

Updates for Skilled Nursing Facilities

March 4, 2022

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Disclosures

There is no commercial support for today's webinar.

Neither the speakers nor planners for today's webinar have disclosed any financial interests related to the content of the meeting.

This webinar is meant for skilled nursing facilities and is off the record. Reporters should log off now.



DISCLAIMER

- This is a rapidly evolving situation so the information being presented is current as of today (03/04/2022), so we highly recommend that if you have questions after today you utilize the resources that we will review at the end of this presentation.



Presentation Agenda

- Trends in LA County SNFs
- Updates to the SNF Guidance, posted 02/28/2022
- Reporting requirements
- Therapeutics
- Introduction to the “Transforming Nursing Home Care Together” (TNT) Program



LA County SNF Trends



LA County Daily COVID-19 Data

[View Other Data Pages](#)

Data through 6:00pm 02/28/2022

NOTE: Effective 2/27/2022, there will be NO REPORTING on Sundays.

Cases

1,093

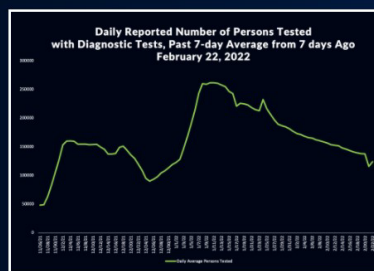
New Cases Reported (03/01)*

2,797,628

Total Cases Reported*

**including cases reported by Long Beach and Pasadena Health Departments*

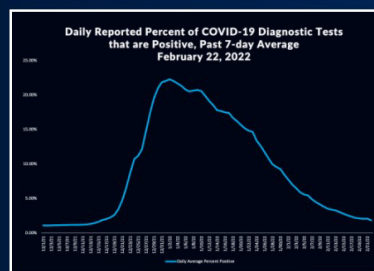
Testing



7-Day Daily Average: 123,896
Total Number of People Tested*: 11,431,492

**may include unduplicated negative test results or out of jurisdiction negative test results*

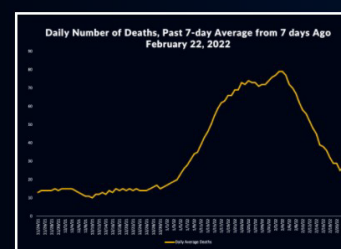
Testing Positivity Rate



7-Day Daily Average: 1.84%

[What This Means ?](#)

Deaths



New Deaths Reported (03/01)*: 58
Total Deaths Reported*: 30,773

**including deaths reported by Long Beach and Pasadena Health Departments*

[What This Means ?](#)

Death Rate

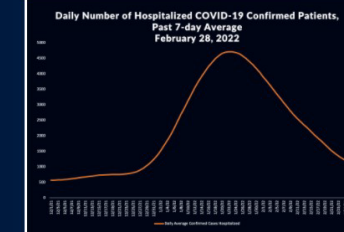
Age-Adjusted Death Rates due to COVID-19 per 100K
February 28, 2022

	Mortality Rate
Los Angeles County Total	280
Race/Ethnicity	
Asian	187
Black/African American	225
Hispanic/Latino	438
White	154
Area Poverty	
<10% area poverty	154
10% to <20% area poverty	288
20% to <30% area poverty	378
30% to 100% area poverty	507

by Race, Ethnicity and Poverty Level

[What This Means ?](#)

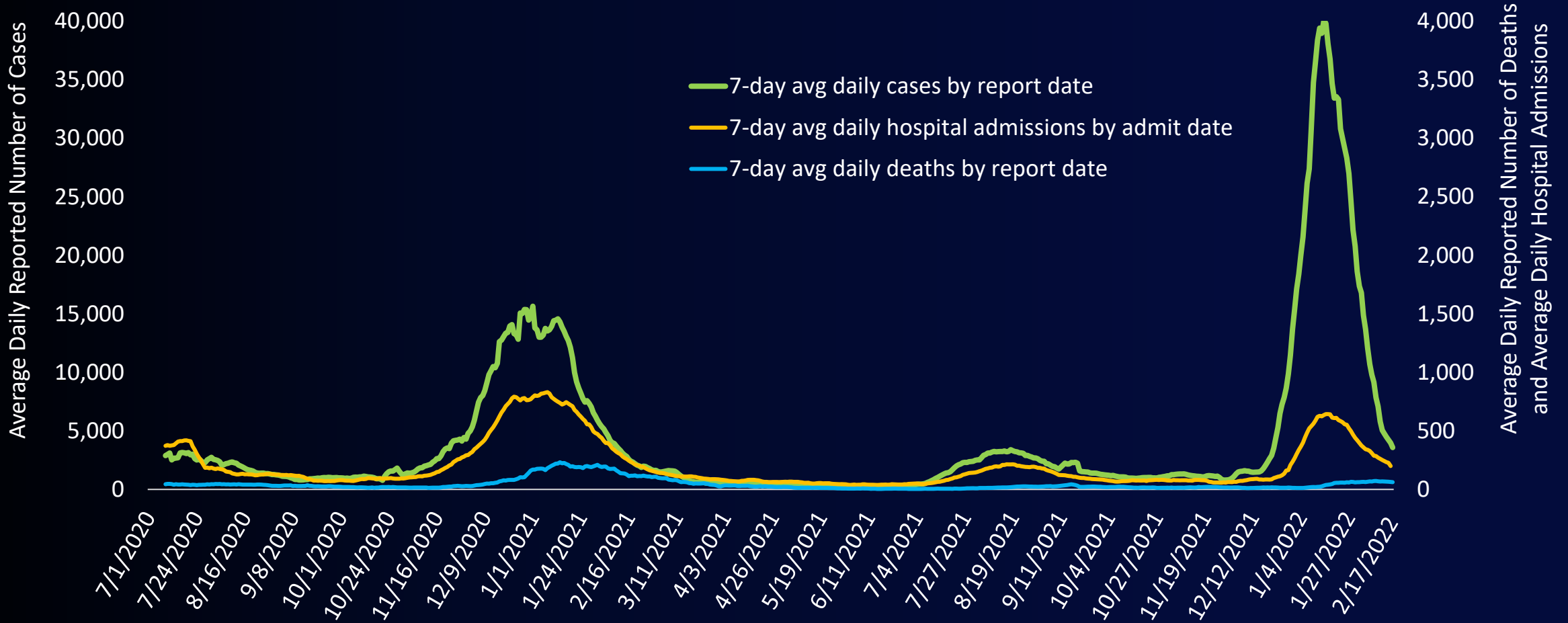
Hospitalizations



Current Hospitalizations (02/28): 927

[What This Means ?](#)

