January 5, 2023

LTC COVID-19 Update

Presented by:

Lori Davenport, Director of Regulatory & Clinical Affairs

Indiana Department of Health Team

Indiana Department of Health

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Today's Topics

- Nurse Aide Training and Statewide NATCEP Waiver – Suzanne Williams
- Reminders NHSN Reporting – Kara Dawson
- Clinical COVID Update – New Variant – Dr. Vuppalanchi
- Questions from last week – CHIRP – Lori Davenport

***5-Star Work Plans**, a 6-week webinar series, purchase by Jan. 18 and save $$$, details HERE*

***Mission Possible: SNF Department Head Briefing**, a 12-month webinar series, purchase by Jan. 20 and save $$$, details HERE*

***LSC Intensive Workshop**, a 2-day in-person workshop, details HERE*

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UPDATES AND REMINDERS

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MEDICAL DIRECTOR

1/5/23

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.

Respiratory pathogens in circulation

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Subvariant proportions by region

United States: 12/25/2022 – 12/31/2022 NOWCAST

USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	XBB.1.5	VOC	40.5%	22.7-61.0%
	BQ.1.1	VOC	26.9%	18.9-36.5%
	BQ.1	VOC	18.3%	12.5-25.9%
	BA.5	VOC	3.7%	2.6-5.2%
	XBB	VOC	3.6%	2.5-5.0%
	BN.1	VOC	2.4%	1.6-3.5%
	BF.7	VOC	2.1%	1.4-3.1%

HHS Region 1: 12/25/2022 – 12/31/2022 NOWCAST

Region 1 - Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	XBB.1.5	VOC	75.3%	60.4-86.2%
	BQ.1.1	VOC	10.6%	6.0-17.6%
	BQ.1	VOC	7.7%	4.4-12.9%
	XBB	VOC	1.9%	1.0-3.5%
	BA.5	VOC	1.8%	1.0-3.1%
	BF.7	VOC	1.2%	0.6-2.3%

HHS Region 5: 12/25/2022 – 12/31/2022 NOWCAST

Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BQ.1.1	VOC	42.3%	39.6-45.1%
	BQ.1	VOC	28.3%	26.0-30.7%
	BA.5	VOC	7.2%	6.4-8.1%
	XBB.1.5	VOC	6.0%	2.7-12.4%
	BF.7	VOC	4.6%	4.0-5.3%
	BN.1	VOC	3.9%	3.2-4.7%

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CDC COVID Data Tracker: Variant Proportions

XBB 1.5

From the observations so far:

- More contagious Bivalent vaccines are BA.4 and BA.5 based. XBB variants are BA.2 lineage viruses. There is probably a subtle difference (lower) in neutralization of antibodies for XBB. Vaccine neutralization with XBB is still above the limit of detection for bivalent boosters, so still provides protection
- Similar severity of illness: More severe in those not up to date vs those who are up to date
- No impact of the new variant on testing, so rapid tests should still be able to detect it
- FDA will share info on therapeutic effectiveness

Why do new variants emerge?

Viruses like SARS-CoV-2 continuously evolve as changes in the genetic code (caused by genetic mutations or viral recombination) occur during the replication of the genome.

- A lineage is a genetically closely related group of virus variants derived from a common ancestor
- A variant has one or more mutations that differentiate it from other variants of the SARS-CoV-2 viruses
- A recombinant is a variant created by the combination of genetic material from two different variants

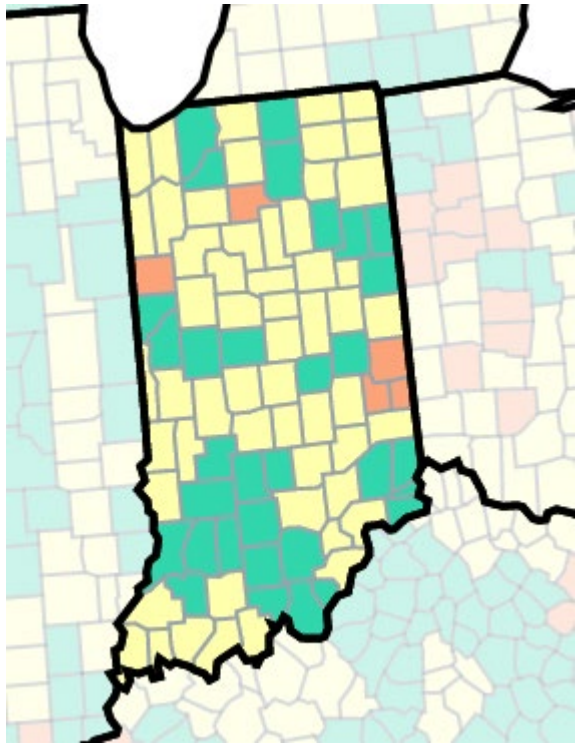
As expected, multiple variants of SARS-CoV-2 have been documented in the United States and globally throughout this pandemic. To inform local outbreak investigations and understand national trends, scientists compare genetic differences between viruses to identify variants (including recombinants) and how they are related to each other.

