Give the Boost a Shot: Office Hours Event
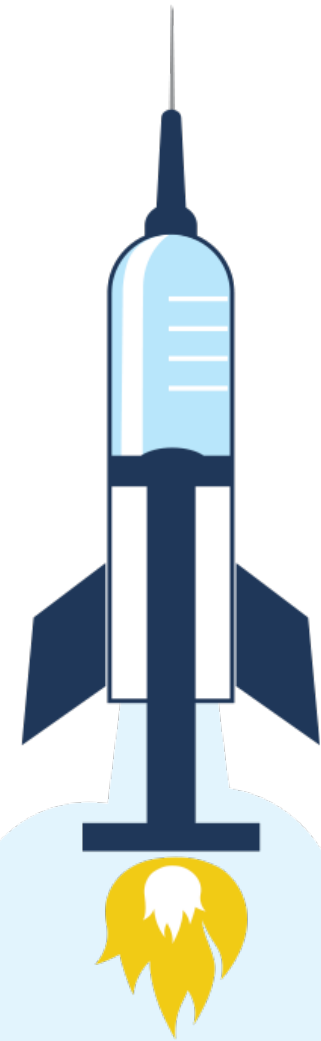
Dr. Swati Gaur, MD, MBA, CMD, AGSF
Amy Ward, MS, BSN, RN, CIC, FAPIC
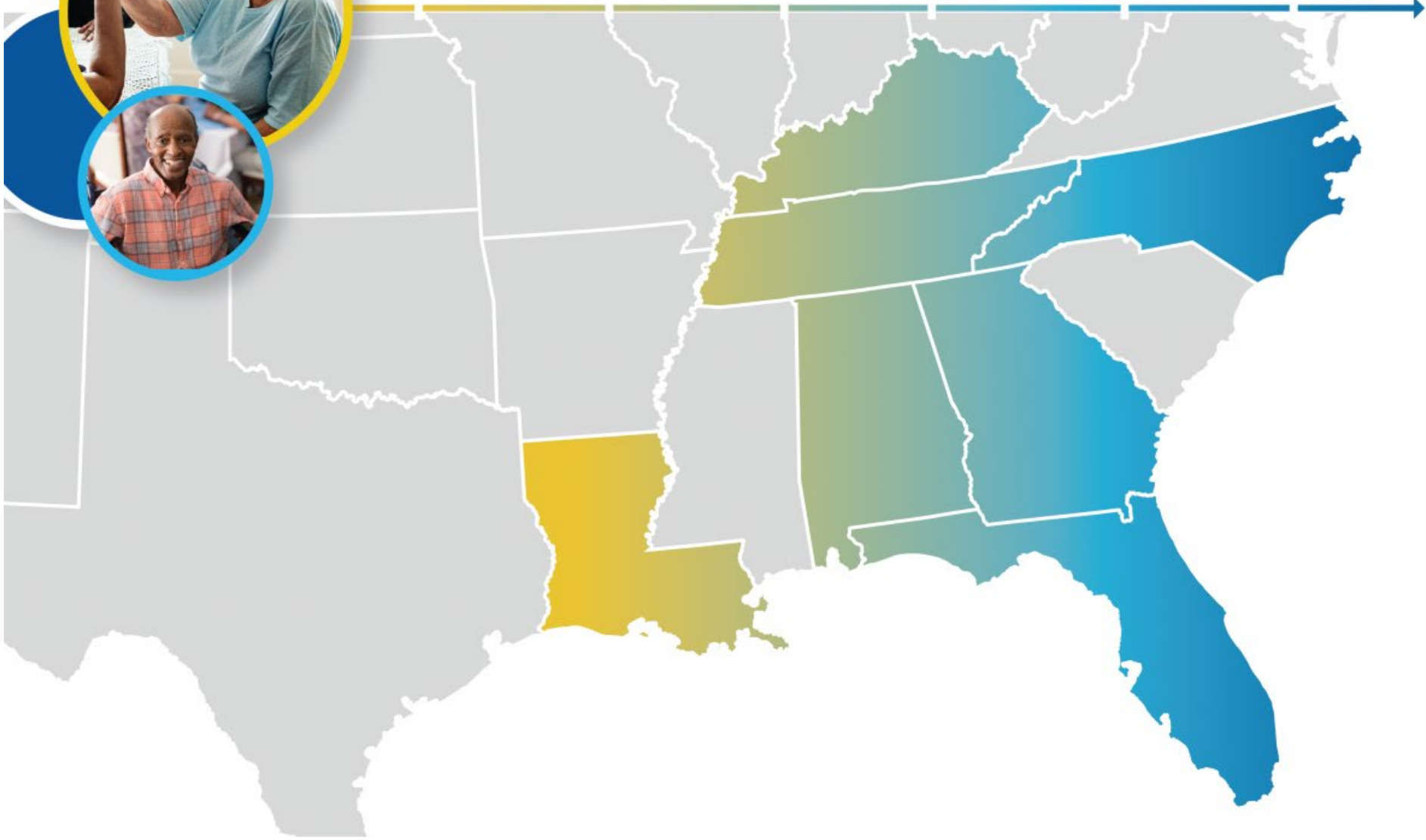
February 1, 2024

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. 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, Dr. Gaur is on the electronic medical record (EMR) transition and implementation team for the health system, providing direction to EMR entity adaption to the long-term care (LTC) environment. She has also consulted with post-acute long-term care (PALTC) companies on optimizing medical services in PALTC facilities, integrating medical directors and clinicians into the QAPI framework, and creating frameworks of interdisciplinary work in the organization. She established the palliative care service line at the Northeast Georgia Health System.

