



office of the governor of the commonwealth of virginia

GOVERNOR'S COVID-19 LONG-TERM CARE TASK FORCE

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April 15, 2021

Welcome and Housekeeping Items

- Please mute your phone (do NOT put us on hold) if you are not speaking
- We prefer to take questions/comments at the end of each agenda item
 - Feel free to utilize the chat box

Overview of Agenda

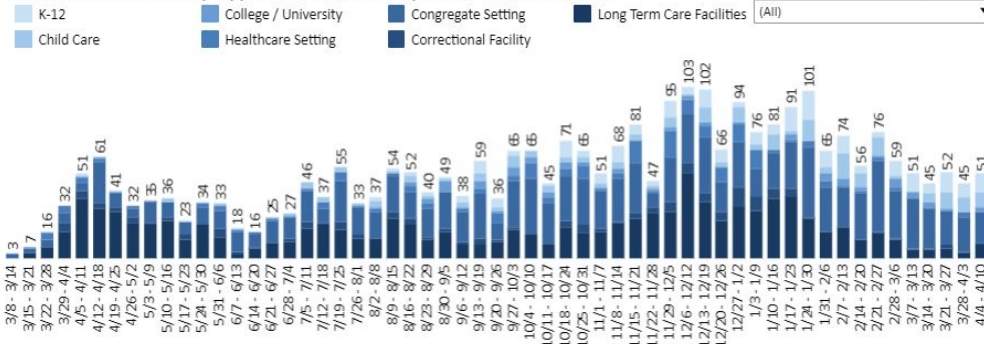
- Data Update
- Testing Check-In
- Staffing Needs Discussion
- Vaccination Updates
- HQI LTC Vaccine Resources
- Surveillance for Variants of Concern
- Monoclonal Antibody for Treatment of COVID-19 Update
- Personal Protective Equipment Update
- Updated Infection Control Recommendations Recap
- Long-Term Care Wellness Advisory Committee Update
- Task Force Next Steps
- Discussion

COVID-19 Cases in LTCFs and Non-LTCFs Over Time

Cases and Deaths by Outbreak Facility Type - State Totals

Long Term Care Facilities	Case Count	31,335
	Death Count	4,032
Correctional Facility	Case Count	18,111
	Death Count	63
Congregate Setting	Case Count	10,513
	Death Count	100
Healthcare Setting	Case Count	2,555
	Death Count	71
College / University	Case Count	5,038
	Death Count	0
Child Care	Case Count	1,205
	Death Count	0
K-12	Case Count	1,573
	Death Count	1

Number and Facility Type of Outbreak by Date VDH Notified



COVID-19 Burden in Virginia LTCFs

Outbreaks in Virginia LTCFs have accounted for 33% of total COVID-19 outbreaks.

	LTCF Cases	LTCF Deaths
Outbreak-associated*	45% total cases	95% total deaths
Total Statewide^	4% total cases	36% total deaths

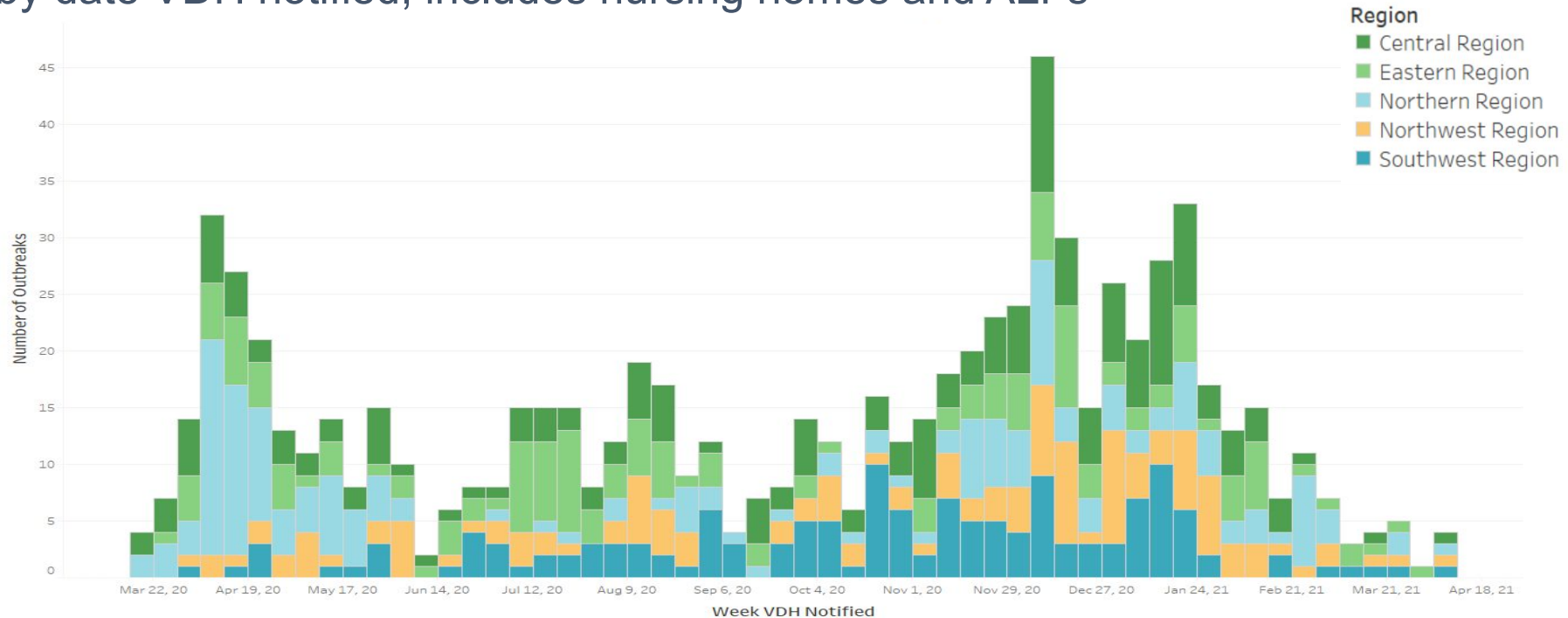
LTCF = nursing homes, ALFs, multicare, group homes, behavioral health residential facilities

* Data from VEDSS and VOSS; outbreak data are updated daily on the [VDH website](#)

^ Data are from VEDSS only; statewide denominator data are updated daily on the [VDH website](#) but the LTCF data are not available publicly

