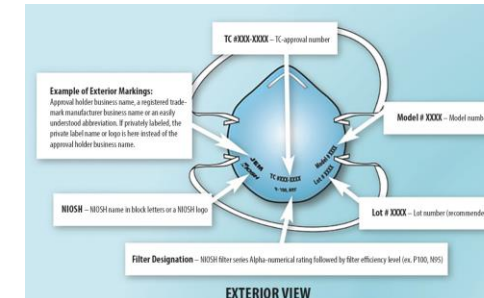


Surface Cleaning /  
Disinfecting



NIOSH-approved N95 Particulate Filtering Facepiece Respirators

Updated July 22, 2021



Respiratory Protection / Ventilation

# Core Infection Prevention Practices





# Therapeutics

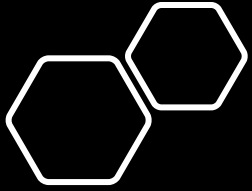


# Treating COVID-19

- Persons with underlying health conditions are more likely to get very sick from COVID-19.
- Treatments are available that can reduce the chances of being hospitalized or dying from the disease.
- Medications to treat COVID-19 must be prescribed by a healthcare provider and started as soon as possible after diagnosis to be effective.
- **Don't delay: Treatment must be started within days of when symptoms first developed to be effective.**

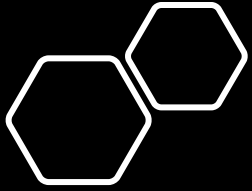
# Overview

- Therapeutics can prevent hospitalizations and deaths with COVID-19
- **Oral agents are widely accessible and work against variants**
- Offer to symptomatic individuals at higher risk of severe disease
- CDC list of higher risk medical conditions:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html>



# Oral Antiviral Medications

- **WHAT are oral antivirals?**
- Oral antivirals are pills that stop the virus that causes COVID-19 from making copies of itself in your body. One oral antiviral is called Paxlovid, and the other is called Lagevrio (also known as molnupiravir).
- **WHEN do you have to use oral antivirals?**
- Start using oral antivirals as soon as possible after you test positive for COVID-19—no later than 5 days after your first symptoms appear. These pills are taken at home two times a day for 5 days.



# Oral Antiviral Medications

- **WHO is eligible to use oral antivirals?**
- **Paxlovid:** Adults and children (12 years of age and older, weighing at least 88 pounds [40 kg]), who are at high risk for getting very sick from COVID-19 and who have mild to moderate symptoms.
- **Lagevrio:** Adults 18 years and older who are at high risk for getting very sick from COVID-19 and who do not have access to other COVID-19 outpatient treatment options, or other treatment options are not appropriate for them and who have mild to moderate symptoms.

# Who is at high risk of COVID-19

- Primary risk is age over age 50 years
- Immunocompromised or a Weakened Immune System
- Underlying Health Conditions (a partial list!)
  - Obesity
  - Cancer
  - Chronic lung, liver and kidney disease
  - Mental Health Conditions
  - Disabilities

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html>

# Steroids and Antibiotics

- **These drugs can cause harm and provide no demonstrated benefit** in patients with COVID-19 with no supplemental oxygen requirement or bacterial coinfection.
- **Steroids are not recommended** to treat patients with mild to moderate COVID-19 who do not require supplemental oxygen.
- **Antibiotics are not recommended** for the treatment of COVID-19 in the absence of another indication.

Thank you!