

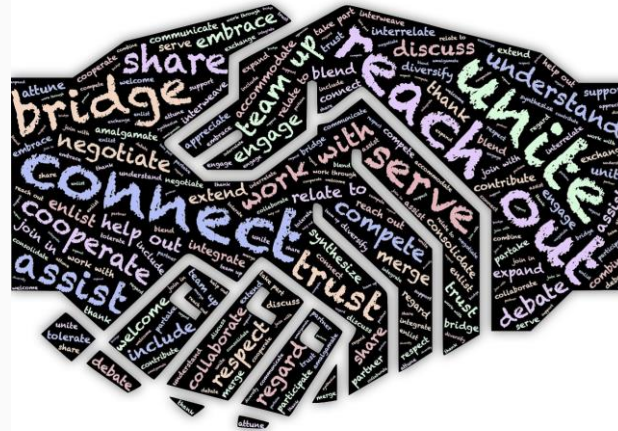
Virginia Long-Term Care Clinician Network Monthly Forum

November 15, 2023



Welcome!

As you join, please turn on cameras and mic or unmute your phone and say hello to your Virginia colleagues. We all have a common bond: the choice to serve in a unique area of health care. During the presentation we can mute ourselves until it is time for more interaction.



Virginia LTC-CN: Share Some Info

Please use the Chat box:

- **Name and Region or City/Town**
- **Favorite thing about working with elderly**

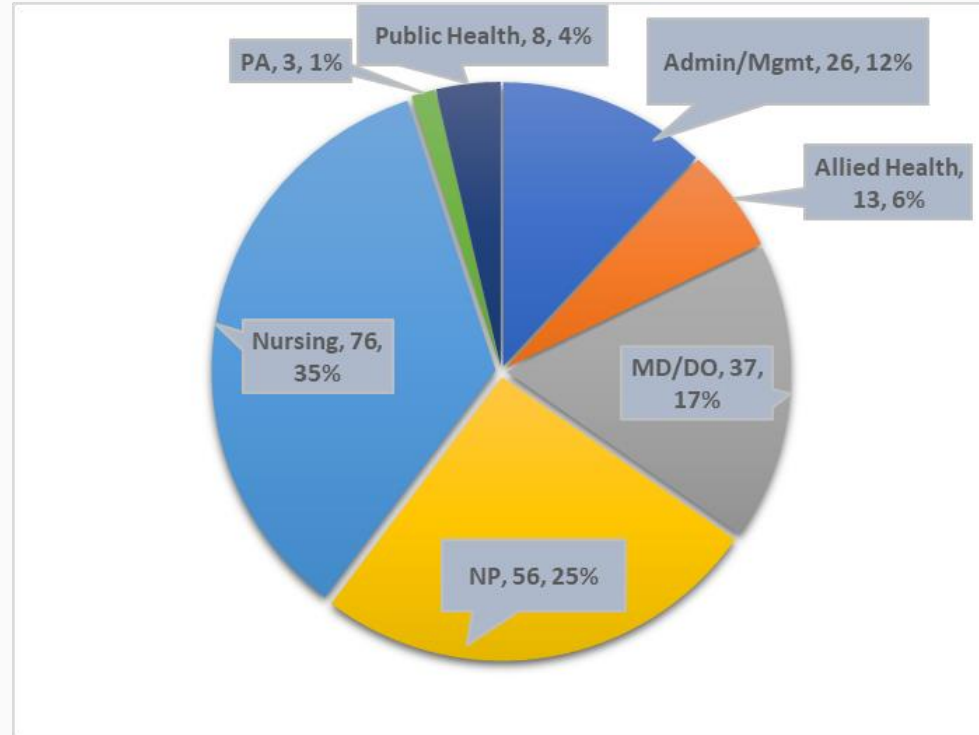
**Thank you for taking care of Virginia's residents of PACE,
assisted living and nursing homes!**

Where to find us, slides, monthly newsletter?

The screenshot shows the top portion of a website. At the top left is the VCU logo (a stylized building icon) followed by the text "VCU VIRGINIA COMMONWEALTH UNIVERSITY". To the right is the slogan "WE ARE THE UNCOMMON." and a small "GIVE TO VCU" logo. Below this is the page title "Virginia Long-Term Care Clinician Network" and a search bar. A dark navigation bar contains the following menu items: "Join the Network", "Steering Committee", "Forums & Events", "Contact Us", and "Resources". The main content area features a large graphic of a network of interconnected nodes. A dark rectangular box is overlaid on the top part of the network, containing the text "A partnership between VDH and VCU." and a "Join the Network" button.

