

Acute Care & Outpatient Settings Webinar Series

October 9, 2024

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Presenters & Panelists & Moderator

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Margaret Deacy

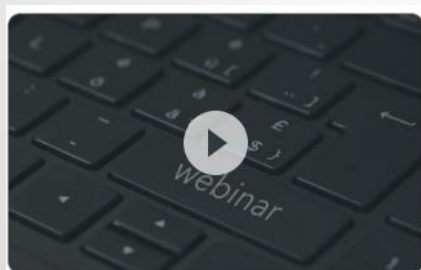
mdeacy@nebraskamed.com

Questions & Answer Session

- Please use the Q&A box in the webinar platform to type a question to be read aloud.
 - If your question is not answered during the webinar, please call (402) 552-2881 Monday – Friday 8:00 am – 4:00 pm CST to speak with one of our Infection Preventionists or e-mail your question to nebraskaicap@nebraskamed.com

Slides & Webinar Recordings Available

- During this webinar, slides are available on the [NE ICAP Acute Care webpage](#)
- Visit the [NE ICAP Past Webinars and Slides webpage](#)
 - The slides and a recording of this webinar will be posted soon after the webinar
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🏠 > Events > Past Webinars and Slides

Past Webinars and Slides

Acute Care and Outpatient Setting Webinars

Continuing Education Disclosures

- 1.0 Nursing Contact Hour is awarded for the LIVE viewing of this webinar
- Nebraska Infection Control Assessment and Promotion Program 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 Commission on Accreditation.
- To obtain nursing contact hours, you must attend the entire live activity and complete the post-course survey form.
- No relevant financial relationships were identified for any member of the planning committee or any presenter/author of the program content.

US Antibiotic Awareness Week 2024

NEBRASKA

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NEBRASKA ANTIMICROBIAL STEWARDSHIP ASSESSMENT AND PROMOTION PROGRAM

Jenna Preusker, PharmD, BCPS, BCIDP
Nebraska ASAP Pharmacy Coordinator
Nebraska DHHS HAI/AR Program Pharmacist

Purpose

U.S. Antibiotic Awareness Week (USAAW) is observed each year from November 18-24.

The purpose of the observance is to raise awareness of the importance of appropriate antibiotic and antifungal use and the threat antimicrobial resistance poses to people, animals, plants, and their shared environment.

Superbug crisis could get worse, killing nearly 40 million people by 2050, study estimates



By Jacqueline Howard, CNN

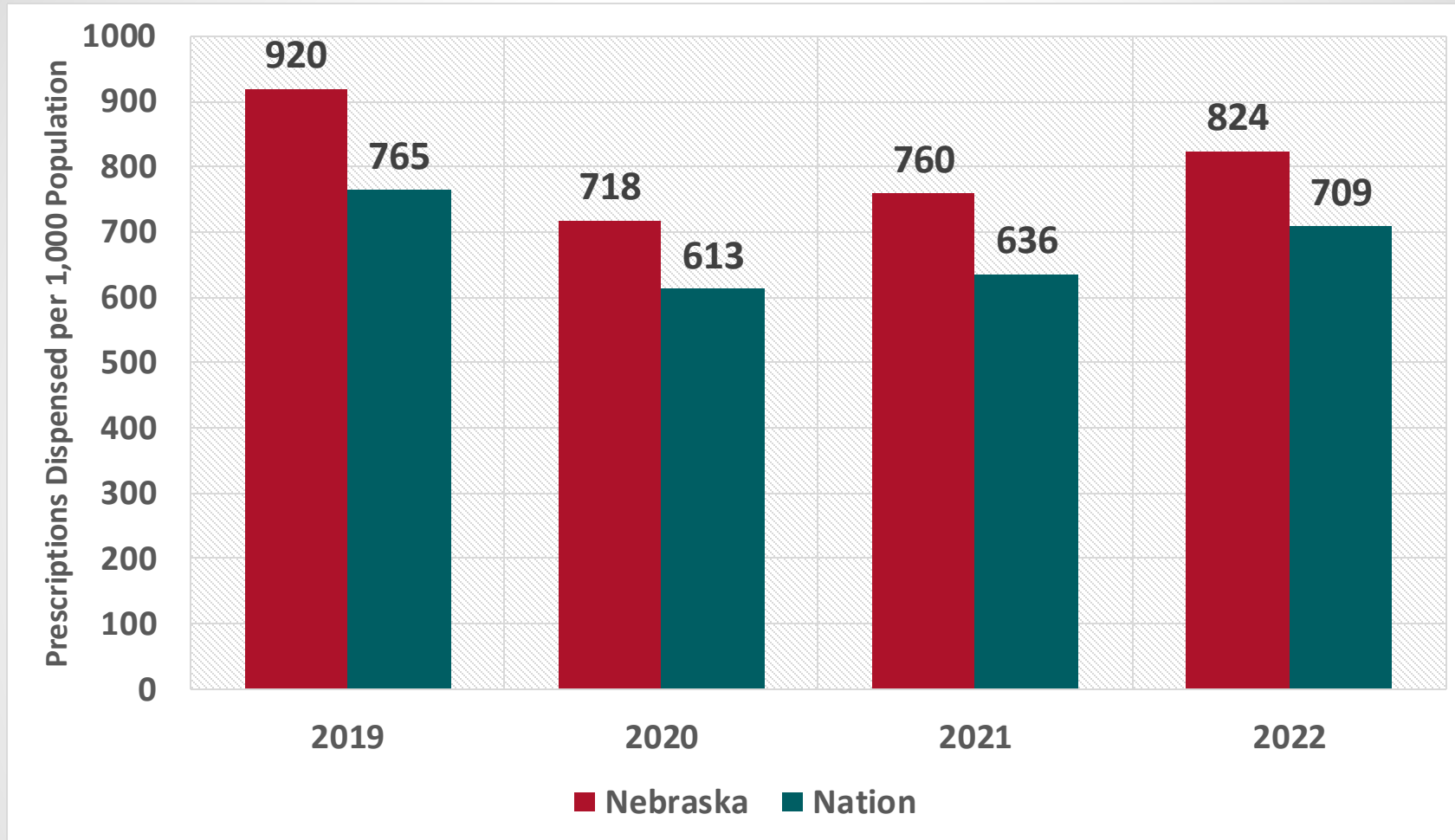
6 minute read · Updated 8:02 AM EDT, Fri September 20, 2024



[Link to article | CNN](#)

[U.S. Antibiotic Awareness Week \(USAAW\) | Antimicrobial Resistance | CDC](#)

Outpatient Antibiotic Use



Nebraska consistently prescribes antibiotics in the outpatient setting at a higher rate than the national average.

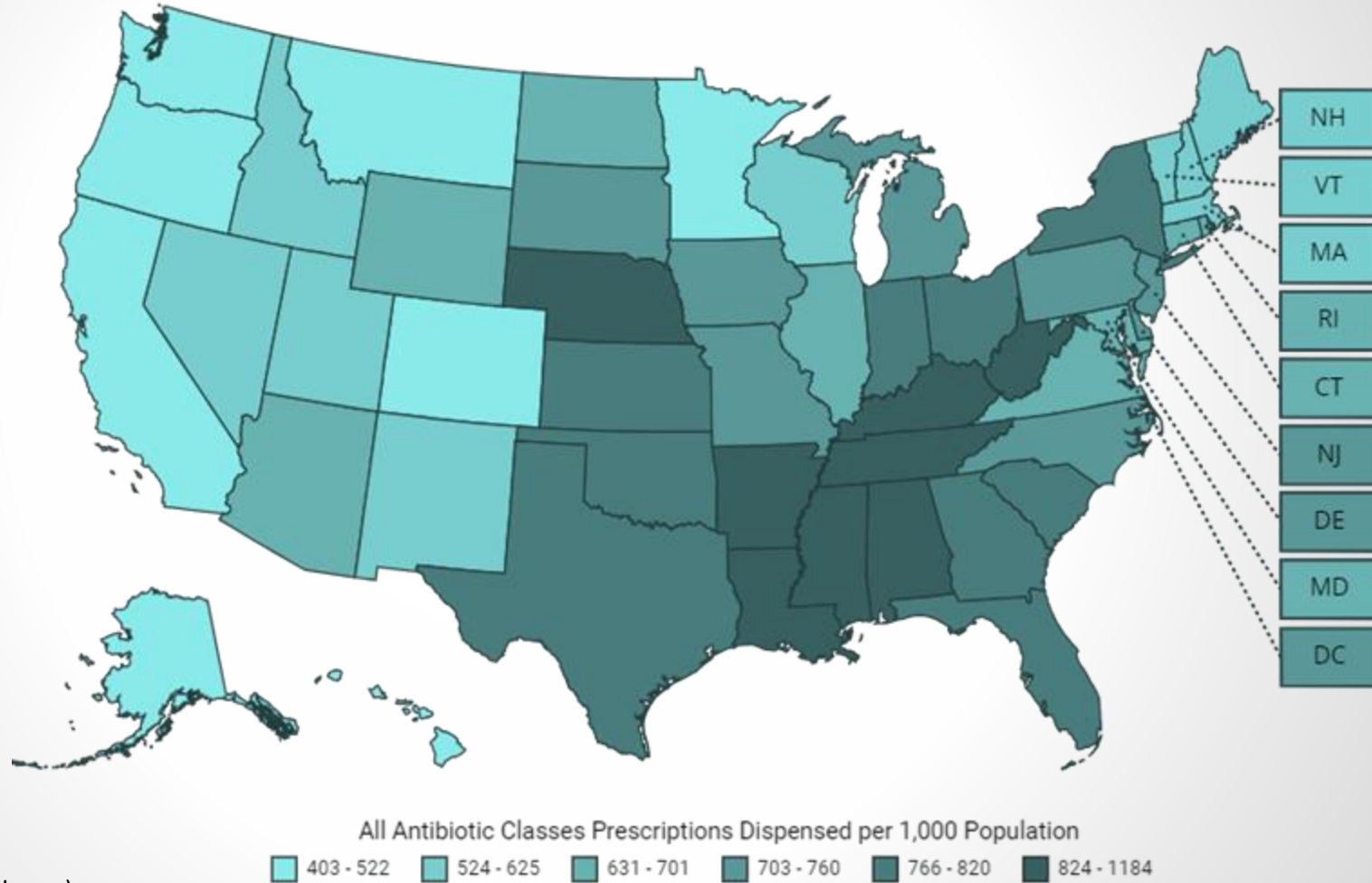
All Antibiotic Classes | A.R. & Patient Safety Portal (cdc.gov)

Outpatient Antibiotic Prescribing in Nebraska

All Antibiotic Classes

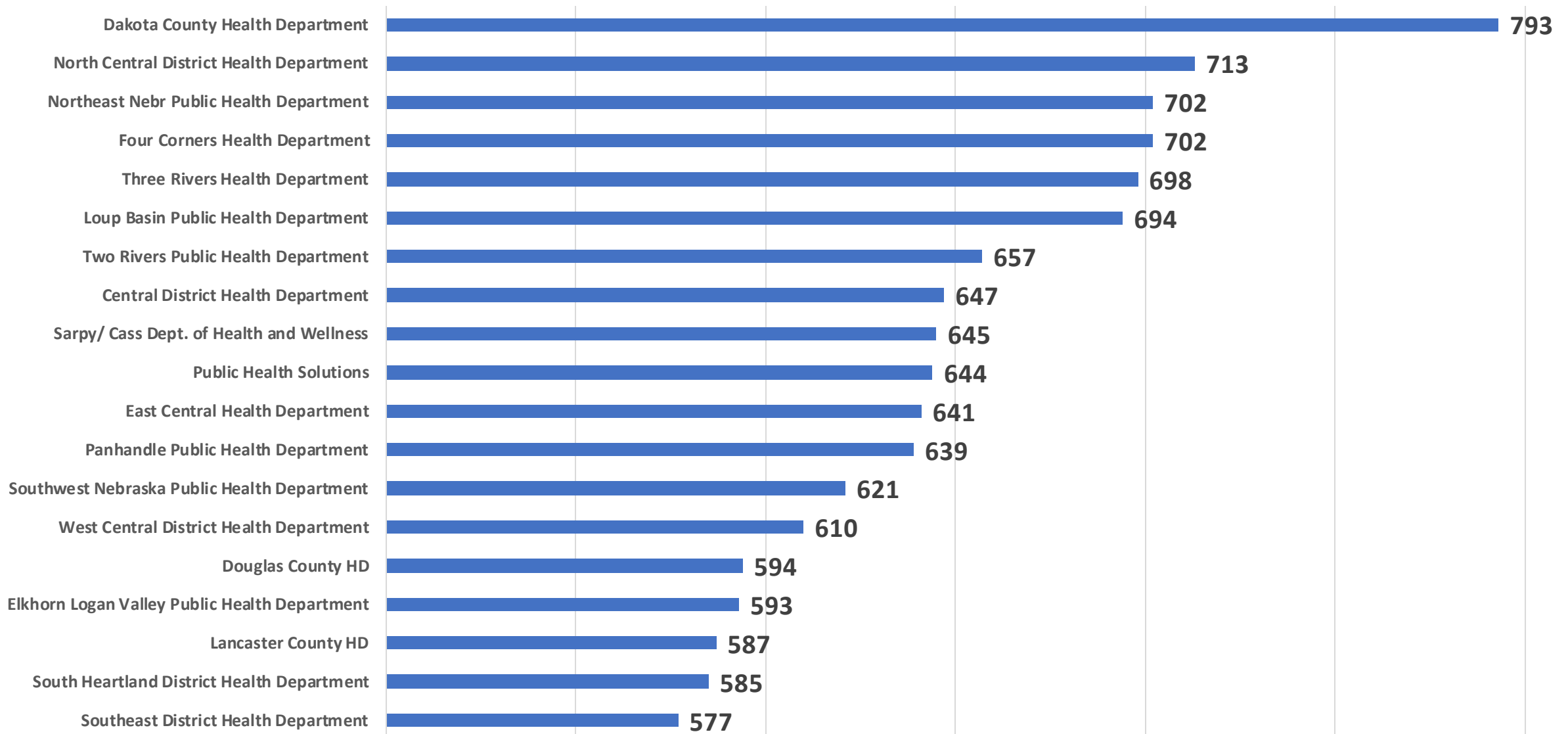
In 2022,
Nebraska
was the **8th**
highest
antibiotic
prescribing
state

(824 prescriptions per
1,000 population)



All Antibiotic Classes | A.R. & Patient Safety Portal ([cdc.gov](https://www.cdc.gov))

Ambulatory Care Provider Prescribing Rate of Antibiotics per 1,000 Medicare Part D Beneficiaries by Health Department Jurisdiction



