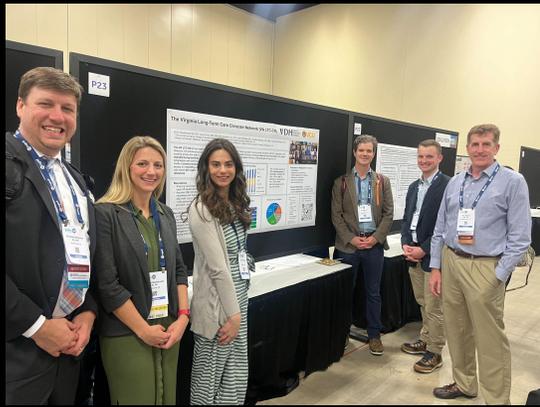


# Virginia Long-Term Care Clinician Network

## Monthly Forum February 18, 2026



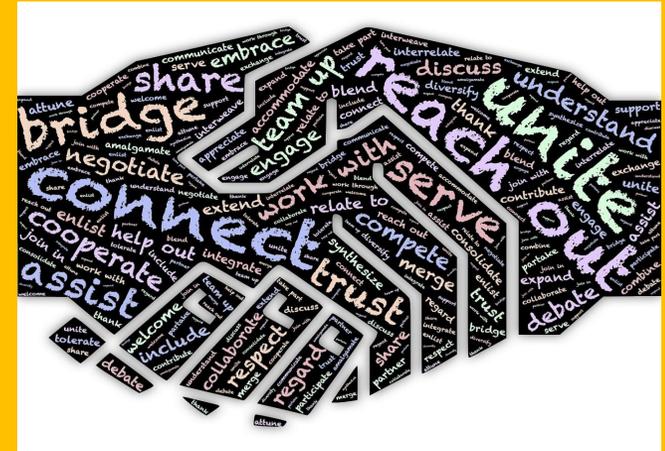


The Virginia Long-Term Care Clinician Network is managed by VCU's Division of Geriatric Medicine, Virginia Center on Aging, and Department of Gerontology.

# Welcome!

As you join, please turn on cameras and mic or unmute your phone and say hello to your Virginia colleagues.

Any updates in the state or with you or your work?



## Virginia Long-Term Care Clinician Network Monthly Update

November 2025



News from the Network

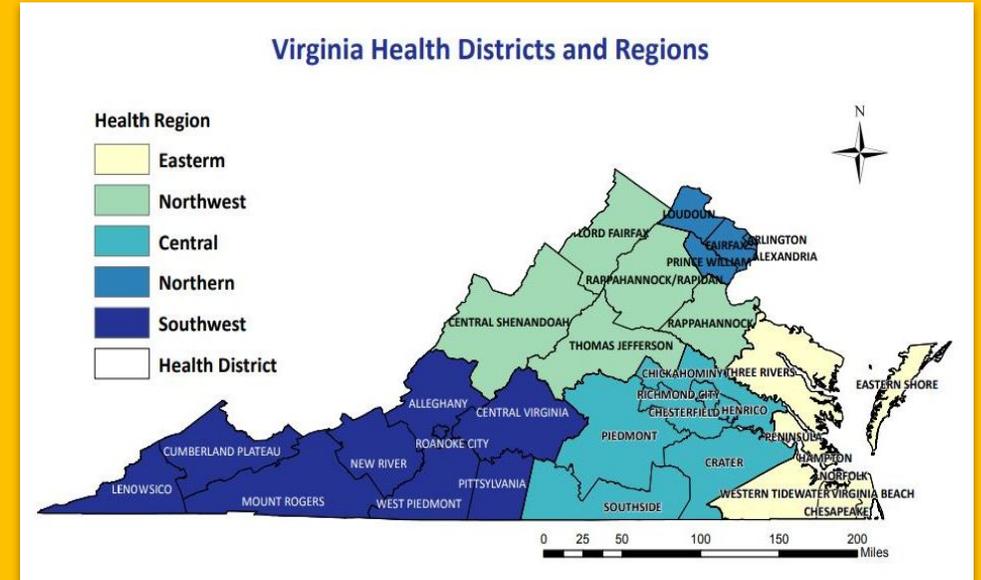
Previous newsletters and other resources for you are at <https://ltccn.vcu.edu/resources/>

# Accreditation

 <p>JOINTLY ACCREDITED PROVIDER ACADEMIC PROGRAMS FOR PROFESSIONAL CONTINUING EDUCATION</p>	<p>In support of improving patient care, VCU Health Continuing Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.</p>
	<p>VCU Health designates this live activity for a maximum of <b>1.00 AMA PRA Category 1 Credits™</b>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.</p>
	<p>VCU Health Continuing Education designates this activity for a maximum of <b>1.00 ANCC</b> contact hours. Nurses should claim only the credit commensurate with the extent of their participation in the activity.</p>
 <p>PA AAPA CATEGORY 1 CME</p>	<p>VCU Health Continuing Education has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for <b>1.00 AAPA Category 1 CME credits</b>. PAs should only claim credit commensurate with the extent of their participation.</p>

# Welcome new members!

- Samantha Sanchez - Central, Northern Regions
- Mary Evans - Central Region
- Angela Ilmanen - Northern Region
- Lisa Isbell - Central Region
- Daphne Wren - Southwest Region
- Kathleen Anderson - Eastern Region



There are approximately 287 nursing homes and 580 assisted living facilities operating in Virginia. Within these, there are over 500 clinicians providing care. **We have 326 network members.** The Network provides ongoing learning and communication.

