

***Building Trust and Effective Vaccination Programs
in Nursing Homes***

October 20, 2023

Pingting Karen Nie, MD
Geriatric Medicine, Internal Medicine

**Associate Chief, Healthcare Outreach Unit
Acute Communicable Disease Control Program
Los Angeles County Department of Public Health**



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 presentation is meant only for educational purposes and is off the record.

Objectives

1. Understand **current trends** in vaccine uptake
2. Identify recurring themes in vaccine hesitancy from **history**
3. Compare vaccine confidence best practices from pre-pandemic vs the **nursing home COVID experience**
4. Describe common **cognitive biases** underlying low vaccine confidence
5. Applying the above, develop **actionable plans** to build vaccine confidence based on evidence
6. **Access** to the Updated (2023-2024 Formulation) COVID-19 Vaccine
7. **Reporting** of COVID-19 Vaccination
8. **Financial Reward Program**
9. Miscellaneous **FAQs**



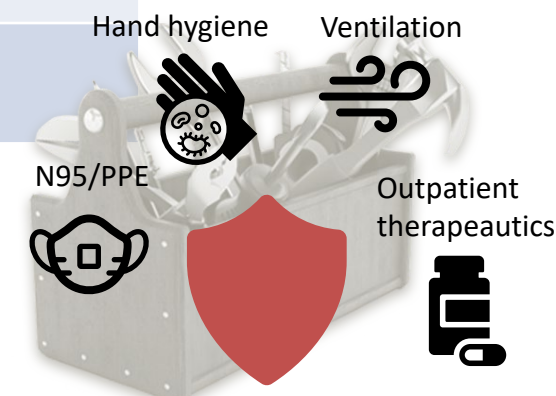
Objective 1:

Understand current trends in vaccine uptake



Vaccination is the best prevention against COVID-19: LA County SNF data

	Winter Surge 2020-21 Peak	Winter Surge 2021-22 Peak	Post-vaccine change	Post-vaccine rate vs pre-vaccine rate
COVID Hospitalization Rate per 100,000 *	29.4	13.0	2-fold reduction	44%
COVID Case Fatality Ratio per 100,000 *	25.3	6.3	4-fold reduction	25%
COVID Mortality Rate per 1000 †	7.4	1.1	6.7-fold reduction	15%



**Up to Date with
Vaccination**

This Photo by Unknown Author is licensed under [CC BY-NC](https://creativecommons.org/licenses/by-nc/4.0/)

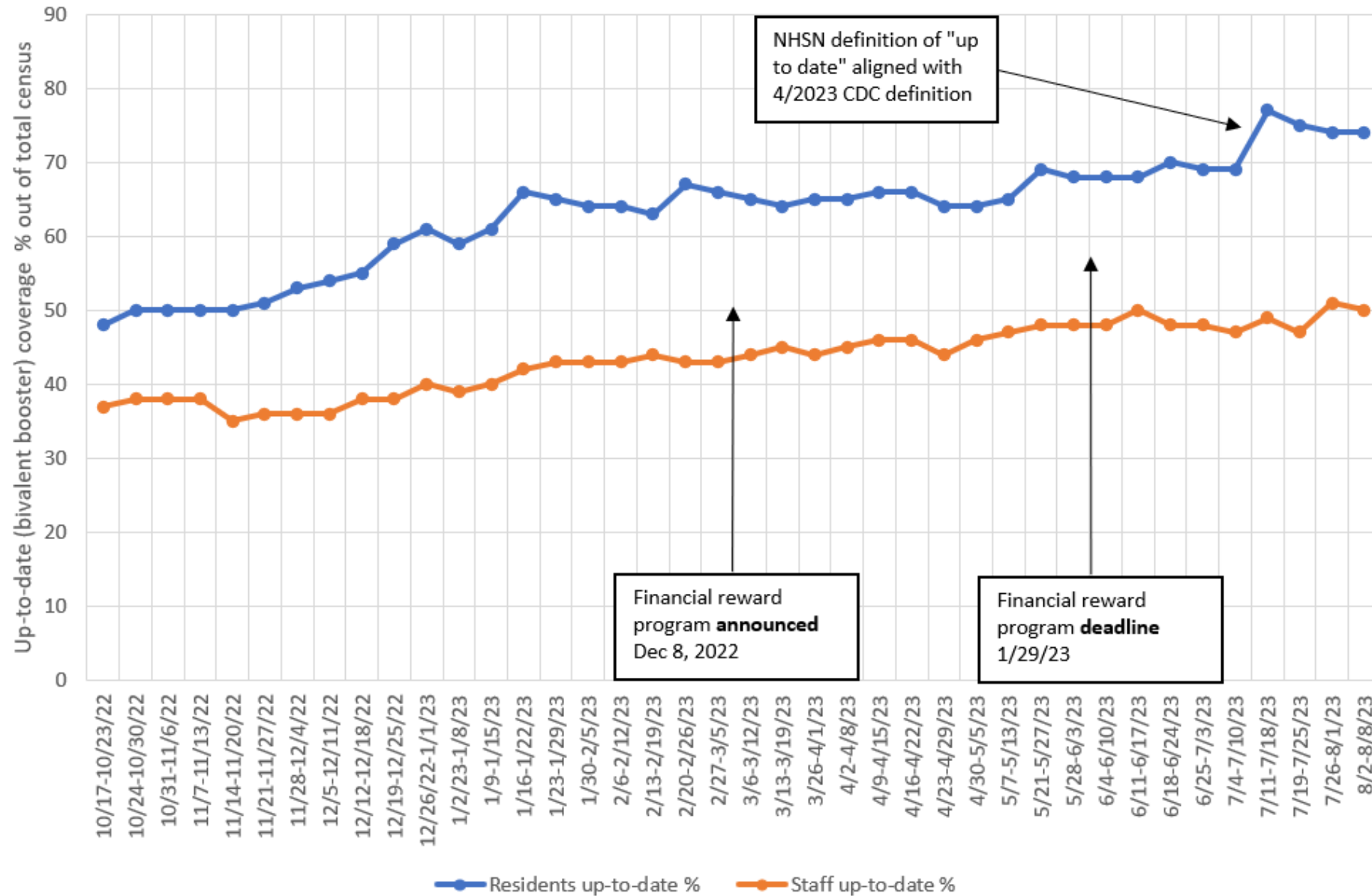


Peak COVID-19 Vaccine Coverage in Skilled Nursing Facilities

	LA COUNTY Estimated peak coverage		CALIFORNIA Estimated peak coverage		NATIONAL Estimated peak coverage		
	Residents	Staff	Residents	Staff	Residents	Staff	
Primary series	91%	98%	89%	96%	88%	87%	YES HCW mandates
1 st original booster	86%*	86%*	79%*	76%*	76%*	44%*	NO HCW mandates
2 nd original booster (residents only)	60%*						
Bivalent booster	77%	51%	70%	45%	65%	26%	

* Out of eligible number, not out of full census.

LAC SNF Aggregate Up-to-Date (Bivalent Booster) Coverage



State of Vaccine Confidence: Routine Immunizations (CDC)

Figure 1. Changes in Claims for All ACIP-Recommended Adolescent and Adult Vaccines Across Markets January 2020–July 2021 Compared to the Same Months in 2019



- After widespread COVID vaccine availability in 2021-2022 seasons, adult influenza vaccine uptake **decreased** from 43.7% to 39.2% in states with lowest COVID-19 vaccine uptake
- Medicare FFS claims study: monthly claims for non-COVID vaccines **decreased** on average by 32% (adults) and 36% (adolescents) in Jan-2020-July 2021 compared to same months in 2019

CDC’s State of Vaccine Confidence Insights Report. Nov 10, 2022

Leuchter, R.K., et al. NEJM. June 30, 2022.

Avalere. “Declines in Routine Adult and Teen Vaccinations Continued in 2021.” Jan 10, 2022.



[This Photo](#) by Unknown Author is licensed under [CC BY-NC](#)



[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)

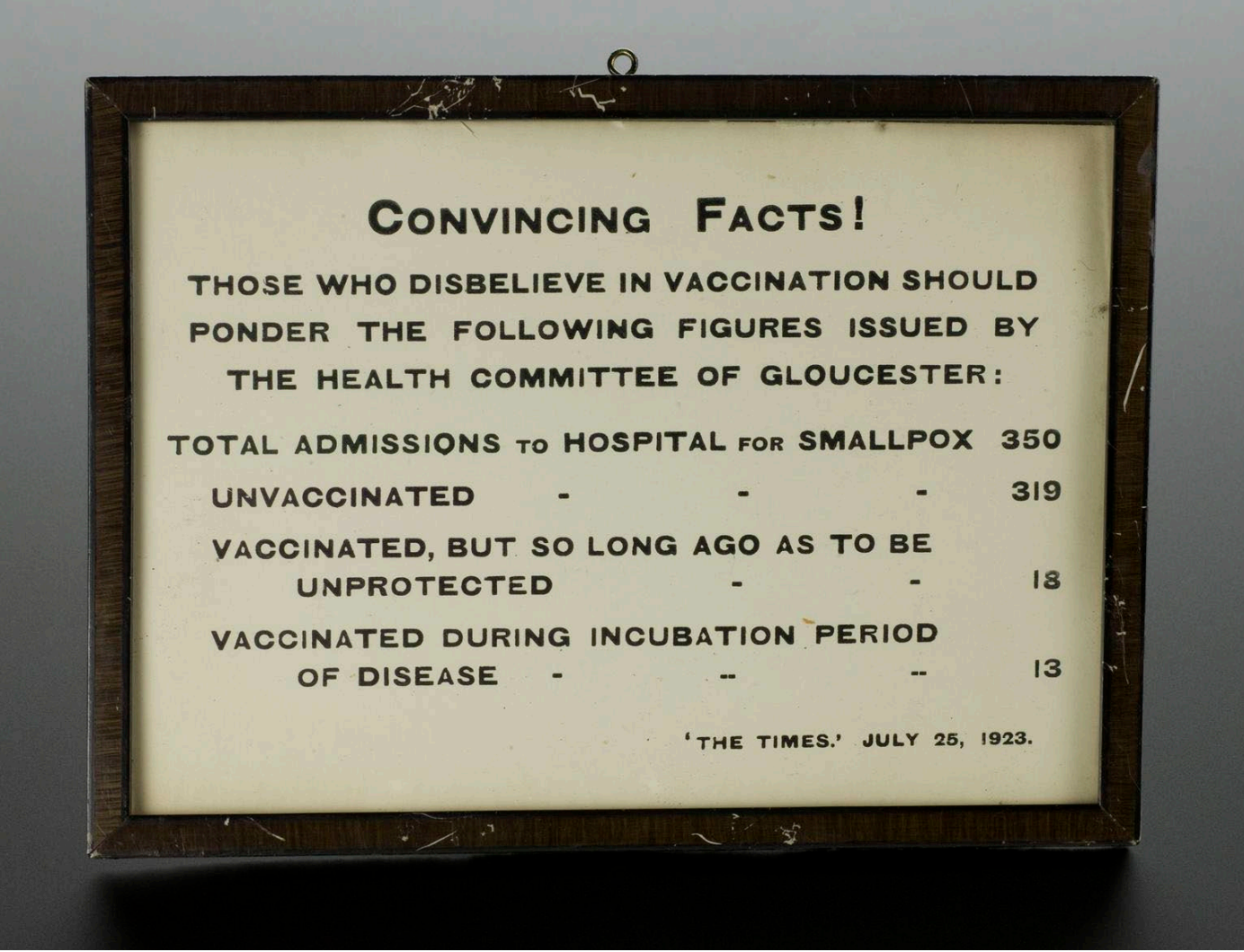
Is this an unprecedented time for declining vaccine confidence?



