Indiana Department of Health

COVID-19 LTC GUIDANCE REFRESHER

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OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.

COVID-19 Definitions

- Close contact is generally defined as being within 6 feet for at least 15 minutes (cumulative over a 24-hour period)
  - However, it depends on the exposure level and setting; for example, in the setting of an aerosol-generating procedure (AGP) in healthcare settings without proper personal protective equipment (PPE), this may be defined as any duration
- High Risk Exposure: Health care personnel (HCP) who had prolonged close contact with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection and:
  - HCP was not wearing a respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask)
  - HCP was not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask
  - HCP was not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while present in the room for an aerosol-generating procedure

Guidance

- This guidance applies to all U.S. settings where healthcare is delivered (including nursing homes, licensed residential facilities and home health)
- Encourage everyone to remain up to date with all recommended COVID-19 vaccine doses
- Ensure everyone is aware of recommended infection control practices in the facility
- Testing at admission/ empiric TBP for admissions is at the discretion of the facility
- Avoid testing if someone was confirmed COVID-19 positive within the last 30 days as it can be difficult to interpret the result
- Recommend to use an antigen test for those with COVID-19 in the last 31-90 days instead of PCR

Guiding principles

- Isolation, testing, infection control recommendations are irrespective of vaccination status
- Individuals with COVID-19 can transmit the virus starting two days prior to positive test (if asymptomatic), or onset of symptoms (if symptomatic) and during the period of isolation
- How to count duration of isolation: Day of positive test if asymptomatic or onset of symptoms is day zero. Day 1 is the next day after this.
    - Close contacts include those with exposure 48 hours before the positive test/onset of symptoms apart from while in isolation

Infection control principles

- Must use source control if a person is symptomatic, has been a close contact, or has suspected/ confirmed COVID-19 infection
  - Allow the option to use a mask if someone wants to exercise extra caution, based on their perceived level of risk for infection due to their recent activities/ their potential for developing severe disease if exposed or according to additional criteria set by the facility (examples: outbreak, lot of cases in your area, based on the risk for the people you serve)
- Optimize the use of engineering controls and indoor air quality
- Hand hygiene, proper PPE based on symptoms, diagnosis
- Proper environmental cleaning

Broader use of source control may be considered

- By those residing or working on a unit or area of the facility experiencing a SARS-CoV-2 or other outbreak of respiratory infection; universal use of source control could be discontinued as a mitigation measure once the outbreak is over (e.g., no new cases of SARS-CoV-2 infection have been identified for 14 days)
- Facility-wide or, based on a facility risk assessment, targeted toward higher risk areas (e.g., emergency departments, urgent care) or patient populations (e.g., when caring for patients with moderate to severe immunocompromise) during periods of higher levels of community SARS-CoV-2 or other respiratory virus transmission
- Have otherwise had source control recommended by public health authorities (e.g., in guidance for the community when COVID-19 hospital admission levels are high)