Variants classification
SARS-CoV-2 Interagency Group (SIG)

The SIG Variant classification scheme defines four classes of SARS-CoV-2 variants:

- Variant Being Monitored (VBM): Alpha (B.1.1.7 and Q lineages), Beta (B.1.351 and descendent lineages), Gamma (P.1 and descendent lineages), Delta (B.1.617.2 and AY lineages), Epsilon (B.1.427 and B.1.429), Eta (B.1.525), Iota (B.1.526), Kappa (B.1.617.1), 1.617.3, Mu (B.1.621, B.1.621.1), Zeta (P.2)
- Variant of Interest (VOI)
- Variant of Concern (VOC): Omicron (B.1.1.529, BA.1, BA.1.1, BA.2, BA.3, BA.4 and BA.5 lineages)
- Variant of High Consequence (VOHC): To date, no variants of high consequence have been identified in the United States

COVID-19 Community levels and transmission



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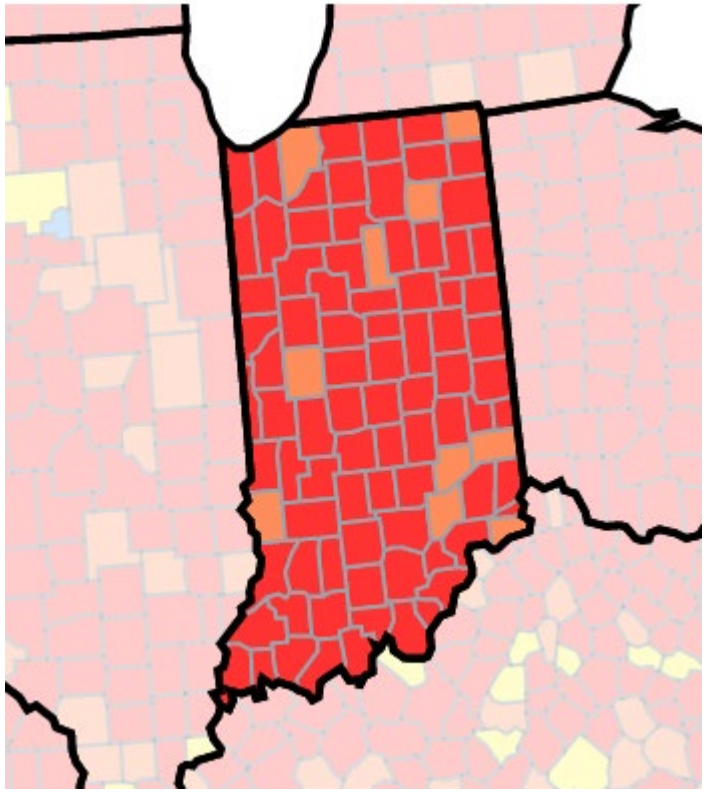
State Health Department

7-day Metrics

Cases	6,507
% Positivity	N/A %
Deaths	0
% of Population ≥ 5 Years of Age with a Completed a Primary Series	61.3%
New Hospital Admissions (7-Day Moving Avg)	127.29



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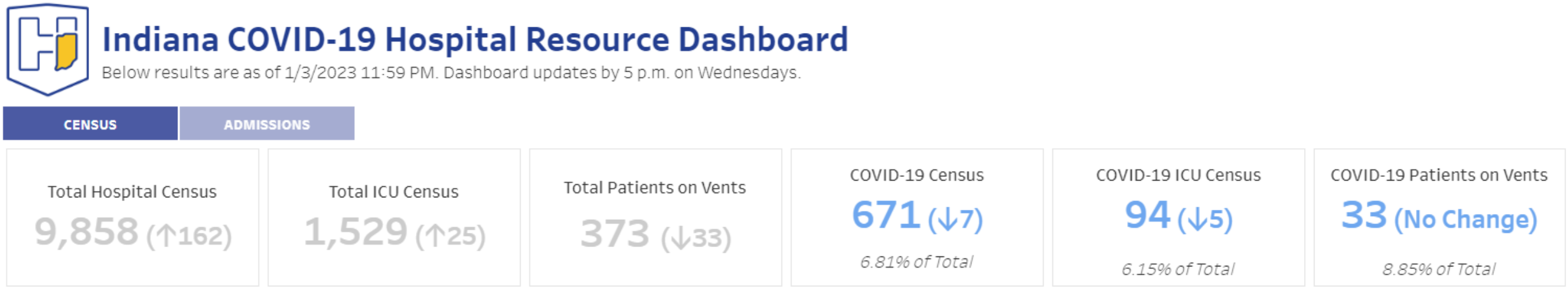
CDC COVID Data Tracker: County View

Maps, charts, and data provided by CDC, updates Mon-Fri by 8 pm ET

Hospital census



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[Novel Coronavirus (COVID-19): Hospital Dashboard (in.gov)]

