Welcome and Introductions

Wednesday, February 9, 2022

Belinda Hawks
Division Director, Quality Management and Planning
Behavioral Health and Developmental Disabilities Administration

Today's topics and guests

Emergency Preparedness Toolkit

- Katie Puskar, Disaster Preparedness Analyst – Healthcare Preparedness Program

COVID-19 Testing Supplies Update

- Natasha Radke, COVID Testing and Collection Coordination

Refresher: Responding to Outbreaks in your Facility

- Denise Parr, Infection Prevention Resource & Assessment Team (IPRAT)

Another Look at the Omicron Variant

- Dr. Marty Soehnlen, Infectious Disease Division, Bureau of Laboratories

Statewide AFCs and HFA Emergency Preparedness Committee Update

Katie Puskar, MPS
Disaster Preparedness Analyst-Healthcare Preparedness Program (HPP)
Division of Emergency Preparedness and Response (DEPR),
Bureau of EMS, Trauma and Preparedness (BETP),
Michigan Department of Health and Human Services (MDHHS)

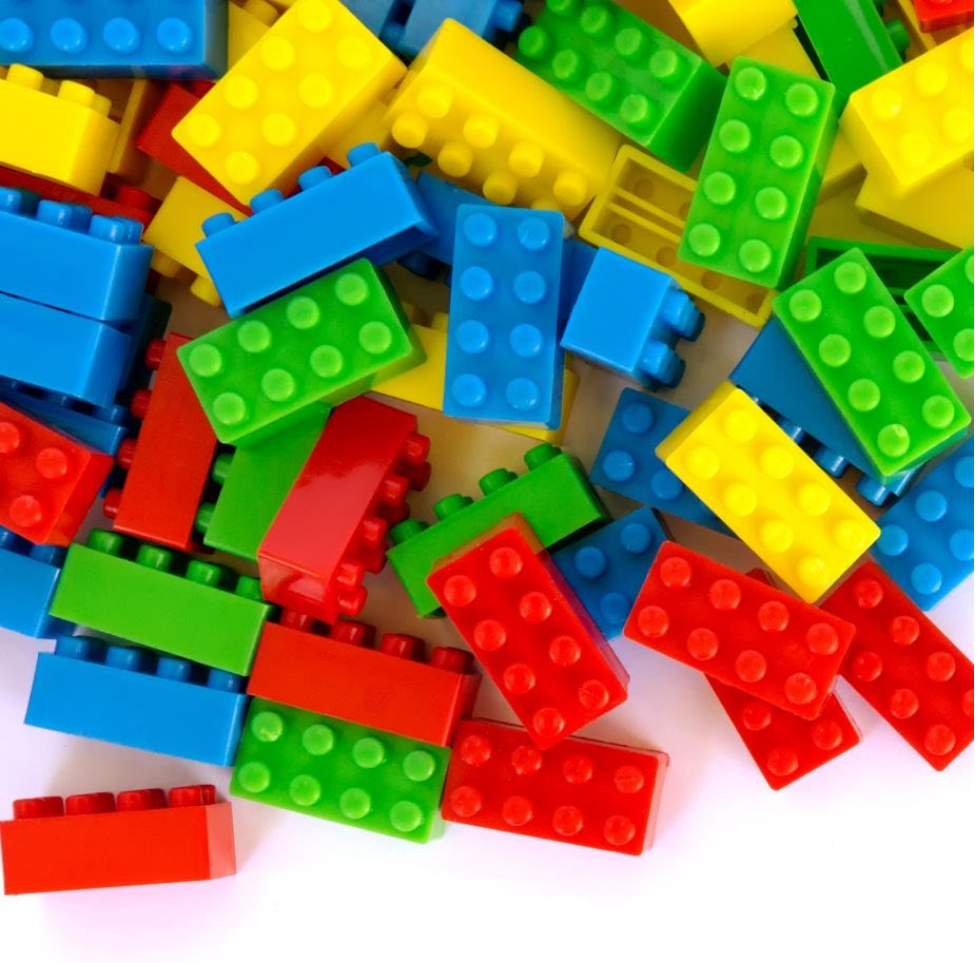
EMERGENCY PREPAREDNESS PLANNING TOOLKIT

For Michigan's Adult Foster Care and Homes for the Aged

- PURPOSE AND ORGANIZATION OF THE TOOLKIT
  - This toolkit has been designed to assist with the development of emergency plans for Michigan's Adult Foster Cares (AFC) and Homes for the Aged (HFA). This toolkit is not meant to supersede any facility emergency requirements. Facilities should ensure other requirements, as recommended by the appropriate licensing agency, are incorporated as necessary.

Topics Covered

- Planning considerations
  - Requirements by facility license, HIPAA and other regulatory requirements
- Chain of Command
- Shelter in Place
- Evacuation
- Additional Planning Considerations
- Planning Worksheet Annex
  - Checklists, Tracking Logs, Supplies Planning Guide

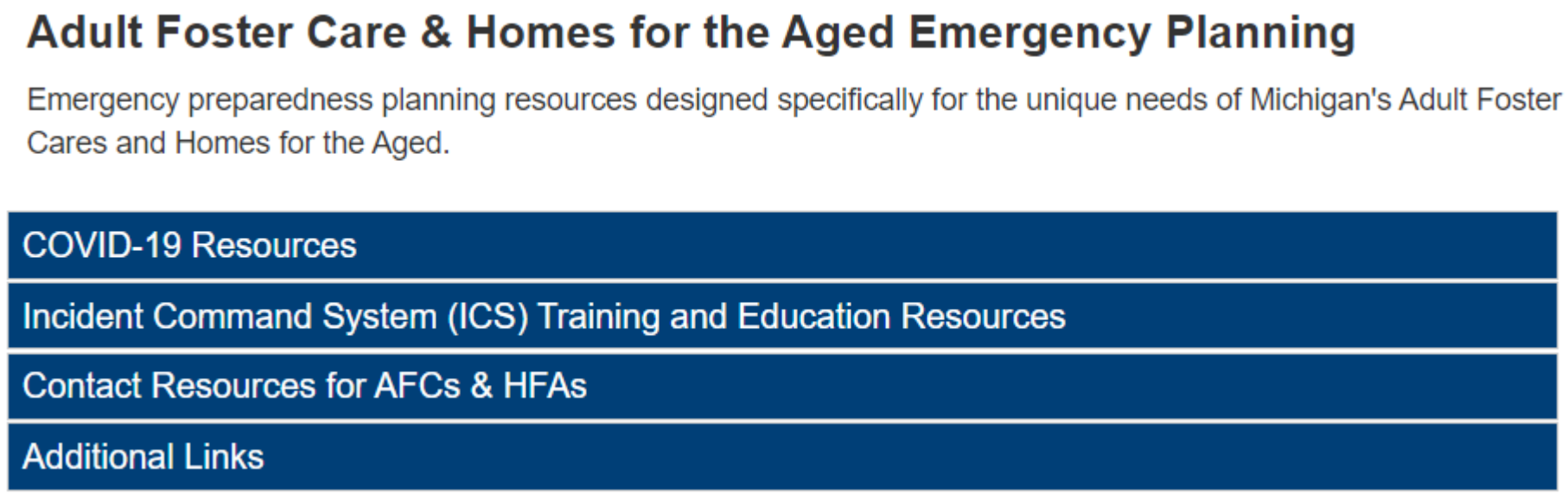


Why Should I Update My Plan?

- Facilities are Required to have a plan that covers
  - Evacuation in the event of fire, medical emergency, or severe weather emergency
- Lessons Learned
- New Regulations/Procedures/Technology
- Maintain Familiarity with the Plan

Link to the Toolkit / Template

- MDHHS - Adult Foster Care & Homes for the Aged Emergency Planning (michigan.gov)
  - (https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78459_93714_107710---,00.html)



Contact For Help with Emergency Preparedness Plans

- Local Health Department Emergency Preparedness Coordinators
  - Emergency Preparedness Coordinator
- Regional Healthcare Coalitions
  - Regional Coordinator

Questions?

COVID-19 Testing Collection and Coordination Team Update

NATASHA RADKE, MPH
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FEBRUARY 9, 2022

MDHHS COVID-19 Testing Recommendations

- Due to rising cases throughout the state, the Michigan Department of Health and Human Services (MDHHS) strongly encourages you to use testing supplies to test not only residents and staff, but ALL INDIVIDUALS entering the facility, including visitors, maintenance workers, and contractors.

- MDHHS recommends that all non-employees entering your facility, regardless of vaccination status, are tested for COVID-19 before entry in the facility each day they visit the facility.

- Testing provides an additional layer of protection for everyone, especially our most vulnerable and high-risk residents.

MDHHS COVID-19 Test Availability

- Who qualifies to receive tests through MDHHS?
  - All SNF, HFA, AFC, ALF and Hospice facilities may request from the MDHHS.
- Who qualifies to receive testing *and* support through MDHHS?
  - Licensed 13+ facilities may request testing and vendor support.
- Current supply: Due to increase demand, there are current testing supply constraints. MDHHS asks that orders be placed for no more than a 1-month supply at a time.

