

COVID-19 Vaccine and Booster: National Nursing Home Stakeholder Call
January 6, 2022
3:00pm ET

Webinar recording:

https://cms.zoomgov.com/rec/share/5g5tcg7idMTAcfYqQDWnah0NHALotCjWyYdydi2q-18OeCzrX6laejw0Aldb_KIO.8oXNucWV3sR98t4H Passcode: kv#3FqE%

Jean Moody-Williams: Good afternoon, and thank you all for joining today. I'm Jean Moody-Williams, the Deputy Director of the Center for Clinical Standards and Quality at CMS. Greetings for the New Year, as this is our first meeting of 2022. As usual we have great attendance and a packed agenda. I know we often have members of the press on the call and you are certainly welcome. I would ask that our press media questions be submitted to the CMS media inquiries form. And I think you know you can find that at [CMS.gov/newsroom/mediainquiries](https://www.cms.gov/newsroom/mediainquiries). Before we get started today, I just wanted to note that this webinar as you noted is being recorded. One of the primary purposes is so that we can post it at the CMS' transcript and podcast page and that way you can share it with your colleagues or revisit it yourself in the future. Closed captioning is available. There should be a link in the closed caption window at the bottom of your screen. Our participants are muted, but feel free to use the Q&A function throughout the call to send in your questions, which are extremely important. I'll note that we do get a number of questions doing these sessions. While we can't get to them all, we do read them all. And I think you have witnessed where your comments have made a difference in our approach to various issues. We also update FAQs on our website. As we're speaking, we're uploading some FAQs on visitation. We'll get that to you before this call is over. And today's call will primarily focus on data that's available on the spread of the Omicron variant. We want to provide some updates to isolation and quarantine time periods for the community and specifically for healthcare providers. A few highlights on the importance of the COVID-19 vaccine and boosters. And reminders of available resources, which are very important, particularly from the Quality Improvement organization. Given all that's going on, I had to bring in reinforcements today. So, you can hear directly from a few of our top leaders of HHS. So, I'm really excited that CMS Administrator Chiquita Brooks-LaSure and U.S. Surgeon General Vice Admiral Vivek Murthy are joining us today. I'm equally excited that we have other colleagues from the CMS and CDC for our specific subject matter topics we'll talk about later. We'll introduce them as we go along. At this time, I'll turn the call over to our Administrator.

Chiquita Brooks-LaSure: Thank you, Jean. Good afternoon, everyone, for those of you who are on the east coast. I'm CMS Administrator Chiquita Brooks-LaSure. Thank you so much for joining us today. Let me start by doing the same as Jean, and wishing everyone Happy New Year. I'm excited for 2022. I know for all of us 2021 was a tough year. Particularly for people like yourselves who have been on the front lines fighting the COVID-19 pandemic. Your service, sacrifice, and leadership inspire me. And all of us at CMS in our mission for better healthcare for all people. It is thanks to your extraordinary efforts and partnership that I am excited and hopeful for the year ahead. We're starting this year at full speed. COVID-19 didn't take a break over the holidays. And Omicron has quickly become the dominant variant in the United States. Alongside flu season continuing to ramp up. With your partnership, we have tools we need to keep fighting COVID-19. Your steadfast dedication and the COVID-19 vaccines. Thanks to President Biden, the vaccines are readily available and free to everyone. The COVID-19 vaccines and the boosters are the most effective weapon in the fight against the virus. The vaccines and boosters help to prevent severe illness, hospitalization, and death. Last month, the National Institutes of Health shared new data showing that our current vaccine work against Omicron, particularly if you're boosted. Anyone five

or six months past their second dose of the Pfizer or Moderna vaccine, or two months past their J&J vaccine should get a booster shot now. We're also approaching the peak of flu season and it may be a severe season this year. It's important to get vaccinated for both flu and COVID-19. Both vaccines can be administered together and are free of charge for people with Medicare.

