



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
November 29, 2023**

Weekly Call-in Information:

- 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/>
- 3rd Tuesdays every month, 11:30am HSAG NHSN & HAI Office Hours
 - Register for 2023: <https://bit.ly/NHSNHAIOfficehoursJulytoDec2023>
 - Register for 2024: <https://bit.ly/NHSNHAIOfficehoursJantoJuly2024>

Important Links to State and Federal Guidance

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| Important Links to CDPH State Guidance | https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx |
| CDC's Interim Infection Prevention and Control Recommendations for HCP During COVID-19 (5/8/2023) | https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html |
| CDPH AFLs | https://www.cdph.ca.gov/Programs/CHCO/LCP/pages/lncfl.aspx |
| CDPH COVID-19 AFLs | https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/COVID-19-AFLs.aspx |

Upcoming Educational Opportunities

CDPH SNF Online Infection Prevention Course

- 18-hour *self-paced* online course
- 18 hours of CA-BRN CE after successfully completing course post-test
- Suggested Audience: Individuals responsible for infection prevention and control (IPC) program in a SNF. Includes individuals with an interest in IPC, including SNF staff, facility administrators, quality improvement staff, and managers with IP program oversight.
- No cost to attend this course. Registration: [SNF Infection Prevention Online Course](#)

CDPH SNF 2-Day In-Person Infection Prevention Course

- 14 CA-BRN continuing education hours
- 2024 Course Locations:
 - Marin County: February 29 & March 1, 2024
 - San Diego County: March 20 & 21, 2024
 - Sacramento County: Late Spring/Early Summer 2024
 - Northern California: Late Spring/Early Summer 2024
- Registration links for these courses will be posted in the month prior to the course. The hosting health department(s) will distribute to their local SNFs. After the initial registration, the course registration will be open to all California SNF IPs through the [HAI Program Website](#).

Refer to the PowerPoints “[CDPH Immunization Branch Updates](#)” and “[HSAG NHSN & Vaccine Updates \(slides 5-18\)](#)” presented on 11/29/2023.

CDC Health Advisory Notice (12/14/23): Urgent Need to Increase Immunization Coverage for Influenza, COVID-19, and RSV and Use of Authorized/Approved Therapeutics in the Setting of Increased Respiratory Disease Activity During the 2023 – 2024 Winter Season

<https://emergency.cdc.gov/han/2023/han00503.asp>

Q-1: Who is eligible for the COVID-19 vaccine?

A: COVID-19 vaccination is recommended for everyone ages 6 months and older, regardless of a history of symptomatic or asymptomatic SARS-CoV-2 infection, including people with prolonged post-COVID-19 symptoms. Refer to the following eligibility flow charts:

- CDPH COVID-19 Vaccine Timing by Age (Eligibility Chart)
<https://eziz.org/assets/docs/COVID19/IMM-1396.pdf>
- CDC COVID-19 Vaccine Recommendations <https://www.cdc.gov/vaccines/covid-19/downloads/COVID19-vaccination-recommendations-most-people.pdf>

Q-2: Need help organizing a COVID-19 vaccine clinic for residents and staff?

A: Complete the [vaccine access assistance form](#) and an HSAG vaccine coordinator will reach out to you to assist in:

- Scheduling vaccine clinics
- Providing on site and virtual vaccine education to residents, family members and staff

Q-3: Can COVID vaccines be administered to staff and residents during an outbreak?

A: Yes. During outbreaks, continue to offer vaccines that protect against respiratory diseases to residents and HCP per CDC recommendations.

- There is no recommendation in outbreaks to delay vaccination until the outbreak has ended.
- There is no contraindication to receiving a vaccine if exposed. Refer to [CDC guidance](#). People with a known or potential SARS-CoV-2 exposure may receive vaccine if they do not have symptoms consistent with COVID-19.

Q-4: If an individual is positive with COVID-19, when can they get the COVID-19 vaccination?

A: If an individual has active COVID-19 infection, they should be referred for COVID-19 antiviral treatment as early as possible. People with known current SARS-CoV-2 infection should defer any COVID-19 vaccination at least until recovery from the acute illness (if symptoms were present) and [criteria](#) to discontinue isolation have been met. COVID-19 vaccination is recommended for everyone ages 6 months and older, regardless of a history of symptomatic or asymptomatic SARS-CoV-2 infection, including people with prolonged post-COVID-19 symptoms. People who recently had SARS-CoV-2 infection may consider delaying a COVID-19 vaccine dose by 3 months from symptom onset or positive test (if infection was asymptomatic). Individual factors such as risk of COVID-19 [severe disease](#) or characteristics of the predominant SARS-CoV-2 strain should be taken into account when determining whether to delay getting a COVID-19 vaccination after infection.

