

Boost Office Hours: 2024-25 Fall Vaccine Season

October 3, 2024

Swati Gaur, MD, MBA, CMD, AGSF

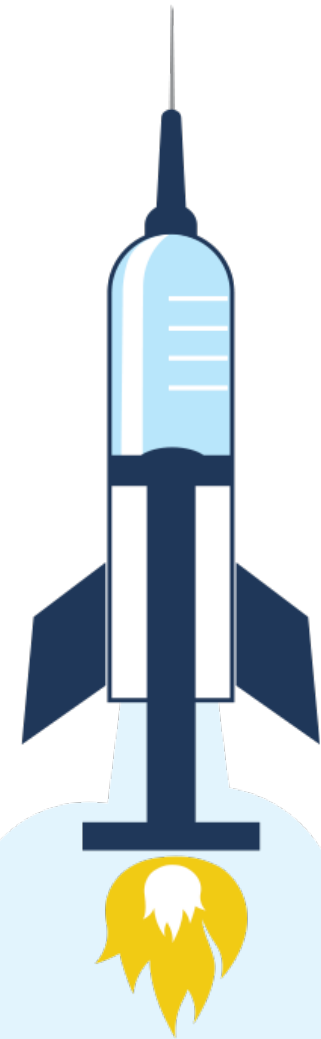
Northeast Georgia Health System Alliant Health Solutions

Amy Ward, MS, BSN, RN, CIC, FAPIC

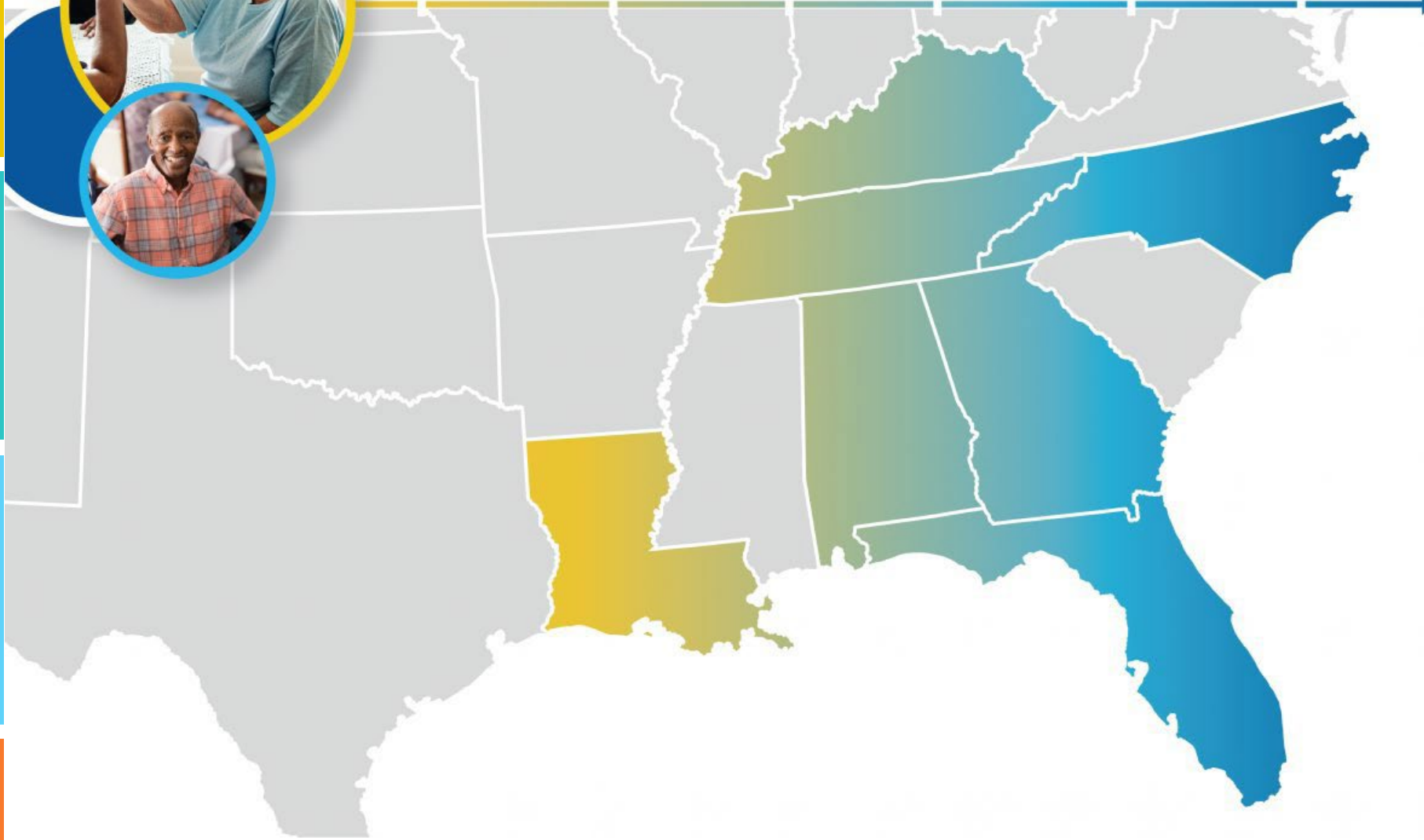
Patient Safety Manager, Alliant Health Solutions

Deena Tarver, MBA, BSHCA

Alliant Health Solutions



Making Health Care Better *Together*



About Alliant Health Solutions

Swati Gaur, MD, MBA, CMD, AGSF

Medical Director of the Year 2022

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

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



Amy Ward, MS, BSN, RN, CIC, FAPIC

PATIENT SAFETY MANAGER

Amy is a registered nurse with a diverse background in acute care nursing, microbiology, epidemiology and infection control. She is passionate about leading and mentoring new and future Infection preventionists in their career paths and assisting them in reducing healthcare-associated infections across the continuum of care.

Amy enjoys spending time with her family. She also loves camping, bicycling and running.

Contact: Amy.Ward@AlliantHealth.org



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





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)	
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

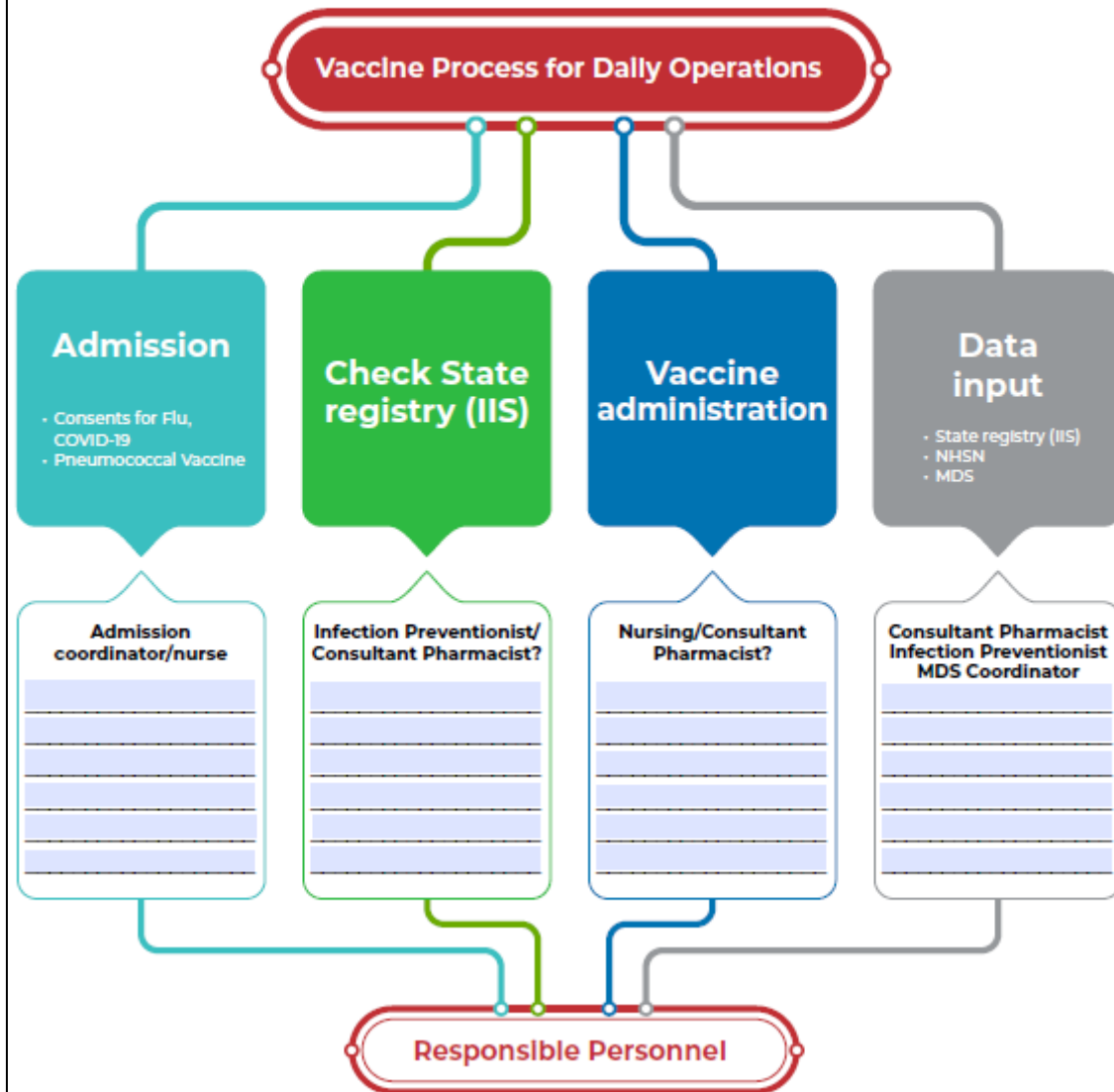
If Legal Representative, state relationship to Resident

****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

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite 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.



