California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
October 27 & 28, 2021

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

The Wednesday Webinar presentation covered:

- Testing Task Force Updates
  - PPT: https://www.hsag.com/globalassets/covid-19/snfoct27_ttf_ef_508.pdf

- Immunization Branch Updates
  - PPT: https://www.hsag.com/globalassets/covid-19/cdph_vaccines_102721_508.pdf
  - CDPH Guidance for COVID-19 Vaccine Eligibility https://eziz.org/assets/docs/COVID19/IMM-1398.pdf
  - CDPH COVID-19 Vaccine Eligibility Chart https://eziz.org/assets/docs/COVID19/IMM-1396.pdf
  - CDPH COVID-19 Vaccine Product Guide https://eziz.org/assets/docs/COVID19/IMM-1399.pdf
  - CDPH Long-Term Care Facility COVID-19 Vaccine Toolkit https://eziz.org/assets/docs/COVID19/LTCF_Toolkit_10.01.21.pdf
  - CDC Interim Clinical Considerations for Use of COVID-19 Vaccines https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html

- Strengthening Our Workforce: Nurse Assistant Training Program (NATP)—Slides 7-11
  - PPT: https://www.hsag.com/globalassets/covid-19/cdph_hsag_october27_508.pdf

- Influenza Prevention and Outbreak Management in SNFs
  - PPT: https://www.hsag.com/globalassets/covid-19/influenzasnf_hsag102721_508.pdf
  - Influenza vaccine product guide: https://eziz.org/assets/docs/IMM-859.pdf
  - Presentation Objectives:
    - Describe the epidemiology of influenza, SARS-CoV-2, and other respiratory viruses in California
    - Describe background and key messages about prevention of influenza during the COVID-19 pandemic
    - Describe guidance for planning and managing influenza and SARS-CoV-2 co-circulation in SNF
    - Describe the role of the LHD in influenza prevention and outbreak management

- Conclusions:
  - Unprecedented times require preparation for flu and SARS-CoV-2 co-circulation: *Prepare for the worst, hope for the best*
  - Planning ahead for prevention of adverse outcomes associated with influenza requires a strong flu vaccination program for residents and staff with education for families
  - Continue non-pharmaceutical intervention (NPI) practices
  - Ongoing surveillance and evaluation will detect unpredicted events
  - Communication between LHD and facilities is key

Important Links to State and Federal Guidance	
Important Links and FAQs to State Guidance	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx
July 26, 2021 State Public Health Officer Order: Health Care Worker Protections in High-Risk Settings	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Unvaccinated-Workers-In-High-Risk-Settings.aspx
August 5, 2021 State Public Health Officer Order: Health Care Worker Vaccine Requirement	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx
August 5, 2021 State Public Health Officer Order: Requirements for Visitors in Acute Health Care and Long-Term Care Settings	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
CDPH AFL 21-28: Testing, Vaccination Verification and PPE for HCP at SNFs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx
CDPH AFL 20-22.9: Guidance for Limiting the Transmission of COVID-19 in SNFs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx
CDPH AFL 20-53.5: Mitigation Plan Recommendations for Testing	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx
CDPH AFL 21-08.4: Guidance on Quarantine for HCP Exposed to COVID-19	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx
CDPH AFL 21-34: COVID-19 Vaccine Requirement for HCP	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx
CMS QSO-20-38-NH: Revision to Long-Term Care (LTC) Facility Testing Requirements	https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf

COVID-19 Vaccine Questions & Answers

Q-1: Are there any work area restrictions for unvaccinated HCP with exemptions?
A: No, there are not mandated work area restrictions, but unvaccinated, asymptomatic HCP need to be tested twice a week. If possible, it would be prudent to have unvaccinated HCP work on lower risk assignments and other functions that would minimize the exposure to residents and staff.

Q-2: Do non-emergency transporters need to be screened and show proof of vaccination before entry?
A: Yes, transporters who enter the facility for non-emergency purposes should undergo the same process as visitors. They need to be screened for symptoms or recent exposure, and they are subject to the same vaccine verification, or testing requirements if they are unvaccinated, as visitors. Transport companies that are independent or privately owned, are not subject to the July 26 and August 5 CDPH vaccination or testing mandates. To reduce the risk of transmission, some facilities are delivering the resident to the front door or to the pick-up area just outside the entrance of the building. CDPH strongly recommends that SNFs proactively include requirements for vaccination and testing when negotiating contracts with transportation companies.

