Local Public Health Teams Meeting
COVID-19 Response
November 17, 2021

1. Welcome
Juanita Estrada – Welcome and overview of the agenda

2. Epidemiology
Lynn Sosa – Epi Update
• See attached slides

Vivian Leung – Nursing home and HAI updates
• See attached slides

Kristin Gerard – Contact Tracing/K-12 testing
• We will be staffing contact tracers for Thanksgiving, 8 AM – 4:30 PM, and the day after, 8 AM -8 PM.

3. Immunizations
Patricia Firmender
Moderna vials
• CDC has discontinued distribution of Moderna 14 dose multi-dose vials and resumed distribution of Moderna 10 dose multi-dose vials. All Moderna product ordered after November 11, 2021, will now be 10 dose vials.
• The ordering portal has been updated and will reflect the change to the tray size and the vial quantity.

Pfizer 6hr Label Correction
• Labels were printed, “Discard 6 hours after dilution.” However, the FDA approved the vaccine for discarding 12 hours after dilution. This updated information is printed in the EUA and Fact Sheets as follows:

“After dilution, the vial should be held between 2°C to 25°C (35°F to 77°F). Vials should be discarded 12 hours after dilution. Vial labels and cartons may state that a vial should be discarded 6 hours after the first puncture. The information in this Fact Sheet supersedes the number of hours printed on vial labels and cartons.”

Pfizer pediatric vaccine vial discrepancy
• Some providers have reported a discrepancy in the ability to extract doses from the Pfizer pediatric vaccine vials. The Pfizer pediatric vial is labeled as containing 10 doses
per the Emergency Use Authorization (EUA); however, some providers are reporting they are able to extract only 9 doses, while others are reporting up to 13 doses.

- Efforts are underway to determine the source of this discrepancy.
- Stay vigilant and avoid administration errors:
  - Dilute vials properly (1.3 mL of sterile 0.9% Sodium Chloride)
  - Ensure the correct dose volume is drawn (0.2 mL)

**Pfizer Boosters for All Adults 18+:**
- Pfizer has again asked the Food and Drug Administration (FDA) to authorize their booster shot for all adults age 18+. Pfizer has presented additional data showing vaccine efficacy for people receiving the booster.

**Pediatric COVID-19 Vaccines**
- What Parents, Practitioners, and Policy Makers Need to Know
  - https://jamanetwork.com/journals/jama/fullarticle/2786095?resultClick=1

**Emergency Use Instructions (EUI)**
- Today, the CDC issued Emergency Use Instructions (EUI) and updated its clinical considerations to allow the COVID-19 vaccine by Pfizer-BioNTech to be given as an additional primary dose or booster dose to certain people who completed a vaccine primary series with certain COVID-19 vaccines that are not authorized or approved by the U.S. Food and Drug Administration. This ensures that eligible people who were vaccinated outside of the U.S. with these vaccines, or who received certain non-FDA authorized or approved COVID-19 vaccines through participation in some clinical trials, can get an additional primary dose or booster dose of Pfizer-BioNTech COVID-19 vaccine.
- The new guidance mirrors CDC’s recommendations about who is eligible to receive boosters and additional primary doses, allowing an additional primary dose of the COVID-19 vaccine by Pfizer-BioNTech in certain immunocompromised persons aged 12 years and older, and/or a single booster dose of Pfizer-BioNTech COVID-19 vaccine in certain adults 18 years and older who completed their primary vaccination with a non-FDA authorized or approved COVID-19 vaccines.
- https://www.cdc.gov/vaccines/covid-19/eui/index.html

**4. State and Local Outreach**
Jaime Krasnitski
- VEPF reminder - budget revisions were due yesterday, 11/16/2021. Any questions, please contact Jamal.Porter@ct.gov.
- Yellow Van update – As of 11/6/2021, approximately 6000 children 5–11-year-old have been vaccinated using the yellow vans. 381 clinics have been scheduled until the end of the year in 60 municipalities.
- Homebound update – continuing to work on the scope of work for the 10 providers who are interested in vaccinating homebound individuals.
5. Public Health Preparedness and Local Health Admin  
Francesca Provenzano  
• We continue to plan for antivirals, which are expected to be available beginning in late November or early December. The Merck antiviral is meant for individuals diagnosed with COVID19 within 5 days of symptom onset. This product is not meant for children or pregnant women. The preliminary strategy, while supplies are limited, is to distribute the antivirals to long-term care pharmacies, and targeted geographic locations with high disease rates and high social vulnerability indices.  
• Given the parameters, healthcare providers such as licensed urgent care centers and federally qualified health centers that also provide testing services are being considered for early roll out.  
• If local health departments directly provide COVID19 clinical services, and you have an interest in providing antivirals as part of your services, please contact Lisa Bushnell (Lisa.Bushnell@ct.gov) or Francesca Provenzano (Francesca.provenzano@ct.gov) via email.  
• If you are partnering with a clinician, non-profit, or FQHC to provide COVID19 testing services, the DPH will work with those types of healthcare providers directly as part of the roll out.

