PDPH/LTCF Conference Call – Friday, 4/8/2022

Agenda

• SARS-CoV-2 Surveillance Update
• Surveillance Update on Circulating non-COVID Respiratory Viruses
• Updated Guidance
  • CMS QSO-20-38-NH and Philadelphia Vaccine Mandate: COVID-19 Testing Frequency Review
  • PAHAN 633: UPDATE: Report Requirements
  • PAHAN 632: UPDATE: Booster Dose Update
  • PDPH HAN 4/5/22: Second mRNA Booster Dose for COVID-19
  • PAHAN 634: Therapeutics to Prevent and Treat COVID-19
  • Review of Recommended PPE Based on Community Transmission Levels
• LTCF COVID-19 Vaccination Data Summary
• New Project Firstline Resources and HAI Program Services
• Partner Spotlights:
  • Survey for Framework to Support Frail Individuals with Behavioral Health Needs
  • DV/Phila APIC - Long Term Care Virtual Meeting, May 2, 2022, 1-2:30 PM
United States COVID-19 Cases and Deaths

Pennsylvania, last 7 days:
- 4,566 new cases
- 35.7/100K
Omicron continues to be the main variant circulating in the United States

- BA.2 subvariant 72% of cases
Changes to CDC’s COVID Data Tracker Integrated County View: COVID-19 Community Level vs. Community Transmission

Link from CMS QSO-20-38-NH ->
Landing page now shows **COVID-19 Community Level** (previously Community Transmission)

COVID-19 Community Level

**Recommended actions based on current level**
- Stay up to date with COVID-19 vaccines. Get tested if you have symptoms.
- Wear a mask if you have symptoms, a positive test, or exposure to someone with COVID-19. Wear a mask on public transportation. You may choose to wear a mask at any time as an additional precaution to protect yourself and others.

**Weekly Metrics Used to Determine the COVID-19 Community Level**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Case Rate per 100,000 population</td>
<td>33.65</td>
</tr>
<tr>
<td>New COVID-19 admissions per 100,000 population</td>
<td>3.3</td>
</tr>
<tr>
<td>% Staffed inpatient beds in use by patients with confirmed COVID-19</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

*How are COVID-19 Community Levels calculated?*

*Note: The COVID-19 Community Level and associated metrics presented above are updated weekly on Thursday and may differ from the values for the same metrics presented below, which are updated daily.*
Changes to CDC’s COVID Data Tracker Integrated County View: COVID-19 Community Level vs. Community Transmission

Link from CMS QSO-20-38-NH ->
Landing page now shows **COVID-19 Community Level** metric (previously Community Transmission)

**COVID-19 Community Level**
Recommended actions based on current level
Stay up to date with COVID-19 vaccines. Get tested if you have symptoms. Wear a mask if you have symptoms, a positive test, or exposure to someone with COVID-19. Wear a mask on public transportation. You may choose to wear a mask at any time as an additional precaution to protect yourself and others.
Weekly Metrics Used to Determine the COVID-19 Community Level
- Case Rate per 100,000 population: 33.65
- New COVID-19 admissions per 100,000 population: 3.3
- % Staffed inpatient beds in use by patients with confirmed COVID-19: 1.1%

How are COVID-19 Community Levels calculated?
Note: The COVID-19 Community Level and associated metrics presented above are updated weekly on Thursday and may differ from the values for the same metrics presented below, which are updated daily.
“Level of community transmission” refers to facility’s county level of COVID-19 transmission. This metric uses two indicators for categorization (1. Total number of new cases per 100,000 persons within the last 7 days and 2. Percentage of positive diagnostic and screening nucleic acid amplification tests (NAAT) during the last 7 days), which can be found on the Centers for Disease Control and Prevention (CDC) COVID-19 Integrated County View site at https://covid.cdc.gov/covid-data-tracker/#county-view.
Changes to CDC’s COVID Data Tracker Integrated County View: COVID-19 Community Level vs. Community Transmission

- CMS Guidance refers to **community transmission levels** to determine testing frequency
- First, choose state and county
- Use dropdown to find **Community Transmission**
CDC’s COVID Data Tracker Integrated County View: Community Transmission Back to “Substantial” as of 4/7/22

