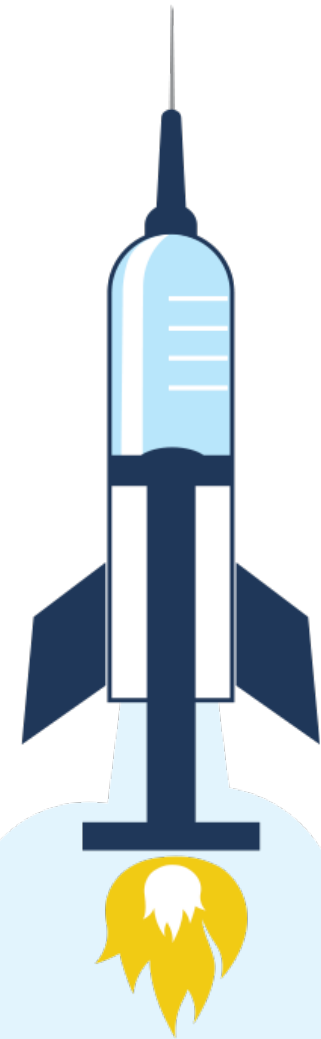


# Boost Office Hours: 2024-25 Fall Vaccine Season

September 26, 2024

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

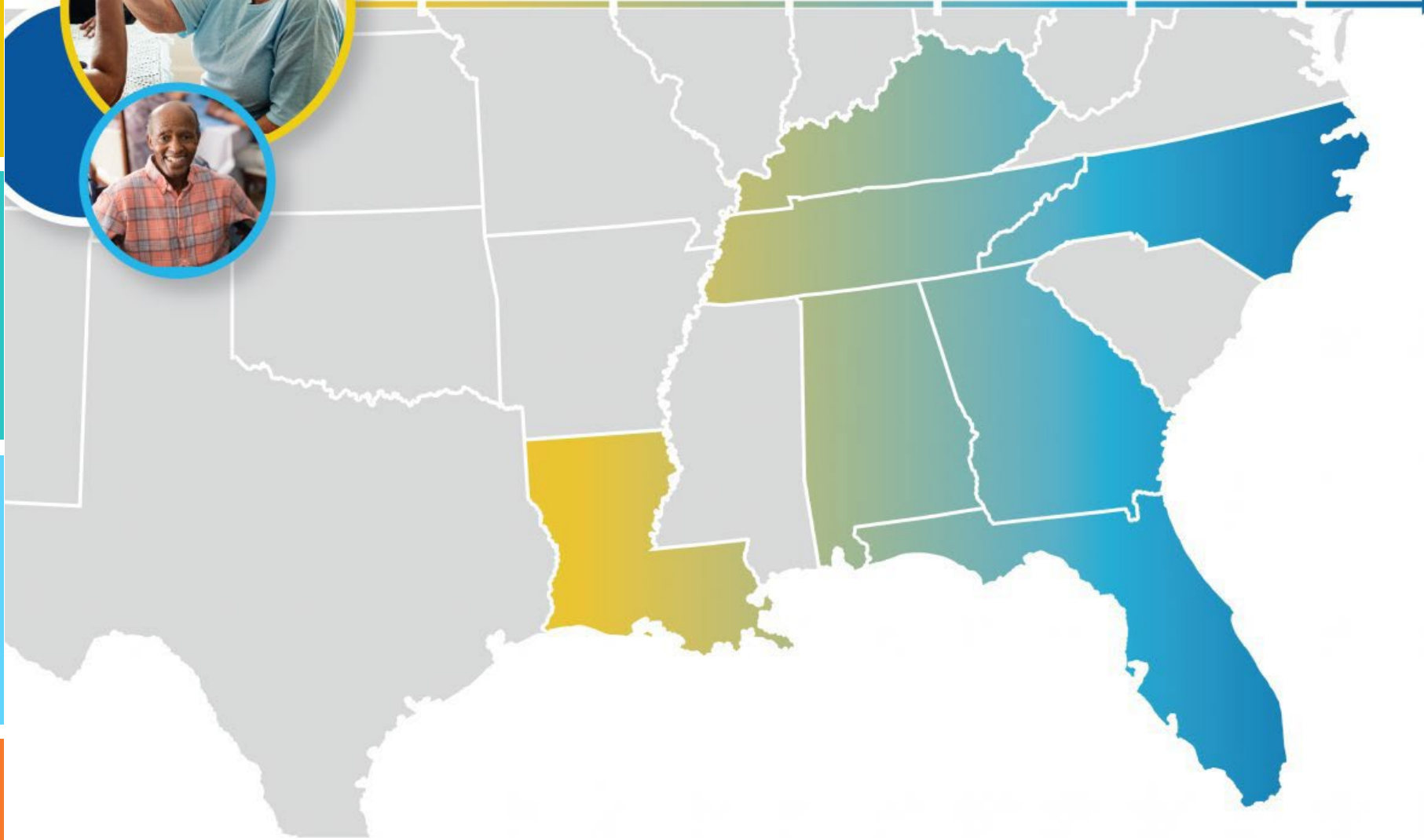
**Deena Tarver, MBA, BSHCA**  
Alliant Health Solutions



 **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

# Deena Tarver, MBA, BSHA

## VACCINE ADVISOR

Deena Tarver is a vaccine advisor focused on the COVID 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 loves hiking with her husband and three fur babies.**

**[Deena.Tarver@allianthealth.org](mailto:Deena.Tarver@allianthealth.org)**



# 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





# COVID-19 Vaccinations

Below is an example of a multi-vaccine consent form that can be used on admission. The example form can be downloaded [here](#).

**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)	
	Yes	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

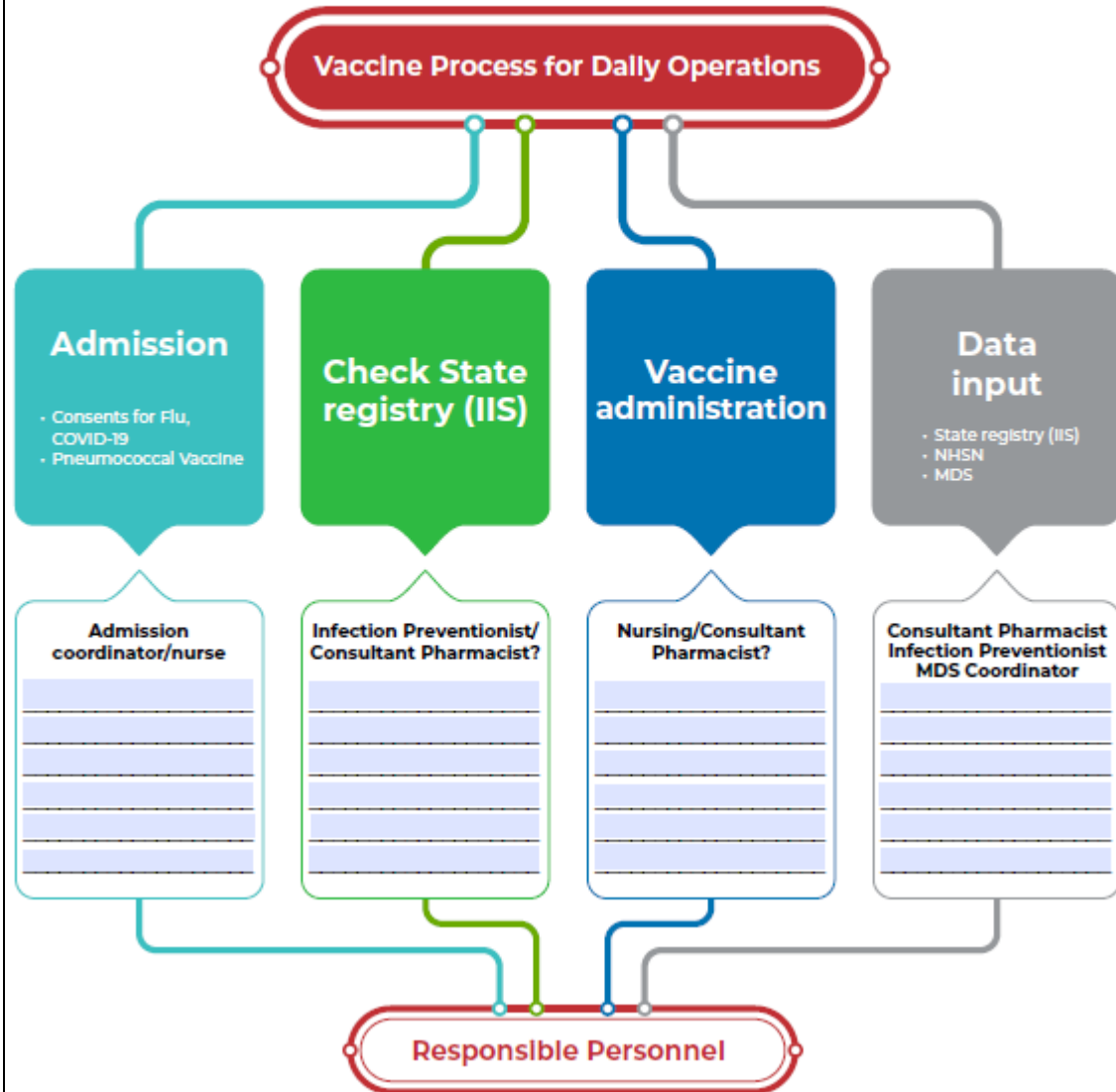
\_\_\_\_\_  
If Legal Representative, state relationship to Resident

**\*\*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

## Day-to-Day Vaccine Operations and Responsible Personnel



## Covid-19, Seasonal Influenza or Pneumonia vaccine Clinic Process Checklist

Long-term care facilities (LTCF) should ensure they have an agreement in place for ongoing vaccinations with their LTCF pharmacy provider or another designated provider.

### PRE-VACCINATION

- Designate a primary and secondary point of contact (POC). One should be a licensed nurse, and the other should be an administrator, director of nursing or infection preventionist. They will communicate and coordinate vaccines with the pharmacy provider.
  - o Primary POC: \_\_\_\_\_
  - o Secondary POC: \_\_\_\_\_
- Notify the pharmacy or wholesaler when vaccination is needed for residents or staff.
- Identify staff to assist with vaccination administration, consents and clinic setup.
  - o Names and roles: \_\_\_\_\_
- Confirm with your consultant pharmacist that the pharmacy will accept the facility's consents and supply the clinic with the necessary items, such as tables, chairs, trash receptacles, gloves, sharps containers, band-aids, alcohol wipes, and hand hygiene supplies.
- Identify a vaccination clinic area.
  - o Ensure the dedicated space is well-ventilated, well-lighted, clean, and has space for the 15-minute observation period after each administration.
- Have one table and two chairs for the vaccine administration area.
  - o Non-fabric chairs are preferred as they allow for proper disinfecting procedures.
  - o Power sources or extension cords are positioned in a way that safely provides power for laptops or other electronic devices.
  - o Identify residents who require bedside vaccination versus those who can go to the centralized vaccination area.
- Facility POC communication with the pharmacy for the clinic.
  - o Current consents on file and accepted by the pharmacy
  - o Insurance information for staff and residents
  - o Primary care physicians for each resident
- Create a tracking sheet for residents and staff who have:
  - o Accepted or declined the COVID-19, flu or pneumonia vaccine
  - o Current completed consent form on file
- Ensure staff assisting with vaccination administration are knowledgeable and equipped to respond to severe adverse vaccine reactions.
  - o CDC resources:
    - [Interim Considerations: Preparing for the Potential Management of Anaphylaxis after COVID-19 Vaccination](#)
    - [Possible Side Effects from Vaccines](#)
- Be prepared to activate EMS and begin clinical management in the event of a severe adverse reaction.



## Educate and obtain Vaccine Consents

### RESIDENTS

- Identify staff members responsible for obtaining and educating resident consent.
  - o Names: \_\_\_\_\_
- Educate staff members about the COVID-19, flu or pneumonia vaccine and gain informed consent.
  - o Ensure they are educated on immunization knowledge, motivational interviewing and behavioral science.
  - o Provide resources to help with education.
- Gather copies of COVID-19, flu or pneumonia Vaccine Information Sheets (VIS) sheets from the CDC.
  - o CDC resources:
    - [Current VISs](#)
    - [COVID-19 VIS](#)
- Educate staff, residents and their families about the vaccines. Post fliers and videos, attend resident council meetings, and send information in emails or monthly newsletters.
  - CDC resource: [COVID-19 vaccines for long-term care residents](#)
- Standard practice of care is to obtain multi-vaccine consent upon admission. Verbal confirmed consents are allowable. Check with your state for specific vaccine guidance.
- Identify the residents who can consent for themselves and those who cannot.
  - o Residents who **can** consent for themselves should receive education about the vaccine, benefits vs. risks, and the opportunity to ask questions and determine if the vaccine is a good fit for them.
    - Provide residents with a CDC VIS sheet for vaccines.
    - Sign and file consent with the building and pharmacy providing the vaccine (if they are administering the vaccine).
  - o Residents who **cannot** consent for themselves.
    - Identify resident health care proxy (e.g., power of attorney, resident representative, or legal guardian) and their contact information. Contact proxy.
    - Provide CDC VIS sheet for vaccines.
    - Educate about current vaccines and ACIP recommendations for this demographic.
    - Provide resources to proxy as requested.
    - Follow up with proxy as needed.
    - Document and file consents with the building and provide a copy to the pharmacy if they are administering.
- Check with the pharmacy about their consent protocol (e.g., how early the pharmacy should receive the consents and which consent form will be accepted).