Provider Prescribing Rate of Antibiotics per 1,000 Medicare Part D Beneficiaries

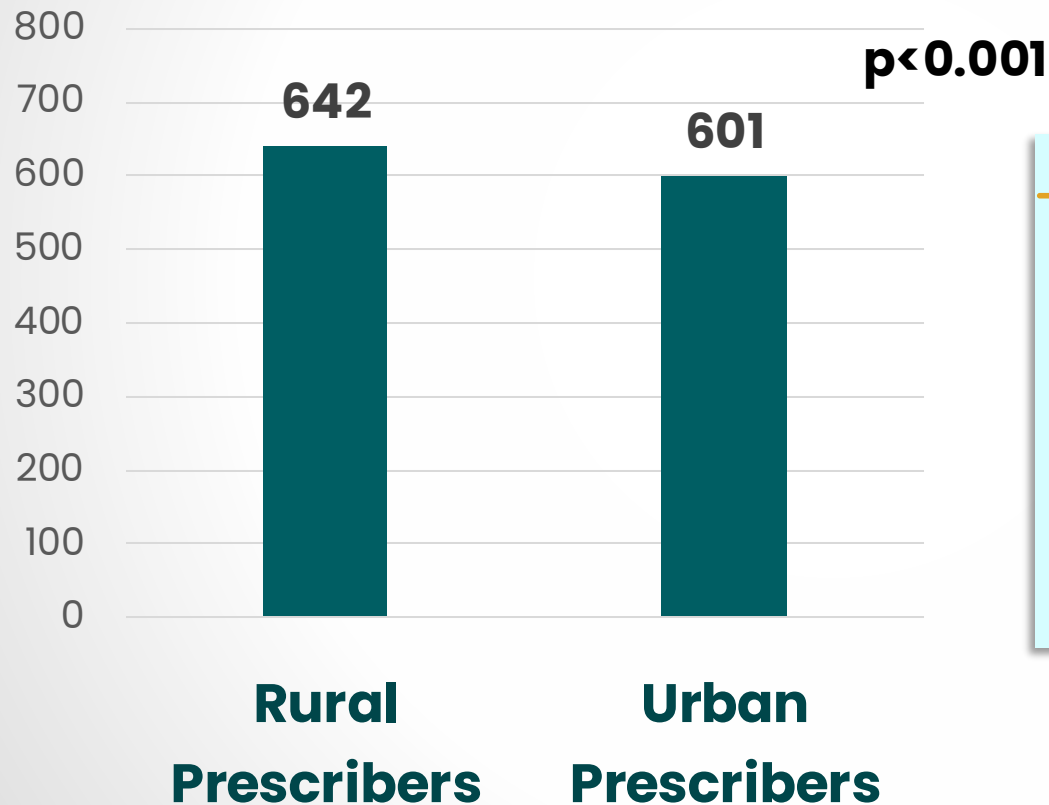
2021 Publicly Available Medicare Part D Prescribing Data [cms.gov](https://www.cms.gov)

Health Department	Total Antibiotics Claimed	% of Total Antibiotics	Total Prescribers	Prescriptions per 1,000 Medicare Part D beneficiaries
Dakota County Health Department	2738	0.8	22	793
North Central District Health Department	8399	2.5	89	713
Four Corners Health Department	8469	2.5	61	702
Northeast Nebr Public Health Department	5038	1.5	41	702
Three Rivers Health Department	10450	3.1	103	698
Loup Basin Public Health Department	5626	1.7	50	694
Two Rivers Public Health Department	22156	6.6	220	657
Central District Health Department	16693	4.9	161	647
Sarpy/ Cass Dept. of Health and Wellness	10642	3.2	177	645
Public Health Solutions	9122	2.7	93	644
East Central Health Department	8495	2.5	89	641
Panhandle Public Health Department	17762	5.3	177	639
Southwest Nebraska Public Health Department	6443	1.9	75	621
West Central District Health Department	9827	2.9	111	610
Douglas County HD	110368	32.7	1570	594
Elkhorn Logan Valley Public Health Department	11672	3.5	149	593
Lancaster County HD	58478	17.3	725	587
South Heartland District Health Department	9064	2.7	91	585
Southeast District Health Department	6155	1.8	61	577

2021 Publicly Available Medicare Part D Prescribing Data [cms.gov](https://www.cms.gov)

Nebraska Rural and Urban Prescribing Trends

Prescriptions per 1,000 Medicare Part D Beneficiaries in Nebraska, 2021

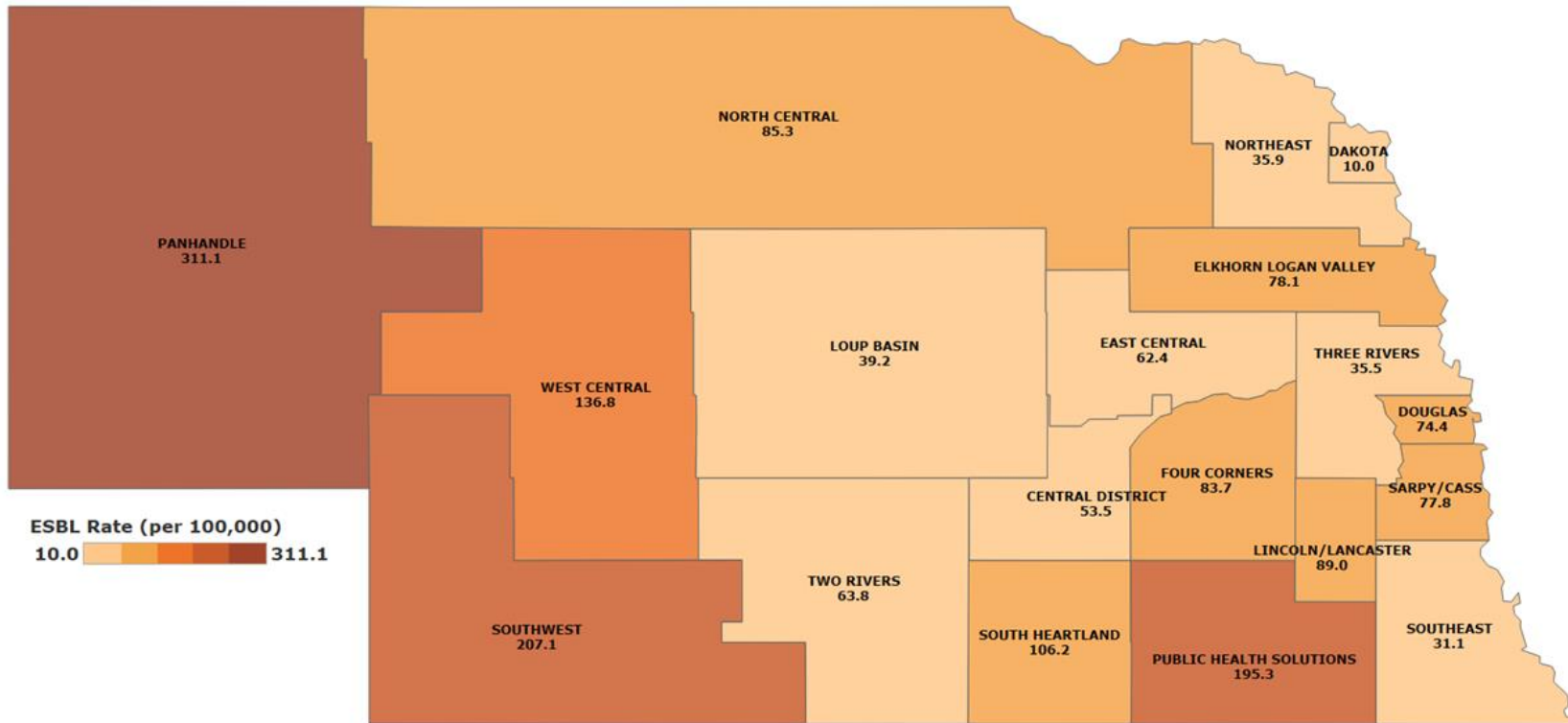


Nebraska providers in rural areas prescribed antibiotics at significantly higher rates than those in urban areas

Practice setting (urban or rural) was determined by USDA Rural-Urban Commuting Area codes using prescriber addresses
Data Source: CMS Medicare Part D claims database (cms.gov)

Ceftriaxone-Resistant Enterobacteriales Rates by Nebraska LHDs

Ceftriaxone-Resistant Enterobacteriales per 100,000 person by LHD



Change in Rate for Ceftriaxone-Resistant Enterobacteriales from 2022 to 2023 by LHD

LHD	Rate Change: 2022-2023	% Change: 2022-2023
Panhandle	32.2	11.5%
Public Health Solutions	30	18.1%
Elkhorn Logan Valley	21.3	37.5%
Southeast	18.1	139.2%
Lincoln-Lancaster	7.8	9.6%
Four Corners	6.8	8.8%
Dakota	5	100.0%
North Central	4.5	5.6%
Central	1.2	2.3%
East Central	-5.7	-8.4%
Sarpy/Cass	-8.9	-10.3%
Three Rivers	-11.4	-24.3%
Douglas	-16.1	-17.8%
Northeast	-19.6	-35.3%
South Heartland	-24.3	-18.6%
Southwest	-36.3	-14.9%
West Central	-39.4	-22.4%
Loup Basin	-49	-55.6%
Two Rivers	-72.1	-53.1%

Data Source: Electronic Lab Reports Submitted to NEDSS

Notes: Preliminary data (subject to change after further updates); Currently denominator for ceftriaxone and carbapenem resistant isolates include those isolates with missing susceptibility results

Who Participates in AAW?

- US Federal Agencies
- Health Departments (State and Local)
- Professional Societies
- Corporations
- Healthcare facilities
- Patient and family representatives

Each year more than 300 organizations participate in USAAW in a variety of ways—from participating in activities and events to distributing CDC materials, graphics, and messaging.



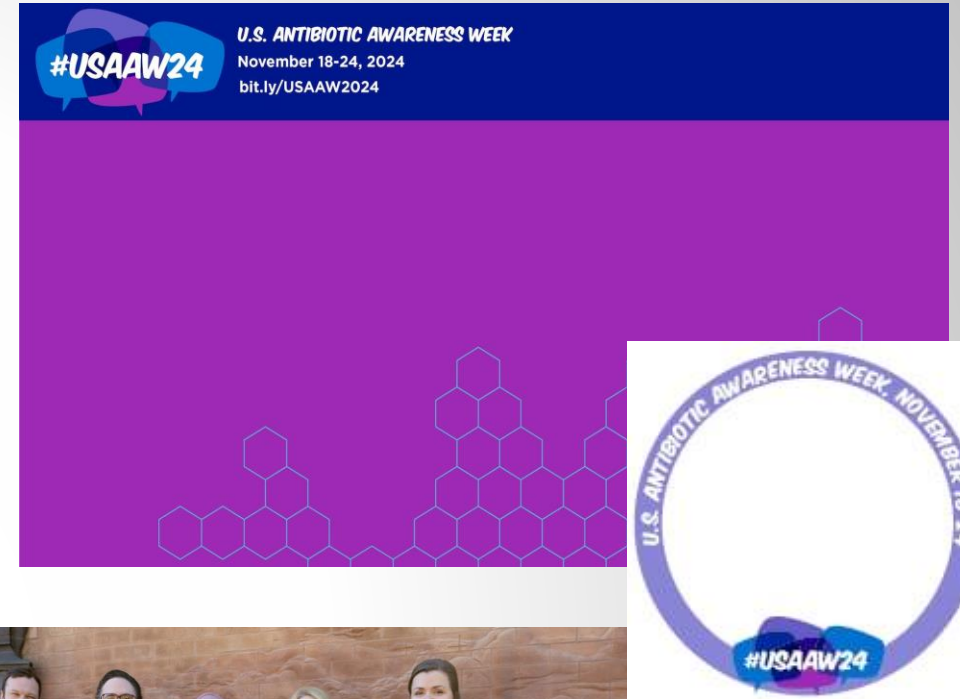
Fighting Antimicrobial Resistance

TAKES ALL OF US

November 18-24, 2024

CDC is inviting families, friends, organizations, and communities to shine a spotlight on antimicrobial resistance by participating in Go Purple for USAAW.

This nationwide effort encourages individuals to wear purple and bring purple to their social media and invites organizations, healthcare facilities, and municipalities to light up buildings and landmarks purple to bring awareness to the role everyone has in combating antimicrobial resistance.



[U.S. Antibiotic Awareness Week \(USAAW\)](#) | [Antimicrobial Resistance](#) | [CDC](#)

Activities during USAAW 2023 LHD Examples



[U.S. Antibiotic Awareness Week \(USAAW\) | Antimicrobial Resistance | CDC](#)

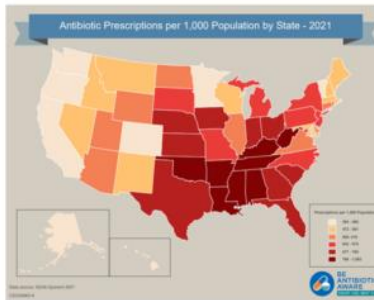
Activities during USAAW 2023 LHD Example

Email to Medical Clinics

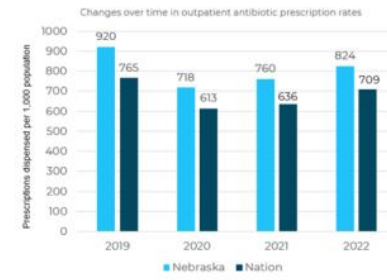


Did you know that Nebraska prescribes more antibiotics than the National average? In 2022, Nebraska was the 8th highest prescribing state in the U.S. We are making progress in addressing this as a state, but we need your help.

Community Antibiotic Prescribing in Nebraska



<https://www.cdc.gov/antibiotic-use/data/report-2022.html>



<https://arpsp.cdc.gov/profile/geography/nebraska>

By following the CDC's Core Elements of Antibiotic Stewardship, the Central District Health Department (CDHD) would like to build a partnership with your facility to continue the progress that has been started. <https://www.cdc.gov/antibiotic-use/core-elements/index.html>.

We know medical clinics in the Central District are stretched thin already. One indication, our District meets the Medically Underserved Area and Medically Underserved Population designation. (<https://data.hrsa.gov/geo>).

Because we know how important your time is, CDHD partners with the experts, Nebraska Antimicrobial Stewardship Assessment and Promotion Program (ASAP). Nebraska ASAP has resources that your clinic can use to optimize antibiotic prescribing and help us slow the emergence of antimicrobial resistance which is one of the most critical public health issues facing Nebraskans. <https://asap.nebraskamed.com/>.

By filling out the survey using the link below, you can easily assess antimicrobial stewardship practices that are already in place in your clinic along with improvement opportunities. Furthermore, it allows us to share resources that are most helpful to you. Nebraska ASAP experts from University of Nebraska Medical Center and Nebraska Medicine may also be able to schedule a virtual meeting with your clinic, if you would like to discuss specific program improvement opportunities. After the meeting, they will be able to provide targeted recommendations for Antibiotic Stewardship Core Element implementation in your clinic. These assessments are completely free for your clinic and are offered as public health improvement initiatives.

**ASAP Outpatient Clinic Survey: Baseline ASP Assessment for Outpatient Facilities
(nebraskamed.com)**

<https://redcap.nebraskamed.com/surveys/?s=ECFXLWJ7Y8AWTWJY>

Nebraska ASAP

Antibiotic Stewardship Program Assessments



Baseline ASP
Assessment for
Hospitals



Baseline ASP
Assessment
for Outpatient Facilities

Activities during USAAW 2023 Examples



"Public Health Minute" interview with Dr. Ashraf about antibiotic resistant bugs. (youtube.com)

Antimicrobial Resistance and Antibiotic Stewardship (ne.gov)

Interact with Nebraska ICAP/ASAP and CDC on social media



[Nebraska ICAP & ASAP Facebook](#)
[CDC | Facebook](#)



[Nebraska ICAP & ASAP LinkedIn](#)
[CDC | LinkedIn](#)



[Nebraska ICAP & ASAP Instagram](#)
[CDC Instagram](#)

facebook Email or phone Password Log In Forgot Acco

NE ICAP ASAP

Nebraska ICAP & ASAP
944 followers • 259 following

Posts About Photos Videos Following

Intro
Proud to provide infection control and antimicrobial stewardship support to Nebraska. Call us!