Krista Veneziano  
• Thank you to the directors of health who have submitted their annual surveys. There have been 51 surveys completed and 4 in progress. A second reminder has been sent to the LHDs that have not started/completed their annual report. All reports must be submitted by 11/30/2021.
• The SFY 2019 annual report survey data analysis has been completed. We are working on drafting the report that summarizes the data submitted.

6. Environmental Health and Drinking Water/Re-Open CT  
Tom St. Louis  
• Screen and Stay  
  o Updates to the guidance are in process, including guidance for return to normal activities (PE, music)  
  o The attestation form and guidance worksheet have been translated into Spanish, working on other languages  
  o Planning to collect information from school districts about the extent to which screen and stay has been used and is impacting the districts  
• CIAC and youth sports guidance  
  o CIAC has finalized their winter interscholastic sports guidance and will likely be released this week  
  o DPH will finalize broader winter youth sports guidance. It will probably largely mirror CIAC for consistency.  
  o Towns and leagues should continue with current guidance until new guidance is released

7. Joint Operations Teams  
Susan Hacking  
• Testing sites remain steady at 23 sites.
• We are managing questions on ELC2 applications.
• The next ELC2 office hours is scheduled for Friday, 11/19/2021, from 1-2 PM.

8. Other - none

9. Questions

Can instructions for an ELC Year 1 BP2 budget revision be send out?
Here is the link to the ELC 1 guidance and reporting forms which include the Budget Revision Request forms and guidance documents: https://portal.ct.gov/DPH/Public-Health-Preparedness/Main-Page/LHD-Funding-Guidance

Is the higher prevalence among 5-11-year-old because they are participating in the school-based screening (more tests=more positives)? Are they disproportionately represented in the testing numbers because we are over-sampling them for the screening program?
There are not enough kids participating in the program for that to be the reason. We are seeing an increase in other parts of our data (e.g., test positivity) as well, and it is real.

Does the nursing home data include assisted living?
Data presented were for nursing homes only. We also hear about assisted living outbreaks and provide technical support to them (they should report to us), but we don't systematically track case data for AL.

Were any of the nursing home deaths in this situation booster recipients?
They were fully immunized people who did not have a previous case of COVID-19. They were about to have a booster clinic when the outbreak hit. There are booster providers that can provide booster clinics in an outbreak. We are not aware of any deaths in people boosted at this time.

Does the Immunization Program have any coloring books available?

Can ELC funding be used for snacks/toys for pediatric clinics?
ELC funding cannot be used for snacks and toys.

Do you provide the medical orders for the monoclonal antibody medication?
DPH does not provide medical orders.
Does an APRN meet requirements for anti-viral medication distribution?

It is our understanding that an APRN, PA or MD can dispense medication (per DCP) and licensing. If you are working with an FQHC to provide testing, then don't sign up. We will be able to provide the FQHC with the pills.

Are the schools still required to send out a letter to inform parents when there is a positive COVID case in the school? Waterbury has shifted to doing this only for the parents of single classrooms, but as a parent of children in another district I receive these letters whenever there is a positive in the school. Is this at the discretion of the district or is there official guidance they should be following from DPH/SDE?

Every school should be reporting every case to our reporting portal. DPH told schools that they should be transparent about their case numbers. How they do that is up to them. We have strongly encouraged them to report to their community, but that could differ from district to district.

How many positive student cases per school classroom before requiring everyone in class to quarantine?

There is no specific number that if met would require a classroom to quarantine. When classrooms are closed, it is typically an operational/logistical issue.

What is the basis for the change in the town alert chart? It now focuses on individual risk and vaccination status.

