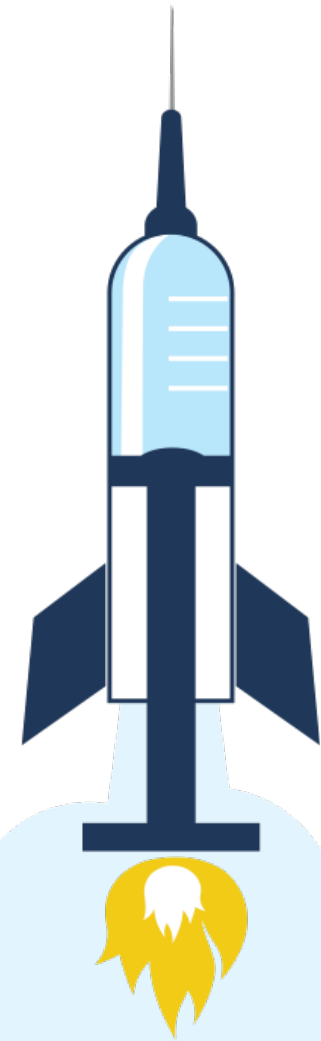


Transitioning After the COVID-19 Public Health Emergency: Infection Prevention & Control (IPC) Implications

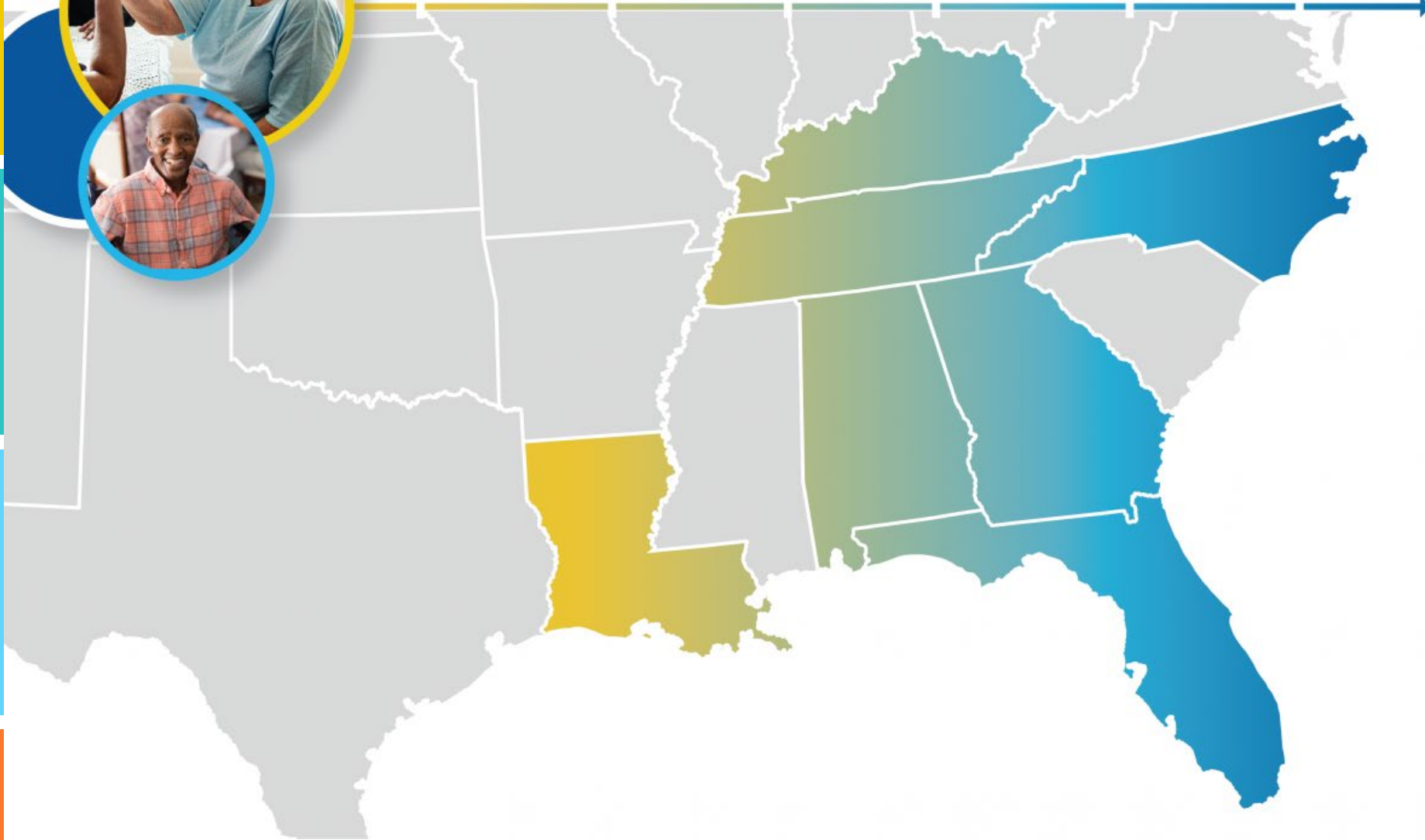
April 27, 2023



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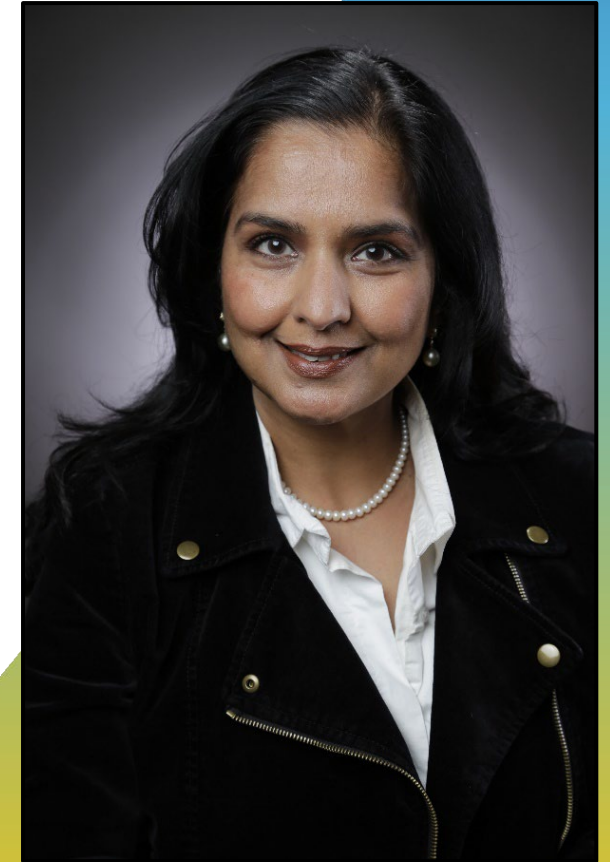
About Alliant Health Solutions

Swati Gaur, MD, MBA, CMD, AGSF

**MEDICAL DIRECTOR, POST-ACUTE CARE
NORTHEAST GEORGIA HEALTH SYSTEM**

Swati Gaur MD MBA CMD AGSF is the chief medical officer for Senior Care Office and chief executive officer for Care Advances Thru Technology, advancing innovations in geriatric care. She is also the medical director for post-acute care at Northeast Georgia Health System. She is also a medical director for Alliant Health Solutions, a CMS Quality Improvement Organization. She is a member of the Georgia Strike and Support Team with the Georgia Department of Public Health and the University of Georgia.

She has authored several articles related to infection issues such as UTI, Immunization, COVID-19, advanced care planning, and culture change in PALTC. She was commended by AGS for her role on the Health Systems Innovation Committee in 2015. She was named the Medical Director of the Year for 2022-23.



Erica Umeakunne, MSN, MPH, APRN, CIC

INFECTION PREVENTION SPECIALIST

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 the 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.