*Welcome to these members who
joined us since our last Forum.*

Brooke Rossheim, MD, MPH
Christina Chomanard, MPH
Kelly Medlin, BSN
Kim Gallaher, Administrator
Kristie Burnette, MSN, RN
Lynn Simpkins, NP
Pauravi Sanghadia, MD
Tizita Tefera, DON



Poll Question 1

Are you still having trouble accessing COVID vaccine?

A- Yes

B- No

Vaccinations For Residents in Long-Term Care Settings

November 15, 2023

Brooke Rossheim, MD, MPH

Public Health Physician Specialist

&

Christy Gray, MPH, CHES, CHTS-CP, Director

Division of Immunization, Office of Epidemiology

Overview

- Respiratory Season

- Vaccine Recommendations
 - COVID-19
 - Influenza (Flu)
 - RSV
 - Pneumococcal Vaccination
 - Tdap
 - Shingles

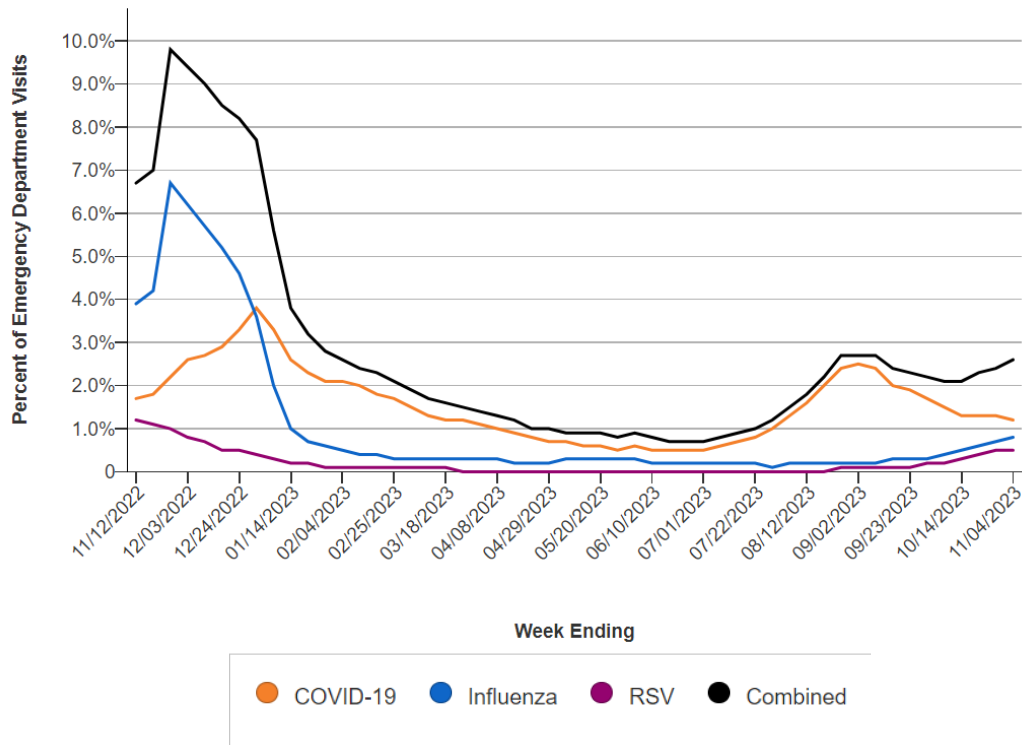
- Considerations for Prioritizing Vaccines

Respiratory Season

- Older individuals residing in nursing homes and/or assisted living communities are at high risk of complications due to respiratory illnesses.
- As we enter the winter respiratory illness season, long-term care (LTC) providers should prepare to vaccinate residents and staff against three common respiratory viruses = COVID-19, flu, and RSV

