Infection Control Nurses of CT/DPH HAI Monthly Meeting

May 24, 2023

Welcome and Introductions

This meeting is being recorded.

Welcome and Introductions

1. Welcome and Introductions   Kris Magnussen/Donna Wade

2. COVID-19 NH Data   Anna Garcia

3. NHSN Updates   Anna Garcia

4. COVID guidance updates   Kathy Cusano

5. Outbreak Reporting   Ramisa Rahman

6. Fit Testing   Ramisa Rahman

7. Preventing Infections Through Education, May 31, *Food Safety*   Kris Magnussen

8. Questions?   HAI-AR/ICNC Members

COVID-19 Nursing Home Data

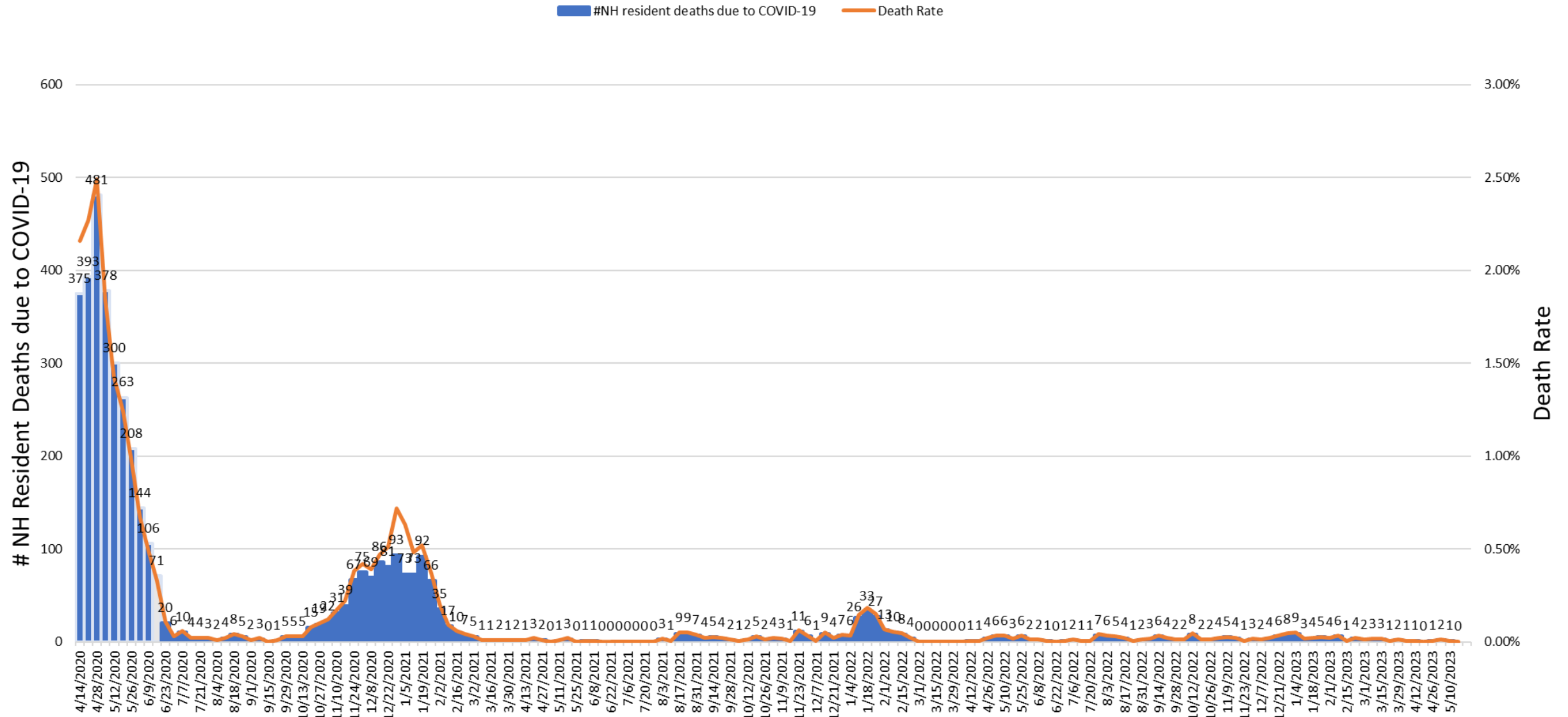# Nursing Home Resident Incidence, Statewide
## April 16, 2020 – May 17, 2023
Resident Census: 18,004

