



**COVID-19 Question and Answer Session
for Long-Term Care and Congregate Residential
Settings**

June 17, 2020

Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
 - Any other comments, feedback, suggestions for future topics, etc, please submit via chat
- Slides and recording will be made available later

Agenda

- Upcoming webinars
- CDC COCA Webinar Recording 6/16/20
- NHSN FAQ
- Testing in Long Term Care
- FAQ
- Open Q & A

Slides and recording will be made available after the session.

IDPH webinars

- **Friday Brief Updates and Open Q&A (1-2 pm):**

Friday June 26th

<https://illinois.webex.com/illinois/onstage/g.php?MTID=e6f73a652185dcfe658ff3b2ff02bb5fb>

Slides and recordings will be made available after the sessions.



CDC COCA Webinar 6/16/20

Applying COVID-19 Infection Prevention and Control Strategies in Nursing Homes

Centers for Disease Control and Prevention
Center for Preparedness and Response



Applying COVID-19 Infection Prevention and Control Strategies in Nursing Homes

Clinician Outreach and Communication Activity (COCA) Webinar

Tuesday, June 16, 2020

▶ 0:00 / 1:00:05



https://emergency.cdc.gov/coca/calls/2020/callinfo_061620.asp



LTCF NHSN FAQ

- Q: If we have a patient that we test due to having a new onset symptom or fever but they test negative, do they get logged as a suspect case with the NHSN? How is it communicated that it wasn't a positive case later?
 - A: YES, they get entered (counted) as a suspected case. If they are later confirmed, they are entered as a confirmed case, you do NOT edit the suspected case previously entered. If they are never confirmed, you do NOT edit the suspected case previously entered.

Testing Guidelines for Nursing Homes

Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel

[Print Page](#)

Updated June 13, 2020

Related Pages



Summary of Changes:

Revisions were made on June 13, 2020, to reflect the following:

- Reorganized recommendations to address:
 - Viral testing of healthcare personnel (HCP)
 - Viral testing of residents
 - Viral testing in response to an outbreak
- Changed “baseline” testing to “initial” testing, although these terms are interchangeable
- Added the following recommendations:
 - Testing the same individual more than once in a 24-hour period is not recommended.
 - Clinicians are encouraged to consider testing symptomatic residents for other causes of respiratory illness, for example influenza, in addition to testing for SARS-CoV-2.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>



Definitions for “Viral Testing of Healthcare Personnel for SARS- CoV-2” Section

“State and local officials may adjust the recommendation for weekly viral testing of HCP based on the prevalence of the virus in their community; for example, performing weekly testing in areas with moderate to substantial community transmission and less frequent testing in areas with minimal to no community transmission.”

- **Substantial community transmission:** Large scale community transmission, including communal settings (e.g., schools, workplaces)
- **Minimal to moderate community transmission:** Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases
- **No to minimal community transmission:** Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting

Additional Changes Under “Viral Testing in Response to an Outbreak” Section

“A single new case of SARS-CoV-2 infection in any HCP or a nursing home-onset SARS-CoV-2 infection in a resident should be considered an outbreak. When one case is detected in a nursing home, there are often other residents and HCP who are infected... ”

- IDPH definition is not changing. A single case should prompt investigation and response, to include testing.

“Continue repeat viral testing of all previously negative residents [and HCP], generally between every 3 days to 7 days, until the testing identifies no new cases of SARS-CoV-2 infection among residents or HCP for a period of at least 14 days since the most recent positive result.”

- Previously said “(e.g., weekly)”. Need to consider logistics of testing, ability to implement infection control measures in between testing.

New CDC FAQs for COVID-19 Testing in Nursing Homes

Should residents or HCP who have a positive antibody test for SARS-CoV-2 be tested as part of facility-wide testing?

- “Yes... We do not know yet if having antibodies to the virus that causes COVID-19 can protect someone from getting infected again or, if they do, how long this protection might last. Therefore, antibody tests should not be used to diagnose COVID-19 and should not be used to inform infection prevention actions.”



Do residents or healthcare personnel (HCP) who previously had COVID-19 confirmed by viral testing (e.g., reverse-transcriptase polymerase chain reaction, RT-PCR) and who have recently recovered need to be re-tested as part of facility-wide testing?

Whether residents or HCP who previously had COVID-19 confirmed by viral testing need to be re-tested depends on: 1) how much time has passed since their initial illness; 2) what strategy the facility is using to determine when residents can discontinue isolation and HCP can return to work; and 3) whether the individual has developed symptoms after initial recovery.

