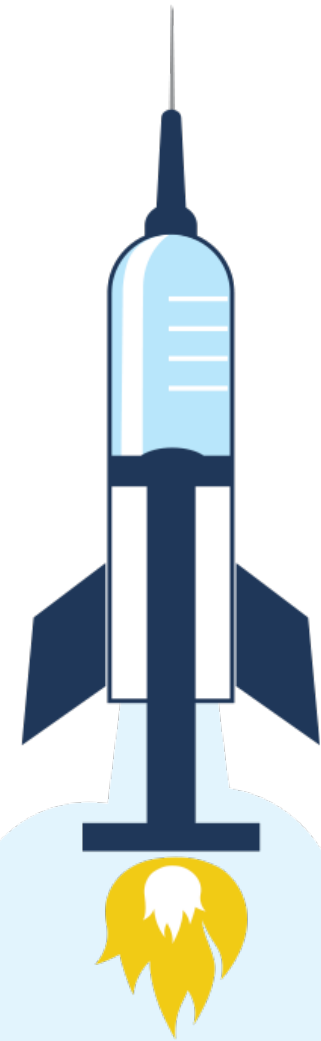


Getting Ahead of Respiratory Infections This Fall

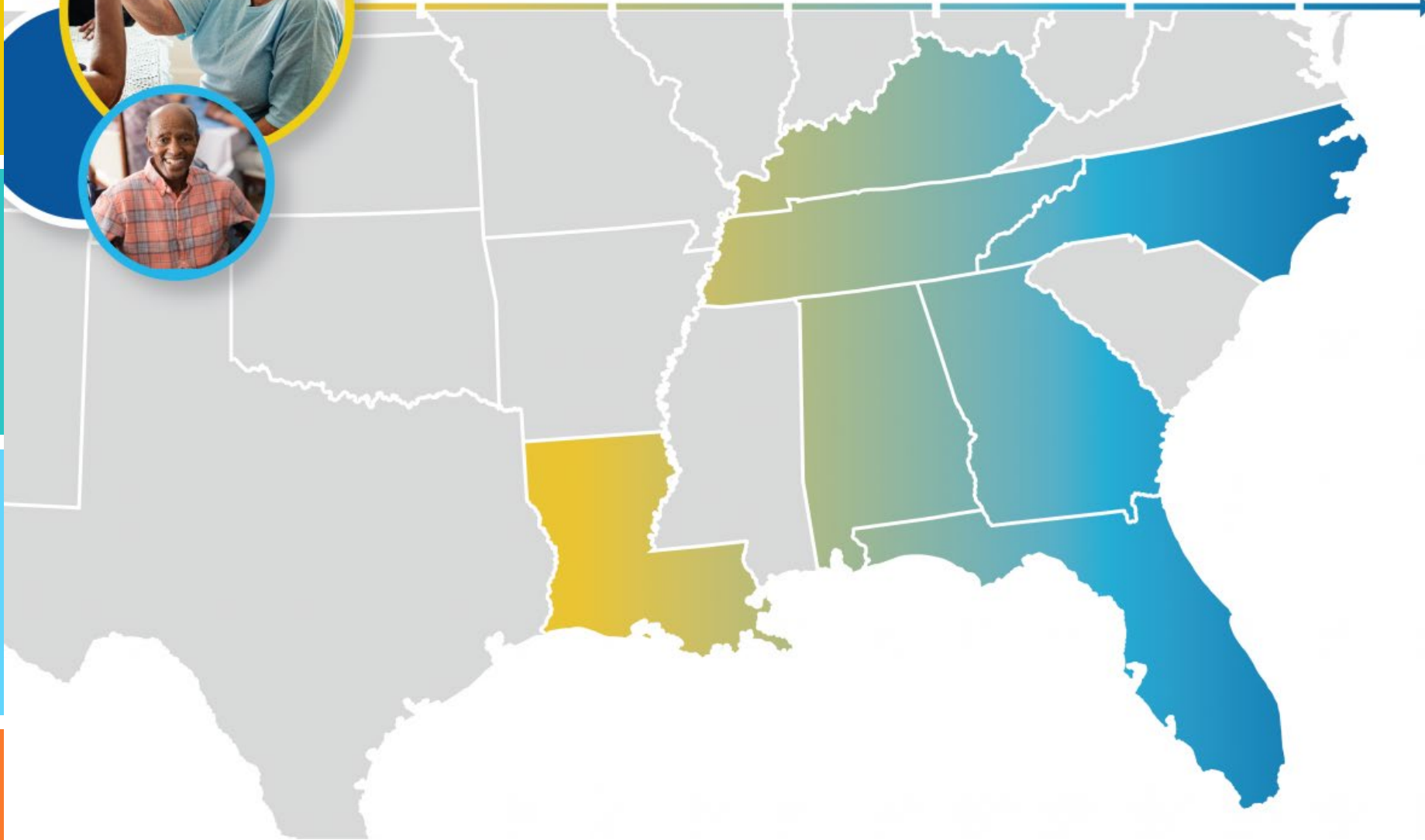
Swati Gaur, MD, MBA, CMD, AGSF
September 28, 2023



 **ALLIANT**
HEALTH SOLUTIONS

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

Making Health Care Better *Together*



About Alliant Health Solutions

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.



In This Session, We Will:

- Examine the risk of respiratory illness and viral outbreak in nursing home
- Discuss the new vaccine recommendations
- Recognize the impact on resident safety and CMS quality reporting
- Develop a sustainable program of effective safety against respiratory illnesses

CDC COVID-19 Data Tracker

Data Update for the United States

Hospitalizations

Hospital Admissions

20,538

(September 3 to September 9, 2023)

Trend in Hospital Admissions

+7.7% in most recent week



Aug 11, 2023 Sep 9, 2023

Deaths

% Due to COVID-19

2.3%

(September 3 to September 9, 2023)

Trend in % COVID-19 Deaths

+4.5% in most recent week



Jul 22, 2023 Sep 9, 2023

Vaccinations

Total Updated (Bivalent) Vaccine Doses Distributed

153,471,660

(through September 13, 2023)

Total Hospitalizations

6,329,246

Total Deaths

1,141,782

CDC | Hospitalization data through: September 9, 2023; Death data through: September 9, 2023; Vaccination data through: September 13, 2023. Posted: September 18, 2023 5:25 PM ET

<https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

HHS Region:

USA

Data for the 2-Week Period

Ending on:

9/16/2023(Nowcast)

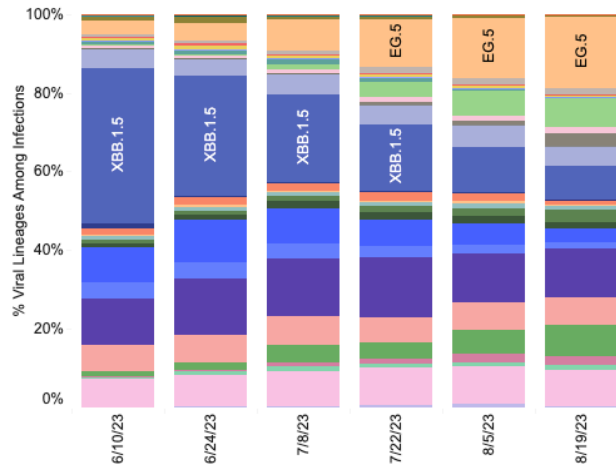
This shows weighted and Nowcast estimates for the United States. The table and map show estimates for the 2-week period ending on 9/16/2023(Nowcast) if available.

Weighted and Nowcast Estimates in United States for 2-Week Periods in 5/28/2023 – 9/16/2023

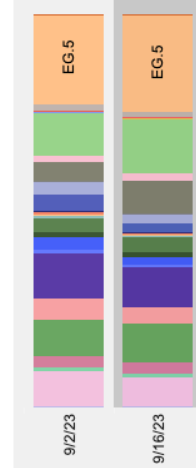
Nowcast Estimates in United States for 9/3/2023 – 9/16/2023

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.

