

# CDPHE

## Statewide COVID-19

### Residential Care Facilities (RCF) Call

#### 1/13/2021

Slides are shared following the call via MailChimp  
<http://eepurl.com/dKuwiQ>

Corresponding links will be included in the slides & the chat

The next call is scheduled for 1/27/2021

Please mute your line and wait for the call to begin





Please use the  
chat to ask your  
question

### Chat Etiquette:

- Keep it positive. Remember, we are all in this together.
- Please hold all questions until the end of the presentation. It is likely that your question is going to be covered in the presentation.
- Please don't repeat your question as this clutters the chat.



# Agenda

- Staffing Shortages and Key Updates - Peter Myers
- COVID-19 EUA Vaccines from Beginning to End - Jeff Beckman
- Communication Strategies to Improve Vaccine Acceptance - Renee Marquardt

- Infection Prevention after Vaccination - Janell Nichols
- COVID-19 Silent Spread - Shannon O'Brian
- Curative - Douglas Pajtas

# Staffing shortages and Key Updates

**Peter Myers**

**Residential Care Strike Team Branch Chief**

**Colorado Department of Public Health & Environment**

# Staffing



# Staffing

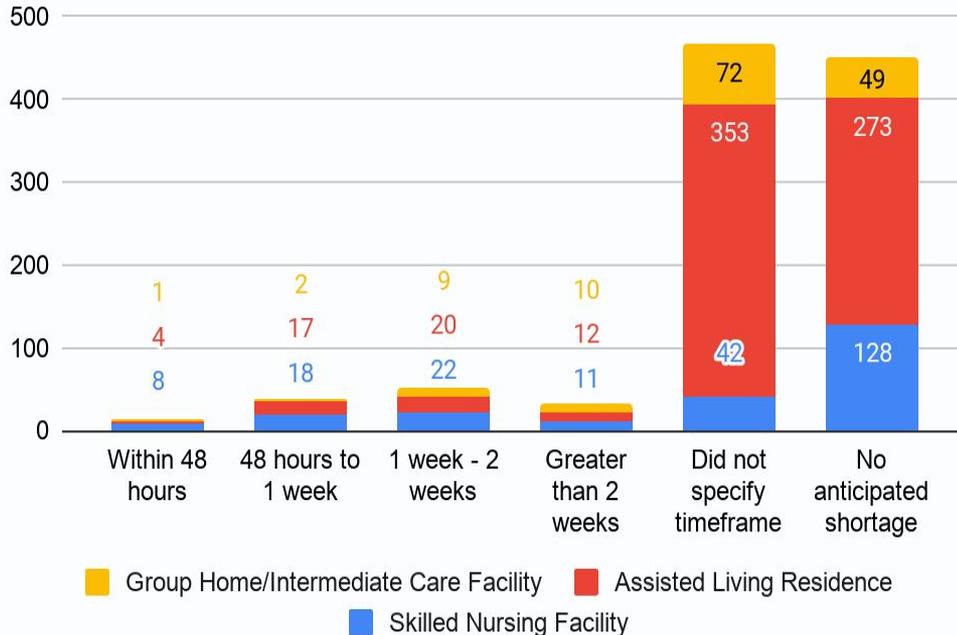
Staff Shortage Fusion Center oversees all requests (115 as of 1/7/21) and resource allocation. The following data covers 11/23/20 to 1/5/21:

- **Colorado Staffing Collaborative:** Nine facilities, 24 staff, 166 shifts. Typically, 4-8 week contracts (out of state). Funding extended from 12/30/20 to 3/21/21.
- **Colorado National Guard (CONG):** Seven facilities served to date, 24 soldiers, 491 shifts. An additional 30 CONG will be trained as Qualified Medication Administration Personnel (QMAPs), a position that is in high demand. First team of 14 starts on 1/11 - ready for deployment by 1/15. Remaining guards and some current guards will be QMAP qualified by 1/29.
- **Medical Staffing Solutions:** Nine facilities, 28 staff, 161 shifts. Typically, 4 week contracts (mostly out of state personnel).
- **Volunteers:** Three facilities, 3 staff, 34 shifts, always recruiting.



# Staffing

Number of Facilities reporting shortages based on anticipated staff shortage time frames (as of 1/4/21)



## Key Takeaway

While 60% of ALRs and 40% of SNFs report critical staffing shortages, SNFs are disproportionately impacted by clinical staff shortages such as nurses and nurse aides (SNF 490 vs. ALR 27).

The Residential Care Strike Team is reaching out to facilities reporting an anticipated shortage within 48 hours and within 48 hours to 1 week.

# Staffing

Staff Shortage Reported (as of 1/5/21)

	Skilled Nursing Facilities (SNFs)	Assisted Living Residences (ALR)	Group Homes (GH) & Intermediate Care Facilities (ICFs)
Nurse Aides	321	13	0
Caregivers	131	165	48.5
Registered Nurses	169	14	14
Other Staff	118	41	0



# Requesting Staff Support

Complete the [Facility Request Form](#)

- If resources are available, you will be contacted directly
- If your needs change significantly, please submit a new request
- Remember to report daily into EMResource

# Visitation



# COVID19 Variant & Visitation

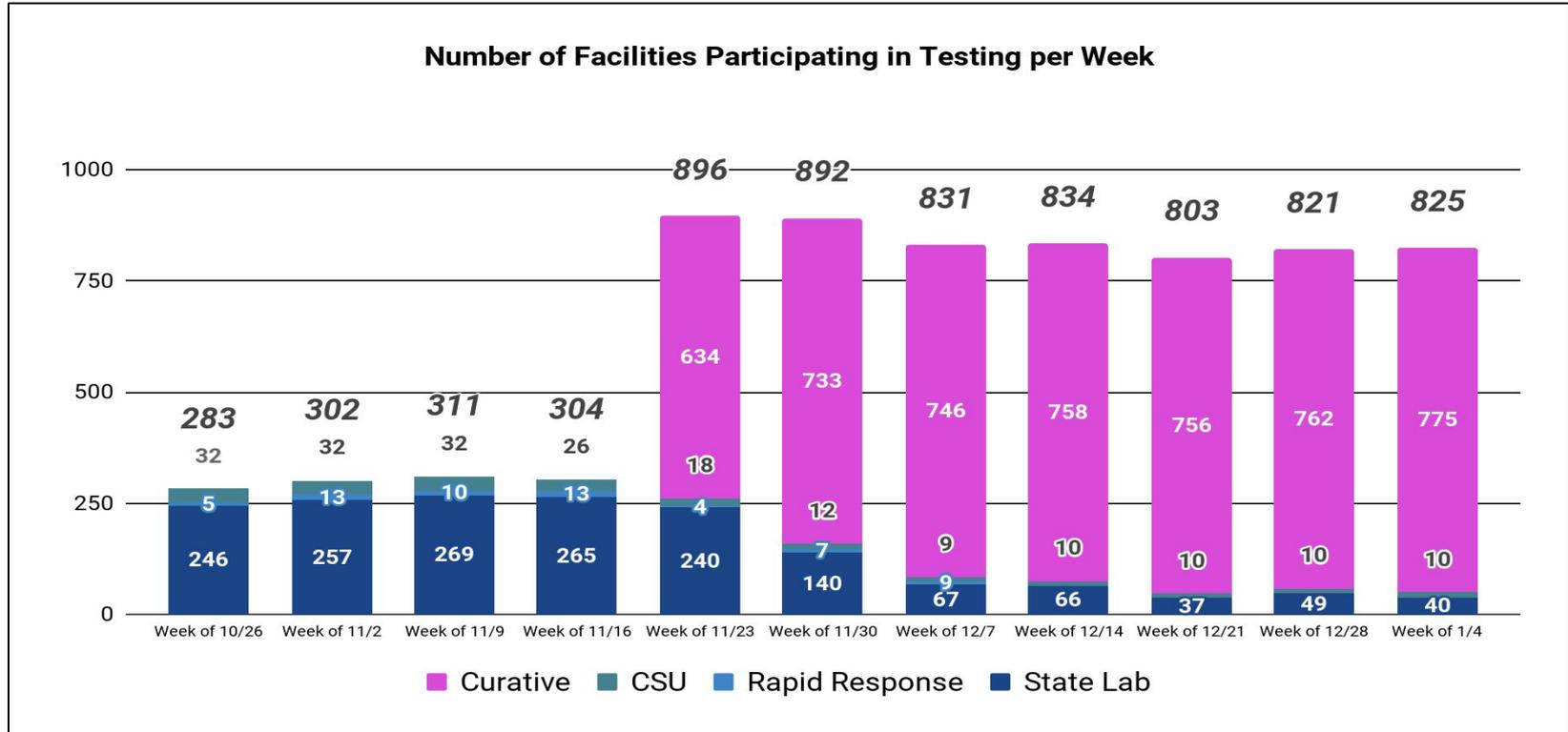
- ❖ 12/30 - Governor Polis announces Colorado is looking into ceasing visitation.
- ❖ 12/30 - CMS allows visitation to be held.
- ❖ 1/5 - CMS allowed the visitation hold but expressed concerns about resident rights violation.
- ❖ 1/13 - Portal message through Health Facilities portal.

