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SUPERIOR HEALTH
Quality Alliance

The Importance of Immunizations for Those with Chronic Conditions

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Objectives

During this session, the participant will:

- Appreciate why vaccines are important for those with chronic conditions such as diabetes and cardiovascular disease.
- Gain techniques for talking with residents and their families about vaccines to encourage vaccine acceptance.
- Understand the current vaccine recommendations for influenza, pneumococcal and COVID-19.

Chronic Conditions and Vaccines

Why are vaccines important for those with chronic conditions?

- Chronic disease can make it harder for your immune system to fight infections.
- At risk for more serious complications from an illness compared to people without.
- Immunization provides the best protection against vaccine preventable diseases.
- One of the safest ways for you to protect your health, even if you are taking prescription medications.

Why are vaccines important for those with Chronic Conditions?

- Vaccines protect you and your loved ones from many common and serious diseases.
- A chronic condition can become worse if a vaccine preventable disease is contracted.
- For staff: Potential costs of getting the disease including serious health effects, time lost (such as missing work or family events) and financial costs. You could also infect your family and residents.

Common Infections in Nursing Homes

Endemic:

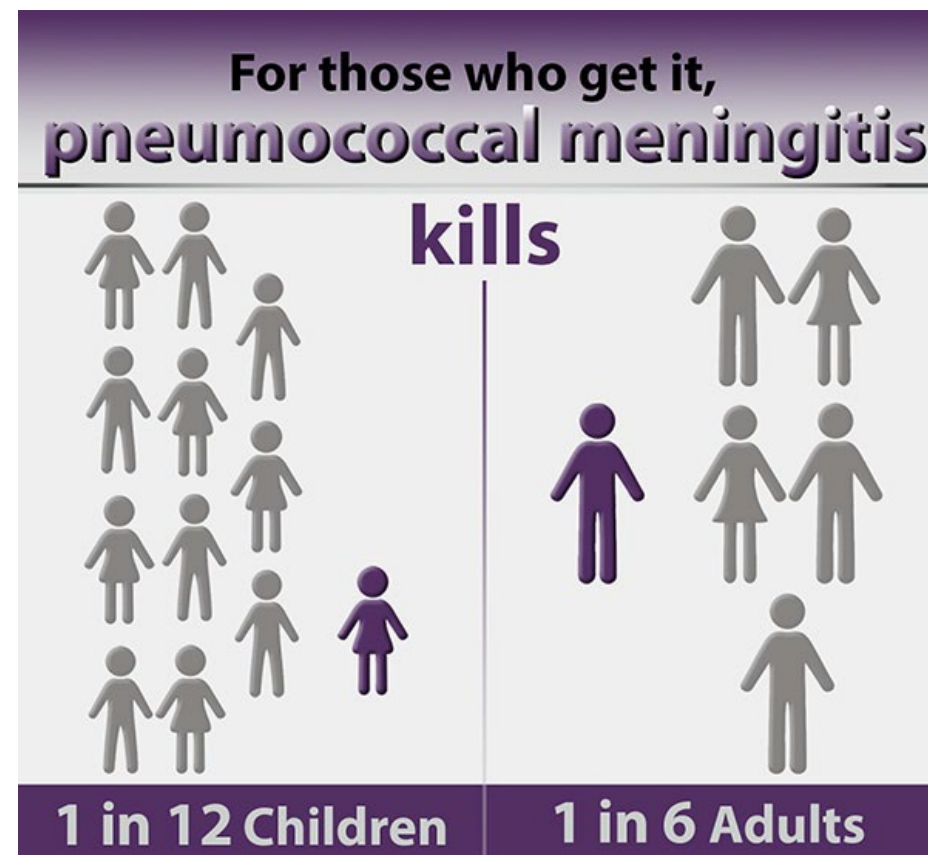
- Urinary Tract
- Respiratory
- Skin and Soft Tissue

Epidemic:

- Gastroenteritis
- Influenza
- Skin Infections

Source: NIH: National Library of Medicine: Aging health, [Common infections in nursing homes: a review of current issues and challenges](#)

Pneumococcal – Risk for the Unvaccinated



COVID-19 and Influenza – Risk for the Unvaccinated

01/21/2022

During the emergence of the Omicron variant, being up to date with **COVID-19 vaccines** provided protection against infection*

Adults who were unvaccinated had **5x higher risk of infection** compared with adults who were fully vaccinated with a booster

bit.ly/mm7104

*25 U.S. jurisdictions, December 2021

MMWR

2019-2020 Flu Season: Burden and Burden Averted by Vaccination

During the 2019-2020 season, CDC estimates flu caused:

38 million flu illnesses	400,000 flu hospitalizations	22,000 flu deaths
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It could have been even worse without flu vaccines.

