

Update for Skilled Nursing Facilities:

Winter Surge Readiness: Improving COVID-19 Booster Coverage from the Field and Best Practices for Influenza Vaccination

November 18, 2022

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Los Angeles County Department of Public Health
Acute Communicable Disease Control Program



Disclosures

There is no commercial support for today's webinar.

Neither the speakers nor planners for today's webinar have disclosed any financial interests related to the content of the meeting.

This webinar is meant for skilled nursing facilities and is off the record. Reporters should log off now.



DISCLAIMER

- This is a rapidly evolving situation so the information being presented is current as of today (11/18/22), so we highly recommend that if you have questions after today you utilize the resources that we will review at the end of this presentation.



Presentation Agenda

- **COVID-19**
 - Local COVID-19 Trends
 - COVID-19 Fall 2022 (Bivalent) Booster Recommendations & Evidence
 - Current Fall 2022 Booster Trends Among LA County SNFs
 - Vaccine & Booster Resources for LA County SNFs
 - Best Practices from Top Performing SNFs
 - Vaccine & Bivalent Booster FAQs
 - Reporting on State (CDPH) & Federal (NHSN) Surveys
- **Influenza: Local Trends and Immunization**
- Q and A



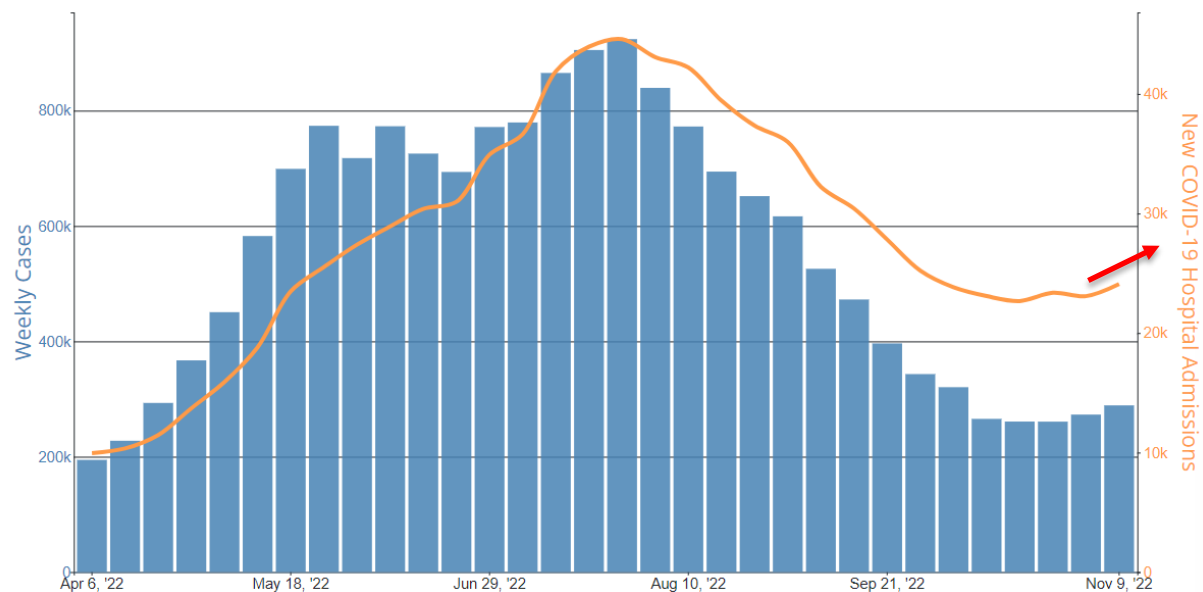
Local COVID-19 Trends



National & State Weekly Trends in COVID-19 Cases and Hospitalizations

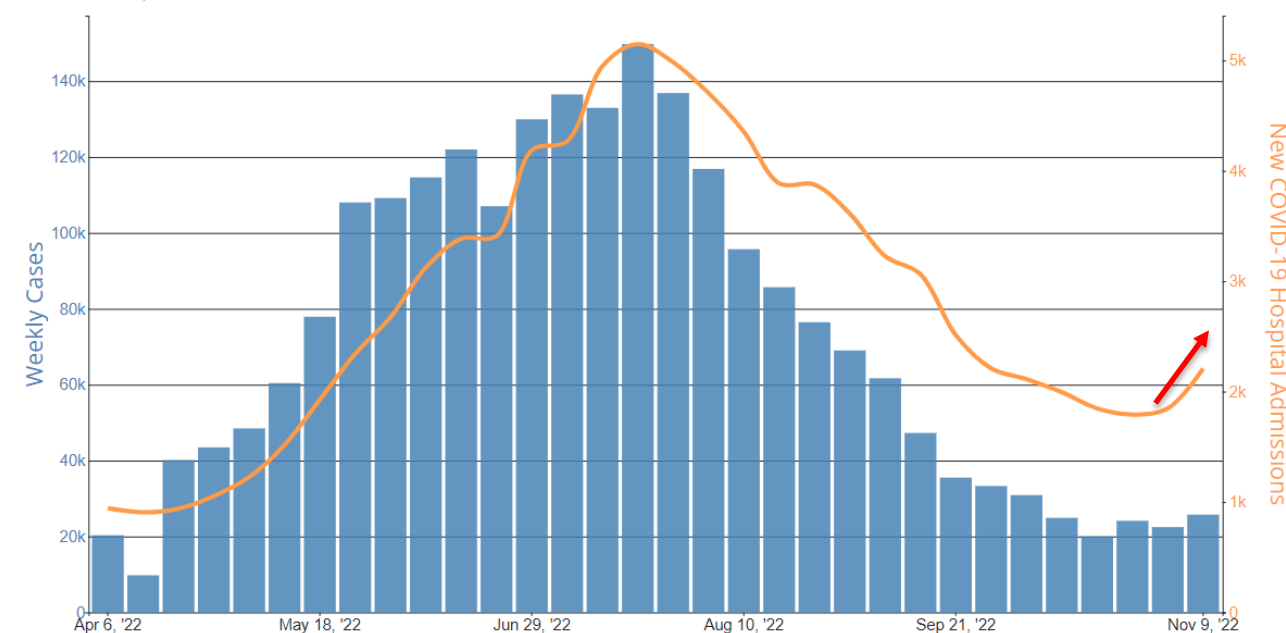
National Weekly Trends

Weekly Trends in Number of Cases and Number of New Patients Admitted to Hospital with Confirmed COVID-19 per Week in The United States Reported to CDC



California Weekly Trends

Weekly Trends in Number of Cases and Number of New Patients Admitted to Hospital with Confirmed COVID-19 per Week in California Reported to CDC

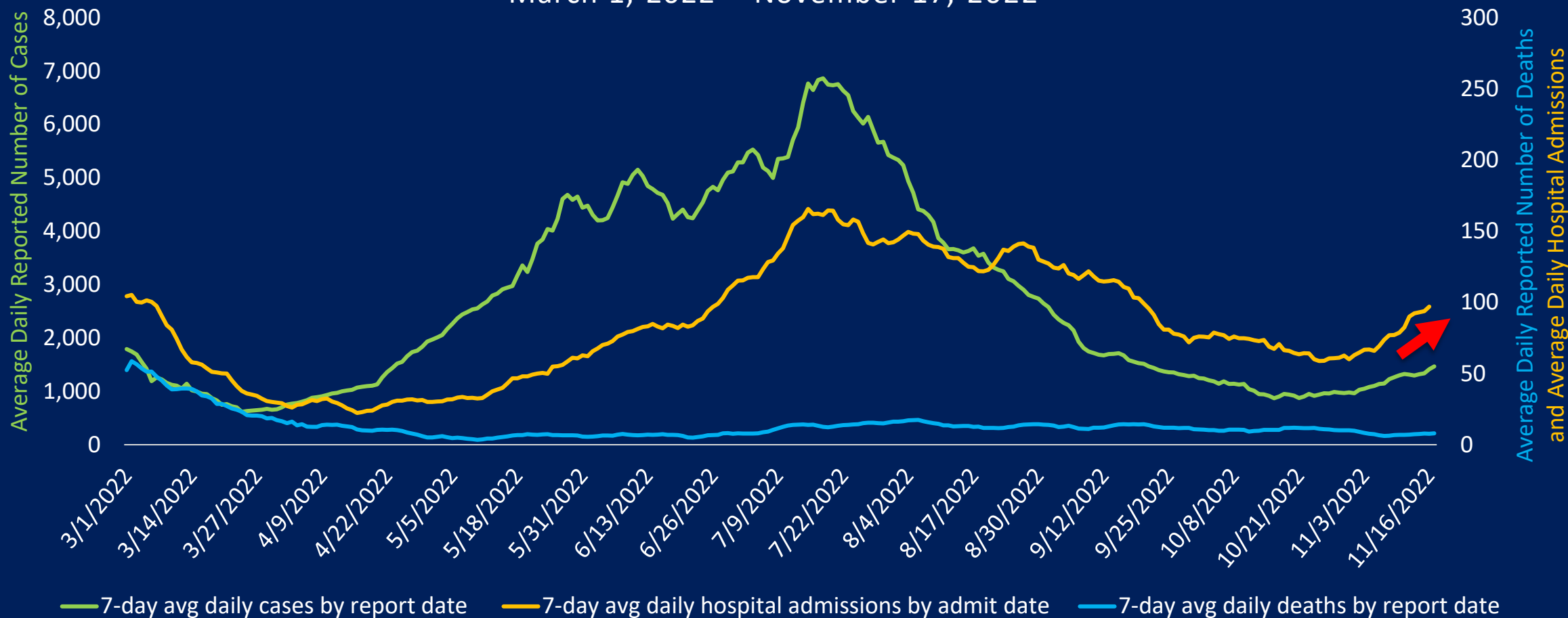


Winter is coming...



7-Day Average Daily COVID-19 Cases and Deaths by Report Date* and Daily Hospital Admissions by Admit Date

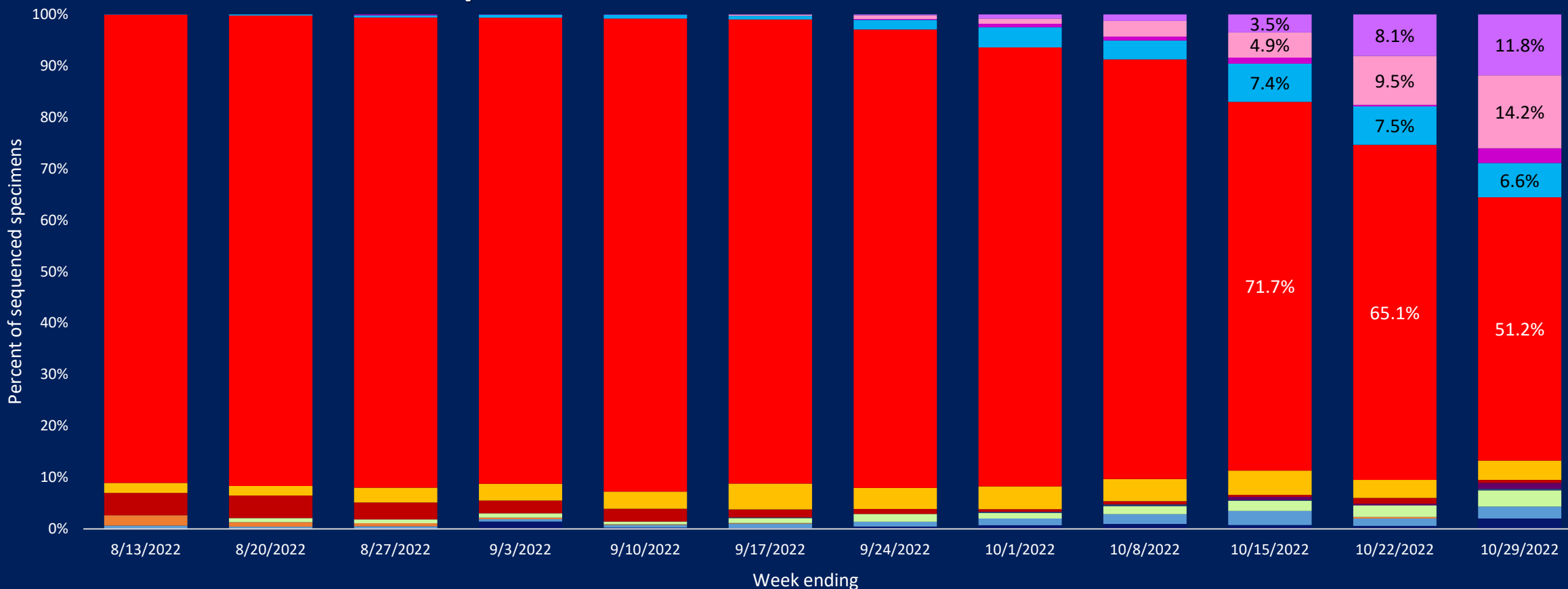
March 1, 2022 – November 17, 2022



*Case and death values include data from Long Beach and Pasadena.