7-Day Average Daily COVID-19 Cases and Deaths by Report Date* and Daily Hospital Admissions by Admit Date July 1, 2020 – February 17, 2022



covid19.lacounty.gov

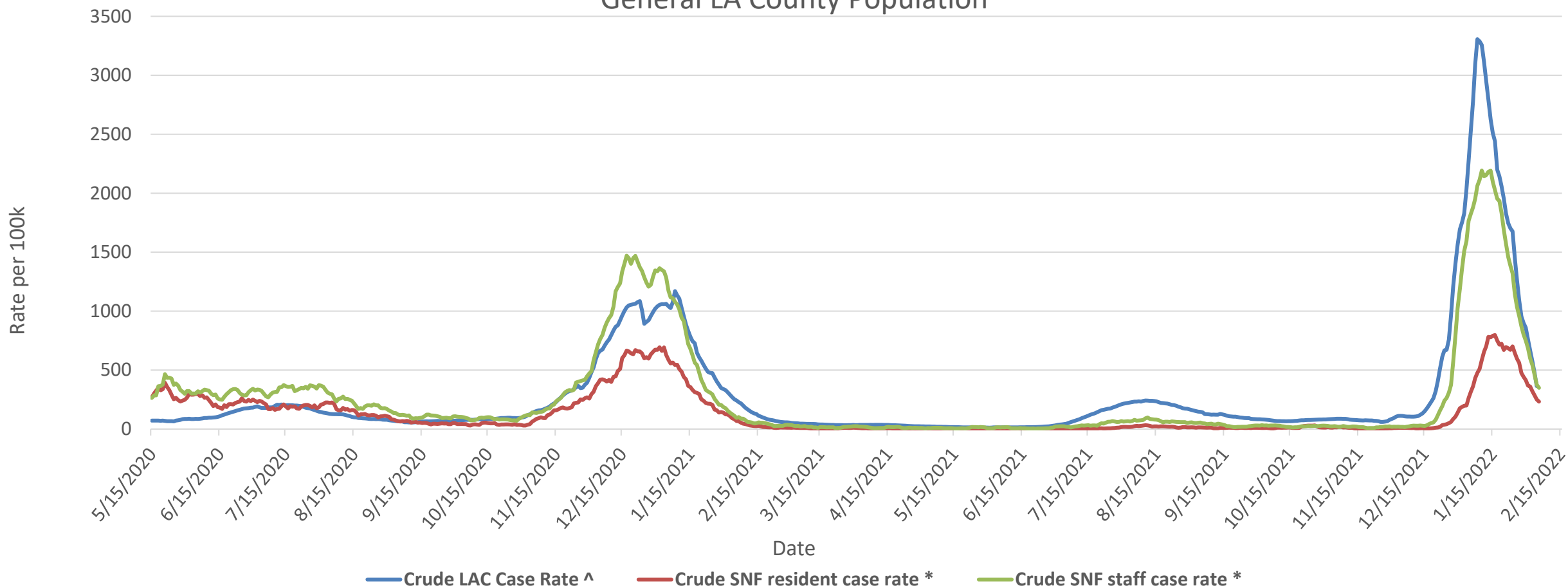
2/17/2022

*Cases and deaths from the cities of Pasadena and Long Beach are NOT included



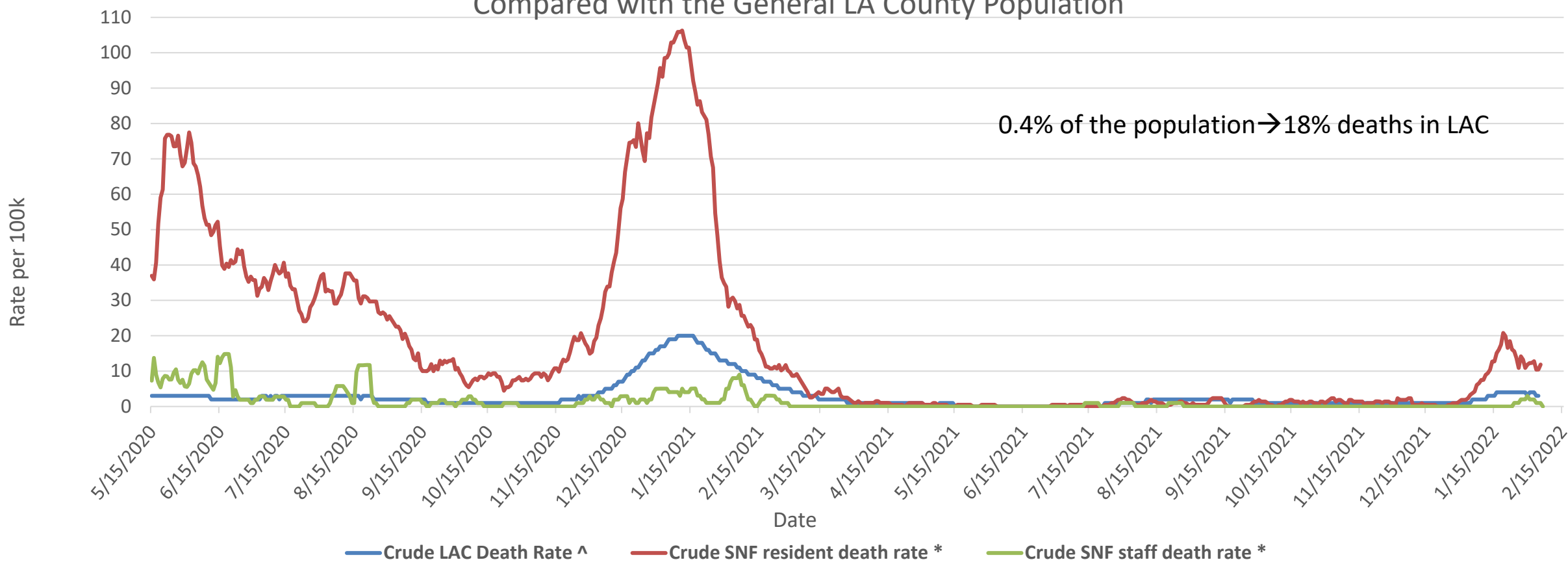
Masking, Vaccines and IP interventions in SNFs reduces COVID-19 cases

COVID-19 Case Rates Among Skilled Nursing Facility (SNF) Residents and Staff Compared with the General LA County Population



Masking, Vaccines and IP interventions in SNFs reduces COVID-19 deaths

COVID-19 Mortality Rates Among Skilled Nursing Facility (SNF) Residents and Staff Compared with the General LA County Population



