

Boost Office Hours

June 27, 2024

Swati Gaur, MD, MBA, CMD, AGSF

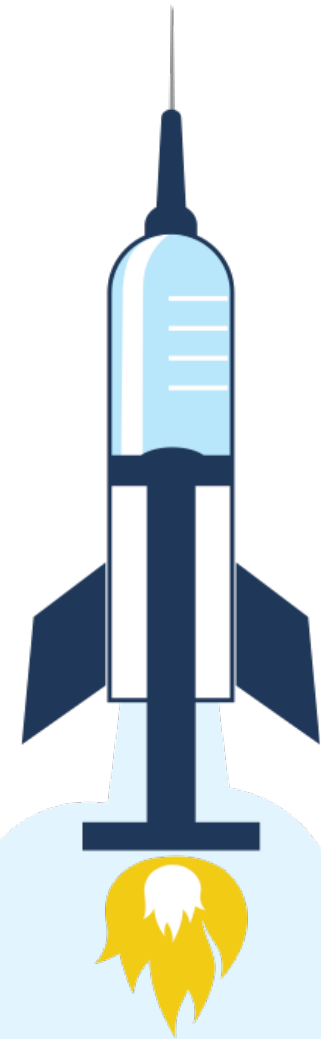
Northeast Georgia Health System
Alliant Health Solutions

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

Alliant Health Solutions

Deena Tarver, MBA, BSHCA

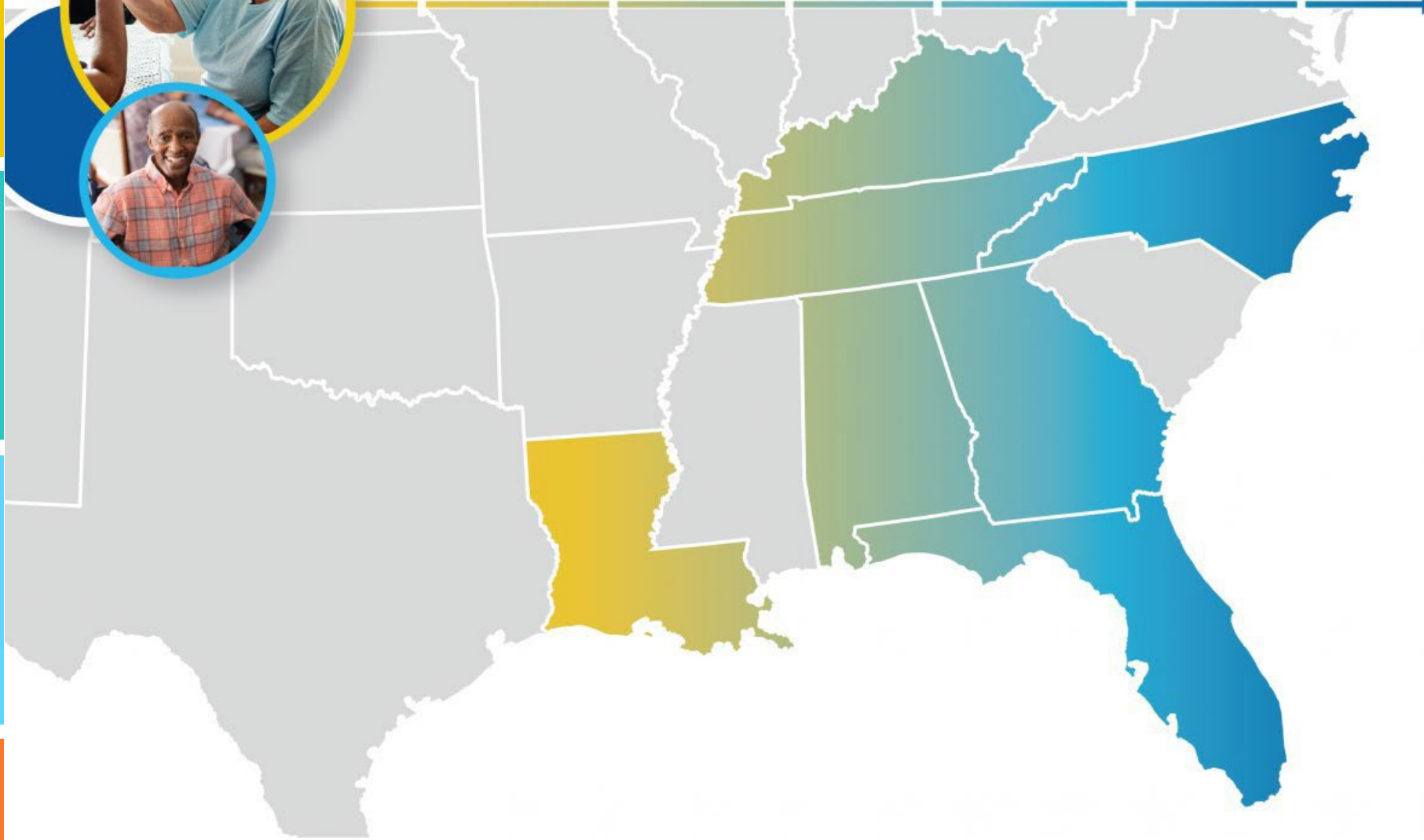
Alliant Health Solutions



 **ALLIANT**
HEALTH SOLUTIONS

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

Making Health Care Better *Together*



About Alliant Health Solutions

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
- Masters in business administration from Georgia Institute of Technology



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

INFECTION PREVENTION TECHNICAL ADVISOR

Dr. St. Hill is a health care professional 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 traveling, outdoor activities, and spending time with family and friends.

Contact: Paula.StHill@allianthealth.org



Deena Tarver, MBA, BSHA

VACCINE ADVISOR

Deena Tarver is a vaccine advisor with a focus on the COVID-19 vaccine.

She has a business background and owned businesses before entering the health industry. Her passion for serving led her into the health field, where she could combine her business background and clinical knowledge to better serve others.

Deena enjoys time with her family and hiking with her husband and three fur babies.

