



**California Department of Public Health  
Center for Health Care Quality  
AFC Skilled Nursing Facilities Infection Prevention Call  
February 23 & 24, 2022**

Recordings, notes and slides for the Wednesday Webinars and Thursday calls can be accessed at the Health Services Advisory Group (HSAG) registration website:

<https://www.hsag.com/en/covid-19/long-term-care-facilities/cdph-ip-webinars-past/>

**CDPH Weekly Call-in Information:**

Tuesday 8:00am All Facilities Calls: 844.721.7239; Access code: 7993227

Wednesday 3:00pm SNF Infection Prevention Webinars: Register at: <https://www.hsag.com/cdph-ip-webinars>

Thursday 12:00pm SNF Infection Prevention Calls: 877.226.8163; Access code: 513711

**Important Links to State and Federal Guidance**

Important Links and FAQs to CDPH State Guidance	<a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx</a>
2020 CDPH All Facilities Letters (AFLs)	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx</a>
2021 CDPH AFLs	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx</a>
2022 CDPH AFLs	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL22.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL22.aspx</a>
State Public Health Officer Order: Requirements for Visitors in Acute Health Care and Long-Term Care Settings (Amended 2/7/2022)	<a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Requirements-for-Visitors-in-Acute-Health-Care-and-Long-Term-Care-Settings.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Requirements-for-Visitors-in-Acute-Health-Care-and-Long-Term-Care-Settings.aspx</a>
CDPH AFL 22-07 Guidance for Limiting the Transmission of COVID-19 in SNFs—includes updated visitation and communal dining guidance (2/7/2022)	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx</a>
CMS QSO-20-39-NH: Visitation Guidance (11/12/2021)	<a href="https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf">https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf</a>
State Public Health Officer Order: Health Care Worker Vaccine Requirement (Amended 2/2/2022)	<a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx</a>
AFL 21-34.3 COVID-19 Vaccine/Booster Requirement (Updated 2/2/2022)	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx</a>
AFL 21-28.3 Testing, Vaccination Verification and PPE for HCP (Updated 2/22/2022)	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx</a>

**Booster Mandate Questions & Answers**

**Q-1:** After March 1, 2022, can unvaccinated HCP, without an exemption, and unboosted HCP that are eligible for the booster still work or do they need to be removed from the schedule and terminated for non-compliance with the booster requirement?

**A:** Following March 1, 2022, if an HCP does not have a vaccine exemption, or if they are not boosted (if they are eligible for the booster), and they have not recently recovered from COVID within the last 90 days per the February 22, 2022 State Public Health Officer Order, then they would not be able to continue working in a nursing home and other health care setting. CDPH does not provide guidance on termination policies, so we recommend that facilities discuss their employment policies with their legal counsel and HR representative. HCP in the process of obtaining the booster may be temporarily removed from the schedule until they receive the booster. The intent of the statewide mandate is to get people boosted to protect residents and staff from serious illness and hospitalization.

**Q-2:** What would happen to a facility that did not get everyone boosted by 3/1/22?

**A:** If the facility is surveyed, there is a potential for a deficiency to be written up against the facility if in fact unboosted HCP who have not had a COVID 19 infection within the previous 90 days are still working in patient care areas when they are eligible for the booster. The facility could be at risk of receiving a deficiency if there is an outcome in which harm was caused to a resident due to a lack of the booster.

**Q-3:** If an HCP is not eligible for the booster by March 1, 2022, therefore they are unboosted, are they able to work, or will we get cited? Do they need to be tested twice a week?

**A:** HCP that received their primary series but are not yet eligible for the booster do not need to be tested twice weekly and they are able to continue working past March 1, 2022. Once HCP are eligible for the booster, they need to be in compliance no later than 15 days after the recommended timeframe above for receiving the booster dose. The timing of the booster in the state public health officer order is 6 months after completion of the primary series; however, we encourage receipt of the booster at 5 months after completion of the primary series, per CDC recommendations (<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>).

**Q-4:** For the new CMS 483.80 COVID-19 Vaccination of Facility Staff, the language states administration of all required doses of a multi-dose vaccine equates to completely vaccinated staff. This implies to me that boosters are not to be taken into account when surveyors are looking at enforcing this tag. Can you please confirm?

