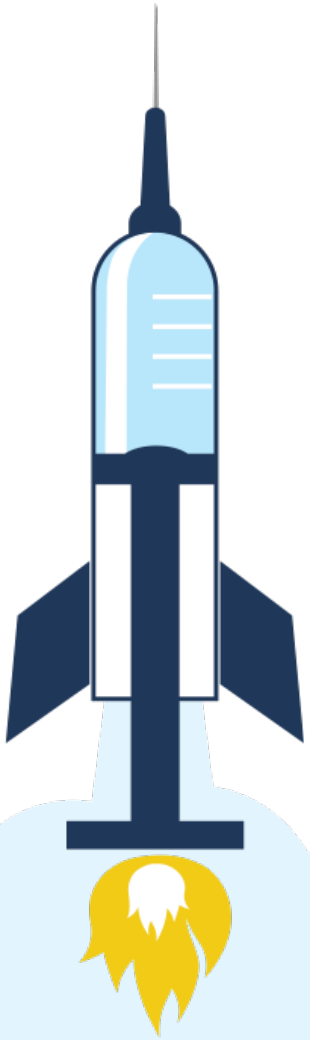
Are You Ready for the Upcoming Respiratory Season?

Swati Gaur, MD, MBA, CMD, AGSF

October 26, 2023



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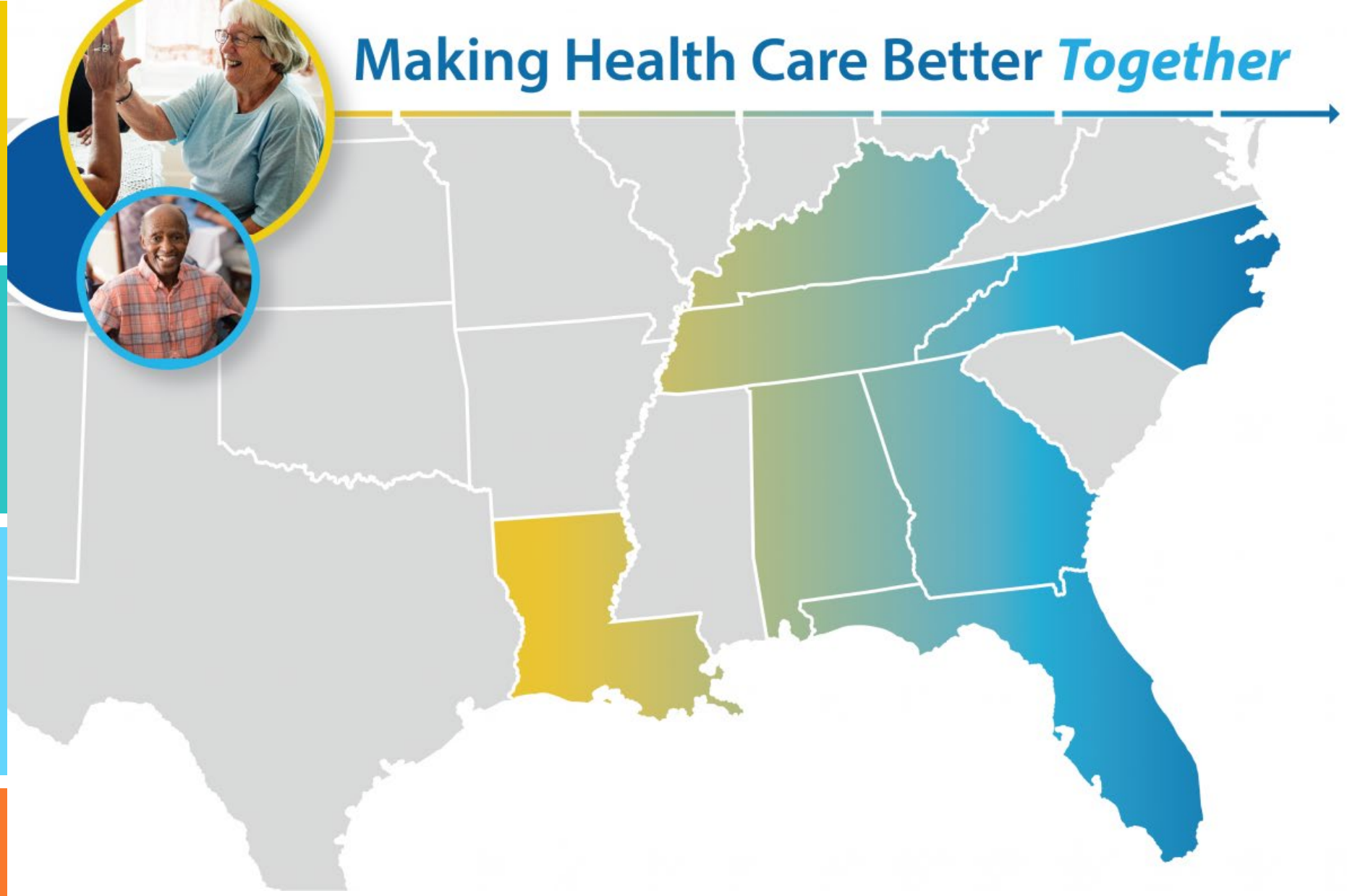

About Alliant Health Solutions

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In This Session, We Will:

- Discuss the resources to assess the risk of a viral outbreak in a nursing home
- Discuss the new trifecta of respiratory protection
- Recognize the impact on resident safety and CMS quality reporting
- Develop a sustainable program of effective safety against respiratory illnesses

What websites do you check to assess the risk of outbreaks?

Please type it in to chat!

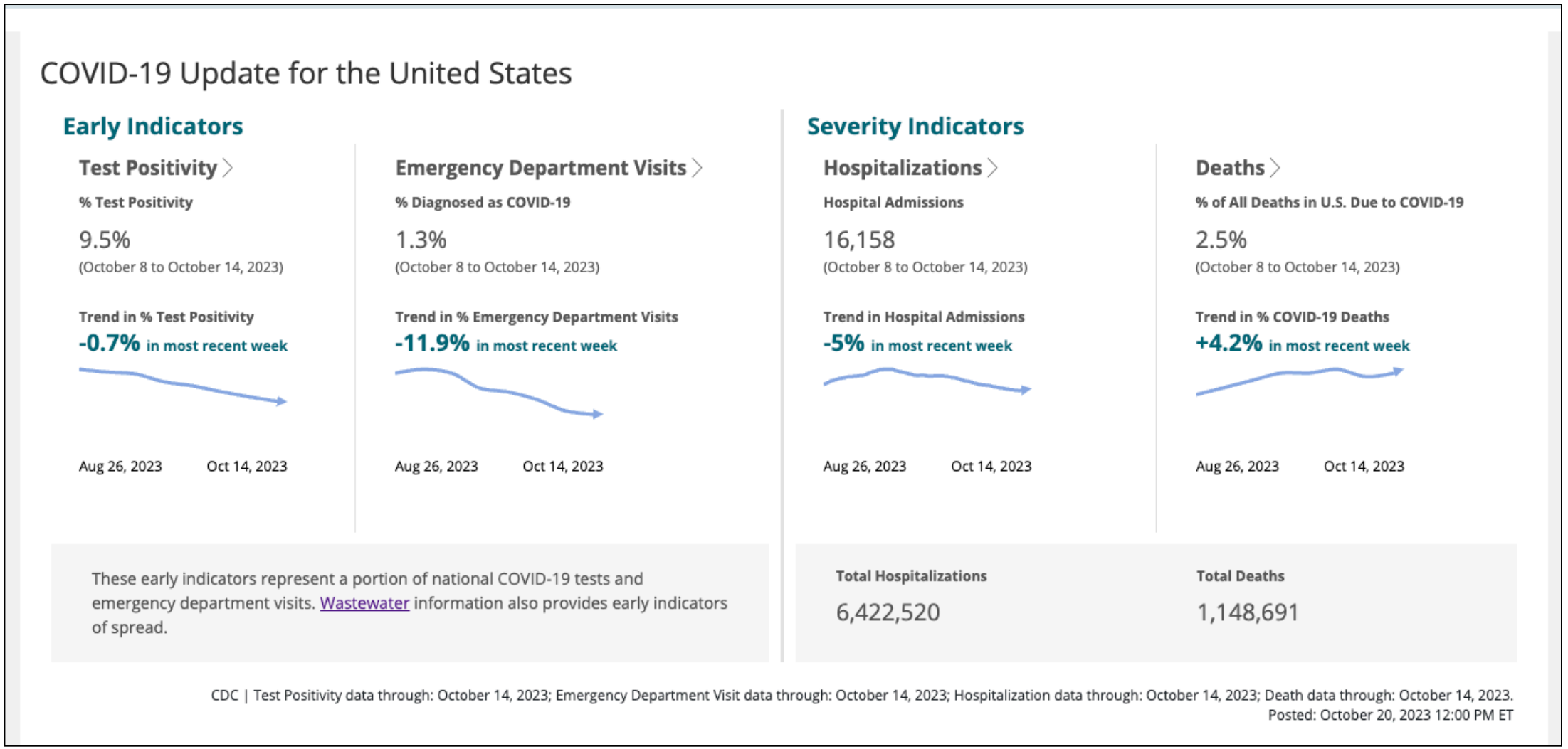
https://covid.cdc.gov/covid-data-tracker/#datatracker-home

https://www.cdc.gov/nhsn/covid19/ltc-report-overview.html

https://www.cdc.gov/surveillance/resp-net/dashboard.html

https://www.medicare.gov/care-compare/?providerType=NursingHome

CDC COVID-19 Data Tracker



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

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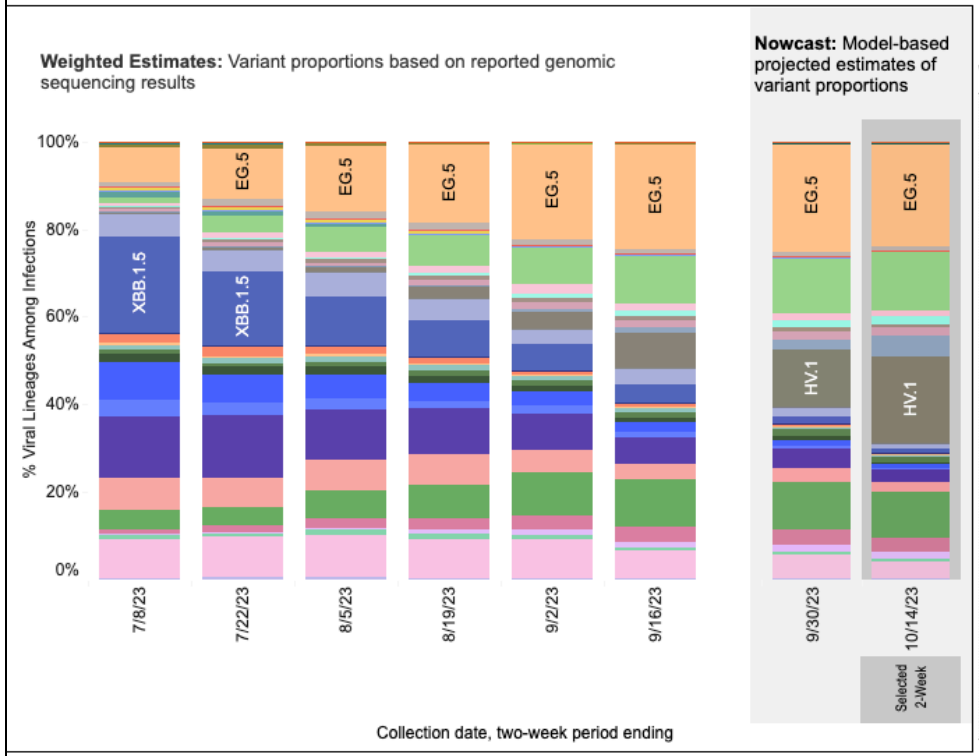
HHS Region: USA

Data for the 2-Week Period Ending on: 10/14/2023(Nowcast)

This shows weighted and Nowcast estimates for the United States. The table and map show estimates for the 2-week period ending on 10/14/2023(Nowcast) if available.