The previous interventions that had been associated with the town alert tables are no longer valid. That framework doesn’t make sense anymore. It was changed to reflect what we’d like people to think about when looking at that chart. It is primarily based on a person’s risk acceptance and immunization status.
Alert Categories, by Town
November 1 – November 14, 2020

<table>
<thead>
<tr>
<th>Town Alert Category</th>
<th>Percentage of CT Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>96%</td>
</tr>
<tr>
<td>Orange</td>
<td>4%</td>
</tr>
<tr>
<td>Yellow</td>
<td>0%</td>
</tr>
<tr>
<td>Grey</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

Recent Cases & Incidence, Statewide
August 29 – November 21, 2020

<table>
<thead>
<tr>
<th>Two Week Period</th>
<th># New Cases</th>
<th>Average Daily Incidence / 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/08-11/21*</td>
<td>13,450</td>
<td>--</td>
</tr>
<tr>
<td>11/01-11/14</td>
<td>20,366</td>
<td>40.7</td>
</tr>
<tr>
<td>10/25-11/07</td>
<td>14,230</td>
<td>28.5</td>
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<tr>
<td>10/18-10/31</td>
<td>10,190</td>
<td>20.4</td>
</tr>
<tr>
<td>10/11-10/24</td>
<td>7,551</td>
<td>15.1</td>
</tr>
<tr>
<td>10/04-10/17</td>
<td>5,449</td>
<td>10.9</td>
</tr>
</tbody>
</table>

*Data for this period are incomplete.
Big Picture: Statewide Snapshot
March 1, 2020 – November 10, 2021

Cases
- Total Cases: 407,292
- New Admissions:
  - 11/7-11/13*: 1,034
  - 10/31-11/6: 2,391
  - 10/24-10/30: 2,411

Hospitalizations
- Total Hospitalizations: 40,940
- New Hospitalizations:
  - 11/7-11/13*: 149
  - 10/31-11/6: 211
  - 10/24-10/30: 201

Hospital Census (10/27)
- Hospital Census: 238
- New Hospital Census:
  - 11/7-11/13*: 228
  - 10/31-11/6: 205
  - 10/24-10/30: 198

Deaths
- Total Deaths: 8,809
- New Deaths:
  - 11/2-11/8: 33
  - 10/26-11/1: 25
  - 10/19-10/25: 30

*Data for this week are incomplete

Note: Prior to 5/29/20, CHA defined "COVID admissions" as suspected + confirmed; after 5/29/20, confirmed only
Case Rates & Vaccine Coverage by Community Setting

October 10, 2021 – November 10, 2021

CT 14-day Case Rate per 100,000: 9.44

Case Rate

Percent Initiated Vaccination

Recent Cases & Incidence, Statewide
August 21 – November 6, 2021

Two Week Period | # New Cases | Average Daily Incidence / 100,000
--- | --- | ---
10/31-11/13 | 3425 | --
10/23-11/06 | 4802 | 9.44
10/16-10/30 | 4963 | 9.76
10/10-10/24 | 5481 | 10.76
10/03-10/17 | 5655 | 11.39

*Data for this period are incomplete*
### Average Daily SARS-CoV-2 Infection Rates

**By School Age Group (Data reported as of 11/10/2021)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Infections per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-11</td>
<td>26</td>
</tr>
<tr>
<td>12-17</td>
<td>16</td>
</tr>
<tr>
<td>18-39</td>
<td>22</td>
</tr>
<tr>
<td>0-4</td>
<td>29</td>
</tr>
<tr>
<td>40-59</td>
<td>14</td>
</tr>
<tr>
<td>&gt;=60</td>
<td>11</td>
</tr>
</tbody>
</table>

**County Breakdown**

- Connecticut
- Litchfield
- New London
- Fairfield
- Middlesex
- Tolland
- Hartford
- New Haven
- Windham
Average Daily COVID-19 Hospital Admission Rates
By Age Group (Data reported as of 11/10/2021)

* Data from HHS Protect

Age Standardized Weekly Incidence Rates
By Vaccination Status (As of 11/10/2021) | Statewide
Age Standardized Weekly Mortality Rates
By Vaccination Status (As of 11/10/2021) | Statewide

Deaths per 100,000 Persons

Date

- Fully Vaccinated
- Unvaccinated or Partially Vaccinated

Age Standardized Weekly Hospital Admission Rates
By Vaccination Status (As of 11/10/2021) | (Limited to Residents of Middlesex and New Haven Counties)

Admissions per 100,000 Persons

Date

- Fully Vaccinated
- Unvaccinated or Partially Vaccinated
HAI-AR Updates – 11/17/21

1. Local Health Engagement with HAI-AR
2. Nursing homes COVID-19 Update

2 NACCHO funding opportunities for Local Health HAI-AR Capacity

• BLOC COVID-19 +: The Building Local Operational Capacity for COVID-19 & HAI/AR (BLOC COVID-19 +) project continues and expands upon the first year of the BLOC COVID-19 Sites project by allowing LHDs to go beyond COVID-19 response and address other HAIs and AR pathogens. NACCHO anticipates issuing awards to 50 LHDs of up $70,000 ($100,000 for sites engaged in supplemental activities). More information about this opportunity is available here. The deadline for submitting applications is November 24, 2021.