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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 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, 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.
- 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.

Vaccine Information Statement
COVID-19 Vaccine

10/19/2023

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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

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite 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.



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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 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
- 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.

Vaccine Information Statement
RSV Vaccine

10/19/2023

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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

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite 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.



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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 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 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.
- 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.

Vaccine Information Statement
Inactivated Influenza Vaccine

42 U.S.C. § 300aa-26
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Where Can Uninsured Staff Get Vaccines?

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

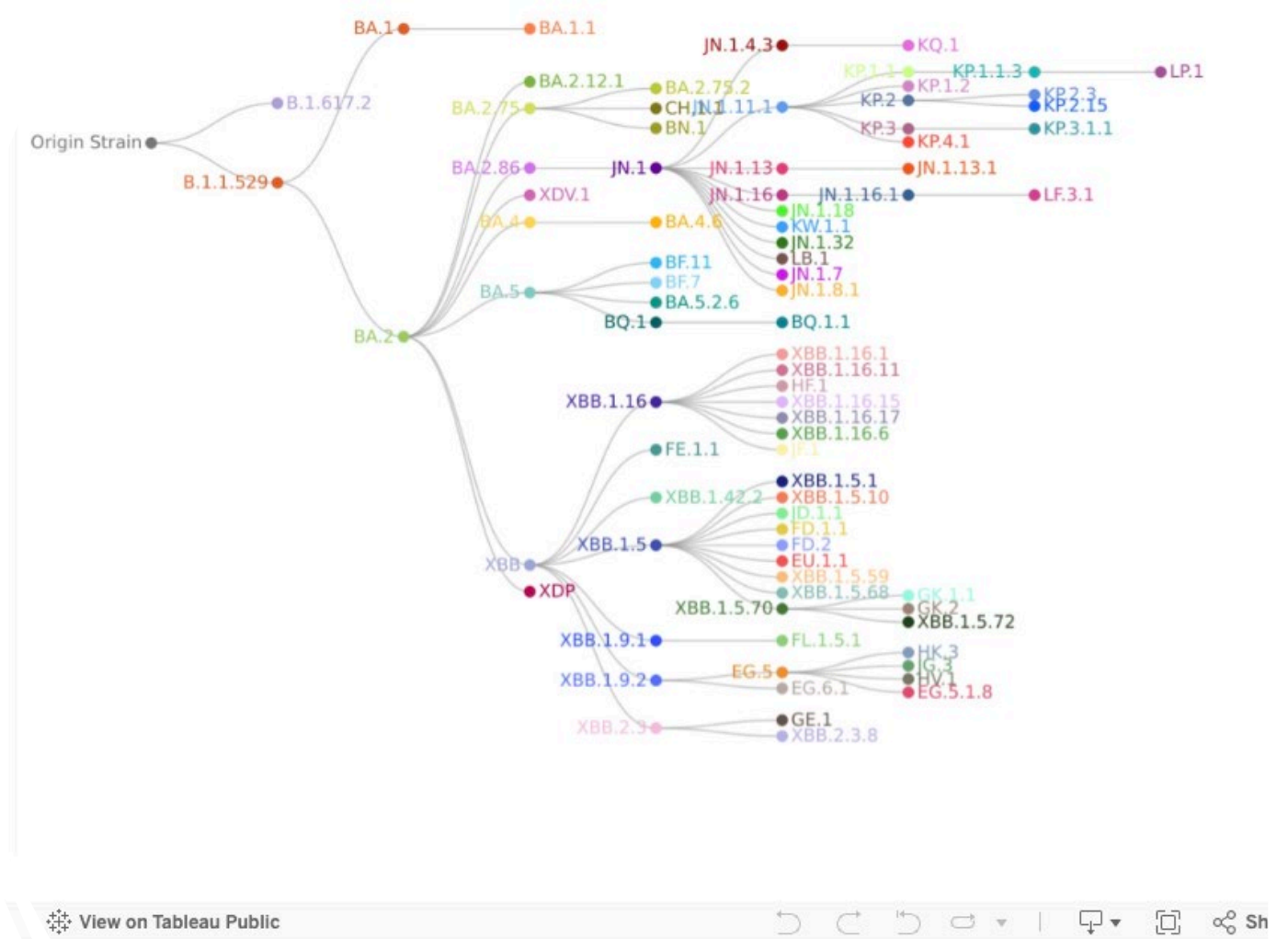


COVID-19 Vaccine

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

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

Pneumococcal Vaccines

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

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

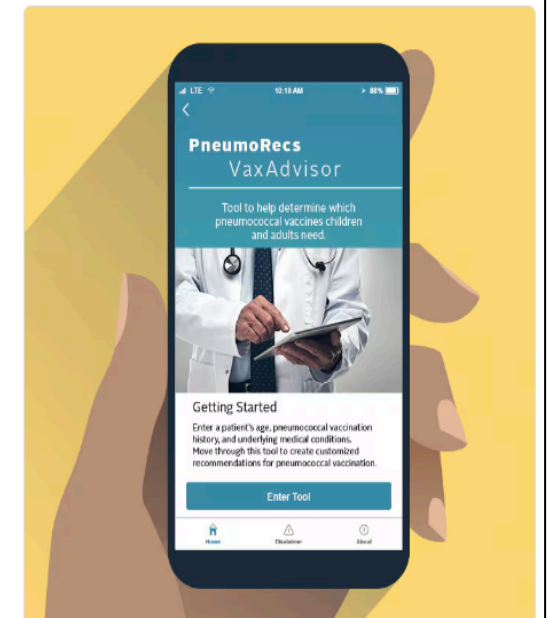


The *PneumoRecs VaxAdvisor* mobile app helps vaccination providers quickly and easily determine which pneumococcal vaccines a patient needs and when. The app incorporates recommendations for all ages so internists, family physicians, pediatricians, and pharmacists alike will find the tool beneficial.

Users simply:

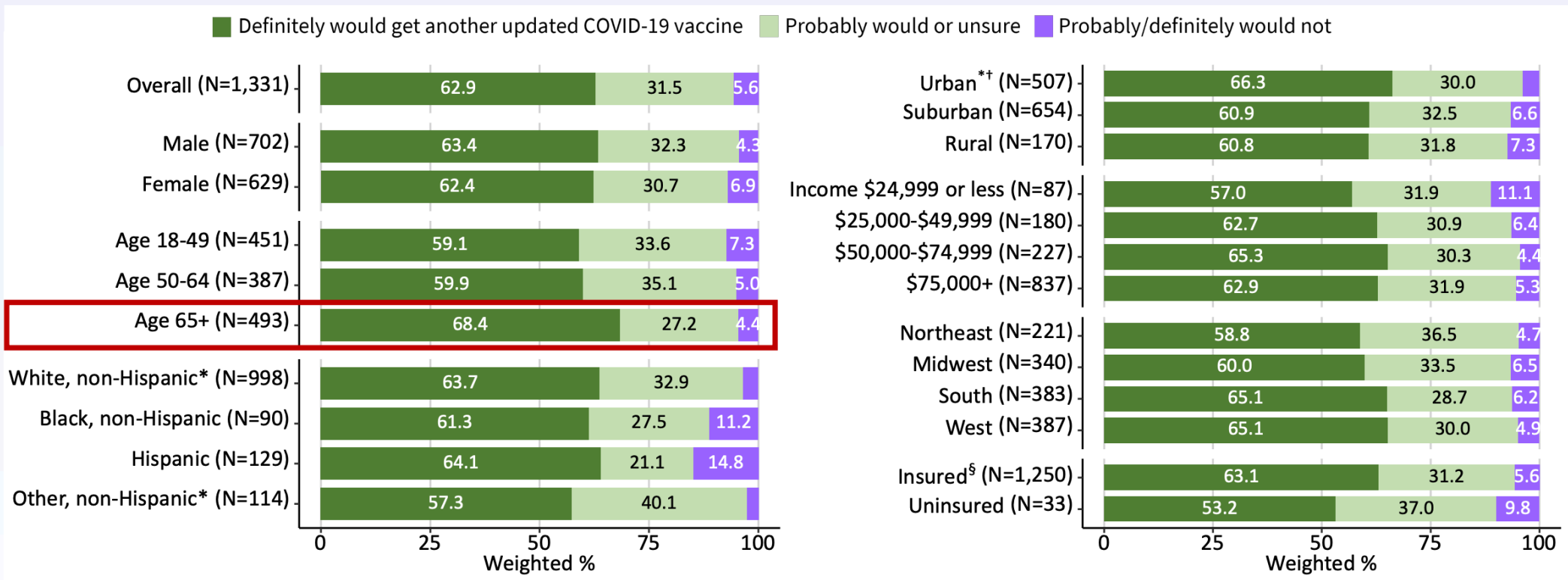
- Enter a patient's age.
- Note if the patient has specific underlying medical conditions.
- Answer questions about the patient's pneumococcal vaccination history.

