GREAT SHOT!

Making Your Vaccine Campaign a Slam Dunk

This material was prepared by the IPRO QIN-QIO, a Quality Innovation Network-Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication # 12SOW-IPRO-QIN-T3-AA-22-731

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- A federally-funded Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO)
- 12 regional CMS QIN-QIOs nationally

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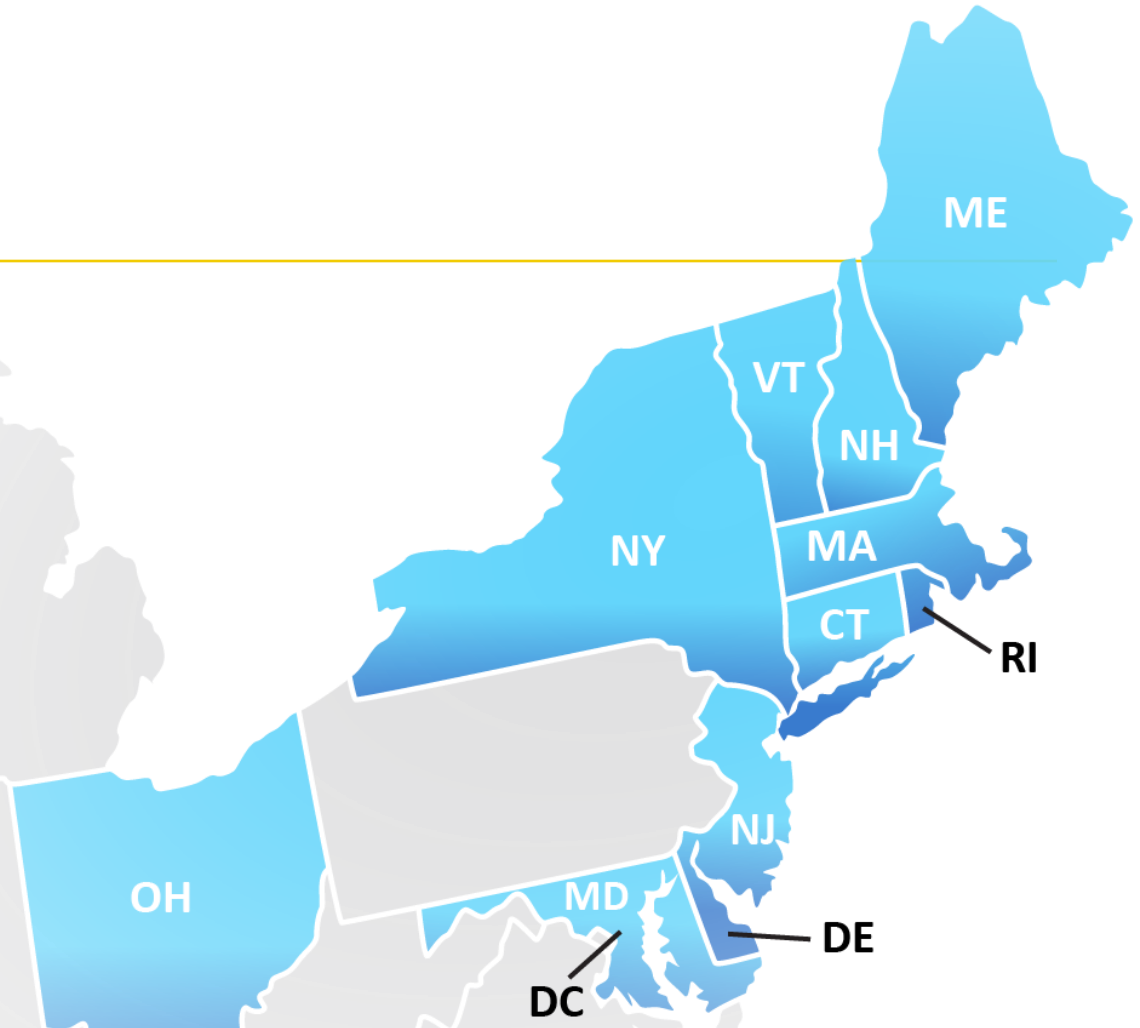

Working to ensure high-quality, safe healthcare for **20% of the nation's Medicare FFS beneficiaries**

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Use Chat to introduce yourself & ask questions

How to use Zoom

At the bottom of your screen, you will see a black bar with icons:

Chat **Everyone** for general comments or questions

Welcome!

- Today's session is being recorded
- Although we want active participation, we ask that you please keep yourself on 'mute' during the presentation
- Please introduce yourself (name, organization & role, location) using the Chat feature

Learning Objectives

- Recognize the disease burden of influenza, pneumonia and COVID-19
- Identify vaccine recommendations for the adult population
- Review strategies to help increase vaccination rates

Disease Burden

Influenza, Pneumonia and COVID-19

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Influenza

- On average 8% (range 3-11%) of the U.S population gets sick from flu each season
- Complications include:
  - Bacterial pneumonia
  - Ear/sinus infection
  - Worsening of chronic medical conditions
    - CHF, asthma, diabetes
- High risk populations:
  - 65 and older
  - People of any age with certain chronic medical conditions
  - Pregnant women
  - Children younger than 5

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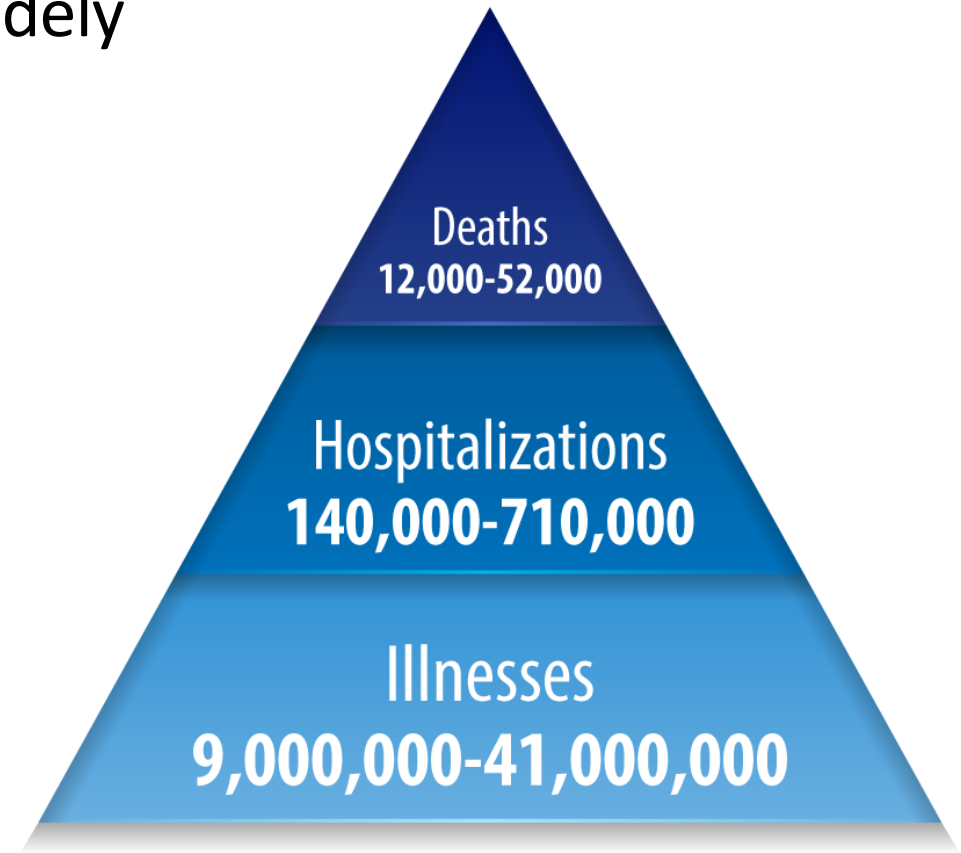
Influenza Disease Burden in the United States