Trend: Number and Region of LTCF COVID-19 Outbreaks

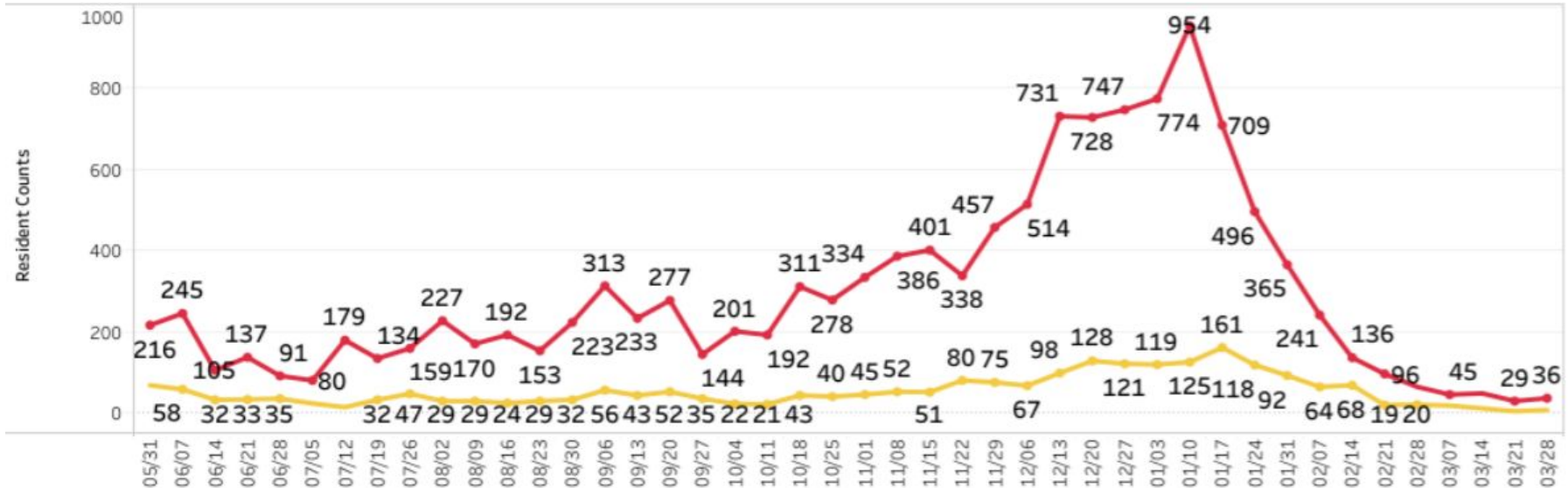
by date VDH notified; includes nursing homes and ALFs



When increases of COVID-19 are seen in the community, increases in outbreaks are seen in

LTCFs
(Updated 4/10/2021)

Nursing Home Resident COVID-19 Counts



Residents Weekly Confirmed COVID-19
Residents Weekly COVID-19 Deaths

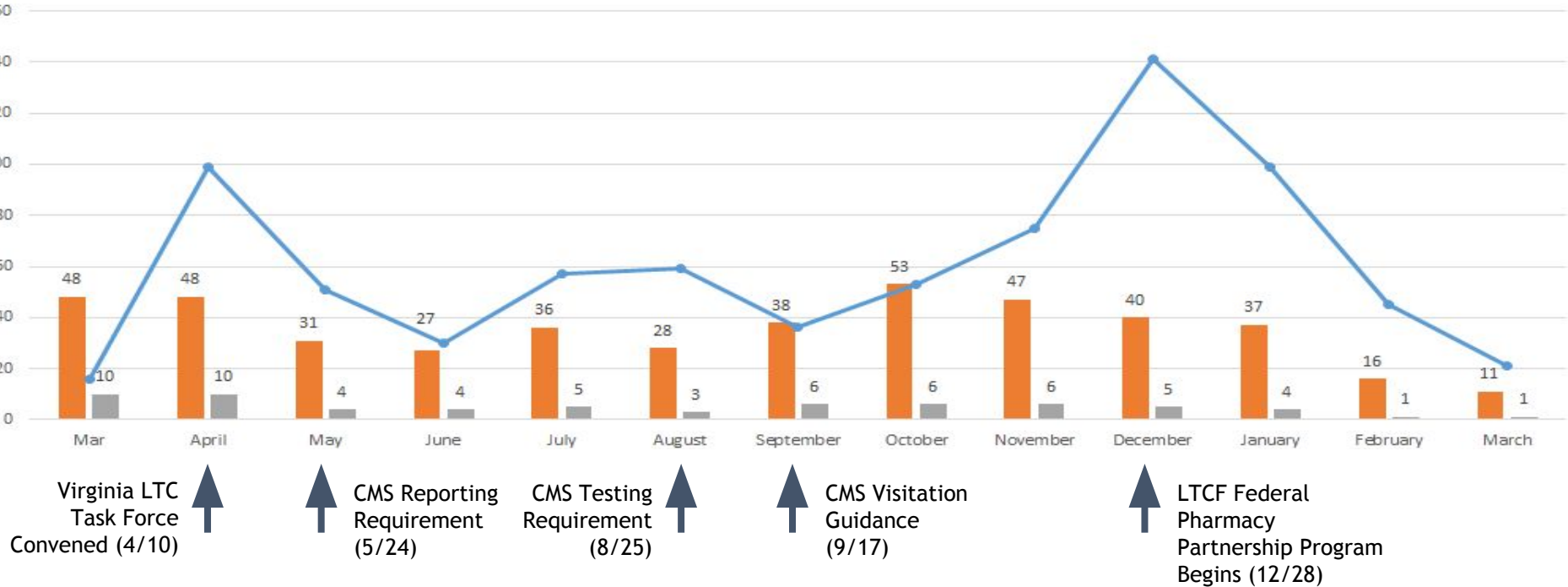
Data include PCR and antigen test results.

Data are from NHSN as of 3/28/21. HHS report date: 4/7/21.

Please note that the last week of reported data is provisional and may fluctuate; therefore the last reporting week is excluded from trend lines.

COVID-19 Outbreaks in Long-Term Care Facilities*^

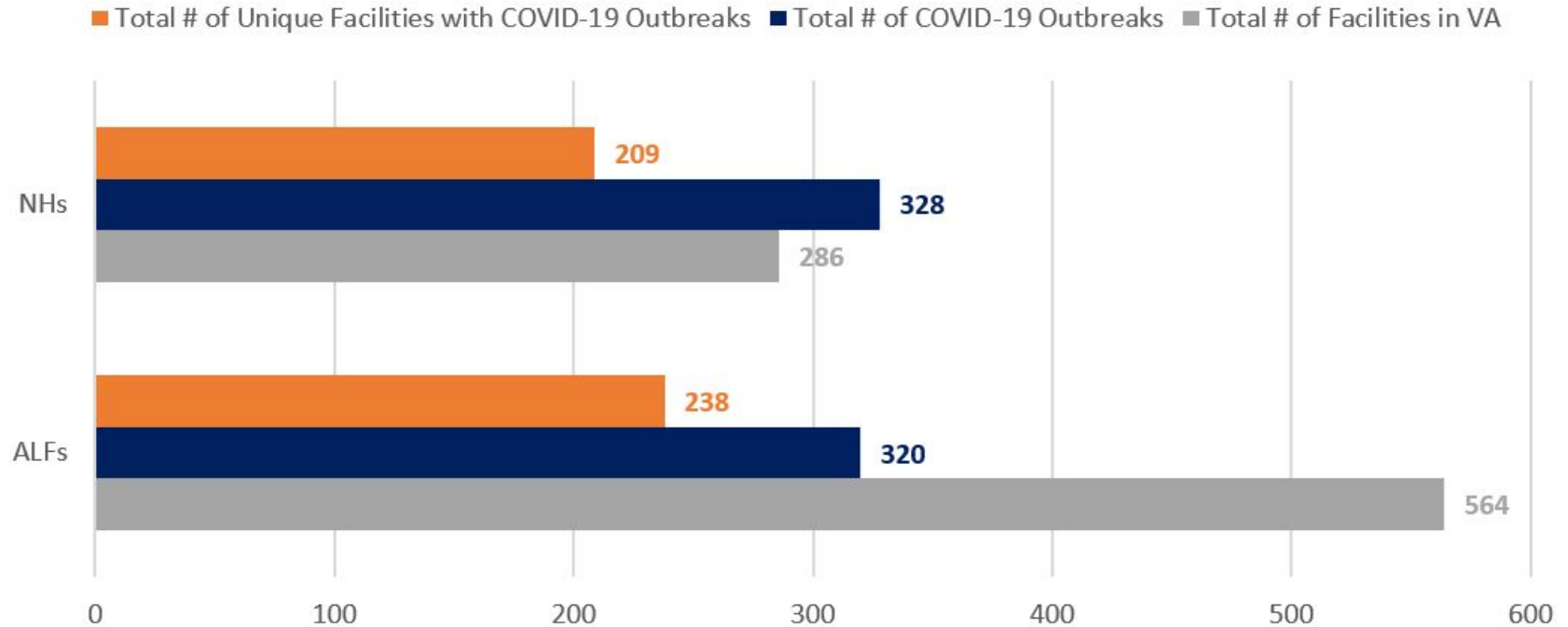
Average Cases per Outbreak Average Deaths per Outbreak Number of Outbreaks



