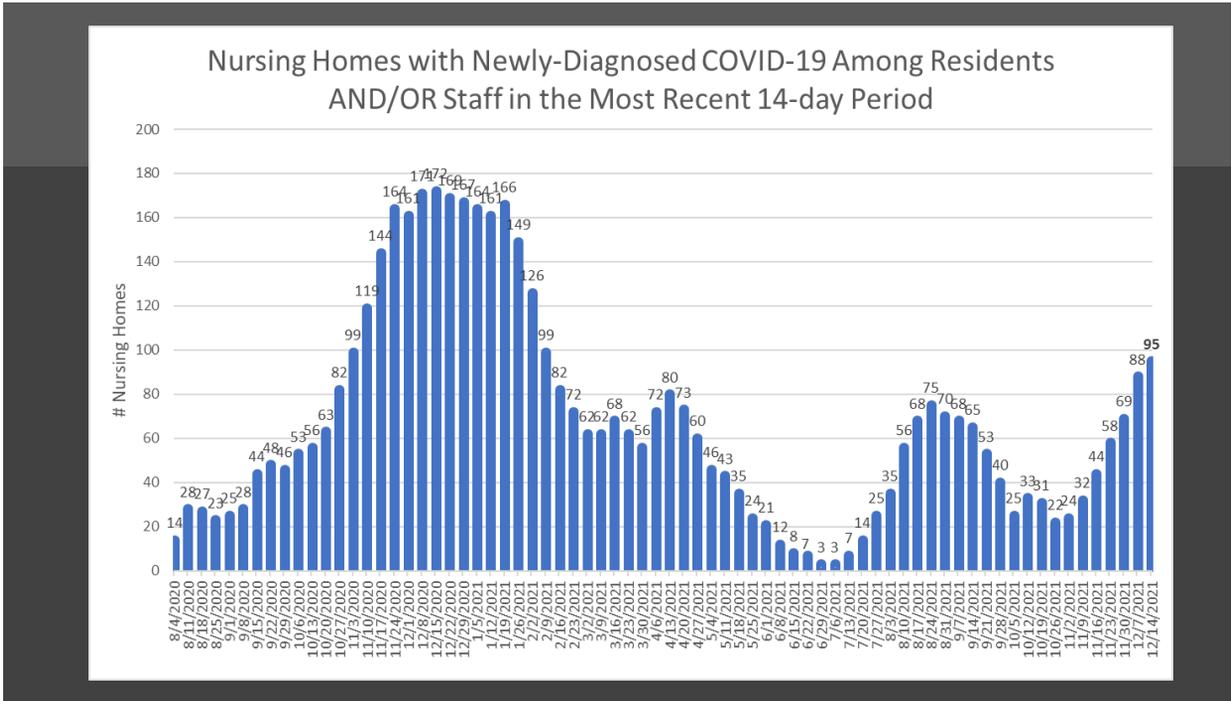# Agenda

- **HAI/AR Updates**
  - NH Data
  - Omicron
  - Lesson Learned From Recent Outbreaks
  - Movin' Project
  - Resident Testing for Respiratory Symptoms
  - BinaxNow Tips
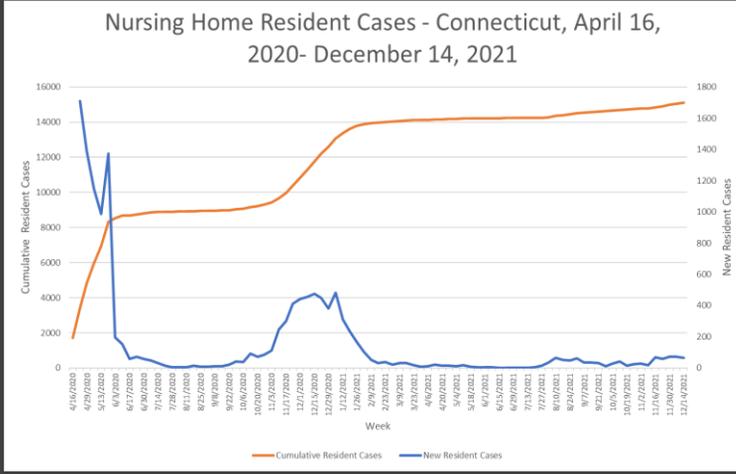- **FLIS updates**
  - Temporary Nurse Aide