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#infection>

Q-5: Is it required for nursing homes to educate and offer the COVID-19 vaccine to residents and staff?

A: Yes. CMS requires nursing homes to **educate and offer** COVID-19 vaccines to residents and staff. The regulation states that staff must be offered the COVID-19 vaccine or given information on how to obtain the COVID-19 vaccine ([CMS QSO-21-19-NH](#); [Code of Federal Regulations](#)).

Q-6: Are nursing homes still required to report COVID-19 vaccine status to NHSN?

A: Yes. Nursing homes are required to report COVID-19 staff and resident vaccination rates to the CDC's NHSN until December 31, 2024, per [CMS QSO-23-13-ALL](#), "Requirements for Reporting related to COVID-19."

Q-7: How can I get help with NHSN?

A: HSAG is available to assist you with NHSN at no-cost. Please refer to the below resources.

- [HSAG Survival Guide for NHSN Reporting](#)
- HSAG NHSN Website www.hsag.com/nhsn-help
- Attend HSAG NHSN & HAI Nursing Home Office Hours
 - 3rd Tuesday of every month from 11:30 a.m.–12 noon PT
 - Register for December 19, 2023: <https://bit.ly/NHSNHAIOfficehoursJulytoDec2023>
 - Register for January to June 2024: <https://bit.ly/NHSNHAIOfficehoursJantoJuly2024>

Q-8: If an individual received the bivalent COVID-19 vaccine four months ago, are they able to get the new monovalent COVID-19 vaccine?

A: Yes. There was a two-month waiting period for individuals who had recently received the bivalent vaccine, however, that is no longer applicable since it's been longer than two months since the bivalent vaccine was deauthorized. Everyone is eligible for the updated COVID-19 vaccine now, even if they had the bivalent vaccine months ago. Refer to CDPH COVID-19 Vaccine Timing by Age (Eligibility Chart) that was updated October 11, 2023 (<https://eziz.org/assets/docs/COVID19/IMM-1396.pdf>).

Isolation Questions & Answers

Q-9: Do COVID-19 positive residents still need to isolate for 10 days?

A: Yes, per CDC guidance updated on May 8, 2023, residents still need to isolate for 10 days <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>.

- Residents who test positive and are asymptomatic throughout their infection should be isolated until at least 10 days have passed since the date of their first positive test.
- Residents who test positive and are symptomatic with mild to moderate illness and are NOT moderately to severely immunocompromised should be isolated until these conditions are met:
 - At least 10 days have passed since symptoms first appeared; and
 - At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; and
 - Other symptoms (e.g., cough, shortness of breath) have improved.
- Residents who are with severe to critical illness and who are NOT moderately or severely immunocompromised, may require isolation for up to 20 days after the onset of symptoms.
- Vaccination and treatment status does not influence duration of isolation.

Q-10: Should residents with COVID-19 be isolated in a designated isolation area?

A: Yes. Ensure residents identified with confirmed COVID-19 are promptly isolated in a designated COVID-19 isolation area. Residents should NOT be moved to a designated isolation area until they have a positive test for confirmation.

- May be a designated floor, unit, or wing, or a group of rooms at the end of a unit that is physically separate and ideally includes ventilation measures to prevent transmission to other residents outside the isolation area.
- Symptomatic residents and residents identified as close contacts through individual contact tracing should generally remain in their current room while undergoing testing.
- Avoid movement of residents that could lead to new exposures.

- Residents who are identified as close contacts, regardless of vaccination status, should wear source control while outside their rooms, but do not need to be quarantined.
- CDPH: COVID-19 Recommendations for PPE, Resident Placement/Movement, and Staffing in SNF <https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/AFL-23-12.aspx>.
- CDPH: Best Practices for Ventilation of Isolation Areas to Reduce COVID-19 Transmission Risk in SNF, LTC [Link](#)
- In addition, the Cal/OSHA Aerosol Transmissible Diseases (ATD) regulation (Title 8, [§5199. ATD](#)), which came into effect in 2009, applies and requires isolation of patients having airborne infectious diseases in AIIRs. Refer to the Occupational Health Branch & Cal/OSHA Q&A from the August 23, 2023, Wednesday Webinar [call notes](#).

Q-11: If a symptomatic resident has a roommate, should they also be placed on empiric-based precautions and should they remain in their room?

A: If a resident is exposed to a symptomatic or asymptomatic roommate with a positive test, do not move the resident to a new room with a new roommate because that movement could lead to new exposures. Transmission-based precautions is necessary for the symptomatic roommate, but not for the exposed asymptomatic roommate. The general guidance is to avoid moving exposed residents that could potentially create new or additional exposures. Every facility is unique, so work with your local health department to implement the most reasonable option for your facility to reduce the risk of infecting others.

