COVID-19 Update

December 2020

Good news and end of year review

12.21.2020

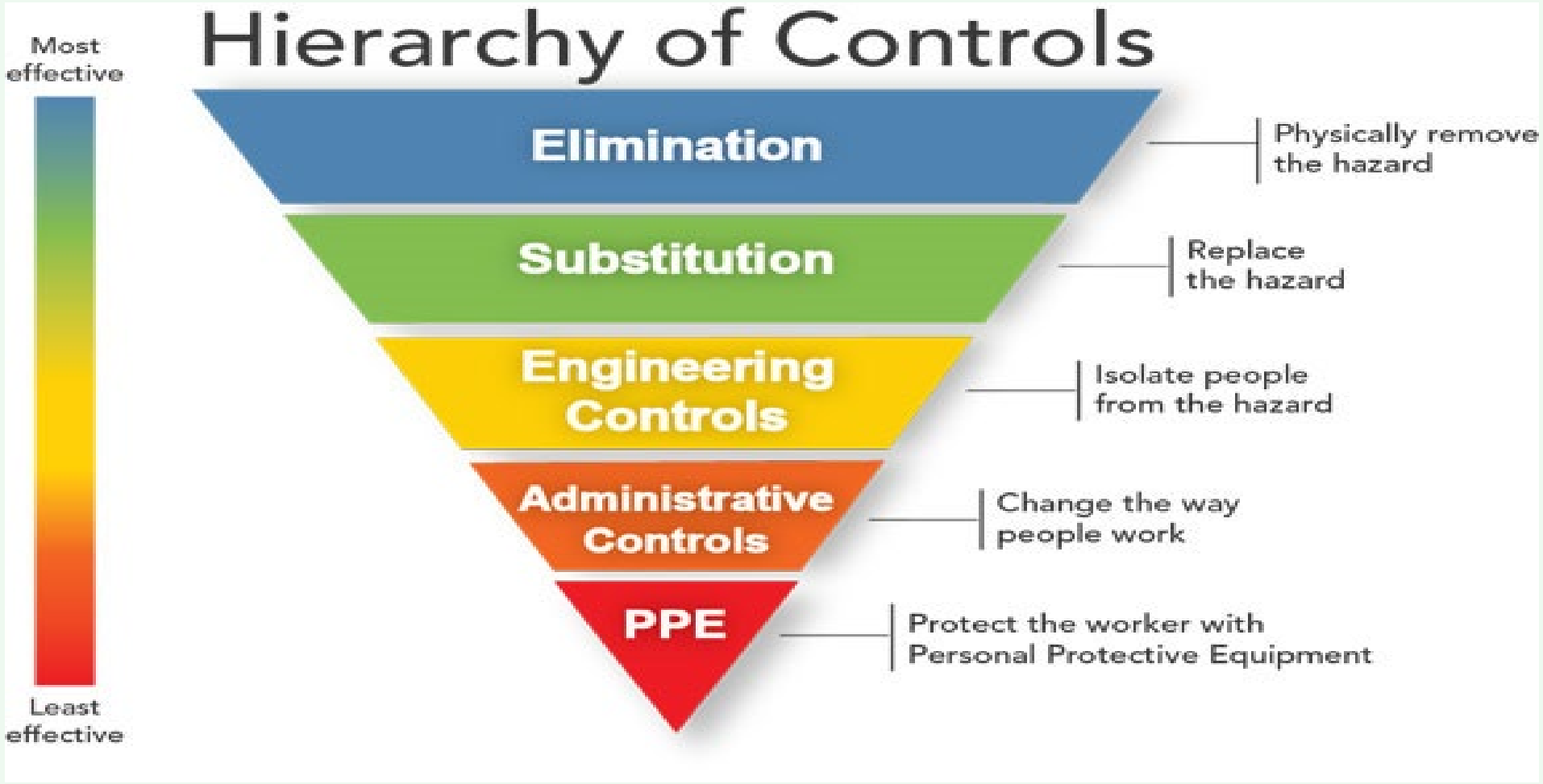
DONNA NUCCI RN MS CIC

Please check my website for updates; www.DonnaNucci.com

Know the risks of exposure; including mask/no mask, time frames and distance.

Remember the crowded lunchroom?

- Please continue to practice safe work practices.
- Do not eat together
- Do not allow staff to gather unmasked closer than 6 feet unmasked.
- Be creative in your break and lunch safety.
- Continue to require twice a day symptom checks for all employees



https://www.osha.gov/SLTC/covid-19/covid-citations-guidance.pdf
MOST COMMON COVID CITATIONS from OSHA

Vaccine

Please share the NEJM article with your team.