# Testing For Disease Presence



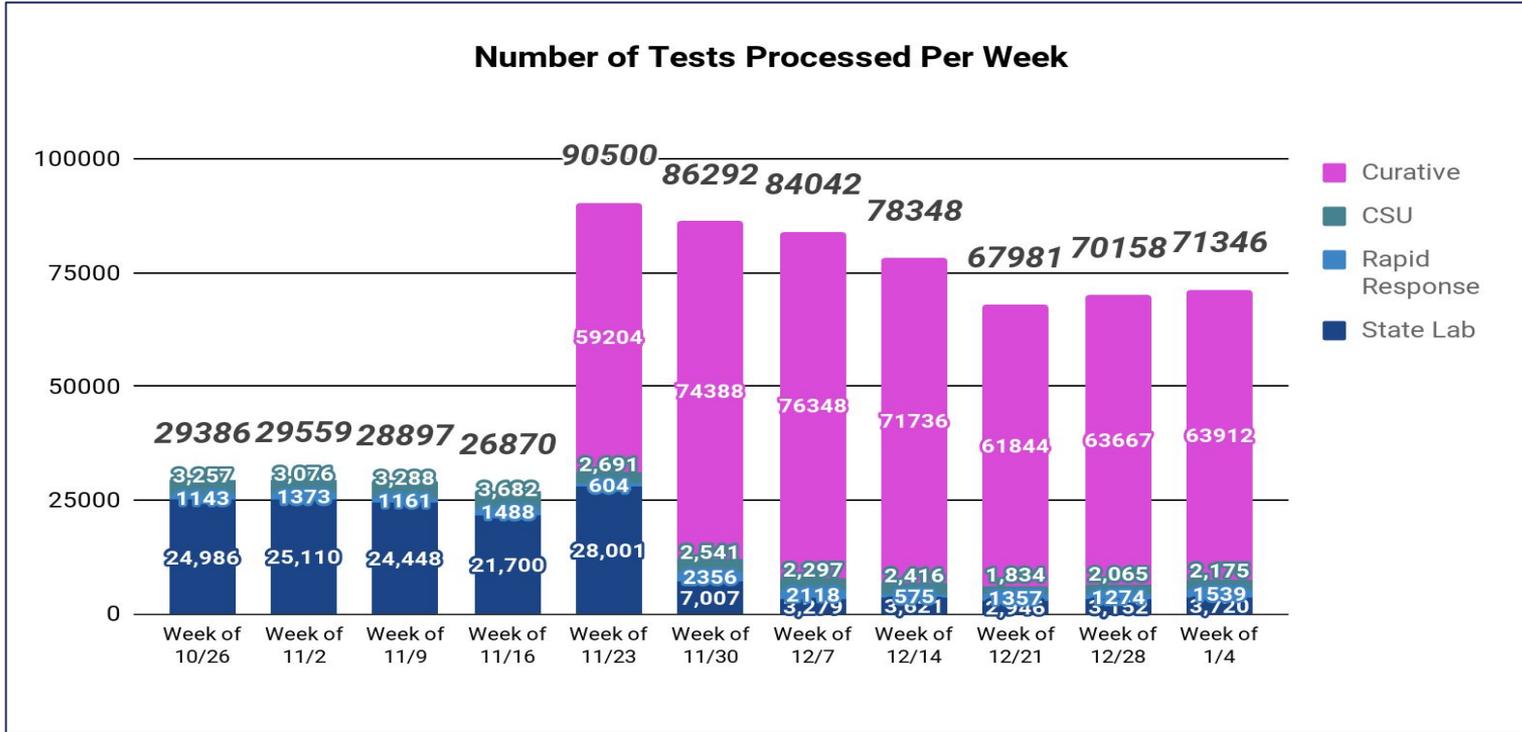
# RESIDENTIAL CARE SETTING TESTING

## Week of January 4th



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# RESIDENTIAL CARE SETTING TESTING

## Week of January 4th

State Lab Positivity  
Rate: 2.51%

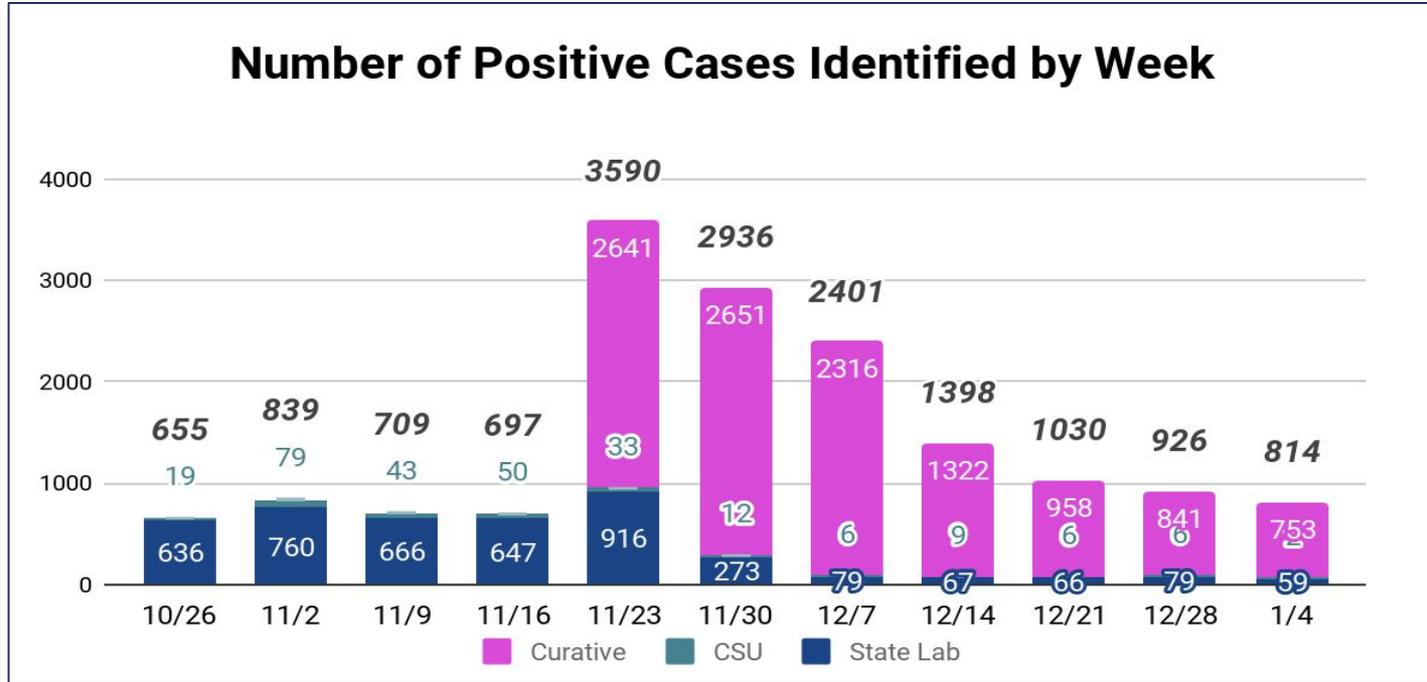
Curative Positivity  
Rate: 1.60%

State Lab Turnaround  
Time: 1.14 days

Curative Turnaround  
Time as of 1/4:

