



COMMONWEALTH of VIRGINIA

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State Health Commissioner

Department of Health
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February 8, 2021

RE: COVID-19 Update for Virginia LTCFs

Dear Colleague:

The COVID-19 pandemic continues to disproportionately impact residents and staff of Virginia's long-term care facilities (LTCFs). This is an update to the [September 9, 2020 letter for LTCFs](#). Please visit the [Virginia COVID-19 Long-Term Care Task Force website](#) for the most up-to-date information. In addition, the [Virginia Department of Health \(VDH\) website](#) has current statewide epidemiologic data.

Infection Prevention and Control

It is important for LTCFs to continue following all relevant infection prevention and control (IPC) guidance. Recent guidance includes the following:

- [Closing a Healthcare Facility to New Admissions or Readmissions during the COVID-19 Pandemic](#)
- [Considerations for PPE and Cohorting during COVID-19 Response in LTC](#)
- [VDH Interim Recommendations for Duration of Quarantine for Healthcare Personnel](#)
- [Virginia COVID-19 Long-Term Care Facility Task Force Playbook](#)
- [Infection Prevention & Control FAQs for Nursing Homes](#)

COVID-19 Vaccination

The Centers for Disease Control and Prevention (CDC) contracted with CVS and Walgreens to vaccinate most of the LTCF population (including nursing homes and assisted living facilities) via the federal pharmacy partnership program. In Virginia, Part A vaccination clinics with CVS or Walgreens began in skilled nursing facilities/nursing homes on 12/28/2020, and vaccinations began in facilities covered by Part B of the LTC program on 1/11/2021. Facilities in Part B include assisted living facilities, continuing care retirement communities, intermediate care facilities for individuals with intellectual or developmental disabilities (ICF/IID), and group homes.

As of 02/04/2021, a total of 119,649 doses had been administered in Virginia LTCFs by CVS and Walgreens, including 70,022 doses in residents and 49,627 doses in staff. Additional information is available on the [VDH COVID-19 Vaccine Dashboard](#). Due to a lag in reporting,

data on the dashboard are lower than vaccines administered. Efforts are ongoing to resolve reporting issues.

VDH is onboarding community pharmacies and matching them with LTCFs that were not included in the federal pharmacy partnership program. Vaccination administration is underway for LTCF populations included in statewide phases 1a and 1b, including DBHDS licensed long-term residential providers (ICF/IID, group homes, etc.), state veterans homes, HUD 202, and independent living facilities. Every effort is being made to ensure vaccinations are completed in a timely manner for these important populations.

Guidance following COVID-19 Vaccination

The COVID-19 vaccines have been shown to decrease the incidence of symptomatic disease, but their effect on transmission and asymptomatic infection are less clear. CDC is working to better understand the effect of the vaccines on preventing infection and transmission before modifying recommendations for IPC, testing, or quarantine of residents or staff. In addition, the Centers for Medicare and Medicaid Services (CMS) is currently reviewing visitation guidance to determine any changes to visitation once residents and family members are fully vaccinated. At this time, LTCFs should continue to follow all existing recommendations regarding visitation, testing, use of personal protective equipment, and quarantine.

Aerosol Generating Procedures

Some procedures performed on residents with suspected or confirmed COVID-19 infection could [generate infectious aerosols](#). Certain precautions should be taken during these procedures including:

- Healthcare personnel (HCP) in the room should wear an N95 or equivalent or higher-level respirator, eye protection, gloves, and a gown.
- The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure.
- Aerosol-generating procedures should take place in an Airborne Infection Isolation Room (AIIR), if possible.
- Clean and disinfect procedure room surfaces thoroughly and promptly.

Additional information is available on the [CDC website](#).

COVID-19 Testing Reminders

COVID-19 antigen tests (e.g., the Abbott BinaxNOW COVID-19 Ag Card, BD Veritor, and Quidel Sofia platforms) are in use in LTCFs. While antigen tests have high specificity, the sensitivity of these tests is lower than that of molecular (PCR) testing. This translates into the potential for more false negative antigen test results. VDH reminds practitioners using antigen tests that a confirmatory PCR test should be obtained when the antigen test result does not match the patient's clinical picture. For example, a person with symptoms consistent with COVID-19 who has a negative antigen test should have a confirmatory PCR test done immediately.

Similarly, an asymptomatic person with a positive antigen test, but who has no evidence of being a close contact to a person known to have COVID-19, should have a confirmatory PCR test done promptly. Until PCR results are back, the asymptomatic person is considered presumptive positive.

Please see [VDH Interim COVID-19 Antigen Testing Recommendations](#) and [CDC Considerations for Interpretation of Antigen Tests in Long-Term Care Facilities](#) for additional information.

Reporting of COVID-19 Point of Care Test Results

On January 8, 2021, the U.S. Department of Health and Human Services (DHHS) updated their [Reporting Guidance](#) for the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). Language in the document was modified to state that the National Healthcare Safety Network (NHSN) Point of Care (POC) Test Reporting tool is the *preferred* (but not required) method for CMS-certified LTCFs (i.e., nursing homes) to submit COVID-19 POC test results to state health departments and HHS. Additionally, on January 8th, CMS released a [memo](#) (page 14) with this update.

CMS-certified nursing homes may use NHSN **or** the [VDH Portal](#) to report COVID-19 POC test results. Facilities will only need to report to **one** system, as results from NHSN will be directly sent to state and local health departments. If facilities choose to report to NHSN, they must first upgrade their SAMS access to Level 3. Facilities should report COVID-19 POC test results (positive and negative) within 24 hours regardless of the system that is utilized. Please note that at this time, NHSN only allows reporting of results for LTCF residents and staff. The capability to report results for visitors is planned to be released in an upcoming NHSN update. In the interim, POC test results for visitors should be submitted to the VDH Portal. Assisted living facilities and other LTCFs not reporting in NHSN should continue to use the VDH Portal.

Facilities reporting POC test results in NHSN should follow-up with their [local health department](#) to ensure results are being received. Please refer to the CDC/NHSN [POC Testing Reporting Tool FAQs](#) which can be found with other resources on the [NHSN LTCF website](#).

Influenza Testing

To date, influenza activity remains minimal in Virginia and nationally. According to the [CDC FluView](#), less than 0.1% of specimens tested at U.S. public health laboratories during the 2020-2021 flu season have tested positive for influenza. The Division of Consolidated Laboratory Services (DCLS) conducts influenza testing using a Flu A/Flu B/SARS-CoV-2 triplex assay for newly-reported outbreaks in LTCFs. If you suspect flu may be circulating in your facility - with or without COVID-19, please contact your [local health department](#) to arrange testing and discuss infection prevention strategies. For more information and the up-to-date data on flu in Virginia, please visit the [VDH Weekly Influenza Activity Report](#).

Project Firstline

CDC and VDH are collaborating on [Project Firstline](#), an initiative aimed at providing innovative and effective infection prevention and control training for all frontline healthcare workers. VDH is asking all frontline healthcare workers to participate in a [10 minute survey](#) designed to inform future CDC training materials and guide VDH training sessions.

Please continue to contact your [local health department](#) if you have questions about COVID-19. Thank you for your continued efforts to keep residents and staff healthy.

Sincerely,

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