Department of Health Division of Public Health

Ashley Goss, Deputy Secretary of Public Health COVID-19 Long-Term Care Update September 8, 2020

Department of Health Division of Public Health

Farah S. Ahmed, MPH, PhD, State Epidemiologist COVID-19 Long-Term Care Update September 8, 2020



COVID-19 Cases and Clusters

Sort by Cluster Stat	us
(All)	•

COVID-19 Cluster Cases by Type

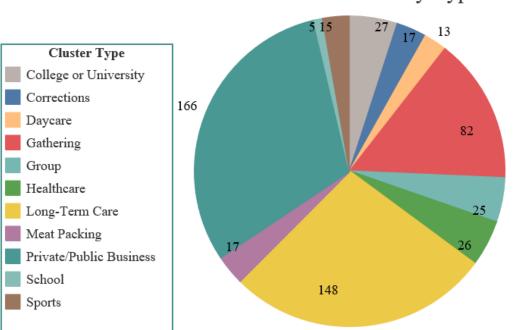
Туре	Sub-Type	Outbreaks	Cases	Hospitalizations	Deaths
College or University		27	420	1	0
Corrections		17	2,196	22	б
Daycare		13	48	0	0
Gathering	Bar or Restaurant	13	267	4	0
	Camp	2	42	0	0
	Fair or Festival	1	7	0	0
	Private Event	42	306	24	5
	Religious Gathering	20	210	53	13
	Travel	4	31	2	0
Group		25	205	14	5
Healthcare		26	172	14	2
Long-Term Care		148	1,950	323	246
Meat Packing		17	3,447	108	19
Private/Public Business		166	1,286	76	12
School		5	39	2	0
Sports		15	125	0	0
Total		541	10,751	643	308



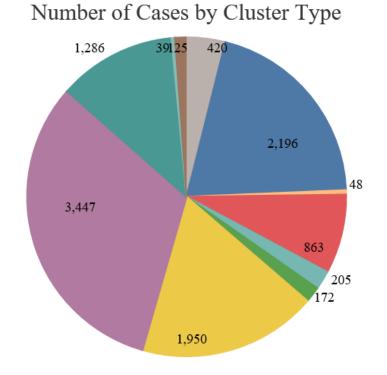
- 1,950 LTCF cases/45,220 total cases = 4.31% of all cases
- 323 LTCF hospitalizations/2415 total hospitalizations (where hospitalization status is known) = 13.4% of all known hospitalizations
- 246 LTCF deaths/481 total deaths = 51.1% of total deaths



COVID-19 Cases and Clusters



Number of Clusters by Type





COVID-19 Cases and Clusters

Sort by Cluster Status	T <mark>x</mark>
Active	•

COVID-19 Cluster Cases by Type

Туре	Sub-Type	Outbreaks	Cases	Hospitalizations	Deaths
College or University		26	405	1	0
Corrections		7	1,141	6	0
Daycare		3	8	0	0
Gathering	Bar or Restaurant	2	12	1	0
	Camp	1	31	0	0
	Fair or Festival	1	7	0	0
	Private Event	12	71	3	0
	Religious Gathering	6	46	4	1
Group		8	40	1	1
Healthcare		9	51	4	1
Long-Term Care		53	674	84	52
Meat Packing		9	2,196	77	12
Private/Public Business		34	394	20	6
School		3	30	1	0
Sports		7	71	0	0
Total		181	5,177	202	73

National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) COVID-19 Report for Kansas September 1, 2020

Division of Healthcare Quality Promotion, CDC

Brief Explanation COVID-19 Potential Outbreak Alert Criteria

Both reported COVID-19 resident and staff cases are analyzed using the CMS Public File dataset to identify potential outbreaks in SNF. Specifically, the two criteria are defined as:

- Resident Outbreak Case Alert:
 - >=1 confirmed cases among residents in a facility where no confirmed cases were identified during 4-week period prior to the most recent week
- Staff Outbreak Case Alert
 - >=1 confirmed cases among staff in a facility where no confirmed cases were identified during 4-week period prior to the most recent week

LTCFs Reporting in the COVID-19 Module in Kansas, 01JAN20-30AUG20

Number of skilled nursing facilities (SNF) reporting among all CMS-certified SNF in Kansas*

