

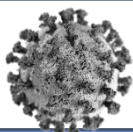
# FAQs for Long Term Care and Assisted Living Facilities

December 9, 2020

# Today's Overview



Local Epidemiology



Vaccine Updates



Updates and Resources



Audience Q&A

# Vaccine Updates

# Vaccine Allocation Phase 1a

## At-Risk Health Workers

**Most risk:** Front line clinical staff who provide direct patient care and support staff with risk of exposure to bodily fluids or aerosols.

**Moderate risk:** Staff who have indirect or limited patient contact.

## Older Adults in Residential Care Settings

Residents of long term care facilities (LTCF), skilled nursing (SNF), and assisted living facilities (ALF).

## First Responders

**Fire and EMS:** All private, public, and volunteer fire and emergency medical services (EMS) personnel.

**Law Enforcement:** All certified or sworn law enforcement officers in NH, whether employed full- or part-time.\* Includes Federal law enforcement not covered by federal allocation.

**COVID-19 Responders:** Personnel with the NH COVID response with potential patient (or SARS-CoV2) contact, including laboratorians and specimen collection personnel.

\*Does not include officers working in correctional facilities, which are included in a later phase.

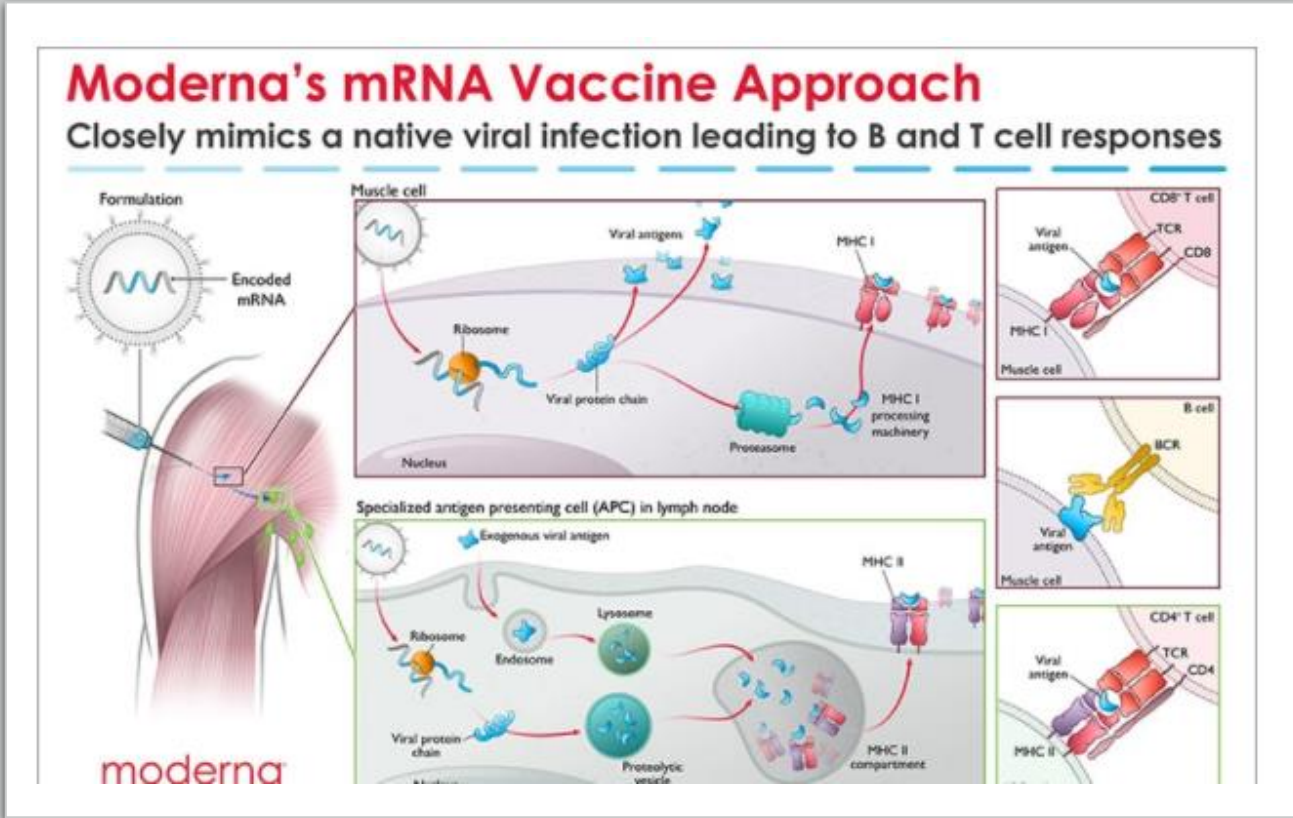


# Vaccine Operations Updates

- Limited vaccine arriving to NH the week of Dec 14th
- Under federal contract, LTCF Pharmacy Partnership Program (PPP) can begin the week of Dec 21st
- Working with pharmacies to receive their plan for NH
- Expect nursing homes to receive vaccine first
- LTCF PPP will begin at nursing homes then ALFs