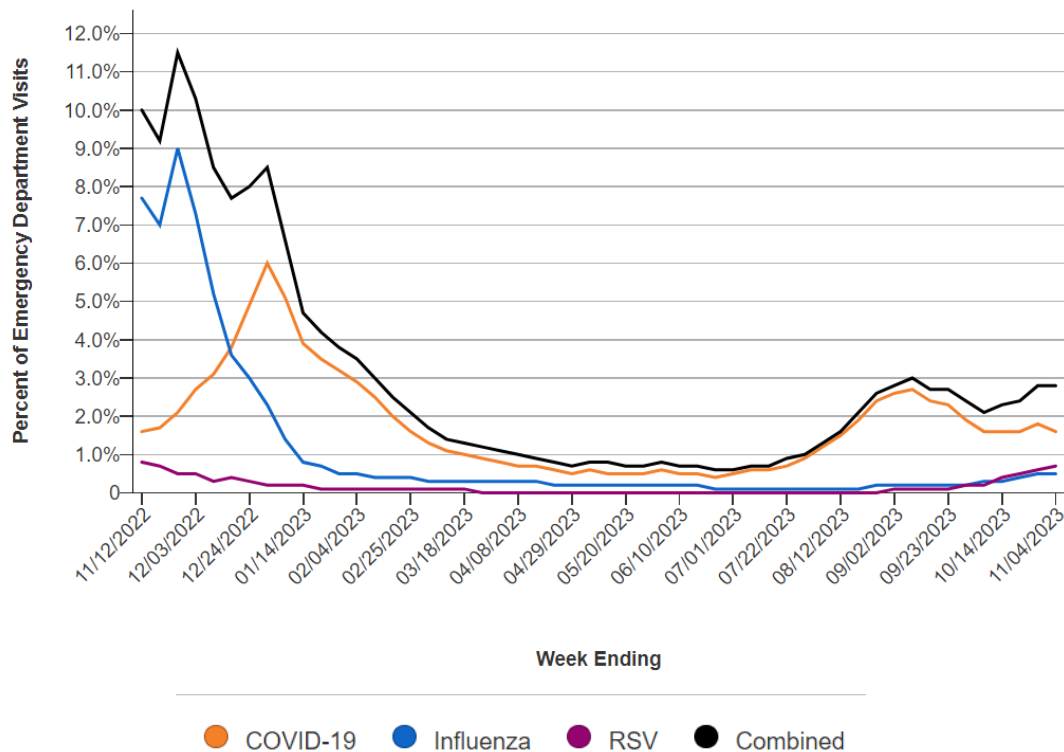


U.S. Respiratory Virus Activity – as of 11/4/2023



Source: <https://www.cdc.gov/respiratory-viruses/index.html>

Virginia Respiratory Virus Activity – as of 11/4/2023



Source: <https://www.cdc.gov/respiratory-viruses/index.html>

Vaccine Recommendations

COVID-19

Flu

RSV

Pneumococcal

Tdap

Shingles

COVID-19

COVID-19 Ongoing Morbidity and Mortality

- COVID-19 continues to cause morbidity and mortality
- During January 1–August 26, 2023, **COVID-19–associated hospitalization rates among adults aged ≥ 75 years were two to three times as high as those among the next youngest age group (65–74 years)**

Source: [Use of Updated COVID-19 Vaccines 2023–2024 Formula for Persons Aged \$\geq 6\$ Months: Recommendations of the Advisory Committee on Immunization Practices — United States, September 2023 | MMWR \(cdc.gov\)](#)

2023-2024 COVID-19 Vaccine Recommendations

- CDC recommends that everyone aged 5 years and older, including those living and working in Long-term Care (LTC) settings, [get 1 updated 2023-2024 COVID-19 vaccine](#).
- Updated 2023-2024 COVID-19 vaccine is based on the Omicron XBB.1.5 variant
- Available vaccines = mRNA-based (Pfizer and Moderna) and protein-based (Novavax)
- People who are moderately or severely immunocompromised can get additional updated 2023-2024 COVID-19 vaccines. Up to the discretion of the treating medical provider.

