



COVID-19 Vaccine Updates and Preparing for the Respiratory Virus Season

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Nava Yeganeh, MD MPH

Ibrahim Younis, PharmD

Vaccine Preventable Disease Control

Pingting Karen Nie, MD

Aarti Gupta, MPH

Acute Communicable Disease Control

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.

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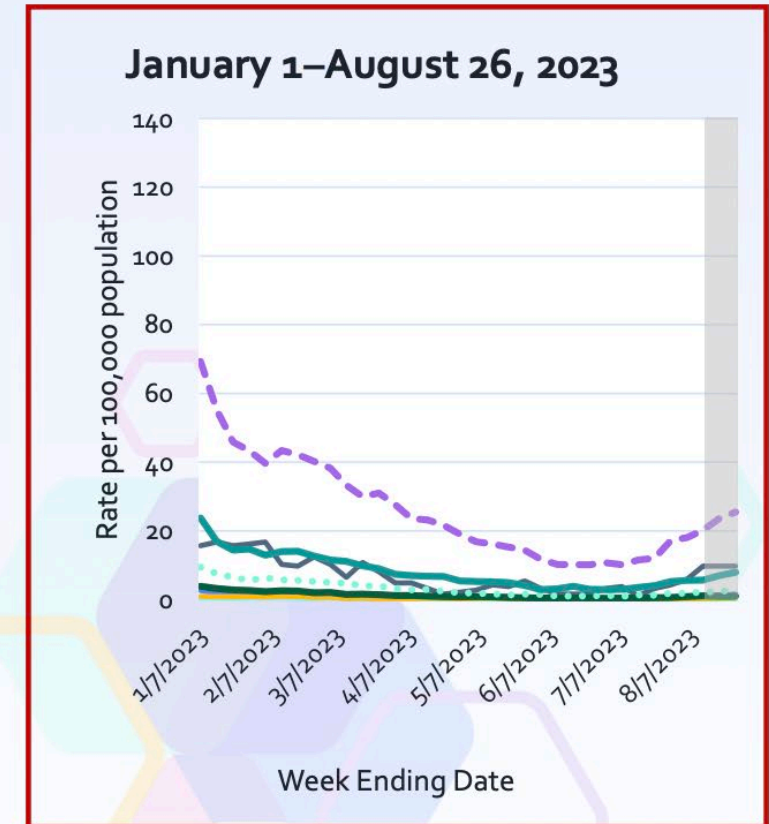
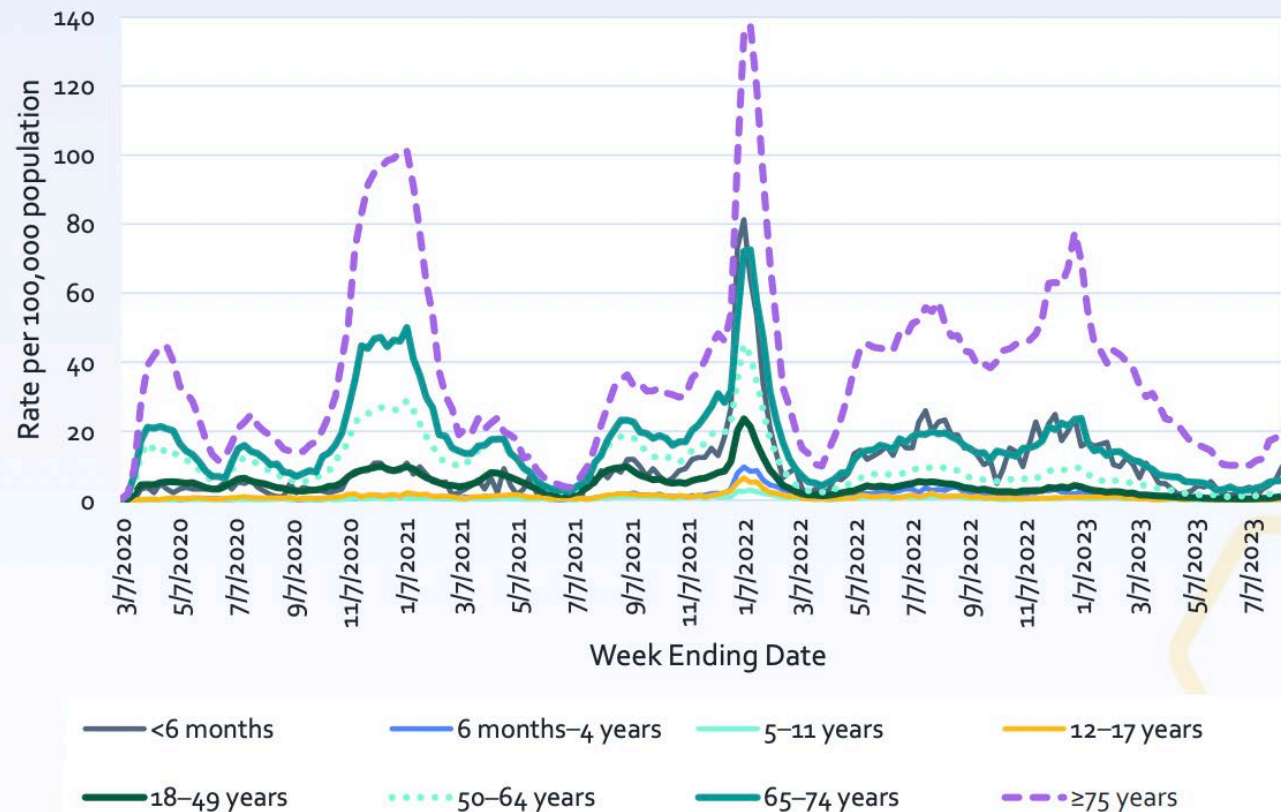
COVID-19 Vaccines



Weekly Population-Based Rates of COVID-19-Associated Hospitalizations — COVID-NET, March 2020–August 26, 2023

2023

March 1, 2020–August 26, 2023



Rates highest in ≥75 years, followed by infants <6 months and adults 65–74 years

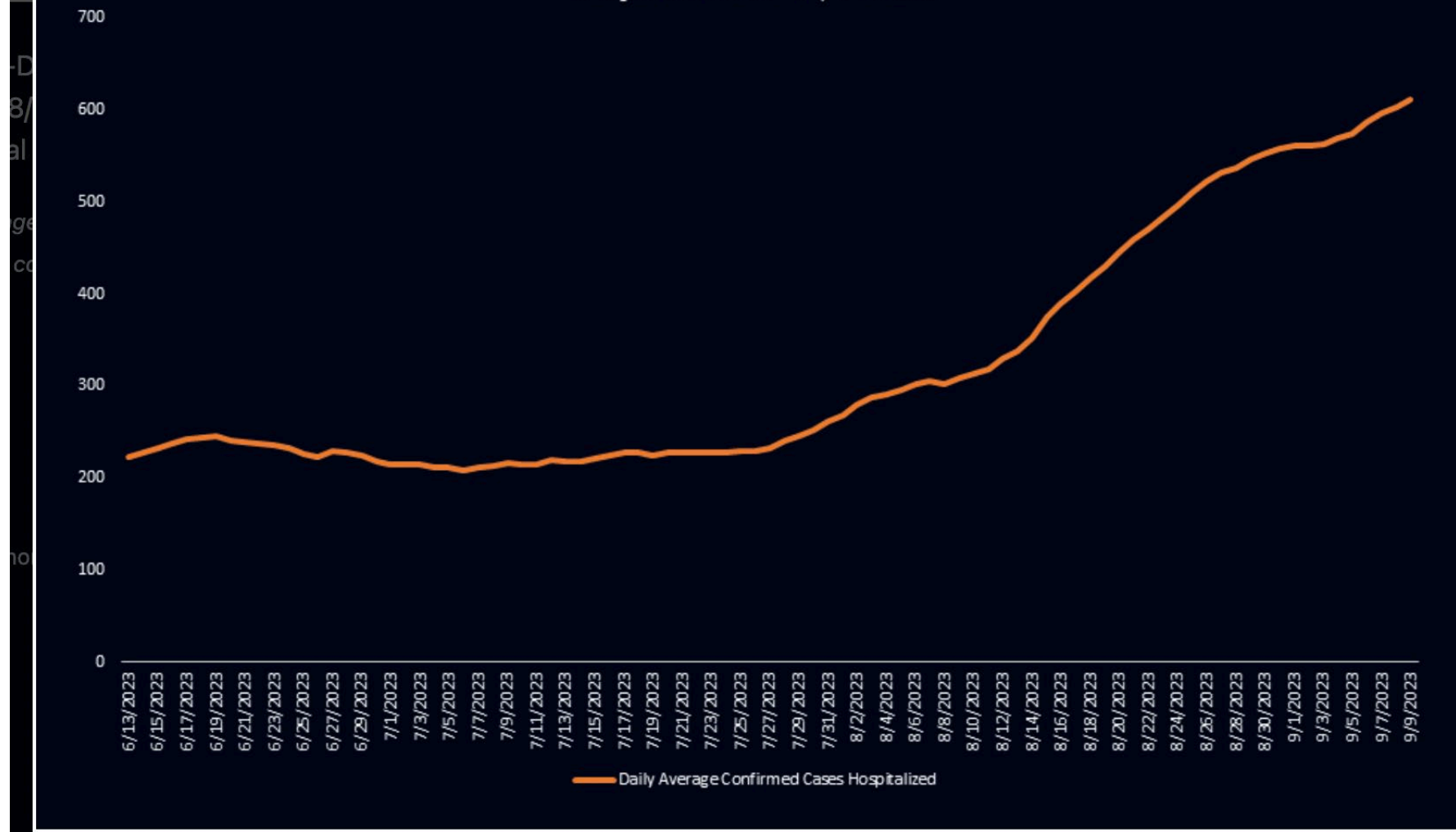
Gray boxes indicate potential reporting delays. Interpretation of trends should be excluded from these weeks.



Black/African American 360 200

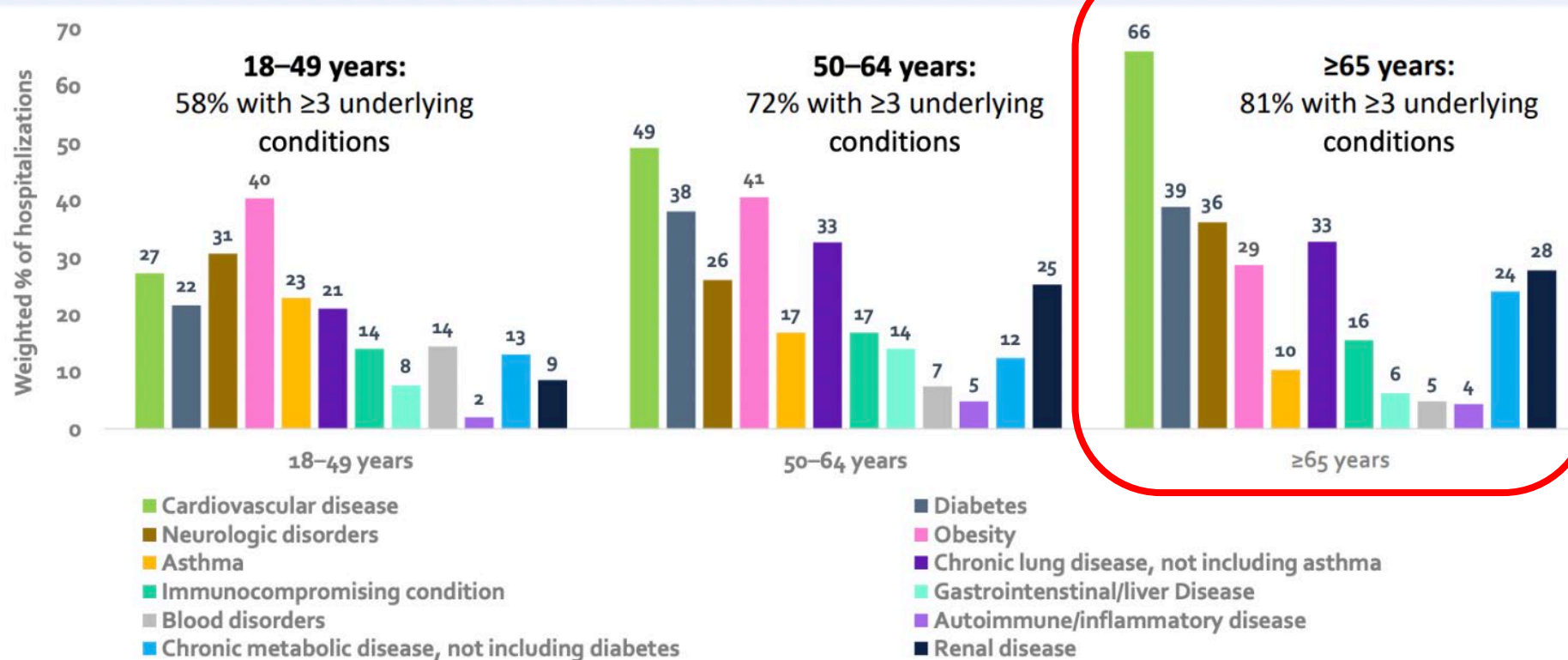
LAC data

Daily Number of Hospitalized COVID-19 Confirmed Patients, Past 7-day Average September 9, 2023



