

Guidance and responses were provided based on information known on 12.14.2023 and may become out of date. Guidance is being updated rapidly; users should look to CDC and NE DHHS guidance for updates.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

COVID-19 and LTC

December 14, 2023



NEBRASKA INFECTION CONTROL ASSESMENT AND PROMOTION PROGRAM

Presentation Information:

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Slides and a recording of this presentation will be available on the ICAP website:

<https://icap.nebraskamed.com/events/webinar-archive/>

Use the Q&A box in the webinar platform to type a question. Questions will be read aloud by the moderator. If your question is not answered during the webinar, please either e-mail NE ICAP or call during our office hours to speak with one of our IPs.



Continuing Education Disclosures

- 1.0 Nursing Contact Hour and 1 NAB Contact Hour is awarded for the LIVE viewing of this webinar
- In order to obtain nursing contact hours, you must be present for the entire live webinar and complete the post webinar survey
- No conflicts of interest were identified for any member of the planning committee, presenters or panelists of the program content
- This CE is hosted by Nebraska Medicine along with Nebraska ICAP and Nebraska DHHS
- Nebraska Medicine is approved as a provider of nursing continuing professional development by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation

TMF Health Quality Institute CMS Quality Innovation Network- Quality Improvement Organization (QIN-QIO)

Melody Malone, PT, CPHQ, MHA
Quality Improvement Specialist

National Healthcare Safety Network (NHSN) Updates

- Helpdesk: [nhsn csp – NHSN Customer Service \(cdc.gov\)](https://nhsn.csp-nhsn.com/customer-service)
- New alert:

NHSN Notification Message

HPSLTCF

Important Messages

Please disregard alerts asking you to confirm your facility's geolocation. The facility geolocation function located on the 'Facility Info' page is no... [\(more\)](#)

LTC COVID-19 Vaccination Modules

Please review your data on Up to Date Vaccination entered in the NHSN COVID-19 Vaccination Modules for reporting weeks beginning the week of 9/25/2023-10/1/2023. Keep in mind that we expect most individuals to **not** be up to date until they receive the new 2023-2024 updated COVID-19 vaccine this fall/winter season. Enter **ZERO** for the up to date question (Q2 for residents, and Q4 for staff) if this is the case. [\(less\)](#)

OK


NHSN Email That May Be Received

- Assigned NHSN facility administrator (FA) has not logged in to NHSN for the past three months
- Critical because this is the only person who can:
 - › Reassign the FA role
 - › Manage/negotiate locations that are used across components

Online Change of NHSN FA

- Complete the [NHSN Facility Administrator Change Request Form](#)
- Please allow up to five business days for the change request form to be verified and completed
- After being assigned as the new NHSN FA, begin the new NHSN user onboarding process
- **Do not re-enroll the facility in NHSN**

- NHSN Home
- Alerts
- Dashboard ▶
- Reporting Plan ▶
- Resident ▶
- Event ▶
- Summary Data ▶
- COVID-19/Respiratory Pathogens ▶
- Vaccination Summary
- Import/Export
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility ▶
- Group ▶
- Logout

 NHSN Long Term Care

▶ Long Term Care Dashboard

▼ Action Items

- Customize Forms
- Facility Info
- Add/Edit Component
- Locations
- Direct Enroll

showed

Component	Activated	Deactivated	Agreement Accepted	View Agreement
Balance				
is				
Healthcare Personnel Safety	10/04/2022		Y	View Agreement
Long Term Care Facility	12/17/2012		Y	View Agreement
Infection Prevention Safety (pilot facilities only)				
Intal				
<input type="checkbox"/> Outpatient Procedure				
<input type="checkbox"/> Patient Safety				

Contact Information



	Contact Type	Contact Name	Phone No.+ext	Email	Action
Edit	Microbiology Laboratory Director/Supervisor				Reassign
Edit	Long Term Care Facility Primary Contact				Reassign
Edit	Facility Administrator				Reassign
Edit	Healthcare Personnel Primary Contact				Reassign

Update

Back

Flu Season

Oct. 1 – March 31 each season

- Calculated once each year
- Calculated about 45 days after the close of the first quarter
- Shows up on Care Compare, usually in the July update

Find on Nursing Home Care Compare in the Short-Stay Measures

Flu and pneumonia prevention measures – short-stay residents

Percentage of short-stay residents who needed and got a flu shot for the current flu season

↑ Higher percentages are better

100%

National average: 75.8%

Nebraska average: 72.6%

Percentage of healthcare personnel who got a flu shot for the current season

↑ Higher percentages are better

79.7%

National average: 47%



Percentage of short-stay residents who needed and got a vaccine to prevent pneumonia

↑ Higher percentages are better

100%

National average: 79.4%

Nebraska average: 78.4%

CMS-Targeted COVID-19 Training

Frontline nursing home staff and management learning *Module test-out available*

- Available through the [CMS Quality, Safety & Education Portal \(QSEP\)](#)
- Five frontline nursing home staff modules with three hours total training time
- Ten management staff modules with four hours total training time
- [QSEP Group Training Instructions – English](#) (PDF)
- [QSEP Group Training Instructions – Spanish](#) (PDF)

CMS-Targeted COVID-19 Training – New Tools

- [User Guide: CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management](#)
- **Kudos Kit**
 - › [Press release template – customizable](#)
 - › [Customizable printable poster](#)
 - › [Standard, non-customizable printable poster](#)
 - › [Printable badges for staff](#)
 - › [Printable badges for management](#)
 - › [Sample social media post](#)



COVID-19 mRNA Vaccines Are Not as New as You Think

The first successful mRNA (messenger ribonucleic acid) vaccination was **30 years ago**. The COVID-19 vaccine was available to the public so quickly because the **research had already been done** and the discoveries of mRNA vaccines have always been **promising**.

Over the past 10 years, researchers **have been improving mRNA** vaccine effectiveness and they are now proving to be up to **95% effective**.



QUICK FACTS:

- ◆ mRNA vaccines **do not affect or interact with your DNA**.
- ◆ They **do not contain** any part of the virus.
- ◆ They **teach the body** to make memory cells that rev up production of antibodies, which can **detect when a virus is attacking your body** and **neutralize the virus** to **reduce the severity of sickness**.
- ◆ When someone gets vaccinated and then later gets sick with the virus, the body's immune system will **be ready to attack the virus** since it has already practiced with the vaccine.



1961–1990: Pioneering studies discover mRNA

1990: Initial mRNA COVID-19 vaccine platform is developed to prepare for a pandemic

1993–1996: Large-scale mRNA trial on humans and mRNA vaccines are developed for diseases such as rabies, Ebola and Zika

2000: Scientists begin studying safe interactions between mRNA vaccines and the body's immune system

2020: Regulatory agencies in multiple countries authorize COVID-19 mRNA vaccines

Source: [The Long History of mRNA Vaccines](#), Johns Hopkins Bloomberg School of Public Health

2023–2024 COVID-19 Vaccine Fact Sheet

Following are the latest [COVID-19 vaccine recommendations](#) by the Centers for Disease Control and Prevention (CDC):

- » Bivalent COVID-19 vaccines are **no longer recommended** in the United States.
- » **Ages 5 years and older:** Receive 1 dose of updated (2023–2024 Formula) COVID-19 vaccine (Moderna or Pfizer-BioNTech)
 - » For the updated 2023–2024 Formula **Novavax** vaccine: Follow the latest [CDC COVID-19 vaccine recommendations](#).
- » **People who are moderately or severely immunocompromised:**
 - » **Initial vaccination:** Receive a 3-dose series of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech COVID-19 vaccine
 - » **If prior mRNA doses:** Get 1 or 2 doses of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech COVID-19 vaccine, depending on the number of prior doses
 - » **May receive 1 or more** additional updated (2023–2024 Formula) COVID-19 vaccine doses, [depending on prior COVID-19 vaccination history](#).

How Do I Know if I Am Up to Date?

- » If you have received the updated 2023–2024 Formula COVID-19 vaccine (Pfizer-BioNTech, Moderna or Novavax), you are up to date.
- » If you have received a COVID-19 bivalent vaccine within the last two months, you are up to date until you become eligible for the updated 2023–2024 COVID-19 vaccine in 60 days.
- » If you have not received the updated 2023–2024 COVID-19 vaccine and it has been greater than 2 months since you received a COVID-19 bivalent vaccine, you are not up to date.
- » If you recently had COVID-19, you still need to [stay up to date](#) with your vaccines, but you may consider delaying your vaccine by 3 months.

National Healthcare Safety Network (NHSN) Reporting

For [reporting data](#) through the NHSN COVID-19 Vaccination Modules and the Resident Impact and Facility Capacity (RIFC) Pathway during Quarter 4 (Sept. 25, 2023 – Dec. 31, 2023), the following definitions apply:

- » Individuals are [up to date](#) if they have received a 2023–2024 updated COVID-19 vaccine or received a bivalent COVID-19 vaccine within the last 2 months.
- » For RIFC Pathway only:
 - » If a resident with a newly positive SARS-CoV-2 viral test result has received the 2023–2024 updated COVID-19 vaccine 14 days or more before the specimen collection of the newly positive test result, count them in the up-to-date category.
 - » If a resident received the bivalent vaccine in the last 2 months, count them in the up-to-date category.

For More Information

For information on how a TMF Quality Innovation Network–Quality Improvement Organization (QIN-QIO) specialist can [assist your nursing facility](#) with free COVID-19 education, reporting, vaccination clinic setup and technical assistance, please email QINnetwork@tmf.org.

Upcoming TMF QIN-QIO Training

LTC Connect

Surviving the Holiday Blues

Thursday, Dec. 14, 2023

1:30 – 2 p.m. CT

*An open Q&A session will follow each
30-minute LTC Connect presentation.*

Nursing Home Office Hours

Facility Spotlight:

Holmes County LTC Center

Tuesday, Dec. 19, 2023

1:30 – 2:30 p.m. CT

Register [once](#) for multiple TMF QIN-QIO events

TMF QIN-QIO Resources

Website: tmfnetworks.org

- [How to Create an Account on the TMF Networks.org](#)
- [Calendar of Events](#)
- [Nursing Home Resources](#)
- [Quality Measures Video Series and Resources](#)
- [Quality Assurance Performance Improvement Video Series](#)
- [Nursing Home Recorded Events](#)

Need Assistance?

Connect With Us!



Email

nhnetwork@tmf.org

Submit requests for help with NHSN and/or quality improvement assistance.



Follow Us on Facebook

[TMF QIN Nursing
Home Quality
Improvement
Facebook](#)

Revised Strike Team Reimbursement Guidelines



Strike Team Reimbursement

Reimbursement guideline change:

Do the facilities need to wait until all four criteria are met before applying for reimbursement?

1. Facilities do not need to wait until all four criteria are met before applying for reimbursement. Invoices can be submitted either individually for each criterion or together for multiple criteria.
2. Facilities choosing to submit reimbursement request on multiple occasions (each time for different criterion/criteria), should keep track of total amount requested through all the submissions. Combined expenses requested for reimbursement through all the submissions must be less than or equal to the maximum amount allowed for the facility based on the facility type and size or the reimbursement will be denied.

