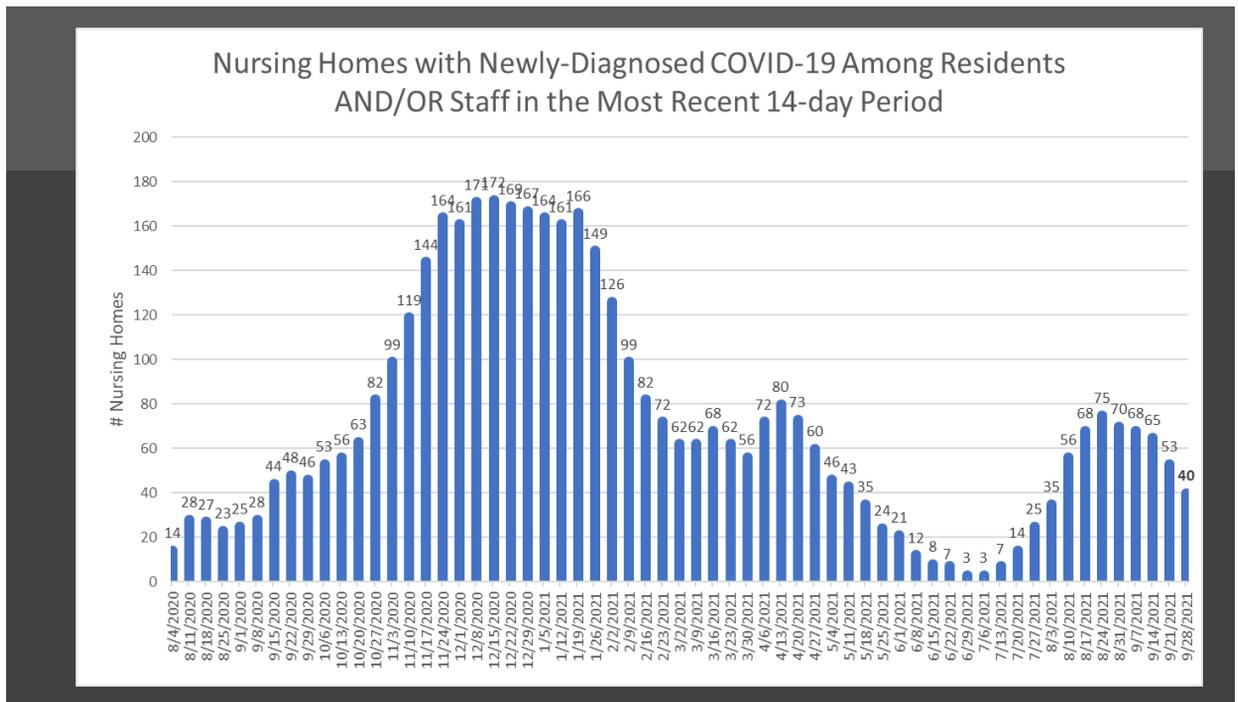


# Nursing Home Data

1

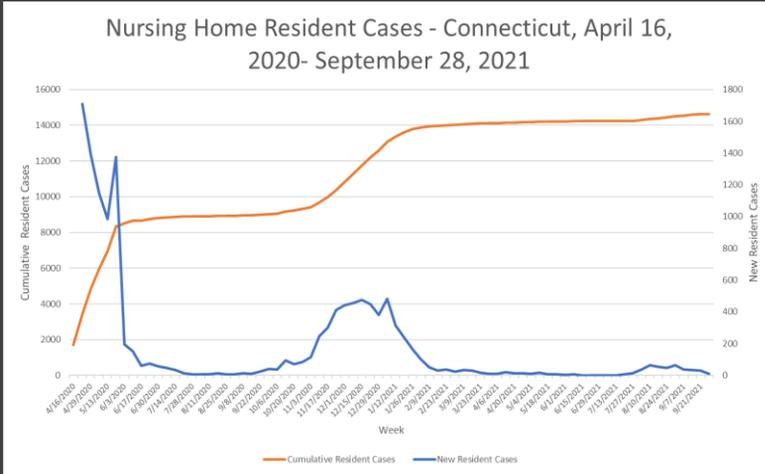


2

## Nursing Home Resident Incidence, statewide

April 16, 2020 – September 28, 2021

Resident Census: 18,592



Date Reported	New Resident Cases (diagnosed that week)
29-Jun	0
6-July	1
13-July	0
20-July	6
27-July	14
3-Aug	36
10-Aug	65
17-Aug	53
24-Aug	48
31-Aug	63
7-Sep	36
14-Sep	35
21-Sep	30
28-Sep	11