SARS-CoV-2 Variants as a Percentage of All Specimens Sequenced for Baseline Variant Surveillance



- All other Omicron
- Omicron BA.2.75 (Excludes BA.2.75.2 and BN.1)
- Omicron BA.4 (Excludes BA.4.6)
- BF.7
- BQ.1.1
- Omicron BA.2 (Excludes BA.2.12.1 and BA.2.75 and BN.1)
- Omicron BA.2.75.2
- Omicron BA.4.6
- BA.5.2.6
- Omicron BA.2.12.1
- Omicron BN.1
- Omicron BA.5 (Excludes BF.7 and BA.5.2.6 and BQ.1 and BQ.1.1)
- BQ.1 (Excluding BQ.1.1)



COVID-19 Fall 2022 (Bivalent) Booster Recommendations & Evidence



What is the Fall 2022 COVID-19 Booster (aka updated booster, aka bivalent vaccine)?

- The authorized bivalent COVID-19 vaccines, or updated boosters, include
 - An mRNA component of the original strain *and*
 - An mRNA component in common between the omicron variant BA.4 and BA.5 lineages
- Provides a better protection that is broadly protective against many COVID-19 variants including omicron variants

Fall 2022 COVID-19 Booster Recommendations and Up-to-date Determination for 5yo+

COVID-19 Vaccination History	Time since last dose	Fall 2022 Booster Recommendation	Up-to-date status? †
Primary series* +/- monovalent booster dose(s)	Less than 2 months	Not yet eligible	Up to date
Primary series* +/- monovalent booster dose(s)	2 months or more	1 bivalent booster dose ASAP**	<ul style="list-style-type: none"> • If bivalent booster → Up to date • If no bivalent booster → Not up to date

*Primary series could be 1-3 doses depending on manufacturer type and immunocompromised status of the individual

** Although individuals of the general public with recent COVID infections *may consider* waiting 90 days/3 months for their next dose in a primary series or bivalent booster, Public Health strongly recommends nursing home residents and staff to resume primary series or get the bivalent booster as soon as isolation is discontinued. Based on CDC guidelines (<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#infection>).

†Regardless if individual is “compliant” with CDPH or LA County Health Officer Orders and regardless if they have exemptions



What evidence was reviewed?

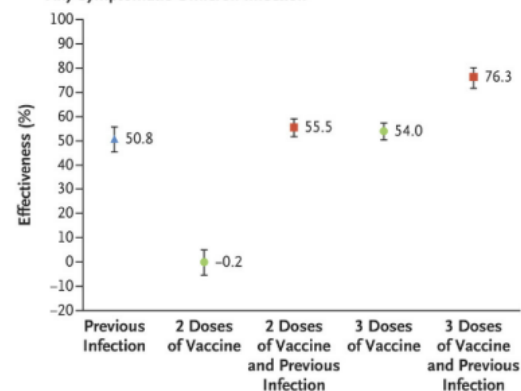
- Data from using COVID-19 mRNA vaccine technology for nearly 2 years and over 600 million doses in the US alone
 - Extensive vaccine effectiveness studies as well as robust post-authorization safety data across multiple platforms
- Clinical (human) data from bivalent COVID-19 vaccine formulations in >1700 persons
 - Studies from both manufacturers (Moderna and Pfizer) and National Institutes of Health (NIH)
 - >1400 persons received bivalent vaccines with Omicron component specifically
- Other fancy studies: antigenic cartography, antibody studies, modeling data

- **A LOT of evidence!!!**

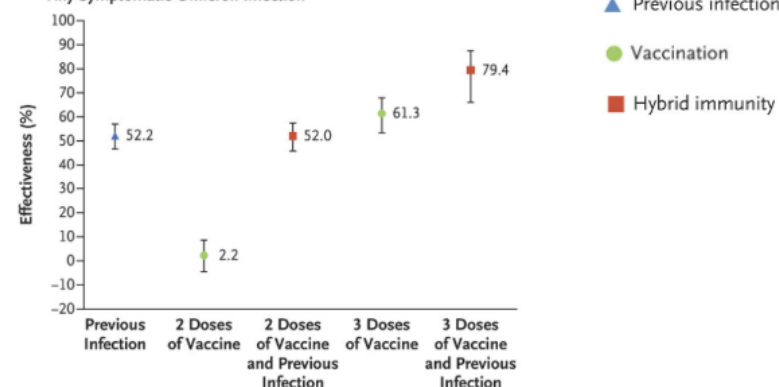
What if I've already had COVID-19 infection?

- Yes, you should still get the booster dose.
- Among residents of Qatar, vaccine effectiveness with 3 doses of Pfizer or Moderna COVID-19 vaccine showed **higher** effectiveness against symptomatic Omicron infection than previous SARS-CoV-2 infection alone

A Effectiveness of Previous Infection and BNT162b2 against Any Symptomatic Omicron Infection

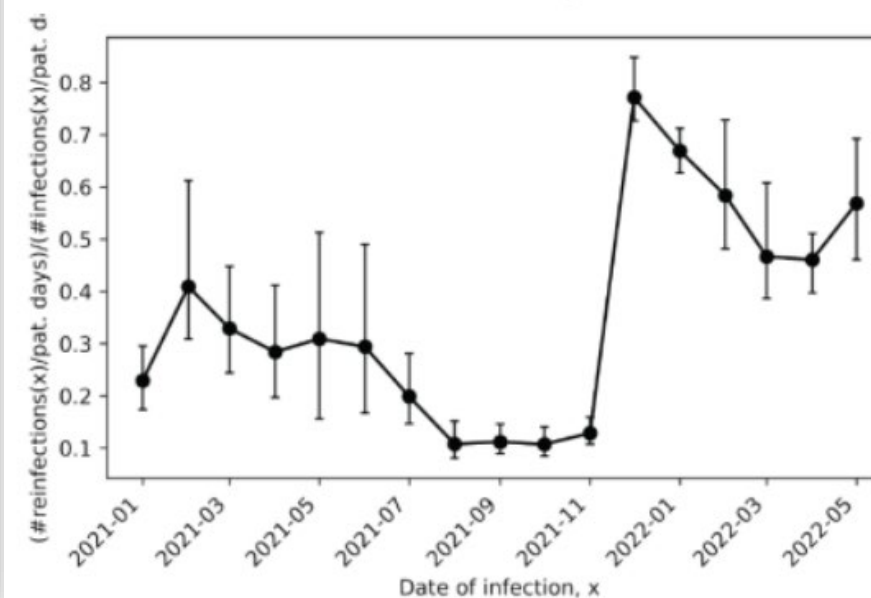


C Effectiveness of Previous Infection and mRNA-1273 against Any Symptomatic Omicron Infection



Altarawneh HN, Chemaitelly M, Ayoub HH, et al. Effects of Previous Infection and Vaccination on Symptomatic Omicron Infections. N Engl J Med 2022; 387:21-34

Relative risk of reinfection during each calendar month



- Omicron variant has shown to have high re-infection rates after a prior COVID infection, so it's even more important now to get a booster dose.

Science Brief: SARS-CoV-2 Infection-induced and Vaccine-induced Immunity: <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/vaccine-induced-immunity.html>
<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/08-COVID-Oliver-508.pdf>

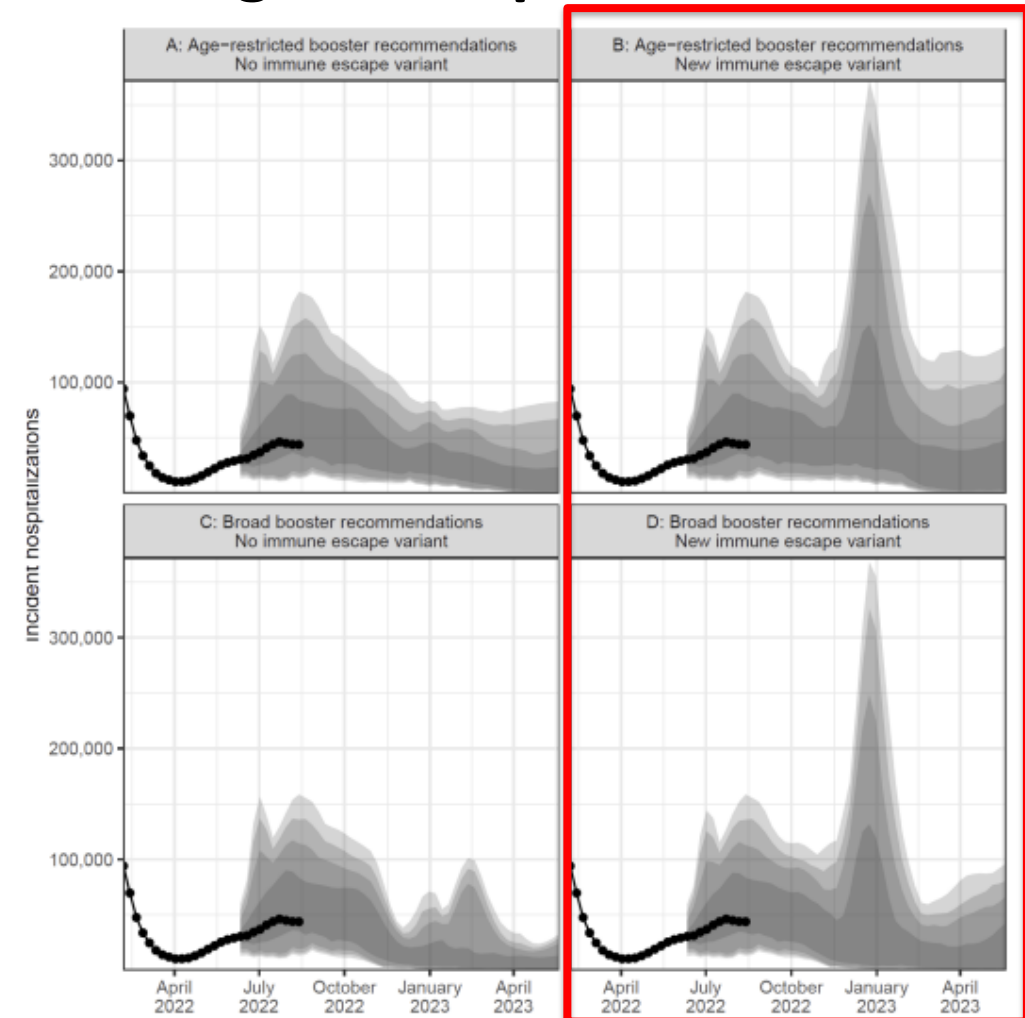
Do younger adults (<50 years old) really need to get the updated booster?

Round 14: National ensemble projection intervals - Hospitalizations

Round 14

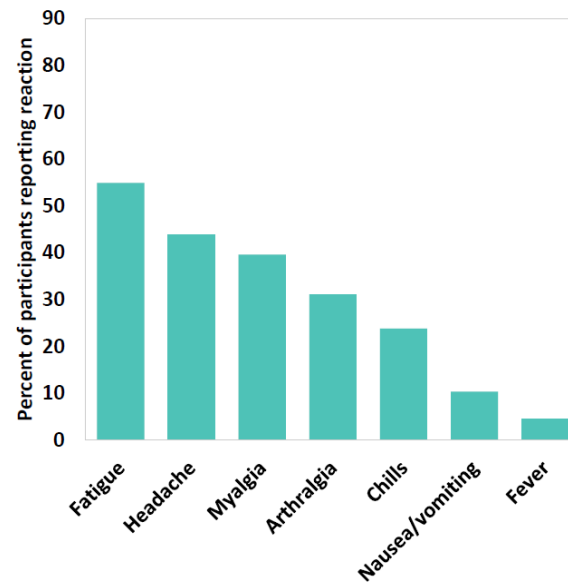
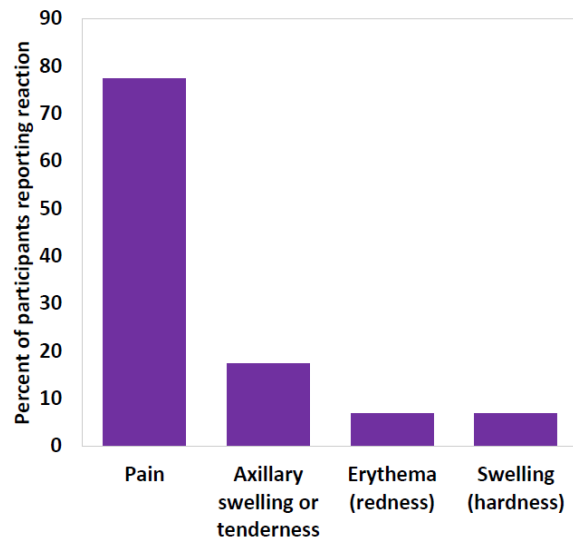
Regardless of presence of a new variant, flu-like vaccine uptake in individuals ages ≥ 18 years would lead to a **>20%** reduction in **hospitalizations** and **>15%** reduction in **deaths** versus a recommendation for individuals ages ≥ 50 years only

Takeaway: Get boosted to protect your families, coworkers, friends, and your residents.