Most hospitalized adults have underlying conditions

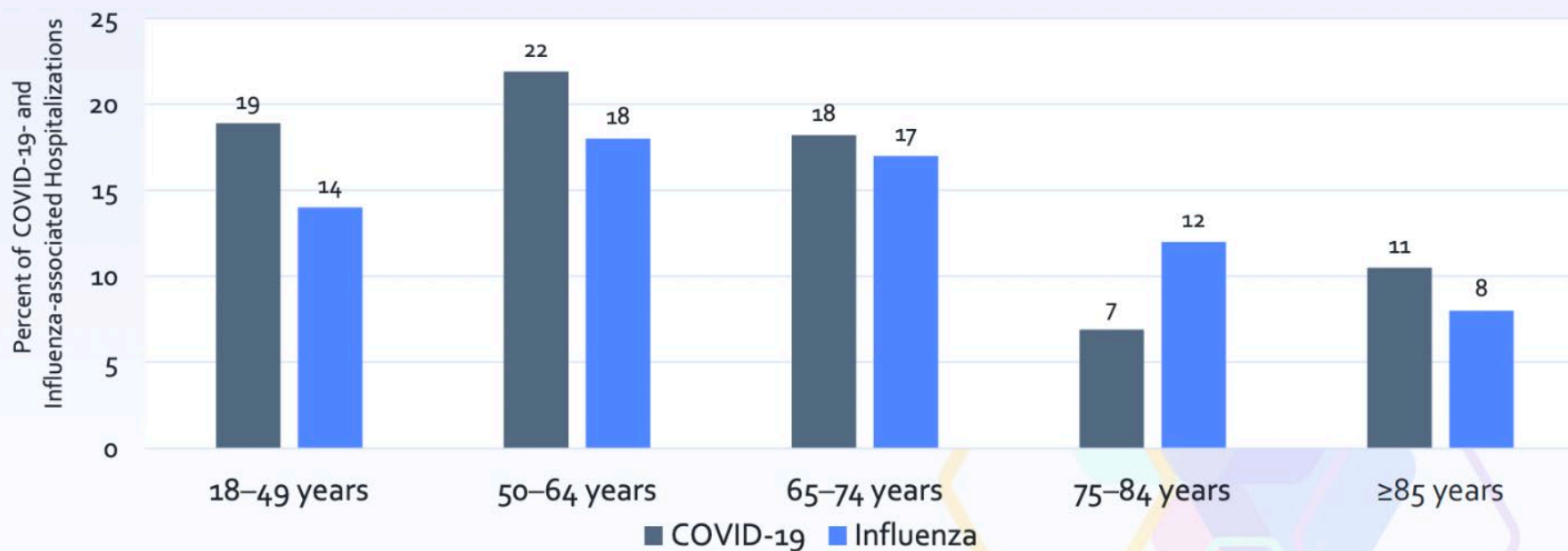
Underlying Medical Conditions among Adults Ages ≥ 18 Years Hospitalized for COVID-19, by Age Group — COVID-NET, January–June 2023



Data are limited to hospitalizations where COVID-19 is a likely primary reason for admission.

Disease severity higher than seen with flu

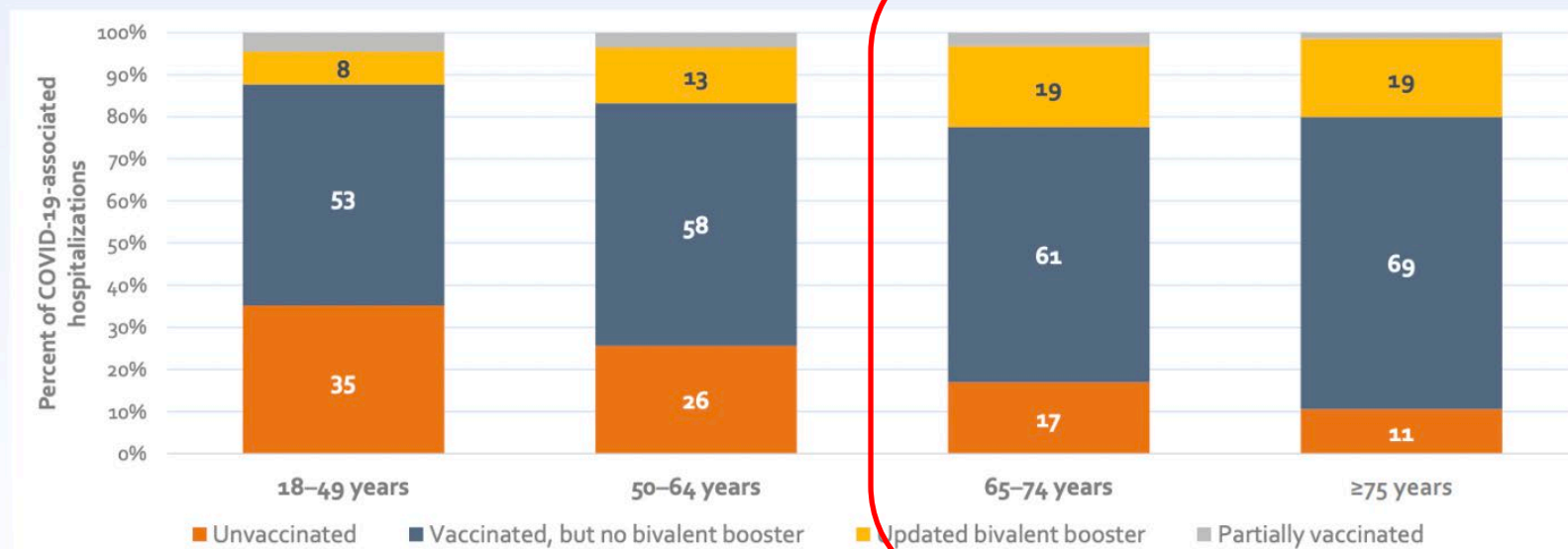
Percent of COVID-19- and Influenza-Associated Hospitalizations with ICU admission among Adults by Age Group — COVID-NET and FluSurv-NET*, 13 States, October 2022–April 2023



* Influenza Hospitalization Surveillance Network
Limited to COVID-NET hospitalizations with COVID-19-related illness as likely reason for admission

Most hospitalizations occur in people who are not up to date

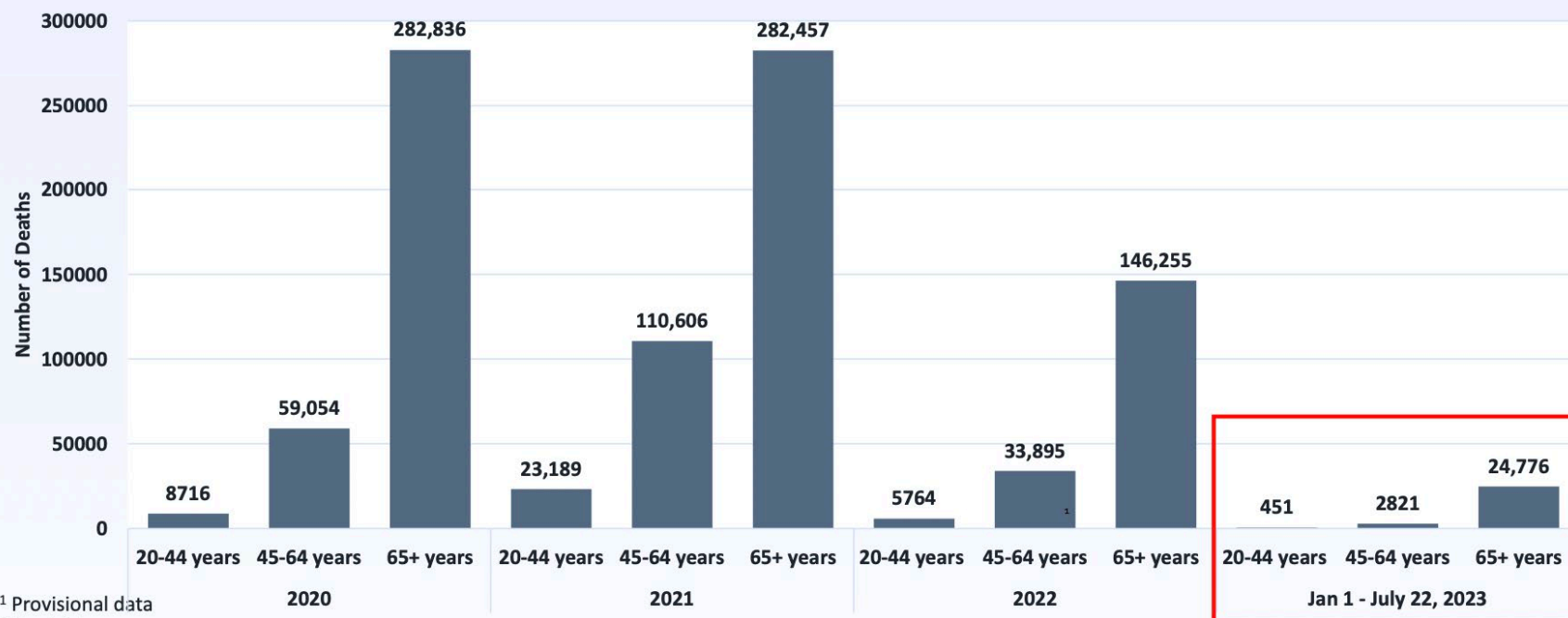
Vaccination Status by Age Group among Non-Pregnant Adults Ages ≥ 18 Years Hospitalized for COVID-19 — COVID-NET, January–June 2023



Data are limited to hospitalizations where COVID-19 is a likely primary reason for admission. **Unvaccinated:** No recorded doses of COVID-19 vaccine. **Vaccinated, but no bivalent booster:** Completed a primary series with or without ≥ 1 booster dose but did not receive an updated bivalent booster dose. **Updated bivalent booster:** Received updated bivalent booster dose. **Partially vaccinated:** Received at least one dose of COVID-19 but was not considered fully vaccinated at the time of a positive SARS-CoV-2 test. Persons with unknown vaccination status are excluded.