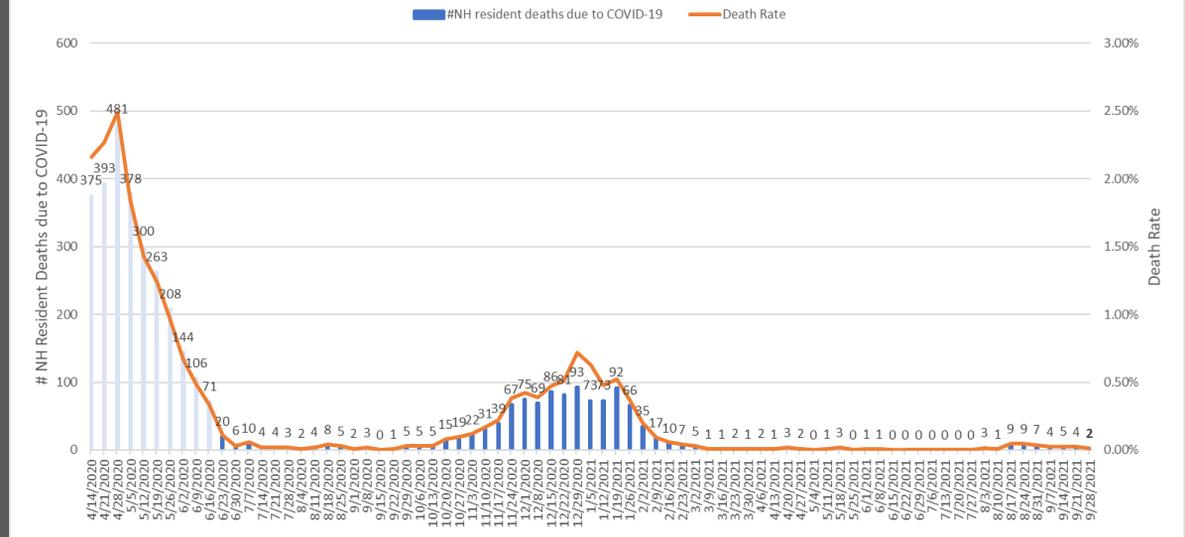
  

Facility Metrics	#Nursing Homes
New res. cases, last 2 weeks	20 (-2)
No new res. cases, >2 weeks	189