Deadline for application:

What are the deadlines for participating in the project and for requesting reimbursements?

1. Facilities must complete the participation survey (available at <https://epi-dhhs.ne.gov/redcap/surveys/?s=NRAF4YRRE9KEYCFR>) by **Friday, January 12th, 2024** or their reimbursement request will be denied.
2. Additionally, facilities must submit all the reimbursement request (using online REDCap form available at <https://epi-dhhs.ne.gov/redcap/surveys/?s=JCMRD8YC9APPNFAE>) by **Tuesday, April 30th, 2024** or the reimbursement will be denied.

[Healthcare Associated Infections \(ne.gov\)](https://ne.gov)

[Nebraska Long Term Care Facility Strike Team
Reimbursement Guidelines](#)



Infection Control Champion Training

Join ICAP for Infection Control Champion Training – Zoom

Intended Audience:

Focus of this program is to engage both clinical and non-clinical staff, that are not currently in charge of a facility's infection prevention and control program, in promoting infection prevention practices in the facility. Infection preventionists and facility leadership are also encouraged to attend the training, as a way of supporting infection control champions.

Defining a Champion:

Infection control champions are respected individuals with strong communication skills who are knowledgeable and enthusiastic about the topic at hand.

These frontline personnel promote infection prevention initiatives by engaging and educating colleagues, solving problems, and communicating across all levels of leadership.

Champions only need to register for one session (1-hour)

Registration in advance is required for the webinar: https://unmc.zoom.us/webinar/register/WN_i5lqv4GhRYSB_AyZwZ5dbA [unmc.zoom.us]

Additional session dates added based on facility interest.

- Thursday, Dec 14 at 2:00pm (CST)
- Tuesday, Dec 19 at 12:00 (Noon, CST)

Long Term Care Facility Strike Team Reimbursement Guidelines:

<https://dhhs.ne.gov/HAI%20Documents/Long%20Term%20Care%20Facility%20Strike%20Team%20Reimbursement%20Guidelines.pdf>

Infection Control Champions must attend a 1-hour educational session organized by DHHS HAI/AR Program outlining their responsibilities as champions. Additionally, champions must complete training consisting of a minimum of 3-hours, including topics of hand hygiene, standard precautions, transmission-based precautions and environmental cleaning and disinfection. Training must be either regionally or nationally recognized.

For questions regarding the Reimbursement guidelines, please email: Katelynn.Piper@Nebraska.gov

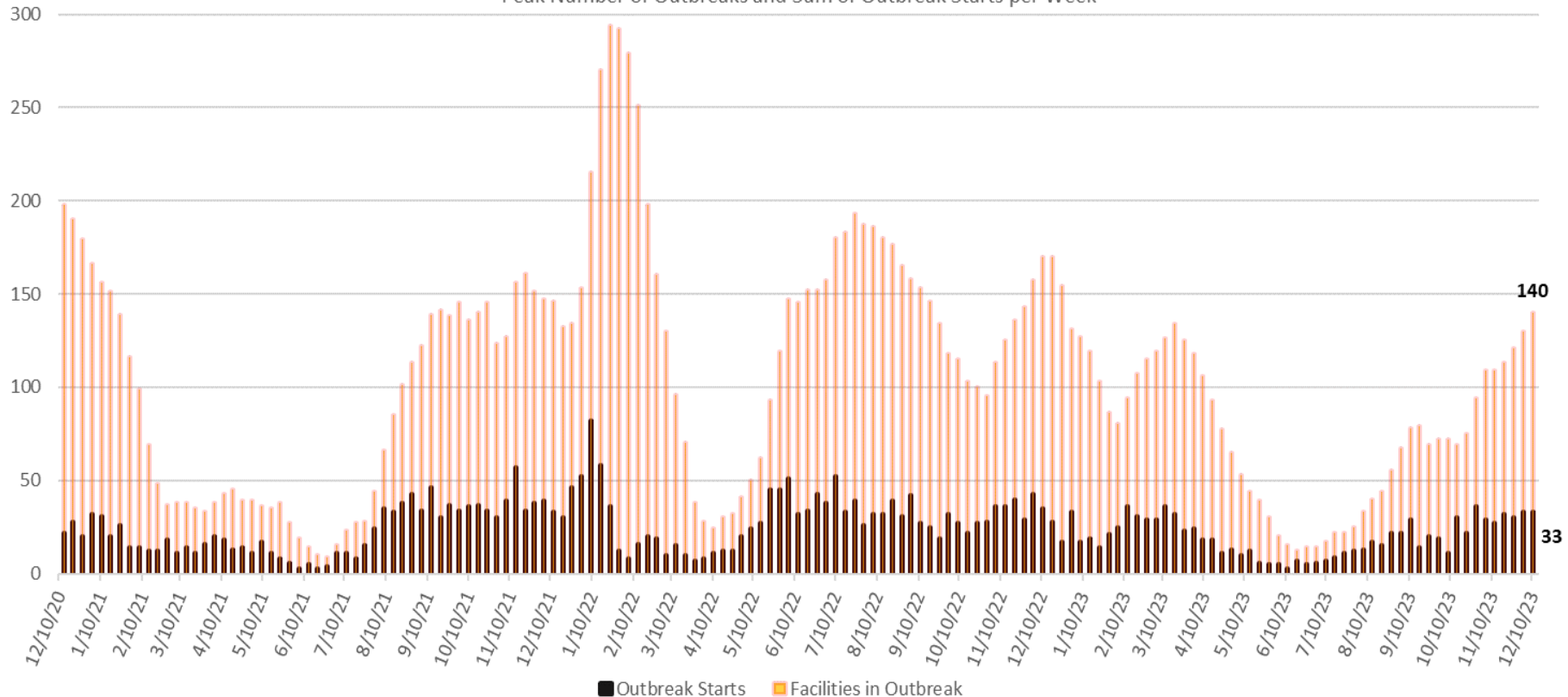
Nebraska Statistics



Nebraska LTC Facility COVID-19 Outbreaks

Nebraska LTC Facilities in COVID Outbreak by Week

Peak Number of Outbreaks and Sum of Outbreak Starts per Week



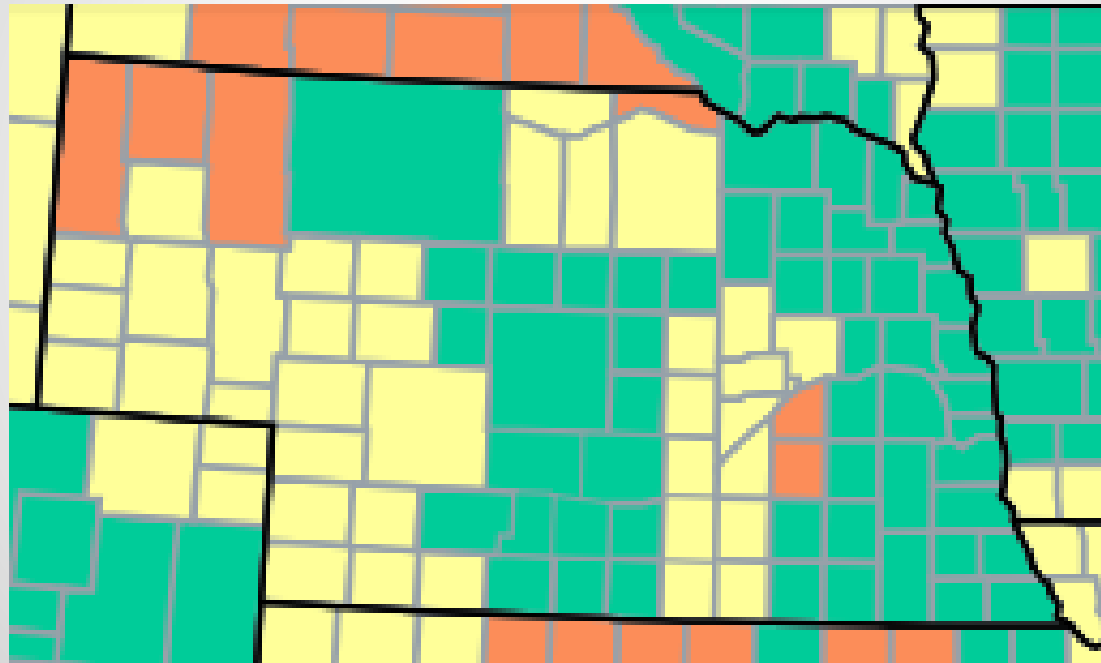
**Updated: 12/10/2023

Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary slightly. Numbers reflect the peak during the week.

CDC COVID-19 Data Tracker

US Reported COVID-19 New Hospital Admissions Rate per 100,000 in the Past Week, by County

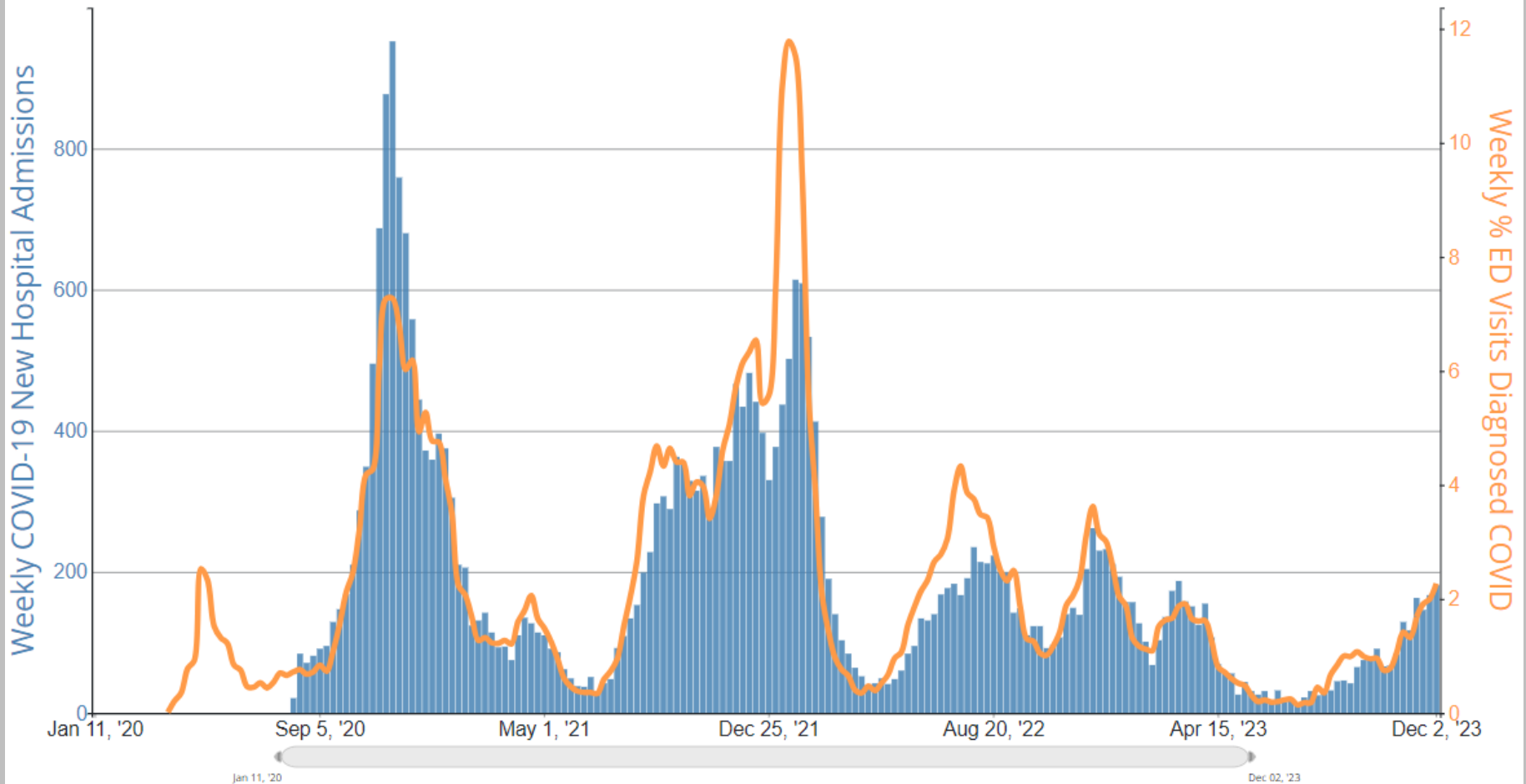
Time Period: New COVID-19 hospital admissions per 100,000 population (7-day total) are calculated using data from the MMWR week (Sun-Sat) ending December 2, 2023.