1

Nursing Homes with Newly-Diagnosed COVID-19 Among Residents AND/OR Staff in the Most Recent 14-day Period

2

Nursing Home Resident Incidence, statewide
April 16, 2020 – December 14, 2021

Resident Census: 18,308

Date Reported	New Resident Cases (diagnosed that week)
14-Sep	35
21-Sep	30
28-Sep	11
5-Oct	29
12-Oct	42
19-Oct	15
26-Oct	24
2-Nov	29
9-Nov	18
16-Nov	70
23-Nov	58
30-Nov	71
7-Dec	73
14-Dec	66

Facility Metrics	#Nursing Homes
New res. cases, last 2 weeks	35 (+2)
No new res. cases, >2 weeks	170

Nursing Home Resident Cases - Connecticut, April 16, 2020- December 14, 2021
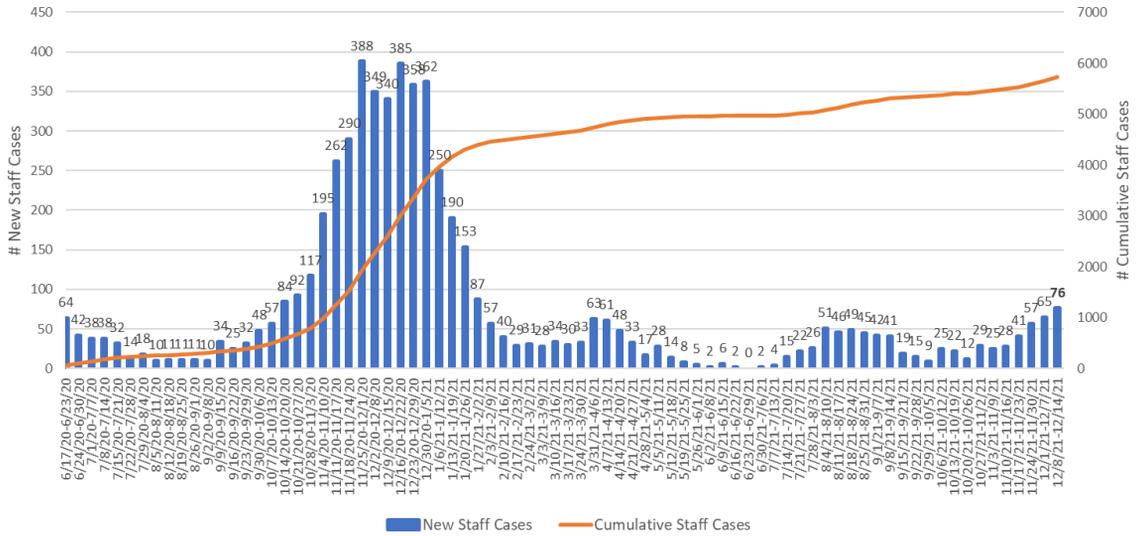
3

