

SWC Healthcare Preparedness Advisory Coalition (HPAC) Meeting Minutes

May 19, 2021

Bismarck-Burleigh Public Health

Present at Meeting: Crystalynn Kuntz, Kalen Ost

Present Via Lifesize: April Bishop, Cory Drevecky, Tamara Feldner, Archie Gilliss, Kaitlyn Green, Marlys Harrison, Paul Jackson, Beth Johnson, Neil Johnson, Lori Kottre, Scott Osadchuk, Amber Oyen, Daren Repnow, Kendra Roeder, Theresa Schmidt, Mary Senger, Rob Stotz, Tammy Theurer, Ernie Thurman, Janessa Vogel, Bev Voller.

AGENDA ITEMS

➤ **CDC/NDDOH Updates**

- Recent guidance applying to healthcare personnel (HCP) while at work and all patients and residents while they are being cared for in a healthcare setting.
 - CDC has released public health recommendations for vaccinated persons, which describe circumstances when non-pharmaceutical interventions (e.g. quarantine) could be relaxed for fully vaccinated persons in non-healthcare settings. CDC continues to evaluate the impact of vaccination; the duration of protection, including in older adults; and the emergence of novel SARS-CoV-2 variants on healthcare infection prevention and control recommendations; updated recommendations will be added as new information becomes available.
 - At this time there is limited data on vaccine protection in people who are immunocompromised. Further, data on which immunocompromising conditions might affect response to the COVID-19 vaccine and the magnitude of risk are not available. Such immunocompromising conditions likely include receiving chemotherapy for cancer, hematologic malignancies, being within one year from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection, combined primary immunodeficiency disorder, and taking immunosuppressive medications. In general, healthcare facilities should continue to follow the infection prevention and control recommendations for unvaccinated individuals when caring for fully vaccinated individuals with an immunocompromising condition.
- Except as noted, HCP should continue to follow all current prevention and control recommendations, including those addressing work restrictions, quarantine, testing, and use of personal protective equipment to protect themselves and others from SARS-CoV-2 infection.
 - Fully vaccinated HCP with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure.
 - HCP who have traveled should continue to follow CDC travel

recommendations and requirements, including restriction from work, when recommended for any traveler.

- Fully vaccinated inpatients and residents in healthcare settings should continue to quarantine following prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection; outpatients should be cared for using recommended Transmission-Based Precautions.
 - Although not preferred, healthcare facilities could consider waiving quarantine for fully vaccinated patients and residents following prolonged close contact with someone with SARS-CoV-2 infection as a strategy to address critical issues when other options are unsuccessful or unavailable. These decisions could be made in consultation with public health officials and infection control experts.
- SARS-CoV2 Testing
 - Anyone with symptoms of COVID-19, regardless of vaccination status, should receive a viral test immediately.
 - Asymptomatic HCP with a higher-risk exposure and patients or residents with prolonged close contact with someone with SARS-CoV-2 infection, regardless of vaccination status should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately and 5-7 days after exposure.
 - People with SARS-CoV-2 infection in the last 90 days do not need to be tested if they remain asymptomatic, including those with a known contact.
 - In healthcare facilities with an outbreak of SARS-CoV-2, recommendations for viral testing HCP, residents, and patients remain unchanged.
 - In nursing homes with an outbreak of SARS-CoV-2, HCP and residents, regardless of vaccination status, should have a viral test every 3-7 days until no new cases are identified for 14 days.
 - Hospitals with an outbreak of SARS-CoV-2 should follow current recommendations for viral testing potentially exposed HCP and patients, regardless of vaccination status.
 - Expanded screening testing of asymptomatic HCP should be as follows:
 - Fully vaccinated HCP may be exempt from expanded screening testing. However, per recommendations above, vaccinated HCP should have a viral test if the HCP is symptomatic, has a higher-risk exposure or is working in a facility experiencing an outbreak.

