# Agenda

HAI-AR Updates
1. Data
   1. CT Nursing Home data (NHSN)
   2. CDC/NHSN LTC Data Dashboard
2. NH and AL reporting
3. Testing
   1. BinaxNOW from HHS
   2. Other testing resources
   3. When/how to send to state lab
   4. Outbreak testing
   5. Self-testing
4. Updated CDC isolation/quarantine guidance
   1. For HCP
   2. For non-HCP

FLIS Updates

Nursing Homes with Newly-Diagnosed COVID-19 Among Residents AND/OR Staff in the Most Recent 14-day Period
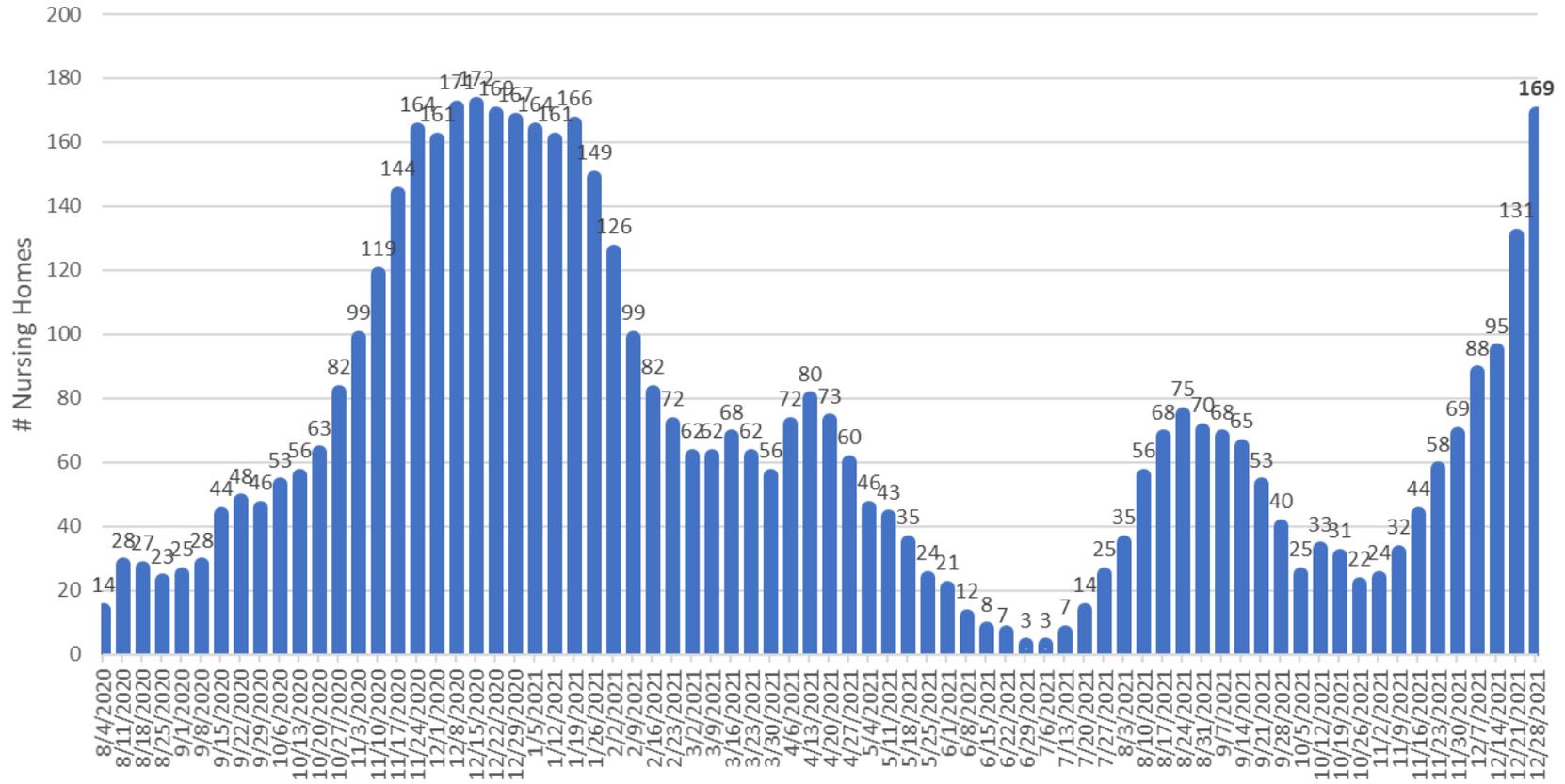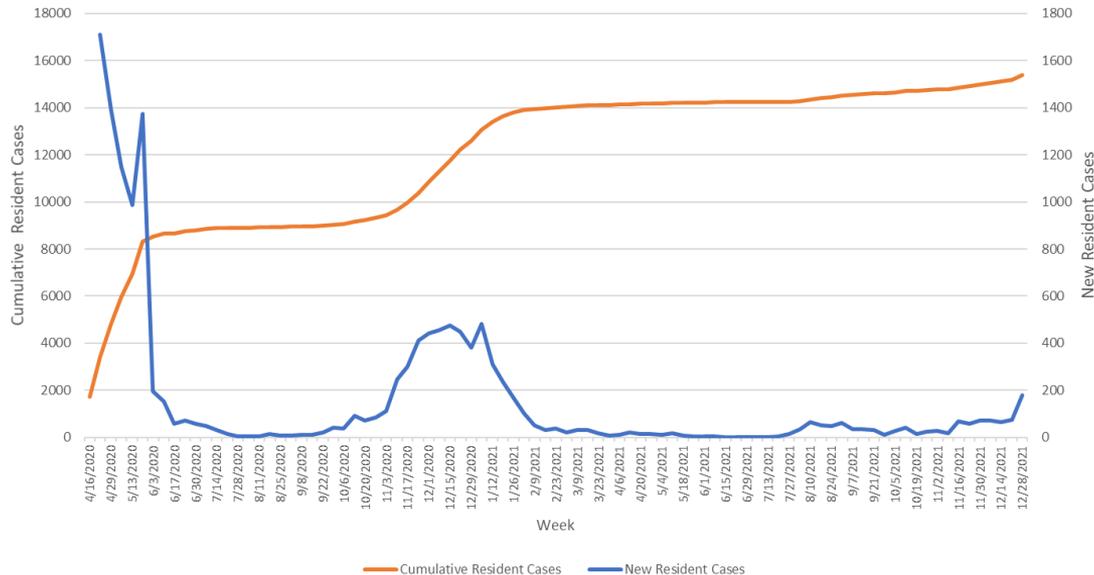
Nursing Home Resident Incidence, statewide
April 16, 2020 – December 28, 2021

