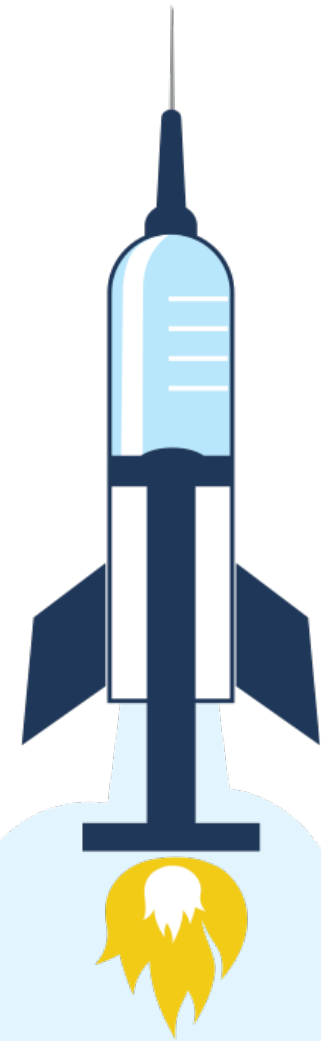


Give the BOOST a Shot: COVID-19 Vaccine High Level Considerations

March 16, 2022



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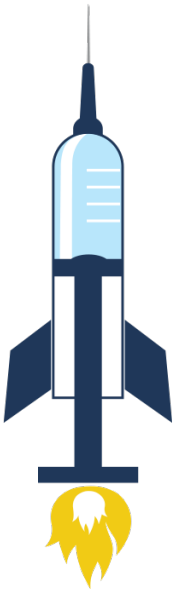
COVID-19 Vaccine High Level Considerations



Carolyn Brill, Senior Improvement Advisor

What We Are Covering Today

- Review a few points from the March 1 webinar and booster schedule
- Share a personal story
- New England Journal of Medicine study (March 2, 2022) COVID-19 Vaccine effectiveness against the omicron (B.1.1.529) Variant
- What can we do to prioritize resident boosters



Clarification of Existing Recommendation for mRNA COVID-19 Vaccine Primary Series

- People who are moderately or severely immunocompromised should receive:
 - 3-dose primary series
 - 1 booster dose

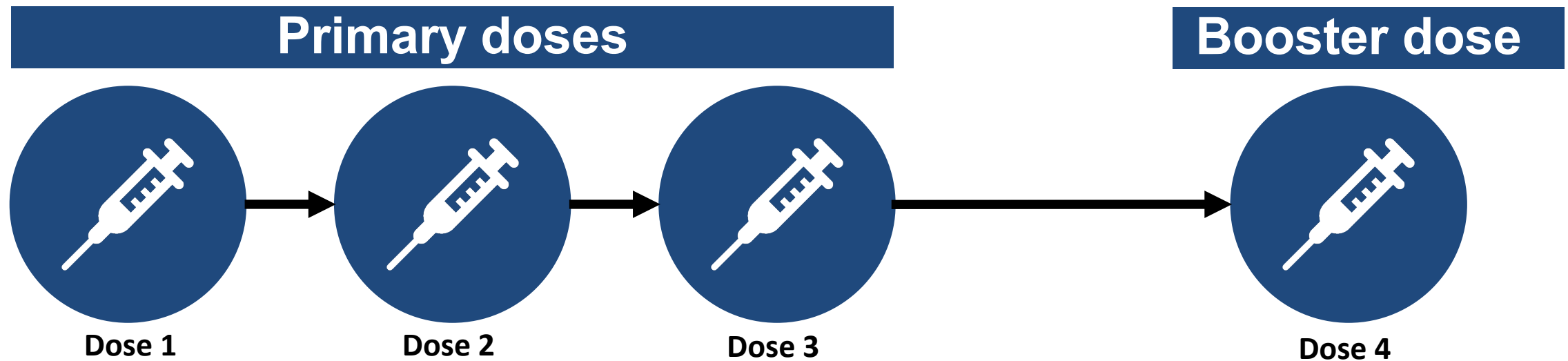


Figure 2. COVID-19 Vaccination Schedule for People Who Are Moderately or Severely Immunocompromised

