COVID-19 Guidance Update for Los Angeles County Skilled Nursing Facilities

Frequently Asked Questions

February 24, 2022

Pingting Karen Nie, MD

Los Angeles County Department of Public Health
Acute Communicable Disease Control Program

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 only and is off the record. Reporters should log off now.

County of Los Angeles Public Health

DISCLAIMER

- This is a rapidly evolving situation so the information being presented is current as of today (02/24/23), 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

- Local COVID-19 Trends
- Frequently Asked Questions
- Bivalent Booster
- Outpatient treatment (Paxlovid)
- Ventilation/Indoor Air Quality Grant Opportunities
- Medical Directors
- Q and A

Local COVID-19 Trends

7-Day Average Daily COVID-19 Cases and Deaths by Report Date* and Daily Hospital Admissions by Admit Date
April 1, 2022 – February 23, 2023

Average Daily Reported Number of Cases

8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0

Average Daily Reported Number of Deaths and Average Daily Hospital Admissions

2,000
1,800
1,600
1,400
1,200
1,000
800
600
400
200
0

4/1/2022 4/23/2022 5/15/2022 6/6/2022 6/28/2022 7/20/2022 8/11/2022 9/2/2022 9/24/2022 10/16/2022 11/7/2022 11/29/2022 12/21/2022 1/12/2023 2/3/2023 2/23/2023

7-day avg daily cases by report date
7-day avg daily hospital admissions by admit date
7-day avg daily deaths by report date

covid19.lacounty.gov

2/23/2023

*Case and death values include data from Long Beach and Pasadena.

County of Los Angeles
Public Health

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

Rate per 100k

6000
5000
4000
3000
2000
1000
0

8/10/2020 9/10/2020 10/10/2020 11/10/2020 12/10/2020 1/10/2021 2/10/2021 3/10/2021 4/10/2021 5/10/2021 6/10/2021 7/10/2021 8/10/2021 9/10/2021 10/10/2021 11/10/2021 12/10/2021 1/10/2022 2/10/2022 3/10/2022 4/10/2022 5/10/2022 6/10/2022 7/10/2022 8/10/2022 9/10/2022 10/10/2022 11/10/2022 12/10/2022 1/10/2023 2/10/2023 3/10/2023

Date (Week Ending)

Cumulative 7 day LAC case rate
Cumulative 7 day SNF resident case rate

^ Seven-day cumulative crude Los Angeles County (LAC) case rates are sourced from IRIS database case episode date, and data are reported from Aug 10, 2020 through Feb 21, 2023. Episode date is the earliest existing value of: Date of Onset, Date of Diagnosis, Date of Death, Date Received, Specimen Collection Date. The population rate is per 100,000 and sourced from LAC PEPS 2018 demography files.

* Seven-day cumulative crude SNF case rates are sourced from the self-reported CDPH 123 daily survey and data are reported from Aug 10, 2020 through Feb 21, 2023 for up to 342 SNFs_. Dates reflect the date the positive result was reported to the individual or facility. The population rate is per 100,000 and sourced from the 7-day average of the reported daily resident census for all LAC jurisdiction SNFs – these are population statistics and not estimates.

County of Los Angeles
Public Health

COVID-19 Mortality Rates Among Skilled Nursing Facility (SNF) Residents and Staff (Most recent 90 days)

Rate per 100k

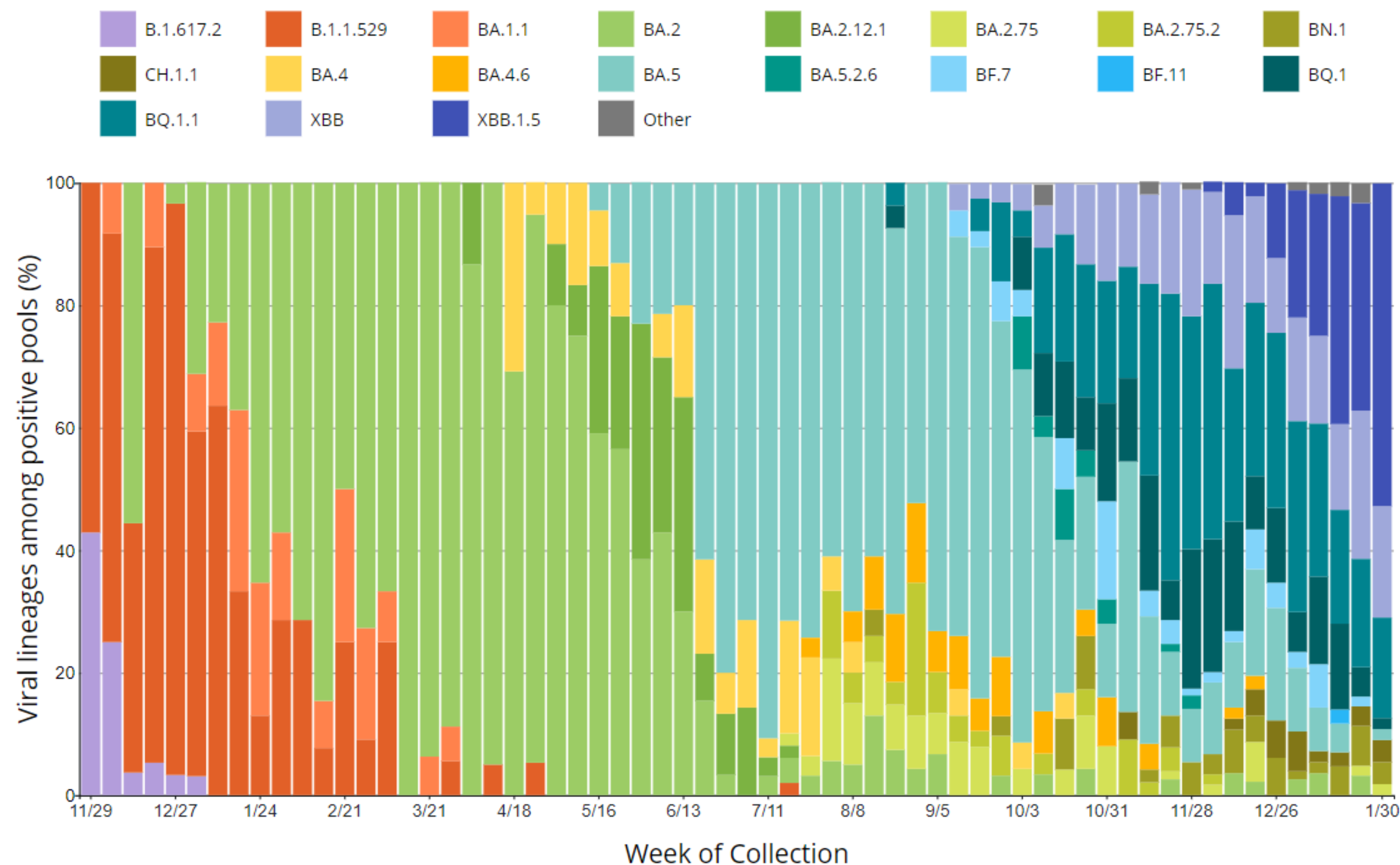
100
80
60
40
20
0

11/20/2022 11/27/2022 12/4/2022 12/11/2022 12/18/2022 12/25/2022 1/1/2023 1/8/2023 1/15/2023 1/22/2023 1/29/2023 2/5/2023 2/12/2023 2/19/2023

Date (Week Ending)

SNF resident weekly mortality rates **SNF staff weekly mortality rates**

* Seven-day cumulative crude SNF mortality rates are sourced from the self-reported CDPH 123 daily & weekly survey and data are reported from Nov 1, 2022 through Feb 12, 2023. Dates reflect the date the death was reported to the individual or facility. The population rate is per 100,000 and sourced from weekly resident census and staff totals for all LAC jurisdiction SNFs – these are population statistics and not estimates. We cannot capture the apprx 1,500 new admissions and staff turnover per week that should be included in the exposed denominator, so **the SNF rates are overestimates**. Deaths may be undercounted in the SNF daily survey data because the CDPH survey definition differs from the definition used by the LAC DPH death team to attribute deaths to COVID in IRIS. This analysis includes data reported by 341 SNFs on the CDPH 123 daily survey.



https://covid.cdc.gov/covid-data-tracker/#variant-summary

- XBB.1.5 variant accounts for >50% of US cases and is growing quickly
- It is more immune evasive (more contagious)
- We don't know if it is more severe, but unlikely
- Variants are constantly emerging. Situations can change quickly.

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Morbidity and Mortality Weekly Report (*MMWR*)

Notes from the Field: Epidemiologic Characteristics of SARS-CoV-2 Recombinant Variant XBB.1.5 — New York City, November 1, 2022–January 4, 2023

Weekly / February 24, 2023 / 72(8);212–214

https://www.cdc.gov/mmwr/volumes/72/wr/mm7208a4.htm?s_cid=mm7208a4_w

SARS-CoV-2 Variants as a Percentage of All Specimens Sequenced for Baseline Variant Surveillance

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

Percent of sequenced specimens

21%
5%
37%
20%

33%
4%
32%
16%

35%
4%
32%
14%

45%
6%
23%
14%

11/19/2022 11/26/2022 12/3/2022 12/10/2022 12/17/2022 12/24/2022 12/31/2022 1/7/2023 1/14/2023 1/21/2023 1/28/2023 2/4/2023

Week ending

- All other Omicron
- Omicron BA.2 (Excludes BA.2.75, BA.2.75.2, BN.1, and XBB)
- Omicron BA.2.75 (Excludes BA.2.75.2 and BN.1)
- Omicron BA.2.75.2
- CH.1.1
- Omicron BN.1
- Omicron BA.4 (Excludes BA.4.6)
- Omicron BA.4.6
- Omicron BA.5 (Excludes BF.7, BF.11, BA.5.2.6, BQ.1 and BQ.1.1)
- BF.7
- BF.11
- BA.5.2.6
- BQ.1 (Excludes BQ.1.1)
- BQ.1.1
- XBB (excluding XBB.1.5)
- XBB.1.5

*BF.7, BF.11, BQ.1, and BQ.1.1 are sublineages of BA.5

covid19.lacounty.gov

2/23/2023

Frequently Asked Questions

Definitions section

Introduction

These guidelines outline actions that Skilled Nursing Facilities (SNFs) should take to help prevent and manage COVID-19, based on the current status of and trends in community transmission in LA County.

