



office of the governor of the commonwealth of virginia

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

Dr. Laurie Forlano, Deputy Director, Office of Epidemiology, VDH  
Sarah Lineberger, HAI Program Manager, Office of Epidemiology, VDH  
Brenden Rivenbark, Senior Policy Analyst, Office of the Commissioner, VDH

August 26, 2021

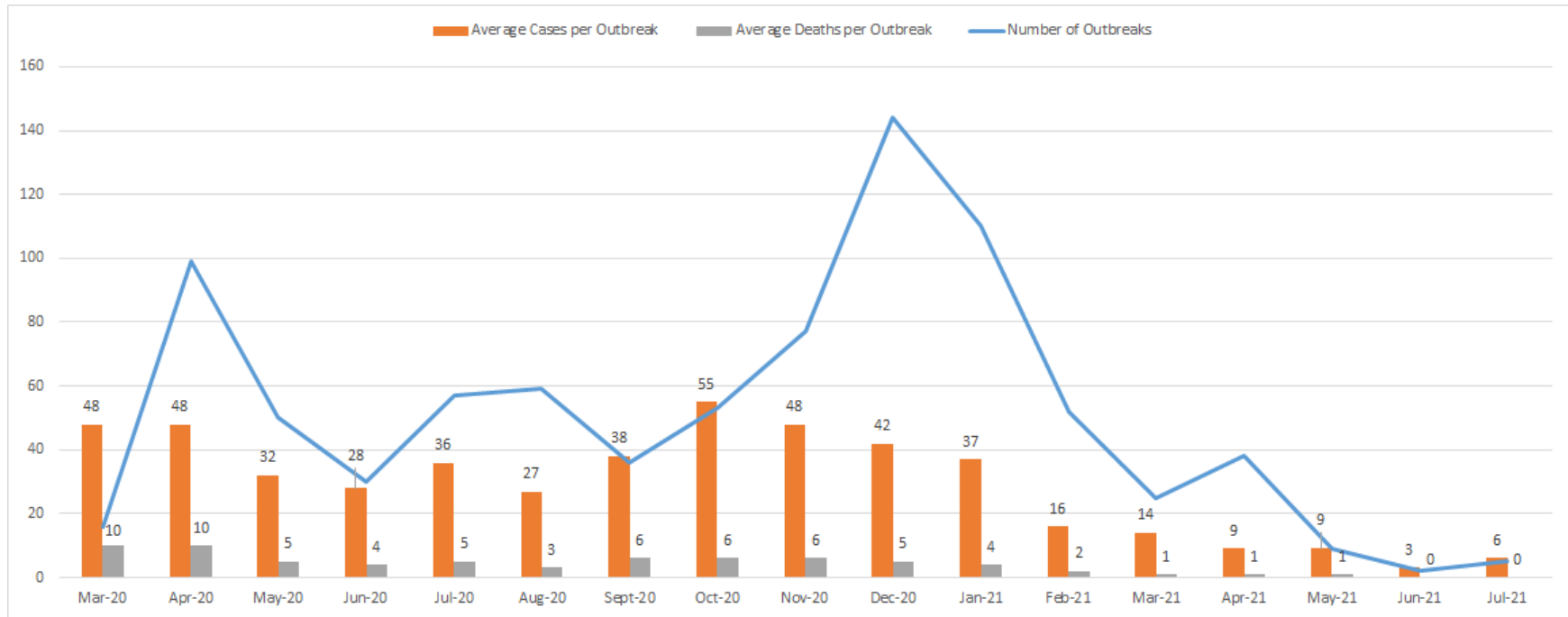
# Welcome and Housekeeping Items

- 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

- Situational Update
- Infection Control Reminders
- Testing Check-In
- Vaccination Requirements & Check-In
- Monoclonal Antibody Update
- DMAS Update
- Creating Interprofessional Readiness for Complex & Aging Adults
- Tentative: DBHDS Update
- Next Steps
- Discussion

# COVID-19 Outbreaks in Long-Term Care Facilities<sup>\*^†</sup>



Virginia LTC Task Force Convened (4/10)

CMS Reporting Requirement (5/24)

CMS Testing Requirement (8/25)

