

Summary of December 23, 2020 meeting
Between DPH and Nursing Homes and Assisted Living Services Agencies
The notes below summarize information shared by DPH with Nursing Homes and Assisted Living Agencies on the weekly industry call. Information is subject to change week to week. Facilities should always consult DPH, CDC and CMS guidance for the most up-to-date information.

Nursing Home Issues:

Overview of COVID-19 in Connecticut and outbreak trends in nursing homes.

- The Department provided an updated overview of the week to week NHSN data of newly diagnosed COVID-19 among residents and/or staff in a nursing home.
- Included in this overview was a map of all towns with COVID cases and their alert status, along with markers that depicted nursing homes with COVID cases within those towns.
- Staff positive cases seem to have plateaued since the beginning of December. The number of nursing homes with resident cases has gone down for the first time since early fall. However, the Department continues to see significant outbreaks in nursing homes.
- During the past 14-day period, there were 172 nursing homes with positive cases or staff and/or resident.
- There are 4 counties in Connecticut who are over 10%, which require twice weekly testing of staff. These counties include: Fairfield, Hartford, Litchfield, New Haven and Windham.
- The Department presented comparison of resident outbreaks in nursing homes from Mid/Late March to July 21, 2020 vs. July 22 to December 15, 2020. The data collectively, nursing homes have reduced the number of outbreaks in the state during each time period.

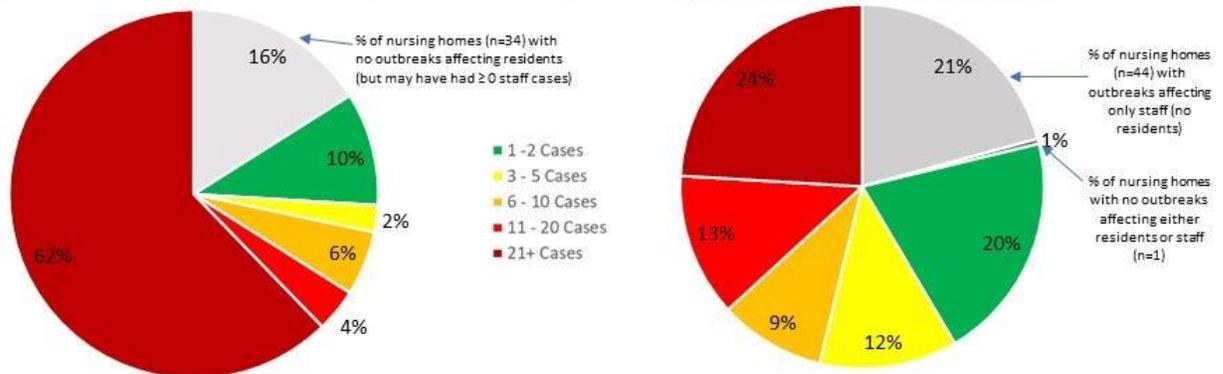
**Comparison of numbers of SARS-CoV-2-positive residents per nursing home outbreak
Spring versus Summer/Fall**

(data reflects size of outbreaks only among residents, not in staff)

Mid/Late March to July 21, 2020
(178 NHs with resident outbreaks)

N=212 nursing homes

July 22 to December 15, 2020
(167 NHs with resident outbreaks)



Data from Spring taken from DPH Surveillance Portal and includes cases from the start of the pandemic in mid/late March

Data since July 22nd taken from NHSN

Source: weekly reports posted on: <https://portal.ct.gov/Coronavirus/Nursing-Homes-and-Assisted-Living-Facilities>

Tip of the week:

Tip of the Week: Testing Strategies

- **At a minimum: weekly testing of staff (and residents if indicated) with your care partner**
 - **Utilize Antigen testing: faster results mean less time for spread while waiting for results!!**
 - As part of an outbreak response
 - CDC recommends residents and HCP (without prior infection in last 90 days) have viral test **immediately** after the first new COVID-19 case is identified at the facility.
 - Serial testing of all residents and HCP (without prior infection <90 days) **every 3–7 days** until no new positive tests have been identified for 14 days.
 - For example: on day **0 (day the first case is identified), days 3, 6, 9, and 12**, and **then on days 19, 26**, etc.
 - To frequently test exposed patients who must continue to share a room- daily or every other day
 - If resident or staff member presents with symptoms of COVID
- If PCR results are not returning within 48 hours, use the antigen test!**

If you are having difficulty sourcing antigen testing supplies, please contact DPH for a limited supply of BinaxNOW kits:

<https://portal.ct.gov/Coronavirus/Pages/Requests-for-Test-Supplies>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Testing-in-Nursing-Homes>

12/23/20

COVID ANALYSIS RAPID RESPONSE TEAM (CARRT) TESTING

- Mobile antigen testing services for facilities experiencing an outbreak.
- Rapid testing to help with resident cohorting.
- Testing results reported immediately to DPH to help determine next steps for ongoing outbreak response.