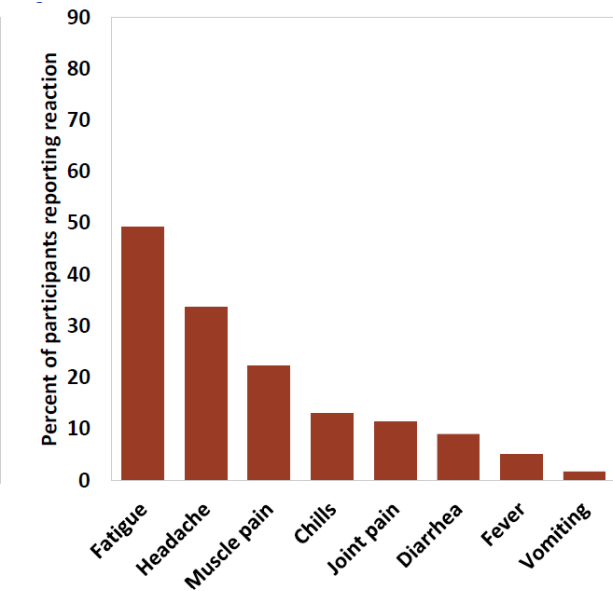
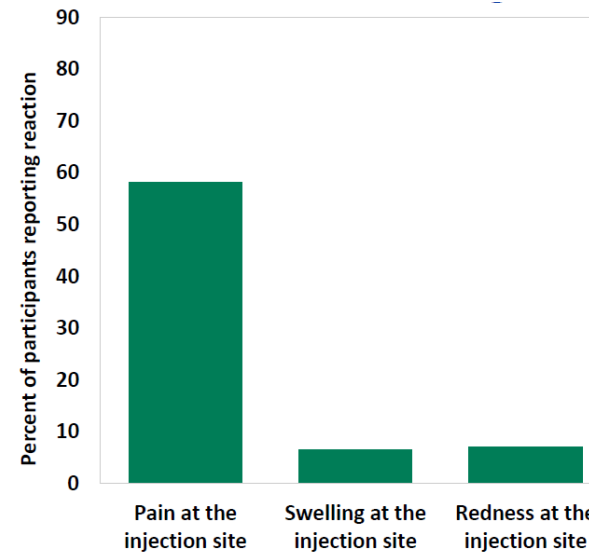


What about “side effects”?

- Post-vaccination symptoms (local and systemic reactogenicity) from updated bivalent booster are the **same** as the original monovalent vaccines
- Indicate the body is responding appropriately to the vaccine and are **expected**

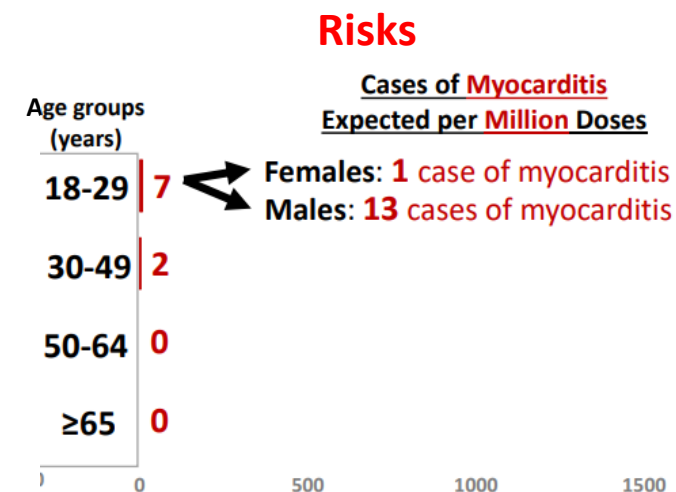
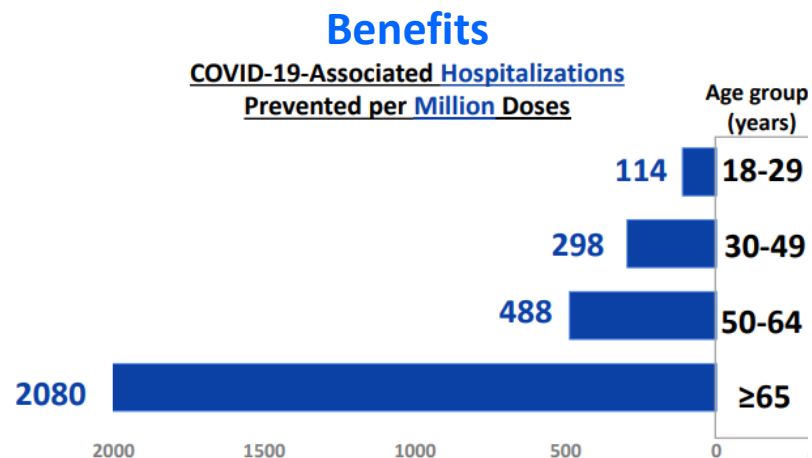


Moderna



Pfizer

Benefits of booster doses greatly outweigh risks



1. Scobie et al., COVID-NET, VISION, IVY Network

COVID-NET hospitalization rates from the week of August 21, 2021; Myocarditis rates from VAERS data through August 18, 2021

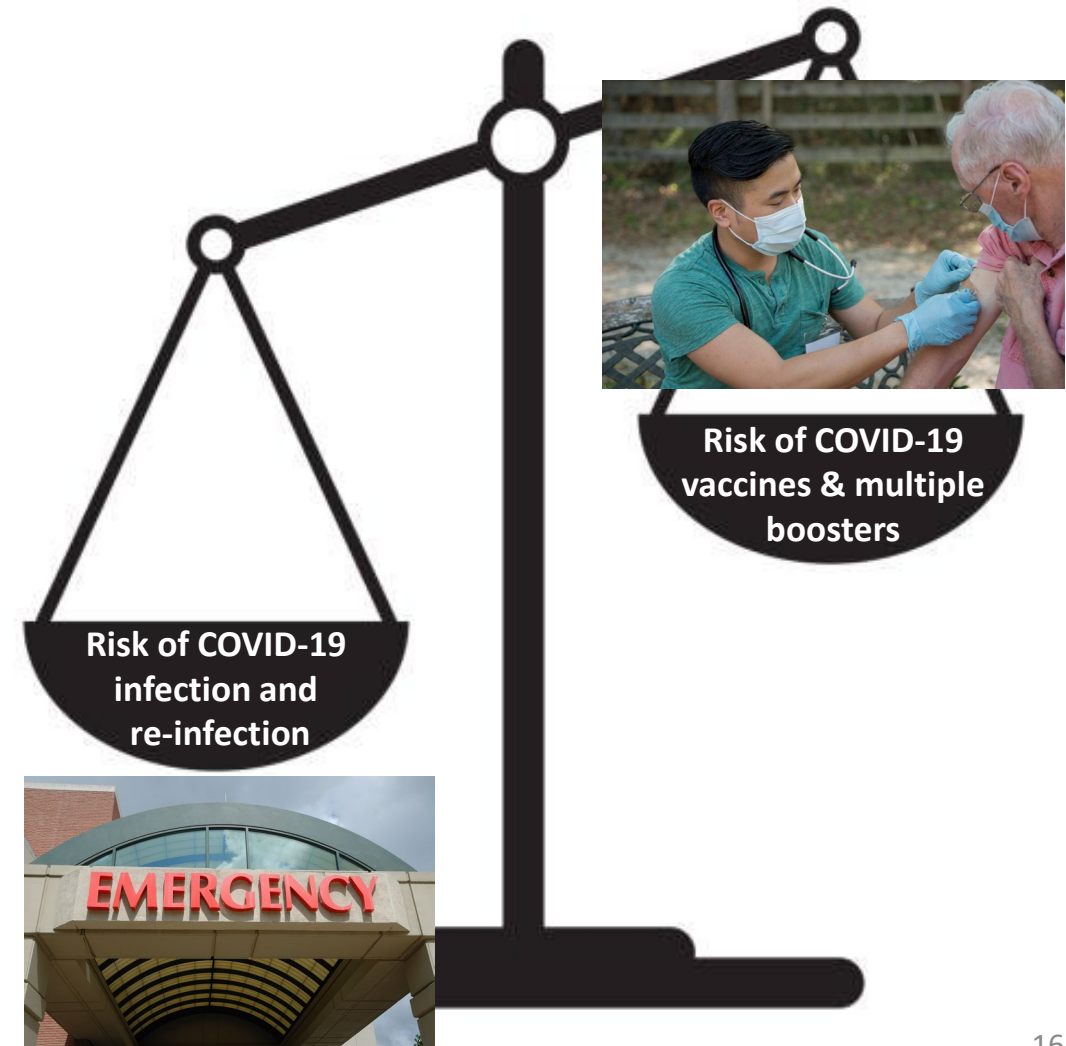
Are there long-term effects from the booster vaccine?

- **No concrete evidence of long-term effects from COVID-19 vaccines** after almost 2 years of use and after billions of people have received COVID-19 vaccines across many demographics

VS

- **Well documented long-term effects from COVID-19 infection for people of all ages**
 - Risk of adverse cardiac outcomes (myocarditis, pericarditis) were 1.8-5.6 times higher after SARS-CoV2 infection vs after Pfizer/Moderna COVID-19 vaccination even among highest risk group of males 12-17yo

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/08-COVID-Oliver-508.pdf>



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CDC

Safety Monitoring of Bivalent COVID-19 mRNA Vaccine Booster Doses Among Persons Aged ≥ 12 Years — United States, August 31–October 23, 2022

Weekly / November 4, 2022 / 71(44);1401–1406

https://www.cdc.gov/mmwr/volumes/71/wr/mm7144a3.htm?s_cid=mm7144a3_w#T1_down

Key takeaway: Data shows that adverse events reported after a bivalent vaccine dose appear consistent with those reported after a monovalent booster and are less common and less serious than health impacts associated with COVID-19 illness.



CDC

Effectiveness of a Second COVID-19 Vaccine Booster Dose Against Infection, Hospitalization, or Death Among Nursing Home Residents — 19 States, March 29–July 25, 2022

Weekly / September 30, 2022 / 71(39):1235–1238

https://www.cdc.gov/mmwr/volumes/71/wr/mm7139a2.htm?s_cid=mm7139a2_w

Key takeaway: Data from 196 U.S. nursing homes showed being up to date* with COVID-19 booster doses was 26% effective against infection, 74% effective against severe outcomes (hospitalization, death) and 90% effective against death alone compared with only 1 booster dose during March 29–June 15, 2022.

* Up to date during this period = 2nd monovalent booster dose when eligible >4 months after first booster.