Vaccine	0 month	1 month	2 month	3 month	4 month	5 month
Pfizer-BioNTech (ages 5–11 years)	1 st dose	2 nd dose (3 weeks after 1 st dose)	3 rd dose (at least 4 weeks after 2 nd dose)			
Pfizer-BioNTech (ages 12 years and older)	1 st dose	2 nd dose (3 weeks after 1 st dose)	3 rd dose (at least 4 weeks after 2 nd dose)			Booster dose* (at least 3 months after 3 rd dose)
Moderna (ages 18 years and older)	1 st dose	2 nd dose (4 weeks after 1 st dose)	3 rd dose (at least 4 weeks after 2 nd dose)			Booster dose* (at least 3 months after 3 rd dose)
Janssen (ages 18 years and older)	1 st dose	2 nd (additional) dose [†] using an mRNA COVID-19 vaccine (at least 4 weeks after 1 st dose)		Booster dose* (at least 2 months after additional dose)		

Note: Timeline is approximate. Intervals of 3 months or fewer are converted into weeks per the formula “1 month = 4 weeks”. Intervals of 4 months or more are converted into calendar months.

* An mRNA COVID-19 vaccine is preferred over the Janssen COVID-19 Vaccine for booster vaccination of people ages 18 years and older. For people ages 12–17 years, only Pfizer-BioNTech can be used. People ages 5–11 years should not receive a booster dose.

† Only Pfizer-BioNTech or Moderna COVID-19 Vaccine should be used. See Appendix B for more information on vaccinating people who are moderately or severely immunocompromised and who received Janssen COVID-19 Vaccine for the primary series.

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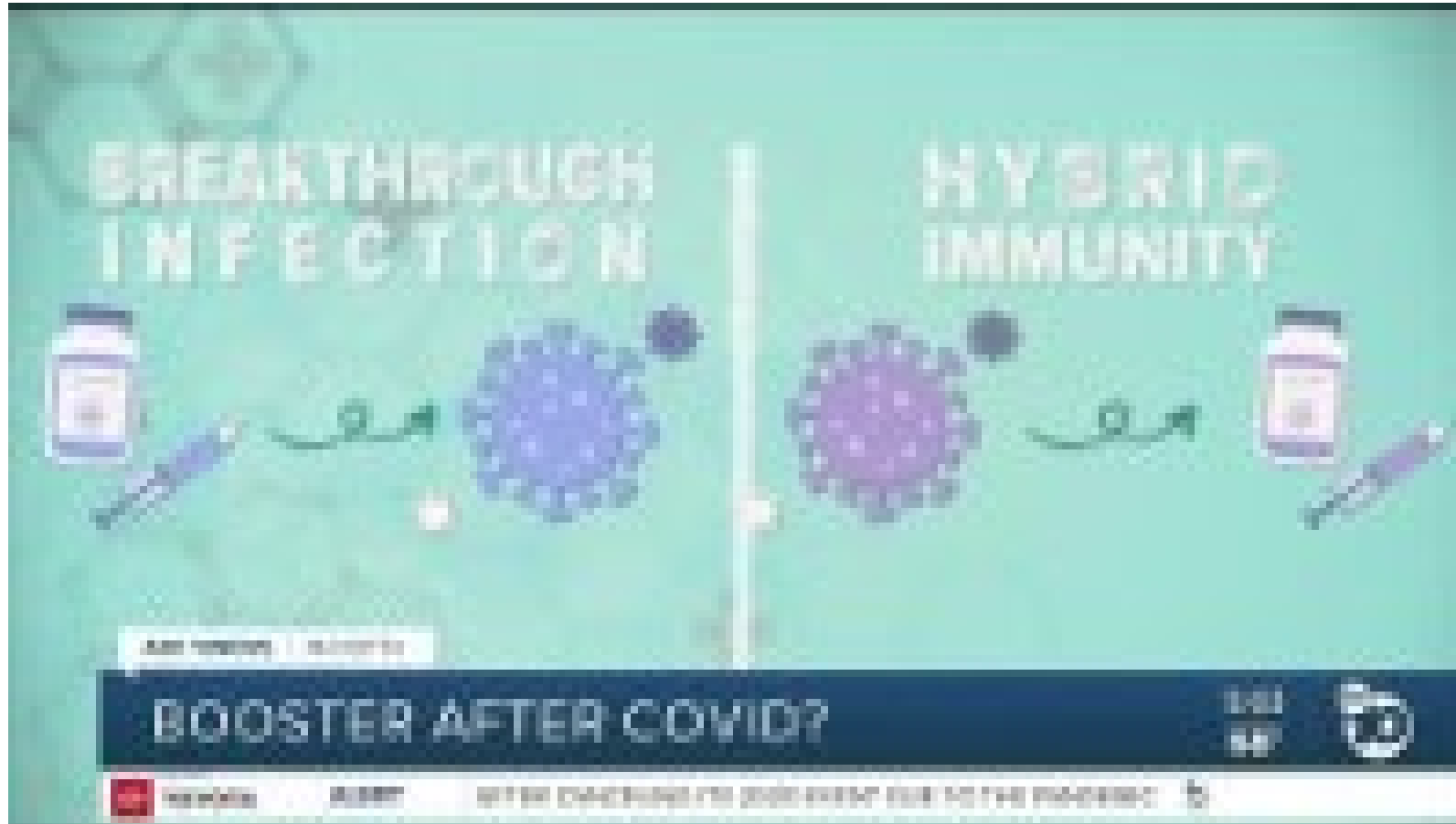
Updated COVID-19 Vaccination Schedules found on cdc.gov:

www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#primary-series

Story

- Vaccinated - 2/26/2021, 3/26/2021, booster 11/27/2021
 - 80-90% delta vs 60-65% omicron
- Person who exposed us had symptoms beginning on Jan 29
- Exposed us – Jan 30 (3 months after booster)
- Symptoms began – Feb 2
- Duration – 1-2 weeks (fever was 1-2 days)
- Breakthrough immunity – Vaccine + COVID-19 infection
- Hybrid Immunity – COVID-19 infection + Vaccine

Video – Hybrid Immunity



New England Journal of Medicine Study

Title: COVID-19 Vaccine Effectiveness Against the Omicron (B.1.1.529) Variant

Published March 2, 2022

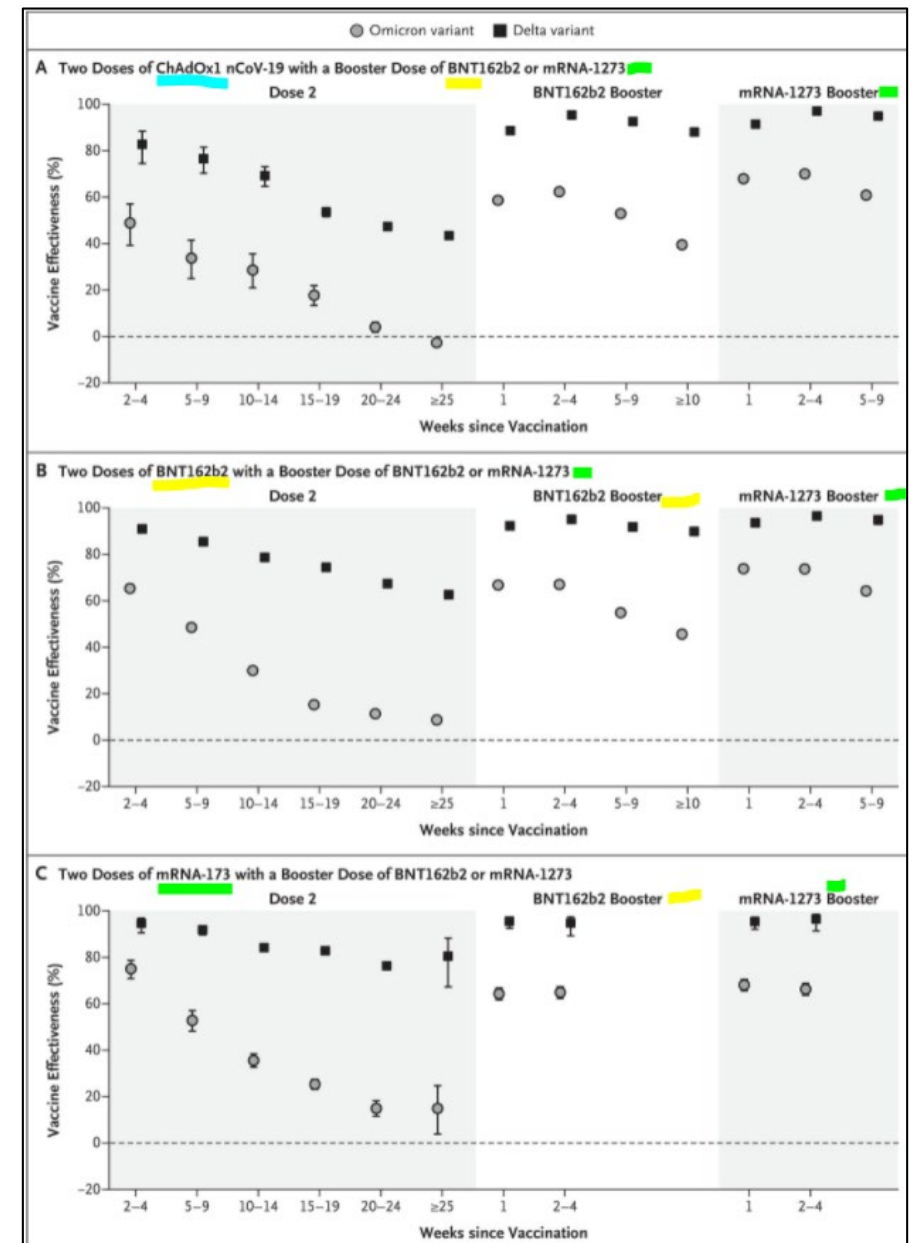
- Estimate vaccine effectiveness against symptomatic disease caused by the omicron and delta (B.1.617.2) variants in England
- Between November 27, 2021, and January 12, 2022
- Conclusion: Primary immunization with two doses of ChAdOx1 nCoV-19 or BNT162b2 vaccine provided limited protection against symptomatic disease caused by the omicron variant. A BNT162b2 or mRNA-1273 booster after either the ChAdOx1 nCoV-19 or BNT162b2 primary course substantially increased protection, but that protection waned over time.

