

Reporting Influenza Data

Welcome!

Chat with Technical Support if you need assistance

Presented by:

Donald Chitanda, MPH, CIC LTC-CIP
Infection Prevention Technical Advisor

September 19, 2024

Donald Chitanda, MPH, CIC LTC-CIP

INFECTION PREVENTION TECHNICAL ADVISOR

Donald is a health professional with experience in public health epidemiology and infection prevention. For the past several years, he was an infection preventionist at the hospital - and system-level, where he was part of a task force to ensure the safety of caregivers and patients during the ongoing COVID-19 pandemic. In addition, he was a part of and led several projects to reduce hospital-acquired infections using Lean Six Sigma methodologies. He is also trained in ensuring ongoing facility survey readiness for regulatory agencies such as the CMS and The Joint Commission.

Donald enjoys spending time with family and doing outdoor activities.

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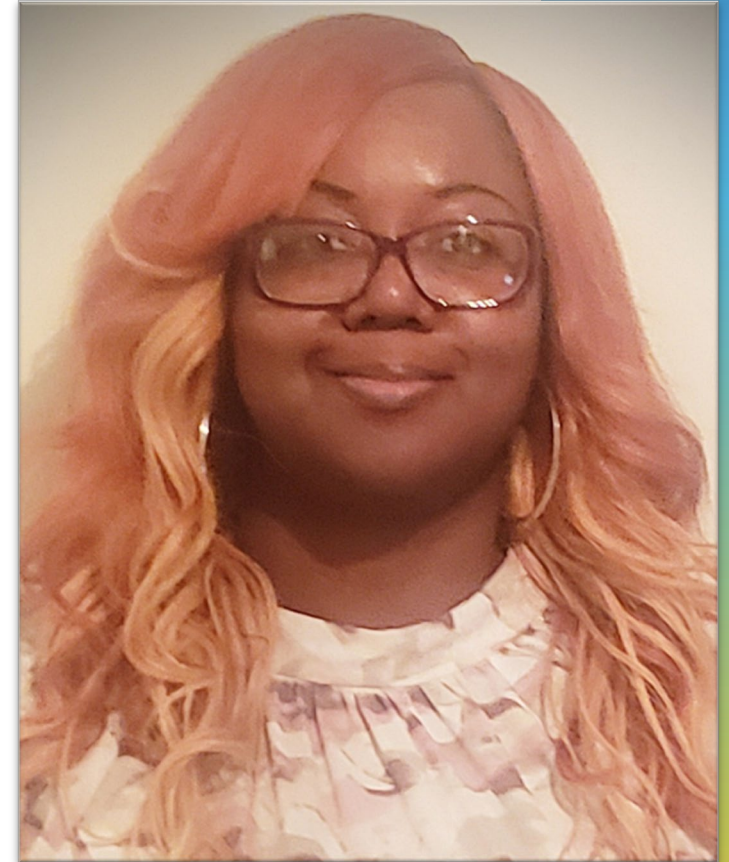
Paula St. Hill, DrPH, MPH, CIC, A-IPC

INFECTION PREVENTION TECHNICAL ADVISOR

Dr. St. Hill is a doctoral student with a diverse background in public health, infection prevention, epidemiology and microbiology. She has over 10 years of health care experience and enjoys public health and identifying ways to improve health outcomes, specifically those related to healthcare-associated infections.

Dr. St. Hill enjoys spending time with her friends and family.

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

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

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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 and assisting them in reducing healthcare-associated infections across the continuum of care.

Amy enjoys spending time with her family. She loves all the time she can get outdoors, camping, bicycling, and running.

Contact: Amy.Ward@AlliantHealth.org



Objectives

Agenda:

- New Updates/Upcoming NHSN trainings
- NHSN Optional Reporting of Influenza and RSV Vaccination for LTC Residents
- NHSN Resources
- Live questions and answers

Upcoming Trainings

LTCF Respiratory Pathogens Module: Updates to Resident Data Collection Form and Up-to-Date Definition for Weekly COVID-19 Vaccination Data Reporting of Healthcare Personnel and Residents (Initial)

WHEN: Tuesday, September 24

WHERE: Online

TIME: 1 p.m. ET

REGISTER NOW:

https://cdc.zoomgov.com/webinar/register/WN_iGDEZDj5S1ymG4J9cfiK_A

Long-term Care Facility Component: Simplified data collection form coming this Fall!

Long-term care facilities (LTCFs) will now use a new data collection form for residents beginning on September 30, 2024. This form will enable facilities to report both **case** and **vaccination** data on COVID-19, influenza, and RSV for residents all on **one** form!

This newly combined form is designed to streamline data reporting on residents. Therefore, facilities no longer need to report resident case and vaccination data through two separate modules (Vaccination Module and the COVID-19 Surveillance Pathways).

Facilities are required to use the form to report COVID-19 case and vaccination data. Influenza and RSV case and vaccination data reporting will remain optional. Facilities will report these data using the new “RPV-Residents” tab, as shown in the screenshot below. NHSN will provide several webinars this Fall to review how to access and complete this new form.

There is no change in reporting requirements or frequency. However, several data elements were removed entirely to reduce reporting burden.

