

CDC UPDATES- 2022

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<https://spice.unc.edu/>

<https://spice.unc.edu/ask-spice/>



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

- ▶ Strategies to Mitigate Healthcare Personnel Staffing Shortages-January 21st, 2022

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

- ▶ Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2-January 21st, 2022

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

- ▶ Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 Pandemic-February 2nd, 2022

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

- ▶ Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes-February 2nd, 2022

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

REMEMBER

- ▶ Guidance is applicable to all U.S. settings where healthcare is delivered (including home health).
- ▶ In general, assisted living communities should follow recommendations for retirement communities or other non-healthcare congregate settings
 - ▶ In circumstances when healthcare is being delivered (e.g., by home health agency, staff providing care for a resident with COVID-19 assisted living communities should follow the IPC recommendations in this guidance
- ▶ Continuing to use two different indicators in CDC's COVID-19 Data Tracker to determine level of SARS-CoV-2 transmission
- ▶ Screen anyone entering the facility
 - ▶ Visitors must meet HC criteria to discontinue precautions/not community
- ▶ Universal Use of PPE



► Definitions:

► **Up to date** means a person has received all recommended COVID-19 vaccines, including any booster doses(s) when eligible

- Depending on your age, your health status and when you first got vaccinated

► **Fully vaccinated** means a person has received their primary series of COVID-19 vaccines

Pfizer-BioNTech ^[1]	Moderna ^[1]	Johnson & Johnson's Janssen ^[1,2]
Ages Recommended 5+ years old	Ages Recommended 18+ years old	Ages Recommended 18+ years old
Primary Series 2 doses ^[3,4] Given 3 weeks (21 days) apart ^[5]	Primary Series 2 doses ^[3] Given 4 weeks (28 days) apart ^[5]	Primary Series 1 dose
Fully Vaccinated 2 weeks after final dose in primary series	Fully Vaccinated 2 weeks after final dose in primary series	Fully Vaccinated 2 weeks after 1st dose
Booster Dose Everyone ages 12+ should get a booster dose at least 5 months after the last dose in their primary series. <ul style="list-style-type: none"> • Teens 12-17 should only get a Pfizer-BioNTech COVID-19 Vaccine booster • Everyone 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) 	Booster Dose Everyone ages 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) at least 5 months after the last dose in their primary series.	Booster Dose Everyone ages 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) at least 2 months after the first dose of J&J/Janssen COVID-19 Vaccine. You may get J&J/Janssen in some situations .
When Boosted A person is considered "boosted" and up to date right after getting their booster dose.	When Boosted A person is considered "boosted" and up to date right after getting their booster dose.	When Boosted A person is considered "boosted" and up to date right after getting their booster dose.

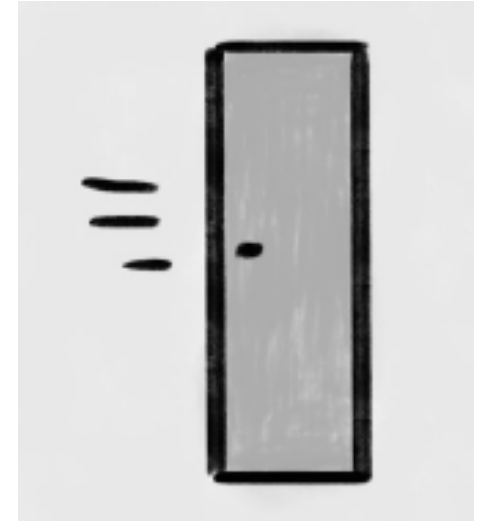
TESTING

- ▶ Anyone even with mild symptoms-regardless of vaccination
- ▶ Asymptomatic patients/residents with close contact, regardless of vaccination status
 - ▶ Testing is not necessary for asymptomatic persons who have recovered from SARS-CoV-2 infection in the prior 90 days
 - ▶ If tested an antigen test is recommended.
- ▶ Expanded screening of asymptomatic, not up to date HCP-without known exposure-is required in nursing homes based on rate of county transmission
 - ▶ HCP up to date exempt
- ▶ **Residents newly admitted or readmitted OR residents who have left the facility for > 24 hours, regardless of vaccination status should have a series of two viral test**

CARING FOR A PATIENT/RESIDENT WITH SUSPECTED/CONFIRMED SARS-COV-2 INFECTION

► Placement:

- Place in a single-person room. The door should be kept closed (if safe to do so).
- Dedicated bathroom
- Consider dedicated unit and dedicated staff
- Limit transport



► Transmission-based precautions (TBPs)

- Use full PPE for care, including NIOSH approved N95 or higher-level respirator, gown, gloves, eye protection
- AGPs should take place in an airborne infection isolation room (AIIR) if possible



DURATION OF TBP FOR CONFIRMED COVID-19

► Symptoms:

- 10 days passed since first symptom **and**
- At least 24 hours since last fever (without fever reducing medications) **and**
- Symptoms improved

