

# VACCINATIONS FOR ADULTS AT LONG TERM CARE FACILITIES **VIRTUAL SUMMIT**

Wednesday, October 25  
10:30 am - 12 pm, via Zoom



# REMINDERS



Recording is on!



[IZINFO.HHSA@sdcounty.ca.gov](mailto:IZINFO.HHSA@sdcounty.ca.gov)



Keep your lines muted



Participate in the polls and chat



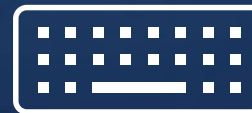
Use the chat box for questions



Slides will be emailed



“Right click” to rename



Type into the chat your:

- Name
- Title
- Facility

# AGENDA

**10:35AM-11:00AM**

**Priyanka Saxena, DO, MPH**

California Department of Public Health

**Jessica deJarnette, MD**

California Department of Public Health

**Albert Lopez**

California Department of Public Health

**11:00AM-11:25AM**

**Mark Sawyer, MD**

University of California San Diego  
Rady Children's Hospital

**11:25AM-11:40AM**

**Emily Do, PharmD, JD, MBA, BCPS,  
CHC, CSSBB**

County of San Diego HHSA

**11:40AM-12:00PM**

**Mara Rauhauser, BSN, RN**

County of San Diego HHSA

**Flu, RSV and COVID-19 Vaccine Recommendations  
and Requirements for Long Term Care Facilities**

**COVID-19 Therapeutics for Long Term Care Facilities**

**CAIR2 Data Requirements for All Providers**

**Vaccines in Long-Term Care Facilities:  
What's Important?**

**Access to Vaccines**

**Infection Prevention for Respiratory  
Virus Season**

## **FLU, RSV AND COVID-19 VACCINE RECOMMENDATIONS AND REQUIREMENTS FOR LONG TERM CARE FACILITIES**

Priyanka Saxena, DO, MPH

Public Health Medical Officer, California Dept. of Public Health

## **COVID-19 THERAPEUTICS FOR LONG TERM CARE FACILITIES**

Jessica deJarnette, MD

Public Health Medical Officer, California Dept. of Public Health

COVID-19 Therapeutics Team

## **CAIR2 DATA REQUIREMENTS FOR ALL PROVIDERS**

Albert Lopez

Local CAIR Representative, San Diego

California Dept. of Public Health, Immunization Branch

# San Diego LTCF Webinar

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California Department of Public Health

# Topics

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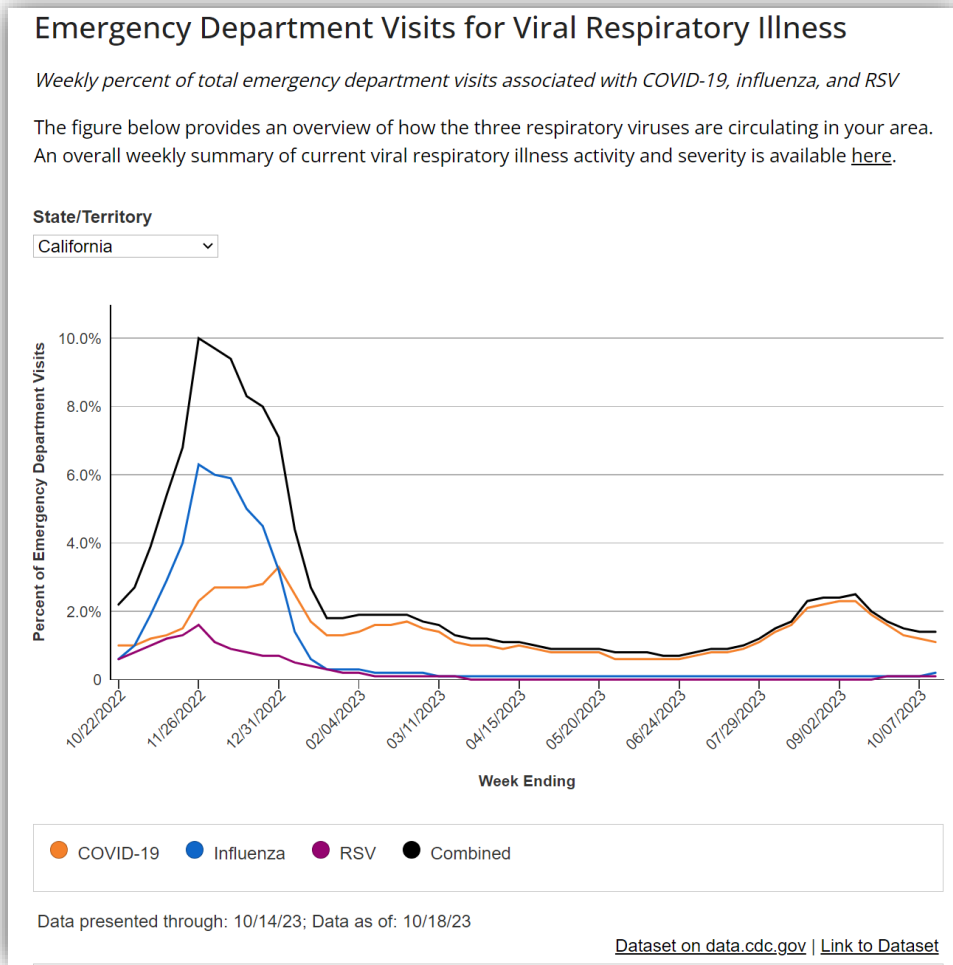
- Flu, RSV, and COVID-19 Vaccine Recommendations and Requirements for Long-Term Care Facilities
- COVID-19 Therapeutics for LTCF, Preparing for a Fall Surge
- California Immunization Registry (CAIR) Data Requirements for All Providers

# FLU, RSV, AND COVID-19 UPDATES FOR LONG-TERM CARE FACILITIES

Dr. Priyanka Saxena, Public Health Medical Officer  
Immunization Branch, California Department of Public Health



# Overlapping Seasonality of Flu, RSV, and COVID-19



CDC's [Respiratory Virus landing page](#)





# CDPH Respiratory Virus Report

California Weekly Report  
**Influenza (Flu), RSV, and Other Respiratory Viruses**  
 Week 40: October 1, 2023 – October 7, 2023

**Influenza and RSV Highlights**

- ▲ 1.2% Influenza** positivity
- ▼ 2.8% Outpatient** ILI activity
- ▶ 0.1% Hospital** flu admissions
- 0 (+0) Deaths** since 10/1/23 (new)
- ▲ 5.4% RSV** positivity

**Influenza Activity Levels\***

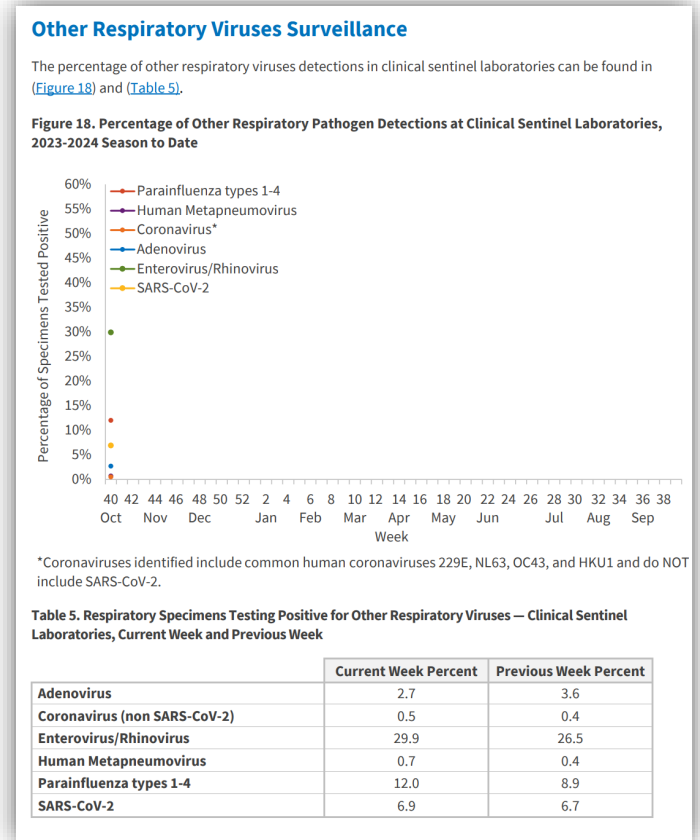
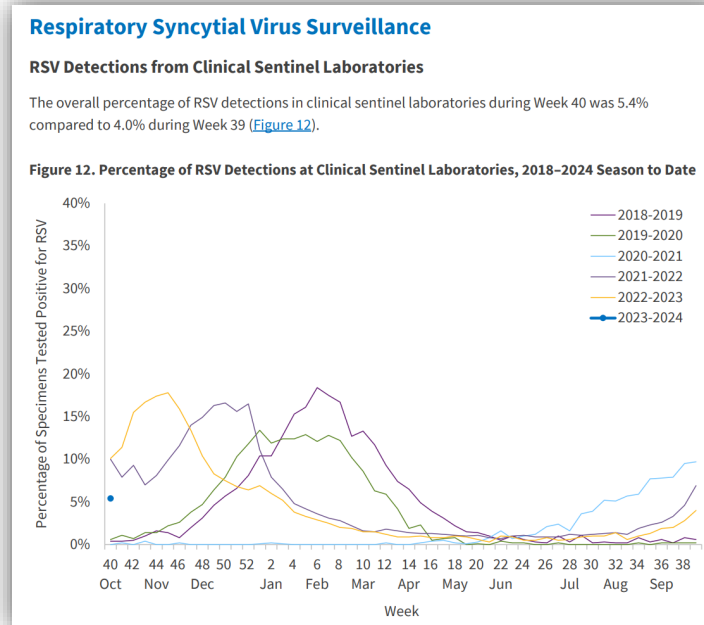
Minimal Low Moderate High Very High

Geographic Area	Activity Level
California Statewide	Minimal
Northern Region	Insufficient data
Bay Area Region	Insufficient data
Central Region	Low
Upper Southern Region	Minimal
Lower Southern Region	Low

**Key Messages**

- » Influenza activity is minimal in California.
- » Getting a flu shot is the best way to protect yourself against flu, its potentially serious complications, and reduce strain on our healthcare system.
- » Respiratory syncytial virus (RSV) activity is increasing in California.
- » Several [products](#) are available to prevent RSV infection.

California Department of Public Health (CDPH) Influenza Surveillance Program  
[Visit Our Site](#) | [Learn About Our Data](#) | [Download Our Data](#) | [Email Us](#)



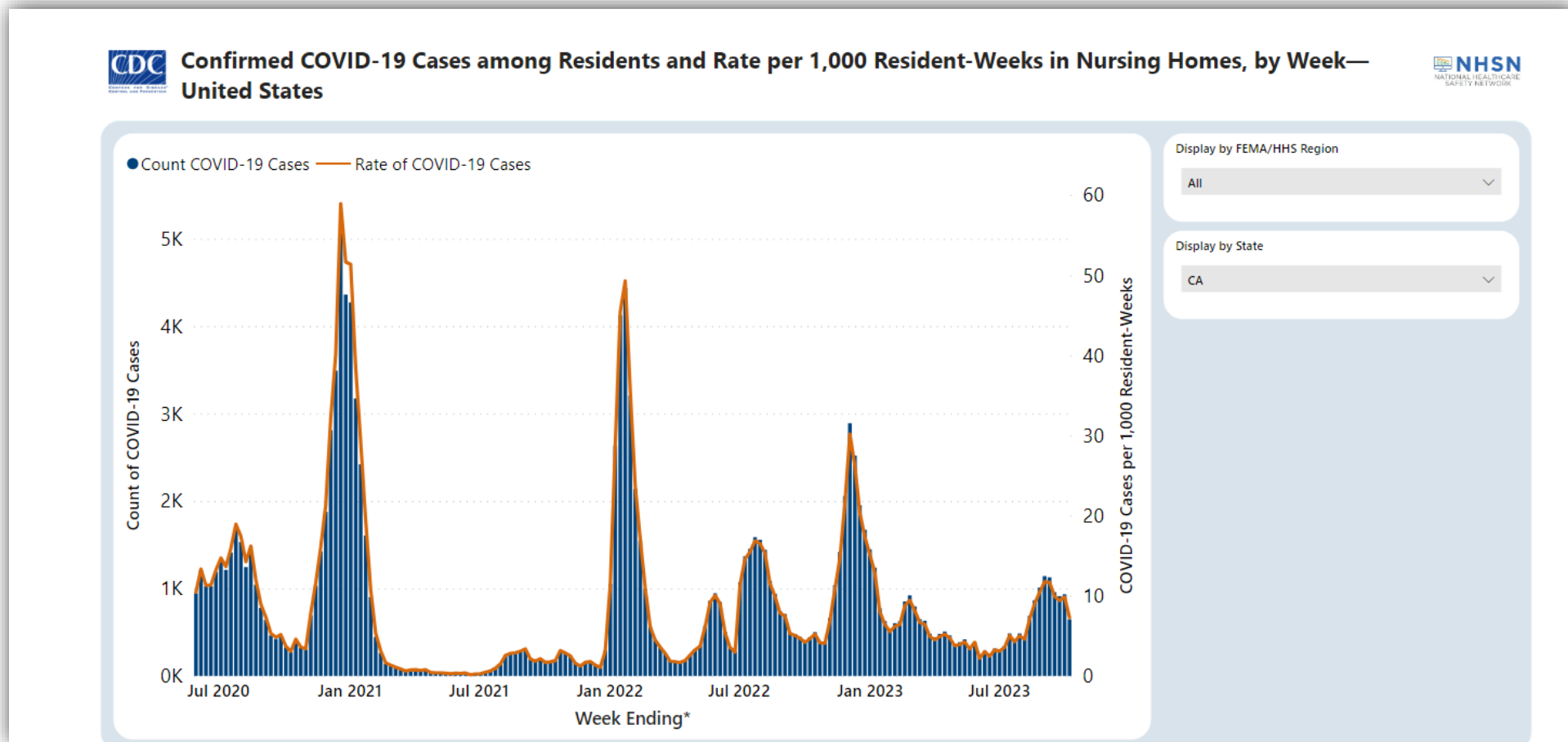
# Summary of Vaccine Recommendations for Older Adults

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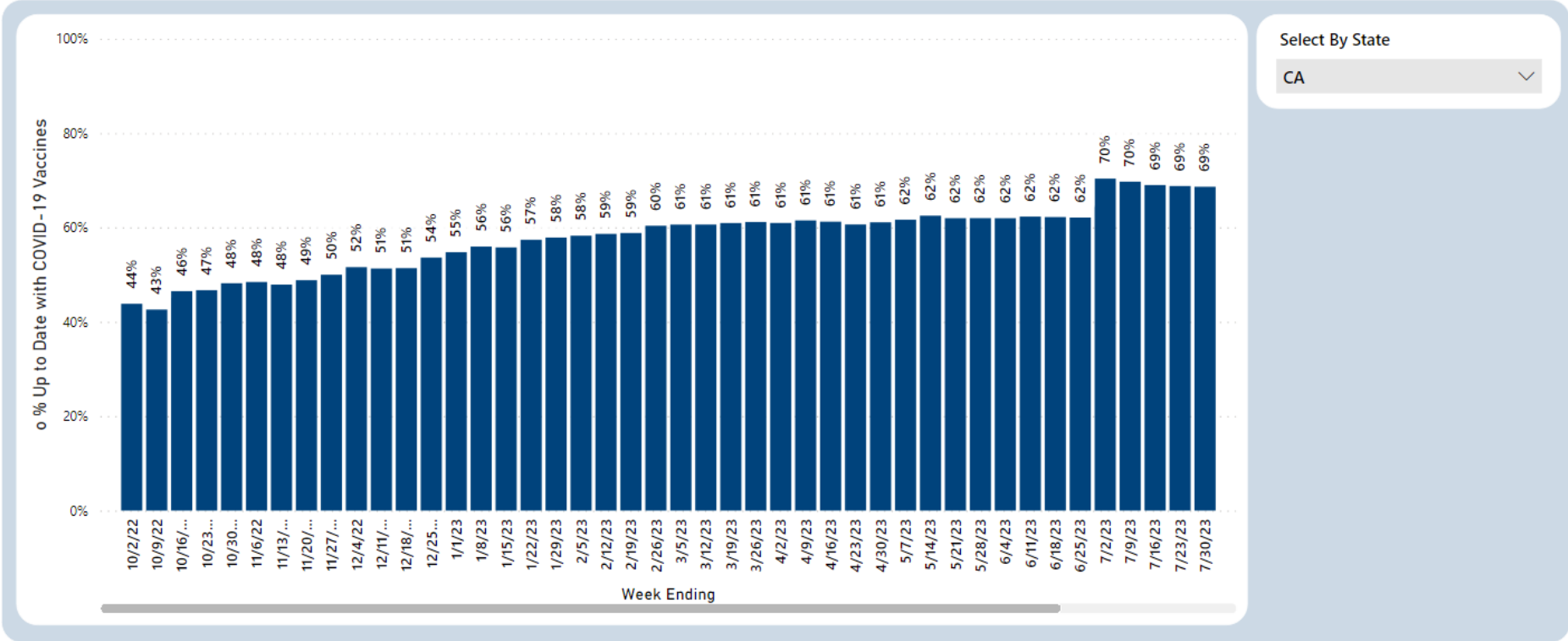
- Influenza Vaccine
  - Three flu vaccines are preferentially recommended for people 65 years of age and older:
    - [Fluzone High-Dose Quadrivalent inactivated flu vaccine](#)
    - [Flublok Quadrivalent recombinant flu vaccine](#)
    - [Fluad Quadrivalent adjuvanted inactivated flu vaccine](#)
- RSV Vaccine
  - Two new RSV vaccines are now licensed for use in adults aged 60 years and older: Arexvy™ and Abrysvo™
  - CDC recommends that adults 60 years of age and older may receive a single dose of RSV vaccine using [shared clinical decision-making](#) (SCDM).
- COVID-19 Vaccines
  - 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine at least 2 months after last COVID-19 vaccine dose
  - Vaccines are available from Moderna, Novavax, and Pfizer-BioNTech
- Other recommended vaccines for older adults include: pneumococcal and shingles vaccines



