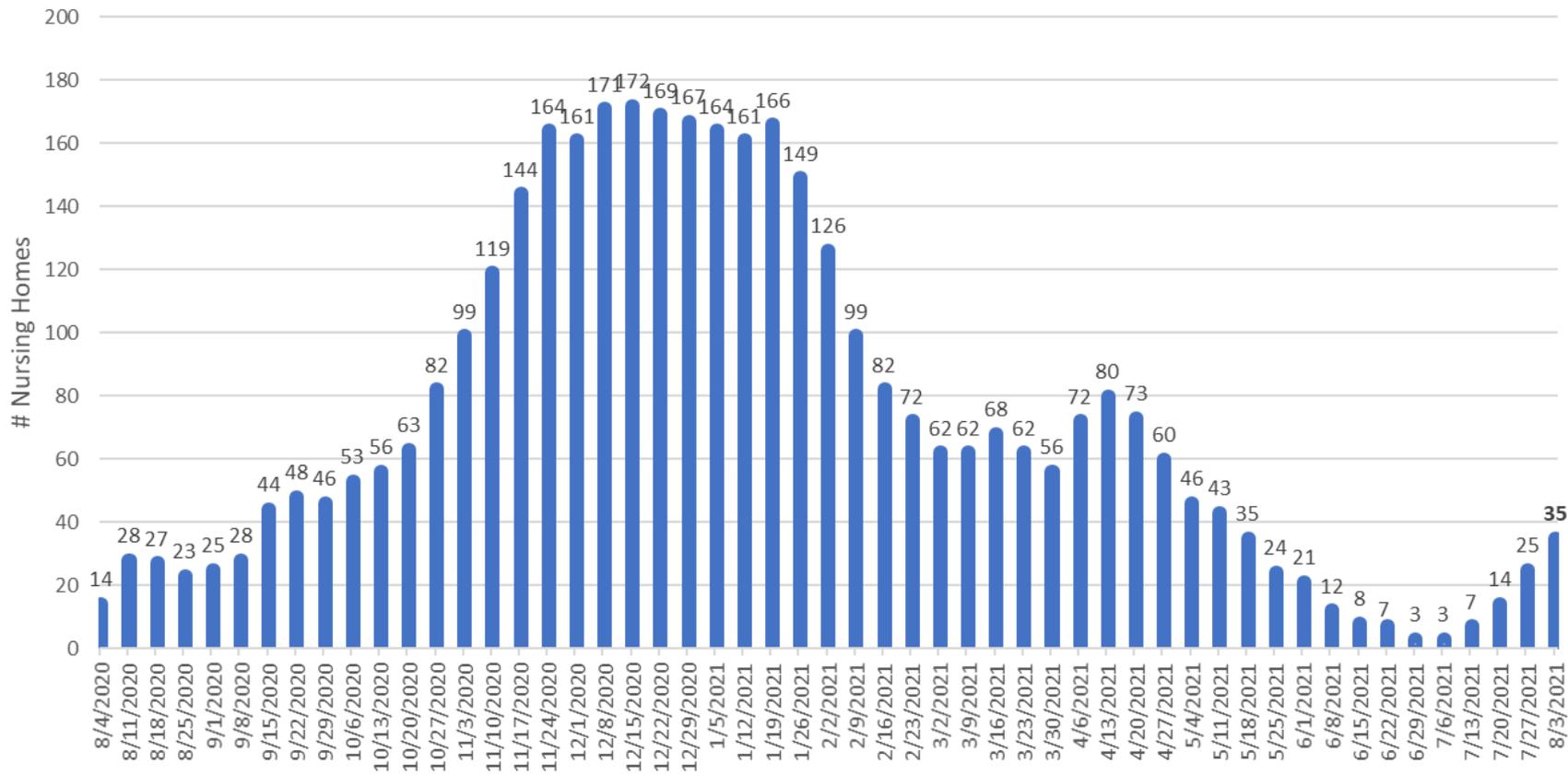


Agenda

- Nursing Home Data
- COVID-19 Testing
 - COVID-19 Collection Kits and Submission to SPHL
 - Requirements
- COVID-19 Staff Vaccination Mandate
- Infection Control Resources
 - Online Training Module
 - Outbreak Checklist
- COVID-19 Reporting Reminders

