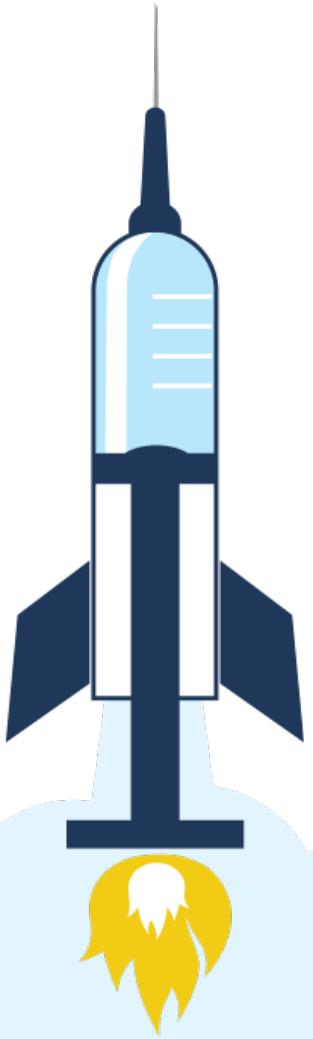
Boost Office Hours: 2024-2025 Fall Vaccine Season



September 5, 2024

Swati Gaur, MD, MBA, CMD, AGSF
Northeast Georgia Health System Alliant Health Solutions

Amy Ward, MS, BSN, RN, CIC, FAPIC
Patient Safety Manager, Alliant Health Solutions

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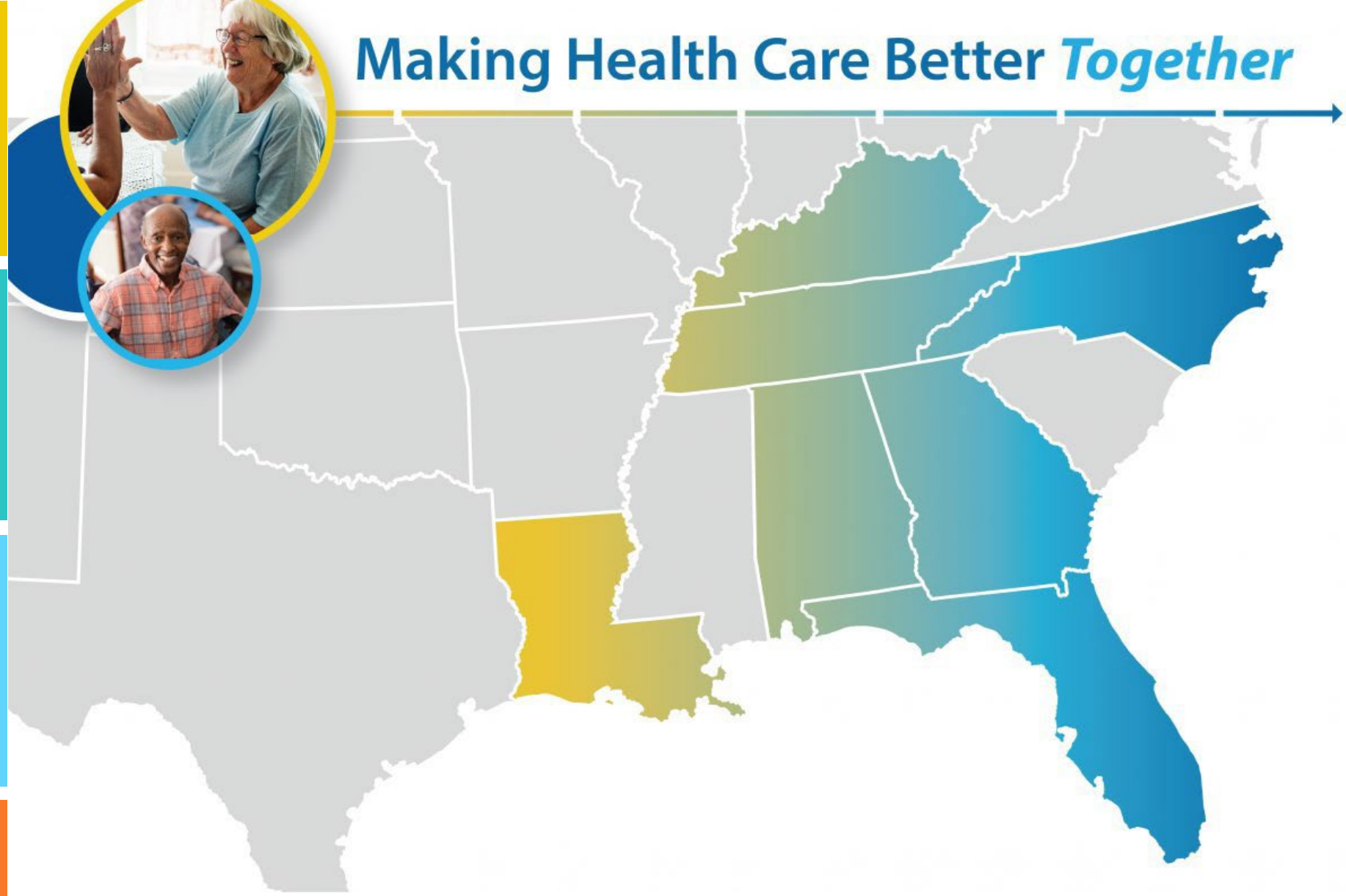

About Alliant Health Solutions

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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
- 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: Amy.Ward@AlliantHealth.org

COVID-19 Epidemiology Update

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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%

Aug 26, 2023 Aug 17, 2024

Severity Indicators

Hospitalizations

Rate per 100,000 population

4.4

Week ending August 3, 2024
Previous week 4.1

Aug 12, 2023 Aug 3, 2024

Deaths

% of All Deaths in U.S. Due to COVID-19

1.8%

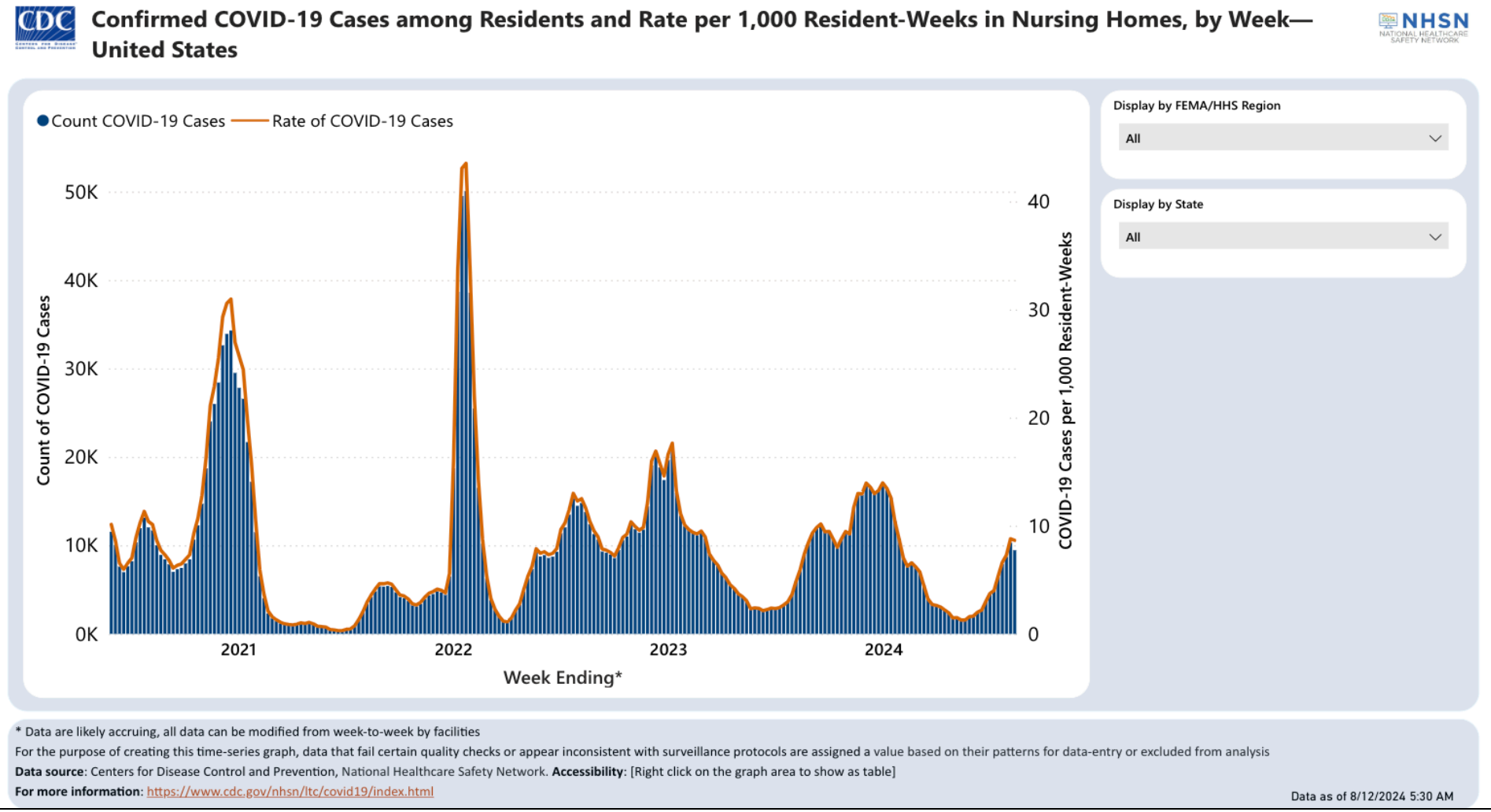
Week ending August 17, 2024
Previous week 1.8%

Aug 26, 2023 Aug 17, 2024

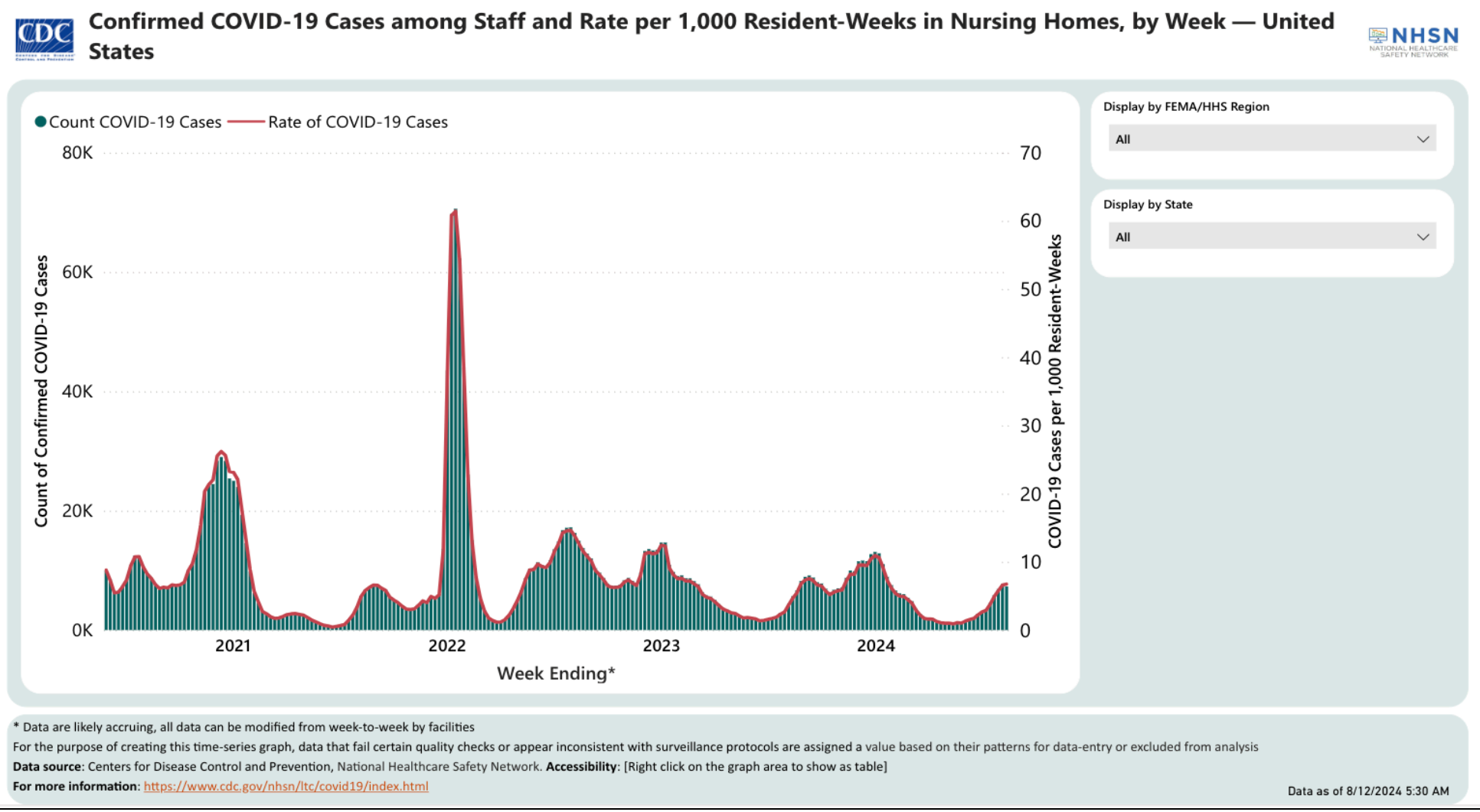
These early indicators represent a portion of national COVID-19 tests and emergency department visits. Wastewater information also provides early indicators of spread.

