

Welcome!



Long-Term Care Weekly Call

This call is not intended for the press or for reporting purposes.

Disease Impact – United States *as of 1.03.21*

Resident and Staff Cases and Deaths

TOTAL RESIDENT COVID-19 CONFIRMED CASES

522,516

TOTAL RESIDENT COVID-19 DEATHS

101,970

TOTAL STAFF COVID-19 CONFIRMED CASES

448,389

TOTAL STAFF COVID-19 DEATHS

1,313

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/>



SOUTH DAKOTA
DEPARTMENT OF HEALTH

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Long Term Care in South Dakota

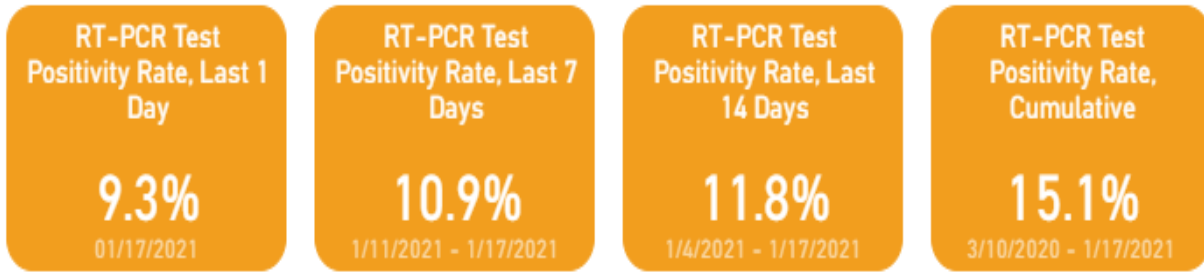
Nursing Homes and Assisted Living Centers

- **Current Number of LTC Facilities with Case – 62* (35 case in staff only)**
- **Cumulative Total LTC Facilities with Case – 214**
- **Current Active Cases in a Resident – 281***
- **Cumulative Total Resident Cases – 3,342**
- **Cumulative Total Resident Deaths – 801**
- **Current Active Cases in Staff – 66***
- **Cumulative Total Case in Staff – 1,182**
- **Cumulative Total Staff Hospitalized – 29**

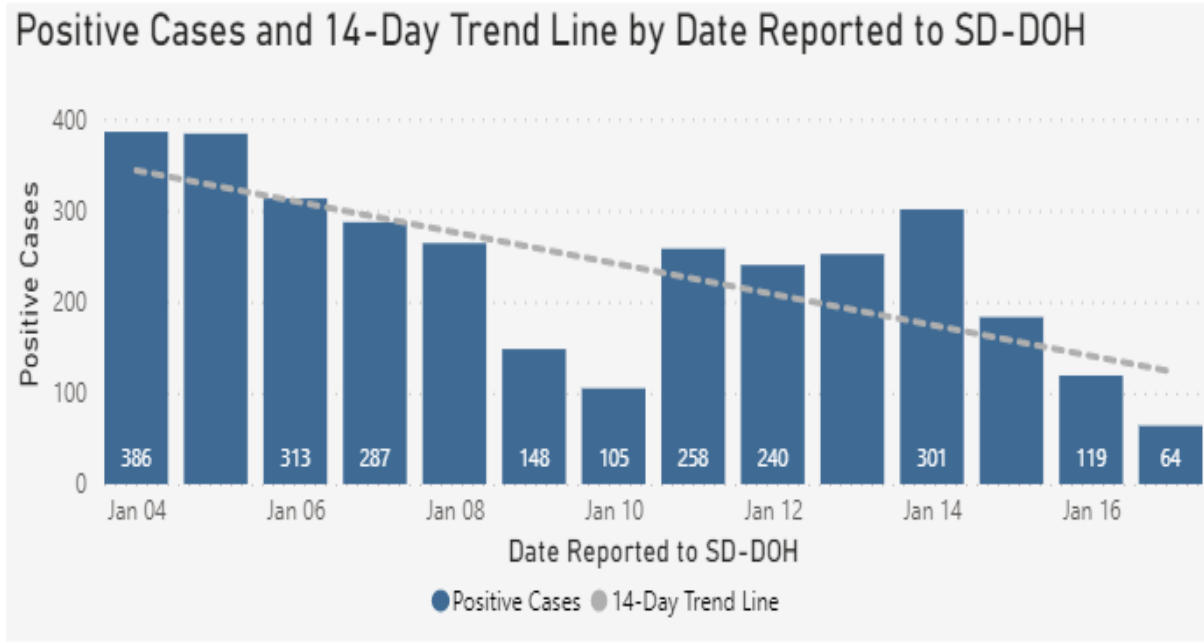
**self-reported by touch-base calls as of 01.19.2021 - all data is provisional*