Nursing Home Data

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

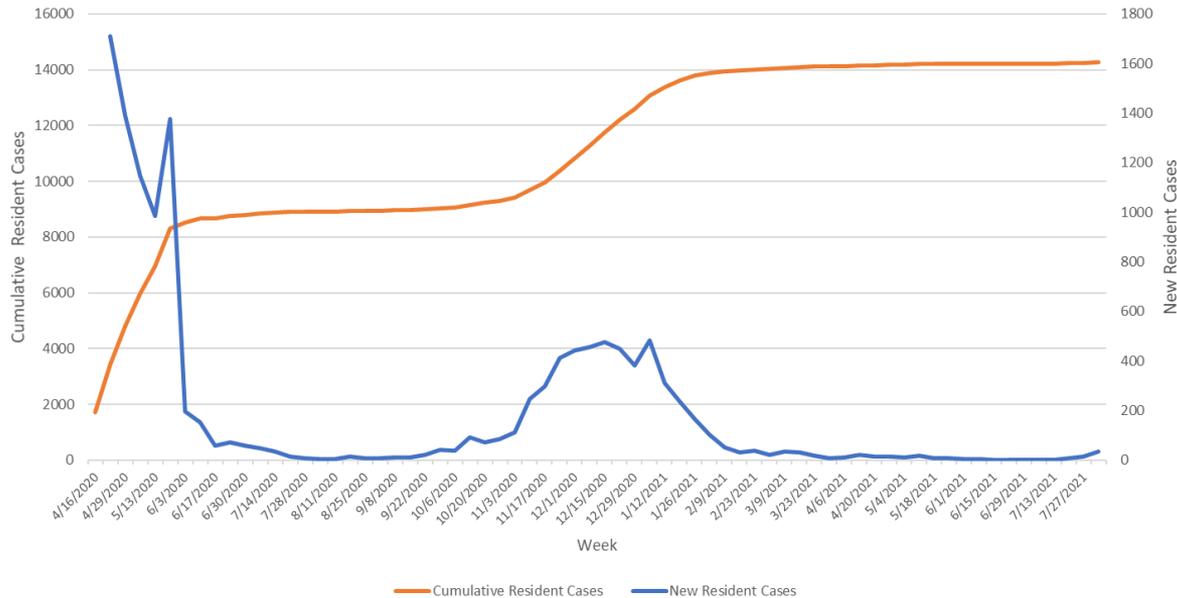


Nursing Home Resident Incidence, statewide

April 16, 2020 – July 29, 2021

Resident Census: 18,783

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



Date Reported	New Resident Cases (diagnosed that week)
4-May	10
11-May	17
18-May	7
25-May	6
1-Jun	4
8-Jun	5
15-Jun	1
22-Jun	1
29-Jun	0
6-July	1
13-July	0
20-July	6
27-July	14
3-Aug	36

