Vaccine Recommendations and the Adult Immunization Schedule Webinar Transcript

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All right, everyone. Good afternoon and welcome. Also, for those of you who celebrate, happy Valentine's Day. Welcome to Immunizations in Long- Term Care Facilities webinar number one of a four-part series. Today's topic will be Vaccine recommendations and the Adult Immunization Schedule. My name is Tracy Schultz, and I will be moderating today's call.

Just a couple of housekeeping issues to be aware of, I noticed that some people somehow came in unmuted. So, if you somehow get yourself unmuted, I will make sure that you get remuted, but if you notice that you are unmuted, please also mute yourself. But you should not have the ability to unmute, so if there's any background noise, don't worry, I am trying to pay attention to that. Also, all questions will be asked and answered either live or in the Q and A box. So, if you'd like to ask a question, please direct it to the Q and A box. To access the Q and A box, there are three dots or what people call a ellipses sometimes in the lower right hand corner of your screen next to the chat feature, and if you click those three ellipses, you should get more options that should show you an option for Q and A. So, if you open that box, you plop a question in the Q and A or question answer box and hit submit that will go to all of our presenters. We will attempt to answer some questions live after the session is over at the very end. We also may try to answer some of those questions directly in the Q and A. So, if you ask the question, we will do our best to answer it, if, for some reason, it does not get answered or addressed during today's call, we will provide you with contact information where you can ask your question at a later time.

All website URLs and resources that are shared today during the presentation, we'll be put into the chat. So, if you're looking for a link, a live link to a webpage that is shared on the screen, I will put that in the chat for you. Also, at the completion of today's presentation, you'll be provided with a survey link in the chat, which once you submit that quick little, I think it's a five-question survey, you can receive one continuing education unit for the presentation today. Just another note, this session is being recorded and provided later on the MDH website and I have also included in there and I will put it in the chat, the website where the recording transcripts, as well as other resources, including the link to the survey and CEU will be posted. Just another note, the slides will not be shared. So, your access to this information will be via looking at the video recording and, or the transcript that will include the live links after the session is done. I cannot promise you that will be today. It will probably be towards the end middle or end of next week. Okay, so without further ado, let's get going because we have a very full agenda today.

We're going to talk about why we vaccinate, vaccine recommendations for those who are sixty-five and older, as well as the adult immunization schedule, vaccine recommendations for healthcare personnel, Centers for Medicare and Medicaid regulations on vaccination and long- term care facilities, and then as I mentioned, we're going to save time at the very end for Q and A. So again, reminder, please put all of

your questions in the Q and A boxes. So, we're going to get things kicked off with Sarah Spah on why we vaccinate adults, Sarah.

Thanks, Tracy and hi everyone. This is Sarah Spah, Nurse Specialist in the Education and Partnership Unit at MDH and I'm going to kick us off by covering why we vaccinated adults and the benefits of vaccine. Next slide please.

So, sometimes it's good just to take a step back and ask why do we vaccinate adults? The bottom line is to protect them from infectious diseases they're at risk for, right. In order to do that, though we need to produce an immune response, but one that doesn't subject them to the disease we're actually trying to protect them against. Vaccines do just that. They contain antigens that are gonna stimulate that immune system to produce an immune response and it's often similar response that's produced by natural infection. However, with vaccination that person isn't going to be subjected to disease and its potential complications. We all know that vaccination is not one hundred percent, but it can provide high level of protection against serious illness that can lead to hospitalization and sometimes even death. Vaccination can also help decrease the spread of preventable diseases and thus it protects others that can't get vaccinated, and this may be due to age or maybe those who can't mount in the adequate immune response because of a weakened immune system or other serious health conditions. So, this is where it's really good to have high vaccination coverage with our long-term care staff. We know the need for vaccination doesn't end when you become an adult. For example, immunity from childhood vaccinations can wear off, specific vaccines may not provide lifelong protection, or the vaccine composition may change due to changes in the strains of the disease that are circulating. And this is where additional vaccine doses or boosters may be needed. In addition, vaccine recommendations may change over time and some vaccines may not have been available when these adults were children, and there may be new diseases where vaccines have been developed or different diseases that adults are now at risk for. There may also be certain vaccines that are required for adults based on school, work, or travel requirements. And lastly vaccines are one of the greatest success stories in public health, but to ensure the continued success of vaccine, it's crucial to make sure that vaccines are safe. There are a number of number of safeguards required by law in the United States including the conduction of clinical trials before vaccines are licensed for public use. We all know that serious adverse events can happen after vaccination, but we also know they are very rare. The US has a strong safety surveillance system to continually monitor vaccines and it's assuring to know that vaccine safety is placed in. Next slide, please.