Nursing Home Resident Incidence, Statewide
April 17, 2020 - May 17, 2023
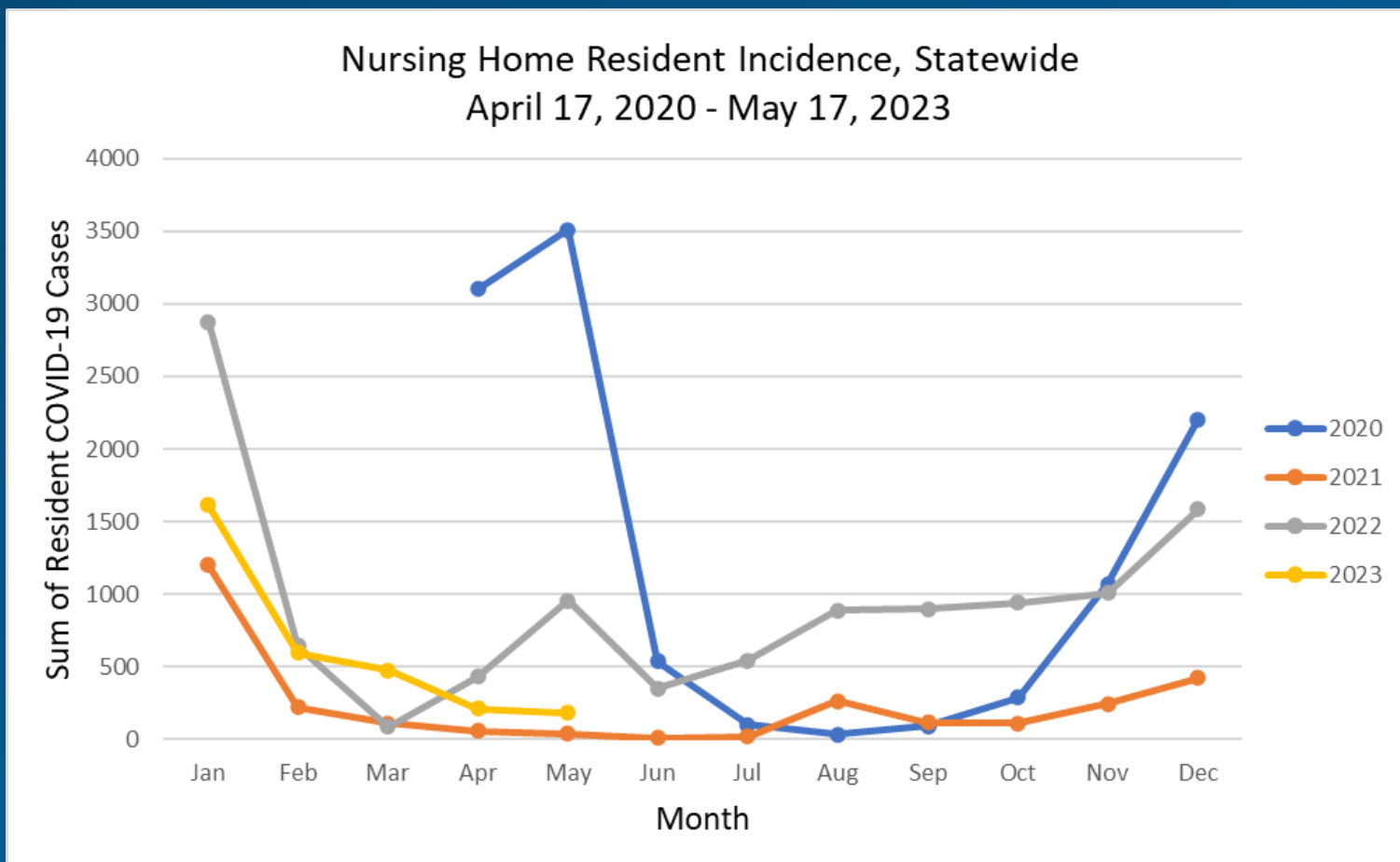
Date Reported	New Resident Cases
22-Feb	143
1-Mar	131
8-Mar	111
15-Mar	68
22-Mar	79
29-Mar	85
5-Apr	70
12-Apr	65
19-Apr	28
26-Apr	50
3-May	67
10-May	74
17-May	43

