FAQs for Long Term Care and Assisted Living Facilities

August 26, 2020

NH DIVISION OF
Public Health Services
Department of Health and Human Services

Today's Overview

- Updates & Resources
- Submitted Questions
- Audience Q&A

Updates & Resources

- CRSSSP updates
- Confirmed case of reinfection 4.5 months later in Hong Kong
- Long term outcomes
- CDC travel

Reinfection?

- HKU LKS Faculty of Medicine published patient with confirmed SARS-CoV-2 reinfection in *Clinical Infectious Diseases*
- 33y otherwise healthy male hospitalized PCR+ in March, then discharged in April after 2 negative PCR tests
- In August, returned asymptomatic to HK from Spain and tested PCR+ at airport
- Whole genome sequencing analysis conducted on specimens showed
  - March most closely related to strains from USA or England in March-April
  - August most closely related to strains from Switzerland and England in July-Aug

The Very Next Day

- Catholic University of Leuven in Flanders reported to press similar comparison of one patient's virus from a first (March) then second infection 3 months later (June)
  - 2 viruses were different by 11 mutations
  - Both episodes symptomatic: mild first, milder second
- Erasmus Medical Center in the Netherlands reported to NOS News, similar case has been detected based on identification of different viruses in first and second infections
  - Elderly and “weakened immune system”

Persistent Symptoms

- Phone questionnaire to 120 COVID-19 patients hospitalized (24 in ICU) Mar 15-Apr 14 at University of Paris
- Most patients had symptoms for mean of 111 days after D/C
  - Fatigue (55%)
  - SOB (42%)
  - Memory loss (24%) and trouble concentrating (27%)
  - Insomnia (31%)
  - Hair loss (20%): telogen effluvium
- No difference between ICU and not

research letter published in the *Journal of Infection*

"After You Travel"

You may have been exposed to COVID-19 on your travels. You may feel well and not have any symptoms, but you can be contagious without symptoms and spread the virus to others. You and your travel companions (including children) pose a risk to your family, friends, and community for 14 days after you were exposed to the virus. Regardless of where you traveled or what you did during your trip, take these actions to protect others from getting sick after you return:

- When around others, stay at least 6 feet (about 2 arms' length) from other people who are not from your household. It is important to do this everywhere, both indoors and outdoors.
- Wear a mask to keep your nose and mouth covered when you are outside of your home.
- Wash your hands often or use hand sanitizer (with at least 60% alcohol).
- Watch your health and look for symptoms of COVID-19. Take your temperature if you feel sick.

Follow state, territorial, tribal and local recommendations or requirements after travel.

Submitted Questions

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PCR Sample Sites

- **“Dr. Talbot can you speak to the efficacy of cheek swabs?”**
- From IDSA:

Recommendation 2: The IDSA panel suggests collecting nasopharyngeal, or mid-turbinate or nasal swabs rather than oropharyngeal swabs or saliva alone for SARS-CoV-2 RNA testing in symptomatic individuals with upper respiratory tract infection (URTI) or influenza like illness (ILI) suspected of having COVID-19 (conditional recommendation, very low certainty of evidence).

	Oral	Nasal	Nasopharyngeal (NP)	Nasal (2 studies NP as comparator)	Saliva	Mid-turbinate
Sensitivity %(95% CI)	56 (35 to 77)	76 (59 to94)	97 (92 to 100)	95 (87 to 100)	85 (69 to 94)	100 (93 to 100)
Specificity %(95% CI)	99 (99 to 100)	100 (99 to 100)	100 (99 to 100)	100 (99 to 100)	100 (99 to 100)	100 (99 to 100)

online at www.idsociety.org/COVID19guidelines/dx.

Saliva Test

- **“Can Dr. Talbot update or speak to the validity of a Saliva COVID-19 test is it a PCR test? Is it a verified test - acceptable, reliable?”**
- SalivaDirect (Yale) received FDA EUA
  - Patient spits into any sterilized container – avoids NP
  - Routinely available lab supplies, not a kit
  - 10-20 dollars
  - Faster
  - Performance apparently equivalent to NP PCR
    - NBA demonstrated using both nasal and saliva q2d with 500 players and staff under SWISH

Antigen Testing

- **“Can you please update/restate your position on antigen testing?”**
- Advantages: cost less to manufacture (cost ~$20), bulk availability, fast TAT, POC, positive results are highly accurate
- Disadvantage: higher probability of returning false negative results
  - Presumptive negative for Veritor need to have PCR
- Currently, use in symptomatic staff and residents within 5 days of symptom onset

Antigen Testing (cont.)

