Upcoming Education Offerings

WEBINAR
MDS Mastermind Webinar Series
Aug 10 – Sept 28
Details [here](#).

WEBINAR
Silver Quality Award Workshop
Aug 10 – 31
Details [here](#).

WEBINAR
Advanced Action Planning for Administrators
Aug 22
Details [here](#).

IN-PERSON
Assisted Living Symposium
Sept 28 – 29
Details [here](#).
Today's Agenda

• Keeping residents safe through vaccination – Mary Enlow RN, IP – IDH

• NHSN Clarifications – a repeat – Teresa Hostettler, Lead QI Advisor Q Source

• Q&A – Lori Davenport
KEEPING RESIDENTS SAFE THROUGH VACCINATION

MARY ENLOW BSN, RN, IP
INFECTIOUS DISEASE EPIDEMIOLOGY & PREVENTION DIVISION

8/10/2023
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.
Objectives

What is important, and what do you need to know:

• Shingrix – What is it, dosing, factors to consider
• RSV Vaccine – What is it, Dosing, when will it be out
• PneumoVax Mobile App – What is it, how to use it.
• Top 5 gaps and trends
Shingles

• Shingles is a painful rash that usually develops on one side of the body, often the face or torso.

• The rash consists of blisters that typically scab over in 7 to 10 days and clears up within 2 to 4 weeks.

• Some people describe the pain as an intense burning sensation.

• For some people, the pain can last for months or even years after the rash goes away. This long-lasting pain is called postherpetic neuralgia (PHN), and it is the most common complication of shingles.

• Your risk of getting shingles and PHN increases as you get older.
Shingrix vaccine

• Shingles vaccination is the only way to protect against shingles and postherpetic neuralgia (PHN), the most common complication from shingles.
• You should get Shingrix even if in the past you:
  ◦ Had shingles
  ◦ Received Zostavax (a different Shingles vaccines called Zostavax was used in the past, it is no longer available for use in the United States, as of Nov. 18, 2020.)
  ◦ Received varicella (chickenpox) vaccine
• There is no maximum age for getting Shingrix.
Shingrix Dosing

Indications:
• Adults 50 years and older should get two doses of Shingrix, separated by 2 to 6 months
• Adults 19 years and older who have or will have weakened immune systems because of disease or therapy should also get two doses of Shingrix
• If needed, people with weakened immune systems can get the second dose 1 to 2 months after the first

Considerations:
• Adults with a minor acute illness, such as a cold, can receive Shingrix
• People who are moderately or severely ill should usually wait until they recover to be vaccinated

Contraindications:
• You should not give Shingrix to patients who are experiencing an acute episode of herpes zoster
• Defer vaccination for patients with suspected or confirmed COVID-19, regardless of symptoms, until the patient has met the criteria for discontinuing isolation
• Shingrix is an inactive vaccine so you can administer it with other inactive or live vaccines. If you administer Shingrix and another vaccine to someone on the same day, give them at different anatomical sites (e.g., different arms).
• Wait a minimum of 8 weeks after a person received Varivax to give Shingrix
• If a patient waits longer than 6 months to get the second dose you should give the second dose as soon as possible. However, you do not need to restart the vaccine series.
Possible Side Effects of Shingrix

- Sore arm
- Mild or moderate pain
- Redness
- Swelling where they got the shot
- Tiredness
- Muscle pain
- Headache
- Shivering
- Fever
- Stomach pain
- Nausea

- Symptoms went away on their own in about 2 to 3 days
- Side effects were more common in younger people
- Patient may have a reaction to the first or second dose of Shingrix, or both doses
- Guillain-Barré syndrome (GBS) reported very rarely after Shingrix. (There is also a very small increased risk of GBS after having shingles)
- Report side effects from Shingrix to the Vaccine Adverse Event Reporting System (VAERS). VAERS website, or by calling 1-800-822-7967.

