



Georgia Department of Public Health:
Strike & Support Team
GADPH Office Hours for NHs & Medical Directors
December 16, 2022

Meet the Team



Presenters:

Swati Gaur, MD, MBA, CMD, AGSF

Medical Director, Alliant Health Solutions

Alexandra R. Benoit, MBA, MHA

Vulnerable Populations Coordinator

Division of Health Protection

Emergency Preparedness & Response Healthcare

Preparedness Program

Georgia Department of Public Health

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 was chair of the Infection Advisory Committee with AMDA, the Society for Post-Acute and Long-Term Care Medicine, during the acute phase of the COVID-19 pandemic and was instrumental in establishing a COVID-19 task force for the society that created guidance, policy, FAQs and education for LTC medical directors and staff across the country. She has authored several articles on the topic published in peer-reviewed journals. She was also named Medical Director of the Year 2022 by the Society for PALTC.

Alexandra R. Benoit, MBA, MHA

VULNERABLE POPULATIONS COORDINATOR
GEORGIA DEPARTMENT OF PUBLIC HEALTH

Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia



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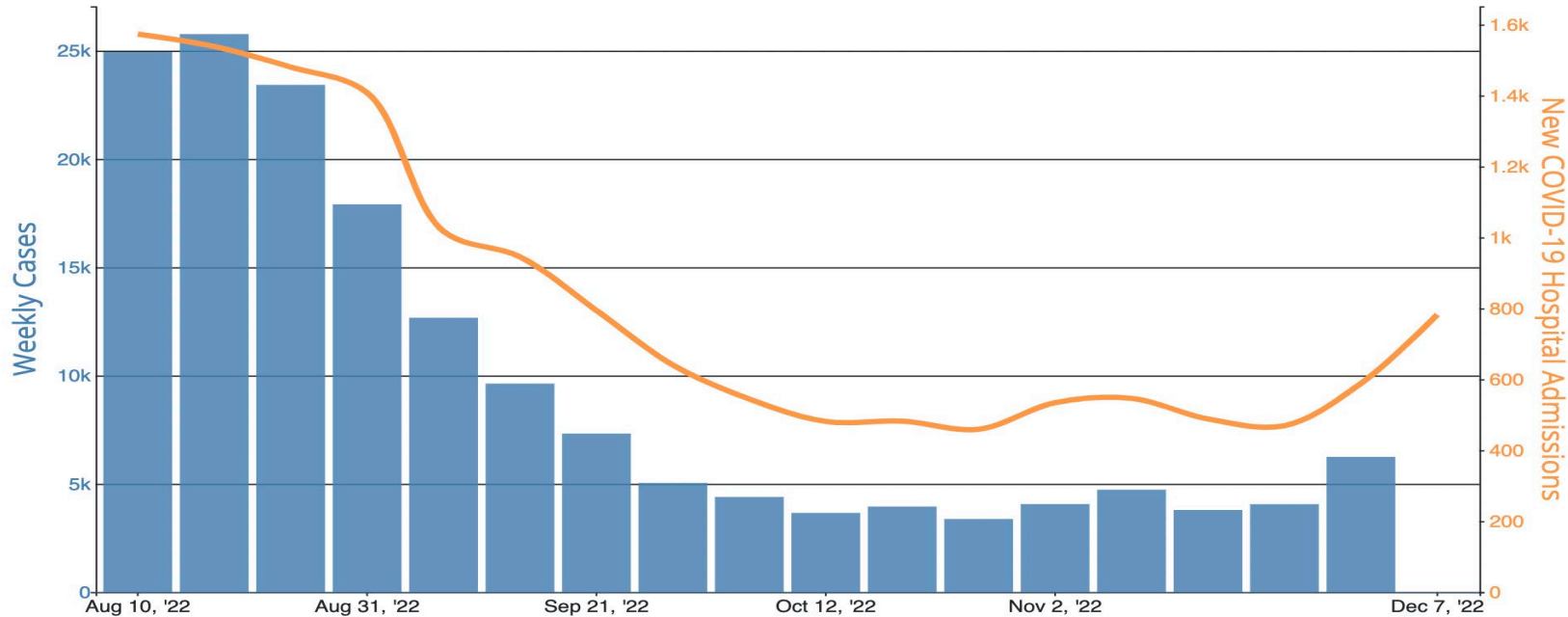
Objectives

- Provide updates on the new respiratory viral threat that nursing homes are facing
- Discuss new research on keeping outbreak numbers down
- Using what we know works to keep residents safe from COVID-19 and flu deaths
- Discuss the Georgia Department of Public Health (GADPH) Healthcare Preparedness Program and the COVID-19 response
- Highlight the importance of Georgia's healthcare coalitions

COVID Cases and Hospitalizations

The blue bars show weekly cases. The orange line represents the number of inpatients (adult and pediatric) admitted to a hospital with confirmed COVID-19 diagnosis per week.

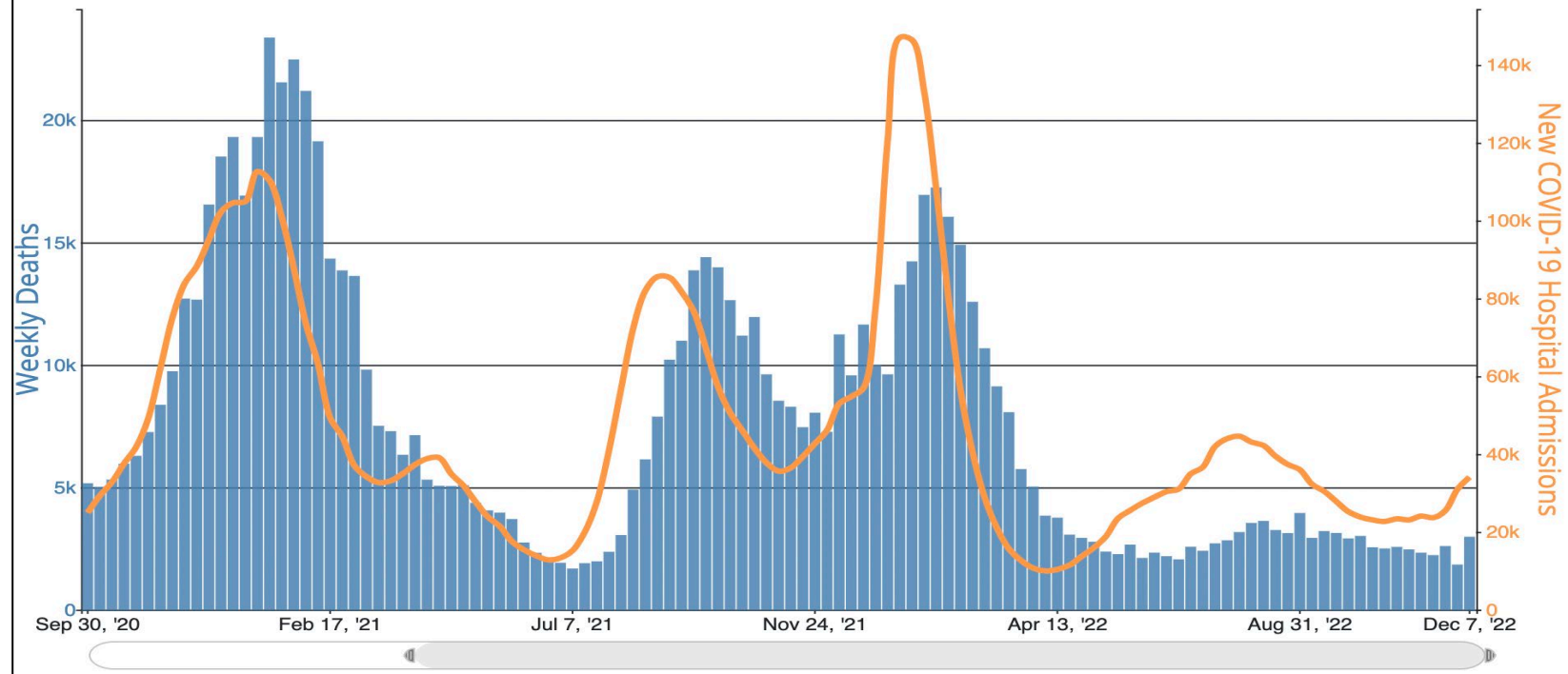
Weekly Trends in Number of Cases and Number of New Patients Admitted to Hospital with Confirmed COVID-19 per Week in Georgia Reported to CDC