TABLE 2. Estimated vaccine effectiveness* of a second COVID-19 vaccine booster dose relative to a first booster dose only, for four COVID-19–related outcomes in nursing home residents — 196 nursing homes, 19 states, † March, 29–July 25, 2022



Outcome	Cumulative incidence [§]		Risk difference (per 1,000 residents)	Vaccine effectiveness % (95% CI)**
	Controls [¶] (n = 1,902)	Second booster dose recipients (n = 1,902)		
SARS-CoV-2 infection ^{††}	101	75	-26	25.8 (1.2 to 44.3)
Hospitalization ^{§§}	9	3	-5	60.1 (-18.8 to 91.5)
Death ^{¶¶}	8	1	-7	89.6 (45.0 to 100.0)
Severe outcomes ^{***}	16	4	-12	73.9 (36.1 to 92.2)

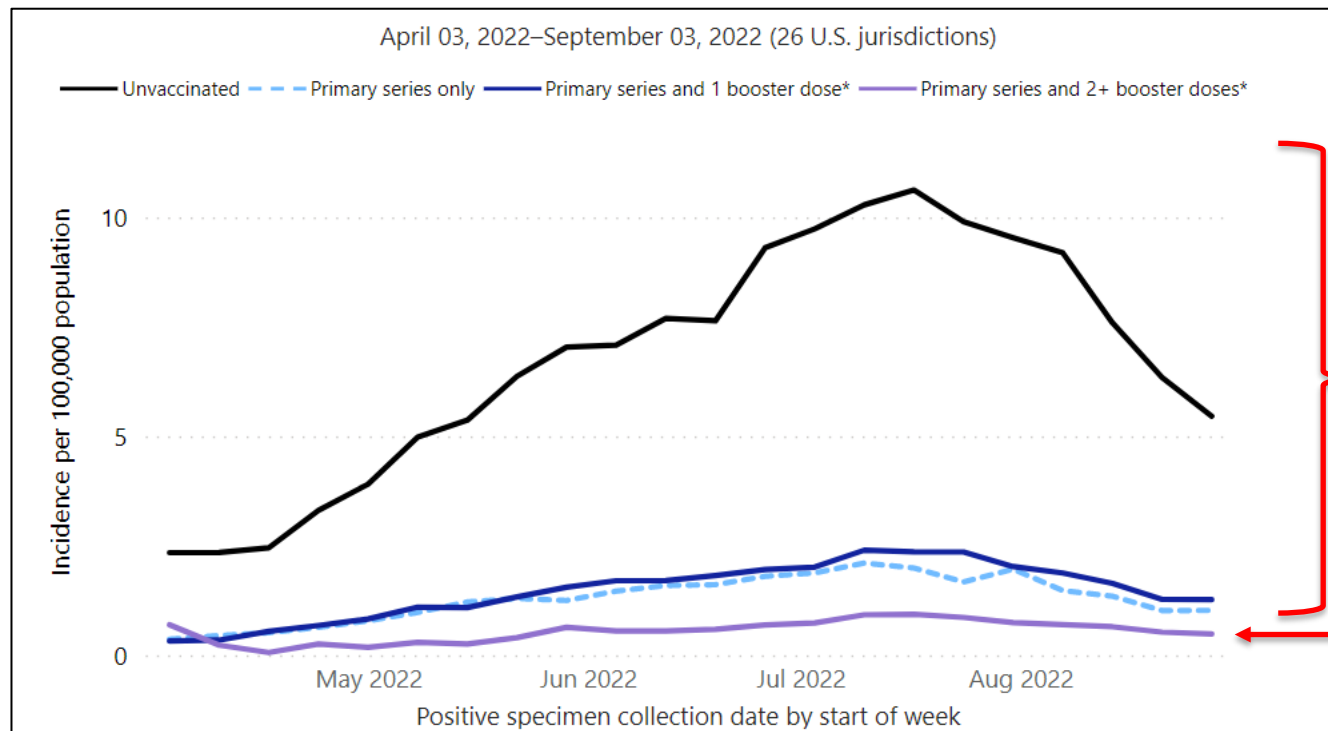
Booster effectiveness was significant regardless of:

- Prior COVID-19 infection history
- Immunosuppressive conditions
- DNR orders
- Acute hospitalization in prior 90 days
- Time since last COVID-19 vaccination
- Length of stay in SNF
- Age
- Comorbidities

Rates of COVID-19 Deaths by Vaccination Status in 50+ Years

Up to date from April thru August 2022 = 2nd (monovalent) booster dose for 65+ and 50+ with underlying conditions

<https://www.cdc.gov/media/releases/2022/s0328-covid-19-boosters.html>



NOT up to date

Up to date

In August 2022, among people ages 50 years and older, unvaccinated people had:

12X

Risk of Dying from COVID-19

compared to people vaccinated with a primary series and two or more booster doses.*

Among people ages 50 years and older, vaccinated people with a primary series and one booster dose had:

3X

Risk of Dying from COVID-19

compared to people vaccinated with a primary series and two or more booster doses.*

Source: CDC COVID-19 Response, Epidemiology Task Force, Surveillance & Analytics Team, Vaccine Breakthrough Unit

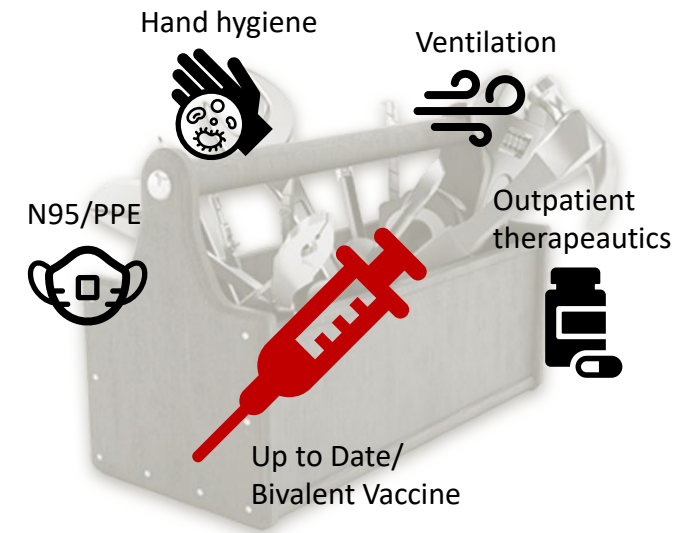
Accessed online:
<https://covid.cdc.gov/covid-data-tracker/#rates-by-vaccine-status>

Keeping UP TO DATE with vaccination is our best tool against COVID-19

	Winter Surge 2020-21 Peak	Winter Surge 2021-22 Peak
COVID Hospitalization Rate per 100,000 *	29.4	13.0
COVID Case Fatality Ratio per 100,000 *	25.3	6.3
COVID Mortality Rate per 1000 †	7.4	1.1
Other Mortality Rate per 1000 †	5.9	3.2
Mortality Rate Ratio (COVID vs Other) †	1.2	0.4

Post-vaccine era in LA County SNFs:

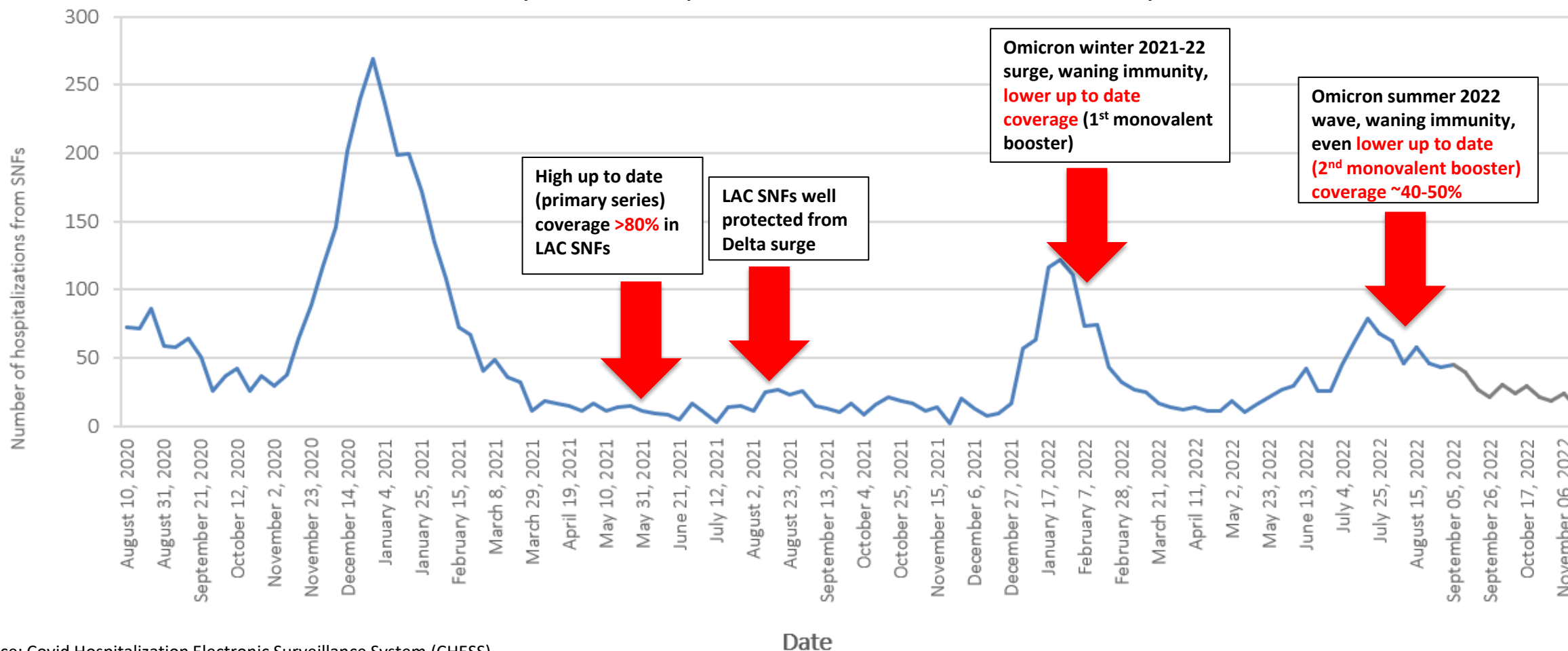
- Chances of getting **hospitalized** with COVID among those infected are **less than HALF (1/2)** of pre-vaccine era
- Chances of **dying** with COVID among those infected are only a **QUARTER (1/4)** of pre-vaccine era



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High up to date COVID-19 vaccination coverage impacts hospitalizations

Weekly COVID Hospitalizations from SNFs in LA County

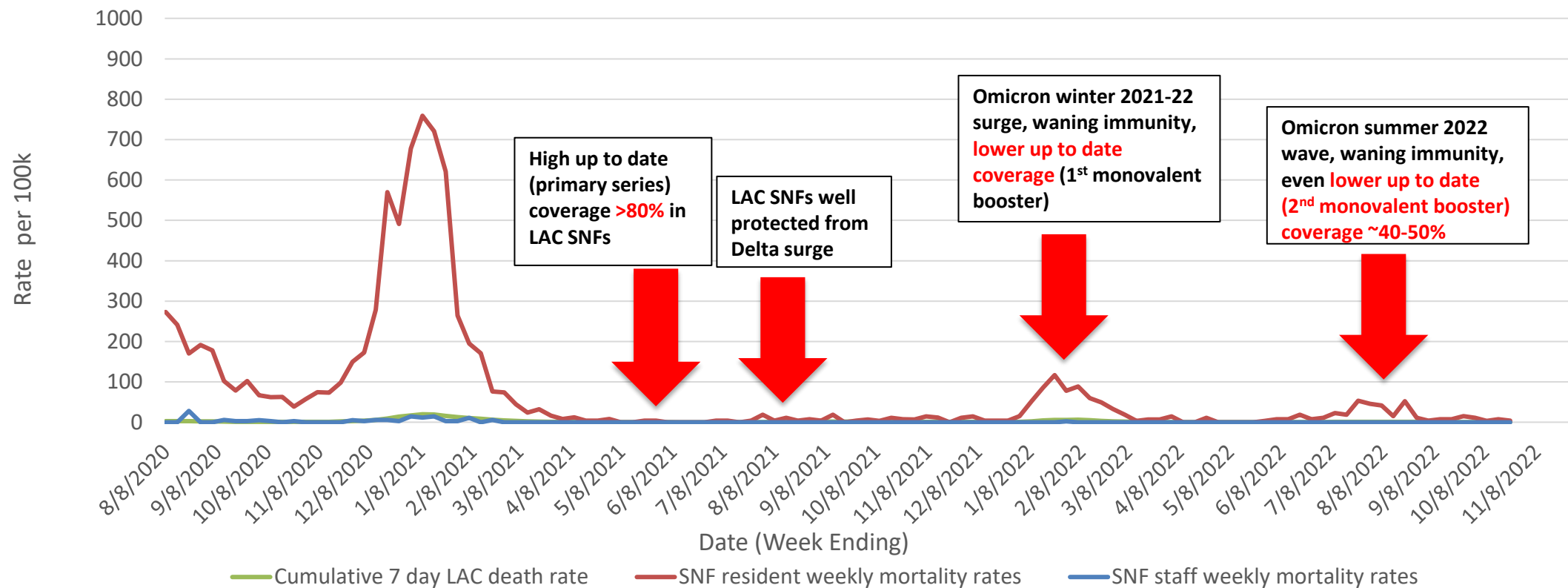


Source: Covid Hospitalization Electronic Surveillance System (CHES)

Gray shading indicates trend may be impacted by a lag in data reporting

High up to date COVID-19 vaccination coverage impacts mortality (deaths)

COVID-19 Mortality Rates Among SNF Residents and Staff Compared with the General LA County Population



^ Seven-day cumulative crude Los Angeles County (LAC) death rates are sourced from IRIS database case date of death, and data are reported from Aug 2, 2020 through Oct 23, 2022. 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 are sourced from the self-reported CDPH 123 daily & weekly survey and data are reported from Aug 2, 2020 through Oct 23, 2022. Dates reflect the date the death was reported to the individual or facility. The population rate is per 100,000 and sourced from 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**. Deaths may be undercounted in the SNF daily survey data because the CDPH survey definition differs from the definition used by the LAC DPH death team to attribute deaths to COVID in IRIS. This analysis includes data reported by 341 SNFs on the CDPH 123 daily survey.

