



# UK Health Security Agency

## Monthly Care Homes Evidence Digest

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

29<sup>th</sup> April 2022

#### Summary

This monthly digest contains a selection of evidence published in the last 30 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, and various websites. We select peer reviewed publications, 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 digest for the month of April includes; from Italy, France and UK, further evidence of the negative impacts of the COVID-19 pandemic on the quality of life of care home residents and staff; from Jordan, Japan and Hong Kong, further evidence of the impact of the COVID-19 pandemic on the mental and physical health, and resilience, of older people living in the community and their carers; from the USA, a review of the merits of telemedicine in care homes during the COVID-19 pandemic, and work system enhancements needed to sustain the benefits of the approach; reflections on the benefits of remote infection control assessments to improve infection prevention and control; and a call for the inclusion of nursing residents in studies of post-acute sequelae of SARS-CoV-2; from Germany, a review and analysis of testing strategies to control the transmission of COVID-19 in nursing homes, and the impact on national legislation with potential implications for other countries; and a cross-sectional study of organisational resilience suggesting that systemic capacity of long-term care organisations facilitates ability to provide quality care; and from Canada, lessons from the COVID-19 pandemic in the Netherlands, Denmark and Germany to strengthen and expand home care.

From Italy, and elsewhere, further evidence of the long-term benefits of SARS-CoV-2 vaccination in nursing homes, including from France, an evaluation of persistent immunogenicity of BNT162b2 vaccine boosters against SARS-CoV-2 Delta and Omicron variants in nursing home residents, showing high neutralization titres against Delta in all nursing home residents, and at a lower level against Omicron in a large majority of participants; and a study of the prevalence of exposure to SARS-CoV-2 in nursing homes and geriatric hospitals with a call for further research on the persistence of immunity to inform long-term vaccine booster policy; from Hong Kong, a qualitative study of barriers and motivations for COVID-19 vaccination in older adults illustrating the complexity of individual, social and political factors in the understanding of vaccination perception and relevant behaviours; from USA, a study of the frequency and severity of delirium among nursing home residents after COVID-19 vaccination, indicating a risk benefit balance in favour of vaccination; and a comparison of rates of adverse events among nursing home residents who received an mRNA COVID-19 booster, with those awaiting a booster, concluding that no safety signals were detected.

Also from the UK an evaluation of the persistence of immunogenicity 3 months after booster doses for seven COVID-19 vaccines. Authors concluded that while high titres of levels of antibodies are desirable, where variants of concern are prevalent, immunity that confers long-lasting protection against severe disease or death is also of critical importance, indicating that policymakers may consider vaccines with a range of modalities of effect as booster doses; an observational nationwide study of the dynamics of COVID-19 deaths in care homes during the Delta variant outbreak; and a cohort study of mortality of care home residents and matched community controls during the COVID-19 pandemic where authors concluded that care home residents require particular protection during periods of high infectious transmission.

Finally, summaries of other recently published COVID-19 pandemic reports, guidance and statistics.

We have a search facility for the Weekly Care Homes Evidence Digest. This can be achieved by using Endnote Software and accessing backups of the Research Digest. This will give access to the content of all previous weekly Digests and allow simple searches e.g. on authors, abstracts (where these are captured) and titles. Please note that this is not a substitute for a proper literature search. If you would like to access this facility please contact [arthur.pearce@phe.gov.uk](mailto:arthur.pearce@phe.gov.uk)