- **“I have a question about Covid 19 testing for clarification. HAN 20 and Dr. Talbot and Chan I stated that short acting tests are for symptomatic people only. [Facility name] has been requesting at least one negative PCR test prior to admittance of new residents. Some hospitals have only wanted to do the short acting tests even though their patients do not have any symptoms. This seems contrary to what the best practice the doctors have given. Would you be able to ask this question for clarity?”**

Quarantine

- **“We have a resident who has dementia. She lives at the SNF with her husband. She went out to the hospital and we tried to put her in our quarantine beds but she keeps wandering back into her old room with her husband (who is in a regular room down the hall from our quarantine rooms). Is it appropriate if we move her into the room with her husband since this will lessen her wandering throughout the unit.”**
  - Yes. Special considerations should be made when deciding to move memory care residents. (See CDC guidance here). In this situation, consider placing the husband on quarantine as well (limiting their contact with other residents).

Quarantine

- **“We no longer need to quarantine residents returning from hospital as long as they have one negative test within 2-3 days if discharge from hospital?”**
  - New/re-admission quarantine guidance has not changed. Overnight hospital stays are an indicator for quarantine upon return.

CRSSSP

- **“Will we continue CRSSSP testing indefinitely?”**
  - CRSSSP testing will continue in the foreseeable future. As CMS updates testing guidance for low incidence states, CRSSSP will continue to evolve.

CRSSSP

- **“We have been told not to include previously COVID positive staff in our weekly surveillance but some are reaching the point of extending over the estimated 90 day immunity time period. Will these staff members be included back into the surveillance testing any time soon?”**
  - As we learn more about re-infection with COVID-19, it would be appropriate to include previously positive staff in testing after 3 months since their positive test.

Other Surveillance

- **“Although not required in New Hampshire, are survey teams considering getting COVID tested regularly when certification surveys commence? Unlike the short infection control surveys, the teams will be going facility to facility and spending significant amounts of time in each center.”**
  - The DHHS survey team has been getting tested regularly, at the same frequency as nursing home staff.

Vaccine Miscellaneous

- **“We understand that the CDC and an advisory committee are working on how to prioritize vaccine administration when/if a vaccine is available but we have also heard that this will be decided on a state level. If this is so are there any thoughts on this currently for NH LTC residents and HCWs?”**
  - Yes
- **“There have been several articles related to MMR vaccine and COVID suggesting that those vaccinated have less severe cases of COVID. Do you have any thoughts on the benefit of titers/vaccinations for staff or residents?”**

Phased Reopening

- **“We are almost at 2 weeks from when Phase 2 was started, we continue to be COVID free, will the state announce that we will be in phase 3 or is this something that we just automatically institute?”**
  - As of August 28, Belknap, Coos, and Grafton counties can enter Phase III
- **“Can residents walk during [outdoor] visitation as long as they respect social distancing and wearing masks?”**
  - Not as the guidance is written but stay tuned
- **“Does a staff member need to present for the entire duration of an appointment with the hairdresser?”**
  - No.

Staffing

- **“Please advise on students in LTCF. Essential for staffing in LTCF and overall community health.”**
  - Kristie Holtz is scheduling a meeting to answer more of your questions on this topic! Stay tuned.
- **“Is guidance available for when it would be appropriate to share staff with other institutional providers? As community re-opening continues (restaurants now allowed at 100% capacity) this question is frequently asked. If not now, then when? Would consideration be given to associating with the rate of community transmission per County?”**
  - AVOID floating staff as much as possible. As facilities move into Phase II, this becomes more difficult as non-essential staff and specialists enter the facility to provide care. Stay tuned re Phase III.

Misc. Recommendations

- **“Is there still a recommendation to not use nebulizers? We are COVID free; some of our residents who are cognitively challenged have a difficulty with inhaling on command, even with spacers and would benefit from this treatment.”**
  - Aerosol generating procedures should use full PPE including N95)

Family Concerns

- **“At our Family Council Zoom today, families want to know who they can voice concerns and give input to those at the State level re: the difficulties they have with the Guidelines from the Public Health Department we are operating under. Some feel they are overly onerous in spite of our explanations and education.”**
  - Consult ombudsman, Licensing and Facilities to manage complaints, and continue to share concerns with us here on this platform
  - Multiple additional forums formed or soon to be

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