Dr. Gaur is an attending physician in several nursing facilities. She attended medical school in Bhopal, India, and started her residency in internal medicine at St. Luke's–Roosevelt Medical Center in New York. She completed her fellowship in geriatrics at the University of Pittsburgh Medical Center and is board-certified in internal medicine, geriatrics, hospice, and palliative medicine. In addition, she earned a master's in business administration at the Georgia Institute of Technology with a concentration in technology management.

Amy Ward, MS, BSN, RN, CIC, FAPIC

PATIENT SAFETY MANAGER

Amy is a registered nurse with a diverse background in acute care nursing, microbiology, epidemiology and infection control. She is passionate about leading and mentoring new and future infection preventionists in their career paths.
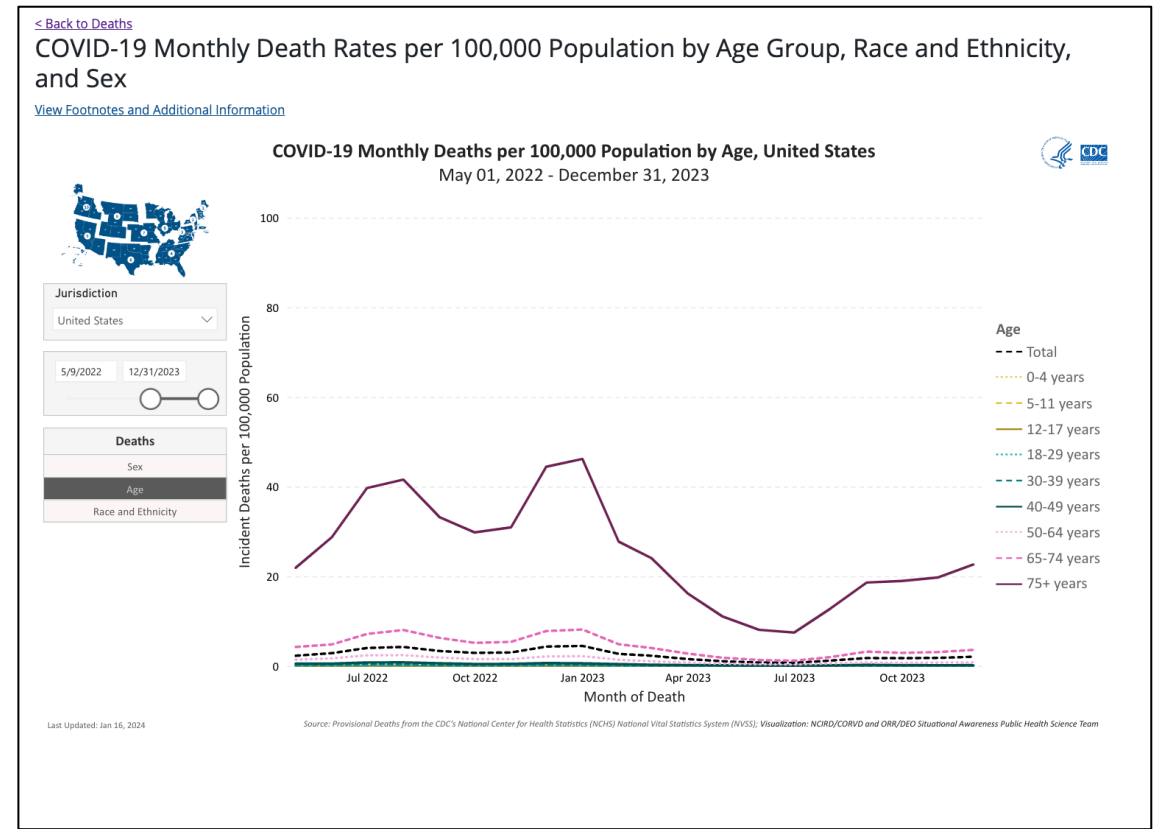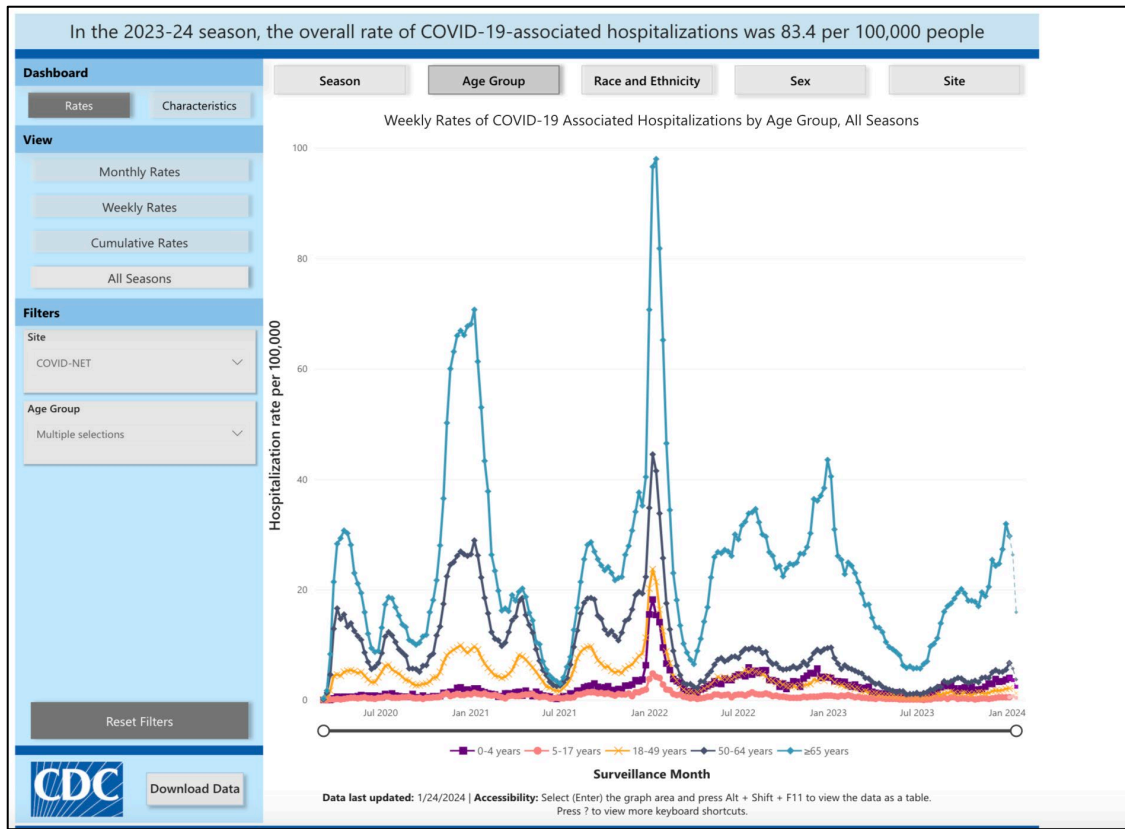
Amy loves to ride bikes, run and be outdoors!

