ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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

August 28th, 2020

Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later

Agenda

- Upcoming webinars
- Telligen Office Hours
- Antigen Testing in Long-Term Care
- Comments on Crisis Staffing
- FAQ from last week
- Open Q & A

Slides and recording will be made available after the session.

IDPH webinars

Friday Brief Updates and Open Q&A

Wednesday, Sept.9th; 1:00 to 2:00 pm	https://illinois.webex.com/illinois/onstage/g.php?MTID=e8e38a10efbf3d42a4486e2f2413e9a45
Friday, Sept.18th; 1:00 to 1:30 pm	https://illinois.webex.com/illinois/onstage/g.php?MTID=ed24879cda41b3252322f3b41284ec74d
Friday, Sept.25th; 1:00 to 1:30 pm	https://illinois.webex.com/illinois/onstage/g.php?MTID=e7b843af115911fdbf0f93b4abab17286

Slides and recordings will be made available after the sessions.

IDPH
Illinois Department of Public Health

Telligen LTC Office Hours

Telligen's QIN-QIO COVID-19 in LTC Office Hours: Join Our Discussion About COVID-19 Required Data with State Health Department's HAI Experts

September 3, 2020 @ 2:00 pm - 3:00 pm CT/1:00-2:00 pm MT

Register here

Join us for a "Office Hours" sessions for nursing home providers with the Telligen Nursing Home Team. The Healthcare Associated Infection (HAI) experts from Colorado, Iowa, Illinois, and Oklahoma's public health departments. They will share information about the reporting of COVID-19, how data is used and share their experiences with COVID-19 in nursing homes. Participants will have the opportunity to ask questions and interact with the HAI division representatives. These interactive sessions will provide nursing home personnel and infection preventionists the opportunity to get answers, as well as resources for implementing current CDC guidance. We will also provide an opportunity for participants to share their approaches and learn from one another.

Presenters:

Colorado:
April Burdorf, RN, BSN, MPH, CIC, Infection Prevention Unit Manager/HAI Coordinator
Healthcare-Associated Infections and Antimicrobial Resistance Program, CDPHE

Iowa:
Nancy Wilde, BS, HCM, Antibiotic Resistance/Healthcare Associated Infections Program Manager, IDPH

Illinois:
Deb Patterson Burdsall PhD, RN-BC, CIC, FAPIC, Infection Control Consultant Hektoen Institute/IDPH
Karen Trimberger RN, MPH, CIC. Infection Prevention Consultant. Hektoen Institute/IDPH
Angela Tang, MPH, IDPH

Oklahoma:
Jeneene Kitz, BSN, RN, CIC, Healthcare-Associated Infections Prevention Nurse Coordinator, OSHD

IDPH
Illinois Department of Public Health

IDPH

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

COVID-19 Antigen Testing in Long-Term Care

August 28, 2020

Acknowledgement: Dr. Avery Hart

New CDC guidance released

- CDC, Interim Guidance for Rapid Antigen Testing for SARS-CoV-2. Available at: https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html
- CDC, Considerations for Use of SARS-CoV-2 Antigen Testing in Nursing Homes. Available at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html
- IDPH guidance to follow

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Testing for SARS-CoV-2

	Molecular Test	Antigen Test	Antibody Test
Also known as	Diagnostic test, viral test, RT-PCR test	Rapid diagnostic test, point-of-care test, viral test	Blood test, serology test
How sample is taken	Nasal or nasopharyngeal swab Saliva (a few tests)	Nasal or nasopharyngeal swab	Finger stick or blood draw
What it detects	Virus's genetic material	Antigen (protein on the virus's surface)	Antibodies the immune system develops in response to the virus
What it shows	Diagnoses active coronavirus infection	Diagnoses active coronavirus infection	Shows if you've been infected by coronavirus in the past

Modified from FDA's "Coronavirus Testing Basics" site:
https://www.fda.gov/consumers/consumer-updates/coronavirus-testing-basics

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Antigen Testing vs. RT-PCR for COVID-19 in Long-Term Care

	Lab-based RT-PCR tests	Antigen Point-of-Care (POC) Tests
Diagnostic accuracy	Considered "gold standard"	Lower sensitivity May need confirmatory PCR test in some situations
Turnaround time	24-48 hr at best 4-7 days with many labs	15 min, depending on machine
Cost per test	~$100-150	~$30-40
Reporting of results	Labs will often report to public health authorities on behalf of the facility	Facilities that conduct in-house testing will have to report directly to public health authorities

Antigen testing for diagnostic purposes

- **Diagnostic testing** is intended for evaluation of persons with:
  - Persons with symptoms suggestive of COVID-19; or
  - Persons with recent exposure to a confirmed or suspected case of

- Emergency use authorization (EUA) granted by FDA. First two POC machines authorized for testing symptomatic individuals within the first 5 days of symptoms, when viral load is highest.