Please continue to help your residents and communities get the COVID and flu vaccines or booster. Your support, particularly of our underserved populations, is invaluable. CMS is here supporting you. Last week we published guidance on the Omnibus COVID-19 Healthcare Staff Vaccination interim final rule. This emergency regulation ensures that healthcare workers and Medicare and Medicaid participating facilities are fully vaccinated against COVID. I believe strongly that these requirements will fortify our front-line workers and safeguard the people they serve. The COVID-19 vaccines have saved 1.1 million lives and prevented over 10 million hospitalizations in our country. We can save more lives and protect the progress we've made if we keep doing what works. Now while the COVID-19 vaccines are a best defense, we can do more to protect ourselves and the people we serve, especially nursing home residents who are more vulnerable to severe illness with COVID. We know it's crucial for nursing home residents to receive visits from family and friends. We have seen the negative effects of abandoning visitation, which can lead to worse outcomes for people in nursing homes. It's important to note that federal regulations explicitly state that residents have the right to visitation and the right to make choices about their lives. I strongly encourage nursing home facilities to use extra precautions such as creating dedicated areas for visitation to occur. If possible, preferably outdoors for those of you so fortunate to live in the warmer parts of the country. Or in designated spaces with good ventilation. And, of course, the resident and the visitor should wear well-fitting masks, perform frequent hand hygiene, and practice physical distancing. Additionally, nursing home facilities should continue to work with federal and state health departments when outbreaks occur. Health departments have a long-standing role in helping facilities manage any type of outbreak, including how to structure visitation. CMS will send out best practices like these to all states to make sure everyone has information needed to keep residents safe. Thank you again for your amazing work over the past 22 months. I feel privileged to serve alongside you and I want you to know that you have CMS' utmost appreciation and support. We are committed to listening to the voices of every community and promoting person centered care. We can't do that without you. Our partners in the community. This brings me to my last task. In addition to your hard work getting folks and your staff vaccinated and boosted, and keeping your communities and visitors safe, we want to hear your stories, your challenges, and your successes. I want to hear what's working in your communities so that we can share it with others and help everyone overcome the challenges we face this year. Thank you again for all that you do. I'm honored to turn the mic over now to our U.S. Surgeon General Vice Admiral Vivek Murthy. Good afternoon and Happy New Year Dr. Murthy.

Dr. Vivek Murthy: Good afternoon and happy new year to you as well, Administrator. Thank you so much for being here and for inviting me to join this wonderful gathering. To everyone who is joining us today, I want to say thank you for taking time out of your busy days to spend a little time with us at this critical moment in our work through this pandemic. I know as busy as things are in skilled nursing facilities around the country, I hope you were able to get time off and rest during the holidays. I want to start by recognizing that even beyond what you've done over the holidays, that what you do each and every day, is just so important to our patients and to our country. Each and every day when you leave home to serve and take care of others, it's an immense responsibility. I know that you're putting your own care and comfort at risk at times so that you can take care of someone else who is somebody else's mother or father or their family member. When I was working at a hospital up in Boston before I came to serve in government, we would always tell patients that the process of healing, that starts in the hospital. But the

real healing starts after you leave the hospital. That's where each one of you plays such an essential role in helping people to truly come through that process of healing and come out on the other side. During COVID, this mission has taken on extraordinary levels of significance because you've been those essential healers but you've been so much more than that. When people were feeling scared and isolated and confused, they turned to you to be the family that they didn't have around them. You became that family. What an extraordinary role to play as caregivers and family members to patients around the country over the last two years. I recognize a lot of people outside of our community healthcare workers who can fully understand how hard it has been to work during this pandemic in the healthcare system. The sheer responsibility of it. This deep in your bones exhaustion I know many of you have felt. Just not knowing when this pandemic will end. That is a lot to carry. It's a burden you have carried on your shoulders over the last two years. Despite this burden you've kept showing up, each day, day after day, because you knew people's lives were depending on you. That's why you always have my profound gratitude. Not just as Surgeon General, but as a fellow member of the healthcare profession who knows how important the oaths we take to serve our patients, but also knows how hard it is to continue serving especially during times like this. With everything we're seeing with Omicron in our country, with how rapidly it's been spreading, with how it can cause serious complications among those at high risk, it's more important than ever that we double down on our steps to protect ourselves and our patients. That's one of the things I wanted to touch on today while we're together. One of the most important steps we can take to protect ourselves and the people around us is actually getting boosted. I know we have a high percentage of nursing facilities staff and residents who are actually vaccinated with two shots of Moderna or Pfizer or one shot of the Johnson & Johnson vaccine. The booster is particularly important with Omicron because we've seen that Omicron can invade some of our defenses. Not all of our defenses, but some of our defenses. With the booster we're able to build an even bigger army if you will with our immune system to tackle this new variant. We've seen also that just because one has prior infection, it doesn't necessarily mean that you're protected against Omicron. That's why getting the vaccinations plus the booster is such an important point. Now, one important point I want to make here is about sort of a point of view or narrative you have probably seen on social media. You probably heard, hey, there are a lot of people out there that got vaccinated, but they still are testing positive. These vaccines must not work. These boosters must not work. Let's just remember the most important role of a vaccine is to save your life and keep you out of the hospital. And by that measure, these vaccines are actually doing remarkably well. The vast majority of people who are in the hospital with COVID-19 illness are in fact people who are unvaccinated. That's why getting vaccinated, getting boosted in particular, is more important now than ever before. You will hear of people who test positive. You'll hear of people who have mild symptoms, despite the fact that they got vaccinated. But what the vaccines have done in many of those cases is taken what could have been a really severe illness, and knocked it down to something that was perhaps no more serious than a cold and perhaps not even symptomatic at all. People in some cases don't even know that they're sick. Even though they may test positive. Again, that's a testament to the power of the vaccines to knock down the severity of this virus. The vaccines and boosters are not just good for you, they're good for the people around you, especially patients who may be more vulnerable. This is why we've seen again and again in the data that in facilities where there's a low rate of vaccination among staff, that more residents tend to get infected. By contrast where the vaccination rates are high among staff, it actually helps protect residents as well. One last thing I want to say about the vaccines and the boosters, is I also recognize there's a lot of misinformation out there. Unfortunately, we've seen this since the very early days of the pandemic. We've seen it particularly come out in full force now when the vaccines arrived on the scene. What I want you to know is that as we cut through some of that noise and look at what the science really tells us, as we look at what doctors around the country are recommending for their patients and for their family members, we see that the recommendations are very consistent