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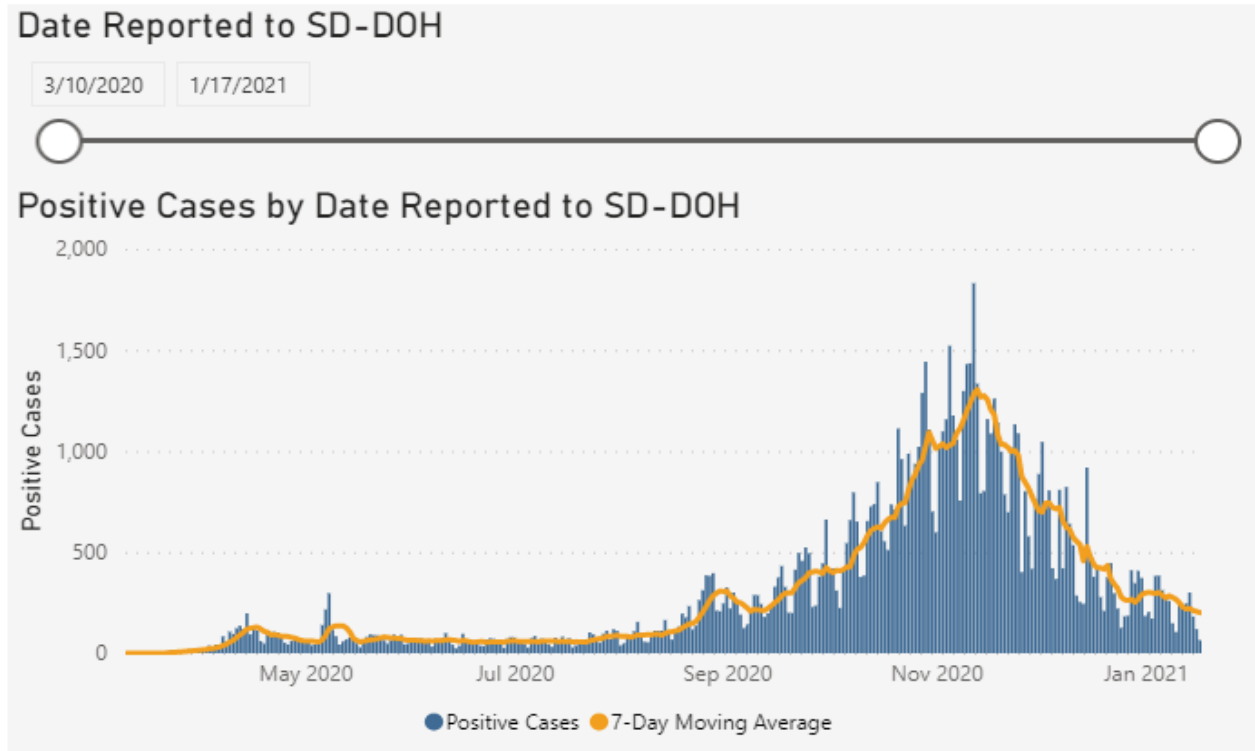
RT-PCR Test Positivity Rate: This rate is equal to the number of positive RT-PCR tests divided by total RT-PCR tests, within the specified period of time. Date range includes last full day (24 hours) captured in the data set.



14-Day Trend of Positive Cases by Date Reported to SD-DOH: This graph shows the trend (increasing or decreasing) of COVID-19 positive cases (persons who meet the national surveillance case definition for COVID-19) at the state or county level.

