

COVID-19

An End Stage Renal Disease (ESRD) National Coordinating Center
(NCC) Professional Education Webinar



February 24, 2021

Agenda



- What is this call about?
- Today's speakers:
 - Ana Cecilia Bardossy, MD
 - Medical Officer at the Centers for Disease Control and Prevention (CDC)
 - Shannon Novosad, MD, MPH
 - Medical Officer at the CDC
 - Stephanie Booth, HCA, CIC, CCHT
 - Infection Prevention Educator for Making Dialysis Safer for Patients Coalition
- Topic: Updates on COVID-19 for Dialysis Frontline Staff
- Questions and answers (Q&As) from chat and Q&A panels

What Is This Call About?



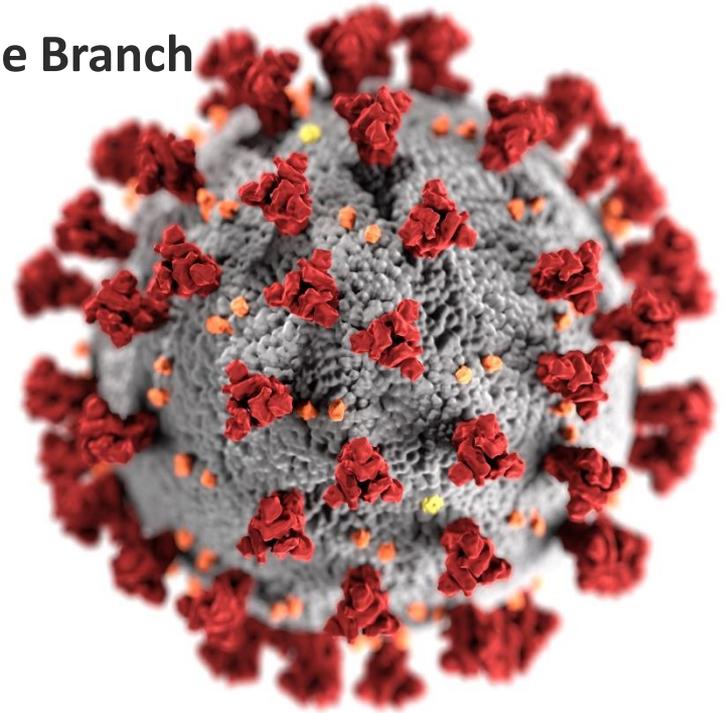
- Hear from stakeholders and peers in the ESRD community who are adapting to COVID-19.
- Share examples and provide real-world strategies for facilities to use.
- Engage in bi-monthly calls on varying topics.

Updates on COVID-19 for Dialysis Frontline Staff

**Dialysis Safety Team, Prevention and Response Branch
Division of Healthcare Quality Promotion
Centers for Disease Control and Prevention**

Professional Educational Webinar

February 24, 2021



cdc.gov/coronavirus

CDC Guidance on Infection Control for COVID-19

The screenshot shows the CDC website interface for COVID-19 guidance. At the top, the CDC logo and name are visible, along with a search bar. The main navigation bar includes 'Your Health', 'Vaccines', 'Cases & Data', 'Work & School', 'Healthcare Workers', 'Health Depts', and 'More'. A prominent 'ACT NOW!' banner is present. Below the navigation, the 'Healthcare Workers' section is active, displaying a list of topics: Testing, Vaccination, Clinical Care, Infection Control (circled in blue), Using PPE, Hand Hygiene, Alternate Care Sites, Assisted Living Facilities, Blood & Plasma Facilities, Dental Settings, Dialysis Facilities, and Nursing Homes & Long-Term Care Facilities. The main content area is titled 'Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19)', updated on June 3, 2020. It lists several guidance topics with right-pointing arrows: Infection Control Guidance, Using Personal Protective Equipment (PPE), Hand Hygiene, Discontinuing Transmission-Based Precautions, Postmortem Guidance, and Guidance by Facility Type. A 'See the Guidance' button is located under the 'Using Eye Protection' section. The 'Using Eye Protection' section text states: 'Use of eye protection is recommended in areas with moderate to substantial community transmission. For areas with minimal to no community transmission, eye protection is considered optional, unless otherwise indicated as part of standard precautions.' Below this, the 'Optimizing PPE Supplies' section lists 'N95 and Other Respirators', 'Facemasks', 'Eye Protection', and 'Gowns'.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>



CDC Guidance on Infection Control for COVID-19 (cont.)

The screenshot displays the CDC's COVID-19 resource page. At the top, the CDC logo and tagline "CDC 24/7 Saving Lives. Protecting People™" are visible, along with a search bar for "COVID-19". A navigation bar includes "Your Health", "Vaccines", "Cases & Data", "Work & School", "Healthcare Workers", "Health Depts", and "More". An "ACT NOW!" banner features icons for "WASH YOUR HANDS", "WEAR A MASK", and "AVOID CLOSE CONTACT".

The "Healthcare Workers" section is active, showing a sidebar menu with "Infection Control" expanded. The "Dialysis Facilities" link in this menu is circled in blue. The main content area is titled "Dialysis Facilities" (updated Jan. 17, 2021) and includes a photograph of a dialysis treatment room. Below the photo, there are two columns of links:

- Infection Control Guidance**
 - Infection Control for Dialysis Facilities >
 - Patient Screening >
 - Acute Care Dialysis >
 - Home Dialysis >
 - Cleaning and Disinfecting of Transport Vehicles >
- SARS-CoV2 Testing Guidance**
 - Testing Dialysis Patients >
 - Testing Healthcare Personnel >
 - Antigen Testing Guidelines >

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis/infection-prevention-control.html>



COVID-19 Dialysis Guidance

COVID-19 **ACT NOW!** WEAR A MASK STAY 6 FEET APART AVOID CROWDS

Home Your Health Vaccines Cases & Data Work & School **Healthcare Workers** Health Depts More

Home Healthcare Workers

Testing +

Vaccination

Clinical Care +

Infection Control -

Infection Control Guidance

Using PPE

Hand Hygiene

Alternate Care Sites

Assisted Living Facilities

Blood & Plasma Facilities

Dental Settings

Dialysis Facilities

Infection Prevention and Control

Patient Screening

Acute Care Dialysis

Home Dialysis

Testing Patients

Dialysis Facilities

Updated Jan. 17, 2021 Print

Infection Control Guidance

- Infection Control for Dialysis Facilities
- Patient Screening
- Acute Care Dialysis
- Home Dialysis
- Cleaning and Disinfecting of Transport Vehicles

SARS-CoV2 Testing Guidance

- Testing Dialysis Patients >
- Testing Healthcare Personnel >
- Antigen Testing Guidelines >

Training Videos

Frontline Staff Toolkit
Tips for Outpatient Hemodialysis Facilities



<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html>

COVID-19 Dialysis Guidance (cont.)

COVID-19 **ACT NOW!** WEAR A MASK STAY 6 FEET APART AVOID CROWDS

Home Your Health Vaccines Cases & Data Work & School **Healthcare Workers** Health Depts More

Home Healthcare Workers

- Testing +
- Vaccination
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- Dental Settings
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- Infection Prevention and Control
- Patient Screening
- Acute Care Dialysis
- Home Dialysis
- Testing Patients**

Dialysis Facilities

Updated Jan. 17, 2021 Print

Infection Control Guidance

- Infection Control for Dialysis Facilities >
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Tips for Outpatient Hemodialysis Facilities During COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html>



Testing Guidelines

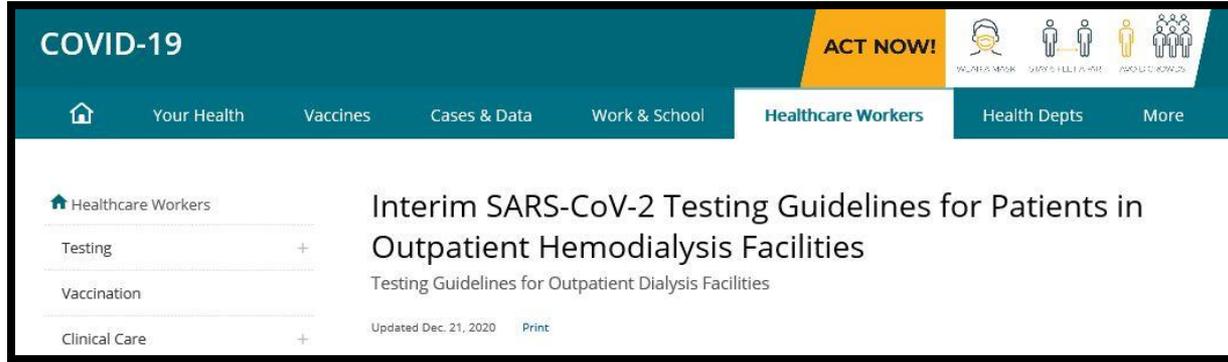
The screenshot shows the CDC COVID-19 website interface. At the top, there is a teal header with 'COVID-19' on the left and 'ACT NOW!' in a yellow box on the right. Below the header is a navigation bar with links for 'Your Health', 'Vaccines', 'Cases & Data', 'Work & School', 'Healthcare Workers' (which is highlighted), 'Health Depts', and 'More'. On the right side of the header, there are icons for 'WASH YOUR HANDS', 'WEAR A MASK', 'STAY 6 FEET AWAY', and 'AVOID CROWDS'. The main content area shows a sidebar on the left with 'Healthcare Workers' selected, and a list of sub-topics: 'Testing' (with a plus sign), 'Vaccination', and 'Clinical Care' (with a plus sign). The main content area displays the title 'Interim SARS-CoV-2 Testing Guidelines for Patients in Outpatient Hemodialysis Facilities' and a subtitle 'Testing Guidelines for Outpatient Dialysis Facilities'. Below the title, it says 'Updated Dec. 21, 2020' and 'Print'.

