

Welcome and Introductions

Wednesday, July 28, 2021



Allen Jansen
Senior Deputy Director
Behavioral Health and Developmental Disabilities

Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

This week's trending conversations

- Home closures due to staffing crisis
- Public Health Emergency (PHE) was just extended for another 90 days

U.S. Department of Health and Human Services Secretary Xavier Becerra has extended the COVID-19 Public Health Emergency (PHE) for an additional 90 days. This means that the telehealth and other waivers and flexibilities that have been implemented during the PHE will remain in effect until at least **October 20, 2021**.

Today's topics and guests

- **Possibility of COVID-19 vaccine booster shots**

Heidi Loynes

Immunization Nurse Educator, Division of Immunization

- **Review of Emergency Orders in the context of summertime activities and gatherings**

Katie Commey

Strategic Partnerships and Special Projects

Medical Services Administration

Patrick Hindman

IPRAT Team Lead

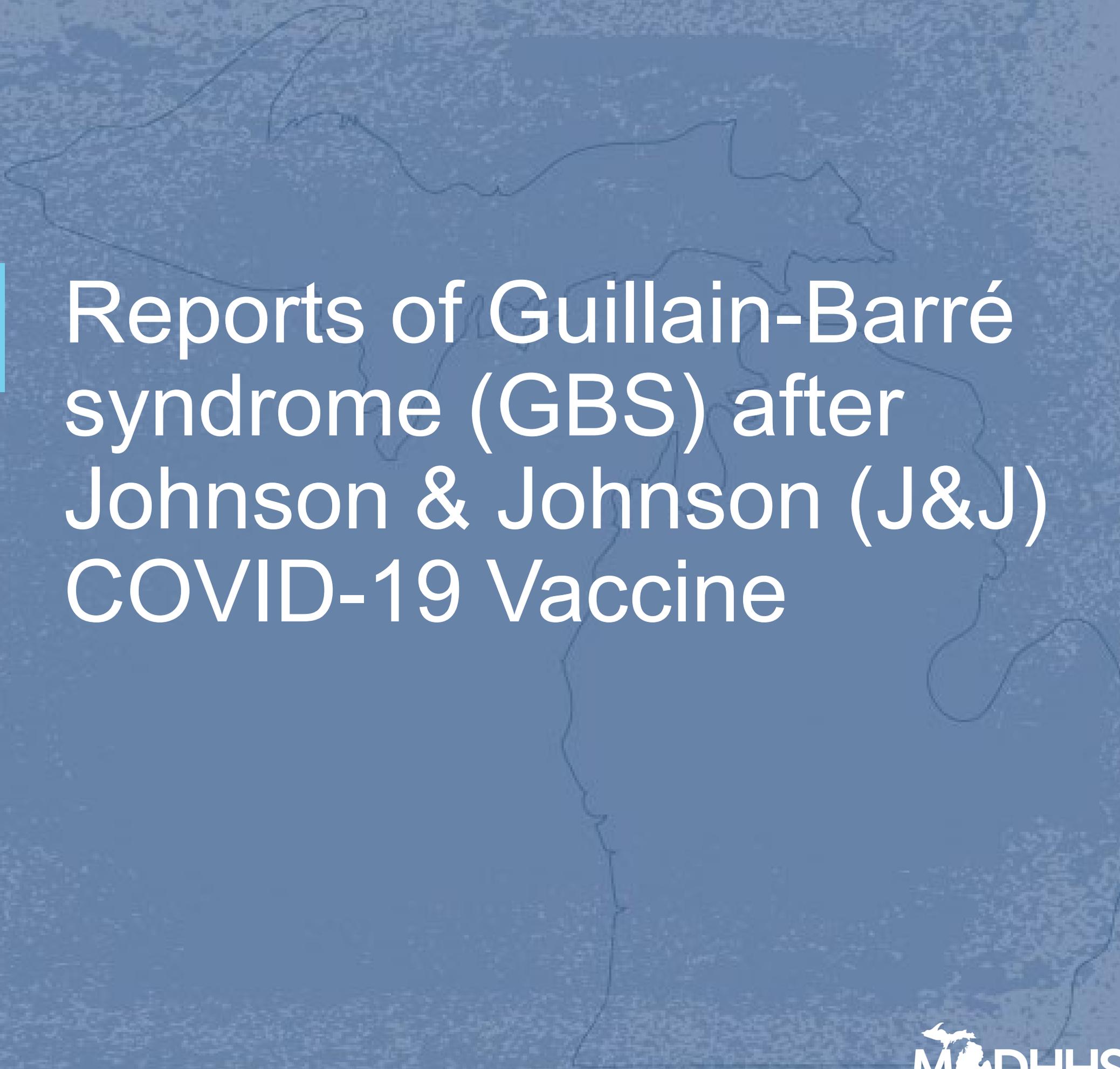
Infection Prevention Resource & Assessment Team