# Confirmed COVID-19 Cases among Residents & Rate per 1,000 Resident-Week in Nursing Homes, by Week-CA



# Percentage of Nursing Home Residents who are Up to Date\* with COVID-19 Vaccines, by Week- CA



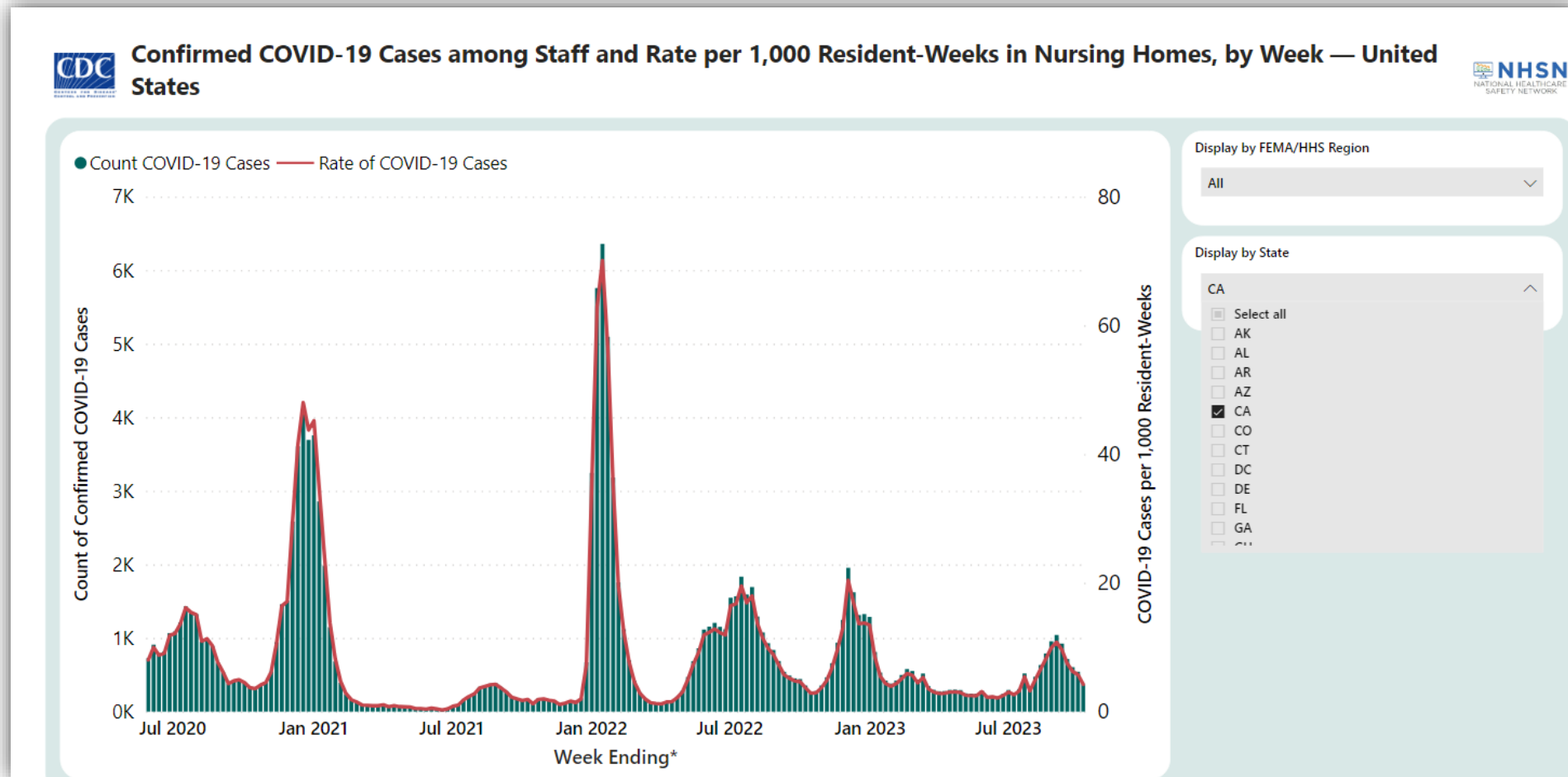
1. The NHSN surveillance definition of Up to Date is updated quarterly to incorporate CDC guidance changes. On week-ending 7/2/2023, the up to date definition was updated, resulting in an increase in the number of individuals reported to be up to date with COVID-19 vaccines. See [here](#) for NHSN surveillance definitions, including up to date, by reporting quarter. Data for the most recent week are still accruing.
2. Up to date calculation excludes individuals with medical contraindication from denominator.

Data as of 7/17/2023 5:30 AM

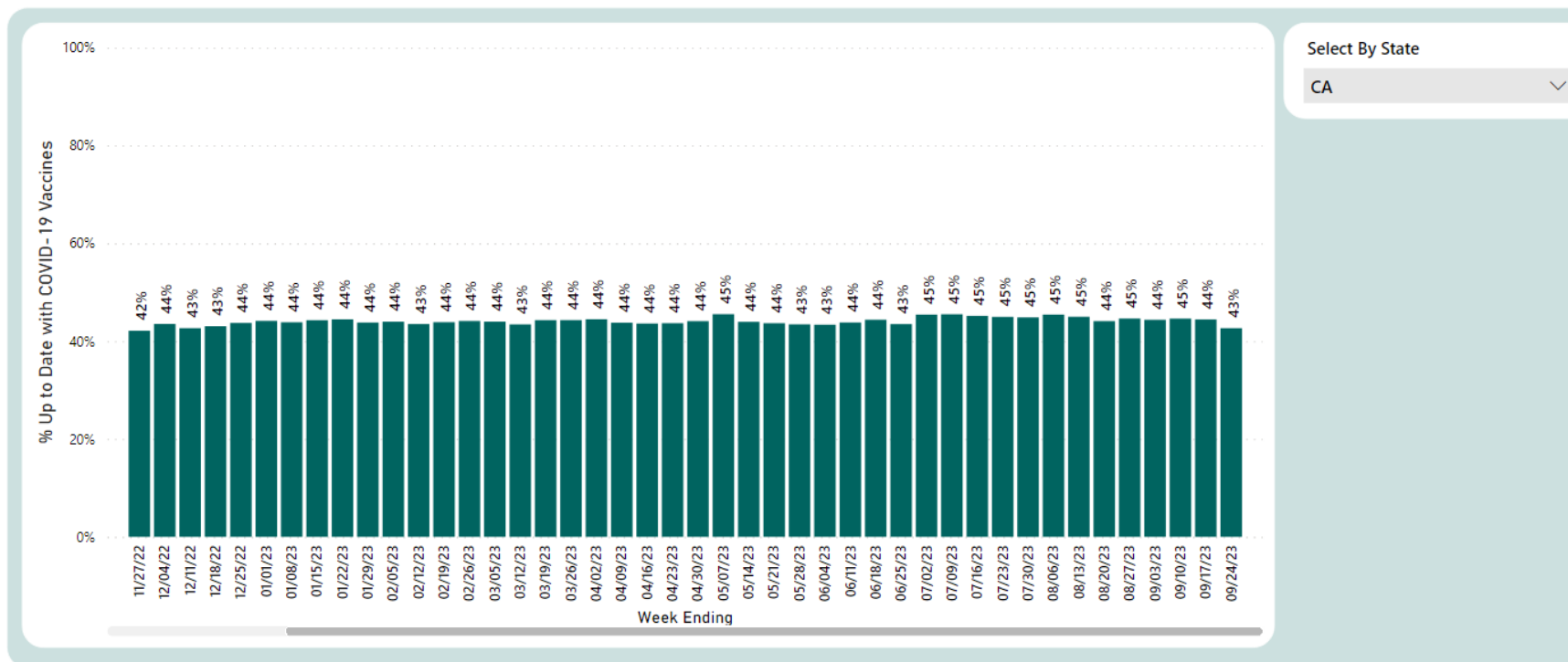
\*Up to Date definition based on prior recommendation for bivalent vaccine. CDC dashboard data currently on pause to include new 2023-204 definition



# Confirmed COVID-19 Cases among Staff & Rate per 1,000 Resident-Weeks in Nursing Homes, by Week-CA



# Percentage of Nursing Home **Staff who are Up to Date\*** with COVID-19 Vaccines, by Week- CA



1. The NHSN surveillance definition of Up to Date is updated quarterly to incorporate CDC guidance changes. On week-ending 7/2/2023, the up to date definition was updated, resulting in an increase in the number of individuals reported to be up to date with COVID-19 vaccines. See [here](#) for NHSN surveillance definitions, including up to date, by reporting quarter. Data for the most recent week are still accruing.

2. Up to date calculation excludes individuals with medical contraindication from denominator.

Data as of 7/17/2023 5:30 AM

\*Up to Date definition based on prior recommendation for bivalent vaccine. CDC dashboard data currently on pause to include new 2023-204 definition



# Immunization Requirements

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- Requirements for influenza and pneumococcal vaccines
  - Each year (October 1-April 1), every health care facility\* shall offer immunizations for influenza and pneumococcal disease to residents, aged 65 years or older, receiving services at the facility
  - This should be based upon the latest recommendations of CDC’s Advisory Committee on Immunization Practices (ACIP) and the latest recommendations of appropriate entities for the prevention, detection, and control of influenza outbreaks in California long-term care facilities.

\* “Health care facility” means a skilled nursing facility as defined in subdivision (c) of Section 1250, an intermediate care facility as defined in subdivision (d) of Section 1250, or a nursing facility as defined in subdivision (k) of Section 1250. This chapter shall not apply to hospital-based skilled nursing facilities.

[CDPH Updates COVID-19 Guidance and Reminds Californians Vaccines, Testing and Treatment Remain Available](#)  
[Code of Federal Regulations, 483.80 Infection Control](#)  
[CA Health & Safety Code: Influenza and Pneumococcal Immunizations](#)

# Immunization Requirements

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- Evolution of COVID-19 vaccine requirements
  - No current state or federal staff mandates; CDPH no longer requires COVID-19 vaccinations for HCP as of April 3, 2023
  - CMS and CDPH continue to strongly recommend that all HCP and high-risk individuals remain up to date on COVID-19, influenza, and other recommended vaccines.
  - Local health departments and healthcare facilities may develop and implement plans customized to their needs and local conditions
  - Nursing homes are required to offer and educate residents about vaccines and to report COVID-19 staff and resident vaccination rates to the CDC's NHSN until December 31, 2024
- RSV vaccine: no state or federal requirements



# CA ATD standard (8 CCR §5199)


- Requires employers in health care and other services to offer seasonal influenza vaccine and other recommended vaccines in [Appendix E](#)

## §5199 Appendix E: Aerosol Transmissible Disease V

Vaccine	Schedule
Influenza	One dose annually
Measles	Two doses
Mumps	Two doses
Rubella	One dose
Tetanus, Diptheria, and Acellular	One dose, booster as
Pertussis (Tdap)	recommended
Varicella-zoster (VZV)	Two doses


- Timeline to add COVID-19 to ATD appendix is uncertain

[www.dir.ca.gov/dosh/coronavirus/Guidance-on-Influenza-Immunization.pdf](http://www.dir.ca.gov/dosh/coronavirus/Guidance-on-Influenza-Immunization.pdf)



STATE OF CALIFORNIA  
**CAL OSHA**  
DEPARTMENT OF INDUSTRIAL RELATIONS

California Department of Industrial Relations  
Division of Occupational Safety & Health



CDPH  
California Department of  
Public Health


### Influenza Immunization During the COVID-19 Pandemic for Industries Under Cal/OSHA's ATD Standard

November 4, 2020

Cal/OSHA's Aerosol Transmissible Diseases (ATD) standard (8 CCR §5199) requires employers in health care and other services and operations to **protect their employees** from ATDs, such as influenza, which remains an ongoing threat during the COVID-19 pandemic.

**These employers include:**

- Hospitals, clinics, and outpatient medical services
- Skilled nursing and long-term care facilities
- Correctional facilities and homeless shelters
- Emergency medical services and transportation
- Drug treatment programs




**Employers covered by the ATD standard must:**

- Offer influenza and other recommended vaccinations at no cost during working hours to all employees
- Maintain confidential records for each employee on immunization or **declination**

For **this upcoming influenza season**, immunization of staff against influenza will reduce:

- Illnesses among staff and patients
- Spread of influenza during COVID-19
- Absenteeism
- Stress on the healthcare system



To request assistance on implementation of the ATD Standard in your workplace, please identify the nearest Cal/OSHA Area Office at [https://www.dir.ca.gov/dosh/consultation\\_offices.html](https://www.dir.ca.gov/dosh/consultation_offices.html).

For assistance regarding aerosol transmissible diseases, employers may contact Cal/OSHA Consultation Services at 1 800 963 9424 or [InfoCons@dir.ca.gov](mailto:InfoCons@dir.ca.gov)  
For Consultation information, publications, access the following link or copy the site address:  
DOSHConsultation [www.dir.ca.gov/dosh/consultation.html](http://www.dir.ca.gov/dosh/consultation.html)

# Immunization Resources

- CDC Resources

- [Respiratory Viruses Page](#)
- COVID-19
  - [Use of COVID-19 Vaccines in the United States, Interim Clinical Considerations](#)
  - [Stay Up to Date with COVID-19 Vaccines](#)
- RSV
  - [Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023](#)
- Influenza
  - [Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023–24 Influenza Season](#)

- CDPH Resources

- [EZIZ Resources for Long-Term Care Facilities](#)
- [California Weekly Report Influenza \(Flu\), RSV, and Other Respiratory Viruses](#)
- [Respiratory Virus Home Page](#)

The screenshot displays the EZIZ website interface. At the top, there is a search bar with the text "ENHANCED BY Google" and a magnifying glass icon. Below the search bar, the website's tagline reads "A one-stop shop for immunization training and resources." The main content area is divided into several sections:

- Resources for Long-Term Care Facilities**: This section includes a "Vaccine Guidance" subsection with a "COVID-19" category. It lists several resources such as "Letter from Dr. Aragon to LTCF directors March 13, 2023 (CDPH)", "Updated COVID-19 Vaccine FAQs for LTCFs (CDPH)", and "Interim Clinical Considerations for the Use of COVID-19 Vaccine (CDC)".
- Vaccine Education**: This section includes resources like "Importance of COVID-19 Vaccination for Residents (CDC)", "COVID-19 Vaccination FAQs (CDC)", and "People at Higher Risk of Flu Complications (CDC)".
- Promotional Materials**: This section includes a "COVID-19" category with resources like "Protect Against Flu, RSV, and COVID-19 poster (updated August 2023)" and "Give Your Immunity a Boost infographic for healthcare workers".
- Flu**: This section includes resources like "Don't Wait – Vaccinate! campaign toolkit (CIC)" and "Flu Communication Resource Center (CDC)".
- Building Vaccine Confidence**: This section includes the resource "Strategies and Curriculum to Increase COVID-19 Vaccine Confidence Among Nursing Home Staff (AHRQ)".

On the left side of the website, there is a navigation menu with the following items: Home, Vaccine Programs, Vaccine Management, Storage Units, Temperature Monitoring, Training & Webinars, Clinic Resources, and Patient Resources. Below the menu, there is a "Contact VFC" section with contact information: Phone: (877) 243-8832, Hours: Mon-Thurs, 9AM-4:30PM; Friday, 9AM-4PM, and options to "Send us an email" or "Fax: (877) 329-9832". There are also links for "VFC Field Representatives", "Find VFC providers", "Sign up for EZIZ emails", and "Frequently Asked Questions".