Contact: Deena.Tarver@allianthealth.org





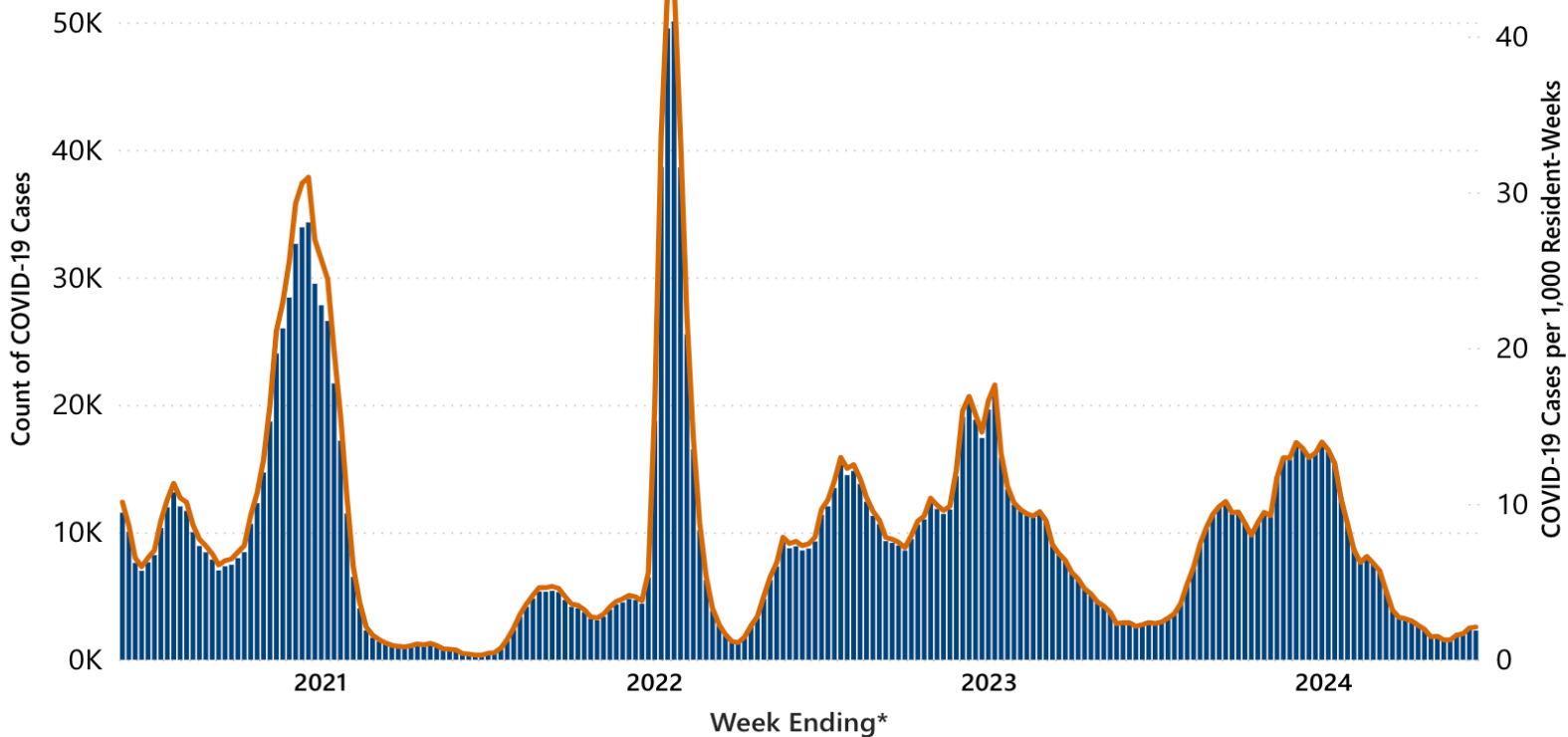
COVID-19 Epidemiology Update



Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week— United States



● Count COVID-19 Cases — Rate of COVID-19 Cases



Display by FEMA/HHS Region

All

Display by State

All

* Data are likely accruing, all data can be modified from week-to-week by facilities

For the purpose of creating this time-series graph, data that fail certain quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns for data-entry or excluded from analysis

Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network. Accessibility: [Right click on the graph area to show as table]

For more information: <https://www.cdc.gov/nhsn/ltc/covid19/index.html>

Data as of 6/17/2024 5:30 AM



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

COVID-19 Update for the United States

Early Indicators

Test Positivity >

% Test Positivity

5.4%

(June 2 to June 8, 2024)

Trend in % Test Positivity

+0.8% in most recent week



Apr 20, 2024

Jun 8, 2024

Emergency Department Visits >

% Diagnosed as COVID-19

0.6%

(June 2 to June 8, 2024)

Trend in % Emergency Department Visits

+12.6% in most recent week



Apr 20, 2024

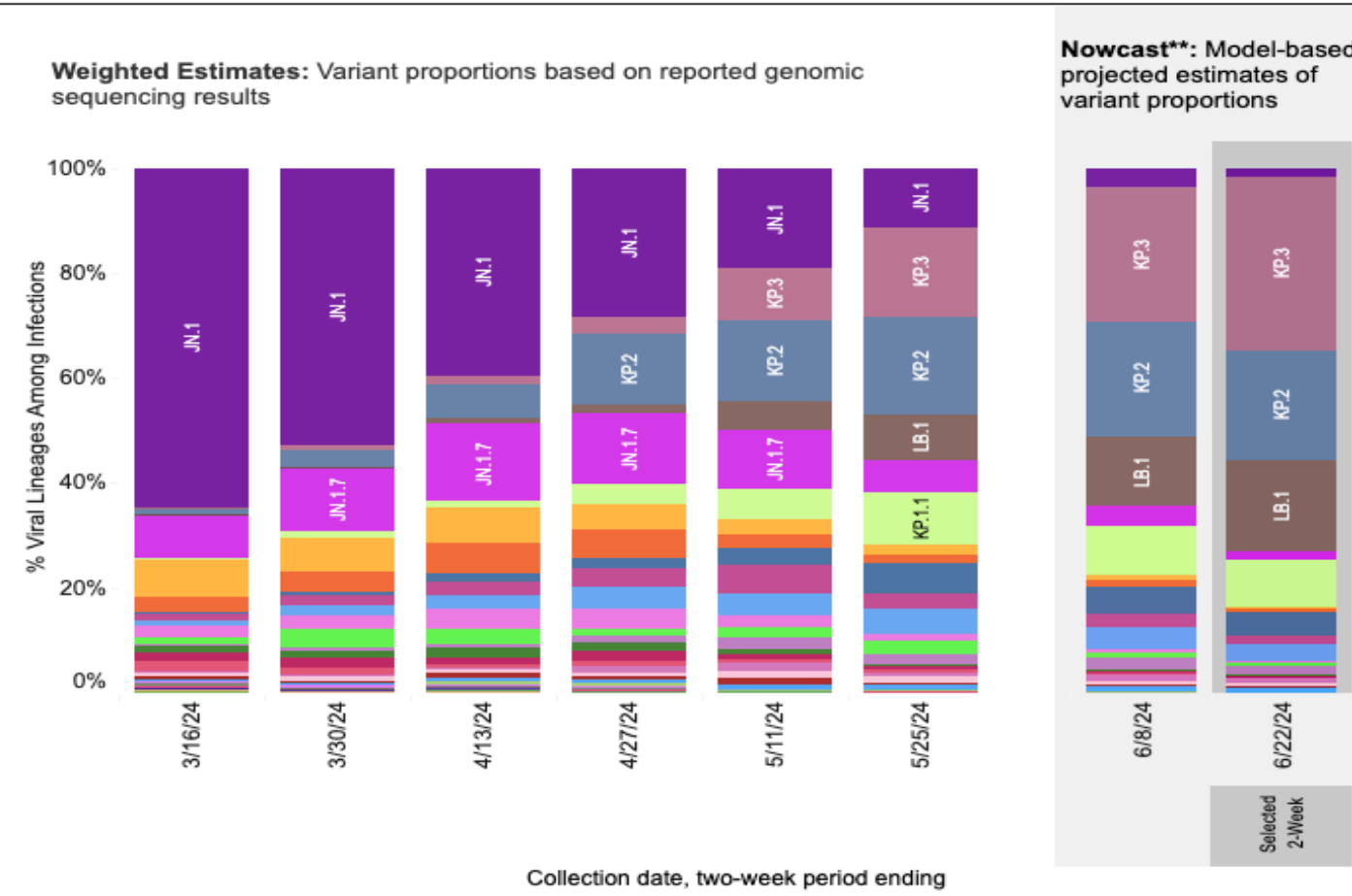
Jun 8, 2024

These early indicators represent a portion of national COVID-19 tests and emergency department visits. [Wastewater](#) information also provides early indicators of spread.