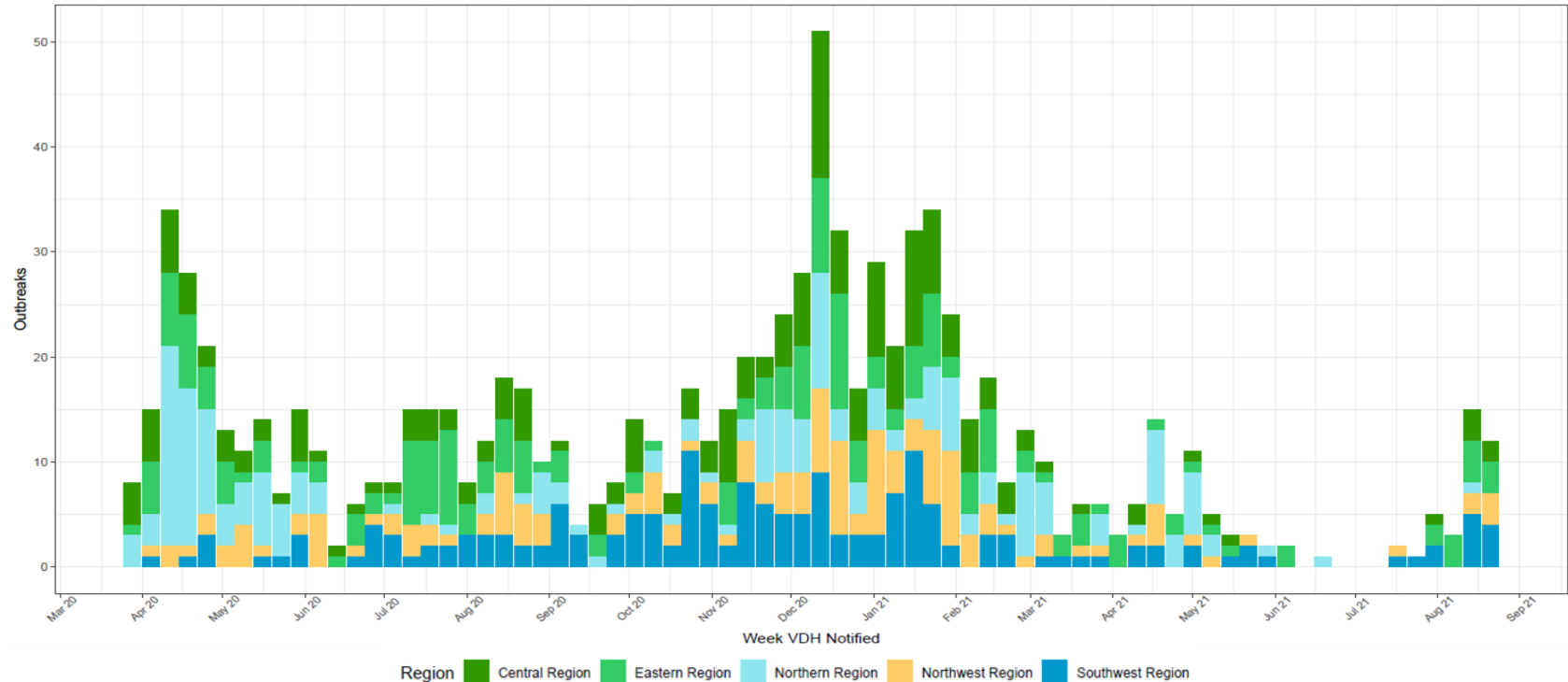
CMS Visitation Guidance (9/17)

LTCF Federal Pharmacy Partnership Program Begins (12/28)

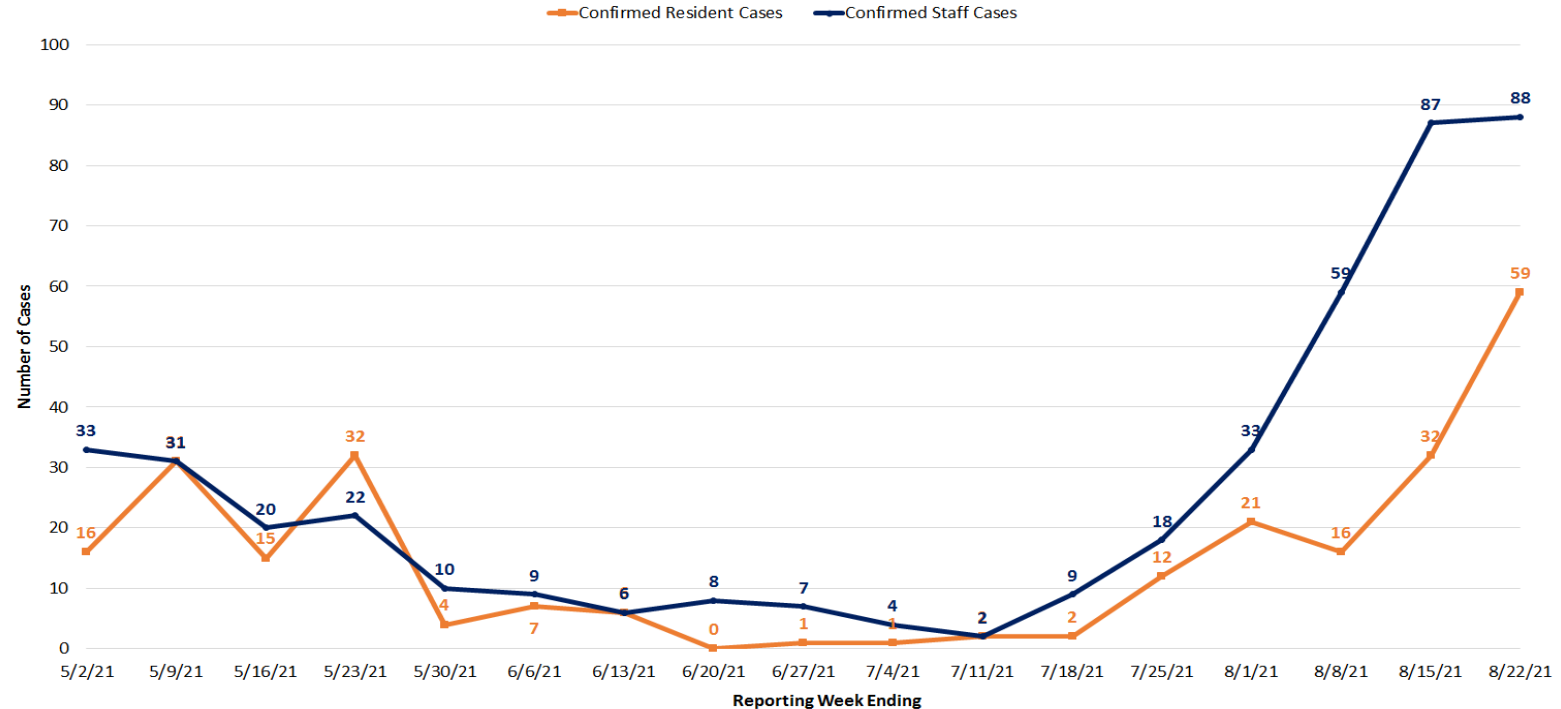
(Updated 8/2/2021)