Current ordering guidelines & supply constraints

- Test orders must be placed by using the **Testing and Support Ordering Form.**
- Due to high demand and supply constraints your order may not always be filled at the quantity requested.
- MDHHS requests that orders placed are a for a full month supply. If your order is not 100% fulfilled, you are able to submit another request prior to 1 month lapsing.
- **Expiration dates:** Please use the lot number on the box of tests to identify the correct expiration date (lot numbers on individual tests are used by Abbott internally).

Shipment

- Please allow up to two weeks for processing and shipment. (Tests are typically shipped out within 1-4 days of the order being received, but please allow up to two weeks for shipment).

- If an outbreak is occurring and tests are needed immediately, this should be indicated on the ordering form and the request will be elevated where possible.

Reporting

- **Reporting remains a federal requirement.**

- All tests administered must be reported daily through the MDHHS antigen reporting portal, found here Michigan Antigen Testing Results. LHDs have access to this reporting data through MDSS.

- If your facility is federally mandated to report through the National Healthcare Safety Network (NHSN) you **DO NOT** need to report through the Michigan Antigen Testing Results portal as well. Reporting through NHSN meets both state and federal reporting requirements.

CLIA Waivers

- A Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver (CoW) is a certification that allows a facility to legally examine a person through waived tests in order to assess health, diagnosis or determine treatment.
- The antigen tests provided by MDHHS require any facility that is administering these tests to obtain a CLIA waiver in order to legally preform the test.
- No specific credentials are required to obtain a CLIA Waiver. The testing site administering the test must follow the guidelines specified under the Centers for Medicare and Medicaid Services (CMS).
- To apply for a CLIA waiver, complete all sections of the CMS 116 CLIA Application. Completed application can be submitted to LARA-BCHS-DHHS-COW-TESTING-APPLICATION@michigan.gov.

CLIA Waivers

As supply of COVID-19 antigen test options may vary, please ensure the following test options are added to your existing CLIA waiver to ensure your facility can administer all types of tests provided by MDHHS:

iHealth COVID-19 Antigen Rapid Test

Ellume COVID 19 Home Test

QuickVue At-Home OTC COVID-19 Test

Flowflex COVID-19 Antigen Home Test

BinaxNOW COVID-19 Self Test

BinaxNOW COVID-19 Antigen Test

SIENNA COVID-19 RAPID ANTIGEN TEST

Send CLIA waiver changes with site information and CLIA number to BCHSCLIA@michigan.gov (once the email is sent to add the listed tests, the facility is qualified to begin using them)

Please see this CMS FAQ about OTC testing that provides pertinent information about OTC test requirements when administered by someone else

Questions?

MDHHS-COVIDTestingSupport@michigan.gov

When an Outbreak Occurs:

Review of Guidance

February 9, 2022

IPRAT

Infection Prevention Resource and Assessment Team

Guidance That May Impact You

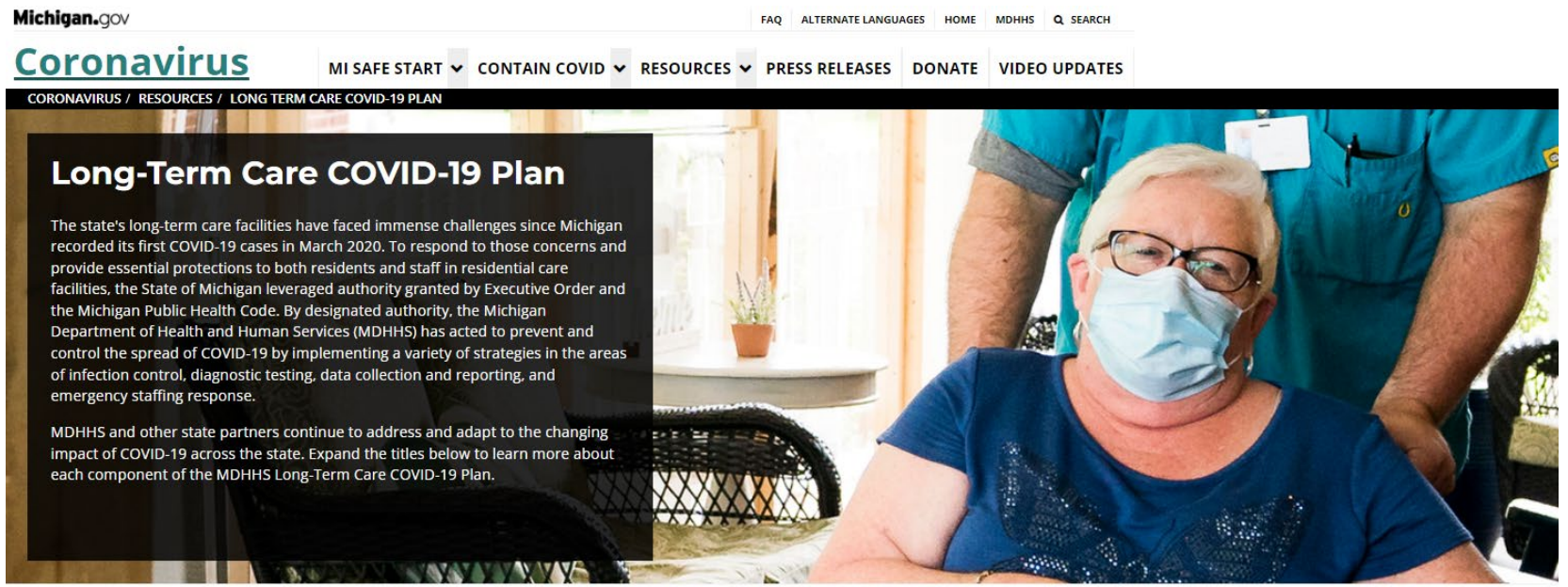
CDC Guidance

- Stay up to date with vaccine
- Infection/exposure of healthcare personnel
- Strategies to mitigate staffing shortages
- Infection prevention nursing homes
- Infection prevention healthcare

MDHHS Orders

- October 12, 2021, Testing
  Facilities conducting tests in accordance with CMS QSO 20-38-NH
- May 21, 2021, Residential Care
  Facility visitation in accordance with CMS QSO 20-39-NH and CMS FAQ February 2, 2022.

LTC Guidance



- Visitation
- Testing Strategy
- Reporting
- Staffing
- Infection Prevention and Control
- CRC and CRF Programs

Have questions?
Chat with Robin

Subjected to CRF transfer criteria

Up to Date Vaccination

Exposure or SARS-CoV-2 Positive Healthcare Personnel

Up to Date?

- **Fully vaccinated** = received their primary series of COVID-19 vaccines

- **Up to date** = received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

Pfizer-BioNTech[1]	Moderna[1]	Johnson & Johnson's Janssen[1,2]
Ages Recommended 5+ years old	**Ages Recommended** 18+ years old	**Ages Recommended** 18+ years old
Primary Series 2 doses[3,4] Given 3 weeks (21 days) apart [5]	**Primary Series** 2 doses [3] Given 4 weeks (28 days) apart [5]	**Primary Series** 1 dose
Fully Vaccinated 2 weeks after final dose in primary series	**Fully Vaccinated** 2 weeks after final dose in primary series	**Fully Vaccinated** 2 weeks after 1st dose
Booster Dose Everyone ages 12+ should get a booster dose at least 5 months after the last dose in their primary series. • Teens 12–17 should only get a Pfizer-BioNTech COVID-19 Vaccine booster • Everyone 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines)	**Booster Dose** Everyone ages 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) at least 5 months after the last dose in their primary series.	**Booster Dose** Everyone ages 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) at least 2 months after the first dose of J&J/Janssen COVID-19 Vaccine. You may get J&J/Janssen in some situations.
When Boosted A person is considered "boosted" and **up to date** right after getting their booster dose.	**When Boosted** A person is considered "boosted" and **up to date** right after getting their booster dose.	**When Boosted** A person is considered "boosted" and **up to date** right after getting their booster dose.

[1] If you had a severe allergic reaction after a previous dose or if you have a known (diagnosed) allergy to a COVID-19 vaccine ingredient, you should not get that vaccine. If you have been instructed not to get one type of COVID-19 vaccine, you may still be able to get another type.

[2] CDC has updated its recommendations for COVID-19 vaccines with a preference for mRNA (Pfizer-BioNTech or Moderna) vaccines. Learn more about the updated guidance on the use of Janssen (Johnson & Johnson) COVID-19 vaccine.

[3] The primary series of these vaccinations includes a third dose for people ages 18 years and older with moderate to severe immunocompromise. This third dose occurs 28 days after the second dose in the primary series.

[4] The primary series of this vaccination includes a third dose for people ages 5–17 years with moderate to severe immunocompromise. The third dose occurs 28 days after the second dose in the primary series.

[5] You should get your second shot as close to the recommended 3-week or 4-week interval as possible. You should not get the second dose early.