3.59 days from time of  
collection

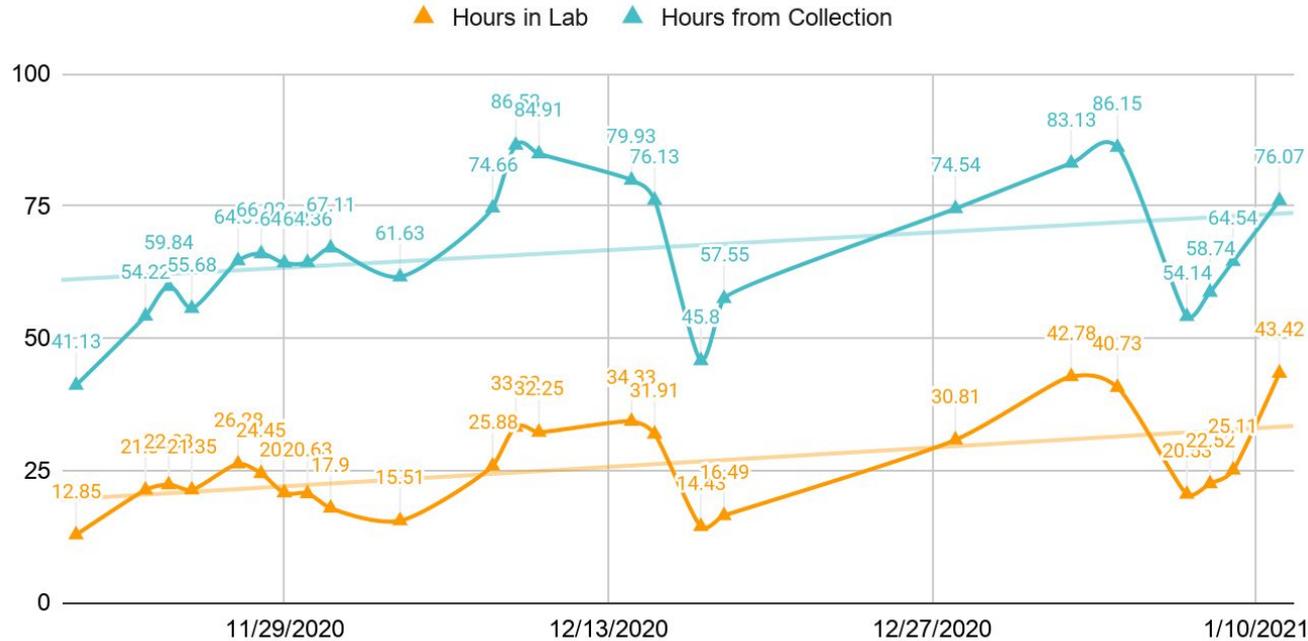
1.70 days from time of  
receipt



# Curative

## Curative Turnaround Time

Starting 12/17 data reported as 72-hour median TaT

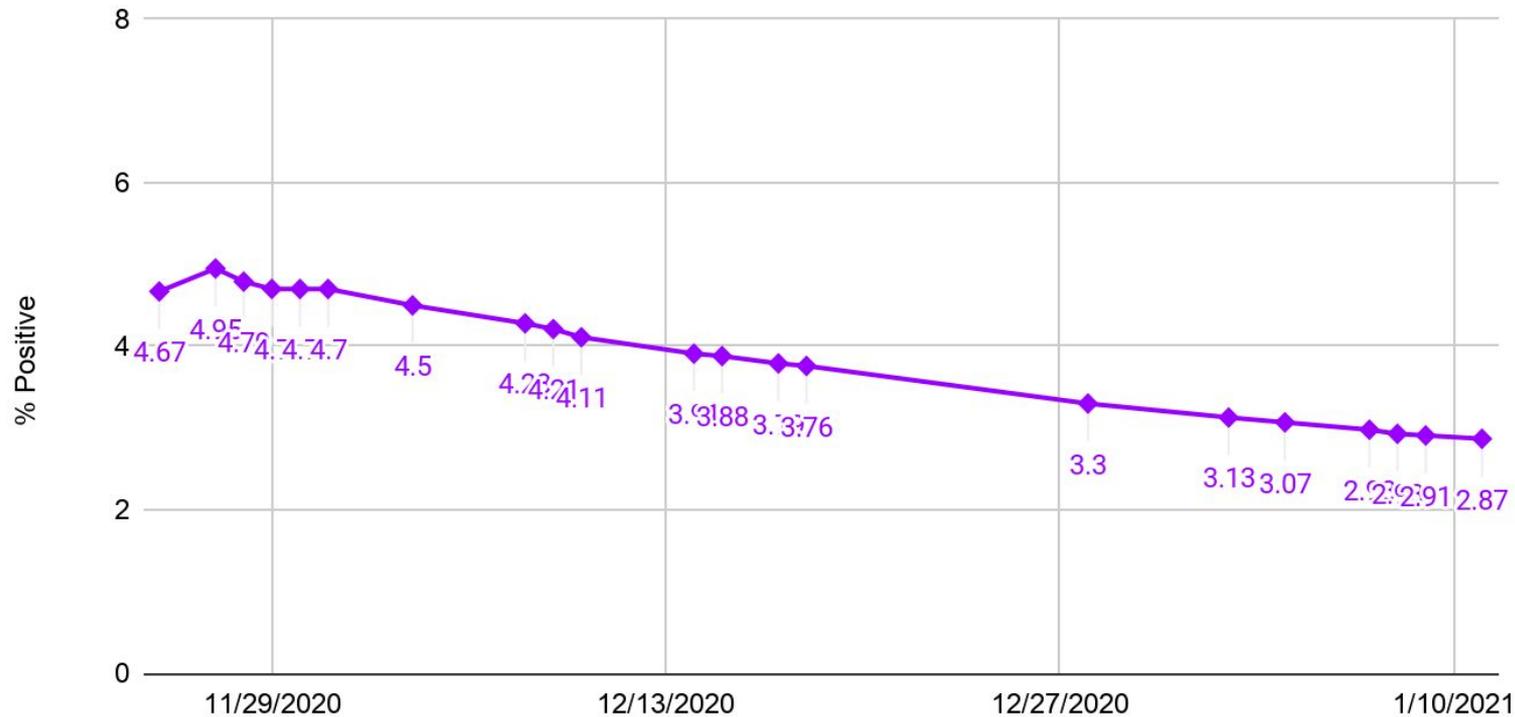


Total Samples Collected (All Time)	458,544
Total Positives (All Time)	12,777
Positivity Percentage (All Time)	3.07
Total Samples Collected Today	20,066
Total Positives (Last 24 Hours)	66
Results Released (Last 24 Hours)	4,463
Positivity Percentage (Last 24 Hours)	1.51%
Median TAT at Lab (Last 24 Hours)	40.73
Median TAT from Collection (Last 72 Hrs)	86.15



# Curative

## All-time Positivity Rate



# Curative FDA Release

1/4/21 - The FDA released a [statement](#) about potential false negative results through Curative tests.

- The rate of false negatives is unclear.
- Curative is currently working through the data and will have more information on Monday (1/11).
- The issue is related to collection techniques, rather than with the assay (test).
- Additional provider training may be necessary.



# Testing Outreach

209 facilities initially not reported as testing through Curative

- 174 reported using alternative methods of testing
- 122 are testing with state lab or a 3rd party lab
- 52 are testing under a sister facility's umbrella
- 16 facilities are receiving assistance to begin testing
- 19 remaining facilities are being contacted individually

Enforcement for non-compliance is beginning with assistance of surveyor team



# Vaccine Outreach

- **87** Facilities were identified as not enrolled in the federal Pharmacy Partnership Program with CVS/Walgreens (81 facilities initially identified with 6 additional facilities identified during outreach or contacted CDPHE)
- **67** Facilities have been partnered with a pharmacy or LPHA
- **18** Facilities are in the process of being partnered with a pharmacy
- **1** Facility requires further outreach (no response to requests)
- **1** Facility is not participating (non-pharmaceutical/vaccine facility)



# Vaccine Confidence

## COVID-19 Vaccine Informational Sessions

Health facilities
Health Facility COVID-19 Response ▾
Residential Care Strike Team ▾
Guidance by Facility Type
<b>Informational Vaccine Sessions</b>
Facility Education and Outreach
Testing in Facilities
FAQs
Response Webinars
Find and compare facilities
QMAP >
Facility and Provider Resources by Type
File a complaint >
Getting licensed and certified >
Occurrences
Policies and publications
Regulations
Emergency preparedness >
Health care-associated infections

Distributing a COVID-19 vaccine during these unprecedented times requires a large scale effort by state, local, and private sector partners. Colorado received its first shipment of vaccines in mid-December and has a robust group of experts working on a distribution process that is swift, fair, and efficient.

The decision to get vaccinated protects more than just an individual's health. It can also help protect coworkers, residents, families, and communities. Vaccination is an important tool to help stop the pandemic. As a resource for all individuals we are organizing and communicating a number of informational vaccine sessions including town halls, office hours and webinars.

Please bookmark this page as new events will be posted as they become available. We are also happy to assist providers in organizing informational sessions and/or sharing them through our network.

Event	Description	More Information
CHCA COVID-19 Vaccine Confidence Office Hours	The Colorado Health Care Association is partnering with various Medical Directors from Colorado to hold virtual "Office Hours" for all residential care facility staff, departments and positions.	<u>Upcoming Sessions:</u> <ul style="list-style-type: none"><li>Jan. 8, 2021 12 p.m. - Dr. Eber</li></ul> More Office Hours will be added as they are scheduled. You can view archived events <a href="#">here</a> .
COVID-19 Vaccine Safety: A Fireside Chat with CMS, CDC and Representatives from the Front Line	Join The Centers for Medicare & Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC) for a series of fireside chats on vaccine safety. These discussions are a part of the CMS National Nursing Home Stakeholder Call Series, aimed at addressing staff questions and concerns about the new COVID-19 vaccines. Each session will be moderated by CMS with speakers from CDC and representatives of front line staff and providers.	<u>Upcoming Sessions:</u> <ul style="list-style-type: none"><li>Jan. 13, 2021 - 2 p.m.</li><li>Jan. 20, 2021 - 12 p.m</li><li>Jan. 27, 2021 - 12 p.m</li></ul> <u>Register:</u> in advance for this webinar (After registering, you will receive a confirmation email with the call information).



