Boost Office Hours: 2024-2025 Fall Vaccine Season

September 5, 2024

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Quality Innovation Network -Quality Improvement Organizations CENTER S FOR MEDICARE & MEDICAI D SERVICES IQUALITY IMPROVEMENT & INNOVATION GROU

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



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 camping, bicycling, and running.

Contact: <u>Amy.Ward@AlliantHealth.org</u>





COVID-19 Epidemiology Update



COVID-19 Update for the United States

Early Indicators

Test Positivity

% Test Positivity

18.0%

Week ending August 17, 2024 Previous week 18%

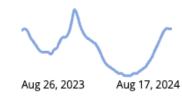


Aug 26, 2023 Aug 17, 2024

Emergency Department Visits > % Diagnosed as COVID-19

2.5%

Week ending August 17, 2024 Previous week 2.5%



These early indicators represent a portion of national COVID-19 tests and emergency department visits. <u>Wastewater</u> information also provides early indicators of spread.

Severity Indicators

Hospitalizations \geq

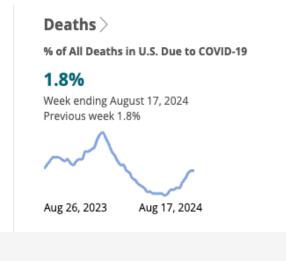
Rate per 100,000 population

4.4

Week ending August 3, 2024 Previous week 4.1



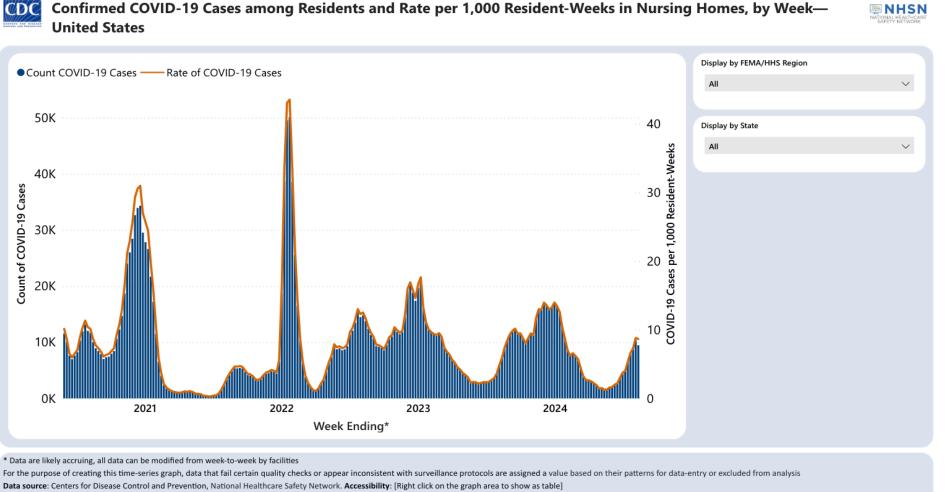
Aug 12, 2023 Aug 3, 2024



CDC | Test Positivity data through: August 17, 2024; Emergency Department Visit data through: August 17, 2024; Hospitalization data through: August 3, 2024; Death data through: August 17, 2024. Posted: August 26, 2024 3:18 PM ET



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



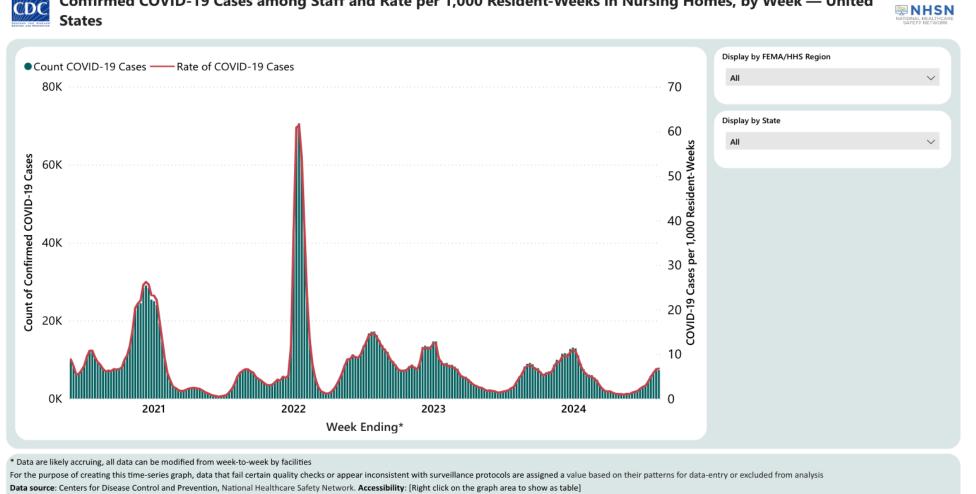
For more information: https://www.cdc.gov/nhsn/ltc/covid19/index.html

Data as of 8/12/2024 5:30 AM



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

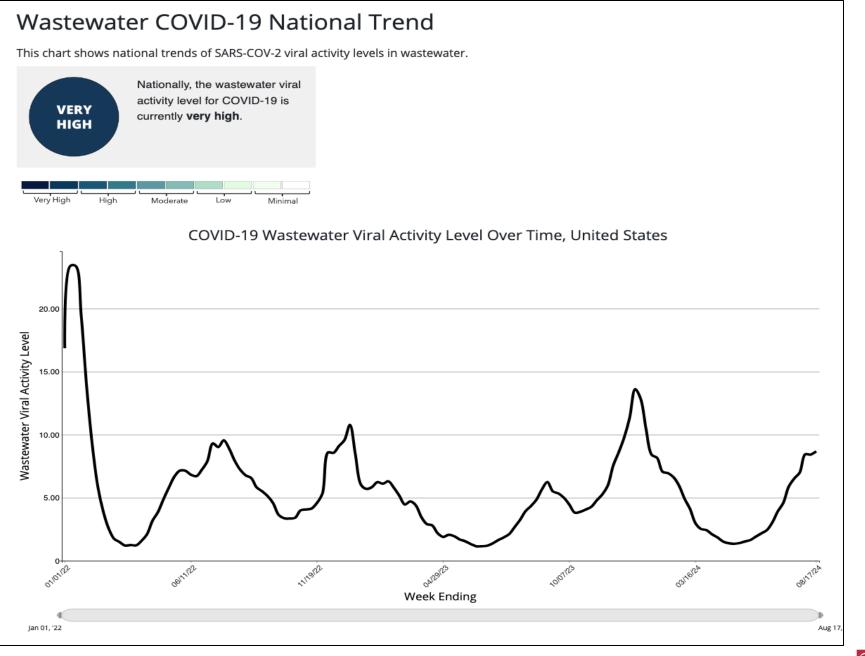
Confirmed COVID-19 Cases among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week — United



