

COVID-19 Q&A Hour for Long Term Care



WASHINGTON STATE DEPARTMENT OF HEALTH

Healthcare-Associated Infections (HAI) Program

Shoreline, WA

Housekeeping



Attendees will be in listen only mode



Self-mute your lines when not speaking



Type questions into the question window. Please include the type of facility you are from in your question (e.g., NH) and indicate your county.



Nursing Home

Participants from long-term care, regulatory, public health



No confidential information presented or discussed. This is an educational webinar and does not constitute legal advice.



Local guidance may differ, please consult with your Local Health Jurisdiction (LHJ):

<https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>

This is the LTC COVID-19 Q&A Hour!

A chance to connect, ask questions, and learn about the COVID-19 response and infection prevention guidance



COVID-19 Q&A Call Expectations

- Be present
- Assume positive intent
- Focus on solutions
- Speak and chat respectfully
- Give constructive feedback
- Express disagreements professionally and tactfully



Panelists





WASHINGTON STATE DEPARTMENT OF HEALTH

ICAR PROGRAM DETAILS

Our free, non-regulatory ICARs provide facilities with infection prevention recommendations and resources on how to keep residents and staff safe.

What We Do

- Provide support with an infection prevention expert
- Assist with addressing gaps in your current infection control protocols for COVID-19 or other infections
- Offer up-to-date guidance and resources

Who We Serve

- Long Term Care Facilities (Assisted, Skilled, Behavioral Health, Nursing facilities, and Adult Family Homes)
- Outpatient Settings
- Acute and Critical Access Hospitals

To Learn More or Schedule an In-Person or Virtual Visit:

<http://doh.wa.gov/ICAR>

Contact Us:

HAI-FieldTeam@doh.wa.gov (General)



In Partnership With

- Local Health Jurisdictions
- LeadingAge Washington
- Washington Health Care Association
- Adult Family Home Council of WA State
- Washington State Hospital Association



WASHINGTON STATE DEPARTMENT OF HEALTH

HAI-AR SECTION EMAIL ADDRESSES

Please refer to the table below to find the email most appropriate for your needs

Email Path	Description
HAI@doh.wa.gov	General healthcare associated infection questions
HAI-Covid@doh.wa.gov	COVID19-specific healthcare associated infection questions
HAIEpiOutbreakTeam@doh.wa.gov	Epidemiological outbreak assistance and healthcare associated infection questions
HAI-FieldTeam@doh.wa.gov	Schedule an ICAR for your facility
HAI-FITTesting@doh.wa.gov	Respiratory Protection related questions www.doh.wa.gov/ltrcpp

Respiratory Protection Program Support

- Available for long term care facilities:
 - 3M medical evaluation system
 - Assistance with your written program and facility training
 - Fit testing – for either outbreak or non-outbreak facilities
- Learn to conduct your own N95 fit test for your staff

Visit our website: [Fit Testing Training | Washington State Department of Health](https://www.doh.wa.gov/fit-testing-training) (www.doh.wa.gov/lcrpp)

Email questions to:
HAI-FitTest@doh.wa.gov



Project Firstline Podcast

Episodes



1. Introduction and HAIs
2. PPE
3. Hand Hygiene
4. MDROs
5. ALFs and SNFs
6. Hospital Settings
7. *Candida auris*
8. Respiratory Protection
9. Vaccine Preventable Diseases

Purpose



- Discuss and identify the importance and impact of infection prevention on our lives and the lives of our community
- [Project Firstline | Washington State Department of Health](#)



Congratulations
to all 297
Winter 2022
Awardees!



[Long-Term Care COVID-19 Immunization Champion Award | Washington State Department of Health](#)

Comagine Health Events for August

August 5th Open Office Hours:
NHSN Updates

August 19th Open Office Hours: Vaccine Updates and
Motivational Interviewing

Link to Register:
11 a.m. PT / noon MT (30 minutes)
[Link to Register](#)

We want to hear from you!

- Micro learning topics – what do you want to learn more about that will help with your facility infection control practices?
- Input your ideas into Question window noting “Topics: ...”
- Or send to HAI-COVID@doh.wa.gov
- *Thank you!*