Work Restrictions for HCP with SARS-CoV-2 Infection

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

"Up to Date" with all recommended COVID-19 vaccine doses is defined in Stay Up to Date with Your Vaccines | CDC

For more details, including recommendations for healthcare personnel who are iimmunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Up to Date and Not Up to Date	10 days OR 7 days with negative test†, if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)

Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1‡ and 5–7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test†	No work restriction with negative tests on days 1‡, 2, 3, & 5–7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

†Negative test result within 48 hours before returning to work

‡For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

HCP Exposure

High Risk Exposure: HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection

Was PPE Used?

- HCP **not** wearing a respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask)
- HCP **not** wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask
- HCP **not** wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure

Staffing Strategies

Remember:

- Start with conventional strategy
- Move to contingency strategy if unable to maintain conventional
- Crisis strategy is used last
- Document your steps as you move through the strategies

Client Isolation and Exposures

* CDC updated February 2, 2022 *

Resident Exposure

- **Up to date**: **No need to quarantine**
  - **Asymptomatic** should have 2 test series
    - Just after 24 hours from exposure and, if negative, again 5-7 days after exposure
  - **Recovered from SARS-CoV-2 infection in last 90 days** not generally necessary to test, but if you do test:
    - **Antigen test instead** of nucleic acid amplification test (NAAT)

Resident Exposure

- **Not up to date**: **Transmission-based precautions** (quarantine)
  - Asymptomatic exposed / close contact with SARS-CoV-2 infected
  - New admission
    - Test 24 hours after the exposure and, if negative, again 5-7 days after
    - Offer COVID-19 vaccination
  - Return to facility after being on leave for 24 hours or longer
    - Test 24 hours after the exposure and, if negative, again 5-7 days after
    - Offer COVID-19 vaccination

Resident Isolation

- Anyone with even mild symptoms of SARS-CoV-2 infection, regardless of vaccination status, should receive a viral test as soon as possible.

- Isolation may end after day 10 of when symptoms first appeared
  - **Asymptomatic** and NOT moderately to severely immunocompromised
    - After date of first positive viral test
  - **Mild to moderately ill** and NOT moderately to severely immunocompromised
    - At least 10 days have passed since symptoms first appeared **AND** at least 24 hours have passed since last fever without the use of fever-reducing medications **AND** symptoms have improved (e. g., cough, shortness of breath)

Resident Isolation

- **Severe to critical illness** and who are NOT moderately to severely immunocompromised
  - Isolation for at least 10 days and up to 20 days have passed since symptoms first appeared **AND** at least 24 hours have passed since last fever without the use of fever-reducing medications **AND** symptoms have improved (e. g. cough, shortness of breath)

- Moderately to severely immunocompromised should use a test-based strategy and, if possible, consultation with an infectious disease physician to determine when to end isolation

NIOSH Approved N95 Respirators

- MDHHS & CDC recommend this for staff caring for a resident suspected or known to be infected with SARS-CoV-2.
  - Facility should have a respiratory protection plan
  - Staff should be fit tested to the type of N95 they are using
  - Facial hair can prevent the N95 from properly sealing
  - Follow manufacturer's guidance on donning and disposal, if manufacturer does not provide then CDC strategies for optimizing N95 respirator

NIOSH Approved N95 Respirators, Continued

- CDC recommends that counties with **substantial to high** community transmission consider having staff wear NIOSH-approved N95 respirators instead of a face mask when caring for residents who are in **higher-risk** situations
  - All aerosol-generating procedures
  - Caring for resident not up to date with all recommended COVID-19 vaccine doses
  - Resident not able to wear source control
  - Working in poorly ventilated area
  - During an outbreak when SARS-CoV-2 is transmitting from person to person in the facility

Visitation

- Although the community criteria to discontinue isolation and quarantine are shorter, the visitor is recommended to utilize alternative visitation methods until they meet the longer isolation and quarantine of residents
  - This is a vulnerable population
  - Visitors should be educated on the risk they are bringing into the facility by visiting after following only the shorter community criteria
  - CDC states these visitors could be subject to additional precautions to protect the residents and facility staff

Contact Us

MDHHS-iPRAT@michigan.gov

517-335-8165

www.Michigan.gov/IPRAT

#

IPRAT

Infection Prevention Resource and Assessment Team

Omicron: Second Update

AFC-HFA Group

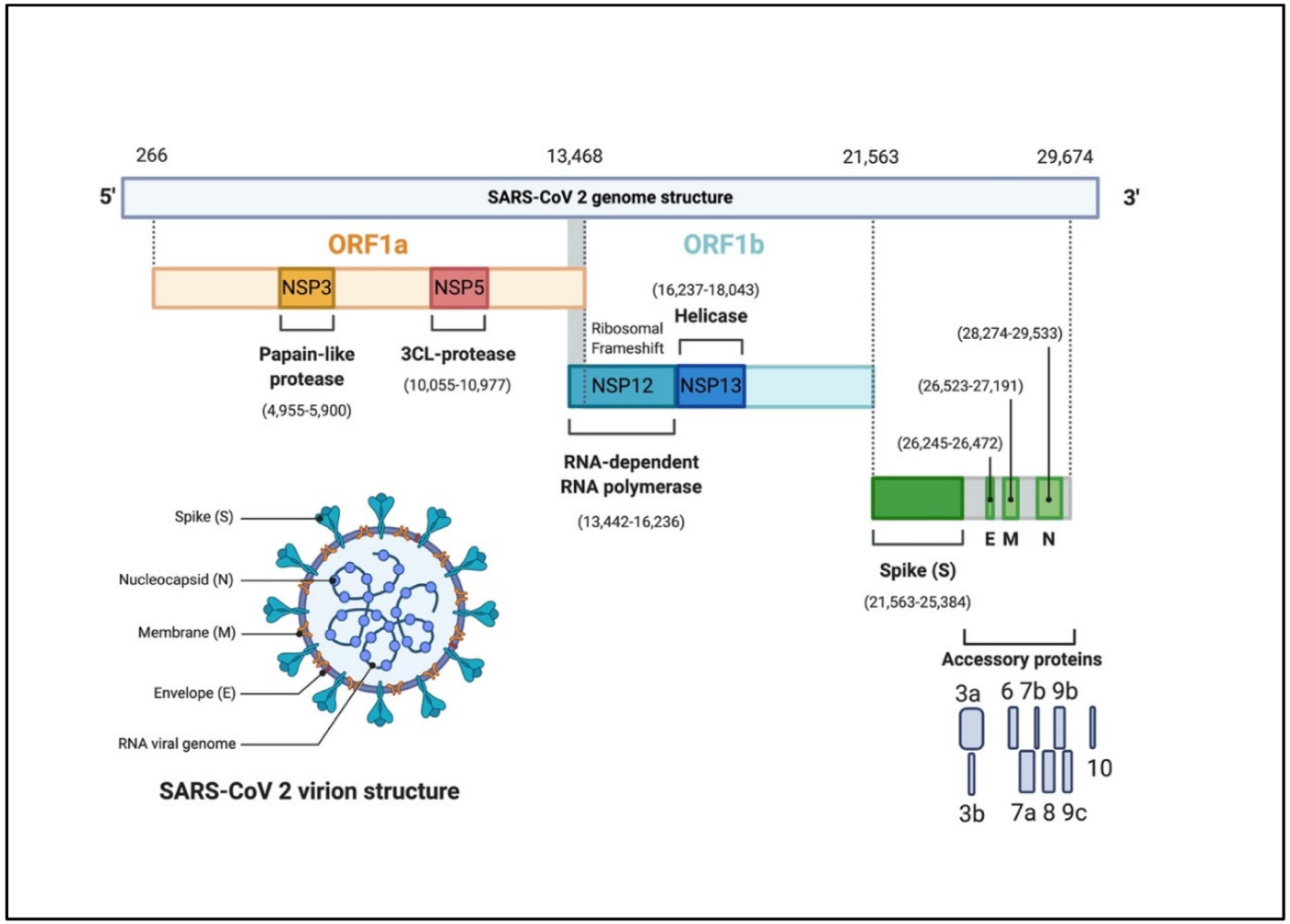
Feb 9, 2022

Marty K. Soehnlen, PhD, MPH, PHLD(ABB)