**A:** CMS QSO 22-07 is focused on the vaccine primary series, but does not require boosters. Attachment A of QSO 22-07 states "§483.80(i) COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine." However, **CMS requires facilities to be in compliance with state laws and regulations that are more stringent than CMS requirements and do not conflict with CMS. Therefore, in this case, when the state and CMS federal guidance is layered together, the California state booster mandate supersedes the federal requirement because it is more stringent. Therefore, CMS surveys will be citing facilities if HCP booster vaccines are not in compliance with the state mandate.**

**Q-5:** Do the clinical reasons for the medical exemption need to be listed in the providers' medical exemption letter?

**A:** Yes. Per CMS QSO 22-07 Attachment A (<https://www.cms.gov/files/document/qso-22-07-all-attachment-ltc.pdf>), the clinical reason is required to be documented in the medical exemption letter. CDPH will be updating the state's FAQs soon to reflect this federal requirement. CMS QSO 22-07 Attachment A: Medical exemption documentation must specify which authorized or licensed COVID-19 vaccine is clinically contraindicated for the staff member and the recognized clinical reasons for the contraindication. The documentation must also include a statement recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements based on the medical contraindications.

## Testing Questions & Answers

### Tools to assist in knowing when to test HCP in SNF:

When Should HCP be Tested for COVID-19 in a SNF?					
Vaccination Status	Routine Diagnostic Screening	Response Testing	Testing Following High-risk Exposure	Symptomatic Testing	Return-to-Work for Infected HCP*
Fully Vaccinated & Boosted (or not yet Booster Eligible)	Not required, but strongly recommended	Yes	Yes	Yes	Yes, if returning at 5 days after symptom onset or positive test
Fully Vaccinated and Booster Eligible, but NOT Boosted	Yes, twice weekly	Yes	Yes	Yes	Yes, if returning at 7 days after symptom onset or positive test
Unvaccinated or Incompletely Vaccinated with Exemption	Yes, twice weekly	Yes	Yes	Yes	Yes, if returning at 7 days after symptom onset or positive test
Recovered from COVID within 90 Days	No	No	Consider, antigen test preferred	Yes, with new symptom onset	Yes, if reinfected and returning at 5-7 days after symptoms onset

\*Antigen test preferred.

CDPH AFL	Link	Audience	Testing Requirements for Unboosted & Unvaccinated Exempt HCP
21-28.3	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx</a>	Skilled Nursing Facilities	*Twice-weekly testing
21-27.3	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-27.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-27.aspx</a>	General Acute Care Hospitals	*Twice-weekly testing
21-30.3	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-30.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-30.aspx</a>	Intermediate Care Facilities	*Twice-weekly testing
21-29.3	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-29.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-29.aspx</a>	Other Health Care Facilities	Weekly testing
21-34.3	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx</a>	All Facilities	*Twice-weekly in acute care or long-term care; Weekly testing in other health care settings.

\*HCP who are unvaccinated exempt or booster-eligible HCP who have not yet received their booster that do not work in areas where care is provided to patients, or to which patients do not have access for any purpose, must undergo weekly testing.

**Q-6:** What should we do if we do not want the Celltrion test kits that CMS is sending to our SNF?

**A:** If a SNF does not want the Celltrion DiaTrust™ COVID-19 CLIA Waived Antigen Rapid Tests that the federal government is sending to all nursing homes in the country, we recommend contacting the federal government contact that shipped the tests to the facility and ask if they can be returned to the federal government. We do not recommend reaching out to the local MHOAC. Reminder: The Celltrion tests require [nasopharyngeal specimen collection \(IFU\)](#) and thus may differ from tests previously used at facilities. Also, test results at 15 minutes should be recorded and tests should not be read after 20 minutes.

**Q-7:** Regarding the February 22, 2022 State Public Health Office Order, do unboosted HCP who recently recovered from COVID still need to be tested twice a week after March 1, 2022, since they are going to defer the booster for 90 days?

**A:** No. As long as they are asymptomatic, HCP who have recovered from COVID-19 within the previous 90 days do not need to be tested as part of routine diagnostic testing because tests, especially molecular tests, may remain positive for 90 days and do not represent infectiousness. See the last row of the testing chart above “Recovered from COVID within 90 Days”. An individual would only need to be tested again within the 90 days if there was a new symptom onset. Testing after a high-risk exposure can also be considered with an antigen test, but is not a requirement.

