

Welcome and Introductions

Wednesday, August 25, 2021



Allen Jansen
Senior Deputy Director
Behavioral Health and Developmental Disabilities

This week's trending conversations

- Continuing staffing crisis
- Federally mandated staff vaccination-- applies to *nursing homes only*, not AFCs and HFAs. (If you have questions about this, please send them to: MDHHS-MSA-COVID19@michigan.gov)

Today's topics and guests

- **Status update on Care & Recovery Centers and COVID Relief Facilities**
Katie Commey, MPH
Manager, Strategic Engagement and Planning, Medical Services Administration
- **Vaccination of Long-term Care Residents and Staff**
Alyssa Strouse, MPH
Adult and Adolescent Immunization Coordinator, Division of Immunization
- **Monoclonal Antibody Therapy for COVID-19: Saving Lives in LTC Facilities**
Williams Fales, MD, FACEP, FAEMS
State Medical Director, Division of EMS and Trauma
MDHHS Bureau of EMS, Trauma, and Preparedness

Status Update: Care & Recovery Centers and COVID Relief Facilities



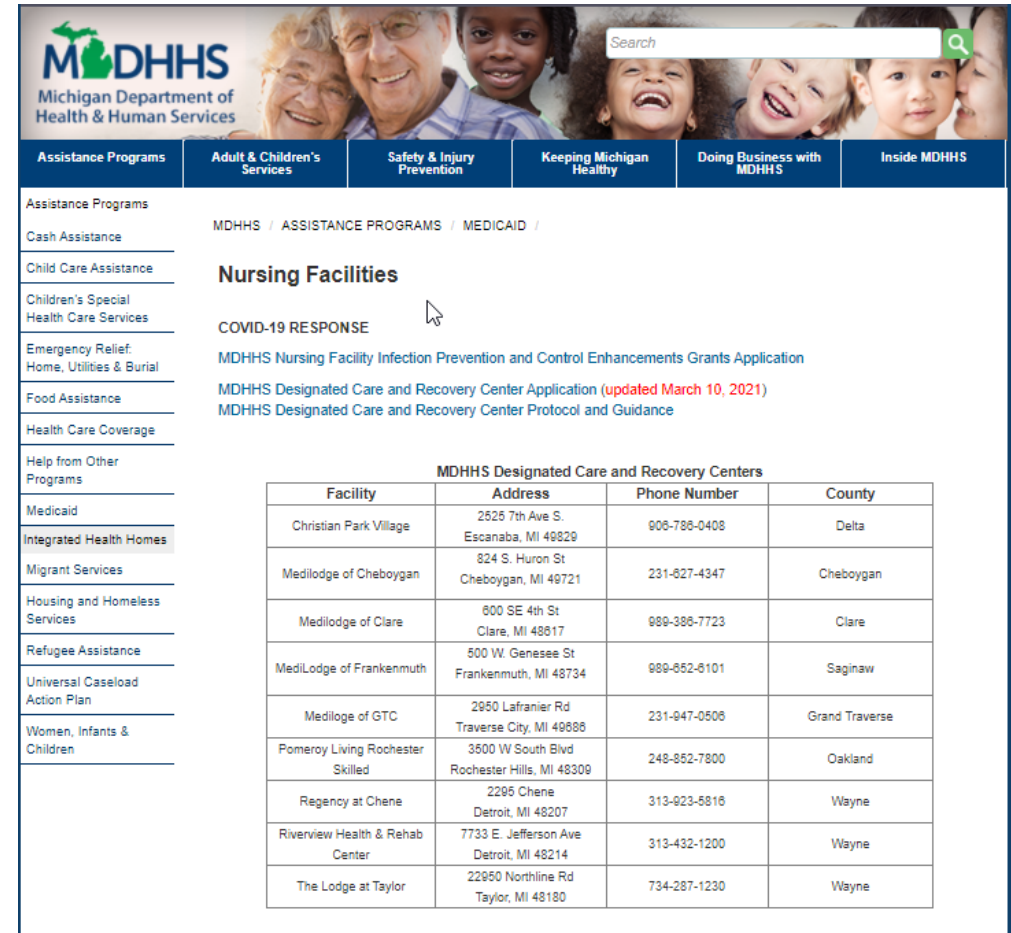
Katie Commey, MPH
Manager, Strategic Engagement and Planning
Medical Services Administration