State	Number of SNF Reporting	Total CMS-certified SNF	Percent of SNFs Reporting
KS	328	330	99%

Counties with low reporting rates in Kansas*

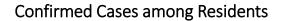
State	Number of counties where <80% of CMS-certified SNF have reported into the NHSN LTC COVID-19 module
KS	2

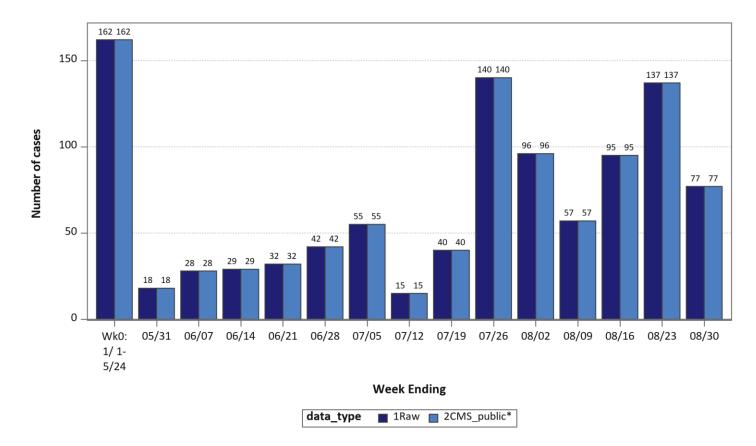
Facility Types Reporting in the COVID-19 Module in Kansas, 01JAN20-30AUG20

All facility types reporting into the NHSN LTC COVID-19 Module in Kansas*

	Number	Percent
Facility Type		
Skilled Nursing	329	93.20
Assisted Living	24	6.80
Total	353	100.00

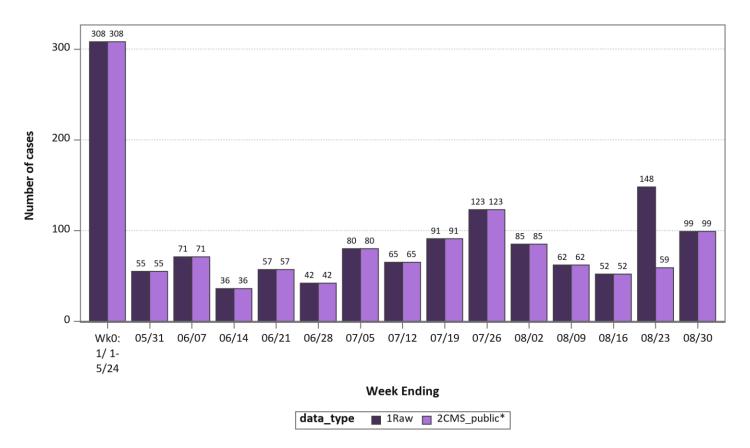
COVID-19 Cases among Residents in Skilled Nursing Facilities in Kansas





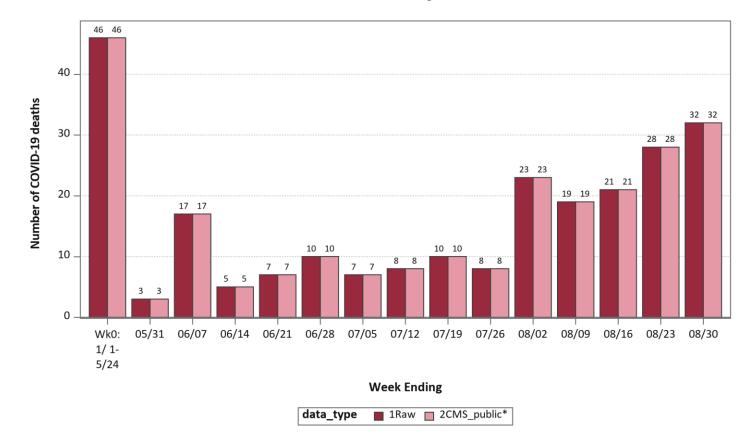
COVID-19 Cases among Residents in Skilled Nursing Facilities in Kansas

