

Summary of January 6, 2021 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 and resident positive cases continue to plateau since the beginning of December.
- During the past 14-day period, there were 167 nursing homes with positive cases or staff and/or resident.

Nursing Home Vaccine Update.

- Connecticut prioritized nursing homes for vaccine roll out.
- Connecticut may be the first in New England, and possibly in the United States, to have all staff and residents in a nursing home offered the first dose of the COVID-19 vaccine.
- The Department learned that 3-4 facilities had not signed up for vaccine administration. The Department worked with them to ensure they would be scheduled.
- As of last Monday, over 14,000 cumulative doses of vaccine were administered in Long Term Care Facilities. 90% of the residents and 50% of the staff have been vaccinated. Further data on these numbers will be shared in the future.
- The Department has produced a video recommending long term care staff and residents take the vaccine. Link to the video: <https://youtu.be/bdHDErihzg8>
- The Department thanks the Associations for their support and collaboration during the rollout of the vaccine.
- Q&A:
 - Does DPH have any update on what will happen with new hires and new residents getting the vaccinations after this initial rollout?
There should be 2 more clinics in each of the facilities, for 2nd vaccine and catch up of anyone who might not have been able to receive their vaccine. The Department continues to work on a plan outside the Federal program for future vaccinations.
 - Can you quickly review who is recommended for vaccination since CVS had their own opinion when they arrived at our center. They did not want to include any positive that had NOT recovered yet.
It is a CDC recommendation that persons who are acutely ill and are within the infectious period should not receive the vaccine. It is important to note that Asymptomatic positives can also be infectious. <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>
 - Plan for changes to policies and procedures post vaccinations?

- As of now, no changes to any plans, including testing, PPE and visitation, for nursing homes are taking place. The Department will continue to update nursing homes as updates to the plans take place via blast fax and this weekly meeting.
- Should anyone on steroid should take the vaccine?
Yes, a person on steroids can receive the vaccine. Do date, there have been no noted interactions.
 - We have an employee who received her first dose and is now COVID positive. her second dose is scheduled Monday - she will still be quarantining and ill - how should she get her second dose?
The Department suggest the nursing home discuss this with the pharmacy administering the vaccine. There is no data that shows lack of efficacy if the 2nd shot goes outside the 21-day window.
 - Hospitals are starting to report results of COVID antibodies. If a resident has antibodies, but never tested positive, would you consider them “recovered”? How would this impact the 14 day observation, would you consider this in your risk assessment?
The Department does not recommend making clinical decisions based on antibody results. There are many studies going on regarding the utility of antibody testing.
 - Reports of flu in the nursing homes?
There has been flu, but there hasn’t been a lot of flu in nursing homes. Nursing homes should continue to test for flu if an individual is symptomatic and COVID-negative.

Nursing Home survey findings over the last week.

- There were 31 infection control surveys conducted from 12/30/2020 to 1/5/2021, with findings in 2 facilities.
- During these visits the following findings were noted:
 - Improper use of PPE, in a resident’s room where the resident was on precautions
 - Cohorting issues

State Surveyor Testing

- DPH staff who enter nursing homes for the survey process are tested on a weekly basis.
- DPH’s human resources is tracking the testing to ensure all surveyors are adhering to this requirement.
- The Department has a contract with CVS and Quest to ensure availability of the testing to all surveyors.
- The Department is currently working on a plan to vaccinate these staff.

January point prevalence testing for nursing home residents.

- The Department reminds all nursing homes to complete PCR testing on all residents between January 6 and January 18.
- The Care Partners have been notified of this request.
- A blast fax will be sent to nursing homes soon.

Q&A

- Currently due to our county positivity rating we must test staff twice weekly which is going well. The problem we are having is if we have a vendor or APRN that only comes in one time per week. I know we are supposed to have 2 test results weekly, but do we need to have 2 test results

or can we just get one result for the week? Is it possible to do a rapid antigen test prior to entrance and then only have 1 test weekly?

A facility can use their antigen testing machines prior to entrance; antigen testing can be used to fulfil the testing requirement when PCR testing with turn-around-time <48h is not achievable.