So, now looking at the benefits of adult vaccination, we can see that there are many, and these benefits can be broken down into health benefits, economic benefits, and societal benefits. I'm not going to read all the benefits as I'm sure you're aware of many of them. I am, however going to highlight a few that you may not have thought of. First, vaccination can help to avoid exacerbations of pre- existing conditions since we know these can increase during an infection. Another benefit that fits in both the health and societal benefits is the prevention of anti- microbial resistance. That's one I hadn't thought about. By preventing bacterial infections through vaccination, it can reduce the use of antibiotics thus helping to combat antibiotic resistance. We also know the economic impacts of disease can be difficult on adults. By getting vaccinated, it can actually save them money by not having to cover treatment or other health care costs when getting sick or not getting paid due to missed work time, especially those who don't have enough sick time to cover their absence. And lastly, when we offer vaccination to all

eligible adults, we provide health equity by providing protection against disease to all people, especially those who may be at most risk for severe disease and now I'll turn it over to my colleague Tabbi.

Hi, everyone, my name's Tabitha Hanson and I work as the vaccine clinical consultant for the Minnesota Department of Health. Most of my professional work as a nurse has been in the field of pediatric, school nursing, maternal child health, however, this past fall I had the opportunity to return to work with older adults as a supplemental COVID-19 and flu immunization nurse and gave hundreds of vaccinations to older people and it was such a joy to interact with them again. They generally sit still and don't cry or scream when you give them their shots, they even say thank you when they're done. So, that was just a huge blessing, but maybe more importantly is that this cohort of older adults that you serve every day and long-term care has seen and been directly impacted by many of the diseases we will talk about today. I want to warn you that some of the pictures I'm gonna share with you our graphic, but many of the residents you care for, have personally experienced and know what these diseases are. Their friends', family members, and maybe even their own children died from vaccine preventable diseases, and they were alive when the first vaccines became readily available and amazed at what science could accomplish. So next slide.

When I look at these pictures, I'm so thankful to be able to say that smallpox is now eradicated from the world eradication was possible because of inoculation and vaccination. The earliest methods of inoculation involved taking material from a blister of someone infected with smallpox and inserting it or scratching it into another person's skin to provide protection from smallpox. This was practiced way back in the 1700s, but it wasn't until the 1940s that significant knowledge had developed enough for a large-scale vaccine production. The last smallpox vaccination was given in 1971 in the United States, which means that most people, over the age of 52 are likely to have a smallpox vaccination scar on their upper arm. Next slide.

So, who decides which vaccines adults need historically, like Sarah said vaccines were deemed to be only for children. However, the platform for adult immunizations is growing. The Advisory Committee on Immunization Practices known as the ACIP was established back in 1964. It's a committee within the Centers for Disease Control and Prevention. It meets three times a year. It typically has fifteen members who are experts in vaccinology, immunology, pediatrics, internal medicine, public health, but no one on the committee is employed or involved with vaccine manufacturing companies or hold a patent for a vaccine. The ACIP develops written recommendations for routine administration of vaccines. They recommend new vaccines to be incorporated into the schedule and they review older vaccines to reconsider its recommendations and one of the most significant products of their meetings is the document shown here on this slide. This is a picture of the 2024 recommended adult immunization schedule the purpose of the schedule is to simplify all of the recommendations of the ACIP and it's a visual aid and a reference for everyone who gives or receives immunizations. So, the first official children's Immunization schedule was published back in 1995, but it wasn't until 2002 when the first adult immunization schedule was published, and both of these schedules are updated annually. They provide guidance for long- term care facilities, hospitals, healthcare providers. This is what a school uses to create mandates for school immunization law or childcare rules that are mandated for immunizations and private insurers in the United States and the federal government use these recommendations to determine which vaccines they'll pay for. We'll take a closer look at this later, but at first, I just want you to look at the left light gray column on the schedule. Back in the 1940s they wouldn't have even needed

a schedule like this as complex as this is because there were only two shots back then one was smallpox and one was Tdap, tetanus, diphtheria, and pertussis, but now you can see there are 16 vaccines listed and then the second thing I want you to just notice generally, are the colors. So, gold, when you see the gold color that means routine and recommended vaccination for adults, and then the lilac color are risk-based recommendations for certain people with additional risk factors, sky blue, when you see those, there's just little splashes of sky blue that means those are vaccinations based on shared clinical decision making, which we'll talk more about, and gray is not applicable, no recommendation. So next slide.