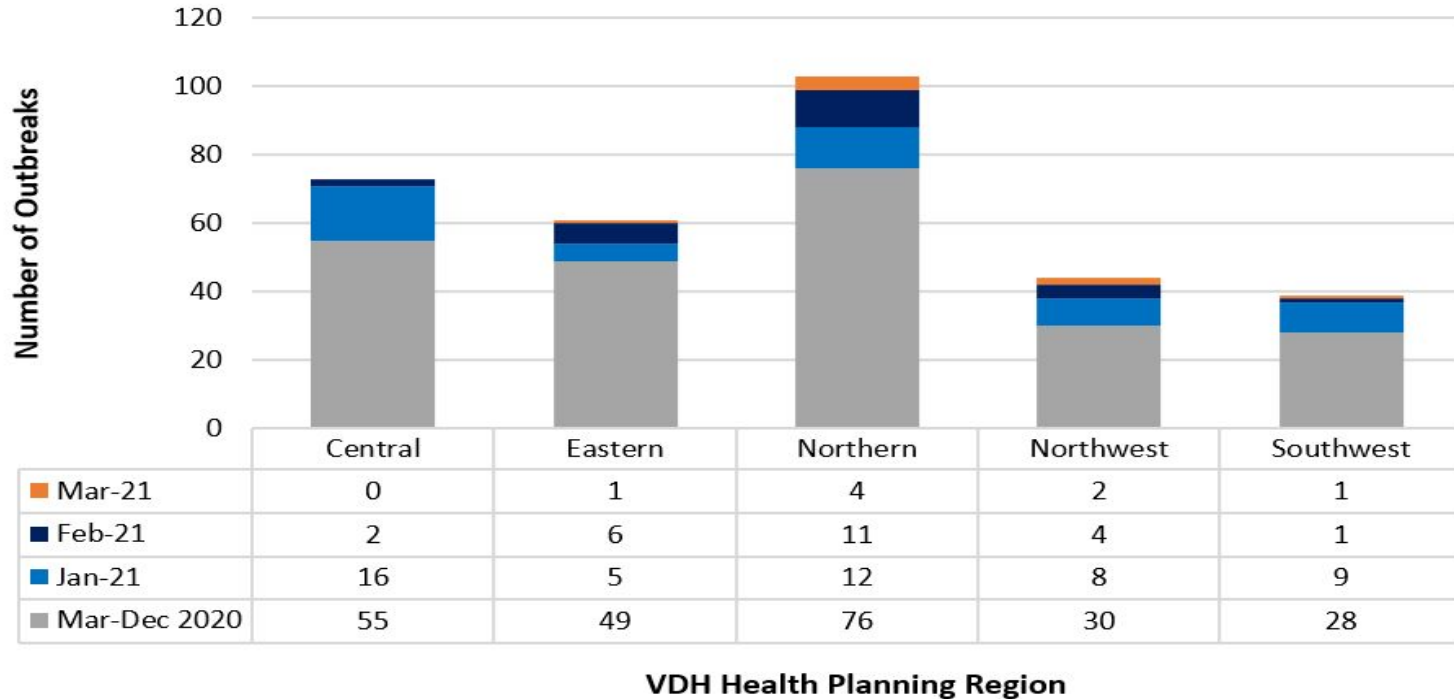
COVID-19 Outbreaks Reported in NHs vs. ALFs



COVID-19 Outbreaks Reported in NHs vs. ALFs

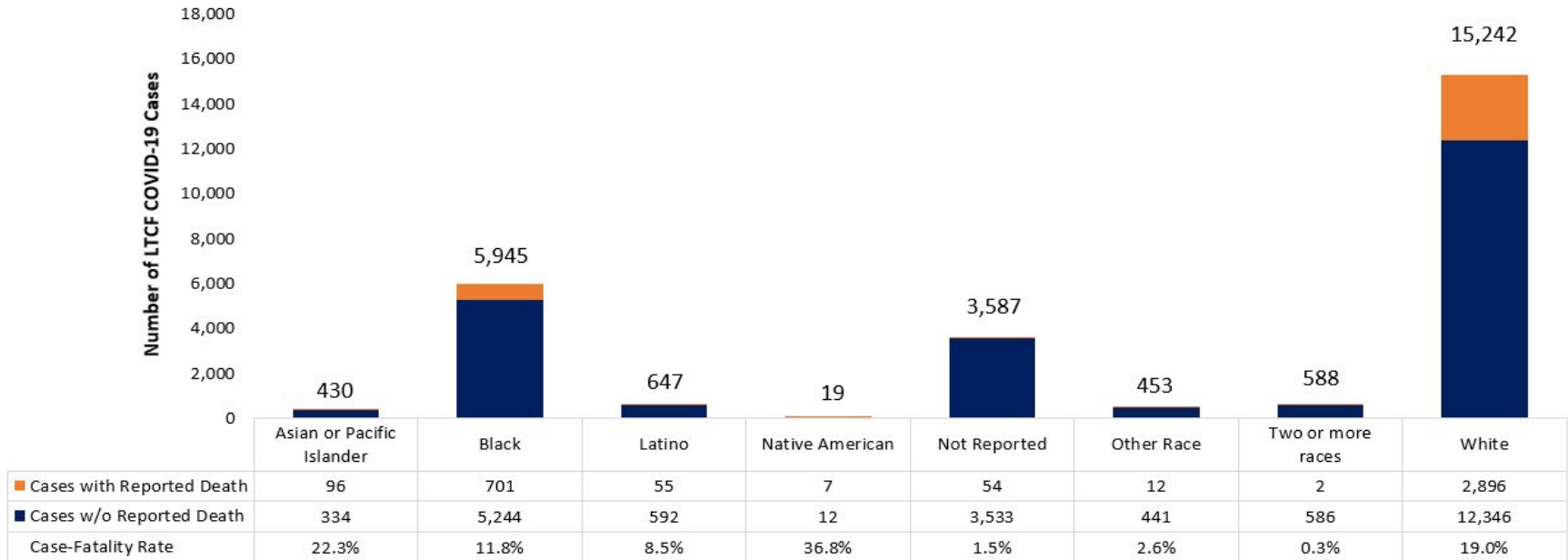


New COVID-19 Outbreaks Reported in ALFs by Region



COVID-19 Cases and Deaths in LTCFs* by Race/Ethnicity[^]

N=26,911



*Long-term care facility includes nursing homes, assisted living facilities, multicare facilities, group homes, and behavioral health residential facilities. Includes residents and staff.

[^]Data from VOSS and VEDSS are subject to change

NHSN Question: Request Assistance from Local/State Gov

- CDC recently updated their NHSN LTCF COVID-19 Supplies Pathway [form](#)
- **Would your facility like outreach by local and/or state government for assistance with any of the items below?**
 - Staffing shortages
 - PPE shortages
 - Testing supply shortages
 - Infection control/outbreak management
 - Staff training
 - COVID-19 vaccine access
- Sending weekly lists of facilities that have requested local/state government assistance for COVID-19 vaccine access, testing supply shortages, and PPE shortages to appropriate VDH teams for follow-up
 - HAI/AR team following up with facilities directly on requests for assistance with infection control/outbreak management and staff training
- VDH advises facilities to leverage temporary staffing agencies as the [MRC](#) is still being deployed for vaccine support

COVID-19 Tests Conducted

Updated 4/7

Across the Commonwealth, an average of **24,280 tests (antigen and PCR)** have been conducted per day over the past seven days. The current 7-day average PCR tests per day is 16,600 and the 7-day average antigen tests per day is 7,680.