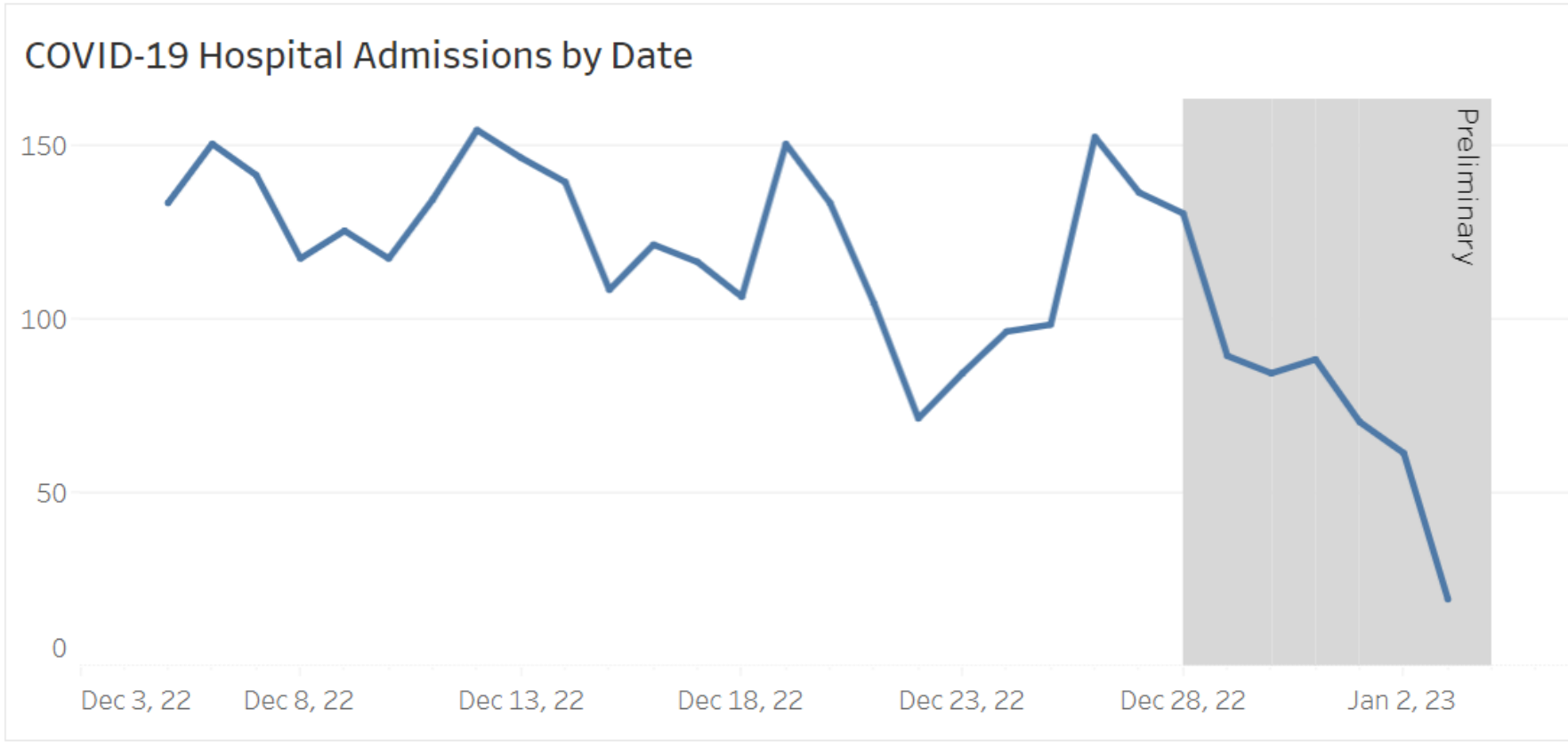
Indiana COVID-19 Hospital Resource Dashboard

Below results are as of 1/3/2023 11:59 PM. Dashboard updates by 5 p.m. on Wednesdays.

Previous Month

7-Day Average COVID-19 Hospital Admissions

111 (↑5)



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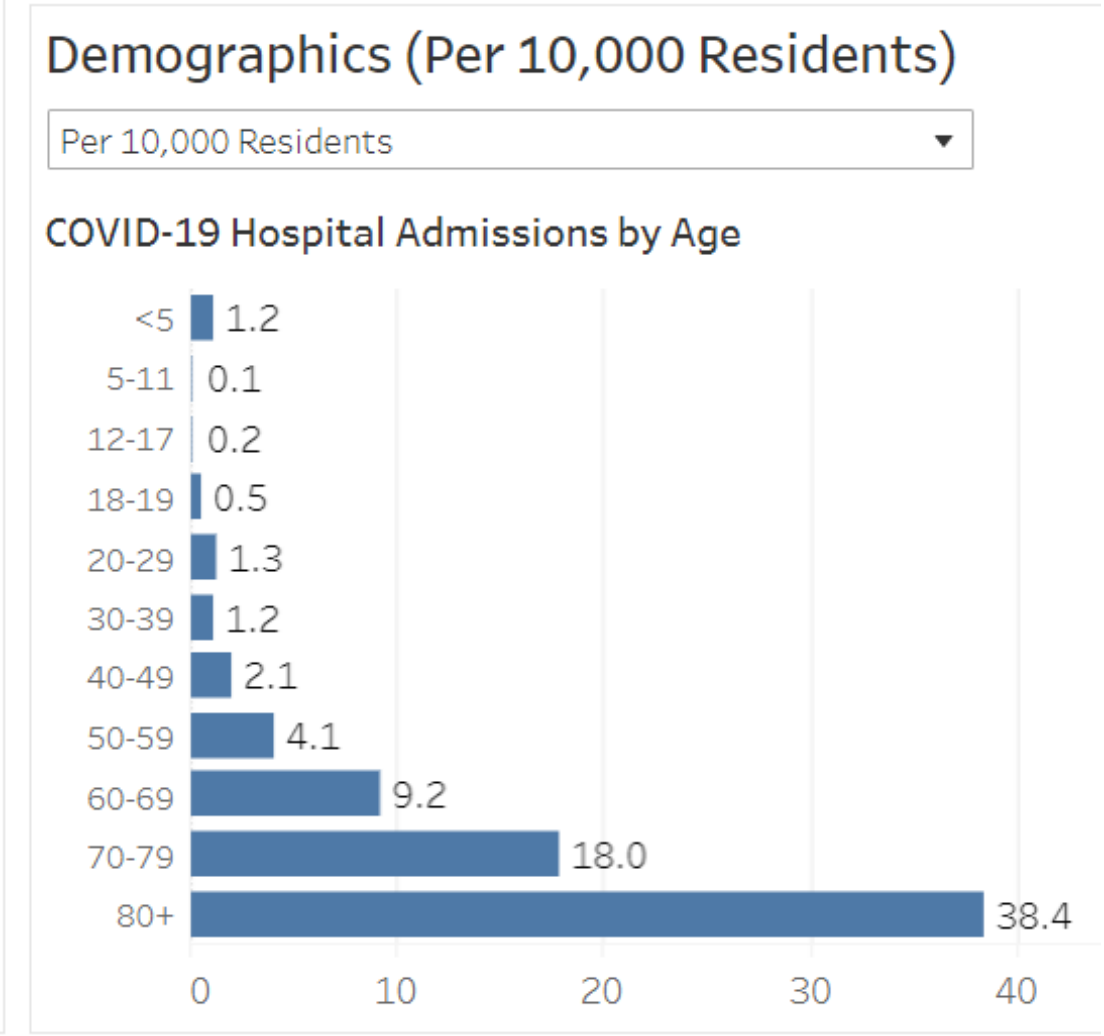
Hospitalizations by Age