The NEW ENGLAND JOURNAL of MEDICINE

RESEARCH SUMMARY

Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine

F.P. Polack, et al. DOI: 10.1056/NEJMoa2034577

CLINICAL PROBLEM

Safe and effective vaccines to prevent severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection and Covid-19 are urgently needed. No vaccines that protect against betacoronaviruses are currently available, and mRNA-based vaccines have not been widely tested.

CLINICAL TRIAL

A randomized, double-blind study of an mRNA vaccine encoding the SARS-CoV-2 spike protein.

43,548 participants ≥16 years old were assigned to receive the vaccine or placebo by intramuscular injection on day 0 and day 21. Participants were followed for safety and for the development of symptomatic Covid-19 for a median of 2 months.

RESULTS

Safety:
Vaccine recipients had local reactions (pain, erythema, swelling) and systemic reactions (e.g., fever, headache, myalgias) at higher rates than placebo recipients, with more reactions following the second dose. Most were mild to moderate and resolved rapidly.

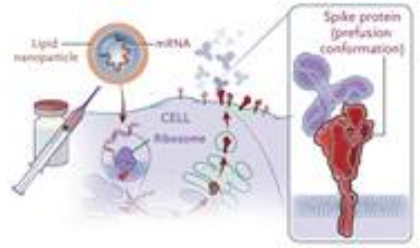
Efficacy:
The vaccine showed some early protection 12 days after the first dose; 7 days after the second dose, 95% efficacy was observed.

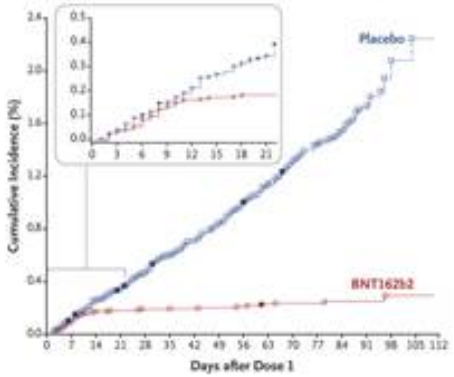
LIMITATIONS AND REMAINING QUESTIONS

Further study is required to understand the following:

- Safety and efficacy beyond 2 months and in groups not included in this trial (e.g., children, pregnant women, and immunocompromised persons).
- Whether the vaccine protects against asymptomatic infection and transmission to unvaccinated persons.
- How to deal with those who miss the second vaccine dose.

Links: Full article | NEJM QuickTake | Editorial





	BNT162b2 Vaccine	Placebo
Symptomatic Covid-19	8	162
	N=18198	N=18325
Severe Covid-19	1	9
	N=21669	N=21686

Vaccine efficacy of 95% (95% credible interval, 90.3–97.6%)

CONCLUSIONS

Two doses of an mRNA-based vaccine were safe over a median of two months and provided 95% protection against symptomatic Covid-19 in persons 16 years of age or older.

