

TST & IGRA Results Not Affected by COVID-19 Vaccination

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Licensed and Certified Facilities

Aloha,

CTA is distributing this information which is approved by the Office of Health Care Assurance. It is being distributed to all CCFFHs and CMAs.

Update for September 1, 2021, for Adult Residential Care Homes (ARCH), Community Care Foster Family Homes (CCFFH), Developmental Disabilities Domiciliary homes (DDDh), Developmental Disabilities Adult Foster homes (DDAF) and Developmental Disabilities (DD) waiver clients. With COVID-19 cases and virus variants on the rise, the Department of Health Office of Health Care Assurance (OHCA) in collaboration with the Disease Outbreak Control Division (DOCD) and the Developmental Disabilities Division (DDD) is issuing the following reminders regarding recommendations for facility operations.

Visitation:

- Visitation for residents must be allowed to continue with existing precautions in place, regardless of vaccination status. Indoor or outdoor visitation is allowed.
- Physical distancing, restricting physical contact, mask wearing, and hand hygiene continue to be strongly recommended.

Time when visitation may be limited or not allowed:

- Resident, care giver, or family member in the home has a positive COVID-19 infection and has not been cleared by the person's physician or DOCD.
- The person being visited is in quarantine.
- Note in these situations: physical distancing, restricted physical contact, wear mask and protective face shields, and hand hygiene before and immediately following contact are urgently recommended.

Positive Case: (Confirmed by lab test)

React immediately with the following:

- Immediately isolate the resident, family member, or care giver as best as possible.
- Notify the person's physician or APRN, family contact or guardian, case manager, and OHCA or DDD.
- Department of Health DOCD will be notified by the testing lab. DOCD staff or representative will contact the positive person. Be ready to provide the following information:
 - Names of persons who live in the same household.
 - Names and contact information of all close contacts with the person from 2 days prior to onset of symptoms. This includes contacts within 6 feet of the positive person for 15 minutes or more in a 24-hour period.
- Maintain contact with the person's physician or APRN.
- In case of emergency, call 911. The following symptoms may indicate an emergency:
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - Newly developed confusion
 - Inability to wake or stay awake
 - Bluish lips or face

Case Management:

Case management may continue to be in-person or by telehealth. Determination of whether or not case management visits can be done via telehealth is made by the Case Manager, not the facility or foster home. By law and by Department of Health memorandum, only the Case Manager Nurses can assess a resident/client's needs. Residents and clients who require Case Managers are at an increased risk for decline or other changes in medical conditions that may not be able to be observed via telehealth, including abuse and neglect, therefore a face-to-face visit may be required.

Infection Control:

Infection control guidelines continue in place and have not changed since last year. Homes are urged to remain vigilant and maintain strict infection control practices. Recent unannounced inspections and home visits have found that many homes have dropped their guard and strict infection control is not being practiced as required by regulations or DOH or CDC guidance. These infection control measures are the best way to prevent the spread of COVID-19:

- Get vaccinated if you are not yet vaccinated. Vaccination sites remain open and available.
- Wash your hands often with soap and water for at least 20 seconds or clean your hands with an alcohol based hand sanitizer that contains at least 60% alcohol before and after contact with a resident.
- Make sure sinks are well stocked with soap and paper towels for hand washing.
- Make sure that there is hand sanitizer in each resident bedroom and in common areas.

- Use Personal Protective Equipment (PPE) when providing direct care to residents. At a minimum, always use gloves and surgical masks. When appropriate, use face shield or goggles and a properly fitted N95 mask. Gowns are optional.
- Properly clean PPE or immediately dispose of PPE that is soiled or for single-use.
- Ensure the facility has an adequate PPE supply.
- Face masks should be worn at all times while indoors with residents.
- Develop a schedule for cleaning and disinfecting of shared equipment and furniture, common areas, resident rooms, and toilet and bathing rooms. Use an EPA registered disinfectant.
- Physically distance as best as possible (minimum 6 feet).

Resource Links:

Information and resources that are available to the public are also available to care home and other health care facility operators. Below are resource links for you to stay updated. Please check these sites regularly for the most accurate guidance.

<https://hawaiiicovid19.com/guidance-documents/> - Hawaii guidance

<https://hawaiiicovid19.com/call/> COVID-19 State of Hawaii Portal

<https://health.hawaii.gov/ohca/office-of-health-care-assurance-covid-19-resources/office-of-health-care-assurance-covid-19-resources/> Office of Health Care Assurance COVID-19 Resources

<https://www.comties.com/covid-19-resources> includes a PDF document of DOH Covid-19 Guidelines and Protocols for Adult Residential Care Homes and CCFFHs covering a variety of topics dated 1-15-21. The information remains relevant today.

<https://www.cdc.gov/coronavirus/2019-ncov/index.html> CDC website

<https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/index.html>

The Office of Health Care Assurance will continue to update licensed/certified facilities on recommended best practices and current guidance to keep residents and staff safer during the COVID-19 pandemic. Please contact us at DOH.OHCALicensing@doh.hawaii.gov for any questions or concerns about state licensing requirements.



August 31, 2021

Dear Colleague:

On January 7, 2021, we sent out a Dear Colleague letter about the timing of COVID-19 mRNA vaccinations and the immune-based tests for M. tuberculosis infection, that is, the tuberculin skin test (TST) and interferon gamma release assays (IGRAs). At that time, we were responding to questions as to whether the new COVID-19 mRNA vaccines could change the results from those tests. To date, no studies of TST or IGRA results after COVID-19 vaccination have been published. Of what is known about the immunologic response to COVID-19 mRNA vaccination, nothing would be expected to change TST or IGRA results.

As of today, August 31, 2021, CDC is posting new recommendations about COVID-19 vaccination and the timing of immune-based tests for tuberculosis infection, such as the TST and IGRA, on its COVID-19 website (at <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>):

“COVID-19 vaccination should not be delayed because of testing for TB infection. Testing for TB infection with one of the immune-based methods, either the [tuberculin skin test \(TST\)](#) or an [interferon release assay \(IGRA\)](#), can be done before, after, or during the same encounter as COVID-19 vaccination.

“TSTs and IGRAs were previously recommended to be administered > 4 weeks after completion of COVID-19 vaccination to minimize potential interference between vaccination and TB testing. This was out of an abundance of caution during a period when these vaccines were new. However, given logistical challenges faced in delaying TB infection testing, the recommendation has been updated so that these tests may now be administered without regard to timing of COVID-19 vaccination.”

Patients who have active TB disease or an illness that is being evaluated as active TB disease can receive a COVID-19 vaccine (note: the presence of a moderate or severe acute illness is a [precaution to administration of all vaccines](#)).

Thank you for your continued hard work in the COVID-19 response, and in all that you do to continue to prevent and control TB.

Sincerely,
Terry Chorba

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