- Is it acceptable to utilize the binax kits twice a week until our new care partner is fully on board. The Department is aware of 3 facilities that did not follow-up with new care partner in a timely way and were not able to get on their weekly schedule. The Department is allowing them to use antigen testing to test during the transition period.

- Where can I find the County positivity rates?

Information from CMS: **COVID-19 Testing**

As part of CMS' commitment to protecting nursing home residents, and to boost the surveillance of COVID-19, nursing homes are now required to conduct testing of residents and staff. More information about these requirements and guidelines can be found [here](#). These guidelines include testing staff on a certain frequency based on the COVID-19 positivity rate for the county the nursing home resides in. **Rates of county positivity are posted [here](#)**. (Archive is [here](#).) Facilities should monitor these rates every other week and adjust staff testing accordingly.

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 800,000 tests have been performed through this program.
- The Department reminds all facilities that testing requirements are still in place, irrespective of what is happening with vaccinations. These testing requirements include:
 - Weekly testing of all nursing home and assisted living service agency staff.
 - Nursing homes with an outbreak are required to test all staff **and** residents weekly.
 - Nursing homes should alert their care partner if they are experiencing an outbreak.
 - The state will not pay for weekly resident testing for facilities who are not experiencing an outbreak. However, facilities should continue to use their antigen testing or contract with a testing entity to complete testing on residents if they have concerns. State supported resident testing only takes place when a facility is experiencing an outbreak.
- The counties with over 10% COVID rates are: Fairfield, Hartford, New Haven, Windham and Litchfield. Nursing homes are required to complete twice weekly testing of staff. Litchfield has come off the list, but CMS requires twice weekly testing for a period of 14 days post coming off the list.
- All assisted living services agency should submit their invoices for testing as soon as possible.
- Q&A:
 - If the facility has tested negative for 2 weeks in a row and the care partner states no more testing but the County rate is above 10%, can you advise how to proceed? Also can 2nd test be done via antigen?
See above response regarding CMS testing requirements for counties with greater than 10% positivity rates. Facilities can use antigen testing for their 2nd test. Care Partners will not pay for resident testing unless the facility is experiencing an outbreak.
 - Please restate what is or the percentage is considered an outbreak.

- An outbreak is considered one positive case among staff or a facility onset case.
- Eligibility for COVID vaccine? Who in the facility can be vaccinated? Should the facility vaccinate a contractor?
- The Department recommends vaccinating any staff person that is currently being tested on a weekly basis.

Tip of the Week.

Tip of the Week COVID-19 Vaccine Side Effects

What are the side effects of the vaccine and how frequent are they?

- Pfizer and Moderna provided specific information to the FDA that lists the following possible side effects within 7 days of the vaccination (next slide)
- These side effects are usually mild, and at worst are moderate.
- As with any medicine, there is a **very remote** chance of a vaccine causing a severe allergic reaction, other serious injury, or death.
- No severe side effects have been reported from the clinical trials.

How can I tell if side effects are from the vaccine or from actual COVID-19 infection?

- Symptoms that are side effects of the vaccine typically go away on their own within a couple of days and are a sign that the immune system is working
- If side effects continue for more than 72 hours, they should be reviewed by a clinician

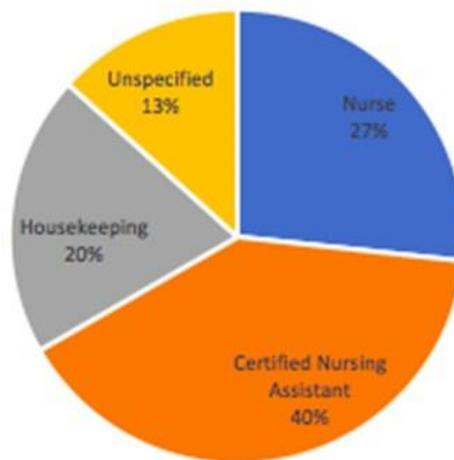
Thank you to our YNHHS colleagues for sharing the attached

