







California Department of Public Health (CDPH) Infection Prevention Webinar

Wednesday, January 5, 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:
 - Register at: hsag.com/cdph-ip-webinars
 - Recordings, notes, and slides are posted at registration site
 - Trouble logging in: check link and date at registration site
- CDPH Thursday, 12 noon, SNF IP Phone Calls:
 - Dial-in: 1.877.226.8163
 - Access Code: **513 711**

Agenda





- CDPH Updates
- Testing Task Force Updates
- Immunization Branch Updates
- Healthcare-Associated Infection (HAI) Updates
- Q&A





CDPH Updates

CDPH Updates

Guidance	Date	Link
State Public Health Officer Order – amended with booster requirement for HCP	Dec. 22, 2021	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/ COVID-19/Order-of-the-State-Public-Health-Officer- Health-Care-Worker-Vaccine-Requirement.aspx
AFL 21-34.1 COVID-19 Vaccine/Booster Requirement	Dec. 27, 2021	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/ AFL-21-34.aspx
AFL 20-53.6 COVID-19 Testing in SNFs	Dec. 27, 2021	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/ AFL-20-53.aspx
AFL 21-28.1 COVID-19 Testing, Vaccination Verification and PPE for HCP at SNFs	Dec. 27, 2021	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/ AFL-21-28.aspx
AFL 21-08.6 Guidance on HCP Quarrantine and Isolation	Dec. 30, 2021	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/ AFL-21-08.aspx
CDPH Guidance for Isolation & Quarantine for General Public	Dec. 30, 2021	https://www.cdph.ca.gov/programs/cid/dcdc/pages/covid-19/guidance-on-isolation-and-quarantine-for-covid-19-contact-tracing.aspx
CDPH Requirements for Visitors in Acute Health Care and Long-Term Care Settings	Dec. 31, 2021	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





Testing Taskforce

Poll: Our facility has enough COVID-19 tests to:

- A. Perform tests daily for all staff and visitors as needed.
- B. Perform tests for **all staff** at least twice weekly **and visitors** as needed.
- C. Perform tests for all staff at least twice a week but not visitors.
- D. Perform tests at least twice weekly only for unvaccinated staff and booster-eligible staff.
- E. Perform tests only for **response testing** during an outbreak.
- F. We do not have enough antigen tests to test our staff even in an outbreak.
- G. Other (enter comments in chat box).







Immunization Branch Updates







HAI Updates

California State Public Health Officer Order December 22, 2021 (Supersedes August 5, 2021, Order)

- All nursing home workers currently eligible for boosters must be "fully vaccinated and boosted" for COVID-19 no later than February 1, 2022.
- Workers not yet eligible for boosters by February 1, 2022, must be in compliance no later than 15 days after the recommended timeframe for receiving the booster dose.
- If an unvaccinated worker has an approved exemption, the worker must test with either a PCR or antigen test at least twice weekly.
- Booster-eligible workers who have not yet received their booster by December 27, 2021, must be tested with either a PCR or antigen test at least twice weekly.

As a best practice, CDPH strongly recommends that all nursing home workers (including those that are fully vaccinated and boosted) undergo at least twice weekly screening testing.

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx

AFL 21-34.1 COVID-19 Vaccine Requirement

- Aligns with Dec. 22, 2021, California State Public Health Officer Order which requires healthcare personnel (HCP) to be up-to-date with vaccinations and receive boosters by February 1, 2022, unless exempt.
- COVID-19 testing must occur at least twice weekly for unvaccinated exempt HCP and booster-eligible HCP who have not yet received their booster in an acute care or long-term care setting.

COVID-19 Vaccine	Primary vaccination series	Vaccine booster dose
Moderna or Pfizer-BionTech	1st and 2nd doses	Booster dose at least 6 months after 2nd dose
Johnson and Johnson [J&J]/Janssen	1st dose	Booster dose at least 2 months after 1st dose
World Health Organization (WHO) emergency use listing COVID-19 vaccine	All recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine at least 6 months after getting all recommended doses
A mix and match series composed of any combination of FDA-approved, FDA-authorized, or WHO-EUL COVID-19 vaccines	All recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine at least 6 months after getting all recommended doses

AFL 21-28.1 COVID-19 Testing, Vaccination Verification and PPE for HCP at SNFs

- Aligns with December 22, 2021, California State Public Health
 Officer Order, and AFL 20-53.6 and AFL 21-34.1 which require HCP
 to be up-to-date with vaccinations and receive boosters by
 February 1, 2022, unless exempt.
- This AFL also requires at least twice weekly COVID-19 testing for unvaccinated exempt HCP and booster-eligible HCP who have not yet received their booster in long-term care settings.
 - Facilities must begin testing of all booster-eligible HCP who have not yet received their booster by December 27, 2021, and be in full compliance by January 7, 2022.