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# COVID-19 THERAPEUTICS PREPARING FOR A FALL SURGE



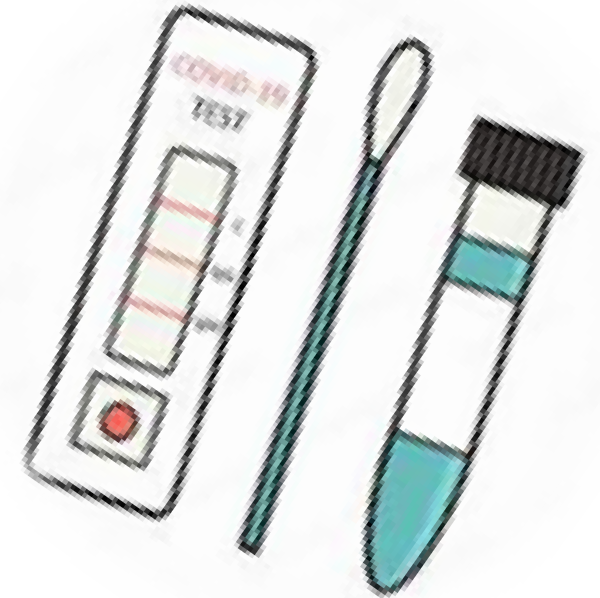
Dr. Jessica deJarnette, Public Health Medical Officer  
COVID-19 Therapeutics, California Department of Public Health



# COVID-19 Testing Reminders

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- COVID-19 antigen tests continue to work on **new variants**
- For symptomatic people that test negative, recommend **repeat testing** at 24-48 hours
- Many over-the-counter tests have **extended expirations** by the FDA



# COVID-19 Treatment Reminders

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- Oral antivirals remain very **effective against all circulating variants**
- **Free** to patients and **ample supply**
- Patients should be evaluated for treatment **regardless of vaccination or booster status**
- **Many ways** patients can access treatment if they are unable to see their healthcare provider
- **Positive test not required** for treatment





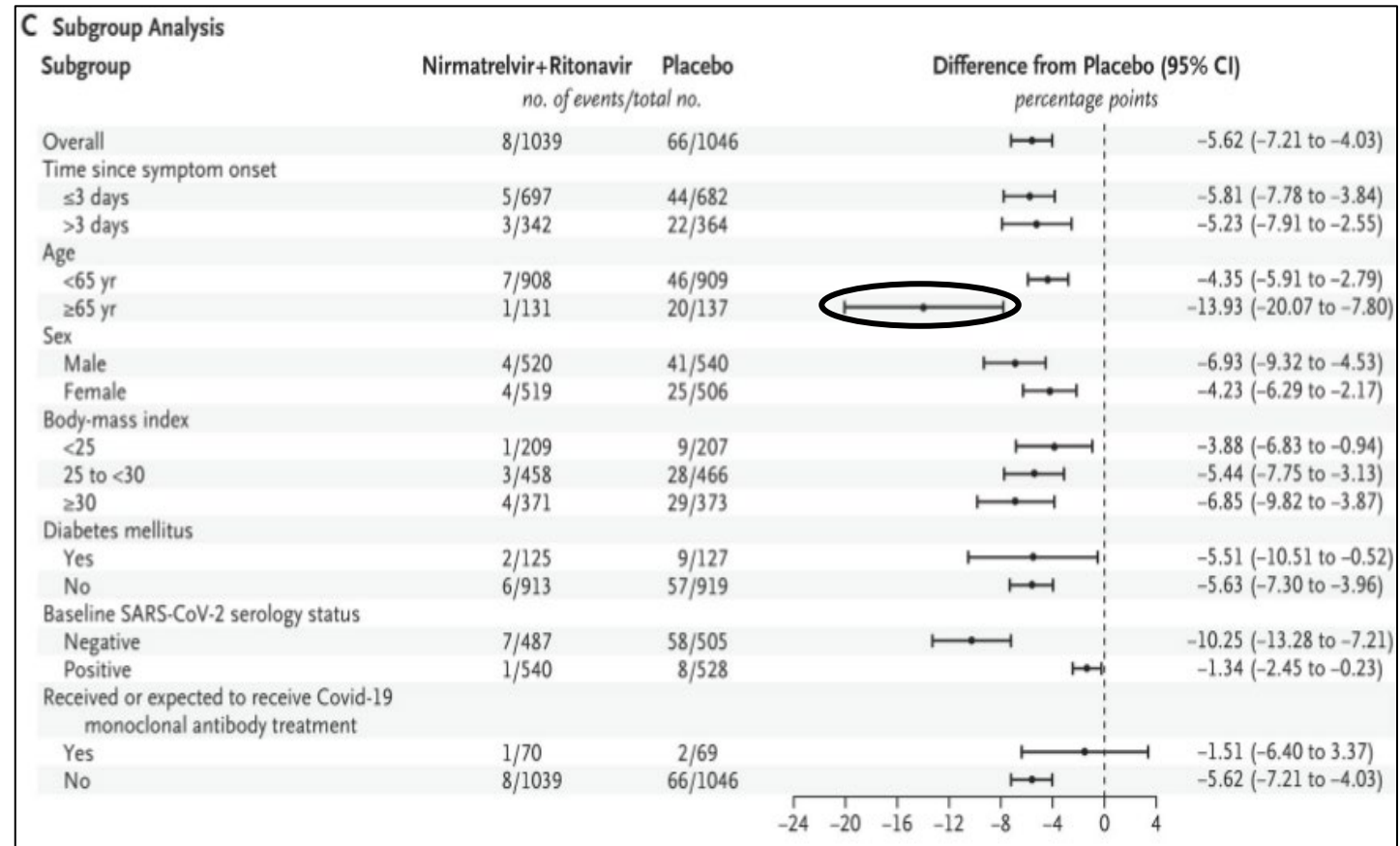
# Improving Therapeutics Access



# Paxlovid has stronger benefits for older age groups

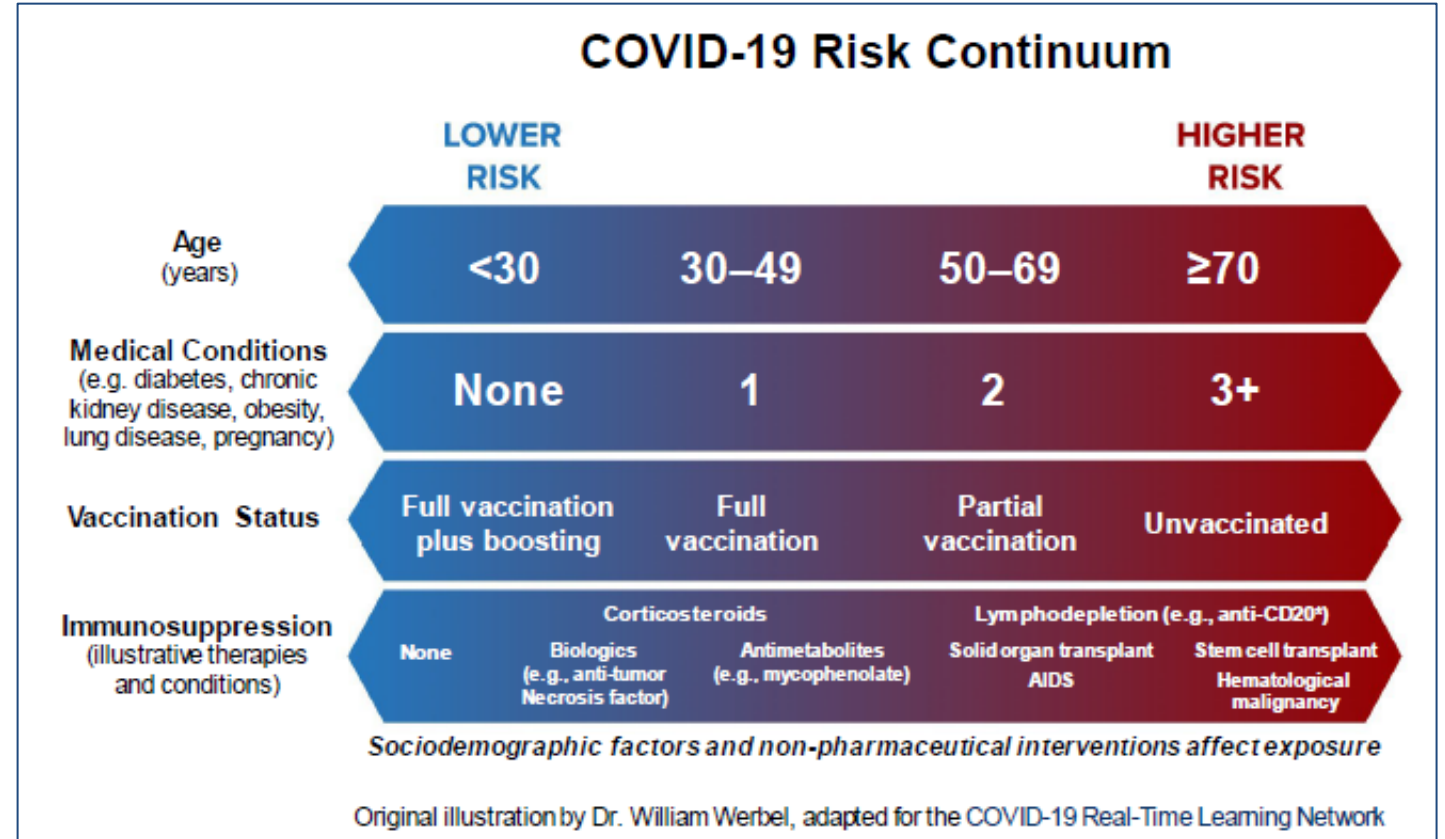
## Original NEJM Paxlovid clinical trial:

- Reduction in hospitalization/death strongest in  $\geq 65$
- Difference in proportion of patients w/ death or hospitalization from drug vs. placebo was -13.93 (95% CI -20.07 to -7.80)
- Small number of serious adverse events related to drug (1 in 1,109)



# LTC Residents and Severe Risk for COVID-19

- Paxlovid and other COVID Tx are recommended for people with “risk of progressing to severe COVID-19”
- LTC facility residents, by definition, almost always fall in severe risk category
- Risk factors include older age, medical conditions, or being immunosuppressed
- Note that even when vaccinated and/or boosted, LTC residents are generally on higher end of risk continuum for other risk categories





# Skilled Nursing Facility Populations

- Skilled Nursing Facilities and congregate living settings have the best opportunity to test and prescribe within 5 days of symptoms.
- Despite their high risk, only 1 in 4 nursing home residents with COVID-19 had been treated with evidence-based antiviral treatments by the end of 2022.
- During the study period, there were 763,340 resident cases of COVID-19 and 136,066 residents treated for COVID-19 among 15,092 nursing homes, equating to an overall oral antiviral or monoclonal antibody treatment rate of 17.8% (95% CI, 17.4%-18.3%).
- By the end of 2022, 41.0% of facilities still had not reported any use.



# SNF and LTCF Surge Readiness

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- Providers are encouraged to minimize barriers to prescribing COVID-19 treatment prior to a COVID-19 surge by:
  - Working with residents' healthcare providers to specify patients' renal and hepatic function (whether normal or impaired)
  - Encourage providers to write orders for testing symptomatic residents
  - Make a plan for which treatment to prescribe if patients test positive
- Confirm pharmacy or infusion service provider supplies and options to accessing prescriptions.
- Encourage staff and providers to review the Surge Readiness Fact Sheet.

**TEST IT.  
TREAT IT.  
YOU CAN  
BEAT IT.**

Taken within the first 5-7 days of symptoms,  
COVID-19 medications can stop the illness from getting  
serious and may help you test negative sooner.

LEARN MORE



# Communications Tools



# Tools for the Public: Handouts, Wallet Cards, Social Media, and More

## Video

Test It. Treat It. You Can Beat It. | Outs... Watch later Share

From a US state public health authority

**TEST IT. TREAT IT. YOU CAN BEAT IT.**

Watch c

**TEST IT. TREAT IT. YOU CAN BEAT IT.**

Taken within the first 5-7 days of symptoms, COVID-19 medications can stop the illness from getting serious and may help you test negative sooner.

LEARN MORE



## Preguntas y respuestas sobre los medicamentos para la COVID-19



Tenemos herramientas nuevas y eficaces para cuidarnos en caso de contraer COVID-19.

Los medicamentos para la COVID-19 son seguros y gratuitos, están ampliamente disponibles y son muy eficaces para evitar que la enfermedad empeore. Pueden prevenir que el virus se multiplique en el cuerpo, ayudar a que des negativo antes y reducir el riesgo de desarrollar síntomas de COVID-19.

## COVID-19 Treatments Questions & Answers



We have new, effective tools to take good care of ourselves if we get COVID-19.

COVID-19 treatments are safe, free, widely available, and highly effective at preventing COVID-19 illness from becoming serious. They can stop the virus from multiplying in your body, may help you test negative sooner, and may reduce the risk of developing long COVID symptoms.

### WHAT are COVID-19 treatments?

Medications that can stop COVID-19 illness from getting serious.

They are free, widely available, and highly effective. Some can be taken at home by pill and others are given by IV.

### WHO should take COVID-19 treatment?

All Californians 12 years and older who test positive for COVID-19 and have symptoms should seek evaluation for COVID-19 treatments, which are free regardless of insurance or citizenship status. COVID-19 treatments are recommended for those who have certain experiences and conditions that put them at higher risk for worse COVID-19 illness, such as being 50 years and older, not being up-to-date with COVID-19 vaccinations, obesity, physical inactivity, smoking, asthma, diabetes, mental health conditions like depression, being of a racial/ethnic minority, and more.

In fact, most adults and some teens are eligible and should take COVID-19 treatment.

### WHEN should I take a COVID-19 treatment?

Treatments must be taken within 5-7 days of when symptoms begin. So if you start to feel sick, act fast to get a COVID-19 test and free treatment.

Get treatment while your illness is mild – don't wait until your illness gets worse.

### WHY should I take a COVID-19 treatment?

COVID-19 medications are effective for stopping COVID-19 illness from getting serious. Scientific evidence shows they can cut the risk of serious symptoms, hospitalization, and death in half or more.

Early evidence also suggests they may lower the risk of developing long COVID symptoms.

Treatments like the Paxlovid pill can also prevent the virus from multiplying in your body and infecting more of your cells, which can help you test negative sooner.

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**TEST IT. TREAT IT. YOU CAN BEAT IT.**

If you feel sick and have COVID-19, act quickly to seek evaluation for COVID-19 medication. **They must be taken within the first 5-7 days of symptoms to work.**

Call your healthcare provider, urgent care center, or the state COVID-19 hotline at 833-422-4255.

Learn more at [YouCanBeatIt.org](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/YouCanBeatIt.aspx).



**HAZTE LA PRUEBA. TOMA LA PASTILLA. GÁNALE AL COVID.**


Si no te sientes bien y diste positivo en la prueba de COVID-19, actúa con rapidez y consulta si necesitas medicamentos para tratar la enfermedad. **Para que funcionen, debes tomarlos durante los primeros 5 a 7 días desde la aparición de los síntomas.**

Llama a tu proveedor de atención médica, centro de urgencias o a la línea directa estatal de COVID-19 al 833-422-4255.

Para obtener más información, visita [YouCanBeatIt.org](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/YouCanBeatIt.aspx).



# Tools for Providers: Readiness Checklists, Best Practices Toolkits, and More

 <b>COVID-19 Therapeutics Best Practices Checklist</b>		
Guidance Topic	Checklist	Relevant
Testing	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>For symptomatic patients:</b> Share instructions on how to access same- or next-day testing. Note: A positive test is no longer required for oral COVID-19 therapeutic treatment if the clinical suspicion is high based on the patient's exposure history.</li> <li><input type="checkbox"/> <b>For symptomatic patients who test positive:</b> Emphasize that therapeutics are available, and recommended for most adults. Share instructions on how to access a same-day prescriber to discuss COVID-19 treatment.</li> <li><input type="checkbox"/> <b>Accept self-attestation of a positive COVID-19 test to facilitate care or prescribe therapeutics.</b></li> </ul>	<p>How to get tested, COVID-19 Respons</p>
Prescribing	<p><b>A: Provider Education</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Regularly share updates on COVID-19 therapeutics.                             <ul style="list-style-type: none"> <li>○ Ensure all relevant staff receive up-to-date information (via internal provider communication channels, using webinars, CME opportunities, and relevant listservs including CDPH's therapeutics updates). Set a regular cadence for sharing updates, such as a monthly provider meeting.</li> </ul> </li> <li><input type="checkbox"/> Ensure all providers are aware of the California Health Advisory (summarized in <a href="#">Appendix 5</a>) addressing several of the most common clinical misperceptions about COVID-19 therapeutics.</li> <li><input type="checkbox"/> Direct providers to helpful guidance, which includes tables reviewing therapeutics treatment options and clinical decision aids.</li> </ul>	<p>CDPH COVID-19 Therapeutics Webpages</p> <p>While the COVID-19 Provider Warmline is available, recommend call <b>1-866-268-4322</b> to receive free and clinical consulting testing and treatment cases online.</p> <p><a href="#">CDC Risk of COVID Hospitalization, and Group</a></p>

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## COVID-19 Surge Readiness: Long Term Care Facilities

Outreach to providers caring for your residents:

### COVID-19 Surge Readiness

#### Best Practices for Skilled Nursing Facilities

**Saving lives and avoiding hospitalizations**


Lives are being saved (and hospitalizations avoided) with timely COVID-19 treatments. Treatments are safe and effective, even with changing variants. Treatments can keep residents, clients and staff from developing severe disease and may help them test negative for COVID-19 sooner. Preparing before a positive COVID-19 case occurs will help residents and staff get treated faster.

