



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

# CDC Public Health and Infection Control Guidance Updates

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DQA BAL Forum

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# Topics for Today

- **Vaccination reminders**
- **Fully vaccinated individuals guidance – community vs. health care**
- **LTCF infection control guidance updates**

# VACCINATION REMINDERS

# Vaccine Administration

Allocation and Administration

Providers

State allocation of COVID-19 vaccine doses

Last updated: 3/30/2021

Total vaccine doses administered

Last updated: 4/4/2021

3,002,745

3,083,951

Johnson & Johnson

84,311 doses administered

Moderna

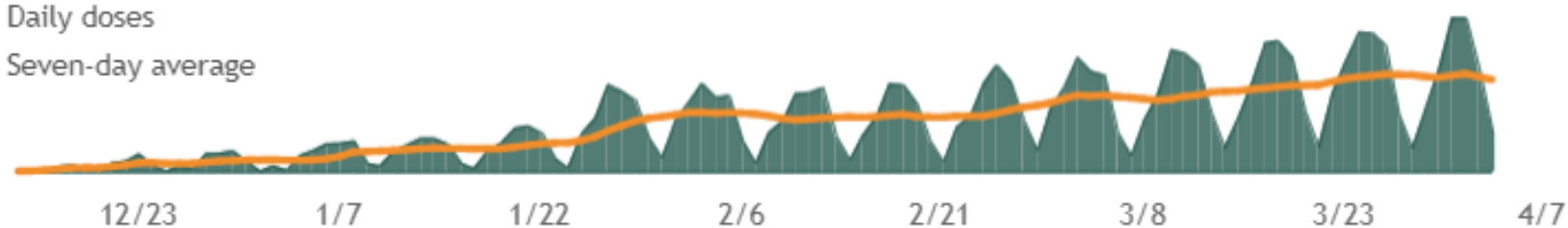
1,376,736 doses administered

Pfizer

1,622,615 doses administered

Vaccine doses administered in Wisconsin by day

■ Daily doses  
■ Seven-day average



# Still Need To...

- **Social distance**
- **Mask for source control**
- **Limit your social circle**
- **Wear PPE in health care settings**
- **Perform frequent hand hygiene**
- **Use EPA-approved disinfection products with a SARS-CoV-2 kill claim**

# Why?

- **Vaccination is an important tool, but those vaccinated can still become infected.**
- **LTCFs work with a vulnerable population.**
- **There are multiple variants circulating in Wisconsin and throughout the world.**

# Early Data on Variants

- **More easily transmissible**
- **Some may be associated with more severe illness**
- **Uncertain how they may impact COVID-19 treatments**

# Circulation in Wisconsin

Case counts of identified SARS-CoV-2 variants in Wisconsin:

Updated: 4/1/2021

SARS-CoV-2: Total Number Sequenced	Variant B.1.1.7	Variant B.1.351	Variant P.1
9,124	139	8	2



# **CDC GUIDANCE ON FULLY VACCINATED INDIVIDUALS**

# Community vs. Health Care

**Community guidance:** <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

The following recommendations apply to non-healthcare settings. For related information for healthcare settings, visit [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#).

**Health care guidance:** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

# Community

## WHAT YOU CAN DO ONCE YOU HAVE BEEN FULLY VACCINATED

Activity	
Visit inside a home or private setting without a mask with other fully vaccinated people of any age	✓
Visit inside a home or private setting without a mask with one household of unvaccinated people who are not at risk for severe illness	✓
Travel domestically without a pre- or post-travel test	✓
Travel domestically without quarantining after travel	✓
Travel internationally without a pre-travel test depending on destination	✓
Travel internationally without quarantining after travel	✓
Visit indoors, without a mask, with people at <a href="#">increased risk for severe illness from COVID-19</a> .	✗
Attend medium or large gatherings	✗

[https://www.cdc.gov/coronavirus/2019-ncov/images/vaccines/323698\\_A\\_COVID-19\\_AfterVaccine.jpg](https://www.cdc.gov/coronavirus/2019-ncov/images/vaccines/323698_A_COVID-19_AfterVaccine.jpg)

