Georgia Department of Public Health:
Strike & Support Team GADPH Office Hours for ALFs & PCHs
November 18, 2022
Meet the Team

Presenters:

Swati Gaur, MD, MBA, CMD, AGSF
Medical Director, Alliant Health Solutions

Erica Umeakunne, MSN, MPH, APRN, CIC
Infection Prevention Specialist
Alliant Health Solutions
Swati Gaur, MD, MBA, CMD, AGSF

MEDICAL DIRECTOR, POST-ACUTE CARE
NORTHEAST GEORGIA HEALTH SYSTEM

Dr. Swati Gaur is the medical director of New Horizons Nursing Facilities with the Northeast Georgia Health System. She is also the CEO of Care Advances Through Technology, a technology innovation company. In addition, she is on the electronic medical record (EMR) transition and implementation team for the health system, providing direction to EMR entity adaption to the long-term care (LTC) environment. She has also consulted with post-acute long-term care (PALTC) companies on optimizing medical services in PALTC facilities, integrating medical directors and clinicians into the QAPI framework, and creating frameworks of interdisciplinary work in the organization. She established the palliative care service line at the Northeast Georgia Health System.

She also is an attending physician in several nursing facilities. Dr. Gaur attended medical school in Bhopal, India, and started her residency in internal medicine at St. Luke’s–Roosevelt Medical Center in New York. She completed her fellowship in geriatrics at the University of Pittsburgh Medical Center and is board certified in internal medicine, geriatrics, hospice, and palliative medicine. In addition, she earned a master’s in business administration at the Georgia Institute of Technology with a concentration in technology management.
Erica Umeakunne, MSN, MPH, APRN, CIC

Erica Umeakunne is an adult-gerontology nurse practitioner and infection preventionist with experience in primary care, critical care, health care administration and public health.

She previously served as the interim hospital epidemiology director for a large health care system in Atlanta and as a nurse consultant in the Centers for Disease Control and Prevention's (CDC) Division of Healthcare Quality Promotion. While at CDC, she served as an infection prevention and control (IPC) subject matter expert for domestic and international IPC initiatives and emergency responses, including Ebola outbreaks and, most recently, the COVID-19 pandemic.
Thank You to Our Partners

• Georgia Department of Public Health
• University of Georgia
Objectives

• Provide updates on the COVID-19 pandemic and vaccination recommendations

• Discuss respiratory illness burden in the community and discuss mitigation strategies including COVID-19 and influenza-like illnesses

• Discuss how facilities can practically update their COVID-19 infection prevention and control (IPC) strategies to align with current recommendations

• Share Alliant Health Solutions resources to support COVID-19 IPC activities

• Address any facility-specific IPC questions or concerns
Wastewater Surveillance
Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States

- Data are likely accruing, all data can be modified from week to week by facilities.
- For the purpose of creating this time-series graph, data that fail certain quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns for data entry or excluded from analysis.
- Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network. Accessibility: Right-click on the graph area to show as table.
- For more information: [https://www.cdc.gov/nhsn/fis/covid19/index.html](https://www.cdc.gov/nhsn/fis/covid19/index.html)

Microsoft Power BI
Use the controls to focus on a specific region and/or 1-week interval

HHS Region: USA  ● Nowcast On  ○ Nowcast Off

Week Ending: 11/12/2022

United States: 8/7/2022 – 11/12/2022

Nowcast

United States: 11/6/2022 – 11/12/2022 NOWCAST

<table>
<thead>
<tr>
<th>WHO label</th>
<th>Lineage #</th>
<th>US Class</th>
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<td>0.0-0.0%</td>
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<tr>
<td>Delta</td>
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<td>VBM</td>
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<tr>
<td>Other</td>
<td>Other*</td>
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<td>2.0%</td>
<td>1.1-3.3%</td>
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* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other*" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates.