PCR Tests and Positivity Rate



March Testing Recap

Tests conducted in the month of March

587,898

PCR Tests

303,248

Antigen Tests

891,146

PCR + Antigen Tests

Across the Commonwealth, **891,146 tests (antigen and PCR)** were reported in the month of March. Approximately 66% of those tests were PCR tests.

- To account for delays in adding more recent data, a 3-day buffer is applied to lab data. The latest day of full data as of this report is 4/3.

Covid-19 Testing Check-In (continued)

- CDC and VDH agree that testing both symptomatic and asymptomatic people is key to understand where we stand with the pandemic, identify asymptomatic cases, and help with pandemic response
- CDC and VDH encourage congregate care facilities to consider testing asymptomatic staff and residents - this pertains more to ALFs since nursing homes are currently mandated to test staff regularly
- Benefits = identify asymptomatic cases sooner, conduct contact tracing, and hopefully prevent disease transmission
- If ALFs or other entities interested in antigen testing, see document [Getting Started with COVID-19 Point of Care Antigen Testing](#) - shows how to set-up and perform antigen testing step by step
- Next ALF webinar on April 29 from 12 pm - 1 pm will be on testing

Covid-19 Testing Check-In (continued)

- VDH continues to have large supply of free Abbott BinaxNOW COVID-19 Antigen Card tests - available for distribution
- VDH's supply of Becton Dickinson (BD) Veritor tests are mostly expired or nearing expiration - we are not currently sending out
- Have not heard back from BD regarding possibility of extending expiration date of BD Veritor tests - await their reply
- Testing team will meet with Abbott next week to learn more about when nonprescription serial antigen testing products will be available -- these tests may allow more access to testing in ALFs
- Contact me if questions brooke.rossheim@vdh.virginia.gov

COVID-19 Vaccine LTCF Bridge Program Update

Mission: Work to meet ongoing vaccine needs in LTC to bridge the time from the end of the CVS/Walgreens program until vaccines are more readily available to LTCFs.

Strategy 1: Coordinate to meet ongoing needs.

Strategy 2: Work to make vaccines more readily available.

Strategy 1 updates:

- Pfizer second dose needs are almost completely done!
- Series start needs are ongoing but are somewhat more manageable.

Strategy 2 updates:

- Several LTC pharmacies are online and rolling.
- Omnicare is the largest, and they keep delaying.
- In response, we're mitigating horizon issues with other stop-gap measures.

The J&J Suspension Impacts the LTCF Bridge

The J&J suspension is expected to impact the LTCF Bridge Program in multiple ways:

1. The overall vaccine supply in VA will be decreased.
2. LTC Pharmacies were reliant on J&J and they'll be unable to meet needs for a period of time.
3. We should see an *increase* in pharmacy partners willing to help - but this will be counterbalanced by the launch of Phase 2.

If the J&J suspension is short-lived (2-3 weeks) we don't anticipate any appreciable impact.

If the federal pipeline can pivot to get Moderna to LTC Pharmacies, we don't anticipate much impact as we fully leverage the federal allocation to serve LTC.

If the suspension is extended and the federal allocation does not support LTC pharmacy (unlikely), we would need to discuss allocation within the Commonwealth. In all cases, LTC remains a very high priority.

The future of the LTCF Bridge Program

The original mission of the LTCF Bridge Program has been (or is in the process of being) accomplished.

1. The large-scale ongoing needs have been satisfied and current ongoing needs are more manageable and often self-solving.
2. The LTC pharmacies are online and when Omnicare arrives, most facilities that can be self-sufficient, will be.

Planning is underway to demobilize the LTCF Bridge Program as soon as it is practical and appropriate to do so. At the completion of this demobilization:

1. Ongoing needs unmet by pharmacies will be met by LHDs
2. Enrollment for facilities will continue with the enrollment team
3. Remaining operations will be folded into the VDH Vaccine Team's Pharmacy Unit

This is a multivariate system so we're remaining flexible. A conceptual timeline is to begin demobilization on 3 May and decommission the bridge program on 14 May. This may change as the situation dictates.

COVID-19 Vaccine Hesitancy Discussion

Average Uptake Rates by Health Region (n=485)

Region	Avg. Proportion of residents who have completed the vaccination series	Avg. Proportion of employees who have completed the vaccination series	Avg. Proportion of nonemployee staff who have completed the vaccination series	% facilities that completed the survey
Central	84.48	55.71	76.58	48.2
Eastern	80.45	53.59	74.55	64.6
Northern	88.24	73.67	81.92	63.6
Northwest	83.48	45.48	71.82	56.7
Southwest	81.29	64.54	75.07	54.6

- Follow-up survey will be sent Friday or Monday.
- Generic link will be shared via LTC associations, agencies, [LTC Task Force website](#) and also will be sent to vaccine POCs (not email specific link)
- Shared the questions we are asking on the follow-up survey with the associations. Feedback welcome!

COVID-19 Vaccine Hesitancy Discussion

- Dr. Taison Bell, Infectious Disease expert at the University of Virginia School of Medicine and a physician practicing on the frontlines. Please share details of this webinar with members of your professional organizations. This program is open to all healthcare professionals and all healthcare staff.
 - **Wednesday April 28th 12-1pm EST**
 - Dial In: +1-408-418-9388, 1322172512#
 - Panel Link: [Click Here to Join](#)
- Moderator:
 - Wendy Klein, MD, MACP
 - Covid-19 Vaccine Advisory Workgroup
 - Associate Professor Emerita of Internal Medicine,
 - Obstetrics & Gynecology
 - VCU School of Medicine





Vaccine Administration Forms

Resident Covid-19 Vaccine Administration Form

RESIDENT VACCINE ADMINISTRATION RECORD FOR COVID-19

Facility Name: _____ State: _____

Full Name of Resident Receiving Vaccine: (Print) _____

Unit: _____ Room Number of Resident Receiving Vaccine: _____

Date of Birth: _____ Admission Date: _____

Vaccine	Manufacturer of Vaccine (place X in appropriate box)	Dose of Vaccine	Declined (indicate dose in appropriate box)	Lot Number	Date Vaccine Given	Location on body site where vaccine was given (place X in appropriate box) COVID-19 vaccine is an intramuscular (IM) vaccine
COVID-19	Pfizer	<input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/>			Right Arm <input type="checkbox"/> Left Arm <input type="checkbox"/>
	*3 weeks are recommended between doses		1. <input type="checkbox"/> 2. <input type="checkbox"/>			Right Arm <input type="checkbox"/> Left Arm <input type="checkbox"/>
	Moderna	<input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/>			Right Arm <input type="checkbox"/> Left Arm <input type="checkbox"/>
	*1 month recommended between doses		1. <input type="checkbox"/> 2. <input type="checkbox"/>			Right Arm <input type="checkbox"/> Left Arm <input type="checkbox"/>
	Other	<input type="checkbox"/>	1. <input type="checkbox"/> 2. <input type="checkbox"/>			Right Arm <input type="checkbox"/> Left Arm <input type="checkbox"/>
	(Print name)		1. <input type="checkbox"/> 2. <input type="checkbox"/>			Right Arm <input type="checkbox"/> Left Arm <input type="checkbox"/>
			1. <input type="checkbox"/> 2. <input type="checkbox"/>			Right Arm <input type="checkbox"/> Left Arm <input type="checkbox"/>
			1. <input type="checkbox"/> 2. <input type="checkbox"/>			Right Arm <input type="checkbox"/> Left Arm <input type="checkbox"/>