Weighted and Nowcast Estimates in United States for 2-Week Periods in 6/25/2023 – 10/14/2023

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



Nowcast Estimates in United States for 10/1/2023 – 10/14/2023

USA

WHO label	Lineage #	%Total	95%PI
Omicron	EG.5	23.6%	21.2-26.3%
	HV.1	19.5%	16.8-22.6%
	FL.1.5.1	13.5%	10.8-16.7%
	XBB.1.16.6	10.3%	9.1-11.8%
	HK.3	4.9%	3.6-6.7%
	XBB.2.3	4.1%	3.4-4.9%
	XBB.1.16.11	3.1%	2.5-3.9%
	XBB.1.16	2.8%	2.4-3.3%
	XBB.1.16.1	2.2%	1.7-2.7%
	XBB.1.16.15	1.8%	1.3-2.4%
	HF.1	1.7%	1.2-2.4%
	GK.1.1	1.6%	1.3-2.1%
	XBB	1.4%	1.2-1.7%
	GE.1	1.4%	1.0-1.9%
	XBB.1.5.70	1.2%	0.8-1.8%
	GK.2	0.9%	0.7-1.2%
	XBB.1.5	0.9%	0.7-1.0%
	EG.6.1	0.8%	0.6-1.2%
	XBB.1.9.1	0.8%	0.6-1.0%
	XBB.1.5.72	0.6%	0.4-0.8%
	XBB.1.5.68	0.5%	0.3-0.8%
	XBB.1.9.2	0.5%	0.4-0.7%
	XBB.1.42.2	0.5%	0.3-0.8%
	BA.2	0.3%	0.1-0.8%
	XBB.1.5.10	0.3%	0.2-0.4%
	CH.1.1	0.2%	0.1-0.3%
	XBB.2.3.8	0.2%	0.1-0.3%
	XBB.1.5.59	0.1%	0.1-0.2%
	FD.1.1	0.1%	0.1-0.1%
	FE.1.1	0.1%	0.0-0.1%
	XBB.1.5.1	0.0%	0.0-0.0%
	EU.1.1	0.0%	0.0-0.0%
	B.1.1.529	0.0%	0.0-0.0%
	BQ.1	0.0%	0.0-0.0%
	FD.2	0.0%	0.0-0.0%
Other	Other*	0.0%	0.0-0.1%

* 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 BA.2.75.2, CH.1.1 and BN.1, BA.2.75 sublineages are aggregated with BA.2.75. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. 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.1.16.11,XBB.1.16.15 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 sublineage are aggregated to the listed parental lineages respectively. Previously, FL.1.5.1, GE.1, EG.6.1 and HV.1, FD.1.1, XBB.2.3.8, HF.1, GK.2, GK.1.1, HK.3 was aggregated to XBB.1.9.1, XBB.2.3.10, XBB.1.9.2, XBB.1.5.15, XBB.2.3, XBB.1.16.13, XBB.1.5.70 and XBB.1.9.2.5.1.1 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.1.16.1, 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, XBB.1.42.2, GK.2, HF.1, XBB.1.16.15, GK.1.1 and HK.3 contain the spike substitution R346T.

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

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Weekly Rates

Cumulative Rates

Filters

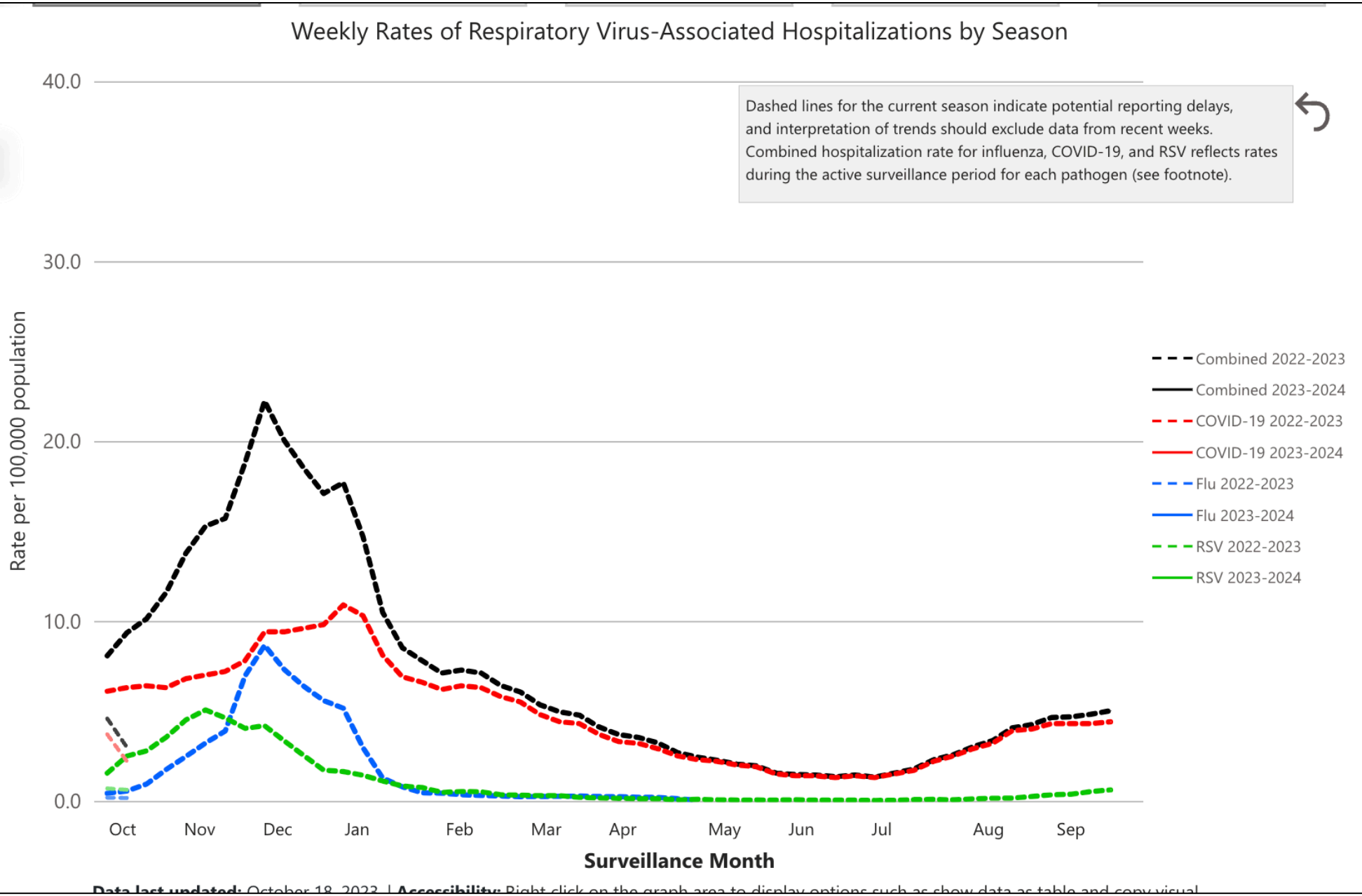
Season

Multiple selections

Pathogen

All

Reset Filters

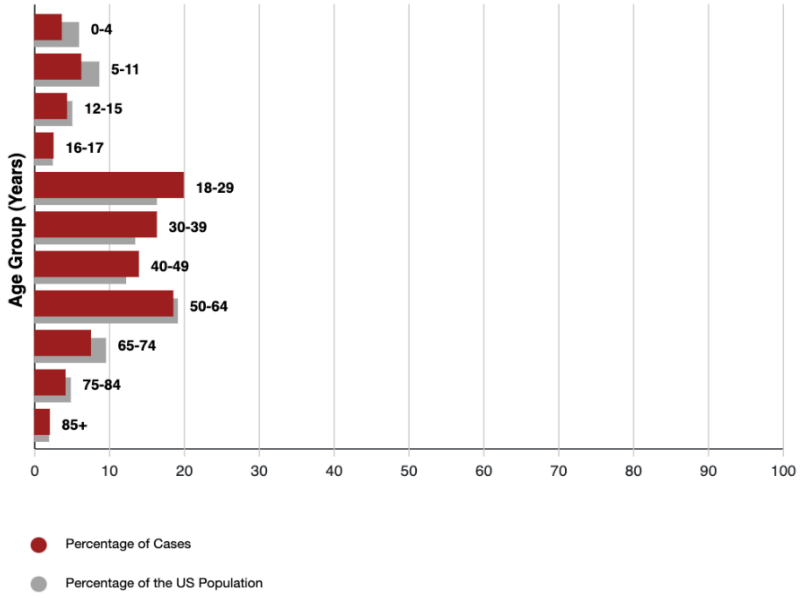


Data last updated: October 18, 2023 | **Accessibility:** Right-click on the graph area to display options such as show data as table and copy visual

COVID-19 Cases vs Deaths

Cases by Age Group:

Data from 102,043,171 cases. Age group was available for 101,015,667 (98%) cases.

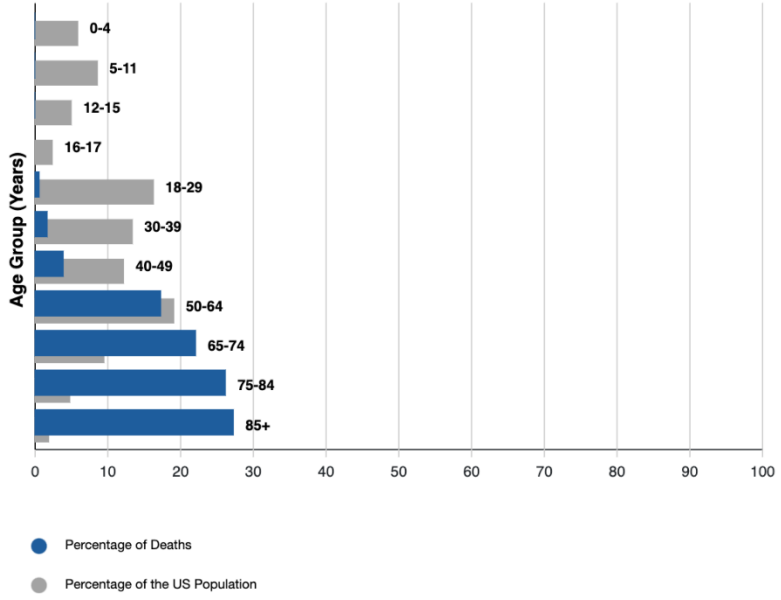


Show Percentage of the US Population that is in this demographic category

Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2023, October 16. https://covid.cdc.gov/covid-data-tracker

Deaths by Age Group:

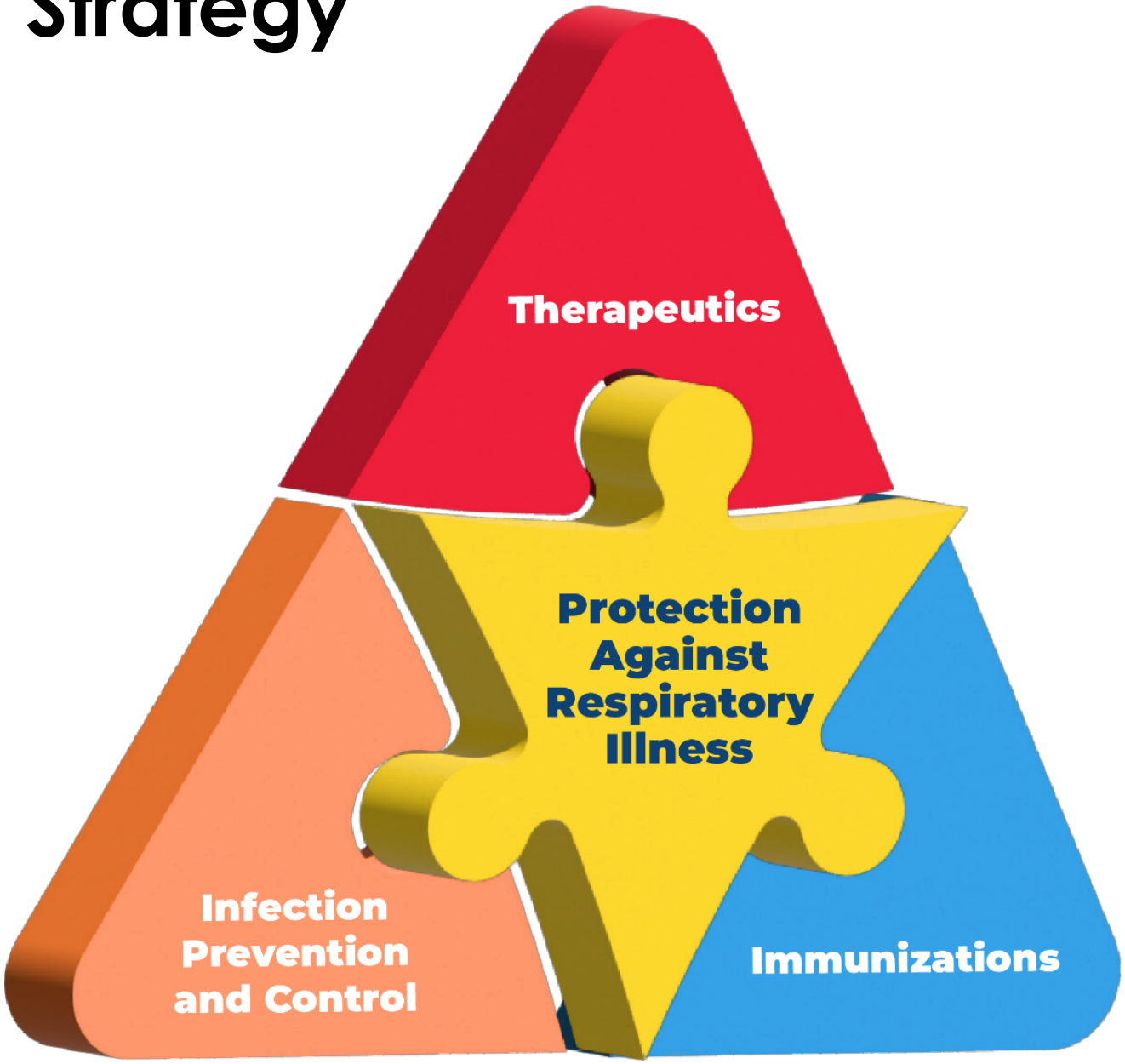
Data from 1,002,986 deaths. Age group was available for 1,002,132 (99%) deaths.



Show Percentage of the US Population that is in this demographic category

Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2023, October 16. https://covid.cdc.gov/covid-data-tracker

Safety Strategy



Safety Strategy

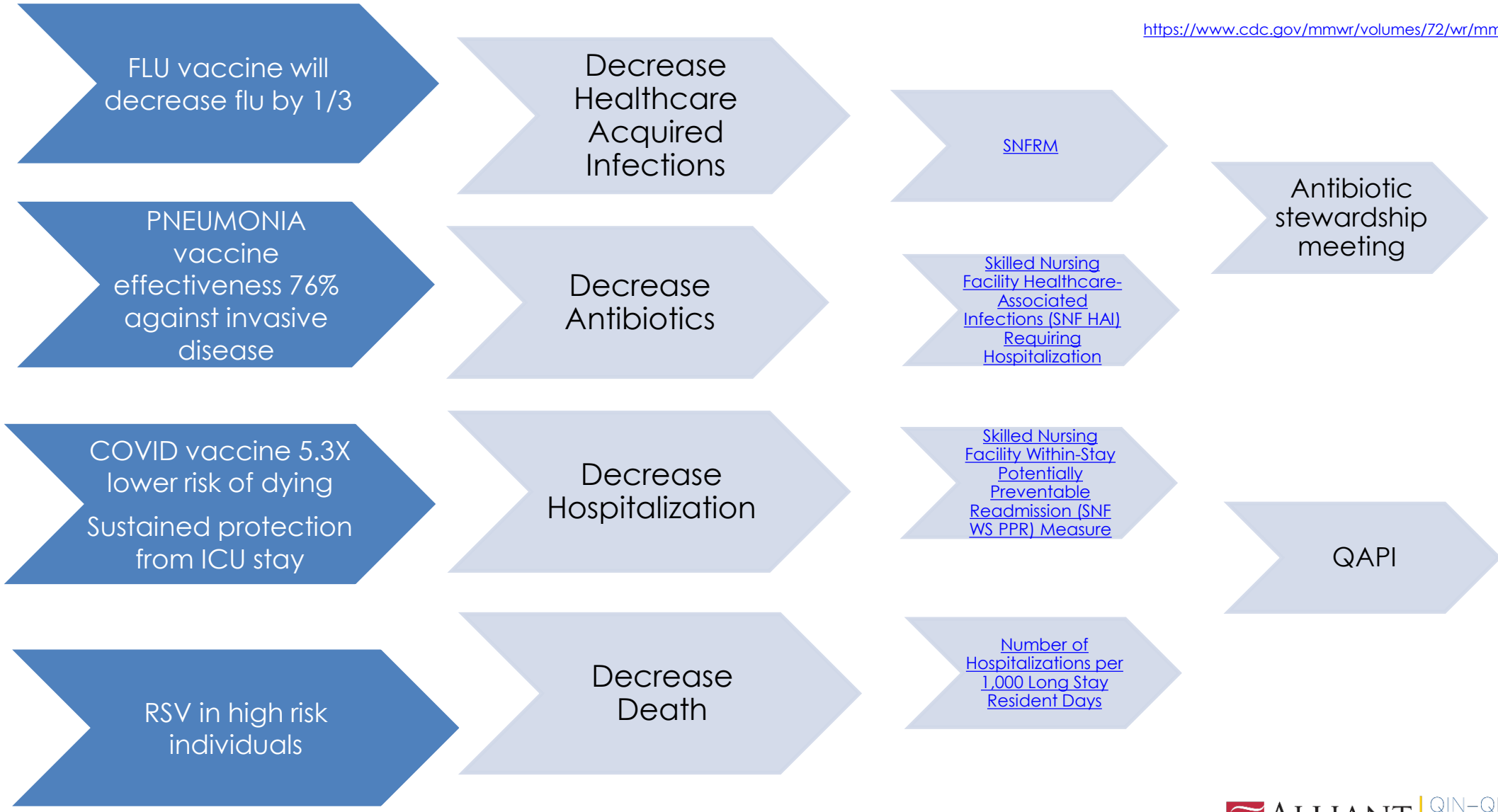
Vaccine Impact

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



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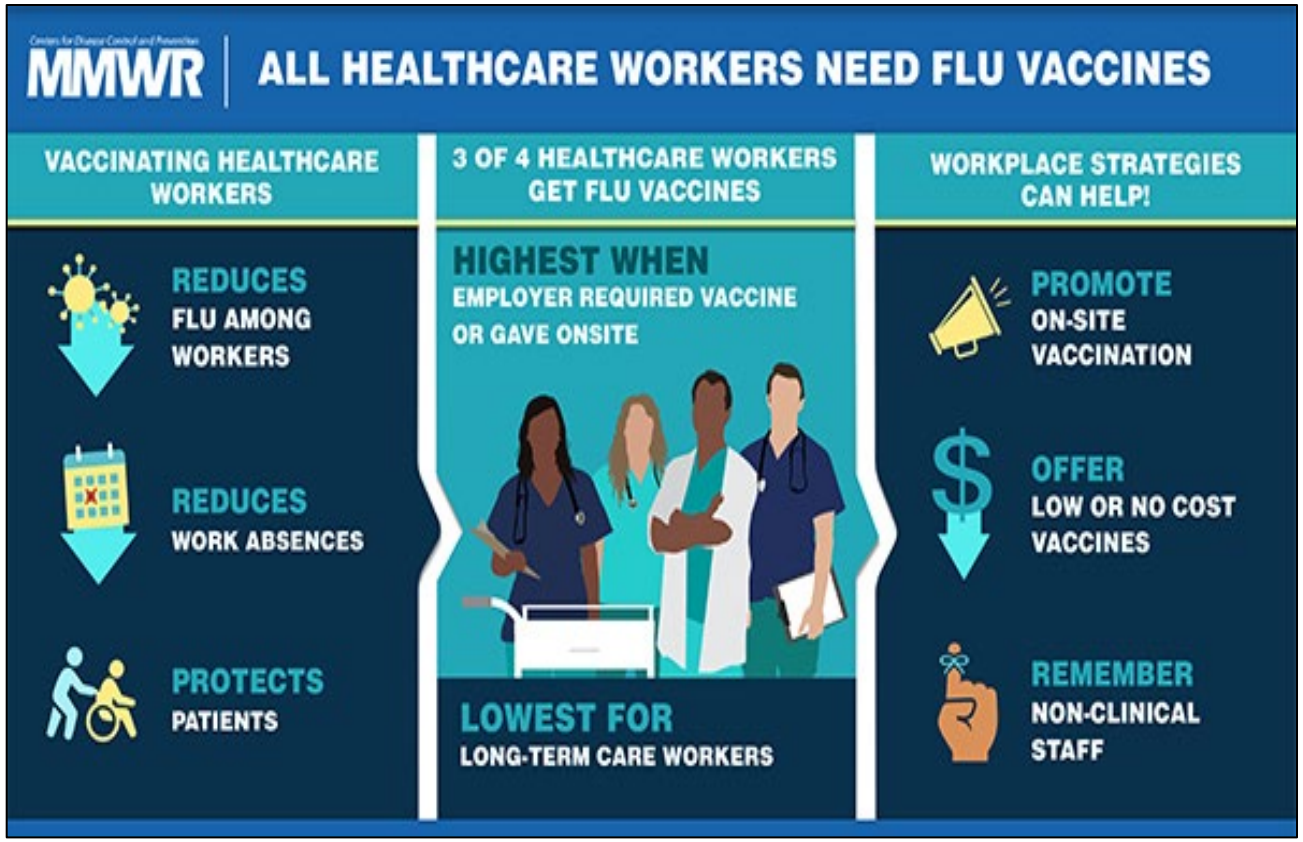
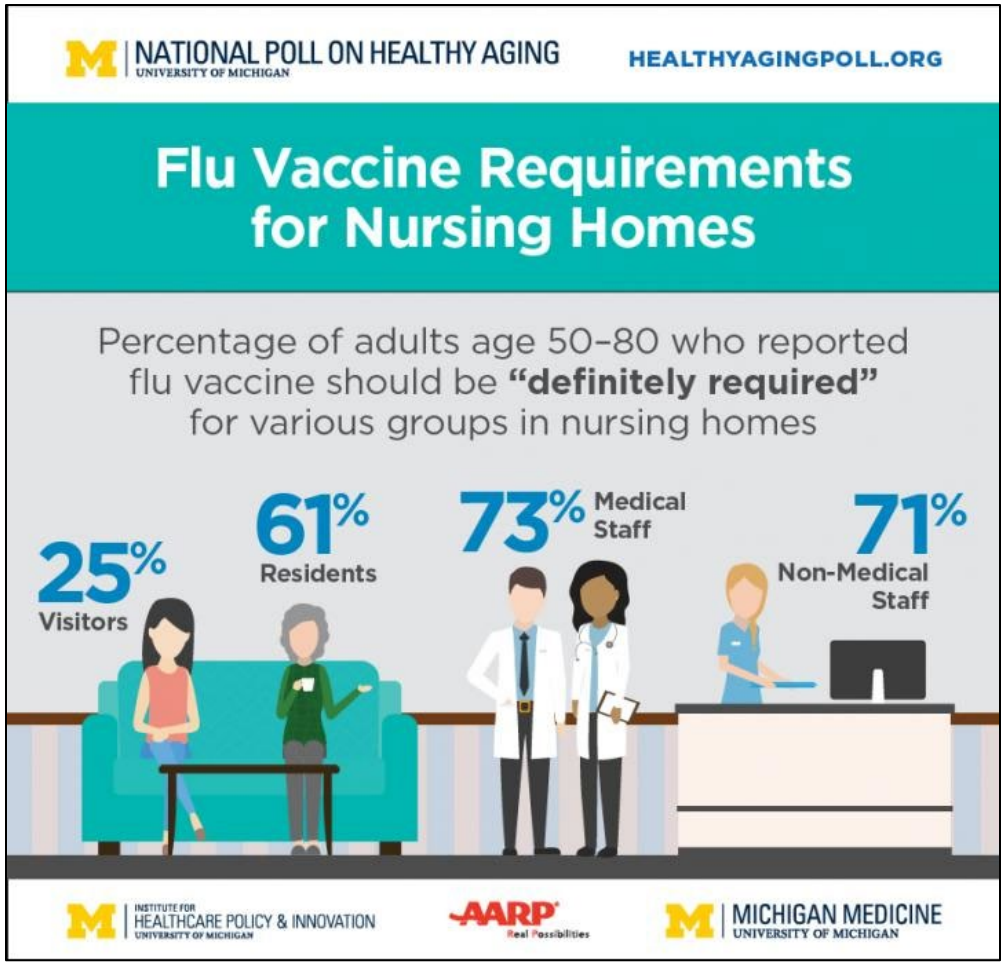
Let's Talk About Staff Vaccination





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.