# BA.1, BA.3, and their sublineages (except BA.1.1) and its sublineages) are aggregated with B.1.529. Except BA.2.12.1, BA.2.75, BA.2.75.2, and BA.1 and their sublineages. BA.2 sublineages are aggregated with BA.2. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. For all the lineages listed above and their sublineages are aggregated to the listed parental lineages respectively. Previously, BN.1 was aggregated with BA.2.75. Lineages BA.2.75.2, BA.1, BA.4.6, BA.4.6, and BQ.1.1 contain the spike substitution R346T.
Influenza-Like Activity

https://www.cdc.gov/flu/weekly/index.htm
RSV Surveillance Data

In the 2022-2023 season, the overall rate of RSV-associated hospitalizations was 13.0 per 100,000 people.

Rates by Age Group
Rates by Race/Ethnicity
Rates by Sex
Rates by Season
Rates by Site

RSV-NET Surveillance Season Week

Activation

Hospitalization rate per 100,000

Data last updated: 11/09/2022 | Accessibility: Hover over graph area to display options such as show data as table and copy visual.
Note: AI/AN, American Indian or Alaska Native; A/PI, Asian and Pacific Islander.

https://www.cdc.gov/rsv/research/rsv-net/dashboard.html
Up To Date (NHSN)

The below information describes the updated surveillance definition and should be used for reporting up to date with COVID-19 vaccines which is to be applied for data reported to NHSN COVID-19 Vaccination Modules beginning **September 26, 2022**.

**Up to date with COVID-19 vaccines**

Individuals are considered up to date with their COVID-19 vaccines during the surveillance period of September 26, 2022 – December 25, 2022 for the purpose of NHSN surveillance if they meet (1) of the following criteria:

- Received an **updated (bivalent)* booster dose**, or
- Received their **last booster dose less than 2 months ago**, or
- Completed their **primary series less than 2 months ago**

---

*CDC*
Immunogenicity: Moderna bivalent booster

- Met superiority criteria* in participants ≥18 years with or without evidence of infection on day 29

*Superiority criterion: the lower bound of the 95% CI for GMR is >1.0

Effectiveness of Bivalent Booster Against BA. 4/ BA. 5

Friday, Nov. 4

Bivalent Updated Booster:

- 18 to 55 years of age - 9.5-fold rise (95% CI: 6.7, 13.6)
- Older than 55 years - 13.2-fold rise (95% CI: 8.0, 21.6) from pre-booster levels.

Old Booster:

- over 55 years of age - 2.9-fold rise (95% CI: 2.1, 3.9.)


Data submitted to FDA
Effectiveness of Vaccines

Rates of COVID-19 Deaths by Vaccination Status and 1+ Booster Dose* in Ages 5+ Years
September 19, 2021–July 30, 2022 (30 U.S. jurisdictions)

Unvaccinated people aged 5 years and older had:

- 1.9X
  Risk of Testing Positive for COVID-19

AND

- 7X
  Risk of Dying from COVID-19

in July 2022, and

- 2.3X
  Risk of Testing Positive for COVID-19

in August 2022, compared to people vaccinated with a primary series and 1+ booster dose.*

Source: CDC COVID-19 Response, Epidemiology Task Force, Surveillance & Analytics Team, Vaccine Breakthrough Unit
# Local and Systemic Adverse Reactions

![Image with data on local and systemic adverse reactions](https://www.nejm.org/doi/full/10.1056/NEJMoa2208343)

## Local

<table>
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<tr>
<th>Reaction</th>
<th>mRNA-1273</th>
<th>mRNA-1273.214</th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
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<tr>
<td>Any</td>
<td>79.5</td>
<td>79.4</td>
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<td>Pain</td>
<td>76.6</td>
<td>77.3</td>
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<tr>
<td>Erythema</td>
<td>3.7</td>
<td>6.9</td>
<td></td>
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<tr>
<td>Swelling</td>
<td>6.6</td>
<td>6.9</td>
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<td>Axillary Swelling or Tenderness</td>
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<td>17.4</td>
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## Systemic