# Trend: Number and Region of LTCF COVID-19 Outbreaks

by date VDH notified; includes outbreaks reported from assisted living facilities, nursing homes, and multicare facilities to VDH with a confirmed or suspected etiologic agent of SARS-CoV-2

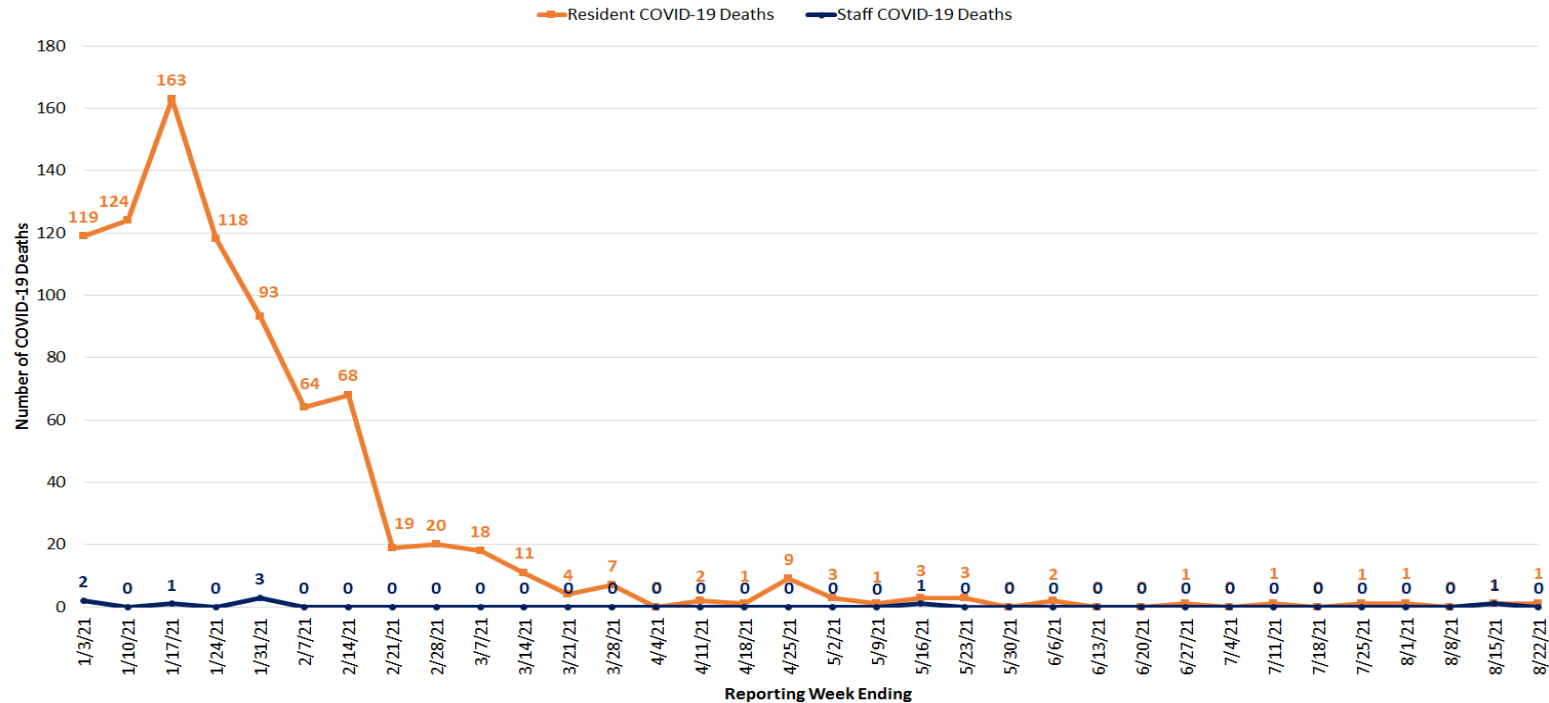


# Nursing Home Resident and Staff COVID-19 Cases



Data are from NHSN as of 8/23/21. Data include PCR and antigen test results. Data are subject to change.