- Positive antigen POC result -> constitutes presumptive lab evidence and a person with a positive test is classified as a probable case (CSTE).
  - Positive test results can guide immediate infection control measures.

- Negative antigen POC result -> should be considered presumptive (FDA).

IDPH
Illinois Department of Public Health

Antigen testing for <u>screening</u> purposes

- **Screening testing** for COVID-19 is intended to identify infected persons who are:
  – Asymptomatic; <u>and</u> without known or suspected exposure to COVID-19.

- There are only limited data to guide use of antigen testing for screening purposes
  – Modeling* suggests that speed of result reporting and frequency of repeated testing contribute more to impact of screening testing than sensitivity.
  – Based on this reasoning, **if a facility cannot readily access PCR testing with rapid turnaround**, then antigen testing can be considered as an alternate tool for repeated and frequent (e.g., weekly) mass screening of staff

* Larremore et al, Test sensitivity is secondary to frequency and turnaround time for COVID-19 surveillance.

– Available at: https://www.medrxiv.org/content/10.1101/2020.06.22.20136309v2
– This analysis has not yet been published in a peer-reviewed journal.

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

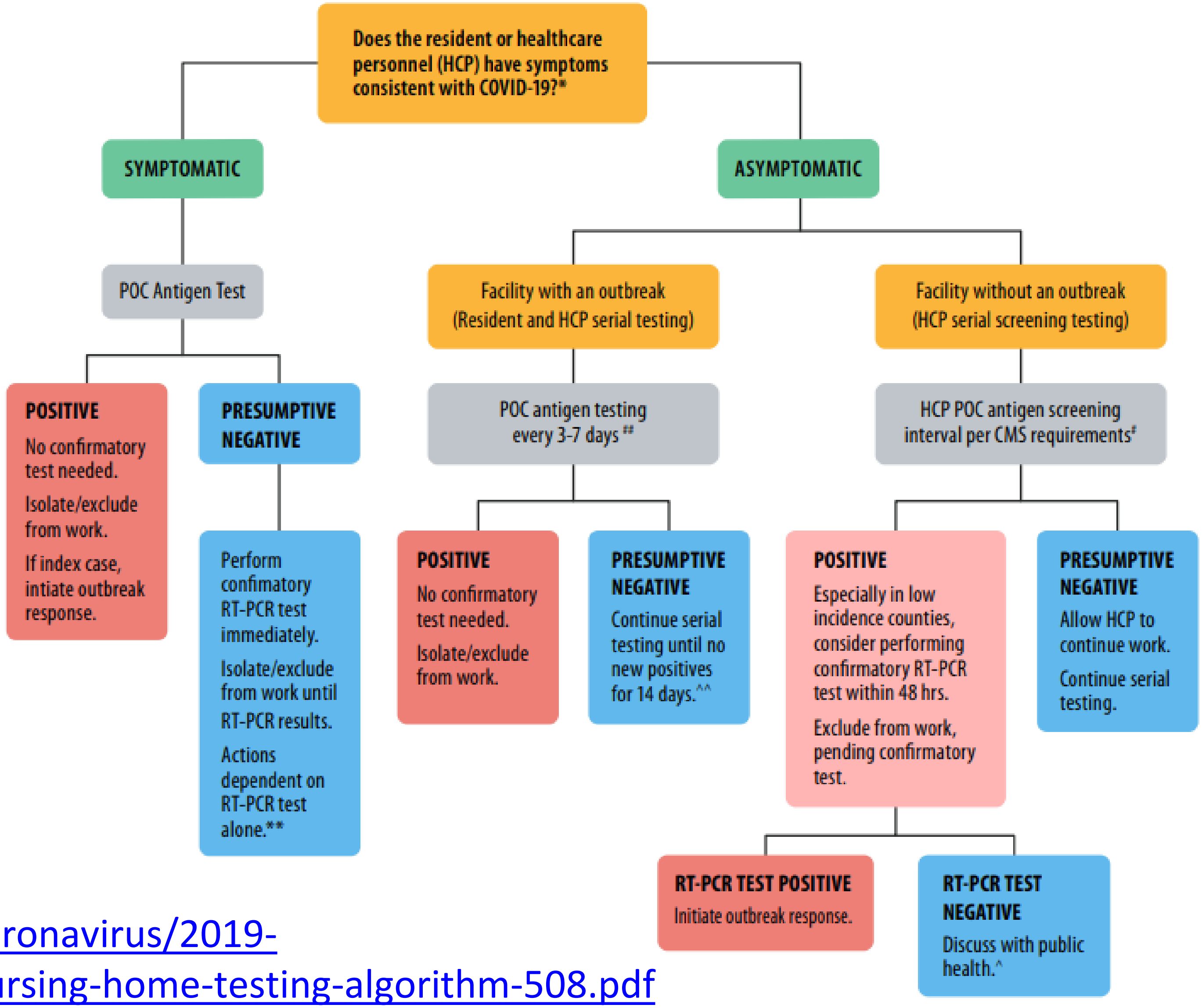
Considerations for Use of SARS-CoV-2 Antigen Testing in Nursing Homes