## STAFF CONSENT

- Educate staff about the vaccine and promote vaccine acceptance.
  - o Resources:
    - [CNA Vaccine Confidence Poster 1](#)
    - [CNA Vaccine Confidence Poster 2](#)
- Medical director or IP nurse should be available to answer questions.
- Share consent forms and have them signed and filed before the clinic.
- Follow-up one-on-one with staff who have not consented may be beneficial.

## BEFORE CLINIC (<10 DAYS)

- Develop vaccination schedule for staff and residents.
  - o Determine which residents can be vaccinated at the clinic and which should be vaccinated in their room.
  - o Create a schedule for vaccinating those in their rooms, including resident name, DOB, and room number.
  - o Schedule appropriate staff for clinic dates to help with patient transport and setup.
- Submit the required forms to the pharmacy:
  - o Signed consents
  - o Number of residents getting the vaccine
  - o Number of staff getting the vaccine
  - o Resident demographics (name, DOB, allergies, diagnoses, insurance information)

**Be sure to consult the pharmacy before the clinic about the required information.**

## DAY BEFORE VACCINE CLINIC

- Confirm clinic with the pharmacy.
- Confirm consents are on file and how many vaccines are required.

## DAY OF CLINIC

- Print roster of residents receiving the vaccine.
  - o Print Resident Part A and Resident Part B Medicare forms on separate reports on the day of the clinic.
  - o Print a roster indicating if it is the residents' first or second dose for the current year.
  - o The roster should delineate where they will get the vaccine (i.e., in the room or the clinic area).
- Print staff roster for those receiving the vaccine.
  - o Note whether it is their first or second dose for the current year.
- Facility coordinator should meet with the pharmacy POC to:
  - o Share the current rosters of those receiving the vaccine.
  - o Provide medical information for those who may require further assessment or have additional needs (e.g., temperature, feeling sick or "not well," history of previous vaccine issue (e.g., Guillain Barre, SIRRS, need to use specific arm s/p breast CA, etc.).

- Confirm how the vaccine clinic will run and who will be vaccinated first (i.e., staff, residents in rooms, mobile residents, etc.)
- Designate staff and post their assignments on the day of clinic. Staff should be designated to transport residents.
- Assign a clinical staff member (at least one licensed nurse) to assist the pharmacy staff as needed and to monitor staff both pre-vaccination and post-vaccination. This staff member should be familiar with all residents and staff.
- Assign staff (pharmacy consultant or IP nurse) to complete documentation on residents and staff:
  - Collect information on vaccine administration from the pharmacy team.
  - Document in state registry and electronic medical record (EMR).
  - Submit the patient chart and IIS (state registry) to NHSN.

**If using an EMR, check with the EMR provider to see if their record is directly communicated with the state immunization registry.**

#### **POST VACCINE ADMINISTRATION**

- Monitor residents and staff for adverse effects of vaccine as required.
- After initial monitoring, continue monitoring for the next 72 hours.
- Encourage newly vaccinated staff to self-monitor and report adverse side effects to be reported to the designated POC at the building. Report adverse events to the [Vaccine Adverse Event Reporting System](#).
- Update the internal tracking document for COVID-19 vaccines.
- Prepare for the next clinic.

## VACCINE INFORMATION STATEMENT

# COVID-19 Vaccine: What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1. Why get vaccinated?

COVID-19 vaccine can prevent COVID-19 disease. Vaccination can help reduce the severity of COVID-19 disease if you get sick.

COVID-19 is caused by a coronavirus called SARS-CoV-2 that spreads easily from person to person. COVID-19 can cause mild to moderate illness lasting only a few days, or severe illness requiring hospitalization, intensive care, or a ventilator to help with breathing. COVID-19 can result in death.

If an infected person has symptoms, they may appear 2 to 14 days after exposure to the virus. Anyone can have mild to severe symptoms.

- Possible symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue (tiredness), muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.
- More serious symptoms can include trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, or pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone.

Older adults and people with certain underlying medical conditions (like heart or lung disease or diabetes) are more likely to get very sick from COVID-19.

### 2. COVID-19 vaccine

Updated (2023–2024 Formula) COVID-19 vaccine is recommended for everyone 6 months of age and older.

COVID-19 vaccines for infants and children 6 months through 11 years of age are available under Emergency Use Authorization from the U. S. Food and Drug Administration (FDA). Please refer to the Fact Sheets for Recipients and Caregivers for more information.

For people 12 years of age and older, updated COVID-19 vaccines, manufactured by ModernaTX, Inc. or Pfizer, Inc., are approved by FDA.

- **Everyone 12 years and older** should get 1 dose of an FDA-approved, updated 2023–2024 COVID-19 vaccine. If you have received a COVID-19 vaccine recently, you should wait at least 8 weeks after your most recent dose to get the updated 2023–2024 COVID-19 vaccine.
- **Certain people who have medical conditions or are taking medications that affect the immune system** may get additional doses of COVID-19 vaccine. Your health care provider can advise you.

Some people 12 years of age and older might get a different COVID-19 vaccine called Novavax COVID-19 Vaccine, Adjuvanted (2023–2024 Formula) instead. This vaccine is available under Emergency Use Authorization from FDA. Please refer to the Fact Sheet for Recipients and Caregivers for more information.

### 3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of COVID-19 vaccine** or an ingredient in the COVID-19 vaccine, or has any **severe, life-threatening allergies**
- Has had **myocarditis** (inflammation of the heart muscle) or **pericarditis** (inflammation of the lining outside of the heart)
- Has had **multisystem inflammatory syndrome** (called MIS-C in children and MIS-A in adults)
- Has a **weakened immune system**

In some cases, your health care provider may decide to postpone COVID-19 vaccination until a future visit.



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

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover. People with current COVID-19 infection should wait to get vaccinated until they have recovered from their illness and discontinued isolation.

Pregnant people with COVID-19 are at increased risk for severe illness. COVID-19 vaccination is recommended for people who are pregnant, breastfeeding, or trying to get pregnant now, or who might become pregnant in the future.

COVID-19 vaccine may be given at the same time as other vaccines.

### 4. Risks of a vaccine reaction

- Pain, swelling, or redness where the shot is given, fever, tiredness (fatigue), headache, chills, muscle pain, joint pain, nausea, vomiting, and swollen lymph nodes can happen after COVID-19 vaccination.
- Myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside the heart) have been seen rarely after COVID-19 vaccination. This risk has been observed most commonly in males 12 through 39 years of age. The chance of this occurring is low.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

### 5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

Seek medical attention right away if the vaccinated person experiences chest pain, shortness of breath, or feelings of having a fast-beating, fluttering, or pounding heart after COVID-19 vaccination. These could be symptoms of myocarditis or pericarditis.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call 1-800-822-7967. VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.

### 6. Countermeasures Injury Compensation Program

The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit the program's website at [www.hrsa.gov/cicp](http://www.hrsa.gov/cicp), or call 1-855-266-2427.

### 7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for COVID-19 Fact Sheets, package inserts, and additional information at [www.fda.gov/vaccines-blood-biologics/industry-biologics/coronavirus-covid-19-cber-regulated-biologics](http://www.fda.gov/vaccines-blood-biologics/industry-biologics/coronavirus-covid-19-cber-regulated-biologics).
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's COVID-19 vaccines website at [www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus).

Vaccine Information Statement  
COVID-19 Vaccine

10/19/2023

OFFICE  
USE  
ONLY



ALLIANT  
HEALTH SOLUTIONS

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

## VACCINE INFORMATION STATEMENT

### RSV (Respiratory Syncytial Virus) Vaccine: What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

#### 1. Why get vaccinated?

RSV vaccine can prevent lower respiratory tract disease caused by **respiratory syncytial virus (RSV)**. RSV is a common respiratory virus that usually causes mild, cold-like symptoms.

RSV can cause illness in people of all ages but may be especially serious for infants and older adults.

- Infants up to 12 months of age (especially those 6 months and younger) and children who were born prematurely, or who have chronic lung or heart disease or a weakened immune system, are at increased risk of severe RSV disease.
- Adults at highest risk for severe RSV disease include older adults, adults with chronic medical conditions such as heart or lung disease, weakened immune systems, or certain other underlying medical conditions, or who live in nursing homes or long-term care facilities.

RSV spreads through direct contact with the virus, such as droplets from another person's cough or sneeze contacting your eyes, nose, or mouth. It can also be spread by touching a surface that has the virus on it, like a doorknob, and then touching your face before washing your hands.

Symptoms of RSV infection may include runny nose, decrease in appetite, coughing, sneezing, fever, or wheezing. In very young infants, symptoms of RSV may also include irritability (fussiness), decreased activity, or apnea (pauses in breathing for more than 10 seconds).

Most people recover in a week or two, but RSV can be serious, resulting in shortness of breath and low oxygen levels. RSV can cause bronchiolitis (inflammation of the small airways in the lung) and pneumonia (infection of the lungs). RSV can sometimes lead to worsening of other medical conditions such as asthma, chronic obstructive

pulmonary disease (a chronic disease of the lungs that makes it hard to breathe), or congestive heart failure (when the heart can't pump enough blood and oxygen throughout the body).

Older adults and infants who get very sick from RSV may need to be hospitalized. Some may even die.

#### 2. RSV vaccine

CDC recommends **adults 60 years of age and older** have the option to receive a single dose of RSV vaccine, based on discussions between the patient and their health care provider.

There are two options for protection of infants against RSV: maternal vaccine for the pregnant person and preventive antibodies given to the baby. Only one of these options is needed for most babies to be protected. CDC recommends a single dose of RSV vaccine for **pregnant people from week 32 through week 36 of pregnancy** for the prevention of RSV disease in infants under 6 months of age. This vaccine is recommended to be given from September through January for most of the United States. However, in some locations (the territories, Hawaii, Alaska, and parts of Florida), the timing of vaccination may vary as RSV circulating in these locations differs from the timing of the RSV season in the rest of the U.S.

RSV vaccine may be given at the same time as other vaccines.



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

#### 3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of RSV vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone RSV vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting RSV vaccine.

Your health care provider can give you more information.

#### 4. Risks of a vaccine reaction

- Pain, redness, and swelling where the shot is given, fatigue (feeling tired), fever, headache, nausea, diarrhea, and muscle or joint pain can happen after RSV vaccination.

Serious neurologic conditions, including Guillain-Barré syndrome (GBS), have been reported after RSV vaccination in clinical trials of older adults. It is unclear whether the vaccine caused these events.

Preterm birth and high blood pressure during pregnancy, including pre-eclampsia, have been reported among pregnant people who received RSV vaccine during clinical trials. It is unclear whether these events were caused by the vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

#### 5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

#### 6. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines)
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).

Vaccine Information Statement  
RSV Vaccine

10/19/2023

OFFICE  
USE  
ONLY



ALLIANT  
HEALTH SOLUTIONS

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

## VACCINE INFORMATION STATEMENT

# Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1. Why get vaccinated?

Influenza vaccine can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

## 2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

## 3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



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

## 4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

## 5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call 1-800-822-7967. VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.

## 6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call 1-800-338-2382 to learn about the program and about filing a claim.

## 7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines).
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/flu](http://www.cdc.gov/flu).