Resident	▶	▼ Action Items
Staff	▶	RPV - Residents
Summary Data	▶	COVID-19 Vaccination - HCP
Respiratory Pathogens and Vaccination	▶	POC Test Result Reporting
RPV Summary	▶	Pathway Data Reporting (Archive)
		COVID-19 Event

Dear NHSN Users,

The 2024-2025 influenza season began in July 2024. We wanted to provide you with a few reminders on reporting optional, **weekly influenza vaccination data for residents of long-term care facilities** as we head into the Fall 2024-2025 season.

Facilities Should Now Report on the 2024-2025 Annual Influenza Vaccine

Facilities submitting optional, weekly resident influenza vaccination data through NHSN Long-term Care Facility Component should report vaccination data for the current **2024-2025** influenza season. Please refer to the following guidance document for further information: [Influenza and RSV Vaccination: Understanding Key Terms and Recommendations](#).

Influenza vaccine for the 2024-2025 influenza season was approved in July 2024. Therefore, residents are counted as vaccinated with this season's annual influenza vaccine beginning in July 2024 if they received an updated 2024-2025 influenza vaccine any time from when it first became available.

- **ACTION REQUESTED:** If your facility continued to report residents vaccinated with last year's vaccine (2023-2024) for any weeks from July 2024 – present, please revise the data reported to reflect coverage with the 2024-2025 annual influenza vaccine. We expect that very few individuals have received the 2024-2025 annual influenza vaccine this early in the season.

Reporting Period: 2024-2025 Influenza/Respiratory Virus Season (July 2024–June 2025)

The following definitions apply when reporting data through the **NHSN Respiratory Pathogens Vaccination Modules and the LTCF COVID-19/Respiratory Pathogen Module (specifically, the Influenza/RSV optional tab)** for the reporting period of the 2024-2025 influenza season.

Influenza:

Count individuals as vaccinated with this season's annual influenza vaccine if they received updated 2024-2025 influenza vaccine any time from when it first became available after July 2024.

(For more information, please refer to: [CDC Recommends Updated 2024-2025 COVID-19 and Flu Vaccines for Fall/Winter Virus Season | CDC Online Newsroom | CDC](#))

RSV:

Count individuals as vaccinated with RSV vaccine if they received a dose of RSV vaccine any time from when it first became available in August 2023.

CDC recommends the following individuals receive the RSV vaccine:

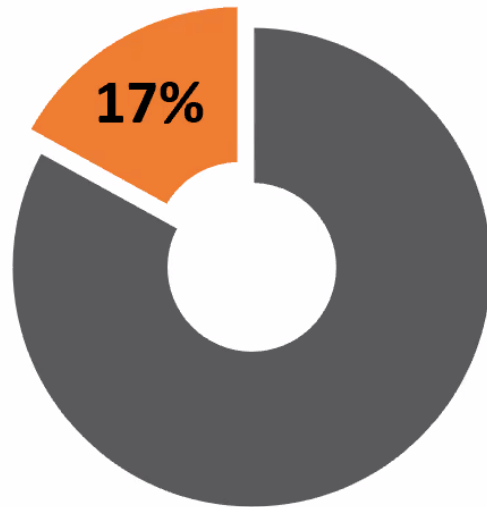
- Everyone ages 75 and older
- People ages 60–74 who are at increased risk of severe RSV, meaning they have certain chronic medical conditions (such as lung or heart disease) or they live in nursing homes

(For more information, please refer to: [CDC Updates RSV Vaccination Recommendation for Adults | CDC Online Newsroom | CDC](#))

2024-2025 Respiratory Virus Season Updates

Long-term care residents contributed nearly 20% of adult COVID-19 or RSV hospitalizations during the 2023-2024 season.