Weighted Estimates: Variant proportions based on reported genomic sequencing results



Nowcast: Model-based projected estimates of variant proportions



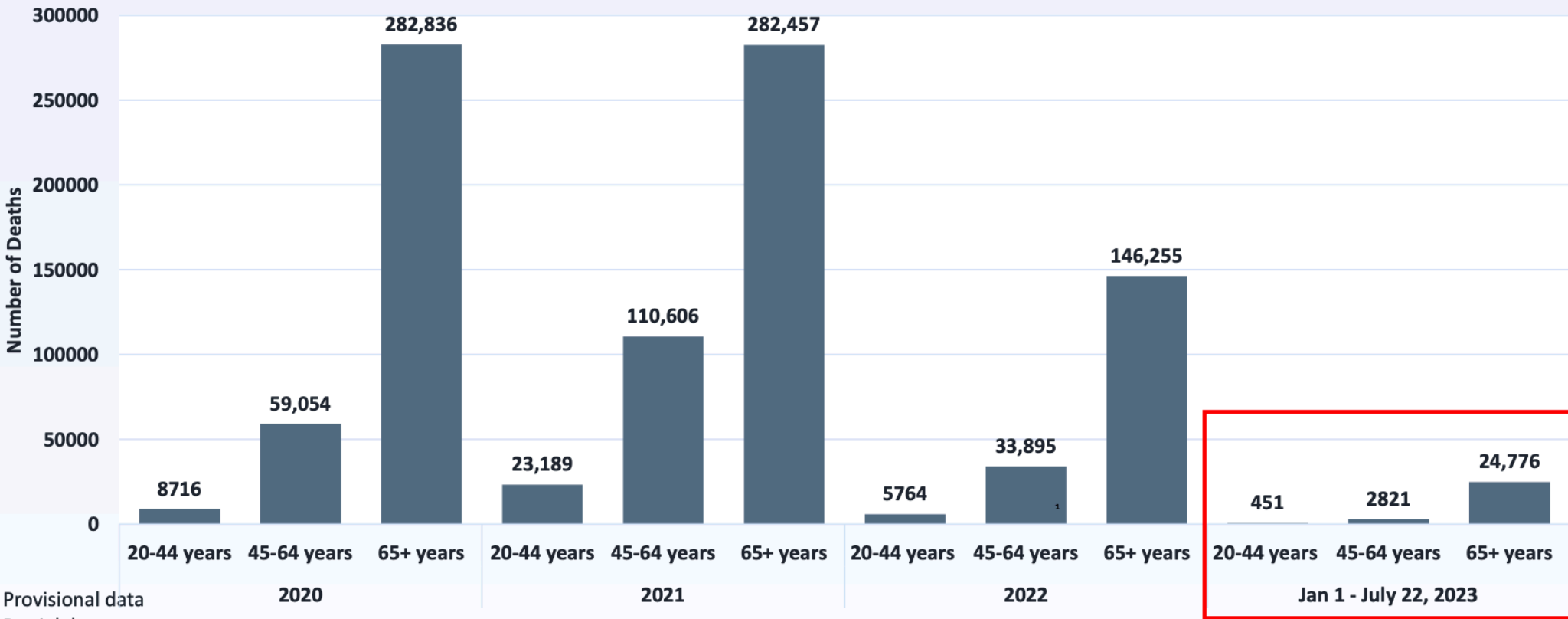
USA			
WHO label	Lineage #	%Total	95%PI
Omicron	EG.5	24.5%	22.5-26.6%
	FL.1.5.1	13.7%	9.8-18.7%
	XBB.1.16	10.2%	8.6-11.9%
	XBB.1.16.6	9.9%	8.4-11.7%
	HV.1	8.4%	6.6-10.5%
	XBB.2.3	7.2%	6.2-8.5%
	XBB.1.16.1	4.1%	3.4-4.9%
	XBB.1.5.70	3.8%	2.9-4.9%
	XBB.1.16.11	3.0%	2.3-3.8%
	XBB	2.5%	2.1-2.9%
	XBB.1.5	2.2%	1.9-2.6%
	XBB.1.9.1	1.9%	1.6-2.2%
	GE.1	1.7%	1.3-2.3%
	EG.6.1	1.5%	1.0-2.1%
	XBB.1.5.72	1.2%	0.9-1.6%
	XBB.1.42.2	0.9%	0.5-1.7%
	XBB.1.9.2	0.7%	0.6-0.9%
	XBB.1.5.68	0.6%	0.4-0.9%
	XBB.1.5.10	0.6%	0.4-0.7%
	XBB.2.3.8	0.4%	0.2-0.6%
CH.1.1	0.3%	0.2-0.4%	
FD.1.1	0.3%	0.2-0.4%	
XBB.1.5.59	0.2%	0.1-0.4%	
FE.1.1	0.2%	0.1-0.3%	
EU.1.1	0.0%	0.0-0.1%	
XBB.1.5.1	0.0%	0.0-0.0%	
BQ.1	0.0%	0.0-0.1%	
BA.2.12.1	0.0%	0.0-0.0%	
B.1.1.529	0.0%	0.0-0.0%	
BA.5	0.0%	0.0-0.0%	
FD.2	0.0%	0.0-0.0%	
Other	Other*	0.1%	0.0-0.1%

<https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 2-week period. *Other* represents the aggregation of lineages which are circulating <1% nationally during all 2-week periods displayed.
 # BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, XBB and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BF.7, BF.11, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. Except the lineages shown and their sublineages, sublineages of XBB are aggregated to XBB. Except XBB.1.5.1, XBB.1.5.10, FD.2, EU.1.1, XBB.1.5.68 and XBB.1.5.70 sublineages of XBB.1.5 are aggregated to XBB.1.5. Except FL.1.5.1, sublineages of XBB.1.9.1 are aggregated to XBB.1.9.1. Except XBB.1.16.1, XBB.1.16.1 sublineages of XBB.1.16 are aggregated to XBB.1.16, sublineages of XBB.1.42.2 are aggregated to XBB. Except FE.1.1, sublineages of XBB.1.18.1 are aggregated to XBB. For all the other lineages listed, their sublineages are aggregated to the listed parent lineages respectively. Previously, FL.1.5.1, GE.1, EG.6.1 and HV.1, FD.1.1, XBB.2.3.8 was aggregated to XBB.1.9.1, XBB.2.3.10, XBB.1.9.2, XBB.1.5.15 and XBB.2.3 respectively. Lineages BA.2.75.2, XBB, XBB.1.5, XBB.1.5.1, XBB.1.5.10, FD.2, XBB.1.9.1, XBB.1.9.2, XBB.1.16, XBB.2.3, BN.1, BA.4.6, BF.7, BF.11, BA.5.2.6, BQ.1.1, EU.1.1, XBB.1.5.68, FE.1.1, EG.5, XBB.1.5.72, FL.1.5.1, GE.1, EG.6.1, XBB.1.16.11, FD.1.1, XBB.1.5.70, XBB.2.3.8, HV.1 and XBB.1.42.2 contain the spike substitution R346T.

Most of these are XBB

COVID-19-associated deaths in persons ages ≥20 years (by underlying cause of death), by age group and year – National Vital Statistics System



¹ Provisional data
² Partial data

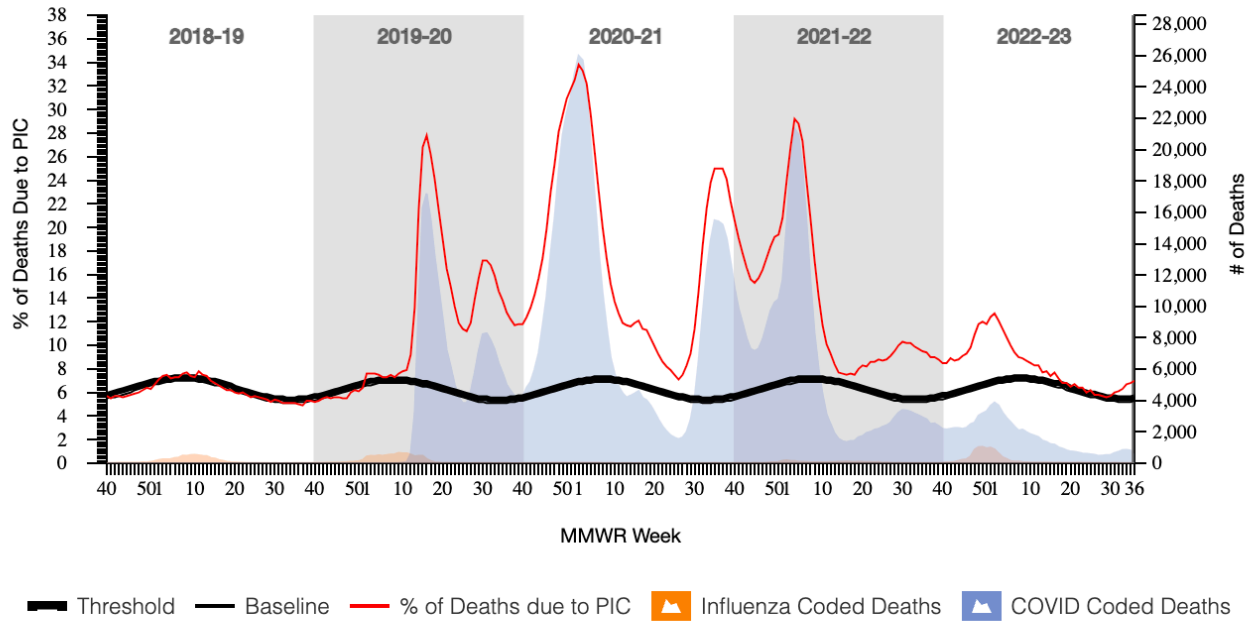
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2021, and from provisional data for years 2022-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Number of deaths includes COVID-19 code (U07.1) as the underlying cause of death. Accessed at <http://wonder.cdc.gov/mcd-icd10-provisional.html> on Aug 25, 2023 4:53:59 PM