- Most individuals who recently recovered from COVID-19 are likely no longer infectious even if they continue to have a positive viral test (e.g., persistently or recurrently detectable viral RNA). When an individual has a positive test result <6 weeks after they met criteria for [discontinuation of Transmission-Based Precautions](#) or [Home Isolation](#), it can be difficult to determine if they have been re-infected or if they still have detectable viral RNA from their previous infection.
- Residents and HCP who had a positive viral test in the past 6–8 weeks and are now asymptomatic may not need to be retested as part of facility-wide testing unless the facility is using a [test-based strategy to determine if residents can discontinue isolation](#) or [HCP can return to work](#). Residents and HCP who had a positive viral test over 8 weeks ago should be retested as part of facility-wide testing, regardless of symptoms.
- Residents and HCP who had a positive viral test at any time and become symptomatic after recovering from the initial illness should be re-tested and placed back on the appropriate [Transmission-Based Precautions](#) or excluded from work, respectively.

This guidance may be updated as we learn more information on viral persistence and risk for reinfection.

CDC FAQ

How should facilities approach **residents** who decline testing?

- Consider less invasive swab (e.g., anterior nares), encourage through discussion of the reason for testing.
- **Resident has COVID-19-like symptoms** -->Transmission-Based Precautions until meet symptom-based criteria for discontinuation.
- **Resident is asymptomatic** --> decisions on placing resident on TBPs or providing usual care should be based on whether facility has evidence suggesting SARS-CoV-2 transmission (i.e., confirmed infection in HCP or nursing-home onset infection in a resident).
- Only residents who have a confirmed positive viral test should be moved to COVID-19-designated units or facilities.



CDC FAQ

How should facilities approach **HCP** who decline testing?

- **HCP with COVID-19-like symptoms** --> should be presumed to have COVID-19 and excluded from work.
 - Return to work decisions should be based on COVID-19 return to work guidance at the discretion of the facility's occupational health program.
- **Asymptomatic HCP** -->work restriction, if any, should be determined by the facility's occupational health and local jurisdiction policies.
 - All staff should be trained in proper use of personal protective equipment, including universal facemask policies, hand hygiene, and other measures needed to stop transmission of SARS-CoV-2.



CDC FAQ

If HCP work at multiple facilities, do they need to receive a viral test at each facility?

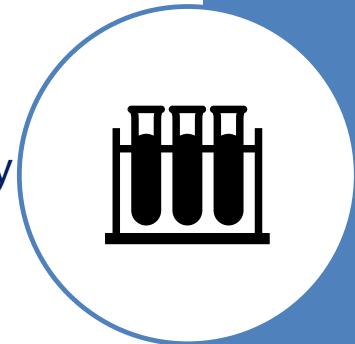
- No. Documentation should be provided to each facility.
- Each facility should maintain appropriate documentation of test results and have a plan to evaluate and manage HCP.
- HCP should be encouraged to tell facilities if they have had exposures at other facilities with recognized COVID-19 cases.



CDC FAQ

How long should facilities continue serial testing of HCP?

- **For COVID-19 outbreaks** --> serially test all previously negative residents and HCP until no new cases identified ≥ 14 days since most recent positive result.
- **For reopening process** --> decision to serially test HCP should be made in context of local incidence.



LTC Testing Resources

- **New IDPH LTC testing website!**
<http://www.dph.illinois.gov/covid19/community-guidance/long-term-care-covid-19-testing-requirements>
- **LTC webinar recording from 6/4:**
<https://illinois.webex.com/illinois/lsr.php?RCID=38ad03f820f549c5a485d2e50de35366>
- **LTC testing mailbox:** dph.ltctesting@illinois.gov

FAQ from last week

- Q: When you do your baseline testing, if you have a resident or staff member that has been tested, can this be used as their baseline or does everyone get tested on the same date for baseline?
- Q: A person who was ill and tested positive for COVID-19 in April/March and recovered is going to be admitted to a new facility. Should the new facility still place this person in a 14-day quarantine as if COVID-19 status is unknown?
- Q: What has been decided about staff leaving the state for vacations and coming back to work?

Open Q&A

Submit questions via Q&A pod to **All Panelists**

Submit suggestions for future topics, LTCFs best practices, lessons learned via Chat pod to **All Panelists**

Slides and recording will be made available after the session.

Reminder: SIREN Registration

To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification:
<http://www.dph.illinois.gov/siren>