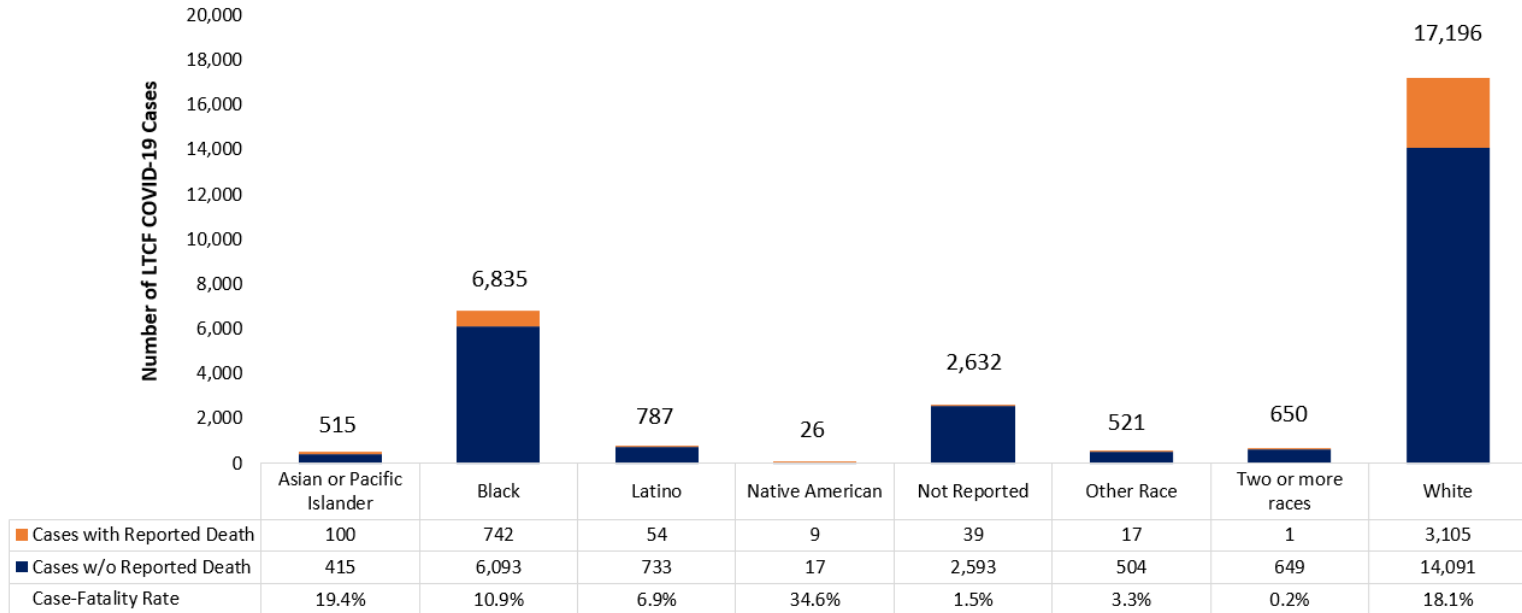
# Nursing Home Resident and Staff COVID-19 Deaths



Data are from NHSN as of 8/23/21. Data include PCR and antigen test results. Data are subject to change.

# COVID-19 Cases and Deaths in LTCFs\* by Race/Ethnicity^

N=29,162



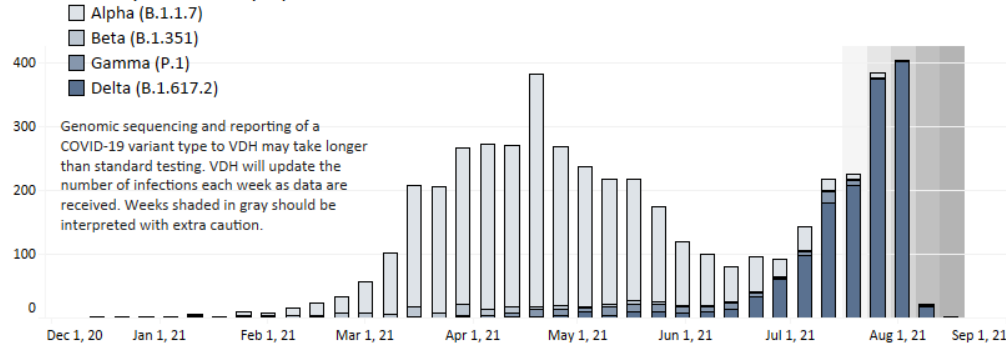
\*Long-term care facility includes nursing homes, assisted living facilities, multicare facilities, group homes, and behavioral health residential facilities. Includes residents and staff.