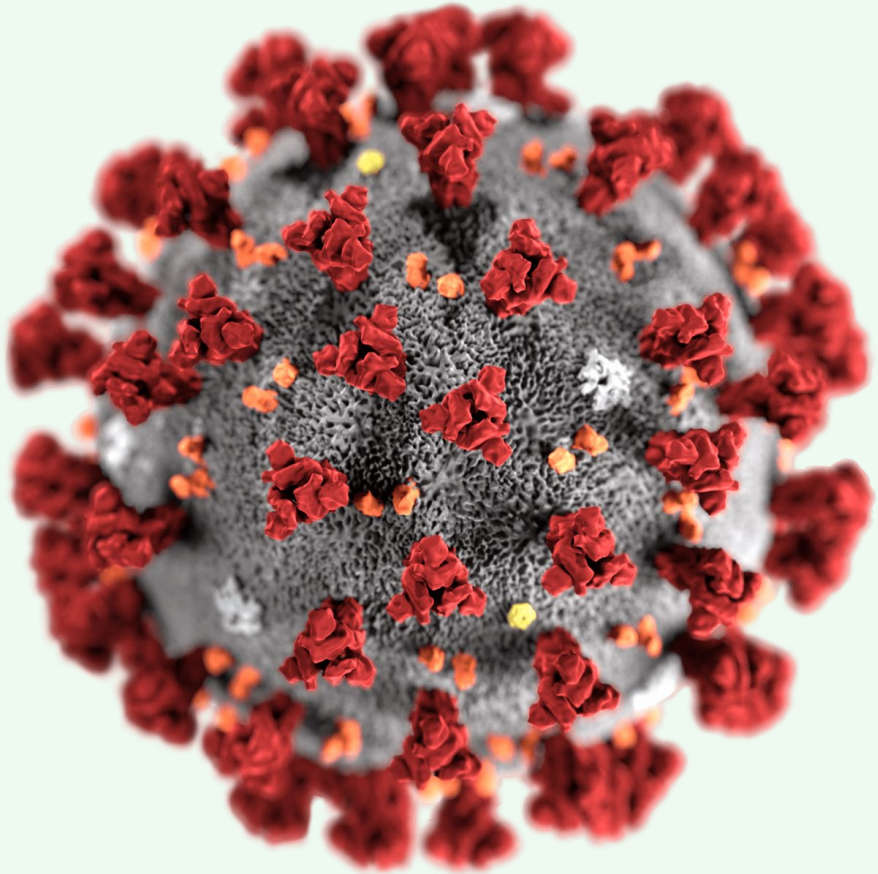
Mechanism for Action

mRNA vaccines have strands of genetic material called mRNA inside a special coating. That coating protects the mRNA from enzymes in the body that would otherwise break it down. It also helps the mRNA enter the dendritic cells and macrophages in the lymph node near the vaccination site.

mRNA can most easily be described as instructions for the cell on how to make a piece of the "spike protein" that is unique to SARS-CoV-2. Since only part of the protein is made, it does not do any harm to the person vaccinated but it is antigenic.

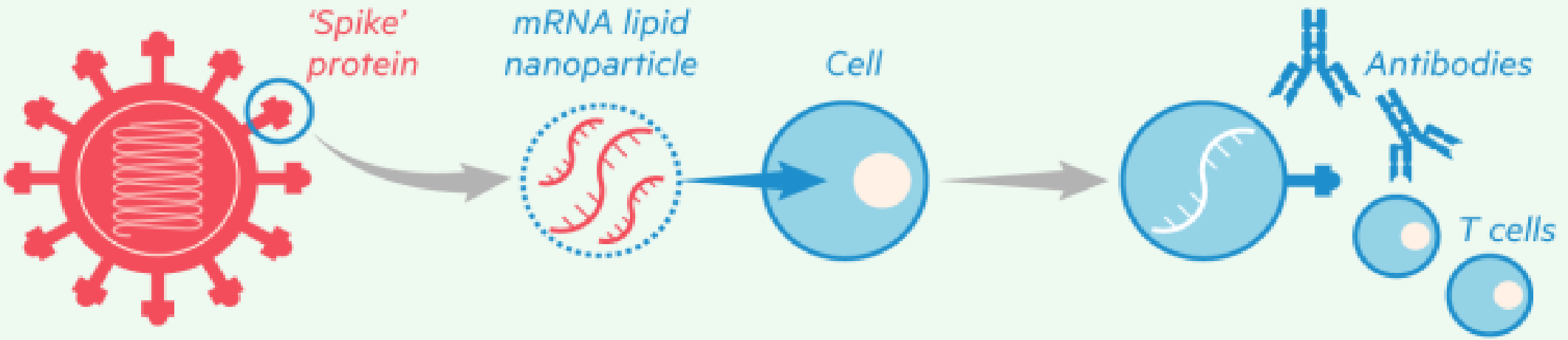
After the piece of the spike protein is made, the cell breaks down the mRNA strand and disposes of them using enzymes in the cell. It is important to note that the mRNA strand never enters the cell's nucleus or affects genetic material. This information helps counter misinformation about how mRNA vaccines alter or modify someone's genetic makeup.

Once displayed on the cell surface, the protein or antigen causes the immune system to begin producing antibodies and activating T-cells to fight off what it thinks is an infection. These antibodies are specific to the SARS-CoV-2 virus, which means the immune system is primed to protect against future infection.