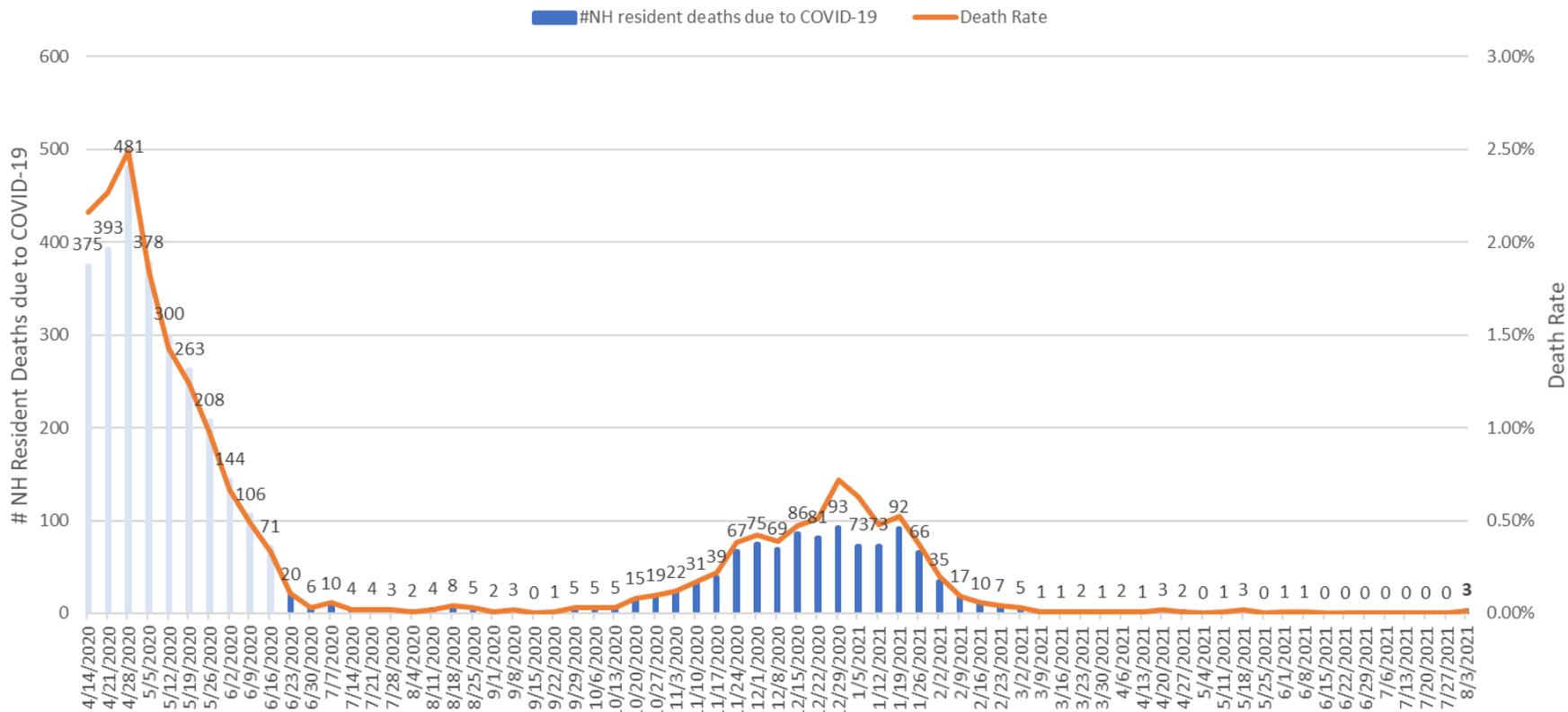
Facility Metrics	#Nursing Homes
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New res. cases, last 2 weeks	10 (+6)
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No new res. cases, >2 weeks	199
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Nursing Home Resident Deaths Due to COVID-19