^Data from VOSS and VEDSS are subject to change



# COVID-19 Variants of Concern in Virginia

Infections by Week of Symptom Onset



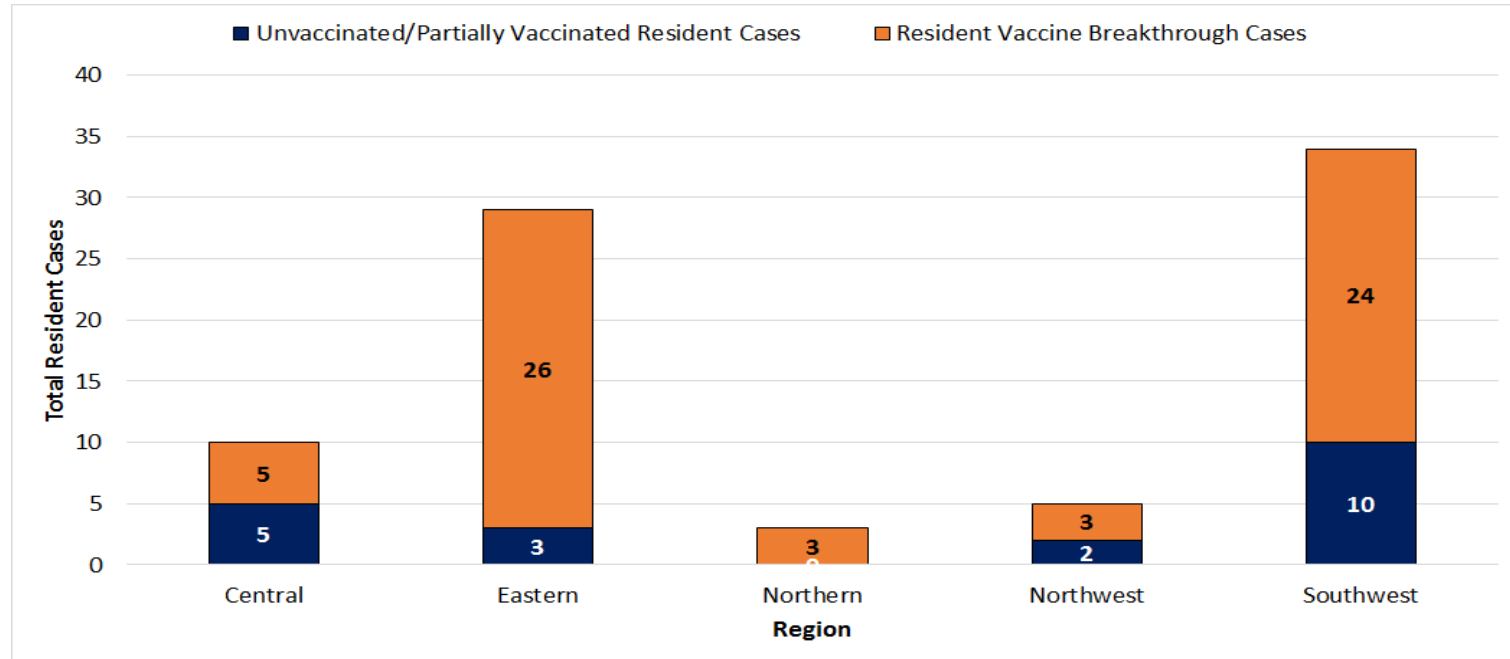
Region	Alpha (B.1.1.7)	Beta (B.1.351)	Gamma (P.1)	Delta (B.1.617.2)
Virginia	3,136 (64.2%)	125 (2.6%)	161 (3.3%)	1,465 (30.0%)
Central	553 (62.7%)	20 (2.3%)	11 (1.2%)	298 (33.8%)
Eastern	522 (56.1%)	76 (8.2%)	48 (5.2%)	285 (30.6%)
Northern	576 (61.1%)	13 (1.4%)	37 (3.9%)	317 (33.6%)
Northwest	675 (67.4%)	8 (0.8%)	36 (3.6%)	283 (28.2%)
Southwest	810 (71.7%)	8 (0.7%)	29 (2.6%)	282 (25.0%)

<https://www.vdh.virginia.gov/coronavirus/covid-19-data-insights/variants-of-concern/>

## Vaccine Breakthrough Cases in Virginia Nursing Homes, July 19, 2021 - August 15, 2021

- From July 19, 2021 - August 15, 2021, 30 Virginia nursing homes (10% of all nursing homes in Virginia) reported at least 1 confirmed resident case of COVID-19
  - Among these outbreaks, there were an average of three cases and a maximum of thirteen cases
  - There were a total of 81 cases across all 30 nursing homes during this time period
- Among all cases reported during this time period, **75% of resident cases had been fully vaccinated** (n=61 vaccine breakthrough cases)
  - 25% of cases were unvaccinated, partially vaccinated, or unspecified (n=17 unvaccinated cases, n=1 partially vaccinated, n=2 unspecified)
  - Six facilities (20%) reported no vaccine breakthrough cases and 24 (80%) reported at least one vaccine breakthrough case
  - Average current census was higher for facilities with at least one vaccine breakthrough case (avg = 91 beds filled) than it was for facilities with no vaccine breakthrough cases (avg = 77 beds filled)
- Vaccine breakthrough cases occurred among residents who had been fully vaccinated with the Pfizer-BioNTech vaccine (82%), the Moderna vaccine (16%), or the Janssen vaccine (1%)
  - Most nursing home residents were offered Pfizer vaccine as part of the Federal LTC Pharmacy Partnership
- The HAI/AR team is working with local health departments to gather additional data for all LTCF outbreaks (including ALFs and multicare facilities)

## Vaccine Breakthrough Cases in Virginia Nursing Homes, July 19, 2021 - August 15, 2021



Data are from NHSN as of 8/23/2021. [Resident vaccine breakthrough cases](#) are reported when a resident had completed an FDA-authorized COVID-19 vaccine series at least two weeks prior to testing positive for COVID-19.

# Planning for Fall 2021

- **Current situation**
  - Delta variant
  - Increases in [community transmission](#) and [positivity rate](#)
  - Other viruses circulating
- **Unknowns**
  - Influenza season
    - Nursing homes report flu and other respiratory illnesses weekly to NHSN
  - Possible changes to federal guidance
- **Need to re-focus on**
  - Infection control measures
  - Testing
  - Vaccination
  - Outbreak management

# Fall 2021 Planning Checklist

What every LTCF needs to have on hand to prepare for Fall 2021

- Infection prevention policies
- PPE supply
- Fit-testing plan
- Testing resources
- Vaccination
- Therapeutics
- Communication plan

# VDH COVID-19 Outbreak Dashboard

## Outbreaks by Setting by Facility Name

- Dashboard live Wednesday, August 25, 2021
- Includes all outbreaks reported to VDH since August 1, 2021
  - Confirmed and suspected
- Will be updated weekly on Fridays

# Outbreak Testing

Respiratory outbreak testing at DCLS, state public health lab:

- For each suspect outbreak, collect 3-5 specimens on any new onset cases
  - Coordinate specimen collection with your [local health department](#)
    - LHDs have collection kits
  - Specimens will be sent to DCLS ([testing instructions](#))
  - Specimens will be tested using CDC flu/SARS-CoV-2 multiplex test
    - If negative for both flu and COVID, will reflex to RVP (respiratory viral panel)
- Whole genome sequencing can be requested for outbreaks with rapid or unusual spread or increased morbidity/mortality

# VDH Updates

- Infrastructure
  - Regional IP Coordinators
    - Part of HAI/AR Program
  - Regional IPs
    - In 4 of 5 public health regions
  - Local Health District positions
    - HAI, congregate settings
- Regular communication with LHDs
  - HAI/AR Program lunch and learns
  - Weekly and biweekly response calls with LHDs
  - Weekly situational reports



# Check-In: Emergency Preparedness & PPE

# Infection Control Guidance Check-In

CDC recommends urgent actions:

1. **Get vaccinated as soon as possible:** Residents, staff, and visitors should be fully vaccinated to prevent the spread of COVID-19.
2. **Wear a mask regardless of vaccination status:**
  - Nursing home staff should continue to use source control when around residents.
  - Visitors should use a mask (source control) when in the public areas of the facility (such as hallways and common areas).
  - It is also safest to use a mask when visiting privately with residents.
  - Residents should be encouraged to wear a mask when outside of their room, especially when unvaccinated or when in counties with high rates of COVID-19.
1. **Stay home if you feel ill:** Do not go to work or visit a nursing home if you have symptoms of COVID-19 or feel ill.
2. **Get tested:** Anyone with symptoms of COVID-19 or known exposure, regardless of vaccination status, should receive a viral test immediately

# COVID-19 Testing Update

- ELC Grant continues:
  - ❖ Community and Outbreak Testing (PCR, Vendor contracts)
  - ❖ At-Home Test kits for Vulnerable Populations (POC CLIA waived; Lucira molecular on hold)
  - ❖ K12 Screening Testing Program
- New grant-NOA pending: Confinement - jails, homeless shelters
- ICATT: Repatriation logistics support - BinaxNow tests
- ED#18: Guidance for Workforce Screening Testing
- MRC Workforce Training: Saturday Aug 21st, approx 450 attendees

# Testing poll questions

- The Testing Team would appreciate some feedback on current testing practices and resources
- This is for planning purposes as we move into Fall 2021

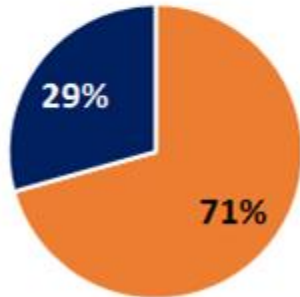
## Instructions

- Go to [menti.com](https://www.menti.com) on your device
- Use the code 1318 8142

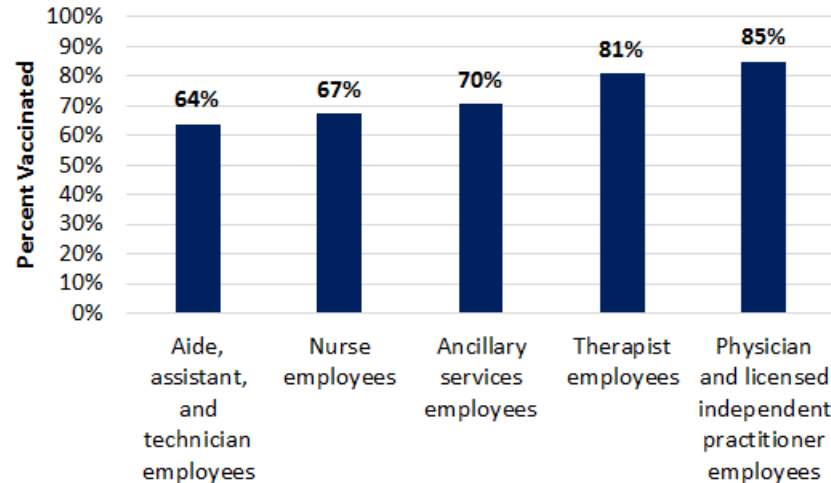
# COVID-19 Vaccination in Nursing Homes

## Nursing Home Staff

- Eligible HCP who are fully vaccinated
- Eligible HCP who are not fully vaccinated

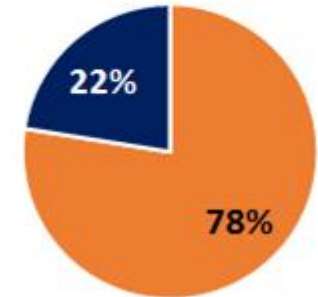


## Vaccination by Nursing Home Staff Type



## Nursing Home Residents

- Residents who are fully vaccinated
- Residents who are not fully vaccinated



Data are from NHSN as of 8/23/2021.

In Virginia, 281 nursing homes reported resident vaccination data for the reporting week ending 8/15/2021;

281 nursing homes reported staff vaccination data for the reporting week ending 8/15/2021.

For staff type definitions, please refer to the [NHSN Table of Instructions](#).

