PDPH/LTCF Conference Call – Friday, 6/10/2022

Agenda

• SARS-CoV-2 Surveillance Update
• Updated Guidance
  • CDC COVID-19 Vaccine “Up to Date” Definition Change
  • PDPH Health Advisory 6.6.2022: Amended Up-to-date COVID-19 Vaccine Status Definition
  • PA HAN 644: COVID-19 Rebound After Paxlovid Treatment
  • PDPH Health Advisory 5.26.2022: COVID-19 Rebound After Nirmatrelvir/Ritonavir (Paxlovid) Treatment
• NHSN LTCF COVID-19 Module Updates
• Antibiotic Stewardship: PDPH & LTC RISE Partnership
• Services and Resources:
  • HAI/AR Program Services
  • APIC Membership for SNF Infection Preventionists
  • COVID-19 Vaccine Booster Posters
United States COVID-19 Cases and Deaths

Pennsylvania, last 7 days:
- 22,564 new cases
- 176.3/100K
- PCR % Positivity: 10-14.9
Variants - Omicron

- Continues to be the variant circulating in the United States

- BA.2.12.1 has taken over as the main subvariant

- Both BA.4 and BA.5 subvariants have been detected in all areas in the U.S.
Community Transmission

Philadelphia

Data through Tue Jun 07 2022

Total Cases: 2322
Case Rate (last 7 days): 146.58
% Change (last 7 days): -37.16

Data through Sun Jun 05 2022

% Positivity: 10.52
% Change (last 7 days): -1.19

New cases per 100,000 persons in the past 7 days*

Percentage of positive NAATs tests during the past 7 days**
Low: <5%, Moderate: 5-7.99%, Substantial: 8-9.99%, High: ≥10.0%
Guidance Updates

CDC COVID-19 Vaccine “Up to Date” Definition Change
PDPH Health Advisory 6.6.2022
PA HAN 644
PDPH Health Advisory 5.26.2022
A person is considered **up to date** with COVID-19 vaccines when they have received all doses in the primary series and all boosters recommended to them, when eligible.

One is also considered **up to date** if:
- You have completed your primary series – but are not yet eligible for a booster
- You have received 1 booster, but are not recommended to get a 2nd booster
- You have received 1 booster, but are not yet eligible for a 2nd booster

**May 24, 2022**
### Who Can Get a Booster

**Recommended 1 Booster**

- Everyone ages 5 years and older should get 1 booster after completing their COVID-19 vaccine primary series.

Learn when you should get your 1st booster below.

**Recommended 2 Boosters**

- Adults ages 50 years and older
- People ages 12 years and older who are moderately or severely immunocompromised

Learn when you should get your 2nd booster below.

May 24, 2022
If a resident is > 50 yo and has not had a second booster:
• Subject to quarantine after exposure and if a new admission (even if they have a negative test on admission) or readmission to facility (even if less than 24 hours)
• They should not participate in group activities while in quarantine
• HCP caring for them should wear full PPE (gowns, gloves, eye protection and N95 or higher-level respirator) regardless of community transmission level
• Resident should wear source control for 10 days following exposure

What Does This Mean........

This means that all persons (residents and staff) who are 50 years or older and who have only received one booster are now considered “not up to date”
If staff member is > 50 yo and has not had a second booster:
• Must include in routine (expanded screening) facility staff testing performed based on community transmission levels
  [CMS QSO-20-38-NH revised]
• Subject to work restriction if higher risk exposure
• Should wear source control at all times in facility
  [PA HAN 621]

Philadelphia county is still in high community transmission level which requires twice a week testing of HCP who are not UTD
Work restriction options for staff who are not UTD and who have been exposed: [PA HAN 621]

Option 1:
✓ Exclude from work.
✓ HCP can return to work after day 7 following the exposure (day 0) if a viral test is negative for SARS-CoV-2 and HCP do not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned return to work (e.g., in anticipation of testing delays).

