

September 8, 2022



To All Families and Residents

PLEASE READ THE **ENTIRE** NEWSLETTER FOR IMPORTANT INFORMATION ON COVID. THIS IS THE PRIMARY MEANS OF COMMUNICATION ON THIS TOPIC.

“WELCOME” TO OUR NEW FAMILY CONTACTS

We are required to notify all residents, families and staff of a facility whenever we have a positive COVID test result for any staff member or resident. Two points of contact are required.

To help us meet these requirements, we have utilized a broadcast tool (School Messenger) to send emails and automated phone calls to up to two email addresses and two phone numbers per resident or resident contact, which is usually the first Health Care Proxy. The system then broadcasts to all the contact phone numbers and emails in this database. We also use this system to send out this update letter to our resident family contacts.

You will also receive a broadcast when we have a staff member or resident test positive for COVID-19. This includes an email *and a phone call*. We understand these phone calls can come at inconvenient times and would like to offer you the option to opt out of the phone calls for one or both of the numbers on file *so long as we have an email address on file to receive the alert*. This opt out will only effect the notification databases used by School Messenger. All contact info will remain on file in our Electronic Health Record, PointClickCare.

If you wish to opt out of alerts for one or both phone numbers we have file, please email me at pm@goodshepherdcommunities.org with the specifics. Please note it will take time to make the changes to the databases, so dependent on volume, there may be a delay from the time you make the request and the time the database revisions are completed. Thank you in advance for your patience.

Changes to the information provided below are highlighted in green.

CDC RECOMMENDS ADDITIONAL **BIVALENT BOOSTER FOR CERTAIN INDIVIDUALS**

On 9/1/22, CDC Director Rochelle P. Walensky, M.D., M.P.H., endorsed the CDC Advisory Committee on Immunization Practices' (ACIP) recommendations for use of updated COVID-19 boosters from

Pfizer-BioNTech for people ages 12 years and older and from Moderna for people ages 18 years and older.

Updated COVID-19 boosters add Omicron BA.4 and BA.5 spike protein components to the current vaccine composition, helping to restore protection that has waned since previous vaccination by targeting variants that are more transmissible and immune-evading.

The following is attributable to Dr. Walensky:

“The updated COVID-19 boosters are formulated to better protect against the most recently circulating COVID-19 variant. They can help restore protection that has waned since previous vaccination and were designed to provide broader protection against newer variants. This recommendation followed a comprehensive scientific evaluation and robust scientific discussion. If you are eligible, there is no bad time to get your COVID-19 booster and I strongly encourage you to receive it.”

On 9/7/22, NYS Governor Hochul announced the availability of bivalent COVID-19 vaccine boosters, which are designed to add Omicron BA.4 and BA.5 variants and bolster previous vaccination protection. COVID-19 boosters are now available from Pfizer-BioNTech for anyone age 12 or older and from Moderna for those 18 or older.

Summary of recent changes (source CDC website last updated September 2, 2022):

New booster recommendation for people ages 12 years and older to receive 1 bivalent mRNA booster after completion of a monovalent primary series; it replaces all prior booster recommendations for this age group

Recommendations for use of a bivalent Moderna booster dose in people ages 18 years and older

Recommendations for use of a bivalent Pfizer-BioNTech booster dose in people ages 12 years and older

At-a-Glance

COVID-19 Vaccination Schedule for Most People

(People who are NOT Moderately or Severely Immunocompromised)



People ages 6 months through 4 years

Moderna



-OR-

Pfizer-BioNTech



People ages 5 through 11 years

Moderna



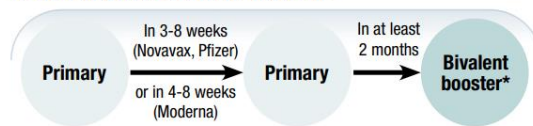
-OR-

Pfizer-BioNTech



People ages 12 years and older

Moderna, Novavax, or Pfizer-BioNTech



For more specific clinical guidance, see:

- [Pre-exposure prophylaxis](#)
- [Interim COVID-19 Immunization Schedule](#)
- [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#)

People ages 18 years and older who previously received Janssen primary series dose†



as of 9/7/22	GSFH	GSVE	Chase
Year To Date + residents			
SNF	23	9	0
ACF	18	7	n/a
IL	1	43	n/a
Year To Date + Staff			
SNF	65	29	34
ACF	22	22	n/a
IL	n/a	18	n/a
Year To Date Deaths			
SNF	1	0	0
ACF	0	0	n/a
IL	0	0	n/a
Residents Cases (in-house or hospitalized)			
SNF	0	0	0
ACF	0	1	n/a
IL	0	0	n/a
Staff Furloughed			
SNF	4	1	0
ACF	0	0	n/a
IL	n/a	0	n/a

COMMUNITY LEVELS FOR BROOME AND CHENANGO COUNTIES


Broome County, New York

[State Health Department](#) 

