

# Welcome and Introductions

Wednesday, April 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.*

# A quick announcement

- An emergency COVID-19 Adult Foster Care unit is now open at **Pine Rest Christian Mental Health Services** in Grand Rapids.
- Provides an alternative setting for AFC residents 18 and older who are COVID-19 positive and who cannot be safely maintained in their current placement.
- Stays are limited to 14 days.
- The referring AFC must agree to take the individual back upon discharge.

**For Admission Criteria, Daily Rate, and other information:**

**Pine Rest Contact Center (open 24/7):**

**616-455-9200 or 800-678-5500**

# Today's topics and guests

- **Emergency Preparedness Committee Update**  
Katie Puskar, Departmental Analyst
- **What we know about COVID-19 Variants**  
Dr. Marty Soehrlen, PhD, MPH, PHLD(ABB)  
Infectious Disease Division, Bureau of Laboratories
- **Vaccine Updates / After Clinics**  
Shelly Doeblor, MPH, Division of Immunization
- **COVID-19 Testing Program Updates**  
Danielle Jones, MPH  
Vulnerable Population Testing Liaison

# AFC/HFA Emergency Preparedness Committee Update

## Agencies Involved:

- Bureau of EMS Trauma and Preparedness
- Medical Services Administration
- Licensing and Regulatory Affairs
- Aging and Adult Services
- Bureau of Community Based Services
- Bureau of Infectious Disease Prevention
- Behavioral Health and Developmental Disabilities Administration
- Community Mental Health Association of Michigan
- Michigan Assisted Living
- Leading Age of MI
- Michigan Center for Assisted Living

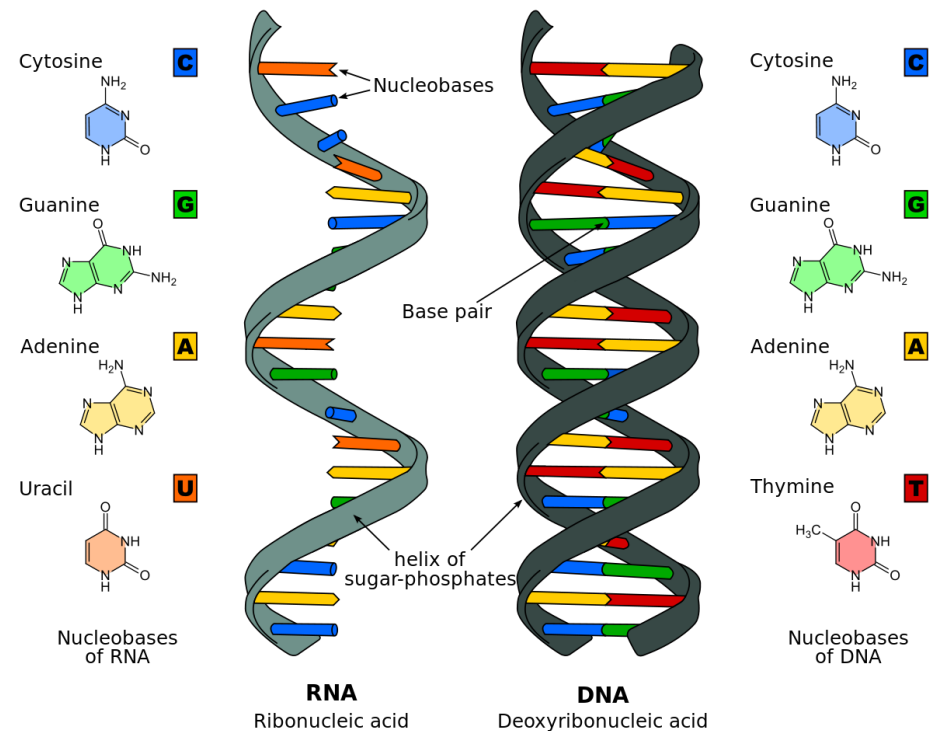
Starting with communication -- but there is much more to come!

# COVID Variants Updates

Marty Soehnlén, PhD, MPH, PHLD (ABB)  
Michigan Department of Health and Human Services  
April 28, 2021

# Nucleic Acid – DNA v RNA

- Nucleic acid of an organism can either be RNA or DNA
- RNA is more unstable and more likely to accumulate mutations
- Molecular tests can identify the presence of nucleic acid even if a viable organism is not present

