



We will start in a few minutes!

Please join us in our activity before we get started.

Enter **"What is your favorite candy?"** in the chat. 😊



San Diego Skilled Nursing Facility Infection Prevention Collaborative

Grow - Collaborate - Succeed

Coordinated by the County of San Diego
Healthcare-Associated Infections (HAI) Program



Reminders



Recording is on!



PHS.HAI.HHSA@sdcounty.ca.gov



Keep your lines muted



Participate in the polls and chat



Use the chat box for questions



Slides will be emailed



"Right click" to rename



Type into the chat your:

- Name
- Title
- Facility

Land Acknowledgement



Public Health Services would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today. While we are meeting on a virtual platform, I would like to take a moment to acknowledge the importance of the lands, which we each call home. We respectfully acknowledge that we are on the traditional territory of the Kumeyaay. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honor those teachings.

Agenda



Welcome

General Updates

Featured Topic: COVID-19 - New Guidance and Updates

Announcements

Next Collaborative

LTC IP Certification (LTC-CIP)



Eligibility Requirements for the Long-Term Care Certification in Infection Prevention (LTC-CIP)

Successful long-term care infection prevention certification indicates competence in the practice of infection prevention and control within a long-term care setting. This includes:

- Responsibility for the infection prevention and control programs/activities in a long-term care setting. Candidates will fill out an attestation form confirming this information.
- Completed post-secondary education in a health-related field including but not limited to medicine, nursing, laboratory technology, public health, or biology. Post-secondary includes public or private universities, colleges, community colleges etc.

CBIC recommends, but does not require, one year of full-time infection prevention experience prior to taking the LTC-CIP examination.

<https://www.cbic.org/CBIC/Long-term-care-certification.htm>

Poll Question 1

Have you registered or plan to register for the Long-Term Care Certification in Infection Prevention (LTC-CIP) Exam?

- A. Yes, I have taken it
- B. Yes, I have registered
- C. Yes, I am planning to take the LTC Certification exam
- D. No, but interested
- E. No, not sure
- F. Not interested
- G. First time hearing about it



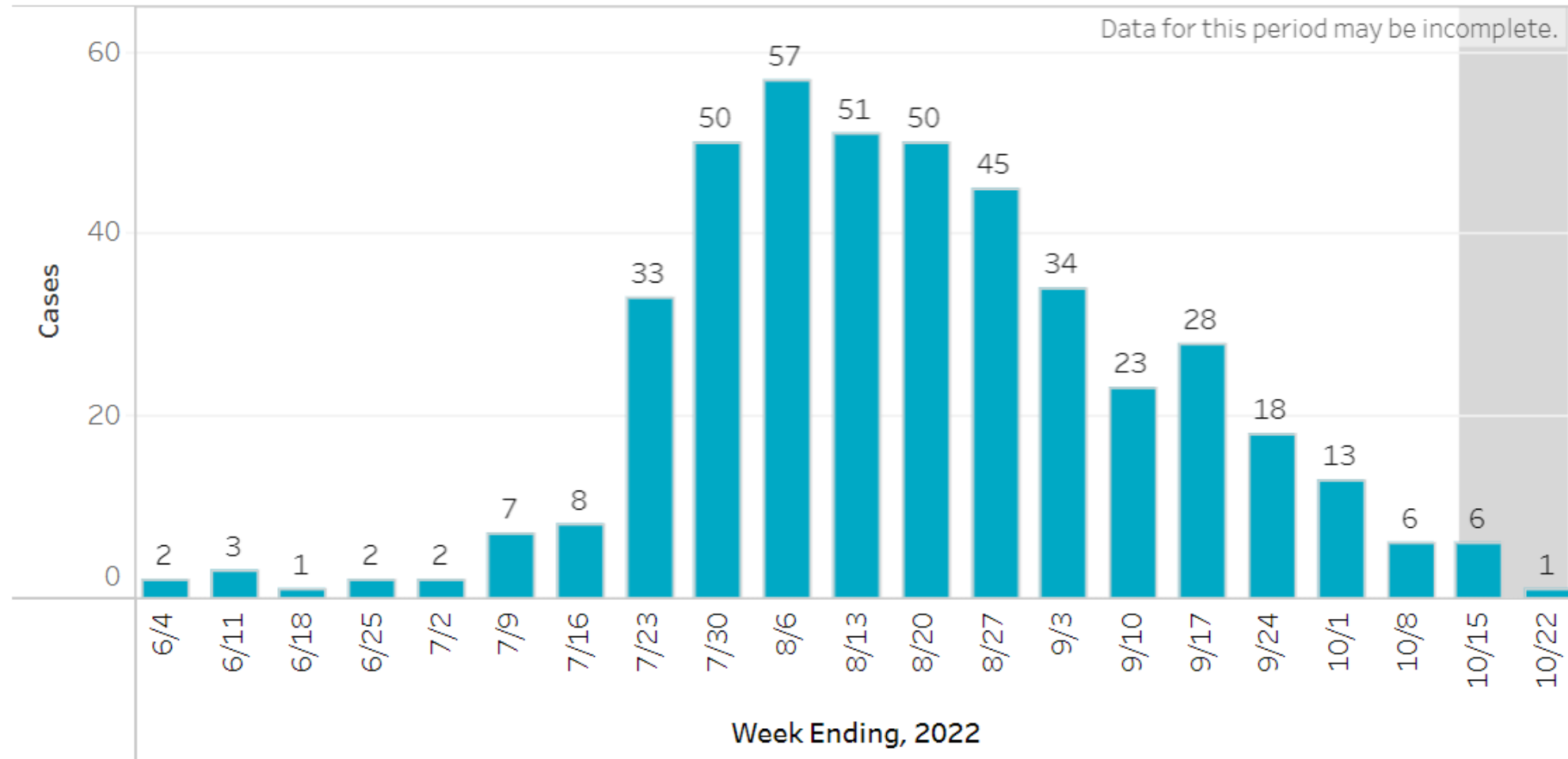
General Updates



- **MPOX Epi-Curve**
- **New Health Alerts**
- **Respiratory Virus Update**
- **Enhanced Standard Precautions (ESP)**

MPOX Update

MPOX Confirmed and Probable Cases* by Episode Date^, San Diego County



CAHAN San Diego



To: CAHAN San Diego Participants

Date: October 13, 2022

From: Public Health Services

Health Alert: Increasing Influenza and Respiratory Syncytial Virus (RSV) Disease in San Diego County

Key Messages

- Based on laboratory-confirmed reports, influenza A virus and respiratory syncytial virus (RSV) have been increasing in San Diego County in recent weeks.
- In previous years, early activity was associated with seasons of substantially higher cases counts.
- In preparation, providers should strongly encourage seasonal influenza vaccination co-administered with bivalent COVID-19 boosters to those eligible.
- The American Academy of Pediatrics (AAP) supports the use of palivizumab (Synagis®) in eligible infants in regions experiencing high rates of RSV activity like San Diego County (SDC).

Outbreak Definitions

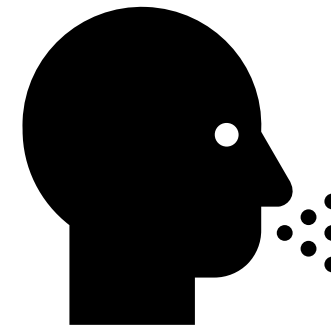


Influenza

- **Outbreak Definition**
 - 2 residents w/ onset of influenza-like illness within 72 hours of each other AND at least 1 resident with lab-confirmed influenza