Q-12: Is the guidance still current in AFL 21-08.9 Guidance on Quarantine and Isolation for HCP Exposed to SARS-CoV-2 and Return to Work for HCP with COVID-19?

A: Yes. The guidance in [AFL 21-08.9](#) is still current. Below are a few highlights:

- Per AFL 21-08.9, quarantine and work restriction are not required for exposed asymptomatic HCP. Following an exposure, HCP must be tested immediately (but not earlier than 24 hours after the exposure) and, if negative, again at 3 days and if negative, again at 5 days after the exposure. To provide an additional layer of safety, exposed HCP should wear a fit-tested N95 for source control for 10 days.

| Management of Asymptomatic HCP with Exposures | | |
|---|--|--|
| Vaccination Status | Routine | Critical Staffing Shortage |
| All HCP, regardless of vaccination status | No work restriction with negative diagnostic test [†] upon identification (but not earlier than 24 hours after exposure) and if negative, test at days 3 and 5 | No work restriction with diagnostic test [†] upon identification (but not earlier than 24 hours after exposure) and at days 3 and 5 |

- Recognizing that staffing shortages continue to persist, per AFL 21-08.9, under routine staffing conditions, COVID-19 positive HCP may return to work after 5 days with proof of a negative antigen, or after 10 days without a negative test (and afebrile x 24 hours and symptoms improving). To provide an additional layer of safety, these HCP should wear a fit-tested N95 for source control through day 10.
- If there is a critical staffing shortage, no additional testing is required to return beyond the initial positive test. Positive asymptomatic HCP, regardless of vaccination status, may return to work immediately with a fit-tested N95 for source control. When returning to work early, use the results of the most recent test result to determine work placement. If the most recent test result is positive, HCP can only provide direct care to residents with confirmed COVID-19.

| Work Restrictions for HCP with SARS-CoV-2 Infection (Isolation) | | |
|---|---|---|
| Vaccination Status | Routine | Critical Staffing Shortage |
| All HCP, regardless of vaccination status | 5 days* with at least one 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 [‡] |

Q-13: What is the standard isolation time frame for an RSV positive resident?

A: Per CDC Isolation Guidelines, immunocompromised adults are kept in Contact and Standard Isolation for the duration of their illness. CDC RSV Guidance for Healthcare Providers (www.cdc.gov/rsv/clinical/index.html) refers to the CDC 2007 Guideline for Isolation Precautions (www.cdc.gov/infectioncontrol/guidelines/isolation/index.html), which recommends Transmission-Based Precautions for RSV be continued for the “duration of illness.”

Additionally, per Table 1, page 8 in the December 5, 2023, [AFL 23-26](#), “Recommendations for Prevention and Control of COVID-19, Influenza, and Other Respiratory Viral Infections in California Skilled Nursing Facilities – 2023-24”, for RSV and other common respiratory viruses (excluding influenza and SARS-CoV-2), a reasonable approach is to isolate for at least 7 days after illness onset or until 24 hours after the resolution of fever and improvement in respiratory symptoms, whichever is longer.

Additional guidance can be found at:

- The Journal of Infectious Diseases, May 1, 2013; 207(9): 1424-1432.
 - “Viral Shedding and Immune Responses to Respiratory Syncytial Virus Infection in Older Adults”
 - www.ncbi.nlm.nih.gov/pmc/articles/PMC3610422/
- The LANCET Infectious Diseases [https://doi.org/10.1016/S1473-3099\(09\)70069-6](https://doi.org/10.1016/S1473-3099(09)70069-6)
 - “Incubation periods of acute respiratory viral infections: a systematic review”
 - Volume 9, Issue 5, P291-300, May 2009

Testing Questions & Answers

Refer to the PowerPoint “[CDPH COVID-19 Testing Updates](#)” presented on 11/29/2023. For testing questions (including ordering OTC tests), email OTCtesting@cdph.ca.gov

Q-14: How can nursing homes order more COVID-19 tests?

A: CDPH is providing a 2-month supply of at-home (OTC) COVID-19 tests to nursing homes outside of Los Angeles County. The deadline to order the tests has been extended to February 29, 2024 (while supplies last). The tests can be ordered at: <https://labsupport.powerappsportals.us/ordercovidotc/>.

Q-15: Are expired antigen tests still allowed to be used?

A: Some antigen tests have had their expiration dates extended based on additional data that was not available when the test was first authorized. Go to this FDA website (www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/home-otc-covid-19-diagnostic-tests#list) to determine if a home test that you have has an extended expiration date. Replace tests that are older than the extended expiration dates. If newer tests are not easily available, you may use an expired test as long as the internal control line remains valid.

Q-16: Have the COVID/Flu multiplex tests that were distributed last fall with an expiration date of December 31, 2023, been extended for later use?

A: Unfortunately, these dates have not been extended.