PDPH/LTCF Conference Call – Friday, 5/13/2022

Agenda

• SARS-CoV-2 Surveillance Update
• Updated Guidance
  • PAHAN 635: Guidance on Reporting Point of Care SARS-CoV-2 Test Results
  • PAHAN 636: Multisystem Inflammatory Syndrome in Children (MIS-C) and in Adults (MIS-A)
  • PAHAN 638: Failure to Disinfect Assisted Blood Glucose Monitors between Uses Poses Risk for Bloodborne Pathogen Transmission
  • PAHAN 639: Updated Hepatitis A and Hepatitis B Vaccine Recommendations
  • PDPH HAN 4/14/22: COVID-19 Therapeutics: Monoclonal Antibodies Update
  • PDPH HAN 4/21/22: COVID-19 Test Result Data Reporting Requirement Update
  • PDPH HAN 5/5/22: Exemptions, Testing, and Recordkeeping for SNF and Healthcare Workers When Masking is Strongly Recommended
• LTCF COVID-19 Vaccination Data Summary
  • New PDPH-Sponsored APIC Membership for SNF Infection Preventionists
  • New HAI/AR Program Resources and Services
Pennsylvania, last 7 days:
- 21,781 new cases
- 170.1/100K
- PCR % Positivity: 10-14.9
Omicron BA.2 continues to be the main subvariant circulating in the United States.
Community Transmission

Data through Wed May 11 2022

Total Cases: 1332
Case Rate (last 7 days): 84.09
% Change (last 7 days): -33.7

Data through Mon May 09 2022

% Positivity: 9.36
% Change (last 7 days): 1.8

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%
- ≥10.0%
Guidance Updates

PA HANs: 635, 636, 638, 639
PDPH Health Advisories: 4/14, 4/21, 5/5, 5/11
UPDATE: Guidance for Reporting Point of Care SARS-CoV-2 Test Results

DATE: 4/12/22
TO: Health Alert Network
FROM: Keara Klinepeter, Acting Secretary of Health
SUBJECT: UPDATE: Guidance on Reporting Point of Care SARS-CoV-2 Test Results
DISTRIBUTION: Statewide
LOCATION: n/a
STREET ADDRESS: n/a
COUNTY: n/a
MUNICIPALITY: n/a
ZIP CODE: n/a
The U.S. Food and Drug Administration (FDA) has issued Emergency Use Authorizations (EUA) for a number of COVID-19 point of care (POC) tests for rapid detection of SARS-CoV-2.

These POC tests may be used by both traditional healthcare providers (e.g., hospitals, outpatient providers) and by non-traditional settings who have appropriate Clinical Laboratory Improvement Amendments (CLIA) Certificate to conduct this testing.

HAN 633 outlines guidance for reporting results of SARS-CoV-2 test results to the Pennsylvania Department of Health (DOH).

On April 4, 2022, the U.S. Department of Health & Human Services (HHS) updated its reporting guidance to indicate that CMS-certified long-term care facilities are not required but recommended to use the National Healthcare Safety Network (NHSN) to fulfill POC test reporting. Additional information regarding this process is detailed in this message.

This message will provide additional guidance on mechanisms used for POC reporting.
**Update: Multisystem Inflammatory Syndrome in Children (MIS-C) and in Adults (MIS-A)**

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<td>Keara Klinepeter, Acting Secretary of Health</td>
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<td>UPDATE: Multisystem Inflammatory Syndrome in Children (MIS-C) and in Adults (MIS-A)</td>
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Multisystem inflammatory syndrome (MIS) is a rare but serious condition associated with COVID-19 and can affect children (MIS-C) and adults (MIS-A).

Although MIS-C and MIS-A are similar in clinical presentation, their case definitions differ. MIS-A also has more likely severe outcomes.

As of March 28, 2022, there are a total of 7,880 MIS-C cases and 66 MIS-C deaths reported to the Centers for Disease Control and Prevention (CDC). Pennsylvania has reported 248 cases.

Healthcare providers should continue to promote COVID-19 vaccination with the mRNA vaccines for people 5 years of age and older to prevent severe COVID-19 complications, including MIS.

For patients with MIS who are considering starting the COVID-19 vaccination series, a consultation with clinical team and specialists in infectious diseases, rheumatology, and/or cardiology is strongly encouraged.