This notice reminds providers that ALL long term care residents are considered at higher risk for severe COVID-19 and the decision to not prescribe COVID-19 treatment should be reserved for situations in which the risk of prescribing clearly outweighs the benefits of treatment in preventing hospitalization, death, and the potential for reduced risk of long COVID.

The California Department of Public Health (CDPH) COVID-19 Therapeutics Task Force wants to support you in getting ready for potential COVID-19 surges in your facility. CDPH understands that facilities do not control the actions and decision of individual health care providers. However, you can help facilitate treatments for your residents and staff with preparedness education, awareness, and getting the right plans into place. The CDPH COVID-19 Therapeutics Task Force is available to assist you with developing best practices and education for your situation. You can contact us at [COVIDRxProviders@cdph.ca.gov](mailto:COVIDRxProviders@cdph.ca.gov) or give us a call (833) 502-1245 from Monday to Friday 8am to 6pm. You can also use the Provider COVID-19 Call Center email: [covidcallcenter@cdph.ca.gov](mailto:covidcallcenter@cdph.ca.gov).

**Surge preparedness tips: baseline strategies**

- Encourage wearing masks with good fit and filtration like N95s, KN95s and KF94s
- Isolating and cohorting ill patients
- Testing staff and residents with symptoms
- Preparing for increasing use of COVID-19 treatments:
  1. Reach out to your residents' health care providers
  2. Confirm supply with your pharmacy, if possible
  3. Develop a plan
  4. Educate your staff
  5. Inform resident/resident representatives of treatment availability




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## California COVID-19 Therapeutics Best Practices Toolkit

### For Clinics


**THIS TOOLKIT HAS SIMPLE CHECKLISTS MY TEAMS CAN USE**




**USEFUL LINKS TO QUICKLY ACCESS UP-TO-DATE INFORMATION**



**NOW WE'RE PREPARED FOR THE NEXT SURGE**





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Toolkits for Care Providers  
 Email: [COVIDRxProviders@cdph.ca.gov](mailto:COVIDRxProviders@cdph.ca.gov)

[COVID-19 Treatments Resources for Healthcare Providers](#)

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# COVID-19 Treatments

Safe, Effective,  
Accessible

- Paxlovid treatment alone could lead to **1,500 lives saved and 13,000 hospitalizations averted each week** in the US (FDA, Jan. 2023)
- Treating COVID-19 reduces the severity of the sickness and may prevent long-COVID.
- Know the [Myths and Facts on COVID-19 Therapeutics](#) and [COVID-19 Treatment Guidelines](#) (nih.gov)

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# Thank you

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# CAIR DATA REQUIREMENTS FOR ALL PROVIDERS

Albert Lopez, Local CAIR Representative, San Diego



# CAIR2 Overview for Skilled Nursing Facilities (SNFs) in San Diego County



**Albert Lopez**

[Albert.lopez@cdph.ca.gov](mailto:Albert.lopez@cdph.ca.gov)

Local CAIR Representative

San Diego County Region

California Department of Public Health – IZ Branch

[cdph.ca.gov/cair](http://cdph.ca.gov/cair)



# Agenda

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- What is CAIR2?
- AB1797
- Frequently Asked Questions (FAQs)
- CAIR2 Informational Website
- CAIR2 Enrollment
- CAIR2 User Roles
- Account Update
- LCR Contact Info
- Important CAIR Links & Contacts
- Time for Questions

# What is CAIR2?

## A secure internet-based immunization registry for California

- Tracks patient immunizations and TB test information
- Reduces missed opportunities
- Increases immunization coverage rates
- Used by thousands of health care providers and other agencies in California
- Patients of all ages can be entered into CAIR2



# AB1797: Effective January 1, 2023

## All California healthcare providers who administer vaccines are required to:

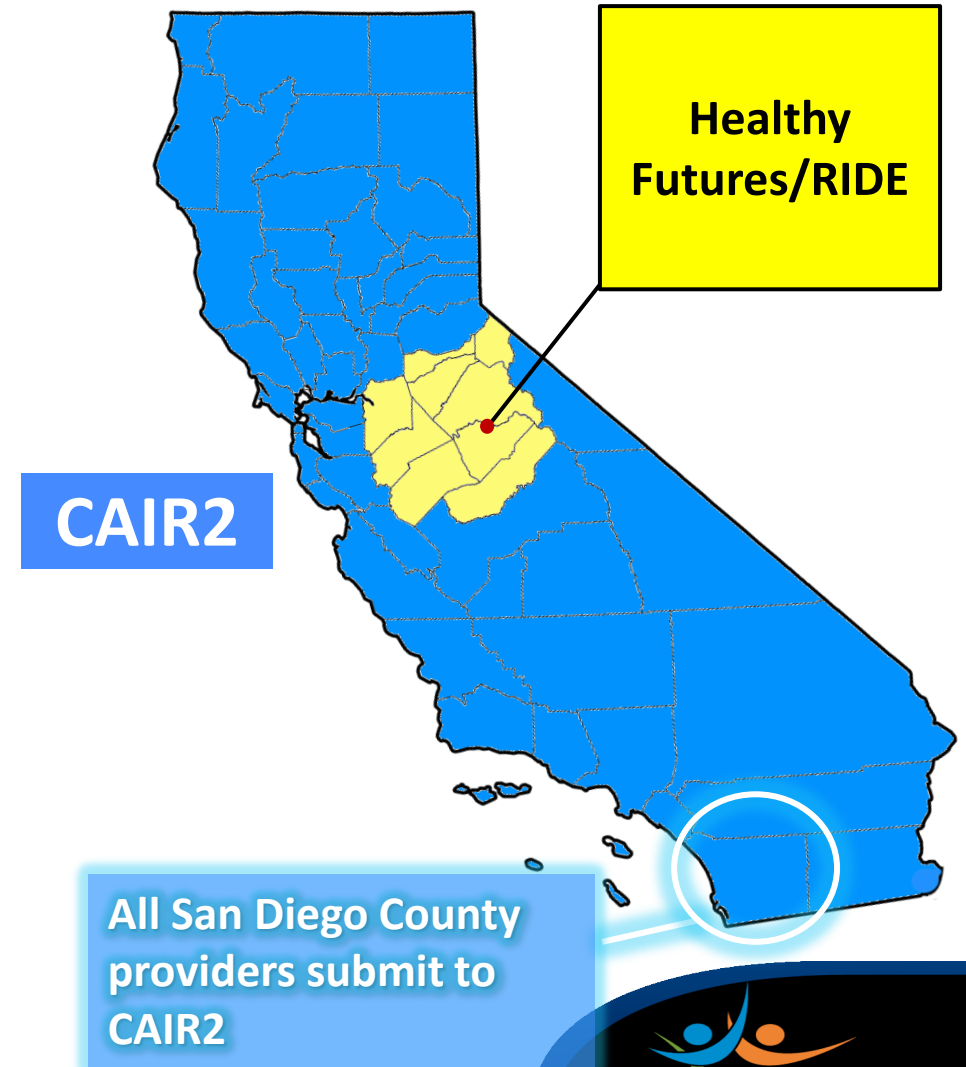
### Enter/submit patient vaccination information to a CA Immunization Registry: CAIR2 or Healthy Futures (HF)/RIDE

- CAIR2 users, including in San Diego, submit to CAIR2;
  - HF/RIDE users submit to HF/RIDE
- Includes all vaccinations given for all ages
- TB test results must be reported

#### Please Note!!!

If an outside agency (i.e. pharmacy) does all vaccination for your SNF, the provider/agency bringing the vaccine and giving the shot is responsible for recording the shot in CAIR.

If your SNF is ordering & administering all vaccines yourself, your site is responsible for recording the shot in CAIR.



# AB1797 (con't)

Healthcare providers must enter/submit the Race and Ethnicity for each patient receiving vaccinations to CAIR2 or Healthy Futures/RIDE. This is to support the assessment of health disparities in immunization coverage.

- If a patient prefers not to share this information, the provider is able to select/submit a “Prefer not to say” option in the IZ Registry.

For more information & AB1797 FAQs: [bit.ly/AB1797FAQ](https://bit.ly/AB1797FAQ)

# Frequently Asked Questions (FAQs)

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Most questions/issues regarding your SNF's CAIR account can be answered by contacting your Local CAIR Representative (LCR) including:

Is my site already enrolled in CAIR?

I know we are enrolled but don't have access/don't know my site's Org Code.

I have the site Org Code, but don't know/have a username to login.

My site is currently showing as '*Non-Clinical*.'

I do not have the option to add *Regular* users.

My current staff only have *Read-Only* access.

# CAIR2 Informational Website



<https://cdph.ca.gov/CAIR>

## CAIR Users

- LCR Contact Info
- Help Desk
- User Guides & Videos
- FAQs
- & More!

## Supervisors

- **Enroll** your site with CAIR
- **Account Update**
- & More!

## CALIFORNIA IMMUNIZATION REGISTRY

- CAIR ▶
- Join CAIR ▶
- CAIR Users ▶
- Data Exchange ▶
- User Guides & Forms ▶
- Finding Records ▶

**Hours:**  
8am–5pm Monday to Friday  
[CAIRHelpdesk@cdph.ca.gov](mailto:CAIRHelpdesk@cdph.ca.gov)  
Phone: 800-578-7889  
Fax: 888-436-8320

## Welcome to the CAIR Information Website



The California Immunization Registry (CAIR2) is a secure, confidential, statewide computerized immunization information system for California residents.



# CAIR2 Enrollment

## CALIFORNIA IMMUNIZATION REGISTRY

- CAIR
- Join CAIR**
- CAIR Users
- Data Exchange
- User Guides & For
- Finding Records

- How CAIR Helps Your Practice
- Provider FAQ
- Pharmacy Requirement
  - Pharmacy FAQs
  - Pharmacy Manual Entry
  - Pharmacy EHR Submissions
- Enroll Now!**
- CAIR User Roles Guidance
- Value Based Payment Program
- COVID-19 Vaccine Reporting

**Hours:**  
**8am-5pm Monday to F**

[CAIRHelpdesk@cdph.ca.gov](mailto:CAIRHelpdesk@cdph.ca.gov)

Phone: 800-578-7889

7-111-111-1111

to the CAIR Information Website

**Please Note!!!**  
Most SNFs in San Diego County are *already enrolled* with CAIR. If you are unsure about your site, please contact your LCR **BEFORE** submitting a new enrollment.



**The California Immunization Registry (CAIR2) is a secure, confidential, statewide computerized immunization information system for California residents.**



# CAIR2 Enrollment Options

## Manual Entry

Site does *not* have EHR/EMR system or does *not* wish to link directly with CAIR.

Staff will login via the online CAIR Portal to document doses administered into each individual patient record.

Staff will require **Regular** access to record doses. If site plans to use CAIR for inventory tracking, **Power** access may also be assigned to 1-2 inventory managers.

## Data Exchange (DX)

Site has EHR/EMR system capable of sending HL7 formatted data.

Doses documented in site EHR/EMR will be sent directly to CAIR and the patient record via electronic Data Exchange (DX).

Most staff at DX sites will usually only require **Read-Only** or **QA** access as all IZs entered in the EHR/EMR are already being sent directly to CAIR.

# CAIR2 User Roles

	Read Only	QA (Quality Assurance)	Regular	Power (Inventory)
Search Records	✓	✓	✓	✓
Run Reports	✓	✓	✓	✓
Add/Edit Doses			✓	✓
Add/Edit New Patients			✓	✓
Add/Edit Inventory				✓
Monitor DX Activity		✓	✓	✓
<b>Training(s) Required</b>	<b>0</b>	<b>0</b>	<b>1 (2hr)</b>	<b>1 (1.5hr)*</b>

\*in addition to Regular training

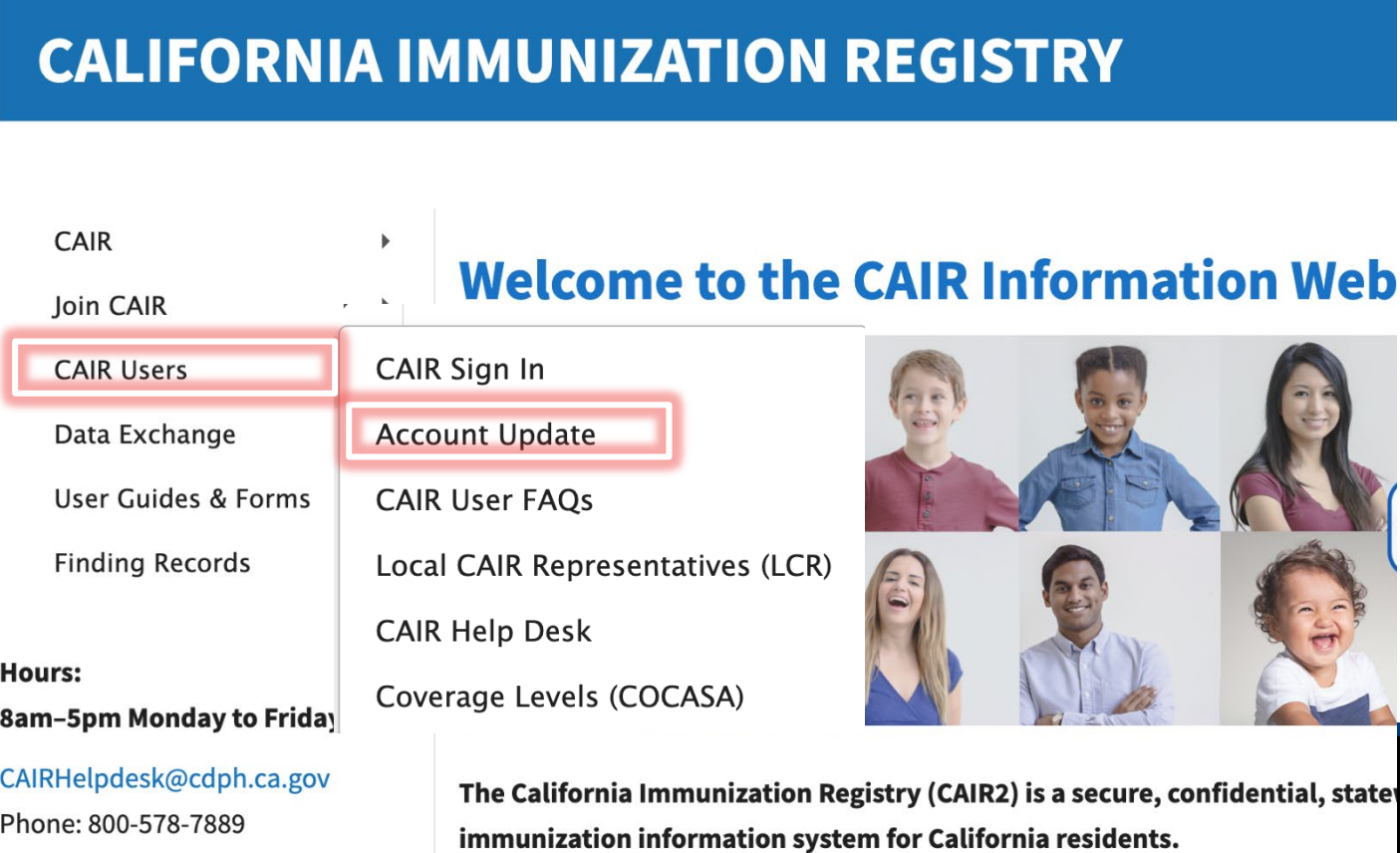
# Account Update (AU)

<https://accountupdate.cairweb.org/>

Account Update (AU) should only be accessed by the **Primary CAIR Contact** or **Supervisor** at the site.