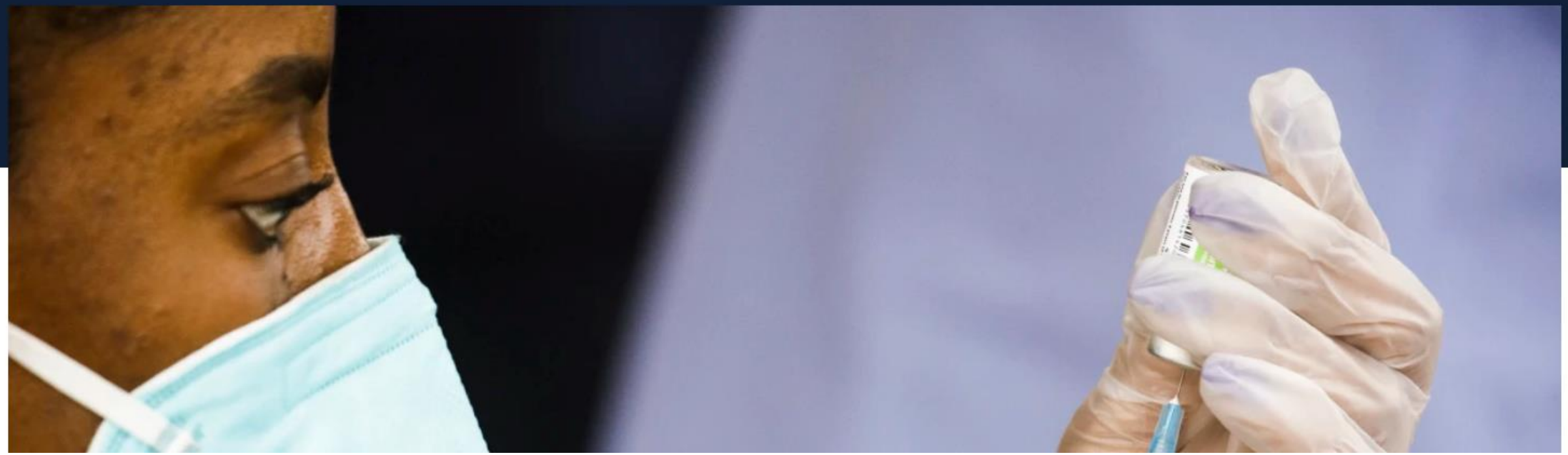
- The burden of influenza disease varies widely
- Determined by a number of factors
  - Characteristics of circulating viruses
  - Timing of the season
  - How well the vaccine is working
  - How many people got vaccinated



https://www.cdc.gov/flu/about/burden/index.html

Australia’s bad flu season is a warning for the U.S. this year

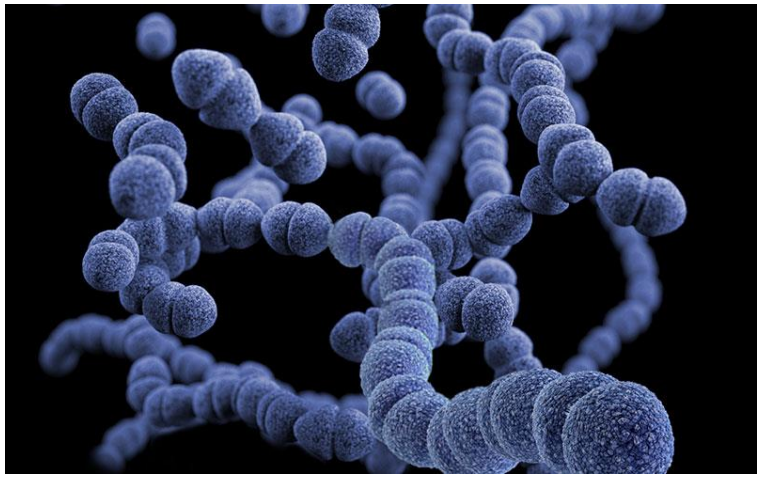
Flu surged in Australia for the first time since the coronavirus pandemic began. That doesn't bode well for the U.S.



[Australia’s bad flu season is a warning for the U.S. this year (nbcnews.com)]

Pneumonia

- Pneumococcal Disease
  - Pneumococcal pneumonia causes an estimated 150,000 hospitalizations each year in the United States
  - Pneumococcal meningitis and bacteremia caused >3200 deaths in the U.S. in 2019
  - Burden high especially for those over 65 with chronic and immunocompromising conditions
    - Pneumonia, bloodstream infections, meningitis



Facts You Need to Know Pneumococcal Disease | CDC

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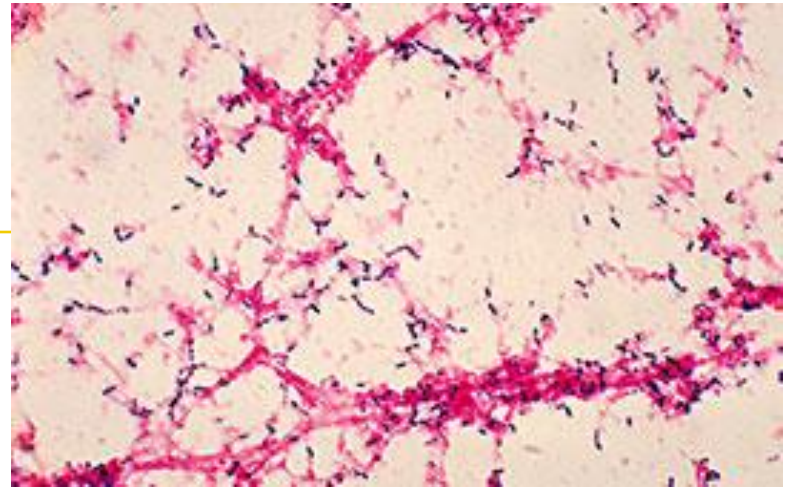
Streptococcus pneumoniae



- Gram-positive, facultative anaerobic bacteria
  - More than 100 known serotypes
  - Only a minority of serotypes produce the majority of pneumococcal infections

- Carriage of pneumococci
  - May be isolated from the nasopharynx of 5-90% of healthy persons
    - 5-10% of **adults without children** are carriers
    - 20-60% of **school-aged children** may be carriers
    - 50-60% of **service personnel on military installations** may be carriers

Pinkbook: Pneumococcal Disease | CDC
Streptococcus pneumoniae: Information for Clinicians | CDC

Risk Factors for Invasive Pneumococcal Disease

- Certain racial/ethnic groups
  - African descent, Alaskan Natives, and American Indians
- Age <2 or ≥65 years
- Male
- Chronic Diseases
  - Cardiovascular, COPD, liver disease, renal failure
  - Diabetes, asthma
- Substance use disorders
- Immunosuppressive
- Cochlear implants
- Irritable Bowel Disease

Pneumococcal Disease Risk Factors: Information for Clinicians | CDC

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COVID-19

- 89.5 million confirmed cases in the U.S. to date
- Over 1 million deaths
- 3rd leading cause of death in 2021
- Older adults and people with certain underlying medical conditions
  - More likely to get severely ill
- Post-COVID conditions
  - Wide range of health problems that experienced 4 or more weeks after getting COVID
  - “Long COVID”
    - Experience long-term effects from original infection

COVID-19 SNAPSHOT

Daily Update for the United States

Cases
New Cases (Daily Avg)
117,350

Case Trends

Jul 2022 Aug 2022

Deaths
New Deaths (Daily Avg)
377

Death Trends

Jul 2022 Aug 2022

Hospitalizations
New Admissions (Daily Avg)
6,113

Admission Trends

Jul 2022 Aug 2022

Vaccinations
% First Booster Dose
34.4%

People Age 5+

Total Cases	Total Deaths	Current Hospitalizations	Total First Booster Dose
91,676,264	1,027,370	37,113	107,490,375