1) **Contraindication:** Immediate allergic reaction of any severity to previous COVID-19 vaccine; reaction to polysorbate, or polyethylene glycol. Please describe contraindication below. **Refer resident to allergist/immunologist for evaluation related to receiving COVID-19 vaccination.**
Contraindication: _____

2) **Adverse Event (Reaction) to Current Vaccine Administration:**
Describe any reaction to vaccine: _____

Resident **Declined** COVID-19 Vaccine: ☐ (X indicates resident declined) Date declined: _____

COVID-19 Vaccine Received at Another Location? ☐ (X indicates dose of vaccine received at another location)
Name of Location: _____ Date of Vaccine Received at Other Location: _____

Dose of Vaccine Received at Other Location: 1. ☐ 2. ☐

For Completion by Facility Vaccine Tracking Designee:

History of Lab Positive COVID-19? ☐ (X indicates lab positive COVID-19)
Date of lab result: Month ____ Day ____ Year ____ (If more than one previous positive lab result, include most recent date of positive result)

Consent for COVID-19 vaccine present in resident record? YES ☐ NO ☐

Staff Covid-19 Vaccine Administration Form

Facility Name: _____		State: _____					
Full Name of Staff Receiving Vaccine: (Print) _____							
Vaccine	Manufacturer of Vaccine (place X in appropriate box)	Dose of Vaccine	Declined (indicate dose in appropriate box)	Lot Number	Date Vaccine Given	Location on body site where vaccine was given (place X in appropriate box) COVID-19 vaccine is an intramuscular (IM) vaccine	
COVID-19	Pfizer <input type="checkbox"/>	1. <input type="checkbox"/>	1. <input type="checkbox"/>			Right Arm <input type="checkbox"/> Left Arm <input type="checkbox"/>	
		2. <input type="checkbox"/>	2. <input type="checkbox"/>			Right Arm <input type="checkbox"/> Left Arm <input type="checkbox"/>	
	Moderna <input type="checkbox"/>	1. <input type="checkbox"/>	1. <input type="checkbox"/>			Right Arm <input type="checkbox"/> Left Arm <input type="checkbox"/>	
		2. <input type="checkbox"/>	2. <input type="checkbox"/>			Right Arm <input type="checkbox"/> Left Arm <input type="checkbox"/>	
	Other <input type="checkbox"/> (Print name)	1. <input type="checkbox"/>	1. <input type="checkbox"/>			Right Arm <input type="checkbox"/> Left Arm <input type="checkbox"/>	
		2. <input type="checkbox"/>	2. <input type="checkbox"/>			Right Arm <input type="checkbox"/> Left Arm <input type="checkbox"/>	
	<p>1) Contraindication: Immediate allergic reaction of any severity to previous COVID-19 vaccine; reaction to polysorbate, or polyethylene glycol. Please describe contraindication below: Refer resident to allergist/immunologist for evaluation related to receiving COVID-19 vaccination. Contraindication: _____</p> <p>2) Adverse Event (Reaction) to Current Vaccine Administration: Describe any reaction to vaccine: _____</p>						
	<p>Staff Member Declined COVID-19 Vaccine: <input type="checkbox"/> (X indicates staff member declined) Date declined: _____</p>						
<p>COVID-19 Vaccine Received at Another Location? <input type="checkbox"/> (X indicates dose of vaccine received at another location) Name of Location: _____ Date of Vaccine Received at Other Location: _____ Dose of Vaccine Received at Other Location: 1. <input type="checkbox"/> 2. <input type="checkbox"/></p>							
<p>For Completion by Facility Vaccine Tracking Designee: History of Lab Positive COVID-19? <input type="checkbox"/> (X indicates lab positive COVID-19) Date of lab result: Month ___ Day ___ Year ____ (If more than one previous positive lab result, include most recent date of positive result) Consent for COVID-19 vaccine present in staff member's record? YES <input type="checkbox"/> NO <input type="checkbox"/></p>							

A single
printable page.

One for
residents,
one for staff.



Vaccine Tracking Spreadsheet

Covid-19 Vaccine Tracking Spreadsheet

Header Categories

Resident Information

Vaccine Type Information

1st Dose Details

2nd Dose Details (if applicable)

Reporting Prompts

A	B	C	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AB	AC			
RESIDENT IN				VACCINE INFORMATION		1ST DOSE										2ND DOSE (if applicable)										REPORTING	
Unit	Resident First Name	Resident Last Name	History of laboratory positive COVID-19 (dropdown)	Administered by (dropdown)	Manufacturer (dropdown)	1st Dose Vaccination Status (dropdown)	1st Dose Reason for Refusal (dropdown)	1st Dose Date Refused (mm/dd/yyyy)	1st Dose Administered (mm/dd/yyyy)	Lot #	Expiration Date (mm/dd/yyyy)	Adverse Event (Reaction) to 1st Dose? (drop)	1st Dose Received	2nd Dose Due (mm/dd/yyyy)	2nd Dose Vaccination Status (dropdown)	2nd Dose Reason for Refusal	2nd Dose Date Refused (mm/dd/yyyy)	2nd Dose Administered (mm/dd/yyyy)	Lot #	Expiration Date (mm/dd/yyyy)	Adverse Event (Reaction) to 2nd Dose? (dropdown)	2nd Dose Received	Vaccination Fully Completed?	Reported as required to NHSN, State Health Dept, etc. (YES/NO)			
Unit D			NO	Pharmacy Vendor	Pfizer-BioNTech	Previously vaccinated at another facility			12/15/2020				YES	1/5/2021	Previously vaccinated at another facility			11/22/2020			YES	YES					
Unit B			YES	Pharmacy Vendor	Pfizer-BioNTech	Accepted			12/15/2020				YES	1/5/2021	Accepted			11/22/2020		YES	YES	YES					
Unit C				Pharmacy Vendor	Pfizer-BioNTech	Accepted			12/15/2020			YES	YES	1/5/2021	Accepted			12/15/2020			YES	YES					
Unit A				Pharmacy Vendor	Pfizer-BioNTech	Accepted			12/20/2020				YES	1/10/2021	Previously vaccinated at another facility			12/15/2020			YES	YES					
Unit B				N/A	N/A	Refused	Medical Contraindication	12/22/2020					NO								NO	Medical Contraindication					
Unit C			YES	N/A	N/A	Refused	Offered and Declined	12/25/2020					NO								NO						
				Pharmacy Vendor	Moderna	Accepted			1/1/2021				YES	1/29/2021	Accepted			1/30/2021			YES	YES					
				Pharmacy Vendor	Moderna	Accepted			1/3/2021				YES	1/31/2021	Accepted			2/1/2021			YES	YES					
				Pharmacy Vendor	Moderna	Accepted			1/10/2021			YES	YES	2/7/2021	Refused	Medical Contraindication					NO	Medical Contraindication					
				Pharmacy Vendor	Pfizer-BioNTech	Accepted			1/14/2021				YES	2/4/2021	Accepted			2/5/2021			YES	YES					
			YES	Pharmacy Vendor	Pfizer-BioNTech	Accepted			1/18/2021				YES	2/8/2021	Refused	Offered and Declined	2/7/2021				NO	Refused 2nd Dose					
				Pharmacy Vendor	Moderna	Accepted			1/20/2021				YES	2/17/2021				2/7/2021				NO	NEEDS 2ND DOSE				
				Pharmacy Vendor	Pfizer-BioNTech	Accepted			1/25/2021				YES	2/15/2021								NO	NEEDS 2ND DOSE				
				Pharmacy Vendor	Janssen/Johnson & Johnson	Accepted			3/1/2021				YES	N/A							N/A	YES					
			YES	Pharmacy Vendor	Janssen/Johnson & Johnson	Accepted			3/5/2021			YES	YES	N/A							N/A	YES					
				Pharmacy Vendor	Pfizer-BioNTech	Accepted			3/5/2021				YES	3/28/2021	Unknown						Unknown	Unknown					