Vaccine Information Statement  
**Inactivated Influenza Vaccine**

42 U.S.C. § 300aa-26  
8/6/2021

OFFICE  
USE  
ONLY



 **ALLIANT**  
HEALTH SOLUTIONS

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

# Where Can Staff Get Vaccines if They Do Not Have Insurance Coverage?

- Go to your local health department.
- Find your local health department here:  
<https://www.naccho.org/membership/lhd-directory?searchType=standard&lhd-state=GA>



# COVID-19 Epidemiology Update



# COVID-19 Update for the United States

## Early Indicators

### Test Positivity >

% Test Positivity

**14.9%**

Week ending September 7, 2024  
Previous week 16.5%

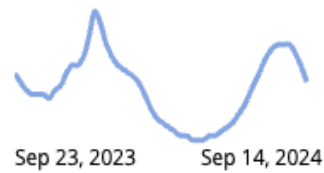


### Emergency Department Visits >

% Diagnosed as COVID-19

**1.7%**

Week ending September 14, 2024  
Previous week 2.1%



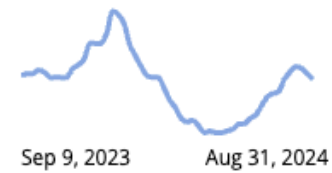
## Severity Indicators

### Hospitalizations >

Rate per 100,000 population

**4.1**

Week ending August 31, 2024  
Previous week 4.4



### Deaths >

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

**2.3%**

Week ending September 14, 2024  
Previous week 2.3%

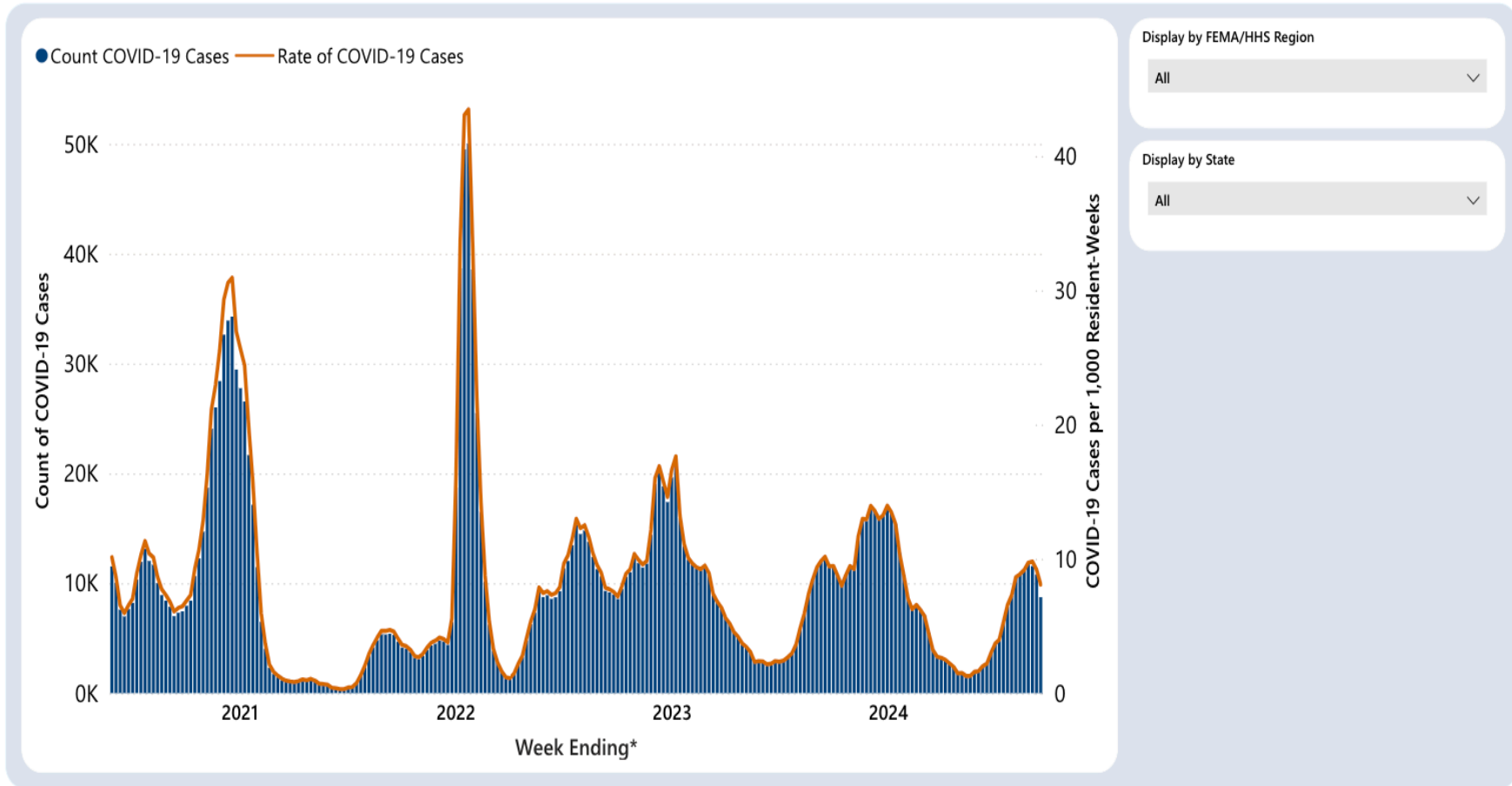


These early indicators represent a portion of national COVID-19 tests and emergency department visits. [Wastewater](#) information also provides early indicators of spread.

CDC | Test Positivity data through: September 7, 2024; Emergency Department Visit data through: September 14, 2024; Hospitalization data through: August 31, 2024; Death data through: September 14, 2024.  
Posted: September 20, 2024 12:00 PM ET



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



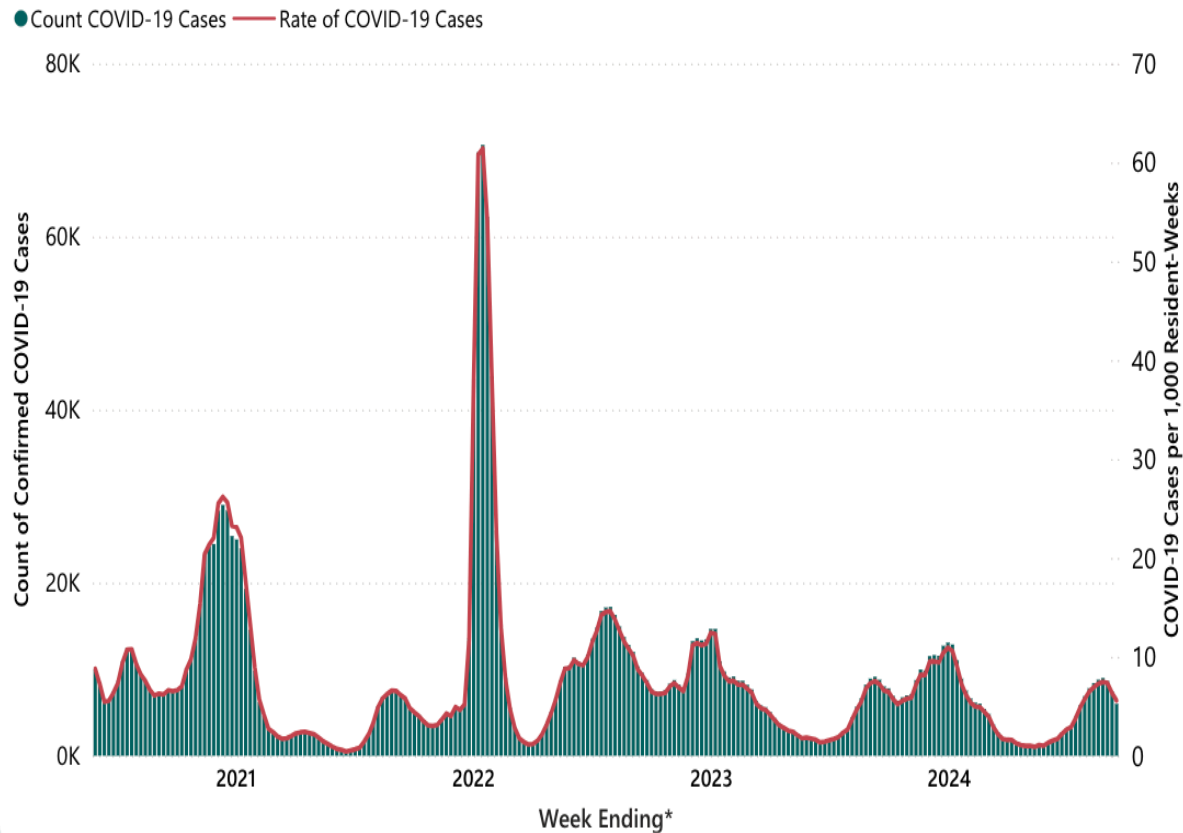
\* Data are likely accruing, all data can be modified from week-to-week by facilities  
 For the purpose of creating this time-series graph, data that fail certain quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns for data-entry or excluded 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 9/16/2024 5:30 AM

- | + 75%



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



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 9/16/2024 5:30 AM

# Wastewater COVID-19 National Trend

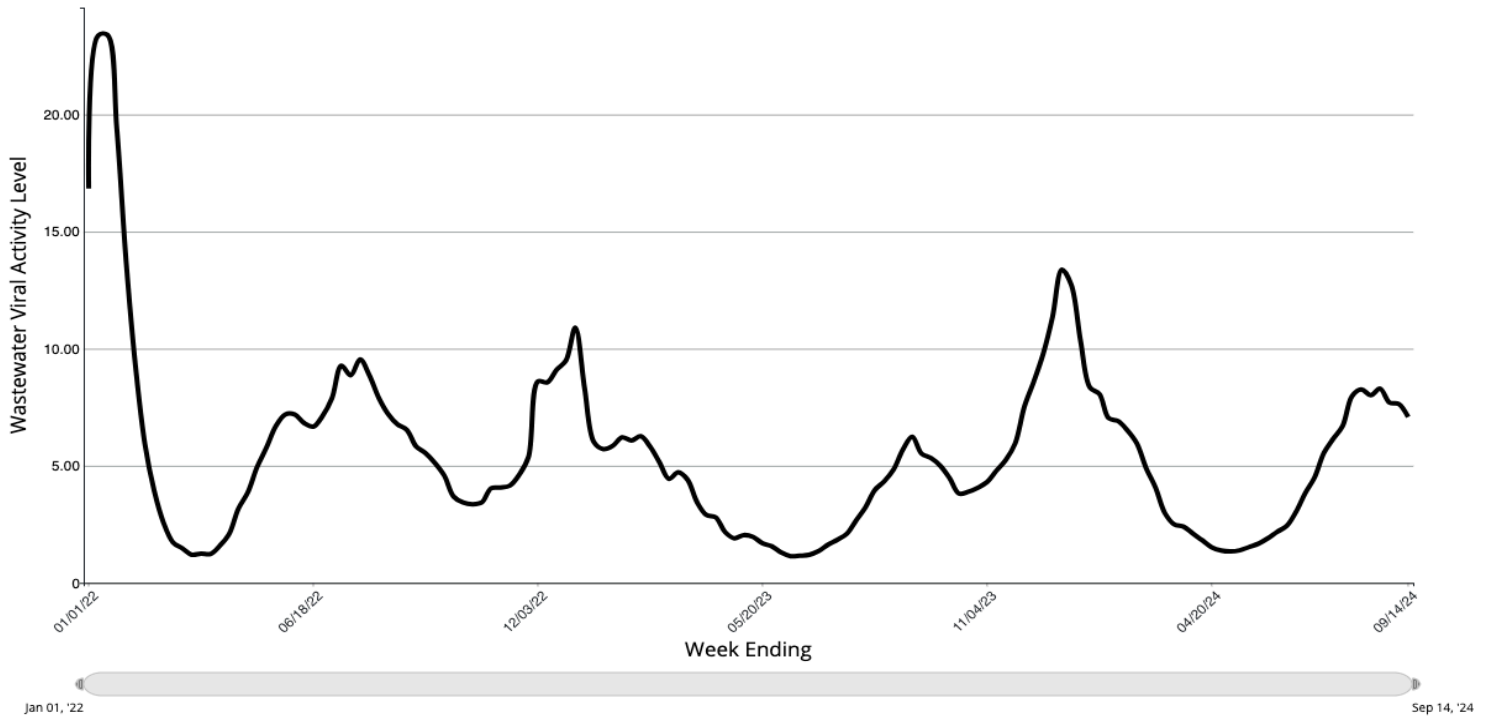
This chart shows national trends of SARS-COV-2 viral activity levels in wastewater.