This is just another way of looking at those colors. So, remember, yes, is the routinely recommended. You can see five vaccinations in that column. The top three vaccines listed are required for long- term care facilities. The rest on this list not, are not required, but Karen will talk more about that later. You can see the lilac ones, the risk-based recommendations are on the right, in the maybe column and then in that central column, are shared clinical decision-making vaccines. Pneumococcal lies in both the light blue column and in the yellow column. So, shared clinical decision making. I'll just talk a little bit about that. So, the key distinction in between the routine based, the yellow ones and the risk based, the lilac ones and between shared clinical decision making is the default decision to vaccinate. So, for routine and risk based, the default should be to vaccinate the patient based on their age group or some other indication. For shared clinical decision-making recommendations, there's no default the decision about whether or not to vaccinate maybe informed by the best available evidence of who may benefit from the vaccination and is very specific to an individual's characteristics values and preferences. So, between the health care provider and the patient and the characteristics of the vaccine, all of that is considered. And as we know vaccines are a huge benefit, but there are risks and so having vaccine be the default for all immunizations isn't always the best choice for every single person, and so this gives us the option to make that informed decision. Next slide.

This slide is just meant to show you that when I mentioned there were sixteen vaccinations now recommended for adults, if you teased out every single disease that those covered there would actually be forty- two shots that an adult would need to receive. So thankfully science has been able to combine some vaccines. MMR is combined for measles, mumps, and rubella, Tdap is combined for three, PCV pneumococcal is 20 different sero-groups, so that helps with saving with fewer pokes, but if this slide gives me hope that, maybe other vaccines could be combined. For example, what if we can combine COVID and flu and RSV all in one shot or even now FDA is considering licensing a self- administered flu vaccine. So, what would that look like, or what, if a vaccine could be an intradermal patch. So, just hoping that in the future science will somehow come up with ways make vaccines more palatable and easy. Next slide.

I know that you're all familiar with flu and COVID immunizations. Flu vaccination is especially important of course for sixty- five years and older adults because they are at such high risk of developing serious flu complications. Last year, there were 224 deaths from influenza in Minnesota, 222 of those were an adult in the median age at the time of death was eighty years old. As Sarah mentioned, as we age, there are changes in our immune system that weaken our ability to identify and eliminate pathogens. So, adults need the high dose or adjuvanted influenza vaccine annually. AN adjuvant is a vaccine additive that is intended to create a stronger immune system immune response. And then with COVID, obviously it was licensed in 2020, but it wasn't added to that schedule until 2023 and we know that older adults are more likely to be hospitalized from COVID-19 and have more deaths than others. Research is also showing that

people who are vaccinated against COVID-19 are less likely to report long COVID and we're still learning a lot about long COVID, but it appears to be like a wide range of symptoms that linger after infection. COVID-19 is constantly and quickly mutating an and evolving, which makes it really easy to spread and more resistant to vaccines and that is why the updated vaccine was assigned to closely target the currently circulating variants and it also restores waning protection. So far, we're still learning about how and if COVID-19 will fluctuate throughout the year, but it seems that cases increased during the respiratory season. So, late fall through early spring and until there are further advances in COVID- 19 vaccine technology, we should plan for needing updated vaccinations, unfortunately, to match circulating vaccines. So, next slide.

The first two pictures on this slide are tetanus related. The foot stepping on the nail demonstrates how clostridium tetani, which is the toxin that produces bacteria and is found in soil and animal feces, how it can enter the body through a puncture wound and then that second picture is the actual case of tetanus disease, which impact the nervous system causing muscle rigidity. Case fatality rate for almost everyone with tetanus is 100% and there are only sporadic cases now of, of tetanus in adults who haven't received the primary series. Most of our oldest adult males in the United States have received it based, many of them have been in the military, but some of our oldest females have not received a primary series and could be at risk. The second picture there is diphtheria, which is a bacterial infection of the nose and throat, and the third picture is of a boy with pertussis, which is a disease caused by bacteria and is also known as whooping cough. In 2005, pertussis was added back to the traditional TD booster. So, you may remember just receiving a TD booster alone tetanus and diphtheria, but because of increases in pertussis cases in the United States in the 2000s, they added in the pertussis piece to the adult vaccination, which is meant to happen every ten years. So, and it's important for adults, especially for those who are around young infants to be vaccinated with Tdap because they can pass pertussis to young infants in the disease can be fatal, especially for young infants. So next slide.

Pneumococcal, PCV remember this vaccine was in both the recommended required column and in the shared clinical decision-making column. It's a disease that's caused by bacteria that spread through upper respiratory track droplets and can cause many illnesses invasive and non- invasive from ear infections to meningitis and Bacteremia. And 30% of adult community acquired pneumonia is pneumococcal related and the case fatality rate is five to seven percent in older adults. So, there are one hundred known serotypes of pneumococcal and our latest PCV pneumococcal is abbreviated to PCV covers twenty of those serotypes. Next slide.