- Page · Educational Consultant
- Omaha, NE, United States, Nebraska
- (402) 552-2881
- NebraskaICAP@nebraskamed.com
- icap.nebraskamed.com

Photos See all photos

PROUD TO SUPPORT BE ANTIBIOTICS AWARE www.beantibioticsaware.com

ICAP ICAP

Nebraska ICAP & ASAP
1d · 🌐

This place might just have the best sandwiches in Nebraska. Chris and Kate were in the area, so made a little side quest to this fave pit-stop. Thanks, Neligh Deli!

Daily Themes: November 18

Fighting antimicrobial resistance takes all of us

Social media post:

To fight #AntimicrobialResistance (AR) we have to recognize that the health of people is closely connected to the health of animals and our shared environment. Everyone plays a role in fighting AR. Learn more bit.ly/3XI9aWy #USAAW24

Daily Themes: November 19

The global threat of antimicrobial resistance

Social Media Post:

#AntimicrobialResistance has been identified in all regions of the world & can spread rapidly from one part of the globe to another. Learn why we must collectively fight this global public health threat bit.ly/4cgawfx #USAAW24

[CDC Link: Read how the CDC is helping countries around the world](#)

Daily Themes: November 20

Human Health and Antimicrobial Resistance

Social Media Post:

Antibiotic and antifungal drugs are valuable tools for treating infections, but any time they are used they can cause side effects and contribute to #AntimicrobialResistance (AR). Learn how the appropriate use of these drugs can help fight

AR: bit.ly/3zhewOm #USAAW24

- ✓ [Antimicrobial resistance](#)
- ✓ [Antibiotic Do's and Don'ts](#)
- ✓ [Patient Education Resources](#)



Daily Themes: November 21

Animal Health and Antimicrobial Resistance

Social Media Post:

Did you know - animals, including pets and livestock, can carry germs that can spread and contribute to #AntimicrobialResistance (AR)? Discover the simple actions you can take to protect yourself & your pet & fight AR. bit.ly/3RMbZIA #USA AW24

Daily Themes: November 22

Antimicrobial Resistance in Agriculture and the Environment

Social Media Post:

Antibiotics and antifungals used as pesticides in agriculture can lead to contamination of the environment (e.g., water and soil). This can speed up the development and spread of #AntimicrobialResistance. Learn more: bit.ly/3xyxT4U #USA AW24

Daily Themes: November 23

One Health approach to antimicrobial resistance

Social Media Post:

CDC takes a One Health approach to fighting #AntimicrobialResistance (AR), which requires that everyone across human, animal, and environmental health collaborate to slow its spread. Learn how we all can fight AR together. bit.ly/3L8mSu1 #USAAW24

Daily Themes: November 24

Continuing the fight against antimicrobial resistance

Social Media Post:

U.S. Antibiotic Awareness Week (USAAW) is coming to an end but CDC's commitment to combating the emergence and spread of #AntimicrobialResistance (AR) continues. Fighting AR takes all of us and everyone can play a role. bit.ly/4cDoRCn #USAAW24

Handouts for AAW

Society of Infectious Diseases Pharmacists

THE BASICS OF ANTIMICROBIAL STEWARDSHIP

WHAT IS ANTIMICROBIAL STEWARDSHIP?

- Antimicrobial stewardship protects and preserves the efficacy of antimicrobials.
- It involves the optimal selection, dosage, duration, indication, and route of antimicrobial therapy that results in the best clinical outcome for the treatment or prevention of infection.
- Appropriate antimicrobial use minimizes toxicity to patients, reduces future resistance, and optimizes patient outcomes.

WHY IS ANTIMICROBIAL STEWARDSHIP IMPORTANT?



By limiting exposure to antibiotics and using them only when needed, we can lower the risk of treatment failures caused by antimicrobial resistance and the use of more toxic and/or broader antimicrobials.



Adverse effects from antimicrobials, such as hypersensitivity reactions, kidney damage, and drug interactions, are common. By optimizing their use, the risk of adverse effects are reduced.



Antibiotics can slow the growth of and kill pathogenic bacteria. They can also kill commensal bacteria that normally live in the gut. By altering the normal gut flora, other bacteria, such as *C. difficile*, can colonize and cause infection.



Multidisciplinary stewardship programs can facilitate the diagnosis of infections, increase infection cure rates, decrease healthcare costs and hospital lengths of stay, and reduce the unintended consequences of antimicrobial use.

SIDP Educational Handout Provider Stewardship Basics

HOW CAN I BE AN ANTIMICROBIAL STEWARD IN THE HOSPITAL?

There are many roles you can have as an antimicrobial steward! While it may vary depending on your area of work, all of us can optimize the use of antimicrobials.



Clarify allergies

Penicillin allergies are the most commonly reported medication allergy, but few patients have a true IgE-mediated reaction. Collect and document a detailed history of the reaction from the patient. Clarification of allergies can facilitate the use of first-line therapy, rather than alternative antibiotics. Alternative antibiotics, such as fluoroquinolones or clindamycin, are associated with a higher risk of adverse events and *C. difficile* infection.

Evaluate antibiotic appropriateness and then re-evaluate

According to the CDC, more than 50% of antibiotics prescribed in hospitals for common infections, such as community-acquired pneumonia and UTIs, are not consistent with evidence-based prescribing. **Improve prescribing by implementing the following:**

Practice diagnostic stewardship

Appropriate rapid diagnostics and microbiologic cultures can help guide patient management and optimize clinical outcomes. Conversely, avoiding unnecessary testing can decrease antibiotic use!

Optimize the dose

Consider patient-specific factors such as organ function and site of infection, and drug-specific pharmacokinetics.

Re-evaluate antibiotics daily

Does your patient still require antibiotics?

Are microbiologic cultures and diagnostic results available?

Can therapy be narrowed?

Stop antibiotics if a bacterial infection is unlikely

Bacteriuria or pyuria without symptoms of a UTI does not require treatment in most patients (exceptions: pregnancy, prior to invasive urologic procedure)

Positive viral testing plus a low procalcitonin can indicate bacterial CAP is unlikely (e.g., COVID-19)

SIDP Educational Handout Provider Inpatient Stewardship

HOW CAN I BE AN ANTIMICROBIAL STEWARD IN THE CLINIC?

There are many roles you can have as an antimicrobial steward! While it may vary depending on your area of work, all of us can optimize the use of antimicrobials.

Avoid antibiotics in patients without bacterial infections



According to the CDC, **at least 28% of antibiotics in the outpatient setting are unnecessarily prescribed.** Avoid over-prescribing in the following scenarios:

Respiratory tract infections

• Most upper respiratory tract infections are caused by viruses and do not require antibiotics

• Acute bronchitis is often caused by viruses, and antibiotics are not recommended

Ear and sinus infections

• Consider watchful waiting for patients 6 months - 2 years with mild unilateral acute otitis media or ≥ 2 years with mild acute otitis media (unilateral or bilateral)

• Consider watchful waiting for patients with non-severe acute rhinosinusitis

Asymptomatic bacteriuria

• Bacteriuria or pyuria without symptoms of a UTI does not require treatment, unless the patient is pregnant or undergoing an invasive urologic procedure

• Cloudy or foul smelling urine and altered mental status alone are not symptoms of a UTI



Prescribe the appropriate duration of therapy

Patients are commonly prescribed a prolonged duration of antibiotics for an infection that can be effectively treated with a shorter course. By utilizing an appropriate duration of therapy, we can decrease antimicrobial exposure, thus reducing adverse events and subsequent resistance.

RECOMMENDED DURATIONS FOR COMMON INFECTIONS IN OUTPATIENTS

5

Days for acute bacterial sinusitis, community-acquired pneumonia, COPD exacerbations, non-purulent SSTIs, and most uncomplicated UTIs

Longer durations (7-10 days) may be necessary for more complicated infections, such as abscesses, severe acute otitis media, or complicated UTIs/pyelonephritis. Shorter durations (3 days) can be used for uncomplicated UTIs treated with TMP/SMX.

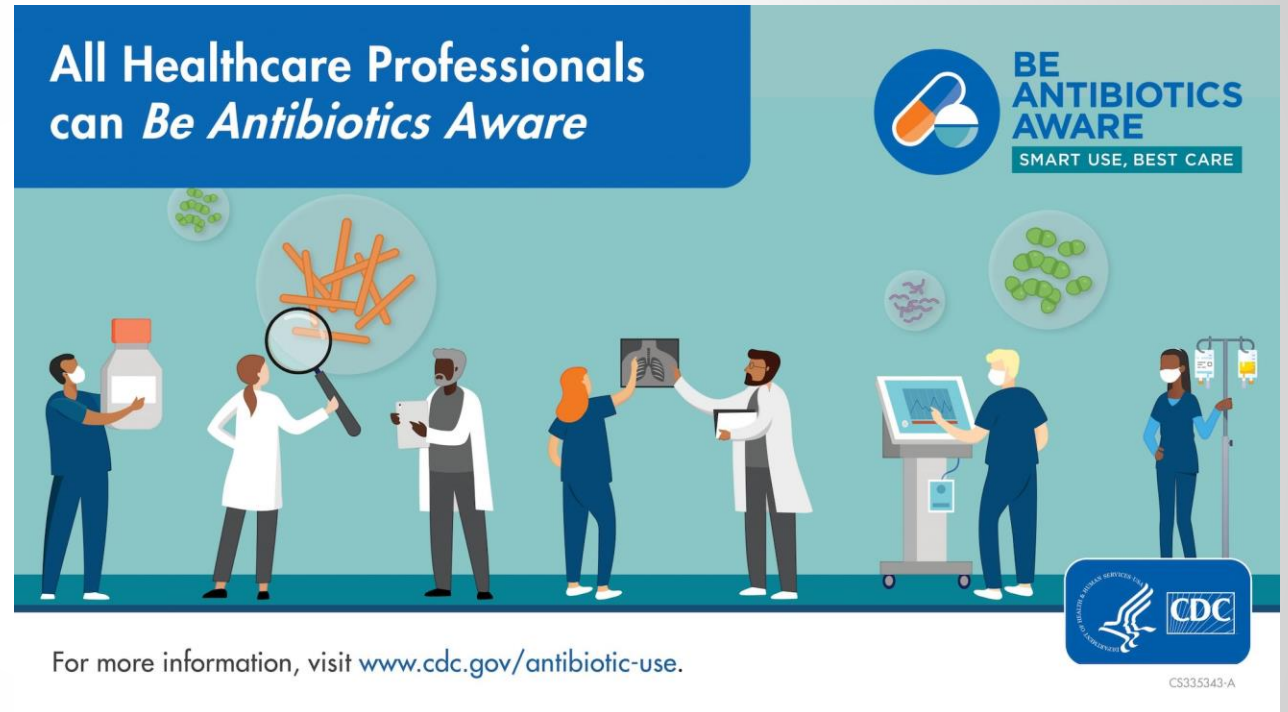
SIDP Educational Handout Provider Outpatient Stewardship

Handouts for AAW

CDC

The **Antibiotic Stewardship Resource Bundles** organize CDC and partner stewardship resources for antibiotic stewards and healthcare professionals by setting of care, audience and type of resource.

[Antibiotic Stewardship Resource Bundles | Antibiotic Prescribing and Use | CDC](#)



To order select free print resources, visit [CDC-INFO on Demand – Publications](#) and select "Antibiotic Use" from the Program drop-down menu. Then click the "Apply" button to view all available publications.

Activities during USAAW

Summary

Community Outreach	Screensavers
Education	External Website
Flyers	Forums
In-Services/Lectures	Internal Website
Local News	Newsletters
Billboards/Digital Signage	Social Media
Videos	Poster displays



Fighting Antimicrobial Resistance

TAKES ALL OF US

November 18-24, 2024

Share your facility's planned AAW Activities with Nebraska ASAP!

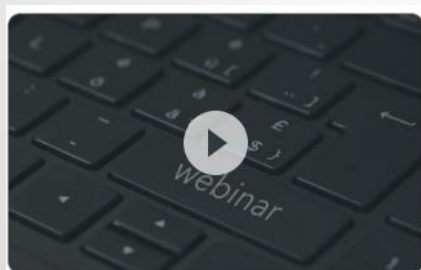
Email: jepreusker@nebraskamed.com

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🏠 > Events > Past Webinars and Slides

