Swissnoso interim position paper on additional preventive measures in acute care hospitals concerning the Omicron SARS-CoV-2 variant

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This document provides a consolidated expert opinion on additional preventive measures that should be considered to mitigate the impact of the Omicron SARS CoV-2 variant of concern (VOC; B.1.1.529) on acute care hospitals, given the limited evidence on transmission and related infection control strategies.

Omicron variant

Omicron has a high number of mutations and has been reported to have a shorter incubation period, higher transmissibility, and a higher degree of immune escape (5-fold higher risk of reinfection)[1] than the delta variant. The rapid increase in new infections observed in many countries raises concerns that the number of hospital admissions and the risk of nosocomial transmission could increase significantly.

Infection prevention and control (IPC) considerations

The emergence of Omicron does NOT fundamentally change our current recommendations, which have proven effective in many situations during the COVID 19 pandemic. **However, given the current tense situation with rapidly increasing case numbers and the uncertain data situation on Omicron, all layers of precautions should be reinforced and optimized to prevent transmission between patients and HCWs, patients and visitors, and among HCWs.**

Swissnoso, therefore, suggests that acute care facilities should consider:

1. Highest possible levels of vaccination
    1. Accelerate the booster vaccine campaign among HCWs and patients in all areas of care. Remind staff that getting a booster shot[2] is an essential measure for self-protection and for reducing transmission events inside and outside the hospital (even if vaccine efficacy may be lower for the Omicron variant)
    2. Continue to promote and reinforce vaccination of all unvaccinated HCWs and patients
2. Enhanced testing
    1. Consider implementing universal admission screening of patients (PCR[3] or rapid antigen test[4]) followed by enhanced screening of hospitalized patients at least once a week (e.g, 3 days after admission (to capture incubating disease) and then every 5 -7 days) if resources are available
    2. Reinforce repetitive testing in HCWs at least once a week
        - highly recommended for those without or incomplete[2] vaccination against SARS-CoV-2
        - voluntary for fully vaccinated HCWs, especially those working on high-risk units
    3. Promote a strategy for rapid and targeted outbreak investigation, including screening of patients and HCWs as soon as possible after the occurrence of a nosocomial case (do not wait for clusters to occur)

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[1] As per ECDC https://www.ecdc.europa.eu/en/news-events/ecdc-publishes-new-risk-assessment-further-emergence-omicron-variant and recent publications, e.g., Viana et al, https://krisp.org.za/manuscripts/ZHTOWa-MEDRXIV-2021-268028v1-deOliveira.pdf and Imperial College UK https://www.imperial.ac.uk/mrc-global-infectious-disease-analysis/covid-19/report-49-Omicron/

[2] mRNA booster recommended ≥4 months after primary vaccination course (initial immunization), see also FOPH guidance under https://www.bag.admin.ch/bag/en/home/krankheiten/ausbrueche-epidemien-pandemien/aktuelle-ausbrueche-epidemien/novel-cov/impfen.html

[3] Patients who recovered from COVID-19 within the past 6 weeks might still have remnant, but non-replicating virus detected by PCR. A repeat PCR test may exclude increasing viral loads as indicator of a new infection.

[4] SARS-CoV-2 detection per RADTs: consider clinical-epidemiological risk when interpreting RADT results, see also Swissnoso https://www.swissnoso.ch/fileadmin/swissnoso/Dokumente/5_Forschung_und_Entwicklung/6_Aktuelle_Erreignisse/210520_Swissnoso_decision_aid__diagnostics_Covid-19_acute_care_V2_EN.pdf

3. Healthcare workers (HCWs)
    1. Reinforce excellent adherence to standard precautions and mandatory universal masking
    2. Whereas surgical masks provide sufficient protection in most situations, the use of FFP2 respirators is recommended for HCWs delivering care to patients with confirmed or suspected COVID-19 if specific "risk" situations are present or anticipated[5]
    3. Remind HCWs to be cautious and to avoid any high-risk behavior/situations *inside and outside the healthcare setting*
        - E.g., during breaks (especially when eating and drinking and no masks are worn), as few people as possible should be present with sufficient distancing (≥1.5m) in the room
        - Ensure seating areas of adequate size are available in canteens to allow as much distance as possible (e.g., max. two persons per table of 4, seated diagonally opposite each other)
        - Consider dedicated monitoring to reinforce adherence to the above rules
    4. Remind HCWs to stay home and get tested in case of symptoms (even if pauci-symptomatic)
    5. In case of severe understaffing, upon approval by the cantonal physician: asymptomatic HCWs with a positive Covid-19 test should be allowed to resume work after 5 days of home isolation[6].

4. Visitors
    1. Restrict visits to those presenting a valid certificate; discourage the visit of unmasked children. Exceptions may be granted for specific situations (e.g., caregivers of hospitalized children; emergencies, childbirth, or dying patients)
    2. Consider limiting the number of visits to 1 person per patient per day
    3. Remind visitors always to wear a surgical mask (despite valid certificate) and to follow hygiene rules, in particular, hand hygiene, before visiting the patient

5. Patients
    1. Ensure adequate room ventilation and patients to follow basic hygiene rules where possible, including the routine wearing of a surgical mask (also for short interactions) in all facilities
    2. Patients should eat at the bedside (and not sit eating/unmasked with other patients)
    3. Restrict inpatient weekend leave to exceptional circumstances only (strict rules should apply[7])

In case of nosocomial COVID-19 clusters or outbreaks (involving patients and/or HCWs), consider (in addition to all preventive measures mentioned above)

1. On the affected wards: broader testing of asymptomatic patients and HCWs
    - frequent testing every 3-7 days (independently of vaccination status) until no new cases are identified for at least 14 days
2. In uncontrolled outbreaks (ongoing transmission despite all preventive measures being in place)
    - consider introducing mandatory FFP2 masks for all HCWs working with patients on the affected wards or in the entire hospital
    - increased interspacing and closing of beds on the affected wards
3. Implement measures to improve room ventilation (no clear evidence for benefit but unlikely to harm)

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[5] Prolonged or close contact to the patient, especially to the airways or performing aerosol-generating procedures; patient showing enhanced respiratory activity other than quiet breathing; room ventilation is poor. See also Swissnoso updated recommendations on the use of FFP2 respirators for HCWs with direct contact to COVID-19 patients in acute care hospitals, under https://www.swissnoso.ch/forschung-entwicklung/aktuelle-ereignisse

[6] **No work on wards with patients "at high-risk" for COVID-19 (e.g., haem-oncology ward, transplant units).**
In exceptional circumstances only: shortened isolation after 72 hours; on-site PCR upon return may be considered (CT >30 ≈ low risk); strict regulations upon return (e.g., no shared eating/drinking with other HCWs in the room; strict adherence to measures);
For adapted quarantine measures after a HCW contact with an Omicron case, cantonal regulations must be followed.

[7] e.g., for long-term admissions (e.g. neuro-rehabilitation); patient fully vaccinated; all household members ≥ 12years of age SARS-CoV-2 negative ≤ 24hours (no self-testing); patient upon return pre-emptive droplet precautions until negative PCR test on day 4