Director, Division of Infectious Disease

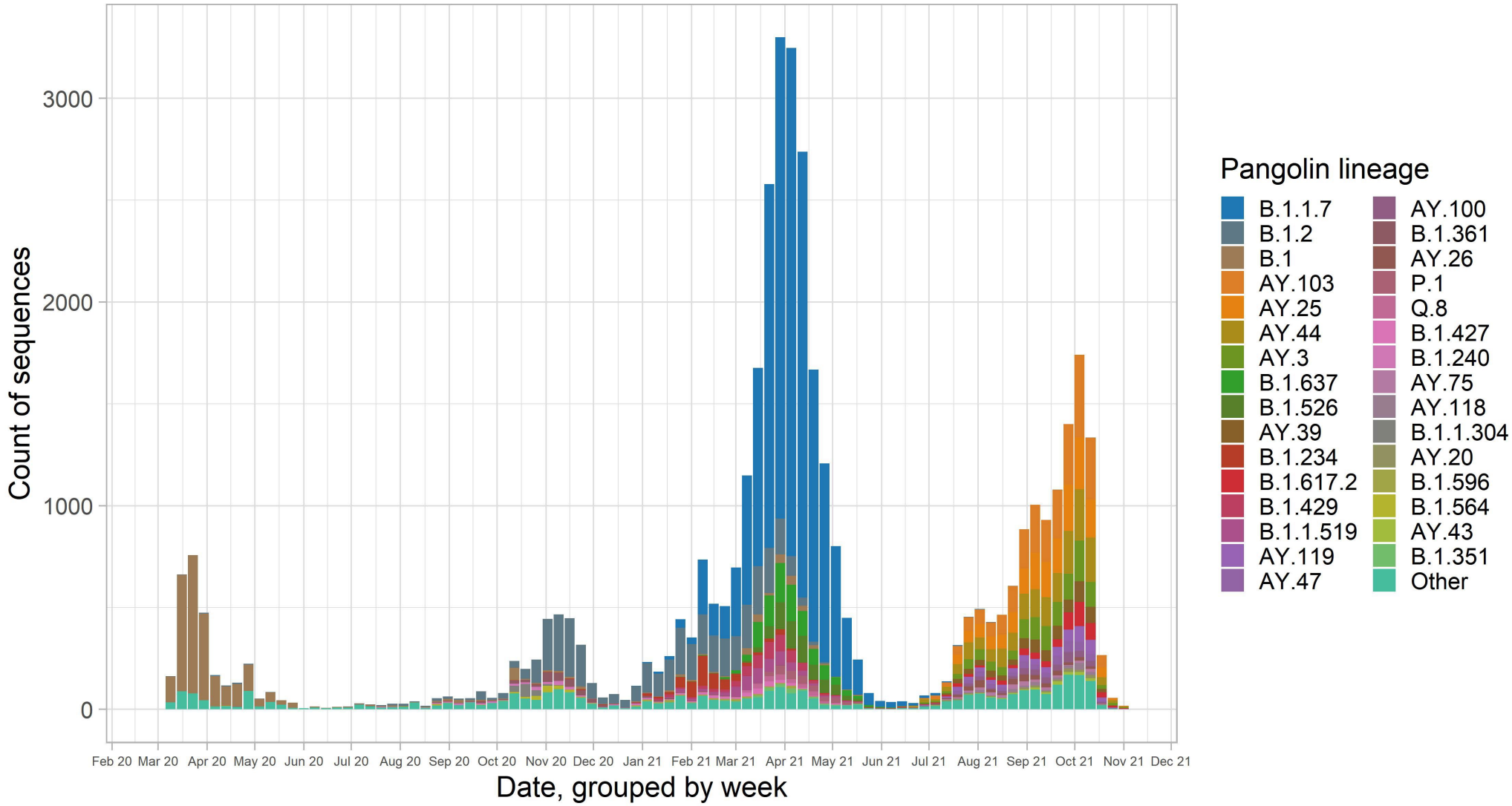
Genome

- 4 main structural proteins that are highly related based on sequence similarity to SARS-CoV-2 and MERS
  - S: spike
  - N: Nucleocapsid
  - E: Envelope
  - M: Membrane
- 11 protein coding genes and 12 expressed proteins
- ORF1a and ORF1b – replication and protein modification