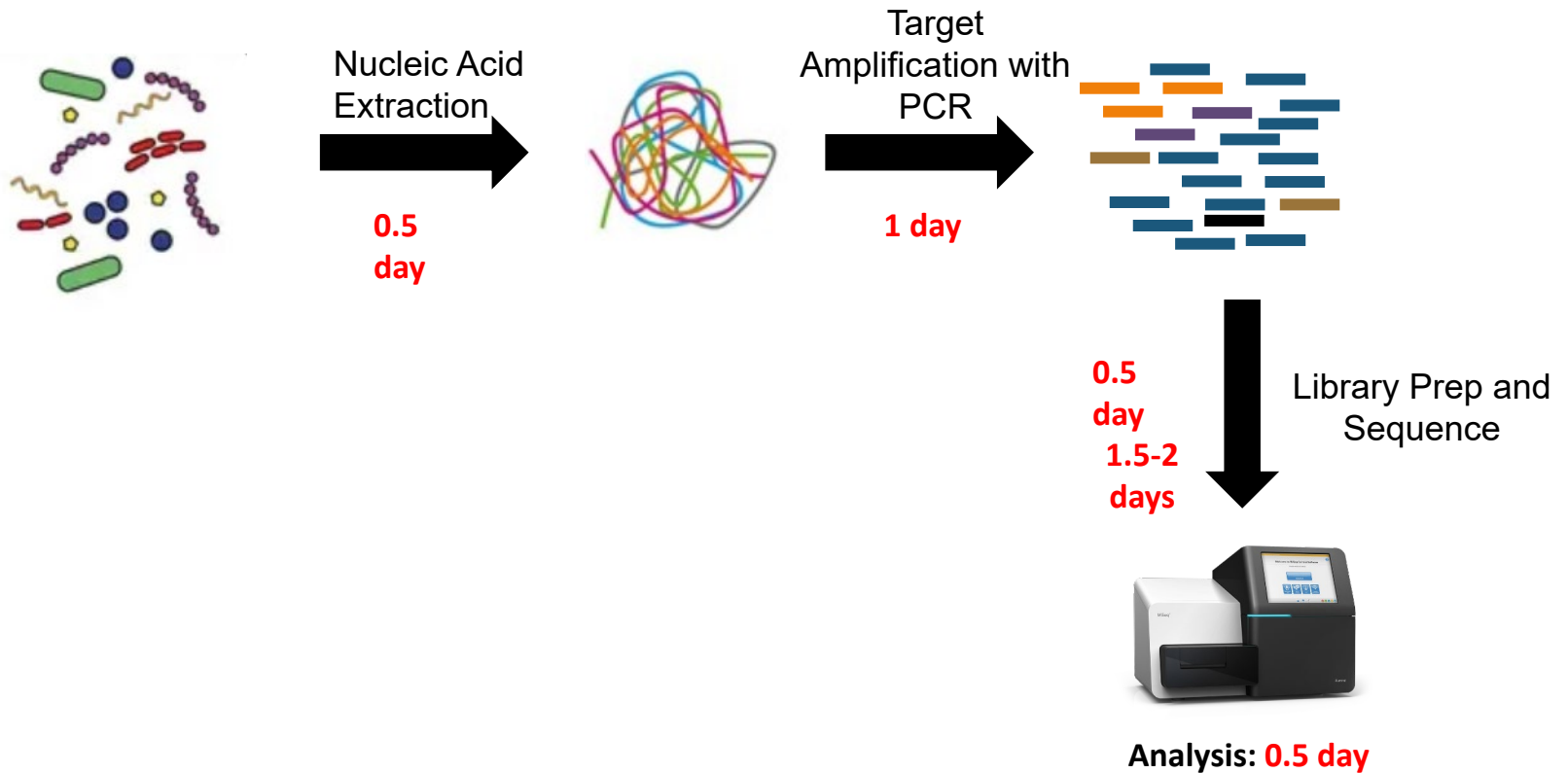


# Mutations

**The cat chased the ball around the house.**

- Point Mutation (Change a single nucleotide to a different nucleotide)
  - Silent (no change) **The cat chased the ball around the house.**
  - Missense (changes the outcome) **The cat chased the ball around the mouse.**
  - Nonsense (will result in early stop) **The cat chased.**
- Frameshift Mutation (Addition or Deletion of Nucleotides)
  - Addition (adds nucleotides) **The cat of chased the ball around the house.**
  - Deletion (removes nucleotides) **The cat chased the \_ around the house.**

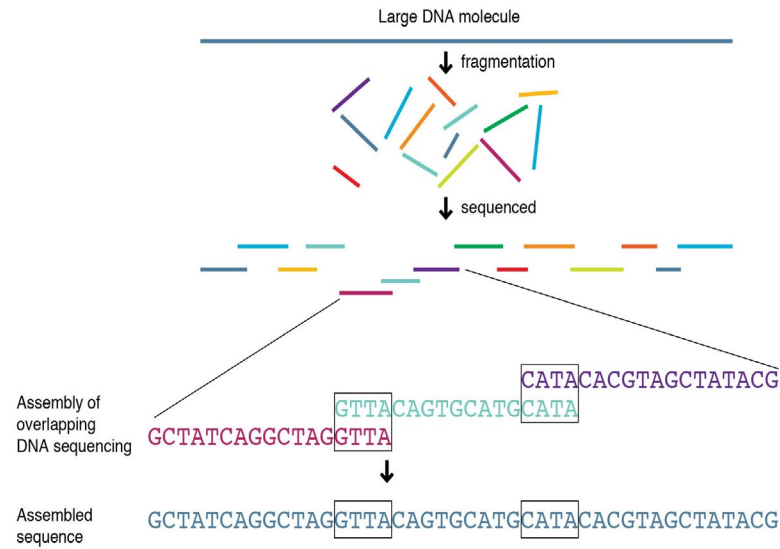
# Whole Genome Sequencing Process – SARS-CoV-2

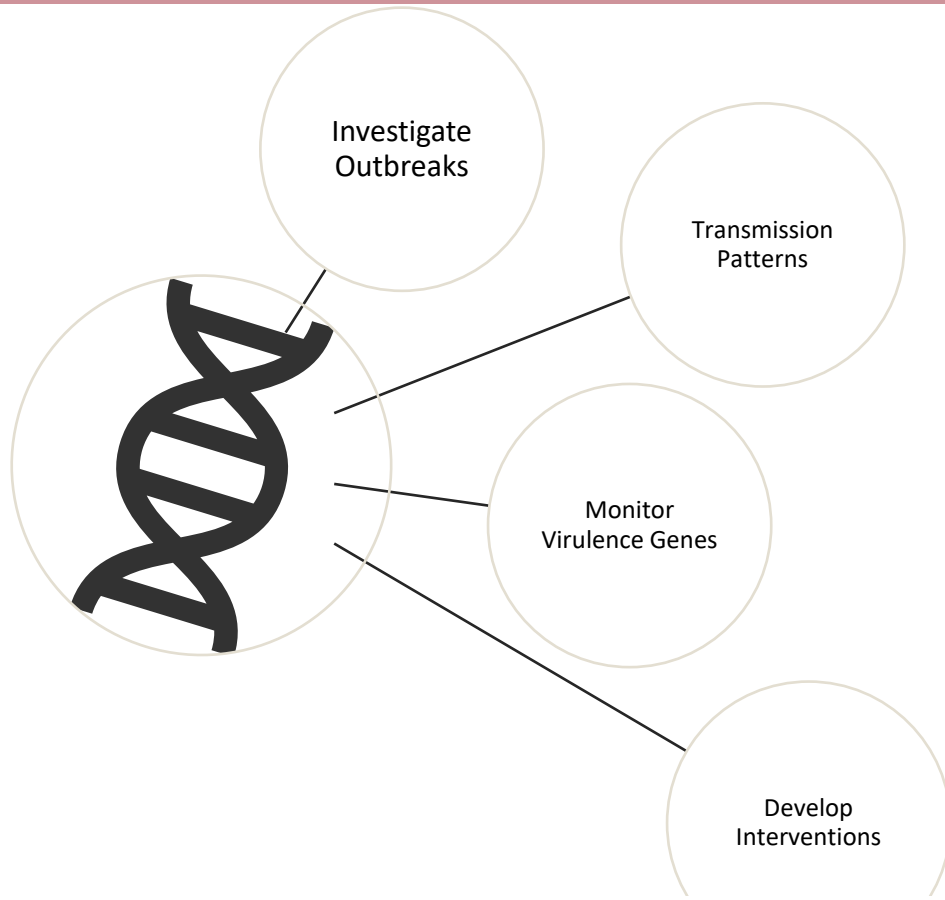




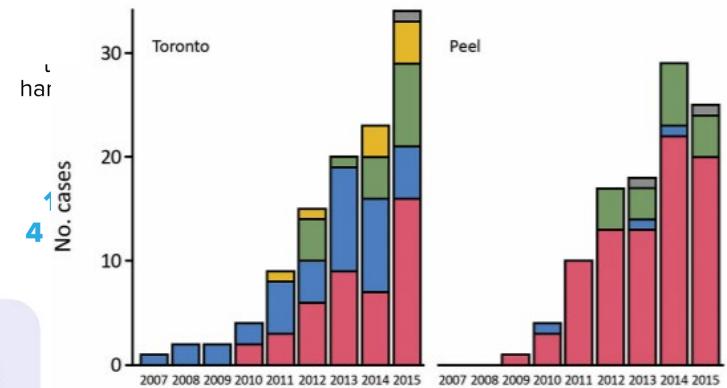
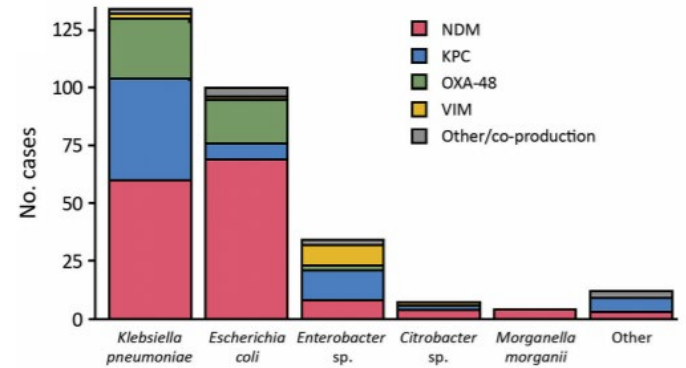