Past Webinars and Slides

Acute Care and Outpatient Setting Webinars

Respiratory Season Update

Juan Teran, MD
Medical Director, NE ICAP

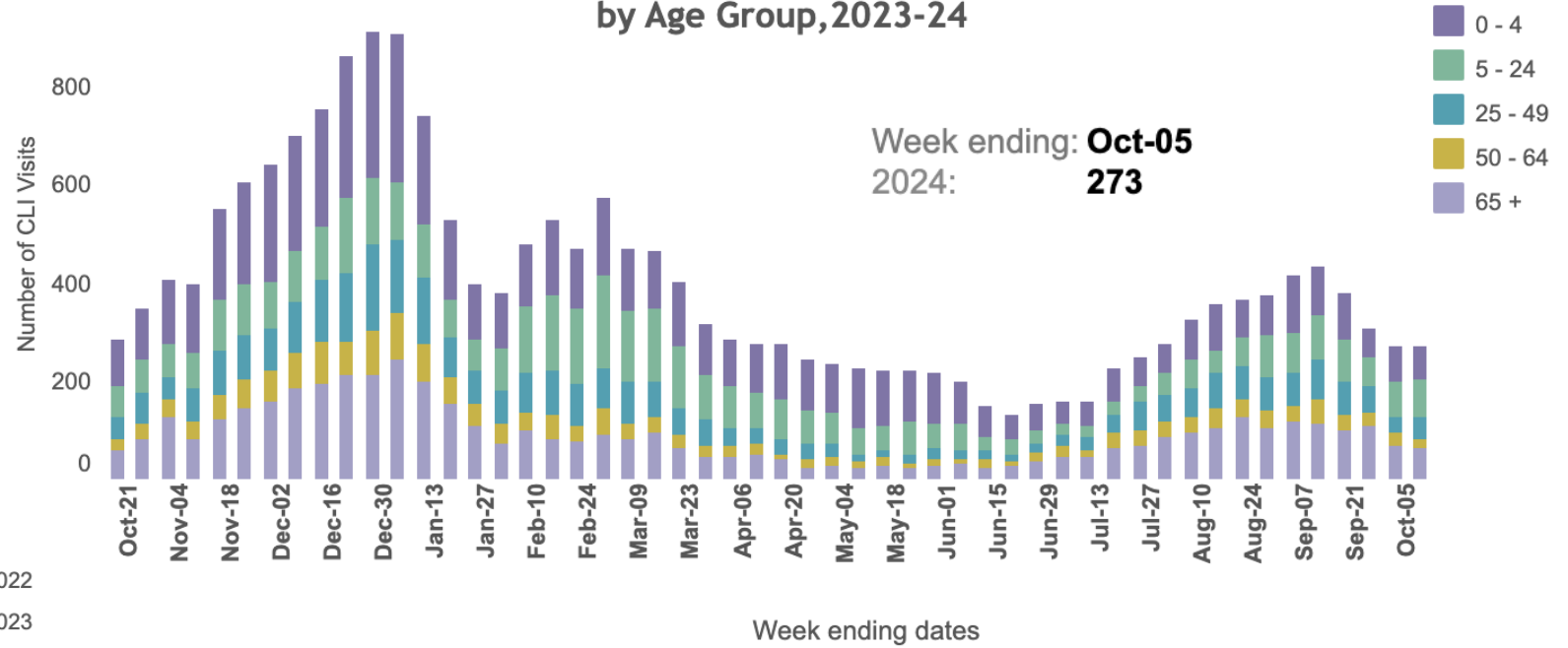


Key points

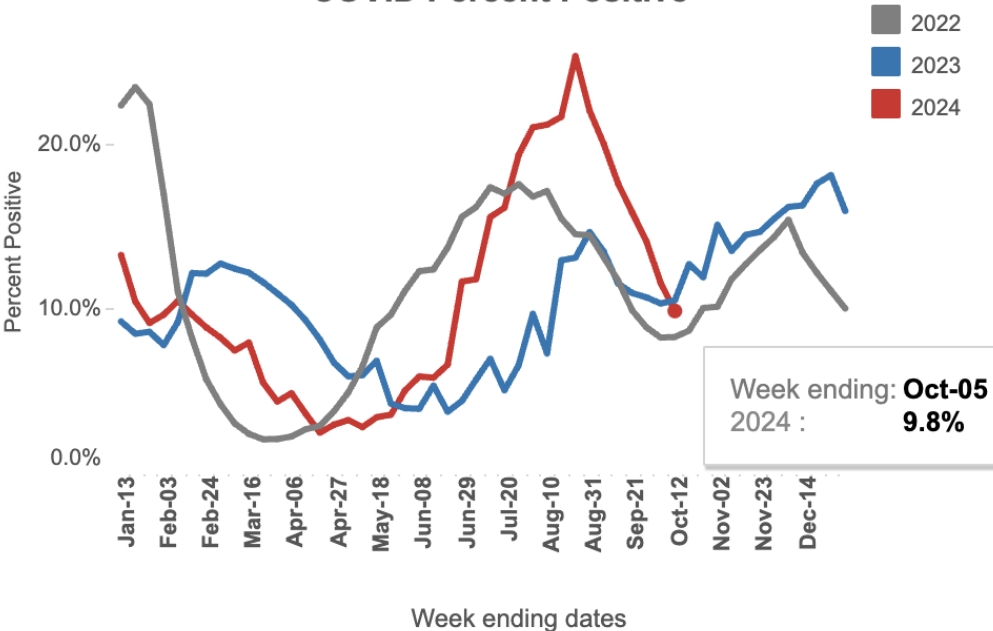
- Covid cases are decreasing as the summer surge is ending. Expect a winter surge
- RSV and Flu activity is minimal

NE DHHS COVID Data

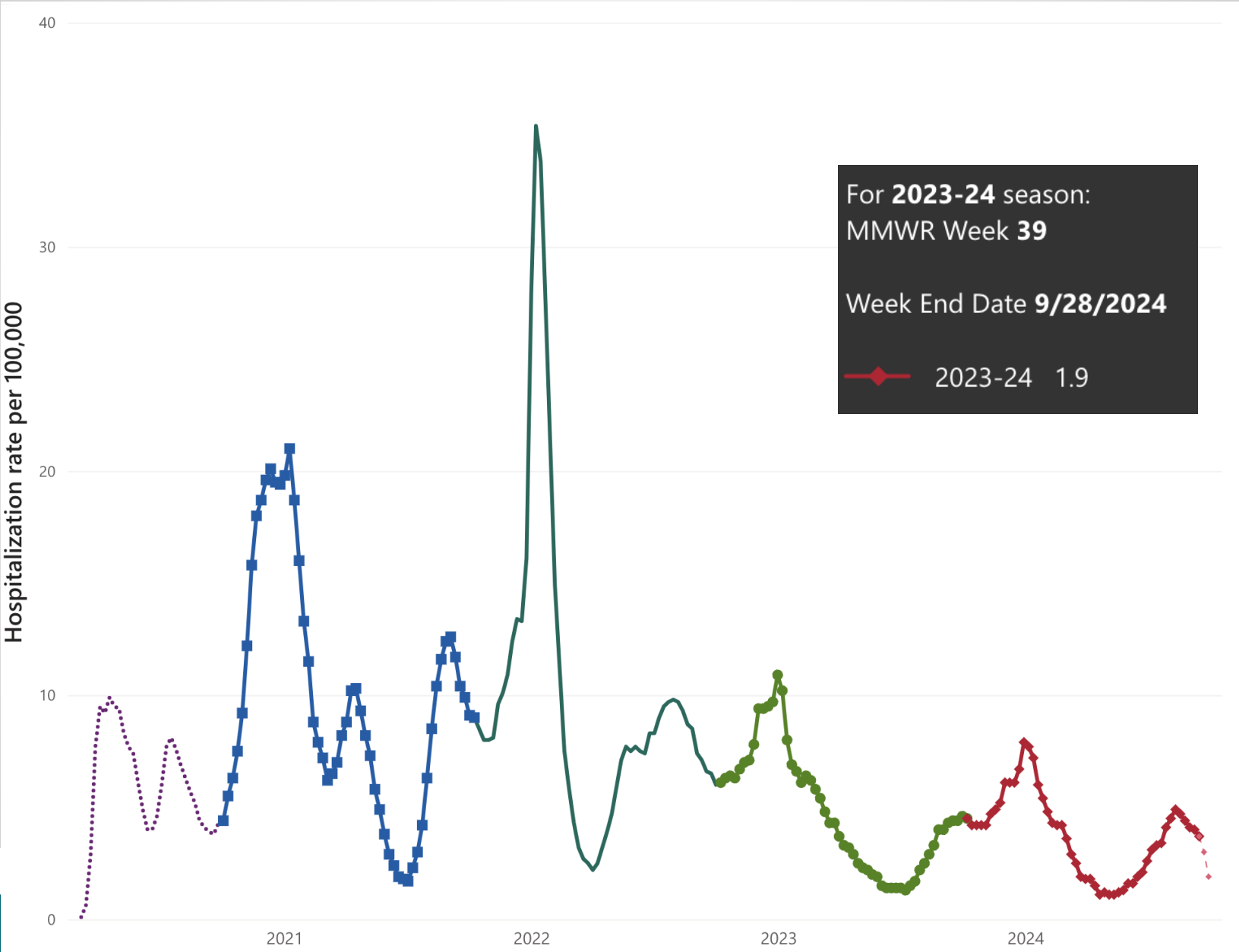
COVID-like Illness (CLI) Emergency Department Visits, by Age Group, 2023-24