<https://www.nbcnews.com/health/health-news/covid-booster-restores-vaccine-protection-lost-omicron-variant-uk-stud-rcna18281>

<https://www.nejm.org/doi/full/10.1056/NEJMoa2119451>

Figure 1. vaccine effectiveness against symptomatic disease caused by the delta and omicron variants, according to the period after the second and booster doses.

Vaccine effectiveness was calculated after primary immunization with two doses of **BNT162b2 (Pfizer–BioNTech)**, **ChAdOx1 nCoV-19 (AstraZeneca)**, or **mRNA-1273 (Moderna)** vaccine and after a booster dose of BNT162b2, ChAdOx1 nCoV-19, or mRNA-1273.



**The vaccine
booster is
recommended!**



Post Vaccination and Boosters – *For Whom?*

Staff

Contracted Staff

Resident

Consultant

Visitor

- How are we advocating for the booster?
- Does everyone have consistent information about your policies
- Does your signage need updating?

Vaccination Process for Boosters

- What is your process for updating your vaccination information on staff and residents?
- Do you have a partnership with a pharmacy?
- Do you have a way to facilitate an appointment?
- Can you help with transportation?
- Can staff be vaccinated during working hours?



How can our team assist you?

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CMS 12th SOW Goals



Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services



Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce C. diff in all settings



Chronic Disease Self-Management

- ✓ Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- ✓ Identify patients at high-risk for developing kidney disease & improve outcomes
- ✓ Identify patients at high risk for diabetes-related complications & improve outcomes



