

June 1, 2023

LTC COVID-19 Update

Presented by:

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Indiana Department of Health Team



Today's Topics



- Group A Strep in LTC facilities – Prevention and outbreak response - Guest: Deepshikha Singhal, MPH Healthcare-Associated Infections Epidemiologist
- CMS Updates – Testing and Vaccination & NHSN Training Dates for upcoming changes in reporting – Lori Davenport
- Q&A

MDS Updates & Areas of Impact, a webinar on June 8, details [HERE](#)

Hints & Helps for Housekeeping, a webinar on June 27, details [HERE](#)

SNF DON Workshop, an in-person workshop on June 28-29, details [HERE](#)

IHCA/INCAL Convention & Expo – Spotlight on Quality, July 31-Aug 1, details [HERE](#)



Indiana
Department
of
Health

GROUP A STREP IN LONG-TERM CARE FACILITIES- PREVENTION AND OUTBREAK RESPONSE

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06/01/2023

OUR MISSION:

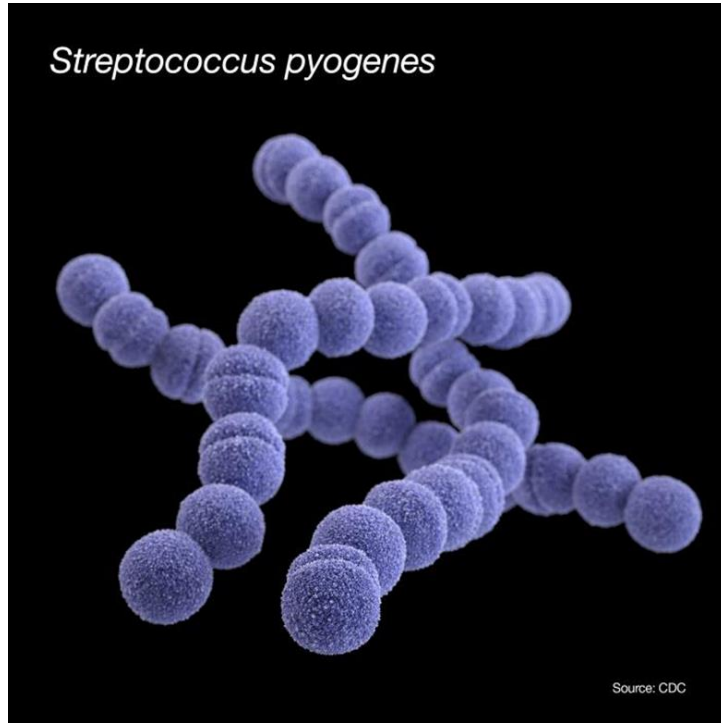
To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

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



Group A Strep (GAS)



Gram positive cocci in chains



Beta-hemolytic streptococcus

Prevalence

- Major problem worldwide
- Each year in the United States, these bacteria cause around 11,000 to 24,000 cases of severe invasive disease (CDC, 2023)
- Between 1,200 and 1,900 people die each year in the US due to invasive GAS disease (CDC, 2023)

Colonization vs. infection

Colonization

- Bacteria is present without causing illness

Infection

- Bacteria causes an illness

*Both can spread the bacteria; however, infected people are more contagious than colonized people.

Where do GAS bacteria colonize?

- Throat
- Skin (including wounds)
- Vagina
- Rectum

Types of GAS infection

- Strep throat (streptococcal pharyngitis)
- Scarlet fever (scarlatina)
- Impetigo
- Cellulitis
- Wound infections
- Invasive infections
 - Bloodstream infections/sepsis
 - Streptococcal toxic shock syndrome (STSS)
 - Necrotizing fasciitis

Strep throat and scarlet fever



Impetigo



Source: CDC Public Health Image Library

Cellulitis

- Cellulitis is a common bacterial skin infection that causes redness, swelling, and pain in the infected area of the skin
- If untreated, it can spread and cause serious health problems
- Good wound care and hygiene are important for preventing cellulitis

