



California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, August 10, 2022

Upcoming Calls



- CDPH Tuesday, 8 a.m., All-Facilities Phone Calls
 - Call in: **1.844.721.7239**
 - Access code: **799 3227**
- CDPH Wednesday, 3 p.m., SNF Infection Prevention (IP) Webinars
 - 2nd & 4th Wednesdays of every month
 - Register at: hsag.com/cdph-ip-webinars
 - Recordings, notes, and slides are posted at registration site
- HSAG Tuesday, 11:30 a.m., National Healthcare Safety Network (NHSN) Updates & Office Hours:
 - Register: <https://bit.ly/NHSNofficeHours2022AugSep>

Agenda



- Testing Taskforce Updates
- Immunization Branch Updates
- NHSN Updates
- Healthcare-Associated Infection (HAI) Updates
- Q&A

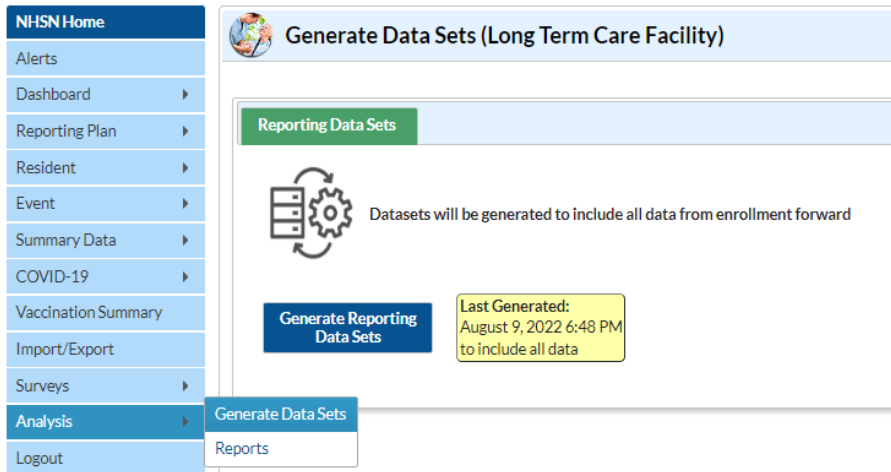


NHSN Updates

NHSN: New Analysis Report

Rate Table - HCP COVID-19 Vaccination Data for CMS SNF QRP

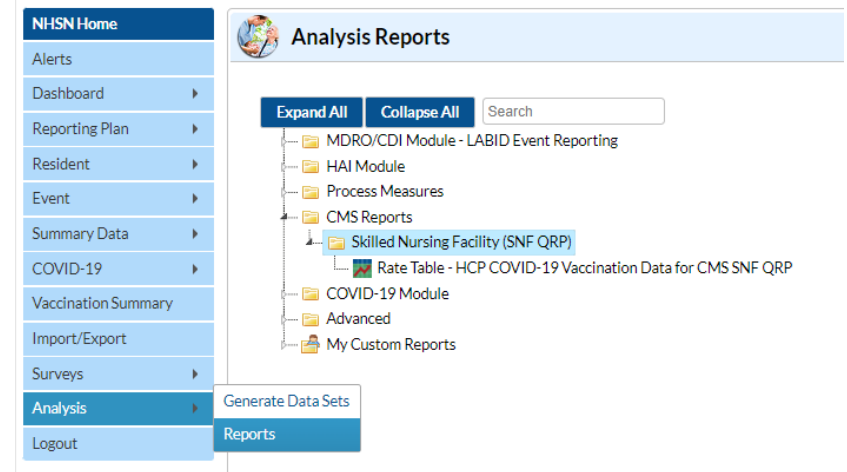
NHSN - National Healthcare Safety Network



The screenshot shows the 'Generate Data Sets (Long Term Care Facility)' page. On the left is a navigation menu with 'Analysis' selected. The main content area has a 'Reporting Data Sets' header and a 'Generate Reporting Data Sets' button. A message states: 'Datasets will be generated to include all data from enrollment forward'. A yellow box indicates the last generation time: 'Last Generated: August 9, 2022 6:48 PM to include all data'.