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<th>Reaction</th>
<th>mRNA-1273</th>
<th>mRNA-1273.214</th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
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<td>66.1</td>
<td>70.3</td>
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<tr>
<td>Fever</td>
<td>3.4</td>
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<td>Headache</td>
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<td>31.7</td>
<td>31.1</td>
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<tr>
<td>Nausea or Vomiting</td>
<td>10.0</td>
<td>10.3</td>
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<tr>
<td>Chills</td>
<td>21.1</td>
<td>23.8</td>
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</table>

Solicited injection site reactions (A) and solicited systemic reactions (B) occurring up to 7 days after injection (immunogenicity analysis set)

Error bars show 95% CIs. Coadministration QIV-HD shows the solicited reactions observed in the QIV-HD-injected limb of participants in the coadministration group. Coadministration mRNA-1273 shows the solicited reactions observed in the mRNA-1273-injected limb of participants in the coadministration group. QIV-HD=high-dose quadrivalent influenza vaccine.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8803382/
Vaccine Strategy: Coadministration

• 2/3 of adults want it
• Side effects comparable
• Flu vaccine rates may go up with coadministration
• Nursing home resources
• Vaccine fatigue
Booster Flowsheet

Primary completed?

- yes
  - Last vaccine more than two months back?
    - Updated (bivalent) booster
- no
  - Wouldn't/Can't take mRNA vax (Pfizer/Moderna)?
    - Offer Novavax

Paxlovid: EPIC HR Trial

https://www.fda.gov/media/158165/download
Nursing Home Strategy

Nursing home strategy

Minimize outbreak

- High staff + resident up-to-date vax rate
- Dial-up High grade PPE use with community transmission and NH outbreak
- Low threshold for testing

Keep COVID patient safe

- Up-to-date vax
- Paxlovid/molnupiravir
Updated CDC Guidance Rests on Up-to-Date Vaccine Status for Staff and Residents

- Up-to-date vaccinate
- PPE and Infection Control
- Testing
Repeat COVID-19 Infections Increase Risk of Organ Failure, Death: Researchers Recommend Masks, Vaccines, Vigilance To Prevent Reinfection

“The evidence shows reinfection further increases risks of death, hospitalization and sequelae in multiple organ systems in the acute and post-acute phase. Reducing the overall burden of death and disease due to SARS-CoV-2 will require strategies for reinfection prevention.”

https://www.eurekalert.org/news-releases/970714

https://doi.org/10.1038/s41591-022-02051-3
Assisted Living, Group Homes and Other Residential Care Settings

- Follow community prevention strategies based on COVID-19 Community Levels
  - Independent living
  - Retirement communities
  - Other non-healthcare congregate settings
- Counsel residents/staff about strategies to protect themselves and others
  - Including recommendations for source control if they are immunocompromised or at high risk for severe disease
    - Resources for older adults
    - People with disabilities
- Follow the healthcare IPC recommendations
  - Visiting or shared healthcare personnel providing healthcare to one or more residents (e.g., physical therapy, wound care, intravenous injections, or catheter care provided by home health agency nurses)
  - Staff in a residential care setting are providing in-person services for a resident with SARS-CoV-2 infection
    - Hand hygiene
    - Personal protective equipment
    - Cleaning and disinfection practices
Transmission Levels

This metric uses two indicators:
1. Total number of new cases per 100,000 persons within the last seven days.
2. Percentage of positive diagnostic and screening nucleic acid amplification tests (NAAT) during the last seven days.