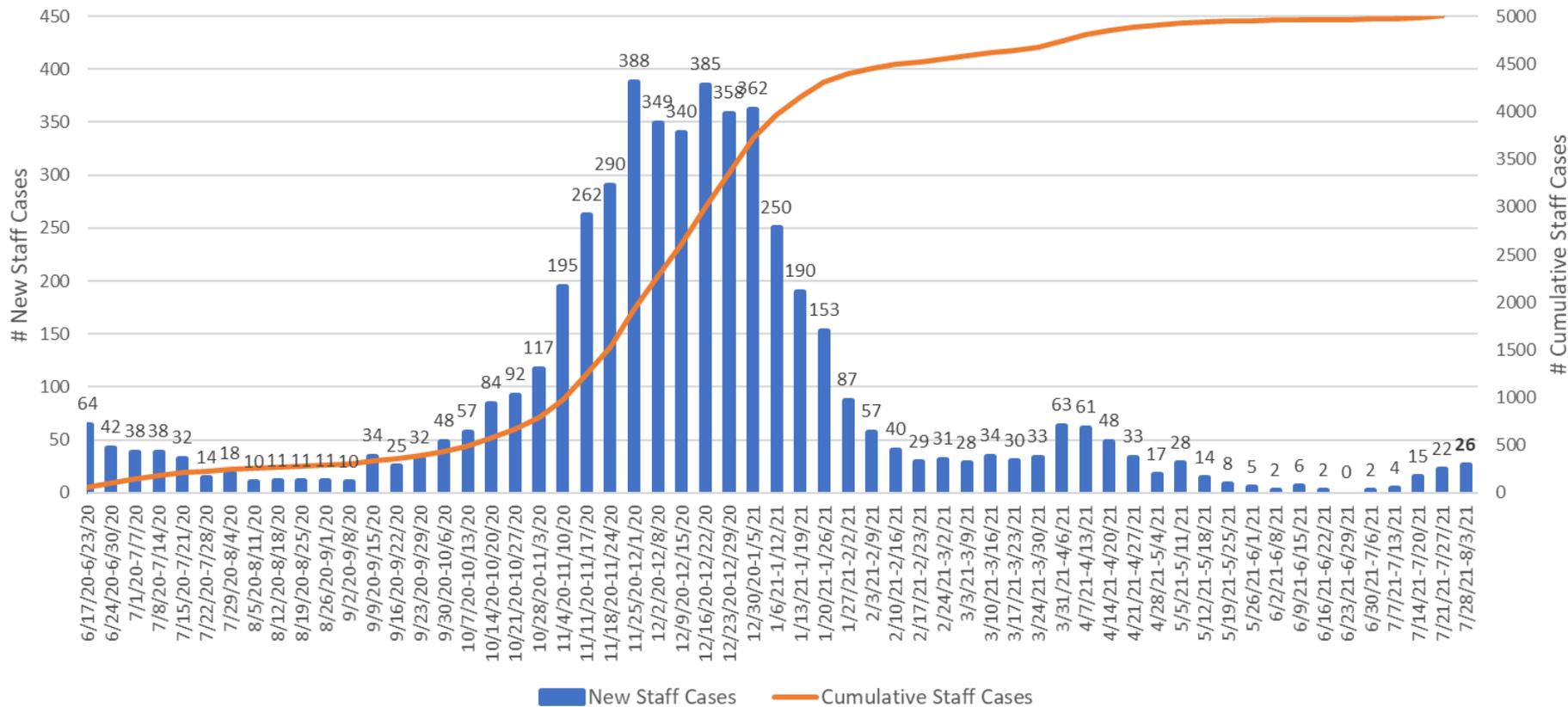
4/15/2020-8/3/2021



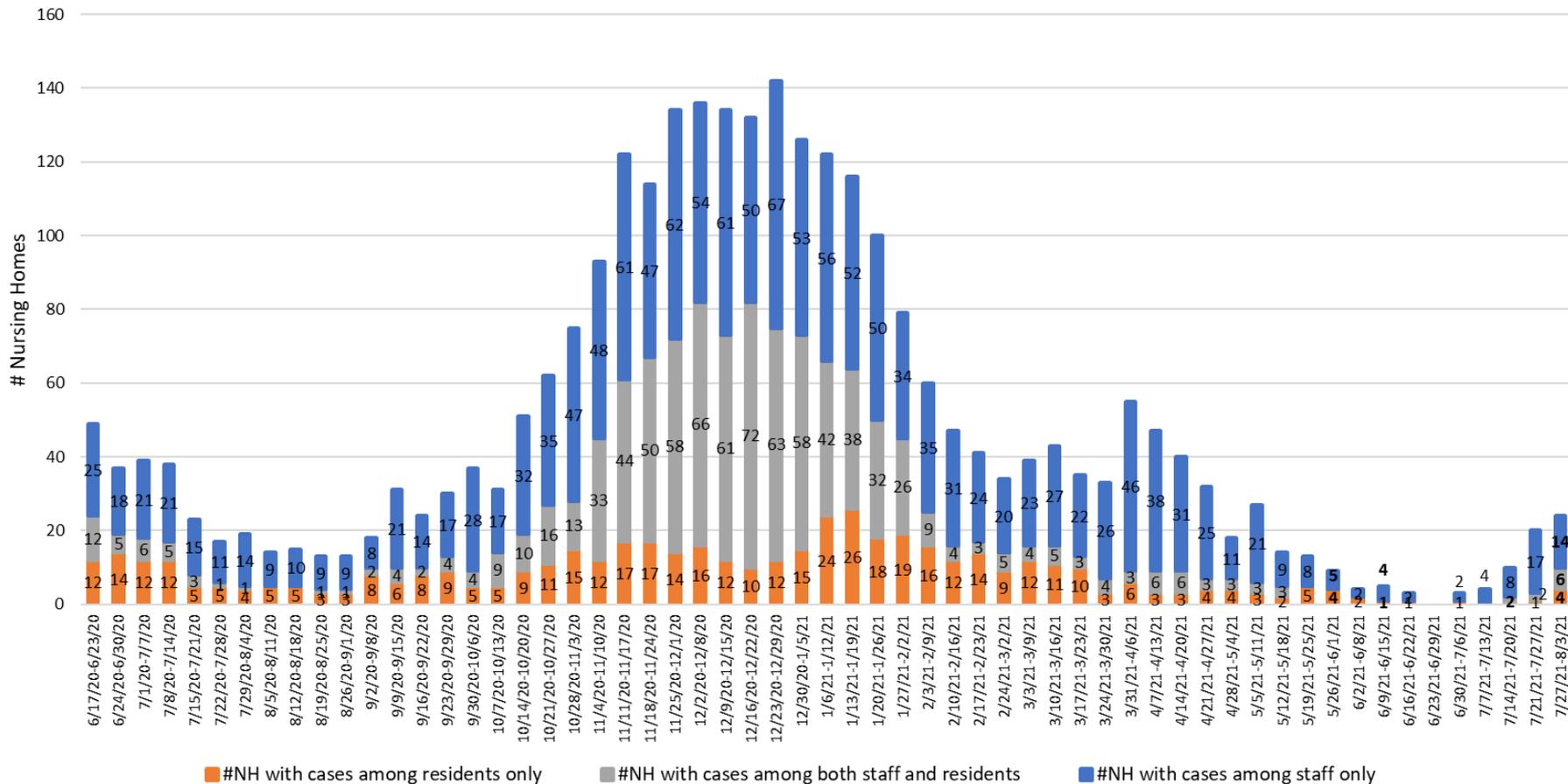
Note: Light blue= OCME lab-confirmed