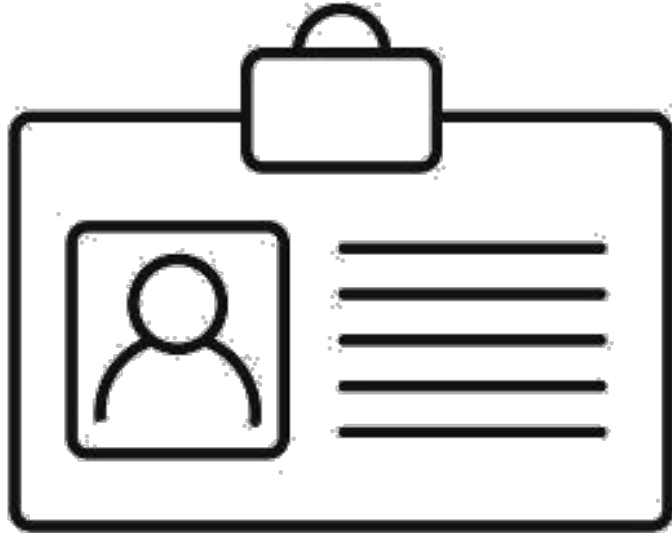




Georgia Department of Public Health:  
Strike & Support Team GADPH Office Hours for NHs & SNFs  
May 19, 2023

# 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, Dr. Gaur 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. Dr. Gaur 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

## Infection Prevention Specialist

### Alliant Health Solutions

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. 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](mailto:Erica.Umeakunne@allianthealth.org)



# Thank You to Our Partners

- Georgia Department of Public Health
- University of Georgia



# Objectives

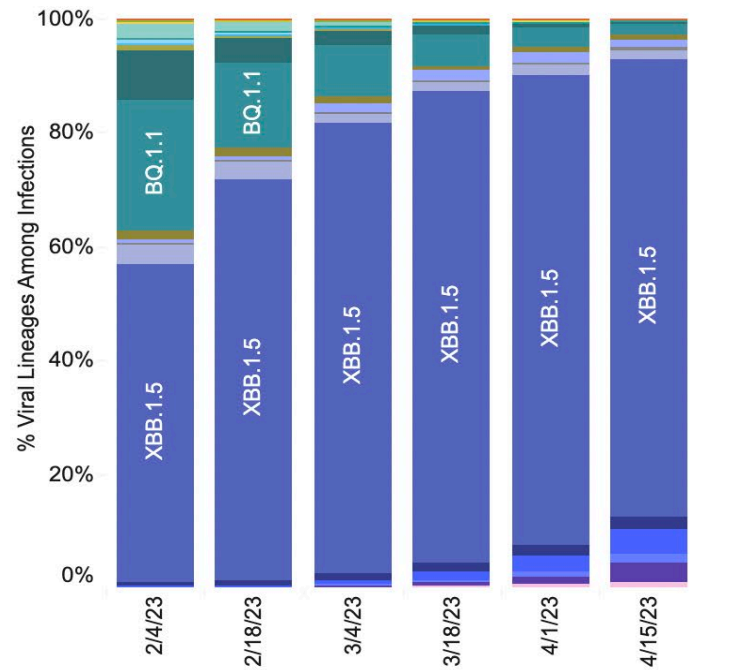
- Provide updates on the COVID-19 epidemiology and the COVID-19 vaccination program
- Discuss new ACIP vaccine recommendations for the influenza vaccine
- Discuss the implications of the end of the Public Health Emergency (PHE)
- Examine the updated infection prevention and control recommendations in the context of the PHE ending
- Share Alliant Health Solutions resources to support COVID-19 IPC activities
- Address any facility-specific IPC questions or concerns

### Weighted and Nowcast Estimates in United States for 2-Week Periods in 1/22/2023 – 5/13/2023



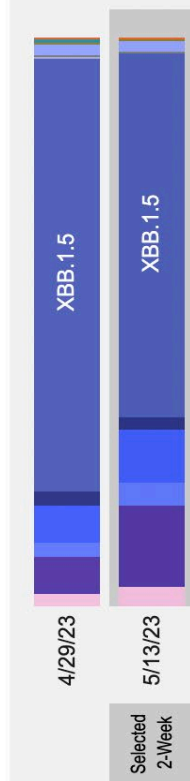
Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.

**Weighted Estimates:** Variant proportions based on reported genomic sequencing results



Collection date, two-week period ending

**Model-based projected estimates of variant**



Selected 2-Week

### Nowcast Estimates in United States for 4/30/2023 – 5/13/2023

USA

| WHO label | Lineage # | US Class | %Total   | 95%PI      |  |
|-----------|-----------|----------|----------|------------|--|
| Omicron   | XBB.1.5   | VOC      | 64.0%    | 59.1-68.6% |  |
|           | XBB.1.16  | VOC      | 14.3%    | 11.1-18.1% |  |
|           | XBB.1.9.1 | VOC      | 9.2%     | 8.0-10.6%  |  |
|           | XBB.1.9.2 | VOC      | 4.0%     | 3.2-5.1%   |  |
|           | XBB.2.3   | VOC      | 3.5%     | 1.9-6.3%   |  |
|           | XBB.1.5.1 | VOC      | 2.4%     | 1.9-3.0%   |  |
|           | FD.2      | VOC      | 1.8%     | 0.8-4.0%   |  |
|           | BQ.1.1    | VOC      | 0.3%     | 0.1-0.5%   |  |
|           | CH.1.1    | VOC      | 0.2%     | 0.2-0.4%   |  |
|           | XBB       | VOC      | 0.2%     | 0.1-0.4%   |  |
|           | BQ.1      | VOC      | 0.0%     | 0.0-0.1%   |  |
|           | BN.1      | VOC      | 0.0%     | 0.0-0.0%   |  |
|           | BA.5      | VOC      | 0.0%     | 0.0-0.0%   |  |
|           | BA.2.12.1 | VOC      | 0.0%     | 0.0-0.1%   |  |
|           | BA.2      | 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.5.2.6  | VOC       | 0.0%     | 0.0-0.0% |            |  |
| Other     | Other*    |          | 0.0%     | 0.0-0.0%   |  |

# Wastewater Surveillance

**Metric:**

- Current virus levels in wastewater by site
- Percent change in the last 15 days
- Percent of wastewater samples with detectable virus

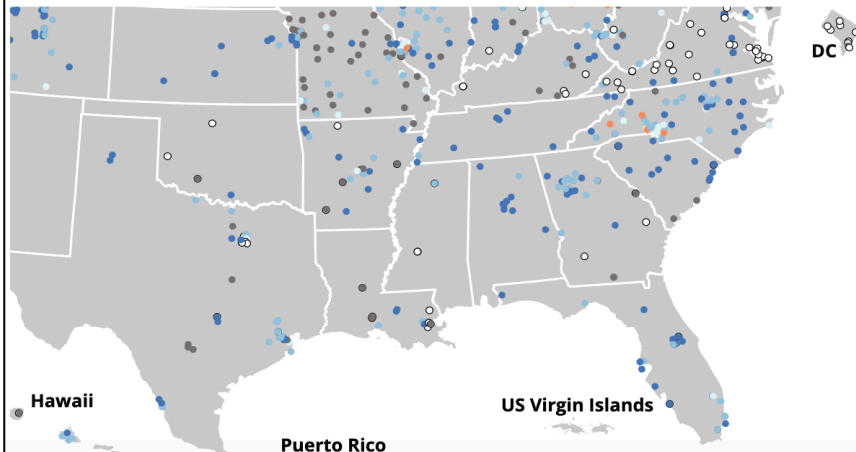
**Show:**

- Sites with no recent data
- Sites that started sampling after 12/1/21

**Current virus levels in wastewater by site**

This metric shows whether SARS-CoV-2 levels at a site are currently higher or lower than past historical levels at the same site. 0% means levels are the lowest they have been at the site; 100% means levels are the highest they have been at the site. Public health officials watch for increasing levels of the virus in wastewater over time and use these data to help make public health decisions.

**⚠ Note:** Sites began collecting data at different times. Sites that began reporting wastewater data after December 1, 2021 are not comparable to sites that started reporting data on or before December 1, 2021. The data history for these new sites is not long enough to reflect the same surges as the other sites.