Weighted and Nowcast Estimates in United States for 2-Week Periods in 3/3/2024 – 6/22/2024



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 6/9/2024 – 6/22/2024

USA			
WHO label	Lineage #	%Total	95%PI
Omicron	KP.3	33.1%	22.0-46.3%
	KP.2	20.8%	16.4-26.0%
	LB.1	17.5%	8.2-32.5%
	KP.1.1	9.0%	6.0-13.3%
	JN.1.16.1	4.4%	2.9-6.6%
	JN.1.11.1	3.2%	2.0-4.9%
	KS.1	1.8%	0.9-3.3%
	JN.1.7	1.7%	1.2-2.3%
	JN.1.16	1.6%	1.0-2.6%
	JN.1	1.6%	1.2-2.2%
	XDV.1	1.4%	0.7-2.6%
	KW.1.1	1.0%	0.5-1.9%
	JN.1.13.1	0.6%	0.4-0.9%
	KQ.1	0.4%	0.2-0.8%
	JN.1.18	0.4%	0.2-0.6%
	JN.1.8.1	0.4%	0.2-0.5%
	JN.1.32	0.2%	0.1-0.2%
	XDP	0.1%	0.1-0.2%
	JN.1.4.3	0.1%	0.0-0.4%
	KV.2	0.1%	0.0-0.1%
BA.2	0.0%	0.0-0.1%	
BA.2.86	0.0%	0.0-0.0%	

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
 # 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: <https://web.archive.org/web/20240116214031/https://www.pango.network/the-pango-nomenclature-system/statement-of-nomenclature-rules>.

Time Period: May 27, 2024 – Jun 10, 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

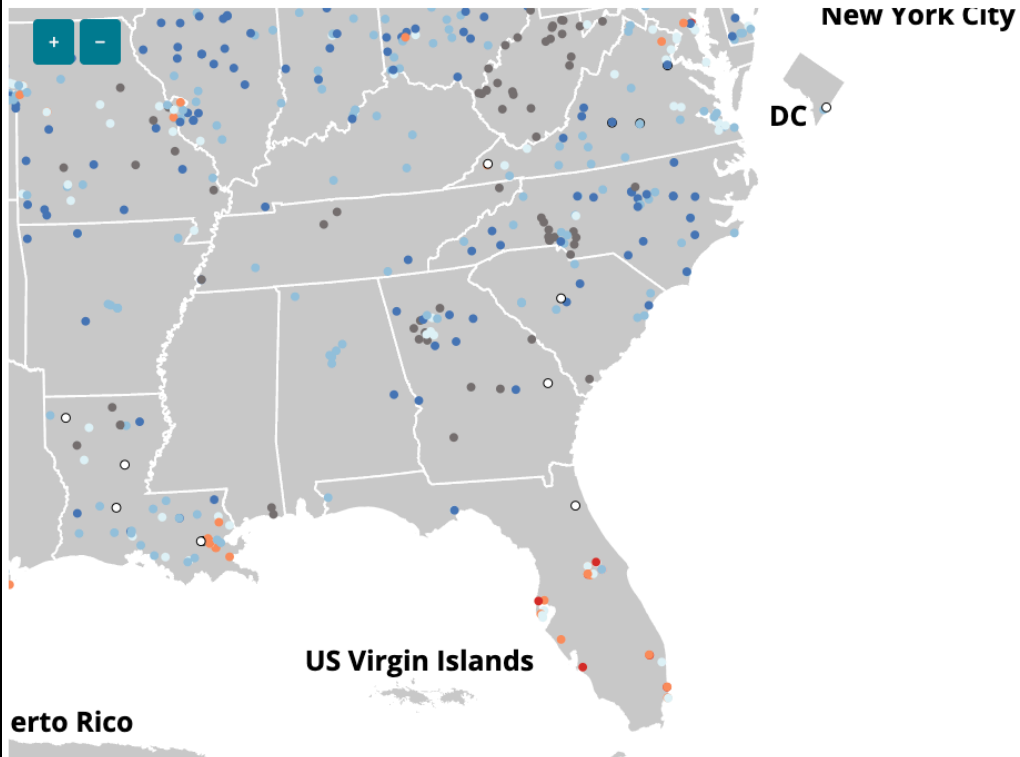
Show:

- Sites with no recent data
- Sites that started sampling after 12/1/21

Current virus levels in wastewater by site

This metric shows whether SARS-CoV-2 levels at a site are currently higher or lower than past historical levels at the same site. 0% means levels are the lowest they have been at the site; 100% means levels are the highest they have been at the site. Public health officials watch for increasing levels of the virus in wastewater over time and use these data to help make public health decisions.

▲ Note: Sites began collecting data at different times. Sites that began reporting wastewater data after December 1, 2021 are not comparable to sites that started reporting data on or before December 1, 2021. The data history for these new sites is not long enough to reflect the same surges as the other sites.



Current SARS-CoV-2 virus levels by site, United States

Current virus levels category	Num. sites	% sites	Category change in last 7 days
New Site	50	4	2%
0% to 19%	413	33	- 8%
20% to 39%	458	36	- 7%
40% to 59%	225	18	- 11%
60% to 79%	91	7	- 1%
80% to 100%	27	2	42%

Total sites with current data: 1264

Total number of wastewater sampling sites: 1438

[How is the current SARS-CoV-2 level compared to past levels calculated?](#)

Select legend categories to filter points on the map.