17% of hospitalized adults with RSV were long term care residents

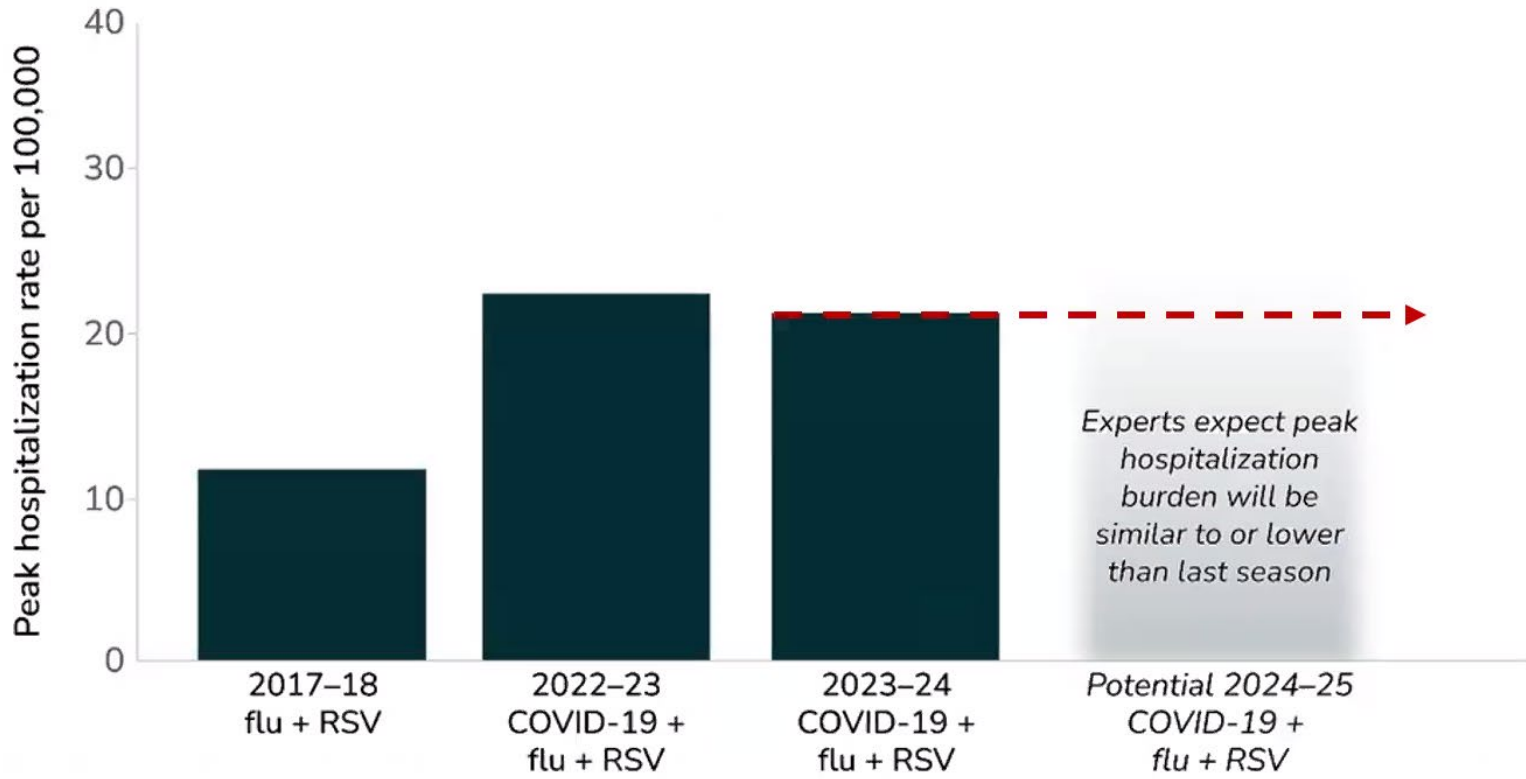


COVID-19 associated hospitalization rate was over 8x higher for nursing home residents