## What is AU used for?

- Update Org level information (i.e. site contact info, address, Provider of Record, etc.)
- Add/Transfer users
- Inactivate/Activate users
- Add/Update Shot-givers
- & more!



**CALIFORNIA IMMUNIZATION REGISTRY**

CAIR

Join CAIR

**CAIR Users**

Data Exchange

User Guides & Forms

Finding Records

Hours:  
8am-5pm Monday to Friday

[CAIRHelpdesk@cdph.ca.gov](mailto:CAIRHelpdesk@cdph.ca.gov)  
Phone: 800-578-7889

**Welcome to the CAIR Information Web**

CAIR Sign In

**Account Update**


CAIR User FAQs

Local CAIR Representatives (LCR)

CAIR Help Desk

Coverage Levels (COCASA)

The California Immunization Registry (CAIR2) is a secure, confidential, state immunization information system for California residents.

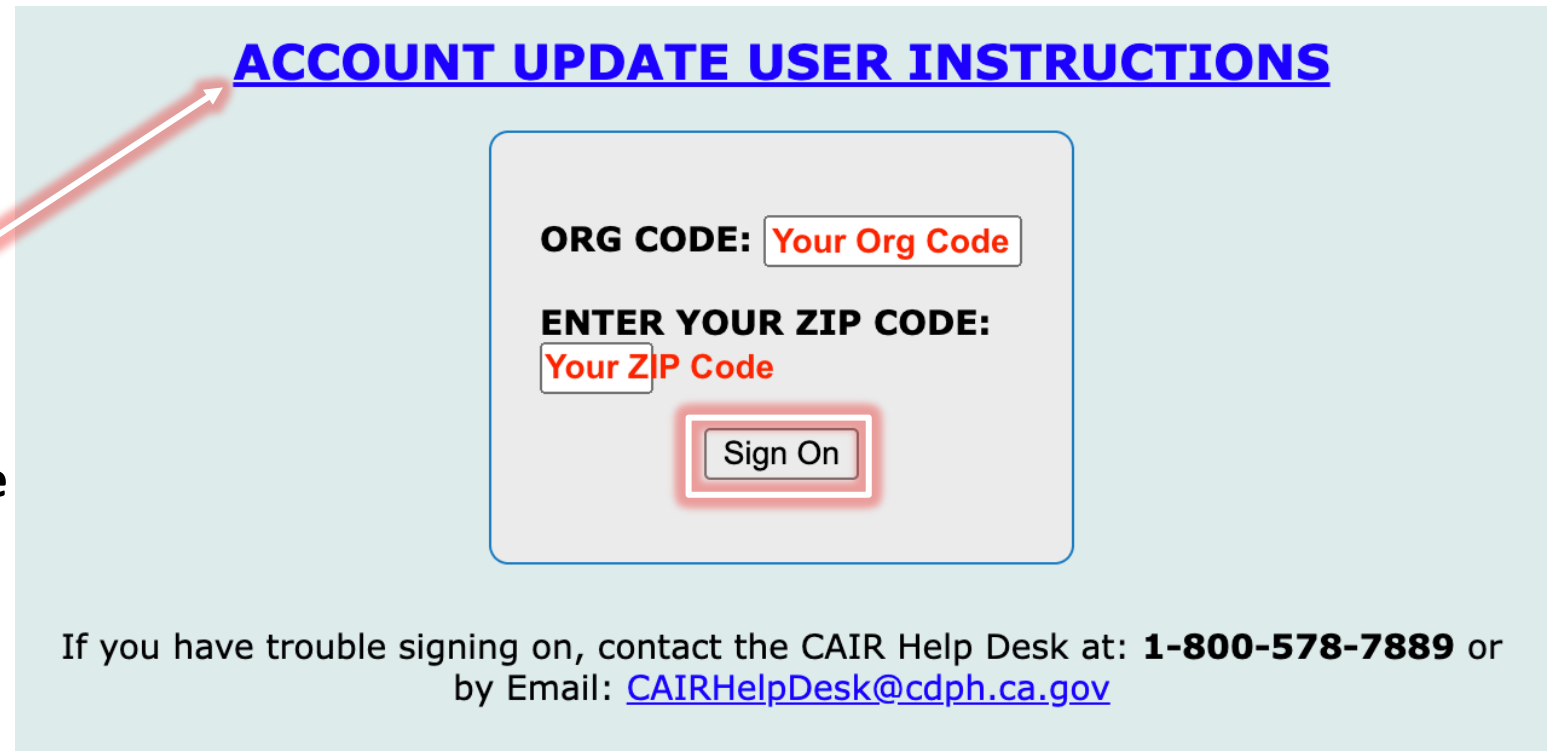


# Accessing Account Update

When submitting an Account Update, please **READ** and follow all on screen instructions carefully.

To access a more detailed guide for Account Update with step-by-step instructions, click [here](#)

Enter your site's **Org Code & Zip Code** and click **Sign On**



**ACCOUNT UPDATE USER INSTRUCTIONS**

**ORG CODE:**

**ENTER YOUR ZIP CODE:**

If you have trouble signing on, contact the CAIR Help Desk at: **1-800-578-7889** or by Email: [CAIRHelpDesk@cdph.ca.gov](mailto:CAIRHelpDesk@cdph.ca.gov)

# Verifying Org Type in Account Update

Confirm the **Organization Type** displays your correct site type (*Nursing Home/LTC*)

Verify the **Responsible Licensed Clinician, License #, and License Type** (MD, DO, NP, PA, or RPH) is current/up-to-date

### Update CAIR Organization Account - Site Information

Please update your Organization account information as needed then proceed to the next page. Fields with an \* are required.

Your Name	<input type="text"/>	Enter your full name. Authorized personnel filling out this form.		
Org ID	<b>07CTEST</b>			
Org Name	<b>CHERYLS TEST</b>			
Address 1	<input type="text" value="855 MARINA BAY PKWY"/>	Phone	<input type="text" value="(530) 632 - 4600"/>	
Address 2	<input type="text" value="STE 4"/>	Fax	<input type="text" value="(530) 632 - 8321"/>	
City	<input type="text" value="RICHMOND"/>			
Public Org (eg. Community Clinic)	<input type="text" value="No"/>			
Site Email	<input type="text" value="CARRY.ROBINSON@CDPH.CA.GOV"/>			
Contact First Name	<input type="text" value="CHERYL"/>			
Contact Last Name	<input type="text" value="SCOTT"/>			
Data Exchange	<input type="text" value="No"/>			
WIC Provider	<input type="text" value="No"/>			
VFC PIN	<input type="text" value="888888"/>			
Organization Type	<input type="text" value="Pediatrics"/>			
Responsible Licensed Clinician:	If your Organization Type is incorrect please email us at <a href="mailto:CAIRHelpDesk@cdph.ca.gov">CAIRHelpDesk@cdph.ca.gov</a> before moving forward as this will affect the user levels of existing and new users at your site.			
First Name as it appears on medical license *	<input type="text" value="CHERYL"/>	CA Medical License # *	<input type="text" value="123456"/>	
Last Name as it appears on medical license *	<input type="text" value="SCOTT"/>	License Type *	<input type="text" value="Pharm"/>	

**Please Note!!!**  
If your Organization Type is appearing as 'Non-Clinical' and your site needs access to report doses administered, you **MUST** contact your LCR to change it before proceeding with the Account Update.  
'Non-Clinical' sites can only request **Read-Only** or **QA** users which do not have access to document any new vaccines administered.

# San Diego County LCRs & Contact Info

## Albert Lopez

[Albert.lopez@cdph.ca.gov](mailto:Albert.lopez@cdph.ca.gov)

(510) 672-4328

## Ryan Thun

[ryan-christopher.thun@cdph.ca.gov](mailto:ryan-christopher.thun@cdph.ca.gov)

(559) 375-4220

### When contacting your LCR, please include the following information:

- Your site **name** and **Org Code** (if you know it)
- Your site **address**
- A **brief summary of the issue** you are encountering
- Whether your site uses **Manual Entry** or **Data Exchange (DX)** via your EHR/EMR

# Important CAIR Links & Contacts

## CAIR Informational Website:

<https://cdph.ca.gov/cair>

## CAIR User Guides:

<https://www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/CAIR-Training-Guides.aspx>

## CAIR Forms:

<https://www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/CAIR-records-forms.aspx>

### Provider Call Center

Phone: 833-502-1245

Email: [providercallcenter@cdph.ca.gov](mailto:providercallcenter@cdph.ca.gov)

### CAIR Help Desk

Phone: 800-578-7889 option #9

Email: [CAIRHelpDesk@cdph.ca.gov](mailto:CAIRHelpDesk@cdph.ca.gov)

### Local CAIR Representatives (LCRs):

[go.cdph.ca.gov/cair-lcr](https://go.cdph.ca.gov/cair-lcr)

### CAIR Data Exchange (DX) Specialists

Email: [CAIRDataExchange@cdph.ca.gov](mailto:CAIRDataExchange@cdph.ca.gov)

# **VACCINES IN LONG-TERM CARE FACILITIES: WHAT'S IMPORTANT?**

Mark Sawyer, MD

Professor of Clinical Pediatrics, UC San Diego

Infectious Disease Specialist, Rady's Children's Hospital





# Vaccines in Long-Term Care Facilities

Which ones are important?

# Factors that contribute to transmission of infection in long-term care facilities

- **Lots of interpersonal contact**
- **High risk population**
- **Staff turnover**
- **You are contagious before you know it**
- **Low immunization rates**

# Who is at greatest risk?

- The oldest
- Multiple medical conditions
- Immunocompromise
- Chronic lung disease (asthma, bronchiectasis, COPD, fibrosis)
- Chronic heart disease
- Dementia, Alzheimer's
- Diabetes
- Overweight and obesity
- Physical inactivity



# Why don't people get vaccines?

- “I don't get sick”
- “I didn't know I needed that vaccine”
  - I didn't know there was a vaccine
  - I thought I already had that vaccine
- “I didn't know where to get it”
- “Too busy, inconvenient”
- “Insurance/Co-pay”

We can do something about these reasons!!

# Improving immunization rates

- Provide vaccine on site for staff and residents
- Provide convenient access to vaccine
- Actively promote vaccination, including to visitors
- Provide individual reminders about the need for vaccination
- Assess vaccination rates and provide feedback

# Pneumonia-double wammy

**Viral infections can be a setup for subsequent bacterial infections**

## **Common viral causes of pneumonia**

- Influenza
- COVID
- RSV
- Adenovirus
- Rhino/enterovirus
- Parainfluenza

## **Common bacterial causes of pneumonia**

- Pneumococcus
- Gram-negative enteric
- Staph aureus/MRSA
- Aspiration-mixed infections
- Respiratory tract bacteria-H influenzae, Moraxella



**Table 1**

**See Addendum for new or updated ACIP vaccine recommendations**  
**Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2023**

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	2- or 3- dose primary series and booster (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4) <b>or</b> Influenza live, attenuated (LAIV4)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes) 1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, see notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)			See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	19 through 23 years	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations		
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			

  Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
 
  Recommended vaccination for adults with an additional risk factor or another indication
 

  Recommended vaccination based on shared clinical decision-making
 

  No recommendation/ Not applicable



# Influenza





# How to organize the influenza vaccines

- Basic vaccine-good for everyone
  - Different dose for young children < 3 years of age
  - Two doses for children <9 years the first time they are immunized
- Live attenuated influenza vaccine-the nasal vaccine
  - For healthy people 2 through 49 years of age
- Preferred products for seniors-65 years and older
  - High-dose influenza vaccine (Fluzone); Recombinant influenza vaccine (Flublok); adjuvanted influenza vaccine (Fluad)
- We don't care if they are made in eggs or not

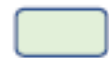
# Influenza Vaccines by Age Indication, United States, 2021–22 Influenza Season

Vaccine type		0 through 6 months	6 through 23 months	2 through 17 years	18 through 49 years	50 through 64 years	≥65 years	
IIV4s	Standard-dose, unadjuvanted inactivated (IIV4)	Not approved for age group	Eggbased Afluria Quadrivalent Fluarix Quadrivalent FluLaval Quadrivalent Fluzone Quadrivalent					
	Cell culture-based inactivated (ccIIV4)	Not approved for age group	Not eggbased Flucelvax Quadrivalent					
	Adjuvanted inactivated (aIIV4)	Not approved for age group						Eggbased Fluad Quadrivalent
	High-dose inactivated (HD-IIV4)	Not approved for age group						Eggbased Fluzone High-Dose Quadrivalent
RIV4	Recombinant (RIV4)	Not approved for age group			Not eggbased Flublok Quadrivalent			
LAIV4	Live attenuated (LAIV4)	Not approved for age group		Eggbased FluMist Quadrivalent	Not approved for age group			

IIV4=quadrivalent inactivated influenza vaccine RIV4=quadrivalent recombinant influenza vaccine LAIV4=quadrivalent live attenuated influenza vaccine



Not approved for age group

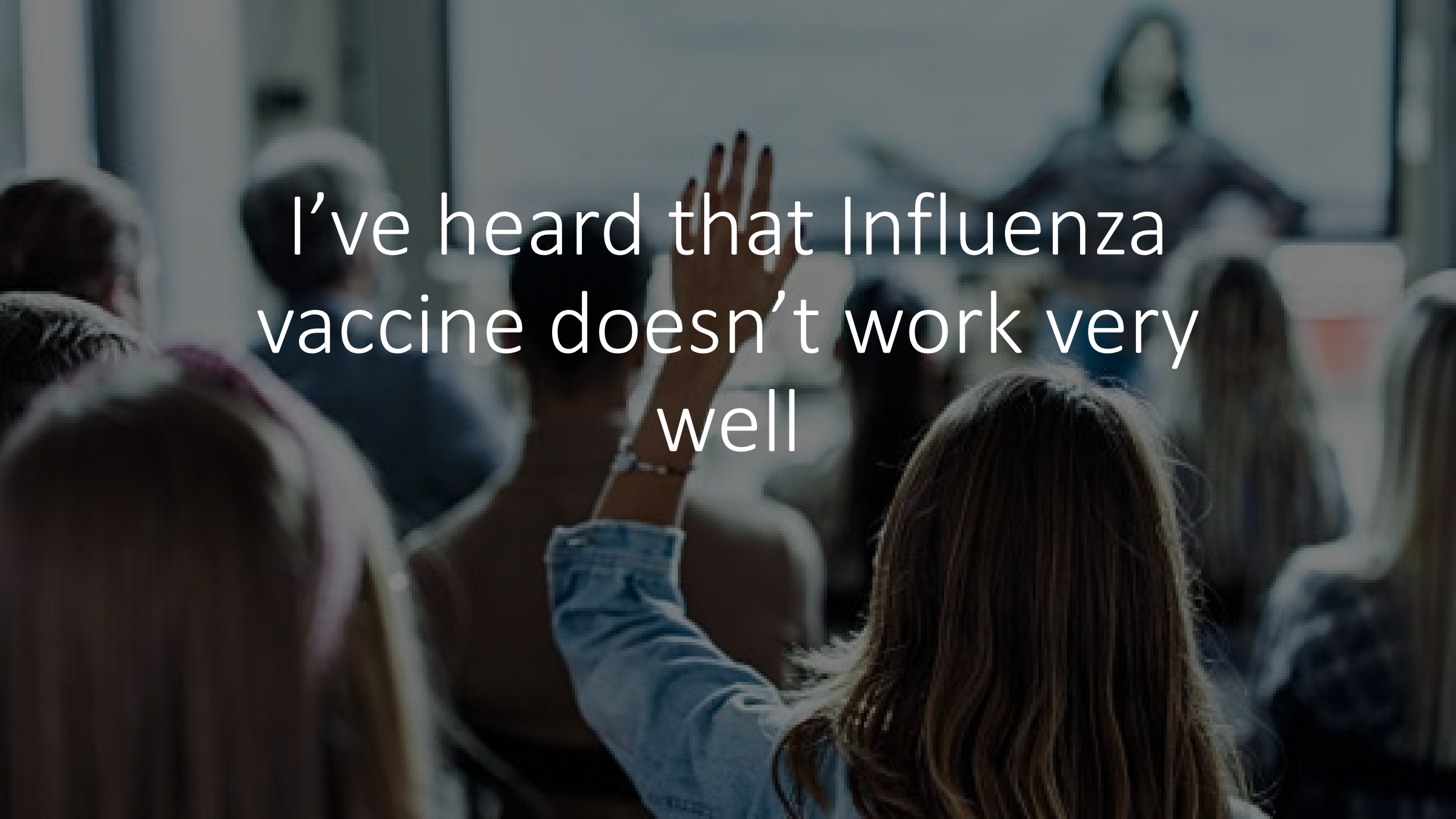


Eggbased



Not eggbased

All vaccines expected for 202-22 are quadrivalent (i.e., contain hemagglutinin derived from four viruses: one influenza A(H1N1), one influenza A(H3N2), one influenza B/Victoria and one influenza B/Yamagata.