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

Data as of 8/12/2024 5:30 AM







Time Period: Aug 06, 2024 - Aug 20, 2024

🛍 Major Cities On 🛛 🛍 Major Cities Off

Metric:

• Current virus levels in wastewater by site

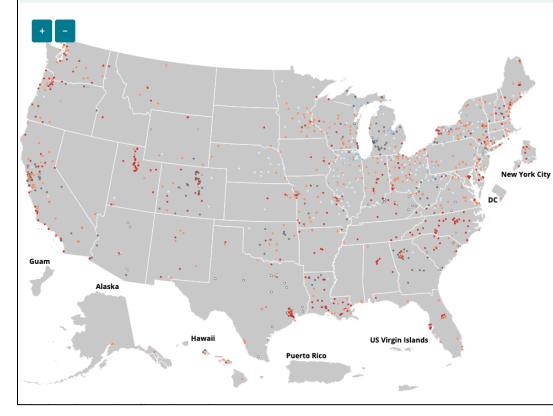
 \odot Percent change in the last 15 days

○ Percent of wastewater samples with detectable virus

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.

A 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.



Show:

Sites with no recent data

✓ Sites that started sampling after 12/1/21

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

	Current virus evels category	Num. sites	% sites	Category change in last 7 days		
	New Site	51	4	0%		
	0% to 19%	13	1	- 48%		
	20% to 39%	86	7	- 30%		
	40% to 59%	279	22	- 12%		
	60% to 79%	486	38	- 1%		
	80% to 100%	355	28	- 5%		

Total sites with current data: 1270

Total number of wastewater sampling sites: 1463 How is the current SARS-CoV-2 level compared to past levels calculated?



HHS Region:

Data for the 2-Week Period Ending on:

USA

8/17/2024(Nowcast)

This shows weighted and Nowcast estimates for the United States. The table and map show estimates for the 2-week period ending on 8/17/2024(Nowcast) if available.

•

Weighted and Nowcast Estimates in United States for 2-Week Periods in 4/28/2024 – 8/17/2024

•

Nowcast Estimates in United States for 8/4/2024 – 8/17/2024

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

							Nowcast**:	Model-based			USA	
Weighted Estimates: Variant proportions based on reported genomic sequencing results						projected es variant prope		WHO label	Lineage #	%Total	95%PI	
							valiant prop	0110110	Omicron	KP.3.1.1	36.8%	31.1-42.7%
1000/									KP.3	16.8%	14.4-19.6%	
100%	KP.3					5				KP.2.3	14.4%	11.7-17.7%
	JN.1 KF	KP.3	KP.3			KP.3 KP.3.1.1	5	KP.3.1.1		LB.1	14.1%	11.2-17.5%
		-		KP.3	KP.3		KP.3.1.1			LP.1	4.1%	3.0-5.6%
80% 60% 40%		_					×			KP.2	3.2%	2.7-3.8%
	5	L'NL								KP.1.1	2.7%	1.9-3.7%
			L'NL				~			KP.1.1.3	2.5%	1.7-3.6%
		LB.1			KP.3			KS.1	1.0%	0.6-1.7%		
60%			IB.1	LB.1	23 181 181		~		KP.2.15	0.9%	0.4-2.1%	
	JN.1.7 KP2	~				KP.2.3 LB.1		KP23 LB.1 KP3		LF.3.1	0.9%	0.6-1.4%
		KP.2	KP:2	KP.2.3			EB.			JN.1.16.1	0.8%	0.5-1.1%
40%										JN.1.18	0.4%	0.3-0.7%
40%			2	KP.2	KP.2.3					KP.4.1	0.3%	0.2-0.6%
				£	KP2	2	KP.2.3			JN.1	0.2%	0.1-0.3%
						KP2	2			JN.1.11.1	0.2%	0.1-0.3%
20%										XDV.1	0.2%	0.1-0.4%
										KW.1.1	0.1%	0.1-0.2%
										JN.1.16	0.1%	0.1-0.1%
0%										KP.1.2	0.1%	0.0-0.1%
0 /0	5/11/24	4	4	4	4	7/20/24	4	Selected 8/17/24 2-Week		JN.1.7	0.1%	0.1-0.1%
		5/25/24	6/8/24	6/22/24	7/6/24		8/3/24			KQ.1	0.0%	0.0-0.0%
		5/2					8			JN.1.13.1	0.0%	0.0-0.0%
										JN.1.4.3	0.0%	0.0-0.0%
										JN.1.8.1	0.0%	0.0-0.0%
							Selé 2-M		XDP	0.0%	0.0-0.0%	
			Co	lection date	two-week peri	od endina				JN.1.32	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:







COVID-19 Vaccine Fall 2024 Recommendations



Deaths From Vaccine-Preventable Illness

- Deaths due to flu (2023-2024) 44,900
- Deaths due to COVID-19 (2023) 75,500



COVID-19 Vaccine 2024- 2025

Everyone ages 6 months and older should receive an updated 2024-2025 COVID-19 vaccine.

- Pfizer Moderna mRNA Available now
- Novavax (like Hepatitis)

Effective date – As soon as available



2024-2025 Flu Vaccine Recommendation

Updated 2024-2025 flu vaccines will protect against an H1N1, H3N2 and a B/Victoria lineage virus.

ACIP recommends that adults aged ≥65 years preferentially receive any of the following higher dose or adjuvanted influenza vaccines:

- quadrivalent high-dose inactivated influenza vaccine (HD-IIV4)
- quadrivalent recombinant influenza vaccine (RIV4)
- quadrivalent adjuvanted inactivated influenza vaccine (allV4)



RSV Vaccines – Adults

- ACIP recommends adults 75 years of age and older receive a single dose of RSV vaccine.^{a,b}
- ACIP recommends adults 60–74 years of age and older who are at increased risk of severe RSV disease^c receive a single dose of RSV vaccine.^{a,b}

^aRSV vaccination is recommended as a single lifetime dose only. Persons who have already received RSV vaccination are NOT recommended to receive another dose.