Objective 2:

Identify recurring themes in vaccine hesitancy from history





Science Museum Group. Framed poster advocating vaccination against smallpox. A604013Science Museum Group Collection Online. Accessed August 15, 2023.
<https://collection.sciencemuseumgroup.org.uk/objects/co147791/framed-poster-advocating-vaccination-against-smallpox-poster> .

How to Avoid Vaccination.

Parents, when **REGISTERING** births, will find on the front page of the Paper given them a form of declaration of conscientious objection, which they must **FILL IN**.

Then the **FATHER** must **TAKE THE FORM** to a Commissioner for Oaths, or a Justice of the Peace, or Stipendiary. This Declaration **must be made within four months** of the birth of the child. It is useless if made later.

WHEN THE DECLARATION HAS BEEN SIGNED by the Magistrate or Commissioner, **POST IT IMMEDIATELY TO YOUR VACCINATION OFFICER**. It will be **OF NO USE** unless he gets it **WITHIN SEVEN DAYS** after its signature. It is not necessary that application be made at a Police Court; most Solicitors are Commissioners, and will take your declaration. **Many Magistrates will sign the declaration privately, when no fee can be charged.**

Apply for further information to
THE NATIONAL ANTI-VACCINATION LEAGUE,
 27 SOUTHAMPTON STREET, STRAND, LONDON, W.C.

This Society is maintained entirely by Voluntary Contributions,
 and help is needed to carry on the work.

WILL YOU NOT ASSIST?

“History of Anti-Vaccination Movements.” Accessed Aug 14, 2023:
<https://historyofvaccines.org/vaccines-101/misconceptions-about-vaccines/history-anti-vaccination-movements>

Historical timeline of vaccine safety and vaccine hesitancy

1790s: Concerns over contracting actual disease and dying from smallpox inoculation (world's first vaccine)

1830s: Anti-vaccination movement emerged after success of mass smallpox vaccination – **“protesting what they considered the intrusion of their privacy and bodily integrity”** and **“viewed compulsory vaccination laws, passed in 1821, as a direct government assault on their communities by the ruling class.”**

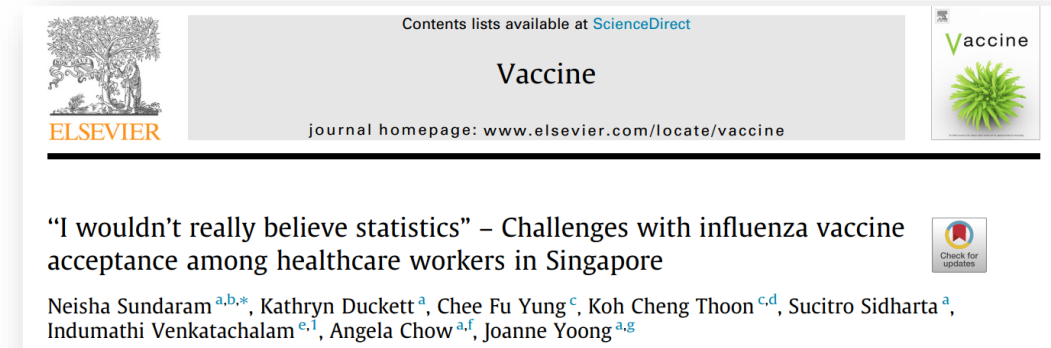
1955: Polio vaccine concerns over children who contracted actual disease from live vaccine

1960s: an earlier formulation of the measles vaccine was withdrawn due to short-lived immunity and AE

1986: National Childhood Vaccine Injury Act (NCVIA) was passed over concern between supposed link between vaccination and neurological problems

“I wouldn’t really believe statistics” – Singapore, 2018

- Qualitative focus group discussions
- 73 HCW (doctors, nurses, PT/OT, dietary, pharm, med tech, SW)
- Challenges identified (**person** and **institutional** level):
 - Fear of contracting influenza from vaccine
 - Concern over vaccine safety
 - Distrust of published data
 - Uncertainty over relevance to Singaporean population
 - Low perceived risk for getting infected
 - Limited awareness of flu transmission
 - Lack of overt promotion by hospital leadership
 - Perceived vaccine hesitancy among doctors



“I think there are other ways to protect myself... **other natural ways** you know—exercise, eat well, sleep well—instead of getting the jab”

“I don’t really buy into the benefits of this because **I still fall sick after taking the jab**. I don’t see any value that is added to me except it has brought me pain and I still fall sick you know.”

NAHCA Informal Poll:

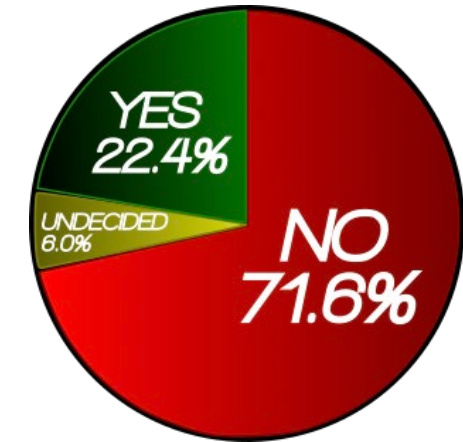
CNAs Responded to, “Will You Take the COVID Vaccine? Yes or No.”

- **Themes**

- Lack of trust
- Lack of education and information on the vaccine

- **Sub-Themes**

- Hesitancy due to rapidness of vaccine launch
- Lack of information on potential risks and side effects
- Some will not take the vaccine unless it’s mandatory. Others will quit the profession entirely if made mandatory
- No knowledge of the ingredients in the vaccine
- For those who said they would take it, the reasoning was due to experience in already contracting the virus or to protect their residents



National Association of Healthcare Assistants (CNA Association)

California Association of Long-Term Care Medicine/American Medical Directors Association Dec 2020.

Rise in life expectancy over history

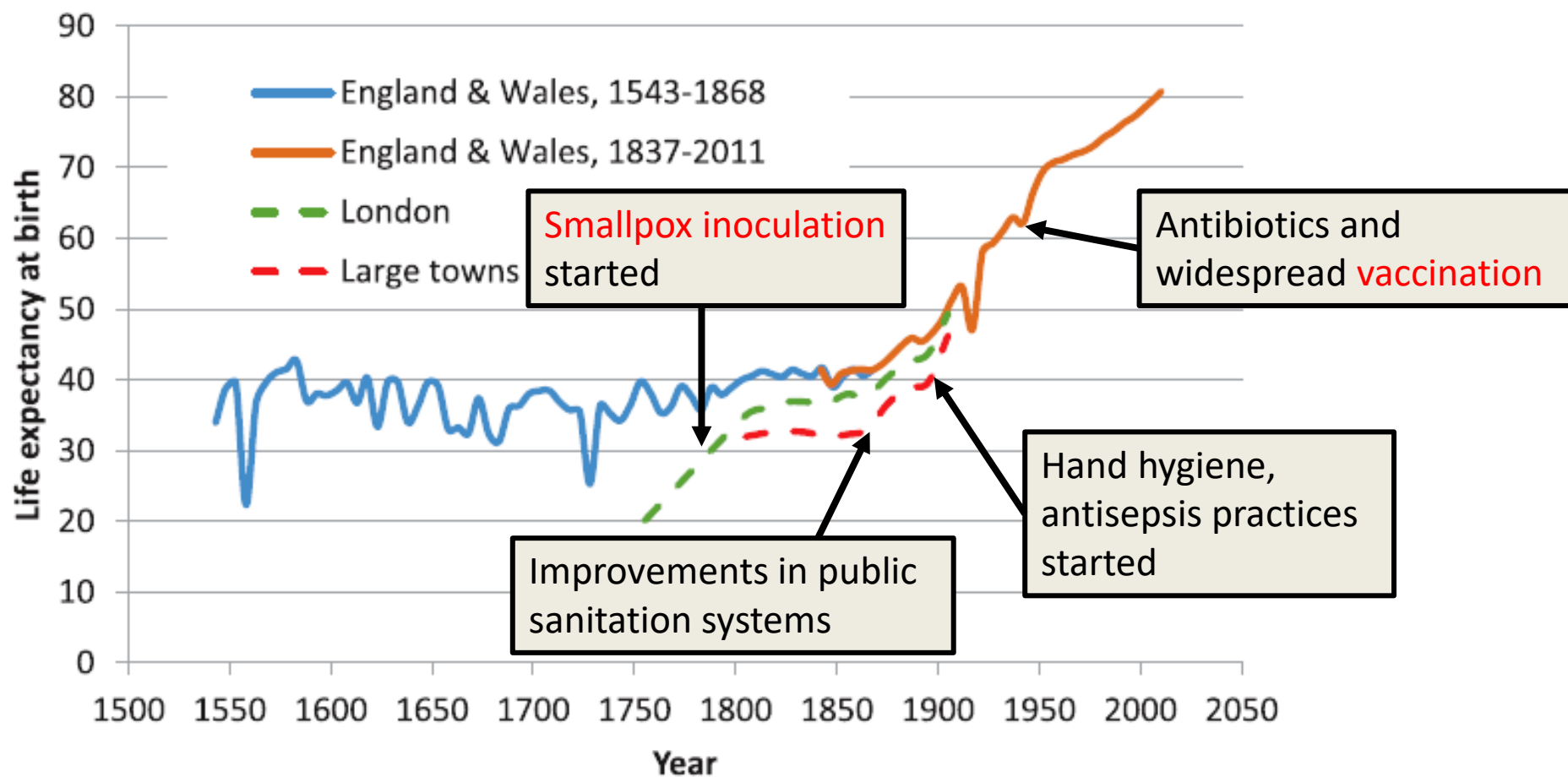


Figure 1. *Estimates of long-run life expectancy at birth in England 1543–2011*



Objective 3:

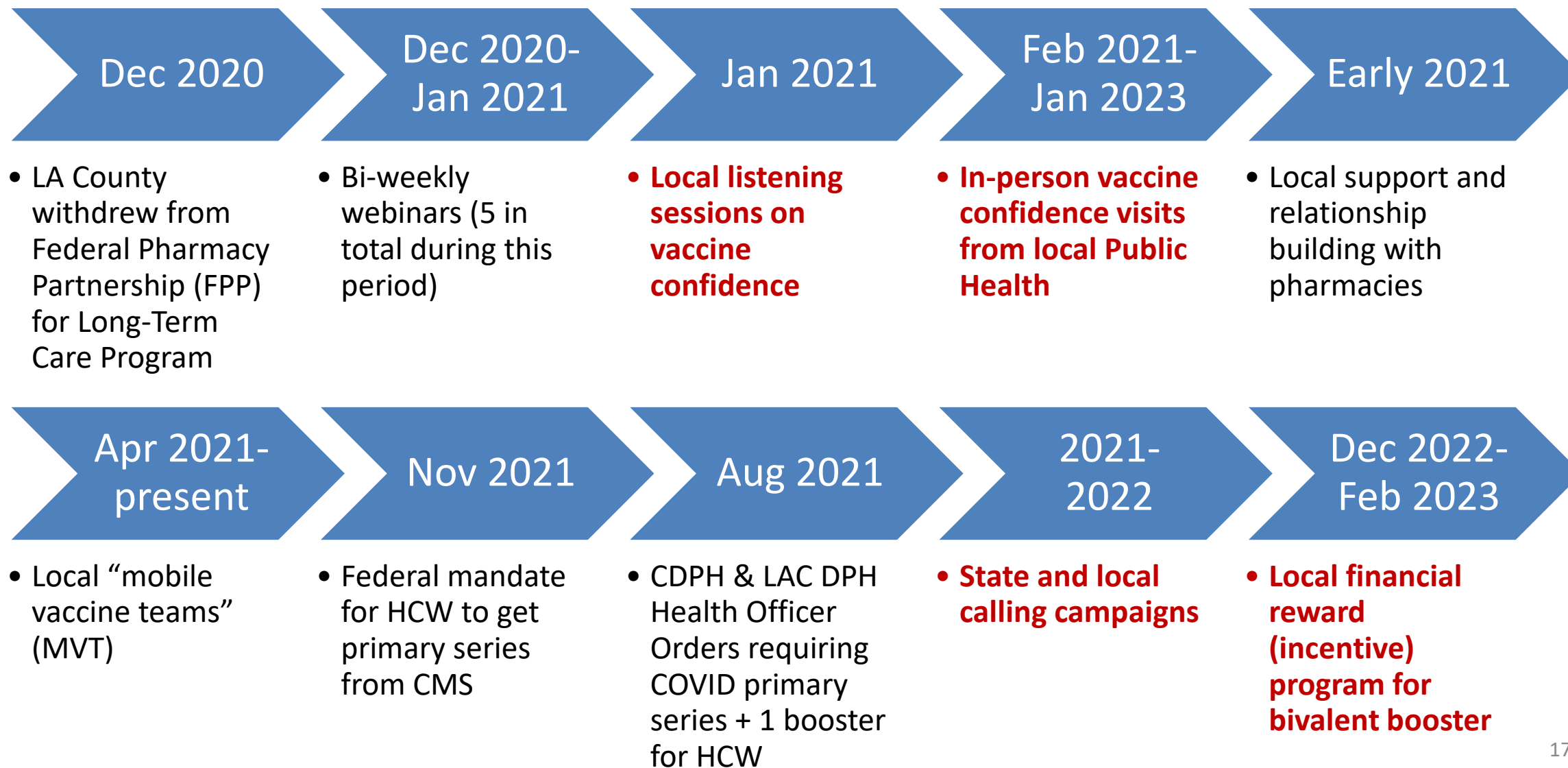
Compare vaccine confidence best practices from pre-pandemic vs the nursing home COVID experience

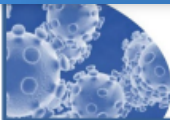


Public Health and Medical Actions



Public Health Interventions Supporting Los Angeles County SNFs





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



Lessons Learned: LA County SNF Vaccine Confidence Listening Sessions (Jan 2021)

- **Lead** with compassion, understanding, patience, assurance, and education.
- Avoid shame and intimidation.
- **Tailor** approach to each individual
- Empower **vaccine champions** among HCP who speak the preferred languages or **connect culturally** with staff and residents
- Be persistent and systematic
- Promote **positive testimonials**
- Increase **visibility** of vaccination efforts and testimonials of vaccinated individuals

Effective strategies for increasing booster coverage: Residents

■ Not effective
 ■ Somewhat effective
 ■ Very effective
 ■ Not applicable or unsure

Frequent offerings of booster clinics

Boosted individuals share their positive experiences

Making booster clinics fun celebratory events

Using IDT (interdisciplinary team) process to prioritize and develop tailored strategies

Visually displaying booster success in the facility (ex - "Why I Got Boosted" boards)

Clinical staff (licensed nurses, providers, medical directors) involved with educating and consenting

"Opt-out" (passive) consent process

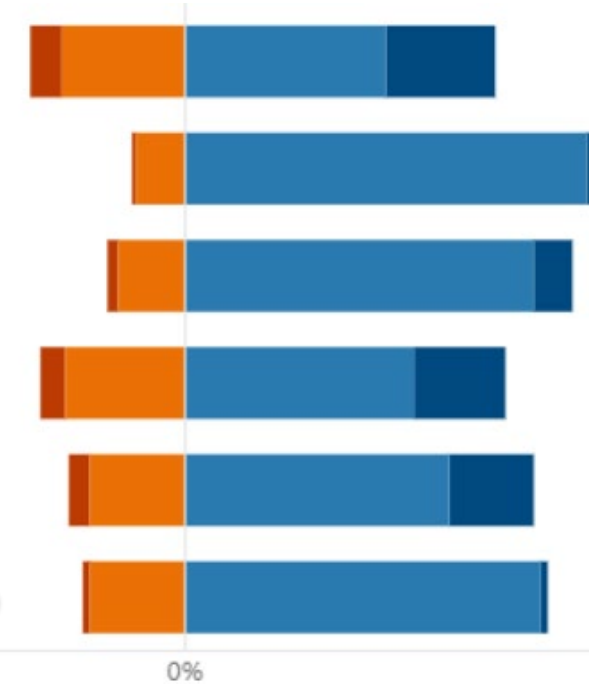
Strong support from core facility leadership

Strong support from corporate leadership

Townhalls (virtual or in-person) for residents/ families

Incentives (ex. gift cards, pizza/ice cream party)

Communicating in the preferred language and in culturally appropriate ways



Effective strategies for increasing booster coverage: Staff

■ Not effective
 ■ Somewhat effective
 ■ Very effective
 ■ Not applicable or unsure

Frequent offerings of booster clinics



Boosted individuals sharing their positive experiences



Making booster clinics fun celebratory events



Visually displaying booster success in the facility (ex - "Why I Got Boosted" boards)



Supervisors/managers beyond the core facility leadership involved with encouraging boosters



Clinical staff (licensed nurses, providers, medical directors) involved with educating and encouraging...



Incentives offered by the facility (ex. bonuses, gift cards, PTO for post-vaccination symptoms, raffle...



Strong support from core facility leadership



Townhalls or in-services



Strong support from corporate leadership



Booster champions (excluding IPs) in different departments, units, or nursing stations



Communicating in the preferred language and in culturally appropriate ways



Leading staff conversation on COVID-19 data with regular updates (ex. sharing numbers on facility's...

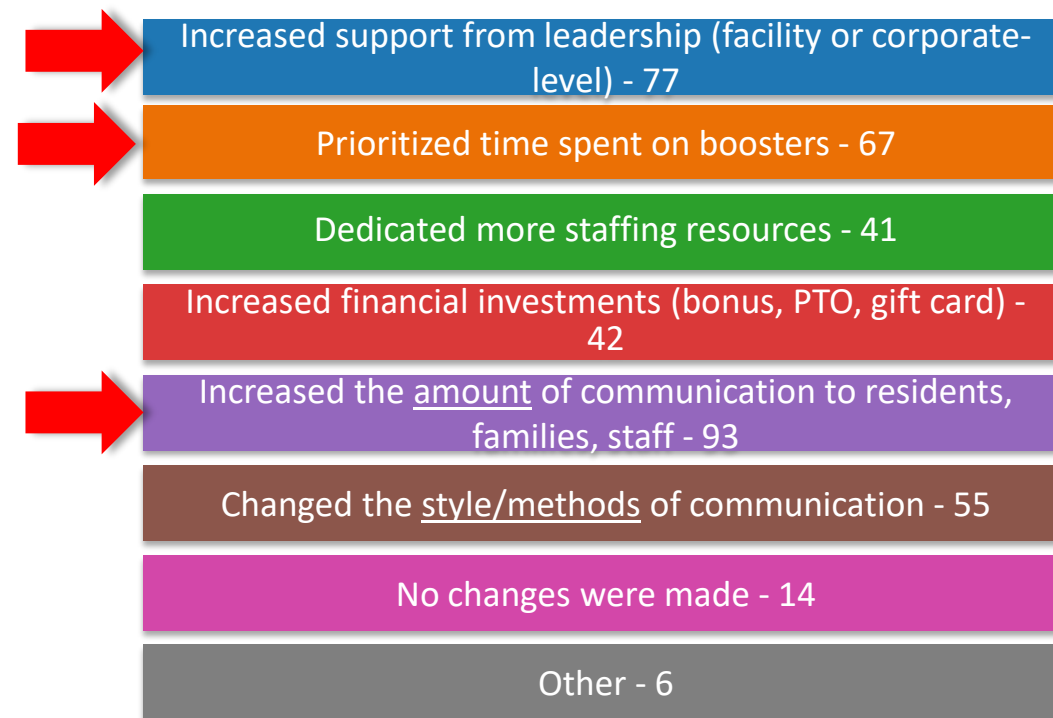
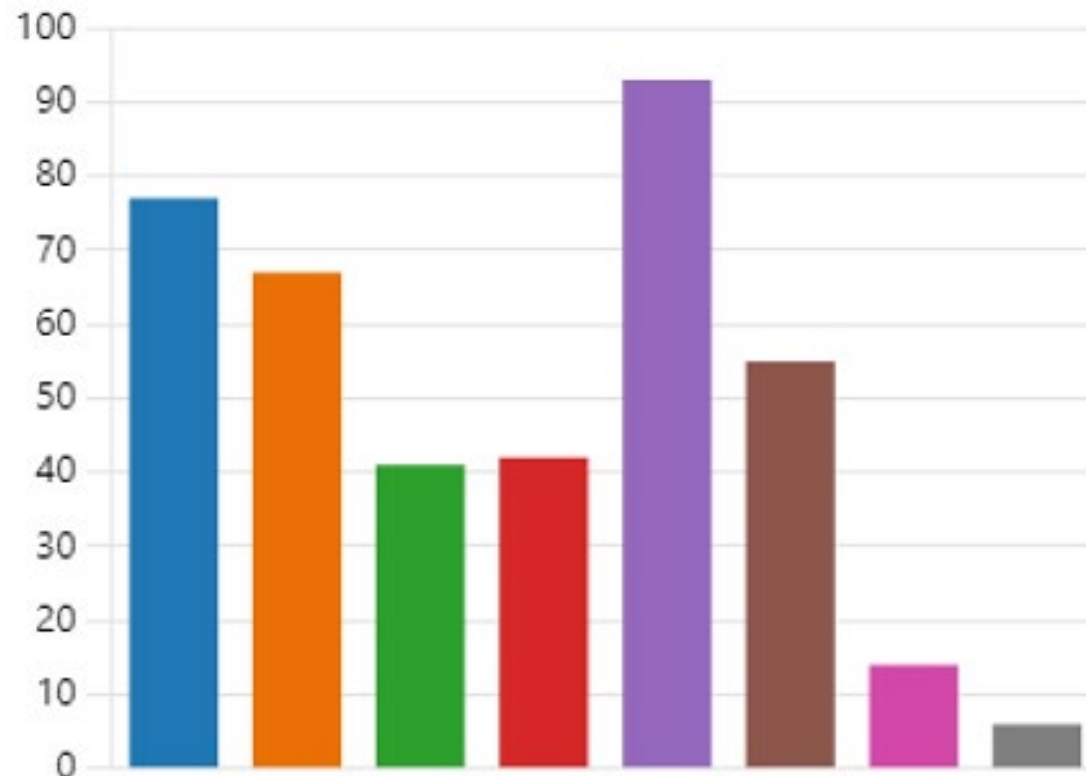


