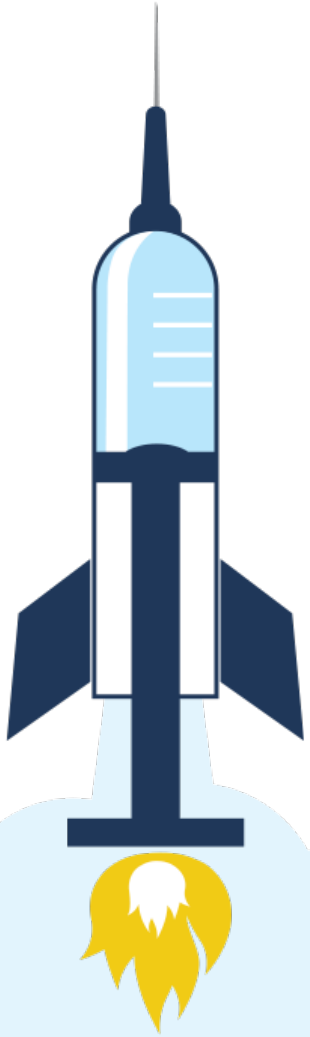
New Guidance for COVID-19 Vaccine from ACIP, NHSN and Other Infection Control Updates

Swati Gaur MD MBA CMD AGSF
Medical Director, Post Acute Care
Northeast Georgia Health System



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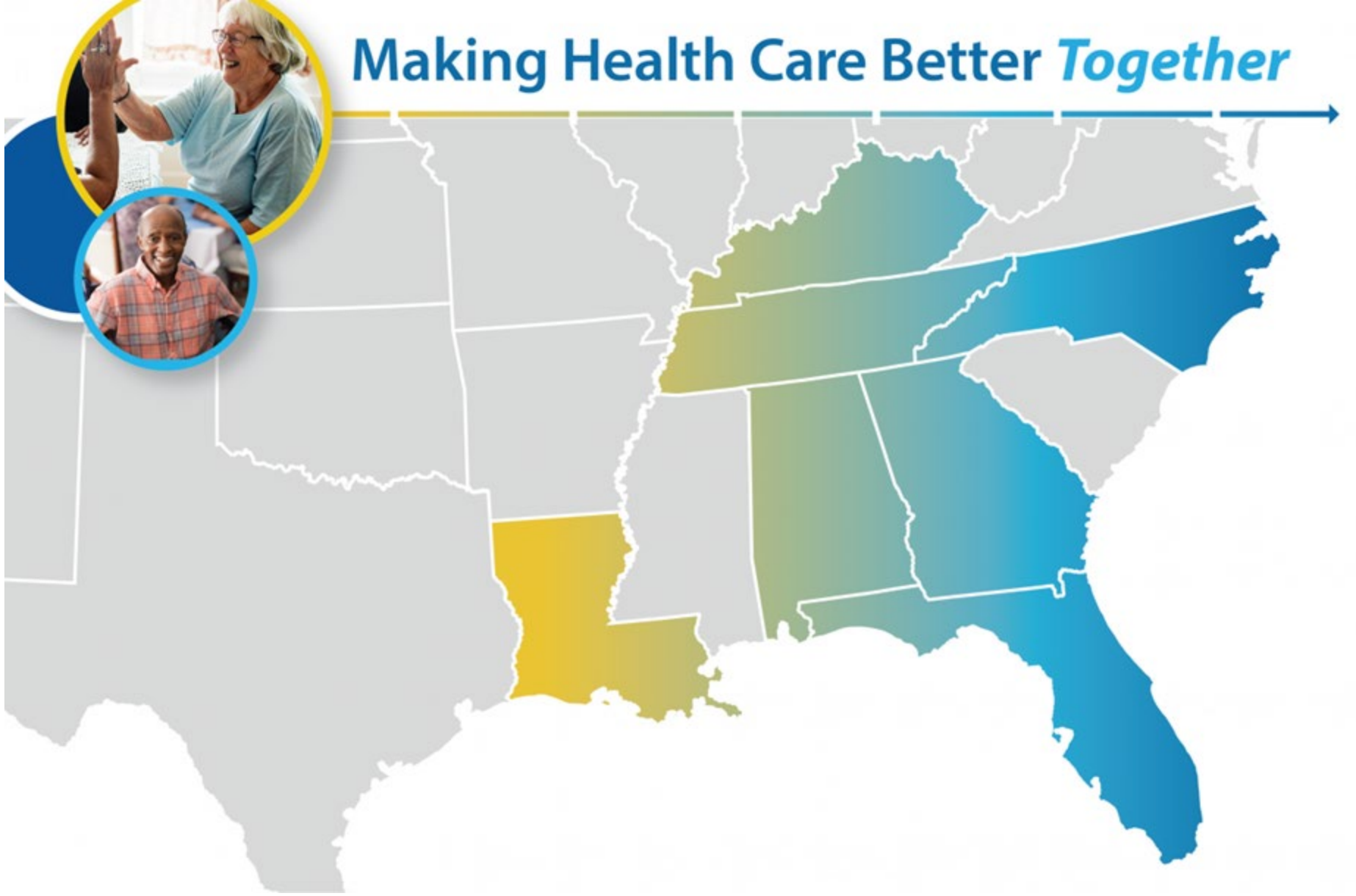

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Swati Gaur, MD, MBA, CMD, AGSF

Medical Director Of The Year 2022

ASSOCIATE CHIEF MEDICAL OFFICER, RAINMAKERS SOLUTIONS
MEDICAL DIRECTOR, ALLIANT HEALTH SOLUTIONS
SENIOR MEDICAL DIRECTOR, POST-ACUTE CARE,
NORTHEAST GEORGIA MEDICAL CENTER

- Past chair of an Infection Advisory Committee during the COVID-19 pandemic
- Created and issued guidance to a COVID-19 task force
- National and international speaker on infection prevention and control issues in nursing homes
- Board certified in internal medicine, geriatrics, and hospice and
- palliative medicine
- Master's in business administration from Georgia Institute of Technology

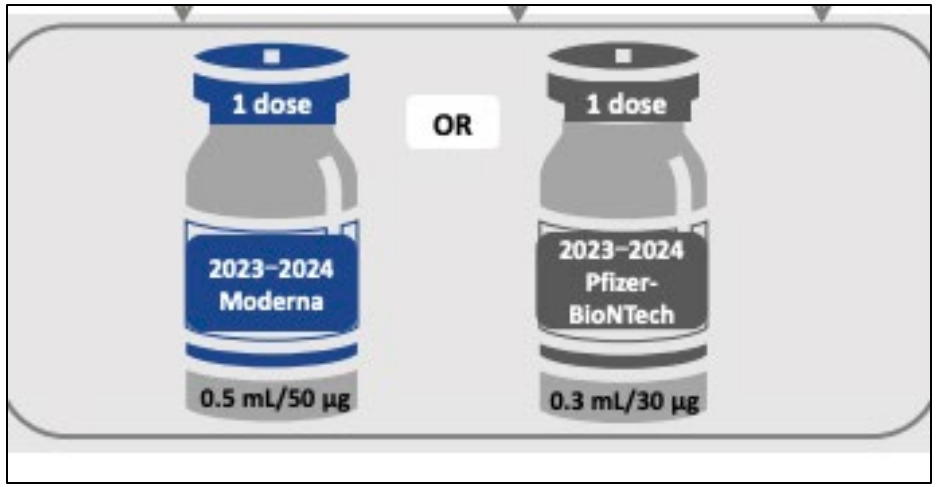
Objectives

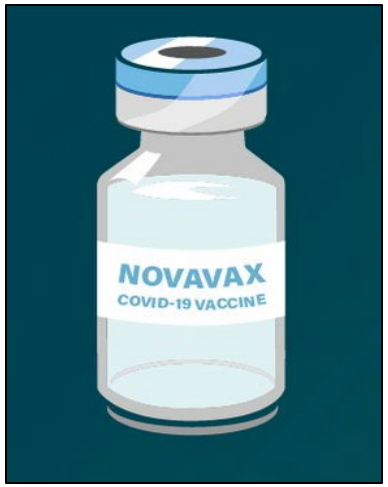
- Discuss the new guidance on COVID-19 vaccine by ACIP
- Understand the need for the guidance
- Discuss the safety of COVID-19 vaccines
- Review impact of the guidance on NHSN input

What Are the Recommendations?