COVID-19

- **Outbreak Definition**
 - 1 facility-acquired COVID-19 case in a resident



Respiratory Virus Update



San Diego County Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

www.sdepi.org

October 20, 2022

COVID-19

Cases
86,608

Deaths
96

Outbreaks*
125

7/3/2022 – 10/15/2022

Influenza

Cases
1,664

Deaths
0

Outbreaks*
0

7/3/2022 – 10/15/2022

Respiratory Virus Update



Data through 10/15/2022

COVID-19 and Influenza Fiscal Year-to-Date Overview

Figure 1.1. San Diego County **COVID-19***
Cases by Episode Month

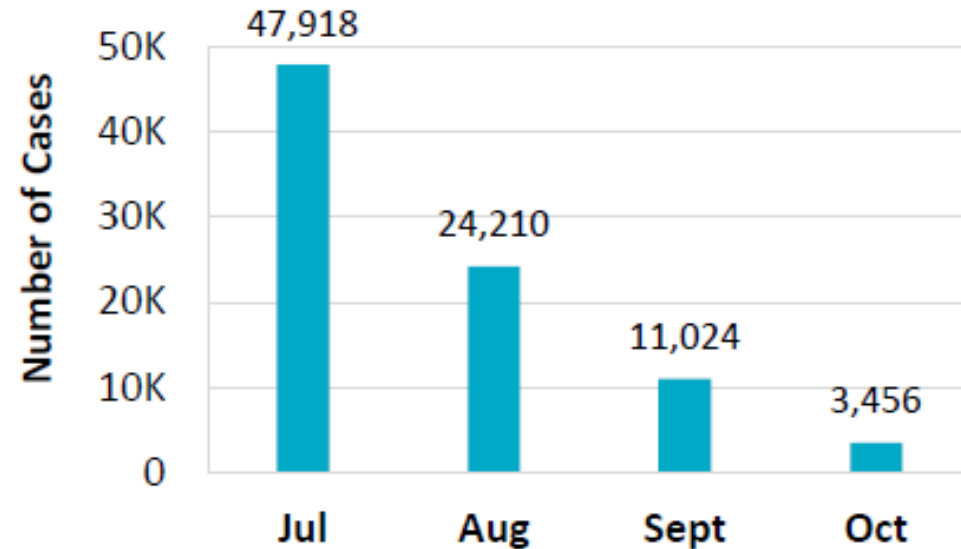
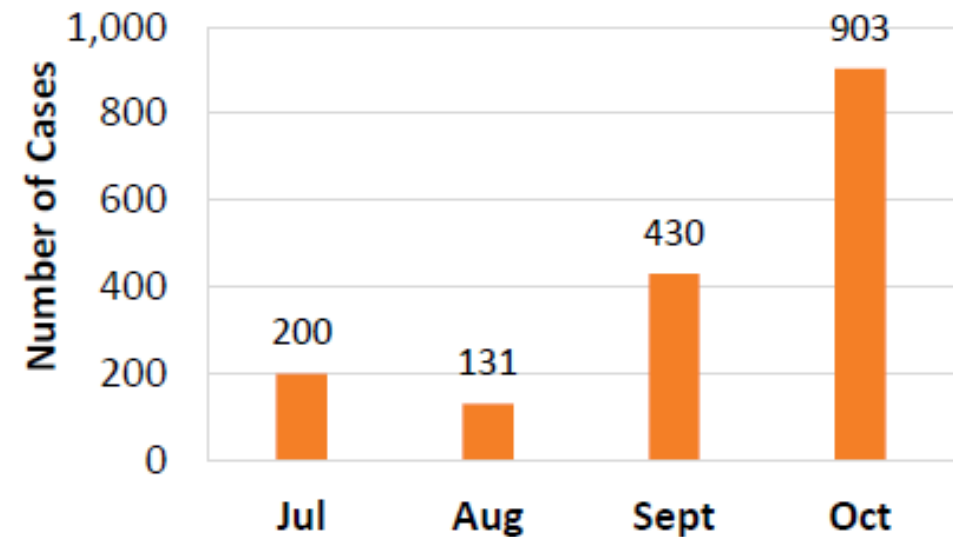
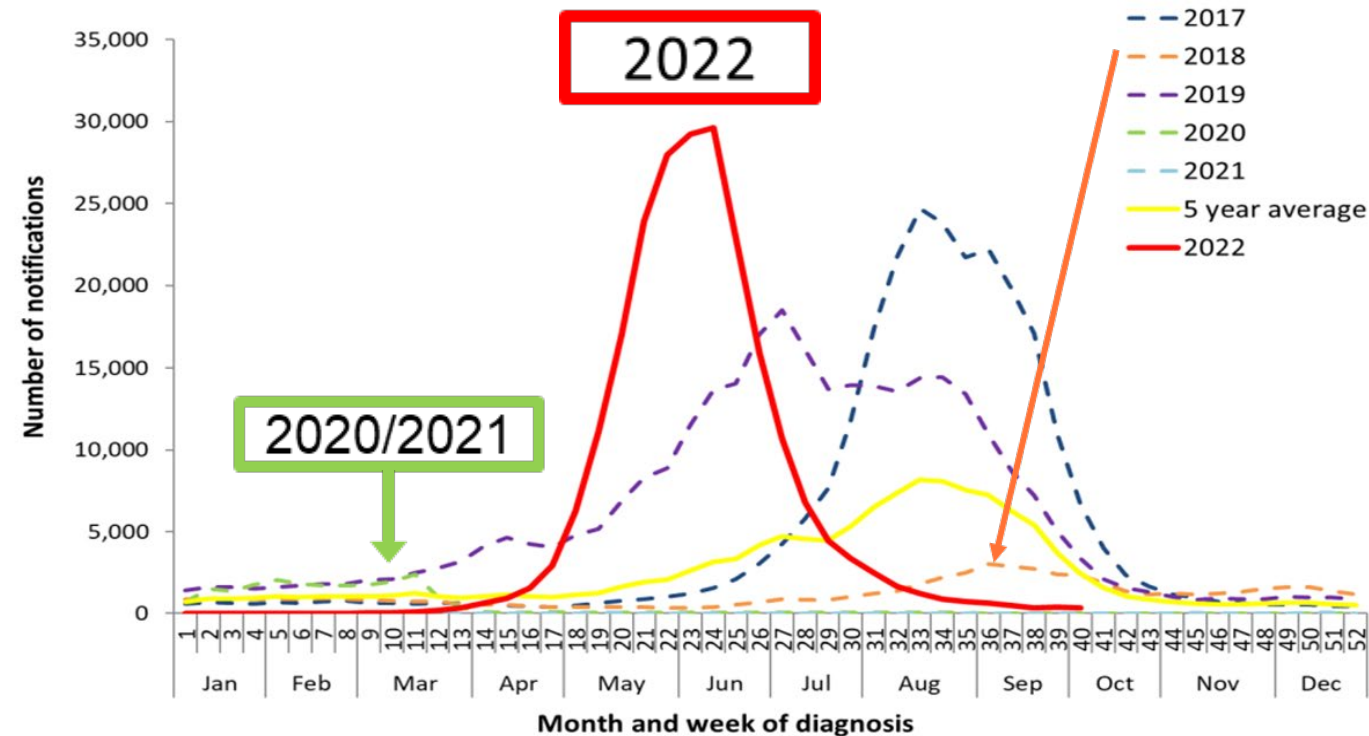


Figure 1.2. San Diego County **Influenza**
Cases by Episode Month



INFLUENZA IN THE SOUTHERN HEMISPHERE, 2022

Figure 4. Notifications of laboratory-confirmed influenza, Australia, 01 January 2017 to 09 October 2022, by month and week of diagnosis*



Source: NNDSS

*NNDSS notification data provided for the current and most recent weeks may be incomplete. All data are preliminary and subject to change as updates are received, with most recent weeks considered particularly subject to revisions. Please refer to Data considerations for interpretation of the 5 year average.

TAKE HOME MESSAGES FROM AUSTRALIA



Incidence of influenza

- The low incidence influenza during the 2020 and 2021 seasons likely resulted from behaviors such as masking, avoidance of large crowds etc. and other recommendations targeted to prevent transmission of COVID-19 during the winter months.
- In 2022 to date, people aged 5–9 years, children aged younger than 5 years, and people aged 10–19 years have the highest notification rates.

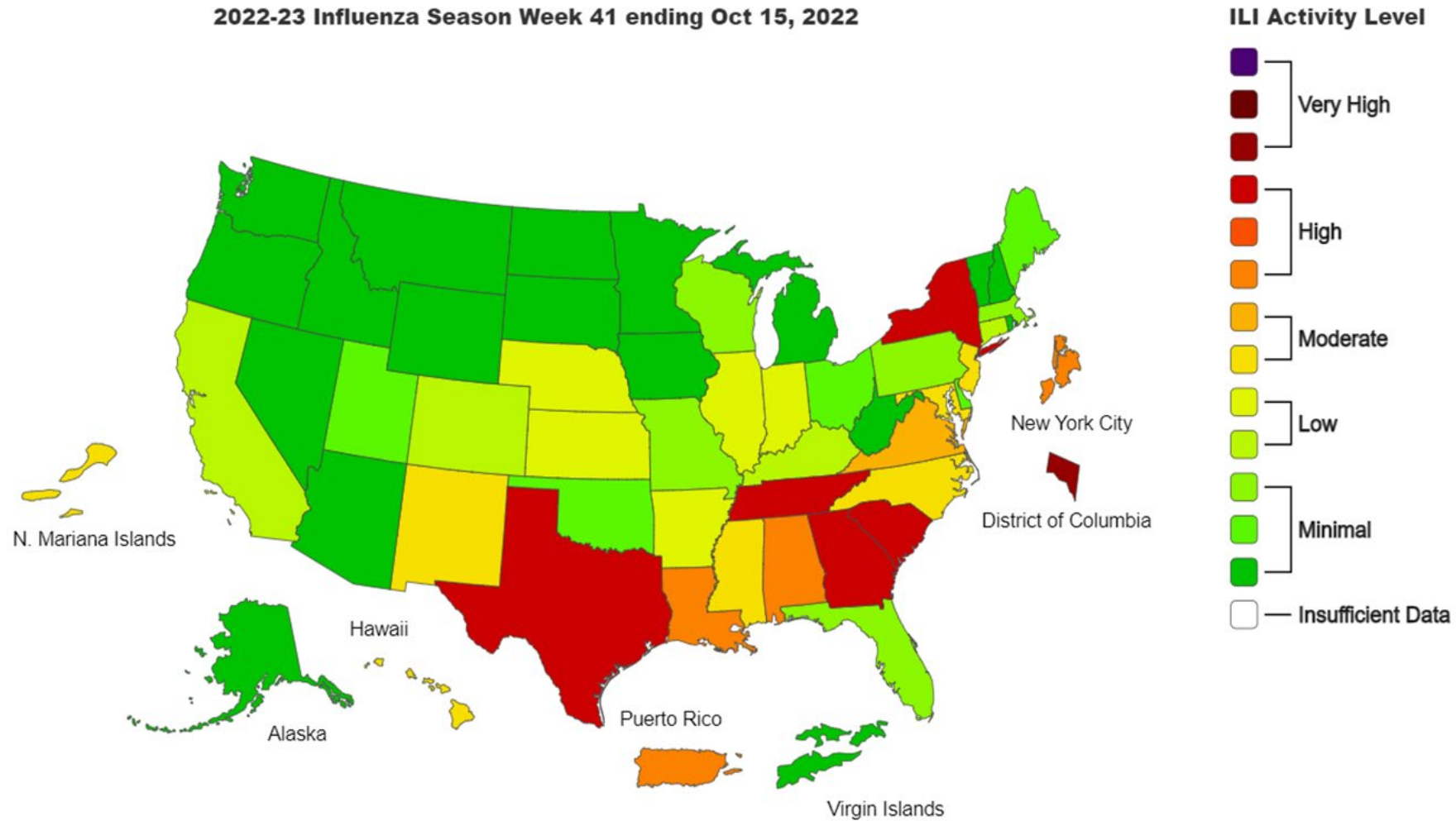
Vaccine match and effectiveness:

- Of the 2,570 samples referred to the WHOCC to date, 92.4% of influenza A(H1N1), 94.5% of influenza A(H3N2), and the six influenza B/Victoria samples, were antigenically similar to the corresponding vaccine components.
- Vaccine effectiveness is typically around 40–60%. Based on preliminary estimates from sentinel hospitals (FluCAN), vaccine effectiveness appears at the lower end of the moderate range in 2022.

