



# Ask an IP

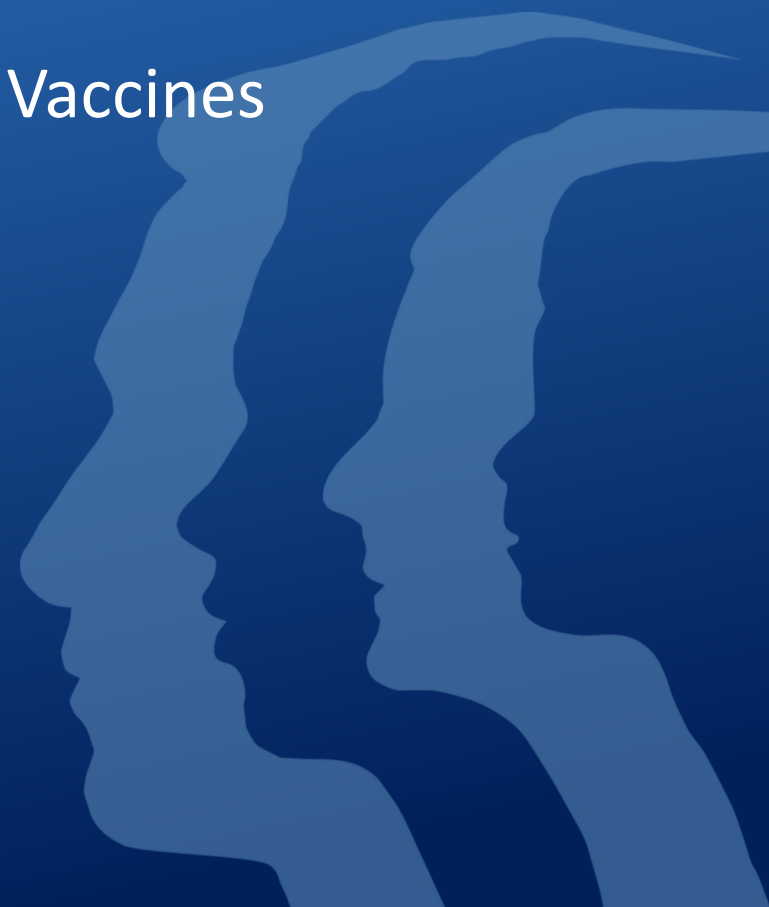
## Learning and Communication Series

### The 2024-2025 Winter Vaccines

**Presented by: Chandana Das, MD**

Acute Communicable Disease Control (ACDC) Program

Los Angeles County Department of Public Health





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**Website:**

<http://publichealth.lacounty.gov/acd/AskAnIPProgram/index.htm>



## Disclosures

- There is no commercial support for today's call
- Neither the speakers nor planners of today's call have disclosed any financial interests related to the contents of this meeting
- This call is meant for healthcare facilities and is off the record, reporters should log off now



## Housekeeping

- **Microphones** are disabled. For questions, please use the chat
- **Cameras:** please keep them turned off during the presentation
- **Recording:** the presentation is being recorded and will be posted on the Ask an IP Website within a few weeks following the session
- We will not review COVID-19 guidelines (including CDPH AFLs) during these sessions



# Agenda

- Historical and current context for vaccines
- Health Officer Order for the winter season
- Strategies to increase uptake of winter respiratory vaccines
- Vaccine reporting
- SNF Honors Program



# A Historical Perspective



# A Brief History of Vaccination

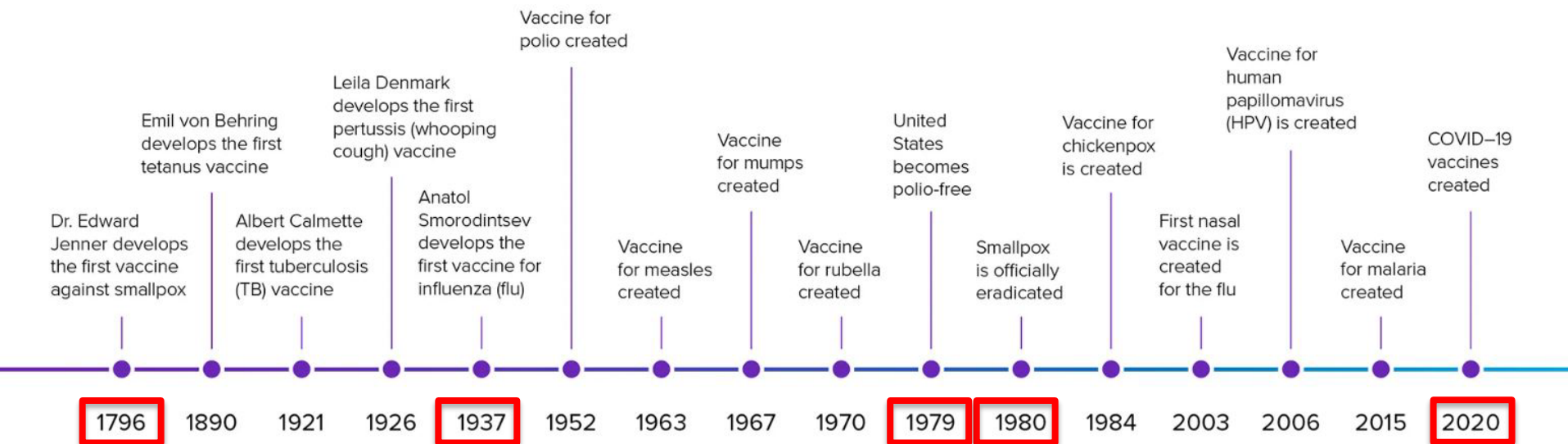
From at least the 15th century, people in different parts of the world attempt to prevent illness by intentionally exposing healthy people to smallpox.