Any nursing home interested in utilizing the CARTT, should email Adora Harizaj at: adora.harizaj@ct.gov

- Q&A regarding serial testing of all residents:
 - For serial testing days 3, 6, 9, and 12. Does it apply only to the unit where there is an outbreak or the whole facility?
This applies to the whole facility. That's the safest thing to do.

Source control measures

- Even though vaccinations are taking place in nursing homes, it is important for nursing homes to continue their source control measures. These include social distancing, wearing a mask at all times along with appropriate other PPE depending on the care being provided, avoiding travel, practicing appropriate hand hygiene.

The COVID-19 pandemic is surging

Act now to slow the spread and speed up economic recovery



Wear
Masks



Maintain
Distance/
Limit Contacts



Avoid
Gatherings



Identify &
Isolate Cases



Protect
Health Care
Workers

Lives saved
Economy recovered
Community life restored



Protect
High-Risk
Groups



Conduct
Contact Tracing
& Quarantine



Postpone
Travel



Wash
Hands



Vaccinate
Widely

CDC.GOVbit.ly/MMWR12420MMWR

Vaccine contraindications:

- The Department has received several questions regarding triaging individuals to receive the vaccine.
- Below is information that was provided for the Pfizer-BioNTech COVID-19 vaccination:

Appendix: Triage of persons presenting for Pfizer-BioNTech COVID-19 vaccination

	MAY PROCEED WITH VACCINATION	PRECAUTION TO VACCINATION	CONTRAINDICATION TO VACCINATION
CONDITIONS	<p>CONDITIONS</p> <ul style="list-style-type: none"> • Immunocompromising conditions • Pregnancy • Lactation <p>ACTIONS</p> <ul style="list-style-type: none"> • Additional information provided* • 15 minute observation period 	<p>CONDITIONS</p> <ul style="list-style-type: none"> • Moderate/severe acute illness <p>ACTIONS</p> <ul style="list-style-type: none"> • Risk assessment • Potential deferral of vaccination • 15 minute observation period if vaccinated 	<p>CONDITIONS</p> <ul style="list-style-type: none"> • None <p>ACTIONS</p> <ul style="list-style-type: none"> • N/A
ALLERGIES	<p>ALLERGIES</p> <ul style="list-style-type: none"> • History of food, pet, insect, venom, environmental, latex, or other allergies not related to vaccines or injectable therapies • History of allergy to oral medications (including the oral equivalent of an injectable medication) • Non-serious allergy to vaccines or other injectables (e.g., no anaphylaxis) • Family history of anaphylaxis • Any other history of anaphylaxis that is not related to a vaccine or injectable therapy <p>ACTIONS</p> <ul style="list-style-type: none"> • 30 minute observation period: Persons with a history of severe allergic reaction (e.g., anaphylaxis) due to any cause • 15 minute observation period: Persons with allergic reaction, but not anaphylaxis 	<p>ALLERGIES</p> <ul style="list-style-type: none"> • History of severe allergic reaction (e.g., anaphylaxis) to another vaccine (not including Pfizer-BioNTech vaccine) • History of severe allergic reaction (e.g., anaphylaxis) to an injectable therapy <p>ACTIONS:</p> <ul style="list-style-type: none"> • Risk assessment • Potential deferral of vaccination • 30 minute observation period if vaccinated 	<p>ALLERGIES</p> <ul style="list-style-type: none"> • History of severe allergic reaction (e.g., anaphylaxis) to any component of the Pfizer-BioNTech vaccine <p>ACTIONS</p> <ul style="list-style-type: none"> • Do not vaccinate

* See Special Populations section for information on patient counseling in these groups.

- Further information can be found on CDC's website at: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

Nursing Home survey findings over the last week.