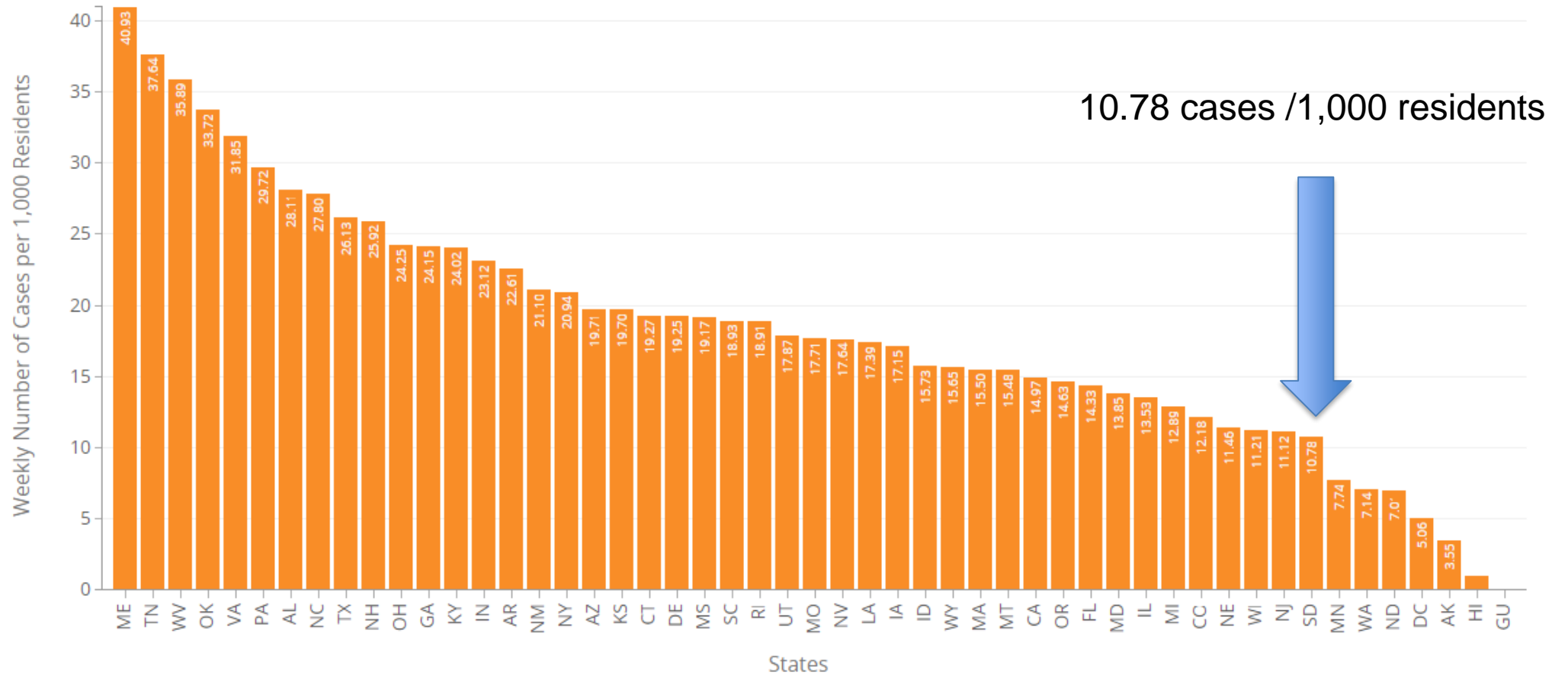


Rate of Cases: Number of positive cases (persons who meet the national surveillance case definition for COVID-19) reported to SD-DOH in the last 7 days (or cumulative) divided by the state or county population multiplied by 100,000. This is done to compare disease burden across geographic areas (eg. state or county).



Positive Cases by Date Reported to SD-DOH: This graph shows positive cases (persons who meet the national surveillance case definition for COVID-19) over time includes results received by midnight and may not align with the daily data update.