Existing: ALL over six months SHOULD receive an updated COVID-19 vaccine

New added recommendation: Additional dose of the updated COVID-19 vaccine **SHOULD** be administered four months after the original updated vaccine





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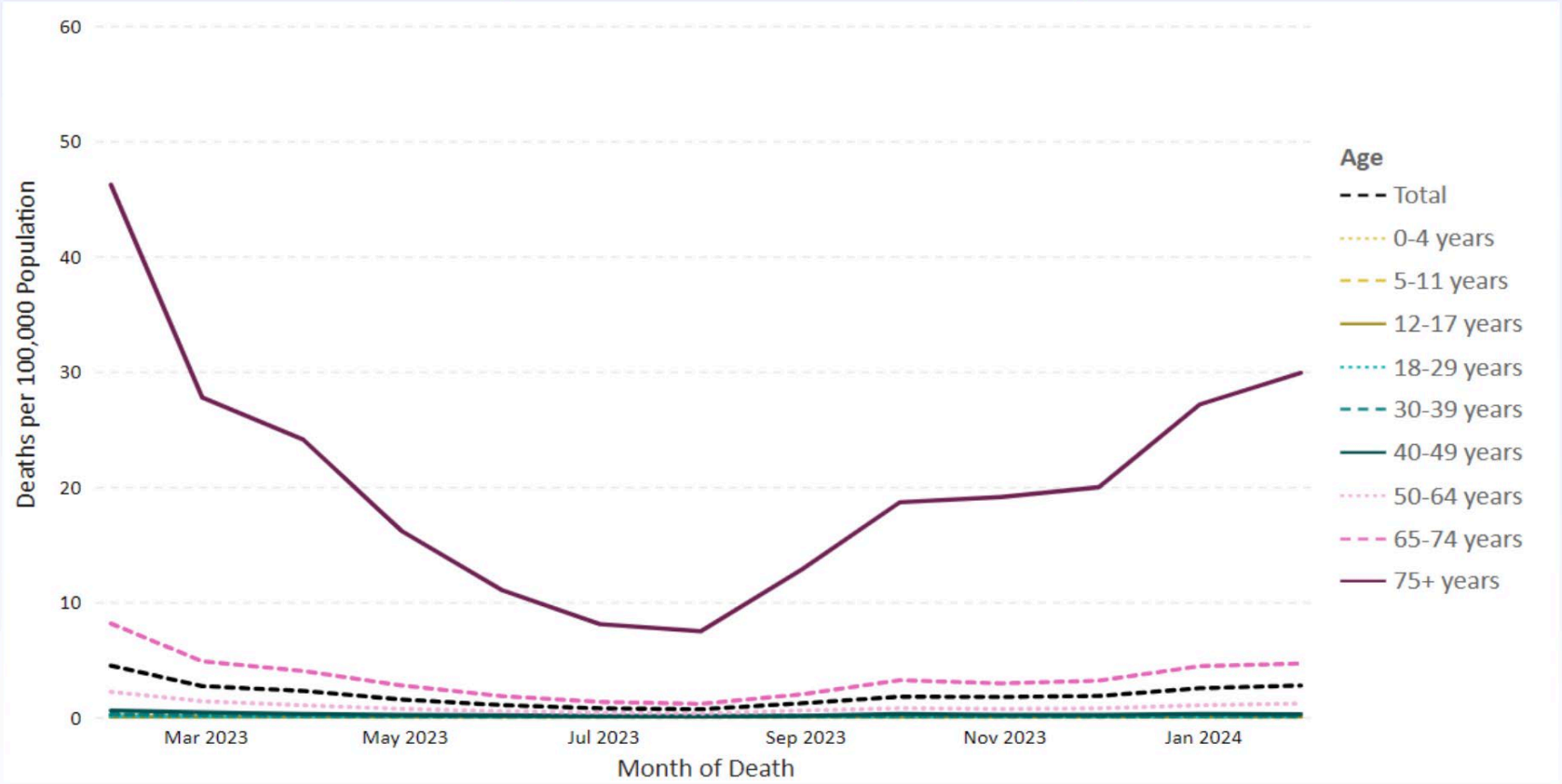
What are the numbers showing us?

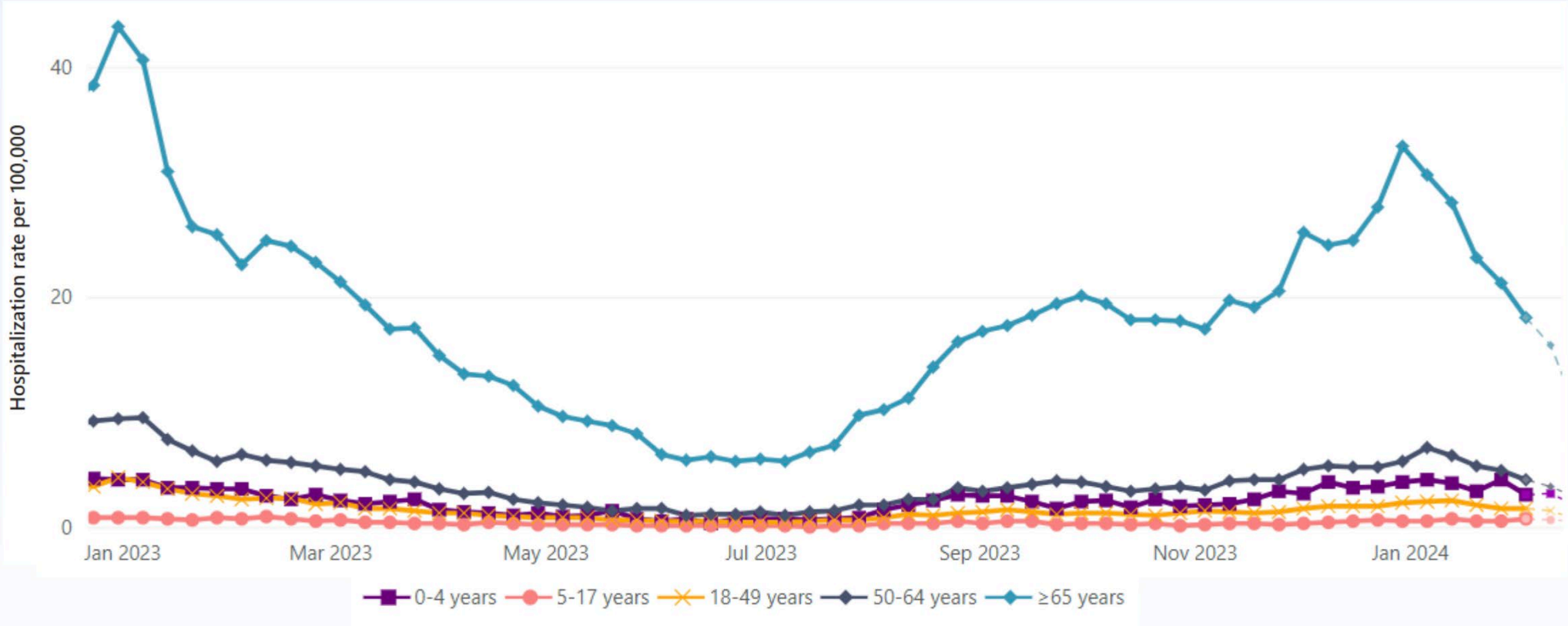
Monthly rates of provisional COVID-19 deaths by age group, United States, January 1, 2023 – January 31, 2024



Provisional data are non-final counts of deaths based on reported mortality data in NVSS. Deaths include those with COVID-19, coded as ICD–10 code U07.1, on the death certificate. Death data are displayed by date of death (event).