Suspected Cases among Residents

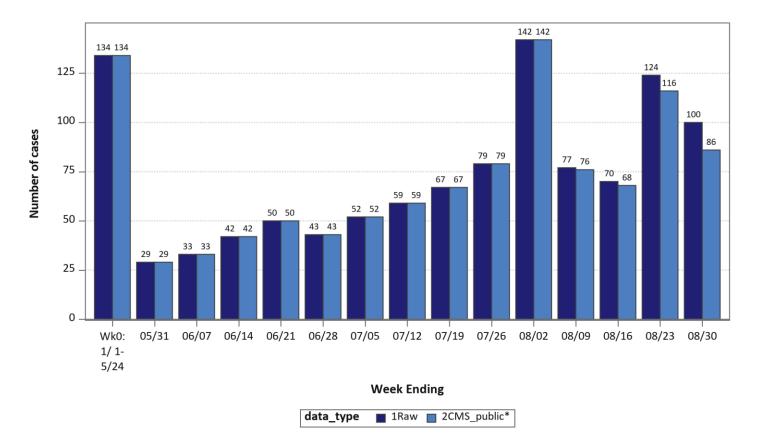


COVID-19 Deaths among Residents in Skilled Nursing Facilities in Kansas

COVID-19 Deaths among Residents



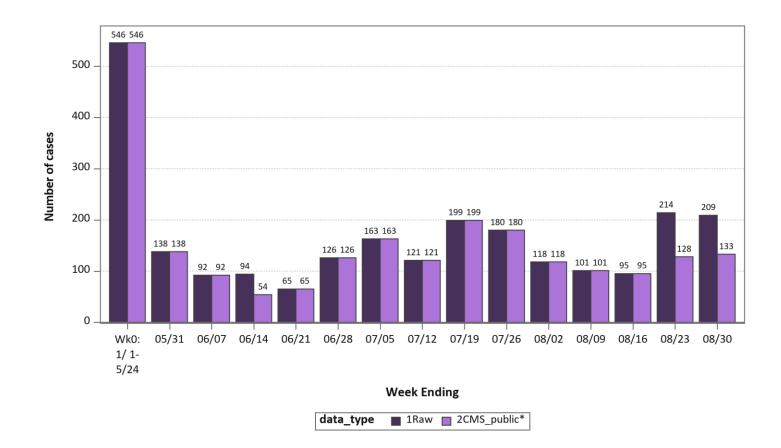
COVID-19 Cases among Staff in Skilled Nursing Facilities in Kansas



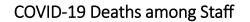
Confirmed Cases among Staff

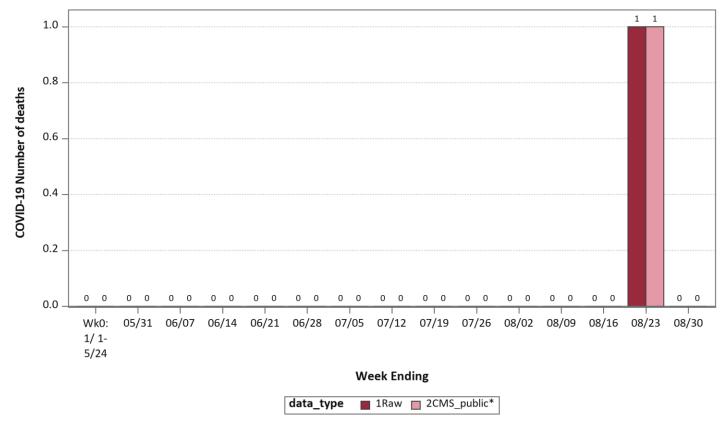
COVID-19 Cases among Staff in Skilled Nursing Facilities in Kansas

Suspected Cases among Staff



COVID-19 Deaths among Staff in Skilled Nursing Facilities in Kansas





Department of Health and Environment Division of Public Health

N. Myron Gunsalus, Jr., MS, KHEL Director COVID-19 Long-Term Care Update September 8, 2020



Antigen Testing Interim Guidance (CDC)

- Surveillance vs Screening vs Diagnostic
- False Positives/False Negatives
- Pretest Probability
- Good Summary Tables to inform clinicians and labs