CDC | Data as of: August 4, 2022 4:21 PM ET. Posted: August 4, 2022 5:32 PM ET

[CDC COVID Data Tracker: Home]

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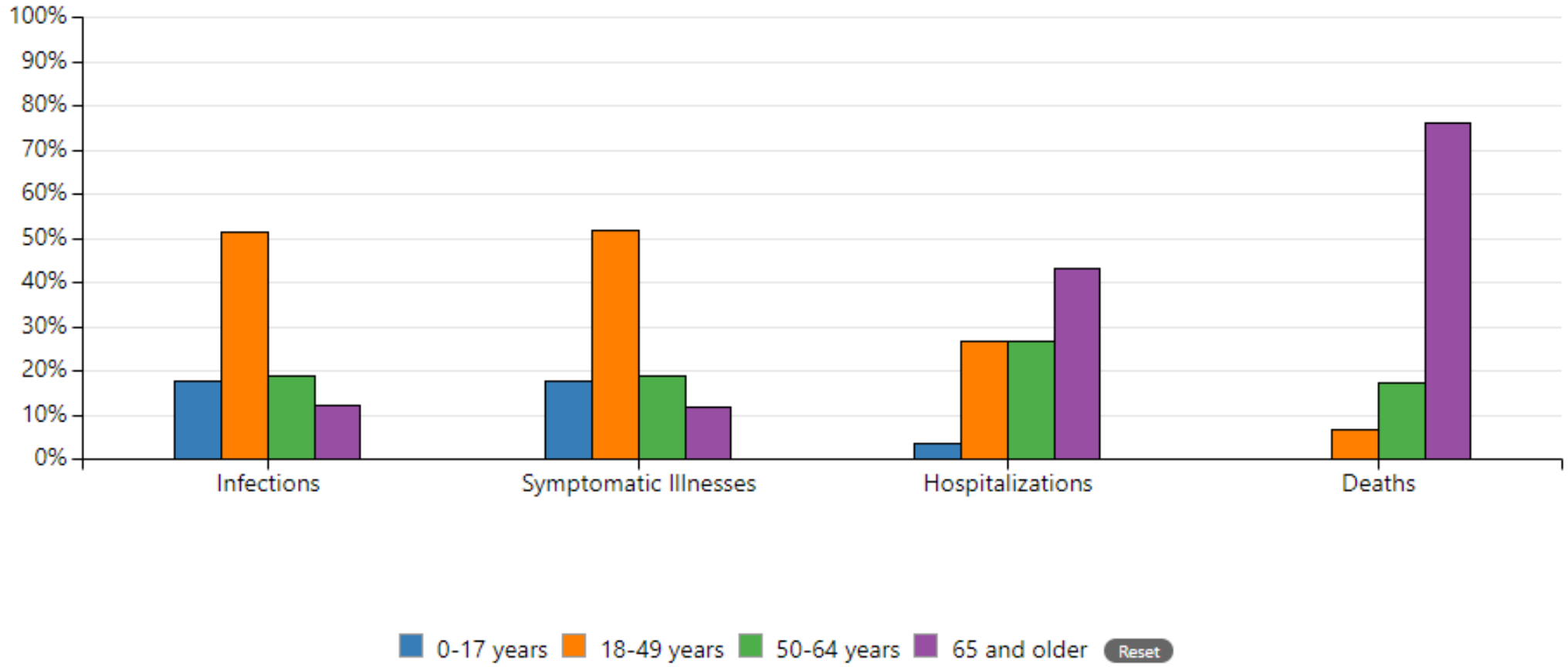
Percentage of COVID-19 infections, symptomatic illness, and hospitalizations, and deaths, by age group—United States, February 2020–September 2021



Estimated COVID-19 Burden | CDC

WORLD COUNTRIES

UNITED STATES

SHARE THIS PAGE:

OVERVIEW

All Time | Past Day | Past Week | Past Month

Confirmed Cases
91,794,811

Deaths
1,032,097

VACCINE TRACKER

Learn more about vaccines ›

Doses Administered
604,235,972

People Fully Vaccinated
223,035,566

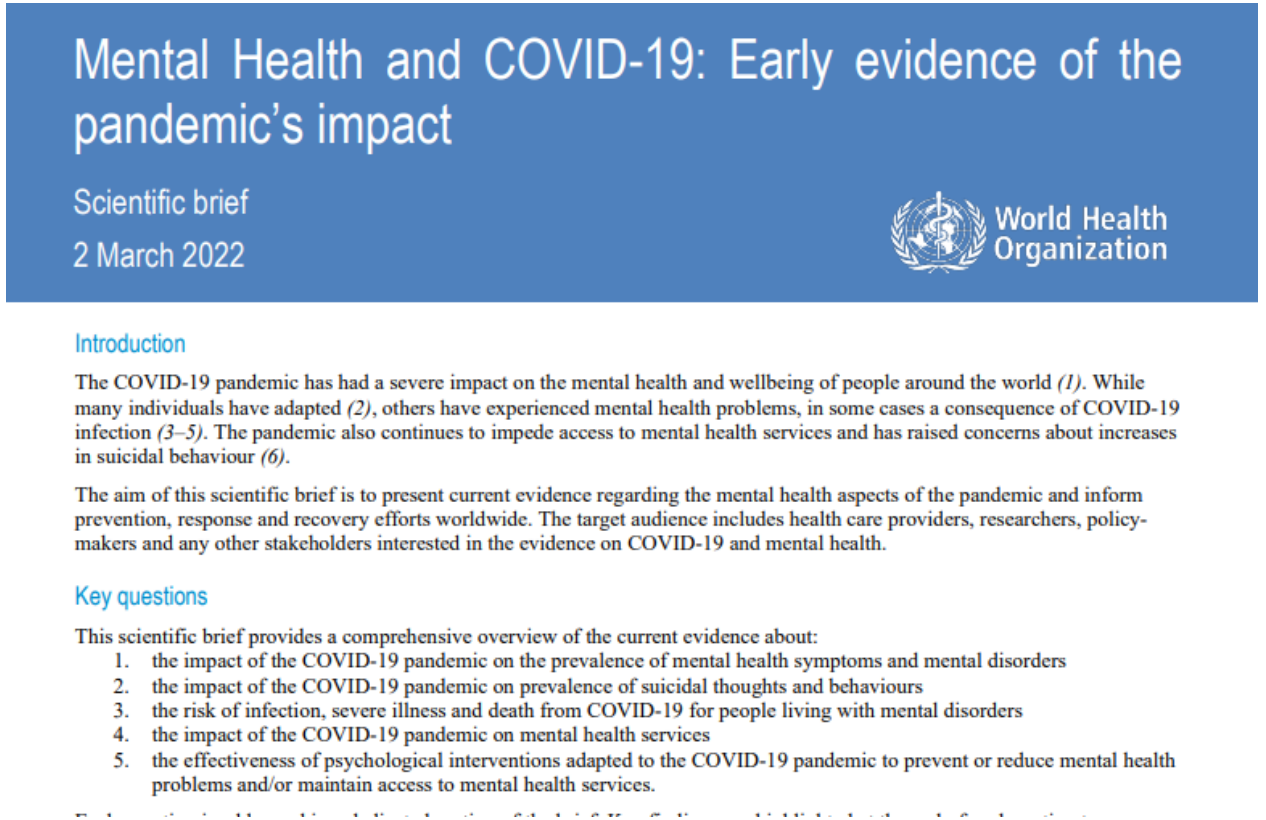
% of Population Fully Vaccinated
67.70%

United States - COVID-19 Overview - Johns Hopkins (jhu.edu)

WHO Global Health: Mental Health and COVID-9

Key Findings

- Estimated that the pandemic has led to:
  - 27.6% increase in major depressive disorder
  - 25.6% increase in anxiety disorders
- Greatest increases occurred:
  - Places highly affected by COVID-19
  - More in females than males
  - Younger (20-24 years)
  - Low and middle income countries



Mental Health and COVID-19: Early evidence of the pandemic's impact

Scientific brief

2 March 2022

World Health Organization

Introduction

The COVID-19 pandemic has had a severe impact on the mental health and wellbeing of people around the world *(1)*. While many individuals have adapted *(2)*, others have experienced mental health problems, in some cases a consequence of COVID-19 infection *(3–5)*. The pandemic also continues to impede access to mental health services and has raised concerns about increases in suicidal behaviour *(6)*.