Source: Provisional data from the CDC's National Center for Health Statistics (NCHS) National Vital Statistic System (NVSS); CDC COVID Data Tracker. https://covid.cdc.gov/covid-data-tracker/#demographicsovertime. Accessed February 23, 2024

Weekly population-based rates of COVID-19-associated hospitalizations, by age group — COVID-NET, January 1, 2023 – February 24, 2024

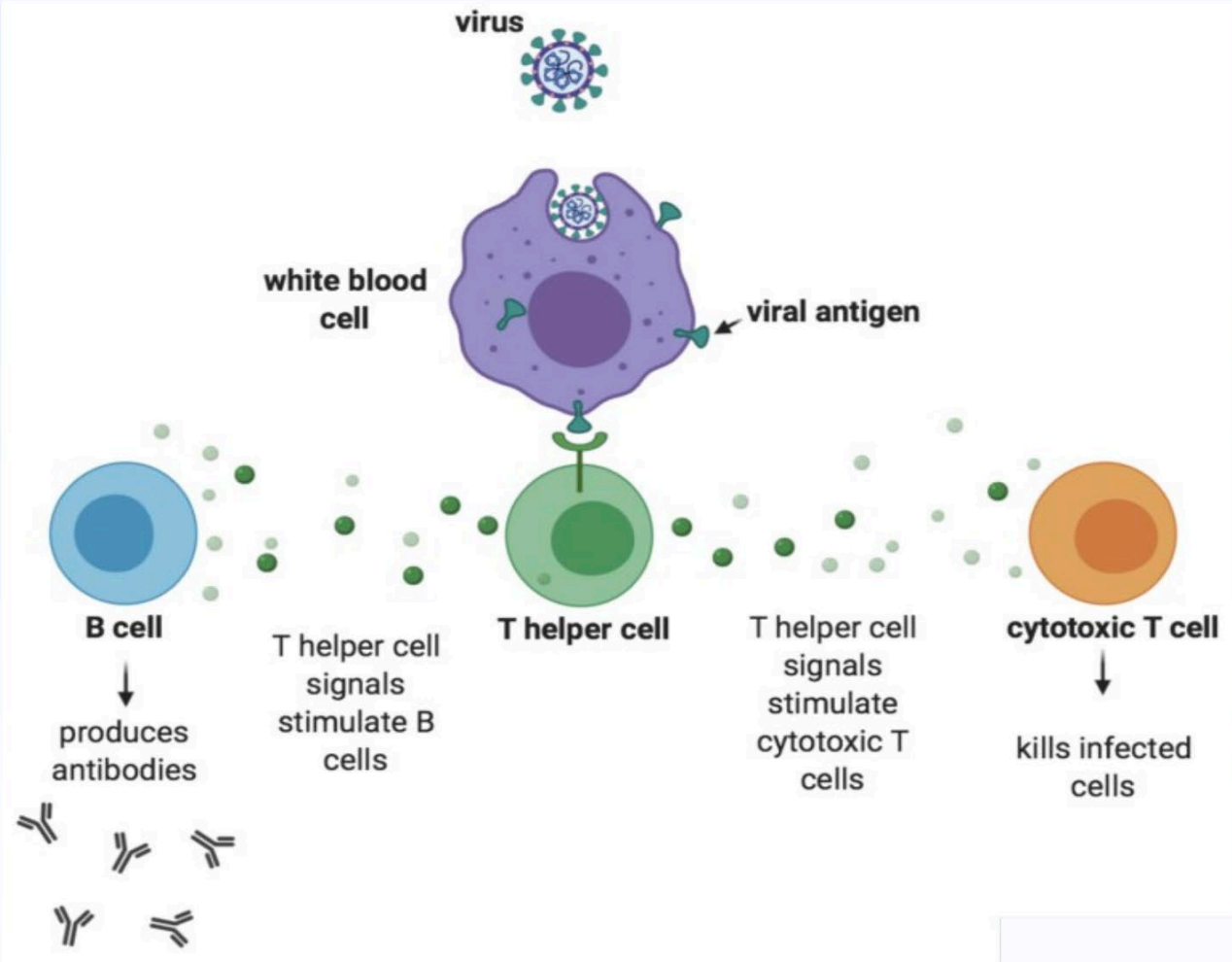


Dashed lines indicate potential reporting delays and interpretation of trends should exclude these weeks.

CDC COVID Data Tracker. https://covid.cdc.gov/covid-data-tracker/#covidnet-hospitalization-network. Accessed February 23, 2024

Why is it happening?

Adaptive immunity includes cellular and humoral responses

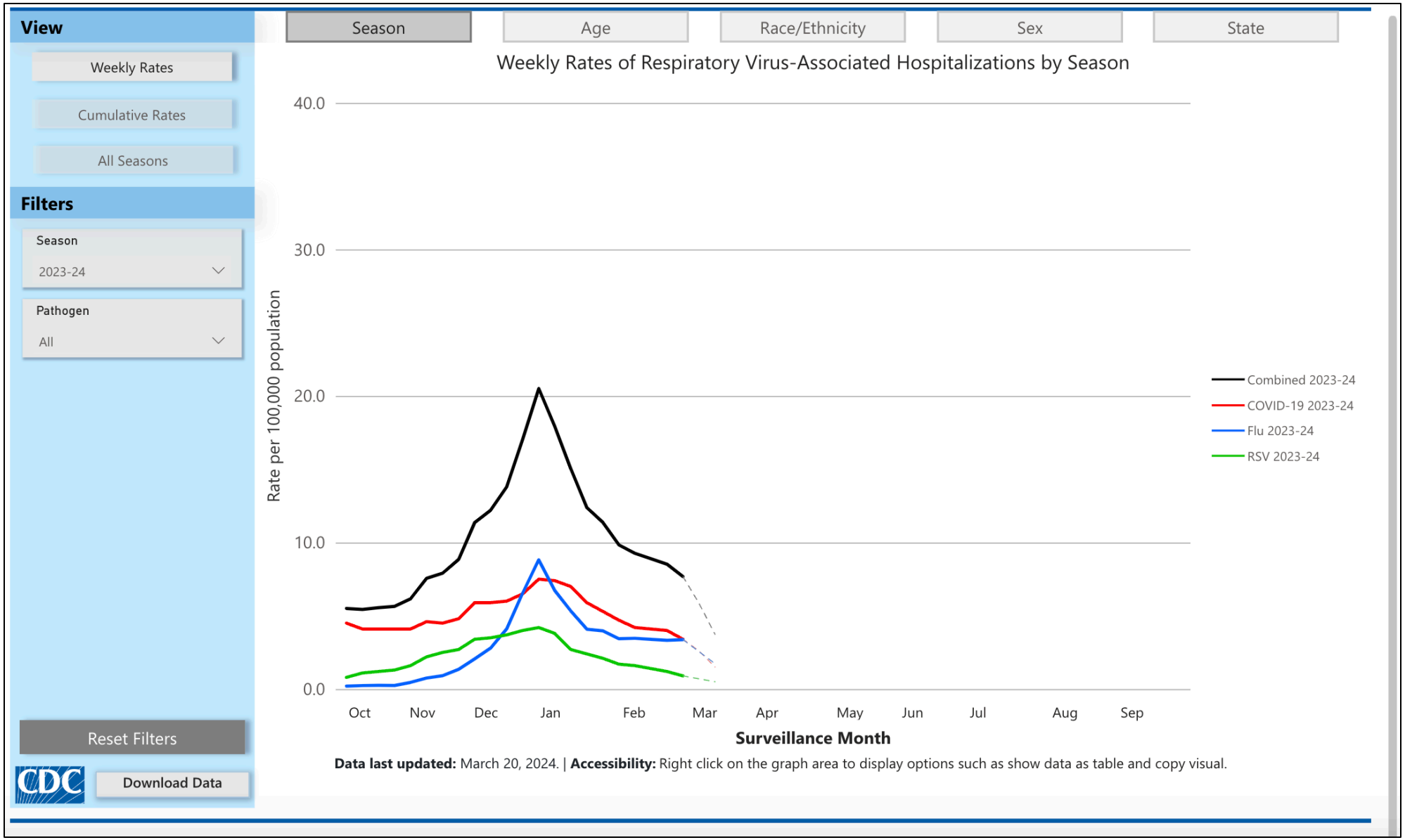


Insufficient pools of naïve T cells impacts ability to generate:

- Neutralizing antibody responses
- Cytotoxic T cells

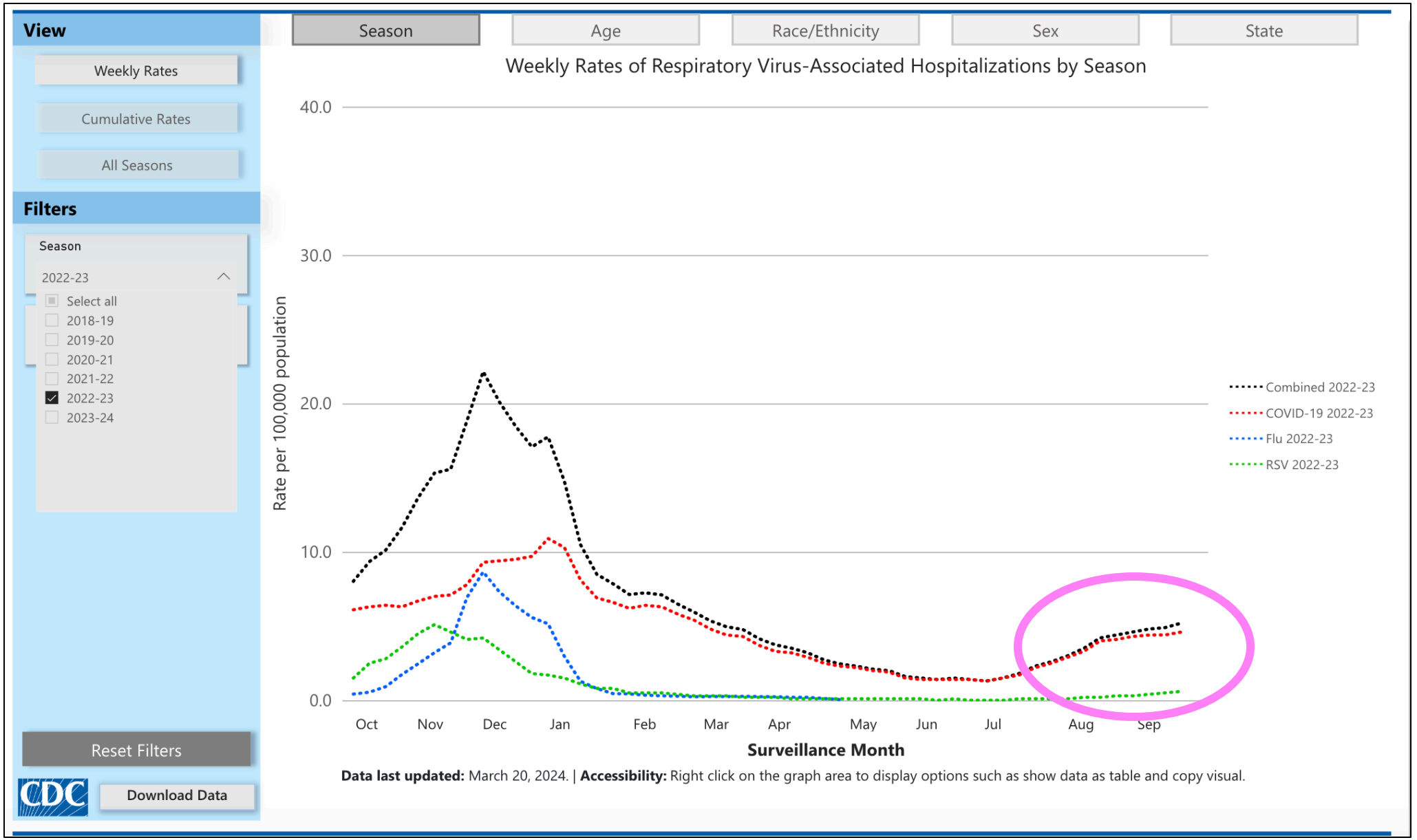
Source: Rey, Gertrud. T Cell Responses to Coronavirus Infection are Complicated. https://www.virology.ws/2020/11/05/t-cell-responses-to-coronavirus-infection-are-complicated/

Where are we with COVID?

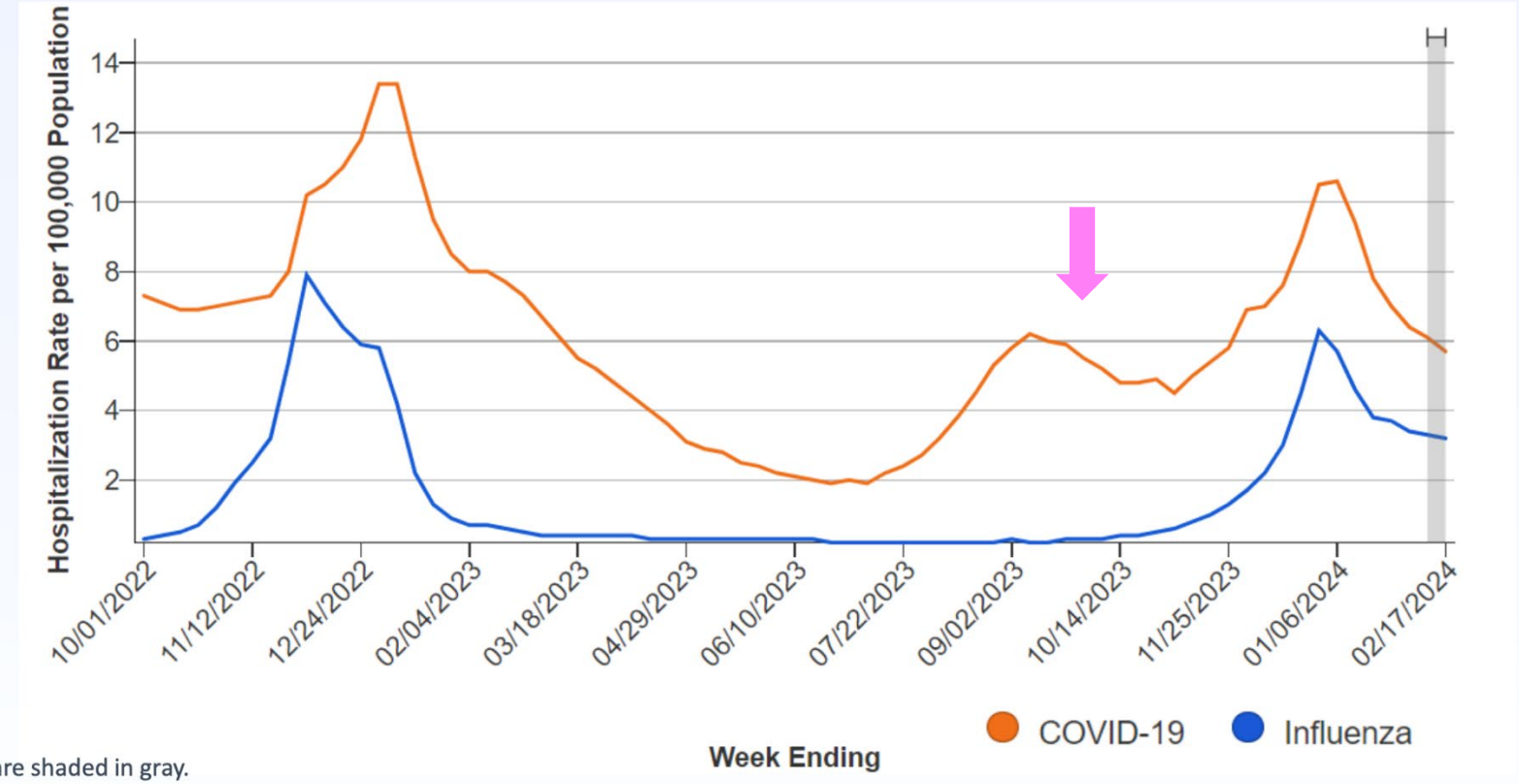


https://www.cdc.gov/surveillance/resp-net/dashboard.html

What happened last year?