Nursing Home Resident Deaths Associated to COVID -19
4/15/2020 — 5/17/2023

# Nursing Home Staff Incidence, Statewide
June 17, 2020 – May 17, 2023

Nursing Home Staff Incidence, Statewide
June 17, 2020 - May 17, 2023
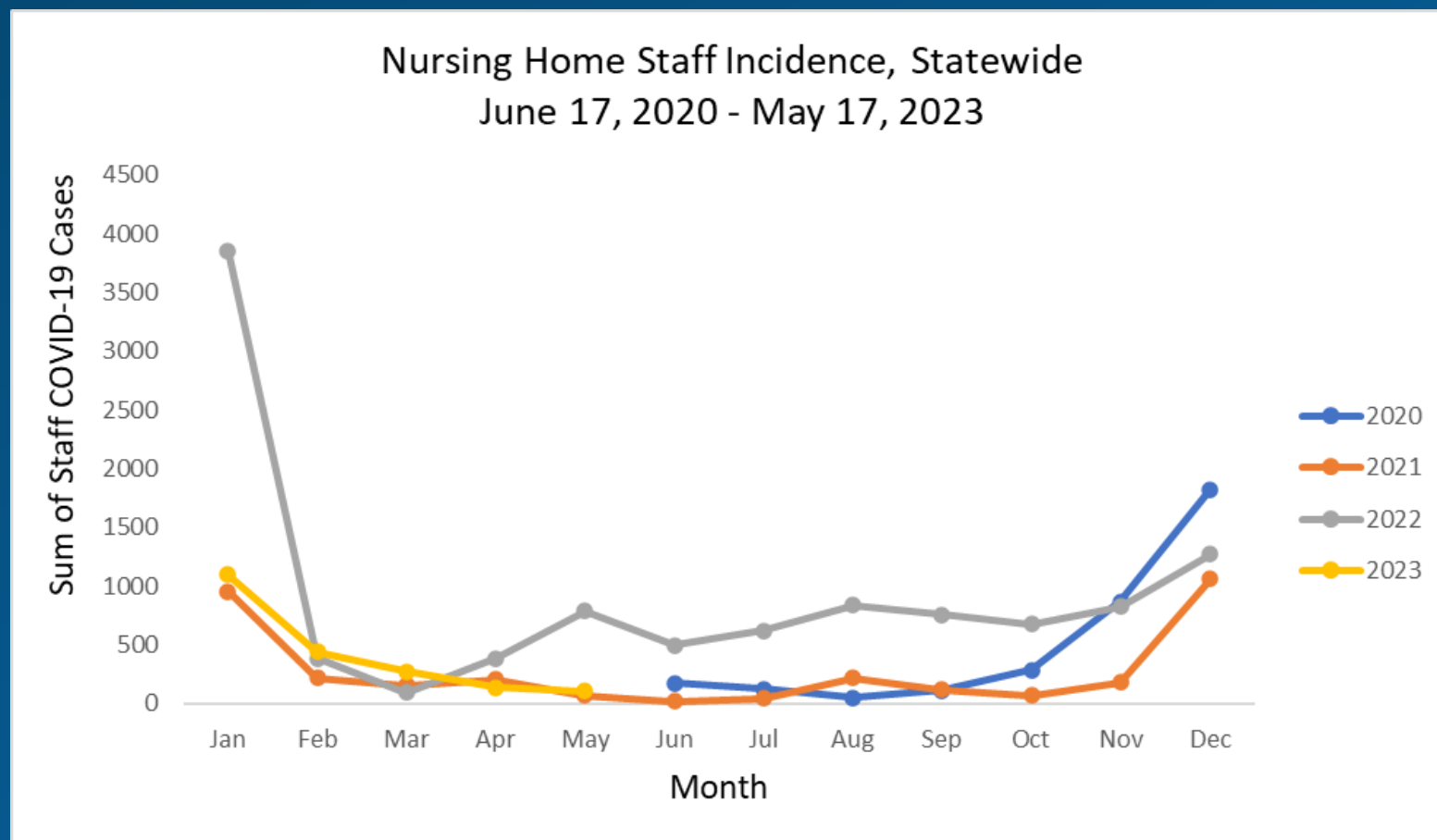
Date Reported	New Staff Cases
22-Feb	109
1-Mar	72
8-Mar	56
15-Mar	52
22-Mar	43
29-Mar	46
5-Apr	50
12-Apr	40
19-Apr	26
26-Apr	19
3-May	41
10-May	33
17-May	30