3

## Nursing Home Resident Deaths Associated to COVID-19

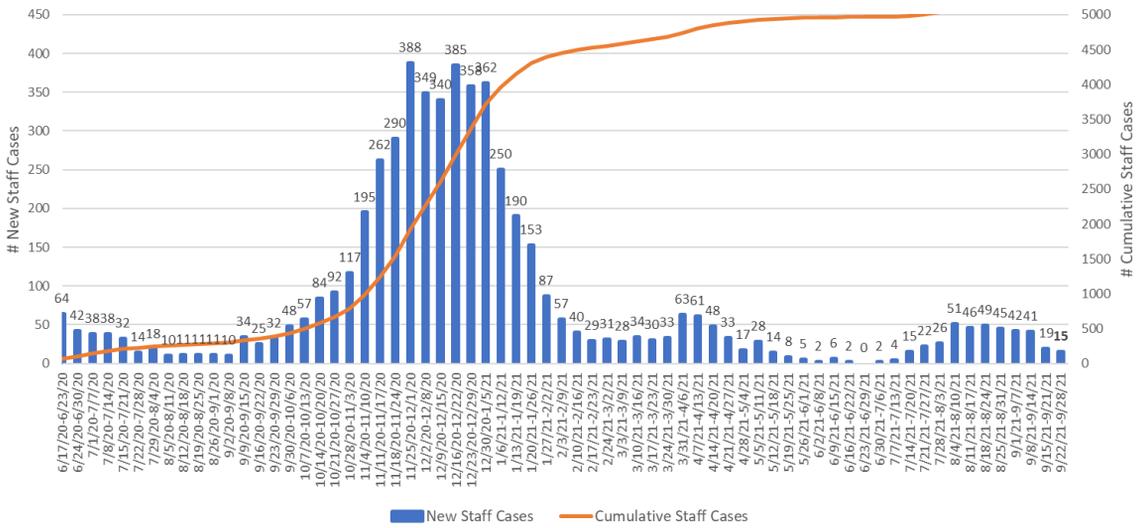
4/15/2020-9/28/2021



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

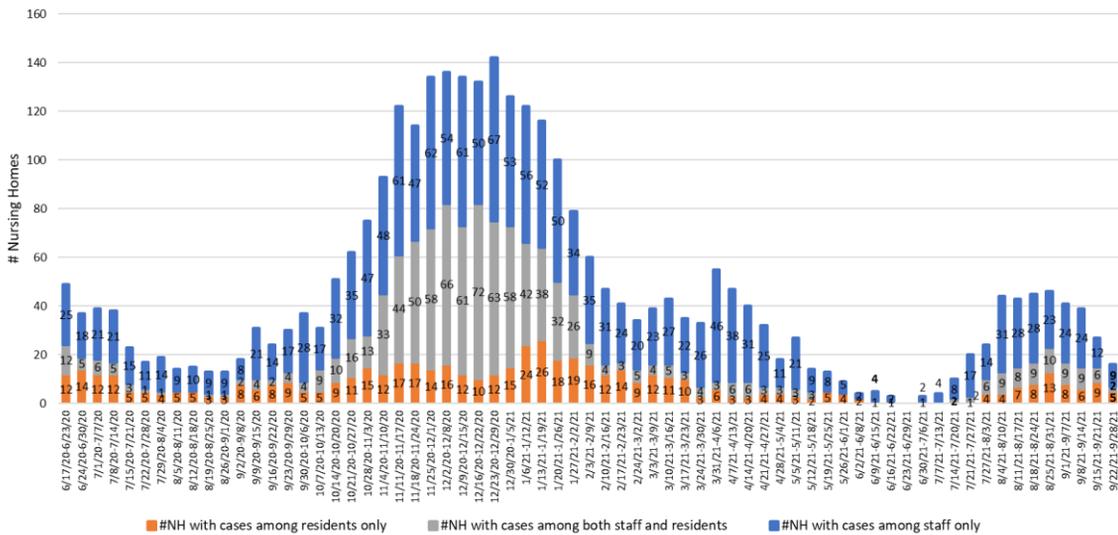
4

### Staff Cases in Connecticut Nursing Homes June 17, 2020–September 28, 2021

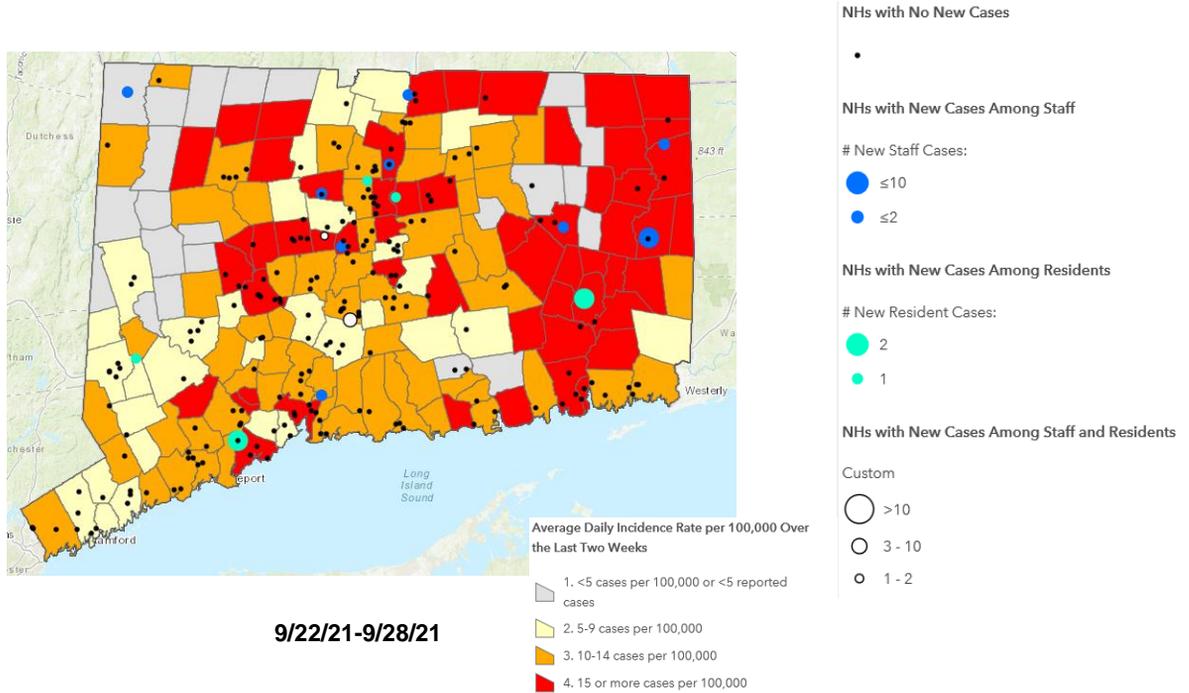


5