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



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

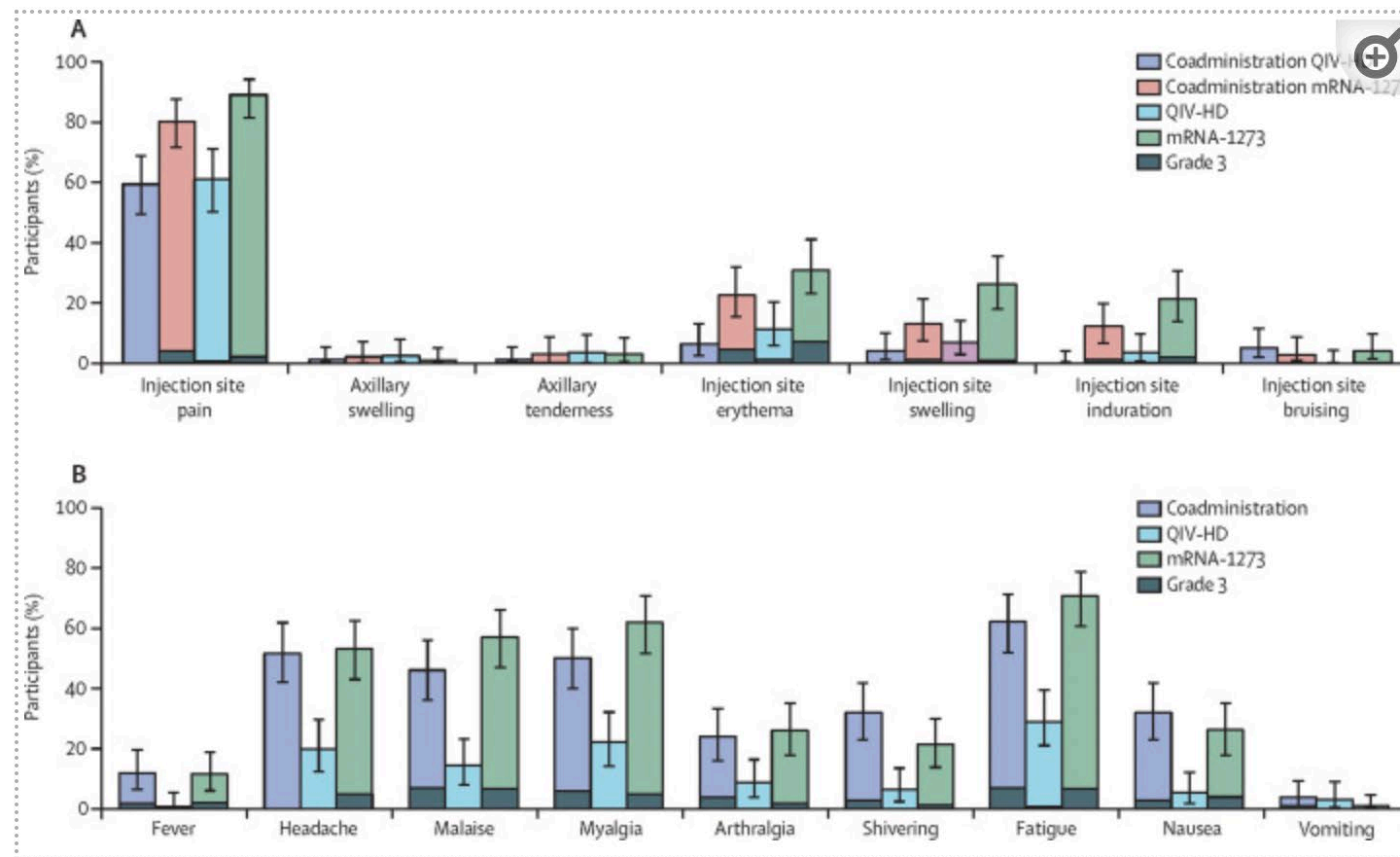
Intent to receive *additional* COVID-19 vaccine dose among adults ≥18 years of age who received a dose since September 14, 2023, Omnibus Surveys, November 30, 2023-January 16, 2024 (N=1,331)



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

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

Figure 2



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

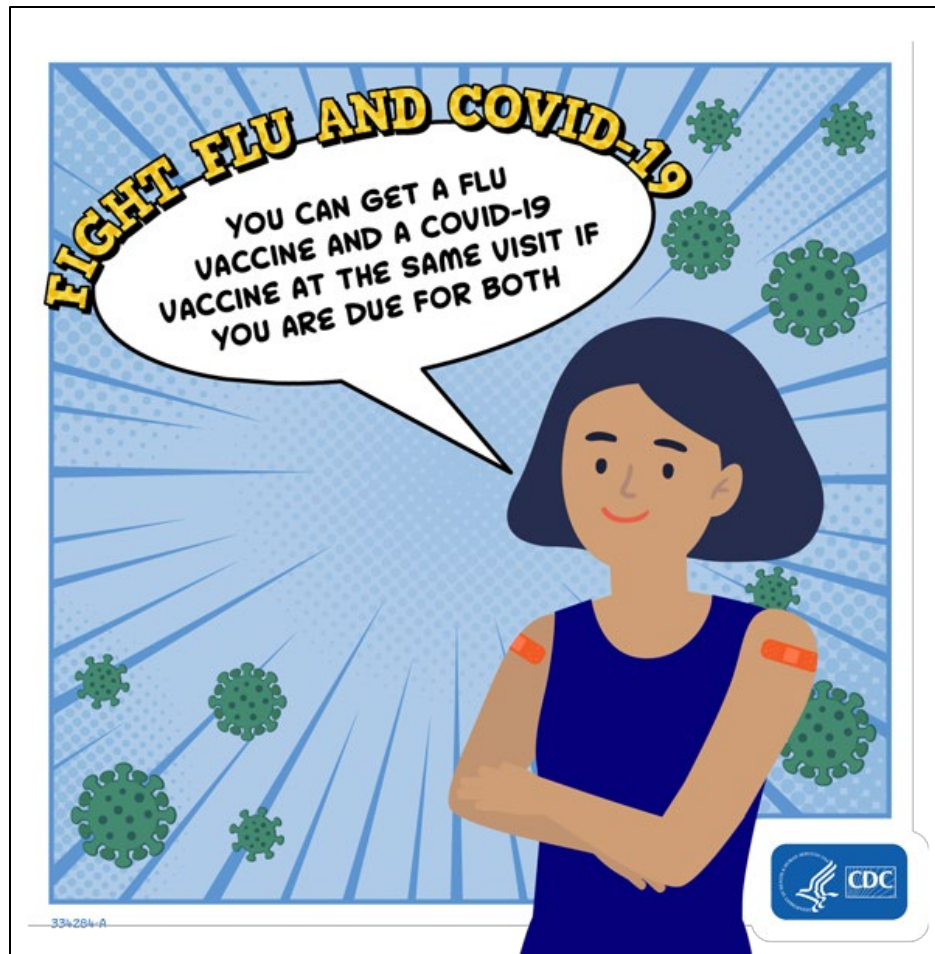
Error bars show 95% CIs. Coadministration QIV-HD shows the solicited reactions observed in the QIV-HD-injected limb of participants in the coadministration group. Coadministration mRNA-1273 shows the solicited reactions observed in the mRNA-1273-injected limb of participants in the coadministration group.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