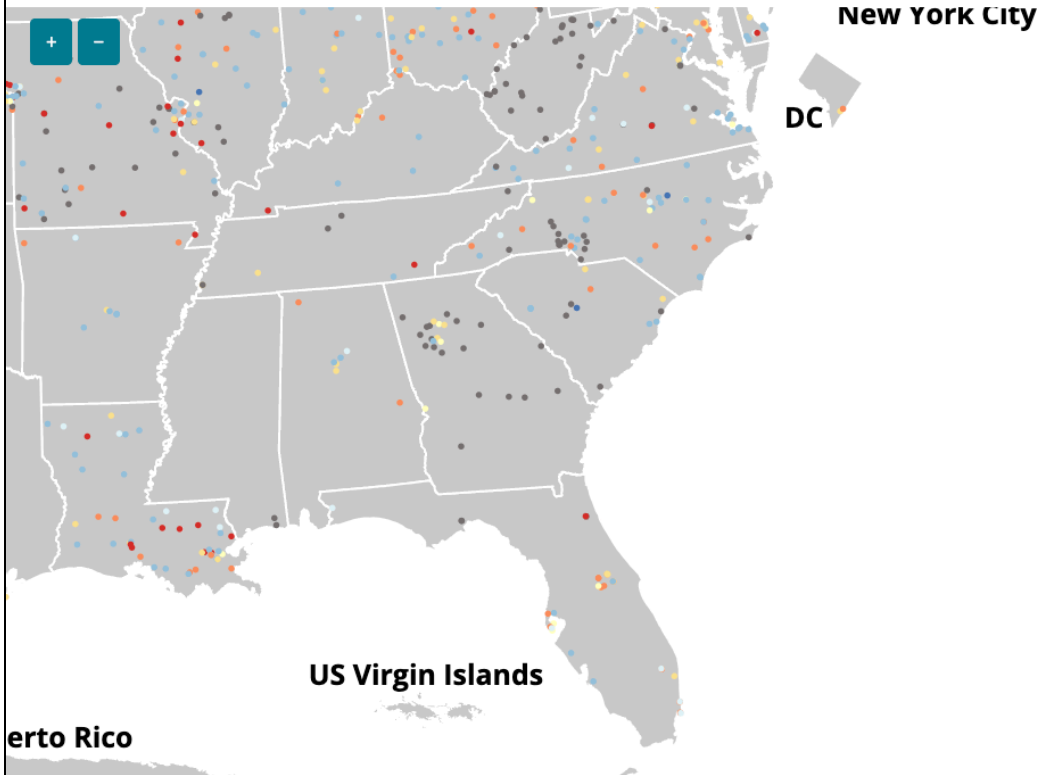
- New site
- 0% to 19%
- 20% to 39%
- 40% to 59%
- 60% to 79%
- 80% to 100%
- No recent data

- 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.



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

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%	34	3	21%
- 99% to - 10%	406	39	- 3%
- 9% to 0%	88	8	- 30%
1% to 9%	72	7	- 27%
10% to 99%	171	16	- 34%
100% to 999%	148	14	- 34%
1000% or more	133	13	11%

Total sites with current data: 1052

Total number of wastewater sampling sites: 1438

[How is the 15-day percent change calculated?](#)



Viral Respiratory Pathogens Toolkit for Nursing Homes



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

ACTION: PREPARE for respiratory viruses (e.g., SARS-CoV-2, influenza, RSV)

- Vaccinate
- Allocate resources
- Monitor and Mask
- Educate
- Ventilate
- Test and Treat

ACTION: RESPOND when a resident or HCP develops signs or symptoms of a respiratory viral infection

Prevent Spread

- TBP immediate
- Resident placement
- Staff PPE
- Staff illness

Test

Treatment and Prophylaxis

Investigate


- Active surveillance of residents and staff

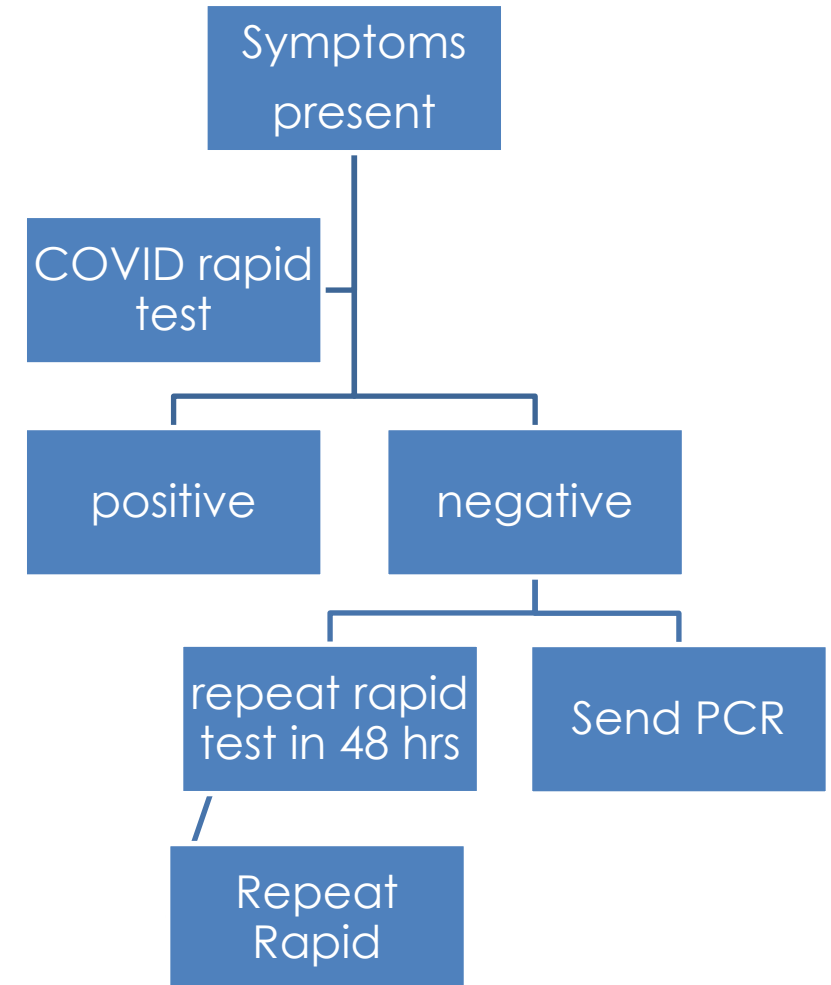
ACTION: CONTROL respiratory virus spread when transmission is identified

- Notify the local or state public health department
- Make initial attempts to control limited spread
 - Masking
 - Surveillance
 - testing
- Take additional measures if initial interventions fail
 - Cohort staff
 - Limit activity and dining
 - Modification of visitation
 - New admissions

Testing

B) Test for SARS-CoV-2 by nucleic acid detection⁵ OR by SARS-CoV-2 antigen detection assay.⁶

Because antigen detection assays have lower sensitivity than nucleic acid detection assays for detecting SARS-CoV-2 in upper respiratory tract specimens, a negative SARS-CoV-2 antigen detection assay result *in a symptomatic person* does not exclude SARS-CoV-2 infection and should be confirmed by either a negative result from a SARS-CoV-2 nucleic acid detection assay or a second negative antigen test result on an upper respiratory tract specimen collected 48 hours after the first negative test result.⁷ If the second antigen test is negative, per [FDA guidance](#) , a third antigen test could be considered if there is a high clinical suspicion of COVID-19.





