

ENVIRONMENTAL SCAN

(ARCHIVED) COVID-19 Approaches to Isolation and Testing for Asymptomatic, Fully Vaccinated Close Contacts in Long-Term Care Homes

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Key Findings

- Guidance regarding isolation and testing protocols for asymptomatic, fully vaccinated close contacts (residents) in long-term care homes (LTCH) is limited.
- Some jurisdictions do not require isolation or testing of fully vaccinated LTCH residents who are close contacts of a confirmed case (e.g., Ireland), while other jurisdictions and organizations recommend testing but no isolation (e.g., United States [US] Centers for Disease Control and Prevention [CDC], England, and Manitoba). Others require both isolation and testing (e.g., Northwest Territories, Scotland, and Saskatchewan) or address isolation with limited information regarding testing (e.g., Alberta).
- The COVID-19 guidance provided by some jurisdictions and organizations does not specify isolation and testing protocols for asymptomatic, fully vaccinated close contacts of confirmed cases in LTCH (e.g., Public Health Agency of Canada, British Columbia, Norway, New Brunswick, Nova Scotia, Prince Edward Island [PEI], Yukon).

Objectives and Scope

The purpose of this document is to describe isolation and testing approaches in select jurisdictions for asymptomatic, fully vaccinated long-term care home (LTCH) residents who are close contacts (individuals with a high-risk exposure) of COVID-19 cases. Approaches for isolation and testing of residents without known exposure events (close contact or outbreak investigation) during general admissions and transfers to LTCHs is beyond the scope of this document, as is third vaccine doses (i.e., boosters). Isolation and testing guidance for LTCH staff is also not included in this document.

Background

Ontario's LTCH residents have experienced a high number of COVID-19 cases and deaths due to the pandemic. In Ontario, since April 24, 2020, there have been 15,634 cases of COVID-19 and 3,823 deaths among LTCH residents, as well as 7,373 COVID-19 cases and 13 deaths among staff (as of October 18, 2021).¹ On October 18, 2021 there were 9 active COVID-19 outbreaks in LTCHs, representing 1.4% of all homes.¹

As more of the population is vaccinated and the province continues to lift public health measures, approaches to safeguarding the health and mental well-being of LTCH residents are needed, in particular because of the unique setting and their vulnerabilities. In Ontario, as of October 18, 2021, COVID-19 contact and outbreak management guidance indicates that fully vaccinated LTCH residents with high-risk exposures to COVID-19 cases (close contacts) should self-isolate and get tested as soon as possible, even if they remain asymptomatic. If negative, testing should be repeated on or after day 7 of their last exposure.² Isolation and testing should continue even if residents remain asymptomatic and regardless of receiving a COVID-19 vaccine booster dose after their primary vaccine series.²

Approaches to isolation and testing that minimize both transmission risk and social isolation are highly desirable. The findings below describe the isolation and testing procedures in other jurisdictions for asymptomatic, fully vaccinated LTCH residents who are high-risk contacts of COVID-19 cases.

Methods

A review of government and health-related organization websites was conducted to identify guidance/approaches to isolation and testing for asymptomatic, fully vaccinated close contacts of COVID-19 cases in LTCHs in select jurisdictions. Guidance for general admissions, re-admissions, and transfers to LTCHs not experiencing outbreaks and without known close contacts was excluded here. Staff contacts were excluded from the scan as the focus was on residents. Non-English guidance documents were also excluded. Scans were conducted between October 8, 2021 and October 15, 2021.

Results

For some jurisdictions, the environmental scan did not identify English language documents containing information on testing and isolation protocols for fully vaccinated LTCH residents (e.g., European Centres for Disease Control and Prevention [ECDC], Denmark, Finland, France, Germany, Israel, and The Netherlands, Quebec, Newfoundland and Labrador, Nunavut).

Organizations

UNITED STATES CENTERS FOR DISEASE CONTROL AND PREVENTION (US CDC) (SEPTEMBER, 2021)

- The US CDC notes that fully vaccinated nursing home residents who have had close contact with someone with COVID-19 should wear source control (e.g., masks) and be tested.³ They do not need to be isolated, restricted to their room, or cared for by health care providers using the full personal protective equipment (PPE) unless they develop symptoms of COVID-19, are diagnosed with COVID-19, or the facility is directed to do so by the jurisdiction's public health authority.

- Residents who are in close contact with someone with COVID-19, regardless of vaccination status, should be tested initially (but not earlier than 2 days after the exposure) and, if negative, again 5 to 7 days after the exposure.
- Unvaccinated or partially vaccinated nursing homes residents who have had close contact with someone with COVID-19 should be placed in isolation for 14 days after their exposure, even if they test negative during that timeframe.³ Health care providers caring for them should use full PPE.