How mRNA vaccines work

Genetic instructions are given to the immune system to recognise the virus



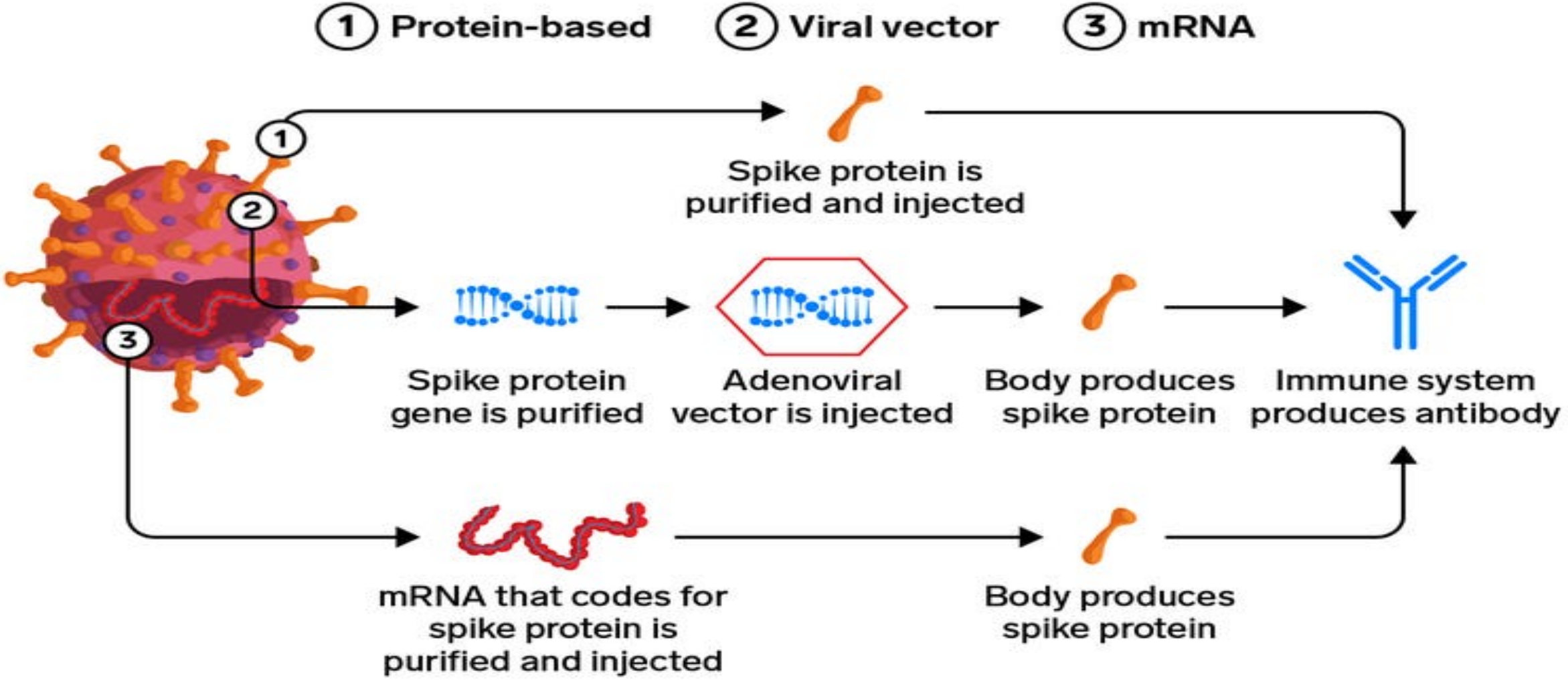
Scientists focus on the genetic sequence for the virus's 'spike' protein. This is used to synthesise an mRNA sequence – instructions that cells can use to make the 'spike' protein

The synthetic mRNA is packaged in a lipid nanoparticle that delivers the instructions to a cell

Once inside the cell, its cellular machinery follows the mRNA instructions to produce the viral protein. This is displayed on the surface of the cell and stimulates an immune system response

Source: Pfizer

Three types of coronavirus vaccines in development



Source: National Institutes of Health presentation at Senate hearing on September 9, 2020

INSIDER

Vaccine safety: Pregnancy and Lactation (ACOG)

- ACOG recommends that COVID-19 vaccines should not be withheld from pregnant individuals who meet criteria for vaccination based on ACIP-recommended priority groups.
- COVID-19 vaccines should be offered to lactating individuals similar to non-lactating individuals when they meet criteria for receipt of the vaccine based on prioritization groups outlined by the ACIP.
- While a conversation with a clinician may be helpful, it should not be required prior to vaccination, as this may cause unnecessary barriers to access.
- The mRNA vaccines are not live virus vaccines, nor do they use an adjuvant to enhance vaccine efficacy. These vaccines do not enter the nucleus and do not alter human DNA

CT- COVID-19 Vaccinations and Employers

Employers play a critical role in ensuring access to the COVID-19 vaccine for their staff and communicating about eligibility. This is particularly important during early phases of the vaccine program, where supply will be very limited. For instance, in Phase 1a only healthcare personnel and medical first responders are eligible to receive vaccine.

In order to make vaccine available to staff members, the following steps should be taken:

- One representative (referred to as the "Employer Coordinator") from each organization that employs populations eligible to receive vaccine in early access phases should complete this survey.
- The representative should be an individual who has access to a roster of eligible personnel within their organization (e.g., healthcare personnel for Phase 1a).
- Completing this survey will prompt an email to be sent from the Vaccine Administration Management System (VAMS) so the employer coordinator can register the organization. The email will not come immediately, as verification may take 24-48 hours.
- Once registered, the coordinator can upload a roster which allows eligible personnel to schedule a vaccination appointment once supply is available. The employer coordinator will also be invited to attend a training covering VAMS as well as enabling vaccine access for your workforce.