Nursing Homes with Positive Staff or Residents June 2, 2021 - May 17, 2023
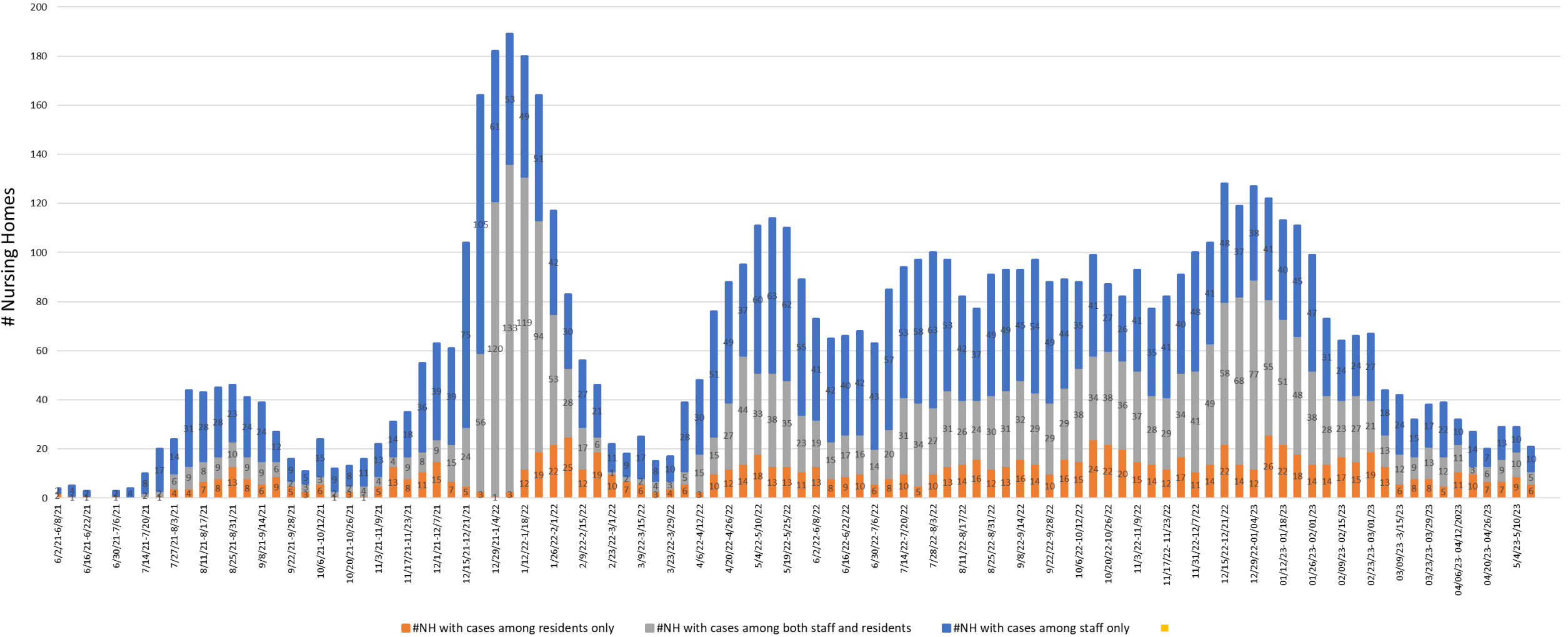
Percentage of Nursing Home Residents and