PUBIC HEALTH AGENCY OF CANADA (PHAC) (JUNE, 2021)

- PHAC's interim guidance for LTCHs does not provide isolation and testing guidance specifically for asymptomatic, fully vaccinated close contacts.⁴
- Residents considered exposed to, or suspected/confirmed to have COVID-19 are immediately placed on a minimum of Droplet and Contact Precautions (includes gloves, gown, medical mask and eye protection) until COVID-19 or other infectious respiratory illness is ruled out, and/or until criteria for discontinuation of Additional Precautions are met as defined on a case-to-case basis and in accordance with local, provincial, and territorial public health guidance including testing requirements.
- Roommates of symptomatic residents should be placed in a single room for isolation and sign and symptom monitoring.

WORLD HEALTH ORGANIZATION (WHO) (JANUARY, 2021)

- The WHO Infection Prevention and Control Guidance for Long-term Care Facilities in the Context of COVID-19 (January 8, 2021) notes that roommates or contacts of confirmed COVID-19 cases in long-term care facilities should be isolated in their rooms or separated from other residents, and should undergo surveillance up to 14 days since the last contact.⁵ No guidance specific to isolation and testing of asymptomatic, fully vaccinated close contacts was identified.
- WHO also mentions that testing of all residents should be conducted when a COVID-19 case is identified in a staff member or resident.

Jurisdictions

CANADA

ALBERTA (JULY, 2021)

- The Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites (August 2021) provides the following guidance:⁶
 - Fully vaccinated, asymptomatic close contacts do not need to isolate.
 - Unvaccinated or partially vaccinated asymptomatic close contacts should be isolated with contact and droplet precautions for 10 days from date of exposure OR until a negative test on day 7 or later after exposure.
 - In general, the Medical Officer of Health or public health investigator may require additional measures at the site or zone level to minimize potential spread (including isolation and/or longer isolation periods).

BRITISH COLUMBIA (AUGUST 2021)

- The two LTCH documents identified from British Columbia do not provide isolation and testing guidance specifically for asymptomatic, fully vaccinated close contacts.^{7,8}
- The COVID-19 Infection Prevention and Control: Guidance for Long Term Care and Seniors' Assisted Living Settings (August 30, 2021) document provides the following guidance:
 - Immediately place any resident identified as being exposed to COVID-19 or any resident with new-onset respiratory or gastrointestinal symptoms in a single room with a private toilet and sink.
 - If a single room is not available, maintain distance of two metres between the bed space of the ill resident and roommates. Provide a designated commode chair for the resident. If available, close the privacy curtains.
 - Implement droplet and contact precautions and use appropriate PPE when in direct contact with the resident.
 - Restrict the resident to their room or bed space, unless absolutely necessary. Designate reusable equipment to the resident with suspected or confirmed COVID-19, if possible.
 - For LTCH facilities with residents sharing rooms, move roommates of residents with symptoms related to COVID-19 to a new private room for isolation, then monitor the roommates for symptoms. If a new private room is not available, maintain a physical separation of two metres between all beds in the current room and close any privacy curtains.
 - All residents who share a room with the ill resident should be considered exposed and should be monitored for symptoms at least twice a day for 14 days from the last date of exposure.
- COVID-19: Outbreak Management Protocol for Acute Care, Long-Term Care and Seniors' Assisted Living Setting (March 4, 2021) provides the following guidance in the event of an outbreak:
 - Ensure contact tracing is conducted for patients/residents and staff members potentially exposed to another patient/resident or staff member diagnosed with COVID-19.
 - Patients/residents who are deemed to be close contacts of a confirmed case by public health should be placed on droplet and contact precautions for 14 days from last exposure.

MANITOBA (SEPTEMBER 2021)

- Shared Health Manitoba's Updated IP&C COVID-19 Contact Management in Acute and Long-Term Care Facilities (September 29, 2021) and COVID-19 Low Risk Contact Management in Acute and Long Term Care Facilities (September 29, 2021) provide guidance that considers vaccination status of close contacts.^{9,10}

