CHAP COVID-19
June 16, 2022

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Data Source

All data in this program is obtained from the Centers for Disease Prevention and Control (CDC)

COVID-19

By the Numbers

TOTAL CASES
85,402,874
+71,100 New Cases

7 DAY CASE RATE PER 100,000
218.9

TOTAL DEATHS
1,006,590
+30 New Deaths

COVID-19 Community Levels of All Counties in US

COVID-19 Community Levels in US by County

<table>
<thead>
<tr>
<th>Level</th>
<th>Total</th>
<th>Percent</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>314</td>
<td>5.74%</td>
<td>2.03%</td>
</tr>
<tr>
<td>Medium</td>
<td>1038</td>
<td>32.73%</td>
<td>5.33%</td>
</tr>
<tr>
<td>Low</td>
<td>1554</td>
<td>57.62%</td>
<td>32.19%</td>
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</tbody>
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How are COVID-19 Community Levels calculated?
By the Numbers - Variants

COVID-19

The two newest subvariants of Omicron, BA.4 and BA.5, are spreading across the U.S. and making up a higher percentage of new cases, prompting concerns about increased transmissibility.

The subvariants represent 13% of new COVID-19 cases, according to the latest CDC data, up from 7.5% the week before and 1% in early May. About 7.6% of new cases are BA.5, and 5.4% are BA.4.
COVID-19
By the Numbers

Federal Updates
The COVID-19 PHE declaration has just been renewed for another 90 days.

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness & Response (ASPR) has renewed the Public Health Emergency (PHE) for 90 days effective April 12, 2022. The PHE declaration will expire on **July 15, 2022**.

HHS will provide states and territories with no less than 60 days’ notice prior to the termination of the PHE declaration for COVID-19.

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**Proactive Assessment**

- Assess regulatory waiver requirements that can go back to pre-PHE practice before end of PHE.
  - Review and evaluate
  - Develop a transition plan
  - Allow time for staff training
  - Plan for assessment of compliance and outcomes
- Continue to prioritize infection control training, practice, and evaluation of outcomes.
- Ensure compliance with May 2022 emergency preparedness guidance.
- Ensure that you are compliant with mandatory vaccine requirements per federal guidance.
**Mask Mandate**

**Public Transportation**

**June 1, 2022**

The Justice Department on Tuesday called on a federal appeals court to reinstate the national mask mandate for public transit and airplanes after a U.S. district judge found the requirements to be unlawful in April.

The Biden administration officially appealed the decision in April after the CDC said the transit mask requirement "remains necessary for public health."

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**Booster Vaccine**

**Updates - Pfizer**

FDA Expands Eligibility for Pfizer-BioNTech COVID-19 Vaccine Booster Dose to Children 5 through 11 Years

- The FDA amended the emergency use authorization (EUA) for the Pfizer-BioNTech COVID-19 Vaccine, authorizing the use of a single booster dose for administration to individuals 5 through 11 years of age at least five months after completion of a primary series with the Pfizer-BioNTech COVID-19 Vaccine.
- This action expands the use of a single booster dose of the vaccine for administration to individuals 5 through 11 years age at least five months after completion of a primary series of the Pfizer-BioNTech COVID-19 Vaccine.

Pending request to FDA – vaccine for children 6 months through 4 years old.
Booster Vaccine

Moderna Updates

FDA says Moderna vaccine for youngest children is safe and effective

- Moderna's coronavirus vaccine for infants and young children was safe and effective, setting the stage for a review by the agency's outside advisers.
- Moderna has asked the FDA for permission to use its vaccine in children 6 months through 5 years old.
CMS Updates Guidance Related to Emergency Preparedness

May 26, 2022

CMS’s Quality, Safety & Oversight Group posted Revised Memo, which provides updated guidance for surveyors and providers about emergency preparedness training and testing program exemptions and assessment of compliance with the EP requirements. ([Guidance related to Emergency Preparedness- Exercise Exemption based on A Facility’s Activation of their Emergency Plan (Ref: QSO-20-41-ALL, Revised 5/26/2022)](https://www.cms.gov))

This updated guidance only applies if a facility/provider is still currently operating under its activated emergency plan or reactivated its emergency plan for COVID-19 in 2021 or 2022.

Guidance Key Points

Outpatient Providers and Suppliers

- This guidance provides clarifications on testing exemptions for those providers/suppliers who continue to operate under their activated emergency plan and those which may have reactivated their emergency plans for COVID-19.
- This exemption applies to the next required full-scale exercise only, not the exercise of choice, based on the facility's 12-month exercise cycle.
  - The exercise cycle is determined by the facility (e.g., calendar year, fiscal year or another 12-month timeframe).
- This guidance will also apply for any subsequent 12-month cycles in the future, in the event facilities continue to operate under their activated emergency plans for COVID-19 response activities.
Providers with a currently activated emergency plan
- If you are still operating under a currently activated emergency plan during the specified 12-month cycle of testing exercises, any currently activated emergency plan will be recognized by surveyors as having met the full-scale exercise requirement for that 12-month cycle.

Providers who have resumed normal operations
- If you claimed the full-scale exercise exemption in 2020 and 2021 based on an activated emergency plan for COVID-19 response and you have since resumed normal operating status, you are expected to complete a required full-scale exercise, unless you have reactivated an emergency plan for an actual emergency during its 12-month cycle for 2022.

Guidance Key Points

Outpatient Providers and Suppliers

Providers with a currently activated emergency plan
- Providers may claim the exemption if operating under an activated emergency plan for COVID-19 response.
- CMS encourages providers to consider conducting full scale and individual facility-based exercises, if possible, to ensure facilities are fully prepared to respond to all emergencies, should they arise and to ensure maintaining a high level of preparedness based on the risks identified and to ensure patient safety in emergency events.
- Full-scale exemptions due to an actual disaster are based on any activation of the emergency plan during the facility’s 12-month cycle.
- Exemptions do not accumulate or carry over to following full-scale exercises.
Guidance Key Points
Outpatient Providers and Suppliers

Providers who have resumed normal operations

- If you claimed the full-scale exercise exemption in 2020 based on its activated emergency plan for COVID-19 response and have since resumed normal operating status, you are expected to complete a required full-scale exercise in 2022, unless you reactivated an emergency plan for an actual emergency during its 12-month cycle for 2022.
- If you claimed the full-scale exercise exemption in 2021 based on an activated emergency plan for COVID-19 response and has resumed normal operating status, are expected to complete a required full-scale exercise in 2024.

Guidance Key Points

Testing exemptions apply only for the next-full scale exercises, not any exercises of choice.

Facilities are expected to continue to conduct all exercises of choice.
Guidance Key Points

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Facilities are expected to continue to conduct all exercises of choice.

Assessment & Documentation

Continue to analyze your response to and maintain documentation of all drills, table-top exercises, and activation of their emergency plan.

This includes documentation showing any revisions to your emergency plan as a result of the after-action review process.

This is the last monthly COVID-19 webinar, but we are here for you if you have questions
Thank You