Influenza	• Vaccination of all persons aged ≥6 months who do not have contraindications is recommended.
	• **Changes**: Updated U.S. influenza vaccine composition for 2023–2024
	  • Adults 65+ should get a high-dose or adjuvated flu vaccine
	  • Persons with egg allergy: Should receive influenza vaccine, no additional safety measures required

COVID-19	• 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**
RSV	• 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.

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

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).

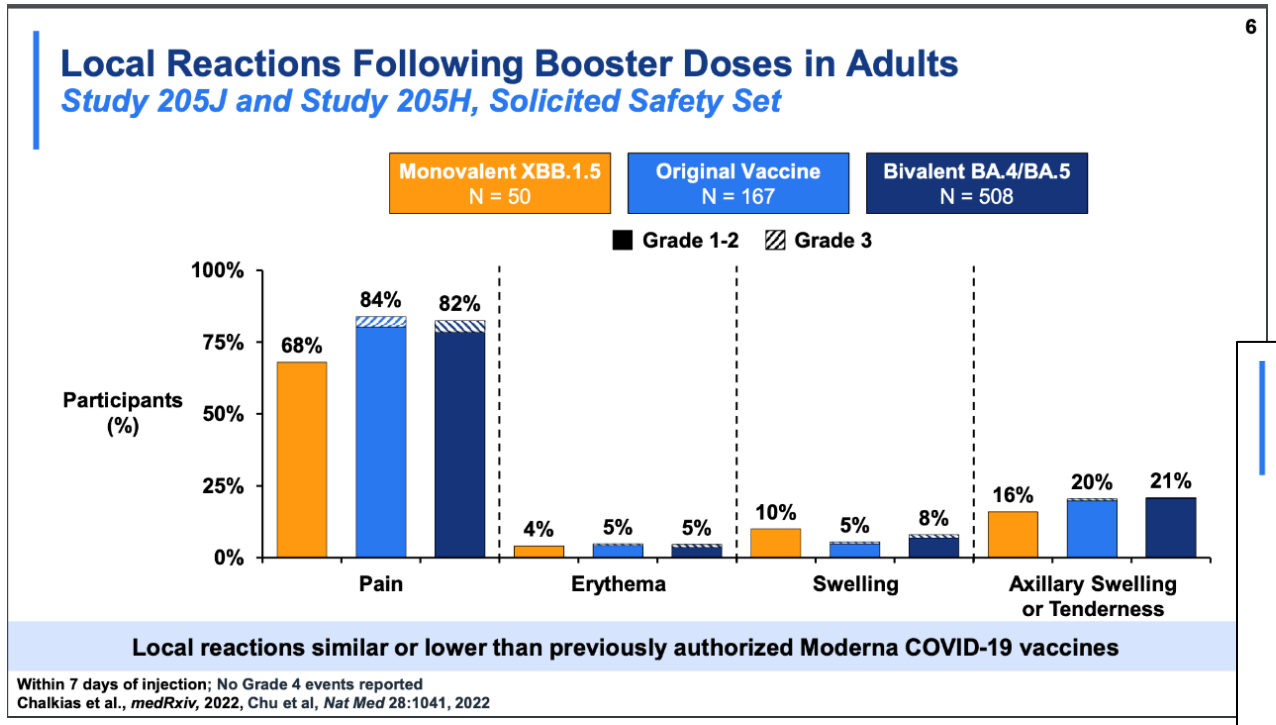
- If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.
- Vaccination of older adults in July and August should be avoided unless later vaccination might not be possible.
  - Due to potential waning of immunity.

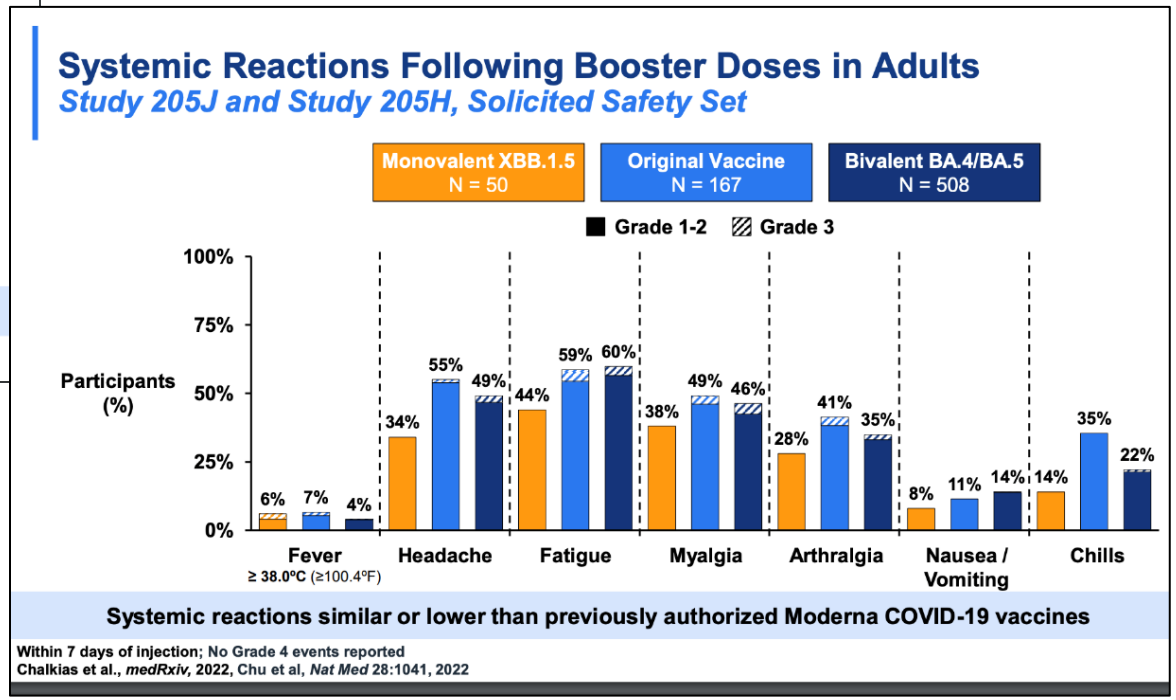
https://emergency.cdc.gov/coca/ppt/2023/091923_slides.pdf

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 *Sanofi Pasteur*	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 *Seqirus*	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 *Sanofi Pasteur*	0.5 mL prefilled syringe	≥18 yrs	≥18 yrs—0.5 mL

Data on the Updated COVID-19 Vaccine





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

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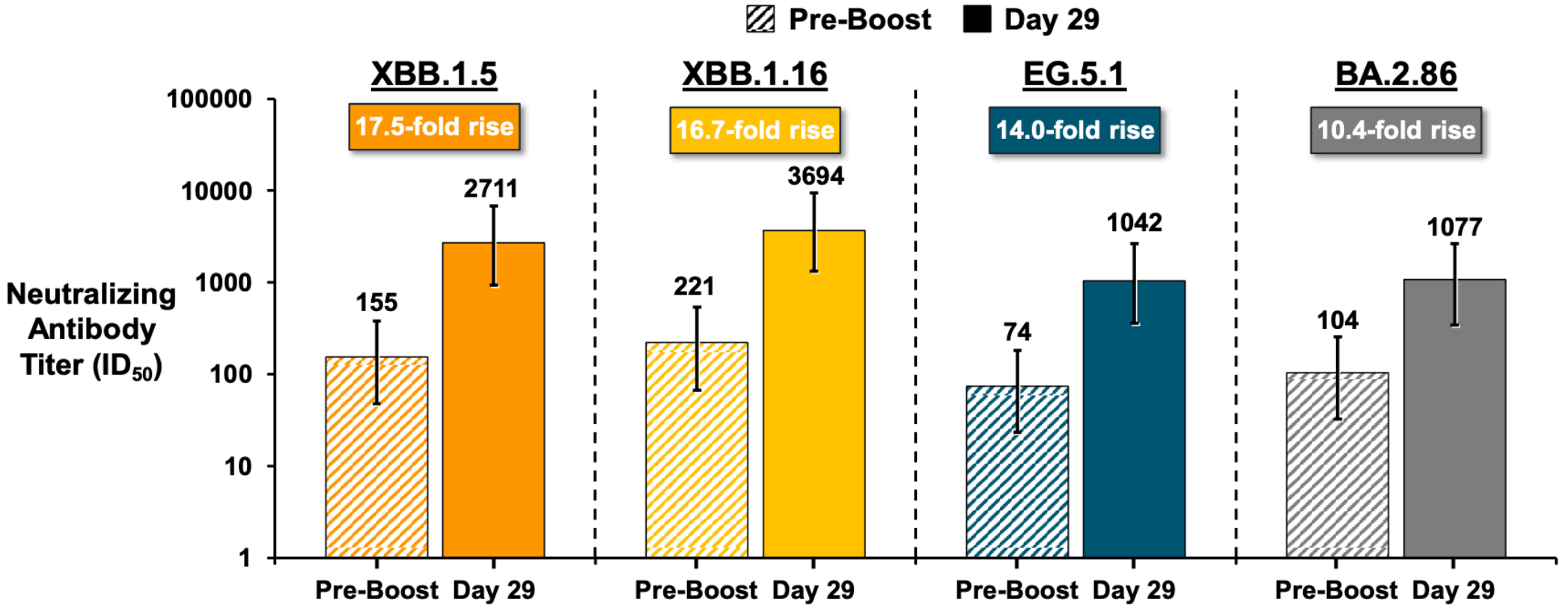
Cross Neutralization Results (Day 29) After XBB.1.5 Vaccine in Adults – *Duke Assay*

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



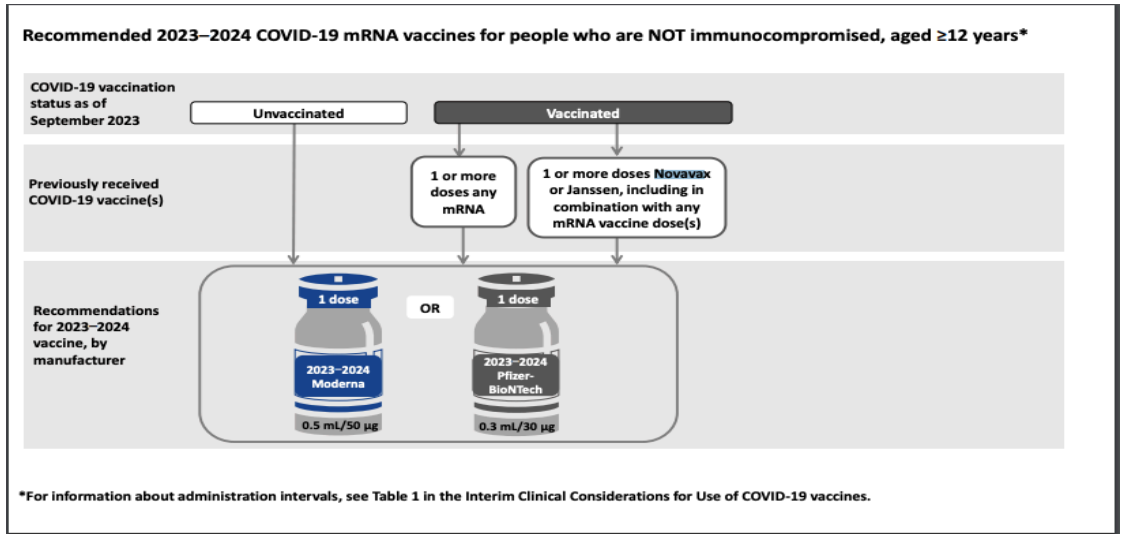
Substantial fold rise demonstrated across newer variants

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

COVID-19 Vaccine Recommendation 2023-2024

Doses recommended:

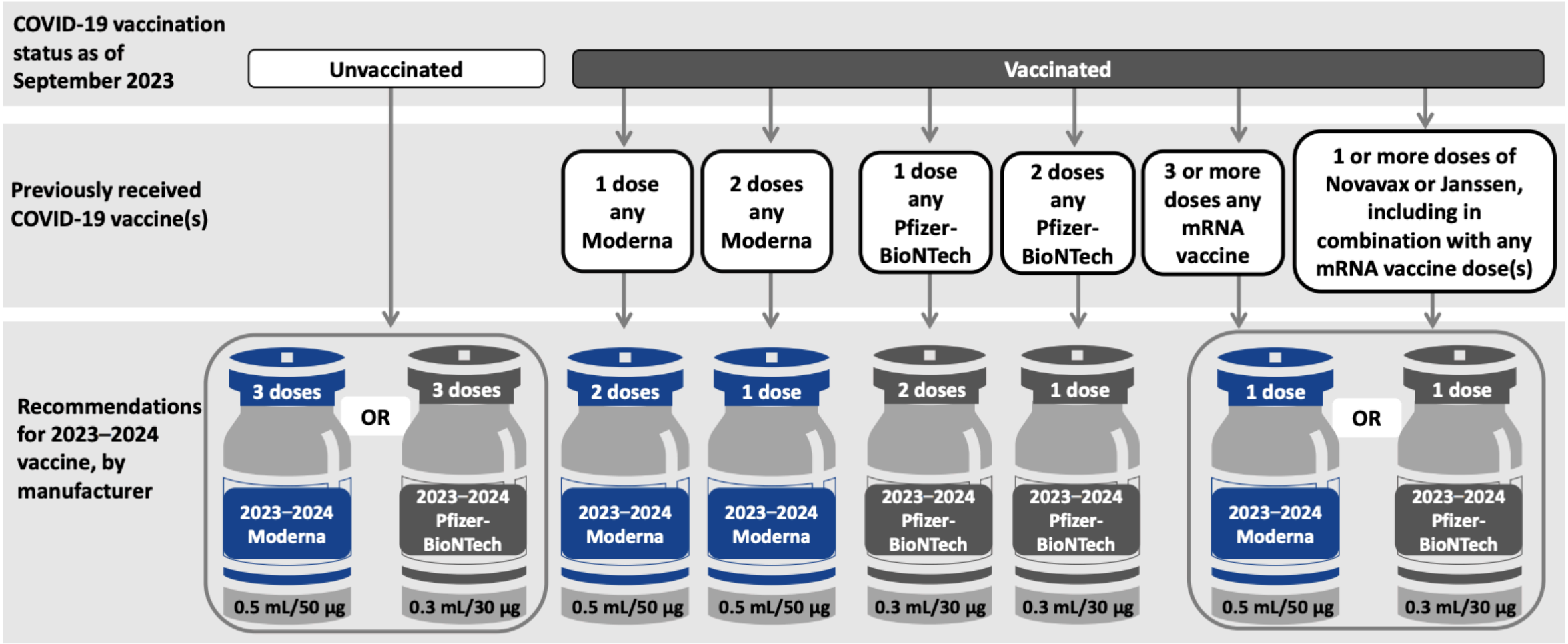
- **1 dose of 2023–2024 COVID-19 vaccine**, regardless of prior vaccination history



Novavax:

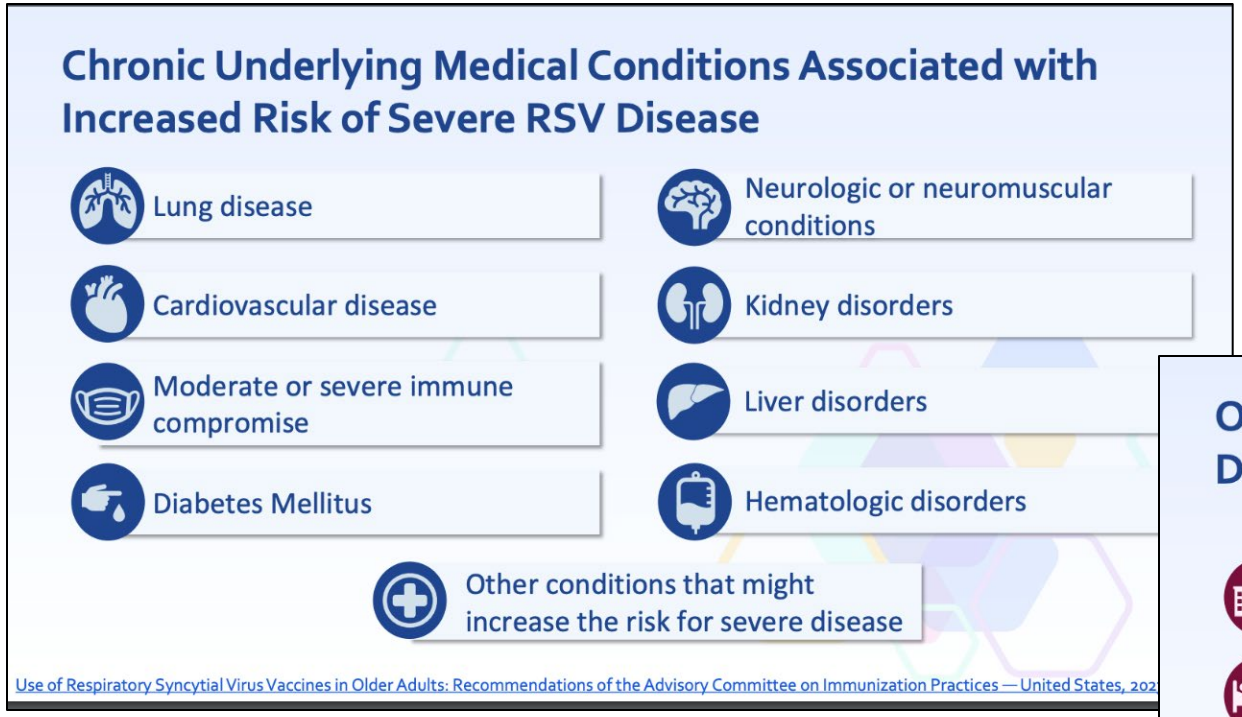
- Ages 12 years and older
- Previously completed primary vaccination using any FDA-approved or FDA-authorized COVID-19 vaccine
- Unable or unwilling to receive an mRNA vaccine and would otherwise not receive a booster dose.
- Administered at least 6 months after completion of any primary series.
- 2023-24 vax was authorized by FDA Oct 3, 2023

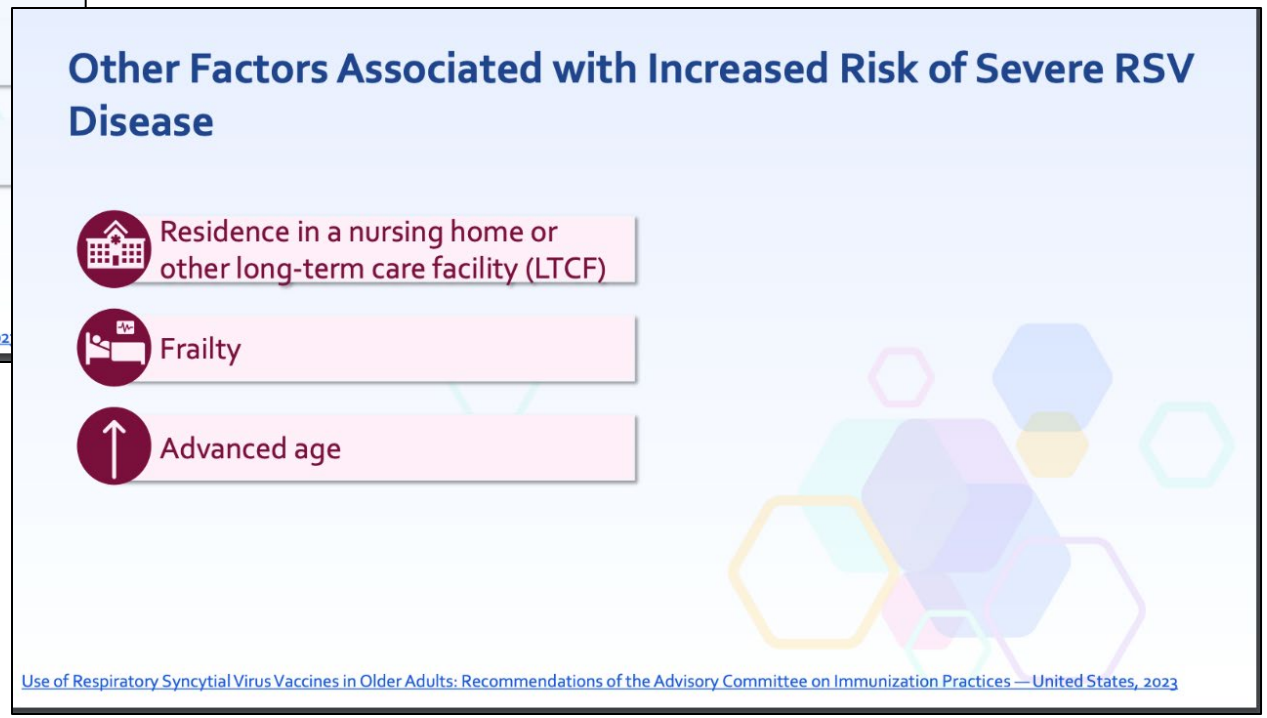
Recommended 2023–2024 COVID-19 vaccines for people who ARE moderately or severely immunocompromised, aged ≥12 years*



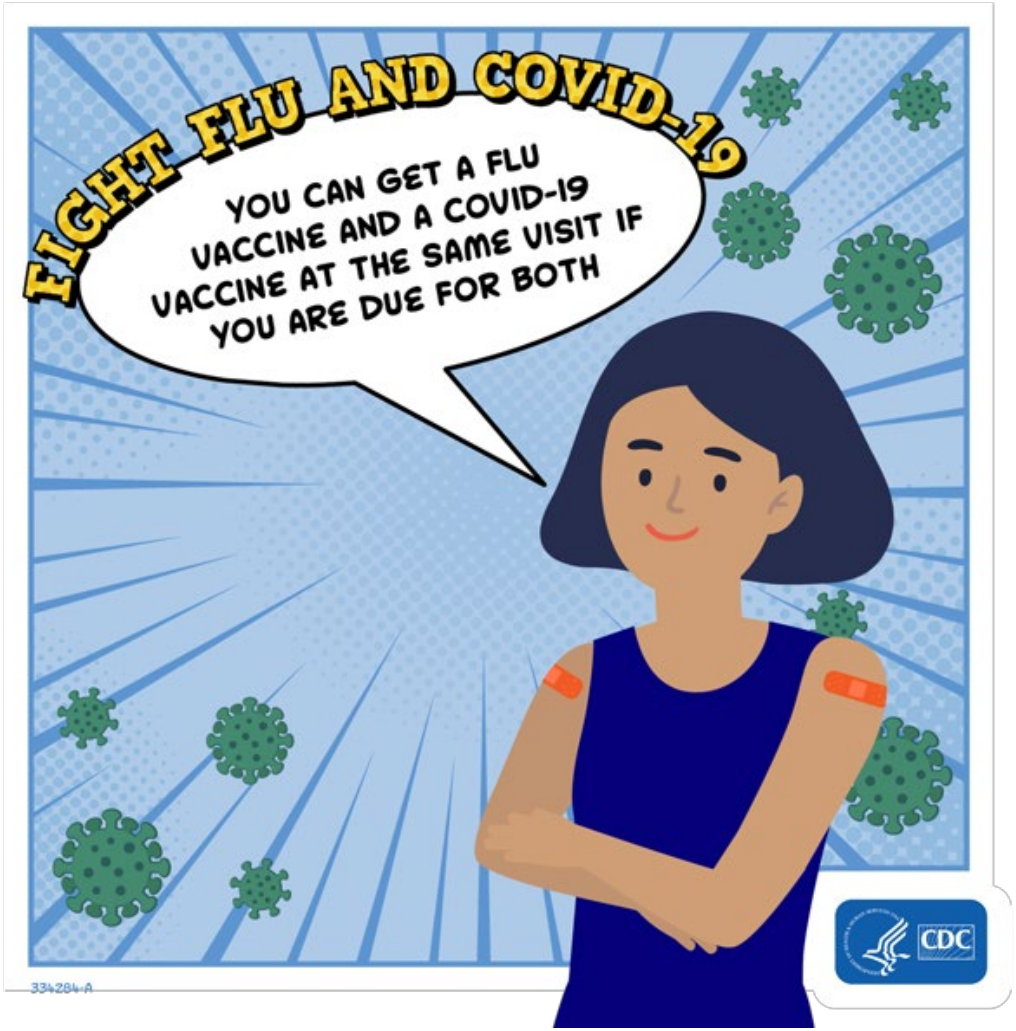
*For information about administration intervals, people who transition from age 11 years to age 12 years during an mRNA vaccination series, and administration of additional dose(s), see Table 2 in Interim Clinical Considerations for Use of COVID-19 Vaccines.