Consideration for use of N95 masks

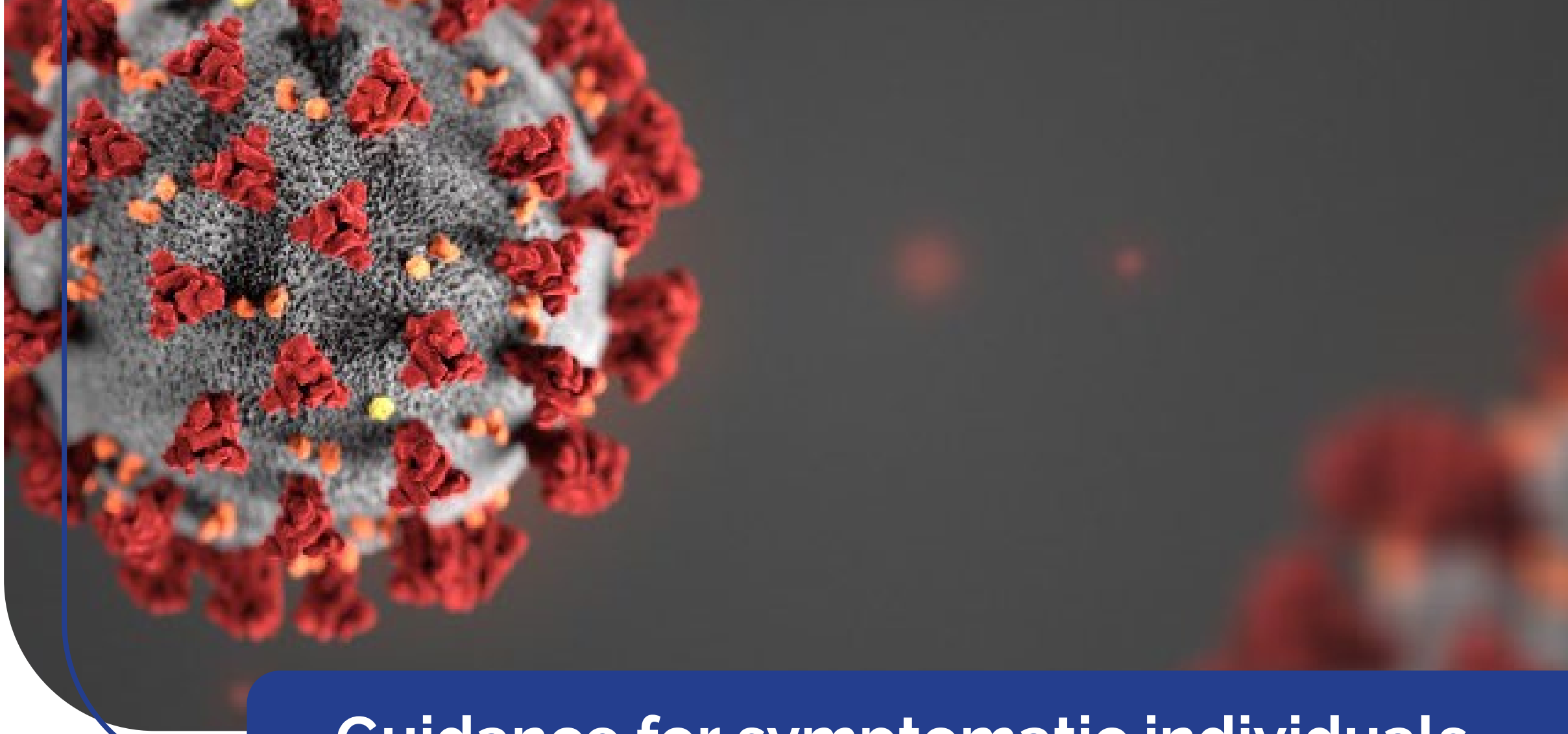
- If increasing case trends, consider N95 use by HCP for all aerosol generating procedures (AGP) as the potential for encountering asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection also likely increases
- If increasing case trends, N 95 masks can also be used by HCP when the patient is unable to use source control and the area is poorly ventilated.
- They may also be considered if healthcare-associated SARS-CoV-2 transmission is identified and universal respirator use by HCP working in affected areas is not already in place.
- To simplify implementation, facilities in counties with higher levels of SARS-CoV-2 transmission may consider implementing universal use of NIOSH Approved particulate respirators with N95 filters or higher for HCP during all patient care encounters or in specific units or areas of the facility at higher risk for SARS-CoV-2 transmission.