Nursing Home Resident Deaths Associated to COVID-19
4/15/2020-12/14/2021
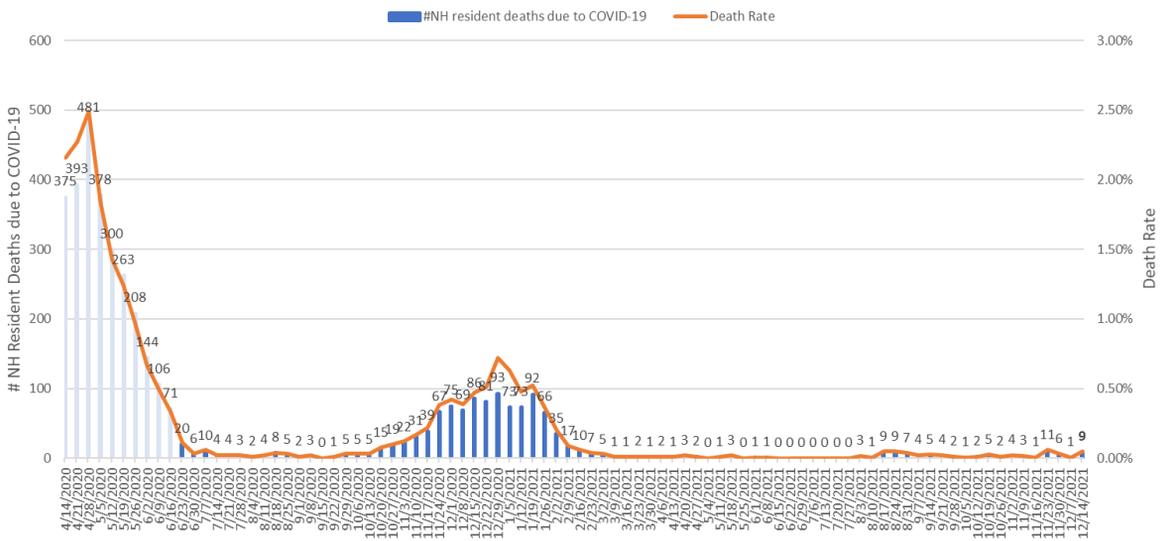
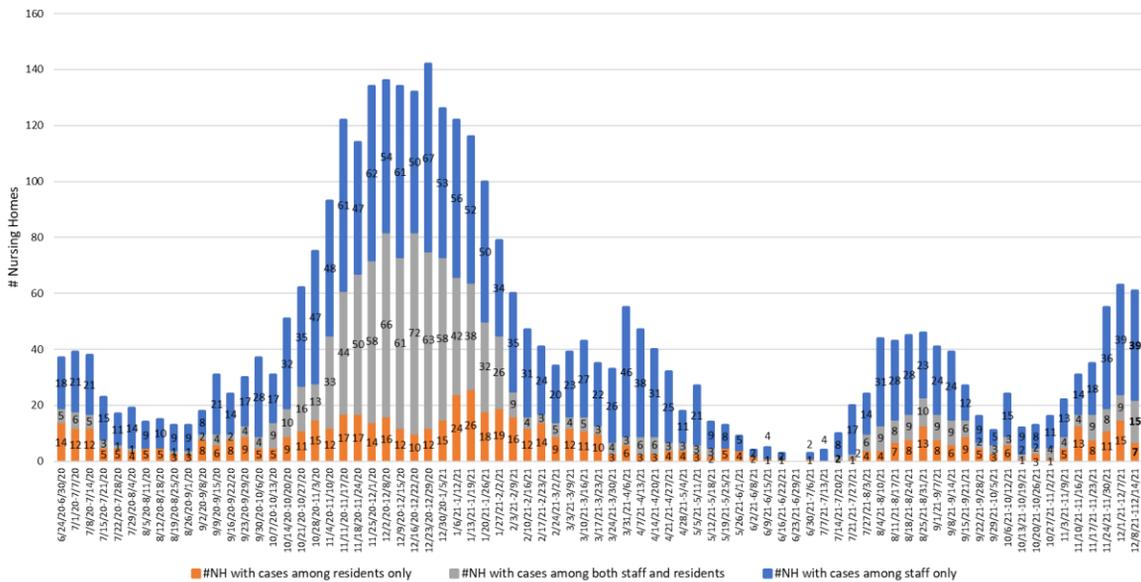Note: Light blue= OCME lab-confirmed and suspected deaths due to COVID-19, Darker blue= NHSN data

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12/8/21-11/14/21

Average Daily Incidence Rate per 100,000 Over the Last Two Weeks

1. <5 cases per 100,000 or <5 reported cases
2. 5-9 cases per 100,000
3. 10-14 cases per 100,000
4. 15 or more cases per 100,000