COVID Vaccine Update

Heidi Loynes BSN, RN Immunization Nurse Educator

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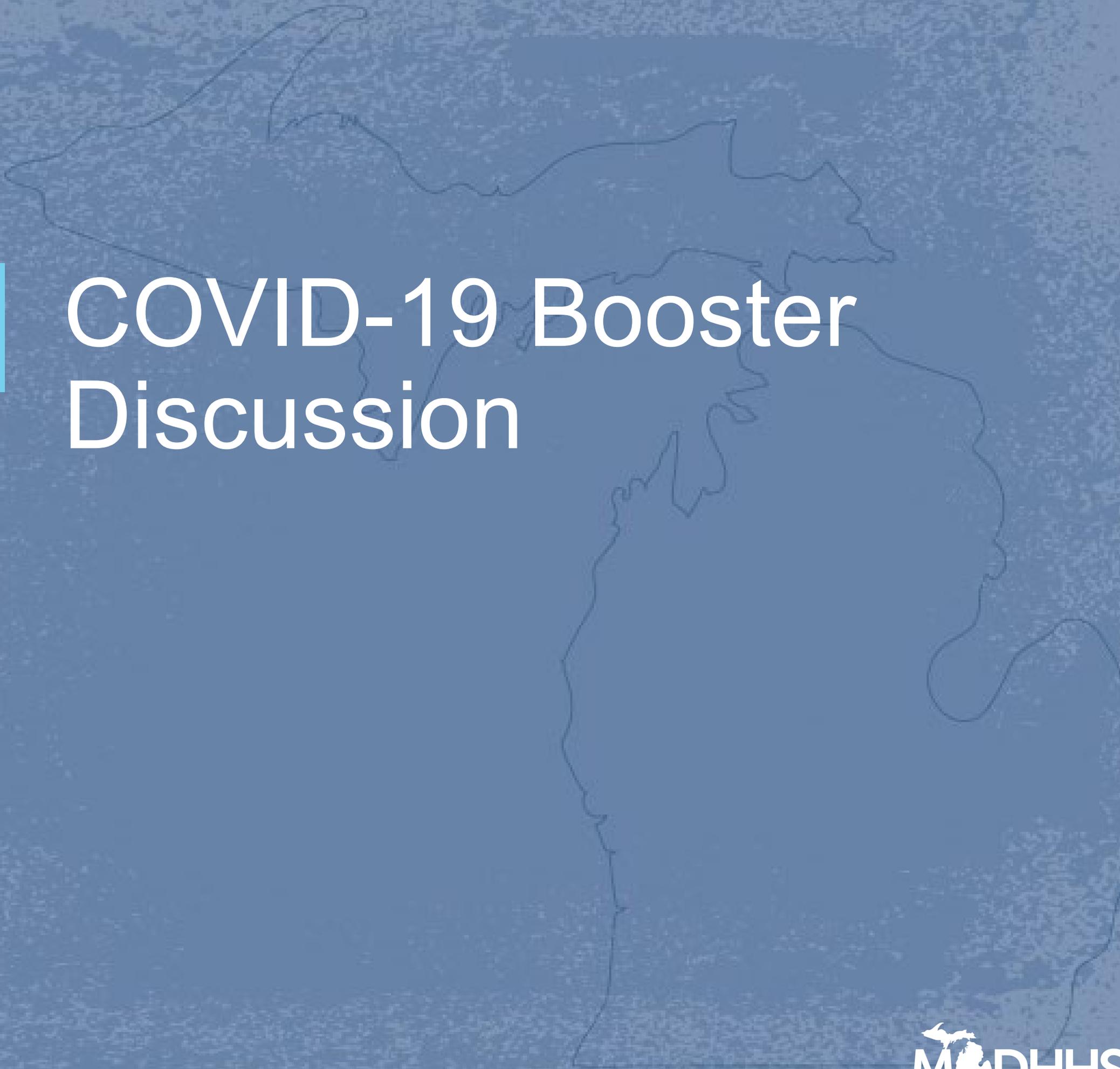
Reports of Guillain-Barré syndrome (GBS) after Johnson & Johnson (J&J) COVID-19 Vaccine