The current CDC COVID-19 Community Level for Los Angeles County can be found here: http://publichealth.lacounty.gov/media/Coronavirus/data/response-plan.htm

Definitions

Expand all

- Case +
- Close Contact and higher risk exposure +
- Isolation +
- Quarantine +
- Up to Date +

http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/#definitions

Definitions

- **Case:** A case is defined as an individual with a positive viral test (e.g., PCR/NAAT or antigen test) regardless of symptoms unless a confirmatory PCR/NAAT test is negative for an asymptomatic individual with a positive antigen test.
  - **Confirmed**: resident cases who are either symptomatic with a positive viral test (PCR/NAAT or antigen) or asymptomatic with a positive molecular (PCR/NAAT) test.
  - **Suspect**: resident cases who are symptomatic with pending/unknown test results or asymptomatic with a positive antigen test pending confirmatory PCR/NAAT testing.

Definitions

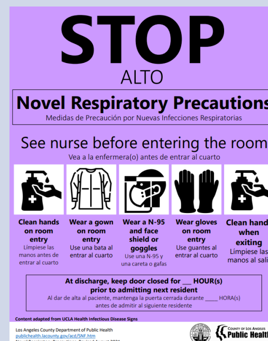
Close Contacts (Residents)	Higher-Risk Exposure (Staff)
A close contact is defined as sharing the **same indoor airspace** (e.g., resident room, rehab gym, communal dining room, communal activity/visitation area, shower room, hallway, nursing station, etc.) for a cumulative total of 15 minutes or more over a 24-hour period with a case during their infectious period* regardless of source control. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx	Please see the LAC DPH COVID Infection Prevention Guidance for Healthcare Personnel for definition of higher risk exposure. • HCP not wearing a respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask). • HCP not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask. • HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure. **Community exposures** also apply to work restriction guidelines.

***Infectious period:** 2 days prior to the date of symptom onset (or the positive specimen collection date, if asymptomatic) through day 10 after symptom onset or date of positive specimen collection.

Definitions: Back to Basics

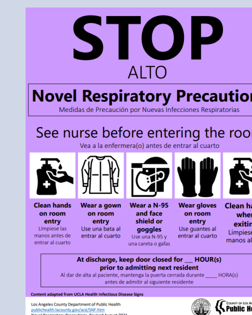
Isolation

- **The separation of infected people with a contagious disease (<u>confirmed and suspect cases</u>) from people who are not infected.**
- Measures include:
  - Person stays in room/at home
  - Person wears face mask when not in their room/home
  - Empiric transmission based precautions for HCW:



Quarantine

- **Separates and restricts the movement of people who were exposed <u>(close contacts)</u> to a contagious disease to see if they become sick.**
- Measures include:
  - Person stays in room/at home*
  - Person wears face mask when not in their room/home*
  - Empiric transmission based precautions for HCW:



*For COVID-19, while the first two measures are still required for residents (*), <u>empiric transmission based precautions are no longer routinely required in SNFs</u>. Regardless, close contacts should be **managed in-place; avoid movement of exposed residents to different rooms** that could lead to new exposures.*

https://www.cdc.gov/quarantine/index.html

Q: Green and Yellow zones are no longer required, but can we keep them in our facility?

- Public Health recommends against physically distinct/separated "Green" and "Yellow" zones
- Avoid movement of residents that could lead to new exposures
- Can create misconceptions that contribute to improper or non-adherence to infection control practices
  - Belief that there is no risk of infection in "Green" zones
  - Belief that all "Yellow" zone residents/rooms have the same risk for becoming infected
- Avoid using "Yellow Zone" signs. Use the appropriate transmission based precaution signage for COVID-19: http://publichealth.lacounty.gov/acd/TransmissionBasedPrecautions.htm

STOP
ALTO
Novel Respiratory Precautions
Medidas de Precaución por Nuevas Infecciones Respiratorias
See nurse before entering the room
Vea a la enfermera(o) antes de entrar al cuarto
Clean hands on room entry
Límpiese las manos antes de entrar al cuarto
Wear a gown on room entry
Use una bata al entrar al cuarto
Wear a N-95 and face shield or goggles
Use una N-95 y una careta o gafas
Wear gloves on room entry
Use guantes al entrar al cuarto
Clean hands when exiting
Límpiese las manos al salir
At discharge, keep door closed for __ HOUR(s) prior to admitting next resident
Al dar de alta al paciente, mantenga la puerta cerrada durante ____ HORA(s) antes de admitir al siguiente residente
Content adapted from UCLA Health Infectious Disease Signs
Los Angeles County Department of Public Health
publichealth.lacounty.gov/acd/SNF.htm
Novel Respiratory Precautions, Revised August 2021
County of Los Angeles Public Health

Audience Question: What are these signs communicating to HCW?

Q: Green and Yellow zones are no longer required, but can we keep them in our facility?

From CDPH's Jan 11, 2023 SNF IP Call Notes:

- **Q-3: For symptomatic residents, can we still use yellow zone terminology?**
- **A:** "We are moving away from the color zone framework that was developed early in the pandemic to guide infection control precautions for groups of residents solely based on their COVID status. We now need to consider COVID-19 along with many other transmissible pathogens (e.g., influenza, MDROs) and individualize precautions based on a resident's specific situation. A symptomatic resident should be empirically isolated and cared for with transmission-based precautions based on their suspected diagnosis, which might be COVID-19, influenza, or another pathogen. While test results are pending, isolate the resident in their current room with empiric transmission-based precautions, and avoid moving the resident so that new exposures throughout the facility are not created. If the resident tests positive for COVID-19, then move them to the designated COVID-19 isolation area and consider the roommate(s) exposed."

https://www.hsag.com/contentassets/c2e1fa42ead44878afdaa7e43e0e21b1/afc-snf-ip-call-notes_1_11_2023_final.pdf

Back to Basics: Isolate suspected and confirmed cases

Confirmed COVID-19	• Isolate in "designated COVID-19 isolation area" (AFL 22-13 and 23-12) aka Red Zone • Place on COVID-19 transmission based precautions (staff entering care area dons full PPE) • Residents must wear face mask when not in room
Suspect for COVID-19 - Symptomatic pending test results - Asymptomatic with positive point-of-care antigen test pending confirmatory laboratory-based molecular (PCR) testing	• Isolate in place*. Do not move from current room. • Place on COVID-19 transmission based precautions (staff entering care area dons full PPE) • Residents must wear face mask when not in room • Test immediately **If symptomatic, move to single-occupancy room only if available.*
Close contacts (asymptomatic)	• Do not move from current room. • Residents must wear face mask when not in room • Test on days 1, 3, 5 post-exposure (day 0 = exposure)
New admission, re-admission, returned after leaving >24 hrs	• Avoid moving residents after completing serial testing • Residents must wear face mask when not in room • Test on days 0, 3, 5 (day 0 = admission/return)

http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/#table3

Q: Are we completely retiring Green, Yellow, and Red Zones/Cohorts? Do we still need to have a Red Zone for confirmed cases?

- "***Yes.*** SNFs need to have a dedicated COVID-19 isolation area (formerly referred to as "red zone")" for confirmed resident cases.
  - CDPH SNF IP Call Notes 12/14/22: https://www.hsag.com/contentassets/e3a08e51b6e8481f9b5840f3def143d1/afc-snf-ip-call-notes_12_14_2022_final.pdf
  - CDPH AFL 22-13: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-13.aspx
  - CDPH AFL 23-12: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-23-12.aspx
  - LAC DPH: http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/#quarantine-and-isolation

Q: Do nursing homes need to have dedicated staffing for caring for residents in the red zone?

- CDPH no longer requires dedicated staffing
- LAC DPH strongly recommends dedicated staffing if possible
- Separate break rooms for Red Zone staff are also recommended because staff often remove masks to eat and drink during breaks
  - Separate bathrooms are not necessary or recommended
- LAC DPH outbreak investigation teams may require individual facilities on a case-by-case basis to dedicate staff to the Red Zone to help control transmission.

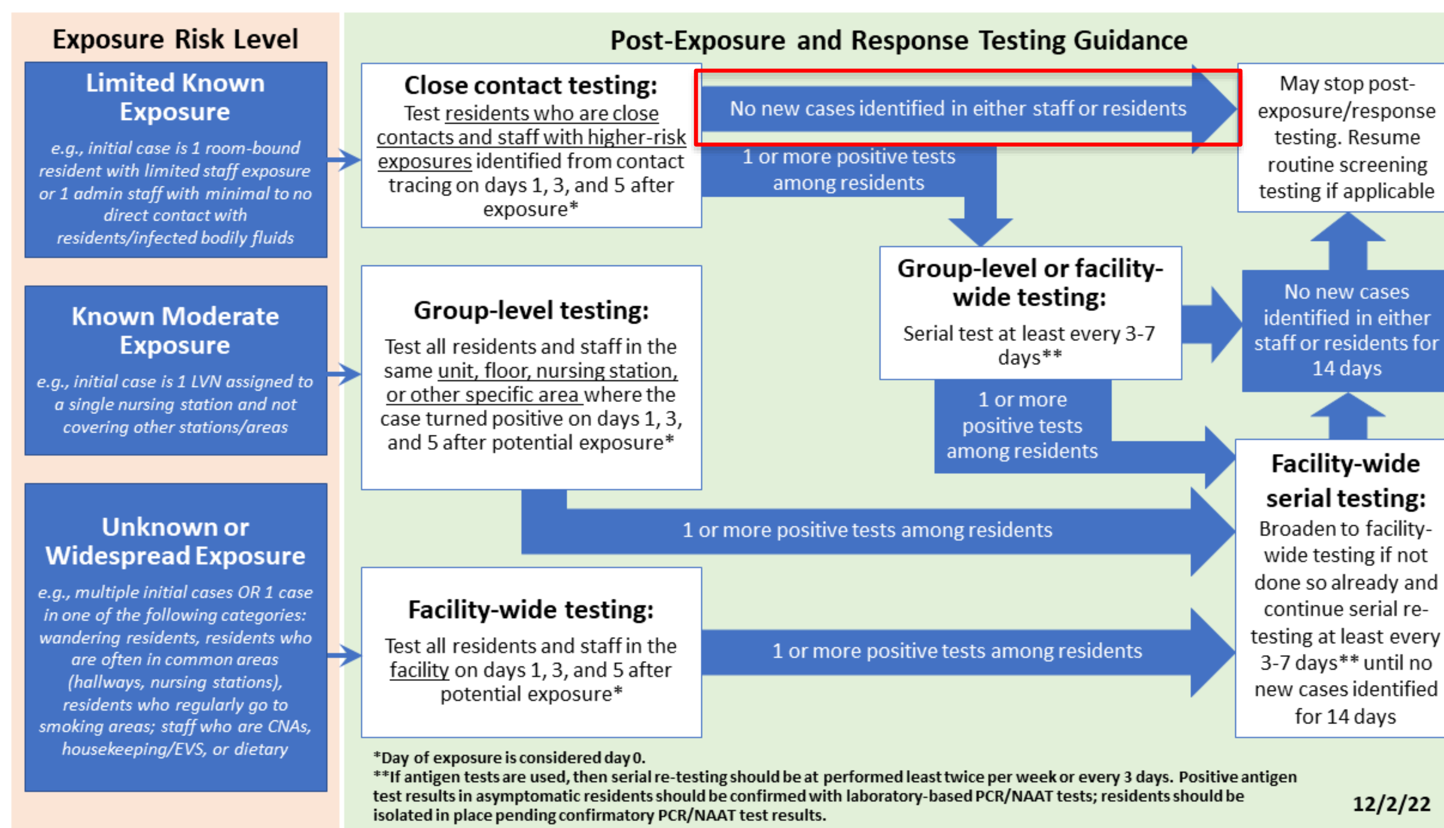
Q: It is difficult for us to test all staff exactly on days 1, 3, 5 post-exposure. It falls on their days off and we cannot make them come into test due to their unions. Can we test them on our old schedule of once or twice per week?

