



UK Health Security Agency

Weekly Care Homes Evidence Digest

Prevention and control of COVID-19 in home care/care homes settings

8th October 2021

Summary

This weekly digest contains a selection of evidence published in the last 7 days, in relation to the prevention and control of COVID-19 in home care/care home settings. We search a number of Covid-19 review repositories, an existing UK Health Security Agency (UKHSA) Covid-19 evidence digest (including Covid-19 evidence digests produced by Public Health England prior to October 2021), Ovid Medline and Embase, Social Care Online, medRxiv (pre-print server) and various websites. We select peer reviewed and non-peer reviewed publications (pre-prints), as well as systematic reviews, guidance and evidence summaries.

The digest is produced by UKHSA [Knowledge and Library Services \(KLS\)](#), in conjunction with a small editorial team.

We do not accept responsibility for the availability, reliability or content of the items included in this resource and do not necessarily endorse the views expressed within them. Our intent is to highlight early emerging research findings as well as research that has been subject to peer review and wider scrutiny.

This week's digest includes; from Switzerland, a case series analysis of an outbreak of nosocomial COVID-19 in a geriatric rehabilitation facility during the first wave; from Singapore, value of a geriatric isolation facility in mitigating nosocomial transmission of COVID-19; from USA, evidence of differences in infection rates among staff in a health care and hospice agency during the early phase of the COVID-19 pandemic, evidence of an association between some maintenance drugs for chronic conditions and reduced risk and severity of COVID-19 in elderly patients, and evidence of protective factors for resilience of older adults in the community; from France, value of monitoring neutralising antibodies against SARS-CoV-2 in long term care facilities to inform vaccination strategy; and from the International Long Term Care Policy Network, advance notice of a workshop on lessons learned from the COVID-19 and implications for policy reform.

From the UK, evidence of deprivation as an important predictor of poor outcomes following infection during the early part of the COVID-19 pandemic in rural England, and short term and long term projections of future health and social care funding requirements. Finally, summaries of other recently published reports, guidance and statistics.

Peer-Reviewed Articles

Publication date	Title / URL	Journal / Article type	Digest
30.09.2021	COVID-19 Outbreak at a Geriatric Rehabilitation Facility: The Silent Threat of Asymptomatic Patients with High Viral Loads	Geriatrics / Study	<ul style="list-style-type: none"> Retrospective case series analysis describes outbreak of nosocomial COVID-19 disease within geriatric rehabilitation, seeking to determine the proportion of a-/presymptomatic patients, the median time before symptom onset among presymptomatic patients and investigate whether the viral load differs between patients with and without symptoms. Overall, 34 patients (median age, 87 years; range, 66–98; 67% female) tested positive for SARS-CoV-2. During the same period, 19 health care workers were also diagnosed with COVID-19. Among the 27 patients who provided consent, 20 (74%) were symptomatic at the time of testing. The rapid transmission of SARS-CoV-2 and the prevalence of initially asymptomatic patients with high viral loads support an extended screening strategy at such facilities
01.10.2021	Challenges of Singapore's First Acute Geriatric Isolation Facility During the COVID-19 Pandemic	Proc. Of Singapore Healthcare / Study	<ul style="list-style-type: none"> Retrospective cross-sectional study shares the experience of Singapore's first acute geriatric isolation facility geriatric PARI (Pneumonia-Acute Respiratory Infection) ward and describes the geriatric-related outcomes and pitfalls in care delivery. The study was performed in 7 negative pressure isolation rooms in an acute care public hospital in Singapore, and 100 patients admitted consecutively to the geriatric PARI ward were included The paper reveals challenges in delivering person-centred care to the older patients in isolation rooms, especially in the management of delirium and falls prevention. Innovative strategies should be developed to minimise isolation-related adverse outcome. However, the findings also show the geriatric PARI ward is essential for curbing nosocomial transmission of COVID-19. This is important in the older people with comorbidities who are more likely to develop morbidity and mortality.