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



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



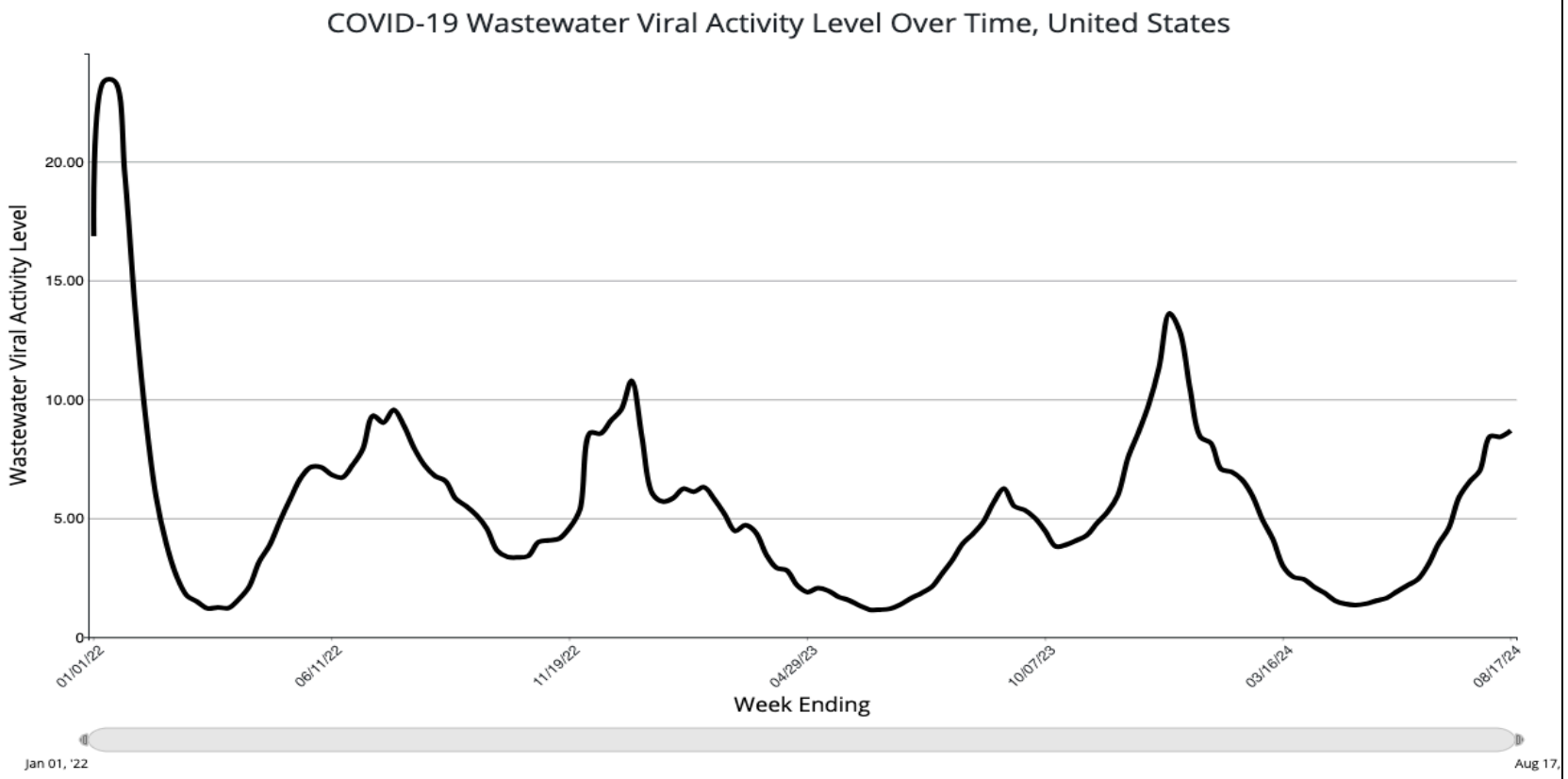
Wastewater COVID-19 National Trend

This chart shows national trends of SARS-COV-2 viral activity levels in wastewater.

VERY HIGH

Nationally, the wastewater viral activity level for COVID-19 is currently **very high**.

Very High | High | Moderate | Low | Minimal



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

Major Cities On | Major Cities Off

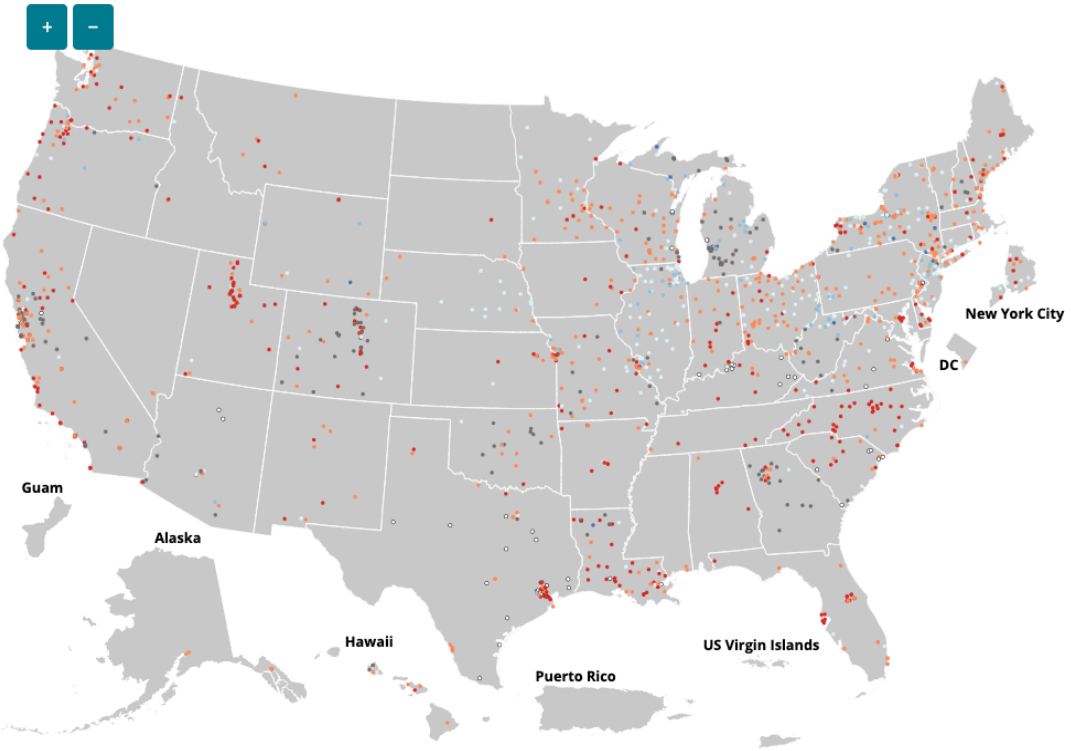
Metric:
- (●) Current virus levels in wastewater by site
- ( ) Percent change in the last 15 days
- ( ) Percent of wastewater samples with detectable virus

Show:
- [x] Sites with no recent data
- [x] 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	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?

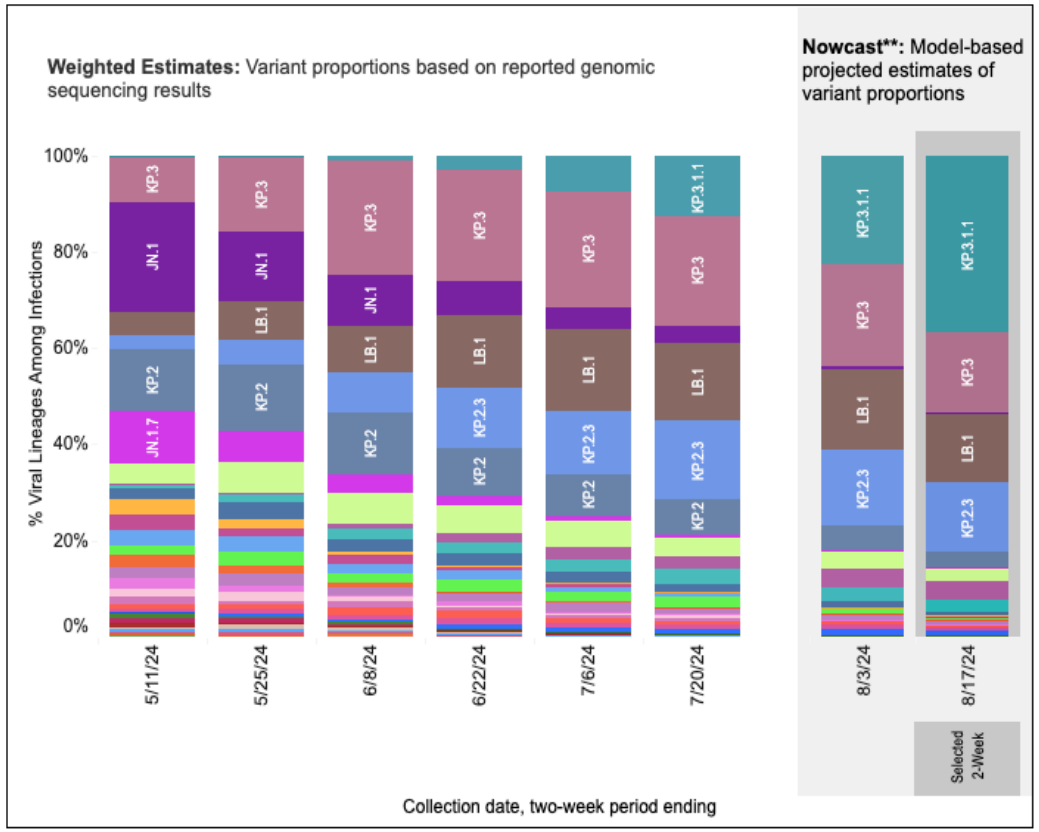
HHS Region: USA

Data for the 2-Week Period Ending on: 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

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 8/4/2024 – 8/17/2024

USA

WHO label	Lineage #	%Total	95%PI
Omicron	KP.3.1.1	36.8%	31.1-42.7%
	KP.3	16.8%	14.4-19.6%
	KP.2.3	14.4%	11.7-17.7%
	LB.1	14.1%	11.2-17.5%
	LP.1	4.1%	3.0-5.6%
	KP.2	3.2%	2.7-3.8%
	KP.1.1	2.7%	1.9-3.7%
	KP.1.1.3	2.5%	1.7-3.6%
	KS.1	1.0%	0.6-1.7%
	KP.2.15	0.9%	0.4-2.1%
	LF.3.1	0.9%	0.6-1.4%
	JN.1.16.1	0.8%	0.5-1.1%
	JN.1.18	0.4%	0.3-0.7%
	KP.4.1	0.3%	0.2-0.6%
	JN.1	0.2%	0.1-0.3%
	JN.1.11.1	0.2%	0.1-0.3%
	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%
	KP.1.2	0.1%	0.0-0.1%
	JN.1.7	0.1%	0.1-0.1%
	KQ.1	0.0%	0.0-0.0%
	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%
	XDP	0.0%	0.0-0.0%
	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 tracke 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.