## Additional Dose Recommendations for mRNA vaccines

- Thursday, Aug. 12 - EUA update to allow an additional **3rd dose** to moderate or severely **immunocompromised** following the completion of a primary **mRNA** vaccine series. The third dose can be administered at least **28 days after a person's second dose**. (Those who received J&J are not recommended to get additional doses; CDC is actively reviewing data.)
  - Moderately or severely immunocompromised do not require proof of medical condition. CDC has said this includes people who have:
    - Been receiving active cancer treatment for tumors or cancers of the blood
    - Received an organ transplant and are taking medicine to suppress the immune system
    - Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
    - Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
    - Advanced or untreated HIV infection
    - Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response
- Monday, Aug. 23 - FDA approved full licensure of Pfizer COVID-19 Vaccine (Brand name: Comirnaty)
- Anticipated in late September - **Booster Doses** for those 18 years and older offered for free and not earlier than **8 months** after initial series pending FDA/CDC/ACIP independent evaluations and awaiting the final recommendation.
  - **Note that there is a difference between Third Doses (as an additional dose for immunocompromised persons) vs. Booster Doses for all adults**

# Important Considerations around Additional Dose Recommendations

- CDC published [MMWR Article](#), Wednesday, Aug. 18:
  - Vaccine efficacy in SNF residents was 74.7% after 2 doses of mRNA vaccine before the Delta variant spread
  - Effectiveness declined to 53.1% after the widespread of the Delta variant
  - This study could not differentiate the independent impact of the Delta variant from other factors, such as potential waning of vaccine-induced immunity
- **Interchanging mRNA vaccines:** “If the mRNA COVID-19 vaccine product given for the first two doses is not available, the other mRNA COVID-19 vaccine product may be administered.”
- **Coadministration of vaccines:** “COVID-19 vaccines and other vaccines may be administered without regard to timing. If multiple vaccines are administered at a single visit, administer each injection in a different injection site.”

# Need For Data

As per CDC, 95% of LTCF are contracted with a pharmacy that can fulfill their vaccine needs

- VDH vaccine unit will follow up with CDC

To plan for LTCF vaccine support

- VDH attempted to gather data of facilities and contracted pharmacies
  - Data not complete nor accurate
  - Crucial for planning purposes

As a result, VDH plans to survey the LTCFs as the best and quickest way to gather this data



# Vaccine Access

1. Utilize existing contract with pharmacy and consider co-vaccination clinics (i.e Flu & COVID vaccines)
2. Consider identifying another local pharmacy to contract with if current is not able to meet your needs
  - a. LTCFs which have a contract with pharmacies for flu vaccination may be willing to assist with COVID as the same time or as a separate clinic
3. Enroll as providers if:
  - a. Have medical staff on site
  - b. Capability to enter data into VIIS
4. Transport residents to local pharmacy or healthcare providers as resources permit
5. Walgreens is in the process of contacting LTCFs previously vaccinated. Other pharmacies have stated interest To assess the need more broadly, Walgreens developed a booster interest survey for all LTCFs to request booster clinics at facilities.
  - a. Submit interest survey using (<https://wagsoutreach.com/LTCF-Contact-Us>)
  - b. This does not guarantee Walgreens is able to support
  - c. Dependent on Walgreens capacity, level of demand, and available resources
6. Contact your the health department if you need additional support - more guidance to come

# VDH LTCF Vaccine Communication Initiatives

## LTCF staff vaccine confidence toolkit

- Conversation guide and presentation slides to assist facilities
- Testimonials from LTCF staff
- Educational material in the form of posters & fact sheets in multiple languages
- Distribution in the upcoming week
- REDCap form to order posters (insert link)

## Digital Ads – Live as of August 10

- Google, Facebook & Instagram
- Targets individuals within close proximity of LTCFs
- Directs to (<https://www.vdh.virginia.gov/covid-19-vaccine/patient-education/>)



# **Monoclonal Antibody Update Long-Term Care Facility Task Force August 26, 2021**

# Monoclonal Antibodies (mAbs) with FDA Emergency Use Authorizations (EUAs) for **outpatient** Covid-19 Use

- [Casirivimab \(REGN10933\) and Imdevimab \(REGN10987\)](#) = **REGEN-COV** (Regeneron)
  - Combination of two monoclonal antibodies in one product
  - **\*Has indication for IV infusion (preferred) OR 4 subcutaneous injections\***
- [Sotrovimab](#) (VIR-7831; GlaxoSmithKline/Vir Biotechnology)
  - Received FDA EUA on May 26, 2021
  - **Only indicated for IV infusion**
- “[Bam/Ete](#)” = **Bamlanivimab** (also known as LY-CoV555 or LY3819253) in combination with Etesevimab (also known as LY-CoV016 or JS016 or LY3832479) – both Eli Lilly drugs
  - Only indicated for IV infusion
  - **On June 25, 2021, “Bam/Ete” distribution put on hold by HHS. Also, FDA recommended that alternate mAbs be used for outpatient Covid-19 treatment**
  - Reason = “Bam/Ete” not felt to be effective against the Beta (B.1.351) and Gamma (P.1) SARS-CoV-2 variants. Combined frequency of variants was > 11% at that time
  - As of 8/25/2021, Bam/Ete continues to be on hold, and NOT recommended for use by FDA

# FDA EUA Indications for outpatient mAb therapy – 1

## 1. Treatment of mild to moderate Covid-19:

- **REGEN-COV, or**
- **Sotrovimab (GSK)**
- **Very informative FDA website = COVID-19 Drug and Biological Therapeutic Products** (see <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#coviddrugs>)