# Risk by Age

## Risk for COVID-19 Infection, Hospitalization, and Death By Age Group

Rate compared to 5–17-years old <sup>1</sup>	0–4 years old	5–17 years old	18–29 years old	30–39 years old	40–49 years old	50–64 years old	65–74 years old	75–84 years old	85+ years old
Cases <sup>2</sup>	<1x	Reference group	2x	2x	2x	2x	1x	1x	2x
Hospitalization <sup>3</sup>	2x	Reference group	6x	10x	15x	25x	40x	65x	95x
Death <sup>4</sup>	1x	Reference group	10x	45x	130x	440x	1300x	3200x	8700x

All rates are relative to the 5–17-year-old age category. Sample interpretation: Compared with 5–17-year-olds, the rate of death is 45 times higher in 30–39-year-olds and 8,700 times higher in 85+-year-olds.

# Risk by Race/Ethnicity

## Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases <sup>1</sup>	1.7x	0.7x	1.1x	1.3x
Hospitalization <sup>2</sup>	3.7x	1.0x	2.9x	3.1x
Death <sup>3</sup>	2.4x	1.0x	1.9x	2.3x

Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., among frontline, essential, and critical infrastructure workers.

# Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination

Updated Mar. 10, 2021 [Print](#)

CDC guidance for SARS-CoV-2 infection may be adapted by state and local health departments to respond to rapidly changing local circumstances.

## Key Points

- CDC has updated select healthcare infection prevention and control recommendations in response to COVID-19 vaccination, which are summarized in this guidance.
- Updated recommendations will be added to this page regularly as new information becomes available.

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### On this page

[Visitation](#)

[SARS-CoV-2 Testing](#)

[Work restriction for asymptomatic healthcare personnel and quarantine for asymptomatic patients and residents](#)


[Use of Personal Protective Equipment](#)

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<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

# Indoor Visitation

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

- Indoor visitation for unvaccinated residents should be limited solely to compassionate care situations if the COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated.
- Indoor visitation should be limited solely to compassionate care situations, for:
  - Vaccinated and unvaccinated residents with SARS-CoV-2 infection until they have met [criteria to discontinue Transmission-Based Precautions](#).
  - Vaccinated and unvaccinated residents in [quarantine](#) until they have met criteria for release from quarantine.
- Facilities in outbreak status should follow guidance from state and local health authorities and [CMS](#)  on when visitation should be paused.
  - Visitors should be counseled about their potential to be exposed to SARS-CoV-2 in the facility if they are permitted to visit.

# Quarantine

Generally the same as [HAN 27](#):

- Fully vaccinated, asymptomatic HCP with higher-risk exposures do not require automatic work restriction.
- Fully vaccinated inpatients and LTCF residents with prolonged close contact still quarantine.



# Prolonged Close Contact

- **Prolonged contact = close contact**
- **Within 6 feet for at least 15 minutes over 24 hours**
- **Consider proximity, length of time, whether one was symptomatic, whether an activity produced respiratory aerosols, and ventilation in the space**

# Quarantine Clarifications

- **HCP travelers quarantine like any other traveler.**
- **Fully vaccinated LTCF admissions and readmissions without close contact do not need to quarantine upon admission.**