COVID-19 Vaccine Fall 2024 Recommendations

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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 (aIIV4)

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]

[a]RSV 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.

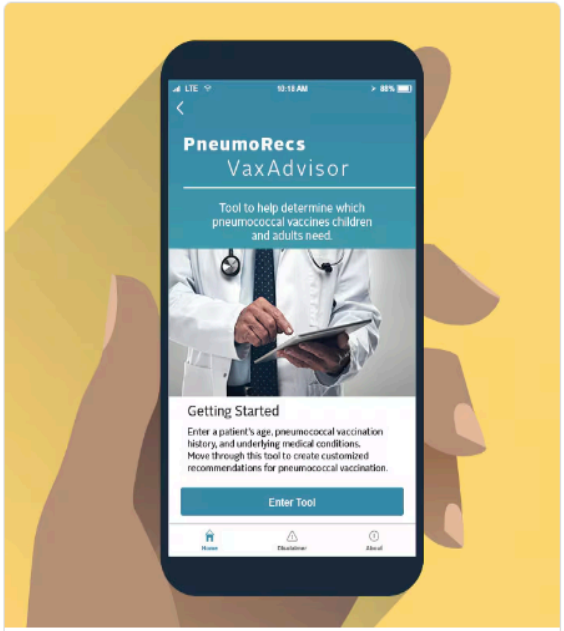
Download on the App Store

ANDROID APP ON Google play

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.



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

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

COVID-19 Vaccine Common Questions

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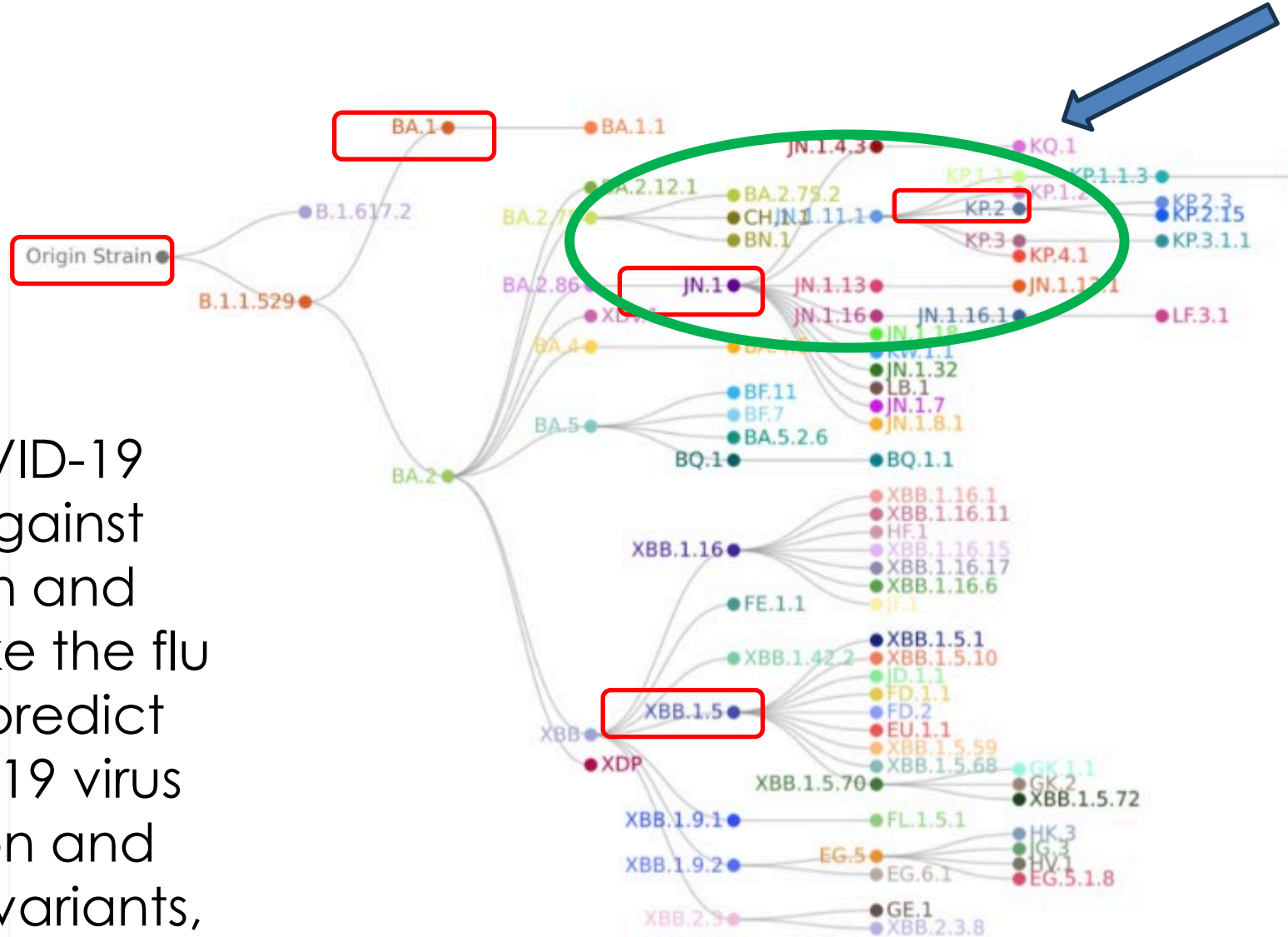
The COVID-19 vaccine doesn't work. That is why they keep changing it.

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.



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 2023–2024 COVID-19 vaccine recommendations.

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#table-02

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
  - Not combined in the same syringe

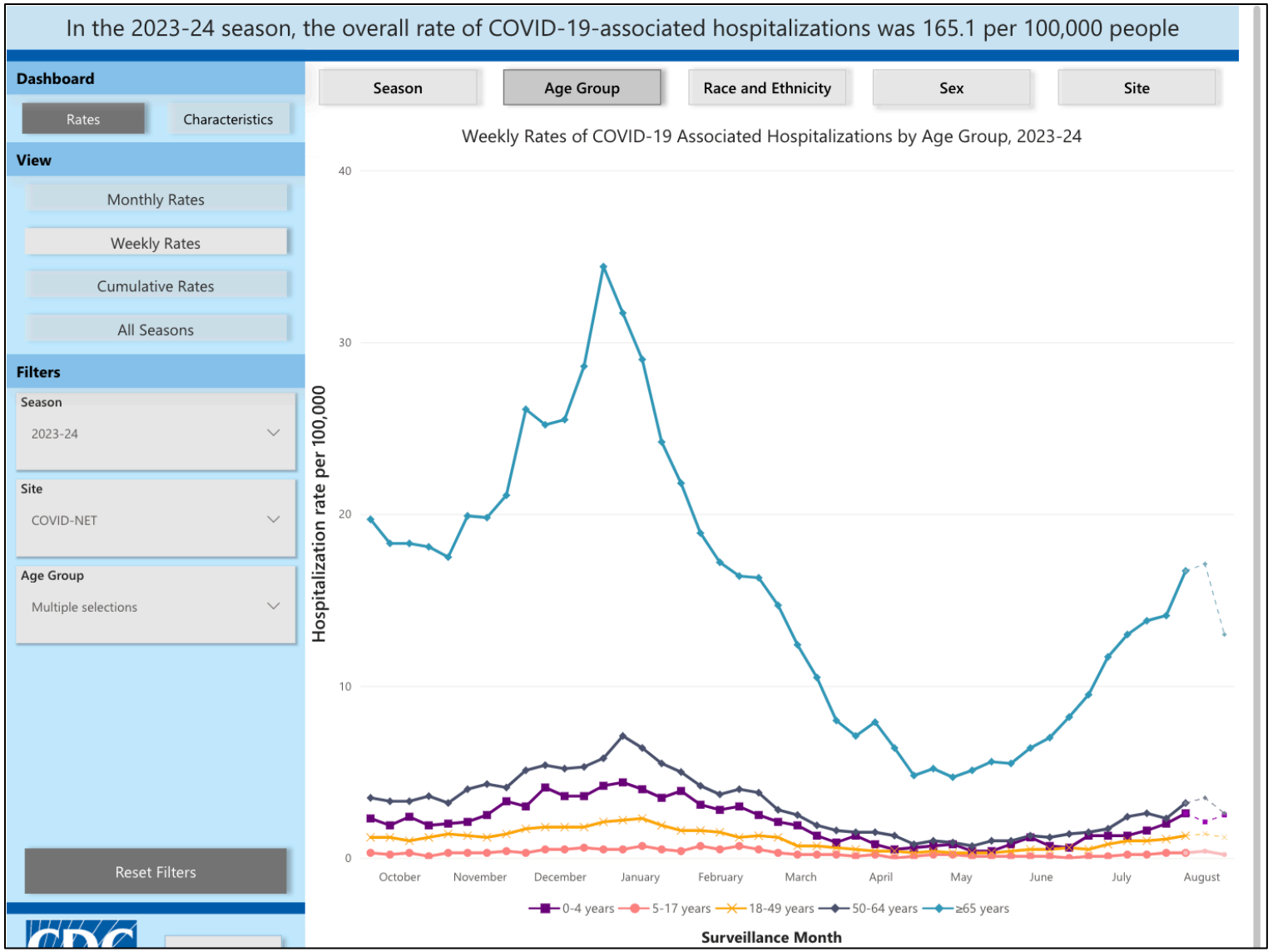
https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#immunocompromised

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 symptoms consistent with COVID-19.
- 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 criteria 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).
- Viral testing to assess for acute SARS-CoV-2 infection or serologic testing to assess for prior infection is not recommended for the purpose of vaccine decision-making.