COVID deaths are highest in individuals >65 years of age

COVID-19-associated deaths in persons ages ≥ 20 years (by underlying cause of death), by age group and year – National Vital Statistics System



¹ Provisional data

² Partial data

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2021, and from provisional data for years 2022-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Number of deaths includes COVID-19 code (U07.1) as the underlying cause of death. Accessed at <http://wonder.cdc.gov/mcd-icd10-provisional.html> on Aug 25, 2023 4:53:59 PM



Summary of COVID disease

- COVID-19 burden is currently lower than at previous points in the pandemic, however the absolute number of hospitalizations and deaths is still high
- Although hospitalization rates are currently low in some age groups
 - Hospitalizations rising in Los Angeles County
 - Hospitalizations likely to rise this winter
- Older adults have the highest COVID-19-associated hospitalization rates, ICU admissions and death
- High proportions of underlying conditions may put certain groups at increased risk for severe outcomes due to COVID-19



Vaccine Effectiveness



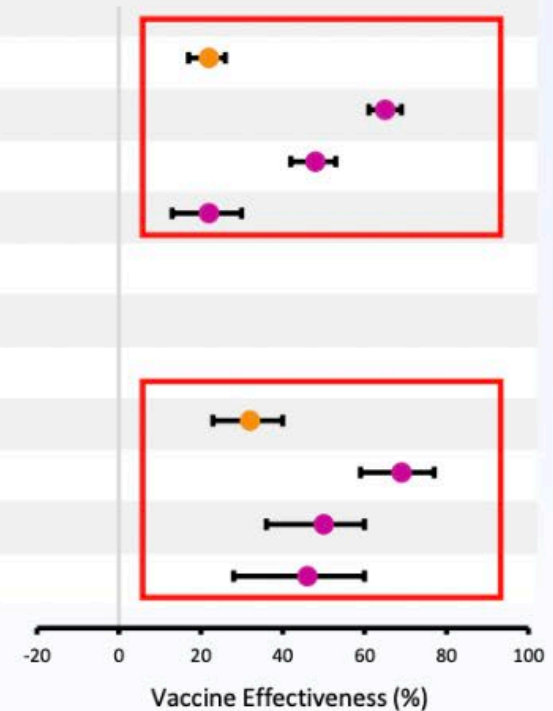
VISION: Absolute VE of *original monovalent* and *bivalent* booster doses against *ED/UC encounters* among immunocompetent persons, by age group – September 2022 – August 2023

| mRNA Dosage Pattern | Total tests | SARS-CoV-2-test-positive, N (%) | Median interval since last dose, days (IQR) | Adjusted VE (95% CI) |
|--|-------------|---------------------------------|---|----------------------|
| Unvaccinated | | | | |
| 5-17 years | 41,910 | 1,446 (4) | -- | Ref |
| 18-64 years | 90,349 | 8,201 (9) | -- | Ref |
| ≥65 years | 17,108 | 2,453 (14) | -- | Ref |
| Original monovalent doses only | | | | |
| 5-17 years | 28,369 | 1,092 (4) | 334 (253-439) | 7 (-1 to 15) |
| 18-64 years | 14,9267 | 14,270 (10) | 441 (334-564) | 2 (-1 to 5) |
| ≥65 years | 69,989 | 8,538 (12) | 383 (266-531) | 17 (12 to 21) |
| Bivalent booster, 7-59 days earlier | | | | |
| 5-17 years | 1,858 | 30 (2) | 30 (18-44) | 63 (46 to 74) |
| 18-64 years | 9,763 | 549 (6) | 33 (21-46) | 56 (52 to 60) |
| ≥65 years | 1,1826 | 970 (8) | 35 (21-48) | 59 (55 to 62) |
| Bivalent booster, 60-119 days earlier | | | | |
| 5-17 years | 1,268 | 37 (3) | 89 (74-105) | 36 (10 to 54) |
| 18-64 years | 9,558 | 682 (7) | 86 (72-102) | 39 (34 to 44) |
| ≥65 years | 12,753 | 1,255 (9) | 87 (73-102) | 47(42 to 51) |

VE estimates adjusted for age, sex, race and ethnicity, geographic region, and calendar time. CDC unpublished data

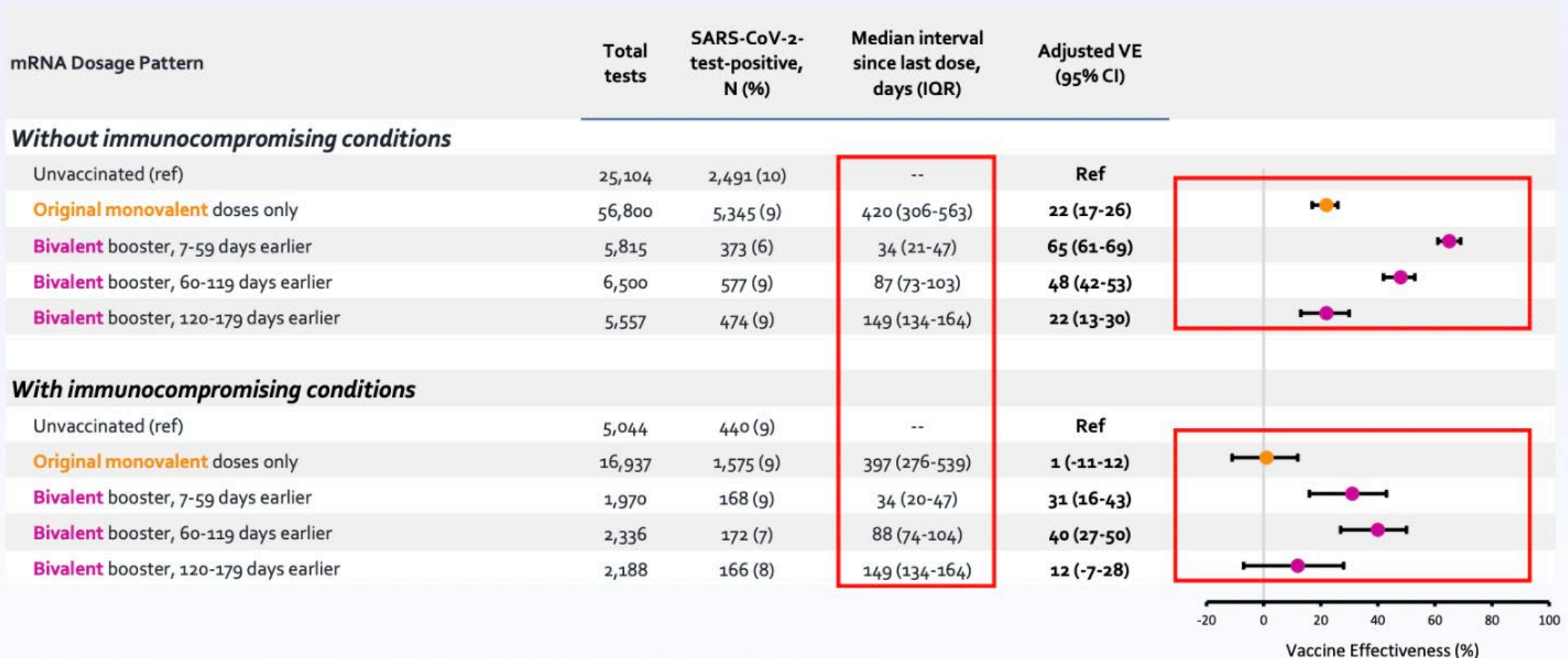
VISION: Absolute VE of *original monovalent* and *bivalent* booster doses against *hospitalization* and *critical illness* among immunocompetent adults aged ≥ 18 years – September 2022 – August 2023

| mRNA Dosage Pattern | Total tests | SARS-CoV-2-test-positive, N (%) | Median interval since last dose, days (IQR) | Adjusted VE (95% CI) |
|---|-------------|---------------------------------|---|----------------------|
| Hospitalization | | | | |
| Unvaccinated (ref) | 25,104 | 2,491 (10) | -- | Ref |
| Original monovalent doses only | 56,800 | 5,345 (9) | 420 (306-563) | 22 (17-26) |
| Bivalent booster, 7-59 days earlier | 5,815 | 373 (6) | 34 (21-47) | 65 (61-69) |
| Bivalent booster, 60-119 days earlier | 6,500 | 577 (9) | 87 (73-103) | 48 (42-53) |
| Bivalent booster, 120-179 days earlier | 5,557 | 474 (9) | 149 (134-164) | 22 (13-30) |
| Critical illness | | | | |
| Unvaccinated (ref) | 23,140 | 527 (2) | -- | Ref |
| Original monovalent doses only | 52,352 | 897 (2) | 422 (306-564) | 32 (23-40) |
| Bivalent booster, 7-59 days earlier | 5,504 | 62 (1) | 34 (21-47) | 69 (59-77) |
| Bivalent booster, 60-119 days earlier | 6,023 | 100 (2) | 87 (73-103) | 50 (36-60) |
| Bivalent booster, 120-179 days earlier | 5,144 | 61 (1) | 149 (134-164) | 46 (28-60) |



Critical illness defined as admission to intensive care unit or death; case-patients were persons admitted to ICU or who experienced death associated with COVID-19, and control patients were persons hospitalized without COVID-19. VE estimates adjusted for age, sex, race and ethnicity, geographic region, and calendar time. Updated from: Link-Gelles et al., MMWR, <https://www.cdc.gov/mmwr/volumes/72/wr/mm7221a3.htm>

VISION: Absolute VE of *original monovalent* and *bivalent* booster doses against *hospitalization* among adults ≥ 18 years, by immunocompromise status – September 2022 – August 2023

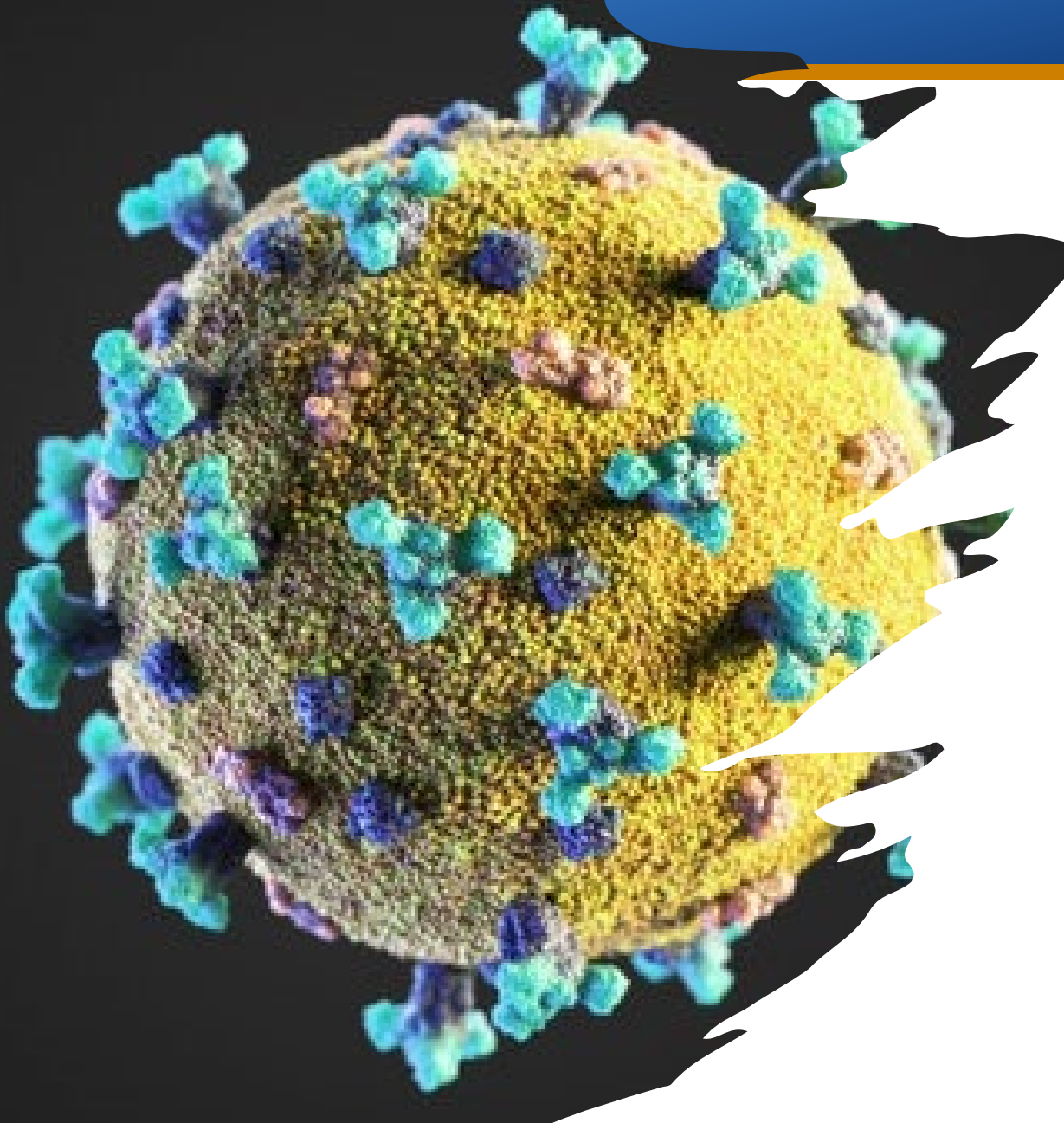


VE estimates adjusted for age, sex, race and ethnicity, geographic region, and calendar time. Updated from: Link-Gelles et al., MMWR, <https://www.cdc.gov/mmwr/volumes/72/wr/mm7221a3.htm>



Summary of Vaccine Effectiveness

- Vaccine effectiveness wanes against hospitalization and ED/UC
 - More sustained protection against critical illness
- Vaccine effectiveness lower in those with immunocompromising conditions
 - Treatment should be considered if these individuals are infected