Respiratory Syncytial Virus (RSV)

• RSV is a contagious virus. Spread via virus droplets, and direct contact with the virus by touching a surface with the virus on it, causing lower respiratory infections.
• It is a common respiratory virus that usually causes mild, cold-like symptoms. Most people recover in a week or two, but RSV can be serious, especially for infants and older adults.
• CDC estimates that every year, RSV causes approximately 60,000–160,000 hospitalizations and 6,000–10,000 deaths among older adults.
Respiratory Syncytial Virus (RSV) Vaccines

New vaccines which are the first ones licensed in the United States to protect against RSV

Available this fall for people ages 60 years and older.

- These vaccines provide an opportunity to help protect older adults against severe RSV illness at a time when multiple respiratory infections are likely to circulate
- RSV vaccine is recommended as a single dose. Studies are ongoing to determine whether (and if so, when) revaccination may be needed

For Healthcare Professionals: RSV (Respiratory Syncytial Virus) | CDC
FDA Approves First Respiratory Syncytial Virus (RSV) Vaccine | FDA
RSV Vaccines

June 29, 2023

CDC Director Rochelle P. Walensky, M.D., M.P.H., endorsed the CDC Advisory Committee on Immunization Practices’ (ACIP) recommendations for use of new Respiratory Syncytial Virus (RSV) vaccines from GSK and Pfizer for people ages 60 years and older, using shared clinical decision-making. This means these individuals may receive a single dose of the vaccine based on discussions with their healthcare provider about whether RSV vaccination is right for them.
Side Effects and Reporting Adverse Events

**Side Effects**
- Injection site pain
- Fatigue
- Muscle pain
- Headache
- Joint stiffness/pain
- Atrial fibrillation
- Guillain-Barré syndrome

**Reporting of Vaccine Adverse Events**

Adverse events after vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reporting is encouraged for any clinically significant adverse event even if it is uncertain whether the vaccine caused the event.

Information on how to submit a report to VAERS is available at: [https://vaers.hhs.gov/index.html](https://vaers.hhs.gov/index.html) or by telephone at 1-800-822-7967
The **PneumoRecs VaxAdvisor** mobile app helps vaccination providers quickly and easily determine which pneumococcal vaccines a patient needs and when.

**Recommended for all ages**
- Provides patient-specific guidance consistent with the Advisory Committee on Immunization Practices (ACIP) pneumococcal vaccination recommendations.
- Eliminates the challenge of interpreting and synthesizing multiple vaccination recommendation statements.
Trends: Top 5 IPC Gaps in LTC/AL

Top 5 IPC Gaps:
1. Resident hand hygiene
2. Auditing
   • Hand Hygiene (30 per 100 residents monthly), safe injection practices, cleaning & disinfecting practices, etc.
3. Antibiotic stewardship practices
   • Keeping antibiograms, training nurses and providers annually on antibiotic use, etc.
4. Wearing proper PPE with laundry
5. EVS managers rounding

RESOURCES
• IDOH’s IP Website
• Project Firstline Education Materials
• CDC’s ICAR Auditing Tools
• CDC’s Core Elements of Antibiotic Stewardship
• Sign Up for the IDOH LTC Newsletter
Reported COVID-19 Outbreaks in LTC/AL

Number of COVID-19 Case alerts per Week
Jan 1, 2023-July 15, 2023

Old Case Alert Definition: any single new case in residents or staff when no cases noted in the past 4 weeks.
References

Shingles Vaccination: What Everyone Should Know | CDC
Shingrix Vaccine FAQs | CDC
AREXVY.PDF (gskpro.com)
Now Approved | AREXVY (Respiratory Syncytial Virus Vaccine, Adjuvanted) (arexvyhcp.com)
FDA Approves First Respiratory Syncytial Virus (RSV) Vaccine | FDA
For Healthcare Professionals: RSV (Respiratory Syncytial Virus) | CDC
How to Report an Adverse Event to VAERS
PneumoRecs VaxAdvisor: Vaccine Provider App | CDC
Vaccine Schedules App | CDC
CDC Recommends RSV Vaccine For Older Adults | CDC Online Newsroom | CDC
Please reach out to your district IP for more information.