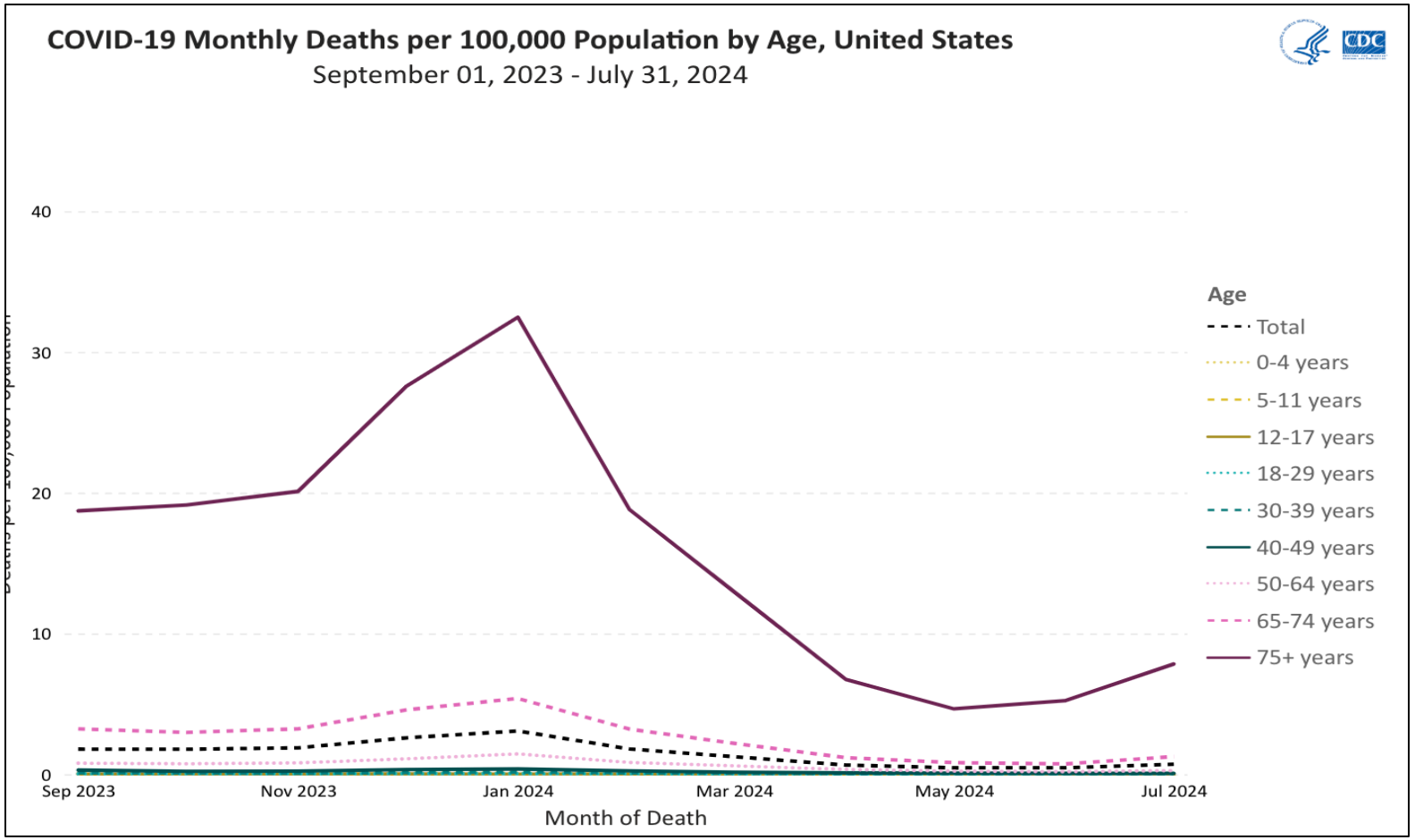
https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#timing-spacing-interchangeability

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.



https://covid.cdc.gov/covid-data-tracker/#covidnet-hospitalization-network

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.**

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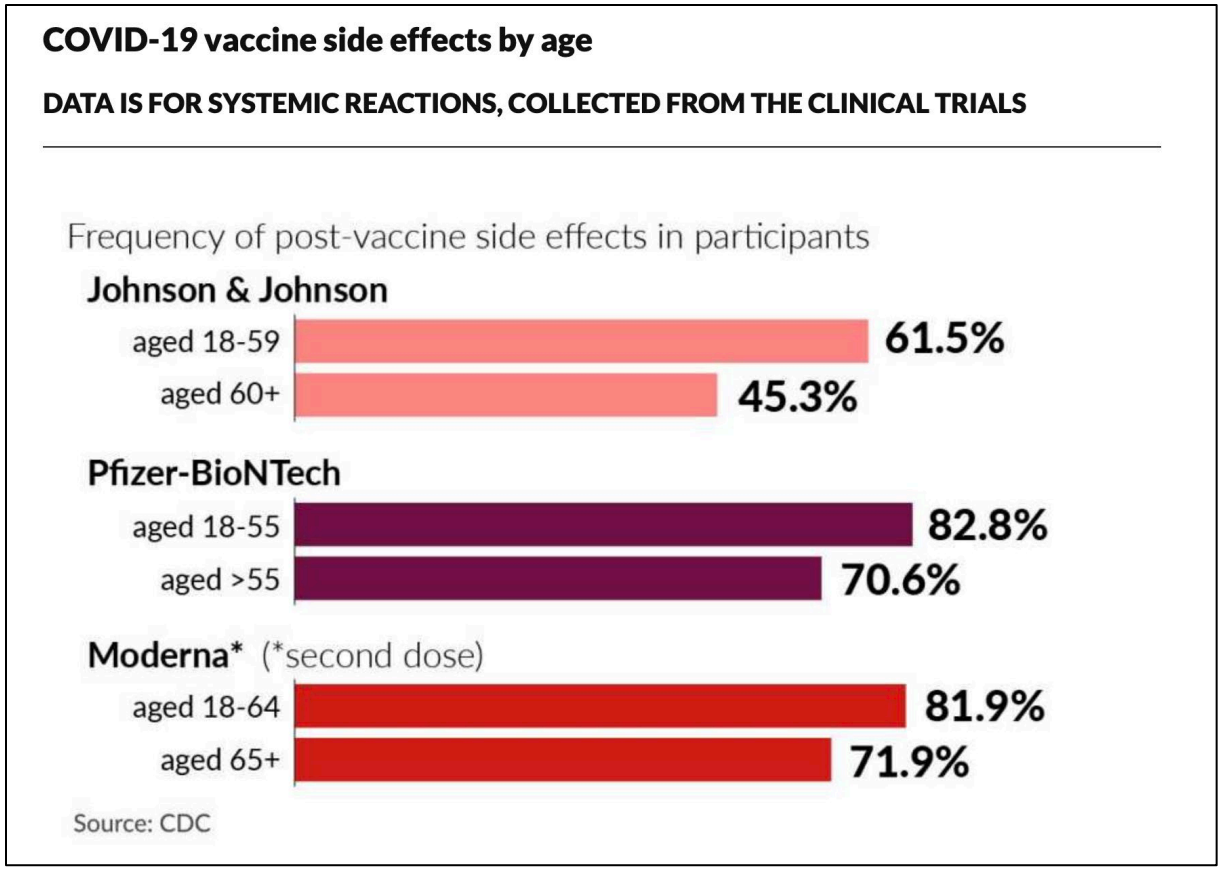
The COVID-19 vaccine makes me feel sicker than I already am, and my focus is to avoid getting sick while I am trying to complete my rehab.

- 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

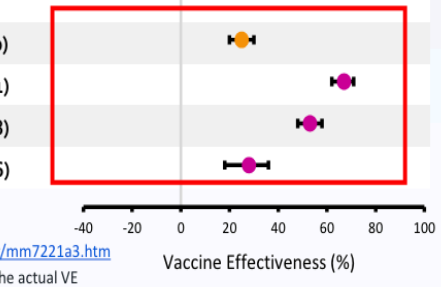
- People who already had COVID-19 and do not stay up to date with vaccinations after they recover are more likely to get COVID-19 again than those who remain up to date after recovery.

The number of shots needed keeps increasing.

When will it stop?

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

mRNA Dosage Pattern	Total tests	SARS-CoV-2-test-positive, N (%)	Median interval since last dose, days (IQR)	Adjusted VE (95% CI)
[redacted]				
≥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)**
Bivalent booster, 120-179 days earlier	4,482	415 (9)	149 (134-164)	**28 (18-36)**



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.

23

- ACIP

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

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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)

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9856799/#:~:text=This%20cohort%20study%20of%2015,residents%2C%20and%20fewer%20weekly%20COVID%2D

https://pubmed.ncbi.nlm.nih.gov/8985189/

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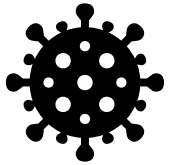
I plan to have children, and I heard the COVID-19 vaccination could decrease my chance of getting pregnant.

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%

https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care

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

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CMS NHSN Reporting Requirements

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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:** 1. Resident Impact and Facility Capacity 2. 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:** 1. Residents 2. 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).**

https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html

CMS Reporting Requirements

Reminder: Facilities can contact CMS with questions about reporting requirements

- Weekly reporting requirement questions: DNH_TriageTeam@cms.hhs.gov
- Quality reporting program questions: SNFQualityQuestions@cms.hhs.gov

NHSN Respiratory Pathogens Reporting

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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).

https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2025

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.