Evaluating the results of a rapid antigen test for SARS-CoV-2 should take into account:

- performance characteristics (e.g. sensitivity, specificity) of the test,
- instructions for use of the FDA-authorized assay,
- prevalence of COVID-19 in that particular community (positivity rate over the previous 7–10 days or cases per population),
- and the clinical and epidemiological context of the person who has been tested (e.g., do they have symptoms or have they had close contact with a case).

https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html

Considerations for Use of SARS-CoV-2 Antigen Testing in Nursing Homes



https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-testing-algorithm-508.pdf

IDPH
Illinois Department of Public Health

Does the resident or healthcare personnel (HCP) have symptoms consistent with COVID-19?*

SYMPTOMATIC

POC Antigen Test

POSITIVE

No confirmatory test needed.

Isolate/exclude from work.

If index case, intiate outbreak response.

PRESUMPTIVE NEGATIVE

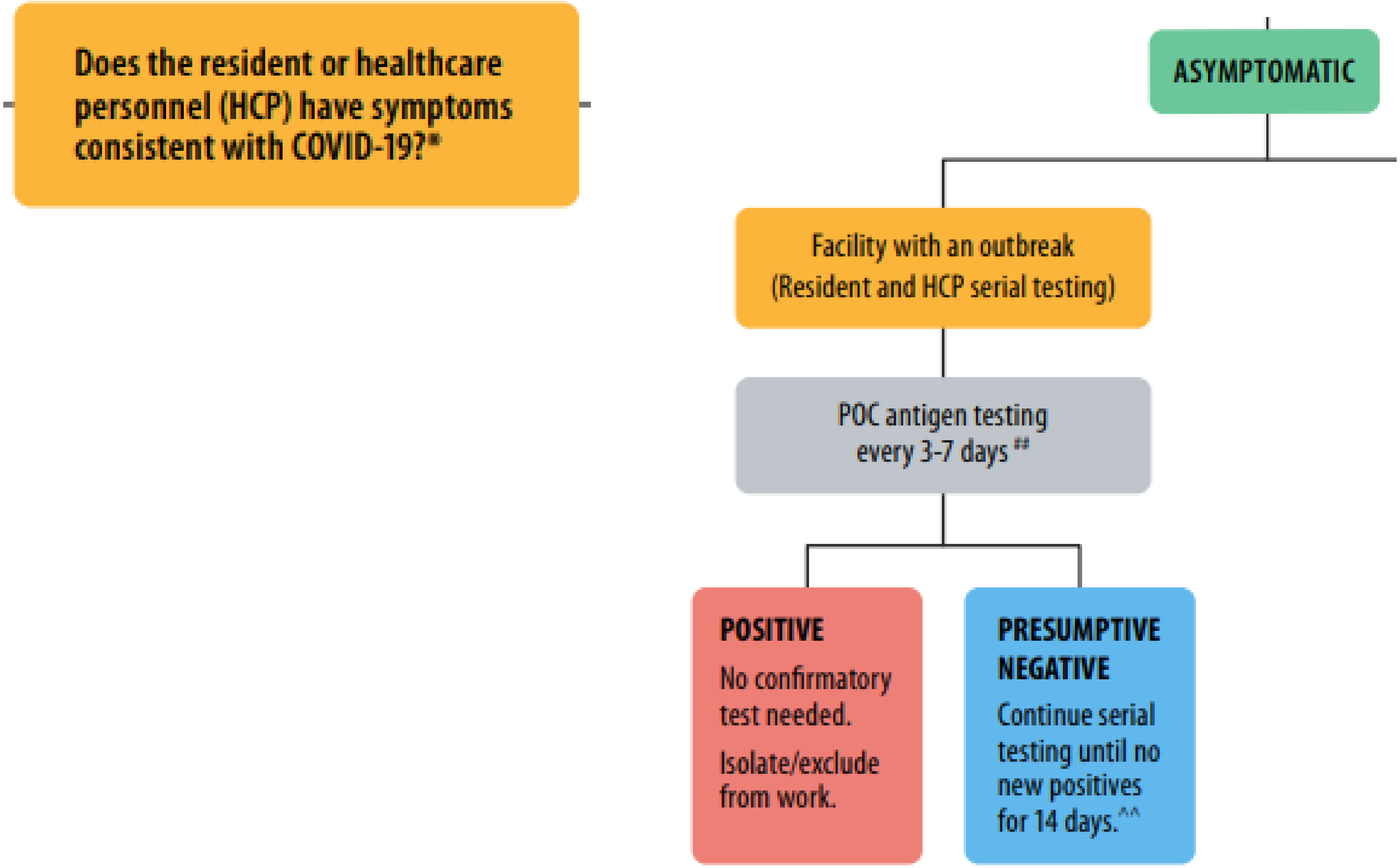
Perform confimatory RT-PCR test immediately.

