



California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
July 13, 2022

Weekly Call-in Information:

- Tuesday 8:00am All Facilities Calls: 844.721.7239; Access code: 7993227
- Tuesday 11:30am NHSN Updates & Office Hours (Hosted by HSAG NHSN Experts)
 - Register for July 19, 26: <https://bit.ly/NHSNJuly2022OfficeHours>
 - Register for August & September: <https://bit.ly/NHSNOfficeHours2022AugSep>
- 2nd & 4th Wednesdays every month, 3:00pm SNF Infection Prevention Webinars:
 - Register at: <https://www.hsag.com/cdph-ip-webinars>
 - Recordings, call notes and slides can be accessed at <https://www.hsag.com/en/covid-19/long-term-care-facilities/cdph-ip-webinars-past/>

Wednesday Webinar Frequently Asked Questions Document is Posted at:
https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf

Important Links to State and Federal Guidance

Important Links and FAQs to CDPH State Guidance	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx
2020 CDPH All Facilities Letters (AFLs)	https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/LNCAFL20.aspx
2021 CDPH AFLs	https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/LNCAFL21.aspx
2022 CDPH AFLs	https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/LNCAFL22.aspx
CDC COVID-19 Data Tracker	https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk
CDPH Wednesday Webinar FAQs	https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf
CDPH Vaccine Guidance and Resources	https://eziz.org/resources-for-longterm-care-facilities/
CDPH Long-Term Care COVID-19 Vaccine Toolkit	https://eziz.org/assets/docs/COVID19/LTCFToolkit.pdf

Educational Opportunities

CALTCM Leadership & Management in Geriatrics, July 29-30 Virtual Event
 Register at: <https://www.caltcm-lmg.org/>

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Q-1: CMS QSO 20-38 testing guidance is more stringent than CDPH and defines “Up-to-Date” as a person who has received all recommended COVID-19 vaccine doses, including any booster dose(s) when eligible according to age > 50 years and immunocompromising conditions.” Should California facilities follow the new CDC definition for up to date (two boosters if eligible) when determining testing frequency for HCP?

Table 2: Routine Testing Intervals by County COVID-19 Level of Community Transmission

Level of COVID-19 Community Transmission	Minimum Testing Frequency of Staff <i>who are not up-to-date</i> ⁺
Low (blue)	Not recommended
Moderate (yellow)	Once a week*
Substantial (orange)	Twice a week*
High (red)	Twice a week*

⁺Staff *who are up-to-date* do not need to be routinely tested.
^{*}This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

A: Stay tuned for more guidance. Per AFL 22-13, unvaccinated exempt HCP and booster-eligible HCP (only includes first booster) who have not yet received their booster are **required** to undergo twice weekly testing. However, **CDPH recommends that all HCP (including boosted HCP) undergo twice weekly screening testing if feasible.** Currently, CDPH’s testing guidance is not dependent on community transmission levels and the second booster is not considered in the testing requirement. Check with your local health department for more stringent guidance. See <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html> for the most recent definition of up to date (June 24, 2022).

Q-2: If contact tracing is used for response testing, do residents who were exposed to COVID-19 need to quarantine?

A: Per AFL 22-13 (June 9, 2022), in SNFs where ≥90% of residents and ≥90% of HCP are boosted (if eligible), and their LHD determines that contact tracing is feasible, rather than initiating facility-wide response testing, the facility can perform contact tracing to identify exposed individuals. All exposed residents and HCP, regardless of vaccination status, should be tested promptly (but not earlier than 2 days after the exposure) and, if negative, again 5–7 days after the exposure.

Quarantine Guidance for Exposed Residents During Contact Tracing: Residents who are unvaccinated, or not boosted with their first booster (if eligible) need to quarantine for at least 7 days, even if they test negative. Residents who received their first booster (if eligible) do not need to quarantine, but should wear source control.

Q-3: Is the second booster taken into consideration for contact tracing and quarantine purposes?

A: The CDC terminology “up to date” that includes the second booster (when eligible) is not used in California state guidance at this time. However, from an infection control standpoint, since the CDC’s recommendation for a second booster applies to the vast majority of SNF residents, it would be reasonable for facilities to consider the resident who has received their second booster to be more protected and consider the second booster in determining whether residents are boosted for the purpose of quarantine and contact tracing decisions. Check with your local health department for more stringent guidance.

Q-4: What is the process of testing recently recovered residents and HCP that are showing symptoms before 90 days?

A: We recommend testing with an antigen test in this scenario, because the individual is within 90 days of testing positive for COVID-19, and a PCR test could represent persistent positivity from the prior COVID-19. If negative, test for other respiratory tract viruses and pathogens, such as influenza.

Q-5: Is a PCR confirmatory test needed for a symptomatic HCP that tested positive with an at-home test?

A: A confirmatory PCR wouldn't be required in this situation. It would be up to the facility to decide if they need a verification test conducted.

Q-6: Should positive home test results be reported?

A: If HCP test themselves at home and are positive, and have worked in the facility during their infectious period, then those positive test results should be reported. Positive results need to be reported to NHSN and CalREDIE (also include in SNF 123 survey). Note that the NHSN point-of-care test module reports to CalREDIE, but CalREDIE does not report to NHSN. It is recommended that you report antigen test results to NHSN to avoid having to report twice.

Vaccine Questions & Answers

Q-7: Would an HCP above 50 years old be considered up to date if they received the first booster, but not the second booster even though they are eligible?

A: Per the CDC, this individual is not considered up to date because they are eligible for the second booster. However, California state guidance does not use the up to date terminology. Per CDPH guidance, the second booster is not a requirement for the vaccine mandate, or for quarantine and testing decisions at this time. The state vaccine requirement is only for the completion of the primary series and the first booster. Below are links to guidance regarding when individuals are eligible for the vaccines, including the boosters.