02.10.2021	<p>COVID-19 Infection Rates Early in the Pandemic Among Full Time Clinicians in a Home Health Care and Hospice Organization</p>	Am.J. of Infection Control / Study	<ul style="list-style-type: none"> • Visit data from a home health care and hospice agency in New Jersey early in the pandemic was analyzed to examine COVID-19 infection rates separately for clinicians exposed to COVID-19-contagious patients, and those without exposure to known COVID-19 contagious patients. • Between March 5 and May 31, 2020, among home health clinicians providing in-person care, clinicians treating at least one COVID-19 contagious patient had a case rate of 0.8% compared to 15.7% for clinicians with no exposure to known COVID-19 contagious patients. • Among hospice clinicians providing in-person care, those who treated at least one COVID-19 contagious patient had a case rate of 6.5%, compared to 12.9% for clinicians with no known exposure to COVID-19 contagious patients. • Non-White clinicians had a higher COVID-19 case rate than White clinicians (10.9% vs 6.2%) • Clinicians providing in-person care to COVID-19-contagious patients experienced lower rates of COVID-19 infection than clinicians providing face-to-face care with no known exposure to COVID-19 contagious patients. The findings suggest there was a low incidence of potential workplace infections
02.10.2021	<p>Spatial Risk Factors for Pillar 1 COVID-19 Excess Cases and Mortality in Rural Eastern England, UK</p>	Risk Analysis / Study	<ul style="list-style-type: none"> • This is a secondary analysis of patient records in a confined area of eastern England, covering persons who tested positive for SARS-CoV-2 through end May 2020, including dates of death and residence area • Authors obtained residence area data on air quality, deprivation levels, care home bed capacity, age distribution, rurality, access to employment centers, and population density. We considered these covariates as risk factors for excess cases and excess deaths in the 28 days after confirmation of positive Covid status relative to the overall case load and death recorded for the study area as a whole. • Excess case counts or excess deaths were both predicted by the percentage of population age 65 years, care home bed capacity and less rurality: older population and more urban areas saw excess cases. • Greater deprivation did not correlate with excess case counts but was significantly linked to higher mortality rates after infection.

			<ul style="list-style-type: none"> • Neither excess cases nor excess deaths were predicted by population density, travel time to local employment centers, or air quality indicators. Only 66% of mortality was explained by locally high case counts. • Higher deprivation clearly linked to higher COVID-19 mortality separate from wider community prevalence and other spatial risk factors.
05.10.2021	Exploring Factors Enhancing Resilience Among Marginalized Older Adults During the COVID-19 Pandemic	J. of Applied Gerontol. / Study	<ul style="list-style-type: none"> • Study conducted in-depth interviews with marginalized older adults to understand how COVID-19 affected their mobility and daily lives. • Authors identified different levels of protective factors affecting their resiliency to pandemic stressors. COVID-19 influenced not only the physical health but also the mental health of older adults. • However, using technology to continue daily activities, exchanging informal support with family and neighbors, relying on formal support from community organizations, and keeping themselves physically active in their neighborhoods assisted in overcoming adversity. • The findings suggest a holistic approach to enhance the resilience of older adults during an unprecedented event.
05.10.2021	Staffing and protective equipment access mitigated COVID-19 Penetration and Spread in US nursing homes during the Third Surge	JAMDA / Study	<ul style="list-style-type: none"> • During the last quarter of 2020—despite improved distribution of personal protective equipment(PPE) and knowledge of COVID-19 management—nursing homes experienced the greatest increases in cases and deaths since the pandemic’s beginning. • The authoirs sought to update COVID-19 estimates of cases, hospitalization, and mortality, and to evaluate the association of potentially modifiable facility-level infection control factors on odds and magnitude of COVID-19 cases, hospitalizations, and deaths in nursing homes during the third surge of the pandemic. • The study shows adequate staffing and PPE—along with reduced occupancy and smaller facilities—mitigate incidence and magnitude of COVID-19 cases and sequellae. • Addressing shortcomings in these factors is critical to the prevention of infections and adverse health consequences of a next surge among vulnerable nursing home residents.

Preprints

Publication Date	Title / URL	Preprint Source	Digest
01.10.2021	Effect of common maintenance drugs on the risk and severity of COVID-19 in elderly patients	MedRxiv	<ul style="list-style-type: none"> • Maintenance drugs are used to treat chronic conditions. Several classes of maintenance drugs have attracted attention because of their potential to affect susceptibility to and severity of COVID-19 • From April – December 2020, the study identified usage of angiotensin-converting enzyme inhibitors (ACEI), angiotensin-receptor blockers (ARB), warfarin, direct factor Xa inhibitors, clopidogrel, famotidine and hydroxychloroquine based on Medicare prescription claims data. • Using extended Cox regression models with time-varying propensity score adjustment we examined the independent effect of each study drug on contracting COVID-19. • The three most common study drugs were ACEI 97,872 (26.1%), ARB 83,329 (22.3%) and clopidogrel 38,203 (10.2%). Current users of ACEI, ARB, warfarin, direct factor Xa inhibitor and clopidogrel were associated with reduced risk of getting COVID-19 (3-13%), and reduced risk of dying after a COVID-19 diagnosis (8-19%). • Famotidine did not show consistent significant effects. • Hydroxychloroquine did not show significant effects after censoring of recent starters. • Maintenance use of ACEI, ARB, warfarin, direct factor Xa inhibitor and clopidogrel was associated with reduction in risk of acquiring COVID-19 and dying from it.