Mary Enlow BSN, RN
Infection Preventionist District 10
<table>
<thead>
<tr>
<th>Week Start Date</th>
<th>Week End Date</th>
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<td>The total (complete + partial) vaccination coverage</td>
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<td>pctAnyVacc</td>
<td>The total (complete + partial) vaccination coverage</td>
<td>N</td>
</tr>
</tbody>
</table>
# Edit COVID-19 Vaccine Data

- **Number of residents staying in this facility for at least 1 day during the week of data collection**: 20
- **Cumulative number of residents in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere since December 2020**: 17

**Any completed COVID-19 vaccine series**

**Cumulative number of residents in Question #1 who have received primary series COVID-19 vaccine(s) at this facility or elsewhere since December 2020**: 17

**Cumulative number of residents in Question #1 who are up to date with COVID-19 vaccines**: 17

Please review the current definition of **up to date**: Key Terms and Up to Date Vaccination.

1. **Only 1 dose of a two-dose Primary COVID-19 vaccine series**
2. **Any completed Primary COVID-19 vaccine series**

**Cumulative number of residents in Question #1 with other conditions:**

1. **Medical contraindication to COVID-19 vaccine**
2. **Offered but declined COVID-19 vaccine**
Cumulative Vaccination Coverage

Note: Facilities submit Weekly COVID-19 Vaccination Cumulative Summary data by completing the questions on this form. As of March 28th, 2022 facilities also have the option to use the Person-Level COVID-19 Vaccination Form and select the “view reporting summary and submit” to submit these data. Using the person-level forms is recommended to ensure that individuals who are up to date with COVID-19 vaccination are categorized appropriately according to their vaccination dates.

1. ▶ Number of residents staying in this facility for at least 1 day during the week of data collection
   - 47

2. ▶ Cumulative number of residents in Question #1 who are up to date with COVID-19 vaccines.
   - 31

Please review the current definition of **up to date**: Key Terms and Up to Date Vaccination.

3. ▶ Cumulative number of residents in Question #1 with other conditions:

   3.1 ▶ Medical contraindication to COVID-19 vaccine
   - 0

   3.2 ▶ Offered but declined COVID-19 vaccine
   - 16

   3.3 ▶ Unknown/Other COVID-19 vaccination status
   - 0

Adverse Events following COVID-19 Vaccine(s)
Thank you for your message, the response to your inquiry is below. This ticket is now closed. Please refrain from replying to closed tickets, it will delay response times. Please respond directly to NHSN@cdc.gov and a new ticket will be generated. Thank you.

Ticket Number
-------------25A8

Resolution
This response was sent to NHSN user on 7/25/2023.

Hello --------- Thank you for your message.

We are aware of the issue with the quality assurance (QA) alerts that appear on the alerts screen in the NHSN application, and we are currently working to resolve it. It appears that the data quality alerts are now sometimes generating inaccurately for the Weekly COVID-19 Vaccination Module for residents.

Please disregard these alerts, as the alerts are not impacting a facility’s ability to enter, update, save, or analyze data. Additionally, please do not edit Weekly COVID-19 vaccination Module data from within the QA alerts screen.

Thank you,
NHSN Vaccination Team
NHSN Email re: Deadline for Reporting

Long-Term Acute Care Facilities (LTACs/LTCHs) that participate in the Long-Term Care Hospital Quality Reporting Program:

2023 Quarter 3 (January 1 - March 31) CLABSI and CAUTI data (all bedded inpatient locations)

2023 Quarter 3 (January 1 - March 31) C. difficile LabID Events (FacWideIN, all healthcare-onset, and community-onset)


Skilled Nursing Facilities (SNFs) that participate in the Skilled Nursing Facility Quality Reporting Program:

Q&A
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