The aim of this scientific brief is to present current evidence regarding the mental health aspects of the pandemic and inform prevention, response and recovery efforts worldwide. The target audience includes health care providers, researchers, policy-makers and any other stakeholders interested in the evidence on COVID-19 and mental health.

Key questions

This scientific brief provides a comprehensive overview of the current evidence about:

1. the impact of the COVID-19 pandemic on the prevalence of mental health symptoms and mental disorders
2. the impact of the COVID-19 pandemic on prevalence of suicidal thoughts and behaviours
3. the risk of infection, severe illness and death from COVID-19 for people living with mental disorders
4. the impact of the COVID-19 pandemic on mental health services
5. the effectiveness of psychological interventions adapted to the COVID-19 pandemic to prevent or reduce mental health problems and/or maintain access to mental health services.

WHO-2019-nCoV-Sci-Brief-Mental-health-2022.1-eng.pdf

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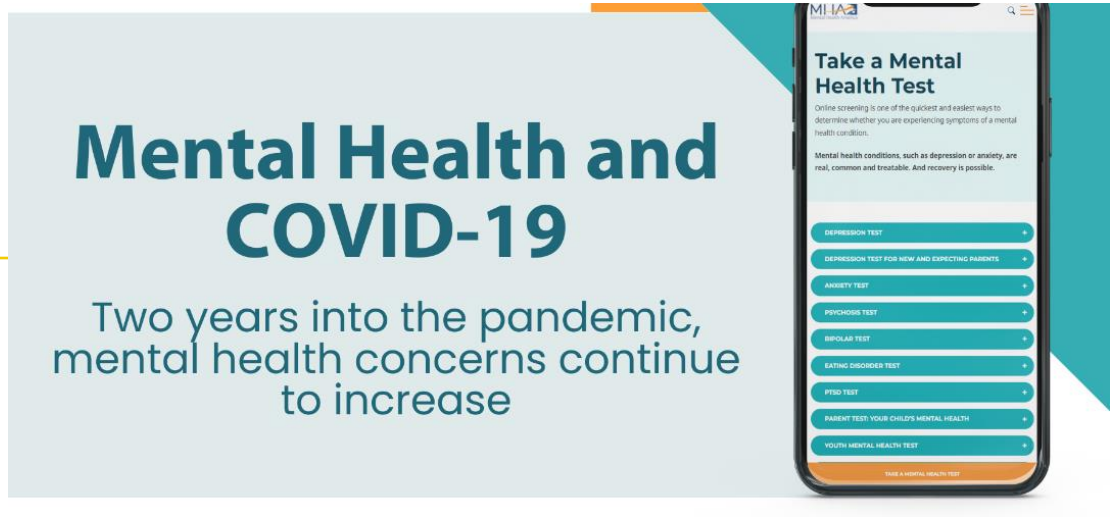
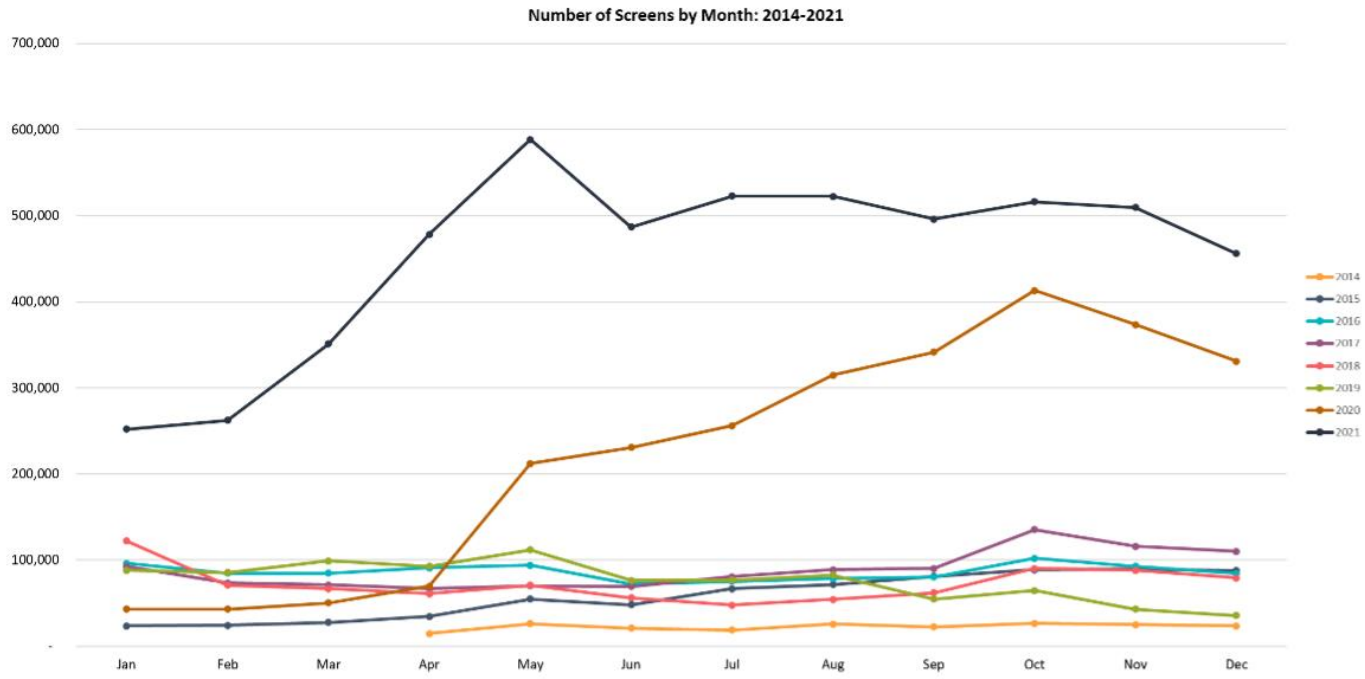
Mental Health America



Key Findings: April 2022

- In 2021, over 5.4 million (N=5,441,125) people took a mental health screen, representing a nearly 500% increase over the number of people who completed a screening in 2019 and a 103% increase over 2020.



[Mental Health and COVID-19: Two Years After the Pandemic, Mental Health Concerns Continue to Increase | Mental Health America (mhanational.org)]

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Vaccination Updates

Influenza and COVID-19

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Advisory Committee on Immunization Practices (ACIP)

- Meeting Update - June 23, 2022
- ACIP Flu Meeting Update:
  - Flu Vaccines Worked Better than Reported & ACIP Recommends Specific Vaccines for Seniors

https://www.cdc.gov/flu/about/burden/index.html

Flu Vaccine Findings – ACIP meeting

- Flu vaccines:
  - Worked better this past season than initially reported
  - Reduced the risk of flu illness by about 1/3 among the vaccinated
- ACIP recommending the use of specific flu vaccines for adults 65 and older
    - Higher dose flu vaccines (i.e. Fluzone High-Dose and Flublok recombinant) OR
    - Adjuvanted flu vaccine (i.e. Fluad)
    - A review of available studies suggests that, in this age group, these vaccines more effective than the standard dose unadjuvanted flu vaccines
      - Recommendation pending CDC approval

Use of potentially more effective vaccines for older people can avert serious outcomes

Vaccines with a Preferential Recommendation for Older Adults

- Fluzone High-Dose Quadrivalent (inactivated)
  - Approved for use in people 65 and older
  - Contains four times the antigen of standard-dose (inactivated)
  - Designed to give a better immune response to vaccination

Vaccines with a Preferential Recommendation for Older Adults

- Fluad Quadrivalent (adjuvanted, inactivated)
  - Approved for use in people 65 and older
  - Contains same amount of antigen as standard-dose (inactivated):
    - + MF59 adjuvant -> designed to give a better immune response to vaccination

Vaccines with a Preferential Recommendation for Older Adults

- Flublok Quadrivalent (recombinant protein)
  - Approved for use in people 18 years and older
  - Made using different production technology than the inactivated vaccines
  - Contains three times the antigen of standard-dose

Bottom Line? Benefit outweighs risk!