1. <https://www.who.int/news-room/spotlight/history-of-vaccination/a-brief-history-of-vaccination>



# Vaccination timeline



## FACTS:

The U.S. experiences approximately 30 cases of tetanus each year  
There are fewer than 10 rubella cases per year in the U.S.  
Hospitalizations and deaths associated with chickenpox have declined by 90%  
<https://www.healthgrades.com/right-care/vaccines/14-diseases-nearly-eliminated-by-vaccines>





# 14 Diseases Nearly Eliminated by Vaccines

- Polio
- Smallpox
- Tetanus
- Hepatitis A and B
- Measles, Mumps, and Rubella
- Haemophilus Influenzae Type B
- Pertussis
- Pneumococcal disease
- Rotavirus
- Varicella (chickenpox)
- Diphtheria

1. <https://www.healthgrades.com/right-care/vaccines/14-diseases-nearly-eliminated-by-vaccines>

# Improvement in Life Expectancy Due to Public Health Measures

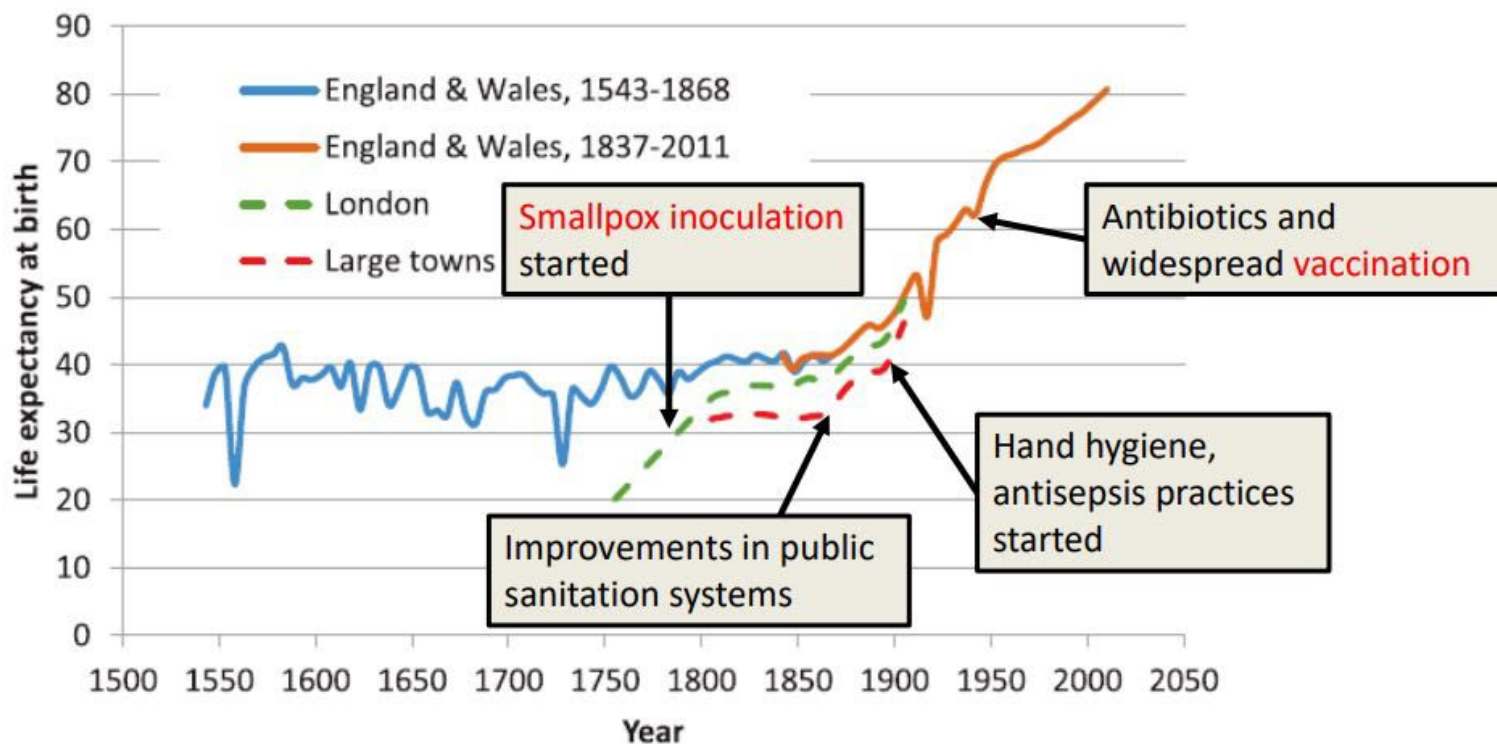


