

State of Connecticut
GENERAL ASSEMBLY



NURSING HOME AND ASSISTED LIVING OVERSIGHT WORKING GROUP
OUTBREAK RESPONSE AND SURVEILLANCE SUBCOMMITTEE
LEGISLATIVE OFFICE BUILDING
HARTFORD, CT 06106-1591

Meeting Summary

Thursday, December 10, 2020

Sen. Abrams convened the meeting and introduced guest speakers, Dr. Alin Bortan of Yale, and Dr. Vivian Leung, of the Department of Public Health (DPH).

Deputy Commissioner (DC) Heather Aaron, DPH, presented on the implementation progress of the recommendations made by Mathematica:

[Deputy Commissioner Heather Aaron, DPH Presentation](#)

DC Aaron stated that [Mathematica](#) included ten groups of recommendations in their report, and each group included multiple individual recommendations. Two recommendation groups have been completed 100% by DPH and other state agencies. The surveillance and outbreak response recommendation group has been completed at 67% with four out of six recommendations implemented by DPH, and infection control has been completed at 71% with five out of seven recommendations implemented. Overall, there were 45 recommendations, 30 of which have been implemented. Most of the 15 recommendations that have yet to be implemented fall into the Nursing Home and Assisted Living Oversight Working Group and are being considered for implementation by the four subcommittees.

DC Aaron added that the infection control group recommended that everyone living in or visiting Connecticut should continue to heed guidance from the state and national authorities to ensure community spread remains low. This includes continuing to maintain social distancing, wearing a mask while in public, practicing good hygiene, staying home when feeling sick, and getting a flu shot to protect yourself and others from infection. Additionally, facilities should consider the rooming assignments of high-risk residents on units in such a way that reduces exposure of others on the unit. Facilities should also ensure they have an adequate stockpile of personal protective equipment (PPE) that is available and accessible to staff on every shift, and the state should continue to maintain a stockpile of PPE that is available to Long Term Care Facilities (LTC) in

case of COVID-19 increases that are accompanied by a lack of availability from the Strategic National Stockpile.

DC Aaron stated that DPH hopes vaccinations for COVID-19 will start within the next 10 days with the designation of LTC residents and staff as priority recipients.

Regarding the surveillance and outbreak response recommendation group, DC Aaron noted that DPH is actively conducting infection control audits in nursing homes with 3,000 already completed since the beginning of the pandemic. DPH will wait for recommendations made by the Outbreak Response and Surveillance (ORS) subcommittee regarding infection control mandatory training and qualifications for an infection preventionist role.

Sen. Somers thanked Dr. Bortan for presenting to the ORS subcommittee.

Alin Bortan, MD, Infectious Disease, Yale, Lawrence & Memorial Hospital presented:

[Alin Bortan, MD Presentation](#)

Dr. Bortan prefaced his presentation by noting that today he is presenting his personal views and they will be of qualitative rather than quantitative nature. Dr. Bortan indicated that the primary mode of COVID-19 transmission is from person-to-person contact, especially from contact that is six feet or less due to respiratory droplets easily reaching other individuals. When an individual is exposed, the virus amplifies and reaches its peak at which point symptoms start developing and the patient becomes infectious. Studies have shown that infection is present before symptom onset which created much uncertainty and led to the universal introduction of prevention measures such as hand hygiene, social distancing and face covering. As the patient fights the disease, the viral load decreases and the patient recovers.

Dr. Bortan explained that testing for coronavirus has several layers for diagnosis. Rapid tests detect the disease when the virus is well established in the patient and come with the benefit of only waiting a few hours for the results. PCR tests take longer but are more exact, and serology tests are performed to determine if a patient has previously been exposed to COVID-19.

Dr. Bortan identified concepts of transmission which include asymptomatic transmission, super-spreading events, and prolonged contact in confined spaces which causes the highest transmissions. Low risk of transmission include indirect contact such as passing an infected individual on the street, and environmental contamination. Post-disease immunity includes antibody production, although the longevity is uncertain, and cell-mediated immunity which can potentially be lifelong but does not work well enough as evidenced by the annual infection with the common flu.