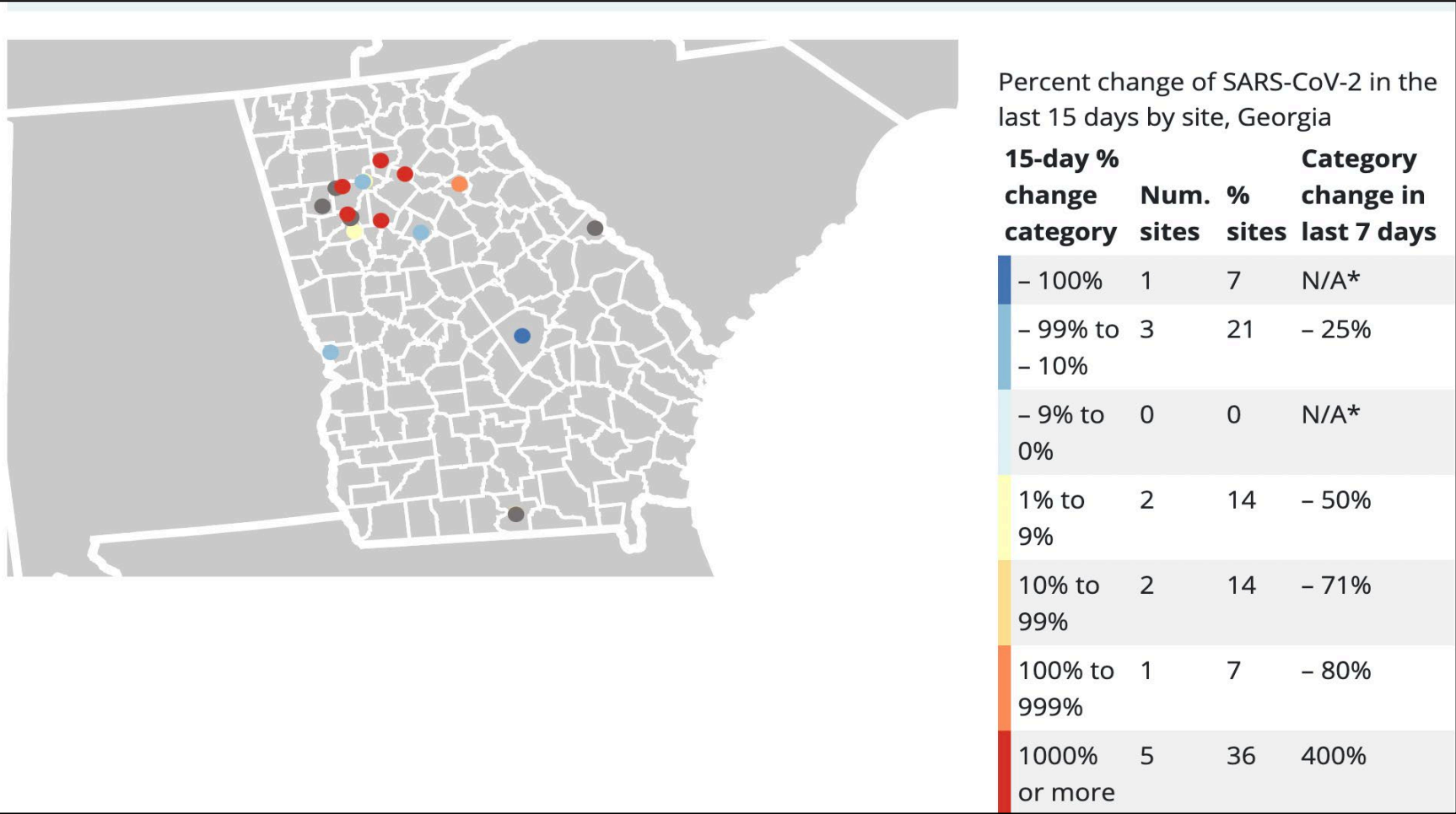
COVID Hospitalizations and Deaths

The blue bars show weekly deaths. The orange line represents the number of inpatients (adult and pediatric) admitted to a hospital with confirmed COVID-19 diagnosis per week.

Weekly Trends in Number of Deaths and Number of New Patients Admitted to Hospital with Confirmed COVID-19 per Week in The United States Reported to CDC



Wastewater Surveillance





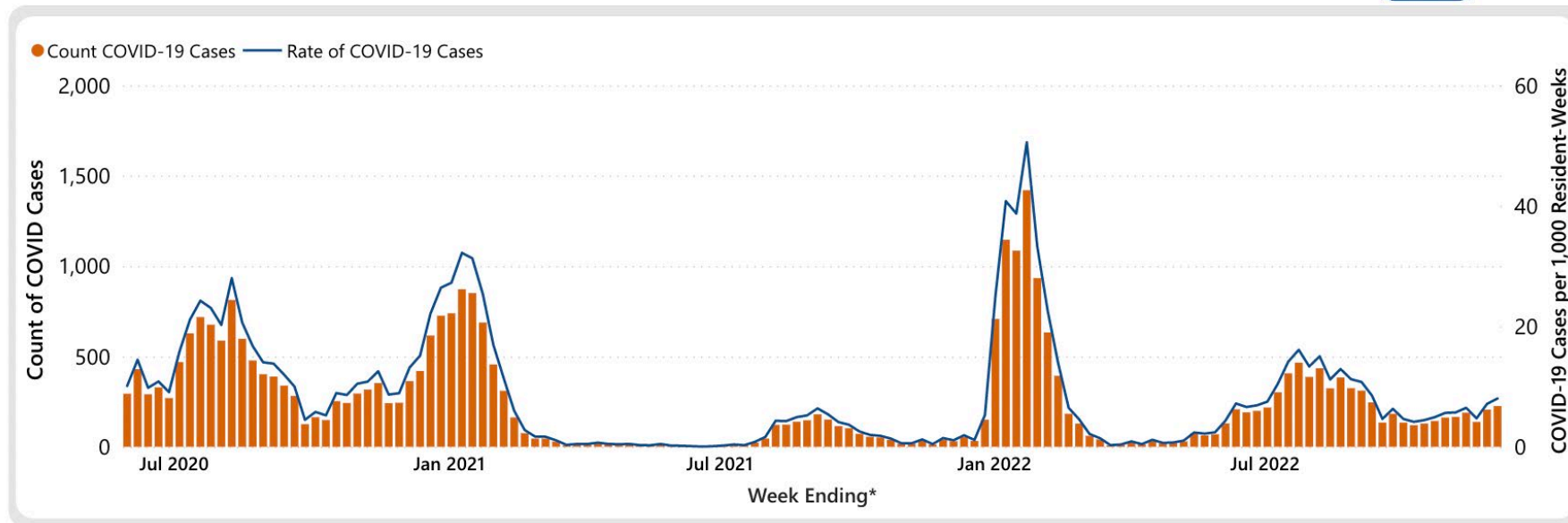
Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States



Display by State
 GA

Display by FEMA/HHS Region
 All

Cases Deaths



* 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



















For more information: <https://www.cdc.gov/nhsn/ltc/covid19/index.html>

Accessibility: [Right click on the graph area to show as table]