LTC Q&A Call Format Structure

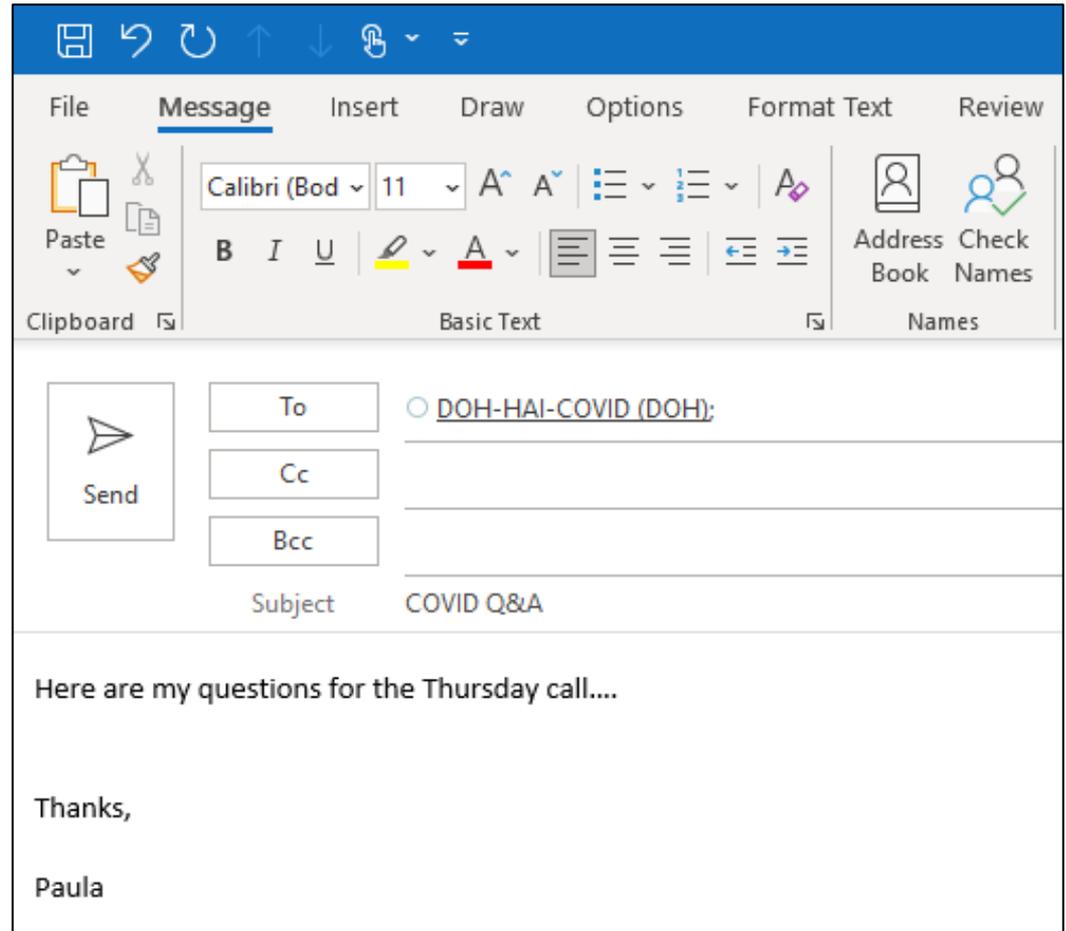
- **Submit questions by 5pm on Monday each week before the Thursday call**
- Submitted questions and answers will be presented during the call and included in slides sent out afterwards
- Follow up questions related to the slides will be addressed live
- Additional new questions will be answered live if they are common questions
- Otherwise other questions will be consolidated by topic and roll over to the following week's slides to provide in depth feedback & relevant resource links, along with any new mailbox questions
- Complex questions specific to your facility are best sent to HAI-COVID@doh.wa.gov to be answered individually

How to Submit Your Questions

Subject Line:
COVID Q&A Call

Email:
HAI-COVID@doh.wa.gov

Due by: COB Monday



Upcoming LTC Q&A Micro Learning Presentations

Upcoming presentation schedule:

Today: Monkey Pox

Aug 11 & 25 – No Q&A call

Aug 18 – Monkey Pox repeat

Sept 8 – SNF/ALF Success Story: Creative PPE Positive Reinforcement Practices

Sept 22 – DOH & DSHS Staff to answer submitted Medical Test Site Waiver questions – see slide

Sept 29 – Success Story: Best practices for minimizing COVID spread in Memory Care

Medical Test Site Licensing Q & A Coming

Assisted Living Facilities, Enhanced Services Facilities and Adult Family Homes that conduct medical testing (such as COVID-19 PCR testing or blood glucose testing) or act on results of medical tests done in their facilities are required to have a Washington State Medical Test Site license.

<https://doh.wa.gov/licenses-permits-and-certificates/facilities-z/laboratory-quality-assurance>

To help Assisted Living facilities and homes understand this requirement, the Department of Health Laboratory Quality Assurance will answer pre-submitted questions during the September 22 LTC call.

To submit a question, email HAI-COVID@doh.wa.gov and put “MTSW Q&A Call” in the subject line. Questions submitted by September 10 will be included in the Q & A.



