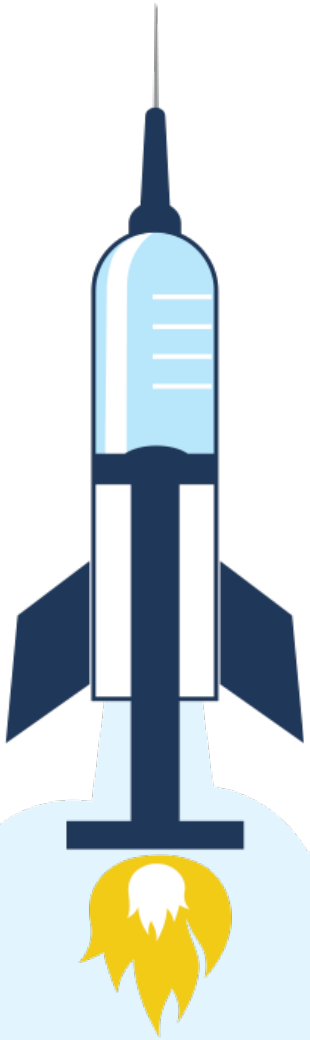
Give the Boost a Shot: What Does it Mean to be Up to Date?

Dr. Swati Gaur, MD, MBA, CMD, AGSF
Erica Umeakunne, MSN, MPH, APRN, CIC

October 6, 2022



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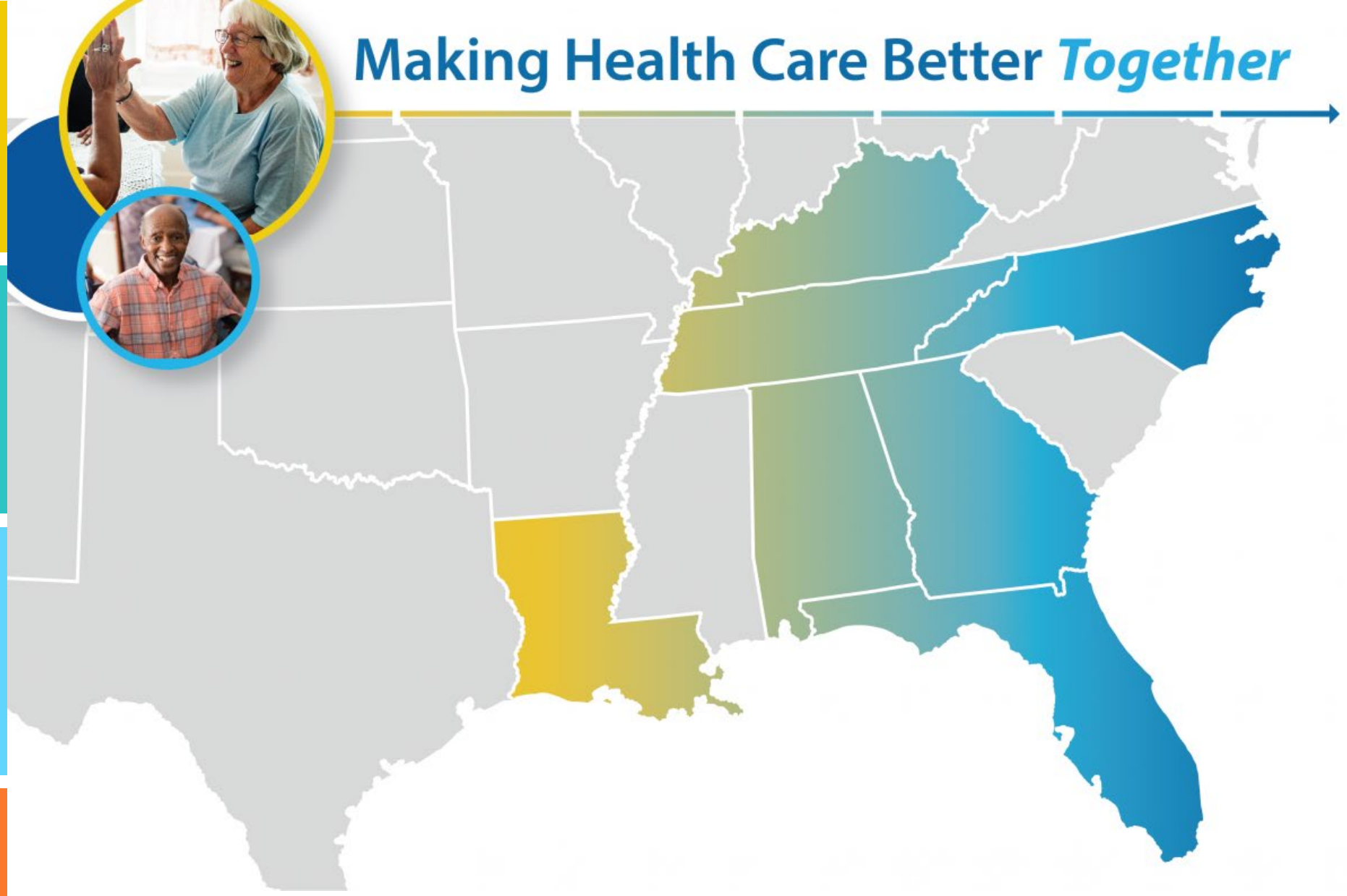

About Alliant Health Solutions

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Swati Gaur, MD, MBA, CMD, AGSF

MEDICAL DIRECTOR, POST-ACUTE CARE
NORTHEAST GEORGIA HEALTH SYSTEM

Dr. Swati Gaur is the medical director of New Horizons Nursing Facilities with the Northeast Georgia Health System. She is also the CEO of Care Advances Through Technology, a technology innovation company. In addition, she is on the EMR transition and implementation team for the health system, providing direction to EMR entity adapt to the LTC environment. She has also consulted with post-acute long-term care companies to optimize medical services into PALTC facilities, integrate medical directors and clinicians into the QAPI framework and create frameworks of interdisciplinary work in the organization. She established the Palliative Care service line at the Northeast Georgia Health System. She also is an attending physician in several nursing facilities. Prior to that, Dr. Gaur was a medical director at the LTC in Carl Vinson VA Medical Center and a member of the G&EC for VISN 7.