Philadelphia County, Pennsylvania
Transmission Level: Substantial

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**
- Low: <5%
- Moderate: 5-7.99%
- Substantial: 8-9.99%
- High: ≥10.0%
Non-Influenza Respiratory Viruses
Laboratory-Based Surveillance for Human Metapneumovirus (Counts)
Philadelphia, 2018/2019 through 2021/2022 Seasons
*Based on three hospital laboratories with Human metapneumovirus testing capabilities across respiratory virus seasons
Laboratory-Based Surveillance for Rhinovirus (%)
Philadelphia, 2018/2019 through 2021/2022 Seasons

*Based on three hospital laboratories with Rhinovirus testing capabilities across respiratory virus seasons
Influenza
Laboratory-Based Surveillance for Influenza A Philadelphia, 2018/2019 through 2021/2022 Seasons*

*Based on select hospital laboratories participating in surveillance across respiratory virus seasons
Weekly Counts of Hospitalizations by Influenza Type*

Oct. 3, 2021 - Apr. 02, 2022

*Laboratory confirmed influenza
*Data are provisional and subject to change
Hospitalized Influenza* by Age Group and Influenza Type
Oct. 3, 2021 - Apr. 02, 2022

*Laboratory confirmed influenza
*Data are provisional and subject to change

Number of Cases
Report a Case: 215-685-6742
Guidance Updates

CMS QSO 20-38: Testing frequencies review
BOH Vaccine Mandate and LTCF testing review
  PA HAN 633
  PA HAN 632
PDPH Health Advisory COVID-19 Boosters 4.5.2022
  PA HAN 634
Review of recommended PPE based on community transmission levels
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

Ref: QSO-20-38-NH
REVISION 03/10/2022
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 Staff who are not up-to-date*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (blue)</td>
<td>Not recommended</td>
</tr>
<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>
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</tbody>
</table>

*Staff who are up-to-date do not need to be routinely tested.

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

- For staff routine testing, document the facility’s level of community transmission, the corresponding testing frequency indicated (e.g., every week), and the date each level of community transmission was collected. Also, document the date(s) that testing was performed for staff, who are not up-to-date, and the results of each test.
• “If the level of community transmission decreases to a lower level, the facility should continue testing staff at the higher frequency level until the level of community transmission has remained at the lower activity level for at least 2 weeks before reducing testing frequency”
• “If the level of community transmission increases to a higher level of activity, the facility should begin testing staff at the frequency shown in table (2) as soon as the criteria for the higher activity level are met”
• Philadelphia community transmission level 4.7.22= Substantial
• This represents the minimum testing expected. Facilities may consider other factors such as level of community transmission in an adjacent (i.e. neighboring) county to test at a frequency that is higher than required
A) Routine Testing:
   b. For Healthcare Institutions and Healthcare Workers: Requiring exempt Covered Healthcare Personnel (including an exempt self-employed Healthcare Worker) to submit to either a PCR or antigen test at least twice per week, timed appropriately under the circumstances.

Substantial community transmission = Twice weekly testing of staff who are not UTD
**Pennsylvania Department of Health**

2022- PAHAN –633 – 04-04-ADV

**Updated Reporting Requirements for COVID-19 Test Results**

<table>
<thead>
<tr>
<th>DATE:</th>
<th>April 4, 2022</th>
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<tbody>
<tr>
<td>TO:</td>
<td>Health Alert Network</td>
</tr>
<tr>
<td>FROM:</td>
<td>Keara Klinepeter, Acting Secretary of Health</td>
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<tr>
<td>SUBJECT:</td>
<td>Updated Reporting Requirements for COVID-19 Test Results</td>
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</table>
Summary:

- The US Department of Health and Human Services (HHS) and Centers for Disease Control and Prevention (CDC) have recently released updated guidance for reporting results of SARS-CoV-2 test results.
- The Pennsylvania Department of Health (DOH) is making changes to required reporting based on this guidance.
- All polymerase chain reaction (PCR) test results should continue to be reported to Pennsylvania’s National Electronic Disease Surveillance System (PA-NEDSS).
- For antigen tests and tests performed at point-of-care (POC), only positive test results should be reported.
- Do not report any COVID-19 antibody test results, whether positive, negative, or inconclusive.
- These changes should help reduce the reporting burden on providers and laboratories.
- These changes should be instituted as soon after 4/4/2022 as possible.
- If you have any questions, please call DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.
## New Reporting Requirements for SARS-CoV-2 Test Results