# No Changes

- **Testing**
- **PPE**

# **CDC LTCF INFECTION CONTROL GUIDANCE UPDATES**

# Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes

Nursing Homes & Long-Term Care Facilities

Updates as of March 29, 2021

- Two prior guidance documents, “Responding to COVID-19 in Nursing Homes” and “Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes” were merged with this guidance.
- The criteria for health department notification was updated to be consistent with Council of State and Territorial Epidemiologist (CSTE) guidance for reporting.
- Information on the importance of vaccinating residents and healthcare personnel (HCP) was added along with links to vaccination resources.
- Visitation and physical distancing measures were updated.
- Added proper use and handling of personal protective equipment (PPE).
- Added universal PPE use to align with the [interim infection prevention and control guidance for HCP](#).
- Added considerations for situations when it might be appropriate to keep the room door open for a resident with suspected or confirmed SARS-CoV-2 infection.
- A description was included about when it may be appropriate for a resident with a suspected SARS-CoV-2 infection to “shelter-in-place.”
- Added management of residents who had close contact with someone with SARS-CoV-2 infection which includes a description of quarantine recommendations including resident placement, recommended PPE, and duration of quarantine.
- Added addressing circumstances when quarantine is recommended for residents who leave the facility.
- Added responding to a newly identified SARS-CoV-2-infected HCP or resident.
- Added addressing quarantine and work exclusion considerations for asymptomatic residents and HCP who are within 90 days of resolved infection.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

# Group Activities

- **Consider activities for residents not in quarantine or isolation:**
  - **Communal dining**
  - **Group activities**
  - **Social excursions outside facility**
- **Encourage physical distancing (6 feet), source control, and frequent hand hygiene**

# Visitation

- **SNFs: Follow CMS guidance**
- **ALFs: DHS “Safer Visits” guidance**
- **Screening and communication**

# Proper Use and Handling of PPE

- **Develop and/or revise policies that address:**
  - **Which PPE to use and when**
  - **Recommended donning and doffing sequence**
- **Cleaning and disinfection**
- **Bundling care to conserve PPE**