# Thank you!



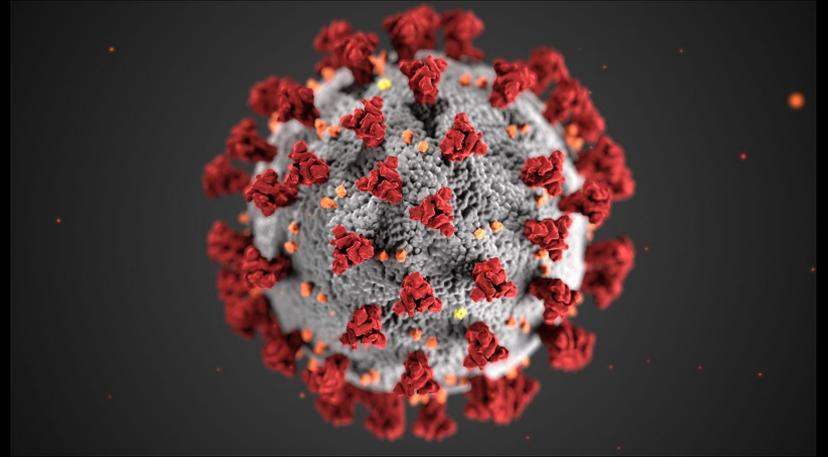
**COLORADO**  
Department of Health Care  
Policy & Financing



**COLORADO**  
Health Facilities & Emergency  
Medical Services Division  
Department of Public Health & Environment

# COVID-19 EUA Vaccines

*The beginning to the end*



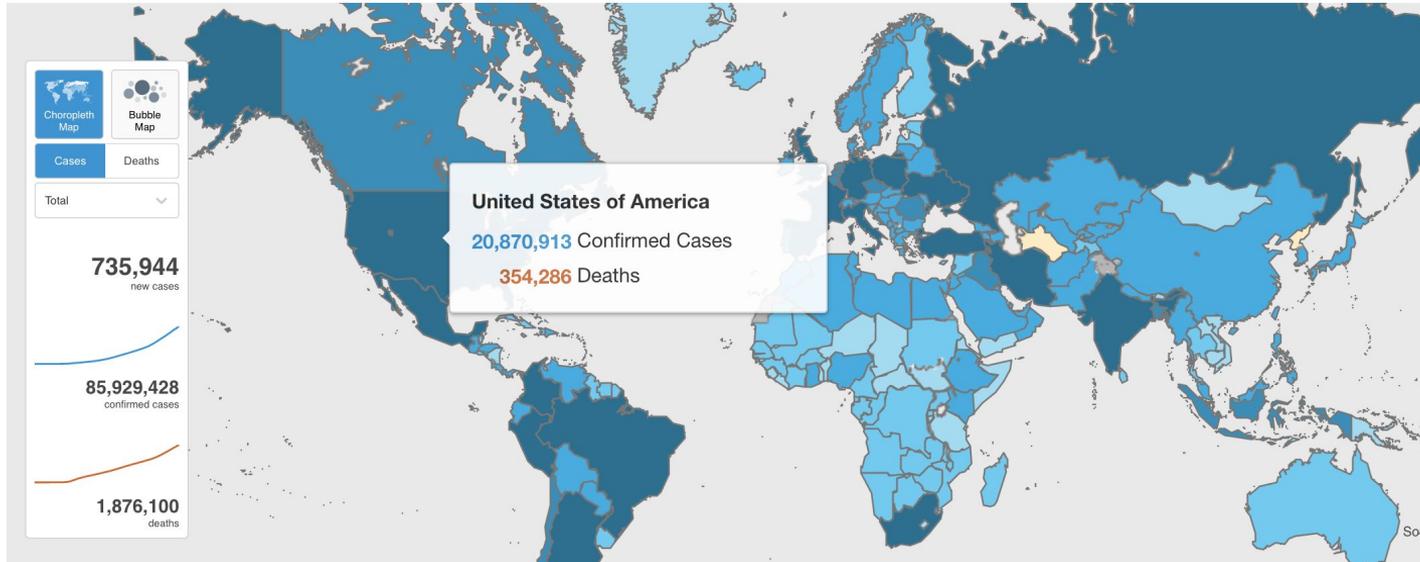
Jeff Beckman, MD, FACEP, FAEMS  
Associate Division Director, HFEMS  
Colorado Department of Public Health and Environment

## WHO Coronavirus Disease (COVID-19) Dashboard

Data last updated: 2021/1/7, 5:04pm CET

[Overview](#)

[Data Table](#)



Globally, as of 5:04pm CET, 7 January 2021, there have been **85,929,428 confirmed cases** of COVID-19, **1,876,100 deaths**, reported to WHO.

# WHO Coronavirus Disease (COVID-19) Dashboard

Data last updated: 2021/1/7, 5:04pm CET

[Back to top](#)

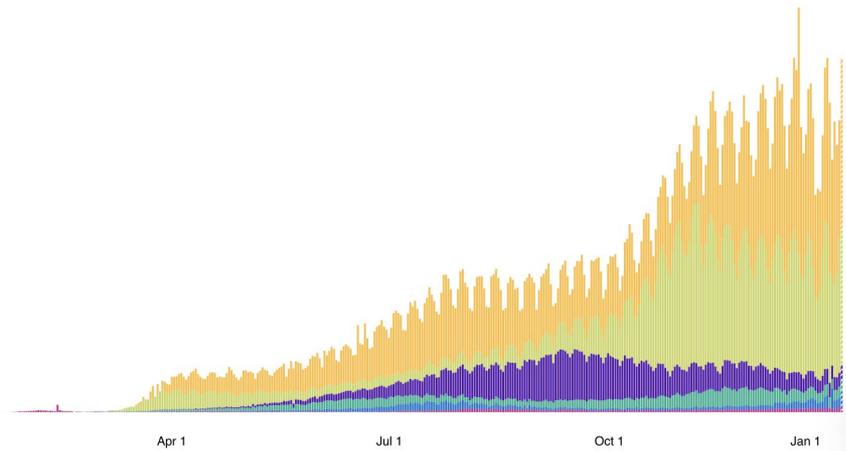
## Situation by WHO Region

Navigation controls:  Daily  Weekly  Cases  Deaths  Count

<b>Americas</b>	<b>37,538,493</b> <small>confirmed</small>
<b>Europe</b>	<b>27,961,717</b> <small>confirmed</small>
<b>South-East Asia</b>	<b>12,164,604</b> <small>confirmed</small>
<b>Eastern Mediterranean</b>	<b>5,070,009</b> <small>confirmed</small>
<b>Africa</b>	<b>2,047,423</b> <small>confirmed</small>
<b>Western Pacific</b>	<b>1,146,437</b> <small>confirmed</small>

Source: World Health Organization

/// Data may be incomplete for the current day or week



# 2020 Race to the vaccine

## VACCINE DEVELOPMENT

### Immunogens used to develop viral vaccines

- Vaccines are being developed with different technologies — some well-known and others completely new for human vaccines, such as peptide and nucleic acid technologies

IMMUNOGEN	HOW IT WORKS	ADVANTAGE	DISADVANTAGE	EXAMPLE of vaccines
Attenuated live virus	Live virus but doesn't cause disease	Induces same response as natural infection	Not recommended for pregnant women and immunocompromised persons	Measles, rubella, mumps, yellow fever, smallpox (vaccinia)
Whole inactivated virus	Inactivated dead virus	Induces strong antibody response	Requires large quantities of virus	Influenza, rabies hepatitis A
Protein subunit	A protein derived from a pathogen	May have fewer side effects than whole virus (redness, swelling at injection site)	May be poorly immunogenic; complex process	Influenza
Recombinant	Host cell is used to express an antigen	No need to produce the whole virus	May be poorly immunogenic; High cost	Hepatitis B
Peptides	Synthetic produced fragment of an antigen	Rapid development	Poorly immunogenic; High cost	COVID-19 vaccines in development
Replicating or non-replicating viral vector	Viral pathogen expressed on a safe virus that doesn't cause disease	Rapid development	Prior exposure to vector virus (eg. adenovirus) may reduce immunogenicity	Ebola
Nucleic acid	DNA or RNA coding for a viral protein	Strong cellular immunity; rapid development	Relatively low antibody response	COVID-19 vaccines in development

# 2020 Race to the vaccine

## VACCINE DEVELOPMENT

### COVID-19 vaccine candidates in Phase III trials

- As of 02 October 2020 there are **42 COVID-19 candidate vaccines** in clinical evaluation of which **10 in Phase III trials**
- There are another **151 candidate vaccines in preclinical** evaluation
- Phase III trials usually require **30,000 or more participants**
- All top candidate vaccines are for **intra-muscular** injection
- Most are designed for a **two-dose** schedule (exceptions with a \* in table are single dose)

10 CANDIDATE VACCINES IN PHASE III CLINICAL EVALUATION	VACCINE PLATFORM	LOCATION OF PHASE III STUDIES
Sinovac	Inactivated virus	Brazil
Wuhan Institute of Biological Products / Sinopharm	Inactivated virus	United Arab Emirates
Beijing Institute of Biological Products / Sinopharm	Inactivated virus	China
University of Oxford / AstraZeneca	Viral vector *	United States of America
CanSino Biological Inc. / Beijing Institute of Biotechnology	Viral vector *	Pakistan
Gamaleya Research Institute	Viral vector	Russia
Janssen Pharmaceutical Companies	Viral vector	USA, Brazil, Colombia, Peru, Mexico, Philippines, South Africa
Novavax	Protein subunit	The United Kingdom
Moderna / NIAID	RNA	USA
BioNTech / Fosun Pharma / Pfizer	RNA	USA, Argentina, Brazil