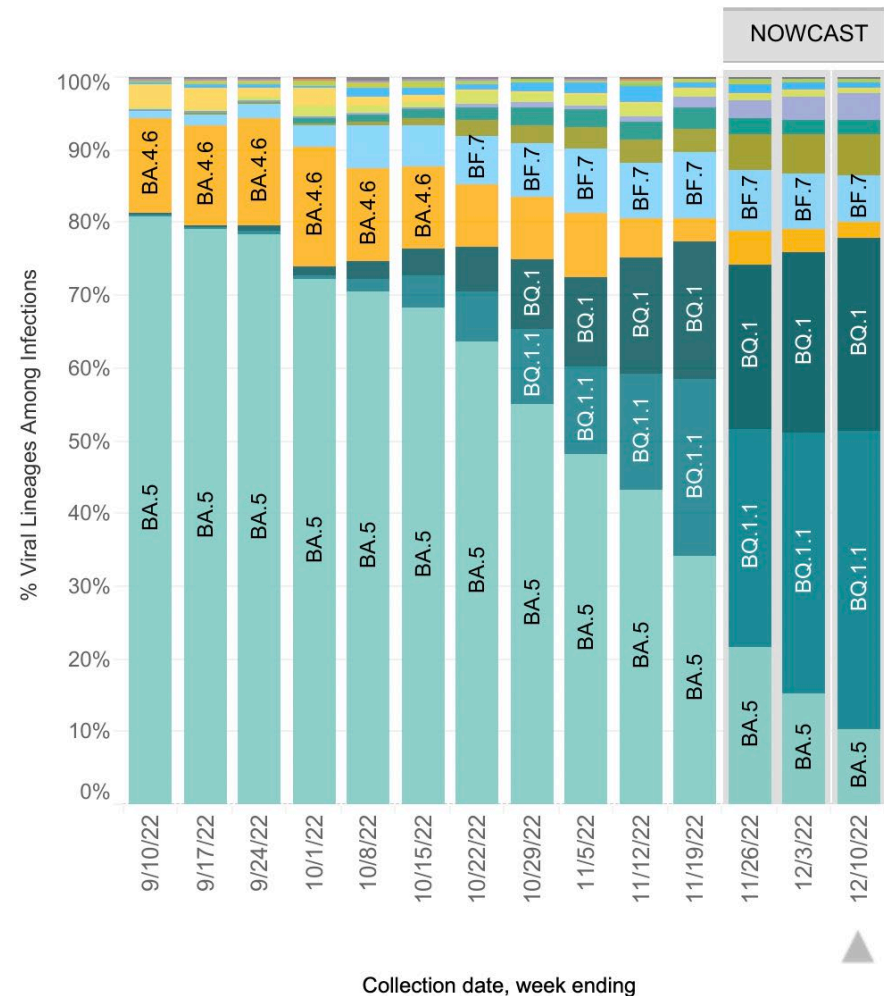
Data as of 12/5/2022 5:30 AM

HHS Region 4: 12/4/2022 – 12/10/2022 NOWCAST

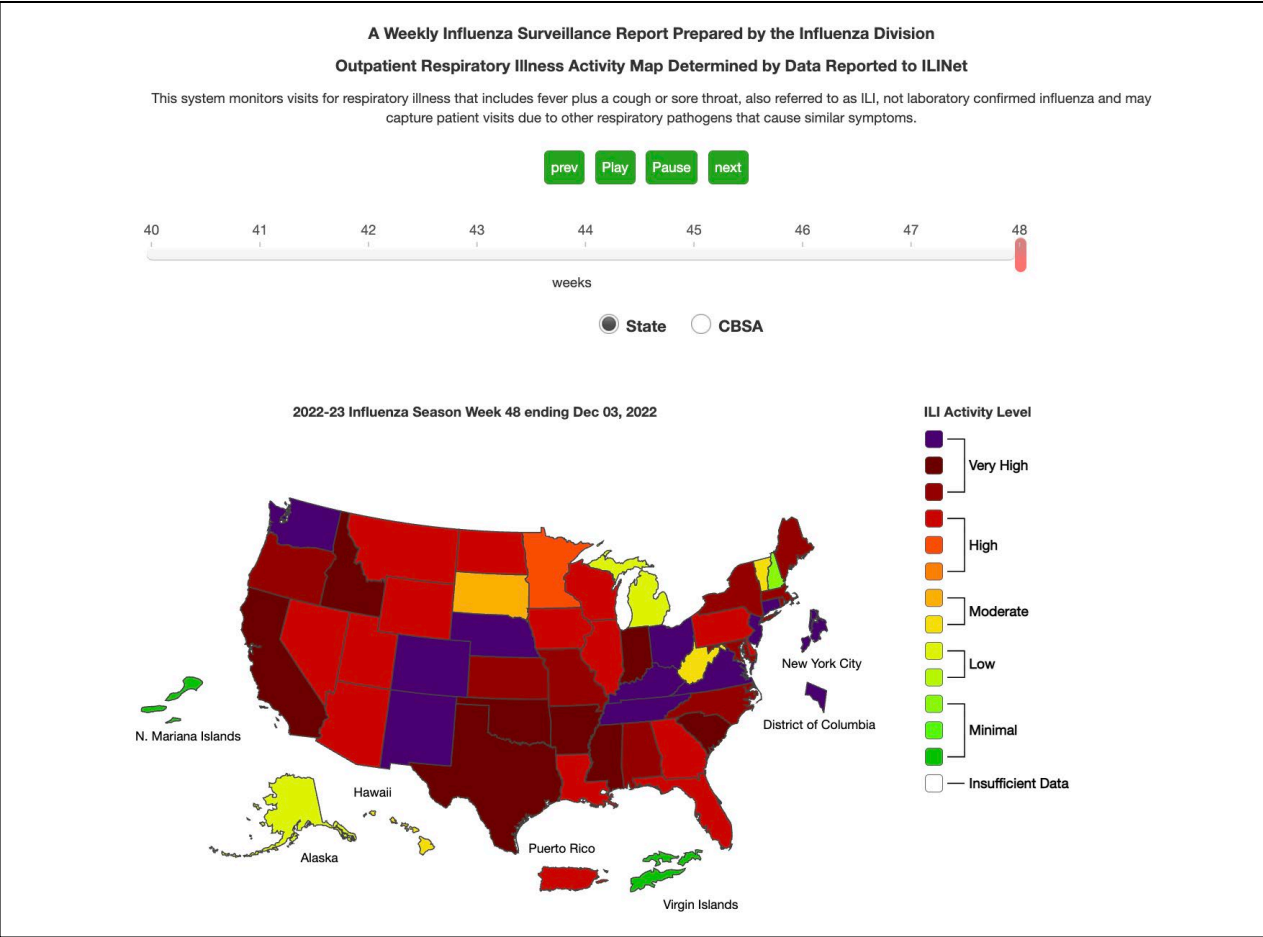
Region 4 - Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

| WHO label | Lineage # | US Class | %Total | 95%PI | |
|-----------|-----------|----------|----------|---|---|
| Omicron | BQ.1.1 | VOC | 41.1% | 37.6-44.6% |  |
| | BQ.1 | VOC | 26.4% | 23.8-29.2% |  |
| | BA.5 | VOC | 10.3% | 8.7-12.2% |  |
| | BF.7 | VOC | 6.4% | 5.6-7.4% |  |
| | BN.1 | VOC | 5.7% | 4.2-7.6% |  |
| | XBB | VOC | 3.9% | 1.7-8.4% |  |
| | BA.4.6 | VOC | 2.2% | 1.7-2.9% |  |
| | BA.5.2.6 | VOC | 1.9% | 1.4-2.5% |  |
| | BF.11 | VOC | 0.8% | 0.6-1.1% |  |
| | BA.2.75 | VOC | 0.6% | 0.5-0.7% |  |
| | BA.2 | VOC | 0.3% | 0.2-0.6% |  |
| | BA.2.75.2 | VOC | 0.3% | 0.2-0.4% |  |
| | BA.4 | VOC | 0.0% | 0.0-0.0% |  |
| | BA.1.1 | VOC | 0.0% | 0.0-0.0% |  |
| | B.1.1.529 | VOC | 0.0% | 0.0-0.0% |  |
| BA.2.12.1 | VOC | 0.0% | 0.0-0.0% |  | |
| Delta | B.1.617.2 | VBM | 0.0% | 0.0-0.0% |  |
| Other | Other* | | 0.0% | 0.0-0.1% |  |