	G	H	I	J	K	L	M	N	O	P	Q	R
	VACCINE INFORMATION			1ST DOSE								
History of Laboratory positive COVID-19 (signature)	Administrative/ (signature)	Manufacturer (signature)	1st Dose Vaccination Status (signature)	1st Dose Reason for Refusal (signature)	1st Dose Date Refused (mm/dd/yyyy)	1st Dose Administrative (signature)	Lot #	Expiration Date (month/year)	Adverse Event (Reaction) to 1st Dose? (signature)	1st Dose Reason	2nd Dose Due (mm/dd/yyyy)	2nd Dose Status (signature)
NO	Pharmacy Vendor	Fluor-SunTach	Primarily received at another facility			12/15/2021				YES	1/5/2022	Received at another facility
YES	Pharmacy Vendor	Fluor-SunTach	Accepted			12/15/2021				YES	1/5/2022	Accepted
	Pharmacy Vendor	Fluor-SunTach	Accepted			12/15/2021			YES	YES	1/5/2022	Accepted
	Pharmacy Vendor	Fluor-SunTach	Accepted			12/20/2021				YES	1/12/2022	Received at another facility
	N/A	N/A	Refused	Medical Contraindication Offered and Declined	12/23/2021					NO		
	N/A	N/A	Refused	Offered and Declined	12/25/2021					NO		
	Pharmacy Vendor	Moderna	Accepted			1/12/21				YES	1/26/2022	Accepted
	Pharmacy Vendor	Moderna	Accepted			1/20/21				YES	1/26/2022	Accepted
	Pharmacy Vendor	Moderna	Accepted			1/10/21			YES	YES	2/7/2022	Refused
	Pharmacy Vendor	Fluor-SunTach	Accepted			1/14/21				YES	2/4/2022	Accepted
YES	Pharmacy Vendor	Fluor-SunTach	Accepted			1/18/21				YES	2/4/2022	Refused
	Pharmacy Vendor	Moderna	Accepted			1/25/21				YES	2/17/2022	
	Pharmacy Vendor	Fluor-SunTach	Accepted			1/25/21				YES	2/15/2022	
	Pharmacy Vendor	Janssen/Janssen & Johnson	Accepted			3/1/21				YES	N/A	
YES	Pharmacy Vendor	Janssen/Janssen & Johnson	Accepted			3/5/21			YES	YES	N/A	
		Fluor-SunTach	Accepted			3/5/21				YES	2/26/2022	Unknown

Calculates 2nd Dose Due (if applicable)

Resident Last Name	Manufacturer (dropdown)	1st Dose Date REFUSED (mm/dd/yyyy)	1st Dose Administered: (mm/dd/yyyy)	Adverse Event (Reaction) to 1st Dose? (dropdown)	1st Dose Received? (Autopopulated Column)	2nd Dose Due (Autopopulated Column)
Smith	Pfizer-BioNTech		12/15/2020	NO	YES	1/5/2021
Young	Pfizer-BioNTech		12/15/2020	NO	YES	1/5/2021
Forst	Pfizer-BioNTech		12/20/2020	NO	YES	1/10/2021
Adewul	N/A	12/22/2020			NO	
Perkins	N/A	12/25/2020			NO	
Chao	Moderna		1/1/2021	NO	YES	1/29/2021
Smythe	Moderna		1/3/2021	NO	YES	1/31/2021
Woodruff	Moderna		1/10/2021	NO	YES	2/7/2021
Nguyeb	Pfizer-BioNTech		1/14/2021	NO	YES	2/4/2021
Appleton	Pfizer-BioNTech		1/18/2021	NO	YES	2/8/2021
Maghamemez	Moderna		1/20/2021	NO	YES	2/17/2021
Peters	Pfizer-BioNTech		1/25/2021	NO	YES	2/15/2021
Klein	Janssen/Johnson & Johnson		3/1/2021	NO	YES	N/A

Vaccine Status To-Date

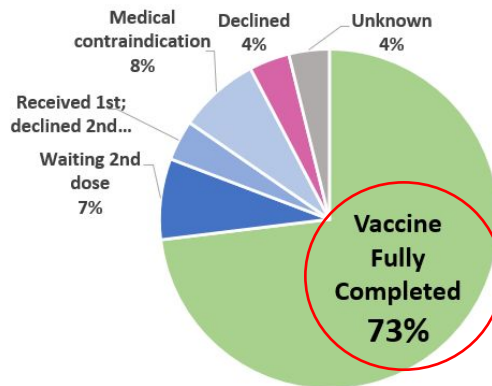
COVID-19 Vaccination Summary for RESIDENTS

Note: Totals on this summary page only include residents that are entered into the tracking sheet

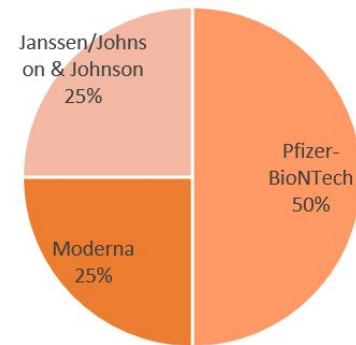
Total residents w/ vaccination fully completed	19
Residents awaiting 2nd dose	2
Residents who received 1st dose but declined 2nd dose	1
Residents who did not receive the COVID-19 vaccine due to medical contraindication	2
Residents who were offered and declined the COVID-19 vaccine	1
Residents with unknown COVID-19 vaccination status	1

Residents with a history of laboratory positive COVID-19	4 (15.4%)
Residents with an adverse event following the COVID-19 vaccine	4 (18.2%)

RESIDENTS VACCINATION STATUS TO-DATE



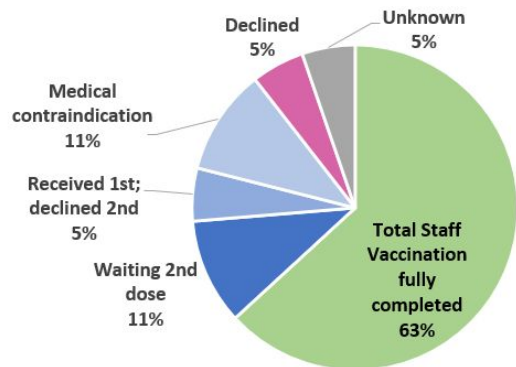
RESIDENTS ADVERSE EVENTS



NOTE: “Staff Vaccine Status To-Date” tab shows these summaries & graphs also.