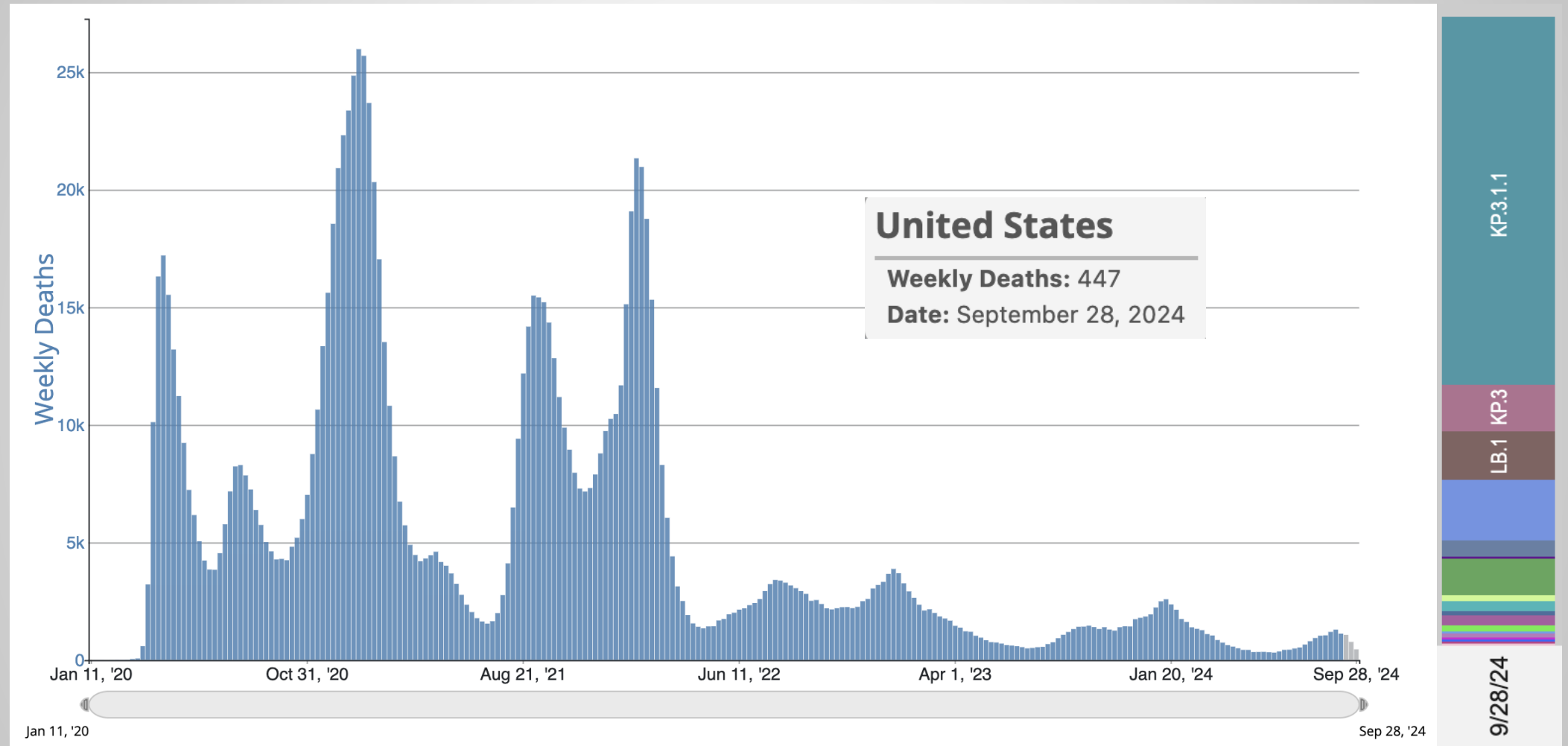
COVID Percent Positive



COVID Rate of Hospitalizations US

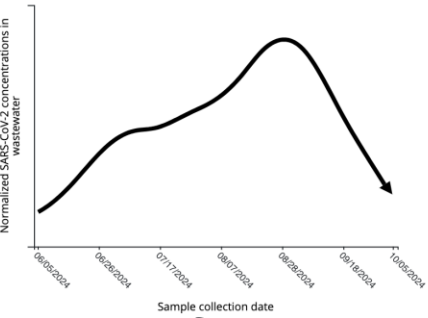


COVID Deaths



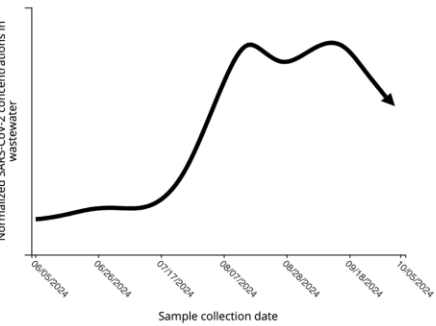
COVID Waste-water activity

SARS-CoV-2 Concentrations in Wastewater Over Time



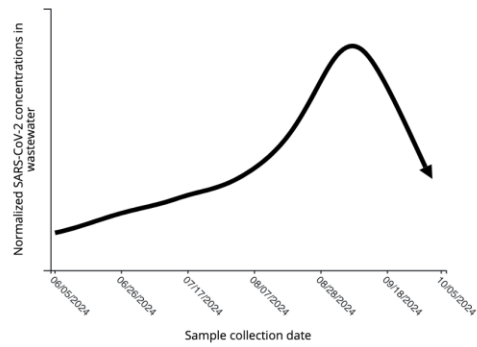
Counties: Douglas, Sarpy

SARS-CoV-2 Concentrations in Wastewater Over Time

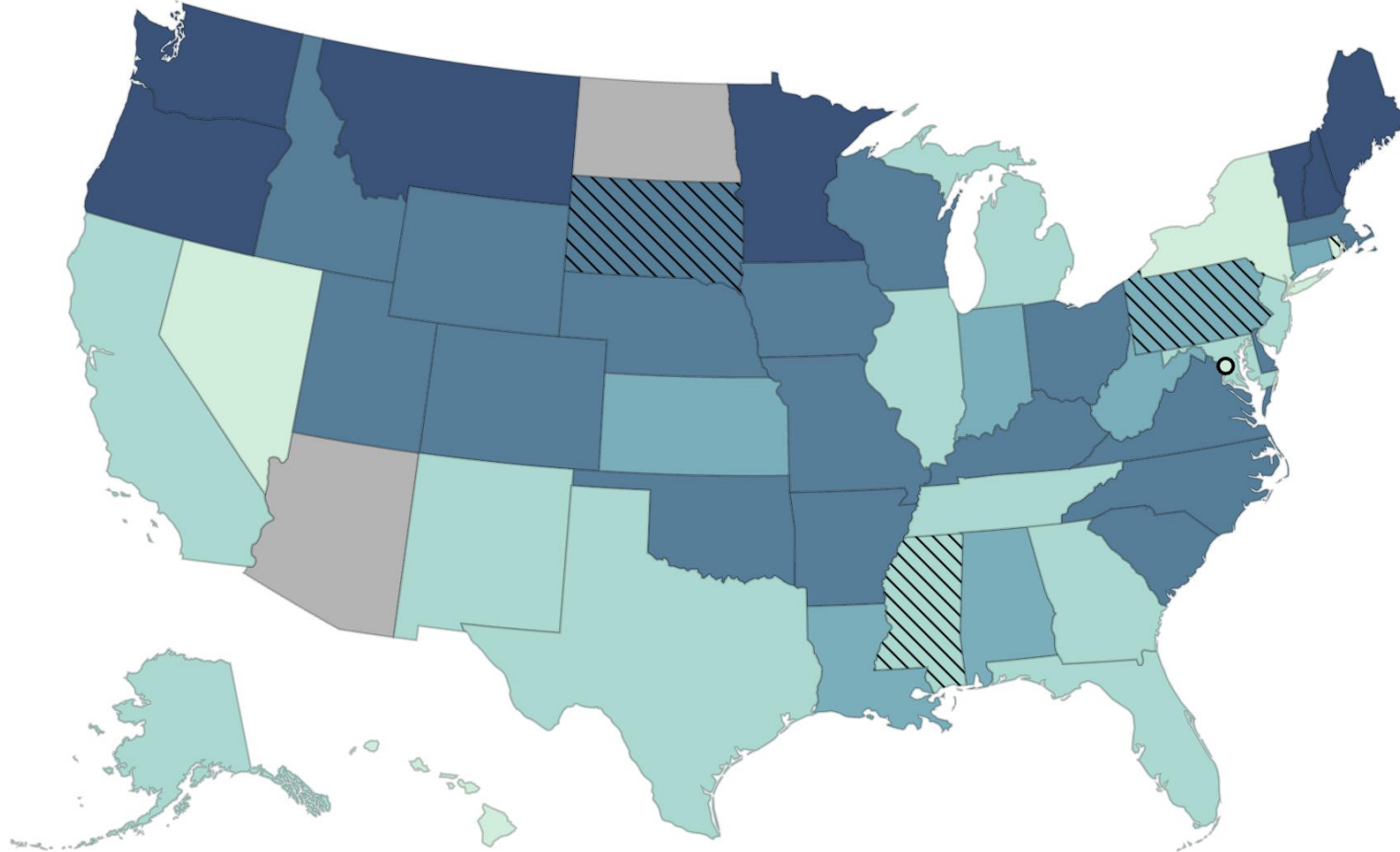


Counties: York

SARS-CoV-2 Concentrations in Wastewater Over Time

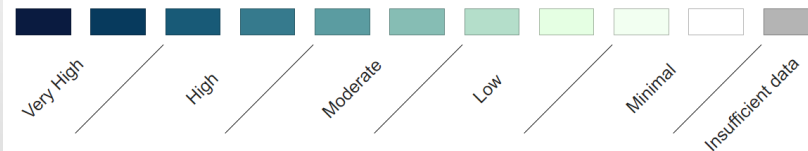


Counties: Scotts Bluff

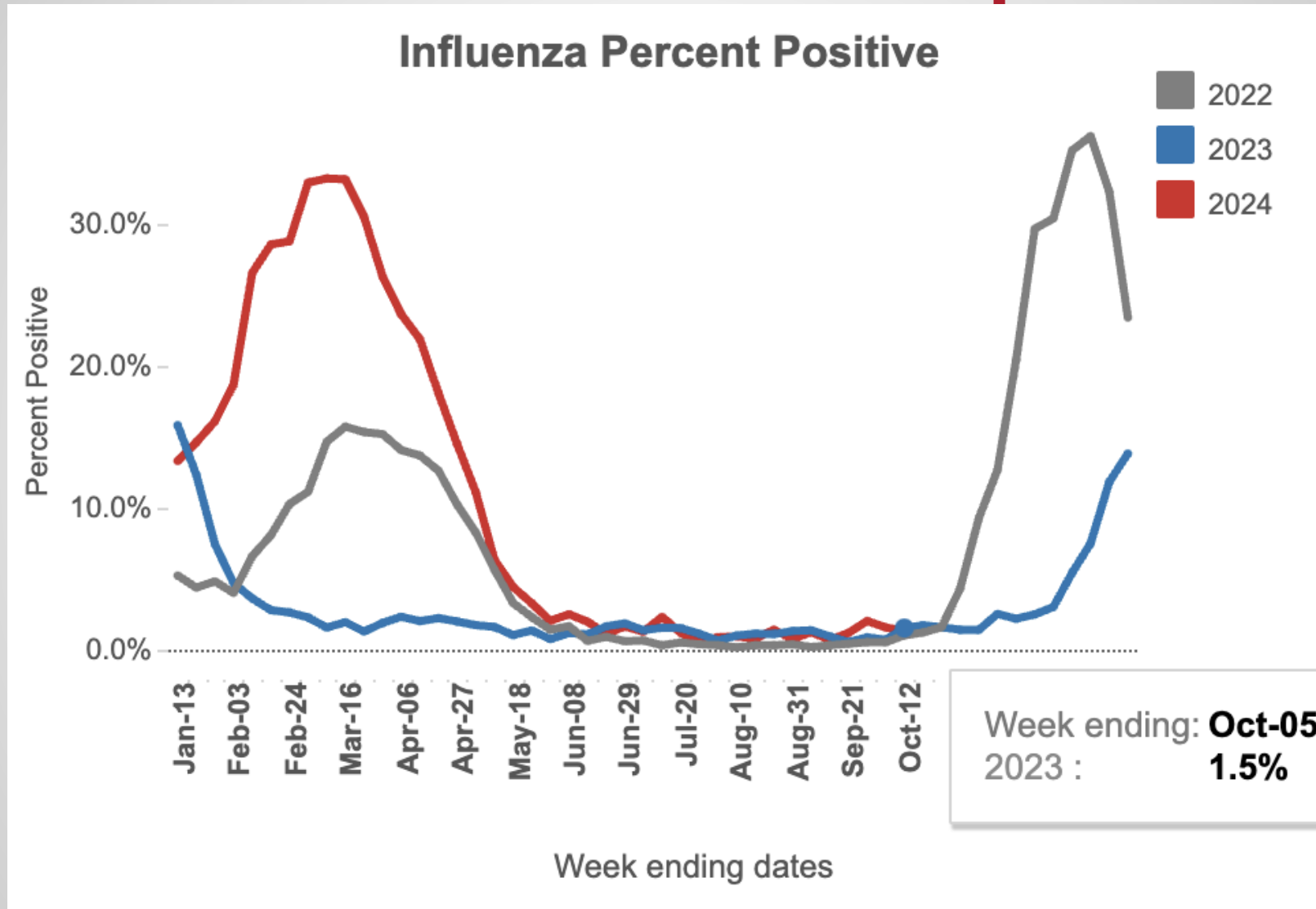


Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

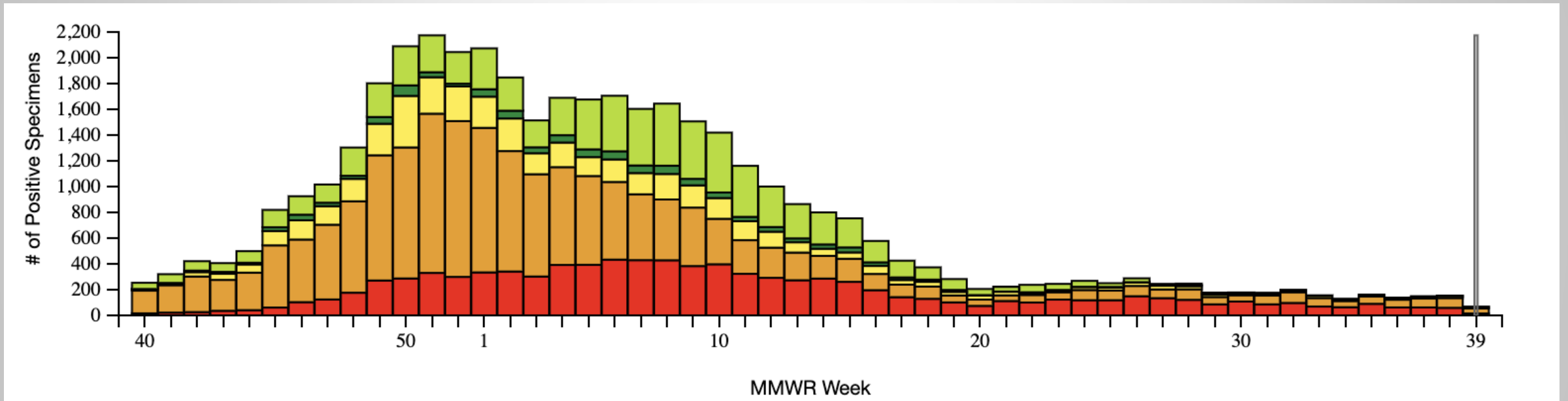
Select a level to add or remove it from the visualization.



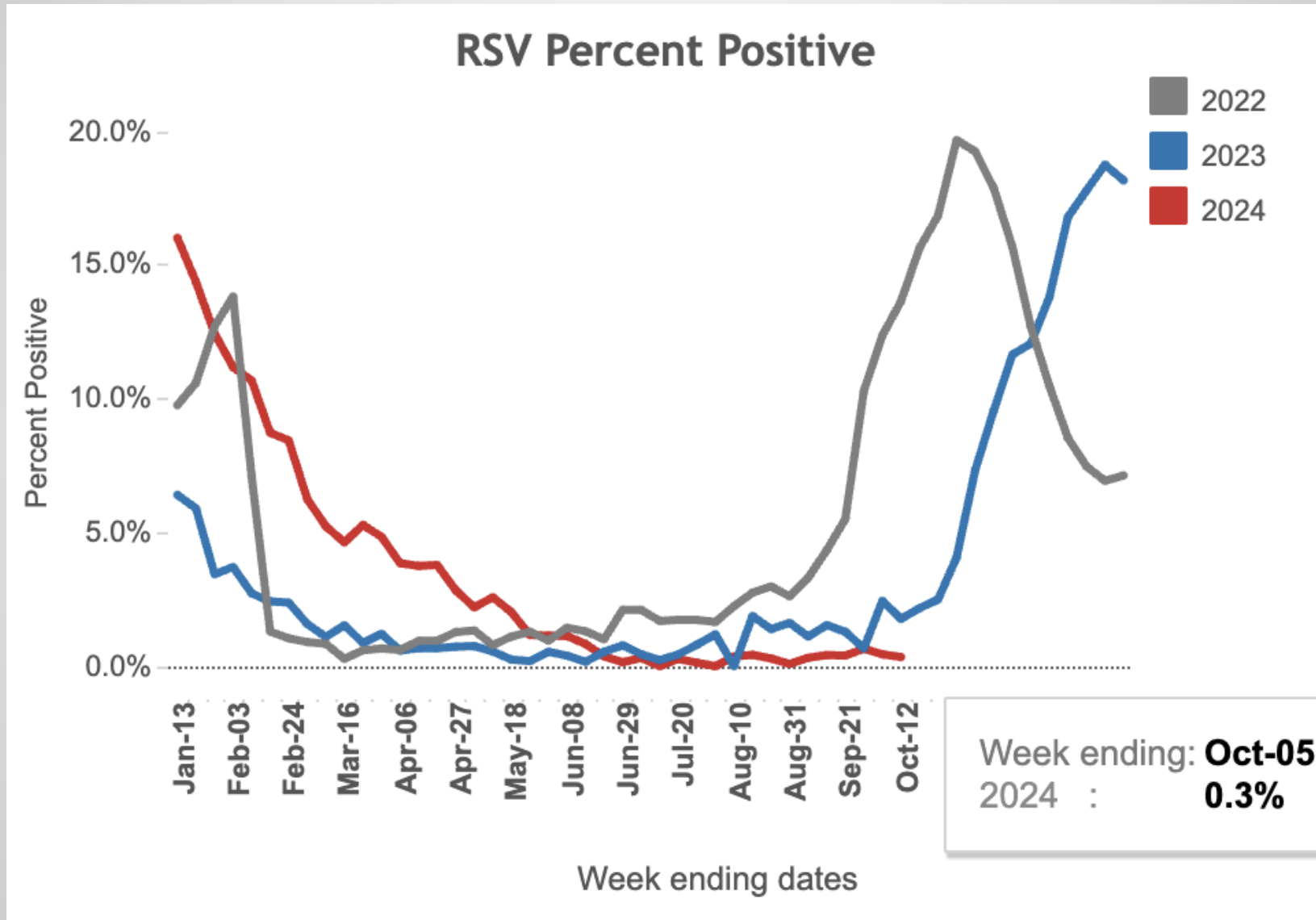
Influenza NE DHHS report



Influenza Positive Tests



RSV



Vaccines & Key Information for the 2024-2025 Season

Rebecca Martinez, BSN, BA, RN, CIC
Infection Preventionist, NE ICAP



Key Information for 2024-2025 Vaccination Season – Focus on the Why and Regain Momentum



Who



What



When



Where



Why

**Focus on the WHY then
plan HOW to implement
your seasonal
vaccination campaign to
regain momentum and
increase vaccination
rates.**



Why

Influenza Disease Burden & Vaccine Benefits

From October 2023 – June 2024, the U.S. Centers for Disease Control and Prevention (CDC) estimates that flu caused²

35–65 million
flu **illnesses**



16–30 million
flu **medical visits**



390,000–830,000
flu **hospitalizations**



25,000–72,000
flu **deaths**



[Immunize.org](https://www.immunize.org) - Communicating the Benefits of Influenza Vaccination

the benefits of flu vaccination 2021-2022



www.cdc.gov/flu

Flu vaccination in the U.S. during the 2021-2022 season prevented an estimated:

1.8 million
flu illnesses

More than the combined number of people who live in Vermont and Rhode Island



1.0 million
flu medical visits

More than the number of people who live in Austin, Texas



22,000
flu hospitalizations

Equivalent to preventing about 60 hospitalizations per day over the course of a year



1,000
flu deaths

About the number of people it would take to fill two Boeing 747 airplanes



[The Benefits of Flu Vaccination 2021-2022 Infographic](#)



What are the Benefits of Influenza Vaccination?

What are the Benefits of Flu Vaccination?

Studies since 2013 have shown that vaccination³

Reduces risk of flu illness

- ✓ In 2019–2020, flu vaccination prevented an estimated 7 million flu illnesses
- ✓ Flu vaccine has been shown to reduce the risk of having to go to the doctor with flu by 40% to 60%

Reduces hospitalization and death

- ✓ Pediatric deaths from flu were cut in half for vaccinated children with underlying high-risk medical conditions and by two-thirds for healthy children
- ✓ Flu hospitalizations were cut in half for all adults (including those aged 65+)
- ✓ Flu hospitalizations dropped dramatically among people with chronic health conditions – by 79% for vaccinated people with diabetes and 52% for those with chronic lung disease
- ✓ Vaccinating long-term care facility (LTCF) staff reduces hospitalizations and deaths in LTCF residents

Reduces severity of illness in hospitalized individuals

- ✓ Among vaccinated adults hospitalized with flu, intensive care unit (ICU) admissions decreased by more than half (59%), and they spent fewer days in the ICU compared to unvaccinated hospitalized people

- ✓ Children’s risk of admission to a pediatric intensive care unit (PICU) for flu-related illness was cut by almost 75%

Reduces risks for major cardiac events

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

Protects pregnant people and their babies

- ✓ For vaccinated pregnant people, flu-associated acute respiratory infections were cut in half, and flu-associated hospitalizations were reduced by 40%
- ✓ Flu-related illnesses and influenza-related hospitalizations in infants under 6 months of age fell by half when their mothers were vaccinated



FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org

What are Vaccination Rates?