Quality of Care Transitions

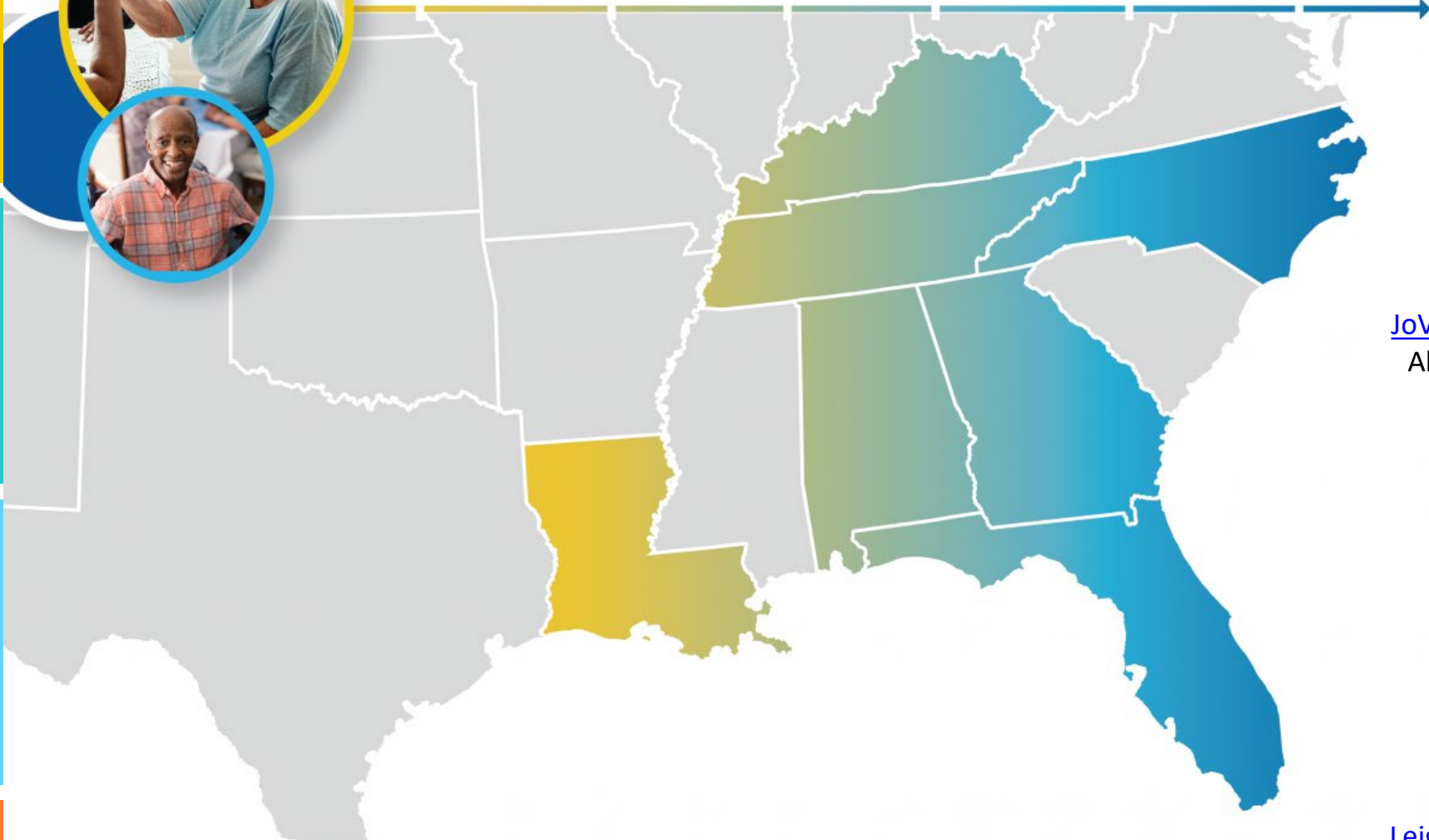
- ✓ Convene community coalitions
- ✓ Identify and promote optimal care for super utilizers
- ✓ Reduce community-based adverse drug events



Nursing Home Quality

- ✓ Improve the mean total quality score
- ✓ Develop national baselines for healthcare related infections in nursing homes
- ✓ Reduce emergency department visits and readmissions of short stay residents

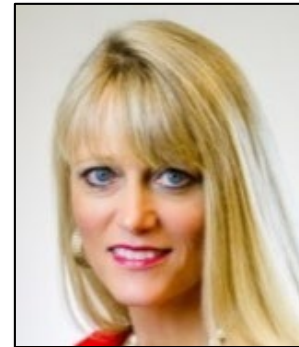
Making Health Care Better *Together*



JoVonn Givens

JoVonn.Givens@AlliantHealth.org

Alabama, Florida and Louisiana



Leighann Sauls

Leighann.Sauls@AlliantHealth.org

Georgia, Kentucky, North Carolina and Tennessee

Program Directors

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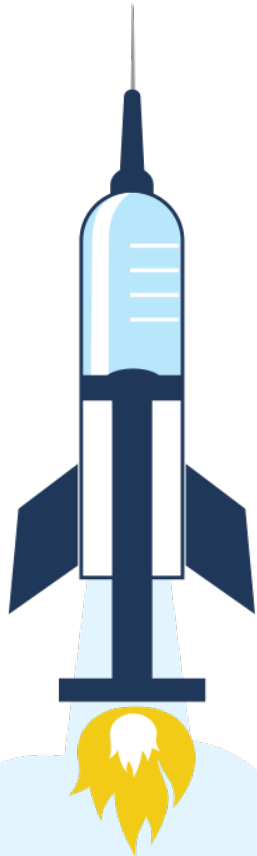


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