Meet the Team

Presenter:

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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 was previously the interim hospital epidemiology director for a large health care system in Atlanta and a nurse consultant in the Center for Disease Control and Prevention’s (CDC) Division of Healthcare Quality Promotion. 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.

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Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia
Objectives

• Provide an update on COVID-19 epidemiology

• 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 and Deaths

https://covid.cdc.gov/covid-data-tracker/#trends_weeklycases_7daydeathsper100k_00
Wastewater COVID-19 Surveillance

https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance
Weighted and Nowcast Estimates in United States for 2-Week Periods in 1/22/2023 – 6/13/2023

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

https://covid.cdc.gov/covid-data-tracker/#variant-proportions
Public Health Emergency (PHE)

- Initially declared in January 2020
- Ended 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
- Ended 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 Emergency Response Transition: Implications for Infection Prevention and Control

COVID-19 Data

COVID-19 Infection Prevention & Control (IPC) Practices
CDC Data and Surveillance: Available Metrics

- COVID-19 Hospital Admissions
- COVID-19 deaths (data source change)
- Emergency Department COVID-19 Visits (weekly)
- COVID-19 test positivity (data source change)
- Wastewater & genomic surveillance
- COVID-19 vaccine administration data (limited)
- Percentage of COVID-19 associated deaths (NEW)
CDC Data Tracking Updates: Removed Data

- National, county-level test positivity data
- National reporting weekly counts of COVID-19 cases and associated deaths
- V-safe Tracking System for health check-ins
- COVID-19 Community Levels (guided non-healthcare settings IPC practices)
- Transmission Levels (guided healthcare facility IPC practices)

https://www.cdc.gov/mmwr/volumes/72/wr/mm7219e1.htm?s_cid=mm7219e1_w
Transmission Levels

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

COVID-19 Community Levels

- Non-healthcare settings such as assisted living facilities, group homes, retirement communities and congregate settings
- Helps 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
CDC Updates: Community COVID-19 Risk and Infection Prevention Practices

- Replaced COVID-19 Community Levels with [COVID-19 hospital admission levels](#) to guide prevention decisions. Changes based on:
  - MMWR: [COVID-19 Surveillance After Expiration of the Public Health Emergency Declaration — United States, May 11, 2023](#)
  - MMWR: [Correlations and Timeliness of COVID-19 Surveillance Data Sources and Indicators — United States, October 1, 2020–March 22, 2023](#)
Individual COVID-19 Prevention Strategies

At all COVID-19 hospital admission levels:

- **Stay up to date** on vaccination.
- Maintain **ventilation improvements**.
- Avoid contact with people who have suspected or confirmed COVID-19.
- Follow recommendations for **isolation** if you have suspected or confirmed COVID-19.
- Follow the recommendations for **what to do if you are exposed** to someone with COVID-19.
- If you are at **high risk of getting very sick**, talk with a healthcare provider about additional prevention actions.

Individual COVID-19 Prevention Strategies

When the COVID-19 hospital admission level is Medium or High:

- If you are at high risk of getting very sick, wear a high-quality mask or respirator (e.g., N95) when indoors in public.
- If you have household or social contact with someone at high risk for getting very sick, consider self-testing to detect infection before contact, and consider wearing a high-quality mask when indoors with them.

Individual COVID-19 Prevention Strategies

When the COVID-19 hospital admission level is High:

- Wear a high-quality mask or respirator.
- If you are at high risk of getting very sick, consider avoiding non-essential indoor activities in public where you could be exposed.

Community-Level Prevention Strategies

LOW, MEDIUM, AND HIGH

At all COVID-19 hospital admission 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 hospital admission level is Medium or High:

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

**HIGH**
When the COVID-19 hospital admission level is High:

- Implement healthcare surge support as needed.

Considerations for Multifamily Housing (Assisted Living Facilities, Group Homes, Retirement Communities)

• Applies to long-term care settings (excluding nursing homes) whose staff provide non-skilled personal care*

• Guiding principles and considerations:
  – Older adults and groups experiencing disproportionate impacts of COVID-19 are at increased risk for severe illness from COVID-19
  – Communal spaces, community activities, and close living quarters in multifamily housing increase the risk of getting and spreading the virus
  – Prepare to identify residents at increased risk of severe COVID-19 illness, collaborate with their local health departments, and protect their employees' health and safety

CDC Updates: Additional Information for Community Congregate Living Settings (e.g., Group Homes, Assisted Living)

- Facilities that serve unrelated people who live in close proximity and share at least one common room (e.g., group or personal care homes and assisted living facilities) should apply prevention strategies based on COVID-19 hospital admission levels for their general operations.
- Health care services delivered in these settings should be informed by CDC’s Infection Prevention and Control Recommendations.
- Facilities can also assess the unique risks of their setting and the populations they serve and use enhanced COVID-19 prevention strategies to help reduce the impact of COVID-19.

Increase and improve ventilation as much as possible and consider moving activities outdoors when possible.

Consult with the health department about testing strategies, including whether to implement routine screening testing.

Expand the use of masks and respirators.

Add enhanced cleaning and disinfection protocols.

Create physical distance in congregate areas where possible and/or reduce movement and contact between different parts of the facility and between the facility and the community, as appropriate.

Interim Infection Prevention and Control Recommendations for Health Care Personnel During the COVID-19 Pandemic: Setting-specific Updates

• Visiting or shared health care personnel who enter the setting to provide health care to one or more residents (e.g., physical therapy, wound care, intravenous injections, or catheter care provided by home health agency nurses) should follow the health care IPC recommendations.

• If staff in a residential care setting provide in-person services for a resident with SARS-CoV-2 infection, they should be familiar with health care IPC recommendations to protect themselves and others from potential exposures.
  • Hand hygiene
  • Personal protective equipment
  • Cleaning and disinfection practices

Infection Prevention and Control Practices

• **Standard precautions** always apply
  – Hand Hygiene
  – Source control/ Respiratory hygiene/cough etiquette
  – Use personal protective equipment (PPE) appropriately
  – 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
COVID-19 Transition: IPC Priorities and Lessons Learned
Alliant Health Solutions Resources


https://quality.allianthealth.org/topic/infection-control/
Questions?
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Thank You for Your Time!
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Save the Date

SNF and Medical Directors Office Hours:
June 23, 2023 | 11 a.m. ET

ALF and PCH
June 30, 2023 | 11 a.m. ET
Thanks Again…

• Georgia Department of Public Health
• University of Georgia
Making Health Care Better

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