1 box set = 1,084,440 words  
~ 5,442,200 letters (5 letters/wd  
avg)



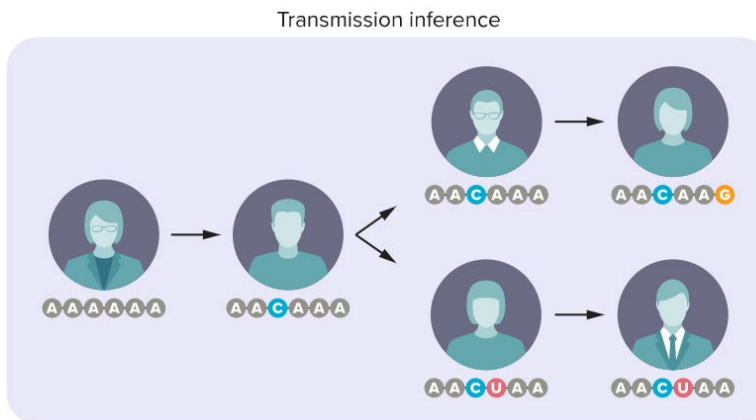


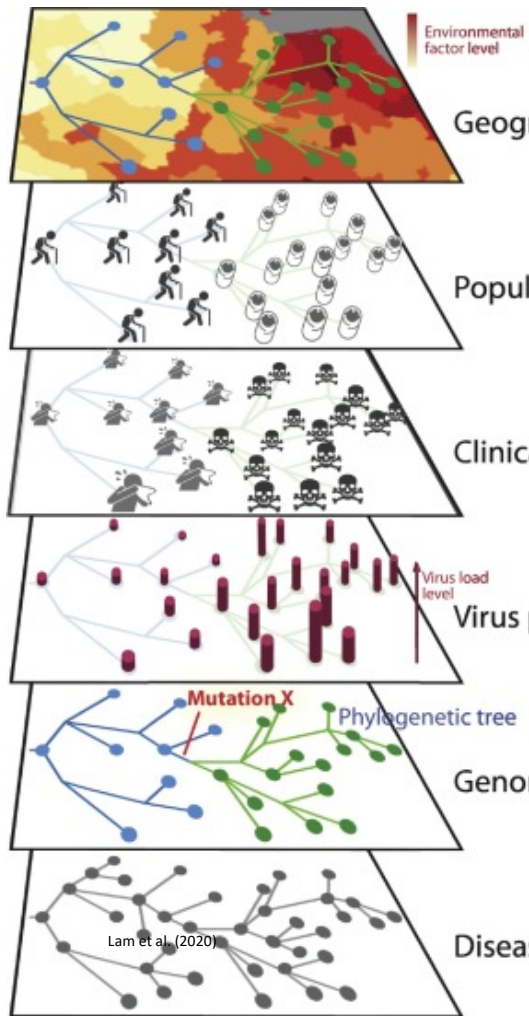
# Use of Pathogen Genomics



Various viral samples from patients

A A A A A A  
 A A C A A A  
 A A C A A A  
 A A C U A A  
 A A C U A A  
 A A C A A G





Environmental factor level

Geography/environments

Population demography

Clinical manifestation

Virus phenotype

Genomic sequences

Disease transmission history

**Examples of interpretations from the comparative analysis with the phylogeny**

The emerged lineage is introduced to a certain geographic region, where some environmental factors may promote the transmission.

The emerged lineage has selective advantage in infecting and transmitting among the certain age group of host.

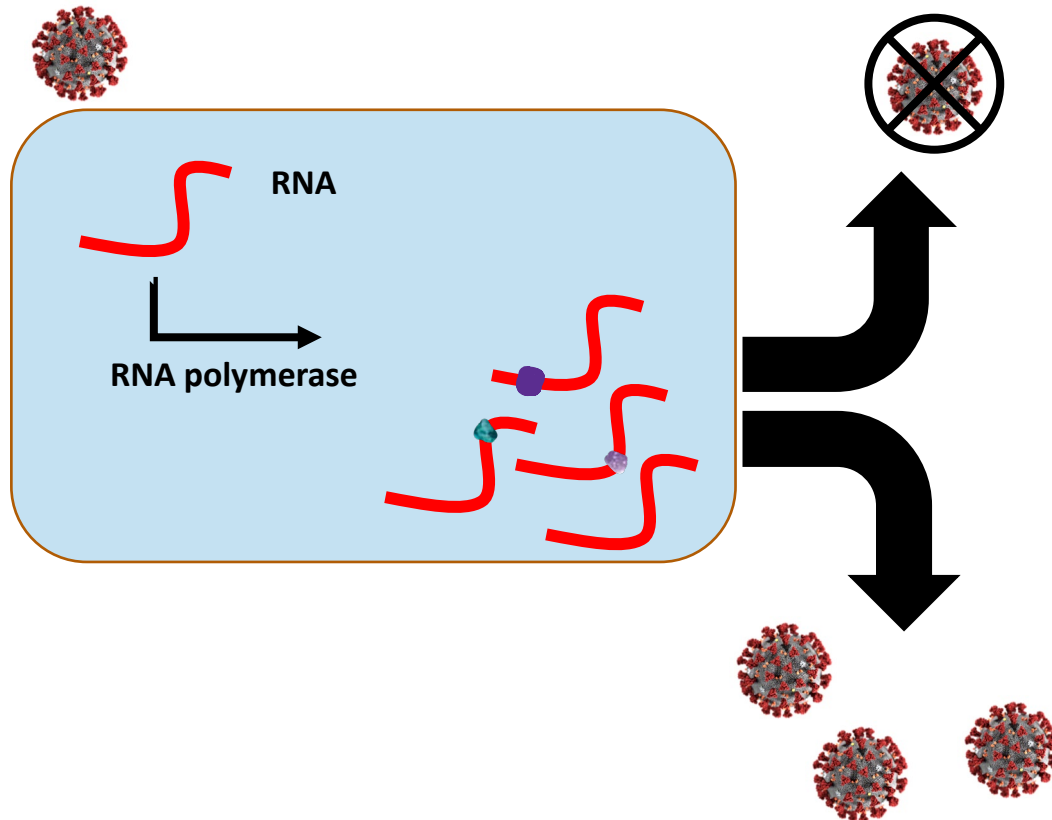
The emerged lineage is associated with distinctive clinical presentation/severity, which could be due to altered viral phenotype itself or the interaction with the host.

