April 27, 2023

LTC COVID-19 Update

Presented by:

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Indiana Department of Health Team

Indiana Department of Health

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Today's Topics

- Updates COVID vaccinations – Dr. Vuppalanchi
- Candida auris survey concerns – Tammy Alley
- Antipsychotic audits – Mitzi Daffron, Qsource
- Q&A

RAC-CT Certification course *(in-person), May 9-11, details HERE*

Designs for Well-rounded Dietary Departments, *a webinar on May 23, details HERE*

Mastering the Art & Science of Dementia Care*, an in-person workshop on May 25, details HERE*

Indiana Department of Health

COVID-19 VACCINE UPDATES

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MEDICAL DIRECTOR

4/27/23

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.

What has not changed

- You are fully vaccinated even if you haven't gotten your booster yet. The definition of fully vaccinated does not include a COVID-19 booster**.** If you have completed your primary series, but are not yet eligible for a booster, you are considered up to date.
- **Fully vaccinated, however, is not the same as having the best protection.** People are best protected when they stay up to date with COVID-19 vaccinations, which includes getting a booster when eligible.
- **Updated Boosters Are Recommended:** CDC recommends 1 updated COVID-19 vaccine dose for everyone aged 6 months and older.
- Alternatives to mRNA COVID-19 vaccines remain available for people who cannot or will not receive an mRNA vaccine. CDC's recommendations for the use of (monovalent) Novavax or Johnson & Johnson's Janssen COVID-19 vaccines were not affected by the changes.

COVID-19 Vaccine Simplified

- Centers for Disease Control and Prevention (CDC) has simplified its COVID-19 vaccine recommendations following updated authorization by the U.S. FDA earlier this week
- CDC's updates to the Interim Clinical Considerations for the Use of COVID-19 Vaccines are available: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#not-immunocompromised
- **CDC now recommends the use of bivalent vaccine for all recommended mRNA COVID-19 vaccine dose(s).**
- Monovalent (original) mRNA COVID-19 vaccines will no longer be recommended for use in the United States and is no longer authorized by the FDA. **Dispose of all monovalent mRNA COVID-19 vaccine vials** in accordance with local, state and federal regulations. Report all disposed inventory as wastage.
- CDC and ACIP will continue to monitor COVID-19 disease levels and vaccine effectiveness in the months ahead and look forward to additional discussion around potential updates this fall.

Updates to the Interim Clinical Considerations

- People ages 65 years and older who received 1 dose of a bivalent vaccine have the **option** to receive 1 additional dose at least 4 months after the first bivalent dose. The option to receive 1 additional bivalent mRNA dose may be informed by the clinical judgment of a healthcare provider, a person's risk for severe COVID-19 due to the presence of underlying medical conditions and age, and personal preference and circumstances.
- CDC **recommends** that everyone ages 6 years and older receive an updated (bivalent) mRNA COVID-19 vaccine, regardless of whether they previously completed their (monovalent) primary series.
- Individuals ages 6 years and older who have already received an updated mRNA vaccine do not need to take any action unless they are 65 years or older or immunocompromised.
- For young children, multiple doses continue to be recommended and will vary by age, vaccine, and which vaccines were previously received.

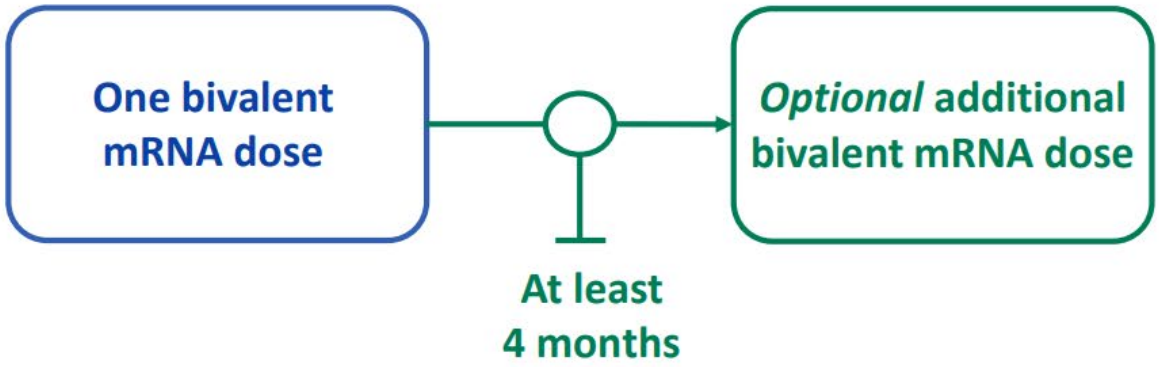
Clinical Guidance for COVID-19 Vaccination | CDC

