GEORGIA DEPARTMENT OF PUBLIC HEALTH (DPH) LONG-TERM CARE FACILITY (LTCF) COVID-19 WEEKLY REPORT SUMMARY

• COVID-19 Outbreaks

- Continued outbreaks in the long-term care setting. Week 48 has reported <u>12</u> outbreaks as 12/8/2021. Please see Figure 1 on page 2 for reference.
- Data Errors
 - We have observed missing staff vaccination data in NHSN for select time periods. We have revised our report to reflect the time periods for which complete data are available (page 9). We hope to resolve this data error in the coming weeks and return to our previous reporting format.

• Community Transmission

- As of 9/10/2021, CDC recommends using its County-Level Community Transmission Data Tracker to determine community transmission level: <u>https://covid.cdc.gov/covid-data-tracker/#county-view</u>. This transmission tracker includes county-specific transmission indicators, which include High (red), Substantial (orange), Moderate (yellow) and Low (blue).
- COVID-19 Breakthrough Cases
 - <u>77</u> resident breakthrough cases reported during the 4-week reporting period ending on December 05, 2021. Breakthrough cases are anticipated as the vaccines do not have 100% efficacy. Generally, most breakthrough cases experience mild to no symptoms.

• Proportion Estimates of COVID-19 Variants

- We have included Nowcast data on page 4 and 5 of this report. We encourage facilities to check CDC's website for information about the Delta variant (<u>https://covid.cdc.gov/covid-data-tracker/#variant-proportions</u>).
- Resident & Staff COVID-19 Vaccination
 - Positive trend for staff vaccination. Vaccination is encouraged to stop the spread and protect against COVID-19. Please see Figures 9 and 10 on page 9.
- Resident & Staff COVID-19 Cases and Deaths
 - Increase of cases among both residents and staff in the long-term setting.
 - Resident cases (31) have decreased by <u>23%</u> (Table 3 and Figure 5 on page 6).
 - Staff cases (16) have decreased by <u>24%</u>. (Table 3 on page 6, and Figure 7 on page 7).

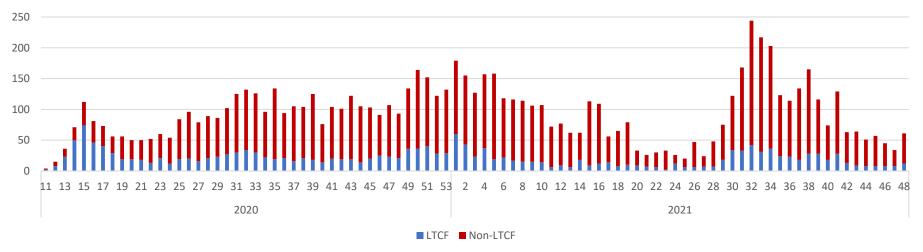
GEORGIA DEPARTMENT OF PUBLIC HEALTH (DPH) LONG-TERM CARE FACILITY (LTCF) COVID-19 WEEKLY REPORT (12/8/2021)

This report provides data and guidance updates for the Georgia Long-Term Care Community. Direct questions to Iman Bogoreh at <u>iman.bogoreh@dph.ga.gov</u>.

COVID-19 Outbreaks

COVID-19 outbreaks are reported to Georgia's State Electronic Notifiable Disease Surveillance System (SendSS) through the Outbreak Management System (OMS). All long-term care outbreaks by week are included in the graph below; the proportion of long-term care facilities include assisted-living facilities, personal care homes (25 beds or greater), and skilled-nursing homes.

Figure 1. COVID-19 Outbreaks



COVID-19 Outbreaks by MMWR Week, Georgia

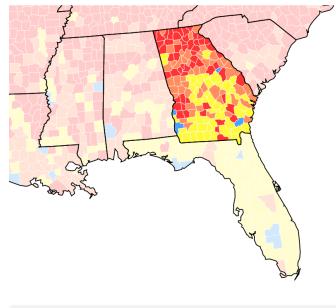
COVID-19 Community Transmission

The summary below provides community transmission levels based on data reported to the Centers for Disease Control and Prevention. Case rate is based on data from November 30, 2021 – December 06,2021 and percent positivity is based on data from November 28, 2021 – December 04,2021. Community transmission for the state of Georgia is <u>substantial</u>.