- Testing patients with signs and symptoms of COVID-19.
- Testing asymptomatic patients with known or suspected exposure to an individual infected with SARS-CoV-2, including close and expanded contacts (e.g., there is an outbreak in the facility) to control transmission.
- Testing to determine resolution of infection.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis/testing-patients.html>



Testing Guidelines (cont.)



The screenshot shows the CDC COVID-19 website interface. The top navigation bar includes 'COVID-19', 'ACT NOW!', and icons for 'WEAR A MASK', 'STAY 6 FEET APART', and 'AVOID GATHERINGS'. Below this is a secondary navigation bar with 'Your Health', 'Vaccines', 'Cases & Data', 'Work & School', 'Healthcare Workers', 'Health Depts', and 'More'. The 'Healthcare Workers' section is active, displaying a sidebar with 'Healthcare Workers', 'Testing', 'Vaccination', and 'Clinical Care'. The main content area is titled 'Interim SARS-CoV-2 Testing Guidelines for Patients in Outpatient Hemodialysis Facilities' and includes a sub-heading 'Testing Guidelines for Outpatient Dialysis Facilities'. It also shows 'Updated Dec. 21, 2020' and a 'Print' button.

Testing conducted at dialysis facilities should be implemented in addition to recommended IPC measures.

Not all dialysis facilities can perform on-site testing. However, all facilities should have a plan for testing patients for SARS-CoV-2 (e.g., identify where patients will be referred to for testing if the dialysis facility cannot perform on-site testing).

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis/testing-patients.html>

Testing Asymptomatic Patients with Known or Suspected Exposure to an Individual Infected with SARS-CoV-2, including Close and Expanded Contacts (e.g., there is an outbreak in the facility) to Control Transmission

- Consider testing all patients and healthcare personnel (HCP) in the facility or at least all patients and HCP of the same shift.
- Identifying transmission within a dialysis facility can be challenging.
 - SARS-CoV-2 infections among HCP or patients with epidemiological links and no other exposures suggest transmission may have occurred within the facility.
 - Transmission within the facility should be considered an outbreak.
- Testing all patients as soon as transmission is suspected will allow:
 - Quick identification of infected patients.
 - Clinical management of patients.
 - Rapid implementation of IPC interventions.



Testing Asymptomatic Patients with Known or Suspected Exposure to an Individual Infected with SARS-CoV-2, including Close and Expanded Contacts (e.g., there is an outbreak in the facility) to Control Transmission (cont.)

- Facility leadership should be prepared to continue to provide dialysis and isolate patients as needed.
- HCP should also be tested.
- The following website has considerations on performing broad-based testing for SARS-CoV-2 infections in congregate settings:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/broad-based-testing.html>
- Notify local public health authorities of suspected or confirmed outbreaks in the dialysis facility.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis/testing-patients.html>



Discontinuation of Transmission-Based Precautions for Patients with Confirmed SARS-CoV-2 Infection

The decision to discontinue [Transmission-Based Precautions](#) for patients with confirmed SARS-CoV-2 infection should be made using a symptom-based strategy as described below. The time period used depends on the patient's [severity of illness](#) and if they are severely immunocompromised.¹ **Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge from a healthcare facility.**

A test-based strategy is no longer recommended (except as noted below) because, in the majority of cases, it results in prolonged isolation of patients who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.

Symptom-Based Strategy for Discontinuing Transmission-Based Precautions.

Patients with [mild to moderate](#) illness who are not severely immunocompromised:

- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Note: For patients who are **not severely immunocompromised**¹ and who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

Patients with [severe to critical illness](#) or who are severely immunocompromised¹:

- At least 10 days and up to 20 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>



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Coronavirus Disease 2019 (COVID-19) Outpatient Dialysis Facility Preparedness Assessment Tool



All U.S. outpatient dialysis facilities should be prepared for the possible arrival of patients with Coronavirus Disease 2019 (COVID-19). All outpatient dialysis facilities should ensure their staff are trained, equipped, and capable of practices needed to:

- Prevent the spread of respiratory infections, including COVID-19, within the dialysis facility.
- Promptly identify and isolate patients with possible COVID-19 and inform the correct dialysis facility staff and public health authorities.
- Provide dialysis for a limited number of patients with confirmed or suspected COVID-19 as part of routine operations.
- Potentially provide dialysis for a larger number of COVID-19 patients in the context of an escalating outbreak.
- Monitor and manage any healthcare personnel that might be exposed to COVID-19.
- Communicate effectively within the dialysis facility and plan for appropriate external communication related to COVID-19.

The following checklist is not a list of mandatory requirements; rather, it highlights important areas CDC recommends outpatient dialysis facilities review in preparation for potential arrivals of COVID-19 patients.

Elements to be assessed

1. Infection prevention and control policies and training for healthcare personnel (HCP):			
	Completed	In Progress	Not Started
Facility leadership including, but not limited to, the Chief Medical Officer, quality officers, medical directors, facility administrator, nurse manager, infection prevention personnel, chief operating officer, nephrologists, nurse practitioners has reviewed the Centers for Disease Control and Prevention's COVID-19 guidance for dialysis facilities. www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility provides education and job-specific training to HCP regarding COVID-19 including:			
Signs and symptoms of infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Importance of hand hygiene, respiratory hygiene, cough etiquette and wearing a facemask or cloth face covering for source control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of personal protective equipment (PPE) including competency evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triage procedures and patient placement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCP sick leave policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-monitoring for fever or respiratory symptoms including not reporting to work when ill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How and to whom suspected and confirmed COVID-19 cases should be reported.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

www.cdc.gov/coronavirus

2. Process for rapidly identifying and isolating patients with confirmed or suspected COVID-19:

	Completed	In Progress	Not Started
Facility has notified patients to call ahead and report fever or symptoms of respiratory infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Transmission-Based Precautions:

	Completed	In Progress	Not Started
Facility has a procedure for assessing supply (inventory) of personal protective equipment (PPE) and other infection prevention and control supplies (e.g., hand hygiene supplies).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Monitoring and managing HCP:

	Completed	In Progress	Not Started
Facility has sick leave policies that are non-punitive, flexible and allow ill healthcare personnel (HCP) to stay home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19-outpatient-dialysis.pdf>



COVID-19

ACT NOW!



- Home
- Your Health
- Vaccines
- Cases & Data
- Work & School
- Healthcare Workers
- Health Depts
- More

Healthcare Workers

- Testing +
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Dialysis Facilities

Updated Jan. 17, 2021 Print



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Training Videos



Frontline Staff Toolkit

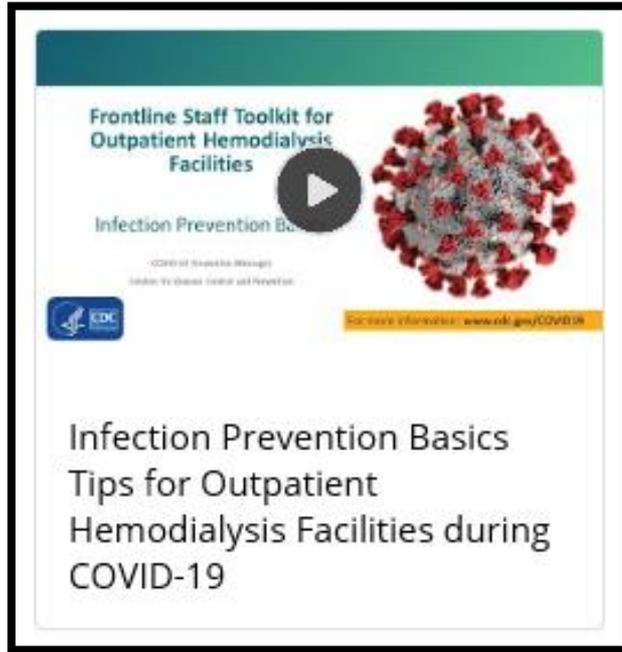
Tips for Outpatient Hemodialysis Facilities During COVID-19

[Infection Prevention Basics \(Video\)](#)

[Personal Protective Equipment \(PPE\) Tips \(Video\)](#)

[Screening and Patient Placement \(Video\)](#)