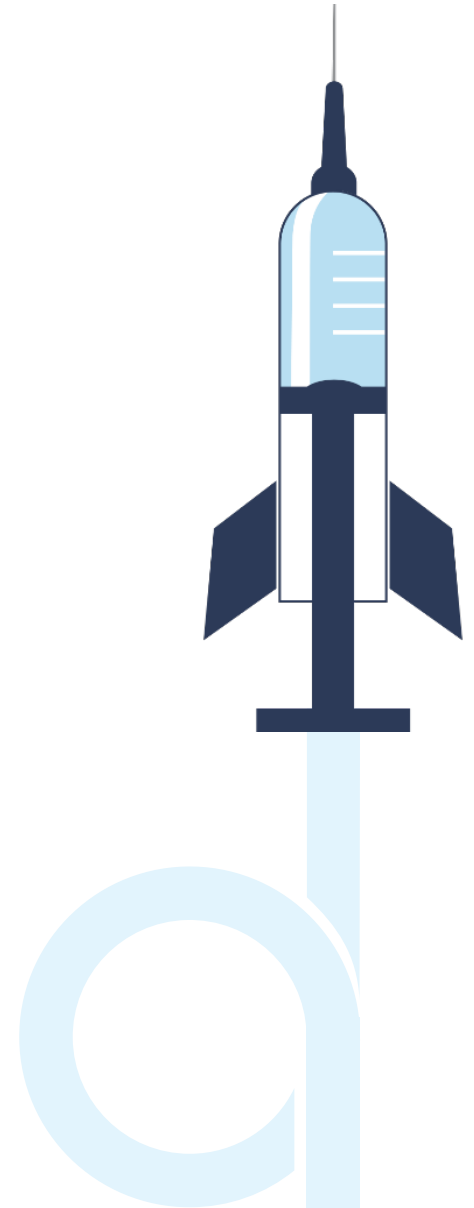
Erica enjoys reading, traveling, family time and outdoor activities.

Contact: Erica.Umeakunne@allianthealth.org

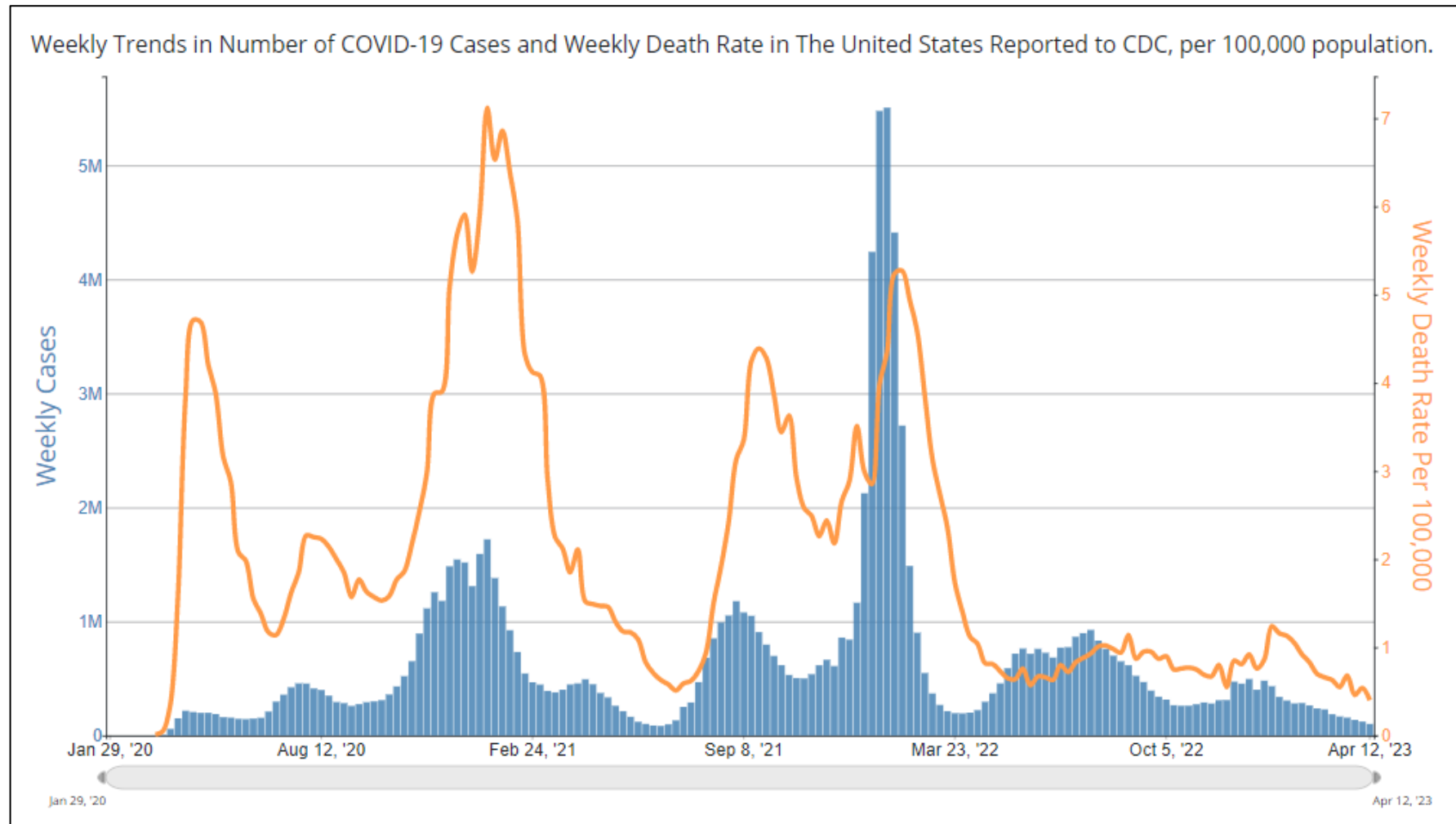


Objectives

- Provide an update on COVID-19 epidemiology
- Review the updated COVID-19 vaccine recommendations
- Discuss the end of the public health emergency and relevant policies
- Highlight infection prevention and control (IPC) lessons learned and strategies to prevent COVID-19 and other infections in nursing facilities
- Share Alliant Health Solutions resources to support COVID-19 IPC activities