Summary of Community Level Transmission

Table 1. Community-Level Transmission for the state of Georgia

Cases	8,792
% Positivity	5-7.9
Case Rate per 100,000	82.8
Deaths	220
% Eligible Fully Vaccinated	58.3%
New Hospital Admission (7-Day Moving Average)	139.71



Level of Community Transmission in Georgia

🛑 High 🛑 Substantial 😑 Moderate 🔵 Low 🔘 No Data

For a more detailed report on community transmission levels please visit <u>https://covid.cdc.gov/covid-data-tracker/#county-view|Georgia|Risk|community_transmission_level</u>

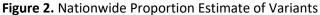
COVID-19 Breakthrough Cases

There are <u>77</u> resident COVID-19 breakthrough cases reported to NHSN through a 4-week period ending December 5, 2021. A breakthrough case is defined as COVID-19 case that occurred in a person who has completed vaccination (e.g., 14 days post dose 2 of a two-series vaccine OR 14 days post dose 1 of a one-series vaccine).

Proportion Estimates of COVID-19 Variants

Proportion estimates of COVID-19 variants are provided to DPH by the Centers for Diseases Control and Prevention (CDC). We have included data for the nation and the Southeast region.





- The Delta (B.1.617.2) variant predominates the nation. Nationwide, the CDC predicts that the Delta variant accounts for 99.9% of all SARS-CoV-2 lineages circulating for the one-week period ending on 12/4/2021.
- DPH encourages vaccination of individuals aged 5 and up to protect against COVID-19.

The following link provides attributes of the variants mentioned in the graph above, including transmission and susceptibility to vaccines, monoclonal antibodies, and convalescent sera: <u>https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html</u>



Figure 3. Southeast Region Proportion Estimate of Variants

 In the Southeast region, the CDC predicts that the Delta variant accounts for 100% of SARS-CoV-2 lineages circulating for the one-week period ending on 12/4/21.

The following link provides attributes of the variants mentioned in the graph above, including transmission and susceptibility to vaccines, monoclonal antibodies, and convalescent sera: <u>https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html</u>

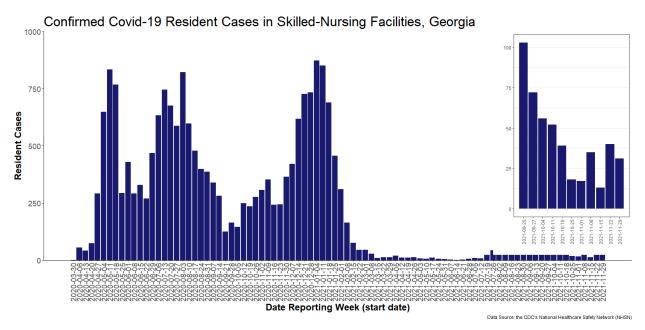
Resident and Staff COVID-19 Cases and Deaths in Skilled-Nursing Facilities

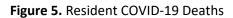
Resident and staff case and death counts are gathered from the CDC's National Healthcare Safety Network (NHSN). All 365 skilled-nursing facilities in Georgia are required by the Centers for Medicare & Medicaid Services (CMS) to report case and death counts to NHSN. A confirmed COVID-19 case is defined as a resident or staff newly positive for COVID-19 based on a viral test result. The test result may be from a NAAT/PCR or an antigen test. A COVID-19 death is defined as a resident or staff who died from SARS-CoV-2 (COVID-19) related complications and includes resident deaths in the facility AND in other locations, such as an acute care facility, in which the resident with COVID-19 was transferred to receive treatment. Data is presented for the 7-day period with the week start date.

	Two Weeks Ago (Nov 15 – Nov 21, 2021)	Previous Week (Nov 22 – Nov 28, 2021)	Current Week (Nov 29 – Dec 05, 2021)	Cumulative data since March 02, 2020
No. of Resident COVID-19 cases	13	40	31	21,158
No. of Resident COVID-19 deaths	4	8	5	3,600
No. of Staff COVID-19 cases	26	21	16	16,097
No. of Staff COVID-19 deaths	0	0	0	62