Risk factors for cellulitis

- Infections or injuries that break skin
 - Injuries that cause a break in the skin (cuts, ulcers, bites, puncture wounds, tattoos and piercings)
 - Chronic skin conditions (like athlete's foot and eczema)
 - Chickenpox and shingles
 - Injection drug use
- Other health factors
 - Overweight
 - Chronic edema

Wound infections

- Wounds are a risk factor for both invasive infections and colonization
- Source of ongoing transmission through:
 - Direct contact with wounds
 - Droplets formed during wound care
 - Contamination of shared equipment

Invasive infections

- Bacteria enter a part of the body where they are not usually found
 - Examples:
 - Blood
 - Other internal body sites
- Often this results in severe illness
 - Bloodstream infections/sepsis

Invasive GAS disease

- Bacteria overcome a person's natural defenses and enter a part of the body where they aren't normally found (e.g., blood)
- Bacteria enter through sores or breaks in the skin
- Chronic illness or a weakened immune system reduces the ability to fight infection

Invasive GAS risk factors

- Older age
- Breaks in the skin
- Chronic illness (e.g., diabetes, heart disease, cancer)
- Indwelling devices (e.g., dialysis catheter)
- Injection drug use

Necrotizing fasciitis - type 2

- Rapidly progressive infection that destroys deep soft tissues
- Typically occurs after trauma (including minor trauma)
- Symptoms:
 - Pain (often out of proportion to signs of local skin infection)
 - Swelling
 - Redness
 - Tenderness
 - Warm to touch

Streptococcal toxic shock syndrome (STSS)

- Severe illness with a case fatality rate between 30-70%
- Symptoms:
 - Hypotension
 - Multi-organ involvement (two or more of the following):
 - Kidneys, liver, lungs, blood, skin, soft tissues

How does GAS spread?

- Direct person-to-person contact
 - Examples:
 - Contact with respiratory secretions
 - Contact with skin/wounds
- Contact with contaminated, shared equipment (e.g., shared wound care supplies)
- Transmission occurs through infected and colonized people
 - People are more contagious when they have an active infection
 - Colonized people are less contagious but can still spread the bacteria

Duration of infectiousness

- People are usually no longer contagious after completing 24 hours of appropriate antibiotic treatment
 - It is still important to complete the full course of prescribed antibiotics
- Consider draining wounds to be infectious
 - Keep wounds covered
 - If wounds cannot be covered, maintain contact precautions until drainage stops

Group A strep outbreaks in long-term care facilities

- Facilitated by:
 - Underlying health risks among residents
 - Close contact between residents and staff
- May involve both staff and residents
- May persist for several months

Multiple routes of transmission are common in LTCFs

- GAS is transmitted from an infected or colonized person through:
 - Respiratory droplets
 - Contact with saliva or nasal secretions
 - Contact with open sores or wounds
- GAS can be transmitted to others in a LTCF by:
 - Residents
 - Visitors
 - Healthcare personnel (HCP)
- Spread of GAS among residents in LTCFs has been associated with the following:
 - Having a roommate who is infected or colonized with GAS
 - Being cared for by the same HCP as a resident who is infected or colonized with GAS
 - Residing on the same unit as a resident who is infected or colonized with GAS

Risk factors in LTCF outbreaks: facility risks

- Inadequate infection control
 - Improper wound care, hand hygiene, etc.
- Employees working while sick
- Shared HCP between facilities.

Risk factors in LTCF outbreaks: patient risks

- Patients receiving skin/wound care or with non-intact skin
- Patients requiring significant nursing assistance
- Underlying medical conditions
- Indwelling devices

Preventing GAS in LTCFs

- Infection control practices and proper wound care
- Staff management
- Resident management

Infection control – hand hygiene

- Ensure routine, proper hand hygiene
 - Monitor staff for hand hygiene adherence (audits)
 - Provide feedback to staff
 - Encourage preferential use of alcohol-based sanitizer (unless hands are visibly soiled)
 - Make hand sanitizer readily available inside and outside patient rooms