Vaccination rates* for flu remain well below optimal levels

57% children 6 mos–17 yrs (same)

47% adults 18+ years (3%↓)

70% adults 65+ years (4%↓)

76% healthcare personnel (4%↓)

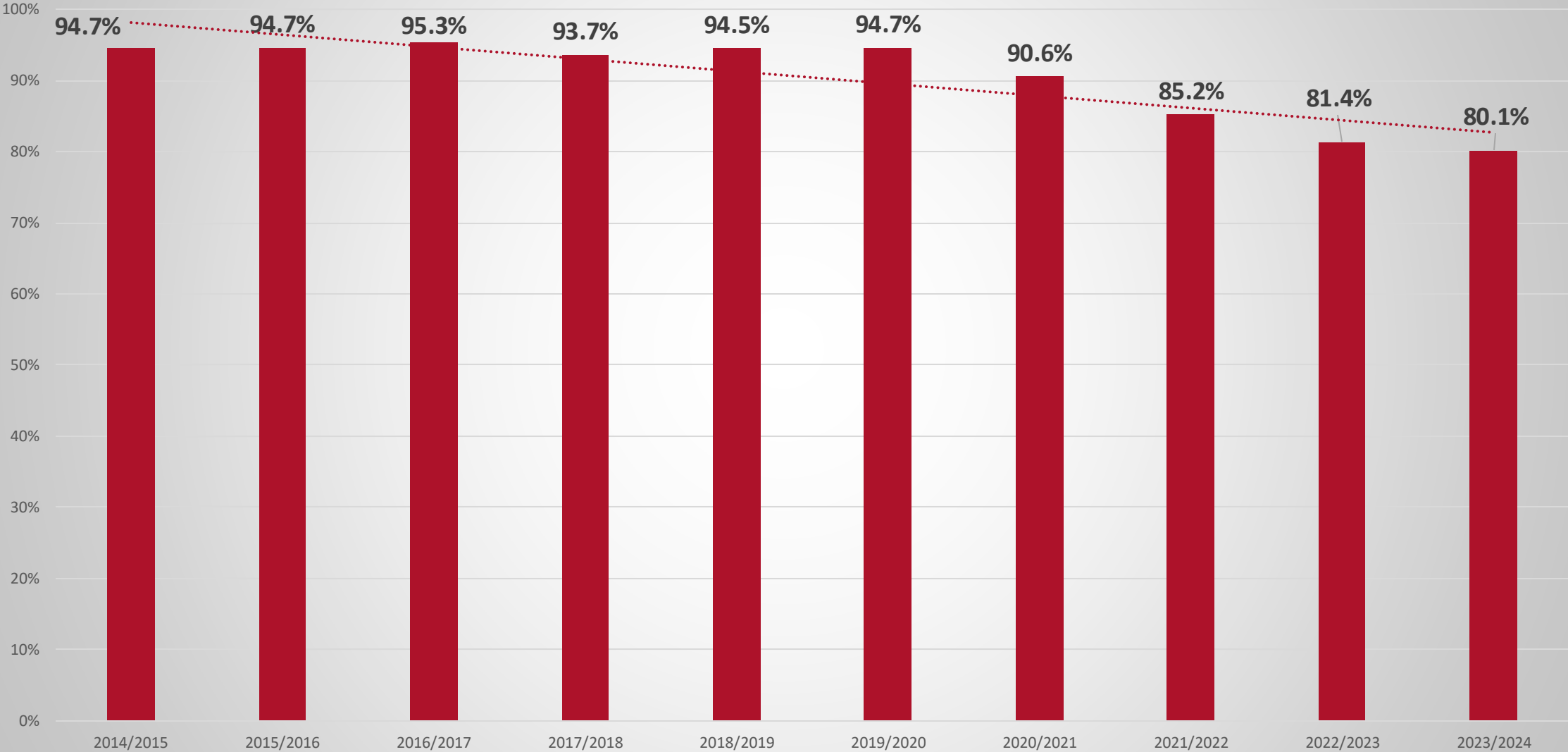
47% pregnant people (1%↓)

*Estimates are for 2022–23 season (change is from 2021–22)¹

Immunize.org - Communicating the Benefits of Influenza Vaccination



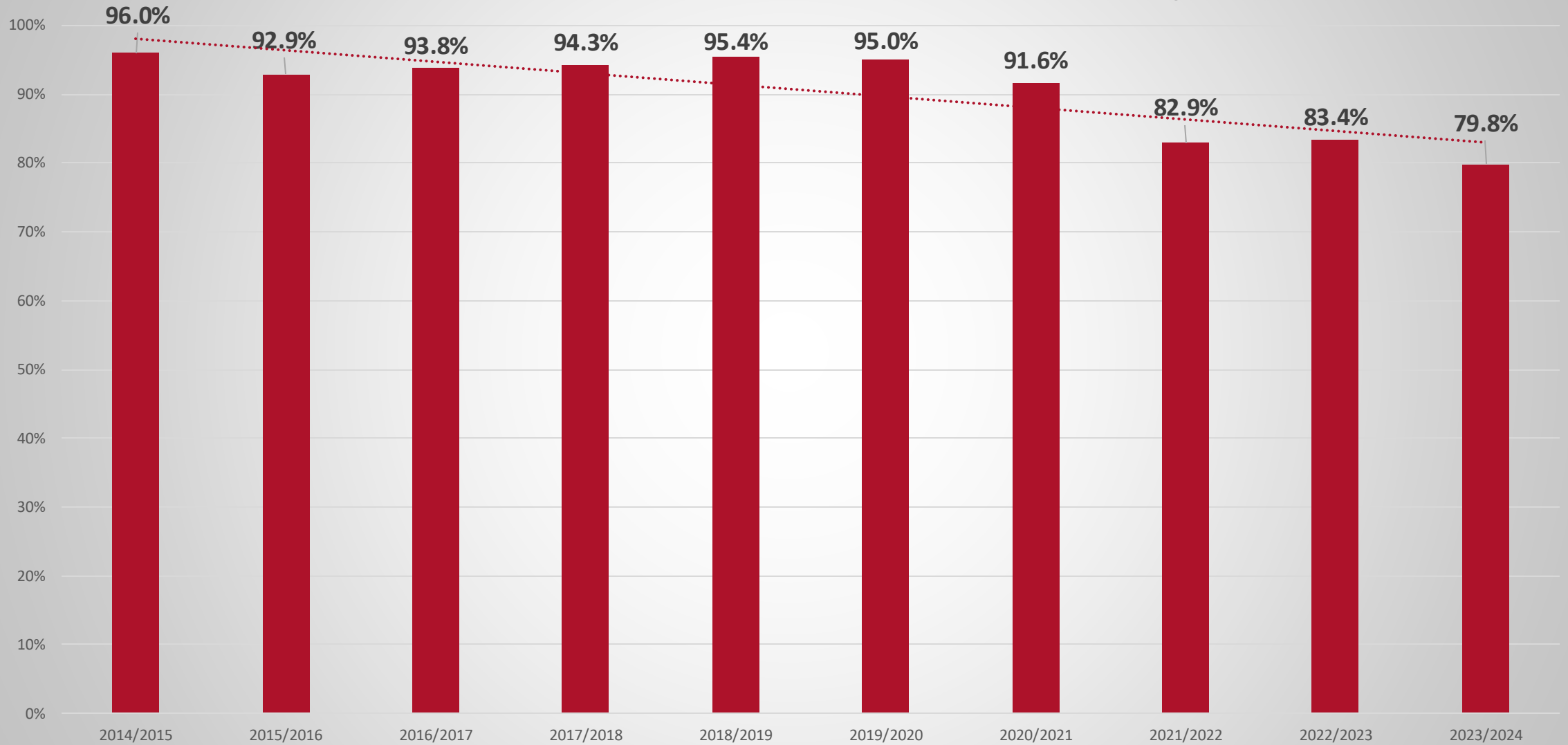
Influenza Vaccination Rates for HCP in Nebraska Acute Care Hospitals



De-identified data from CDC's National Healthcare Safety Network (NHSN)



Influenza Vaccination Rates for HCP in Nebraska Critical Access Hospitals (CAHs)



De-identified data from CDC's National Healthcare Safety Network (NHSN)



Strategies for Improving HCP Influenza Vaccination Rates

- Multi-Faceted Vaccination Program for Promotion & Education While Reducing Fears and Misconceptions
- Have Supportive Role Models
- Make Free & Vaccine Easily Accessible
- Use Modest Incentives
- Declinations with Education – Assess to Reduce Barriers
- Share HCP Vaccination Rates as a HCP and Patient Safety Measure

[TJC - Strategies for Improving HCP Influenza Vaccination Rates](#)

[AHA - Toolkit - United Against Flu Oct. 2024](#)

[Immunize.org - Declination of Influenza Vaccination](#)



Influenza Vaccine for 2024-2025



Morbidity and Mortality Weekly Report (*MMWR*)

Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices – United States, 2024–25 Influenza Season

Recommendations and Reports / August 29, 2024 / 73(5);1–25

What is not new?

- Routine annual influenza vaccination is recommended for all persons aged ≥ 6 months who do not have contraindications.
- It is recommended to review the annual report for full details

What is new?


- Updated 2024-2025 flu vaccines will **all be trivalent** and will protect against an H1N1, H3N2 and a B/Victoria lineage virus. The composition of this season's vaccine compared to last has been updated with a new influenza A(H3N2) virus.
- All persons should receive an age-appropriate influenza vaccine (i.e., one approved for their age), with the exception that solid organ transplant recipients aged 18 through 64 years who are receiving immunosuppressive medication regimens may receive either high-dose inactivated influenza vaccine (HD-IIV3) or adjuvanted inactivated influenza vaccine (aIIV3) as acceptable options (without a preference over other age-appropriate IIV3s or RIV3).




Who These Individuals Can Get Vaccinated

- Influenza (“flu”) vaccination prevents thousands of deaths and millions of medical visits every year. But some people have been told they can’t be vaccinated when that might not be the case now. New vaccine options and updated recommendations mean that more people than ever can get the protection that the vaccine offers.


If you...	Can you get an influenza vaccine?
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Have an egg allergy		Yes. People with all kinds of egg allergies can get any influenza vaccine.
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[CDC - Flu Vaccines and People with Egg Allergies](#)

Are pregnant or breastfeeding		Yes. Getting the influenza vaccine while pregnant or breastfeeding is not only safe, it's recommended because it protects both mom and baby. The only type of influenza vaccine you should not get while pregnant is the live nasal spray vaccine. The live vaccine is fine if you are breastfeeding.
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[CDC - MMWR - ACIP Recommendations 2024-2025 Season](#)

Have a weakened immune system		Yes. Influenza vaccine is recommended for people with a weakened immune system because they are at higher risk of getting severe influenza illness. You can get any type recommended for your age except for the live nasal spray vaccine.
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Most People Can Get Vaccinated

Updated recommendations may mean you can – even if you were told no in the past.

If you...

Can you get an influenza vaccine?

Have a loved one with cancer or weakened immune system



Yes. Getting the influenza vaccine protects both you and your loved one, even if their immune system is weakened. You can get any vaccine recommended for your age. It's even okay to get the live nasal spray vaccine as long as you wait 7 days to have close contact with a hospitalized patient in a special unit (such as a bone marrow transplant unit).

Had Guillain-Barré syndrome (GBS)



It depends. Influenza vaccines are a very rare cause of GBS. If your GBS symptoms began within 6 weeks of getting an influenza vaccination and no other cause was identified, we generally would not recommend influenza vaccine to you. However, if you are at high risk of severe illness or complications from the flu, your doctor may still recommend the vaccine. Most cases of GBS are completely unrelated to influenza vaccination. People whose GBS is not influenza vaccine-related can get the influenza vaccine.

Had a severe allergic reaction after getting influenza vaccine in the past



It depends. If you had a severe allergic reaction the same day you got an influenza vaccine, you should not get that specific type of vaccine again. However, you might be able to get a different type of influenza vaccine. Be sure to talk to your doctor about your allergic reaction and if you could get an influenza vaccine.

[Immunize.org](https://www.immunize.org) - Not Sure If You Can Get an Influenza Vaccine?

[Immunize.org](https://www.immunize.org) - Screening Checklist for Contraindications for Vaccines for Adults



Influenza Vaccination Recommended During Pregnancy



Advisory Committee on Immunization
Practices (ACIP)

ACIP and the American College of Obstetricians and Gynecologists recommend that persons who are pregnant or who might be pregnant or postpartum during the influenza season receive influenza vaccine.

- ✓ Inactivated (IIV3) or recombinant (RIV3) vaccine **can** be used.
 - ✓ LAIV3 (live attenuated influenza vaccine (FluMist) **should not** be used during pregnancy but can be used postpartum.
- ✓ Influenza vaccine can be administered at any time during pregnancy (i.e., during any trimester), before and during the influenza season.
- ✓ They recommend to reduce disparities in vaccination rates as well as influenza infection related severe outcomes by strongly recommending influenza vaccination to all patients.



Available Different Types of Flu Vaccines

(more on next slide)

- Standard-dose influenza shots that are manufactured using virus grown in eggs. Several different brands of standard dose influenza shots are available, including Afluria, Fluarix, FluLaval, and Fluzone. These vaccines are approved for use in children as young as 6 months.
- A cell-based influenza shot (Flucelvax) containing virus grown in cell culture, which is approved for people 6 months and older. This vaccine is completely egg-free.
- A recombinant influenza shot (Flublok) which is a completely egg-free influenza shot that is made using recombinant technology and is approved for use in people 18 years and older. This shot is made without influenza viruses and contains three times the antigen (the part of the vaccine that helps your body build up protection against influenza viruses) than other standard-dose inactivated influenza vaccines, to help create a stronger immune response.



[Different Types of Flu Vaccines](#)



Available Different Types of Flu Vaccines (continued)

- An egg-based [high dose influenza shot](#) (Fluzone High-Dose), which is approved for use in people 65 years and older. This vaccine contains four times the antigen (the part of the vaccine that helps your body build up protection against influenza viruses) than other standard-dose inactivated influenza vaccines, to help create a stronger immune response.
- An egg-based [adjuvanted influenza shot](#) (Fluad), which is approved for people 65 years and older. This vaccine is made with an adjuvant (an ingredient that helps create a stronger immune response).
- An egg-based [live attenuated influenza nasal spray vaccine](#) (FluMist made with attenuated (weakened) live influenza viruses, which is approved for use in people 2 years through 49 years. This vaccine is not recommended for use in pregnant people, immunocompromised people, or people with certain medical conditions.



The 2024 – 2025 Influenza Vaccines

Manufacturer	Trade Name (vaccine abbreviation) ¹	How Supplied	Mercury Content (mcg Hg/0.5mL)	Age Range
AstraZeneca	FluMist (LAIV3)	0.2 mL (single-use nasal spray)	0	2 through 49 years
GSK	Fluarix (IIV3)	0.5 mL (single-dose syringe)	0	6 months & older ³
	FluLaval (IIV3)	0.5 mL (single-dose syringe)	0	6 months & older ³
Sanofi	Flublok (RIV3)	0.5 mL (single-dose syringe)	0	18 years & older
	Fluzone (IIV3)	0.5 mL (single-dose syringe)	0	6 months & older ³
		0.5 mL (single-dose vial)	0	6 months & older ³
		5.0 mL multi-dose vial (0.25 mL dose)	25	6 through 35 months ³
		5.0 mL multi-dose vial (0.5 mL dose)	25	6 months & older
Fluzone High-Dose (HD-IIV3)	0.5 mL (single-dose syringe)	0	65 years & older ⁴	
CSL Seqirus	Afluria (IIV3)	5.0 mL multi-dose vial (0.25 mL dose)	24.5	6 through 35 months ³
		5.0 mL multi-dose vial (0.5 mL dose)	24.5	3 years & older ⁵
		0.5 mL (single-dose syringe)	0	3 years & older ³
	Fluad (aIIV3)	0.5 mL (single-dose syringe)	0	65 years & older ⁴
	Flucelvax (ccIIV3)	0.5 mL (single-dose syringe)	0	6 months & older ³
		5.0 mL multi-dose vial (0.5 mL dose)	25	6 months & older ³

NOTES

- All 2024–2025 seasonal influenza vaccines are trivalent. IIV = egg-based inactivated influenza vaccine (injectable); where necessary to refer to cell culture-based vaccine, the prefix "cc" is used (e.g., ccIIV); RIV = recombinant hemagglutinin influenza vaccine (injectable); aIIV = adjuvanted inactivated influenza vaccine.
- An administration code should always be reported in addition to the vaccine product code. Note: Third party payers may have specific policies and guidelines that might require providing additional information on their claim forms.

