




## LTCF Newsletter: What You Need to Know

### What is the new bivalent COVID-19 vaccine?

- The U.S. Food and Drug Administration (FDA) [amended the emergency use authorizations \(EUAs\) of the Moderna and Pfizer-BioNTech COVID-19 Vaccines](#) to authorize the **new bivalent formulations of the vaccines for use as a single-booster dose**. [CDC endorsed](#) ACIP’s recommendations for use of updated COVID-19 boosters.
- The bivalent vaccines target the **new subvariants of the omicron strain of COVID-19** not covered by the previous vaccines.

### How does this affect current booster guidance?

- Everyone ages 12 and older is **recommended** to receive one bivalent mRNA booster dose after completion of any FDA-approved monovalent primary series or last monovalent booster dose to be considered up to date.
  - Doses should be administered **at least two months** following a primary series or the previously authorized booster vaccination.
  - People cannot get a bivalent booster without first completing at least a primary series.
- The bivalent booster recommendation **replaces** previous booster recommendations for people ages 12 years and older.
  - People ages 12 years and older may only get the updated (bivalent) mRNA (Pfizer-BioNTech or Moderna) booster.
- The monovalent mRNA COVID-19 vaccines are **NO LONGER** authorized for use as boosters in people ages 12 years and older.
  - Providers should not discard any monovalent mRNA COVID-19 vaccines that they currently have in inventory. They should continue to properly store and handle these vaccines until expiration or until further direction is provided.

Vaccination history		Next dose
Primary series		
Primary series + 1 booster dose	<b>At least 2 months</b> 	1 bivalent booster dose
Primary series + 2 booster doses	<b>At least 2 months</b> 	1 bivalent booster dose

[Stay Up-to-Date with COVID-19 Vaccines](#)

## What does it now mean to be up to date on COVID-19 vaccination and booster doses?

- People are considered **up to date** after receiving all recommended doses of vaccines they are currently **eligible** for.
- People ages 12 years and older **should** get the **bivalent** booster dose (if they are eligible) to be [up to date](#).
- Vaccine recommendations differ depending on a person’s age, vaccines received for the primary series (mRNA or Janssen), and time since last dose. To determine the appropriate schedule for a particular individual, please visit: [At-A-Glance COVID-19 Vaccination Schedules \(cdc.gov\)](#).

## How does this affect healthcare staff?

- LTCF staff eligible and boosted with previously recommended boosters (monovalent mRNA COVID-19 vaccine) **are no longer considered up to date**; staff members need to receive the newly approved bivalent vaccine to be considered up to date.

## Work Restrictions

- Staff who **are eligible to** receive the bivalent booster but have not yet received it will be considered **not up to date** and need to follow work restrictions for asymptomatic HCP with SARS-CoV-2 exposures shown below.
- [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)

**Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures**  
 \*Up to Date\* with all recommended COVID-19 vaccine doses is defined in [Stay Up to Date with Your Vaccines | CDC](#)

For more details, including recommendations for healthcare personnel who are immunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) (conventional standards) and [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) (contingency and crisis standards).


**Work Restrictions for HCP With SARS-CoV-2 Infection**

Vaccination Status	Conventional	Contingency	Crisis
Up to Date and Not Up to Date	10 days OR 7 days with negative test <sup>1</sup> , if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)

**Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures**

Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1 <sup>1</sup> and 5-7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test <sup>1</sup>	No work restriction with negative tests on days 1 <sup>1</sup> , 2, 3, & 5-7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

<sup>1</sup>Negative test result within 48 hours before returning to work  
<sup>2</sup>For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

 [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

## Testing

- In [nursing homes](#), HCP who are **not up to date** with all recommended COVID-19 vaccine doses should be **routinely tested based on the level of [community transmission](#)**.
- Additionally, CMS mandates testing of residents and staff based on specific parameters.. Details of testing can be found on [QSO-20-38-NH](#).

## How does this affect nursing home residents?

- LTCF residents eligible and boosted with previously recommended boosters (monovalent mRNA COVID-19 vaccine) **are no longer considered up to date**; residents need to receive the newly approved bivalent vaccine to be considered up to date.

## New Admissions and Readmissions

- Being **up to date** on COVID-19 vaccine doses will determine if an asymptomatic individual requires quarantine upon admission or readmission. In general, all residents who are **not up to date** with all recommended COVID-19 vaccine doses and are new admissions and readmissions should be placed in **quarantine**, even if they have a negative test upon admission.
- Newly admitted residents and residents who have left the facility for >24 hours, **regardless of vaccination status**, should have a series of two viral tests for SARS-CoV-2 infection: immediately and, if negative, again 5-7 days after their admission.
- [CDC Guidance on Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#).

## Residents who had Close Contact with Someone with SARS-CoV-2 Infection

- Residents who are **not up to date** with all recommended COVID-19 vaccine doses and who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine after their exposure, even if viral testing is negative.
  - Residents can be removed from Transmission-Based Precautions after day 10 following the exposure (day 0) if they do not develop symptoms.
  - Residents can be removed from Transmission-Based Precautions after day 7 following the exposure (day 0) if a viral test is negative for SARS-CoV-2 and they do not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned discontinuation of Transmission-Based Precautions
  - HCP caring for residents on transmission-based precautions following close contact with **someone with SARS-CoV-2 infection** should use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator).
- Residents who are **up to date** with all recommended COVID-19 vaccine doses and residents who have recovered from SARS-CoV-2 infection in the prior 90 days should wear source control and be tested but **do not need to be quarantined**, restricted to their room, or cared for by HCP using the full PPE. Quarantine may be considered if the resident is moderately to severely immunocompromised.
- [CDC Guidance on Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#).



**Monthly Infection Control Nurses of CT and HAI-AR Meetings**

- Please visit the [Infection Control Nurses of Connecticut Website](#) for presentations, meeting recordings, and more information
- Upcoming meeting scheduled for: September 28, 2022 at 2pm. If you don't have the meeting invite, please contact the HAI-AR program at [dph.haiar@ct.gov](mailto:dph.haiar@ct.gov).