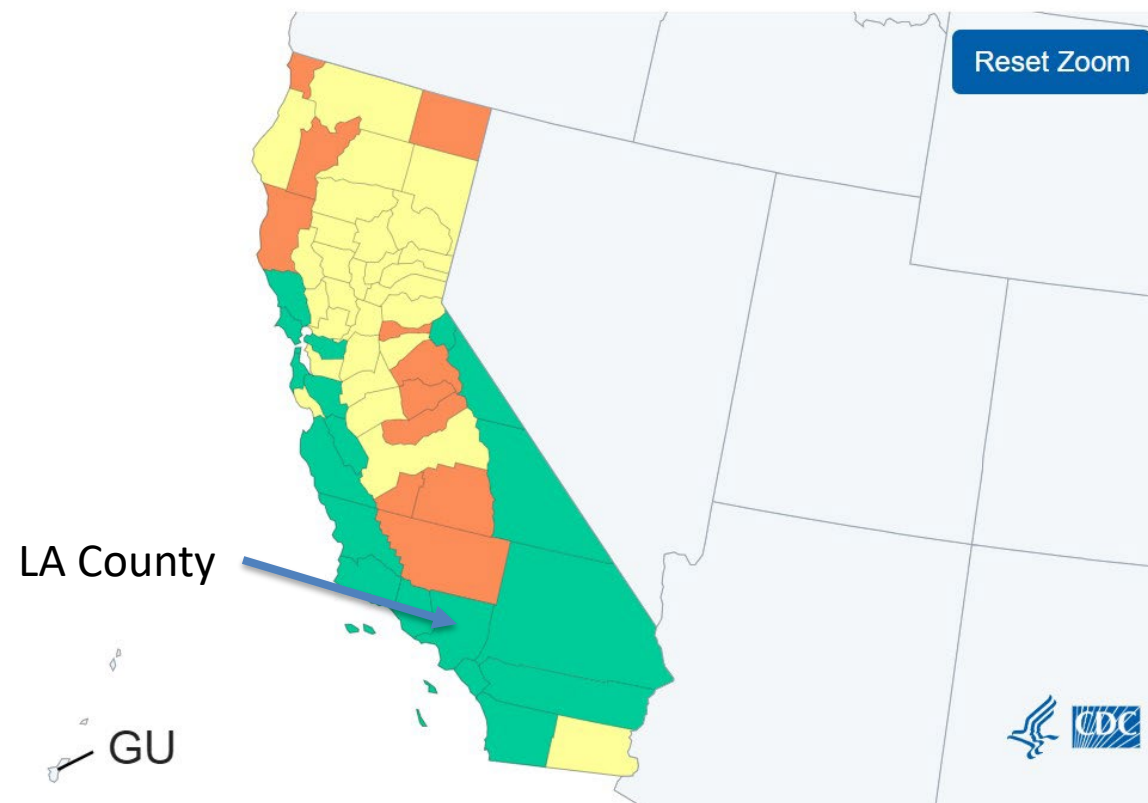


	Vaccination rate (total %)	Booster rate (of eligible)
US SNF residents	87%	70%
LAC SNF residents	91%	87%
LAC SNF staff	97%	85%

1. <https://www.cdc.gov/nhsn/covid19/ltc-vaccination-dashboard.html>

CDC Transmission Level by County

Data provided by CDC
Updated: March 3, 2022





SNF Guidance Updates





Vaccination Status

- **Fully vaccinated:**
 - Two doses of Pfizer or Moderna mRNA vaccine
 - One dose of the Janssen vaccine
 - Full series of a vaccine listed for emergency use by WHO
- **Up to date:**
 - Received primary series + booster dose
 - Fully vaccinated + not eligible for booster dose yet
- **Not up to date:**
 - Unvaccinated
 - Partially vaccinated
 - Fully vaccinated and eligible for the booster dose + has not received the booster dose yet



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

February 22, 2022

TO: All Californians

SUBJECT: Health Care Worker Vaccine Requirement

- All HCP who were eligible for booster doses needed to have received them by March 1, 2022.
- Any HCP who were not yet eligible by then have to receive their booster dose within 15 days of becoming eligible.
 - Exception: If an HCP has been positive for COVID-19, they may defer receiving the booster dose up to 90 days after first positive test or clinical diagnosis.
 - This may extend their deadline to after March 1, 2022. Once the 90 days is up, the HCP has 15 days to get the booster dose.





General Practices

- Screen for travel outside of California, especially for those not up to date with vaccines.
 - Anyone who is not up to date with vaccines and has travel outside of California in the last 14 days may be asked to show a negative SARS-CoV-2 test prior to entry or may be prohibited entry indoors (CDC recommends these people avoid being around people who are at increased risk of severe illness).
- EMS and ambulance transport personnel do not need to be screened.
- All visitors, regardless of vaccination status, should be prohibited from entry for 14 days if they have had close contact with a confirmed COVID-19 positive person. This is purposefully 14 days because of the high-risk nature of these facilities.
- All asymptomatic residents should have their vital signs, including temperature and oxygen saturation, checked every 24 hours, with more frequent checks for residents who are symptomatic and under suspicion or confirmed COVID-19 positive.
- All staff, regardless of vaccination status, must wear an N95 respirator or higher at all times while working in all resident care areas throughout the facility. When not working with the Yellow and Red Cohorts, staff may wear medical grade masks if the facility's booster coverage rate is 85% or more for both residents and staff for 2 consecutive weeks while the county is above moderate transmission per the CDC.

Communal Dining and Activities

- **Physical distancing:** When all residents, staff, and visitors participating are up to date, physical distancing does not need to be maintained. If anyone is not up to date, physical distancing should be maintained, whether indoors or outdoors.
- **Source control:** All residents, staff, and visitors must wear well-fitting face masks when not actively eating or drinking, regardless of vaccination status, and whether indoors or outdoors.
- **During an outbreak:** residents who are not up to date with vaccines must cease participation in communal dining and activities indoors until 14 days have passed since the last COVID-19 positive resident.

Table 1. Communal dining & activities

Location	Green Cohort	Yellow Cohort*	Red Cohort
Indoor	<ul style="list-style-type: none"> • Up-to-date with vaccines: Yes • NOT up-to-date with vaccines <ul style="list-style-type: none"> ○ No outbreak: Yes ○ Outbreak: No 	No regardless of resident's vaccination status or facility's outbreak status	No regardless of resident's vaccination status or facility's outbreak status
Outdoor	Yes regardless of resident's vaccination status	No regardless of resident's vaccination status or facility's outbreak status	No regardless of resident's vaccination status or facility's outbreak status

* If there is no outbreak in the facility, the following residents of the Yellow Cohort may follow the Green Cohort for communal dining and activities (as long as they are asymptomatic and are not close contacts/considered exposed to a case):

- Residents who are not up-to-date with vaccines who have frequent appointments outside the facility (e.g., dialysis)
- Residents who have severely immunocompromising conditions.