***Remind your work colleagues to attend so they can get education, support and CME!***



Gerontology and the Virginia Center on Aging



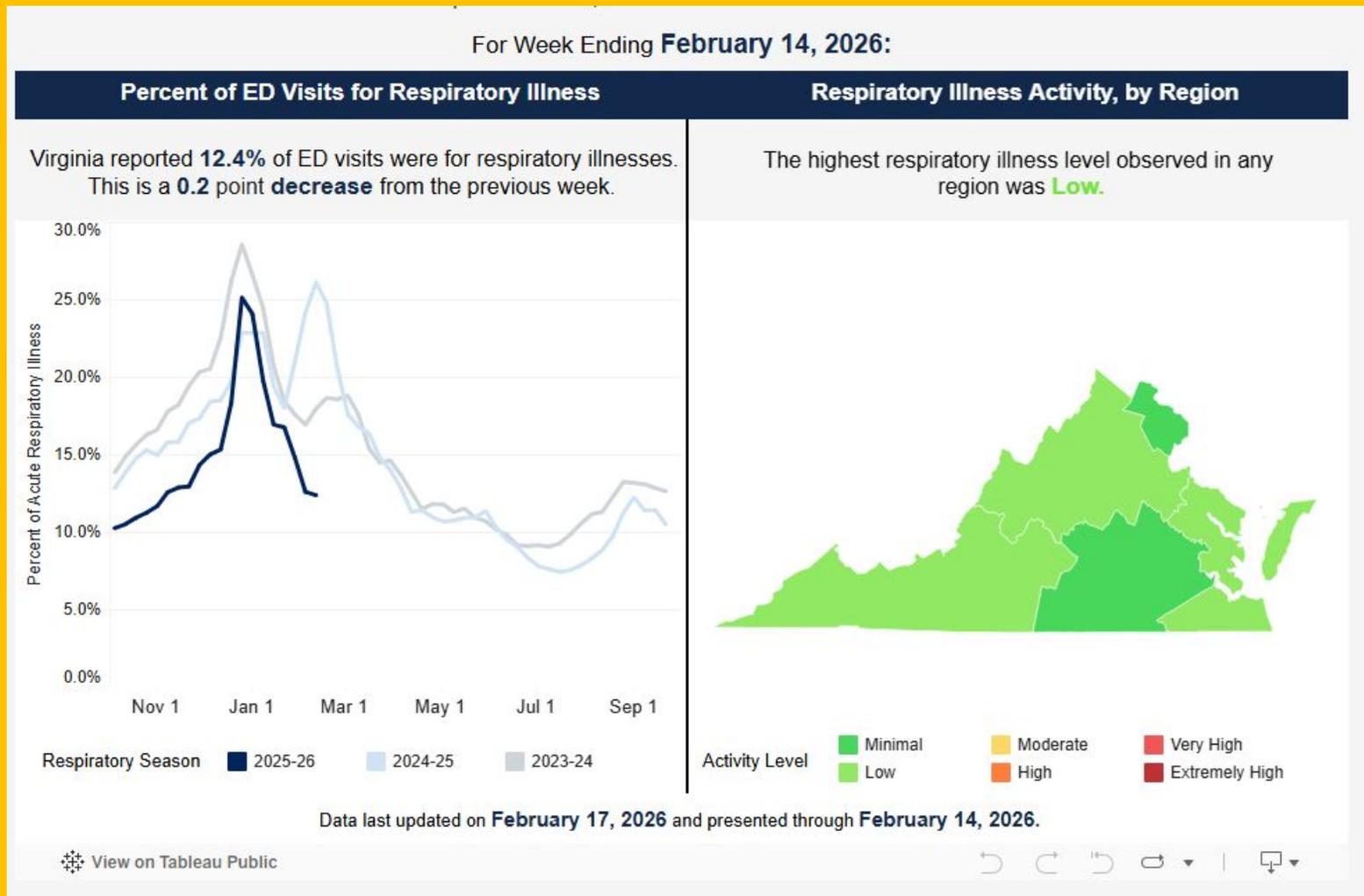
School of Medicine

**WE ARE THE UNCOMMON.**

# Waterfall Poll

Are you seeing?

- 1) COVID
- 2) Flu
- 3) RSV
- 4) All 3



<https://www.vdh.virginia.gov/epidemiology/respiratory-diseases-in-virginia/data/#Illness-Trends>

# Disclosure of Financial Relationships

## Disclosure of Commercial Support:

We acknowledge that no commercial or in-kind support was provided for this activity.



Gerontology and the Virginia Center on Aging



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# **Public Health Issues:**

## **Respiratory Disease Epidemiology and Vaccines**

**VCU Long-Term Care Clinician Network**

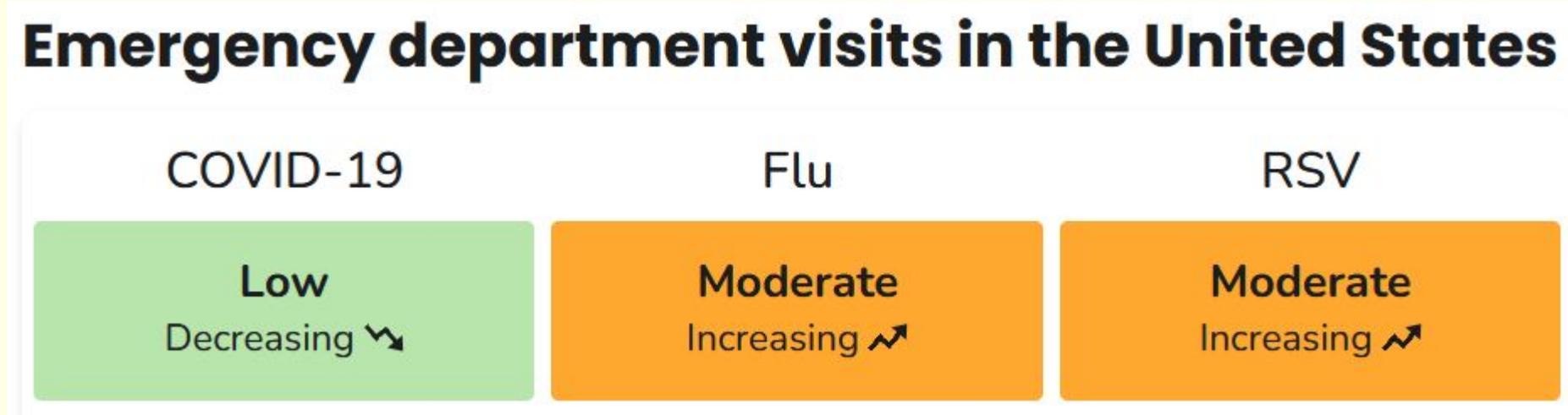
**Brooke Rossheim, M.D., M.P.H.**

**February 18, 2026**

**Respiratory Disease Epidemiology,  
2025-2026 Respiratory Disease Season**

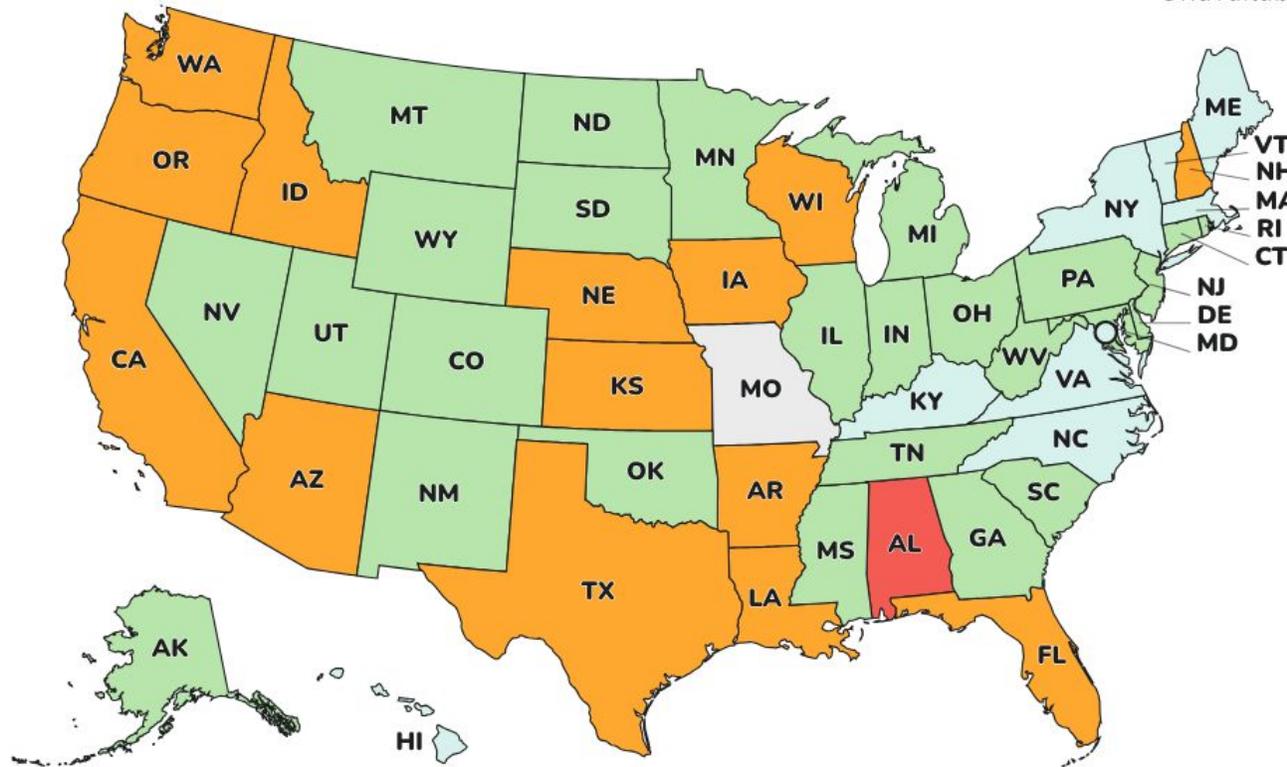
# Respiratory Disease Epidemiology, U.S., 2025-2026