	Moderna COVID-19 Vaccine	Pfizer BioNTech COVID-19 Vaccine	Differences Between the Vaccines
Injection Site Pain	Very Common	Very Common	No Significant Difference
Redness	Uncommon	Uncommon	No Significant Difference
Swelling	Uncommon	Uncommon	No Significant Difference
Lymph Node Swelling Under the Arm	Common	Uncommon	More Common with the Moderna COVID-19 Vaccine

	Moderna COVID-19 Vaccine	Pfizer BioNTech COVID-19 Vaccine	Differences Between the Vaccines
Fever	Uncommon	Uncommon	No Significant Difference
Fatigue	Common	Common	No Significant Difference
Headache	Common	Common	Slightly More Common with the Pfizer Bio-NTech Vaccine
Muscle Aches	Common	Common	Slightly More Common with the Moderna COVID-19 Vaccine
Joint/Bone Aches	Common	Common	Slightly More Common with the Moderna COVID-19 Vaccine

Contact tracing data for individuals working in the Long-term care setting:

Common Roles Among Long-Term Care Facility Employees in Suspected Workplace Clusters — Connecticut, 12/21/20–1/3/21



Data Source: Connecticut Contact Tracing Data

Reporting Antigen testing results.

Nursing homes

- Reminder that all positive and negative COVID cases tested via antigen need to be reported to the Department. This information is important to the Department.
- Nursing homes are not required to use NHSN for reporting antigen testing, however, not all NHs have access at this time. It is the best tool to use for reporting, so keep pursuing getting level 3 access to report.
- 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.
- Contact information for submitting data: dph.informaticslab@ct.gov

Assisted Living:

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

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: 35 residents out of 90 available beds
 - QVC: 13 residents out of 32 available beds
 - Riverside: 68 residents out of 88 available beds
 - Valerie Manor: 17 residents out of 96 available beds
 - Greentree: 6 residents out of 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.

BinaxNOW distribution:

- The Department has been working with the National Guard to complete another round of BinaxNOW distribution, similar to previous distribution.

PPE update

- Over the past week, the Department had 1 request for gowns due to a large outbreak. The order was filled.

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.
- 82 out of the 133 licensed ALSA facilities, have positive cases of residents and staff.
- Resident and staff cases continue to plateau.

Return to work guidance.

- The return to work guidance is posted on the Department's website at:
https://portal.ct.gov/-/media/DPH/HAI/COVID19-Provider-Memo-RTW_11242020.pdf
<https://portal.ct.gov/DPH/HAI/COVID-19-Healthcare-Guidance>
<https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/faqs.html>
- If an individual is diagnosed with COVID, they should not return to work until the infectious period is passed. See document and CDC guidance.
- The Department recommends a full 14 day quarantine if an individual is exposed to someone with COVID-19. If they subsequently develop COVID-19, then use symptom-based criteria to return to work.

Assisted Living Services Agencies survey findings over the last week

- There were 8 surveys conducted with 1 finding this past week in an ALSA facility.
 - A staff person was not wearing their face mask appropriately and a mask was not used in a resident care area.

DPH Contact for Assisted Living Services Agencies

- ALSA's with questions can contact the following individuals:
Kim Hriceniak at: kim.hriceniak@ct.gov
Donna Ortelle at: donna.ortelle@ct.gov
Barbara Cass at: Barbara.cass@ct.gov

Assisted living vaccine update

- Vaccine administration in ALSA's began this week and will run through the rest of January, potentially into February.
- If a facility has not received notification of their vaccine clinic date, they should check their email SPAM folder. CVS and Walgreens are supposed to finish contacting facilities by January 8, 2020. If a facility hasn't heard from them by the end of this week, they should reach out to DPH, or Mag or Chris from the associations.
- No individual should be charged a co-pay or be required to pay for their vaccine.
- The Department is checking to see if consent is required for each round of the vaccine.
- FAQ's for vaccination in Long-Term Care Facilities: <https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/faqs.html>

Q&A

- How soon after testing positive can an individual receive a vaccine if they are not exhibiting symptoms?

If an individual test positive and is not exhibiting symptoms they can receive the vaccine on day 11. If an individual has symptoms, they should wait until 10 days from the day they started exhibiting symptoms, improving symptoms, and no fever for a period of 24 hours without fever-reducing medication.