AFL 20-53.6 COVID-19 Testing at SNFs

- The AFL references the December 22, 2021, State Public Health Officer Order that requires HCP to receive boosters and be upto-date with vaccinations by February 1, 2022, unless exempt.
- The AFL also references that CDPH is requiring twice weekly COVID-19 testing for unvaccinated exempt HCP and boostereligible HCP who have not yet received their booster in longterm care settings.
- Testing reminders:
 - Testing should continue for HCP with signs or symptoms consistent with COVID-19, regardless of vaccination status.
 - Testing should continue for HCP with higher-risk exposures (i.e., response testing).

AFL 21-08.6 Guidance on Quarantine/Isolation

 Aligns with CDC's shortened duration of isolation and testing considerations for SARS-CoV-2 infected HCP and consolidates the conventional, contingency, and crisis framework into "routine" and "critical staffing shortage" scenarios.

Work Doctrictions	for UCD with SADS Call 2 Infaction	(Icolation)
WOLK KESUICUOUS	for HCP with SARS-CoV-2 Infection	(ISOLULIOII)

Vaccination Status	Routine	Critical Staffing Shortage
Boosted, OR Vaccinated but not booster-eligible	5 days* with negative diagnostic test† same day or within 24 hours prior to return OR 10 days without a viral test	<5 days with most recent diagnostic test [†] result to prioritize staff placement [‡]
Unvaccinated, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose	7 days* with negative diagnostic test† same day or within 24 hours prior to return OR 10 days without a viral test	5 days with most recent diagnostic test [†] result to prioritize staff placement [‡]

Work Restrictions for Asymptomatic HCP with Exposures (Quarantine)

Vaccination Status	Routine	Critical Staffing Shortage
Boosted, OR Vaccinated but not booster-eligible	No work restriction with negative diagnostic test [†] upon identification and at 5-7 days	No work restriction with diagnostic test [†] upon identification and at 5-7 days
Unvaccinated [§] , OR Those that are vaccinated and booster-eligible but have not yet received their booster dose [§]	7 days with diagnostic test [†] upon identification and negative diagnostic test [†] within 48 hours prior to return	No work restriction with diagnostic test [†] upon identification and at 5-7 days

AFL 21-08.6 Updated December 30, 2021: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx

CDPH Requirements for Visitors in Acute Health Care and Long-Term Care Settings

- December 31, 2021: CDPH amended the August 26, 2021, State Public Health Officer Order to require boosters for indoor visitors and to require additional testing of all visitors from January 7 to February 7, 2022.
- Skilled Nursing Facilities must either:
 - 1) For **indoor** visitation, verify visitors are vaccinated with all recommended doses (including boosters) **and** provide evidence of a negative test (within 1 day of visitation for antigen tests; within 2 days for PCR tests); **OR**
 - 2) Permit only **outdoor** visitation for those that do not meet all the vaccine requirements. For outdoor visitation, visitors must provide evidence of a negative SARS-CoV-2 test within one day of visitation for antigen tests, and within two days of visitation for PCR tests.
- For visitors who visit for multiple consecutive days, proof of negative test is only required every third day (meaning testing is only required on day one, day 4 and day 7, and so on).

CDPH Requirements for Visitors in Acute Health Care and Long-Term Care Settings (cont.)

- If a resident is <u>not able</u> to leave their room to meet outdoors, the visitation may occur indoors, even for visitors who cannot provide vaccine verification or a negative tests. However:
 - Visits cannot take place in common areas, or in the resident's room if the roommate is present.
 - Visitor and resident must wear a well-fitting face mask at all times and physically distance.

Q: Do SNFs need to report antigen test results for visitors or HCP?

- Antigen tests used for testing visitors or HCP must be supervised by the facility to verify the identity of the individual being tested and the date of the test.
- Supervised OTC testing may be conducted in 2 ways:
 - "Self-swab" or "self-collect" (person collects own specimen using swab, facility staff add reagent, inserts swab in card, reads results).
 - "Self-test" (person collects own specimen using swab, adds reagent to their own test card, inserts swab in card, reads results).
- Test results (positive and non-positive) of <u>visitors and HCP</u> who "self-swab" or "self-collect", but facility staff perform the actual test, do need to be reported by the facility to NHSN and CalREDIE.
- Test results of <u>visitors and HCP</u> who "self-test" <u>do not</u> need to be reported by the facility.
 - However, if an <u>HCP</u> tests positive, the <u>positive result does need to be</u> reported to NHSN and CalREDIE (also include in SNF 123 survey).
 - Per the CDC, individuals who use antigen tests should report test results to their healthcare provider. https://www.cdc.gov/coronavirus/2019-ncov/testing/self-testing.html