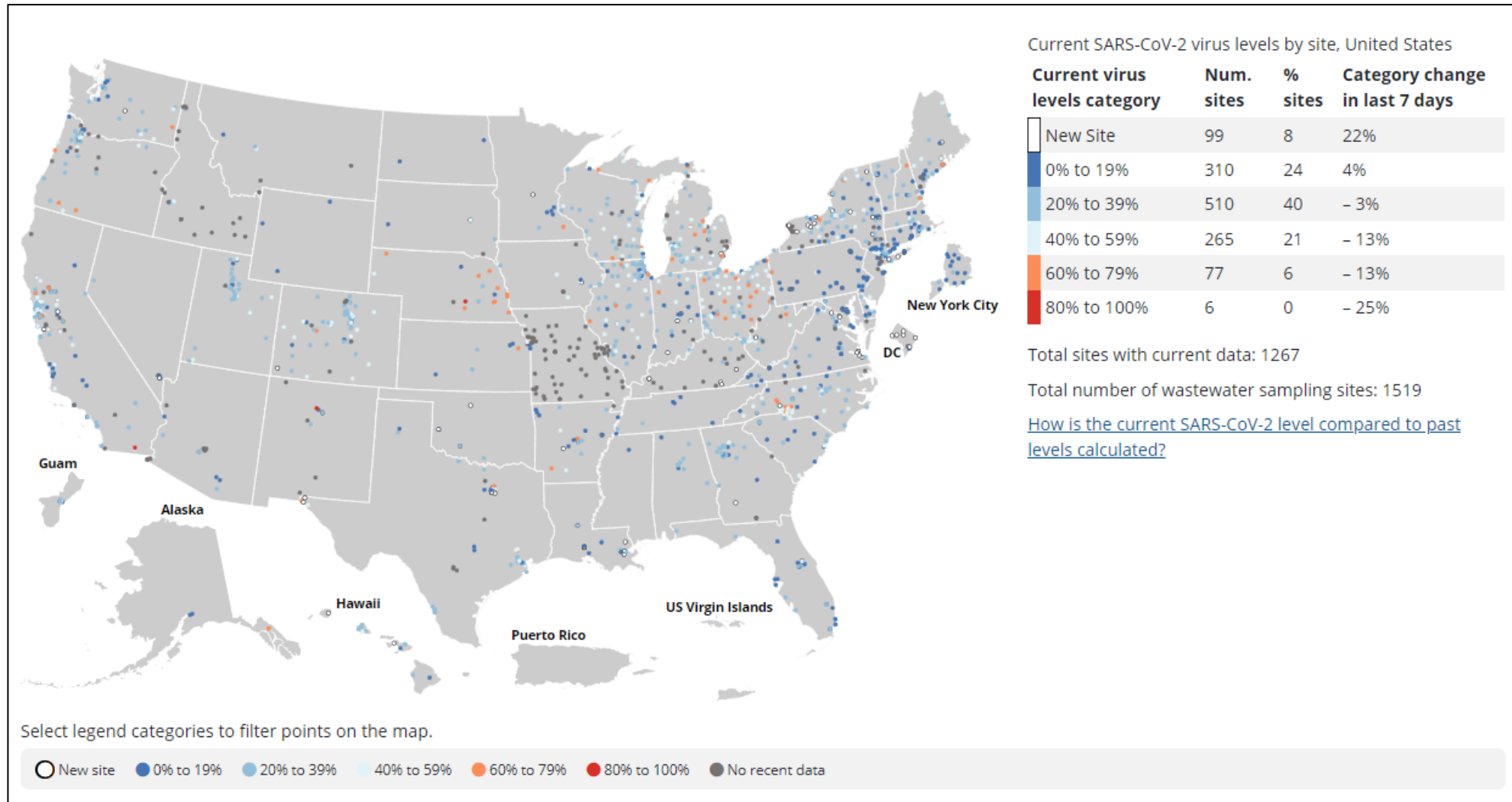


COVID-19 Cases & Deaths



https://covid.cdc.gov/covid-data-tracker/#trends_weeklycases_7daydeathper100k_00

Wastewater COVID-19 Surveillance

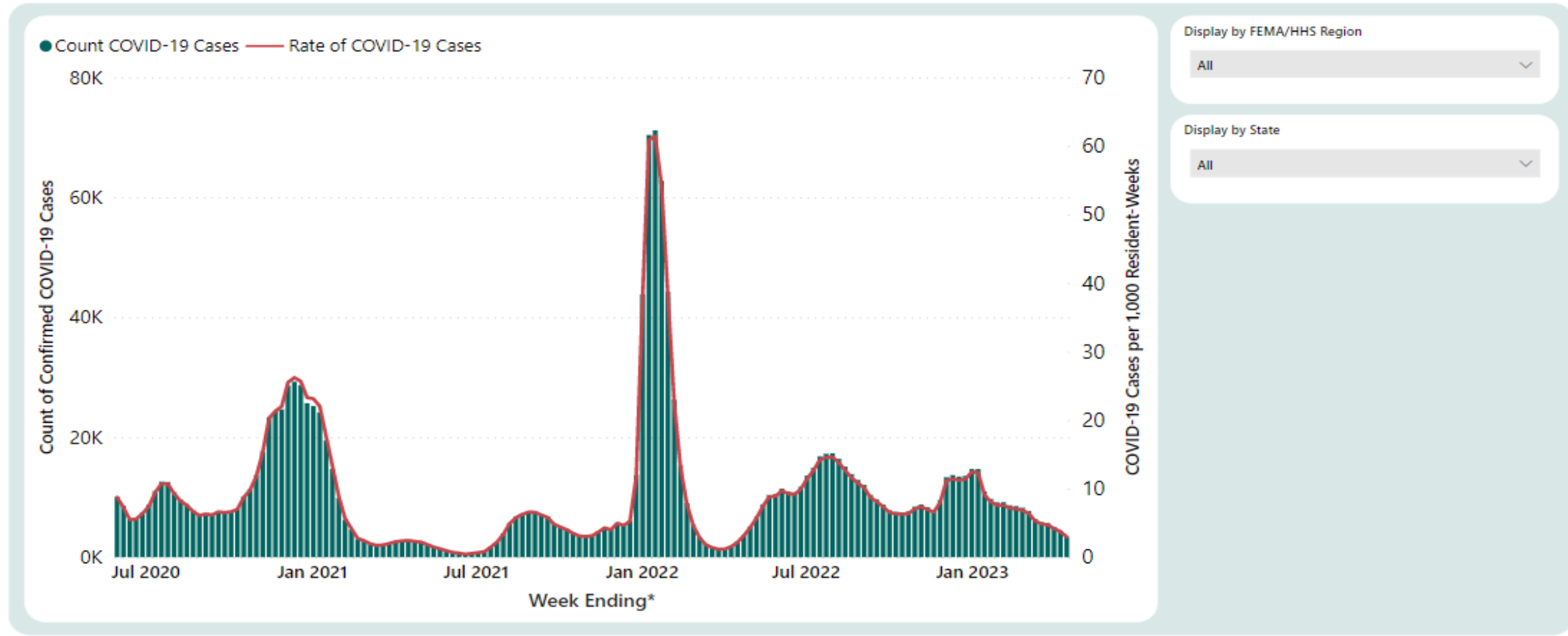


<https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance>

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



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



https://www.cdc.gov/nhsn/covid19/ltc-report-overview.html#anchor_1594393306

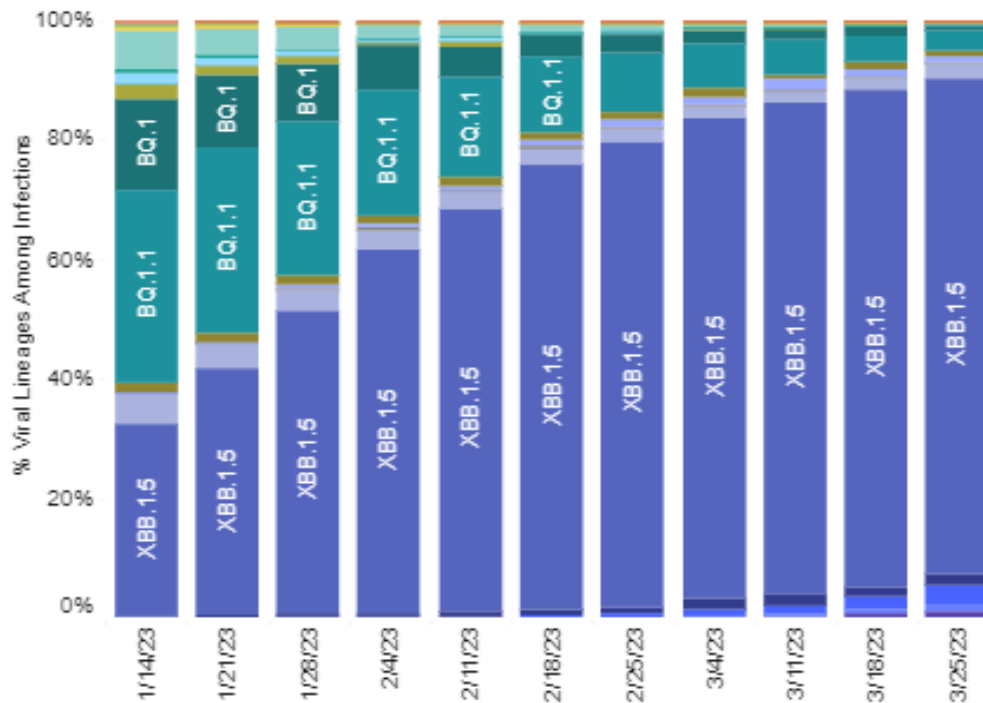
Weighted and Nowcast Estimates in United States for Weeks of 1/8/2023 – 4/15/2023

Nowcast Estimates in United States for 4/9/2023 – 4/15/2023



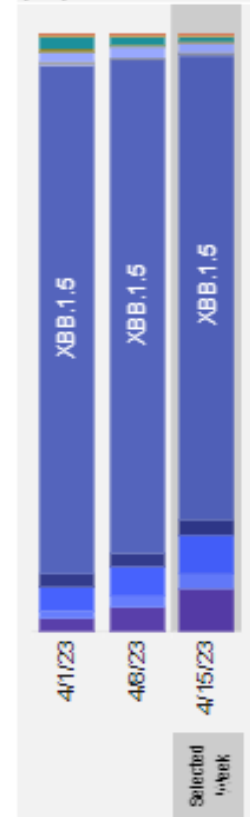
Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.