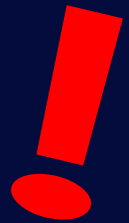


Current Fall 2022 Booster Trends Among LA County SNFs



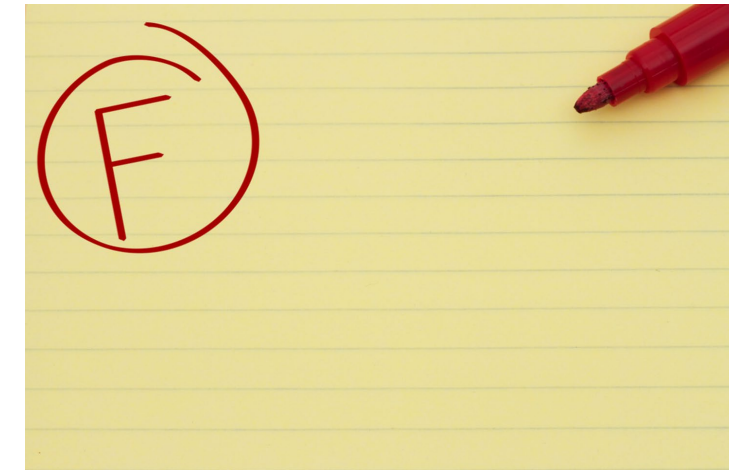
Bivalent booster doses administered and eligibility by age groups among Los Angeles County residents age 5+ based on data as of 11/06/2022

Age Group	Number of individuals who are eligible for a bivalent booster dose	Number (%) of individuals who are eligible and received at least one bivalent booster dose within the eligible period
5-11	314,498	12,874 (4%)
12-17	601,856	29,643 (5%)
18-29	1,335,335	81,069 (6%)
30-49	2,300,371	240,147 (10%)
50-64	1,648,898	248,610 (15%)
65+	1,267,928	313,947 (25%)
Total 5+ years of age	7,468,886	926,290 (12%)



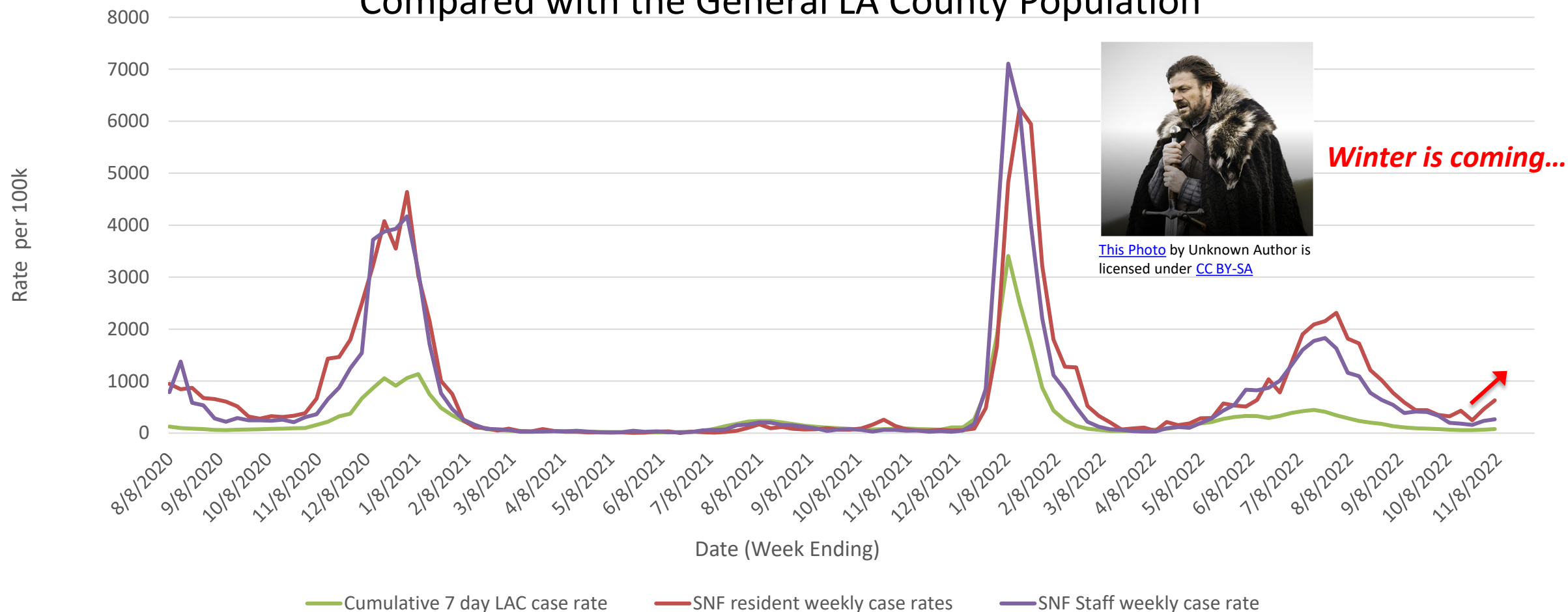
Current Fall 2022 (Bivalent) Booster Coverage Among LA County SNF Residents/Staff

- Only **50%** of all residents and **38%** of all staff in LA County SNFs have received the Fall 2022 (bivalent) booster
 - Assuming up to date = received fall 2022 (bivalent) booster
 - Pulled from *your* self-reported data to mandatory CDPH 123 Weekly Survey
- Actual (true) bivalent booster coverage may be lower...
 - Residents: closer to 35%?
 - Staff: closer to 10-15%?
- **GOAL? 80% for both staff and residents**



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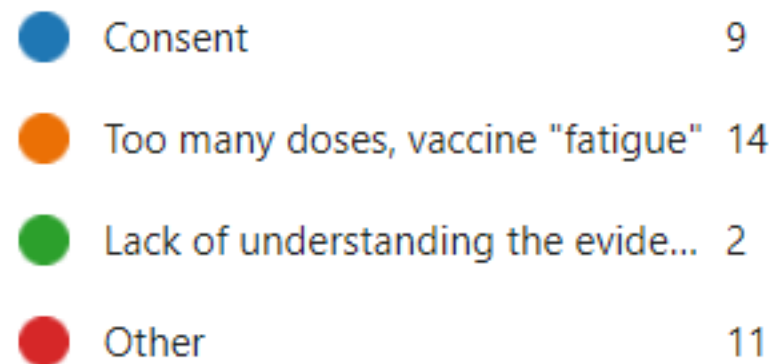
COVID-19 Case Rates Among Skilled Nursing Facility (SNF) Residents and Staff Compared with the General LA County Population



^ Seven-day cumulative crude Los Angeles County (LAC) case rates are sourced from IRIS database case episode date, and data are reported from Aug 2, 2020 through Nov 06, 2022. 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.

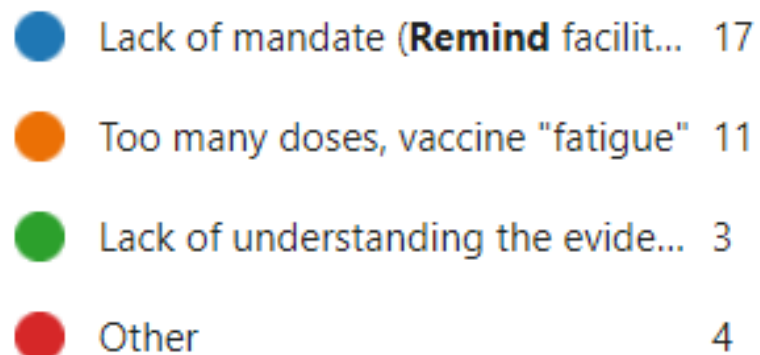
* Weekly crude SNF case rates are sourced from the self-reported CDPH 123 weekly survey and data are reported from Aug 2, 2020 through Nov 06, 2022 for SNF residents and staff. Dates reflect the date the positive result was reported to the individual or facility. The population rate is per 100,000 and 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**. This analysis includes data reported by 319 SNFs on the CDPH 123 weekly survey.

Audience Question: What are the major challenges with getting more RESIDENTS up to date with the bivalent booster?



n = 41 SNFs in LA County

Audience Question: What are the major challenges with getting more STAFF up to date with the bivalent booster?



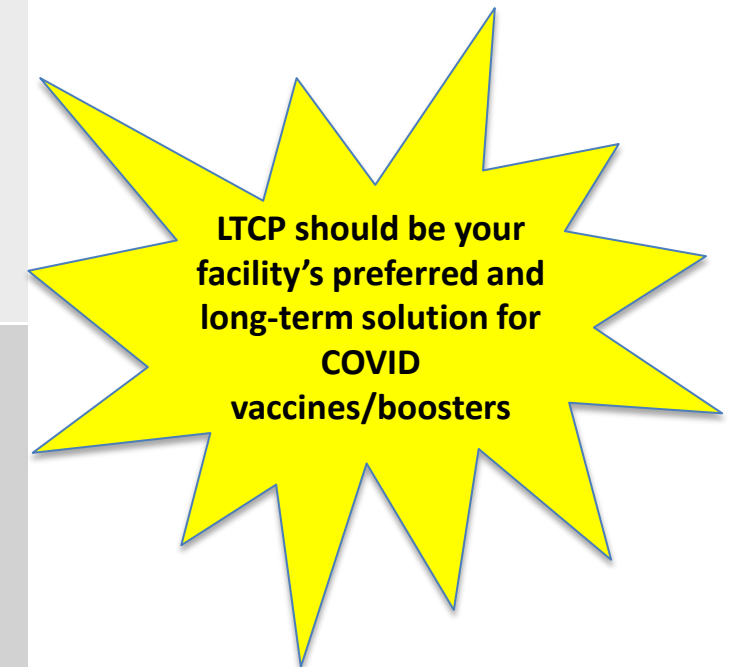
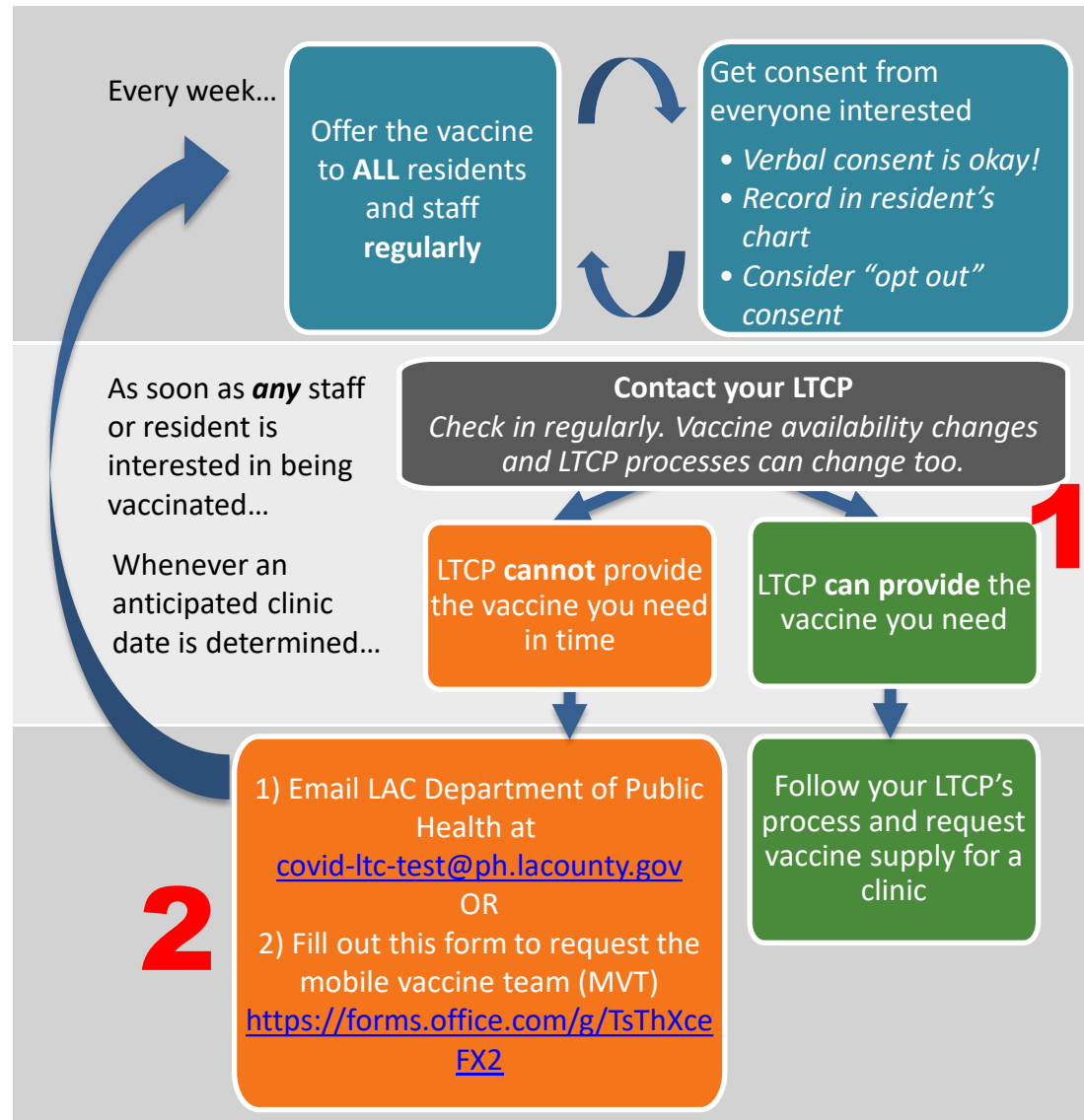
n = 41 SNFs in LA County