**Contact: Amy.Ward@Allianthealth.org**

Learning Objectives

Today is an open forum for questions. Please ask them in Q&A.

I have several residents and staff who received every vaccine but are still getting COVID-19 and becoming very sick.

In the 2023-24 season, the overall rate of COVID-19-associated hospitalizations was 83.4 per 100,000 people

COVID-19 Monthly Death Rates per 100,000 Population by Age Group, Race and Ethnicity, and Sex
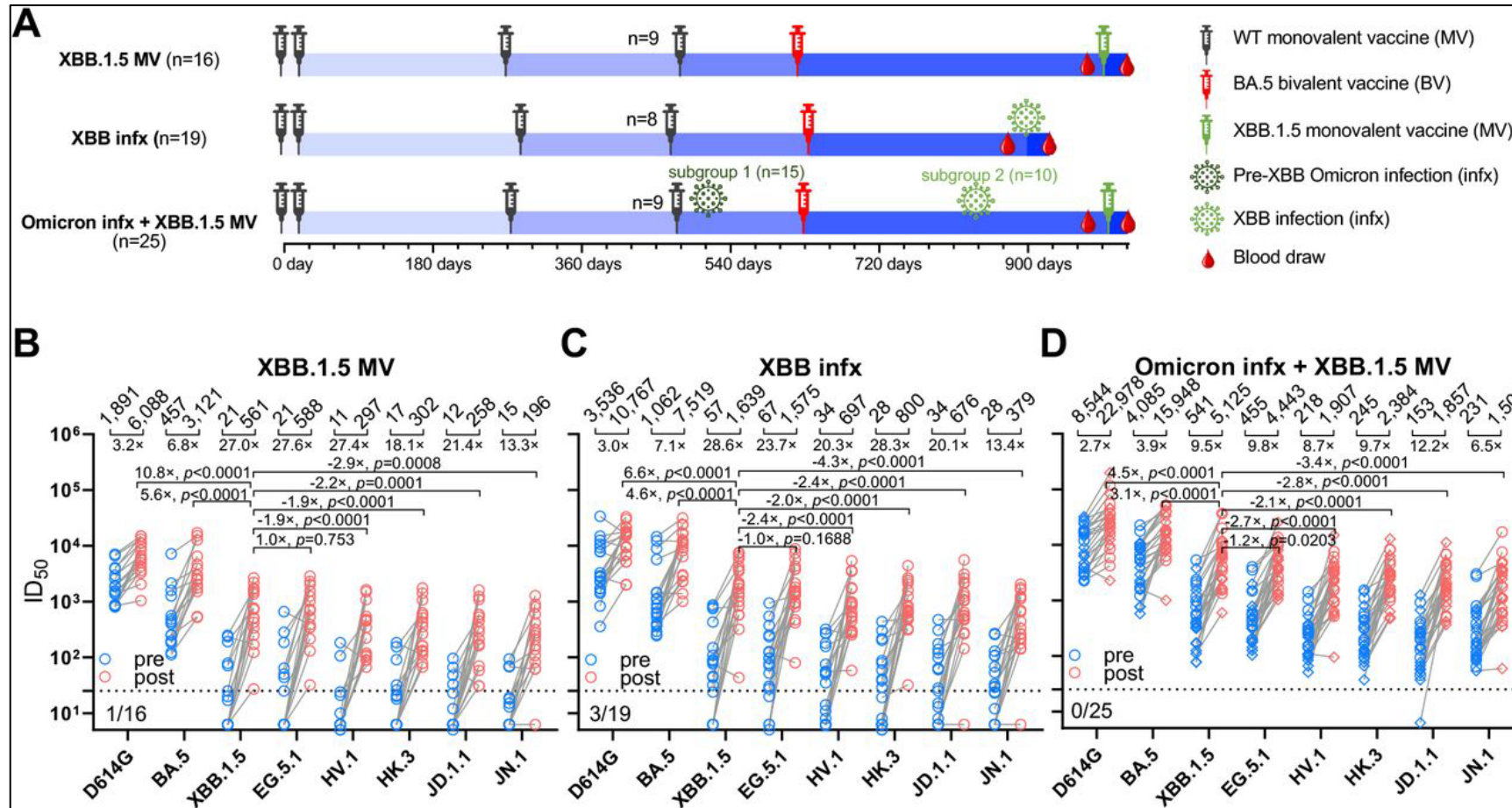
I have several residents and staff who received every vaccine but are still getting COVID-19 and becoming very sick.
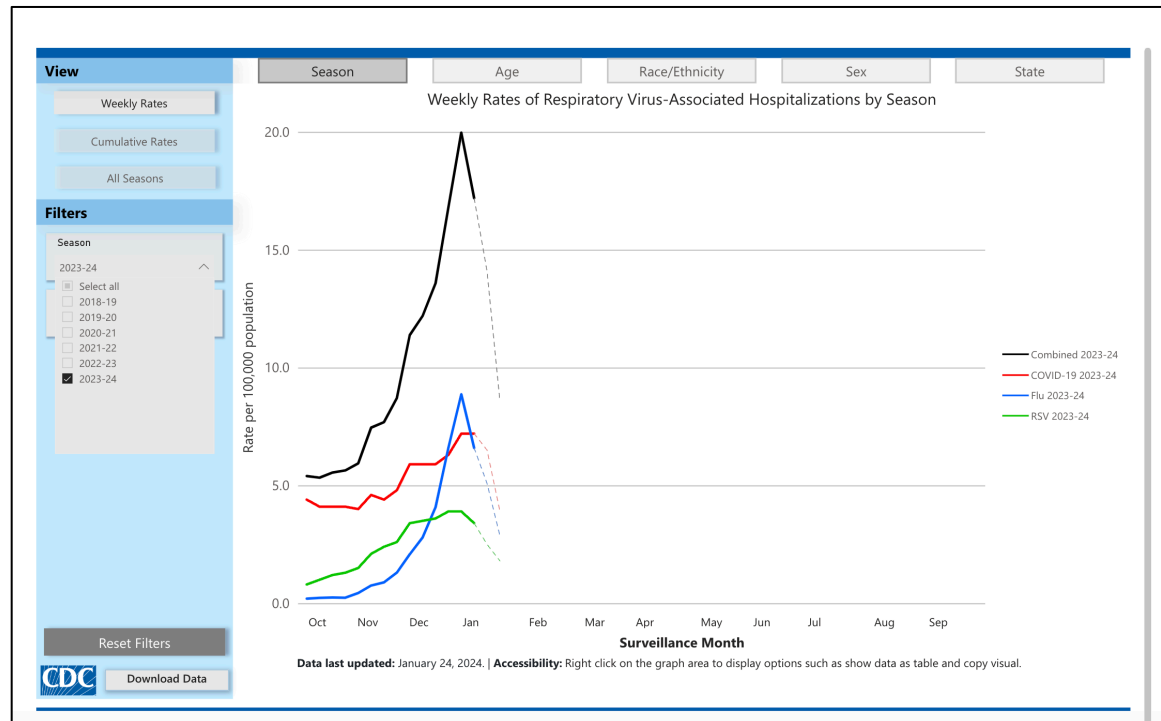
- Could they have a coinfection?