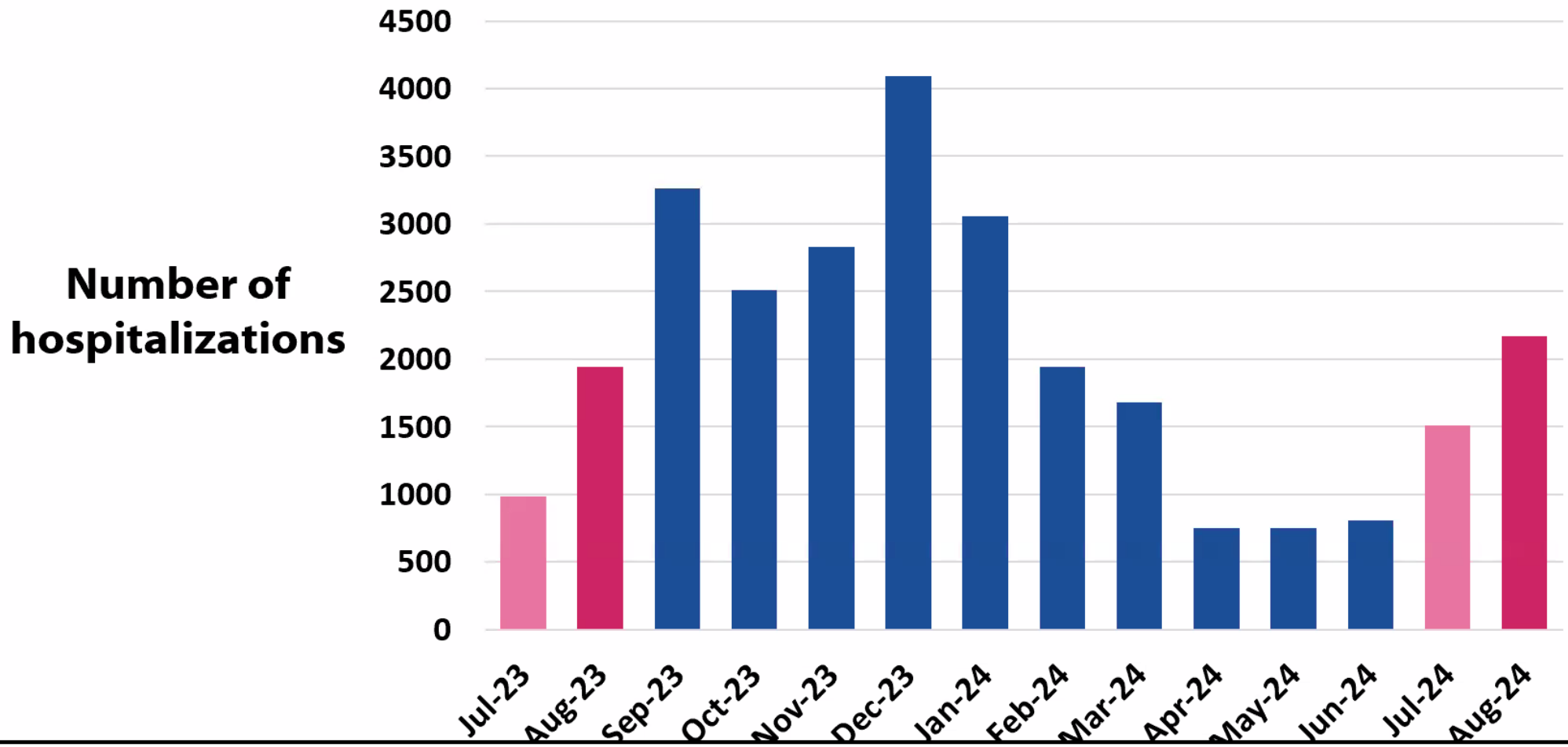


Data sources: ¹<https://www.cdc.gov/mmwr/volumes/73/wr/mm7315a3.htm>; ²<https://www.cdc.gov/mmwr/volumes/72/wr/mm7240a1.htm>

With COVID-19, even a moderate virus season can be worse than a severe pre-pandemic season.







Nursing home resident COVID-19 hospitalization numbers were higher over the last two months compared to 2023-2024.



Vaccines cut the risk of severe disease by half or more

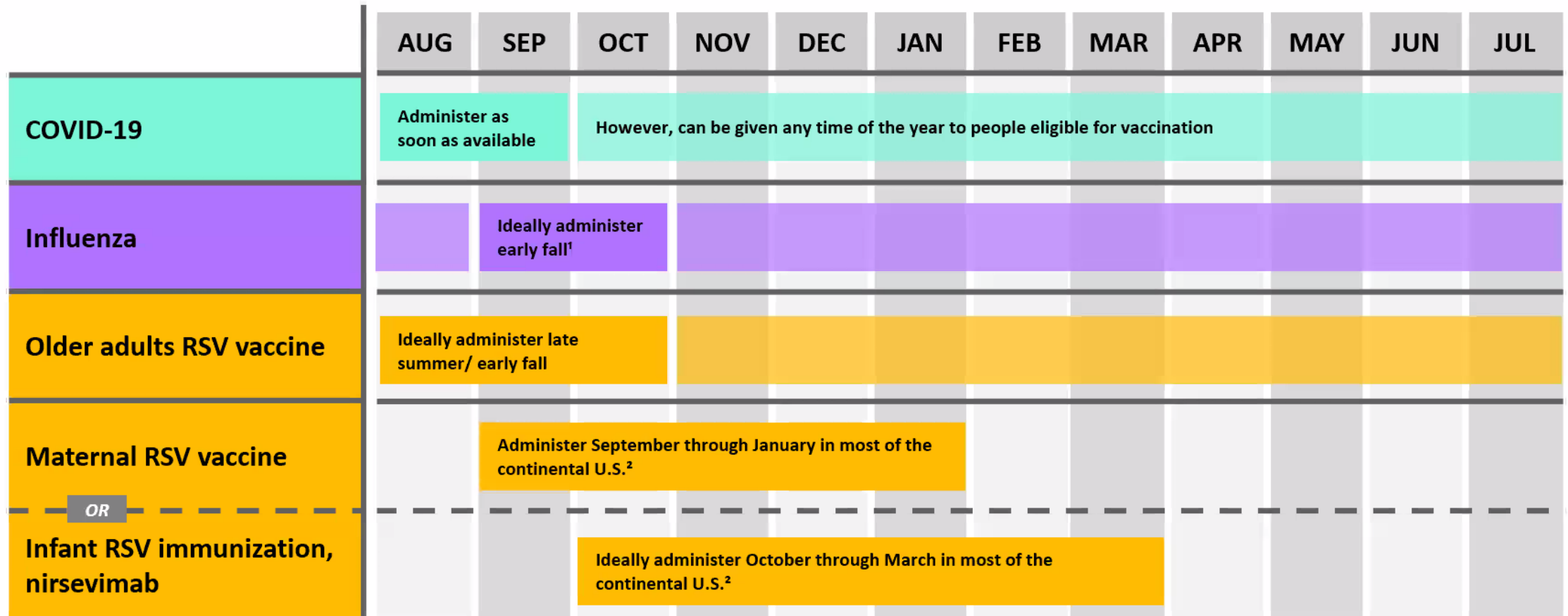
- **COVID-19 and influenza vaccines cut the risk of hospitalization in half in all ages.**
 - COVID-19 vaccine is the best available protection against Long COVID.
- **RSV vaccines prevent older adult RSV hospitalizations – over three times lower risk.**

Who should get 2024-2025 COVID-19, 2024-2025 influenza, and RSV immunizations?

	2024-2025 COVID-19 ¹	2024-2025 Influenza ²	RSV ³
 Infants & Children	6 months – 17 years Some children 6 months through 4 years <u>may need</u> multiple doses	6 months – 17 years Some children 6 months through 8 years <u>may need</u> multiple doses	All infants <8 months* and children 8 through 19 months with risk factors <u>should get</u> nirsevimab Typically, October through March *if mom not vaccinated with maternal RSV vaccine — OR — 32-36 weeks gestation <u>should get</u> RSV vaccine (Pfizer, Abrysvo only) Typically, September - January
 Pregnant People	All	All	See pregnant people
 Adults 18-59	All	All	
 Adults 60+	All	All Higher dose or adjuvanted flu vaccine for 65+, if available	All adults 75+ and adults 60 through 74 years with risk factors <u>should get</u> one lifetime dose of RSV vaccine

¹ Immunocompromised may need to get additional dose(s) of COVID-19 vaccine regardless of age

Timing and administration of COVID-19, influenza, and RSV immunizations



¹ Children who need 2 doses should receive their first dose as soon as possible (including during July and August). One dose of flu vaccine can be considered for pregnant people in their third trimester during July and August.