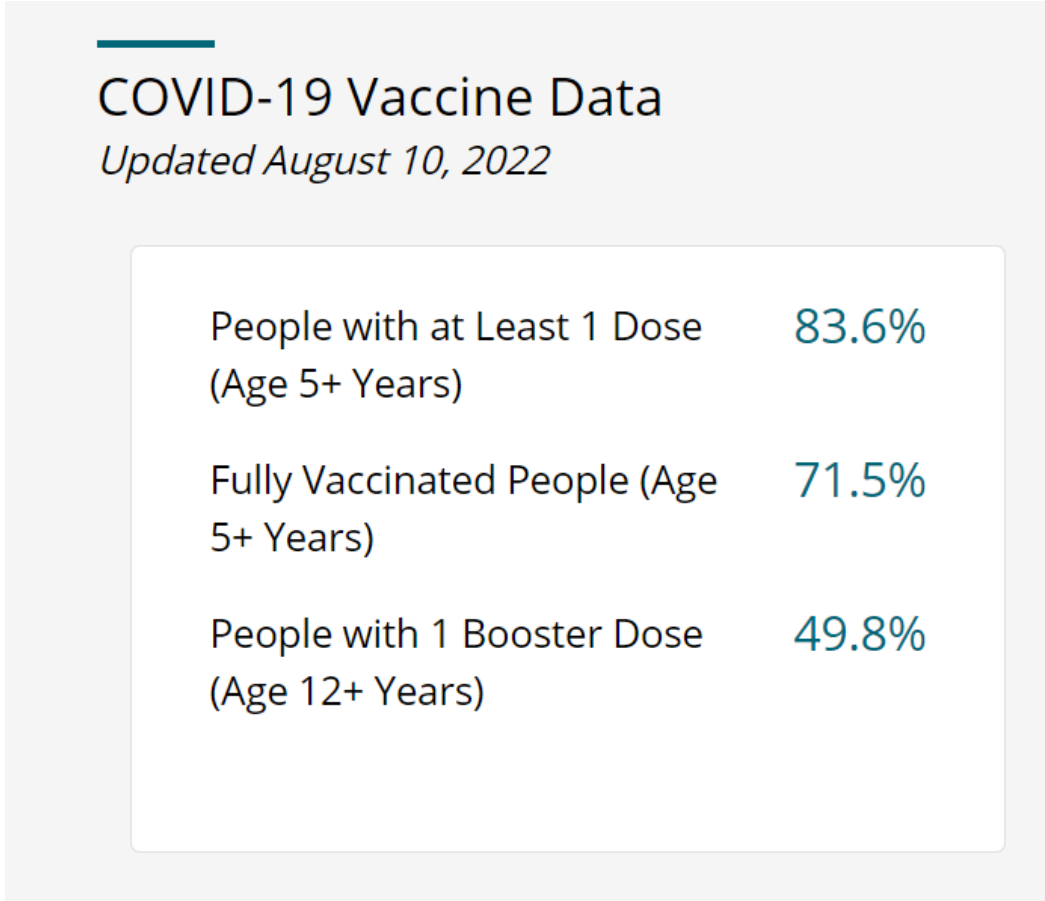
- The flu vaccine:
  - Keeps you from getting sick with flu
  - Reduces severity of illness
  - ***Can reduce the risk of flu-associated hospitalization***
  - Is an important preventive tool for people with chronic health conditions
  - Help protect pregnant women during and after pregnancy
  - Can be lifesaving in children
  - Also protects people around you

[What are the benefits of flu vaccination? | CDC]

Approved COVID-19 Vaccines

- Pfizer-BioNTech
- Moderna
- Johnson & Johnson's Janssen
- Novavax*

**Not authorized for use as a booster*



[Stay Up to Date with Your COVID-19 Vaccines | CDC]
[Vaccines for COVID-19 | CDC]

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COVID-19 Boosters

- COVID-19 vaccine boosters can further enhance or restore protection that may have decreased over time

Who Can Get a Booster

Recommended
1 Booster

- Everyone ages 5 years and older should get 1 booster after completing their COVID-19 vaccine primary series, if eligible.

Recommended
2 Boosters

- Adults ages 50 years and older
- Some people ages 12 years and older who are moderately or severely immunocompromised

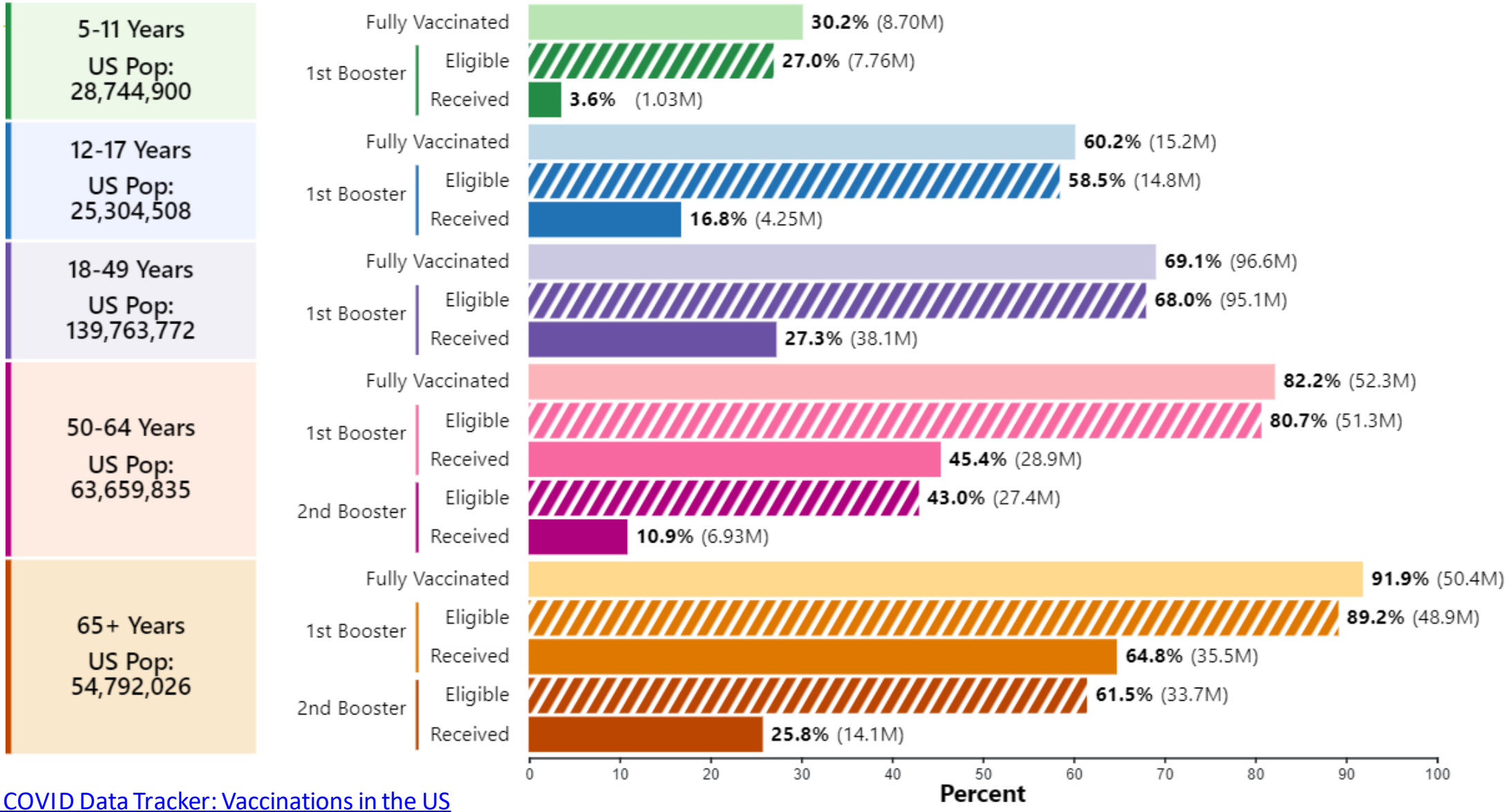
What Does It Mean to be Up-To-Date per NHSN?