Resident Census: 17,770

Date Reported	New Resident Cases (diagnosed that week)
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
21-Dec	70
28-Dec	181

Facility Metrics	#Nursing Homes
New res. cases, last 2 weeks	67 (+10)
No new res. cases, >2 weeks	138

Nursing Home Resident Cases - Connecticut, April 16, 2020- December 28, 2021

Nursing Home Resident Deaths Associated to COVID-19
4/15/2020-12/28/2021

Note: Light blue= OCME lab-confirmed and suspected deaths due to COVID-19, Darker blue= NHSN data
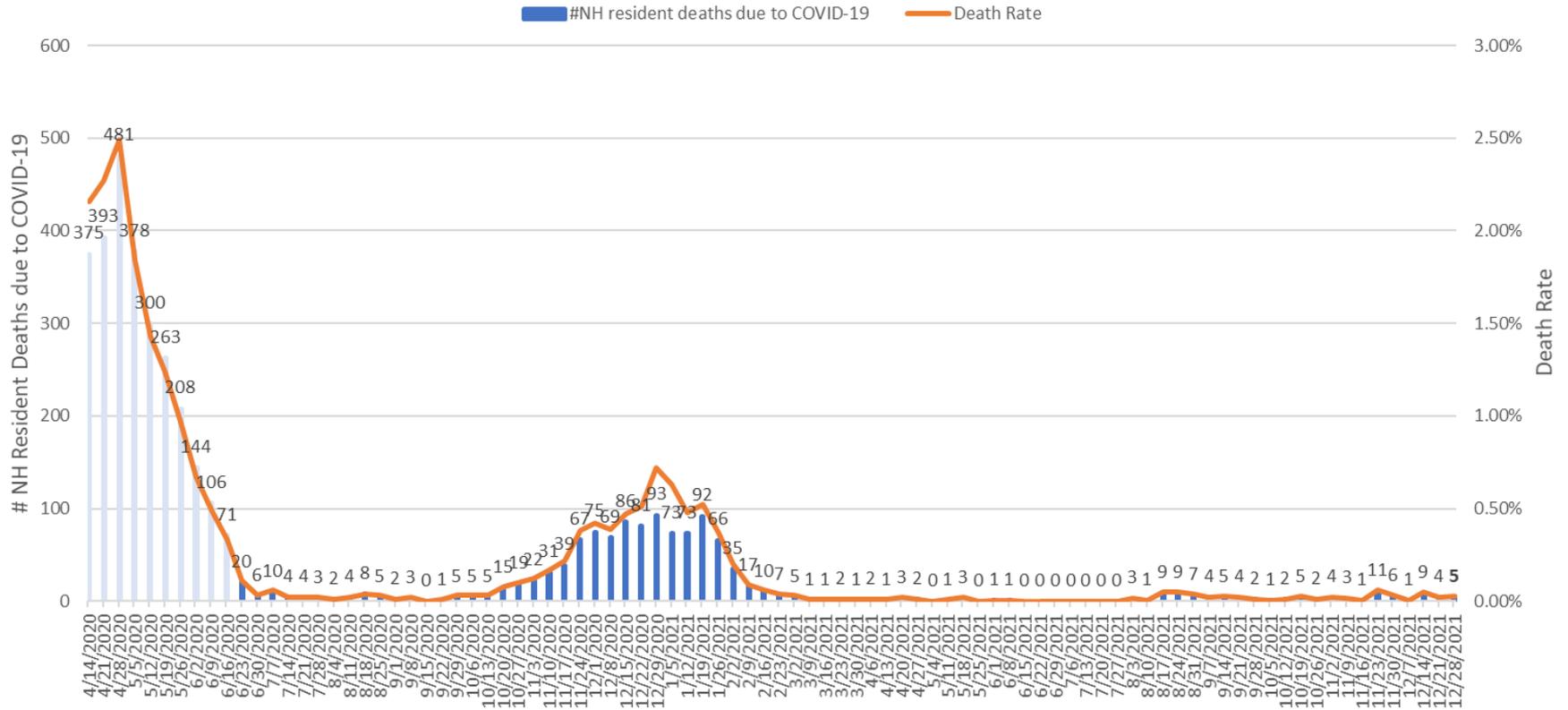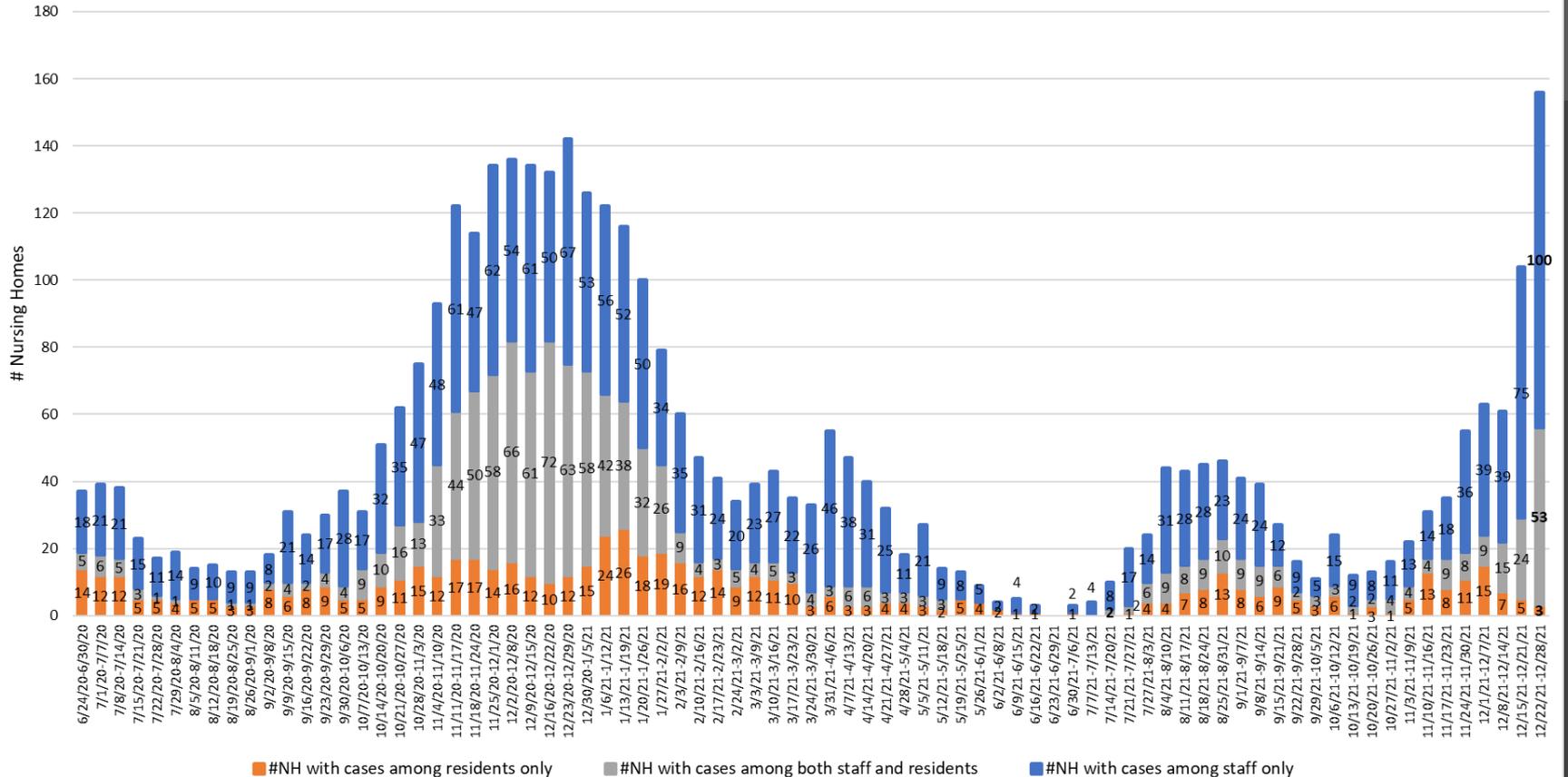
Staff Cases in Connecticut Nursing Homes
June 17, 2020– December 28, 2021
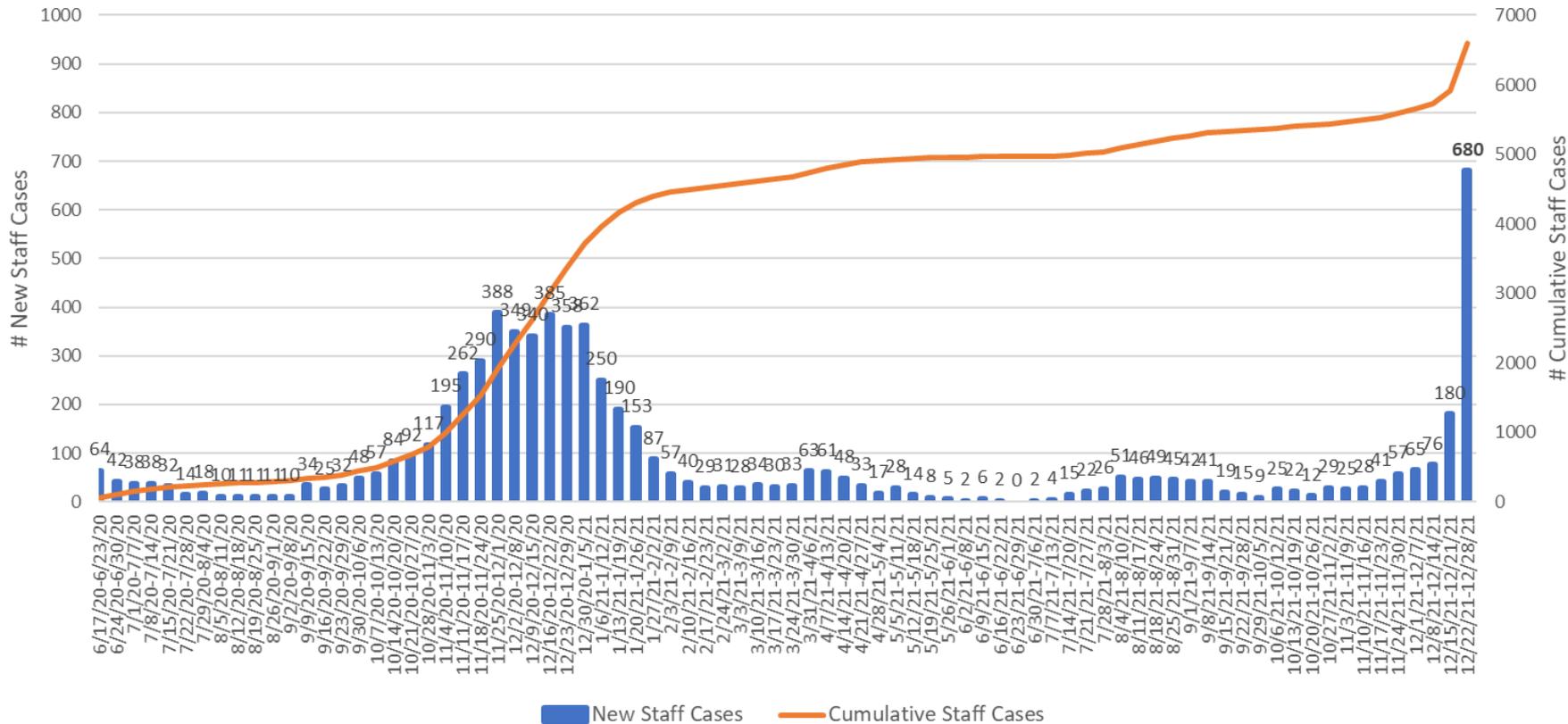
Nursing Homes with Positive Staff or Residents June 17, 2020-December 28, 2021