Pneumococcal Vaccines

 ACIP recommends PCV21 as an option for adults aged ≥19 years who currently have a recommendation to receive a dose of PCV.

This recommendation was adopted by the CDC Director on June 27, 2024 and is now official.





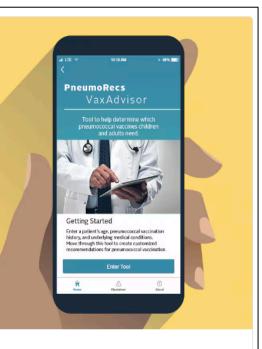


The *PneumoRecs VaxAdvisor* mobile app helps vaccination providers quickly and easily determine which pneumococcal vaccines a patient needs and when. The app incorporates recommendations for all ages so internists, family physicians, pediatricians, and pharmacists alike will find the tool beneficial.

Users simply:

- Enter a patient's age.
- Note if the patient has specific underlying medical conditions.
- Answer questions about the patient's pneumococcal vaccination history.

Then the app provides patient-specific guidance consistent with the immunization schedule recommended by the U.S. Advisory Committee on Immunization Practices (ACIP).



PneumoRecs VaxAdvisor is available for download on iOS and Android mobile devices.



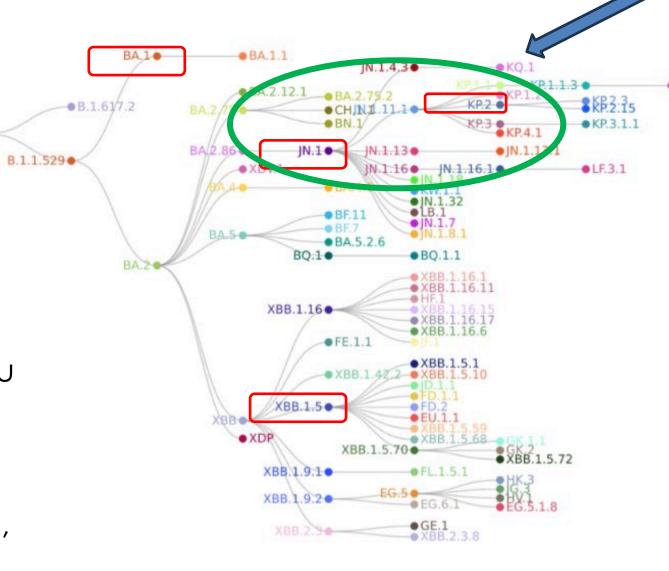


COVID-19 Vaccine Common Questions



The COVID-19 vaccine doesn't work. That is why they keep changing it.

FACT: Data shows that COVID-19 vaccines protect people against severe illness, hospitalization and death due to COVID-19. Like the flu vaccine, scientists work to predict what variant of the COVID-19 virus will be circulating this season and tailor the vaccine to those variants, thereby making the vaccine more relevant to the current season.



Origin Strain

One question I have been frequently asked is: "If I receive the 2023-2024 COVID-19 vaccine in July/August 2024, how long should I wait until I can receive the 2024-2024 COVID-19 vaccine once it becomes available?"

• The CDC does not expect the interval between doses to differ from <u>2023–2024 COVID-19 vaccine recommendations</u>.



Our medical director does not want to co-administer the COVID-19 vaccine with other vaccines because he will not know which vaccine caused the side effects.

- Providers may simultaneously administer COVID-19, influenza and respiratory syncytial virus (RSV) vaccines to eligible patients.
- Simultaneous administration is defined as:
 - Administering more than one vaccine on the same clinic day
 - At different anatomic sites

https://www.cdc.gov/vgccines/covid-19/clinical-considerations/interim-considerations-us.html#immunocom

• Not combined in the same syringe

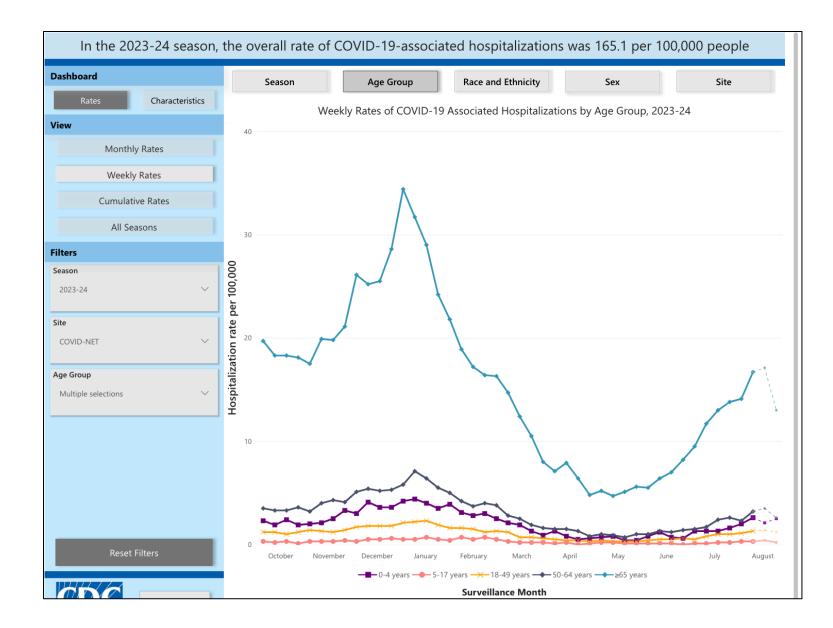


My facilities have an outbreak. Should I administer vaccines during the outbreak or stop offering the vaccine to residents who are not current?

- People with a known or potential SARS-CoV-2 exposure may receive a vaccine if they do not have <u>symptoms consistent with COVID-19.</u>
- People with known current SARS-CoV-2 infection should defer any COVID-19 vaccination until recovery from the acute illness (if symptoms were present) and the <u>criteria</u> to discontinue isolation have been met.
- People recently infected with SARS-CoV-2 can delay a COVID-19 vaccine three months after symptom onset or a positive test (if the infection was asymptomatic).
- <u>Viral testing</u> to assess for acute SARS-CoV-2 infection or <u>serologic testing</u> to assess for prior infection is not recommended for the purpose of vaccine decision-making.