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Novel Coronavirus (COVID-19): Hospital Dashboard (in.gov)

Weekly Influenza Report: Week 51

Report Date: Friday, December 30, 202

Weekly Overview

*Influenza-like illness – Week ending December 24, 2022	
ILI Activity Code	Very High
Percent of ILI reported by sentinel outpatient providers	5.48%
Percent of ILI reported by emergency department & urgent care chief complaints	5.52%
Percent positivity of influenza specimens tested at IDOH	38%
Number of influenza-associated deaths this season	73
Number of long-term care facility outbreaks this season	24

**The ongoing COVID-19 pandemic may impact Indiana's sentinel and syndromic ILI data.*

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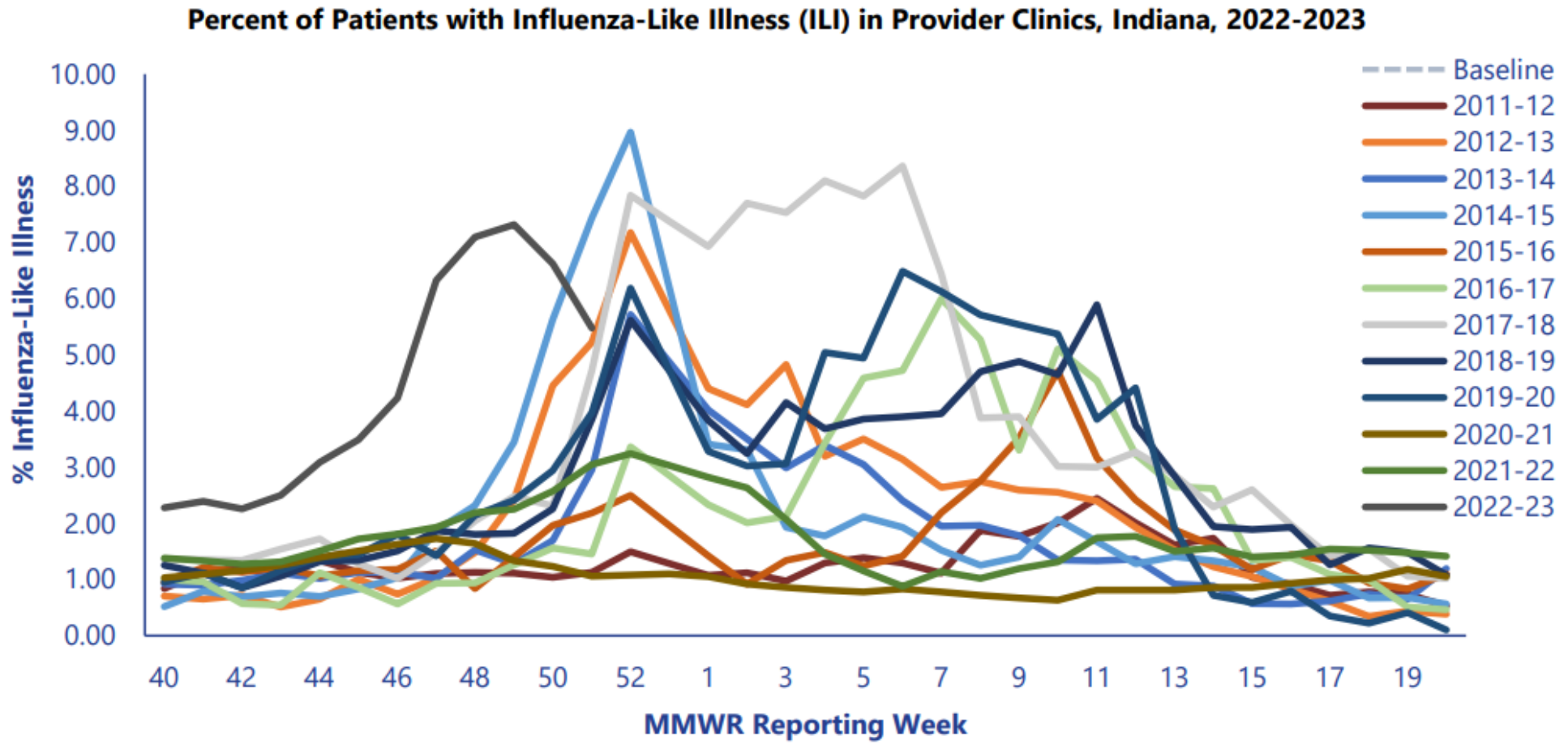
https://www.in.gov/health/erc/files/Weekly-Flu-Report_Week-51_2022-2023.pdf