CDC Updates: Website Updates and NHSN COVID-19 and Respiratory Pathogens Reporting

The New CDC.GOV is Here!

CDC sent the following via email on May 16, 2024:

- The new site is a direct result of efforts to modernize and transform digital communication at CDC
- All URLs have changed or will change throughout the remainder of 2024
 - Most links will continue to work, and smart redirects will automatically direct you from any previous links to corresponding new pages
- The CDC will soon share an advanced broken link resource to help you map any old links to new links

CDC Updates Respiratory Virus Dashboards

1) The [COVID-19 Data Tracker](#)

- Current hospital data visualizations using NHSN data, including those used to calculate COVID-19 County Hospital Admission Levels, have been archived and replaced with [visualizations](#) that display data that hospitals voluntarily submit to NHSN

2) The [Respiratory Virus Data Channel](#)

- Current hospital data visualizations for COVID-19 and flu hospitalizations using NHSN data have been archived from the site and replaced with the respective findings from COVID-NET and FluSurv-NET
- [RSV-NET](#) findings will continue to be displayed on the site

3) [Data.cdc.gov](#)

- Datasets that include the historical NHSN data have been archived and remain available on [data.cdc.gov](#) for public use
- Voluntarily reported NHSN hospital data products that include information on COVID-19 and flu will be made available to provide transparency in continued data collection efforts

CDC Respiratory Virus Recommendations

- **Stay up-to-date with vaccinations** to protect against serious illness, hospitalization and death. This includes flu, COVID-19 and RSV if eligible.
- **Practicing good hygiene** by covering coughs and sneezes, washing or sanitizing hands often, and cleaning frequently touched surfaces.
- **Taking steps for cleaner air**, such as bringing in more fresh outside air, purifying indoor air, or gathering outdoors.

Respiratory Virus Guidance Snapshot

Core prevention strategies

- Immunizations
- Hygiene
- Steps for Cleaner Air
- Treatment
- Stay Home and Prevent Spread*

Additional prevention strategies

- Masks
- Distancing
- Tests

Layering prevention strategies can be especially helpful when:

- ✓ Respiratory viruses are causing a lot of illness in your community
- ✓ You or those around you have risk factors for severe illness
- ✓ You or those around you were recently exposed, are sick, or are recovering

***Stay home and away from others until, for 24 hours BOTH:**

- Your symptoms are getting better
- You are fever-free (without meds)

Then take added precaution for the next 5 days

<https://www.cdc.gov/respiratory-viruses/prevention/index.html>

NHSN Reporting Period Q2

- From April 1, 2024 – June 30, 2024
- For this reporting quarter, individuals are considered up-to-date with their COVID-19 vaccines for NHSN surveillance if they meet the following criteria:
- Individuals aged **65 years and older** are up-to-date when they have received two doses of the updated 2023-2024 COVID-19 vaccine or one dose of the updated 2023-2024 COVID-19 vaccine within the past four months
- Individuals **younger than 65 years** of age are up-to-date when they have received one dose of the updated 2023-2024 COVID-19 vaccine

Up-To-Date With COVID-19 Vaccines Decision Tree

Appendix 1a: Decision Tree: Up to date with COVID-19 Vaccines during the surveillance period of April 1, 2024 – June 30, 2024 for the COVID-19 Vaccination Modules

Facilities can use the following decision tree to help determine up to date vaccination status for the NHSN COVID-19 Vaccination Modules during the reporting period of Quarter 2 of 2024 (representing vaccination data for April 1, 2024 – June 30, 2024).



NHSN COVID-19 LTCF Reporting Requirements

NHSN Reporting Requirement	NHSN Reporting Deadline
<p>COVID-19/Respiratory Pathogens Pathway Data Reporting: Each week, new data should be reported representing the time since the last report date.</p> <ol style="list-style-type: none">1. Resident Impact and Facility Capacity (RIFC)2. Staff and Personnel Impact	<p>Reporting week is Monday through Sunday. Data must be submitted to NHSN once every reporting week. Report consistently each week.</p>
<p>COVID-19 Vaccination Data Reporting: Cumulative data should be reported every week for all residents and staff that were in your facility for the week of data collection.</p> <ol style="list-style-type: none">1. Residents2. HCP	<p>Report once every week before Sunday at 11:59 p.m. (UTC).</p>

COVID-19 Vaccination Data Reporting

Add Vaccine Data

COVID-19 Vaccine: HCP
COVID-19 Vaccine: Residents
Influenza/RSV: Residents (Optional)

Healthcare Personnel COVID-19 Cumulative Vaccination Summary for Long-Term Care Facilities

Date Created:

*Facility ID: *Vaccination type: COVID19 Facility CCN #:

*Week of Data Collection: 06/10/2024 - 06/16/2024 *Date Last Modified:

Cumulative Vaccination Coverage

Note: Facilities submit Weekly COVID-19 Vaccination Cumulative Summary data by completing the questions on this form. As of March 28th, 2022 facilities also have the option to use the Person-Level COVID-19 Vaccination Form and select the "view reporting summary and submit" to submit these data. Using the person-level forms is recommended to ensure that individuals who are up to date with COVID-19 vaccination are categorized appropriately according to their vaccination dates.

	Healthcare Personnel (HCP) Categories					
	Employee HCP			Non-Employee HCP		
	*All Core HCP ^a	*All HCP ^b	*Employees (staff on facility payroll) ^c	*Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants ^d	*Adult students/trainees & volunteers ^e	*Other Contract Personnel ^f
1. *Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. *Cumulative number of HCP in Question #1 who are up to date with COVID-19 vaccine(s).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please review the current definition of up to date: Key Terms and Up to Date Vaccination.						
3. *Cumulative number of HCP in Question #1 with other conditions:						
3.1 *Medical contraindication to COVID-19 vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.2 *Offered but declined COVID-19 vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.3 *Unknown/Other COVID-19 vaccination status	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Save
Cancel

RIFC Pathway

Add COVID-19/Respiratory Pathogens Data

If the count is zero, a "0" must entered as the response. A blank response is equivalent to missing data. NON-count questions should be answered one calendar day during the reporting week.

Facility Capacity

<input type="text" value="250"/>	ALL BEDS
<input type="text"/>	*CURRENT CENSUS: Total number of beds that are occupied on the reporting calendar day

Resident Impact for COVID-19 (SARS-CoV-2)

<input type="text"/>	* POSITIVE TESTS: Enter the Number of residents with a newly positive SARS-CoV-2 viral test result (for example, a positive SARS-CoV-2 antigen test and/or SARS-CoV-2 NAAT (PCR). Note: Do not include residents who have a positive SARS-CoV-2 antigen test, but a negative SARS-CoV-2 NAAT (PCR). Only include residents newly positive since the most recent date data were collected for NHSN reporting.
----------------------	---

Vaccination Status of Residents with a Newly Confirmed SARS-CoV-2 Viral Test Result

****Up to Date Vaccination Status**

Up to Date: Include residents with a newly positive SARS-CoV-2 viral test result who are up to date with COVID-19 vaccines 14 days or more before the specimen collection date. Note: Please review the current NHSN surveillance definition of up to date.	<input type="text"/>
Not Up to Date: Based on the counts entered for POSITIVE TESTS and UP TO DATE, the count for residents who are NOT considered up to date based on the NHSN Surveillance definition has been calculated here.	<input type="text"/>
This count is not editable, to edit please update the count(s) entered for UP TO DATE and/or POSITIVE TESTS.	