Table 2. Summary of NHSN Case and Death Counts

Figure 4. Resident COVID-19 Cases





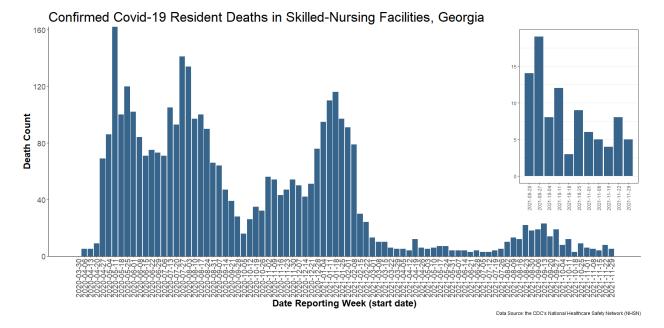
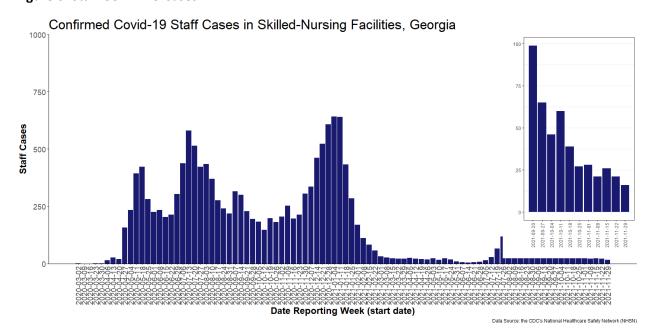
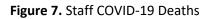
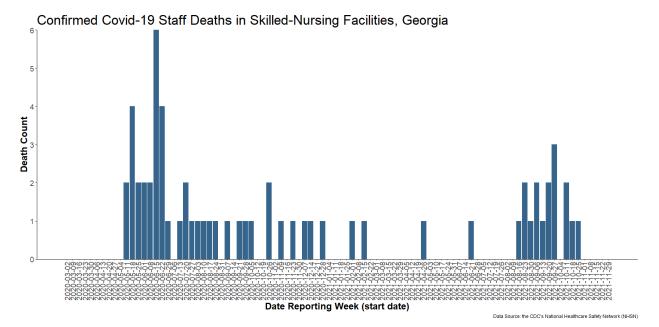


Figure 6. Staff COVID-19 Cases







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Percentage of Residents and Staff Vaccinated in Skilled Nursing Facilities

The data below summarizes the percentage of residents and staff vaccinated for COVID-19 in skillednursing facilities. Partial vaccination rate includes resident or staff that have only received dose 1 of a two-dose series (i.e., Pfizer or Moderna). Complete vaccination rate includes resident or staff that have received dose 1 AND dose 2 of a two-dose series and a dose of a one-dose series (i.e., Janssen). As of June 13, 2021, CMS requires skilled nursing homes to report COVID-19 vaccination data to NHSN; voluntary reporting occurred before this date.

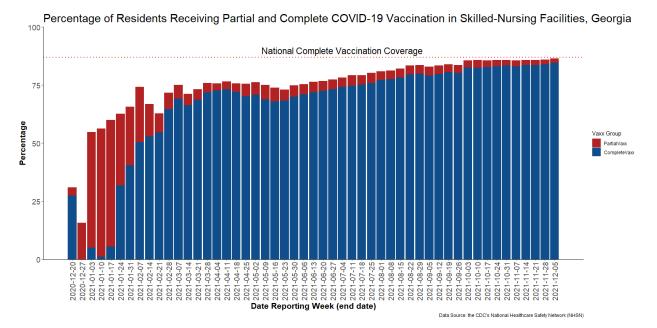
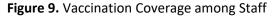
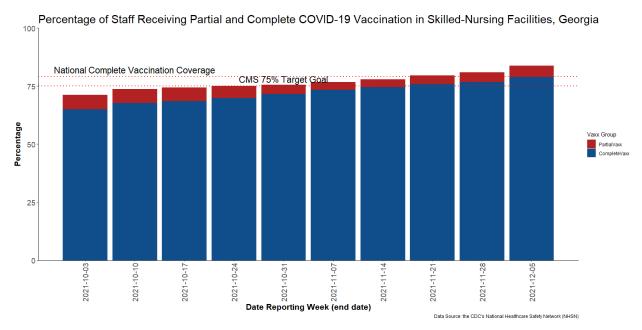