Percentage of all deaths due to pneumonia, influenza, and COVID-19, National Summary

[Download Image](#)

2018-23

Show Number of Influenza Deaths and COVID Deaths



Information for selected week and previous two weeks, national summary, all ages

Week	Number of Influenza Deaths	Number of Pneumonia Deaths	Number of COVID-19 Deaths	Number of Pneumonia, Influenza, and COVID-19 Deaths	Total Deaths	Percent Complete [?]
Selected Week (week 36)	12	1,238	507	1,548	22,090	46.4%

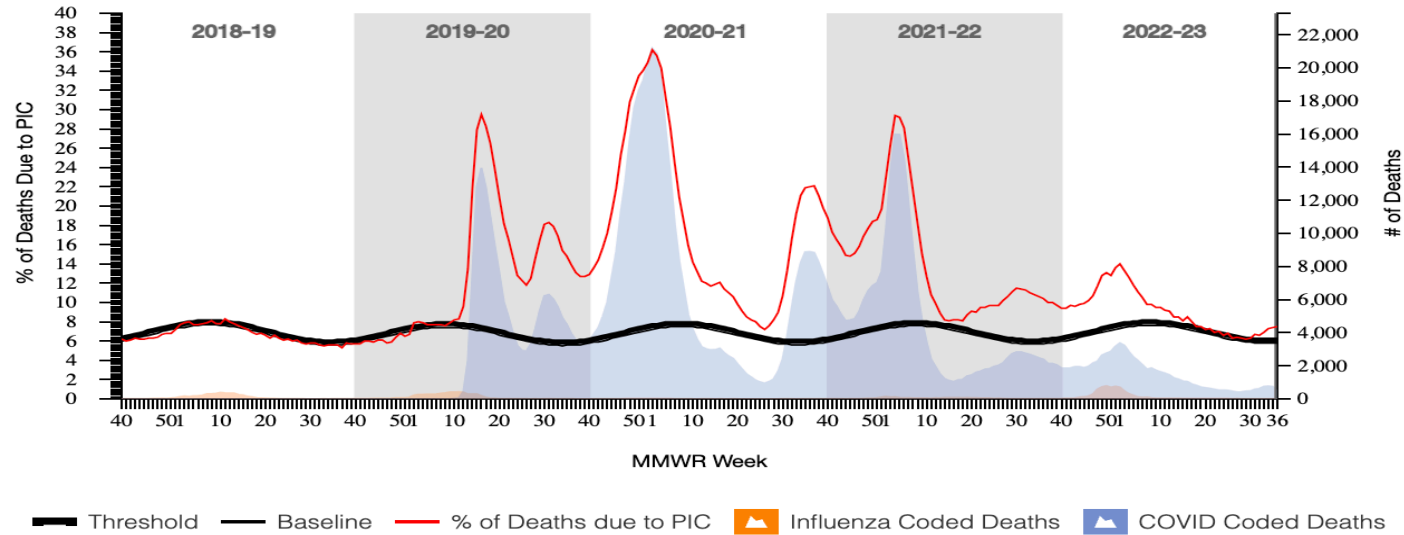
PIC Deaths

Percentage of all deaths due to pneumonia, influenza, and COVID-19, National Summary, 65+ years

[Download Image](#)

2018-23

Show Number of Influenza Deaths and COVID Deaths



Information for selected week and previous two weeks, National summary, 65+ years

Week	Number of Influenza Deaths	Number of Pneumonia Deaths	Number of COVID-19 Deaths	Number of Pneumonia, Influenza, and COVID-19 Deaths	Total Deaths	Percent Complete
Selected Week (week 36)	9	1,072	465	1,354	18,087	46.4%

Weekly Rates of Respiratory Virus-Associated Hospitalizations by Season

Weekly Rates

Cumulative Rates

Filters

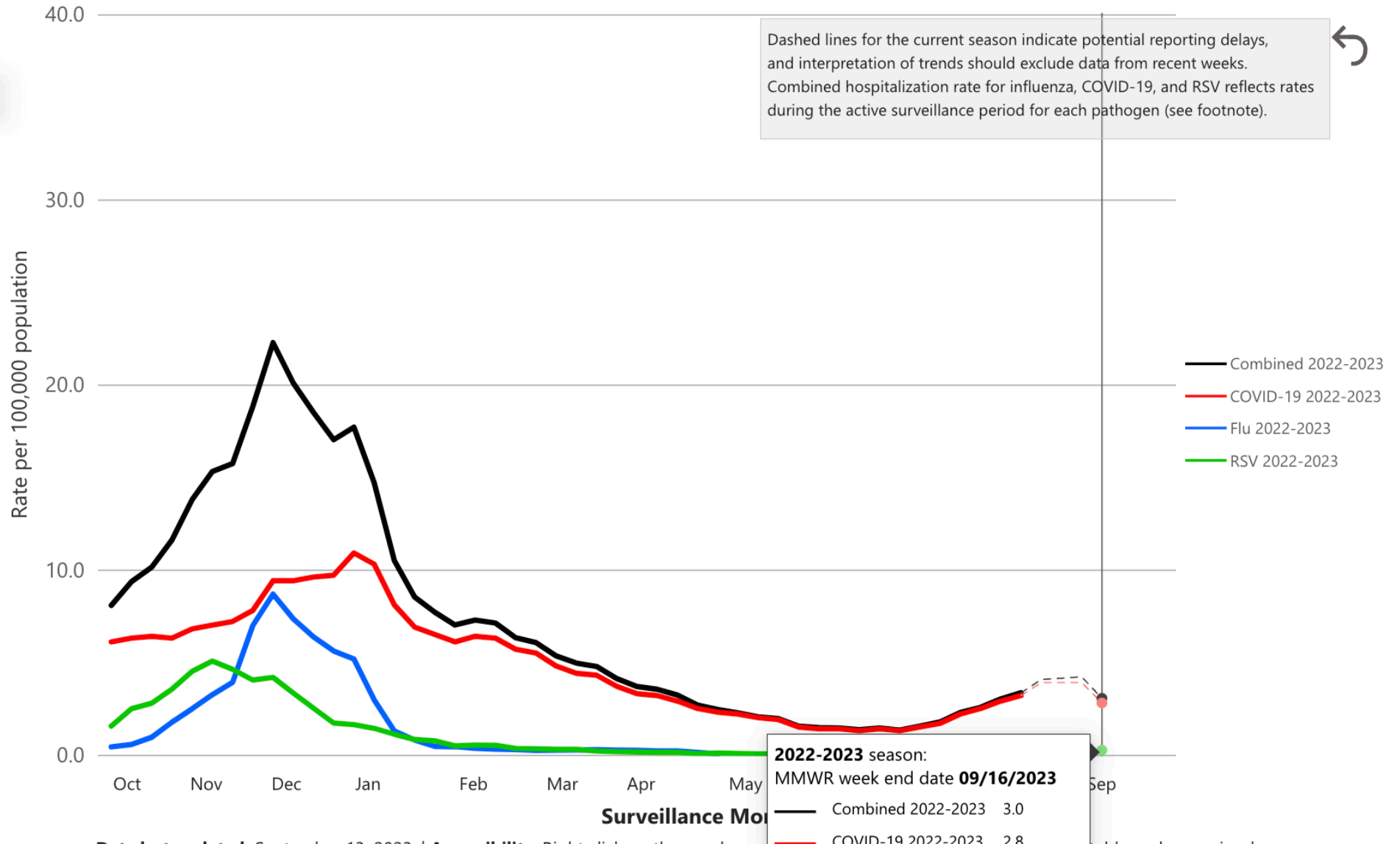
Season

2022-2023

Pathogen

All

Reset Filters

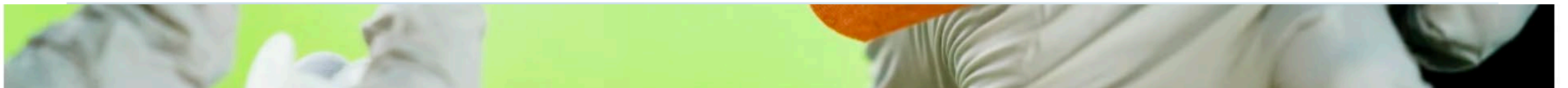


United States

US CDC expects 'triple-demic' hospitalizations to remain high this year vs pre-pandemic levels

Reuters

September 14, 2023 5:08 PM EDT · Updated 8 days ago



July 22, 2023

Safety Strategy

Immunization

- COVID vaccine

Infection control

- testing
- Transmission based precaution

Treatment

- Antivirals
- Supportive treatment

<p>Influenza</p>	<ul style="list-style-type: none"> • Vaccination of all persons aged ≥ 6 months who do not have contraindications is recommended. • Changes: Updated U.S. influenza vaccine composition for 2023–2024 <ul style="list-style-type: none"> • Adults 65+ should get a high-dose or adjuvated flu vaccine • Persons with egg allergy: Should receive influenza vaccine, no additional safety measures required
<p>COVID-19</p>	<ul style="list-style-type: none"> • Updated COVID-19 vaccines recommended for everyone aged ≥ 6 • The vaccines are covered by insurance. Uninsured and underinsured children and adults have access to vaccines through VFC or Bridge Program. • Everyone ages 5 years and older recommended for a single 2023 – 2024 dose • No additional dose for age 65+ recommended at this time
<p>RSV</p>	<ul style="list-style-type: none"> • RSV can cause serious illness in older adults. Certain underlying medical conditions and advanced age are associated with increased risk of severe RSV. • Adults 60+ may receive an RSV vaccine based on shared clinical decision-making with a healthcare provider.

