Recent COVID-19 Guidance Updates

Ashlie Dowdell
Director, Healthcare-Associated Infections (HAI) Prevention Program

DQA SNF Forum
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COVID-19 Health Alert # 26:

Guidance for Evaluation and Management of Systemic Signs and Symptoms Associated with COVID-19 Vaccine

Bureau of Communicable Diseases, February 11, 2021

Summary

- COVID-19 vaccine side effects can occur following COVID-19 vaccination, some of which may overlap with signs and symptoms of SARS-CoV-2 infection.
- Healthcare facilities should appropriately evaluate and manage post-vaccination signs and symptoms among healthcare personnel (HCP) in order to minimize unnecessarily excluding HCP with only post-vaccination signs and symptoms from work or inadvertently allowing HCP with SARS-CoV-2 or another transmissible infection to work.
- Systemic signs and symptoms are more common after the second dose of COVID-19 vaccination, and anecdotal evidence is emerging that they may be particularly robust among HCP who have previously recovered from COVID-19. At this time, CDC and DHS continue to recommend that all HCP be offered COVID-19 vaccination, regardless of prior infection history.

https://content.govdelivery.com/accounts/WIDHS/bulletins/2c0b1a0
• Symptoms consistent with vaccination
  • Fever, fatigue, headache, chills, muscle pain, joint pain
• Symptoms NOT consistent with vaccination
  • Cough, shortness of breath, rhinorrhea, sore throat, or loss of taste or smell
HCP Eligibility to Work

HCP with the presence of **ANY** systemic signs and symptoms (e.g., fever, fatigue, headache, chills, myalgia, arthralgia) that are consistent with post-vaccination signs and symptoms, SARS-CoV-2 infection, or another infectious etiology (e.g., influenza) may be considered for return to work **without** viral testing for SARS-CoV-2 if they meet **ALL** of the following criteria:

- Feel well enough to work,
- Are willing to work,
- Are afebrile, **AND**
- Systemic signs and symptoms are limited only to those observed following COVID-19 vaccination (i.e., do not have other signs and symptoms of COVID-19 including cough, shortness of breath, sore throat, or change in smell or taste).
HCP to Exclude

• Symptoms unrelated to vaccine
• Evaluate and test for all possible causes (i.e., don’t forget about influenza)
• Return to work criteria depends on final diagnosis
COVID-19 Health Alert #27:

Wisconsin has adopted the updated CDC quarantine guidance for fully vaccinated people who are exposed to COVID-19

Bureau of Communicable Diseases, February 12, 2021

Summary

- The CDC has issued modified public health recommendations for people who have been fully vaccinated for COVID-19. Provided that certain criteria are met, it is no longer required for vaccinated persons to quarantine following close contact with a person with COVID-19. Because data about the duration of vaccine-induced protection are still accumulating, the duration of quarantine exemption for vaccinated persons is currently limited to the 90 days after receiving the last dose in a vaccine series.
- Wisconsin DHS endorses and supports adoption of this new standard for quarantine guidance, and continues to emphasize that all Wisconsin residents should follow current guidance for stopping the spread of COVID-19, even after they are vaccinated. This includes wearing masks in public, avoiding large gatherings, staying 6 feet away from others, and following all other applicable workplace or school guidance.
- New quarantine exemptions do not apply to patients receiving inpatient care in a healthcare setting or residents of long-term care facilities. Patients and residents in these settings should continue to quarantine for 14 days after the date of last exposure.

https://content.govdelivery.com/accounts/WIDHS/bulletins/2c12294
Vaccinated individuals with exposures (including healthcare personnel) are not required to quarantine if:

- Are fully vaccinated (i.e., exposure ≥ 2 weeks after last dose in series)
- Are within 90 days following receipt of last dose in the series
- Have remained asymptomatic since the current exposure
Exceptions

- Hospital inpatients
- LTCF residents
- Those who develop symptoms during the period between 14 and 90 days post-vaccination
No Impact on Testing

- Does not change established routine testing (e.g., healthcare, long-term care, educational, correctional settings)
- Continue to offer testing to vaccinated patients and residents similar to those who are unvaccinated per protocols
Forthcoming HAN 28