Priority setting

- BEFORE the financial reward announcement
 - **11% disagreed** that the bivalent booster was a priority at their facilities
 - **50% strongly agreed** the bivalent booster was already a priority at their facilities
- AFTER the financial reward announcement
 - **8% disagreed** the bivalent booster was a priority at their facilities
 - **58% strongly agreed** the bivalent booster was a priority at their facilities



Common Changes



CDC: “Promoting COVID-19 Bivalent Vaccinations: Long-term Care Provider Perspectives” Feb 9, 2023

You are viewing Joanna Levine, PHF's screen View Options View

Talking: Patrick Cote

Communication



- Communicated with:
 - Providers
 - Residents and families
 - Staff
- Resources provided:
 - Talking points for leaders
 - Talking points for caregivers
 - 1:1 support when:
 - Skeptical physicians
 - Skeptical residents & families
 - Challenges accessing vaccine

CDC: “Promoting COVID-19 Bivalent Vaccinations: Long-term Care Provider Perspectives” Feb 9, 2023

Relationships with staff members

COVID-19 testing as a tool for relationship building

- IP, DON, Nursing managers participate
- Learned EVERY name- about 500 total
- Dancing to funk music in the testing line

Being authentic with staff members

- For me: let my inner nerd shine- passion about Infection Prevention
 - Conversation starters with caregivers
 - Constant “funfact” sharing
 - Staff start sharing funfacts right back – how I first heard about “the Kraken variant”

Staff are more comfortable reaching out to have a personal, frank conversation about vaccines if a relationship is already built

Doesn't work 100% of the time, but increases opportunities to address vaccine hesitancy



COVID-19 virus pinata

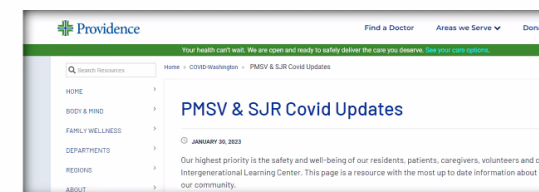
Relationships with residents and families

Over-communicate!

- E-mails, letters, in-person, blog posts, website, signs...
 - Include two-way communication
- Virtual town halls with leadership, including medical staff
 - Factual information, science-based
 - Explained reasoning behind Infection Prevention decisions and processes, how to engage with and support residents safely
 - Pointed out benefits of vaccination
 - to individuals AND community/facility
 - Before, during, AND after vaccination campaign
 - Set expectations for likely future vaccination campaigns

Personal touch

- As available as possible for individual conversations
 - Some residents/families want 1:1, want to be heard
 - Different residents, different people that they trust
 - Interdisciplinary vaccine champions- one person can't do it alone



PMSV Infection Preventionist, Director of Clinical Services, Medical Director, and

CDC: “Promoting COVID-19 Bivalent Vaccinations: Long-term Care Provider Perspectives” Feb 9, 2023

Talking: Winter Viverette

Public Facing Campaign

Thanks, Adam.

Thank you for letting us lean on you. For helping us walk. Eat. Get dressed. And for doing it all with respect and dignity. You mean so much to us at Paul House nursing home. Thank you for being exactly who you are.

Thanks for choosing to get boosted.

CHICAGO
Protect yourself and those you care for. Chicago.gov/boost

Thanks, Elsa.

Thank you for taking the call. For staying on the line during the pandemic. For greeting everyone. Welcoming folks in. Thank you for being the kind voice of Center Home for Hispanic Elderly since 1986.

Thanks for choosing to get boosted.

Lessons Learned: **LEAD** with Vaccine Confidence

- **M**ulti-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



Is this new knowledge? Are we in an unprecedented time?



LAC DPH Best Practices for HCW Influenza Vaccination (Jan 2020)

- Support from **leadership**: CEO, Facility Administrator, DON, Medical Director, etc.
- Policy: removal of personal beliefs exemption, only allow medical contraindications (**make it hard to say no**)
- Develop & implement policy & procedures to hold staff accountable
- Educate
- Offer vaccinations in the workplace at convenient locations & times (**make it hard to say no**)
- Offer **incentives** for vaccinating
- Track/monitor HCP vaccination

Best Practices for Improving Influenza Immunization Coverage Amongst Healthcare Personnel	
High Impact Best Practices	<ul style="list-style-type: none"> ★ 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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.)	<ul style="list-style-type: none"> • Implement mandatory in-services for staff who are declining the immunization to dispel myths
Lack of leadership involvement	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

Pre-pandemic research on increasing vaccine uptake

- Review article, **2015**, *Vaccine* by Dubov, A., Phung, C.: “a successful strategy for policy-makers and others...is to design a ‘**choice architecture**’ that influences behavior of healthcare professionals without foreclosing other options.”
- Short article, **2016**, *Vaccine*, by Broniatowski, D. A. et al. on effective vaccine communication during the Disneyland measles outbreak: “[Social media] articles expressing a gist (bottom-line meaning) were shared most often. Articles containing verbatim statistics [were not shared] as frequently...” supporting the idea that **personal stories and anecdotes** are more powerful than statistics alone
- WHO’s **2015** *Global Action Plan on Antimicrobial Resistance*: reframe vaccines as a “**natural way**” to reduce unnecessary prescription and antibiotic use, aligned with other consensus healthcare goals – reducing polypharmacy or antibiotic overuse

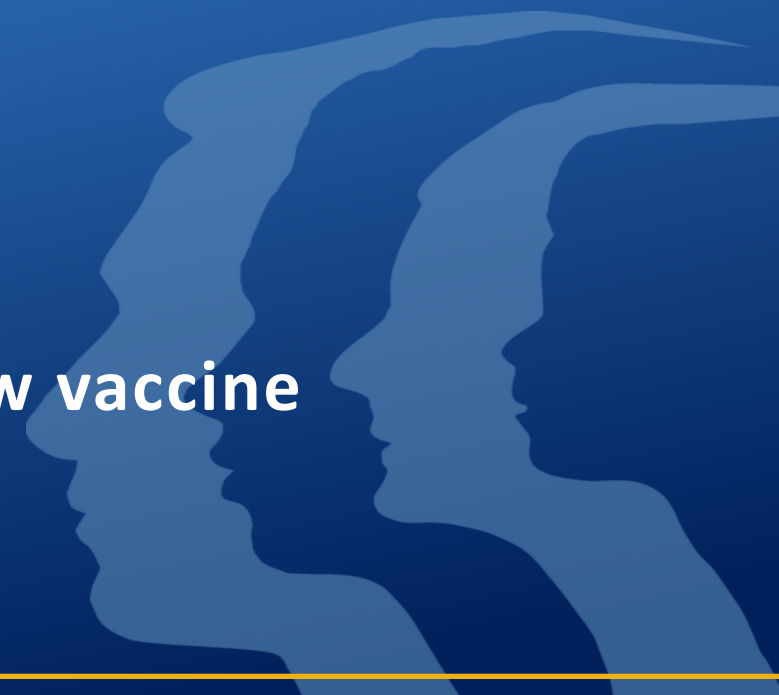
Pre-pandemic research on increasing vaccine uptake

- Studies from as early as **2008** (Abramson, Z.H., Levi, O., *Vaccine*) show “**institutional culture and norms** have strong influence in setting default behaviors. Perceived lack of priority... serve as a ‘cue to inaction’ while the attitudes and behavior of doctors or senior HCWs towards influenza vaccination indirectly influence behaviour of other HCWs.”
- **2017** UK study (Edge, R., et al., *Qual Health Res*): “early career doctors were likely to ‘**copy**’ **behaviours** of a senior doctor, even when they were aware that such behaviour conflicts with infection control procedures”
- **2010** Spain study (Llupia, A., et al., *Am J Infect Control*): “a **high level of institutional support with hospital management** making a public and personal commitment to be vaccinated improved vaccination rates along with other strategies.”
- **2013 & 2016** systematic reviews (Hollmeyer, H., et al. *Influenza Other Respir Viruses*; Rashid, H., et al., *Health Aff (Millwood)*): **multi-component interventions** are much more effective than single strategy interventions



Objective 4:

Describe common cognitive biases underlying low vaccine confidence



What are cognitive biases?