Screening

- Place visual alert with infection control principles at each entrance and throughout the facility
- Have a process in place for passive screening by everyone entering the building asking whether they have
  - Confirmed COVID-19 and are under isolation
  - Symptoms of COVID-19
  - Close contact with someone with SARS-CoV-2 infection (for patients and visitors) or a higher-risk exposure (for healthcare personnel (HCP)
- Instruct HCP to report any of the 3 above criteria to occupational health or another point of contact designated by the facility so these HCP can be properly managed

Screening

- Visitors with confirmed SARS-CoV-2 infection or compatible symptoms should defer non-urgent in-person visitation until they have met the healthcare criteria to end isolation: this time period is longer than what is recommended in the community
- For visitors who have had close contact with someone with SARS-CoV-2 infection or were in another situation that put them at higher risk for transmission, it is safest to defer non-urgent in-person visitation until 10 days after their close contact



Guidance for symptomatic individuals, confirmed COVID-19, or close contact

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Symptomatic Individuals

- TBP/ work restriction
- Test even if mild symptoms
- One PCR should suffice. If first one came negative, can consider a second PCR if high suspicion for COVID-19. If using antigen test, if first test is negative, repeat the test 48 hours later.
- Test for other infections if it is not COVID-19
- Follow isolation/ work restriction based on the diagnosis
- Cover cough if not restricted from work based on the above testing

Confirmed COVID-19: Resident

- Place in single room or cohort with another confirmed COVID-19 case if needed
- Avoid AGP if possible
- TBP for:
  - 10 days if asymptomatic, mild or moderate illness and not an immunocompromised individual (and improving symptoms, fever free without fever reducing meds for 24 hours)
  - 10-20 days if severe illness, hospitalized for COVID-19 or immunocompromised
  - Immunocompromised ones may need a test-based strategy to come out of isolation (may need specialist consultation)
- Can go out of room for medical reasons only
- Avoid visitation during the isolation period if possible
  - Provide alternate options to in person visitation (such as tablets)
  - If in person visitation is happening, inform IP principles to the visitor and minimize time spent in the room

Confirmed COVID-19: Staff

Restrict from work

- For 10 days if asymptomatic, or mild to moderate illness. Return at that time if improving symptoms, and fever free without fever reducing meds for 24 hours
    - Mild to moderate cases (if improving and fever free without fever reducing meds), asymptomatic ones may return after 7 days with a negative test within 48 hours prior to return to work. If that test is positive, complete the ten-day period before returning to work.
- For 10-20 days if hospitalized for COVID-19, or severe illness or immunocompromised
- May need test-based strategy to return to work if immunocompromised (consider specialist consultation)

Close contacts or high-risk exposure

- Monitor for symptoms
- Test on days 1, 3 and 5 after a close contact or a high-risk exposure
- Mask when out of the room (residents), when at the facility (staff)
- TBP or work restriction following close contact may be considered if:
  (for 7 days with negative test, or 10 days without a negative test)
  - Resident/staff is unable to be tested or wear source control as recommended for the 10 days following their exposure
  - Resident/staff is moderately to severely immunocompromised
  - Resident is residing (or staff is providing care) on a unit with others who are moderately to severely immunocompromised
  - Resident is residing (or staff is providing care) on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions

Outbreak

- Any single staff or resident case is considered an outbreak
- Perform testing based on contact tracing: Test on days 1,3 and 5. Watch for symptoms and close contacts should mask when out of the room for 10 days.
  - If additional cases are identified, contact trace again and follow above instructions
  - If continuing to find new cases each time resort to broad based testing. As part of the broad-based approach, testing should continue on affected unit(s) or facility-wide every 3-7 days until there are no new cases for 14 days.
    - If antigen testing is used, more frequent testing (every 3 days), should be considered.
- If unable to contact trace, perform broad based testing (unit, wing or entire building): Test on days 1, 3 and 5
- If no additional cases are identified during contact tracing or the broad-based testing, no further testing is indicated

If continuing transmission

In the event of ongoing transmission within a facility that is not controlled with initial interventions, strong consideration should be given to use of empiric use of transmission-based precautions for residents and work restriction of HCP with higher-risk exposures.