Current SARS-CoV-2 virus levels by site, United States

| Current virus levels category | Num. sites | % sites | Category change in last 7 days |
|-------------------------------|------------|---------|--------------------------------|
| New Site                      | 148        | 12      | 1%                             |
| 0% to 19%                     | 529        | 41      | - 2%                           |
| 20% to 39%                    | 429        | 34      | - 12%                          |



# Wastewater Surveillance

**Metric:**

- Current virus levels in wastewater by site
- Percent change in the last 15 days
- Percent of wastewater samples with detectable virus

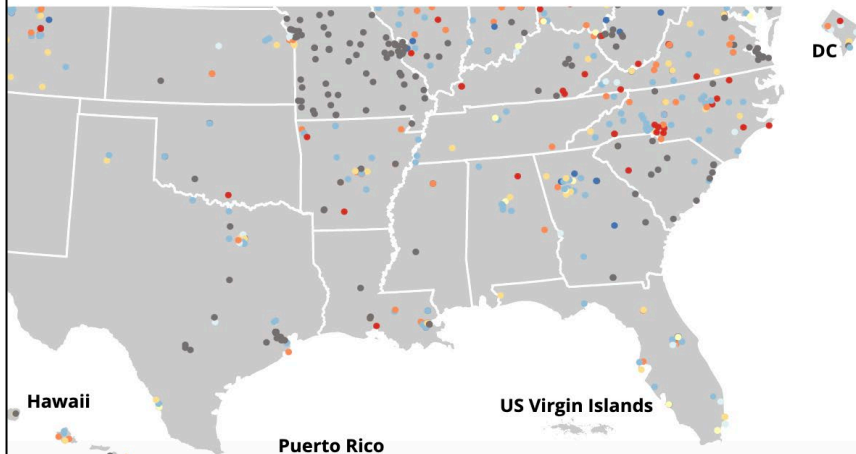
**Show:**

- Sites with no recent data

**Percent change in the last 15 days**

This metric shows whether virus levels have increased or decreased over the last 15 days. When levels of virus in wastewater are low, a modest increase in virus level can appear much larger when you look at the percent change. This metric may be affected by how often wastewater plants collect samples or by environmental factors (such as rainfall). Wastewater data showing the percent change in virus levels should be used along with other data such as overall levels of the virus in wastewater, historical wastewater data for that location, geographical context, and clinical cases.

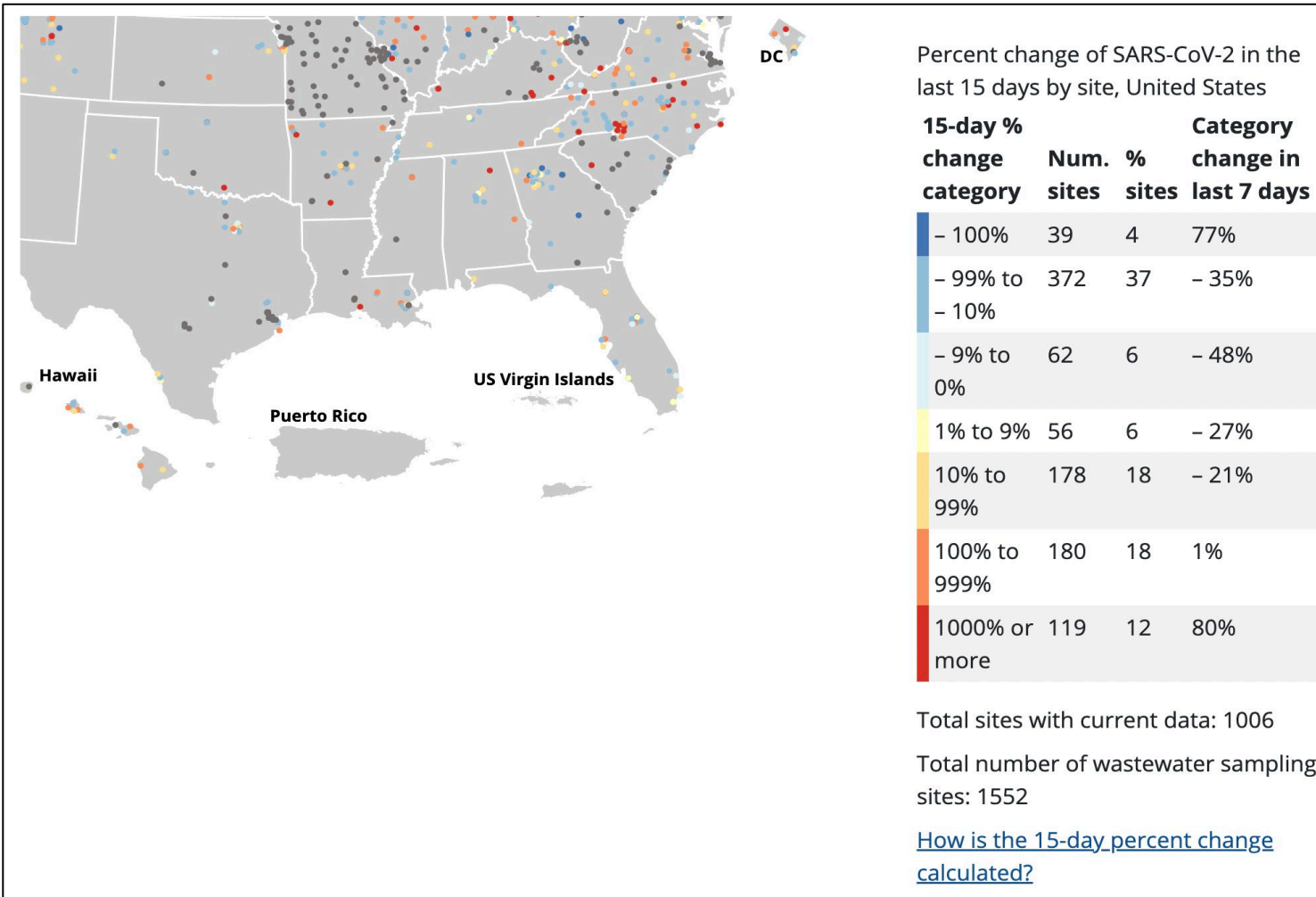
**Note:** This metric does **not** show overall levels of SARS-CoV-2 in wastewater.



Percent change of SARS-CoV-2 in the last 15 days by site, United States

| 15-day % change category | Num. sites | % sites | Category change in last 7 days |
|--------------------------|------------|---------|--------------------------------|
| - 100%                   | 39         | 4       | 77%                            |
| - 99% to - 10%           | 372        | 37      | - 35%                          |
| - 9% to 0%               | 62         | 6       | - 48%                          |