### Nursing Homes with Positive Staff or Residents June 17, 2020-September 28, 2021



6



7

## Nursing Home COVID Vaccination Rates

as of September 19, 2021

### Resident Vaccination Rates (203 NHs reported)

- Average 92%, Median 94%
- Range 62-100%

**Overall- 74% of reporting NHs have resident vaccination rates  $\geq$  90%**

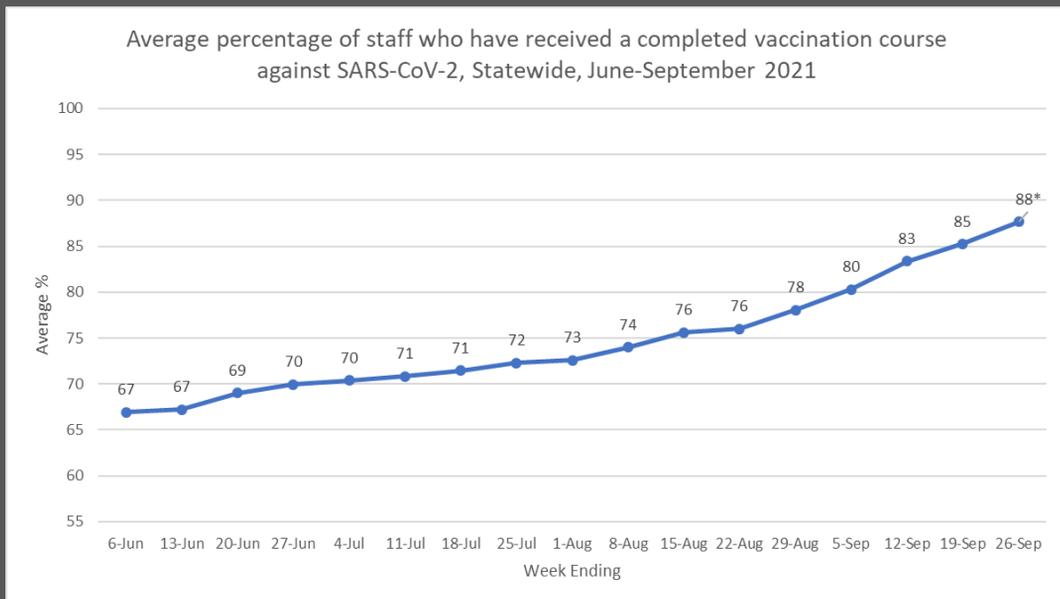
### Staff Vaccination Rates (205 NHs reported)