Reports and other publications

Publication date	Title / URL	Author(s)	Digest
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01.10.2021	Neutralizing antibodies directed against SARS-CoV-2 in a population residing in a nursing home and a long-term care unit	Moyet, Julien; et al.	<ul style="list-style-type: none"> • Multiple studies have proved the efficiency of two-dose vaccines in terms of immune protection against potential reinfection of COVID-19, while suggesting that a single dose could suffice for those already infected and cured. • Authors argue that this latter strategy should confer long-term effective immunity in those having already contracted the disease but note little data is available on the intensity and efficacy of the immune response in elderly frail patients infected by or vaccinated against SARS-CoV-2. • They report on a screening campaign undertaken at the University Hospital Amiens Picardie during the first wave of the COVID-19 pandemic in June 2020 which went on to determine the anti-SARS-CoV-2 neutralizing antibody titer by means of neutralization tests using retroviral particles pseudotyped with the SARS-CoV-2 S glycoprotein. • Authors are continuing to observe this cohort of NH and LTCU patients at the University Hospital Amiens Picardie, as part of the SERO-CoV-OLD trial. They have taken the opportunity to evaluate the post-vaccination humoral and cellular immune response and to analyse the impact of prior seroconversion on vaccination response in the elderly. • Studying this cohort of patients could help to guide vaccination strategy, most notably with regard to establishing the optimal number of doses that should be administered to elderly patients vulnerable to SARS-CoV-2 infection, by taking into account the many facets of the immune response.
October 2021	Health and social care funding projections 2021	Health Foundation	<ul style="list-style-type: none"> • This report presents the REAL Centre’s projections of future health and social care funding requirements, both for the next 3 years and longer term funding to 2030/31. • The projections in the report are based on two scenarios: stabilisation and recovery. • The scenarios differ according to different levels of government policy ambition, for example how ambitious the government’s plans for improving adult social care services are, and different trajectories for any continued impact of COVID-19. • Note: The analysis was prepared ahead of the government announcements for health and social care funding on 6th and 7th September 2021. The analysis presents a benchmark to compare those funding announcements against.

Guidance

Publication date	Title / URL	Author(s)	Digest
02.10.2021	COVID 19 Guidance Resumption of Day Services for Older Persons	Cormican, Martin; McKenna, Mary	<ul style="list-style-type: none"> • Powerpoint slides from a presentation given by Ireland's Health Services Executive. • The slides examine the risks and mitigations surrounding the resumption for Day Services for older people in Ireland, including specific guidance covering: <ul style="list-style-type: none"> ○ Preparedness plans prior to opening ○ Protocols to guide service user transportation ○ Resumption of activities in the day centre with lowest practical risk ○ Management of potential cases / outbreaks where identified

Statistics

Publication date	Title / URL	Author(s)	Digest
05.10.2021	Number of deaths in care homes notified to the Care Quality Commission, England	ONS, CQC	<ul style="list-style-type: none"> • Provisional counts of deaths in care homes caused by the coronavirus (COVID-19) by local authority. Published by the Office for National Statistics and Care Quality Commission.
05.10.2021	Care home resident deaths registered in England and Wales, provisional	ONS	<ul style="list-style-type: none"> • Provisional counts of the number of care home resident deaths registered in England and Wales, by region, including deaths involving coronavirus (COVID-19), in the latest weeks for which data are available.

06.10.2021	Coronavirus (COVID-19): adult care homes - additional data	Scottish Government	<ul style="list-style-type: none"> • Weekly data on COVID-19 in adult care homes in Scotland.
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Editorials and News

Publication date	Title / URL	Author(s)	Digest
30.09.2021	Save the date! International workshop on COVID-19 and long-term care systems: what have we learnt and what policies do we need to strengthen LTC systems, 6th December 2021	LTC Responses to Covid-19	<ul style="list-style-type: none"> • Advance notice of a one-day online workshop on 6th December 2021 to mark the launch of a new LTCcovid International Living Report on COVID-19 and Long-Term Care • The workshop will run 9am to 6pm (UK time, BST) and we will invite contributors to the LTCcovid International Living Report to present on: <ul style="list-style-type: none"> ○ Lessons learnt from the experience in their country or region and on the reforms that are being considered to address ongoing challenges ○ Present research findings on COVID-19 and Long-Term Care ○ Cross-national studies on key topics such as workforce pressures, care home visits, vaccination policies in the long-term care sector, etc.
01.10.2021	Open consultation: Extending free PPE to the health and care sector	DHSC	<ul style="list-style-type: none"> • DHSC is seeking views on whether it should extend the provision of free personal protective equipment (PPE) to the health and care sector after 31 March 2022. • This consultation closes at 11:45pm on 31 October 2021