Frontline Staff Toolkit: Infection Prevention Basics



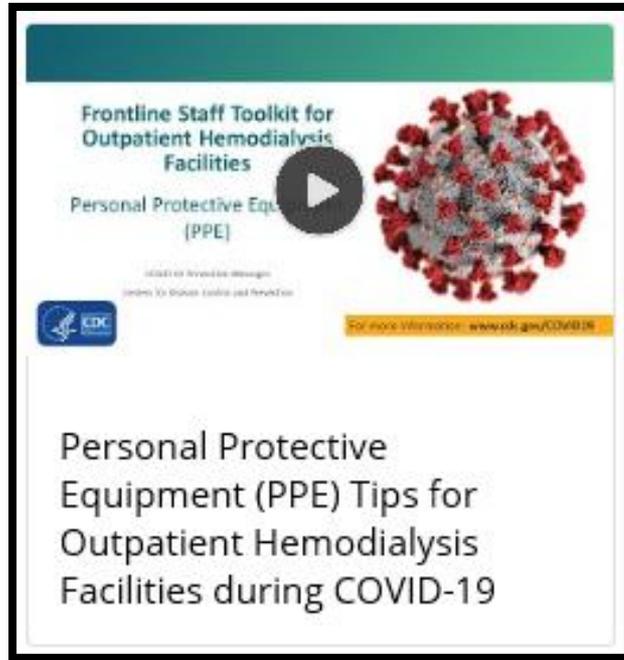
- Basic infection prevention steps
- Hand hygiene and environmental cleaning and disinfection help prevent the spread of COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis.html>

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

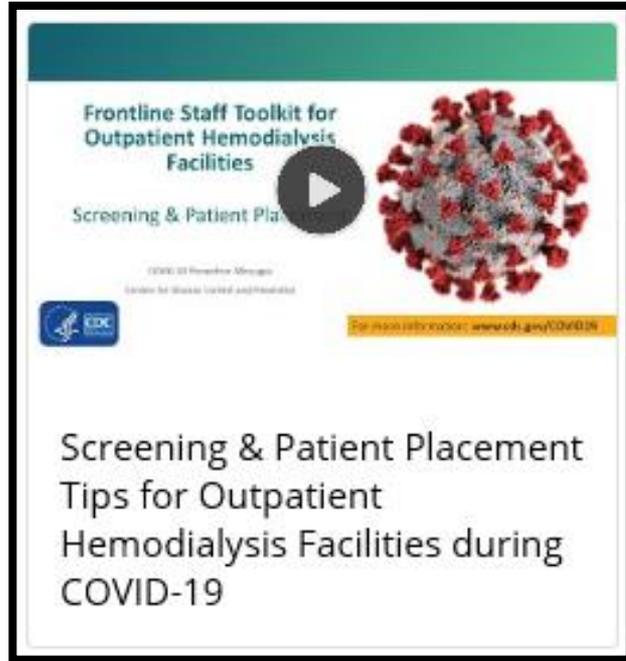


Frontline Staff Toolkit: Personal Protective Equipment



- Personal protective equipment (PPE) used in dialysis facilities.
- Correctly using PPE helps prevent the spread of COVID-19.

Frontline Staff Toolkit: Screening & Patient Placement



- Steps for screening patients before dialysis treatments
- Appropriate patient placement can help prevent the spread of COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis.html>

COVID-19 Dialysis Resources

How our facility is keeping patients safe from COVID-19

Our outpatient dialysis facility is prepared for the possible arrival of patients with coronavirus disease 2019 (COVID-19). We are committed to keeping patients safe and are taking the following steps to reduce the risk of COVID-19 in our patients and staff:

- We are providing extra training for staff and education for patients about the importance of hand hygiene, facemasks, respiratory hygiene, and cough etiquette.**

Thermal, alcohol-based hand sanitizer, and trash cans will be provided in the waiting area and treatment area. Soap and water will continue to be available at all handwashing sinks and in the restrooms.


- We are training staff about proper use of personal protective equipment for COVID-19.**

You may see a change in the personal protective equipment (i.e. gowns, masks, gloves) that staff are asked to wear.


- We are continuing our routine cleaning and disinfection procedures as these procedures are recommended for protecting patients from COVID-19 in dialysis settings.**

Any surface, supplies, or equipment located within the patient stations will continue to be disinfected or discarded. We will ensure any surface, supplies or equipment located within 6 feet of an ill patient is disinfected or discarded.
- We are monitoring all staff for symptoms of COVID-19.**

We are instructing staff who have symptoms of COVID-19 (e.g., fever, cough, shortness of breath, sore throat, muscle aches, tenderness) to stay home and not come to work.
- We are monitoring patients on dialysis and visitors for symptoms of COVID-19.**

Call ahead if you have fever, new cough, sore throat, tiredness, muscle aches or shortness of breath. This allows us to plan for your arrival and take infection prevention steps to keep you safe.


- We are limiting staff and visitors coming into the dialysis facility.**

We are limiting non-essential staff entry into the dialysis facility by exploring ways to provide care to patients remotely (e.g., using telehealth options).



We are restricting visitor access to only those who are essential for the patient's care. Visitors will be screened for fever and symptoms of COVID-19 prior to entry. Visitors will be asked to wear their cloth face covering and limit their movement in the facility.
- We are encouraging patients and staff to share all questions and concerns related to COVID-19.**

Don't be afraid to use your voice. It is okay to ask questions about treatment changes and ways to protect yourself and your family.


- We are staying up-to-date with the latest information from CDC's COVID-19 web page: www.cdc.gov/coronavirus.**

Thank you for everything you are doing to keep yourself and your loved ones safe. We will keep you informed about any new precautions that are necessary. Please feel free to contact us with additional questions.

Call us at:

We are prepared to quickly identify and separate patients with symptoms of COVID-19.

All patients will be screened upon entry to the facility and instructed to continue wearing their cloth face covering (or offered a facemask, if available). Patients with symptoms of COVID-19 will be treated in a separate area or at a corner or end-of-row station, away from the main flow of traffic.

This may affect your chair location, treatment time or day, or you may need to be transferred to another facility based on symptoms or diagnosis of COVID-19.



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

Coronavirus Disease 2019 (COVID-19) Keeping Patients on Dialysis Safe

What is COVID-19?

COVID-19 is a respiratory illness that can spread from person to person, similar to influenza.



Take Everyday Precautions

- Wash your hands often with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol.
- Avoid touching your face.
- Everyone should wear a cloth face cover in public setting where other social distancing measures are difficult to maintain.
- Avoid close contact with people who are sick.
- Avoid crowds and keep at least six feet of space between yourself and others if COVID-19 is spreading in your community.
- If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
 - Throw used tissues in the trash and immediately clean your hands.
- Routinely clean and disinfect surfaces you often touch, such as cell phones, computers, countertops, handles, and light switches.



Preparing the Facility

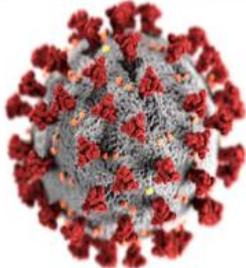
You may see changes as the dialysis facility prepares to keep you safe during treatment. This may include:

- Signs with special instructions for patients with symptoms of COVID-19.
- Additional education about hand hygiene and cough etiquette.
- Waiting areas will be divided for patients with symptoms and patients without symptoms.
- A change in patient chair locations, treatment times, or days.
- A change in the gowns, facemasks, and eye protection that the staff wear.
- Patients, visitors and staff will all be wearing a cloth face covering or facemask the entire time they are in the facility.




Preparing Outpatient Hemodialysis Facilities for COVID-19

April 13, 2020



For more information: www.cdc.gov/COVID19



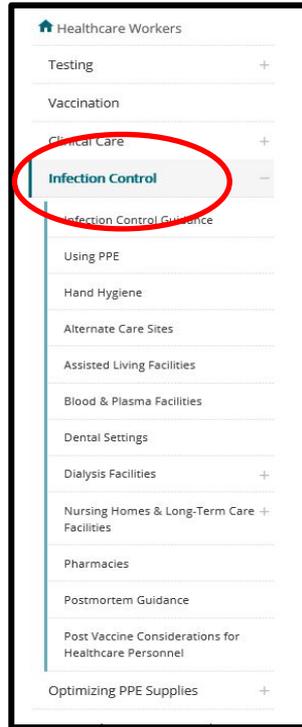
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis/home-dialysis.html>

https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facilities/316158-A_FS_ProtectSelfAndFam.pdf

https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facilities/316157-A_FS_KeepingPatientsSafe.pdf



General IPC Guidance



Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

Updated Dec. 14, 2020 [Print](#)

Summary of Recent Changes

Updates as of December 14, 2020

As of December 14, 2020

- Added links to Frequently Asked Questions addressing Environmental Cleaning and Disinfection and assessing risks to patients and others exposed to healthcare personnel who worked while infected with SARS-CoV-2
- Described recommended IPC practices when caring for patients who have met **criteria for a 14-day quarantine based on prolonged close contact with someone with SARS-CoV-2 infection.**
- **Added reminders that:**
 - Double gloving is not recommended when providing care to patients with suspected or confirmed SARS-CoV-2 infection
 - In general, HCP caring for patients with suspected or confirmed SARS-CoV-2 infection should not wear more than one isolation gown at a time.

[View Previous Updates](#)

Table of Contents

Background

1. Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic
2. Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection

Appendix: Additional Information about Airborne Infection Isolation Rooms, Respirators and Facemasks

Definitions



Options to Reduce Quarantine in Healthcare Facilities

Are the alternatives to the 14-day quarantine described in the Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing recommended for healthcare facilities? ^

Given the need for often extensive and close contact between patients and healthcare personnel, a 14-day quarantine period continues to be recommended for patients receiving healthcare and healthcare personnel with exposures to SARS-CoV-2 warranting [quarantine](#)¹ or [work restrictions](#), respectively. This option maximally reduces post-quarantine transmission risk and is the strategy with the greatest collective experience at present.