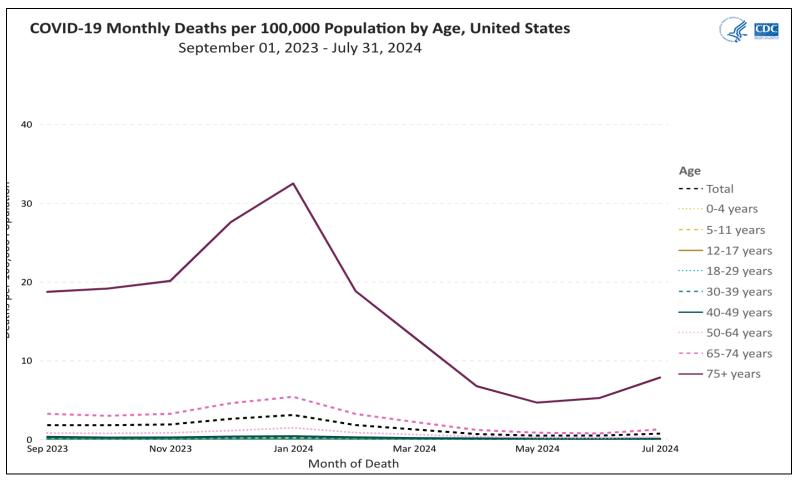


I've received several COVID-19 vaccinations over the years and still contracted COVID-19. Each time, my illness has been more severe than the previous one, so I decided to stop getting vaccinated. The COVID-19 vaccine does not seem to be effective for me.





I know other older individuals contracted COVID-19 and had very few symptoms, so I believe I can handle it and don't require the vaccine.



https://covid.cdc.gov/covid-data-tracker/#demographicsovertime



I don't want to get the vaccine because it doesn't work. Vaccinated people have still gotten COVID-19.

Effectiveness means lowering risk of severe disease, hospitalization and death.

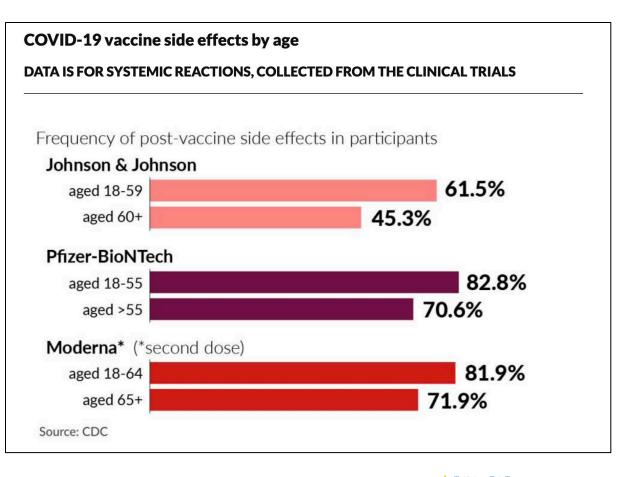
Each COVID-19 vaccination lowers the risk of severe illness, hospitalization and death for nursing home residents.

For staff and the general public, the COVID-19 vaccine decreases symptomatic COVID-19, hospitalization, and death from COVID-19.



The COVID-19 vaccine makes me feel sicker than I already am, and my focus is to avoid getting sick while I am trying to complete my rehab.

- The COVID-19 vaccine activates the immune system to make specific antibodies against new variants. The activated immune system can have normal effects like body aches and fever, and local effects that last for about two days.
- These symptoms can and should be managed by the health care team.





If you've already had COVID-19, you have natural immunity and don't need the updated vaccine

• People who already had COVID-19 and do not stay up to date with vaccinations after they recover are more likely to get COVID-19 again than those who remain up to date after recovery.



The number of shots needed keeps increasing.

When will it stop?

VISION: Absolute VE of original monovalent and bivalent booster doses against hospitalization among immunocompetent adults, by age group – September 2022 – August 2023

mRNA Dosage Pattern		SARS-CoV-2- test-positive, N (%)	Median interval since last dose, days (IQR)	Adjusted VE (95% Cl)	
≥65 years					
Unvaccinated (ref)	12,015	1,688 (14)		Ref	
Original monovalent doses only	37,001	4,216 (11)	402 (288-555)	25 (20-30)	+++
Bivalent booster, 7-59 days earlier	4,607	328 (7)	35 (21-48)	67 (62-71)	••
Bivalent booster, 60-119 days earlier	5,252	490 (9)	88 (73-104)	53 (48-58)	H#H
Bivalent booster, 120-179 days earlier	4,482	415 (9)	149 (134-164)	28 (18-36)	
					-40 -20 0 20 40 60 80 100

VE estimates adjusted for age, sex, race and ethnicity, geographic region, and calendar time. Updated from: Link-Gelles et al., MMWR, https://www.cdc.gov/mmwr/volumes/72/wr/mm7221a3.htm * These estimates are imprecise, which might be due to there being a relatively small number of persons in each level of vaccination or case status. This imprecision indicates that the actual VE could be substantially different from the point estimate shown, and estimates should therefore be interpreted with caution. Additional data accrual could increase precision and allow more precise interpretation.

• ACIP



Vaccine Effectiveness (%)

23

What Is Up-To-date?

CDC's clinical considerations and up to date definition

First day of the reporting quarter

NHSN's surveillance definition of up to date for COVID-19 vaccination data



NHSN

The 2024-2025 updated COVID-19 vaccine ingredients are different and more dangerous.

- There is NO CHANGE in the basic ingredients of the COVID-19 vaccine. This
 vaccine has been extensively studied, and millions of people have taken it
 over the past few years.
- Similar to the past, nearly all the ingredients in the 2024-2025 updated COVID-19 vaccine are also in many foods – fats, sugars, and salts. They do NOT contain preservatives, tissues (like aborted fetal cells), antibiotics, food proteins, medicines, latex or metals.



I am a young nurse who works in a nursing home. I do not need the vaccine.



Decreased risk of **long covid** (tiredness, headaches, dizziness, muscle and joint pains, difficulty breathing, chest pain, fast heartbeat, difficulty thinking, sleep problems, or changes in smell or taste. Duration: weeks, months or years)



For vulnerable family members: **Protect** young children and older parents/ relatives.



For residents: **Protect** residents, especially those with diabetes, heart disease etc. and lung disease.