## Peer-Reviewed Articles

Publication date	Title / URL	Journal / Article type	Digest
24.03.2022	Impact of COVID-19 on carers of people with dementia in the community: Findings from the British IDEAL cohort	International Journal of Geriatric Psychology / Study	<ul style="list-style-type: none"> <li>• This study sought to explore the impact of the COVID-19 pandemic on carers for community-dwelling people with dementia and compare responses with pre-pandemic data.</li> <li>• Data were collected between September 2020 and April 2021 in England and Wales. Carers were identified from the Improving the experience of Dementia and Enhancing Active Life (IDEAL) cohort and data were collected either through the telephone, video conferencing, or an online questionnaire.</li> <li>• In total 48.8% of carers thought their healthcare needs were negatively affected during the pandemic. Compared with pre-pandemic data carers were more lonely and experienced less life satisfaction.</li> <li>• There was little impact on carers' experience of caregiving, although carers felt trapped in their caregiving role. Carers were more optimistic and had higher social contact with relatives. There were changes in the methods carers used for contacting relatives and friends.</li> <li>• Most carers coped very or fairly well during the pandemic. There was little difference in the experiences of spousal/partner carers and the full sample.</li> <li>• Authors conclude that after a long period of providing care under pandemic conditions carers require additional support. This support needs to be focused on alleviating feelings of loneliness and increasing life satisfaction.</li> </ul>
25.03.2022	The impact of COVID-19 restrictions and care home strategies on residents with dementia as experienced by family carers in Italy	Aging & Mental Health / Study	<ul style="list-style-type: none"> <li>• Study aimed to explore the impact of COVID-19 on care home residents with dementia as experienced by family carers in Italy. Specifically, strategies implemented to overcome the pandemic's constraints, their influence upon care, and consequences for everyday life of residents with dementia and carers were investigated.</li> <li>• 26 family carers were interviewed. Three themes emerged: <ul style="list-style-type: none"> <li>○ (1) COVID-19 restrictions negatively affected both residents with dementia and family carers,</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>○ (2) Changing policies in care homes during COVID-19, and</li> <li>○ (3) Technology use in care homes during COVID-19. COVID-19 restrictions severely affected care home residents with dementia, disrupted their daily living, and accelerated their cognitive decline. Consequently carers' emotional burdens increased</li> <li>● Mixed evidence emerged about the feasibility of care home strategies and their associated benefits. To meet arising needs and possible future pandemic waves, there is a need for updated health strategies. These should prioritise a continuity of therapeutic activities and minimize negative effects on residents' quality of life.</li> </ul>
<b>28.03.2022</b>	Long-term effects of SARS-CoV-2 vaccination in the nursing home setting	Journal of the American Geriatrics Society /	<ul style="list-style-type: none"> <li>● SARS-CoV-2 vaccination has significantly reduced infection, hospitalization, and lethality rates among nursing home (NH) residents, but durability of vaccine effects remains unknown. This study investigated the long-term impact of BNT162b2 SARS-CoV-2 vaccine on breakthrough infection rates in the NHs of Florence, Italy.</li> <li>● Among 2,271 vaccinated residents, authors we recorded 105 cases of breakthrough infections. Rates of breakthrough infection remained very low in the 6 months after vaccination, but started to rise over the following months, peaking at 0.94%, and then became stable around 0.2%–0.3%.</li> <li>● Over the study period, infection rates remained low as compared to the incidence of SARS-CoV-2 infection during pre-vaccination period. Overall hospitalization and lethality rates were 8%.</li> <li>● Among vaccinated NH residents, rates of breakthrough SARS-CoV-2 infection, hospitalization and lethality remained low up to 9 months following primary vaccination course. A mild resurgence of SARS-CoV-2 infection, after 6 months from vaccination, suggests a decline of vaccine effectiveness in preventing transmission.</li> </ul>
<b>29.03.2022</b>	COVID-19 case findings and contact tracing in South German nursing homes	BMC Infectious Diseases / Study	<ul style="list-style-type: none"> <li>● The aim of this paper is to showcase the testing strategies implemented by the Public Health Department Reutlingen to control the spread of COVID-19 in local nursing homes and to report the results thereof.</li> </ul>