Figure 1. *Estimates of long-run life expectancy at birth in England 1543–2011*

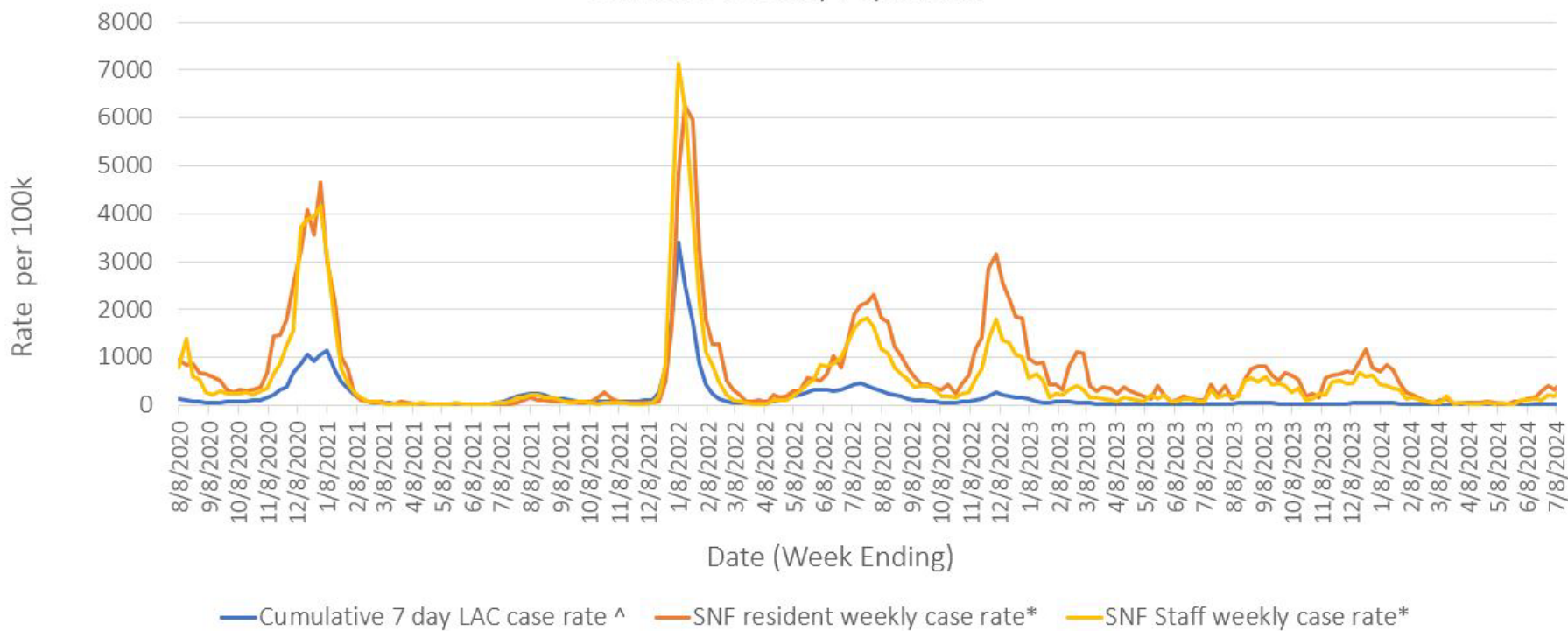
Shaw-Taylor, Leigh. Epidemics, Disease and Mortality in Economic History. August 2020. Accessed online Aug 10, 2023:

<https://onlinelibrary.wiley.com/doi/full/10.1111/ehr.13019>



# SNF Cases in Los Angeles County

COVID-19 Case Rates Among Skilled Nursing Facility (SNF) Residents and Staff Compared with the General LA County Population



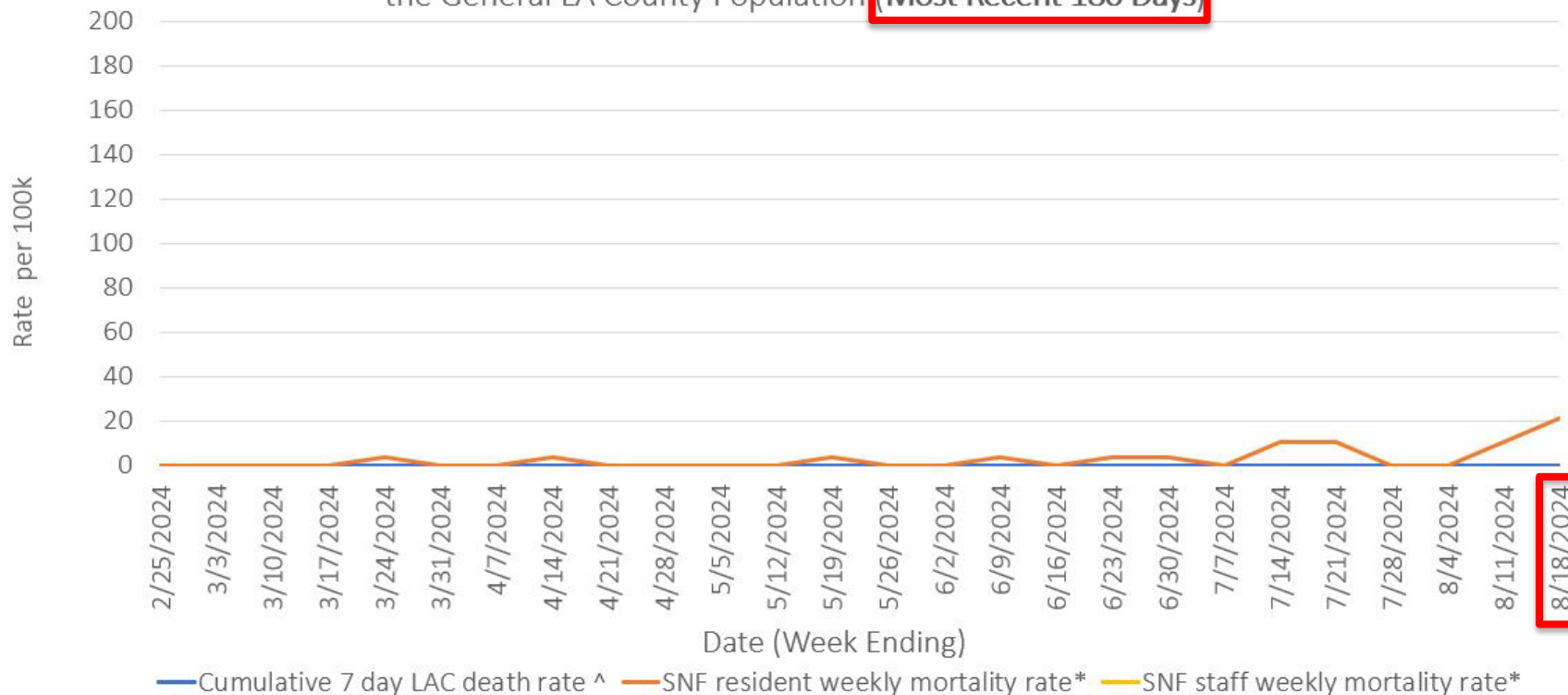
^ Seven-day cumulative crude Los Angeles County (LAC) case rates are sourced from IRIS database case episode date. Episode date is the earliest existing value of: Date of Onset, Date of Diagnosis, Date of Death, Date Received, Specimen Collection Date. The population rate is per 100,000 and sourced from LAC PEPS 2018 demography files.