about people getting vaccinated and boosted because the data is now very good that the vaccines are not only effective, but remarkably safe. Keep in mind we've administered more than 500 million doses here in the United States over this past year. That's an extraordinary number of vaccines. It's a lot of real-world experience we're drawing on that tells us again these continue to be effective but they also continue to be remarkably safe. So ultimately, in my recommending to you that you get both vaccinated and boosted, I'm giving the same recommendation that I gave to my mom and to my dad, to my wife, to my sister, to my grandmother, get boosted as soon as possible. In this moment, in addition to the vaccines and getting boosted, the other layers of precaution we have been talking about over the last couple years, these matter as well. In some ways they matter more than ever. Your safety outside the workplace contributes to your safety in the workplace. Remember that wearing masks outside of work when you're in indoor settings with people outside of your household, that can help reduce our risk. Whenever possible upgrading your masks from a cloth mask to a surgical mask or a KF94 or comfortable N95, this can be an additional step that can help as well. Remember the best mask is the highest quality one that you can actually wear comfortably and well. It doesn't make sense to wear the highest quality mask if you're not able to wear it for long periods of time if you're going to be in a high-risk situation. Remember, look for the highest quality mask you can wear comfortably and well. As we close, I just want to say and recognize that I know that many of you are probably tired, physically and mentally after not just your work over the holidays, but after all of the work you've done over the last two years. I hope that you know today and always that we appreciate you and we have your back. We will never take the extraordinary service that you have rendered and the sacrifices you have made for granted. Thank you so much for listening today, thank you for tuning in, and I appreciate you letting me have some time with you. I'll turn it back to our organizers.

Jean Moody-Williams: Thank you so much for joining us, Surgeon General. We appreciate those words. Also, thanks to the CMS Administrator. I've mentioned now our colleagues that we meet with at least daily, if not several times a day. And from the Center for Disease Control and Prevention, it's my pleasure right now to introduce Dr. Arjun Srinivasan who will speak to you on behalf of the CDC.

Dr. Arjun Srinivasan: Thank you so much, Jean. We do collectively stand in awe of what all of you have done and continue to do day in, and day out for the past almost two years now. Despite the risks and challenges, you show up to work every day to provide love and care for those who we love and care for. The nation owes you a collective debt of gratitude. So, on behalf of all of us at CDC, I just want to say thank you for all that you do, for all that you continue to do. Today you'll hear from three of our experts at CDC. They're representing the work of hundreds of CDC staff who are literally working around the clock to try and help and support you in this incredibly important work that all of you do every day. We view our relationship with all of you as we view our relationship with CMS, as a partnership. It's a two-way street. Everything that we do is better when you help us do it. As you have so generously taken time to do over and over again throughout the pandemic. Omicron is the latest challenge that we'll confront and we'll do it the same way we've been doing it for these past two years together. We'll use science and data to guide what we do and most important, we will listen to all of you for the practical advice you give us on how to provide the safest care possible. I want to thank you for taking time out of your busy schedules to join us today and to say thank you for all that you do for your residents, for their loved ones, and for the nation. Now I would like to turn things over to Dr. Lauri Hicks, who is serving as the Chief Science Officer and Chief Medical Officer for the CDC's Coronavirus Response who will give you an overview and update on the Omicron variant. Over to you.

Dr. Lauri Hicks: Thanks so much. And I am really glad for the opportunity to provide an update on the