I've heard that Influenza  
vaccine doesn't work very  
well

# Vaccine effectiveness depends on who you are and what you mean by “effectiveness”

## The same vaccine can be:

70% effective in children

60% effective in adults 18-64

50% effective in adults 65 and over

30% effective in

immunocompromised patients

## The same vaccine can be:

40% effective in preventing symptoms

50% effective in preventing you from getting sick enough to go see the doctor

60% effective in preventing hospitalization

70% effective in preventing ICU admission

80% effective in preventing death



# Influenza vaccine

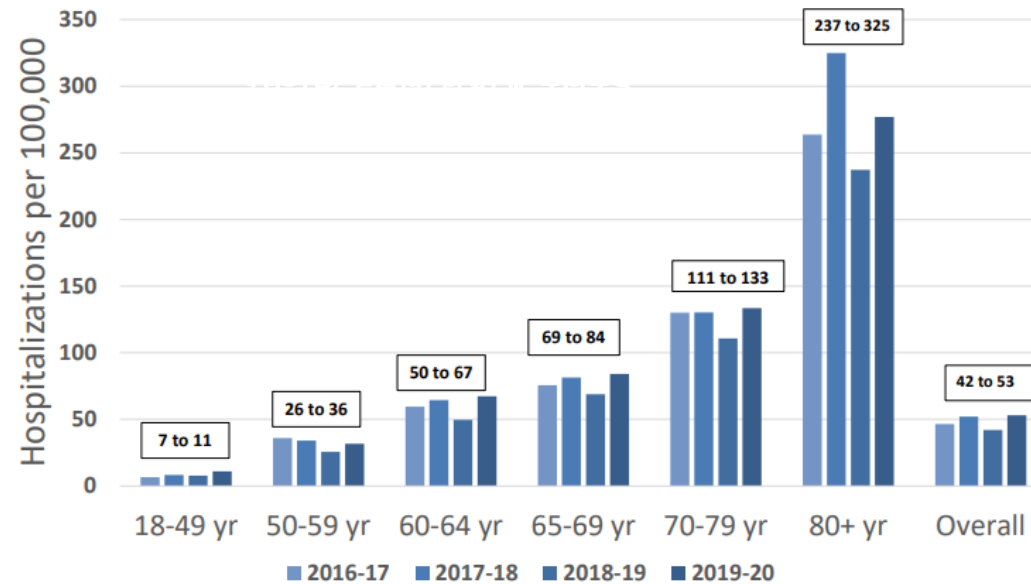
- Changes every year because the virus changes
- Immunity wanes over time
  - Need annual boost
  - Timing of administration important-for most people don't start before September
- Specific products preferred for those 65 years and older
- Egg allergy does not matter
- No recommendation to give more than once per year



# Respiratory Syncytial Virus (RSV)

# RSV vaccine for seniors

## RSV-associated hospitalization rates by adult age group, RSV-NET 2016–2020



Two different vaccines  
(GSK/Pfizer)

Single dose

Source: unpublished data; <https://www.cdc.gov/rsv/research/rsv-net/overview-methods.html>.  
Rates are age-adjusted for the frequency of RSV testing during recent prior seasons and the sensitivity of RSV diagnostic tests.

# RSV vaccine for seniors-Vaccine efficacy

**Both clinical trials showed significant efficacy against lower respiratory tract disease/illness caused by RSV**

- Efficacy point estimates against the primary outcomes in both trials exceeded 60%

<b>GSK</b>		<b>Pfizer</b>	
<b>Outcome</b>	<b>Efficacy (%), 96.95% CI</b>	<b>Outcome</b>	<b>Efficacy (%), 95% CI</b>
RSV LRTD <sup>a</sup>	<b>82.6</b> (57.9–94.1)	RSV LRTI $\geq$ 2 symptoms <sup>b</sup>	<b>66.7</b> (32.5–84.8)
		RSV LRTI $\geq$ 3 symptoms <sup>b</sup>	<b>85.7</b> (37.9–98.4)

<sup>a</sup> Lower respiratory tract disease:  $\geq$ 2 lower respiratory symptoms/signs for  $\geq$ 24 hours including  $\geq$ 1 lower respiratory sign OR  $\geq$ 3 lower respiratory symptoms for  $\geq$ 24 hours

<sup>b</sup> Lower respiratory tract illness:  $\geq$ 2 or  $\geq$ 3 lower respiratory signs/symptoms lasting more than 1 day



# RSV vaccine recommended for subset of adults 60 years and older



- Two different vaccine products
- Provider and patient to use shared clinical decision making to decide whether to use the vaccine this fall
- Available now
- Coadministration with other vaccines allowed (limited data)



# Why does the provider need to help each patient decide?

- Not very cost effective for everyone
- No data on duration of protection
- No data on ability to boost with a later dose
- A total of six cases of inflammatory neurologic events (Guillain-Barre, ADEM, others) occurred in the clinical trials
- Individual risk aversion



# Risk factors for RSV infection in adults 60 years and older

- Chronic lung or heart disease
- Asthma
- Diabetes
- Chronic kidney disease
- Chronic neurologic conditions
- Immunocompromised people
- Residents of long-term care facilities

# COVID Vaccine

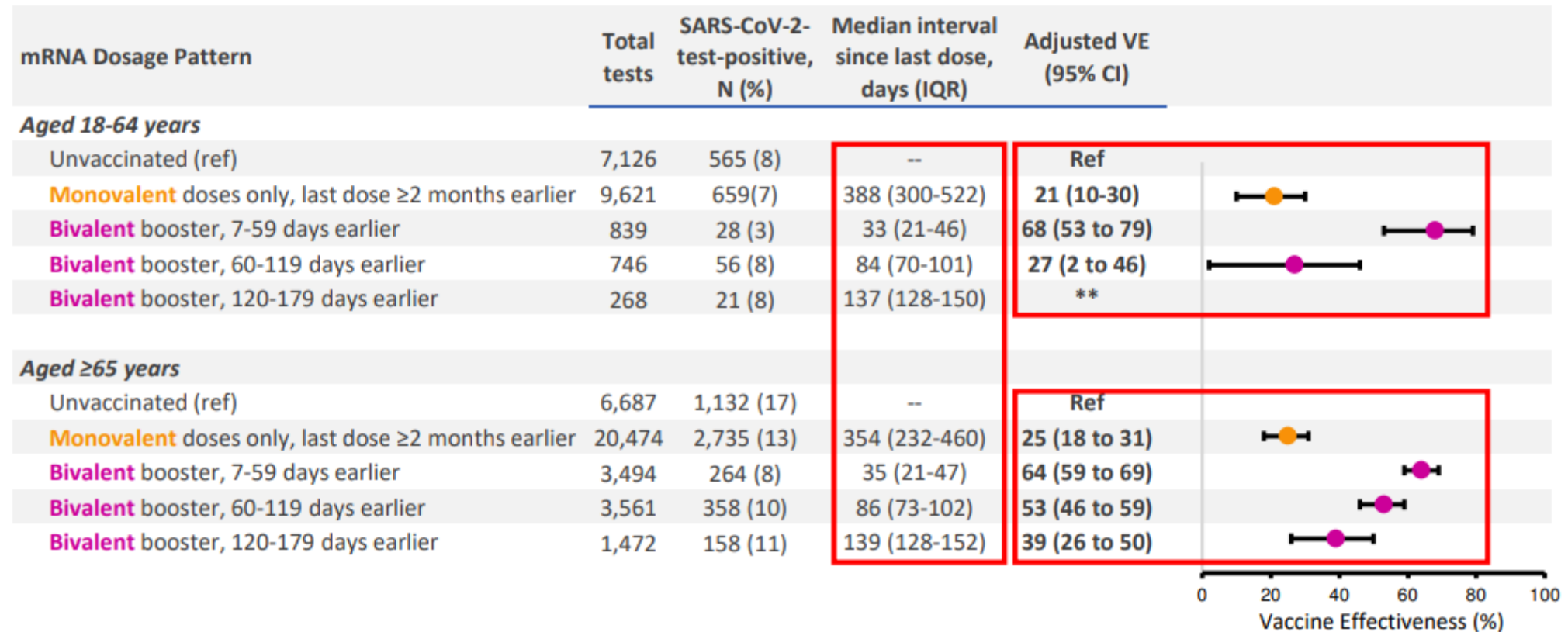




# COVID Vaccine

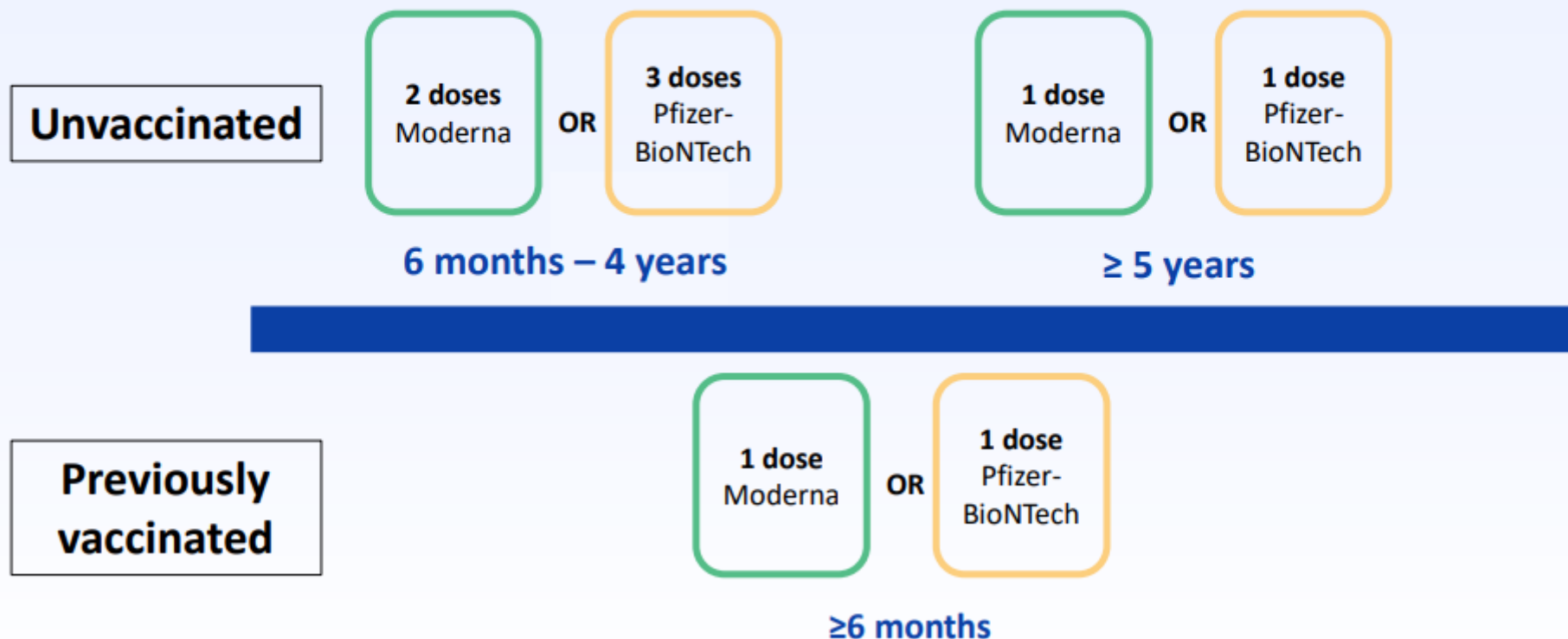
- Vaccine effectiveness wanes over time
  - Waning antibody levels
  - Changing viral strains
    - Delta, Omicron, Eris, Pirola.....
    - BA.2.86, XBB.1.5, EG.5, FL.1.5.1.....
- We are now using the XBB.1.5 derived monovalent vaccine. Referred to as the 2023-2024 COVID vaccine
- A dose of the new vaccine is needed no matter what you had before
- Dosing now simplified for most people

## VISION: **Absolute** VE of **monovalent** and **bivalent** booster against **hospitalization** among **immunocompetent** adults aged $\geq 18$ years, by age group – September 2022 – March 2023\*



\*Unpublished CDC data. \*\*Not included due to imprecise estimates (confidence intervals  $>50$  percentage points).

## 2023 – 2024 COVID-19 vaccine recommendations for mRNA COVID-19 vaccines



Note: Those ages 6 months – 4 years who have previously received a single dose of Pfizer-BioNTech would need 2 additional doses. Additional doses are recommended for persons with immunocompromising conditions.



What else is there?



# Pneumococcal Vaccines: PCVs vs. PPSV23

	1	3	4	5	6A	6B	7F	9V	14	18C	19A	19F	23F	22F	33F	8	10A	11A	12F	15B	2	9N	17F	20	
PCV13																									
PCV15																									
PCV20																									
PPSV23																									

Characteristic	PCV	PPSV23
Basic Vaccine Composition	Capsular polysaccharides conjugated to <b>CRM197 Carrier Protein</b>	Capsular polysaccharide antigens
Mechanism of action	T-cell <b>dependent</b>	T-cell <b>independent</b>
Memory B cell production	<b>Yes</b>	<b>No</b>

PCV: pneumococcal conjugate vaccine, PPSV23: 23-valent pneumococcal polysaccharide vaccine

# Pneumococcal Vaccine Timing for Adults

Make sure your patients are up to date with pneumococcal vaccination.

## Adults $\geq 65$ years old Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	PCV20	PCV15 $\xrightarrow{\geq 1 \text{ year}^\dagger}$ PPSV23
PPSV23 only at any age	$\xrightarrow{\geq 1 \text{ year}}$ PCV20	$\xrightarrow{\geq 1 \text{ year}}$ PCV15
PCV13 only at any age	$\xrightarrow{\geq 1 \text{ year}}$ PCV20	$\xrightarrow{\geq 1 \text{ year}^\dagger}$ PPSV23
PCV13 at any age & PPSV23 at <65 yrs	$\xrightarrow{\geq 5 \text{ years}}$ PCV20	$\xrightarrow{\geq 5 \text{ years}^\S}$ PPSV23

## Adults 19–64 years old with specified immunocompromising conditions

### Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	PCV20	PCV15 → $\geq 8$ weeks → PPSV23
PPSV23 only	$\geq 1$ year → PCV20	$\geq 1$ year → PCV15
PCV13 only	$\geq 1$ year → PCV20	$\geq 8$ weeks → PPSV23 → $\geq 5$ years → PPSV23 Review pneumococcal vaccine recommendations again when your patient turns 65 years old.
PCV13 and 1 dose of PPSV23	$\geq 5$ years → PCV20	$\geq 5$ years <sup>†</sup> → PPSV23 Review pneumococcal vaccine recommendations again when your patient turns 65 years old.
PCV13 and 2 doses of PPSV23	$\geq 5$ years → PCV20	<b>No vaccines</b> recommended at this time. Review pneumococcal vaccine recommendations again when your patient turns 65 years old.
Immunocompromising conditions	<ul style="list-style-type: none"> <li>Chronic renal failure</li> <li>Congenital or acquired asplenia</li> <li>Congenital or acquired immunodeficiency<sup>§</sup></li> <li>Generalized malignancy</li> </ul>	<ul style="list-style-type: none"> <li>HIV infection</li> <li>Hodgkin disease</li> <li>Iatrogenic immunosuppression<sup>†</sup></li> <li>Leukemia</li> <li>Lymphoma</li> </ul>

- Multiple myeloma
- Nephrotic syndrome
- Sickle cell disease/other hemoglobinopathies
- Solid organ transplant

# Zoster vaccine

## Herpes Zoster & PHN: Clinical Manifestations

### Herpes Zoster

- About 90% of HZ episodes associated with pain
- Treatment: antivirals reduce duration of rash and pain<sup>1</sup>

### PHN

- Pain at least 90 days following resolution of rash
- Treatment: minimal or no efficacy. Side effects, especially in elderly<sup>2</sup>

**“My PHN is worse than my cancer and chemotherapy...  
[it] has made me depressed and suicidal in the past”**



Courtesy of M. Oxman

1. Cohen et al, NEJM 2013, 2. Johnson et al, NEJM 2014



# Zoster vaccine

- 2 doses given 2-6 months apart
- Recommended for adults  $\geq 50$  years old
- >85% effective in prevention of zoster
- Recommended in:
  - People immunized with the previous zoster vaccine (Zostavax)
  - People immunized with varicella vaccine
- Expect both local and systemic side effects



# Other vaccines to think about

- Tdap (tetanus, diphtheria, pertussis)-are there young grandchildren around?
- Hepatitis B-routine under 60 years of age. Consider for those over 60 with potential blood exposure (e.g. people with diabetes)
- Hepatitis A vaccine-people with liver disease, international travel