ILI in Provider Clinics



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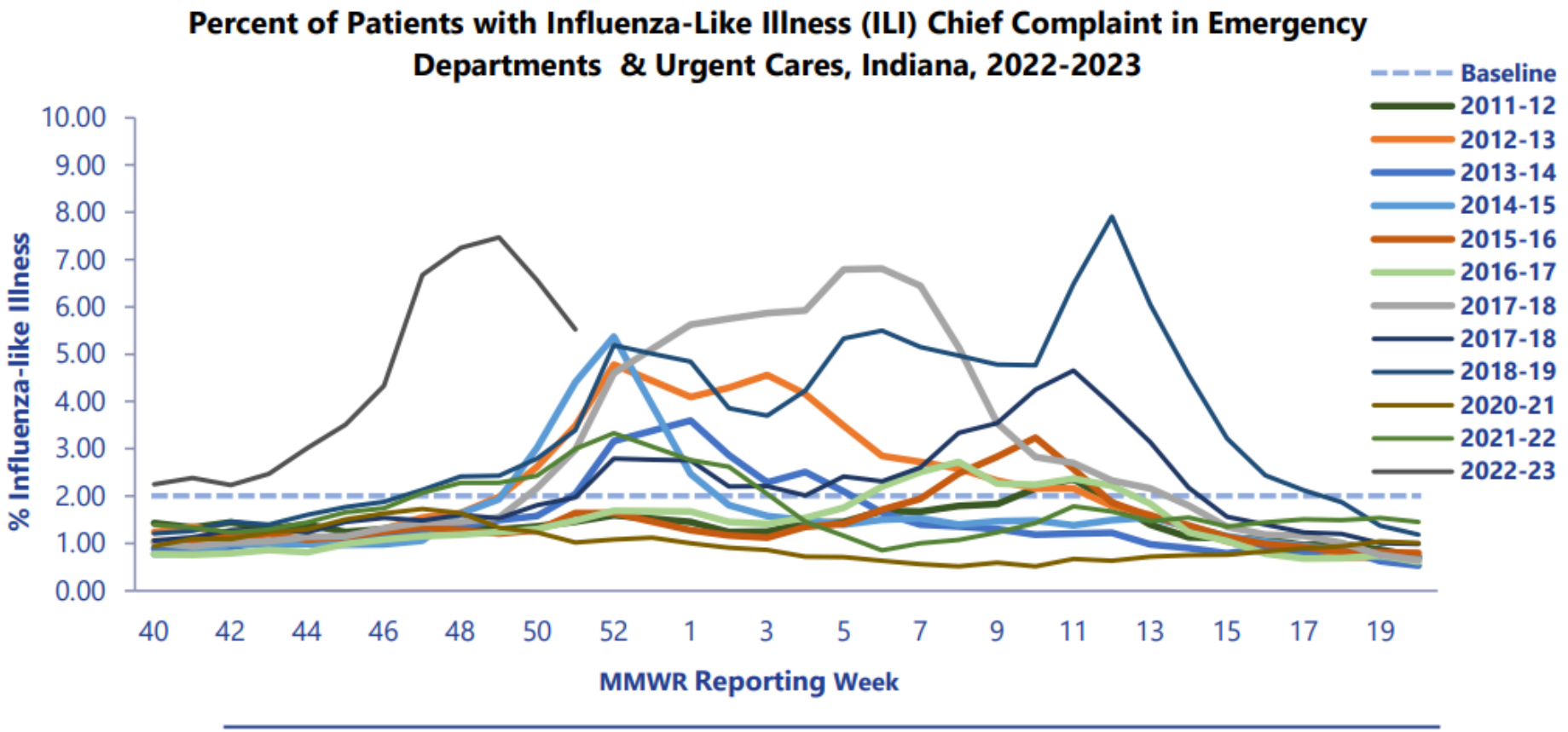
https://www.in.gov/health/erc/files/Weekly-Flu-Report_Week-51_2022-2023.pdf

ILI in ED and Urgent Care



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Influenza-associated Mortality

Data are obtained from the National Electronic Disease Surveillance System Base System (NBS). Influenza-associated deaths are reportable within 72 hours of knowledge; however, not all cases are reported in a timely manner so data in this report are subject to change as additional cases are back-reported.

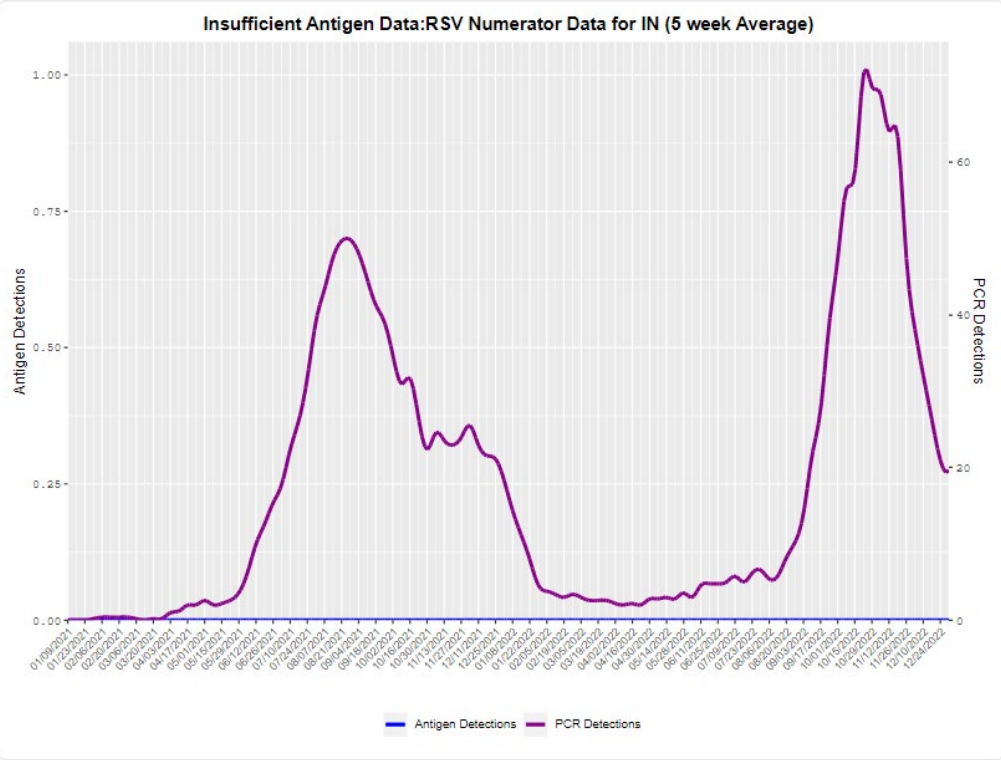
Number of Influenza-associated Deaths for all Ages*, Indiana, 2022-2023 Season	
Age Category, years	Season total
0-4	-
5-24	2
25-49	7
50-64	15
65+	49
Total	**73**