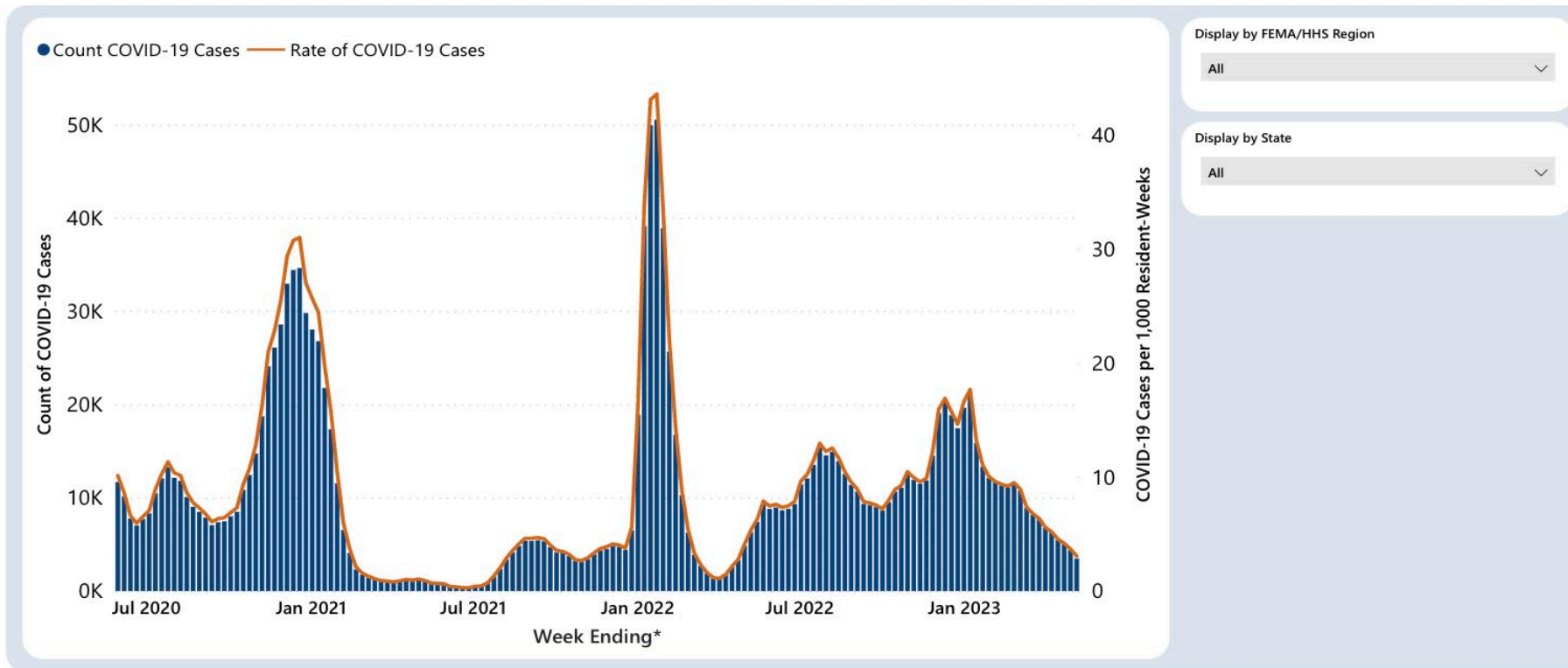
# Wastewater Surveillance



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



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

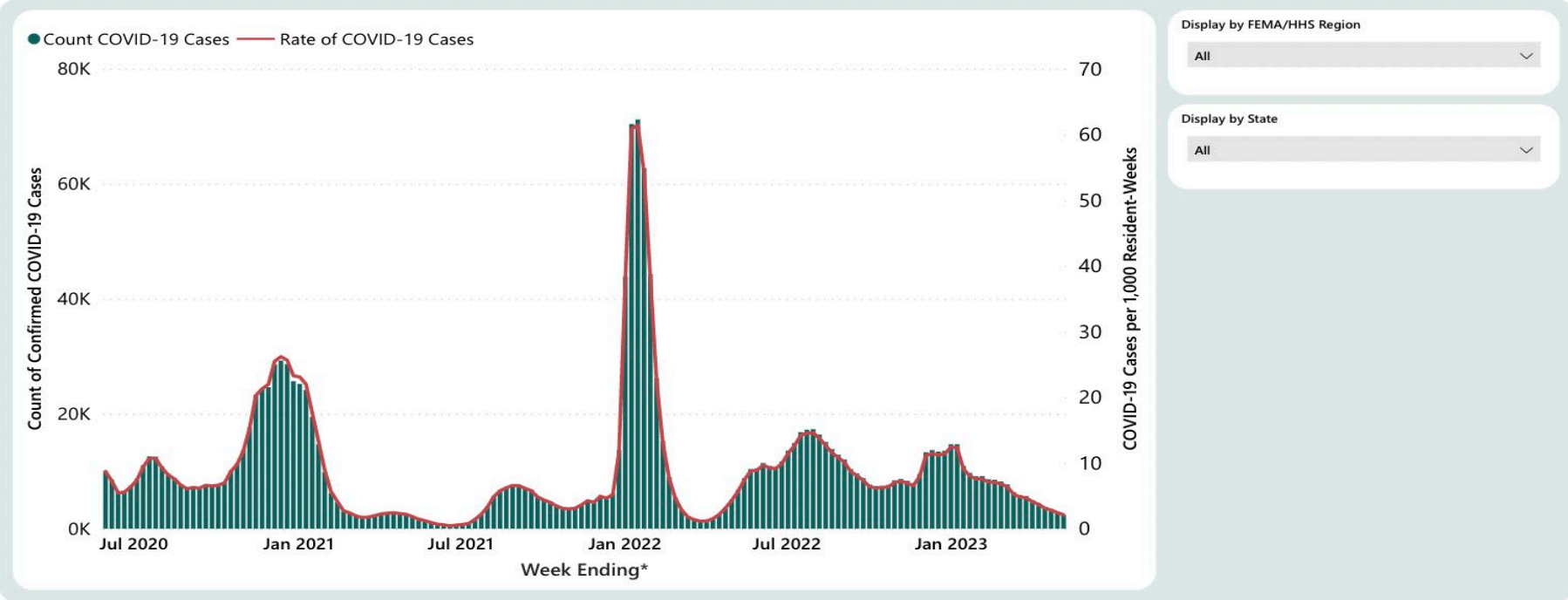
**Data source:** Centers for Disease Control and Prevention, National Healthcare Safety Network. **Accessibility:** [Right click on the graph area to show as table]