\* Weekly crude SNF case rates were sourced from the self-reported surveys facilitated by the Center for Disease Control National Healthcare Safety Network (NHSN) COVID-19 Long Term Care Facility Module beginning May 14, 2023 until current. CDPH 123 weekly survey was used for data reported from Aug 2, 2020 through May 14, 2023 for SNF residents and staff. CDPH discontinued their weekly survey on May 11, 2023. Dates reflect the date the positive result was reported to the individual or facility. The population rate is per 100,000 and sourced from the reported weekly resident census and staff totals for all LAC jurisdiction SNFs – these are population statistics and not estimates. We cannot capture the approx 1,500 new admissions and staff turnover per week that should be included in the exposed denominator, so the **SNF rates are overestimates**.



# Mortality Rates in SNFs

COVID-19 Mortality Rates Among Skilled Nursing Facility (SNF) Residents and Staff Compared with the General LA County Population **(Most Recent 180 Days)**



^ Seven-day cumulative crude Los Angeles County (LAC) death rates are sourced from IRIS database case date of death. The population rate is per 100,000 and sourced from 2018 population estimates. Deaths are reported by date of death or date received if date of death is missing.

\* Seven-day cumulative crude SNF mortality rates were sourced from the self-reported surveys facilitated by the Center for Disease Control National Healthcare Safety Network (NHSN) COVID-19 Long Term Care Facility Component. Data reported beginning May 14, 2023 until current. CDPH 123 weekly survey was used for data reported from Aug 2, 2020 through May 14, 2023 for SNF residents and staff. CDPH discontinued their weekly survey on May 11, 2023. Dates reflect the date the death was reported to the facility. The population rate is per 100,000 and sourced from the reported weekly resident census and staff totals for all LAC jurisdiction SNFs – these are population statistics and not estimates. We cannot capture the approx 1,500 new admissions and staff turnover per week that should be included in the exposed denominator, so the **SNF rates are overestimates**. Staff deaths are no longer reported as of Jun 11, 2023.



# Winter Vaccines 2024-2025





# Respiratory Viral Season Health Officer Order 2024

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
ORDER OF THE HEALTH OFFICER



**ORDER NO. 2024-01-01 OF THE LOS ANGELES COUNTY HEALTH OFFICER**

## ORDER OF THE LOS ANGELES COUNTY HEALTH OFFICER

### ANNUAL INFLUENZA AND COVID-19 IMMUNIZATION OR MASKING REQUIREMENT FOR HEALTHCARE PERSONNEL DURING RESPIRATORY VIRUS SEASON

Original Issue Date: Monday, August 26, 2024

**Please read this Order carefully.**

#### **SUMMARY OF THE ORDER:**

This Order requires that each year, Healthcare Personnel (HCP) in all Licensed Healthcare Facilities a) be immunized with both an annual influenza vaccine and the most recently updated COVID-19 vaccines authorized for use in the United States for the current respiratory virus season or b) wear a Respiratory Mask while in contact with patients or working in Patient-Care Areas for the duration of the respiratory virus season, all as further defined below.



## Increase Vaccine Confidence for ALL Vaccines

- Trust
- Compassionate listening
- Persistence
- Protection
- Education
- Communication
- Convenience
- Policy
- Preparation

## Lessons Learned: **LEAD** with Vaccine Confidence

- **Multi-component**
- **L**eadership sets priority
- **E**mpower champions & **E**ngage **E**veryone (including doctors!)
- **A**ncedotes: include alongside data & focus on positive stories
- **D**ecrease barriers, make vaccination the **D**efault choice







## Best Practices for Improving COVID-19 Vaccination Coverage in Skilled Nursing Facilities

Vaccine acceptance may take time, info, and effort. Many skilled nursing facilities (SNFs) have achieved near 100% vaccine coverage amongst healthcare personnel (HCP), residents, or both using the best practices below.

### High Impact Best Practices

- Lead with compassion, assurance, and education. Avoid shame and intimidation tactics.
- Be persistent: schedule reminders to check in and re-offer the vaccine to persons who initially decline. Most declines are based on a "wait and see" attitude.

Categories	Strategies
Policy & Procedure	<ul style="list-style-type: none"> <li><input type="checkbox"/> Establish a formal space for vaccination to promote confidence and anticipation (e.g., signs showing areas for registration, administration, observation, etc.).</li> <li><input type="checkbox"/> Hold regular in-services for HCP with vaccine updates and opportunity for Q&amp;A.</li> <li><input type="checkbox"/> Incorporate vaccination into Interdisciplinary Team (IDT) meetings and care planning for residents.</li> <li><input type="checkbox"/> Develop internal policies regarding vaccination including HCP incentives, extended time-off, or non-punitive sick leave policies for post-vaccination symptoms.</li> <li><input type="checkbox"/> Offer to extend observation time (i.e., 30 min when only 15 min is indicated).</li> </ul>
People	<ul style="list-style-type: none"> <li><input type="checkbox"/> Dedicate a vaccine team with clear roles for vaccine confidence, registration, storage, obtaining consents from residents &amp; loved ones/families, etc.</li> <li><input type="checkbox"/> Empower vaccine champions among HCP who speak the preferred languages of staff and residents.</li> <li><input type="checkbox"/> Dedicate a HCP to regularly communicate with residents' loved ones/families on the facility's vaccination program and provide education on vaccine efficacy &amp; safety.</li> <li><input type="checkbox"/> Engage the SNF pharmacist and Medical Director as trusted sources to directly address questions and concerns from HCP, residents, loved ones/families.</li> </ul>
Culture	<ul style="list-style-type: none"> <li><input type="checkbox"/> Listen to understand, not to respond. Show compassion, avoid judgmental attitude.</li> <li><input type="checkbox"/> Engage in one-on-one conversations to protect privacy &amp; provide a safe space to hear and answer questions.</li> <li><input type="checkbox"/> Tailor approach to each individual: Often need multiple approaches e.g., assurance, acknowledgement, education, more time.</li> <li><input type="checkbox"/> Promote positive testimonials including from facility leadership, respected HCP, other residents (with permission), community leaders, etc.</li> <li><input type="checkbox"/> Schedule regular check-ins around time of vaccination with residents' loved ones/families for reassurance.</li> <li><input type="checkbox"/> Provide education judiciously. Avoid educating when unwanted or without asking first.</li> <li><input type="checkbox"/> Create a celebratory atmosphere: play music, host raffles, etc. on vaccination days.</li> </ul>
Materials	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide written materials on vaccine efficacy &amp; safety available in multiple languages.</li> <li><input type="checkbox"/> Send written letters signed by the Medical Director in preferred languages to residents &amp; loved ones/families prior to vaccination including planned vaccination date(s).</li> <li><input type="checkbox"/> Increase visibility of vaccination efforts and vaccinated persons: stickers, buttons, flyers, photos, testimonials, "why I'm getting vaccinated" board.</li> </ul>