New vaccine products: Available preclinical and clinical data

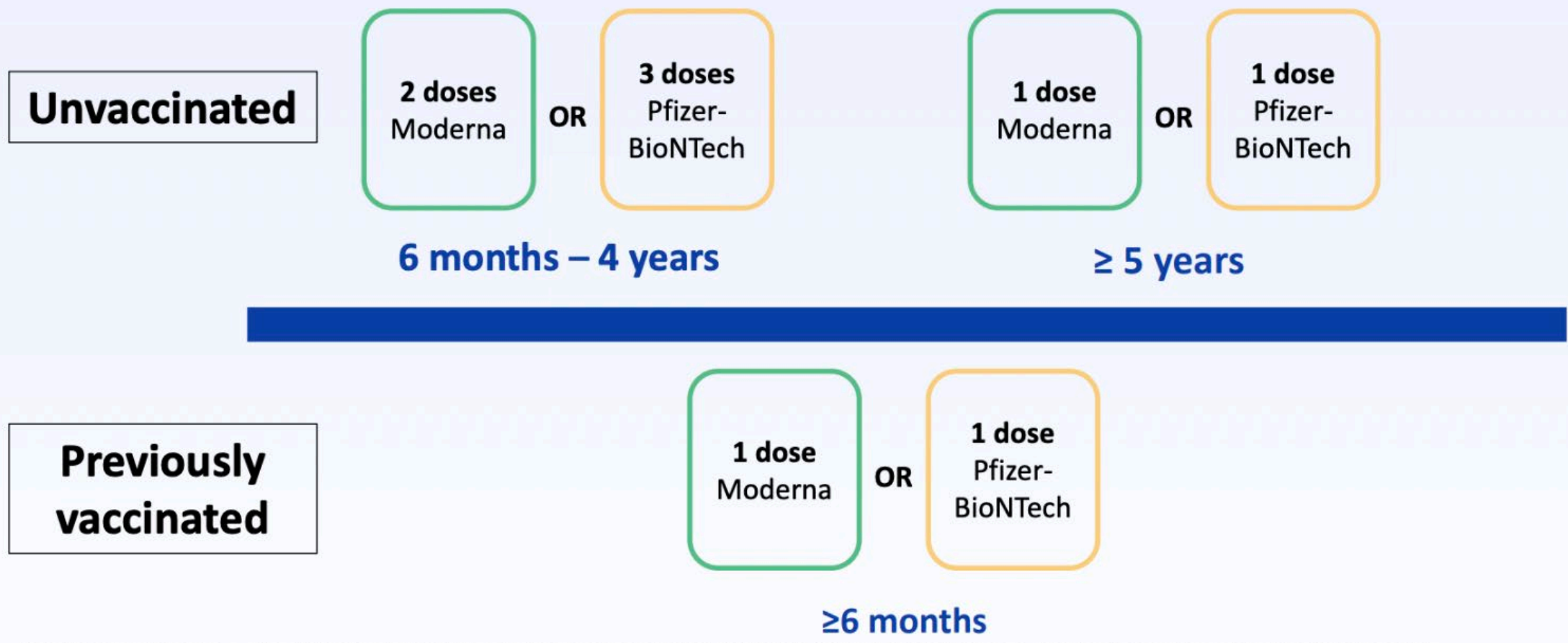
- Moderna clinical trial data
 - Randomized 101 patients to monovalent XBB.1.5 containing dose or bivalent BA.4/5 + XBB.1.5 containing dose
 - Patients demonstrated an increase in neutralizing antibodies, with similar levels of neutralization across several XBB sub-variants (including BA.2.86 and EG.5)
 - Reported reactogenicity was similar to or lower than that reported from previous doses
- Novavax – Preclinical data
 - Macaques boosted with XBB.1.5 demonstrated increased neutralizing response across several XBB pseudoviruses
- Pfizer-BioNTech – Preclinical data
 - Mice boosted with XBB.1.5 demonstrated increased neutralizing response across several XBB pseudoviruses



COVID-19 vaccine recommendations for 2023-24

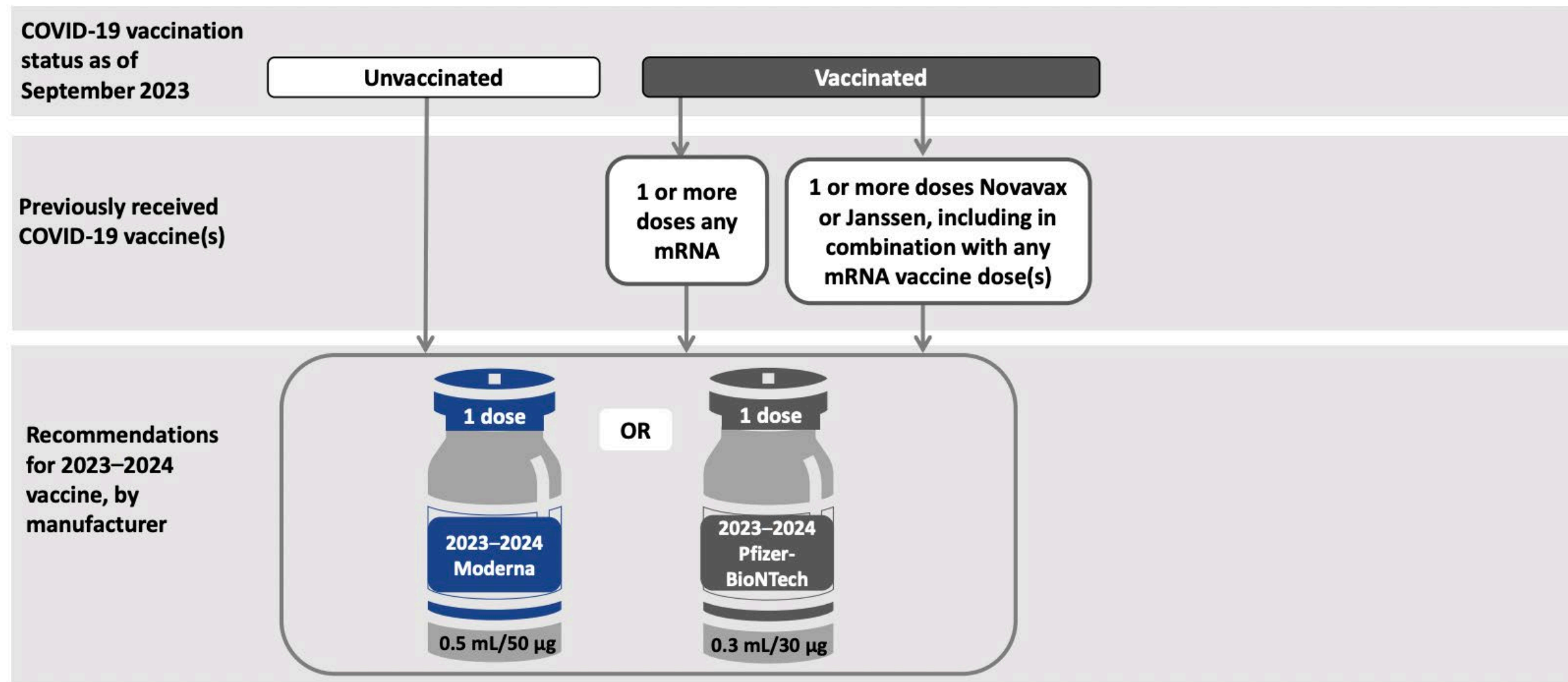


Proposed 2023 – 2024 COVID-19 vaccine recommendations for mRNA COVID-19 vaccines



Note: Those ages 6 months – 4 years who have previously received a single dose of Pfizer-BioNTech would need 2 additional doses. Additional doses are recommended for persons with immunocompromising conditions.

Recommended 2023–2024 COVID-19 mRNA vaccines for people who are NOT immunocompromised, aged ≥ 12 years*



Proposed recommendations for people aged ≥ 6 months who are moderately or severely immunocompromised

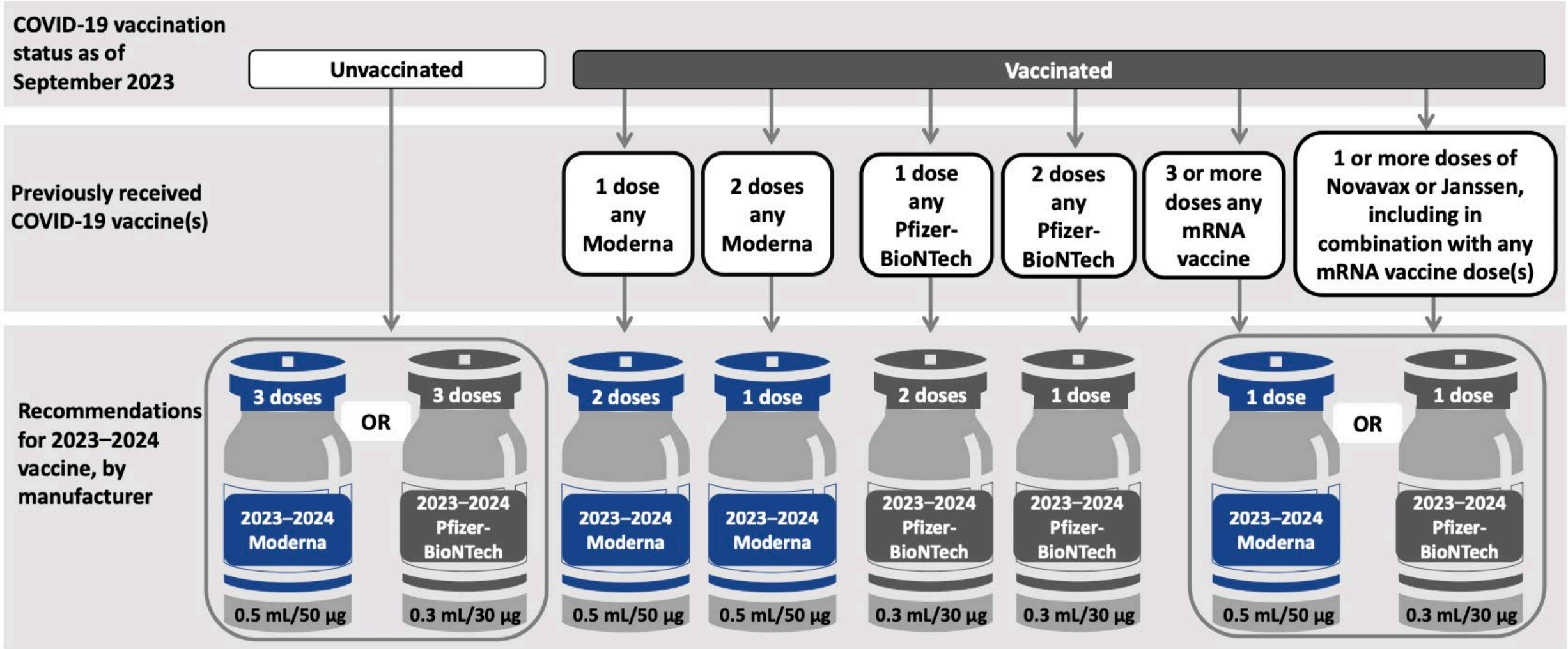
Doses recommended:

- Initial COVID-19 vaccine series*
- **At least 1 2023–2024 COVID-19 vaccine dose**
- May receive 1 or more additional 2023-2024 mRNA COVID-19 vaccine doses**

*Series of 3 homologous mRNA COVID-19 vaccine doses at time of initial vaccination. This could also include a history of receipt of 1 or more doses of Novavax or Janssen, including in combination with mRNA vaccine dose(s).

**Further additional dose(s) may be administered, informed by the clinical judgement of a healthcare provider and personal preference and circumstances. Further additional doses should be administered at least 2 months after the last 2023-2024 COVID-19 vaccine dose.

Recommended 2023–2024 COVID-19 vaccines for people who ARE moderately or severely immunocompromised, aged ≥12 years*



*For information about administration intervals, people who transition from age 11 years to age 12 years during an mRNA vaccination series, and administration of additional dose(s), see Table 2 in Interim Clinical Considerations for Use of COVID-19 Vaccines.