- Following a high-risk exposure, asymptomatic individuals who are fully vaccinated (2 doses) with more than 2 weeks since the last dose, and have no known medical condition that would impact vaccine effectiveness (e.g., immunocompromised), are considered 'low-risk contacts' and are managed according to the following guidance:
 - Monitor for signs and symptoms of COVID-19 twice daily for 14 days.
 - If symptoms develop, collect a nasopharyngeal (NP) swab for COVID-19 and implement Droplet and Contact Precautions with additional Airborne Precautions for any aerosol generating medical procedure (AGMP).
 - Testing for COVID-19 is recommended at day 3 to 5 from last exposure. Isolation for COVID-19 is not required while awaiting asymptomatic test results.
 - Appropriate physical distancing must be maintained in non-outbreak settings, with the following additional quarantine restrictions required if a facility/unit is in a COVID-19 outbreak:
 - Isolate low-risk contacts to their room for 14 days from last contact with the case, including restricting the low-risk contact to a private room (with a private bathroom), except for medically necessary procedures and appointments.
 - Perform COVID-19 testing as directed by the PCH COVID-19 Outbreak Management Checklist or IP&C/designate.

NEW BRUNSWICK (APRIL 2021)

- The COVID-19 Management Guide for Adult Residential Facilities and Nursing Homes (April 2021) does not provide isolation and testing guidance specifically for asymptomatic, fully vaccinated close contacts.¹¹
- In the event of an outbreak, the Regional Medical Officer of Health and Public Health will conduct a risk assessment to inform their guidance for the need for wider testing within the facility. All staff and residents may be tested regardless of symptoms every 72 hours (unless already positive for COVID-19).¹¹

NORTHWEST TERRITORIES (AUGUST 2021)

- The government of Northwest Territories uses a green, yellow, red alert system for public health measures in LTCHs.
- The COVID-19 Management Policy For Long Term Care Facilities (August 27, 2021) provides some guidance for fully vaccinated, partially vaccinated, and unvaccinated residents based on the alert level in the facility (see tables in the source document for yellow level admissions/transfers for which guidance varies according to vaccination status). Across all alert levels, regardless of vaccination status:¹²
 - Test if any resident has symptoms of COVID-19, or if there is a clinical suspicion of COVID-19 related to screening questions (e.g., travel, exposure, etc.);
 - If a resident exhibits any symptoms of COVID-19 or there is a concern for COVID-19 exposure:

- Isolate resident immediately until test result is known.
- Immediately initiate contact and droplet precautions.
- The Interim Outbreak Management of Coronavirus Disease (COVID-19) in Long-term Care Facilities guidance (August 2021) states that:¹³
 - Every resident, staff and essential visitor that were present in the long-term care facility during the period of communicability should be assessed, whether they are symptomatic or not.
 - Testing of all residents, staff or essential visitors with ongoing exposures during the outbreak should occur at minimum weekly for three weeks after their initial test (i.e., testing at days 0, 7, 14 and 21). After 21 days, the Office of the Chief Public Health Officer (OCPHO) may be consulted for further recommendations for facility-wide weekly testing as well as recommendations for testing and monitoring of cases and contacts.

NOVA SCOTIA (AUGUST, 2021)

- The COVID-19 Management in Long-Term Care Facilities (August 9, 2021) does not provide isolation and testing guidance specifically for asymptomatic, fully vaccinated close contacts. Vaccination status is only addressed with respect to admissions, re-admissions and visitors.¹⁴

PRINCE EDWARD ISLAND (PEI) (MAY, 2021)

- The PEI Department of Health and Wellness Chief Public Health Office's Prince Edward Island Guidelines for Infection Prevention and Control of COVID-19 in Long Term Care Facilities (May 28, 2021) does not provide isolation and testing guidance specifically for asymptomatic, fully vaccinated close contacts. The general guidance states:¹⁵
 - Residents considered exposed to, or suspected/confirmed to have COVID-19 are placed immediately on Droplet and Contact Precautions until COVID-19 or other infectious respiratory illness is ruled out, and until criteria for discontinuation of Additional Precautions are met.
 - Roommates of symptomatic residents should not be moved to new shared rooms, but be placed in a single room for isolation and monitoring for signs and symptoms.
- Testing for COVID-19 during an outbreak should be conducted for the following people:
 - Symptomatic and asymptomatic residents with close contact to the affected resident or health care worker (e.g., residents on the affected unit).
 - Those who share a room with a resident who is suspected or confirmed to have COVID-19 should not be moved into a room with another individual.