# SNF Vaccine Confidence Listening Sessions January 2021

- **Lead** with compassion.
- Avoid shame and intimidation.
- **Tailor** the approach to each individual.
- **Empower** vaccine champions.
- Be persistent and systematic.
- Promote **positive** testimonials.
- Increase **visibility** of vaccine efforts.



## Best Practices for Improving Influenza Immunization Coverage Amongst Healthcare Personnel

### High Impact Best Practices

- ★ Make the influenza immunization a condition of employment by revising your facility's internal policy, meeting with union counterparts, etc.
- ★ Revise the declination form to only include options such as medical contraindications and removing the personal beliefs exemption (i.e. implement a medical exemption review process for staff who are requesting exemptions)
- ★ Develop an influenza management committee to include the Administrator, Nurse Educator/Director of Nursing, Infection Preventionist and Medical Director to meet monthly during the influenza season

### Possible Barriers

### Strategies to Address Barriers

Hiring freezes or lack of staffing and resources

- Include the healthcare personnel (HCP) influenza immunization as a Quality Improvement measure for the facility
- Inform unit managers to hold staff accountable on each unit by submitting weekly updates to assist with data collection
- Infection Preventionists or Employee Health can create a spreadsheet with deadlines for follow up

Lack of follow up with staff who did not meet the facility's influenza immunization target

- Consider implementing consequences for staff who are non-compliant with submitting their influenza immunization documentation or with wearing a mask, if required (i.e. verbal/written warnings, badge suspension, etc.)
- Encourage discussion about the influenza campaign in staff meetings
- Assign influenza immunization champions to increase rates (e.g. staff such as CNAs, RNs, LVNs, Environmental Services, PT/OT, etc., can encourage their colleagues to become immunized)

Difficulty with obtaining documentation from licensed independent practitioners (i.e., some Skilled Nursing Facilities (SNFs) may not require influenza immunization as a condition of employment)

- Encourage staff to submit documentation for the immunization and offer an attestation form for staff who were unable to obtain documentation
- Obtain accurate denominator of physical staff in the SNF during the influenza season reporting period

Staff declining the immunization due to personal reasons (e.g., getting sick, not trusting the immunization, etc.)

- Implement mandatory in-services for staff who are declining the immunization to dispel myths

Lack of leadership involvement

- Obtain Medical Director/Administrator buy in to encourage the influenza immunization amongst staff (i.e. issuing a directive to all HCP of the requirement to be immunized, dates the immunization will become available (on-site if possible), and the immunization provided at no cost)

Lack of key messages or incentives provided by facilities

- Encourage the development of a slogan for your influenza campaign
- Consider providing flu stickers for staff who become immunized
- Encourage staff to provide incentives such as lunch for the unit with the most immunizations, raffle prizes, etc.

# Best Practices for HCW Influenza Vaccination

- **Support** from leadership.
- **Make it hard to say no.**
- Policy and procedures to keep staff **accountable.**
- Educate.
- Offer **incentives.**
- Track/monitor HCW vaccination.

## Opt-in vs opt-out consent processes



- **Opt-in:** “Do you want the vaccine?”
- **Opt-out:**
  - “Do you want your vaccine this week or next week?”
  - “Since this vaccine is recommended for you, you are scheduled to get the vaccine on (date), and you have the choice to decline protection prior to then.”

- Are both these methods **valid ways to obtain consent** for vaccines? Yes
- **What is legally required?** Provision of the EUA fact sheet or VIS (vaccine information statements) to the recipient and/or their medical decision maker.
- **Is a wet signature (written consent) legally required?** No. However, this is different from documenting verbal consent which depends on facility policy.

*Anecdote: Systematically practiced by at least 1 SNF in LA County with resounding success (close to 100% for both staff & residents)*



## Successful Strategies from LAC SNFs

- Communication:
  - Keep families informed via emailed.
  - Speak with families when they come to visit.
  - Call families on the phone.
- Preparation:
  - Contacted different pharmacies to see who would have the vaccine soonest.
- Younger residents were more hesitant:
  - Held a townhall to explain the risks and benefits.
  - Included therapists and counselors they were familiar with.
- Multiple offerings:
  - Not only offered multiple times, but also listened to their concerns and addressed them each time.
- When families are resistant, explain that COVID-19 has evolved and keeping their loved ones safe requires getting updated vaccines.
- Dedication, compassion, patience, and encouragement.
  - Having a conversation and making them feel heard.
  - Involving loved ones or a staff member they trust.
  - Reminding them that they live in a long-term care facility and respiratory viruses are circulating.
- Facility recommendation.
- Consent for COVID-19 vaccines upon admission with vaccine information sheets.
- Flyers around the building to encourage residents, their families, and staff to get the vaccine.
- Mass texting to staff to get COVID-19 and influenza vaccines for the safety of residents and themselves.
- Have vaccine on hand at all times.
- Explain the risks and benefits to residents, families, and staff.