- CDPH AFL guidance (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-13.aspx)
- Guidance is based on evidence behind shorter incubation periods for omicron subvariants.
- Purpose is to catch asymptomatic positive cases as soon as possible and isolate them from others to optimally mitigate transmission. Not testing frequently early on post-exposure leads to increased transmission that could be preventable.

- Recommend providing antigen test kits for staff to use at home on days they cannot come in for testing.
- Less preferable: test them on a schedule that adheres to the days 1, 3, 5 guidance as much as possible with the goal of testing more frequently post-exposure early on and not less frequently.

Q: If the exposure is limited (e.g., single case), the few close contacts test negative on days 1, 3, and 5, no new close contacts are identified (i.e., transmission is contained), do we still need to serially test the same close contacts every 3-7 days for a full 14 days?

- No



Q: Our facility reported a positive case a week ago, but we have not heard back from Public Health and still waiting for an outbreak investigator to be assigned. What happened?

- There are **2** mandatory reporting forms
  1. Individual reporting of positive results from point-of-care antigen tests performed by the facility: https://dphredcap.ph.lacounty.gov/surveys/?s=NPCMWX89WK

     Per Title 17 CCR section § 2500 (b)
  2. Reporting of possible outbreaks: https://dphredcap.ph.lacounty.gov/surveys/?s=RERMHDTWAR

     Per Title 17, CCR § 2500
- When there is a suspected outbreak, facilities must submit **both** forms above.
  – Complete form #2 once per possible outbreak. Complete form #1 for each positive point-of-care test (unless they are also positive by a laboratory-based molecular test).

http://publichealth.lacounty.gov/acd/ncorona2019/reporting.htm

Q: I heard the state's public health emergency is ending at the end of this month (Feb 28, 2023). How does this impact our nursing home?

- We do not know yet.

For testing…

- LAC DPH will continue delivering point-of-care (POC) antigen tests. Ample supply.
- State's COVID-19 CLIA waiver program set to end June 2023, may be extended. There will be a 1 month notice before it officially sunsets.
- **All SNFs should apply for their own CLIA waiver certificate now.**
  - Does not expire when the PHE ends
  - Allows you to add other point-of-care/rapid tests (RSV, influenza, group A strep, etc.), which are not approved under the state's CLIA waiver
  - https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/CLIA-Antigen-Overview.aspx
  - https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/OnlineNewApplication.aspx

Q: Do we still need to have someone sitting at the facility entrance screening all staff and visitors (entry screening)?

- No
- Updating LAC DPH guidance…
- “All visitors must be educated that they may not enter if they have any of the following: 1) recent positive viral test for SARS-CoV-2, 2) COVID symptoms, 3) close contact ≤14 days.”

http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/#preventionpractices

Q: Do we have to allow visitors for residents in isolation or if there is an outbreak?

	Residents Not in Isolation or Quarantine	Residents in Isolation (Red Cohort or in-place)
Entry Screening	• All visitors must be educated that they may not enter if they have any of the following: 1) recent positive viral test for SARS-CoV-2, 2) COVID symptoms, 3) close contact ≤14 days. • Prior to entry, all visitors should be advised of their possible exposure risk when there is an active outbreak at the facility.	• All visitors must be educated that they may not enter if they have any of the following: 1) recent positive viral test for SARS-CoV-2, 2) COVID symptoms, 3) close contact ≤14 days. • Prior to entry, visitors should be advised of their possible exposure risk.
Face Masks	All visitors must wear well-fitting mask with good filtration (N95, KF94, KN95, or surgical masks are preferred over cloth face coverings) throughout the visit when indoors or in-room when not actively eating/drinking. Residents should also wear well-fitting face mask if safe and practical when not actively eating/drinking.	All visitors must wear N95 respirator or higher throughout the visit and perform a seal check. Residents should also wear well-fitted face masks if safe and practical.
PPE		Visitors are required to properly don and doff any additional PPE (eye protection, gowns, gloves) required per COVID-19 transmission based precautions PDF according to instruction by facility staff.

http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/#table2

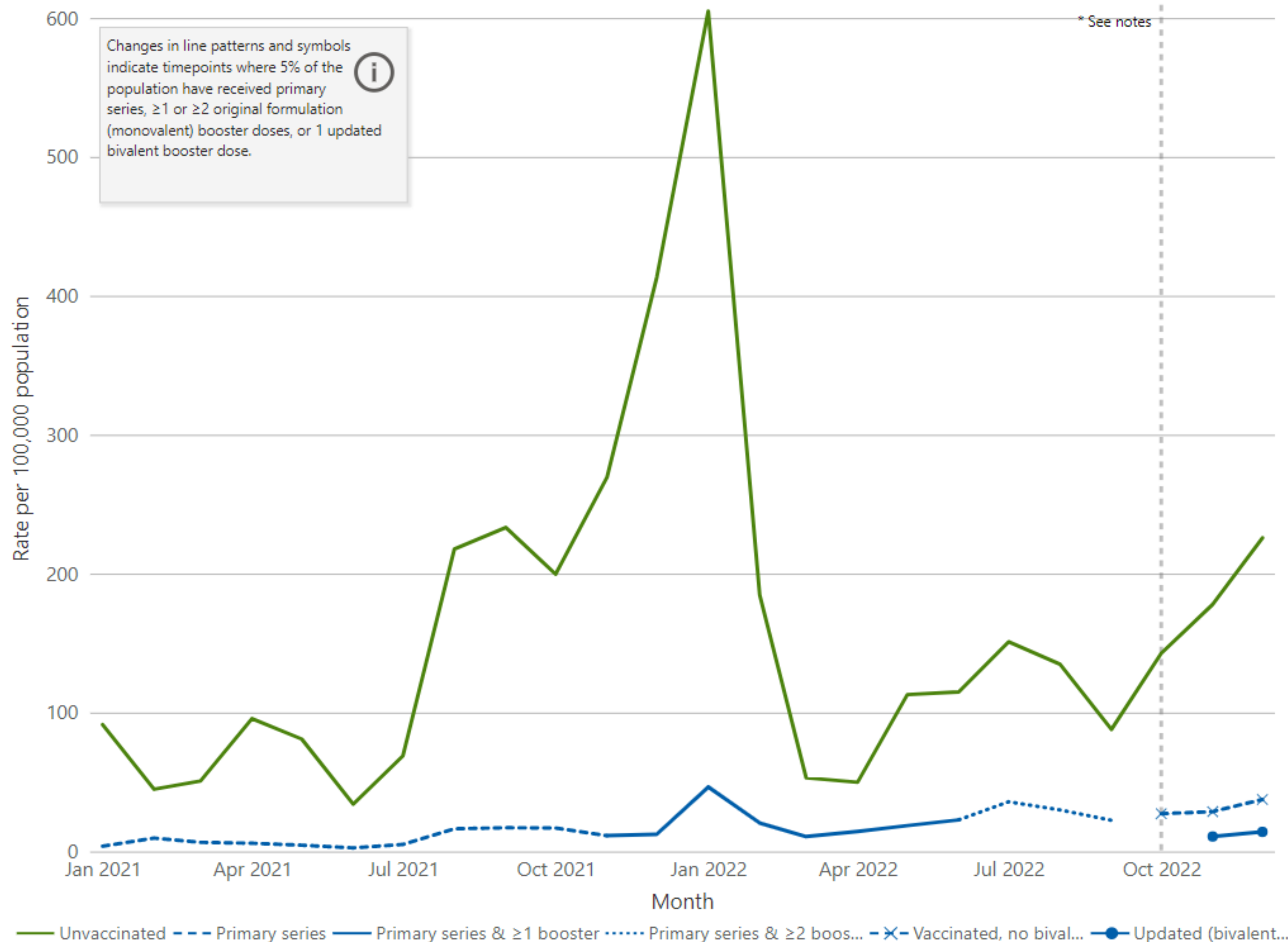
Q: Which residents are allowed communal dining and group activities?

- Should be permitted for all residents except those who are in isolation (suspect isolating in-place or confirmed isolating in the Red Cohort).
- Residents who are close contacts
  - May participate in group activities while wearing well-fitting face masks
  - Should not participate in communal dining through day 10 since their last exposure (day 0 = exposure).

http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/#groupactivities

Updated (bivalent) booster

Origin Strain
B.1.1.529
B.1.617.2
BA.1
BA.1.1
BA.2
BA.4
BA.4.6
BA.5
BA.5.2.6
BF.7
BF.11
BQ.1
BQ.1.1
BA.2.75
CH.1.1
BA.2.75.2
BN.1
XBB
XBB.1.5
BA.2.12.1

