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.
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”