Omicron variant in some of our recent guidance changes with you. I have to say that this pandemic has touched me very personally in a way. I lost a family member who was in a long-term care facility, and so you know my heart -- my heart goes out to all of you who are trying to do the work to protect your residents. I know this has been such a challenging few years. Now, as you know, and this is not news to you, we are seeing a very rapid rise in cases. Even with the challenges in reporting over the holidays and weekends over the past few weeks, we are reporting over 490,000 cases on average per day. That number of cases is a 98% increase compared to last week. So, we are definitely in a high transmission state. New confirmed hospital admissions increased 63% and deaths increased 5% compared to last week. I'll talk a little bit more about what that means in a minute. And just a matter of a few weeks, the Omicron variant is responsible for an estimated 93% to 97% of all new U.S. cases. It really has eclipsed the Delta surge that we had seen earlier last year. So, in terms of what we're learning about the science of the Omicron variant, we're asking the following questions. How transmissible is Omicron, how severe is Omicron compared to the other variants, how well do vaccines protect against infection spread and severe disease. Dr. Janell Routh will spend time on that topic. What therapeutics are available to treat Omicron. What is the new guidance in light of the spread of the Omicron variant. I'm going to cover quite a few of these questions as briefly as possible and then perhaps we can talk more about them in the Q&A. For the first question related to transmission, we are seeing that the Omicron variant is about two to three times more transmissible than the last major variant, Delta. This aligns with our current experience in this rapid rise of cases we're seeing. Our data suggests in households, for example, we're seeing higher transmissibility. About 30% of individuals in households with an infected person will acquire infection. It's a really important to note that this is lower than for individuals who have received their booster vaccine. Individuals who have received their boosters are better protected against transmission. I think that would be a common theme you'll hear throughout this session. In terms of severity, how is severe illness due to Omicron compared to the other strains. I've seen comments in the questions about this. Fortunately, hospitalizations and deaths are not rising at the same rate as the increase in cases. But we do know that hospitals across the country, nursing homes, are experiencing strains, you know, you're strained and pushed beyond your limits to both COVID-19 cases and admissions. Staff illnesses as well. Hospitalization rates are below 1% in the UK and in Denmark and they saw their surge before we did. So, this is really encouraging. We're also seeing that the risk of hospitalization due to Omicron is estimated to be 38% and 54% lower in England and Canada, compared to Delta. Again, another -- a couple data points there that are encouraging and suggestive we're seeing less severe disease. I'm just going to briefly mention that CDC continues to encourage all of those who are eligible for a booster dose to get a booster. Data from Israel are demonstrating that people who have received their boosters have less severe disease and lower mortality. We're also seeing data from the UK that demonstrate an increase in vaccine effectiveness against Omicron for those that are boosted. I will not say anything more about vaccinations. I'll let Dr. Routh cover that. In terms of our new guidance, I do want to say that just in the past week there's been an update to the guidance on quarantine and isolation for the general public. I want to make it really clear that that guidance for the general public is not intended for the nursing home population. And you know, it's not intended for nursing home residents, nor is it intended for individuals who work in nursing homes. Even when we're talking about visitors to nursing homes, we do not want individuals who are visiting nursing homes to apply this guidance and then go see a family member who might be vulnerable. So just a little bit of information on the updates, and then if you have more questions, I'm happy to answer them. But last week we updated our guidance to shorten the period of isolation after infection from ten days to five days if a person is asymptomatic or mildly ill and improving. The detailed guidance was actually posted on the web, so you can see that there with the rationale. When it comes to quarantine, quarantine was shortened to five days for individuals who are either unvaccinated or who have not received all recommended vaccine doses. So, individuals who have received all recommended

vaccine doses do not need to quarantine. Again, I'm going to reinforce, this is for general public. This is not the nursing home guidance. Now, I just want to mention there were a number of decisions that went in -- lines of evidence that were used to inform this change in guidance. And some of the pieces of information I already shared with you, like the rapid transmission of Omicron we were seeing. The rapid rise in cases that really are threatening our critical infrastructure. The lower severity of disease. Evidence that most transmission is occurring even before symptom onset. Then early on during the course of illness. So, people are most infectious in the one to two days before symptom onset and then in the first couple of days of illness- or infection. We also knew based upon modeling scenarios, there could be very large and significant impact on society due to this surge. And then, we are also really taking into consideration the mental health impacts of the pandemic and generally speaking, interest -- individuals' willingness to continue to adhere to isolation periods. So, I can also just mention that we do know that based upon available susceptibility for monoclonal antibodies is expected to be lower for Omicron compared to Delta. So, I think that is something to keep in mind, and obviously, that poses a challenge in terms of treatments, but there are new options for individuals who are at risk for severe illness. And we know this -- there's evidence that these options help to decrease hospitalizations and deaths. So, we're encouraging that when there is a resident or an individual who qualifies for treatment, to go ahead and pursue treatment. So, I'm going to finish up there and just say that I really appreciate the work that all of you are doing. We're in this together. And I am going to pass it along to our next speaker, Dr. Janell Routh.