Simplified presentation

- Moderna (no dilution)
 - 12+ years: single dose vial (10-pack) and manufacturer-prefilled syringes (10-pack)
 - 6 months – 11 years: single dose vial (10-pack)
- Novavax (No dilutions) 12+ years: 5-dose multi-dose vial (2 vials per carton)
- Pfizer,
 - 12+ years: single dose vial (10-pack), limited quantity of manufacturer-prefilled syringes (10- pack)
 - Pfizer (require dilution), 5 – 11 years: single dose vial (10-pack)
 - Pfizer (require dilution), 6 months – 4 years: 3-dose multi-dose vial (10-pack)



Novavax

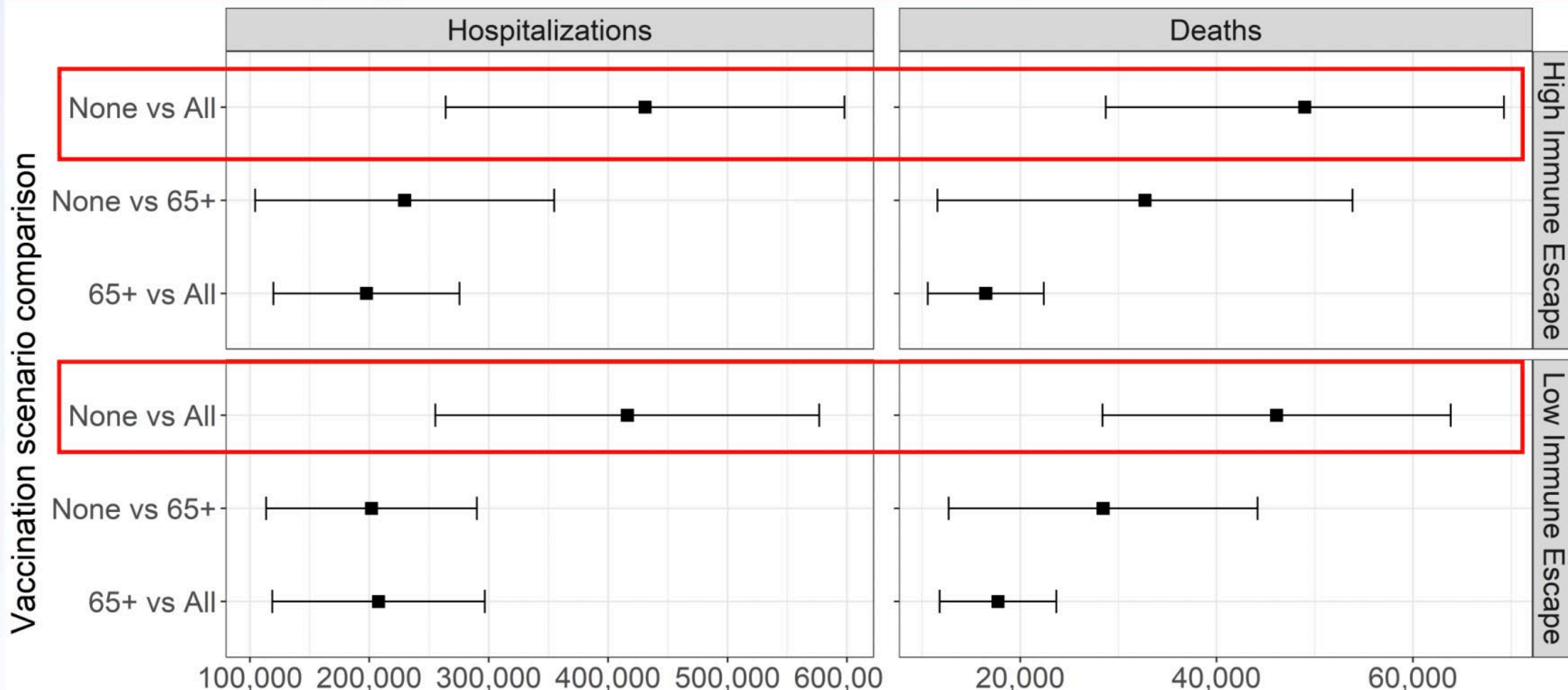
- The original Novavax COVID-19 vaccine remains authorized for use as a 2-dose primary series for individuals 12 and over
- The original Novavax COVID-19 vaccine can be given as booster dose in limited situations to
 - People ages 18 years and older who previously completed primary vaccination using any FDA-approved or FDA-authorized COVID-19 vaccine
 - Have not received any previous booster dose(s)
 - Are unable (i.e., mRNA vaccine contraindicated or vaccine not available) or unwilling to receive an mRNA vaccine and would otherwise not receive a booster dose
 - Authorizations or approvals for 2023 – 2024 Novavax COVID-19 vaccine will be determined by FDA with CDC recommendations to follow

Vaccination after infection

- General population:
 - People who recently had SARS-CoV-2 infection may **consider (not a requirement)** delaying a COVID-19 vaccine dose by 3 months from symptom onset or positive test (if infection was asymptomatic).
 - Studies have shown that increased time between infection and vaccination might result in an improved immune response to vaccination. Also, a low risk of reinfection has been observed in the weeks to months following infection.
- However, there are reasons for **SNF residents** (regardless of immunocompromise status) and high risk staff to get their next recommended dose sooner than 3 months including their personal risk of severe disease, local COVID-19 hospital admission level, or the facility's outbreak status. – LAC DPH “Guidelines for Preventing & Managing COVID-19 in Skilled Nursing Facilities” (<http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/#vaccination>)
 - Important given winter is around the corner.
 - Do NOT wait the full 3 months to vaccinate residents with recent infection. Do NOT wait for an outbreak to start first. Do NOT wait for the winter surge to start first.
 - Vaccinate all eligible individuals now.



Universal vaccine recommendations projected to prevent about 400,000 hospitalizations and 40,000 deaths over the next 2 years compared with no recommendation, regardless of level of immune escape



Cumulative difference between vaccination scenarios, April 16, 2023 to April 19, 2025



Summary

- Monovalent XBB containing COVID-19 vaccines increase the immune response against the currently circulating variants
- Last year's updated vaccine was effective at preventing medically attended COVID-19, hospitalization due to COVID-19, and death due to COVID-19
- COVID-19 vaccines have a high degree of safety
 - Rare events of myocarditis and anaphylaxis have been seen in post-authorization studies
 - Unlikely that updating the formulation would increase adverse event rates

Financing of vaccine

- For insured individuals, vaccine will be available by private insurers, Medi-Cal, Medicare Part B, and Medicare Part D. **Relevant to SNF residents and most staff.**
- For uninsured adults and adults (**some SNF staff**) whose insurance does not cover all COVID-19 vaccine costs, vaccine will be available through:
 - Bridge Access Program (BAP) at locations including the LAC Department of Public Health points of distribution sites (PODs), clinics, and mobile vaccine outreach events
 - Participating Federally Qualified Health Centers
 - Pharmacies including CVS, Walgreens and select independents
 - Go to [Vaccines.gov](https://www.vaccines.gov) (or [Vacunas.org](https://www.vacunasspanol.org) en español) to find BAP providers to obtain free vaccines for uninsured and underinsured adults (COVID and flu only).
- For uninsured/underinsured children and those on Medi-Cal, vaccines will be available through the California Vaccines for Children Program (VFC).



Additional Questions

- **LAC DPH Immunization Office Hours. Every other Wednesday 9:00am-10:00am.** [Join](#) via Microsoft Teams or call +1 323-776-6996, 350 547 595#, phone conference ID: 350 547 595#. To request meeting schedule and slides, please email covidvaccinereq@ph.lacounty.gov
- **CDPH COVID-19 Vaccination Program Consolidated webinar (COVID-19 vaccine, COVID-19 therapeutics, Mpox)– Updates and Q&A Fridays 9:00am-10:30am** [One-time registration](#) | [Slides & recordings](#)