² In jurisdictions with RSV seasonality that differs from most of the continental United States, including Alaska, southern Florida, Guam, Hawaii, Puerto Rico, U.S.-affiliated Pacific Islands, and U.S. Virgin Islands, providers should follow state, local, or territorial guidance. However, nirsevimab may be administered outside of routine seasonal administration (ie., October through

WHY IMMUNIZE: Best defense against viruses that can cause serious illness

Viruses cause many hospitalizations each respiratory season.

- **Thousands of people are hospitalized** for COVID-19, flu and RSV

While some people at higher risk, we cannot predict who will get severely ill.

- **Adults 65+ are 4–9 times more likely to be hospitalized** for COVID-19, flu and RSV than those under age 65

Immunizations are our best defense.

- COVID-19 & influenza vaccines cut risk of hospitalization in half
- RSV vaccines **>70% effective** in preventing **older adult RSV hospitalizations**

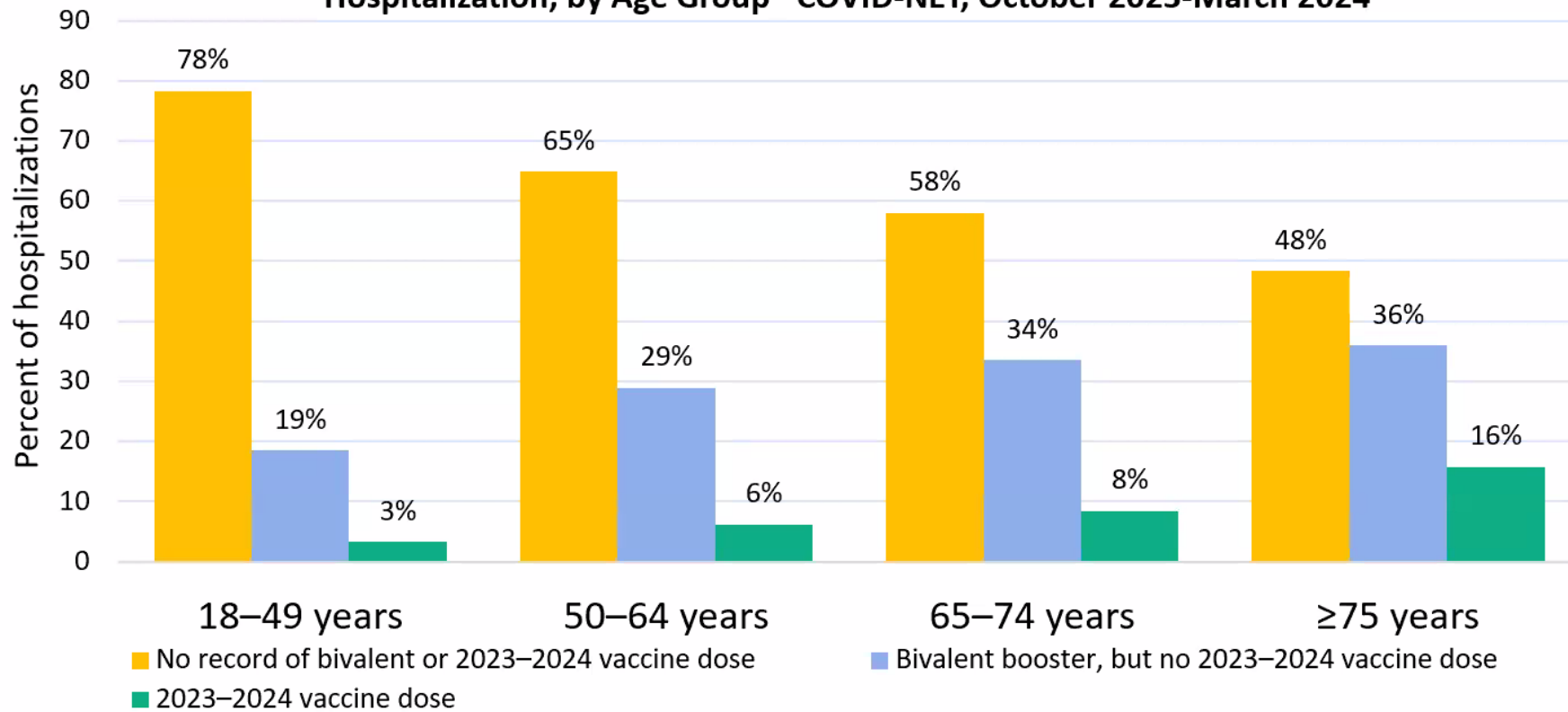
Why vaccinate against COVID-19?

More than half of adults hospitalized with COVID-19 did not receive a COVID-19 vaccine within the year before they were hospitalized



Your age makes you more likely to get really sick from COVID-19. **The COVID-19 vaccine cuts your risk of being hospitalized in half.**

Vaccination Status among Adults Ages ≥ 18 Years with COVID-19 associated Hospitalization, by Age Group— COVID-NET, October 2023-March 2024



Why should people get another COVID-19 vaccine this year?