Dr. Janell Routh: Dr. Hicks, thank you so much. Good afternoon, everyone. Really appreciate the time and for you allowing me the opportunity to speak to you all today about COVID-19 vaccination. In my remarks, what I'd like to do is highlight what we know about vaccines in light of Omicron. I know Dr. Hicks said and Admiral Murthy also discussed that. And really provide some information to give you all - - to be able to share, to encourage your staff, your residents, your loved ones and friends, encourage them to get vaccinated and to keep up to date on their vaccine recommendations. You really are our advocates, our ambassadors, and our partners in this endeavor. So first I'd like to set the stage for where we currently stand with vaccination in the United States. You heard some of these statistics earlier, but it doesn't hurt to get a repeat. So, as of yesterday, January 5th, we know that about 206 million persons in the United States have been fully vaccinated. And as a pediatrician, it warms my heart to say that that includes about 4.5 million children ages 5-11. Over 600 million doses have been distributed and administered through the hard work of really thousands of people including you, your staff and the nursing homes, clinicians, our pharmacy partners, and dedicated staff at our state and local health departments. We know that two doses of an mRNA vaccine to complete a primary series or one dose of the Janssen vaccine are helpful at preventing severe illness and hospitalization and death. We know vaccine effectiveness with this primary series does wane over time, having completed that primary series is still highly effective in preventing those poor outcomes. We now know a booster dose is very effective in raising immunity against Omicron. Over 72 million Americans have received a booster. That's almost 35% of the fully vaccinated population. It's great to report that among nursing home facility residents, that number increases to 62%. Which is really fantastic. However, among nursing home staff, that number is just 27.6%, which is behind the national average. So, as you can see we all still have a lot to do to promote confidence in these vaccines in order to keep both staff and residents safe. Speaking of safety, I would like to talk a little bit about the safety monitoring of these vaccines, because I know that can be a critical barrier for people feeling confident in getting their vaccine dose. We did a recent study among parents looking at their willingness to get their child vaccinated. And the number one issue that they had with these vaccines was their safety. Safety of COVID-19 vaccines really does remain an agency priority. And these vaccines are being held to the same safety standards that we hold all routine immunizations. Several experts and

independent groups consistently review data around the safety of these vaccines. And make recommendations and update their recommendations as more data becomes available. Before any of these vaccines are authorized or proved, the FDA, Federal Drug Administration, carefully reviews the safety data. Then the Advisory Committee on Immunization Practices, which is CDC's advisory board, reviews all of that safety data as well before recommending use. FDA and ACAP have qualified scientific and clinical experts with minimal conflict of interests in reviewing this data- again, a very independent review process. As I mentioned, after these vaccines are approved and recommended, we continue to monitor the safety through several data monitoring systems that we have had in place and that we put in place, particularly for COVID-19 vaccines. One is V Safe which I'm sure you've all heard about and maybe participated in. This is that smartphone based after vaccination health checker for people who have received vaccination. It uses text messaging and web surveys to check in with vaccine recipients. So, you may have experienced getting a text on your phone to ask how you're doing and if you have any adverse events after your vaccination. It also can provide second dose reminders. Again, critically important to making sure people do complete that primary series. We also have what we call the Vaccine Adverse Event Reporting System or VAERS, a national system that collects reports from healthcare professionals, vaccine manufacturers and even the public. Any reports that appear as an unexpected signal, appear to happen more often than we would expect or have unusual patterns, are followed up with studies. Hundreds of people in the United States have safely received these vaccines. And they have undergone and will continue to undergo the most extensive vaccine safety monitoring in history. Finally, what I would like to do now is to reiterate some key recommendations that have been made recently regarding the COVID-19 vaccines and in particular boosters in light of the Omicron variant, which Dr. Hicks gave us an introduction to, is the most prominent circulating variant in the United States. As of October 2021, booster doses of Pfizer, Moderna and J & J, or Jansen, COVID-19 vaccines have been recommended for eligible populations. These recommendations were expanded in November to include everyone over 18 years of age to get a booster dose six months after they were fully vaccinated, meaning completion of that primary series. And then yesterday, that guidance was actually expanded to include all of those 12 years of age and older. So now, everyone 12 years of age and older is recommended to get a booster dose to be considered up to date on their COVID-19 vaccination series. I saw a few questions in the chat, so I might go ahead and answer those now. CDC is not currently changing the definition of what we call fully vaccinated. That still remains the completion of a primary series. So that is two doses of an mRNA vaccine or one dose of J & J, or Jansen. However, we are shifting to talk about up to date language. Up to date is generally how we describe vaccines in general. As a pediatrician I talk to parents and children about keeping up to date on vaccine recommendations. That's exactly what we're doing now for COVID-19 vaccines. Fully vaccinated, I think implies you're sort of finished with vaccination and we know that's not the case now, particularly in light of these new variants. It's incredibly important to get a booster dose to boost your immunity and maintain protection. And so, what we are saying now is that people across the nation need to stay up to date with all recommended doses of vaccines. And for children -- for everyone 12 years and older that does include a booster dose. I wanted to make a mention that this week, FDA also amended the COVID-19 EUA for Pfizer BioNTech to allow a single booster dose to be given five months after completion of that primary series. Formerly, that was a six-month interval from the completion of the primary series to that booster dose. Now, that has been reduced to five months for people who have received Pfizer as a primary series. I know this is a little bit confusing. This means for people who received Moderna as a primary series, their interval to boost remains at six months. But for Pfizer, the interval has been reduced to five months. And for J & J, that interval is still at two months, receiving a booster at two months after that dose of Janssen vaccine. We are hoping that Moderna also is approved to shrink the interval from six to five months. We know they have requested that as well from FDA, and we are waiting to hear the response. So, for right now, this shortening of the interval only does apply to