Weighted Estimates: Variant proportions based on reported genomic sequencing results



Collection date, week ending

Nowcast: Model-based projected estimates of variant proportions



Selected week

USA				
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	XBB.1.5	VOC	78.0%	73.6-81.8%
	XBB.1.16	VOC	7.2%	4.5-11.3%
	XBB.1.9.1	VOC	6.5%	4.8-8.8%
	XBB.1.9.2	VOC	2.5%	1.5-4.1%
	XBB.1.5.1	VOC	2.4%	1.8-3.1%
	FD.2	VOC	1.7%	0.9-3.2%
	BQ.1.1	VOC	1.0%	0.6-1.5%
	CH.1.1	VOC	0.3%	0.2-0.5%
	XBB	VOC	0.3%	0.2-0.3%
	BQ.1	VOC	0.1%	0.1-0.2%
	BN.1	VOC	0.0%	0.0-0.0%
	BA.5	VOC	0.0%	0.0-0.0%
	BA.2.75	VOC	0.0%	0.0-0.0%
	BF.7	VOC	0.0%	0.0-0.0%
	BA.2	VOC	0.0%	0.0-0.0%
BA.1.1	VOC	0.0%	0.0-0.0%	
BA.5.2.6	VOC	0.0%	0.0-0.0%	
BF.11	VOC	0.0%	0.0-0.0%	
B.1.1.529	VOC	0.0%	0.0-0.0%	
BA.4.6	VOC	0.0%	0.0-0.0%	
Other	Other*		0.1%	0.0-0.1%



COVID-19 Vaccine Update

FDA/CDC simplifies COVID-19 vaccine recommendations, allows older adults and immunocompromised adults to get a second dose of the updated vaccine

[FDA Press release April 18th, 2023](#)

[CDC Media Statement April 19th, 2023](#)

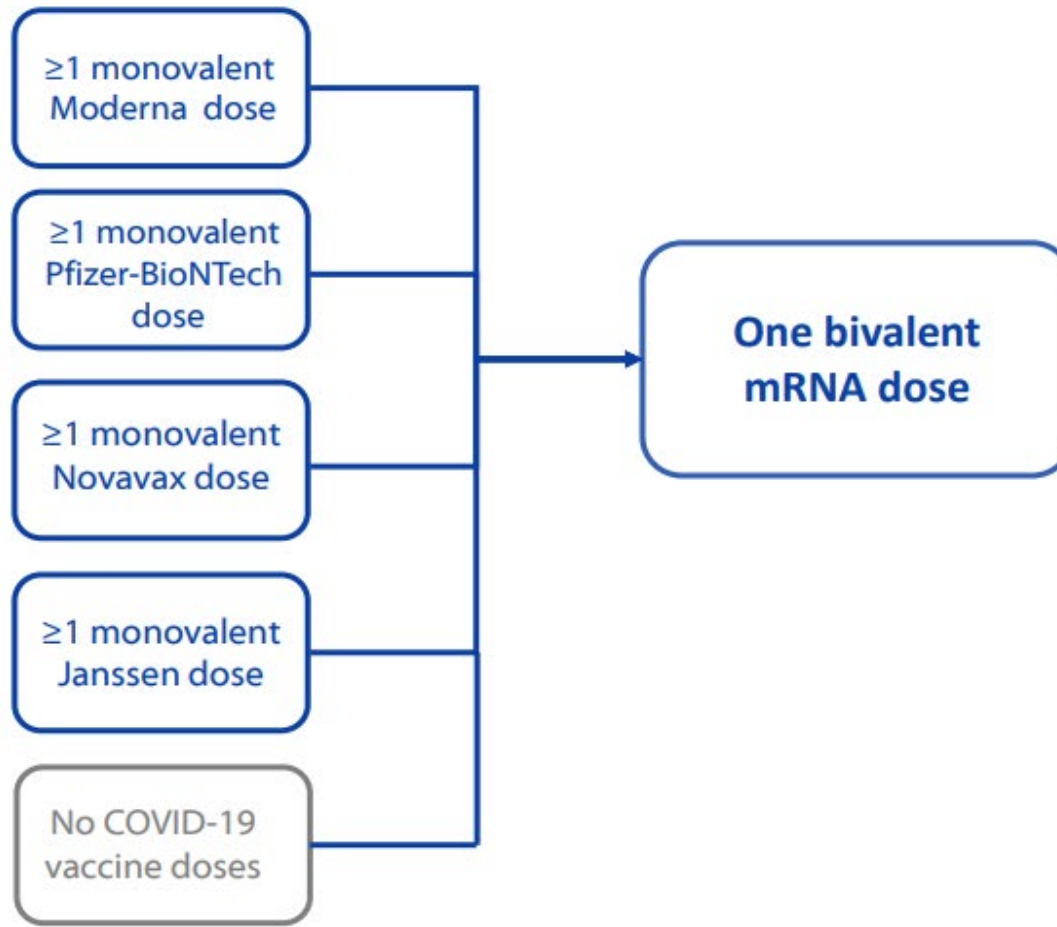
- **Monovalent (original) mRNA COVID-19 vaccines will no longer be recommended for use in the United States.**
- Alternatives to mRNA COVID-19 vaccines remain available for people who cannot or will not receive an mRNA vaccine. CDC's recommendations for (monovalent) Novavax or Johnson & Johnson's Janssen COVID-19 vaccines were not affected by the changes made today.

New recommendations for people aged ≥ 6 years without immunocompromise who have not yet received a bivalent mRNA dose

One bivalent mRNA dose

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-04-19/07-COVID-Twentyman-508.pdf>

New recommendations for people aged ≥ 6 years without immunocompromise who have not yet received a bivalent mRNA dose, regardless of COVID-19 vaccination history



<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-04-19/07-COVID-Twentyman-508.pdf>

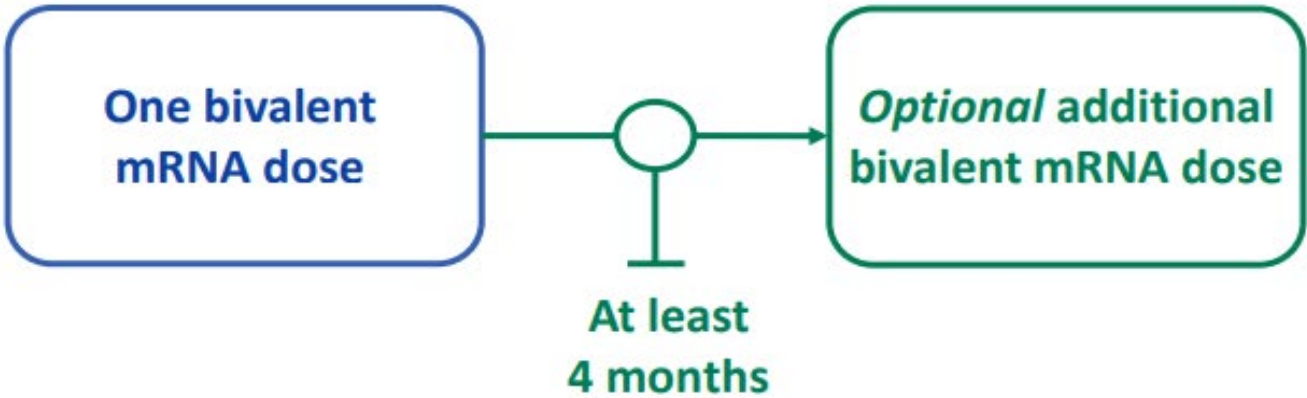
New recommendations for aged ≥ 6 years without immunocompromise who have already received a bivalent mRNA dose



Vaccination is complete.
No doses are indicated at this time.