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

Residents
- Majority of resident cases are due to **exposures during visitation or LOA**
- **Roommate to roommate** transmission
- Minimal staff to resident transmission

Staff
- Majority of staff cases are among fully vaccinated but **not yet boosted**
- Majority of staff cases are community exposures
- Some resident to staff transmission. Implement **universal eye protection and encourage resident to wear mask when staff present**.

Nursing Home Data Dashboard

COVID-19 data: https://www.cdc.gov/nhsn/covid19/ltc-report-overview.html
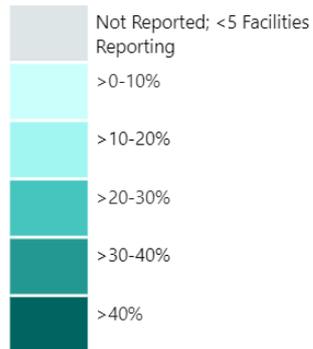Vaccination data:https://www.cdc.gov/nhsn/covid19/ltc-vaccination-dashboard.html

Percentage of Staff with Complete Vaccination Receiving Additional Primary or Booster Dose, 12/20/2021 – 12/26/2021, Region 1

% of Staff with Complete Vaccination Receiving Additional Primary or Booster Dose

- Not Reported; <5 Facilities Reporting
- >0-10%
- >10-20%
- >20-30%
- >30-40%
- >40%

Nursing Home Booster Coverage

Reported via NHSN | As of December 26, 2021

Booster Coverage – *Of ELIGIBLE Individuals*

- 🟩 Individuals w booster
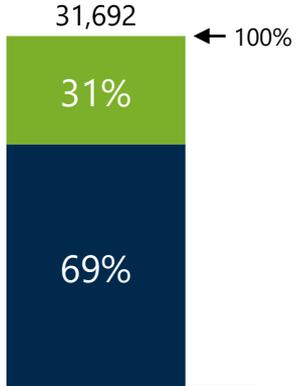- 🟦 Individuals w NO booster

82% ELIGIBLE resident coverage

31% ELIGIBLE staff coverage

16,667

31,692 ← 100%

- Resident Coverage: 82% / 18%
- Staff Coverage: 31% / 69%

Booster Coverage – *Of ALL VAXXED Individuals*

- 🟩 Individuals w booster
- 🟦 Individuals w NO booster

75% ALL VAXXED resident coverage

24% ALL VAXXED staff coverage

18,183

41,092 ← 100%

- Resident Coverage: 75% / 25%
- Staff Coverage: 24% / 76%
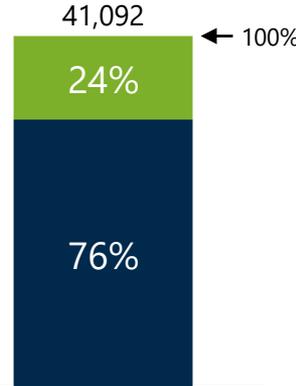
For homes that have >0% **ELIGIBLE individual** coverage:

- Median ELIGIBLE res. coverage: 89%
- Median ELIGIBLE staff coverage: 32%

For homes that have >0% **ALL VAXXED individual** coverage:

- Median ELIGIBLE res. coverage: 82%
- Median ELIGIBLE staff coverage: 25%

Reporting Requirements – Nursing Homes

Class B Reportable Event
- Facilities are required to notify DPH FLIS reportable events portal immediately when one case of COVID-19 is identified.
- Not necessary to update when additional staff or resident test positive.
- Close out the outbreak when there have not been any residents or staff who test positive for 28 consecutive days.

DPH Case Reporting Portal
- **Report COVID-19 cases among staff & residents within 24 hours of detection. Link:** https://dphflisevents.ct.gov/
- Note: Case reporting Portal is different from the Class B Reportable Event portal.
- **Please update line list for each resident case (symptoms, hospitalization, death and vaccination dates)**
- **No need to call Epi to report COVID-19 cases**. Reporting data on the portal serves as notification to Epi.
- Step by step instructions: https://portal.ct.gov/-/media/DPH/HAI/Directions-Data-entry-FLIS-portal-update-09_23_21.pdf

NHSN
- COVID-19 Pathway Data Reporting– **weekly by NOON WEDNESDAYS**
- COVID-19 Vaccination- Once a week, Monday-Sunday reporting time frame

Reporting Requirements – Assisted Living

- No more daily reporting to LTC-MAP.
- **CALL DPH HAI-AR PROGRAM at 860-509-7995 within 24 hours of new staff or resident case.**
- Tell secretary you're reporting a COVID-19 case in assisted living, provide total staff and resident cases, date of first and last positive and if you require guidance (we will only call back if you request).