- From CDC Respiratory Illness Data Channel (see <https://www.cdc.gov/respiratory-viruses/data/index.html>)
- Updated Fridays – most recent update = 2/13/2026
- Nationally, respiratory illness is **MODERATE**



# Respiratory Disease Activity, U.S., Feb 7, 2026

## Acute Respiratory Illness



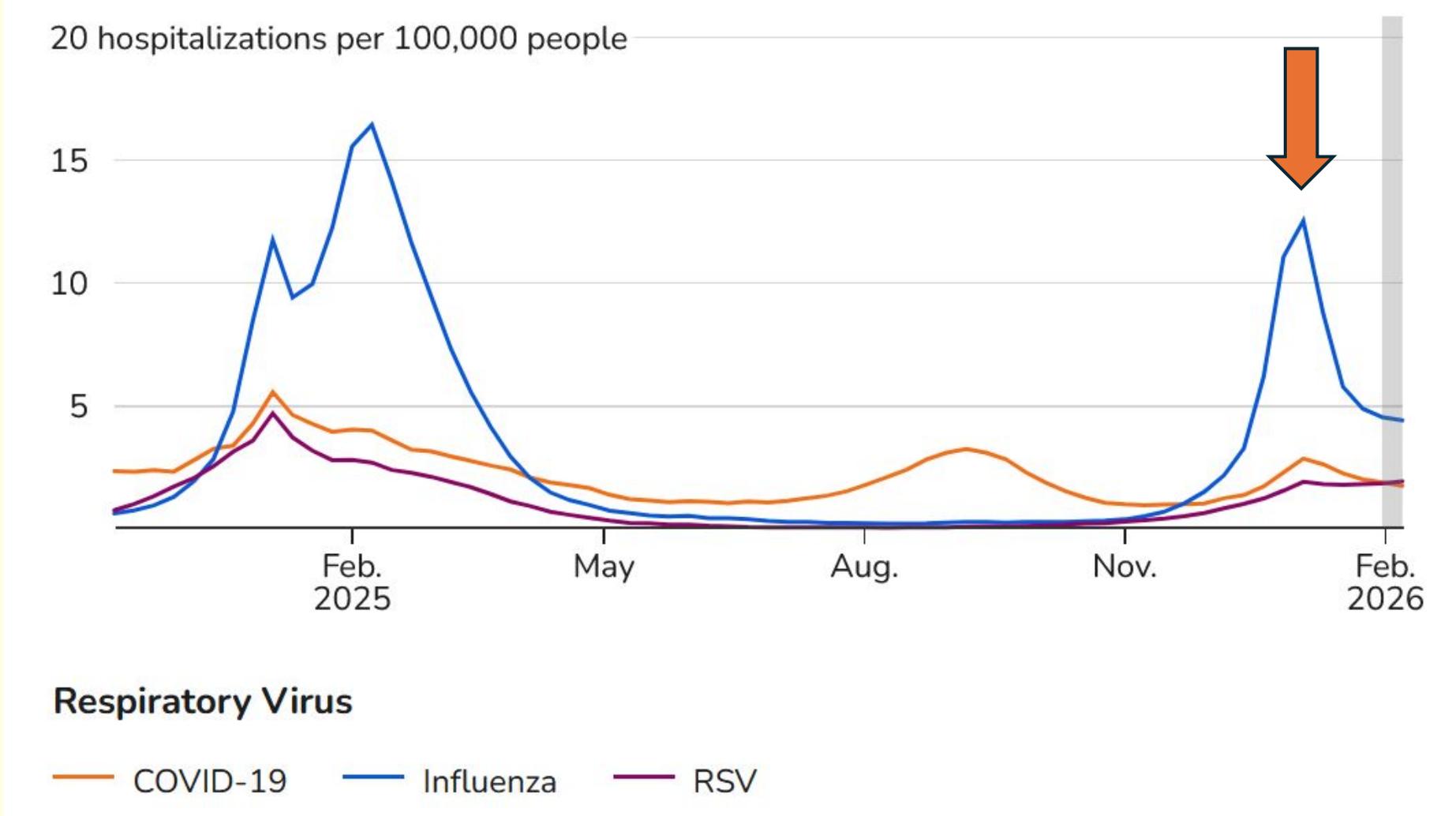
**Virginia reporting very low respiratory disease activity**

**Nationwide, most common SARS-CoV-2 variant is Omicron XFG**

**Nationwide, most common influenza virus by far is A(H3N2). Most are subclade K. A small amount of flu B present.**

Sources: <https://www.cdc.gov/respiratory-viruses/data/activity-levels.html>;  
<https://www.cdc.gov/fluview/surveillance/2026-week-05.html>;  
<https://www.cdc.gov/covid/php/variants/variants-and-genomic-surveillance.html>