GBS Reports after J&J COVID-19 Vaccine

- 100 preliminary reports of GBS after J&J identified in VAERS as of June 30, 2021
 - Observed reports greater than expected across multiple age groups
 - Reporting rate for GBS is higher for J&J than for mRNA vaccines
- July 12, 2021: Authorized EUA Fact Sheets were updated to include GBS (www.michigan.gov/covidvaccineprovider)
- Next Steps
 - Obtain additional follow-up/medical records for J&J reports
 - Evaluate reports to determine if meet case definition of GBS
 - Based on the number of confirmed cases, re-assess the observed-to-expected analysis for GBS after J&J
 - Follow up on updates from FDA and CDC safety surveillance systems

Benefit-Risk Assessment of J&J COVID-19 Vaccine

- Discussion on the benefit-risk of J&J COVID-19 vaccine after rare reports of GBS
- Reports of GBS in people after they received the J&J COVID-19 vaccine are rare—likely indicate a small possible risk after receipt of vaccine
- Data showed thousands of hospitalizations are estimated to be prevented because of J&J COVID-19 vaccination
- The benefits of vaccination are clear:
 - All COVID-19 vaccines currently authorized in the US are effective in preventing severe disease, hospitalization, and death
 - Available data suggest COVID-19 vaccines currently authorized by the Food and Drug Administration (FDA) offer protection against known circulating variants, including the Delta variant



COVID-19 Booster Discussion

COVID-19 Vaccine Booster Dose

- Main policy question—Are booster doses of COVID-19 vaccines needed for those previously vaccinated with a primary series?
- And additional questions:
 - Are booster doses needed for all persons or only in specific populations (e.g., long-term care facilities, adults 65+, healthcare personnel, and immunocompromised persons)?
 - What is the optimal timing of booster doses after primary series?
 - Can these be given as a ‘mixed dose’, or do they need to be matched to a primary series?

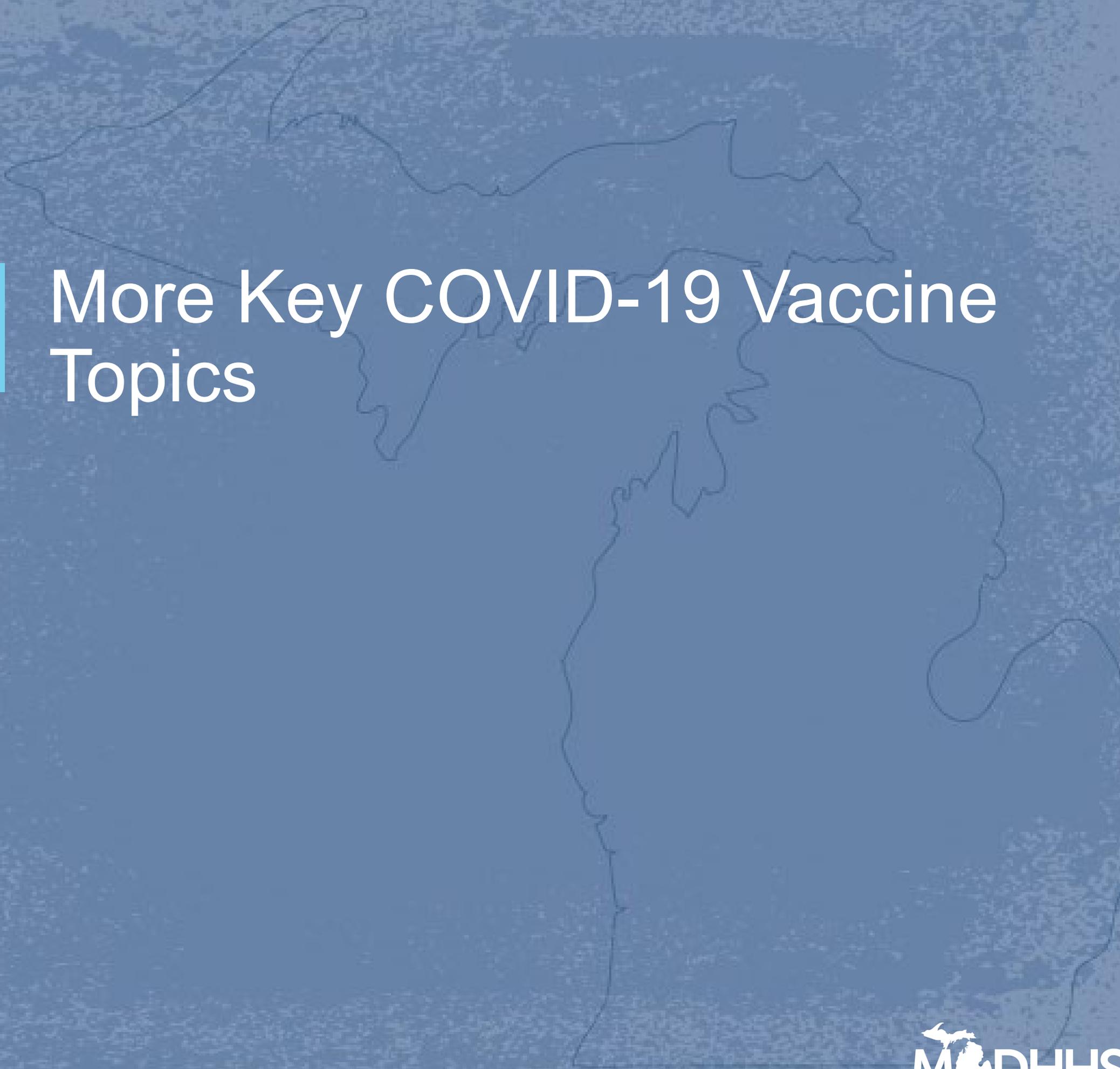
****No VOTE, No Recommendation for a Booster Dose at this time!**