NHSN recently clarified "Up to date vaccination":

- An individual is considered up to date with COVID-19 vaccines when they have received all doses in the primary series and all recommended booster doses when eligible
- At this time, ***most*** **individuals who are 50 years and older are NOT considered up to date if they have <u>not</u> received a <u>second</u> booster dose**

As it relates to NHSN COVID-19 vaccination status reporting

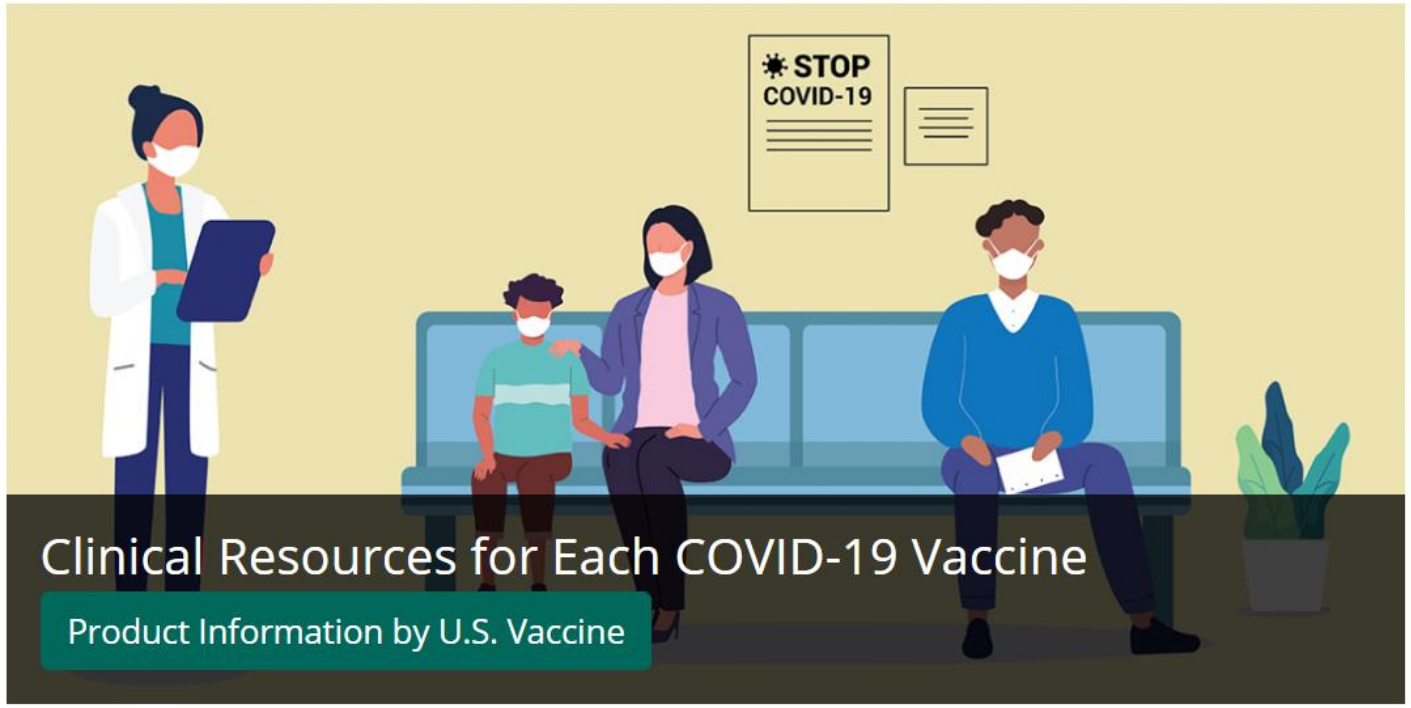
Primary Series Completion, Booster Dose Eligibility, and Booster Dose Receipt by Age, United States



CDC COVID Data Tracker: Vaccinations in the US

Clinical Resources

COVID-19 Vaccination Clinical & Professional Resources



What's New

- Interim COVID-19 Immunization Schedule for 6 Months of Age and Older
- Equity in Childhood COVID-19 Vaccination
- 6 Things to Know About the COVID-19 Vaccine for Children
- Resources to Promote COVID-19 Vaccine for Children and Teens

COVID-19 Vaccination Clinical and Professional Resources | CDC

Updated Guidance for COVID-19

Morbidity and Mortality Weekly Report (*MMWR*)

CDC

Summary of Guidance for Minimizing the Impact of COVID-19 on Individual Persons, Communities, and Health Care Systems — United States, August 2022

Early Release / August 11, 2022 / 71

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Pneumococcal Vaccine Confusion

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Why Vaccinate

Department of Health and Human Services Video

https://www.youtube.com/watch?v=SVX9kBOI3Pg

CDC Video

https://www.youtube.com/watch?v=cZq8-MzCDCY

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Pneumococcal Vaccine Types

- PCV13
  - 13-valent pneumococcal conjugate vaccine (Prevnar13®)
  - Pfizer
- PCV15
  - 15-valent pneumococcal conjugate vaccine (Vaxneuvance™)
  - Merck Sharp & Dohme
- PCV20
  - 20-valent pneumococcal conjugate vaccine (Prevnar20®)
  - Pfizer
- PPSV23
  - 23-valent pneumococcal polysaccharide vaccine (Pneumovax®)
  - Merck Sharp & Dohme

What are the differences between the conjugate vaccines?

- PCV13
  - 13 Serotypes
  - 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 19A,19F, 18C, and 23F
- PCV15
  - 15 Serotypes
  - 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A,19F, 22F, 23F and 33F
- PCV20
  - 20 Serotypes
  - 1, 3, 4, 5, 6A, 6B, 7F, 8, 9V, 10A, 11A, 12F, 14, 15B, 18C, 19A, 19F, 22F, 23F and 33F
- PPSV23
  - Contains polysaccharide antigen from 23 types of pneumococcal bacteria

https://www.cdc.gov/vaccines/vpd/pneumo/hcp/about-vaccine.html

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New Changes to Pneumococcal Vaccines As Of 10/2021

- Two new vaccinations were recommended as of late October of 2021
  - PCV15
  - PCV20
- PCV15
  - 15-valent pneumococcal conjugate vaccine (Vaxneuvance™)
  - Contains two more additional serotypes than PCV13
  - Refrigerate between 36 to 46 degrees Fahrenheit
  - Injection site: deltoid muscle
- PCV20
  - 20-valent pneumococcal conjugate vaccine (Prevnar20®)
  - Contains 7 more serotypes than PCV13
  - Refrigerate between 36 to 46 degrees Fahrenheit
  - Injection site: deltoid muscle

https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf

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What Has Changed with Pneumococcal Vaccines?