<table>
<thead>
<tr>
<th>Type of SARS-CoV-2 test</th>
<th>Test result</th>
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<tbody>
<tr>
<td><strong>Antibody</strong> (e.g., AB, IgM, IgG, IgA)</td>
<td>Do not report</td>
</tr>
<tr>
<td><strong>Antigen</strong> test (e.g., rapid test, lateral flow test, etc.)</td>
<td></td>
</tr>
<tr>
<td>-or-</td>
<td></td>
</tr>
<tr>
<td>Any point-of-care test, i.e., any COVID-19 diagnostic test</td>
<td>Report</td>
</tr>
<tr>
<td>performed on-site at a CLIA-waived facility, such as a</td>
<td>Do not report</td>
</tr>
<tr>
<td>nursing home</td>
<td>Do not report</td>
</tr>
<tr>
<td><strong>Nucleic Acid Amplification Test</strong> (NAAT) test (e.g., RT-PCR, TMA, etc.)</td>
<td>Report</td>
</tr>
<tr>
<td></td>
<td>Report</td>
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<tr>
<td></td>
<td>Report</td>
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</tbody>
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# Update to Recommendations Regarding COVID-19 Booster Vaccination

**DATE:** 4/4/2022  
**TO:** Health Alert Network  
**FROM:** Keara Klinepeter, Acting Secretary of Health  
**SUBJECT:** Update to Recommendations Regarding COVID-19 Vaccination

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SUMMARY

- **Guidance** released on March 30, 2022 from the CDC updates COVID-19 booster vaccination guidance and allows for a second booster dose of an mRNA vaccine for certain populations.
- The dose of the second booster dose of the mRNA vaccines is the same as the first booster dose.
- Moderately to severely immunocompromised individuals 12 years of age and older may choose to receive an additional booster dose of an mRNA vaccine at least 4 months after the first booster dose.
- Patients 50 years of age and older may choose to receive an additional booster dose of an mRNA vaccine at least 4 months after the first booster dose.
- All patients who received the Janssen COVID-19 vaccine as their primary series and booster dose may receive an additional booster dose of an mRNA vaccine at least 4 months after the first Janssen booster dose.

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

Second mRNA Booster Dose for COVID-19
April 5th, 2022

SUMMARY POINTS

• A second mRNA booster dose (Pfizer-BioNTech and Moderna) may be offered to some populations, outlined below.
• A second mRNA booster dose may be provided at least 4 months after receipt of a first booster dose of any authorized or approved COVID-19 vaccines to the appropriate individuals.
• Individuals aged 18 and older who received both a primary vaccine and booster dose of the Janssen J&J vaccine also may receive the second booster with an mRNA COVID-19 vaccine even if they are not moderately to severely immunocompromised.
• This update in second mRNA booster dose did not affect the definition of fully vaccinated or up-to-date vaccine status as of April 1st, 2022. Individuals who have had their first booster are considered up to date, even if eligible for a second booster.
**UPDATE: Therapeutics to Prevent and Treat COVID-19**

<table>
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• The SARS-CoV-2 Omicron BA.2 variant is estimated to be the cause of more than 50% of COVID-19 cases in the United States, including in 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 are encouraged to consider COVID-19 treatment options, which are updated frequently.
• Due to data regarding the prevalence of the Omicron BA.2 variant and likely ineffectiveness against it, Sotrovimab is no longer authorized for treatment of COVID-19 in the United States.
• Details on how to obtain currently authorized treatment agents 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).
Use of Eye Protection per PAHAN-624 and CDC

- HCP working in facilities located in counties with **substantial or high COVID-19 transmission** should:
  - Use eye protection (i.e., goggles or a face shield that covers the front and sides of the face) during all resident care encounters
- HCP working in a facility with **low to moderate transmission**:
  - Universal eye protection is not required for all resident encounters
  - Don eye protection to protect mucous membranes of the eyes from splashes and sprays e.g., open suctioning, spitting, possibly NG tube insertion
- **Don’t forget to use Standard Precautions with all resident encounters!**
Use of Masks for Source Control for HCP: PAHAN-624

• N95 or well-fitting facemask
  • No cloth masks
• HCP should always wear masks in areas of the facility where they may encounter residents
  • Regardless of level of community transmission
• Philadelphia Vaccine Mandate: Exempt (unvaccinated) HCP need to wear an N95 or double mask
Exceptions to Masking and Social Distancing for HCP and Residents: PA HAN 624