Background

- [Public Act Number 231 of 2020](#) established:
 - Care and Recovery Centers (CRC) for the purpose of providing care to individuals who have tested positive for coronavirus who have not met the criteria for the discontinuation of transmission-based precautions;
 - A requirement for MDHHS to create a method for reviewing and approving nursing homes' ability to properly care for individuals with COVID-19, known as the COVID Relief Facility (CRF) program.
- MDHHS codified these programs in the following policies:
 - Care and Recovery Centers: [MSA 20-66](#), [MSA 20-72](#), [MSA 20-77](#), [MSA 20-79](#)
 - COVID Relief Facilities: [MSA 20-73](#), [MSA 20-78](#)
 - BOTH CRC and CRF: [MSA 20-76](#)

Status: Care and Recovery Centers (CRCs)

- Current Status can be found on the [MDHHS website](https://www.michigan.gov/mdhhs)
- As of today, there are 9 active CRCs
- MDHHS has received additional requests to activate additional CRCs – therefore, additional CRCs may be activated in the coming weeks



The screenshot shows the MDHHS website interface. At the top, there is a search bar and a navigation menu with tabs for Assistance Programs, Adult & Children's Services, Safety & Injury Prevention, Keeping Michigan Healthy, Doing Business with MDHHS, and Inside MDHHS. The main content area is titled "Nursing Facilities" and includes a "COVID-19 RESPONSE" section with links to "MDHHS Nursing Facility Infection Prevention and Control Enhancements Grants Application" and "MDHHS Designated Care and Recovery Center Application (updated March 10, 2021)". Below this is a table titled "MDHHS Designated Care and Recovery Centers" with columns for Facility, Address, Phone Number, and County.

Facility	Address	Phone Number	County
Christian Park Village	2525 7th Ave S. Escondido, MI 49829	909-786-0408	Delta
Medilodge of Cheboygan	824 S. Huron St Cheboygan, MI 49721	231-827-4347	Cheboygan
Medilodge of Clare	600 SE 4th St Clare, MI 48617	989-386-7723	Clare
MediLodge of Frankenmuth	500 W. Genesee St Frankenmuth, MI 48734	989-852-6101	Saginaw
Medilodge of GTC	2950 Lafranier Rd Traverse City, MI 49886	231-947-0506	Grand Traverse
Pomeroy Living Rochester Skilled	3500 W South Blvd Rochester Hills, MI 48309	248-852-7800	Oakland
Regency at Chene	2295 Chene Detroit, MI 48207	313-923-5816	Wayne
Riverview Health & Rehab Center	7733 E. Jefferson Ave Detroit, MI 48214	313-432-1200	Wayne
The Lodge at Taylor	22950 Northline Rd Taylor, MI 48180	734-287-1230	Wayne

Status: COVID Relief Facilities

- There are two types of CR Facilities, described as Level 1 and Level 2
 - Level 1 = MDHHS approved to retain current COVID-positive residents only
 - Level 2 = MDHHS approved to retain current COVID-positive residents AND admit new residents with COVID-19 that continue to require transmission-based precautions, under certain circumstances.
- As of 8/24/2021:
 - 280 nursing homes in the state hold Level 1 CRF designation
 - 105 nursing homes in the state hold Level 2 CRF designation
 - Bed capacity of approved space within the facilities vary greatly

Long-Term Care Vaccination

ALYSSA STROUSE, MPH
ADULT AND ADOLESCENT IMMUNIZATION COORDINATOR
DIVISION OF IMMUNIZATION
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

Additional Dose of COVID-19 Vaccine for Immunocompromised Persons

The FDA modified the Emergency Use Authorization of mRNA COVID -19 vaccines and the CDC's Advisory Committee on Immunization Practices (ACIP) unanimously recommended an additional dose of an mRNA COVID-19 vaccine for certain immunocompromised individuals.

The proposed recommendation from ACIP is as follows:

- One additional dose of mRNA COVID-19 vaccine is recommended for certain immunocompromised individuals after an initial 2-dose primary series of an mRNA COVID-19 vaccine has been received.
- The age groups authorized to receive the additional dose are unchanged from those authorized to receive the primary vaccination series:
 - Pfizer-BioNTech COVID-19 vaccine: For persons aged ≥ 12 years
 - Moderna COVID-19 vaccine: For persons aged ≥ 18 years

At this time, CDC is not recommending additional doses of vaccine for people who were initially vaccinated with the one-dose Janssen (Johnson & Johnson) vaccine.