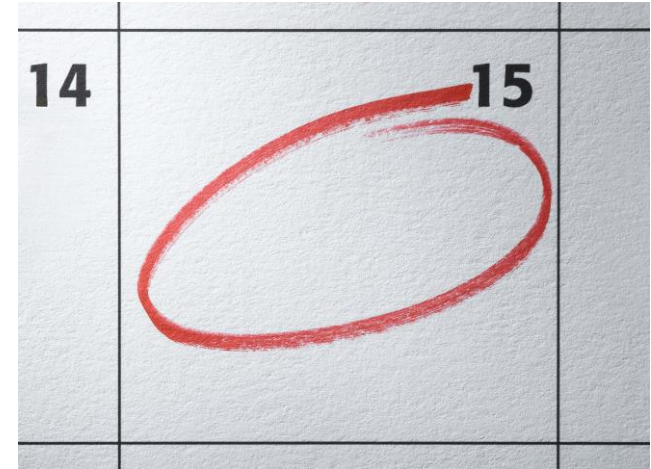
► Asymptomatic:

- 10 days have passed since first positive viral test

► Moderately to severely immunocompromised:

- Test based strategy can be added-to determine when precautions can be discontinued

In general, patients who are hospitalized for SARS-CoV-2 infection should be maintained on TBP for the time period described for patients with severe to critical illness (10-20 days)



CLOSE CONTACT/QUARANTINE

- ▶ Place on empiric Transmission-Based Precautions (TBPs):
 - ▶ Patients/residents with close contact and not up to date on vaccines
 - ▶ Newly admitted or readmitted residents who are not up to date
 - ▶ During broad-based approach outbreak testing in NHs-Residents not up to date should be restricted to their rooms (placed on quarantine) and not participate in group activities.
 - ▶ **Can be removed after day 10 following exposure (day 0) if asymptomatic**
 - ▶ **Can be removed after day 7 following exposure (day 0) if a viral test is negative and are asymptomatic. Test should be done within 48 hours prior to planned discontinuation of TBP**

Asymptomatic patients/residents who are up to date with vaccine doses OR who have recovered from infection in the prior 90 days do not require empiric use of TBPs

Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1 [†] and 5-7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test [†]	No work restriction with negative tests on days 1 [†] , 2, 3, & 5-7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work

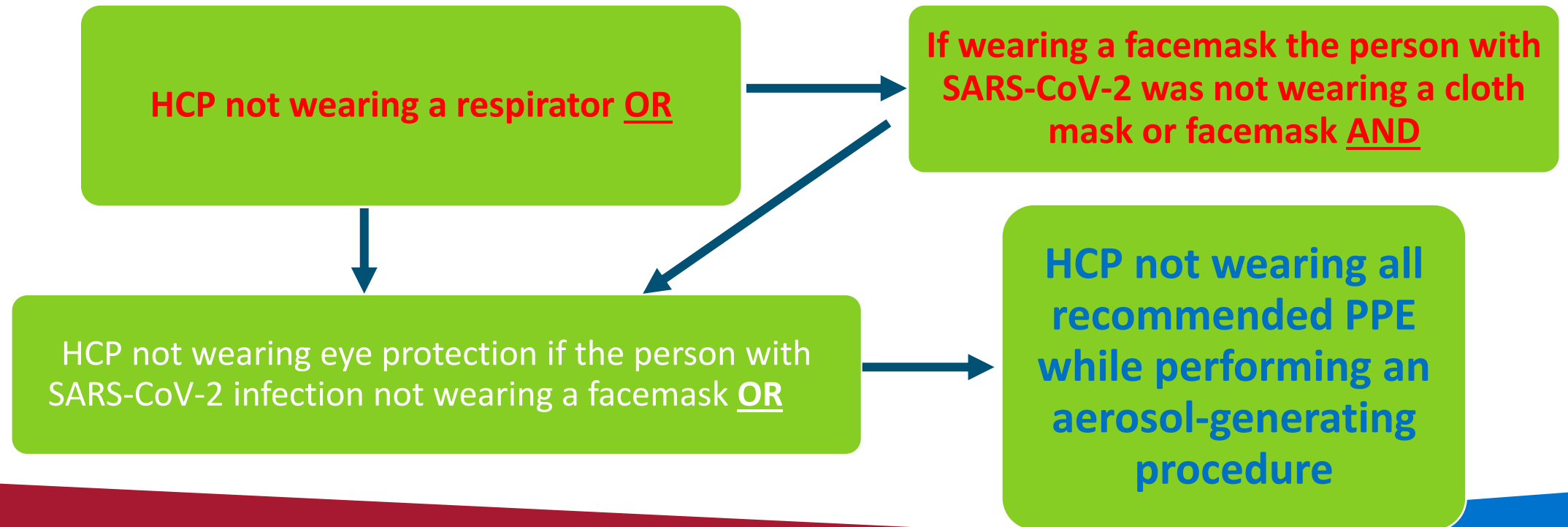
[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

CDC

cdc.gov/coronavirus

Higher risk exposure generally involve exposure to HCP's eyes, nose or mouth to material potentially containing SARS-CoV-2.

Higher-risk: HCP who have had prolonged close contact with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection



Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Up to Date and Not Up to Date	10 days OR 7 days with negative test ^a , if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)



▶ HCP with mild to moderate illness:

- ▶ At least 7 days if a negative test within 48 hours prior to returning to work (**OR** 10 days if testing not done or positive test at day 5-7) have passed since first symptom + at least 24 hours since last fever + symptoms are improving

▶ HCP who were asymptomatic:

- ▶ At least 7 days if a negative test within 48 hours prior to returning to work (**OR** 10 days if testing not done or positive test at day 5-7) have passed since first positive test

▶ HCP with severe to critical illness

- ▶ At least 10 up to 20 days have passed since first symptom + at least 24 hours since last fever + symptoms are improving

Antigen testing is preferred if testing asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days