MONKEYPOX

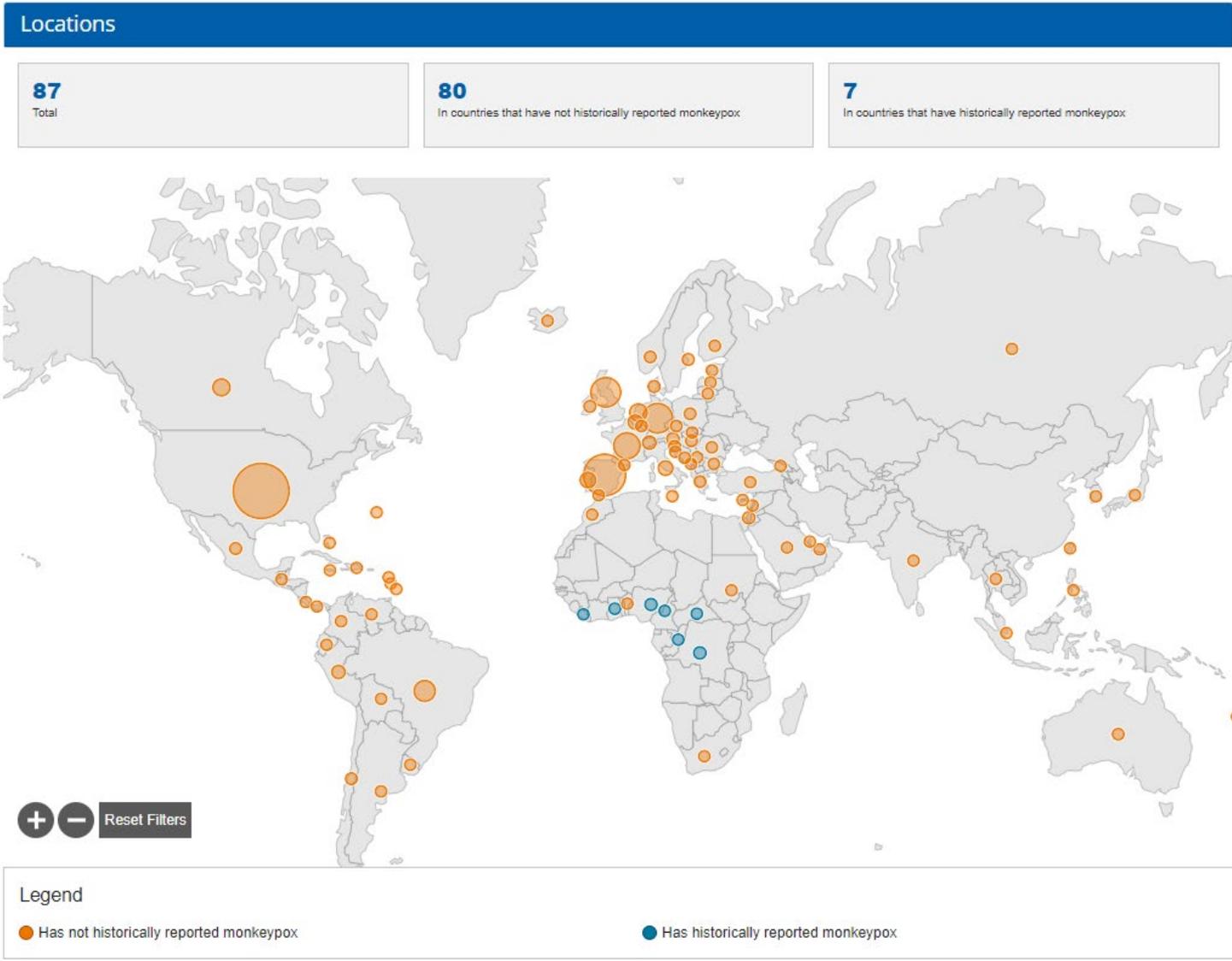
HEALTHCARE-ASSOCIATED INFECTION AND
ANTIMICROBIAL RESISTANCE SECTION

Monkeypox Cases Reported as of 8/3/2022

Number of Cases	Metric
26,208	Confirmed worldwide
25,864	In countries that have not historically reported monkeypox
344	In countries that have historically reported monkeypox

[2022 Monkeypox Outbreak Global Map](#) | [Monkeypox](#) | [Poxvirus](#) | [CDC](#)