Healthcare providers must report suspect cases of MIS-A and MIS-C by faxing the included case report form to 717-772-6975 or to your local health department or by securely emailing the form to ra-dhcovidcontact@pa.gov
Failure to Disinfect Assisted Blood Glucose Monitors between Uses Poses Risk for Bloodborne Pathogen Transmission

DATE: 5/2/22
TO: Health Alert Network
FROM: Denise A. Johnson, M.D., FACOG, FACHE, Acting Secretary of Health
SUBJECT: Failure to Disinfect Assisted Blood Glucose Monitors between Uses Poses Risk for Bloodborne Pathogen Transmission
DISTRIBUTION: Statewide
LOCATION: Statewide
STREET ADDRESS: n/a
COUNTY: n/a
MUNICIPALITY: n/a
ZIP CODE: n/a
Summary

- The Pennsylvania Department of Health, Bureau of Epidemiology, has recently received an increase in reports of failure to disinfect blood glucose monitors between patients/residents.
- Failure to disinfect blood glucose monitors has been documented to lead to transmission of bloodborne pathogens.
- The Pennsylvania Department of Health is alerting all providers of assisted blood glucose monitoring and requesting they:
  - **Review existing policies and procedures** for blood glucose meter cleaning and disinfection. Policies and procedures should align with existing standards;
  - **Provide repeat education** about proper cleaning, disinfection, and storage of blood glucometers to staff as soon as possible.
  - ** Routinely monitor blood glucose testing** in your facility (i.e., regular auditing) to ensure adherence to proper procedure.
  - Always **report breaches in infection control**, outbreaks, or unusual clusters of illness to the Bureau of Epidemiology by calling 1-877-PA-HEALTH or your local health department.
Staff education- upon hire, at least annually, and when new equipment is introduced to the facility. Training should include a competency-based component with demonstration of the learned skill.

Routine monitoring (observation of practices)- use a standardized auditing tool such as the point-of-care testing observation tool available in the CDC ICAR tool.

Fingerstick devices should never be used for more than one person, select single-use lancets that permanently retract upon puncture.

Whenever possible glucometers should not be shared. If they must be shared, label as multi-use, and clean and disinfect after use according to manufacturer’s instructions.

Do not carry supplies and medications in pockets.

Provide full hepatitis B vaccination series to all previously unvaccinated staff persons whose activities involve contact with blood or body fluids.
Updated Hepatitis A and Hepatitis B Vaccine Recommendations

DATE: 05/04/2022
TO: Health Alert Network
FROM: Denise A. Johnson, M.D., FACOG, FACHE, Acting Secretary of Health
SUBJECT: Updated Hepatitis A and Hepatitis B Vaccine Recommendations
DISTRIBUTION: Statewide
LOCATION: Statewide
STREET ADDRESS: n/a
COUNTY: n/a
MUNICIPALITY: n/a
ZIP CODE: n/a
Adults aged 60 years and older with known risk factors for hepatitis B may also receive the hepatitis B vaccine.
PDPH Health Advisory: April 14, 2022

Health Advisory
COVID-19 Therapeutics: Monoclonal Antibodies Update
April 14, 2022

SUMMARY POINTS

- Sotrovimab has limited effectiveness against Omicron BA.2.
- CDC confirmed that the Omicron BA.2 variant accounts for more than 85% of all COVID in the US
- FDA no longer authorizes Sotrovimab to treat COVID-19 in any U.S. region due to increased proportions of Omicron BA.2 sub-variant.
- Other COVID-19 treatment options are available, including Paxlovid (Nirmatrelvir/Ritonavir), Veklury (Remdesivir), Lagevrio (Molnupiravir), and Bebtelovimab.
- COVID-19 vaccination continues to support protection against severe illness, hospitalization, and death.
**Health Advisory**