[Immunize.org - Influenza Vaccine Products for the 2024-2025 Influenza Season](https://www.immunize.org/influenza-vaccine-products-for-the-2024-2025-influenza-season)

[FDA - Vaccines Licensed in US](https://www.fda.gov/vaccines-blood-biologics/development-manufacturing/2024-2025-influenza-vaccines-licensed-us)

3. Dosing for infants and children age 6 through 35 months:

- Afluria 0.25 mL
- Fluarix 0.5 mL
- Flucelvax 0.5 mL
- FluLaval 0.5 mL
- Fluzone 0.25 mL or 0.5 mL

4. Solid organ transplant recipients age 18 through 64 years who are on immunosuppression medication regimens may receive HD-IIV influenza vaccine as options for influenza vaccination, without a preference over other age-appropriate IIVs or RIVs.

5. Afluria is approved by the Food and Drug Administration for intramuscular administration with the PharmaJet Stratis Needle-Free Injection System for persons age 18 through 64 years.



When

When should the vaccine be offered?

- Vaccination should be offered now.
- Although vaccination by the end of October is recommended, vaccination efforts should continue throughout the season because the duration of the influenza season varies, and influenza activity might not occur in certain communities until February, March, or later.
- Offer influenza vaccination to unvaccinated persons who have already become ill with influenza (and recovered) during the season because the vaccine might protect them against other circulating influenza viruses.
- Organized vaccination campaigns should continue throughout the influenza season, including after influenza activity has begun in the community.

[CDC - MMWR - ACIP Recommendations Influenza Season 2024-2025](#)

[Nebraska Revised Statute 71-467](#)



Where can / should the vaccine be offered?

Easy access to vaccination services can reduce barriers to being vaccinated but always ensure standard of care in all areas such as Employee Health, up on the clinical units, or at a temporary vaccination clinic site. Consider:

- Privacy
- Proper vaccine storage and handling logistic, consult the package insert for details.
- Healthcare personnel safety with access to safety devices and sharps containers.
- Ensuring that only trained healthcare personnel are allowed to administer using safe injection practices.

YOU CALL THE SHOTS Satellite, Temporary, and Off-Site Vaccination Clinic Supply Checklist

Below are supplies that may be needed to conduct a satellite, temporary, or off-site vaccination clinic. The list may not be comprehensive. Your state or local public health immunization program may also have a checklist.

For large-scale clinics held at large facilities, such as stadiums and arenas, or over multiple days, additional supplies will be needed. Contact your state or local public health preparedness program and work with the clinic medical director for additional guidance and assistance.

Quantity of supplies needed will vary significantly between smaller, one-day clinics held in schools, churches, or pharmacies and large-scale clinics held in arenas or held over multiple days.

VACCINES

Refrigerated vaccines

Select the vaccine(s) that will be offered at the clinic:

<input type="checkbox"/> Diphtheria, tetanus, and pertussis (DTaP)	<input type="checkbox"/> Measles, mumps, rubella* (MMR)
<input type="checkbox"/> DTaP-Hept-IPV (ProQuad)	<input type="checkbox"/> Meningococcal ACWY* (MenACWY)
<input type="checkbox"/> DTaP-IPV/hib* (Pertacet)	<input type="checkbox"/> Meningococcal B (MenB)
<input type="checkbox"/> DTaP-IPV (Kinix, Quadricel)	<input type="checkbox"/> Pneumococcal conjugate (PCV13)
<input type="checkbox"/> Haemophilus influenzae type b* (Hib)	<input type="checkbox"/> Pneumococcal polysaccharide (PPSV23)
<input type="checkbox"/> Hepatitis A (HepA)	<input type="checkbox"/> Polio, inactivated (IPV)
<input type="checkbox"/> Hepatitis B (HepB)	<input type="checkbox"/> Rotavirus* (RV)
<input type="checkbox"/> HepA-HepB (Twinrix)	<input type="checkbox"/> Tetanus-diphtheria, adult (Td)
<input type="checkbox"/> Human papillomavirus (HPV)	<input type="checkbox"/> Tetanus, diphtheria, and pertussis (Tdap)
<input type="checkbox"/> Influenza, injectable (IV) (in season)	<input type="checkbox"/> Zoster recombinant (ZVC Shingrix*)
<input type="checkbox"/> Influenza, live attenuated intranasal (SAIV) (in season)	

Frozen vaccines

(Frozen vaccines may only be administered at satellite, temporary, and off-site clinics if they can be safely shipped to and monitored at the site. They should never be transported from one location to another.)

<input type="checkbox"/> Measles, mumps, rubella, varicella* (MMRV ProQuad)	<input type="checkbox"/> Varicella*
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*Must be kept frozen, stored, frozen, frozen, and shipped in the same container as the original packaging. *Must be kept, stored, and shipped in the same container as the original packaging.

CLINICAL SUPPLIES

Administration supplies

<input type="checkbox"/> Adhesive bandages	<input type="checkbox"/> Sterile alcohol prep pads
<input type="checkbox"/> Appropriate needles (length, gauge) for the route of administration (Subcut, IM) and the expected patient population	<input type="checkbox"/> Syringes 0.5 or 1 cc

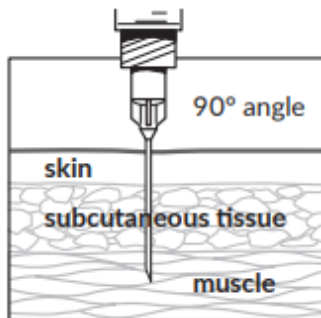
[CDC - Satellite, Temporary, and Off-Site Vaccination Clinic Supply Checklist](#)

Influenza Vaccine Administration Resources

Intramuscular injection (IM)

All injectable influenza vaccines

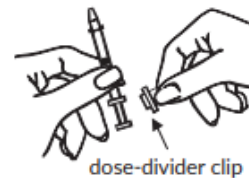
- 1 Use a needle long enough to reach deep into the muscle.
Infants age 6 through 11 mos: 1"; 1 through 10 yrs: 1-1¼"; and children and adults 11 years and older: 1-1½".
- 2 With your non-dominant hand, bunch up the muscle.
- 3 With your dominant hand, insert the needle at a 90° angle to the skin with a quick thrust.
- 4 Push down on the plunger and inject the entire contents of the syringe. There is no need to aspirate.
- 5 Remove the needle and then apply pressure to the injection site with a dry cotton ball or gauze. Hold in place for several seconds.
- 6 If there is any bleeding, cover the injection site with a bandage.
- 7 Put the used needle and syringe in a sharps container.



Intranasal administration (NAS)

Live Attenuated Influenza Vaccine (LAIV)

- 1 FluMist (LAIV) is for intranasal administration only. Do not inject FluMist.
- 2 Remove rubber tip protector. Do not remove dose-divider clip at the other end of the sprayer.
- 3 With the patient in an upright position, place the tip just inside the nostril to ensure LAIV is delivered into the nose. The patient should breathe normally.
- 4 With a single motion, depress plunger as rapidly as possible until the dose-divider clip prevents you from going further.
- 5 Pinch and remove the dose-divider clip from the plunger.
- 6 Place the tip just inside the other nostril, and with a single motion, depress plunger as rapidly as possible to deliver the remaining vaccine.
- 7 Dispose of the applicator in a sharps container.



[Immunize.org](https://www.immunize.org) - How to Administer IM and NAS Influenza Vaccine

[Immunize.org](https://www.immunize.org) - Skills Checklist for Vaccine Administration

[Immunize.org](https://www.immunize.org) - Standing Orders Adults Influenza Vaccine

[CDC - Injection Safety Checklist](https://www.cdc.gov/injectionsafety/1anonly.html)

INJECTION SAFETY CHECKLIST

The following Injection Safety checklist items are a subset of items that can be found in the CDC Infection Prevention Checklist for Outpatient Settings: Minimum Expectations for Safe Care.

The checklist, which is appropriate for both inpatient and outpatient settings, should be used to systematically assess adherence of healthcare providers to safe injection practices. Assessment of adherence should be conducted by direct observation of healthcare personnel during the performance of their duties.

Injection Safety	Practice Performed?	If answer is No, document plan for remediation
Proper hand hygiene, using alcohol-based hand rub or soap and water, is performed prior to preparing and administering medications.	Yes No	
Injections are prepared using aseptic technique in a clean area free from contamination or contact with blood, body fluids, or contaminated equipment.	Yes No	
Needles and syringes are used for only one patient (this includes manufactured prefilled syringes and cartridge devices such as insulin pens).	Yes No	
The rubber septum on a medication vial is disinfected with alcohol prior to piercing.	Yes No	
Medication vials are entered with a new needle and a new syringe, even when obtaining additional doses for the same patient.	Yes No	
Single-dose or single-use medication vials, ampules, and bags or bottles of intravenous solution are used for only one patient.	Yes No	
Medication administration tubing and connectors are used for only one patient.	Yes No	
Multi-dose vials are dated by healthcare when they are first opened and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. <small>Note: This is different from the expiration date printed on the vial.</small>	Yes No	
Multi-dose vials are dedicated to individual patients whenever possible.	Yes No	
Multi-dose vials to be used for more than one patient are kept in a centralized medication area and do not enter the immediate patient treatment area (e.g., operating room, patient room/cubicle). <small>Note: If multi-dose vials enter the immediate patient treatment area, they should be dedicated for single-patient use and discarded immediately after use.</small>	Yes No	

The One & Only Campaign is a public health effort to eliminate unsafe medical injections. To learn more about safe injection practices, please visit www.cdc.gov/injectionsafety/1anonly.html.



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Vaccine Information Statements

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Inactivated or Recombinant): What you need to know

Many vaccine information statements are available in Spanish and other languages. Go to www.cdc.gov/vaccines/imz.htm for more information. If you need a vaccine card, please call 1-800-232-6222 or visit www.cdc.gov.

1. Why get vaccinated?

Influenza vaccine can prevent influenza (flu).

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, thousands of people in the United States die from flu, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. Children 6 months through 8 years of age may need 2 doses during a single flu season. Everyone else needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine does not cause flu.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:


- Has had an allergic reaction after a previous dose of influenza vaccine, or has any severe, life-threatening allergies
- Has ever had Guillain-Barre syndrome (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during a flu season should receive inactivated influenza vaccine.

People with other illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



U.S. Department of Health and Human Services
Center for Disease Control and Prevention

Influenza (Inactivated or Recombinant) VIS

CDC - VIS

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Live, Intranasal): What You Need to Know

Many vaccine information statements are available in Spanish and other languages. Go to www.cdc.gov/vaccines/imz.htm for more information. If you need a vaccine card, please call 1-800-232-6222 or visit www.cdc.gov.

1. Why get vaccinated?

Influenza vaccine can prevent influenza (flu).

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, asthma, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, thousands of people in the United States die from flu, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Live, attenuated influenza vaccine

CDC recommends everyone 6 months and older get vaccinated every flu season. Children 6 months through 8 years of age may need 2 doses during a single flu season. Everyone else needs only 1 dose each flu season.

Live, attenuated influenza vaccine (called "LAIV") is a nasal spray vaccine that may be given to non-pregnant people 2 through 49 years of age.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Influenza vaccine does not cause flu.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

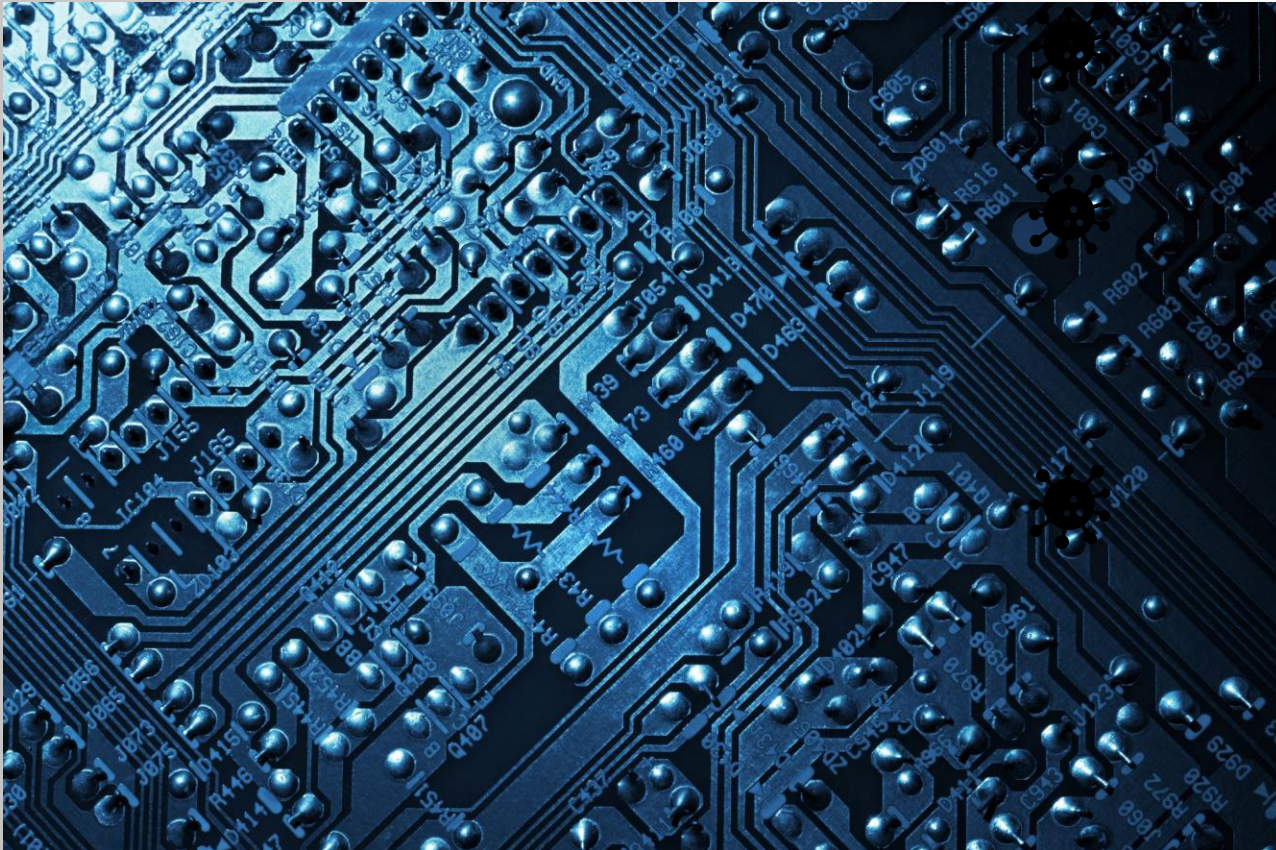
- Is younger than 2 years or older than 49 years of age
- Is pregnant. Live, attenuated influenza vaccine is not recommended for pregnant people
- Has had an allergic reaction after a previous dose of influenza vaccine, or has any severe, life-threatening allergies
- Is a child or adolescent 2 through 17 years of age who is receiving aspirin or aspirin- or salicylate-containing products
- Has a weakened immune system
- Is a child 2 through 4 years old who has asthma or a history of wheezing in the past 12 months
- Is 5 years or older and has asthma
- Has taken influenza antiviral medication in the last 2 weeks
- Cares for severely immunocompromised people who require a protected environment
- Has other underlying medical conditions that can put people at higher risk of serious flu complications (such as lung disease, heart disease, kidney disease)



U.S. Department of Health and Human Services
Center for Disease Control and Prevention

Influenza (Live Intranasal) VIS

Understanding the Need for Influenza & COVID-19 Vaccinations



- Getting vaccinated is like updating your computer.
- Vaccines are like software that contains information for our bodies to improve their performance.
- Similar to how a computer knows how to detect a virus after a software update, the body can remember how to detect and react to a virus after the vaccine.