- Let's talk testing

Do You Think the New COVID-19 Vaccine Is Effective?

XBB.1.5 monovalent mRNA vaccine booster elicits robust neutralizing antibodies against emerging SARS-CoV-2 variants

Qian Wang, Yicheng Guo, [iD] Anthony Bowen, Ian A. Mellis, Riccardo Valdez, Carmen Gherasim, [iD] Aubree Gordon, Lihong Liu, David D. Ho

Do You Think the New COVID-19 Vaccine Is Effective?

- Over 1 M people
- Age 65 and older
- Updated COVID vaccine given compared to no updated COVID vaccine in persons who have received all previous vaccine
- Updated vaccine associated with 76% reduced risk of COVID-19 hospitalization

Short-term effectiveness of the XBB.1.5 updated COVID-19 vaccine against hospitalisation in Denmark: a national cohort study

Christian Holm Hansen ✉ • Ida Rask Moustsen-Helms • Morten Rasmussen • Bolette Søborg • Henrik Ullum •
Palle Valentiner-Branth

I have staff and residents who do not want to take the mRNA vaccine so we have a high rate of "not up-to-date"

- What can we do in this case?
  - Educate and Offer
  - Alternatives to mRNA vaccine
- CMS requires that long-term care facilities educate and offer the COVID-19 vaccine to all residents and staff - QS0-23-13-ALL (cms.gov)
  - Educate
    - Residents and resident representatives are educated about vaccination against COVID-19, including risks and side effects as benefits of any treatments in a way they can understand
    - Provide the appropriate COVID-19 Vaccine EUA Factsheet to recipients
  - Offer
    - It is permitted that facilities provide the vaccine directly
    - Facilities may provide vaccines indirectly through arrangements with local pharmacies, providers, or health departments.
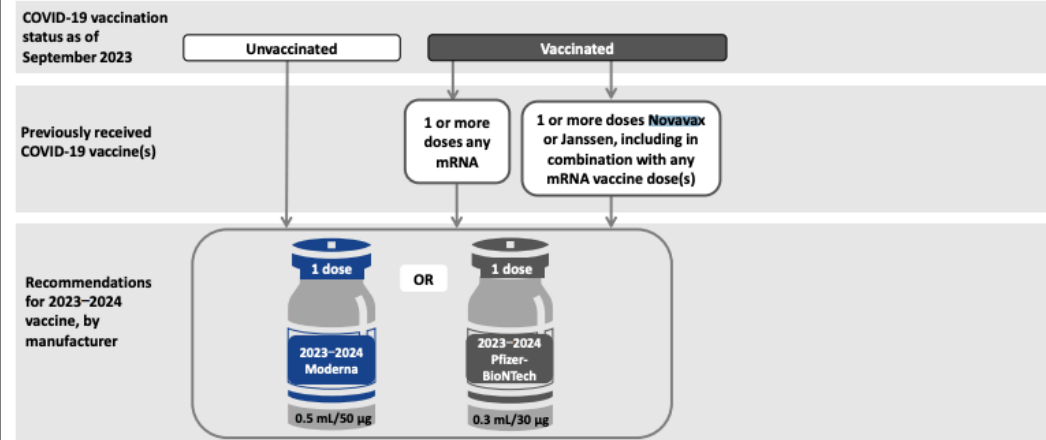
COVID-19 Vaccine Recommendation 2023-2024

Doses recommended:

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

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.

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

I have staff and residents who do not want to take the mRNA vaccine so we have a high rate of "not up-to-date"

Alternative to mRNA vaccine – Protein subunit COVID-19 vaccines

- 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 six months after completion of any primary series.
- 2023-24 vax was authorized by FDA Oct 3,2023
- Storage between 2–8 degrees Celsius

https://youtu.be/gRDXEKnSZbA?si=M0mTofyOxx24wd-l

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/overview-COVID-19-vaccines.html

We cannot provide the vaccine due to cost, what can we do to meet the educate and offer requirement?

- You can indirectly provide vaccines through arrangements with local pharmacies, providers, or health departments.
- CDC Bridge Access Program offers free updated vaccines to most adults in the US through their private insurance, Medicare, and Medicaid plans.
  - For the 25-30 million adults without health insurance or for those whose insurance does not cover all COVID-19 vaccine costs, the bridge access program will provide free vaccines.
  - Vaccines.gov - Find COVID-19 vaccine locations near you
    - Select "Find COVID-19 vaccines near you"
    - Enter zip code and select the preferred vaccine option
    - Select Only show locations with "Bridge access program participant"

What should I do when a resident is negative for COVID-19 but still has a fever?