● Low (<10.0) ● Medium (10.0 to 19.9) ● High (≥20.0) ● Insufficient data

CDC COVID-19 Data Tracker

COVID-19 New Hospital Admissions and Percentage of Emergency Department (ED) Visits Diagnosed as COVID-19, by Week, in Nebraska, Reported to CDC

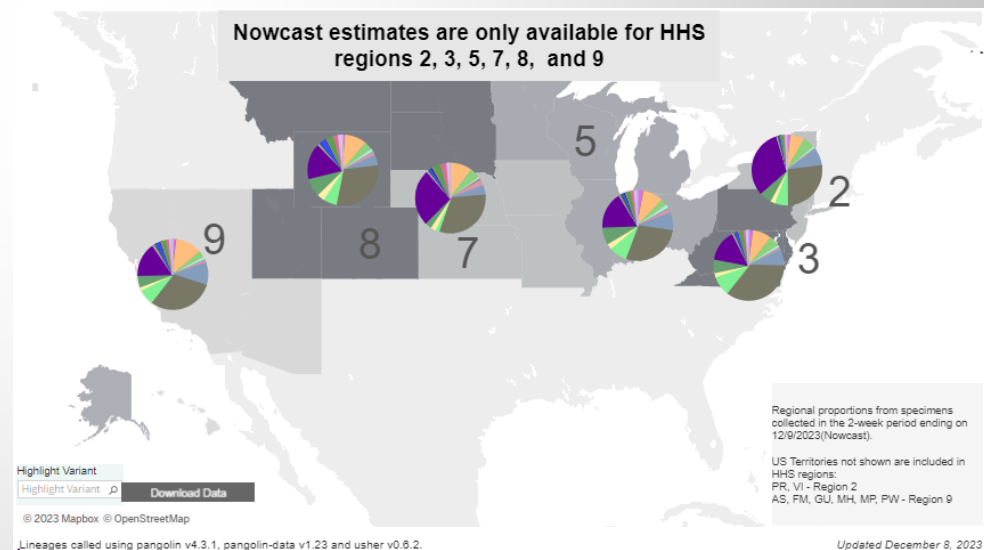


What's happening with variants?

Region 7 - Iowa, Kansas, Missouri, and Nebraska

WHO label	Lineage #	%Total	95%PI	
Omicron	HV.1	31.8%	25.0-39.4%	
	JN.1	26.0%	12.9-44.7%	
	EG.5	10.2%	7.4-13.9%	
	FL.1.5.1	4.7%	3.1-7.0%	
	HK.3	4.4%	3.3-5.7%	
	XBB.1.16.6	3.5%	2.4-5.1%	
	JG.3	2.9%	1.9-4.6%	
	XBB.1.16.11	2.9%	1.9-4.2%	
	HF.1	2.7%	1.7-4.4%	
	JF.1	2.4%	1.4-3.9%	
	JD.1.1	1.8%	1.2-2.7%	
	XBB.1.16	0.9%	0.5-1.6%	
	XBB.1.9.1	0.9%	0.5-1.5%	
	XBB.2.3	0.9%	0.4-1.9%	
	GK.2	0.7%	0.4-1.4%	
	XBB	0.6%	0.3-1.0%	
	XBB.1.16.15	0.6%	0.2-1.8%	
	XBB.1.5.70	0.5%	0.3-0.9%	
	GK.1.1	0.4%	0.3-0.6%	
	GE.1	0.3%	0.2-0.6%	
	XBB.1.16.1	0.3%	0.2-0.4%	
	XBB.2.3.8	0.2%	0.1-0.4%	
	XBB.1.5	0.1%	0.1-0.2%	
	CH.1.1	0.1%	0.0-0.2%	
	EG.6.1	0.1%	0.0-0.2%	
	BA.2.86	0.1%	0.0-0.5%	
	XBB.1.9.2	0.1%	0.0-0.1%	

**Weighted and Nowcast
Estimates for two-week
period 11/26/23 – 12/09/23**



Wastewater Surveillance

Time Period: Nov 20, 2023 – Dec 04, 2023

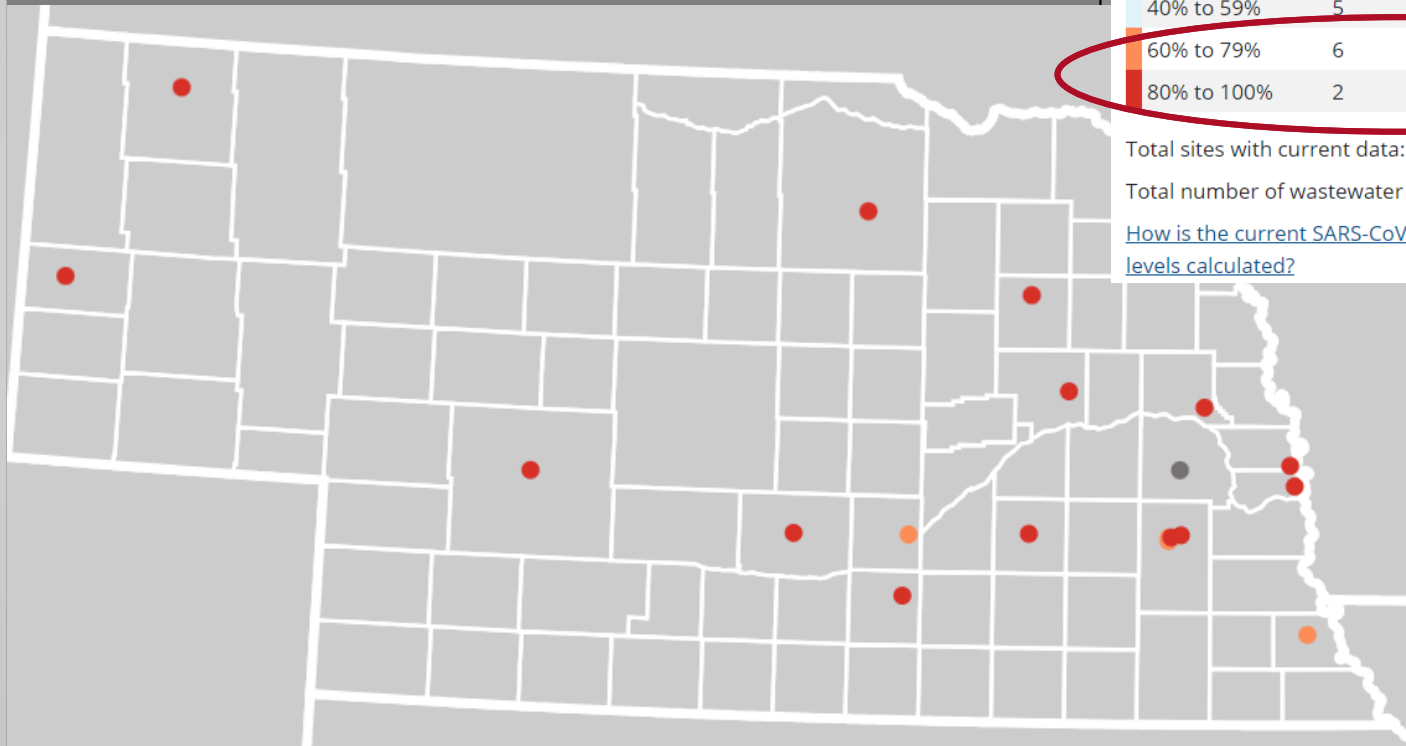
Current SARS-CoV-2 virus levels by site, Nebraska

Current virus levels category	Num. sites	% sites	Category change in last 7 days
New Site	1	7	0%
0% to 19%	0	0	N/A**
20% to 39%	1	7	0%
40% to 59%	5	33	0%
60% to 79%	6	40	- 14%
80% to 100%	2	13	100%

Total sites with current data: 15

Total number of wastewater sampling sites: 18

[How is the current SARS-CoV-2 level compared to past levels calculated?](#)



Nebraska Flu Activity and Data

Nebraska Influenza & Other Respiratory Disease Surveillance Report, 2023-24 Influenza Season, Week 48

(DATA THROUGH WEEK ENDING 12/2). All data are preliminary and may change as more reports are received.