Appendix C: Guidance for POC Diagnostic Testing for Influenza and COVID-19, 2021-2022

> 1 resident with signs & symptoms of upper respiratory tract infection (URI) / Influenza Like Illness (ILI)

Nasal swabs (2) for both SARS-CoV-2 rapid antigen and Rapid Influenza Diagnostic Antigen Tests (RIDT)

SARS-CoV-2 Pos Flu Neg

Consider molecular

WGS1

SARS-CoV-2 test for

• Report case to LHD 2

· Manage facility per

COVID-19 guidance:

- Cohort based on

testing

- SARS-CoV-2

residents and

prophylaxis4 for

exposed residents

COVID-19 status

- SARS-CoV-2 response

treatment³ for positive

- Isolation/quarantine

SARS-CoV-2 Neg / Flu Pos

- · Repeat flu test with molecular test for influenza typing (LHD, VBL5, Priv.
- Perform confirmatory molecular test for SARS-CoV-2
- Report case to LHD

Contract Lab)

- Manage facility per Flu guidance 6:
 - Cohort pos. flu residents
 - PPE per influenza recs
- Influenza anti-viral treatment for positive residents or chemoprophylaxis for exposed

· Repeat flu test with molecular test for typing (LHD, VBL, Priv. Contract Lab); consider molecular SARS-CoV-2 for WGS

SARS-CoV-2 Pos /

Flu Pos

- Manage residents per co-infection guidance:
 - Cohort within cohort: do NOT cross COVID-19 cohorts
 - PPE per COVID-19 recs
 - Treatment for positive residents, prophylaxis for exposed residents

SARS-CoV-2 Neg / Flu Neg Cluster of Cluster of Cases? Cases? NO YES Molecular testing: Molecular testing: SARS-CoV-2 and SARS-CoV-2 Influenza tests

AND

viral panel

Full respiratory

and

Influenza tests

¹WGS: whole genome sequencing ²LHD: local health department ³Treatment options for SARS-CoV-2 infection may include monoclonal antibody or antiviral drugs ⁴ Post exposure prophylaxis (PEP) for SARS-CoV-2 may include monoclonal antibody ⁵ VBL: Valencia Branch Lab 6 CDPH Influenza Prevention and Management Guidance for SNF (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF DetectAndControlOutbreaks.aspx)

COVID-19 Testing Resources

- CDPH Guidance Updated December 30, 2021
 - Guidance for use of Over-the-Counter Tests for Local Health Jurisdictions <u>https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Over-The-Counter-Tests-LHJ-Guidance.aspx</u>
 - Information Sheet for Over-the-Counter Test Kits for SARS-COV-2
 https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2021/12/Home-Testing-Information-Sheet.pdf
- CDPH "Letter to Laboratories: Testing for SARS-CoV-2/COVID-19"
 Last Updated August 26, 2021
 https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/LFSCOVID19ltr-1.aspx
- CDPH COVID-19 for Laboratories: Frequently Asked Questions
 https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/COVID-19FAQ.aspx
- CMS "Frequently Asked Questions: COVID-19 Testing at SNFs" https://www.cms.gov/files/document/covid-faqs-snf-testing.pdf

Advanced Therapeutics for Omicron

Updated: 1/11/22

Rx	Risk Reduction	When	Route	Duration	Availability
Paxlovid (nirmatrelvir/ritonavir)	88%	Within 5 days of sxs/+ test	PO	5 days	Retail/LTC Rx – Limited
Sotrovimab	79%	Within 10 days of sxs/+ test	IV	Single Infusion	Hospitals - Limited
Remdesivir	87%	Within 7 days of sxs/+ test	IV	3 days	Hospitals
Molnupiravir	30%	Within 5 days of sxs/+ test	РО	5 days	Expected in Retail Rx/LTC
Pre-exposure Prophylaxis	Risk Reduction	When	Route	Duration	Availability
Evusheld (tixagevimab /cilgavimab)	77%	Q 6 mos. for immunocomp	IM	Two Consecutive Injections	Hospitals - Limited

IDSA Treatment Prioritization

Tier	Risk Group
1	Immunocompromised individuals regardless of vaccine status or Unvaccinated individuals age >74 or age >64 with additional risk factors*
2	Unvaccinated individuals age >64 or age <65 with risk factors*
3	Vaccinated individuals age >74 or age >64 with additional risk factors*
4	Vaccinated individuals age >64 or age <65 with risk factors*
*	Risk factors for progressing to severe COVID include advanced age, cancer, cardiovascular disease, CKD, chronic lung disease, DM, immunocompromised, obesity, pregnancy, sickle cell disease, other conditions

Questions?















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