COVID-19 Community Levels

This metric uses three indicators:
1. New COVID-19 cases per 100,000 population in the last seven days.
2. New COVID-19 hospital admissions per 100,000 population in the last seven days.
3. Percent of staffed inpatient beds occupied by patients with confirmed COVID-19 (seven-day average).
Transmission Levels

- **Healthcare settings**
- Used on a weekly basis to guide select infection prevention & control actions in healthcare setting
- Allows for earlier intervention
- Better protects individuals seeking medical care

COVID-19 Community Levels

- **Non-healthcare settings (assisted living facilities, group homes, retirement communities, congregate settings)**
- Help individuals and communities decide which prevention actions to take based on the latest information
- Informs individual- and household-level prevention behaviors and community-level prevention strategies for low, medium and high COVID-19 community levels
Community-Level Prevention Strategies

LOW, MEDIUM, AND HIGH
At all COVID-19 Community Levels:

- Promote equitable access to vaccination, testing, masks and respirators, treatment and prevention medications, community outreach, and support services.
- Ensure access to testing, including through point-of-care and at-home tests for all people.
- Maintain ventilation improvements.
- Provide communications and messaging to encourage isolation among people who test positive.

Community-Level Prevention Strategies

**MEDIUM AND HIGH**

When the COVID-19 Community Level is Medium or High:

- Implement screening testing in high-risk settings where screening testing is recommended.

**HIGH**

When the COVID-19 Community Level is High:

- Implement healthcare surge support as needed.

Making Changes to your Facility-Wide COVID-19 IPC Strategies

- Communicate changes and expectations to everyone
- Remain up to date with state/local DPH and regulatory agencies
- Involve your multi-disciplinary team
  - Infection Preventionist (IP)
  - Director of Nursing
  - Medical Director
  - Administrator
  - Consultant Pharmacist
  - Custodial Director
- Continue to support the IP and the decisions related to the facility IPC program
- Document regularly and consistently
  - IP risk assessment and plan
  - Consistent communication with residents, family and staff
  - Policy changes
Communicating Facility-Wide COVID-19 IPC Updates: SBAR Tool

• Framework for communication between members of the health care team about a patient's condition; adapted to communicate facility changes & updates
  • Easy-to-remember
  • Useful for framing any conversation requiring immediate attention and action
  • Allows for an easy and focused way to set expectations for what will be communicated and how between members of the team
    • Essential for developing teamwork
    • Fostering a culture of patient safety
• S = Situation (a concise statement of the problem)
• B = Background (pertinent and brief information related to the situation)
• A = Assessment (analysis and considerations of options — what you found/think)
• R = Recommendation (action requested/recommended — what you want)
Communicating Facility-Wide COVID-19 IPC Updates: SBAR Tool Example

• **Situation:** Our assisted living facility has reviewed the most recent regulations and CDC infection prevention and control guidelines pertaining to COVID-19 practices. We are updating our COVID-19 IPC strategies.

• **Background:** Transmission levels within Fulton County have been at a LOW level for three weeks (LOW as of 10/31/2022). Vaccination status among residents is high, with 95% being up to date. Staff vaccination rates are also high, with 90% being up to date.

COVID-19 Community Levels
• **Assessment:** Transmission levels are stable in the LOW level as defined by CDC for Fulton County. The facility has high vaccination rates for COVID-19 among staff and residents, and the facility staff and guests demonstrate consistent use of standard infection prevention practices as evidenced by hand hygiene audits/observations, cleaning and disinfection routines, and supplies for respiratory etiquette and source control.

**COVID-19 Community Levels**
**Recommendation:** Modify standard infection prevention and control practices for COVID-19 prevention/containment to include the following:

- Encourage everyone to practice infection prevention behaviors (i.e., hand hygiene, respiratory etiquette/covering your cough, avoiding sick people, reporting symptoms) and to remain up to date with all vaccine doses
- Ensure access to testing, including point-of-care and at-home tests for all people
- Provide communications and messaging to encourage isolation among people who test positive
- Establish a process to identify and manage individuals with suspected or confirmed SARS-CoV-2 Infection
- Maintain infection prevention and control practices (i.e., hand hygiene, cleaning and disinfection, standard precautions, adequate ventilation)

COVID-19 Lessons Learned: Risk Recognition and Health Care

Vulnerable population

Increased likelihood of infection

 Variety of pathogens (germs)

 Invasive medical & care-related interventions

 Workflow/daily practices

https://www.cdc.gov/infectioncontrol/projectfirstline/index.html
COVID-19 Lessons Learned: Respiratory Viruses