COVID-19 Vaccine Booster Dose Cont...

- ACIP discussion included:
 - Evaluation of data indicating that some immunocompromised people might have a reduced immune response to COVID-19 vaccination
 - The potential for an additional dose of COVID-19 vaccine for immunocompromised individuals
- Data shows an enhanced antibody response after an additional dose of mRNA COVID-19 vaccine in some immunocompromised people
- The safety, efficacy, and benefit of additional doses of COVID-19 vaccine in immunocompromised people continues to be evaluated
- Immunocompromised people should be counseled about the potential decreased immune response to COVID-19 vaccination
 - Until advised otherwise by HCP, continue prevention measures such as mask wearing and physical distancing

****MDHHS—Awaiting further guidance on booster doses****

****Discussing Booster Dose Vaccination Plan for LTC/AFC, etc.****



More Key COVID-19 Vaccine Topics

CDC Press Brief—July 27th Vaccination to Prevent COVID-19 Outbreaks

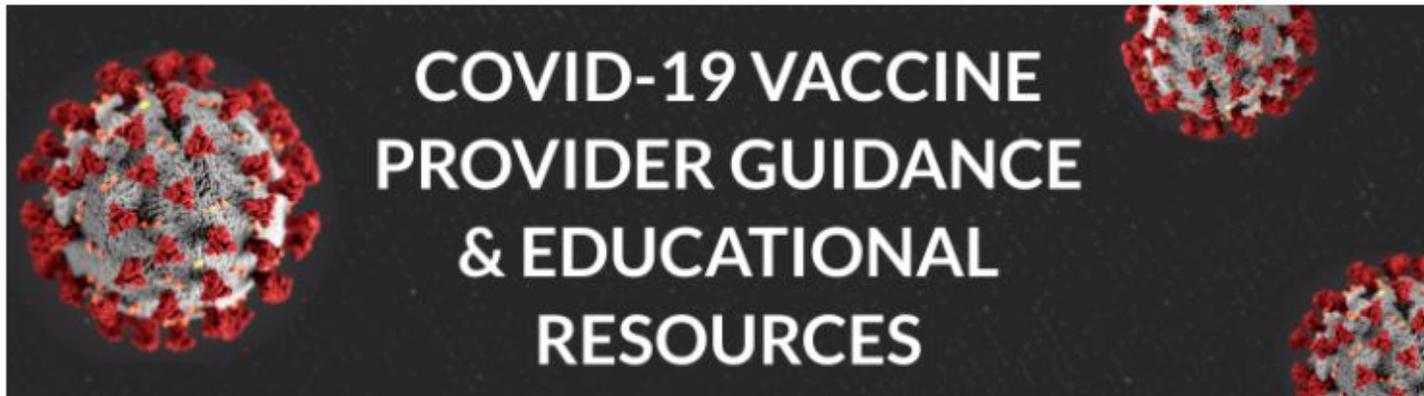
- COVID-19 case rates are rising again, after a period of decline
- Most cases of COVID-19 and hospitalizations are in unvaccinated individuals
- The COVID-19 Delta variant is widely prevalent and more infectious than prior strains
- **COVID-19 vaccination is our most effective strategy to prevent infection and severe disease**
- CDC recommends continued efforts to accelerate primary vaccination efforts, especially in areas with lower vaccination coverage

COVID-19 Vaccine Coadministration

- COVID-19 vaccine and other vaccines may be administered without regard to timing
 - Includes simultaneous administration with other vaccines on the same day
- It is unknown whether reactogenicity of COVID-19 vaccine is increased with coadministration, including with other vaccines known to be more reactogenic, such as adjuvanted vaccines or live vaccines

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

COVID-19 Vaccine Provider Guidance and Educational Resources



This webpage will house materials to support COVID-19 Vaccine Providers in successful implementation of the COVID-19 Vaccination Program. Be sure to "bookmark" this page and check back frequently for updates!