			<ul style="list-style-type: none"> <li>• This study reports COVID-19 outbreaks in nursing homes in Reutlingen County and how they were dealt with through extensive testing, contact tracing, isolation and hygiene inspections. The testing strategy consisted of three phases: In phase 1 only suspected cases, in phase 2 all staff and residents, and in phase 3 all suspected cases and their contacts were tested.</li> <li>• Nearly all residents (98%) and staff members (92%) of all nursing homes in Reutlingen County were tested for SARS-COV-2. 25 of 37 nursing homes had COVID-19 cases, 5 had 30–81 cases/home. 62% of the 395 nursing homes cases were residents, but less than half of them exhibited symptoms (41%).</li> <li>• The cases uncovered in nursing homes represented 26% of all 1529 cases in Reutlingen County during the time of this study. Many COVID-19 cases were discovered through extensive testing, allowing for early interventions.</li> <li>• The results shed light on the COVID-19 situation in nursing homes and allowed for individually designed preventive measures. The results also lead to a change in the German legislation.</li> <li>• The outbreak management methods of the Public Health Department Reutlingen may also be applicable in other countries.</li> </ul>
<p><b>05.04.2022</b></p>	<p><a href="#">Remote Infection Control Assessments of U.S. Nursing Homes During the COVID-19 Pandemic, April to June 2020</a></p>	<p>Journal of the American Medical Directors' Association / Study</p>	<ul style="list-style-type: none"> <li>• Nursing homes (NH) provide care in a congregate setting for residents at high risk of severe outcomes from SARS-CoV-2 infection. In spring 2020, NH were implementing new guidance to minimize SARS-CoV-2 spread among residents and staff. This study sought to assess whether telephone and video-based infection control assessment and response (TeleICAR) strategies could efficiently assess NH preparedness and help resolve gaps.</li> <li>• During April 13 to June 12, 2020, authors completed TeleICAR consultations in 629 NH across 19 US states. Overall, 83% had ≥1 implementation gaps identified; the median number of gaps was 2).</li> <li>• The domains with the greatest number of facilities with gaps were core IPC practices (68%) and COVID-19 education, monitoring, screening, and cohorting of residents (47%).</li> </ul>

			<ul style="list-style-type: none"> <li>• TeleICAR was an alternative to onsite infection control assessments that enabled public health to efficiently reach NH across the U.S. early in the COVID-19 pandemic. Assessments identified widespread gaps in core IPC practices that put residents and staff at risk of infection.</li> <li>• TeleICAR is an important strategy that leverages infection control expertise and can be useful in future efforts to improve NH IPC.</li> </ul>
06.04.2022	Perceptions of and hesitancy toward COVID-19 vaccination in older Chinese adults in Hong Kong: a qualitative study	BMC Geriatrics / Study	<ul style="list-style-type: none"> <li>• COVID-19 vaccination is recommended for older adults by the World Health Organization. However, by July 15, 2021, only 26% of individuals over 60 years old in Hong Kong had received a first dose of the vaccine</li> <li>• Vaccination determinants can be complex and involve social and cultural factors that cannot be explained by micro-individual factors alone. Few studies on the barriers to, hesitancy toward, and motivations for COVID-19 vaccination among older Chinese adults have been performed. This study aimed to fill this gap, and between November 2020 and February 2021, 31 adults (24 women and 7 men) over the age of 65 took part in semi-structured, one-on-one interviews.</li> <li>• Two major themes in the data were examined: barriers to vaccination and motivations for vaccination. Participants' perceptions of and hesitancy toward vaccination demonstrated a confluence of factors at the individual, microsocial, intermediate-social (government), and macrosocial levels according to the critical medical anthropology framework.</li> <li>• The decision to receive a COVID-19 vaccination is a complex consideration for older adults of low socioeconomic status in Hong Kong. The findings of this study extend the health belief model and the theory of planned behavior regarding the understanding of vaccination perceptions and relevant behaviors in an older adult population.</li> </ul>
06.04.2022	Nursing home workers' mental health during the COVID-19 pandemic in France	Journal of the American Medical Directors' Association / Study	<ul style="list-style-type: none"> <li>• Study sought to examine mental health problems among nursing home workers in the context of the COVID-19 pandemic, to investigate COVID-19 related fears, and to identify pre-pandemic factors associated with current mental health issues.</li> <li>• The survey was completed by 127 workers, yielding a 28.5% response rate. Overall, 48.03% reported experiencing fear of infecting others at</li> </ul>