# Summary

- Long term care facilities have lots of characteristics that increases risk of transmission of infections
- Long term care residents often have multiple risk factors for some infections
- We have effective vaccines for the big 3: Influenza, RSV, COVID
- Adults need other vaccines which can decrease transmission of infection in long term care facilities

# **ACCESS TO VACCINES**

Emily Do, PharmD, JD, MBA, BCPS, CHC, CSSBB  
Chief Pharmacy Officer, Medical Care Services  
County of San Diego HHSA



# ACCESS TO VACCINES



**Emily Do, PharmD, JD, MBA**

**Chief Pharmacy Officer**

[SANDIEGOCOUNTY.GOV/HHSA](https://www.sandiegocounty.gov/hhsa)

# OBJECTIVES

1. Vaccine access in Long Term Care settings
2. Proper storage and handling of vaccines



# Vaccine Access

## Current pharmacy providers

- Contact your current pharmacy for process/procedures
- Vaccine administration may or may not be available
- Facility staff may need to administer

## Retail pharmacies

- Administration may be available via scheduled clinics
- Contact retail pharmacy directly for additional information

## San Diego County

- Champions for Health (contractor)

# Proper Storage and Handling (9/29/23)

**Beyond-Use Date**

Pfizer – Comirnaty (2023-24 adult formula)

- Do not dilute
- Dose per vial: 1 (30 mcg/0.3 mL), discard unused portion
- Vials per carton: 10 (10 doses total)
- Minimum standard order: 10 doses (1 carton)
- Storage:
  - Ultralow temperature (-90 to -60 C) until expiration date
  - Refrigerator (2-8 C) up to 10 weeks
    - Write BUD (beyond-use-date) on carton/vial – BUD should not exceed original expiration date
  - Please ask pharmacy to dispense with BUD if stored in refrigerator
  - Questions – ask your pharmacist

# Proper Storage and Handling (9/29/23)

Beyond-Use Date

Moderna – Spikevax (2023-24 adult formula)

- Do not dilute
- Vial – 1 dose (50 mcg/0.5 mL) per vial, discard unused portion
- Syringe – 1 dose (50 mcg/0.5 mL) per syringe
- Doses per carton: 10 for both syringes and vials
- Minimum standard order: 10 vial (1 carton); syringes – TBD
- Storage:
  - Freezer (-50 to -15 C) until expiration date
  - Refrigerator (2-8 C) up to 30 days
    - Write BUD (beyond-use-date) on carton/vial – BUD should not exceed original expiration date
  - Please ask pharmacy to dispense with BUD if stored in refrigerator
  - Questions – ask your pharmacist

# Storage



# Temperature Monitoring



## **How often should you record the temperature?**

At least twice per day

Every day

Where do you record the temperature and how long do you keep those records?

Who is responsible?

Who ensures this is done twice a day, every day?



## **What to do when temperature is out of range?**

Do you know what the temperature range is?

What if you have a power outage?



## **Does your policy address these and other operational considerations?**

# Resources



[CDC Vaccine Storage and Handling](#)

[CDC Beyond-Use-Date/Time](#)

[CDC At-A-Glance Resource Guide](#)

[CDC Web-Based Training Courses](#)

[CDPH COVID-19 Vaccine Resources](#)

[EZIZ Product Guide](#)

[Champion for Health – Vaccination Clinic Request](#)





**THANK YOU**

# **INFECTION PREVENTION FOR RESPIRATORY VIRUS SEASON**

Mara Rauhauser, BSN, RN

Public Health Nurse, Healthcare Associated Infections Program  
Epidemiology and Immunization Services Branch  
Public Health Services, County of San Diego HHSA

# Infection Prevention for Respiratory Virus Season

Vaccinations for Adults in LTCF  
October 25, 2023

Mara Rauhauser  
BSN, RN, PHN

Senior Public Health  
Nurse

Healthcare-Associated  
Infections (HAI)  
Program



Prevention is better  
than cure





**Keep up to date on all vaccinations**

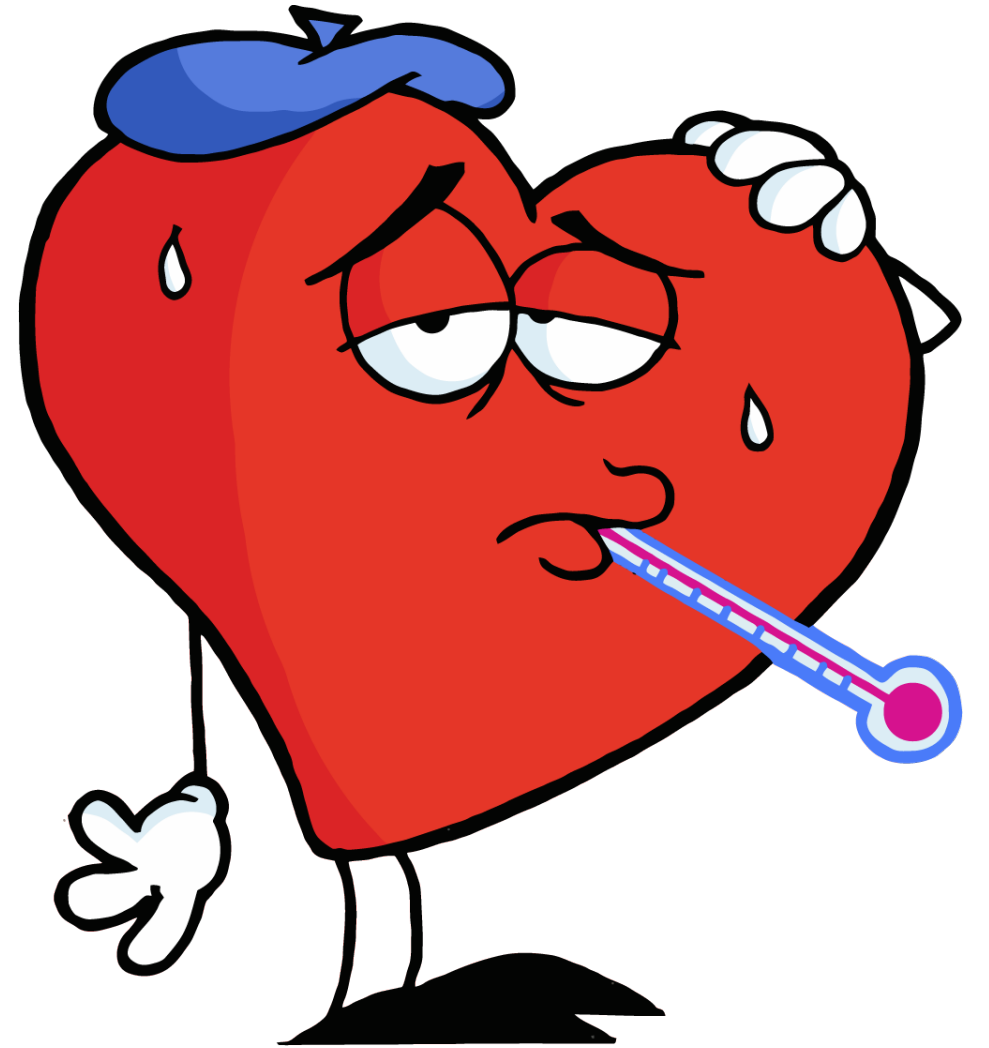


## Plan Ahead:

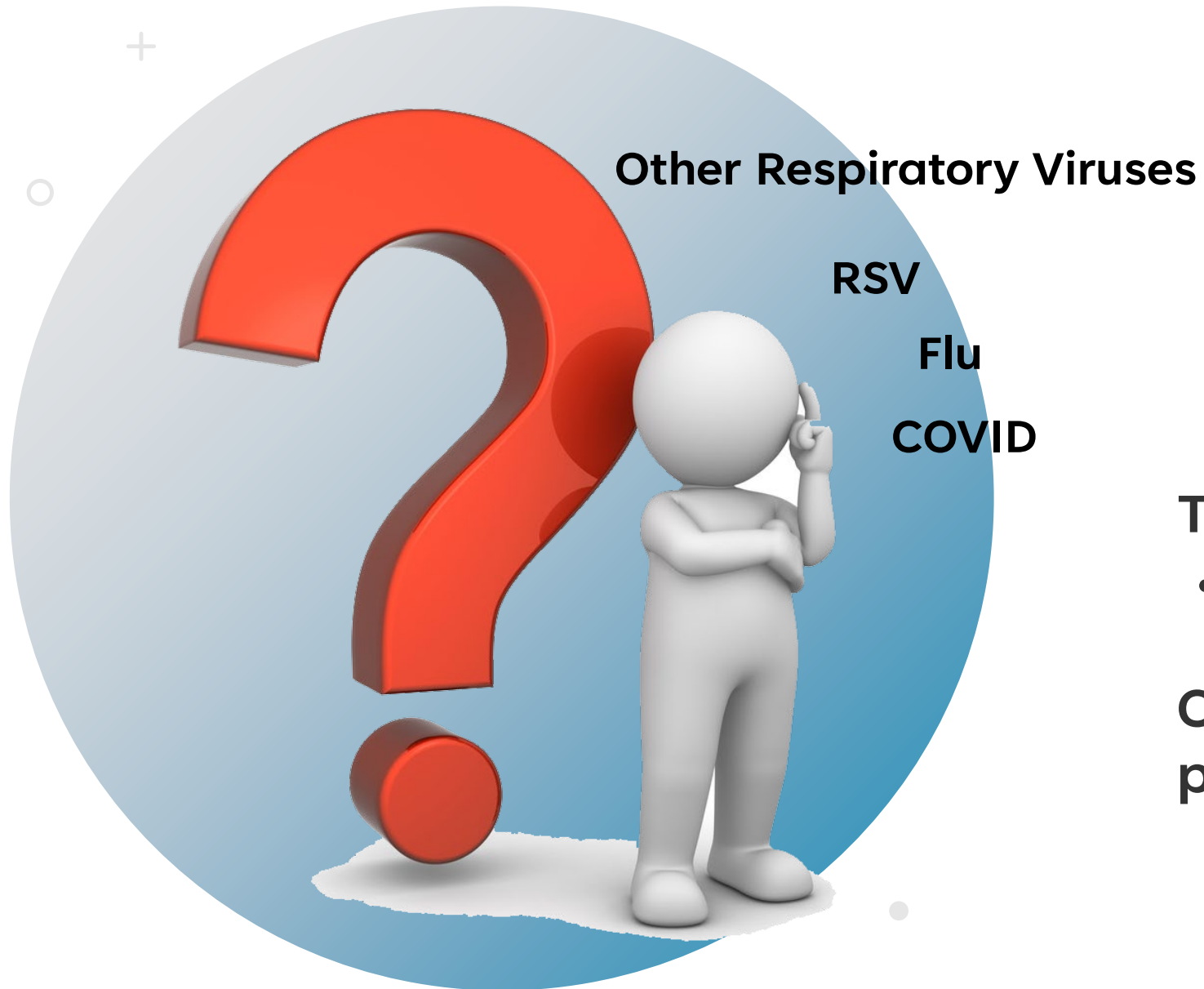
- ✓ Have an infection control plan
- ✓ Look at the AFLs/PINS
  - [All Facilities Letters \(ca.gov\)](#)
  - [Adult-Senior-Care](#)
- ✓ Report an outbreak to San Diego Public Health
  - Answer questions
  - Provide guidance

## Reduce exposure to symptomatic people:

- Ask staff to stay home when they feel ill
- Ask visitors to visit at a later date or virtually if they feel ill
- If a resident is symptomatic, isolate, test and contact PCP



This Photo by Unknown Author is licensed under CC BY-NC



### **Test:**

- Exposed residents and staff

### **Consider treatment and prophylaxis:**

- Work with PCP



- 
- **Wear a mask**
  - Staff
  - Residents (as appropriate)
  - Visitors

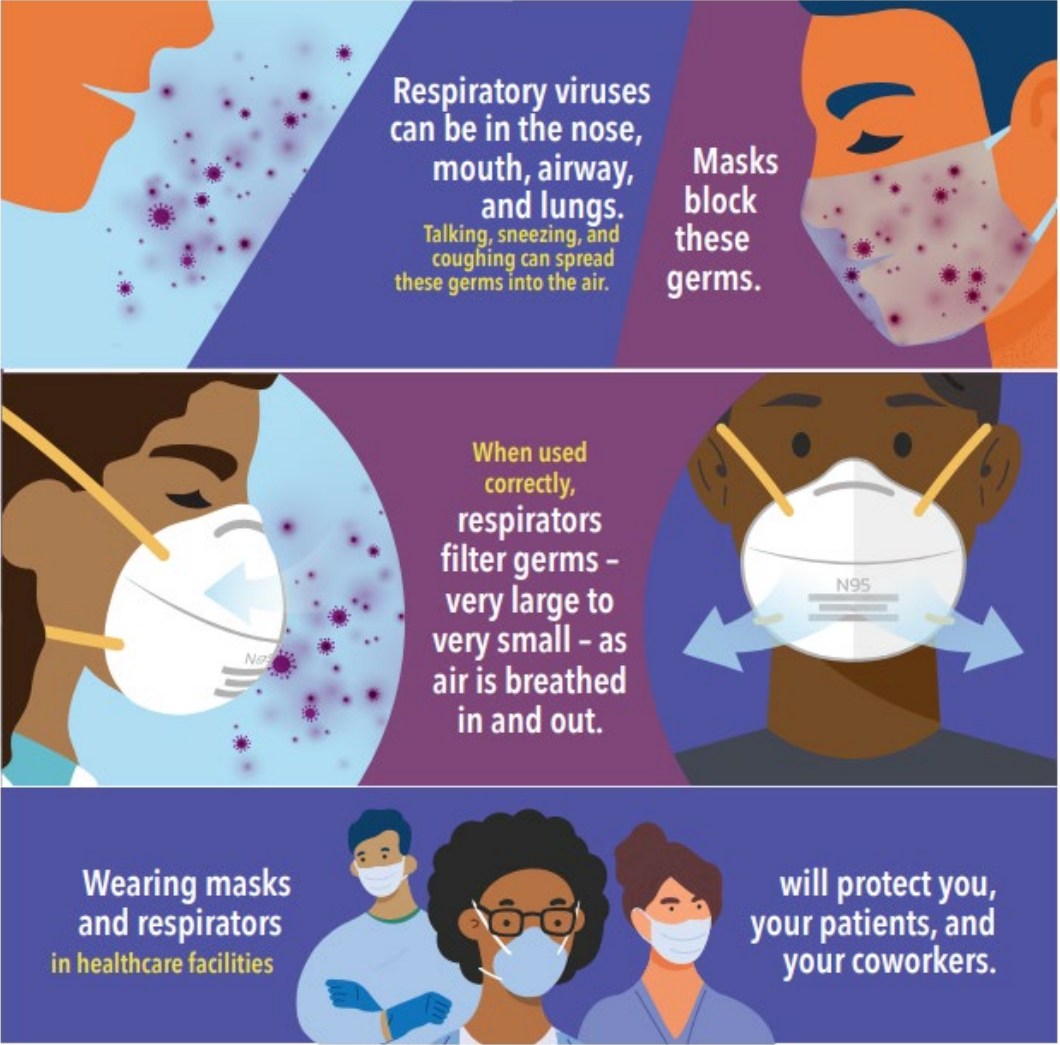
**Infection Control Actions** to stop the spread of viral respiratory infections like influenza, RSV, and COVID-19.

Respiratory viruses can be in the nose, mouth, airway, and lungs. Talking, sneezing, and coughing can spread these germs into the air.

Masks block these germs.

When used correctly, respirators filter germs - very large to very small - as air is breathed in and out.

Wearing masks and respirators in healthcare facilities will protect you, your patients, and your coworkers.



The infographic is divided into four main sections. The top section shows a person's profile with virus particles being released from their nose and mouth, with text explaining that respiratory viruses are found in these areas and can be spread through talking, sneezing, or coughing. The second section shows a person wearing a surgical mask, with text stating that masks block these germs. The third section shows a person wearing an N95 respirator, with text explaining that when used correctly, respirators filter germs of various sizes as air is breathed in and out. The bottom section shows three healthcare workers wearing masks and respirators, with text stating that wearing these in healthcare facilities will protect everyone. The bottom of the infographic features logos for the CDC, the U.S. Department of Health and Human Services, and Project Firstline, along with the website cdc.gov/ProjectFirstline.