Stay Up to Date with COVID-19 Vaccines

- Adults and children aged 6 years and older are up to date with COVID-19 vaccines if they got a bivalent (updated) COVID-19 vaccine.
- Children 6 months through 5 years of age who received the Pfizer-BioNTech COVID-19 vaccine are up to date if:
  - They are 6 months to 4 years of age and got at least 3 COVID-19 vaccine doses, including at least one bivalent (updated) COVID-19 vaccine dose.
  - They are 5 years of age and got at least 1 bivalent (updated) COVID-19 vaccine dose.
- Children 6 months through 5 years of age who got the Moderna COVID-19 vaccine are up to date if they got at least two Moderna COVID-19 vaccine doses, including at least one bivalent (updated) COVID-19 vaccine dose.
- You may be eligible for additional COVID-19 vaccine doses if:
  - You are 65 years of age and older and got your first bivalent (updated) COVID-19 vaccine booster 4 or more months ago.
  - You are moderately or severely immunocompromised and received a bivalent (updated) COVID-19 vaccine booster 2 or more months ago.
- If you are unable or choose not to get a recommended bivalent mRNA vaccine, you will be up to date if you got the Novavax COVID-19 vaccine doses approved for your age group.

More Flexibility

Flexible for people at higher risk of severe COVID-19:
People aged ≥65 years who have not yet received a bivalent mRNA dose



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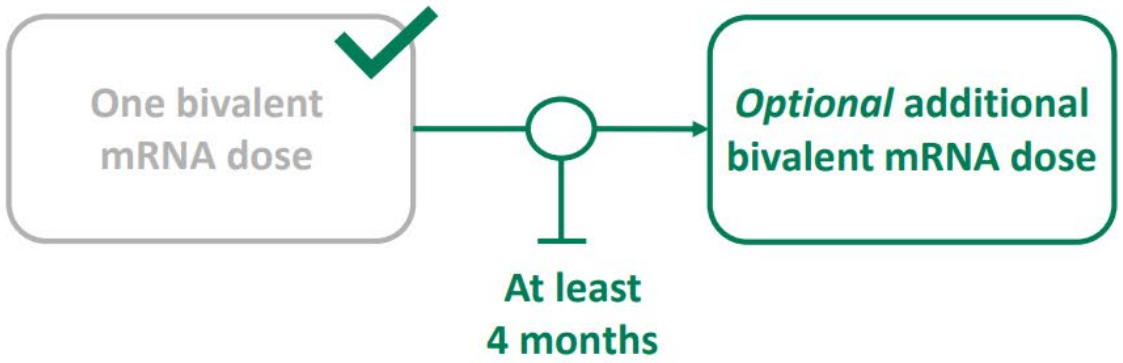
More Flexibility

Flexible for people at higher risk of severe COVID-19:
People aged ≥65 years who have already received a bivalent mRNA dose



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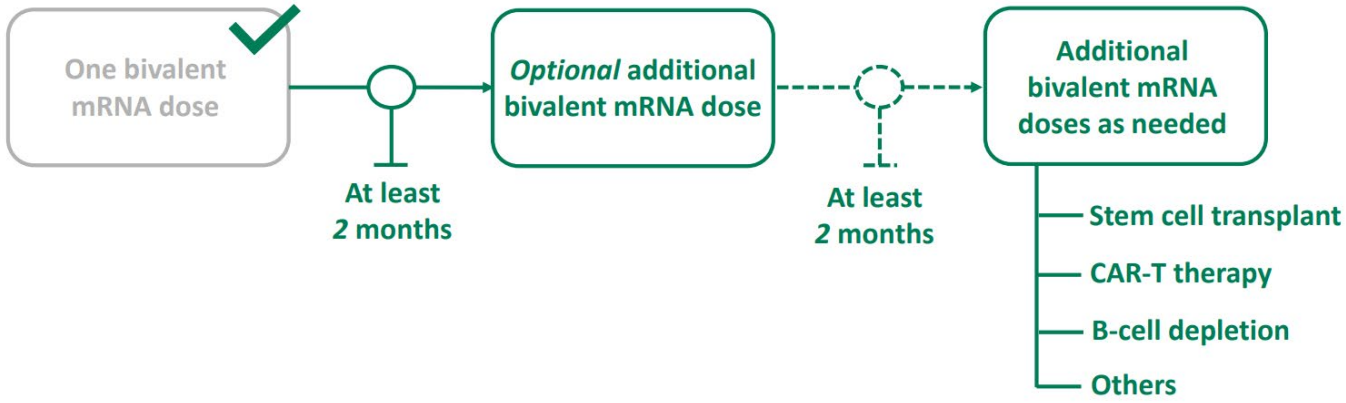
CDC Presentation