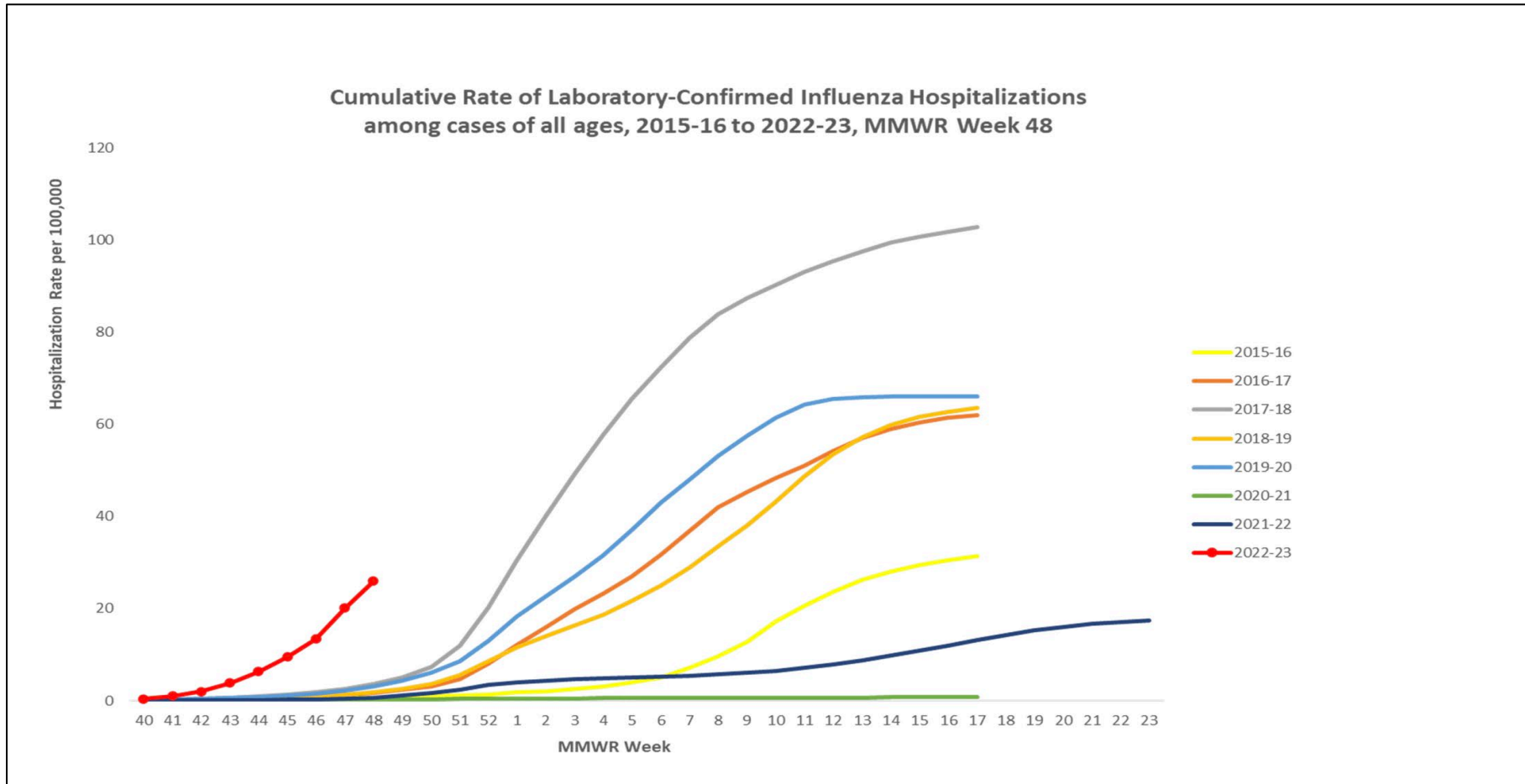
HHS Region 4: 9/4/2022 – 12/10/2022



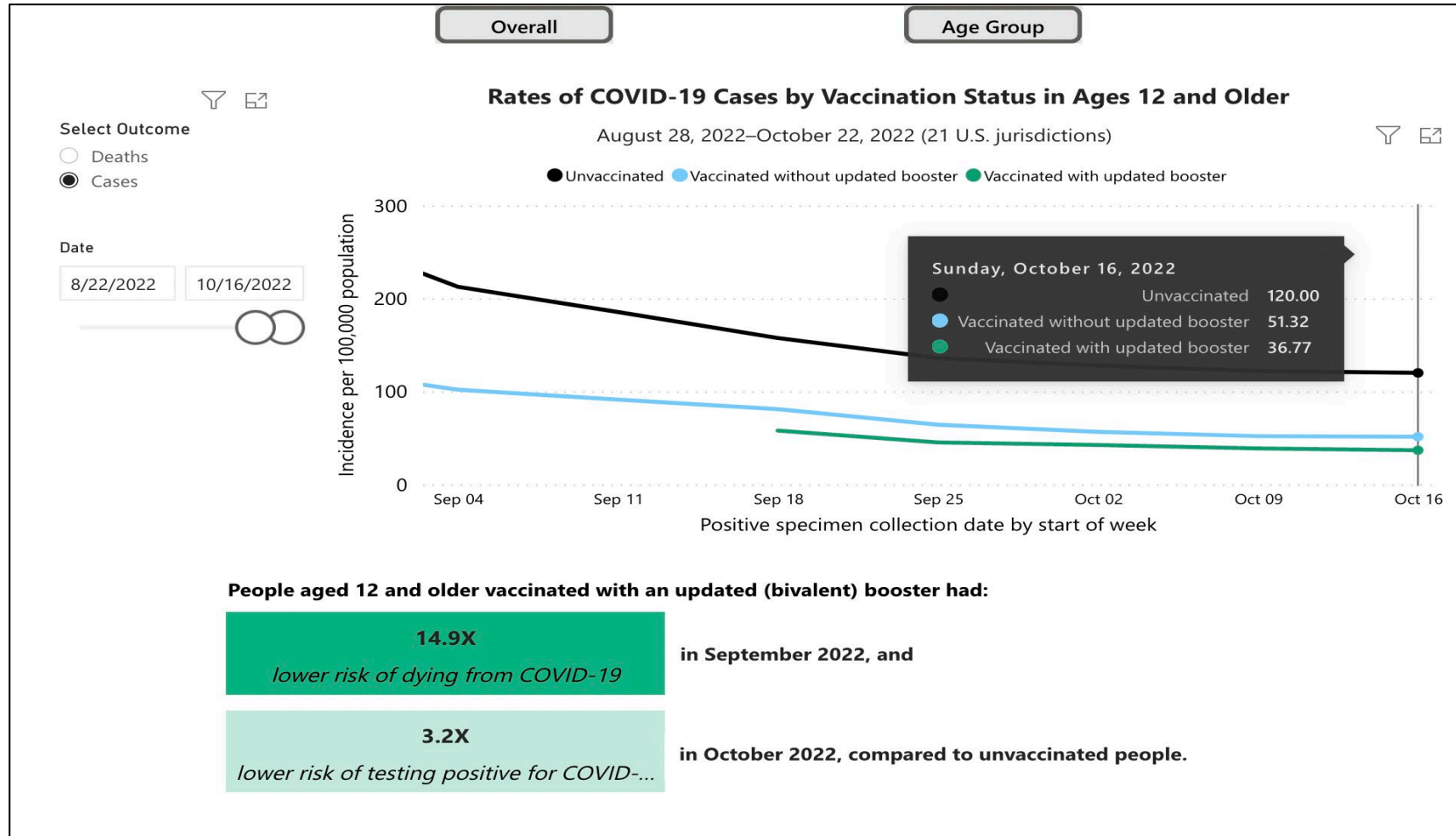
Flu Data (CDC)