Infection control – PPE

- Maintain appropriate transmission-based precautions:
 - Routine standard precautions (for all residents)
 - Droplet precautions for residents with pharyngitis, wound infections, or suspected invasive disease (e.g., sepsis)
 - Contact precautions for patients with draining wounds that cannot be covered
- Ensure appropriate PPE is readily available
 - Droplet precautions – staff use of face and eye protection, such as goggles and a facemask or face shield
 - Contact precautions – staff use of gown and gloves

Infection control – wound care

- Maintain proper wound care, including:
 - Proper hand hygiene
 - Proper use of PPE
 - Proper storing, handling, and transport of medications and supplies
 - Proper cleaning/disinfection of reusable equipment and other items
 - Proper disposal of used materials
 - Audits of wound care practices and feedback to staff on adherence

CDC IP and control assessment tool

| Wound Dressing Change Observations | | | | |
|---|-------------------------------------|---|--|---|
| All supplies are gathered before dressing change ¹ | HH performed before dressing change | Clean gloves donned before dressing change ² | Multi-dose wound care meds are used appropriately ³ | Dressing change performed in manner to prevent cross-contamination ⁴ |
| <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes |
| <input type="radio"/> No | <input type="radio"/> No | <input type="radio"/> No | <input type="radio"/> No | <input type="radio"/> No |
| <input type="radio"/> NA* | <input type="radio"/> NA | <input type="radio"/> NA | <input type="radio"/> NA | <input type="radio"/> NA |

| Gloves removed after dressing change completed | HH performed after dressing change completed | Reusable equipment cleaned and/or disinfected appropriately ⁵ | Clean, unused supplies discarded or dedicated to one resident | Wound care performed /assessed regularly ⁶ | Wound care supply cart is clean ⁷ |
|--|--|--|---|---|--|
| <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes |
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Infection control – other

- Other considerations for best practices:
 - Follow routine cleaning/disinfection protocols
 - Audits of environmental cleaning practices
 - Audits of cleaning and disinfection of reusable equipment and items
 - Signage about basic prevention:
 - Reminders about hand hygiene technique and indications
 - Reminders to avoid working or visiting while ill

Staff management

- Ensure all staff are educated about group A strep prevention and proper infection control
- Encourage staff to monitor for signs and symptoms of GAS infection
- Report suspected infections to designated facility staff
- Ensure staff do not work when ill

Resident management

- Evaluate patients daily for signs and symptoms of GAS infection
 - Examples:
 - New fever
 - Early signs of wound infection
 - Skin lesions
 - Sore throat

Resident management

- Implement appropriate transmission-based precautions until:
 - GAS is ruled out **OR**
 - Residents are properly treated
- Maintain a low threshold for obtaining wound cultures

Outbreak management – single case

- Identify any additional symptomatic cases among residents and staff (four-month monitoring period; date will change if new case is identified)
- Identify potential asymptomatic carrier – Screen (by culture) close contacts of ill resident, including roommates and close social contacts
- Assess infection control measures
- Maintain a line list of positive/colonized residents or staff and report additional cases to IDOH
- Treat symptomatic and colonized individuals with appropriate antibiotics and maintain appropriate transmission-based precautions 'till 24 hours of the regimen.

Outbreak - two cases

- Two symptomatic cases of group A (at least one invasive infection)
- Additional to the previous slide
- Screen all residents by culture, except those on GAS treatment within the last 14 days
- Consider screening epidemiologically-linked HCP by culture, except those on GAS treatment within the last 14 days
- Educate HCP on signs and symptoms of GAS and importance of not working while sick, review sick leave policies

Outbreak - three or more cases

- Three symptomatic cases of group A (at least one invasive infection)
- Additional to the previous slide – re-culture GAS carriers seven to 10 days after treatment is completed
- Consider restricting visitors for a limited time period
- Consider co-horting residents with GAS infection and HCP caring for these residents
- Consider halting new admissions in affected units or floors

CDC - recommendations for transmission-based precautions

- d. As part of enhanced barrier precautions or EBP (<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>) use of a gown and gloves is recommended during high-contact care activities (e.g., wound care; central line, urinary catheter, feeding tube, tracheostomy or ventilator device care or use) for residents with a wound or invasive medical device. Additional PPE use, as described below, is recommended to control a GAS outbreak.