people who have received a Pfizer primary series. Let's see. So, a couple other things I wanted to mention before I turn it over. I often get asked about people who have had COVID infection, and whether they still need to be vaccinated. We know that natural immunity does provide protection. It does provide an immune response to SARS CoV2. The question is do people who have had COVID-19 still need to get vaccinated. I wanted to say an emphatic yes to that. I actually did have COVID before vaccine recommendations were in place. And I still jumped at the opportunity to get vaccinated when they were open to my age and risk group. We're learning a lot about natural infection. As I said, we know that it does provide some protection, but we know that natural immunity wanes, just as vaccine immunity does. It's important to get vaccinated to maintain the strong immunity against infection, particularly as we're seeing the evolution of new variants. Omicron is certainly testing our defenses. We know that persons who have completed a primary series and even some who have been boosted are testing positive for the Omicron variant. I think Dr. Hicks outlined data that we have from our UK colleagues that suggest the vaccine effectiveness against Omicron drops. There are varying estimates for that. Anywhere between 20% and 50%. However, from our UK colleagues, we know a single booster dose does improve vaccine effectiveness against Omicron and that's why we are pushing so hard to ensure that the American public does get a booster dose for COVID-19. One thing I did want to mention as well, because I saw this question in the chat. At this time, it is a single booster dose that's recommended. We are not recommending two or even more booster doses at this time. It is the completion of a primary series, plus a single booster. So hopefully that answers some of those questions. So, in closing, I would like to reiterate that our COVID-19 vaccines are safe and effective in preventing severe disease and death from SARS CoV2 infection. And I would -- even though I have talked a lot about boosters, I do want to make sure that we don't forget the almost 30% of Americans who still need a primary series. That should remain a primary goal, to get all Americans vaccinated with their primary series in order to be protected against COVID-19. With that I will turn it over now to Dr. Kara Jacobs-Slifka who is going to talk about prevention and control.

Dr. Kara Jacobs-Slifka: Thank you so much. I appreciate -- sorry. I appreciate the opportunity to join you all today. As has already been shared, we are concerned with the increase that we're seeing with SARS CoV2 infections. We're seeing this both in nursing homes and in the community. Many of you may already be experiencing the impact from Omicron. As in the past few weeks, we have seen an increase in the number of facilities with new SARS CoV2 infections and a rapid increase in the size of the outbreaks. I want to echo the importance of getting vaccinated, getting your booster, and continuing to follow recommended infection prevention practices, like using source control. I have a couple of slides I thought might help. As we walk through some of these new guidance changes in a little bit more detail, and these are pulled directly from the CDC website. If you aren't able to access them on the screen, this is exactly what's online. Next slide, please. So, the safest practice for everyone in healthcare settings, including nursing homes, is to implement universal use of source control. This means wearing a NIOSH approved N95 or equivalent or higher-level respirator. A respirator approved under standards in other countries that's similar to a N95 or a well-fitting face mask. Next slide. However, I want to emphasize that healthcare personnel who enter the room of a resident who is in isolation, because they have SARS CoV2 infection, or enter the room of a resident who is in quarantine due to close contact exposure, they should be using a N95 or higher-level respirator in addition to gown, glove, and eye protection. Next slide. So as was mentioned, due to concerns about increase transmissibility of the SARS CoV2 Omicron variant. CDC has released updated guidance to the community on isolation and quarantine. I mentioned this first and I know Dr. Hicks mentioned this as well, but again I want to emphasize the importance of the fact that these updates are for the general population. They're not intended to apply to healthcare setting. Not healthcare personnel, residents, patients, or visitors. Next slide. CDC did release guidance for healthcare