NHSN - National Healthcare Safety Network



The screenshot shows the 'Analysis Reports' page. On the left is a navigation menu with 'Analysis' selected. The main content area has an 'Analysis Reports' header and a tree view of report categories. The 'Rate Table - HCP COVID-19 Vaccination Data for CMS SNF QRP' report is highlighted. A 'Generate Data Sets' button is visible at the bottom right.



Rate Table—HCP COVID-19 Vaccination Data for CMS SNF QRP



NHSN - National Healthcare Safety Network

NHSN Home

- Alerts
- Dashboard
- Reporting Plan
- Resident
- Event
- Summary Data
- COVID-19
- Vaccination Summary
- Import/Export
- Surveys
- Analysis
- Logout



Analysis Reports

Expand All Collapse All Search

- MDRO/CDI Module - LABID Event Reporting
- HAI Module
- Process Measures
- CMS Reports
 - Skilled Nursing Facility (SNF QRP)
 - Rate Table - HCP COVID-19 Vaccination Data for CMS SNF QRP

- Run Report
- Modify Report
- Export Data Set



CMS Certification Number	Type of Facility	State	Reporting Period End Date Yr/Qt	Incomplete	Total Vaccinated	Number of healthcare workers	COVID 19 HCW vaccination Rate	Upper and lower 95 confidence limit
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HAI Updates

CDC COVID-19 Data Tracker

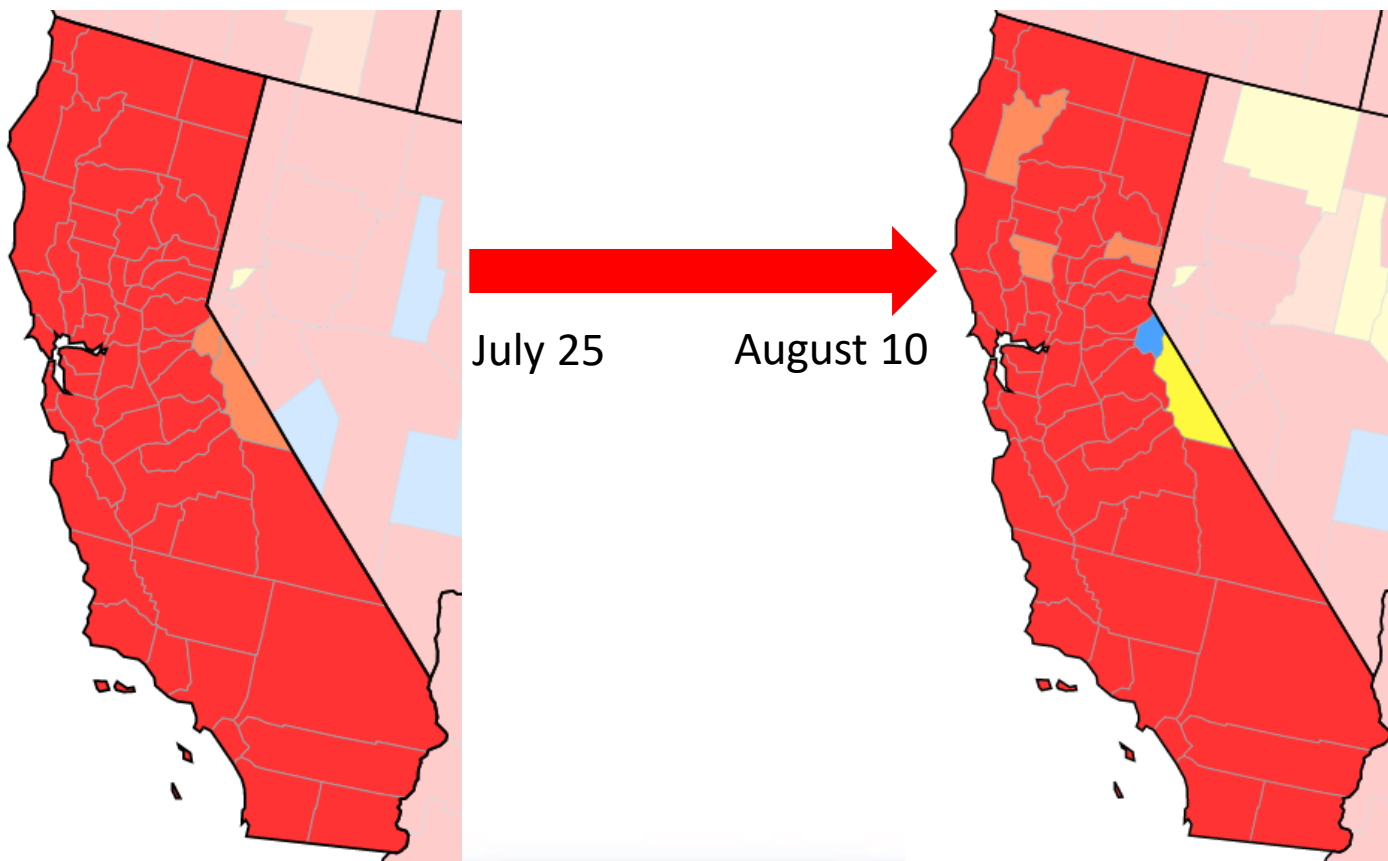
● High ● Substantial ● Moderate ● Low ● No Data