- Up to date with vaccinations
- Understanding your data (resident risk, facility risk, community levels)
- IPC strategies (hand hygiene, respiratory etiquette, source control, cleaning/disinfection)
- Early interventions: screening, testing, and treatments
- Prompt isolation & investigation of close contacts
- Communication & collaboration
- Emergency/Outbreak planning

https://www.cdc.gov/infectioncontrol/projectfirstline/index.html
Alliant Health Solutions Resources

Strike & Support Team Office Hours

Office Hours for SFN and MD's:
- Click here to register – November 18, 2022 at 11 a.m. ET
- Click here to register – December 16, 2022 at 11 a.m. ET

Office Hours for Non-SFN:
- Click here to register – November 18, 2022 at 1 p.m. ET
- Click here to register – December 16, 2022 at 1 p.m. ET

Bite Sized Learning


https://quality.allianthealth.org/topic/infection-control/
Questions?
## Georgia Department of Public Health HAI Team Contacts

<table>
<thead>
<tr>
<th>State Region/Districts</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>North (Rome, Dalton, Gainesville, Athens)</td>
<td><a href="mailto:Sue.hunnell@dph.ga.gov">Sue.hunnell@dph.ga.gov</a> (404-967-0582)</td>
</tr>
<tr>
<td>Districts 1-1, 1-2, 2, 10</td>
<td><a href="mailto:Mary.Whitaker@dph.ga.gov">Mary.Whitaker@dph.ga.gov</a> (404-967-0578)</td>
</tr>
<tr>
<td>Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange)</td>
<td><a href="mailto:Teresa.Fox@dph.ga.gov">Teresa.Fox@dph.ga.gov</a> (404-596-1910)</td>
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<tr>
<td>Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4</td>
<td><a href="mailto:Renee.Miller@dph.ga.gov">Renee.Miller@dph.ga.gov</a> (678-357-4797)</td>
</tr>
<tr>
<td>Central (Dublin, Macon, Augusta)</td>
<td><a href="mailto:Theresa.Metro-Lewis@dph.ga.gov">Theresa.Metro-Lewis@dph.ga.gov</a> (404-967-0589)</td>
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<td>Districts 5-1, 5-2, 6, 7</td>
<td><a href="mailto:Karen.Williams13@dph.ga.gov">Karen.Williams13@dph.ga.gov</a> (404-596-1732)</td>
</tr>
<tr>
<td>Southeast (Columbia, Albany)</td>
<td><a href="mailto:Connie.Stanfill1@dph.ga.gov">Connie.Stanfill1@dph.ga.gov</a> (404-596-1940)</td>
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<tr>
<td>Districts 8-1, 8-2</td>
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<tr>
<td>Southwest (Valdosta, Savannah, Waycross)</td>
<td><a href="mailto:Regina.Howard@dph.ga.gov">Regina.Howard@dph.ga.gov</a> (404 967-0574)</td>
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<tr>
<td>Districts 9-1, 9-2</td>
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<tr>
<td>Backup/Nights/Weekends</td>
<td><a href="mailto:Jeanne.Negley@dph.ga.gov">Jeanne.Negley@dph.ga.gov</a> (404-657-2593)</td>
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<td></td>
<td><a href="mailto:Joanna.Wagner@dph.ga.gov">Joanna.Wagner@dph.ga.gov</a> (404-430-6316)</td>
</tr>
</tbody>
</table>
Thank You for Your Time!
Contact the AHS Patient Safety Team

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Erica.Umeakunne@AlliantHealth.org
Save the Date

SNF and Medical Directors Office Hours:
December 16, 2022 | 11 a.m. ET

ALF and PCH
December 16, 2022 | 1 p.m. ET
Thanks Again…

- Georgia Department of Public Health
- University of Georgia
This material was prepared by Alliant Health Solutions, under contract with the Georgia Department of Public Health as made possible through the American Rescue Plan Act of 2021.