- The virus that causes COVID-19 is **always changing**
- Protection from COVID-19 vaccines **declines over time**
- People who received last season's vaccine saw **greater protection against illness and hospitalization** than those who did not
- To date, **hundreds of millions of people have safely received a COVID-19 vaccine** under the most intense vaccine safety monitoring in United States history



Last season's COVID-19 vaccine **reduced the risk of severe illness by about half**

Can I give these vaccines at the same time?

YES! It's recommended

- **COVID-19, Influenza, and RSV vaccines may be coadministered (given at the same visit)** with each other and with other routine immunizations, like shingles and pneumococcal vaccines
 - Especially important for residents with risk factors or if there might not be an opportunity to vaccinate the resident in the near future
- Residents may experience more side effects, like fever and fatigue, however, **side effects are usually mild/moderate and last 1-2 days**
- If the resident prefers to receive these vaccines during different visits, there is no minimum wait period between these vaccines

Resources for You



Order and offer vaccines in your facility



Recommend flu, COVID-19 and RSV vaccines to eligible residents multiple times

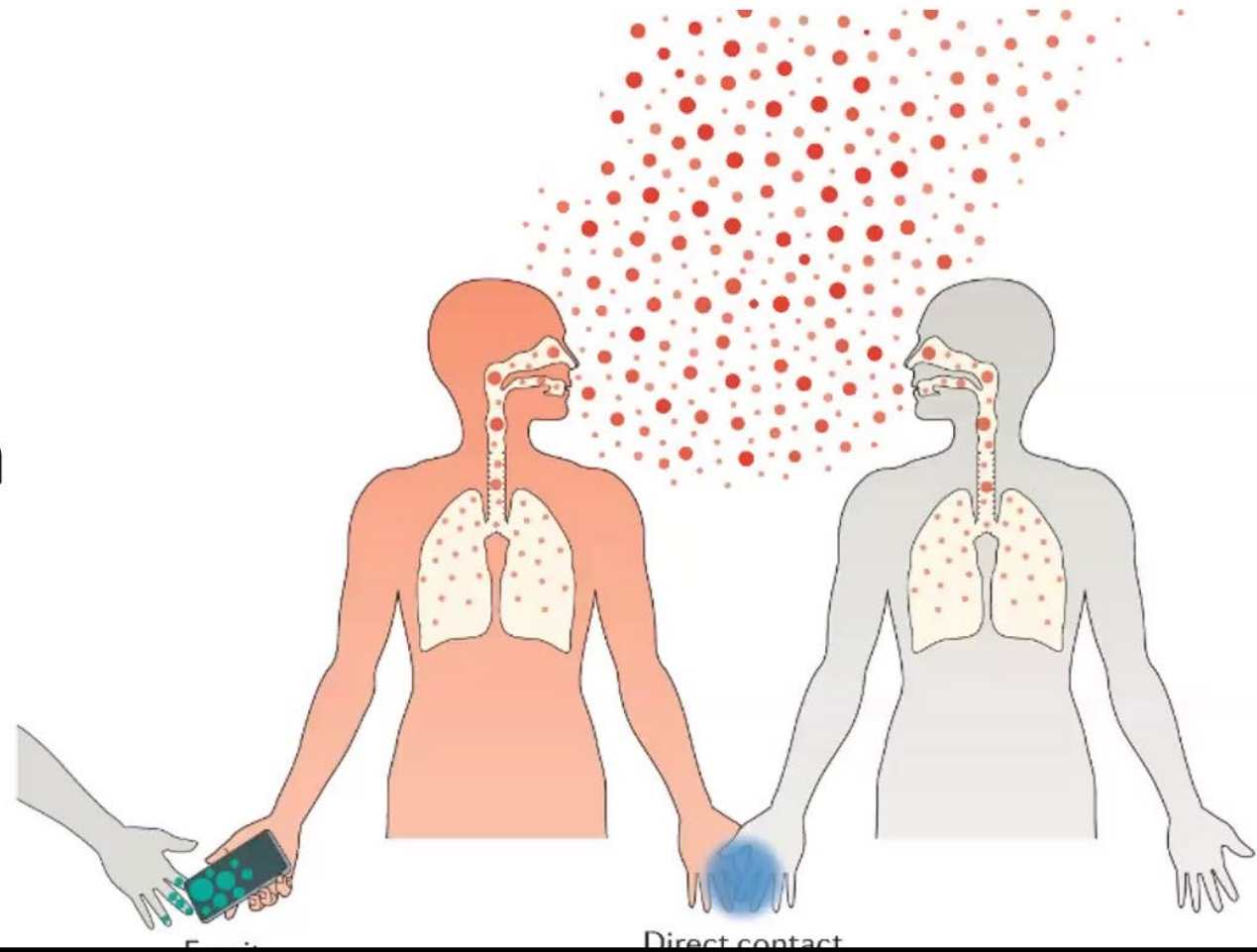


Offer early treatment for COVID-19 to residents at risk

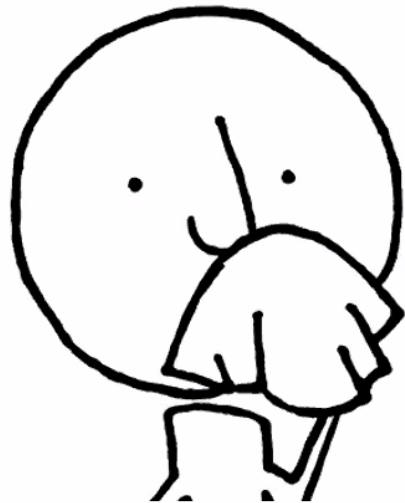


SARS-CoV-2, Influenza, RSV, and other respiratory viruses can be spread through the air or contaminated surfaces.