Q-3: Residents and family members who have not had COVID, were told by their physician that their antibodies are high, therefore they do not need to get a COVID vaccine. Is this accurate information?
A: No, this is not accurate. Antibody tests are not recommended to determine whether a COVID vaccine should be administered. The vaccine is recommended to those who have recovered from COVID and those who have not had COVID. Those who have recovered from COVID and received monoclonal antibody treatment should wait for 90 days before obtaining COVID 19 vaccine.

Q-4: What is the dosing for booster doses?
A: The Pfizer booster dose is the same as the primary dose. The Moderna booster is half-dose (0.25 ml) compared to the primary dose (0.5 ml). The J&J booster dose is the same as the primary dose.

Q-5: Is there a two week "wait time" after a Moderna booster until a person is "fully boostered"?
A: The current definition of fully vaccinated is based on completing the primary series of COVID-19 vaccination. There is no definition for "fully boostered". However, it is correct that the maximum effect of the booster dose would occur at 14 days after receiving the booster dose.

Q-6: For immunocompromised individuals who receive their additional dose to complete their primary series (mRNA 3; J&J 2); when are their booster shots due and what doses of each?
A: Please see the CDC website with people who are moderately and severely immunocompromised and COVID-19 vaccine booster dose (https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#considerations-covid19-vax-booster). In brief, immunocompromised individuals with mRNA primary series can receive an additional dose at 28 days after their primary series is complete and 6 months after dose #3, a booster mRNA dose (total 4 doses). Immunocompromised individuals receiving J&J as their primary vaccine should receive a 2-month booster (no additional dose) for a total of 2 doses.

Q-7: Do individuals need to wait for 2 weeks between the flu shot and the COVID vaccine?
A: No. The flu vaccine and COVID-19 vaccine can be co-administered on the same day at the same time. https://www.cdc.gov/vaccines/hcp/admin/administer-vaccines.html#covid19-with-other-vaccines
See the coadministration tip sheet: https://eziz.org/assets/docs/COVID19/IMM-1389.pdf

Q-8: Will it be required for HCP to get the booster shot later?
A: At this point, the booster shots are recommended, but are not required. Also, at this time, there is no change to the definition of being "fully vaccinated" for the purposes of testing and quarantine requirements.

Q-9: With women <50 years old or adolescents/young adults, will CDPH recommend mRNA as booster if they received J&J vaccine initially, or should they avoid mRNA homologous, respectively?
A: Please see the CDC website with individual benefit-risk considerations for selecting which booster dose to receive (https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#considerations-covid19-vax-booster).Pregnancy is NOT a contraindication to receiving mRNA vaccine.

Influenza Questions & Answers

Q-10: If a facility has an influenza outbreak, do admissions need to be held like a COVID outbreak?
A: The facility must be able to provide safe care to all residents and that influences whether a SNF will continue to accept patients during an outbreak. Do not place new residents without influenza on units with residents who are symptomatic and/or have influenza. The facility's Medical Director and LHD can assist in determining if admissions should be held.

Q-11: Are we mandated to provide influenza vaccines to staff and/or residents?
A: Yes, all SNF are required to offer and provide the influenza vaccine to staff and residents according to state regulations, but there is no mandate that staff and residents must accept the influenza vaccine. For more information, view the Health and Safety Code for residents (https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=200320040AB691). For staff, according to the Aerosol Transmissible Diseases standard 5199, the influenza vaccine must be provided if they are likely to be exposed (https://www.dir.ca.gov/title8/5199.html).

Q-12: What is the definition of an influenza outbreak?
A: The definition of an influenza outbreak is > or = to 2 residents with onset of influenza-like illness within 72 hours of each other AND at least 1 resident with laboratory confirmed influenza, preferably by molecular assay (RT-PCR).

Q-13: Why do we have to get the influenza vaccine every year?
A: See the CDC website for more information (https://www.cdc.gov/flu/prevent/keyfacts.htm). A flu vaccine is needed every year for two reasons. First, a person's immune protection from vaccination declines over time, so an annual flu vaccine is needed for optimal protection. Second, because flu viruses are constantly changing, the composition of flu vaccines is reviewed annually, and vaccines are updated to protect against the viruses that research indicates will be most common during the upcoming flu season. For the best protection, everyone 6 months and older should get vaccinated annually.