Alternatives to the 14-day quarantine period are described in the [Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing](#). Healthcare facilities could consider these alternatives as a measure to mitigate staffing shortages, space limitations, or PPE supply shortages but, due to the special nature of healthcare settings (e.g., patients at risk for worse outcomes, critical nature of healthcare personnel, challenges with social distancing), not as a preferred option.

Healthcare facilities should understand that shortening the duration of work restriction or patient quarantine might pose additional transmission risk. They should also counsel patients and healthcare personnel about the need to monitor for and immediately self-isolate if symptoms occur during the 14 days after their exposure and the importance of adhering to all recommended [non-pharmaceutical interventions](#).

¹In healthcare settings, patients under quarantine are typically isolated in a single-person room and cared for by healthcare personnel using all PPE recommended for a patient with suspected or confirmed SARS-CoV-2 infection. However, these patients should not be cohorted with patients with SARS-CoV-2 infection unless they are also confirmed to have SARS-CoV-2 infection through testing.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>



Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19

- Establish a process to ensure everyone (patients, healthcare personnel, and visitors) entering the facility is assessed for [symptoms of COVID-19](#), or exposure to others with suspected or confirmed SARS-CoV-2 infection and that they are practicing source control.
 - Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which, prior to arrival at the facility, people report absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days, and confirm they have not been exposed to others with SARS-CoV-2 infection during the prior 14 days.
 - Fever can be either measured temperature $\geq 100.0^{\circ}\text{F}$ or subjective fever. People might not notice symptoms of fever at the lower temperature threshold that is used for those entering a healthcare setting, so they should be encouraged to actively take their temperature at home or have their temperature taken upon arrival.
 - Obtaining reliable temperature readings is affected by multiple factors, including:
 - The ambient environment in which the temperature is measured: If the environment is extremely hot or cold, body temperature readings may be affected, regardless of the temperature-taking device that is used.
 - Proper calibration of the thermometers per manufacturer standards: Improper calibration can lead to incorrect temperature readings.
 - Proper usage and reading of the thermometers: Non-contact infrared thermometers frequently used for health screening must be held at an established distance from the temporal artery in the forehead to take the temperature correctly. Holding the device too far from or too close to the temporal artery affects the reading.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>



Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19 (cont.)

- Establish a process to ensure everyone (patients, healthcare personnel, and visitors) entering the facility is assessed for [symptoms of COVID-19](#), or exposure to others with suspected or confirmed SARS-CoV-2 infection and that they are practicing source control.
 - Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which, prior to arrival at the facility, people report absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days, and confirm they have not been exposed to others with SARS-CoV-2 infection during the prior 14 days.
 - Fever can be either measured temperature $\geq 100.0^{\circ}\text{F}$ or subjective fever. People might not notice symptoms of fever at the lower temperature threshold that is used for those entering a healthcare setting, so they should be encouraged to actively take their temperature at home or have their temperature taken upon arrival.
 - Obtaining reliable temperature readings is affected by multiple factors, including:
 - The ambient environment in which the temperature is measured: If the environment is extremely hot or cold, body temperature readings may be affected, regardless of the temperature-taking device that is used.
 - Proper calibration of the thermometers per manufacturer standards: Improper calibration can lead to incorrect temperature readings.
 - Proper usage and reading of the thermometers: Non-contact infrared thermometers frequently used for health screening must be held at an established distance from the temporal artery in the forehead to take the temperature correctly. Holding the device too far from or too close to the temporal artery affects the reading.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>



Create a Process to Respond to SARS-CoV-2 Exposures Among HCP and Others

Healthcare facilities should have a process for notifying the health department about suspected or confirmed cases of SARS-CoV-2 infection, and should [establish a plan](#), in consultation with local public health authorities, for how exposures in a healthcare facility will be investigated and managed and how [contact tracing](#) will be performed. The plan should address the following:

- Who is responsible for identifying contacts (e.g., HCP, patients, visitors) and notifying potentially exposed individuals?
- How will such notifications occur?
- What actions and follow-up are recommended for those who were exposed?

Contact tracing should be carried out in a way that protects the confidentiality of affected individuals and is consistent with applicable laws and regulations. HCP and patients who are currently admitted to the facility or were transferred to another healthcare facility should be prioritized for notification. These groups, if infected, have the potential to expose a large number of individuals at higher risk for severe disease, or in the situation of admitted patients, are at higher risk for severe illness themselves. Additional guidance on assessing the risk for patients and co-workers exposed to HCP who worked while infected with SARS-CoV-2 infection is available in the [Healthcare Infection Prevention and Control FAQs for COVID-19](#)

Information about when HCP with suspected or confirmed SARS-CoV-2 infection may return to work is available in the [Interim Guidance on Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19](#).

Information about risk assessment and work restrictions for HCP exposed to SARS-CoV-2 is available in the [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to Coronavirus Disease 2019 \(COVID-19\)](#).

Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate these, including providing [resources](#) to assist HCP with anxiety and stress. [Strategies to mitigate staffing shortages](#) are available.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>



National Healthcare Safety Network (NHSN)

CDC > NHSN > Materials for Enrolled Facilities > Outpatient Dialysis Facilities



Home NHSN

NHSN Login

About NHSN +

Enroll Here +

Change NHSN Facility Administrator

Materials for Enrolled Facilities -

COVID-19 Information +

Ambulatory Surgery Centers +

Acute Care Hospitals/Facilities +

Dialysis COVID-19 Module

CDC's NHSN provides healthcare facilities, with a customized system to track infections and prevention process measures in a systematic way. Tracking this information allows facilities to identify problems, improve care, and determine progress toward national healthcare-associated infection goals.

The NHSN Outpatient Dialysis Component is supporting the nation's COVID-19 emergency response with a COVID-19 module designed to collect data pertaining to in-center dialysis, home dialysis, and peritoneal dialysis patients.

The COVID-19 Module has a single data entry page with four sections:

- Patient Impact
- Staff and Personnel Impact
- Supply and Personal Protective Equipment
- Testing

Dialysis Facility COVID-19 Module

Reporting Sections

Patient Impact

Staff and Personnel Impact

Supply and Personal Protective Equipment

Testing

<https://www.cdc.gov/nhsn/dialysis/covid19/index.html>



NHSN: Reporting HCP COVID-19 Vaccination

- Facilities participating in NHSN can report weekly COVID-19 vaccination data through the Healthcare Personnel Safety (HPS) Component.
- Weekly reporting is currently optional.
- Facilities can use the data to obtain a better picture of COVID-19 vaccination at their facility.
 - Monitor vaccination rates over time.
 - Identify HCP groups with lower vaccination rates.
 - Improve vaccination tracking.
 - Data from the HCP vaccination module can inform decision-making.

NHSN
NATIONAL HEALTHCARE
SAFETY NETWORK

December 2020

**Healthcare Personnel COVID-19 Vaccination Cumulative Summary
for Non-Long-Term Care Facilities (57.220)**

3 Pages
*Legend for saving

*Facility ID#:

*Vaccination type: COVID-19

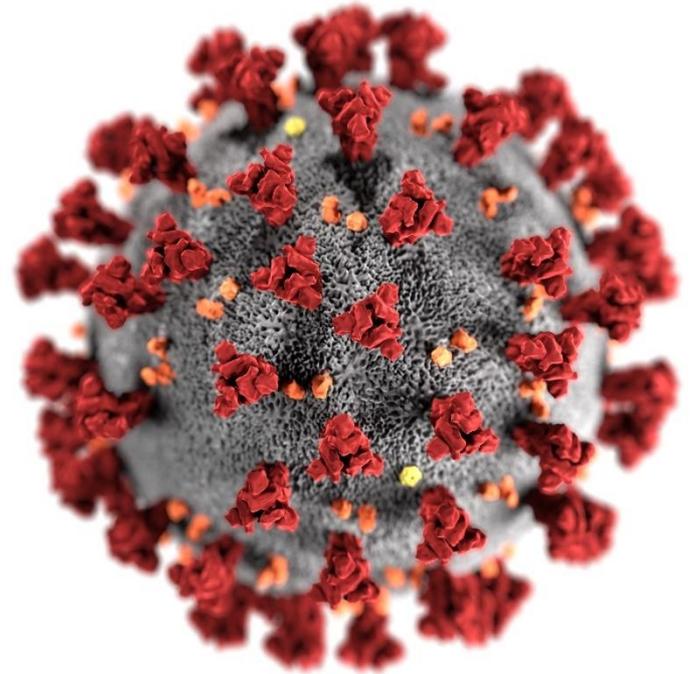
*Week of data collection (Monday – Sunday): ___/___/___ - ___/___/___ *Date Last Modified: ___/___/___

Cumulative Vaccination Coverage

	Healthcare Personnel (HCP) Categories								
	All HCP (Total)	Environmental services	Nurses	Medical assistants and certified nursing assistants	*Respiratory therapists	Pharmacists and pharmacy technicians	Physicians†	Other licensed independent practitioners†	Other HCP†
1. *Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection									
2. *Cumulative number of HCP in Question #1 who have received COVID-19 vaccines at this facility or elsewhere:									
2.1. *Only dose 1 of Pfizer-BioNTech COVID-19 vaccine									
2.2. *Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine									
2.3. *Only dose 1 of Moderna COVID-19									