Hospitalizations

This is not a subset of the "Positive Tests" count reported above. Include only the number of new hospitalizations with a positive COVID-19 test since the most recent date data were reported to NHSN.

<input type="text"/>	* Hospitalizations with a positive COVID-19 Test: Number of residents who have been hospitalized with a positive COVID-19 test. Note: Only include residents who have been hospitalized during this reporting period and had a positive COVID-19 test in the 10 days prior to the hospitalization, date of specimen collection is calendar day 1.
<input type="text"/>	** Hospitalizations with a positive COVID-19 Test and Up to Date: Based on the number reported for "Hospitalizations with a positive COVID-19 Test" indicate the number of residents who were hospitalized with positive COVID-19 test and also up to date with COVID-19 vaccinations at the time of the positive COVID-19 test.

Deaths

<input type="text"/>	* TOTAL DEATHS: Number of residents who have died for any reason in the facility or another location. <i>Include only the number of new deaths since the most recent date data were collected for NHSN reporting.</i>
----------------------	---

Staff and Personnel Impact Pathway

Add COVID-19/Respiratory Pathogens Data

Date for which counts are reported: 05/27/2024 Facility CCN: Facility Type: LTC-SKILLNURS

Resident Impact and Facility Capacity **Staff and Personnel Impact** Influenza/RSV (Optional)

Date Created:

Counts should be reported on the correct calendar day and include only new counts for the calendar day (specifically, since counts were last collected). If the count is zero, a "0" must be entered as the response. A blank response is equivalent to missing data. NON-count questions should be answered one calendar day during the reporting week.

Staff and Personnel Impact

*** POSITIVE TESTS:** Enter the number of staff and facility personnel with a newly positive SARS-CoV-2 viral test result (for example, a positive SARS-CoV-2 antigen test and/or SARS-CoV-2 NAAT (PCR)).
Note: Exclude staff and facility personnel who have a positive SARS-CoV-2 antigen test, but a negative SARS-CoV-2 NAAT (PCR).
Include only staff and facility personnel newly positive since the most recent date data were collected for NHSN reporting

Save Cancel

Influenza/RSV: Residents (Optional)

What is considered up-to-date for these vaccines?

- Influenza: Received an influenza vaccine any time from when it first became available in September 2023
- RSV: Received RSV vaccination any time from when it first became available in August 2023

**Key Terms Document coming soon for both
Influenza and RSV!**

Influenza/RSV Vaccination: Residents (Optional)

Edit Vaccine Data

COVID-19 Vaccine: HCP

COVID-19 Vaccine: Residents

Influenza/RSV: Residents (Optional)

Resident Flu/RSV Cumulative Vaccination Summary for Long-Term Care Facilities

Date Created: May 16 2024 4:37PM

*Facility ID: 59979 *Vaccination type: Respiratory Facility CCN #:

*Week of Data Collection: 05/06/2024 - 05/12/2024 *Date Last Modified: May 16 2024 4:37PM

Cumulative Vaccination Coverage

Optional Reporting: These data are NOT required.

Total Residents	1. *Number of residents staying in this facility for at least 1 day during the week of data collection	50
	2. *Number of residents in question #1 who are up to date with Influenza vaccination for current season	0
	Among those not in Question #2, reason not up to date:	
Influenza Vaccination	2.1 *Medical contraindication to influenza vaccine	0
	2.2 *Offered but declined influenza vaccine	0
	2.3 *Other/unknown influenza vaccination status	50
	3. Number of residents in question #1 who are up to date with RSV vaccination	
	Among those not in Question #3, reason not up to date:	
RSV Vaccination	3.1 Medical contraindication to RSV vaccine	
	3.2 Offered but declined RSV vaccine	
	3.3 Other/unknown RSV vaccination status	

Clinically significant adverse events should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <https://vaers.hhs.gov/reportevent.html>. To help identify reports from NHSN sites, please enter your NHSN orgID in Box 26 of the VAERS form.

Clinically significant adverse events include vaccine administration errors and serious adverse events (such as death, life-threatening conditions, or inpatient hospitalization) that occur after vaccination, even if it is not certain that vaccination caused the event.

Other clinically significant adverse events may be described in the provider emergency use authorization (EUA) fact sheets or prescribing information for the COVID-19 vaccine(s). Healthcare providers should comply with VAERS reporting requirements described in EUAs or prescribing information.

By saving these data in NHSN, facilities are agreeing to the following:

Save
Cancel

Influenza/RSV: Residents (Optional)



Edit COVID-19/Respiratory Pathogens Data

Date for which counts are reported: 04/22/2024 Facility CCN: Facility Type: LTC-SKILLNURS

Resident Impact and Facility Capacity **Staff and Personnel Impact** **Influenza/RSV (Optional)**

Date Created:

INFLUENZA

If the count is zero, a "0" must be entered as the response. A blank response is equivalent to missing data.

Resident Impact for Influenza

* **POSITIVE TESTS:** Enter the Number of residents with a newly positive Influenza test result.

Only include residents newly positive since the most recent date data were collected for NHSN reporting.

Vaccination Status of Residents with a Newly Confirmed Influenza Test Result

Up to Date Vaccination Status

Up to Date: Include residents with a newly positive Influenza viral test result who are up to date with Influenza (flu) vaccines for the current flu season (2023-2024) 14 days or more before the specimen collection date.

Not Up to Date: Based on the counts entered for POSITIVE TESTS and UP TO DATE, the count for residents who are NOT considered up to date for the current flu season has been calculated here.

This count is not editable, to edit please update the count(s) entered for UP TO DATE and/or POSITIVE TESTS.

Hospitalizations

This is not a subset of the Influenza "Positive Tests" count reported above. Include only the number of new hospitalizations in residents with a positive influenza test since the most recent date data were reported to NHSN.

* **Hospitalizations with a positive Influenza Test:** Number of residents who have been hospitalized with a positive Influenza test.

Note: Only include residents who have been hospitalized during this reporting period and had a positive Influenza test in the 10 days prior to the hospitalization, date of specimen collection is calendar day 1.

** **Hospitalizations with a positive Influenza Test and Up to Date:** Based on the number reported for "Hospitalizations with a positive Influenza Test" indicate the number of residents who were hospitalized with positive Influenza test and also up to date with Influenza vaccine at the time of the positive Influenza test.