Legend

NHs with No New Cases

NHs with New Cases Among Staff
New Staff Cases:
- ≥ 6
- 3 – 5
- 1 – 2

NHs with New Cases Among Residents
New Resident Cases:
- ≥ 6
- 3 – 5
- 1 – 2

NHs with New Cases Among Staff and Residents
Custom
- ≥ 6
- 3 – 5
- 1 – 2
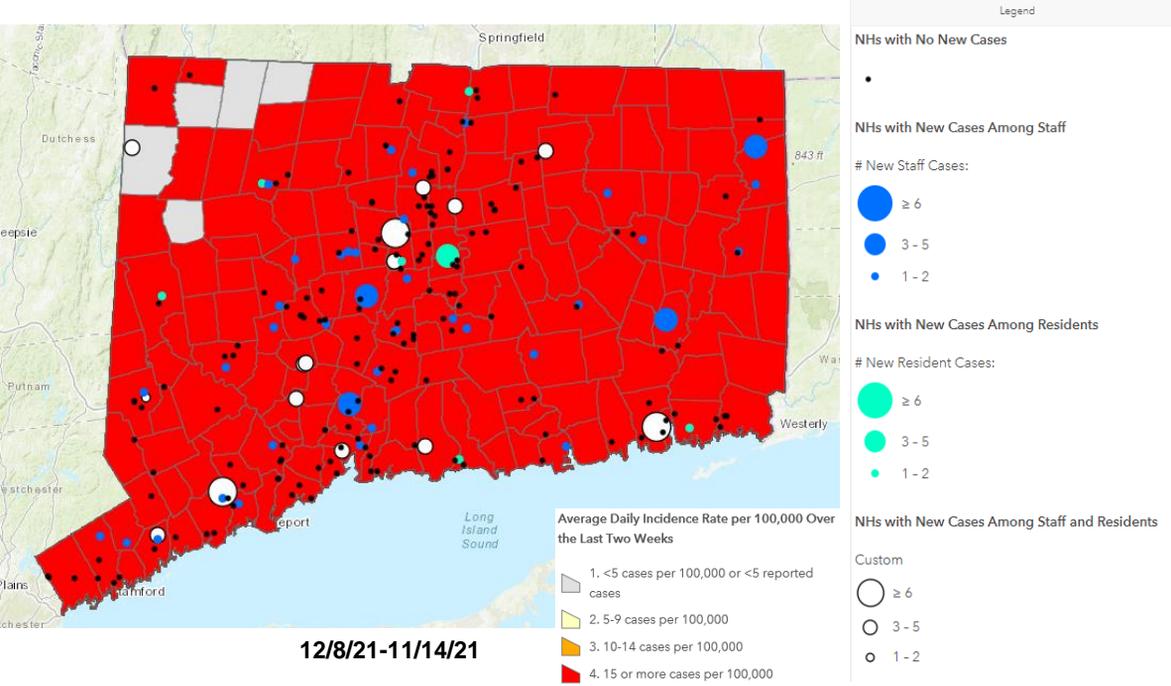
7

Nursing Home <u>Resident</u> COVID-19 Vaccination Rates: Primary Series, as of 12/5/2021

Resident Vax Rates (204 NHs reported)

- Average 92%
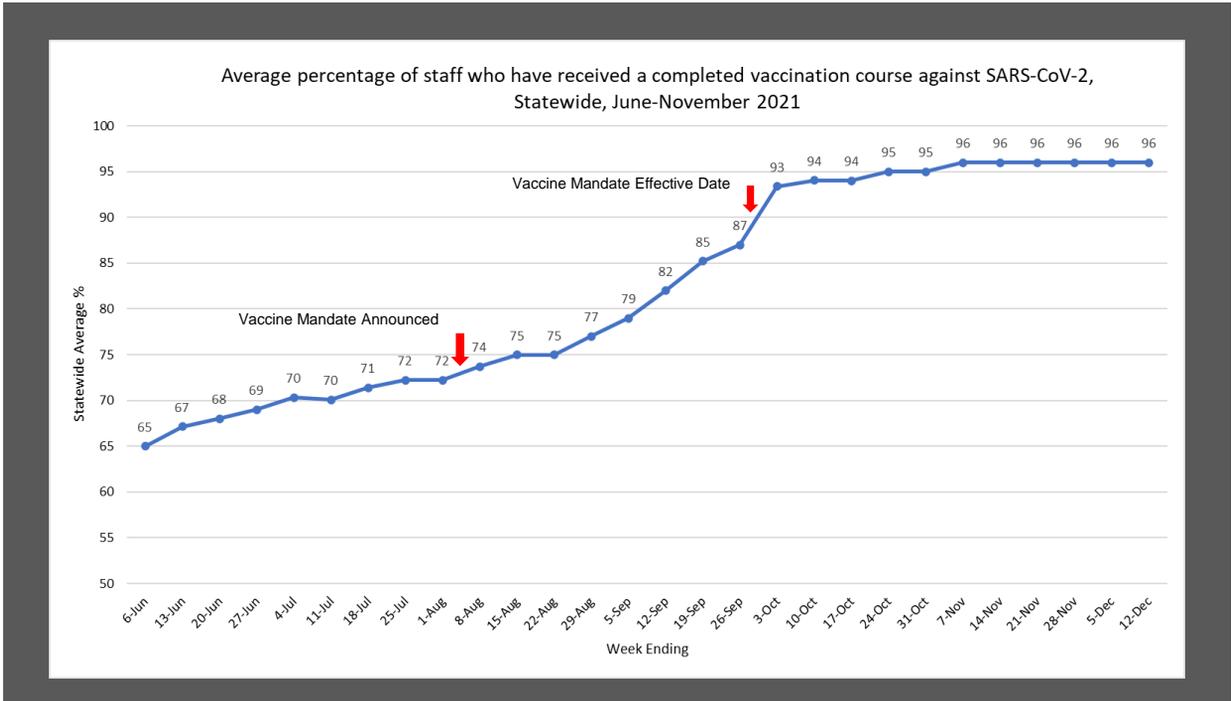- Median 94%
- Range 68-100%