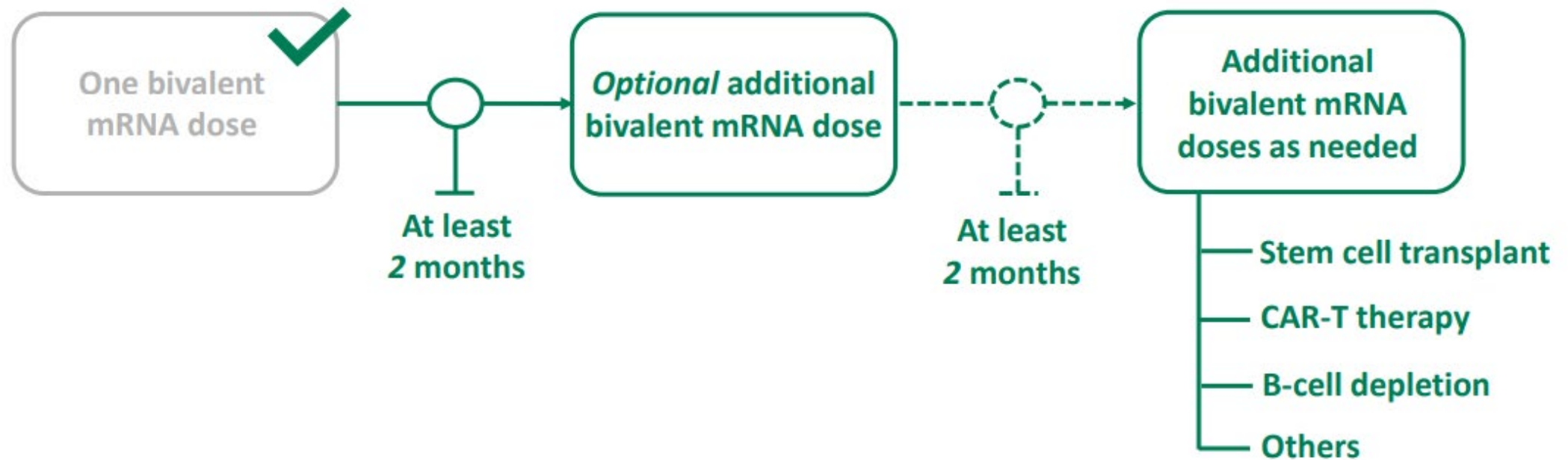
<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-04-19/07-COVID-Twentyman-508.pdf>

Flexible for people at higher risk of severe COVID-19: People aged ≥ 65 years who have not yet received a bivalent mRNA dose



<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-04-19/07-COVID-Twentyman-508.pdf>

New flexibility for people at higher risk of severe COVID-19: People aged ≥ 6 years *with immunocompromise** who have already received a bivalent mRNA dose



<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-04-19/07-COVID-Twentyman-508.pdf>

FDA/CDC simplifies COVID-19 vaccine recommendations, allows older adults and immunocompromised adults to get a second dose of the updated vaccine

- How does this change the definition of “up to date” with COVID-19 vaccination?
- **Continue to check CDC and CMS websites for updates**
 - <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>
 - <https://www.cdc.gov/nhsn/ltc/covid19/index.html>
 - <https://www.cms.gov/covidvax-provider>





COVID-19 Emergency Response Transition

Public Health Emergency (PHE)

- Initially declared in January 2020
- **Ends May 11, 2023**
- Coverage, costs, and payment for COVID-19 testing, treatments, and vaccines
- Medicaid coverage and federal match rates
- Telehealth (extended by the Consolidated Appropriations Act until the end of 2024)

National Emergency Declaration

- Issued in March 2020
- **Ends May 11, 2023**
- Private insurance coverage flexibilities

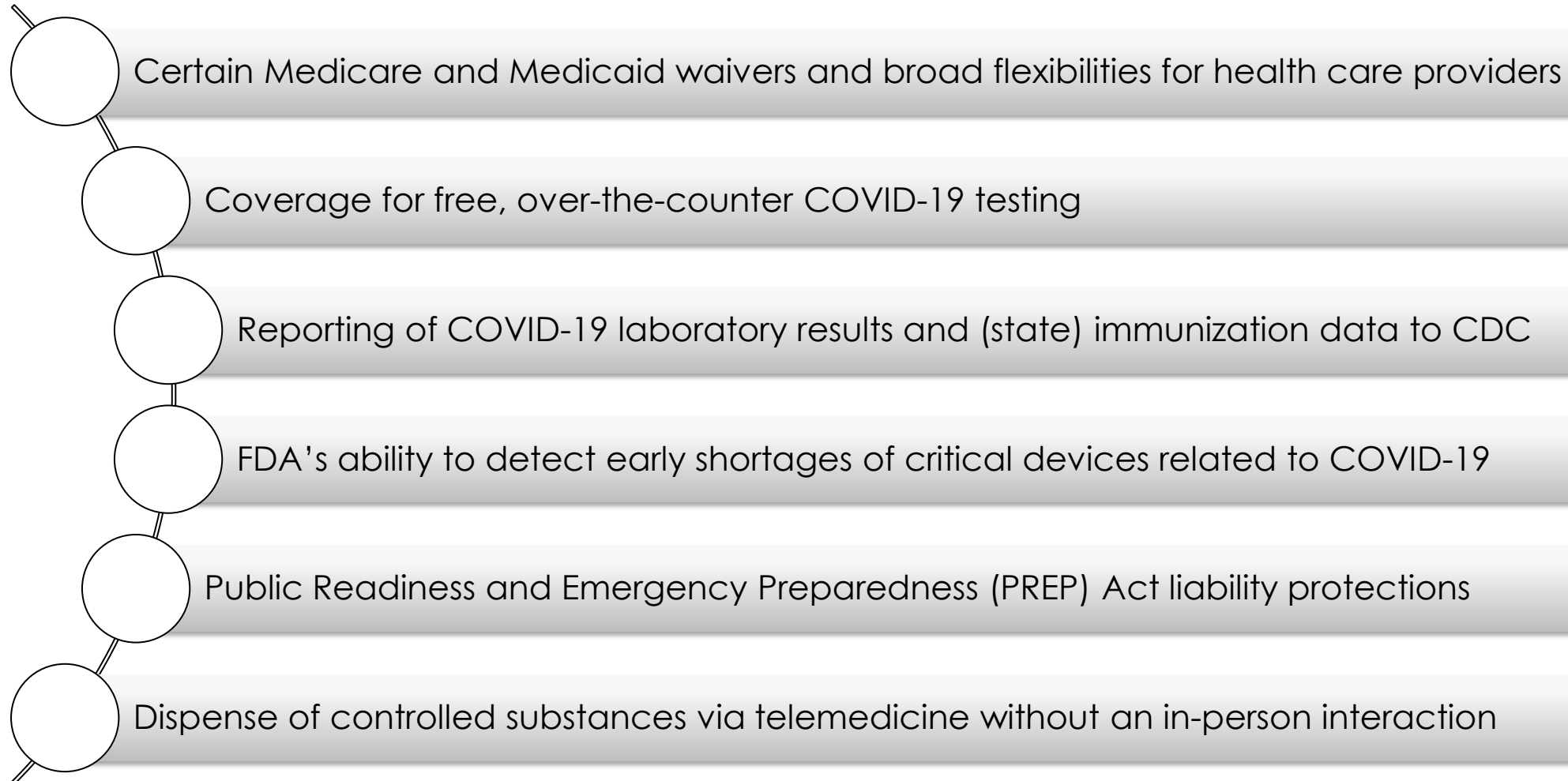
Emergency Declaration by Health & Human Services