Save **Cancel**

Influenza/RSV: Residents (Optional)



Edit COVID-19/Respiratory Pathogens Data

**Hospitalizations with a positive Influenza Test and Up to Date: Based on the number reported for "Hospitalizations with a positive Influenza Test" indicate the number of residents who were hospitalized with positive Influenza test and also up to date with Influenza vaccine at the time of the positive Influenza test.

RSV
If the count is zero, a "0" must entered as the response. A blank response is equivalent to missing data.

Resident Impact for RSV

* **POSITIVE TESTS:** Enter the Number of residents with a newly positive RSV (Respiratory syncytial virus) viral test result.
Only include residents newly positive since the most recent date data were collected for NHSN reporting.

Vaccination Status of Residents with a Newly Confirmed RSV Test Result

Up to Date Vaccination Status

Up to Date: Include residents with a newly positive RSV viral test result who are up to date with RSV vaccines for the current season (2023-2024) 14 days or more before the specimen collection date.

Not Up to Date: Based on the counts entered for POSITIVE TESTS and UP TO DATE, the count for residents who are NOT considered up to date for the current season has been calculated here.

This count is not editable, to edit please update the count(s) entered for UP TO DATE and/or POSITIVE TESTS.

Hospitalizations
This is not a subset of the RSV "Positive Tests" count reported above. Include only the number of new hospitalizations in residents with a positive RSV test since the most recent date data were reported to NHSN.

* **Hospitalizations with a positive RSV Test:** Number of residents who have been hospitalized with a positive RSV test.
Note: Only include residents who have been hospitalized during this reporting period and had a positive RSV test in the 10 days prior to the hospitalization, date of specimen collection is calendar day 1.

** **Hospitalizations with a positive RSV Test and Up to Date:** Based on the number reported for "Hospitalizations with a positive RSV Test" indicate the number of residents who were hospitalized with positive RSV test and also up to date with RSV vaccine at the time of the positive RSV test.

Save **Cancel**



COVID-19 Vaccine Updates

Why Are We Talking About the COVID-19 Vaccine Now?

- Outbreaks occur June-September and December-February
- Keep residents safe and in place
- Prevent staffing shortages
- Vaccinate now and again when the 24-25 formulation is available per ACIP recommendations

IMMUNIZATION

BECOME YOUR OWN SUPER HERO BY GETTING A COVID-19 VACCINE

Naïve T cells play a crucial role in the body's defense against new infections. They produce killer cells and antibodies to combat the infection.

Individuals under 65 generally have a higher number of T cells, which helps them better combat viruses, resulting in lower rates of severe illness, hospitalization, and death.

Individuals aged 65 and above do not have as many T cells. As a result, they are unable to develop immunity as efficiently as younger individuals when faced with an infection, leading to higher rates of severe illness, hospitalization, and death.

Vaccines can help overcome this T cell deficiency by creating immunity (antibody and killer cells) ahead of time. This preexisting immunity is a powerful tool in combating the virus. When you receive the vaccine, it boosts your killer cells and helps you fight off the virus, providing a significant defense against severe illness.

While data shows that the rate of symptomatic infection decreases with the vaccine in older adults, the most important benefit is a reduction in the severity of illness. This means there is less chance of being severely sick, being admitted to the hospital, and even dying. And there is clear evidence that the vaccines significantly cut down the rate of these severe outcomes.

We anticipate COVID-19 outbreaks in late June through September and December through February.

ALLIANT HEALTH SOLUTIONS | **QIN-QIO**
Quality Innovation Network - Quality Improvement Organizations
CENTER FOR MEDICARE & MEDICAL SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

This material was prepared by the Veterans Health Administration, U.S. Department of Veterans Affairs and modified by Alliant Health Solutions, a Quality Innovation Network - Quality Improvement Organization (QIN - QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 1220WAA00-QIN-QIO-T01-19-0001-000704

What Is Available Until Fall 24

- Pfizer may be available through your wholesaler or pharmacy.
- Moderna will continue to ship directly and have vaccines available to wholesalers/distributors until the 24-25 vaccine is available
- Novavax is not available until the next fall season.

Having trouble accessing the vaccine, let me know

Deena.Tarver@allianthealth.org



Current COVID-19 Vaccine AVAILABILITY FOR 23-24

PFIZER		
Presentation 2023-2024 formula	Pfizer Anticipated Stop Shipping Date	Product Expiry
12+ plastic pre-filled syringe, FROZEN	April 17, 2024 (no longer available for order)	ULT expiry - June 30, 2024*
12+ single dose vial presentation	June 20, 2024	ULT expiry - Jan 31, 2025*
12+ glass pre-filled syringe, DO NOT FREEZE	June 20, 2024	August 31, 2024
5-11 years single-dose vial presentation	June 20, 2024	ULT expiry- August 31, 2024*
6 months to 4 years three dose multiple dose vials	April 29, 2024 (no longer available for order)	ULT Expiry- July 31, 2024*

Pfizer's anticipated stop shipping date means it will stop shipping direct orders and wholesaler orders by the date noted above. Wholesalers will likely have 2023-2024 formula COVID-19 vaccines in stock beyond the Pfizer Stop Shipping Date, as noted above. Have your customers work with their respective wholesalers or distributors to place an order. Additionally, Pfizer has communicated to wholesalers when it will stop shipping 2023-2024 formula COVID-19 vaccines.

MODERNA		
Presentation 2023-2024 formula	Moderna Anticipated Stop Shipping Date	Product Expiry
6 months to 11 years single-dose vials	No anticipated stop date until the new vaccine is out	Sept/Oct 2024
12+ single-dose vials and pre-filled syringes	No anticipated stop date until the new vaccine is out	Sept/Oct 2024

Vaccines will remain available through Moderna Direct and continue to be shipped to the wholesaler/distributor channel until a new variant is available (anticipating August).

Novavax		
Presentation 2023-2024 formula	Novavax Anticipated Stop Shipping Date	Product Expiry
12+ multi-dose vials	April 29, 2024 (no longer available for order)	May 31, 2024

Most distributors have opened up pre-booking our product for the Fall, so buildings can pre-book with their distributors now.

How To Order

- Moderna can be pre-ordered directly at [Modernadirect.com](https://www.modernadirect.com) or through your medical supply company
- Novavax does not have direct ordering, but you can pre-order through your medical supply company or pharmacy
- Pfizer can be ordered directly at [primevaccinespfizer.com](https://www.primevaccinespfizer.com) or through your medical supply company or pharmacy

Small ordering requirements available

- Ask about discounts that can be applied to your account
- Ask about reimbursement programs for open or unused vaccines

Consents

When working with your local health department or big box pharmacy, ask for the most current consent forms.

Using your own consent form?