https://www.cdc.gov/nhsn/pdfs/optional-reporting-of-influenza-and-rsv-508.pdf

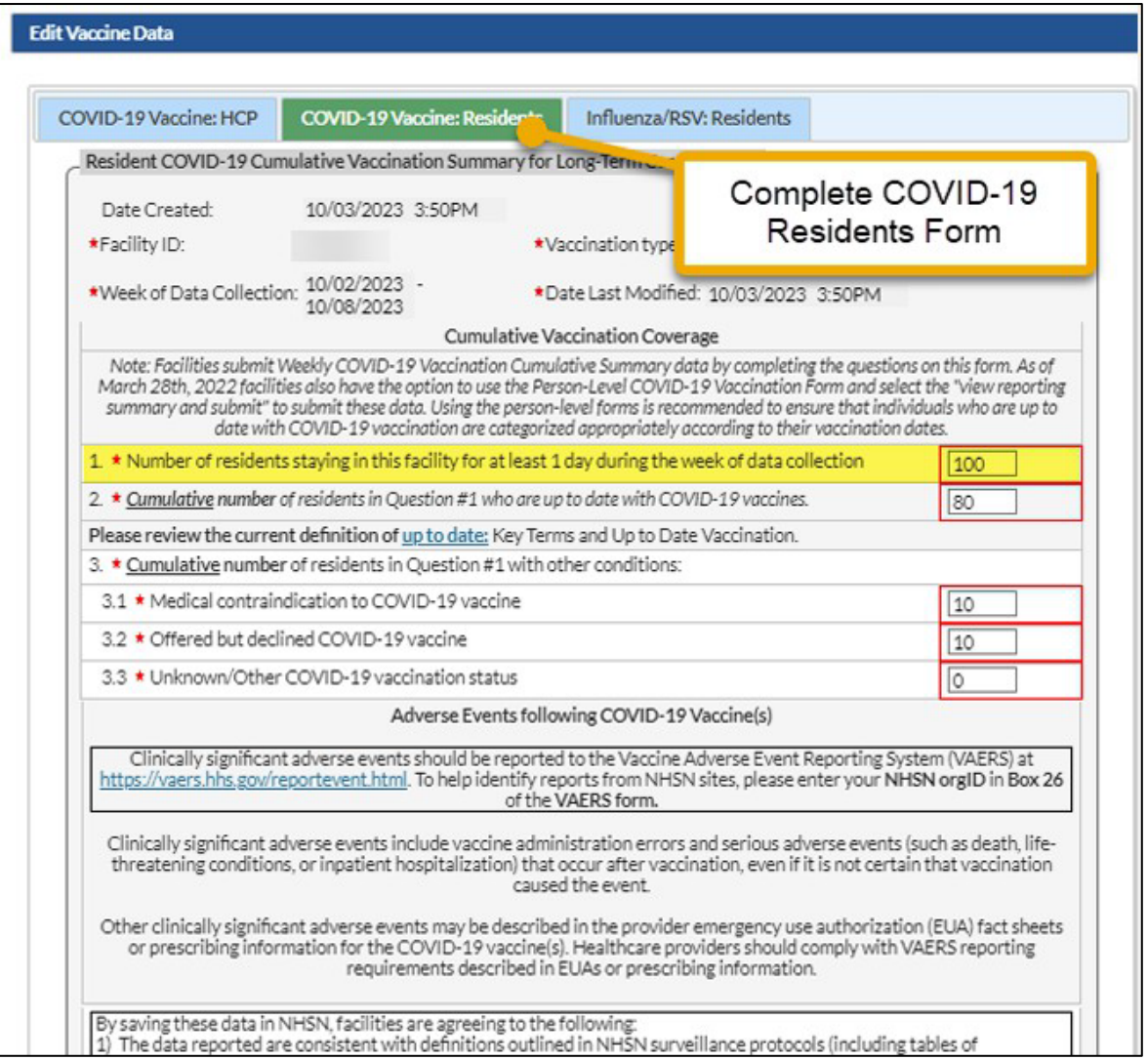
Long-Term Care Facility Home Page

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

https://www.cdc.gov/nhsn/pdfs/optional-reporting-of-influenza-and-rsv-508.pdf

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



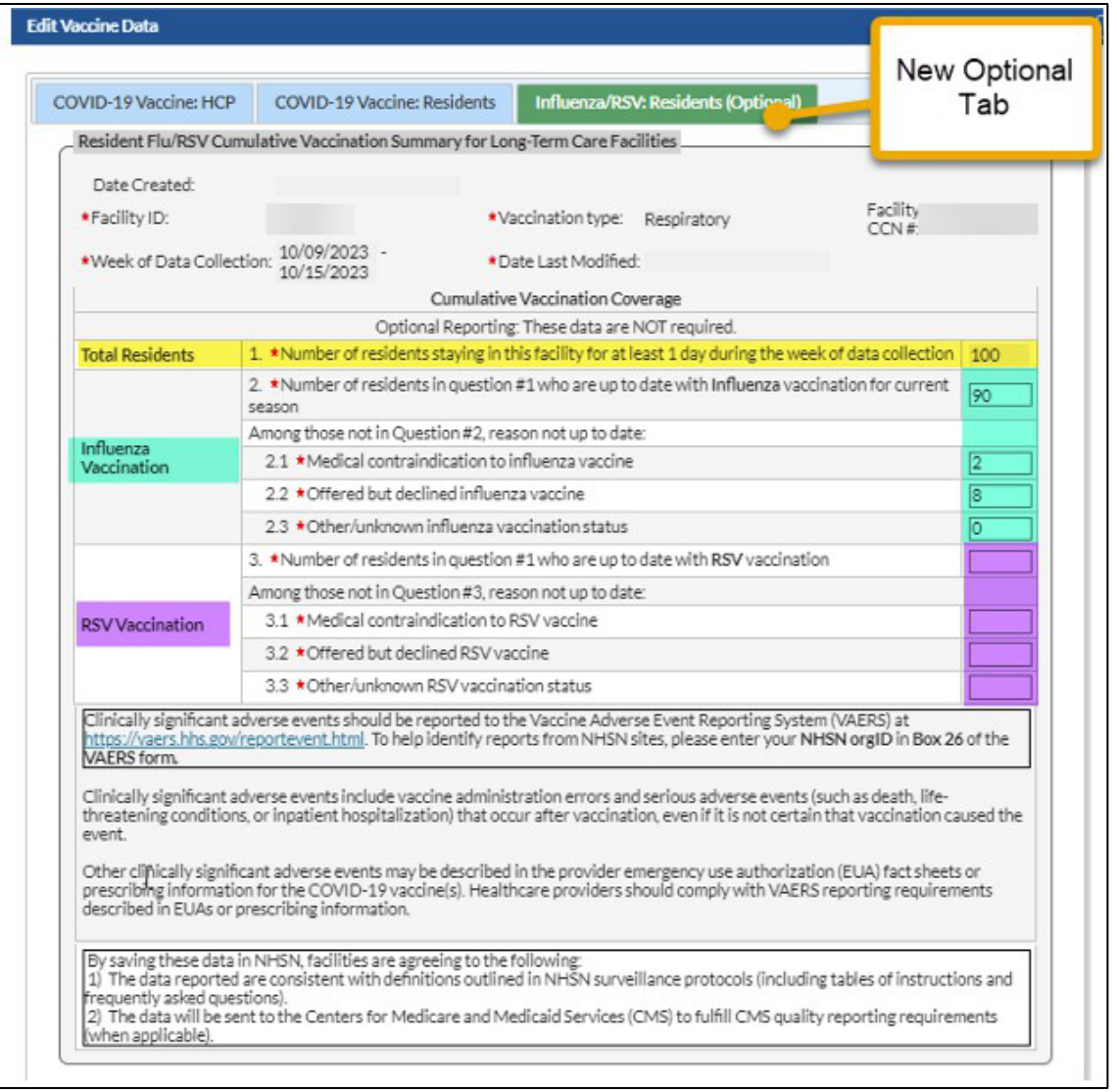
https://www.cdc.gov/nhsn/pdfs/optional-reporting-of-influenza-and-rsv-508.pdf

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)



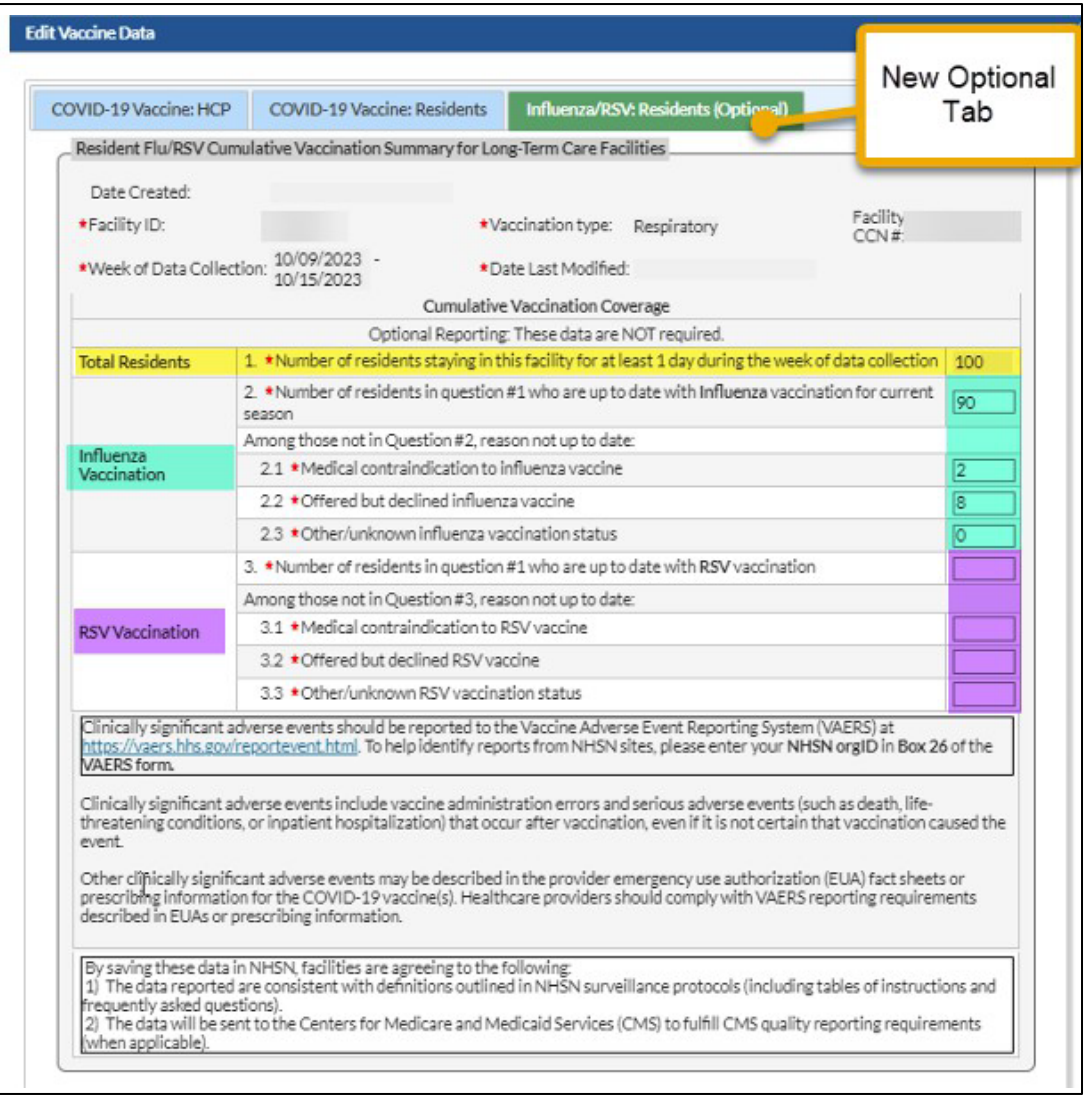
https://www.cdc.gov/nhsn/pdfs/optional-reporting-of-influenza-and-rsv-508.pdf

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.

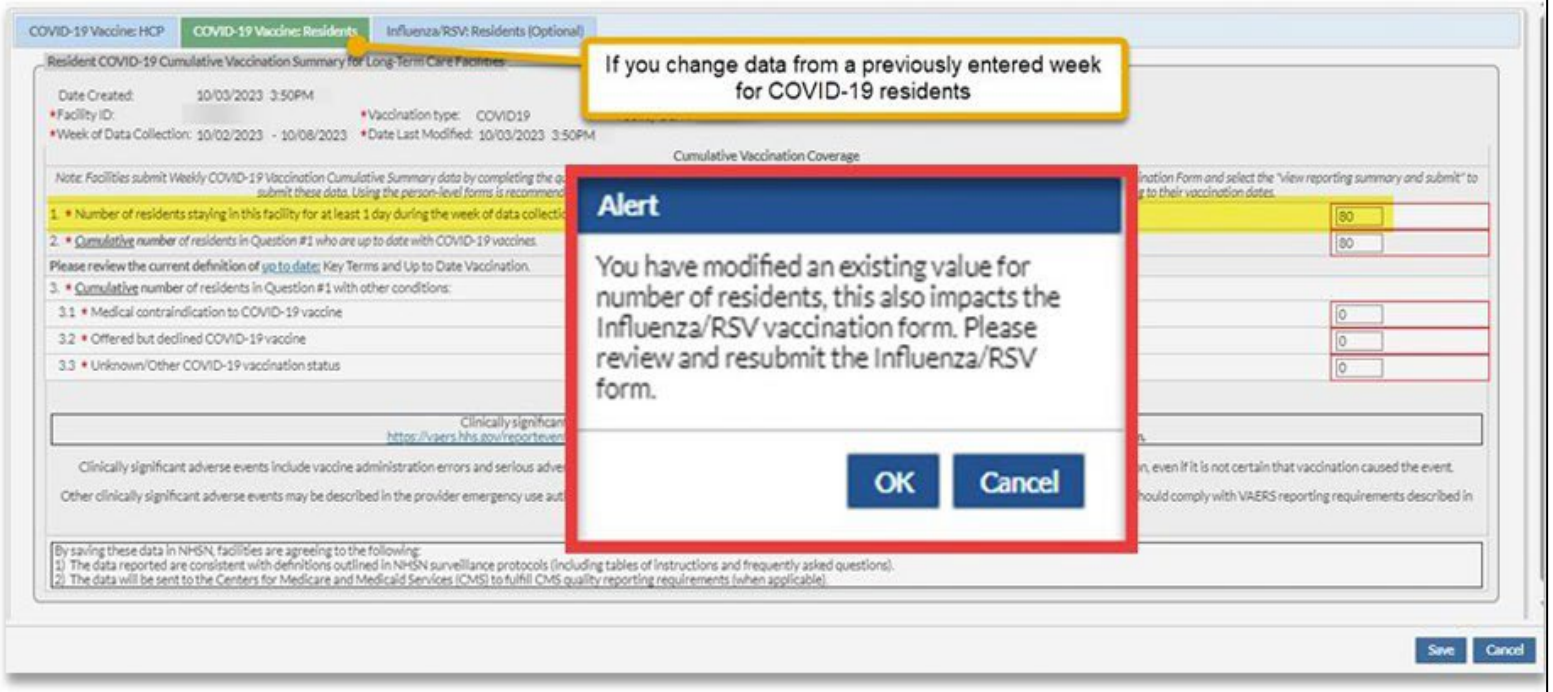
- Users choose how often to report
  - Ideally in same weekly reporting cadence as COVID-19 Vaccine