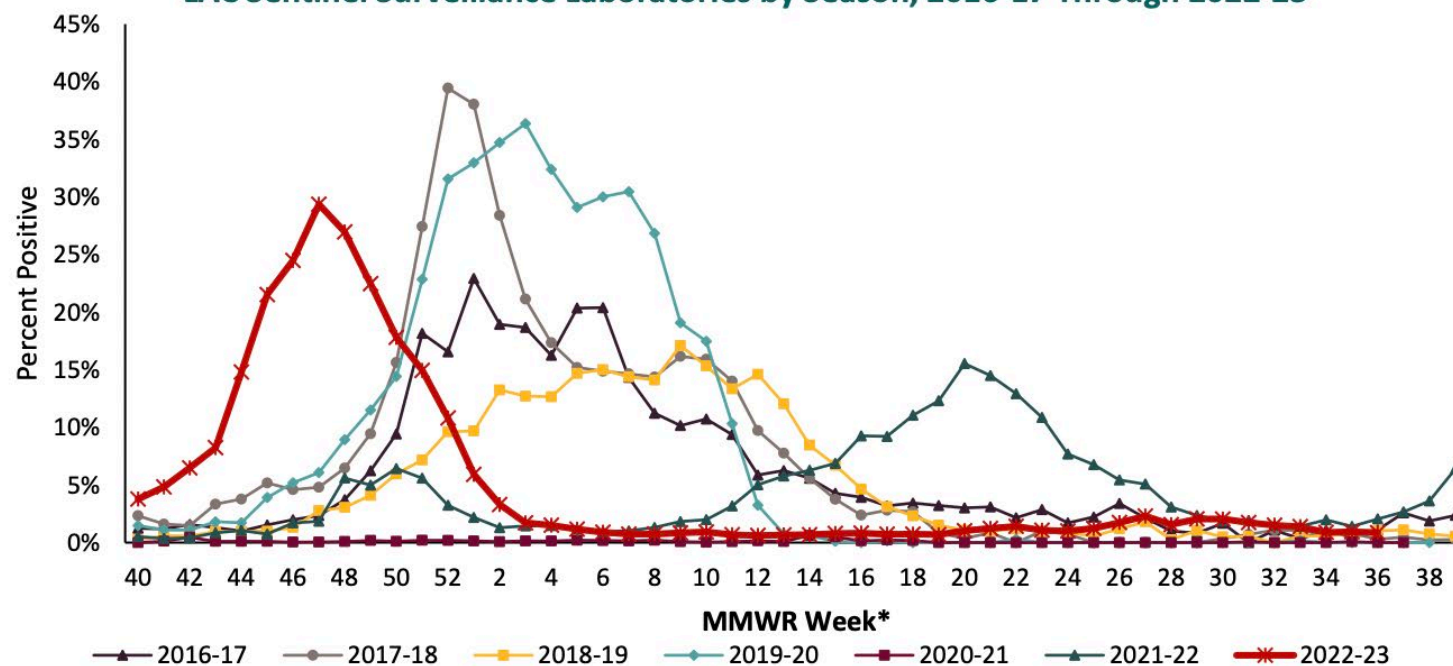


Influenza vaccine for 2023-2024 season



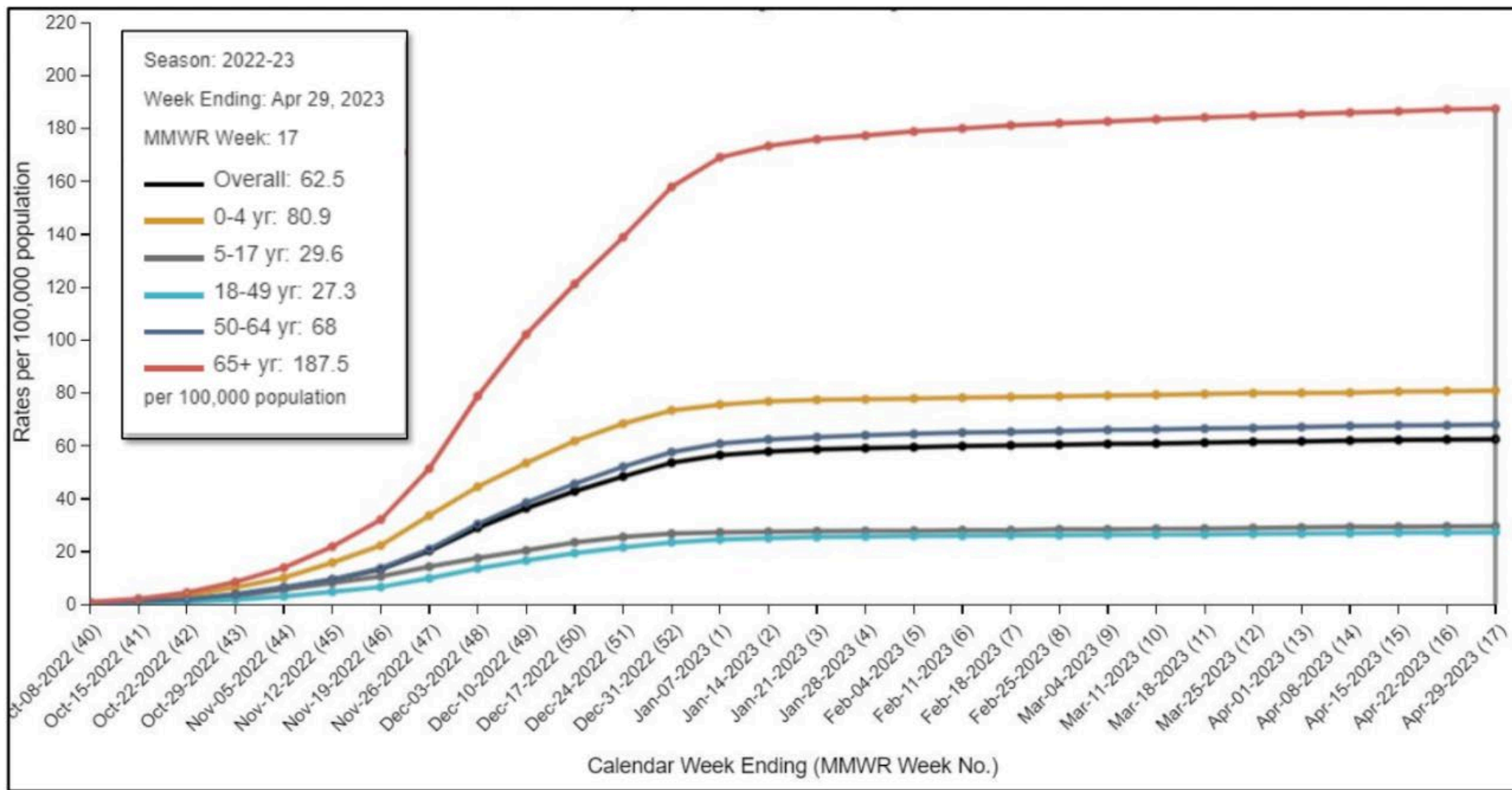
Los Angeles County's Influenza Season

Figure 2. Percentage of Respiratory Specimens Testing Positive for Influenza at LAC Sentinel Surveillance Laboratories by Season, 2016-17 Through 2022-23



*Data have been shifted so that week 1 aligns across all seasons.

Cumulative Influenza Hospitalizations—FluSurv-NET, All Ages, 2022–2023 Season



Updates

- Adults aged ≥ 65 years should preferentially receive any one of the following higher dose or adjuvanted influenza vaccines:
 - Quadrivalent high-dose inactivated influenza vaccine (HD-IIV4),
 - Quadrivalent recombinant influenza vaccine (RIV4), or
 - Quadrivalent adjuvanted inactivated influenza vaccine (aIIV4).
- Egg allergy in and of itself necessitates no additional safety measures for influenza vaccination beyond those recommended for any recipient of any vaccine, regardless of severity of previous reaction to egg.

Influenza Vaccines by Age Indication, United States, 2023–2024 Influenza Season

| Vaccine type | | 0 through 6 months | 6 through 23 months | 2 through 17 years | 18 through 49 years | 50 through 64 years | ≥65 years |
|--------------|---|--------------------|---|----------------------|-----------------------|---------------------|---------------------------------|
| IIV4s | Standard-dose unadjuvanted inactivated (IIV4) | | Afluria Quadrivalent Fluarix Quadrivalent FluLaval Quadrivalent Fluzone Quadrivalent | | | | |
| | Standard-dose Cell culture-based inactivated (cclIV4) | | Flucelvax Quadrivalent | | | | |
| | Standard-dose adjuvanted inactivated (aIIV4) | | | | | | Fluad Quadrivalent* |
| | High-dose inactivated (HD-IIV4) | | | | | | Fluzone High-Dose Quadrivalent* |
| RIV4 | Recombinant (RIV4) | | | | Flublok Quadrivalent* | | |
| LAIV4 | Live attenuated (LAIV4) | | | FluMist Quadrivalent | | | |

IIV4=quadrivalent inactivated influenza vaccine **RIV4**=quadrivalent recombinant influenza vaccine **LAIV4**=quadrivalent live attenuated influenza vaccine

 *Not approved for age group*

 *Egg-based*

 *Not egg-based*

* Preferred for those aged ≥65 years

Influenza vaccine effectiveness from Southern Hemisphere

TABLE 2. Interim 2023 southern hemisphere seasonal influenza vaccine effectiveness against all influenza types A and B and against virus type A(H1N1)pdm09 — REVELAC-i Network, March–July 2023

| Influenza type/Target group [§] | Influenza test-positive case-patients* | | Influenza test-negative control patients | | Vaccine effectiveness [†] | |
|--|--|--------------------|--|--------------------|------------------------------------|----------------------------------|
| | Total | Vaccinated no. (%) | Total | Vaccinated no. (%) | Unadjusted % (95% CI) | Adjusted [†] % (95% CI) |
| Influenza A and B | | | | | | |
| Overall | 900 | 138 (15.3) | 1,880 | 526 (28.0) | 53.3 (42.4 to 62.4) | 51.9 (39.2 to 62.0) |
| Older adults | 547 | 96 (17.6) | 583 | 176 (30.2) | 50.8 (34.1 to 63.3) | 37.6 (13.1 to 55.2) |
| Children | 214 | 19 (8.9) | 1,048 | 286 (27.3) | 74.0 (57.3 to 85.0) | 70.2 (50.3 to 82.1) |
| Persons with preexisting conditions | 139 | 23 (16.5) | 249 | 64 (25.7) | 42.7 (0.3 to 67.8) | 38.0 (−10.8 to 65.3) |
| Influenza A/H1N1 | | | | | | |
| Overall | 668 | 102 (15.3) | 1,880 | 526 (28.0) | 53.6 (41.2 to 63.6) | 55.2 (41.8 to 65.5) |
| Older adults | 422 | 70 (16.6) | 583 | 176 (30.2) | 54.0 (36.6 to 66.8) | 42.7 (18.5 to 59.8) |
| Children | 120 | 10 (8.3) | 1,048 | 286 (27.3) | 75.8 (52.9 to 88.9) | 75.3 (52.1 to 87.3) |
| Persons with preexisting conditions | 126 | 22 (17.5) | 249 | 64 (25.7) | 38.9 (−7.6 to 66.1) | 43.0 (−6.7 to 69.5) |
| Influenza B | | | | | | |
| Overall | 85 | 10 (11.8) | 1,880 | 526 (28.0) | 65.7 (32.6 to 84.3) | 46.2 (−7.9 to 73.2) |

* Reverse transcription polymerase–chain reaction testing for influenza was conducted at national reference laboratories.

[†] Vaccine effectiveness was estimated using mixed effects logistic models adjusting for age in years (fit as cubic spline), week of onset of symptoms (fit as cubic spline), and presence of at least one preexisting condition and accounting for country as a random effect.

[§] Within counties, young children were defined as the following age groups: Argentina = 6 months–2 years; Paraguay = 6 months–3 years; Chile and Uruguay = 6 months–5 years; and Brazil = 6 months–6 years. Older adults were defined as aged ≥60 years (Brazil and Paraguay) and aged ≥65 years (Argentina, Chile, and Uruguay).



RSV



Annual RSV Burden Among Adults Ages 65 Years and Older



900,000–1,400,000 medical encounters



60,000–160,000 hospitalizations



6,000–10,000 deaths

[Evidence to Recommendations Framework](#)

Chronic Underlying Medical Conditions Associated with Increased Risk of Severe RSV Disease



Lung disease



Neurologic or neuromuscular conditions



Cardiovascular disease



Kidney disorders



Moderate or severe immune compromise



Liver disorders



Diabetes Mellitus



Hematologic disorders



Other conditions that might increase the risk for severe disease

Other Factors Associated with Increased Risk of Severe RSV Disease



Residence in a nursing home or other long-term care facility (LTCF)



Frailty

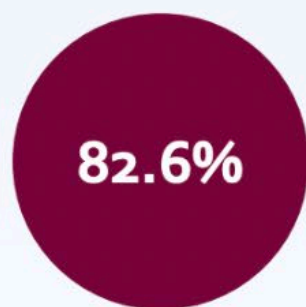


Advanced age



Vaccine Efficacy (VE): GSK

- Randomized, double-blinded, placebo-controlled phase 3 clinical trial
 - 17 countries
 - 24,973 participants
- VE against RSV-associated lower respiratory tract disease (LRTD):



Season 1



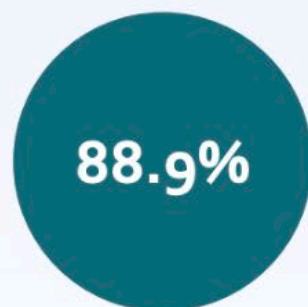
Season 2



Combined
Season 1 & 2
(Interim)

Vaccine Efficacy (VE): Pfizer

- Randomized, double-blinded, placebo-controlled phase 3 clinical trial
 - 7 countries
 - 36,862 participants
- VE against RSV-associated lower respiratory tract disease (LRTD)*:



Season 1



Season 2
(Interim)



Combined
Season 1 & 2
(Interim)

*Based on trial efficacy against RSV LRTI with at least **three** lower respiratory signs/symptoms

[Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023](#)



General guidance: Co-administration

- Routine administration of all age-appropriate doses of vaccines simultaneously (i.e., administering more than one vaccine on the same clinic day or “coadministration”) is recommended for children, adolescents, and adults if there are no contraindications at the time of the healthcare visit.
- Providers may simultaneously administer COVID-19, influenza, and respiratory syncytial virus (RSV) vaccines to eligible patients



Major Changes in vaccines—Overview

| | |
|------------------|---|
| Influenza | <ul style="list-style-type: none">• Vaccination of all persons aged ≥ 6 months who do not have contraindications is recommended.• Changes: Updated U.S. influenza vaccine composition for 2023–2024<ul style="list-style-type: none">• Adults 65+ should get a high-dose or adjuvated flu vaccine• Persons with egg allergy: Should receive influenza vaccine, no additional safety measures required |
| COVID-19 | <ul style="list-style-type: none">• Updated COVID-19 vaccines recommended for everyone aged ≥ 6• The vaccines are covered by insurance. Uninsured and underinsured children and adults have access to vaccines through VFC or Bridge Program.• Everyone ages 5 years and older recommended for a single 2023 – 2024 dose• No additional dose for age 65+ recommended at this time |
| RSV | <ul style="list-style-type: none">• RSV can cause serious illness in older adults. Certain underlying medical conditions and advanced age are associated with increased risk of severe RSV.• Adults 60+ may receive an RSV vaccine based on shared clinical decision-making with a healthcare provider. |



COVID-19 Vaccine Access



Procuring vaccines (for pharmacies):

- Moderna: Providers can order through McKesson, Cardinal, and AmeriSource Bergen distributors or directly with Moderna at www.modernadirect.com and 1-866-MODERNA / 1-866-663-3762.
- Pfizer: Providers may work with wholesalers or directly with Pfizer for minimum quantities at <https://primecontracts.pfizer.com> and 1-800-666-7248.
- Novavax: Novavax will be available to order through your dedicated distributor. For more information on product purchasing, email Novavax CA regional Business Director, Nidal Naser at nnaser@novavax.com
- *Please contact LAC DPH's Pharmacy Team for any questions:*
pharmprovmgt@ph.lacounty.gov



LAC DPH Vaccine Commercialization Guidance for Pharmacies:

Commercialized COVID-19 Vaccine Ordering Guidance

| | AmerisourceBergen | Cardinal Health | McKesson | FFF Enterprise |
|---|---|--|--|--|
| Customer service contact for vaccine ordering | 610-727-7000 c19vaccines@amerisourcebergen.com | Pharmaceutical customer service: 800-926-3161 COVID-19 Vaccine Customer service: 888-887-5323 x 3 | Vaccine Connection Team: 877-625-4358 | 800-843-7477 |
| COVID-19 vaccine ordering | | Ordering COVID Vaccines through Cardinal Health | 2023-2024 COVID-19 Vaccine Reservation Form | COVID-19 Vaccines, mRNA, Protein Subunit/Adjuvanted |
| See pages 3-4 for more information | | | | |
| Flu vaccine ordering | <ul style="list-style-type: none"> 2023-2024 flu vaccine program 2023-2024 flu vaccine preorder form 2023-2024 flu vaccine offering and comparison chart 2023-2024 flu vaccine provider preorder timeline | <p>Flu ordering: https://flucare.cardinalhealth.com/login</p> <p>For New User Registration, new users will need to select Facility Type. Facility Type options include:</p> <ul style="list-style-type: none"> Chain Pharmacy Hospital Managed Care Physician Office Retail Independent Specialty Care Surgery Center Other | <p>Flu vaccine catalog: https://mms.mckesson.com/resources/flu-management/how-are-you-preparing-for-flu-each-season</p> <p>Pre-book flu vaccine online through McKesson SupplyManager</p> <p>2023-2024 Influenza vaccine pre-book form</p> | <p>Seasonal Influenza Vaccine 2023-2024 Reference Guide</p> <p>Product Catalog</p> |

Please contact LAC DPH's Pharmacy Team if you have not received this and would like a copy:
pharmprovmgt@ph.lacounty.gov



SNF Actions: Vaccine Ordering

- ALL facilities should **order** COVID-19 and other vaccines from their LTC Pharmacy partners **now**
- If you do not have a contracted pharmacy provider, there are other long term care pharmacies that can fulfill your facility's vaccine purchasing needs.
- Tips:
 - ✓ Start the conversation with your pharmacy NOW, then collect consents.
 - ✓ Provide your pharmacy with estimates on amount of vaccine is needed.
 - ✓ Hold multiple clinics throughout the season for residents and staff.
 - Ordering, consenting, vaccinating, reporting is an **ongoing process**. Do NOT wait to collect all consents and hold 1 big clinic (this is shown to result in lower uptake).
- Contact us at LACSNF@ph.lacounty.gov if you have questions or experience any difficulties (e.g., need help finding a pharmacy to order vaccines).