Option 2:
✓ Exclude from work.
✓ HCP can return to work after day 10 following the exposure (day 0) if they do not develop symptoms. Although the residual risk of infection is low, healthcare facilities could consider testing for SARS-CoV2 within 48 hours before the time of planned return.
Table 2. Summary of Strategies for Mitigating Staffing Shortages by Vaccination Status for Asymptomatic HCP with 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 or Recent Infection[^]</td>
<td>No work restrictions, with negative test on days 1[^] and 5-7</td>
<td>No work restrictions</td>
<td>No work restrictions</td>
</tr>
<tr>
<td>Unvaccinated or Not Up to Date †</td>
<td>10 days OR 7 days with negative test</td>
<td>No work restrictions with negative tests on days 1[^], 2, 3, &amp; 5-7</td>
<td>No work restrictions (test if possible)</td>
</tr>
</tbody>
</table>
Reminders

• Facilities is counties with substantial or high transmission may consider implementing universal use of N95 or equivalent respirators during all care encounters [PA HAN 624]

• Newly admitted residents and residents who have left the facility for >24 hours, regardless of vaccination status should have a series of 2 viral tests for SARS-COV2 infection; immediately and if negative again 5-7 days after their admission [PA HAN 627]

• Quarantine and isolation for visitors should follow same timeframes as described for residents (10 days) when planning on visiting the facility. [PA HAN 627]
Health Advisory
Amended Up-to-date COVID-19 Vaccine Status Definition
June 6, 2022

SUMMARY POINTS

- CDC updated booster recommendations and the definition of up-to-date with vaccination.
- Vaccine recommendations differ depending on age, immune status, vaccine received for primary series (mRNA or Janssen), and time since the last dose.
Summary:

- Paxlovid continues to be recommended for early-stage treatment of mild to moderate COVID-19 among persons at high risk for progression to severe disease.
- A brief return of symptoms may be part of the natural history of SARS-CoV-2 (the virus that causes COVID-19) infection in some persons, independent of treatment with Paxlovid and regardless of vaccination status.
- Limited information currently available from case reports suggests that persons treated with Paxlovid who experience COVID-19 rebound have had mild illness; there are no reports of severe disease.
- There is currently no evidence that additional treatment is needed with Paxlovid or other anti-SARS-CoV-2 therapies in cases where COVID-19 rebound is suspected.
- 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
COVID-19 Rebound After Nirmatrelvir/Ritonavir (Paxlovid) Treatment
May 26, 2022

SUMMARY POINTS

- There are multiple reports of Nirmatrelvir/Ritonavir related COVID-19 rebound.
- COVID-19 rebound is characterized as the recurrence of COVID-19 symptoms or a new COVID-19 positive test result after having tested negative, usually 2-8 days after the initial recovery.
- There is currently no evidence that additional treatment with Nirmatrelvir/Ritonavir or other anti-SARS-CoV2 therapies is necessary for COVID-19 rebound.
- Healthcare professionals should advise their patients to isolate themselves again for at least 5 days. Individuals can end their re-isolation after 5 full days if fever has resolved for 24 hours (without fever-reducing medicines) and symptoms have improved. Masks must be worn in public for a full 10 days after rebound symptoms start.
Department of Public Health
CITY OF PHILADELPHIA

NHSN LTCF COVID-19 Module Updates
Resident Impact and Facility Capacity Pathway Updates
Positive Tests Definition

- **Positive Tests**: number of residents newly positive for COVID-19 based on a viral test result. The test result may be from a NAAT (PCR) or an antigen test. The definition includes residents with an NHSN defined reinfection.

- **Exclude** residents who have a positive SARS-CoV-2 antigen test, but a negative SARS-CoV-2 NAAT (PCR).
  - The PCR must be performed within 2 calendar days (date of specimen collection is calendar day 1) of the initial antigen test for this rule to apply.
• Nursing home has 5 positive tests during this reporting week:
  • 3 positive antigen tests
  • 1 positive PCR
  • 1 positive antigen test and a negative PCR performed 1 day after the initial antigen test

• 4 positive tests to report for this reporting week

Not included in positive test count
Vaccination Status of Residents with a Newly Confirmed SARS-CoV-2 Viral Test Result:

- 2 sub-categories have been added for Additional or Booster Vaccination
  - **One Booster:** residents who have received only one booster AND 14 days or more have passed before the specimen collection date
  - **Two or More Boosters:** residents who have received two or more booster doses since March 29, 2022, AND 14 days or more have passed before the specimen collection date
Additional or Booster Vaccination

Nursing home reported a count of 4 for the Additional or Booster Vaccination field for the reporting week

- One resident received an **additional dose 57 days before** the specimen collection date
- One resident received a **booster dose 60 days before** the specimen collection date
- One resident received a **second booster dose** of COVID-19 Vaccine **20 days before** the specimen collection date. The resident received the second booster on April 26th, 2022
- One resident received a **second booster dose** of COVID-19 Vaccine **30 days before** the specimen collection date. The resident received the second booster on May 10th, 2022
<table>
<thead>
<tr>
<th><strong>Additional or Booster Doses</strong></th>
<th><strong>Resident</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Additional or Booster Vaccination:</strong> Include newly positive residents who have received any additional dose(s) or booster dose(s) of COVID-19 vaccine (any manufacturer) AND 14 days or more have passed before the specimen collection date.</td>
<td>4</td>
</tr>
<tr>
<td>Include additional or booster dose received 14 days or more before the specimen collection date; otherwise, count as only primary series.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Resident Doses</strong></th>
<th><strong>Residents who received at least one or more booster dose of COVID-19 vaccine:</strong> Based on the number of residents with a newly positive SARS-CoV-2 viral test result identified above.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>One Booster:</strong> Include residents who have received only one booster dose of COVID-19 vaccine (any manufacturer) AND 14 days or more have passed before the specimen collection date.</td>
<td>1</td>
</tr>
<tr>
<td><strong>Two or More Boosters:</strong> Include residents who have received two or more booster doses of COVID-19 vaccine since March 29, 2021. AND 14 days or more have passed before the specimen collection date.</td>
<td>2</td>
</tr>
</tbody>
</table>

- One resident received an additional dose
- One resident received one booster dose
- Two residents received 2 or more booster doses
Up to Date Vaccination Status: RIFC Pathway

• Up to Date: Include residents who are up-to-date with COVID-19 vaccines 14 days or more before the specimen collection date.
NHSN Surveillance Definition

Up to date with vaccination

Individuals are considered up to date with their COVID-19 vaccines during the surveillance period of October 3, 2021 through June 26, 2022 for the purpose of NHSN surveillance if they meet (1) of the following criteria*:

1. An individual received all recommended doses in their primary vaccine series and received at least one booster dose. An individual does not need to receive a second booster dose to be considered up to date at this time.

2. An individual recently received all recommended doses in the primary vaccine series and is not yet eligible for a booster dose. Individuals who are not yet eligible to receive a booster dose include:
   a. Those who received their second dose of a 2-dose primary series of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) less than 5 months ago.
   b. Those who received a single dose of Janssen less than two months ago.

*Individuals with a moderately to severely immunocompromising condition are considered up to date in the following cases:
1) An individual received an additional dose less than three months ago, if primary series was the Moderna or Pfizer-BioNTech COVID-19 vaccine; or
2) An individual received an additional dose less than two months ago, if primary series was the Janssen COVID-19 vaccine; or
3) An individual received at least one booster dose after receiving an additional dose.
### Weekly COVID-19 Vaccination Data Reporting