https://www.cdc.gov/nhsn/pdfs/optional-reporting-of-influenza-and-rsv-508.pdf

Note About Modifying Previously Entered Data

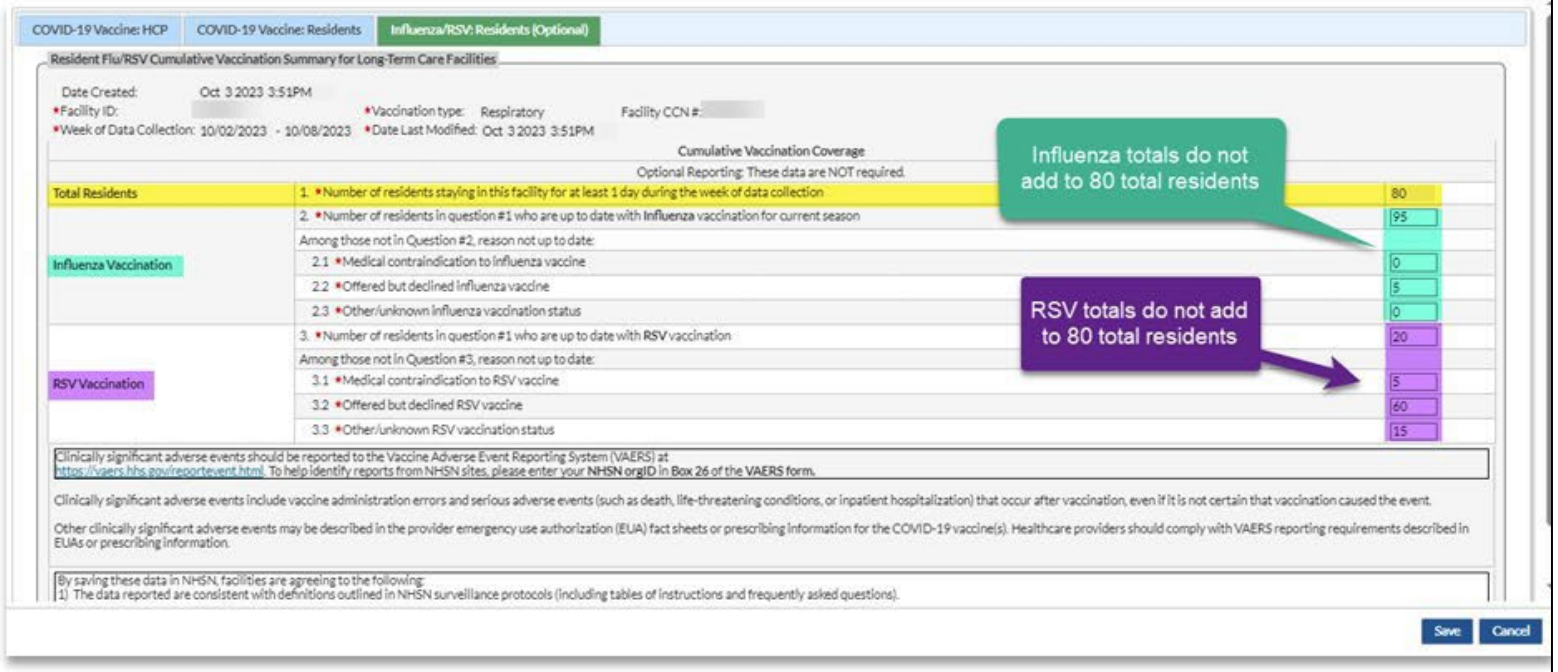
- An alert will appear if you modify the question 1 total on the COVID vaccine form for a previously saved week
- We changed a previous week from 100 residents to 80 residents
- Click OK, and then navigate to the influenza/RSV tab.



https://www.cdc.gov/nhsn/pdfs/optional-reporting-of-influenza-and-rsv-508.pdf

Review the Influenza/RSV Tab After Data Change

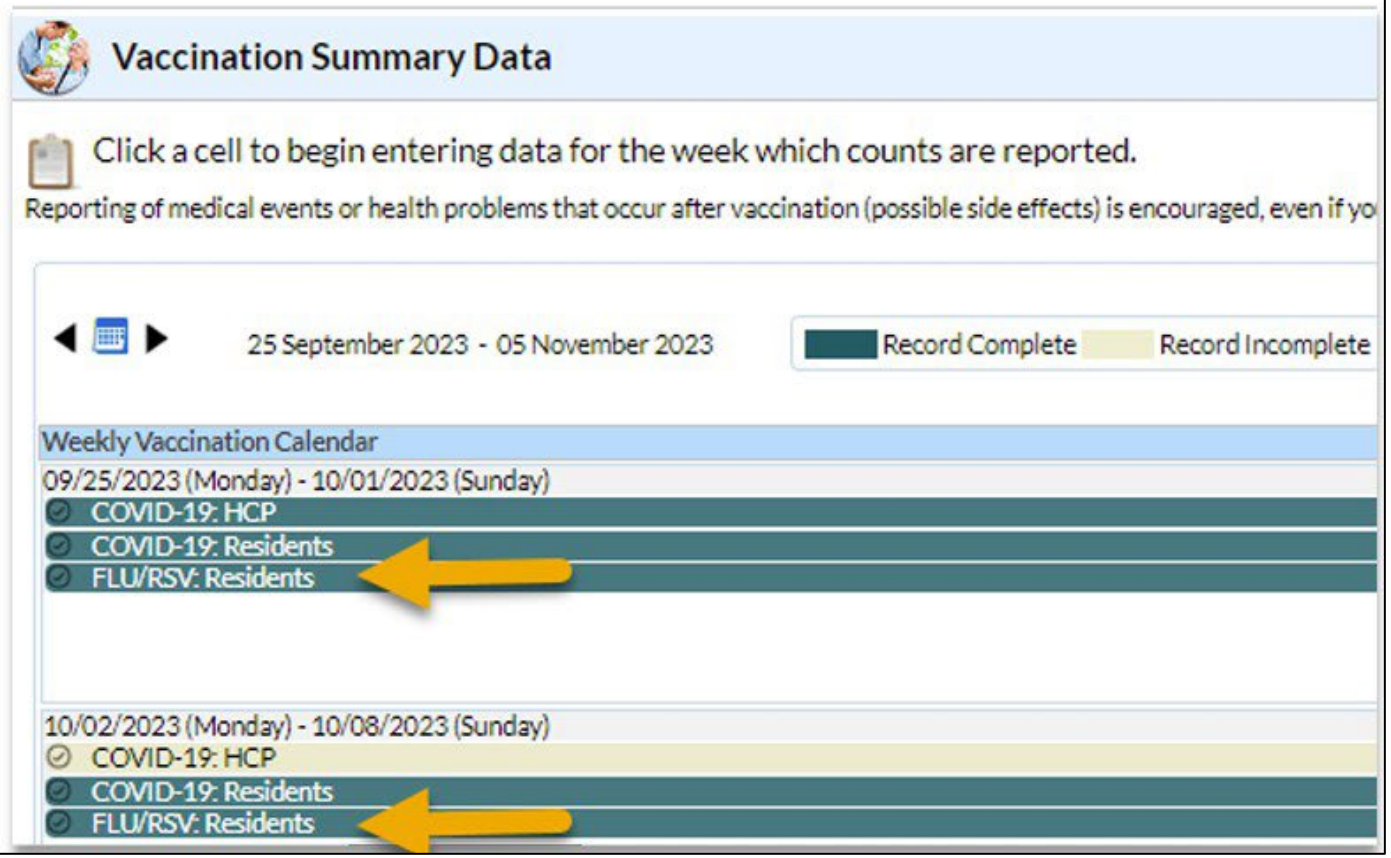
- Review that week's Flu and RSV data after changing COVID-19 total residents
- On the Flu and RSV tab totals do not add to 80
- Their totals will need to be changed in order to match the new total in Question 1



https://www.cdc.gov/nhsn/pdfs/optional-reporting-of-influenza-and-rsv-508.pdf

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

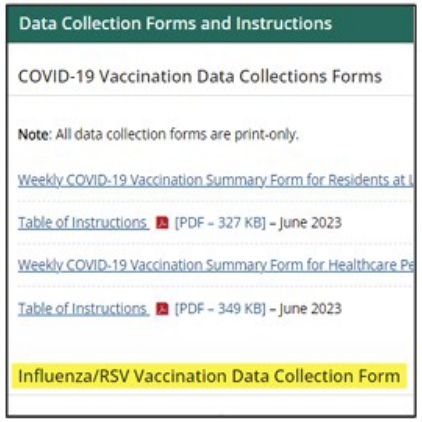


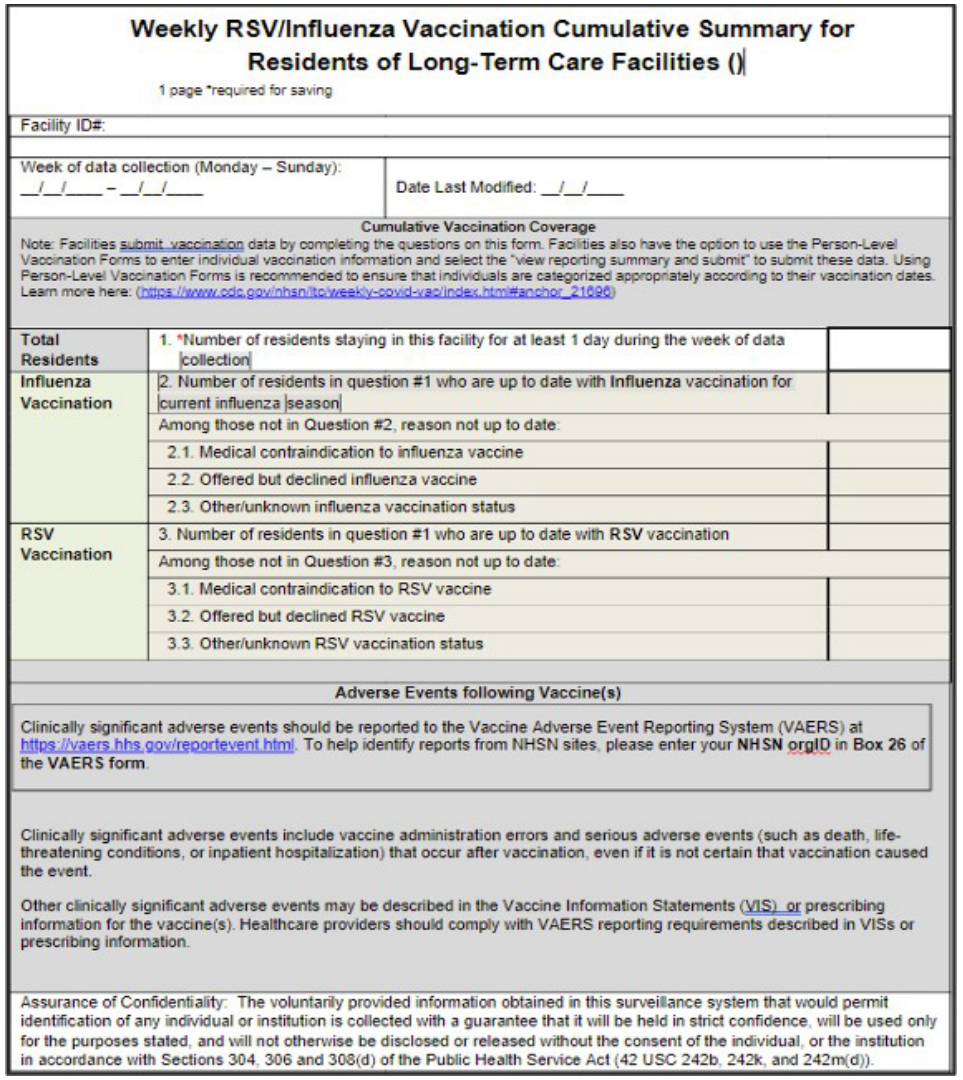
https://www.cdc.gov/nhsn/pdfs/optional-reporting-of-influenza-and-rsv-508.pdf

Printable Form for Influenza and RSV

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

LTCF | COVID-19/Respiratory Pathogens Vaccination |NHSN | CDC





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

1 page *required for saving

Facility ID#:

Week of data collection (Monday – Sunday): __/__/____ – __/__/____

Date Last Modified: __/__/____

Cumulative Vaccination Coverage

Note: Facilities submit vaccination data by completing the questions on this form. Facilities also have the option to use the Person-Level Vaccination Forms to enter individual vaccination information and select the "view reporting summary and submit" to submit these data. Using Person-Level Vaccination Forms is recommended to ensure that individuals are categorized appropriately according to their vaccination dates. Learn more here: (https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html#anchor_21696)

Total Residents	1. *Number of residents staying in this facility for at least 1 day during the week of data collection	
Influenza Vaccination	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	
RSV Vaccination	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	
	3.2. Offered but declined RSV vaccine	
	3.3. Other/unknown RSV vaccination status	

Adverse Events following Vaccine(s)

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**.