1. Containment – Implement transmission-based precautions based on clinical syndrome

2. Testing – Confirm diagnosis

3. Modify precautions and discontinue when appropriate

Sections in Appendix A

Type and Duration of Precautions Recommended for Selected Infections and Conditions

Table 1. History of Guidelines for Isolation Precautions in Hospitals

Table 2. Clinical Syndromes or Conditions Pending Confirmation of Diagnosis Warranting Empiric Transmission Based Precautions in Addition to Standard Precautions

Table 3. Infection Control Considerations for High-Priority (CDC Category A) Diseases that May Result from Bioterrorist Attacks or are Considered to be Bioterrorist Threats

Table 4. Recommendations for Application of Standard Precautions for the Care of All Patients in All Healthcare Settings

Table 5. Components of a Protective Environment

Figure. Example of Safe Donning and Removal of Personal Protective Equipment (PPE)

Respiratory Infections	Cough/fever/upper lobe pulmonary infiltrate in an HIV-negative patient or a patient at low risk for human immunodeficiency virus (HIV) infection	*M. tuberculosis*, Respiratory viruses, *S. pneumoniae, S. aureus* (MSSA or MRSA)	Airborne Precautions plus Contact precautions
Respiratory Infections	Cough/fever/pulmonary infiltrate in any lung location in an HIV-infected patient or a patient at high risk for HIV infection	*M. tuberculosis*, Respiratory viruses, *S. pneumoniae, S. aureus* (MSSA or MRSA)	Airborne Precautions plus Contact Precautions Use eye/face protection if aerosol-generating procedure performed or contact with respiratory secretions anticipated. If tuberculosis is unlikely and there are no AIIRs and/or respirators available, use Droplet Precautions instead of Airborne Precautions Tuberculosis more likely in HIV-infected individual than in HIV negative individual
Respiratory Infections	Cough/fever/pulmonary infiltrate in any lung location in a patient with a history of recent travel (10-21 days) to countries with active outbreaks of SARS, avian influenza	*M. tuberculosis*, severe acute respiratory syndrome virus (SARS-CoV), avian influenza	Airborne plus Contact Precautions plus eye protection. If SARS and tuberculosis unlikely, use Droplet Precautions instead of Airborne Precautions.
Respiratory Infections	Respiratory infections, particularly bronchiolitis and pneumonia, in infants and young children	Respiratory syncytial virus, parainfluenza virus, adenovirus, influenza virus, *Human metapneumovirus*	Contact plus Droplet Precautions; Droplet Precautions may be discontinued when adenovirus and influenza have been ruled out

https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/transmission-precautions.html

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What should I do when a resident is negative for COVID-19 but still has a fever?

1. Containment – implement transmission-based precautions
2. **Testing - Confirm diagnosis**
3. Modify precautions and discontinue when appropriate

Testing Options:
- Point of care antigen tests
  - COVID-19
  - Influenza
- PCR tests
  - COVID-19
  - Influenza
  - RSV
- Multiplex PCR Panels
  - Pathogens detected will depend on what analyzer your lab has available
    - Panels may include COVID-19, Influenza A, influenza B, RSV, Parainfluenza, Human metapneumovirus, Human rhinovirus/enterovirus, Adenovirus, *Bordetella pertussis,* and more
  - Tests for several respiratory pathogens from the same specimen
  - Cost and insurance coverage are important to consider

Testing Considerations

Testing should be guided based on the severity of symptoms, the need for hospitalization, and local data regarding the circulation of respiratory viruses.

- [Clinical Guidance for Patients with Acute Respiratory Illness Not Being Hospitalized When SARS-CoV-2 and Influenza Viruses are Co-Circulating | CDC](#)
- Consider tests available to collect the necessary specimens for testing
  - SARS-CoV-2 Testing should be completed by PCR or antigen testing.   If the antigen test is negative, PCR should be performed, or if unavailable, antigen testing repeated within 48 hours. If the second antigen test is negative, a third test could be considered if high clinical suspicion of COVID-19.
  - Influenza testing should be considered if it will alter clinical management or infection control decisions (administration of antiviral therapy, guiding influenza outbreak protocols, admissions, and placements, etc.)

- **Note:** Co-infection can occur and a positive test result for influenza without COVID-19 testing does not exclude COVID-19, and COVID-19 testing without influenza testing does not exclude influenza.

What should I do when a resident is negative for COVID-19 but still has a fever?

1. Containment – implement transmission-based precautions

2. Testing – Confirm diagnosis

3. Modify precautions and discontinue when appropriate

Influenza			
Influenza Human (seasonal influenza)			See Prevention Strategies for Seasonal Influenza in Healthcare Settings (https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm accessed September 2018). [Current version of this document may differ from original.] for current seasonal influenza guidance.
Influenza Avian (e.g., H5N1, H7, H9 strains)			See [This link is no longer active: www.cdc.gov/flu/avian/professional/infect-control.htm. Similar information may be found at Interim Guidance for Infection Control Within Healthcare Settings When Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease (https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm accessed September 2018)] for current avian influenza guidance.
Influenza Pandemic Influenza (also a human influenza virus)	Droplet + Standard		See [This link is no longer active: http://www.pandemicflu.gov. Similar information may be found at Interim Guidance for Infection Control Within Healthcare Settings When Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease (https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm accessed September 2018)] for current pandemic influenza guidance.