Aerosol Generating Proced

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Aerosol Generating Procedures

- Some procedures performed on patients are more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking or breathing
- These aerosol generating procedures (AGPs) potentially put healthcare personnel and others at an increased risk for pathogen exposure and infection
- There is neither expert consensus, nor sufficient supporting data, to create a definitive and comprehensive list of AGPs for healthcare settings

Aerosol Generating Procedures

Commonly performed medical procedures that are often considered AGPs, or that might create uncontrolled respiratory secretions, include:

- open suctioning of airways
- sputum induction
- cardiopulmonary resuscitation
- endotracheal intubation and extubation
- non-invasive ventilation (e.g., BiPAP, CPAP)
- bronchoscopy
- manual ventilation

It is uncertain whether aerosols generated from some procedures may be infectious, such as:

- nebulizer administration*
- high flow O2 delivery

*Aerosols generated by nebulizers are derived from medication in the nebulizer. It is uncertain whether potential associations between performing this common procedure and increased risk of infection might be due to aerosols generated by the procedure or due to increased contact between those administering the nebulized medication and infected patients.

AGP guidance (including for nebulized treatments)

- If not symptomatic, not a close contact, and not a suspected/ confirmed COVID-19, perform AGP with standard precautions.
- If suspected/ confirmed COVID-19, avoid AGP if possible. If performed, ensure TBP are in place, and minimize the number of people in the room.
- If symptomatic, avoid AGP if possible. TBP if performed and minimize the number of people in the room.
- If a close contact and needs AGP, perform with TBP. Allow one hour time for air exchange. If anyone going into the room within that one hour, wear TBP.

Reporting

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Division of Long Term Care

COVID-19 Long-term Care Reporting Summary

Event	Where and when to report		
	Certified SNF/NF	RCF (Licensed AL)	Assisted Living (Unlicensed)
NEW **Positive COVID-19 — test either by PCR or POC: Resident cases only**	Long-term Care Gateway Application/ Within 24 hours of the result if the number of cases meets the outbreak reporting threshold*	Long-term Care Gateway Application/ Within 24 hours of the result if the number of cases meets the outbreak reporting threshold*	N/A
Positive COVID-19 Point-of-Care test – **Staff or Resident**	NHSN Covid Module / Weekly per CMS instructions	N/A	N/A
Positive COVID-19 Lab Result (PCR Not Point-of-Care) – **Staff or Resident**	NHSN Covid Module / Weekly per CMS instructions	N/A	N/A
COVID-19 Related Death – Staff or Resident	Complete a Confidential Report of Communicable Disease Form. Enter "COVID-19" for the Disease section, fax to 317-234-2812.	Complete a Confidential Report of Communicable Disease Form. Enter "COVID-19" for the Disease section, fax to 317-234-2812	Complete a Confidential Report of Communicable Disease Form. Enter "COVID-19" for the Disease section, fax to 317-234-2812.

Outbreak Reporting Threshold:* ***three cases of COVID-19 occur in residents in one defined area (such as hall, unit, neighborhood, street, pod, secured unit, vent unit) in a 48-hour period; or 10% or more of the current building census has COVID-19.

***Effective April 4, 2022, reporting of negative results, either individual test results or in aggregate, is optional, but can be reported to NHSN*

**** Effective July 12, 2023, reporting COVID-19 POC results into the IDOH REDCap is no longer required*

Long-Term Care Gateway Application: https://gateway.isdh.in.gov/

COVID-19 Death: Complete Confidential Report of Communicable Disease Form (https://forms.in.gov/Download.aspx?id=5082) **and fax to: 317-234-2812**

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Last updated: 7.12.23

Vaccines

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Current boosters (bivalent formulation)

Recommendation is that everyone over age 6 should get one bivalent vaccine. Certain groups may get another dose as follows.

- People aged 65 years and older may get 1 additional dose of COVID-19 vaccine 4 or more months after the 1st updated COVID-19 vaccine
- People who are moderately or severely immunocompromised may get 1 additional dose of updated COVID-19 vaccine 2 or more months after the last updated COVID-19 vaccine. Talk to your healthcare provider about additional updated doses.