- Average 85%, Median 86%
- Range 55-100%

**Overall- 40% of reporting NHs have staff vaccination rates  $\geq$  90%**

- 76% of reporting NHs have staff vaccination rates  $\geq$  80%

8



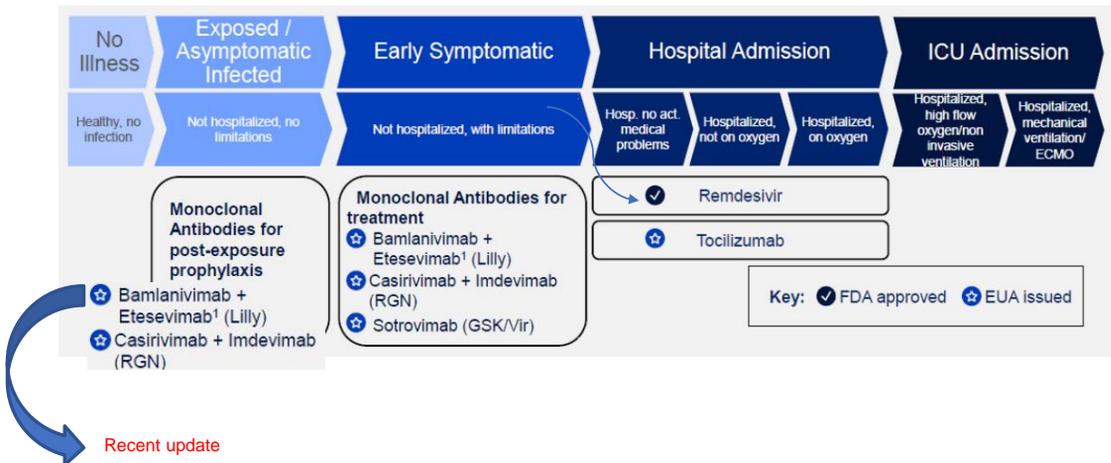
\*Incomplete vaccination data for the week. Facilities have until Sunday midnight to report for week ending October 3<sup>rd</sup>.

9

## Monoclonal Antibody Therapy

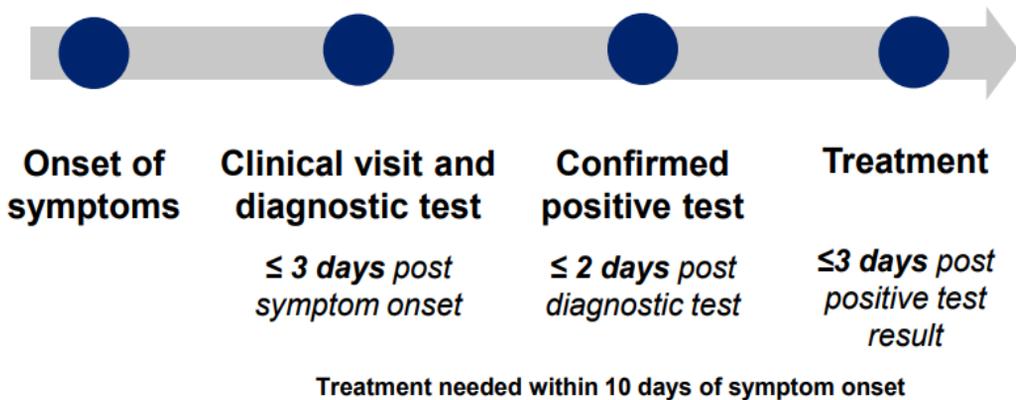
10

# Monoclonal Antibody Products for COVID-19



11

## Timing is critical: advance planning needed for treatment



12

# Monoclonal antibody therapy models for long-term care settings

Model	Considerations
<b>Temporary Transfer</b> Facilities transfer positive residents to ED or Hospital Infusion Center for administration/monitoring, resident returns to facility upon completion	Transportation and scheduling logistics, best used for small numbers of residents needing care
<b>On site admin by NH/ALSA staff- Product obtained through LTC pharmacy</b> LTC pharmacy receives and delivers product, facility staff administer and monitor resident treatment independently	Staffing at LTCF may present challenges; facilities should have IV program for infusion, but may consider subcutaneous administration of REGEN-CoV product only
<b>On site admin and product obtained through LTC pharmacy</b> LTC pharmacy receives and administers product, facility staff or LTC pharmacy staff monitor resident treatment independently	Staffing at LTCF may present challenges if needed for monitoring. May be advantageous for treatment of larger numbers of residents.
<b>On site admin and product obtained through contract with acute care hospital</b> Acute care hospital receives and administers product under contract with facility, facility staff or hospital staff monitor resident treatment independently.	Staffing at LTCF may present challenges if needed for monitoring. May be advantageous for treatment of larger numbers of residents.