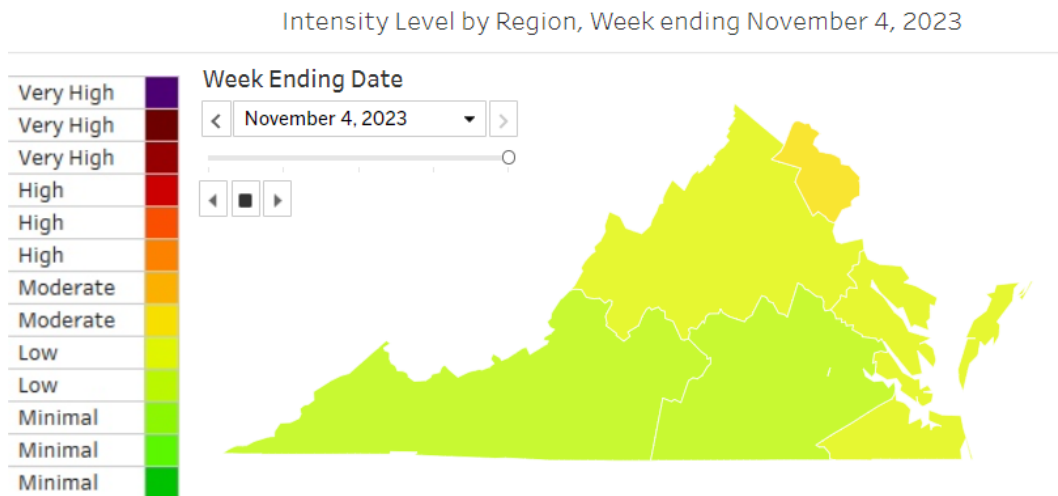
Influenza

Influenza Disease Burden in United States

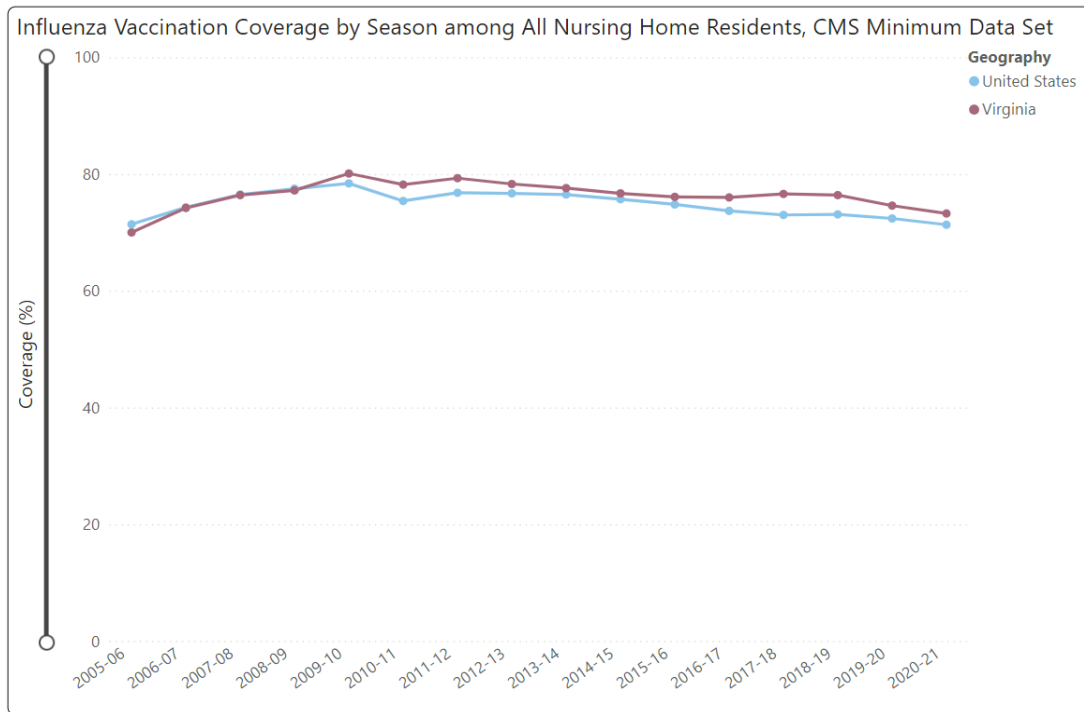
- Influenza (flu) disease is associated with serious illness, hospitalization, and death, particularly among the older adult / elderly population
- Between 2010 and 2020, flu has resulted in an estimated **ANNUAL**:
 - 9 million–41 million illnesses
 - 140,000–710,000 hospitalizations
 - 12,000–52,000 deaths
- **It is estimated that:**
 - **70-85% of flu-related deaths have occurred in people \geq 65 years**
 - **50-70% of flu-related hospitalizations occurred in people \geq 65 years**

Influenza Activity In Virginia – week ending 11/4/23

- During week ending November 4, 2023:
 - Virginia was at **Low** Influenza-like illness (ILI) activity level
 - Virginia reported **3.3%** emergency department and urgent care visits were for ILI
 - There were **5 regions** above threshold for ILI visits