- In nursing homes, unvaccinated HCCP should continue expanded screening testing as previously recommended.
 - In nursing homes located in counties with >10% positivity of viral tests in the past week, unvaccinated HCP should have a viral test twice a week.
 - If unvaccinated HCP work infrequently at these facilities, they should ideally be tested within the 3 days before their shift.
 - In nursing homes located in counties with 5-10% positivity of viral tests in the past week, unvaccinated HCP should have a viral test once a week.
 - In nursing homes located in counties with <5% positivity of viral tests in the past week, unvaccinated HCP should have a viral test once a month.
 - For other healthcare facilities that are performing expanded screening testing for asymptomatic HCP who do not have a known exposure, vaccinated HCP can be excluded from such a testing program.
- Additionally, recommendations to prevent and respond to COVID-19 in LTC, Basic Care and Assisted Living Facilities were shared.
 - Core Prevention
 - Post visual alerts in strategic places to provide instructions about hand hygiene, respiratory hygiene and cough etiquette.
 - Prepare facility for a wing or section of rooms away from other residents to be used for new admits and residents that are suspect or confirmed COVID-19 cases.
 - All staff should wear face masks. Face masks are preferred over cloth face coverings for all staff because they offer both source control and protection for the wearer against exposure to splashes and sprays of infectious materials from others. Cloth face coverings are not personal protective equipment (PPE).
 - Review training with staff for isolation protocols, donning and doffing of PPE, hand hygiene, and cough etiquette.
 - Screen healthcare personnel (HCP) at start of their shift for fever, any symptoms and COVID-19 risk.

- Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill HCP to stay home. Remind HCP not to report to work when ill.
- Mask donning and doffing training should be provided. Mask use with hand hygiene should be monitored.
- Educate staff, including fully vaccinated HCP, that outside of work should continue to:
 - Take precautions in public like wearing a well-fitted mask and physical distancing.
 - Wear masks, practice physical distancing, and adhere to other prevention measures when visiting with unvaccinated people who are at increased risk for severe COVID-19 disease or who have an unvaccinated household member who is at increased risk for severe COVID-19 disease.
 - Wear masks, maintain physical distance, and practice other prevention measures when visiting with unvaccinated people from multiple households.
 - Avoid medium- and large-sized in-person gatherings.
 - Continue to educate unvaccinated staff about the important role COVID-19 vaccine has in preventing resident illness and death. • Fully vaccinated HCP may be exempt from routine testing. However, vaccinated HCP should have a viral test if the HCP is symptomatic, has a higher-risk exposure or is working in a facility experiencing an outbreak.
 - Asymptomatic HCP with a higher-risk exposure, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately and 5–7 days after exposure.
 - In nursing homes, unvaccinated HCP should continue routine testing as previously recommended.

- PDF files are attached to this document showing county-specific testing information.

➤ **COVID-19 Variants**

- Multiple variants of the virus that causes COVID19 are circulating globally and within the United States. There are currently five variant of concern (VOC) in the United States:

- **B.1.1.7** – first identified in the U.S. in December 2020. It was initially detected in the United Kingdom.
- **B.1.351** – first identified in the U.S. at the end of January 2021. It was initially detected in South Africa in December 2020.
- **P.1** – first detected in the U.S. in January 2021. It was initially identified in travelers from Brazil, who were tested during routine screening at an airport in Japan in January 2021.
- **B.1.427 and B.1.429** – These two variants were first identified in California in February 2021 and were classified as VOC in March 2021.
- These variants seem to spread more easily and quickly than other variants, which may lead to more cases of COVID-19. So far, studies suggest that antibodies generated through vaccination with currently-authorized vaccines recognize these variants. This is being closely investigated and more studies are underway.
- Public health officials are studying these variants to learn more about how to control their spread. They want to understand whether the variants:
 - Spread more easily from person to person
 - Cause milder or more severe disease in people
 - Are detected by currently available viral tests
 - Respond to medicines currently being used to treat people for COVID-19
 - Change the effectiveness of COVID-19 vaccines
- More COVID-19 vaccine information is available online at <https://www.health.nd.gov/covid-19-vaccine-information>.

➤ **Respirator Fit Testing**

- Presently BBPH is utilizing qualitative fit testing, with a hood system to test the seal and fit of N95 masks. While the 1860s and 1860 Regular are still primarily used, they will be transitioned over to the 1870 and 1870+ as supplies in the state medical cache move more towards this different style of mask. BBPH has fit testing supplies (hoods, nebulizers, bitters) that can be utilized if someone at your facility has been trained to provide fit testing, or BBPH staff can come to your facility and provide testing. Pre-education must be provided to your staff prior to the fit testing event, and more information is available at <https://www.bismarcknd.gov/1883/Fit-Testing>. Fit testing inquiries should be directed to SWC EPR Coordinator Crystalynn Kuntz by email at ckuntz@bismarcknd.gov or by phone at (701) 355-1546.

➤ **PPE Recommendations for HCP**

- In general, fully vaccinated HCP should continue to wear source control while at work. However, fully vaccinated HCP could dine and socialize together in break rooms and conduct in-person meetings without source control or physical distancing. If unvaccinated HCP are present, everyone should wear source control and

unvaccinated HCP should physically distance from others.