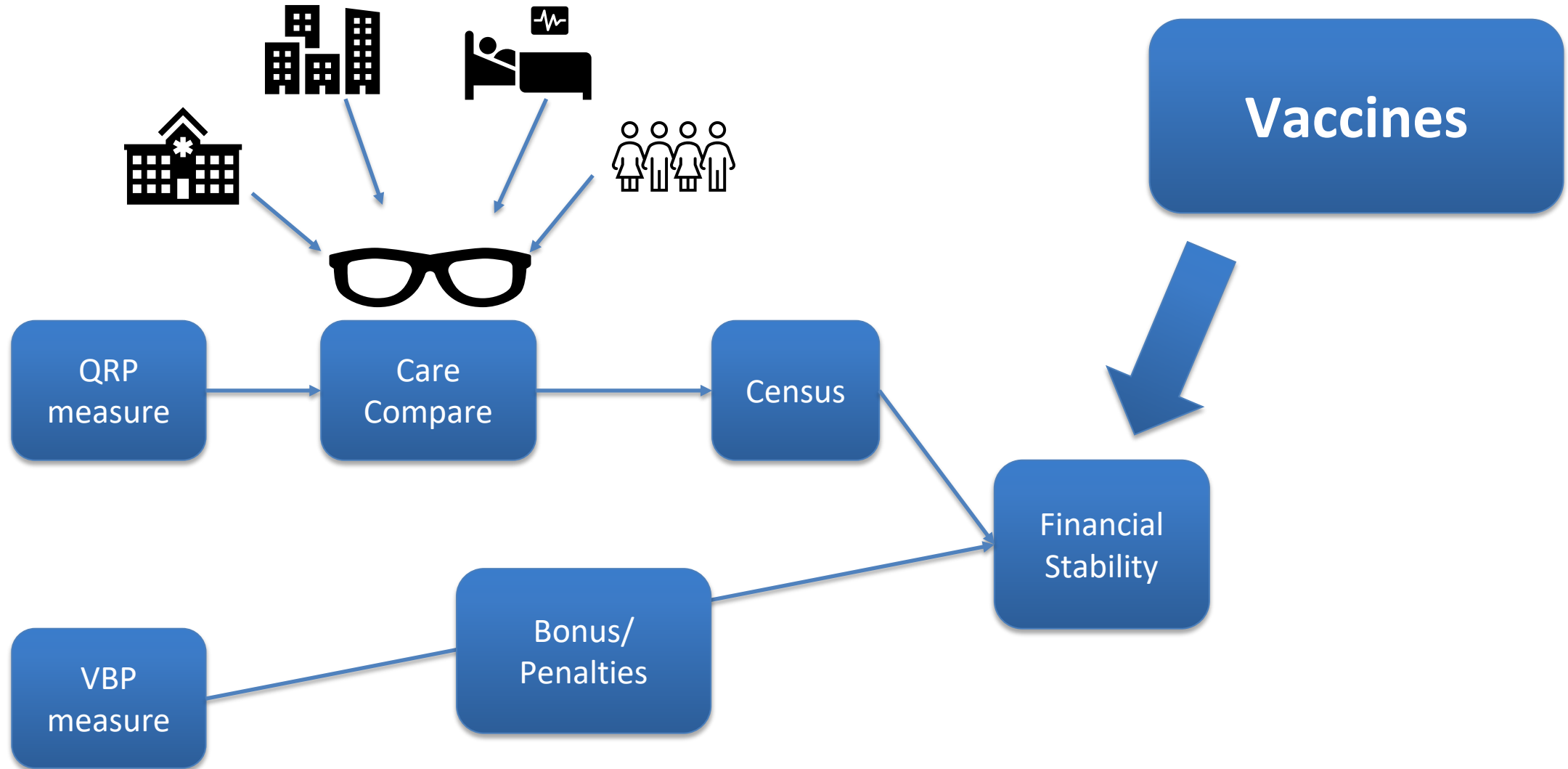


Coadministration



- 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

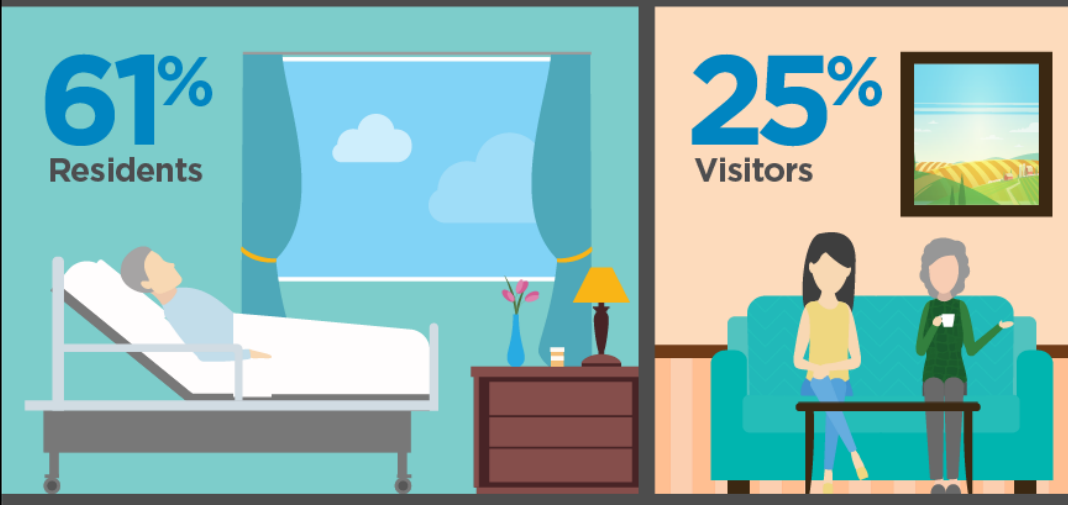
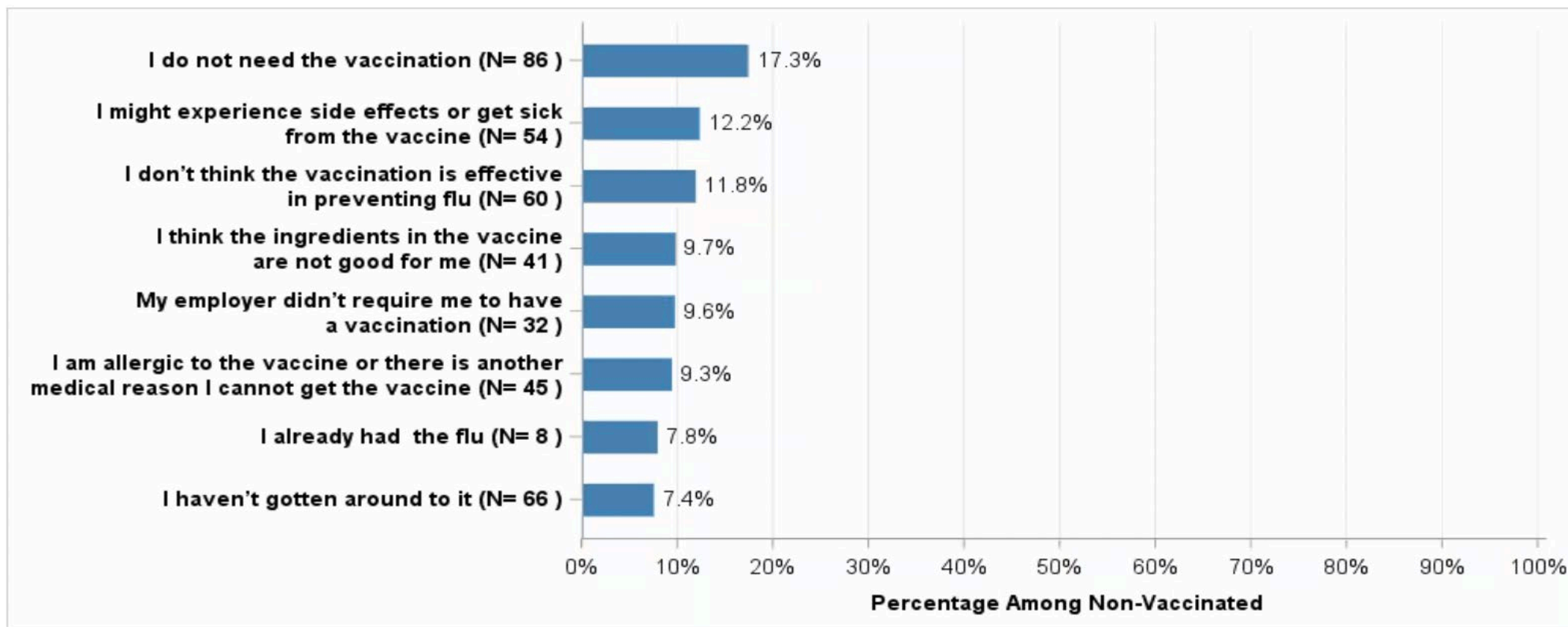