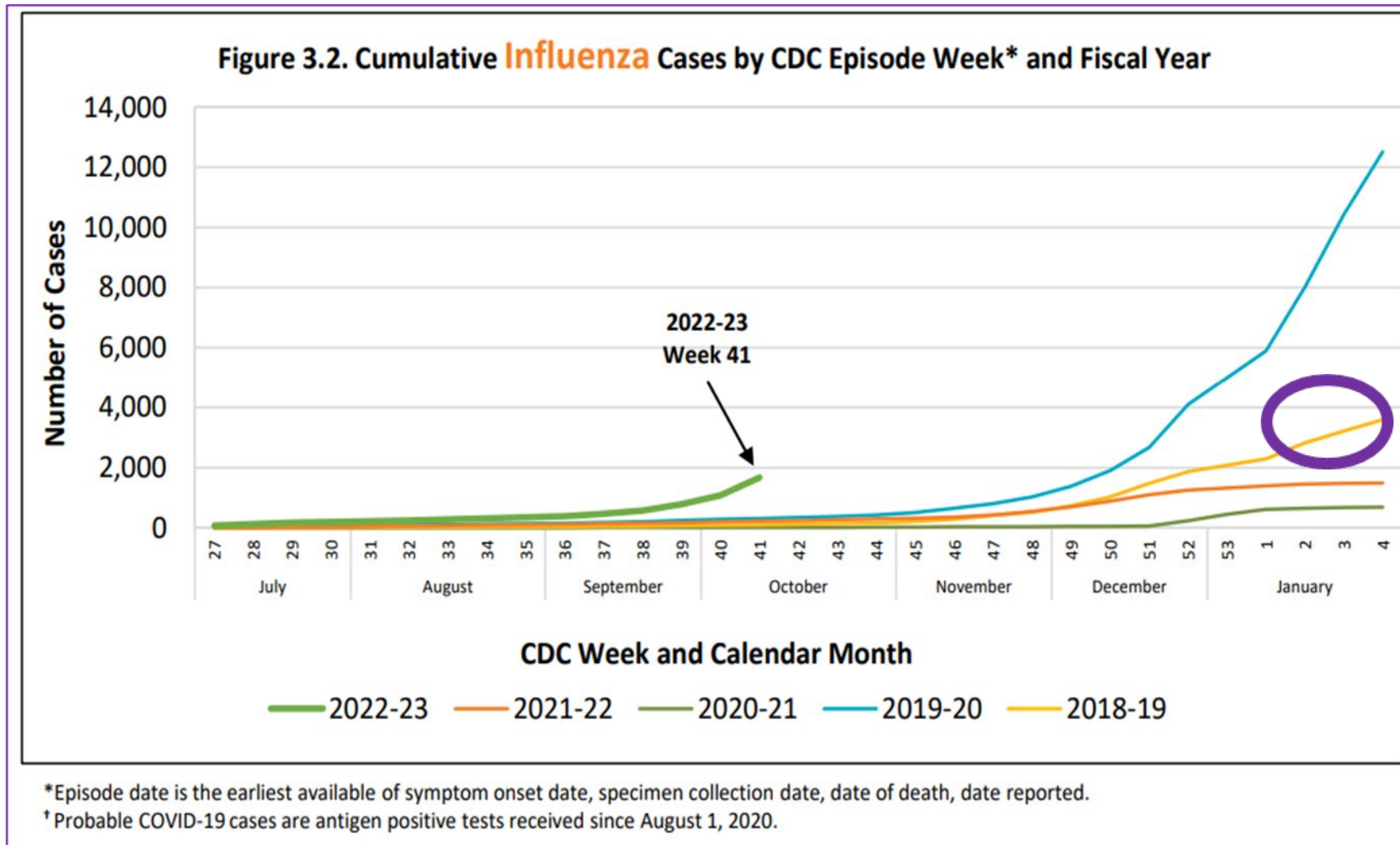
Vaccinate, Vaccinate, Vaccinate

INFLUENZA-LIKE ILLNESS IN THE US

2022-23 Influenza Season Week 41 ending Oct 15, 2022

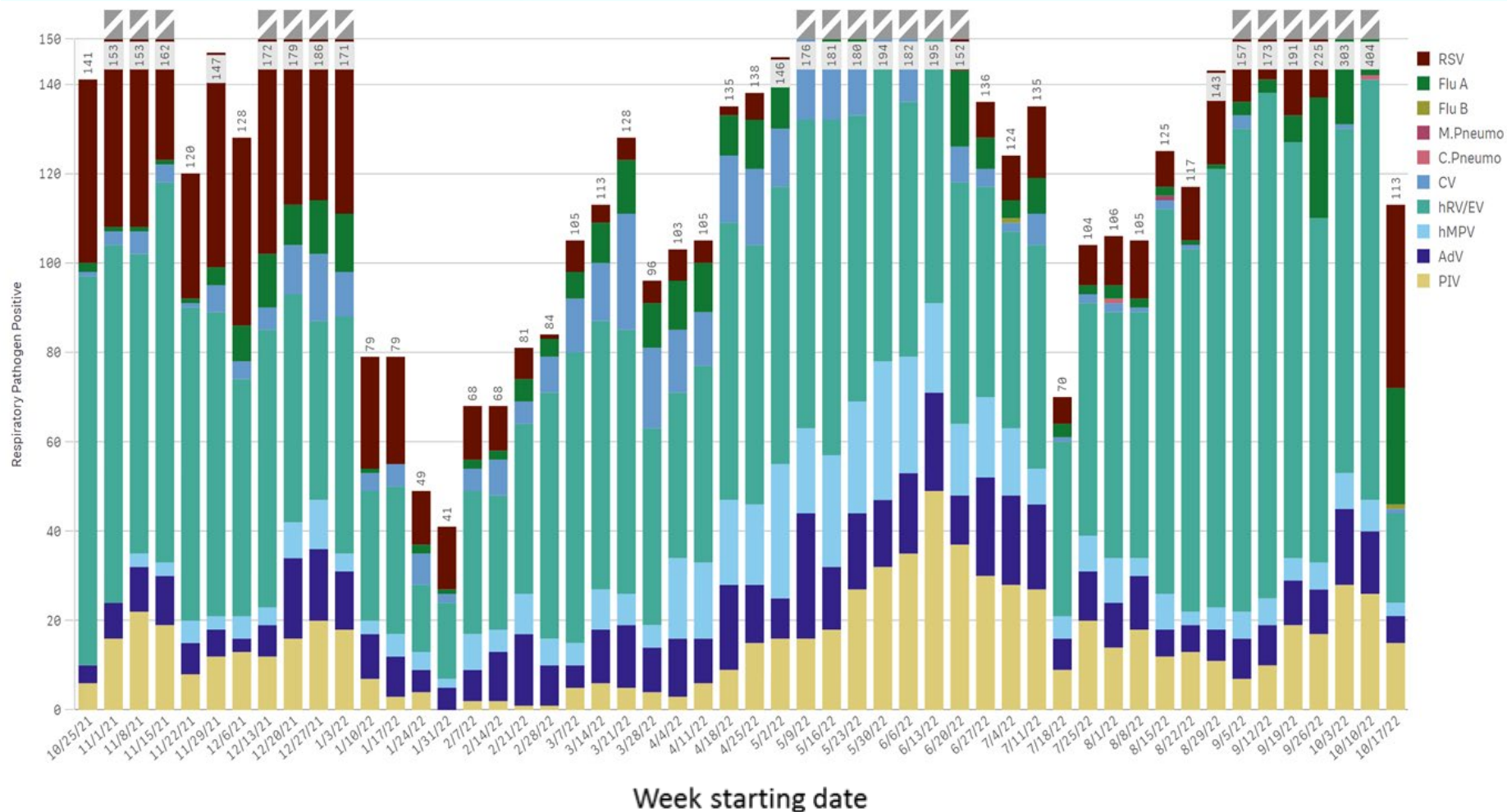


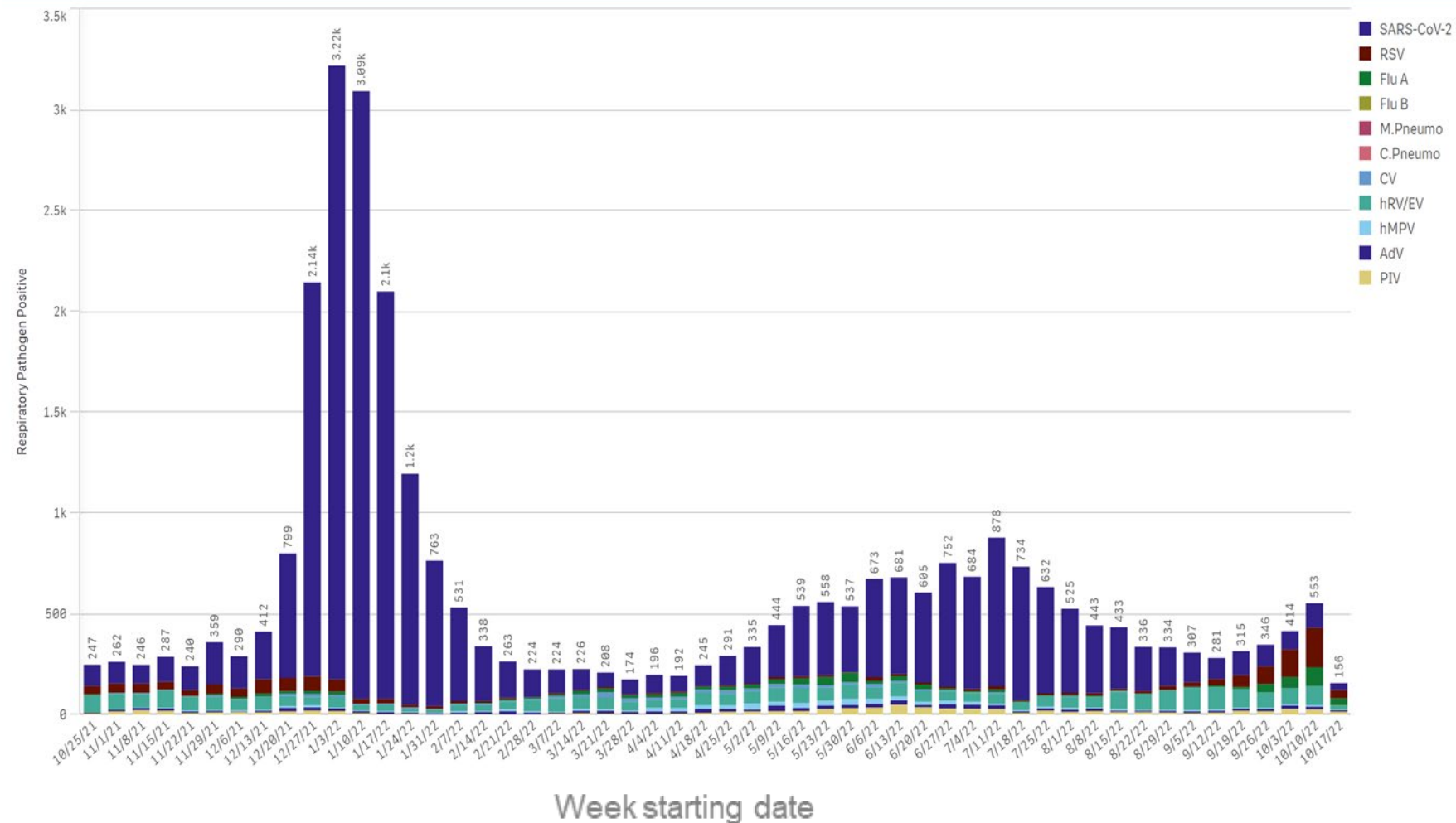
SUMMARY OF INFLUENZA SEASON, 2022-23



POSITIVE VIRAL PCR TESTS RCHSD (SARS COV-2 NOT INCLUDED)

Positive Respiratory Pathogens by Week (excl SARS) - Data as of 10/19/2022





RESPIRATORY SYNCYTIAL VIRUS (RSV) IN ADULTS



- **Adults at highest risk for severe RSV infection include:**
 - Older adults, especially those 65 years and older
 - Adults with chronic heart or lung disease and weakened immune systems
 - Each year an estimated 177,000 older adults are hospitalized and 14,000 of them die in the United States due to RSV infection.
- **Severe RSV infection:**
 - When an older adult gets RSV infection, they typically have mild cold-like symptoms including runny nose, sore throat, cough, and headache. But RSV can sometimes lead to serious conditions such as:
 - Pneumonia (infection of the lungs)
 - More severe symptoms for people with asthma, for people with chronic obstructive pulmonary disease (COPD), and congestive heart failure
- **Summary: large number of respiratory virus infections for 2022-2023 anticipated**

Influenza Vaccine Question