Nearly 52% of the U.S. population 6 months and older got a flu vaccine during the 2019-2020 flu season, and this prevented an estimated:

7.5 million flu illnesses More than the combined population of Kentucky and Kansas	105,000 hospitalizations Enough people to fill Michigan Stadium at the University of Michigan	6,300 deaths Equivalent to saving about 17 lives per day over the course of a year
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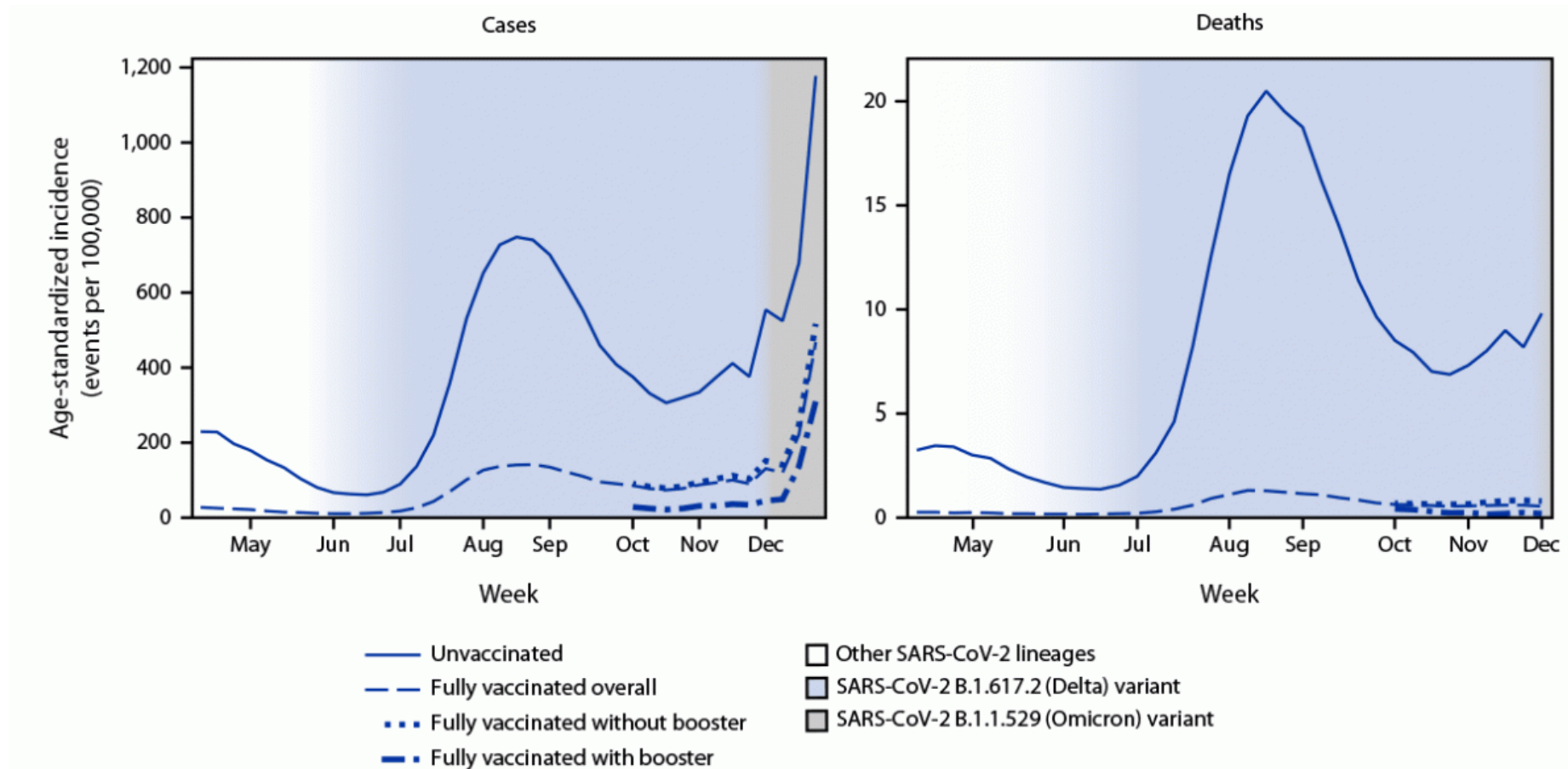
Imagine the impact if more Americans chose to get a flu vaccine. Many more flu illnesses, flu hospitalizations, and flu deaths could be prevented. The estimates for the 2019-2020 influenza season are preliminary pending additional data from the season.