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

Data as of 5/8/2023 5:30 AM

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

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

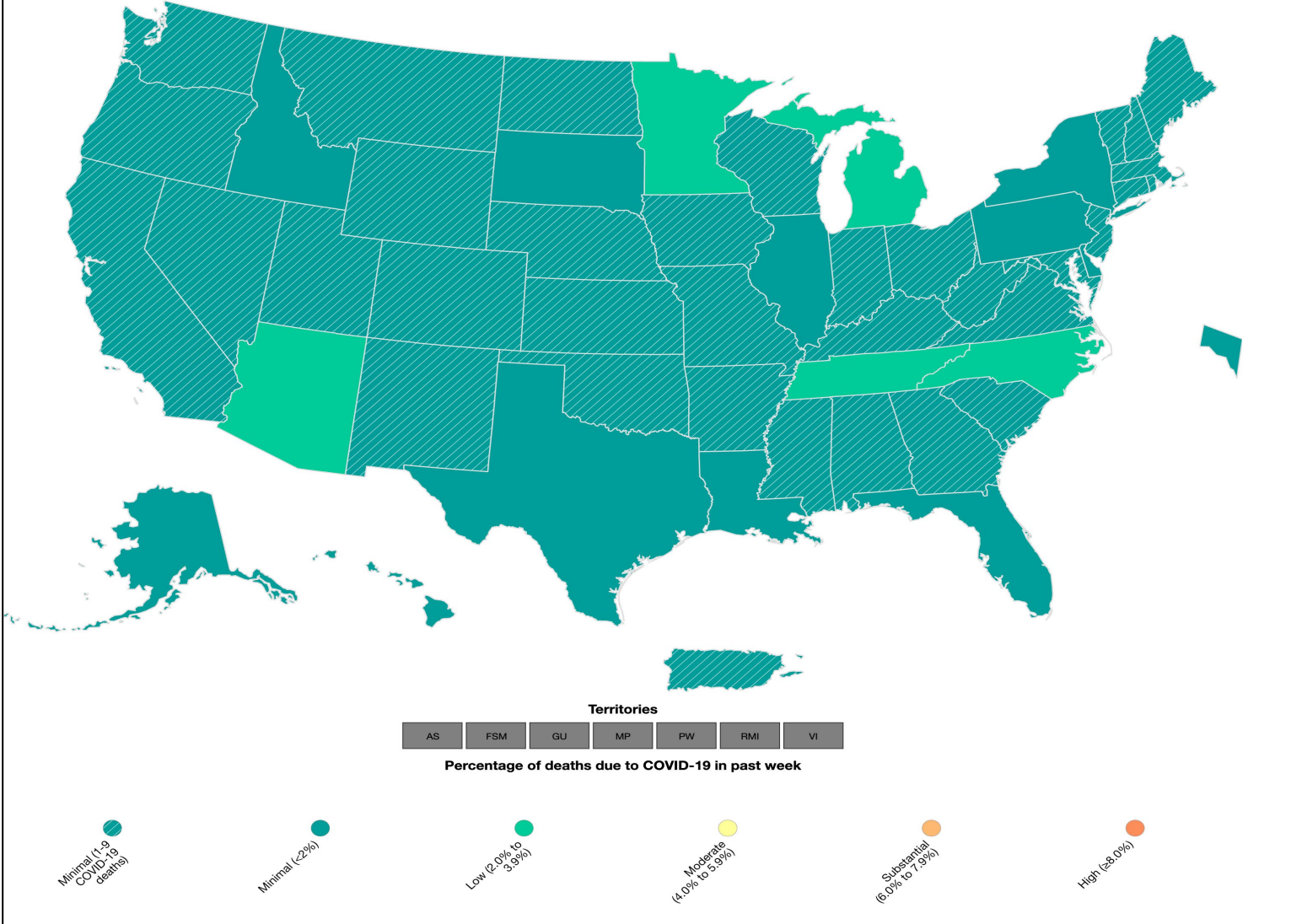


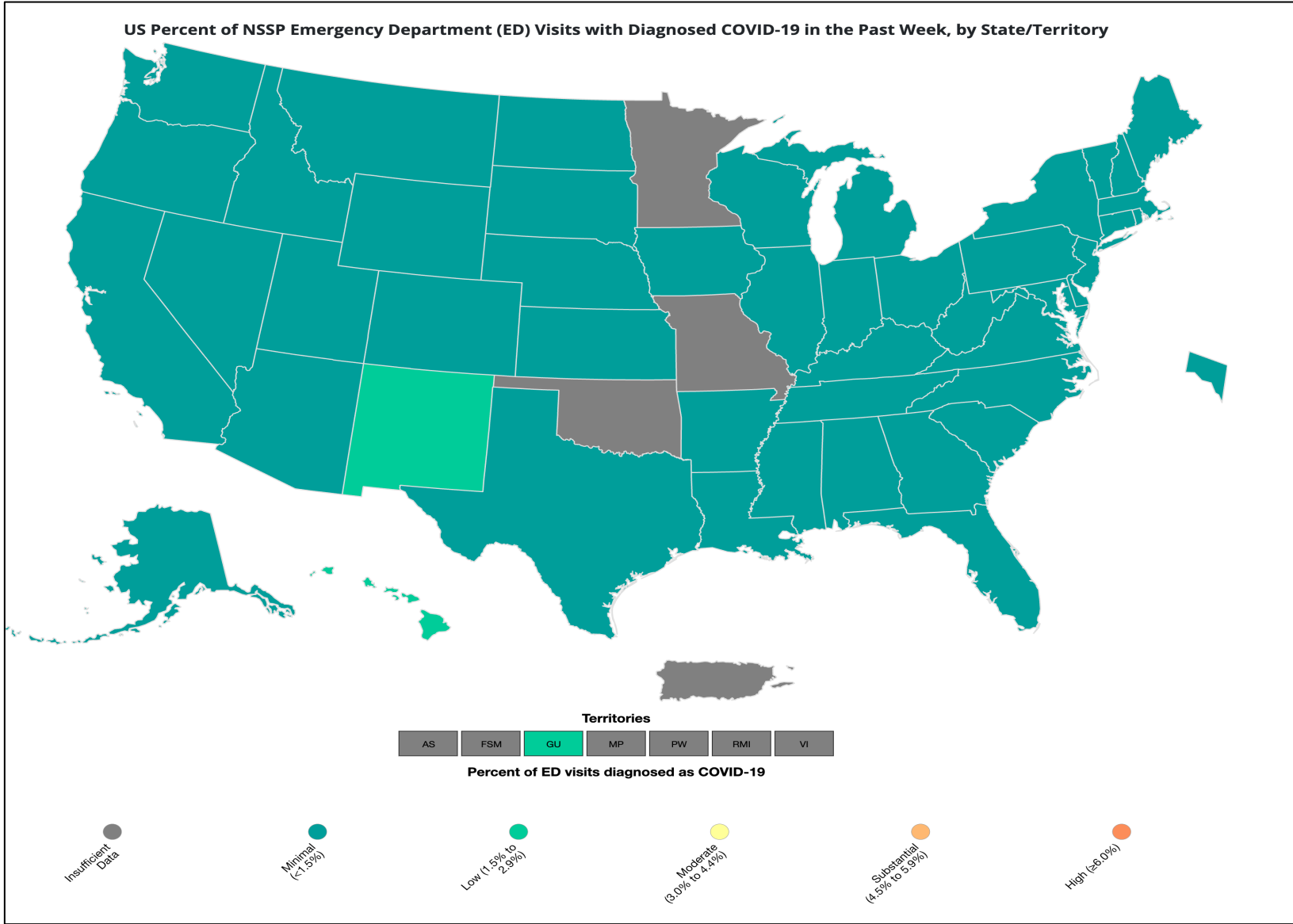
\* Data are likely accruing, all data can be modified from week-to-week by facilities  
 For the purpose of creating this time-series graph, data that fail certain quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns for data-entry or excluded 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/ltc/covid19/index.html>

Data as of 5/8/2023 5:30 AM

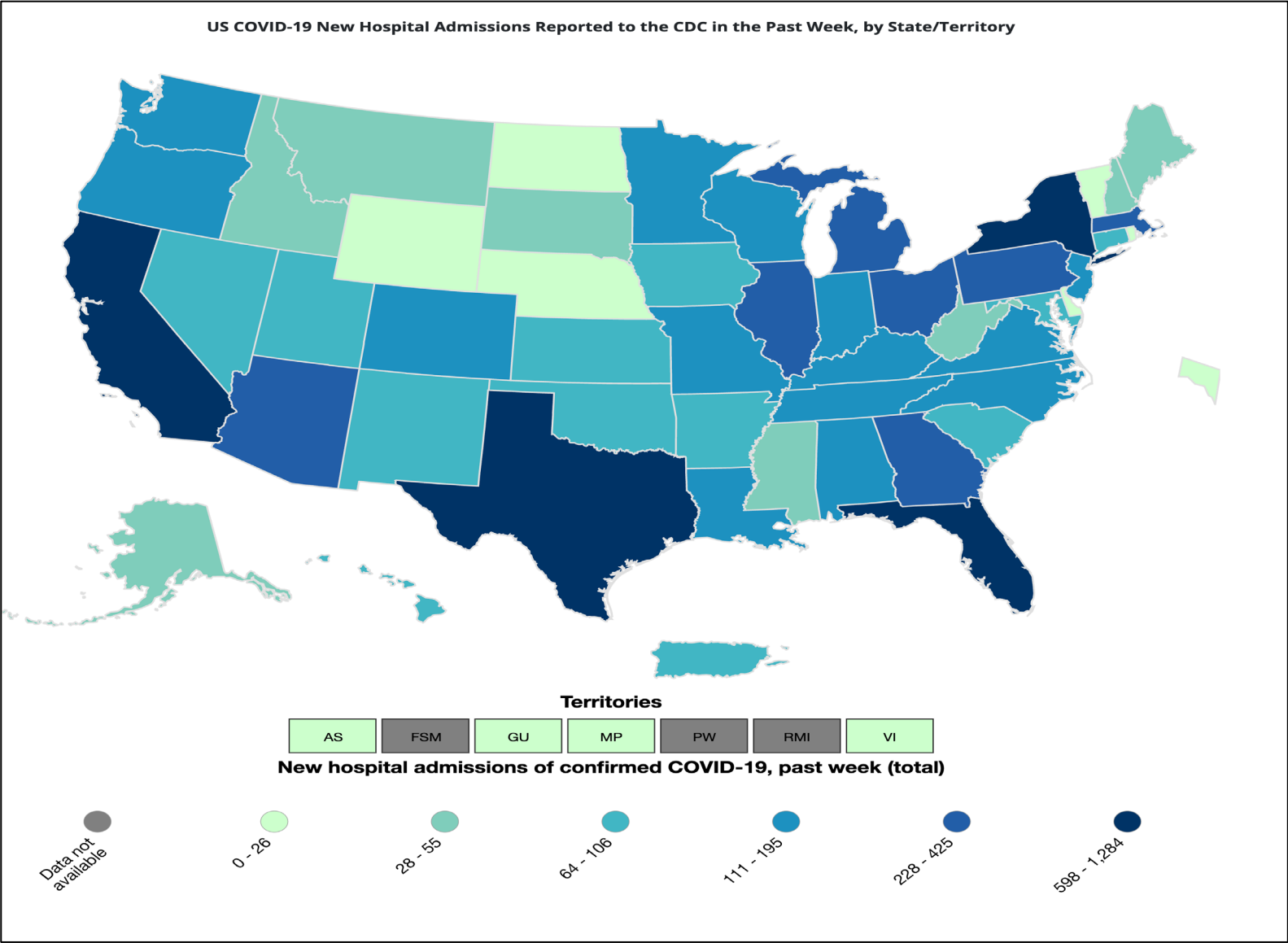
75%

US Percentage of Provisional Deaths Due to COVID-19 in the Past Week, by State/Territory