Figure 8. Vaccination Coverage among Residents





^{*}Data are preliminary as of reported date and are subject to change

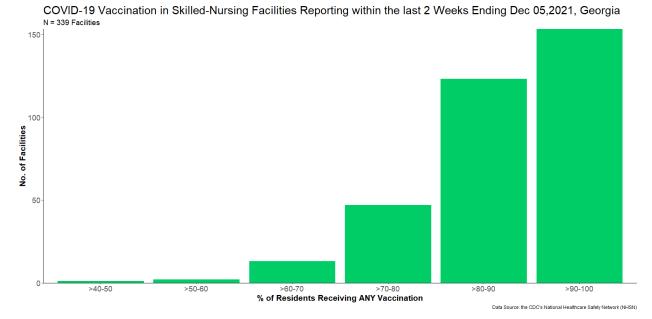
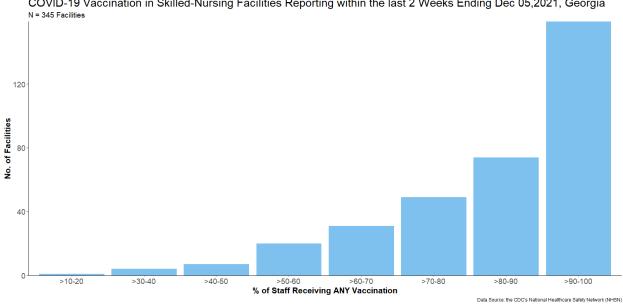


Figure 10. Vaccination Coverage in Facilities among Residents





COVID-19 Vaccination in Skilled-Nursing Facilities Reporting within the last 2 Weeks Ending Dec 05,2021, Georgia

To view a list of vaccination rates for all US nursing homes, go to: https://data.cms.gov/covid-19/covid-19-nursing-home-data

Table 3. Resident COVID-19 Booster Vaccination Summary

	N (%)
Total Number of Residents – Fully Vaccinated	23, 043
Residents Eligible for an Additional or Booster	16, 976 (74%)
Dose	
Residents Eligible who Received an Additional or	9,273 (55%)
Booster Dose	

Table 4. Staff COVID-19 Booster Vaccination Summary

	N (%)
Total Number of Staff – Fully Vaccinated	26, 979
Staff Eligible for an Additional or Booster Dose	15, 661 (58%)
Staff Eligible who Received an Additional or	3, 586 (23%)
Booster Dose	

Monoclonal Antibody Treatments

While vaccines are the most effective intervention against COVID-19, monoclonal antibodies (mAb) should be considered during COVID-19 outbreak. We recommend all long-term care facilities (LTCFs) ensure they have access to this treatment for potential resident cases. To support having this therapeutic option at your facility, discuss with your medical director, contact your local hospital/health system to ask if they provide MAb therapies and how candidates can access the treatment, and discuss with your pharmacy vendor.

Information for MAb: <u>https://combatcovid.hhs.gov</u> (includes EUA criteria, consolidated playbooks, and educational materials).

<u>For facilities able to administer mAb on site:</u> Effective 9/17/2021, Georgia receives the state's allocation numbers from the Department of Health and Human Services (HHS) every Tuesday afternoon. Providers must submit their requests by 12 PM on Wednesdays through <u>https://ga.readyop.com/fs/59Dp/dfe9</u> to be considered in that week's allocation.

<u>For LTCFs that wish to have on-site support for mAb treatment for residents</u>: We refer to the Special Projects for Equitable and Efficient Distribution (SPEED) program. Partners have been enlisted to help order, deliver, and even administer mAb.

- The National Home Infusion Association (NHIA) can provide mAbs and staffing to administer mAb infusions; for more information, visit the NHIA health department page which includes provider-finder tools. For questions about the SPEED program, please email <u>COVID19therapeutics@hhs.gov</u>.
- •
- The American Society of Consultant Pharmacists (ASCP) works with long-term care pharmacies which can help LTCFs with ordering mAbs and supplies and is a good option for LTCFs that wish to manage infusion administration on their own; more info here: https://www.ascp.com/page/mab.

On July 30, 2021, FDA modified the EUA allowing for an additional use for the COVID-19 monoclonal antibody therapeutic REGEN-COV (casirivimab and imdevimab). The REGEN-COV Emergency Use Authorization (EUA) has been expanded to include post-exposure prophylaxis. FDA's authorization of a therapeutic product for post-exposure prophylaxis is a significant advancement in the COVID-19 response that supplements vaccination for disease prevention; see https://www.fda.gov/media/145610/download and additional updated Fact Sheets.

