



California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, July 13, 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:
 - July registration link: <https://bit.ly/NHSNJuly2022OfficeHours>
 - August & September: <https://bit.ly/NHSNofficeHours2022AugSep>

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July 29-30 - LIVE Virtual Event

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Agenda



- CDPH Updates
- CDPH 123 Survey Updates
- Immunization Branch Updates
- Therapeutic Treatment Updates
- Healthcare-Associated Infection (HAI) Updates
- Q&A



CDPH Updates



HAI Updates

CDC COVID-19 Data Tracker

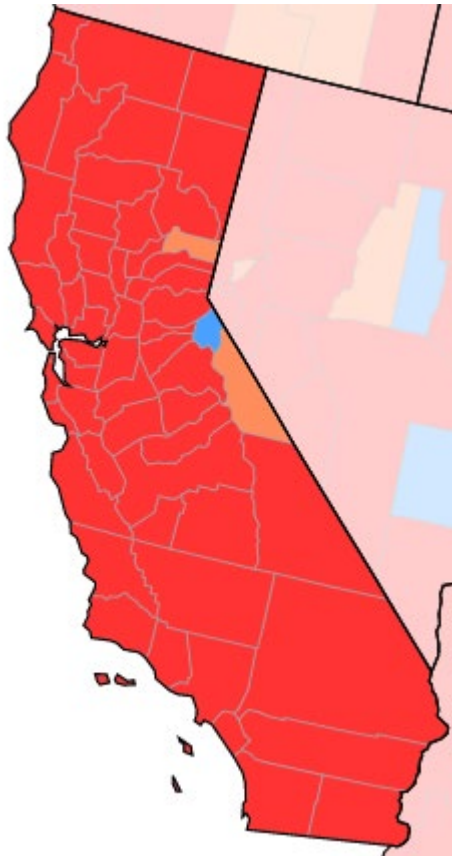
● High ● Substantial ● Moderate ● Low ● No Data

Data Type:

Community Transmission

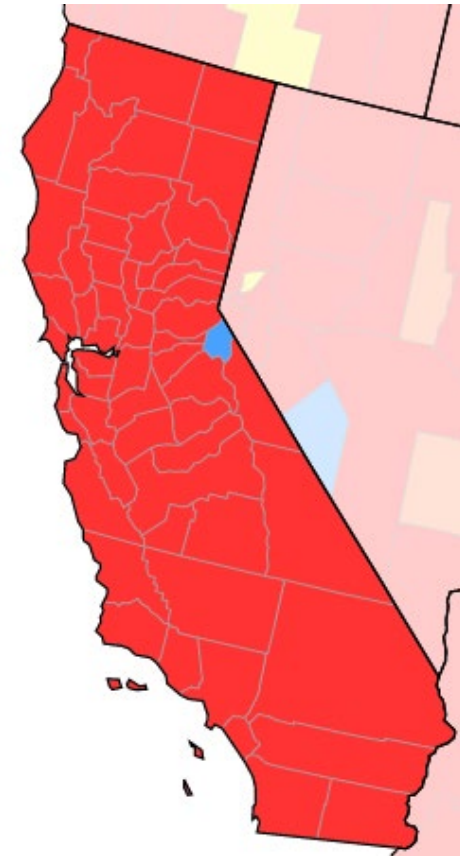
Map Metric:

Community Transmission



June 29

July 12



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

A: Per CDPH AFL 20-75.1 updated on July 22, 2021:

- **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: 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 vaccines, including any booster dose(s) when eligible.” 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.

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

- Per AFL 22-13, in SNFs where $\geq 90\%$ of residents and $\geq 90\%$ 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: 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.
- 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.

Questions?





This material was prepared by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. CA-12SOW-XC-07132022-01