- Standard plus Droplet precautions
- Droplet precautions for 7 days after illness or 24 hours after resolution of fever and respiratory symptoms, whichever is longer
- Private room. If not available, consult with the IP
- Resident should wear a facemask and perform hand hygiene if they must be transported outside the room

- https://www.cdc.gov/infectioncontrol/gudelines/isolation/appendix/index.html
- Prevention Strategies for Seasonal Influenza in Healthcare Settings | CDC
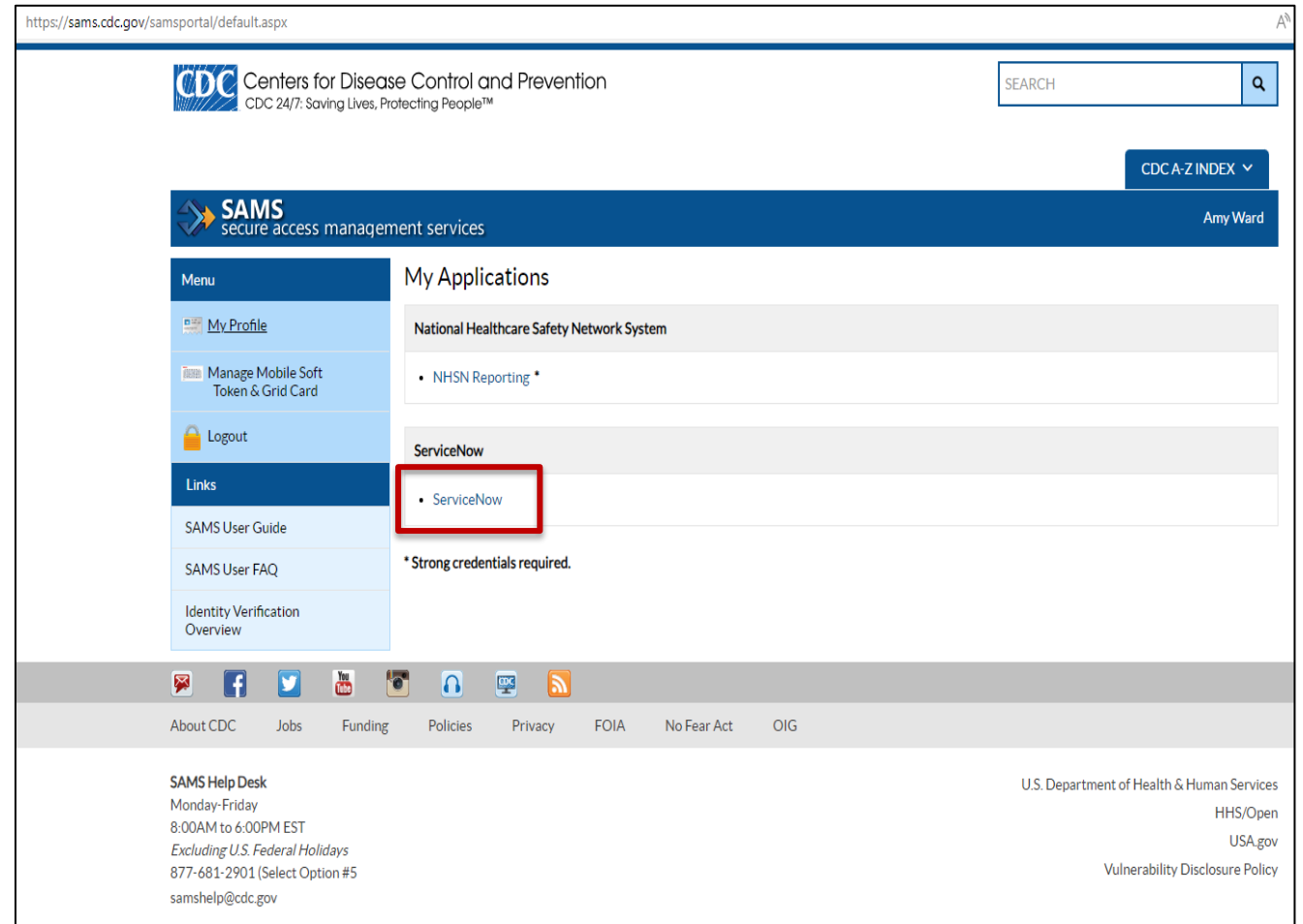
How Do You Submit a Help Desk Ticket to NHSN?

NHSN is no longer monitoring or using the NHSN@CDC.gov email address.

To get NHSN support, you will need to utilize the NHSN ServiceNow Platform.