Q: Is the County able to distribute influenza vaccines to my facility?

A: Yes, if your facility is signed up as a State Influenza Vaccine Provider, the County is able to provide influenza vaccines to your facility. For more information, please email phs.hai.hhsa@sdcounty.ca.gov



Poll Question 2

How are you doing with getting your staff and residents vaccinated for the Flu vaccine?

- A. All our vaccination clinics were completed by September
- B. Our vaccination clinics will be completed by the end of October
- C. Our vaccination clinics will be completed in November
- D. We haven't scheduled our vaccination clinics yet
- E. Other (post in the chat)

Enhanced Standard Precautions (ESP)

For internal use only, not for distribution



AFL 22-21 – Enhanced Standard Precautions for SNFs

Use of PPE is based on:

- Risk of colonization
- Likelihood of transmitting MDRO

The Six Moments of Enhanced Standard Precautions

For these six groups of care activities, use hand hygiene, gloves, and gowns for residents who are on Enhanced Standard Precautions.



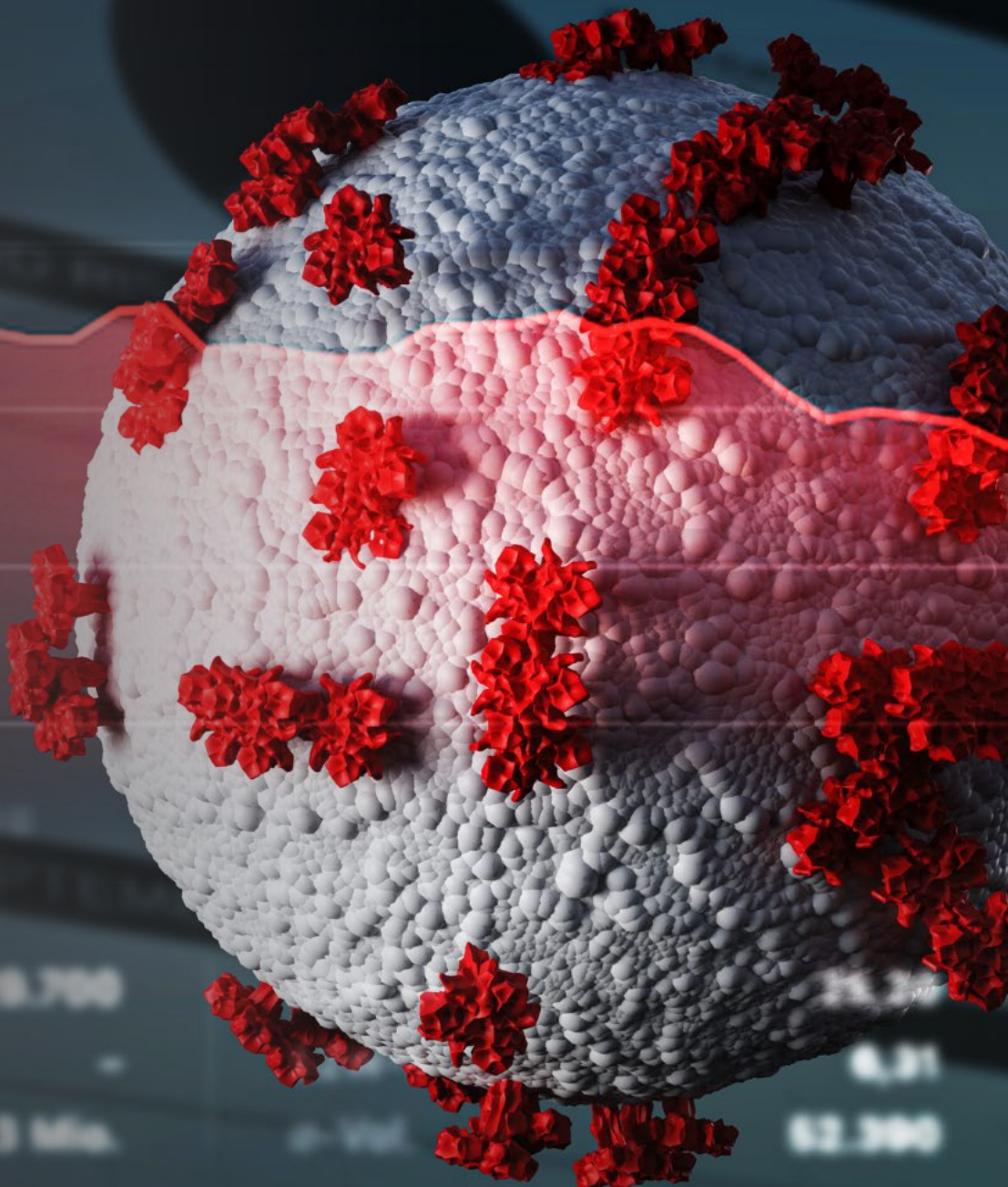
Poll Question 3

Have you implemented the new AFL 22-21 Enhanced Standard Precautions (ESP) for all residents at high risk for MDRO colonization and transmission? (Select all that apply)