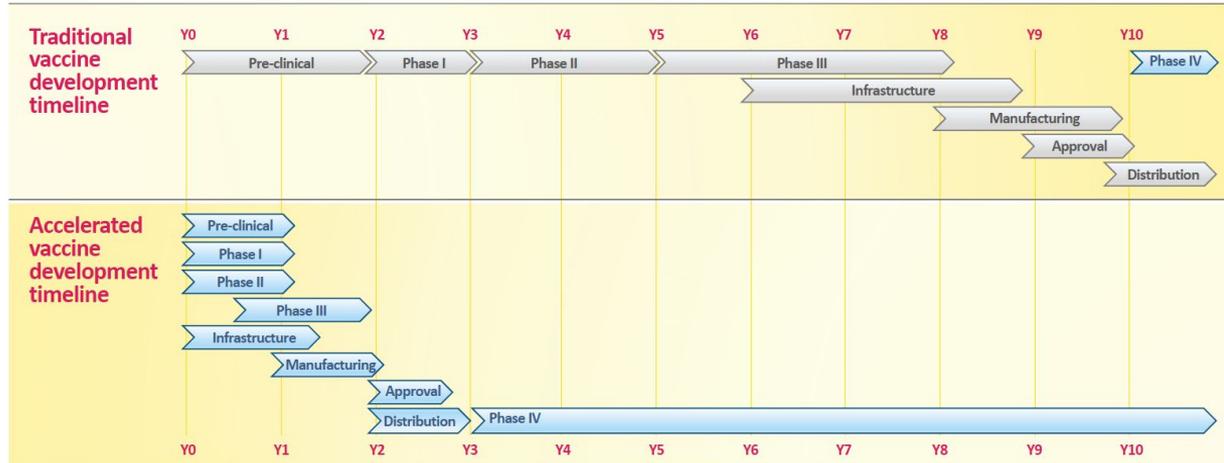
<https://www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines>

\* Single dose schedule

# 2020 Race to the vaccine

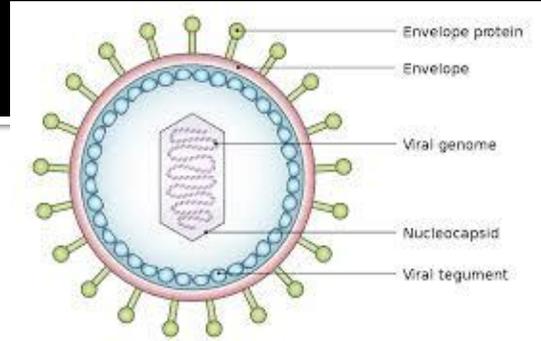
## VACCINE DEVELOPMENT

### COVID-19 vaccine accelerated development



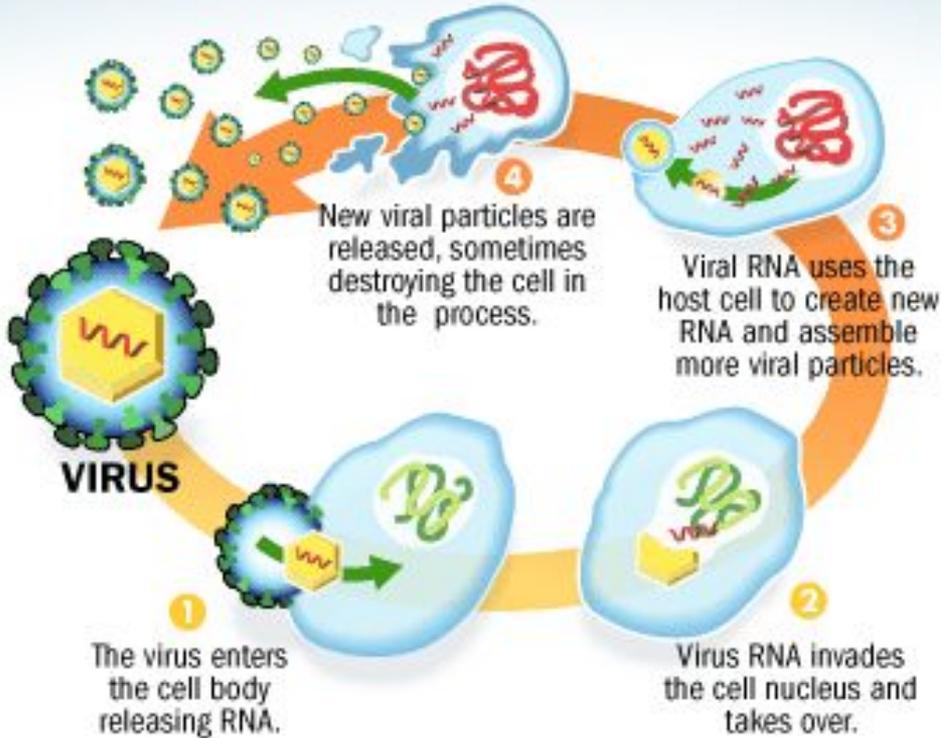
- Normal vaccine development performs each step in sequence
- To accelerate COVID-19 vaccine development, **steps are done in parallel**
- **All usual safety and efficacy monitoring mechanisms remain in place; such as adverse event surveillance, safety data monitoring & long-term follow-up**
- **Phase IV post-marketing surveillance** for side effects is critical and essential

# Virology 101



## How a Virus Works

©2010 HowStuffWorks



## Bacteriophage Structure

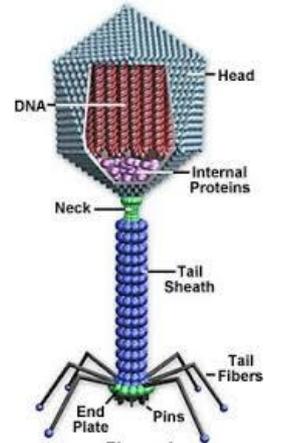
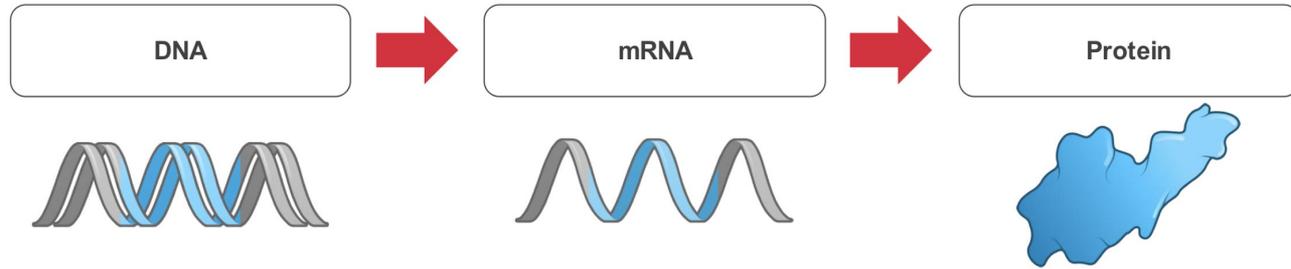


Figure 1

# messenger RNA technology



<https://www.youtube.com/watch?v=LcTEmHlvY10>

# 2020 Pfizer mRNA COVID vaccine

## In clinical studies, adverse reactions in participants 16 years of age and older:

- Pain at the injection site (84.1%) – median 2.5 days
- Fatigue (62.9%)
- Headache (55.1%)
- Muscle pain (38.3%)
- Chills (31.9%)
- Joint pain (23.6%)
- Fever (14.2%)
- Injection site swelling (10.5%), injection site redness (9.5%)
- Nausea (1.1%)
- Malaise (0.5%)
- Lymphadenopathy (0.3%)

## Participant demographics who received Pfizer-BioNTech COVID-19 Vaccine:

- 50.6% were male and 49.4% were female
- 83.1% were White, 9.1% were Black or African American, 28.0% were Hispanic/Latino, 4.3% were Asian, and 0.5% were American Indian/Alaska Native.

**Serious side effects** < 56 years: 0.4% Vx, 0.3% PI ; 56 & older: 0.8% Vx, 0.6% PI

# 2020 Moderna mRNA COVID vaccine

- Placebo-controlled, observer-blind clinical trial conducted in the United States involving 30,351 participants 18 years of age and older who received at least one dose of Moderna COVID-19 Vaccine (n=15,185) or placebo (n=15,166).