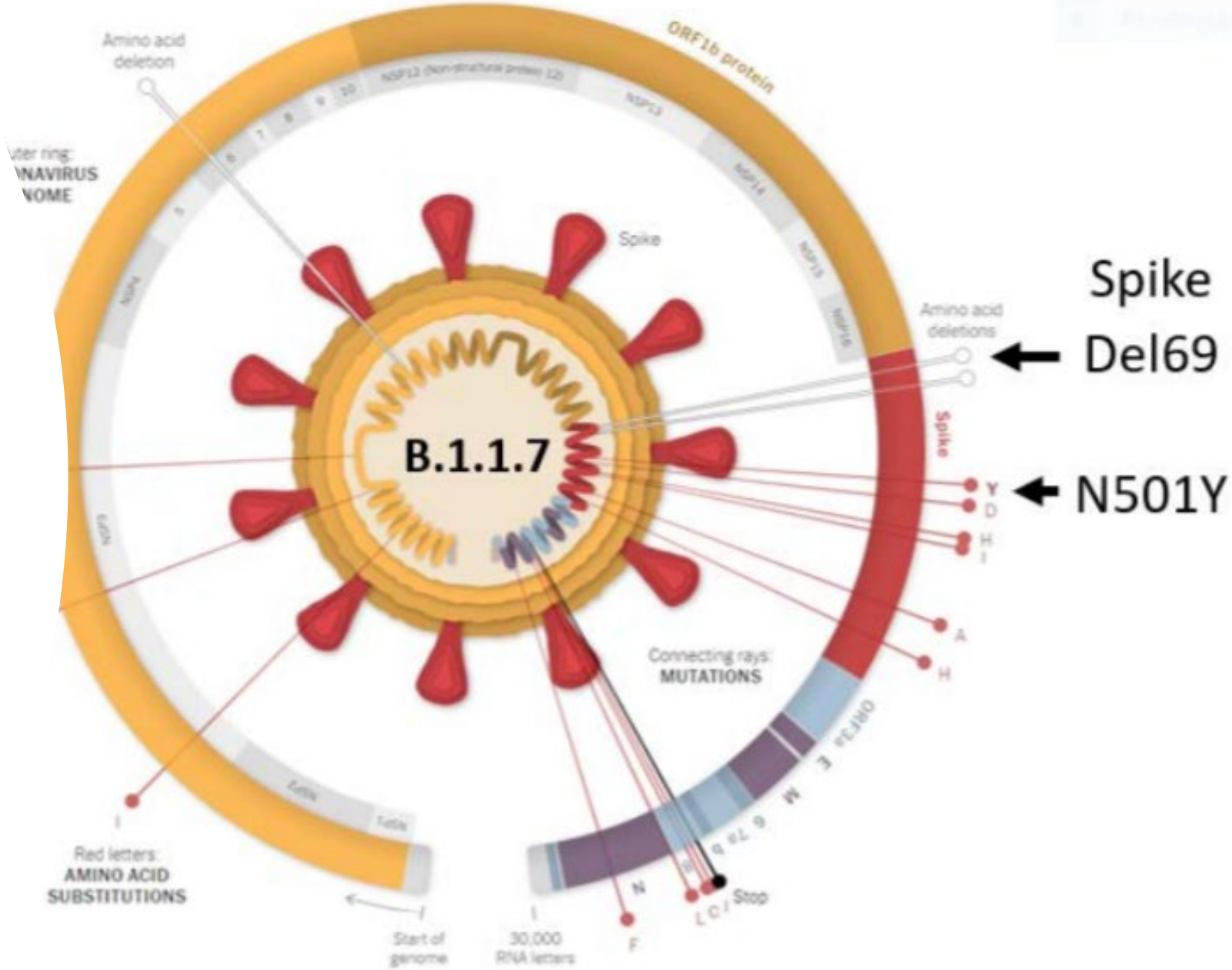
Alanagreh et al (2020) Pathogens

Changes of Lineage over Time

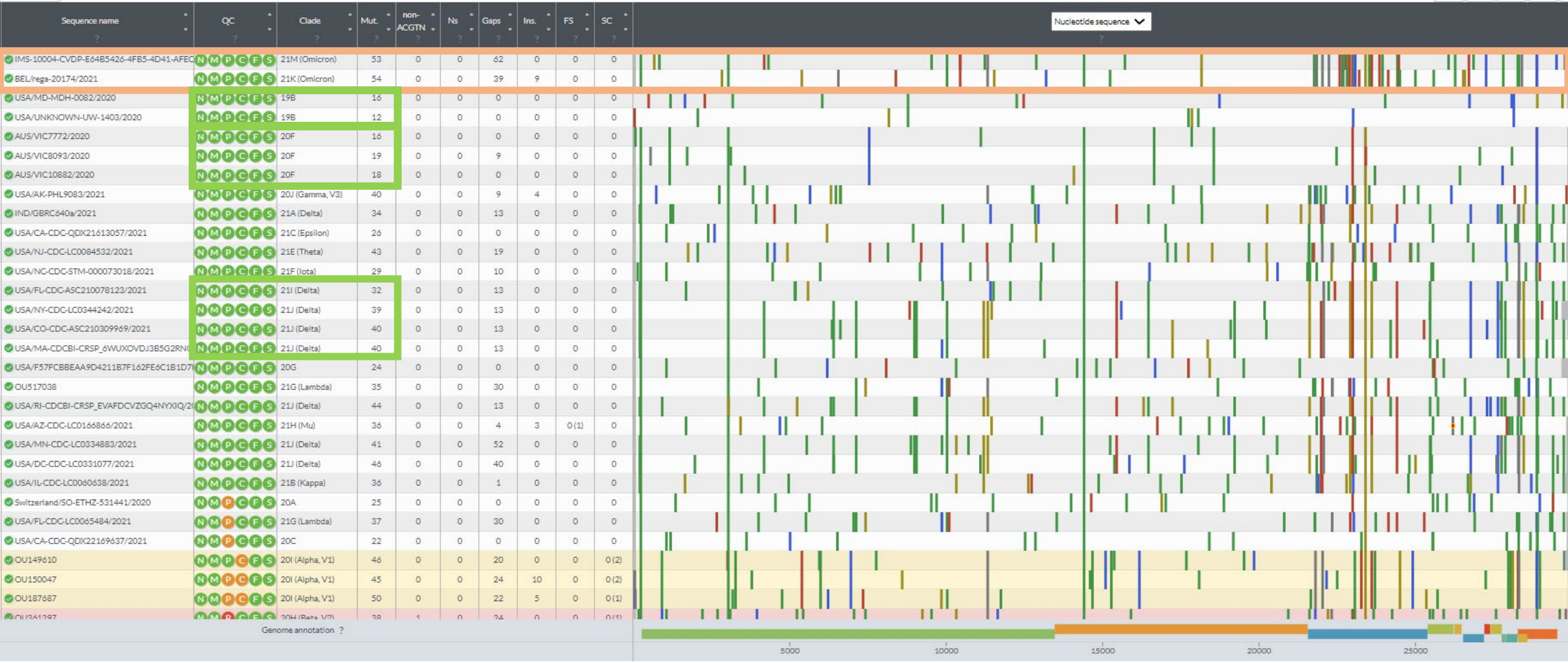


What is a variant?

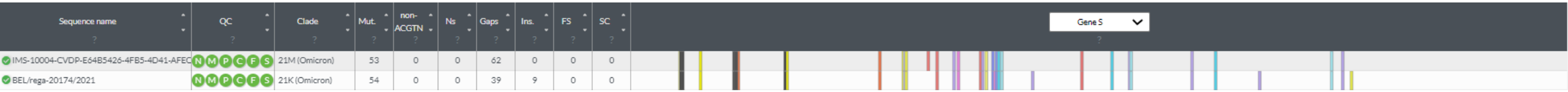
- Genetically distinct
- Clade/lineage
- Specific mutations of combination of mutations



Mutations and variants

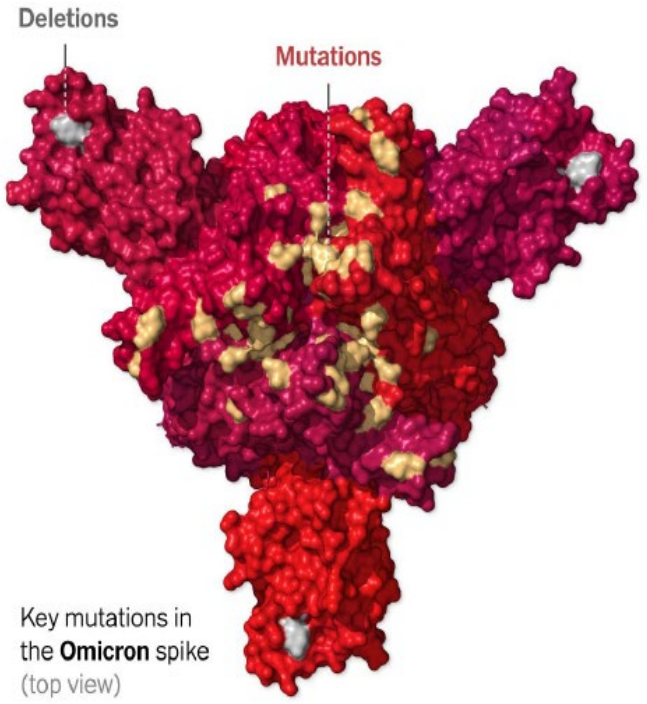


S-gene “party”



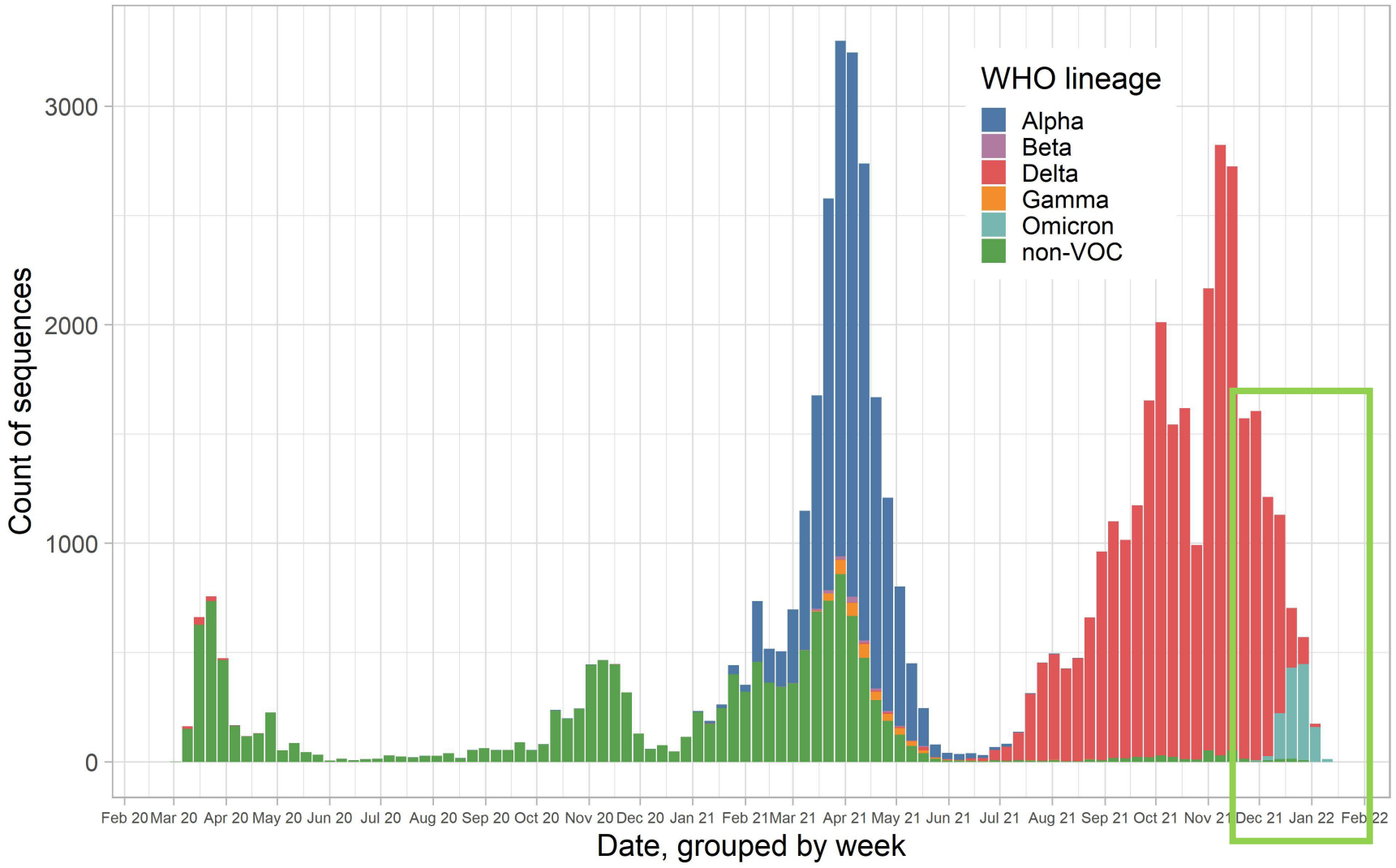
- Spike protein mutations found in other Variants of Concern believed to lead to higher transmissibility
  - D614G, N501Y, K471N

Omicron (B1.1.529)