# mRNA Vaccines

- mRNA is the genetic recipe that all organisms, including humans, use to make their proteins
- These mRNA vaccines are a new approach that change the SARS-CoV-2's mRNA so that our muscle cells can use the recipe to make a protein called the “spike protein”
- The spike protein is found on the surface of SARS-CoV-2 virus and is harmless by itself
- The spike protein is then seen by your immune system which in turn makes antibodies against SARS-CoV-2 to protect you from natural infection



# How Does an mRNA Vaccine Work?

A large circular graphic with a blue-to-orange gradient. The text 'Pfizer Analysis 11/18/2020' is centered in white. There are small orange symbols: a plus sign at the top left, a circle at the top left, and a dot at the bottom right.

# Pfizer Analysis 11/18/2020

- 2-dose mRNA separated 21d
- 43,538 nonpregnant participants  $\geq 16$ yo, of racial and ethnic diversity
  - Follow up planned for 2y
- Analysis of 170 symptomatic cases
  - 8 among vaccine recipients for 95% efficacy >28d >1<sup>st</sup> dose
    - Equivalent across race/ethnicity
    - 1 of 10 severe cases among vaccine recipients



# Efficacy in Older Adults?

- About 21% of vaccine study participants were  $\geq 65$  years
- In adults 65-74 yo, 93% efficacy at preventing symptomatic COVID-19
  - 1 infection identified in vaccine recipients compared to 14 individuals who received placebo
- Reminder, trial measures clinical disease end points
  - Asymptomatic, transmissible disease may occur regardless of vaccination
  - Vaccine approval or release under an EUA will not lead to an immediate or rapid end of the pandemic or of other social distancing, masking, or mitigation measures

# Safety of the Pfizer/BioNTech Vaccine

- Based on 43k people in trial (21k who got 2 doses)
  - 92% followed >1m, 51% followed >2m
- Most common adverse reactions were
  - Localized injection site reactions (84.1%)
    - Pain, redness, and swelling
  - Systemic reactions including fatigue (62.9%), headache (55.1%), muscle pain (38.3%), chills (31.9%), joint pain (23.6%), fever (14.2%)
  - Both localized and systemic reactions were more common in participants 18-55 years of age compared to people >55

# Other Symptoms and Outcomes

- Other symptoms reported more in vaccine than placebo group
  - Lymphadenopathy: 64 vaccine vs. 6 placebo
  - Bell's Palsy: 4 vaccine vs 0 placebo
    - Rate of Bell's palsy in the vaccine group was similar to the expected background rate in the general population
- People who got the vaccine were NOT more likely to die
  - 2 in vaccine group were adults >55 who died from cardiac arrest and arteriosclerosis
  - 4 in placebo group died from MI, hemorrhagic stroke, and unknown causes
- No vaccine enhancement observed

- No specific safety concerns identified in subgroup analysis when analyzed by age, race, ethnicity, medical comorbidities, or prior SARS-CoV-2 infection
- Insufficient data to make conclusions about safety in certain groups
  - Children <16 years of age
  - Pregnant and lactating women
  - Immunocompromised individuals

## Subgroup Safety

# Updates & Resources

# Rate of Active Cases per 100k as of 12/7/20

- All counties are eligible for Phase I
- No counties are eligible for Phase II or III
- Source: [DHHS Dashboard](#)

Data as of 12/7/20	
County	Rate of Active Cases per 100k Pop.
Belknap	385.2
Carroll	282.9
Cheshire	248.4
Coos	123.5
Grafton	174.9
Manchester	743.2
Merrimack	465.2
Nashua	437.5
Rest of Hillsborough	306
Rockingham	419.2
Strafford	230.6
Sullivan	124.6