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of residents staying in this facility for at least 1 day during the week of data collection</td>
<td></td>
</tr>
<tr>
<td><strong>Primary Vaccine Series</strong></td>
<td></td>
</tr>
<tr>
<td>2. <em>Cumulative</em> number of residents in Question #1 who have received primary series COVID-19 vaccine(s) at this facility or elsewhere since December 2020:</td>
<td></td>
</tr>
<tr>
<td>2.1. *Only 1 dose of a two-dose Primary COVID-19 vaccine series</td>
<td></td>
</tr>
<tr>
<td>2.2. *Any completed Primary COVID-19 vaccine series</td>
<td></td>
</tr>
<tr>
<td>3. <em>Cumulative</em> number of residents in Question #1 with other conditions:</td>
<td></td>
</tr>
<tr>
<td>3.1. *Medical contraindication to COVID-19 vaccine</td>
<td></td>
</tr>
<tr>
<td>3.2. *Offered but declined COVID-19 vaccine</td>
<td></td>
</tr>
<tr>
<td>3.3. *Unknown COVID-19 vaccination status</td>
<td></td>
</tr>
<tr>
<td><strong>Boosters</strong></td>
<td></td>
</tr>
<tr>
<td>4. <em>Cumulative</em> number of residents with complete primary series vaccine in Question #2 who have received any booster(s) or additional dose(s) of COVID-19 vaccine since August 2021</td>
<td></td>
</tr>
<tr>
<td>4.1 <em>Cumulative</em> number of residents in Question #4 who have received only one booster dose of COVID-19 vaccine since August 2021</td>
<td></td>
</tr>
<tr>
<td>4.2 <em>Cumulative</em> number of residents in Question #4 who received two or more booster doses of COVID-19 vaccine, and the most recent dose was received since March 29, 2022</td>
<td></td>
</tr>
<tr>
<td><strong>Up to Date</strong></td>
<td></td>
</tr>
<tr>
<td>Question 5 asks about individuals who are up to date. Please review the current definition of up to date: <a href="https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.pdf">https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.pdf</a></td>
<td></td>
</tr>
<tr>
<td>5. <em>Cumulative number</em> of residents in question #2 who are up to date with COVID-19 vaccines</td>
<td></td>
</tr>
</tbody>
</table>
NHSN Resources

- LTCF COVID-19 Module
  - LTCF COVID-19 Module: Surveillance Pathway Updates Slides
  - Resident Impact and Facility Capacity
- Weekly HCP & Resident COVID-19 Vaccination
  - Updates to Weekly COVID-19 Vaccination Data Reporting: Long-term Care Facilities
  - Table of Instructions
Antibiotic Stewardship: PDPH & LTC RISE Partnership
Antibiotic Stewardship: PDPH & LTC RISE Partnership

• Rising rates of some antibiotic-resistant organisms
• Partnership to support AS programs in Philadelphia SNFs
• Needs assessment survey covering core elements of AS programs
  1. Leadership support
  2. Accountability
  3. Antibiotic expertise
  4. Actions to improve use
  5. Monitoring antibiotic prescribing, use, and resistance
  6. Reporting information to staff
  7. Education

• Survey outreach from LTC RISE team next week
  • Email → phone call to go through the survey
Services and Resources
HAI/AR Program Services

- Infection Control Assessment and Response (ICAR) visit
- N95 qualitative fit test training
- Quarterly newsletter
- Onsite education
  - Short form staff education
  - Hand hygiene auditing training
- **Sign-Up Form for HAI/AR Services**
APIC Membership for SNF Infection Preventionists

Connecting LTCF IPs to a professional organization offers:

- Online educational resources
- Online peer community and support
- Local chapter networking opportunities and LTC Focus Group support

PDPH Organizational Membership (annual):

- One membership per facility
- Can be transferred to a new IP if needed
- Link to sign up: https://app.smartsheet.com/b/form/3e8cffe22f84c2692ee614321f816f0
PROTECT YOUR STAFF AND RESIDENTS WITH COVID-19 BOOSTERS

Boosters help keep up protection. If you’re 5+, you should get your 1st booster:

- 5 months after your 2nd dose of Pfizer or Moderna.
- 2 months after your single dose of Johnson & Johnson.

You can get a 2nd booster 4 months after your 1st, if you’re:

- 50+ and got the Pfizer or Moderna vaccine.
- 18+ and got the Johnson & Johnson vaccine.

To schedule a vaccination clinic at your facility or nearby, reach out to your vaccine provider. If you need support:

- Contact your state or local health department.
- Call CDC INFO at 800-232-4636 to be matched with a vaccine provider for an on-site clinic.

Visit cdc.gov/coronavirus for more information on boosters.

Getting a COVID-19 vaccine is like...
Using an umbrella in the rain!

A complete series of COVID-19 vaccine will help keep most people safe from getting sick from the COVID-19 virus. But receiving a booster dose of COVID-19 vaccine gives extra protection, just like when you wear a raincoat and use an umbrella in the rain!
Thank you!

New call series to be issued following this call