

3-11-2021 COVID-19 Updates for Local Partners Q&A

<p>Can you explain the data collection that is occurring for deaths in the state. We follow the data and often see an increase in deaths that we have no explanation for as illness rates and local hospitalizations have declined to nearly zero. I get asked about the death increases each time the local press calls for local updates.</p>	<p>We get our death data a number of ways:</p> <ul style="list-style-type: none"> • If a provider or LHD tells us of a COVID-19-related death, we mark it as “pending” in EpiTrax. Then we regularly check the death registration system, which is where the actual examiners or coroners put the death certificate. We constantly look for our COVID patients in that system. If the death certificate does have COVID-19 as a cause of death or underlying cause of death, it gets marked as a final COVID death. If it isn’t on the death certificate, then it is not a final COVID death. When we report our numbers, we report both pending and final deaths. • We regularly look at the death registration system and look for COVID-19 deaths in patients that we didn’t know about. <p>The number of deaths can go up and down depending on if those “pending” deaths become finalized.</p>
<p>Last week you noted that KDHE would forward the FDA letter extending outdates on antigen tests. Was it sent?</p>	<p>Should have been sent or notified to anyone we sent them to. Also on our website: https://www.coronavirus.kdheks.gov/DocumentCenter/View/1784/BinaxNOW-COVID-19-Product-Expiry-Extension</p>
<p>Does KDHE have any new guidelines for Spring Break travel? Our school has many families that will be traveling to other states. If they are not traveling internationally we do not need to test or quarantine, is this correct?</p>	<p>It's just the countries and states on our travel related quarantine list. I would encourage schools that can work with us on testing people when they come back from Spring Break before coming back to in person school. We can offer BinaxNOW cards for free for schools that are interested.</p>
<p>What is EpiTrax showing regarding Covid-19 reinfections for Kansas? Thanks</p>	<p>According to our data, we do have a fair number of cases that meet the definition of a "re-infection." The last time I looked, I think we were around maybe 700. So, maybe not as rare as once thought but still not an overwhelming percentage of overall cases.</p>
<p>Has KDHE changed the isolation/quarantine/visitation guidelines for patients in LTC/ALF settings?</p>	<p>CDC provided this update (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#WorkRestriction). "Quarantine is no longer recommended for residents who are being admitted to a post-acute care facility if they are fully vaccinated and have not had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days."</p>
<p>With the new quarantine guidance for those who are vaccinated, I see that if they have been fully vaccinated, they don't have to quarantine after an exposure for 6</p>	<p>This was addressed in the webinar. CDC actually dropped their reference to any time frame of a "quarantine free" period. We know that they are in discussions</p>

months after being fully vaccinated. Is this the same guidance that CDC is giving?	internally but haven't published anything yet. So, KDHE evaluated the available literature and felt comfortable with the change to 6 months.
Will a positive case be told they were infected with variants of the SARS-CoV-2 virus? How will close contacts be able to know they were exposed to someone infected with variants of the SARS-CoV-2 virus and need a 14-day quarantine period?	We have been letting the local health department know when a case was a variant case. We have been telling patients if they are a variant case and close contacts of variants in hopes of increasing compliance with isolation and quarantine. Meaning, we hope people will take isolation and quarantine more seriously if they know a variant is involved.
If individuals have had COVID, is their exemptions from quarantining after exposure if they remain asymptomatic still only 90 days or has that been extended?	It was extended to 6 months.
Will the Travel-Related Quarantine Guidelines document be updated soon to match the website?	The Travel-Related Quarantine information on our website was updated 3/12/21 and can be found here: https://www.coronavirus.kdheks.gov/175/Travel-Exposure-Related-Isolation-Quaran
Is the indoor visitation still in the designated area with social distancing and masking?	The new CMS guidance doesn't change the process of indoor visiting, so social distancing and masking should continue. The guidance also says that visits shouldn't happen in an individual's room if they have a roommate.
The CMS also states you can schedule still to limit number in building is this correct?	That's correct.
Can you clarify the dining requirement? We allow all visitors and then everyone has to be alone at the table?	Limitations on in-person dining is a local issue. I was just talking about an MMWR article that looked at the association between allowing in person dining and incidence rates.
With staff are they exempt from surveillance testing for the 6 months also or is it still 90 days?	The CMS update doesn't talk about testing post vaccine. KDADS and KDHE will work to coordinate a response on this.
Can you please post the CISA link for the essential workers again today? Thank you!	https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19
with the new CMS guidance for nursing homes, can vaccinated residents go out with families for outings without having to quarantine upon return? for long-term care facilities, do residents that have been fully vaccinated still need to quarantine upon hospital return or new admission?	CDC issued guidance earlier this week but it didn't apply to health care settings. We will look more into this and provide an update when we can.