## **Eligibility for Treatment of Mild-Moderate Covid-19 Infection in High Risk Individuals**

Products granted EUA for mild to moderate COVID-19 cases early in infection, who are at high risk for progressing to severe COVID-19 and/or hospitalization; with following criteria:

- Adult or pediatric (>12 years of age and weighing at least 40kg) patient
- Confirmation via positive PCR or antigen test
- Treatment as soon as possible following positive viral test and within 10 days of symptom onset
- Patient symptomatic but not yet progressed to require hospitalization or oxygen therapy (or increase from baseline chronic oxygen therapy)

# FDA EUA Indications for outpatient mAb therapy – 2

## 2. Postexposure Prophylaxis against COVID-19:

- REGEN-COV only

### Eligibility

- ***Patients 12 years of age and older*** who are at ***high risk for progression to severe COVID-19***, including hospitalization or death, ***and*** are:
  - ***Not fully vaccinated or who are not expected to mount an adequate immune response*** to complete SARS-CoV-2 vaccination (for example, individuals with immunocompromising conditions including those taking immunosuppressive medications) ***and***
- Have been exposed to an individual infected with SARS-CoV-2 consistent with **close contact criteria per CDC** ***or***
- Who are at high risk of exposure to an individual infected with SARS-CoV-2 because of occurrence of COVID-19 infection in other individuals in the same institutional setting (for example, nursing homes or prisons)

## Monoclonal Antibody Therapy “Nuts & Bolts”

[VDH COVID-19 Monoclonal Antibody Therapy Resource Center](http://www.vdh.virginia.gov/mabs) ([www.vdh.virginia.gov/mabs](http://www.vdh.virginia.gov/mabs))

- Bamlanivimab/Etesevimab (Lilly) Fact Sheets: [Physician](#) [Patient](#)
- Casirivimab/Imdevimab (REGEN-COV) Fact Sheets: [Physician](#) [Patient](#)
- Sotrovimab (GSK/Vir Biotechnology) Fact Sheets: [Physician](#) [Patient](#)
- [mAb Infusion Sites in Virginia](#) (opens an Excel spreadsheet)
- [Reimbursement & Coding](#)
- [Therapeutics Program & Direct Ordering](#) (of REGEN-COV and Bam/Ete)
- [Sotrovimab ordering](#)
- [Training & Education](#)
- [Infusion Toolkit](#)
- [Additional Resources](#)



## Cost and availability of monoclonal antibody products

- Department of Health and Human Services (HHS) has purchased a large supply of bam/ete (Lilly) and REGEN-COV – these drugs are available at no cost
- **Patients are not charged for the drug, but they may be charged for their clinic visit/infusion services**
- Federal govt has not purchased sotrovimab (GSK/Vir Biotechnology) – it's available on the open market

# Ongoing outreach / efforts about monoclonal antibodies

**Goal is to promote, and increase awareness and use of monoclonal antibodies for FDA EUA indications**

Webinars about monoclonal antibodies completed:

- Virginia Chapter of American College of Physicians
- Virginia Academy of Family Physicians

Upcoming webinars:

- Quality Insights - dialysis centers in Virginia
- Virginia Council of Nurse Practitioners
- Virginia Hospital and Healthcare Association

Monoclonal Antibody Workgroup of LTCF Task Force = multiple LTCF medical directors and organizations

Upcoming meeting with Virginia Association of Home Care and Hospice and long-term care facilities to discuss possible administration of monoclonal antibodies in long-term care facilities - thank you for your participation in this important effort!

**If your organization or facility would like an in-service or webinar about monoclonal antibodies, please contact me**

For questions or more information,  
please contact:

Brooke Rossheim, MD, MPH  
Public Health Physician Specialist  
VDH Covid-19 Health Information Team  
[brooke.rossheim@vdh.virginia.gov](mailto:brooke.rossheim@vdh.virginia.gov)

## DMAS ARPA Funding Update

- DMAS is currently evaluating a process for payments of the \$5 Nursing Facility Per Diem.
- We are working closely with VHCA-VCAL to establish a plan, which will likely be finalized in the next couple weeks.
- We anticipate making quarterly payments throughout the year to meet the September, 2022 deadline in the Appropriations Act.

# DBHDS Update

# Creating Interprofessional Readiness for Complex & Aging Adults (CIRCAA)

- CIRCAA is a practical, case-based, interprofessional learning experience. The curriculum enhances the ability of clinicians and educators to help patients, learners, care providers, and interprofessional teams to care for people aging with complex medical conditions.
- This program includes hybrid three-hour monthly seminars (September - June), one-hour monthly Capstone Chats, two in-person retreats, independent study, an interprofessional practicum, and a Capstone Project. Scholars must attend at least 70% of the meetings. Program cost is \$250.
- Additional information can be found [here](#).

# Next Steps

- LTC Task Force [website](#)
- Scheduling meetings through the end of 2021
  - Monthly Task Force meetings
  - Monthly LTC provider discussions

# Discussion



## Selected COVID-19 Dashboards

- [COVID-19 in Virginia Summary](#)
- [COVID-19 Vaccine Summary](#)
- [COVID-19 Cases by Vaccination Status](#)
- [COVID-19 Level of Community Transmission](#)
- [COVID-19 Outbreaks in Virginia](#)
- [COVID-19 Outbreaks by Setting](#)
- [COVID-19 Variants of Concern](#)
- [VDH PCR Test Positivity Rates](#)
- [VHHA COVID-19 Hospitalizations](#)
- [Equity in Action](#)
- [Equity at a Glance](#)