



office of the governor of the commonwealth of virginia

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

Dr. Laurie Forlano, Deputy Commissioner of Population Health, VDH

Gena Berger, Chief Deputy Commissioner, DSS

August 20, 2020

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

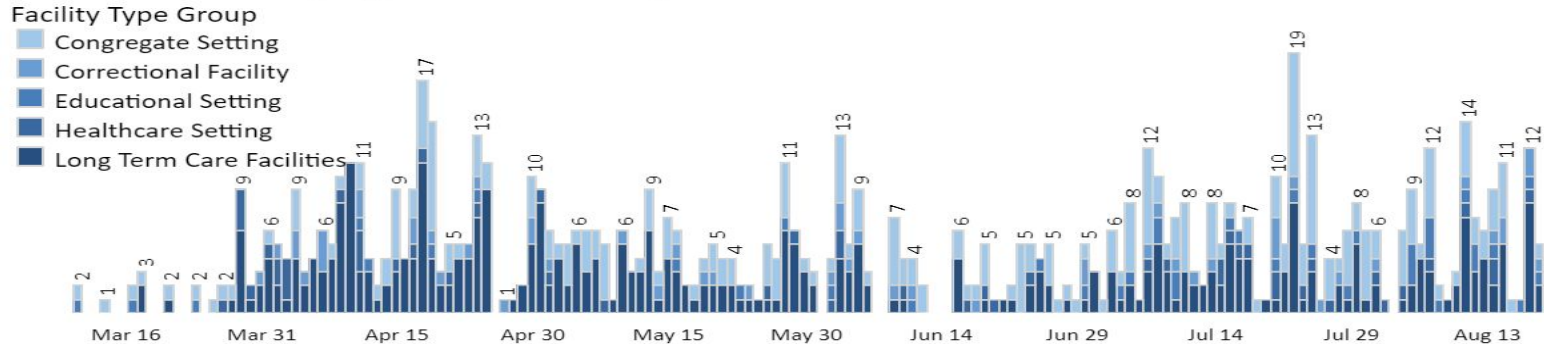
- Data Update
- COVID-19 and Influenza Vaccine Planning
- CMS Testing Update
- CDC Antigen Testing Guidance
- NHSN Data Findings
- VDH Draft Recommendations for Hospitalized Patients Being Discharged to a Long-Term Care Facility During the COVID-19 Pandemic
- Compliance with Virginia Department of Labor and Industry Emergency Temporary Standards for Infectious Disease Prevention
- Financing Guidance Recap
- 2020 General Assembly August Special Session Update
- Discussion
- Next Steps

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

Cases and Deaths by Outbreak Facility Type - State Totals

Long Term Care Facilities	Cases	8,944
	Deaths	1,309
Correctional Facility	Cases	3,406
	Deaths	16
Congregate Setting	Cases	3,283
	Deaths	43
Healthcare Setting	Cases	435
	Deaths	17
Educational Setting	Cases	170
	Deaths	0

Number and Facility Type of Outbreak by Date VDH Notified



Influenza Vaccine Planning

- Make a Plan - How will your residents and staff get vaccinated?
- Influenza vaccine will be vital this year to protect residents and staff but also reduce transmission within the community for those that cannot be immunized.
- Healthy People 2020 Goal: HCW 90%
- #TakeFluOffTheTable
- Take the time **now** to enroll and onboard with **VIIS** today!



Health Check - Double threat of Covid-19 and flu - BBC Sounds
Flu vaccine orders up as US anticipates winter Covid surge
[bbc.co.uk](https://www.bbc.co.uk)

Virginia Immunization Information System

- The purpose of VIIS is to create one definitive and accurate immunization record for all residing in Virginia. This can increase immunization rates and decrease rates of over-immunization.
- There is no cost associated with maintaining a record in VIIS or with the use of the registry system. Access to authorized users, training, and customer support is free.
- Data exchange from your office's EHR to VIIS is possible and will afford your office most benefits of VIIS without doing data entry into the EHR and VIIS.
- Many offices have successfully integrated VIIS into the current business flow without disruption. Methods for integration can be discussed with your VIIS field consultant.
- Find example training video on our [website](#).
- Contact VIISInfo@vdh.virginia.gov today!