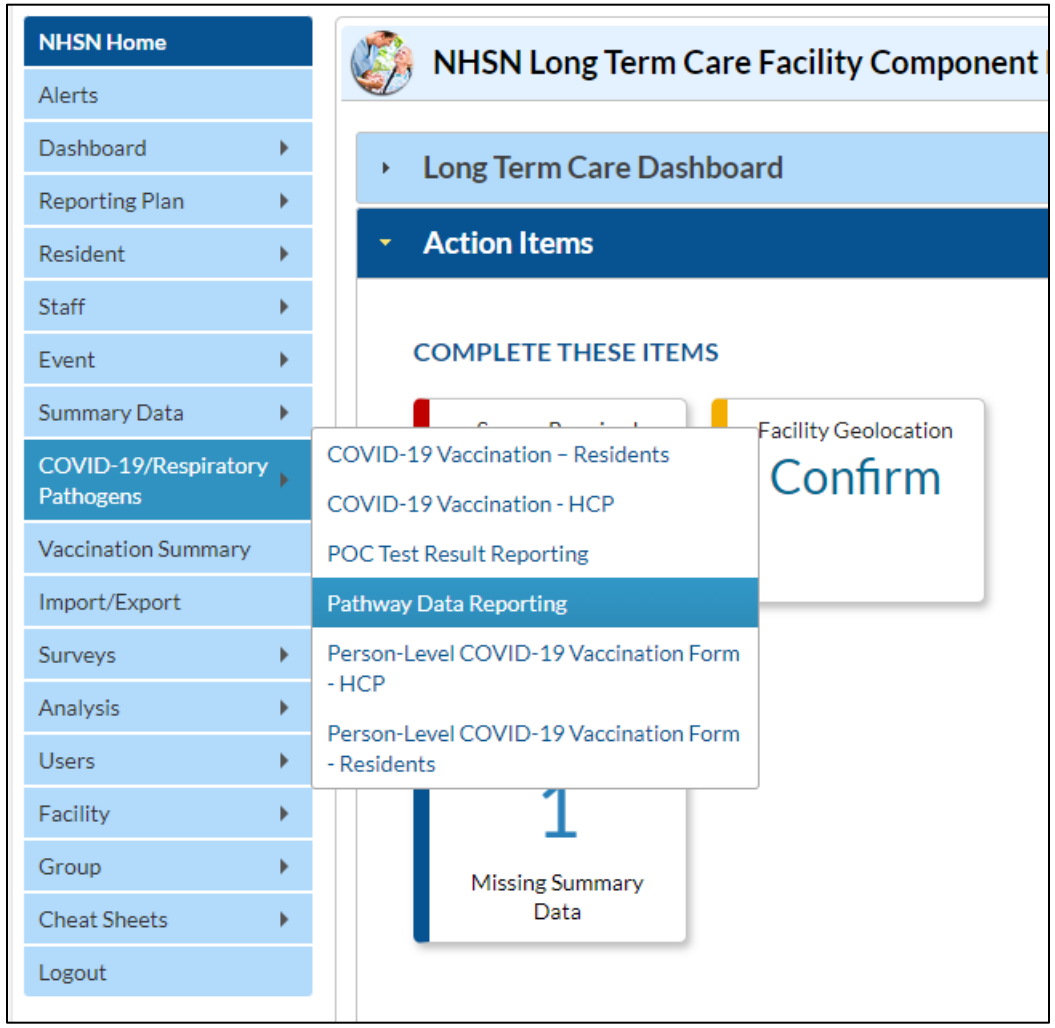
Clinically significant adverse events include vaccine administration errors and serious adverse events (such as death, life-threatening conditions, or inpatient hospitalization) that occur after vaccination, even if it is not certain that vaccination caused the event.

Other clinically significant adverse events may be described in the 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)).

https://www.cdc.gov/nhsn/pdfs/optional-reporting-of-influenza-and-rsv-508.pdf

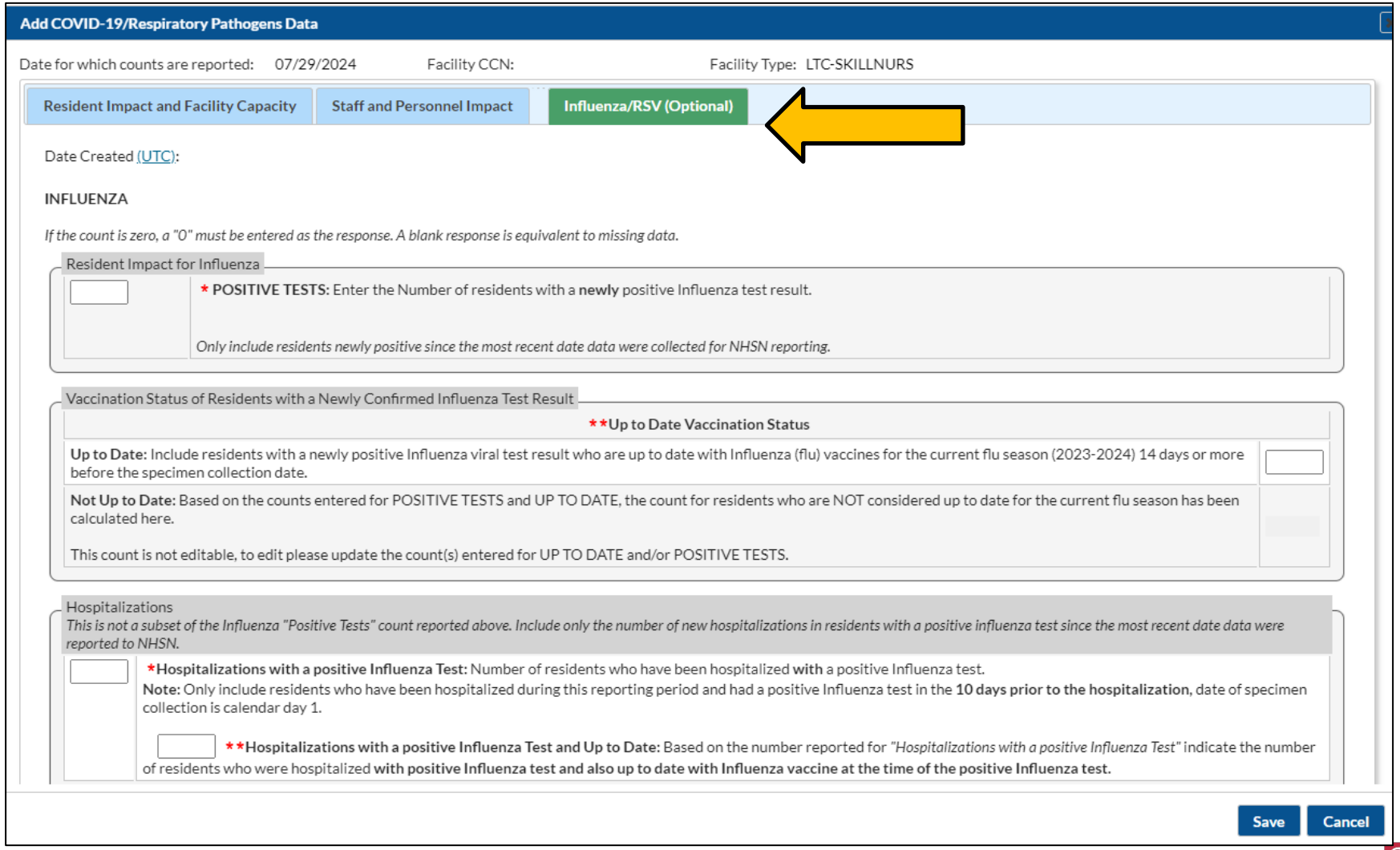
COVID-19/Respiratory Pathogens Module: Pathway Data Reporting



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

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

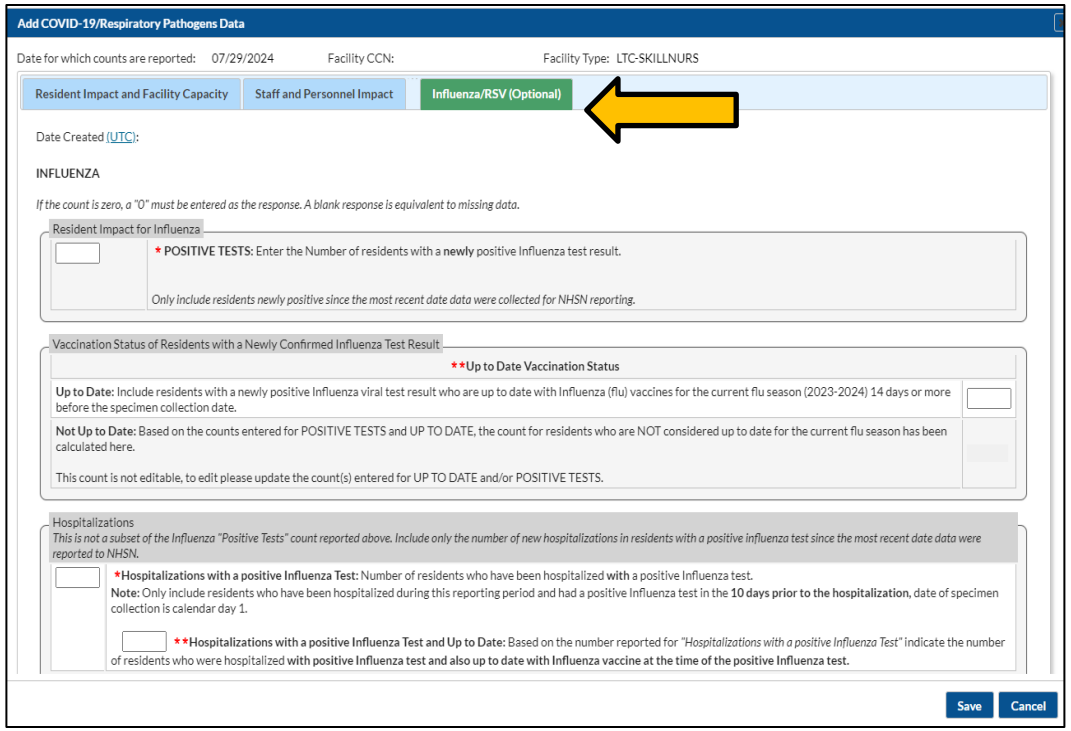
COVID-19/Respiratory Pathogens Module: Pathway Data Reporting



- Select Influenza/RSV (optional)

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

COVID-19/Respiratory Pathogens Module: Pathway Data Reporting

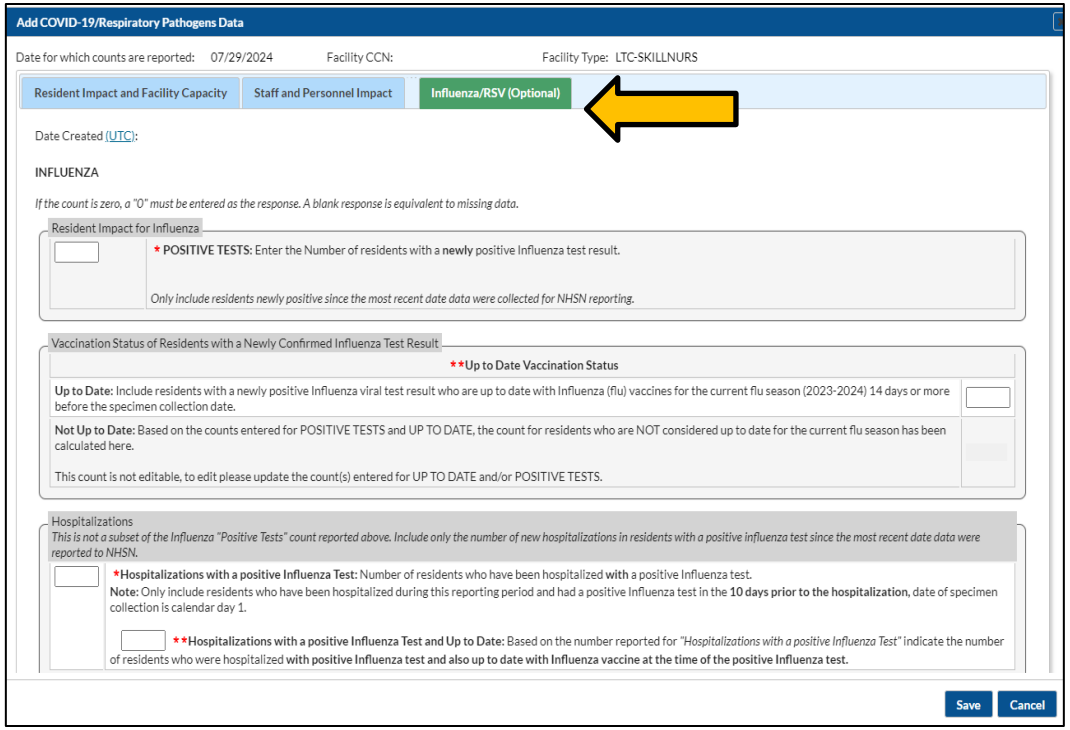


Resident Impact for **Influenza**:

- 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).