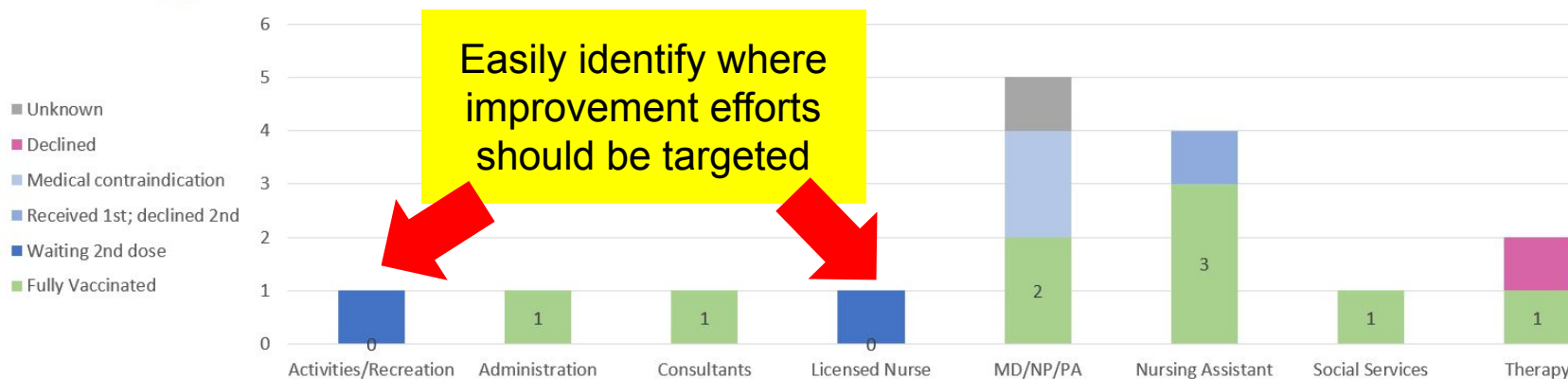
Vaccine Uptake by Department

STAFF VACCINATION STATUS TO-DATE



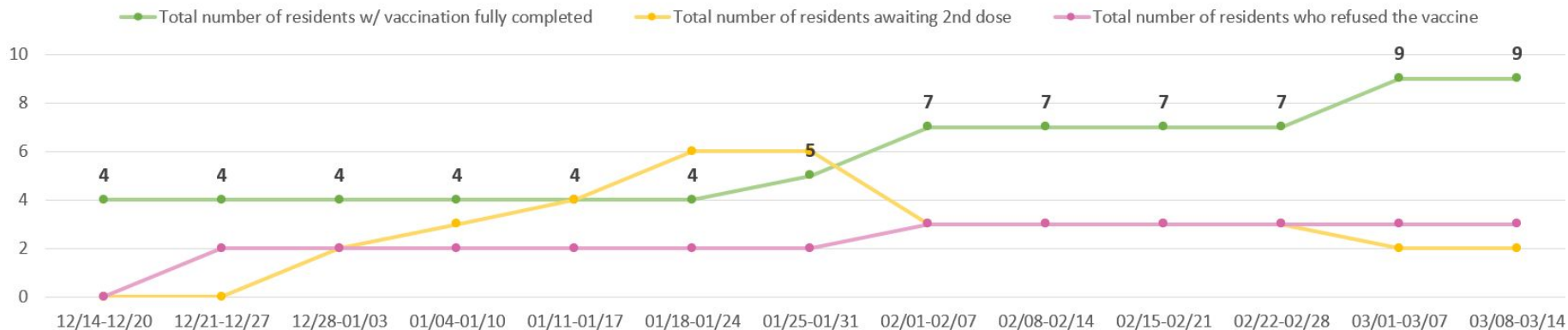
Department	Staff
Activities/Recreation	
Administration	
Ancillary Services/ Other	
Consultants	
Licensed Nurse	
MD/NP/PA	
Nursing Assistant	
Social Services	

STAFF VACCINATION STATUS TO-DATE BY DEPARTMENT



Weekly Vaccination Rates

COVID-19 VACCINATION STATUS OF RESIDENTS BY WEEK



Cumulative Rates View

Cumulative Vaccination Coverage

Start of Week (Monday):	12/14/20	12/21/20	12/28/20	1/4/21	1/11/21	1/18/21	1/25/21	2/1/21	2/8/21	2/15/21	2/22/21	3/1/21	3/8/21	3/15/21	3/22/21
1st Dose - Pfizer BioNTech COVID-19 vaccine	4	4	4	4	5	6	7	7	7	7	7	8	8	8	8
2nd Dose - Pfizer BioNTech COVID-19 vaccine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1st Dose - Moderna COVID-19 vaccine	0	0	2	3	3	4	4	4	4	4	4	4	4	4	4
2nd Dose - Moderna COVID-19 vaccine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Janssen/Johnson & Johnson COVID-19 vaccine	0	0	0	0	0	0	0	0	0	0	0	2	2	2	2
Total # of residents awaiting 2nd dose	4	4	6	7	8	10	11	11	11	11	11	10	10	10	10
Total # of residents w/ vaccinations fully completed	0	0	0	0	0	0	0	0	0	0	0	2	2	2	2

Cumulative Unvaccinated Residents

Start of Week (Monday):	12/14/20	12/21/20	12/28/20	1/4/21	1/11/21	1/18/21	1/25/21	2/1/21	2/8/21	2/15/21	2/22/21	3/1/21	3/8/21	3/15/21	3/22/21
Medical contraindication to COVID-19 vaccine	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Offered but declined COVID-19 vaccine	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Received the 1st dose, but declined the 2nd dose of COVID-19 vaccine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total # of residents who refused the vaccine	0	2	2	2	2	2	2	2	2	2	2	2	2	2	2



Covid-19 Vaccine Quick Reference

FOR MORE INFORMATION

Call 877.731.4746 or visit www.hqin.org

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Surveillance for Variants of Concern

- VDH and DCLS are prioritizing case investigations, contact tracing, and sequencing for variants of concern
 - [CDC COVID Data Tracker](#) data through March 27
- CDC [classification of SARS-CoV-2 variants](#):
 - Variant of Interest
 - Multiple; see CDC website
 - Variant of Concern (VOC)
 - B.1.1.7 (UK)
 - B.1.351 (South Africa)
 - P.1 (Japan/Brazil)
 - B.1.427/B.1.429 (CA)
 - Variant of High Consequence

Surveillance for Variants of Concern

Confirmed Variants of Concern in Virginia, By Region and Variant Type Data as of 4/13/2021

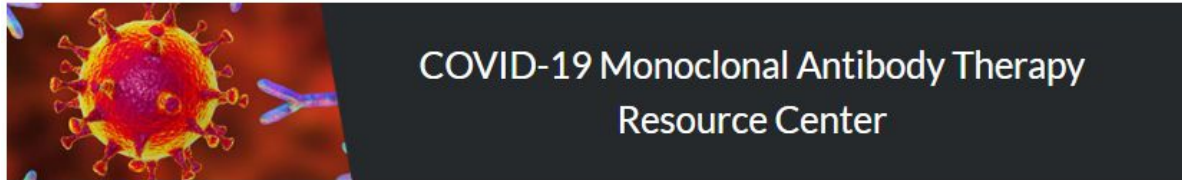
Region	B.1.1.7	B.1.351	B.1.427 or B.1.429	Grand Total
Central	121	10	14	145
Eastern	77	41	20	138
Northern	155	9	12	176
Northwest	57	2	31	90
Southwest	108	1	2	111
Grand Total	518	63	79	660

Reporting LTCF Outbreaks to the LHD

- A [supplemental form](#) to collect additional information when a new COVID-19 outbreak is reported by a LTCF was posted to the LTC Task Force [website](#) (under Guidance for all LTCFs).
- This form can be completed by a LTCF when reporting an outbreak to the LHD or by the LHD when gathering initial outbreak information.
 - Information includes vaccine uptake in residents and staff, symptom and vaccination status of positive residents and staff, testing protocols, and whether specimens are being sent for sequencing
- Information will be shared by the LHD with Central Office staff for additional follow up and assistance, if necessary

Monoclonal Antibody for Treatment of COVID-19

<https://www.vdh.virginia.gov/mabs/>



As Healthcare providers continue to fight the COVID-19 pandemic, effective treatments are needed to reduce transmission rate, hospitalizations, and the overall burden of COVID-19 on the United States health care system. Depending on age, medical history, and length of time symptomatic, monoclonal antibody (mAb) treatment might be a prudent and beneficial course of treatment for COVID-19 patients. The human body's immune system creates antibodies to fight off viruses.