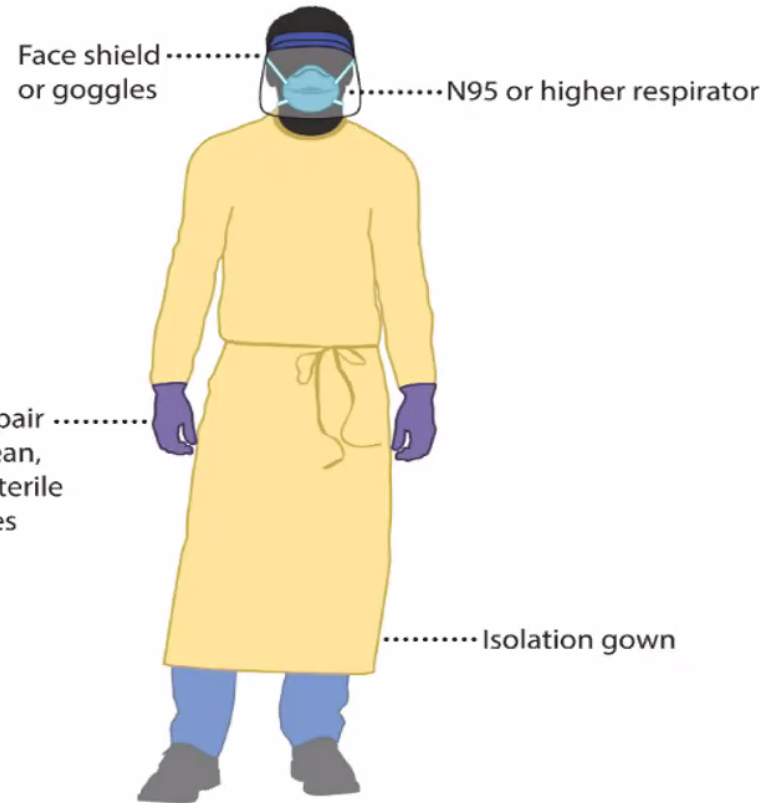
Some respiratory viruses can spread even when a person does not have symptoms.



IPC measures reduce spread of respiratory viruses by preventing inhalation of or direct contact with viruses.