- A. Yes
- B. In progress
- C. No
- D. We plan to continue to use the 2019 version
- E. I need help with ESP



Featured Topic: COVID-19



LIVE WELL
SAN DIEGO

Healthcare
Associated
Infections
Program

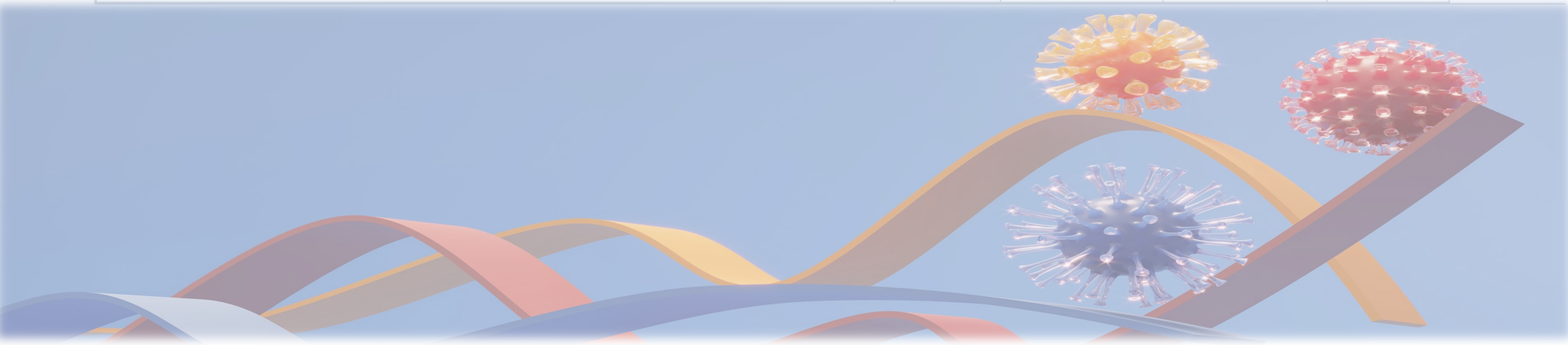


Transmission Levels

TABLE. CDC core indicators of and thresholds for community transmission levels of SARS-CoV-2

[Return](#)

Indicator	Transmission level			
	Low	Moderate	Substantial	High
New cases per 100,000 persons in the past 7 days*	0–9.99	10.00–49.99	50.00–99.99	≥100.00
Percentage of positive nucleic acid amplification tests in the past 7 days†	<5.00	5.00–7.99	8.00–9.99	≥10.00



Transmission Levels



State or territory:

California

County or metro area:

San Diego County

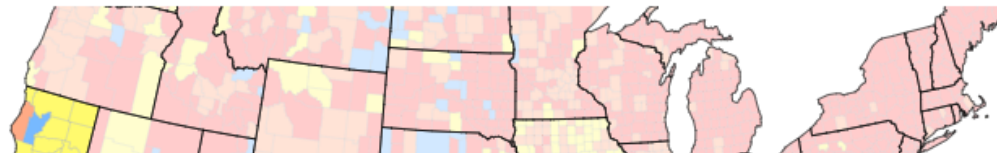
[Reset Selections](#)

Data Type:

Community Transmission

Map Metric:

Community Transmission

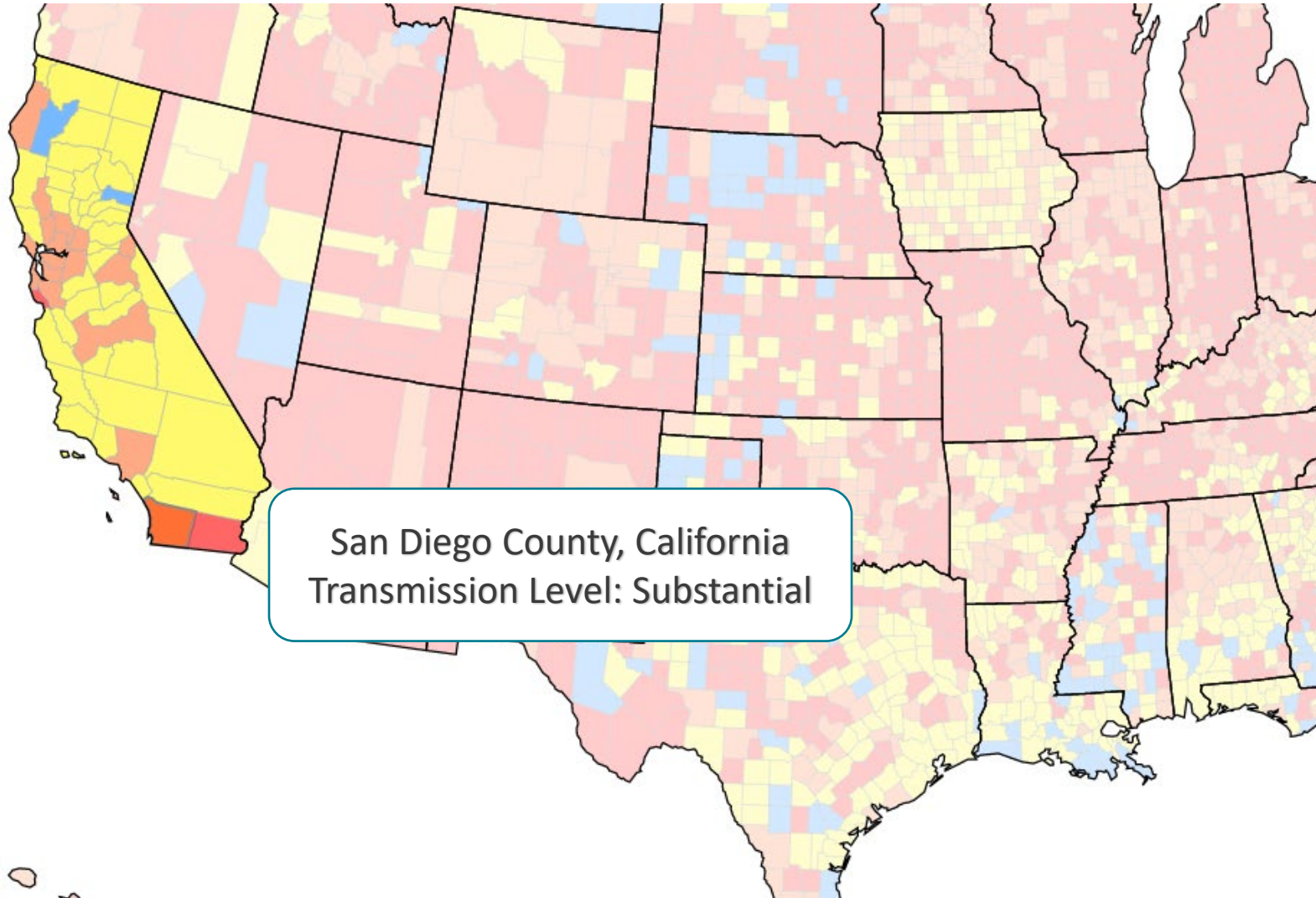
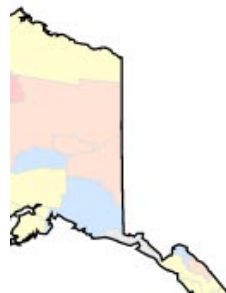


Transmission Levels



CDC COVID Data Tracker

- Select San Diego County
- Select Community Transmission
- Click on San Diego County on the map