Data Type:

Community Transmission

Map Metric:

Community Transmission



[https://covid.cdc.gov/covid-data-tracker/#county-](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk)

[view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk)

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

- The CDC terminology “up to date” that includes the second booster (when eligible) is not used in California state guidance at this time.
- Since the CDC’s recommendation for a second booster applies to the vast majority of SNF residents, it’s reasonable for facilities to 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: Should SNFs follow CMS QSO 20-38 HCP testing guidance when community transmission levels are substantial or high?

- Yes. Follow the more stringent guidance, which in this case is the CMS QSO 20-38 guidance.
- **In communities with substantial or high COVID-19 community transmission levels, staff who are not up-to-date need to be tested twice a week.**
 - **CDC and CMS Definition of Up-to-Date:** “Up-to-Date” means a person has received all recommended COVID-19 vaccines, including any booster dose(s), when eligible.
- CMS testing guidance supersedes CDPH’s guidance. As of now, CDPH guidance for routine diagnostic testing of HCP is not dependent on community transmission levels and the second booster is not considered in this testing requirement.
- Check with your local health department for more stringent guidance.

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.

Q: Should nursing homes use a test-based strategy to discontinue isolation for residents in the red zone?

- In general, test-based strategies are not required routinely for discontinuing the 10-day isolation period in most individuals because individuals may shed fragments of the virus and persistently test positive. This is the case especially with PCR tests, but antigen tests may also detect fragments of the virus.
- For individuals with mild-moderate illness who are not moderately to severely immunocompromised, isolation can be discontinued 10 days from the onset of symptoms with at least 24 hours passed since the last fever without fever-reducing medications and symptoms improved (e.g., cough, shortness of breath).
- If the individual remained asymptomatic, they must isolate for 10 days from the date of the first positive test. If the individual 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.
 - Consider consulting with an infectious disease physician or the resident's physician to see if a test-based strategy should be followed when an isolation period of ≥ 20 days is indicated.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html#mod>

Paxlovid “Rebound” and Re-Isolation

- COVID-19 rebound after Paxlovid treatment:
 - Reported to occur between 2 and 8 days after initial recovery.
 - Characterized by a recurrence of COVID-19 symptoms or a new positive viral test after having tested negative.
 - Unknown how common (not rare, but not common).
- Possible transmission during COVID-19 rebound described; however, it remains unknown whether the likelihood of transmission during rebound differs from the likelihood of transmission during the initial infection.
- People with recurrence of COVID-19 symptoms or a new positive viral test after having tested negative should restart isolation.
 - Re-isolation same as original isolation duration and criteria for healthcare settings (i.e., at least 10 days and symptoms improved for patients/residents with mild to moderate illness; and at least 5 days or 7 days with symptoms improved and a negative test for HCP).

Questions?





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