On August 12, 2021, CDC provided a Clinician Outreach and Community Activity Call to discuss the FDA's role in issuing EUAs for certain monoclonal antibodies, options for compassionate use, the process for ordering and distributing monoclonal antibodies, and current data on using monoclonal antibodies for both non-hospitalized and immunocompromised patients; see: https://emergency.cdc.gov/coca/calls/2021/callinfo_081721.asp

On August 27, 2021, CDC, FDA and ASPR informed that <u>bamlanivimab and etesevimab administered</u> together under Emergency Use Authorization (EUA) 094 are not to be used in states in which recent data shows the combined frequency of variants resistant to bamlanivimab and etesevimab administered together is less than or equal to 5%. FDA has <u>posted a list of states</u>, <u>territories</u>, <u>and U.S. jurisdictions</u> in which bamlanivimab and etesevimab administered together are currently authorized. This list will be updated.

Additional Primary Doses of Vaccine

<u>Additional Primary Dose for Immunocompromised Residents:</u> On August 12, 2021, FDA modified the EUA allowing for additional dose of mRNA vaccines in certain immunocompromised individuals after the two-dose series. Effective August 13, 2021, CDC <u>recommends</u> that people who are moderately to severely immunocompromised receive an additional dose of an mRNA COVID-19 Vaccine (Pfizer-BioNTech or Moderna) at least 28 days after the completion of the initial mRNA COVID-19 vaccine series.

Currently, CDC is recommending that moderately to severely immunocompromised people receive an additional dose. This includes people who have:

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of CAR-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids (i.e., ≥20mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.

For further information: <u>https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html</u>

Booster Vaccination for LTCF Residents and LTCF Staff

CDC has updated its recommendations regarding booster doses. See <u>https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html</u>

For those receiving primary doses of Pfizer-BioNtech or Moderna

You <u>should</u> get a booster if you are:

• 18 years of age and older

When to get a booster:

At least 6 months after receiving your primary COVID-19 vaccination series.

Which booster should you get?

Any COVID-19 vaccinates authorized in the United States can be used for the booster dose.

For those receiving Johnson & Johnson's Janssen

You <u>should</u> get a booster if you are:

• 18 years of age and older

When to get a booster:

At least 2 months after receiving your shot.

Which booster should you get?

Any COVID-19 vaccinates authorized in the United States can be used for the booster dose.

Additional Vaccination Resources

- Updated CDC recommendations regarding COVID-19 vaccines: <u>https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-</u>us.html#overview-covid19-vax-recommendations
- Georgia Long-Term Care Facilities requesting DPH assistance with booster doses, need to complete this survey: <u>https://www.surveymonkey.com/r/LTCBoosterPlan</u>. Additional questions regarding DPH vaccine support can be sent to: <u>DPH-COVID19Vaccine@dph.ga.gov</u>.

Reported Staff Shortages in Skilled Nursing Facilities

In NHSN, skilled nursing homes can report additional data on resource needs. The data below summarizes staffing shortages. Definitions for the categories are below.

- Aides: certified nursing assistants, nurse aide, medication aide, or medication technician
- Nursing staff: registered nurse, licensed practical nurse, or vocational nurse
- Clinical staff: physician, physician assistant, or advanced practice nurse
- **Other staff:** these personnel may include, but are not limited to, environmental services, cook, dietary, pharmacists, pharmacy techs, activities director, care givers, wound care, physical therapy, shared staff, etc.

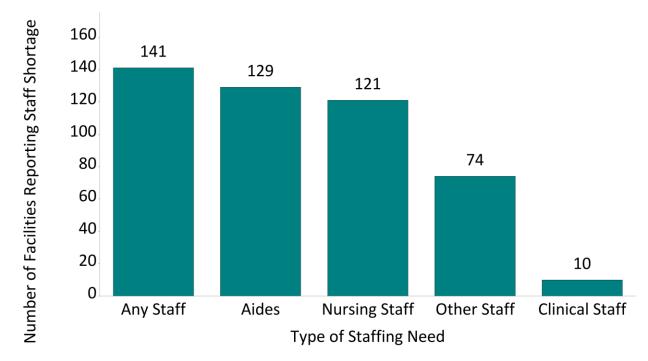


Figure 12. Skilled Nursing Facilities in Georgia Reporting Shortages in Staff, 11/29/2021 – 12/05/2021

Resources for NHSN Vaccination Reporting

We want to ensure that all skilled-nursing facilities are confident in reporting data to the National Healthcare Safety Network (NHSN) for the COVID-19 Vaccination module.