- Initially declared in February 2020
- Allows EUA for medical interventions (vaccines, drugs)
- Stays in effect until terminated by the HHS Secretary; no current end date

COVID-19 Public Health Emergency (PHE): What is NOT Affected

- 
- Access to COVID-19 vaccinations and certain treatments, such as Paxlovid and Lagevrio
 - FDA's EUAs for COVID-19 products (including tests, vaccines, and treatments)
 - Major Medicare telehealth flexibilities
 - Medicaid telehealth flexibilities
 - Process for states to begin eligibility redeterminations for Medicaid
 - Access to opioid use disorder treatment

COVID-19 Public Health Emergency (PHE): What IS Affected



COVID-19 Emergency Response Transition: Implications for Infection Prevention & Control



COVID-19 Data Reporting

Vaccination Requirements

Testing & Outbreak investigations


COVID-19 Infection Prevention & Control (IPC) Practices



COVID-19 Emergency Response Updates: Data Reporting

COVID-19 Emergency Response Updates: CDC Data Tracking

- Focus on sustainable national COVID-19 surveillance
- Continue to use all available resources to [track COVID-19](#) and monitor its long-term effect on the United States and globally.
 - Variant data
 - Best ways to [protect yourself and others](#) from COVID-19 remain the same, regardless of which lineage causes infection.
 - CDC to monitor changes and continue to communicate about their potential impact.

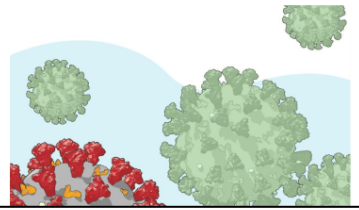
— COVID DATA TRACKER WEEKLY REVIEW — 

[Print](#)
Interpretive Summary for April 14, 2023

[Subscribe to the Weekly Review](#)

Moving Forward with COVID-19 Data

CDC launched [COVID Data Tracker](#) in 2020 to provide state and local public health officials and communities with the COVID-19 data they need in one consolidated, easy-to-use location. Over the past three years, COVID Data Tracker has grown to incorporate county, state, national, and global data streams into more than 70 webpages of key pandemic-related information.



National Healthcare Safety Network (NHSN) Updates: COVID-19 Surveillance Pathways For Data Reporting

- COVID-19 Reporting requirement (implemented May 2020 by CMS [Interim Final Rule](#))
- Nursing homes continue to report COVID-19 data (except for COVID-19 vaccination status) to NHSN through **December 31, 2024**, unless CMS takes regulatory action
- COVID-19 Vaccination status reporting continues through **May 2024** or until CMS declares otherwise

National Healthcare Safety Network (NHSN) Updates: COVID-19 Surveillance Pathways For Data Reporting

The COVID-19 Module Surveillance Pathways will undergo updates in response to the end of the Public Health Emergency, including:

- Reducing vaccination elements to include only up to date status for residents with a positive COVID-19 test
- Removal of influenza and staffing and supply shortages data fields
- Removal of deaths in the Staff and Personnel Impact Pathway
- Removal of the therapeutics pathway
- Addition of a new data field, hospitalizations, in the Resident Impact and Facility Capacity Pathway to assess relevant outcome data on residents with a positive COVID-19 test

Upcoming NHSN Webinars tentatively scheduled:

June 1, 2023

June 7, 2023

Contact NHSN@cdc.gov
for more information.





COVID-19 Emergency Response Updates: COVID Vaccination Program

End of the Public Health Emergency on May 11, 2023 and the COVID-19 Vaccination Program

- What will change
 - Possible reduced submission of vaccine administration data from some jurisdictions which may limit completeness of administration data on a national level
 - Most jurisdictions have signed a COVID-19 vaccine Data Use Agreement extension through the end of 2023

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-04-19/02-COVID-Peacock-508.pdf>

End of the Public Health Emergency on May 11, 2023 and the COVID-19 Vaccination Program

- What will not change

- CDC working with public and private partners to learn more about the short- and long-term health effects associated with COVID-19, who is affected, and why – and implementing vaccine recommendations to optimize protection
- FDA's EUAs for COVID-19 products (including vaccines)
- All vaccines purchased by the U.S. government will continue to be distributed and available for free

Public Health Emergency ending ≠ Commercialization

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-04-19/02-COVID-Peacock-508.pdf>

COVID-19 Emergency Response Updates: Vaccination Education & Access Requirements

- CMS implemented an [interim final rule in May 2021](#) that required nursing homes to educate staff and residents on the risks and benefits of COVID-19 vaccination and to offer or assist in accessing COVID-19 vaccination for staff and residents.
 - As this rule did not include an applicability end date, these requirements will not end with the expiration of the PHE.
 - **Nursing homes must continue to educate and offer COVID-19 vaccination to staff and residents beyond the end of the PHE as part of the Requirements of Participation through May 2024 or until otherwise specified by CMS.**

<https://leadingage.org/phe-will-end-may-11-what-this-means-for-nursing-homes/>

COVID-19 Emergency Response Updates: Vaccination Mandate for Health Care Personnel

- In November 2021, CMS implemented an [interim final rule](#) requiring staff, including volunteers, in most Medicare- and Medicaid-certified settings to complete the primary series of COVID-19 vaccination or be granted an approved exemption to work in or provide services on behalf of the certified setting.
 - Federal vaccination mandate remains in effect
 - Bills proposed by Congress to eliminate vaccine requirement
 - Changes may come based on FDA/CDC decisions on future vaccines
 - **No expiration date at this time; remains in effect**

<https://leadingage.org/phe-will-end-may-11-what-this-means-for-nursing-homes/>

<https://www.cms.gov/files/document/qs0-23-02-all.pdf>

<https://www.aha.org/news/headline/2023-02-01-house-passes-bills-end-covid-19-public-health-emergency-vaccine-mandate-health-care-workers>



COVID-19 Emergency Response Updates: Testing & Outbreak Requirements

COVID-19 Screening & Testing Requirements

Admission Screening

- No Change
- Screening upon admission is recommended for facilities in counties where [transmission levels](#) are high.

Staff Screening

- No change
- Screening testing of asymptomatic HCP is at the discretion of the health care facility.