- Make sure the pharmacy or HD accepts it.
- Make sure the pharmacy or HD accepts verbal consent
- Sample consents can be found at [immunize.org](https://www.immunize.org)



Vaccine Consent Form – Multiple Vaccines

- I, the undersigned, have received information about the risk and benefits of the vaccines listed below.
- I have had the opportunity to ask questions and have received answers to my satisfaction.
- I understand the vaccination process and freely consent to such process.
- I understand that I will be screened for eligibility prior to receiving any vaccine dose based on the recommended vaccine schedule by the National Advisory Committee for Immunization Practices (ACIP).
- I understand that I may change my mind about vaccination at any time prior to receiving the vaccine(s).
- I understand that this consent form is good for 3 years. It will be reviewed and offered for renewal every 3 years.
- I consent to the vaccines selected below as indicated by circling Yes. My signature also authorizes entry of the vaccination(s) into the State Immunization Registry if required.

Vaccine	Consent (Circle Yes or No)	
Influenza	Yes	No
COVID-19	Yes	No
Pneumococcal (PCV15, PCV20; PPSV23)	Yes	No
Respiratory Syncytial Virus (RSV)	Yes	No
Tdap	Yes	No
Shingles	Yes	No
Other Vaccines recommended by ACIP:	Yes	No

Signature of Resident or Legal Representative

Date/Time

If Legal Representative, state relationship to Resident

****If Legal Representative, please ensure receipt of a copy of the Healthcare Power of Attorney, Advance Directive, Letters of Guardianship, or other documents that authorize Resident Representative to execute this consent.**

Name:	Birthdate:
Admission Date:	Medical Record #:
Physician:	

Vaccine Consent to vaccines during stay

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



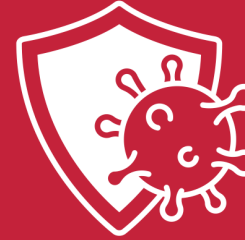
CHRONIC DISEASE SELF- MANAGEMENT

- 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

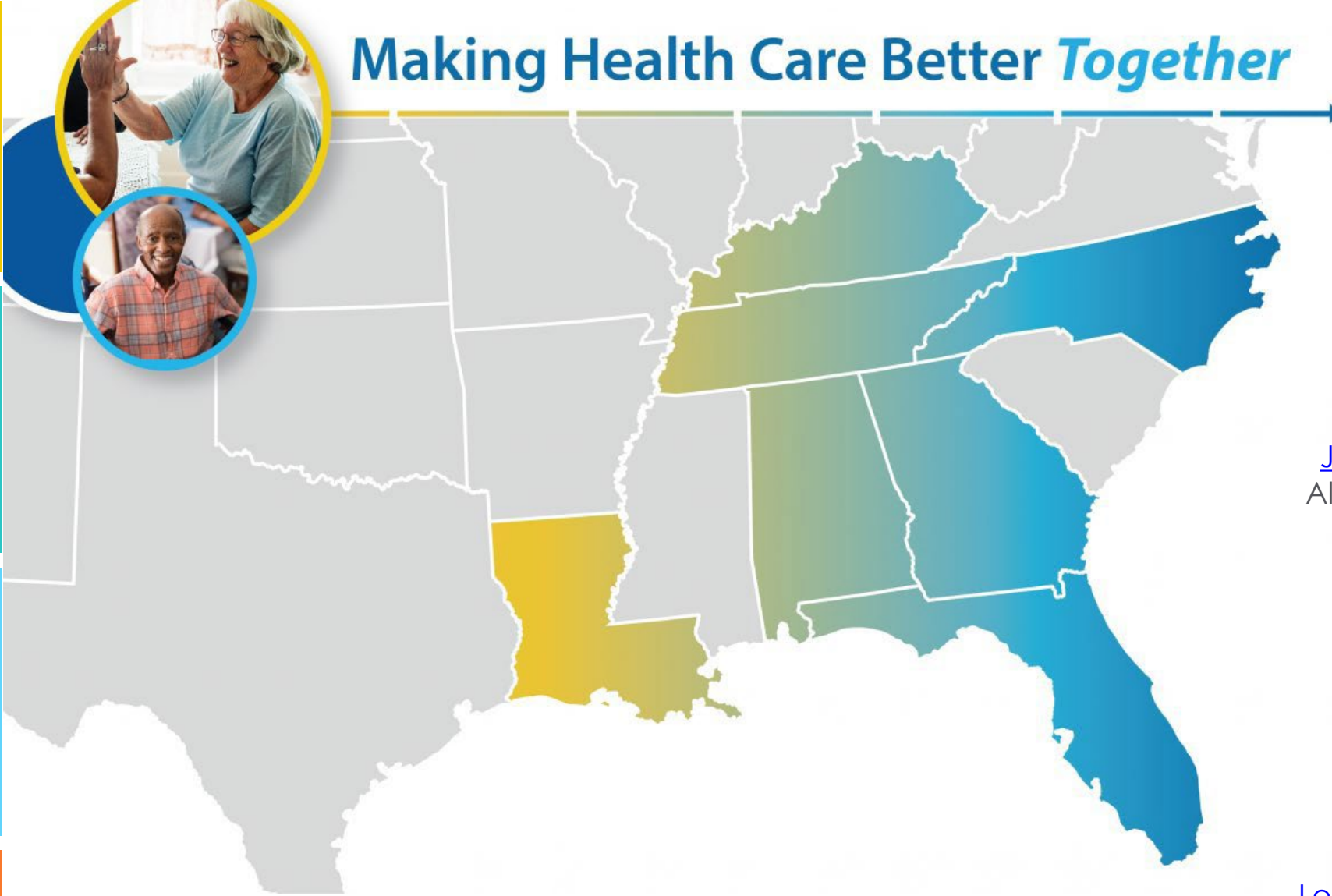
- Increase influenza, pneumococcal, and COVID-19 vaccination rates



TRAINING

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

Making Health Care Better *Together*



Julie Kueker

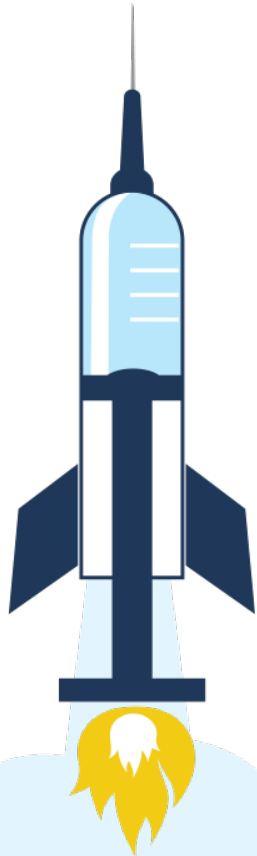
Julie.Kueker@AlliantHealth.org
Alabama, Florida and Louisiana



Leighann Sauls

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

Program Directors



Thank you



@AlliantQIO



@AlliantQIO



Alliant Health Solutions



AlliantQIO

This material was prepared by Alliant Health Solutions, a Quality Innovation Network–Quality Improvement Organization (QIN–QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 12SOW-AHS-QIN-QIO TO1-NH TO1-PCH–5934-06/24/24