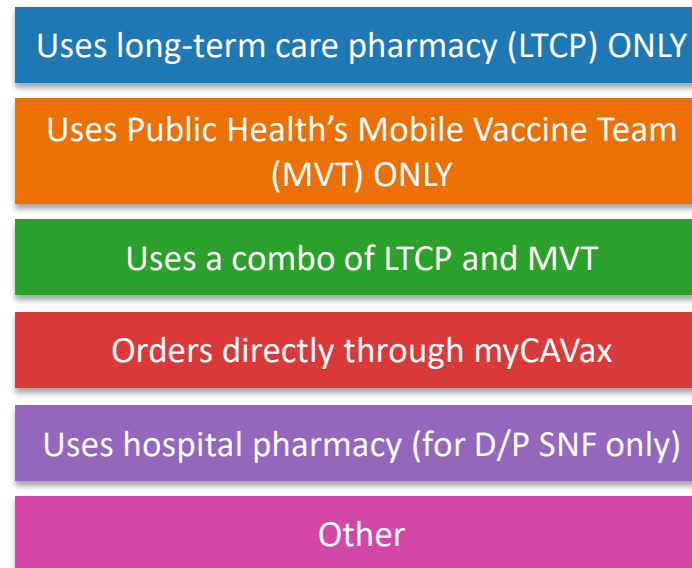
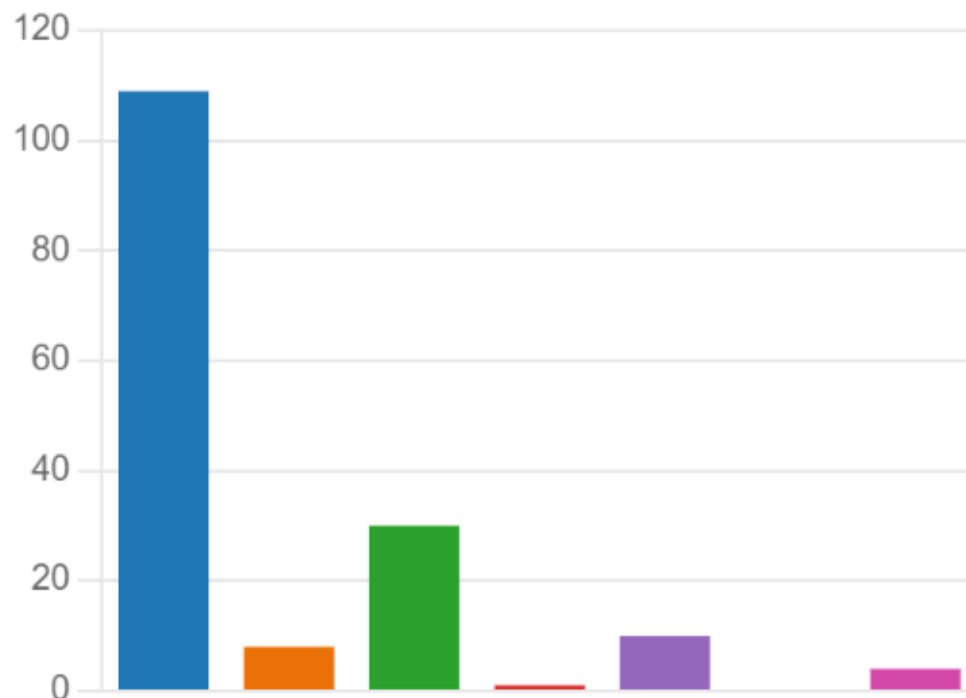
Vaccine & Booster Resources for LA County SNFs



Best Practices for COVID-19 Vaccination & Booster Programs at SNFs



Audience Question: How has your facility been typically accessing COVID-19 vaccines and booster doses?



n = 162 SNFs in LA County

COVID Vaccine/Booster Access for SNFs: Long-term care pharmacies

- 1** • Facilities must have a permanent solution for COVID vaccine clinics through a **long-term care pharmacy (LTCP)**
 - 2** • Public Health's Mobile Vaccine Team (**MVT**) is a limited and temporary resource, should only be a back-up when needed.
- Many LTCPs have COVID vaccines including both Pfizer and Moderna mRNA bivalent vaccines.
 - If the facility's current LTCP does not supply COVID vaccines you need OR their process is not a good fit for your facility, Public Health can help find a different LTCP that is a better fit: covid-ltc-test@ph.lacounty.gov



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Benefits and Best Practices for working with your LTCPs

Benefits

- Flexibility
- Most LTCPs complete mandatory reporting to CAIR
- Maintain good relationship with LTCP
- Long-term and sustainable
- Higher vaccine/booster coverage rates
- No minimum dose requirements

Best practices

- Regularly communicate/check in with your LTCP
 - Processes change
 - Vaccine availability changes

FAQs, Posters, Flyers in Multiple Languages

PROTECT YOUR STAFF AND RESIDENTS WITH UPDATED COVID-19 VACCINES

Updated COVID vaccines are here for everyone 5 or older to help protect against Omicron.

It doesn't matter which COVID vaccine you got or how many boosters you've already gotten.

Get your updated vaccine 2 months after last dose.

Find updated vaccines near you:

- ▶ Visit vaccines.gov
- ▶ Text your ZIP code to 438829
- ▶ Call 1-800-232-0233

EN ESTOS TIEMPOS, TODOS BUSCAMOS REVITALIZARNOS

REVITALICE SU SALUD FÍSICA

REVITALICE SU SALUD SOCIAL

REVITALICE SU SALUD MENTAL

Las vacunas contra el COVID-19 funcionan muy bien para prevenir una enfermedad grave, la hospitalización y la muerte. Las vacunas de refuerzo son dosis adicionales que ayudan a maximizar su protección contra el COVID-19.

Se recomienda una dosis de refuerzo actualizada para todas las personas de 5 años o más al menos 2 meses después de completar la serie principal de vacunas contra el COVID-19 o de recibir cualquier dosis de refuerzo. Las vacunas y los refuerzos contra el COVID-19 son seguros, efectivos y gratuitos. **NO ESPERE, ¡VACÚNESE!**

Tres maneras de localizar vacunas cerca de usted:

- ✓ Visite vaccines.gov para localizar una clínica sin cita previa.
- ✓ Haga una cita en [My Turn](https://myturn.ca.gov) (myturn.ca.gov) o llame al (833) 422-4255.
- ✓ Consulte a su doctor, enfermera o farmacia.

REVITALICE SU SALUD.

PÓNGASE EL REFUERZO DE LA VACUNA CONTRA EL COVID-19 HOY MISMO.

California Department of Public Health | Immunization Branch
IMM-1416S (10/22)

长期看护设施的所有人都需要针对流感和新冠的保护!

流感和新冠可危及生命

- 患者和医务人员相互依靠，防范流感和新冠导致的重病、住院和死亡

做好自身和周围人群的防护

- 完成新冠疫苗接种，获得推荐的加强针
- 接种每年流感疫苗
- 可以在同一天接种新冠和流感疫苗

请前往以下地点接种流感和新冠疫苗:

IMM-1413 (5/22) - Chinese (Simplified)

COVID-19 Vaccines - Frequently Asked Questions BOOSTER DOSES

To view these and other vaccine FAQs online, visit the [COVID-19 vaccine webpage](#).

Why are COVID-19 vaccine booster doses important?

Booster doses are used for many different vaccines to provide continued protection against severe disease. The [COVID-19 vaccines continue to work well](#) at protecting people from severe disease. Over time, however, the level of this protection can weaken. Getting a COVID-19 vaccine booster is important because it strengthens your immunity. This gives you better protection from getting seriously ill, being hospitalized, and even dying.

Get the booster dose that is recommended for you (see below).

What is an updated COVID-19 booster?

This fall, the updated (bivalent) boosters have replaced the original (monovalent) boosters. They are also known as the fall 2022 boosters.

These updated fall Pfizer and Moderna boosters contain the same basic ingredients as the original vaccines but have been updated to target the most recent Omicron subvariants (BA.4 and BA.5) as well as the original strain of the COVID-19 virus. The BA.4 and BA.5 subvariants cause most of the current cases of COVID-19 in California. They are more contagious than earlier strains.

These updated fall boosters can both help restore protection that has decreased over time and can provide broader protection against newer variants.

Who should get a COVID-19 booster dose?

Everyone 5 and older should get one fall updated (bivalent) booster at least 2 months after their last COVID-19 vaccine dose (either the final primary series dose or the last monovalent booster). This is regardless of how many boosters or which type of vaccine(s) they got in the past.

- People age 6 and older can get either a Pfizer or Moderna fall booster.
- Children age 5 can only get the Pfizer fall booster.

Note: Children ages 11 and under get a lower dose of the updated booster than teens and adults

There are no booster doses authorized for children ages 6 months-4 years of age

Alternative booster option for certain people ages 18 and older

People ages 18 and older can receive a Novavax (monovalent) vaccine as a booster instead of getting the recommended updated Pfizer or Moderna booster if they meet all of the following criteria:

1. They are unable or unwilling to receive an updated booster (for instance, if they are severely allergic to the Pfizer and Moderna mRNA vaccines); AND
2. They have completed primary series vaccination; AND
3. They have never had a booster before.

Los Angeles County Department of Public Health
VaccinateLACounty.com
10/24/22 COVID-19 Vaccine FAQs – Boosters (English)

Look for links in Resources slide at end of presentation AND in emails sent out to every SNF in LA County.



Best Practices from Top Performing SNFs



Best Practices from Top Performing Nursing Homes in LA County (A)

- Large SNF: 350 employees + 15 contractors; 240 resident census.
- Predominantly Armenian population with baseline low vaccine confidence
- Bivalent booster coverage: 93% residents

Best practices

- Advanced written consent
- Regularly scheduled vaccine clinics every 1-2 weeks at the same location and time
- Confident & consistent messaging: “I got it, the DON got it, the DSD got it, we are still alive and healthy”
- Use evidence from own outbreaks: vaccination → shorter outbreaks
- Staff incentives part of facility policy
- Strong leadership, strong IP team (11+ certified IPs) → STRONG RAPPORT WITH RESIDENTS & STAFF

Best Practices from Top Performing Nursing Homes in LA County (B)

- Psych/behavioral SNF with resident census 120
- Bivalent booster coverage: 99%

Best practices

- Established process for residents with public guardians: mail consents
- Clinical staff educates family and obtain consents
- Utilizes flyers to help talk about influenza and COVID boosters
- Offered MVT but chose to hold own clinics with LTCP
 - MVT preferred to hold vaccine clinic in parking lot
 - LTCP: process using pre-filled syringes

Best Practices from Top Performing Nursing Homes in LA County (C)

Best practices

- Made it a celebratory event
 - Portable cart decorated with balloons, posters, stuffed toys, speaker playing music
 - Handed out chocolate, candy, funny stickers to people who got their booster
- Building rapport pays off: unvaccinated residents finally received primary series recently!
- Teamwork from every department head/supervisor
- Offer frequent clinics at different times to cover daytime, evening, overnight shifts

Best Practices from Top Performing Nursing Homes in LA County (D)

Best practices

- Evidence from own facility: no outbreaks
- Advised staff to download CDC app, follow CDC on social media
- Clinical staff and leadership (DSD, DON, IP) are engaged with talking to residents, families, and staff
- Managers/supervisors of different departments are called upon to be role models
- Positive testimonials
- Policy: paid sick days for post-vaccination side effects

Common Themes

1. Increase awareness of local COVID-19 trends



2. Show evidence from outbreaks at your own facility

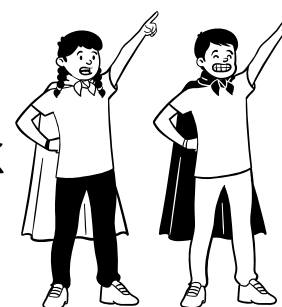
3. Incentives and policy changes are key for staff (make it harder to say no)