Rev 02/11/22

General Visitation

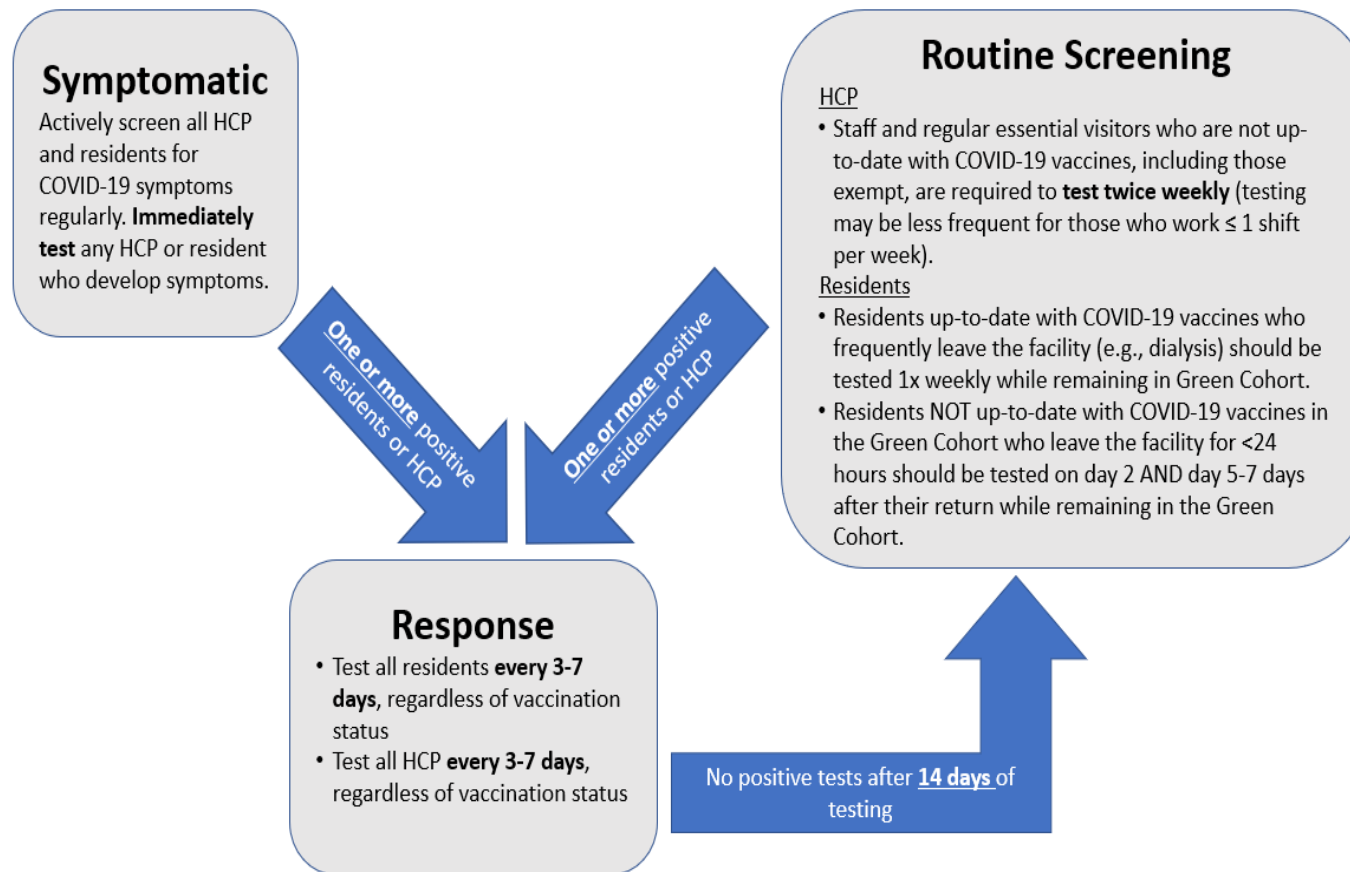
- Effective December 15, 2022 until LA County reaches moderate transmission levels per the CDC, all indoor visitors age 2 years and older must show proof of one of the following, regardless of vaccination status for either resident or visitor or the facility's outbreak status:
 - Negative PCR test within 2 days or FDA-approved point of care antigen test within 1 day prior to entry
 - Visitors who visit for multiple consecutive days are required to show proof of negative test every third day
 - Visitors who show documentation of recovery from COVID-19 infection within 90 days (positive antigen or PCR test within the last 90 days but not within the last 10 days) are exempt from the above testing requirement.
- All antigen tests, whether CLIA waived or over the counter, should be done in the presence of a facility staff member to verify the result belongs to that visitor and is conducted on the appropriate date prior to entry.

Testing

- Antigen test results are not acceptable unless done at the facility and directly observed by facility staff.
- Routine screening testing of residents is generally not required or recommended, except in certain circumstances.

Unvaccinated or Booster Eligible but not Boosted	Skilled Nursing Facilities*
More than one shift per week	Test at least twice weekly
No more than one shift per week	Test once weekly within 48 hours of shift
Less than one shift per week	Test within 48 hours of each shift
Non-patient care areas or areas patients do not access	Test once weekly