VAMS Enrollment for Employers and Organization

CT- COVID-19 Vaccinations and Employers

Phase	Estimated Time Period	Prioritized Population *
1a	12/2020-1/2020	SNF residents & staff
		Other LTCF residents & staff
		Other Health care workers (hospital & community)
1b	2/2020 – 5/2020	Other critical workforce
		Other congregate settings
		Adults 65+
		High risk condition - < 65 years
2	6/2020	Children & Adolescents
		Other adults

NY- COVID-19 Vaccinations

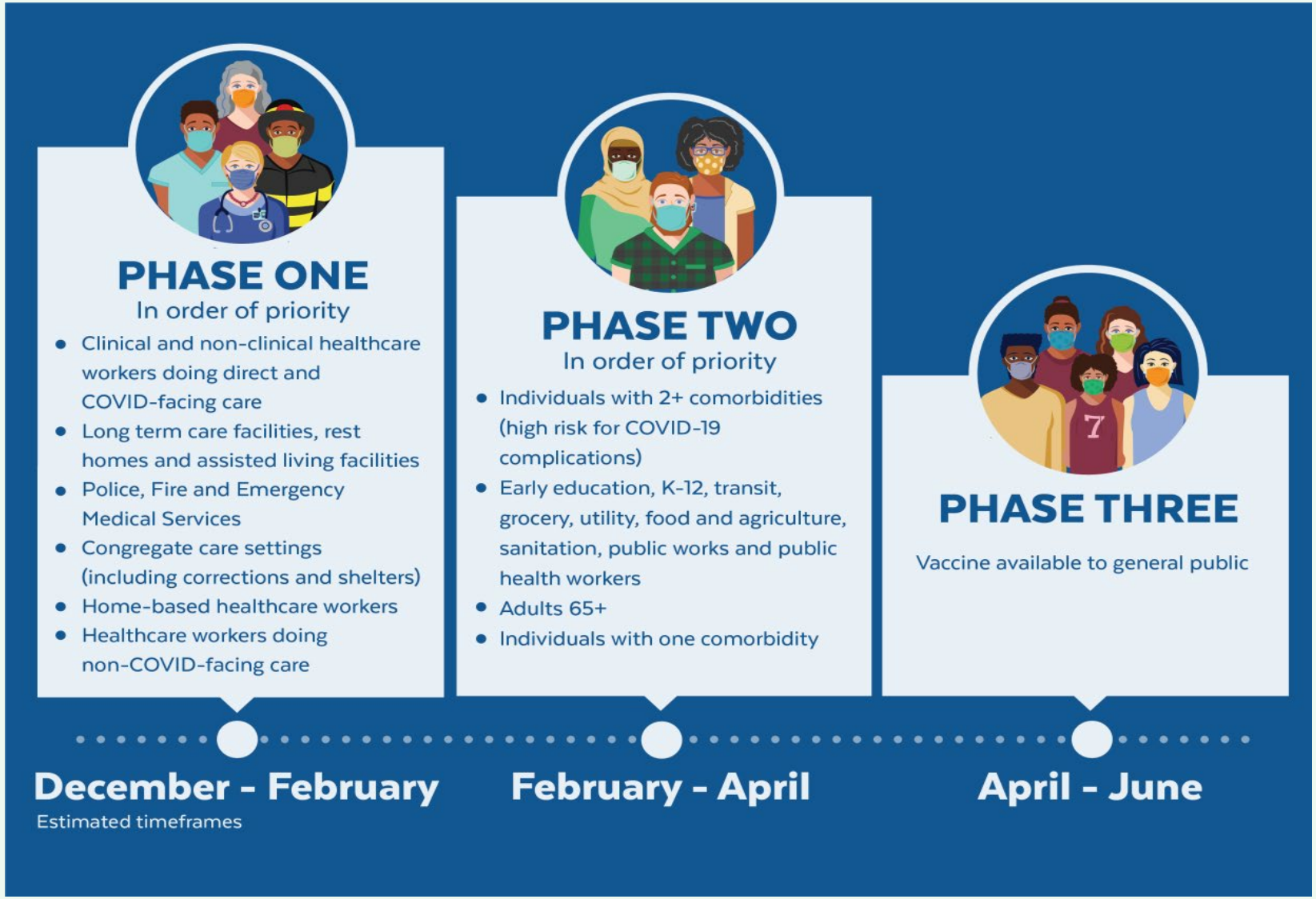
The first COVID-19 vaccines are coming soon. The FDA is expected to authorize Pfizer's COVID-19 vaccine this week. NYS will receive our first delivery of 170,000 doses of the COVID-19 vaccine developed by Pfizer and will start vaccinating the first group of New Yorkers next week. Additional does of the vaccine will follow later this month. High-risk health care workers, nursing home residents and staff are prioritized to be the first to receive the vaccine, followed by other long-term and congregate care staff and residents and EMS and other health care workers. 'High-risk' hospital workers include emergency room workers, ICU staff and pulmonary department staff.