13

**Administering Monoclonal Antibody Treatments for COVID-19 in Your Facility**

The following summary can help you prepare your site to administer monoclonal antibody treatment.

**Plan**

- Prepare your facility to participate in monoclonal antibody administration for COVID-19.
- Develop a process to gain patient consent for treatment as indicated by local or state requirements.
- Develop appropriate isolation and infection control procedures.
- Ensure an established track of supplies, including product.
- Develop your process for patient screening.
- Develop a process for medication administration.
- Develop a process for patient monitoring.
- Develop a referral pathway for providers.

**Implement**

- Assign sufficient personnel and resources to manage patient care.
- Prepare for the administration process.
- Monitor patients for adverse effects.

**COVID-19 Monoclonal Antibody (mAb) Checklist: Subcutaneous and Intravenous Administration**

**LEADERSHIP RESPONSIBILITIES**

**Leadership responsibilities**

- Ensure training process is implemented.
- Ensure essential personnel for administration are available.
- Identify site for administration.
- Determine scheduling process/availability of treatment and PEP provided at the same site (as not all patients are COVID-positive).
- Determine instructions for management of administration lines (product provided by the US Government is provided at no cost).
- Consider medication for transport services if patients are non-English speaking.

**Administrative responsibilities**

- Reviewing Product Effective September 13, 2021, the U.S. Department of Health and Human Services transitioned from a direct supply process for COVID-19 monoclonal antibody Regeneron (REGEN) to a distributor/distributor distribution system. Please request product from your state or territory health department.
- Utilization reporting through [Tabletop](https://www.hhs.gov/emergencypreparedness/covid19-investigation/ncdr/covid19-investigation-reporting.aspx). See <https://www.hhs.gov/emergencypreparedness/covid19-investigation/ncdr/covid19-investigation-reporting.aspx>

**Clinical Responsibilities**

- If mAb/PEP is on site, they can provide order for mAb after patient intake/screening completed.
- Patient intake (healthcare provider type determined by state regulatory scope of practice):
  - Ensure patient is treated for duration of encounter.
  - Ensure patient is monitored.
  - Monitor patients for adverse effects.
  - Ensure patient is monitored for potential side effects.
- Eligible criteria reviewed:
  - Resident eligibility criteria.
  - First episode Proficiency Criteria.
  - Patient First Dose provided to patient prior to administration of mAb.

**REGEN-COV: Subcutaneous Injection Instructions for Healthcare Providers**  
COMBAT COVID.HHS.gov

The FDA authorized subcutaneous injection for REGEN-COV™ (casirivir and imdevir) on June 3, 2021, after a review of clinical data. Subcutaneous injection is an alternative route of administration when intravenous injection is not feasible and would lead to delay in treatment. <https://www.fda.gov/oc/2021/06/03/review-covid-19-treatment>

**Preparation for Subcutaneous Injection**

Ensure the subcutaneous and intravenous sites have been thoroughly cleaned and dried. Instructions for preparation of subcutaneous injection are provided in the package insert. Do not expose to direct light. Do not shake vials.

**Administration of Subcutaneous Injection**

Administer the subcutaneous injection intramuscularly, subcutaneous, or intradermal. Do not administer subcutaneous injection if the patient has a known hypersensitivity to any of the components of REGEN-COV. Do not administer subcutaneous injection if the patient has a known hypersensitivity to any of the components of REGEN-COV. Do not administer subcutaneous injection if the patient has a known hypersensitivity to any of the components of REGEN-COV. Do not administer subcutaneous injection if the patient has a known hypersensitivity to any of the components of REGEN-COV.

Resources available at COMBATCOVID.HHS.GOV

14