Long-Term Care Weekly Call

This call is not intended for the press or for reporting purposes.
Disease Impact – United States as of 12.27.20

Resident and Staff Cases and Deaths

- **Total Resident COVID-19 Confirmed Cases**: 497,693
- **Total Resident COVID-19 Deaths**: 97,106
- **Total Staff COVID-19 Confirmed Cases**: 425,357
- **Total Staff COVID-19 Deaths**: 1,292


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Long Term Care in South Dakota

Nursing Homes and Assisted Living Centers

- Current Total of LTC Facilities with Case – 66* (37 case in staff only)
- Cumulative Total LTC Facilities with Case – 213
- Cumulative Total Resident Active Cases – 266*
- Cumulative Total Resident Cases – 3,214
- Cumulative Total Resident Deaths – 742
- Total Active Cases in Staff – 113*
- Cumulative Total Case in Staff – 1,160
- Cumulative Total Staff Hospitalized – 29

*self-reported by touch-base calls as of 1.12.2021 - all data is provisional
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Resident Cases and Deaths per 1,000 Residents

10.80 cases /1,000 residents

as of week of 12.27.20

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2.16 deaths/1,000 residents

as of 12.27.20

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Continue to remain vigilant.

- Regardless of the vaccination status of residents and staff in your facility, current CMS and CDC guidance remain in affect.

- Continue to follow current Infection Control, PPE, and Visitation guidance.

- Providers should continue to follow the Core Principle until new guidance is provided by CMS and CDC.

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The **Core Principles of COVID-19 Infection Prevention**

- **Screening** of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
- **Hand hygiene** (use of alcohol-based hand rub is preferred)
- **Face covering or mask** (covering mouth and nose)
- **Social distancing** at least six feet between persons
- **Instructional signage** throughout the facility and proper **visitor education** on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
- **Cleaning and disinfecting** high frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate use of **Personal Protective Equipment (PPE)**
- **Effective cohorting** of residents (e.g., separate areas dedicated COVID-19 care)
- **Resident and staff testing** are accessible

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Infection Prevention Updates as of January 11, 2021

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Updates to Antigen Testing Considerations

Summary of Changes

Updates as of January 7, 2021

As of January 7, 2021

- Revised guidance on when to perform confirmatory tests. In general, asymptomatic people who test antigen positive should have a confirmatory test performed. Symptomatic people who test antigen negative should have a confirmatory test performed.
- Confirmatory test should be performed with nucleic acid amplifications tests (NAAT) such as reverse transcriptase polymerase chain reaction (RT-PCR).
- Expanded the intended audience to include all long-term care facilities, including nursing homes.
- Added links to Point of Care Testing and Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating


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CONSIDERATIONS FOR INTERPRETATION OF ANTIGEN TESTS IN LONG-TERM CARE FACILITIES

Antigen testing updated algorithm

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State-Sponsored COVID-19 Saliva Testing

https://doh.sd.gov/COVID/

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Continue to refer to the CDC’s vaccination FAQ section and Toolkit for updated vaccine guidance in long-term care facilities.

Frequently Asked Questions about COVID-19 Vaccination in Long-Term Care Facilities

Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination at Your Facility

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COVID-19 Vaccine

Expected Vaccine Availability in South Dakota

<table>
<thead>
<tr>
<th>Phase</th>
<th>Population Group</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May-December</th>
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<tbody>
<tr>
<td>1A</td>
<td>frontline healthcare workers and long-term care facility healthcare workers</td>
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<td>1B</td>
<td>long-term care residents</td>
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<tr>
<td>1C</td>
<td>DHEW public health workers, and other healthcare workers (PPE, other)</td>
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<td>Law enforcement, correctional officers</td>
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<td>1D</td>
<td>persons with 2 or more underlying medical conditions</td>
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<td>1E</td>
<td>persons aged 65 years and older</td>
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<td>residents in congregate settings</td>
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<td>teachers and other school/college staff</td>
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<td>funeral service workers</td>
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<td>includes public-facing workers in essential and critical infrastructure</td>
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Candida auris Outbreak in a COVID-19 Specialty Care Unit — Florida, July–August 2020


• 35 of 67 patients were colonized with Candida auris in a specialty COVID unit resulting in a large outbreak.
• HCP were observed to wear multiple layers of PPE (gown and glove) throughout shift.
• While double gowing and gloving increase the perception of more protection, it is showing to be more harmful and causes more lapses in cross contamination.
• Multiple layers of PPE is still NOT recommended for COVID transmission-based precautions
• Lapses in cleaning and disinfection of shared medical equipment and lapses in adherence to hand hygiene likely contributed to widespread C. auris transmission.

https://www.cdc.gov/mmwr/volumes/70/wr/mm7002e3.htm?s_cid=mm7002e3_w

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