			<p>least most of the time. One in eight indicated that close others feared being infected by them.</p> <ul style="list-style-type: none"> <li>• One third of the sample (34.65%) met criteria for at least one probable current mental disorder. Panic attacks (22.05%) were the most frequently-reported mental health problem, followed by depression (16.54%). In multivariate analyses, the only factor associated with having a current probable mental disorder was the presence of any pre-pandemic mental health problem (AOR=4.76, 95%CI=2.08-10.89).</li> <li>• Type of employment contract, full-time status, or medical vs non-medical staff status were not significantly associated with mental health status.</li> <li>• The study reveals that one third of nursing home workers in the sample report current probable mental disorders, and these were largely associated with pre-pandemic mental health status. Screening for common mental health problems and facilitating access to appropriate care should be prioritized in nursing homes.</li> </ul>
08.04.2022	<p>Resilience and coping strategies of older adults in Hong Kong during COVID-19 pandemic: a mixed methods study</p>	BMC Geriatrics / Study	<ul style="list-style-type: none"> <li>• Mixed methods study examines the psychosocial vulnerability of older adults relative to their younger counterparts and explored how they coped with the pandemic.</li> <li>• Compared with younger adults, older adults tended to be less worried about COVID-19 infection and economic activity/livelihood, despite being slightly more worried about supplies of personal protective equipment. They also had better subjective well-being in terms of happiness and life satisfaction, with their social capital and social interaction less affected.</li> <li>• Older adults in this study showed better psychosocial well-being than their younger counterparts under the COVID-19 pandemic, which challenged the deeply rooted societal stereotype about the vulnerability of older adults. Authors conclude the stronger resilience for positive coping, technological assistance, and targeted government and community support may have protected older adults from distress during the pandemic.</li> </ul>
08.04.2022	<p>Persistence of immunogenicity after seven COVID-19</p>	Journal of Infection / Study	<ul style="list-style-type: none"> <li>• Study sought to evaluate the persistence of immunogenicity three months after third dose boosters. Among 2,883 participants</li> </ul>

	<p>vaccines given as third dose boosters following two doses of ChAdOx1 nCov-19 or BNT162b2 in the UK: Three month analyses of the COV-BOOST trial.</p>		<p>randomised, there were 2,422 SARS-CoV-2 naïve participants until D84 visit included in the analysis with median age of 70 (IQR: 30–94) years.</p> <ul style="list-style-type: none"> <li>• In the participants who had two initial doses of ChAdOx1 nCov-19 (Oxford-AstraZeneca; referred to as ChAd), schedules using mRNA vaccines as third dose have the highest anti-spike IgG at D84 (e.g. geometric mean concentration of 8674 ELU/ml (95% CI: 7461–10,085) following ChAd/ChAd/BNT162b2 (Pfizer-BioNtech, referred to as BNT)).</li> <li>• However, in people who had two initial doses of BNT there was no significant difference at D84 in people given ChAd versus BNT (geometric mean ratio (GMR) of 0.95 (95%CI: 0.78, 1.15).</li> <li>• Also, people given Ad26.COVS.2 (Janssen; referred to as Ad26) as a third dose had significantly higher anti-spike IgG at D84 than BNT (GMR of 1.20, 95%CI: 1.01,1.43).</li> <li>• 84 days after a third dose of COVID-19 vaccine the decay rates of humoral response were different between vaccines. Adenoviral vector vaccine anti-spike IgG concentrations at D84 following BNT/BNT initial doses were similar to or even higher than for a three dose (BNT/BNT/BNT) schedule.</li> <li>• Half dose BNT immune responses were similar to full dose responses.</li> <li>• While high antibody titres are desirable in situations of high transmission of new variants of concern, the maintenance of immune responses that confer long-lasting protection against severe disease or death is also of critical importance. Policymakers may also consider adenoviral vector, fractional dose of mRNA, or other non-mRNA vaccines as third doses.</li> </ul>
<p>08.04.2022</p>	<p>Loneliness and Depression among Community Older Adults during the COVID-19 Pandemic: A cross-sectional study</p>	<p>Psychogeriatrics / Study</p>	<ul style="list-style-type: none"> <li>• Social isolation has been recommended for reducing older adults' mortality and severe cases of COVID illness. That has resulted in unavoidable consequences of mental ill-health. This study aimed to examine the impact of the COVID-19 lockdown on the development of loneliness and depression and to analyse the factors associated with these conditions among community-dwelling older adults in Jordan.</li> <li>• The mean age was 72.48 ± 6.84 years, and 50.2% were women. 41.4% were lonely, and of those 62% had a positive screen for depression. The mean UCLA score was significantly higher during the lockdown than before.</li> </ul>

