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**Long-Term Care Facility Task Force**

**Monthly Updates**

**COVID-19 Burden in Virginia LTCF**

There were 81 LTCF COVID-19 outbreaks reported in the past 30 days. The number of reported nursing home resident and staff cases and hospitalizations remain elevated. However, the number of reported deaths have not been on the rise.

For the reporting week ending July 3, 2022, data reported by 283 nursing homes showed 89% of residents and 95% staff were fully vaccinated. Of the nursing home residents eligible to receive an additional dose or booster, 83% of residents have received an additional dose or booster of COVID-19 vaccine. Of the nursing home healthcare personnel eligible to receive an additional dose or booster, 43% of staff have received an additional dose or booster of COVID-19 vaccine.

* **Changes to NHSN COVID-19 module:**
  + The [NHSN LTC COVID-19 Module](https://www.cdc.gov/nhsn/ltc/covid19/index.html?ACSTrackingID=USCDC_2137-DM83435&ACSTrackingLabel=10.1.3%20NHSN%20Long-term%20Care%20Release%20May%202022&deliveryName=USCDC_2137-DM83435) webpage has now been updated with new forms, table of instructions, CSV templates, csv files layout documents, and guidance documents as applicable.

Updated training materials are posted on the NHSN website at [Weekly HCP & Resident COVID-19 Vaccination | LTCF | NHSN | CDC](https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html)

**EVUSHELD Access Program Pilot**

The Virginia Department of Health (VDH) invites skilled nursing facilities in the Central Region (Chesterfield/Chickahominy/Crater/Henrico/Richmond/Southside) of Virginia to participate in the new EVUSHELD Access Pilot Program.

In response to the increased frequency of COVID-19 outbreaks reported in long-term care facilities (LTCFs), VDH has developed a program with the goal of increasing access to EVUSHELD, a COVID-19 pre-exposure prophylaxis treatment, among nursing homes.

This program will launch on July 25 and will be piloted only in the Central Region initially. The EVUSHELD Access Program is offered free of charge to the facility and patient. For any uninsured or underinsured patients, VDH will cover the cost of administration. VDH is partnering with a mobile vendor, Indelible Solutions, to offer this program to nursing homes in the Central Region at this time.

VDH will be reaching out directly to nursing homes in the Central Region to share program details, answer any questions, and facilitate access to this free program. In the meantime, if you have any questions about the EVUSHELD program please email covid19therapeutics@vdh.virginia.gov.

**COVID-19 Therapeutics Utilization in Nursing Homes**

Over the last 30 days a total of 325 therapeutics were administered in nursing homes across Virginia. Of those, 279 were Paxlovid, 42 were Legeverio, 6 Bebtelovimab. Notably, there were zero EVUSHELD administrations reported in June.

The Northern Region experienced the highest levels of administrations with a total of 170, followed by Southwest (174 administrations), Central (40 administrations), Eastern (29 administrations), and Northwest (14 administrations).

Nursing homes are an ideal setting for COVID-19 therapeutics, and VDH continues to work to make these therapeutics accessible to residents and patients in long-term care settings.

**COVID-19 Vaccine Update**

The Centers for Disease Control and Prevention (CDC) recommends COVID-19 vaccination for LTC residents ages 6 month and older, and for boosters for everyone 5 years and older, if eligible.

Many LTC settings provide care to older adults, who oftentimes have underlying medical conditions which may cause them to be immunocompromised. Additionally, these residents often live in close quarters. Given these circumstances, LTC residents are more vulnerable to outbreaks and may be more likely to become infected with the virus that causes COVID-19 and to become seriously ill from infection. It is important to ensure all staff and residents are up-to-date with COVID-19 vaccinations; they should receive a booster as soon as they are eligible. [This CDC tool can help you identify what booster you are eligible for](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html?s_cid=11737:cdc%20booster%20guidelines:sem.ga:p:RG:GM:gen:PTN:FY22). A recent[analysis](https://www.cdc.gov/nhsn/covid19/ltc-report-overview.html) showed that in the U.S., COVID-19 infections in nursing homes quadrupled between mid-April and mid-May, and the death rate in these facilities is rising once again. Meanwhile, booster uptake waned, resulting in around 330,000 residents and more than a million workers without a booster.

**CDC Revision on “Up-to-Date” for COVID-19 Vaccination**

In June, CDC revised its definition for what it means to be "[up to date](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html)" with all recommended doses of COVID-19 vaccine. Please review this definition for its implications for management of residents and staff who are not up to date (e.g., resident quarantine on admission, routine staff testing). Note that for those aged 50+, a **second booster dose** of Pfizer-BioNTech or Moderna COVID-19 is now part of the up to date definition if it has been at least 4 months after the first booster.