Staff:
• Philadelphia county with low to moderate transmission AND
• HCP are UTD with all recommended COVID-19 vaccine doses AND
• HCP are in areas restricted from resident access e.g., breakroom, meeting room
• HCP should wear a mask if they will encounter residents

Residents:
• Philadelphia county with low to moderate transmission AND
• Residents are UTD with all recommended COVID-19 vaccine doses
• Residents at increased risk for severe disease should still consider continuing to practice social distancing and use of source control
PPE for Residents with COVID-19, Including Suspected

• NIOSH approved N95 respirator or higher-level respirator
• Eye protection-goggles or face shield that covers the front and side of the face
• Isolation gown
• Gloves
SNF COVID-19 Vaccination Data Summary
COVID-19 Booster Dose Uptake Among SNF Residents, Total at Facility, Fully Vaccinated, and Received Booster, (n=45)

86.6% of all SNF residents are fully vaccinated!
74% of fully vaccinated residents are boosted!
NHSN Resident Booster Doses

• 64% of facilities had an increase in residents boosted over the last month!
  • Average improvement: 9 residents
  • Range: 1 – 70 residents
NHSN Staff Booster Doses

COVID-19 Booster Dose Uptake Among SNF Staff, Staff at Facility, Fully Vaccinated, and Received Booster, (n=45)

- 95.3% of all SNF staff are fully vaccinated!
- Only 40% of fully vaccinated staff are boosted
**NHSN Staff Booster Doses**

- **73% of facilities** had an increase in staff boosted over the last month!
  - Average improvement: 17 staff
  - Range: 1 – 63 staff
- Keep up the good work!
New Project Firstline Resources and HAI Program Services
New Project Firstline Training Materials!

- Focus on identifying risks in healthcare to motivate staff to take action
  - Reservoirs (places where germs live)
  - Pathways (ways to move germs)

Materials include:
- Toolkits to host a training
- Graphics and posters
- Interactive scenarios
More Examples of Materials
N95 Fit Test Training Update

- Trained 61 people at 14 facilities
- Program receives very high ratings!
- Follow-up survey w/ 7 facilities
  - Over 500 staff fit tested
  - Very confident in staff abilities to conduct fit testing
Reminder: HAI/AR Services

• Infection Control Assessment and Response (ICAR) visit
• N95 qualitative fit test training
• Quarterly newsletter
• Onsite education NEW!
  • Short form staff education
  • Hand hygiene auditing training
• Sign-Up Form for HAI/AR Services
Survey for Framework to Support Frail Individuals with Behavioral Health Needs

https://dbhids.co1.qualtrics.com/jfe/form/SV_1S8DLeyI9xb7i5g
DV/Phila APIC - Long Term Care Virtual Meeting

WHEN: Friday, May 6, 2022 from 1pm to 2:30pm
WHERE: ON ZOOM - To Register, click on the link at the bottom of the flyer.
WHO: IPs from LTC facilities in BUCKS, CHESTER, DELAWARE, MONTGOMERY AND PHILADELPHIA counties OPEN to APIC members and non-members!!

Register at: https://forms.office.com/r/cejvFDe7vN

SPEAKERS:

Susan Rettig, BS, RN, CIC – Healthcare-associated Infections & Antimicrobial Resistance Program | Division of Disease Control | Phila. Dept. of Public Health
Topic: Candida auris in Long Term Care

Emma Badra, MPH, CIC – Project Manager, PA Department of Health | Bureau of Epidemiology
Topic: The PA DOH ICAR and Training Initiative for Skilled Nursing Facilities and Common Findings

Julie Paoline, MA, CPHA, CIC, FAPIC – COVID-19 Outbreak Coordinator, Infection Control and Outbreak Response (ICOR) Team Public Health Specialist | Healthcare-Associated Infection Prevention & Antimicrobial Stewardship | PA DOH | Bureau of Epidemiology
Topic: Highlights from APIC DV/Phila New Membership Orientation

Merewyn Sheeran, BS, RN, CIC – Infection Preventionist and Chair of the APIC DV/Phila Long Term Care Committee
Topic: Overview of the DV/Phila. LTC Focus Group
Thank you!

Next call Friday, May 13, 2022