➤ **COVID-19 Vaccines**

- COVID-19 vaccines are safe and effective. However, we still are learning how the vaccines work and how many people need to be vaccinated until a community or region is considered to have reached herd immunity. Presently, anyone over the age of 12 can receive Pfizer, while Moderna and Johnson & Johnson are available for anyone over the age of 18. No vaccine is 100-percent effective, and there have been about 350 breakthrough cases reported, resulting in 41 hospitalizations and 6 deaths. Additionally, if you have previously had COVID-19, you are still recommended to be vaccinated as your body produces a better response from the vaccination versus infection. It is recommended that all healthcare providers receive COVID-19 vaccination.
- If you've been fully vaccinated:
 - You can resume activities that you did prior to the pandemic.
 - You can resume activities without wearing a mask or staying 6 feet apart, except where required by federal, state, local, tribal or territorial laws, rules and regulations, including local business and workplace guidance.
 - If you travel in the United States, you do not need to get tested before or after travel or self-quarantine after travel.
 - You need to pay close attention to the situation at your international destination before traveling outside the United States:
 - You do not need to get tested before leaving the United States unless your destination requires it.
 - You still need to show a negative test result or documentation of recovery from COVID-19 before boarding an international flight to the United States.
 - You should still get tested 3-5 days after international travel.
 - You do not need to self-quarantine after arriving in the United States.
 - If you've been around someone who has COVID-19, you do not need to stay away from others or get tested, unless you have symptoms.
 - However, if you live or work in a healthcare setting and are around someone who has COVID-19, you should still get tested, even if you don't have symptoms.

- For now, if you are fully vaccinated:
 - You will still need to follow guidance at your workplace and local businesses.
 - If you travel, you should still take steps to protect yourself and others. You will still be required to wear a mask on planes, buses, trains and other forms of public transportation traveling into, within, or out of the United States, and in U.S. transportation hubs such as airports and stations. Fully vaccinated international travelers arriving in the United States are still required to get tested within 3 days of their flight (or show documentation of recovery from COVID-19 in the past 3 months) and should still get tested 3-5 days after their trip.
 - You should still watch out for symptoms of COVID-19, especially if you've been around someone who is sick. If you have symptoms of COVID-19, you should get tested and stay home and away from others.

➤ **COVID-19 Tests**

- Walmart and CVS have begun selling at-home COVID-19 tests. The results of these tests cannot be reported to the state and individuals are still recommended to receive COVID-19 testing from official testing sites.

➤ **Upcoming Conferences**

- The North Dakota Long Term Care conference is scheduled for August 24-27 in Bismarck. This conference is planned to be in-person at this time.
- The North Dakota Emergency Manager Conference is scheduled for August 31 through September 2 in Bismarck. This conference is planned to be in-person at this time. For more information, visit <https://www.ndema.org/annual-conference>.

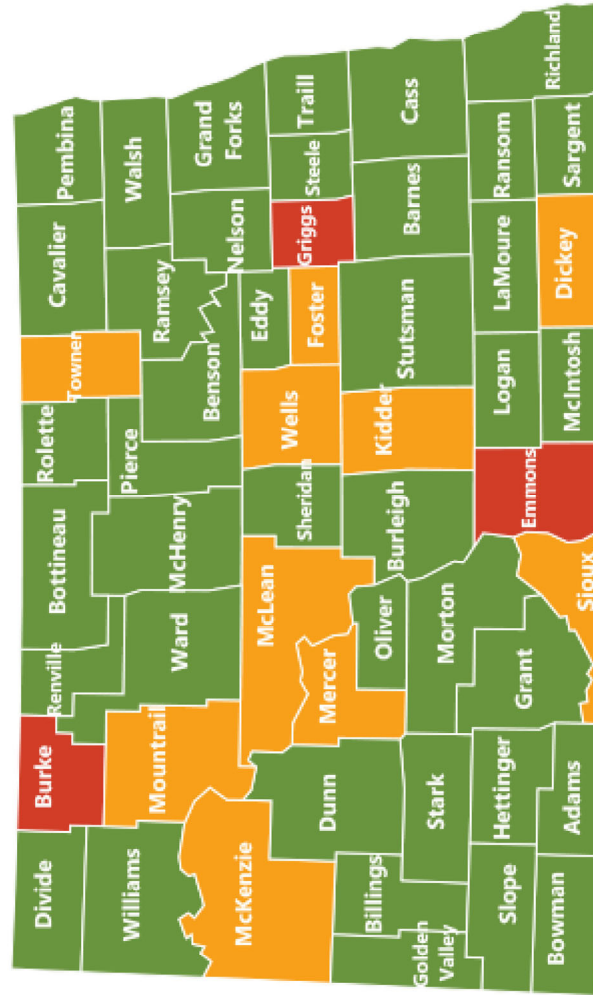
➤ **Potential Next Meeting:**

- July 21, 9 a.m., via Lifesize. Meeting is not yet finalized and more information will be provided as the date gets closer.