## Key

Phase I >50

Phase II < 50

Phase III <10

# CMS Test Positivity Rate as of 12/8/20

- If test positivity rate is “green” (<5%)
  - No change to visitation
  - Testing [once a month](#)
- If test positivity rate is “yellow” (5-10%)
  - No change to visitation
  - Testing once a week
- If rate is “red” (>10%)
  - No indoor visitation is allowed
  - Testing twice a week
- Source: [CMS Data Dashboard](#)

CMS Test Positivity Rate as of 12/8/20		
Belknap County, NH	10.5%	Red
Carroll County, NH	7.2%	Yellow
Cheshire County, NH	8.1%	Yellow
Coos County, NH	6.6%	Yellow
Grafton County, NH	4.7%	Green
Hillsborough County, NH	12.3%	Red
Merrimack County, NH	10.9%	Red
Rockingham County, NH	10.3%	Red
Strafford County, NH	7.6%	Yellow
Sullivan County, NH	5.2%	Yellow

# Updated Documents



Bureau of Infectious Disease Control

## Coronavirus Disease 2019 (COVID-19) Guidance for Long-term Care Facilities (LTCF)

December 4, 2020

\*Updates in orange text\*

### Background

Nursing homes, skilled nursing facilities, and assisted living facilities (collectively known as long-term care facilities, LTCFs) provide a variety of services, both medical and personal care, to people who are unable to manage independently in the community. LTCFs maintain a unique role in protecting some of the most vulnerable populations during the COVID-19 pandemic. LTCFs have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19. These recommendations are specific for LTCFs and may be applicable to some rehabilitation centers, and similar settings that provide care for elderly or patients with underlying medical vulnerabilities to severe outcome or death with COVID-19.

### Guidance for Mitigation of COVID-19

- The New Hampshire Division of Public Health Services (DPHS) recommends all LTCFs adhere to [CMS LTCF Guidance](#) and [CDC Guidance for Nursing Homes & LTCFs](#); to maintain a state of mitigation in accordance with the phases of [NH DPHS Reopening Guidance for LTCF](#).
- Universal source control for everyone in the facility (see [NH DPHS Universal Mask Recommendation](#)).
  - A cloth face covering is appropriate for source control for visitors and residents, if surgical masks are in critical shortage.
  - Healthcare providers and anyone in direct resident contact should wear a surgical face mask. Other staff should wear, at a minimum, a cloth face covering while in the facility.
  - When possible, residents should cover their nose and mouth with a cloth face covering or tissue when staff enter the room.
- In facilities where there is [substantial community transmission](#), healthcare personnel should:
  - Wear eye protection during patient care activities. Ideally, eye protection should be re-usable and disinfectable face shields or goggles.
  - Utilize an N95 respirator for aerosol generating procedures (AGP), in accordance with CDC guidance. (See [HAN 22](#)).
- Facilities should continue active screening for all persons entering the facility using the [screening tool](#)

## NH DHHS COVID-19 Information for LTCF



Bureau of Infectious Disease Control

## Recommendations for Responding to Long Term Care Facility Cases of Coronavirus Disease 2019 (COVID-19)

December 4, 2020

\*Updates in orange text\*

### Background

The New Hampshire Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS) COVID-19 Cluster Investigation team will work closely with you if COVID-19 is identified in your facility. This guidance is intended to assist long term care facilities to respond to facility cases of COVID-19. This guidance supplements but does not replace recommendations included in New Hampshire's [Guidance for Long Term Care Facilities](#).

All facilities should adhere to current CDC [infection prevention and control recommendations](#), including universal source control measures; visitor restrictions; communal dining and group activity restrictions; screening of residents and staff; and [promptly notifying the health department](#) about any suspected/confirmed COVID-19 or cluster of new-onset respiratory symptoms among staff or residents.

### Immediate Actions

#### Policies and Procedures

- Cancel communal dining and all group activities, such as internal and external group activities.
- Close the affected unit(s) to new admissions. Current residents should be accepted back into the facility if they leave to receive care.
  - If disease transmission to other units/floors/wings occurs, BIDC will advise whether all admissions to the facility should be restricted.
- Cancel all visitation. Any facility visitors allowed in for compassionate circumstances should wear a surgical facemask and be screened before entering the facility.
- All staff are required to wear a surgical facemask while in the facility. This includes healthcare personnel, administrative staff, environmental service workers, and any other individual entering the facility.
- Notify staff, residents, and families [promptly \(within 12 hours\) notify HCP, residents, and families about identification of COVID-19 in the facility](#)
- Reinforce basic infection control practices within the facility (e.g., hand hygiene, PPE use,

## Recommendations for Responding to LTCF Cases of COVID-19





# NH DHHS COVID-19 Information for LTCF

## Summary of Changes

- Updates on eye protection and N95s use when there is substantial community transmission
- Added link to NH Antigen Screening Guidance and HAN 23 (Antigen Testing Guidance)
- Additional FAQ
- Updated screening tool

# Screening Tool

- Added footnote

## COVID-19 Screening Tool

If your answer is "YES" to any of the following questions, please do not enter the building, and contact your supervisor for more information.