2022 Monkeypox Global Map as of 8/3/2022

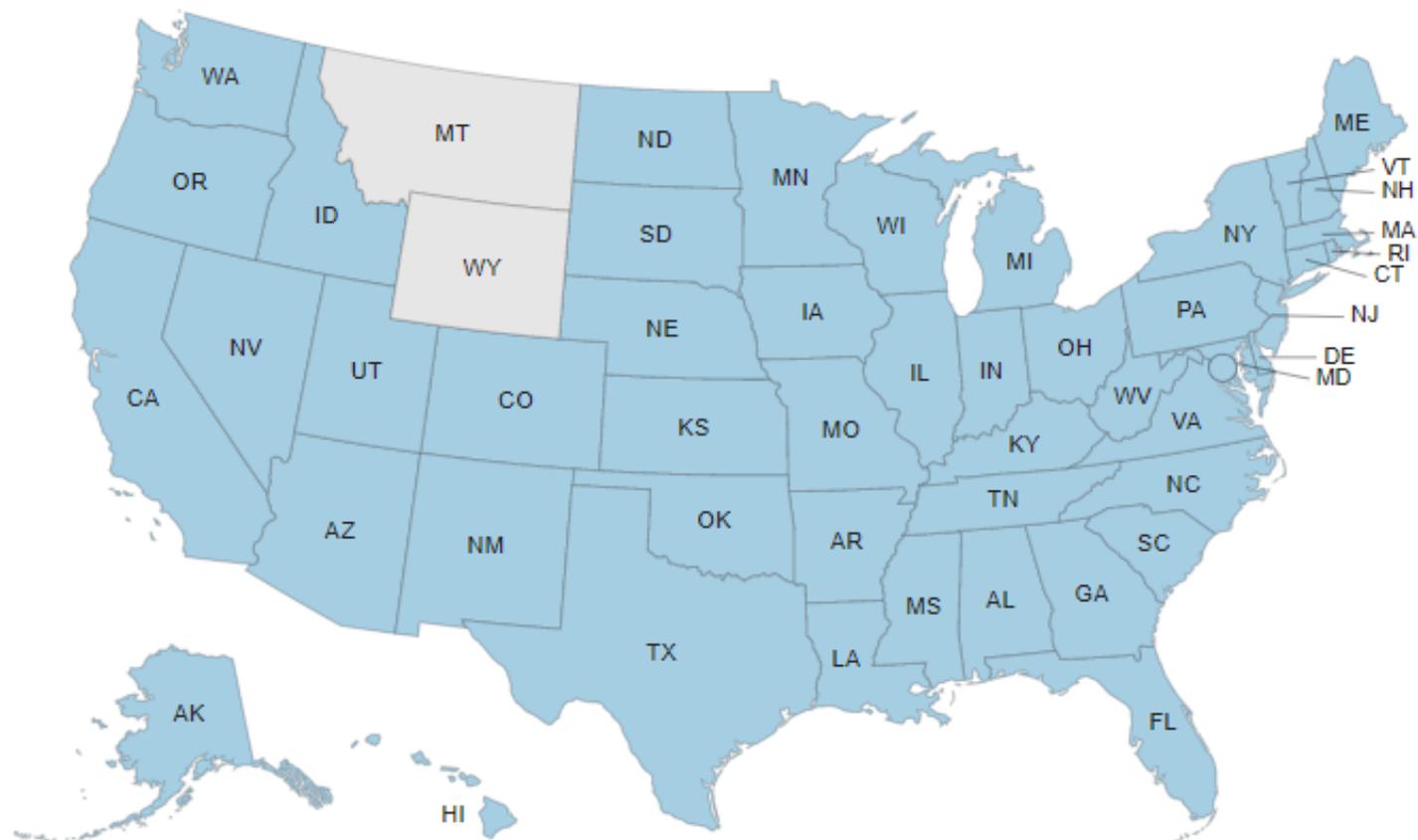


2022 U.S. Map & Case Count

Updated August 2, 2022 [Print](#)

Total confirmed monkeypox/orthopoxvirus cases: **6,326**

*One Florida case is listed here but included in the United Kingdom case counts because the individual was tested while in the UK.



Territories [PR](#)



States in U.S. with >100 cases as of 8/2/2022

State	Number of Cases
<input type="radio"/> New York	1617
<input type="radio"/> California	826
<input type="radio"/> Illinois	533
<input type="radio"/> Texas	485
<input type="radio"/> Florida	480
<input type="radio"/> Georgia	455
<input type="radio"/> District Of Columbia	248
<input type="radio"/> Pennsylvania	170
<input type="radio"/> New Jersey	155
<input type="radio"/> Maryland	149
<input type="radio"/> Massachusetts	134
<input type="radio"/> Washington	123
<input type="radio"/> Virginia	105

Washington Monkeypox Cases, Confirmed and Probable, as of 8/3/22

Reported Cases by County

Total cases	166
King	144
Pierce	7
Clark	3
Snohomish	2
Kitsap	2
Yakima	1
Benton	1
Cowlitz	1
Lewis	1
*Mason	1
*Whatcom	1
Non-WA Resident	2

Number of new cases in the last 7 days: **50**

*Number of new Jurisdictions with a first case in the last 7 days: **2**

Current Case Doubling Rate: **6.83 days**

DOH IMT for Monkeypox

- July 22, 2022: DOH Incident Management Team (IMT) activated to support monkeypox
- Commander: Andrew Rose
- The IMT will focus on controlling the spread of this outbreak by conducting case and contact investigations, laboratory testing, connecting ill people to medical treatments, vaccinating high-risk people, health education/promotion activities, and providing sound public information.
- DOH Monkeypox Website:

[Monkeypox | Washington State Department of Health](#)