**Q-8:** Do staff members who received their first 2 doses of vaccine, but are not eligible for the booster yet, need to be tested twice a week?

**A:** No, if they aren't booster eligible, they don't need to be tested twice a week.

**Q-9:** If our vaccination rate is 99%, how often do staff and residents need to be tested?

**A:** Follow the HCP testing guidance in the table above. Residents do not need to be tested in routine diagnostic screening. However, they do need to be tested if symptomatic, if the facility is in response testing due to an outbreak, or if they are in quarantine due to an exposure or if they are a new admission and not up to date with their vaccinations. Routine diagnostic testing is not **required** for HCP with an up-to-date vaccination status, but is recommended, especially if there is moderate to high transmission in the community.

**Q-10:** How many times per week do we need to test boosted HCP?

**A:** Please see testing guidance in the above table. Boosted HCP are strongly recommended to be tested in routine diagnostic screening testing, but it is not a requirement. They are required to be tested in response testing during an outbreak, if symptomatic, and following a high-risk exposure.

## Isolation/Quarantine Questions & Answers

**Q-11:** Should SNFs follow CDC's new quarantine and isolation guidance for residents?

**A:** Yes. On February 2, 2022, CDC updated their isolation and quarantine guidance ([https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor\\_1631031193599](https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031193599)). Updates to CDPH AFL 21-08.7 are in process. At this time, it is reasonable for nursing homes to adopt CDC's updated guidance. Highlights from this guidance are:

- New admissions who did not have COVID-19 within the previous 90 days, and are not up to date with all recommended COVID-19 vaccine doses (including booster, if eligible) should be tested upon admission and quarantined for at least 7 days from the date of admission until results are known for testing obtained 5-7 days after admission.
- The 14-day quarantine duration for exposed residents has been shortened to 10 days of quarantine following the exposure (day 0); or 7 days if testing is performed between days 5 and 7 and the resident tests negative
- Consult also with your LHD as they may have additional recommendations.

**Q-12:** If Los Angeles County hasn't updated their guidelines for new admission quarantine for boosted residents in alignment with CDC, which guidance should we follow?

**A:** The Los Angeles County Department of Public Health (LAC DPH) is in the process of updating their quarantine guidance. For now, follow LAC DPH's guidance, rather than the CDPH guidance since county guidance supersedes state guidance. Los Angeles County Guidance can be found here:

- <http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/#testing>
- <http://publichealth.lacounty.gov/acd/ncorona2019/docs/SNFCOVIDGuidance02-25-22.pdf>

**Q-13:** Can SNFs count used hospital days towards the new quarantine guidelines from CDC?

**A:** Per CDPH AFL 20-53.6 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>), it states that “SNFs may consider acute care hospital days as part of the quarantine observation period for unvaccinated or partially vaccinated new admissions as long as the following criteria are met: SNF is in regular communication with their local health department (LHD) and/or the hospital infection preventionist and/or occupational health program, and there is no suspected or confirmed COVID-19 transmission among patients or staff at the hospital.” Note that it may be challenging to provide absolute assurance that there was no exposure in the acute facility, especially during the recent surge due to return-to-work for COVID positive staff when there are critical staffing shortages. There must be active communication between the SNF, hospital and local health department to ensure there were no potential exposures

**Q-14:** If a new admission is not up to date on their COVID-19 vaccinations, but they recently discontinued isolation from being COVID positive, and they had received monoclonal antibodies, do they still need to be quarantined in the yellow zone?

**A:** No. If they are in their 90 days of recovering from COVID and they discontinued isolation, they can be admitted directly to the green zone. They would not need to quarantine even if they are not up to date on their vaccination.

**Q-15:** Do COVID positive residents, still need to isolate for 10 days?

**A:** Yes, COVID positive residents still need to isolate for the full 10 days of isolation. If immunocompromised or if the resident had a severe course of illness, the isolation period may be extended to 20 days per CDC guidance. Consider consulting with an infectious disease physician if you think that prolonged isolation may be indicated. See CDC’s Isolation and Quarantine Interim Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>.