**Respiratory hygiene
and cough etiquette**

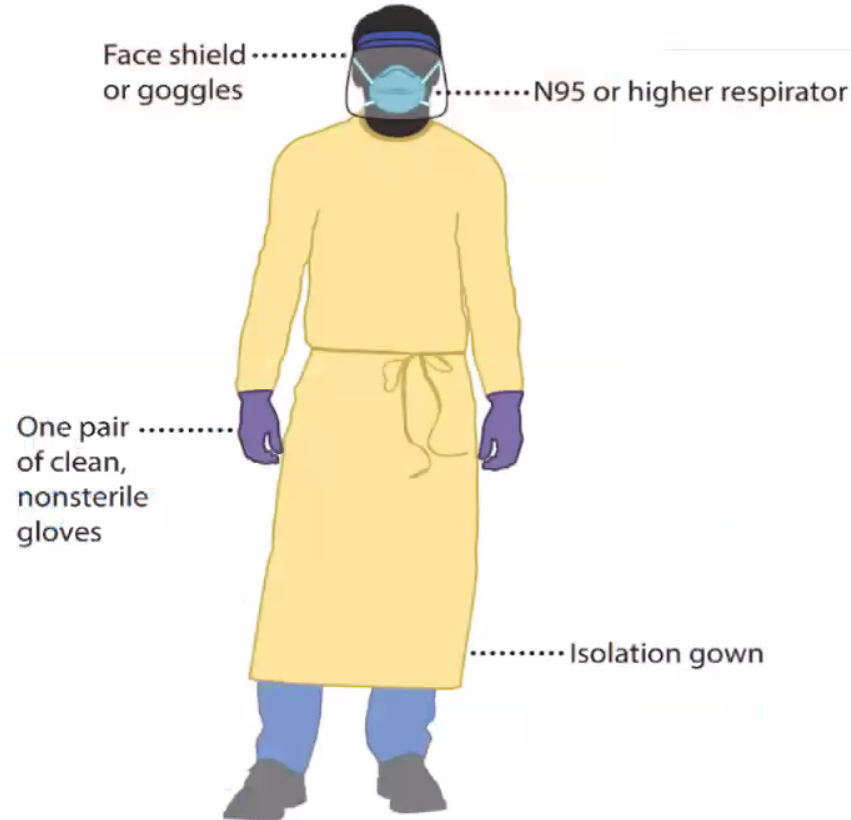


**Use of Standard and
Transmission-Based Precautions**



**Physical distance and
ventilation**

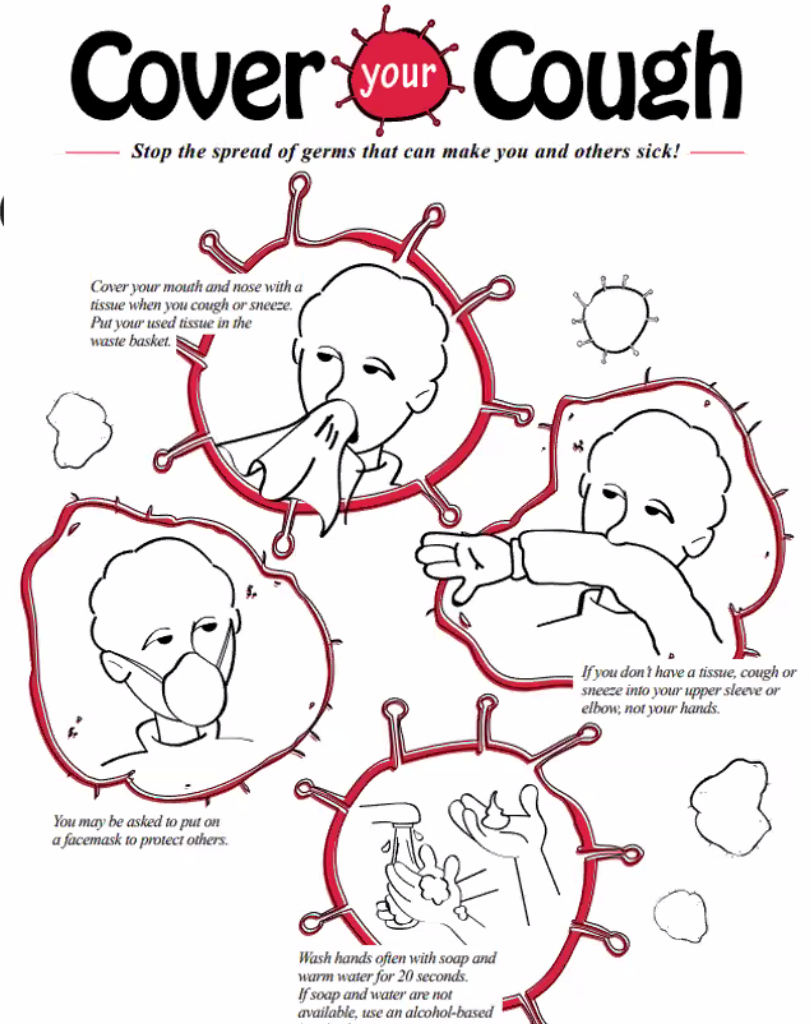
PREPARE by allocating resources for increased use of personal protective equipment (PPE).



- Adequate supplies of facemasks, N95 respirators, gowns, gloves, and alcohol-based hand sanitizer
- PPE should be easily accessible
- Confirm all staff have an annual respiratory fit test

PREPARE by educating residents, staff and visitors on the facility's respiratory virus prevention polices.

- Post signs about respiratory hygiene and cough etiquette.
 - Put on a mask to protect others
 - Cover your cough or sneeze if you can't mask
 - Clean your hands often
- Refresh staff trainings related to respiratory illness.



CONTROL spread by **notifying** your local health department and time-limited **enhanced** IPC measures.

Broader testing and chemoprophylaxis

Cohorting staff and residents

Modifying indoor visitation policies



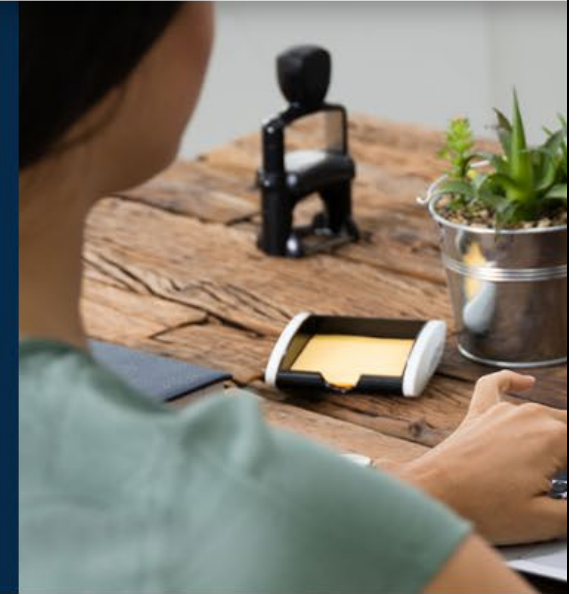
Universal masking

Limiting group activities

Improve air circulation

NHSH Shop Talk for Long-Term Care Facilities

A shop talk is a webinar hosted by Alliant to share information and resources



Shop Talks & Quickinars

<https://quality.allianthealth.org/topic/shop-talks/>

Contact the Patient Safety Team

patientsafety@alliantHealth.org



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Questions?



Mark Your Calendar!

Shop Talk

3rd Thursdays at 2 p.m. ET



Registration Link

Visit our website for more info:

https://allianthealthorg.zoom.us/webinar/register/WN_u1ROfX8eQXy9Xo72mO6ZA#/registration

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



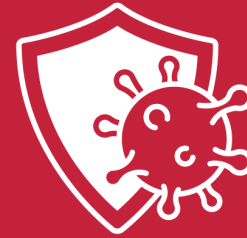
CHRONIC DISEASE SELF-MANAGEMENT

- 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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