personnel addressing to managing infection or exposure. As well as guidance on strategies to mitigate healthcare personnel staffing shortages. And there is a difference between the healthcare and the community guidance. In order to offer enhanced protection to healthcare personnel, and to decrease the risk of secondary transmission. Next slide. So, I'm actually showing here a table that, again, I mentioned is pulled from our website. This is found in both of the guidance documents that I'm talking about right now. And what I want to draw your attention to first is the work restriction recommendations for healthcare personnel with SARS CoV2 infection. While the guidance is going to go into much greater detail, the key point here is that for both asymptomatic and mildly symptomatic healthcare personnel, the duration of recommended work restrictions is seven days with a negative test within that 48 hours prior to return, or ten days without testing. Or if that test at the five to seven-day mark was positive. For the individuals who were symptomatic, they should be off of fever reducing medicines for at least 24 hours. Next slide. And focusing on the bottom section of this table, the decision related to work restrictions for asymptomatic personnel with exposures is made based on vaccination status. As was just mentioned, the CDC is updating that terminology for how we will refer to COVID-19 vaccination status. So, the labels in this section of the table will be updated. But the key point here again is that the need for work restriction is determined by whether that healthcare worker is up to date with all currently recommended vaccine doses. And so, what this means is that they have complete that primary COVID-19 vaccine series, maybe received the booster or they've not yet reached that time period since their primary series to be eligible for the booster. And they're considered up to date. That's currently labeled as boosted in the figure. These individuals do not have recommended work restrictions. However, they should be tested immediately, not less than 24 hours after an exposure and then again around day 5 to 7. Individuals who are not considered up to date, they are either unvaccinated, they haven't completed the primary series or they may be eligible but have not yet received the booster, they would be restricted from work for seven days with a negative test around that 48 hour mark -- within the 48 hours prior to return. Or ten days without a test. One additional change that I do want to note from this figure is that individuals within 90 days on prior infections will not require work restrictions. Again, additional details can be found in the guidance. Next slide, please. So, another important point that I do want to mention is that the criteria for higher risk exposure for healthcare personnel has been updated. Prolonged contact with a patient, visitor, or another healthcare worker with confirmed SARS COV2 infection is greater if the healthcare worker is not wearing a respirator. Or if they were wearing a face mask -- additionally if that healthcare worker was not wearing eye protection and the infected person was not wearing a cloth or face mask. Or if the healthcare worker was not wearing all of the recommended PPE while performing an aerosol generating procedure, these would all be considered higher risk exposures. Next slide. We recognize that staffing concerns have only increased throughout this pandemic and that providing safe and continuous care to your residents is of utmost concern. Many of you are already facing significant staffing shortages and are in a place where you may need to follow contingency or crisis standards. CDC has released guidance offering a continuum of options for addressing staffing shortages. It's important to keep in mind that healthcare personnel who are returning to work in those contingency or crisis standards must be well enough and agree to return. Lastly, we are updating our other healthcare infection prevention and control guidance to more closely align with the changes made for healthcare personnel. Until those updates are available on the website, the currently posted nursing home and the main general infection prevention guidance we have reflects the current recommendations regarding duration of isolation and quarantine for patients and residents. This -- when this guidance is updated, it will also help clarify recommendations for visitors who are entering healthcare settings, which we anticipate will mirror the guidance for residents and healthcare personnel. And as I share all these updates with you today, which I recognize means learning on your part and changes to current practice, I truly want you to know we appreciate all that you do. That we are encouraged by you and that we are very thankful for the care you provide for your residents.

And Jean, I will hand it back to you. Thank you.

Jean Moody-Williams: Thank you so much. That was a great deal of information. Very important. You addressed a lot of questions that are in the Q&A as you went along, I appreciate that. So, we did get a lot of information. I think I know we're all trying to process it. So, it's a perfect time for me to introduce the Director of our Quality and Improvement Innovations Group who supports the program that can help you with resources as you try to determine what's best for your residents. Anita, take it away? Hopefully you can hang on with us. We will address some questions right after Anita. We see a lot coming in on visitations. I think we'll focus on that. Anita?

Anita Monteiro: Thank you, Jean. Good afternoon, everyone. I'm glad to be here to share some important information with you about the technical assistance that is available to nursing homes through the 12 quality improvement organizations or the QIOs that cover the entire country. But before I do that, and if it would be helpful to you, if a nursing home is looking for technical assistance with infection control or with vaccinations, you can reach out to the QIO in your state and you can locate your QIO by going to QIOprogram.org, click on the button on the top right-hand corner to locate your QIO, and click on Quality Improvement Network. Select your state from the drop-down menu. That should provide you with the name, the website, and the phone number for the QIO in your state. There are many ways in which QIOs can help nursing homes at this important time. They've been providing assistance to thousands of nursing homes since the onset of the pandemic and we continue to deploy them to nursing homes in need. The QIOs can coordinate vaccination clinics both on site and mobile clinics to provide residents and staff with influenza as well as vaccinations and boosters against COVID. If there's a nursing home that needs assistance with getting their staff and residents vaccinated, call your QIO. QIOs have experts on their teams to help nursing home leaders have conversations with their staff. Specifically, with the use of motivational interviewing, which is a technique that's proven to overcome vaccine hesitancy among staff. It can help nursing homes set up Vaccine Champions or Vaccine Ambassador programs. We're also able to help nursing home administrators in developing policies that have been shown to increase COVID vaccine uptick among staff. These can offer paid time off for symptom recovery, for travel. Also, group incentives for getting vaccinated. Or policies that assist with new onboarding requirements and training on infection control. The QIOs can also help nursing homes with any challenges they may be facing with vaccine data reporting, which is important. They can help nursing home staff better understand COVID safety and efficacy and challenges if present with vaccine supply, access, managing staffing shortages or high staff turnover due to illness. We're all aware of the multiple federal state and local guidelines the nursing homes must follow. The QIOs can be instrumental in making sense of the guidance. And because of their strong ongoing relationships with both local and state health departments, they can facilitate the provision of additional state and local resources to the nursing homes. Again, go to QIOprogram.org to locate your QIO and reach out to request assistance. Thank you.