Testing Questions & Answers

Q-14: For staff COVID screening before entry to work, is it acceptable to have an electronic screening tool that notifies a staff member for any "yes" responses that would trigger further evaluation?
A: Yes, it is acceptable for facilities to use an electronic screening tool. However, based on our experience, it is preferable to have an active screening process for symptoms in counties with moderate to high transmission rates and/or low vaccination rates of residents and staff.

Q-15: Can other respiratory viruses trigger a positive COVID-19 test result, or are the COVID tests only sensitive to detecting COVID-19?
A: COVID-19 tests have high specificity for detection of SARS-CoV-2, therefore positive test results are not caused by other agents.

Q-16: Can you provide more information about flu & respiratory syncytial virus (RSV) rapid testing?
A: First, note that influenza and RSV diagnostic testing is NOT recommended for asymptomatic individuals. RSV antigen tests perform well in children because children have higher viral loads; however, they do not perform well in adults with lower viral loads; therefore, the RSV PCR test is recommended for adults. There are multiplex tests for SARS-CoV 2, influenza, and RSV. Influenza molecular tests are available at VRDL and 23 PHLs. Rapid antigen detection tests (RIDTs) for influenza are less sensitive than molecular tests; therefore, when establishing the presence of an outbreak, molecular tests are recommended. It is important to work with the medical director, administrator and LHD to have access to rapid testing and broader viral testing with prompt turnaround times and also important to be aware of viruses circulating in your area. More information on testing can be found at: https://www.cdc.gov/coronavirus/2019-ncov/lab/multiplex.html

Q-17: Is CDPH guidance aligned with the CDC regarding testing of exposed vaccinated individuals?
A: Yes, CDPH updated its guidance for testing exposed fully vaccinated individuals to align with the CDC. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx

Q-18: Resident had a positive PCR result initially and followed by two negative PCR tests. Should they discount the first positive PCR test result? The residents were tested routinely each week. The individual had no exposure and was asymptomatic.
A: We wouldn't recommend a confirmatory PCR test on a positive PCR test. This situation is an unusual circumstance. It would not be good to completely disregard a positive PCR test in a high-risk setting. False positive PCR results are unusual. If there is reason to suspect a false positive, please consult with your LHD for further guidance.

Q-19: Is a rapid antigen test sufficient for a symptomatic individual?
A: In a symptomatic individual a positive antigen test is sufficient, and the individual should be treated as COVID positive. A confirmatory PCR test is not recommended routinely. A PCR test is recommended for a symptomatic individual if the antigen test comes back as a negative result.

Q-20: Are antigen test results being tracked anywhere?
A: Yes, all antigen test results (positive and negative) must be reported to the state. Guidance can be found at the website "COVID-19 for Laboratories: Frequently Asked Questions". See question "What are the reporting requirements for COVID-19?"
https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/COVID-19FAQ.aspx

Q-21: Scenario: Our resident returned from the hospital with COVID symptoms and tested positive with an antigen test. Facility administered a PCR test on the same day, and the result came back negative. The roommate also tested positive on the antigen test, but negative on the PCR test. Should the facility continue to keep both residents in isolation, and treat them as COVID positive?
A: We do not recommend a PCR confirmatory test for a symptomatic individual that tests positive with an antigen test. We recommend they be managed as COVID positive to be cautious. Inform your LHD of this issue. Please review the process for antigen testing and the training received for such testing.

Q-22: A fully vaccinated resident was off-campus and was exposed to COVID, but tested negative with a PCR test. Do we need to test all the residents and how often?
A: An exposed, fully vaccinated resident should still quarantine following an exposure and be tested at 5-7 days after the exposure. The testing of other individuals is contingent on the test result of the exposed individual. A second test should be administered on day 14 of quarantine. If the test is negative, it would appear that no other individuals were exposed. If the resident tests positive, then begin facility-wide response testing. Contact your LHD for further guidance.

PPE Questions & Answers

Q-23: If residents and staff are 100% vaccinated for COVID, do residents still have to wear a mask?
A: Residents still need to wear a mask if they are at risk of coming into contact with vendors or visitors who may not be fully vaccinated.