GENERAL COVID-19 VACCINE RESOURCES

- [MDHHS COVID-19 Vaccination Interim Prioritization Guidance](#)
- [CDC COVID-19 Vaccine Resources for Healthcare Professionals](#)
 - Vaccine administration, storage and handling, reporting, and patient education for each specific vaccine
- [COVID-19 Vaccine Training Module](#)
 - Self-paced module with certificate of completion (no CE)
 - MDHHS strongly recommends that all COVID-19 Vaccine Providers complete this training.
- [CDC HCP Vaccine Administration Resource Library](#)

CONTENT-SPECIFIC COVID-19 RESOURCES

- [Webinars](#)
 - [Upcoming Noontime Knowledge: Thursday March 11, 2021: Janssen COVID-19 Vaccine \(Johnson and Johnson\)](#)
- [Enrollment & Redistribution](#)
- [Vaccine Billing and Vaccine Code Sets](#)
- [Product-Specific Information & EUAs](#)
 - [Pfizer](#)
 - [Moderna](#)
 - [Janssen \(Johnson & Johnson\)](#)
 - [Standing orders now available!](#)
- [VaccineFinder](#)
- [MCIR Documentation & Inventory](#)
- [Order & Shipment Tip Sheets](#)

MDHHS COVID-19 Vaccine Provider Web Page

- **COVID-19 vaccine webpage**
www.michigan.gov/COVIDvaccine, then selecting “Provider Guidance and Education”



Katie Commey, MPH
Strategic Partnerships and Special Projects
Medical Services Administration

General Principles

- Residential Care Facilities should be assessing their own operations to determine how various state and federal rules and guidance apply to their setting.
- Each rule-making entity has a distinct focus or aim when establishing rules and guidance. Therefore, not all rules/guidance issued across entities will include the same principles.
- If one entity's (state or federal) rule or guidance does not apply to your setting, it should not be assumed that another entity's also does not apply.

MDHHS Emergency Orders

- Generally, MDHHS Emergency Orders and/or guidance are developed with an aim to protect public health.
- MDHHS Emergency Orders and/or guidance for Residential Care Settings have been developed to safeguard the health of direct care workers, residents, and visitors to these settings.

May 5 Testing and May 21 Visitation Orders Remain in Effect

May 5 - Testing in Skilled Nursing Facilities, Homes for
the Aged, and Adult Foster Care Facilities

AND

May 21, 2021 Requirements for Residential Care
Facilities

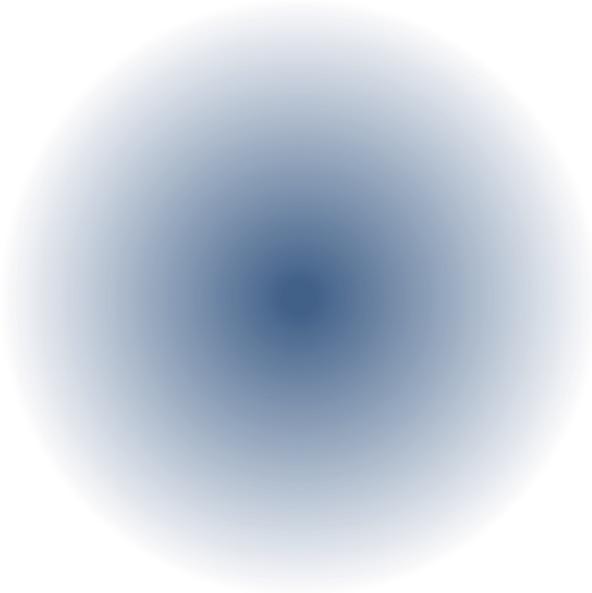
Facilities should continue to follow the protocol
outlined within these Emergency Orders

AFC/HFA Forum

Patrick Hindman, MPH, BSN
IPRAT Team Lead



Presentation by MDHHS Infection Prevention Resource and Assessment Team



Face Mask Guidance

June 22nd MDHHS Face Mask Recommendation

Residential Care Facilities: Nursing Homes, Adult Foster Care, and Homes for the Aged

- Healthcare personnel, whether vaccinated or unvaccinated, should continue to wear face masks at work. This is listed under both outdoor and indoor guidance.
- Vaccinated healthcare personnel can remove their mask while dining, socializing with vaccinated healthcare personnel, or conducting in-person meetings in break rooms with vaccinated healthcare personnel.
- If unvaccinated healthcare personnel or residents are present, everyone should wear face masks.