if the facilities county positive rate is in the red, if they are vaccinated, they can have visits correct, unvaccinated residents should be limited?	That's correct. The guidance says the visitation can be limited for an unvaccinated resident if positivity is >10% and <70% of residents are vaccinated.
Visitors still need to be screened by staff?	Yes
How can we get clarification on Phase 2? Do Manufacturing environments fall into this Phase?	<p>Yes - Critical workers are those necessary to maintain systems, assets and activities that are vital to the state (or national) security, the economy, or public health, as defined by the Department of Homeland Security</p> <ul style="list-style-type: none"> • Risk is associated with the likelihood of infecting oneself or spreading COVID. Factors that increase risk include proximity, type of contact, duration of contacts and challenges to implement protective measures • Settings that provide a critical service and have recorded high transmission rates or become clusters in the past are usually high risk; <p>Full details https://www.kansasvaccine.gov/DocumentCenter/View/121/Vaccine-Prioritization-Slides-PDF</p>
Does a pharmaceutical rep in and out of Dr's offices or a mail man with the USPS fit in phase two of vaccines?	Yes to both
With the CMS guidance for LTC, it is confusing to reconcile that they say "outdoor visitation is preferred" with "allow indoor visitation at all times" ... thoughts? Would it still be acceptable to have a designated visiting area with scheduled/monitored visits? It is difficult to trust the general public with following infection control guidelines behind closed doors in a resident room.	The guidance talks about facility process for visitation and that isn't changed. Facilities have to be able to support the visit and maintain infection control while respecting resident rights. If visitors can't or won't comply with infection control you can restrict their visit. Those parts of the guidance are still in place
Do we need to add Federal Pharmacy Partner Doses Received into WebIZ?	Yes - All vaccines administered in Kansas are required by statute to be reported to WebIZ.
The Visitation memo speaks to limiting indoor visitation for residents in quarantine- what is KDHE recommendation for	KDADS will need to coordinate that response with KDHE. The CMS guidance doesn't specifically change those guidelines, but there was some updated CDC

quarantining LTC residents when returning to facility from outside with no known exposure?	guidance earlier in the week. The CDC document didn't mention residents in healthcare congregate settings.
I reviewed the dashboard information and it does not match what was submitted on my daily snapshot. I know this because I printed the snapshot data after submission. How can we be sure that the data will be reported accurately?	Please email kdhe.COVIDVaccinePartners@ks.gov with the differences you are seeing for review
None of my redistributions in KSWEBZ is showing in the email that was sent for the dashboard. I have been reconciling these in KSWEBIZ, so I am not sure how to address the discrepancy.	Please follow directions in the email and send the information/questions and concerns to kdhe.covidvaccinepartners@ks.gov
So to clarify, after 3/15 are facilities still required to enter data daily in the snapshot?	Yes, that is what will inform the dashboard as it is refreshed over time. Your data needs to be accurate in the Daily Snapshot to be shared on the dashboard
Did you just say that state does not report sequencing results? Wouldn't it be important for the primary provider to know if a variant from a treatment perspective?	We will respond to the submitting facility if a sample was a variant of interest or if it was of a common variety. My understanding is that there really is not a difference in the treatment except in response to symptoms. There really is not a simple way to communicate all sequencing data.
Is it possible for the daily snapshot to default to the numbers that were entered the day prior? It would make it easier to only make changes to what is needed instead of having to re-enter all information daily.	We are working on ways to streamline the daily snapshot. In the short term, we suggest providers use the supplemental dose tracker and / or PDF the previous days results to make it easier to input
Is there a resource that shows the accuracy of the antibody tests that have been approved under the EAU?	They did create one for the molecular tests, but I do not know if they have done a site for comparison of Ag tests. While I agree that, especially early on, the lateral flow tests had significant challenges. However, there are a number of venous draw serological tests on instrumentation that seem to be pretty reliable. Last week Abbott even proposed a semiquantitative methodology.
Do you know how long the state will supply Rapid Ag kits to sites?	Not totally clear, but would work with sites to try and keep testing available to all citizens.
Does the CMS require that the acute care hospitals and physician offices screen everyone entering the hospital or clinic including the physicians every time they enter the facility?	During active screening, all visitors should be assessed <u>before entering</u> the healthcare facility for symptoms of acute respiratory illness consistent with COVID-19. If a visitor has symptoms, they should not be allowed to enter the facility. If they leave and come back they are still entering the facility, so the guidance would be they should be screened each time.

The facility should have a screening process for all staff to complete prior to or at the beginning of their shift that reviews for exposure to others with known or suspected COVID-19, signs/symptoms of illness and includes whether fever is present (screened upon arrival or self-reported absence of fever) We would look for what their policy requires and if they are following that policy. But again they are re-entering the facility and technically should be screened.

Excerpt from CMS Memo titled *Revised COVID-19 Focused Infection Control Survey Tool for Acute and Continuing Care* on December 30, 2020 found here: <https://www.cms.gov/files/document/qso-21-08-nltc.pdf>

Clarification of Guidance for Screening of those Entering a Healthcare Facility

CMS is also taking this opportunity to revise the FIC survey tool to align with recent updates from the Centers for Disease Control and Prevention (CDC) related to screening and triage of those entering healthcare facilities. Specifically, facilities should have a screening process to assess for signs/symptoms consistent with COVID-19 and for exposure to others with known or suspected COVID-19. CDC recommends options for screening symptoms that include but are not limited to: screening questions with an assessment of illness, self-monitored pre-arrival temperature checks with reported absence of fever and symptoms, and facility-monitored temperature checks upon arrival. CDC notes that “although screening for symptoms will not identify asymptomatic or pre-symptomatic individuals with SARS-CoV-2 infection, symptom screening remains an important strategy to identify those who could have COVID-19 so appropriate precautions can be implemented.”¹ Healthcare facilities are encouraged to review CDC’s updated infection prevention and control (IPC) recommendations when developing or revising their screening policies and procedures.

	<p>CDC link for Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (updated February 23, 2021):</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#anchor_1604360738701</p>
Are there QR codes that can direct people to information about the vaccines and VSAFE?	For V-Safe: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe/printresources.html
IF we have questions about the data that was distributed this morning about the WebIZ / Snapshot comparison, who can we ask	Instructions are in the email - reach out to kdhe.covidvaccinepartners@ks.gov
Has there been any evidence regarding the vaccine and infertility?	We have not seen any.
Can you tell us the exact name of the PPE app? I am unable to find it based on the information on the slide	Yes - you can find it here: https://ppeguide.org/