• LHD HAI/AR Demonstration Sites: NACCHO will issue awards to 5 LHDs of up to $25,000 to advance their capacity to prevent and control HAIs and engage in AR-related initiatives. More information about this opportunity is available here. The deadline for submitting applications is December 8, 2021.
Local Health Call with CT DPH HAI-AR

- Tomorrow, Nov 18 12:00-12:45pm on TEAMS
- Discussion:
  - Your interest(s) in HAI-AR activities
  - How might you want to be involved?
  - How do we coordinate

- LHDs who expressed interest on Nov 3 invited.
- Want an invite? Email vivian.leung@ct.gov

Some ways LHDs can get involved in HAI-AR

- Disseminate HAI-AR messages, flyers, tweets, resources
- Host a HAI/AR field staff member (nurse consultant or field epi)
- Participate in HAI-AR training programs for LHDs
- Help staff Project Firstline training programs
- Participate in ICAR(s) with CT DPH HAI-AR
- Join DPH HAI-AR Staff on any consultative (non-regulatory) on-site support visit in long-term care or other healthcare facility in your jurisdiction!
Infection Control Assessment and Response (ICAR) Visits

**Infection Control Assessment and Response (ICAR) Visits:** The HAI-AR program conducts site visits to systematically assess a healthcare facility's infection prevention and control (IPC) practices and guide quality improvement activities (e.g., by addressing identified gaps). These are **scheduled and non-regulatory**.

**2 types of ICAR Visits:**

- **Prevention-based ICARs:**
  - HAI-AR Program will outreach to facilities potentially at greater risk for HAI and AR based on collected data.
  - Facility infection control risks are evaluated, IPC policies/procedures/implementation reviewed. Recommendations for improvement are provided.

- **Response ICARs:**
  - For facilities with COVID-19 cases, MDRO cases, and other HAI and AR concerns.
  - Focus on gaps in IPC specific to the pathogen/outbreak of concern.
  - Recommendations for immediate action are provided, with close follow-up.

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ELC Budget Period 2 (8/1/20–7/31/21)

- **65 AR Containment Responses** (*C. auris*, carbapenemase-producing organisms)
- **15 Routine Healthcare Responses** (10 GI, 3 non-COVID respiratory, 2 scabies)
- **2 non-COVID HAI Responses** (1 influenza, 1 injection safety)
- **724 COVID-19 Responses**
  - 63 onsite IPC assessments

![724 COVID-19 Responses](image)
Nursing Home Resident Incidence, statewide
April 16, 2020 – November 9, 2021

Resident Census: 18,961

<table>
<thead>
<tr>
<th>Date Reported</th>
<th>New Resident Cases (diagnosed that week)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-Aug</td>
<td>65</td>
</tr>
<tr>
<td>17-Aug</td>
<td>53</td>
</tr>
<tr>
<td>24-Aug</td>
<td>48</td>
</tr>
<tr>
<td>31-Aug</td>
<td>63</td>
</tr>
<tr>
<td>7-Sep</td>
<td>36</td>
</tr>
<tr>
<td>14-Sep</td>
<td>35</td>
</tr>
<tr>
<td>21-Sep</td>
<td>30</td>
</tr>
<tr>
<td>28-Sep</td>
<td>11</td>
</tr>
<tr>
<td>5-Oct</td>
<td>29</td>
</tr>
<tr>
<td>12-Oct</td>
<td>42</td>
</tr>
<tr>
<td>19-Oct</td>
<td>15</td>
</tr>
<tr>
<td>26-Oct</td>
<td>24</td>
</tr>
<tr>
<td>2-Nov</td>
<td>28</td>
</tr>
<tr>
<td>3-Nov</td>
<td>17</td>
</tr>
</tbody>
</table>

Facility Metrics
New res. cases, last 2 weeks: 10 (+2)
No new res. cases, >2 weeks: 198
Note: Light blue = OCME lab-confirmed and suspected deaths due to COVID-19, Darker blue = NHSN data
Lessons Learned from Recent Outbreaks:

1. Cases are occurring largely among unboosted fully-vaccinated individuals.
   - There have been a handful of LTCF cases among individuals who have received boosters more than a week prior – we are keeping an eye out for deaths among boosted individuals.
   - SNF mortality associated with COVID-19 is greatly reduced compared to pre-vaccine waves.
   - Booster doses save lives. Boosters can be given during a LTCF outbreak. Get whichever booster (Pfizer, Moderna) is available most immediately.