In New York State, the COVID-19 Clinical Advisory Task Force made up of health care and medical experts was formed to:

Ensure COVID-19 vaccines are safe.
Advise on clinical best practices.
Ensure there are no barriers or delays in making the vaccine available.
Expeditiously review every COVID-19 vaccine authorized by the federal government.
This review will not delay distribution of the vaccine.

https://forward.ny.gov/covid-19-vaccine-distribution

MA- Vaccinations



https://www.mass.gov/info-details/when-can-i-get-the-covid-19-vaccine

SC- Vaccinations

Who can get the vaccine?
When the vaccine first becomes available, the number of doses will be limited. South Carolina will vaccinate those in Phase 1a of the state's vaccine plan as recommended by the Centers for Disease Control and Prevention (CDC) and the South Carolina COVID-19 Vaccine Advisory Committee (VAC), which is comprised of representatives from many groups of people in our communities. The overarching goal of Phase 1a is preventing deaths. Front-line medical workers and long-term care facility residents and staff are among those prioritized for Phase 1a vaccine distribution.
As additional vaccines are approved and vaccine supplies increase, COVID-19 vaccine will be available for everyone. COVID-19 vaccine supply is expected to increase substantially in 2021.

https://scdhec.gov/covid19/covid-19-vaccine-faqs

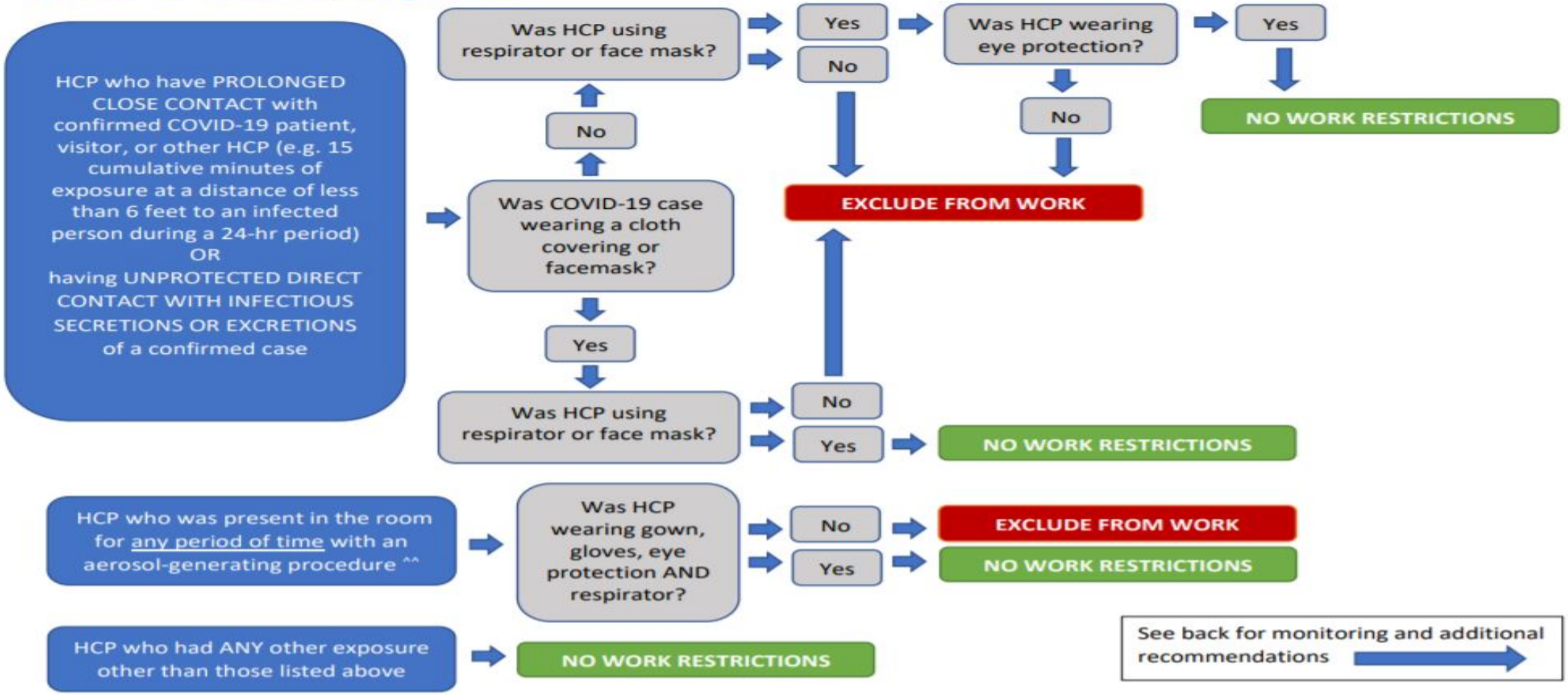
WI- Vaccinations

The Advisory Committee on Immunization Practices (ACIP)(link is external) made recommendations that the initial phase of the COVID-19 vaccination program (Phase 1A) should include both health care personnel (HCP) and residents of long-term care facilities (LTCFs). See a summary of the meeting and the interim recommendations on the Morbidity and Mortality Weekly Report (MMWR) webpage(link is external).
In addition to ACIP's recommendations, the Wisconsin State Disaster Medical Advisory Committee (SDMAC) is expected to make Wisconsin-specific vaccine allocation recommendations to DHS on December 10, 2020. A draft of the Allocation Framework(link is external) was open for public comment until December 4, 2020.