## When to Administer the Winter Vaccines

- **COVID-19:** as soon as a person is eligible (please see CDC's [Interim Clinical Considerations](#) for details) and prior to the start of the winter respiratory virus season (usually starting in November, sometimes earlier).
- **Influenza:** prior to the start of the winter respiratory virus season, but even after October, individuals especially residing in or working in nursing homes should receive the influenza vaccine anytime during the season through April. See the CDC's recommendations for [Seasonal Influenza Vaccines](#).
- **RSV:** adults 60 and older may receive the RSV vaccine prior to the start of the winter respiratory virus season, which usually starts in October. Eligible individuals could continue to get the vaccine throughout the RSV season, which usually ends in April. See the CDC's recommendations for [RSV Vaccination in Adults over 60](#).

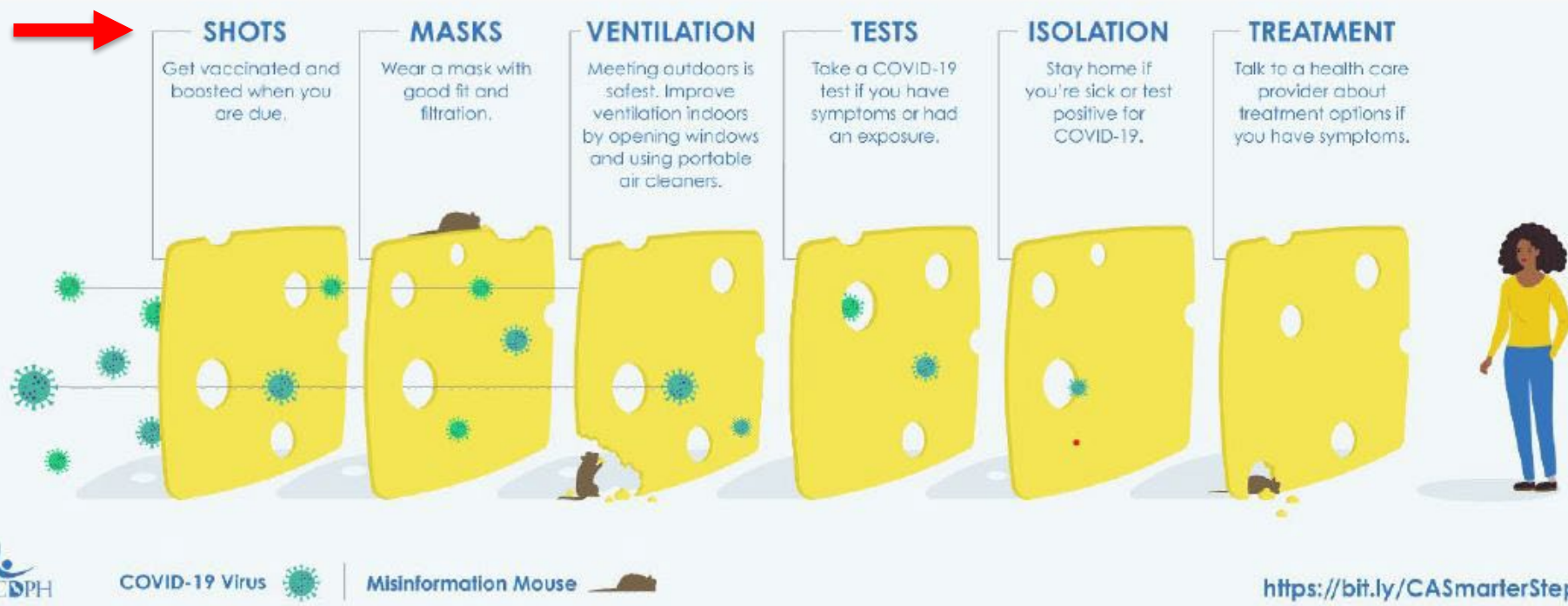
**COADMINISTRATION IS KEY!**



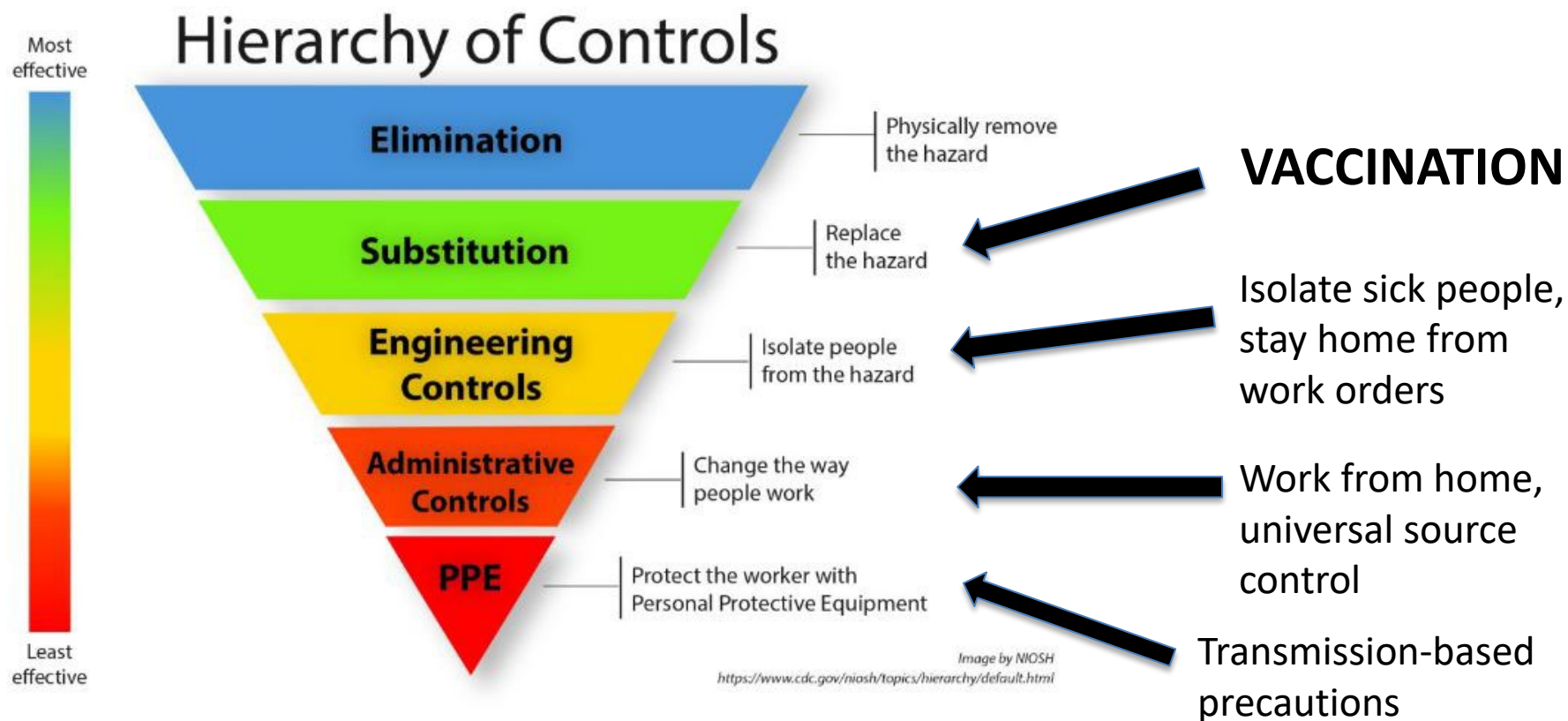
## Specifically for the Updated COVID-19 Vaccine