June 22nd MDHHS Face Mask Recommendation

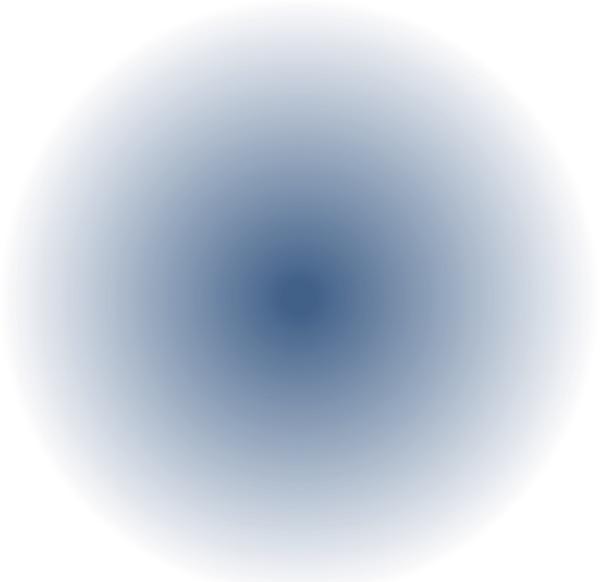
Residential Care Facilities: Nursing Homes, Adult Foster Care, and Homes for the Aged

- Whether outdoors or indoors, fully vaccinated residents should wear face masks during group activities when unvaccinated individuals are present.
- All residents, regardless of vaccination status, should wear face masks following CMS QSO-20-39-NH updated 4/27/2021 and follow Core Principles of COVID-19 Infection Prevention when walking in hallways since they may encounter unvaccinated individuals in proximity.

June 22nd MDHHS Face Mask Recommendation

Residential Care Facilities: Nursing Homes, Adult Foster Care, and Homes for the Aged

- All individuals, regardless of vaccination status, should wear a face mask when a COVID-19 outbreak is underway until 14 days pass without a new COVID-19 positive case among residents and healthcare personnel.



CDC Strategies for Optimizing the Supply of N95 Respirators and Eye Protection

FDA Update to Healthcare Facilities

Effective July 6, 2021:

- The FDA no longer authorizes the use of non-NIOSH approved or decontaminated disposable respirators in healthcare settings.

CDC strategies for optimizing the supply of N95 respirators and eye protection

May 2021:

- The supply and availability of NIOSH-approved respirators have increased significantly over the last several months. Healthcare facilities should not be using crisis capacity strategies at this time and should promptly resume conventional practices and manufacturer's instructions for use.
- Eye protection should be verified if it is single use only or reusable. If reusable clean and disinfect per manufacturer's instructions.
- *Eye protection is recommended for facilities with moderate to substantial community transmission of COVID-19.*

CDC strategies for optimizing the supply of N95 respirators

Use PPE calculator and evaluate supply chain:

- While the supply chain has improved, contingency capacity strategy or extended use may be implemented if supply is inadequate.
- NOTE: Extended use is well suited to situations wherein multiple residents with the SAME infectious disease diagnosis, whose care requires use of a respirator, are cohorted (e.g. housed on the same unit such as a COVID-19 unit).

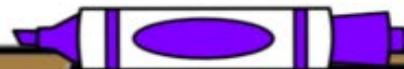
Post strategy so staff know how to use PPE

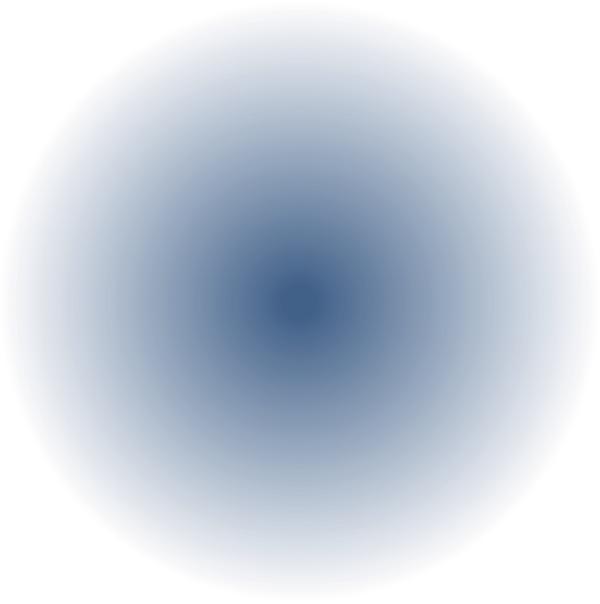
July __, 2021:

- N95 respirators – Contingency
- Facemasks – Conventional
- Gowns – Conventional
- Gloves – Contingency
- Eye Protection – Conventional

Unsure what this means?