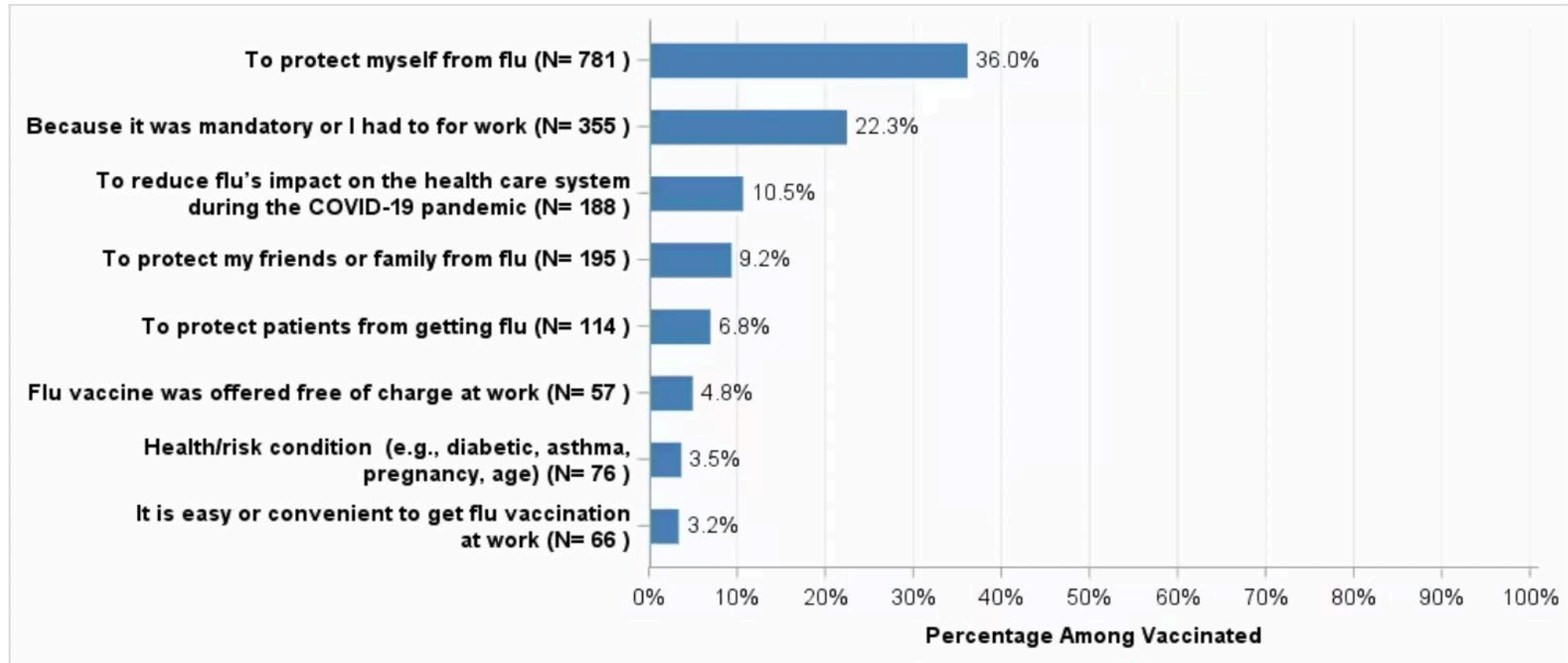
Figure 1. Main reasons* for non-receipt of influenza vaccine among health care personnel (n=470), — Internet panel surveys†, United States, April 2021



*The reasons with unreliable estimates according to NCHS reliability criteria (https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf) 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 †, Unites 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) 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.



Causes of Sepsis

Most common infections in nursing homes leading to sepsis:

- Pneumonia
- Urinary tract infections
- Cellulitis
- C. Diff infection
- COVID-19

Evidence on Effectiveness of Vaccines in Prevention of Infection and Sepsis

- Over two years, the pneumonia vaccine will prevent one case of pneumonia in 12 residents
- The influenza vaccine decreases influenza-associated pneumonia



Flu Vaccine

Flu vaccine effectiveness:

>65 years - 28% less likely to be hospitalized

40% less likely to have an O2 requirement

65% less likely to have organ failure

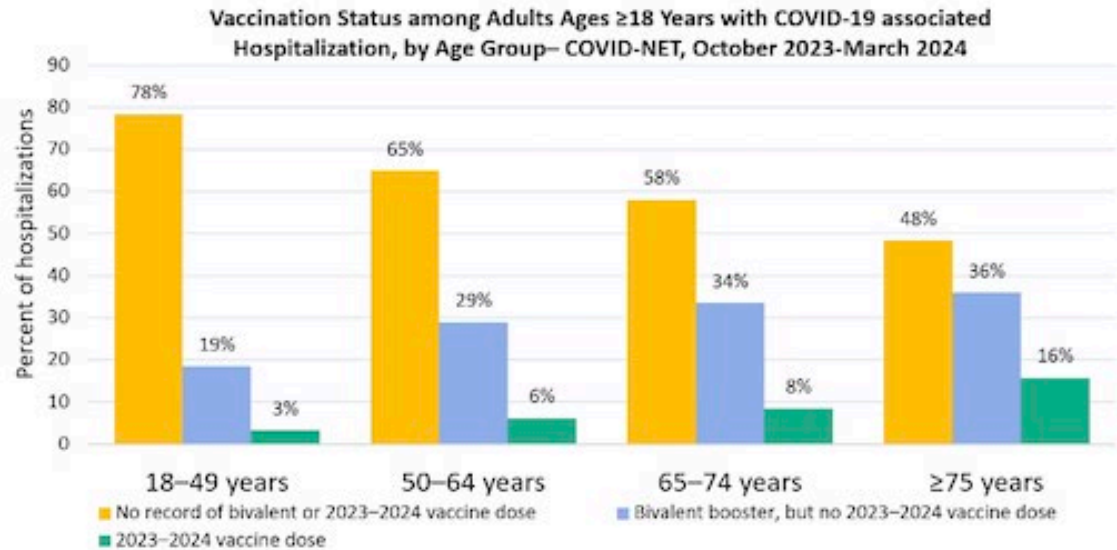
66% less likely to have respiratory failure

69% less likely to be admitted to the ICU

COVID-19 Vaccine

Why vaccinate against COVID-19?

More than half of adults hospitalized with COVID-19 did not receive a COVID-19 vaccine within the year before they were hospitalized



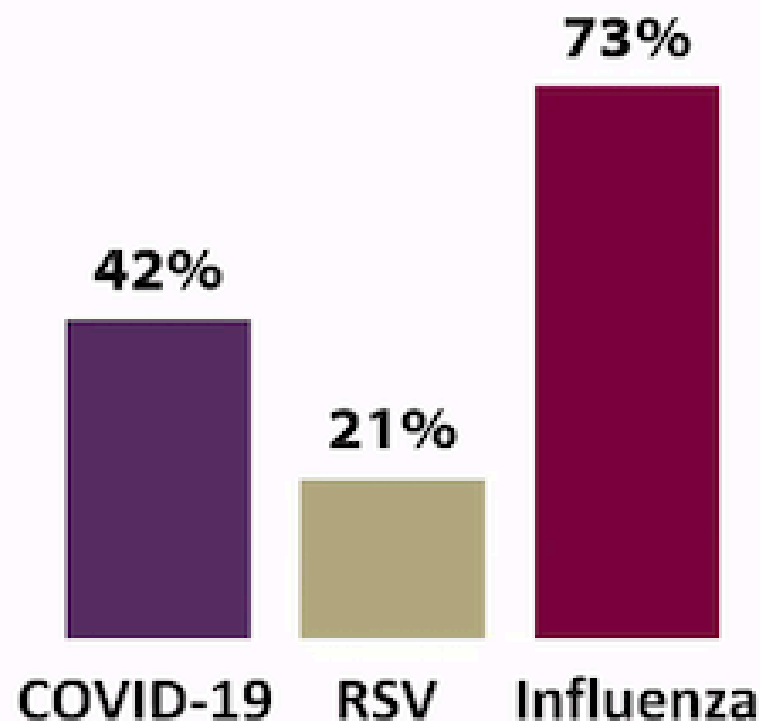
June 27, 2024 Advisory Committee on Immunization Practices: COVID-19, slide 17



Your age makes you more likely to get really sick from COVID-19. The COVID-19 vaccine cuts your risk of being hospitalized in half.

Many residents are missing out on the life-saving benefits of respiratory virus vaccines.