- Do not wait until 90 days have passed after a person was infected to administer the vaccine!
- The updated COVID-19 vaccine can be given **as soon as a person has come out of isolation or their symptoms have subsided.**
- We do not advise waiting because vaccination delays lead to more frequent transmission of COVID-19 to others.

# Healthcare Personnel (HCP) Vaccination and Source Control Masking Policies: Layered Approach to Preventing Respiratory Virus Transmission in Healthcare Settings



# Hierarchy of Controls



1. <https://www.cdc.gov/niosh/topics/hierarchy/default.html>





# Reporting Vaccine Administration





## Reporting into CAIR2

- Effective [January 1, 2023](#), all healthcare providers, including SNFs, are legally mandated to report ALL immunizations administered in their facility.
- Each facility needs to ensure they have the correct access to CAIR2 as providers, so either [enroll or change](#) your access.
- For more information and technical support, you can contact:
  - Your [local CAIR representative](#) (scroll down to CAIR2 Los Angeles region)
  - The [CAIR Helpdesk](#)
- Include your facility name, full address, and CAIR org ID
- You can view previous webinars on CAIR2 on our SNF home page: <http://publichealth.lacounty.gov/acd/SNF/index.htm>.



## NHSN Reporting: COVID-19 Vaccine Up to Date Status

- All CMS-certified SNFs in LAC are required to report every week to NHSN's LTCF COVID-19/Respiratory Pathogens Vaccination Module
  - Weekly reporting for resident **AND** healthcare personnel (staff) up to date COVID-19 vaccine data.
- As of 09/30/2024, if an individual has not received the 2024-2025 updated COVID-19 vaccine, they are not considered up to date with COVID-19 vaccines.
  - Your facility should report **zero (0)** up to date if no one has received the 2024-2025 updated COVID-19 vaccine after 09/30/2024.
- The 2023-2024 Pfizer-BioNTech and Moderna COVID-19 vaccines have been de-authorized.



# NHSN Survey Reporting Resources

- **NHSN LTCF Component:** <https://www.cdc.gov/nhsn/ltc/index.html>
  - Several resources for new users, trainings, LTCF manual, and Frequently Asked Questions (FAQs) on reporting components.
- **NHSN COVID-19/Respiratory Pathogens Module for LTCFs:** <https://www.cdc.gov/nhsn/ltc/covid19/index.html>
  - Information on LTCF COVID-19 Module enrollment, trainings (recordings and slides), upcoming webinars, data collection forms and instructions, facility CSV Import templates, as well as CMS requirements in the right pane of the webpage.
  - Also includes optional influenza and RSV surveillance and vaccine reporting.
- **NHSN Helpdesk:** <https://www.cdc.gov/nhsn/about-nhsn/helpdesk.html>
  - When emailing NHSN Helpdesk ([nhsn@cdc.gov](mailto:nhsn@cdc.gov)), please include in your subject line your SNF's NHSN Org ID and the LTCF COVID-19 Component item you are inquiring about, for example: "Enrollment" "NHSN Administrator Access" "COVID-19 Vaccination".
  - [NHSN-ServiceNow Customer Service Portal](#)
- **SAMs Help Desk:** [samshelp@cdc.gov](mailto:samshelp@cdc.gov) and phone 1-877-681-2901 (Select Option #5).
  - Assistance with NHSN platform login and access.
  - SAMs Help Desk (via phone and email) Monday–Friday, 8 a.m.–6 p.m. EST Excluding U.S. Federal Holidays.