Call infection prevention ext. __





Physical Distancing

Healthcare Infection Prevention and Control Recommendations for Physical Distancing for Residents/Patients

- If all patients/residents are vaccinated, they may choose to not wear source control and to have close contact.

However:

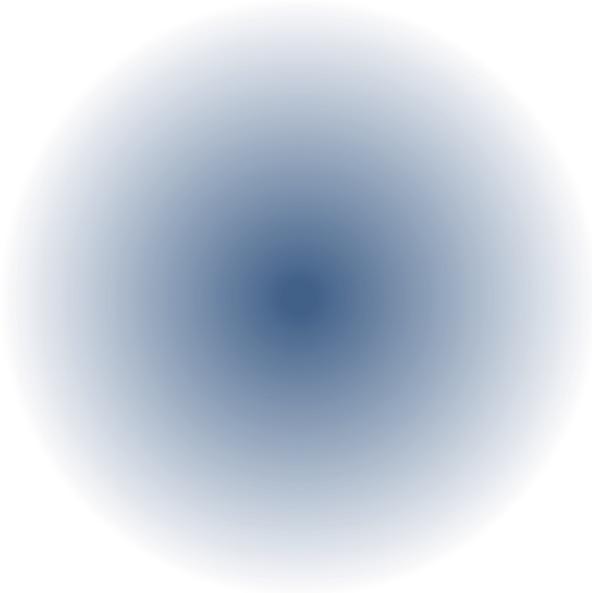
- If unvaccinated patients/residents are present, all participants should wear source control and physically distance from others.
- Guidance does not specify physical distancing protocols when an unvaccinated staff member is present among residents. Facilities should implement policies to address this.

CDC Healthcare Infection Prevention and Control Recommendations for Physical Distancing for Healthcare Personnel (HCP)

- Fully vaccinated healthcare personnel (HCP) may dine and socialize in breakrooms and conduct in-person meetings without source control or physical distancing.

However:

- If unvaccinated HCP are present in breakroom or meeting, then all HCP should wear source control and unvaccinated HCP should physically distance from others.



Visitation Guidance

Visitation Residential Care Facilities

May 21, 2021, Emergency Order Guidance

- MDHHS Guidance states:
 - Schedule visits by appointment.
 - Limit the number of visitors per scheduled visit to two persons or fewer at any given time.
 - Limit visitors to those 12 and older.
 - Disallow visitation during aerosol-generating procedures or during collection of respiratory specimens unless deemed necessary by staff for the care and well-being of the resident.

CDC healthcare infection prevention and control recommendations in response to COVID-19 vaccination updated 4/27/2021.

CDC recommends:

- Visitors, regardless of their vaccination status, should wear a well-fitting cloth mask or face mask for source control and social distance when around other healthcare personnel and other residents/visitors that are not part of their group at all other times in the facility.

However:

- A fully vaccinated resident and fully vaccinated visitor are in a room together **with no other** residents or healthcare personnel present, the resident and visitor may remove their masks and have close contact.
- Fully vaccinated resident with unvaccinated visitor may choose to have close contact, but both should continue to wear well-fitting mask for source control.

CDC healthcare infection prevention and control recommendations in response to COVID-19 vaccination updated 4/27/2021.

- Visitors should be screened and restricted from visiting, regardless of vaccination status if they are:
 - Currently infected, have signs or symptoms or had prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over 24-hour period) with an infected person in the last 14 days.
- Facilities may need to manage or limit visitation and visitor flow.