Influenza Vaccination Coverage among LTCF Residents, 2005-2021



~70% of nursing home residents in both the U.S. and Virginia receive the seasonal flu vaccine

The percentage of people getting vaccinated has drifted downward over the last 10 years

Source: [CDC FluVaxView](#)

2023-2024 Flu Vaccine Recommendations for Older Adults

CDC recommends adults aged 65 years or older preferentially receive any one of the following higher dose or adjuvanted influenza vaccines:

- [Fluzone High-Dose Quadrivalent inactivated flu vaccine \(HD-IIV4\)](#)
- [Flublok Quadrivalent recombinant flu vaccine \(RIV4\)](#)
- [Fluad Quadrivalent adjuvanted inactivated flu vaccine \(aIIV4\)](#)

If none of the three flu vaccines preferentially recommended for people 65 and older is available at the time of administration, people in this age group can get any other age-appropriate flu vaccine instead.

RSV

RSV Disease Burden Among Older Adults in U.S.

- CDC estimates that among people ≥ 65 years of age:
 - There are 60,000–160,000 hospitalizations **each year** due to RSV
 - There are between 6,000–10,000 deaths each year due to RSV
- RSV season typically begins in fall (October-ish) of each year, peaks in the winter, and may continue during the spring. RSV season may be similar to influenza season
- Epidemiologic data shows that older adults (≥ 60 years of age) with the following concomitant illnesses are at higher risk of a more severe case of RSV:
 - Chronic cardiopulmonary disease (COPD, asthma, CHF, CAD, etc.)
 - Diabetes mellitus
 - Chronic liver, kidney, or neurologic illness
 - Immunocompromise
 - Note: list is not exhaustive

RSV Vaccine Recommendations for Older Adults

- In 2023, two vaccines were licensed by FDA for prevention of RSV-caused lower respiratory tract disease (LRTD) in adults aged ≥ 60 years
 - [Arexvy](#) (GlaxoSmithKline) - a single intramuscular injection
 - [Abrysvo](#) (Pfizer) - a single intramuscular injection
- CDC **did not** issue a universal recommendation for all people ≥ 60 years of age to receive the RSV vaccine. CDC recommends shared decision making between patient and healthcare provider.
- At this time, CDC noted that RSV vaccination should be targeted to those who are at highest risk for severe RSV disease

Other Vaccines

Pneumococcal

Tdap (Tetanus, Diphtheria, Pertussis)

Shingles

Pneumococcal Vaccination

Burden of Pneumococcal Disease

- Higher incidence of pneumococcal disease in two groups: very young and older adult populations
 - Very young people have low mortality
 - **Death rate notably higher in older adult and elderly population**
- Another important reason for vaccination and disease prevention is increasing rates of pneumococcal antibiotic resistance to penicillin
- Treatment of invasive *S. pneumoniae* has become more difficult

Pneumococcal Vaccine Recommendations

For people who have never had pneumococcal vaccine:

- All adults aged ≥ 65 years, OR
- Adults aged 19-64 years with certain medical conditions or other risk factors for pneumococcal disease

CDC recommends EITHER:

- PCV20 (20-valent pneumococcal conjugate vaccine) = [Prenar20](#), OR
- PCV15 ([Vaxneuvance](#)) in series with PPSV23 (23-valent pneumococcal polysaccharide vaccine) = [Pneumovax 23](#)

- Many other scenarios with people who have had partial pneumococcal immunization – see ACIP reference below and especially Tables 1-9 for CDC recommendations

Source: [ACIP Recommendations for Pneumococcal Vaccine for Adults \$\geq 19\$, CDC](#) (see Tables 1-9 which are very useful)

Tdap

(Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine)

Tetanus – Burden of Disease

- Acute illness caused by a toxin from *Clostridium tetani*
 - Spore-forming, gram-positive, anaerobic rod; spores widely present in soil
- Before tetanus vaccines: ~500-600 cases of tetanus per year in U.S
- Once vaccine widely available: 50-100 cases of tetanus per year in U.S.
- Tetanus-containing vaccine coverage is good in younger children; not as good in adults—in 2017, **63% of adults estimated to have had either Td or Tdap**

Tdap Vaccine Recommendations

CDC recommends Tdap vaccine for any adults not previously vaccinated.