INFLUENZA WEEKLY SUMMARY

INFLUENZA LABORATORY SURVEILLANCE

Positive Influenza A & B Tests, Percent Positive, and Change from Last Week

Week Ending Date	Influenza A Positives	Change from Last Week	Influenza B Positives	Change from Last Week	Overall Percent Positive	% Change from Last Week
12/2/23	93	▲ 31	38	▲ 18	3.0%	▲ 0.8%
Grand Total	340		223			

Cumulative Influenza Positive Tests by Subtype and Age Group

	0-4	5-17	18-24	25-49	50-64	65+	Season Total
Flu A: H1	8	*		*	11	12	43
Flu A: H3				*			<6
Flu B: Victoria			*	*			<6

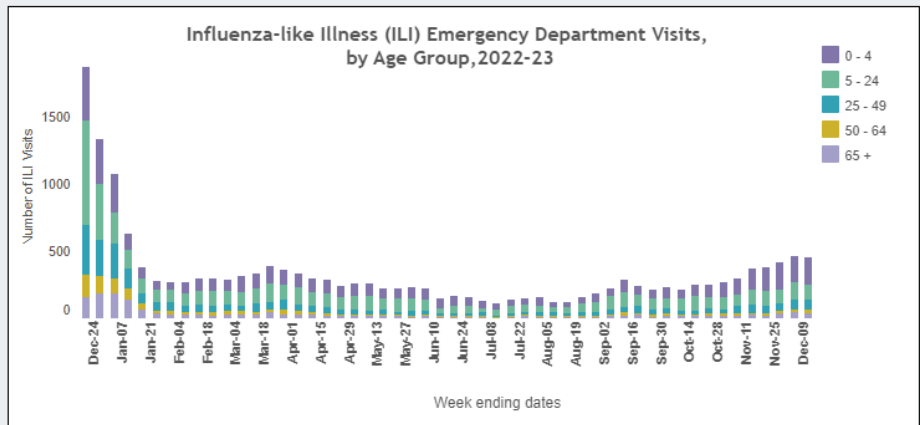
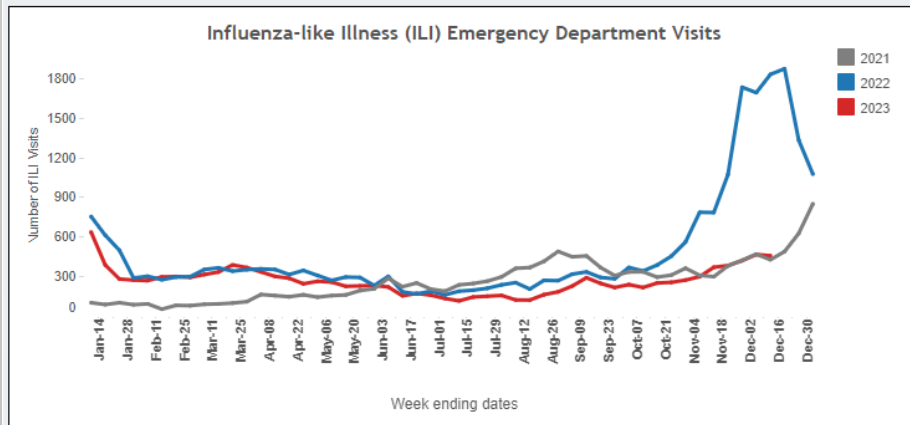
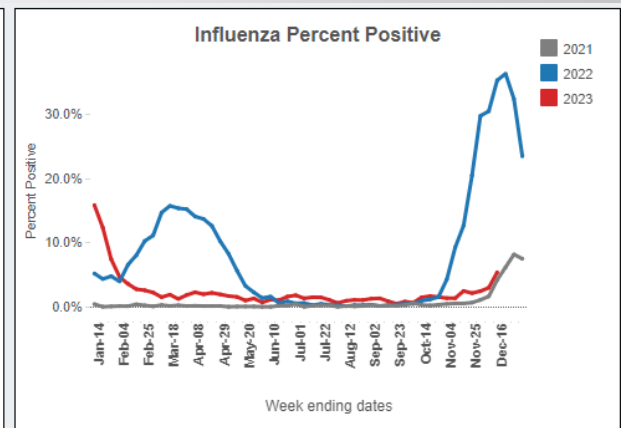
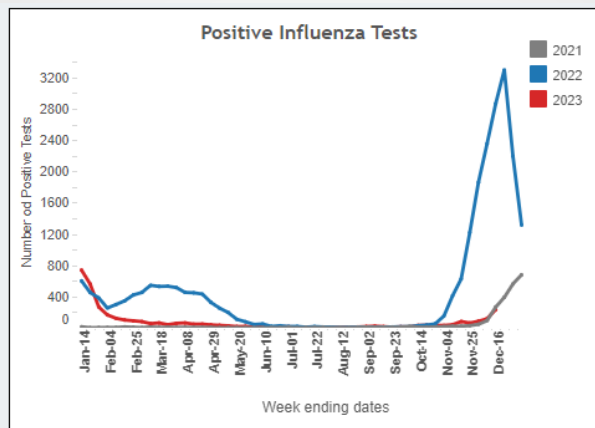
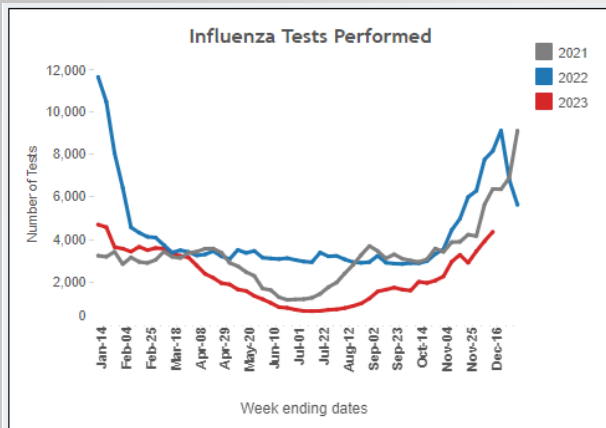
LONG-TERM CARE FACILITY OUTBREAK SURVEILLANCE

0 influenza-associated outbreaks have been reported for the surveillance season

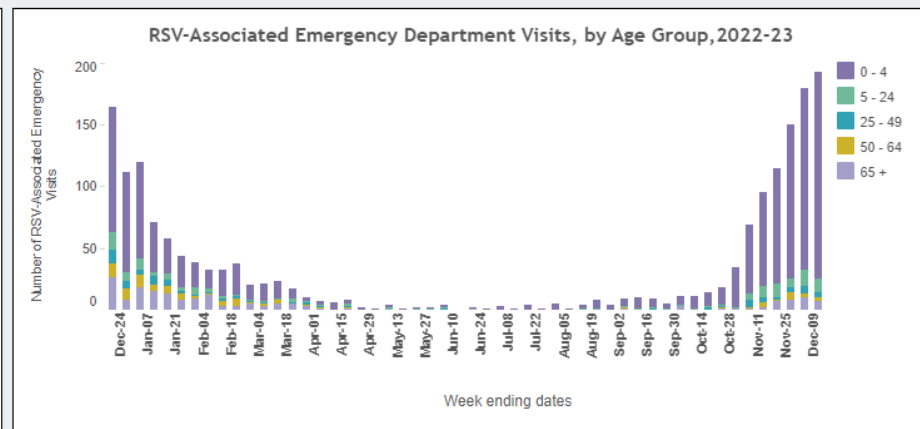
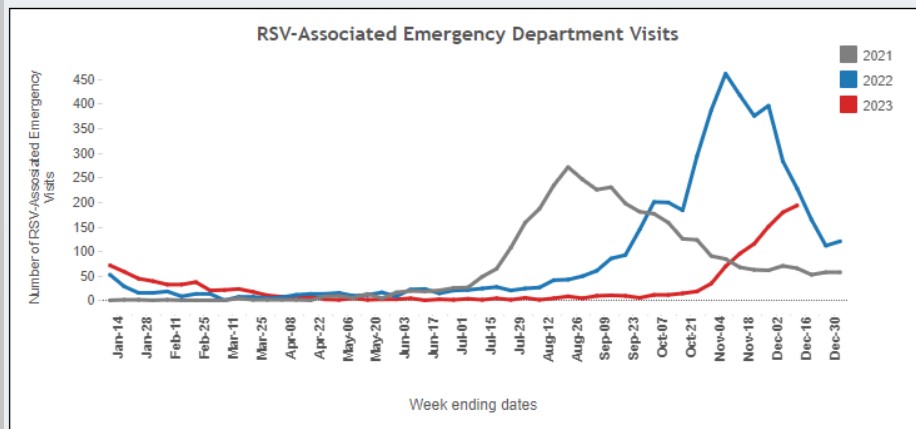
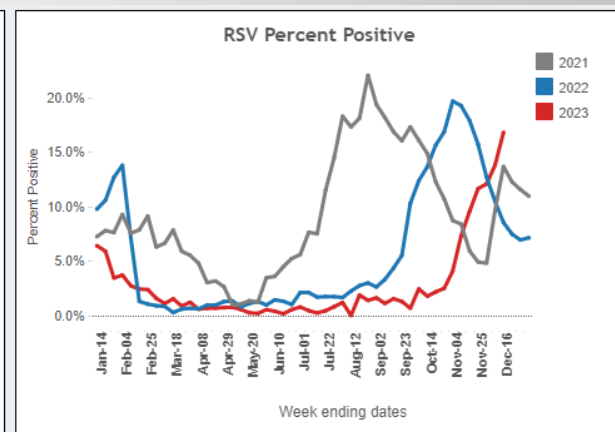
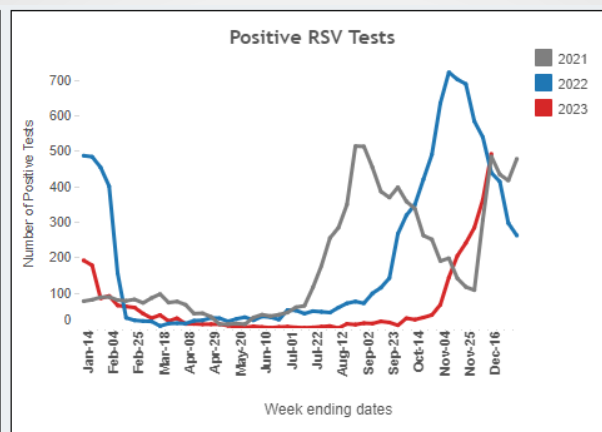
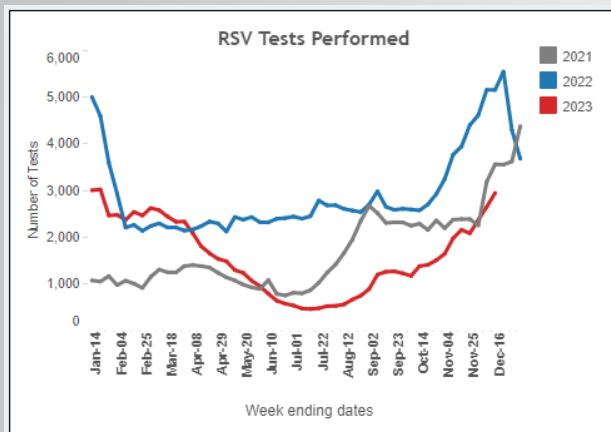
MORTALITY SURVEILLANCE

0 influenza-associated deaths have been reported for the surveillance season

Nebraska Flu Activity and Data



Nebraska RSV Activity and Data



Stay Prepared!