# Disease severity: Hospitalizations per 100K pop, U.S.

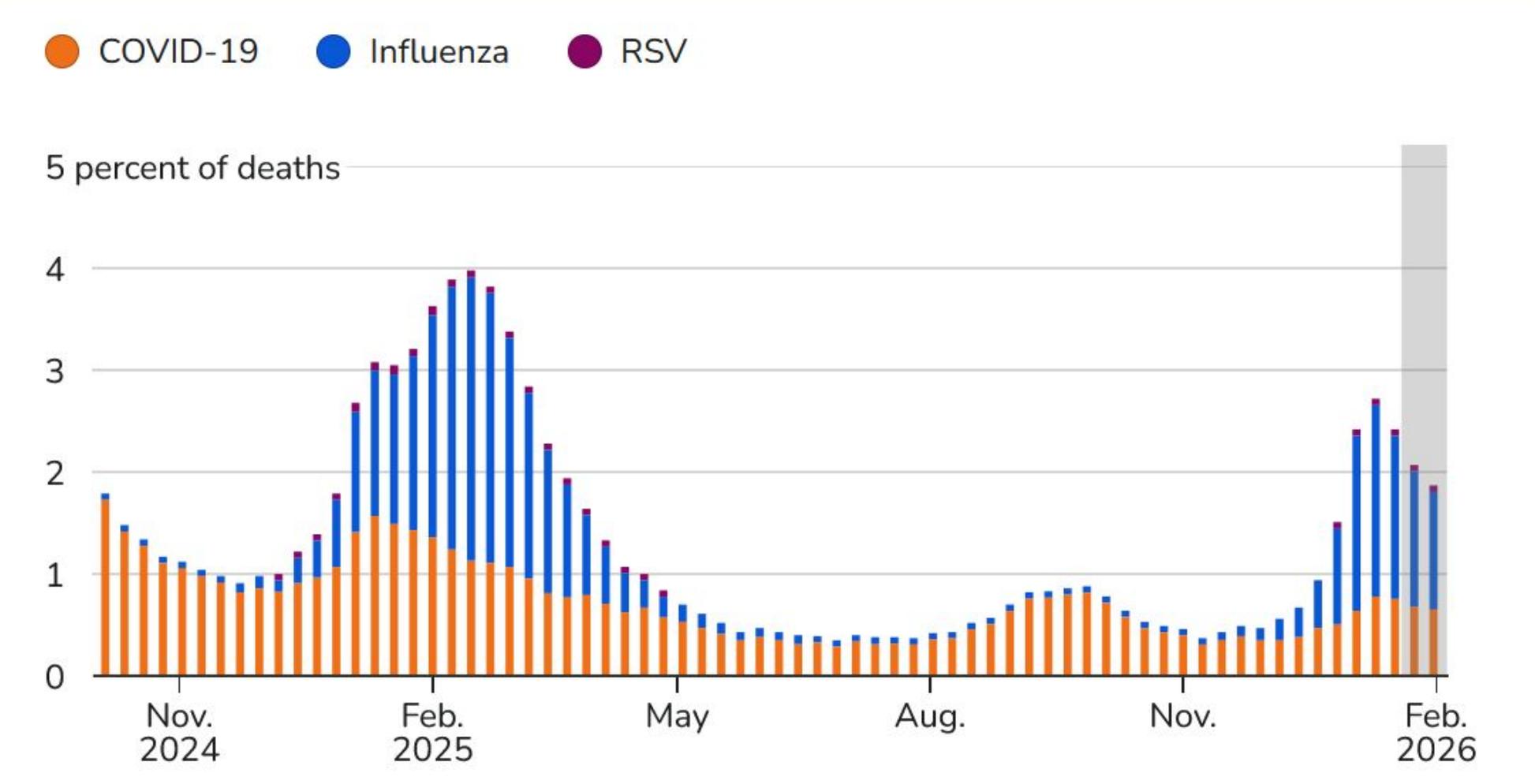


**Data through Feb 7, 2026**

**Peak in influenza and COVID-19 hospitalizations on or about Jan 3, 2026 (see red arrow)**

Source: <https://www.cdc.gov/respiratory-viruses/data/illness-severity.html>

# Disease severity: Deaths per 100K pop, U.S.



**Data through  
Jan 31, 2026**

**Note increase  
in flu deaths  
vs. COVID-19  
deaths**

Source: <https://www.cdc.gov/respiratory-viruses/data/illness-severity.html>

# Virginia respiratory disease activity, Feb 7, 2026

For Week Ending February 7, 2026:

Overall respiratory illness activity in Virginia is:  
**LOW** and **TRENDING DOWN** ▼

*Overall respiratory illness activity includes COVID-19, flu, RSV and other respiratory illnesses such as cough and pneumonia.*