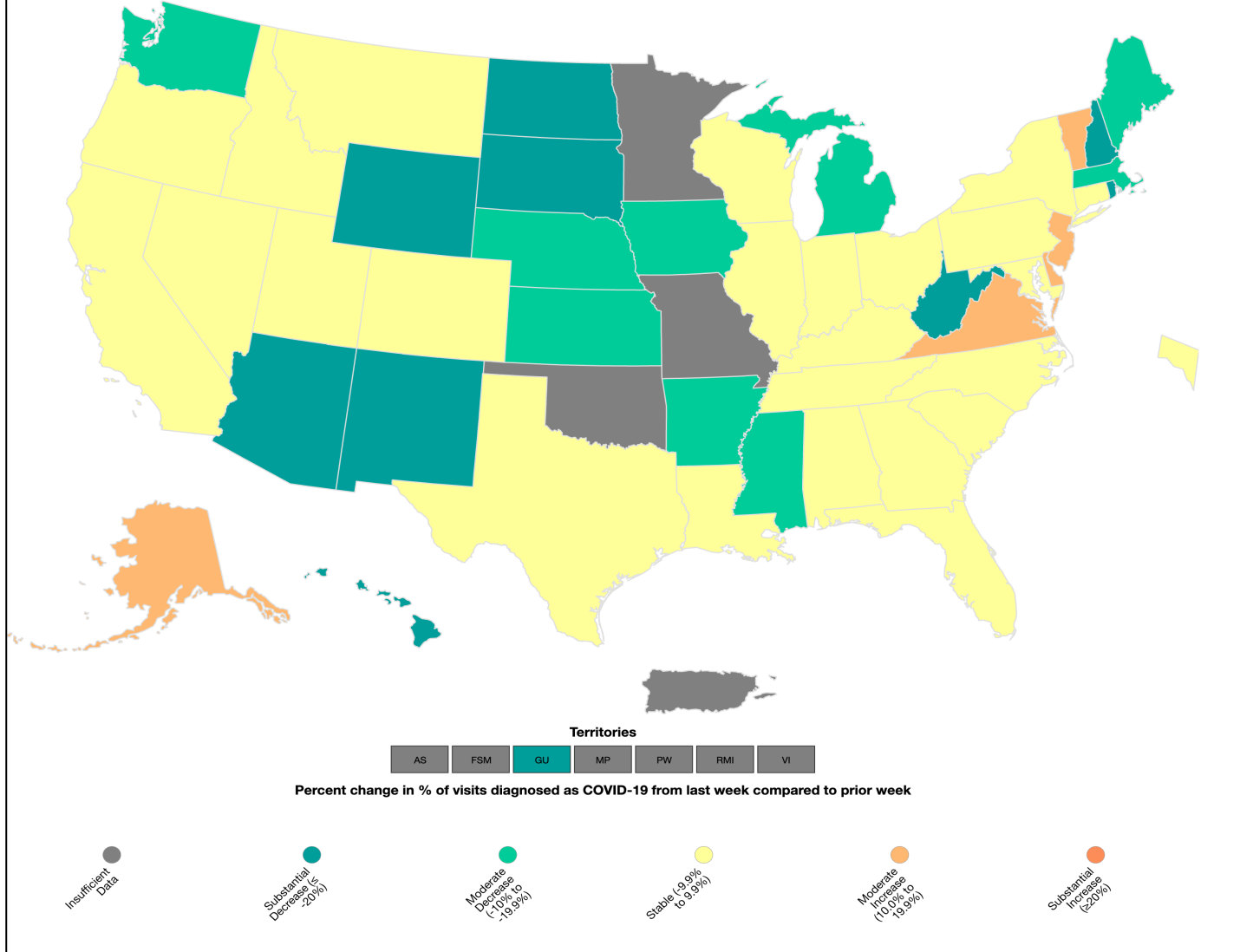




US COVID-19 New Hospital Admissions Reported to the CDC in the Past Week, by State/Territory

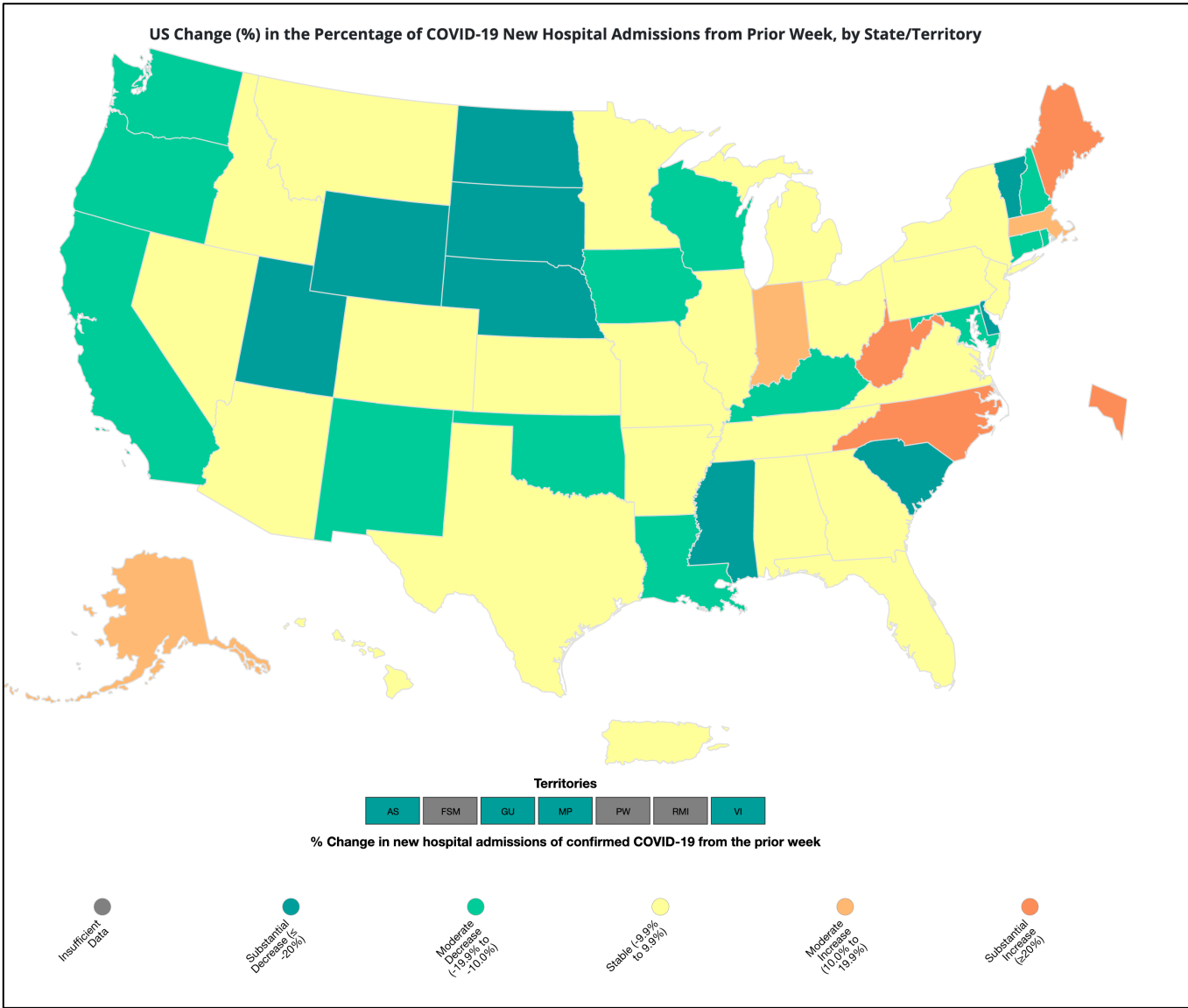


US Change in Percent of Emergency Department (ED) Visits Diagnosed as COVID-19 from Prior Week, by State/Territory





US Change (%) in the Percentage of COVID-19 New Hospital Admissions from Prior Week, by State/Territory



# Changes in Vaccine Recommendations




**New recommendations for people aged  $\geq 6$  years without immunocompromise who have not yet received a bivalent mRNA dose**

**One bivalent  
mRNA dose**

**New recommendations for people aged  $\geq 6$  years without immunocompromise who have not yet received any COVID vaccine.**

One bivalent  
mRNA dose

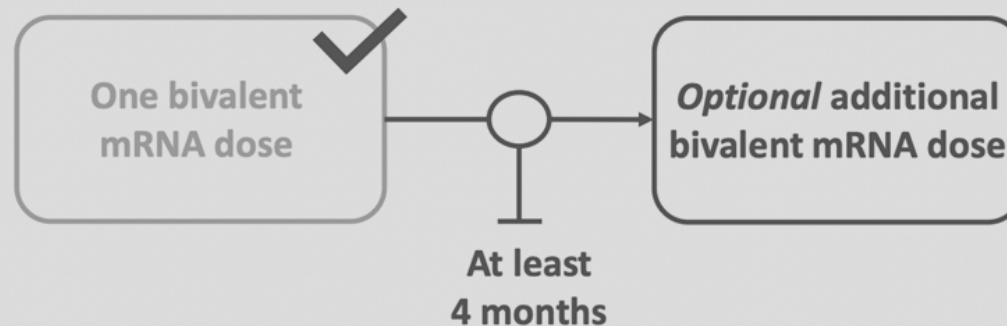
## New recommendations for aged $\geq 6$ years without immunocompromise who have already received a bivalent mRNA dose



One bivalent  
mRNA dose

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

**Flexible for people at higher risk of severe COVID-19:  
People aged  $\geq 65$  years who have already received a bivalent mRNA dose**



# Flu Guidance Updated ACIP 2023

## ADULTS AGED ≥65 YEARS

- ACIP recommends that adults aged ≥65 years preferentially receive any one of the following higher dose or adjuvanted influenza vaccines: quadrivalent high-dose inactivated influenza vaccine (HD-IIV4), quadrivalent recombinant influenza vaccine (RIV4), or quadrivalent adjuvanted inactivated influenza vaccine (aIIV4). If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.