A Note on RSV Vaccine





Coadministration

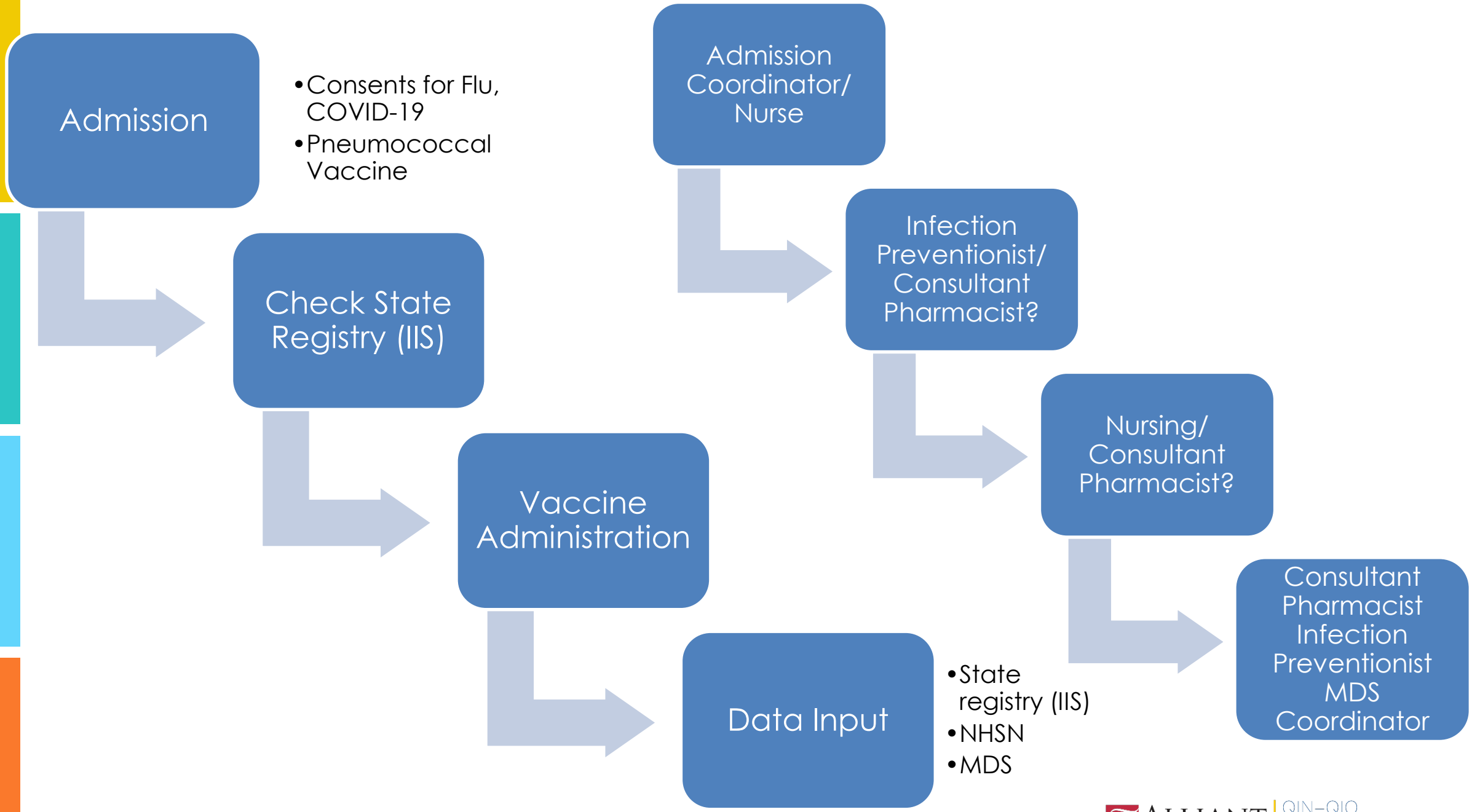


COVID-19 vaccine + Flu vaccine ☑

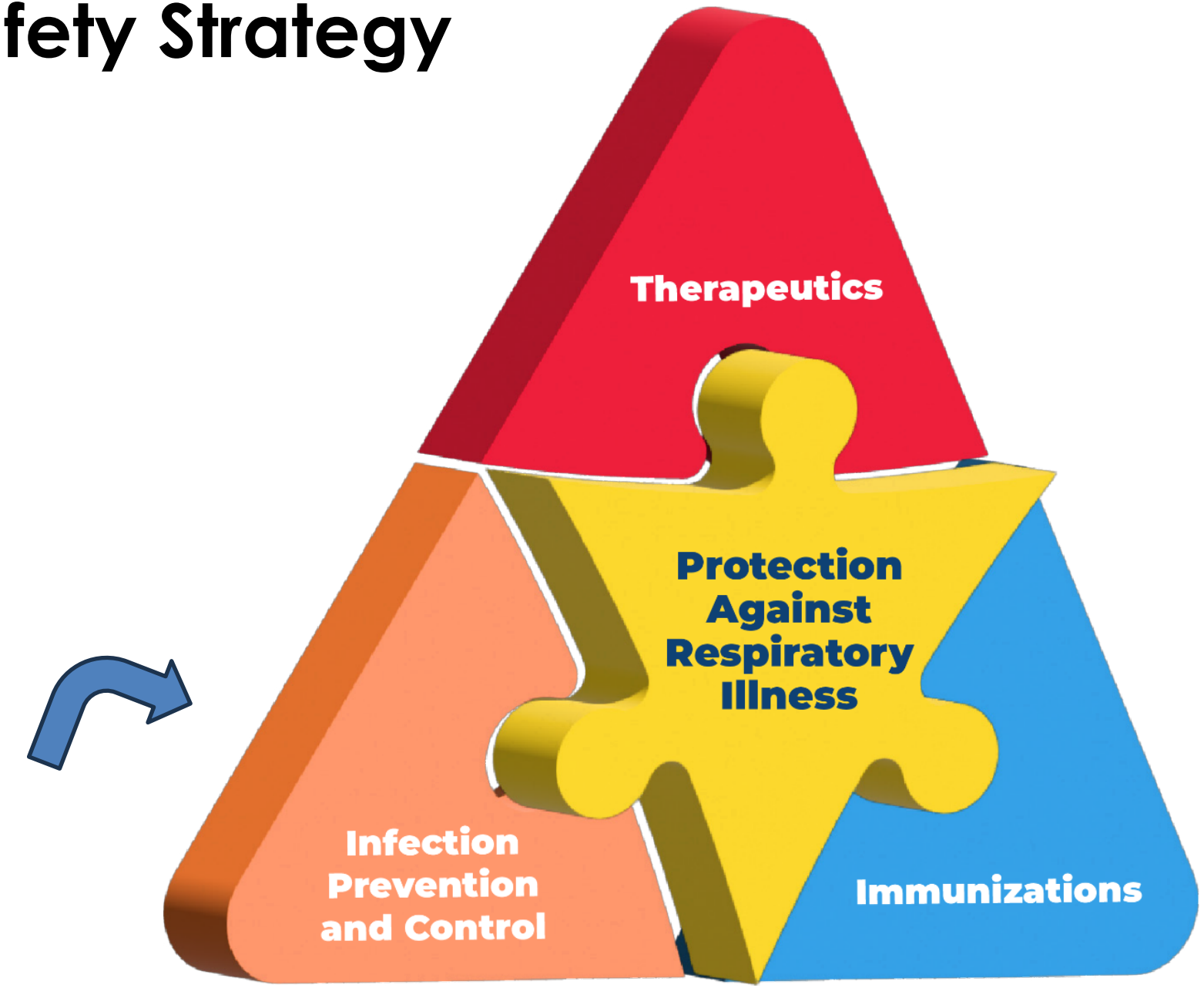
Pneumococcal vaccine + Flu vaccine ☑

COVID-19 vaccine + Pneumococcal vaccine ☑

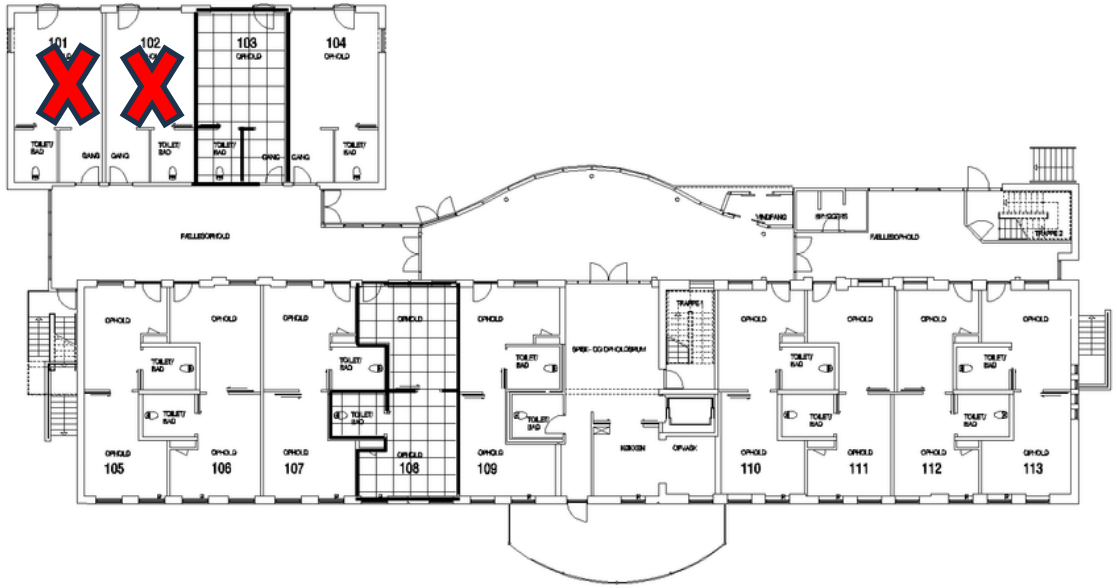
Any of the above vaccines can be given in conjunction with RSV vaccine

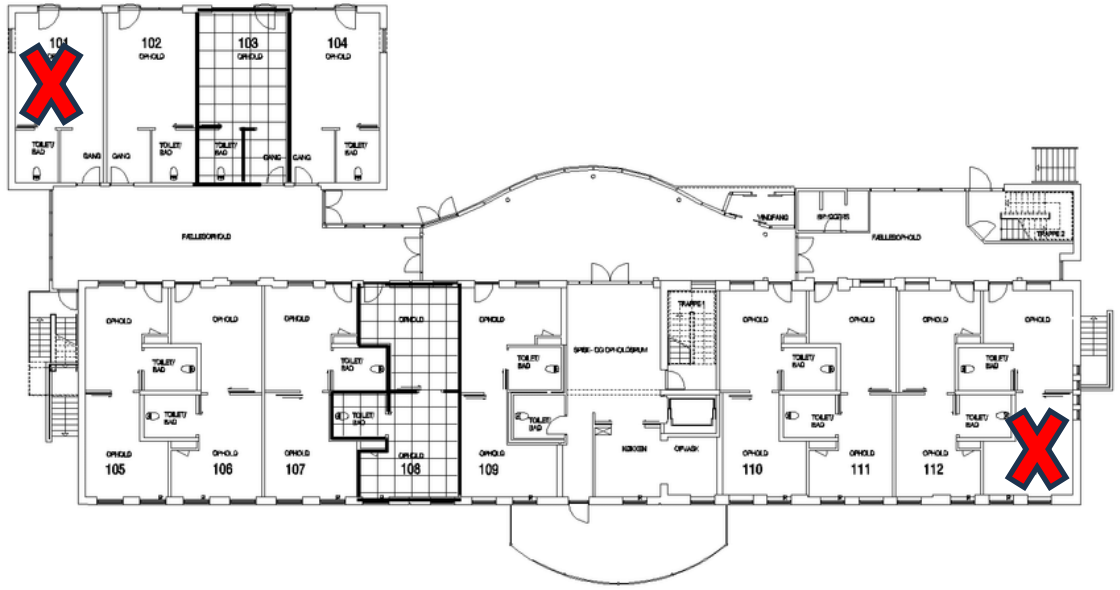

Admission
•Consents for Flu, COVID-19
•Pneumococcal Vaccine
Admission Coordinator/ Nurse
Check State Registry (IIS)
Infection Preventionist/ Consultant Pharmacist?
Vaccine Administration
Nursing/ Consultant Pharmacist?
Data Input
•State registry (IIS)
•NHSN
•MDS
Consultant Pharmacist
Infection Preventionist
MDS Coordinator