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

get vaccinated
www.cdc.gov/flu
September 2020

Source: CDC -[COVID-19 Incidence and Death Rates Among Unvaccinated and Fully Vaccinated Adults with and Without Booster Doses During Periods of Delta and Omicron Variant Emergence — 25 U.S. Jurisdictions, April 4–December 25, 2021 | MMWR](#)

COVID-19 Vaccinated versus Unvaccinated Cases and Deaths – 2021



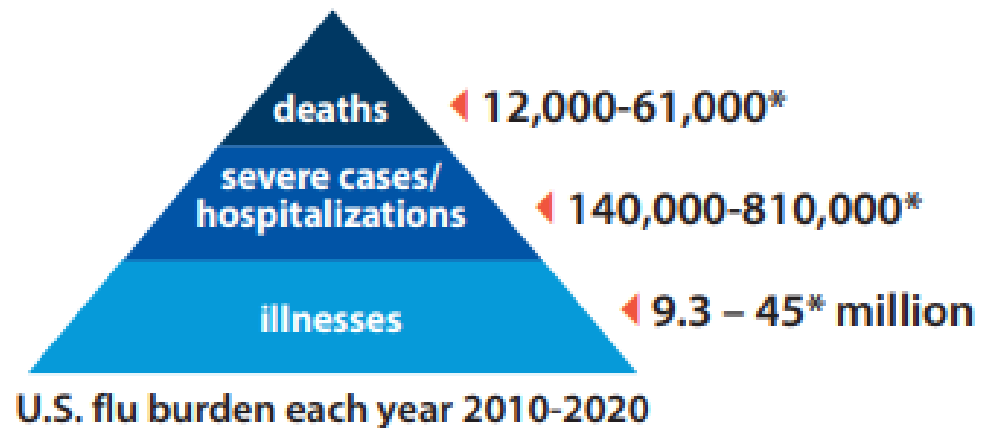
Source: CDC - [COVID-19 Incidence and Death Rates Among Unvaccinated and Fully Vaccinated Adults with and Without Booster Doses During Periods of Delta and Omicron Variant Emergence — 25 U.S. Jurisdictions, April 4–December 25, 2021 | Figure](#)

Influenza Unvaccinated Risks 2017-2018 Season

Influenza is always changing

- Flu viruses change constantly, from season to season and sometimes during the season.
- Flu vaccines must be updated frequently to keep up with these changes.
- Each year, influenza causes millions of illnesses, hundreds of thousands of hospitalizations, and tens of thousands of deaths.

Seasonal flu causes substantial sickness and death



**The top range of these burden estimates are from the severe 2017-2018 flu season. These are preliminary and may change as data are finalized.*

Techniques for Talking with Residents and Families

Strategies

- Staff recommendation
- Motivational Interviewing
- Vaccine standardization
- Medical reminders
- Effective messaging delivered by trusted messengers
- Vaccine ambassadors
- Combat misinformation

Staff Recommendation

- Talk with each resident and family.
- Listen with empathy.
- Acknowledge concerns.
- Ask open-ended questions.
- Target your conversation.

Motivational Interviewing

- Resident-centered conversations designed to increase resident motivation and likelihood of health behavior uptake.

Vaccine Standardization

- Standing orders.
- Offer vaccination as a default option.
- Integrate vaccination into everyday practice.

Reminders

- Post messages on resident bulletin boards in their rooms and/or community board to remind of vaccinations/vaccine clinics.
- Messages can be sent to families by autodialed phone calls, text messages or post-cards, for example.

Effective Messaging

- Incorporate messages that have undergone testing with the intended population and are shown to produce the desired outcome.
- Use trusted messengers who are people seen as credible sources of information by specific populations. Trusted messengers can be trained to be vaccine ambassadors.

Vaccine Ambassadors

- Community members trained to disseminate important health information in their communities.
- Derived from the lay health advisor model, ambassadors are most effective when they are trusted community members and share similar beliefs and characteristics with their peers.