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Nursing Home Staff COVID-19 Vaccination Rates: **NHSN** data, primary series, as of 12/5/2021

Staff Vaccination Rates (206 NHs reported)

- Average 96%

- Median 97%

- Range 83-100%

NHSN Staff Definition: HCP are defined as those who were **eligible to have worked** at this healthcare facility for **at least 1 day during the week of data collection, regardless of clinical responsibility or patient contact [defined by CMS as individuals who work in the facility on a regular (weekly) basis]**. HCP eligible to have worked include employees (staff on facility payroll), licensed independent practitioners (physicians, advanced practice nurses, & physician assistants), adult students/trainees & volunteers, and other contract personnel who are scheduled to work in the facility at least one day every week. For more information, please see here.

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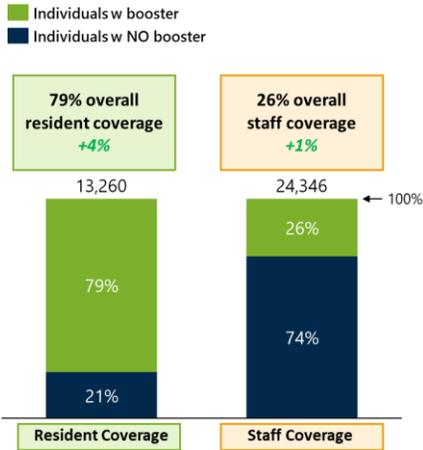Average percentage of staff who have received a completed vaccination course against SARS-CoV-2, Statewide, June-November 2021

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Nursing Home Booster Coverage

Reported via NHSN | As of December 12, 2021

Booster Coverage - *Individuals*

- 🟩 Individuals w booster
- 🟦 Individuals w NO booster

79% overall resident coverage +4%	26% overall staff coverage +1%

13,260   24,346 ← 100%

Resident Coverage: 79% / 21%
Staff Coverage: 26% / 74%

Resident Coverage | **Staff Coverage**

NH Staff Should Receive COVID Boosters

- **All nursing home staff are eligible for a booster and SHOULD get a booster:**
  - 6 months after their second dose of mRNA vaccine (Moderna or Pfizer)
  - 2 months after their first dose of J&J
- **When staff get boostered, they protect nursing home residents from COVID-19.**
  - Studies show that staff vaccination protects nursing home residents from death and illness.
  - As primary vaccine immunity wanes, boosters reduce risk of infections, and therefore reduces risk of passing on the virus to nursing home residents.
- **When staff get boostered, they protect themselves from COVID.**
  - Studies show that the booster dose increases the body's immune response to COVID.
  - *Because more infectious new variants are circulating and because protection from the initial vaccine series may become less effective over time*, the booster vaccine is important to making sure that nursing home staff are still protected from severe disease.