The emerged lineage exhibits a different viral phenotype such as viral shedding titer or duration, which may be due to the common mutation in the viral lineage.

Phylogenetic tree inferred from the genomic sequences serves as proxy of disease transmission history.

# Overlaying Epidemiological and Genomic Data and Sequencing

# SARS-CoV-2



- RNA viruses infect human (and other eukaryotic) cells because they lack the ability to replicate themselves
- The RNA polymerase is highly error prone and can result in mutations in the genome
- Most mutations will not affect the virus due to:
  - Redundancy in genetic code
  - No longer viable virus
  - Slight change in protein

# Variant of Interest

A variant with specific genetic markers that have been associated with changes to receptor binding, reduced neutralization by antibodies generated against previous infection or vaccination, reduced efficacy of treatments, potential diagnostic impact, or predicted increase in transmissibility or disease severity.

Possible attributes of a variant of interest:

- Specific genetic markers that are predicted to affect transmission, diagnostics, therapeutics, or immune escape
- Evidence that demonstrates it is the cause of an increased proportion of cases or unique outbreak clusters
- Limited prevalence or expansion in the US or in other countries

# Variant of Concern

A variant for which there is evidence of an increase in transmissibility, more severe disease (increased hospitalizations or deaths), significant reduction in neutralization by antibodies generated during previous infection or vaccination, reduced effectiveness of treatments or vaccines, or diagnostic detection failures.

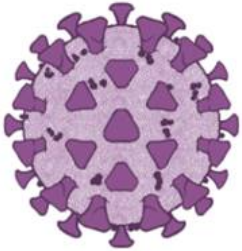
Possible attributes of a variant of concern:

*In addition to the possible attributes of a variant of interest*

- Evidence of impact on diagnostics, treatments, and vaccines
  - Widespread interference with diagnostic test targets
  - Evidence of substantially increased resistance to one or more class of therapies
  - Evidence of significant decreased neutralization by antibodies generated during previous infection or vaccination
  - Evidence of reduced vaccine-induced protection from severe disease
- Evidence of increased transmissibility
- Evidence of increased disease severity

# Variants of Concern

Based on Axios' live [Coronavirus Variant Tracker](#). Data: [CDC/Axios Research/GISAID](#);  
Graphic: Will Chase/Axios; Illustration: Brendan Lynch/Axios



'The U.K. Variant,' B.1.1.7



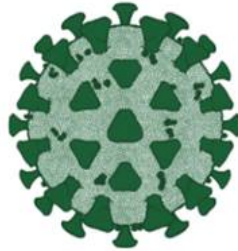
50% more transmissible



Likely causes more severe disease



Vaccines are still effective



'The South Africa Variant,' B.1.351



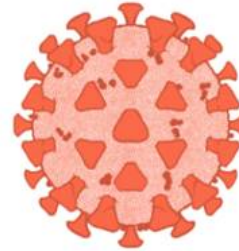
50% more transmissible



Unknown if it causes more severe disease



Vaccines are less effective



'The Brazil Variant,' P.1



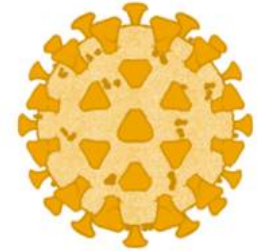
Believed to be more transmissible, but more research needed



Unknown if it causes more severe disease



Vaccine efficacy is unknown



'The California Variant,' B.1.427/B.1.429



20% more transmissible



May cause more severe disease, but more research needed



Vaccines are likely still effective

# Variant of High Consequence

A variant of high consequence has clear evidence that prevention measures or medical countermeasures (MCMs) have significantly reduced effectiveness relative to previously circulating variants.

**Possible attributes of a variant of high consequence:**

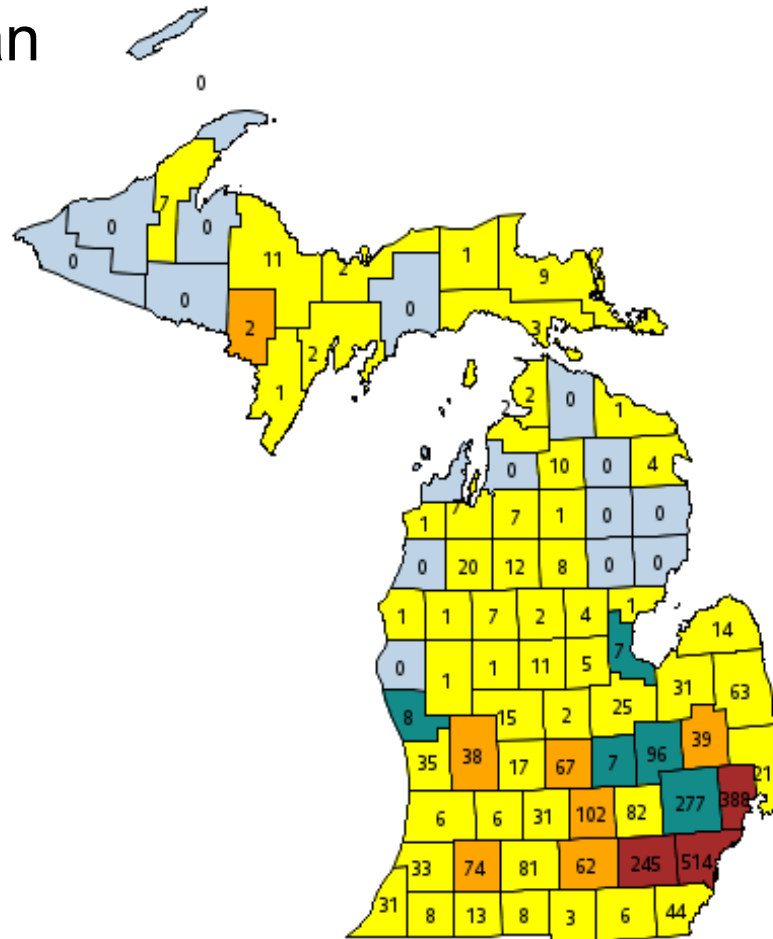
*In addition to the possible attributes of a variant of concern*

- Impact on Medical Countermeasures (MCM)
  - Demonstrated failure of diagnostics
  - Evidence to suggest a significant reduction in vaccine effectiveness, a disproportionately high number of vaccine breakthrough cases, or very low vaccine-induced protection against severe disease
  - Significantly reduced susceptibility to multiple Emergency Use Authorization (EUA) or approved therapeutics
  - More severe clinical disease and increased hospitalizations

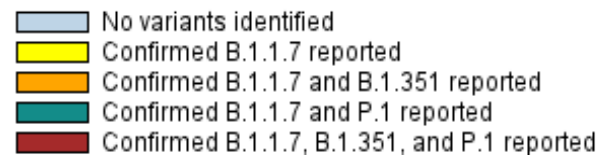


# Variants in Michigan

- April 17



Number of confirmed variant cases identified



Note: 147 cases in Wayne County attributed to Detroit City

# CMS Guidance for SARS-CoV-2 Sequencing

- De-identified samples
  - Report to Public Health only
  - Validated test
- 
- Reports do not go back to patients or providers for clinical care use
- 

## CLIA SARS-CoV-2 Variant Testing Frequently Asked Question

Date: 3/19/2021

**Does a facility that performs surveillance testing to identify SARS-CoV-2 genetic variants need a CLIA certificate?**

CMS is temporarily exercising enforcement discretion under CLIA for SARS-CoV-2 genetic variant testing on identified specimens in which patient-specific results are reported to State or local Public Health Departments. As defined by Centers for Disease Control and Prevention (CDC), public health surveillance testing for SARS-CoV-2 is intended to monitor community- or population-level outbreaks of disease, or to characterize the incidence and prevalence of disease. Public health surveillance testing is performed on de-identified specimens, and thus results are not linked to individuals. Public health surveillance testing cannot be used for individual decision-making. See CDC's [Testing Strategies for SARS-CoV-2 \(Frequently Asked Questions about Coronavirus \(COVID-19\) for Laboratories\)](#).