This, I think you've seen this by before, if you haven't, it's a very helpful guide. Right now, there are three products, pneumococcal products that license in the United States. PCV twenty is the newest, PCV fifteen and PPSV twenty-three. So, PPSV twenty-three includes a higher number of serotypes. It has twenty-three versus twenty, but it's the way that it's made is the polysaccharide vaccine, and so it's immune response wanes over five to six years. The PCV conjugate vaccine provides double protection. So, T and B cell and covers the strains that are most highly likely to impact older patients and there have been many changes in this vaccine recommendation over the years. So, this chart does a pretty good job of taking a step by step through the decision-making process. I think what gets tricky is that there's a huge challenge in figuring out which vaccines a patient has already had and whether or not how long it's been since they've had them. On the bottom left, you can see the light blue arrow for shared clinical decision making, and that's listed because four patients who have received previous doses of vaccine,

there is a, they are partially protected, but the patients' care provider and themselves should consider whether or not that protection is enough for them. Patients who live in nursing homes who have underlying health conditions, if it's been more than five years since their last pneumococcal vaccination or if they have immunocompromising conditions, those are the patients who should go through shared clinical decision making with their clinician to make that decision about further vaccination. Next slide.

So, if you are feeling, this is complex. Yes, it is. Here are a few aids to decomplicate things in order to make your decision. One is an app that can be used on mobile devices and the other is a tool that's the same information, but it's in a web- based version and I'll have Tracy share those links in the chat CDC: Vaccine Schedules App (www.cdc.gov/vaccines/schedules/hcp/schedule-app.html). Also, we have a vaccine SME inbox, an email that you can use to ask us questions or you can email me directly Tabitha.Hanson@state.mn.us. Next slide.

So, on this slide, I included zoster, which is for adults fifty years and older. But I also included varicella vaccine and you could maybe tell from the picture of this little guy that this is chickenpox. So, shingles is caused shingles or zoster is caused by varicella-zoster virus the same virus that causes chickenpox. So, once a person has had chickenpox, the virus stays in their body, the virus can reactivate later in life and cause shingles. More than 99% of Americans born before 1980 have had chickenpox. So, being born before 1980 is considered proof of immunity to chickenpox. So, those people would be at least 43 years old right now. So, any adult in long-term care over 43 years old does not need a chickenpox or varicella vaccine. But they do need a shingles vaccine. Zoster vax was licensed back in 2006. Some of you might have heard of that, but now a new shingles vaccine was licensed in 2017 called Shingrix and it has a more robust immune response than zoster vax did. So, two doses of Shingrix are recommended for people over 50 and zoster vax it is no longer available. So, if someone receives zoster vax, they should receive two doses of Shingrix. Can someone get singles from someone who has shingles? No, you cannot get singles from someone who has shingles. Most people have developed singles only once in their lifetime, but you can get it more than once. But can you get chickenpox from someone who has shingles, yes, you can get chicken box, if you have never had chickenpox or have never had varicella vaccine, so that is possible. And then can you get shingles if you had the chickenpox vaccine or the varicella vaccine and you can, the risk is lower, but it is still possible. So, the varicella chickenpox vaccine is required for school, and it was started being given in 1995. So, those people are now 29 years old. So, maybe we'll have a cohort of adults who are less likely to get singles in the future. Next slide.

RSV is in that light blue color, meaning it says shared clinical decision-making vaccine. RSV season is kind of hopefully we're seeing the tail end of it now. Most people recover in a few days. It's a common respiratory virus, but it causes ten thousand deaths a year for people over the age of sixty- five. There are two new RSV vaccines this year. You may have heard of Arexvy and Abrysvo. They would just added to the schedule this year and we know that RSV circulates typically in Minnesota fall through Spring or late fall through Spring and only one dose of RSV is recommended right now for patients, sixty years on older, and if possible, it should be given prior to the RSV season, but not necessary, not necessarily if not able to. So, clear shared clinical decision making for this vaccine, there have been reports of Guillain barre syndrome and other neurological conditions after vaccination. So, again, important for the clinician and the person receiving the vaccination to weigh the risks and benefits of the vaccine and things for them to consider are listed here, frail, frailty, advanced age and residing in a nursing home or

long-term care. This, a link to the shared clinical decision-making document on this slide can be put in the chat. Next slide.

So, this slide has a few pictures and before we put the, oh, Tracy added the, I'm wondering if you could have guessed what the disease was that these pictures are sharing information about, and it is polio. So, last fall I mentioned, I was working a lot with older adults, and I had a seventy year something year old woman talked to me about a story, her real-life story. A doctor told her parents in the 1950s that he didn't have enough polio vaccine for, to treat her whole family and so her parents were forced to decide which children should receive the vaccine and since she was the youngest daughter in the family, they chose to give her the vaccine and a few weeks later, her sister was diagnosed with polio and has she luckily didn't pass away, but has chronic pain in his physically disabled and so you can imagine what an advocate she's become for vaccination, but also the guilt she has for being the child that was chosen in the family to receive the vaccine. So, polio was just very, very real for many of the people who you work with every day. They probably have similar stories, next slide.