Immunocompromised Persons

The clinical considerations for use of an additional dose of an mRNA COVID-19 vaccine apply only to people who are [moderately or severely immunocompromised](#).

Further guidance regarding the considerations for use of an additional mRNA COVID-19 vaccine dose after an initial 2-dose primary mRNA COVID-19 vaccine series for immunocompromised people can be found in the [Interim Clinical Considerations for Use of the COVID-19 Vaccines Currently Authorized in the United States](#).

Clinicians should use their best clinical judgement in determining if their patient meets this eligibility criteria.

No special attestation is required by the patient or their medical provider, and MDHHS **will not** be asking COVID-19 vaccine providers to verify eligibility for patients receiving a third dose (a prescription or other verification is not required).

COVID-19 providers should work to remove any potential barriers to accessing a third dose for eligible people.

LTCFs Enrolling as COVID-19 Providers

Current long-term care facilities that are COVID-enrolled providers are strongly encouraged to vaccinate their own residents.

For those LTCFs that are not COVID-enrolled providers, but wish to enroll, they must be registered in Michigan Care Improvement Registry (MCIR) to provide immunizations and **must enroll** as a COVID-19 Ready Provider.

- Learn more: [3 Steps for Health Care Professionals to participate in the CDC COVID-19 Vaccination Program.](#)
- If you have any questions or issues with the process, please contact the COVID-19 Provider Enrollment Team at [MDHHS_COVIDVaccineProviders@michigan.gov.](mailto:MDHHS_COVIDVaccineProviders@michigan.gov)

Partnership with Mobile Vendors – Skilled Nursing Facilities (SNFs)

As per the Executive Directive issued by Governor Whitmer and in an effort to quickly vaccinate high-risk individuals, MDHHS is partnering with the following mobile vendors to provide vaccinations for residents and staff of skilled nursing facilities (SNFs).

- Honu (south/east)
- Amubulnz (west)
- Visit Health

We are contracting with these vendors to facilitate on-site vaccination of immunocompromised residents with the third dose of COVID-19 vaccine.

We are also asking these vendors to vaccinate staff and residents that are eligible for the first, second or third dose of the COVID-19 vaccine series.

- At this time, there are no plans for follow-up clinics
- SNFs should expect to receive calls as early as this week

AFC/HFA Facilities – Immunocompromised Residents

AFC/HFA facilities are **strongly** encouraged to start taking their immunocompromised residents to pharmacies to receive the 3rd dose of COVID-19 vaccine

- We are currently working with corporate pharmacies to schedule specific hours, or make specific appointment slots, for AFC/HFA residents coming to the pharmacy. Updates on this will be forthcoming.
- Further, MDHHS is working with partners to secure transportation for AFC/HFA residents who may require transportation to go to a pharmacy to obtain vaccine

MDHHS also encourages you to work with your existing pharmacy to obtain COVID-19 vaccines for your immunocompromised residents

When possible, we encourage LTCFs to enroll as COVID-19 providers, so that they can vaccinate their own residents.

On the Horizon

On August 18, the U.S. Department of Health and Human Services (HHS) public health and medical experts released a [joint statement](#) on the plan for COVID-19 booster doses.

CDC's independent advisory committee, the Advisory Committee on Immunization Practices (ACIP), will continue to meet and discuss data on the evolution of the pandemic and the use of COVID-19 vaccines. ACIP will make further recommendations on the use of boosters for the public after a thorough review of the evidence. People who were fully vaccinated earliest in the vaccination rollout, including many health care providers, nursing home residents, and other seniors, will likely be eligible for a booster.

MDHHS plans to work with pharmacy partners to assist in the vaccination of all LTCF staff and residents, once we receive updated information on booster doses.

3rd Dose vs. Booster Dose of COVID-19 Vaccine

The additional dose currently recommended is intended to improve immunocompromised people's response to their initial vaccine series.

This 3rd dose is **not** the same as a booster dose.

A booster dose is given to people when the immune response to a primary vaccine series is likely to have waned over time.

At this time, booster doses have not yet been recommended by ACIP.

Booster Doses for AFC/HFA Residents

Plans are still being discussed and more information will be forthcoming.

Larger facilities may receive a visit from a corporate pharmacy to vaccinate all staff and residents eligible for booster doses.