**HIGH**

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



COVID-19 Wastewater Viral Activity Level Over Time, United States



**Metric:**

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

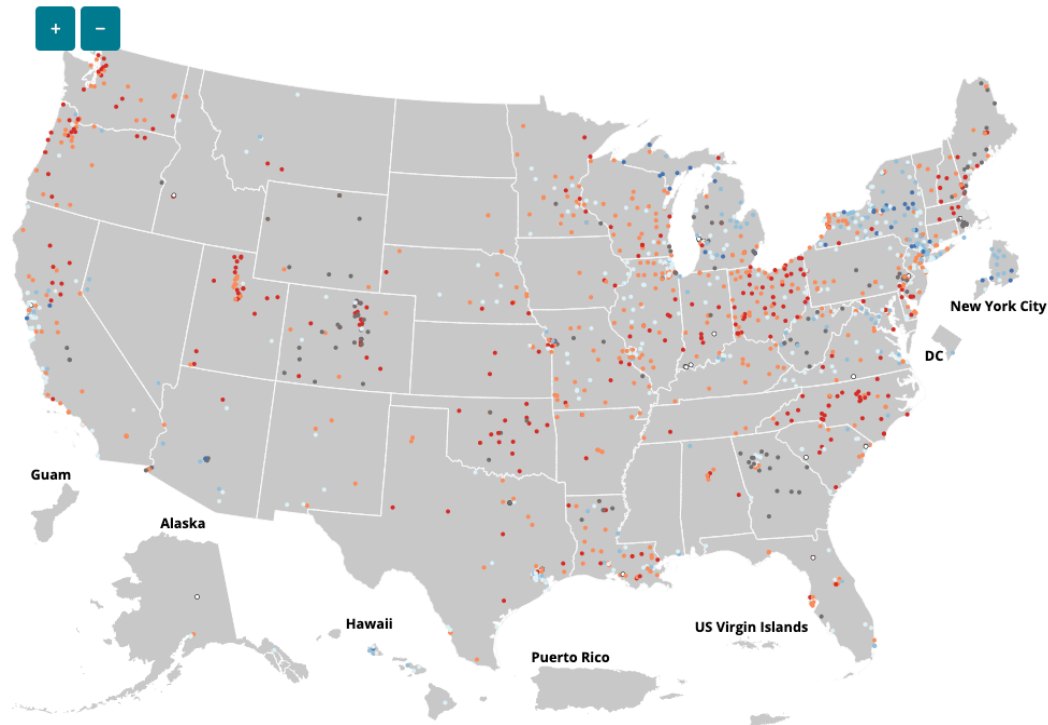
**Show:**

- 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	20	2	18%
0% to 19%	45	3	29%
20% to 39%	161	12	6%
40% to 59%	359	27	1%
60% to 79%	469	35	- 12%
80% to 100%	269	20	- 4%

Total sites with current data: 1323

Total number of wastewater sampling sites: 1466

[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

HHS Region:

USA

Data for the 2-Week Period

Ending on:

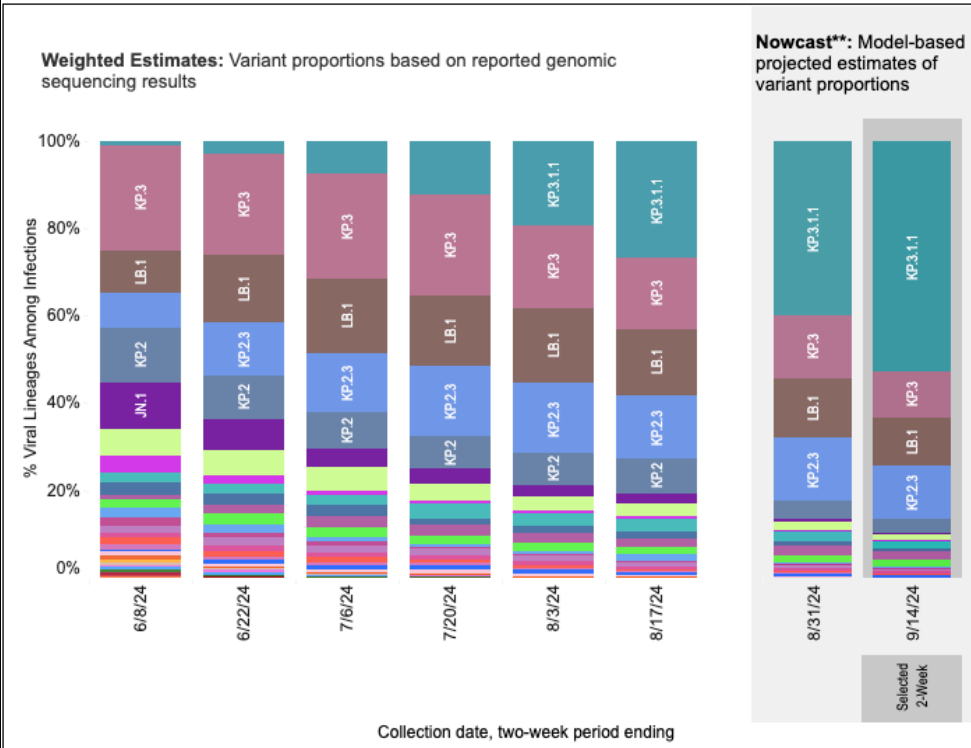
9/14/2024(Nowcast)

This shows weighted and Nowcast estimates for the United States. The table and map show estimates for the 2-week period ending on 9/14/2024(Nowcast) if available.

### Weighted and Nowcast Estimates in United States for 2-Week Periods in 5/26/2024 – 9/14/2024

### Nowcast Estimates in United States for 9/1/2024 – 9/14/2024

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



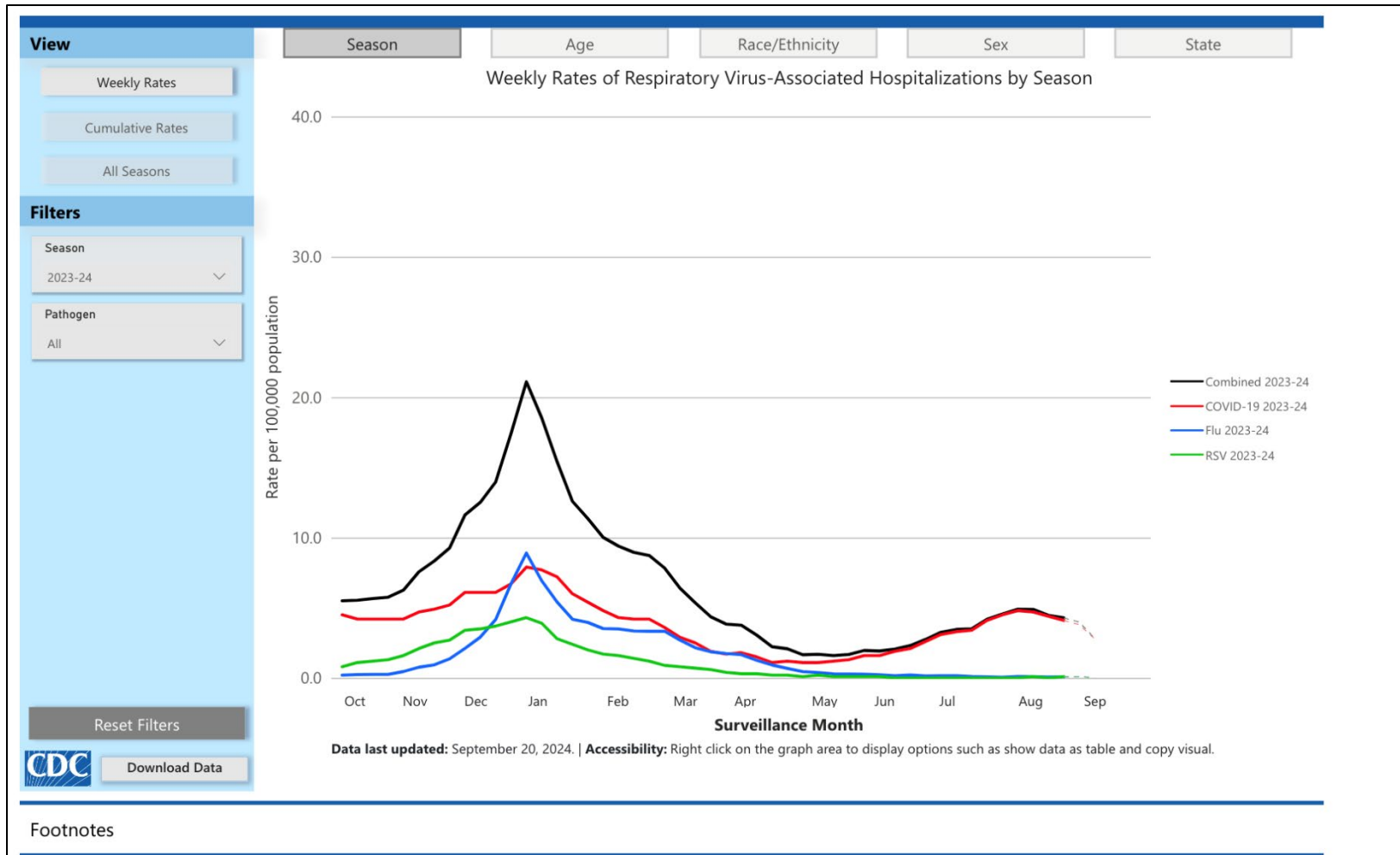
USA			
WHO label	Lineage #	%Total	95%PI
Omicron	KP.3.1.1	52.7%	48.6-56.8%
	KP.2.3	12.2%	10.8-13.8%
	LB.1	10.9%	9.4-12.6%
	KP.3	10.6%	9.3-12.1%
	KP.2	3.1%	2.2-4.2%
	LP.1	2.1%	1.4-3.0%
	KP.1.1.3	1.9%	1.4-2.8%
	JN.1.18	1.7%	0.6-4.0%
	KP.1.1	1.5%	1.2-1.9%
	KS.1	0.7%	0.4-1.0%
	KP.2.15	0.7%	0.4-1.0%
	LF.3.1	0.6%	0.4-0.9%
	JN.1.16.1	0.6%	0.4-0.8%
	KP.4.1	0.2%	0.1-0.4%
	JN.1.11.1	0.2%	0.1-0.3%
	JN.1	0.2%	0.1-0.3%
	KW.1.1	0.0%	0.0-0.1%
	XDV.1	0.0%	0.0-0.1%
	JN.1.16	0.0%	0.0-0.0%
	JN.1.7	0.0%	0.0-0.0%
KP.1.2	0.0%	0.0-0.0%	
KQ.1	0.0%	0.0-0.0%	
JN.1.8.1	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 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>.

### Nowcast Estimates for 9/1/2024 – 9/14/2024 by HHS Region

# Surveillance Websites

<https://www.cdc.gov/resp-net/dashboard/index.html>



Footnotes

# Impact of Influenza and RSV on Nursing Home Residents

---

## Flu

In a retrospective cohort study of nursing home residents in 381 nursing homes across three seasons, estimated for the 63% of residents with comorbid conditions, influenza contributed to approximately 28 hospitalizations, 147 courses of antibiotics and 15 deaths per 1000 person-years annually.

## RSV

RSV accounted for an annual average of 15 hospitalizations, 76 courses of antibiotics, and 17 deaths per 1,000 persons.

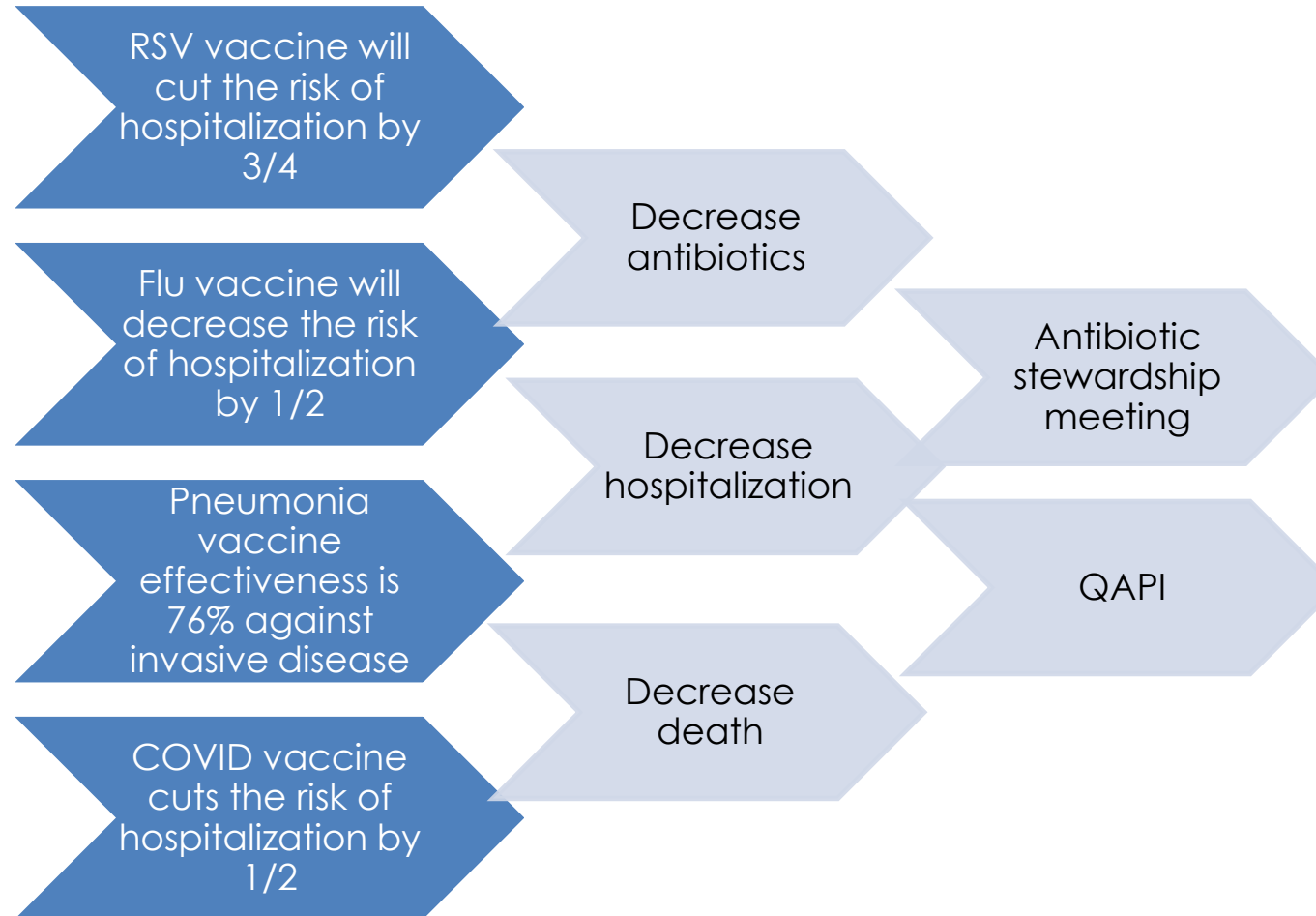


# Flu Vaccine

Flu vaccine effective  
in decreasing risk of  
severe symptoms  
and hospitalization  
by ~50%