- When possible, **Boostrix®** should be used for adults **aged 65 years or older**.
- This should be followed by either a Td or Tdap booster every 10 years.

Shingles

Shingles (Varicella Zoster): Burden of Disease

- Reactivation of Varicella Zoster Virus (VZV)
- Typically affects people aged ≥ 50 years. Risk of developing shingles and its complications increase with increasing age
- Very Common – about 30% of people in U.S. will develop shingles
- Risk factors for shingles: immunosuppression (disease, medication); ? Natural decline in immunity as people age
- About 10-20% of people with shingles will develop post-herpetic neuralgia

Source: [Shingles \(Herpes Zoster\), CDC](#)

Shingles Vaccine Recommendations

CDC recommends adults \geq **50 years** receive **two doses** of [Shingrix](#) (recombinant zoster vaccine or "RZV") to prevent shingles and its complications

- Recommended interval between doses = 2-6 months
- Immunocompromised people can get second dose 1 to 2 months after the first.

Considerations for Prioritizing Vaccines

Prioritizing Vaccines

- With ample vaccines, ACIP doesn't have a specific vaccine prioritization regimen
- Per ACIP, vaccination recommendations:
 - Vaccines recommended based on person's age
 - Vaccines based on a person's specific medical condition or other indication
 - Review the vaccine type, dose, dosing frequency, and considerations for special situations
 - Are there any contraindications to the person getting this vaccine?
 - Are there any new recommendations about how the vaccine is meant to be used?
- Some vaccines have an accelerated administration schedule—for example, COVID-19 vaccine primary series in an immunocompromised person = 3 doses (instead of 2 doses) given at minimum intervals
- [CDC Recommended Adult Immunization Schedule, 2023](#) = a great reference

Thank you!

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Additional Slides Including COVID-19, Flu, RSV and Other Resources

Respiratory Virus Season Resources

CDC - <https://www.cdc.gov/respiratory-viruses/whats-new/index.html>

- CDC posts weekly updates during respiratory illness season
- Includes links to:
 - CDC Variant Proportions
 - COVID Data Tracker
 - Respiratory Virus Hospitalization Surveillance Network

VDH - <https://www.vdh.virginia.gov/epidemiology/respiratory-diseases-in-virginia/>

- Landing page for COVID-19, influenza, and RSV
- [VDH Respiratory Diseases Toolkit](#)

- Flyers and Social Media Images
- Topics include:
 - Healthy Respiratory Habits
 - Symptom Comparison Chart
 - Fall & Winter Immunization Chart