So, this slide is the lilac color slide. These are the maybe vaccines for adults. The ones that are based on specific indicators. Polio, you can see is at the very bottom, it was actually just re- added to the schedule this year because of a case of paralytic polio in the United States which hadn't happened for a very long time. But if you know of an adult who's never been vaccinated, that would be something for them to be considered eligible for, and the other one on this list I wanted to just take a minute to point out was there have been confirmed cases of measles recently in Minnesota and this current generation of older adults remembers measles, mumps, and rubella, but in general, any person born before 1957, so they would be sixty- seven years or older is considered immune to measles. But that means that this new generation of baby boomers as they grow older and enter long- term care, their MMR status measles, mumps, rubella status will need to be considered. So, this immunization is typically given at twelve months and before kindergarten. It's very effective and measles is extremely spreadable and those exposed are very likely to get it. So, just something to really think about as this group of people grow older, especially immunocompromised people are at significant risk for measles. Other vaccines on this list hepatitis A, hepatitis B, and all of these are possible based on, on indications specifically. So next slide.

So, the vaccine schedule, which we've talked about before the ACIP is really about who should get this vaccine and when should they get the vaccine. Who is based on age and their underlying health conditions whether they're pregnant, maybe even what their job is. When vaccines are given at the time when disease is most likely to occur and when the response in a person's body will provide the very best protection and that is why, in general, the, that immunization schedule is very heavy on the child end because that's a very vulnerable time of life and also heavy again on the adult side because we know that aging causes those changes in the immune system The actual 2024 schedule, the adult schedule is thirteen page document. This is a picture of the first page and on that left hand side, in the gray, you can see all of the licensed vaccines that recommended by the ACIP. So, you won't see, for example, the J&J COVID vaccine that's been removed, or you won't see PCV13 and PCV7 any longer only the most recent and recommended vaccines are listed. Next slide.

In the top right corner, these are tiny letters, but it talks about how to use it. So, number one, the first table, the next page that will look at determines based on age so what vaccine by age. Table two, which

will be the next page assesses the need recommendations of vaccines based on medical condition. So, very specific to specific medical conditions, and then there are many pages of notes. This third step that have instead of in-graphic format, they have in-word format, the recommendation. Then the appendix reviews contraindications will take look at that. And then the addendum, which is brand new this year and because the ACIP meets three times a year, they may add things to the addendum throughout the year, and that's where they would put those. So, next slide.

So, again, pay close attention to the colors, you can see the gold is that those are the recommended routine vaccinations, lilac are for those people with additional risk factors or indications, sky blue was shared clinical decision making. And across the top, you can see the different age groups that create the columns and we're paying close attention to that far right side. Next slide.

This table two is for specific medical conditions. So, if you have a patient who's immunocompromised, should they get the vaccine, it's different than for other people. Someone who is asplenic, someone who has heart or lung disease, kidney disease, is pregnant, a health care person, this is the table that you want to go to to make sure that you are looking, you can see additional colors are added here. The red colors are specifically for contraindicated not recommended. For example, live vaccine, the nasal flu vaccine wouldn't be given to an older person. Like other live vaccines for, for pregnant or immunocompromised people. And next page.

So, these are, this is an example of some of the notes you can see there's specific wording for health care personnel or for specifics, the handwritten the written-out recommendations for new pneumococcal and this is the place where you'll find the polio vaccination information. Polio isn't actually listed on that list, it's not on that list of sixteen vaccinations, but this is where you can find the information. Next page.

I just wanted to bring to your attention for tetanus, diphtheria, and pertussis, it tells you what to do if there's a wound, if it's a clean or minor wound make sure that the person has had a Tdap in the last ten years, but if it's a dirty wound or very serious deep wound, then you would want a booster every five years and next slide.

This is the contraindications are in the appendix. So, a contraindicated immunization would mean that someone's had a severe allergic reaction, not just a local reaction and a precaution on the right side would be a moderate or severe acute illness. So, for example, if someone has COVID, don't give them the vaccine right then. In fact, with COVID vaccine or with COVID disease, you can wait three months to give the vaccine before you would give before you give the vaccine because they have some natural immunity from the actual disease. And then the last page, the addendum. And I mentioned that this is a place where they would add information as the year goes along in case there are updates, so you don't have to wonder what has been changed within this thirteen-page document and the next meeting is February 28-29. So that's coming up and if they make any decisions at that meeting, those will be posted here. So, I don't print out a lot of things in my work anymore. Obviously, we store a lot of things electronically, but this document is one that is really great to print, especially if you have a color printer. So again, please reach out if you have questions and I would like to introduce my colleague Caitlyn Stehlin to talk with you about vaccine recommendations for health care personal.