Monoclonal antibodies are synthetic antibodies that mimic the immune system's response to an infection. Initial data shows that mAb therapy treatment reduces the risk of hospitalization and death in COVID-19 patients and slows down progression of the virus in the community. Currently, the U.S. Food and Drug Administration (FDA) has issued Emergency Use Authorizations (EUAs) permitting the use of the following mAb therapeutics for the treatment of mild to moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progressing to severe COVID-19 and/or hospitalization:

- Bamlanivimab (Lilly)
- Casirivimab/Imdevimab (Regeneron)
- Bamlanivimab and Etesevimab (Lilly)

Personal Protective Equipment Update

- Skilled Nursing Facilities can still request PPE through Virginia's Regional Healthcare Coalitions.
- Assisted Living Facilities should continue addressing PPE needs via regional DSS points of contact.

Travel Updates

Domestic Travel Recommendations and Requirements	Not Vaccinated	<u>Fully</u> <u>Vaccinated</u>
Get tested 1-3 days before travel	✓	
Get tested 3-5 days after travel and self-quarantine for 7 days. Self-quarantine for 10 days if you don't get tested.	✓	
Self-monitor for symptoms	✓	✓
Wear a mask and take other precautions during travel	✓	✓

Travel Updates- cont.

International Travel Recommendations and Requirements	Not Vaccinated	<u>Fully Vaccinated</u>
Get tested 1-3 days before traveling out of the US	✓	
Mandatory test required before flying to US	✓	✓
Get tested 3-5 days after travel	✓	✓
Self-quarantine after travel for 7 days with a negative test or 10 days without test	✓	
Self-monitor for symptoms	✓	✓
Wear a mask and take other precautions during travel	✓	✓

Updated IPC Guidance

- On March 29, 2021, CDC released new guidance for LTCFs, Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes, found [here](#).
- VDH recommends Virginia facilities follow the new CDC guidance, which supplements the CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, found [here](#).
- The guidance is specific for nursing homes, including skilled nursing facilities, and may also apply to other long-term care and residential settings

Updated IPC Guidance, cont.

- As nursing homes resume normal practices and begin relaxing restrictions, nursing homes must sustain core IPC practices and remain vigilant for SARS-CoV-2 infection among residents and HCP in order to prevent spread and protect residents and HCP from severe infections, hospitalizations, and death.
- Unless noted in the [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#), this guidance applies regardless of vaccination status and level of vaccination coverage in the facility.

Updated IPC Guidance, cont.

- Facilities shall assign one or more individuals with training in IPC to provide onsite management of the IPC Program.
- This should be a full-time role for at least one person in facilities that have more than 100 residents or that provide onsite ventilator or hemodialysis services.
- Smaller facilities should consider staffing the IPC program based on the resident population and facility service needs identified in the IPC risk assessment.

Updated IPC Guidance, cont.

The following activities can be considered for residents who do **not** have current suspected or confirmed SARS-CoV-2 infection, and residents who have not had close contact with a person with SARS-CoV-2 infection:

1. Communal dining and group activities at the facility
 - a. Social distancing, face mask and frequent HH
2. Social activities outside the facility (avoid crowds and poorly ventilated spaces)
 - a. Social distancing, face mask and frequent HH
 - b. Residents should inform the facility if they have close contact with a person with SARS-CoV-2 infection while outside the facility

Updated IPC Guidance, cont.

If the unvaccinated people are from a single household that does not have individuals at risk of severe COVID-19, they can visit with fully vaccinated people indoors, without anyone wearing masks, with a low risk of SARS-CoV-2 transmission.

For example, fully vaccinated grandparents can visit indoors with their unvaccinated healthy daughter and her healthy children without wearing masks or physical distancing, provided none of the unvaccinated family members are at risk of severe COVID-19.

Updated IPC Guidance, cont.

New admission/Readmission:

- In general, all other new admissions and readmissions should be placed in a 14-day quarantine, even if they have a negative test upon admission.
- Residents with confirmed SARS-CoV-2 infection who have not met criteria for discontinuation of Transmission-Based Precautions should be placed in the designated COVID-19 care unit.
- Exceptions include residents within 3 months of a SARS-CoV-2 infection and fully vaccinated residents (asymptomatic and have not had prolonged close contact with someone infected with SARS-CoV-2 in the past 14 days).

Updated IPC Guidance, cont.

Residents who leave the facility on regular basis:

- In most circumstances, quarantine is not recommended for residents who leave the facility for less than 24 hours and do not have close contact with someone with SARS-CoV-2 infection.
- Facilities might consider quarantining residents who leave the facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended IPC measures.
- Residents who leave the facility for 24 hours or longer should generally be managed as described in the New Admission and Readmission section.

Updated IPC Guidance, cont.

- Ideally any resident with suspected SARS-CoV-2 infection should be moved to a single-person room with a private bathroom, and the door to the room remain closed, while test results are pending.
- However, in some circumstances (e.g., memory care units), keeping the door closed may pose resident safety risks and the door might need to remain open. So if doors must remain open, facility engineers shall implement strategies to minimize airflow into the hallway.

Updated IPC Guidance, cont.

- Considerations for Residents and HCP who are within 3 months of prior infection:
 - CDC currently recommends that asymptomatic residents who have recovered and are within 3 months of a positive test for SARS-CoV-2 infection may not need to be quarantined or tested following re-exposure to someone with SARS-CoV-2 infection.
 - However, exceptions apply in some clinical scenarios.

Updated IPC Guidance, cont.

Highlights from updated CDC “Strategies for Optimizing the Supply of N95 Respirators”, Apr. 9, 2021 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

- CDC acknowledged that the supply and availability of NIOSH-approved respirators have increased
- Once personal protective equipment (PPE) supplies and availability return to normal, healthcare facilities should promptly resume conventional practices.
- Conventional capacity (normal use, in the face of a potential N95 respiratory shortage) updates:
 - Extended use of N95 respirators as source control
 - Added language on the use of respirators with exhalation valves
- Contingency capacity (expected shortage) updates:
 - Added a strategy to prioritize respirators for HCP who are using them as PPE over those HCP who are only using them for source control
 - For extended use of N95 respirators as PPE, clarified that N95 respirators should be discarded immediately after being removed

Updated IPC Guidance, cont.

- Crisis capacity (known shortage) updates:
 - Removed strategy of using non-NIOSH approved respirators developed by manufacturers who are not NIOSH-approved holders
 - Highlighted that the number of reuses should be limited to no more than five uses (five donnings) per device by the same HCP to ensure an adequate respirator performance
 - Removed decontamination of respirators as a strategy with limited re-use

Long-Term Care Wellness Advisory Committee Update

- DBHDS has included a funding proposal Mental Health First Aid Train-the-Trainer funding for LTCF staff, community members and family caregivers in their SAMHSA/American Relief Plan application.
- Committee leadership will review and analyze the 2020 CMS Minimum Data Set (MDS) to determine the prevalence of depression, pain and psychoactive medications during COVID-19 in LTCFs by a number of factors (e.g., Medicare Star Rating, percent residents covered by Medicaid, geographic distribution, staffing, etc.).
- Reminder: [Adult Protective Services Mandatory Reporting Requirements](#)
- Reminder: Effective July 1, 2020, [new whistleblower protection laws](#) now apply to private employers.

Next Steps

Discussion

Next meeting:

Thursday, May 20, 10:00-11:30am