

## **PHE care home discussion – 18/4/2020**

### **Current knowledge**

- England 175 new outbreaks in past 24 hours. Total 3,500 (22% or all in England)
- Around 1:3 care homes in London and NW affected
- Current hot spots NW, NE, W Mid

### **Approach to care homes reporting outbreaks:**

- Using HPZone, initial call and risk assessment, basic info on home and cases
- Testing kits via NHSE couriered to nursing homes and returned to lab.
- Lab results come back via electronic reporting 48-72 hours.
- Email information pack to care home and call to make initial contact, afterwards care homes update via email and only call if they have specific problems.
- Webinars with care homes on PPE and IP&C, questions – in South West
- Stakeholders alerted about affected homes via sharepoint

### **Point prevalence study in care homes**

- PHE arranged swabbing of all residents and staff in 6 care homes
- Results from three- very high positivity 50%+; only ~30% with symptoms
- Staff- 45% positive, of which ~30% symptoms
- For those symptomatic, around 50% chance of symptoms; negatives also symptomatic

### **So symptoms poorly predictive of infection (therefore a poor trigger for control measures)**

- When one or two symptomatic cases identified in a care home, around 50% staff and residents already affected – end point is very high attack rate (90%) and consequent deaths

### **Modelling**

- Homes are linked in a network- evidence of spread between homes despite lockdown
- Key to interruption is preventing staff movements.
- Sharing staff, bank staff all issues- staff are initiating and moving outbreaks; residents are a later signal
- Testing only of residents at present, testing of staff not undertaken (even if symptomatic) as outside current guidance
- **Implication:** prevention measures targeted at homes without outbreaks to prevent introductions

### **PPE**

- Evidence that PPE is not being used correctly in some care homes hence issuing of new guidance 17/04/2020.

**Virology** – in people who have been symptomatic virus may be detected for up to 10 days post onset of infection but low level and low infectivity. Compares with those asymptomatic and pre-symptomatic who have high viral loads of highly infectious capacity. Therefore testing patients for discharge of lesser priority than staff.

#### **Potential measures – preventing ingress of infection into homes; preventing spread**

- **Key control point** to prevent introduction of COVID into a care home should be management of staff – focus on homes with no symptomatic cases and ramp up staff restrictions (if symptomatic at all /household member symptomatic - do not attend work and get tested): work to one home only and to one group of residents not across the whole home environment.
- **Work to ensure correct use of PPE and IPC** procedures ingrained in staff practices.
- **Affected homes** -no new staff to be introduced who will subsequently work in a different home (restrict staff working in affected homes to remain working in these locations).
- Empower DsPH to support care home sector messaging.
- CROC to consider contacting CQC to discuss what the PHE offer is to CQC and how CQC can support PHE messaging.

#### **Other points of note**

- Seems English care homes without outbreaks still having visitors – Care Minister not keen to stop this even when social distancing and stay at home guidance came into force. Wales and NI confirmed advice given was that visiting care homes was not in keeping with the social distancing guidance.
- Pressed that staff in care home settings should be given, at least, equivalence with acute trust staff re testing is symptomatic or if in a household with a symptomatic person.
- Nightingale Hospital London may start to be used for step down between hospital and home (including care home) discharge.

#### **Summary**

- Major way infection introduced to care homes was from staff (visitors in England?)
- Data on testing suggests that by time 2 symptomatic cases virus is widespread across care home both in staff and residents.
- Want to move from back-foot to proactive approach to prevent spread to unaffected care homes.
- Cohort staff to individual care homes and to specific resident groups within the home – no sharing across home.
- Notes to be shared by chair – OFFICIAL SENSITIVE not for sharing.
- **Further meetings – Sunday** (Scotland requested DA involvement, agreed)
- Monday – for modelling report consideration.