Generally, surveillance testing using sequencing technology to identify SARS-CoV-2 genetic variants can be performed in a facility that is NOT CLIA certified, provided that patient-specific results are **not** reported to (1) the individual who was tested or (2) their health care provider. If at any time a facility

# Questions?

**Marty Soehrlen, PhD, MPH, PHLD (ABB)**

**Michigan Department of Health and Human Services  
Bureau of Laboratories  
Director of Infectious Disease**

**Email:  
SoehrlenM@michigan.gov**

# COVID Vaccine Update



Shelly Doeblor, MPH  
Influenza Epidemiologist  
MDHHS Division of Immunization



LTC Pharmacy Partnership  
Program- Data Update

# Overview

- Part A- Skilled Nursing Facilities
  - 397 facilities enrolled
  - 100% first clinics completed
  - 100% second clinics completed
  - 100% third clinics completed
- Part A Doses Administered
  - **100,643 Total Doses Administered**
    - 555,240 First Doses
    - 45,403 Second Doses
  - Resident and Staff Doses
    - 52,471 Resident Doses
    - 48,172 Staff Doses

# Overview

- Part B- “Other” facilities- ALF, HFA, HUD 202, AFC
  - 3,425 facilities enrolled
    - 98% complete- first clinics
    - 97% complete- second clinics
    - 46% complete- third clinics\*
      - \*Many Part B facilities only require 2 clinics
  - Total Doses Administered: 186,309
    - First doses: 97,966
    - Second doses: 88,343
  - Resident vs. Staff doses
    - Doses administered to residents: 119,760
    - Doses administered to staff: 66,549



# Post-Federal LTC Program Vaccination Options



# Vaccination Options for LTC Facilities

- Partner with the local health department to receive vaccine for your facility
- Inquire about allocations available with traditional LTC pharmacy partners
- CDC has partnered with three pharmacies that traditionally serve LTC populations through the Federal Retail Pharmacy Program:
  - Managed Health Care Associates (MHA)
  - GeriMed
  - Innovatix
  - Omnicare
  - These partners will receive federal allocations and have been instructed by CDC to provide vaccine to LTCF residents and staff

# Vaccination Options, Continued

- Other Federal Retail Pharmacy Partners may be willing to work with LTC facilities to provide clinics
  - Inquire with a retail partner in your area
  - Current partners: CVS, Walgreens, Meijer, Kroger, Rite-Aid, Walmart, Spartan Nash (Topco), Cardinal (Snyder Pharmacies in the U.P)
- Hospital partners may receive allocations of the single dose Johnson & Johnson vaccine. This can be utilized for patients being discharged from a hospital setting to a LTCF

A faint, white outline map of the state of Michigan is centered on the page. The map shows the state's irregular shape, including the Upper and Lower Peninsulas and the surrounding water bodies.

# Michigan's COVID-19 Vaccine Data

# COVID Vaccine Distribution

Dashboard updated: April 26, 2021. Now includes doses delivered directly to Federal Programs, in addition to doses delivered to the State of MI Jurisdiction. See "Learn More" page. Dates refer to when a shipment was physically delivered.



## Michigan

Total Vaccines Distributed

8,565,235

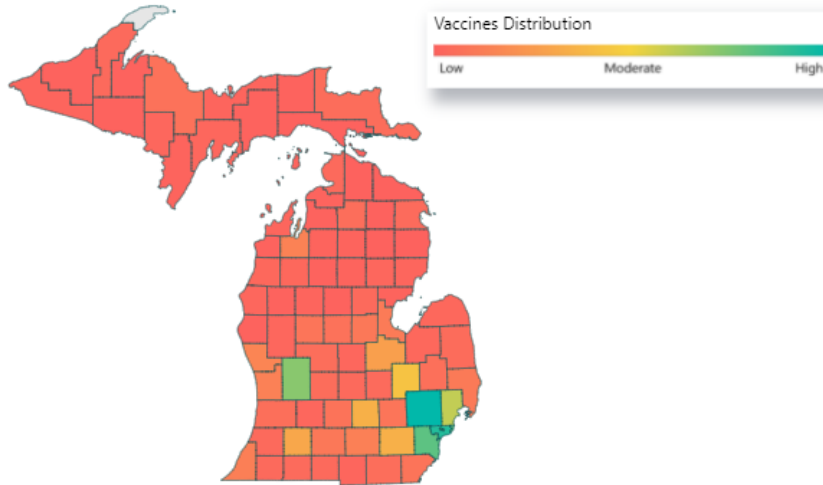
Preparedness Region: 
 Local Health Dept. Jurisdiction: 
 Provider County: 
 Vaccine Type:

Distribution Date Range:  to 
 Data as of: 
 Provider Type: 
 Program\*:

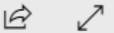
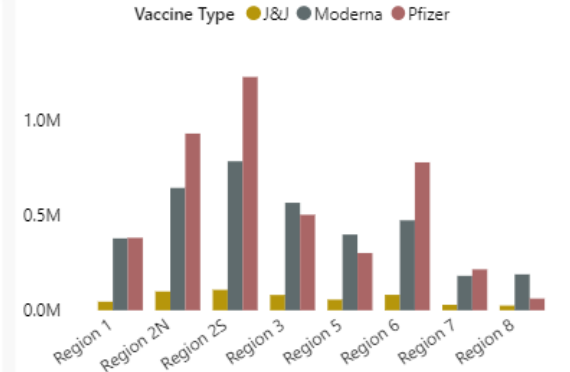
\*426,460 doses were transferred out of SOM's allocation into Federal Programs.