Thank you, Tabby. Good afternoon, my name is Caitlyn Stehlin and I'm one of the clinical nurses in the education and partnership unit here at MDH and today I'm gonna provide information on recommended vaccines for health care personnel. Next slide, please.

So, who are health care personnel or how do we define health care personnel? So, health care personnel are defined as all paid and unpaid persons working in healthcare settings who have the potential for exposure to patients and or to infectious materials including body substances, contaminated medical supplies, and equipment, contaminated environmental surfaces or contaminated air. Health care personnel can include persons in clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, students and volunteers and some health care personnel might not be directly involved in patient care, but potentially exposed to infectious agents that can transmit to, and from health care person and their patients. Next slide please.

So, if you're a health care personnel that works in a health care setting that could directly or indirectly spread infection, you should get appropriate vaccines to reduce the chance that you will get a disease or spread the vaccine preventable disease to others. So, all health care workers should make sure up to date on these vaccines, so COVID-19, influenza, measles, mumps, rubella, or MMR, pertussis and please note pertussis is not available as Tabby had mentioned as a single vaccine. So, that's why the combination tetanus, diphtheria, and pertussis or Tdap vaccine is given and then hepatitis B and varicella. And next slide please.

So, COVID-19 vaccine recommendations are not different for health care personnel. CDC recommends that the 2023-2024 COVID-19 vaccine for everyone ages five years and older, people who are moderately are severely immunocompromised ma get additional doses of updated COVID-19 vaccine and we're still learning a lot about the COVID-19 disease. So, COVID-19 vaccine recommendations will be updated as needed. Next slide, please.

So, annual influenza vaccination for all health care personnel who have no contraindications is recommended. The influenza vaccine is evaluated annually with one or more vaccine strains updated almost every year. An annual vaccination is appropriate and safe to begin as early in the season as vaccine is available. Next slide, please.

So, pertussis vaccine is also recommended for health care personnel as I mentioned earlier pertussis vaccine is not available as a single vaccine. So that's the reason Tdap is given. There are no unique vaccine recommendations for Tdap with healthcare personnel. So, health care workers should follow the same guidance that are provided for all adults and that guidance is as follows, so those health care personnels who have not or unsure if they've previously received a dose of Tdap should receive a dose of Tdap as soon as feasible, pregnant health care personnel should be revaccinated during each pregnancy and then health care personnel should then receive a booster every ten years thereafter. Next slide, please.

So, the delivery of health care has the potential to transmit hepatitis B virus to both health care workers and patients and unvaccinated or incompletely vaccinated health care personnel and, or those who cannot document previous vaccination should receive Hep B vaccine and please note that if someone is incompletely vaccinated, they do not need to restart the series. Next slide please.

So, measles, mumps, and rubella or MMR. Health care personnel without presumptive evidence of immunity should get two doses of MMR vaccine separated by at least 28 days and although birth before 1957 is considered acceptable evidence of immunity, health care facilities should consider vaccinating health care personnel born before 1957 who lack laboratory evidence of immunity or laboratory confirmation of the disease. Next slide, please.

And all health care personnel should be immune to varicella or chickenpox and health care personnel with no evidence of immunity to varicella should be vaccinated and evidence of immunity in health care personnel includes the documentation of two doses of the varicella vaccine, given at least 28 days apart, laboratory evidence of immunity, laboratory confirmation of disease, and diagnosis, or a verification of a history of varicella or herpes zoster or shingles by a health care provider and those who previously receive one dose varicella vaccine should receive their second dose for the best protection against the disease. Next slide please.

And then as Tabby summed up in her presentation, certain vaccines are recommended for adults based on age or other individual risk factors, but not because of occupational exposure. Health care personnel should make sure they're up to date on any vaccine on any other vaccines routinely recommended for them based on age, health conditions, and occupational exposure. CDC has a vaccine assessment tool that applies to adults nineteen years and older and can supply an individual with a list of vaccines you made need based on the answers you provide. This is just one tool to help determine which vaccines might be recommended for you. You should talk with your doctor or health care professional to discuss any vaccines that you may need to not only protect yourself, but also protect those that you care for, and now I'm gonna pass it to Karen from the health regulatory division. Thank you.

And thanks for joining Oops, I got unmuted. Thank you, Karen Aldinger with the health regulation division. Next slide, please.