- Required case reporting and laboratory reporting continues
  - Ordering providers for SARS-CoV-2 testing still need to report cases (positives) here: dphsubmissions.ct.gov/Covid/InitiateCovidReport
  - Laboratories (e.g., BinaxNOW providers) are required to report all positives and negative results (set up reporting with dph.informaticslab@ct.gov)

Testing

1. BinaxNOW from HHS
2. Other testing resources
3. When/how to send to state lab
4. Outbreak testing
5. Self-testing

BinaxNOW

- State has none in stock and does not plan on purchasing

- HHS (Federal gov't) are distributing to LTCFs based on **CLIA designation** and county positivity rate (≥5%)

FACILITY TYPE	DESIGNATION CRITERIA
Assisted Living Facility	CLIA application under 04- Assisted Living Facility Confirm "Facility Type" Designation here
Nursing Homes	Medicare-certified Skilled Nursing Facility (SNF) and/or Medicaid-certified Nursing Facility (NF) Confirm Designation here

- **Verify you have the correct CLIA Certificate of Waiver designation in place. If you believe the designation on your CLIA Certificate of Waiver is incorrect, please reach out to dph.flislab@ct.gov**

- **Report antigen test use accurately on NHSN!!**

- Purchase commercially from Abbott: https://www.globalpointofcare.abbott/en/product-details/navica-binaxnow-covid-19-us.html

Other Testing Resources

1. **Laboratory with molecular SARS-CoV-2 testing**
   a. AL toolkit: [Document.aspx (mutualaidplan.org)](Document.aspx)
   b. State-contracted labs: [CTsource Contract Board](CTsource) (search "testing", LTCFs must establish their own contracts with testing vendors)
2. **Another Point-Of-Care Antigen Test**
   a. Many available: [In Vitro Diagnostics EUAs - Antigen Diagnostic Tests for SARS-CoV-2 | FDA](FDA)
   b. Update dph.flislab@ct.gov: [State of CT FDA Emergency Use of Authorization EUA Attestation Form](Attestation)
   c. Ensure staff are adequately trained in new processes
3. **Self tests (for staff) – must be administered by "self"**
   a. Available at some retailers
   b. Town distributions
4. **Community testing sites (for staff)**
   a. 211ct.org
   b. [State-Supported COVID Testing Sites (ct.gov)](ct.gov)

Confirmatory PCR Testing at SPHL

1. If symptomatic residents testing negative for COVID-19, **test for other respiratory viruses** (e.g., flu). **Don't** order full respiratory viral panel at State Lab unless non-COVID virus suspected.

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** (<u>PCR confirmation after antigen test</u>).
    *   Due to current testing demands, please limit **5 confirmatory specimens per facility.**
    *   When COVID-19 is circulating at high levels, treat asymptomatic antigen positives as infectious

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)

Outbreak Testing

A new COVID-19 infection in any staff or any nursing home-onset COVID-19 infection in a resident should trigger **an outbreak investigation**.

* An outbreak investigation involves rapid identification and isolation of new cases critical for stopping further viral transmission.

* Testing should begin *immediately (no sooner than 24hrs if discrete exposure) u*pon identification of a single new case of COVID-19 infection in any staff or residents.

Facilities have the *option to perform outbreak testing through two approaches:* **contact tracing** or **broad-based** (e.g. facility-wide, unit level or floor level) testing.

For more information, please see Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes

Testing Trigger	Staff	Residents
Symptomatic Individual identified	Staff with signs or symptoms must be tested.	Residents with signs or symptoms must be tested.
*Outbreak: Newly identified COVID-19 positive staff or resident in a facility that can identify **close contacts**	Test **all staff** that had a higher-risk exposure with a COVID-19 positive individual.	Test **all residents** that had close contact with a COVID-19 positive individual.
*Outbreak: Newly identified COVID19 positive staff or resident in a facility that is **unable to identify close contacts**	Test **all staff** facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility).	Test **all residents** facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility).