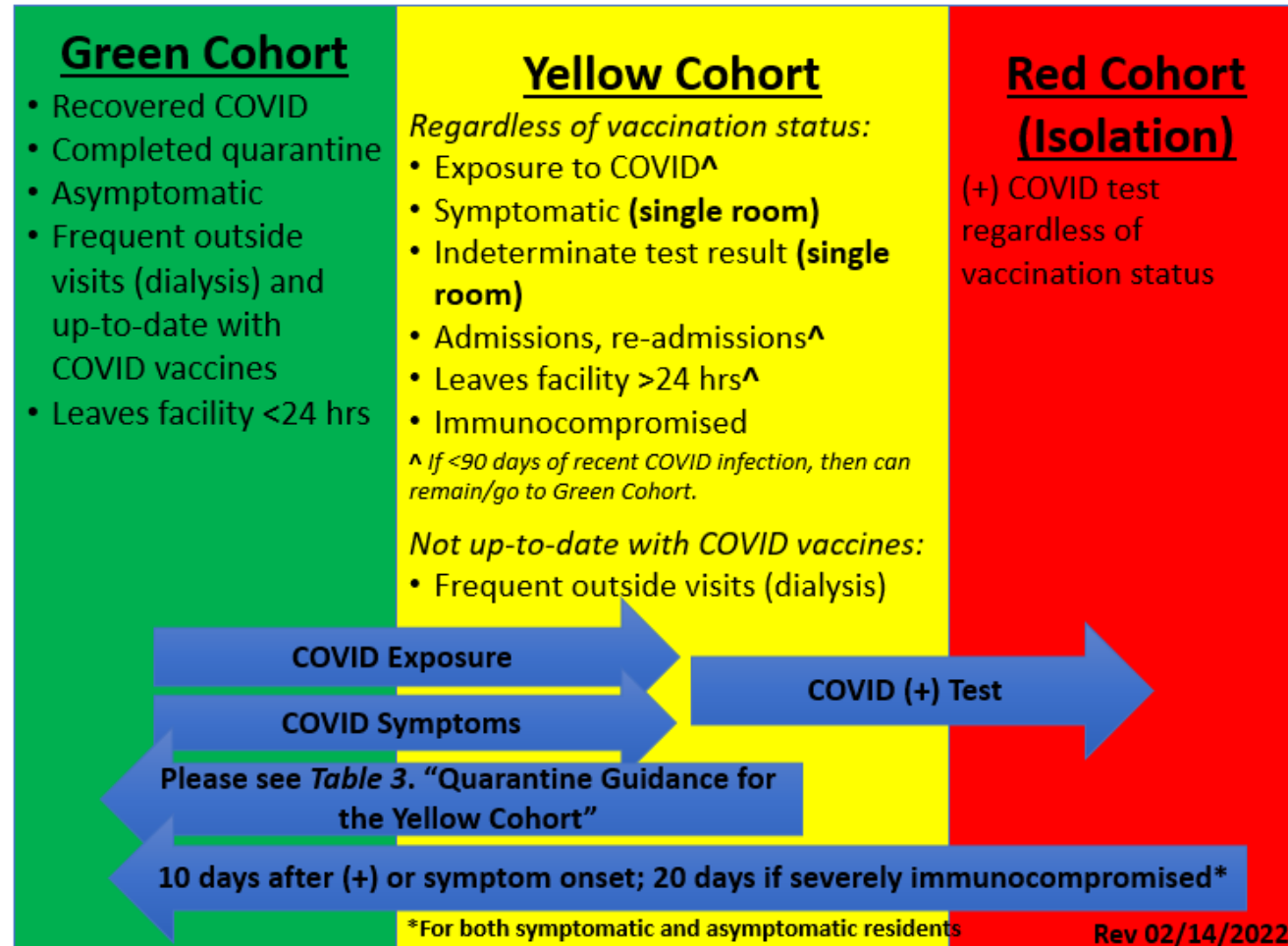
*California Department of Public Health strongly recommends all healthcare personnel in SNFs to be tested twice weekly if working regularly scheduled shifts more than once per week.



Testing Schematic for Nursing Homes

Rev 02/14/2022

Cohorting





Reporting Requirements

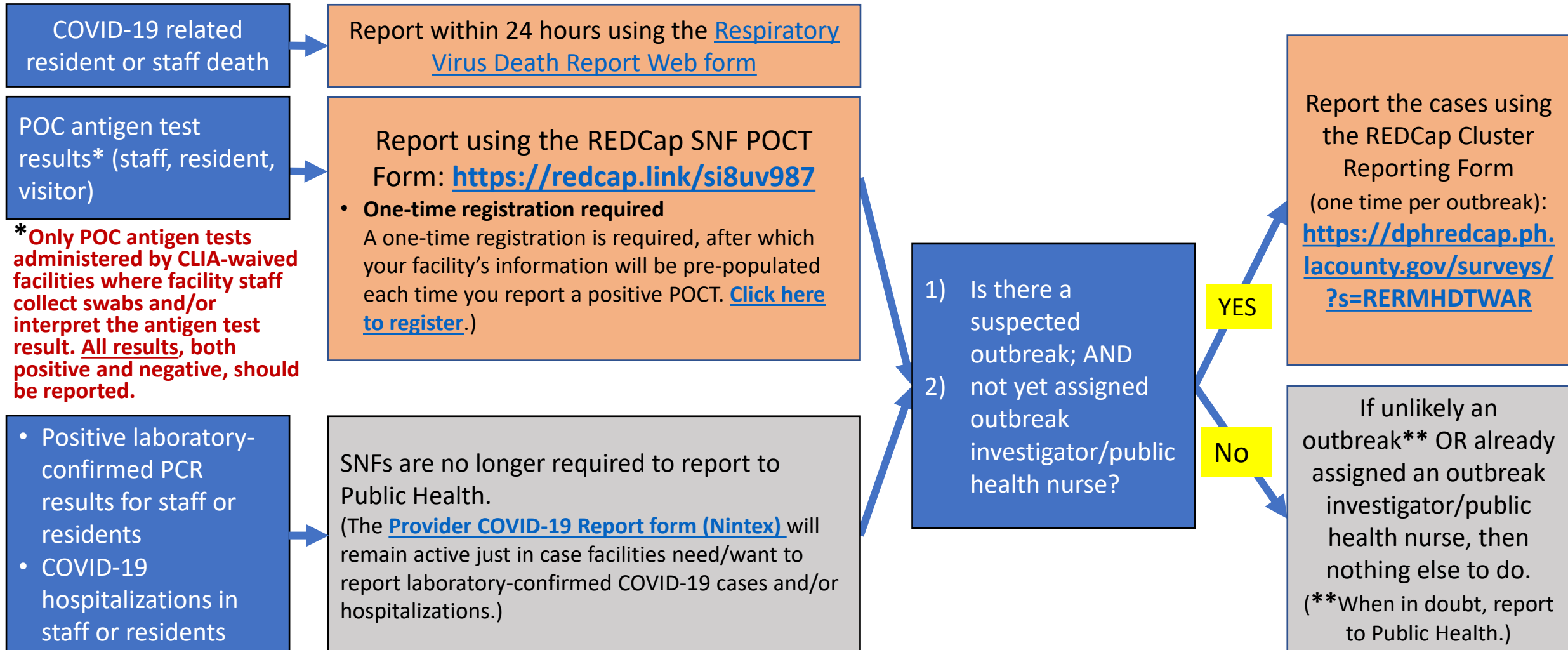


Laboratory Reporting vs. SNF Reporting

- [CDPH HOO 02/10/2022](#): SNFs no longer need to separately report positive cases resulting from laboratory based tests because the laboratories are reporting them.
- SNFs are required to report outbreaks of any infectious disease: in terms of COVID-19, one positive resident who has lived in the facility for >7 days in a SNF equals an outbreak. All response testing done in the facility once an outbreak is opened must be reported to the team investigating the outbreak.
- SNFs are also required to report all results (positive and negative) or point of care tests done at the facility (such as antigen tests).