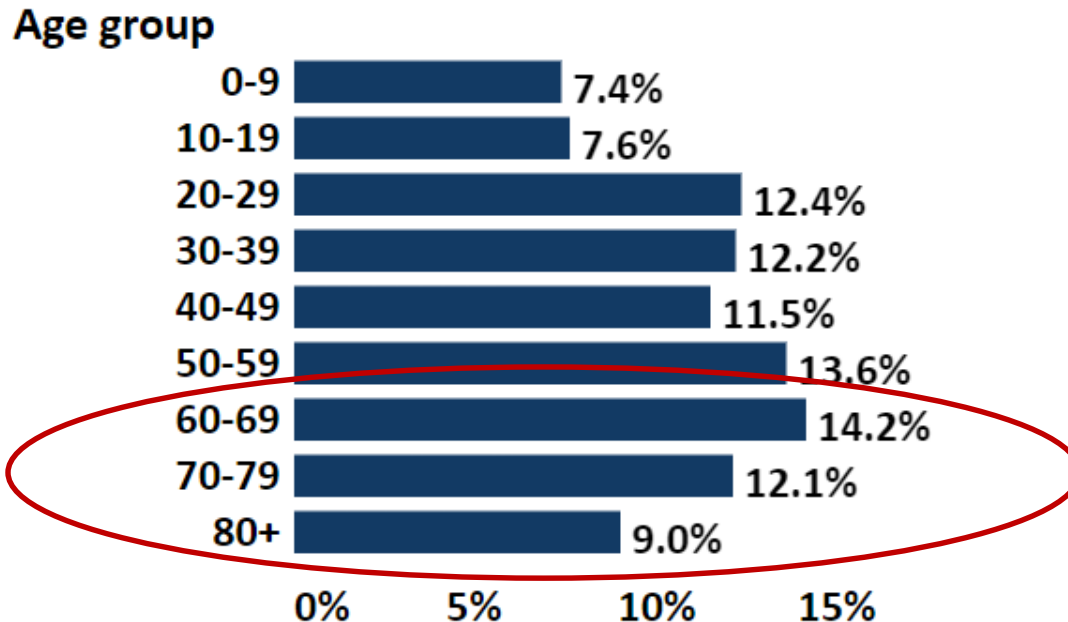
VDH VIRGINIA DEPARTMENT OF HEALTH FALL & WINTER 2023 IMMUNIZATIONS					
VACCINE	ABOUT THE VACCINE	WHO CAN GET IT	WHY GET IT	WHEN TO GET IT	WHERE TO GET IT
FLU VACCINE	Flu vaccines are recommended for anyone aged 6 months and older. It is the best way to prevent the flu and reduce the risk of complications.	Everyone aged 6 months and older.	Flu can make you feel sick, miss work or school, and spread to others. Getting the flu vaccine can reduce the risk of getting the flu, and reduce the severity of illness.	September and October are the best times to get the flu vaccine. It takes about 2 weeks to become effective. You should get it every year.	Health departments, pharmacies, and retail stores. For a list of locations, visit www.vdh.virginia.gov/flu .
COVID-19 VACCINE	The 2023 COVID-19 vaccine has been updated to protect against the latest COVID-19 variants. It is safe and effective.	Everyone aged 6 months and older.	Getting up to date on COVID-19 vaccine can help prevent illness, hospitalization, and death. It can also reduce the risk of long COVID.	People can get the vaccine as soon as they are eligible. It is recommended to get it every 4-6 months.	Health departments, pharmacies, and retail stores. For a list of locations, visit www.vdh.virginia.gov/covid-19 .
RSV VACCINE FOR OLDER ADULTS	RSV vaccine is recommended for older adults aged 75 and older.	Adults aged 75 years and older who are not in a long-term care facility.	RSV can cause severe illness and hospitalization, especially in older adults. Getting the RSV vaccine can reduce the risk of RSV illness.	September and October are the best times to get the RSV vaccine. It is recommended to get it every year.	Health departments, pharmacies, and retail stores.
RSV VACCINE FOR PRESIDENTIAL PEOPLE	RSV vaccine is recommended for people in long-term care facilities.	People who live in long-term care facilities.	RSV can cause severe illness and hospitalization, especially in people in long-term care facilities. Getting the RSV vaccine can reduce the risk of RSV illness.	September and October are the best times to get the RSV vaccine. It is recommended to get it every year.	Health departments, pharmacies, and retail stores.
RSV ANTIBODY IMMUNIZATION FOR INFANTS					

5 TIPS FOR HEALTHY RESPIRATORY HABITS

- Stay up to date on your vaccines**
Avoid severe illness by staying up to date with your flu and COVID-19 vaccines.
- Stay home when you're sick**
Avoid close contact with people if you are sick. Stay home when you are sick.
- Wash your hands regularly**
Wash your hands with soap and water for at least 20 seconds.
- Cover your mouth and nose with a tissue or your elbow when you cough or sneeze**
Dispose of used tissues and wash your hands afterwards.
- Avoid touching face, nose, mouth, and eyes to avoid the risk of infection**

VDH VIRGINIA DEPARTMENT OF HEALTH

Case Demographics in Last 6 Months in Virginia: May-October 2023



COVID-19 Vaccine Effectiveness (VE)

- Monovalent mRNA vaccination was **76% effective in preventing COVID-19–associated invasive mechanical ventilation and death** up to 6 months after the last dose and remained 56% effective at 1–2 years. ([Source](#))
- Among adults aged ≥ 18 years without immunocompromising conditions, **bivalent booster VE was sustained against critical COVID-19-associated outcomes**, including intensive care unit admission or death. ([Source](#))
- **Among nursing home residents** who were up to date with COVID-19 vaccination (most had received a bivalent vaccine), **vaccine effectiveness against SARS-CoV-2 infection was 31.2%**. ([Source](#))

Long Term Care Facility Resources for COVID-19

- [VDH COVID-19 Vaccine Resources for Long Term Care Facilities](#)
- [COVID-19 Vaccines for Long-term Care Residents | CDC](#)
- [COVID-19 Vaccine Insurance Coverage \(medicare.gov\)](#)

