

Welcome to the webinar:

# CDC's Influenza Resources and Infection Surveillance

The webinar will begin at 10:30

September 17, 2020



**Quality Improvement  
Organizations**  
Sharing Knowledge. Improving Health Care.  
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# CDC's Influenza Resources and Infection Surveillance

COVID-19 Workshop Series

September 17, 2020



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# Housekeeping



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- For today's call, everyone is muted.
- Please use the Chat box (right side of your screen) for questions and comments.
- This webinar will be presented in an interview style, question and answer format and is intended to be conversational.
- If we are unable to get to your question today, we will follow up with you by email.

# The IPRO QIN-QIO Who We Are



- Healthcentric Advisors
- Qlarant

## The IPRO QIN-QIO

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

### IPRO:

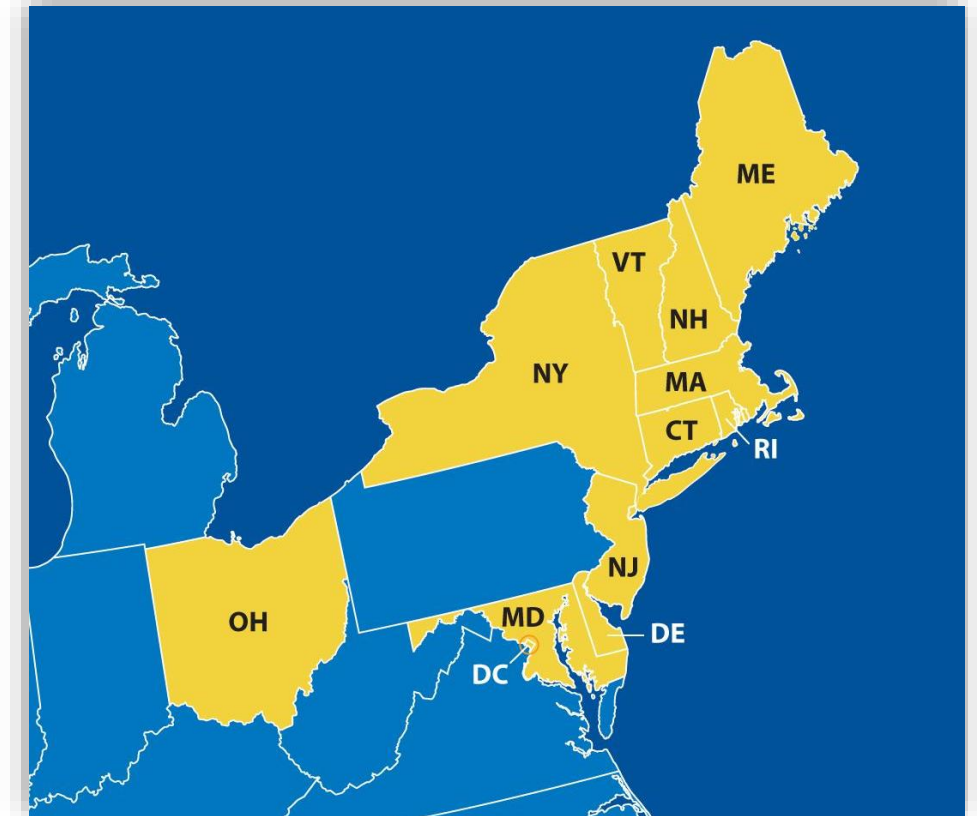
New York, New Jersey, and Ohio

### Healthcentric Advisors:

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

### Qlarant:

Maryland, Delaware, and the District of Columbia



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

# Focus Areas Across Settings

## Nursing Homes

- ✓ Working with more than 1,500 of the nursing homes in the region

## Community Coalitions

- ✓ Communities that encompass at least 65% of the Medicare beneficiaries in each state
- ✓ Members collaborating to improve outcomes for the communities they serve:

- Acute Care Hospitals
- Critical Access Hospitals
- Federally Qualified Health Centers
- Home Health Agencies
- Skilled Nursing Facilities
- Physician Practices
- Pharmacies
- Community Based Organizations