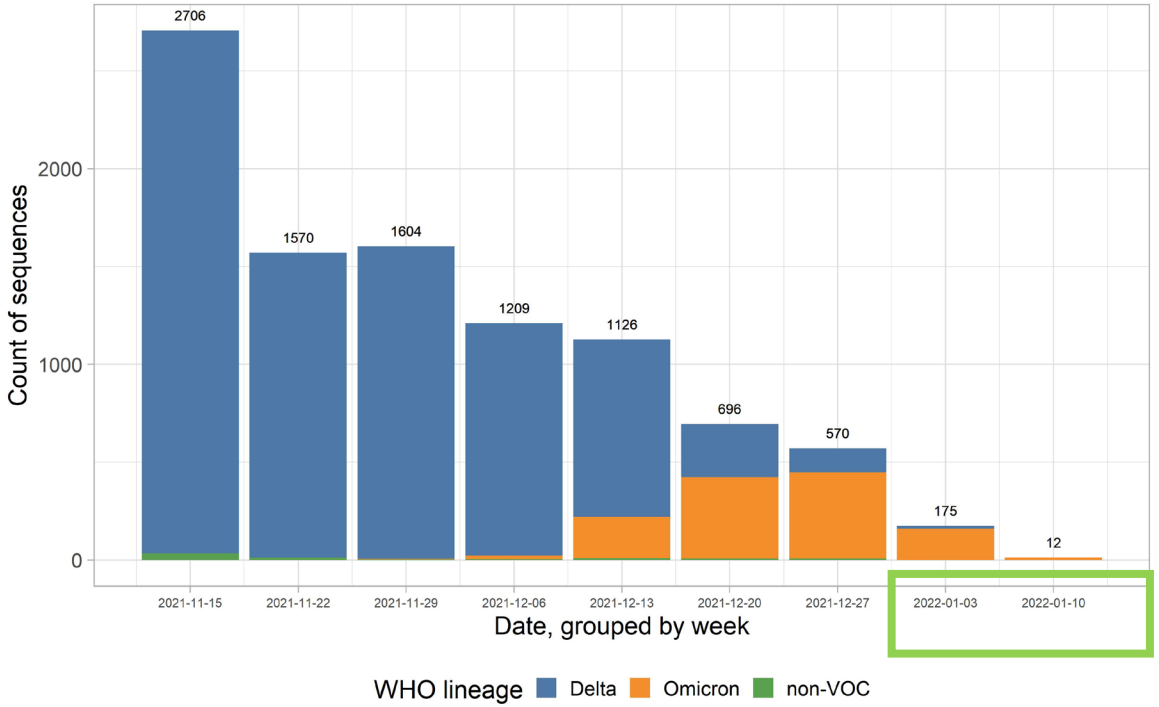


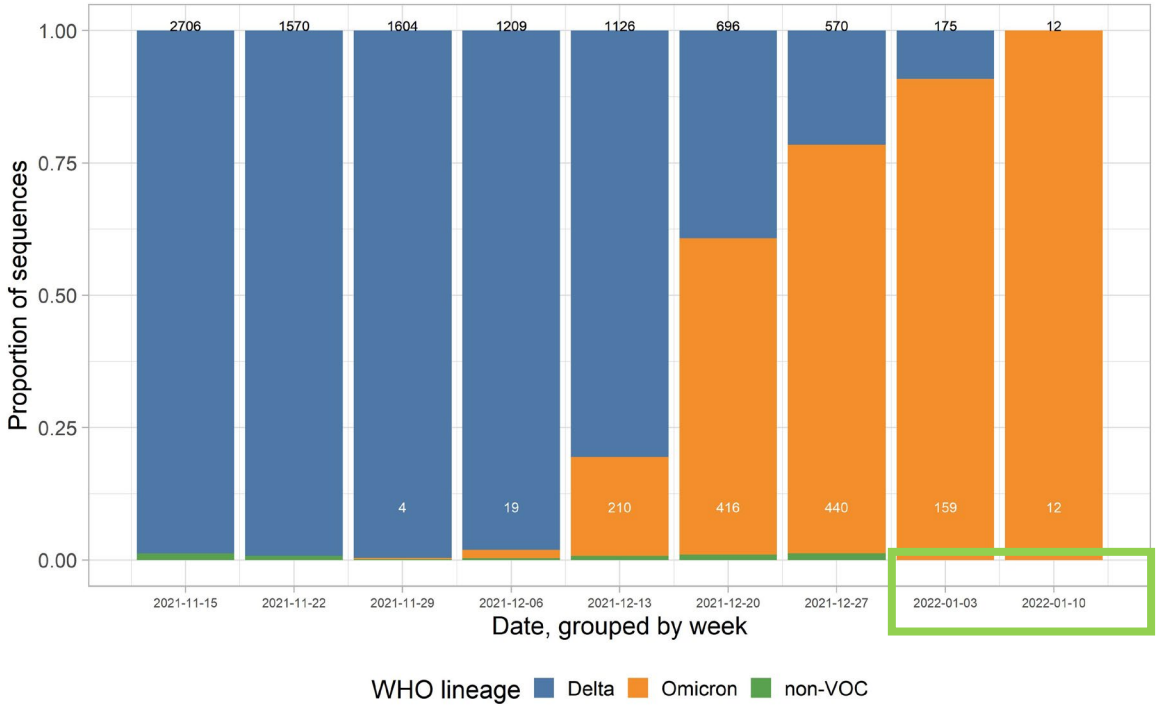
	Omicron
Transmissibility	Likely increased
Severity	Mild illness reported in young, healthy individuals. Severity will need to be assessed on a population basis.
Prior infection	Possible increased risk of reinfection
Effectiveness of vaccines	Studies underway. Current vaccines protective against infection, severe disease and death from widely circulating strains.
Effectiveness of tests	PCR detects infection. Antigen manufacturers have released statements on test effectiveness.
Effectiveness of therapeutics	Steroids and IL6 receptor blockers still useful in severe COVID-19. Studies needed on mAB and other antivirals.

Variants of Concern in Michigan

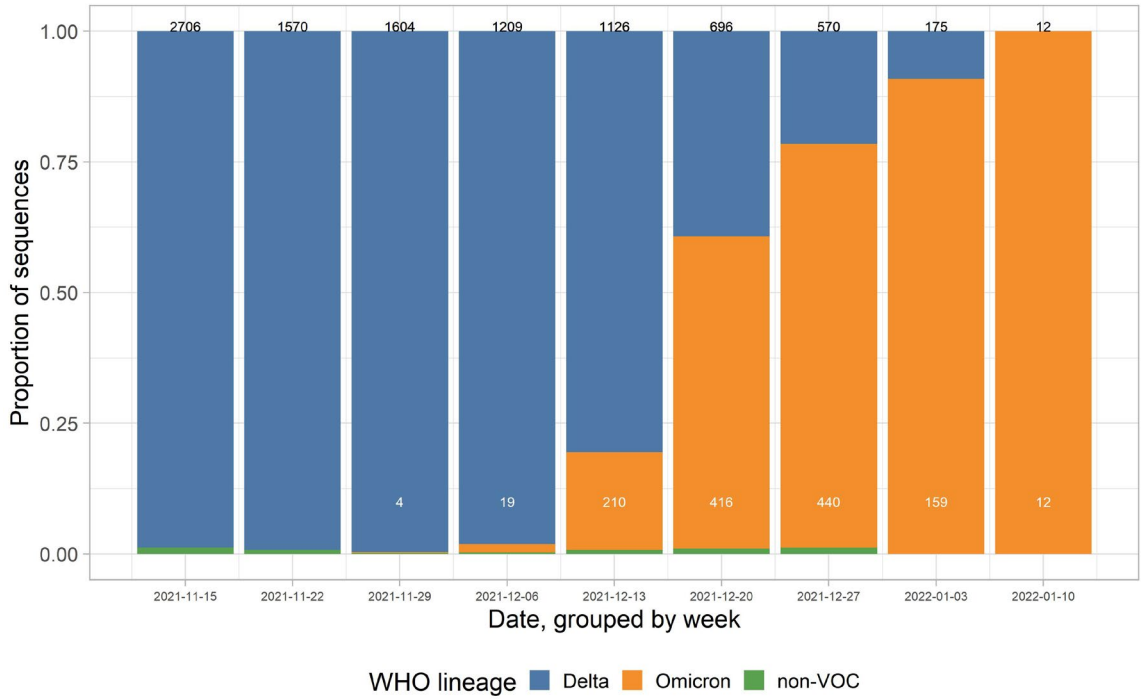


Omicron Proportion and Counts in Michigan





CDC Nowcast



HHS Region 5: 1/16/2022 – 1/22/2022 NOV

Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

WHO label	Lineage #	US Class	%Total	95..
Omicron	B.1.1.529	VOC	99.8%	99.7-
Delta	B.1.617.2	VOC	0.2%	0.1-0
Other	Other*		0.0%	0.0-0

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

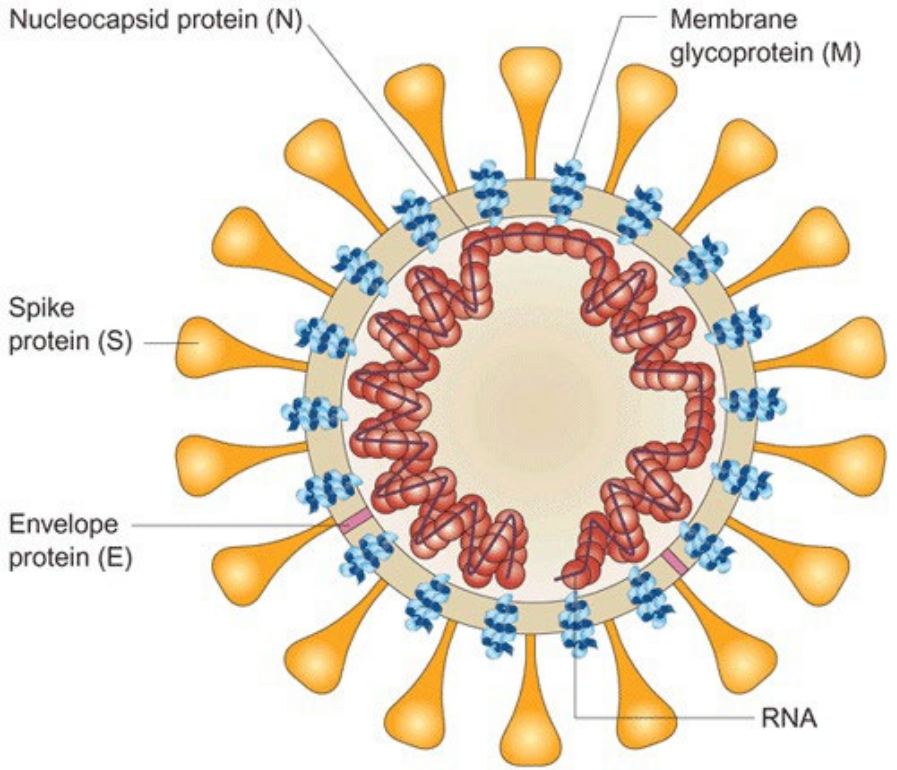
** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