			<ul style="list-style-type: none"> <li>• Loneliness was significantly associated with being unmarried, having never worked previously, and being functionally dependent. Lonely participants were 1.65 times more likely to have depression. Likewise, a previous history of depression and cognitive impairment, multimorbidity, poor self-perceived health, and concern about contracting COVID infection were significant predictors of depression.</li> <li>• The COVID-19 pandemic has had a heavy toll on older adults' mental health, particularly those with multimorbidity, baseline functional dependence, and those with a previous history of depression and cognitive impairment. Targeting these high-risk groups is important in order to minimize loneliness, depression, and subsequent increased morbidity. Using all-inclusive language might minimize ageism and the fear of catching an infection.</li> </ul>
<p><b>12.04.2022</b></p>	<p>Depressive Symptoms and Coping Strategies in Community-Dwelling Older People Amidst the COVID-19 Pandemic: A Mixed-Method Study</p>	<p>Journal of Gerontological Social Work / Study</p>	<ul style="list-style-type: none"> <li>• This mixed-method cross-sectional telephone survey was conducted with 375 older people aged 60 years and above between March and May 2020 in Hong Kong, and aimed to examine depressive symptoms of community-dwelling older people amidst COVID-19 and explore how naturally occurring coping strategies were associated with depression.</li> <li>• Over half of the participants reported adaptive coping strategies, including learning new things, staying physically, mentally, and socially active, and having a positive mind-set. GLM results indicated that living with family members (other than spouse) and/or others, maladaptive coping, and self-reported risk factors were significantly associated with higher PHQ-9 scores, while adaptive coping was significantly associated with lower PHQ-9 scores.</li> <li>• The authors note this study contributes to the growing literature on older people's resilience and adaptive coping during the pandemic, and may have implications for mental health promotion and community care.</li> </ul>
<p><b>12.04.2022</b></p>	<p>Changing dynamics of COVID-19 deaths during the SARS-CoV2 B.1.617.2 (Delta variant) outbreak in England and Wales: Reduced COVID-19</p>	<p>Journal of the American Medical Directors' Association / Research Letter</p>	<ul style="list-style-type: none"> <li>• Reports on observational study to analyze the nationwide data of the Care Home deaths in England and Wales in between March 7, 2020 to November 26, 2021 during the COVID-19 pandemic using the data from the ONS.</li> <li>• During the March 7-August 28, 2020 first wave 29.8% of COVID-19 deaths occurred in Care Homes. There was a significant decrease in</li> </ul>

	<p>deaths among the Care Home residents.</p>		<p>the percentage of COVID-19 deaths occurring in Care Homes during August 29, 2020-May 28, 2021 period (19.2%). The COVID-19 deaths occurring in Care Homes decreased significantly (to 8.9%) during the Delta variant surge (May 29-November 26, 2021) compared to the prior period.</p> <ul style="list-style-type: none"> <li>• The reduced deaths rates in the Care Homes during the Delta variant surge are most likely due to the infection control and protective measures implemented in the Care Homes with the lessons learned from previous surges. The greater adoption of COVID-19 vaccination among the Care Home residents is also a major contributory factor for reduced deaths during the Delta variant surge.</li> <li>•</li> </ul>
<p><b>12.04.2022</b></p>	<p>Mortality of care home residents and community-dwelling controls during the covid-19 pandemic in 2020: matched cohort study</p>	<p>Journal of the American Medical Directors' Association / Study</p>	<ul style="list-style-type: none"> <li>• Study aimed to estimate and compare mortality of care home (CH) residents, and matched community-dwelling controls, during the Covid-19 pandemic from primary care electronic health records in England.</li> <li>• Underlying mortality of care home residents was higher than community controls. During April 2020, there was a net increase in mortality of care home residents over that of controls. The mortality rate of CH residents was 27.2 deaths per 1,000 patients per week, compared with 2.31 per 1,000 for controls.</li> <li>• Excess deaths for care home residents, above that predicted from pre-pandemic years, peaked between 13th-19th. Compared with CH residents, long-term conditions and frailty were differentially associated with greater mortality in community-dwelling controls.</li> <li>• This study found mortality for CH residents was substantially higher than for community-dwelling comparators and showed a disproportionate increase in the first wave of the Covid-19 pandemic.</li> <li>• Authors conclude CH residents require particular protection during periods of high infectious disease transmission.</li> </ul>
<p><b>14.04.2022</b></p>	<p>Changes in objectively measured lifestyle factors during the COVID-19</p>	<p>BMC Geriatrics / Study</p>	<ul style="list-style-type: none"> <li>• Study investigates whether objectively measured lifestyle factors (including walking steps, sedentary time, amount of unforced physical activity, level of slight and energetic physical activity, conversation time,</li> </ul>