Long Term Care Webinars

09.14.23 LTC Managing COVID Outbreak

Recording: [09.14.23 LTC - Managing COVID Outbreak.mp4 \(echo360.org\)](#)

Slide deck: [PowerPoint Presentation \(nebraskamed.com\)](#)

Vaccine Safety Data

Juan Teran, MD

12/12/2023



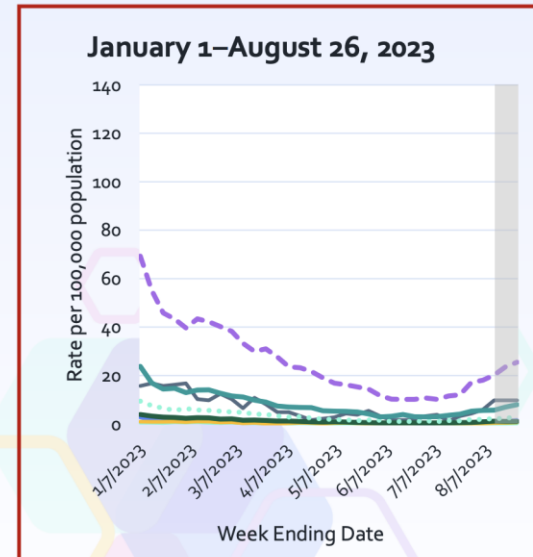
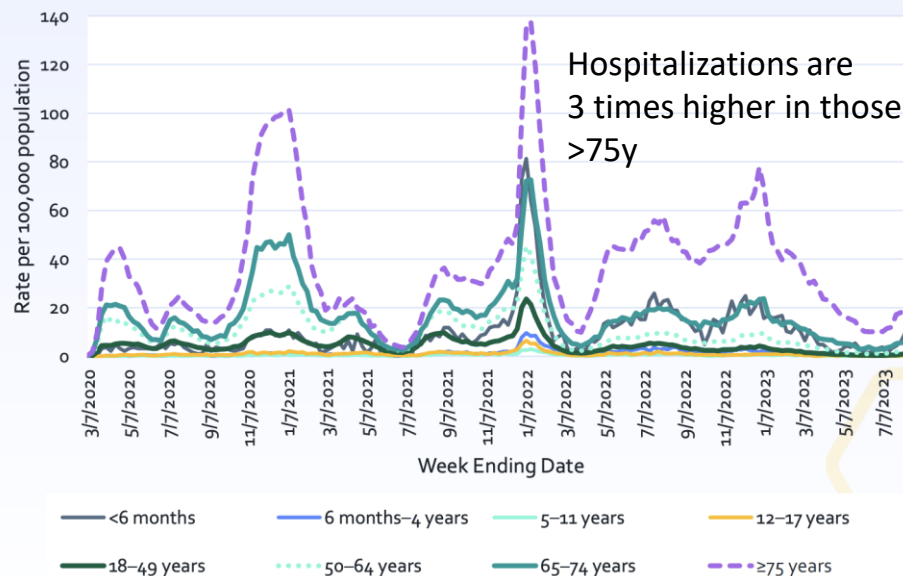
Timeline

- 9/11/23 FDA authorizes updated monovalent mRNA Covid-19 vaccines for 6m to 11y through EUA and $\geq 12y$ through BLA
- 9/12/23 ACIP voted to recommend updated vaccine for persons aged $\geq 6m$
- 10/3/23 FDA authorizes updated Novavax for use in persons $\geq 12y$ under EUA

Weekly Population-Based Rates of COVID-19-Associated Hospitalizations — COVID-NET, March 2020–August 26, 2023

2023

March 1, 2020–August 26, 2023



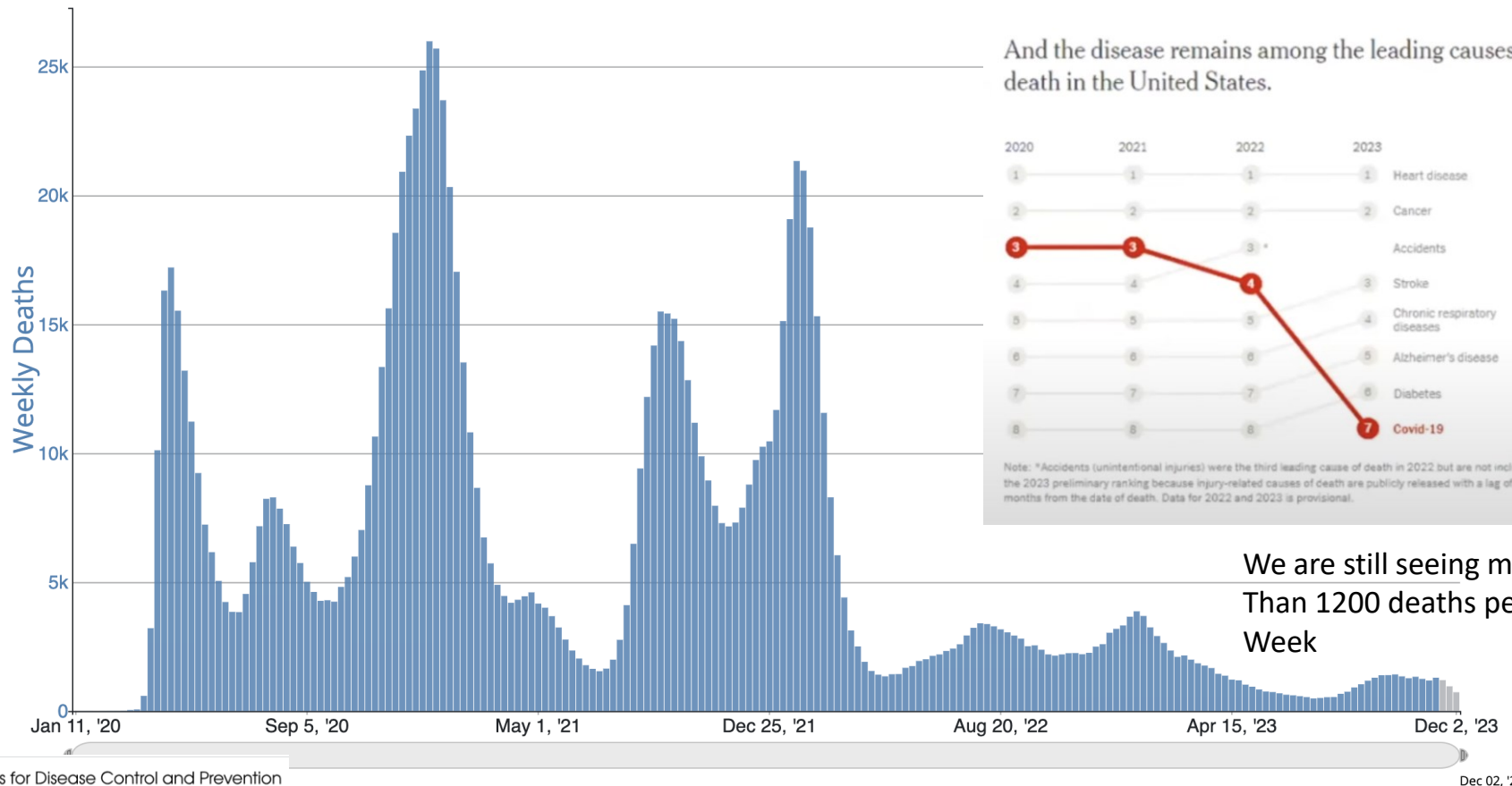
Rates highest in ≥75 years, followed by infants <6 months and adults 65–74 years

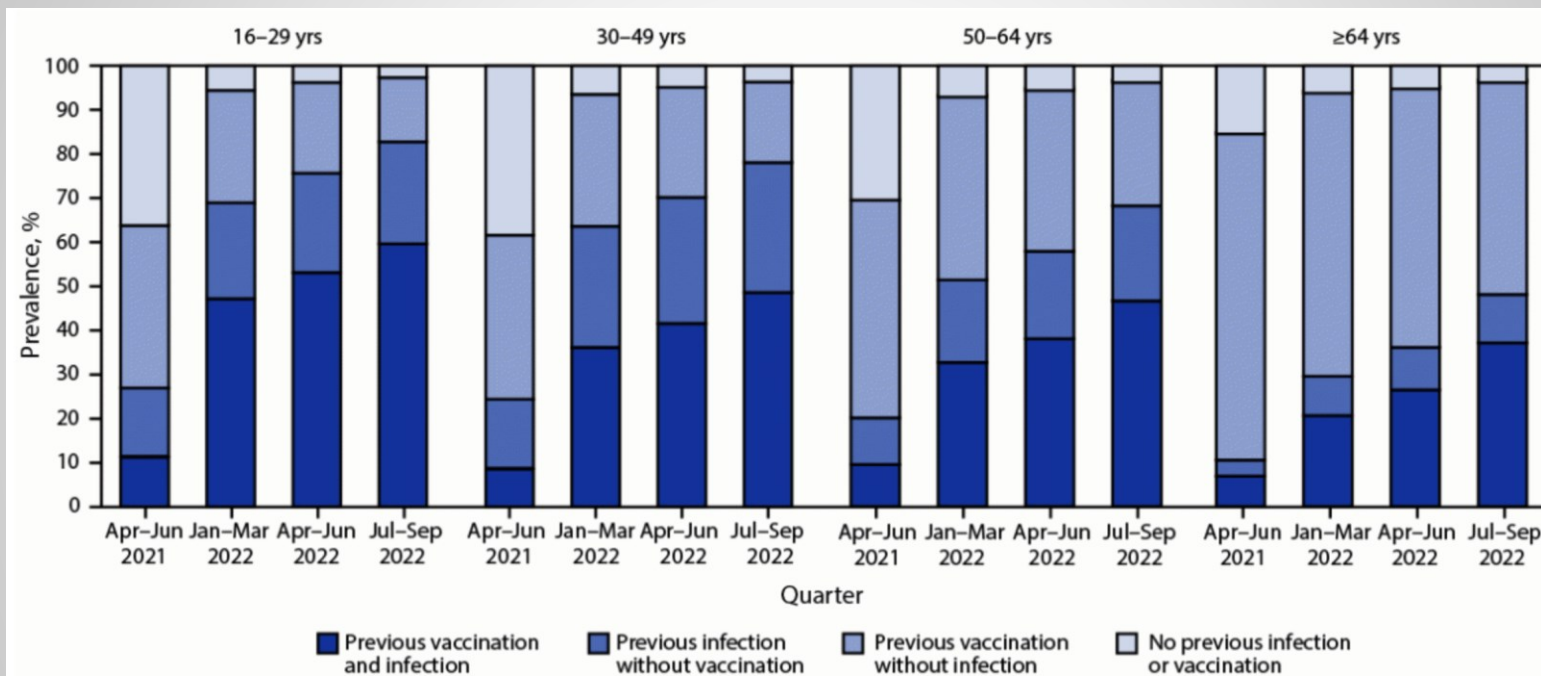
Gray boxes indicate potential reporting delays. Interpretation of trends should be excluded from these weeks.