Weekly Resident Cases per 1,000 Residents

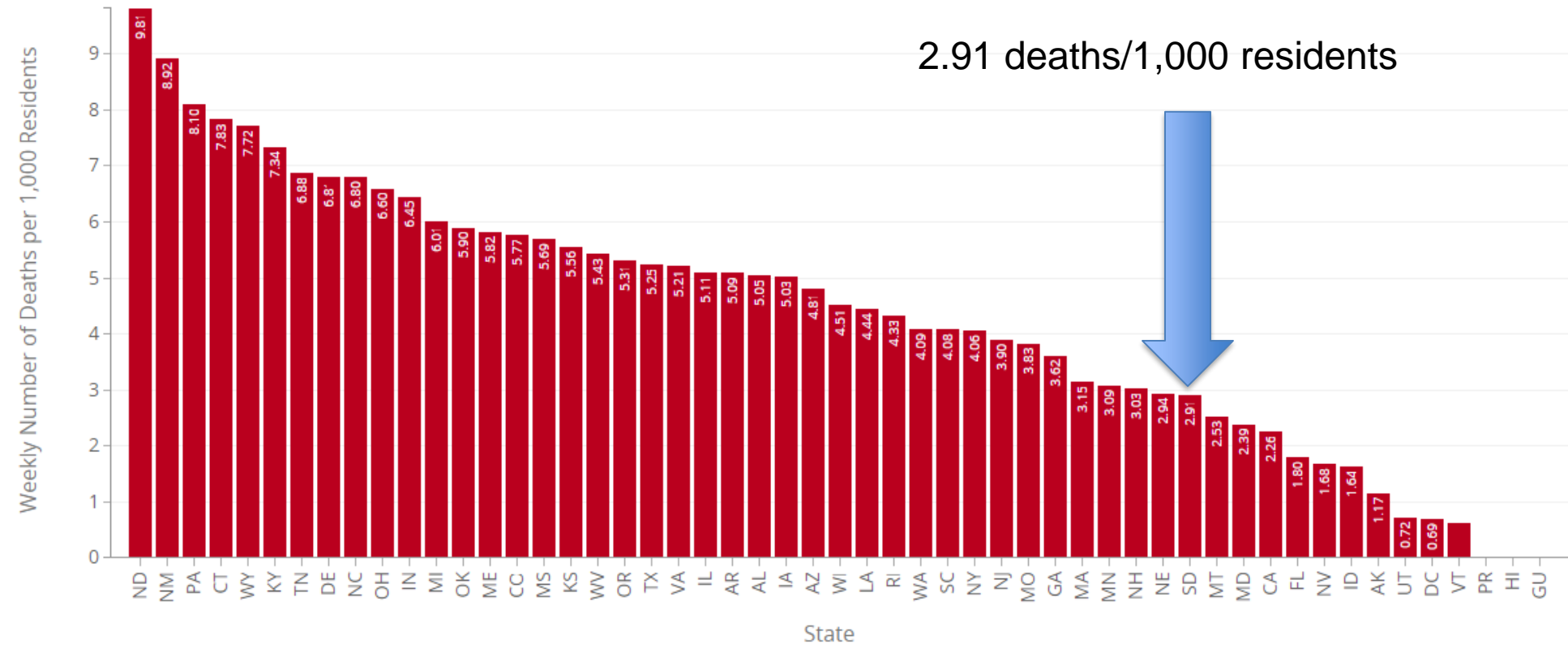


as of 01.03.2021



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Weekly Resident Deaths per 1,000 Residents



as of 01.03.2021



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Continue to remain vigilant.

- Current CMS and CDC guidance, as of now, has not yet changed.
- Providers should continue to follow the Core Principles of Infection Control until updated guidance is issued by CMS and CDC.
- CMS guidance allows for visitation to be conducted through different means based on a facility's structure and residents' needs.
- Completed vaccination series should allow the Administrator and Governing Board confidence in allowing safe visitation as well as resident movement outside of the facility.
- Regardless of the vaccination status of residents and staff in your facility, continue to follow current Infection Control, PPE, and Visitation guidance.
- DOH will review and update the current Back to Normal Nursing Home Reopening Plan when new guidelines are provided by CMS and CDC.

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The Core Principles of COVID-19 Infection Prevention

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 COVID19 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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BinaxNOW Testing Kits - Update



- ! ***Please note - Federal direct allocation of BinaxNOW testing kits to providers in communities with high test positivity rates will continue until March 2021.***
- Testing for COVID-19 is one of the most important actions to reduce spread of disease, inform clinical care, and drive public health decision-making.
- State allocation was sent out Tuesday, January 19th.
- After March 2021, providers in communities with high test positivity rates may order BinaxNOW Kits from the state.
- Providers with an excess amount of BinaxNOW Testing supplies should contact Cindy Koopman-Viergets at email Cindy.KoopmanViergets@state.sd.us.



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TB Tests & COVID-19 Vaccination Recommendations:

- Due to updated CDC guidance regarding TB testing and COVID Vaccine, both the TST and blood assay need to be delayed until 4 weeks after the vaccine 2nd dose completion.
- The Office of Licensure and Certification recommends the provider document in the individual personnel or resident/patient record the rationale for not completing the TB testing timely.
- The provider should complete and document a TB symptom screen and that the skin test will be done 4 weeks after the vaccine series is completed.