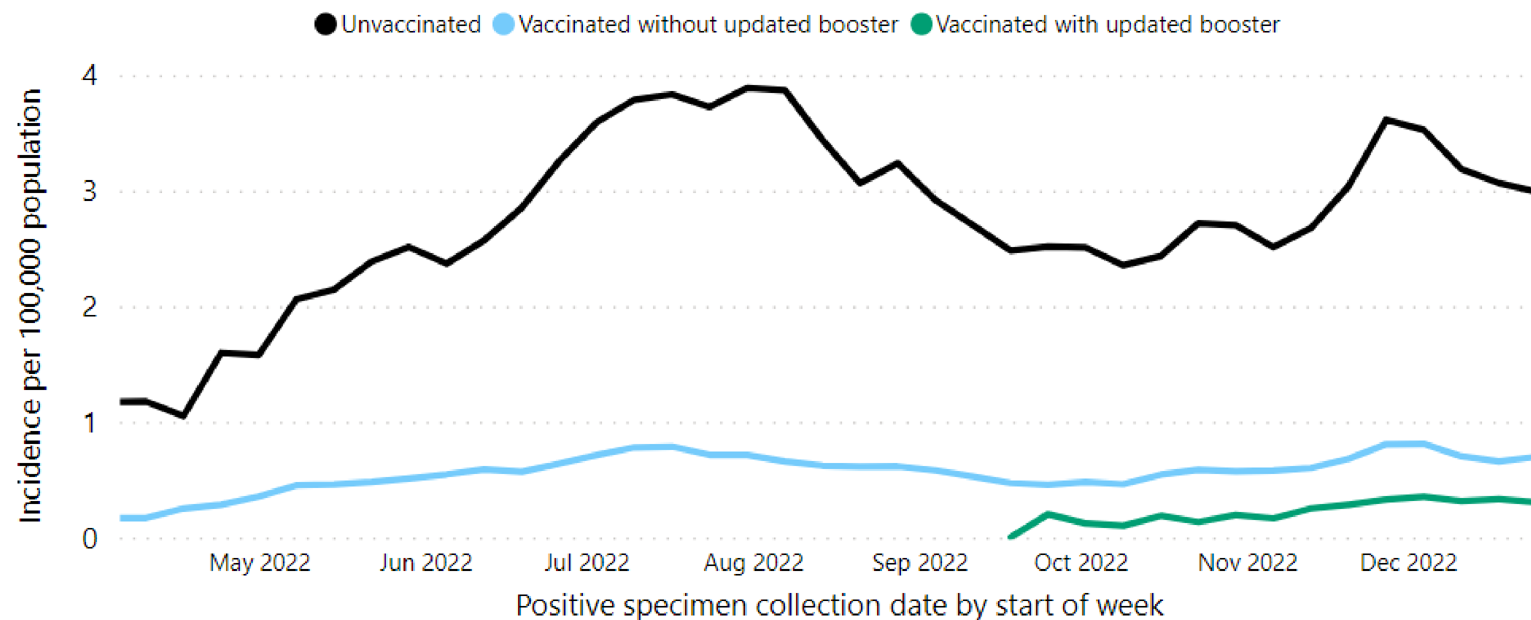


In Dec 2022, monthly rates of COVID-19-associated hospitalizations were higher for:

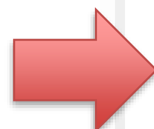
- Vaccinated adults aged 18-49yo who have not received the bivalent booster by **2.6 times**
- Vaccinated adults aged 50-64yo who have not received the bivalent booster by **3.3 times**
- Vaccinated adults aged 65yo+ who have not received the bivalent booster by **2.5 times**

Compared with up to date adults who have received the bivalent booster in their same age group

https://covid.cdc.gov/covid-data-tracker/#covidnet-hospitalizations-vaccination

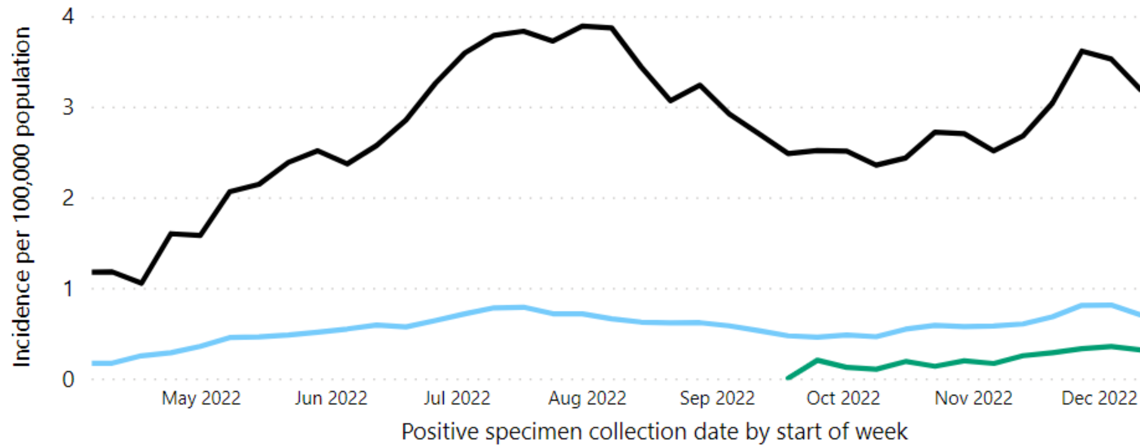


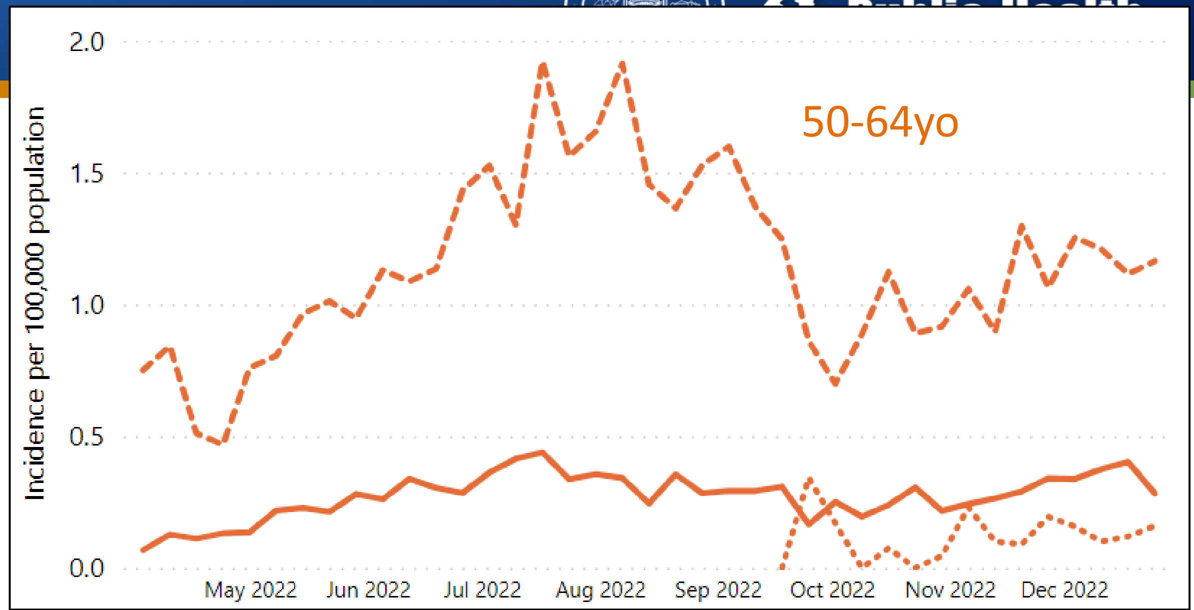
In December 2022, people ages 18 years and older and vaccinated with an updated (bivalent) booster had:

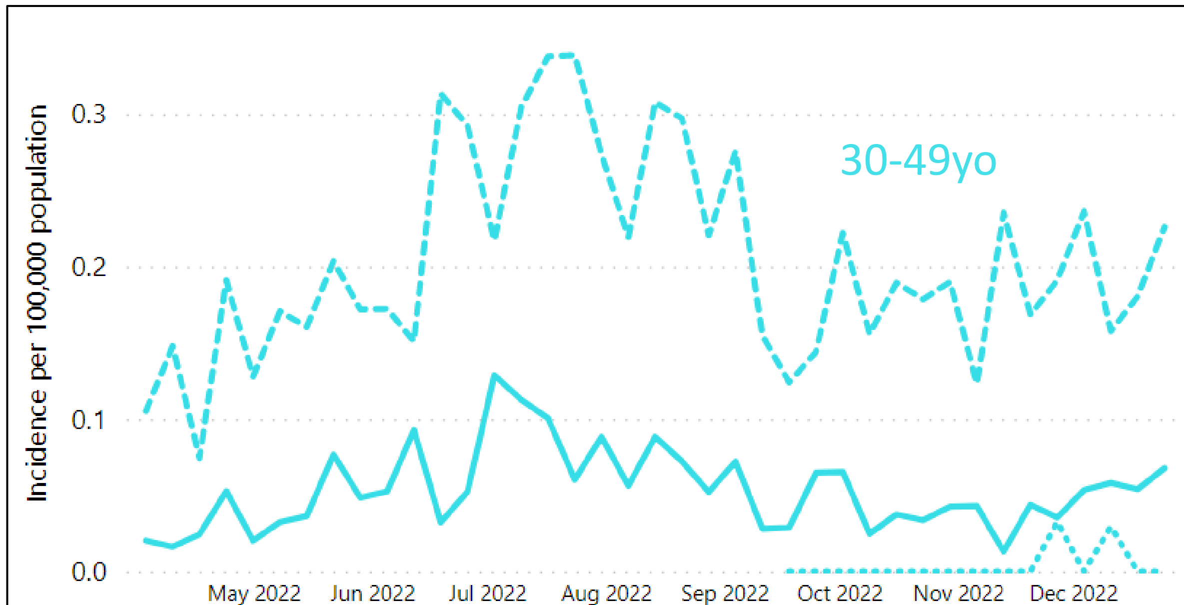


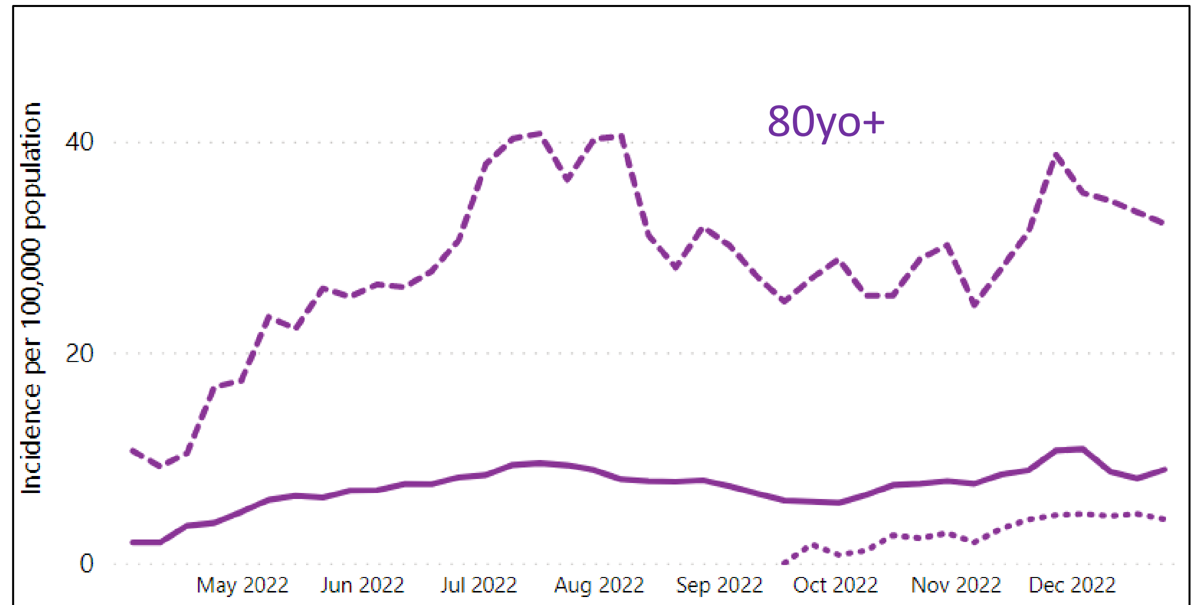
9.8X *lower risk of dying from COVID-19*	**compared to unvaccinated people, and**
2.4X *lower risk of dying from COVID-19*	**compared to people vaccinated without the updated (bivalent) booster.**