Exposure/Close Contact

- No change
- Asymptomatic patients/residents with close contact with someone with SARS-CoV-2 infection should have a series of three viral tests for SARS-CoV-2 infection

Outbreak Investigations

- No change
- Upon identification of a single new case of COVID-19 infection in any staff or residents, testing should begin immediately (but not earlier than 24 hours after the exposure, if known)

COVID-19 Outbreak Investigation

CDC guidance:

- Perform testing for all residents and HCPs identified as close contacts or on the affected unit(s) if using a broad-based approach, **regardless of vaccination status**

CMS guidance

- Upon identification of a single new case of COVID-19 infection in any staff or residents, testing should begin immediately (but not earlier than 24 hours after the exposure, if known).
 - Table 1: Testing Summary (see image)

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, regardless of vaccination status, with signs or symptoms must be tested.	Residents, regardless of vaccination status, with signs or symptoms must be tested.
Newly identified COVID-19 positive staff or resident in a facility that can identify close contacts	Test all staff, regardless of vaccination status, that had a higher-risk exposure with a COVID-19 positive individual.	Test all residents, regardless of vaccination status, that had close contact with a COVID-19 positive individual.
Newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts	Test all staff, regardless of vaccination status, facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility).	Test all residents, regardless of vaccination status, facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility).
Routine testing	<i>Not generally recommended</i>	Not generally recommended

Boosting IPC Basics: The Importance of Infection Prevention and Control Strategies to Prevent & Control COVID-19 Outbreaks in Nursing Facilities

Erica Umeakunne, MSN, MPH, APRN, CIC

February 3, 2022



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0:00 / 51:39



<https://www.youtube.com/watch?v=ytYZdLA4qU0>

https://quality.allianthealth.org/wp-content/uploads/2023/02/Boost-Event-Boosting-IPC-Basics-Feb-2023_FINAL_508.pdf

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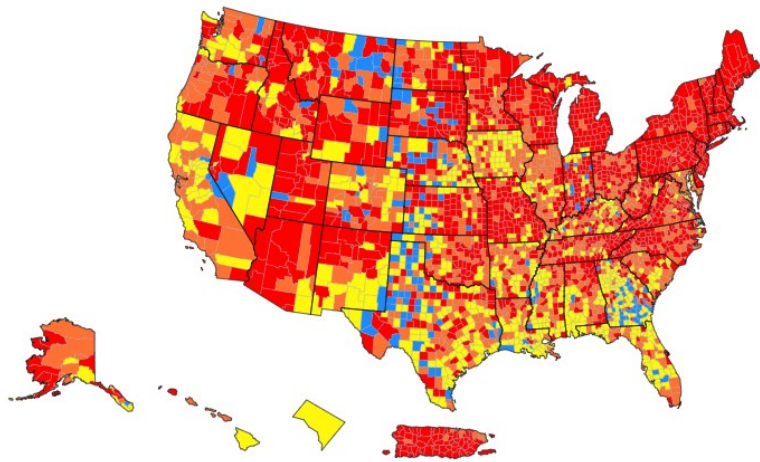
COVID-19 Emergency Response Updates: Infection Prevention & Control Practices

COVID-19 IPC Practices Continue

- Source control / Respiratory etiquette/ Hand hygiene
- Personal protective equipment (PPE) use (N95 respirator or surgical mask, goggles, etc.)
- Empiric use of transmission-based precautions for asymptomatic resident (contacts)
- Early screening, testing, isolation, and work restrictions
- Increased frequency environmental cleaning (communal areas, high touch, etc.)
- Cohort residents, re-establishing COVID-19 unit
- Appropriate vaccinations, therapeutics, and treatments

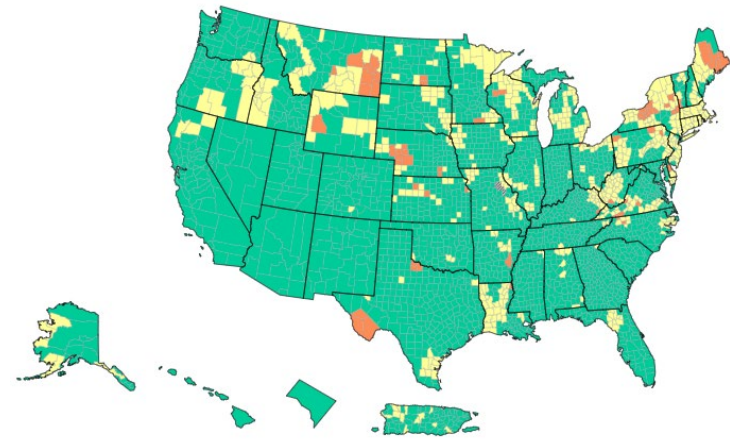
Transmission Levels

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

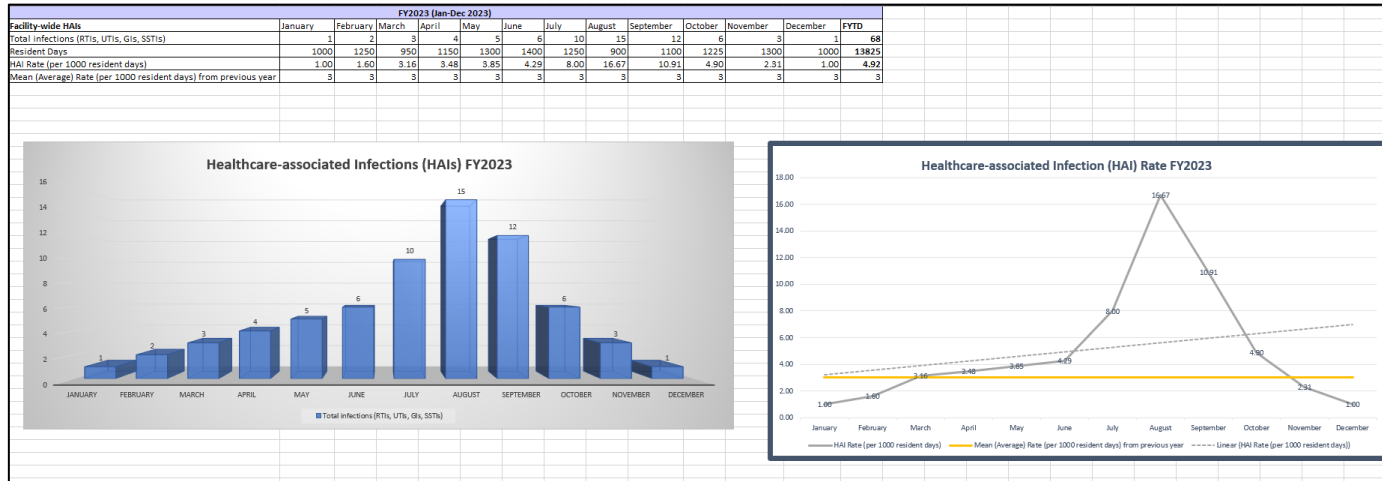


COVID-19 Community Levels

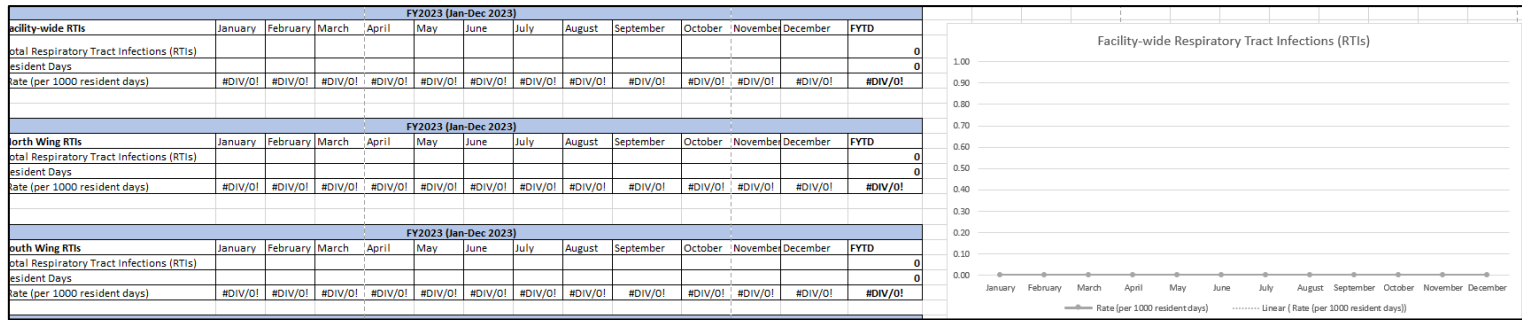
- **Non-healthcare settings (assisted living facilities, group homes, retirement communities, congregate settings)**
- Help individuals and communities decide which prevention actions to take based on the latest information
- Informs individual- and household-level prevention behaviors and community-level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



