



**Indiana**  
Department  
of  
**Health**

## **Long-term Care** **NEWSLETTER**

**LTC Newsletter 2021-41**  
**August 19, 2021**

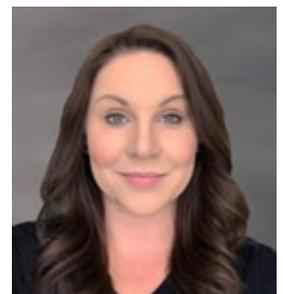
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### **LTC Update:**

- **New Assistant Commissioner Announcement**
- **Emergency Order Reissuing Temporary Blanket Waivers for Comprehensive Care Facilities & Residential Care Facilities**
- **COVID-19 Vaccines for Immunocompromised People**
- **LTC Facilities Guidelines in Response to COVID-19 Vaccination – Updates Clarification**
- **REDCap Survey – Additional Doses of COVID-19 Vaccine**
- **What you need to know about the Delta variant**

### **New Assistant Commissioner Announcement**

Amy Kent has been selected as the new Assistant Commissioner (AC) for Consumer Services and Healthcare Regulation. Prior to accepting the AC position, Kent was IDOH's director of legislative and external affairs. In addition, she has held multiple roles in state government, including deputy legislative director at the Department of Child Services and communications director at the Indiana Department of Corrections. Kent assumed the AC position on July 26.



### **Emergency Order Reissuing Temporary Blanket Waivers for Comprehensive Care Facilities & Residential Care Facilities**

These orders continue all previously issued waivers for nursing homes and residential care facilities and will be effect for 45 days past expiration of the public health emergency as declared by Gov. Eric J. Holcomb.

[Order Reissuing as New Orders Temporary Blanket Waivers for Comprehensive Care Facilities](#)

[Order Reissuing as New Order Temporary Blanket Waivers for Residential Care Facilities](#)

## **COVID-19 Vaccines for Immunocompromised People**

The Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP) and U.S. Food and Drug Administration (FDA) approved a third dose of COVID-19 mRNA vaccines for people who are moderately to severely immunocompromised on Aug. 13.

[UPDATE: COVID-19 Vaccines for Immunocompromised People – 8.17.2021](#)

[ACIP Key Messages and Talking Points for Partners – Q&A](#)

## **LTC Facilities Guidelines in Response to COVID-19 Vaccination – Updates Clarification**

Guidance updates clarification:

- All residents on excursions longer than 24 hours must be screened for possible exposures and be given a point-of-care (POC) test immediately upon return and at 3-5 days. If positive, the resident must be placed in appropriate transmission-based precautions (TBP).
- All residents leaving the facility for any type of medical appointments, i.e. dialysis, dental, podiatrist or optometrist appointments, must be screened for possible exposures and tested by POC immediately upon return and at 3-5 days. If positive, the resident must be placed in appropriate TBP.
- All residents must be tested by POC upon admission and re-admission to the facility.
  - Unvaccinated residents will remain in the yellow zone in TBP for the full 14 days if negative. They should be moved to the red zone in TBP if they test positive by POC and either had known exposure, are symptomatic or the result was confirmed by PCR.
  - Fully vaccinated residents must be tested at admission by POC test and if negative may return to their green zone room if no known exposures and asymptomatic. If fully vaccinated test positive on POC, place the resident in the yellow zone and send for PCR test; place in red zone if symptomatic, known exposure or if confirmed by PCR.

- Any resident who presents with symptoms or possible exposure during screening process for COVID-19 should be placed in TBP and a POC test administered according to current guidance documents.

[Long-term Care Facilities Guidelines in Response to COVID-19 Vaccination](#)

[LTC Toolkit](#)

## **REDCap Survey – Additional Doses of COVID-19 Vaccine**

The Indiana Department of Health (IDOH) would like your feedback as to your current plans and/or anticipated needs regarding additional doses of COVID-19 vaccine.

The current recommendation is that moderately to severely immunocompromised people receive a third dose of Pfizer or Moderna vaccine at least 28 days after the second dose of the mRNA vaccine series. This includes people who have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

We understand that all of you have current processes and partnerships in place to administer COVID-19 vaccine to new residents. As these recommendations and additional guidance for nursing home residents/staff are released, we want to ensure that Indiana responds quickly.

Please complete this [short survey](#). The primary goal is to identify which facilities need additional support. We continue our partnership with Probari, likely your primary point of contact for planning purposes.

**NOTE:** If your corporate office intends to submit this information for you centrally, please do not complete the survey.

## **What you need to know about the Delta variant**

By Dr. Vuppalanchi, LTC Medical Director

Viruses mutate frequently, creating variant strains. Transmission and replication are the basis for mutations to evolve, and multiple variants of SARS-COV2 have emerged.

They are classified as variants of interest, variants of concern and variants of high consequence based on many factors, such as transmissibility, severity of illness, detection by current tests, effectiveness of the vaccine and implications in clinical management.

The Delta variant is much more contagious than previous variants now account for 95% of cases in the United States. Each individual with Delta variant infection can infect up to 8 or 9 individuals, compared to 2 or 3 individuals with wild virus (original version of the virus). Concentration of the virus in an infected person's nasal cavity is 1,000 times that of the previous variants. Delta variant also seems to cause more severe illness than previous variants.

While the vaccines are very effective against the variants, and Delta is usually the variant that infects the few fully vaccinated people who have a breakthrough case. However, fully vaccinated individuals develop much milder illness compared to the unvaccinated. Fully vaccinated individuals with Delta variant can spread infection to others, which is why they should wear a mask in indoor public settings, but they are infectious for lesser duration than unvaccinated individuals.

Breakthrough COVID cases occur in just 0.225% of fully vaccinated individuals. It is very important to note that current vaccines offer excellent protection against serious illness including hospitalization and death from COVID-19 caused by Delta variant.

The infection control principles of face masks, hand hygiene, and social distancing are same for preventing Delta as previous variants. There is no change in guidance related to quarantine, isolation, and clinical monitoring. Indications for monoclonal antibody therapy for post exposure prophylaxis and for mild to moderate COVID are same as COVID caused by other variants. Indications for hospitalization and treatment of COVID-19 caused by Delta variant remain the same as other variants.

More information:

- <https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html>
- <https://www.covid19treatmentguidelines.nih.gov/therapies/anti-sars-cov-2-antibody-products/anti-sars-cov-2-monoclonal-antibodies/>
- <https://www.covid19treatmentguidelines.nih.gov/management/clinical-management/nonhospitalized-adults--therapeutic-management/>
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