and suspected deaths due to COVID-19, Darker blue= NHSN data

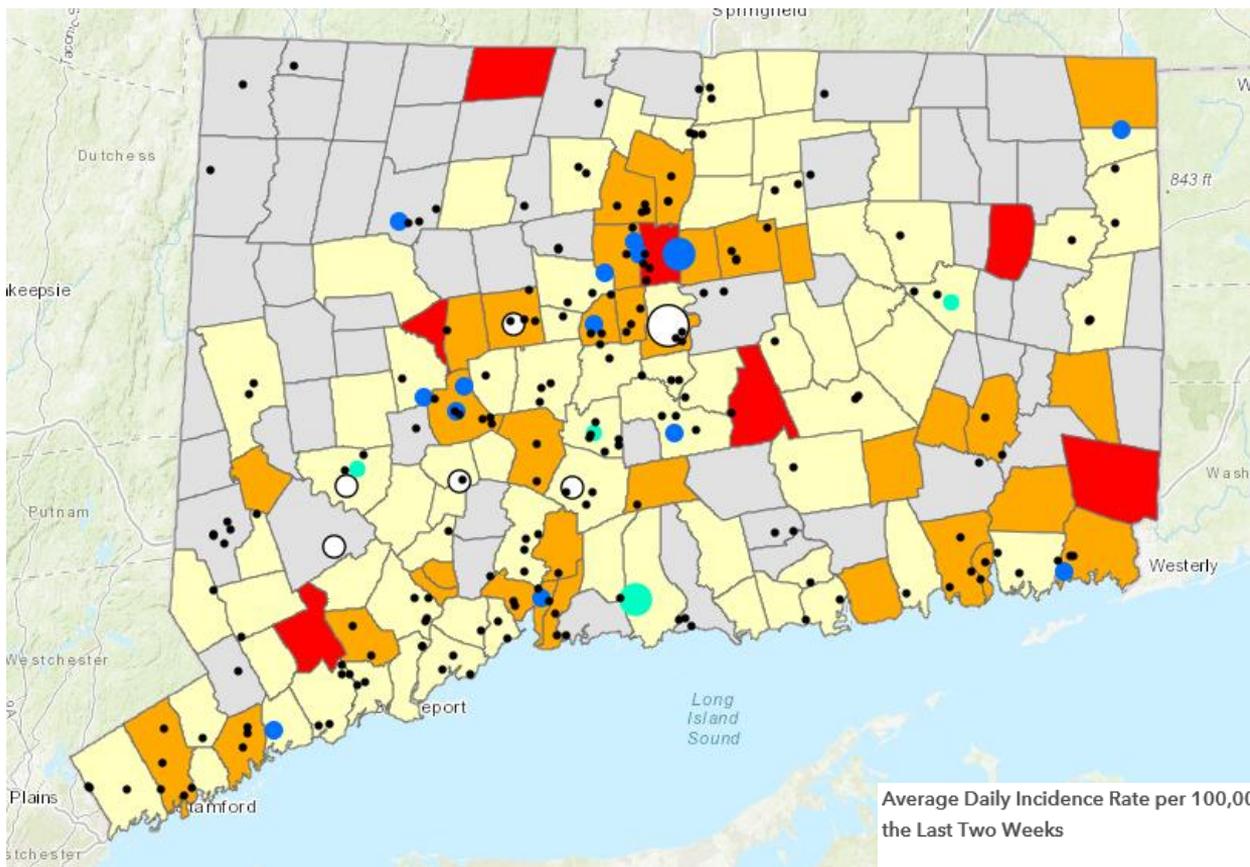
Staff Cases in Connecticut Nursing Homes