**Most common influenza subtype in Virginia is A (unspecified).**

**COVID-19**

0.6%  
of all ED Visits

Trending Down ▼

**Influenza**

2.1%  
of all ED Visits

Trending Down ▼

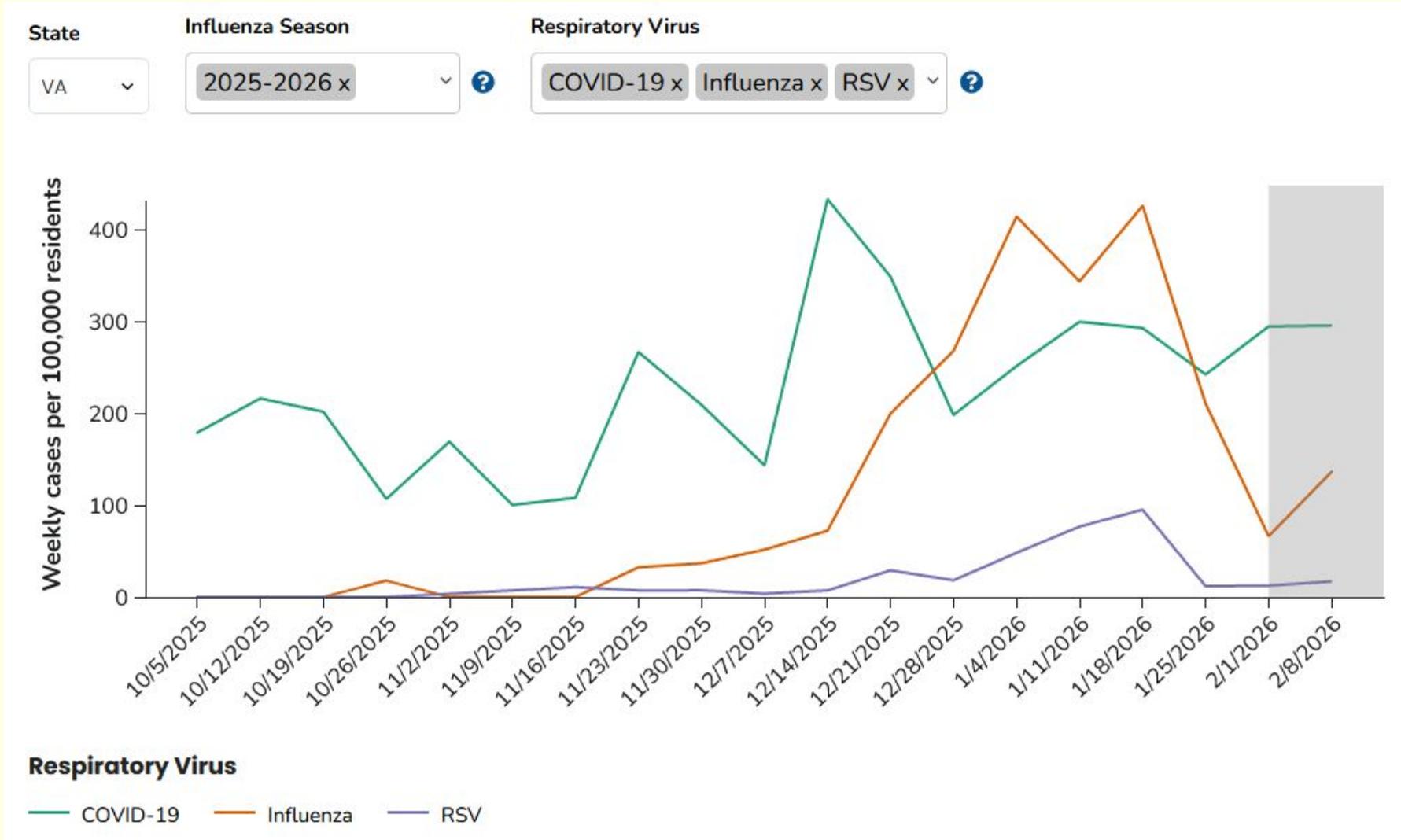
**RSV**

0.3%  
of all ED Visits

Stable ►

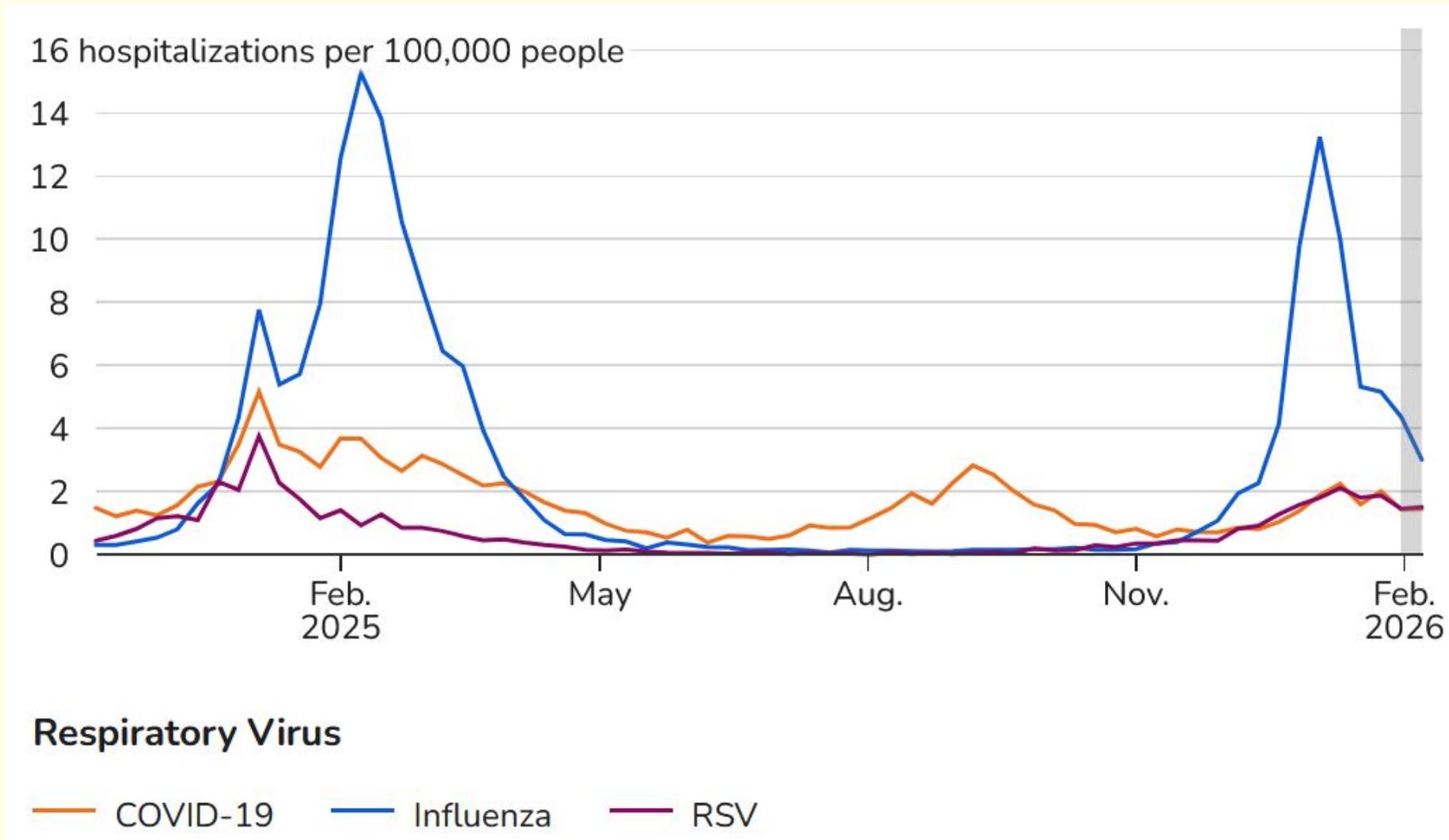
Source: <https://www.vdh.virginia.gov/epidemiology/respiratory-diseases-in-virginia/data/#Deaths>