## Cross-Cutting Priority Areas

- Health Information Technology
- Health Equity
- Trauma-Informed Care
- Patient & Family Engagement
- Rural Health
- Vulnerable Populations

## Program Focus Areas



## Quality Innovation Network – Quality Improvement Organizations (QIN-QIOs)

- Bring together healthcare providers, stakeholders, and Medicare beneficiaries to improve the quality of healthcare for targeted health conditions
- Work toward better care, healthier people & communities, and smarter spending
- Catalyze change through a data-driven approach to improving healthcare quality
- Collaborate with providers, practitioners and stakeholders at the community level to share knowledge, spread best practices and improve care coordination
- Promote a patient-centered model of care, in which healthcare services are tailored to meet the needs of patients

# Our Speakers



## **Sarah Hershey**

Adult and Adolescent  
Immunization Coordinator  
New York State Department  
of Health, Bureau of  
Immunization

Sarah joined the Bureau of Immunization in March 2018. She received her bachelor's degree in Nursing from SUNY Upstate Medical University in Syracuse, NY, and has completed the Public Health Fundamentals Certificate of Graduate Studies at the University at Albany, School of Public Health.



## **Heather Saunders, MPH, RN, CIC**

Nursing Program Consultant/Administrator III  
Office of Antibiotic Resistance & Healthcare  
Associated Infection Response  
Infectious Disease Epidemiology &  
Outbreak Response Bureau  
Maryland Department of Health (MDH)

Heather first discovered her love for infection prevention and control after a short-term assignment in Nairobi, Kenya, helping to improve the understanding and prevention of infectious diseases. She is now leading the infection prevention and control team for the State of Maryland during the COVID-19 response. She advocates for engaging frontline staff in every aspect of infection prevention and control, collaborating with them to make prevention a seamless partner in patient care."

# Presentation Overview



## Objectives

- Identify multiple resources for the impending 2020-2021 Influenza season, in the midst of the COVID-19 pandemic
- Review effective strategies to remain vigilant during this pandemic
- Learn and apply key strategies for preventing and responding to a pandemic
- Review commonly observed factors in COVID-19 outbreaks





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Are there specific  
actions providers can  
take to increase adult  
influenza immunization  
rates?



## Standards for Adult Immunization Practice

<https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/index.html>

“Tips for Addressing Common Questions About Adult Vaccination”, see second page <https://www.cdc.gov/vaccines/hcp/adults/downloads/standards-immz-practice-recommendation.pdf>

## Strong recommendation

<https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/recommend.html>

# Influenza

## CDC

### [Link to Frequently Asked Influenza Questions: 2020-2021 Season](#)

## Immunization Action Coalition

### [Link to Communicating the Benefits of Seasonal Influenza Vaccine during COVID-19](#)

#### Communicating the Benefits of Seasonal Influenza Vaccine during COVID-19

Influenza (flu) severity varies from year to year, but flu always brings serious consequences.<sup>1</sup> The prevention of influenza and its associated consequences is important every year. Although the effectiveness of the flu vaccine can vary, overall the vaccine markedly lowers the risk of influenza-related illness, hospitalization, and death.<sup>1</sup>

The COVID-19 pandemic means preventing influenza during 2020–21 is more important than ever. Influenza and COVID-19 share many symptoms. Preventing influenza means fewer people will need to seek medical care and testing for possible COVID-19 or influenza. And increasing flu vaccination uptake saves healthcare resources for COVID-19 and other conditions. Begin recommending flu vaccine now, and vaccinate throughout the flu season, providing extra outreach to those at highest risk of severe COVID-19 or severe influenza.