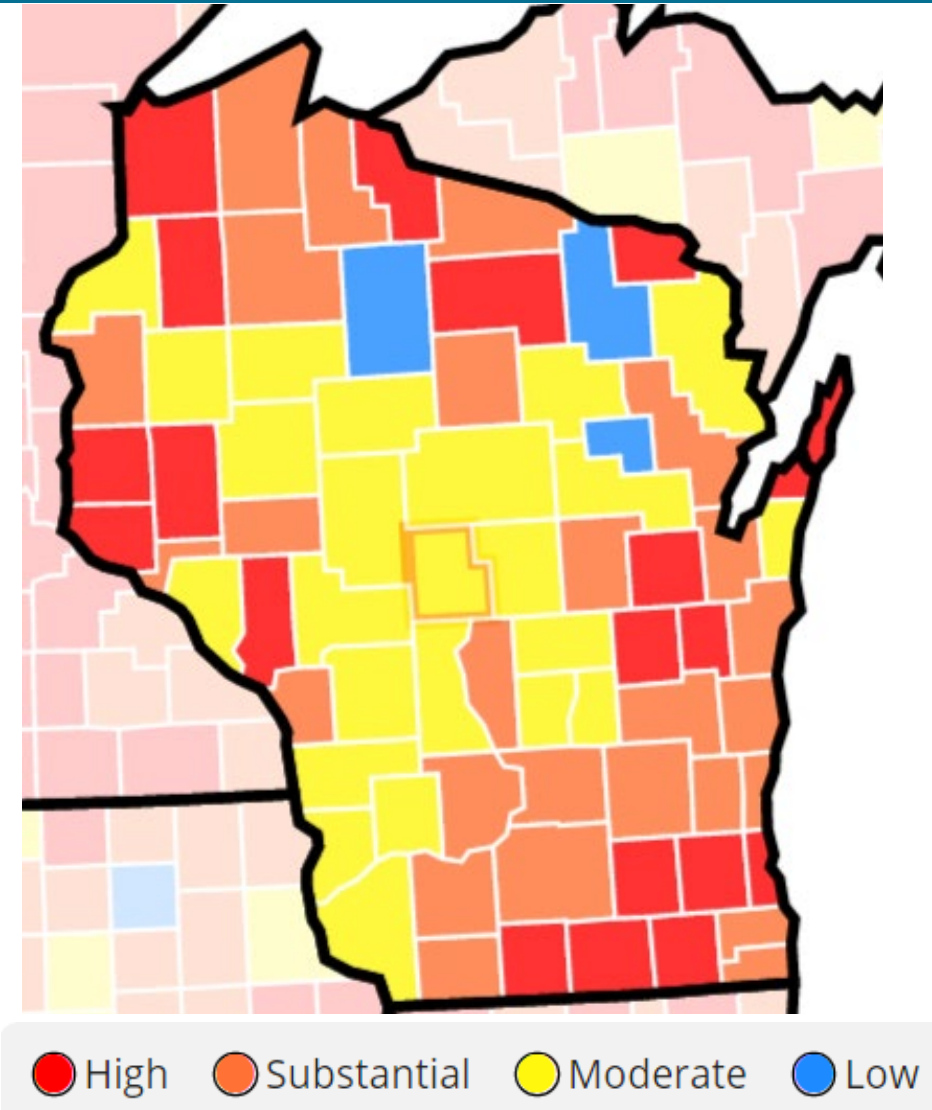


# Universal Use of Eye Protection

**Substantial community transmission:** Large scale community transmission, including communal settings (e.g., schools, workplaces)

**Minimal to moderate community transmission:** Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases

**No to minimal community transmission:** Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting



# Resident Evaluation

- **Continue to evaluate for fever and symptoms upon admission and at least daily for all residents**
- **Increase that monitoring to at least three times per day for residents with suspected or confirmed COVID-19**

# Resident Room Doors

- **Close doors as much as possible for those with suspected or confirmed COVID-19, especially if not on a dedicated COVID unit**
- **Make exceptions for residents with safety concerns (i.e., risk assess based on resident)**
- **Work with engineering to minimize airflow into the hallway**

# Room-based Quarantine

**When single rooms are unavailable for residents with known exposures or COVID symptoms, have the resident shelter-in-place pending test results.**

# When Residents Leave Facility

- **Create a plan**
- **Educate resident and anyone taking them out on risks and recommended practices**
- **Risk assess visits**

# Quarantine

- **Without known exposure, quarantine is not required for:**
  - **Fully vaccinated new admissions/readmissions**
  - **Those leaving for routine medical appointments**
  - **Those leaving for less than 24 hours**
- **Consider quarantine if the outside visit is high risk or uncertainty exists about IPC adherence while out**

# Visits Beyond 24 Hours

- **Unvaccinated residents: Quarantine**
- **Fully vaccinated residents: No quarantine unless known exposure**
- **Consider risk assessments**

# Consider the Risk

- **Is this a visit to a fully vaccinated family member's house for the weekend without any outside activities or other contacts?**
- **Is this a large family reunion with people coming in from around the state or country?**



# Resident Re-Exposures

- **Asymptomatic residents within 90 days of a prior infection typically do not require quarantine or testing following re-exposure.**
- **Possible case-by-case exceptions for:**
  - **Certain immunocompromising conditions**
  - **First infection was an asymptomatic antigen positive without a confirmatory PCR positive**
  - **Known exposure to a variant**

**No Changes to Outbreak  
or Testing Guidance**

# Healthcare-Associated Infections (HAI) Prevention Program

**Save the Date:**

## **Optimization Strategies for Respirator Use in Long-Term Care Facilities**

**Thursday, April 15; 10:30–11:30am**

Join us for a presentation and discussion with infection preventionists (IPs) from the Healthcare-Associated Infections (HAI) Prevention Program in the Division of Public Health on optimization strategies for respirator use in long-term care facilities (LTCFs) during the COVID-19 pandemic.

Presenters will review CDC optimization strategies for respirator use and walk participants through sample "real life" scenarios. The aim of this program is to walk through the strategy evaluation process to increase LTCF staff and administrators' comfort in selecting and implementing appropriate respiratory protection optimization strategies during times of personal protective equipment (PPE) shortages.

The presentation will be recorded and available on the DHS website for those unable to attend on April 15.