# Virginia disease activity: Cases per 100K Virginia NH residents



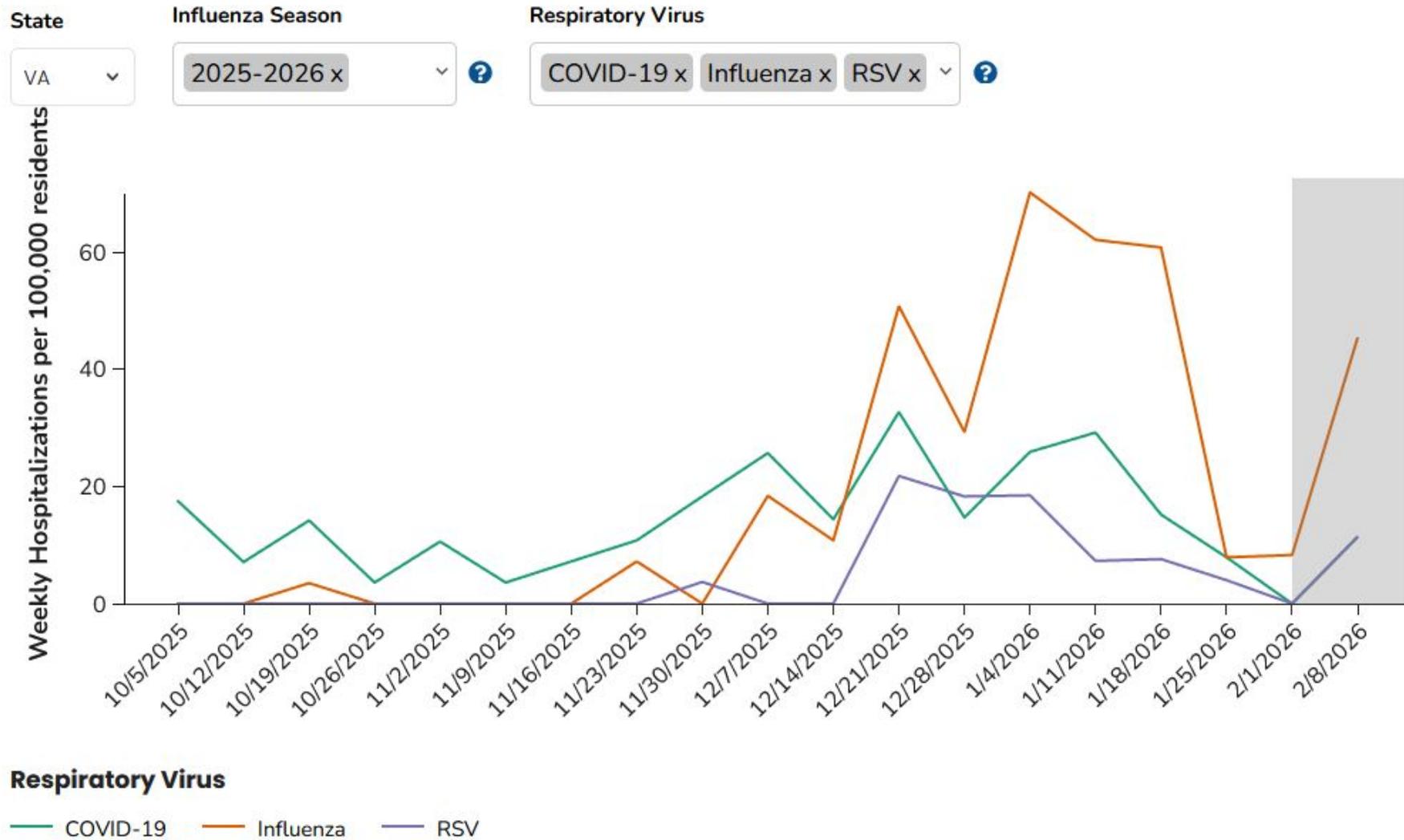
**Data  
through  
Feb 8, 2026**

# Virginia disease severity: Hospitalizations per 100K pop



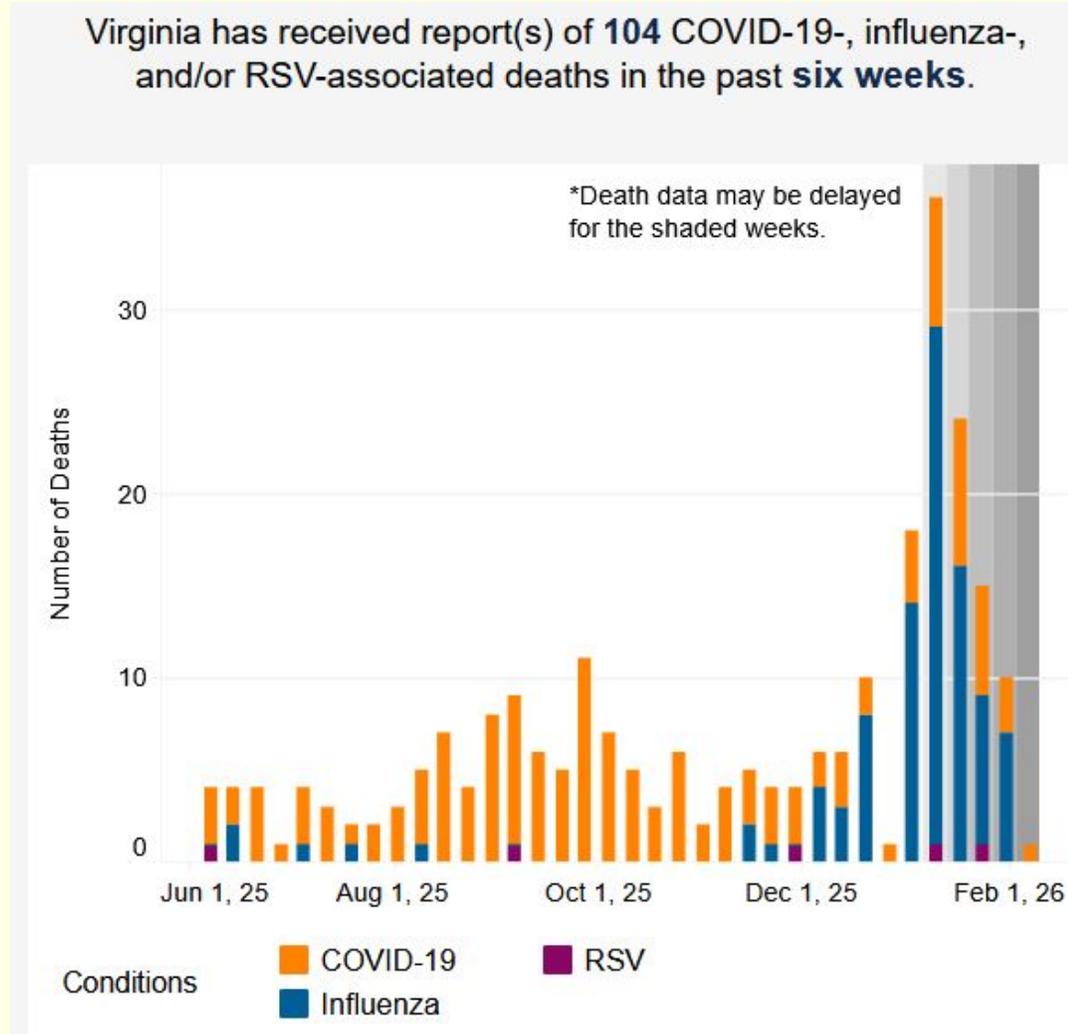
**Data  
through  
Feb 7, 2026**

# Virginia disease severity: Hospitalizations per 100K Va. NH residents



**Data  
through  
Feb 8, 2026**

# Virginia disease severity: Deaths per 100K pop



**Data through Feb 7, 2026**

**Overall, low number of deaths in the state**

# **Seasonal influenza vaccines**

# Seasonal influenza vaccine, 2025-2026

- Current CDC recommendation = one dose annually with the following vaccines preferred for people aged  $\geq 65$  years:
  - High-dose inactivated influenza vaccine, trivalent (HD-IIV3) = Fluzone High Dose
  - Recombinant influenza vaccine, trivalent (RIV3) = Flublok
  - Adjuvanted inactivated influenza vaccine, trivalent (aIIV3) = Fluad
- American Academy of Family Physicians (AAFP) – same recommendation as CDC with same preferred vaccines for people aged  $\geq 65$  years

Sources: <https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html>;  
<https://www.aafp.org/family-physician/patient-care/prevention-wellness/immunizations-vaccines/immunization-schedules/adult-immunization-schedule.html>

# Vaccine effectiveness (VE), 2024-2025 Flu vaccine – 1

- Interim VE **estimates** based on data from 4 CDC-affiliated vaccine effectiveness networks – covers both outpatient and inpatient visits
- Different networks look at different types of patients with influenza = by age group and outpatient vs. inpatient status
- In 2024-2025, influenza A accounted for 97% of positive specimens. Of these, 52% flu A(H3N2) and 47% flu A(H1N1) 2009 pandemic strain
- Outcome measures:
  - ARI = a patient of any age who received medical care (outpatient or inpatient) for an acute respiratory illness
  - Hospitalization = a patient hospitalized with an acute respiratory illness

# Vaccine effectiveness (VE), 2024-2025 Flu vaccine – 2

- Definition of vaccinated = patient receipt of  $\geq 1$  dose of 2024-2025 influenza vaccine  $\geq 14$  days before the date of ARI or clinical visit
- Among adults aged  $\geq 65$  years:
  - VE against any influenza-associated ARI was 51% (VISION network) in outpatient setting
  - VE against influenza-associated hospitalization was 38% (IVY network) and 57% (VISION network)
  - VE not statistically significant in the outpatient setting in the U.S. Flu VE network (VE = 18%; 95% CI = -69% to 60%)
  - Specific VE data not available for NH residents
- Conclusions:
  - Strong evidence that influenza vaccination reduces risk of medically attended influenza in outpatient AND inpatient settings
  - Vaccination is most effective method to prevent influenza and influenza-related hospitalization
  - Data supports recommendation for universal vaccination for all people aged 6 months and older

# Influenza VE in long-term care settings

- 2023 systematic review article of influenza vaccine effectiveness against lab-confirmed influenza among older adults in aged care facilities
- Primary outcome = VE against lab-confirmed influenza, influenza-related hospitalizations and deaths
- 14 studies for final review – most were observational
- Wide variation in influenza VE ranging from 7.2% to 89.8%
- One randomized controlled trial conducted during 2016-2017 flu season—compared adjuvanted trivalent inactivated (aTIV) flu vaccine vs. standard trivalent influenza vaccine (TIV). A 17% unadjusted risk reduction in hospitalization rate among those who received aTIV vs. TIV.
- Many different influenza seasons covered going back to 1980s and 1990s - raises issue of generalizability – newer vaccines today recommended for older adults
- Conclusion: authors noted that findings indicate moderate VE and support benefits of flu vaccination among residents of long-term care facilities

Source:

[www.tandfonline.com/doi/10.1080/21645515.2023.2271304?url\\_ver=Z39.88-2003&rfr\\_id=ori:rid:crossref.org&rfr\\_dat=cr\\_pub%20%20pubmed](http://www.tandfonline.com/doi/10.1080/21645515.2023.2271304?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed)

# What is influenza virus subclade K?

- Influenza virus subclade K is an antigenic variant of influenza A(H3N2) virus – considered to be a noteworthy antigenic “drift,” not a shift. Not a completely new virus variant.
- Based on influenza A viruses that have been characterized as H3N2 at CDC, subclade K makes up 92% of them
- Appears to spread more easily, and can affect all age groups including elderly
- Does not appear to be more virulent than other flu strains
- While current 2025-2026 flu vaccine does not appear well matched against subclade K, it does offer some protection against flu virus terms of decreased rates of hospitalization in adults in UK
- Older adults, in particular, may benefit against subclade K due to “immune imprinting.” These individuals’ immune response may benefit from exposure to more influenza viruses during their lifetime.