- Definition: “systematic thought processes caused by the tendency to **simplify information** processing through a filter of **personal experience and preferences.**”
- Benefits:
 - Coping mechanism
 - Prioritize and process large amounts of information quickly
- Con:
 - Can cause errors in thought

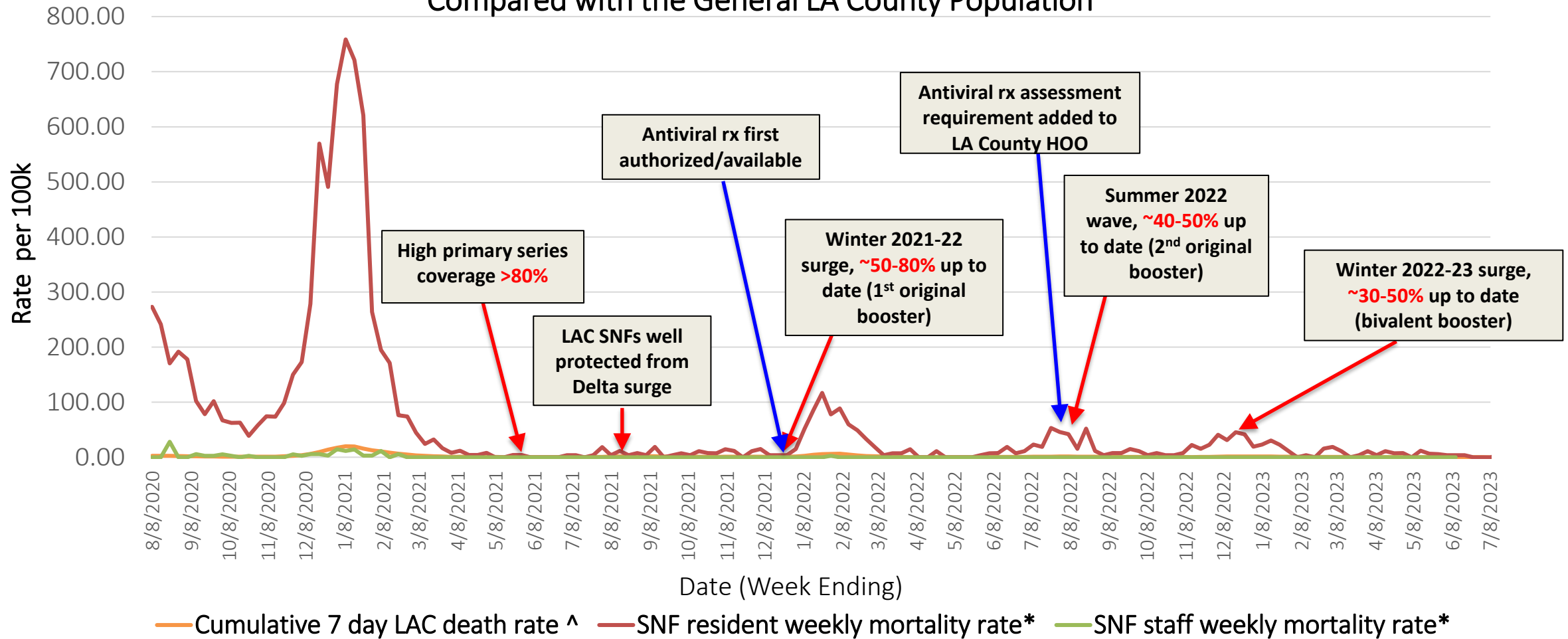


Cognitive biases underlying low vaccine confidence





COVID-19 Mortality Rates Among Skilled Nursing Facility (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 8, 2020 through Jul 23, 2023. 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 7, 2023 for SNF residents and staff. 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. Staff deaths are no longer reported as of Jun 11, 2023. This analysis includes data reported by 319 SNFs as of Jul 23, 2023.



**“An ounce of prevention is worth
a pound of cure.”**
– *Benjamin Franklin*

Treatment vs Prevention

Disease	Treatment	Prevention
CVD/stroke	Aspirin reduced recurrence of stroke by 1%	Exercise reduced risk by 29%
Influenza	Oseltamivir risk reduction of hospitalization 1%	Vaccination (overall) reduced odds of ICU admission by 26% among hospitalized adults
COVID-19	Paxlovid reduced risk of severe outcomes by 46%	mRNA vaccines reduced severe outcomes by 80%

Najjar-Debbiny R, et al. Clin Infect Dis. 2023 Feb
Dobson J, et al. Lancet. 2015
Ferdinands JM, et al. Vaccine. 2021.
Noda H, et al. J Am Coll Cardiol. 2005.

Cognitive bias: schema theory

- Individuals try to fit new information (new vaccines) into the pattern which they have used in the past to interpret information for similar situations
- Healthcare regimen of older adults focus on reduction and management of existing conditions
- Prevention of disease offered by vaccinations is not as easily appreciated



Base rate neglect, Loss aversion

Cognitive Bias	Definition	Using it to build vaccine confidence
Base rate neglect	<p>Tendency to focus on specific information (anecdotes) and ignore general information (statistics, data), even though the general information is more important.</p> <p>Tendency to ignore denominators and ratios in vaccine risk perceptions.</p>	<p>Share positive anecdotes of getting vaccinated.</p> <p>Share emotional stories of unvaccinated/not up to date loved ones getting severely ill from a vaccine-preventable disease.</p>
Loss aversion	<p>Tendency to put greater weight on avoiding losses than achieving comparable gains.</p> <p>Focusing on 1% chance of experiencing AE instead of 99% of no AE.</p>	<p>Reframe loss as sick days, harm to colleagues, harm to patients, harm to the community.</p>
Ambiguity aversion	<p>Tendency to take a known risk over an unknown risk, regardless of the outcomes.</p>	<p>Reframe vaccine risk as known risk.</p> <p>Keep staff, residents, family members regularly updated. Consistent messaging from leadership, managers, supervisors.</p>

LAC DPH COVID-19 Vaccine Healthcare Worker Survey

Preliminary Results – Dec 13, 2020

Do you plan to **refuse** a recommended COVID-19 vaccine?

	Yes, I will submit a documented exemption	No	Total
Nursing (RN/LVN)	431	1459	1890
	22.8% (*)	77.2% (*)	
Physician/Mid-level	49	1114	1163
	4.21% (*)	95.79% (*)	
Pharmacist	21	136	157
	13.38% (*)	86.62% (*)	
EMT/Paramedic	63	188	251
	25.1% (*)	74.9% (*)	
Certified nursing assistant/medical assistant	66	147	213
	30.99% (*)	69.01% (*)	

Cognitive biases that affect vaccine decision making

Cognitive Bias	Definition	Using it to build vaccine confidence
Default effect	Tendency to go with the default choice when choosing between several options	Make vaccination the default choice (supported by evidence) Importance of language: “vaccine confidence” vs “vaccine hesitancy”
Omission bias	Tendency to consider the consequences of omission (declining vaccination) as less severe than doing it (getting vaccinated) even if the result of omission is more severe. “Don’t fix what’s not broken.”	Reframe the choice to vaccinate is a choice between: <ul style="list-style-type: none"> - Continuing current health status & avoiding infections/additional rx (align with resident values) - Increased risk for infections and additional rx

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.

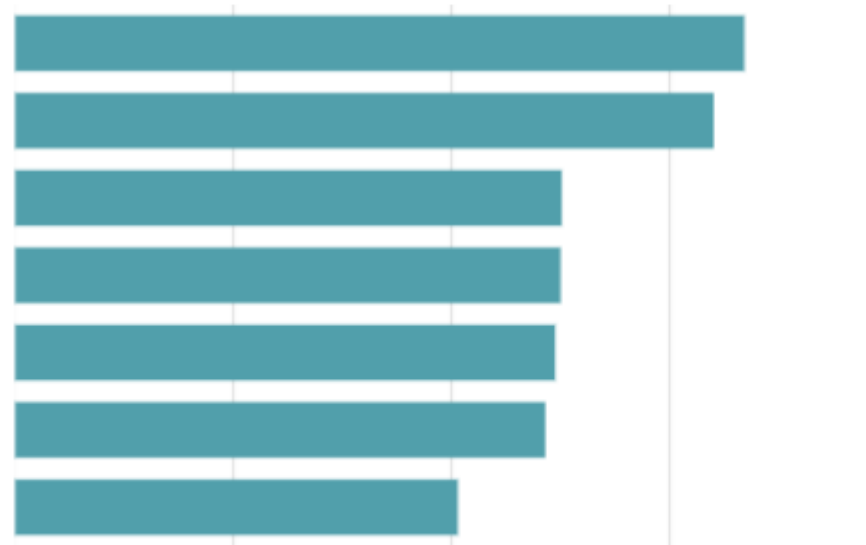
Anecdote: Systematically practiced by at least 1 SNF in LA County with resounding success (close to 100% for both staff & residents)



10. Rank the following EXTERNAL factors in order of importance for increasing your facility's **STAFF** COVID-19 bivalent booster coverage? (**Click and drag the options to your desired order.** 1- most important, 7- least important.)

[More Details](#)

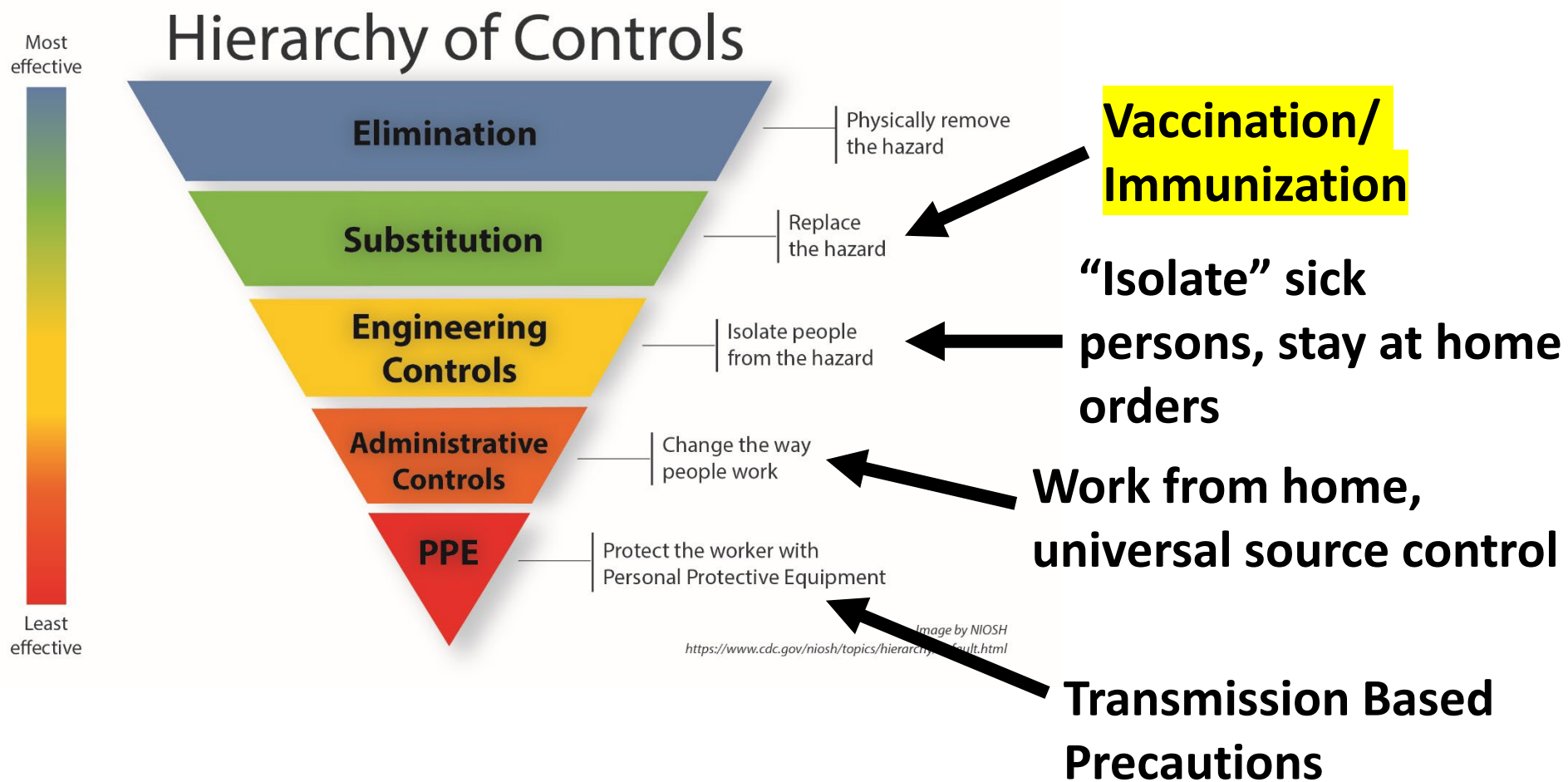
- 1 Increased community transmissi...
- 2 COVID-19 outbreak at your facil...
- 3 Financial rewards/incentives fro...
- 4 In-person booster education/co...
- 5 Virtual educational webinars, e...
- 6 Allowing enough time to pass si...
- 7 Messaging from social media an...