• Recommend using one respirator per shift per staff member when practicing limited reuse before discarding
• Proxy for CDC/NIOSH’s five donnings
• Easier and more consistent to track
Discard N95s

- Failed seal check
- Gross contamination
- Following aerosol-generating procedures
Healthcare-Associated Infections (HAI) Prevention Program

Two Recent CDC Infection Control Updates

On February 10, CDC issued a few infection control-related updates to various COVID-19 web pages. These changes centered around two issues:

- Using well-fitting facemasks
- Using updated quarantine guidance for fully vaccinated health care facility staff, inpatients, and long-term care facility (LTCF) residents

As we enter the second year of the COVID-19 pandemic, more data and research will continue to emerge that may impact practice guidance and alter recommendations.

Well-Fitting Facemasks

The recent guidance from CDC on facemasks focuses on the fit and filtration of masks for protection of health care personnel and the general community. The guidance is based on a recent CDC Morbidity and Mortality Weekly Report, Maximizing Fit for Cloth and Medical Procedure Masks to Improve Performance and Reduce SARS-CoV-2 Transmission and Exposure.

Health care personnel (HCP)

CDC updated all mentions of HCP facemask use in various sections of COVID-19 infection control guidance to reference the use of “well-fitting facemasks” for source control and as an alternative to respirators for patient and resident care encounters. While the LTCF-specific infection control guidance has not yet been updated to include this term, CDC is in the process of updating that guidance and it is anticipated that it will change to match the guidance for other settings.

https://content.govdelivery.com/accounts/WIDHS/bulletins/2c1bfeb
Well-Fitting Facemasks

- **Fit**
  - Close fitting
  - No gaps between mask and face
- **Layers of filtration**
  - At least two layers
  - Tightly woven fabric

Fit Improvement Options

Start with:

• Nose wires
• Different mask model/type
• Knot and tuck method

Other options:

• Double mask
• Mask fitters
Among Healthcare Personnel

- Medical-grade PPE
- Concerns with layering a cloth face covering (i.e., non-PPE mask) over medical-grade PPE
Among Patients, Residents, Visitors

- Focus on fit and layers (i.e., gaiters and bandanas do not meet this criteria)
- Use well-fitting facemasks for all situations previously advised for facemasks
- Consider double masking with a disposable mask and cloth face covering to achieve fit and layers
Takeaways

• Continue to reserve medical-grade PPE for healthcare personnel.
• Focus on fit and filtration.
• If a mask already fits well and has multiple layers, you may not need to double mask.
Questions?

DHS HAI Prevention Program

dhswihaipreventionprogram@dhs.wisconsin.gov

608-267-7711

ashlie.dowdell@dhs.wisconsin.gov
HAI Prevention Program IPs

Nikki Mueller
608-628-4464,
nicole.mueller1@dhs.wisconsin.gov

Anna Marciniak
608-590-2980,
anna.marciniak@dhs.wisconsin.gov

Greta Beyer
608-867-4647,
greta.beyer@dhs.wisconsin.gov

Aimee Mikesch
608-867-4625,
aimee.mikesch@dhs.wisconsin.gov

Stacey Firkus
608-867-4347,
stacey.firkus@dhs.wisconsin.gov

Central Office
Beth Ellinger
608-219-3483
beth.ellinger@dhs.wisconsin.gov

Part-time IPs
Linda Coakley
Vera Pischke

Wisconsin Public Health Regions
- Northeastern
- Northern
- Southeastern
- Southern
- Western

Nikki Mueller
608-628-4464,
nicole.mueller1@dhs.wisconsin.gov

Anna Marciniak
608-590-2980,
anna.marciniak@dhs.wisconsin.gov

Greta Beyer
608-867-4647,
greta.beyer@dhs.wisconsin.gov

Aimee Mikesch
608-867-4625,
aimee.mikesch@dhs.wisconsin.gov

Stacey Firkus
608-867-4347,
stacey.firkus@dhs.wisconsin.gov

Central Office
Beth Ellinger
608-219-3483
beth.ellinger@dhs.wisconsin.gov

Part-time IPs
Linda Coakley
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