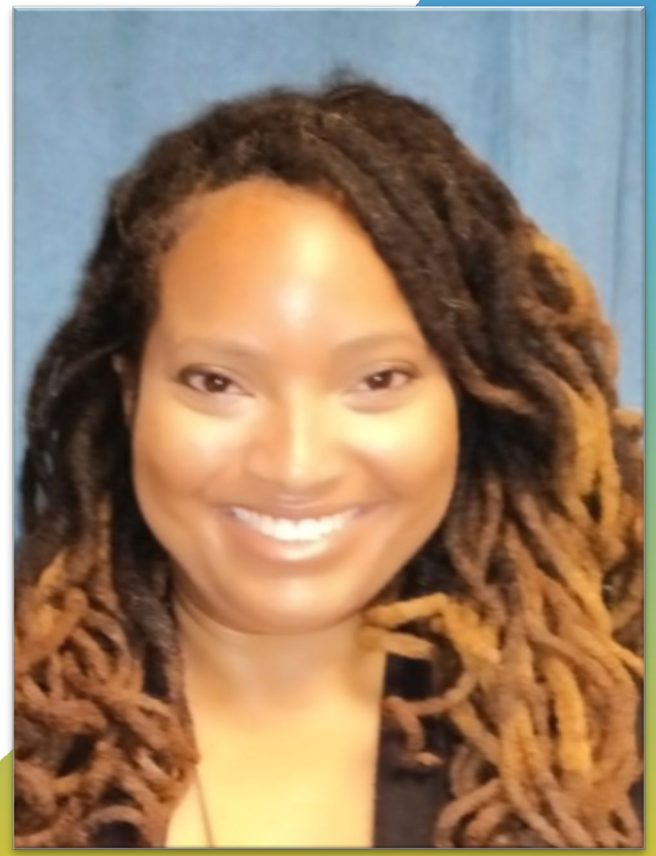
Erica Umeakunne, MSN, MPH, APRN, CIC

INFECTION PREVENTION SPECIALIST

Erica Umeakunne is an adult-gerontology nurse practitioner and infection preventionist with experience in primary care, critical care, health care administration and public health.

She previously served as the interim hospital epidemiology director for a large health care system in Atlanta and as a nurse consultant in the Centers for Disease Control and Prevention's (CDC) Division of Healthcare Quality Promotion. While at the CDC, she served as an infection prevention and control (IPC) subject matter expert for domestic and international IPC initiatives and emergency responses, including Ebola outbreaks and, most recently, the COVID-19 pandemic.

Erica enjoys reading, traveling, family time, and outdoor activities.



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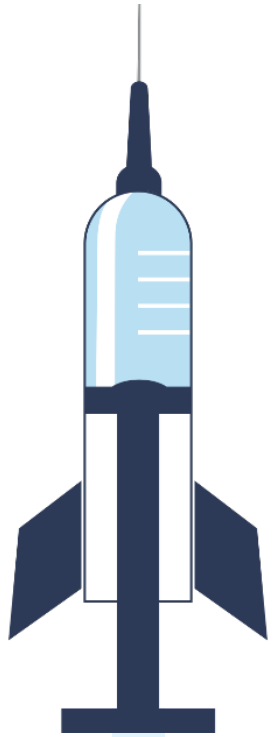
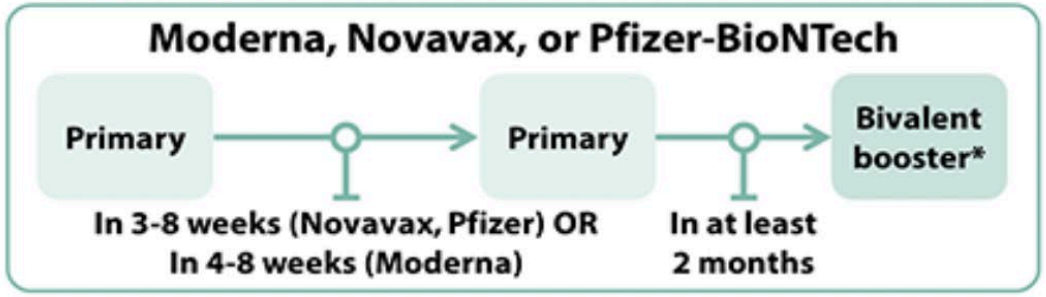
Objectives

- Present updates to the Centers for Disease Control and Prevention (CDC) COVID-19 interim infection prevention and control (IPC) recommendations
- Highlight Center for Medicare & Medicaid Services (CMS) IPC-related guidance updates
- Share Alliant Health Solutions resources to support COVID-19 IPC activities

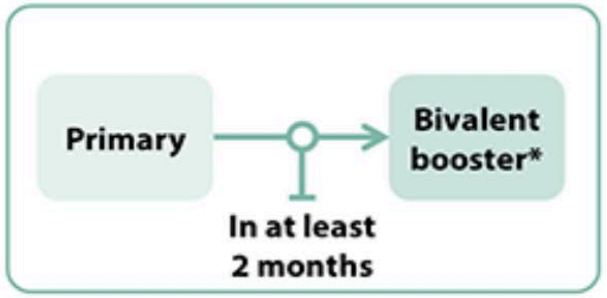


Up to date = completed a COVID-19 vaccine primary series **+** received UPDATED (Bivalent) booster dose

People ages 12 years and older



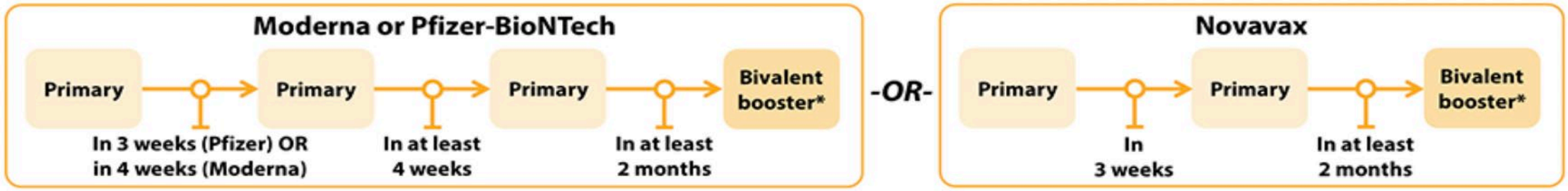
People ages 18 years and older who previously received Janssen primary series dose†



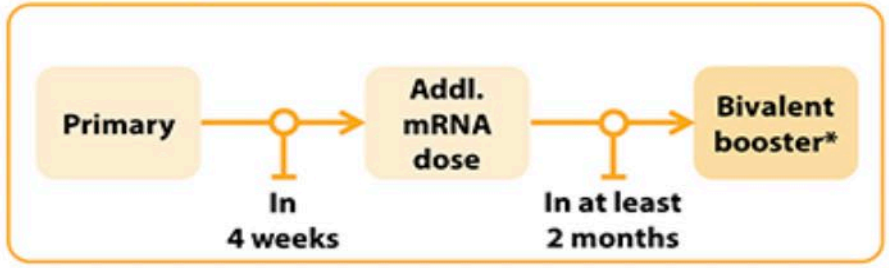
*The bivalent booster dose is administered at least 2 months after completion of the primary series. For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose.