# Flu Vaccines for >65 years

| <b>Quadrivalent IIV (HD-IIV4)—High-dose—Egg-based (60 µg HA per virus component in 0.7 mL)</b>                                  |                          |         |                |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------|----------------|
| Fluzone High-Dose Quadrivalent<br><i>Sanofi Pasteur</i>                                                                         | 0.7 mL prefilled syringe | ≥65 yrs | ≥65 yrs—0.7 mL |
| <b>Adjuvanted quadrivalent IIV4 (aIIV4)—Standard-dose with MF59 adjuvant—Egg-based (15 µg HA per virus component in 0.5 mL)</b> |                          |         |                |
| Fluad Quadrivalent<br><i>Seqirus</i>                                                                                            | 0.5 mL prefilled syringe | ≥65 yrs | ≥65 yrs—0.5 mL |
| <b>Quadrivalent RIV (RIV4)—Recombinant HA (45 µg HA per virus component in 0.5 mL)</b>                                          |                          |         |                |
| Flublok Quadrivalent<br><i>Sanofi Pasteur</i>                                                                                   | 0.5 mL prefilled syringe | ≥18 yrs | ≥18 yrs—0.5 mL |





# COVID-19 Public Health Emergency Expiration: Updates



## 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 Public Health Emergency (PHE)

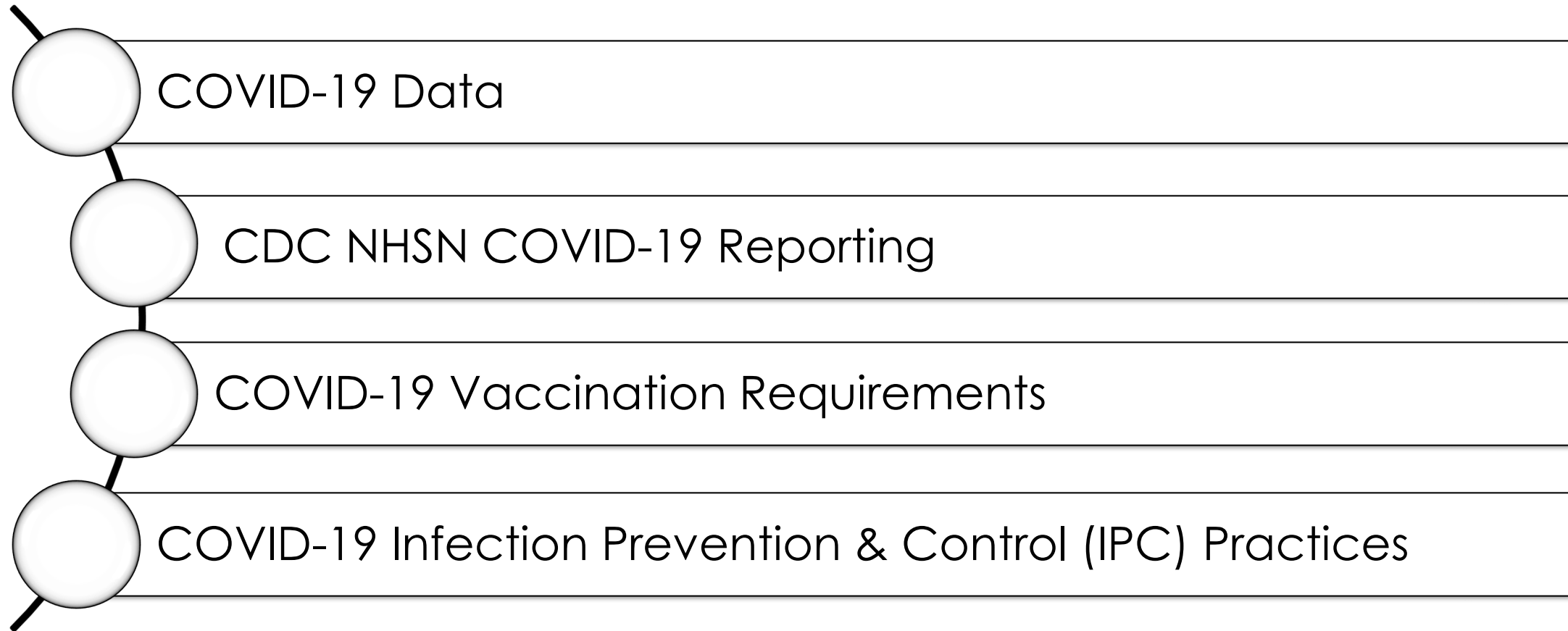
## What Is NOT Affected

- 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

- Certain Medicare and Medicaid waivers and broad flexibilities for health care providers
- Coverage for free, over-the-counter COVID-19 testing
- Reporting of COVID-19 laboratory results and (state) immunization data to CDC
- FDA's ability to detect early shortages of critical devices related to COVID-19
- Public Readiness and Emergency Preparedness (PREP) Act liability protections
- Dispense of controlled substances via telemedicine without an in-person interaction

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



# 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 health care facility IPC practices)

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/end-of-phe.html>  
[https://www.cdc.gov/mmwr/volumes/72/wr/mm7219e1.htm?s\\_cid=mm7219e1\\_w](https://www.cdc.gov/mmwr/volumes/72/wr/mm7219e1.htm?s_cid=mm7219e1_w)

## Transmission Levels

- ...
- ... on a weekly basis ... select
- ... intervention and ... actions
- ... a health care setting
- ... lows for ... intervention
- ... better protected individuals seek
- ... medical care



## COVID-19 Community Levels

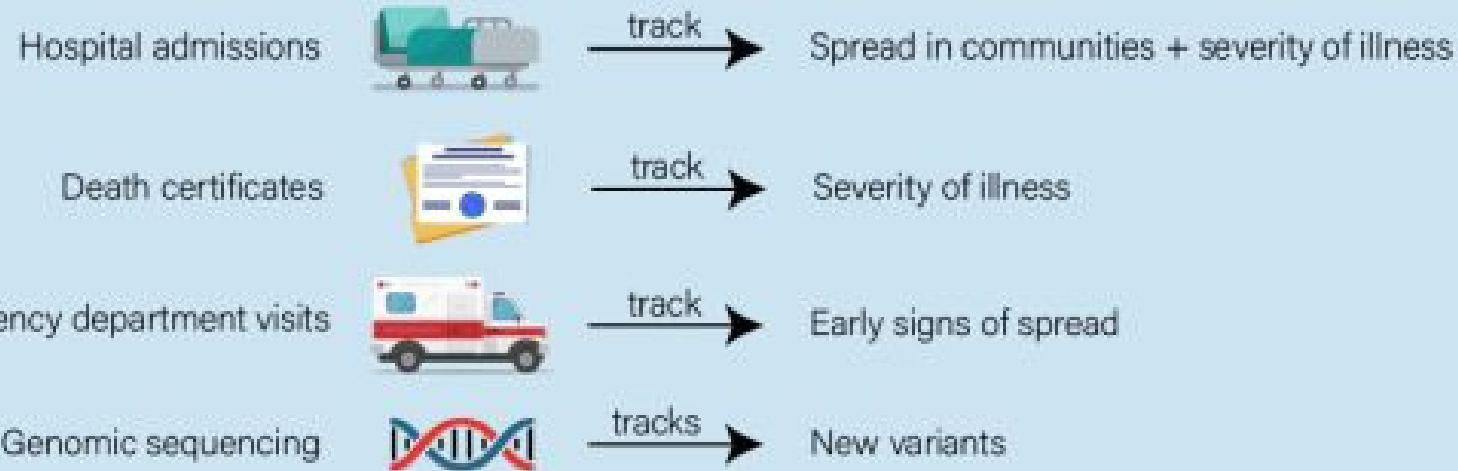
- **Non-health care living facilities, including homes, residential care facilities, and long-term care facilities**
- **community and aggregate settings**
- Help ... communities ... take ... on
- ... of information ...
- Int ... individual- ... household- ... level ... strategies for ... and high ... COVID-19 community





## Although COVID-19 cases and associated hospitalizations have decreased in recent months, COVID-19 remains an ongoing public health challenge

Updated public health tracking\* will keep you informed about COVID-19



**Check [COVID.cdc.gov](https://www.cdc.gov) to know when to take action**

\*To account for changes in available data after the end of the U.S. Public Health Emergency declaration

[bit.ly/mm7219e1](https://bit.ly/mm7219e1)

MAY 5, 2023

**MMWR**

# 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

<https://www.cdc.gov/nhsn/pdfs/covid19/litcf/covid19-mod-surv-path-508.pdf>

<https://www.cdc.gov/nhsn/litcf/covid19/index.html>

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

# 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

<https://www.cdc.gov/nhsn/pdfs/covid19/litcf/covid19-mod-surv-path-508.pdf>

<https://www.cdc.gov/nhsn/litcf/covid19/index.html>

## Upcoming NHSN Webinars tentatively scheduled:

June 1, 2023

June 7, 2023

Contact [NHSN@cdc.gov](mailto:NHSN@cdc.gov) for  
more information.