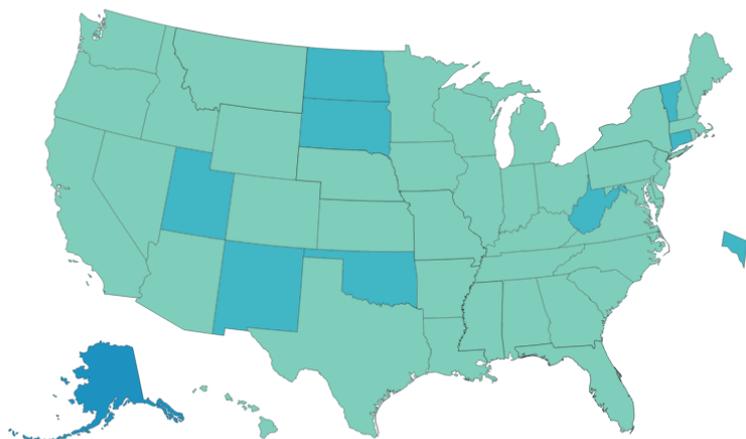
COVID-19 Vaccine



COVID-19 Vaccine Administered

As of February 12, 2021

Total Doses Administered Reported to the CDC by State/Territory and for Selected Federal Entities per 100,000

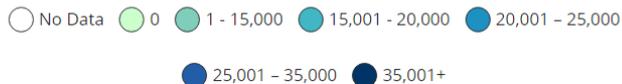


Territories

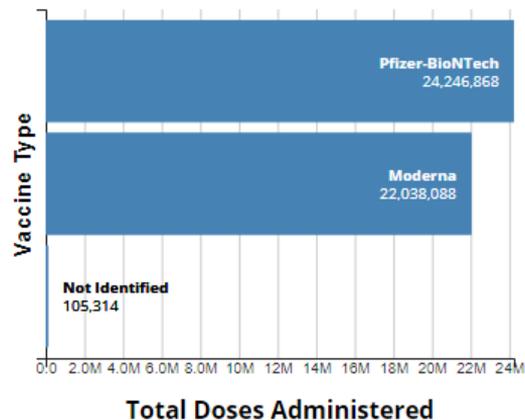
Federal Entities



Total Doses Administered per 100,000



U.S. COVID-19 Vaccine Administration by Vaccine Type



Available: <https://covid.cdc.gov/covid-data-tracker>

ACIP's Origins and Role

- ACIP established in **1964** by the Surgeon General of the U.S. Public Health Service.
- Designated as a Federal Advisory Committee in 1972.
- **Role**: To provide advice and guidance to the CDC Director and the HHS Secretary on most effective means to prevent vaccine-preventable diseases in the U.S. civilian population
 - Advises on population groups and/or circumstances in which a vaccine is recommended.
- ACIP deliberations include consideration of disease **epidemiology** and **burden of disease, vaccine efficacy** and **effectiveness, vaccine safety**, the **quality** of evidence reviewed, **economic analyses**, and **implementation issues**.
- CDC is the secretariat for ACIP, but ACIP is independent of the CDC; Voting ACIP members are not CDC employees.

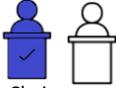
ACIP Recommendations as HHS Policy

- ACIP recommendations become policy following approval by the CDC Director and MMWR publication.
- The Affordable Care Act (ACA) was enacted in 2010 and requires insurance coverage for immunizations included in ACIP's approved immunization schedules.
- Health plans have 1 plan year from MMWR publication to implement recommendations according to CDC immunization schedules.

MMWR = Morbidity and Mortality Weekly Report

Advisory Committee on Immunization Practices (ACIP)

ACIP voting members

≥2  Chair

CDC



Lead

- + Subject Matter Experts
- + Immunization Safety Office
- + Immunization Services Division

Ex-officio members



Liaison representatives



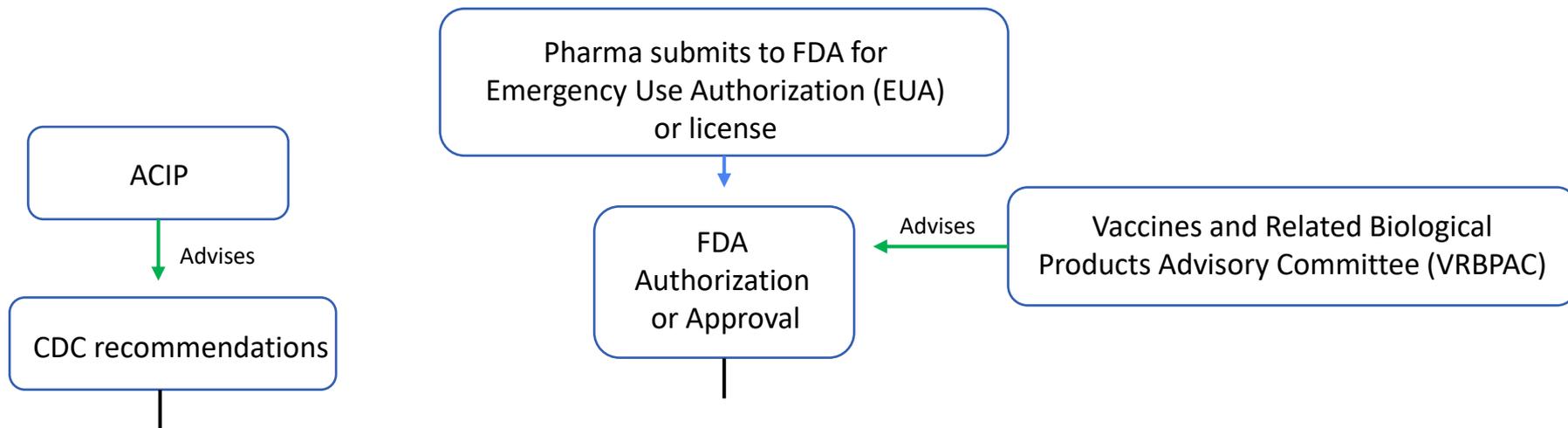
Consultants



- **Fifteen** voting members
 - Includes 1 consumer representative and 14 members with expertise in specific disciplines
 - 4-year, overlapping terms
- **Eight** *ex-officio* members representing other government agencies involved in immunization
- **Thirty-one** liaison representatives with broad involvement in immunization

See ACIP Policies and Procedures guidance for abbreviations

Vaccine Licensure and Recommendations



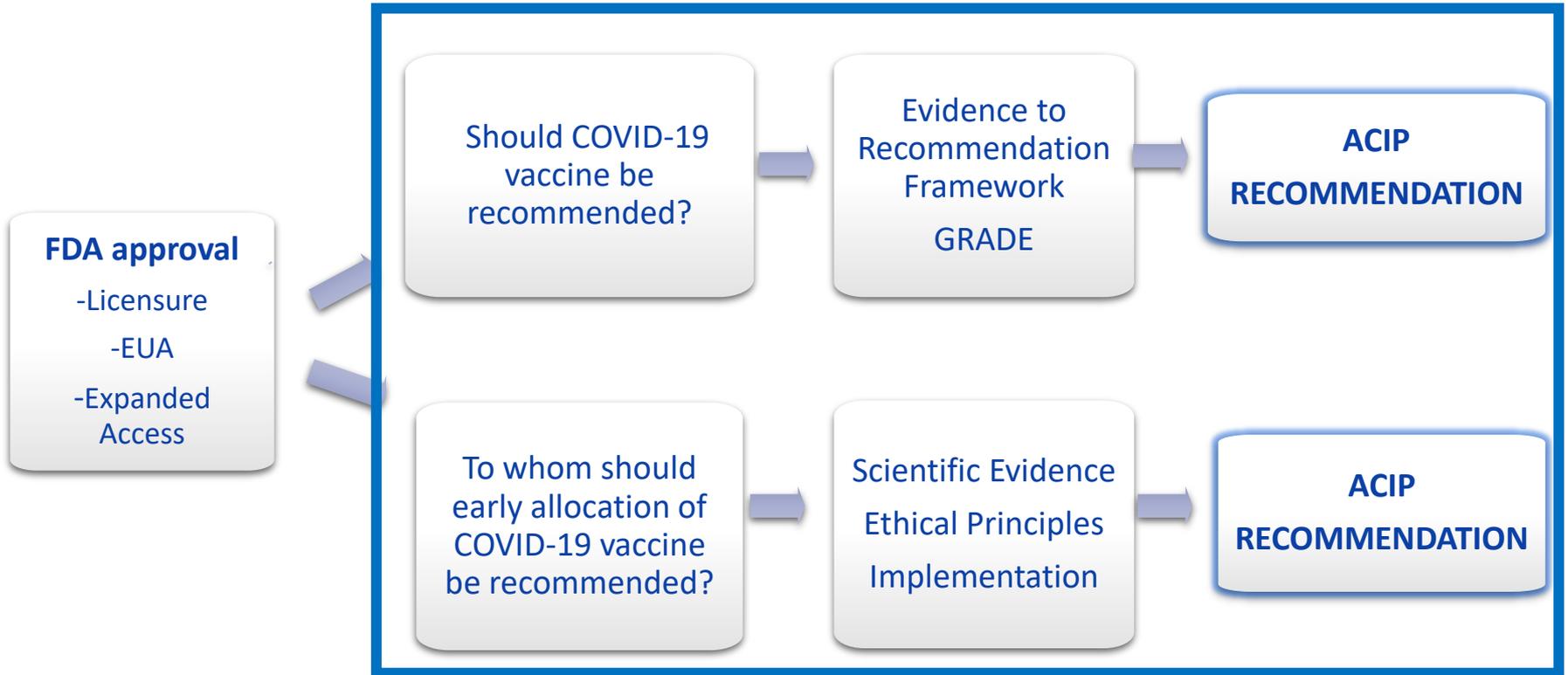
- Recommendation for use of EUA or licensed vaccines guided by FDA, labeling, and other considerations