15 042 nursing homes

Increase in staff vaccination rates of 10%, fewer weekly COVID-19 cases among residents, fewer weekly COVID-19 deaths among residents, fewer weekly COVID-19 cases among staff

Flu- staff vaccination

43% decrease in the incidence of ILI, 44% decrease in overall mortality among facility residents, from 17% to 10% (OR = 0.6; 95% CI = 0.4--0.8)



I plan to have children, and I heard the COVID-19 vaccination could decrease my chance of getting pregnant.

There is **no evidence** that any vaccines, including COVID-19 vaccines, cause fertility problems in women or men.



COVID-19 increases ICU admission, Vent support, ECMO, and death. More in diabetes and obesity.



Less severe illness in mom



decreased infant hospitalization by 61%



NHSN Reporting for Long-Term Care Facilities: CMS Requirements and Respiratory Pathogens Reporting





CMS NHSN Reporting Requirements



Current NHSN LTCF Reporting Requirements

NHSN Reporting Requirement	NHSN Reporting Deadline
 COVID-19/Respiratory Pathogens Pathway Data: New data should be reported weekly representing the time since the last report date. Required Elements: Resident Impact and Facility Capacity Staff and Personnel Impact 	Reporting week is Monday through Sunday. Data must be submitted to NHSN once every reporting week. Report consistently each week.
 COVID-19 Vaccination Data: Cumulative data should be reported every week for all residents and staff that were in your facility for the week of data collection. Required Elements: Residents HCP 	Report once every week before Sunday at 11:59 p.m. (UTC).
Influenza Vaccination Summary for Healthcare Personnel: Facilities must report annual HCP influenza vaccination summary data through the NHSN Healthcare Personnel Safety Component for the reporting period of October 1, 2024, through March 31, 2025.	Report once for influenza season (October 1, 2024 – March 31, 2025) b by May 15, 2025, at 11:59 p.m. (UTC).



CMS Reporting Requirements

Reminder: Facilities can contact CMS with questions about reporting requirements

- Weekly reporting requirement questions: <u>DNH_TriageTeam@cms.hhs.gov</u>
- Quality reporting program questions:
 <u>SNFQualityQuestions@cms.hhs.gov</u>





NHSN Respiratory

Pathogens Reporting



Long-Term Care Facility Acute Respiratory Illness Data Reporting

- CMS **proposes** replacing the current COVID-19 reporting standards for LTC facilities that sunset on December 31, 2024.
- Beginning on January 1, 2025, the new standard could require facilities to electronically report information about COVID-19, influenza, and respiratory syncytial virus (RSV).



Is NHSN Reporting Required for Influenza and RSV Vaccines for LTCF Residents?

Reporting for Influenza and RSV is optional

- There are no current federal regulations for reporting these vaccines among this population.
- Reporting is highly encouraged so facilities can access necessary data should the proposed rule become final.



Long-Term Care Facility Home Page

- First, go to the NHSN Long Term Care Facility Component Home Page
- Go to the "COVID-19 / Respiratory Pathogens" tab
- Select Vaccination-Residents

NHSN Home NHSN Long Term Care Facility Component Home Page Alerts Dashboard Long Term Care Dashboard . **Reporting Plan** Action Items Resident Summary Data Dashboard COVID-19/Respiratory Pathogens Pathway Data Reporting Vaccination Summary POC Test Result Reporting Import/Export COVID-19 Event COVID-19 Vaccination - HCP Surveys ٠ Analysis Vaccination - Residents ۶. Im Person-Level COVID-19 Vaccination Form Users ۶. HCP Facility Person-Level COVID-19 Vaccination Form

NHSN - National Healthcare Safety Network (http://www.com/actional/lealthcare/safety/Network (http://www.com/actional/lealthcare/safety/Network//thtts/saf



Complete COVID-19 Vaccine Residents Form

- Required to report COVID-19 residents' data **before** entering Influenza/RSV vaccination data
- Continue to report COVID-19 per CMS requirements
- Question 1 from COVID-19 residents form will auto populate total residents on Flu/RSV form

VID-19 Vaccine: HCP	COVID-19 Vaccine: Reside	Influenza/RS	V: Residents	
Resident COVID-19 Cum	ulative Vaccination Summar	y for Long-Term		
Date Created: *Facility ID:	10/03/2023 3:50PM	*Vaccination type	Complete (Residen	
*Week of Data Collection	10/02/2023 - 10/08/2023	*Date Last Modified	: 10/03/2023 3:50PM	
	Cumulati	ive Vaccination Cover	age	
March 28th, 2022 facilitie summary and submit" to	leekly COVID-19 Vaccination C is also have the option to use th submit these data. Using the pe COVID-19 vaccination are cate	ne Person-Level COVID- erson-level forms is reco	19 Vaccination Form and si mmended to ensure that in	elect the "view reporting dividuals who are up to
1. * Number of residents	staying in this facility for at le	east 1 day during the v	veek of data collection	100
2. * <u>Cumulative</u> number of	fresidents in Question #1 who	are up to date with COV	1D-19 vaccines.	80
Please review the current	t definition of <u>up to date:</u> Key	y Terms and Up to Dat	e Vaccination.	
3. * <u>Cumulative</u> number	of residents in Question #1 v	with other conditions:		
3.1 * Medical contraind	ication to COVID-19 vaccine	-		10
3.2 * Offered but declin	ed COVID-19 vaccine			10
3.3 * Unknown/Other (OVID-19 vaccination status			0
	Adverse Events	following COVID-19	Vaccine(s)	
	adverse events should be rep portevent.html. To help ident ol			
	verse events include vaccine , or inpatient hospitalization) (
	nt adverse events may be des		emergency use authoriza viders should comply wit	



Influenza and RSV Vaccine Form (Optional)

- Flu/RSV Total Residents (Question 1) is auto-populated from COVID-19 Residents tab
- 4 data fields for Flu/RSV vaccinations
 - Number of up to date
 - Number of medical contraindications
 - Number offered but declined
 - Number other/unknown
- The 4 data fields need to add up to the number reported in Total Residents (Question1)