Recommendations for Immunocompromised Coming Soon

Information about the COVID-19 vaccination schedule for people who are moderately or severely immunocompromised will be available soon.

[Clinical Guidance for COVID-19 Vaccination | CDC]

New flexibility for people at higher risk of severe COVID-19: People aged ≥6 years *with immunocompromise who have already received a bivalent mRNA dose**

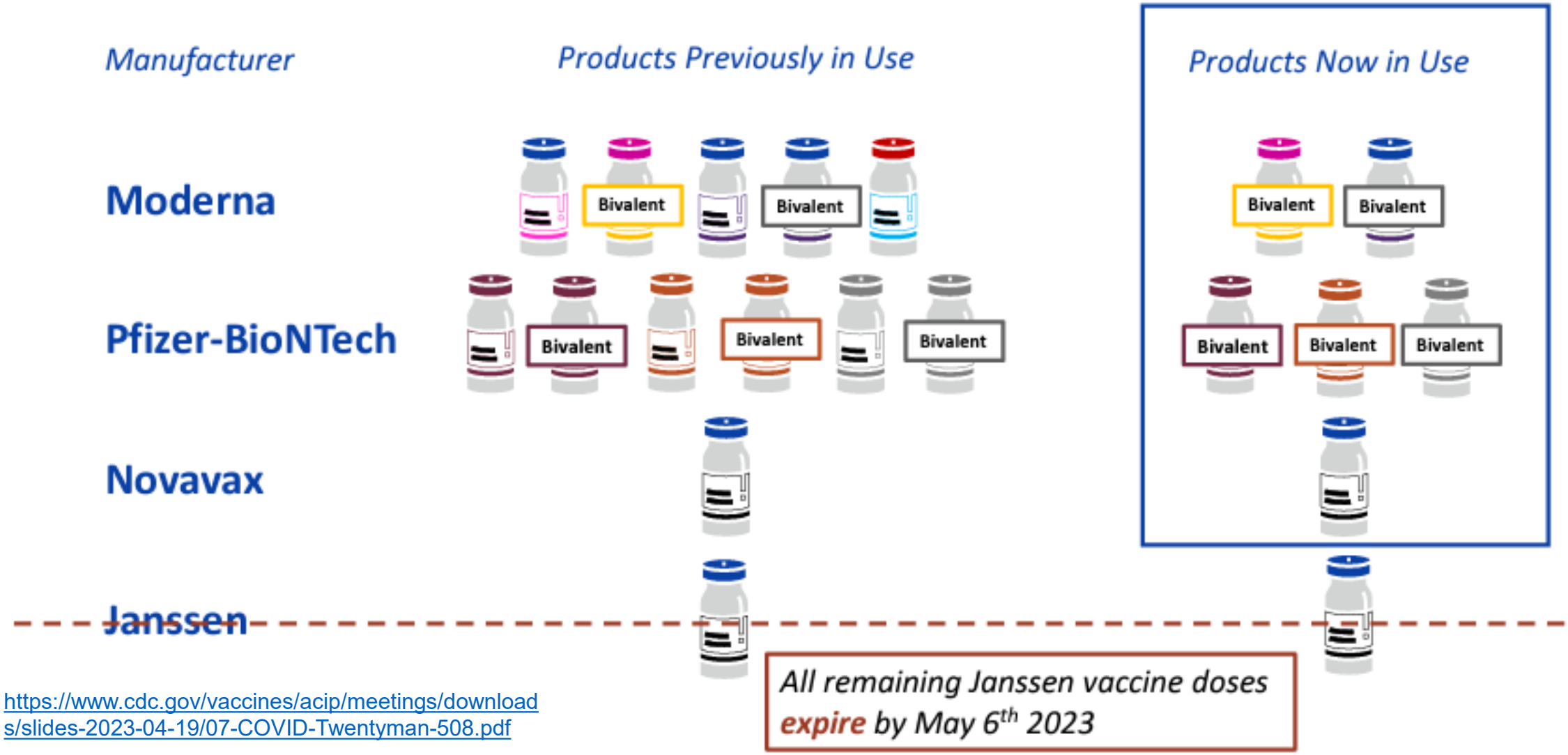


*Including those with imminent immunocompromise (e.g., prior to organ transplant; other causes.)