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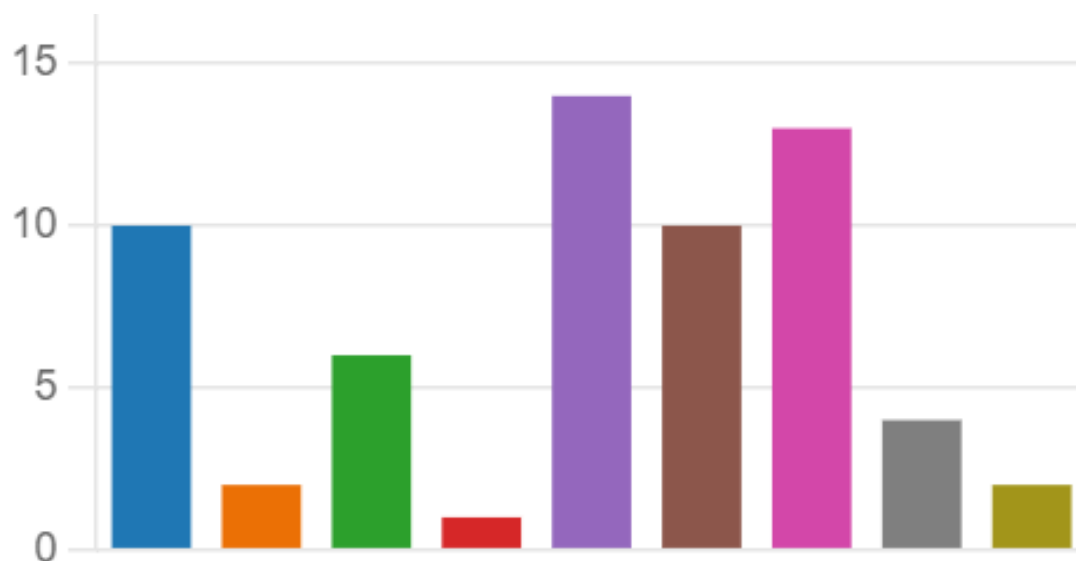
4. Involve clinical staff in obtaining consent for residents

5. Role modeling and positive testimonials work



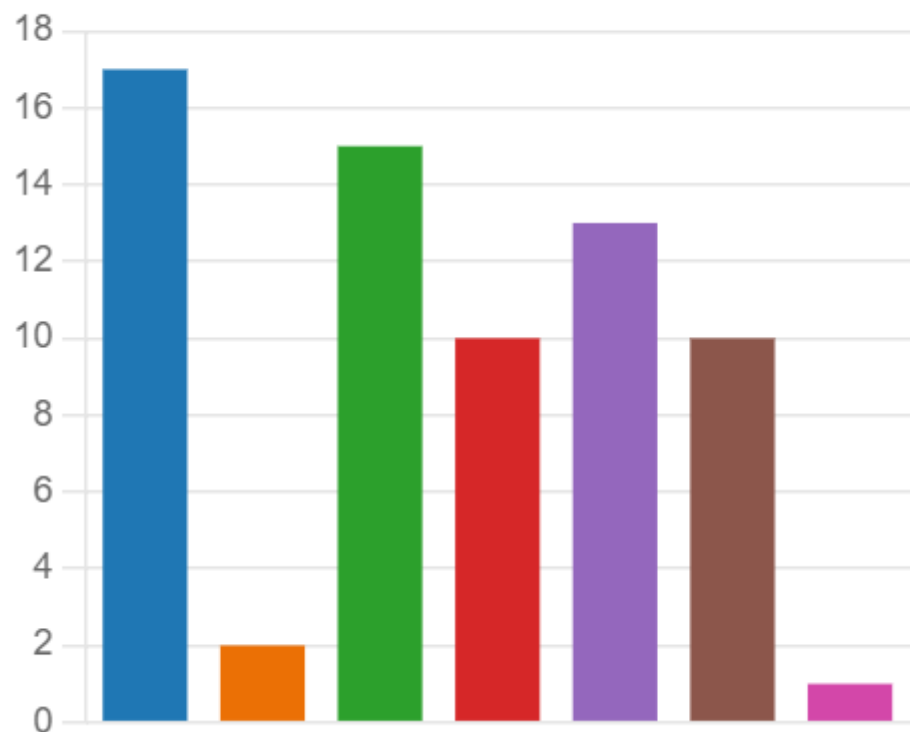
6. Continue to remind, re-educate, and re-offer (positively)

Strategies to Improve COVID Bivalent Booster Uptake Among SNF Residents in LA County



- Make a celebratory event
- "Opt out" consent policy
- Educate staff (SW, nurses) obtaining consent
- Use COVID/influenza co-administration order sets
- Visual reminders
- Role modeling (champions)
- Promote positive testimonials
- Incentives
- Guest speaker on COVID-19 boosters (ex-medical director)

Strategies to Improve COVID Bivalent Booster Uptake Among SNF Staff in LA County



- Incentives (financial, privileges to boosted staff e.g., opting to wear surgical mask)
- Changes to facility policy
- Role modeling (champions)
- Make it a celebratory event
- Visual reminders
- Promote positive testimonials
- Guest speaker on COVID-19 booster (ex medical director)



Vaccine & Bivalent Booster FAQs





COVID-19 Vaccine FAQs

- Don't wait to have one large vaccine clinic. **Vaccinating on a rolling basis with more frequent and regular clinics** as residents and staff become eligible and willing will yield higher overall vaccination and booster rates.
 - “Never Miss a Vaccination Opportunity” per [CDC](#) and [CDPH](#)
 - Do not miss any opportunities to vaccinate every eligible person even if it means puncturing a multi-dose vial to administer vaccine without having enough people to receive each dose
 - Could increase vaccination coverage by up to 20%
- **Is the updated bivalent booster required for healthcare personnel working in SNFs?**
 - No. Don't wait for it be mandated.
 - Mandate ≠ Importance. Bivalent booster is just as important and evidence-based as primary series and prior boosters.

COVID-19 Vaccine FAQs

- **Does the COVID-19 including updated booster dose need to be spaced out by 14 days with other vaccines (e.g., influenza)?**
 - No. COVID-19 vaccines may be administered without regard to timing of other vaccines*, including simultaneous administration of COVID-19 vaccine and other vaccines on the same day.
 - If multiple vaccines are administered at a single visit, administer each injection in a different injection site.
 - **Co-administration with influenza vaccine** (when available) is actually best practice in order to not miss opportunities especially in high risk populations (SNFs)
- **Do providers still need to observe 15-30 minutes post-vaccination?**
 - 15min observation should be considered for adolescents (risk of syncope)
 - 30min observation should be considered for those with history/at risk for anaphylaxis, immediate allergic reactions, etc.
 - EVERYONE ELSE: post-vaccination observation not recommended or needed

*Only exception is orthopoxvaccines: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#timing-spacing-interchangeability>

COVID-19 Vaccine FAQs

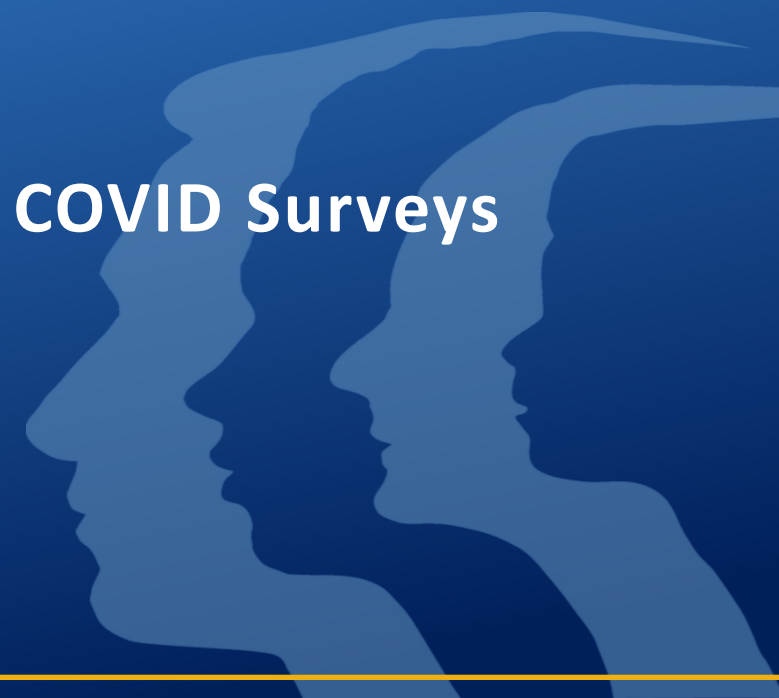
- **Should individuals who recently recovered from COVID-19 wait to get their booster?**
 - Public Health strongly recommends nursing home residents and staff to resume their primary series or get the bivalent booster **as soon as isolation is discontinued** and when eligible (≥ 2 months since completing primary series or last booster)
 - Especially true now that cases are starting to rise indicating that the winter “surge” may be starting already



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



Reporting on State (CDPH) & Federal (NHSN) COVID Surveys





Reporting Up to Date on CDPH Survey Weekly Reporting

“**Up to date**” on the CDPH weekly survey includes any staff or resident who has completed their COVID-19 primary vaccine series doses and recommended booster if enough time has passed

Same for NHSN COVID Reporting

CDC Up to Date COVID-19 Vaccine Recommendations: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

Up to date	Not up to date
<ul style="list-style-type: none">• Received the COVID-19 bivalent booster• They have not received the COVID-19 bivalent booster AND<ul style="list-style-type: none">• It has been less than 2 months since they completed their COVID-19 primary vaccine series• It has been less than 2 months since their last COVID-19 booster (monovalent) vaccine dose	<ul style="list-style-type: none">• It has been more than 2 months since their last vaccine dose <u>AND</u> they <u>have not received</u> a COVID-19 bivalent booster



Reporting Up to Date on CDPH Survey Weekly Reporting

An up to date person should be counted on the survey every week.

All SNFs must Track and Report "Up to Date" status for ALL:

- Number of Residents
- Number of employed HCP
- Number of licensed independent practitioner HCP
- Number of adult student/trainee and volunteer HCP
- Number of other contract personnel

Please remember all responses should be cumulative – meaning report the total number who are up to date for residents and staff in your facility, not just those new during the reporting week.

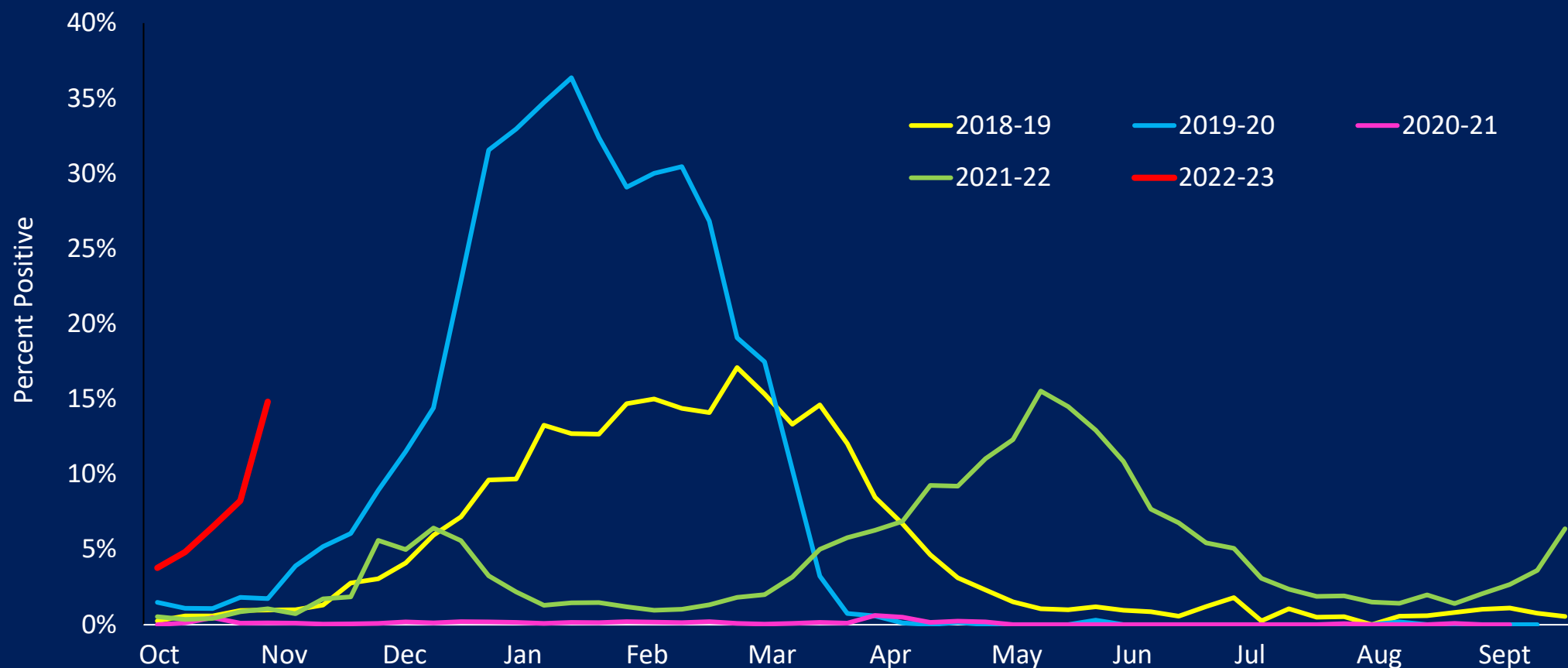


Influenza: Local Trends and Immunization





Percentage of Respiratory Specimens Testing Positive for Influenza at LA County Sentinel Surveillance Laboratories by Season, 2018-19 through 2022-23