Influenza Vaccination of Persons Aged ≥ 65 Years

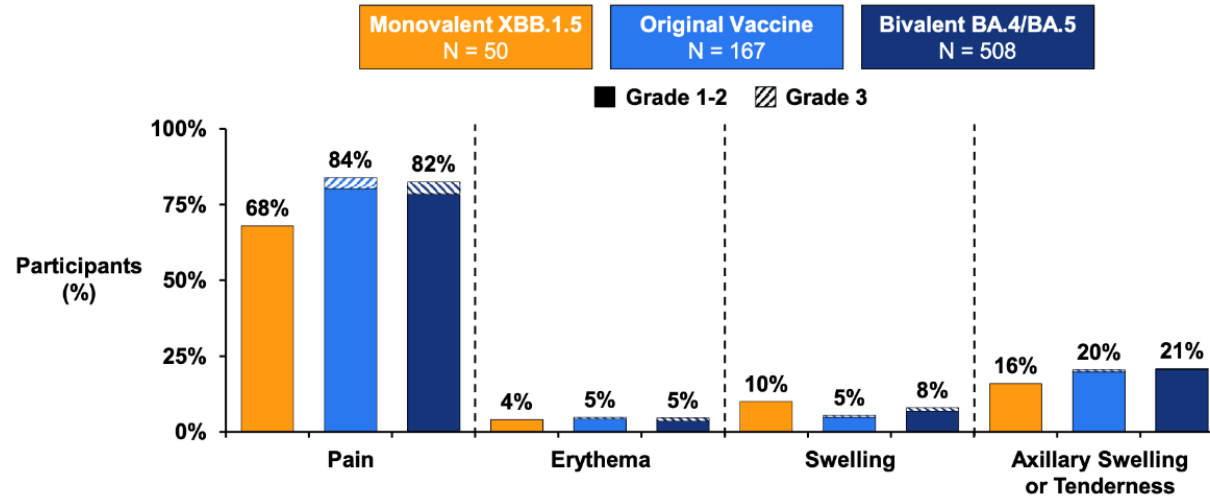
- Adults aged ≥ 65 years should preferentially receive any one of the following higher dose or adjuvanted influenza vaccines:
 - Quadrivalent high-dose inactivated influenza vaccine (HD-IIV4),
 - Quadrivalent recombinant influenza vaccine (RIV4), or
 - Quadrivalent adjuvanted inactivated influenza vaccine (aIIV4).
- If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.
- Vaccination of older adults in July and August should be avoided unless later vaccination might not be possible.
 - Due to potential waning of immunity.

Flu Vaccines for >65 Years

Quadrivalent IIV (HD-IIV4)—High-dose—Egg-based (60 µg HA per virus component in 0.7 mL)			
Fluzone High-Dose Quadrivalent <i>Sanofi Pasteur</i>	0.7 mL prefilled syringe	≥65 yrs	≥65 yrs—0.7 mL
Adjuvanted quadrivalent IIV4 (aIIV4)—Standard-dose with MF59 adjuvant—Egg-based (15 µg HA per virus component in 0.5 mL)			
Fluad Quadrivalent <i>Seqirus</i>	0.5 mL prefilled syringe	≥65 yrs	≥65 yrs—0.5 mL
Quadrivalent RIV (RIV4)—Recombinant HA (45 µg HA per virus component in 0.5 mL)			
Flublok Quadrivalent <i>Sanofi Pasteur</i>	0.5 mL prefilled syringe	≥18 yrs	≥18 yrs—0.5 mL

Local Reactions Following Booster Doses in Adults

Study 205J and Study 205H, Solicited Safety Set



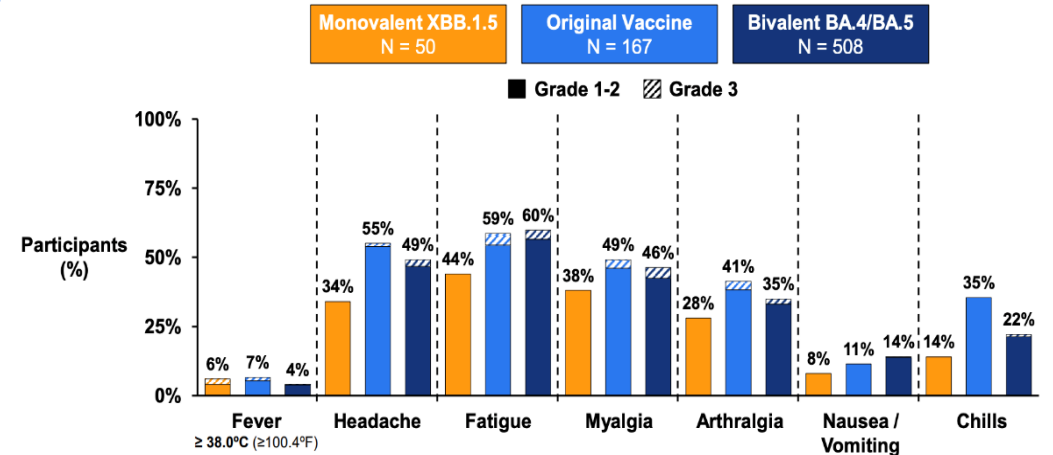
Local reactions similar or lower than previously authorized Moderna COVID-19 vaccines

Within 7 days of injection; No Grade 4 events reported
Chalkias et al., medRxiv, 2022, Chu et al, Nat Med 28:1041, 2022

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-09-12/08-COVID-Priddy-508.pdf>

Systemic Reactions Following Booster Doses in Adults

Study 205J and Study 205H, Solicited Safety Set

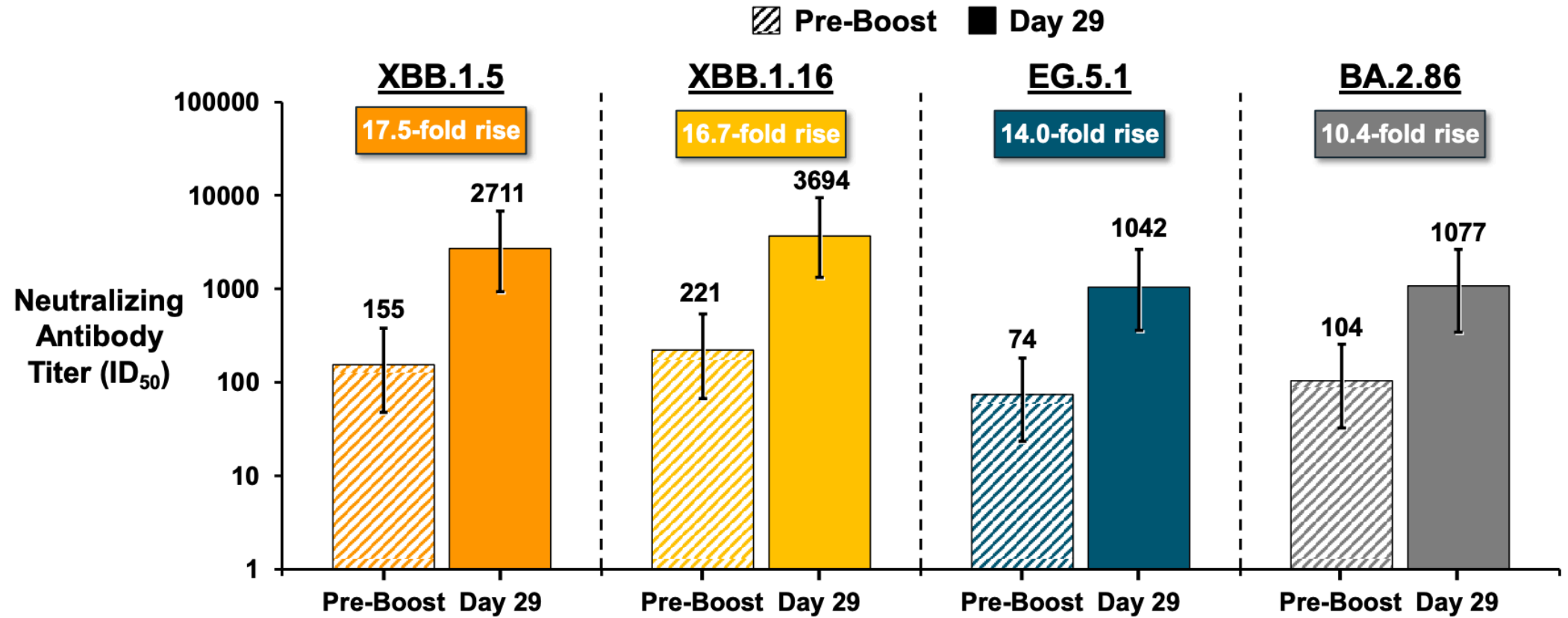


Systemic reactions similar or lower than previously authorized Moderna COVID-19 vaccines