	<p>pandemic in community-dwelling older adults</p>		<p>and sleep parameters) were altered before and during the COVID-19 pandemic among community-dwelling older adults.</p> <ul style="list-style-type: none"> <li>• Data were obtained from a prospective cohort study conducted from 2015 to 2019 and a subsequent dementia prevention study undertaken in September 2020. A total of 56 adults &gt;65 were enrolled in the study.</li> <li>• Moderate and vigorous physical activity time significantly decreased, and sedentary time significantly increased during the pandemic.</li> <li>• The findings show that the pandemic has adversely affected physical activity among older adults living on their own in Japan.</li> </ul>
<p>19.04.2022</p>	<p>There and back again: the shape of telemedicine in U.S. nursing homes following COVID-19</p>	<p>BMC Geriatrics / Study</p>	<ul style="list-style-type: none"> <li>• Study examines 9 Wisconsin Nursing Homes (NHs) that adopted telemedicine during the COVID-19 pandemic. The objectives of this study were to characterize plans to continue telemedicine among newly adopting NHs and identify factors limiting its use after COVID-19.</li> <li>• All participating NHs indicated a preference to continue telemedicine after COVID-19.</li> <li>• Urgent assessments of resident change-in-condition and cognitively based sub-specialty consultations were identified as the encounter types most amenable to telemedicine.</li> <li>• Reductions in resident off-site encounters and minimization of resident therapy interruptions were identified as major benefits of telemedicine. Twelve work system enhancements needed to better sustain telemedicine were identified, including improvements to:             <ul style="list-style-type: none"> <li>○ 1) equipment/IT infrastructure;</li> <li>○ 2) scheduling;</li> <li>○ 3) information exchange; and</li> <li>○ 4) telemedicine facilitators.</li> </ul> </li> </ul>
<p>20.04.2022</p>	<p>COVID-19 Prevalence in UNIVI Group Nursing Homes and Multilevel Geriatric Hospitals: Epidemiological Study of Immunological Status with Rapid Serological Tests for Diagnostic Guidance and Follow Up</p>	<p>Journal of Nutrition, Health &amp; Aging / Study</p>	<ul style="list-style-type: none"> <li>• Data is lacking on the proportion of residents, and employees who have actually been exposed to SARS-Cov-2 in nursing homes and geriatric healthcare institutions, as well as the evolution of their serological status and the recurrence of Covid-19.</li> <li>• Study aimed to determine the prevalence of COVID-19 using NG Biotech rapid serological tests among 1,334 caregivers among multilevel geriatric hospitals and among nursing homes, and 1,145 nursing home residents (mean age: 89+/-7.5).</li> </ul>

			<ul style="list-style-type: none"> <li>• The prevalence using NG Biotech rapid serological test in residents was 14.4 % the global prevalence (positive RT-PCR or positive serological test) was 22.7% The prevalence using NG Biotech rapid serological test in professionals was 12.8%, the global prevalence was 23.8%.</li> <li>• The risk factors among residents were: living in an Alzheimer unit, and being a contact case. Being independent for activities of daily living was protective.</li> <li>• The risk factor among caregivers was being a contact case. Another risk factor was the job; nurse assistants, nurses, and physicians were the most exposed. Symptomatic reinfection was exceptional in caregivers or in residents during follow up.</li> <li>• Residents had atypical clinical presentations including frequent geriatric syndromes (falls, delirium).</li> <li>• Authors conclude COVID-19 prevalence among caregivers and residents in nursing homes and geriatric health Institutions is underestimated when using only one method for diagnosis. Geriatric syndromes such as falls and delirium in residents should trigger further investigations on a COVID-19 cause. Immunity was persistent in ¾ of caregivers and residents during the 3 months follow up.</li> <li>• The high prevalence of COVID 19 in geriatric institutions pleads in favor of the French vaccination policy, initially targeting as a priority the most vulnerable and dependent people, followed by staff members in healthcare institutions and nursing homes.</li> <li>• More studies on the persistence of immunity and the perspective of Covid 19 mutations will help determine the long-term vaccine booster policy</li> </ul>
<p><b>21.04.2022</b></p>	<p>Is the Systemic Agency Capacity of Long-Term Care Organizations Enabling Person-Centered Care during the COVID-19 Pandemic? A Repeated Cross-Sectional Study of Organizational Resilience</p>	<p>International Journal of Environmental Research &amp; Public Health / Study</p>	<ul style="list-style-type: none"> <li>• Study examines the role of the general ability and power of a long-term care organization to act and react collectively as a social system, which is called systemic agency capacity, in safeguarding the provision of person-centered care during a crisis.</li> <li>• Authors conducted a pooled cross-sectional study on long-term care organizations in Germany during the first and second waves of the pandemic (April 2020 and December 2020–January 2021).</li> </ul>