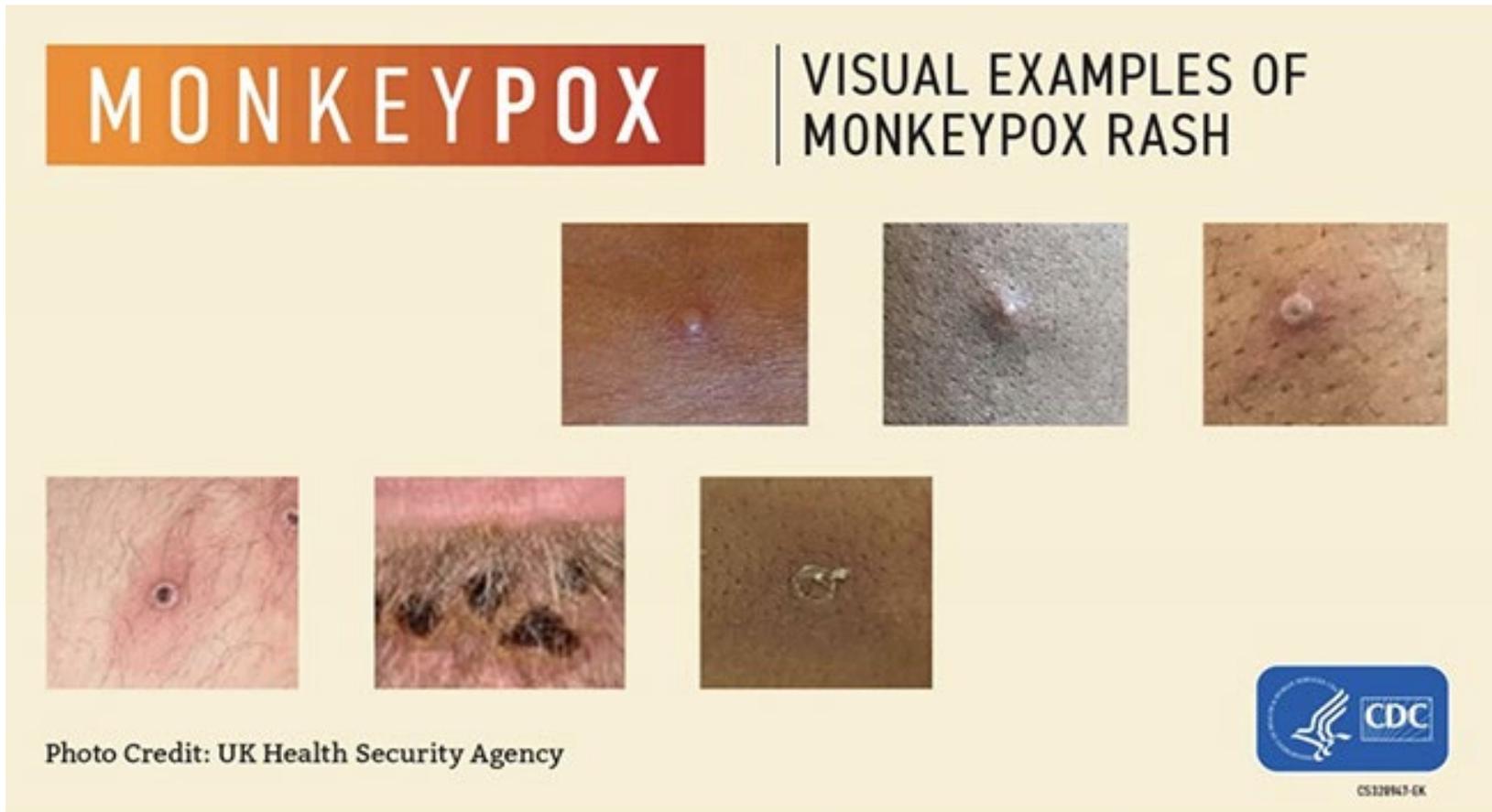
What is Monkeypox?

- Monkeypox is a rare viral disease that causes rashes and other symptoms
- Monkeypox virus is part of same family of the variola virus, the virus that causes smallpox.
- Does not commonly occur in the U.S.
- First discovered in 1958 when two outbreaks in colonies of monkeys that were kept for research
- First human case was in Democratic Republic of Congo in 1970.
- Prior to 2022, monkeypox had been reported in several central and western African countries
- Previously, almost all cases outside of Africa were linked to international travel to countries where the disease commonly occurs or through imported animals.

Two Types of Monkeypox Virus

- Western African and Congo Basin
- Current type in 2022 outbreak is Western African strain
- Western African strain: 99% of people likely to survive
 - People with weakened immune system, people who are pregnant or breastfeeding, children under 8 years of age, people with history of eczema may be likely to get seriously ill
 - Rarely fatal, symptoms can be painful and might leave permanent scarring from the rash
- Congo Basin strain: 10% fatality rate.
- In current outbreak, no one in the U.S. has died of monkeypox, but globally, a few people have died.

What does monkeypox look like?



[Clinical Recognition | Monkeypox | Poxvirus | CDC](#)

Key Characteristics of Monkeypox Rash



What are the symptoms of monkeypox?

- Prodrome (does not always occur): fever, chills, headache, muscle aches, backache, exhaustion, respiratory symptoms (e.g., sore throat, nasal congestion or cough), swollen lymph nodes
- Rash follows in 1-3+ days and can appear anywhere on the body including genitals or anal area
- If infected during sexual contact, the rash may be only on the genitals or anal area
- Rash turns into raised bumps, which then fill with fluid, may be painful or itchy
- Incubation period is usually 7-14 days but can range from 5-21 days
- Most people recover in 2-4 weeks

How is monkeypox spread?