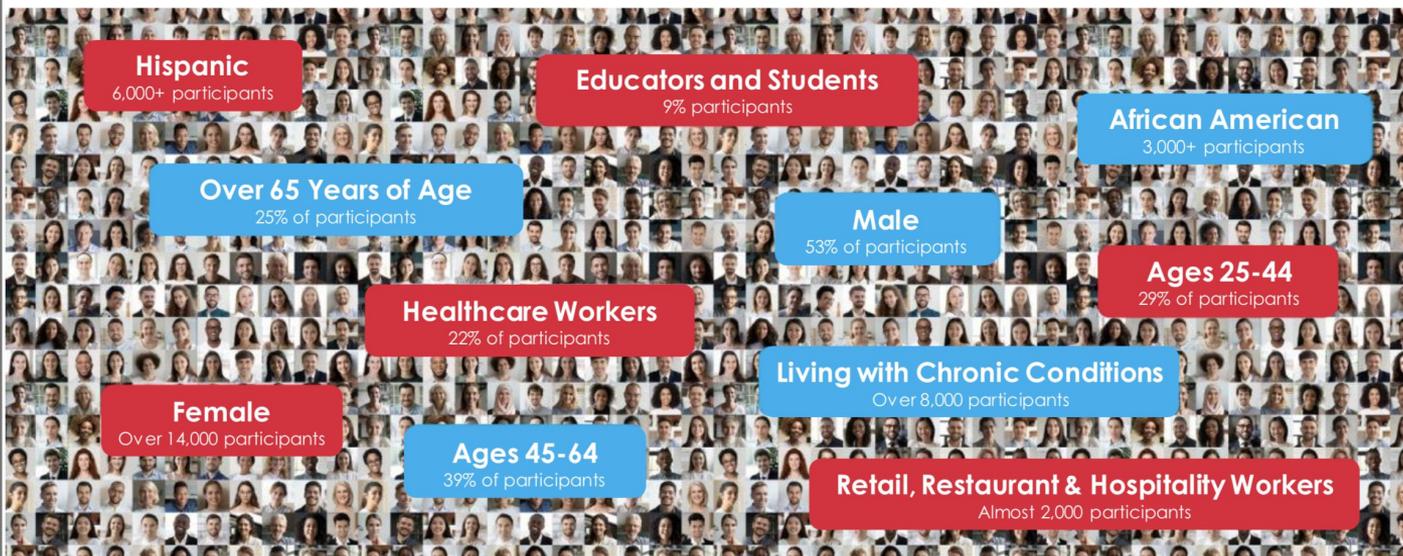
**The adverse reactions in participants 18 years of age and older were:**

- Pain at the injection site (92.0%)
- Fatigue (70.0%)
- Headache (64.7%)
- Myalgia (61.5%)
- Arthralgia (46.4%)
- Chills (45.4%)
- Nausea/vomiting (23.0%)
- Axillary swelling/tenderness (19.8%)
- Fever (15.5%)
- Swelling at the injection site (14.7%)
- Erythema at the injection site (10.0%).

*Hypersensitivity 0.5% > placebo*

- Local and systemic adverse reactions reported following administration of Moderna COVID-19 Vaccine had a **median duration of 2 to 3 days.**

## A vaccine for everyone...find yourself in the COVE study

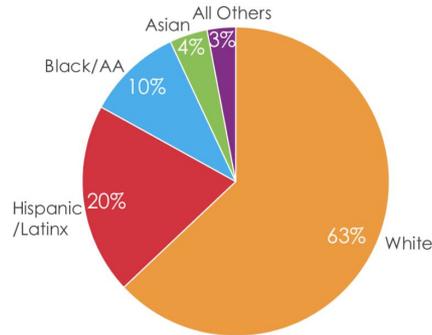


# Study demographics (Moderna)

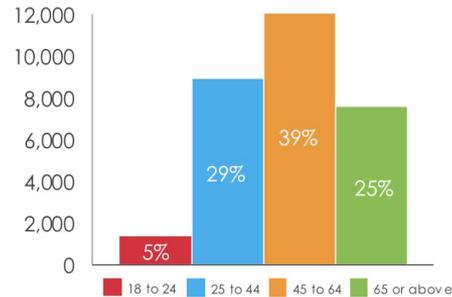
## COVE study successfully recruited diverse and representative participants



Race and ethnicity distribution

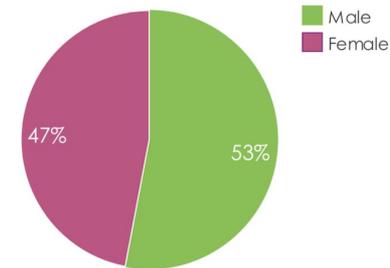


Age breakdown\*



\* Numbers may not add up to 100 due to rounding

Gender distribution



- 37% of the 30,000 participants are from communities of color, similar to diversity of the U.S. at large
- 6,000+ Hispanic/Latinx participants, 3,000+ Black/African American participants and 7,000+ participants over the age of 65

# 2020 Moderna data

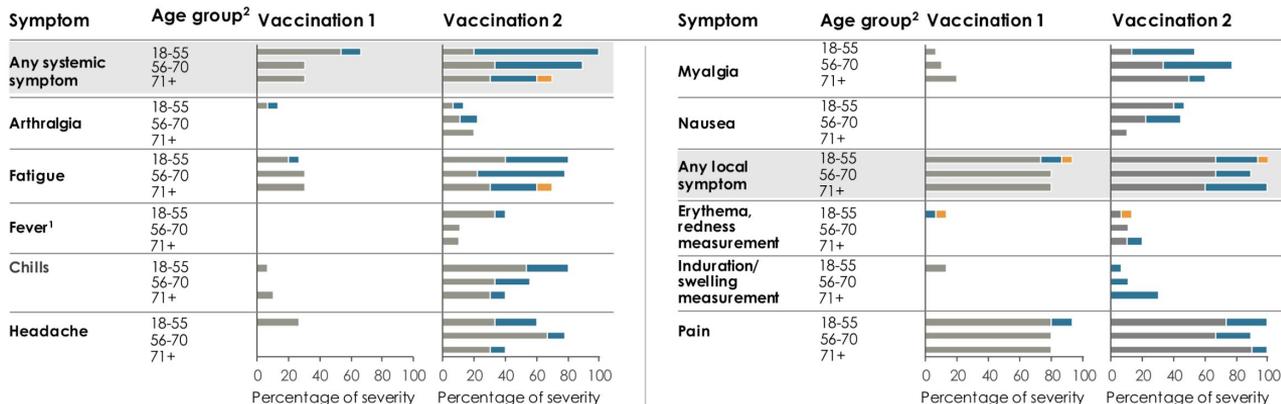
## 100 µg mRNA-1273 well-tolerated across age groups (Phase 1)

### Phase 1: No Vaccine-Related SAEs Have Been Reported

Solicited Local and Systemic Symptoms Followed for 7 Days Post-vaccination

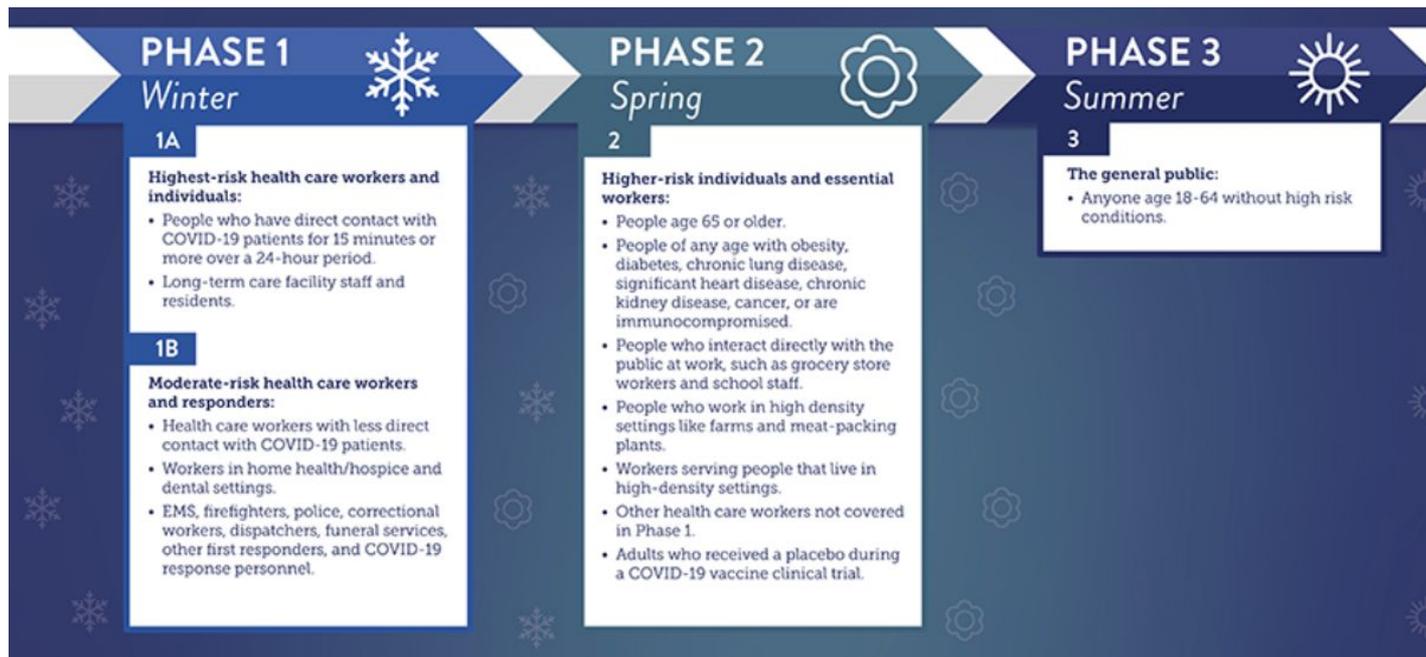
Majority of symptoms resolved within 2 days, some persisted as long as 5 days