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

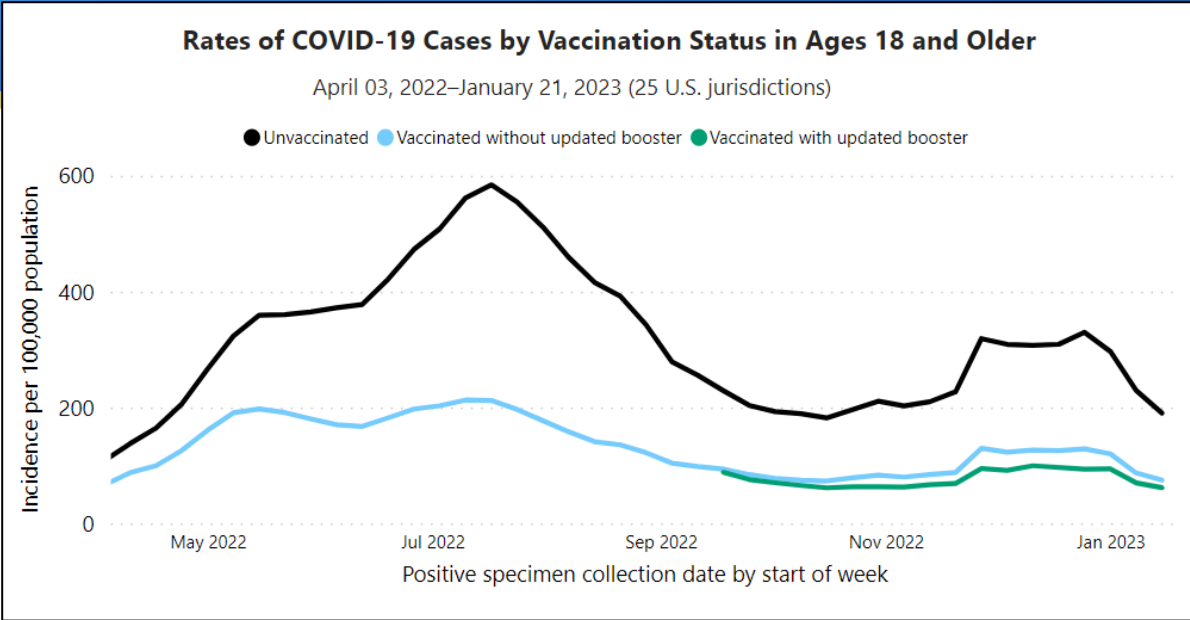


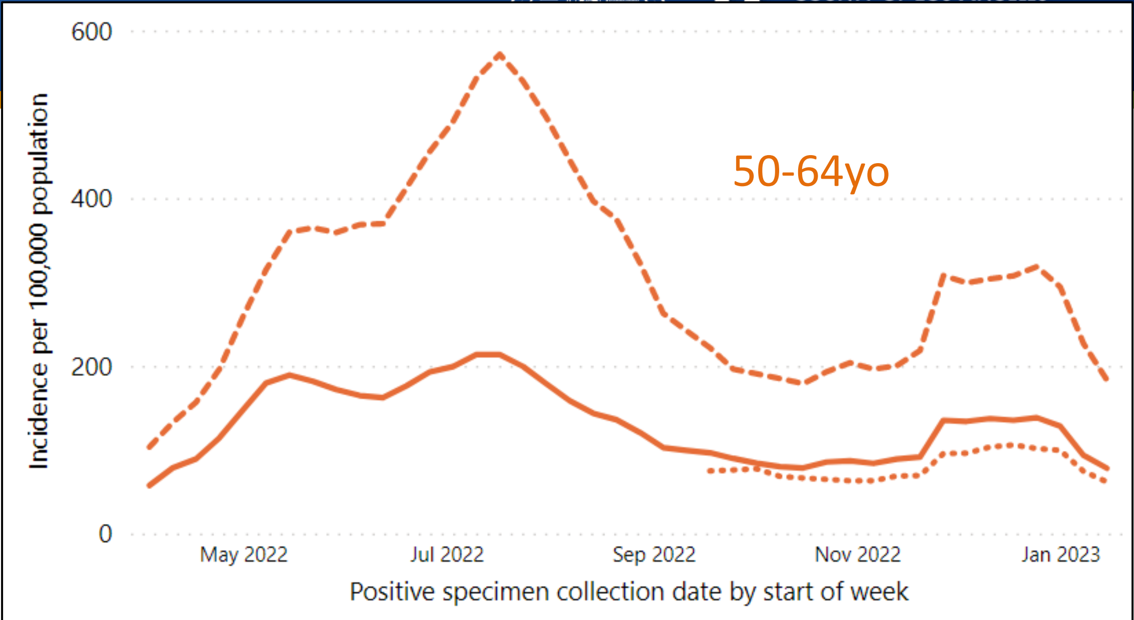


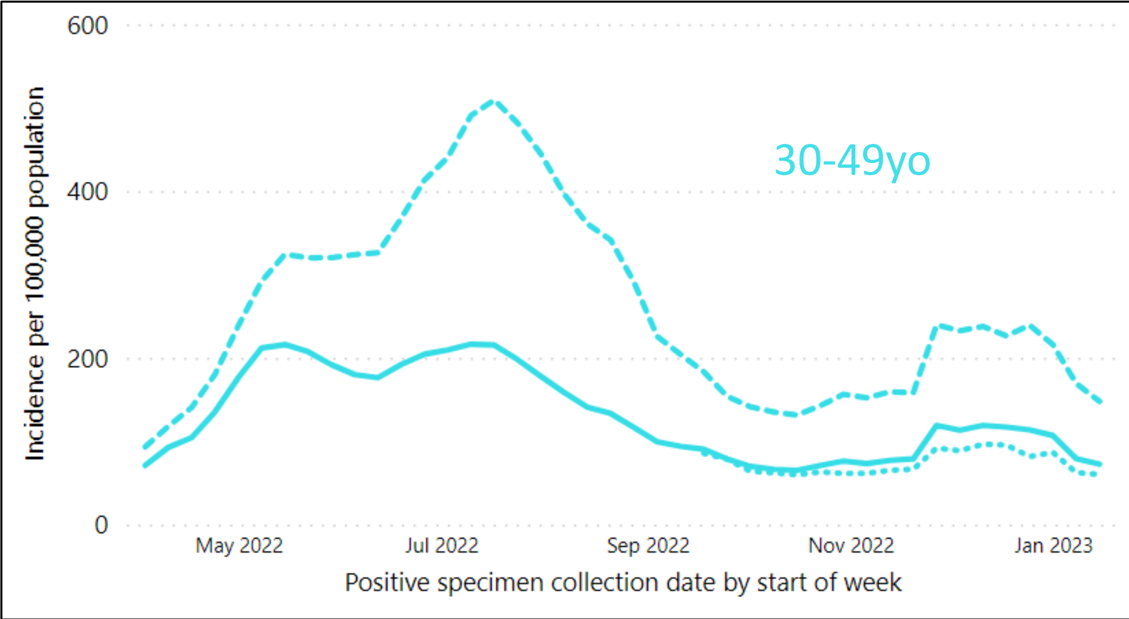


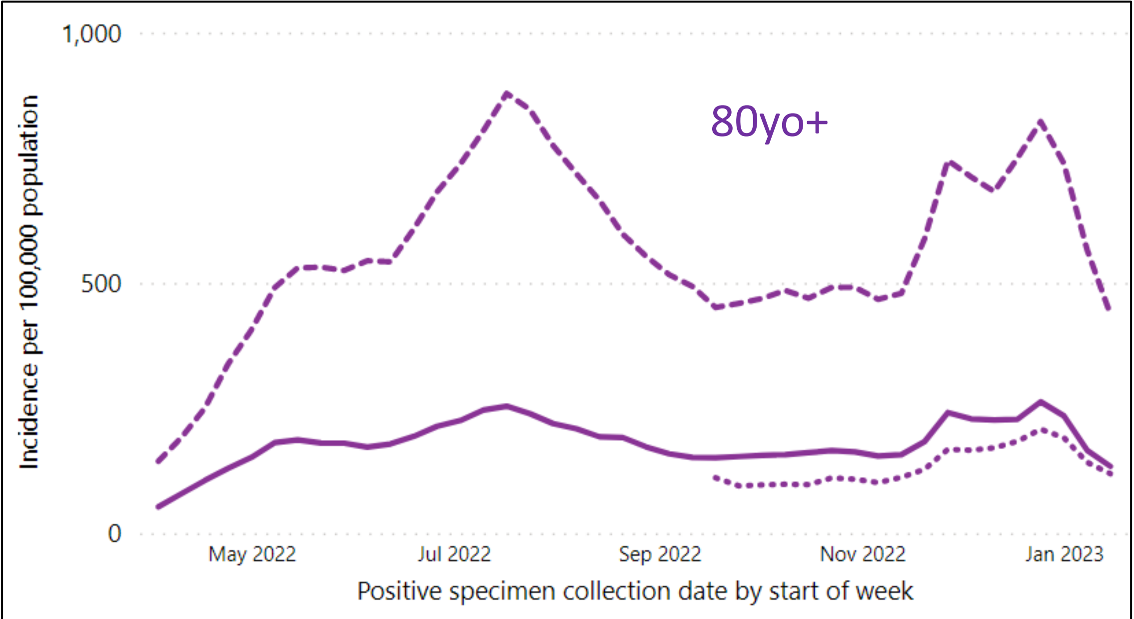


https://covid.cdc.gov/covid-data-tracker/#rates-by-vaccine-status









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

New study showing the additional protection of bivalent boosters in nursing home residents

Morbidity and Mortality Weekly Report

Laboratory-Confirmed COVID-19 Case Incidence Rates Among Residents in Nursing Homes by Up-to-Date Vaccination Status — United States, October 10, 2022–January 8, 2023

Heather Dubendris, MSPH[1,2]; Hannah E. Reses, MPH[1]; Emily Wong, MPH[1]; Phillip Dollard, MPH[1]; Minn Soe, MBBS[1]; Meng Lu, PhD[1]; Jonathan R. Edwards, MStat[1]; Tamara Pilishvili, PhD[3]; Theresa Rowe, DO[1]; Andrea Benin, MD[1]; Jeneita M. Bell, MD[1]

Summary

What is already known about this topic?