View
Weekly Rates
Cumulative Rates
All Seasons
Filters
Season
2022-23
Select all
2018-19
2019-20
2020-21
2021-22
2022-23
2023-24
Reset Filters
CDC
Download Data
Season
Age
Race/Ethnicity
Sex
State
Weekly Rates of Respiratory Virus-Associated Hospitalizations by Season
Rate per 100,000 population
40.0
30.0
20.0
10.0
0.0
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Surveillance Month
Combined 2022-23
COVID-19 2022-23
Flu 2022-23
RSV 2022-23
Data last updated: March 20, 2024. | Accessibility: Right click on the graph area to display options such as show data as table and copy visual.

Weekly hospitalization rate per 100,000 population, United States, October 1, 2022 – February 17, 2024



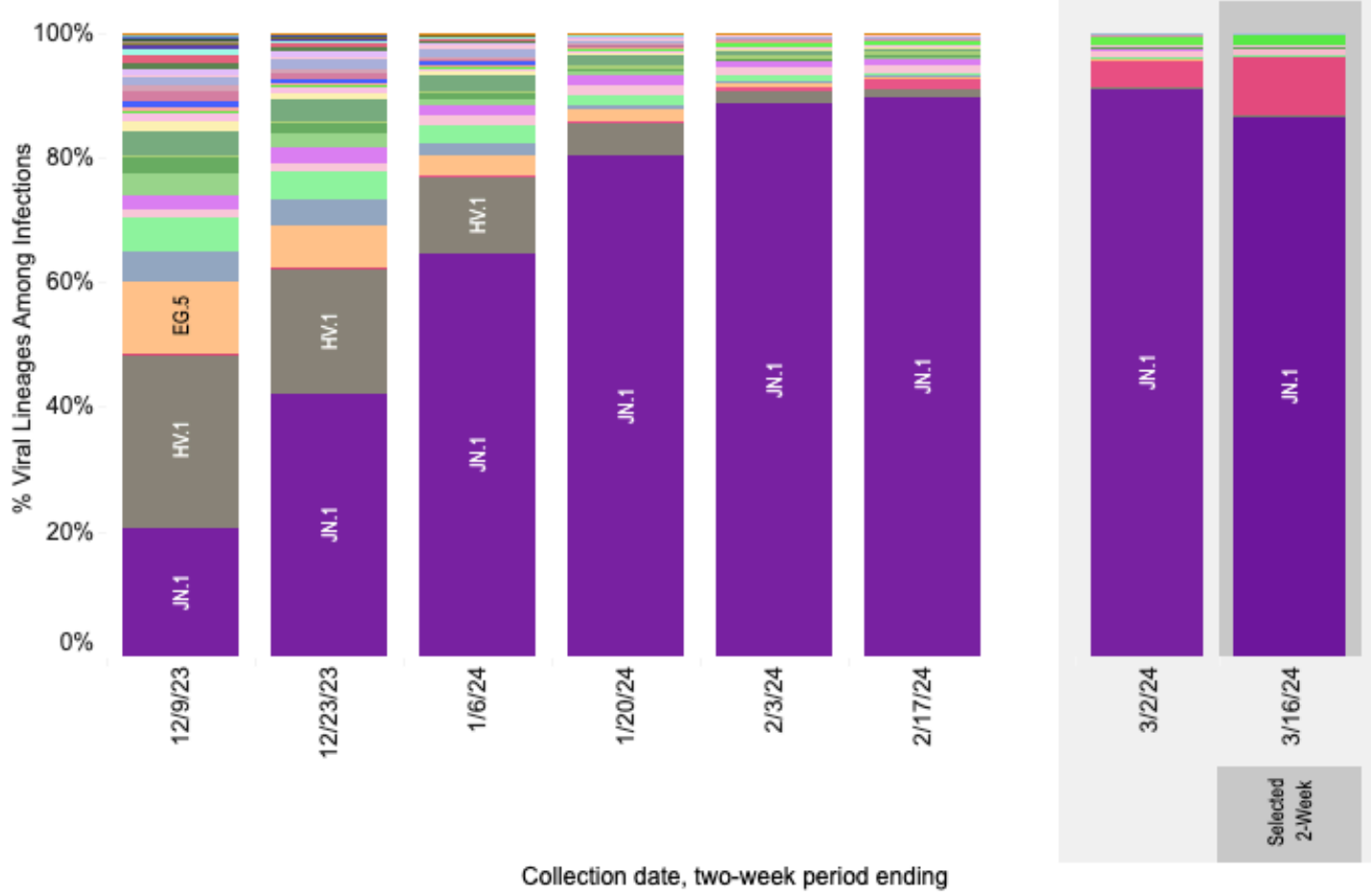
Preliminary data are shaded in gray.

Dashed line represents the nadir for COVID-19 hospitalization rates.

CDC Respiratory Virus Activity Levels. National Healthcare Safety Network. https://www.cdc.gov/respiratory-viruses/data-research/dashboard/illness-severity.html. Accessed February 23, 2024

Weighted Estimates: Variant proportions based on reported genomic sequencing results