COVID-19 Vaccine - Complex Landscape

- COVID-19 vaccine is anticipated in 2 phases. The initial phase will have limited vaccine and provided to identified priority groups.
- Vaccine (type, dose, storage and handling, administration, not interchangeable)
- Varying efficacy and adverse event profile in different populations
- Distribution (central distribution, some direct ship)
- Priority groups (HCW, Responders, Essential, High Risk)
- Reporting (VIIS and VAMS)
- Communication and education especially with those who may distrust public health.
- Consider how your LTCF facility and staff will get vaccinated.
 - Internally by staff or contract vendor
 - Externally
- Healthcare Provider COVID-19 Vaccine Registration coming soon!
- Contact VIISInfo@vdh.virginia.gov today!



CMS Testing Update

CDC Interim Guidance for Rapid Antigen Testing for SARS-CoV-2

Presented By: Shaina Bernard

<https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html>

Testing Definitions

Diagnostic Testing

Purpose: To identify current infection in individuals

- Person has signs or symptoms consistent with COVID-19
- Person is asymptomatic but has recent known or suspected exposure to SARS-CoV-2

Screening Testing

Purpose: To identify persons who may be contagious so that measures can be taken to prevent further transmission

- Testing in congregate settings, such as a long-term care facility or a correctional facility, a workplace testing its employees, or a school testing its students, faculty, and staff

Surveillance

Purpose: To monitor for a community- or population-level infection and disease, or to characterize the incidence and prevalence of disease

- Randomly select and sample a percentage of all persons in a city on a rolling basis to assess local infection rates and trends.
- Performed on de-identified specimens, and thus results are not linked to individuals.

When Can Antigen Testing Be Performed?

“Currently, the two rapid antigen tests that have received EUAs from FDA are limited to diagnostic testing on symptomatic persons within the first five days of symptom onset”

Diagnostic testing on symptomatic person within the first five days of symptom onset

Rationale: Based on current EUAs from FDA

Serial screening testing in high-risk congregate settings

Rationale: [Modeling evidence](#) shows that outbreak control depends largely on the frequency of testing and the speed of reporting and is only marginally improved by high test sensitivity

Testing close contacts

Rationale: May be informative in diagnostic testing situations in which the person has a known exposure to a confirmed case of COVID-19

“There are limited data to guide the use of rapid antigen tests as screening tests on asymptomatic persons to detect or exclude COVID-19, or to determine whether a previously confirmed case is still infectious.”

Evaluating the Results of Rapid Antigen Testing for SARS-CoV-2

Should take into account the performance characteristics (e.g. sensitivity, specificity), instructions for use of the FDA-authorized assay, the prevalence of COVID-19 in that particular community (positivity rate over the previous 7–10 days or cases per population), and the clinical and epidemiological context of the person who has been tested.

- **Positive and negative predictive values** of all in vitro diagnostic tests vary depending upon the pretest probability of the patient being tested.
- **Pretest probability** is impacted by the prevalence of the target infection in the community as well as the clinical context of the recipient of the test
 - CDC recommends that laboratory and testing professionals who perform rapid antigen testing should determine infection prevalence based on a rolling average of the positivity rate of their own SARS-CoV-2 testing over the previous 7–10 days

When is Confirmatory Testing Recommended?

	Antigen Positive	Antigen Negative
Diagnostic Test (consider the length of time the patient has experienced symptoms)	High pretest probability: May not be necessary. Generally, clinicians can rely upon test result because the specificity of current FDA-authorized antigen tests is high.	High pretest probability: Confirm with an RT-PCR, <u>ideally within 2 days</u> of the initial antigen test. If RT-PCR testing is not available, clinical discretion can be used in whether to recommend the patient isolate.
Screening Test (test results should be considered presumptive in congregate settings)	Low pretest probability: Isolate until they can be confirmed by RT-PCR	Low Pretest Probability: May not be necessary Part of a cohort that will receive rapid antigen tests on a recurring basis: May not be necessary

Antigen Testing Guidance Next Steps

Additional Guidance

Awaiting additional CDC guidance for nursing homes and CMS updates to reopening guidance.

Input From Stakeholders

Seek input from Task Force, LTC Provider Coordination Group, Testing Advisory Council, and other stakeholders as needed.

Revise VDH Guidance

Based on CDC and CMS guidance and feedback, revise VDH Antigen Testing Guidance for Nursing Homes. Create additional guidance for Assisted Living Facilities.