- ACIP recommended a change in how the pneumococcal vaccines are given to those age 65 and older in October, 2021.
- For those who never received pneumococcal vaccine or is unknown if you administer PCV20 their vaccination is complete, but if they receive PCV15 you must follow with one dose of PPSV23 one year later. An 8 week interval may be considered in adults with risk factors.
- For those who received PPSV23, but not a conjugate vaccine you may administer PCV15 or PCV20 at least one year apart from their PPSV23.

https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf

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Rules for Vaccine Choice

Consider risk of resident

- Residents with the following issues should receive the vaccine if they have never received it:
  - Cochlear implants
  - Cerebrospinal fluid Leaks
  - Persons with functional or anatomic asplenia (congenital or acquired asplenia, sickle cell disease/other hemoglobinopathies),
  - Immunocompromised persons (Chronic renal failure, congenital or acquired immunodeficiency, generalized malignancy, HIV infection, Hodgkin disease, iatrogenic immunosuppression, leukemia, lymphoma, multiple myeloma, nephrotic syndrome, solid organ transplant).

https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf

Updated Pneumococcal Vaccine

- CDC recommends pneumococcal vaccine for adults 65 years old or older and for adults 19 through 64 years old with certain underlying medical conditions or other risk factors

- For those who never received pneumococcal vaccine or history is unknown
  - Administer one dose of PCV20 and their vaccine is complete or
  - If PCV15 is administered it MUST be followed with one dose of PPSV23
    - Interval
      - 1 year is recommended
      - *8 weeks can be considered in adults with immunocompromising condition, cochlear implant or cerebrospinal fluid leak*
- For those who have received PPSV23, but have not received a conjugate vaccine you may consider
  - One dose of PCV15 or PCV20 at least one year apart from PPSV23

https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf

What Has Changed with Pneumococcal Vaccines?

https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf

https://www2a.cdc.gov/vaccines/m/pneumo/agegroup.html

Pneumococcal Vaccine Timing for Adults

Make sure your patients are up to date with pneumococcal vaccination.

CDC recommends pneumococcal vaccination for

- Adults 65 years old and older
- Adults 19 through 64 years old with certain underlying medical conditions or other risk factors:
  - Alcoholism
  - Cerebrospinal fluid leak
  - Chronic heart/liver/lung disease
  - Chronic renal failure*
  - Cigarette smoking
  - Cochlear implant
  - Congenital or acquired asplenia*
  - Congenital or acquired immunodeficiencies*
  - Diabetes
  - Generalized malignancy*
  - HIV infection*
  - Hodgkin disease*
  - Iatrogenic immunosuppression*
  - Leukemia*
  - Lymphoma*
  - Multiple myeloma*
  - Nephrotic syndrome*
  - Sickle cell disease or other hemoglobinopathies*
  - Solid organ transplants*

* Considered an immunocompromising condition

Pneumococcal vaccines

PCV13: 13-valent pneumococcal conjugate vaccine (Prevnar13®)
PCV15: 15-valent pneumococcal conjugate vaccine (Vaxneuvance™)
PCV20: 20-valent pneumococcal conjugate vaccine (Prevnar20®)
PPSV23: 23-valent pneumococcal polysaccharide vaccine (Pneumovax®)

For those who have never received a pneumococcal vaccine or those with unknown vaccination history

Administer one dose of PCV15 or PCV20.

If **PCV20** is used, their pneumococcal vaccinations are complete.

PCV20

If **PCV15** is used, follow with one dose of PPSV23.

- The recommended interval is at least 1 year.
- The minimum interval is 8 weeks and can be considered in adults with an immunocompromising condition*, cochlear implant, or cerebrospinal fluid leak.
- Their pneumococcal vaccinations are complete.

PCV15 → At least 1 year apart (8 weeks can be considered) → PPSV23

For those who previously received PPSV23 but who have not received any pneumococcal conjugate vaccine (e.g., PCV13, PCV15, PCV20)

You may administer one dose of PCV15 or PCV20.

Regardless of which vaccine is used (PCV15 or PCV20):

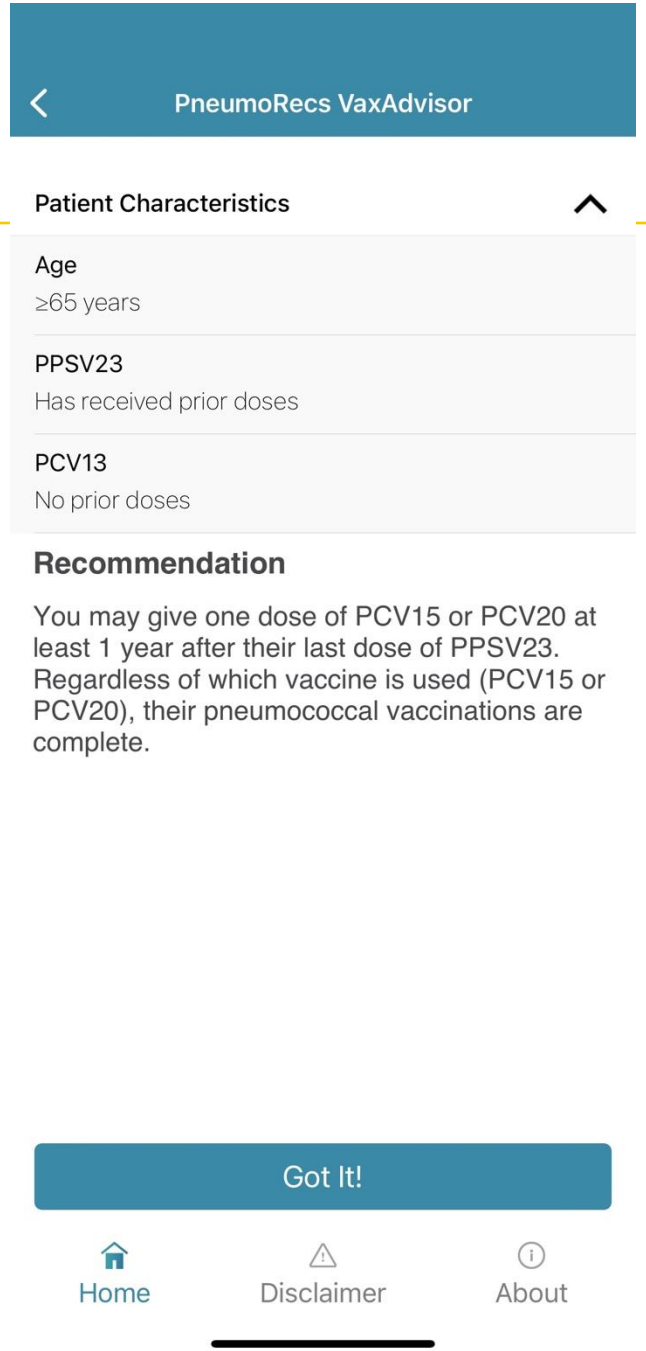
- The minimum interval is at least 1 year.
- Their pneumococcal vaccinations are complete.