CDC estimates that, from October 1, 2019–April 4, 2020, there were:

39 million–56 million flu illnesses    18 million–26 million flu medical visits    410,000–740,000 flu hospitalizations    24,000–62,000 flu deaths



#### What are the Benefits of Seasonal Flu Vaccine?

##### Research shows flu vaccination:

##### Reduces Hospitalization and Death

- ✓ Pediatric deaths from flu were cut in half for children with underlying high-risk medical conditions and by two-thirds for healthy children<sup>2</sup>
- ✓ Influenza hospitalizations were cut in half for all adults (including those 65+ years of age)<sup>3</sup>
- ✓ Influenza hospitalizations dropped dramatically among people with chronic health conditions – by 79% for people with diabetes<sup>4</sup> and 52% for those with chronic lung disease<sup>4</sup>
- ✓ Vaccinating long-term care facility (LTCF) staff reduces hospitalizations and deaths in LTCF residents<sup>5</sup>

##### Reduces Severity of Illness in Hospitalized Individuals

- ✓ Among adults hospitalized with flu, intensive care unit (ICU) admissions decreased by more than half (59%), and fewer days were spent in ICU if vaccinated<sup>6</sup>
- ✓ Children's risk of admission to a pediatric intensive care unit (PICU) for flu-related illness was cut by almost 75%<sup>7</sup>

##### Reduces Risks for Major Cardiac Events

- ✓ Risk of a major cardiac event (e.g., heart attack) among adults with existing cardiovascular disease was reduced by more than one-third<sup>8</sup>

##### Protects Pregnant Women and Their Babies

- ✓ For pregnant women, flu-associated acute respiratory infections were cut in half<sup>9</sup>, and flu-associated hospitalizations were reduced by 40%<sup>10</sup>
- ✓ Influenza illnesses and influenza-related hospitalizations in infants under 6 months of age fell by half when their mothers were vaccinated<sup>11</sup>



[www.immunize.org/faq/faq-2019-2020.pdf](https://www.immunize.org/faq/faq-2019-2020.pdf) • Item #2115 (7/20)

Vaccination rates<sup>a</sup> remain well below optimal levels:  
**63%** children 6 months–17 years  
**45%** adults 18+ years  
**68%** adults 65+ years  
**81%** healthcare personnel  
**54%** pregnant women

<sup>a</sup> Estimates from the 2018–19 influenza season. Source: CDC, FluSurveillance.

#### How to Discuss Vaccine Effectiveness

- ✓ Keep it simple: "Flu vaccine helps reduce risk of hospitalization and death."
- ✓ Use a presumptive approach: "Today we are giving you your annual flu vaccination."
- ✓ Communicate why we vaccinate: "Vaccination prevents flu and severe outcomes of flu." Preventing the flu also means preventing missed work and helps you avoid doctor appointments and unnecessary medications. It also means preventing flu symptoms that can mimic COVID-19, saving healthcare resources needed for COVID-19 care."
- ✓ Communicate the variability and unpredictability of flu: "It is so very hard to get an annual flu vaccination."
- ✓ Acknowledge that flu vaccination is not always a perfect match with the circulating virus types. But flu and flu-related severe illnesses are common; outbreaks occur almost every year. "The vaccine is the best way to reduce your risk of flu and its negative outcomes."

<sup>1</sup> CDC. Estimated Influenza Illnesses, Hospital Visits, Hospitalizations, and Deaths in the United States – 2018–2019. <https://www.cdc.gov/flu/season/flu-season-2018-2019/>

<sup>2</sup> CDC. Seasonal Flu Vaccine Effectiveness Studies. <https://www.cdc.gov/flu/season/effectiveness-studies/>

<sup>3</sup> Fisman, 2017. [DOI: 10.1016/j.jamda.2017.04.004](https://doi.org/10.1016/j.jamda.2017.04.004)

<sup>4</sup> Ferdinands, 2018. [DOI: 10.1016/j.jamda.2018.03.004](https://doi.org/10.1016/j.jamda.2018.03.004)

<sup>5</sup> Coughlin, 2017. [DOI: 10.1016/j.jamda.2017.04.004](https://doi.org/10.1016/j.jamda.2017.04.004)

<sup>6</sup> Hens, 2018. [DOI: 10.1016/j.jamda.2018.03.004](https://doi.org/10.1016/j.jamda.2018.03.004)

<sup>7</sup> E. Fisman, 2018. [DOI: 10.1016/j.jamda.2018.03.004](https://doi.org/10.1016/j.jamda.2018.03.004)

<sup>8</sup> Thompson, 2018. [DOI: 10.1016/j.jamda.2018.03.004](https://doi.org/10.1016/j.jamda.2018.03.004)