Nowcast: Model-based projected estimates of variant proportions



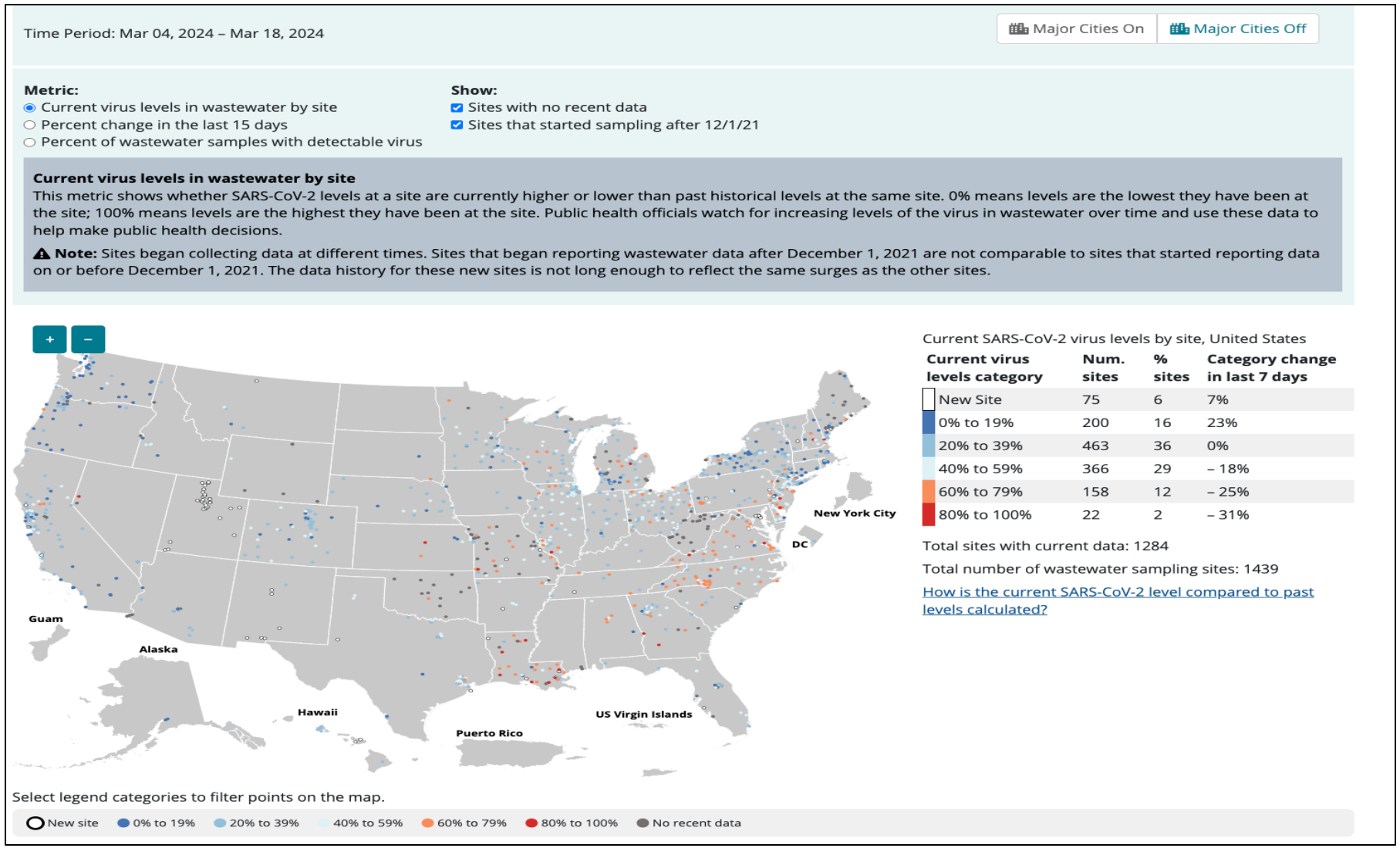
USA

WHO label	Lineage #	%Total	95%PI
Omicron	JN.1	86.5%	81.4-90.5%
	JN.1.13	9.5%	5.5-15.7%
	JN.1.18	1.8%	1.2-2.7%
	BA.2	0.2%	0.0-1.4%
	BA.2.86	0.2%	0.1-0.3%
	GE.1	0.2%	0.1-0.4%
	HV.1	0.1%	0.1-0.2%
	JG.3	0.1%	0.1-0.1%
	JD.1.1	0.1%	0.0-0.1%
	HK.3	0.0%	0.0-0.0%
	XBB	0.0%	0.0-0.0%
	EG.5	0.0%	0.0-0.0%
	XBB.1.9.1	0.0%	0.0-0.0%
	EG.5.1.8	0.0%	0.0-0.0%
	JF.1	0.0%	0.0-0.0%
	XBB.1.16.15	0.0%	0.0-0.0%
	XBB.2.3	0.0%	0.0-0.0%
	FL.1.5.1	0.0%	0.0-0.0%
	XBB.1.5.70	0.0%	0.0-0.0%
	XBB.1.16.6	0.0%	0.0-0.0%
	XBB.1.16.11	0.0%	0.0-0.0%
	GK.1.1	0.0%	0.0-0.0%
	HF.1	0.0%	0.0-0.0%
	XBB.1.16	0.0%	0.0-0.0%
	GK.2	0.0%	0.0-0.0%
	XBB.1.5	0.0%	0.0-0.0%
	XBB.1.16.1	0.0%	0.0-0.0%
Other	Other*	1.2%	0.7-2.0%

* 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.

\# While all lineages are tracked by CDC, those named lineages not enumerated in this graphic are aggregated with their parent lineages, based on Pango lineage definitions, described in more detail here:

Wastewater Surveillance



Wastewater Surveillance Change

Time Period: Mar 04, 2024 – Mar 18, 2024

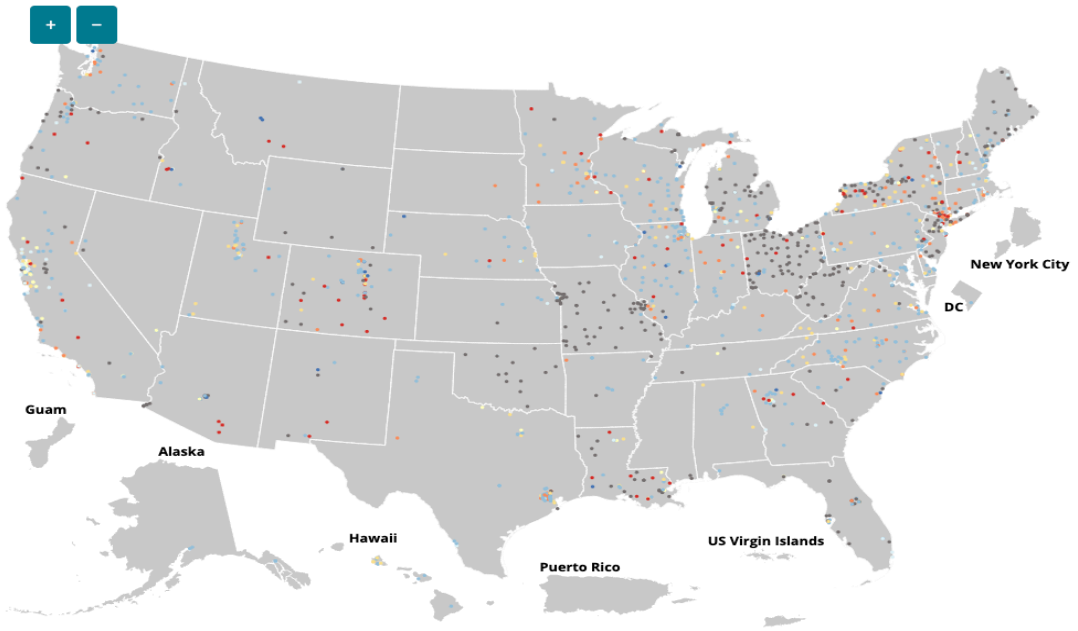
Major Cities On | Major Cities Off

Metric:
- ○ Current virus levels in wastewater by site
- ◉ Percent change in the last 15 days
- ○ Percent of wastewater samples with detectable virus

Show:
- ☑ Sites with no recent data

Percent change in the last 15 days
This metric shows whether virus levels have increased or decreased over the last 15 days. When levels of virus in wastewater are low, a modest increase in virus level can appear much larger when you look at the percent change. This metric may be affected by how often wastewater plants collect samples or by environmental factors (such as rainfall). Wastewater data showing the percent change in virus levels should be used along with other data such as overall levels of the virus in wastewater, historical wastewater data for that location, geographical context, and clinical cases.

Note: This metric does **not** show overall levels of SARS-CoV-2 in wastewater.



Percent change of SARS-CoV-2 in the last 15 days by site, United States

15-day % change category	Num. sites	% sites	Category change in last 7 days
– 100%	23	2	– 15%
– 99% to – 10%	499	48	– 27%
– 9% to 0%	99	10	– 32%
1% to 9%	48	5	– 6%
10% to 99%	147	14	– 18%
100% to 999%	123	12	– 14%
1000% or more	91	9	26%

Total sites with current data: 1030

Total number of wastewater sampling sites: 1439

How is the 15-day percent change calculated?

Select legend categories to filter points on the map.