Jean Moody-Williams: Thanks, Anita. We do encourage you to take advantage of this resource as was mentioned. They're already working with a number of you, I know. And let me just mention, in addition to your questions and maybe even not during this session, you can feel free to reach out afterward. If you have best practices in any of these things or practices you want to share and get feedback on that we're talking about visitation, vaccine increased intake, all those kinds of things, we're happy to receive those, we'll probably share some of those during one of these calls like we've done in the past. Feel free to share that with either your QIO or directly with us. We'll gather that and help to get information out to you. So, with that, I want to go to Evan, who usually gets to wrap us up with questions. We have been monitoring along. Again, thanks for answering. A lot of them have been answered exactly in the chat or

in the Q&A. Evan could you hit on a couple of the high-level questions we've been getting? Thank you.

Evan Shulman: Sure. Good afternoon, everyone. My name is Evan Shulman. We have been seeing a lot of questions come in about visitation. So, I will try to hit them -- as many as I can at a high level. I think the first question which is a very natural question is with cases spiking in the community and Omicron being more transmissible, can visitation still occur? Should we do anything to pause visitation. We at CMS and CDC believe visitation can still occur. We've learned a lot over the pandemic, but a couple of really key things. Number one, that the lack of visitation has been truly traumatic for nursing home residents, having very real physical and psychosocial impact on their wellbeing. We have to remember in a person-centered way and plan of care, we don't focus on any one part of a person's wellbeing. We try to focus on all of it. That includes their psychosocial and physical wellbeing. And not just limited to say infection control. We have seen real decline in this area. It is truly, truly heartbreaking to come between a resident and their loved one. The second thing we've learned is that visitation can occur in a manner that reduces the risk of transmission. These are the things that we've all been told and we know and we've been doing all along. Things like physical distancing, practicing frequent hand hygiene. Of course, masking. With COVID, there's never been one solution or one thing that can reduce risk a lot. Although, vaccination is clearly our strongest defense against severe disease and hopefully infection. It's always been layered. That's why we need to employ all of the things to reduce the risk of transmission. In particular when it comes to visitation. We need people to get vaccinated. We need everyone to practice frequent hand hygiene. We need everyone to wear their masks. And we need physical distancing. There are additional things, though, that can be done to even reduce the risk of transmission even further. These are things like making sure the visitor goes directly to the visitation area. If the resident is preferred, if the resident's roommate is not there, the visit can be in their room if their roommate is not there. If not, facilities can create visitation spaces, designated areas for visitation to occur. We also recommend cleansing those areas frequently before and after visits so we're sure that we are eliminating the risk of transmission. Visitors and families, we need your help with this as well. This is not only on the facilities. We need you to again mask up and make sure that you're following these principles of infectious control so we can keep visitation going. It's not just in the nursing homes as well, this goes for everyone. We need your help outside, not taking risks outside doing these same things that we all know help reduce risk outside of the nursing home. So, with those things, we believe visitation still can occur and should occur. We also believe as facilities have done all along during the pandemic and even before the pandemic, they should be working with their state and local health departments to help manage outbreaks. Also, potentially help structure visitation as much as possible to reduce the risk of transmission. Health departments work with facilities on a case by case basis for anything that needs to be done to reduce the risk of transmission even more. Please continue to work with your health departments. And the last thing I'll say with staff as well, we are seeing an increase in staff cases, more so than residents. A couple of weeks ago, the weekly rate of resident and staff cases was fairly the same. However, we're seeing a much larger increase in staff cases than resident cases. We are concerned that staff are leading to more of the spread and not visitation. So, we also need to all remember that for staff, it's not only getting vaccinated, not just wearing your mask when you're performing care. But we have to be careful in break rooms where we've seen break down before, and other areas of the facility when we're not practicing those core principles of infection prevention and control to help mitigate the spread of COVID-19. We'll be posting more information as we learn more about how to conduct safe visitation. In the meantime, thank you so much for helping visitors see their loved ones over this challenging time. And we'll continue to provide information as soon as we learn of it and we can get with you more about how to reduce the risk of transmission and hopefully get past these next few weeks safely.

Jean Moody-Williams: Thanks, Evan. To note at the top of the call, I mentioned that we would be posting some frequently asked questions, particularly around visitation. And Kelly Dinicolo from our Office of Communication did put the link in the chat. While we were having this call, we posted those questions. They are very much related to a lot that are in the Q&A. Please take a look at that. They are on our website. We are also taking a look at the questions that you -- that we didn't get to and as I said most of the speakers spoke to them as they were going through. And we'll look to see if we need to update the FAQs. With that, one thing I did want to say is there's always more information than we have time. So, we are going to -- in the next week or two, in the next two weeks -- have another one of these calls. And we'll have as many as we need until we get to the point that we -- you feel comfortable with where we are. So please look out for additional information on the next call and, again, we will post this transcript and recording so that you can take another look at it. With that, I thank you and we'll be in touch soon.