# 2024-2025 SNF Honors Program

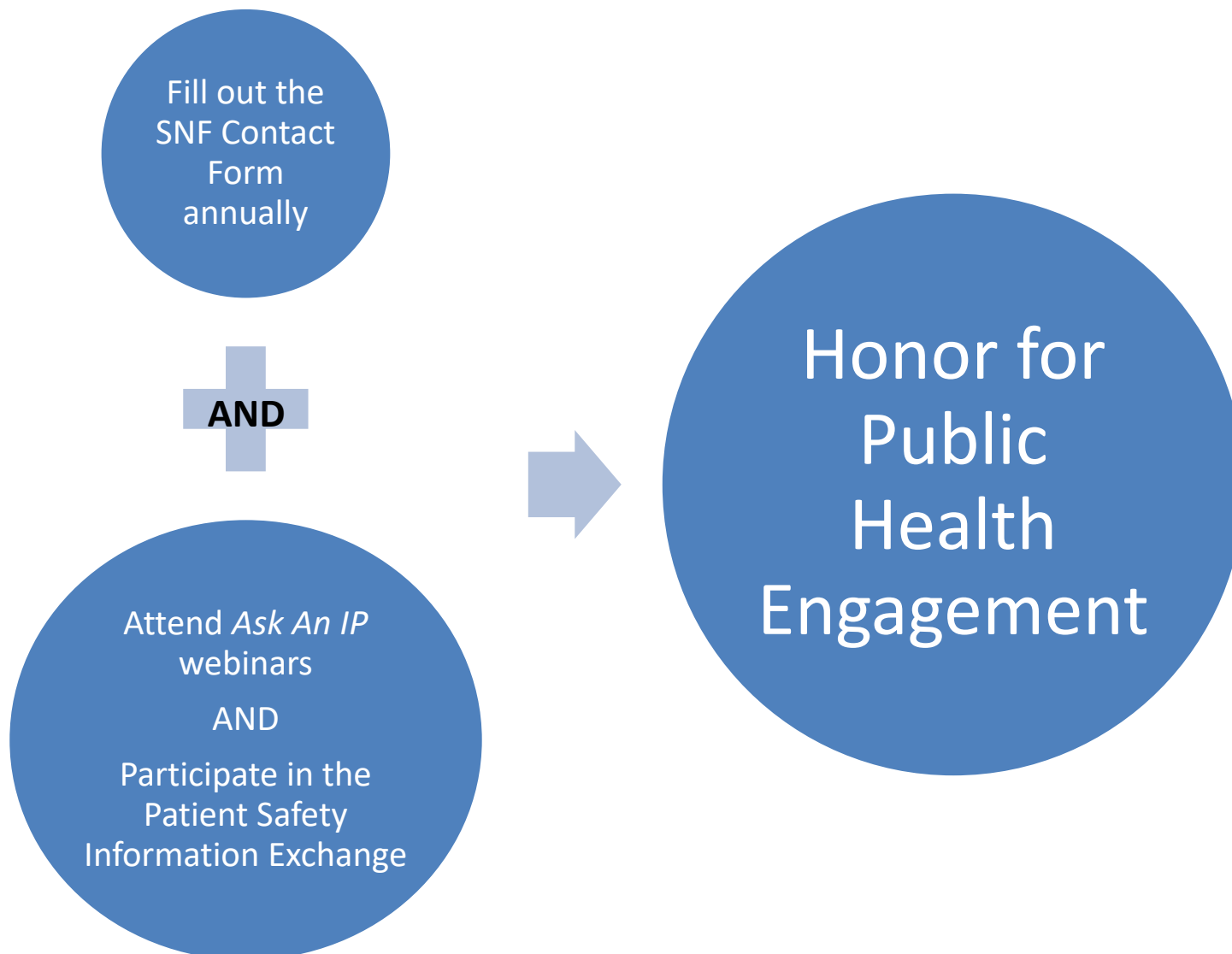




# Honors Categories

- Public Health Engagement
- Vaccination Coverage
- Infection Preventionist Professional Development
- Preventive Action

# Public Health Engagement





## Vaccination Coverage

Honor for achieving at least 2/3

Resident  
COVID-19  
vaccination  
rate  $\geq$  80%

Staff  
COVID-19  
vaccination  
rate  $\geq$  80%

Staff  
Influenza  
vaccination  
rate  $\geq$  90%





# Honor for Infection Preventionist Professional Development


- One IP with national certification from the Certification Board of Infection Control (CBIC).
  - a-IPC: Associate Infection Prevention and Control
  - LTC-CIP: Long-Term Care Certification in Infection Prevention
  - CIC: Certification in Infection Control
  - BCIDP: Board Certified Infectious Disease Pharmacist

**AND**

- One IP who has been working at the SNF for 1 year or more.

Both criteria do not need to be met by the same IP.

## Honor for Preventive Action for at least 2/4

- 
- Submit the NHSN Annual Survey.
  - Conduct 1 Infection Control Assessment and Response (ICAR) visit with LAC DPH's IP team.
  - Submit a filled out A3 form describing a quality assurance/performance improvement (QAPI) project.
  - Conduct 1 point prevalence screening (PPS) for multi-drug-resistant organisms (MDROs) in your SNF.



## Summary

- Vaccines, vaccines, vaccines!
  - The BEST way to prevent transmission.
  - The EASIEST way to prevent transmission.
  - The FASTEST way to prevent transmission.
  - The CHEAPEST way to prevent transmission.
- Consult LAC DPH!
  - Vaccine information, vaccine confidence, quality improvement, and infection prevention resources.



# Resources

- [LAC DPH SNF website](#)
- [Health Officer Order for Immunization or Mask during the winter season website](#)
- [COVID-19 dashboard](#)
- [COVID-19 Best Practices](#)
- [Influenza Best Practices](#)
- [Stay Up To Date with COVID-19 vaccines](#)
- [CAIR](#)
- [NHSN LTCF COVID-19/Respiratory Pathogens Vaccination Module](#)
- [ICAR website](#)
- [CDPH provider webinars and crucial conversations](#)
- [LAC DPH vaccines resource](#)
- For Uninsured/Underinsured: <https://www.vaccines.gov/>, or <https://www.vacunas.gov/>
- [LAC DPH COVID-19 Vaccine Facts for Residents and Families](#)
- [CDC Interim Clinical Considerations for COVID-19 Vaccine](#)
- [ACIP Recommendations for Influenza Vaccine](#)
- [CDC Recommendations RSV Vaccine for Adults Over 60](#)
- [Vaccine Office Hours HSAG and CALTCM registration](#)
- [HSAG website](#)