– 100% | – 99% to – 10% | – 9% to 0% | 1% to 9% | 10% to 99% | 100% to 999% | 1000% or more | No recent data

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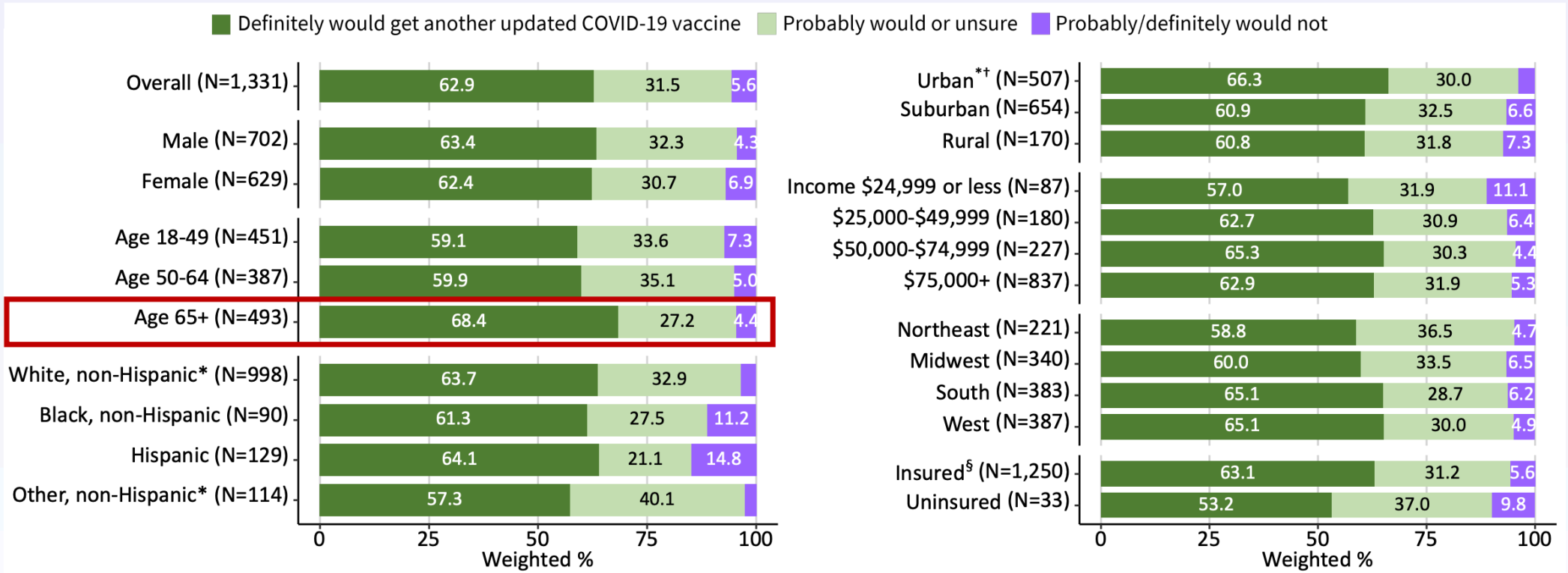
But our residents will not take another shot!

Are people over 65 likely to take an additional COVID shot?

Intent to receive *additional* COVID-19 vaccine dose among adults ≥18 years of age who received a dose since September 14, 2023, Omnibus Surveys, November 30, 2023-January 16, 2024 (N=1,331)



*Labels for estimates <4% not shown. †NORC and Ipsos base urbanicity on different, but comparable measures. NORC uses Census tract-based RUCA (Rural-Urban-Commuting Area) codes, whereas Ipsos uses Office of Management and Budget's CBSA (Core Based Statistical Area) classification. §Includes plans purchased through employer, insurance companies, marketplaces, military insurance, Medicare, Medicaid, VA, IHS, and "other."

Omnibus Surveys: Data for this analysis were collected through the Ipsos KnowledgePanel and NORC AmeriSpeak Omnibus Surveys, which use probability-based panels to survey a nationally representative sample of U.S. adults aged 18 years and older. CDC fields questions about vaccination status, intent, knowledge, attitudes, beliefs, and behaviors on each survey for 2 waves each month, for a combined sample size of ~4,000 respondents. These slides present results from January (N=4,287). Data were weighted to represent the non-institutionalized U.S. population and mitigate possible non-response bias. All responses are self-reported.

Are these shots dangerous?

Summary
Benefits and Harms

- 2023-2024 Formula COVID-19 vaccination provided increased protection against symptomatic SARS-CoV-2 infection and COVID-19-associated ED/UC visits and hospitalizations compared to no updated vaccine dose.
  - COVID-19 vaccine effectiveness from previous vaccine formulations has waned over time but appears more durable against critical illness.
- An additional dose of 2023-2024 Formula may restore vaccine effectiveness which is expected to wane, providing additional protection until the next updated vaccine is available.
- COVID-19 vaccines have a favorable safety profile.
  - Local and systemic symptoms have been reported following receipt of COVID-19 vaccines; however, symptoms are less frequent and severe among older adults compared with adolescents and younger adults.
  - Available data do not provide clear and consistent evidence of a safety issue for ischemic stroke with bivalent mRNA COVID-19 vaccines either when given alone or given simultaneously with influenza vaccines.

Original Investigation

March 19, 2024

Stroke Risk After COVID-19 Bivalent Vaccination Among US Older Adults

Yun Lu, PhD[1]; Kathryn Matuska, BA[2]; Gita Nadimpalli, PhD[2]; et al

» Author Affiliations

JAMA. 2024;331(11):938-950. doi:10.1001/jama.2024.1059

Meaning In this self-controlled case series among Medicare beneficiaries aged 65 years or older, the primary analysis showed no evidence of a significantly elevated stroke risk during the days immediately after administration of either brand of the COVID-19 bivalent vaccine.

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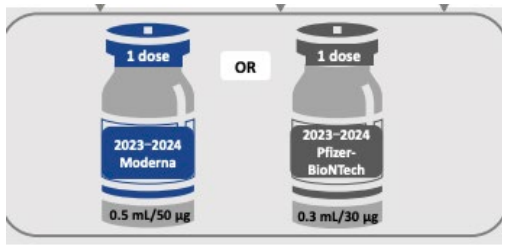
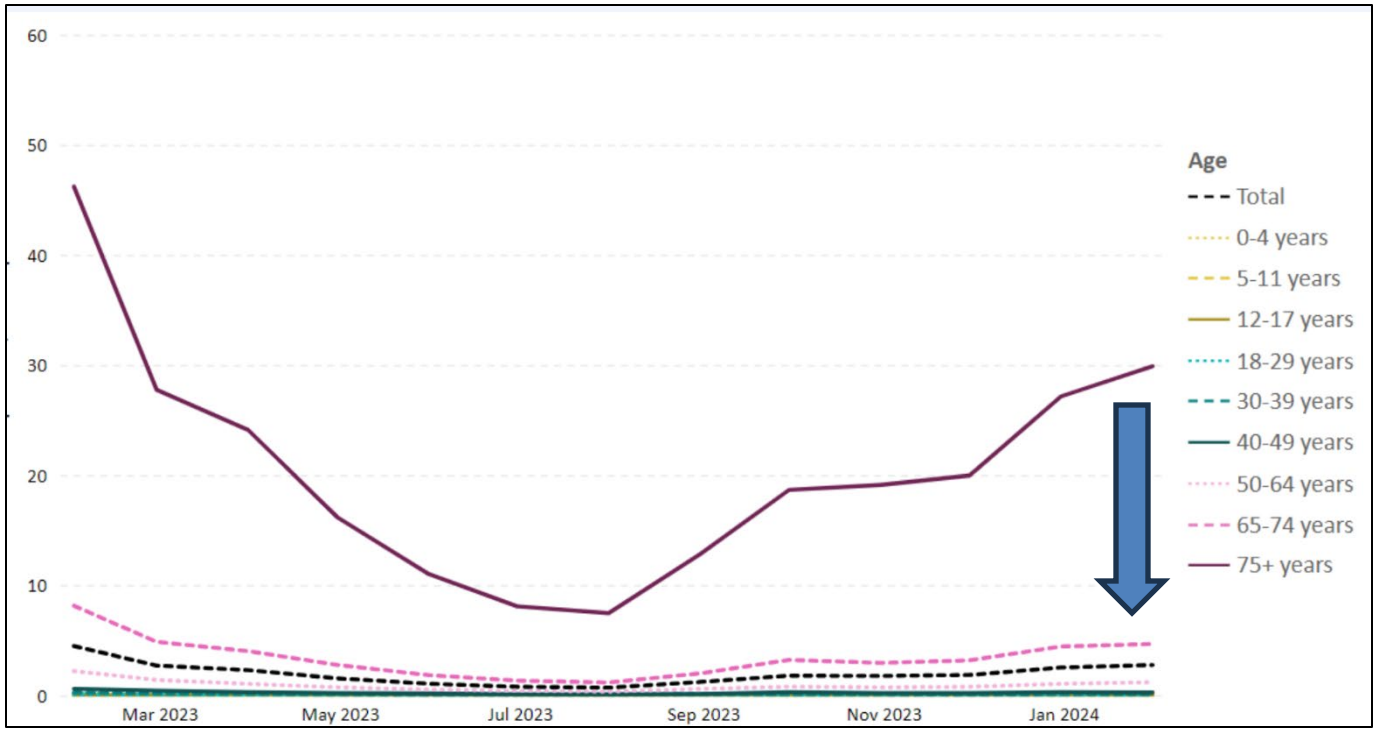
What Are the Recommendations?