- Monkeypox virus can spread person-to-person by:
 - Direct contact with skin or body fluids of an infected person (including sexual contact and non-sexual contact)
 - Touching virus-contaminated objects (such as bedding or clothing), or
 - Respiratory droplets during direct and prolonged face-to-face contact.
 - A pregnant person can spread the virus to fetus through the placenta
- Many of the cases are occurring in men who have sex when men
- At this time, it is not known if monkeypox can spread through semen or vaginal fluids.
- Humans can get monkeypox from contact with infected animals.

Prevent the Spread of Monkeypox

- Avoid close, skin-to-skin contact with people who have a rash that looks like monkeypox.
 - Do not touch the rash or scabs of a person with monkeypox.
 - Do not kiss, hug, cuddle or have sex with someone with monkeypox.
- Avoid contact with objects and materials that a person with monkeypox has used.
 - Do not share eating utensils or cups with a person with monkeypox.
 - Do not handle or touch the bedding, towels, or clothing of a person with monkeypox.
- Wash your hands often with soap and water or use an alcohol-based hand sanitizer, especially before eating or touching your face and after you use the bathroom.

CDC Case Definition for Monkeypox

● Suspect Case

- New characteristic rash **OR**
- Meets one of the epidemiologic criteria and has a high clinical suspicion for monkeypox

● Probable Case

- No suspicion of other recent *Orthopoxvirus* exposure (e.g., *Vaccinia virus* in ACAM2000 vaccination) **AND** demonstration of the presence of
 - *Orthopoxvirus* DNA by polymerase chain reaction of a clinical specimen **OR**
 - *Orthopoxvirus* using immunohistochemical or electron microscopy testing methods **OR**
 - Demonstration of detectable levels of anti-orthopoxvirus IgM antibody during the period of 4 to 56 days after rash onset

● Confirmed Case

- Demonstration of the presence of *Monkeypox virus* DNA by polymerase chain reaction testing or Next-Generation sequencing of a clinical specimen **OR** isolation of *Monkeypox virus* in culture from a clinical specimen

CDC Case Definition for Monkeypox Epidemiologic Criteria

- Within 21 days of illness onset:
 - Reports having contact with a person or people with a similar appearing rash or who received a diagnosis of confirmed or probable monkeypox **OR**
 - Had close or intimate in-person contact with individuals in a social network experiencing monkeypox activity, this includes men who have sex with men (MSM) who meet partners through an online website, digital application (“app”), or social event (e.g., a bar or party) **OR**
 - Traveled outside the US to a country with confirmed cases of monkeypox or where *Monkeypox virus* is endemic **OR**
 - Had contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived from such animals (e.g., game meat, creams, lotions, powders, etc.)

Exclusion Criteria for Monkeypox

- A case may be excluded as a suspect, probable, or confirmed case if:
 - An alternative diagnosis can fully explain the illness **OR**
 - An individual with symptoms consistent with monkeypox does not develop a rash within 5 days of illness onset **OR**
 - A case where high-quality specimens do not demonstrate the presence of *Orthopoxvirus* or *Monkeypox virus* or antibodies to orthopoxvirus

Testing for Monkeypox

- If someone has symptoms of monkeypox or had close contact to someone diagnosed with monkeypox in the last 21 days, they should isolate and contact their healthcare provider
- Testing is done by Washington Public Health Lab and commercial labs, such as University of Washington, LabCorp, and Quest (Mayo Clinic and Sonic Healthcare recently added)
- If healthcare provider suspects monkeypox, they can swab some of the rash bumps for testing.
- If test is positive, the state or local health department will contact the patient with recommendations: isolation, close contacts who may need treatment.

Monkeypox case: How long are you contagious?

- People with a confirmed case are contagious as soon as they develop symptoms and continue to be contagious until the scabs fall off the rash.

Treatment for Monkeypox

- Antiviral medications
 - Tecovirimat (TPOXX)
- Who should be treated?
 - Persons with severe pain, widespread infection, infection of the eyes, anyone at risk of severe infection, for example, immunocompromised, pediatric, particularly less than 8 years of age, history of atopic dermatitis or other active exfoliative skin conditions, current pregnancy or breastfeeding women, one or more complications.

[Guidance for Tecovirimat Use Under Expanded Access Investigational New Drug Protocol during 2022 U.S. Monkeypox Cases | Monkeypox | Poxvirus | CDC](#)

Two Vaccines to Prevent Monkeypox

- JYNNEOS Vaccine (Imvamune or Imvanex) reduce the chance of developing monkeypox (two-dose series, first dose asap after exposure, and second dose 28 days later)
 - Best given within 4 days of exposure to prevent disease
 - May be given within 4-14 days after exposure which may reduce symptoms of disease but may not prevent disease
 - Limited supply, distributed to Washington from CDC in 3 phases
 - ◆ To vaccinate high- and intermediate-risk close contacts of confirmed and probable cases
 - ◆ To vaccinate laboratory workers who test monkeypox samples
- ACAM2000: licensed to prevent smallpox (type of orthopox virus)
 - Can be used to before and after exposure to monkeypox in an outbreak setting
 - Has more side effects and not recommended for individuals who are immunocompromised, have preexisting medical issues or infants below 12 months.