Safety Strategy



Facility Mapping is Critical Part of Infection Control



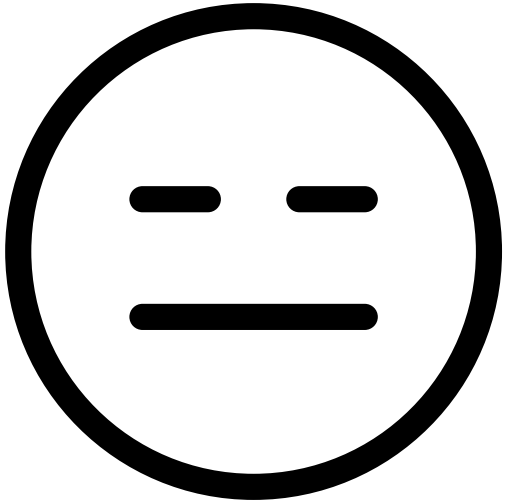


How COVID, Flu, Common Cold and RSV Symptoms Compare

COVID	Body aches, chills, cough, diarrhea, fatigue, fever, headache, loss of taste/smell, nausea/vomiting, shortness of breath, stuffy/runny nose
FLU	Body aches, chills, cough, fatigue, fever, headache, sore throat, stuffy nose
COMMON COLD	Cough, low-grade fever, sneezing, sore throat, stuffy nose
RSV	Cough, runny nose, sneezing, fever, wheezing

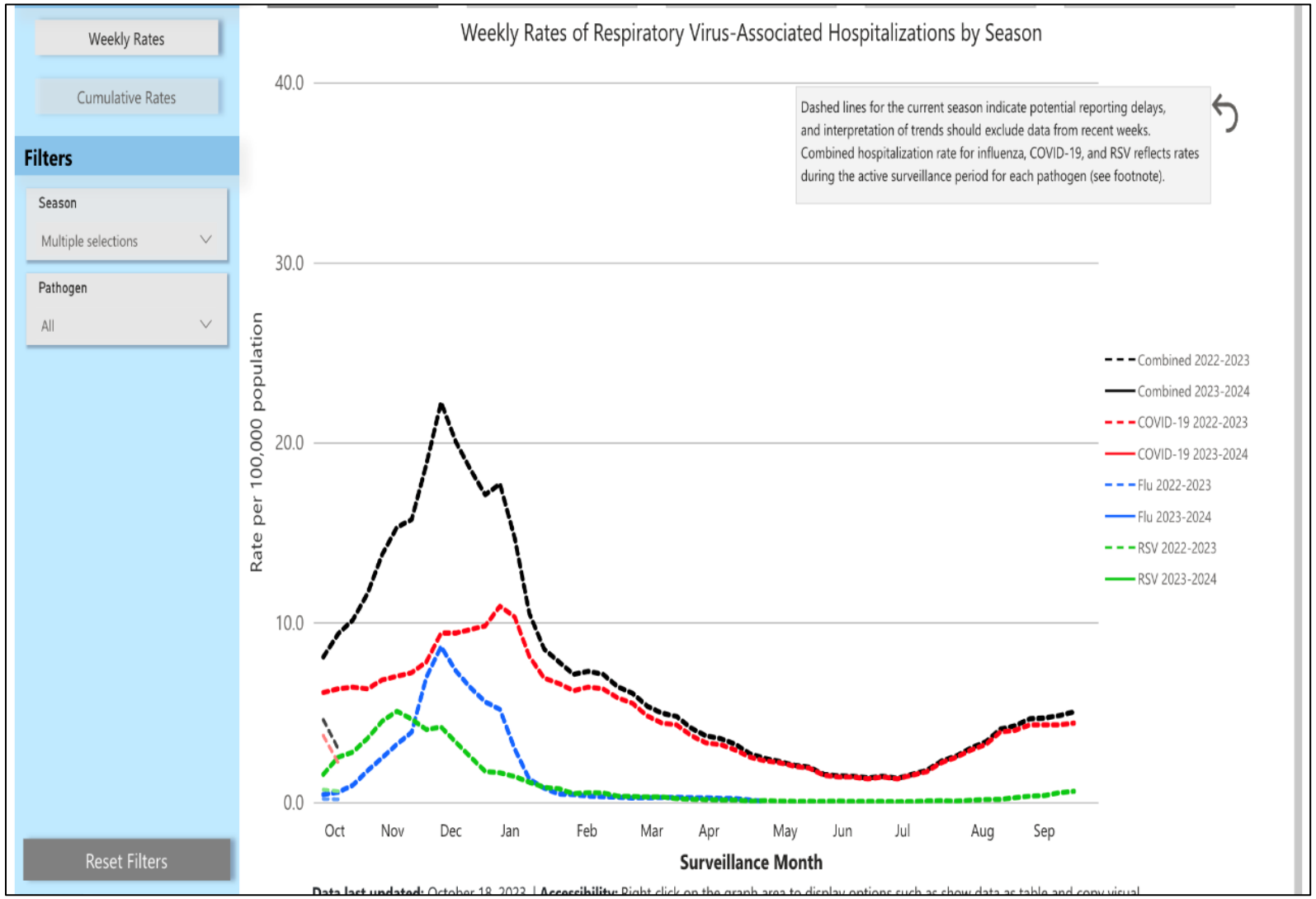
Source: CHLA

Surveillance



We can't tell!

Testing



Test for

Flu
Covid
RSV

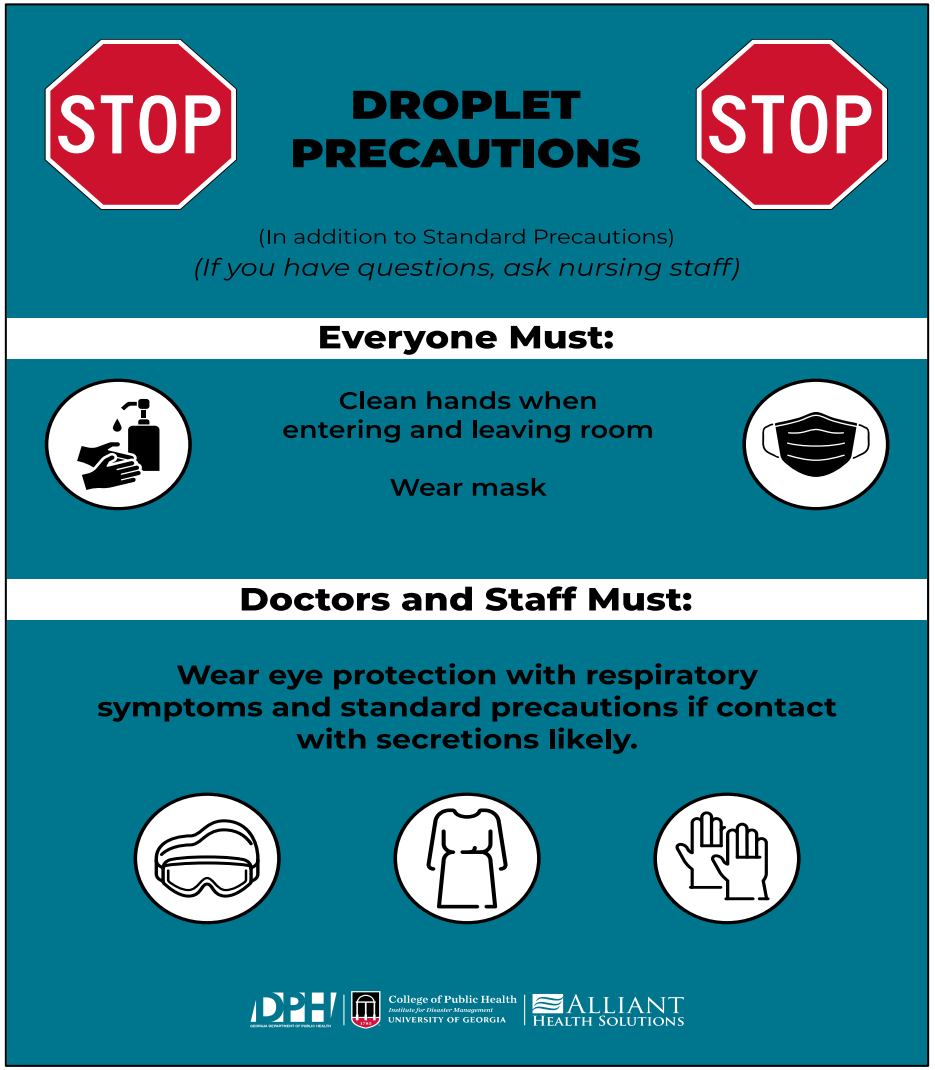
You can have both at the same time

COVID-19

Airborne+droplet+Contact+standard

Flu

Droplet and standard precautions



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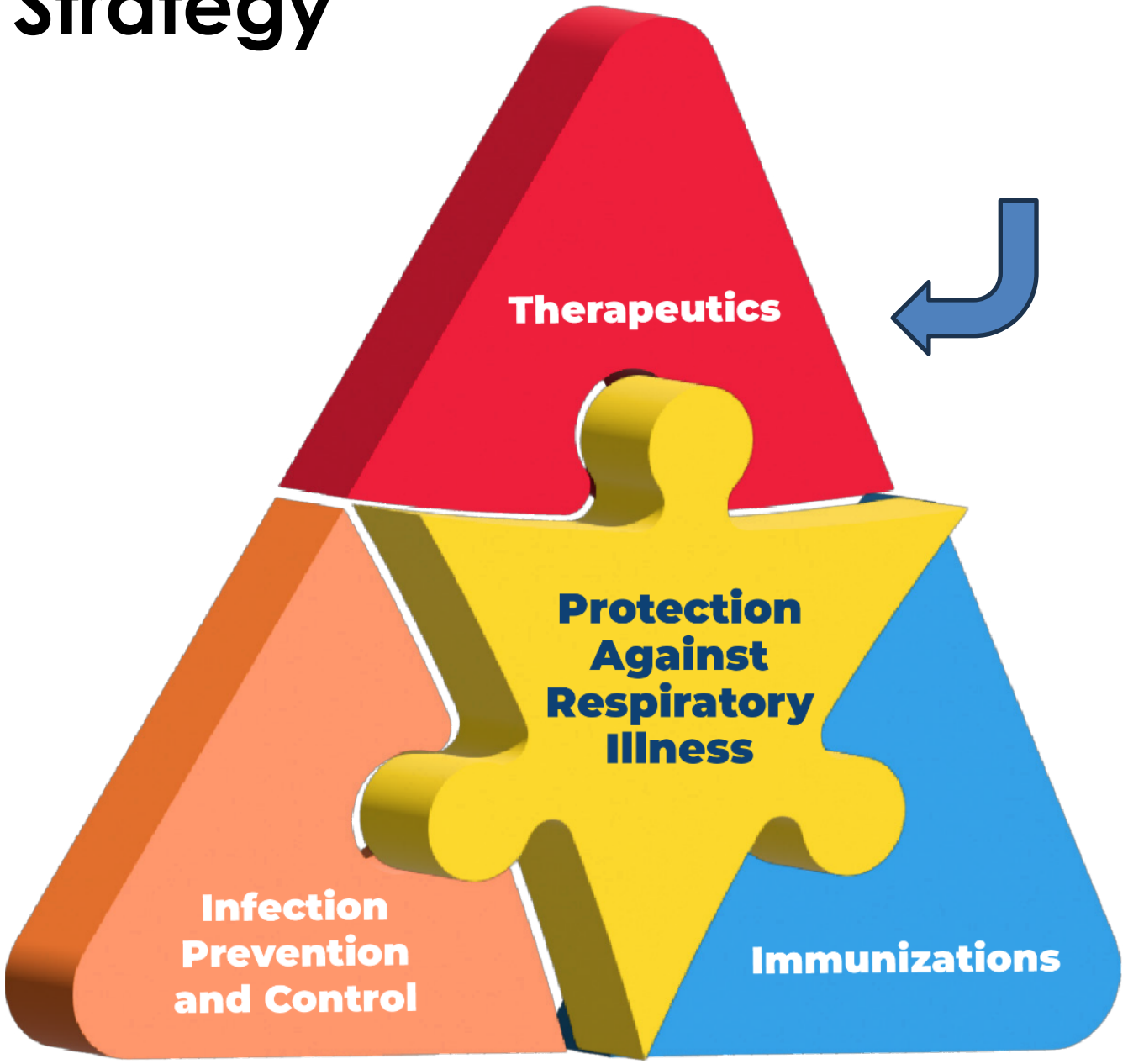
Safety Strategy



NIH COVID-19 Treatment Guidelines

Does Not Require Hospitalization or Supplemental Oxygen

All patients should be offered symptomatic management **(AIII)**.