- ALL over six months SHOULD receive an Updated COVID-19 vaccine.
- An additional dose of the updated COVID-19 vaccine **SHOULD** be administered four months after the original updated vaccine.





Implication on NHSN Data Reporting

- Those 65 and older are now considered up to date when they have received two doses of the updated 2023-2024 COVID-19 vaccine or one dose of the updated vaccine in the past four months. For individuals under 65, there is no change; they are up to date with one dose of the updated 2023-2024 COVID-19 vaccine since its approval in September 2023.
- Applies to both the NHSN Weekly HCP and Resident Vaccination Forms.
- Changes will be implemented at the beginning of Quarter 2 of 2024 (week of April 1, 2024).
- **Data Reporting in Quarter 2 of 2024**

Residents and health care personnel aged 65 and older should ONLY be counted as up to date after receiving a second dose of the 2023-2024 updated COVID-19 vaccine or if they have received one dose in the past four months.

Avoid over-reporting: Residents aged 65 and older who have received only one dose of the 2023-2024 COVID-19 vaccine more than four months ago should NOT be counted as up to date.

Continue to count residents and health care personnel under 65 as up to date with one dose of the updated 2023-2024 COVID-19 vaccine.

In other news

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-24-08-NH

DATE: March 20, 2024

TO: State Survey Agency Directors

FROM: Director, Quality, Safety & Oversight Group (QSOG)

SUBJECT: Enhanced Barrier Precautions in Nursing Homes

Memorandum Summary

- CMS is issuing new guidance for State Survey Agencies and long term care (LTC) facilities on the use of enhanced barrier precautions (EBP) to align with nationally accepted standards.
- EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status.
- The new guidance related to EBP is being incorporated into F880 Infection Prevention and Control.

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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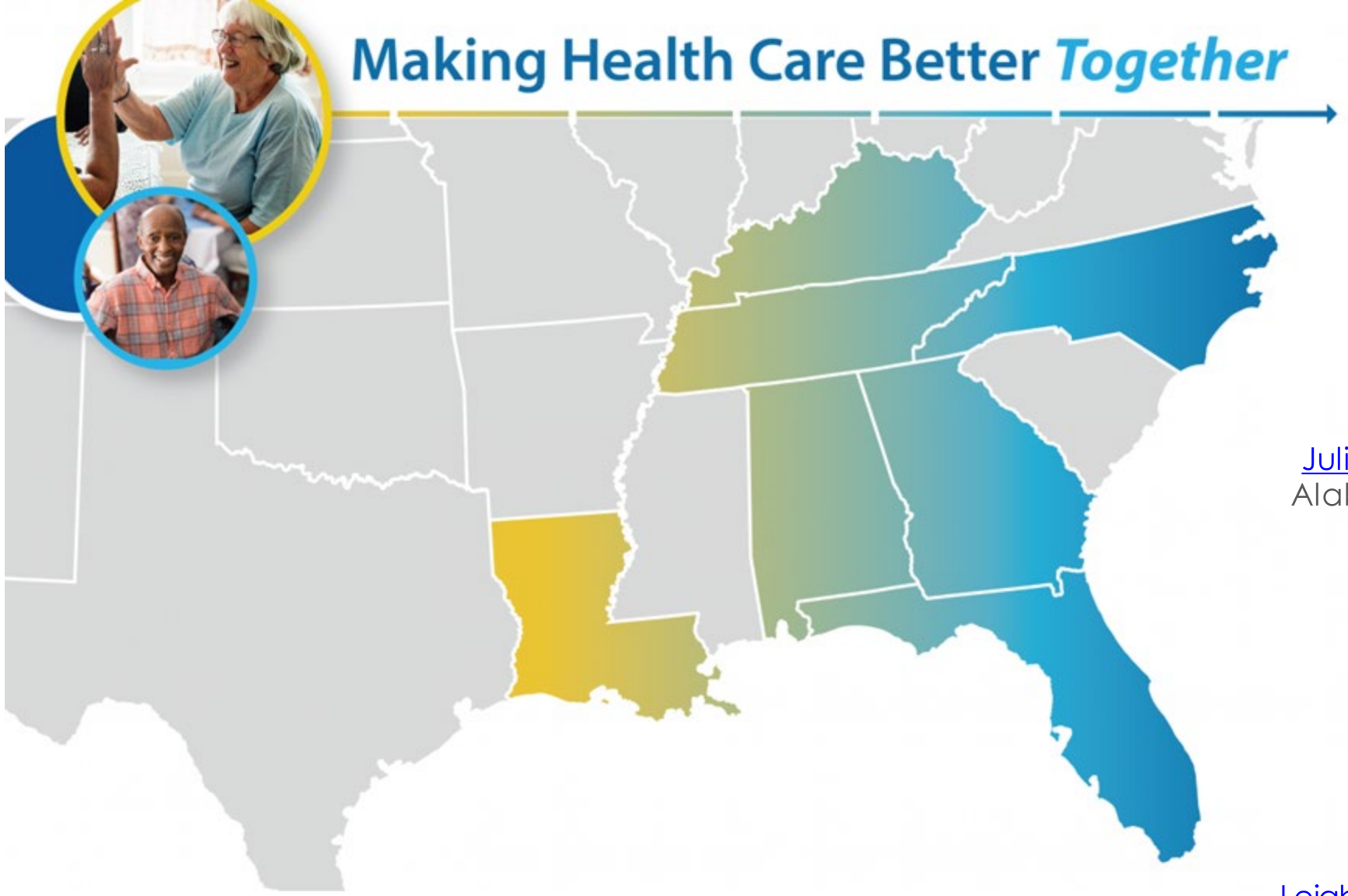

Julie Kueker
Julie.Kueker@AlliantHealth.org
Alabama, Florida and Louisiana

Leighann Sauls
Leighann.Sauls@AlliantHealth.org
Georgia, Kentucky, North Carolina and Tennessee

Program Directors

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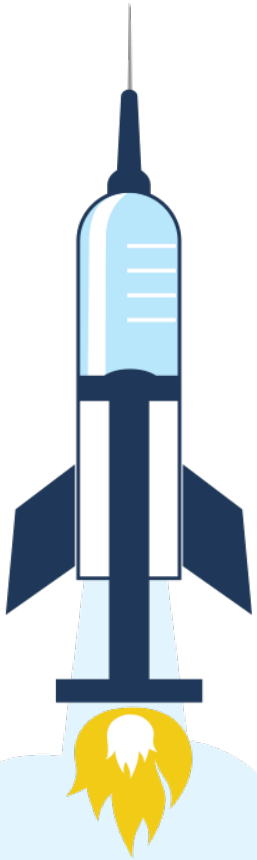

Thank you

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