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



CONSIDERATIONS FOR INTERPRETING ANTIGEN TEST RESULTS IN NURSING HOMES

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

> CONSIDERATIONS FOR INTERPRETING ANTIGEN TEST RESULTS IN NURSING HOMES Does the resident or healthcare personnel (HCP) have symptoms consistent with COVID-19?* SYMPTOMATIC ASYMPTOMATIC **POC Antigen Test** Facility with an outbreak Facility without an outbreak (Resident and HCP serial testing) (HCP serial screening testing) HCP POC antigen screening PRESUMPTIVE POSITIVE POC antigen testing every 3-7 days "" interval per CMS requirements" NEGATIVE No confirmatory test needed. Isolate/exclude from work. PRESUMPTIVE POSITIVE PRESUMPTIVE POSITIVE If index case, Perform confimatory NEGATIVE NEGATIVE intiate outbreak No confirmatory Especially in low **RT-PCR** test response. test needed. **Continue** serial incidence counties, Allow HCP to immediately testing until no consider performing continue work Isolate/exclude confirmatory RT-PCR Isolate/exclude new positives Continue serial from work. from work until for 14 days." test within 48 hrs. testing. **RT-PCR results.** Exclude from work, Actions pending confirmatory test. dependent on **RT-PCR** test alone.** **RT-PCR TEST RT-PCR TEST POSITIVE** NEGATIVE Initiate outbreak response. **Discuss with public**

To protect and improve the health and environment of all Kansans

health



Testing Strategy for Long-Term Care Facilities

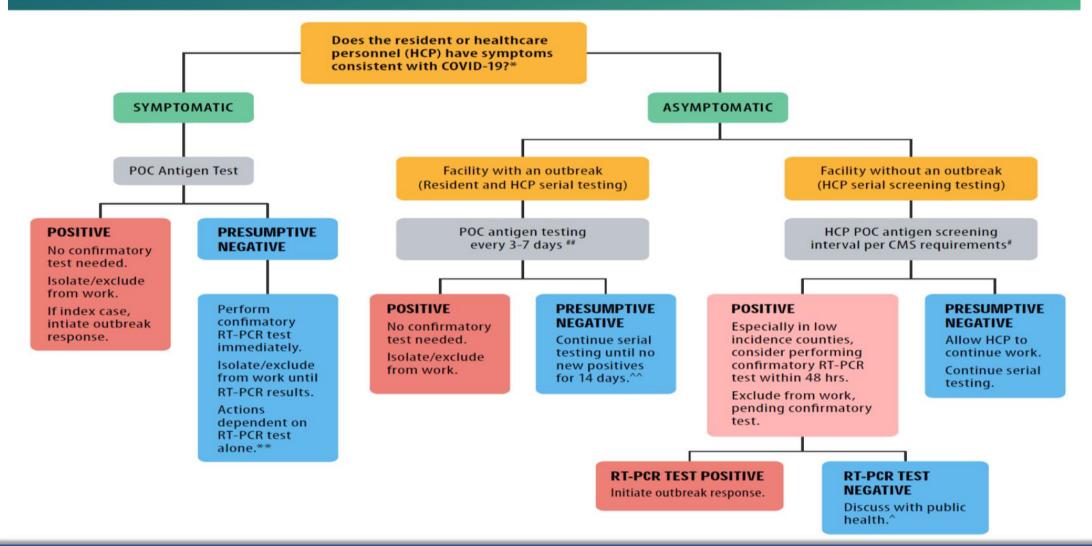
Implementing CMS Guidelines

- Who do we test?
- What test do we use?
- How do we get supplies?
- When do we test?
- How do we use the test and results?



Testing Strategy for Long-Term Care Facilities

CONSIDERATIONS FOR INTERPRETING ANTIGEN TEST RESULTS IN NURSING HOMES





Who are you testing and under what circumstance?

- Symptomatic
- Asymptomatic
- Healthcare Personnel (HCPs) or staff
- Residents
- Facility with an Outbreak
- Facility without an Outbreak



Testing Strategy for Long-Term Care Facilities

Symptomatic (HCP or Resident) POC Antigen Test

POSITIVE

- No Confirmatory Test Needed
- Isolate/Exclude form work
- Initiate Outbreak Response if first case

PRESUMPTIVE NEGATIVE

- Perform Confirmatory PCR test immediately (<48 hours)
- Isolate/Exclude until PCR results reported
- Further Action depends on PCR test only.