Pfizer 4,413,435  
 Moderna 3,626,700  
 J&J 525,100

### COVID Vaccine Distribution by County



### Doses Distributed by Preparedness Region (M = Million)



# COVID Vaccine Doses Administered by Person's Residence

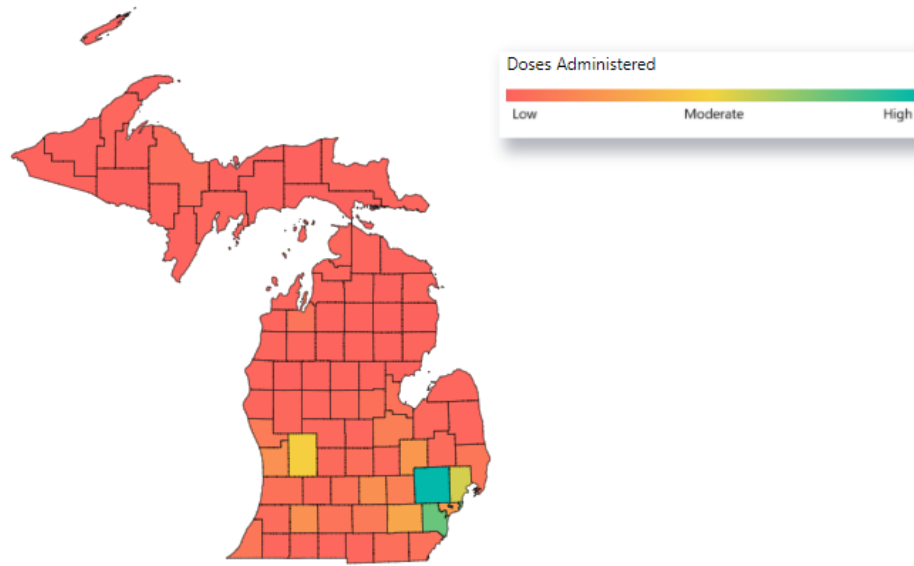
Dashboard Updated: April 26, 2021. Doses administered are reported according to where the patient lives and the date they were vaccinated. Non-Michigan residents vaccinated in Michigan can be found by selecting "Non-Michigan Resident" in the County drop-down. Providers have 24 hours to report vaccinations to MDHHS.



Preparedness Region: 
 Local Health Dept. Jurisdiction: 
 County: 
 Provider Type: 
 Dose Number:

Michigan

## COVID Doses Administered by County



Data as of:  
4/26/21

### Week Ending Date

### Sex

### Age Group

Number of COVID  
Vaccine Doses  
Administered

**6,580,467**

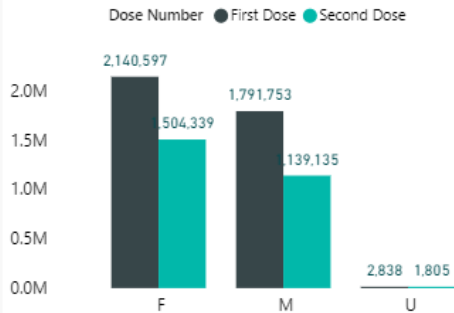
# COVID Vaccine Doses Administered by Sex, Age Group, Race

Dashboard Updated: April 26, 2021. Providers have 24 hours to report vaccinations to MDHHS. MDHHS pulls the data each morning for cleaning and then posting to website by 3 pm, Monday through Friday.

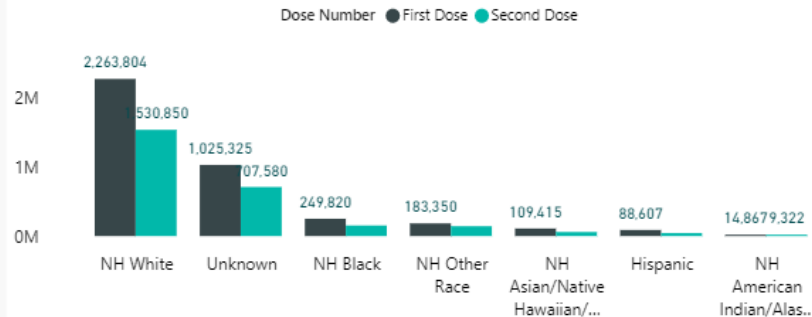


Data as of :  
4/26/21

Doses Administered by Sex (M = Million)



Doses Administered by Ethnicity - Race (M = Million)



Dose Number

All

Vaccine Type\*

All

\*J&J vaccine requires ONLY the first dose

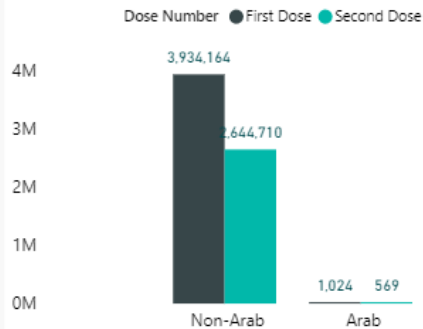
Provider Type

All

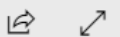
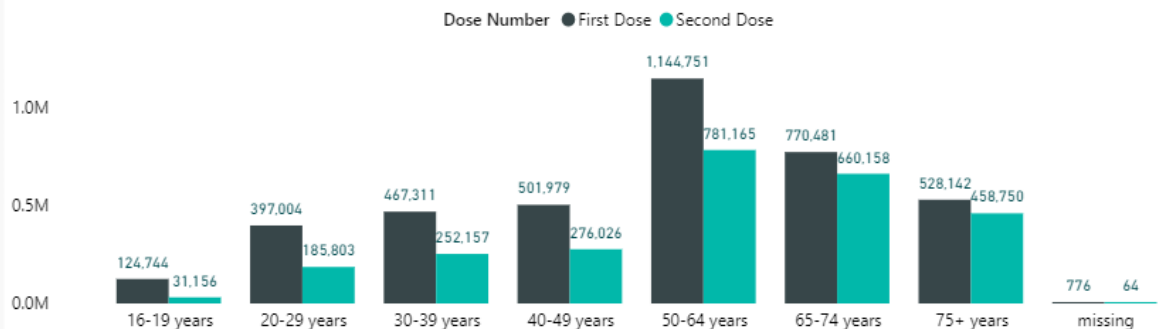
Doses Administration Date Ra...

12/14/2020 4/25/2021

Doses Administered by Arab Ethnicity (M = Million)



Doses Administered by Age Group (M = Million)



# COVID Vaccine Coverage

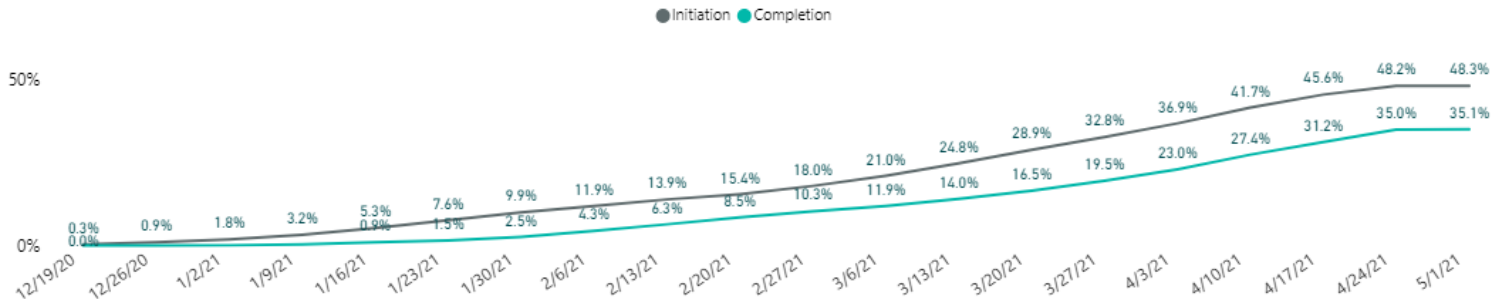
Dashboard Updated: April 26, 2021. "Completion" is the percentage of Michigan residents receiving 2 doses of Pfizer or Moderna or 1 dose of J&J. "Initiation" is the percentage who have received either 1 or more doses of ANY vaccine. See the "Learn More" page to learn how