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

COVID-19/Respiratory Pathogens Module – Pathway Data Reporting



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).

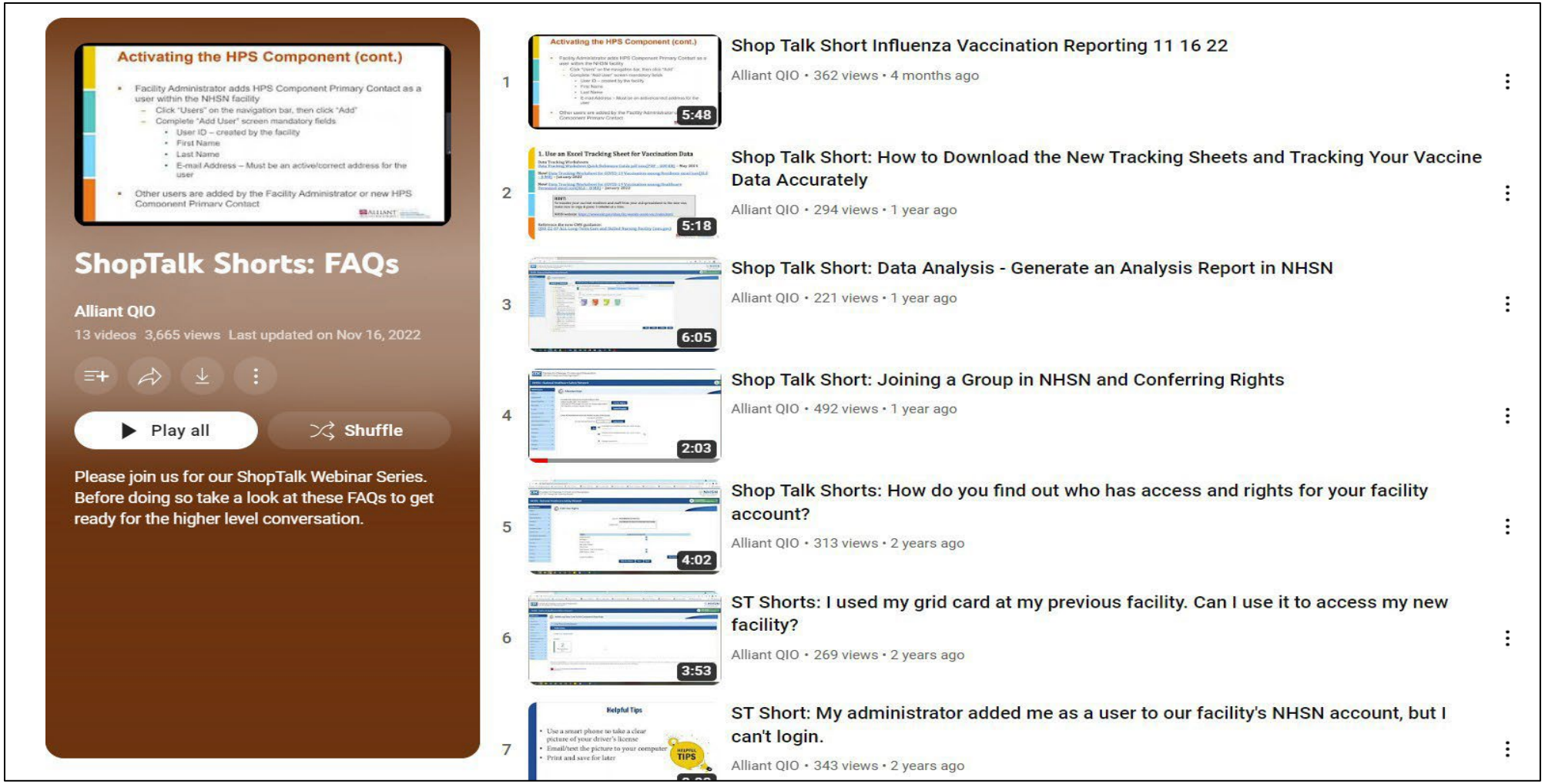
[Instructions for Completion of the Weekly Respiratory Pathogens Vaccination Module (cdc.gov)]

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.

2023 COVD-19/RESPIRATORY PATHOGENS VACCINATION PROTOCOL (cdc.gov)

Shop Talk and Shop Talk Shorts YouTube Channel



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

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New Shop Talk Shorts

- Shop Talk Short: How to setup mobile soft token

- Shop Talk Short: How to reinstall Entrust soft token on a new device

Questions?

Thank You for Your Time!
Contact the Patient Safety Team

patientsafety@alliantHealth.org

Amy Ward, MS, BSN, RN, CIC, FAPIC
Patient Safety Manager
Amy.Ward@AlliantHealth.org

Paula St. Hill, DrPH, MPH, CIC, A-IPC
Technical Advisor, Infection Prevention
Paula.Sthill@allianthealth.org

Donald Chitanda, MPH, CIC, LTC-CIP
Technical Advisor, Infection Prevention
Donald.Chitanda@AlliantHealth.org

Erica Umeakunne, MSN, MPH, APRN, CIC, CPPS
Infection Prevention Specialist
Erica.Umeakunne@AlliantHealth.org

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Nursing Home and Partnership for Community Health:
CMS 12th SOW GOALS

OPIOID UTILIZATION AND MISUSE

Promote opioid best practices

•

Reduce opioid adverse drug events in all settings

PATIENT SAFETY

Reduce hospitalizations due to c. diff

•

Reduce adverse drug events

•

Reduce facility acquired infections

CHRONIC DISEASE SELF-MANAGEMENT

Increase instances of adequately diagnosed and controlled hypertension

•

Increase use of cardiac rehabilitation programs

•

Reduce instances of uncontrolled diabetes

•

Identify patients at high-risk for kidney disease and improve outcomes

CARE COORDINATION

Convene community coalitions

•

Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits

•

Identify and promote optimal care for super utilizers

COVID-19

Support nursing homes by establishing a safe visitor policy and cohort plan

•

Provide virtual events to support infection control and prevention

•

Support nursing homes and community coalitions with emergency preparedness plans

IMMUNIZATION

Increase influenza, pneumococcal, and COVID-19 vaccination rates

TRAINING

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

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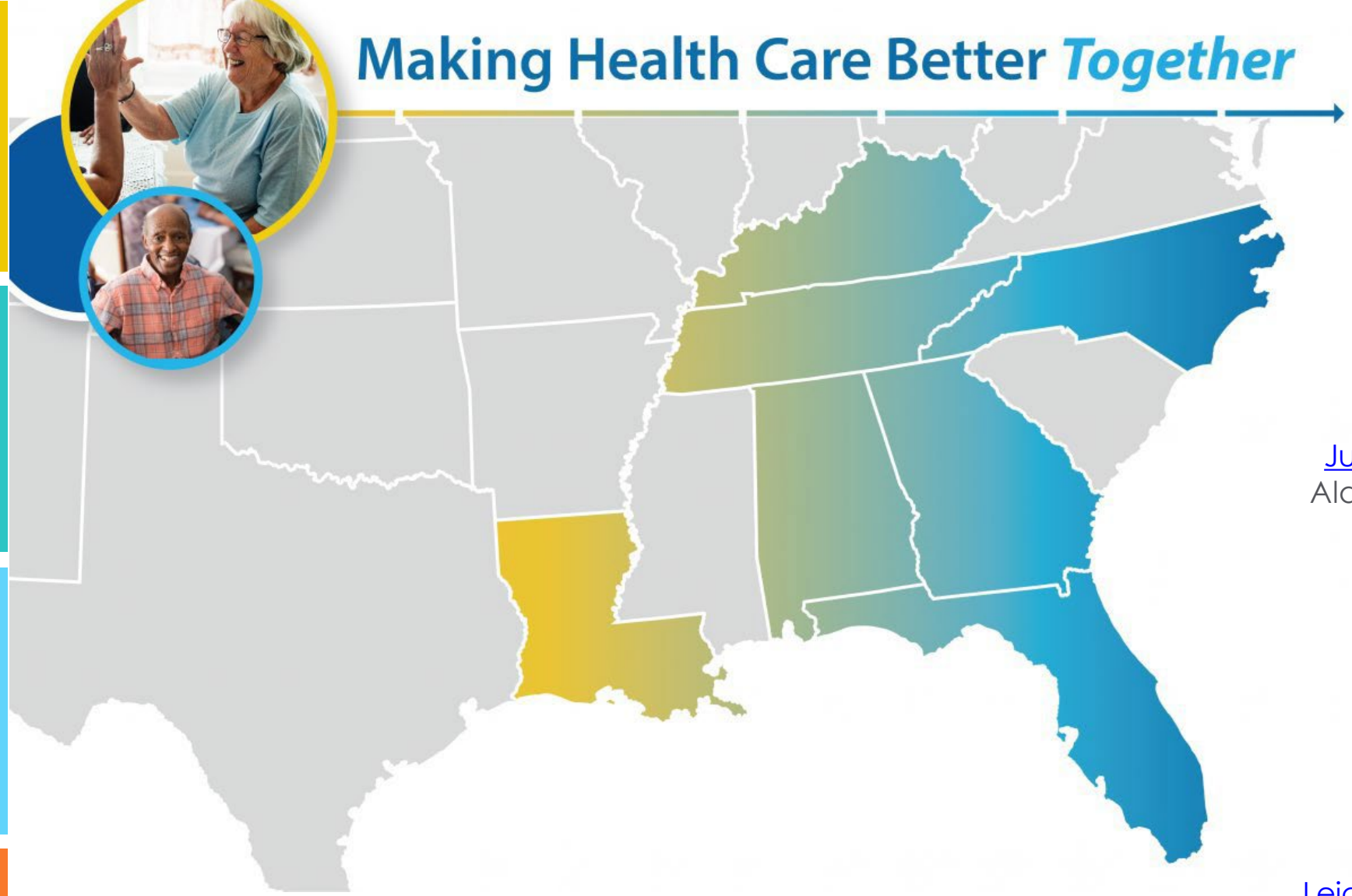

Julie Kueker
Julie.Kueker@AlliantHealth.org
Alabama, Florida and Louisiana

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

Program Directors

ALLIANT HEALTH SOLUTIONS | QIN-QIO
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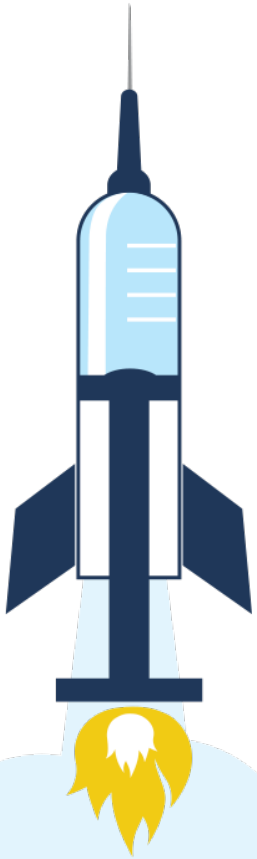

Thank you

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