COVID-19 Community Level

 Medium

Chenango County, New York

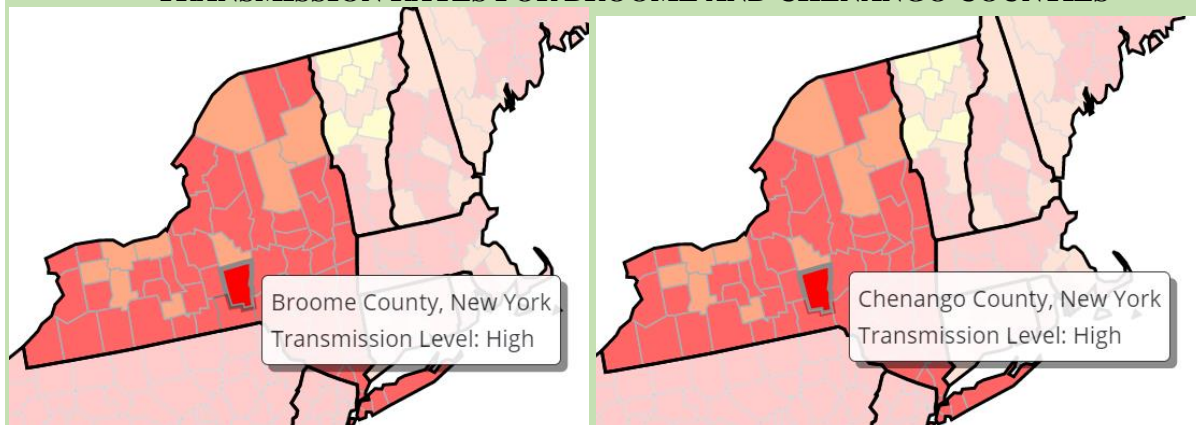
[State Health Department](#) 

COVID-19 Community Level

 High

Masking recommendations are based on three factors — Covid hospitalizations, hospital capacity and new Covid cases — focusing more on preventing hospitals from getting overwhelmed and less on positive tests, which spiked during the omicron wave in December and January.

TRANSMISSION RATES FOR BROOME AND CHENANGO COUNTIES



NYS Mask Mandate

Yesterday 9/7/22, Governor Hochul announced that masking will now be optional in multiple settings where they were previously required, including on public transportation, in for-hire vehicles, at airports, homeless shelters, correctional facilities, and detention centers. Masks will continue to be required at Skilled Nursing, Adult Care and health care facilities regulated by the state Department of Health, and in clinical settings regulated by the Office of Mental Health, Office of Addiction Services and Supports, and Office for People With Developmental Disabilities.

Given the Broome County statistics reported above, we are still concerned that the Community Transmission Level is at High, and given our vulnerable population, we will continue to require masks for both staff and residents in Independent Living when in public areas other than when seated for drinks or a meal. We will re-evaluate this policy on a regular basis.

CMS GUIDANCE ON EMPLOYEE TESTING: STAFF NOT FULLY UP TO DATE INCLUDING UN-BOOSTED STAFF SUBJECT TO ROUTINE TESTING

CMS testing guidance references the term “up-to-date with all recommended COVID-19 vaccine doses.” Staff are considered up to date with COVID-19 vaccines when you have received all doses in the primary series and all boosters recommended for you, when eligible.

Recommended Boosters

1st booster, preferably of either Pfizer-BioNTech or Moderna COVID-19 vaccine:

- For most people at least 5 months after the final dose in the primary series

2nd booster of either Pfizer-BioNTech or Moderna COVID-19 vaccine

- For adults ages 50 years and older at least 4 months after the 1st booster

As a result of this guidance, staff who are fully vaccinated and eligible for a 1st or 2nd booster, *but who are not boosted*, must be tested routinely based on the community transmission rates in your facility's county, along with those who are not fully vaccinated and those who are unvaccinated (i.e., exempt).

These requirements apply to SNFs only. IL and ACF\ALR staff are not covered by this requirement, and based on the recommendations from our Infection Control Preventionists, including them in the testing requirement would not increase the effectiveness of our Infection Control program. The vaccines and boosters better protect staff from infection, serious illness, hospitalization and death but is not an effective way to eliminate the risk of transmission to others if the staff member is infected with COVID-19. We will best protect our staff and residents if the focus and use of our resources are used for IC prevention and early detection of symptomatic staff. Routine testing of asymptomatic staff solely based on vaccination status is not an effective strategy for preventing COVID from entering our facilities.

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Table 2: Routine Testing Intervals by County COVID-19 Level of Community Transmission

Level of COVID-19 Community Transmission	Minimum Testing Frequency of Staff <i>who are not up-to-date</i> ⁺
Low (blue)	Not recommended
Moderate (yellow)	Once a week*
Substantial (orange)	Twice a week*
High (red)	Twice a week*

⁺Staff *who are up-to-date* do not need to be routinely tested.

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

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Good Shepherd will be following this guidance, and will be testing employees are not up to date including those who have not received the booster with frequency based on the new guidance.

- **Broome County shows a **high** level of transmission, necessitating **twice** a week testing for staff not up to date with all eligible COVID vaccines.**
- **Chenango County show a **high** level of transmission, necessitating **twice** a week testing for staff not up to date with all eligible COVID vaccines.**

How does the new CDC guidance on the bivalent booster impact the testing requirements in SNFs?

- LeadingAge National inquired about the "up to date" reference, and for now, it appears that the existing guidance (which does not address the bivalent booster) holds. Per a communication from the Centers for Medicare and Medicaid Services (CMS) Quality, Safety, and Oversight Group:
- *"The bivalent recommendation just came down Thursday. The surveyors will be surveying to existing guidance which doesn't speak to the bivalent booster. If resident/staff are currently 'up to date' with the existing boosters, they should be considered up to date for compliance, and we'll provide additional information regarding the bivalent as we look into this more."*

Thank you

Patti Mackey

GSC COO