*During outbreak testing ALL individuals should be tested regardless of vaccination status
*Testing is not recommended for people who have had SARS-CoV-2 infection in the last 90 days if they remain asymptomatic, including if they have had close contact or a higher-risk exposure

Close Contact Testing during a COVID-19 Outbreak Investigation

* Exposed HCP and residents, regardless of vaccination status, should have a series of **two viral tests** for SARS-CoV-2 infection.
  * Testing is recommended **immediately** (but not earlier than 24 hrs after the exposure) and, if negative, again **5-7** days after the exposure.

* **If testing of close contacts reveals additional positives**, contact tracing should be continued to identify exposed resident and HCPs to the newly identified positive individual(s).
  * A facility-wide or group-level (e.g., unit, floor) approach should be considered if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission.

Broad Based Testing during a COVID-19 Outbreak Investigation

* If a facility does not have the expertise, resources, or ability to identify all close contacts, they should instead investigate the outbreak at a facility-level or group-level (e.g., unit, floor).

* Perform testing for all residents and HCP on the affected unit(s), regardless of vaccination status, **immediately** and, if negative, **again 5-7 days later**.

  * If **no additional cases are identified**, unvaccinated residents should still be quarantined for 14 days, and no further testing is indicated.

* If **additional cases are identified**, testing should continue on affected unit(s) or facility-wide every 3-7 days until there are no new cases for 14 days.

  * If antigen testing is used, more frequent testing (every 3 days), should be considered.

Self-testing: evaluating your risk of spreading infection

- **What?** Antigen tests, not under CLIA

- **Who?** Anyone, regardless of vaccination or symptom status
  - Antigen testing preferred for those needing to test (e.g., for symptoms) if previously positive in past 90 days

- **When?** Symptoms, after exposure, before indoor gatherings

- **Reporting to public health?** NO

Positive self-test result	Negative self-test result
Isolate and notify close contacts (who should quarantine)	Infection not detected but *does not entirely rule out infection.* Repeat test after >24h

Quarantine and Patient Placement

Quarantine

- Exposed **unvaccinated residents** should be placed in 14-day quarantine.
- Exposed **fully vaccinated residents** do not require quarantine but should wear source control and be tested as described in the outbreak testing section.
- In the event of ongoing transmission within a facility that is not controlled with initial interventions, strong consideration should be given to use of quarantine for fully vaccinated residents on affected units.

Resident Placement

- Place a resident with suspected or confirmed SARS-CoV-2 infection in **a single-person room**.
- Facilities could consider designating entire units within the facility, with dedicated HCP, to care for patients with SARS-CoV-2 infection.

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test[†], if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2[‡] and 5–7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1[‡], 2, 3, & 5–7	No work restrictions (test if possible)

[†]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

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Isolation: NON-Healthcare

If You Test Positive for COVID-19 (Isolate)

Everyone, regardless of vaccination status.

- Stay home for 5 days.
- If you have no symptoms or your symptoms are resolving after 5 days, you can leave your house.
- Continue to wear a mask around others for 5 additional days.

If you have a fever, continue to stay home until your fever resolves.

Quarantine for NON-Healthcare

If You Were Exposed to Someone with COVID-19 (Quarantine)

If you:

Have been boosted
OR
Completed the primary series of Pfizer or Moderna vaccine within the last 6 months
OR
Completed the primary series of J&J vaccine within the last 2 months

- Wear a mask around others for 10 days.
- Test on day 5, if possible.

If you develop symptoms get a test and stay home.

If you:

Completed the primary series of Pfizer or Moderna vaccine over 6 months ago and are not boosted
OR
Completed the primary series of J&J over 2 months ago and are not boosted
OR
Are unvaccinated

- Stay home for 5 days. After that continue to wear a mask around others for 5 additional days.
- If you can't quarantine you must wear a mask for 10 days.
- Test on day 5 if possible.

If you develop symptoms get a test and stay home