LAC DPH Positive COVID-19 Case Reporting Protocol for Skilled Nursing Facilities:

- As of 2/11/22, LAC DPH has aligned with California State Health Officer Order [Revision of Mandatory Reporting of COVID-19 Results](#). Skilled nursing facilities (SNFs) no longer need to report individual COVID-19 cases and/or COVID-19 related hospitalizations to Public Health outside of an outbreak investigation.
- The flowchart below describes the Public Health reporting that is still required for SNFs** (in salmon-colored boxes), which includes COVID-19 related deaths and all POC antigen test results, both positive and negative.
- Any reporting requirements by CMS via the weekly NHSN survey, CDPH's SNF 123 Daily Survey, as well as timely submission of line lists to Public Health during an outbreak are separate from the changes to local Public Health reporting requirements described here.



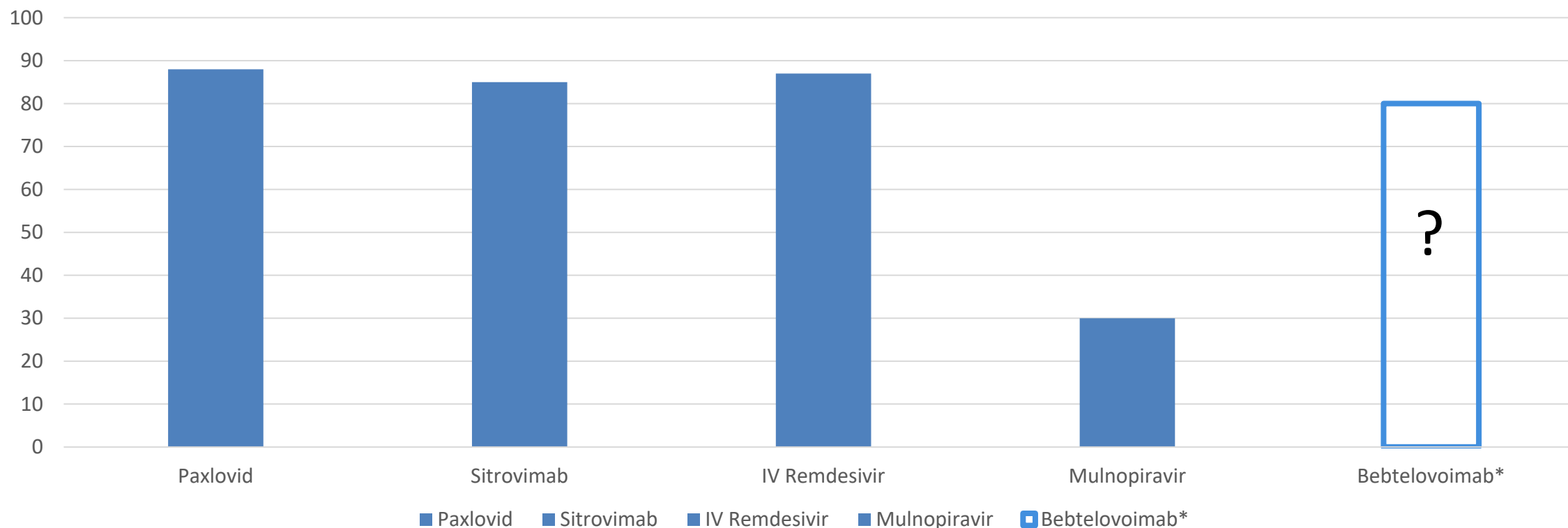


COVID-19 Therapeutics



Efficacy of therapeutics vs COVID-19 hospitalization and death

Relative efficacy vs. placebo



- <https://www.covid19treatmentguidelines.nih.gov/tables/table-3a/>
- <https://www.merck.com/news/merck-and-ridgeback-statement-on-positive-fda-advisory-committee-vote-for-investigational-oral-antiviral-molnupiravir-for-treatment-of-mild-to-moderate-covid-19-in-high-risk-adults/>
- <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-announces-additional-phase-23-study-results>
- Gottlieb RL, Vaca CE, et al. NEJM <https://www.nejm.org/doi/full/10.1056/NEJMoa2116846>
- https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-bebtelovimab/?utm_source=site&utm_medium=home&utm_campaign=highlights

Indications for treatment or prophylaxis with mAb

Medical conditions that increase risk of poor outcomes with COVID-19 (Alla rec):

- Age >65
- Obesity (BMI>30)
- Diabetes
- Cardiovascular disease or hypertension
- Chronic lung diseases

Other conditions (BIII rec):

- Immunocompromising condition
- Obesity (BMI>25)
- Chronic kidney disease
- Sickle cell disease
- Neurodevelopmental disorder
- Pregnancy
- Medical technology-dependent (trach, vent, CPAP/BiPAP, etc)

The use of mAbs may be considered for patients with high-risk conditions and factors that are not listed in the EUAs.

CONCLUSION: Most if not all SNF/elderly residents who test positive or are exposed (e.g., during an outbreak) should be indicated for treatment/prophylaxis with mAb



mAb not indicated in these groups due to lack of benefit

- Hospitalized for COVID-19 (moderate or severe)
- Require O2 therapy due to COVID-19
- Chronic O2 who require increased O2 due to COVID-19.

1. <https://www.covid19treatmentguidelines.nih.gov/therapies/anti-sars-cov-2-antibody-products/anti-sars-cov-2-monoclonal-antibodies/>

Preprint (Germany)

Table 1. SARS-CoV-2-neutralizing activity of monoclonal antibodies.

Antibody	Antibody IC ₅₀					IC ₅₀ (μg/ml)
	Wu01	Alpha	Delta	Beta	Omicron	
Bamlanivimab	0.0031	0.0043	>10	>10	>10	
Etesevimab	0.0194	0.9139	0.0019	>10	>10	
REGN10933	0.0019	0.0006	0.0009	1.8303	>10	
REGN10987	0.0094	0.0006	0.0454	0.0011	>10	
C102	0.0524	0.6460	0.0169	>10	>10	
P2B-2F6	0.1088	0.0081	>10	>10	>10	
Sotrovimab/S309	1.9642	0.1154	0.2188	0.0335	0.0950	
Fab2-36	0.1186	0.0437	0.0375	0.0987	>10	
DZIF-10c	0.0014	0.0003	2.9103	0.0326	0.0346	

IC₅₀ values >10 μg/ml indicate failure to achieve 50% neutralizing activity at the highest tested antibody concentration of 10 μg/ml.