**Q-16:** If a new admission gets the booster on day 4 in the yellow zone, can we discontinue quarantine?

**A:** Individuals who receive the booster are considered “boosted” immediately upon receiving the booster dose. However, I would be hesitant to discontinue quarantine at day 4 because it is possible that the resident was exposed prior to receiving the booster, and they could be incubating the virus. We recommend not ending quarantine early.

**Q-17:** Do new admissions who recently recovered from COVID and have discontinued isolation need to quarantine in the yellow zone; or can they go directly to the green zone?

**A:** If a new admission recovered from COVID within the last 90 days and isolation has been discontinued, they can be admitted directly to the green zone, even if they were recently exposed.

Refer to the February 2, 2022 CDC updates on quarantine guidance:

[https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor\\_1631031193599](https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031193599).

- **New Admissions who have Recovered from COVID-19:** In general, residents who have recovered from COVID-19 in the prior 90 days, regardless of vaccination status, do not need to be placed in quarantine. Quarantine might be considered if the resident is moderately to severely immunocompromised.
- **New Admissions who have Recovered from COVID-19 who Were Recently Exposed:** Residents who have recovered from SARS-CoV-2 infection in the prior 90 days who were exposed should wear source control. In general, these residents do not need to quarantine unless they develop symptoms or if the facility is directed to do so by the local health department. Quarantine might be considered if the resident is moderately to severely immunocompromised.
- **Testing:** In general, testing is not necessary for asymptomatic people who have recovered from COVID-19 in the prior 90 days; however, if testing is performed, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period.



**Q-18:** Can you clarify testing guidance for new admissions not up-to-date on their vaccinations?

**A:** New admissions who are not up to date with all recommended COVID-19 vaccine doses (including booster, if eligible) should be tested and quarantined for at least 7 days from the date of admission until results are known for testing obtained 5–7 days after admission.

**Q-19:** Is a test-based strategy necessary for discontinuing isolation in residents after a 10-day period?

**A:** **No.** Prolonged isolation up to 20 days is recommended for those who are immunocompromised or have had a severe course of illness from COVID. A test-based strategy at the end of the 20 days is recommended to determine end of isolation. In some instances, people who are [moderately or severely immunocompromised](#) might have a longer infectious period and CDC recommends consulting with an infectious disease specialist to determine the appropriate duration of isolation and precautions. See CDC’s Isolation and Quarantine Interim Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>.

## PPE Questions & Answers

**Q-20:** Can staff wear KN95s instead of a surgical mask in the green zone and non-patient care areas?

**A:** Yes, surgical masks and KN95s can be worn by SNF HCP in the green zone and non-patient care areas as source control. While KN95s are acceptable, CDPH cautions against the use of KN95s as source control to avoid confusion with N95s. KN95s should NOT be worn as PPE in the yellow or red zones.

**Q-21:** If our facility has high HCP booster rates, do we still have to wear eye protection in the green zone?

**A:** In general, PPE is worn by HCP for their protection during resident care regardless of their vaccination status. Eye protection (face shields, goggles) is required as PPE during all resident care, including green zones, in facilities in counties with substantial or high COVID-19 transmission (see CDC’s [COVID-19 Data Tracker](#)), and during a COVID-19 outbreak in a facility, regardless of HCP vaccination status. Eye protection in the green zone is NOT required in counties with low to moderate county transmission (see CDC’s [COVID-19 Data Tracker](#)), unless otherwise indicated as part of standard precautions. Eye protection is NOT necessary in non-patient care areas, such as the kitchen, hallways, nurses' station, regardless of county transmission. <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>.

**Q-22:** What percentages are considered high or low for county positivity rates?

**A:** View the CDC COVID Data Tracker website that has a map of the country at: <https://covid.cdc.gov/covid-data-tracker/#county-view>. As of February 23, 2022, 51 out of the 58 counties in CA are red for high COVID transmission rates; Plumas, Orange, Inyo, and Marin counties are orange for substantial COVID transmission; Mono county is yellow for moderate COVID transmission; and Sierra and Alpine counties are blue for low COVID transmission. Click on “How is community transmission calculated” to see the positivity rates for each category. You may also consult with your LHD.