Long-Term Care Facility Resources for Flu

- [Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities | CDC](#)
- [Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating | CDC](#)
- [Influenza Antiviral Medications | CDC](#)
- [Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza | Clinical Infectious Diseases | Oxford Academic \(oup.com\)](#)

Incidence of pneumococcal infections in U.S., 2016

Age (years)	Disease Incidence Cases/100,000 (number of cases)	Death Rate Deaths/100,000 (number of deaths)
<1	17.7 (702)	0.20 (8)
1	12.6 (500)	0.20 (8)
2-4	5.07 (606)	0.13 (16)
5-17	1.23 (659)	0.00 (0)
18-34	2.33 (1,757)	0.08 (60)
35-49	6.48 (3,982)	0.46 (284)
50-64	14.8 (9,326)	1.47 (932)
65-74	18.0 (4,952)	2.17 (597)
75-84	29.0 (4,042)	4.53 (631)
≥85	45.4 (2,856)	11.4 (718)
Total	9.14 (29,382)	1.01 (3,254)

Incidence of disease highest in very young and very old.

Mortality rate highest among people ≥ 85 years old

Source: <https://www.cdc.gov/vaccines/pubs/surv-manual/chpt11-pneumo.html>

Open Forum

Share an idea. Anything
you need help with?

What's new in your
Virginia Health District?
Any announcements?



Chat Waterfall

Answer in chat, but do not press
send until we count down:

**As we enter state budget time, if
you had all the money in the
world how would you improve
where you work in LTC?**



Monthly Forum - Every 3rd Wednesday, 4-5 PM



Forum topics will be in areas of interest to clinicians working in long term care. We will continue to integrate COVID-19 topics in our discussion. Share the membership QR code with your work colleagues so they can get a unique link.

Upcoming Forums

- December 13 *** Change in Date **CHF**
- January 17, 2024 **Trauma Informed Care**
- February 21, 2024 **COPD Update**



Accreditation

 <p>JOINTLY ACCREDITED PROVIDER™ INTERPROFESSIONAL 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 1.00 AMA PRA Category 1 Credits™. 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 1.00 ANCC 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 1.00 AAPA Category 1 CME credits. PAs should only claim credit commensurate with the extent of their participation.</p>

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Disclosure of Commercial Support:

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

Claiming Credit

Submit Attendance

1. If you have **not participated in a VCU Health CE program in the past:**
 - a. Go to vcu.cloud-cme.com to create an account – make sure to add your cell phone number
2. Once you have registered or if you **have participated before:**
 - a. Text the course code to (804) 625-4041.
 - b. The course code for today's event is: ##### (please note this is only active for 5 days)

Complete Evaluation & Claim Credit, **within 60 days of the event**

- | | | |
|---|----|--|
| 1.Go to https://vcu.cloud-cme.com | OR | Open the CloudCME app on device |
| 2.Sign in using email address used above | | Click “My Evaluations” |
| 3.Click “My CE” | | Click the name of the activity to Click “Evaluations and Certificates” complete evaluation |

Need help? ceinfo@vcuhealth.org

Thank you for joining! Evaluation will pop up

Next Newsletter - coming to you December 6.

Next Monthly Forum - **December 13 at 4pm**. Scroll down in the Zoom registration confirmation email you received for a calendar link you can use to update your calendar automatically with the Zoom link for future meetings.

On your way out of Zoom, kindly answer a brief feedback survey.

Stay in touch! Email us at ltccn@vcu.edu

Invite your colleagues! They can register at ltccn.vcu.edu

Disclosures

The speakers and presenters for today have no relevant financial conflicts of interest.

*Funding Disclosure: This work is supported by the **Virginia Department of Health, Office of Epidemiology, Division of Healthcare-Associated Infections (HAI) and Antimicrobial Resistance (AR) Program** and the Centers for Disease Control and Prevention, Epidemiology and Laboratory Capacity (ELC) Program under federal award number NU50CK000555 and state subrecipient number VCULTC603-GY23 in the amount of \$820,002. The content presented is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control, the Virginia Department of Health, or Virginia Commonwealth University.*

Virginia Long-Term Care Infrastructure Pilot Project (VLIPP) funding will be utilized in nursing homes and long-term care facilities to assist with the ongoing COVID-19 response and to bolster preparedness for emerging infections. The projects are based on identified needs that align with funding objectives