- CDPH EZIZ: COVID-19 Vaccine Timing by Age (Eligibility Chart)
<https://eziz.org/assets/docs/COVID19/IMM-1396.pdf>
- HSAG Flowchart: Are you up to date on your COVID-19 vaccines?
<https://www.hsag.com/globalassets/covid-19/qn-covid19vaccinesuptodate-flowchart.pdf>
- CDC: Stay Up to Date with Your COVID-19 Vaccines
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>
- CDC: COVID-19 Booster Tool—Find Out When You Can Get Your Booster
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html#when-you-can-get-booster>

Q-8: Are SNF's allowed to vaccinate staff under age 50 with the second booster if they are not immunocompromised and they want the second booster?

A: Not at this time. There hasn't been any further expansion for the second booster outside of being 50 years and older or if moderately to severely immunocompromised.

Q-9: Are second boosters required?

A: Not at this time. There is no current CDPH requirement for a second booster for nursing home residents or HCP. CDC has updated the definition of up to date to include a second booster for people who are 50+ and people 12+ who are immunocompromised.

Q-10: Can COVID-19 positive residents that just completed their 10-day isolation be admitted to the green zone as a COVID-19 recovered resident?

A: Yes. If residents completed their 10 days of isolation, they could admit to the green zone. If residents did not complete their 10 days of isolation yet, they would need to be admitted to the red zone to finish their isolation period at the facility. Once they are in isolation for a total of 10 days, then they can move to the green zone. If immunocompromised or if a resident had a severe course of illness, the isolation period may be extended to 20 days per CDC guidance. Consultation for management of such individuals is recommended.

Q-11: Does a COVID positive resident who is fully vaccinated and asymptomatic still need to be isolated for 10 days?

A: Yes. COVID-19 positive residents still need to isolate for the full 10 days from the onset of symptoms; and at least 24 hours have passed since the last fever; and if symptoms have improved (e.g., cough, shortness of breath). If the resident remained asymptomatic, they also must isolate for 10 days from the date of the first positive test. If the resident had a severe or critical illness (e.g., intubation, ICU stay), or is moderately to severely immunocompromised, the isolation period may be extended to ≥ 20 days per CDC guidance. Consider consulting with an infectious disease physician to see if a test-based strategy should be followed when an isolation period of ≥ 20 days is indicated.

Q-12: A COVID positive resident in the red zone was transferred to the emergency department during their 10-day isolation period. When they return to the nursing home, does their 10-day isolation period restart?

A: No, the 10-day isolation period does not need to restart. However, if the resident did not complete their 10 days of isolation yet, then they would need to be admitted to the red zone again to finish their isolation period at the facility. Once they are in isolation for a total of 10 days, then they can move to the green zone. If immunocompromised or if a resident had a severe course of illness, the isolation period may be extended to 20 days per CDC guidance.

Q-13: If a previously positive resident (< 90 days) tests positive with an antigen test, is that considered a new infection, and should they isolate in the red zone for 10 days?

A: This is a good question since there is a higher degree of reinfections occurring within 90 days due to the BA.5 variant. The answer depends on the reason why you are testing the resident. If the resident was tested due to new symptoms, we recommend isolating the resident as if it were a new infection; if the resident was exposed and tested positive with an antigen test (even if asymptomatic), it would make sense to manage them as a reinfection and isolate them to be safe and error on the side of caution. Further discussion may be needed with your local health department to determine next steps.

Q-14: During contact tracing, a resident tested positive 7 days after being exposed. Does 10-day isolation begin on the day they tested positive? And does the 14 days of contact tracing response testing start over?

A: Isolation begins for the resident on the date they took the sample for their positive test. The facility would then need to conduct contact tracing around the newly identified case to check for newly exposed HCP or residents. It would start on the date of the potential exposure period for the newly identified resident and that cycle of contact tracing would repeat itself until there are no new cases identified and once they complete their quarantine period.

Q-15: What is the definition of an outbreak in a nursing home?

A: The definition of an outbreak in a nursing home can be found in CDPH AFL 20-75: COVID-19 Outbreak Investigation and Reporting Thresholds, updated on July 22, 2021

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-75.aspx>:

- **Outbreak Definition**
 - ≥ 1 facility-acquired COVID-19 case in a resident
- **Threshold for Additional Investigation by Facility**
 - ≥ 1 probable or confirmed COVID-19 case in a resident or HCP;
 - ≥ 3 cases of acute illness compatible with COVID-19 in residents with onset within a 72-hour period
- **Threshold for Reporting to Local Public Health**
 - ≥ 1 probable or confirmed COVID-19 case in a resident or HCP;
 - ≥ 3 cases of acute illness compatible with COVID-19 in residents with onset within a 72-hour period

Q-16: Are the circulating variants in California BA2.12.1, BA.5, Delta or BA2.75?

A: In CMS Region 9, which includes California, Delta is pretty much nonexistent. BA.5 is about 65%, BA.4 is about 16.5%, BA.2.12.1 is 16%, and BA.2 is about 1.7%. More information can be found here: <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>. In addition, we are hearing reports of different symptomatic presentation, including partial loss of taste, sore throat, cough, or variations of the symptoms we've been screening for (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>).

Q-17: How do we decide between Pneumovax and PCV 13?

A: Your clinical team should consult the latest vaccination schedule:

<https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html#table-age>. Current recommendation is 1 dose of PCV15 followed by PPSV23 (pneumovax), or 1 dose of PCV20 after age 65.