SASKATCHEWAN (JANUARY 2021)

- The Saskatchewan Health Authority COVID-19 Outbreak Guidance For Long-term Care Homes (October 6, 2021) provides the following guidance:¹⁶

- For suspected and confirmed outbreaks involving residents:
 - Lab-confirmed COVID-19 cases, close contacts, and those with symptoms are placed on Droplet/Contact Plus precautions.
 - All residents must remain in their rooms, including those not on Droplet/Contact Plus precautions for 14 days. **Exception:** A resident who is fully vaccinated, asymptomatic, not a close contact and tests negative for COVID-19 may leave their room, but must remain in the outbreak area.
 - After the first 14 days and repeatedly over the course of the outbreak, a risk assessment should be performed regarding when to resume ambulating residents outside of their rooms.
 - Residents who are able to leave their room must wear a mask, perform hand hygiene and practice physical distancing while outside of their room. Consult Medical Health Officer/designate/IPAC if a resident is unable to tolerate a mask.
- For suspected and confirmed outbreaks involving staff only:
 - All residents not on Droplet/Contact Plus precautions may leave their room regardless of vaccination status, but must remain in the outbreak area.
- Saskatchewan no longer requires isolation of fully vaccinated individuals who are close contacts of a case, but states that there are exceptions:¹⁷
 - “Public Health has the discretion to require fully vaccinated close contacts to isolate if they are considered at higher risk of serious illness or for increased transmission, or they live in settings at risk of outbreaks. Self-isolation of fully vaccinated close contacts may also be required in any health care setting, including long-term and personal care homes and congregate living settings like group homes and corrections facilities.”

YUKON (JULY 2020)

- The COVID-19 Outbreak Guidance for Long-Term Care Homes (July 2020) does not provide isolation and testing guidance specifically for asymptomatic, fully vaccinated close contacts, as COVID-19 vaccines were not available at the time the guidance was created. The guidance suggests that:¹⁸
 - All residents should be isolated and use of multi-person/shared rooms should be avoided.
 - Residents exposed to a confirmed case should not be transferred to any other room for 14 days after the last exposure with the COVID-19 positive individual.
 - All residents, both symptomatic and asymptomatic, should be tested.

ENGLAND (AUGUST 2021)

- Guidance from Public Health England notes that care home residents and residents of social care settings who are fully vaccinated are not required to self-isolate following contact with someone who has tested positive for COVID-19 if they meet the following criteria:^{19,20}
 - Have received a negative PCR test
 - Undertake daily lateral flow device (LFD) testing (also known as 'rapid antigen test' or antigen point-of-care test) during their contact period (up to 10 days)
 - During this 10-day period, they should avoid contact with other highly vulnerable residents in the care home and continue to follow all outbreak measures in the event of an outbreak, even if they have tested negative. If an individual becomes symptomatic, then usual (i.e. PCR) testing and isolation protocols apply until their COVID-19 status is confirmed.
- Residents who are unvaccinated or partially vaccinated are required to self-isolate for 14 days if exposed to a possible or confirmed COVID-19 case, or should be cohorted separately from residents with suspected or confirmed COVID-19.

IRELAND (AUGUST 2021)

- The Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities (August 17, 2021) provides the following guidance:
 - In Ireland, residents of residential care settings who are close contacts of a confirmed case should be moved to a single room with their own bathing and toilet facilities where possible, unless they have been vaccinated or have had COVID-19 in the previous 9 months. If this is not possible, then cohorting in small groups (two to four) with other close contacts is acceptable.²¹
 - Residents who are close contacts should avoid communal areas and stay in their room where it is practical to do so until 14 days after exposure (even if they test negative during that time frame), unless they have been vaccinated or have had COVID-19 in the previous 9 months. Residents who are close contacts may go outside if appropriate. However, "this should be reviewed for residents who have been vaccinated or have had COVID-19 in the previous 9 months when the scale of the outbreak is apparent and the characteristics of the associated virus are better defined".²¹
 - Although close contacts who are vaccinated have a lower risk of infection, a high degree of caution should occur in the initial stages of dealing with an outbreak.²¹
 - Testing should be performed for residents who are close contacts; however, contacts who have vaccine protection or have had COVID-19 in the previous 9 months do not require testing if asymptomatic.²¹

NORWAY (SEPTEMBER 2021)

- On September 25, 2021, the Norwegian government decided that Norway will return to normal everyday life with increased preparedness; based on this decision, the health and care sector will reduce specific COVID-19-related infection control measures.²²
- During an outbreak situation, both nursing home residents and employees, regardless of vaccination status, should keep distance as far as possible from others (at least 1 meter), be vigilant for the development of COVID-19 symptoms and get tested.²³
 - Fully vaccinated residents who are defined as close contacts should be tested immediately in connection with contact tracing.²³
 - Unvaccinated and partially vaccinated residents who have been defined as close contacts should be tested (i.e., PCR) immediately then tested on days 3 and 7 after the last exposure. Additionally, rapid antigen tests are taken for the first three days after exposure.²³
 - Specific details related to isolation for residents awaiting testing results were not described.