# COVID-19 Emergency Response Updates: Vaccination Education and 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 21, 2024, or until otherwise specified by CMS.**

# 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 for healthcare personnel still in effect  
CMS will release more information regarding ending this requirement.**
  - Please see CMS Memo [QSO-23-13-ALL: Guidance for the Expiration of the COVID-19 Public Health Emergency \(PHE\)](#)

# COVID-19 Infection Prevention and Control Guidance Updates

- Updates
  - Facility-wide use of source control (masking)
  - Admission testing in nursing homes
  - [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)
- No updates
  - Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure
  - Strategies to Mitigate Healthcare Personnel Staffing Shortages

# COVID-19 IPC Guidance Updates: Source Control

- No longer guided by the Transmission Levels (previous metric)
- Source control **broadly recommended** as described in the [CDC's Core IPC Practices](#) in the following circumstances:
  - During SARS-CoV-2 outbreak or other respiratory infection outbreak
  - Facility-wide or, based on a facility risk assessment, targeted toward higher risk areas or patient or resident population
  - Recommended by public health authorities (e.g., in guidance for the community when COVID-19 hospital admission levels are high)



# COVID-19 IPC Guidance Updates: Source Control Risk Assessment

- Types of residents cared for in facility
- Input from stakeholders
- Plans from other facilities in the jurisdiction with whom patients are shared
- What data are available to make decisions

# COVID-19 IPC Guidance Updates: Source Control

- Even when a facility does not require masking for source control
  - Allow individuals to use a mask or respirator based on:
    - Personal preference
    - Perceived level of infection risk (e.g., attending crowded indoor gatherings with poor ventilation)
    - Potential to develop severe disease after SARS-CoV-2 exposure

# Broader Use of Source Control: Potential Metrics

- Consider masking during typical respiratory virus season (~October to April)
- COVID Hospital Admission levels
  - High => 20 new COVID-19 admissions per 100,000 population over the last 7 days
- Follow national (or local, if available) data on trends of several respiratory viruses
  - [RESP-NET interactive dashboard](#)
  - [National Emergency Department Visits for COVID-19, Influenza, and Respiratory Syncytial Virus](#)
  - [ILINET](#)

# COVID-19 IPC Guidance Updates: Admission Testing in Nursing Homes

- At the discretion of the nursing home (similar to other health care settings)
  - Considerations for pre-admission or pre-procedure testing for asymptomatic individuals are detailed in the [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)

# COVID-19 IPC Updates

## Admission Screening

- Admission testing is at the discretion of the facility, no longer guided by the Transmission Levels (previous metric)

## Source Control

- No longer guided by the Transmission Levels (previous metric)
- Health care facilities should identify local metrics that could reflect increasing community respiratory viral activity to determine when broader use of source control in the facility might be warranted

## 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
- A single new case of SARS-CoV-2 infection in any HCP or resident should be evaluated to determine if others in the facility could have been exposed.

# COVID-19 IPC Practices Continue

- Source control/Respiratory etiquette/Hand hygiene
- Personal protective equipment (PPE) use (N95 respirator or surgical mask, goggles, etc.)
- Appropriate use of transmission-based precautions
- Early screening, testing, isolation and work restrictions
- Environmental cleaning and disinfection
- Process to promptly identify and isolate with SAR-CoV-2 infection
- Appropriate vaccinations, therapeutics and treatments

# CMS Guidance Updates: Clinical Laboratory Improvement Amendment Changes

- CMS recently published memo [QSO-23-15 CLIA](#) on May 11, 2023
  - COVID-19 Test Result Reporting Requirements
  - Molecular and Antigen Point of Care Test Asymptomatic Testing
  - Use of Expired Reagents During the PHE

# CMS Guidance: IPC and Visitation Guidance Updates

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: QSO-20-39-NH  
*REVISED 05/08/2023*

**DATE:** September 17, 2020  
**TO:** State Survey Agency Directors  
**FROM:** Director  
Survey and Certification Group  
**SUBJECT:** Nursing Home Visitation - COVID-19 (*REVISED*)

Memorandum Summary

- CMS is committed to continuing to take critical steps to ensure America’s healthcare facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Visitation is allowed for all residents at all times.**
- *Updated guidance to align with the ending of the PHE*

- Updated guidance to align with PHE ending
  - COVID-19 information
  - Outbreak considerations
  - Expectation to adhere to CDC recommendations
- Visitation allowed for all residents at all times
- Visitors are not required to be tested or vaccinated



# 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
  - Source control/ 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 Updates



[Interim IPC Recommendations for Healthcare Personnel](#)

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

[Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)

## Ending of the COVID-19 Public Health Emergency & Other Policy Changes: What Clinicians Need to Know

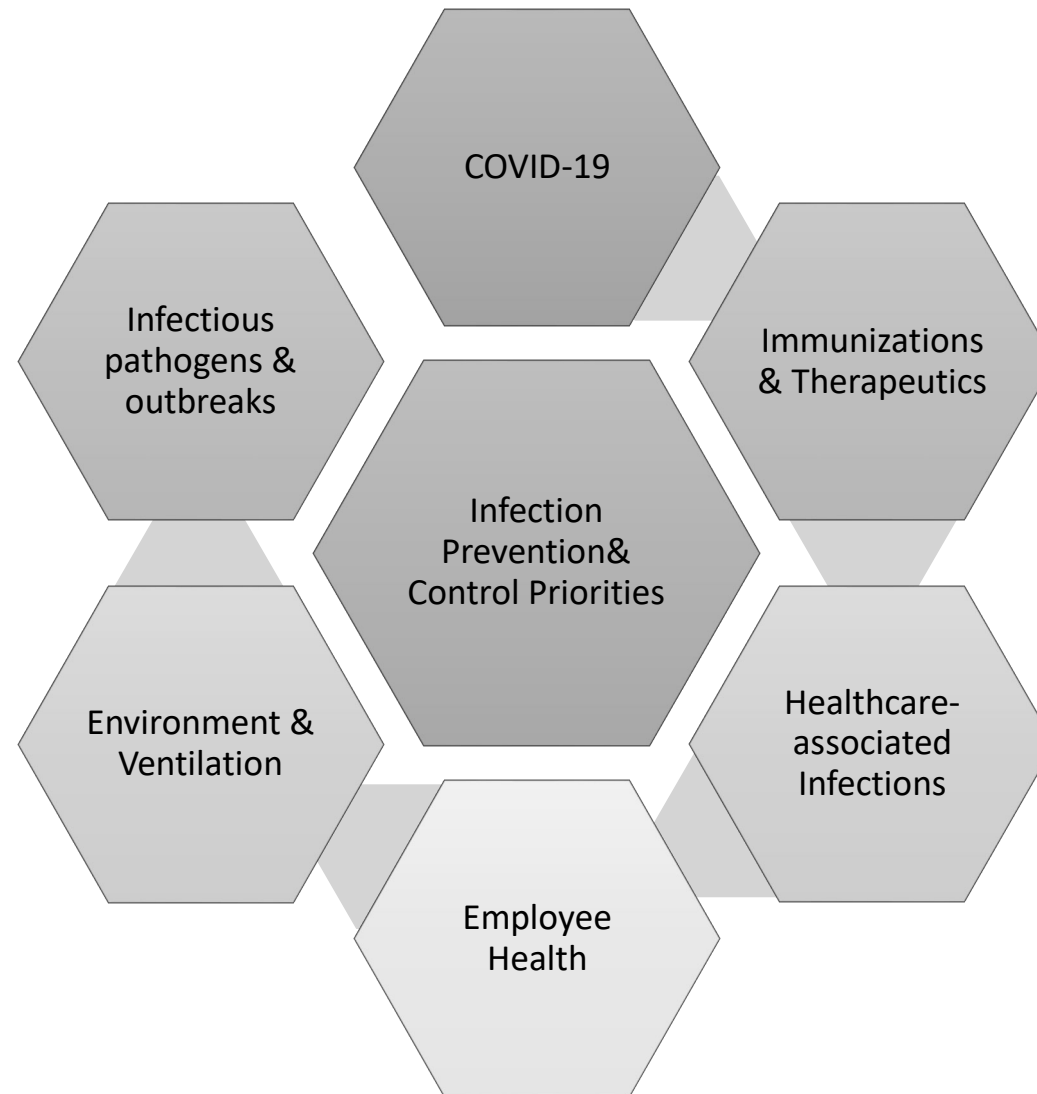
Policy changes related to expiration of the COVID-19 Public Health Emergency & certain federal legislation/funding\*