Respectfully submitted,

Kalen Ost
Bismarck-Burleigh Public Health
Emergency Preparedness Information Specialist

Monday, May 17, 2021



COUNTY	Pos_PCR_7day_ cum	Pos_Ag_7 day_cum	Tests_PCR_ 7day_cum	Tests_Ag_ 7day_cum	Per_Pos_PC R_7day	Per_Pos_Ag_ 7day	Per_Pos_Both _7day
Adams	1	0	23	8	0.04347826	0	3.23%
Barnes	1	0	114	62	0.00877193	0	0.57%
Benson	4	3	78	98	0.05128205	0.030612245	3.98%
Billings	0	0	4	6	0	0	0.00%
Bottineau	0	2	40	40	0	0.05	2.50%
Bowman	0	0	76	9	0	0	0.00%
Burke	5	0	19	9	0.2631579	0	17.86%
Burleigh	78	36	1431	1086	0.05450734	0.033149171	4.53%
Cass	76	46	1727	1379	0.04400695	0.033357505	3.93%
Cavalier	0	1	13	23	0	0.043478261	2.78%
Dickey	3	4	36	51	0.08333333	0.078431373	8.05%
Divide	1	1	25	48	0.04	0.020833333	2.74%
Dunn	1	1	15	32	0.06666667	0.03125	4.26%
Eddy	0	0	18	86	0	0	0.00%
Emmons	6	0	38	14	0.15789474	0	11.54%
Foster	5	0	53	19	0.09433962	0	6.94%
Golden Val	0	0	3	1	0	0	0.00%
Grand Fork	45	13	1117	456	0.04028648	0.028508772	3.69%
Grant	1	2	43	19	0.02325581	0.105263158	4.84%
Griggs	2	3	19	13	0.10526316	0.230769231	15.63%
Hettinger	1	0	29	35	0.03448276	0	1.56%
Kidder	3	0	35	9	0.08571429	0	6.82%
LaMoure	0	0	20	37	0	0	0.00%
Logan	0	1	75	9	0	0.111111111	1.19%
McHenry	1	2	38	51	0.02631579	0.039215686	3.37%
McIntosh	2	1	87	15	0.02298851	0.066666667	2.94%
McKenzie	32	0	281	53	0.113879	0	9.58%
McLean	4	2	50	49	0.08	0.040816327	6.06%
Mercer	7	0	59	27	0.11864407	0	8.14%
Morton	15	13	362	426	0.04143646	0.030516432	3.55%
Mountrail	13	6	162	55	0.08024691	0.109090909	8.76%
Nelson	1	0	36	36	0.02777778	0	1.39%
Oliver	0	0	9	6	0	0	0.00%
Pembina	2	0	80	13	0.025	0	2.15%
Pierce	3	0	60	16	0.05	0	3.95%
Ramsey	4	2	176	190	0.02272727	0.010526316	1.64%
Ransom	5	1	215	57	0.02325581	0.01754386	2.21%
Renville	0	0	12	12	0	0	0.00%
Richland	1	5	81	102	0.01234568	0.049019608	3.28%
Rolette	1	3	173	215	0.00578035	0.013953488	1.03%
Sargent	0	1	67	57	0	0.01754386	0.81%
Sheridan	0	0	21	17	0	0	0.00%
Sioux	4	1	62	18	0.06451613	0.055555556	6.25%
Slope	0	0	3	1	0	0	0.00%
Stark	27	15	474	500	0.05696203	0.03	4.31%

Steele	0	0	8	9	0	0	0.00%
Stutsman	2	9	532	178	0.0037594	0.050561798	1.55%
Towner	2	3	60	14	0.033333333	0.214285714	6.76%
Traill	1	0	27	228	0.03703704	0	0.39%
Walsh	7	0	144	72	0.04861111	0	3.24%
Ward	16	30	534	530	0.02996255	0.056603774	4.32%
Wells	4	2	30	83	0.133333333	0.024096386	5.31%
Williams	33	8	701	196	0.04707561	0.040816327	4.57%