Influenza Vaccine 4 Key Facts

Important influenza vaccine facts

FACT: You cannot get the flu from the flu shot.

For a virus to make you sick, it must be alive and strong. But the influenza vaccines contain either a killed virus, a virus so weakened that it cannot make you sick, or a non-infectious piece of the virus. These vaccines simply cannot cause the flu.

FACT: You should still get a flu shot even when it might not be a “good match” to the virus.

Influenza vaccines are more effective in some years than others, but they can still provide protection against severe illness even if some vaccinated people get the flu anyway.



FACT: Severe reactions to flu vaccines are extremely rare.

In the very rare event that a severe allergic reaction should occur, it typically happens within minutes to hours after vaccination. Vaccination providers are trained to keep emergency supplies on hand to respond and treat such a reaction.

FACT: You can get your flu and other vaccines at the same time.

The influenza vaccine only protects you from influenza. It may be a good idea (and convenient) for you to get other vaccines you need when you get your influenza vaccine. Ask your healthcare provider about other vaccines recommended for you.

Don't miss out on the protection the influenza vaccine offers. Talk to your doctor to see if you can protect yourself and those you love.

How are the Benefits of Influenza Vaccination Communicated?

- **Keep it simple:** “Flu vaccine helps reduce your risk of hospitalization and death.”

- **Communicate why we vaccinate:** “Vaccination prevents flu and its severe complications.” “Preventing the flu means preventing missed workdays and doctor appointments.”

The flu vaccine may also help you avoid unnecessary doctor-appointments. This helps limit your risk of exposure to respiratory germs and may also protect people around you.

- **Acknowledge that flu vaccines are not always a perfect match with the circulating virus strains:** “While the flu vaccine won’t prevent all illnesses, it is the best way to reduce severe flu illness and its complications.”

- **Communicate the variability and unpredictability of flu:** “Flu seasons are unpredictable. The best way to prepare for any season is to get a flu vaccine.”

[Immunize.org](https://www.immunize.org) - [Communicating the Benefits of Influenza Vaccine](#)

[ACOG - Flu Season Sample Messaging](#)

A **FLU**
VACCINE
CAN TAKE
FLU FROM



WILD

TO *mild*



#FIGHT FLU



IF YOU'RE PREGNANT, A FLU
SHOT CAN TAME FLU FOR TWO.



[CDC Flu Resource Center - Wild to Mild](#)

COVID-19 Vaccine for 2024-2025



Morbidity and Mortality Weekly Report (MMWR)

Summary

What is already known about this topic?

The 2023–2024 COVID-19 vaccines provided protection against SARS-CoV-2 XBB-sublineage strains; however, these strains are no longer predominant in the United States.

What is added by this report?

On June 27, 2024, the Advisory Committee on Immunization Practices recommended 2024–2025 COVID-19 vaccination with a Food and Drug Administration (FDA)–authorized or approved vaccine for all persons aged ≥ 6 months. In August 2024, the FDA approved and authorized the Omicron JN.1 lineage (JN.1 and KP.2), 2024–2025 COVID-19 vaccines by Moderna and Pfizer-BioNTech (KP.2 strain) and Novavax (JN.1 strain).

What are the implications for public health practice?

The 2024–2025 COVID-19 vaccines are recommended for all persons aged ≥ 6 months to target currently circulating SARS-CoV-2 strains and provide additional protection against severe COVID-19–associated illness and death.

Use of COVID-19 Vaccines for Persons Aged ≥ 6 Months: Recommendations of the Advisory Committee on Immunization Practices – United States, 2024–2025

Early Release / September 10, 2024 / 73

What to Know about COVID Vaccination



Everyone ages 6 months and older should get a 2024–2025 COVID-19 vaccine.



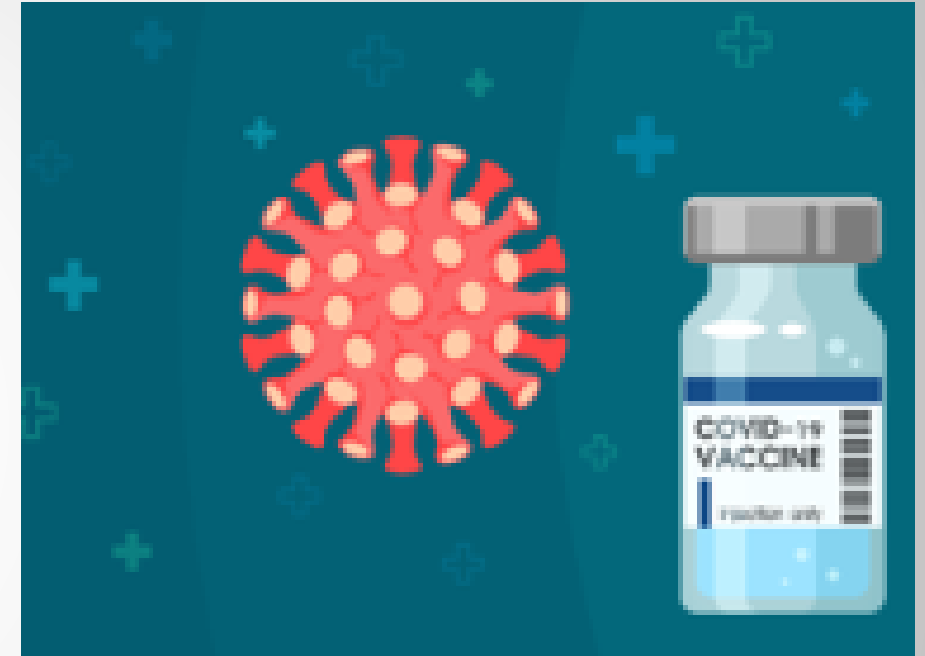
The COVID-19 vaccine helps protect you from severe disease, hospitalization, and death.



It is especially important to get your 2024–2025 COVID-19 vaccine if you are ages 65 and older, are at high risk for severe COVID-19, or have never received a COVID-19 vaccine.



Vaccine protection decreases over time, so it is important to stay up to date with your COVID-19 vaccine.



Are You Up to Date (UTD)?



- People ages 12 years and older
- You are up to date when you have received:
 - 1 dose of the 2024–2025 Moderna COVID-19 vaccine OR
 - 1 dose of the 2024–2025 Pfizer-BioNTech COVID-19 vaccine OR
 - 1 dose of the 2024–2025 Novavax vaccine unless you are receiving a COVID-19 vaccine for the very first time.
 - If you have never received any COVID-19 vaccine and you choose to get Novavax, you need 2 doses of 2024–2025 Novavax COVID-19 vaccine administered 3 weeks apart to be up to date.

[CDC - COVID Vaccine - Stay Up to Date](#)

[FDA - Novavax 2024-2025](#)

Misc. Updates & Upcoming Educational Opportunities

Rebecca Martinez, BSN, BA, RN, CIC
Infection Preventionist, NE ICAP



Nebraska Department of Health and Human Services

Health Alert Network

ADVISORY

October 8, 2024

Increase in Pertussis (Whooping Cough) Cases in Nebraska

- **Recommend to review HAN Advisory in detail**
- Key Points
 - 3 times the increase in pertussis cases compared to last year
 - Early identification, isolation, and informing to public health is important to DHHS or local health department
 - Clinical presentation: Consider pertussis in patients presenting with the following symptoms regardless of vaccination status: a cough of any duration in a person who has been notified of a close exposure to pertussis, a paroxysmal cough of any duration, with whooping, post- 2 tussive vomiting/gagging or apnea, or a persistent cough of unknown etiology, lasting more than seven days.
 - PCR is preferred testing, culture and serology are options
 - Isolate in droplet precautions until completion of 5 days of antibiotics
 - Post-exposure prophylaxis is indicated for close contacts
 - Get vaccinated if not up to date

<https://dhhs.ne.gov/han%20Documents/ADVISORY10082024.pdf>

[CDC - Pertussis - Infection Control Recommendations](#)

First Marburg Virus Disease Outbreak in the Republic of Rwanda



Distributed via the CDC Health Alert Network
October 3, 2024, 12:15 PM ET
CDCHAN-00517

- **Recommend to review HAN Advisory in detail**
- **Hospitals should implement triage procedures for recent travel**
- Key Points
 - No confirmed cases outside of Republic of Rwanda to date
 - [MVD](#) is a rare but highly fatal viral hemorrhagic fever (VHF) caused by infection with one of two zoonotic viruses, Marburg virus or Ravn virus. There is currently no Food and Drug Administration (FDA)-approved vaccine or treatment for MVD.
 - [Symptoms](#) may include fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding. [Marburg virus is spread](#) through **direct contact** with broken skin or mucous membranes with the body fluids of someone who is sick with MVD, or who recently died from their infection. These body fluids include blood, urine, saliva, sweat, feces, vomit, breast milk, amniotic fluid, or semen. People can also contract MVD if they have contact with infected animals, or with needles, or with other objects or surfaces contaminated with the virus. Marburg virus is **not** spread through airborne transmission
 - Isolate in a private room with private bathroom or covered bedside toilet if MVD suspected. Strict PPE use, follow separate PPE guidance for managing [clinically stable](#) and [clinically unstable](#) patients.
 - Contact your state, territorial, local or Tribal (STLT) health department immediately (via [24-hour Epi-on-Call contact list](#)) if [MVD is suspected](#) and follow jurisdictional protocols for patient assessment. If a diagnosis of MVD is considered, health departments will work with CDC and the clinical team to coordinate care and testing for the patient and ensure appropriate precautions are taken to help prevent potential spread.

<https://emergency.cdc.gov/han/2024/han00517.asp>

More Information on Marburg Virus Disease

For more information on Marburg, please visit [About Marburg Disease | Marburg virus disease | CDC \[cdc.gov\]](#). Additional information and resources are linked below.

- **HHS Factsheet:** [Fact Sheet: HHS Actions to Support Response to Marburg Outbreak in Rwanda | HHS.gov \[hhs.gov\]](#)
- **Initial Media Statement:** [CDC Statement on Marburg Cases in Rwanda | CDC Newsroom \[cdc.gov\]](#)
- **Situation Summary:** [Marburg virus disease \(Marburg\) Situation Summary | Marburg | CDC \[cdc.gov\]](#)
- **Rwanda country destination page:** [Rwanda - Traveler view | Travelers' Health | CDC \[wwwnc.cdc.gov\]](#)
- **Traveling to the United States from Rwanda:**
 - [English Version \[cdc.gov\]](#)
 - [Kinyarwanda Version \[cdc.gov\]](#)
- **For clinicians and health departments:**
 - **Health Alert Notice:** [Health Alert Network \(HAN\) - 00517 | First Marburg Virus Disease Outbreak in the Republic of Rwanda \(cdc.gov\) \[emergency.cdc.gov\]](#)
 - **Interim Recommendations for Public Health Management of U.S.-based Healthcare Personnel Returning from Rwanda:** [Marburg Virus Disease: Interim Recommendations for Public Health Management of U.S.-based Healthcare Personnel Returning from Rwanda | Viral Hemorrhagic Fevers \(VHFs\) | CDC \[cdc.gov\]](#)
 - **Public Health Management of People with Suspected or Confirmed Viral Hemorrhagic Fevers or High-Risk Exposures:** [Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures | Viral Hemorrhagic Fevers \(VHFs\) | CDC \[cdc.gov\]](#)
- **For organizations sending U.S.-based Personnel to Areas with Viral Hemorrhagic Fever Outbreaks:** [Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks | Viral Hemorrhagic Fevers \(VHFs\) | CDC \[cdc.gov\]](#)

NHSN Webinars & Resources for the New Hospital Respiratory Data (HRD) Module

The new Hospital Respiratory Data module, including both the HRD Daily and HRD Weekly Reporting Pathways, will be available in the NHSN application Wednesday, October 9, 2024.

- Facilities can voluntarily submit HRD prior to the November 1, 2024, required reporting date.
- Any data submitted will be used for surveillance and must reflect accurate values, not “test” data.
- The hospital COVID-19 module will no longer be available for data submission but users can access past submissions.

Upcoming Webinars

- NHSN will hold webinars the week of October 14, 2024 about the new Hospital Respiratory Data module, which will be live in the NHSN application on October 9, 2024. Webinar details and registration information are available below and will be posted to the HRD webpage later this week.
 - Hospital Respiratory Data - Post-Implementation Resources and FAQs
Wednesday, October 16, 2024 from 3-4pm ET
https://cdc.zoomgov.com/webinar/register/WN_0_6QI5RIQ_yLgmlAUVDwoA [cdc.zoomgov.com]
 - **(Replay)** Thursday, October 17, 2024 from 3-4pm ET
https://cdc.zoomgov.com/webinar/register/WN_yRL_mEocQQ2UWOOP2UUv0g [cdc.zoomgov.com]

[Hospital Respiratory Data NHSN Webpage](#)

- Has been updated with new resources including instructions and reference guides.

Join Us - Upcoming ICAP Webinars

- **November 13, 2024**
 - 12:00 – 1:00 PM (CST)
 - Wound Care and IPC:
Information for an IP
- **December 11, 2024**
 - 12:00 – 1:00 PM (CST)
 - Emerging Pathogens & IPC
Considerations



[Image Courtesy of CDC](#)

ICAP Contact Information

Call 402-552-2881

Office Hours are Monday – Friday

8:00 AM - 4:00 PM Central Time

Weekends and Holidays 8:00-4:00

On-call hours are available for emergencies only



Scan the QR Code to be taken to
our [NE ICAP Contact Form](#).

You can request to be connected to an
Infection Preventionist that specializes in your area,
get added to our setting specific communication list
for webinar and training invites,
sign up for newsletters and reminders,
or request an ICAR review for your facility.



Webinar CE Process

1 Nursing Contact Hour is awarded by Nebraska ICAP

- Nebraska Infection Control Assessment and Promotion Program 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 Commission on Accreditation.

CNE 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)
 - Survey functionality is lost on mobile devices
- ✓ One certificate is issued quarterly for all webinars attended
 - Certificate comes directly from ICAP via email