NIH outpatient treatment hierarchy:

Preferred therapies (listed in order of preference):

- **Nirmatrelvir 300 mg with ritonavir 100 mg (Paxlovid) (AIIa); *or***
- **Sotrovimab 500 mg (AIIa); *or***
- **Remdesivir 200 mg (BIIa)**

Alternative therapies (for use if none of the preferred therapies are available, feasible to deliver, or clinically appropriate, listed in alphabetical order):

- **Bebtelovimab 175 mg (CIII); *or***
- **Molnupiravir 800 mg (CIIa)**

NIH Treatment guidelines

Drug	Dose	Route	Age	Given by	Relative Efficacy vs placebo
Paxlovid (nirmaltrevir + ritonavir)	300mg/100mg BID x 5 days	PO	≥12 ≥40kg	Within 5 days of symptom onset	88%
Sotrovimab	500mg X 1 dose	IV	≥12 ≥40kg	Within 7 days of symptom onset	85%
Remdesivir	200mg day 1, 100mg day 203	IV	≥12 ≥40kg	Within 7 days of symptom onset	87%
Bebtelovimab*	175mg	IV	≥12 ≥40kg	Within 7 days of symptom onset	?
Molnupiravir*	800mg BID x 5 days	PO	≥18	Within 5 days of symptom onset	30%

*Use only if other drugs not available

https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-bebtelovimab/?utm_source=site&utm_medium=home&utm_campaign=highlights



Translate

A-Z Index

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z ALL

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Acute Communicable Disease Control

Vaccine ▾

Testing ▾

Reporting

Health Facilities ▾

Isolation/Quarantine ▾

LAHAN Alerts



COVID-19

Monoclonal & Antiviral Therapy for Non-Hospitalized Patients

Healthcare Provider Hub

Vaccine ▾

Therapeutics ▾

Isolation/Quarantine ▾

Testing ▾

Reporting

Health Facilities ▾

PPE & Infection Prevention ▾

Multisystem Inflammatory Syndrome

This webpage is specifically intended for the medical community. ×
Click [here](#) to visit DPH's COVID-19 Medications webpage for the general public.

Introduction

See the NIH [COVID-19 Treatment Guidelines](#) for comprehensive information and the CDC Health Advisory (12-31-21): [Using Therapeutics to Prevent and Treat COVID-19](#)

Contents

[Who should receive outpatient therapy?](#)

[How to prioritize patients for treatment if not enough medication is available for all ill persons](#)

[Currently available treatments](#)



Pre-exposure prophylaxis



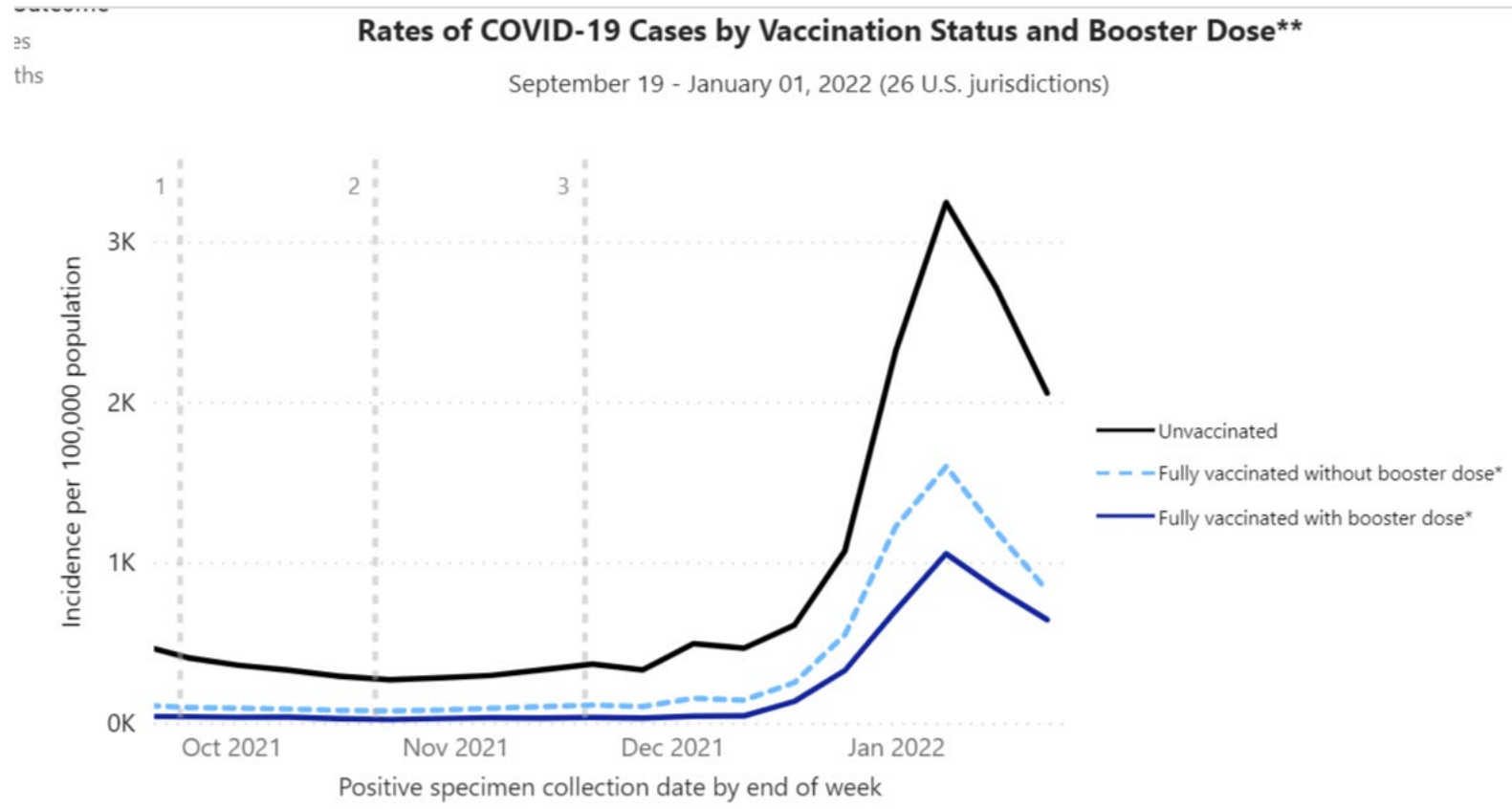
Tixagevimab + Cligavimab (Evusheld)

- Combination of 2 long-acting monoclonal antibodies given IM at 2 different sites
- Dose increased to 300mg (previously 150mg)
- Age 12 and above
- Prophylactic use in people:
 - Unlikely to have good response to vaccine (severe immunocopromise: stem cell transplant, solid organ transplant, ongoing cancer therapy)
 - Those unable to receive vaccine due to documented severe hypersensitivity reaction or allergy
- Efficacy: 83% efficacy vs. symptomatic disease in interim analysis at 6 months
- DPH-Therapeutics@ph.lacounty.gov



What about another booster dose?