https://www.dhs.wisconsin.gov/covid-19/vaccine-program.htm

Exposure

NJDOH Healthcare Personnel (HCP)^ EXPOSURE to Confirmed COVID-19 Case Risk Algorithm



October 22, 2020

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Work Restrictions*	Additional Recommendations**
EXCLUDE FROM WORK	• Exclude from work for 14 days from most recent exposure to COVID-19. • Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19. • Any HCP who develop fever or symptoms consistent with COVID-19 should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
NO WORK RESTRICTIONS	• Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19 and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19 at the beginning of their shift. • Any HCP who develop fever or symptoms consistent with COVID-19 should cease patient care activities, keep their facemask on, immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

^For this guidance, CDC defines HCP as all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. For this document, HCP does not include clinical laboratory personnel.

^^Procedures likely to generate aerosols include but are not limited to cardiopulmonary resuscitation; endotracheal intubation and extubation; bronchoscopy; sputum induction; manual ventilation; suctioning of airways; high flow oxygen delivery; and nebulizer administration. It is uncertain whether aerosols generated during high flow oxygen delivery and nebulizer administration are infectious. Until additional data are available, full Transmission Based Precautions should be used for these procedures in patients with COVID-19.

*If staffing shortages occur, it might not be possible to exclude exposed HCP from work. For additional information and considerations refer to CDC's Strategies to Mitigating HCP Staffing Shortages.

**Healthcare facilities should determine close contact(s) within the facility for all laboratory confirmed COVID-19 cases. Identification should begin at 48 hours prior to symptom onset, or specimen collection for asymptomatic cases. NJDOH considers close contact to be 15 cumulative minutes of exposure at a distance of less than 6 feet to an infected person during a 24-hour period.

NOTE: This document is meant to be a supplement to the CDC's *Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19*. Guidance may be subject to change as new information becomes available. For more information please visit the New Jersey Department of Health COVID-19 page (https://www.nj.gov/health/cd/topics/ncov.shtml) or CDC's website for healthcare professionals (https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html).

Who needs to quarantine?	**People who have been in close contact with someone who has COVID-19—excluding people who have had COVID-19 within the past 3 months.** People who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 3 months as long as they do not develop symptoms again. People who develop symptoms again within 3 months of their first bout of COVID-19 may need to be tested again if there is no other cause identified for their symptoms. **What counts as close contact?** • You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more • You provided care at home to someone who is sick with COVID-19 • You had direct physical contact with the person (hugged or kissed them) • You shared eating or drinking utensils • They sneezed, coughed, or somehow got respiratory droplets on you
Steps to take	**Stay home and monitor your health** • Stay home for 14 days after your last contact with a person who has COVID-19. • Watch for fever (100.4◦F), cough, shortness of breath, or other symptoms of COVID-19 • If possible, stay away from others, especially people who are at higher risk for getting very sick from COVID-19

Options to reduce quarantine

Reducing the length of quarantine may make it easier for people to quarantine by reducing the time they cannot work. A shorter quarantine period also can lessen stress on the public health system, especially when new infections are rapidly rising.

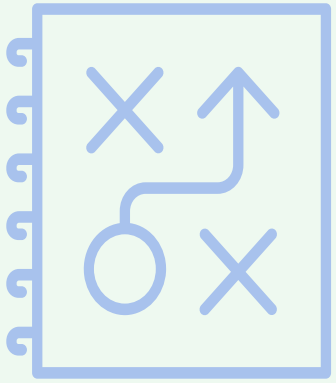
Your local public health authorities make the final decisions about how long quarantine should last, based on local conditions and needs. Follow the recommendations of your local public health department if you need to quarantine. Options they will consider include stopping quarantine

- After day 10 without testing
- After day 7 after receiving a negative test result (test must occur on day 5 or later)

After stopping quarantine, you should

- Watch for symptoms until 14 days after exposure.
- If you have symptoms, immediately self-isolate and contact your local public health authority or healthcare provider.
- Wear a mask, stay at least 6 feet from others, wash your hands, avoid crowds, and take other steps to prevent the spread of COVID-19.

CDC continues to endorse quarantine for 14 days and recognizes that any quarantine shorter than 14 days balances reduced burden against a small possibility of spreading the virus. CDC will continue to evaluate new information and update recommendations as needed. See Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing for guidance on options to reduce quarantine.