COVID-19 vaccines are effective against SARS-CoV-2 infection in nursing home residents; however, the impact of recently recommended vaccinations, including bivalent booster doses, in this population is unknown.

What is added by this report?

Nursing home residents who were not up to date with recommended COVID-19 vaccines had a 30%–50% higher risk for acquiring SARS-CoV-2 infection compared with residents who were up to date with COVID-19 vaccines.

What are the implications for public health practice?

This study supports other recent findings that the bivalent booster dose offers additional protection in persons who previously received monovalent vaccines. Nursing home residents can maximize protection against COVID-19 by receiving bivalent COVID-19 booster doses to stay up to date with recommended COVID-19 vaccinations.

CDC MMWR. "Laboratory-Confirmed COVID-19 Case Incidence Rates Among Residents in Nursing Homes by Up-to-Date Vaccination Status – United States, October 10, 2022-January 8, 2023."

Early Estimates of Bivalent mRNA Booster Dose Vaccine Effectiveness in Preventing Symptomatic SARS-CoV-2 Infection Attributable to Omicron BA.5– and XBB/XBB.1.5–Related Sublineages Among Immunocompetent Adults — Increasing Community Access to Testing Program, United States, December 2022–January 2023

Weekly / February 3, 2023 / 72(5);119–124

Summary

What is already known about this topic?

The SARS-CoV-2 Omicron BA.2-related sublineage XBB.1.5 is gaining predominance nationwide. Vaccine effectiveness against XBB and XBB.1.5 is unknown.

What is added by this report?

Using spike (*S*)-gene target presence as a proxy for BA.2 sublineages, including XBB and XBB.1.5, during December 2022–January 2023, the results showed that a bivalent mRNA booster dose provided additional protection against symptomatic XBB/XBB.1.5 infection for at least the first 3 months after vaccination in persons who had previously received 2–4 monovalent vaccine doses.

What are the implications for public health practice?

As new SARS-CoV-2 variants emerge, continued vaccine effectiveness monitoring is important. All persons should stay up to date with recommend COVID-19 vaccines, including receiving a bivalent booster dose when eligible.

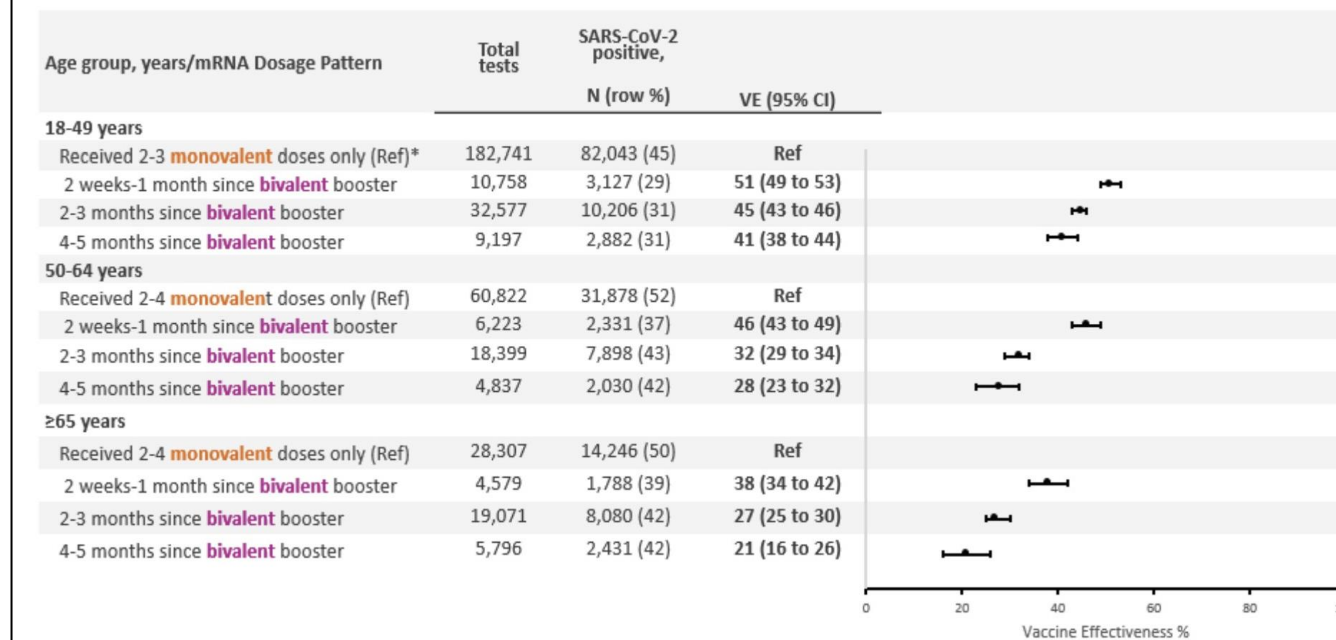
Link-Gelles R, Ciesla AA, Roper LE, et al. Early Estimates of Bivalent mRNA Booster Dose Vaccine Effectiveness in Preventing Symptomatic SARS-CoV-2 Infection Attributable to Omicron BA.5– and XBB/XBB.1.5–Related Sublineages Among Immunocompetent Adults — Increasing Community Access to Testing Program, United States, December 2022–January 2023. MMWR Morb Mortal Wkly Rep 2023;72:119–124. DOI: http://dx.doi.org/10.15585/mmwr.mm7205e1.

Recent news: VRBPAC Meeting

- Vaccines and Related Biological Products Advisory Committee (VRBPAC), FDA's independent science advisory group, met on January 26, 2023 to discuss a revamp to COVID-19 vaccinations
  - Unanimously voted yes to move to simplify immunization schedule: same formulation for adults regardless of primary or booster dose
    - **Not effective yet.** EUA has not been revised. ACIP and CDC has not changed their recommendations.
  - Discussion on regular updates to COVID-19 vaccines similar to annual influenza vaccine
- Goal of revamp is to simplify COVID-19 vaccination and ultimately get more people vaccinated and boosted every year.

Recent news: ACIP Meeting

- Advisory Committee on Immunization Practices (ACIP), CDC's independent medical and public health advisory group on vaccines, met today Feb 24, 2023.
- Vaccines continue to be safe. A lot of new evidence.
- Vast majority of COVID hospitalizations among persons <5yo and >50yo are "for" COVID-19 (not incidental). COVID is still a problem.
- Plan is for everyone to get one dose per year (for now).
- CDC clarified the goal of the vaccine program: Prevention of severe disease.



ICATT: *Relative* VE of bivalent booster against *symptomatic infection* in adults aged ≥ 18 years, December 1, 2022 - February 13, 2023

Age group, years/mRNA Dosage Pattern	Total tests	SARS-CoV-2 positive, N (row %)	VE (95% CI)
18-49 years			
Received 2-3 monovalent doses only (Ref)*	182,741	82,043 (45)	Ref
2 weeks-1 month since bivalent booster	10,758	3,127 (29)	51 (49 to 53)
2-3 months since bivalent booster	32,577	10,206 (31)	45 (43 to 46)
4-5 months since bivalent booster	9,197	2,882 (31)	41 (38 to 44)
50-64 years			
Received 2-4 monovalent doses only (Ref)	60,822	31,878 (52)	Ref
2 weeks-1 month since bivalent booster	6,223	2,331 (37)	46 (43 to 49)
2-3 months since bivalent booster	18,399	7,898 (43)	32 (29 to 34)
4-5 months since bivalent booster	4,837	2,030 (42)	28 (23 to 32)
≥65 years			
Received 2-4 monovalent doses only (Ref)	28,307	14,246 (50)	Ref
2 weeks-1 month since bivalent booster	4,579	1,788 (39)	38 (34 to 42)
2-3 months since bivalent booster	19,071	8,080 (42)	27 (25 to 30)
4-5 months since bivalent booster	5,796	2,431 (42)	21 (16 to 26)

https://yourlocalepidemiologist.substack.com/p/todays-acip-meeting-cliff-notes?utm_source=substack&utm_medium=email
https://www.cdc.gov/vaccines/acip/meetings/slides-2023-02-22-24.html

Update: LAC DPH COVID-19 Bivalent Booster Financial Reward

- 149 unique SNFs from LA County and Pasadena applied.
- Some SNFs may need to submit proof/verification of booster administration. Check your emails.
- SNFs should start hearing about their award status VERY SOON.

COVID-19 VACCINE FINANCIAL REWARD

How to Apply:

Please completely fill out the DPH COVID-19 Vaccine Tracker spreadsheets for residents and/or directly employed staff and submit an application via this secure link: https://tinyurl.com/LACSNFBooster10k

Link: COVID-19 Vaccine Tracker Template (for Residents)

- BE SURE DATA SUBMISSIONS INCLUDE DATE OF BIRTH.

Link: COVID-19 Vaccine Tracker Template (for Staff)

- Facilities must complete if they are applying for the full $10,000 financial award.
- Only directly employed staff need to be included.

Please include everyone regardless of their vaccination status - unvaccinated, completed primary series and prior booster doses but not up to date, up to date (received the bivalent booster), or otherwise.

The Los Angeles County (LAC) Department of Public Health (DPH) will award either a financial reward up to $10,000 per Skilled Nursing Facilities (SNFs) in LAC and Pasadena who demonstrate that at least 80% of their combined eligible residents and staff have received the updated bivalent COVID-19 booster **OR** a financial reward up to $7,500 to per SNF who demonstrate that at least 80% of their eligible residents have received the updated bivalent booster by January 29, 2023.

One award will be distributed per facility for the first 100 SNFs in LAC and Pasadena who apply and receive confirmation from DPH.

$10,000 Financial Reward*
Facilities must demonstrate 80% or more of their eligible residents and directly employed staff combined have received the bivalent booster over a single 1 week period from Monday through Sunday.