- There were 17 infection control surveys conducted from 12/16/2020 to 12/22/2020, with findings in 3 facilities.
- During these visits the following findings were noted:
 - Improper use of PPE,
 - Staff and resident screening.
 - Notification to a resident and family regarding a resident's COVID positive status.

CMP funds for Visitation.

- Blast fax # 20-103B was sent to all nursing home administrators on 12/22/2020 and contained revisions to the items available for CMP funds.
- The following items were removed from the list of prohibited items:
 - Outdoor furniture
 - Portable heating units
 - Lighting systems
 - Infrared temperature scanners
- The Department is reviewing applications of any facility who submitted a request prior to the ban on these items and may be reaching out to facilities with questions.
- To date, the Department has received 54 CMP requests and have approved 12 requests.

Nursing Homes and Assisted Living Services Agencies Joint Issues:

Care Partner testing program:

- The Care Partner testing program has been extended until March 31, 2021.
- To date over 700,000 tests have been performed through this program.
- The next test period MAY be different from past extensions. The Department is looking into options to bill employee health insurance, making the State the payor of for testing beginning February 14. The Department will provide feedback to facilities once decisions have been made.
- A new Care Partner, CIC Broad was introduced to 32 facilities who will be using their services beginning in January until March 31. The costs of testing through CIC Broad is less than other testing entities, which will help with the long-term financial sustainability of the program.
- The Department thanks the facilities for their patience with Care Partner changes.
- It is important to note that facilities are mandated to conduct testing whether or not the state is paying for it. Facilities that do not want to use their Care Partners can arrange for other testing entities to complete PCR testing. However, any testing that is not conducted under a Care Partner is not reimbursed by the state. The cost for testing is approximately \$66,000 to 100,000 per month.
- By the end of November, 670,000 tests were conducted. The cost to the state for this testing was: \$83.5 million for staff testing and 1.5 million for resident testing.

COVID Recovery Facilities.

- COVID Recovery Facilities can be helpful if a facility is experiencing staffing issues, challenges and shortages.
- The current capacity of COVID Recovery Facilities is 306 beds, with the following occupancy:
 - Westfield: 24 residents out of 90 available beds
 - QVC: 10 residents out of 32 available beds
 - Riverside: 73 residents out of 88 available beds
 - Valerie Manor 13 residents out of 96 available beds
 - Greentree, opening soon, will have 30 available beds.
- In order for a resident to be admitted to a CRF, they have to qualify for SNF level of care. All residents should plan on staying approximately 20 days. The Department is tracking resident discharges closely to ensure they are being returned to their home of origin in a timely manner.
- On 12/22/2020, the Department sent out blast fax #2020-120, which provided nursing homes with guidance on lateral transfers from a nursing home to a COVID recovery facility.
- To discuss transfers to a CRF please call 860-918-8945. DPH staff will be monitoring this number both during regular business hours, after hours, and on the weekends.

Antigen testing

- All assisted living facilities that have submitted their attestation and completed their training and have approved CLIA waivers should expect a shipment of BinaxNOW antigen testing machines in the beginning of January.
- Questions regarding obtaining a CLIA waiver can be emailed to the Department at: DPH.FLISlab@ct.gov
- Antigen testing is important in identifying cases quickly. It has been shown if there is 1 case in a facility, there are often more cases of asymptomatic people. Antigen testing can be helpful in identifying the COVID positive individuals quickly, especially when PCR testing is not readily available.
- Any facility in need of supplies can order through the department's portal at: <https://portal.ct.gov/Coronavirus/Pages/Requests-for-Test-Supplies>
- If a facility submits a request through the portal, the Department will verify they have a CLIA waiver in place. Once this information is verified, the Department will reach out to the facility to ask questions regarding their current antigen testing supplies.

Reporting Antigen testing results.

Nursing homes

- All positive and negative COVID cases tested via antigen need to be reported to the Department.
- Nursing homes are not required to use NHSN for reporting antigen testing, however, it is the best tool to use for reporting. However, only 50% of the nursing homes are using this as a reporting mechanism.
- NHSN requires a level 3 certification and several nursing homes are in the process of completing this.
- The only other option for reporting the antigen tests is to contact the Department to receive instructions on submitting a .csv document. The Department does not accept fax documents.

Assisted Living:

- Assisted living facilities should already be working with informatics team to report antigen testing in a .csv format.

PPE update.