# TRANSMISSION BASED PRECAUTIONS

PRECAUCIONES BASADAS EN LA TRANSMISIÓN



Before entry:  
Antes de entrar:



1 Clean Hands



Manos Limpias

2 Wear Gown



Use Bata

3 Wear N95 Respirator



Use una mascarilla N95

4 Wear Eye Protection

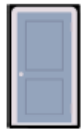


Use protección para sus ojos

5 Wear Gloves



Use Guantes



Keep the Door Closed  
Mantenga la puerta cerrada

Appropriate use of PPE when caring for a symptomatic or positive Resident



[www.sdhai.org](http://www.sdhai.org)  
[phs.hai.hhsa@sdcounty.ca.gov](mailto:phs.hai.hhsa@sdcounty.ca.gov)

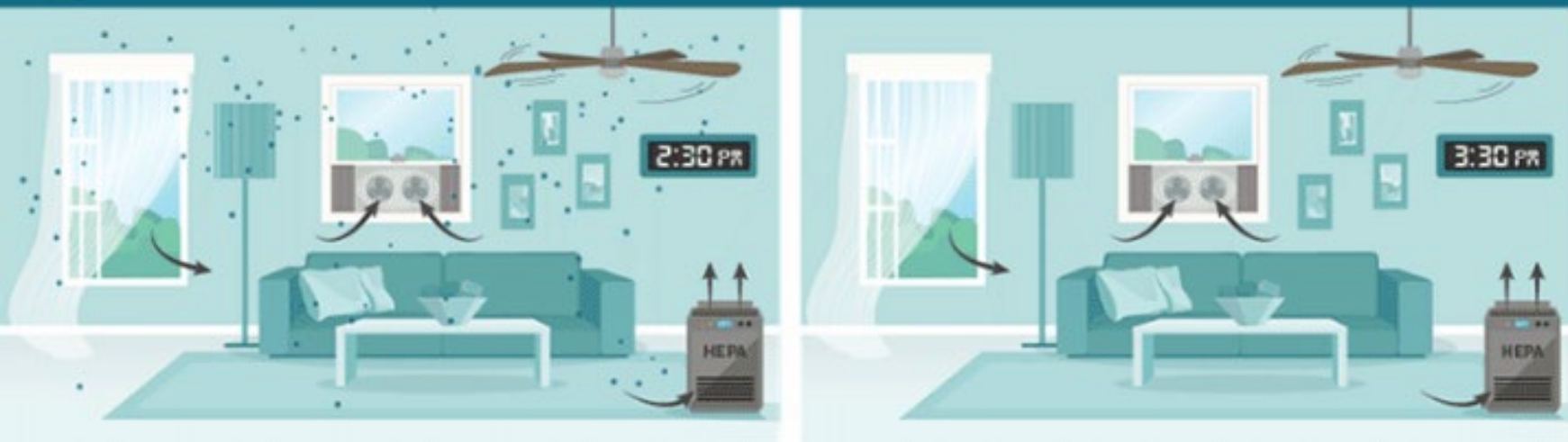


10/12/2023

**✗ POOR VENTILATION**  
No open windows, no fans, no portable air cleaner



**✓ GOOD VENTILATION**  
Open windows, ceiling fan, window exhaust fan blowing air outside, portable air cleaner



## Improve Indoor Ventilation

- ✓ Bring outdoor air inside
- ✓ Increase air filtration in the heating ventilation and air conditioning (HVAC) system
- ✓ Use portable high efficiency particulate air (HEPA) cleaners
- ✓ Turn on exhaust fans in bathrooms

## Frequent Hand Hygiene:

- Regularly wash your hands with soap and water for at least 20 seconds, and then drying them
- Use an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not readily available



## Examples of when you should clean your hands:

- ✓ Before and after preparing food
- ✓ After using the restroom
- ✓ Before eating or drinking
- ✓ Before and after providing care to a resident
- ✓ Before putting on gloves and after taking them off
- ✓ After blowing your nose, coughing or sneezing



# CLEANING AND DISINFECTING

## Best Practices During the COVID-19 Pandemic

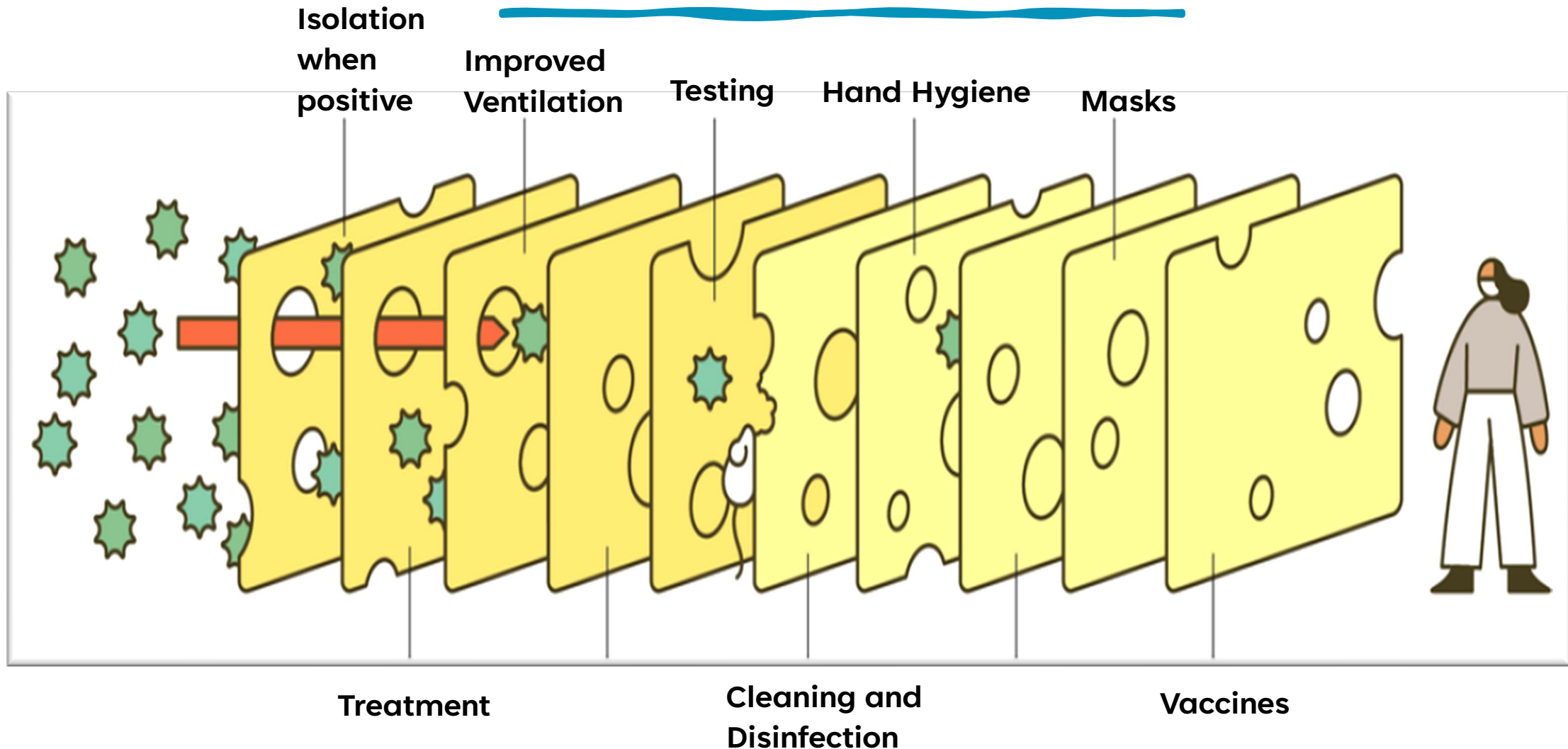
Good Idea	Be Careful	Don't Do It
<p><b>Follow CDC, State, and Local Public Health Guidelines</b></p> <p>According to the Centers for Disease Control and Prevention (CDC), COVID-19 is mainly spread through the air. The risk of getting the virus by touching a contaminated surface is thought to be low.</p> 	<p><b>Be Careful Using Disinfectants Around People with Asthma</b></p> <p>Disinfectants can trigger an asthma attack. If you have asthma, you may need to take extra precautions like avoiding areas where people are cleaning and disinfecting or making sure the space is well ventilated.</p> 	<p><b>Don't Ask Children or Students to Apply Disinfectants</b></p> <p>Disinfectants are powerful tools for controlling the spread of disease, and they can harm kid's health if used or stored incorrectly. Children and students should not apply disinfectants, and they should be kept out of children's reach.</p> 
<p><b>Clean Surfaces with Soap and Water</b></p> <p>Normal routine cleaning with soap and water lowers the risk of spreading COVID-19 by removing germs and dirt from surfaces. In most situations, cleaning is enough to reduce risk.</p> 	<p><b>Be Careful with Fogging, Fumigating, and Wide-Area or Electrostatic Spraying</b></p> <p>Make sure your product's label includes directions for the application method. Follow all directions, including precautions. If a product isn't labeled for a specific application method, that way might be risky or ineffective.</p> 	<p><b>Don't Ignore the Label Directions</b></p> <p>If you don't follow the label directions, disinfectant products may be ineffective or unsafe. Do not apply disinfectants to skin, pets or food. Do not dilute disinfectants or mix them with other chemicals unless the label tells you to. Don't think that twice the amount will do twice the job.</p> 
<p><b>Use EPA-Registered Disinfectants According to Label Directions</b></p> <p>Disinfectants further lower the risk of spreading COVID-19 by using chemicals to kill germs. Use disinfectants on high-touch surfaces when you know or suspect someone around you is sick with COVID-19.</p> 	<p><b>Be Careful With UV Lights or Ozone Generators</b></p> <p>UV lights or ozone generators may be risky or ineffective. EPA cannot verify if or when it is appropriate to use these devices. Check out the guidance at: <a href="https://www.epa.gov/xHckJ">go.usa.gov/xHckJ</a></p> 	<p><b>Don't Use Unregistered Disinfectants</b></p> <p>If a product says that it kills SARS-CoV-2 (COVID-19), but it doesn't have an EPA registration number, it may not be safe or effective. Federal law requires disinfectants to be registered with EPA.</p> 

# Kill the germs

- ✓ Choose a disinfectant
- ✓ Know the contact time
- ✓ Clean and disinfect high touch surfaces



# Many Interventions Used Together Are Effective



# Resources

- [How to Protect Yourself and Others | CDC: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html)
- [Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments \(ca.gov\) https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Best-Practices-for-Ventilation-of-Isolation-Areas-to-Reduce-COVID-19-Transmission-Risk.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Best-Practices-for-Ventilation-of-Isolation-Areas-to-Reduce-COVID-19-Transmission-Risk.aspx)
- [CDPH Ventilation Guidance for Congregate Living \(including SNFs\): https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Best-Practices-for-Ventilation-of-Isolation-Areas-to-Reduce-COVID-19-Transmission-Risk.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Best-Practices-for-Ventilation-of-Isolation-Areas-to-Reduce-COVID-19-Transmission-Risk.aspx)
- [Improving Ventilation in Your Home | CDC: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/Improving-Ventilation-Home.html](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/Improving-Ventilation-Home.html)
- [Print Materials and Job Aids from Project Firstline | Infection Control | CDC](https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/print.html)
- [Fact Sheets | Handwashing | CDC: https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/print.html](https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/print.html)
- [Hand Hygiene at Work \(cdc.gov\): https://www.cdc.gov/handwashing/pdf/324132-A-FS\\_Update\\_HandHygieneAtWork.pdf](https://www.cdc.gov/handwashing/pdf/324132-A-FS_Update_HandHygieneAtWork.pdf)
- [US EPA Cleaning and Disinfection Best Practices: https://www.epa.gov/sites/default/files/2021-04/documents/cleaning-disinfecting-one-pager.pdf](https://www.epa.gov/sites/default/files/2021-04/documents/cleaning-disinfecting-one-pager.pdf)
- [Cleaning and Disinfection of non healthcare settings CDC: https://www.cdc.gov/hygiene/cleaning/facility.html](https://www.cdc.gov/hygiene/cleaning/facility.html)
- [CDC Handwashing: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL.aspx](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL.aspx)
- [CDSS PINS: https://www.cdss.ca.gov/inforesources/community-care-licensing/policy/provider-information-notices/adult-senior-care](https://www.cdss.ca.gov/inforesources/community-care-licensing/policy/provider-information-notices/adult-senior-care)
- [CDPH AFLs: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL.aspx](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL.aspx)



# County HAI Support



- HAI Program can provide:
  - Phone consultations
  - In-service/education presentations
  - Onsite infection control consultations
- Email: [phs.hai.hhsa@sdcounty.ca.gov](mailto:phs.hai.hhsa@sdcounty.ca.gov)
- Visit HAI Website: [www.sdhai.org](http://www.sdhai.org)



# UPCOMING EVENTS



The innovative course will train medical personnel (e.g., medical assistants, pharmacists, nurses) on current, effective, and caring immunization techniques. Provider #CEP579 is approved by the California Board of Registered Nursing (BRN) to provide 1 continuing education contact hour offered for this training.

**Topics covered:**

- Best practices
- Needle selection
- Injection sites
- Routes of administration and after care
- Vaccine storage & handling
- Immunization preparation
- Vaccine preparation
- Immunization documentation

**Thursday, Nov. 9**  
**12:30PM-4:30PM**  
**5560 Overland Ave**  
**San Diego, CA 92123**



**Immunization Skills Institute**  
**Thursday, November 9**  
**12:30PM – 4:30PM**

**SAN DIEGO SNF IP COLLABORATIVE**

November 29, 2023 11 am - 12 pm  
 Via Zoom

**Join Us!**

The San Diego Skilled Nursing Facility (SNF) Infection Preventionist (IP) Collaborative is an opportunity for IPs to get federal, state, and local public health updates and an opportunity to learn recommendations on various topics for congregate settings.


**1 Contact Hour Offered**

Provider #CEP579 is approved by the California Board of Registered Nursing (BRN) to provide 1 continuing education contact hour offered for this training.

**CONTACT US**

[www.sdhai.org](http://www.sdhai.org)  
[p.h.s.hai.hhsa@sdcounty.ca.gov](mailto:p.h.s.hai.hhsa@sdcounty.ca.gov)

Scan to join the Zoom meeting on November 29!





**San Diego SNF IP Collaborative**  
**Wednesday, November 29**  
**11:00AM – 12:00PM**

**Environmental Services (EVS) Basics**

November 29, 2023 11:00 am - 12:00 pm

**Presenter**




Mara Rauhauser, BSN, RN, PHN  
 Senior Public Health Nurse  
 County of San Diego  
 Healthcare-Associated Infections  
 Infection Preventionist

**AGENDA**

11:00 - 11:05 Welcome, updates, and introduction  
 11:05 - 11:55 Presentation  
 11:55 - 12:00 Wrap-up, contact hour evaluation, next meeting announcement

Join Zoom Meeting:  
<https://us06web.zoom.us/j/81909298785>  
 Meeting ID: 819 0929 8785

**San Diego SNF IP Collaborative**



**Join the San Diego Immunization Coalition Mailing List - <http://eepurl.com/ik38xr>**

# UPCOMING EVENTS



## Long-Term Care & Residential Care Facilities COVID-19 Telebriefing

If you would like to receive Long-Term Care Facilities and Residential Facilities Sector updates and telebriefing information, please sign up [here](#).

Telebriefings are held on the 4th Thursday of each month, at 2 PM.

- Join us for weekly updates and monthly telebriefings to hear the latest resources, information and guidance for long-term care and residential care facilities in San Diego County. This meeting is conducted completely on-line, and we encourage you to submit questions before the telebriefing so that they can be answered on the call. Weekly updates include sector announcements and newly released guidance provided by the California Department of Public Health (CDPH) and the California Department of Social Services (CDSS).

# RESOURCES

For the new Monovalent vaccine, visit [vaccines.gov](https://www.vaccines.gov), [myturn.ca.gov](https://myturn.ca.gov) or contact your local pharmacy or health care provider. The vaccine will be available to uninsured/Vaccine for Children eligible children and uninsured adults through the [California Bridge Access Program](#).

For more information on vaccines, visit [COVID-19 Vaccine & Booster](#) or contact us at [moc.hcps.hhsa@sdcounty.ca.gov](mailto:moc.hcps.hhsa@sdcounty.ca.gov) and one of our team members can help get on-site vaccination assistance for you.

Flu, RSV, COVID-19 monovalent and other important vaccines such as Hepatis A/B, shingles, pneumonia can also be received through healthcare providers, pharmacies, and on-site through the CVS, Albertsons and Vons Pharmacy team. Check out the [CVS On-Site Vaccine Clinic Guide & Albertsons Clinic Services Flyer](#) for additional details and contact information.

Visit [Resources for Long-Term Care Facilities – California Vaccines for Children \(VFC\) \(eziz.org\)](#) to discover resources for Long-Term Care Facilities.

# EVALUATION



[https://sdphs.qualtrics.com/jfe/form/SV\\_3smDkqJLvQGA982](https://sdphs.qualtrics.com/jfe/form/SV_3smDkqJLvQGA982)



**THANK YOU!**