<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

<https://www.cdc.gov/tb/publications/letters/covid19-mrna.html>

- Inactive vaccines do not interfere with tuberculosis (TB) test results.
- There is no immunologic reason to believe either a Tuberculin Skin Test (TST) (administered by intradermal placement of 0.1 cc of purified protein derivative) or blood draw for interferon gamma release assay (IGRA) would affect the safety or effectiveness of mRNA COVID-19 vaccines.
- We have no data to inform the impact of the COVID-19 mRNA vaccines on either TB test for infection (i.e., TST or IGRA).

For healthcare personnel or residents/patients who require baseline TB testing (at onboarding or entry into facilities) at the same time they are to receive an mRNA COVID-19 vaccine:

- Perform TB symptom screening on all healthcare personnel or residents/patients.
- If utilizing the IGRA, draw blood for interferon gamma release assay prior to COVID-19 vaccination.
- If utilizing the TST, place prior to COVID-19 vaccination.
- If vaccination has been given and testing needs to be performed, defer TST or IGRA until 4 weeks after COVID-19 vaccine 2-dose completion.

All potential recipients of COVID-19 vaccination should weigh the risks and benefits of delaying TST/IGRA with their providers.

<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

<https://www.cdc.gov/tb/publications/letters/covid19-mrna.html>

NHSN Reporting of Antigen Testing Results

CMS Guidance – “CMS-certified long-term care facilities may submit point-of-care SARS-CoV-2 testing data, including antigen testing data, to CDC’s National Healthcare Safety Network (NHSN). This CDC- and CMS-preferred pathway to submit data to CDC’s NHSN applies only to CMS-certified long-term care facilities.”

<https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>

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<https://www.cdc.gov/coronavirus/2019-ncov/lab/reporting-lab-data.html>

NHSN Reporting of Antigen Testing Results

Entities Required to Report

All laboratories—including laboratories, testing locations operating as temporary overflow or remote locations for a laboratory, and other facilities or locations performing testing at point of care or with at-home specimen collection related to SARS-CoV-21—shall report data for all testing completed, for each individual tested, within 24 hours of results being known or determined...

Required Data Elements

Test ordered (LOINC codes), ethnicity, ordering provider and NPI... Many others!

<https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>

NHSN Reporting of Antigen Testing Results

Nursing Homes would have to do one of the following to be CARES Act compliant.

- Continue to use NHSN for laboratory testing Point of Care result reporting. – This is CDC and CMS’s preferred route of reporting.
 - NHSN submits this data to the SD DOH
- For LTCF’s that have a way of reporting Point of Care testing results, **AND** all other CARES Act required fields to the SD DOH via a HL7 message (all required data elements are on page 2-5 of the following page - <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>) they could work with their facilities IT department to ensure all elements are reported and received properly.

Coming Soon – The SD DOH disease reporting webpage is going to be updated to contain all the required CARES Act language to be compliant. This option would most likely be valuable for submission of small numbers of test results. <https://apps.sd.gov/ph93morbidity/secure/index.aspx>

NHSN Reporting of Antigen Testing Results

Nursing Homes would have to do one of the following to be CARES Act compliant. CONT...

- If your facility or system wants to move toward computer submission of antigen testing results to the SD DOH via HL7 messages please contact Caleb.VanWagoner@state.sd.us with the EPI team to get more information.
- Please know that this submission would likely require a robust EMR, along with facility IT support to ensure a CARES compliant HL7 message

Infection Control & Testing Considerations

Will residents still need to wear masks, and will HCP still need to wear personal protective equipment in the facility after receiving COVID-19 vaccination?

Yes. COVID-19 vaccines will be an important tool to help stop the pandemic. However, even after vaccination everyone should continue to follow all the [current guidance](#) to protect themselves and others. This includes wearing a [mask](#), [staying at least 6 feet away from others](#), avoiding crowds, following facility guidance on visitation and [infection control](#), and [clean hands often](#). CDC's current recommendations will continue to be the primary way that LTCF residents and HCP are protected until vaccination is widespread.

After LTCF HCP are vaccinated, should they continue regular COVID-19 testing? —

Yes, facilities should continue to follow recommendations for [COVID-19 testing](#) in nursing homes. Experts need to understand more about the protection that COVID-19 vaccines provide before deciding to change recommendations on steps everyone should take to slow the spread of the virus that causes COVID-19.

[COVID-19 vaccination](#) will not influence the results of viral (nucleic acid or antigen) COVID-19 tests. Positive tests should not be attributed to the COVID-19 vaccine.

<https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/faqs.html>

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