Audience Question

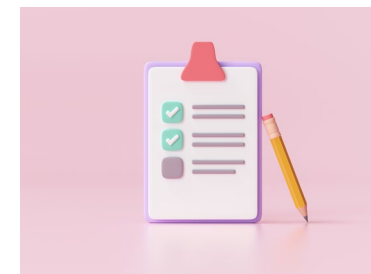
- What is your facility's plan to finance this season's vaccines (updated 2023-2024 COVID vaccine, RSV, influenza) for your staff?
 - **A.** Refer everyone to their PCP, pharmacy, or to a Bridge Access Program Provider (for those under-insured/uninsured)
 - **B.** Invest in vaccinating all staff and reimbursing their health insurance on their backend
 - **C.** Invest in vaccinating only under-insured/uninsured staff and those that have difficulty obtaining it outside of work
 - **D.** Unknown or still working on a plan



Mobile Vaccine Teams (MVT)

- Significantly reduced resource (both funding and staffing)
- This resource is being prioritized to facilities that truly need it (prior/current pharmacy partners do not have COVID vaccines – this is VERY rare)
- If your facility is working with MVT, our SNF and Pharmacy teams will also be simultaneously working with your facility to re-establish with a LTC pharmacy

Poll



1. Facility name
2. Please select which best applies to your facility regarding the updated 2023-2024 COVID-19 vaccine:
 - A. Gathering consent but have **not ordered** the updated 2023-2024 COVID-19 vaccine yet
 - B. Placed an order for the updated 2023-2024 COVID-19 vaccine, but have **not received** vaccine supply yet
 - C. **Have received** the updated 2023-2024 COVID-19 vaccine supply
 - D. None of the above
 - E. Not sure
3. If you have not yet placed an order for the updated 2023-2024 COVID-19 vaccine (answered A, D, or E in question #2), please share any barriers.
4. Is your facility entering all administered doses (for all vaccine types) into CAIR?
 - A. Yes
 - B. No
 - C. Not sure



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/>



Mandated Reporting COVID-19 Vaccination: CAIR2 and NHSN





CAIR2 Reporting Reminders

CAIR2 (California Immunization Registry): Reporting of all immunization doses administered is required for all healthcare providers in California, including skilled nursing facilities*, [effective Jan 1, 2023](#).

Enroll in [CAIR2](#) to report vaccines administered at your site. For more information or for technical support, please contact

- 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](#)

NHSN Reporting: COVID-19 Vaccine Up to Date Status

- Beginning the week of September 25, 2023 – October 1, 2023 (next week!), NHSN will implement changes to the surveillance definition of “Up to Date” for COVID-19 vaccines
- Changes will impact the NHSN COVID-19 RIFC Surveillance Pathway **and** COVID-19 Vaccination Modules for Residents and Staff
- Under the new recommendations, most individuals will not be up to date with COVID-19 vaccines until they receive the 2023-2024 updated COVID-19 vaccine
 - Therefore, your facility should report **zero (0)** up to date for both the RIFC Pathway and COVID-19 Vaccination Modules.

****NEW** NHSN Surveillance Definition of Up to Date**

For the purpose of NHSN surveillance reporting individuals must meet one of the following criteria to be considered Up to Date with their COVID-19 vaccines:

— Received a 2023-2024 Updated COVID-19 Vaccine

OR

— Received a bivalent* COVID-19 vaccine within the last 2 months

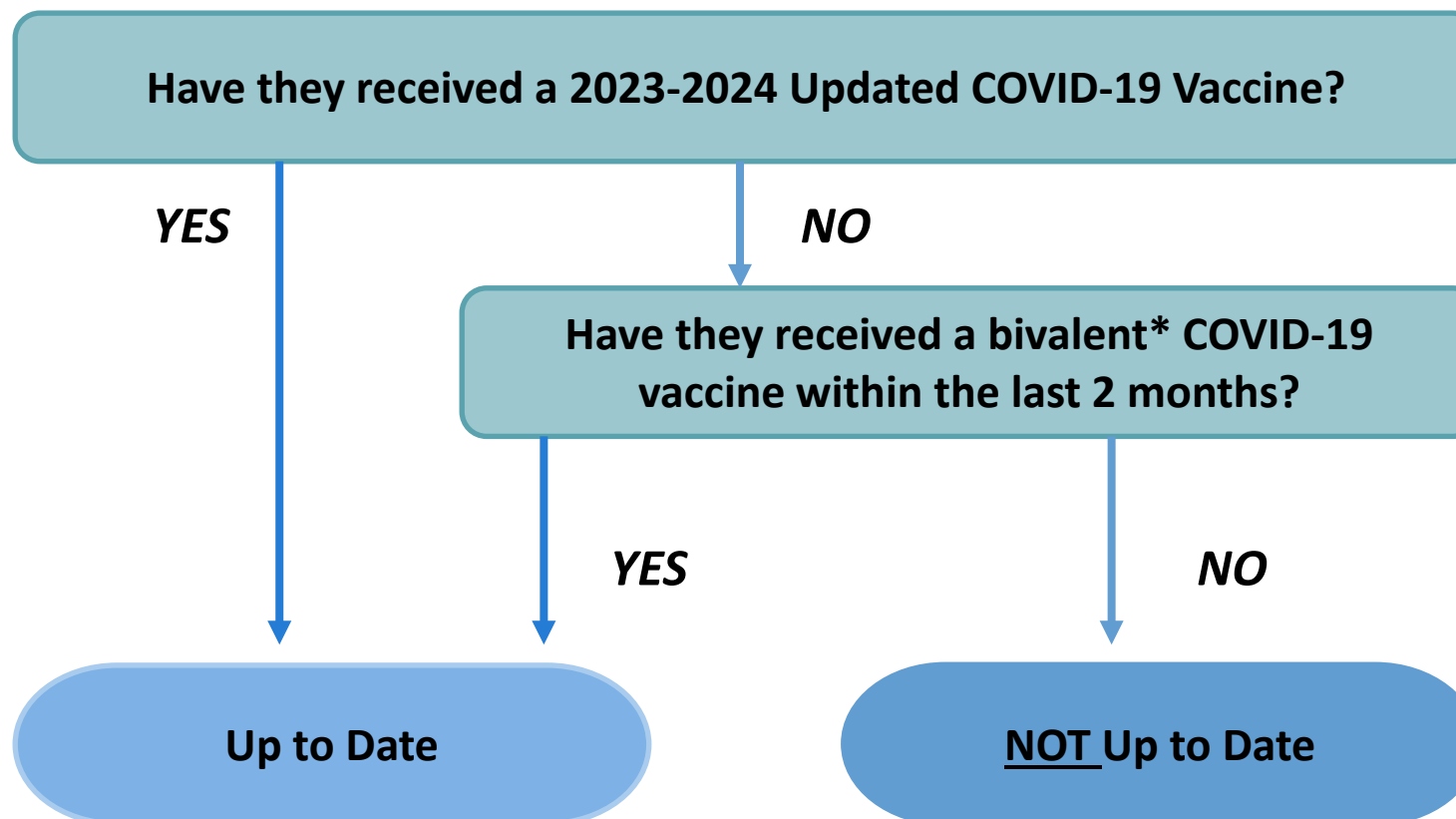
*The Pfizer-BioNTech and Moderna COVID-19 bivalent vaccines were de-authorized as of 9/12/2023. This criteria will no longer be valid as of Nov 12, 2023.

NHSN Up-to-Date Surveillance Definition

For the purpose of NHSN surveillance reporting individuals must meet one of the following criteria to be considered Up to Date with their COVID-19 vaccines:

- Received a 2023-2024 Updated COVID-19 Vaccine
- OR
- Received a bivalent* COVID-19 vaccine within the last 2 months

*The prior bivalent vaccines are no longer authorized as of 9/12/2023, so this second criteria will no longer be valid as of Nov 12, 2023



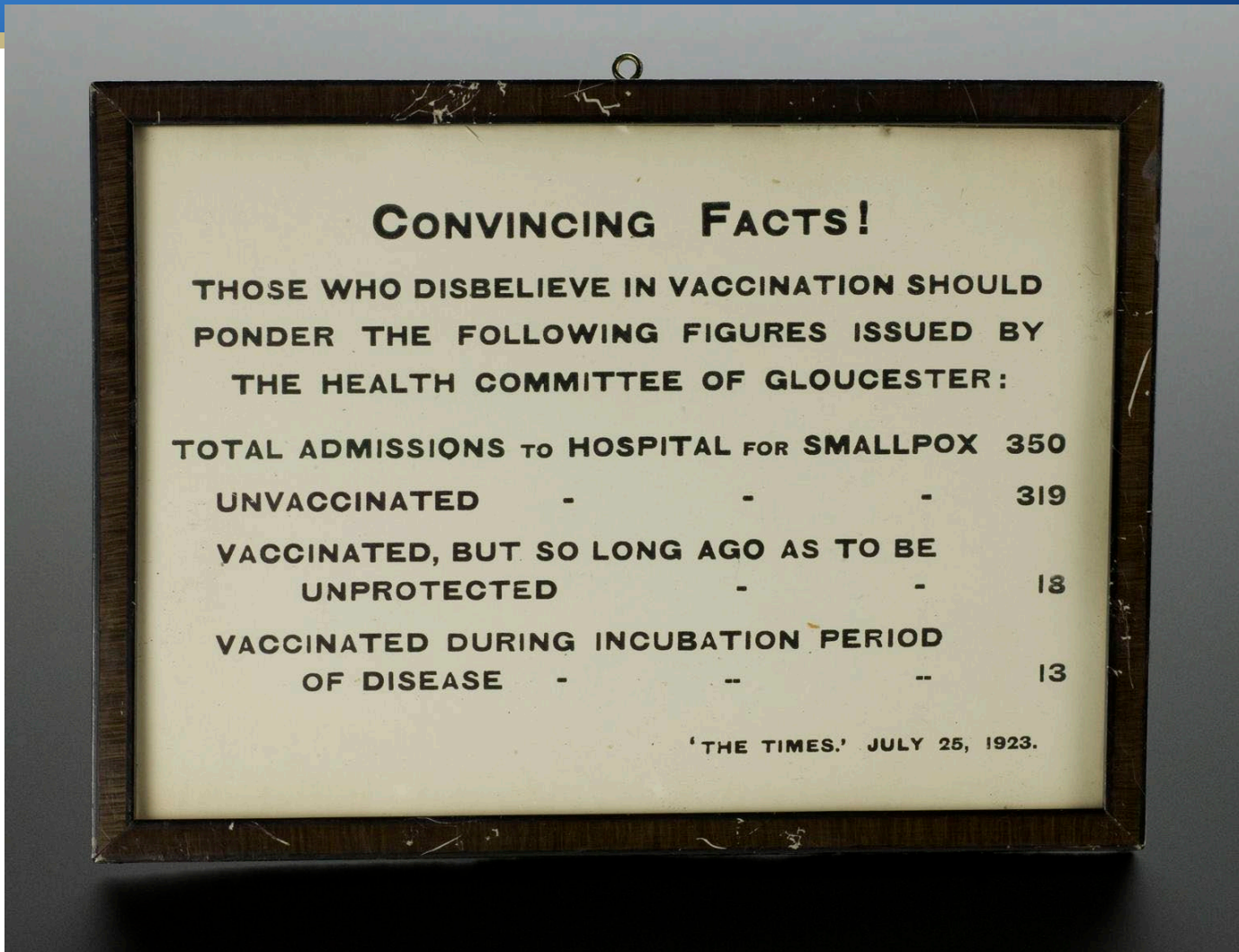
NHSN Survey Reporting Resources

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



Building Vaccine Confidence for All Vaccines





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.