			<ul style="list-style-type: none"> <li>• Findings included a significant positive association between the leaders' perceptions of systemic agency capacity and their perceptions of delivered person-centered care, which did not change over time.</li> <li>• Results tentatively support the idea that fostering the systemic agency capacity of long-term care organizations facilitates their ability to provide quality routine care despite environmental shocks such as the COVID-19 pandemic</li> </ul>
22.04.2022	<p>Immunogenicity of BNT162b2 vaccine booster against SARS-CoV-2 Delta and Omicron variants in nursing home residents: A prospective observational study in older adults aged from 68 to 98 years</p>	<p>Lancet Regional Health – Europe / Study</p>	<ul style="list-style-type: none"> <li>• Study aimed to evaluate the persistent immunogenicity offered by a third dose of BNT162b2 against Delta and Omicron variants, in nursing home (NH) residents.</li> <li>• 106 NH residents were included. The booster dose induced a high increase of anti-spike antibody levels in all subjects and a mild transient increase of specific T cells. Before the booster dose, Delta neutralization was detected in 19% and 88% (of COVID-19 naive and COVID-19 recovered subjects, respectively). Three months after the booster dose, all NH residents developed and maintained a higher Delta neutralization.</li> <li>• Before the booster dose, Omicron neutralization was detected in 5 and 55% of COVID-19 naive and COVID-19 recovered subjects, respectively, and three months after, in 84% and 95%, respectively.</li> <li>• Neutralizing titers to Omicron were lower than to Delta in both groups with a 35-fold reduction compared to Delta.</li> <li>• The booster dose restores high neutralization titers against Delta in all NH residents, and at a lower level against Omicron in a large majority of participants.</li> <li>• Future studies are warranted to assess if repeated BNT162b2 booster doses or new specific vaccines might be considered for protecting such fragile patients against Omicron and/or future SARS-CoV-2 variants.</li> </ul>
23.04.2022	<p>Delirium after COVID-19 Vaccination in Nursing Home Residents: A Case Series</p>	<p>Journal of the American Geriatrics Society / Research Letter</p>	<ul style="list-style-type: none"> <li>• Reports on study to describe the frequency of delirium and its severity among NH residents after COVID-19 vaccination.</li> <li>• Delirium or subsyndromal delirium of mild to moderate severity was identified in 10% of NH residents the day after vaccination, with no potential competing explanation.</li> </ul>

			<ul style="list-style-type: none"> <li>• In this study, delirium after COVID-19 vaccination resolved without complications, which contrasts with complications of COVID-19 infection itself. Thus, the risk-benefit ratio strongly supports vaccination in this population.</li> <li>• Nevertheless, because of the heightened risk of delirium and its potential complications in NH residents, clinicians and staff should monitor for delirium after COVID-19 vaccination</li> </ul>
<p><b>23.04.2022</b></p>	<p>Adverse events following third dose of mRNA COVID-19 vaccination among nursing home residents who received the primary series</p>	<p>Journal of the American Geriatrics Society / Study</p>	<ul style="list-style-type: none"> <li>• Authors sought to compare rates of adverse events among nursing home residents who received an mRNA COVID-19 vaccine booster dose with those who had not yet received their booster.</li> <li>• This study assessed a prospective cohort of 11,200 nursing home residents who received a primary COVID-19 mRNA vaccine series at least 6 months prior to September 22, 2021 and received a third “booster dose” between September 22, 2021 and February 2, 2022. Residents lived in 239 nursing homes operated by Genesis HealthCare, spanning 21 US states. Authors screened electronic health records for 20 serious vaccine-related adverse events that are monitored following receipt of COVID-19 vaccination by the CDC's Vaccine Safety Datalink.</li> <li>• No adverse events were reported during the 14 days post-booster. A few adverse events occurred prior to booster, though differences in event rates pre- versus post-booster were not statistically significant (<math>p &lt; 0.05</math>) after adjusting for multiple comparisons.</li> <li>• No significant differences were detected between post-booster vaccination rates and prior year 14-day background rates of medical conditions. No safety signals were detected following a COVID-19 mRNA vaccine booster dose in this large multi-state sample of nursing home residents.</li> </ul>