Isolate/exclude from work until RT-PCR results.

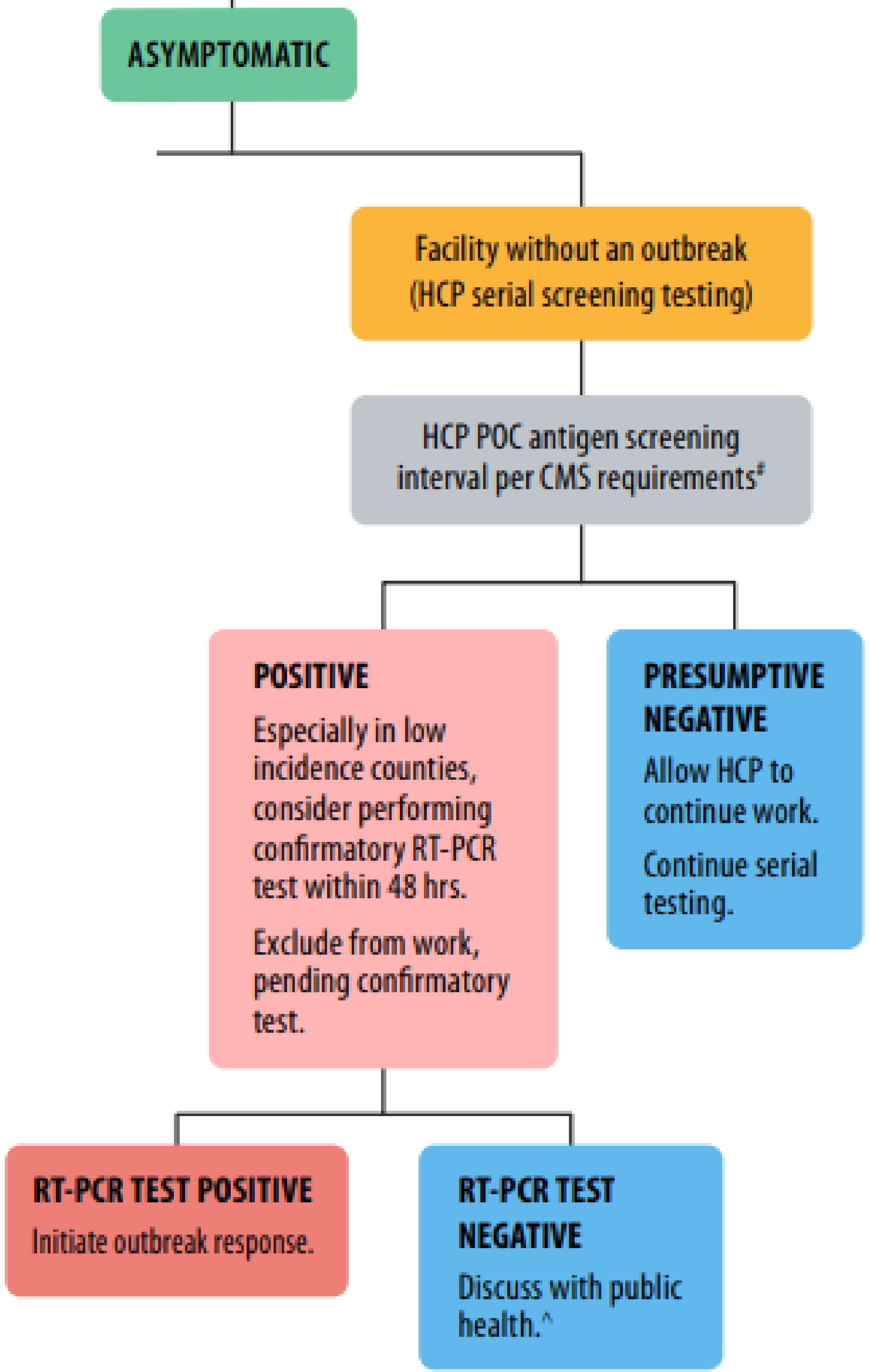
Actions dependent on RT-PCR test alone.**