†Janssen COVID-19 Vaccine should only be used in certain limited situations. See: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#appendix-a

People ages 12 years and older

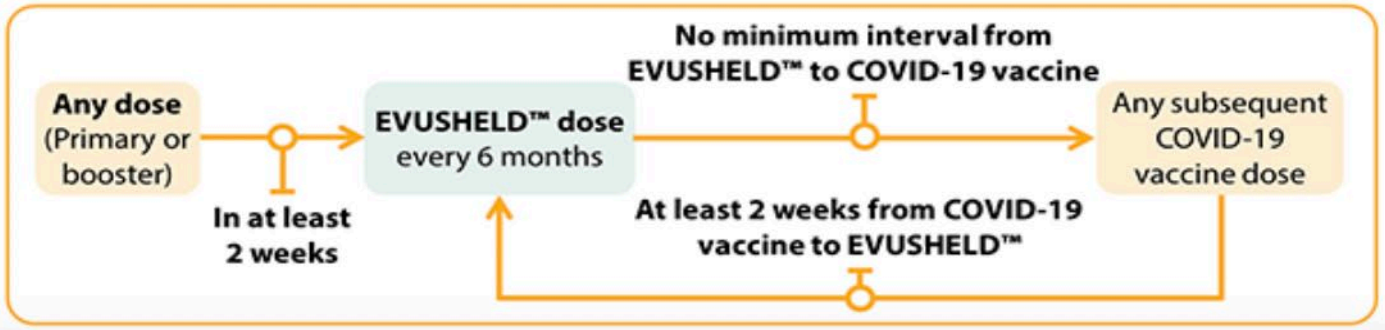


People ages 18 years and older who previously received Janssen primary series dose†



Monoclonal antibodies (EVUSHELD™) for COVID-19 pre-exposure prophylaxis

People ages 12 years and older (must weigh at least 40kg)



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Who Is Immunocompromised

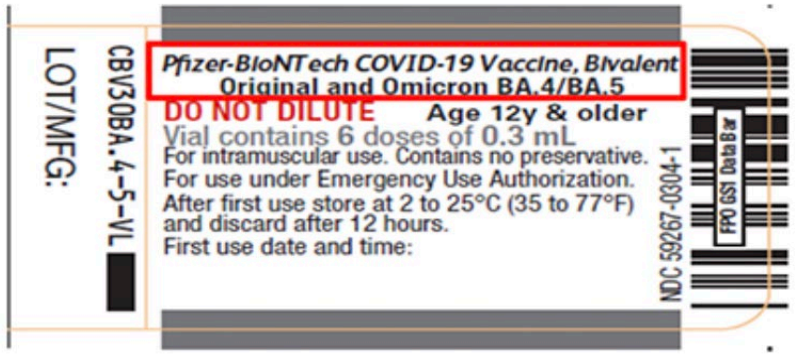
Moderate and severe immunocompromising conditions and treatments include but are not limited to:

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic cell transplant (HCT) (within 2 years of transplantation or taking immunosuppressive therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced HIV infection (people with HIV and CD4 cell counts less than 200/mm^3, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV) or untreated HIV infection
- Active treatment with high-dose corticosteroids (i.e., 20 mg or more of prednisone or equivalent per day when administered for 2 or more weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory

Booster

- No (old) monovalent vaccine
- Novavax is NOT a booster
- J&J is NOT a booster

Bivalent label
Booster dose only
Ages 12 years and older

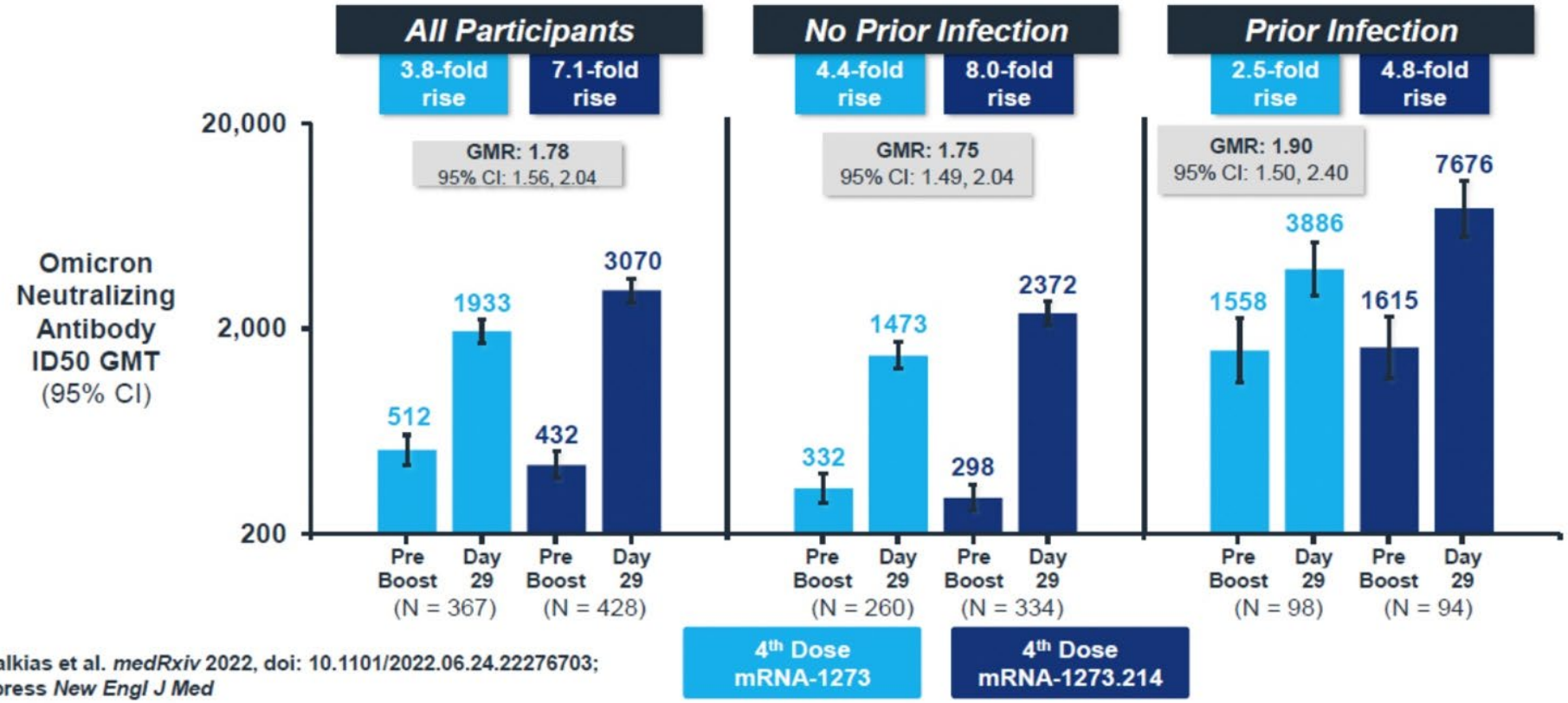


Pfizer LABEL

Bivalent label
Booster dose only
Ages 18 years and older

Moderna LABEL

Immunogenicity: Moderna bivalent booster

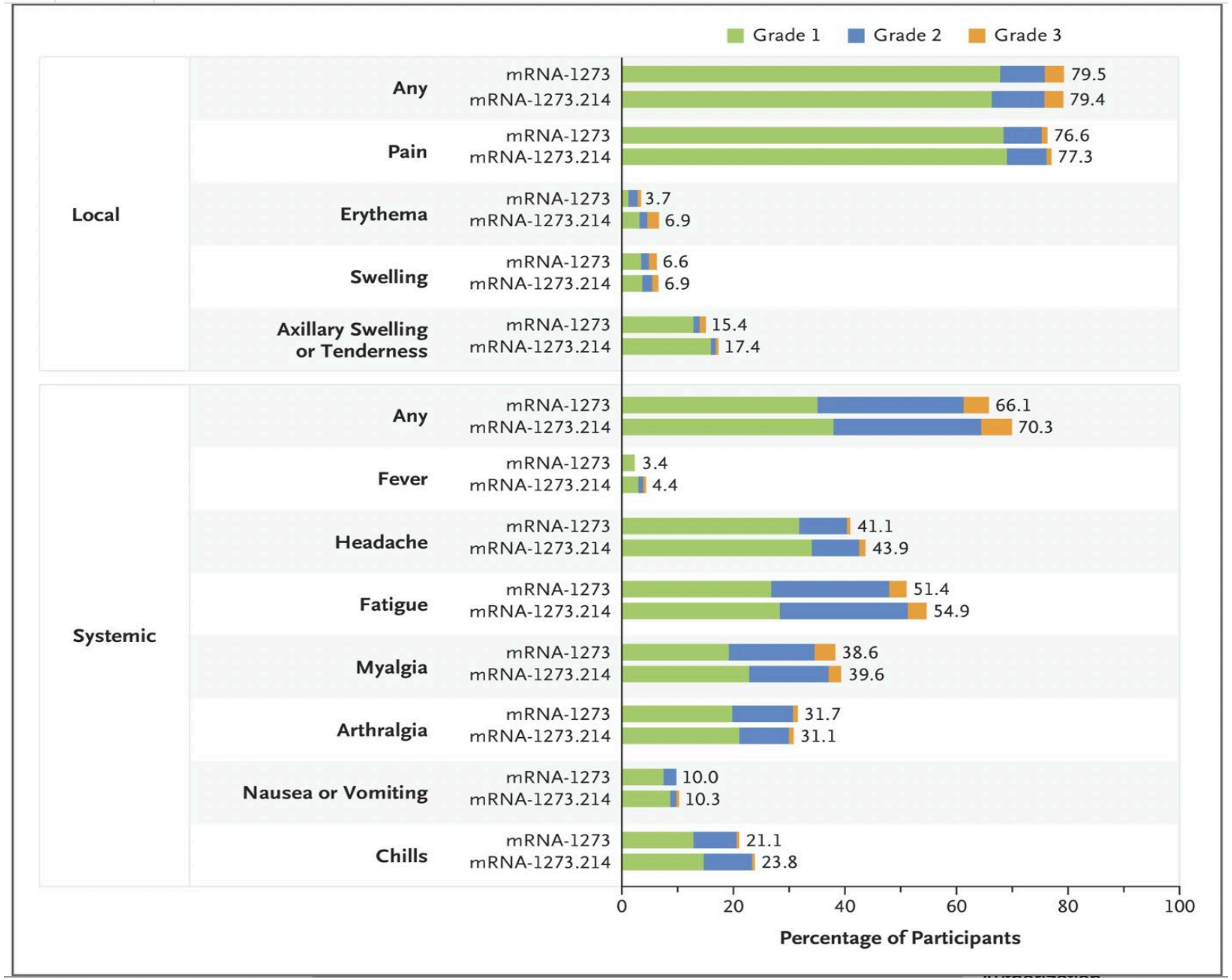


Chalkias et al. *medRxiv* 2022, doi: 10.1101/2022.06.24.22276703; in press *New Engl J Med*

- Met superiority criteria* in participants ≥18 years <u>with or without</u> evidence of infection on day 29

*Superiority criterion: the lower bound of the 95% CI for GMR is >1.0

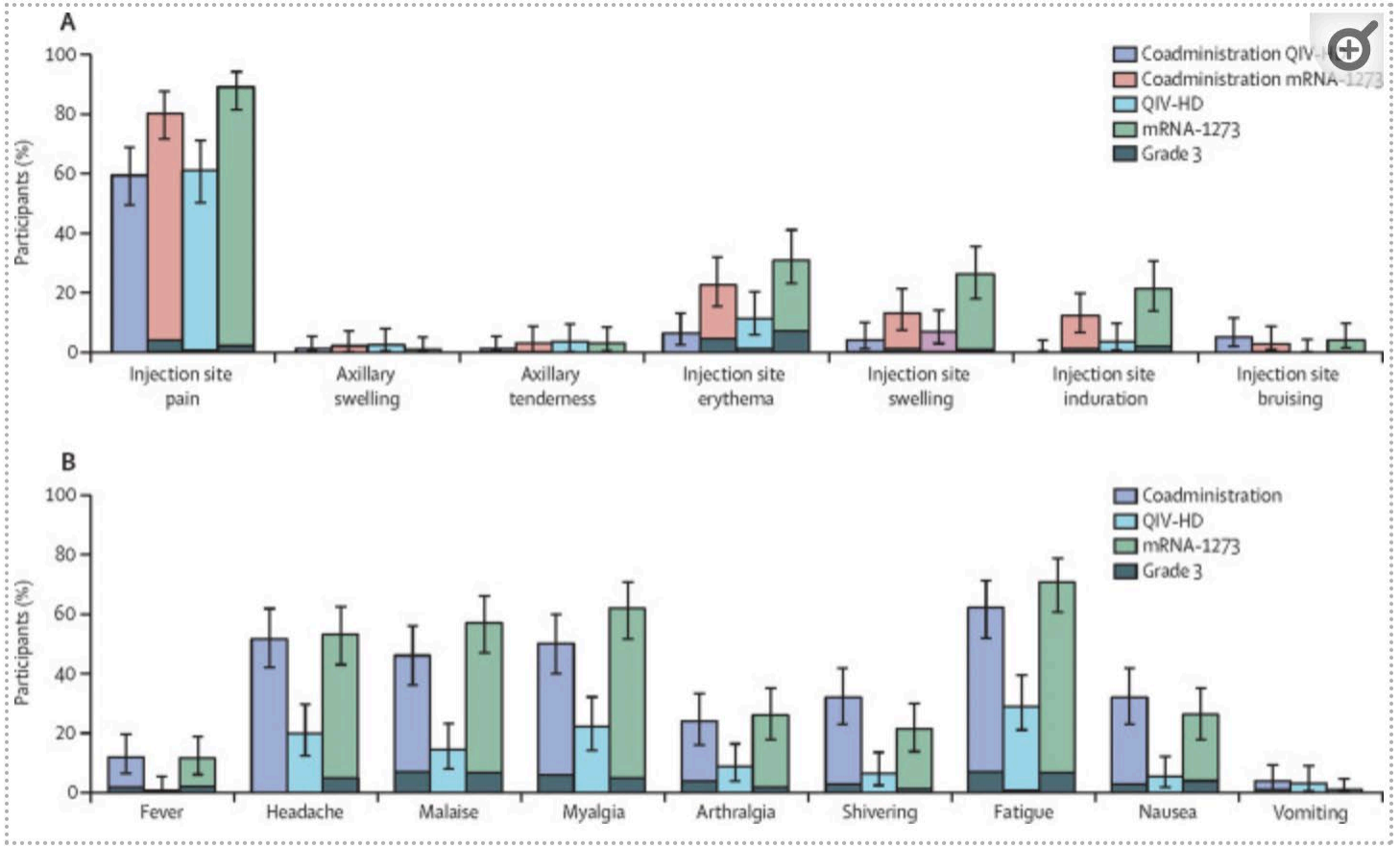
https://www.medrxiv.org/content/10.1101/2022.06.24.22276703v1.full.pdf