Updated May 1, 2023

|                                 | Continuing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ending<br><i>(When PHE ends May 11, 2023, unless otherwise noted)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TBD                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vaccines</b>                 | <ul style="list-style-type: none"> <li>Medicare Part B coverage w/o cost-sharing</li> <li>In-network private insurance*** coverage w/o cost-sharing</li> <li>Uninsured access w/o cost-sharing at health centers and pharmacies through new HHS Bridge Access program</li> <li>Through 9/30/24: Mandatory Medicaid coverage w/o cost-sharing</li> <li>Through 12/1/24: COVID-19 vaccine administration flexibilities for pharmacists, pharmacy interns and pharmacy technicians via PREP Act liability immunity</li> </ul>                  | <ul style="list-style-type: none"> <li>Coverage for all U.S. residents regardless of insurance status w/o cost-sharing</li> <li>On 9/30/24: Mandatory Medicaid coverage w/o cost-sharing</li> <li>COVID-19 vaccine administration flexibilities for nontraditional providers (recently retired providers and students) and across-state-lines licensed providers and pharmacists and pharmacy interns via PREP Act liability immunity</li> <li>On 12/1/24: COVID-19 vaccine administration flexibilities for pharmacists, pharmacy interns and pharmacy technicians via PREP Act liability immunity</li> </ul> | <ul style="list-style-type: none"> <li>States could choose to continue Medicaid coverage of vaccines w/o cost-sharing after 9/30/24</li> </ul>                                                                                                                                                                                             |
| <b>Treatments</b>               | <ul style="list-style-type: none"> <li>Availability of oral antivirals purchased by the U.S. government, including through the Test to Treat program, without cost-sharing</li> <li>Medicare Part B coverage of COVID-19 EUA therapeutics without cost-sharing</li> <li>Private insurance*** coverage with cost-sharing as applicable</li> <li>Through 9/30/24: Mandatory Medicaid coverage w/o cost-sharing</li> <li>Test to Treat prescription flexibility for pharmacists and other providers via PREP Act liability immunity</li> </ul> | <ul style="list-style-type: none"> <li>Medicare Part D coverage of COVID-19 EUA therapeutics without cost-sharing</li> <li>Medicaid coverage of therapeutics for uninsured**</li> <li>On 9/30/24: Mandatory Medicaid coverage w/o cost-sharing</li> </ul>                                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>Medicare coverage of COVID-19 therapeutics if FDA ends EUA (starting in year following)</li> <li>States could choose to continue Medicaid coverage of treatments w/o cost-sharing after 9/30/24</li> </ul>                                                                                          |
| <b>Tests</b>                    | <ul style="list-style-type: none"> <li>Medicare coverage of lab tests ordered by a provider</li> <li>Through 9/30/24: Mandatory Medicaid coverage of OTC and lab tests w/o cost-sharing</li> </ul>                                                                                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>Medicare coverage of OTC tests w/o cost-sharing</li> <li>Private insurance*** coverage of OTC and lab tests w/o cost-sharing</li> <li>Medicaid coverage of testing for uninsured**</li> <li>On 9/30/24: Mandatory Medicaid coverage of OTC and lab tests w/o cost-sharing</li> </ul>                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>Possible future distribution of OTC COVID-19 tests from the Strategic National Stockpile via USPS, states, etc.</li> <li>CDC's Increasing Community Access to Testing program could continue if funded</li> <li>States could choose to continue Medicaid coverage of tests after 9/30/24</li> </ul> |
| <b>Telehealth</b>               | <ul style="list-style-type: none"> <li>Current private insurance and Medicaid telehealth policies, which are not tied to the PHE</li> <li>Through 12/31/24: Medicare policies allowing audio-only and new-patient telehealth appointments, among other flexibilities</li> </ul>                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>On 12/31/24: Medicare policies allowing audio-only and new-patient telehealth appointments, among other flexibilities</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>States could choose to change telehealth policies for private insurance and Medicaid</li> </ul>                                                                                                                                                                                                     |
| <b>Infection Prevention/PPE</b> | <ul style="list-style-type: none"> <li>State and institutional policies are unaffected by national emergencies</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>Certain state-specific Medicaid programs/authorities that helped provide PPE could end</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                            |
| <b>Medicaid</b>                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>Continuous enrollment/coverage requirement (ended 4/1/23)</li> <li>Numerous state-specific programs/authorities</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                            |

# Infectious Disease Society of America (IDSA) Resource: Ending of the COVID-19 PHE

# COVID-19 Transition: IPC Priorities and Lessons Learned



# Alliant Health Solutions Resources

**Strike & Support Team Office Hours**

Join us for the Georgia Department of Public Health Strike (& Support) Team Office Hours. These sessions will consist of a regularly scheduled monthly webinar for skilled nursing facilities (SNFs) as well as SNF medical directors. Office hours are your opportunity to come and learn, share, vent and more!

Each month we will have updates on infection prevention, clinical protocols and ideas for new tools and resources. This is your chance to access subject matter experts on infection control and clinical practice in long term care.

Come prepared to pose your questions to subject matter experts and learn from your peers about their best practices and their barriers.

**Office Hours for SNF 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-SNF:**

- [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/georgia-department-of-public-health/>

## Infection Control Resources

**Sepsis**

[HQIC Sepsis Gap Assessment and Action Steps](#)

[HQIC Sepsis: Spot the Signs Magnet](#)

[HQIC Sepsis Provider Engagement](#)

[AQ Sepsis-ZoneTool](#)

[Recognition and Management of Severe Sepsis and Septic Shock](#)

[SHOW MORE](#)

**Catheter Associated Urinary Tract Infection (CAUTI)**

[CAUTI Gap Assessment Tool](#)

[Urinary Catheter Quick Observation Tool](#)

[CDC-HICPAC Guideline for Prevention of CAUTI 2009](#)

[AHRQ Toolkit for Reducing CAUTI in Hospitals](#)

[CDC TAP CAUTI Implementation Guide](#)

[SHOW MORE](#)

**Hand Hygiene**

[Handwash the FROG Way – Badges – English](#)

[Handwash the FROG Way – Badges – Spanish](#)

[Handwash the FROG Way – Poster – English](#)

[Handwash the FROG Way – Poster – Spanish](#)

[Frequently Asked Questions – Alcohol Based Hand Rub](#)

**NHSN**

[Joining the Alliant Health Solutions NHSN Group](#)

[Instructions for Submitting C. difficile Data into NHSN](#)

[5-Step Enrollment for Long-term Care Facilities](#)

[CDC's National Healthcare Safety Network \(NHSN\)](#)

[NHSN Enrollment/ LAN Event Presentation](#)

**Clostridioides Difficile Infection (C. difficile)**

[C.difficile Training](#)

[Nursing Home Training Sessions Introduction](#)

[Nursing Home C.difficile Infection](#)

**Antibiotic Stewardship**

[Antibiotic Stewardship Basics](#)

[A Field Guide to Antibiotic Stewardship in Outpatient Settings](#)

[Physician Commitment Letter](#)

[Be Antibiotics Aware](#)

[Taking Your Antibiotics](#)

[SHOW MORE](#)

**Training**

[Options for Infection Control Training in Nursing Homes Flyer](#)

**COVID-19**

[Invest in Trust \(AHRQ Resource for CNA COVID-19 Vaccines\)](#)

[Nursing Home Staff and Visitor Screening Toolkit – PDF](#)

[Nursing Home Staff and Visitor Screening Toolkit – Excel](#)

<https://quality.allianthealth.org/topic/infection-control/>

# Questions?



# GADPH Healthcare-Associated Infections (HAI) Team

| State Region/Districts                                                                                                        | Contact Information                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>North (Rome, Dalton, Gainesville, Athens)</b><br>Districts 1-1, 1-2, 2, 10                                                 | <u><a href="mailto:Sue.bunnell@dph.ga.gov">Sue.bunnell@dph.ga.gov</a></u> (404-967-0582)                                                                                                                       |
| <b>Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange)</b><br>Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4 | <u><a href="mailto:Teresa.Fox@dph.ga.gov">Teresa.Fox@dph.ga.gov</a></u> (256-293-9994)<br><u><a href="mailto:Renee.Miller@dph.ga.gov">Renee.Miller@dph.ga.gov</a></u> (678-357-4797)                           |
| <b>Central (Dublin, Macon, Augusta, &amp; Columbus)</b><br>Districts 5-1, 5-2, 6, 7                                           | <u><a href="mailto:Theresa.Metro-Lewis@dph.ga.gov">Theresa.Metro-Lewis@dph.ga.gov</a></u> (404-967-0589)<br><u><a href="mailto:Karen.Williams13@dph.ga.gov">Karen.Williams13@dph.ga.gov</a></u> (404-596-1732) |
| <b>Southwest (Albany, Valdosta)</b><br>Districts 8-1, 8-2                                                                     | <u><a href="mailto:Connie.Stanfill1@dph.ga.gov">Connie.Stanfill1@dph.ga.gov</a></u> (404-596-1940)                                                                                                             |
| <b>Southeast (Savannah, Waycross)</b><br>Districts 9-1, 9-2                                                                   | <u><a href="mailto:Lynn.Reynolds@dph.ga.gov">Lynn.Reynolds@dph.ga.gov</a></u> (804-514-8756)                                                                                                                   |
| <b>Backup/Nights/Weekends</b>                                                                                                 | <u><a href="mailto:Joanna.Wagner@dph.ga.gov">Joanna.Wagner@dph.ga.gov</a></u> (404-430-6316)                                                                                                                   |

Thank You for Your Time!  
Contact the AHS Patient Safety Team  
[Patientsafety@allianthealth.org](mailto:Patientsafety@allianthealth.org)



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# Save the Date

## **SNF and Medical Directors Office Hours:**

June 23, 2023 | 11 a.m. ET

## **ALF and PCH**

May 26, 2023 | 11 a.m. ET

June 30, 2023 | 11 a.m. ET



# Thanks Again...

- Georgia Department of Public Health
- University of Georgia



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GEORGIA**

# Making Health Care Better