Maintain Surveillance: HAI Surveillance & Dashboard



- [AHS HAI Surveillance & Dashboard Tool](#)
 - Track and visualize healthcare-associated infections (HAIs)
 - Respiratory tract infections
 - Urinary tract infections
 - Gastrointestinal tract infections
 - Skin and soft tissue infections
 - Multi-drug resistant organisms (MDRO)
 - Track hand Hygiene Compliance
 - Facility-wide
 - Healthcare personnel type
 - Unit or area specific
 - Modifiable spreadsheet (with automated formulas) designed to support nursing facility infection prevention and control (IPC) surveillance
 - Line lists
 - Data tables
 - Graphs



A	B	C	D	E	F	G	H	I	J
Resident Name	Age	Sex	Current Locat	Admission Date	RTI Infection Type	Date of onset or when all surveillance criteria met	Culture or Lab results (if applicable)	Culture or Lab Date of Collection (if applicable)	Comments
(Example) Jane Doe	72	F	2N	1/1/2023	Influenza-like illness	1/7/2023			Fever (101.5F), chills, body ache, and new cough noted on 1/7/2023

Infection Prevention and Control Practices

- Continue implementing IPC practices for infectious pathogens, including COVID-19 and other respiratory infections
 - [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings](#)
 - Appendix A
- Use personal protective equipment (PPE) appropriately
- [Standard precautions](#) always apply
 - Hand Hygiene
 - Respiratory hygiene/cough etiquette
 - PPE use based on anticipated exposure to blood/body fluids
 - Safe injection practices
 - Cleaning and disinfection
 - Safe linen handling
- Consult with your state or local public health authorities

CDC COVID-19 Infection Prevention and Control Guidance Resources



[Interim IPC Recommendations for Health Care Personnel](#)

[Interim Guidance for Managing Health Care Personnel with Infection or Exposure](#)

[Strategies to Mitigate Health Care Personnel Staffing Shortages](#)

Thank You for Your Time!

Contact the Patient Safety Team



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Questions?



Nursing Home and Partnership for Community Health: CMS 12th SOW GOALS



OPIOID UTILIZATION AND MISUSE

- Promote opioid best practices
- Reduce opioid adverse drug events in all settings



PATIENT SAFETY

- Reduce hospitalizations due to c. diff
- Reduce adverse drug events
- Reduce facility acquired infections



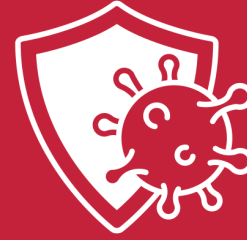
CHRONIC DISEASE SELF- MANAGEMENT

- Increase instances of adequately diagnosed and controlled hypertension
- Increase use of cardiac rehabilitation programs
- Reduce instances of uncontrolled diabetes
- Identify patients at high-risk for kidney disease and improve outcomes



CARE COORDINATION

- Convene community coalitions
- Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits
- Identify and promote optimal care for super utilizers



COVID-19

- Support nursing homes by establishing a safe visitor policy and cohort plan
- Provide virtual events to support infection control and prevention
- Support nursing homes and community coalitions with emergency preparedness plans



IMMUNIZATION

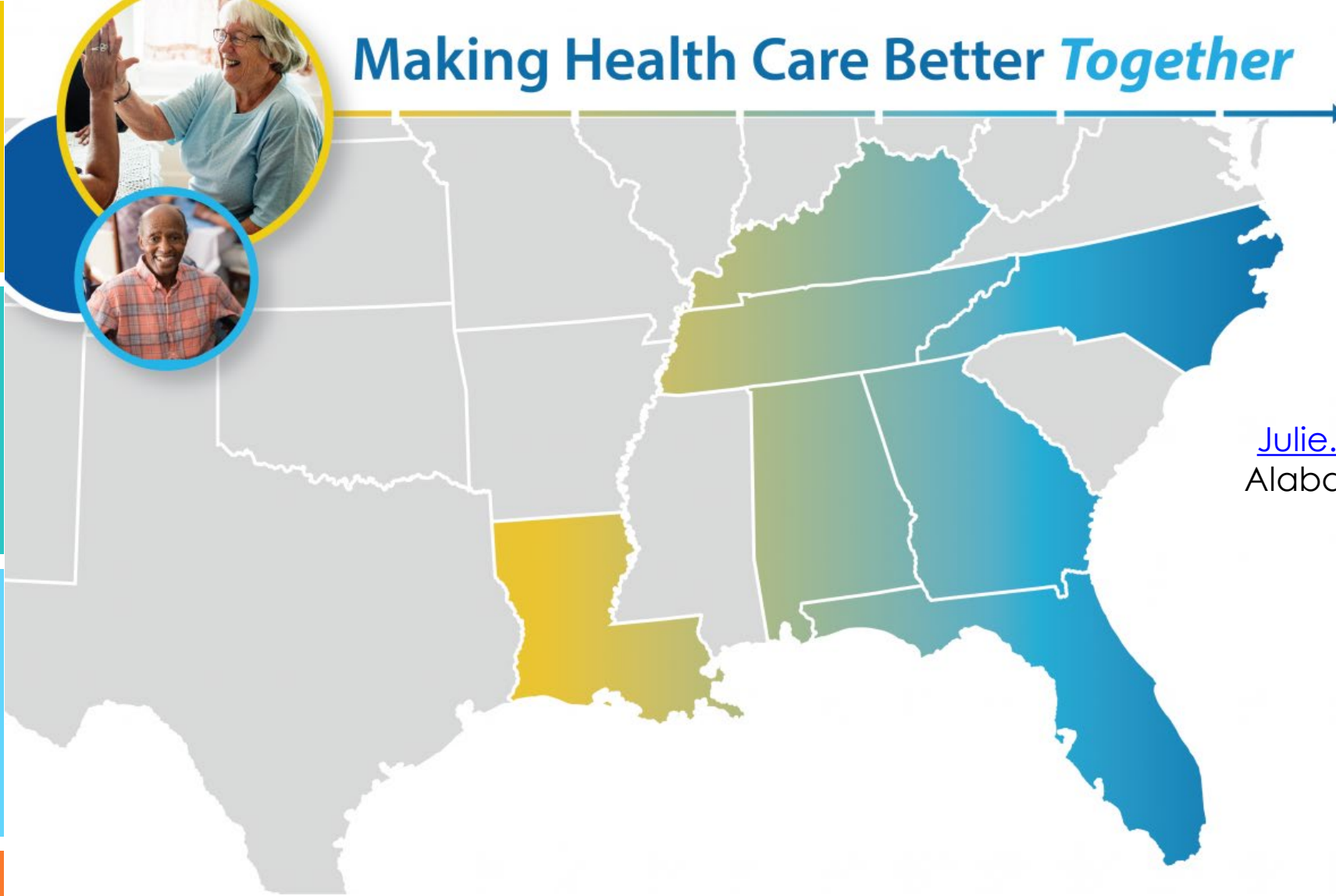
- Increase influenza, pneumococcal, and COVID-19 vaccination rates



TRAINING

- Encourage completion of infection control and prevention trainings by front line clinical and management staff

Making Health Care Better *Together*



Julie Kueker

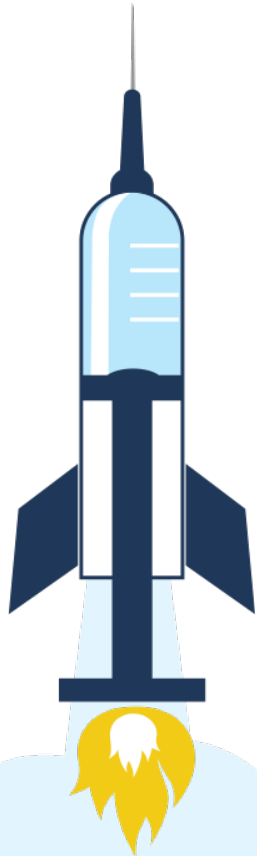
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