OK. So, for Medicare certified nursing homes, the facility must follow F883 in the state operations manual and that's appendix PP. F883 identifies the facility must develop policies and procedures around Influenza and pneumococcal vaccines. This must include educating residents or the representatives on the benefits and potential side effects of the immunization. This is the vaccine information statement. Also, each resident must be offered an influenza vaccine each blue season, unless it's contraindicated or the resident has already been immunized during this time period. So, it's expected the facility know, the residents' history of being admitted during the blue season. The resident or the representative must be given the opportunity to refuse the immunization too. Typically for residents who are not able to give consent or, or to refuse the vaccine due to their cognition, we see the facility send notices to the representatives identifying that they plan to give the vaccine unless their representative declines that. Next slide please.

In addition, it's required the facility document in the resident's record that the resident or the representative was provided with the education and that they did or did not receive the influenza vaccine and if they did not, a documentation as to why. Next slide, please.

The requirement also addresses pneumococcal vaccines. This is the same as influenza as far as developing policies and procedures and the facility must provide the education regarding benefits and

potential side effects that they offer the pneumococcal vaccines as recommended by the CDC. And this is unless it's contraindicated or the resident or their representative refuses. Next slide please.

Okay. So, pneumococcal vaccine status also must be documented in the resident's record, including the education provided, and if they did or did not receive the vaccine. Next slide, please.

The interpretive guidance in the state operations manual identifies the current CDC guidelines need to be followed. The current CDC guidance identifies certain situations where there must be shared clinical decision making between the provider and the resident or the representative when determining if further vaccination should be provided. The provider should take into consideration their previous vaccines and also their risk factors and one of those big risk factors is actually living in a congregate setting. The surveyors will expect the facility will develop policies and procedures to identify how they'll track when each resident may be due for the next pneumococcal vaccine and have a system in place so that shared clinical decision making can be made and so there's specific example there on, on, when that shared clinical decision making would be required. Next slide, please.

So, in addition to F883 CMS developed a memo identifying F887 regarding the COVID-19 vaccine. The memo identified the facility must develop policies and procedures to ensure when COVID-19 vaccines are available to the facility. Each resident and staff member is offered the COVID- 19 vaccine unless the immunization is medically contraindicated, or the resident or staff member has already been immunized. The facility must provide education regarding the benefits and potential side effects, and again, this would be the vaccine information statement. Next slide, please.

In situations where COVID-19 vaccine requires multiple doses, the residents and the representatives or the representatives, sorry, and each staff member needs to be provided with current information regarding those additional doses, including any changes in the benefits or risk and potential side effects associated with the vaccine. The resident or the representative must be given the opportunity to accept or refuse the COVID-19 vaccine and they may also change their decision. The medical record needs to include the education provided, as well as, if the resident did or did not receive the vaccine and why. Next slide, please.

As far as staff is concerned, the facility must maintain documentation related to staff COVID-19 vaccination that includes that they were provided with the education of the benefits and potential risks associated with the COVID-19 vaccination and that the facility offered staff the vaccine or gave them information on how to obtain the vaccine and there may be questions on that, you know, if they've got insurance, you know, their local pharmacy or that sort of thing just so the facility is just letting them know if they're not providing it themselves on how they could get it somewhere else. The vaccination of staff needs to be recorded through the NHSN as directed, which may change. Next slide, please.

So, when surveyors are looking at this, they're looking at this on your annual recertification survey or if there's complaints a complaint about COVID in the building or, or an influenza outbreak that sort of thing we would look at this. And so, your policies and procedure will be reviewed, and we ask for those at the entrance in this conference. Policies need to show how you were initially tracking vaccine status upon admission and then how you're tracking when each resident will require the next pneumococcal vaccine, when that shared-clinical decision making needs to occur and when they're due for COVID vaccine or a booster. So, just so you have some kind of process for that, that somebody's looking at that

periodically. How the infection preventionist keeps up on the latest guidance. So, we do expect that them to keep up on, on what, what the current guidance is from the CDC and if it's flu season, if you have not started your vaccines, the survey or will inquire why. Occasionally there's a vaccine shortage, so you'll just need to show proof that you attempted to receive the vaccines. The Center for Medicare/Medicaid Services has recommended surveyors use the pneumo-recs vax advisor app and this was on a previous slide. Surveyors follow and infection control pathway that's available at the web link provided. The surveyor will sample one staff to verify requirements with educating and offering COVID immunizations and that would be or directing them where to get it. Also, the surveyors will sample five residents for influenza, pneumococcal and COVID-19 immunizations. They will look for screening and eligibility to receive the vaccines, the education that was provided to them or their representative, the administration of the vaccine and that it's based on the CDC and Advisory Committee on Immunization Practices recommendations and that they allow the resident to representative to receive the vaccine or to refuse and that is all I have. I think we're up for Q and A. Thank you.