- FD&C Act (section 564) and PHS Act (section 351(a))
- National Regulatory Agency, has enforcement authority
- Allows for availability and use of vaccines
- Labeling content restricted to stated intended use in studied population and supported by data from adequate and well-controlled studies provided by manufacturer

EUA = Emergency Use Authorization
FDA = Food and Drug Administration
FD&C Act = Food, Drug, and Cosmetic Act



ACIP Pathway to Recommendation



Overview of Groups Prioritized by ACIP

Phase 1a

- ✓ Healthcare personnel
- ✓ Long-term care facility residents



Phase 1b

- ✓ Frontline essential workers
- ✓ Persons ages 75 years and older



Phase 1c

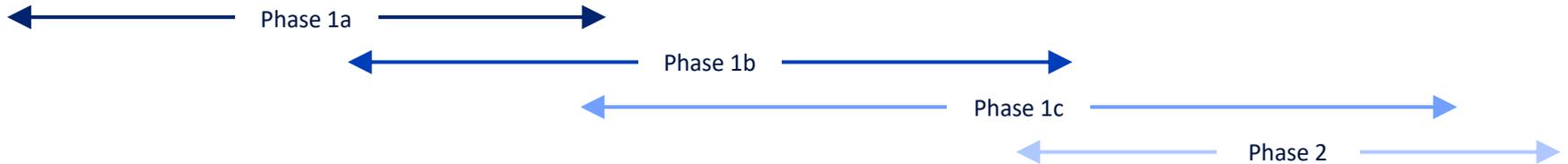
- ✓ Persons ages 65–74 years
- ✓ Persons ages 16–64 years with high-risk conditions
- ✓ Essential workers not recommended in Phase 1b



Phase 2

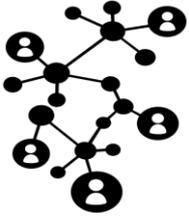
- ✓ All people ages 16 years and older not in Phase 1 who are recommended for vaccination

Initiation of phases will be overlapping



ACIP: COVID-19 Vaccine Guiding Principles

E
Q
U
I
T
Y



Efficient Distribution. During a pandemic, efficient, expeditious, and equitable distribution and administration of authorized vaccine is critical.



Flexibility. Within national guidelines, state and local jurisdictions should have flexibility to administer vaccine based on local epidemiology and demand.

COVID-19 Vaccines Under FDA EUAs

- 2 vaccines have received EUAs from the FDA:
 - **Pfizer/BioNTech:** 2 doses given at least 21 days apart.
 - **Moderna:** 2 doses given at least 28 days apart.
- Both vaccines were tested in tens of thousands of adults from diverse backgrounds, including older adults and communities of color.
- Clinical trial data show that both vaccines are safe and effective at preventing COVID-19.
- It is unknown how long protection from vaccines might last.

Fast-tracking COVID-19 Vaccines While Ensuring Safety

- mRNA COVID-19 vaccines were developed based on years of research.
- Researchers used existing networks to conduct COVID-19 vaccine trials.
- Manufacturing began while clinical trials were still underway. Normally, manufacturing doesn't begin until after completion of the trials.
- mRNA vaccines are faster to produce than traditional vaccines.
- FDA and CDC are prioritizing review and authorization of COVID-19 vaccines.

*For more information, visit the COVID-19 Prevention Network:

www.coronaviruspreventionnetwork.org/about-covpn

What Are Messenger RNA (mRNA) Vaccines?

- They carry genetic material that teaches our cells how to make a harmless piece of “spike protein,” which is found on the surface of the SARS-CoV-2 virus.
 - Genetic material from the vaccine is destroyed by our cells once copies of the spike protein are made and it is no longer needed.
- Cells display this piece of spike protein on their surface, and an immune response is triggered inside our bodies. This produces antibodies to protect us from getting infected if the SARS-CoV-2 virus enters our bodies.



Sources: College of Physicians of Philadelphia. What is an mRNA vaccine? <https://historyofvaccines.blog/2020/07/29/what-is-an-mrna-vaccine/>
JAMA. COVID-19 and mRNA Vaccines—First Large Test for a New Approach. <https://jamanetwork.com/journals/jama/fullarticle/2770485>

mRNA COVID-19 Vaccines

- Like all vaccines, COVID-19 mRNA vaccines have been **rigorously tested** for safety before being authorized for use in the United States.
- mRNA technology is **new, but not unknown**, and has been studied for more than 10 years.
- mRNA vaccines **do not contain a live virus** and do not carry a risk of causing disease in the vaccinated person.
- mRNA from the vaccine never enters the nucleus of the cell and **does not affect or interact with a person's DNA**.

Key Facts About COVID-19 Vaccination



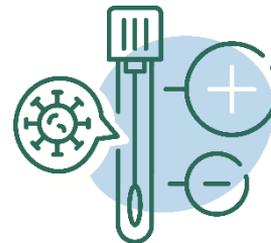
Getting vaccinated can help prevent you from getting sick with COVID-19.



People who have already gotten sick with COVID-19 may still benefit from getting vaccinated.



COVID-19 vaccines cannot give you COVID-19.



COVID-19 vaccines will not cause you to test positive on COVID-19 viral tests.*

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/about-vaccines/vaccine-myths.html>

*<https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>

Safety of COVID-19 Vaccines Is a Top Priority

COVID-19 vaccines are being held to the **same safety standards** as all vaccines.

Before Authorization



- **FDA** carefully reviews all safety data from clinical trials.
- **ACIP** reviews all safety data before recommending use.

After Authorization



- **FDA** and **CDC** closely monitor vaccine safety and side effects. There are systems in place that allow CDC and FDA to watch for safety issues.

VAERS Vaccine Adverse Event Reporting System
www.vaers.hhs.gov



V-safe: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>



Active Safety Monitoring for COVID-19 Vaccines

- **V-safe** is a new CDC smart-phone based monitoring program for COVID-19 vaccine safety that:
 - Uses text messaging and web surveys to check in with vaccine recipients after vaccination.
 - Participants can report any side effects or health problems after COVID-19 vaccination.
 - Includes active telephone follow-up by CDC for reports of significant health impact.



What to Expect Before, During, and After COVID-19 Vaccination

Before



- Learn about COVID-19 vaccines.
- See if COVID-19 vaccination is recommended for you.

During



- Read the fact sheet that tells you about the specific COVID-19 vaccine you receive.
- Receive a vaccination record card.

After



- Expect some side effects.
- Enroll in v-safe.
- Continue using all the measures to protect yourself and others.

V-safe: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>

The Problem: Need to Instill Vaccine Confidence

- Overall acceptability of a COVID-19 vaccine is **moderate**.¹
 - Proportion intending to receive vaccine ranged across surveys: 42–86% (as of Nov.–Dec. 2020 polls).

Factors weighing on acceptance:



Concern about side effects



Efficacy



Risk perception



Associated costs

Tyson, A, Johnson, C, & Funk, C. (2020, September 17). *U.S. Public Now Divided Over Whether To Get COVID-19 Vaccine*. Pew Research Center. <https://www.pewresearch.org/science/2020/09/17/u-s-public-now-divided-over-whether-to-get-covid-19-vaccine/>

COVID-19 vaccine more acceptable if:



Healthcare provider said it was safe



There are no costs to the individual



It would help get back to school and work



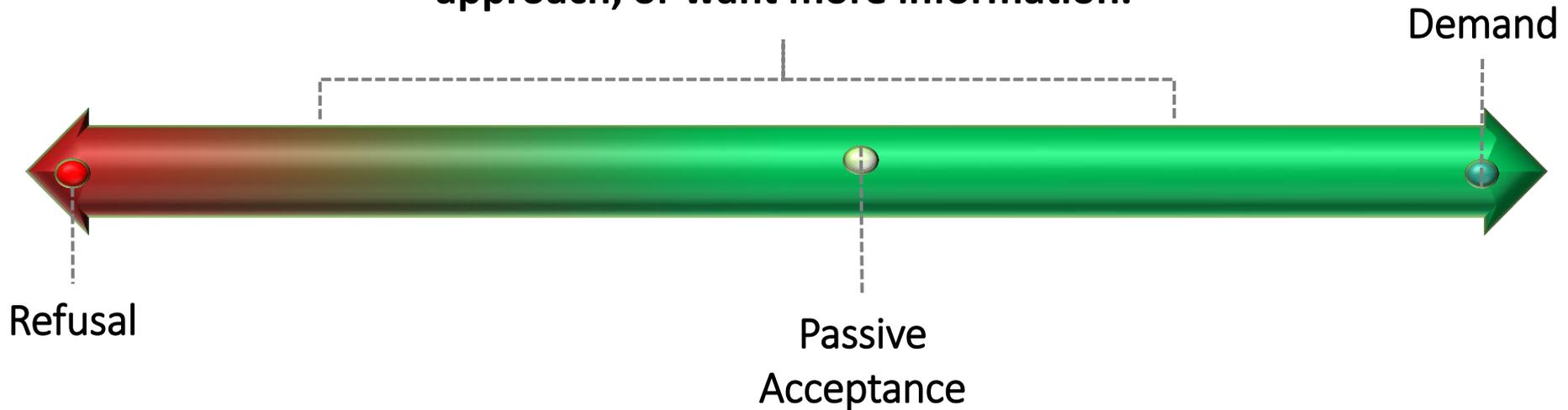
They could get it easily

Jackson, C., & Newall, M. (2020, September 29). *Despite COVID-19 spike, few individual behaviors are changing*. Ipsos. <https://www.ipsos.com/en-us/news-polls/axios-ipsos-coronavirus-index>

The Vaccine Demand Continuum

INCREASING CONFIDENCE IN VACCINE, VACCINATOR, AND HEALTH SYSTEM

**May have questions, take “wait and see”
approach, or want more information.**



A New Pandemic, a New Vaccine, and a New Adult-Focused Platform Means Shifting Tactics

- Individuals across the spectrum will have concerns. These concerns are understandable and need to be addressed with empathy and transparency.
- Concerns among healthcare providers is a risk for overall vaccine confidence. Healthcare providers are the most trusted source for health information.
- Communities will have unique experiences informing COVID-19 vaccine perceptions. Engagement with community organizations and leaders will expand access to clear and accurate information on COVID-19 vaccines.



Vaccinate with **Confidence**

A National Strategy to Reinforce Confidence in COVID-19 Vaccines

Reinforce Trust

Objective: Regularly share clear and accurate COVID-19 vaccine information and take visible actions to build trust in the vaccine, the vaccinator, and the system.

Empower Healthcare Providers

Objective: Promote confidence among healthcare personnel in their decision to get vaccinated and to recommend vaccination to their patients.

Engage Communities & Individuals

Objective: Engage communities in a sustainable, equitable, and inclusive way—using two-way communication to listen, increase collaboration, and build trust in COVID-19 vaccine.



Vaccinate with **Confidence**

A National Strategy to Reinforce Confidence in COVID-19 Vaccines (cont.)

Reinforce Trust

Objective: Regularly share clear and accurate COVID-19 vaccine information and take visible actions to build trust in the vaccine, the vaccinator, and the system.

Tactics

- ✓ **Communicate transparently** about the process for approving, making recommendations for, monitoring the safety of, and distributing COVID-19 vaccines.
- ✓ **Provide regular updates** on benefits, safety, and effectiveness, including updates from an independent vaccine safety monitoring group.
- ✓ **Proactively address and mitigate the spread and harm of misinformation** via social media platforms, partners, and trusted messengers.

Sample Products and Tools

- Web content: "Vaccine Information for You & Your Family"
- Interactive vaccine rollout timeline webpage
- Field guide to address and build resilience against COVID-19 vaccine misinformation



Vaccinate with **Confidence**

A National Strategy to Reinforce Confidence in COVID-19 Vaccines (cont.)

Empower Healthcare Providers

Objective: Promote confidence among healthcare personnel in their decision to get vaccinated and to recommend vaccination to their patients.

Tactics

- ✓ Engage systems and healthcare personnel often and early to ensure clear understanding of the vaccine development and approval process, and the benefits of vaccination.
- ✓ Ensure healthcare systems and medical practices create a culture that is supportive of COVID-19 vaccine administration.
- ✓ Support empathetic vaccine conversations in healthcare encounters to confidently address vaccine-related questions and provide tailored vaccine information to patients.

Sample Products and Tools

- “Talking to patients about COVID-19 vaccine” slide deck for healthcare personnel (HCPs)
- Quick answers to common COVID-19 vaccine questions (fact sheet for HCPs)
- Guide for how to build COVID-19 vaccine confidence within health systems and clinics



Vaccinate with **Confidence**

A National Strategy to Reinforce Confidence in COVID-19 Vaccines (cont.)

Engage Communities & Individuals

Objective: Engage communities in a sustainable, equitable, and inclusive way—using two-way communication to listen, increase collaboration, and build trust in COVID-19 vaccine.

Tactics

- ✓ Work with jurisdictions to engage new community partners for vaccine distribution.
- ✓ Work with jurisdictions and national partners to collaborate with communities around vaccine uptake and service delivery strategies.
- ✓ Collaborate with trusted messengers in communities of color to tailor and share culturally relevant messages and materials.

Sample Products and Tools

- Vaccinate with Confidence—Rapid Community Assessment Guide
- “Vaccinate with Confidence with COVID-19 Vaccines” slide deck in multiple formats/languages
- Briefing materials for ethnic media roundtable events



Vaccinate with **Confidence**

A National Strategy to Reinforce Confidence in COVID-19 Vaccines (cont.)

- Is NOT
 - An advertising, marketing or communications “campaign”
- IS
 - A cohesive framework to support health department, healthcare providers, immunization partners, community partners, and leaders’ promotion of COVID-19 vaccines
 - Evidence-based content to amplify messages that enable an individual to make the decision to vaccinate.
 - Critical to ensuring safe and effective COVID-19 vaccines can help control and reduce the impact of this pandemic.

Prepare for COVID-19 Vaccine Conversations



Choose to get vaccinated yourself.

“...I believe in this vaccine and plan to get it as soon as it is available.”



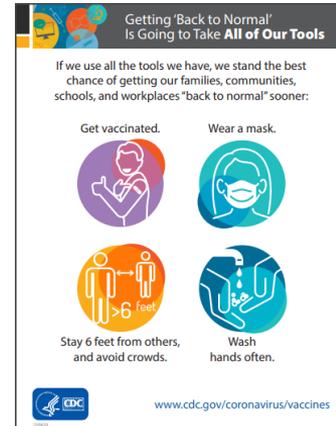
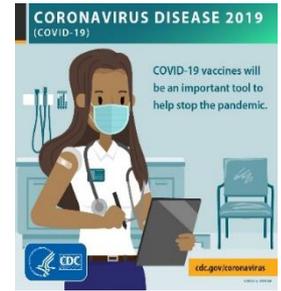
Engage in effective conversations.

- Start from a place of empathy and understanding.
- Address misinformation by sharing key facts.



Be prepared for questions.

- Share CDC resources/toolkits.



Strategies to Improve 2nd Dose Compliance

- Providing COVID-19 vaccination record cards to vaccine recipients, asking recipients to bring their card to their appointment for the second dose, and encouraging recipients to make a backup copy.
- Encouraging vaccine recipients to enroll in VaxTextSM, a free text message-based platform to receive COVID-19 vaccination second-dose reminders.
- Recording each recipient's vaccination in the immunization information system (IIS).
- Recording vaccine administration information in the patient's medical record.
- Making an appointment for the second dose before the vaccine recipient leaves.

Persons With a History of SARS-CoV-2 Infection

- Vaccination should be offered to persons regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 infection.
- Vaccination should be deferred until recovery from acute illness (if person had symptoms) *and* [criteria](#) have been met to discontinue isolation.
 - No minimum interval between infection and vaccination
 - [Current evidence](#) suggests that the risk of SARS-CoV-2 reinfection is low in the months after initial infection but may increase with time due to waning immunity. Thus, **while vaccine supply remains limited**, persons with recent documented acute SARS-CoV-2 infection may choose to temporarily delay vaccination, if desired, recognizing that the risk of reinfection, and therefore the need for vaccination, may increase with time following initial infection.
- Viral or serologic testing for acute or prior infection, respectively, is not recommended for the purpose of vaccine decision-making.

Persons Who Previously Received Passive Antibody Therapy for COVID-19

- Currently, no data exists on safety or efficacy of COVID-19 vaccination in persons who received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment.
- Vaccination should be deferred for at least 90 days to avoid interference of the treatment with vaccine-induced immune responses.
 - Recommendation also applies to persons who receive passive antibody therapy after receiving first mRNA COVID-19 vaccine dose.

Public Health Recommendations for Vaccinated Persons

- Protection from vaccine is not immediate; vaccine is a 2-dose series and will take 1 to 2 weeks following the second dose to be considered fully vaccinated.
- No vaccine is 100% effective.
- Given the currently limited information on how well the vaccine works in the general population, how much it may reduce disease, severity, or transmission, and how long protection lasts, vaccinated persons should continue to follow all [current guidance](#) to protect themselves and others, including:
 - Wearing a mask.
 - Staying at least 6 feet away from others.
 - Avoiding crowds.
 - Washing hands often.
 - Following [CDC travel guidance](#).
 - Following any applicable workplace or school guidance.