Note: Perform confirmatory PCR test immediately (within 48 hr of antigen test). Otherwise, it is considered a separate test, not confirmatory.

IDPH
Illinois Department of Public Health


Does the resident or healthcare personnel (HCP) have symptoms consistent with COVID-19?*
ASYMPTOMATIC
Facility with an outbreak (Resident and HCP serial testing)
POC antigen testing every 3-7 days ##
POSITIVE
No confirmatory test needed.
Isolate/exclude from work.
PRESUMPTIVE NEGATIVE
Continue serial testing until no new positives for 14 days.^^

Does the resident or healthcare personnel (HCP) have symptoms consistent with COVID-19?*



^ In discussion with the local health department, community incidence and time between antigen test and RT-PCR test can be utilized to interpret discordant results and determine when HCP can return to work.

CLIA Waiver for Point-of-Care Testing

- **CLIA waiver is required for POC testing.**
  - COVID-19 POC test systems that have received FDA EUA are authorized for use in patient care settings that operate under a CLIA Certificate of Waiver.
  - Facilities operating under a waiver must obtain appropriate certification and comply with Illinois CLIA rules: http://www.dph.illinois.gov/topics-services/health-care-regulation/CLIA.

- **Suggested reading.** Facility administrators and testing personnel new to CLIA-waived testing will find it useful to read this overview: http://www.dph.illinois.gov/sites/default/files/publications/ready-set-test-booklet-041316.pdf

IDPH
Illinois Department of Public Health

Reporting Requirements

- **Facility must report all POC testing results to public health authorities, to include:**
  - **Each positive** test result via Illinois' National Electronic Disease Surveillance System (I-NEDSS) within 24 hours of test completion
  - **Aggregate** testing numbers by 9:30am daily to an IDPH portal
  - **Each positive** test result to their certified local health department. Facilities should also report all individual test results from mass screening to their certified local health department in batch format ("line list")
- A system is being developed at IDPH to facilitate future reporting of all individual test results (positive and negative), as required by federal law.* Further guidance will be issued when this system is ready.

*COVID-19 Pandemic Response, Laboratory Data Reporting: CARES Act Section 18115
https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

I-NEDSS Registration

- Facilities need to register as an I-NEDSS reporter before starting POC testing
  - Recommend that each facility have more than one person register
  - Those who previously gained XDRO registry access should have access to I-NEDSS already

- I-NEDSS is housed within the IDPH Web Portal, http://portalhome.dph.illinois.gov/

IDPH web portal
Illinois Department of Public Health
Illinois Department of Public Health
Health Alert Network
Web Portal

Welcome to the IDPH Web Portal

From here, you can:

- Find all your public health related information at one secure site.
- Join online communities to share files, discussions, calendars and more.
- Access Web-based applications.