To access ServiceNow:
- Log into your SAMS account at https://Sams.cdc.gov/
- Select the ServiceNow Option

How Do You Submit a Help Desk Ticket to NHSN?

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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
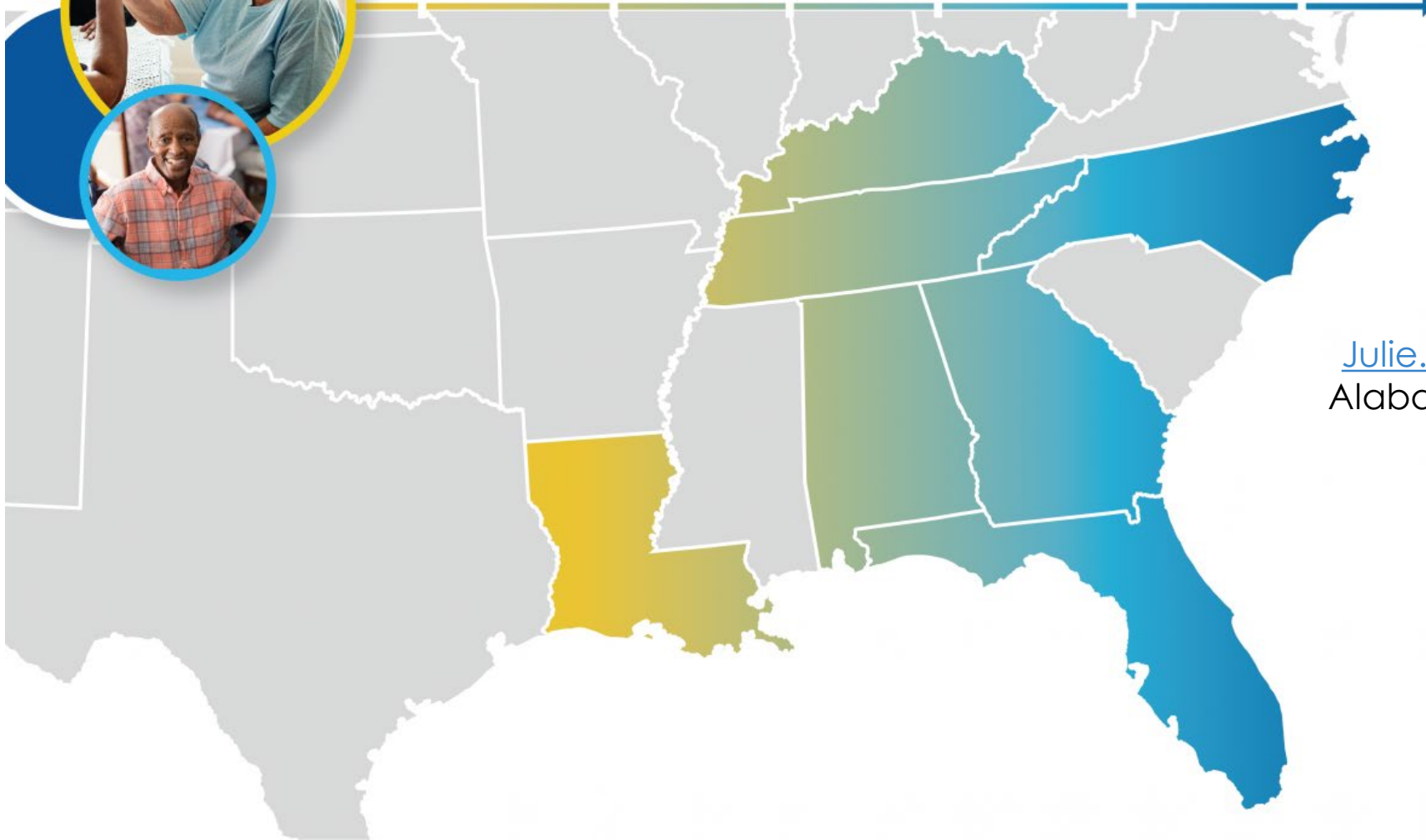
IMMUNIZATION

Increase influenza, pneumococcal, and COVID-19 vaccination rates

TRAINING

Encourage completion of infection control and prevention trainings by front line clinical and management staff
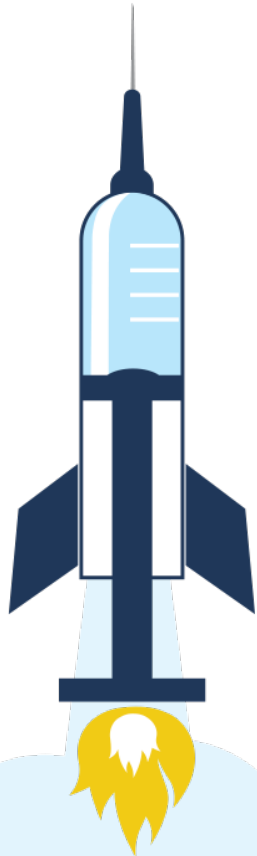
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QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

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