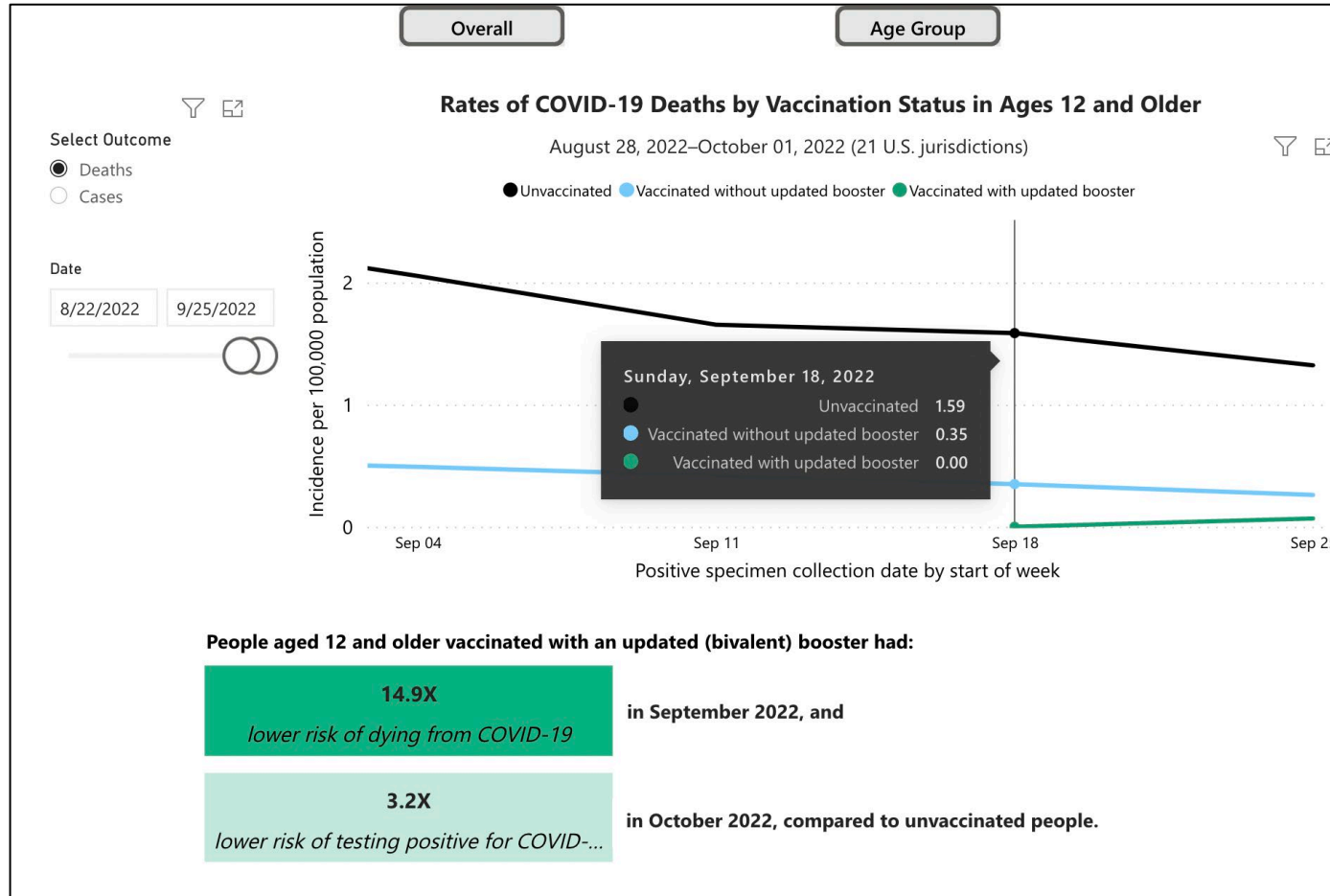
Flu Hospitalizations



Lower Case Count: Bivalent Boosters



Lower Death Rate: Bivalent Booster



Flu Vaccine

- Flu vaccine effectively decreases the risk of severe symptoms and hospitalization by ~50%.
- For admitted patients, it decreased ICU admission and duration of hospitalization.

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



Real-world data shows early treatment for COVID-19 helps prevent hospitalization

Adults* prescribed Paxlovid for mild-to-moderate COVID-19 were

51% less likely

to be hospitalized than those who weren't

* regardless of vaccination status

IF YOU HAVE COVID-19 SYMPTOMS:

1 TEST

Use a self-test, locate a test site, or find a Test to Treat location

2 TALK

If you test positive, talk to a health care professional about treatment

3 TREAT

Start treatment within 5 days

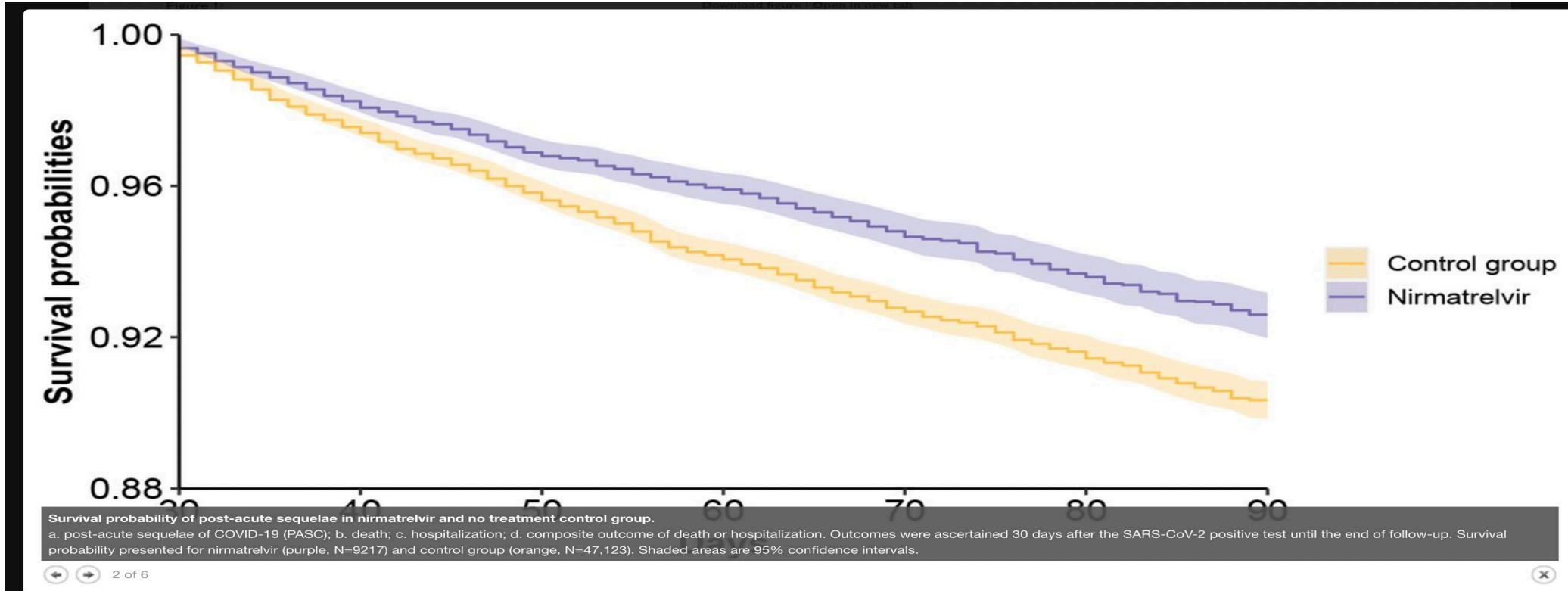


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NOVEMBER 22, 2022

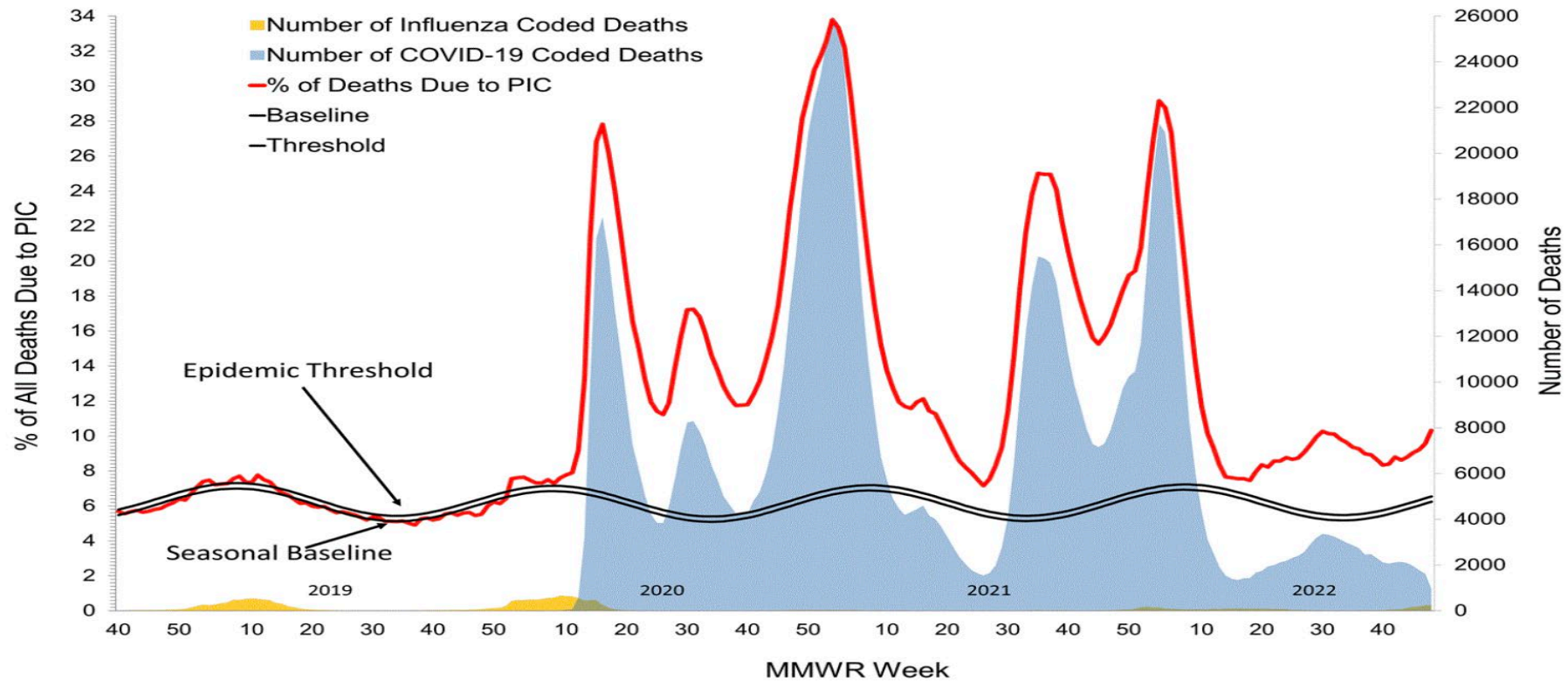
MMWR

Nirmatrelvir and the Risk of Post-Acute Sequelae of COVID-19

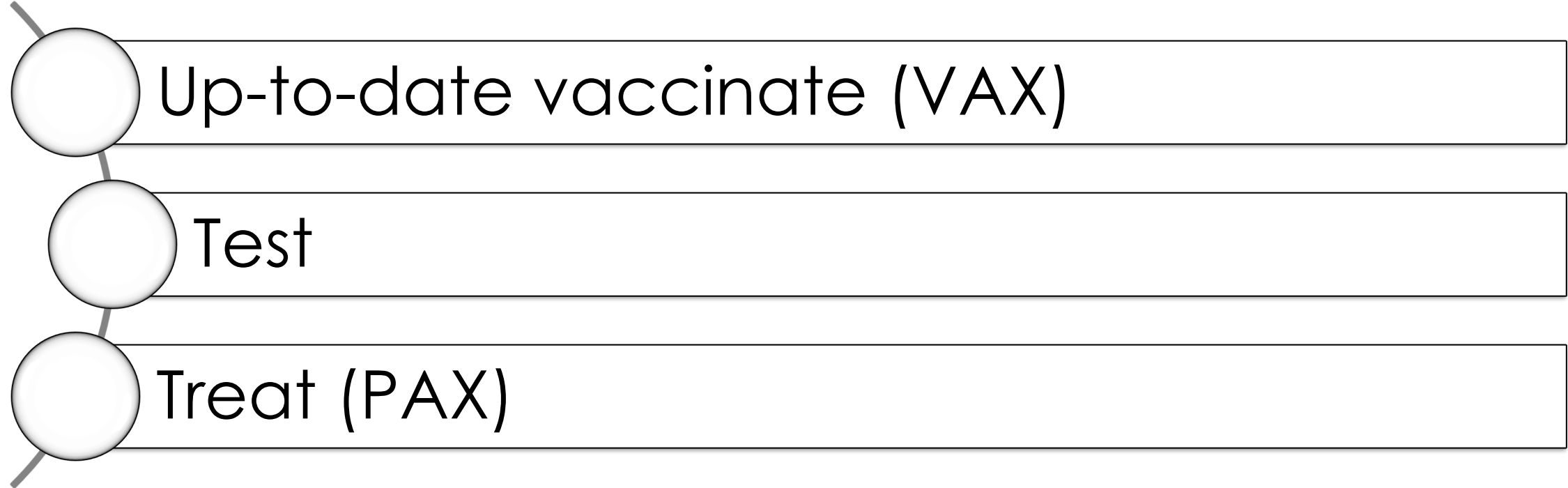


Can We Bring Hope in a Curve?

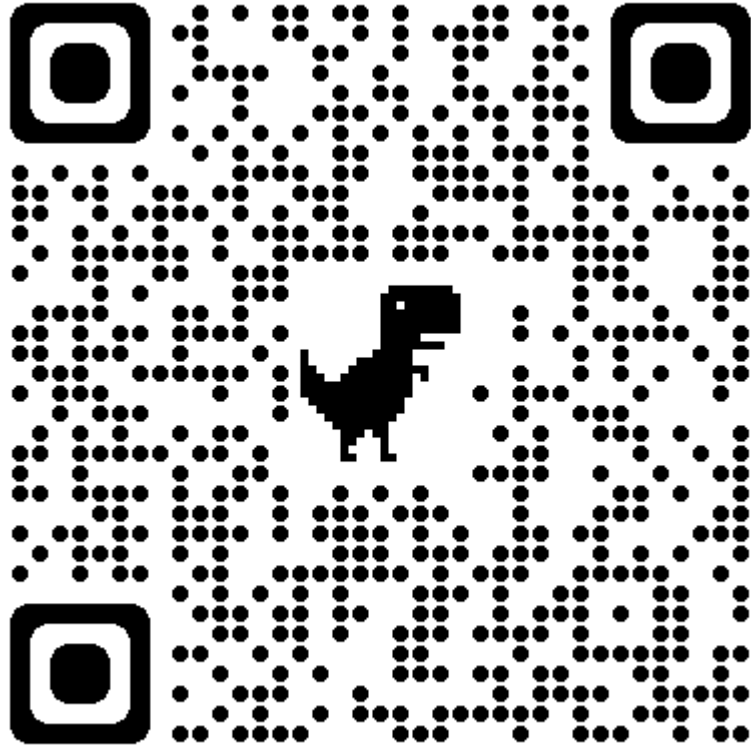
Pneumonia, Influenza, and COVID-19 Mortality from the National Center for Health Statistics Mortality Surveillance System
Data as of December 8, 2022



Changing the Curve of COVID Deaths: VAX & PAX



Six-Week Blitz of VAX & PAX



https://paltc.org/sites/default/files/Vax%20and%20Pax%20toolkit_11_14_FINAL.pdf

FAQ

- Outbreak should not stop vaccination efforts-its even more urgent to give to non-COVID-19+ eligible residents and to staff to protect them
- If you are experiencing a delay onsite, reach out to DPH via survey or to Alliant Health Solutions
- Become a vaccine administration site so you can give your own (divide into shifts)
- Don't wait for symptoms to give Paxlovid or Lagevrio

Emergency Planning for LTCFs

Alliant Health / December 16, 2022

COVID-19 Lessons Learned

Healthcare Preparedness Program

Program Overview

Health Care Preparedness Program

Funded since 2002 by HHS (Health and Human Services), ASPR (Administration for Strategic Preparedness and Response) is the Hospital Preparedness Program.

Also funded by ASPR:

- National Special Pathogen System
- Regional Disaster Response System

HPP is the primary source of federal funding for health care system preparedness and response and, in collaboration with state and local health departments, prepares health care delivery systems to save lives through the development of health care coalitions (HCCs).