How can we control monkeypox?

- Rapid identification of cases
 - Probable case: someone who tests positive for orthopoxvirus and negative for smallpox
 - Confirmed case: someone who tests positive for monkeypox
 - Probable or confirmed case: begin treatment, case investigation, contact tracing
- Symptom monitoring for 21 days
- Report suspected cases immediately to your LHI
- Continue to isolate positive cases as long as they have the rash
- Educate probable/confirmed person to avoid skin to skin and sexual contact with others, avoid contact with mammals, pets and wildlife and follow these guidelines: [Isolation and Infection Control: Home | Monkeypox | Poxvirus | CDC](#)

Infection Prevention and Control of Monkeypox in Healthcare Setting

- Standard Precautions should be applied for all patient care, including for patients with suspected monkeypox. If a patient seeking care is suspected to have monkeypox, notify infection control.
- A patient with suspected or confirmed monkeypox infection should be placed in a single-person room; special air handling is not required. The door should be kept closed (if safe to do so). The patient should have a dedicated bathroom.
- If the patient is transported outside of their room, they should use well-fitting source control (e.g., medical mask) and have any exposed skin lesions covered with a sheet or gown.
- Strict hand hygiene and patient should avoid use of contact lenses or touching their eye and avoid shaving

Patient with Suspected/Confirmed Monkeypox

- PPE used by healthcare personnel who enter the patient's room should include:
 - Gown
 - Gloves
 - Eye protection (i.e., goggles or a face shield that covers the front and sides of the face)
 - NIOSH-approved particulate respirator equipped with N95 filters or higher
- Duration of Precautions: until all lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed underneath
 - If inpatient medical care, consult local or state health department regarding when to discontinue precautions

Environmental Infection Control: Monkeypox

- Standard cleaning and disinfection procedures using EPA-registered hospital-grade disinfectant with [Emerging Viral Pathogens claims](#) may be found on EPA's [List Q](#).
 - Follow the manufacturer's directions for concentration, contact time, and care and handling.
- Soiled laundry (e.g., bedding, towels, personal clothing) should be handled in accordance with standard practices, avoiding contact with lesion material that may be present on the laundry.
 - Soiled laundry should be gently and promptly contained in an appropriate laundry bag and never be shaken or handled in manner that may disperse infectious material.
 - Staff should wear gown, gloves, eye protection and a well-fitting mask or respirator when handling soiled laundry.
- Activities such as use of portable fans, dry dusting, sweeping, or vacuuming should be avoided. Wet cleaning methods are preferred.
- Management of food service items should also be performed in accordance with routine procedures.

Waste Management: Monkeypox

- Waste management according to U.S. DOT
 - Western African Clade (strain): regulated medical waste same as other potentially infectious medical waste (e.g., soiled dressings, contaminated sharps)
 - Congo Basin Clade: Category A [DOT website](#)
- During the ongoing 2022 multi-national outbreak of West African clade monkeypox, if a clinician or their public health authority determine that a patient does not have known epidemiological risk for the Congo Basin clade of monkeypox virus (e.g., history of travel to the Democratic Republic of the Congo, the Republic of Congo, the Central African Republic, Cameroon, or Gabon in the prior 21 days) it is appropriate to manage the patient's waste as Regulated Medical Waste

Exposure Risk Assessment for Individuals Exposed to a Patient with Monkeypox

Degree of Exposure	Recommendations	Exposure Characteristics
High	<ul style="list-style-type: none"> Monitoring PEP-Recommended 	<ul style="list-style-type: none"> Unprotected contact between a person’s skin or mucous membranes and the skin, lesions, or bodily fluids from a patient, or contaminated materials -OR- Being inside the patient’s room or within 6 feet of a patient during any procedures that may create aerosols from oral secretions, skin lesions, or resuspension of dried exudates without wearing an N95 or equivalent respirator (or higher) and eye protection -OR- Exposure that, at the discretion of public health authorities, was recategorized to this risk level because of unique circumstances
Intermediate	<ul style="list-style-type: none"> Monitoring PEP¹ – Informed clinical decision making recommended on an individual basis to determine whether benefits of PEP outweigh risks 	<ul style="list-style-type: none"> Being within 6 feet for 3 hours or more of an unmasked patient without wearing, at a minimum, a surgical mask -OR- Activities resulting in contact between sleeves and other parts of an individual’s clothing and the patient’s skin lesions or bodily fluids, or their soiled linens or dressings while wearing gloves but not wearing a gown -OR- Exposure that, at the discretion of public health authorities, was recategorized to this risk level because of unique circumstances

Exposure Risk Assessment for Individuals Exposed to a Patient with Monkeypox (Cont.)