3

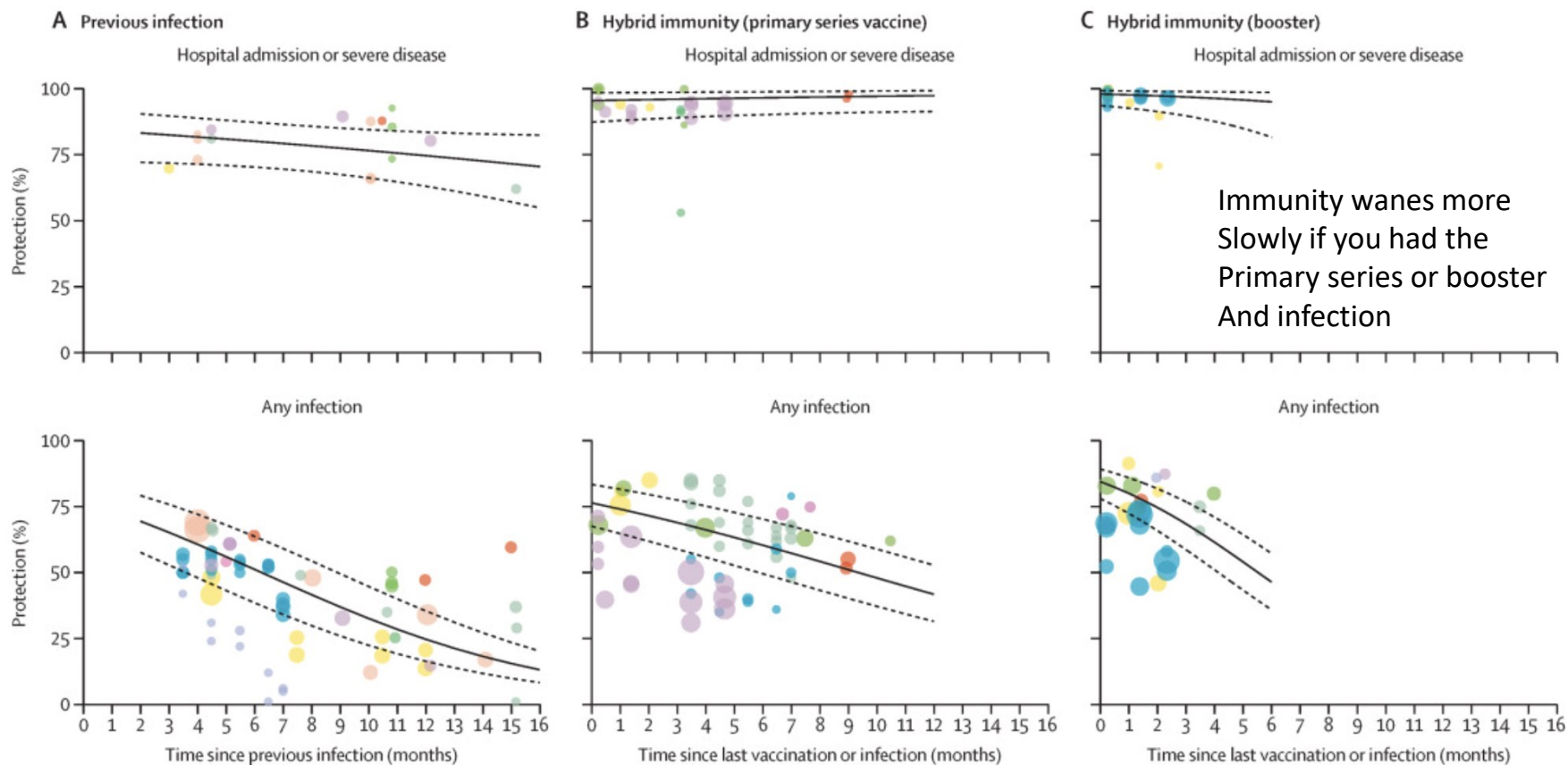
Havers, Fiona. CDC NCIRD Oct 2023

Provisional COVID-19 Deaths, by Week, in The United States, Reported to CDC





Jones JM et al. MMWR Morb Mortal Wkly Rep 2023;72:601-605



N. Bobrovitz et al. *The Lancet Infectious Diseases*(2023)

COVID Vaccine Safety RCA Surveillance: Monitoring 23 Serious Outcomes

Inclusion in prior vaccine safety studies

- Acute disseminated encephalomyelitis ✓
- Anaphylaxis* ✓
- Encephalitis / myelitis
- Guillain-Barré syndrome ✓
- Immune thrombocytopenia
- Kawasaki disease
- Narcolepsy and cataplexy*
- Seizures
- Transverse myelitis ✓

Outcomes added/enhanced due to emerging concerns

- Cerebral venous sinus thrombosis ✓
- Myocarditis / pericarditis ✓
- Thrombosis with thrombocytopenia syndrome

✓ Only chart confirmed cases

Hypothetical concerns regarding an association with COVID-19 disease

- Acute myocardial infarction
- Acute respiratory distress syndrome*
- Disseminated intravascular coagulation
- Multisystem Inflammatory Syndrome*
- Pulmonary embolism
- Stroke, hemorrhagic
- Stroke, ischemic
- Thrombotic thrombocytopenic purpura
- Venous thromboembolism

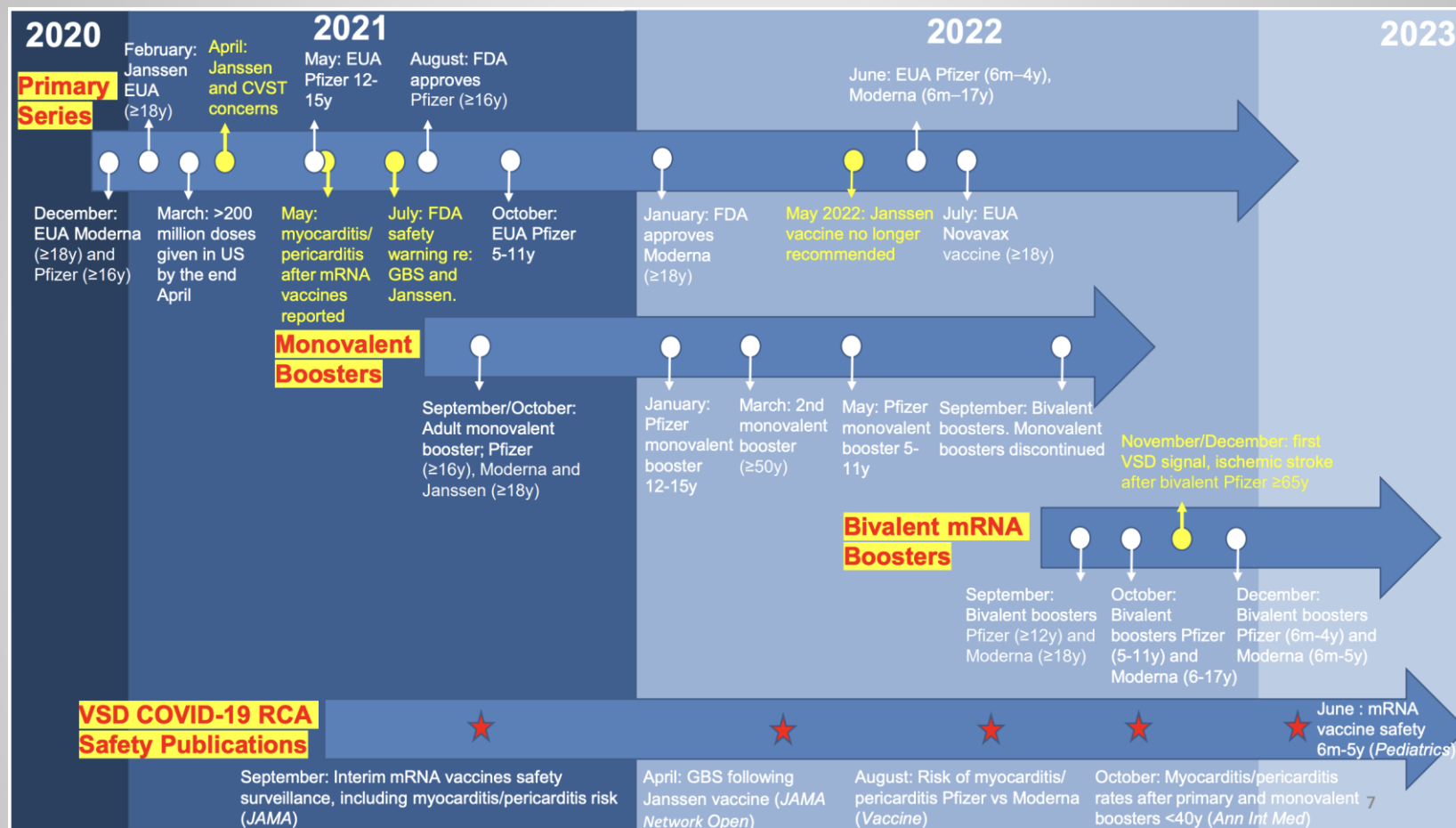
Imbalances in phase 3 COVID-19 vaccine clinical trials

- Appendicitis
- Bell's palsy

*monitored without comparators

5

Klein, Nicola. Kaiser Permanente Vaccine Study Center. VSD RCA



Klein, Nicola. Kaiser Permanente Vaccine Study Center. VSD RCA

Side effects are few and rare

Summary of Safety Findings after COVID-19 Vaccines in the VSD

Anaphylaxis

- The rate of anaphylaxis was ~ 5 cases/million doses for the mRNA primary series.
 - The rate of anaphylaxis was <5 cases/million doses for mRNA booster doses.

Myocarditis/Pericarditis after mRNA vaccines

- During days 0-7 post vaccination, both mRNA vaccines were associated with increased risk of myocarditis/pericarditis in 12–39-year-olds.
- Risk estimates of myocarditis/pericarditis in 18–39-year-olds during days 0-7 after 2 doses were modestly higher after Moderna than after Pfizer.
- For persons ages 12–39 years, rates of myocarditis/pericarditis 0–7 days after primary and monovalent boosters were highest among male 12-15 and 16–17-year-olds.
 - Evidence suggests there was an increased risk for myocarditis/pericarditis following monovalent booster dose for some age groups.
 - No current evidence for an increased rate of myocarditis/pericarditis following bivalent boosters. Uptake was low in age groups expected to be at highest risk.

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Pericarditis/myocarditis only seen in those 12 – 39yo with mRNA vaccine
Is rare and we have alternative options such as novavax

Table 4. Confirmed Myocarditis/Pericarditis After Receipt of mRNA Vaccines Compared With Vaccinated Comparators Among Individuals Aged 12-39 Years by Dose and Risk Interval, December 14, 2020-June 26, 2021

Risk interval, d ^a	Dose	Events in risk interval (events/million person-years) ^b	Events in 21-d comparison interval ^{b,c} (events/million person-years) ^{b,c}	Adjusted rate ratio (95% CI) ^d	2-Sided P value	Excess cases in risk interval per million doses (95% CI) ^e
0-21	Both	34 (141.2)	4 (35.0)	3.75 (1.38 to 12.84)	.007	6.2 (2.3 to 7.8)
	1	9 (70.4)	4 (35.0)	3.67 (0.92 to 17.35)	.07	3.1 (-0.4 to 4.0)
	2	24 (221.3)	4 (44.6)	4.07 (1.45 to 14.18)	.005	10.1 (4.1 to 12.4)
0-7	Both	29 (320.8)	4 (35.0)	9.83 (3.35 to 35.77)	<.001	6.3 (4.9 to 6.8)
	1	5 (104.2)	3 (35.0)	7.27 (1.29 to 50.15)	.02	2.0 (0.5 to 2.2)
	2	23 (565.9)	4 (44.6)	10.4 (3.54 to 37.76)	<.001	11.2 (8.9 to 12.1)
8-14	Both	2 (25.7)	4 (35.0)	1.22 (0.14 to 7.74)	.82	0.1 (-3.0 to 0.4)
	1	2 (48.0)	3 (35.0)	3.25 (0.31 to 29.64)	.30	0.6 (-2.0 to 0.9)
	2	0	4 (44.6)	0 (0 to 3.22)	.28	-0.9 (-0.9 to 0)
15-21	Both	3 (41.3)	4 (35.0)	1.55 (0.28 to 7.78)	.58	0.3 (-2.0 to 0.7)
	1	2 (52.3)	4 (35.0)	2.58 (0.27 to 18.62)	.37	0.6 (-2.7 to 0.9)
	2	1 (29.1)	4 (44.6)	0.67 (0.03 to 5.64)	.79	-0.3 (-21.2 to 0.5)

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There could be higher risk of stroke on those >65y who receive Flu and covid vaccine the same day. Give on different days if frail.