Breakout of Ages* for Pediatric-associated Influenza Deaths, 2022-2023 Season	
Pediatric Age Category	Season total
0-5 months	-
6-23 months	-
2-4 years	-
5-11 years	1
12-17 years	1
Total	**2**

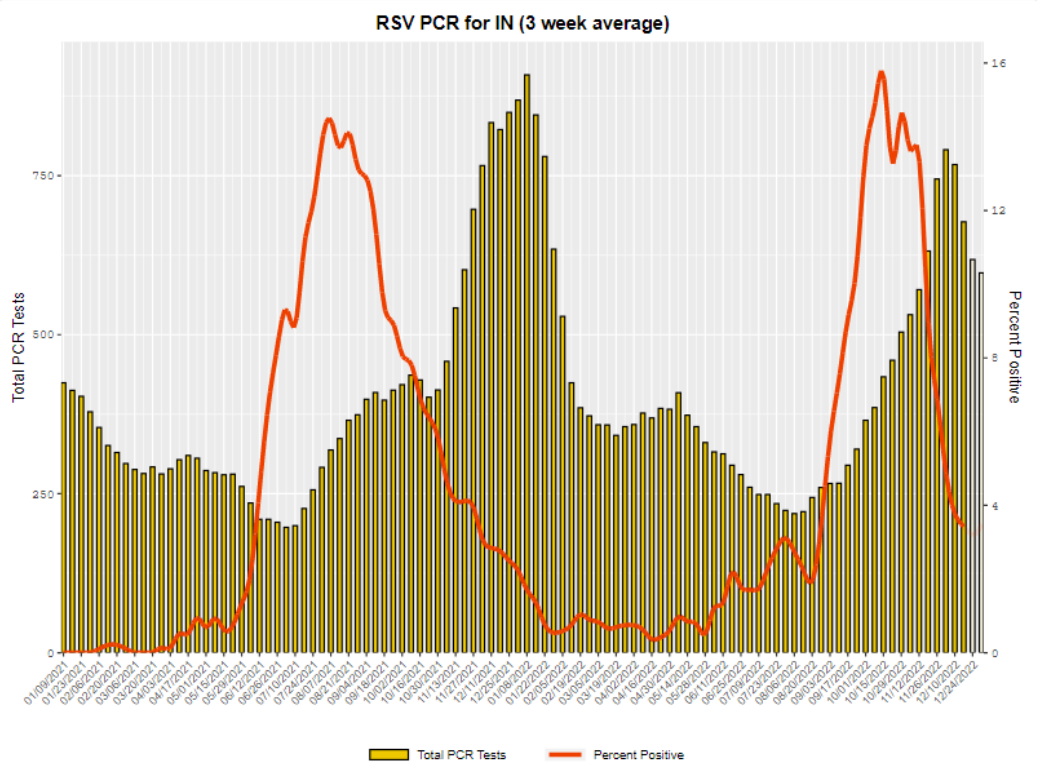
*Due to changes in the reporting rule as of 12/2015, influenza-associated deaths are reportable if either laboratory confirmed or listed as cause of death on death certificate. Therefore, case counts are not directly comparable to previous seasons in which influenza-associated deaths were only reportable by laboratory confirmation.

RSV trends

Detections



Total PCR Tests



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RSV State Trends - NREVSS | CDC

Strategies to prevent/ contain outbreaks

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Practice Core Principles of Infection Prevention

- Remember to practice infection prevention principles such as hand hygiene
- Avoid overcrowding in an indoor space
- Ensure adequate ventilation when holding gatherings
- Test for pathogens promptly based on symptoms
- Practice transmission-based precautions based on symptoms and/or diagnosis

Reminders

- Screen for symptoms at entry and have signs posted in strategic locations throughout the facility. Change the signs frequently to catch people's attention.
- Educate on the benefits of vaccination and infection control principles
- Encourage vaccination
- Protect the most vulnerable individuals with additional measures
- Isolate if symptomatic or confirmed
- Test: if symptomatic, exposed, contact traced, or part of outbreak testing, unable to contain the spread
- Vaccinate
- Treat the eligible individuals
- Revisit or revise facility policies based on your situation: passive, active screening, masks, extra testing

Please encourage your patients to stay up to date with vaccination

A recent CDC report showed that adults ages 65 years and older continue to have the highest COVID-19-related mortality rates. Adults ages 85 years and older remain at particularly high risk of dying of COVID-19. The proportion of COVID-19-related deaths accounted for by adults in this age group increased during April–September 2022 from 28% to around 40% of COVID-19-related deaths.