June 17, 2020–August 3, 2021



Nursing Homes with Positive Staff or Residents June 17, 2020-July 27, 2021





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

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

7/28/21-8/03/21

NHs with No New Cases



NHs with New Cases Among Staff

New Staff Cases:



NHs with New Cases Among Residents

New Resident Cases:



NHs with New Cases Among Staff and Residents

Custom



COVID-19 Testing

- Testing requirements
- BinaxNOW ordering
- Respiratory collection kits at local health depts
- Reminder: guidelines for submitting specimens to SPHL

Testing Requirement

- Nursing homes are required now to test staff for COVID-19 pursuant to CMS QSO-20-38-NH dated August 26, 2020, and revised April 27, 2021. Currently, this requirement effectively translates to monthly staff testing.
- EO 13 A signed on August 5, 2021, modifies Section 6 of Public Act 21-185 to take effect immediately.
- Section 6 requires nursing homes to test staff and residents at a frequency determined by the Department of Health during outbreak of a disease.
- Commissioner's Order, signed on 8/11/21, requires nursing homes to test all unvaccinated staff weekly.
- DPH recommends that Assisted Living Facilities with Memory Care Units also test unvaccinated staff weekly.

Need Testing Supplies?

BinaxNOW

- **Request** (multiples of 40) here: portal.ct.gov/Coronavirus/Pages/Requests-for-Test-Supplies
- **Pick Up ONLY** at warehouse in New Britain after notification of approval
- **Yes**, antigen testing can be used to fulfill weekly screening test requirements.

Collection Kits

(swabs, tubes with media, baggies)

- **Call your Local Health Department.** DPH distributing to LHDs for rapid deployment.
- **Or request** for pickup at New Britain warehouse
- **For molecular respiratory diagnostic tests:** SARS-CoV-2, influenza, respiratory viral panel

Submission of specimens to SPHL

1. After antigen testing IF:

- **Negative** antigen test result for **symptomatic** staff and/or resident
- **Positive** antigen result for **asymptomatic** (confirmatory PCR) or symptomatic (for variant identification)

2. When directed by DPH HAI/Epi Team for epidemiologic investigation

Respiratory (nasopharyngeal, midturbinate, etc.) specimens can be sent to **State Public Health Laboratory (SPHL)**.

- SPHL can provide confirmatory PCR results in <48 hrs, M-F.
- A [COVID-19 Clinical Test Requisition Form](#) is **required** for each specimen.
- **Transport specimen (COLD – with ice pack)** to SPHL as soon as possible after collection.