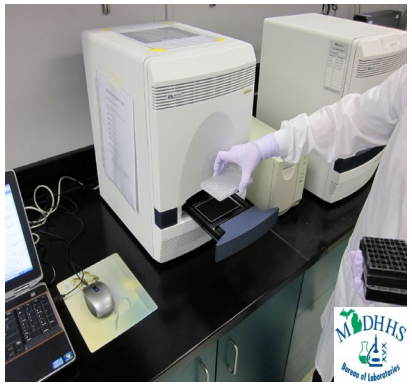
AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.2 and BA.3 are aggregated with B.1.1.529.

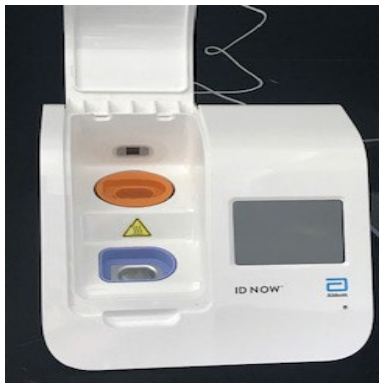
Testing

Types of COVID Tests

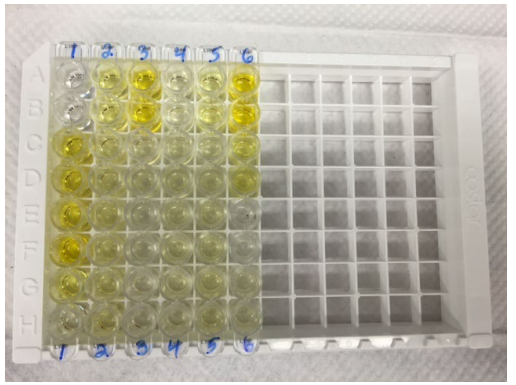
- Real-time reverse transcription PCR
- Rapid direct detection iso-thermal PCR
- Rapid Antigen Detection
- Serology

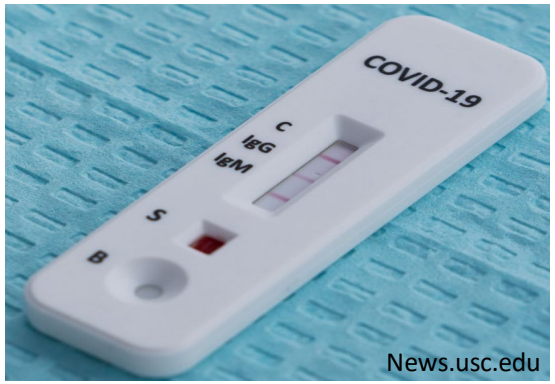







www.quidel.com





News.usc.edu

The Current Testing Market

All Available

- 291 FDA EUA molecular tests and sample collection devices
- 87 Antibody and immune response tests
- 45 Antigen tests

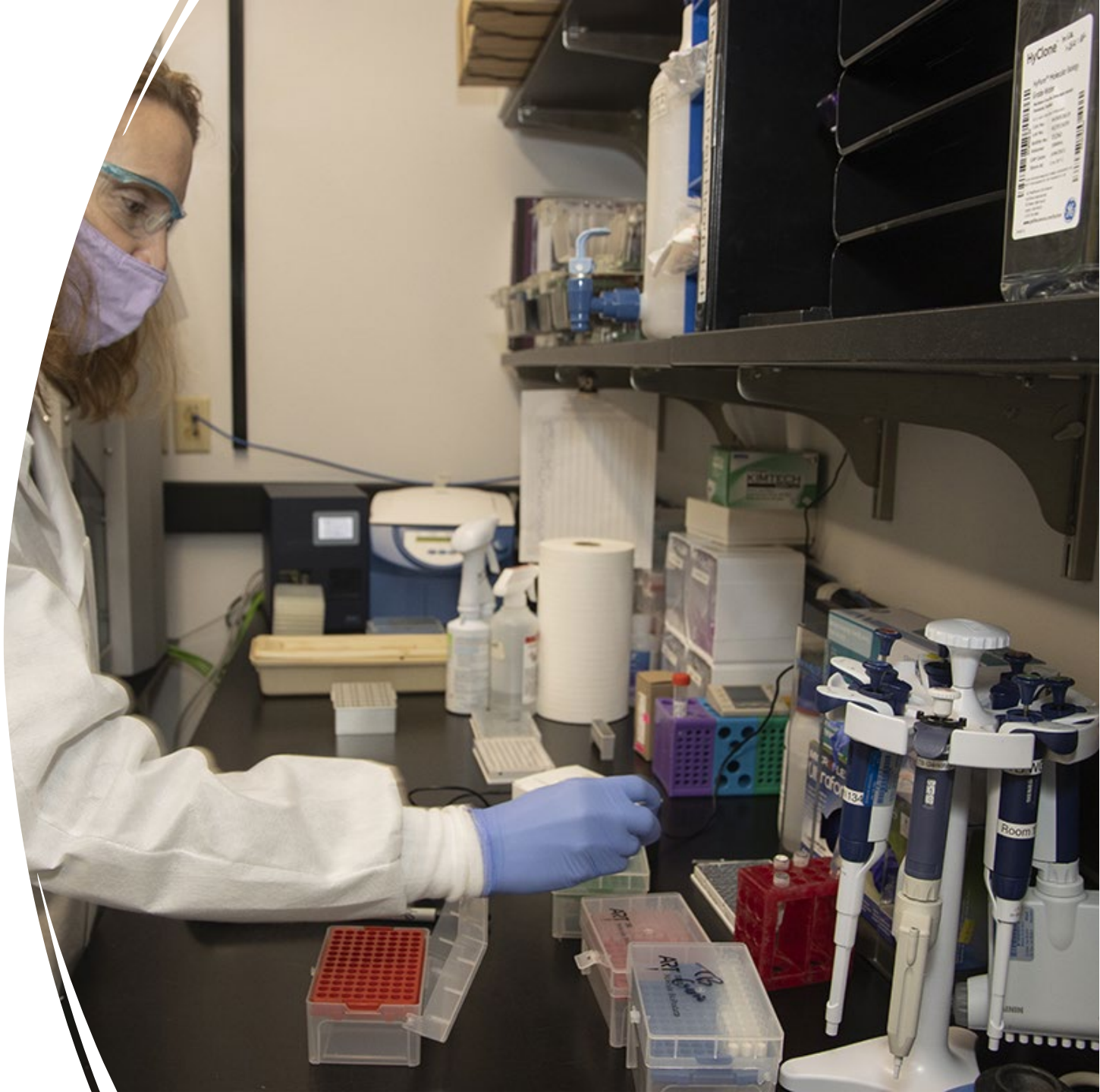
- Over 783 revisions to EUA authorizations

Styles

- 69 molecular and 1 antibody test are authorized for at-home collected samples
- 1 molecular for Rx at-home test
- 3 Antigen tests for Rx at-home tests
- 14 Antigen over-the-counter (OTC) tests
- 3 molecular OTC tests

Test Challenges

- **Throat vs. NP vs. nasal vs. saliva sensitivity**
- Pooled Samples
  - Up to 3, up to 5, or up to 10
  - Media vs swab pools
- **Serial testing options**
- WGS “Right Size” Models