Sources: <https://www.cdc.gov/fluview/surveillance/2026-week-05.html>;  
<https://link.springer.com/article/10.1007/s11357-026-02108-y>;  
<https://www.yalemedicine.org/news/subclade-k-what-to-know-about-this-years-flu>

# What is influenza virus subclade K? (continued)

- According to a question I posed to CDC about subclade K and whether the 2025-2026 flu vaccine was considered effective. CDC's response:

*“CDC’s preliminary vaccine effectiveness (VE) estimates will be available later this season; however, we have seen early VE data out of the United Kingdom. A UK pre-print study found that H3N2 subclade K had reduced reactivity to antibodies from ferrets that were exposed to the H3N2 component of the 2025–2026 Northern Hemisphere flu vaccine. Vaccine effectiveness in the UK against hospitalization remained within the typical range of 70-75% in children and 30-40% in adults. This data indicates that vaccination remains an effective preventive tool against circulating H3N2 viruses.”*

# **COVID-19 Vaccines**

# COVID-19 vaccine, 2025-2026 formulation

- Current CDC adult immunization schedule (October 2025): 2 doses of COVID-19 vaccine recommended for people aged  $\geq 65$  years using shared clinical decision making between patient and medical provider. Concept that patient's clinical situation (their risk factors) should be discussed to determine if vaccination is beneficial or not.
- Duration between 2 doses: 6 months is typical. Minimum interval is 2 or 3 months depending on which COVID-19 vaccine used. See [www.cdc.gov/covid/hcp/vaccine-considerations/routine-guidance.html#heading-od-jmebm1w](https://www.cdc.gov/covid/hcp/vaccine-considerations/routine-guidance.html#heading-od-jmebm1w) for more detail.
- More vaccine doses can be administered to immunocompromised patients
- As of Feb 2026, three branded vaccines available = Pfizer, Moderna, and Novavax.
- NO preference for one type/brand of vaccine over another
- Previous CDC recommendation for COVID-19 vaccine = universal vaccination, 2 doses, for people aged 65 years and older. No mention of shared clinical decision making.
- AAFP adult immunization schedule: 2 or more doses of 2025-2026 COVID-19 vaccine. **No mention of shared decision making.** Typical duration from dose 1 to dose 2 = 6 months. More vaccine doses can be administered if patient immunocompromised

Sources: <https://www.cdc.gov/covid/hcp/vaccine-considerations/routine-guidance.html>;  
<https://www.cdc.gov/covid/hcp/vaccine-considerations/overview.html>;  
<https://www.aafp.org/family-physician/patient-care/prevention-wellness/immunizations-vaccines/immunization-schedules/adult-immunization-schedule.html>

# COVID-19 vaccination and morbidity in NH residents

- Retrospective, observational ecological study sponsored by Pfizer Inc.
- Study looked at COVID-19 vaccination uptake and COVID-19 outcomes (cases of illness and hospitalizations)
- Study time period = October 2024 to January 2025
- During 2024-2025 respiratory season, only about 40% of NH residents received COVID-19 vaccines
- Results: data from CDC's National Healthcare Safety Network (NHSN) Long-term Care Facility COVID-19 module used. Data from 12,665 NHs included.
- During study period, vaccination uptake increased from 14.8% to 40%
- A 10% increase in vaccine uptake was associated with statistically significant reductions in COVID-19 cases (6% decrease) and hospitalizations (9% decrease)

# Being up-to-date with COVID-19 vaccination and SARS-CoV-2 infections in NH residents, U.S., 2022-2023

- Retrospective, observational study conducted by CDC
- Data previously showed that COVID-19 vaccination reduced morbidity and mortality due to SARS-CoV-2 infection
- Current study looked at being up-to-date (UTD) with COVID-19 vaccines vs. not being UTD and outcome of lab-confirmed SARS-CoV-2 infections in NH residents. Study did not look at more severe outcomes of COVID-19.
- Study time period = Nov 2022 to Jan 2023
- Database used = National Healthcare Safety Network (NHSN) COVID-19 weekly data reports from NHs certified by the Centers for Medicare and Medicaid Services (CMS)
- Definition of UTD = ever having received a dose of bivalent COVID-19 vaccine OR completion of COVID-19 primary series less than 2 months earlier. As an example, a person who received only one dose of primary vaccine series would NOT be considered UTD
- Results: Data included 108,727 weekly COVID-19 reports from 14,464 NHs. Overall, 48.1% of NH resident-weeks were UTD with COVID-19 vaccination. Among COVID-19 patients, 40.6% were UTD with vaccination.
- Among NH residents who were UTD, as defined, vaccine effectiveness (VE) against SARS-CoV-2 infection was 31% (statistically significant)
- During study period, weekly percentage of UTD NH residents increased from 44% to 51%

# **Respiratory Syncytial Virus (RSV) Vaccines in Older Adults**

# RSV vaccines for adults

- Currently, three RSV vaccines that are FDA approved
  - Abrysvo (RSVPreF) – Pfizer – initial approval May 2023
  - Arexvy (RSVPreF3+ASO1) – GlaxoSmithKline – initial approval May 2023
  - mRESVIA (mRNA vaccine encoding the F glycoprotein from RSV subtype A) – Moderna – initial approval June 2024
- Current CDC adult immunization schedule:
  - **Vaccine recommended for people aged 60 through 74 years WITH at least one risk factor** that puts them at increased risk of severe illness, such as chronic cardiovascular disease (CAD, CHF, etc.), chronic lung disease (COPD, asthma, interstitial lung disease, etc.) and a number of other diseases (see <https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-notes.html#note-rsv>)
  - Vaccine recommended for all people aged 75 years and older based on age alone
  - Patients aged 60 through 74 years can self attest to one or more risk factors
  - No mention of shared decision making to receive vaccine
  - **At this time, only a single dose of ANY RSV vaccine is recommended. Additional doses are not indicated.**
- AAFP adult immunization schedule:
  - **Vaccine recommended for people aged 50 through 74 years WITH at least one risk factor** that puts them at increased risk of severe illness. See AAFP list of risk factors at <https://www.aafp.org/family-physician/patient-care/prevention-wellness/immunizations-vaccines/immunization-schedules/adult-immunization-schedule.html>
  - Vaccine recommended for all people aged 75 and older based on age alone
  - People aged 50 through 74 years can self attest to one or more risk factors
  - No mention of shared decision making
  - **At this time, only a single dose of ANY RSV vaccine is recommended. Additional doses are not indicated.**

# RSV vaccine effectiveness and safety in older adults – 1

- Retrospective test-negative case control study involving 787,822 patients tested for RSV during 2023-2024 RSV season. Study only used Pfizer and GSK vaccines. Moderna vaccine not available yet.
- Study used deidentified Epic Cosmos electronic medical records system data – covers more than 270 million unique patients
- Patients with acute respiratory infection (ARI) who test positive for RSV are cases; patients with ARI who test negative are controls. RSV vaccination status then determined for each group.
- Outcomes: VE against medically attended acute RSV infection, urgent care or ED visit, or hospitalization. Safety data looked at excess risks of immune thrombocytopenic purpura (ITP) and Guillain-Barre Syndrome (GBS).

# RSV vaccine effectiveness and safety in older adults – 2

- Results: of all patients tested and RSV vaccination status determined, 1318 (2.4%) cases and 66,928 (9.1%) controls were vaccinated.
- Overall, VE was 75.1% against medically attended acute RSV infection for age groups 60 through 74 years, and 75 years and older
- VE against urgent care and ED visits were very similar (about 75%) for both age groups
- VE against hospitalizations again very similar (about 75%) for both age groups
- No excess risk of ITP identified in study
- Excess risk of GBS was identified in small number of patients:
  - For Arexvy (GSK): excess risk of 5.2 cases of GBS diagnosed per 1 million vaccine doses given – this risk was not statistically significantly elevated
  - For Abrysvo (Pfizer): excess risk of 18.2 cases of GBS diagnosed per 1 million vaccine doses given – this risk was statistically significantly elevated
- Conclusion: RSV known to cause morbidity and mortality in older adults, particularly those with underlying cardiopulmonary disease. Data show that RSV vaccination of older adults is effective for multiple outcomes. Study shows small risk of diagnosed GBS post vaccination.