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Omicron

What We Know About Omicron?	We Have the Tools to Fight Omicron?
*How easily does Omicron spread?** Omicron is expected to outcompete Delta. CDC expects that anyone with Omicron infection can spread the virus to others, even if they are vaccinated or don't have symptoms.	***Vaccines** remain the best public health measure to protect people from COVID-19, slow transmission, and reduce the likelihood of new variants emerging.
*Will Omicron cause more severe illness?** More data are needed to confirm if Omicron infections, and especially reinfections and breakthrough infections in people who are fully vaccinated, cause less severe illness or death than infection with other variants.	
*Will vaccines work against Omicron?** Current vaccines are expected to protect against severe illness, hospitalizations, and deaths due to infection with Omicron. Breakthrough infections in people who are fully vaccinated are likely to occur. Boosters can provide additional protection.	***Masks** offer protection against all variants.
*Will treatments work against Omicron?** Scientists are working to determine how well existing treatments for COVID-19 work. Based on the changed genetic make-up of Omicron, some treatments are likely to remain effective while others may be less effective. CDC: Omicron variant	***Testing** can tell you if you are currently infected with COVID-19.

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Recent COVID-19 Outbreaks in CT Nursing Homes: Lessons Learned

Residents

•**Fully vaccinated new admission-** turning positive (may have had exposure prior admission). Provide Booster vaccination *ASAP*

•**Failure to quarantine unvaccinated new admissions** for 14 days as recommended by CDC

•**Opportunity to quarantine and/or frequently test** roommates after high-risk exposure even if fully vaccinated

•**Resident source control:** always ask residents to mask when staff enters room

•If residents are not compliant with *source control*, or in areas of substantial to high transmission, consider implementing universal eye protection.

Staff

•**Vaccinated staff**- working during infectious period

•**Staffing challenges**- hard to cohort staff during outbreak

•**Visitation**- asymptomatic visitors testing positive after visiting

•**Failure to quarantine unvaccinated staff** after exposure

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MOVIN: Monitoring Outbreaks of Vaccine-breakthrough (VBT) In Nursing Homes

- CDC project with HAI-AR Programs, since July 2021
- MOVIN monitors changes in VBT infections, vaccine effectiveness, and emergence of variants among VBT infections.
- How do Nursing Homes participate?
  - Please complete resident line lists in the DPH COVID-19 Data Portal.
  - Antigen positives needing confirmatory PCR: please send to SPHL.
  - If you're experiencing a cluster of VBT, send VBT specimens to SPHL for variant typing
- How do we send specimens to SPHL?
  - Send SPHL lab requisition form with each specimen 2019_nCoV_req_FILL.pdf (ct.gov)
  - See CT DPH Memo 4/2021 that outlines process for sending VBT specimens. Updated-Provider-Memo-on-COVID-19-Reporting_Final.pdf (ct.gov)
  - SPHL cannot test large numbers of screening tests.
  - Contact dph.HAIAR@ct.gov with questions or difficulty getting specimens to SPHL

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Resident Testing for Respiratory Symptoms

1. If symptomatic residents are testing negative for COVID-19, **test for other respiratory viruses** (e.g., flu, respiratory viral panel).
2. **State Public Health Lab (SPHL) <u>cannot</u> provide for mass routine screening or outbreak testing.**
   * SPHL will conduct **diagnostic testing for certain long-term care cases** (symptomatic, PCR confirmation after antigen test).
   * SPHL is also helping with SARS-CoV-2 strain surveillance among fully-vaccinated cases. **If your lab doesn't sequence, send specimens from fully-vaccinated cases to SPHL.**
   * The state does not have any more antigen test kits for distribution.
3. **If you need respiratory specimen collection kits (not antigen test kits):** check with your local health dept before calling SPHL.
4. SPHL does not have a routine courier for specimens from LTCFs. Couriers are for cases and outbreaks of epidemiologic importance (must be pre-approved by DPH HAI-AR Program)

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BinaxNOW tips

1. If unable to obtain Binax and you have expired kits, expired kits may be used per CMS Guidance for the Use of Expired SARS-CoV-2 Tests (cdc.gov)
2. Adjust your testing program in response to shortages (staying in compliance with CMS requirements)
3. Transition to molecular (PCR) testing while antigen test supplies are low
4. Nursing Homes and ALSA: HHS is continuing bi-weekly Binax distribution. Eligibility is based on two elements: CLIA Certificate of Waiver Designation and county rates of COVID-19 Infections.
5. 5. If you decide to use another antigen test (more available now), please complete Lab Licensing Attestation Form

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FLIS Updates

1. Temporary Nurses Aide

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