PPSV23 → At least 1 year apart → PCV15 or PCV20

CASE 1

- Patient is 72 years old
- Received one dose of PPSV23
- Has not received PCV13
- No risk factors

https://www2a.cdc.gov/vaccines/m/pneumo/agegroup.html



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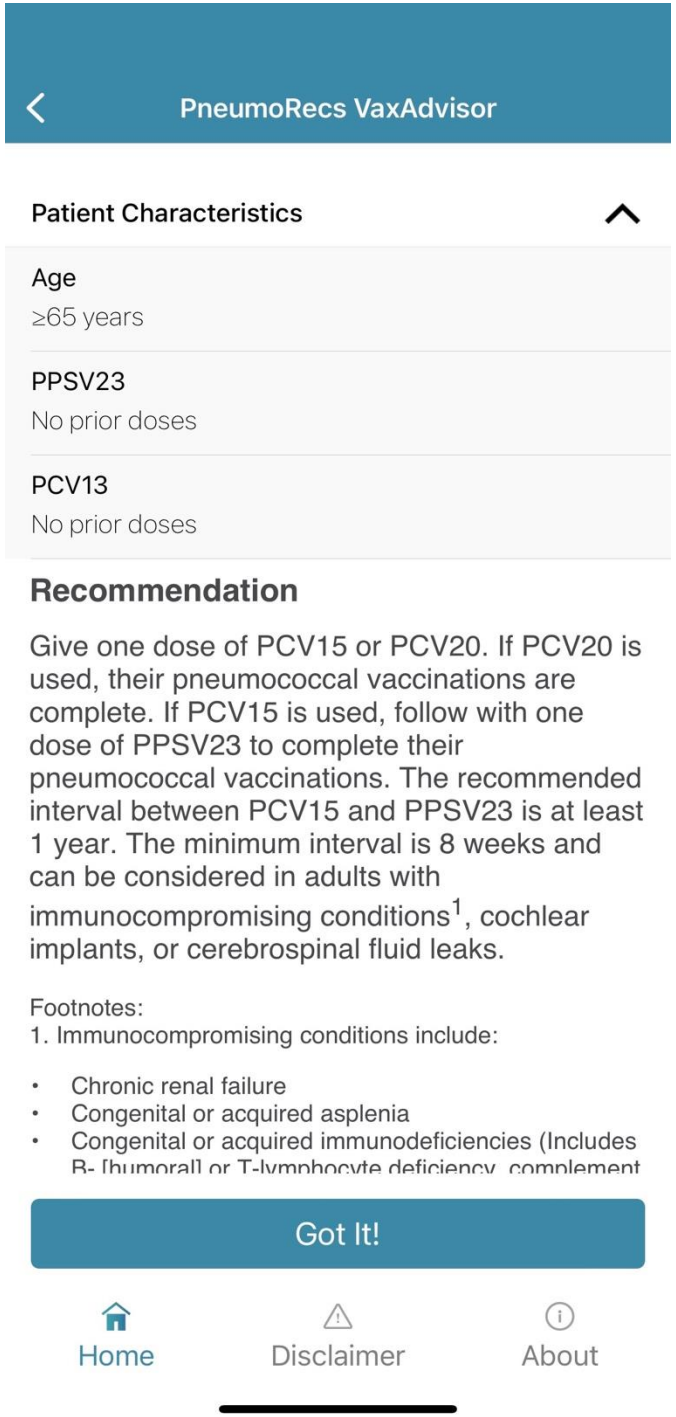
CASE 2

- Patient is 68 years old
- Has not received PPSV23 OR PCV13
- Immunocompromised

https://www2a.cdc.gov/vaccines/m/pneumo/agegroup.html



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Building the Campaign

Develop

- Plan of action for your campaign
- Strategies to ensure cost effective practices
- Process to streamline for billing
- Technique to integrate other QI priorities within immunization plan

Identify

- Immunization champion
- Vaccine source
- Standing order policy
- Ensure screening for vaccination is included in assessment tools

- Using Standing Orders for Administering Vaccines: What You Should Know (immunize.org)

Educate

- Educate yourself!
  - Up to date guidance, local disease burden, build knowledge to break down myths
- Instruct clinicians to educate patients/residents at each interaction
- Document education and vaccination
  - Provide a copy of the documentation
  - Teach patients to bring vaccination cards with them like their medication records
- Ensure staff are aware of safe vaccine storage and handling
  - Temperature during transport

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Messaging

- Build a messaging program
- Do you have a slogan
- How are you preparing the facility, staff, clinic, etc.?
- Letters to families, patients, resident, staff
- Communication at the beside
  - CDC recommends SHARE method

SHARE

Share	Share the reasons why the vaccine is right for the patient given his or her age, health status, lifestyle, occupation or other risk factors
Highlight	Highlight positive experiences with vaccine to reinforce the benefits and strengthen confidence in vacation
Address	Address patient questions and any concerns about vaccine including side effects, safety, and vaccine effectiveness in plain and understandable language
Remind	Remind patient that vaccines protect them and their loved ones from serious illness and other complications
Explain	Explain the potential costs of getting sick, including serious health effects, time lost and financial costs

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In Summary

- The disease burden associated with influenza and pneumonia is substantial and can be reduced or prevented with vaccines.
- COVID-19 continues to impact both physical and mental health, disrupt lives, and create social and economic hardships.
  - Efforts need to continue to encourage vaccination and improve health outcomes
- Pneumococcal vaccine recommendations have changed based on the two new vaccines introduced last year. Please use the following link to identify which vaccine your patient/resident needs: https://www2a.cdc.gov/vaccines/m/pneumo/agegroup.html
- Consider the way the facility approaches vaccines is there a process to develop tools/resources, properly educate all and communicate.
- Make your vaccine campaign a slam dunk!

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Coming Soon!

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Influenza, Pneumococcal and COVID-19 Immunization Toolkit

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Chat In

Please unmute yourself or use the chat feature to share questions, ideas, success strategies, and/or lessons learned

Improvement is a Team Support

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CDC COVID Data Tracker: Vaccinations in the US

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https://www.cdc.gov/flu/about/burden/index.html

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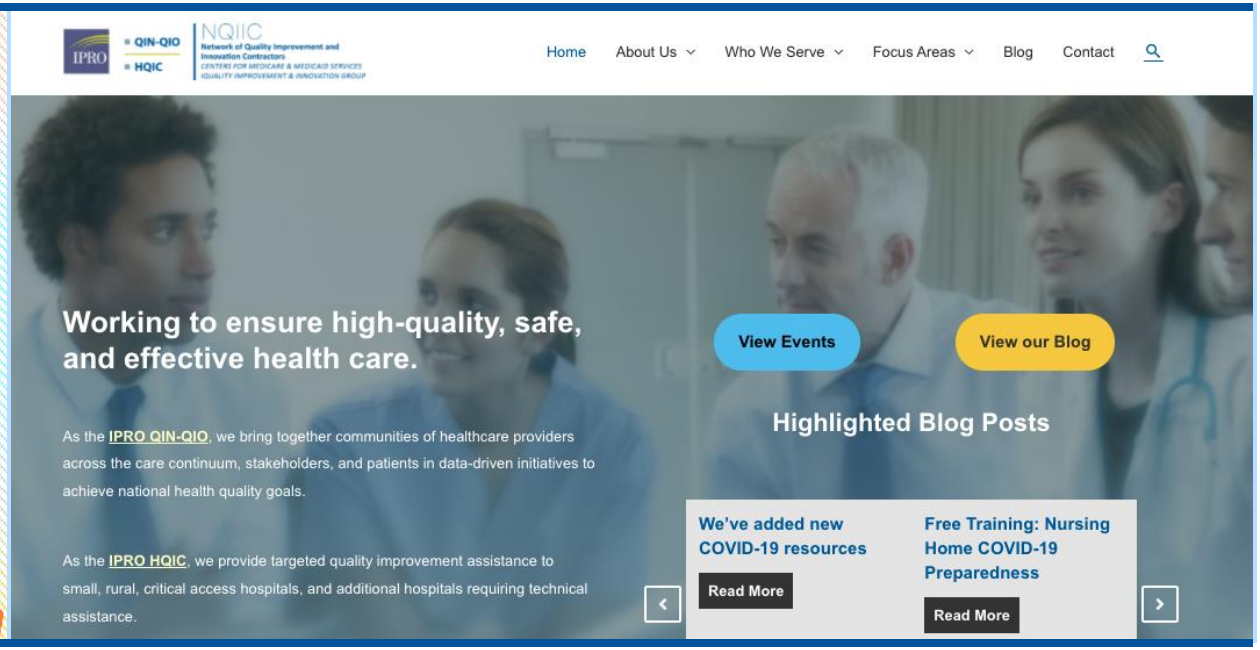

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