**COVID-19 Test Result Data Reporting Requirement Update**

April 21, 2022

### SUMMARY POINTS

- Effective April 4, 2022, PDPH endorsed the updated COVID-19 Test Result Reporting Requirement established by CDC and HHS.
- All NAAT test results should be reported to PDPH, Pennsylvania’s National Electronic Disease Surveillance System (PA-NEDSS) or the Pennsylvania Department of Health (DOH).
- Only positive results from the point-of-care (POC) or antigen test are required to be reported.
- An antibody test result is not required to be reported regardless of test results (positive, negative, or inconclusive).
- All reportable test results must be submitted to PA-NEDSS within 24 hours of completing the test.
- This data reporting update does not apply to at-home test results which are not required to be reported.
<table>
<thead>
<tr>
<th>Type of SARS-CoV-2 Test</th>
<th>Test Result</th>
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<tbody>
<tr>
<td>Nucleic Acid Amplification Test (NAAT) test</td>
<td>Positive: Required</td>
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<tr>
<td>- i.e., NAAT, RT-PCR, TMA, LAMP, SDA tests</td>
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<tr>
<td>Antigen &amp; Point-of-care test</td>
<td>Positive: Required</td>
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<td>- Non-NAAT testing</td>
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<tr>
<td>- Point-of-care test (i.e., any COVID-19 diagnostic test performed on-site at a CLIA-waived facility such as nursing home, pharmacies, pop-up testing sites, etc.)</td>
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<tr>
<td>Antibody test (i.e., AB, IgM, IgG, IgA)</td>
<td>Positive: Optional</td>
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PDPH Health Advisory: May 5, 2022

Philadelphia Department of Public Health
Division of Disease Control

CHERYL BETTIGOLE, MD, MPH
Health Commissioner

SHARA EPSTEIN, MD
Medical Director, Division of COVID-19 Containment

COLEMAN TERRELL
Director, Division of Disease Control

Health Advisory
Exemptions, Testing, and Recordkeeping for SNF and Healthcare Workers When Masking is Strongly Recommended
May 5, 2022

SUMMARY POINTS

- SNF workers must follow CMS guidance for testing employees who are not up to date with COVID vaccination
- Screening testing is required for unvaccinated healthcare workers other than those who work in SNFs when the Department “Strongly Recommends” masking.
- This health advisory outlined the PDPH guidance for vaccine exemptions, COVID-19 testing, masking, and recordkeeping.
Masking
All healthcare institutions must continue to enforce masking for all, including KN-95s, N-95s, or double masking including a surgical mask worn correctly under a cloth mask. Unvaccinated individuals must double mask or wear an N-95 or similar respirator while working.

a. Masking is not required for healthcare workers or healthcare institution workers when present in areas or settings that do not provide patient-facing when when masking is “Optional but Recommended but must resume as previously required when masking is “Strongly Recommended” .

b. All Healthcare workers and healthcare institution workers must continue masking in patient facing and healthcare related services settings.
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!**
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
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
Health Advisory
COVID-19 Therapeutics: Oral Antivirals Nirmatrelvir/Ritonavir & Molnupiravir
May 11, 2022

SUMMARY POINTS

- Providers should visit COVID-19 Test-to-Treat Locator to confirm the inventory and initiate the medication within 5 days from COVID-19 diagnosis/symptom onset.
- NIH has established Nirmatrelvir/Ritonavir and Veklury as the preferred therapeutic option and Bebtelovimab and Molnupiravir as alternatives.
- Nirmatrelvir/Ritonavir requires renal dosing and has many drug-drug interactions. It is imperative to review these criteria before prescribing.
- See the Paxlovid Patient Eligibility Screening Checklist Tool for Prescribers to support clinical decision making.
- Molnupiravir requires individuals to be 18 and older. Pregnant/lactating individuals are not recommended to receive Molnupiravir.
NHSN Resident Booster Doses

COVID-19 Booster Dose Uptake Among SNF Residents, Total at Facility, Fully Vaccinated, and Received Booster, (n=46)

- 86.6% of all SNF residents are fully vaccinated!
- 76.7% of fully vaccinated residents are boosted
- 66% of all SNF residents are up-to-date
NHSN Resident Booster Doses

- **45% of facilities** had an increase in residents boosted over the last month!
  - Average improvement: 13 residents
  - Range: 2 – 75 residents
96.8% of all SNF staff are fully vaccinated!

Only 41% of fully vaccinated staff are boosted

40% of all SNF staff are up-to-date
NHSN Staff Booster Doses

• **62% of facilities** had an increase in staff boosted over the last month!
  • Average improvement: 15 staff
  • Range: 1 – 58 staff
• Keep up the good work!
PDPH-Sponsored APIC Membership for SNF Infection Preventionists
What is APIC?

Association for Professionals in Infection Control and Epidemiology (APIC):

• Leading professional association for infection preventionists (IPs) with >15,000 members

• Mission to advance the science and practice of infection prevention and control

• Members are nurses, physicians, public health professionals, epidemiologists, microbiologists, or medical technologists

• The majority are affiliated with acute care settings. An increasing number practice in ambulatory and outpatient services. Members are also involved in long-term care, home health, and other practice settings where infection prevention and control is an increasing area of responsibility for nurses and other healthcare personnel.
Benefits of APIC Membership

APIC offers resources, research, and community. Benefits include:

- **AJIC**
  - Prevention Strategist

- **eNews**
  - Education Now

- **IP Talk**
  - Online communities

- **APIC.org**
  - Webinars
  - Online courses

- **Implementation guides**
  - Competency model
  - Advocacy

- **Discounts on APIC products**
  - Discounts on APIC education
  - Member savings programs
WEBINAR RECORDINGS FEATURING “LONG-TERM CARE”

APIC webinars are available live and on-demand.