Post-Signal analyses* :
Ischemic Stroke Incidence During Days 1–21 Compared with Days 22–42, Among ≥65 Years With and Without Simultaneous Influenza Vaccination

Analytic population	Cases in 1–21-day Risk Interval (N=139)	Cases in 22–42-day Comparison Interval (N=108)	Adjusted Rate Ratio** (95% CI)	P-value
Bivalent Pfizer + same-day high-dose or adjuvanted flu vaccine	43	27	1.59 (0.99 – 2.61)	0.06
Bivalent Pfizer + same day standard dose flu vaccine	8	11	0.73 (0.28 - 1.83)	0.50
Bivalent Pfizer without any same day flu vaccine	107	99	1.08 (0.82 – 1.42)	0.58

* Analyses only include vaccination data through January 14, 2023, and stroke outcome data through February 25, 2023

** Adjusted by 5-year age groups

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Summary RCA Findings in the 1-21 Day Risk Interval after Bivalent Booster 6 months - 64 years Compared with Outcome Events 22-42 days after in Vaccinated Comparators*

Risk Interval Days	Age Group	Outcome Event	Either mRNA	Pfizer Signal***	Moderna Signal***
1 -21	0-4y	Kawasaki disease	No	No	-
		Appendicitis	No	No	-
	5-11y	Bell's palsy	No	No	-
		Stroke, hemorrhagic	No	No	-
		Immune thrombocytopenia	No	No	-
		Seizures	No	No	-
	12-17y	Appendicitis	No	No	No
		Bell's palsy	No	No	-
		Encephalitis / myelitis / encephalomyelitis	No	No	-
		Immune thrombocytopenia	No	No	-
		Seizures	No	No	-
		Venous thromboembolism	No	No	-
	18-64y	Acute disseminated encephalomyelitis	No	No	-
		Acute myocardial infarction	No	No	No
		Appendicitis	No	No	No
		Bell's palsy	No	No	No
		Cerebral venous sinus thrombosis	No	No	No
		Disseminated intravascular coagulation	No	-	No
		Encephalitis / myelitis / encephalomyelitis	No	No	No
		Guillain-Barre syndrome	No	No	-
		Stroke, hemorrhagic	No	No	No
		Stroke, ischemic	No	No	No
		Immune thrombocytopenia	No	No	No
		Myocarditis / pericarditis	No	No	No
		Seizures	No	No	No
		Transverse myelitis	No	No	-
		Thrombotic thrombocytopenic purpura	No	No	No
		Thrombosis with thrombocytopenia syndrome	No	No	No
		Venous thromboembolism	No	No	No
		Pulmonary embolism (subset of VTE)	No	No	No

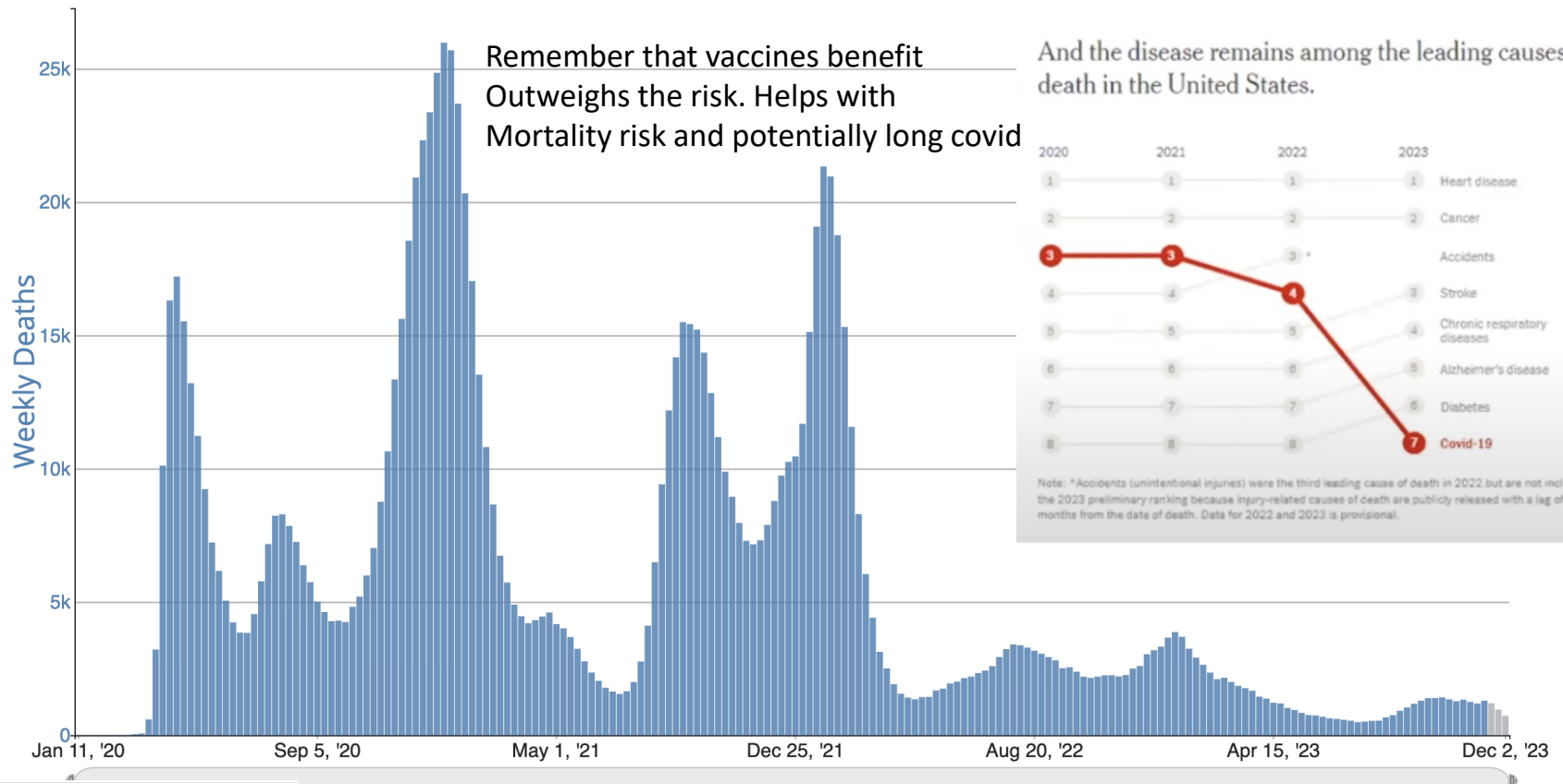
- Among ages 5 - 64 years in the VSD, no outcomes have met the signaling criteria in the 21 days after bivalent booster vaccine.

*Analyses through March 2023

**Signaling threshold $P < 0.01$ (one-sided)

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Provisional COVID-19 Deaths, by Week, in The United States, Reported to CDC