Thank you!

1. Do you have any of the following symptoms of COVID-19?
  - a. Temperature of 100.0 F or greater, or have you felt feverish?
  - b. Respiratory symptoms such as cough, sore throat, runny nose, nasal congestion, or shortness of breath?
  - c. General body symptoms not due to another chronic medical condition, such as fatigue, muscle aches, joint aches, headache?
  - d. Nausea, vomiting, or diarrhea?
  - e. Change in your sense of taste or smell?
2. Have you had close contact with anyone with who is suspected or confirmed to have COVID-19 in the last 14\* days?  
*(Note: healthcare providers caring for COVID-19 patients while wearing all appropriate PPE should answer "no")*
3. Have you traveled in the prior 14\* days outside of New Hampshire, Vermont, Maine, Massachusetts, Connecticut, or Rhode Island?

\*While NH DPHS decreased the required quarantine period for people potentially exposed to COVID-19 from 14 to 10 days, which is consistent with new CDC [quarantine guidance](#), organizations serving vulnerable populations or congregate living settings that are high-risk for transmission (e.g., long-term care facilities, jails/prisons, etc.) are recommended to maintain a 14 day quarantine for residents and staff to minimize risk of transmission in their facilities.

# Screening Tool

- Added footnote

## COVID-19 Screening Tool

If your answer is "YES" to any of the following questions, please do not enter the building, and contact your supervisor for more information.

Thank you!

1. Do you have any of the following symptoms of COVID-19?
  - a. Temperature of 100.0 F or greater, or have you felt feverish?

- NH DPHS decreased the required [quarantine](#) period for people potentially exposed to COVID-19 from 14 to 10 days
- **BUT** LTCF are recommended to maintain a 14 day quarantine for residents and staff
  - Use 14 days in screening staff and visitors

Hampshire, Vermont, Maine, Massachusetts, Connecticut, or Rhode Island?

\*While NH DPHS decreased the required quarantine period for people potentially exposed to COVID-19 from 14 to 10 days, which is consistent with new CDC [quarantine guidance](#), organizations serving vulnerable populations or congregate living settings that are high-risk for transmission (e.g., long-term care facilities, jails/prisons, etc.) are recommended to maintain a 14 day quarantine for residents and staff to minimize risk of transmission in their facilities.

# Recommendations for Responding to LTCF Cases of COVID-19 Summary of Changes

- Renamed as Responding to “Cases” instead of Responding to “Outbreaks”
- Minor edits

# Submitted Questions

# “When can LTCF staff return to work with new 10 day quarantine rule?”

- LTCF staff with an [unprotected exposure](#) to COVID-19 should be excluded from work and quarantine for 14 days after last exposure
- In staffing shortage where facility cannot maintain operations:
  - Allow staff to return after at least 10 days after last exposure
  - OR
  - Allow staff to return after day 7 with a negative PCR test result from a specimen collected on days 6-7 or later
  - ❖ Staff must still monitor themselves daily for symptoms and strictly adhere to all COVID-19 mitigation measures (social distancing, avoiding gatherings, face mask use, etc.) for a full 14 days after last potential exposure

# “Can you address alternatives to bring back critical staff that are quarantined due to [being a household contact]?”

- Staff who are household contacts to COVID-19 cases are at the highest risk for acquiring disease
- These staff should only be allowed back to work while on quarantine under situations of critical staffing shortages
- The staff member should take steps to prevent ongoing spread of and exposure to COVID-19 in the home by implementing [CDC guidance](#)

# “Can you address alternatives to bring back critical staff that are quarantined due to COVID-19?”

WOULD YOU

- Staff
- Cases
- The
- What
- Staff
- The

Protect yourself	
In This Section	
Limit contact	Clean your hands often
Eat in separate areas	Wash and dry laundry
Avoid sharing personal items	Use lined trash can
When to wear a mask or gloves	Track your own health

This

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ongoing spread of and exposure to COVID-19 in the home by implementing [CDC guidance](#)