Degree of Exposure	Recommendations	Exposure Characteristics
Low/Uncertain	<ul style="list-style-type: none"> Monitoring PEP[¶] – None 	<ul style="list-style-type: none"> Entered the patient room without wearing eye protection on one or more occasions, regardless of duration of exposure -OR- During all entries in the patient care area or room (except for during any procedures listed above in the high-risk category), wore gown, gloves, eye protection, and at minimum, a surgical mask -OR- Being within 6 feet of an unmasked patient for less than 3 hours without wearing at minimum, a surgical mask -OR- Exposure that, at the discretion of public health authorities, was recategorized to this risk level based on unique circumstances
No Risk	<ul style="list-style-type: none"> Monitoring – None PEP[¶] – None 	<ul style="list-style-type: none"> Exposure that public health authorities deemed did not meet criteria for other risk categories

[Monitoring People Who Have Been Exposed | Monkeypox | Poxvirus | CDC](#)

Bibliography

- [2022 U.S. Map & Case Count | Monkeypox | Poxvirus | CDC](#)
- [2022 Monkeypox Outbreak Global Map | Monkeypox | Poxvirus | CDC](#)
- [Monkeypox | Washington State Department of Health](#)
- [Considerations for Monkeypox Vaccination | Monkeypox | Poxvirus | CDC](#)
- [Infection Control: Healthcare Settings | Monkeypox | Poxvirus | CDC](#)
- [Congregate Living Settings | Monkeypox | Poxvirus | CDC](#)
- [CDC's Guidelines for Environmental Infection Control in Health-Care Facilities and Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#)

Bibliography

- [CDC HAN 472: Update for Clinicians on Monkeypox in People with HIV, Children and Adolescents, and People who are Pregnant or Breastfeeding](#)
- [Monkeypox Reporting and Investigation Guideline \(wa.gov\)](#)
- [Washington State Guidelines on Monkeypox in Animals](#)
- [Interim Guidance for Household Disinfection of Monkeypox Virus \(cdc.gov\)](#)
- [CDC HAN 471: Update for Clinicians on Testing and Treatment for Monkeypox](#)
- [Washington State Monkeypox Specimen Testing](#)

Questions?

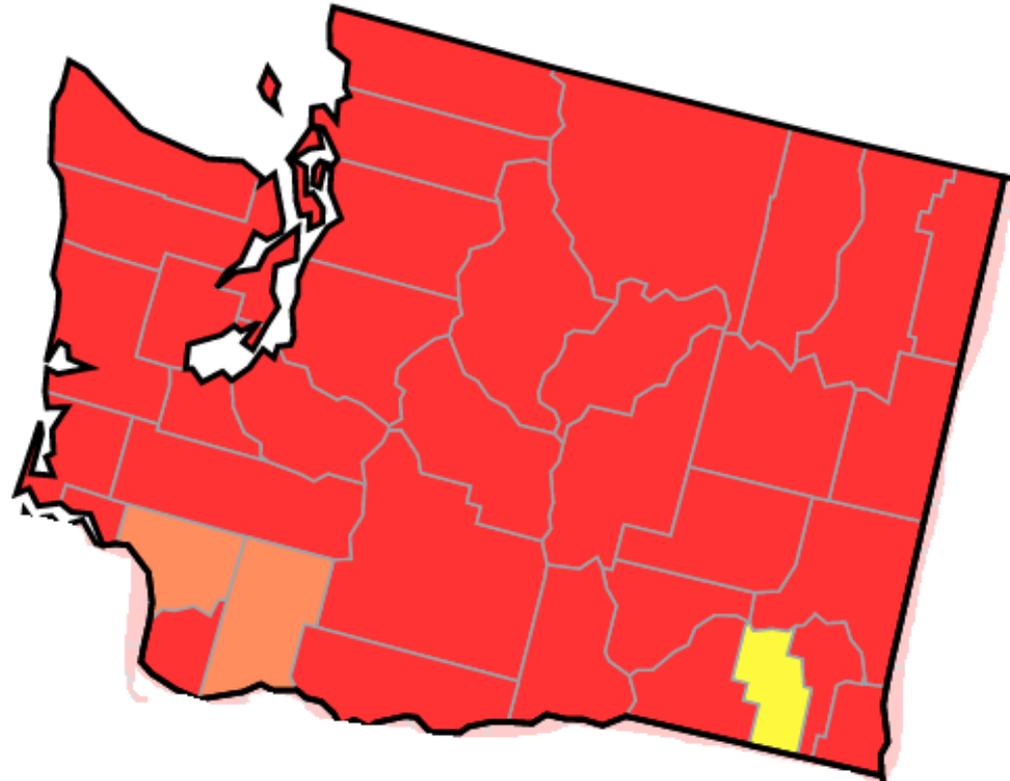


To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

MAILBOX QUESTION AND ANSWER



Today's COVID-19 Community Transmission rates



● Key ● High ● Substantial ● Moderate ● Low ● No Data

[CDC COVID Data Tracker: County View](#)

Q & A Section

Please type your questions into the question window and tell us what type of facility you are from (e.g., ALF, SNF, AFH) and what county you are in.