■ Grade 1 (mild) ■ Grade 2 (moderate) ■ Grade 3 (severe)



1. Fever percentages reflect the number of subjects with at least one measurement available in the data system as the denominator. This denominator may differ from other systemic symptoms, which are solicited in-clinic at the post-dose assessment.
2. 18-55: N=15; 56-70: N=10; 71+: N=10; N = All subjects receiving Dose 1 with any solicited event data recorded in the database

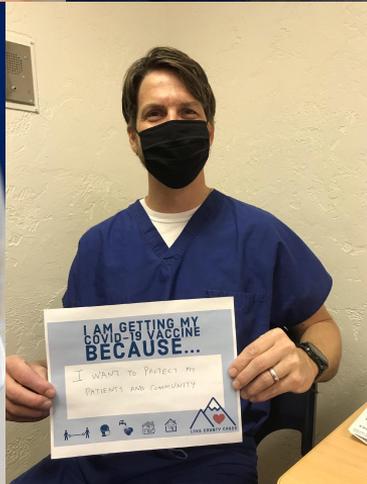
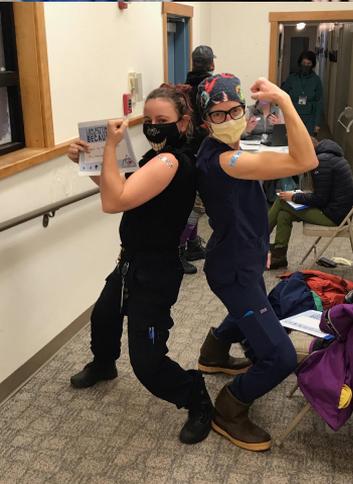
# Prioritization



# Myth



# Reality- Vaccine day!



# Thank you!



**COLORADO**  
Department of Health Care  
Policy & Financing



**COLORADO**  
Health Facilities & Emergency  
Medical Services Division  
Department of Public Health & Environment



# Maximizing Vaccine Acceptance

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Communicating with Confidence

Renee Marquardt, MD CDHS

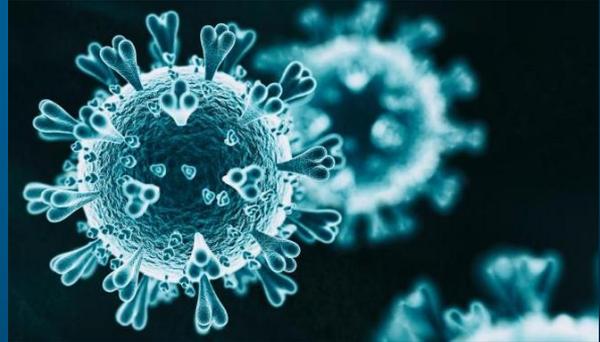
1/13/20



# Maximizing Vaccine Acceptance

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- Assume participation
- Provide information
- Posters
- Vaccine champions
- Be curious
- Counter misinformation



# Assume Participation

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Framing is important! Frame vaccination as the norm.

- Anchor communication in context of the decades-long use of vaccines protecting us from numerous diseases

Be mindful about the framing in your wording and messaging.

- E.g., when signing up staff for vaccination:
  - Instead of: “Do you want to be vaccinated?”, use “Here’s the sign up sheet”

# Provide Information

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Many staff have questions about side effects & safety of the COVID-19 vaccines.

Include the benefits, speak with confidence.

Use a variety of venues.

- Town Halls (facility based, or statewide & regional opportunities)
  - [CHCA/CMDA hosted info sessions](#)
- Flyers
- Q & A Sessions at Staff Meetings

# Posters

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Posters are effective!

[All Our Tools](#) - Getting Back to Normal

[Three Reasons You Are Top Priority](#)

Make your own - personalize to your site (see vaccine champions below.)

# Vaccine Champions

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Choose enthusiastic staff from leadership and staff peer groups

- Visible presence
- Train champions to help educate and communicate
- Provide forums for champions to interact with staff
- Post photos of champions getting their vaccine with statements about their reasons, video messages, etc.

# Be Curious

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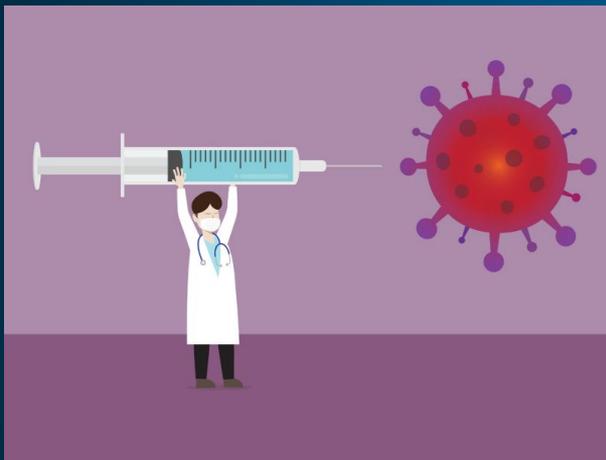
- Avoid trying to counter hesitancy with facts - causes people to “dig in”
- Be curious, ask open ended questions
- Listen for concerns, identify opportunities

# Counter Misinformation

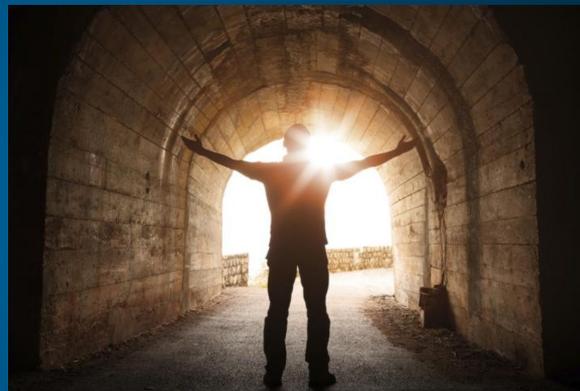
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## Mythbusters

- Cannot change DNA
- Doesn't contain a chip
- Cannot cause COVID-19
- Approval was not influenced by politics or the government



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# Vaccine Communication Resources

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## CDC Vaccine Communication Toolkits:

- [Health Systems Communication Toolkit](#)
  - [Communicate with Confidence Checklist](#)
  - Posters, slide shows, stickers, etc.
- [Long Term Care Communication Toolkit](#)

## AHCA Vaccine Toolkit:

- <https://www.ahcancal.org/News-and-Communications/Pages/GetVaccinated.aspx>

## AMDA/PALTC Vaccine Education Toolkit: (free, but requires an account)

- <https://paltc.org/newsroom/amda-releases-covid-19-vaccine-education-toolkit>
- [Strategies for Improving Confidence](#) - (direct link)

# Questions?

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Renee Marquardt, MD CDHS

1/13/20

# Infection Prevention After Vaccination

Janell Nichols

Infection Prevention Unit Manager



# It is going to take time!

COVID-19 vaccines will be an important tool to help slow/stop the pandemic but it is going to take time. Even after vaccination, everyone should continue to follow all the current guidance to protect themselves and others from COVID-19. All of [CDC's](#) and [CDPHE's guidance](#) should be followed until the guidance is updated.

Guidance includes, but is not limited to:

- Appropriate mask use (covering nose and mouth)
- Physical distancing of at least 6-feet
- Limiting the number of people interacting
  - Limiting staff movement
- [Surveillance and outbreak testing requirements](#)
- [Isolation and quarantine](#)
- [Infection Control vigilance](#)

Current recommendations should continue to be the primary way facilities aim to protect RCF residents and healthcare personnel from COVID-19 until vaccination is widespread.



# COVID-19 Silent Spread

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Shannon O'Brien MD, MPH



# The Issue of Silent Spread

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Many studies have shown NONSYMPTOMATIC spread of SARS-CoV-2

- PREsymptomatic - no symptoms initially, but some symptoms develop later
- Asymptomatic - no symptoms ever develop

CDC/JAMA article from 1/7/2021

- 59% of transmission occurs when an infectious individual is not showing any symptoms

# What Does This Mean in Practice?

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Controlling spread of infectious disease is much easier when infectiousness is directly related to symptoms

Asymptomatic spread of disease makes our jobs much more difficult and makes regular broad-based testing much more important in identifying cases early

Questions?