Nursing Home COVID Vaccination Rates

as of July 18, 2021

Resident Vaccination Rates (206 NHs reported)

- Average 90%, Median 91%
- Range 57-100%

Overall- 95% of reporting NHs have resident vaccination rates \geq 75%

Staff Vaccination Rates (204 NHs reported)

- Average 72%, Median 72%
- Range 29-100%

Overall- 45% of reporting NHs have staff vaccination rates \geq 75%

- 94% of reporting NHs have staff vaccination rate \geq 50%
- 59% of reporting NHs have staff vaccination rate \geq 70%

• Staff Module: 1NH removed due to being temporarily closed

• Resident Module: 2 NH did not report and 2 NHs were removed from the analysis due to data quality issues.

COVID-19 Vaccine Mandate

- EO 13 B requires long-term care facilities to ensure that all new and current staff are vaccinated for COVID-19, unless otherwise exempt under the Order
- By September 7, 2021 all staff should be (i) fully vaccinated against COVID-19, (ii) have received the first dose and have either received a second dose or have an appointment for the second dose in a two-dose series vaccination, such as Pfizer or Moderna vaccines, or has received a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine, or (iii) be exempt from this requirement because a physician, physician's assistant, or advanced practice registered nurse determined that the administration of COVID-19 vaccine is likely to be detrimental to the individual's health, or the individual objects to vaccination on the basis of a sincerely held religious belief, and the individual is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the long-term care facility
- Facilities must ensure that staff who are exempted from EO 13B for bona fide medical or religious reasons 1) adhere to the CMS requirements applicable to infection control in skilled nursing facilities if the facility is a SNF or to CDC guidance for infection control applicable to the facility's setting, AND 2) test for COVID-19 weekly.
- DPH will be issuing guidance soon to facilities about authenticating vaccine status, maintaining documentation, and reporting compliance.
- DPH will issue a form on which to record medical and religious exemptions.
- Facilities that fail to comply with the Order shall be subject to a civil penalty of \$20,000 per day.

Online IPC Course for Long-Term Care Staff!

"Preventing Transmission of COVID-19 in the Long-Term Care Setting"

<https://www.train.org/connecticut/course/1099050>

- 1 hour of FREE CME!
- For your staff, your contractors, anyone!
- Only in English, geared towards patient-facing staff

Produced by New England Public Health Training Center (NEPHTC) at the Yale School of Public Health, in partnership with CT DPH HAI-AR Program

Outbreak Checklist: When you have a COVID-19 case

1. **Identify the case's infectious period**
2. **Initiate contact tracing to identify exposed**
 - **Quarantine** residents who had close contact with someone with SARS-CoV-2 infection **for 14 days after their exposure, regardless of vaccination status.**
 - **Test** staff with [higher-risk exposures](#) **at least twice, regardless of vaccination status** (immediately, 5–7 days after exposure, and as indicated for outbreak testing)
 - **Restrict unvaccinated staff** with [higher-risk exposures](#) from work for **14 days following exposure**. Fully-vaccinated staff who are asymptomatic do not need to be restricted from work after exposure.
3. **If facility-onset case, initiate outbreak testing.** If unsure, conduct at least 1 round of testing.
 - **ALL** staff and all residents should be tested, **regardless of vaccination status.**
 - Test (antigen or molecular) all HCP and residents, regardless of vaccination status, every 3-7 days until no new cases identified for 14 days. [cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html)
4. **Report the positive case**
5. **Communicate findings and response activities with relevant stakeholders (facility leadership, residents, families, DPH), and provide frequent updates.**

COVID-19 Therapeutics: Monoclonal Antibody Products

Available monoclonal Antibody Products

REGEN-COV (casirivimab and imdevimab) - available through HHS

Bamlanivimab/Etesevimab (**currently paused**) - available through HHS

Sotrovimab (commercially available)

Indications for all monoclonal antibody products

Active COVID-19 Infection in high risk individuals with mild to moderate symptoms

Additional indication for REGEN-COV *only*

Post-Exposure Prophylaxis in vulnerable persons (i.e. not fully vaccinated or immunocompromised) who are at high risk for progression to severe COVID-19