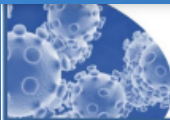
WILL YOU NOT ASSIST?

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

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

- Support from **leadership**: CEO, Facility Administrator, DON, Medical Director, etc.
- Policy & procedures that **make it hard to say no, easy to say yes**
 - Removal of personal beliefs exemption, only allow medical contraindications
 - Hold staff accountable
- **Educate**
- Offer vaccinations in the workplace at convenient locations & times (**make it easy to get vaccinated**)
- 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. |



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 COVID-19 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

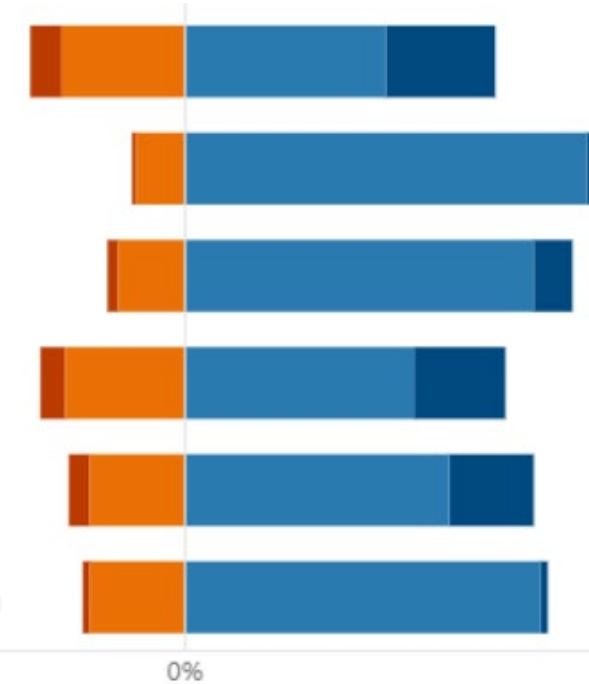
Strong support from core facility leadership

Strong support from corporate leadership

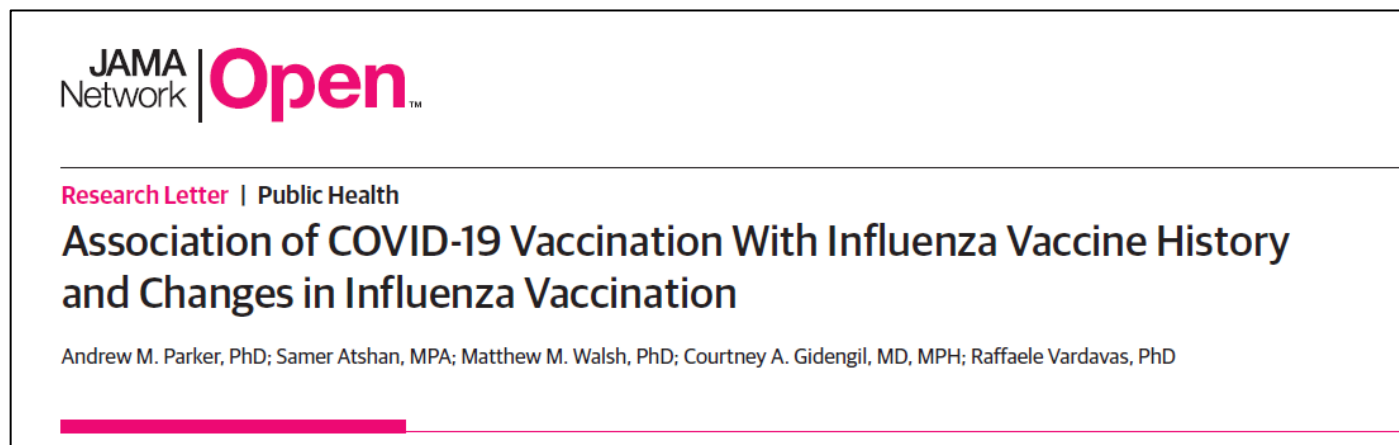
Townhalls (virtual or in-person) for residents/ families

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

Communicating in the preferred language and in culturally appropriate ways



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.**”



COVID-19 VACCINE FINANCIAL REWARD

How to Apply:

Please completely fill out the DPH COVID-19 Vaccine Tracker spreadsheets for residents and/or directly employed staff and submit an application via this secure link: <https://tinyurl.com/LACSNFBooster10k>

Link: COVID-19 Vaccine Tracker Template (for Residents)

- BE SURE DATA SUBMISSIONS INCLUDE DATE OF BIRTH.

Link: COVID-19 Vaccine Tracker Template (for Staff)

- Facilities must complete if they are applying for the full \$10,000 financial award.
- Only directly employed staff need to be included.

Please include everyone regardless of their vaccination status – unvaccinated, completed primary series and prior booster doses but not up to date, up to date (received the bivalent booster), or otherwise.



The Los Angeles County (LAC) Department of Public Health (DPH) will award either a financial reward up to \$10,000 per Skilled Nursing Facilities (SNFs) in LAC and Pasadena who demonstrate that at least 80% of their combined eligible residents and staff have received the updated bivalent COVID-19 booster OR a financial reward up to \$7,500 per SNF who demonstrate that at least 80% of their eligible residents have received the updated bivalent booster by January 29, 2023.

One award will be distributed per facility for the first 100 SNFs in LAC and Pasadena who apply and receive confirmation from DPH.

\$10,000 Financial Reward*
Facilities must demonstrate 80% or more of their eligible residents and directly employed staff combined have received the bivalent booster over a single 1 week period from Monday through Sunday.

\$7,500 Financial Reward*
Facilities must demonstrate 80% or more of their eligible residents have received the bivalent booster over a single 1 week period from Monday through Sunday.

Facilities are encouraged to maintain their bivalent booster coverage ≥80% but are only required to demonstrate coverage ≥80% for a single one (1) week period (Mon thru Sun) anytime between December 12, 2022 through January 29, 2023 to be eligible for the reward.

Submission Deadline for supporting documentation is February 3, 2023.

*SNFs who reach bivalent booster coverages lower than 80% and/or reach 80% later than the deadline may still be eligible for a reward depending on funding availability.

Contact Us

Rev 1/6/23

COVID-LTC-test@ph.lacounty.gov

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

- If you have any questions about last season’s reward (2022-2023 bivalent booster), please contact us ASAP at LACSNF@ph.lacounty.gov

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





LAC DPH Health Officer Order Requiring Influenza and Updated COVID-19 Vaccination for all Healthcare Workers



Addendum to add Updated 2023-2024 COVID-19 Vaccine to the HCW Immunization Requirement Order is *coming soon*

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



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

ORDER OF THE LOS ANGELES COUNTY HEALTH OFFICER

ANNUAL INFLUENZA IMMUNIZATION OR MASKING FOR HEALTHCARE PERSONNEL
DURING THE 2023-2024 RESPIRATORY VIRUS SEASON

Issue Date: Monday, September 11, 2023

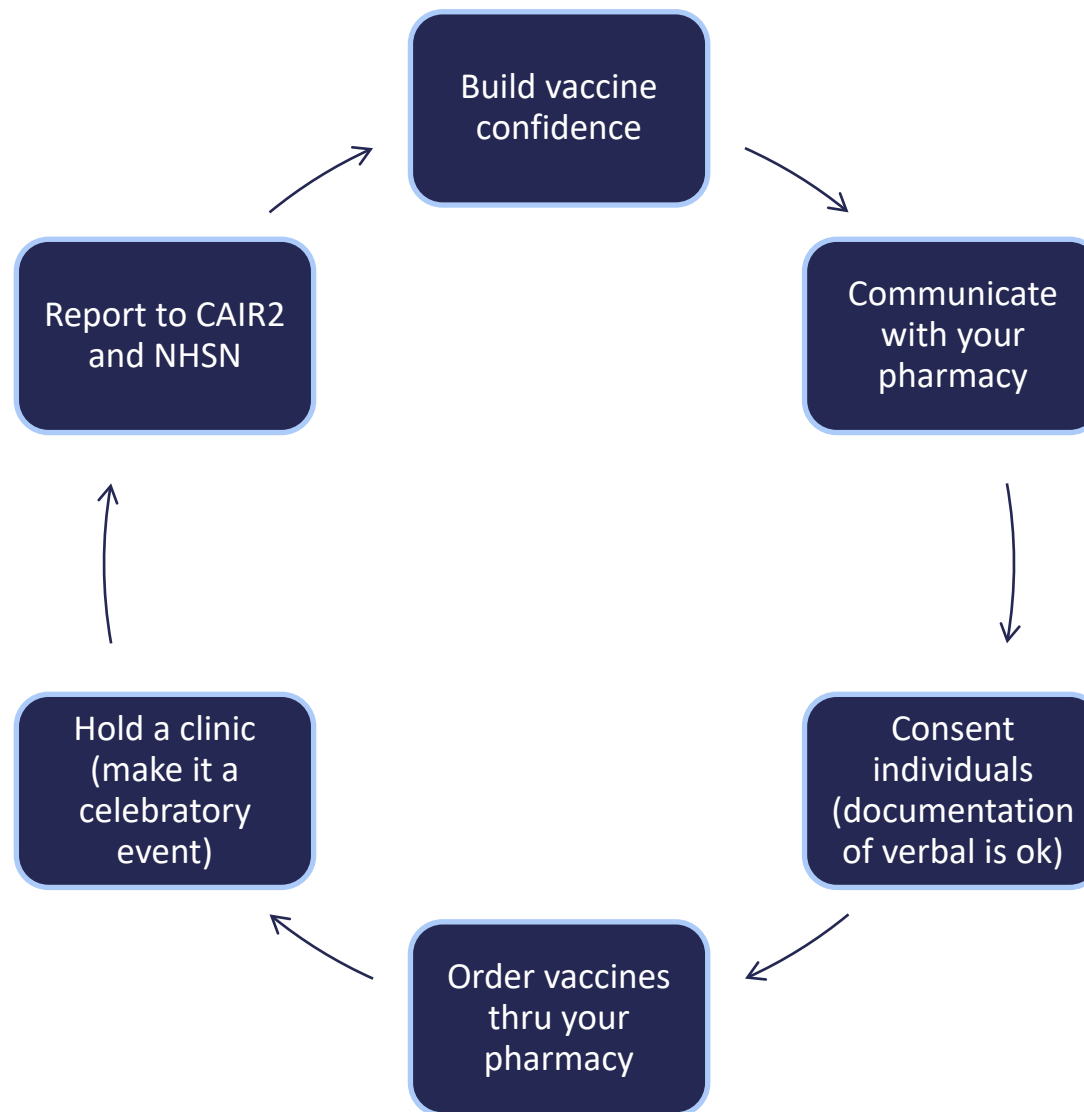
Brief Highlights:

9/11/2023:

- Updates the annual Health Officer Order requiring influenza immunization or masking for healthcare personnel (HCP) during the influenza season by:
 - 1) Referring to the period typically known as the influenza or flu season (November 1, 2023–April 30, 2024) as the respiratory virus season due to various respiratory viruses circulating during the fall and winter months.
 - 2) Expanding the requirement to HCP working in all licensed healthcare facilities in Los Angeles County. HCP who decline influenza immunization are required to wear a respiratory mask when in contact with patients or working in patient-care areas during the respiratory virus season (November 1, 2023–April 30, 2024).
 - 3) Strongly recommending that healthcare and direct care entities not covered by this Order adopt similar requirements.
- Upon Food and Drug Administration (FDA) approval/authorization and depending on Centers of Disease Control and Prevention (CDC) guidance on a new COVID-19 vaccine, this Health Officer Order may be revised to require HCP working in all licensed healthcare facilities in Los Angeles County to also receive the new COVID-19 vaccine. HCP who decline the new COVID-19 vaccination will also be required to wear a respiratory mask when in contact with patients or working in patient-care areas during the respiratory virus season.

All HCW (anyone providing a service in a healthcare facility) must be vaccinated against **both COVID and influenza** OR must mask in resident care areas for the entirety of the respiratory viral illness season.

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



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Thank you!

**For additional questions, please contact:
LACSNF@ph.lacounty.gov.**