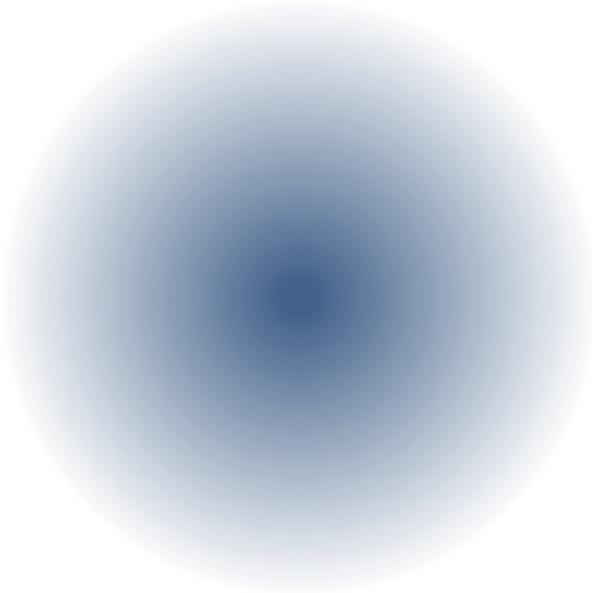
Location of Indoor Visitation

- If resident/patient resides in a single-person room, visitation could occur in their room.
- If resident/patient resides in a shared room, visitation should ideally not be conducted in resident/patient room.
- If both residents/patients are unable to leave room, facility should attempt to allow visitation in room while maintaining recommended infection prevention and control practices, including encouraging wearing source control for all residents/visitors in the room.

CDC Visitation Guidelines for Post-acute Care Facilities, Including Nursing Homes

Indoor visitation could be permitted for all residents except as noted below:

- Indoor visitation should be limited compassionate care situations only, for:
 - Unvaccinated residents in a facility whose county positivity rate is $>10\%$ and $<70\%$ of residents in facility are fully vaccinated.
 - Vaccinated or unvaccinated residents with SARS-CoV-2 infection until they have met criteria to discontinue Transmission-Based Precautions.
 - Vaccinated or unvaccinated residents in quarantine who have not met criteria for release from quarantine.
- Facilities in outbreak status should follow guidance from state and local health authorities and CMS on when visitations should be paused.



Social Gatherings

Social Gatherings – Checklist

- Are those in attendance fully vaccinated?
- Does my community have high or increasing COVID-19 cases?
- Do I have the ability to hold it outdoors with protection from adverse weather?
- Am I able to communicate to those in attendance the expectations regarding social distancing, mask wearing, hand hygiene, and screening?
- Do I have the necessary staff and disinfection products available to ensure high-touch areas are disinfected appropriately?
- Are hand hygiene stations conveniently located?

Social Gatherings – Outdoor

- Outdoor social gatherings are recommended, regardless of vaccination status.
- Facility should take measures to ensure a safe outdoor environment during outdoor social gatherings, including tents and other means of providing comfort during poor weather conditions.
- Per MDHHS: “Provide adequate protection from weather elements (e.g., in a shaded area) when conducting outdoor visitation.”
- Facilities should follow Core Principles of Infection Prevention, including wearing source control, social distancing, and hand hygiene.

[QSO-20-39-NH REVISED \(cms.gov\)](#)

[Residential Care Facilities May 21 2021 Order Guidance 727968 7.pdf \(michigan.gov\)](#)

[Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination | CDC](#)

Social Gatherings – Indoors

- **Indoor social gatherings pose a risk of transmission.**
 - Per CMS: "During indoor visitation, facilities should limit visitor movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area."
 - Per EO 5/21 MDHHS: "Limit the number of visitors per scheduled visit to two persons or fewer at any given time."
 - **Per CMS guidelines, Core Principles of Infection Prevention must be adhered to at all times.**

[QSO-20-39-NH REVISED \(cms.gov\)](#)

[Residential Care Facilities May 21 2021 Order Guidance 727968 7.pdf \(michigan.gov\)](#)

[Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination | CDC](#)

Social Gatherings – Food Supplied by Facility

- Congregate dining is permitted indoors and outdoors for residents.
 - When considering supplying food to visitors there is not clear guidance available, therefore facilities should evaluate their ability to adhere to infection prevention and control measures.
 - Should refer back to and follow facility policy within this situation.
- Food items should **NOT** be self-serve.
- Those serving food should maintain food safety and handling practices.
- Have specific times for your residents to attend an outdoor event with family.
 - To limit the number of guests that are gathered at any one time.



IPRAT

CONTACT US

Email Address: MDHHS-IPRAT@michigan.gov

Website: www.Michigan.gov/IPRAT

References:

- [Infection Control Guidance for Healthcare Professionals about Coronavirus \(COVID-19\) | CDC](#)
- [MDHHS Face Mask Recommendations 5.20.21 725941 7.pdf\(michigan.gov\)](#)
- [QSO-20-39-NH REVISED \(cms.gov\)](#)
- [Residential Care Facilities May 21 2021 Order Guidance 727968 7.pdf\(michigan.gov\)](#)
- [Summary for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during Shortages | CDC](#)
- [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination | CDC](#)
- [Update: FDA No Longer Authorizes Use of Non-NIOSH-Approved or Decontaminated Disposable Respirators - Letter to Health Care Personnel and Facilities | FDA](#)



Concluding Remarks

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](#)