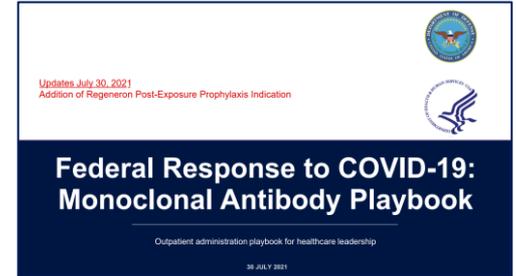
Routes of Administration

Bamlanivimab/Etesevimab, Sotrovimab: intravenous infusion only

Casirivimab/imdevimab: Intravenous infusion is strongly recommended, subcutaneous injection is an alternative route of administration when intravenous infusion is not feasible and would lead to delay in treatment.

[Federal Response to COVID-19: Monoclonal Antibody Playbook \(Updated July 30, 2021\) \(phe.gov\)](#)

[HHS Protect Public Data Hub - Therapeutics Distribution](#)



Actions Everyone in LTCFs can take to protect themselves and others against COVID-19

Wear a mask regardless of vaccination status

- HCP should always wear source control at work. Social distancing and masking are also important during breaks.
- Visitors should mask in the public areas of the facility. Masking is also encouraged when visiting privately with residents regardless of vaccination status.
- Residents should be encouraged to wear a mask when outside of their room, especially when unvaccinated or in counties with [substantial to high community transmission](#).

Stay home if you feel ill. DO NOT work if feeling ill or if you have symptoms.

Get Tested. Anyone with symptoms of COVID-19 or anyone exposed to COVID-19, regardless of vaccination status, should get a viral test immediately.

Get Vaccinated. Residents, staff and visitors who are not fully vaccinated should get vaccinated as soon as possible.

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/>
- 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.
- Note: DPH-FLIS Portal is different from the Class B Reportable Event portal.

NHSN

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

Reporting Requirements-ALSA

- 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 call-back name and number
- 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)

Survey for Booster Planning – ALs/MRCs and RCHs only

- The purpose of this survey is to specifically identify the total number of non-SNFs in Connecticut, current COVID-19 vaccine coverage gaps that may exist, and any assistance needed to link to a COVID-19 vaccine enrolled provider.
- Please complete the questionnaire with your facility's current information as of June 1, 2021.
- Please make sure that someone in your organization completes this survey by Friday, August 13:
<https://airc.cdc.gov/surveys/?s=NEA7WEX8TF>.
- If you have any questions, please email dph.immunizations@ct.gov

Resource Guide for Remaining Questions

- Questions about what is **allowed or not, mandated or not**:
 - Review CMS guidance, consider asking legal counsel.
 - If answer not found among CMS guidance or legal counsel, contact Mag/Matt/Chris or DPH FLIS
- **Regulatory inquiries**: contact DPH FLIS:
 - Phone 860-509-7400
 - Email: dph.flisadmin@ct.gov
- **Clinical questions**: consult your medical director.
- **Infection control questions**: consult your infection preventionist, who can help interpret CDC guidance. If IP has questions, they can contact dph.haiar@ct.gov
- **Reporting/NHSN Questions**: email dph.haiar@ct.gov

- All 11 Troops are operational
 - Please call before reporting to ensure fully operational
- Cutover Update
 - DPH has additional staff in place to support questions/issues/concerns
 - Fingerprinting
 - Some fingerprints are not showing up in the system
 - As of Monday, August 9th, on a temporary basis, the CT State Trooper is providing a reference number to applicants after they have been fingerprinted. For these individuals, this number indicates "Fingerprints Taken"
 - After fingerprinting, the applicant should provide the reference number to their prospective provider.
 - In these cases, DPH requires an **email message to DPH.ABCMS@ct.gov, listing the applicant information and Reference ID.**
 - The provider needs to email dph.abcms@ct.gov, with the applicant's name, application number, and reference number.
 - Once DPH confirms receipt of this email message, your applicant can be hired provisionally.
 - Although you as a provider user cannot click on "Hire Provisionally" in the portal for these applicants, the applicants can still be hired provisionally.
 - These issues are temporary as technical issues are being resolved.