For admitted  
patients, it  
decreased ICU  
admission and  
duration of  
hospitalization

# Vaccine Impact



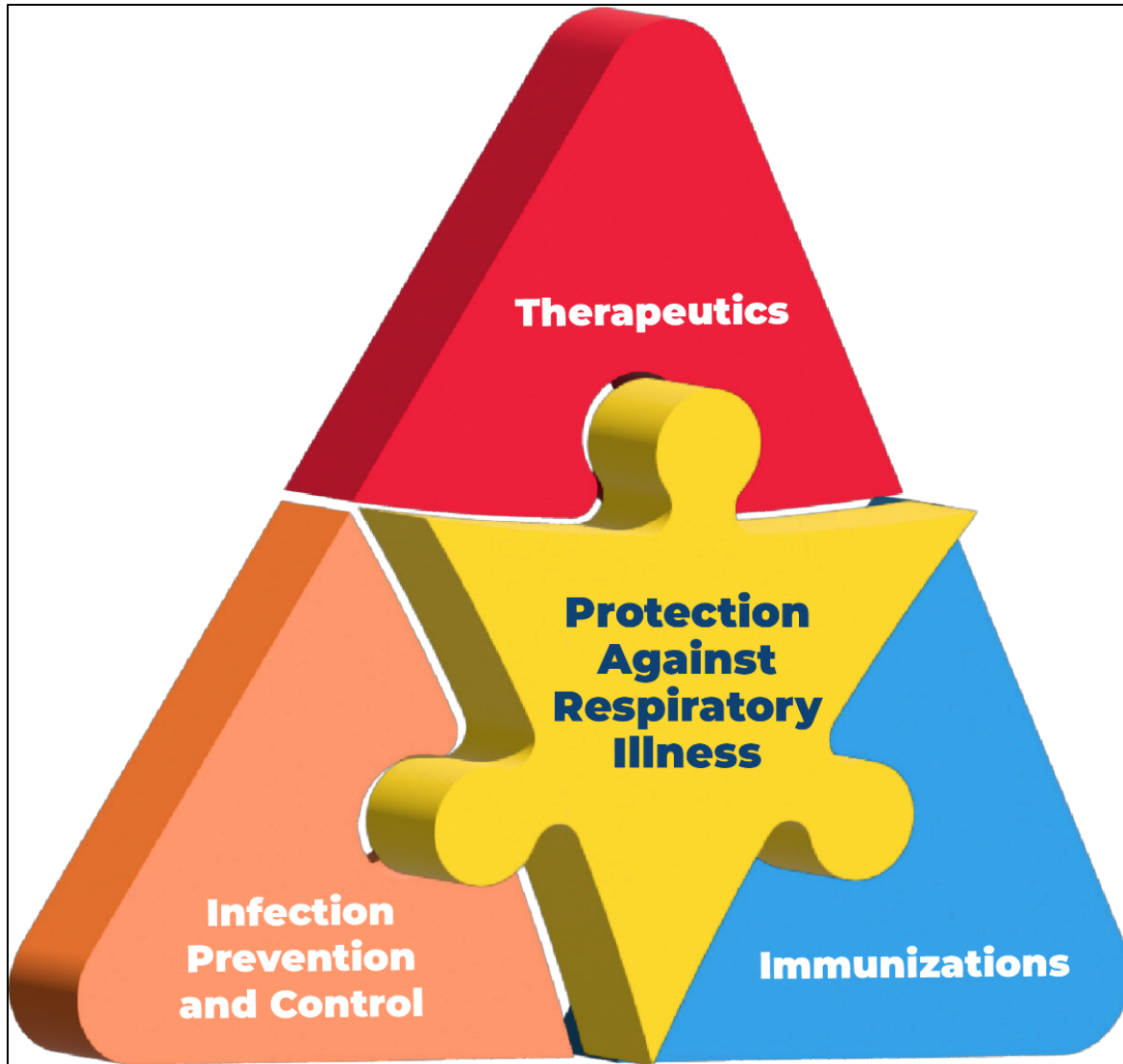
<https://academic.oup.com/cid/article/40/9/1250/369981>

<https://www.acpjournals.org/doi/10.7326/M22-2042>

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-06-22-23/02-influenza-Chung-508.pdf>

[https://www.cdc.gov/mmwr/volumes/72/wr/mm7221a3.htm#T1\\_down](https://www.cdc.gov/mmwr/volumes/72/wr/mm7221a3.htm#T1_down)

# Safety Strategy



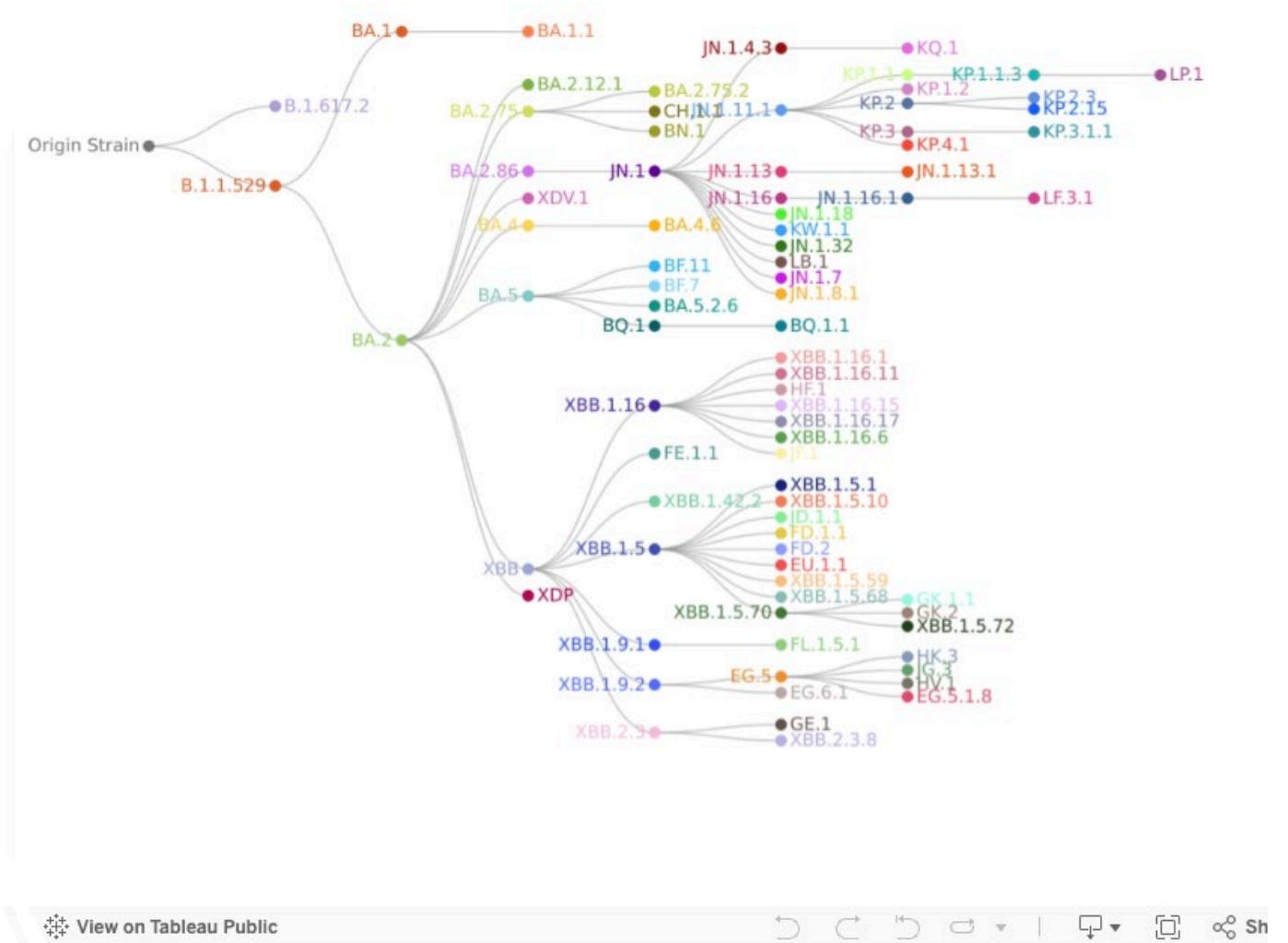


# COVID-19 Vaccine

## Fall 2024 Recommendations

# Deaths From Vaccine Preventable Illness

- Number of flu-related deaths (2023-2024): 44,900
- Number of COVID-19 (2023 only): 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 It's 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  $\geq 65$  years preferentially receive any one 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.<sup>a,b</sup>
- ACIP recommends adults 60–74 years of age and older who are at increased risk of severe RSV disease<sup>c</sup> receive a single dose of RSV vaccine.<sup>a,b</sup>

<sup>a</sup>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  $\geq 19$  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.

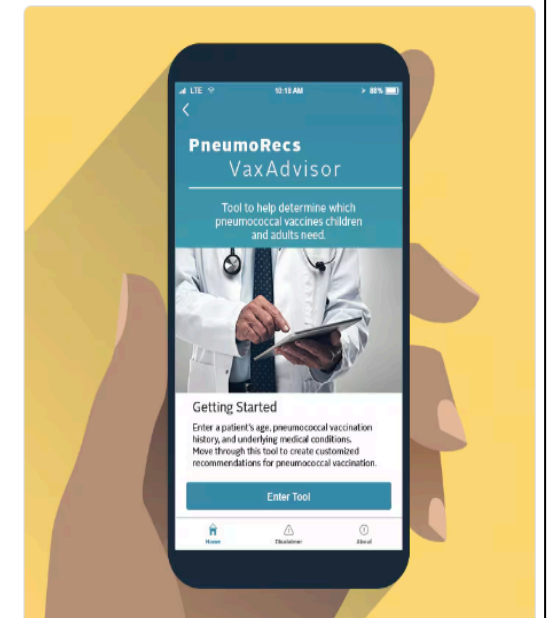


The *PneumoRecs VaxAdvisor* mobile app helps vaccination providers quickly and easily determine which pneumococcal vaccines a patient needs and when. The app incorporates recommendations for all ages so internists, family physicians, pediatricians, and pharmacists alike will find the tool beneficial.