Many webinars offer educational credits (CEU, IPU).

APIC webinars are FREE for APIC members.

- Environmental Cleaning Disinfecting in Long-Term Care
- UV Light in Long-Term Care Setting
- Research and Practice in Long-Term Care
- Challenges in the Long-Term Acute Care environment
- Managing MDRO in Long-Term Care
- Infection Prevention in the Long-Term Acute Care Setting
Benefits of APIC Membership

RESOURCES FEATURING “LONG-TERM CARE”

Implementation Guides
Practical, evidence-based strategies for surveillance and the elimination of infection. Each guide includes online tools and resources.

- Guide to the Elimination of Methicillin-Resistant Staphylococcus aureus (MRSA) in the Long-Term Care Facility (2009)

Topic Specific Resources
Curated information on key infection prevention topics.

- Includes resources for the public:
  - How to be a good visitor at a nursing home—Monthly alert for consumers
  - The power of 10: Your role in preventing catheter-associated urinary tract infections in nursing homes—APIC infographic for consumers
Virtual communities that connect infection preventionists with similar interests in infection prevention across the continuum of care.

- Mitigation of risk for Unvaccinated (COVID) HCW’s and F888
- Mapping of Infections in Long Term Care
- Did McGeer Criteria for LTC UTI change in May 2021
- COVID Testing of Residents
- LTC Benchmark Data
- Monthly Epidemiology Lab Reports
- Infection Prevention with Oxygen Delivery and Respiratory Therapy Devices
- Kitchen Area Trash Bins
- Vaccine Mandate Sample Policy and Forms
Benefits of APIC Membership

LOCAL CONNECTIONS, EVENTS, AND EDUCATION

Chapters:

- Provide ongoing member support at the local level
- Foster communication and networking opportunities
- Offer educational opportunities
- Develop strong leaders through mentorship and volunteer opportunities
- Advocate for infection prevention issues

Chapters are an additional fee.
Why is PDPH offering memberships?

Connecting LTCF IPs to a professional organization offers:

- Online educational resources
- Online peer community and support
- Local chapter LTC Focus Group support and networking opportunities
- Recognition for the IP role

Value of the gift: $230

- National and local chapter memberships included
How does it work?

PDPH Organizational Membership:
• Good for a year
• One membership per facility
• Can be transferred to a new IP if needed

Link to sign up: https://app.smartsheet.com/b/form/3e8cffae22f84c2692ee614321f816f0
New HAI Program Resources and Services
Coming Soon: IPC Highlights

**Healthcare Happenings: IPC Highlight**

### Carbenepenem-Resistant *Acinetobacter baumannii* (CRAB)

**WHAT IS IT?**

*Acinetobacter* is a genus of gram-negative bacteria commonly found in the environment in soil and water. While there are many *Acinetobacter* species, the most common cause of human infections is *Acinetobacter baumannii*. A bloodstream infection can cause blood, urinary tract, and wound infections, and pneumonia. It can also colonize mucosal surfaces, especially in the respiratory tract, and skin wounds.

In 2019, 34.3% of *Acinetobacter* isolates tested in Pennsylvania were resistant to carbapenem antibiotics. This is an increase from 23.8% in 2016. Since March 2018, 63 cases have been reported in Philadelphia. However, this number is an underestimate since CRAB is not a reportable condition in Philadelphia. So far in 2022, a total of 35 cases of resistant *A. baumannii* have been reported in Philadelphia.

In 2017, carbapenem-resistant *Acinetobacter* CRAB caused an estimated 4,500 infections in hospitalized patients and 700 estimated deaths in the United States.

#### TRANSMISSION

*Acinetobacter* can live for long periods of time in environmental surfaces and shared equipment if properly cleaned. It can spread from one patient to another through healthcare worker hands, shared equipment, and hospital air.

In the United States, *Acinetobacter* infections rarely occur outside of healthcare settings. However, people who have weakened immune systems, chronic lung disease, or diabetes may be more susceptible.