Transmission Levels

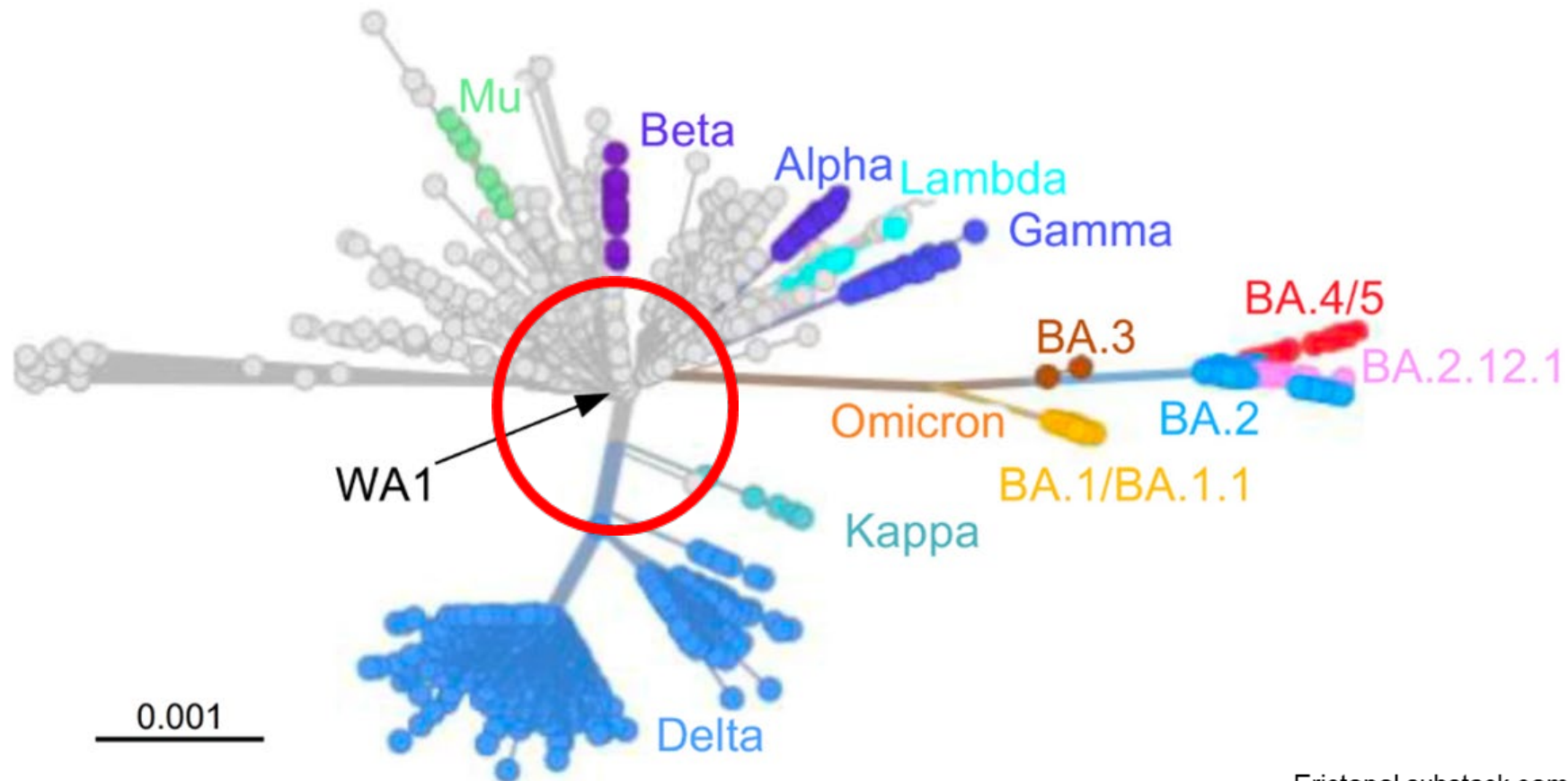


- What do these levels mean to you?
 - Informs decision making for situations in your facility
 - A quick way to stay up to date on our current local situation
 - When community transmission is high, consider using eye protection and N95s for patient care areas.



Variants: The Genetic Distance

Genetic Distance of SARS-CoV-2 Variants



Variants

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HHS Region 9: 10/16/2022 – 10/22/2022 NOWCAST

Region 9 - Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, and Republic of Palau

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	71.6%	67.7-75.2%
	BQ.1	VOC	8.1%	5.3-12.1%
	BF.7	VOC	5.7%	4.6-7.1%
	BQ.1.1	VOC	5.5%	4.0-7.6%
	BA.4.6	VOC	4.9%	4.3-5.7%
	BA.2.75	VOC	1.9%	1.4-2.6%
	BA.2.75.2	VOC	1.8%	1.0-3.2%
	BA.4	VOC	0.4%	0.3-0.4%
	BA.2.12.1	VOC	0.0%	0.0-0.0%
	BA.2	VOC	0.0%	0.0-0.0%
	BA.1.1	VOC	0.0%	0.0-0.0%
	B.1.1.529	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.1%

Collection date, week ending

United States: 10/16/2022 – 10/22/2022 NOWCAST

USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	62.2%	57.8-66.3%
	BA.4.6	VOC	11.3%	10.2-12.6%
	BQ.1	VOC	9.4%	6.7-12.9%
	BQ.1.1	VOC	7.2%	4.8-10.4%
	BF.7	VOC	6.7%	5.8-7.6%
	BA.2.75	VOC	1.6%	1.3-1.9%
	BA.2.75.2	VOC	1.3%	0.9-1.9%
	BA.4	VOC	0.4%	0.3-0.4%
	BA.2.12.1	VOC	0.0%	0.0-0.0%
	BA.1.1	VOC	0.0%	0.0-0.0%
	BA.2	VOC	0.0%	0.0-0.0%
	B.1.1.529	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, BA.2.75.2 and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. Sublineages of BA.1.1 and BA.2.75 (except BA.2.75.2 and its sublineages) are aggregated to the parental BA.1.1 and BA.2.75 respectively. Previously, BA.2.75.2 was aggregated with BA.2.75, and BQ.1 and BQ.1.1 were aggregated with BA.5. Lineages BA.4.6, BF.7, BA.2.75.2, and BQ.1.1 contain the spike substitution R346T.

Key takeaway: This week CDC broke out BQ.1 and BQ.1.1. They predict these lineages along with BF.7 will expand rapidly nationwide.

EFFICACY OF THE COVID BIVALENT VACCINE



- Moderna released data from a clinical trial (European) showing their Omicron (BA.1) booster:
- Higher levels of neutralizing antibodies were detected against multiple Omicron variants (BA.1, **BA.2.75**, **BA.4/BA.5**) at 90 days post boost than the original vaccine formulation.
- This is not the bivalent vaccine currently used in the US that targets both the ancestral WA1 strain and the Omicron variants BA.4/BA.5
- Since the US bivalent vaccine contains the Omicron BA.4/BA.5 variants and all the **emerging variants** are of Omicron lineage, the development of neutralizing antibodies after the bivalent booster should mirror the results of the Omicron BA.1 booster
- Conclusion: Data to date show production of high levels of neutralizing antibodies to Omicron variants including BA.4/BA.5 after an Omicron BA.1 booster at 90 days

New AFLs



New AFLs

AFL 21-34.4

- COVID Vaccine Requirements for HCP

AFL 22-13.1

- COVID Mitigation Plans for Testing of HCP and Residents in SNFs

AFL 22-07.1

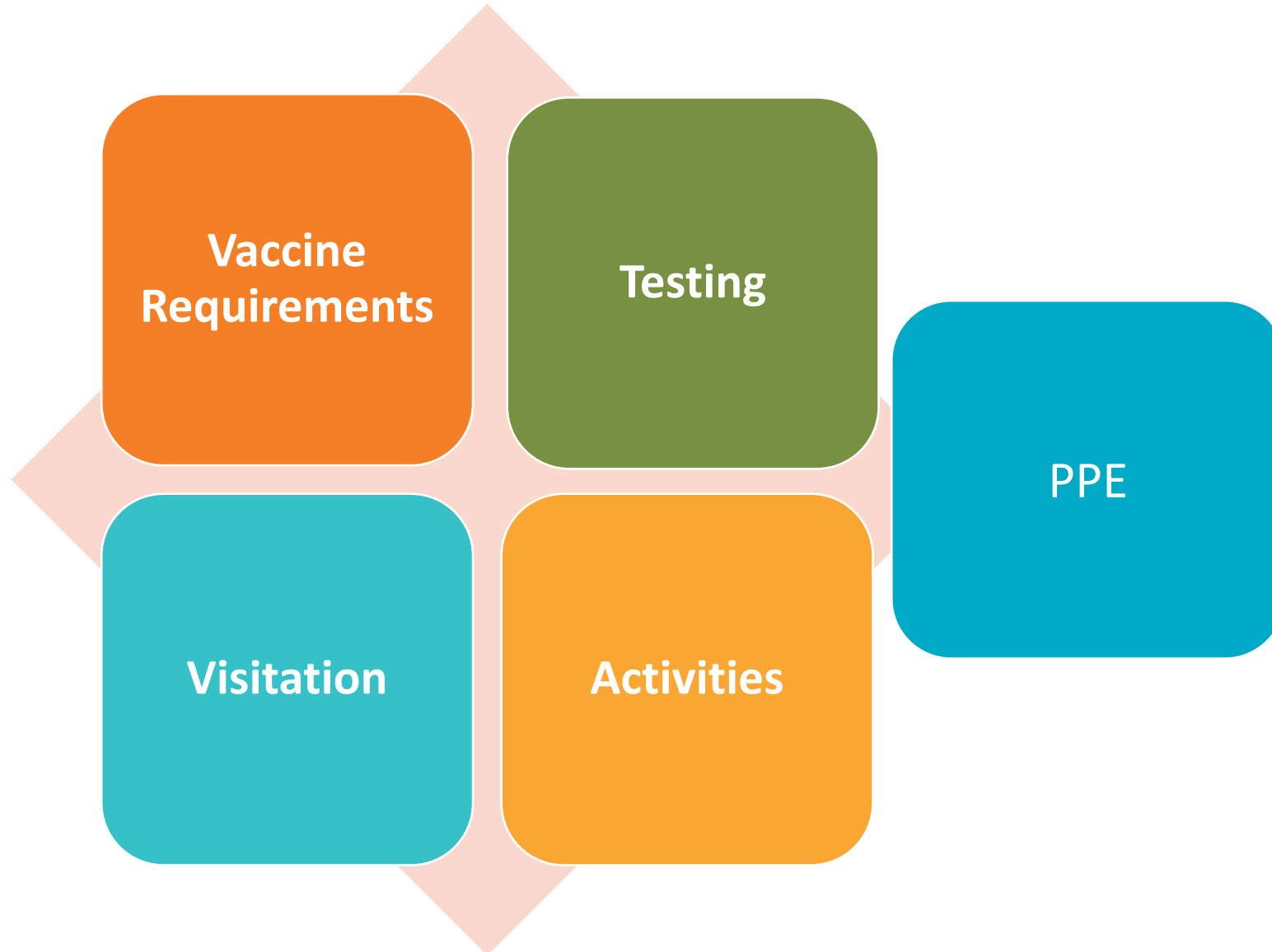
- Guidance for Limiting Transmission of COVID-19 in SNFs

New CDC/CMS Guidance



- **CDC Guidance (Updated 9/23/22):** Interim Infection Prevention & Control Recommendations for HCP During the COVID-19 Pandemic
- **CMS QSO 20-38-NH (Updated 9/23/22):** Long-Term Care Facility Testing Requirements
- **CMS QSO 20-39-NH (Updated 9/23/22):** Nursing Home Visitation – COVID-19

What is Changing?