Unvaccinated adults aged 18 years and older had:

3.2X
Risk of Testing Positive for COVID-19

AND

41X
Risk of Dying from COVID-19

in December, and

3.2X
Risk of Testing Positive for COVID-19

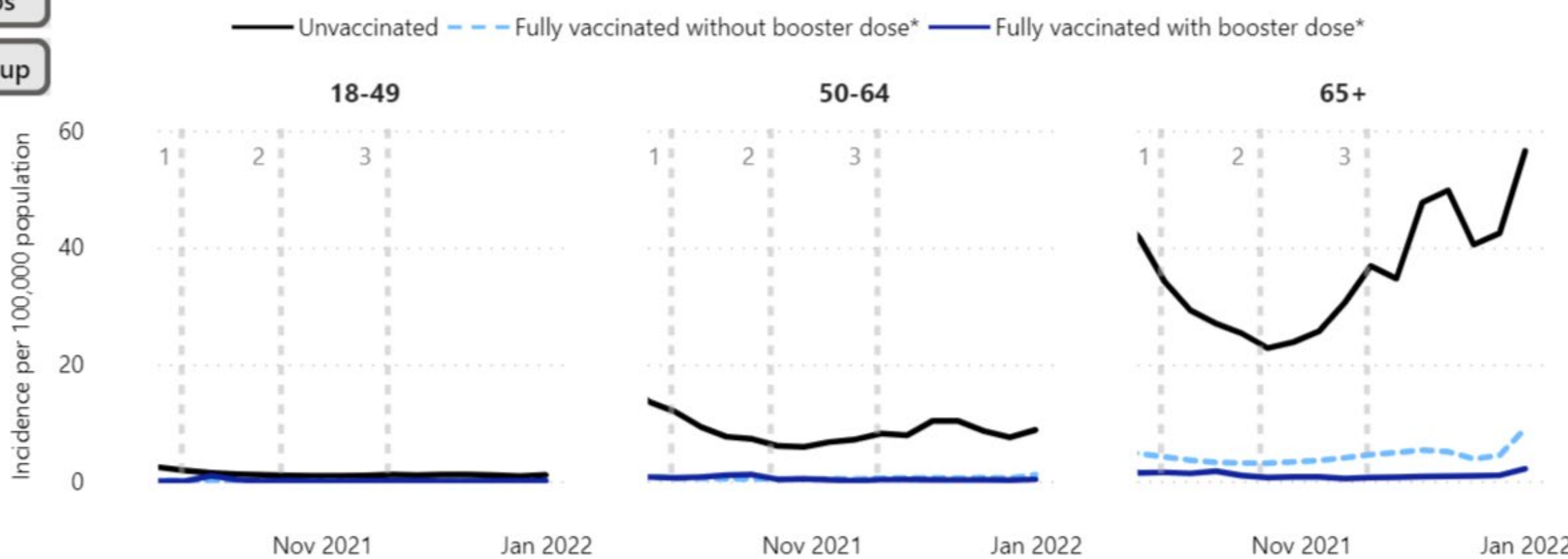
in January,* compared to fully vaccinated adults with booster doses.**

Source: CDC COVID-19 Response, Epidemiology Task Force, Surveillance & Analytics Team, Vaccine Breakthrough Unit

Rates of COVID-19 Deaths by Vaccination Status, Booster Dose,** and Age Group

September 19 - January 01, 2022 (24 U.S. jurisdictions)

os
up



<https://covid.cdc.gov/covid-data-tracker/#rates-by-vaccine-status>

https://
01/2

4th Dose COVID mRNA Vaccines' Immunogenicity & Efficacy Against Omicron VOC

Gili Regev-Yochay^{1,2}, Tal Gonen^{1,2}, Mayan Gilboa^{1,2}, Michal Mandelboim^{2,3}, Victoria Indenbaum³, Sharon Amit⁴, Lilac Meltzer^{1,2}, Keren Asraf⁵, Carmit Cohen¹, Ronen Fluss⁶, Asaf Biber^{1,2}, Ital Nemet³, Limor Kliker^{2,3}, Gili Joseph¹, Ram Doolman⁵, Ella Mendelson^{2,3}, Laurence S. Freedman⁶, Dror Harats⁷, Yitshak Kreiss*⁷ and Yaniv Lustig*^{2,3}

- Study design:
 - Pre-print: open label clinical trial 3rd vs 4th dose.
 - Healthcare workers
 - 154 Pfizer vs. 450 control
- Results:
 - Low efficacy (30%) in preventing mild/asymptomatic Omicron infection (high viral loads)
 - Increased neutralizing Ab titers to post-3rd dose peak
 - No clear benefit clinically

1. <https://www.medrxiv.org/content/10.1101/2022.02.15.22270948v1.full.pdf>

[Comment on this paper](#)

Protection by 4th dose of BNT162b2 against Omicron in Israel

Yinon M. Bar-On, Yair Goldberg, Micha Mandel, Omri Bodenheimer, Ofra Amir, Laurence Freedman, Sharon Alroy-Preis, Nachman Ash, Amit Huppert, Ron Milo

doi: <https://doi.org/10.1101/2022.02.01.22270232>

This article is a preprint and has not been peer-reviewed [what does this mean?]. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.

- Study design:
 - Retrospective cohort study
 - Compared Omicron infection in 3 vs 4 doses
 - Age >60 years
- Results:
 - 3rd dose 2X more likely to test + Omicron
 - 4X less likely to have severe disease

Current recommendations

- People who have not yet received any booster
 - Get a booster ASAP!
- **Immunosuppressed** people who received an **additional dose** (3rd dose as part of primary series)
 - Receive a booster after 5 months from last dose
 - 4 doses total
- **Immunocompetent** who received a **booster**
 - No additional booster now--wait for FDA guidance
 - 3 doses total



Transforming Nursing Home Care Together (TNT) Program



TNT Program

Infection Prevention (IP)

- Standardize IP across LAC
 - Provide Education for IPs
-
- Teaching methodology:
 - QAPI didactics and educational sessions
 - Ask an IP program
 - Small peer group discussion sessions
 - Projects

Quality Assurance & Performance Improvement (QAPI)

- Provide QAPI education
 - Standard, simplified format
-
- LAC DPH Support:
 - \$16,000 incentive payment for participating SNFs
 - CEUs & IP certification
 - Individual LAC DPH nursing/IP/MD on-site & virtual consultation



Resources

- Provider and Laboratory Reporting Guidelines:
<http://publichealth.lacounty.gov/acd/ncorona2019/reporting.htm#poct>.
- LAC DPH SNF Guidance:
<http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/>.
- LAC DPH SNF COVID-19 Webpage:
<http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/>.
- LAC DPH Healthcare Worker Vaccination Requirement HOO:
http://publichealth.lacounty.gov/media/Coronavirus/docs/HOO/HOO_HealthCareWorkerVaccination.pdf.
- CDC County COVID-19 Transmission Tracker: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>.
- Ask An IP Program: <http://publichealth.lacounty.gov/acd/infectionpreventionseries.htm>.