<sup>9</sup> Ferdinands, 2018. [DOI: 10.1016/j.jamda.2018.03.004](https://doi.org/10.1016/j.jamda.2018.03.004)

<sup>10</sup> Thompson, 2018. [DOI: 10.1016/j.jamda.2018.03.004](https://doi.org/10.1016/j.jamda.2018.03.004)

<sup>11</sup> Thompson, 2018. [DOI: 10.1016/j.jamda.2018.03.004](https://doi.org/10.1016/j.jamda.2018.03.004)

<sup>12</sup> Thompson, 2018. [DOI: 10.1016/j.jamda.2018.03.004](https://doi.org/10.1016/j.jamda.2018.03.004)

<sup>13</sup> Thompson, 2018. [DOI: 10.1016/j.jamda.2018.03.004](https://doi.org/10.1016/j.jamda.2018.03.004)

<sup>14</sup> Thompson, 2018. [DOI: 10.1016/j.jamda.2018.03.004](https://doi.org/10.1016/j.jamda.2018.03.004)

# Vaccine Communication Resources



- Healthcentric Advisors
- Qlarant

“How I Recommend” vaccination video series

<https://www.cdc.gov/vaccines/howirecommend/index.html>

Vaccinate NY

<https://www.albany.edu/cphce/vaccinateny.shtml>

Adult Immunizations

[https://www.albany.edu/cphce/vaccinateny\\_adult\\_immunization\\_webinars.shtml](https://www.albany.edu/cphce/vaccinateny_adult_immunization_webinars.shtml)

Vaccine Communication Toolkit

[https://www.albany.edu/cphce/vaccinateny\\_toolkit.shtml](https://www.albany.edu/cphce/vaccinateny_toolkit.shtml)



# **Pandemic Lessons COVID Preparedness and Response**

**Heather Saunders MPH RN CIC**

September 2020

# Objectives

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- Learn and apply some of the key strategies for preventing and responding to a pandemic, such as COVID-19
- Review commonly observed factors in COVID-19 outbreaks

# 5 Steps of Pandemic Preparedness

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1. **Strengthen.** Aim to have a strong infection prevention and control program.
2. **Plan.** Learn from the past to prepare for the future.
3. **Connect.** Get connected to public health and the infection prevention and control community.
4. **Build.** Build a strong team and work culture.
5. **Communicate.** Have strong communication plans in place that will facilitate the delivery of information quickly and clearly.

# 5 Steps of Pandemic Response

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1. **Read.** Know the guidance from CDC, the state health department, local health departments, and CMS.
2. **Prioritize.** Make prevention and control a priority.
3. **Implement.** Turn policy and protocol into practice.
4. **Educate and communicate.** Frequently educate and communicate with staff and residents.
5. **Collaborate.** Work closely with public health, the infection prevention and control community, and corporate offices.



# Commonly Observed Factors in COVID-19 Outbreaks

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1. Inappropriate or inconsistent PPE use
2. Challenges with infection identification and isolation strategies
3. Challenges with staff or resident cohorting strategies
4. Resource shortages (e.g. PPE, disinfectant, and hand sanitizer)
5. Staffing shortages
6. Gaps in the knowledge or application of general infection prevention and control measures

# Remember...

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The disease may change but the need  
for infection prevention and control will not

# Additional Resources



- Healthcentric Advisors
- Qlarant

## CDC

[Link to CDC Vaccination Guidance During a Pandemic.](#)

[Link to CDC Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations](#)

## Immunization Action Coalition

[Link to Repository of Resources for Maintaining Immunization during the COVID-19 Pandemic](#)

# Additional Resources



- Healthcentric Advisors
- Qlarant

## New York

<https://www.health.ny.gov/prevention/immunization/>

<https://www.health.ny.gov/diseases/communicable/influenza/seasonal/>

[https://www.health.ny.gov/prevention/immunization/information\\_system/](https://www.health.ny.gov/prevention/immunization/information_system/)