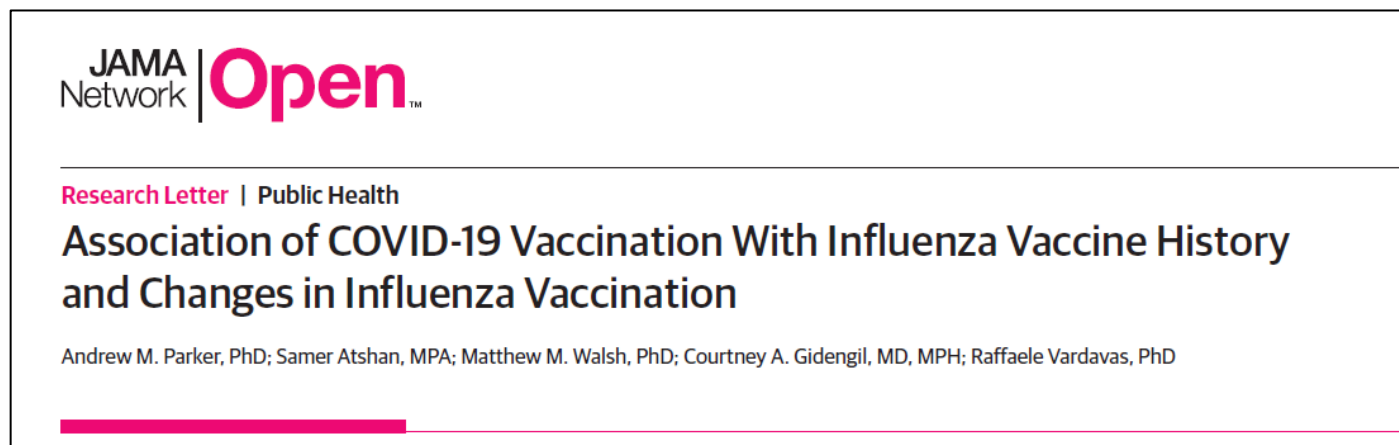
Present bias, False consensus/bandwagon effect

Cognitive Bias	Definition	Using it to build vaccine confidence
<p>Present bias</p>	<p>Tendency to put more weight on the costs and benefits of today and less weight on those realized in the future.</p> <p>Potential vaccine AE are more immediate vs avoidance/prevention of disease are in the future.</p>	<p>Combat with availability bias (tendency to attribute higher weight to factors that are easier to recall)</p> <ul style="list-style-type: none"> • Make vaccination super easy • Over-share info on benefits of vaccines • Normalize getting vaccinated well beforehand
<p>False consensus effect</p> <p>Bandwagon effect</p>	<p>Tendency to overestimate the extent to which the general population share one's belief</p> <p>Tendency to make a decision based on the decision of the majority of other people.</p>	<p>Emphasize success of other groups (dept, units, buildings, etc.). Create friendly competition.</p> <p>Visual boards of “why I got vaccinated”</p>

Hierarchy of Controls



Building vaccine confidence in 1 vaccine is beneficial for all vaccines



- Study confirmed high correlation between influenza and COVID-19 vaccination seen in other studies.
- “Most strikingly, among individuals who historically never got the influenza vaccine, those receiving COVID-19 vaccine were **substantially more likely to switch toward getting the influenza vaccine. This suggests that investing in vaccine acceptance has payoffs beyond the vaccine itself.**”



Objective 5:

Develop actionable plans to build vaccine confidence based on evidence



Actionable steps for IP leadership

1. START NOW
2. As a team, facility AND corporate (if applicable) leadership must make vaccine uptake and vaccine confidence #1 priority.
3. Educate yourself, educate others – including social workers, CNAs, LVNs, department managers, and clinical providers/medical director.
 - Teach and use the [3-5-3 conversation methodology](#)
 - CDPH [Crucial Conversations Campaign](#):

Actionable steps for IP leadership

4. Implement incentives and policy changes to make vaccination easy (DEFAULT) and not vaccinating hard (OMISSION)
5. Empower frontline champions
6. Proactively and regularly share evidence AND positive stories
7. Make positive stories readily accessible and available (“Why I Got Vaccinated” boards)
8. Persist: Regularly review, re-direct, and prepare for the next season



Updated (2023-2024 Formulation) COVID-19 Vaccine



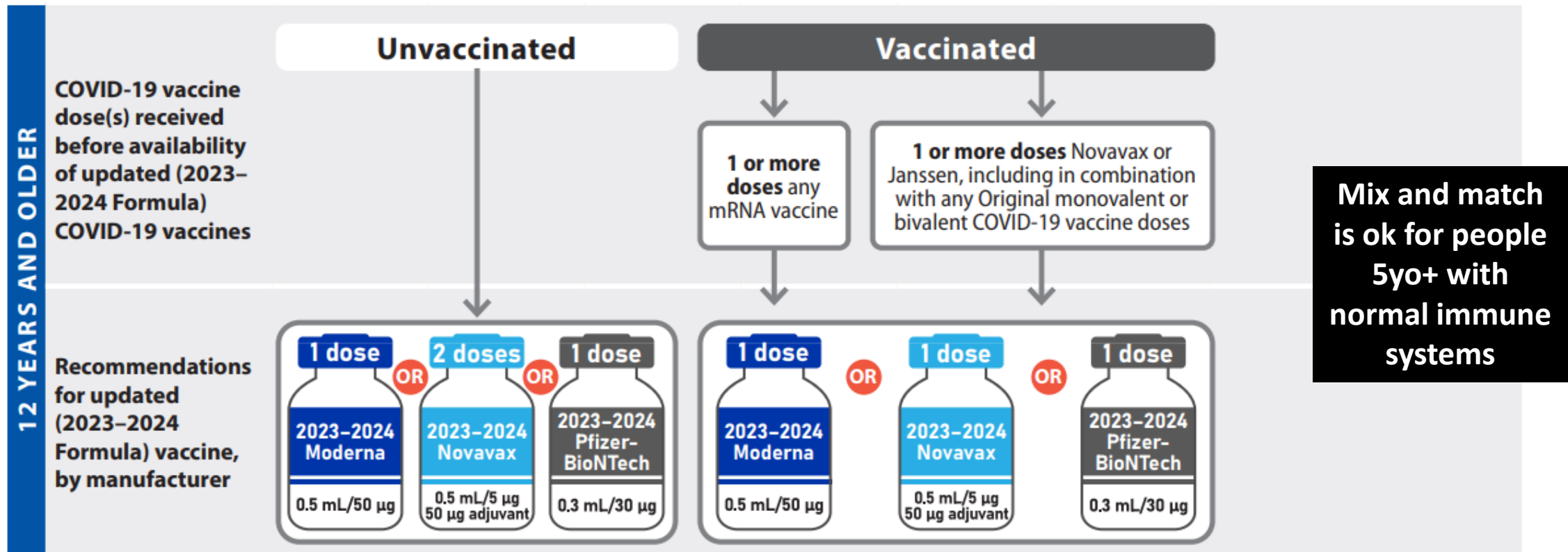


Who is recommended the updated (2023-2024 formulation) COVID vaccine?

- Everyone 6 months of age and older is eligible to receive at least one dose of the updated 2023-24 COVID vaccine two months after their last dose of COVID vaccine.
- **Everyone 5 years and older should get 1 dose of the 2023-2024 updated COVID vaccine as soon as they are 2 months out from getting the last dose of any prior COVID vaccine.**
 - This is especially important for everyone in nursing homes, residents and staff alike.

Please see [CDC's Stay Up to Date](#) page for more information on recommendations for those under 5 years old.

Recommended updated (2023–2024 Formula) COVID-19 vaccines for people with normal immune systems





When to administer

- **COVID-19:** as soon as they're eligible (please see [CDC's Stay Up to Date Recommendations](#) for details) and prior to the start of the winter respiratory virus season which usually starts in November, sometimes earlier.
- **Influenza:** September and October of every year prior to the start of the winter respiratory virus season (now), but even after October, individuals especially residing in or working in nursing homes should receive the influenza vaccine anytime during the season through April.
- **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.



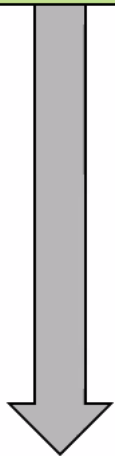
Objective 6:

Access to the Updated (2023-2024 Formulation) COVID-19 Vaccine



Post Sunset of the Federal COVID-19 Vaccination Program: Vaccine ordering will follow more traditional pathways for purchasing vaccines

Insured Patients*



Private Purchase

* Included Age: 19+ years

- Medicare Part B
- Medicare Part D
- Medi-Cal

COVID-19 Vaccines has been commercialized with the end of the federal Public Health Emergency. COVID-19 vaccines, like any other vaccine including influenza and pneumococcal vaccines, are accessed and purchased via standard channels.

All healthcare providers (hospitals, SNFs, etc.) now purchase COVID-19 vaccines from their pharmacy partner or a wholesaler/distributor just like with any other vaccine.



Access and cost of vaccines: Insured Individuals

- Per federal law ([Affordable Care Act](#)) all insured individuals should have no out-of-pocket costs to receive the updated vaccine – it is FREE to people with insurance!
 - ***This should apply to all SNF residents.***
 - Facilities and providers purchase vaccine upfront and get reimbursed on the backend.