Staff Up to Date with COVID-19 Vaccination
September 1, 2022 - May 5, 2023
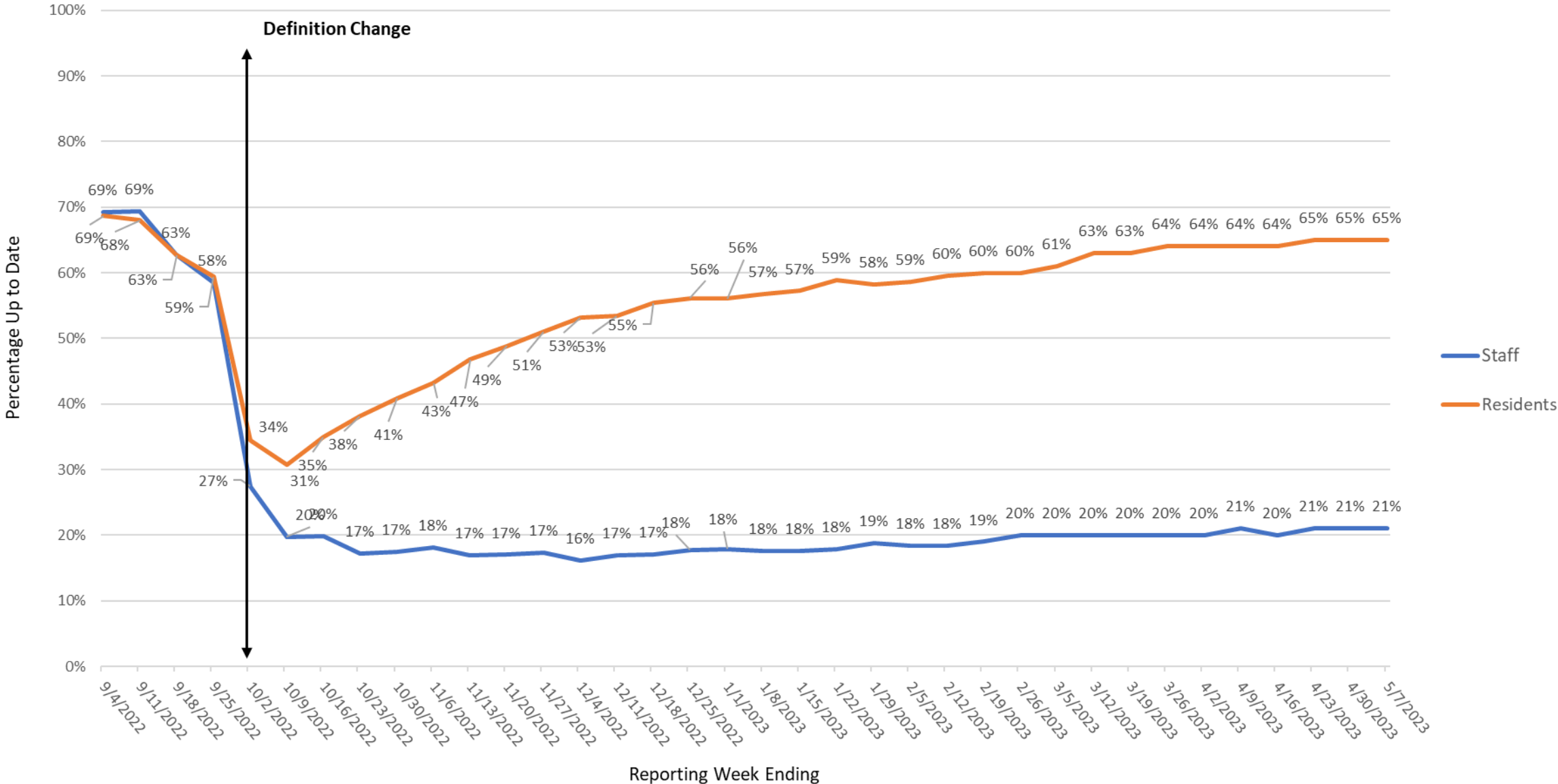
NHSN updates: Staff Flu Vaccination Reporting