Combat Misinformation

- This strategy consists of tactics used to address and dismantle misinformation and disinformation.
 - Misinformation refers to false information shared by people who do not intend to mislead others.
 - Disinformation refers to false information that is deliberately created and disseminated with malicious intent to manipulate a narrative.
- Tactics
 - **Fact checking** keeps the factual statements simple and discourages arguing to refute the myth.
 - **Debunk** incorrect information with messages that reflect the worldview and affirm the values of the intended audience.

Current Vaccine Recommendations

Influenza

Vaccine	19-26 years	27-49 years	50-64 years	≥ 65 years
<u>Influenza inactivated (IIV4)</u> or <u>Influenza recombinant (RIV4)</u> ⓘ	1 dose annually			
or <u>Influenza live attenuated (LAIV4)</u> ⓘ				

Source: CDC - [Adult Immunization Schedule by Vaccine and Age Group](#)

Pneumococcal

Vaccine	19-26 years	27-49 years	50-64 years	≥65 years
Pneumococcal (PCV15, PCV20, PPSV23) ⓘ	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)			1 dose PCV15 followed by PPSV23 OR 1 dose PCV20

Source: CDC - [Adult Immunization Schedule by Vaccine and Age Group](#)

COVID-19 Vaccine

Interim COVID-19 Immunization Schedule for 6 Months of Age and Older



Table 2. Immunization Schedule for Persons 18 Years of Age

Type	Product*	Recipient Age	For Most People		Those Who ARE Moderately or Severely Immunocompromised	
			Doses	Interval Between Doses ^{†‡}	Doses	Interval Between Doses ^{†‡}
mRNA vaccine	Moderna (Red vial cap with a blue-bordered label)	18 years and older	Total number: 3 or 4 doses		Total number: 5 doses	
			Dose 1 to 2	At least 4–8 weeks [†]	Dose 1 to 2	At least 4 weeks
			Dose 2 to 3 [§]	At least 5 months	Dose 2 to 3	At least 4 weeks
			Dose 3 to 4 [§]	At least 4 months for persons ages 50 years and older	Dose 3 to 4 [§]	At least 3 months
	Dose 4 to 5 [§]	At least 4 months				
	Pfizer-BioNTech (Purple vial cap with a purple-bordered label or gray vial cap with gray-bordered label)	18 years and older	Total number: 3 or 4 doses		Total number: 5 doses	
			Dose 1 to 2	At least 3–8 weeks [†]	Dose 1 to 2	At least 3 weeks
			Dose 2 to 3	At least 5 months [§]	Dose 2 to 3	At least 4 weeks
Dose 3 to 4			At least 4 months for persons ages 50 years and older [§]	Dose 3 to 4 [§]	At least 3 months	
	Dose 4 to 5 [§]	At least 4 months				
Protein subunit vaccine	Novavax	18 years and older	Total number: 2 doses [†]		Total number: 2 doses	
			Dose 1 to 2	At least 3–8 weeks [†]	Dose 1 to 2	At least 3 weeks
Adenovirus vector vaccine	Janssen*	18 years and older	Total number: 2 or 3 doses		Total number: 4 doses	
			Dose 1 to 2	At least 8 weeks	Dose 1 to 2	At least 4 weeks (mRNA vaccine) [¶]
			Dose 2 to 3	At least 4 months for persons ages 50 years and older (mRNA vaccine) ^{**}	Dose 2 to 3	At least 8 weeks*
					Dose 3 to 4	At least 4 months (mRNA vaccine) [¶]

COVID-19

Source: CDC - [COVID-19 Vaccine Interim COVID-19 Immunization Schedule for 6 Months of Age and Older](#)



COVID-19: mRNA Vaccine

Table 2. Immunization Schedule for Persons 18 Years of Age

Type	Product*	Recipient Age	For Most People		Those Who ARE Moderately or Severely Immunocompromised	
			Doses	Interval Between Doses ^{††}	Doses	Interval Between Doses ^{††}
mRNA vaccine	Moderna (Red vial cap with a blue-bordered label)	18 years and older	Total number: 3 or 4 doses		Total number: 5 doses	
			Dose 1 to 2	At least 4–8 weeks [†]	Dose 1 to 2	At least 4 weeks
			Dose 2 to 3 [§]	At least 5 months	Dose 2 to 3	At least 4 weeks
			Dose 3 to 4 [§]	At least 4 months for persons ages 50 years and older	Dose 3 to 4 [§]	At least 3 months
	Dose 4 to 5 [§]	At least 4 months				
	Pfizer-BioNTech (Purple vial cap with a purple-bordered label or gray vial cap with gray-bordered label)	18 years and older	Total number: 3 or 4 doses		Total number: 5 doses	
			Dose 1 to 2	At least 3-8 weeks [†]	Dose 1 to 2	At least 3 weeks
			Dose 2 to 3	At least 5 months [§]	Dose 2 to 3	At least 4 weeks
Dose 3 to 4			At least 4 months for persons ages 50 years and older [§]	Dose 3 to 4 [§]	At least 3 months	
	Dose 4 to 5 [§]	At least 4 months				