For patients who are at high risk of progressing to severe COVID-19,[a] use 1 of the following treatment options:

Preferred Therapies

Listed in order of preference:

- **Ritonavir-boosted nirmatrelvir (Paxlovid)[b,c] (AIIa)**
- **Remdesivir[c,d] (BIIa)**

Alternative Therapies

For use ONLY when neither of the preferred therapies are available, feasible to use, or clinically appropriate. Listed in alphabetical order:

- **Molnupiravir[c,f] (CIIa)**

The Panel **recommends against** the use of **dexamethasone[g]** or **other systemic corticosteroids** in the absence of another indication **(AIII)**.

https://www.covid19treatmentguidelines.nih.gov/management/clinical-management/clinical-management-summary/

[a] CDC webpage for criteria of high risk; [b] Caution about drug-drug interactions; [c] If hospitalized, treatment course can be completed; [d] Remdesivir is 3 consecutive day infusion; [f] Molnupiravir has lower efficacy than preferred options; [g] There is currently a lack of safety and efficacy data using glucocorticoids in non-hospitalized patients

Paxlovid

- The earlier the better
- Don't wait for symptoms in high-risk patients
- Consider having it onsite in the ebox for the duration of outbreak
- If there is a high likelihood of infection, it can be given before the test is back
- Liverpool drug interaction checker

Who should get it?

Treatments should be considered for any patient over the age of 50 or with a high-risk health condition, regardless of vaccination status.

Patients are more likely than others to get very sick from COVID-19 if:

- They are 50 years of age or older.
- They have a compromised or weakened immune system OR they have one or more health issues, heart, lung, or kidney disease; are overweight; have diabetes; severe asthma; or some types of disabilities.
- They are unvaccinated.

https://aspr.hhs.gov/COVID-19/Pages/Information-for-Long-Term-Care-Facilities.aspx

Flu

Start treatment early!
The first two days ideal

- Oseltamivir twice a day for five days
- Baloxavir – single dose – early and uncomplicated
- Don’t use it for prophylaxis

CLINICAL SURVEILLANCE

Low threshold for testing

Expand surveillance symptoms

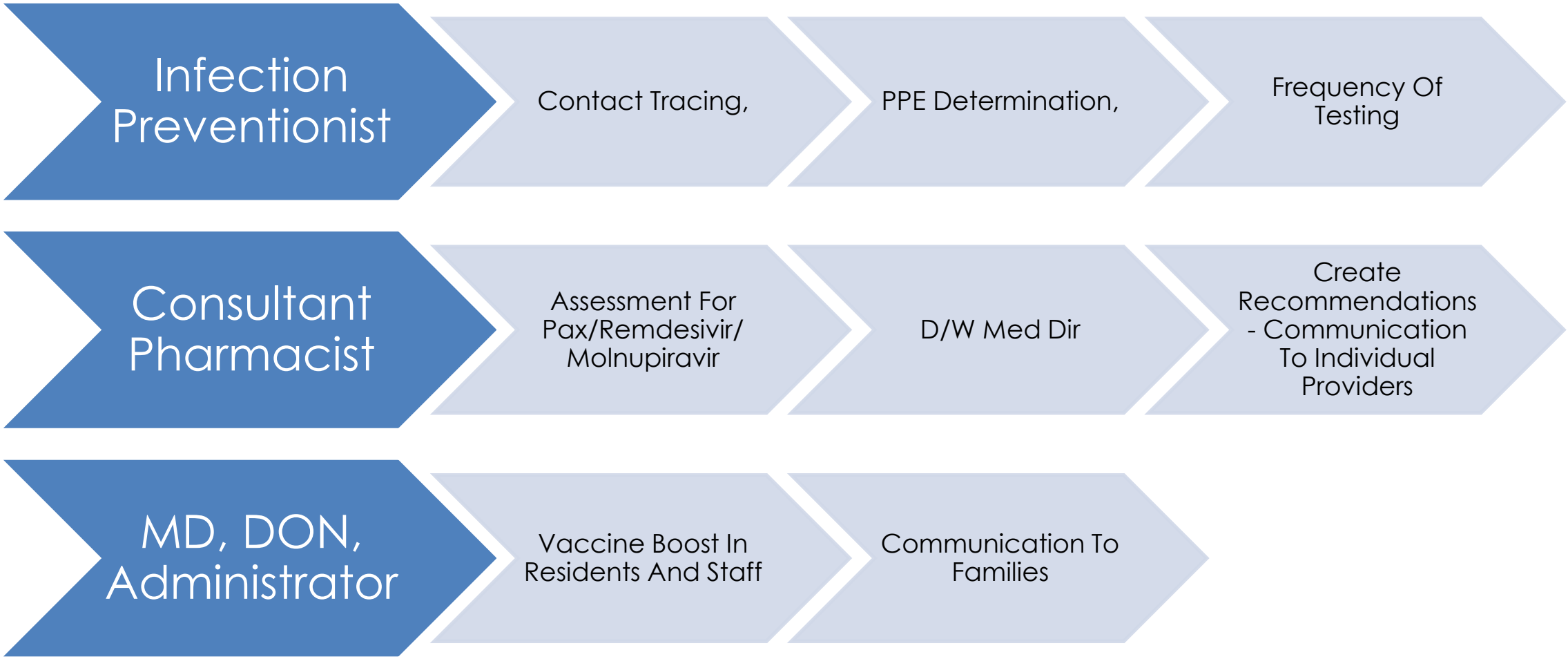
Increase frequency

TEST

COVID-19 Ag test + Flu/RSV/COVID-19 PCR

COVID PROTOCOL

Institute standing orders (lab, Supportive Rx, monitor) (communication to IP, CP, Med Dir, DON, Adm)


Infection Preventionist
Contact Tracing,
PPE Determination,
Frequency Of Testing
Consultant Pharmacist
Assessment For Pax/Remdesivir/ Molnupiravir
D/W Med Dir
Create Recommendations - Communication To Individual Providers
MD, DON, Administrator
Vaccine Boost In Residents And Staff
Communication To Families

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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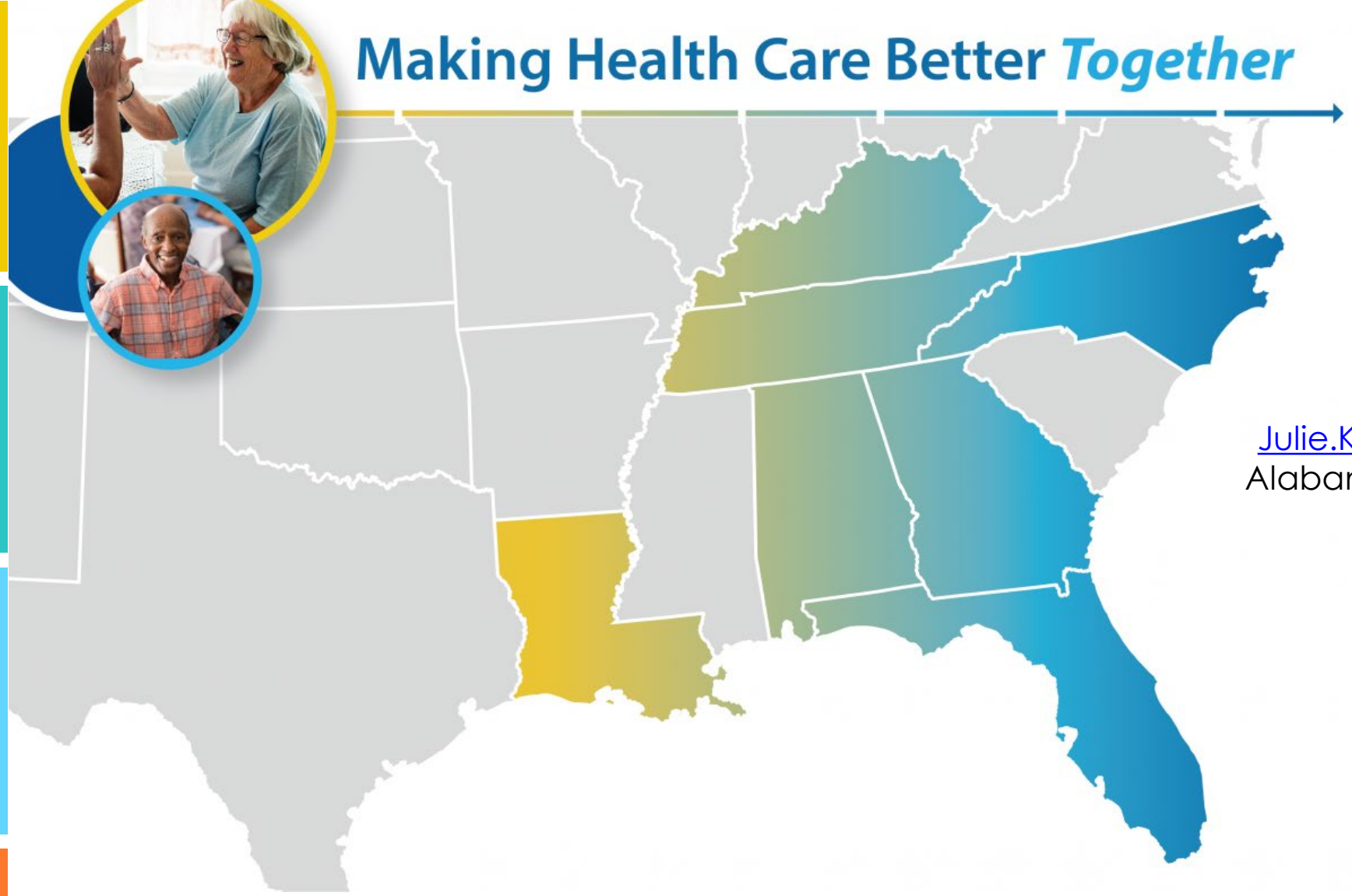

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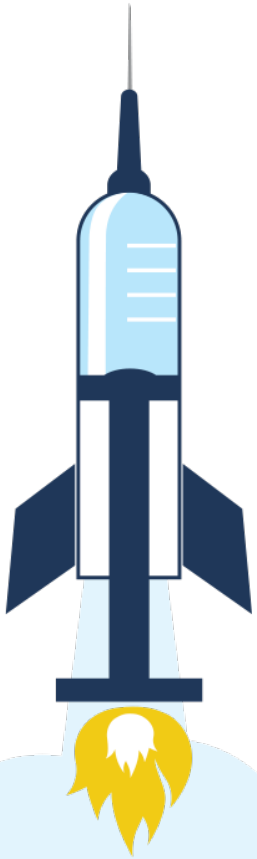

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