- As of the 2023 PPS Final Rule, CMS-certified skilled nursing facilities are required to report annual HCP influenza vaccination summary data through the **NHSN Healthcare Personnel Safety (HPS) Component** for the 2022-2023 influenza season by May 15, 2023.

- The facility administrator must add the HPS Component for the facility and submit the form under "Vaccination Summary" these instructions have been emailed out, but please contact anna.garcia@ct.gov if you didn't receive them.

- **Reporting through the NHSN LTCF Component does not fulfill this reporting requirement.**

- For questions about CMS requirements please contact CMS at: SNFQualityQuestions@cms.hhs.gov

- For SAMS Access Issues (no grid card code, wrong password, account lock out)
You can reach the SAMS help desk by emailing samshelp@cdc.gov or calling **(877) 681-2901** between the hours of 8:00am and 6:00pm EST M-F.

NHSN updates related to the end of COVID-19 PHE

- LTC facilities that are CMS certified will still need to report to the **LTCF COVID-19 Module Surveillance Pathways** (Resident Impact and Facility Capacity, Staff and Personnel Impact, and Therapeutics) **and** the **COVID-19 Vaccination Module after** the end of the PHE

- In 2020, CMS published an IFC requiring all long-term care facilities to report COVID-19 information on a weekly basis using NHSN. This requirement was extended through a final rule and is set to end on December 31, 2024.

Webinars Covering New Updates to the NHSN LTCF COVID-19 Module Surveillance Pathways:
  - Thursday 6/1/23 2:00 PM EST Register in advance here: https://cdc.zoomgov.com/webinar/register/WN_IQ92SJReSe6gu3RlRbiqaA
  - Wednesday 6/7/23 1:00 PM EST Register in advance here: https://cdc.zoomgov.com/webinar/register/WN_WO7zz66lSwyFGUfEx2bU7g
  - Thursday 6/8/23 2:00 PM EST and Tuesday 6/13/23 2:00 PM EST
  Register in advance here:
  https://cdc.zoomgov.com/j/1605578239?pwd=TWxwb202WW9tSUpoTi9aVWRNZXBUQT09

Healthcare updates related to the end of COVID-19 PHE

- With the end of the federal COVID-19 public health emergency (PHE) on May 11, 2023, CDC has updated recommendations in the <u>Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic</u>.

- CDC will no longer receive data needed to publish Community Transmission levels for SARS-CoV-2, which influenced the use of source control (or masking) in all healthcare settings as well as admission testing in nursing homes.

- Facilities will be encouraged to look beyond SARS-CoV-2 and make broader masking decisions based on facility-and-patient-level characteristics and local metrics that could reflect increasing respiratory virus transmission in the community.
    - Some facilities might consider recommending masking during the typical respiratory virus season (October-April)
    - Other may follow national data on trends of several respiratory viruses

- Admission testing in nursing homes will be at the discretion of the facility, as it already is for other healthcare settings.

CMS Memo

- On May 11, 2023, the COVID-19 public health emergency is expected to expire. In light of these developments and comments received on the interim final rule, CMS will soon end the requirement that covered providers and suppliers establish policies and procedures for staff vaccination. CMS will share more details regarding ending this requirement at the anticipated end of the public health emergency. We continue to remind everyone that the strongest protection from COVID-19 is the vaccine.

- Until further information is released, facilities should continue to use the previously made policies.

- For more details, please read QSO-23-13-ALL

SNF Reporting Requirements to CT DPH

- Facilities are only required to report outbreaks that initiated in their facility

- An outbreak is defined as a sudden rise in the number of cases of a disease

- SNF do not need to call in COVID-19 outbreaks

- The reporting criteria mentioned in this document are broad and each facility should work as a team (IP, DNS, and medical director) to identify if an outbreak is truly occurring