- Percent vaccinated nursing home residents last respiratory virus season was:
 - 42% for 1 or more COVID-19 vaccine
 - 21% for RSV vaccine
 - 73% for seasonal influenza vaccine



<https://www.cdc.gov/nhsn/covid19/ltc-vaccination-dashboard.html>

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:

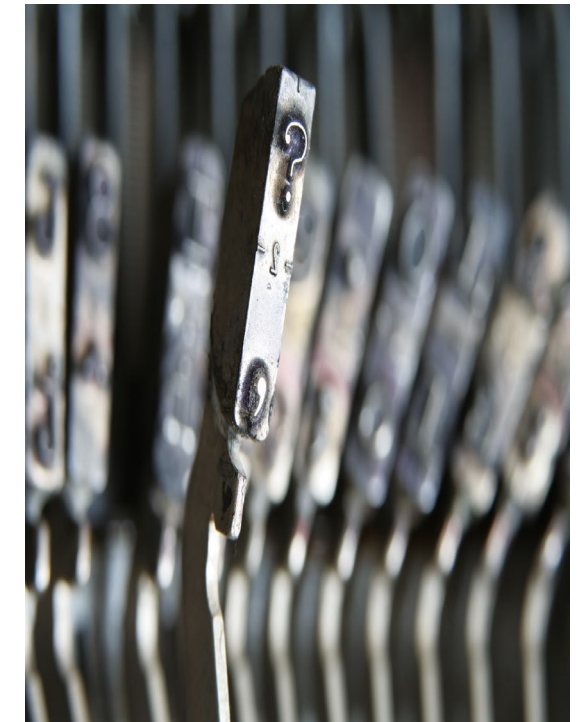
- **SNF QRP Measure #15: Potentially Preventable 30-Day Post-Discharge Readmission Measure – SNF QRP**
 - This measure was finalized in the [FY 2017 SNF PPS Final Rule](#), which was published in the Federal Register on August 5, 2016 (81 FR 52030 through 52034). Public reporting began on October 24, 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)

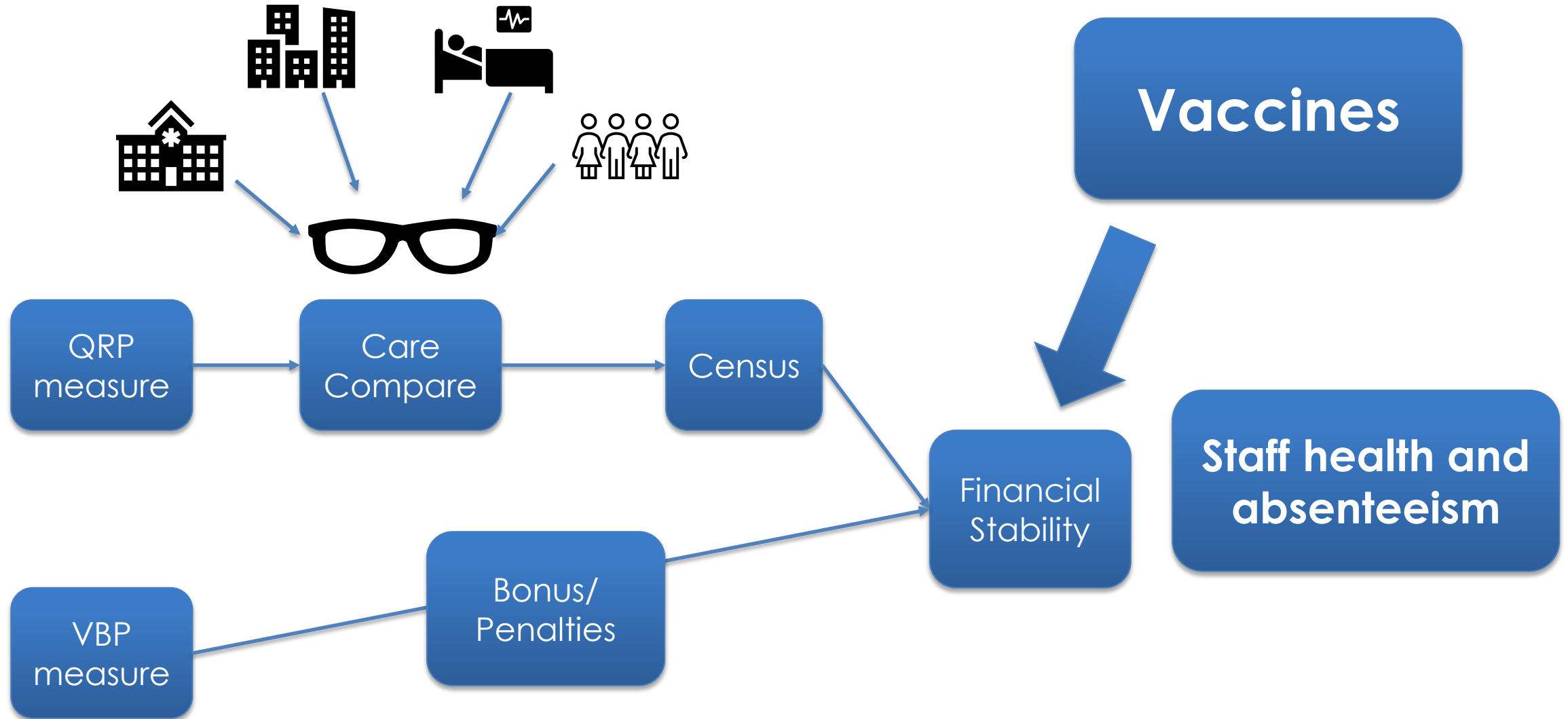
[SNF VBP Program Hospital Readmission](#)

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	-
Skilled Nursing Facility Healthcare-Associated Infections (SNF HAI) Requiring Hospitalization	-	-	Yes	Yes	Yes
Total Nurse Staffing Hours per Resident Day (including Registered Nurse [RN], Licensed Practical Nurse	-	-	Yes	Yes	Yes
[LPN], and Nurse Aide hours)					
Discharge to Community – Post-Acute Care (DTC-PAC) Measure for SNFs	-	-	-	Yes	Yes
Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)	-	-	-	Yes	Yes
Discharge Function Score for SNFs	-	-	-	Yes	Yes
Number of Hospitalizations per 1,000 Long Stay Resident Days	-	-	-	Yes	Yes
Skilled Nursing Facility Within-Stay Potentially Preventable Readmission (SNF WS PPR) Measure	-	-	-	-	Yes



Future Expansion of the SNF VBP Program

When a Good Thing Is More Than a Good Thing



National Healthcare Safety Network Respiratory Pathogens Reporting for Long-Term Care Facilities

Welcome!

Presented by:

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

National Healthcare Safety Network (NHSN) Reporting Requirements

Long-Term Care Facility NHSN Reporting Requirements

NHSN Reporting Requirement	NHSN Reporting Deadline
<p>COVID-19 Vaccine: HCP Healthcare Personnel COVID-19 Cumulative Vaccination Summary for Long-Term Care Facilities</p> <p>Recommendation to utilize the Person-Level COVID-19 Vaccination Form and select the “view reporting summary and submit” to submit these data.</p>	<p>Reporting week is Monday through Sunday. Data must be submitted to NHSN once every reporting week for the week corresponding to the reporting week.</p>
<p>RPV: Residents Weekly Respiratory Pathogens and Vaccination Summary for Residents of Long-Term Care Facilities</p> <p>Required elements include questions pertaining to COVID-19 vaccination, cases, and hospitalizations: 1., 2.a., 3.a., 3.a.i., 4.a., 4.a.i.</p>	<p>Report once every week before Sunday at 11:59 p.m. (UTC).</p>
<p>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.</p>	<p>Report once for influenza season (October 1, 2024 – March 31, 2025) b by May 15, 2025, at 11:59 p.m. (UTC).</p>

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

COVID-19 and Respiratory Pathogens and Vaccination Reporting

New: Combined Respiratory Pathogens Form - Residents

- Beginning September 30, 2024, facilities will report respiratory pathogen vaccination, case and hospitalization data on a newly combined reporting form.
- COVID-19 vaccination, case, and hospitalization reporting are required, while flu and RSV reporting remain optional.
- Facilities that choose not to collect and report Influenza and RSV vaccination, case, or hospitalization data should leave the fields **blank** on the combined form. Please **do not** enter zero (0) if you are not collecting and reporting these data.
- Users will continue to report **cumulative** vaccination coverage, meaning the number of individuals who ever received a certain vaccine.
- Users will continue to report **new** cases and hospitalizations that occurred during the week of data collection.
- Facilities will no longer be able to enter data for dates after September 30, 2024, into the COVID-19/Respiratory Pathogens Surveillance Pathways.