Local and Systemic Adverse Reactions

https://www.nejm.org/doi/full/10.1056/NEJMoa2208343

Figure 2



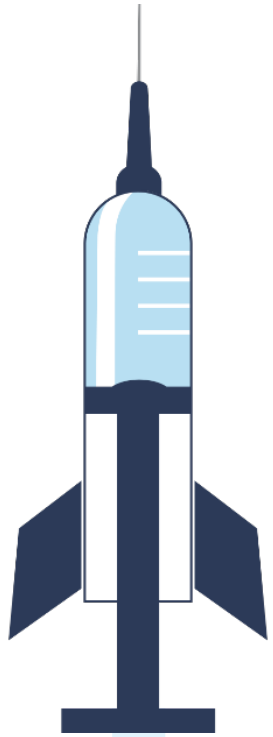
Solicited injection site reactions (A) and solicited systemic reactions (B) occurring up to 7 days after injection (immunogenicity analysis set)

Error bars show 95% CIs. Coadministration QIV-HD shows the solicited reactions observed in the QIV-HD-injected limb of participants in the coadministration group. Coadministration mRNA-1273 shows the solicited reactions observed in the mRNA-1273-injected limb of participants in the coadministration group. QIV-HD=high-dose quadrivalent influenza vaccine.

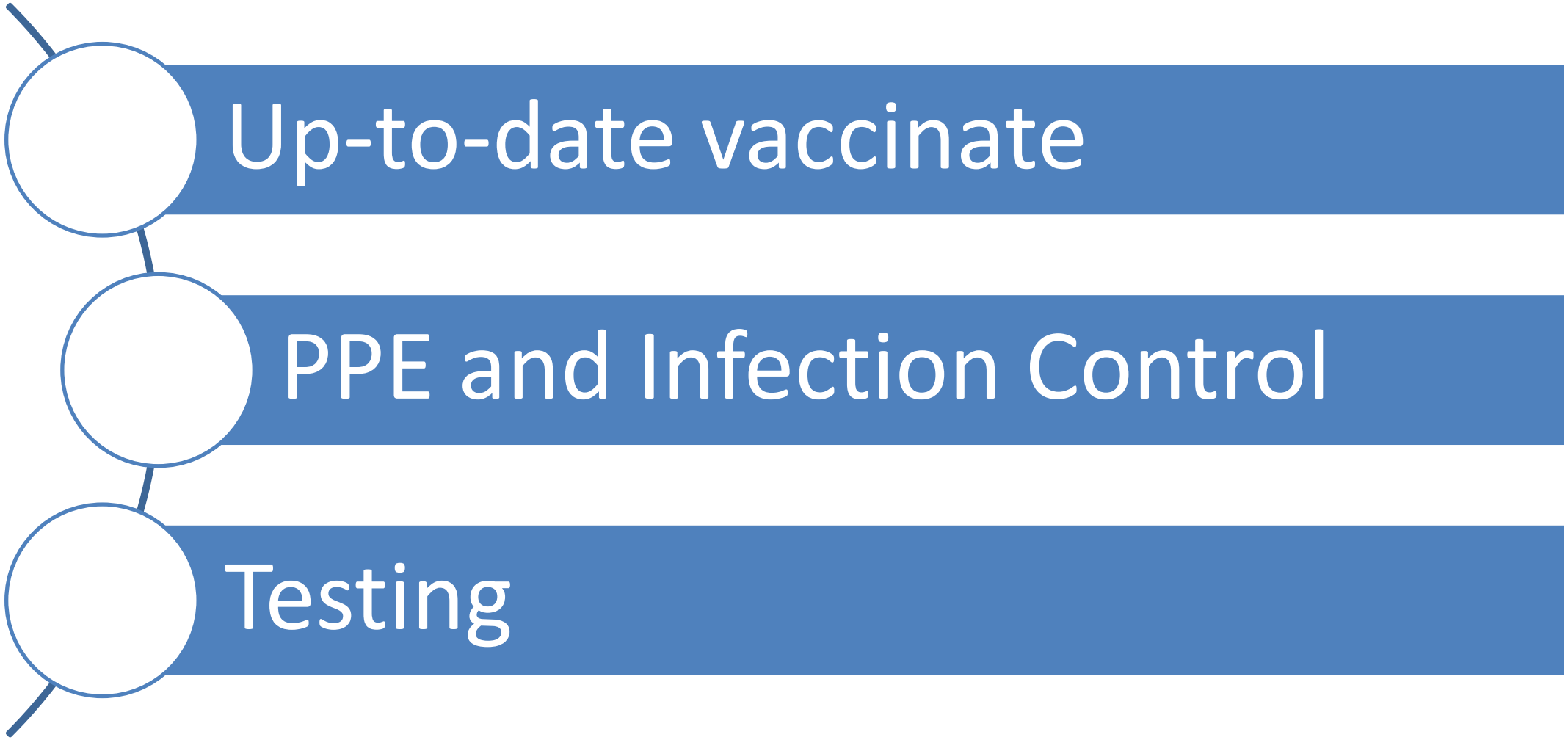
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8803382/

Vaccine Strategy: Coadministration

- 2/3 of adults want it
- Side effects comparable
- Flu vaccine rates may go up with coadministration
- Nursing home resources
- Vaccine fatigue



Updated CDC Guidance Rests on Up-to-date Vaccine Status for Staff and Residents



CDC COVID-19 Infection Prevention and Control Guidance Updates

- Interim IPC Recommendations for Healthcare Personnel
- Interim Guidance for Managing Healthcare Personnel with Infection or Exposure
- Strategies to Mitigate Healthcare Personnel Staffing Shortages