The COVID-19-related death rate among unvaccinated people who are 65 years and older has consistently been higher than the rate among vaccinated people. CDC data on nursing homes showed that COVID-19 case rates are higher in nursing home residents who have not received all recommended doses than among those who are up to date.

COVID-19 vaccination rates as of Dec. 11 show that 43% of nursing home residents in the United States are up to date with COVID-19 vaccination and only 10% of nursing home staff in the United States are up to date with COVID-19 vaccination.

Barriers to Vaccination

- Skepticism: Continue to educate and encourage vaccination to stay up to date, especially the at-risk population such as the elderly
- **Operational challenges: Please email svuppalanchi@health.in.gov and David McCormick (DMcCormick@health.in.gov). Please specify the challenges you are facing.**

Bivalent vaccine effectiveness against symptomatic SARS-CoV-2 in immunocompetent persons

- Bivalent mRNA booster doses provide additional protection against symptomatic SARS-CoV-2 in immunocompetent persons who previously received monovalent vaccine only, with relative benefits increasing with time since receipt of the most recent monovalent vaccine dose
- Effectiveness of Bivalent mRNA Vaccines in Preventing Symptomatic SARS-CoV-2 Infection — Increasing Community Access to Testing Program, United States, September–November 2022 | MMWR (cdc.gov)
- Early Estimates of Bivalent mRNA Vaccine Effectiveness in Preventing COVID-19–Associated Hospitalization Among Immunocompetent Adults Aged ≥65 Years — IVY Network, 18 States, September 8–November 30, 2022 | MMWR (cdc.gov)
- Early Estimates of Bivalent mRNA Vaccine Effectiveness in Preventing COVID-19–Associated Emergency Department or Urgent Care Encounters and Hospitalizations Among Immunocompetent Adults — VISION Network, Nine States, September–November 2022 | MMWR (cdc.gov)

Influenza Vaccination

We don’t have data yet on vaccine effectiveness for the current flu vaccine, but so far, most of the circulating viruses are closely related to current vaccine strains.

Therapeutics

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Important Updates on COVID-19 Therapeutics for Treatment and Prevention

Dec. 20

- The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Update to supplement the CDC HAN Health Advisories issued on April 25, and May 24, to emphasize to healthcare providers, public health departments, and the public that the majority of Omicron sublineages circulating in the United States have reduced susceptibility to the monoclonal antibody bebtelovimab and the monoclonal antibody combination cilgavimab and tixagevimab (EvusheldTM).

- Antiviral therapeutics for the treatment of COVID-19, ritonavir-boosted nirmatrelvir (Paxlovid™), remdesivir (Veklury®), and molnupiravir (Lagevrio™), retain activity against currently circulating Omicron sublineages. These medications can prevent severe disease, hospitalization, and death and are widely available but have been underused.

HAN Archive - 00483 | Health Alert Network (HAN) (cdc.gov)

Tamiflu Shortages

- Here is a note from FDA on 12/5/22 with compounding instructions for pharmacists.
- Although there currently is not a nationwide oseltamivir phosphate oral suspension shortage, we are aware there may be localized shortages where demand is especially high.
- If one pharmacy does not have it in stock, please check if another local pharmacy has it in stock.
- **Please email me at svuppalanchi@health.in.gov if you are experiencing shortages and provide specifics.**

Questions?

CONTACT:

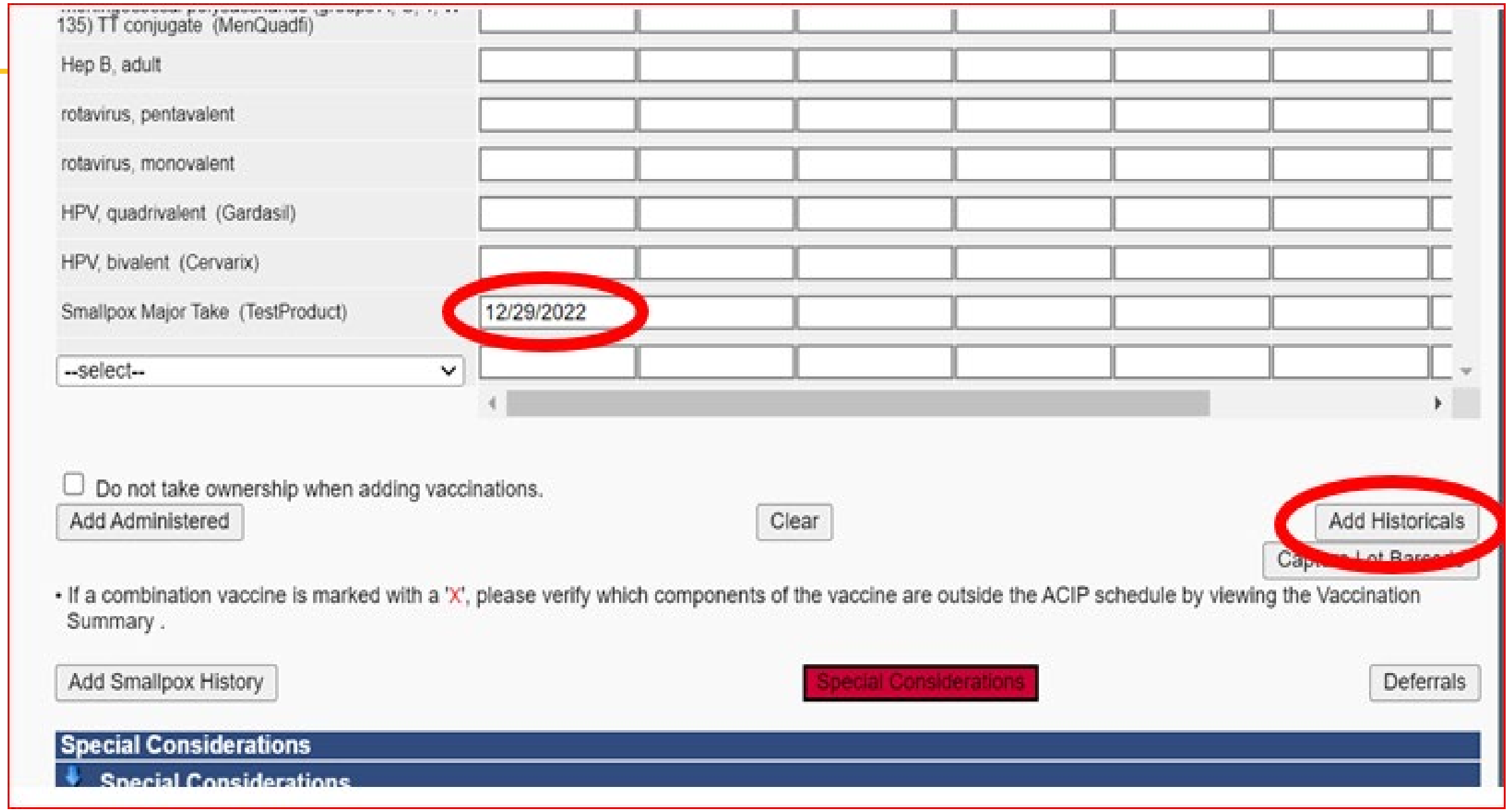
Shireesha Vuppalanchi, MD
Medical Director
svuppalanchi@health.in.gov