Data as of :

4/26/21

Cumulative Coverage by Week Ending Date



Preparedness Region

All

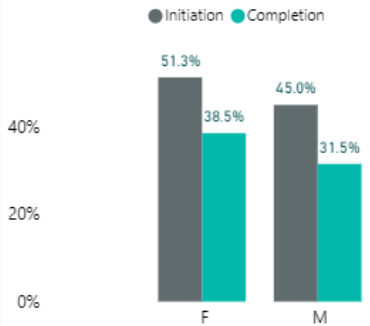
Local Health Dept. Jurisdiction

All

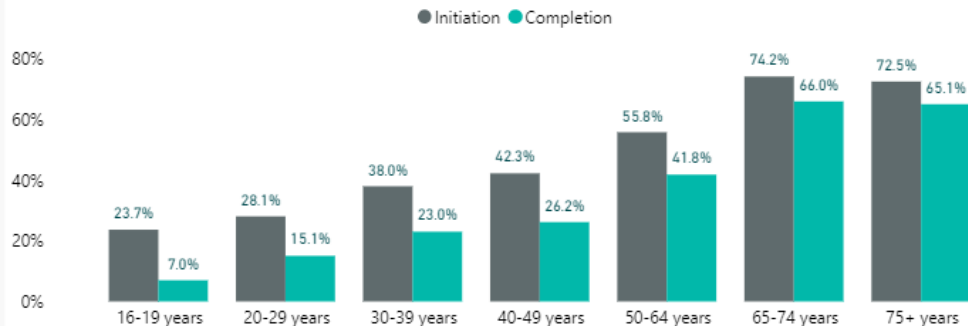
County

All

COVID Vaccine Coverage by Sex

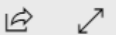


COVID Vaccine Coverage by Age Group



Week Ending Date

12/19/2020 | 5/1/2021



# Resources

- MDHHS Noontime Knowledge Webinars- Geared toward health care providers and COVID-19 vaccine providers
  - Bi-weekly question-and-answer webinar format
  - Each webinar has a new topic
  - Previous topics include vaccine safety, COVID-19 vaccine administration, managing COVID-19 vaccine immune responses/side effects, and more
    - Previous webinars are archived on our website
  - Next webinar scheduled May 6, 2021 at 12:00PM EST
- [www.Michigan.gov/COVIDvaccine](http://www.Michigan.gov/COVIDvaccine) -> Provider Guidance and Education -> Webinars



# Resources

- MDHHS Resources Long-Term Care Pharmacy Partnership Program:
  - [www.Michigan.gov/COVIDVaccine](http://www.Michigan.gov/COVIDVaccine) -> LTC Pharmacy Partnership page
  - Updated FAQ and List of Participating LTC Facilities
  - Questions: [MDHHS-COVID-Longtermcare@Michigan.gov](mailto:MDHHS-COVID-Longtermcare@Michigan.gov)
- Michigan COVID-19 Vaccine Dashboard:  
[https://www.michigan.gov/coronavirus/0,9753,7-406-98178\\_103214-547150--,00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-98178_103214-547150--,00.html)
  - Update daily M-F
  - Data include doses distributed, doses administered, enrolled COVID-19 vaccine providers, and more
  - Other questions: [checcimms@michigan.gov](mailto:checcimms@michigan.gov)

# COVID Testing Update



Danielle Jones, MPH  
Vulnerable Population Testing Liaison  
Public Health Administration

# Antigen Testing Reporting Reminders

- Positive test results are required to be reported within **4 hours** of testing
- All negative results are to be reported in **24 hours** of testing.
  - Negative results no longer must be reported individually
- Batch Reporting Available through CSV file



If choose to do  
one Individual entry for  
**TOTAL NEGATIVES** for day

# Entering by FORM (Individual Entry)

- Individual ID – “ALL NEGATIVES”
- Name – “ALL” “NEGATIVES”
- Birthdate – 1/1/20
- Address – “Negative Street” “Negative” “49999”
- Phone – “555-555-1212”
- Sex, Race & Ethnicity – “Unknown”
- COVID symptoms – “Unknown”
- Card # - enter **TOTAL # of Negatives**
- Test Result – “Negative”

Finally, enter Individual Information for all tested individuals, regardless of the result. When all individuals have been entered, click the bottom of this page.

## Individual Information

### Individual 1

Individual ID:\*

Enter a unique identifier that will be the same each time you enter information for this individual. Please do NOT enter a Social Security Number.

ALL NEGATIVES

First Name:\*

ALL

Middle Name:

Last Name:\*

NEGATIVES

Date of Birth:\*

Jan 1, 2000

Same as Facility:

Note: Only select if the individual resides at the facility entered above

Home Address:\*

Negative Street

City:\*

Negative

Zip Code: 5 digit (XXXXX)\*

49999

Phone: (XXX-XXX-XXXX) \*

555-555-1212

Sex:\*

Unknown

Race:\*

Unknown

Ethnicity: Hispanic/Latino:\*

Unknown

Ethnicity: Arab/Middle Eastern:\*

Unknown

COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea):\*

Unknown

Card Number (i.e. lot code on card's wrapper):\*

25

Test Results:\*

Negative



Total  
Negatives



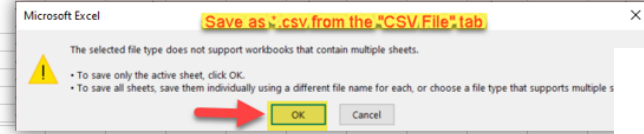
# Entering by FILE (*DIRECTIONS* tab)

After completed entering/updating data, save file as \*.CSV from the "CSV File" tab and select OK on the pop up (shown on right) and upload on website

See Cell Notes (red triangle in top right corner - hover to see) for helpful descriptions on certain columns

Once select Org Type (A) and Facility Name (B) from list [or can manually enter columns (B)-(H)] can copy down as many rows as needed for different Individuals and just update TEST DATE and Symptoms, CARD # and RESULTS for each person for each

First row has the INDIVIDUAL INFO filled in as needed for reporting TOTAL NEGATIVES if not doing by person



## Directions on Use

- Important Notes
- Column Info
  - Form Section
  - Descriptions
  - if Required
- Must be on **CSV File** tab and **Save as \*.csv** for file to upload (note pop up must click "OK" – see screenshot)