What is NOT changing?

Isolation
Duration

Return
to Work
Criteria

Masking



Vaccination



- See **AFL 21-34.4 – COVID Vaccine Requirement for HCP**
- COVID Vaccination is still required for HCP:
 - Primary series + 1 booster (at minimum)
- Staff that have a vaccine exemption (medical/religious) are no longer required to be tested routinely
- All HCP are recommended to be up-to-date on COVID-19 vaccine doses



Compliant vs. Up To Date



COVID Vaccine: Compliant

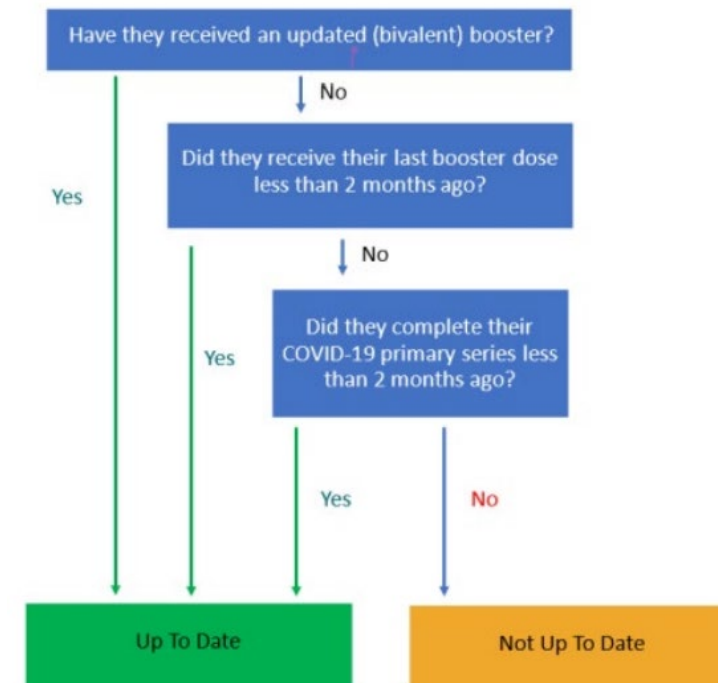
- Primary series
+ 1 Booster

**All HCP are recommended
to be up-to-date
on COVID-19 vaccine
doses**



COVID Vaccine: Up to Date

- Primary series
+ most recent booster recommended by
CDC



Visitation



- See **AFL 22-07 - Guidance for Limiting Transmission of COVID-19 in SNFs**
- Visitors are no longer required to show proof of vaccination or negative test
- Screening is still required, but may be passive, rather than active
 - Passive screening examples: signs or emails to educate visitors on self-screening
- All visitors must wear a well-fitting facemask with good filtration and perform hand hygiene.

Visitation



- Large Communal Indoor Spaces

- Physical Distance between groups
- Well fitting facemasks unless eating or drinking
- Physical contact (e.g., hugs, holding hands) is permissible



Activities



See **AFL 22-07.1 - Guidance for Limiting Transmission of COVID-19 in SNFs**

- **Group Activities/Dining**
 - Residents ***who are not in isolation*** may participate in communal activities and dining, ***regardless of vaccination status***



Testing

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- Diagnostic Testing
- Routine testing
- Admission Testing
- Exposure/Response testing



Testing - Diagnostic



- Diagnostic testing for symptomatic individuals:
 - Residents/HCP with signs/symptoms consistent with COVID-19 should be tested immediately to identify current infection
 - If antigen testing is used and first test is negative:
 - Symptomatic HCP should be tested again 48 hours after 1st negative test



Testing - Routine



- Routine COVID-19 surveillance testing is no longer required for ASYMPTOMATIC HCP who are:
 - unvaccinated exempt
 - booster-eligible but have not received their booster
- Routine testing may be performed at the facility's discretion
- Testing in Symptomatic or exposed individuals should continue to be performed
 - If HCP/residents have signs/symptoms consistent with COVID-19
 - If HCP has a higher-risk exposure to SARS-CoV-2
 - If resident has close contact with an individual w/ SARS-CoV-2

AFL 21-34.4 – COVID Vaccine Requirement for HCP

AFL 22-13.1 – COVID Mitigation Plans for Testing of HCP/Residents in SNFs

Testing – Admission



- Newly admitted/readmitted residents should have a series of three COVID tests:
 - Test #1 immediately upon admission (**day 1**)
 - If negative, on test #2 on **day 3** and test #3 on **day 5**
- Quarantine is not required for new admissions
- Testing is not required for COVID+ residents who have completed isolation, AND are **within 30 days** of their last infection

Testing - Exposure



- Facilities should conduct investigation/contact tracing when one or more COVID+ cases are identified
- Potentially exposed HCP or residents should be tested three times:
 - Test #1 – Promptly, not earlier than 24 hours after exposure
 - Test #2 – On **day 3** after exposure
 - Test #3 – On **day 5** after exposure
- Day of exposure = day zero

AFL 22-13.1 – COVID Mitigation Plans for Testing of HCP/Residents in SNFs



Testing - Response



- If additional cases are identified through exposure testing, contact tracing should be continued for newly exposed individuals.
- **A facility-wide or group-level (e.g., unit, floor, other specific area) approach should be considered if:**
 - all potential contacts cannot be identified
 - If contact tracing fails to halt transmission
- Serial testing of all residents/HCP should be performed every 3-7 days until no new cases are identified over 14 days

Poll Question 4 - Testing

A resident is returning from a 2-day admission at a local hospital without respiratory symptoms. What do you need to do?

- A. Quarantine the resident for 14 days
- B. COVID-19 test today only
- C. COVID-19 test today, on day 3 and on day 5
- D. Nothing

Quarantine/Isolation



- Terminology:
 - **Quarantine:** for individuals who have been **exposed**, but not yet positive/symptomatic
 - **Isolation:** for people who **have the infection (COVID)**



Exposure Assessment



**What has
changed....**

Exposed Asymptomatic Resident

- Close Contact Definition: Sharing the same indoor airspace for a cumulative total of 15 minutes or more over a 24-hour period during COVID+ individual's infectious period
- Testing as described above
- Always optimize ventilation within your facility



Exposure Assessment



What has
changed....

Asymptomatic Exposed Resident Continued:

- Residents who are close contacts do not need to be quarantined, restricted to their room
- HCP are not required to use full PPE when providing care. **Masks are still required.**
- Residents who are exposed should wear source control when outside their room