Updated Modules

The screenshot displays the NHSN Long Term Care Facility Component Home Page. On the left is a vertical navigation menu with the following items: NHSN Home, Alerts, Dashboard, Reporting Plan, Resident, Staff, Event, Summary Data, Respiratory Pathogens and Vaccination (highlighted), RPV Summary, Import/Export, Surveys, Analysis, Users, Facility, Group, Cheat Sheets, and Logout. The main content area is titled 'NHSN Long Term Care Facility Component Home Page' and includes a 'Long Term Care Dashboard' and an 'Action Items' section. Under 'Action Items', there is a 'COMPLETE THESE ITEMS' section with a list of tasks: 'RPV - Residents' (highlighted in yellow), 'POC Test Result Reporting', 'Pathway Data Reporting (Archive)', 'Person-Level COVID-19 Vaccination Form - HCP', and 'Person-Level COVID-19 Vaccination Form - Residents'. A 'Confirm' button is visible next to the 'RPV - Residents' item. Below the list, a notification box shows a large number '1' and the text 'Missing Summary Data'.

Open the weekly vaccination calendar and forms by selecting:

1. Respiratory Pathogens and Vaccination > RPV Residents

- Or -

2. RPV Summary

Weekly Vaccination Calendar

◀ 📅 ▶ 26 August 2024 - 06 October 2024

Record Complete Record Incomplete Record Partially Complete

Weekly Vaccination Calendar
08/26/2024 (Monday) - 09/01/2024 (Sunday)
<input type="checkbox"/> COVID-19: HCP
<input checked="" type="checkbox"/> COVID-19: Residents
<input type="checkbox"/> FLU/RSV: Residents
09/02/2024 (Monday) - 09/08/2024 (Sunday)
<input type="checkbox"/> COVID-19: HCP
<input type="checkbox"/> COVID-19: Residents
<input type="checkbox"/> FLU/RSV: Residents
09/09/2024 (Monday) - 09/15/2024 (Sunday)
<input type="checkbox"/> COVID-19: HCP
<input type="checkbox"/> COVID-19: Residents
<input type="checkbox"/> FLU/RSV: Residents
09/16/2024 (Monday) - 09/22/2024 (Sunday)
<input type="checkbox"/> COVID-19: HCP
<input type="checkbox"/> COVID-19: Residents
<input type="checkbox"/> FLU/RSV: Residents
09/23/2024 (Monday) - 09/29/2024 (Sunday)
<input type="checkbox"/> COVID-19: HCP
<input type="checkbox"/> COVID-19: Residents
<input type="checkbox"/> FLU/RSV: Residents
09/30/2024 (Monday) - 10/06/2024 (Sunday)
<input type="checkbox"/> COVID-19: HCP
<input type="checkbox"/> RPV: Residents

You must report data weekly to the updated modules:

1. COVID-19: HCP
2. RPV: Residents

RPV: Residents

Add Vaccine Data

COVID-19 Vaccine: HCP **RPV: Residents**

Weekly Respiratory Pathogens and Vaccination Summary for Residents of Long-Term Care Facilities

Date Created (UTC):

* Facility ID: 59979 Facility CCN #:

* Week of data collection (Monday - Sunday): 09/30/2024 - 10/06/2024 * Date Last Modified (UTC):

Flu/ Respiratory Virus Season: 2024-2025

Cumulative Vaccination Coverage	
1. * Number of residents staying in this facility for at least 1 day during the week of data collection	<input type="text"/>
2. Resident Vaccination: Among residents in Question #1:	
2a. * Number of residents who are up to date with COVID-19 vaccines	<input type="text"/>
2b. Number of residents who have received this season's annual influenza vaccine (2024-2025)	<input type="text"/>
2c. Number of residents who have received RSV vaccine	<input type="text"/>
New Resident Cases (Positive Tests) and Hospitalizations During the Week of Data Collection	
3. Resident Cases (Positive Tests):	
3a. * COVID-19: Residents with a Positive Test	<input type="text"/>
3ai. ** Number of residents in Question #3a who received the up to date COVID-19 vaccine 14 days or more before the positive test	<input type="text"/>
3b. Influenza: Residents with a Positive Test	<input type="text"/>
3bi. ** Number of residents in Question #3b who received this season's annual influenza vaccine (2024-2025) 14 days or more before the positive test	<input type="text"/>
3c. RSV: Residents with a Positive Test	<input type="text"/>
3ci. ** Number of residents in Question #3c who received RSV vaccine 14 days or more before the positive test	<input type="text"/>
4. Residents Hospitalized with a Positive Test:	
4a. * COVID-19: Residents hospitalized this week, and had a positive test in the last 10 days	<input type="text"/>
4ai. ** Number of residents in Question #4a who received the up to date COVID-19 vaccine 14 days or more before the positive test	<input type="text"/>
4b. Influenza: Residents hospitalized this week, and had a positive test in the last 10 days	<input type="text"/>
4bi. ** Number of residents in Question #4b who received this season's annual influenza vaccine (2024-2025) 14 days or more before the positive test	<input type="text"/>
4c. RSV: Residents hospitalized this week, and had a positive test in the last 10 days	<input type="text"/>
4ci. ** Number of residents in Question #4c who received RSV vaccine 14 days or more before the positive test	<input type="text"/>

Required Fields: **Yellow**

Optional fields: **Blue** and **Green**

Notes: If reporting data to green or blue fields, then all fields in that category/color must be reported. **Do not report zeros** if you are not collecting and reporting these data. Leave them blank.

COVID-19 Vaccine: HCP

Add Vaccine Data

COVID-19 Vaccine: HCP
RPV: Residents

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

Date Created (UTC):

*Facility ID: 59979 *Vaccination type: COVID19 Facility CCN #:

*Week of Data Collection: 09/30/2024 - 10/06/2024 *Date Last Modified (UTC):

Cumulative Vaccination Coverage

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

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

^a sum of Employees (staff on facility payroll), Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants, and Adult students/trainees & volunteers.

^b sum of Employees (staff on facility payroll), Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants, Adult students/trainees & volunteers, and Other contract personnel.

^c all persons receiving a direct paycheck from the healthcare facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact.

^d physicians (MD, DO); advanced practice nurses; and physician assistants only who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category.

^e adult students/trainees and volunteers: medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older that are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.

^f persons providing care, treatment, or services at the facility through a contract who do not fall into any other denominator categories

Adverse Events following COVID-19 Vaccine(s)

Save
Cancel

Long-Term Care (LTC) Facility Acute Respiratory Illness Data Reporting

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

Is NHSN Reporting Required for Influenza and RSV Vaccines for LTC Facility 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 that facilities will have access to necessary data should the proposed rule become final.

Up to Date Definition for COVID-19 Vaccination

- Beginning **September 30, 2024**, individuals are considered up to date (question 2a) if they have **received a dose of the 2024-2025 updated COVID-19 vaccine**.
- Note: For questions about cases and up to date status (question 3a) as well as hospitalizations and up to date status (question 4a), residents would need to receive the vaccine 14 days or more before the positive test to be included.
- Under the new recommendations, **most individuals will not be up to date with COVID-19 vaccines until they receive the 2024-2025 updated COVID-19 vaccine**.
- Facilities should report **zero (0)** up-to-date until individuals receive the 2024-2025 updated COVID-19 vaccine.
- The surveillance definition of up to date for each quarter can be found here: [Understanding Key Terms and Up to Date Vaccination \(cdc.gov\)](#).

Up to Date Definitions for Influenza and RSV

Influenza	RSV
<p>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.</p>	<p>Received RSV vaccination anytime from when it first became available in August 2023.</p>

[2023 COVID-19/RESPIRATORY PATHOGENS VACCINATION PROTOCOL \(cdc.gov\)](https://www.cdc.gov)

COVID-19 Vaccines and Billing

- 24-25 Covid-19
- Vaccines

Ordering

Order **all three** vaccines through your medical supply company, pharmacy or wholesaler. To order directly from Moderna, visit [Modernadirect.com](https://www.modernadirect.com). To order Pfizer, visit primevaccines.pfizer.com. Novavax can only be ordered through your medical supply company or pharmacy.

	Pfizer	Moderna	Novavax
Type	mRNA	mRNA	Protein
Single/Multi-Dose	Pre-filled syringes	Pre-filled syringes	Pre-filled syringes
Temperature	Fridge temps. 36-46 degrees Fahrenheit	Freezer for up to nine months -58 to 5 degrees Fahrenheit, fridge 30 days at 36-46 degrees Fahrenheit	Fridge temps 36-46 degrees Fahrenheit
Direct Ordering	Available	Available	Not available. Order through a medical supply company.
Minimum Doses	Minimum direct order is two boxes which is 20 vaccines.	Minimum direct order is one box or 10 vaccines.	Minimum order of two vials (10 doses) from the medical supply company
Trade Name	COMIRNATY	Spikevax	NVX-CoV2373
Pre-Ordering	Direct from Pfizer or through a wholesaler or pharmacy	Direct from Moderna or through a wholesaler or pharmacy	Available through a wholesaler or pharmacy.