VID-19 Vaccine: HCP	COVID-19 Vaccine: Residents	Influenza/RSV: Residents (Optional)	New Optiona Tab	
Resident Flu/RSV Cun	nulative Vaccination Summary for Lor	ng-Term Care Facilities		
Date Created				
	***		Facility	
*Facility ID:		accination type: Respiratory	CCN #	
*Week of Data Collect	tion: 10/09/2023 - *D: 10/15/2023 - *D:	ate Last Modified:		
	Cumulative	e Vaccination Coverage		
	Optional Reporting	; These data are NOT required.		
Total Residents	1. *Number of residents staying in the	his facility for at least 1 day during the week	of data collection 100	
	2. *Number of residents in question season	#1 who are up to date with Influenza vaccir	nation for current 90	
Influenza	Among those not in Question #2, rea			
Vaccination	2.1 *Medical contraindication to i	2		
	2.2 *Offered but declined influen:	za vaccine	8	
	2.3 * Other/unknown influenza vaccination status			
	3. *Number of residents in question	#1 who are up to date with RSV vaccination	n 🗾	
	Among those not in Question #3, rea	son 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 vaccina	ation status		
		he Vaccine Adverse Event Reporting System orts from NHSN sites, please enter your NH		
threatening condition event. Other cliftically signific prescribing informatic	s, or inpatient hospitalization) that occ	tration errors and serious adverse events (s cur after vaccination, even if it is not certain in the provider emergency use authorizatio hcare providers should comply with VAERS	that vaccination caused the	
By saving these data i	n NHSN, facilities are agreeing to the f are consistent with definitions outline	following: ed in NHSN surveillance protocols (including	tables of instructions and	



Reporting Influenza and RSV Vaccinations

- You can report:
 - Both Flu and RSV vaccination questions
 - Only Flu vaccination (questions 2-2.3)
 - Only RSV vaccination (questions 3-3.3)
 - Neither
- If you report in any data field for either vaccine. You must complete all vaccination questions for the associated vaccine.
 - Users choose how often to report
 - Ideally in same weekly reporting cadence as COVID-19 Vaccine

OVID-19 Vaccine: HC	COVID-19 Vaccine: Residents	Influenza/RSV: Residents (Optional)	New Optiona Tab		
_ Resident Flu/RSV Cu	mulative Vaccination Summary for Lo	ng-Term Care Facilities			
Date Created:					
*Facility ID:	*V	accination type: Respiratory	Facility		
			CCN#		
*Week of Data Colle	ection: 10/09/2023 - *E	ate Last Modified:			
	Cumulativ	e Vaccination Coverage			
		g: These data are NOT required.			
Total Residents		this facility for at least 1 day during the w			
	Number of residents in question season	n#1 who are up to date with Influenza va	accination for current 90		
Influenza	Among those not in Question #2, rea	ason not up to date:			
Vaccination	2.1 *Medical contraindication to influenza vaccine				
	2.2 *Offered but declined influenza vaccine				
	2.3 *Other/unknown influenza v	accination status	0		
	3. *Number of residents in question	#1 who are up to date with RSV vaccina	tion		
-	Among those not in Question #3, rea	ason 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 vaccin	ation status			
		the Vaccine Adverse Event Reporting Sys ports from NHSN sites, please enter your			
threatening condition event.	ns, or inpatient hospitalization) that oc	stration errors and serious adverse event cur after vaccination, even if it is not cert	ain that vaccination caused the		
prescribing informat	ficant adverse events may be described ion for the COVID-19 vaccine(s). Healt r prescribing information.	I in the provider emergency use authoriz thcare providers should comply with VAE	ation (EUA) fact sheets or RS reporting requirements		
 The data reports frequently asked qu 	estions).	following: ed in NHSN surveillance protocols (inclue ledicaid Services (CMS) to fulfill CMS qua			



Note About Modifying Previously Entered Data

- An alert will appear if you modify the question 1 total on the COVID vaccine form for a previously saved week
- We changed a previous week from 100 residents to 80 residents
- Click OK, and then navigate to the influenza/RSV tab.

esident COVID-19 Cumulative Vaccination Summary for Long-Territ Care Facilities Date Created: 10/03/2023 3:50PM Facility ID: Vaccination type: COVID19	If you change data from a previously entered week for COVID-19 residents	
Week of Data Collection: 10/02/2023 - 10/08/2023 *Date Last Modified: 10/03/2023 3:50	PM Cumulative Vaccination Coverage	
Note: Facilities submit Weekly COVID-19 Vaccination Cumulative Summary data by completing the as submit these data. Using the person-level forms is recommend 1. • Number of residents staying in this facility for at least 1 day during the week of data collection	Alert	ination Form and select the "view reporting summary and submit" to g to their viaccination dates.
2. • Question Report of residents in Question #1 who are up to date with COVID-19 vaccines. Please review the current definition of <u>ye to date</u> ; Key Terms and Up to Date Vaccination. 3. • <u>Currentative</u> number of residents in Question #1 with other conditions: 3.1 • Medical contraindication to COVID-19 vaccine 3.2 • Offered but declined COVID-19 vaccine 3.3 • Unknown/Other COVID-19 vaccination status	You have modified an existing value for number of residents, this also impacts the Influenza/RSV vaccination form. Please review and resubmit the Influenza/RSV form.	
Clinically significant https://wars.hts.aou/vecorteven Clinically significant adverse events include vaccine administration errors and serious adver Other clinically significant adverse events may be described in the provider emergency use aut	OK Cancel	n, even if it is not certain that vaccination caused the event. hould comply with VAERS reporting requirements described in
By saving these data in NHSN, fadilities are agreeing to the following: 1) The data reported are consistent with definitions outlined in NHSNs surveillance protocols (incl.) 2) The data will be sent to the centers for Medicare and Medicaid Services (CMS) to fulfill CMS ou	uding tables of instructions and frequently asked questions). allby reporting requirements (when applicable).	



