CDC UPDATES- 2022

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https://spice.unc.edu/
https://spice.unc.edu/ask-spice/
- Strategies to Mitigate Healthcare Personnel Staffing Shortages-January 21st, 2022
- Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2-January 21st, 2022
- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 Pandemic-February 2nd, 2022
- Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes-February 2nd, 2022
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.
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*
Higher risk exposure generally involve exposure to HCP’s eyes, nose or mouth to material potentially containing SARS-CoV-2.

<table>
<thead>
<tr>
<th>Vaccination Status</th>
<th>Conventional</th>
<th>Contingency</th>
<th>Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to Date</td>
<td>No work restrictions, with negative test on days 1 and 5–7</td>
<td>No work restriction</td>
<td>No work restriction</td>
</tr>
<tr>
<td>Not Up to Date</td>
<td>10 days OR 7 days with negative test†</td>
<td>No work restriction with negative tests on days 1, 2, 3, &amp; 5–7 (if shortage of tests prioritize Day 1 to 2 and 5-7)</td>
<td>No work restrictions (test if possible)</td>
</tr>
</tbody>
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†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
Higher-risk: HCP who have had prolonged close contact with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection

- HCP not wearing a respirator OR
- HCP not wearing eye protection if the person with SARS-CoV-2 infection not wearing a facemask OR

If wearing a facemask the person with SARS-CoV-2 was not wearing a cloth mask or facemask AND

HCP not wearing all recommended PPE while performing an aerosol-generating procedure
# Work Restrictions for HCP With SARS-CoV-2 Infection

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<td>Up to Date and Not Up to Date</td>
<td>10 days OR 7 days with negative test*, if asymptomatic or mild to moderate illness (with improving symptoms)</td>
<td>5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)</td>
<td>No work restriction, with prioritization considerations (e.g., types of patients they care for)</td>
</tr>
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</table>
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