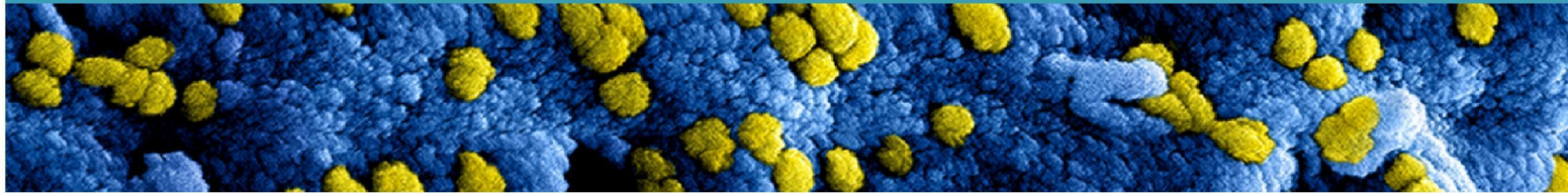


COVID-19 en het testbeleid in het verpleeghuizen

17 november

5.1.2e





Onderwerpen

Testbeleid verpleeghuizen sinds september jl

Pre-emptive testen

Implementatie test- en preventief beleid

Inzet antigeensneltesten



Rationale nieuw testbeleid

- 'Oud beleid' = laagdrempelig testen op basis van klachten faalt
- Onderzoek: dubbele 'onherkenbaarheid' van klachten
 - *symptomen bij bewoners afhankelijk van observeerbaar gedrag*
 - *medewerkers werken langer door a.g.v onvoldoende (h)erkenning*
- 'Nieuw testbeleid': breed testen van bewoners EN medewerkers ongeacht klachten



Aanbevelingen

5.1.2e

unoamsterdam.nl):

- Beleid onderverdelen in drie scenario's:
 - GROEN: voorbereiden en toerusting organisatie en medewerkers
 - ORANJE: preventie virusintroductie bij oplopende omgevingsprevalentie
 - ROOD: beleid bij uitbraak