<https://aspr.hhs.gov/HealthCareReadiness/HPP/Pages/default.aspx>

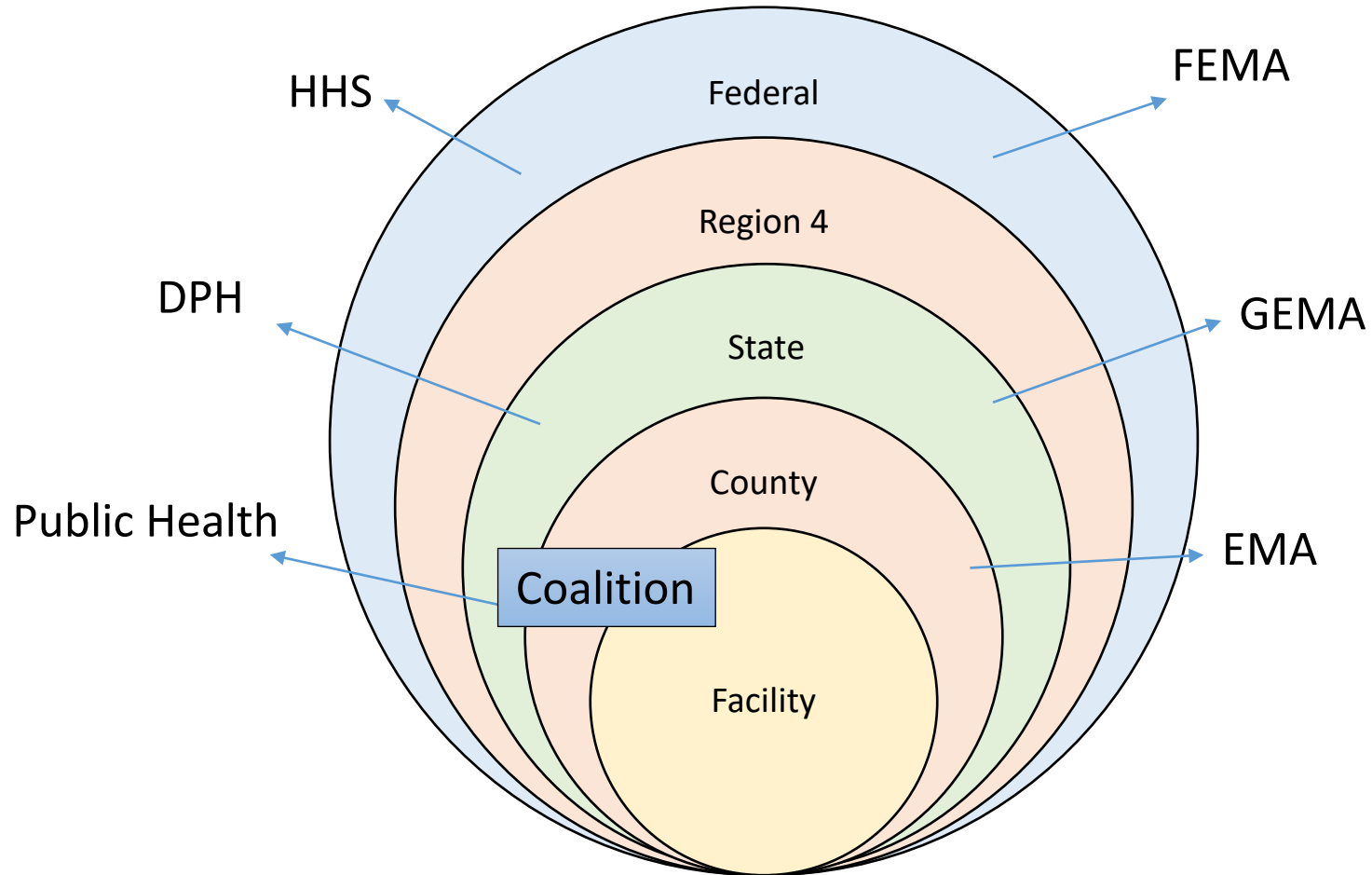
HPP Purpose 2019

The purpose of this Hospital Preparedness Program (HPP) Funding Opportunity Announcement (FOA) is to strengthen and enhance the acute care medical surge capacity through the maintenance and growth of strong health care coalitions (HCCs) within state, local, and territorial health care systems.

- Notice of Funding Opportunity (EP-U3R-19-001) 2 March 2019

Georgia HPP's purpose is to support the continued growth and maturity of the 14 HCCs as they strengthen and enhance medical surge capacity in their areas. Strong relationships are valued and emphasized.

ESF 8 Response



- Facility
Communications
Plan:
1. Facility executive leadership
 2. County EMA
 3. Coalition

Recent Responses (besides COVID)

Hurricane Michael – Fall 2018 (widespread power outages across southwest Georgia)

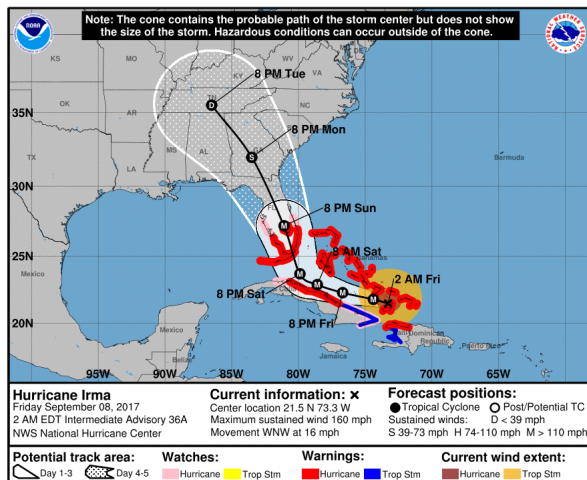
Hurricane Maria – Fall 2017-Spring 2018 (NDMS Activation accepting patients from Virgin Islands)

Hurricane Irma – Fall 2017 (evacuated patients from hospitals and nursing homes)

Hurricane Matthew – Fall 2016 (evacuated patients from hospitals and nursing homes)

Ebola Virus Disease – 2014-2015 (heightened monitoring and development of Infectious Disease Network)

Haiti Earthquake – Winter 2010 (medical evacuees and family members accepted to Georgia as part of a NDMS like response)



Healthcare Coalitions

Georgia's Healthcare Coalitions



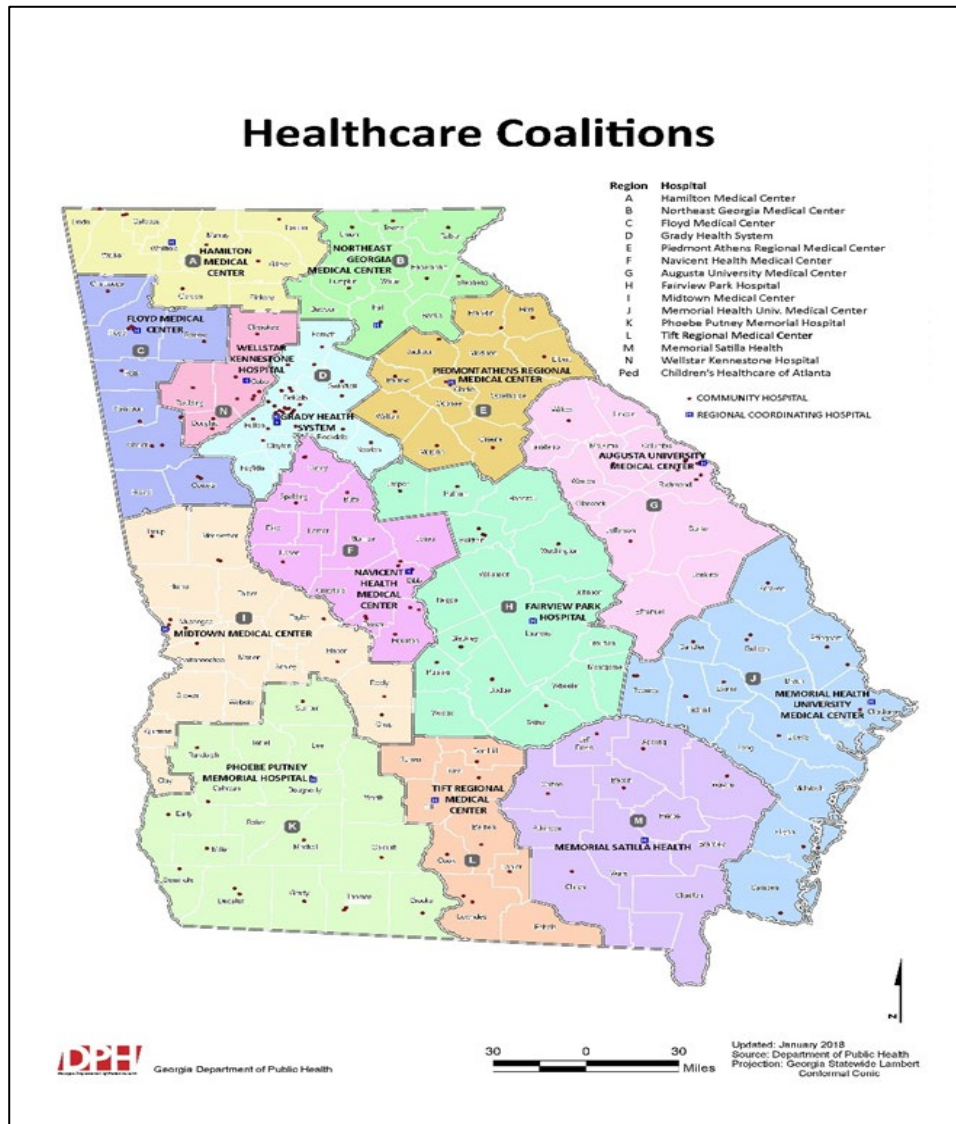
What is a Healthcare Coalition?