CODING

The Centers for Medicare and Medicaid Services and the American Medical Association (AMA) have established codes for billing vaccines.

There are two components to billing any vaccine administered: the vaccine product/ingredients and its administration.

For the most up-to-date information on specific codes, visit the following websites:

Roster Billing:

Roster billing with your MAC:

www.cms.gov/medicare/payment/covid-19/definitions

Medicare Claims Processing Manual, Chapter 6 with consolidated billing guidance:

www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c06.pdf

Medicare Claims Processing Manual, Chapter 18 with vaccine guidance:

www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18pdf.pdf

Specific Codes:

Updated COVID-19 CPT codes:

www.ama-assn.org/practice-management/cpt/covid-19-cpt-vaccine-and-immunization-codes

List of CPT/HCPCS codes:

www.cms.gov/medicare/regulations-guidance/physician-self-referral/list-cpt/hcpcs-codes

In skilled nursing facilities, a vaccine may be billed by the facility or the long-term care pharmacy, depending both on whether a resident is in their Part A stay as well as what vaccine is being administered.

Source: Moving Needles - AMDA/PALTMED, www.movingneedles.org

STAFF

The LTC pharmacy can procure and bill for staff vaccination but it is typically considered out of network and not covered, leaving the facility or individual staff member to cover the bill.

The facility can choose to eat the cost of the vaccine or send staff elsewhere (eg, retail pharmacy or provider office that is a part of the insured staff person's network)

The Bridge Access Program, providing COVID-19 vaccine to uninsured adults, ended in August 2024. Staff who are uninsured will no longer have access to COVID-19 vaccine at retail pharmacies unless paying out of pocket.

For more information, please contact

movingneedles@paltmed.org

- The Bridge Access program ended.
- Health departments may have COVID-19 vaccines for staff.

Residents

Influenza, pneumococcal, and COVID-19 vaccines

Influenza, pneumococcal, and COVID-19 vaccines are billed as part of Medicare Part B. Hepatitis B vaccine is covered under Part B only if an individual is considered to be at high risk – residents of long term care are considered high risk.

Part A Stay Resident

FACILITY

Vaccine product and administration fee must be billed by facility using roster billing on a Part B claim

PHARMACY

The LTC pharmacy is not allowed to bill directly for Part B vaccines for residents in their Part A stay

Non-Part A/Long-term Stay Resident

FACILITY

Facility can use roster billing for both the vaccine cost and the administration fee on a Part B claim

PHARMACY

Pharmacy can bill directly for both the vaccine cost and the administration fee



If the facility staff administered the vaccine, they can ask the pharmacy to bill the administration fee and provide it back to the facility. This should be written into contracts between facilities and pharmacies.

Because vaccinations are not part of the Medicare hospice benefit, hospice claims (*type of bill 81X or 82X*) for vaccine services must be billed on a separate institutional claim and must only include charges for the vaccine and their administration.

Hospice

COVID-19: For hospice patients under Part B only, include the GW modifier on COVID-19 vaccine administration claims if either of these apply:

1. The vaccine isn't related to the patient's terminal condition.
2. The attending physician administered the vaccine.

Tdap, shingles, and RSV vaccine

Tdap, shingles, and RSV are billed through Medicare Part D. Hepatitis B vaccine is covered under Part D if an individual is not at high risk.

Part A Stay Resident

PHARMACY

Pharmacies must provide and bill for the cost of the vaccine product and may bill for the administration fee

Non-Part A/Long-term Stay Resident

PHARMACY

Pharmacies must provide and bill for the cost of the vaccine product and may bill for the administration fee



If the facility staff administered the vaccine, they can ask the pharmacy to bill the administration fee and provide it back to the facility. This should be written into contracts between facilities and pharmacies.



Exceptions and special circumstances

When a vaccine such as Tdap (Part D) is administered therapeutically (i.e., post exposure) instead of preventively, it is included in the Part A global bundled payment for Part A stay residents.

• How to Bill

Questions?



Thank You for Your Time!

Contact the Patient Safety Team

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



OPIOID UTILIZATION AND MISUSE

- Promote opioid best practices
- Reduce opioid adverse drug events in all settings



PATIENT SAFETY

- Reduce hospitalizations due to c. diff
- Reduce adverse drug events
- Reduce facility acquired infections



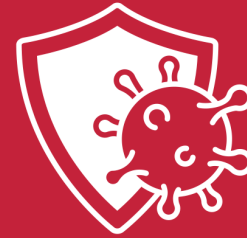
CHRONIC DISEASE SELF-MANAGEMENT

- Increase instances of adequately diagnosed and controlled hypertension
- Increase use of cardiac rehabilitation programs
- Reduce instances of uncontrolled diabetes
- Identify patients at 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

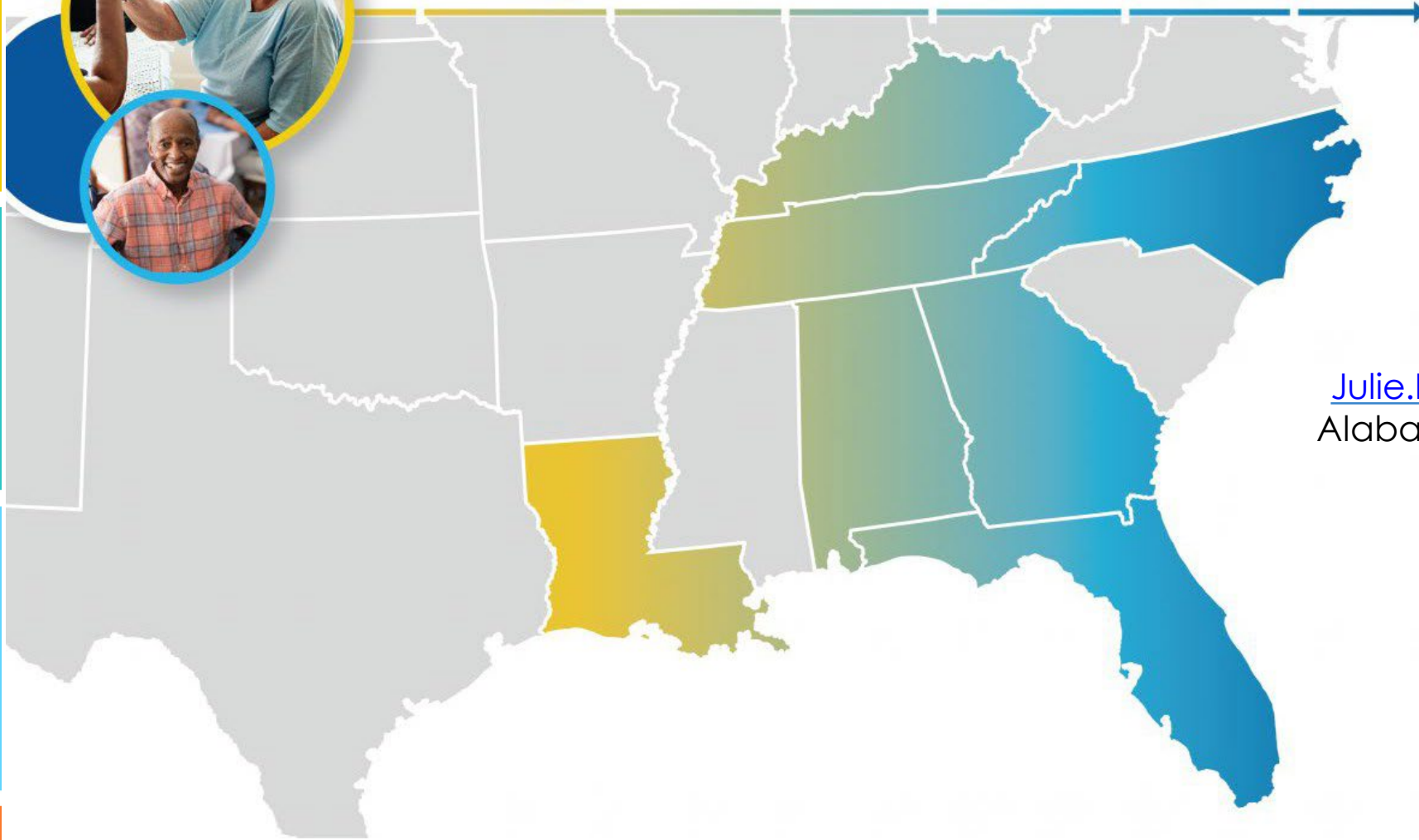
- Increase influenza, pneumococcal, and COVID-19 vaccination rates



TRAINING

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

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