SARS-CoV-2 transmission in the community nearby the LTCF and in the LTCF	IPC measures for residents	IPC measures for LTCF staff	IPC measures for visitors
<p>An infection prevention and control focal point (IPCFF) should be set up in every LTCF (see missions in Table 3). A file should be prepared with all data necessary for the laboratory to organize facility-wide testing and test result reporting in the event of a COVID-19 outbreak in the LTCF. A list should be prepared of those responsible for performing specimen collection. Information should be given to the residents and their family / health care providers to organize advance care planning in the event of a future COVID-19 outbreak in the LTCF. Support platforms (in hospital, for example) can help LTCFs to organize IPC measures, especially facility-wide testing, in the case of a COVID-19 outbreak.</p>			
<p>LEVEL I Low community transmission</p>	<ul style="list-style-type: none"> Daily screening for COVID-19 typical and atypical symptoms (Table 3) RT-PCR testing for residents with COVID-19 symptoms Activities in and outside the LTCF in accordance with the national rules for residents, especially those relating to hygiene and social distancing Systematic testing before admission of all new residents. Only RT-PCR-negative new residents can enter the LTCF 	<ul style="list-style-type: none"> Hygiene and social distancing for all activities conducted outside the LTCF (Table 2) Screening for COVID-19 symptoms and for any contact with suspected or confirmed COVID-19 cases before entering the LTCF (Table 3) Subjects with COVID-19 symptoms or those in contact with suspected or confirmed COVID-19 cases must not be allowed to enter the LTCF unless their RT-PCR test is negative At the entrance of the facility and during work, adherence to standard and transmission-based precautions to prevent COVID-19 spread in the LTCF (Tables 1, 4 and 5) 	<ul style="list-style-type: none"> Screening for COVID-19 symptoms and for any contact with suspected or confirmed COVID-19 cases before entering the LTCF (Table 3) Visitors with COVID-19 symptoms or those in contact with suspected or confirmed COVID-19 cases must not be allowed to enter the LTCF unless their RT-PCR test is negative At the entrance of the facility, visitors should sign (i) a form agreeing to adhere to standard and transmission-based precautions to prevent COVID-19 spread in the LTCF (Tables 4 and 5) and (ii) a registry with contact details to enable contact tracing, should a new case be diagnosed in the LTCF
Measures added to the previous ones and adapted weekly to the risk level			
<p>LEVEL II Outbreak cluster nearby the LTCF or substantial community transmission</p>	<ul style="list-style-type: none"> Limit residents' visits outside the nursing home to those necessary (e.g. for medical reasons) Admission in a private room and isolation for 14 days should be considered for new residents and for residents leaving the LTCF Consider RT-PCR testing of residents leaving the LTCF (especially for medical consultation) 5 to 7 days after their LTCF readmission Consider regular testing (for example weekly) of residents who are at high risk of encountering COVID-19 patients outside the LTCF (residents receiving dialysis or going to hospital ambulatory services, etc.) Limit short-stay admissions to the LTCF Limit group activities for residents, in accordance with national rules 	<ul style="list-style-type: none"> Avoid sharing the health care workers among different wards within the same LTCF and between LTCFs to limit the risk of COVID-19 spread within and between LTCFs Consider regular testing (for example weekly) of staff members, who are at high risk of encountering COVID-19 patients outside the LTCF (health care workers who have an extra care activity outside the LTCF, etc.) 	<ul style="list-style-type: none"> Limitation of the number of visitors, with due consideration that isolation of residents may affect their mental and somatic health status negatively (allowance to be made for this) Consider regular testing (for example weekly) of visitors, who are at high risk of encountering COVID-19 patients outside the LTCF (visitors of several LTCFs, etc.)
Measures added to the previous ones and adapted weekly to the risk level			
<p>Report positive SARS-CoV-2 results to the local authorities and maintain records of staff members and residents who have positive tests in LTCFs in order to facilitate the reporting of aggregate data to national databases.</p>			
<p>LEVEL III When a new case of COVID-19 is confirmed in a LTCF resident, staff member or visitor and until at least 14 days after the end of isolation of the last resident</p>	<ul style="list-style-type: none"> New admissions are not allowed. Within the first 24-48 hours, facility-wide testing in all residents, including those without symptoms. All residents who cannot be tested have to be managed in the same way as the COVID-19 positive subjects. Repeat this testing strategy once a week in all previously negative subjects until the testing identifies no new cases of COVID-19 for at least 14 days since the most recent positive result. Consider admission of the residents who test positive for COVID-19 to a COVID-19 setting (in a hospital, in a specific nursing home location or via the application of zoning in the nursing home itself). Organizing "red" areas to enable COVID-19 residents to mobilise safely outside their rooms. Isolation and applying COVID-19 precautions in residents who test positive for COVID-19 should last for 20 days and for as long as the COVID-19 symptoms persist. 	<ul style="list-style-type: none"> Within the first 24-48 hours, facility-wide testing of all staff members entering the LTCF in the last 14 days, including those without symptoms. All subjects who cannot be tested have to be managed in the same way as the COVID-19 subjects. Repeat this testing strategy once a week in all previously negative subjects until the testing identifies no new cases of COVID-19 for at least 14 days since the most recent positive result. Any staff members who test positive for COVID-19 should not enter the LTCF until they meet the return criteria (in many countries, 14 days of isolation (20 days if immunocompromised or severe COVID-19 disease) and no COVID-19 symptoms for at least 24 h). Any staff member entering the room of a resident with known or suspected COVID-19 (including those with atypical symptoms) should take contact and droplet precautions and use personal protective equipment (PPE) (Table 6). 	<ul style="list-style-type: none"> Visits are reduced to essential health care professionals only (situation to be adapted for end-of-life residents and for those suffering psychological distress, and associated with measures to limit the negative effects of social isolation on residents' mental / health status and well-being) Within the first 24-48 hours, testing of visitors having entered the LTCF within the past 14 days, including those without symptoms. Any visitors who test positive for COVID-19 should not enter the LTCF until they meet the return criteria, in accordance with national guidance (in many countries, 14 days of isolation (20 days if immunocompromised or severe COVID-19 disease) and no COVID-19 symptom for at least 24 h).



GROEN = landelijk

- Belang van passende toerusting personeel m.b.t leren herkennen van klachten, vastleggen objectieve basiswaarden en vertrouwdsheid personeel met bewoner.
- Voorbereiden op uitbraak door actualiseren van uitbraakplannen, uitvoeren van audits & uitbraakoefening (GGD, DIP, Ziekenhuishygiënist)
- Maken van afspraken over testen en snelle uitslag



ORANJE = regio

- Medewerkers
- Bezoekers
- Transities
- (Pre-emptive testing)



ROOD = verpleeghuis/zorglocatie

- Definieer grenzen locatie op basis van uitbraakplan en ring-principe
- Samenwerking lokale GGD
- Start wekelijks testen bewoners en medewerkers van gedefinieerde locatie ongeacht klachten: 'better safe than sorry'
- Totdat geen nieuwe besmettingen meer worden gevonden

Pre-emptive testen

- Periodiek testen van (steekproef) bewoners en/of medewerkers bij oplopende omgevingsprevalentie (code oranje) waarbij nog geen introductie van virus heeft plaatsgevonden
- Doel: vroegsignalering
- Vraag: hoe vaak, hoe veel, wie?
- Vraag: draagvlak?
- Vraag: meeropbrengst indien testbeleid goed is geïmplementeerd?