- Data entered the COVID-19 Vaccination module is <u>cumulative</u>! The numbers entered in for the reporting week should be the total sum for that week.
 - If you have 100 residents during the week of June 14, 2021 June 20, 2021, the sum for all categories (e.g., Complete Vaccination, Partial Vaccination, Medical Contraindication, Offered but Declined, and Unknown Vaccination Status) should equal the total number of residents for that week. This is the same scenario for healthcare personnel.
- The CDC provides tracking worksheets to assist with data entry! If all the columns are filled out correctly the data will auto populate into the summary tab, so data entry will be more efficient.
 - The tracking worksheet for both residents and healthcare personnel can be found at the following link in the Supporting Materials section: https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html
 - Reference guide on how to use the vaccination tracking sheet: <u>https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/tracking-worksheet-qrg-508.pdf</u>
- Additional Resources
 - Data entry guidance: <u>https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/data-entry-508.pdf</u>
 - YouTube video explaining the weekly COVID-19 vaccination reporting (28 minutes): <u>https://www.youtube.com/watch?v=n5JTZslaLKk</u>
 - PowerPoint presentation to go along with YouTube video: <u>https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/weekly-covid-reporting-508.pdf</u>
 - Alliant Health Quality provides additional NHSN training resources. Below are a few of the previous SHOP Talk webinars.
 - September 2021 SHOP Talk NHSN Updates
 - VIDEO Recording | Slides
 - October 2021 SHOP Talk COVID-19 Data Submission
 - VIDEO Recording | Slides
 - November 2021 SHOP Talk COVID-19 NHSN Updates
 - VIDEO Recording | Slides

Alliant NHSH contacts for assistance -Marilee H. Johnson, MBA, MT (ASCP) Technical Advisor, Infection Prevention Marilee.Johnson@AlliantHealth.org|919.695.8331

Amy Ward, MS, BSN, RN, CIC Infection Prevention Specialist Amy.Ward@AlliantHealth.org | 678.527.3653

Long-Term Care Facility (LTCF) Updates

The Healthcare Associated Infections team is currently working to update the long-term care facility administrative order. The current administrative order can be found on DPH's website (<u>https://dph.georgia.gov/administrative-orders</u>).

Infection Prevention

The Department of Public Health Infection Preventionist teams are available for Administrative order review, outbreak assistance for COVID and other infections that require infection control measures. This team is also available to review policies and procedures related to infection prevention.

Table 4. IP Contacts

State Region/Districts	Resource	Contact Information
North (Rome, Dalton,		
Gainesville, Athens)		Sue.Bunnell@dph.ga.gov (404-967-0582)
Districts 1-1, 1-2, 2, 10	Sue Bunnell and Mary Whitaker	Mary.Whitaker@dph.ga.gov (404-967-0578)
Atlanta Metro (Cobb-Douglas,		
Fulton, Clayton, Lawrenceville, DeKalb,		<u>Teresa.Fox@dph.ga.gov (404-596-1910)</u>
LaGrange)		Cyndra.Bystrom@dph.ga.gov
Districts 3-1, 3-2, 3-3, 3-4, 3-5,	Teresa Fox, Cyndra	<u>Renee.Miller@dph.ga.gov (</u> 678- 357-4794)
4 4	Bystrom, and Renee Miller	
Central (Dublin, Macon, Augusta)		
Southwest (Columbus)	Theresa Metro-Lewis and	Theresa.Metro-Lewis@dph.ga.gov (404-967-0589);
Districts 5-1, 5-2, 6, 7	Karen Williams	Karen.Williams13@dph.ga.gov (404-596-1732)
Southeast (Valdosta, Albany)		
Districts 8-1, 8-2	Connie Stanfill	Connie.Stanfill1@dph.ga.gov (404-596-1940)
Southwest (Savannah, Waycross)		
Districts 9-1, 9-2	Regina Howard	Regina.Howard@dph.ga.gov (404 967-0574)
	Jeanne Negley and	Jeanne.Negley@dph.ga.gov (404-657-2593);
Backup/Nights/Weekends	JoAnna Wagner	Joanna.Wagner@dph.ga.gov (404-430-6316)