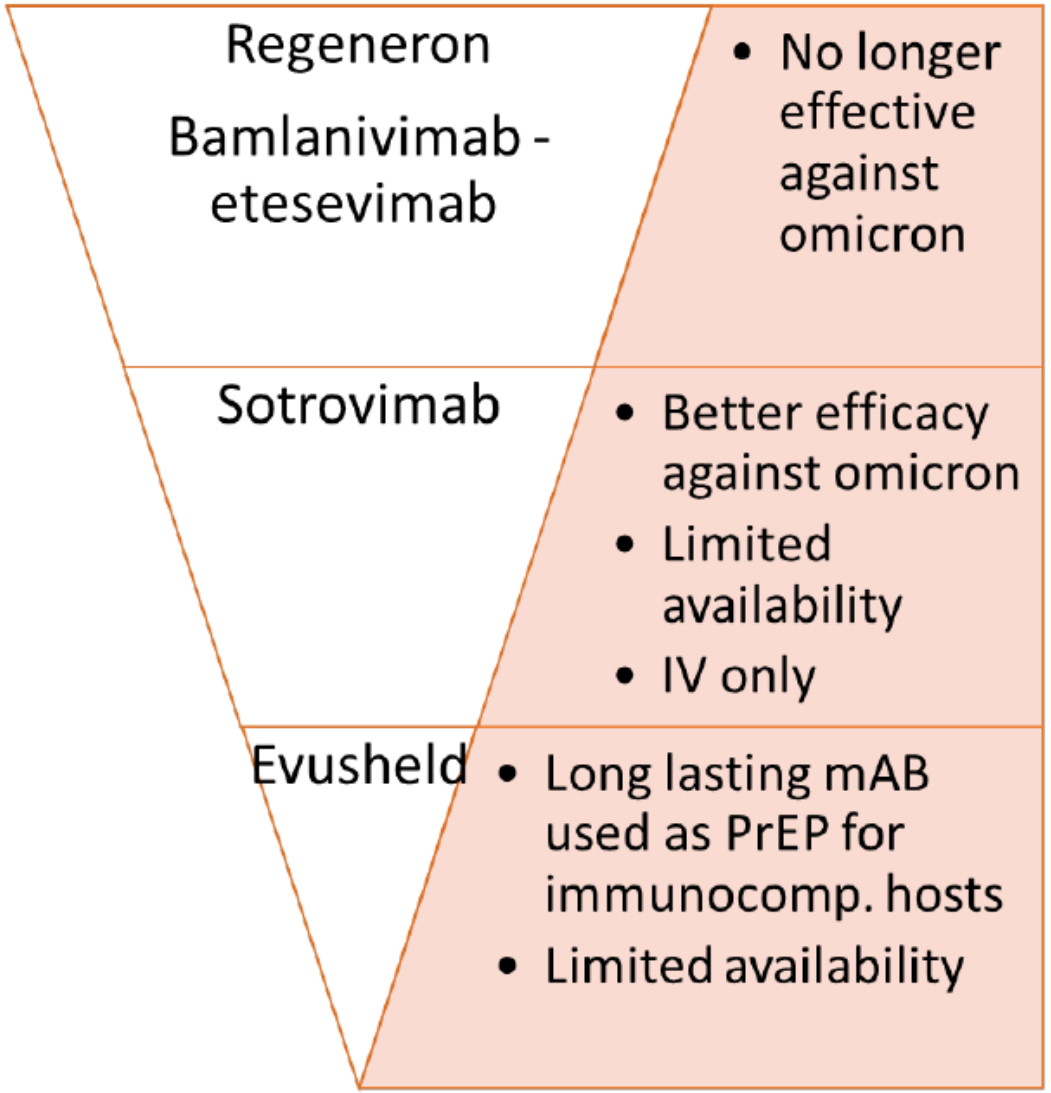


Good news?

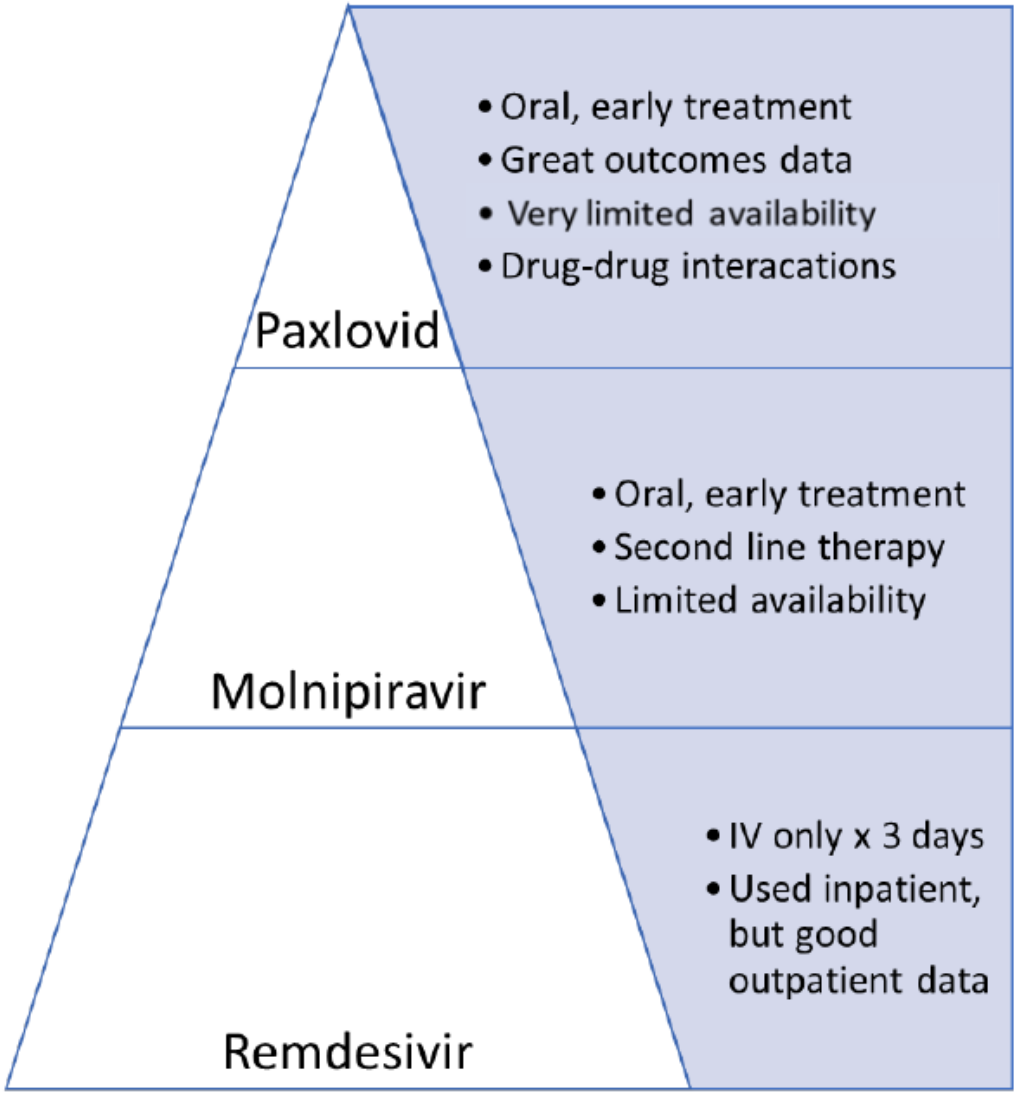
- Testing on PCR platforms that result in a “S gene target failure” (SGTF) used for screening
  - 69-70 deletion which is NOT present in Delta (is present in some other VOCs)
- Current diagnostic tests are not expected to be negatively impacted with false negative results though FDA and manufacturers are still reviewing
  - 3 amino acid deletion in the nucleocapsid
  - There have been a few tests known to have “presumptive” positive instead of confirmed when not all markers are caught (S gene failures)

Therapeutics

Antibodies



Antivirals



Vaccines

Protect against severe outcomes

Boosters are more important than ever, and available for individuals 12+

Masks, Distancing & Ventilation

Prevent spread

Well-fitting, high-quality masks in all indoor public or crowded settings are more important than ever

Tests

Prevent spread

We encourage testing before gatherings, with symptoms, and after exposure

Treatment

Protect against severe outcomes

Oral antivirals and monoclonal antibody infusions are available

References/Recommended Reading

https://www.michigan.gov/coronavirus

In Vitro Diagnostics EUAs | FDA

MI COVID response Data and modeling update (michigan.gov)

112921_APHL_CDC_COVID19_National_PHL_Call_Notes.pdf

SARS-CoV-2 Variant Classifications and Definitions (cdc

Nextstrain / ncov / gisaid / global.gov)

To learn more about Omicron's impact on various tests:

SARS-CoV-2 Viral Mutations: Impact on COVID-19 Tests | FDA

Questions or Comments

SoehnlenM@michigan.gov

Reminder

*** Our next presentation will be March 23 at 2pm**

A recording of today's presentation will be sent to the groups below, and they will email it to their members.

- Community Mental Health Association of Michigan
- Michigan Assisted Living Association
- Michigan Center for Assisted Living
- Leading Age of Michigan

You can also download the slides from our presentations at Michigan.gov/Coronavirus. Click the RESOURCES tab and select "For AFC and HFA Operators." Scroll to bottom of page.

Questions on other topics can be sent to:

Staffing: MDHHS-LTCStaffing@michigan.gov

Vaccines: MDHHS-COVID-Longtermcare@Michigan.gov

Testing: MDHHS-COVIDTestingSupport@michigan.gov

Emergency Orders: MDHHS-MSA-COVID19@michigan.gov

All Other Questions:
MDHHS-COVID-AFC-HFA-Response@michigan.gov

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