Evaluatiestudie implementatie testbeleid

- Impact op detectie, duur, omvang en beloop?
- Hoe geïmplementeerd?
- Belemmerende en bevorderende factoren?
- Omgang met bezoek?



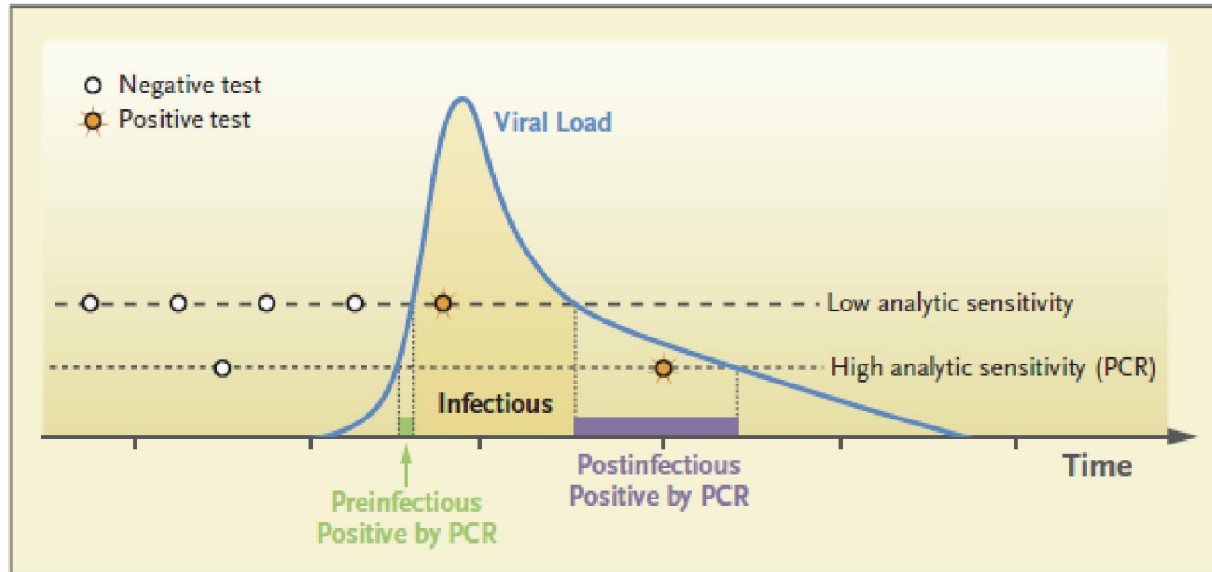
Klinische validatie en implementatie antigeensneltesten

- Veel druk en snelle uitrol op basis van beperkt validatieonderzoek in teststraten.
- Advies OMT: urgentie van doelgroepspecifieke validatie- en implementatiestudies
- Aandachtspunt bij verpleeghuispopulatie: ‘onherkenbaarheid’ symptomen

Overwegingen OMT (advies antigeen(snel)testen 12-10)

Kan de antigeensneltest ingezet worden als alternatief voor de PCR bij uitbraakonderzoek in verpleeghuizen, waarbij de uitslag van de antigeensneltest bij **negatief geteste** bewoners en zorgmedewerkers met (gepoolde) **PCR bevestigd** wordt?

Hoe efficiënt is het gebruik van antigeensneltesten bij dit gebruik? De antigeensneltesten geven een snel resultaat, maar bij veel negatief geteste personen wordt dan **dubbele diagnostiek** gedaan.



High-Frequency Testing with Low Analytic Sensitivity versus Low-Frequency Testing with High Analytic Sensitivity.



Vraagstellingen validatie- en implementatiestudie

- Wat zijn de sensitiviteit en specificiteit van de SARS-Cov-2 antigeensneltesten ten opzicht van de RT-PCR?
- Is de inzet van de SARS-CoV-2 antigeensneltest praktisch uitvoerbaar bij bewoners en medewerkers van verpleeghuizen ten tijde van een uitbraaksituatie?