- The Department continues to monitor the portal for licensed entities to request PPE.
- The Department received 3 requests over the past week, 2 of which were fulfilled. These requests included N95 masks and gloves.

Vaccine Update.

- Vaccination clinics have begun in nursing home facilities.
- It is expected that there will be enough vaccine to vaccinate all healthcare staff and nursing home residents by the end of January, into early February.

Observation of nursing home residents upon vaccination.

- All individuals receiving the vaccine need to be observed for a period of 15-30 minutes. This means all nursing home residents need to be in the peripheral vision of staff during this observation period.
- To accomplish the observation, residents can be vaccinated in a common area, placed in hallways where they can be observed from the nursing station, or one on one in rooms. This will allow any reactions to the vaccine to be taken care of as soon as possible.

Vaccine Q&A.

- When can ALSA expect to receive the COVID-19 vaccine?
The Department will let ALSA facilities know when they expect to begin vaccinating. Additionally, the Department will see if someone from the vaccine program is available to answer questions.
- Do you know what the % of residents and staff that are refusing the vaccine? Do not have the rates.
The Department does not have these rates.
- Hi, We've had 2 vaccine clinics in CT this week. At both CVS declined the COVID vaccine for residents and staff who had a recent TB skin test (NOT vaccine). We can find nothing at CDC, FDA, Pfizer, etc. that says PPD is an exclusionary condition. CVS has not provided more info to us on this. Can you please address? f/up - the PPD question is important as many new admissions and new hires are given a TB skin test.
If an individual has received a TB test in the past 14 days can they get vaccine. The Department is not currently aware of any contraindications. The issue may be on the CVS pre-vaccine screening form, there is a questions that includes have you had an immunization or TB test in the past 14 days. The Department will be speaking to CVS about this concern.
- There has been guidance not to antigen test anyone who received the vaccine as it may result in false positive. We are currently testing 2x/week and one being our antigen machine. Any guidance on that?
The vaccine does NOT cause false positive results for antigen OR molecular SARS-CoV-2 testing, however It CAN cause a reactive SARS-CoV-2 ANTIBODY test result.
- How providers conduct testing after vaccine.
Viral testing should continue after vaccination. Testing requirement does not change for any individual who has been vaccinated as they are still required to be counted as part of the facility's testing census. If any further guidance is provided on this subject, the Department will reach out to facilities.

Assisted Living Services Agencies:

Overview of COVID-19 in Connecticut and outbreak trends in nursing homes.

- The Department provided an overview of the week to week data of newly diagnosed COVID-19 among residents and/or staff in an ALSA.
- 88 out of the 133 licensed ALSA facilities, have positive cases of residents and staff.
- Resident and staff cases appear to be plateauing.

Tip of the Week:

Tip of the Week: Testing Strategies

- **At a minimum: weekly testing of staff (and residents if indicated) with your care partner**
 - **Utilize Antigen testing: faster results mean less time for spread while waiting for results!!**
 - As part of an outbreak response
 - CDC recommends residents and HCP (without prior infection in last 90 days) have viral test **immediately** after the first new COVID-19 case is identified at the facility.
 - Serial testing of all residents and HCP (without prior infection <90 days) **every 3–7 days** until no new positive tests have been identified for 14 days.
 - For example: on day **0 (day the first case is identified), days 3, 6, 9, and 12, and then on days 19, 26,** etc.
 - To frequently test exposed patients who must continue to share a room- daily or every other day
 - If resident or staff member presents with symptoms of COVID
- If PCR results are not returning within 48 hours, use the antigen test!**

If you are having difficulty sourcing antigen testing supplies, please contact DPH for a limited supply of BinaxNOW kits:

<https://portal.ct.gov/Coronavirus/Pages/Requests-for-Test-Supplies>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Testing-in-Nursing-Homes>

12/23/20

COVID ANALYSIS RAPID RESPONSE TEAM (CARRT) TESTING

- Mobile antigen testing services for facilities experiencing an outbreak.
- Rapid testing to help with resident cohorting.
- Testing results reported immediately to DPH to help determine next steps for ongoing outbreak response.

Assisted Living Services Agencies survey findings over the last week

- There was 1 finding this past week in an ALSA facility.
 - The Executive Director of a facility was absent and the owner had to fill in for that individual for several weeks. The Owner was unaware their new role required them to be tested weekly.