Residents with suspected or confirmed GAS infection or colonization should be placed on appropriate transmission-based precautions (<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>) pending culture results:

Wound—Residents with GAS cultured from a wound, ostomy, or device-insertion site should remain on contact and droplet precautions until 24 hours after the initiation of effective antibiotic therapy and any wound drainage stops or can be contained by a dressing. HCP should then return to use of EBP.

Throat—Residents with GAS cultured from their throat should remain on droplet precautions until 24 hours after the initiation of effective antibiotic therapy.

Note: Continued use of a facemask by HCP during all wound care activities or when handling invasive medical devices is recommended until the outbreak is over.

Resources

- CDC GAS Toolkit
- <https://www.cdc.gov/groupastrep/outbreaks/LTCF/investigate.html>
- IDOH GAS Toolkit
- https://www.in.gov/health/erc/files/IDOH_LTCF_GAS_Toolkit_02.13.2023.pdf

Questions?

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CMS Update
Removes COVID-19 Testing and Staff
Vaccination Requirements

- May 31, 2023 – CMS announced a final rule, Medicare and Medicaid Programs related to testing and staff vaccination requirements.
- Effective 60 days after it is published in federal register, which is scheduled to happen on June 5, 2023.



Rule – Key changes

- Removes expired language addressing staff and resident COVID-19 testing requirements issued in the interim final rule (IFR) “LTC Facility Testing” on September 2, 2020.
- Withdrawals the regulations published in IFR “COVID-19 Health Care Staff Vaccination” on November 5, 2021.



Rule -- Key Changes

- Finalizes certain provisions published in the IFR “COVID-19 Vaccine Educate and Offer” on May 13, 2021
- CMS will not be enforcing the staff vaccination provisions between now and the effective date of this final rule.



Details- Vaccination

- CMS is withdrawing all requirements to vaccinate staff for COVID-19.
- Removes section 483.80(i) on the SNF requirements of participation and 483.430(f) of the ICF/IID conditions of participation.
 - The requirement to have all staff vaccinated for COVID-19 or receive a medical exemption will be removed.
 - Note: COVID-19 vaccination of health care staff and residents will be reported through the SNF Quality Reporting Program (QRP)



Details Vaccination continued

- Finalizing the requirement from the “COVID-19 Vaccine Educate and Offer rule” **which maintains requirements for LTC facilities to educate staff and residents about, and offer, the COVID-19 vaccine.**
 - Guidance on this rule can be found in QSO-21-19-NH
 - All elements of the rule are being finalized **except for the language referring to LTC staff refusing the vaccine originally set forth at §483.80(d)(3)(v).**
 - Note: this rule maintains the requirement to report COVID-19 vaccine status for residents and staff to NHSN.



Details – COVID-19 Testing

- CMS is removing all testing requirements issued in the interim final rule – “LTC Facility Testing” on September 2, 2020.
- Removes section 483.80(h) of requirements of participation.



NHSN Changes

NHSN – Changes

- 3 pathways to 2 pathways – sometime in June 2023
- Resident Impact and Facility Capacity Pathway – 15 fields to 7 fields
- Staff and Personnel Impact – 4 fields to 1 field
- Therapeutics Pathway – eliminated



NHSN Training on Updates

- NHSN will host several training sessions on these updates. [Registration](#) is required for the training sessions on June 1, June 7, June 8, and June 13.
- <https://www.cdc.gov/nhsn/ltc/covid19/index.html>



MDS Updates & Areas of Impact
When: June 8, 2023, 10:00 -3:00

Next Thursday Webinar

- Canceled – encourage all to attend the NHSN training on changes and/or consider the MDS update.
- Resume Thursday call on June 15th





Q&A

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