Winter and COVID-19

- All staff should have received a flu shot by now.
- Make sure staff is aware of the key differences between flu and COVID-19 symptoms.
- The CDC has developed a test that will check for A and B type seasonal flu viruses and SARS CoV-2, the virus that causes COVID-19, but I anticipate this could be limited in many areas of the country.

Allergies, Cold, Flu or COVID-19 Virus?

Here's how to tell the difference between allergy symptoms and the novel 2019 Coronavirus.

Symptoms	 ALLERGIES	 COLD	 INFLUENZA	 COVID-19
Symptoms begin	Gradually	Gradually	Abruptly	Within 14 days of exposure
Symptoms last	Allergy season	4 – 10 days	5 – 7 days	Varies by Person
Body aches	–	✓	✓	Sometimes
Chills	–	Less Common	✓	Sometimes
Dry cough	✓	✓	✓	✓
Exposure to germs	–	✓	✓	✓
Fatigue/Weakness	Sometimes	✓	✓	✓
Fever	–	Less Common	✓	✓
Headaches	✓	Less Common	✓	Sometimes
Itchy eyes	✓	–	–	–
Nasal Congestion	✓	✓	✓	Less Common
Nausea/Vomiting/Diarrhea	–	Sometimes	Sometimes	Sometimes
Runny nose	✓	–	–	Less Common
Sneeze	✓	✓	✓	Sometimes
Sore throat	Sometimes	✓	✓	Sometimes
Shortness of breath	Sometimes	Less Common	✓	✓
Symptoms get worse	–	–	✓	✓

Think You Have COVID-19?

Stay home and away from others • Monitor symptoms • Rest • Cover coughs and sneezes • Wash hands with soap and water often • Treat symptoms

Contact your doctor if you have a fever, cough, difficulty breathing or existing chronic disease.

PPE Shortages

- PPE supplies are still in short supply.
- You can order supplies from Amazon or COSTCO, etc.
- Check for FDA approvals here: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm
- Monitor the CDC for updates: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/gloves.html

Cleaning Materials

- Cleaning products remain in short supply and will be so for the foreseeable future.
- Use an EPA approved product https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html
- Remember risk determines the cleaning frequency:
  - Probability of contamination,
  - Vulnerability of the patients to infection, and
  - Potential for exposure (high-touch v. low-touch surfaces)

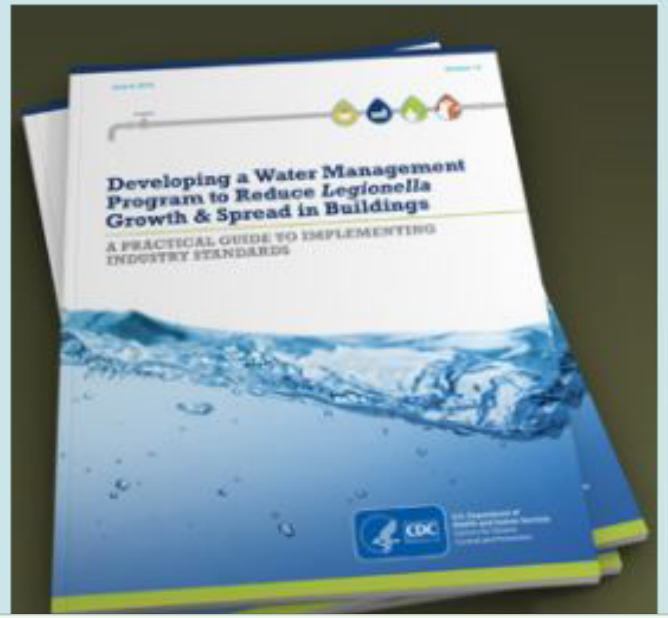
There is a world outside of COVID

- Get ready for your year end reports and 2021 program plan and risk assessment
- Review your water management plan
- Collate your data concerning HAIs, exposures and flu vaccine compliance.
- Ensure all PMs are finished on your DME
- Ensure all staff education is complete
- 10 CEUs are required of all SPD staff each year

A Practical Guide to Implementing Industry Standards

Many buildings need a water management program to reduce the risk for *Legionella* growing and spreading within their water system and devices. This toolkit is designed to help people understand which buildings and devices need a *Legionella* water management program to reduce the risk for Legionnaires' disease, what makes a good program, and how to develop it.

Download the Toolkit



Developing a Water Management Program to Reduce *Legionella* Growth and Spread in Buildings: A Practical Guide to Implementing Industry Standards13.2 [13.3 MB, 36 pages]
— June 5, 2017

Use the toolkit's quick yes/no worksheet to find out if your building or certain devices in your building need a water management program.

Common Questions

1. What if a staff members comes to work and tests positive in the following 48 hours?
2. Does staff need to be wearing goggles?
3. What if we cannot order gloves and other PPE?


Wishing you and your family the very best holiday