# Curative Updates

Curative Training  
Opportunity

CDPHE Press Release -  
Monitoring Curative  
Testing & Ensuring  
Efficacy

douglas.pajtas@state.co.us



# Curative Training Opportunities

1. **Tue Jan 19, 2021 10am – 12pm Mountain Time**
  - a. Join with Google Meet [meet.google.com/fej-beec-iaj](https://meet.google.com/fej-beec-iaj)
  - b. Join by phone (US) +1 678-487-9726 (PIN: 458716193)
2. **Thu Jan 21, 2021 2pm – 4pm Mountain Time**
  - a. Join with Google Meet [meet.google.com/fej-beec-iaj](https://meet.google.com/fej-beec-iaj)
  - b. Join by phone (US) +1 678-487-9726 (PIN: 458716193)

Purpose: Train Colorado LTC workers on the following:

1. The proper use of the Curative test kit
2. Orientation and use of the DriveThru website for scheduling appointments, tracking tests, and reviewing results
3. Orientation and use of the UPS Portal for shipping test kits to the lab



# Thank you!

From our team to yours, thank you for all you do and for your ongoing collaboration.

# Guidance Updates & Clarification

- [Fifth Amended Public Health Order](#) regarding mandatory testing.
- [CDC's Strategies for Optimizing the Supply of PPE during Shortages](#)
  - Remember, re-use of isolation gowns is not recommended as this practice poses a risks of transmission among HCP and patients and likely outweighs any potential benefits. CDC's optimizing strategies for gown reuse is a last resort under crisis strategy. Therefore, this should not be an option if gowns are available. Contact your local health department if you are experiencing gown shortages, before reuse is implemented.
    - Reuse is a crisis capacity strategy and refers to the practice of using the same PPE for multiple encounters with a patient but involves the HCP doffing (taking off) the PPE after use, storing it, and redonning (putting on) to use again.
  - It is important to consult with the respirator manufacturer regarding the maximum number of donnings or uses they recommend for the N95 respirator model. If no manufacturer guidance is available, data suggest [limiting the number of reuses](#) to no more than five uses (five donnings) per device by the same HCP to ensure an adequate respirator performance.
  - **As PPE availability returns to normal, healthcare facilities should promptly resume standard practices.**
- Quarantine <https://covid19.colorado.gov/how-to-quarantine>
  - The options to shorten quarantine that CDC recently published do not apply to high-risk settings such as residential care facilities. The quarantine period for residential settings will remain 14-days post exposure and regardless of vaccination status.
- Colorado is currently vaccinating eligible Coloradans in Phase 1 and will move into subsequent phases. Updates to the phased approach (as of 12/30/2020) are available at: <https://covid19.colorado.gov/vaccine>



# Additional Resources for Residential Settings

## CDPHE Forms and Checklists

### Prevention Checklists

- [LTC Checklist COVID-19 Preparation and Response](#)
- [Small Facility Checklist COVID-19 Preparation and Response](#)

### COVID-19 Screening Forms

- [Employee health screening form](#) | [Español](#) (PDF)
- [Visitor health screening tool](#) (PDF) | [Español](#) (PDF)

### Outbreak Forms

- [COVID-19 outbreak report form](#) (PDF)
- [COVID-19 line list template](#) | [Español](#) (Excel)

## CDPHE Guidance and Resources:

### Guidance Strategies

- [COVID-19 strategies for working with memory care residents](#)
- [Strategies to consider when working with Assisted Living Residences \(ALR\)](#)

### Personal Protective Equipment

- [CDPHE FAQs for Personal Protective Equipment \(PPE\)](#)

### Cohorting Recommendations

- [Preparing a COVID-19-positive “neighborhood”](#)
- [CDPHE Long-Term Care Cohorting Recommendations-Residents with Respiratory Illness & COVID-19 Infections.](#)



# Ask A Question

Ask your question in advance and we will work with subject matter experts to ensure a response in time for the next call (1/27/2021). In order to allow adequate time to respond, questions will be accepted until Monday, 1/25/2021. <https://forms.gle/pcNCy7UWZraoUxrt8>



# Vaccination Q&A

## **I still have not heard anything about when we will be getting the vaccine at my facility.**

- Please reach out to your CVS or Walgreens contact to schedule your vaccine clinic dates. If you are unsure of your contact please email the CDPHE Vaccine team at [cdphe\\_covidvax@state.co.us](mailto:cdphe_covidvax@state.co.us) for assistance

## **A resident or staff member has developed symptoms after receiving the vaccine. How will we know if they are ill from the vaccine or if they have COVID-19?**

- Most vaccine side effects, such as fever, fatigue, headache, and chills, occur shortly after getting vaccinated and go away on their own after one to two days. Cough, shortness of breath, nasal congestion, sore throat, or loss of taste or smell are not recognized side effects of the vaccine and may indicate COVID-19 infection (or another infection).
- For more information about how to evaluate symptoms in health care personnel who have recently been vaccinated, see the [CDC's Post Vaccine Considerations for Healthcare Personnel](#).
- For LTCFs, see CDC's [Post Vaccine Considerations for Residents](#).

## **Does a resident or staff member need to isolate if they develop COVID-19-like symptoms more than one to two weeks after getting the second dose of the vaccine?**

- Yes. If an individual develops COVID-19 symptoms more than one to two weeks after being fully vaccinated, they should isolate and contact their health care provider for instructions on whether to be tested for COVID-19 or other infections.
- In health care settings, CDC's [Post Vaccine Considerations for Healthcare Personnel](#) includes suggested approaches to evaluating and managing post-vaccination symptoms in personnel or staff.
- For LTCFs, CDC's [Post Vaccine Considerations for Residents](#) includes suggested approaches to evaluating and managing post-vaccination symptoms for residents in LTCFs.

# Variant/Visitation Q&A

## Are we allowed to have indoor visitation?

- Facilities shall implement indoor visitation for their residents if they meet the requirements outlined in the PHO [https://drive.google.com/file/d/1BK1ENIQbOI1cB-D3K4FyOFyasW\\_NLSh6/view](https://drive.google.com/file/d/1BK1ENIQbOI1cB-D3K4FyOFyasW_NLSh6/view).
  - Residential care providers must follow the CDPHE published [Mandatory Visitation Requirements for Residential Facilities](#) and review the county positivity rate every Friday for the preceding two weeks to determine whether indoor visitation will occur the following week, and update their visitation procedures accordingly.
- The following services must be allowed within all Facilities, regardless of whether they meet the criteria for indoor visitation; however, individual service providers, other than emergency medical service providers, must be screened for symptoms and excluded if positive:
  - Essential health care service providers, who must also be tested in accordance with the testing frequency described in this order before allowing for entry into the Facility.
  - Religious exercise
  - Adult Protective Services
  - Long Term Care Ombudsman
  - Designated Support Persons as defined in this Order
  - Compassionate Care Visitation
  - Emergency medical and service personnel.

## Is there any hope of lowering the rigidity of indoor visitation guidelines? 175 ceiling on the incidence rate is far off still for most of us.

- The new visitation guidance now coincides with your county's 2 week average positivity, not incidence rate. Please see new Visitation Guidance: <https://docs.google.com/document/d/1ISIIDVr8Exwyws1jdhAI97IMPBXfadpUNDyucvLPCtY/edit>

# Testing Q&A

## **After vaccinations, will we still need to continue testing?**

- Guidance regarding the vaccine and testing may change in the future, but at this moment testing continues to remain mandatory under Public Health Order 20-20.

## **What is the follow up for those facilities who do not comply with mandatory testing?**

- Enforcement for non-compliance is beginning with assistance of the CDPHE surveyor team. Facilities will receive a citation for non-compliance of mandatory testing.

## **How is the State addressing the false negative issue that made national news this week with Curative?**

- CDPHE continues to work with Curative and in response to this situation. We will keep you informed as we learn more.

## **Can SNFs test through the State Lab again?**

- At this time, all residential care facilities will continue testing with Curative.

## **If we are using Curative and have extra state lab supplies where can we send the extras?**

- You can contact the state lab and they can assist you in returning those supplies.

# Testing Q&A

## **Why do we have to report to CDPHE our positives if we are using the Curative lab?**

- Curative reports PCR results to CDPHE on your behalf. In fact, all laboratories performing PCR testing for residential settings will be reporting results to CDPHE directly through ELR. Facilities that choose to use POC testing, in addition to required PCR testing (not as a replacement), are acting as the lab and therefore are responsible for reporting those POC results to CDPHE.
- There are additional reporting requirements. So although Curative is reporting your PCR results for you, ALL residential care facilities should report COVID-19 information daily, using the CDPHE EMResourceother (<https://emresource.juvar.com/login>). In addition, CMS nursing homes must report COVID-19 cases, facility staffing, supply information and both positive and negative COVID-19 point of care antigen test results to the National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) COVID-19 Module at least weekly (test results as completed).  
<https://www.cdc.gov/nhsn/ltc/covid19/index.html>

## **Is the State continuing to pay for Curative?**

- The state will continue to provide Curative testing to all residential care facilities to meet the requirements of PHO at no cost to the facility.