



## Meeting Notes

# ECDC webinars on COVID-19 in European long-term care facilities

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## Webinar 26 August 2020, 14:00-16:00

### Objective and format

**Target audience:** National/regional public health staff, working on COVID-19 for the long-term care sector, on surveillance/guidance generation/preparedness/response/training.

Invitations were sent out from the HAI-Net mailbox on 10 July (reminder 19 August) to the HAI-Net Operational Contact Points for HAIs in LTCFs (HAI-HALT) and National Focal Points for Healthcare-Associated Infections, copying National Coordinators in Coordinating Competent Bodies. On 18 August, the invitation was extended to National Focal Points for Influenza, Operational Contact Points for Influenza and COVID-19 and WHO.

**Primary objective:** Enable countries to share challenges, concerns and solutions, with the minimum possible meeting preparation time for national participants.

ECDC invited countries to provide one optional verbal update for 3—5 minutes. After each verbal update, all participants are welcome to pose questions/responses during 5—15 minutes of open discussion, either in writing (using the Webex 'Chat' function), or verbally (by 'raising their hands').

Experts from 7 countries indicated in advance their willingness to present and presented first: Spain, Italy (Bologna), Sweden, Belgium, Slovenia, Norway and Lithuania.

Countries were allowed to address a broad range of topics. A list was provided in advance:

1. Biggest lessons learnt / the most effective actions
2. Preparations for a second wave (biggest concerns)
3. Reopening of facilities to visitors
4. Responding to outbreaks in LTCFs.
5. Compiling a register of LTCFs from multiple partner organisations
6. Establishing lines of communication between LTCFs and public health authorities.
7. Establishing COVID surveillance
8. PPE availability and acquisition, and achieving appropriate use.
9. Collaboration with hospitals; collaboration with other organisations
10. Training & implementation of guidance/guidelines.
11. Revision of guidance/guidelines
12. Achieving appropriate isolation of residents
13. Investigating transmission chains
14. Opportunities for ECDC to generate guidance
15. Opportunities for ECDC to generate training materials / micro-learning
16. Opportunities for ECDC to provide added benefit for national COVID work in LTCFs



- By end of May, one third of LTCFs in the region were affected affected (from “single case report” to “clusters”)
- March: focus on reducing pressure on hospitals
  - o Introduction of COVID-19 facilities
  - o LTCF staff requested to work in hospitals
- Slow reopening of LTCFs end of June: allow visits first, later accepted new admissions

### Sweden ( 5.1.2e Public Health Agency of Sweden, Stockholm)

14:40 – 14:46: Oral presentation, no slides

- Survey organised to map and learn about transmission of COVID-19 in LTCFs, including qualitative interviews
- Complex LTCF landscape:
  - o Different kind of regulation/laws governing the sector-
  - o Staff numbers and access to PPE not optimal
  - o Preparing for outbreaks: we are investigating laws and regulations; we are for example investigating if we have optimal laws, regulations or recommendations in place to control and limit transmission. And if we have the right conditions in place or do we need some new regulations to prevent transmission.
  - o Temporary regulation: LTCFs closed until end of September
  - o Analysing options for re-opening for visitors now
- Surveillance:
  - o National COVID-19 surveillance platform online
  - o Building interface for outbreak reporting
- Question (PeKi): Can experience/results from surveys be shared? JeHe: two regions in Sweden performed it, but not representative.

### Belgium ( 5.1.2e Sciensano, Brussels)

14:50 – 14:57: Slide presentation

- LTCFs are a regional competence; each regional health authority has their own guidelines, outbreak teams etc. Implications for set up of a national surveillance system at Sciensano (daily reporting staff and patients), e.g. Sciensano not permitted to contact facilities themselves. Surveillance recently started (70 participants)
- LTCFs: currently still visitor restrictions;
- Important psychological support need for staff.
- Doctors without borders (MSF) also intervened with mobile teams in LTCFs in Belgium, and performed a qualitative research regarding the psychosocial impact on both residents and staff.

### Slovenia ( 5.1.2e NIJZ, Ljubljana)

15:10-15:14: Oral presentation, no slides

- 20% of residents in LTCF 90 years of age;
- National surveillance in LTCFs started on Monday July 27;
- Facilities closed for visitors
- Creation of facilities to house for COVID-19 cases who did not require hospitalization.

### Norway ( 5.1.2e FHI, Oslo)

15:20 – 15:26: Slide presentation

- Presentation concerns nursing homes only
- 37 nursing home outbreaks reported from 1,000 registered nursing homes
- 60% of registered COVID-19 deaths from nursing homes
- Most effective measures: increased standard precautions; early identification of cases incl. awareness of symptoms among healthcare workers.
- Action plan to minimise outbreaks: identify close contacts; quarantine, broad testing personnel and residents of affected units; continued awareness of symptoms; no visitors before outbreak situations under control; face masks used by HCWs for COVID-19 patients, consider face mask use for all residents
- Question (PeKi): notably low number of deaths. Response 5.1.2e long tradition of IPC activities in LTCFs, stable staff, network with webinars.
- Comment: Norway has currently no national surveillance system for COVID-19 especially for nursing homes, but any laboratory and any physician who detects or diagnoses a case of COVID-19 are obliged to report this to the Norwegian Surveillance System for Communicable Diseases (MSIS). Outbreaks in healthcare institutions should be notified in NIPH's rapid alert system for outbreaks (VESUV).

### Lithuania (5.1.2e, Institute of Hygiene, Vilnius)

15:32-15:46: Oral presentation, no slides

- Early IPC measures (early March) in healthcare sector due to influenza season: no visitors; all routine interventions stopped; isolation and testing of new patients, routine testing of staff
- 3 outbreaks in nursing homes, incl. one very small (10 beds)
- LTCF: social care homes (under ministry of social affairs)
- Measures taken:
  - o During COVID-19: main regulations by MOH, prepared in collaboration with Ministry of Social Affairs; networks created to exchange practice; IPC support by PH institutions
  - o Closed for visitors before COVID-19 (influenza) until end of June; now restrictions, (meet outside, short time of visit, limited number of visitors) no newcomers allowed;
  - o Supplies (e.g. food) regulated (door of the LTCF)
  - o Staff: monitoring of temperature and symptoms
  - o Testing: during first wave PCR 100% staff in all LTCFs every 2 weeks; now depending on incidence, random sample of 10%
  - o Residents not changing departments
  - o LTCF residents that return from the hospital need to have a quarantine for 14 days; single negative test before admission, COVID-19 cases 2 negative PCR
  - o In case of fever, resident transported to hospital for testing
  - o PPE: universal masking in LTCFs and hospitals

### Ireland (5.1.2e HPSC, Dublin)

15:49-15:52: Oral presentation, no slides (not planned in advance)

- Large mix of LTCFs
- >400 outbreaks in LTCFs, of which >180 in residential homes
- 6 March 2020 visitors stopped; restrictions now reintroduced; temperature check visitors.
- April 2020 mass screening of LTCFs and staff (95 000 tests) – 5.5% positive

## Discussions

Questions from the presenters and in the Webex chat that were discussed at the webinar included:

1. Criteria for readmission to LTCF of hospitalised residents
2. Did other countries do systematic testing in LTCFs, staff and/or residents?
3. Any country recommending wearing face masks among residents (as a measure of source control) - if tolerated - during care is provided?