Access and cost of vaccines: Uninsured/Under-insured Individuals

- For uninsured adults and adults whose insurance does not cover all COVID-19 vaccine costs (rare), vaccines are available through the federal “Bridge Access Program” (BAP).
 - *This might apply to some SNF staff*
- For uninsured/underinsured children and those on straight Medi-Cal, vaccines will be available through the California Vaccines for Children Program (VFC).

What to tell uninsured staff:

- Refer to [Vaccines.gov](https://www.vaccines.gov) (or [Vacunas.org](https://www.vacunass.gov) en español) to find providers to obtain free vaccines for uninsured and underinsured adults (**COVID and flu only**).

OR

- Refer to DPH website:
http://publichealth.lacounty.gov/vaccines/index.htm#public_sites



Objective 7:
Financial Reward Program



LOS ANGELES COUNTY FINANCIAL REWARD PROGRAM FOR THE 2023-2024 UPDATED COVID-19 VACCINE

The Los Angeles County (LAC) Department of Public Health (DPH) is excited to offer financial rewards to skilled nursing facilities (SNFs) in LAC, including Pasadena and Long Beach, who reach high levels of coverage to protect their residents and staff with the 2023-2024 updated COVID-19 vaccine!

Each SNF can earn a maximum of \$10,000. This award will be available for the first 100 SNFs in LAC (including Pasadena and Long Beach) who apply and receive confirmation from DPH they have met all criteria, or until funds run out.

\$7,500 Financial Reward

Facilities must demonstrate that 80% or more of their resident census have received the 2023-2024 updated COVID-19 vaccine over a single 1-week period from Monday through Sunday anytime between Nov 13 - Dec 17, 2023.

AND

SNFs must also have demonstrated they're reporting all administered vaccine doses to California Immunization Registry (CAIR2).

\$2,500 Financial Reward

Facilities must demonstrate that 80% or more of their staff census have received the 2023-2024 updated COVID-19 vaccine over a single 1-week period from Monday through Sunday anytime between Nov 13 - Dec 17, 2023.

If your SNF applies for both rewards, the 1-week period from Monday through Sunday does not have to be the same for residents and staff.

Important Dates

- **November 13 – December 17, 2023:** Time period when the 80% vaccine coverage must be met for at least a single 1-week period.
- **November 20, 2023:** Applications will officially open. Link to apply will be sent via email.
- **December 22, 2023:** Deadline to submit applications.

Questions? Contact us:

COVID-LTC-test@ph.lacounty.gov with "SNF Vaccine Reward" in the subject line.



LAC DPH is Launching the COVID-19 Vaccine Financial Reward for 2023-2024!!

Benefits:

- Financial reward: helps offset any upfront costs related to updated vaccine
- Recognition

Los Angeles County 2023-2024 Updated COVID Vaccine Financial Reward

- **Who is eligible?**
 - All licensed SNFs in Los Angeles County including Pasadena and Long Beach
 - First 100 SNFs to apply or until funds run out
- **What are the awards and criteria?**
 - **\$7,500 per facility**
 1. 80% of resident census is up to date with 2023-2024 formulation of COVID-19 vaccine over 1 week period anytime Nov 13-Dec 17, 2023; **AND**
 2. Reporting vaccine doses to CAIR2 (state law)
 - **\$2,500 per facility**
 1. 80% of staff census is up to date with 2023-2024 formulation of COVID-19 vaccine over 1 week period anytime between Nov 13-Dec 17, 2023

Los Angeles County 2023-2024 Updated COVID Vaccine Financial Reward

- Important dates

- **Nov 13 - Dec 17, 2023**: Time period when the 80% up to date vaccine coverage for at least a single 1-week period (Mon-Sun) must be met
- **Nov 20, 2023 (Monday)**: Applications open.
 - Details and link to apply coming soon – keep an eye out for an email from LAC DPH via GovDelivery.
- **Dec 22, 2023 (Friday)**: Deadline to submit applications. Late applications will not be considered.





Objective 8:

Reporting of COVID-19 Vaccination



NHSN: “Up-to-Date” Definition Changed Sep 25, 2023



- Affects both Long-term Care (LTC) COVID-19 Vaccine Modules and the Resident Impact and Facility Capacity (RIFC) Surveillance Pathway.
- Individuals are considered “Up-to-Date” with their COVID-19 vaccines only if they meet 1 of the following criteria.
 - Received a Updated (2023-2024 Formulation) COVID-19 Vaccine
 - OR
 - Received a bivalent* COVID-19 vaccine within the last 2 months. *Since the prior bivalent vaccines are no longer authorized as of 9/12/2023, this second criteria will no longer be valid as of Nov 12, 2023.
- Under the new definition, the vast majority of individuals are not up to date with COVID-19 vaccines because they have not receive the 2023-2024 updated COVID-19 vaccine. Therefore, your facility **should report zero (0)** up to date for both the residents and staff in the respective COVID-19 Vaccine Modules and the RIFC Surveillance Pathway.
- <https://www.hsag.com/en/medicare-providers/nursing-homes/nhsn-help/>



CAIR2 Reporting Reminders

CAIR2 (California Immunization Registry): Per California state law (Assembly Bill 1797), all healthcare providers, including SNFs, are legally mandated to report all immunization doses administered [effective Jan 1, 2023](#).

Applies to ALL vaccines: influenza, pneumococcal, shingles, Tdap, RSV, COVID-19, etc.

Enroll/change your access in [CAIR2](#) to report vaccines. For more info and technical support:

- Your [local CAIR representative](#) (scroll down to CAIR2 Los Angeles Region); or
- The [CAIR Helpdesk](#)

Include your facility name, full address, and CAIR org ID (if available) when reaching out.

Please also see our **Aug 4, 2023 webinar** on this topic: [slides](#) & [recording](#)



Objective 9:

Miscellaneous FAQs



LA County Health Officer Order (9/27/23) Requires All HCWs to Vaccinate OR Mask

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



ORDER NO. 2023-04-01 OF THE LOS ANGELES COUNTY HEALTH OFFICER

ORDER OF THE LOS ANGELES COUNTY HEALTH OFFICER

ANNUAL INFLUENZA IMMUNIZATION OR MASKING AND ADDITION OF UPDATED
COVID-19 IMMUNIZATION OR MASKING REQUIREMENT FOR HEALTHCARE
PERSONNEL DURING THE 2023-2024 RESPIRATORY VIRUS SEASON

Original Issue Date: Monday, September 11, 2023

Revision Date: Wednesday, September 27, 2023

Brief Highlights:

9/27/2023:

- On 9/11/23, the U.S. Food and Drug Administration (FDA) approved and authorized for emergency use, updated COVID-19 vaccines (2023-2024 Formula). These updated vaccines more closely target currently circulating variants (i.e., Omicron variant XBB.1.5) and better protect against serious consequences of COVID-19, including severe illness, hospitalization, and death.
- On 9/12/23, the U.S. Centers for Disease Control and Prevention (CDC) recommended everyone 6 months and older get an updated COVID-19 vaccine to protect against the potentially serious outcomes of COVID-19 illness this fall and winter.
- Based on the FDA approval/authorization and the CDC guidance, HCP working in all licensed healthcare facilities in Los Angeles County must also receive the updated COVID-19 vaccine (2023-2024 Formula) this fall and winter. HCP who decline the updated COVID-19 vaccination will be required to wear a respiratory mask when in contact with patients or working in Patient-Care Areas during the respiratory virus season.

- All HCWs in licensed healthcare settings: general acute hospitals, acute psych hospitals, SNFs, ICFs, CLHFs, EMS, chemical dependent recovery hospitals, dialysis centers, home health agencies, primary care clinics, ambulatory surgery centers, hospice facilities
- Must be vaccinated against **both COVID and influenza** OR must mask in resident care areas for the entirety of the respiratory viral illness season (Nov-Apr).

NEW! LAC DPH is using GovDelivery to send out communication

SNF UPDATES



Dear Skilled Nursing Facility Administrator, Director of Nursing, or Infection Preventionist,

All skilled nursing facilities (SNFs) in Los Angeles County (LAC) must have started administering the 2023-2024 updated COVID-19 vaccine to their residents and ensuring their staff are getting the vaccine with their providers before November 1, 2024. LAC DPH requests you submit a response to this weekly SNF survey. **Link:** https://lacpublichealth.sjc1.qualtrics.com/jfe/form/SV_77B6OCSBw7X1RxI

Submissions are open from Wednesday through Sunday. Additional follow-up from LAC DPH by phone may occur. **The deadline for this survey is 11:59 PM Sunday, October 22nd, 2023.**

PLEASE NOTE: This will be a weekly survey sent on Wednesdays to all SNFs in LAC for the next 6 weeks or until your facility has started administering the updated vaccine to your residents, whichever is earlier.

Please reach out to us via COVID_LTC_test@ph.lacounty.gov email if you have any comments or questions related to the 2023-2024 updated COVID-19 vaccine. For assistance or questions related to vaccine pharmacy partners please contact PharmProvMgt@ph.lacounty.gov.

We appreciate your prompt attention to this request.

Thank you,

Acute Communicable Disease Control

Los Angeles County Department of Public Health



Sending email contact: **County of Los Angeles**
lacounty@subscriptions.lacounty.gov

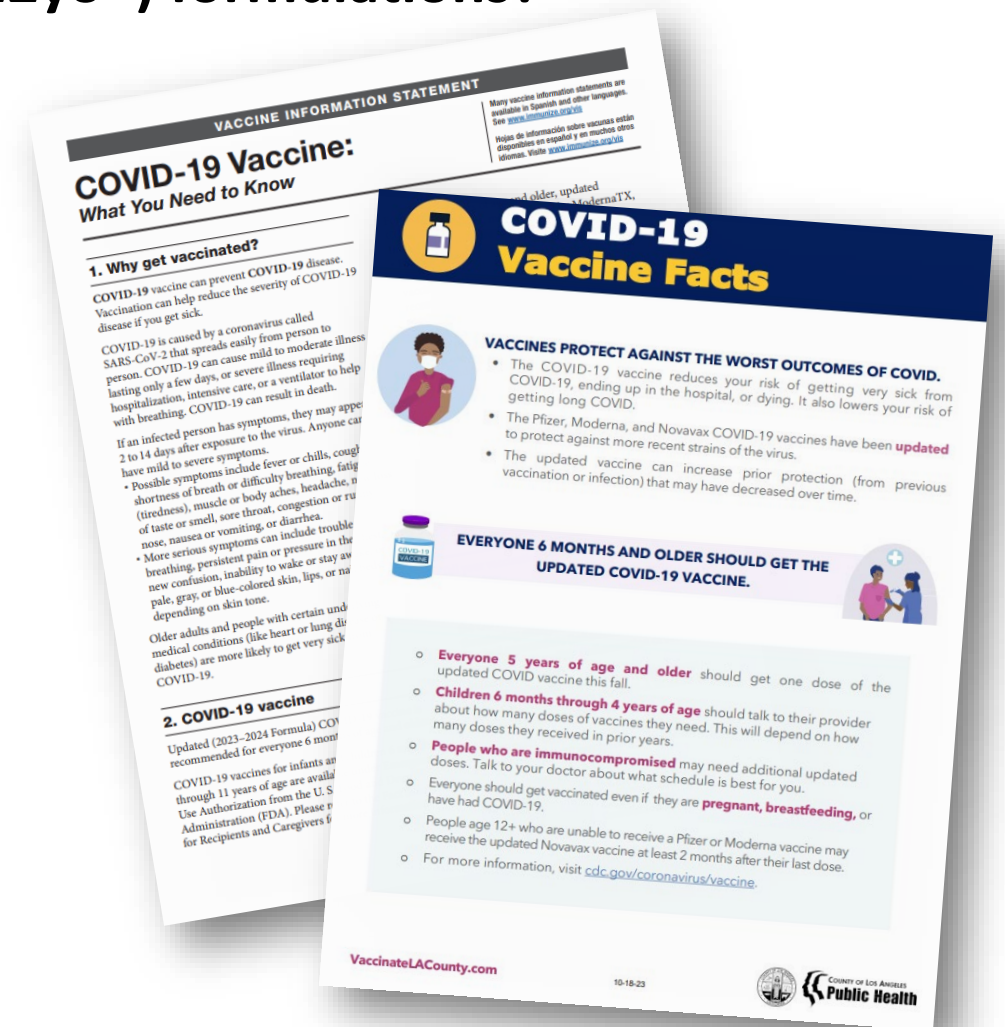
Please add it to your address book/contact list to ensure Public Health emails are not sent to your junk or spam!