Influenza Immunization Healthcare Personnel Health Officer Order

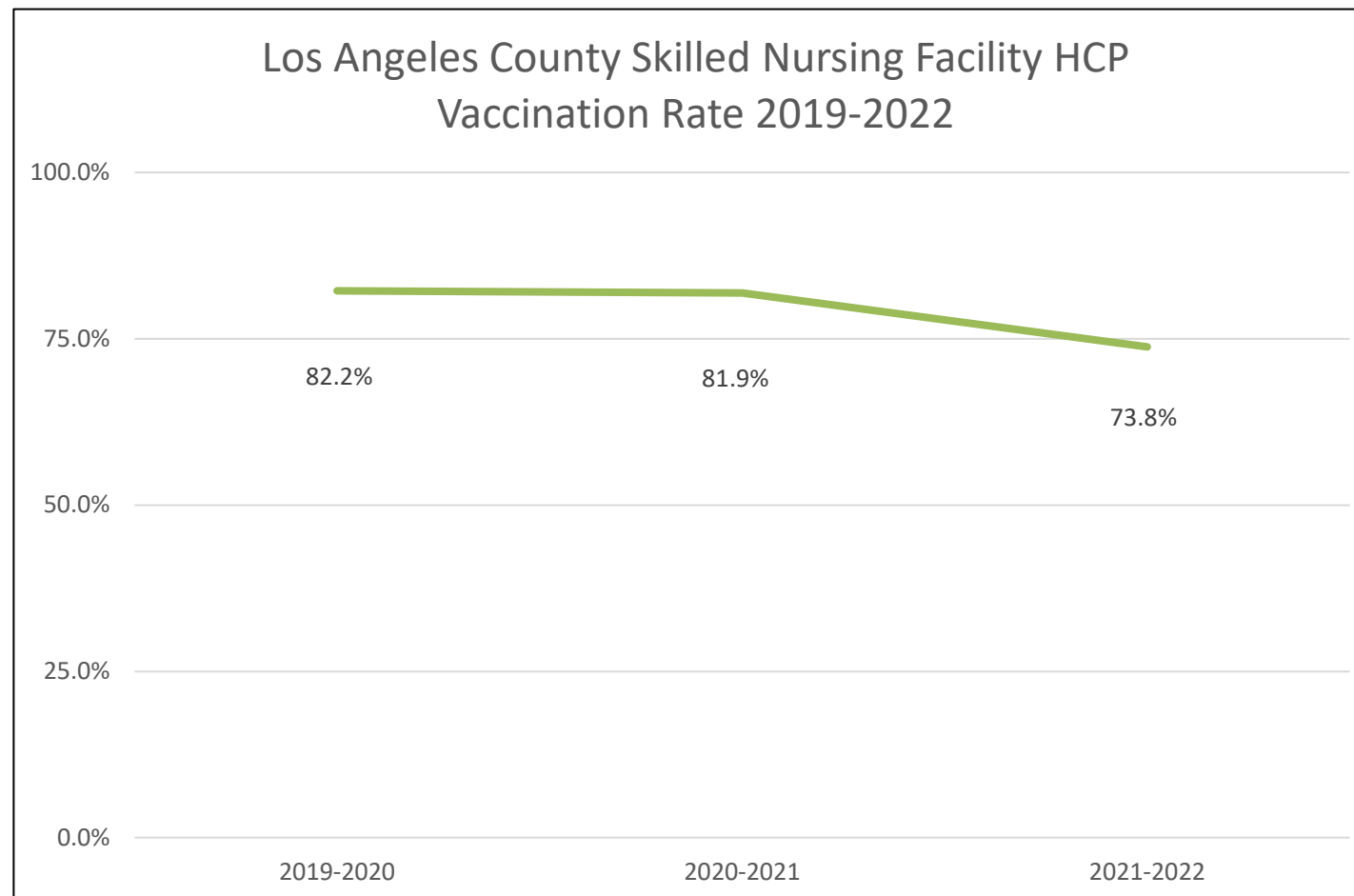
The Los Angeles County (LAC) Health Officer order implemented in 2013 mandates all healthcare personnel (HCP) in Licensed Acute Care Hospitals, Skilled Nursing Facilities, Intermediate Care Facilities, and Emergency Medical Services Provider Agencies to receive the influenza immunization or wear masks during the influenza season (November 1-April 30)

In 2013, the average rate of HCP vaccinations among all hospitals in LAC was 58% and since implementation of the order, this rate has increased to 72% this past influenza season

http://publichealth.lacounty.gov/acd/docs/InfluenzaHCP_HOO2022.pdf



Los Angeles County Skilled Nursing Facility HCP Vaccination Rate 2019-2022





Continued Need for HCP Immunizations to Reduce Influenza Rates

- Protects employees, their families, and their patients from getting influenza
- Reduced work absences
 - Reduced need to hire outside staff
 - Can contribute to better patient care
- Reduced morbidity and mortality among patients
 - Fewer deaths among hospitalized patients



Best Practices Utilized by Facilities to Increase HCP Influenza Immunization Rates

- Obtain support from your Administrator, Infection Control Nurse, and/or Employee Health
- Removal of the personal beliefs exemption and only allow medical contraindications
- Engage Director of Nursing, Director of Staff Development, and department managers in your influenza campaign and encourage them to hold staff accountable
- Provide staff with information on immunization benefits/risks for themselves and their residents



Best Practices Utilized by Facilities to Increase HCP Influenza Immunization Rates cont.

- Offer immunizations in the workplace at convenient locations/times
- Provide immunizations to staff at no cost
- Offer incentives
- Develop a method for gathering the immunization documentation from staff (i.e. create a spreadsheet with deadlines for follow up)
- Track/monitor immunizations among HCP
- Submit accurate HCP influenza immunization data to the CDC's National Healthcare Safety Network (NHSN)

For more best practices, visit:

publichealth.lacounty.gov/acd/docs/BestPracticesInfluenzaImmunizationHCP.pdf



Questions?

- Contact Information
 - Acute Communicable Disease Control Program
 - Phone: 213-240-7941



References

- Centers for Disease Control and Prevention. "Prevention and control of seasonal influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009." MMWR 58, no. Early Release (2009):1-52.
- Centers for Disease Control and Prevention. "Influenza Vaccination Coverage Among Health-Care Personnel — United States, 2012–13 Influenza Season." MMWR 62(38);781-786.

Action steps

1. As a team, facility leadership must make bivalent booster administration #1 priority
2. Educate yourself, educate others – including your clinical providers
3. Implement incentives and policy changes now
4. Implement new efforts / increase current efforts TODAY



Winter is coming...

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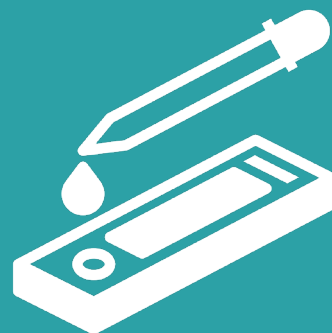
A Safe Thanksgiving for Everyone



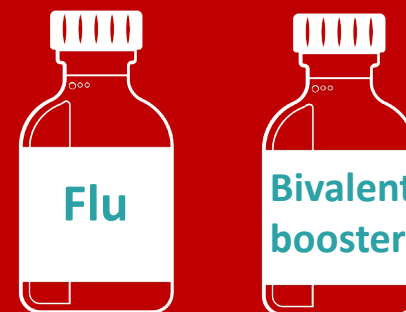
Ventilation



Testing



**Up to date on
vaccines**



Stay home if ill





Resources





COVID-19 Resources for Skilled Nursing Facilities in Los Angeles County

- Contact to update your facility's point of contact (e.g., to receive email updates): LACSNF@ph.lacounty.gov
- Contact for COVID-19 guidance questions in SNFs: LTC_NCoV19@ph.lacounty.gov
- Contact for **COVID-19 Vaccination resource questions**, including questions about your LTC pharmacy or Public Health's Mobile Vaccine resource: COVID-LTC-Test@ph.lacounty.gov

- LAC DPH COVID-19 SNF Past Webinar Slides & Recordings: <http://publichealth.lacounty.gov/acd/SNFWebinarArchive.htm>

COVID-19 Fall 2022 (Bivalent) Booster Resources for Skilled Nursing Facilities

- **For residents, families, and general staff:**
 - [“Public Health COVID-19 Vaccine Resources and Information for the Public – Fact Sheets and FAQs”](#) Many posters and flyers are available in 12 other languages besides English including Spanish, Korean, Traditional Chinese, Simplified Chinese, Arabic, Armenian, Cambodian, Tagalog, Farsi, Japanese, Vietnamese, Russian.
 - Public Health COVID-19 Booster Doses FAQ, updated 10/24/22: <http://www.ph.lacounty.gov/media/Coronavirus/docs/vaccine/FAQ-VaccineBoosters.pdf>
 - EZIZ also has LTCF specific posters and flyers:
 - Everyone in LTC Needs Protection Against COVID-19 and Influenza poster [English](#) | [Spanish](#) | [Tagalog](#) | [Chinese](#)
 - If You Work in a Health Care Setting, Boost Your Health with a COVID-19 Booster Dose poster [English](#) | [Spanish](#) | [Tagalog](#)
 - Everyone Could Use a Boost poster for older adults [English](#) | [Spanish](#)
 - [Give Your Immunity a Boost infographics for healthcare workers](#)
 - EZIZ (CDPH’s Immunization Branch): Patient Resources page (<https://eziz.org/covid/patient-resources/>) has fact sheets, flyers, and FAQs on general information, myths and misinformation, in-language translated resources, campaigns and toolkits as well as for special populations ([religious](#), [Latinx](#), [African American/Black](#), [pregnant and breastfeeding](#), older adults 50+, LGBTQ, and more)
 - CDPH and the Governor’s Office is declaring November 14 to 20 “November Week of Action” for the whole state to amplify efforts to increase COVID-19 vaccination and booster rates. Their “November Week of Action” toolkit, which has many flyers and materials focused on older adults including those who are Latinx and African American/Black can be accessed directly [here](#).
 - The U.S. Department of Health and Human Services (HHS) also has “Updated COVID Vaccines [Toolkit](#)” in English and Spanish.
- **For providers, clinical staff, infection preventionist, and other facility leadership**
 - Acute Communicable Disease Control’s SNF team presented on the fall 2022 (bivalent) booster including the evidence behind the new recommendations in a webinar for all SNFs on Friday 9/9/22. [Recording](#) and [slides](#).
 - [LAC DPH’s Best Practices for Improving Vaccination in SNFs](#) (one page flyer)
 - Public Health sent out two [LAHANS](#) (Los Angeles Health Alert Network) on the updated COVID-19 booster
 - “New Booster Recommendations, Observation Period, Co-Administration” on Sep 8, 2022: <https://t.e2ma.net/message/vg0nzu/rh6hm1r>
 - “Fall Influenza and COVID-19 Vaccination” on Oct 20, 2022: <https://t.e2ma.net/message/net29u/rh6hm1r>
 - EZIZ (CDPH’s Immunization Branch)
 - Guides including vaccine administration: <https://eziz.org/covid/vaccine-administration/>
 - [Provider webinars](#) with recording and slides on the COVID vaccine and boosters including this great webinar by Dr. Ilan Shapiro “Talking with Patients about COVID-19 Bivalent Booster Doses” ([slides](#) and [recording](#)) from Sep 8, 2022.
 - COVID-19 Crucial Conversations Campaign: <https://eziz.org/covid/crucialconversations/>



Questions and Answers