CHIRP – Question from last week

- For those of us on state borders, we are finding that some residents got their vaccines in an adjacent state. How do we enter that info into CHIRP?

  ANSWER:
  - All records of vaccines administered in another state can be entered as historical doses. We can provide a job aide on how to enter historical doses.

- In CHIRP is there a place to add Historical?
  ANSWER:
  - Yes. You go to the vaccination view/add screen, place the date that the vaccine was administered in the corresponding vaccine presentation and then click add historical. Simple as that and takes less than a minute to add.


135) TT conjugate (MenQuadfi)
Hep B, adult
rotavirus, pentavalent
rotavirus, monovalent
HPV, quadrivalent (Gardasil)
HPV, bivalent (Cervarix)
Smallpox Major Take (TestProduct)
12/29/2022
--select--
Do not take ownership when adding vaccinations.
Add Administered
Clear
Add Historicals
• If a combination vaccine is marked with a 'X', please verify which components of the vaccine are outside the ACIP schedule by viewing the Vaccination Summary .
Add Smallpox History
Special Considerations
Deferrals
Special Considerations

CHIRP – Questions from last week

I can add to CHIRP as historical but not as an active vaccinator, wants me to select from some sort of inventory and not hand type info in but that inventory is blank.

ANSWER/REPLY

- Historical does not require a dose to be selected from inventory so I am guessing that the individual is not adding the historical dose correctly. The job aide will assist with that.

I am on the Indiana/Michigan border. I was able to request access to Michigan chirp (or whatever it is called) and was granted access.

- We have been successful in getting access to bordering state registries for providers/HCP that need access to validate records. This must be view only but I am more than happy to advocate for access for any facility that needs it. The request usually is more successful if it comes from me and is addressed to the state director of the neighboring state. **Dave McCormack – IDOH**

CHIRP – Questions from last week

- Is this correct that each state's database is separate and doesn't cross over from one state to another.
  ANSWER:

  - That is correct. While there has been discussion of a national immunization registry, current individual state laws make it difficult to create a national registry. At this time, I believe that Indiana has the ability to connect with Alaska, Washington state, Arizona, Washington DC, Mississippi, Tennessee, Ohio, Wyoming, Louisiana, West Virginia, South Dakota, and Puerto Rico through the IZ Gateway. This is not user-friendly, but it is a start.

Request to be informed

Operational Challenges

- Lori Davenport – ldavenport@ihca.org
- Dr. Vuppalanchi -- svuppalanchi@health.in.gov

Direct Enrollment – CHIRP

- Allows long-term care facilities to receive COVID-19 vaccinations by enrolling directly at ISDH's enrollment site (different than working with a LTC Pharmacy where the pharmacy handles the vaccination and coordinates with the facility to administer.
- Under the Direct Enrollment option, the LTC facility is solely responsible for vaccine ordering, storage, handling, and administration, and reporting supply and administration information to the state.

Registering for CHIRP

- Complete enrollment form - https://chirp.in.gov/chirp_files/docs/PROVIDER_SITE%20ENROLLMENT_AGREEMENT_revision_7-13_form_fill.pdf
- Individual CHIRP users are required to complete a user agreement form - https://chirp.in.gov/chirp_files/docs/IUA-2016-edit.pdf

Recommendations for Consideration

- Enroll in CHIRP to help with care coordination regarding COVID-19 vaccinations.
- Designate individual user or users at your facility.
- Maintain the signed individual user agreement in the employee personnel record.
- Ensure your HR department is aware of the Remove User form that must be completed within 1 week of a designated user's last day of employment and faxed to CHIRP program at 317-233-8827.

THANK YOU!

Contact Information

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THANK YOU!