Dec 02, '23

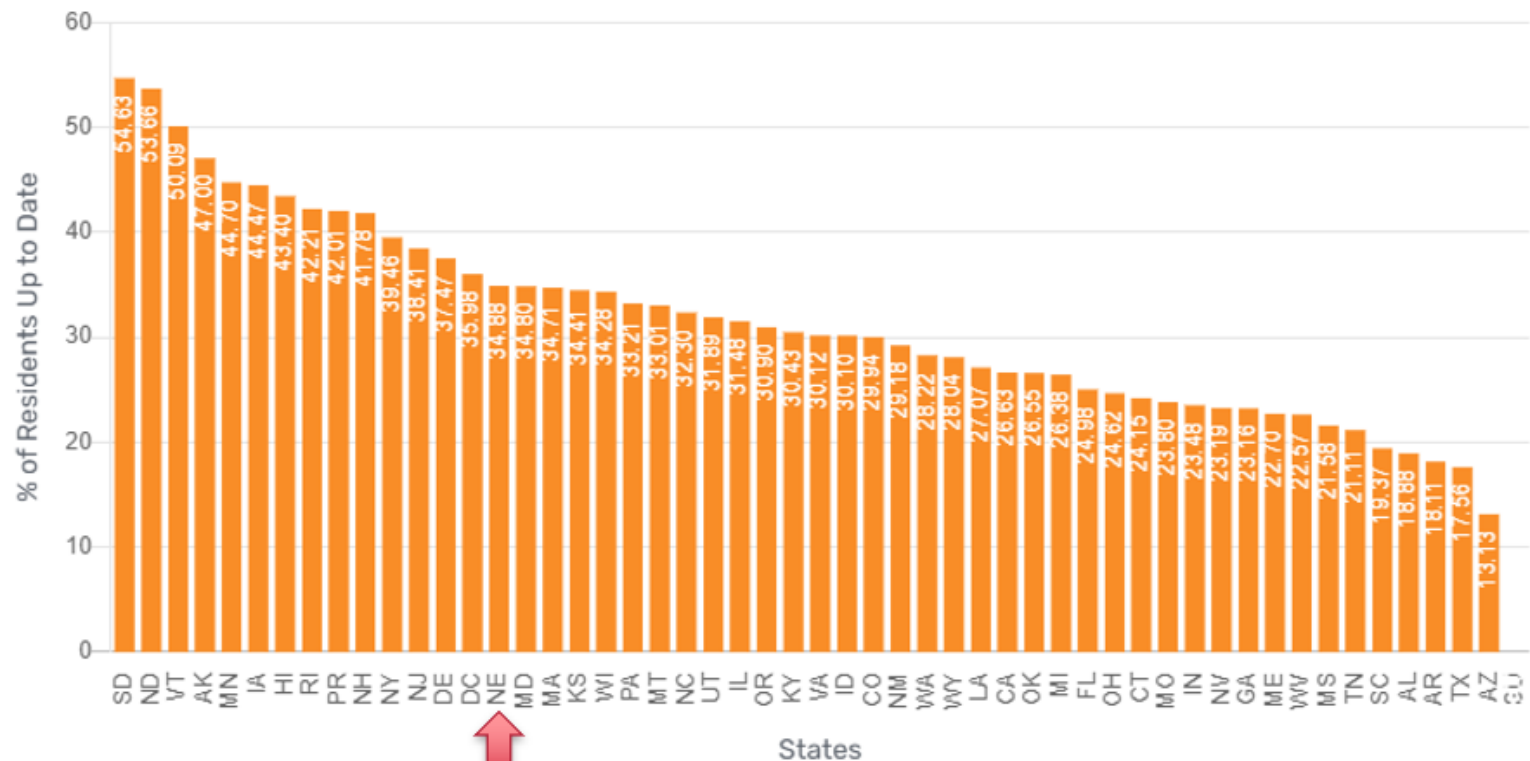
Improving Vaccination Rates in LTC



Resident Up to Date

Percentage of Current Residents Up to Date with COVID-19 Vaccines per Facility

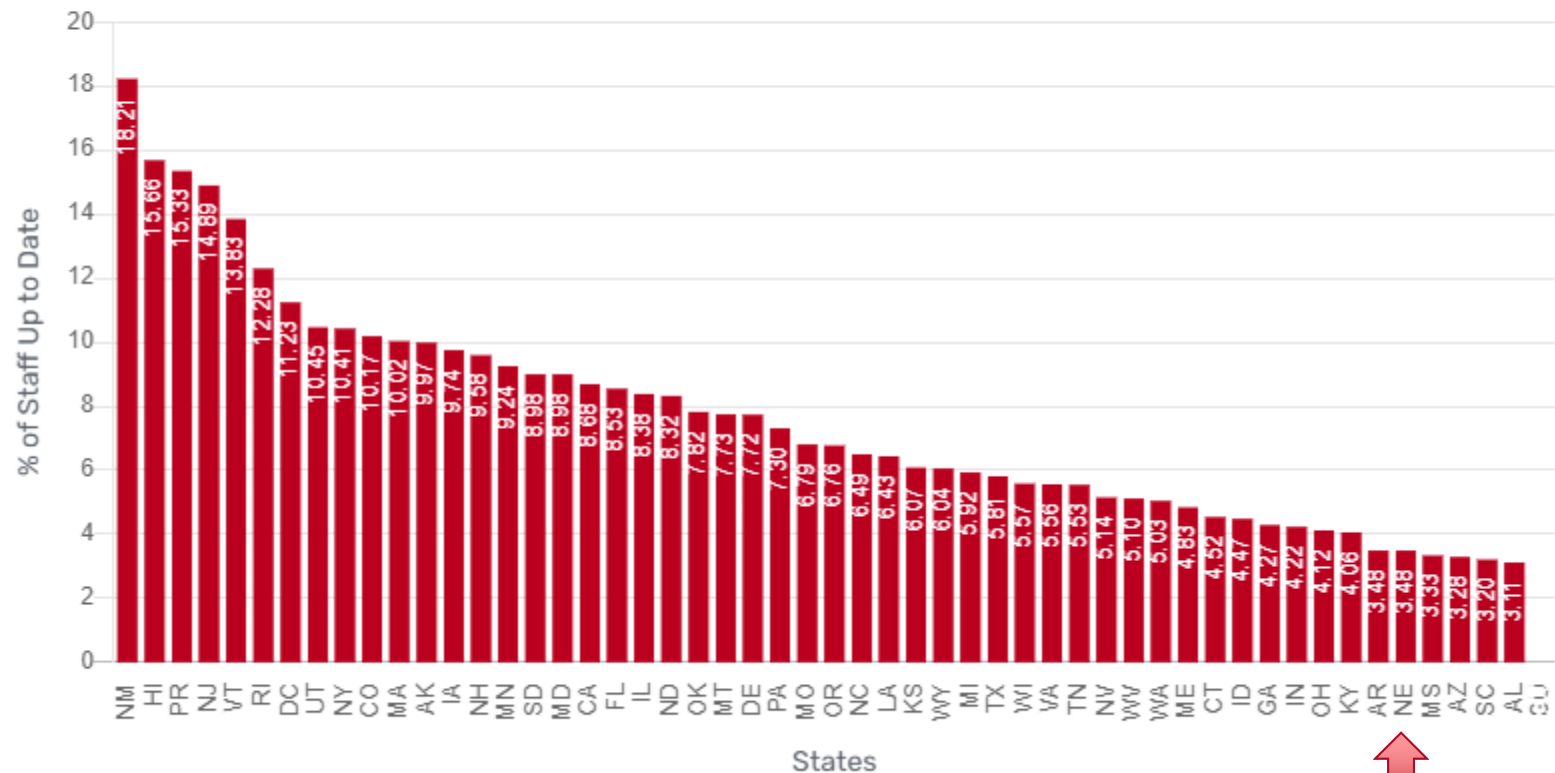
This shows the average percentage among facilities who have reported vaccination data in the current or prior week.



Staff Up to Date

Percentage of Current Staff Up to Date with COVID-19 Vaccines per Facility

This shows the average percentage among facilities who have reported vaccination data in the current or prior week.



LTC Vaccine Wall of Honor

[Click HERE to Share
Your Vaccine Story](#)

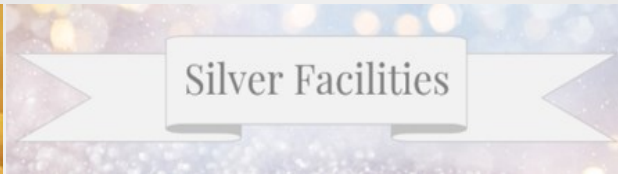
Please share your vaccine story with us to be included on:

- The COVID-19 Vaccine Wall of Honor on our website
- Announced on the LTC Webinar
- Featured on the Nebraska ICAP social media pages

LTC Vaccine Wall of Honor



Harvard House, Harvard



Genoa Medical Facilities, Genoa

Tabitha at Williamsburg, Lincoln

Rose Blumkin Jewish Home,
Omaha

Sumner Place, Lincoln



Dunklau Gardens, Fremont

Brookefield Park, St. Paul

Administering COVID-19 Vaccine During an Outbreak

- Defer vaccination to COVID-19 positive staff and residents.
 - Consider plan to administer COVID-19 vaccines to negative resident on a day of outbreak testing, so vaccination will be deferred for any residents that newly test positive.
- COVID-19 vaccination should preferably be administered in the resident's own room.
- Staff administering vaccine should don well-fitting source control per facility policy during an outbreak. Other PPE should be donned per standard precautions.

Administering COVID-19 Vaccine During an Outbreak

- If vaccination and/or observation within resident own room is not possible, as an alternative option vaccinate and/or observe residents in the common area in small numbers.
 - LTCF should make sure all residents are always wearing mask when they are around others (including staff) and are maintaining at least 6-foot physical distancing.
 - Encourage frequent hand hygiene and increase high-touch surface cleaning frequency in the vaccination and observation areas.
- Persons may consider delaying vaccine by up to 3 months after recovering from COVID-19 infection.

Resources

AHCA/NCAL 2023 #Get Vaccinated Toolkit

- [#GetVaccinated \(ahcancal.org\)](https://ahcancal.org/#GetVaccinated)

CDC COVID-19 Vaccination Clinical & Profession Resources

- [COVID-19 Vaccination Clinical and Professional Resources | CDC](#)

CDC Use of COVID-19 Vaccines in the United States

- [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)

CDC COVID-19 Vaccination Recommendations Infographic

- [Recommended updated \(2023-2024\) Formula Covid-19 vaccines for people who are NOT moderately or severely immunocompromised-October 12, 2023 \(cdc.gov\)](#)

CDC COVID-19 Vaccination Recommendations Infographic (Immunocompromised)

- [Recommend updated \(2023-2024 Formula\) COVID-19 vaccines for people who are moderately or severely immunocompromised \(cdc.gov\)](#)

ICAP Updates and Information



ICAP

Webinar CE Process

1 Nursing Contact Hour and 1 NAB Contact Hour is offered for attending this LIVE webinar.

Individual surveys must be completed for each attendee.

Questions? Contact Marissa at:

Machaney@nebraskamed.com 402-552-2881

NAB:

- Completion of survey is required.
 - The survey must be specific to the individual obtaining credit. (i.e.: 2 people cannot be listed on the same survey)
- **You must have a NAB membership**
- Credit is retrieved by you
- Any issues or questions regarding your credit must be directed to NAB customer service.
 - ICAP can verify survey completion and check the roster list
- Due to NAB changes, attendance will be submitted quarterly. ICAP will send an email stating when credits are ready for retrieval.

Nursing Contact Hours:

- Completion of survey is required.
 - The survey must be specific to the individual obtaining credit. (i.e.: 2 people cannot be listed on the same survey)
- One certificate is issued quarterly for all webinars attended
- Certificate comes directly from ICAP via email

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Use the QA box in the webinar platform to type a question. Questions will be read aloud by the moderator.

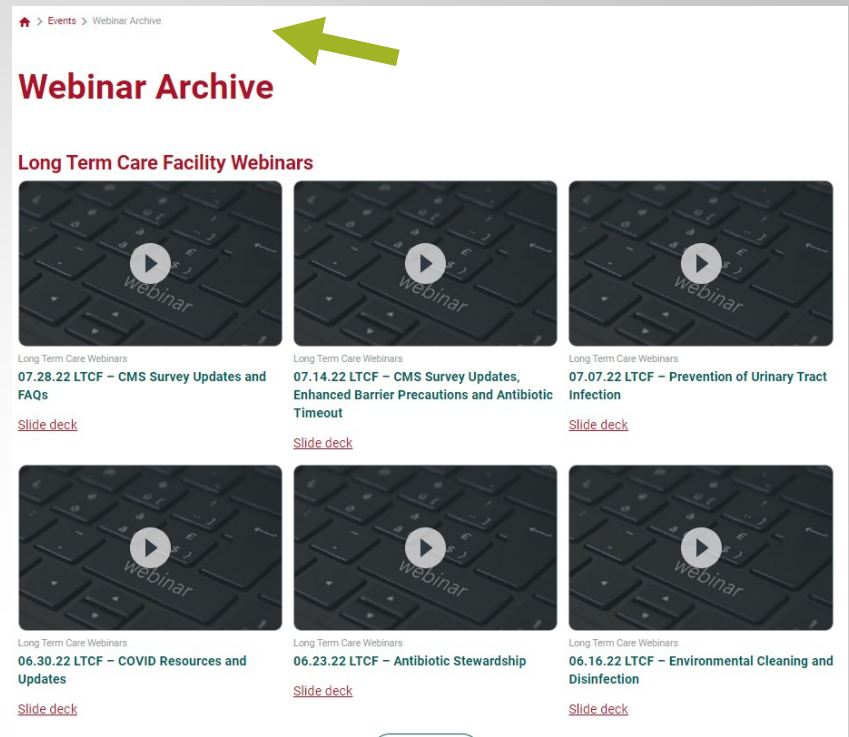
Panelists:

- Dr. Salman Ashraf, MBBS
- Kate Tyner, RN, BSN, CIC
- Josette McConville, RN, BSN, CIC
- Lacey Pavlovsky, RN, MSN, CIC
- Rebecca Martinez, BA, BSN, RN, CIC
- Jody Scebold, EdD, MSN, RN
- Sarah Stream, MPH, CDA, FADAA
- Daniel Taylor, DHHS
- Deanna Novak, DHHS
- Becky Wisell, DHHS
- Cindy Kadavy, NHCA
- Kierstin Reed, LeadingAge
- Melody Malone, PT, CPHQ, MHA
- Debi Majo, BSN, RN
- Carla Smith, RN, CDP, IP-BC, AS-BC
- Monika Maxwell, RN

Moderated by Marissa Chaney

Supported by Margaret Deacy

Slide support from Josette McConville, RN, BSN, CIC



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