Review the Influenza/RSV Tab After Data Change

- Review that week's Flu and RSV data after changing COVID-19 total residents
- On the Flu and RSV tab totals do not add to 80
- Their totals will need to be changed in order to match the new total in Question 1

•Facility ID:	023 3:51PM *Vaccination type: Respiratory Facility CCN #:		
 Week of Data Collection: 10/02/; 	2023 - 10/08/2023 *Dute Last Modified: Oct 3 2023 3:51PM Cumulative Vaccination Coverage		
	Optional Reporting: These data are NOT required.	Influenza totals do not	
Total Residents	1. *Number of residents staying in this facility for at least 1 day during the week of data collection	add to 80 total residents	80
	2. *Number of residents in question #1 who are up to date with Influenza vaccination for current season		95
	Among those not in Question #2, reason not up to date:		
nfluenza Vaccination	2.1 *Medical contraindication to influenza vaccine		0
	2.2 *Offered but declined influenza vaccine	financia de la companya d	5
	2.3 *Other/unknown influenza vaccination status	RSV totals do not add	0
	3. *Number of residents in question #1 who are up to date with RSV vaccination	to 80 total residents	20
	Among those not in Question #3, reason not up to date:		
RSV Vaccination	3.1 *Medical contraindication to RSV vaccine		5
EXCLUSION FOR CONTRACTOR	3.2 *Offered but declined RSV vaccine		60
	3.3 *Other/unknown RSV vaccination status		
Clinically significant adverse event https://vaers.hhs.gov/reportevent.	s should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <u>html</u> . To help identify reports from NHSN sites, please enter your NHSN orgID in Box 26 of the VAERS form.		
Clinically significant adverse event	s include vaccine administration errors and serious adverse events (such as death, life-threatening conditions, or inpatient hospitalization	n) that occur after vaccination, even if it is not certain that vaccinatio	in caused the event.
Other clinically significant adverse EUAs or prescribing information.	events may be described in the provider emergency use authorization (EUA) fact sheets or prescribing information for the COVID-19 va	ccine(s). Healthcare providers should comply with VAERS reporting	requirements described in
By saving these data in NHSN, faci 1) The data reported are consister	lities are agreeing to the following: it with definitions outlined in NHSN surveillance protocols (including tables of instructions and frequently asked questions).		



Weekly Vaccination Calendar

- Verify data submission on the Weekly Vaccination Calendar
- After saving data, it will be highlighted green
- Tan means data has not been submitted

🧳 Vacc	ination Summary Data		
	cell to begin entering data for the week wh edical events or health problems that occur after vacci		
◀ 🔳 ►	25 September 2023 - 05 November 2023	Record Complete	Record Incomplete
09/25/2023 (COVID-1	ination Calendar Monday) - 10/01/2023 (Sunday) L9: HCP L9: Residents f: Residents		
 COVID-1 COVID-1 	Monday) - 10/08/2023 (Sunday) 19: HCP 19: Residents 7: Residents		



Printable Form for Influenza and RSV

- Download the physical form from the "COVID19/Respiratory Vaccination" webpage
- Located under "Data **Collection Forms and** Instructions"

Data C	ollection Forms and Instructions
	19 Vaccination Data Collections Forms
Note: All	data collection forms are print-only.
Weekly C	OVID-19 Vaccination Summary Form for Residents at
Table of	nstructions 🖪 [PDF – 327 KB] – June 2023
Weekly C	OVID-19 Vaccination Summary Form for Healthcare P
Table of	nstructions. 🖪 (PDF – 349 KB) – June 2023

LTCF | COVID-19/Respiratory

Weekly RSV/Influenza Vaccination Cumulative Summary for Residents of Long-Term Care Facilities ()

1 page *required for saving

E -	cility	ID#	
Fσ	CHILLY	10#.	

Illection (Monday – Sunday): /_/ Date Last Modified:/_/				
s to enter individual vaccination information and select the "view reporting summary and submit" to submit	these data. Using			
1. "Number of residents staying in this facility for at least 1 day during the week of data collection				
2. Number of residents in question #1 who are up to date with Influenza vaccination for current influenza season				
Among those not in Question #2, reason not up to date:				
2.1. Medical contraindication to influenza vaccine				
2.2. Offered but declined influenza vaccine				
2.3. Other/unknown influenza vaccination status				
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:				
3.1. Medical contraindication to RSV vaccine	1			
3.2. Offered but declined RSV vaccine				
3.3. Other/unknown RSV vaccination status				
Adverse Events following Vaccine(s)				
	/_/ Date Last Modified: _/_/ Cumulative Vaccination Coverage bmit_vaccination data by completing the questions on this form. Facilities also have the option to use the F s to enter individual vaccination information and select the 'vew reporting summary and submit' to submit to ination Forms is recommended to ensure that individuals are categorized appropriately according to their (https://www.cdc.gov/nhsn/tc/weekly-covid-vac/index.htm/#anchor_21696) 1. "Number of residents staying in this facility for at least 1 day during the week of data <pre></pre>			

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, lifethreatening 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 Vaccine Information Statements (VIS) or prescribing information for the vaccine(s). Healthcare providers should comply with VAERS reporting requirements described in VISs or prescribing information.

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d))



COVID-19/Respiratory Pathogens Module: Pathway Data Reporting

NHSN Home	NHSN Long Term Care Facility Component
Alerts	
Dashboard 🕨 🕨	 Long Term Care Dashboard
Reporting Plan	
Resident •	Action Items
Staff 🕨 🕨	
Event 🕨	COMPLETE THESE ITEMS
Summary Data	Facility Geolocation
COVID-19/Respiratory Pathogens	COVID-19 Vaccination - Residents COVID-19 Vaccination - HCP COVID-19 Vaccination - HCP
Vaccination Summary	POC Test Result Reporting
Import/Export	Pathway Data Reporting
Surveys 🕨	Person-Level COVID-19 Vaccination Form - HCP
Analysis 🕨	Person-Level COVID-19 Vaccination Form
Users 🕨	- Residents
Facility •	1
Group 🕨	Missing Summary
Cheat Sheets	Data
Logout	

 Select "Pathway Data Reporting" from the COVID-19/Respiratory Pathogens Options



COVID-19/Respiratory Pathogens Module: Pathway Data Reporting

Add COVID-19/Respiratory Pathogens Data	
Date for which counts are reported: 07/29/2024 Facility CCN: Facility Type: LTC-SKILLNURS Resident Impact and Facility Capacity Staff and Personnel Impact Influenza/RSV (Optional)	Select
Date Created (UTC):	Influenza/RSV (optional)
If the count is zero, a "O" must be entered as the response. A blank response is equivalent to missing data.	
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	



Instructions for Completion of the Weekly Respiratory Pathogens Vaccination Module (cdc.gov)