Users simply:

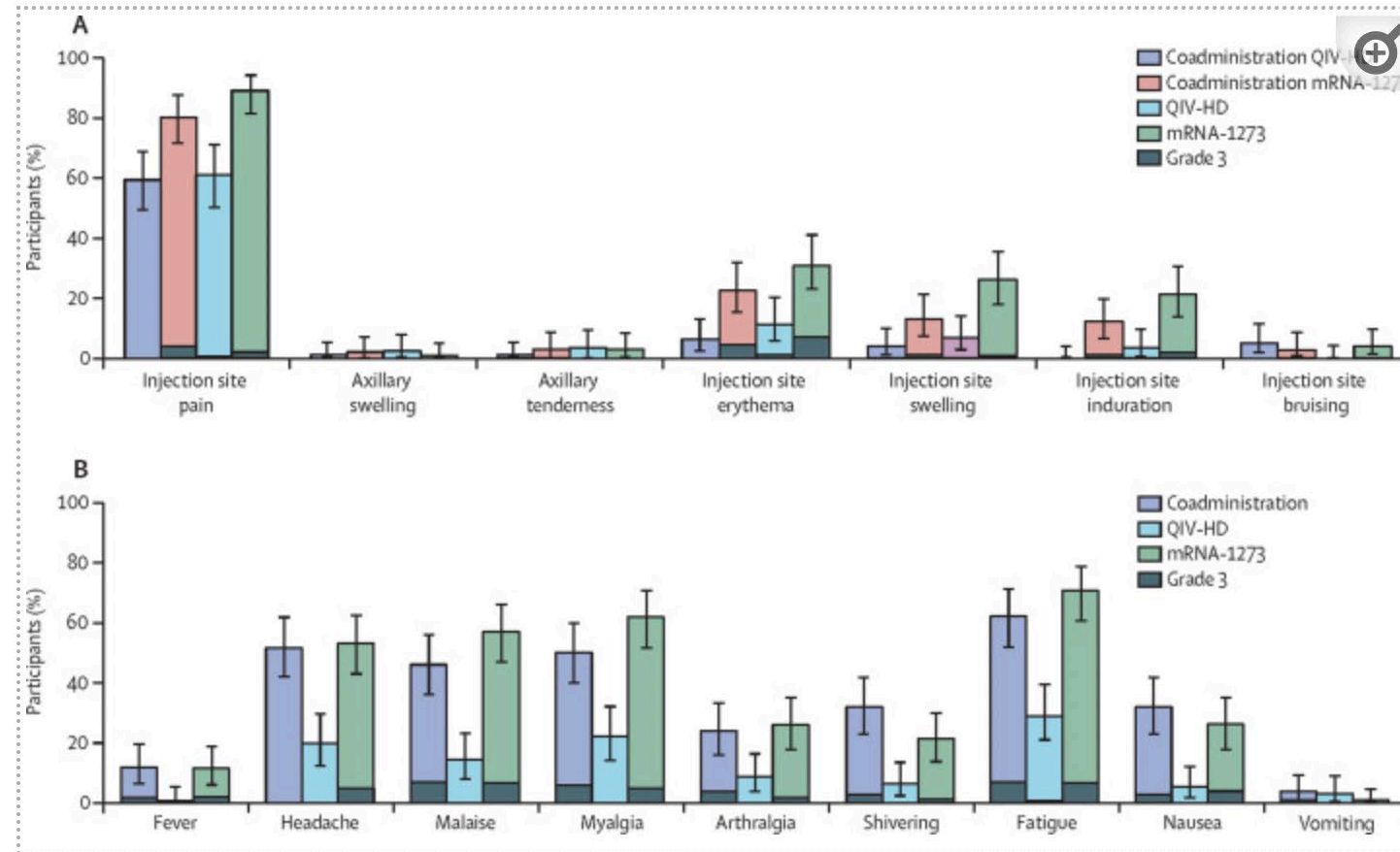
- Enter a patient's age.
- Note if the patient has specific underlying medical conditions.
- Answer questions about the patient's pneumococcal vaccination history.

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.

Figure 2

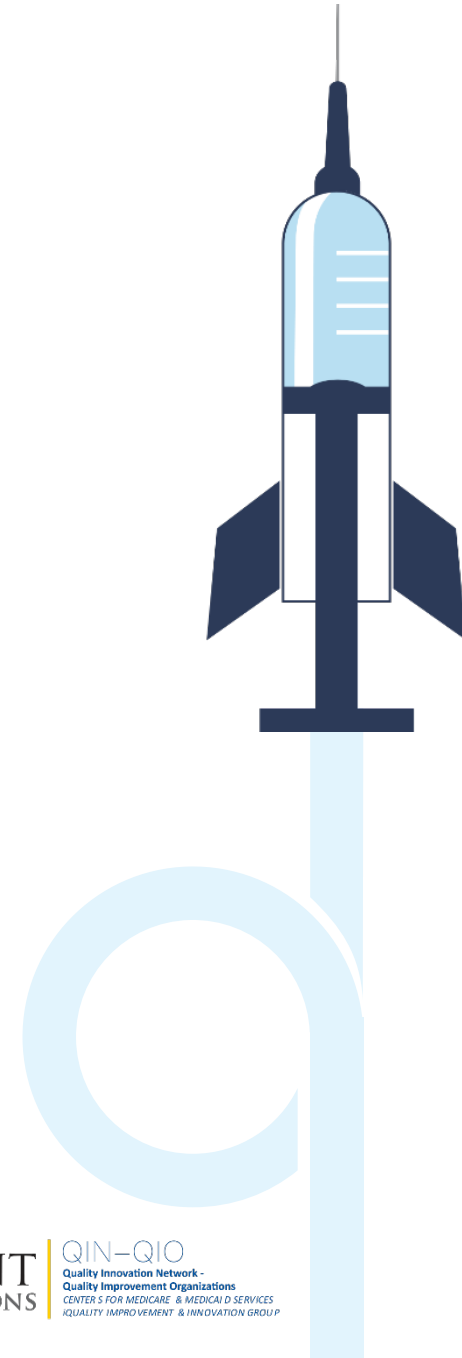


Solicited injection site reactions (A) and solicited systemic reactions (B) occurring up to 7 days after injection (immunogenicity analysis set)

Error bars show 95% CIs. Coadministration QIV-HD shows the solicited reactions observed in the QIV-HD-injected limb of participants in the coadministration group. Coadministration mRNA-1273 shows the solicited reactions observed in the mRNA-1273-injected limb of participants in the coadministration group. QIV-HD=high-dose quadrivalent influenza vaccine.

# Vaccine Strategy: Coadministration

- 2/3 of adults want it
- Side effects comparable
- Flu vaccine rates may go up with coadministration
- Nursing home resources
- Vaccine fatigue

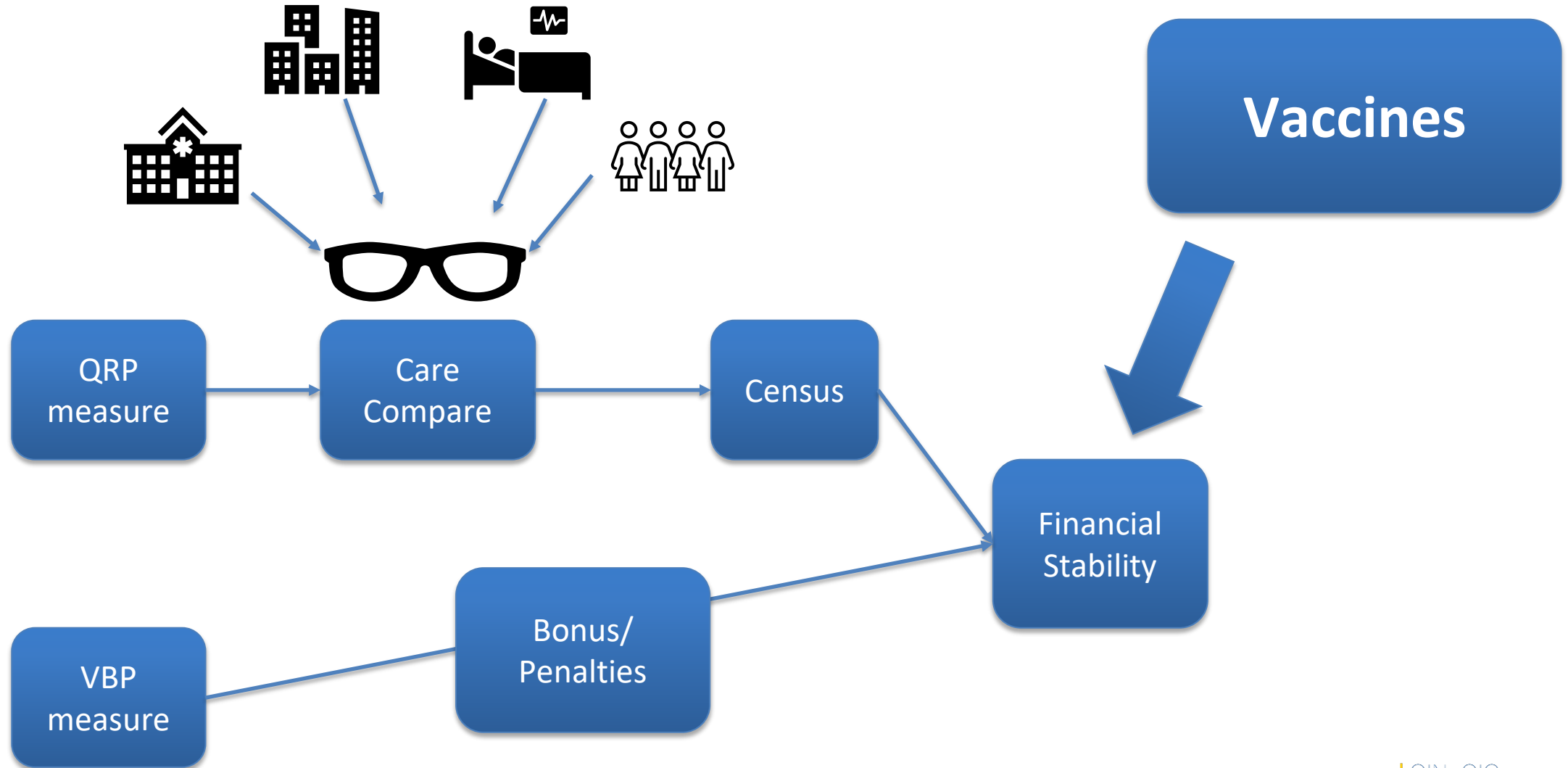


# Coadministration



- COVID-19 vaccine + Flu vaccine
- Pneumococcal vaccine + Flu vaccine
- COVID-19 vaccine + Pneumococcal vaccine
- Any of the above vaccines can be given in conjunction with RSV vaccine

# When a Good Thing Is More Than a Good Thing



# Flu Vaccine Requirements for Nursing Homes

Percentage of adults age 50-80 who reported flu vaccine should be **“definitely required”** for various groups



# CMS Quality Reporting Program

## **SNF QRP Measure #11: COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) (CBE #3636)**

This measure was finalized in the [FY 2022 SNF PPS Final Rule](#), which was published in the Federal Register on August 4, 2021 (86 FR 42480 through 42489). Data submission for this measure began October 1, 2021.

## **SNF QRP Measure #12: Influenza Vaccination Coverage among Healthcare Personnel (HCP) (CBE #0431)**

This measure was finalized in the [FY 2023 SNF PPS Final Rule](#), which was published in the Federal Register on August 3, 2022 (87 FR 47537 through 47544). Data submission for this measure began October 1, 2022.

This final rule finalizes requirements for the SNF QRP, including the adoption of one new measure beginning with the FY 2024 SNF QRP: the Influenza Vaccination Coverage among Healthcare Personnel (HCP) (NQF #0431) measure.



# QRP Measure

In the [FY 2023 SNF PPS final rule](#) (pages 47564–47580), CMS adopted two additional measures for use beginning in the FY 2026 SNF VBP Program year:

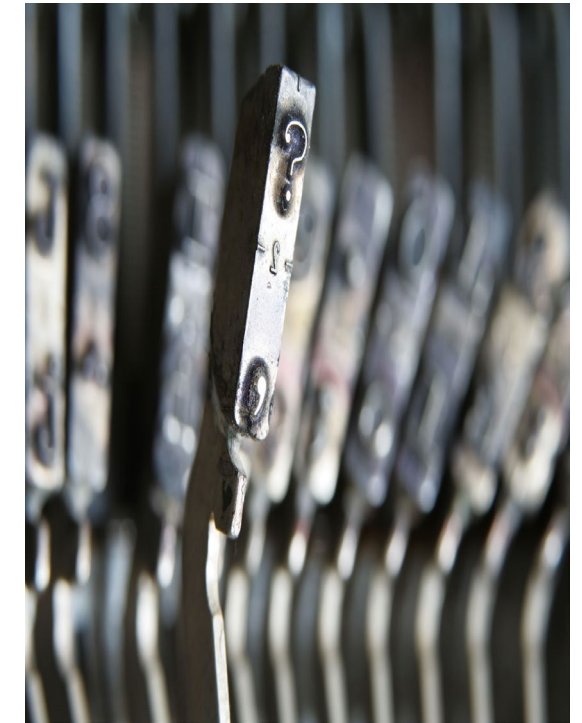
- **SNF QRP Measure #15: Potentially Preventable 30-Day Post-Discharge Readmission Measure – SNF QRP**
  - This measure was finalized in the [FY 2017 SNF PPS Final Rule](#), which was published in the Federal Register on August 5, 2016 (81 FR 52030 through 52034). Public reporting began on October 24, 2019.
- **SNF QRP Measure #16: SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization**
  - This measure was finalized in the [FY2022 SNF PPS Final Rule](#), which was published in the Federal Register on August 4, 2021 (86 FR.42473 through 42480). Public reporting began on April 29, 2022.