<https://content.govdelivery.com/accounts/WIDHS/bulletins/2ca468f>

# Questions?

**DHS HAI Prevention Program**

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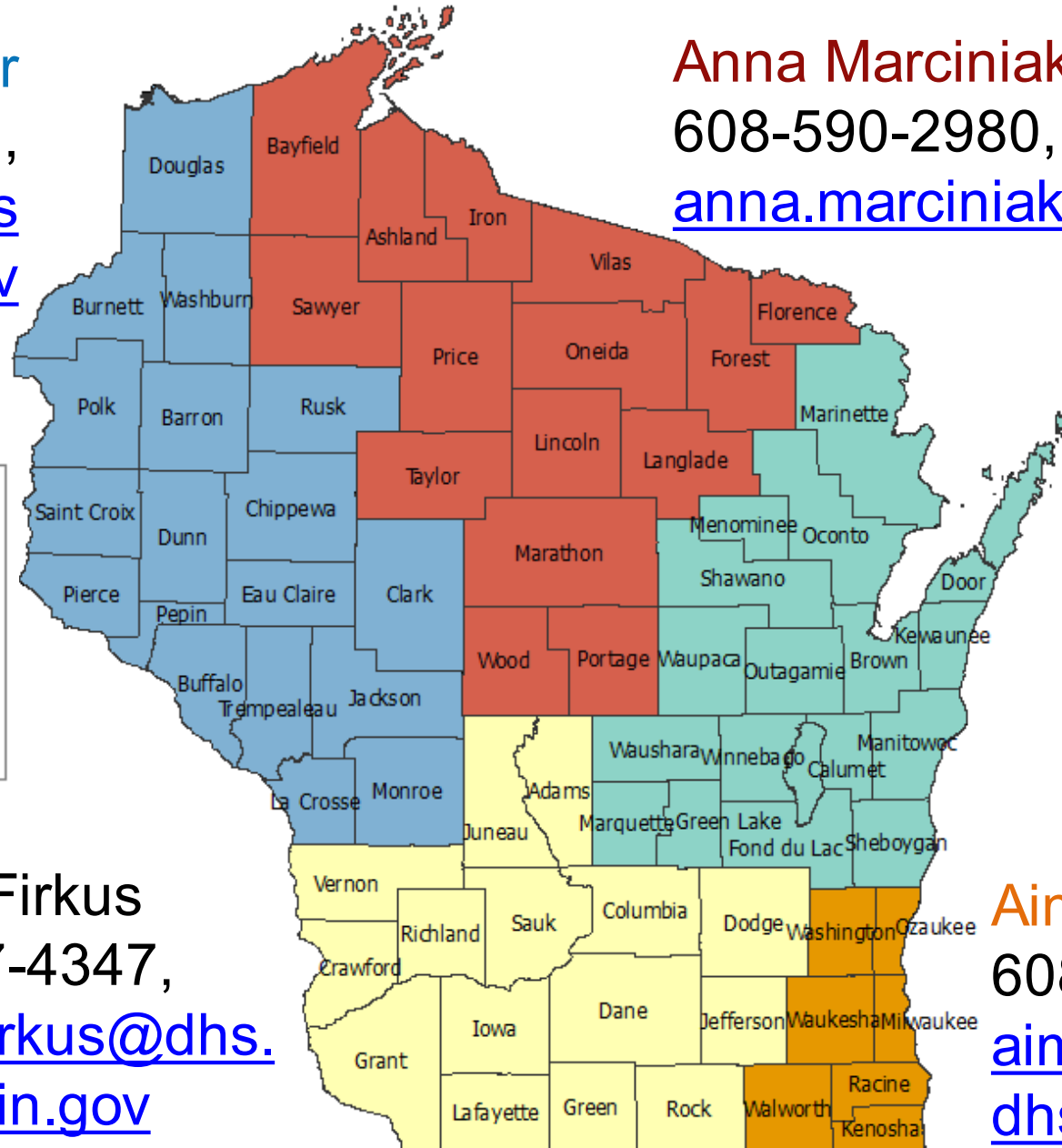
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