Most facilities will be asked to take their residents to a pharmacy to obtain vaccine.

- Again, MDHHS is working closely with pharmacies to secure specific hours and with additional partners to provide transportation when needed

Homebound residents are encouraged to work with their existing healthcare providers providing care to obtain COVID-19 vaccines.

More Information

We appreciate your patience as we continue to work with our partners on the details of providing COVID-19 vaccines to our most vulnerable residents.

Questions?

Please contact the MDHHS Long-Term Care team at:
MDHHS-COVID-LongTermCare@michigan.gov

Monoclonal Antibody Therapy for COVID-19: *Saving Lives in Long-Term Care Facilities*

William Fales, MD, FACEP, FAEMS

State Medical Director

Michigan Department of Health and Human Services

Bureau of EMS, Trauma, and Preparedness

Division of EMS and Trauma

falesw@michigan.gov

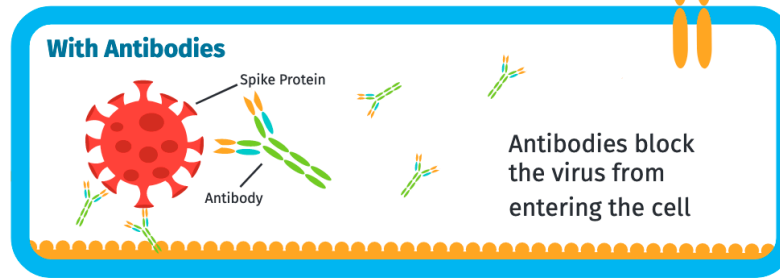
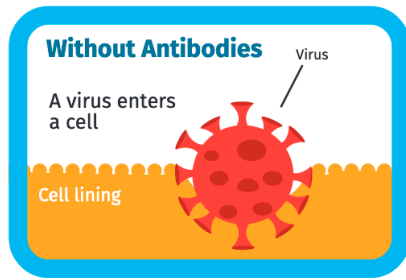
Monoclonal Antibody (mAb)

- Monoclonal antibodies are laboratory-made proteins that mimic the immune system's ability to fight off harmful antigens such as viruses. (FDA Nov 9, 2020)

Monoclonal Antibodies

What are antibodies?

Antibodies are naturally made in our bodies to fight infection.

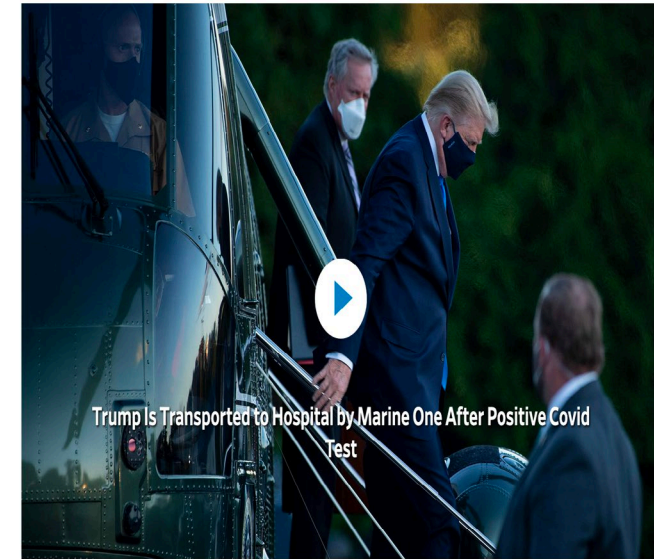


Source: Lilly Bamlanivimab Playbook

POLITICS

Trump Received Experimental Antibody and Remdesivir for Coronavirus

The president, who faces risks of a more severe bout with the virus because of his age, is taking vitamin D and other treatments in addition to Regeneron's antibody cocktail and Gilead's remdesivir



President Trump was moved to Walter Reed Medical Center on Friday after testing positive for Covid-19, shaking up Washington and scrambling campaign plans in the final stretch of the 2020 presidential election. WSJ's Shelby Holliday reports. Photo: Getty Images