Testing Strategy for Long-Term Care Facilities

Asymptomatic--Facility with Outbreak HCP and Resident Serial Testing POC Antigen every 3-7 days

• Positive

• No confirmation needed, Isolate/exclude from work

Presumptive Negative

- Continue serial testing until no new positives for 14 days
- Use transmission based precautions
- Continue working while monitoring for symptoms



Asymptomatic--Facility <u>without</u> Outbreak HCP Antigen Testing/Screening Frequency at CMS Guidelines

• Positive

- Consider confirmatory PCR within 48 hours, exclude until results
 - If positive PCR, Initiate outbreak response
 - If negative PCR, consult with public health, most likely continue work

Presumptive Negative

- Continue working
- Continue serial testing



COVID-19 Long-Term Care Update

Contact Information for Presenters

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- Myron Gunsalus, Director of Labs
 - <u>Myron.gunsalus@ks.gov</u>
- Scott Brunner, Deputy Secretary of Hospitals and Facilities
 - <u>Scott.brunner@ks.gov</u>
- Janis DeBoer, Deputy Secretary of KDADS
 - Janis.deboer@ks.gov
- Epi Hotline
 - kdhe.EpiHotline@ks.gov or (877)427-7318
- CLIA Laboratory Information
 - kdhe.clia2@ks.gov



Scott Brunner, Deputy Secretary of Hospitals & Facilities COVID-19 Long-Term Care Update September 8, 2020



Shannon Sandall, Director of Surveillance Systems COVID-19 Long-Term Care Update September 8, 2020



	Suspicion of disease	Lab Results
Previous Reporting Methods	Faxing of Kansas Reportable Disease Form	Faxing of lab results
Current Reporting Methods		
Future Reporting Methods		



	Suspicion of disease	Lab Results
Previous Reporting Methods	Faxing of Kansas Reportable Disease Form	Faxing of lab results
Current Reporting Methods	Kansas Reportable Disease Portal • diseasereporting.kdhe. ks.gov	.CSV file via fax or secure email • 877-427-7318 • KDHE.epihotline.ks.gov
Future Reporting Methods		



	Suspicion of disease	Lab Results
Previous Reporting Methods	Faxing of Kansas Reportable Disease Form	Faxing of lab results
Current Reporting Methods	Kansas Reportable Disease Portal	.CSV file via fax or secure email
Future Reporting Methods	Kansas Reportable Disease Portal • diseasereporting.kdhe. ks.gov	Kansas Reportable Disease Portal • diseasereporting.kdhe. ks.gov



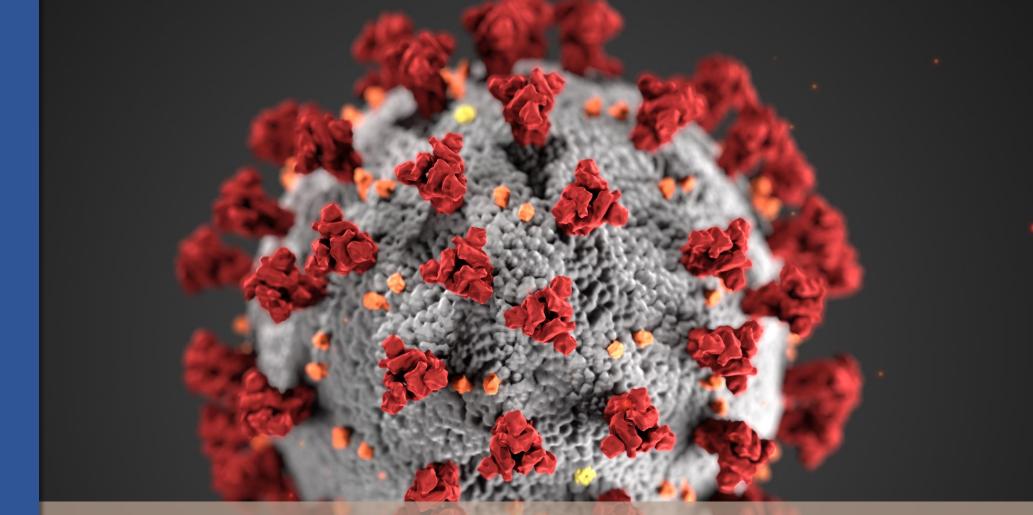
Janis DeBoer, Deputy Secretary of KDADS COVID-19 Long-Term Care Update September 8, 2020



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Questions?