### Carbenepenem-Resistant Enterobacteriaceae (CRE)

**WHAT IS IT?**

*Enterobacteriaceae* is a family of bacteria that cause infections in both healthcare and community settings. *Carbenepenem-resistant enterobacteriaceae* (CRE) are resistant to at least one carbapenem antibiotic (e.g., imipenem, meropenem, ertapenem, or doripenem). CRE are usually part of the normal microbiota in the human digestive tract and are typically transmitted between patients in healthcare settings.

CRE can cause many different infections, from urinary tract infections to bloodstream infections. They can also cause infections of the heart valves, blood, lungs (pneumonia), or other parts of the body after surgery.

In 2017, CRE infections were reported in 3,200 healthcare facilities in the United States and 3,700 estimated deaths in the United States. Over 25% of CRE infections were associated with *Pseudomonas aeruginosa*, which is a strong indicator of poor infection control practices.

**What you need to know**

- CRE infections usually occur in people who are hospitalized and have underlying conditions, such as diabetes or chronic lung disease.
- CRE infections are caused by bacteria that are resistant to multiple antibiotics, which makes them difficult to treat.

### Carbenepenem-Resistant *Pseudomonas aeruginosa* (CRPA)

**WHAT IS IT?**

*Pseudomonas aeruginosa* is a genus of gram-negative bacteria found in the environment in soil and water. Of the many *Pseudomonas* species, the most common cause of human infections is *Pseudomonas aeruginosa*, which can cause infections in the bloodstream, lungs (pneumonia), or other parts of the body after surgery.

In 2017, 1,900 patients in hospitals were infected with *P. aeruginosa* CRE, and 4,000 estimated deaths were reported in the United States.

**TRANSMISSION**

*P. aeruginosa* can spread in healthcare settings from one person to another through contaminated hands, equipment, and surfaces. People at risk include hospitalized patients, especially those who:

- Are in intensive care units
- Have invasive medical devices, such as catheters
- Are in ventilator care
- Have prolonged hospital stays
- Have weakened immune systems

In healthcare settings, CRE are transmitted from person to person, often via the hands of healthcare personnel or through contaminated medical equipment or environmental surfaces. CRE can then be transmitted to other patients in the environment, leading to an increased risk of infection.

**TREATMENT**

*P. aeruginosa* infections are generally treated with antibiotics. Unfortunately, many *P. aeruginosa* infections are highly resistant to antibiotics, including carbapenems, which makes them difficult to treat with available antibiotics.

Healthcare providers should be aware of the latest guidelines for treating CRE infections. Treatment options for CRE are limited, and the focus is on preventing CRE infections in the first place.

What you need to know

- CRE infections are usually seen in patients with underlying conditions, such as diabetes or chronic lung disease.
- CRE infections are caused by bacteria that are resistant to multiple antibiotics, which makes them difficult to treat.

**TRANSMISSION**

*P. aeruginosa* can spread in healthcare settings from one person to another through contaminated hands, equipment, and surfaces. People at risk include hospitalized patients, especially those with:

- Are in intensive care units
- Have invasive medical devices, such as catheters
- Have prolonged hospital stays
- Have weakened immune systems
Coming Soon:
LTCF Antibiotic Stewardship Toolkit

- Programmatic resources for LTCF to reduce inappropriate antibiotic prescribing
- Diagnosis and treatment guides
  - UTI
  - SSTI
  - Respiratory infections
Bloodborne Pathogen Risk with Blood Glucose Monitoring

- Job Aide
- Glucometer Audit Tool

### Point of Care Blood Glucose Monitoring

1. Gather supplies for finger stick, **only collecting what is needed**. Glucometer kit (case, single test strip, disposable single-use lancet, alcohol swab, cotton/gauze optional).
2. Place disinfectant wipes and alcohol-based hand rub (ABHR) on med cart for easy access.
3. Perform hand hygiene with ABHR, don gloves.
4. Establish a clean surface (i.e., paper towel or disposable cup). Carry supplies into room and place on the clean surface (towel/cup) on bedside table.
5. Perform fingerstick per facility policy.
6. Discard trash, place lancet in sharps container. **Do not** place used items on top of med cart prior to disinfecting.
7. Disinfect glucometer with disinfectant towelette and let it air dry. Alcohol swab should not be used as it is not effective against bloodborne pathogens.
8. Doff gloves and perform hand hygiene.
9. Place disinfected glucometer in med cart.
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**
Thank you!

Next call Friday, June 10, 2022