2. Gaps in infection control contribute to these outbreaks
   - Adherence to current infection prevention & control (IPC) measures can prevent outbreaks
   - Support your IPs
     - IPs should do IP full-time, particularly in the context of respiratory virus season and holiday visitation
     - Shift coaches can help by observing for ICP gaps during each shift on each unit


Nursing Home Resident COVID-19 Vaccination Rates: Primary Series, as of 10/31/2021

Resident Vax Rates (203 NHs reported)

- Average 91%
- Median 94%
- Range 65-100%
Nursing Home Staff COVID-19 Vaccination Rates: NHSN data, primary series, as of 10/31/2021

Staff Vaccination Rates (204 NHs reported)

- Average 95%
- Median 96%
- Range 79-100%

**NHSN Staff Definition:** HCP are defined as those who were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection, regardless of clinical responsibility or patient contact [defined by CMS as individuals who work in the facility on a regular (weekly) basis]. HCP eligible to have worked include employees (staff on facility payroll), licensed independent practitioners (physicians, advanced practice nurses, & physician assistants), adult students/trainees & volunteers, and other contract personnel who are scheduled to work in the facility at least one day every week. For more information, please see here.
Booster vaccinations save lives in LTCFs

- Anyone who works or lives in a long-term care facility is eligible for a booster.
  - Get whichever booster shot is available the soonest.
  - Exposed individuals in LTCFs can get a booster.
- Booster clinics may occur while in outbreak mode.
- If you’re having trouble scheduling a booster clinic, email dph.immunizations@ct.gov for help connecting with a booster provider.

Nursing Homes

Help us understand the impact of boosters: Report booster data for staff and residents accurately each week on NHSN.

If you didn’t complete this survey on booster clinic progress and challenges, COMPLETE BY FRIDAY NOVEMBER 19: https://forms.office.com/g/KGuWKjvwDH

Vaccinating people with a known COVID-19 exposure or during COVID-19 outbreaks

Residents or patients with a known COVID-19 exposure or undergoing screening in congregate healthcare settings (e.g., long-term care facilities and other long-term care settings) may be vaccinated. In these settings, exposure to and transmission of SARS-CoV-2 can occur repeatedly for long periods of time, and healthcare personnel and other staff are already in close contact with residents. People residing in congregate settings (healthcare and non-healthcare) who have had an exposure and are awaiting SARS-CoV-2 testing results may be vaccinated if they do not have symptoms consistent with COVID-19. Vaccination providers should employ appropriate infection prevention and control procedures.

Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC
https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#vaccinating-exposure
Who is eligible for a booster?

- **mRNA:** ≥ 6 months after primary mRNA vaccine series
  - Age 65+
  - Age 18+ who live in long-term care
  - Age 18+ who have underlying medical conditions including chronic lung disease including COPD/asthma, chronic kidney disease, diabetes, overweight, depression, other mental health conditions, current/former smoking
  - Age 18+ who work or living in high-risk settings

- **J&J:** ≥ 2 months after J&J, anyone 18+

- **Mix & Match:** Any COVID-19 vaccine can be given as a booster, regardless of which vaccine was given for the primary series

What to Expect This Winter

Increased visitation and gathering during the holiday season can lead to more cases of COVID-19 and other respiratory viruses

- Appropriate ICP measures can prevent spread in your facility
  - Support your IPs and Shift Coaches
  - Visitors should only have close contact with residents they are visiting
- Booster vaccinations are needed to limit infections, hospitalizations, and deaths. **Booster everyone NOW.**

Molnupiravir is coming!

- Oral antiviral to be given for 5 days, starting within 5 days of symptom onset
- Similar efficacy compared to monoclonal antibodies

• **Share** social media messages, images, and animated graphics on your organization’s social media channels.
  - Use #USAAW21 and #BeAntibioticsAware in every post!
  - For the global [Twitter Storm](https://www.cdc.gov/antibiotic-use), use #AntibioticResistance and #WAAW21.

• **Include** information about *Be Antibiotics Aware* and U.S. Antibiotic Awareness Week in your organization’s print and e-newsletters.

• **Print and share** handouts and posters with patients and healthcare professionals, available in English and Spanish.

• **Play** videos (available in English and Spanish) on TV screens and iPads in your medical office, pharmacy, waiting room, or lobby.

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**Thank You**

DPH.HAIAR@ct.gov