According to Dr. Bortan, the most effective preventative modalities include social distancing accompanied by the wearing of masks, followed by hand washing, respiratory etiquette, surface cleaning and ventilation of closed spaces. Dr. Bortan added that although public health strategies for prevention were effective, such as community lockdown, travel restrictions and others, the modality of social distancing and mask wearing remains the highest method of prevention.

Dr. Bortan explained that there was uncertainty with caring of patients at the start of the pandemic which led to most patients being admitted to hospitals and the significant peak of the first wave. Increased knowledge of the virus indicated that most patients can manage a COVID-19 infection at home on the condition that they remain in contact with doctors, hydrate, and are able to control symptoms such as fever. Home management includes isolation, minimal use of shared spaces, face covering, hand hygiene and environment disinfection. When home management of symptoms failed, patients were admitted to hospitals. Methods used by hospitals to prevent transmission included room isolation of positive patients, restriction of visitors, use of PPE including eye protection, and enhanced environmental disinfection. LTC methods of infection prevention included symptom screening accompanied by universal use of masks for anyone entering the facility and frequent PCR testing of residents and staff. Steroid therapy is available in LTC for mild cases and symptom control is available for low oxygen requirements.

Vivian Leung, MD, HAI-AR, Program Coordinator, DPH, presented:

[Vivian Leung, MD Presentation](#)

Dr. Leung noted that her presentation will address DPH actions since the start of COVID-19 and how they have evolved over time. Over 600, 000 COVID-19 tests have been performed in nursing homes through care partner contracts, with additional testing done through Connecticut state labs, private labs and through antigen testing. The past 14 days have seen 161 nursing homes with COVID-19 infected staff members and an overall steadily rise of staff infection, although it is too early to know whether this will continue to plateau, increase or decrease.

Dr. Leung explained that testing kits were not readily available for widespread testing until the month of May. Once they became available, the State advocated for prioritization of LTC residents to be tested, especially due to asymptomatic patients so that they can be categorized to prevent further transmission. As further control measures were taken in nursing homes, such as source control and limitation of visitors, the infection rates over the summer dropped down to single digits. Although, as community cases have risen since summer, so have cases in nursing homes especially because of the reopening of visitation. Regarding assisted living facilities, Dr. Leung stated that 83 out of 133 have had a positive case of COVID-19 in the past 14 days.

Dr. Leung stated that although there has been much discussion about resident cohorting, staff cohorting needed more attention. If staff is dedicated to working the same shifts and with the same residents and units, then it limits the amount of people that can be exposed and the magnitude of a potential outbreak, especially when there are multiple units. Other tips for staff cohorting include the use of alternate exits for staff to leave units at the end of their shifts, limiting ancillary staff entry and providing separate nurse's stations within a COVID-19 unit, and staggering staff breaks.

Sen. Abrams asked Dr. Leung why community spread is having a stronger impact in nursing homes than in assisted living facilities.

Dr. Leung answered that generally assisted living facilities are not as densely populated and not as hands on as nursing homes therefore staff has contact with fewer patients as opposed to nursing homes where one staff may encounter 20 patients.

Sen. Abrams asked whether residents and staff are being educated on the COVID-19 vaccine and its safety and effectiveness.

Dr. Leung responded that clear and consistent vaccine information is vital. Under infectious diseases, DPH has an immunization program that is working very hard on vaccination and working with the Office of the Governor regarding communication. Data changes from hour to hour because of a lack of formal guidelines for vaccination. For example, although previously infected individuals should get vaccinated, no formal recommendations exist as to how long after a positive diagnosis an individual can get vaccinated.

Sen. Abrams thanked Dr. Bortan and Dr. Leung for their presentations and for helping people learn through their experiences.

The next meeting will take place on Thursday, December 17, 2020 at 12:30 PM.