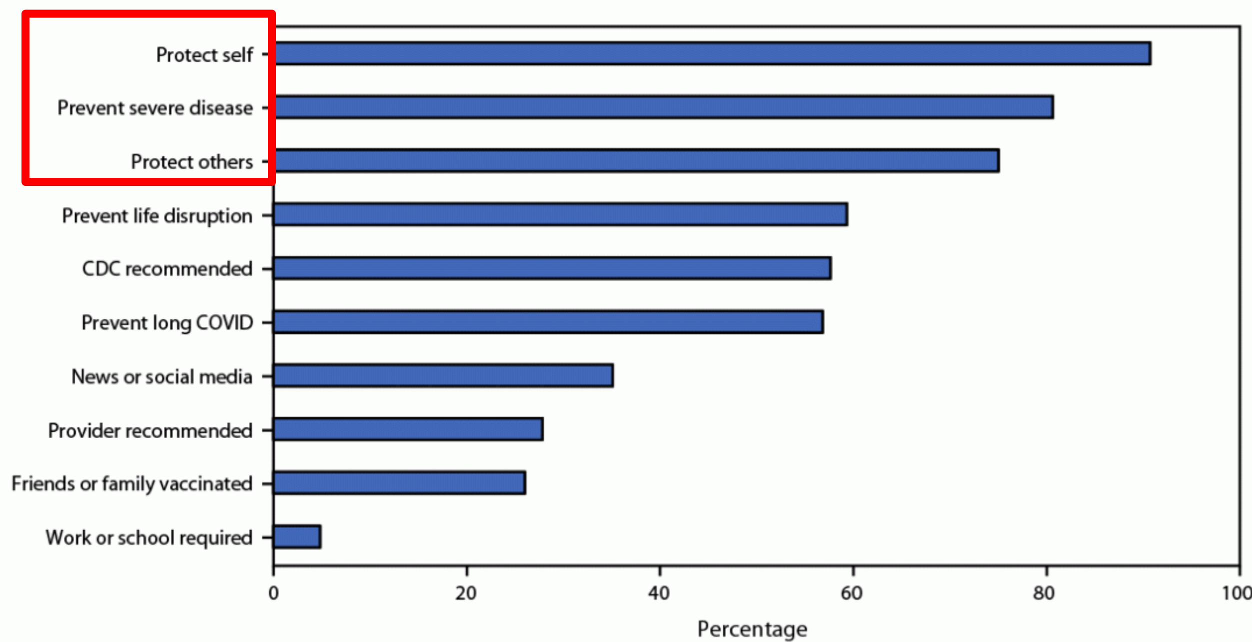
$7,500 Financial Reward*
Facilities must demonstrate 80% or more of their eligible residents have received the bivalent booster over a single 1 week period from Monday through Sunday.

Facilities are encouraged to maintain their bivalent booster coverage ≥80% but are only required to demonstrate coverage ≥80% for a single one (1) week period (Mon thru Sun) anytime between December 12, 2022 through January 29, 2023 to be eligible for the reward.

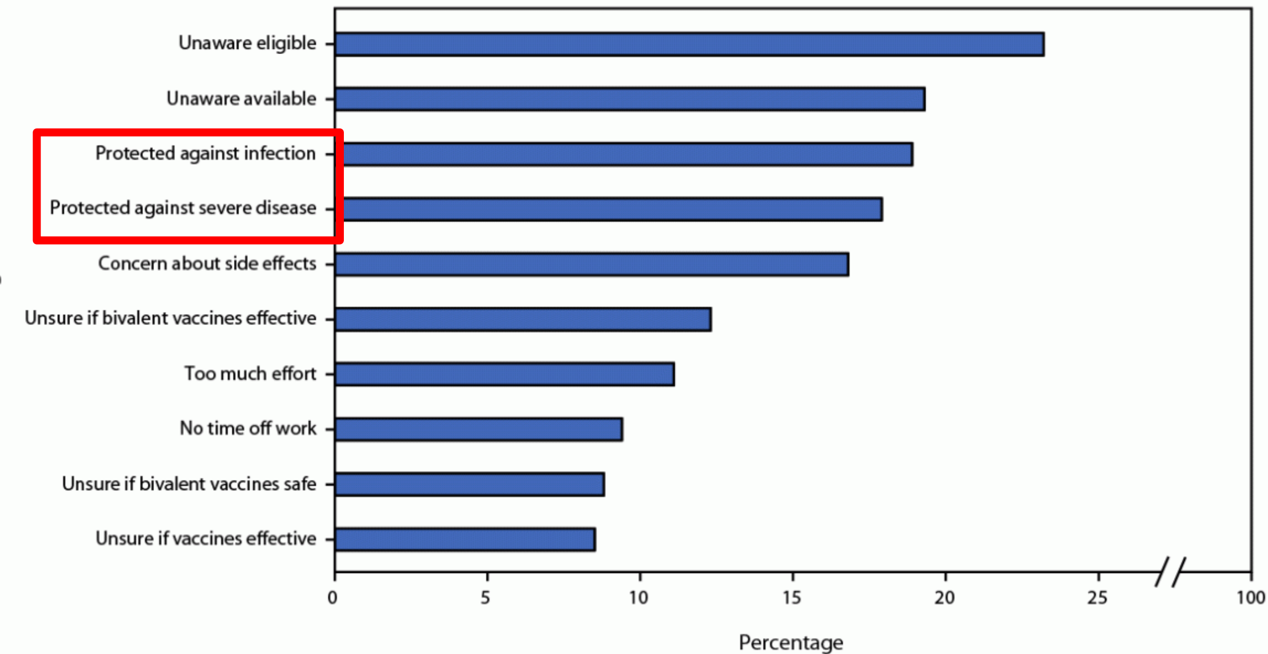
Submission Deadline for supporting ducumentation is February 3, 2023.
*SNFs who reach bivalent booster coverages lower than 80% and/or reach 80% later than the deadline may still be eligible for a reward depending on funding availability.

Contact Us
COVID-LTC-test@ph.lacounty.gov

Rev 1/6/23



Most common reasons for **not** getting a bivalent booster dose were lack of awareness about eligibility or availability and **overconfidence in immunity**.



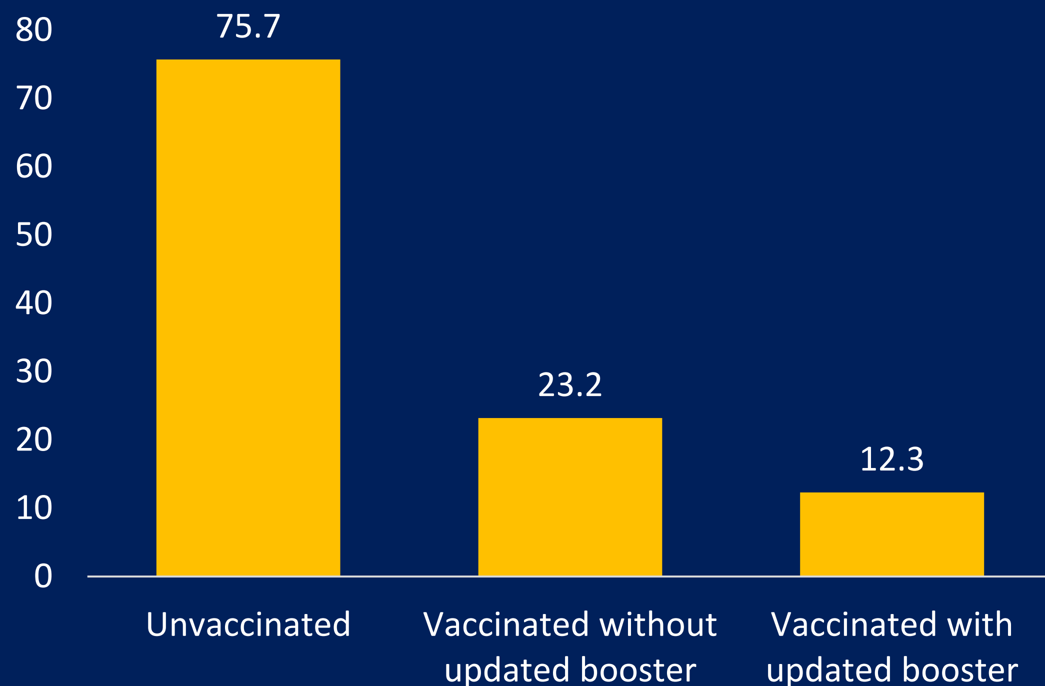
Sinclair AH, Taylor MK, Weitz JS, Beckett SJ, Samanez-Larkin GR. Reasons for Receiving or Not Receiving Bivalent COVID-19 Booster Vaccinations Among Adults — United States, November 1–December 10, 2022. MMWR Morb Mortal Wkly Rep 2023;72:73–75. DOI: http://dx.doi.org/10.15585/mmwr.mm7203a5.

County of Los Angeles
Public Health

30-Day Hospitalization and Death Rates by Bivalent Booster Vaccination Status, LA County

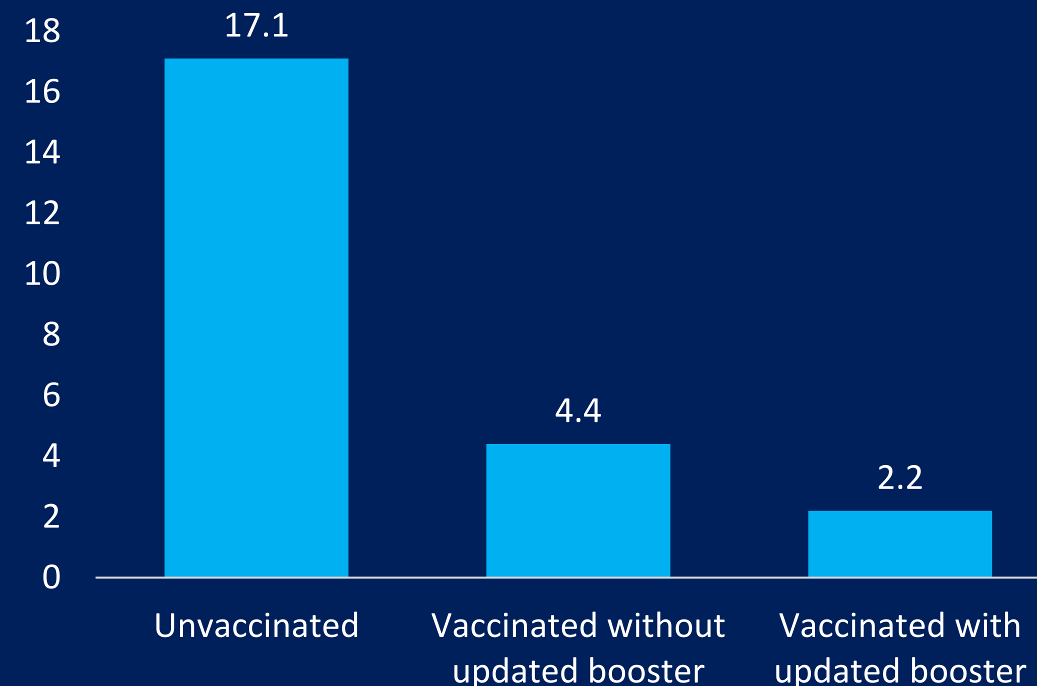
Hospitalization Rates per 100,000

30-day period ending 1/24/23



Death Rates per 100,000

30-day period ending 1/17/23



COUNTY OF LOS ANGELES
Public Health

Outpatient Treatments

Morbidity and Mortality Weekly Report

Paxlovid Associated with Decreased Hospitalization Rate Among Adults with COVID-19 — United States, April–September 2022