Reporting of PPE Needs

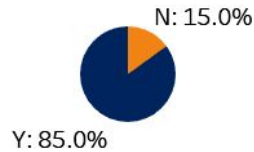
- Nursing homes
 - VHASS
 - Emergency needs within the next 3 days
 - [NHSN](#)
 - Conventional capacity for the next 7 days
 - As defined by CDC <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- Assisted living facilities
 - DSS reporting tool weekly
 - Amount used in last week and number on hand

NHSN Data Findings

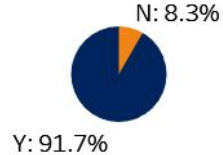
Does the facility have adequate supply for one week using conventional capacity?

■ N
■ Y

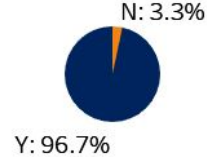
N95 masks



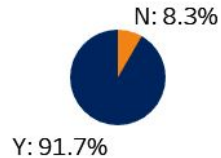
Surgical masks



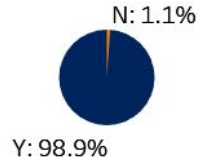
Eye protection



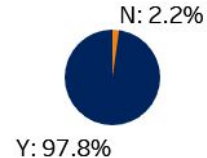
Gowns



Gloves



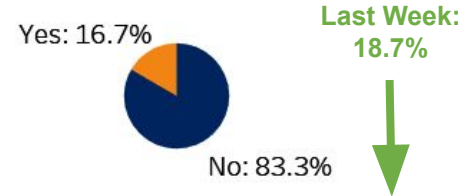
ABHS



Did the facility report having an inadequate supply of **any** item for one week using conventional capacity?

■ Yes
■ No

Shortage of Any Supply



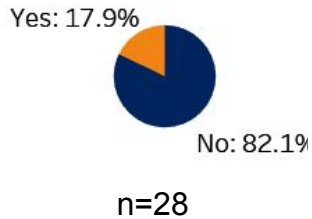
Reporting Week: August 9-15
NHSN Data Pulled: August 17
Number of Nursing Homes: 180

NHSN Data Findings

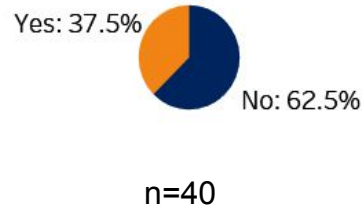
Did the facility report having an inadequate supply of **any** item for one week using conventional capacity?

■ Yes ■ No

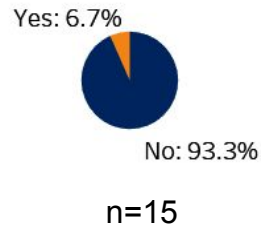
Central Region



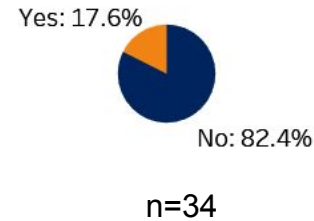
Eastern Region



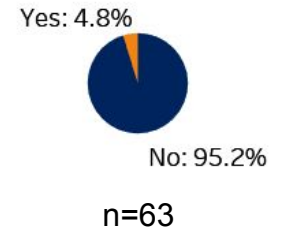
Northern Region



Northwest Region



Southwest Region



Reporting Week: August 9-15

NHSN Data Pulled: August 17

Update: VDH Recommendations for Hospitalized Patients Being Discharged to a Long-Term Care Facility During the COVID-19 Pandemic

Virginia Department of Labor and Industry Emergency Temporary Standards for Infectious Disease Prevention: Q&A

Financing Update: Guidance from the Department of Medical Assistance Services

- DMAS' guidance for nursing homes and assisted living facilities' CARES Act enrollment and reimbursement are available at:
 - <https://www.dmas.virginia.gov/#/covid>
- Specific questions from providers should be directed to DMAS' vendor, MSLC, at caresactinvoicing_nf@mslc.com.

2020 August Special Session Legislative Update

- Multiple bills have been introduced during the 2020 August Special Session of the General Assembly in response to the challenges faced by LTCFs, their residents, families, and staff during the COVID-19 pandemic:
 - Data Transparency
 - [HB 5034](#); [HB 5048](#); [SB 5026](#); [SB 5081](#); [SB 5090](#); [SB 5105](#);
 - Visitation
 - [SB 5042](#)
 - Testing
 - [SB 5109](#)
 - Workers' Compensation
 - [HB 5028](#)
 - Electronic Monitoring
 - [HB 5041](#)
 - Liability
 - [HB 5073](#); [SB 5023](#)

Discussion

Next steps