Requirements: To access the IDPH Web Portal, users must be running Internet Explorer 9.0 or higher. Some portal applications may not function properly with other browsers such as Mozilla Firefox.

Current Users: click here to access the portal: DPH Portal Login

PASSWORDS:

If you want to reset your password without calling the IDPH Helpdesk or the State of Illinois DoIT Customer Service Center, please take a few moments to register by going to:

https://imreg.illinois.gov

- In order to utilize this solution, you must have an email address that is individual to you only, no shareable email addresses are allowable.

To **RESET** your Password (Must be registered):

https://imreset.illinois.gov to reset your password

- You must enter username as **idph\username**

I need to...

Register for a Portal Account

For Technical Support issues (anything except Password Resets), please contact the DoIT Customer Service Center (CSC) at the appropriate number listed below.

- Springfield: 217-524-DoIT (217-524-3648)
- Chicago: 312-814-DoIT (312-814-3648)

Technical Support Week Days (8A-5P, Monday-Friday)

Contact the IDPH Helpdesk at 866-220-5247 or via email at DPH.Helpdesk@illinois.gov for Portal access and web-based application support. Please include your name, phone number, and specific application name, detail of the issue and error messages, if any, in your description of the problem within the email message to ensure efficient resolution.

All other Times, contact the Customer Service Center at the appropriate Springfield or Chicago number listed above or send an email to DoIT.Helpdesk@Illinois.gov.

- No password resets will be conducted over the telephone by DoIT CSC staff.
- Please include your name, phone number, and specific application name, detail of the issue and error messages, if any, in your description of the problem within the email message to ensure efficient resolution.

Comments on Crisis Staffing

CDC Crisis Capacity Strategies to Mitigate Staffing Shortages

- When staffing shortages are occurring, healthcare facilities and employers (in collaboration with human resources and occupational health services) may need to implement crisis capacity strategies to continue to provide patient care.
- When there are no longer enough staff to provide safe patient care:
- Implement regional plans to transfer patients with COVID-19 to designated healthcare facilities, or alternate care sites with adequate staffing
- If not already done, implement plans (see contingency capacity strategies above) to allow asymptomatic HCP who have had an unprotected exposure to SARS-CoV-2 but are not known to be infected to continue to work.
  - If HCP are tested and found to be infected with SARS-CoV-2, they should be excluded from work until they meet all Return to Work Criteria (unless they are allowed to work as described below).
- If shortages continue despite other mitigation strategies, consider implementing criteria to allow HCP with suspected or confirmed COVID-19 who are well enough and willing to work but have not met all Return to Work Criteria to work. If HCP are allowed to work before meeting all criteria, they should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) and facilities should consider prioritizing their duties in the following order:
  - If not already done, allow HCP with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., patients or other HCP), such as in telemedicine services.
  - Allow HCP with confirmed COVID-19 to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.
  - Allow HCP with confirmed COVID-19 to provide direct care for patients with suspected COVID-19.
  - As a last resort, allow HCP with confirmed COVID-19 to provide direct care for patients *without* suspected or confirmed COVID-19

IDPH Discourages Use of Crisis Capacity Staffing

While the CDC allows a positive employee who is asymptomatic to continue working if there is a staffing shortage, IDPH discourages it

- This should only be considered if:
  - The facility is in crisis staffing and the positive staff are asymptomatic
  - There is no alternative after they have exhausted all options including overtime, staffing agency, Illinois Helps, borrowing staff from corporate or local hospital, etc. and they must document these efforts.
  - Positive staff are strictly cohorted with only COVID-19 recovered or positive residents, and recovered or other asymptomatic positive staff.

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

FAQ from last week

- Q: If we are not using Fit Tested N95s does that put us in crisis capacity?

- Q: The re-opening guidance does not cover therapy, what phase do you have to be in to do therapy in therapy room?

FAQ from last week: Testing

- Q: Does the re-opening guidance trump the testing plan already in place?

- Q: We are a LTCF and have started weekly testing of our staff, we have had no cases for over 28 days. Is there criteria for stopping the weekly precautionary testing for staff?

- Q: Is testing required in a SNF that chooses not to allow indoor visitation (Tier 3)?

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Open Q&A

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

Please do not resubmit a single question multiple times

Slides and recording will be made available after the session.

Reminders

- 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
- NHSN Data Assistance
  - Contact Telligen: **nursinghome@telligen.com**