Melisa M. Shah, MD[1]; Brendan Joyce[2]; Ian D. Plumb, MBBS[1]; Sam Sahakian, MS[2]; Leora R. Feldstein, PhD[1]; Eric Barkley[2]; Mason Paccione, MSP[2]; Joseph Deckert, PhD[2]; Danessa Sandmann, MPH[2]; Jacqueline L. Gerhart, MD[2,*]; Melissa Briggs Hagen, MD[1,*]

- Adults diagnosed with COVID-19 who received nirmatrelvir-ritonavir (Paxlovid) prescriptions within 5 days of diagnosis had a **51% lower hospitalization rate** within 30 days after diagnosis than those who were not prescribed Paxlovid.[1]
- **Real-word analysis:**
  - Included persons with immunity from prior infection or vaccination
  - In the setting of the current circulating Omicron subvariants

Paxlovid is a very effective treatment compared with other treatments considered "standard of care":

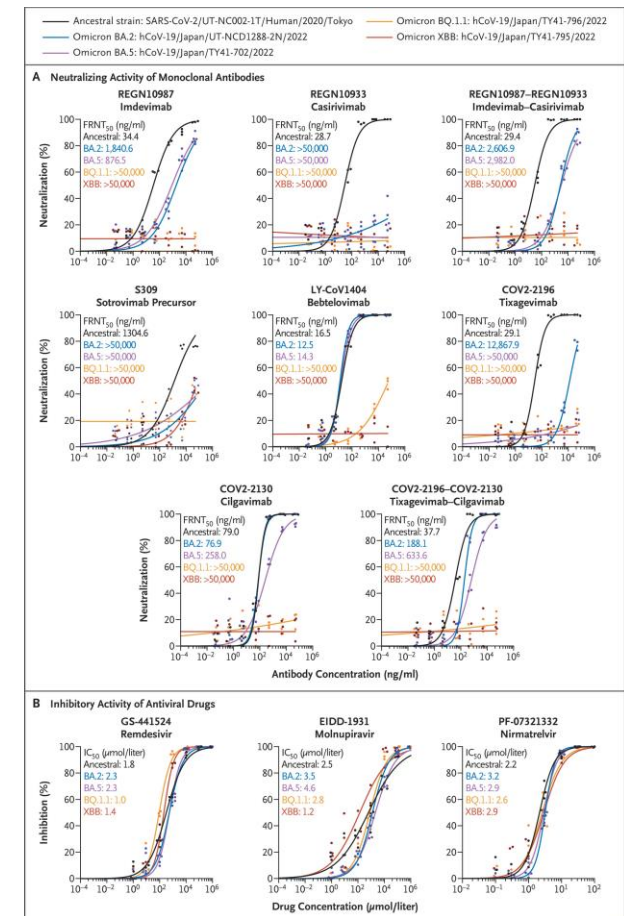
- *31% lower mortality rate for oseltamivir (Tamiflu) in ICU patients with influenza.*[2]
- *21% reduction in the risk of non-fatal cardiovascular events from aspirin in patients with known stable cardiovascular disease.*[3]

1. Shah MM, Joyce B, Plumb ID, et al. Paxlovid Associated with Decreased Hospitalization Rate Among Adults with COVID-19 — United States, April–September 2022. MMWR Morb Mortal Wkly Rep 2022;71:1531–1537. DOI: http://dx.doi.org/10.15585/mmwr.mm7148e2.
2. Lytras T, Mouratidou E, Andreopoulou A, Bonovas S, Tsiodras S. Effect of Early Oseltamivir Treatment on Mortality in Critically Ill Patients With Different Types of Influenza: A Multiseason Cohort Study. Clin Infect Dis. 2019 Nov 13;69(11):1896-1902. doi: 10.1093/cid/ciz101. PMID: 30753349.
3. Berger JS, Brown DL, Becker RC. Low-dose aspirin in patients with stable cardiovascular disease: a meta-analysis. Am J Med. 2008 Jan;121(1):43-9. doi: 10.1016/j.amjmed.2007.10.002. PMID: 18187072.

Outpatient treatment in the setting of circulating subvariants

- Results suggest that remdesivir, molnupiravir, and nirmatrelvir (Paxlovid) are **still efficacious** against both BQ.1.1 and XBB.
- The FDA’s EUA for Paxlovid and molnupiravir (Lagrevio), were revised Feb 1, 2023: remove the requirement for a positive SARS-CoV-2 viral test → instead must have “current diagnosis”

- Monoclonal antibodies (Evusheld) are no longer effective against this variant. EUA for use of Evusheld as pre-exposure prophylaxis was removed as of Jan 26, 2023.



https://www.nejm.org/doi/10.1056/NEJMc2214302

County of Los Angeles
Public Health

Number of Los Angeles County SNF Residents Receiving Paxlovid in Facility vs Receiving Other Treatments for COVID-19, by Reporting Week

Number of Positive SNF Resident Cases

900
800
700
600
500
400
300
200
100
0

Number of SNF Residents Treated

200
180
160
140
120
100
80
60
40
20
0

05/30/2022 to 06/05/2022
06/06/2022 to 06/12/2022
06/13/2022 to 06/19/2022
06/20/2022 to 06/26/2022
06/27/2022 to 07/03/2022
07/04/2022 to 07/10/2022
07/11/2022 to 07/17/2022
07/18/2022 to 07/24/2022
07/25/2022 to 07/31/2022
08/01/2022 to 08/07/2022
08/08/2022 to 08/14/2022
08/15/2022 to 08/21/2022
08/22/2022 to 08/28/2022
08/29/2022 to 09/04/2022
09/05/2022 to 09/11/2022
09/12/2022 to 09/18/2022
09/19/2022 to 09/25/2022
09/26/2022 to 10/02/2022
10/03/2022 to 10/09/2022
10/10/2022 to 10/16/2022
10/17/2022 to 10/23/2022
10/24/2022 to 10/30/2022
10/31/2022 to 11/06/2022
11/07/2022 to 11/13/2022
11/14/2022 to 11/20/2022
11/21/2022 to 11/27/2022
11/28/2022 to 12/04/2022
12/05/2022 to 12/11/2022
12/12/2022 to 12/18/2022
12/19/2022 to 12/25/2022
12/26/2022 to 01/01/2023
01/02/2023 to 01/08/2023
01/09/2023 to 01/15/2023
01/16/2023 to 01/22/2023
01/23/2023 to 01/29/2023
01/30/2023 to 02/05/2023
02/06/2023 to 02/12/2023

Number of residents who received Paxlovid in facility
Number of SNF residents receiving other therapeutics
Total Number of Positive SNF Residents

Source: CDPH Weekly Survey, May 30, 2022 to February 12, 2023.

County of Los Angeles Public Health

Ventilation/Indoor Air Quality Grant Opportunities

Ventilation/Indoor Air Quality Improvement Grant Opportunities

- There are 2 separate grants available for SNFs to reimburse expenses that improve ventilation and indoor air quality

- LAC DPH's ventilation improvement reimbursement grant
  - Up to $10,000
  - Only available to SNFs with an ongoing/active outbreak since December 21, 2022
  - Requires a REFERRAL FORM from LAC DPH's outbreak investigation physician
  - CANNOT be used to reimburse expenses already reimbursed by the CDPH CMP grant
  - **Work must be completed by March 31st and forms/receipts submitted by April 30, 2023 to Kimberly Scott at kscott@ph.lacounty.gov**

- CDPH has a grant through the CMP (Civil Monetary Penalty) fund
  - Up to $3000
  - Can be used to purchase portable HEPA units but **NOT** filters
  - More information is available from CDPH: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/CitationPenaltyAccountsReports.aspx

Medical Directors

County of Los Angeles Public Health

LA County SNF Medical Director's Contact Information

We are collecting this information only for communication purposes. Please complete the short survey below no later than Feb 28, 2023.

* Required

1. Facility Name & ID: *

Select your answer

2. Full name and role of person completing the form:

Enter your answer

3. Medical Director (First and Last name): *

Enter your answer

4. Medical Director's Primary Email Address: *

Enter your answer

5. Medical Director's alternative contact information (phone number, second email, etc.):

Enter your answer

6. Does your facility have a back-up or assistant Medical Director? *

○ Yes

○ No

Submit

Please provide LAC DPH with your facility's medical director name and contact info:

https://forms.office.com/g/M9fmPsQgce

← ***Very short form!***

Resources

COVID-19 Resources for Skilled Nursing Facilities in Los Angeles County

- Contact to update your facility's point of contact or non-COVID questions: LACSNF@ph.lacounty.gov
- Contact for COVID-19 guidance questions in SNFs: LTC_NCoV19@ph.lacounty.gov
- Contact for COVID-19 vaccination (questions about your LTC pharmacy, Public Health's Mobile Vaccine resource, or bivalent booster financial reward program): COVID-LTC-Test@ph.lacounty.gov

- LAC DPH COVID-19 SNF Past Webinar Slides & Recordings: http://publichealth.lacounty.gov/acd/SNFWebinarArchive.htm

COVID-19 Resources for Skilled Nursing Facilities in Los Angeles County

- **Los Angeles County Public Health**
  - Guidelines for Preventing & Managing COVID-19 in Skilled Nursing Facilities: http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/
  - COVID-19 Infection Prevention Guidance for Healthcare Personnel: http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/HCPMonitoring/
  - Interfacility Transfer Rules: http://publichealth.lacounty.gov/acd/NCorona2019/InterfacilityTransferRules.htm
- **CDPH:**
  - CDPH All Guidance Documents by Topic (including State Public Health Officer Orders): https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx
  - All Facilities Letters (AFLs), all years: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/All-Facilities-Letters-Listing.aspx
- **CDC, NIH:**
  - Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html
  - NIH Therapeutic Management of Nonhospitalized Adults With COVID-19: https://www.covid19treatmentguidelines.nih.gov/management/clinical-management-of-adults/nonhospitalized-adults--therapeutic-management/