



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, Washington 98504-5600

January 22, 2024

ALTSA: AFH #2024-003
ALTSA: ALF #2024-002
ALTSA: ESF #2024-002
ALTSA: NH #2024-003

**UPDATES TO DEPARTMENT OF HEALTH (DOH) COVID-19 OUTBREAK
DEFINITION AND OUTBREAK REPORTING REQUIREMENTS**

Dear Provider/Administrator:

This letter is to inform you that effective Monday, January 1, 2024, DOH adopted the updated Council for Outbreak Response: Healthcare-Associated Infections/Council of State and Territorial Epidemiologists (CORHA/CSTE) [Proposed Investigation/Reporting Thresholds and Outbreak Definitions for COVID-19 in Healthcare Settings](#). DOH updated their [Interim COVID-19 Outbreak Definition for Healthcare Settings](#) to reflect these changes.

Outbreak Definition for Long Term Care:

- ≥ 2 cases of probable or confirmed COVID-19 among residents, with epi-linkage* OR
- ≥ 2 cases of suspect, probable or confirmed COVID-19 among HCP AND ≥ 1 case of probable or confirmed COVID-19 among residents, with epi-linkage** AND no other more likely sources of exposure for at least 1 of the cases.

***Epi-linkage among residents** means: *An overlap on the same unit or ward, or other resident care location, or having the potential to have been cared for by common HCP **within a 7-day time period** of each other. Determining epi-linkages requires judgment and may include weighing evidence whether or not residents had a common source of exposure.*

****Epi-linkage among HCP** means: *Having the potential to have been within 6 ft for 15 minutes or longer while working in the facility during the **7 days prior** to the onset of symptoms.*

Example: Worked on the same unit during the same shift, and no more likely sources of exposure identified outside the facility. Determining epi-linkages requires judgment and may include weighing evidence whether or not transmission took place in the facility, accounting for likely sources of exposure outside the facility.

What's New, Changed, or Different:

- **Increased** probable or confirmed COVID-19 cases from ≥ 1 to ≥ 2 probable or confirmed cases among residents with epi-linkage.
- **Changed** suspect, probable or confirmed COVID-19 among HCP from ≥ 3 cases in HCP with epi-linkage and no other likely exposure to ≥ 2 cases among HCP **AND** ≥ 1 case of probable or confirmed COVID-19 among residents with epi-linkage **AND** no other likely exposure source for at least 1 of the cases.
- **Removed** HCP ONLY COVID-19 cases from the COVID-19 Outbreak definition.

ALTSA Provider Letter: UPDATES TO DEPARTMENT OF HEALTH (DOH) COVID-19
OUTBREAK DEFINITION AND OUTBREAK REPORTING REQUIREMENTS

January 22, 2024

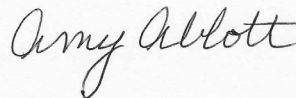
Page 2

What These Changes Mean for Long-Term Care Providers:

- **Threshold for Additional Investigation by Facility** – No change. Providers must investigate to determine if COVID-19 has spread in their facility and if cases meet the CORHA/CSTE COVID-19 outbreak definition.
- **Threshold for Reporting to Public Health - [WAC 246-101](#) has not changed.** Providers continue to follow state regulation for reporting notifiable conditions, which includes COVID-19.
- **Threshold for reporting to the Complaint Resolution Unit (CRU)**
 - AFH, ALF, ESF, and NH Providers must report COVID-19 outbreaks to the CRU. Use the CORHA/CSTE definition for outbreak reporting.
 - COVID-19 **case** reporting to CRU is *voluntary*.
 - When reporting to the CRU, be clear if reporting is for COVID-19 cases or an outbreak

Thank you for your continued commitment to resident/client health and safety. If you have any questions, please contact Linda Dunn, Regulatory QA Nurse Program manager, at (360) 972-5527 or linda.dunn@dshs.wa.gov.

Sincerely,



Amy Abbott, Director
Residential Care Services

DSHS: “Transforming Lives”