Reportable Event	Facility Licensing and Investigations Section (FLIS) Reporting Requirement	Infectious Disease (ID) Epidemiology Reporting Requirement	Local Health Department (LHD) Reporting Requirement
COVID-19	• Report via DPH FLIS Events portal • 1 confirmed case of COVID-19 (staff or resident)	• Report to Epidemiology via DPH FLIS Events • 1 confirmed case of COVID-19 (staff or resident)	• Please contact your LHD to inquire regarding their outbreak reporting requirements.
GI outbreaks	• Report via DPH FLIS Events portal • Facilities should report GI outbreaks when there is an increase in cases above the expected baseline for your facility. Depending on your facility's census this can mean 2 or more cases.[2]	• Report to Epidemiology via phone (860-509-7994) • Facilities should report GI outbreaks when there is an increase in cases above the expected baseline for your facility. Depending on your facility's census this can mean 2 or more cases.[2]	• Please contact your LHD to inquire regarding their outbreak reporting requirements.
Legionella reporting	• Report via DPH FLIS Events portal • 1 or more case of presumptive healthcare-associated[3] Legionnaires' disease at any time • 2 or more cases of possible healthcare-associated[4] Legionnaires' disease within 12 months of each other	• Report to Epidemiology via phone (860-509-7994) • 1 or more case of presumptive healthcare-associated[3] Legionnaires' disease at any time • 2 or more cases of possible healthcare-associated[4] Legionnaires' disease within 12 months of each other	• Please contact your LHD to inquire regarding their outbreak reporting requirements.
Respiratory (including Influenza) outbreaks	• Report via DPH FLIS Events portal • 1 confirmed case of Flu (staff or resident) • Other respiratory diseases (e.g. RSV) should be reported when there is an increase in cases above the expected baseline for your facility. Depending on your facility's census this can mean 2 or more cases.[2]	• Report to Epidemiology via phone (860-509-7994) • 1 confirmed case of Flu (staff or resident) • Other respiratory diseases (e.g. RSV) should be reported when there is an increase in cases above the expected baseline for your facility. Depending on your facility's census this can mean 2 or more cases.[2]	• Please contact your LHD to inquire regarding their outbreak reporting requirements.
TB	• Report via DPH FLIS Events portal. • TB disease is reportable immediately on recognition by healthcare provider. • Latent TB infection is not reportable.	• Report to Tuberculosis Control Program via phone (860-509-7722). • TB disease is reportable immediately on recognition by healthcare provider. • Latent TB infection is not reportable.	• Please contact your LHD to inquire regarding their outbreak reporting requirements.
Other	• Report via DPH FLIS Events portal • All institutional outbreaks of any infectious disease are Category 1 reportable conditions. • Facilities should report institutional outbreaks when there is an increase in cases above the expected baseline for your facility.	• Report to Epidemiology via phone (860-509-7994) • All institutional outbreaks of any infectious disease are Category 1 reportable conditions. • Facilities should report institutional outbreaks when there is an increase in cases above the expected baseline for your facility.	• Please contact your LHD to inquire regarding their outbreak reporting requirements.

Facilities are only required to report outbreaks that initiated in their facility

Fit Testing

- The Connecticut Department of Public Health (CT DPH) is pleased to announce that the fit testing services for skilled nursing facilities will resume in April 2023. These fit testing services offer your facility's staff free certified N95 fit testing and respirator education. CT DPH has contracted two vendors to provide these services. Depending on your county, your facility will be contacted by either Safety Fit, Inc or OccuMed/EquipNet.

  - Only nursing homes are eligible
  - Vendors will reach out to facilities to schedule fit testing appointments
  - Facilities who have never had free fit testing services will be eligible
  - Scheduling fit testing with this service is not mandatory, facilities may choose to schedule their own fit testing services
  - Occumed: (877)399-1698 (select OccuMed when you reach the directory)
  - For additional questions: (860)509-7995 or dph.haiar@ct.gov

OccuMed/EquipNet	Safety Fit, Inc
New London	Fairfield
Tolland	Hartford
Windham	Litchfield
	Middlesex
	New Haven

Infection Control Resources

- Statewide Program for Infection Control & Epidemiology - Education to prevent and control healthcare associated infections across the healthcare spectrum (unc.edu)

- Evidence-Based Practice: What It Is and Why It Matters (cdc.gov)

Preventing Infections Through Education

Food Safety
Presented by
Wednesday May 31, 2023
2 pm

Questions?

Thank you for all you do!

If you would like to be added to the meeting invite list, please email us at dph.haiar@ct.gov

Next meeting:
June 28, 2023

COVID-19 Vaccine Updates

CDC|Interim Clinical Considerations

- Allow an additional updated (bivalent) vaccine dose for adults ages 65 years and older and additional doses for people who are immunocompromised. This allows more flexibility for healthcare providers to administer additional doses to immunocompromised patients as needed.

- Monovalent (original) COVID-19 mRNA COVID-19 vaccines will no longer be recommended for use in the United States.

- CDC recommends that everyone ages 6 years and older receive an updated (bivalent) mRNA COVID-19 vaccine, regardless of whether they previously completed their (monovalent) primary series.

  - Individuals ages 6 years and older who have already received an updated mRNA vaccine do not need to take any action unless they are 65 years or older or immunocompromised.

  - For young children, multiple doses continue to be recommended and will vary by age, vaccine, and which vaccines were previously received.

- Alternatives to mRNA COVID-19 vaccines remain available for people who cannot or will not receive an mRNA vaccine. CDC's recommendations for use of (monovalent) Novavax or J&J/Janssen COVID-19 vaccines were not affected by the changes.