COVID-19/Respiratory Pathogens Module: Pathway Data Reporting

e for which counts are reported: 07/29	9/2024 Facility CCN:	Facility	Type: LTC-SKILLNURS		
Resident Impact and Facility Capacity	Staff and Personnel Impact	nfluenza/RSV (Optional)			
Date Created <u>(UTC)</u> :					
NFLUENZA					
f the count is zero, a "O" must be entered as	the response. A blank response is equivaler	it to missing data.			
Resident Impact for Influenza	TS: Enter the Number of residents with a	newly positive Influenza test	result.		
Only include reside	nts newly positive since the most recent da	te data were collected for NHSN	l reporting.		
Vaccination Status of Residents with a	a Newly Confirmed Influenza Test Result				
		**Up to Date Vaccination	Status		
Up to Date: Include residents with a before the specimen collection date.	newly positive Influenza viral test result	who are up to date with Influe	enza (flu) vaccines for the current flu s	eason (2023-2024) 14 days or more	
Not Up to Date: Based on the counts calculated here.	entered for POSITIVE TESTS and UP TO) DATE, the count for resident	ts who are NOT considered up to date	for the current flu season has been	
This count is not editable, to edit plea	ase update the count(s) entered for UP T	O DATE and/or POSITIVE TES	STS.		
Hospitalizations This is not a subset of the Influenza "Pos reported to NH5N.	itive Tests" count reported above. Include o	nly the number of new hospitali	zations in residents with a positive influe	nza test since the most recent date data	were
	positive Influenza Test: Number of residents who have been hospitalized during the figure of the second sec			prior to the hospitalization, date of s	pecimen
**Hospitaliz	ations with a positive Influenza Test an				e number

Resident Impact for Influenza:

- Enter the number of residents with a new positive influenza test result since the last reporting date.
- Enter the number of residents among those who were positive and up-to-date with influenza vaccination.
- Enter the number of hospitalizations with a positive influenza test (not a subset of up-to-date).



COVID-19/Respiratory Pathogens Module – Pathway Data Reporting

	ratory Pathogens Dat	а						
e for which counts a	are reported: 07/29	9/2024 F	acility CCN:		Facility Type: LTC-SKI	LLNURS		
Resident Impact an	nd Facility Capacity	Staff and Perso	nnel Impact	Influenza/RSV (Opt	tional)			
Date Created <u>(UTC</u>):							
NFLUENZA								
f the count is zero, a	"0" must be entered as	the response. A blar	ık response is equival	ent to missing data.				
Resident Impact	t for Influenza							
	* POSITIVE TES	TS: Enter the Num	per of residents with	h a newly positive Inf	fluenza test result.			
	Only include reside	ents newly positive si	ince the most recent o	late data were collecte	ed for NHSN reporting.			
Vaccination Sta	tus of Residents with a	a Newly Confirmer	I Influenza Test Resi	ult				
		,			/accination Status			l l l
	lude residents with a imen collection date.	newly positive Influ	Jenza viral test resu	It who are up to date	with Influenza (flu) vacci	nes for the current flu sea	ason (2023-2024) 14 days or	more
Net Let D. 1		entered for POSIT	IVE TESTS and UP	TO DATE, the count f	for residents who are NO	l considered up to date fo	or the current flu season has	been
calculated here								
calculated here	ot editable, to edit plea	ase update the cour	nt(s) entered for UP	TO DATE and/or PO	SITIVE TESTS.			
calculated here This count is no Hospitalizations	ot editable, to edit plea							
calculated here This count is no	ot editable, to edit plea s et of the Influenza "Pos					nts with a positive influenz	za test since the most recent do	ite data were
Hospitalizations reported to NHSI	, to editable, to edit plea s et of the Influenza "Pos N. ospitalizations with a	itive Tests" count rep positive Influenza ents who have been	ported above. Include	only the number of ne	ew hospitalizations in reside en hospitalized with a pos	itive Influenza test.	za test since the most recent do	

Resident Impact for **RSV**:

- Enter the number of residents with a new positive RSV test result since the last reporting date.
- Enter the number of residents among those who were positive and were up-to-date with RSV vaccination.
- Enter the number of hospitalizations with a positive RSV test (not a subset of up-to-date).

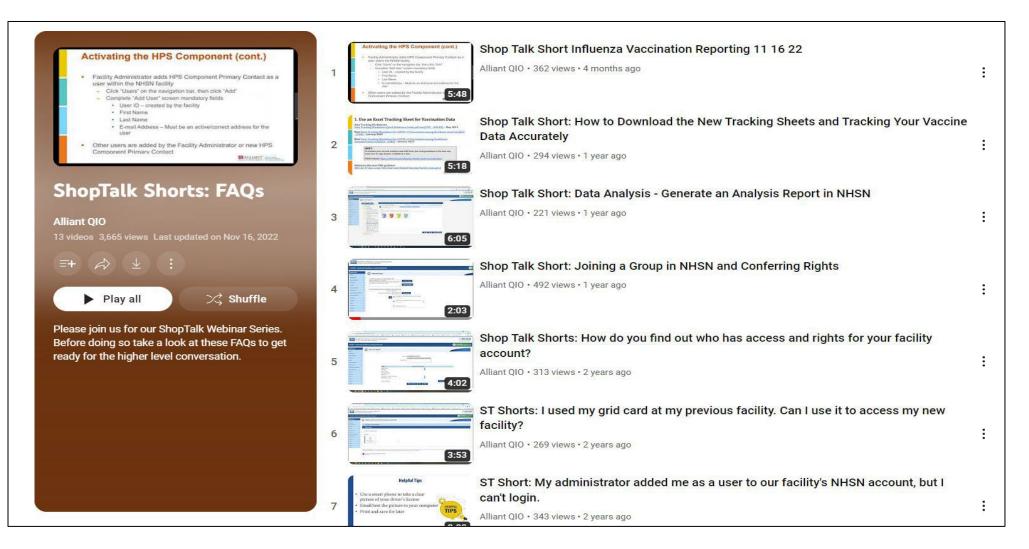


Up-To-Date Definitions for Influenza and RSV

Influenza	RSV
Received influenza vaccine anytime from when it first became available, such as August 2024, for the current season (2024-2025), through the current reporting week. Reporting season ends when the next seasonal influenza vaccine becomes available.	Received RSV Vaccination anytime from when it first became available in August 2023.



Shop Talk and Shop Talk Shorts YouTube Channel



https://www.youtube.com/playlist?list=PLXWmxni-xNHspWHhLllrqcLGlzXZPljlF



New Shop Talk Shorts

• <u>Shop Talk Short: How to setup mobile soft token</u>

 <u>Shop Talk Short: How to reinstall Entrust soft token on a</u> <u>new device</u>







Questions?

Thank You for Your Time! Contact the Patient Safety Team

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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 highrisk 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



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Program Directors







Thank you





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--6242-09/03/24