Ages 12 years and older

COVID-19 vaccination history	Bivalent vaccine	Number of bivalent doses indicated	Dosage (mL/ug)	Vaccine vial cap and label colors	Interval between doses*
Unvaccinated	Moderna ___or___ Pfizer BioNTech	1	0.5 mL/50 ug	Dark blue cap; gray label border	—
		1	0.3 mL/30 ug	Gray	—
1 or more doses monovalent mRNA (no doses bivalent mRNA)	Moderna ___or___ Pfizer BioNTech	1	0.5 mL/50 ug	Dark blue cap; gray label border	At least 8 weeks after last monovalent dose
		1	0.3 mL/30 ug	Gray	At least 8 weeks after last monovalent dose
Ever received 1 dose bivalent mRNA (regardless of monovalent vaccine history)	NA; previously received 1 bivalent vaccine dose	NA	NA	NA	NA
People ages 65 years and older have the option to receive 1 additional bivalent mRNA vaccine dose at least 4 months after the first dose of a bivalent mRNA vaccine. If Moderna is used, administer 0.5 mL/50 ug (dark blue cap and label with a gray border); if Pfizer-BioNTech is used, administer 0.3 mL/30 ug (gray cap and label with a gray border).					

Fewer COVID-19 Vaccine Products in Use



https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-04-19/07-COVID-Twentyman-508.pdf

End of Public Health Emergency

- **Extending coverage for COVID-19 vaccines, seasonal influenza vaccines, and COVID-19 tests.** PREP Act immunity from liability will be extended through December 2024 to pharmacists, pharmacy interns, and pharmacy technicians to administer COVID-19 and seasonal influenza vaccines (to those individuals three and over, consistent with other requirements), and COVID-19 tests, regardless of any USG agreement or emergency declaration.
- **Extending coverage through December 2024 for Federal agreements**. This includes all activities related to the provision of COVID-19 countermeasures that are 1) provided based on a Federal agreement (including the vaccines and treatments purchased and provided by the USG), or 2) directly conducted by the USG, including by Federal employees, contractors or volunteers.

End of Public Health Emergency

- **Ending of coverage for certain activities**. Once products are no longer distributed under a USG agreement, PREP Act coverage will no longer extend to the following activities:
  - COVID-19 vaccination by non-traditional providers (e.g., recently retired providers and students); and
  - COVID-19 vaccinations across state lines by licensed providers and pharmacists and pharmacy interns.
- **Ending of coverage for routine childhood vaccinations.** Once there is no emergency in effect, PREP Act coverage will no longer extend to all routine childhood vaccinations by pharmacists, pharmacy interns, and pharmacy technicians.

End of Public Health Emergency

Some of the key features that will not change under the amended declaration include:

- **No immediate impact on USG distributed COVID-19 countermeasures.** As noted above, the amended PREP Act declaration will not have any immediate impact on COVID-19 vaccines, treatments, and tests currently distributed by the USG–either now or when the COVID-19 PHE ends on May 11.
- **No change to coverage for certain prescribing and dispensing of COVID-19 oral antivirals**. The PREP Act will continue to offer liability immunity for pharmacists, pharmacy technicians, and pharmacy interns dispensing COVID-19 treatments, in accordance with a U.S. Food and Drug Administration (FDA) authorization, such as the oral antiviral treatments Paxlovid and Lagevrio. In the case of Paxlovid, pharmacists are permitted to prescribe the treatment under certain circumstances. These oral antiviral treatments are available at over 40,000 provider locations, including over 35,000 retail pharmacies.
- **No change to the "Test to Treat" program.** Pharmacists and other providers prescribing tests in the "Test to Treat" program will continue to receive liability protection under the PREP Act.

Questions?

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