# The SNF VBP Program Hospital Readmission Measure

Program Year	Baseline Period	Performance Period
FY 2019*	CY 2015 (1/1/2015-12/31/2015)	CY 2017 (1/1/2017-12/31/2017)
FY 2020	FY 2016 (10/1/2015-9/30/2016)	FY 2018 (10/1/2017-9/30/2018)
FY 2021	FY 2017 (10/1/2016-9/30/2017)	FY 2019 (10/1/2018-9/30/2019)
FY 2022	FY 2018 (10/1/2017-9/30/2018)	4/1/2019-12/1/2019**
FY 2023	FY 2019 (10/1/2018-9/30/2019)	FY 2021 (10/1/2020-9/30/2021)
FY 2024***	FY 2019 (10/1/2018-9/30/2019)	FY 2022 (10/1/2021-9/30/2022)
FY 2025***	FY 2019 (10/1/2018-9/30/2019)	FY 2023 (10/1/2022-9/30/2023)
FY 2026	FY 2022 (10/1/2021-9/30/2022)	FY 2024 (10/1/2023-9/30/2024)
FY 2027	FY 2023 (10/1/2022-9/30/2023)	FY 2025 (10/1/2024-9/30/2025)

[SNF VBP Program Hospital Readmission](#)

Measure and Link to Technical Report	FY 2024 Program Year	FY 2025 Program Year	FY 2026 Program Year	FY 2027 Program Year	FY 2028 Program Year
SNFRM	Yes	Yes	Yes	Yes	-
<a href="#">Skilled Nursing Facility Healthcare-Associated Infections (SNF HAI) Requiring Hospitalization</a>	-	-	Yes	Yes	Yes
<a href="#">Total Nurse Staffing Hours per Resident Day (including Registered Nurse [RN], Licensed Practical Nurse [LPN], and Nurse Aide hours)</a>	-	-	Yes	Yes	Yes
<a href="#">Discharge to Community – Post-Acute Care (DTC-PAC) Measure for SNFs</a>	-	-	-	Yes	Yes
<a href="#">Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)</a>	-	-	-	Yes	Yes
<a href="#">Discharge Function Score for SNFs</a>	-	-	-	Yes	Yes
<a href="#">Number of Hospitalizations per 1,000 Long Stay Resident Days</a>	-	-	-	Yes	Yes
<a href="#">Skilled Nursing Facility Within-Stay Potentially Preventable Readmission (SNF WS PPR) Measure</a>	-	-	-	-	Yes



## Future Expansion of the SNF VBP Program

# When a Good Thing Is More Than a Good Thing

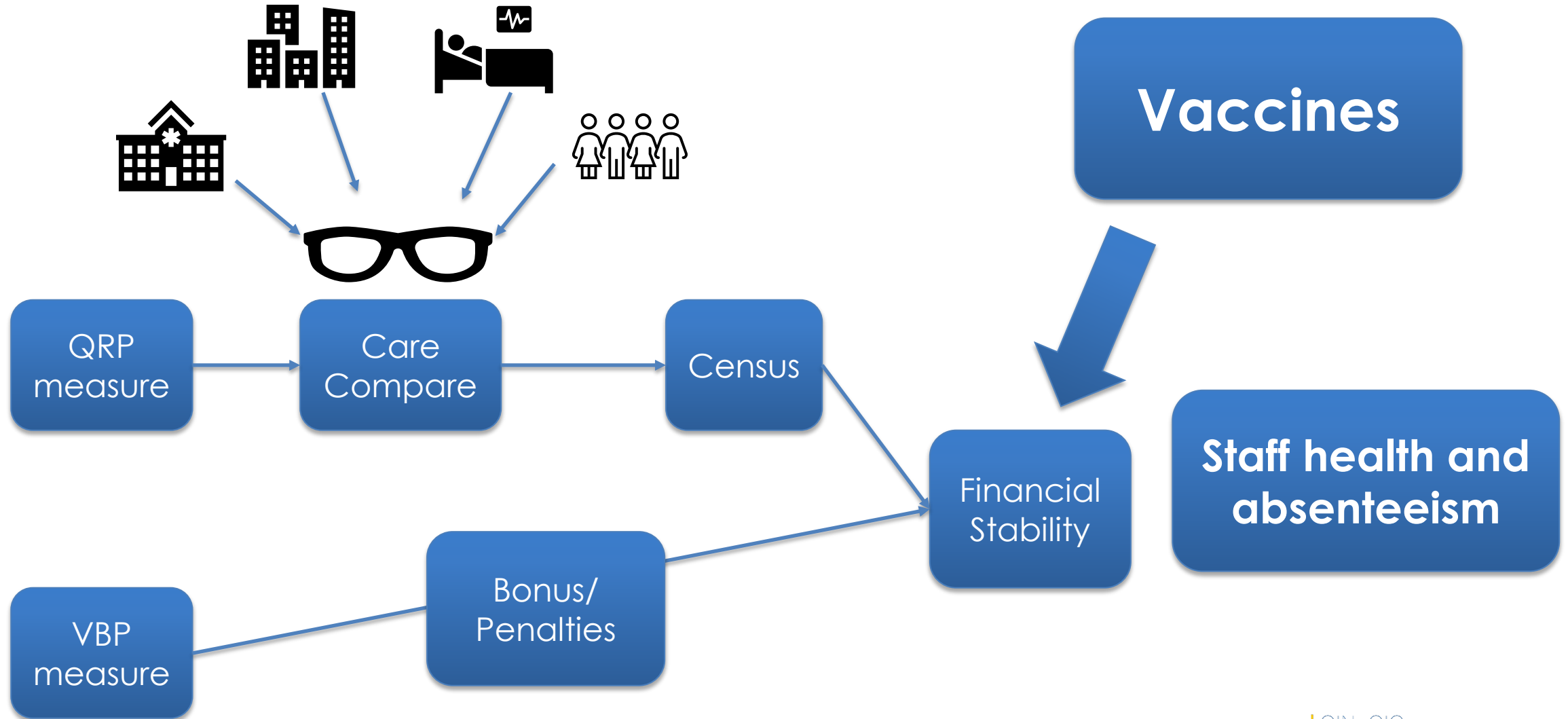
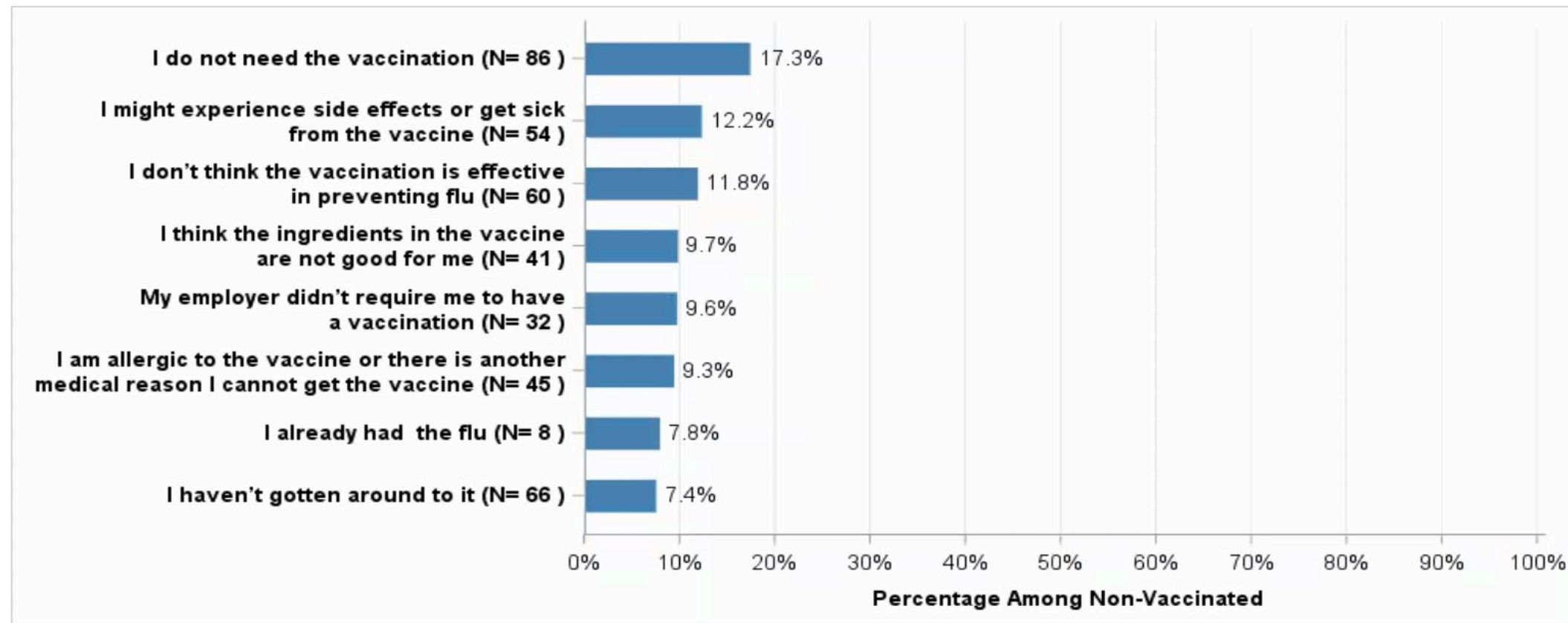


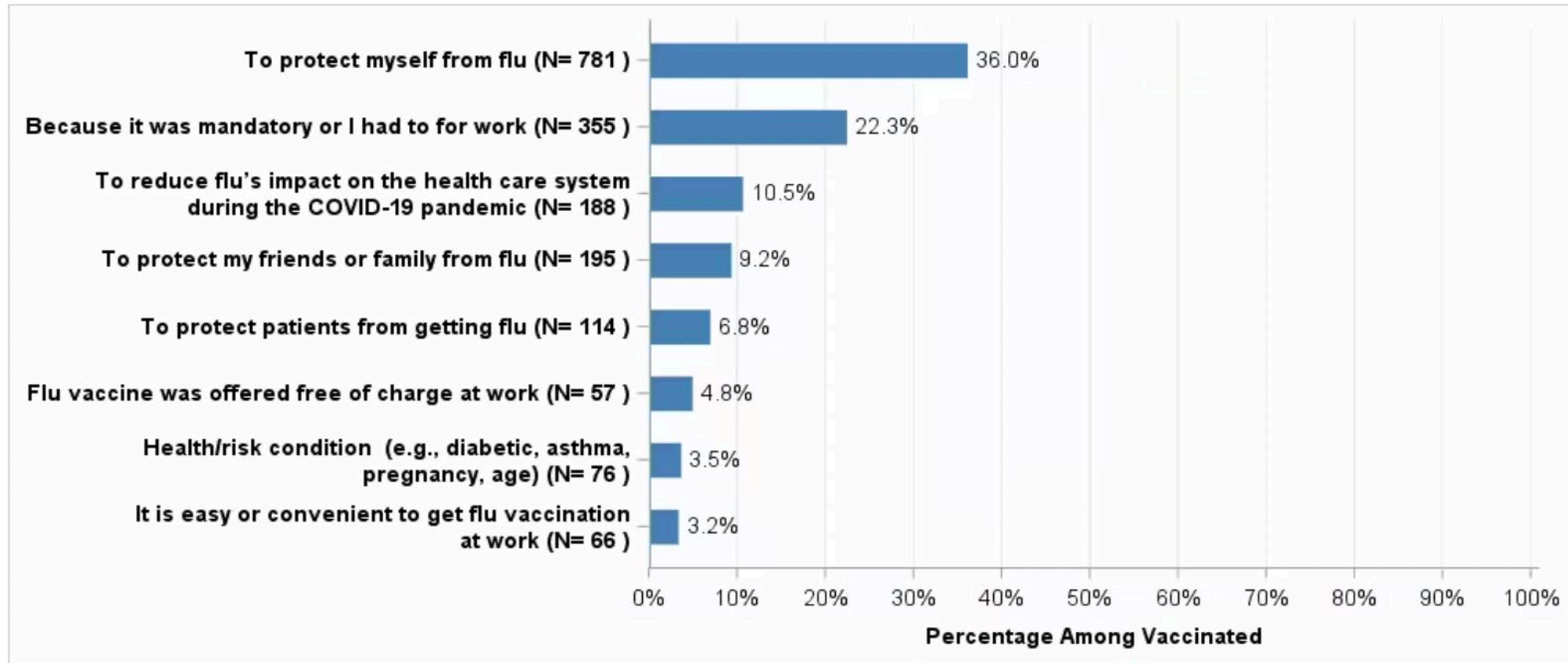
Figure 1. Main reasons\* for non-receipt of influenza vaccine among health care personnel (n=470), — Internet panel surveys†, United States, April 2021



\*The reasons with unreliable estimates according to NCHS reliability criteria ([https://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_175.pdf](https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf)) and reasons selected by less than 3% of respondents are not presented.