New short survey (4 questions) to all LA County SNFs from Oct 11-Nov 1, 2023 on your facility's progress towards vaccinating your residents.

- Survey open every Wed-Sun (midnight).
- If your facility fails to submit in time, your facility will be called by Public Health.

FAQ: I can only find the EUA fact sheets for the pediatric formulations of the updated vaccines. Where are the fact sheets for the adult (12yo+) formulations?

- EUA fact sheets were only for the vaccines under EUAs (emergency use authorizations)
- For fully approved products like the adult formulations for Moderna (Spikevax) and Pfizer (Comirnaty), [vaccine information statements \(VIS\)](#) takes their place.
- **COVID-19 VIS:**
<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/COVID-19.pdf>
- Please also share these flyers to **residents and their families and loved ones:**
 - LAC DPH “COVID-19 Vaccine Facts” (updated 10/18/23):
<http://publichealth.lacounty.gov/media/Coronavirus/docs/vaccine/VaccineFacts.pdf>
 - LAC DPH “New Formulation of COVID-19 Vaccines” (10/13/23):
<http://publichealth.lacounty.gov/acd/ncorona2019/docs/vaccine/New Formulation of COVID-19 Vaccines.pdf>





Emergency Use Information (EUI) Fact Sheets for Healthcare Providers

- [2023-2023 COVID Vax EUI Fact Sheet - Moderna.pdf](#)
- [2023-2023 COVID Vax EUI Fact Sheet - Pfizer.pdf](#)



California COVID-19 Vaccination Program

ENHANCED BY

Program Updates

Program Enrollment

My Turn

Vaccine Management

Vaccine Administration

Reporting Requirements

Archived Communications

Provider Webinars

California COVID-19 Vaccination Program Updates and Q&A

COVID-19 Provider Webinar

- Every Friday from 9 AM - 10:30 AM
- [Register here](#)
- [Archived recordings and slides](#)

Successful Strategies for COVID-19 Vaccine Management Quickinars

- [Archived recordings and slides](#)

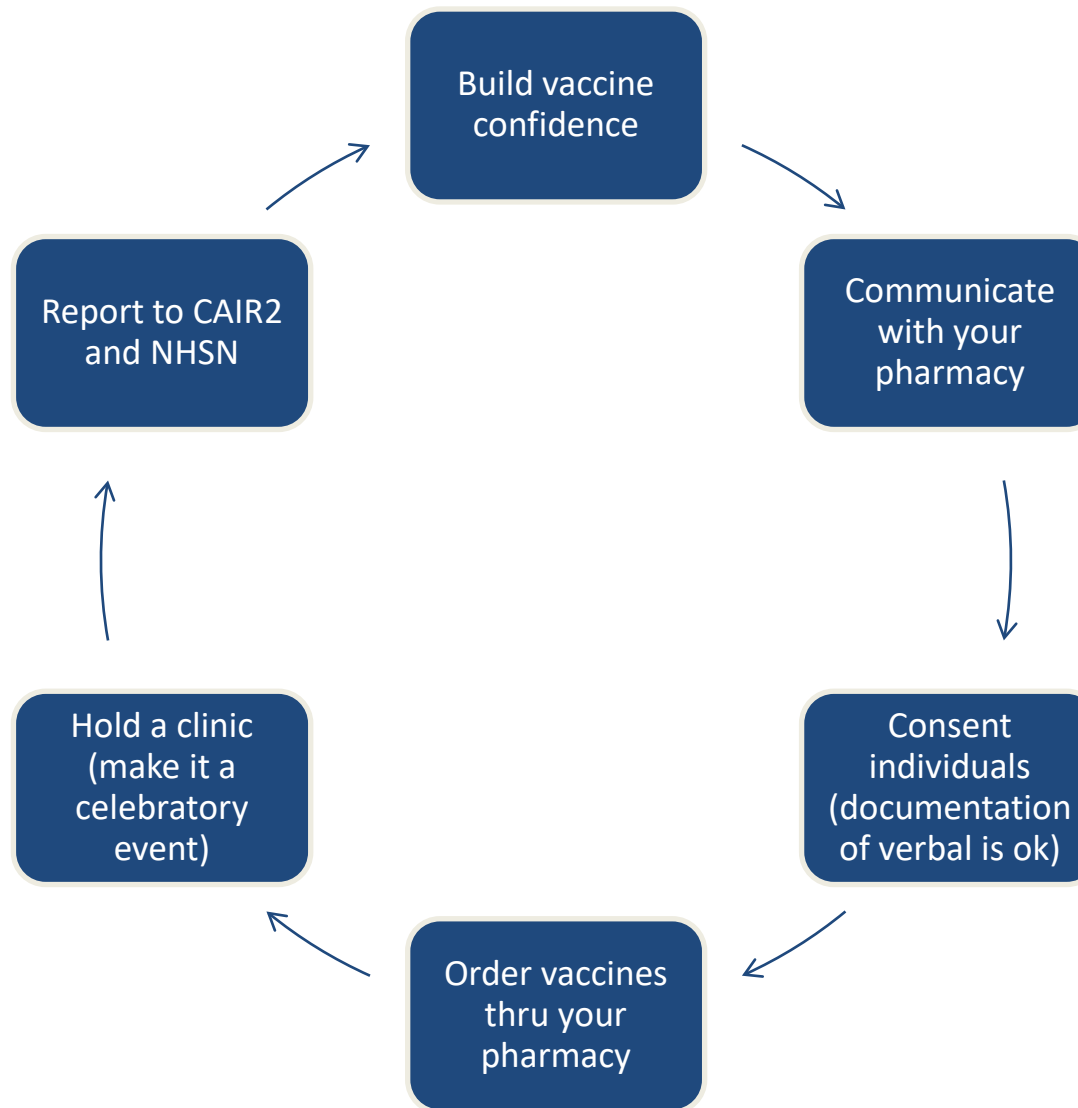
<https://eziz.org/covid/education/>

Lessons Learned: **LEAD** with Vaccine Confidence

- **M**ulti-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



High uptake of 2023 fall vaccines (COVID-19, Influenza, RSV)



[This Photo](#) by Unknown
Author is licensed under [CC BY-NC-ND](#)





References & Resources





References and Resources

- Centers for Disease Control and Prevention (CDC), National Healthcare Safety Network (NHSN). “Nursing Home COVID-19 Vaccination Data Dashboard.” Accessed online 8/13/23: <https://www.cdc.gov/nhsn/covid19/ltc-vaccination-dashboard.html>.
- CDC, COVID-19 Response, Vaccine Task Force, Vaccine Confidence & Demand Team, Insights Unit. “CDC’s State of Vaccine Confidence Insights: Routine Immunizations on Schedule for Everyone Report.” Published Nov 10, 2022. Accessed online 8/8/23: <https://www.cdc.gov/vaccines/covid-19/downloads/sovc-rise-report-11-17-22.pdf>
- Leuchter, R.K., et al. “Association between Covid-19 Vaccination and Influenza Vaccination Rates.” N Engl J Med 2022; 386:2531-2532. Accessed online 8/10/23: <https://www.nejm.org/doi/full/10.1056/NEJMc2204560>
- Liow, C., et al. “Declines in Routine Adult and Teen Vaccinations Continued in 2021.” Avalere. Published Jan 10, 2022. Accessed online 8/10/23: <https://avalere.com/insights/declines-in-routine-adult-and-teen-vaccinations-continued-in-2021>
- Sundaram, N., et al. “ ‘I wouldn’t really believe statistics’ – Challenges with influenza vaccine acceptance among healthcare workers in Singapore.” Vaccine (2018). Accessed online 8/10/2023: <https://doi.org/10.1016/j.vaccine.2018.02.102>
- 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>
- Los Angeles County Department of Public Health (LAC DPH). “COVID-19 Best Practices for Improving Vaccination.” Accessed online 8/8/23: <http://publichealth.lacounty.gov/acd/ncorona2019/docs/SNFVaccinationCoverageBestPractices.pdf>
- “Promoting COVID-19 Bivalent Vaccinations: Long-term Care Provider Perspectives.” Online webinar Feb 9, 2023. Public Health Foundation. Accessed online 2/9/23: http://www.phf.org/resourcestools/Pages/Promoting_Bivalent_Vaccinations_for_Older_Adults_Long-Term_Care_Provider_Perspectives_Archived_Webinar.aspx
- LAC DPH, Influenza Immunization Healthcare Task Force. “Best Practices for Improving Influenza Immunization Coverage Amongst Healthcare Personnel.” Accessed online 8/8/23: <http://publichealth.lacounty.gov/acd/docs/BestPracticesInfluenzaImmunizationHCP.pdf>
- Azarpanah, H., Farhadloo, M., Vahidov, R. et al. “Vaccine hesitancy: evidence from an adverse events following immunization database, and the role of cognitive biases.” BMC Public Health 21, 1686 (2021). <https://doi.org/10.1186/s12889-021-11745-1>
- Parker AM, Atshan S, Walsh MM, Gidengil CA, Vardavas R. “Association of COVID-19 Vaccination With Influenza Vaccine History and Changes in Influenza Vaccination.” JAMA Netw Open. 2022;5(11):e2241888. Accessed online 8/13/23: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2798391>