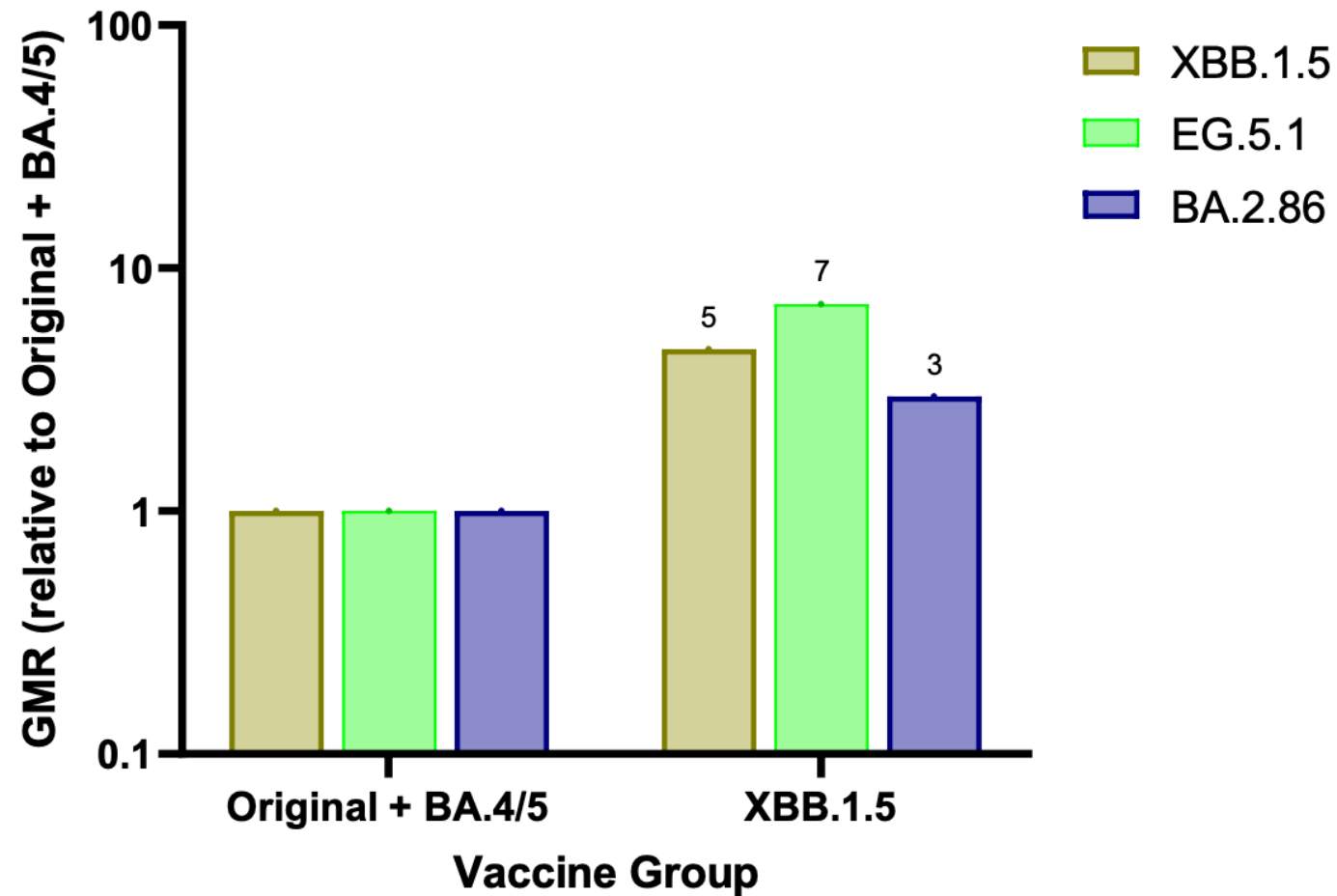
Within 7 days of injection; No Grade 4 events reported
Chalkias et al., medRxiv, 2022, Chu et al, Nat Med 28:1041, 2022

Cross Neutralization Results (Day 29) After XBB.1.5 Vaccine in Adults – *Duke Assay*

Study 205J, Per-Protocol Immunogenicity Set - All Participants



Substantial fold rise demonstrated across newer variants



Data were generated by same pseudovirus neutralization assay and from sera of same mouse study that generated data that were presented at VRBPAC June 15, 2023 Meeting (<https://www.fda.gov/media/169541/download>). GMR = Geometric Mean Ratio of the Geometric Mean Titer (GMT) of Monovalent XBB.1.5 divided by GMT of WT+BA.4/5 group. LOD, limit of detection; the lowest serum dilution of 1:20.

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-09-12/10-COVID-Modjarrad-508.pdf>

NEWS & MEDIA

Novavax Intends to Deliver Protein-based XBB COVID Vaccine as Specified in U.S. HHS Letter to COVID Manufacturers

July 13, 2023

COVID-19 Vaccine Recommendation 2023-2024

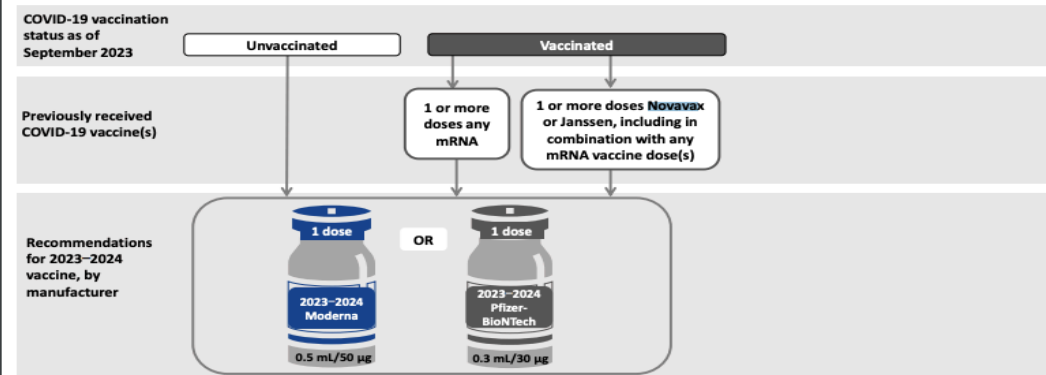
Doses recommended:

- **1 dose of 2023–2024 COVID-19 vaccine**, regardless of prior vaccination history

Novavax:

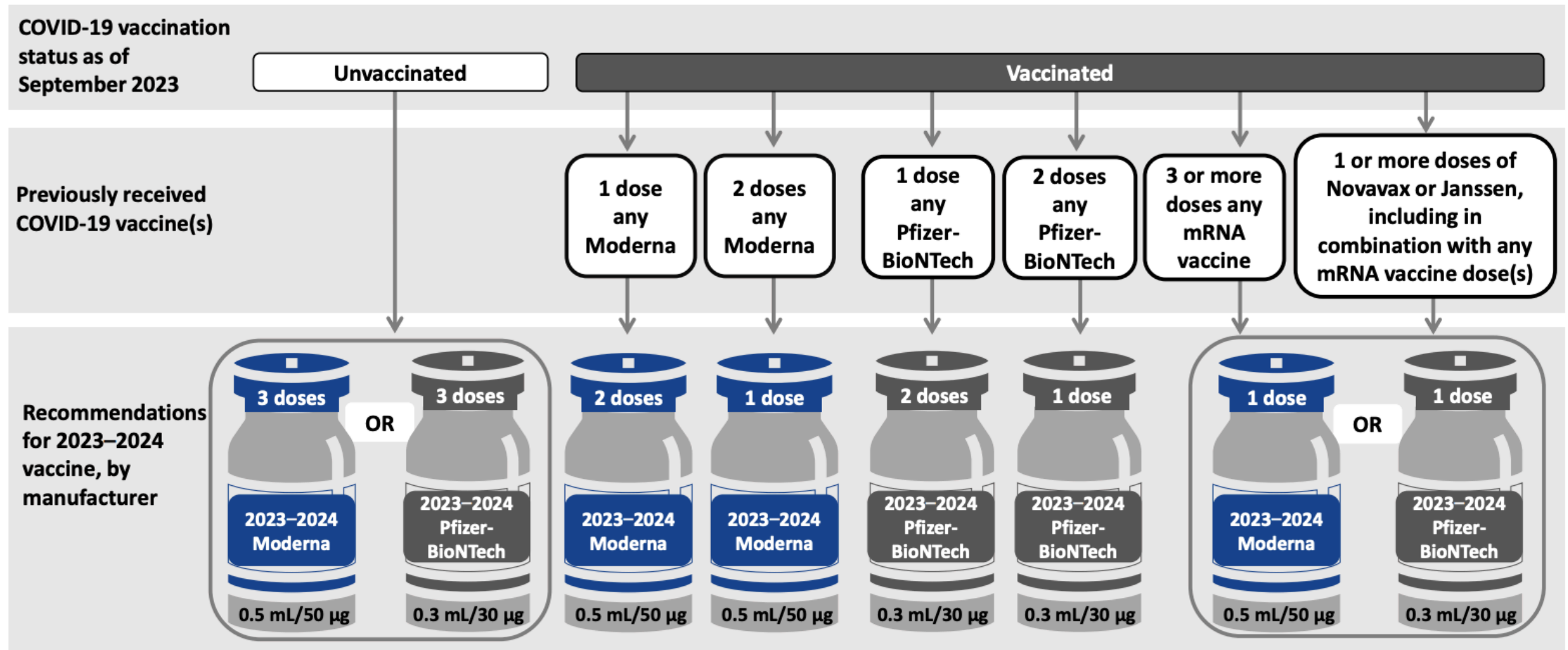
A booster dose in limited situations to people ages 18 years and older who previously completed primary vaccination using any FDA-approved or FDA-authorized COVID-19 vaccine; and are unable (i.e., mRNA vaccine contraindicated or vaccine not available) or unwilling to receive an mRNA vaccine and would otherwise not receive a booster dose. The Novavax booster dose is administered at least six months after completion of any primary series.

Recommended 2023–2024 COVID-19 mRNA vaccines for people who are NOT immunocompromised, aged ≥12 years*



*For information about administration intervals, see Table 1 in the Interim Clinical Considerations for Use of COVID-19 vaccines.










Recommended 2023–2024 COVID-19 vaccines for people who ARE moderately or severely immunocompromised, aged ≥12 years*



*For information about administration intervals, people who transition from age 11 years to age 12 years during an mRNA vaccination series, and administration of additional dose(s), see Table 2 in Interim Clinical Considerations for Use of COVID-19 Vaccines.




A Note on RSV Vaccine

Chronic Underlying Medical Conditions Associated with Increased Risk of Severe RSV Disease

-  Lung disease
-  Cardiovascular disease
-  Moderate or severe immune compromise
-  Diabetes Mellitus
-  Neurologic or neuromuscular conditions
-  Kidney disorders
-  Liver disorders
-  Hematologic disorders
-  Other conditions that might increase the risk for severe disease

Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023

Other Factors Associated with Increased Risk of Severe RSV Disease

-  Residence in a nursing home or other long-term care facility (LTCF)
-  Frailty
-  Advanced age

Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023

Pneumococcal Disease

100,000 hospitalizations from pneumococcal pneumonia

43% of IPD cases in adults occurred in those aged 65 years or older

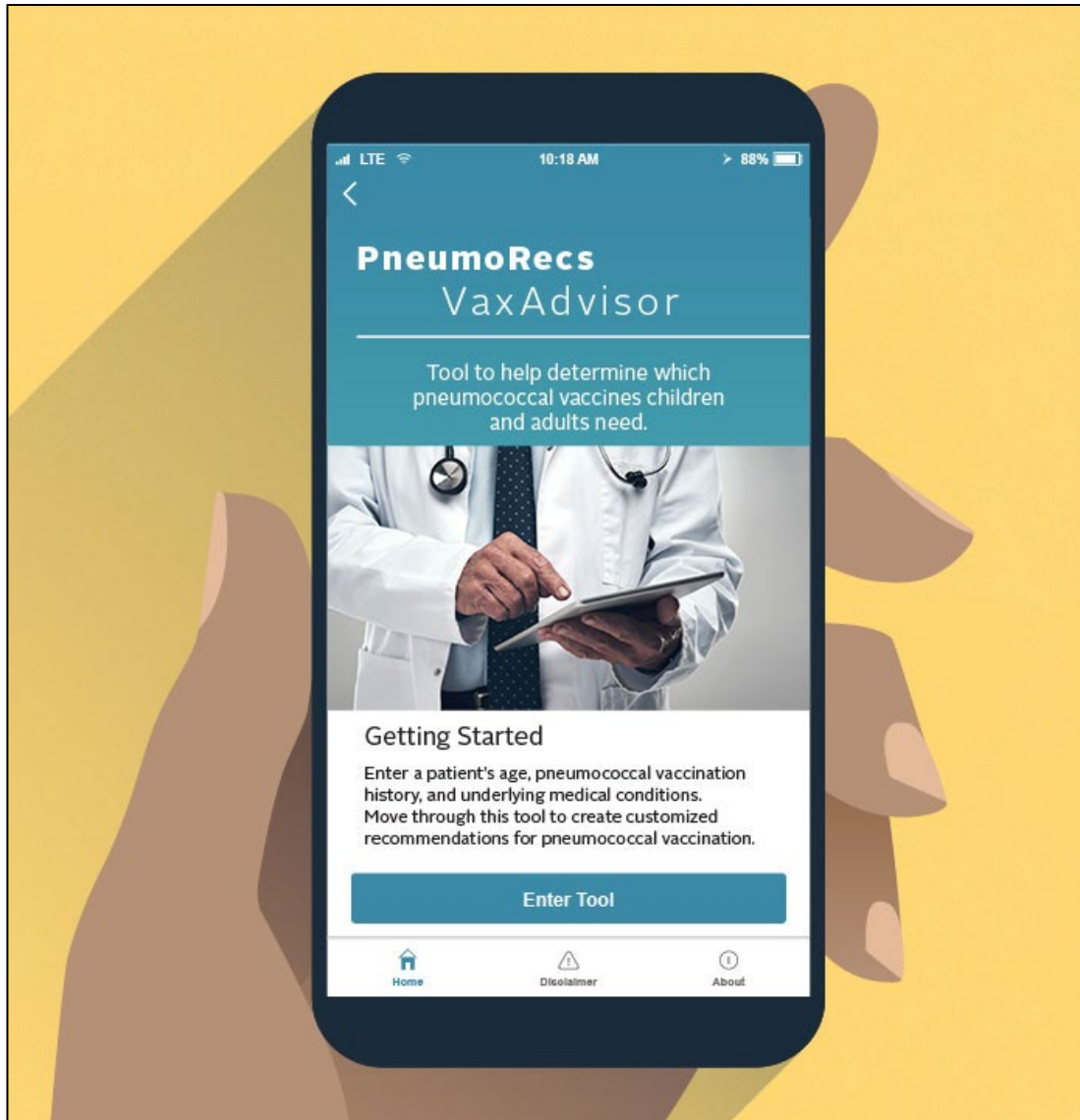
Chronic health conditions that increase the risk for pneumococcal disease include:

- Alcoholism
- Cerebrospinal fluid leak
- Chronic heart/liver/lung disease
- Cigarette smoking
- Cochlear implant
- Diabetes mellitus

Immunocompromising conditions can also increase the risk of pneumococcal disease. These conditions include:

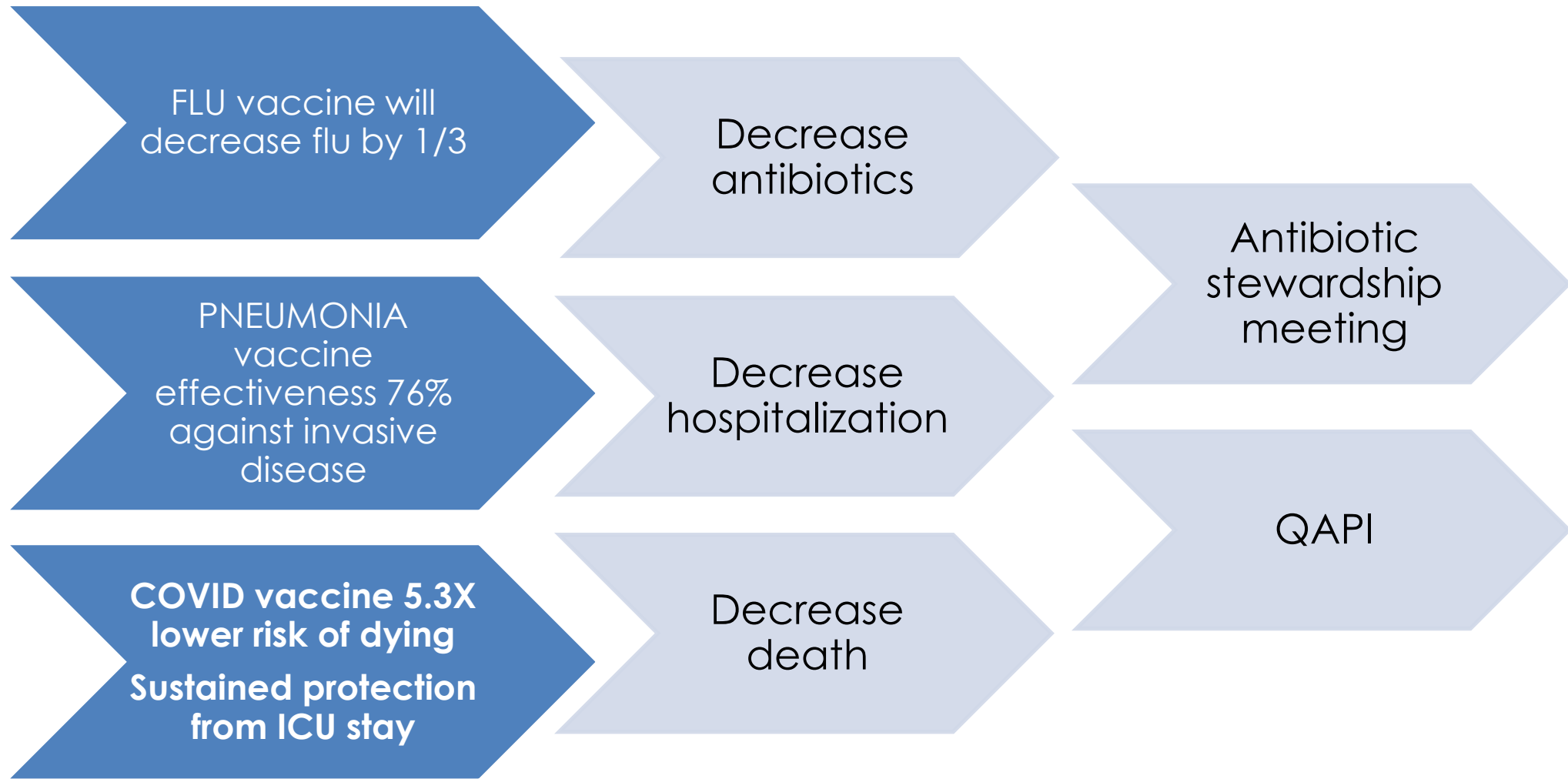
- Chronic renal failure or nephrotic syndrome
- Congenital or acquired asplenia
- Congenital or acquired immunodeficiency
- Generalized malignancy, Hodgkin's disease, leukemia, lymphoma, or multiple myeloma
- HIV infection
- Iatrogenic immunosuppression
- Sickle cell disease or other hemoglobinopathies
- Solid organ transplant

Pneumonia Vaccine Decision Tool



[PneumoRecs VaxAdvisor](#)

Vaccine Impact



<https://www.acpjournals.org/doi/10.7326/M22-2042>

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-06-22-23/02-influenza-Chung-508.pdf>

<https://academic.oup.com/cid/article/40/9/1250/369981>

https://www.cdc.gov/mmwr/volumes/72/wr/mm7221a3.htm#T1_down

CMS Quality Reporting Program

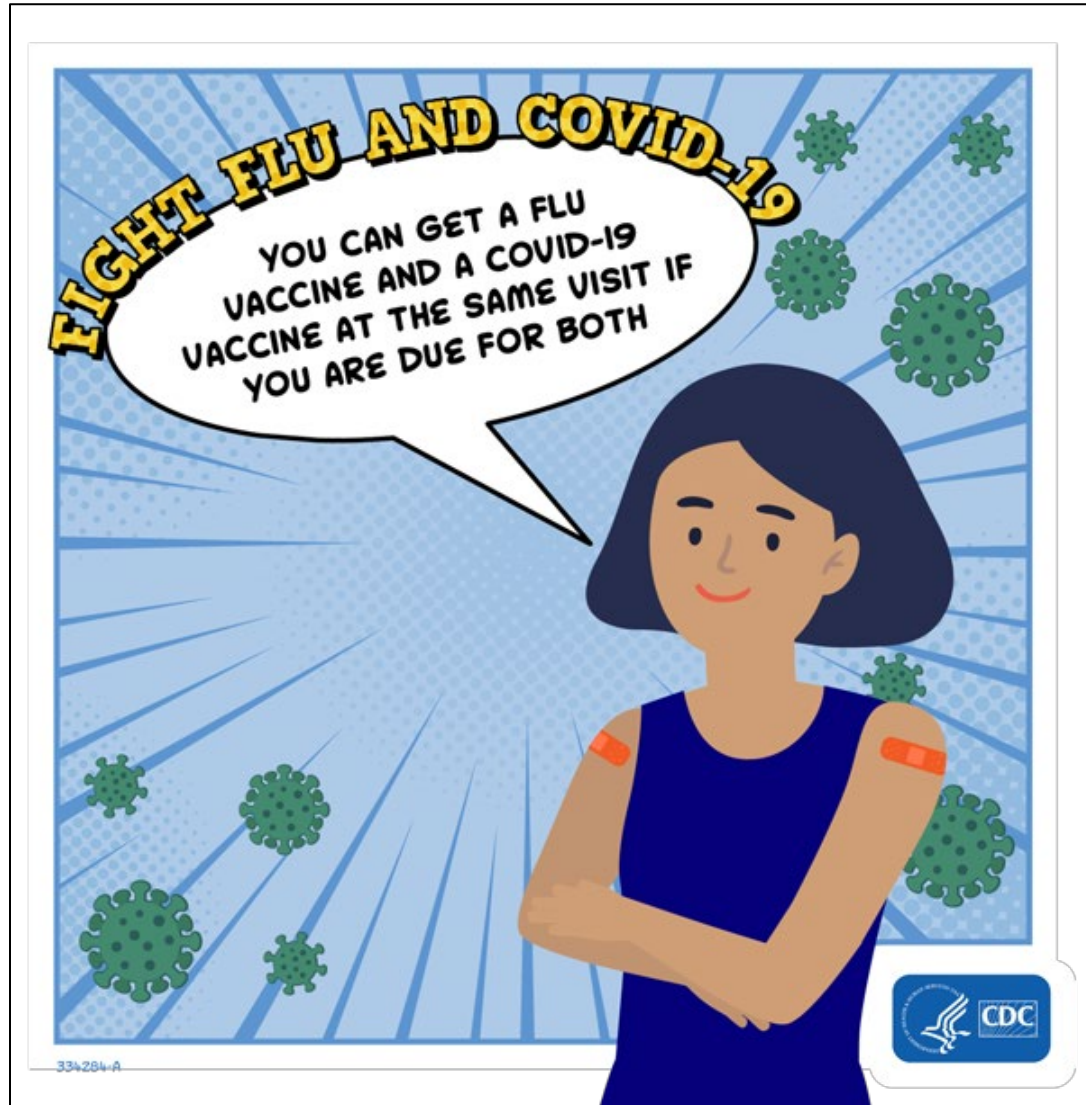
SNF QRP Measure #11: COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) (CBE #3636)

This measure was finalized in the [FY 2022 SNF PPS Final Rule](#), which was published in the Federal Register on August 4, 2021 (86 FR 42480 through 42489). Data submission for this measure began October 1, 2021.

SNF QRP Measure #12: Influenza Vaccination Coverage among Healthcare Personnel (HCP) (CBE #0431)

This measure was finalized in the [FY 2023 SNF PPS Final Rule](#), which was published in the Federal Register on August 3, 2022 (87 FR 47537 through 47544). Data submission for this measure began October 1, 2022.

