

Higher COVID-19 Testing Rates for Nursing Home Staff Are Associated with Fewer Resident Infections and Deaths

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March 23, 2023

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Thomas L. Schwenk, MD, reviewing McGarry BE et al. N Engl J Med 2023 Mar 23

But the association was clinically important only prior to vaccine availability.

Skilled nursing facility (SNF) residents are at high risk for SARS-CoV-2 infection and COVID-19 hospitalization and death. Governments and professional organizations have issued recommendations for surveillance testing of facility staff members, but adoption has varied greatly. Investigators used U.S. national SNF and Medicare databases to assess whether resident infections and COVID-19 death rates from November 2020 to May 2022 differed in SNFs with high and low rates of staff surveillance testing (about 1.7 vs. 0.6 tests/staff-week, respectively). Outcomes were calculated per 100 outbreak periods, adjusted for countywide rates of surveillance testing and infection and facilities' staff and resident vaccination rates.

The infection rate was significantly lower in high-testing than in low-testing facilities in the period before vaccine approval (760 vs. 1060 cases per 100 outbreaks), as was the death rate (125 vs. 166 deaths). No significant between-group difference in infections was noted in the postvaccine, pre-Omicron variant period. During the Omicron wave, a barely significant lower infection rate was found in the high-testing facilities, but there was no difference in deaths compared with the low-testing facilities.



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COMMENT

Skilled nursing facility staff members are a primary source of exposure to SARS-CoV-2 for residents. These results demonstrate the positive effect of surveillance testing in the prevaccine period, somewhat akin to a recent study showing the benefits of vaccine boosters for SNF staff members in lowering rates of resident infections and death (NEJM JW Gen Med Feb 1 2023 and JAMA Netw Open 2022 5:e2249002).

CITATIONS

McGarry BE et al. Covid-19 surveillance testing and resident outcomes in nursing homes. *N Engl J Med* 2023 Mar 23; 388:1101. (<u>https://doi.org/10.1056/NEJMoa2210063. opens in new</u> <u>tab</u>)