Column	Form Section	Field Name	Description	Required Field
A	FACILITY INFORMATION	OrganizationType	Select from drop-down list 14 choices only Group-down choices available for AR, NFA, Jan, LMU, MDUC, Neighborhood Testing, School or SNF - if choose Facility Name from drop-down list columns C-H will auto populate; but you can overwrite if anything needs updating or if your Facility is not listed. Can search the available list on the <a href="#">Facility List</a> .	Y
B		FacilityName	For example School District or Facility License	Y
C		OrganizationID	For example School Entity Code or Building within an	Y
D		BuildingID	Street Address of your Facility	Y
E		FacilityStreetAddress	Michigan City Facility located in	Y
F		FacilityCity	5 digit MI Zip Code between 48000-49999	Y
G		FacilityZipCode	Facility Phone # with area code	Y
H		FacilityPhoneNumber	Extra information - for example Sport reporting on; or specific event or type of people testing (staff, students, visitors, etc.) - make sure to update for each submission	Y
I	TEST INFO	FacilityDescription	Select from drop-down list only - BinaxNOW, BD Veritor or is using Ordering Provider, their First Name (optional)	Y
J		TestingDate	is using Ordering Provider, their Last Name (optional)	Y
K	ORDERING PROVIDER	TestType	can type "Standing Order" if under the state's standing order; or if using Ordering Provider, their Affiliation	Y
L		ProviderFirstName	Unique ID like employee #, student #, patient # or something assigned (not social security #); "ALL NEGATIVES" for Total	Y
M		ProviderLastName	Individual First Name; "ALL" for Total Negatives	Y
N	INDIVIDUAL INFORMATION	ProviderAffiliation	Individual Middle Name (optional)	Y
O		IndividualID	Individual Last Name; "ALL" for Total Negatives	Y
P		FirstName	Individual Date of Birth (mm/dd/yy); "01/01/00" for Total	Y
Q		MiddleName	Individual Home Street Address; "Negative Street" for Total	Y
R		LastName	Individual Home City (assume Michigan); "Negative" for Total	Y
S		DateOfBirth	Individual Phone # with area code; "555-555-1212" for Total	Y
T		HomeAddress	Individual City (assume Michigan); "Unknown" for Total	Y
U		City	Select from drop-down list only - M, F, Unknown; "Unknown" for Total	Y
V		ZipCode	Select from drop-down list choices only; "Unknown" for Total	Y
W		Phone	Select from drop-down list only - Hispanic/Latino, Non-Hispanic/Latino, Unknown; "Unknown" for Total	Y
X	Sex	Select from drop-down list only - Arab/Middle Eastern, Non-Arab/Middle Eastern, Unknown; "Unknown" for Total	Y	
Y	Race	For example fever cough, shortness of breath, sore throat,	Y	
Z	EthnicityHispanicLatino			
AA	EthnicityArabMiddleEastern			

Reporting TOTAL NEGATIVES (instead of each individual person) - screenshot from web form; first row of "CSV File" for use if desired (can still report individually if prefer or fr

Individual 1

Individual ID #: (i.e. Employee or Student #)\*  
ALL NEGATIVES

First Name:\* ALL Middle Name:

Last Name:\* NEGATIVES Date of Birth:\* Jan 1, 2000

Home Address:\* Negative Street City:\* Negative

Zip Code: 5 digit (XXXXX)\* Phone: XXX-XXX-XXXX\*

- **Notes** with info. if hover over cells with red triangles in top right corner of Column Header Names in row 1
- Red Cells/Columns are **required fields\***

OrganizationType	FacilityName	OrganizationID	BuildingID	FacilityStreetAddress	FacilityCity	FacilityZipCode	FacilityPhoneNumber	FacilityDescription	TestingDate	TestType	ProviderLastName	ProviderAffiliation
School	btt Middle School	63160	6292	3380 Orchard Lake Rd	Orchard Lake	48324						
Public Facing (i.e. Drive Thru or Pop Up)												
Public Venue												
School												
Shelter												
SNF (Skilled Nursing Facility)												
Training												
OTHER - STATE AGENCY (i.e. DMVA or F												
OTHER - NON STATE AGENCY												

- Select **Organization Type** – if AFC, HFA, Jail, LHD, MDOC, Neighborhood, School or SNF; the **Facility Name** will have drop-down choices to pick from and if select will autofill **OrgID, BuildingID, Street Address, City, Zip**
- Can type in all **Facility Info** if not in list or want to update (must add **Phone #; Description can be sport i.e. “soccer”, or type “staff”, “visitors”, etc.)**
- Enter **Testing Date** and select **Test Type** – majority sent have been **“BinaxNOW”**
- **Provider Info** - if have qualified licensee (*PARN, RN, LNP, PA, Physician or Dentist*) Name or if using the State **“Standing Order”** type in Provider Affiliation column N (*i.e. Schools*)
- Can copy down **Facility Info** and **Provider Info** for as many rows as need

IndividualID	FirstName	MiddleName	LastName	DateOfBirth	HomeAddress	City	ZipCode	Phone	Sex	Race	EthnicityHispanicLatino	EthnicityArabMiddleEastern	COVID19Symptoms	CardNumber	TestResults
ALL NEGATIVES	ALL		NEGATIVE	01/01/2000	Negative Street	Negative	49999	#####	Unknown	Unknown	Unknown	Unknown	No		Negative

- Enter **Individual Info** – first row has entries if want to use for **TOTAL NEGATIVES** (enter **TOTAL #** in Card Number column AC)
- Enter all **Name, Birthdate, Address, Card #** select **Sex, Race, Ethnicities, Symptoms, Results**

 Entering by FILE (*CSV File tab*)

# Questions

[MDHHS-COVIDTestingSupport@michigan.gov](mailto:MDHHS-COVIDTestingSupport@michigan.gov)

# Concluding Remarks

## Take Our Survey!

We want to measure how well we are meeting your needs for information and technical assistance. What methods of information-sharing work best for you? Are we hitting the right topics? What other topics are you interested in?

You should receive an email with this link:

<https://www.surveymonkey.com/r/AFCHFAC-19ResponseSurvey>

We hope you'll take a few minutes to complete the survey.



**Reminder**

# Concluding Remarks

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

If you're not a member and would like the recording, email us at [MDHHS-COVID-AFC-HFA-Response@michigan.gov](mailto:MDHHS-COVID-AFC-HFA-Response@michigan.gov)

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

# Send your questions/comments to:

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**Staffing:** [MDHHS-LTCStaffing@michigan.gov](mailto:MDHHS-LTCStaffing@michigan.gov)

**Vaccines:** [MDHHS-COVID-Longtermcare@Michigan.gov](mailto:MDHHS-COVID-Longtermcare@Michigan.gov)

**Testing:** [MDHHS-COVIDTestingSupport@michigan.gov](mailto:MDHHS-COVIDTestingSupport@michigan.gov)

**Emergency Orders:** [MDHHS-MSA-COVID19@michigan.gov](mailto:MDHHS-MSA-COVID19@michigan.gov)

**All Other Questions:**

[MDHHS-COVID-AFC-HFA-Response@michigan.gov](mailto:MDHHS-COVID-AFC-HFA-Response@michigan.gov)

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