Interim Infection Prevention and Control Recommendations for Health Care Personnel During the COVID-19 Pandemic: Key Updates

- •Source Control
- Universal personal protective equipment (PPE)
- COVID-19 screening & testing
- Transmission based precautions (for asymptomatic residents)
- Setting-specific

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Interim Infection Prevention and Control Recommendations for Health Care Personnel During the COVID-19 Pandemic: Key Updates

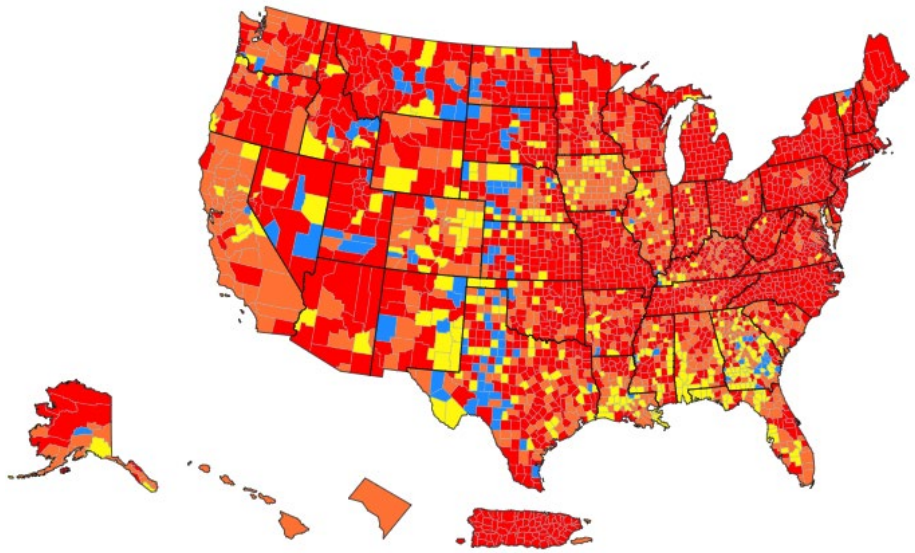
- Vaccination status is no longer used to inform source control, screening testing or post-exposure recommendations
- Source control recommendations based on community transmission levels
- Universal PPE use based on community transmission levels
- Asymptomatic patients/residents no longer require empiric use of Transmission-Based Precautions following close contact with someone with SARS-CoV-2 infection
- Increased testing frequency to detect the potential for variants with shorter incubation periods
  - Address the risk for false negative antigen tests in people without symptoms
- Archived the Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes
  - Special considerations for nursing homes added under setting-specific considerations
  - Updated screening testing recommendations for nursing home admissions

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Community Transmission Level

This metric uses two indicators:

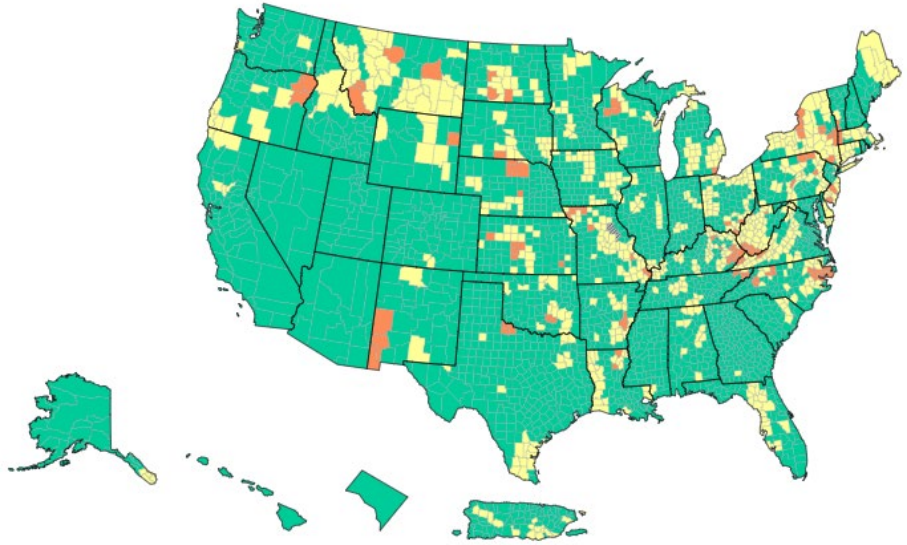
1. Total number of new cases per 100,000 persons within the last seven days.
2. Percentage of positive diagnostic and screening nucleic acid amplification tests (NAAT) during the last seven days.



COVID-19 Community Level

This metric uses three indicators:

1. New COVID-19 cases per 100,000 population in the last seven days.
2. New COVID-19 hospital admissions per 100,000 population in the last seven days.
3. Percent of staffed inpatient beds occupied by patients with confirmed COVID-19 (seven-day average).



Interim Infection Prevention and Control Recommendations for Health Care Personnel During the COVID-19 Pandemic: Source Control Updates

- When community transmission levels* are high:
  - Source control is recommended for everyone in areas where they could encounter patients
    - Health care personnel (HCP) could choose not to wear source control in areas restricted from patient access (if Community Levels aren't also high and don't meet the criteria below)
- When community transmission levels are not high:
  - Source control is recommended for individuals who:
    - Have suspected or confirmed respiratory infection
    - Had close contact with someone with COVID-19 for 10 days after contact
    - Reside or work in an area of the facility experiencing a COVID-19 outbreak
    - Have otherwise had source control recommended by public health
- Even if not otherwise required by the facility, individuals should always be allowed to wear source control based on personal preference

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Interim Infection Prevention and Control Recommendations for Health Care Personnel During the COVID-19 Pandemic: Universal PPE Updates

- When community transmission* levels are high:
  - Consider implementing broader use of respirators and eye protection by HCP during patient care encounters
  - NIOSH-approved particulate respirators with N95 filters or higher are used for:
    - All aerosol-generating procedures
    - All surgical procedures that might pose a higher risk for transmission if the patient has SARS-CoV-2 infection (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract)
    - The patient is unable to use source control
    - The area is poorly ventilated
    - Specific units or areas of the facility at higher risk for SARS-CoV-2 transmission
  - Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) during all patient care encounters

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Interim Infection Prevention and Control Recommendations for Health Care Personnel During the COVID-19 Pandemic: Testing Updates

- Asymptomatic patients/residents with close contact with someone with SARS-CoV-2 infection should have a series of three viral tests for SARS-CoV-2 infection.
  - Testing is recommended immediately (but not earlier than 24 hours after the exposure) and:
    - If negative, again 48 hours after the first negative test and,
      - If negative, again 48 hours after the second negative test.
      - This will typically be on day 1 (where the day of exposure is day 0), day 3, and day 5.
- Testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days.
  - It should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Interim Infection Prevention and Control Recommendations for Health Care Personnel During the COVID-19 Pandemic: Transmission Based Precautions Updates