## Maryland

<http://www.dsd.state.md.us/comar/comarhtml/10/10.07.02.35.htm>

<http://www.dsd.state.md.us/comar/comarhtml/10/10.07.02.34.htm>

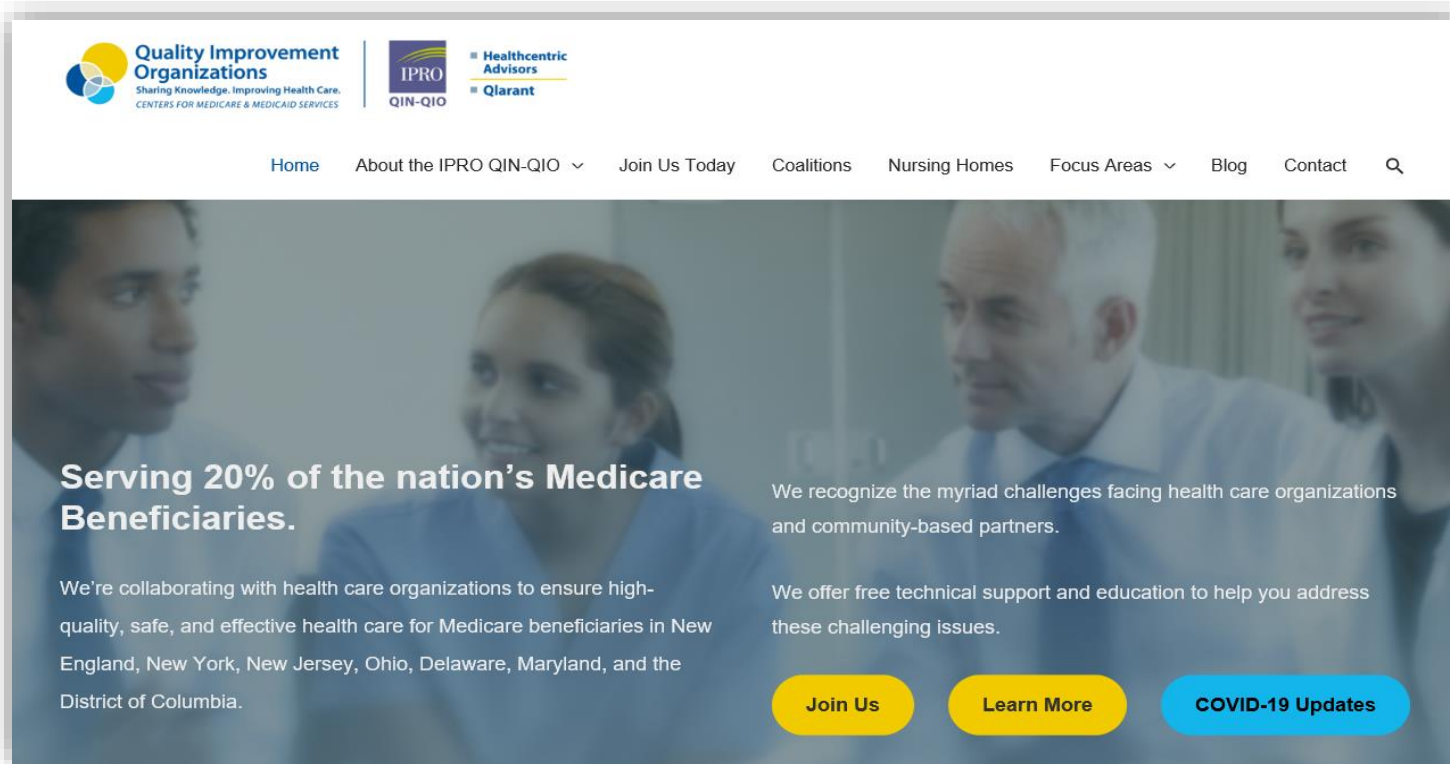
## CDC

[Link to Influenza Vaccination Information for Health Care Workers](#)

# Learn More & Stay Connected

<https://qi.ipro.org/>

Follow IPRO QIN-QIO



This material was prepared by the IPRO QIN-QIO, a collaboration of Healthcentric Advisors, Qlarant and IPRO, serving as the Medicare Quality Innovation Network-Quality Improvement Organization for the New England states, NY, NJ, OH, DE, MD, and the District of Columbia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 12SOW-IPRO-QIN-T1-A5-20-111