# RSV vaccine effectiveness in adults, U.S., 2023-2024 – 1

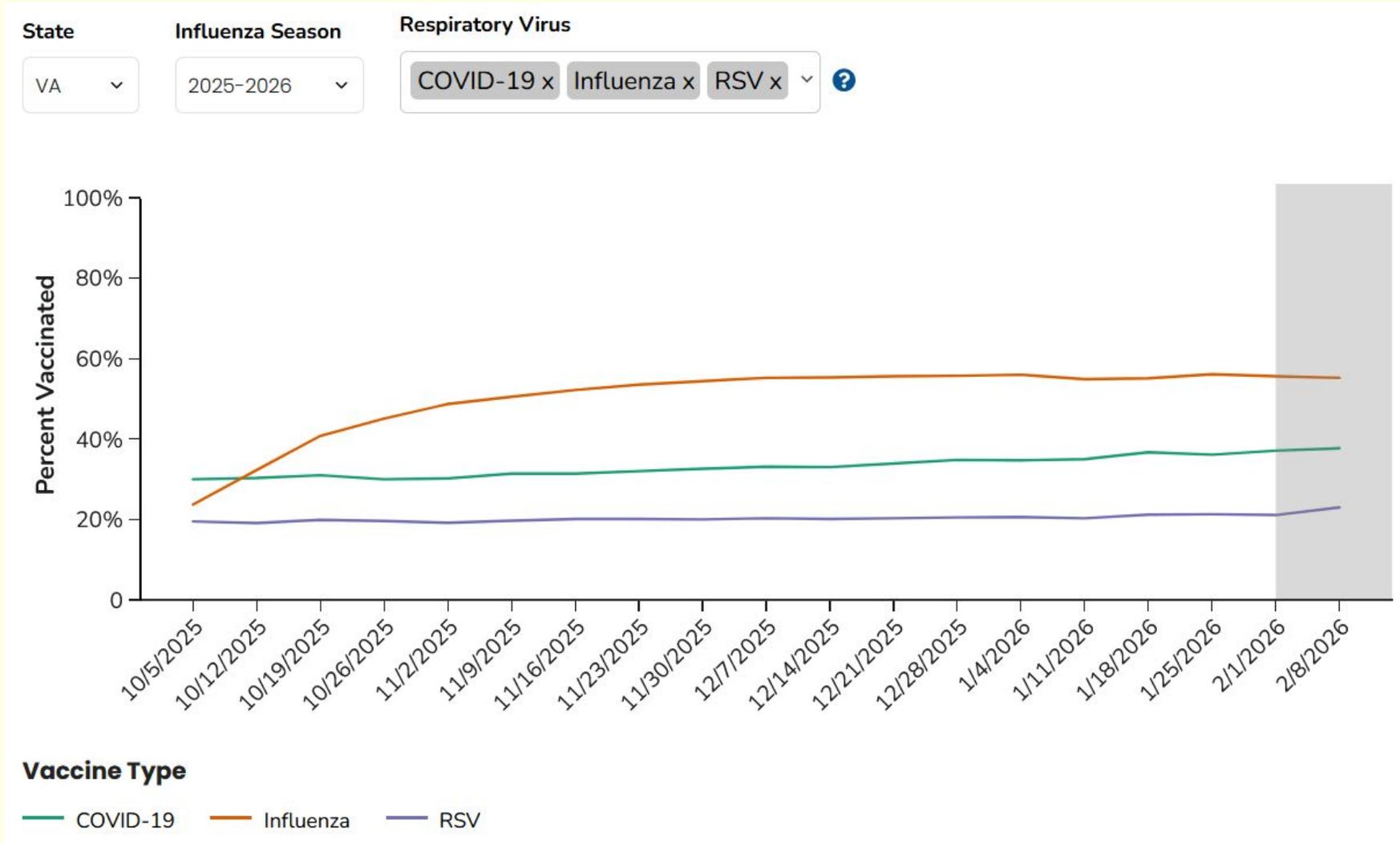
- Retrospective test-negative study design from the VISION electronic medical record network which comprises 8 states
- Study done during the 2023-2024 RSV season
- All participants aged 60 and older who were seen for medical visit for RSV-like symptoms and underwent testing for RSV between Oct 1, 2023 and March 31, 2024
- People with positive test = cases; people with negative test = controls
- Vaccination status was determined and vaccine effectiveness estimate calculated from data gathered
- Study only looked at Arexvy (GSK) and Abrysvo (Pfizer) RSV vaccines. Moderna vaccine (mRESVIA) was not FDA approved until June 2024

# RSV vaccine effectiveness in adults, U.S., 2023-2024 – 2

- Outcome measures = VE of RSV vaccine against RSV-associated hospitalizations, critical illness, and emergency department (ED) visits
- Results:
  - In immunocompetent adults aged 60 years and older:
    - VE 80% against RSV-associated hospitalizations
    - VE 81% against RSV-associated critical illness (ICU admission, death, or both)
    - VE 77% against RSV-associated ED visits
    - VE estimates were similar by age group and product type (age groups: ≥60 years, 60-74 years, and ≥75 years). Note that not all outcomes were stratified by every age group.
  - VE 73% against RSV-associated hospitalization in immunocompromised patients aged 60 years and older
- Conclusions: Study provides real-world data showing the effectiveness and benefit of RSV vaccination in preventing serious RSV-associated clinical outcomes in older adults in a large U.S. cohort. Strong VE data in both immunocompetent and immunocompromised patients.

# **Vaccination coverage among NH residents**

# Vaccination coverage, NH residents, VA, 2025-2026



## Estimated vaccination coverage rates for NH residents, 2/8/2026:

- Seasonal influenza vaccine = 55%
- Up to date with COVID-19 vaccines = 38%
- Received a dose of RSV vaccine = 23%

Not shown on graph = percent of NH healthcare personnel in VA who have received COVID-19 vaccines = 7%

# Want more public health information? Free public health resources

- Sign up for free *Morbidity and Mortality Weekly Report* (MMWR) = go to <https://www.cdc.gov/mmwr/mmwrsubscribe.html>
- Sign up for free Clinician Outreach and Communication Activity (COCA) Calls = go to <https://www.cdc.gov/coca/hcp/trainings/index.html>. Free CME credit is available
- Sign up for free CDC Health Alert Network Alerts = go to <https://www.cdc.gov/han/php/about/index.html>
- Sign up for many more free CDC publications, newsletters, etc. = go to CDC News and Updates:  
[https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx?topic\\_id=USCDC\\_486](https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx?topic_id=USCDC_486)
- CDC FluView – comprehensive weekly information about seasonal influenza = <https://www.cdc.gov/fluview/index.html>

**Thank you for your attention!**

**Questions?**

**Please feel free to contact me at**  
**[BR12451@icloud.com](mailto:BR12451@icloud.com)**



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# Open Forum

Any questions or ideas  
from the talk?

Today's CE Code is  
#####

Text this code to 804-625-4041



# Thank you for joining us!

**Updates and News** - See News Updates via email and newsletter

**Next Monthly Forum:**

- **March 18 - Dr. Bergman (TBD)**
- **April 15 - TBD**

**Your Calendar Link** - In the Zoom Registration Confirmation email you received today, there's a calendar link to update your calendar for future meetings.

**On your way out** of our meeting today, [kindly answer a brief feedback survey.](#)

**Invite your colleagues!** They can register at [ltccn.vcu.edu](https://ltccn.vcu.edu)