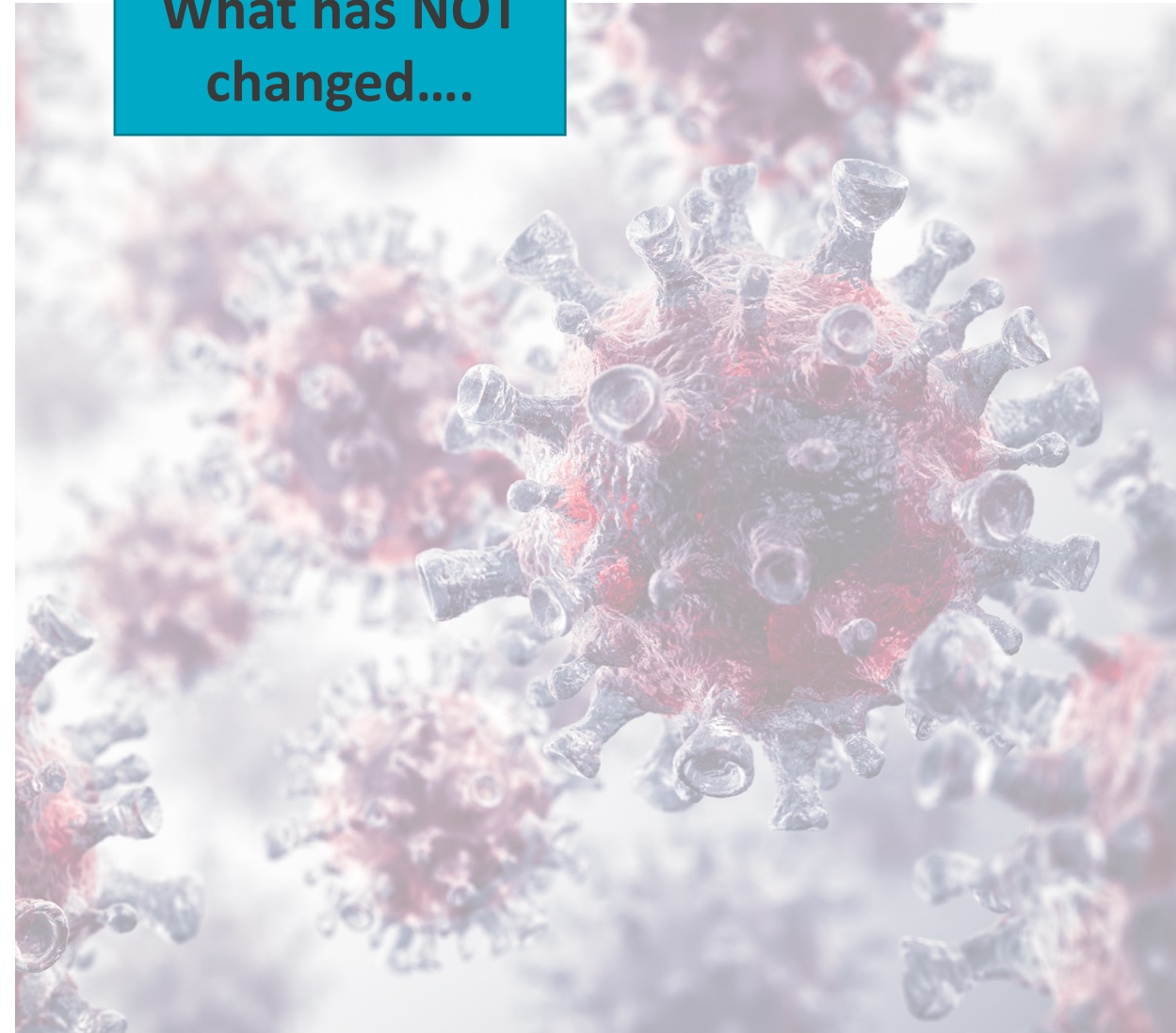


Exposure Assessment

HCP: Exposed and asymptomatic

- High-risk exposure is when the HCP has prolonged close contact AND:
 - Not wearing respirator
 - Wearing a facemask when COVID+ case was unmasked
 - Not wearing eye protection if COVID+ case is unmasked
 - Not wearing all recommended PPE during an AGP
- Usually work-restriction not required if vaccinated

**What has NOT
changed....**



Exposed: HCP



**What has NOT
changed....**

Work Restrictions for Asymptomatic HCP with Exposures (Quarantine)

Vaccination Status	Routine	Critical Staffing Shortage
Boosted, OR Vaccinated but not booster-eligible	No work restriction with negative diagnostic test [†] upon identification and at 5-7 days	No work restriction with diagnostic test [†] upon identification and at 5-7 days
Unvaccinated [§] , OR Those that are vaccinated and booster-eligible but have not yet received their booster dose [§]	7 days with diagnostic test [†] upon identification and negative diagnostic test [†] within 48 hours prior to return	No work restriction with diagnostic test [†] upon identification and at 5-7 days

See AFL 21-08: Guidance on Quarantine/Isolation for HCP and Return to Work

Isolation: Resident



**What has NOT
changed....**

Covid + Residents:

- **Isolate in an area designated for COVID positive residents**
- Residents who test positive and are symptomatic with mild to moderate illness should be isolated (**regardless of their vaccination status**) until the following conditions are met:
 - At least 10 days have passed since symptom onset; AND
 - At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; AND
 - Any other symptoms have improved
 - NOTE: The duration of isolation could be extended to up to 20 days for individuals who had critical illness (e.g., required intensive care) and beyond 20 days for individuals who are moderately to severely immunocompromised
- Residents who test positive and are asymptomatic throughout their infection should be isolated for 10 days following the date of their positive test.

Isolation: Resident



Covid + Residents Continued:

- NOTE: The duration of isolation could be extended to up to 20 days for individuals who had critical illness (e.g., required intensive care) and beyond 20 days for individuals who are moderately to severely immunocompromised
- Residents who test positive and are asymptomatic throughout their infection should be isolated for 10 days following the date of their positive test.
- HCP and visitors in COVID positive rooms need to wear full PPE, including eye protection and n95

What has NOT changed....



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Isolation: HCP



**What has NOT
changed....**

Work Restrictions for HCP with SARS-CoV-2 Infection (Isolation)

Vaccination Status	Routine	Critical Staffing Shortage
Boosted, OR Vaccinated but not booster-eligible	5 days* with negative diagnostic test [†] same day or within 24 hours prior to return OR 10 days without a viral test	<5 days with most recent diagnostic test [†] result to prioritize staff placement [‡]
Unvaccinated, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose	7 days* with negative diagnostic test [†] same day or within 24 hours prior to return OR 10 days without a viral test	5 days with most recent diagnostic test [†] result to prioritize staff placement [‡]

See AFL 21-08: Guidance on Quarantine/Isolation for HCP and Return to Work

Masking/Respiratory Protection



Source control (at minimum) still required in healthcare settings at **all times**

- **Staff:** surgical mask at all times
 - N95 when working with COVID + residents or during aerosol-generating procedures (AGPs) in residents w/ aerosol transmitted diseases (e.g., COVID-19, influenza, TB)
- **Visitors:** surgical mask ideal
- **Residents:** When considered exposed and out of room, and can safely wear it, encouraged all other times



Q & A on Featured Topic



County/CDPH Briefings



- **County LTC Sector COVID Monthly Telebriefing:**
 - 4th Thursday @ 2P-3P
 - Next briefing is on 10/27/2022

- **CDPH Healthcare Facility Call:**
 - Bi-weekly Tuesday @ 8AM-9AM
 - Next call is on 11/1/2022

- **CDPH/HSAG SNF IP Webinars:**
 - 2nd/4th Wednesday @ 3PM-4PM
 - Next webinar is on 10/26/2022

CDPH Webinar



- CDPH *Candida auris* Reporting Webinar
11/9/22 at 11:00AM to 12:00PM PT
Register on Learning Stream



Educational Opportunity



 **APIC** San Diego & Imperial County

2022 Long-Term Care IP Conference

San Diego & Imperial County APIC Chapters Present

“Virtually Yours”

**November 18, 2022
10:am to 2:00pm**

Announcement



The **Health Care Provider Status (HCPS) Team** is collecting contact information from facilities for **Blackboard Connect** use. If you have not already received a link to provide this information for your facility, please email the HCPS team at COVID-HealthcareStatus@sdcounty.ca.gov

Next Collaborative



November 30*, 2022

11:00 am – 12:00 PM

ZOOM

Featured Topic: Antimicrobial Stewardship

1 Contact Hour Offered

Registration Link

Submit questions about Antimicrobial Stewardship

or

Feedback about today's collaborative meeting to:

PHS.HAI.HHSA@sdcounty.ca.gov

Resources



Helpful Links/Resources

- **CDPH/HSAG IP Webinars:** <https://www.hsag.com/cdph-ip-webinars>
- **San Diego APIC LTC Conference:** <https://sdapic.org/2022-ltcf-conference-2/>
- **CDPH Candida auris Reporting Webinar:**
https://reg.learningstream.com/reg/event_page.aspx?ek=0076-0013-d098a67838024f31a46fcf2df9b7b96d
- **Subscribe to CAHANs:**
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/p_h/cahan_san_diego/subscribe.html
- **Subscribe to CAHANs:**
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/p_h/cahan_san_diego/subscribe.html

- **CBIC LTC-CIP Certification:**
<https://www.cbic.org/CBIC/Long-term-care-certification.htm>
- **CBIC LTC-CIP Certification:**
<https://www.cbic.org/CBIC/Long-term-care-certification.htm>
- **HCPS email:** COVID-healthcaresstatus@sdcounty.ca.gov
- p_hs.hai.hhsa@sdcounty.ca.gov

Influenza Resources

- **CDPH Recommendations for Prevention & Control of Influenza in CA SNFs:**
https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/RecsForPreventionControl_Flu_inCA_SNFsDuringCOVID_FINAL_100120.pdf

Resources (cont.)



COVID-19 Resources

- **CDC COVID Infection Control Guidance (based on Transmission Levels):**
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- **COVID-19 Data Tracker:** https://covid.cdc.gov/covid-data-tracker/index.html#county-view?list_select_state=California&data-type=Risk&null=Risk&list_select_county=6073
- **County of San Diego COVID Data Dashboard:**
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/status.html
- **Case Rate and Positivity Rate Metrics:**
<https://www.cdc.gov/mmwr/volumes/70/wr/mm7030e2.htm>
- **CDC – Stay Up To Date with Vaccines:**
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>
- **CA Masking Guidance:** <https://covid19.ca.gov/masks-and-ppe/>
- **Cal/OSHA's Aerosol Transmissible Disease Standard:**
<https://www.dir.ca.gov/dosh/Coronavirus/Skilled-Nursing.html>

Resources (cont.)



AFLs

- **AFL 22-21 – Enhanced Standard Precautions:**
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-21.aspx>
- **AFL 21-34.4 – COVID Vaccine Requirements for HCP:**
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx>
- **AFL 22-13.1 – COVID Mitigation Plans for Testing of HCP and Residents in SNFs:**
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-13.aspx>
- **AFL 22-07.1 - Guidance for Limiting Transmission of COVID-19 in SNFs:**
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx>



THANK YOU!

phs.hai.hhsa@sdcounty.ca.gov