Source: Wall Street Journal, Oct 3

- Authorized by the FDA for treatment of mild to moderate COVID-19 and now for post-exposure prophylaxis (PEP) in high-risk patients.
- Single IV infusion over 20 min or four subcutaneous injections

mAb Safety and Effectiveness

- Recommended by [National Institutes of Health Treatment Panel](#) and by [Infectious Disease Society of America](#)
- Experience in Michigan with over 13,000 reported uses finds:
 - 95% of infusions have no reported infusion related symptoms
 - No cases of life threatening anaphylactic (allergic) reaction – No Epi administered
 - ~5.4% hospitalization rate in high-risk patients (as low as 3.4% at one site)
- Treatment: [Clinical trials](#) report 70% reduction in hospitalizations and deaths in high-risk symptomatic patients
- PEP: Unlikely to become symptomatic (98.5% of patients in [one trial](#) remained asymptomatic).
 - Few who become symptomatic develop severe symptoms, are admitted or die
 - For those who became symptomatic, symptoms resolved 2 weeks sooner than placebo group

Monoclonal Antibody Indications

COVID-19 Therapy

- High-risk for severe disease
- COVID-19 positive (antigen/PCR)
- Within 10-days of symptoms
- Mild to moderate symptoms
- Does not require
 - Hospitalization (for COVID)
 - Supplemental oxygen (for COVID)

Post-Exposure Prophylaxis

- High-risk for severe disease
- Vaccination status
 - Not fully vaccinated OR
 - Fully vaccinated but not expected to mount adequate immune response
 - e.g., hemodialysis, immunosuppressed, immunocompromising meds, elderly (+/-)
- Exposure risk
 - Close exposure per CDC (OR)
 - High exposure risk via residential setting

High-Risk Criteria for Severe Disease

- Older age (e.g., ≥ 65 years)
- Has a body mass index (BMI) ≥ 25
- Pregnancy
- Has chronic kidney disease
- Has diabetes
- Has immunosuppressive disease
- Is currently receiving immunosuppressive treatment
- Cardiovascular disease or hypertension
- Chronic lung diseases
- Sickle cell disease
- Neurodevelopmental disorders or other conditions that confer medical complexity
- Having a medical-related technological dependence not related to COVID-19 (e.g., tracheostomy, gastrostomy)
- Other medical conditions or factors that place the patient at high risk for progressing to severe COVID-19

Administering mAb

IV Infusion

- Recommended for treatment
- Equivalent to SC for PEP
- Single infusion over 20 minutes
 - No pump required
 - May be mixed at site of infusion

Subcutaneous Injections

- Alternate for treatment
- Equivalent to IV for PEP
- Four 2.5mL SC injections
 - Reportedly well tolerated

Post-Infusion/Injection Observation

- Must be observed for at least 60 minutes
- Vitals checked every 15 to 30 minutes
- Manage any side-effects (nausea, fever, headache)

Mass Casualty Incident Prevention

- Patients of LTC facilities have high admission and [mortality](#) rates.
- Early intervention with mAb therapy prevent a future MCI?
 - Prevent symptomatic patients to develop severe disease
 - Prevent asymptomatic patients from becoming symptomatic



Source: Gina Ferazzi/Los Angeles Times via Getty Images

Operation Holiday Delivery (Dec. to Jan.)

- Rapid Response to LTCs with 7 outbreaks
 - 7 counties, 6 SNFs, 1 Assisted Living
- Resources: State Contracted RNs + Local Paramedics
- Outcomes: 120 patients, 3 admits, 1 death



Sources: GR Home for Veterans and Regency on the Lake

Feedback from the Nurses One Day Later

“Everyone is feeling better and there is light in guys’ eyes where it wasn’t before. The difference is amazing. The residents have remarked that they cannot believe how much better they feel. We are finally crying tears of gratitude.”

RN, Grand Rapids Home for Veterans



Source: GR Home for Veterans

Operationalizing mAb in LTCs

- Have a plan before an outbreak
- Medication available via specialty pharmacies, Amerisource, MDHHS
 - No cost for med / Infusions and Injections reimbursed
- Options for IV (or SC) administration
 - Use internal nursing resources (SNFs) if comfortable with basic IV therapy
 - Use local home health/home infusion RNs or local EMS to do infusions
 - Transport to off-site infusion center
- For larger outbreaks or large PEP
 - Contact Regional Healthcare Coalition for additional resources and support



Additional Resources

<https://michigan.gov/covidtherapy>

<https://combatcovid.hhs.gov/>

<https://phe.gov/mab>

Email: falesw@michigan.gov

Reminder

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

- Subscribe to correspondence at this link: [Subscribe](#)