Determining Transmission Risk				
If the two indicators suggest different transmission levels, the higher level is selected				
	Low	Moderate	Substantial	High
New cases per 100,000 persons in the past 7 days*	<10	10-49.99	50-99.99	≥100
Percentage of positive NAATs tests during the past 7 days**	<5%	5-7.99%	8-9.99%	≥10.0%

**Q-23:** Are N95s required for staff working in non-patient care areas such as the kitchen, hallways, nurses' station, and back offices, or is a surgical mask sufficient?

**A:** This is a question about use of masks or N95s for **source control** (to limit emission of the wearer's respiratory secretions for the protection of others around them). In general, N95s are not required for staff to use as **source control** in non-patient care areas; a surgical mask is sufficient. When wearing a surgical mask, every effort should be made to optimize the fit close to the face. See CDPH mask guidance: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Get-the-Most-out-of-Masking.aspx>. The only situation where N95s would be **required** as **source control** in non-patient care areas is for COVID positive HCP returning to work during a critical staffing shortage before meeting usual criteria to discontinue isolation per CDPH AFL 21-08.7. Additionally, per CMS QSO 22-07 Attachment A (<https://www.cms.gov/files/document/qso-22-07-all-attachment-ltc.pdf>), CMS recommends that HCP who are not yet fully vaccinated take additional precautions to mitigate the spread of COVID, such as "Requiring staff who have not completed their primary vaccination series to use a NIOSH approved N95 or equivalent or higher-level respirator for source control, regardless of whether they are providing direct care to or otherwise interacting with patients."

**Q-24:** Can our staff start wearing surgical masks rather than N95s in the green zone. Does our county's positivity rate matter?

**A:** This is a question about use of masks or N95s for **PPE** (to protect the HCP from residents' respiratory secretions during resident care). HCP should wear N95s as **both PPE and source control** in the green zone:

- During an outbreak.
- During care for residents undergoing aerosol generating procedures in a facility located in a county with substantial or high community transmission per the CDC COVID Data Tracker: <https://covid.cdc.gov/covid-data-tracker/#county-view>.

Per CDC, to simplify implementation, facilities in counties with substantial or high transmission may consider implementing universal use of N95 or equivalent or higher-level respirators for HCP during all patient care encounters or in specific units or areas of the facility at higher risk for SARS-CoV-2 transmission. Surgical masks are otherwise generally acceptable as **source control** when HCP are caring for residents in the green zone. Check with your local health department to see if they have more stringent requirements.

## Vaccine Questions & Answers

**Q-25:** Will another booster be required in the next few months?

**A:** This is unknown. There is no current guidance from CDC related to more booster doses, but we understand that this is being looked at carefully.

**Q-26:** What data does CDPH have to support the greater effectiveness of boosters for preventing serious illness, COVID transmission, and long-haul syndrome in HCWs and our senior residents?

**A:** CDPH aligns with the CDC and ACIP recommendation for COVID booster vaccine for all people ages 12 years and older. The evidence to support this recommendation was presented at the [ACIP meeting in August 2021](#) (specific references can be found [here](#)). CDC continues to review ongoing booster vaccine effectiveness and safety data. This information can be found on this website: [www.cdc.gov/mmwr/covid19\\_vaccine\\_safety.html](http://www.cdc.gov/mmwr/covid19_vaccine_safety.html). Also, information about the effectiveness of the vaccine can be found in the CDPH Immunization Branch PowerPoints located at: <https://www.hsag.com/en/covid-19/long-term-care-facilities/cdph-ip-webinars-past/>. The direct link to the February 23, 2022 Immunization Branch PowerPoint is: <https://www.hsag.com/contentassets/4a66046f256e4d44ae30db0fd9dc2510/vaccines-20220209-508.pdf>

**Q-27:** Why does CDPH AFL 21-34.3 COVID-19 Vaccine Requirement for HCP (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx>) state that the Moderna or Pfizer booster doses should be at least 6 months after the 2<sup>nd</sup> dose? Shouldn't it be 5 months?

**A:** The interval for both Pfizer and Moderna mRNA boosters has been shortened to **5 months** in order to provide better protection sooner for individuals against the highly transmissible Omicron variant, based on available data. AFL 21-34.3 and the February 22, 2021 State Public Health Officer Order (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx>) requiring boosters by March 1, 2022 state intentionally a 6 month interval before the booster is required; therefore HCP will have up to 6 months to get their booster and be in compliance with the Health Officer Order. However, CDPH strongly recommends HCP get their booster earlier at 5 months when they are eligible.