**Reports and other publications**

Publication date	Title / URL	Author(s)	Digest
25.03.2022	<a href="#">CanCovid Issue Note on Health Care: Home Care for Older Adults During the COVID-19 Pandemic: Lessons from the Netherlands, Denmark, and Germany to strengthen and expand home care in Canada</a>	Palmer, Karen S.; et al.	<ul style="list-style-type: none"> <li>This Issue Note summarizes our understanding of how the pandemic has affected the home care sector in Canada compared to three countries with well-developed home care services: the Netherlands, Denmark, and Germany.</li> </ul>
08.04.2022	<a href="#">PHE: Investigation of high risk exposure settings for COVID-19 in England, 2 December 2020</a>	Public Health England	<ul style="list-style-type: none"> <li>Papers by PHE on high risk exposure settings for COVID-19. These papers were available for participants to read at SAGE 71 on 3 December 2020, but not considered or discussed in the meeting.</li> </ul>

## Guidance

Publication date	Title / URL	Author(s)	Digest
Updated 14.04.2022	<a href="#">Public Health &amp; Infection Prevention &amp; Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza &amp; other Respiratory Infections in Residential Care Facilities</a>	Irish Health Protection Surveillance Centre	<ul style="list-style-type: none"> <li>This guidance has been updated to include: <ul style="list-style-type: none"> <li>Changes to incubation period and impact on formal closure of outbreaks</li> <li>Emphasis on advice that repeat testing is not required for confirmed cases of COVID19, including no need for test of clearance</li> <li>Removal of recommendation for residents who are contacts to stay in their room during period of observation for development of symptoms</li> </ul> </li> </ul>

## Statistics

Publication date	Title / URL	Author(s)	Digest
20.04.2022	<a href="#">Notifications to Care Inspectorate Wales related to COVID-19 in adult care homes: 1 March 2020 to 13 April 2022</a>	Welsh Government	<ul style="list-style-type: none"> <li>Notifications related to COVID-19 in adult care homes during the coronavirus pandemic for 1 March 2020 to 13 April March 2022.</li> </ul>
20.04.2022	<a href="#">Coronavirus (COVID-19): adult care homes - additional data</a>	Scottish Government	<ul style="list-style-type: none"> <li>Weekly data on COVID-19 in adult care homes in Scotland.</li> </ul>
26.04.2022	<a href="#">Care home resident deaths registered in England and Wales, provisional</a>	ONS	<ul style="list-style-type: none"> <li>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.</li> </ul>
26.04.2022	<a href="#">Number of deaths in care homes notified to the Care Quality Commission, England</a>	ONS, CQC	<ul style="list-style-type: none"> <li>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.</li> </ul>

## Editorials and News

Publication date	Title / URL	Author(s)	Digest
24.03.2022	<a href="#">Post-acute sequelae of SARS-CoV-2 infection in nursing homes: Do not forget the most vulnerable</a>	Weerahandi, Himali; Rao, Mana; Boockvar, Kenneth S.	<ul style="list-style-type: none"> <li>Notes that in early days of the current pandemic, many expected that COVID-19 would behave like most other respiratory viral illnesses—causing an acute illness that would resolve after, at most, a couple of weeks, but that there is now a rapidly emerging literature on long COVID or a post-acute sequelae of SARS-CoV-2 infection (PASC)<sup>1</sup></li> </ul>

			<p>syndrome in which patients may experience significant limitations in physical, cognitive, and mental health for several weeks to months after the initial COVID-19 diagnosis.</p> <ul style="list-style-type: none"> <li>The authors argue researchers should proactively engage organizations such as nursing homes that may not have formal ties to the academic institutions that are likely to be funded for the study of PASC. Only if these patients are included can we ensure that results from this important work will be generalizable to the most vulnerable in our community.</li> </ul>
<b>01.04.2022</b>	<a href="#">New guidance sets out how to live safely with COVID-19</a>	UKHSA	<ul style="list-style-type: none"> <li>The UK Health Security Agency (UKHSA) has published updated guidance to support the next stage of the COVID-19 pandemic.</li> </ul>