## **CMS Updated Surveyor Guidance for Nursing Home Resident Health and Safety**

June 29, 2022, CMS issued [updated surveyor guidance](https://www.cms.gov/files/document/qso-22-19-nh.pdf-0) for long-term care (LTC) facilities for Phases 2 and 3 of the LTC requirements (in effect in 2017 and 2019, respectively). The revisions are based on lessons learned from the COVID-19 pandemic and the initiatives highlighted in the White House Briefing Room [Fact Sheet](https://www.whitehouse.gov/briefing-room/statements-releases/2022/02/28/fact-sheet-protecting-seniors-and-people-with-disabilities-by-improving-safety-and-quality-of-care-in-the-nations-nursing-homes/), *Protecting Seniors by Improving Safety and Quality of Care in the Nation’s Nursing Homes*. The revisions will become effective on October 24, 2022.

Infection prevention and control (IPC)-related updates and clarifications address the topics of decreasing resident room occupancy, requirements for LTC infection preventionist (IP) hours of work, specialized training in IPC, resident rights and visitation, general IPC guidance, and incorporation of COVID-19 deficiencies in infection control F-tags.

**Summary of Significant Updates and Clarifications**

| **Topic** | **Summary** |
| --- | --- |
| IP hours of work | * While the requirement is for facilities to have at least a part-time IP, the facilities are responsible for an effective infection prevention and control program and should ensure *the role of the IP is tailored to meet the facility’s needs*. * The IP must physically work onsite and cannot be an off-site consultant or work at a separate location. * The IP role is critical to mitigating infectious diseases through an effective infection prevention and control program. |
| IP specialized training | * An IP is required to have specialized training * CDC and CMS developed specialized IP training to include topics such as transmission-based precautions and antibiotic stewardship programs. |
| General IPC guidance | * Strengthens general infection control guidance. * Will address frequently cited issues such as hand hygiene, transmission-based precautions, and surveillance of infectious diseases. |
| Resident room occupancy limits | * Urges facilities to consider making changes to their physical environment to allow for a *maximum of double occupancy* in each room. * Additionally, facilities are encouraged to explore ways to allow for more single-occupancy rooms for residents. |
| Resident rights & visitation | * Clarifies expectations for ensuring visitation can occur while preventing community-associated infection or the spread of communicable disease. * Revised guidance for visitation restrictions by importing parts of the recent COVID-19 guidance to prevent community-associated infection or the spread of communicable disease in response to the current public health emergency. The revised guidance stresses the importance of adhering to the core principles of infection prevention to reduce the risk of infectious disease transmission during visits. |
| COVID-19 requirements incorporated into infection control 483.80 deficiency tags | * F-tag 885 [Reporting Coronavirus Disease 2019 (COVID-19) data to residents, their representatives, and families] * F-tag 886 (COVID-19 testing of residents and staff) * F-tag 887 (offer/educate on COVID-19 immunization) and * F-tag 888 (Health care staff vaccination requirements) |

*Please review the* [*memo*](https://www.cms.gov/files/document/qso-22-19-nh.pdf-0) *for additional details on other topics that will be affected by the upcoming changes.*

**References**

Centers for Medicare & Medicaid Services. (2022, June 29). QSP-22-19-NH: Revised Long-Term Care Surveyor Guidance: Revisions to Surveyor Guidance for Phases 2 & 3, Arbitration Agreement Requirements, Investigating Complaints & Facility Reported Incidents, and the Psychosocial Outcome Severity Guide.<https://www.cms.gov/files/document/qso-22-19-nh.pdf-0>

Centers for Medicare & Medicaid Services. (2022, June 29). Updated Guidance for Nursing Home Resident Health and Safety.<https://www.cms.gov/newsroom/fact-sheets/updated-guidance-nursing-home-resident-health-and-safety>

Centers for Medicare & Medicaid Services. (2022, June 29).CMS Issues Significant Updates to Improve the Safety and Quality Care for Long-Term Care Residents and Calls for Reducing Room Crowding.<https://www.cms.gov/newsroom/press-releases/cms-issues-significant-updates-improve-safety-and-quality-care-long-term-care-residents-and-calls>

**VDH Long-Term Care Coordinator**

The Virginia Department of Health (VDH), Division of Clinical Epidemiology, Healthcare-Associated Infections and Antimicrobial Resistance (HAI/AR) Program’s new Long-Term Care (LTC) Coordinator position has been filled by Jessica (Jess) Caggiano. Jess has a Bachelor’s in Public Health and a Master’s in Human Services from Liberty University. Jess will provide project management support to the VDH HAI/AR staff and external stakeholders for COVID-19 funds granted to external agencies and organizations, and will also continue to develop the agency support of and collaboration with long-term care stakeholders. Jess lives with her husband and son named Maddox. Outside of work, she enjoys reading, painting, and baking.

**VDH Team Contact Information**

* Testing: testinginfo@vdh.virginia.gov
* Vaccination: covidpharmacysupport@vdh.virginia.gov
* Therapeutics: covid19therapeutics@vdh.virginia.gov
* Infection Prevention and Control: hai@vdh.virginia.gov

**Have any important updates or information for the Virginia Department of Health’s Long-Term Care Task Force? Email Jessica Caggiano (jessica.caggiano@vdh.virginia.gov)**

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