**Q-28:** Once HCP get the booster, is it effective immediately or do they need to be tested twice a week for two more weeks?

**A:** Individuals that receive the booster are considered “boosted” immediately upon receiving the booster dose. There is not an additional two-week waiting time after receiving the booster, therefore testing twice a week following the booster dose is no longer necessary.

**Q-29:** Is there a way to check an individual facility vaccination/booster rates on the CDC or CMS website so we can verify the data from NHSN is entered correctly?

**A:** Yes, CMS displays nursing home vaccine and booster data for every nursing home in the country at: <https://data.cms.gov/covid-19/covid-19-nursing-home-data>. Vaccine data are also displayed publicly on Care Compare <https://www.medicare.gov/care-compare/>. In addition, HSAG produces run charts for all 1,200 nursing homes in California EVERY Monday so you can easily see if your vaccine data is accurate. To gain access to your run charts, contact [canursinghomes@hsag.com](mailto:canursinghomes@hsag.com).

**Q-30:** Our nursing homes vaccine data is not accurate on the CMS website (<https://data.cms.gov/covid-19/covid-19-nursing-home-data>). How do we correct our data?

**A:** The data source is NHSN. You can modify your facility's data directly in NHSN. Corrections made may take a few weeks to reflect on the website. For assistance, you can email your problem to Rose Chen at [rchen@hsag.com](mailto:rchen@hsag.com). Make sure to include the name of your facility so HSAG can help you get your data corrected.

**Q-31:** How many vaccines are needed for a resident who received AstraZeneca as their first vaccine?

**A:** AstraZeneca is a vaccine listed for emergency use by WHO but not approved or authorized by FDA. Please see Appendix E: People who received COVID-19 vaccine outside the United States. [www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#appendix-e](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#appendix-e).

- The primary COVID 19 vaccine series for AstraZeneca COVID-19 is 2 doses.
- If the resident received all recommended primary doses of AstraZeneca, then do not repeat primary series. Administer mRNA booster dose at least 5 months after last primary series dose.
- If the resident received partial primary series of AstraZeneca, then administer a single dose of an mRNA COVID-19 vaccine at least 28 days after receipt of their first dose to complete primary series. Administer mRNA booster dose at least 5 months after last primary series dose.



## Cohorting Questions & Answers

**Q-32:** If a facility is in a staffing shortage crisis which requires HCP to move from the yellow zone to the red zone, what documentation is required to avoid a citation?

**A:** Document your situation and the protocols that you have in place. If you have critical staffing shortages that are forcing this need, please remember that you should still submit staffing needs through your local MHOAC. CDPH will be looking at whether or not you have done everything possible to relieve the staffing shortage, including the ability to reassign staff to cover open shifts.

## Other Questions & Answers

**Q-33:** Should our facility consider accommodations in which areas HCP can work if they are not up to date on their vaccinations due to an exemption or because they recently recovered from COVID?

**A:** If an HCP is not up to date on their vaccinations due to an exemption or because they recently recovered from COVID, they are able to work in any role at your facility, however, our recommendation is to consider a lower-risk assignment for those who are unvaccinated with an exemption if possible (e.g., not working with unvaccinated or severely immunocompromised residents who are less likely to have a robust immune response to vaccination). HCP not up to date on their vaccinations with exemptions need to be tested twice weekly (unless they recently recovered from COVID), and we recommend they wear N95s as source control, however, that is not a requirement.

**Q-34:** How can I register for the California Health Alert Network (CAHAN) notifications so I can receive the call notes every Friday, and alerts when new AFLs and statewide guidance are distributed?

**A:** CAHAN is CDPH's emergency preparedness notification platform to distribute CDC Health Alerts, CDPH Guidance, and All Facilities Letters. The CAHAN is intended for 2–3 key contacts at each healthcare facility. Interested appropriate parties should complete the Contact Add Request Form and return it to their Local Lead Health Alert Network (HAN) Coordinator.

- Local Lead HAN Coordinator Directory: <https://member.everbridge.net/892807736722952/faq>
- Contact CAHANinfo@cdph.ca.gov with enrollment issues.