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
# Philadelphia County, Pennsylvania

## Community Transmission
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?**

<table>
<thead>
<tr>
<th>7-day Metrics</th>
<th>7-day Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Transmission</td>
<td>High</td>
</tr>
</tbody>
</table>

**February 10, 2022**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>2,843</td>
</tr>
<tr>
<td>Case Rate per 100k</td>
<td>179.48</td>
</tr>
<tr>
<td>% Positivity</td>
<td>7.25%</td>
</tr>
<tr>
<td>Deaths</td>
<td>104</td>
</tr>
<tr>
<td>% of population ≥ 5 years of age fully vaccinated</td>
<td>70.5%</td>
</tr>
<tr>
<td>New Hospital Admissions</td>
<td>427</td>
</tr>
</tbody>
</table>

## Map
- **High**: Cases per 100,000 persons in the past 7 days
- **Substantial**: 10-49.99 cases per 100,000 persons in the past 7 days
- **Moderate**: 50-99.99 cases per 100,000 persons in the past 7 days
- **Low**: ≥100 cases per 100,000 persons in the past 7 days
- **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.*

**New cases per 100,000 persons in the past 7 days**
- **Low**: <10
- **Moderate**: 10-49.99
- **Substantial**: 50-99.99
- **High**: ≥100

**Percentage of positive NAATs tests during the past 7 days**
- **<5%**
- **5-7.99%**
- **8-9.99%**
- **≥10%**
Omicron continues to be the main variant circulating in the United States

Variants

<table>
<thead>
<tr>
<th>Variants</th>
<th>WHO label</th>
<th>Lineage #</th>
<th>US Class</th>
<th>%Total</th>
<th>99%CI</th>
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<tbody>
<tr>
<td>Omicron</td>
<td>B.1.1.529</td>
<td>VOC</td>
<td>98.9%</td>
<td>98.6-99.1%</td>
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</tr>
<tr>
<td>BA.2</td>
<td></td>
<td>VOC</td>
<td>0.4%</td>
<td>0.3-0.6%</td>
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</tr>
<tr>
<td>Delta</td>
<td>B.1.617.2</td>
<td>VOC</td>
<td>0.7%</td>
<td>0.4-1.1%</td>
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<tr>
<td>Other*</td>
<td></td>
<td>Other*</td>
<td>0.0%</td>
<td>NA</td>
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</tbody>
</table>

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. “Other” represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
† Estimates are less reliable based on one or more violations of NHIS data presentation standards for proportions: https://www.cdc.gov/nchs/databriefs/databrief97.pdf
# AY.1, AY.133, and their sublineages are aggregated with B.1.617.2, BA.1, and BA.3 are aggregated with B.1.1.529.
Nowcast predicts an increase in Omicron subvariant BA.2

<table>
<thead>
<tr>
<th>Variants</th>
<th>WHO label</th>
<th>Lineage #</th>
<th>US Class</th>
<th>%Total</th>
<th>95%PI</th>
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<tbody>
<tr>
<td>Omicron</td>
<td>B.1.1.529</td>
<td>VOC</td>
<td>96.4%</td>
<td>93.2-98.2%</td>
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<tr>
<td>BA.2</td>
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<td>VOC</td>
<td>3.6%</td>
<td>1.8-6.8%</td>
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<td>B.1.617.2</td>
<td>VOC</td>
<td>0.0%</td>
<td>0.0-0.0%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Other*</td>
<td></td>
<td>0.0%</td>
<td>0.0-0.0%</td>
<td></td>
</tr>
</tbody>
</table>

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. *Other* represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates.

* AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1 and BA.3 are aggregated with B.1.1.529.
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
PA HAN 620

PENNSYLVANIA DEPARTMENT OF HEALTH
2022 – PAHAN – 620 –01-15-ADV
UPDATE: Therapeutics to Prevent and Treat COVID-19

<table>
<thead>
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<th>DATE:</th>
<th>01/15/2022</th>
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</thead>
<tbody>
<tr>
<td>TO:</td>
<td>Health Alert Network</td>
</tr>
<tr>
<td>FROM:</td>
<td>Keara Klinepeter, Acting Secretary of Health</td>
</tr>
<tr>
<td>SUBJECT:</td>
<td>Therapeutics to Prevent and Treat COVID-19</td>
</tr>
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<td>DISTRIBUTION:</td>
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<td>LOCATION:</td>
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<td>ZIP CODE:</td>
<td>n/a</td>
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</table>
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 (EUA) 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 extrememly 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).
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 days of symptom onset
- Visit COVID-19 Public Therapeutic Locator to identify potential pharmacies that may have Paxlovid and Molnupiravir available to the community.
**Pennsylvania Department of Health**

**2022 – PAHAN – 621 – 1-25- UPD**

**UPDATE: Work Restrictions for Healthcare Personnel with Exposure to COVID-19**

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

<table>
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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.
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.

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

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

†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.
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](https://www.cdc.gov/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](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance.html) (conventional standards) and [Strategies to Mitigate Healthcare Personnel Staffing Shortages](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-worksheets.html) (contingency and crisis standards).

**Work Restrictions for HCP With SARS-CoV-2 Infection**

<table>
<thead>
<tr>
<th>Vaccination Status</th>
<th>Conventional</th>
<th>Contingency</th>
<th>Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to Date and Not Up to Date</td>
<td>10 days OR 7 days with negative test*, if asymptomatic or mild to moderate illness (with improving symptoms)</td>
<td>5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)</td>
<td>No work restriction, with prioritization considerations (e.g., types of patients they care for)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Vaccination Status</th>
<th>Conventional</th>
<th>Contingency</th>
<th>Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to Date</td>
<td>No work restrictions, with negative test on days 1 and 5–7</td>
<td>No work restriction</td>
<td>No work restriction</td>
</tr>
<tr>
<td>Not Up to Date</td>
<td>10 days OR 7 days with negative test†</td>
<td>No work restriction with negative tests on days 1, 2, 3, &amp; 5–7 (if shortage of tests prioritize Day 1 to 2 and 5–7)</td>
<td>No work restrictions (test if possible)</td>
</tr>
</tbody>
</table>

*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

cdc.gov/coronavirus
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
# 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
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.
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.
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.

- HCP who are up to date with all recommended COVID-19 vaccine doses may be exempt from expanded screening testing.

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

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

*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.
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.
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.
The criteria for the test-based strategy are:

- 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.

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

- Fully Vaccinated Residents
- Residents With At Least 1 Dose
- Fully Vaccinated Staff
- Staff With At Least 1 Dose

PDPH announces HCW Vaccine Mandate on 8/16
86.1% of all SNF residents are fully vaccinated!

*NHSN data from the most recent week that each facility reported
96.1% of all SNF staff are fully vaccinated!

*NHBN data from the most recent week that each facility reported*
**Eligible** for a booster or additional dose?

- **YES**: 72.3% (+7%)
- **NO**: 27.7%

**Received** a booster or additional dose?

- **YES**: 75.2% (-4%)
- **NO**: 24.8%

*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 2\textsuperscript{nd} 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
• Publicly available COVID-19 staff and resident vaccination dashboard coming soon
  • Fully vaccinated
  • Partially vaccinated
  • Booster rates
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/1FAIpQLScqIH0ogRlBHcb_XjlwtnMHC_D85i5Dh5CDre-RVDlGGA69yhQ/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
HAI/AR Program Services

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

Sign-Up Form for HAI/AR Services