- Asymptomatic patients/residents do not require empiric use of Transmission-Based Precautions while being evaluated for SARS-CoV-2 following close contact with someone with SARS-CoV-2 infection.
  - These patients/residents should still wear source control, and those who have not recovered from SARS-CoV-2 infection in the prior 30 days should be tested as described in the testing section.
  - Examples of when empiric Transmission-Based Precautions following close contact may be considered for patients/residents include:
    - Unable to be tested or wear source control as recommended for the 10 days following their exposure.
    - Moderately to severely immunocompromised.
    - Residing in a unit with others who are moderately to severely immunocompromised.
    - Residing on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions.
- Empiric use of Transmission-Based Precautions is not necessary for admissions or residents who leave the facility for less than 24 hours (e.g., for medical appointments or community outings) and do not meet the above criteria.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Interim Infection Prevention and Control Recommendations for Health Care Personnel During the COVID-19 Pandemic: Screening Testing Updates

- Screening testing of asymptomatic HCP at the discretion of the health care facility
  - Screening testing for identifying asymptomatic infection might be useful in some situations to inform the type of infection control precautions used (e.g., room assignment/cohorting or PPE used) and prevent unprotected exposures like:
    - Performing higher-risk procedures
    - For HCPs caring for patients who are moderately to severely immunocompromised
- If implementing a screening testing program, testing decisions should NOT be based on the vaccination status of the individual being screened
  - If using an antigen test instead of a NAAT, facilities should use 3 tests, spaced 48 hours apart, in line with FDA recommendations
  - Performance of expanded screening testing of asymptomatic HCP without known exposures is at the discretion of the facility
- Screening upon admission is recommended for facilities in counties where community transmission levels are high
  - Admission testing at lower levels of community transmission at the discretion of the facility

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Interim Infection Prevention and Control Recommendations for Health Care Personnel During the COVID-19 Pandemic: Setting-specific Updates

- Visiting or shared health care personnel who enter the setting to provide health care to one or more residents (e.g., physical therapy, wound care, intravenous injections, or catheter care provided by home health agency nurses) should follow the health care IPC recommendations in this guidance.
- Long-term care settings (excluding nursing homes) whose staff provide non-skilled personal care* similar to that provided by family members in the home (e.g., many assisted living and group homes) should follow community prevention strategies based on COVID-19 Community Levels similar to independent living, retirement communities or other non-healthcare congregate settings

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Interim Guidance for Managing Health Care Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2: Key Updates

- In general, asymptomatic HCP who have had a higher-risk exposure do not require work restriction, regardless of vaccination status, if they do not develop symptoms or test positive for SARS-CoV-2
  - Examples of when work restrictions may be considered include:
    - HCP is unable to be tested or wear source control as recommended for the 10 days following their exposure;
    - HCP is moderately to severely immunocompromised;
    - HCP cares for or works on a unit with patients who are moderately to severely immunocompromised;
    - HCP works on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions

- Increased testing frequency to detect the potential for variants with shorter incubation periods and risk for false negative antigen tests in people without symptoms:
  - Testing is recommended immediately (but not earlier than 24 hours after the exposure) and
    - If negative, again 48 hours after the first negative test and,
    - If negative, again 48 hours after the second negative test.
    - This will typically be on day 1 (where the day of exposure is day 0), day 3, and day 5.
  - Testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days; should be considered for those who have recovered in the prior 31-90 days
  - An antigen test instead of NAAT recommended

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

Strategies to Mitigate Health Care Personnel Shortages: Key Updates

- Conventional strategies are updated to advise that asymptomatic HCP with higher-risk exposures do not require work restrictions, regardless of their vaccination status.
  - Contingency and crisis strategies for earlier return to work for this HCP were removed.

- Other key points to re-emphasize:

  - Maintaining appropriate staffing in health care facilities is essential to providing a safe work environment for HCP and safe patient care.

  - Maximizing interventions to protect HCP, patients and visitors are critical at all times, including when considering strategies to address staffing shortages.

  - Contingency strategies followed by crisis strategies are provided to augment conventional strategies and are meant to be considered and implemented sequentially (i.e., implementing conventional strategies followed by contingency strategies followed by crisis strategies)

https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

Centers for Medicare and Medicaid Services (CMS) Guidance

- Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements (9/23/2022)

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, regardless of vaccination status, with signs or symptoms must be tested.	Residents, regardless of vaccination status, with signs or symptoms must be tested.
Newly identified COVID-19 positive staff or resident in a facility that can identify close contacts	Test all staff, regardless of vaccination status, that had a higher-risk exposure with a COVID-19 positive individual.	Test all residents, regardless of vaccination status, that had close contact with a COVID-19 positive individual.
Newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts	Test all staff, regardless of vaccination status, facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility).	Test all residents, regardless of vaccination status, facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility).
Routine testing	*Not generally recommended*	Not generally recommended

- CMS Rescinds December 7, 2020, Enforcement Discretion for the Use of SARS-CoV-2 Tests on Asymptomatic Individuals Outside of the Test's Instructions for Use (9/26/2022)
- Nursing Home Visitation - COVID-19 (REVISED) (9/23/2022)

Thank You for Your Time!
Contact the Patient Safety Team

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Questions?

Nursing Home and Partnership for Community Health:
CMS 12th SOW GOALS

OPIOID UTILIZATION AND MISUSE

Promote opioid best practices

•

Reduce opioid adverse drug events in all settings

PATIENT SAFETY

Reduce hospitalizations due to c. diff

•

Reduce adverse drug events

•

Reduce facility acquired infections

CHRONIC DISEASE SELF-MANAGEMENT

Increase instances of adequately diagnosed and controlled hypertension

•

Increase use of cardiac rehabilitation programs

•

Reduce instances of uncontrolled diabetes

•

Identify patients at high-risk for kidney disease and improve outcomes

CARE COORDINATION

Convene community coalitions

•

Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits

•

Identify and promote optimal care for super utilizers

COVID-19

Support nursing homes by establishing a safe visitor policy and cohort plan

•

Provide virtual events to support infection control and prevention

•

Support nursing homes and community coalitions with emergency preparedness plans

IMMUNIZATION

Increase influenza, pneumococcal, and COVID-19 vaccination rates

TRAINING

Encourage completion of infection control and prevention trainings by front line clinical and management staff

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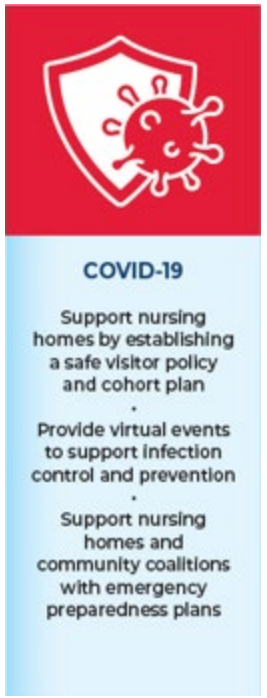
Scan the QR codes or Click the Links to Complete the Assessments!