A **collaborative** network of **healthcare organizations** and **response partners** that serve as a multiagency **coordinating** group to **assist** with **preparedness, response, recovery, and mitigation** activities related to healthcare organization disaster operations.

What is Our Goal?

To **communicate and coordinate** with all **partnering agencies and organizations** to ensure the continuity of operations within our **State's healthcare system**.

Georgia Coalition Overview



14 Healthcare Coalitions

- Coalition coordinator from the regional coordinating hospital
- Coalition facilitator based at the public health district funded by HPP grant
- Executive committee
- Plan, train, exercise, equip, respond, coordinate, and communicate

Coalition-Sponsored Activities

- Regional coordination plans
- Quarterly meetings
- Trainings
- Regional exercises
- Purchased items for regional caches (examples):

Portable air conditioners/heaters

Generators

Fans

Personal Protective Equipment

Moulage supplies

Emergency lighting kits

Weather radios



COVID-19 Response

Supply Chain Shortages

Georgia Department of Public Health activated the Receipt, Store, Stage (RSS) Warehouse to serve healthcare providers statewide.

- RSS Warehouse Team secured vendors and facilitated the distribution operations within the warehouse. (Multi-agency response)
- The warehouse team calculated the PPE burn rates in long-term care facilities to determine how much PPE was needed.
- When the supply chain loosened, the state decided to allocate PPE supplies on an emergency basis.
- We provided all our healthcare facilities with a list of PPE vendors who have successfully delivered to the facilities in Georgia.
- Warehouse is still active and will provide an emergency supply of PPE to health care facilities when requested.
- Specimen Collection Kits, ventilators and foggers were also distributed from the Warehouse.

Supply Chain Shortages

PPE/Equipment Distributed

- Gowns/Gloves/Shoe Covers
- Body Bags
- Hand Sanitizer
- Disinfectant Wipes
- N95/KN95 Mask
- Ventilators (Hospitals)
- Test Kits
- Face Shields

Challenges

- Difficulties obtaining the necessary amount of PPE/equipment needed to assist providers during the onset of the pandemic.
- Health care providers received about half the amount requested until the supply chain loosened nationwide.

LTCF Sanitation Assistance

- National Guard Sanitation Teams

Governor Kemp and National Guard General Tom Carden deployed over 100 Guardsmen to LTCFs with COVID-19 outbreaks

- (GEMA/HS) purchased Infection Control Foggers and Supplies for LTCFs that were 25 beds or more.

- RidMold Air Armour fogger
- Four cases of Air Armour disinfectant solution,
- Two Tyvek coveralls
- One spray bottle

Same supplies the National Guard used to disinfect LTCFs.

- Health Care Coalition Purchased Foggers

LTCF Sanitation Assistance

- Informing LTCFs that the National Guard would be providing sanitation assistance.
- Partnering with the National Guard to prioritize LTCFs based on outbreaks.
- Providing GEMA/HS with the facility information needed to purchase and ship equipment.

COVID-19 Testing Support – Resources

- National Guard Mobile Test Strike Teams (case-by-case basis)
- State-provided test kits
- Skilled nursing facility staff could travel to the nearest state testing site (SPOCS) at no cost and report activity to your respective SNF employer
- District public health assistance with testing (case-by-case basis)

COVID-19 Testing Support – Challenges

- Limited testing resources
- Limited manpower
- Test result turnaround times. (Due to the high volume of specimen collection, lab turnaround times could take up to a week)
- Unable to fulfill requests for routine testing due to limited resources.
- Initially, prioritizing testing resources to providers who needed baseline testing
- Continuous changes to testing guidance

Staffing Shortages – State-Provided Staffing Assistance

- Staffing resources provided through the state were only available to skilled nursing facilities/nursing homes and hospitals.
- Nursing homes and hospitals must have a dire need for staffing due to a high number of current COVID cases and callouts at the facility.
- The funding utilized to pay for emergency staffing assistance came from CMS. Therefore, the funding could not be used to assist ALFs and PCHs.
- To ensure that the assisted living and personal care home communities could obtain staffing, we provided a list of staffing agencies that had successfully delivered staff to healthcare providers in GA.
- There are also plenty of nursing homes and hospitals that source staff directly through agencies.

State Provided Staffing Assistance – Request Process

- Nursing homes and hospitals would request staffing assistance through their county EMA.
- HPP staffing team would collect facility census information from the requesting facility.
- Information would be sent to DCH for potential approval.
- Once approved, the contracted agency would coordinate directly with the facility POC.

Staffing Assistance – Challenges

- The nationwide health care staffing shortage also affected the state's ability to source qualified staffing assistance for our health care organizations.
- Due to the nationwide shortage, our team had limited visibility on the timeframe in which staffing may be allocated to the facility once approved.
- The inability to provide funded assistance to non-Medicare and Medicaid Waivered healthcare facilities.
- Due to the limited staffing resources, we weren't approved to send staffing resources to facilities that didn't have any COVID-positive residents or staff.

LTCF Vaccine Booster Administration Assistance

- Assuring LTCF residents and staff have access to the COVID-19 Pfizer or Moderna bivalent booster vaccines.
- LTCFs will be partnered with a pharmacy that will assist in providing the vaccine.
- Our goal is to increase our state's overall vaccination rates within LTCFs.

LTCF COVID-19 Vaccine Bivalent Booster Administration Assistance Survey

<https://www.surveymonkey.com/r/LTCFVaxAssist>.

If an LTCF has questions or needs assistance with the survey, they may reach our immunization team at: DPH-COVID19vaccine@dph.ga.gov or 404-657-3158.

Healthcare Coalition Involvement

Coalitions played an integral role in disseminating information to the health care community during the pandemic.

- Disseminated surveys used to assess facility needs
- Provided PPE
- Purchased infection control equipment for facilities (foggers)
- Assured providers received state executive orders, guidance and recommendations
- Virtual coalition meeting offerings

Healthcare coalitions are moving back to in-person meetings. A few regions are offering the option to attend in person or virtually.

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Vulnerable Populations Coordinator

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Emergency Preparedness & Response
Healthcare Preparedness Program

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Questions?



Georgia Department of Public Health HAI Team Contacts

| State Region/Districts | Contact Information |
|--|--|
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| Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange) Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4 | Teresa.Fox@dph.ga.gov (404-596-1910) Renee.Miller@dph.ga.gov (678-357-4797) |
| Central (Dublin, Macon, Augusta) Districts 5-1, 5-2, 6, 7 | Theresa.Metro-Lewis@dph.ga.gov (404-967-0589) Karen.Williams13@dph.ga.gov (404-596-1732) |
| Southeast (Columbia, Albany) Districts 8-1, 8-2 | Connie.Stanfill1@dph.ga.gov (404-596-1940) |
| Southwest (Valdosta, Savannah, Waycross) Districts 9-1, 9-2 | Regina.Howard@dph.ga.gov (404 967-0574) |
| Backup/Nights/Weekends | Jeanne.Negley@dph.ga.gov (404-657-2593) Joanna.Wagner@dph.ga.gov (404-430-6316) |

Save the Date

SNF and Medical Directors Office Hours:

January 20, 2023, at 11 a.m.

ALF and PCH

January 27, 2023, at 11 a.m.

Thanks Again...

- Georgia Department of Public Health
- University of Georgia



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