Quarantine Recommendations for Most Vaccinated Persons

- Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria:
 - Are fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine);
 - Are within 3 months following receipt of the last dose in the series; and
 - Have remained asymptomatic since the current COVID-19 exposure.
- Persons who do not meet all 3 of the above criteria should continue to follow current quarantine guidance after exposure.
- Vaccinated persons who develop symptoms should be evaluated for COVID-19, including SARS-CoV-2 testing, if indicated.
- These recommendations will be updated when more data become available and additional COVID-19 vaccines are authorized.

Quarantine Recommendations for Vaccinated Inpatients and Residents in Healthcare Settings

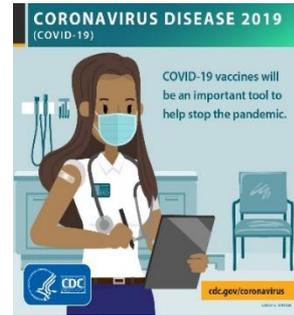
- Continue to quarantine following an exposure to someone with suspected or confirmed COVID-19.
- Rationale:
 - Unknown vaccination effectiveness in this population
 - Higher risk of severe disease and death
 - Challenges with social distancing in healthcare settings
- Healthcare facilities can consider waiving quarantine for vaccinated patients and residents as a strategy to mitigate critical issues (e.g., space, staffing, PPE shortages) when other options are not available.

Vaccination Is One Measure to Help Stop the Pandemic

- While COVID-19 vaccines appear to be highly effective, additional preventive tools remain important to limit the spread of COVID-19.
- Both getting a vaccine and following CDC recommendations to protect yourself and others offer the best protection from COVID-19.
 - Cover your nose and mouth with a mask.
 - Stay at least 6 feet from people who don't live with you.
 - Avoid crowds and poorly ventilated indoor spaces.
 - Wash your hands.



COVID-19 Vaccine Implementation



- This is an **exciting and historic time**, but the work is far from over.
- There will be **unanticipated challenges**, but CDC will continue to work closely with you, our partners, to **find solutions and overcome obstacles**.
- Vaccines are an important tool to control the pandemic, but we need to continue to message the importance of **masks, social distancing, and hand washing**.
- **Community engagement** is critical to vaccination implementation success.
 - Engage in conversations in your community, choose to get vaccinated when it's your turn, share CDC resources and toolkits.

What You Can Do Now



- Know where to go for the latest, accurate information on the COVID-19 vaccines.
- Understand your facility's plan for vaccination.
- Connect with your local public health department and ask how you can help.
- Help carry the message; you are a trusted source who understands your community best.
 - Engage with community partners to address vaccine hesitancy.

CDC Resources

Learn more with **CDC's COVID-19 vaccine tools and resources**. Find information for COVID-19 vaccine administration, storage, reporting, patient education, and more.

- COVID-19 vaccination:
<https://www.cdc.gov/vaccines/covid-19/index.html>
- For healthcare professionals:
<https://www.cdc.gov/vaccines/covid-19/hcp/index.html>

COVID-19 Vaccine Communication Toolkits

- Medical Centers, Clinics, and Clinicians
- Long-Term Care Facilities
- Community-Based Organizations
- Essential Workers

The screenshot shows the CDC Vaccines & Immunizations website. The main heading is "COVID-19 Vaccination". Below it, there is a section for "Clinical Resources for Each COVID-19 Vaccine" with a link to "Pfizer-BioNTech Vaccine Information". There are several images and icons representing different aspects of vaccination: a group of healthcare workers, a person getting a vaccine, storage and handling, ACIP recommendations, and COVID-19 vaccine EUA. There are also icons for training and education, communicating with recipients, data systems, and vaccination provider requirements. At the bottom, there are two circular graphics that say "I GOT MY COVID-19 VACCINE!" with a bandage icon.

Getting 'Back to Normal' Is Going to Take All of Our Tools

If we use all the tools we have, we stand the best chance of getting our families, communities, schools, and workplaces "back to normal" sooner:

- Get vaccinated.
- Wear a mask.
- Stay 6 feet from others, and avoid crowds.
- Wash hands often.

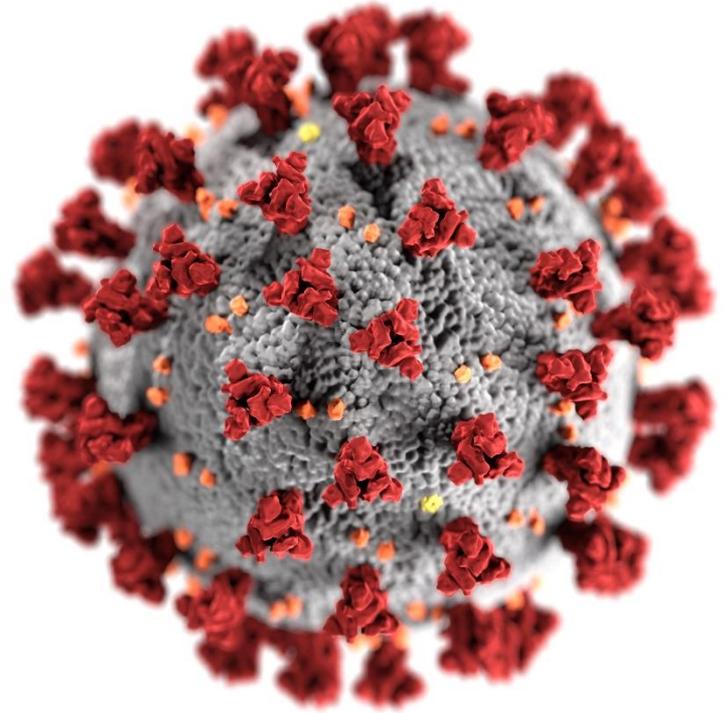
CDC www.cdc.gov/coronavirus/vaccines

Thank you!

dialysiscoalition@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Let Us Hear From You



- Q&As from chat and Q&A panels

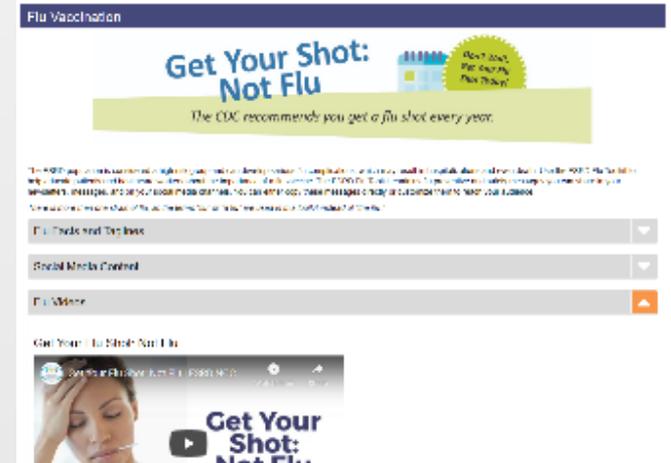
Flu Vaccination Toolkit



Influenza toolkit for providers featuring:

- Flu facts and taglines
- Social media content
- Flu videos
- Print-ready materials
- On-demand training and educational events

Visit esrdncc.org/flu today!



Inspirational Posters

- Evidence-based 12" x 18" posters
- PDF format for on-demand printing
- Focus on psychological/physical health, emergency preparedness, and COVID-19.



To view, visit <https://esrdncc.org/professionals/inspirational-posters/>.

The Kidney Hub



- The Kidney Hub—Mobile-friendly web tool created with patients, for patients.
- Links to new videos and helpful resources added.
- Visit www.TheKidneyHub.org today!



Home Dialysis: Choosing Home Dialysis



COVID-19: Your Guide to Using Telemedicine



Transplant: Turning Negatives Into Positives



Our Next COVID-19 Webinar Events



- Provider-focused event: March 10, 2021, 3 p.m. ET
- Patient-focused event: March 16, 2021, 4 p.m. ET

A screenshot of the COVID-19 Webinar Events webpage. The page has a dark blue header with the text "COVID-19 Webinar Events". Below the header, there is a paragraph of text explaining the purpose of the events. To the right of the text is a small graphic with the text "COVID-19 Webinar Events" and a button that says "Click for More Information". Below the main text, there is a section titled "Upcoming Provider Event" with the date "Wednesday, October 28, 2020" and the time "3:00 PM to 4:00 PM ET".

COVID-19 Webinar Events

To support ongoing COVID-19 information and education needs in the End Stage Renal Disease (ESRD) Network community, the ESRD National Coordinating Center (NCC) is facilitating a series of COVID-19 educational events. These recurring webinar events will feature professional and patient subject matter experts from around the country sharing how they or their organizations are coping with and combatting COVID-19 in their areas of practice.

You can register for Provider or Patient events below. Previous event recordings will be available in the accordions at the bottom of this page.

Share the ESRD NCC COVID-19 events by embedding the badge on the right on your websites, social networks, profiles, and blogs. Click on the badge for more information.

COVID-19 Webinar Events

[Click for More Information](#)

www.esrdncc.org

Upcoming Provider Event

Wednesday, October 28, 2020
3:00 PM to 4:00 PM ET

Visit kidneyCOVIDinfocenter.com to register.

Thank You!

NCCinfo@hsag.com

844.472.4250

813.865.3545

www.esrdncc.org

Additional COVID-19 resources for patients and providers:



<https://www.kcercoalition.com/en/covid-19/>



www.kidneyCOVIDinfocenter.com

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