Fall COVID-19 boosters

- Moderna, Pfizer and Novavax, are expected to offer the revised shots for this fall, for which virtually all children and adults will be eligible.
- The new shots are designed to target the XBB variants — strains of the virus descended from the original Omicron variant — which are now the most common form in circulation
- New formulation boosters are expected to be available by late September or early October

Additional bivalent dose vs. wait for the fall booster?

Whether to take additional bivalent dose (for those eligible) vs. wait for the new formulation should be determined by discussion between the clinician and the individual, based on the risk factors and history

Timing of the vaccination to illness or administration of other vaccines

- May administer vaccine once the individual is fully recovered from an infection or illness
- May administer vaccine once the individual with COVID-19 has met the criteria to end isolation
- Spacing with other vaccines per the table below:

TABLE 3-4. Guidelines for spacing of live and non-live antigens

Antigen combination	Recommended minimum interval between doses
Two or more non-live[a],[b],[c]	May be administered simultaneously or at any interval between doses
Non-live and live[d]	May be administered simultaneously or at any interval between doses
Two or more live injectable[d]	28 days minimum interval, if not administered simultaneously

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Variants

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EG.5 subvariant

- Accounts for 20.6% of the cases in the country per the last update on CDC data tracker
- On 8/9/23 WHO designated EG.5 and its sub-lineages as a variant of interest (VOI)
  - EG.5 is a descendent lineage of XBB.1.9.2, which has the same spike amino acid profile as XBB.1.5. EG.5 was first reported on 17 February 2023, and designated as a variant under monitoring (VUM) on 19 July 2023.
- As of 7 August 2023, 7,354 sequences of Omicron EG.5 have been submitted to GISAID from 51 countries
- While EG.5 has shown increased prevalence, growth advantage, and immune escape properties, there have been no reported changes in disease severity to date.

COVID Variant: BA.2.86

- 9 known detections globally
- Highly divergent (37 amino acid mutations) from previous variants
- Predict some degree of immune escape but population has 98% pre-existing immunity so unclear if this will cause more severe disease (too early to tell)
- No anticipated effects on therapeutics
- Minimal to no effects on current diagnostics
- Low risk of this new strain rendering new vaccine ineffective to severe disease is low per CDC

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https://www.cdc.gov/respiratory-viruses/whats-new/covid-19-variant.html

Treatment

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Treatment options for COVID-19

Start treatment early in the course of illness

Treatment	Who	When	How
Nirmatrelvir with Ritonavir (Paxlovid) *Antiviral*	Adults; children ages 12 years and older	Start as soon as possible; must begin within 5 days of when symptoms start	Taken at home by mouth (orally)
Remdesivir (Veklury) *Antiviral*	Adults and children	Start as soon as possible; must begin within 7 days of when symptoms start	Intravenous (IV) infusions at a healthcare facility for 3 consecutive days
Molnupiravir (Lagevrio) *Antiviral*	Adults	Start as soon as possible; must begin within 5 days of when symptoms start	Taken at home by mouth (orally)

Some treatments might have side effects or interact with other medications you are taking. Ask a healthcare provider if medications to treat COVID-19 are right for you. If you don't have a healthcare provider, visit a Test to Treat location or contact your local community health center or health department.

If you are hospitalized, your healthcare provider might use other types of treatments, depending on how sick you are. These could include medications to treat the virus, reduce an overactive immune response, or treat COVID-19 complications.

Guidance links

- https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
- Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC
- in.gov/health/ltc/files/Revised-Reporting-Chart-Revised-LTC-COVID-19-Reporting-Guidance-Chart-7-12-23.pdf
- https://www.cdc.gov/coronavirus/2019-ncov/your-health/treatments-for-severe-illness.html
- https://www.fda.gov/vaccines-blood-biologics/updated-covid-19-vaccines-use-united-states-beginning-fall-2023
- CDC COVID Data Tracker: Variant Proportions
- https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#t-04
- Occupationally-Acquired Infections in Healthcare Settings | Infection Control | CDC

Questions?

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