SCOTLAND (SEPTEMBER 2021)

- The COVID-19 - Information and Guidance for Care Home Settings (adults and older people) (September 8, 2021) does not provide isolation and testing guidance specifically for asymptomatic, fully vaccinated close contacts. However, Public Health Scotland notes that care home residents who are contacts of a suspected or confirmed COVID-19 cases should be isolated individually in single rooms for 14 days after last exposure, where possible. If all single occupancy rooms are occupied, cohorting of exposed residents may be considered. Residents who are considered at highest risk if they develop COVID-19 should not be placed in a cohort.²⁴
- During their 14-day self-isolation period, asymptomatic residents can leave their room to go outdoors if the care home has outside space (within the home's grounds), without restarting their isolation period. Residents who are symptomatic or have tested positive for COVID-19 should not go outdoors. If symptoms present within that 14-day period, testing should be performed.²⁴
- Residents should be monitored for 14 days from last exposure to a COVID-19 case; if symptoms of COVID-19 appear, then testing should be conducted even if they previously tested negative during the 14-day isolation period. If their PCR test is positive and the resident has been in contact with other residents, the other residents' follow-up period restarts from the date of last exposure to the new case.²⁴

Discussion and Conclusion

Identifying safe ways to shorten the COVID-19 contact isolation period for LTCH residents is highly beneficial. Numerous studies and reports have described the negative impacts of the COVID-19 pandemic on LTCHs, including the disproportionate morbidity, mortality and mental health burden of residents.²⁵⁻²⁸ As health care workers, public health entities and policy makers learn from past COVID-19 waves in LTCH, isolation measures that consider both transmission risk and the need for social connection are required.

One limitation of this scan is that for some jurisdictions, guidance specifically related to testing and isolation of asymptomatic, fully vaccinated LTCH residents who are high-risk contacts of COVID-19 cases was either not found or was not published in English (e.g., European Centres for Disease Control and Prevention, Denmark, Finland, France, Germany, Israel, and The Netherlands, Quebec, Newfoundland and Labrador, Nunavut). Among the resources that were identified, guidance varied across organizations and jurisdictions. For example, some jurisdictions do not require isolation or testing of fully vaccinated LTCH residents who are close contacts of a confirmed case (e.g., Ireland), while other jurisdictions or organizations recommend testing but no isolation (e.g., United States (US) Centers for Disease Prevention and Control [CDC], England, Manitoba). Others require both isolation and testing (e.g., Northwest Territories, Scotland, Saskatchewan), and others address isolation but have less detail pertaining to testing (e.g., Alberta). Additionally, some jurisdictions provide general guidance without isolation and testing protocols specifically for fully vaccinated, asymptomatic close contacts of confirmed cases. Some of the guidance reported in this document were created at a time when vaccine distribution was nascent or limited, hence the lack of recommendations specific to vaccination status in some jurisdictions. Lastly, it is possible jurisdictions do have relevant guidance that was not identified in the search.

As of October 2021, some jurisdictions are in the early stages of rolling out booster doses of COVID-19 vaccine to vulnerable populations, and this may impact the onward risk of transmission from breakthrough cases in LTCH communities that are currently mostly vaccinated. It may take some time before evidence will become available regarding transmission risk in the context of the Delta variant and booster doses in LTCH settings. For example, the duration and robustness of immunity following booster doses in the elderly population remains to be determined and may inform isolation approaches following a breakthrough case. The use of rapid antigen tests in settings with high risk of transmission and high risk of morbidity from transmission events may also impact how jurisdictions address fully vaccinated contacts of cases, with some jurisdictions such as England and Norway using antigen tests as a complementary tool to PCR testing for exposed contacts, similar to “Test to Stay” approaches that have been used in school settings.²⁹

There are possibly many factors accounting for the differences in how jurisdictions approach isolating and testing of fully vaccinated contacts in LTCH settings. One dynamic factor is the rate of COVID-19 transmission and vaccination coverage. Other contextual factors include political strategy, a nation’s values and priorities towards their older adult communities as reflected in the quality and resiliency of their LTCHs, and public acceptance of the guidance. Similar to how differences in first and second dose vaccine schedules between jurisdictions might account for past or current isolation approaches, differences in third/booster dose schedules may impact approaches to isolation and testing. None of the guidance documents included in this search had specific recommendations for the management of close contacts who had received third/booster doses of COVID-19 vaccines. Whether the guidance identified was developed before or during COVID-19 vaccine roll-out in LTCHs could also be a reason why some jurisdictions do not specifically address vaccination status of residents in their recommendations.

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