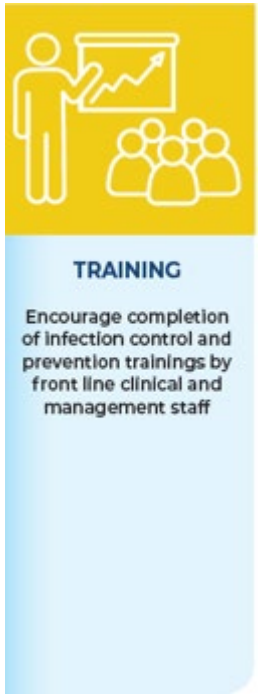
CMS requested Alliant Health Solutions, your QIN-QIO, to work with select nursing homes to understand emerging health care needs in nursing homes. Alliant Health Solutions is engaging nursing home leadership on each of these key areas to ensure plans are in place to achieve and maintain health quality and equity!

Please scan the QR codes below and complete the assessments.



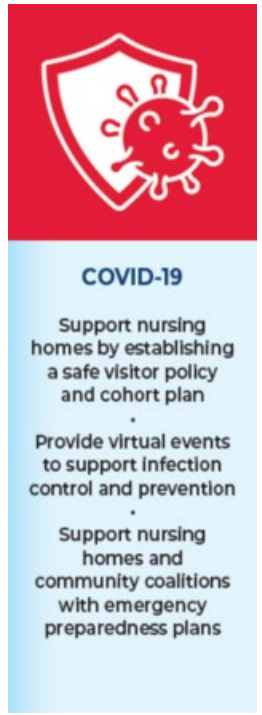
Nursing Home Emergency Preparedness Program (NH EPP) Self-Assessment

https://bit.ly/AHS_NHEPPAssessment



Nursing Home Infection Prevention (NHIP) Initiative Training Assessment

https://bit.ly/NHIPAssessment



Nursing Home Safe Visitor Policy and Cohorting Plan Verification

https://bit.ly/SafeVisitorVerification

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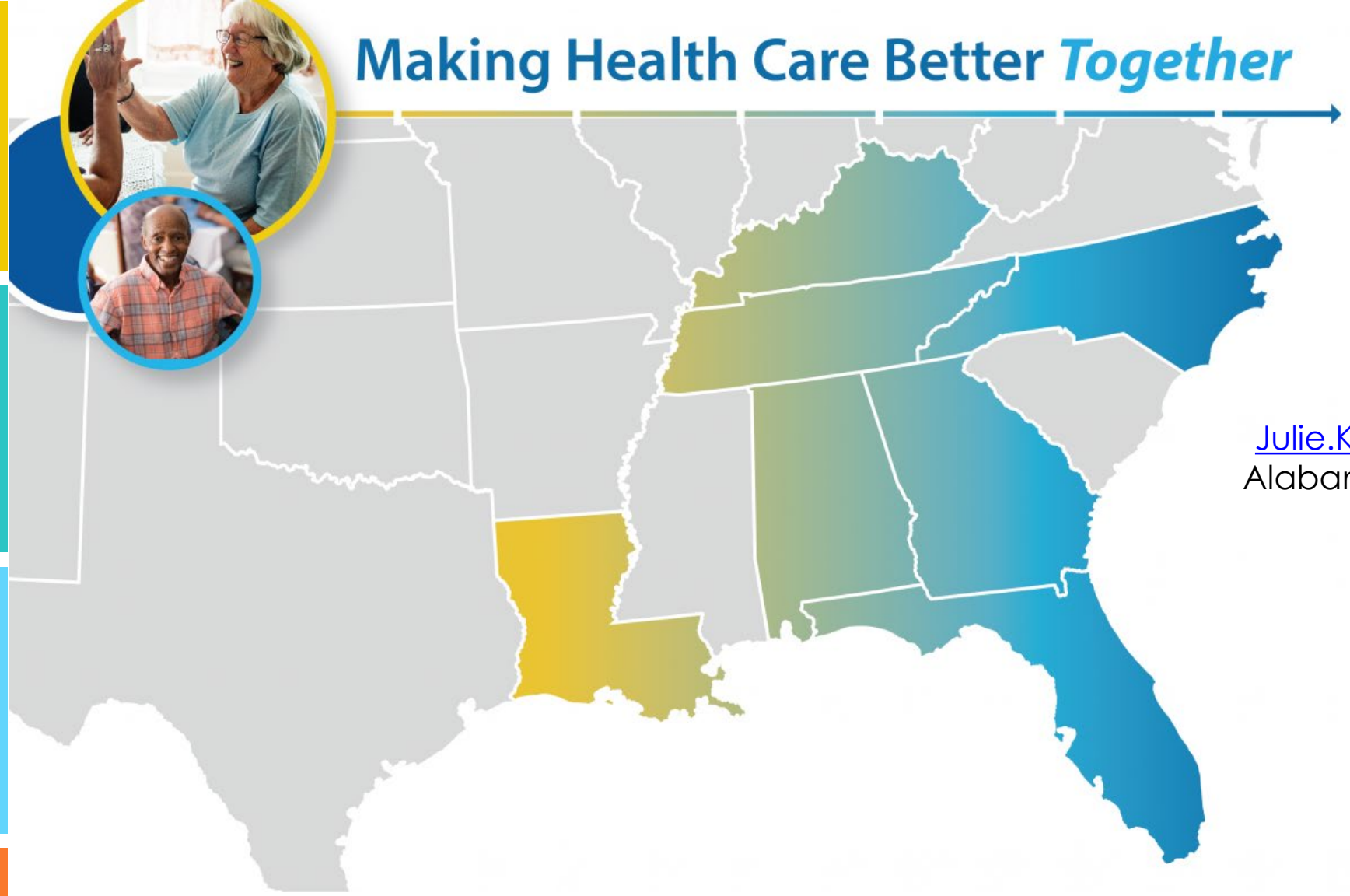

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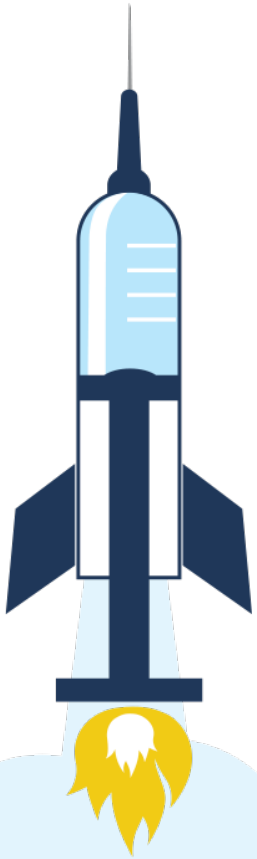

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