Source: CDC -[COVID-19 Vaccine Interim COVID-19 Immunization Schedule for 6 Months of Age and Older](#)

COVID-19: Protein Subunit Vaccine

Table 2. Immunization Schedule for Persons 18 Years of Age

Type	Product [†]	Recipient Age	For Most People		Those Who ARE Moderately or Severely Immunocompromised	
			Doses	Interval Between Doses ^{††}	Doses	Interval Between Doses ^{††}
Protein subunit vaccine	Novavax	18 years and older	Total number: 2 doses [†]		Total number: 2 doses	
			Dose 1 to 2	At least 3–8 weeks [†]	Dose 1 to 2	At least 3 weeks

Source: CDC -[COVID-19 Vaccine Interim COVID-19 Immunization Schedule for 6 Months of Age and Older](#)

COVID-19: Adenovirus Vector Vaccine

Table 2. Immunization Schedule for Persons 18 Years of Age

Type	Product*	Recipient Age	For Most People		Those Who ARE Moderately or Severely Immunocompromised	
			Doses	Interval Between Doses ^{††}	Doses	Interval Between Doses ^{††}
Adenovirus vector vaccine	Janssen*	18 years and older	Total number: 2 or 3 doses		Total number: 4 doses	
			Dose 1 to 2	At least 8 weeks	Dose 1 to 2	At least 4 weeks (mRNA vaccine) ^{††}
			Dose 2 to 3	At least 4 months for persons ages 50 years and older (mRNA vaccine) ^{†††}	Dose 2 to 3	At least 8 weeks*
					Dose 3 to 4	At least 4 months (mRNA vaccine) ^{††}

Source: CDC -[COVID-19 Vaccine Interim COVID-19 Immunization Schedule for 6 Months of Age and Older](#)

COVID-19 Vaccines Licensed and Available in the US

CDC

- Moderna
- Pfizer-BioNTech
- Johnson & Johnson's (J&J) Janssen

U.S. Food and Drug Administration (FDA) approved vaccines:

- Comirnaty (generic: Pfizer-BioNTech)
- Spikevax (generic: Moderna)
- Janssen (generic: J&J Janssen)

Polling Question

Do you have a process in place to verify vaccination status for newly admitted residents?

COVID-19 Vaccines Available Outside the US

- Moderna
- Pfizer-BioNTech
- Johnson & Johnson's Janssen
- AstraZeneca
- Covaxin
- Covishield
- BIBP/Sinopharm
- Sinovac
- Novavax/Covovax
- Convidecia

Tools and Resources

Superior Health Quality Alliance Resources

- [Influenza and Pneumococcal Immunization Toolkit](#)
- [Motivational Interviewing Strategies for Vaccination Readiness](#)
- [Quality Measure Tip Sheet: Influenza Vaccine – Long and Short Stay](#)
- [Quality Measure Tip Sheet: Pneumococcal Vaccine – Long and Short Stay](#)

CDC Resources

- [Nursing Home and Assisted Living Success Stories](#)

CDC Vaccine Safety Public Resources

- Providers, Residents and Families
 - [Vaccine Adverse Event Reporting System \(VAERS\) Print and Web Educational Materials](#)
 - [National Center for Immunization and Respiratory Diseases \(NCIRD\)](#)
- Providers and Researchers
 - [Advisory Committee on Immunization Practices \(ACIP\) COVID-19 Vaccine Safety Update \(March 1, 2021\)](#)
 - [Vaccine Safety Datalink \(VSD\) Data Dictionary](#)
 - [How to Access Data from CDC's VAERS WONDER System \(video\)](#)
 - [COVID-19 Vaccines: How Do We Know They Are Safe? \(video\)](#)

Continue the Conversation in Superior Health Connect



Connect is a shared learning environment for Superior Health participants to come together to foster and promote an all-teach-all-learn climate that provides the framework to improve and sustain mutual health care quality improvement initiatives locally, regionally, and nationally.

<https://bit.ly/3BhfHc1>



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