Coadministration



COVID-19 vaccine + Flu vaccine

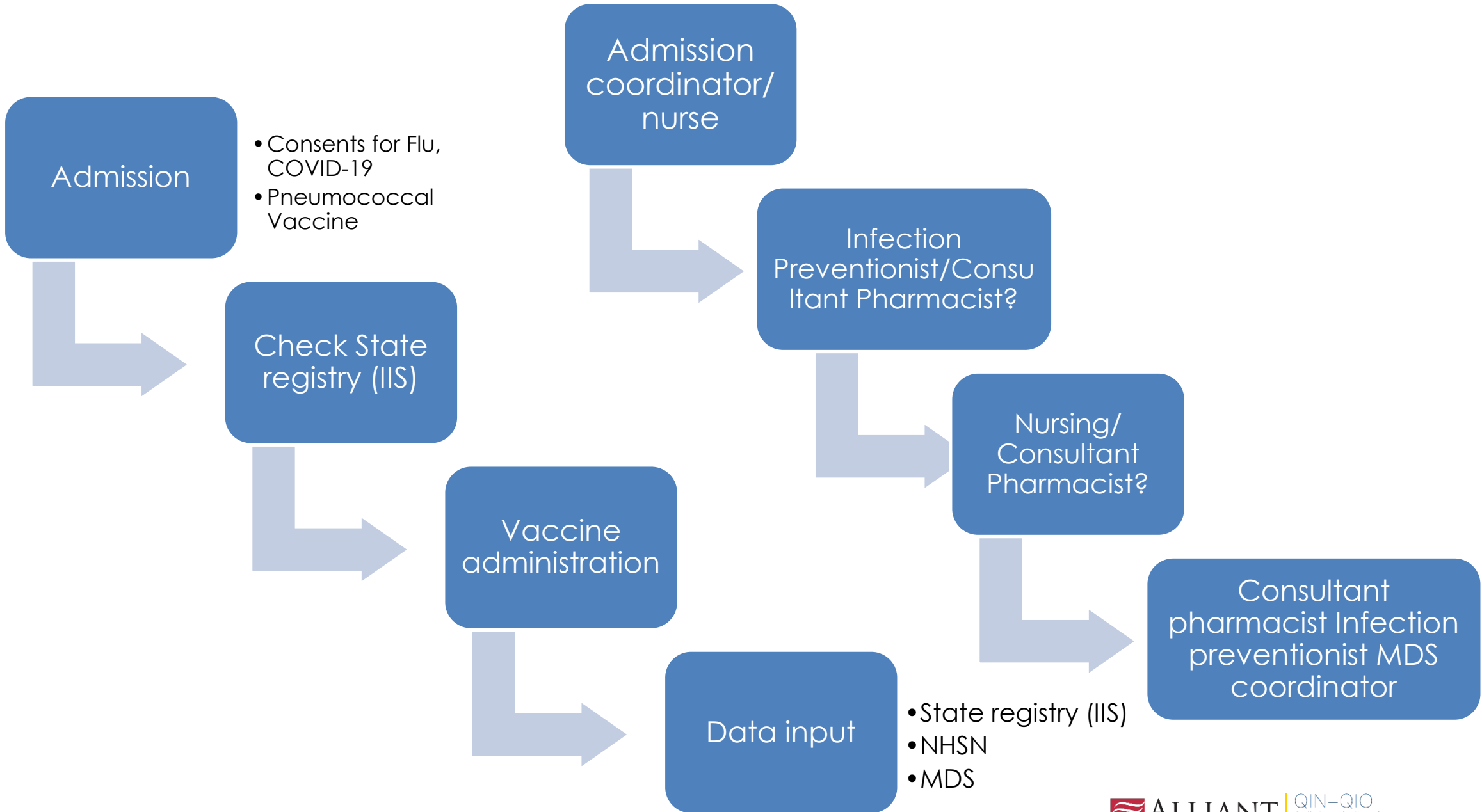


Pneumococcal vaccine + Flu vaccine



COVID-19 vaccine +
Pneumococcal vaccine





Key Messages for Clinicians for Fall/Winter Viral Respiratory Season

- **We have more tools than ever:** This is the first fall and winter virus season where vaccines are available for the three viruses responsible for most hospitalizations – COVID-19, RSV, and flu.
 - **Co-administration** of vaccines is an acceptable practice.
 - If vaccines are NOT administered the same day, there is no required interval between vaccines
- **The time is now:** Cases of COVID-19 and RSV are rising – and flu season is on the horizon, so talk to your patients today about how to protect themselves and their loved ones from severe respiratory illness.

https://emergency.cdc.gov/coca/ppt/2023/091923_slides.pdf

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



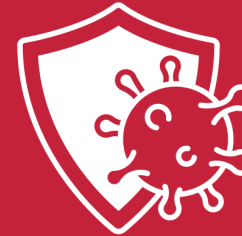
CHRONIC DISEASE SELF-MANAGEMENT

- 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

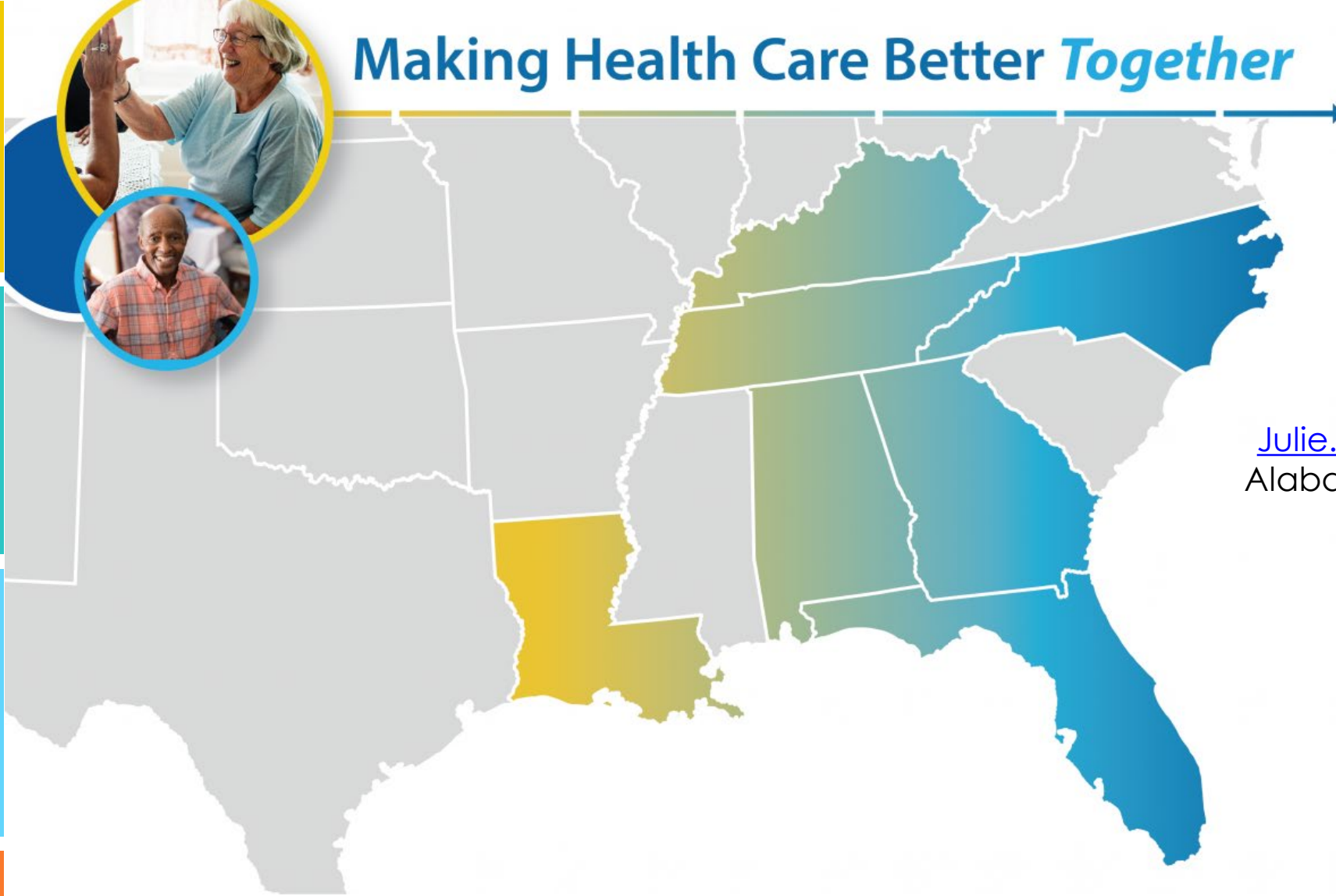
- Increase influenza, pneumococcal, and COVID-19 vaccination rates



TRAINING

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

Making Health Care Better *Together*



Julie Kueker

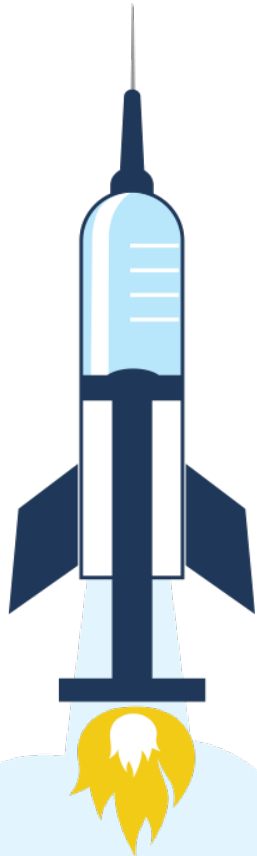
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Program Directors



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