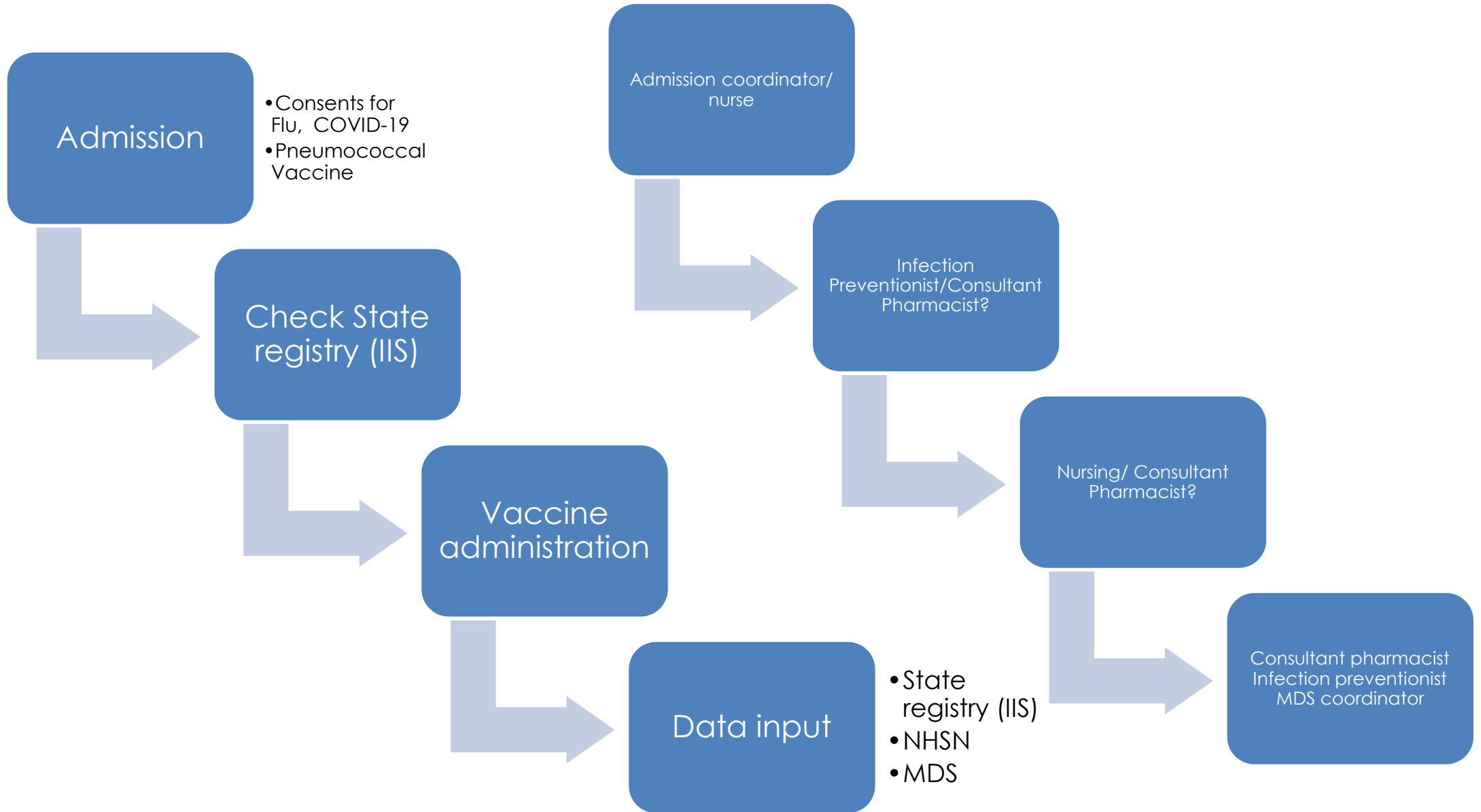
† Respondents were recruited from two preexisting national opt-in Internet sources: Medscape, a medical website managed by WebMD Health Professional Network, and general population Internet panels operated by Dynata.

Figure 2. Main reasons\* for receipt of influenza vaccine among health care personnel (n=1914), — Internet panel surveys †, United States, April 2021



\*The reasons with unreliable estimates according to NCHS reliability criteria ([https://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_175.pdf](https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf)) and reasons selected by less than 3% of respondents are not presented.

† Respondents were recruited from two preexisting national opt-in Internet sources: Medscape, a medical website managed by WebMD Health Professional Network, and general population Internet panels operated by Dynata.



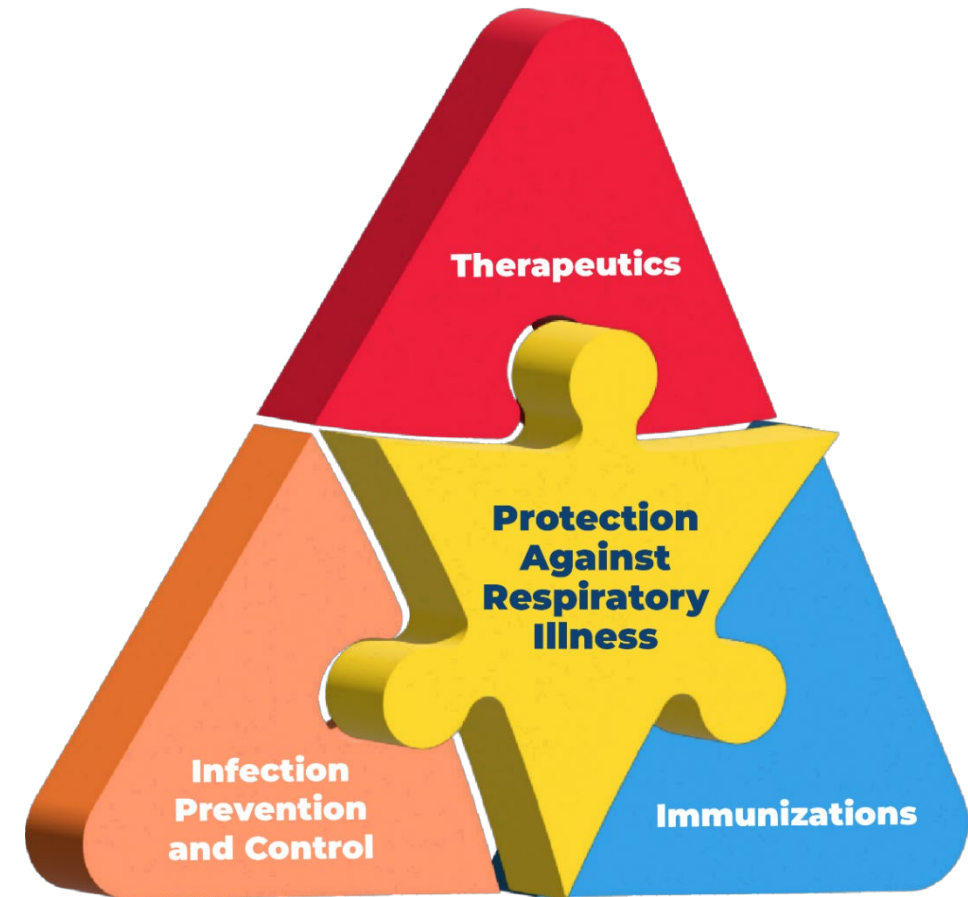
## Key Messages for Clinicians for Fall/Winter Viral Respiratory Season

- **We have more tools than ever:** This is the first fall and winter virus season where vaccines are available for the three viruses responsible for most hospitalizations – COVID-19, RSV, and flu.
  - **Co-administration** of vaccines is an acceptable practice.
    - If vaccines are NOT administered the same day, there is no required interval between vaccines
- **The time is now:** Cases of COVID-19 and RSV are rising – and flu season is on the horizon, so talk to your patients today about how to protect themselves and their loved ones from severe respiratory illness.



# A Word on Therapeutics

- Flu:
  - Tamiflu
  - Baloxivir
- COVID-19:
  - Paxlovid
  - Molnupiravir



**Questions?**



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



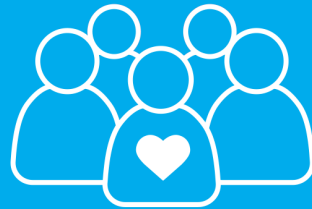
## OPIOID UTILIZATION AND MISUSE

- 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



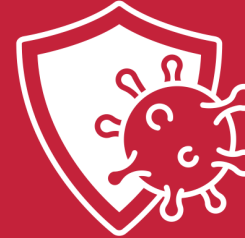
## CHRONIC DISEASE SELF- MANAGEMENT

- 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

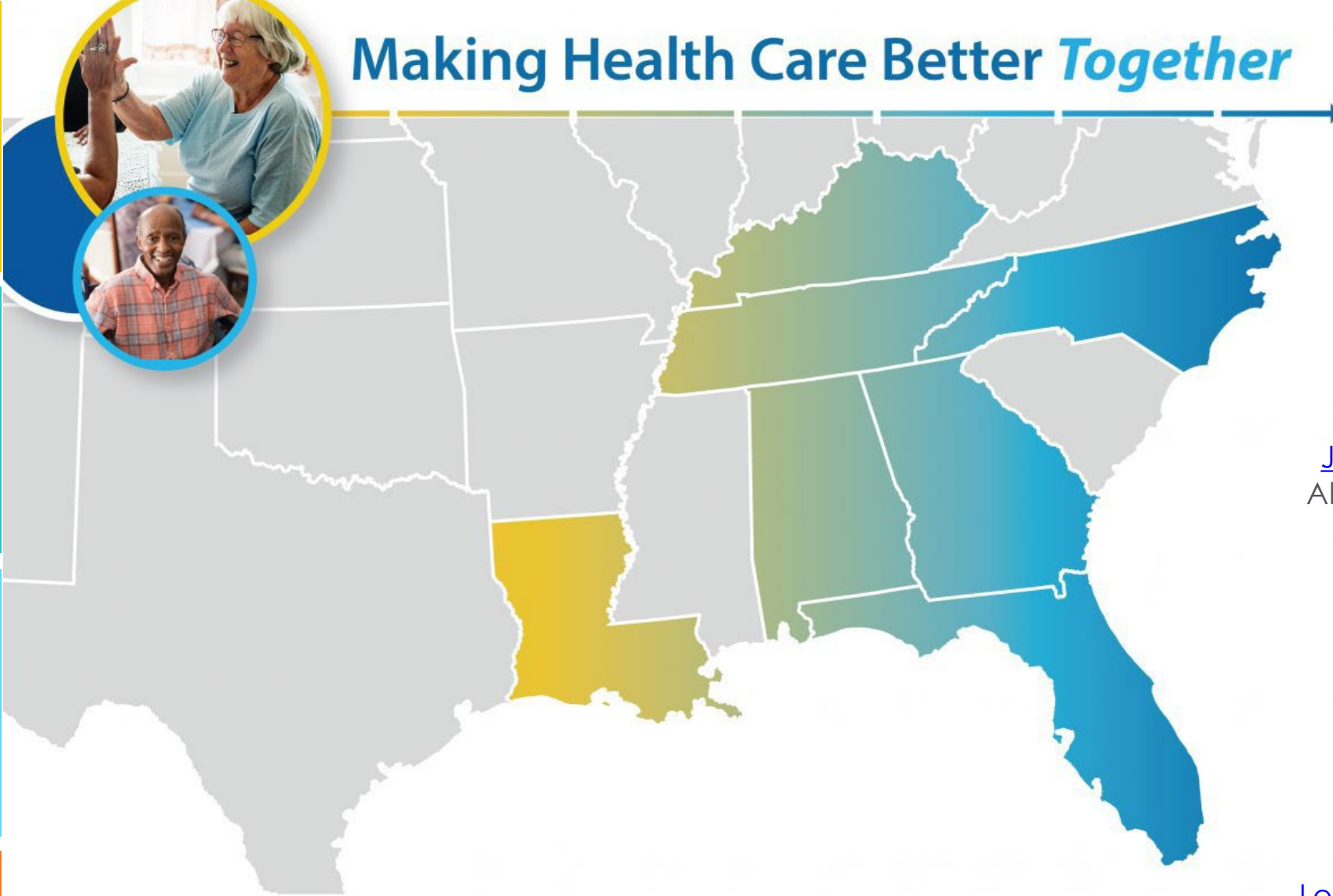
- Increase influenza, pneumococcal, and COVID-19 vaccination rates



## TRAINING

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

# Making Health Care Better *Together*



Julie Kueker

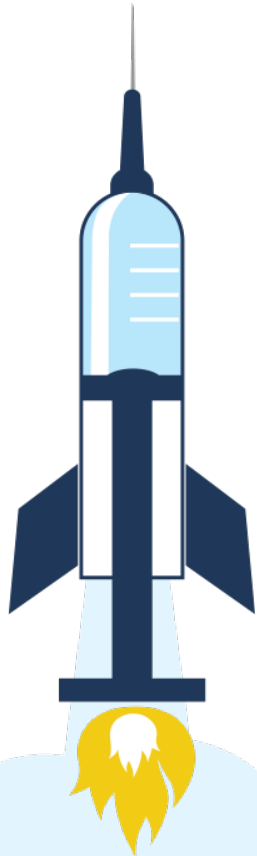
[Julie.Kueker@AlliantHealth.org](mailto:Julie.Kueker@AlliantHealth.org)  
Alabama, Florida and Louisiana



Leighann Sauls

[Leighann.Sauls@AlliantHealth.org](mailto: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--6344-09/24/24