Thank you so much. Karen and all our presenters. So, I'm going to plop this link in the chat for you Vaccine Recommendations and the Adult Immunization Schedule (https://survey.vovici.com/se/56206EE30CEC7F81). This is the link to a quick evaluation survey that will, once you submit it, get you access to the one continuing education unit for today's training. Just a note on that, this activity has been designed to meet the Minnesota Board of Nursing Requirements, if you attend all of the sessions for four total, but for this webinar, specifically one CEU, however, each attendee is responsible for determining whether or not this activity meets the requirements for acceptable continuing education and before we get into the Q and A, so, this link is coming your way you can complete it now or you can wait until we post it online later, but the survey is there for you.

Our next session will be deciding who to vaccinate and storage and handling, and that will be February 21 at noon and just a reminder, the recording transcript and all URL share today as well as the survey will be available at immunizations and long-term care facilities on the website, and like I said, earlier they will not probably be posted today, but they will be posted shortly as soon as we can get them prepped and up there and I'm going to put that link in the chat again for you as well Immunizations in Long-term Care Facilities (www.health.state.mn.us/people/immunize/hcp/ltc.html). And then Sarah, before we get into questions, is there anything in the queue or the Q and A we want to address.

No, I think I'm hopeful that we were able to provide answers to most of your questions that I can see in the Q and A. Our apologies as Karen is unable to see the questions in there right now. Karen, do you want us to send them to you to maybe answer them offline or would you want to take a few questions right now?

I could take a few questions that would be fine.

Yeah, so Tracy, if you want to go to the question, 12:51 and 12:53, maybe we could take those.

Okay, first question for you, Karen. Oh, goodness 12:51. Okay, that's the one. If the new PCV20 vaccine is recommended to have shared clinical decision making with a provider, does that count for survey that the IP talked with the resident regarding the PCV20 vaccine and the resident being eligible for it? The survey team noted to me that it's required, but in actuality, this needs to be discussed with a resident and provider and the resident is actually considered fully vaccinated.

Sure, the expectation is that the provider makes that decision. There's so many things that go into making the decision if somebody should receive that PCV20 in that situation or not, and there's so many variables to it. So, it is, it is the provider and the resident or the representative that make that decision, not the staff person per se, but the staff person certainly could they put a note in for the next time that the resident is going to be seen by their provider to have that discussion.

Great, thank you, Karen and just one more and this is related to COVID-19 vaccine. What proof is required that staff were offered the COVID-19 vaccine?

We would expect the facility to have a policy and procedure that identifies how they are doing that for their staff, so it could be that you actually offer your staff members, the COVID vaccine or that you are not offering them, but that you're, you're letting them know about why they should be getting it and doing that education. So, however, you're managing that, you should be able to show that yes, this person was given information on this date, or we discussed it at a all staff meeting and all these people came, and there's a sign in sheet. There just needs to be some way to show that, and I can't speak to how your facility is actually handling that, it could be an, a variety of different ways, but you should be able to show the survey earth that, yes, they were given information on the vaccine, why it was important to receive it and that you're, that you're tracking that. I, I hope that answers the question.

Wonderful, thank you Karen, and it looks like that is all we have for questions for now. There are two email addresses posted on your screen here. Oop I should go back to those question or those email addresses for you. Sorry about that. So, if you have a que question related to vaccination, please send that question to Health.vaccineSME@state.mn.us and I will put that in the chat for you, and if you have a question related to MIIC, so that's the Minnesota Immunization Information Connection system, send that question to Health.MIICchelp@state.mn.us and I am fairly confident that all of, you know how to get a hold of someone from your survey team or someone in licensing insert, so we don't need to share that information here. Again, I wanna thank you all for attending today. I also would like to thank all of our presenters. Again, I'm going to flip back really quickly, the next session will be deciding who to vaccinate as well as storage and handling, and that will be February 21 at noon using the same Webex link that you used to join the call today. Again, thank you so much and have a wonderful day. CDC: Influenza Summary of Recommendations (www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm), CDC: Diphtheria, Tetanus, and Pertussis Vaccine Recommendations (www.cdc.gov/vaccines/vpd/dtap-tdap-td/hcp/recommendations.html), CDC: Hepatitis B Vaccination (www.cdc.gov/vaccines/vpd/hepb/index.html), CDC: MMR Vaccination Recommendations (www.cdc.gov/vaccines/vpd/mmr/hcp/recommendations.html), CDC: Varicella Vaccine Recommendations (www.cdc.gov/vaccines/vpd/varicella/hcp/recommendations.html).

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