



Quality
Insights

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CENTERS FOR MEDICARE & MEDICAID SERVICES

QUALITY IMPROVEMENT & INNOVATION GROUP

Best Practices for the Respiratory Season

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Understanding Respiratory Illnesses in Nursing Homes

Common Viruses Seen In Nursing Homes

- Influenza
- RSV (respiratory syncytial virus)
- COVID-19

Pneumonia

- Causes of pneumonia
- Symptoms
- Transmission

Fall Immunization Programs

Importance of Fall Immunizations

Staying up-to-date with immunizations is of paramount importance for several reasons:

- Disease prevention
- Community immunity
- Preventing outbreaks
- Protecting vulnerable populations
- Public health and healthcare system resilience

Fall Immunization Overview

- COVID-19
- Influenza
- Respiratory syncytial virus (RSV)
- Pneumococcal vaccines

COVID-19 Vaccinations

- New COVID-19 vaccine recommendations for 2024-2025 season
- 2024-2025 updated vaccine available early fall
- Vaccines that are currently available target last year's strains, such as the XBB.1.5 omicron variant
 - New formula will target JN.1 and KP.2 omicron variants

COVID-19 Vaccine Recommendations

- Everyone ages 6 years and older should get an updated 2024-2025 Moderna, Novavax, or Pfizer COVID-19 vaccine to be up to date.

Influenza Vaccination

- Centers for Disease Control and Prevention (CDC) recommends everyone 6 months of age and older – with rare exceptions – receive an updated 2024-2025 flu vaccine.
- Updated 2024-2025 flu vaccines will all be trivalent and will protect against an H1N1, H3N2 and a B/Victoria lineage virus.
- For adults (especially those ages 65 years and older) and pregnant people in the first and second trimester, vaccination in July and August should be avoided unless it won't be possible to vaccinate in September or October.

Pneumococcal Vaccination

Pneumococcal Vaccine Timing for Adults

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

Adults ≥65 years old

Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	PCV20	PCV15 → ≥1 year† → PPSV23
PPSV23 only at any age	→ ≥1 year → PCV20	→ ≥1 year → PCV15
PCV13 only at any age	→ ≥1 year → PCV20	→ ≥1 year† → PPSV23
PCV13 at any age & PPSV23 at <65 yrs	→ ≥5 years → PCV20	→ ≥5 years‡ → PPSV23

* Also applies to people who received PCV7 at any age and no other pneumococcal vaccines

† Consider minimum interval (8 weeks) for adults with an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak (CSF) leak

‡ For adults with an immunocompromising condition, cochlear implant, or CSF leak, the minimum interval for PPSV23 is ≥8 weeks since last PCV13 dose and ≥5 years since last PPSV23 dose; for others, the minimum interval for PPSV23 is ≥1 year since last PCV13 dose and ≥5 years since last PPSV23 dose

Shared clinical decision-making for those who already completed the series with PCV13 and PPSV23

Prior vaccines	Shared clinical decision-making option
Complete series: PCV13 at any age & PPSV23 at ≥65 yrs	→ ≥5 years → PCV20 Together, with the patient, vaccine providers may choose to administer PCV20 to adults ≥65 years old who have already received PCV13 (but not PCV15 or PCV20) at any age and PPSV23 at or after the age of 65 years old.

- Available pneumococcal vaccines

PCV21 Vaccine

- Pneumococcal vaccine recommendations updated to recommend PCV21 for adults as of June 27, 2024
- Vaccine is approved by the U.S. Food & Drug Administration (FDA)
- Targets streptococcus pneumoniae strains common in adults
- Administered as a single dose
- Official CDC recommendations pending update

Pneumococcal Vaccination

Strategies for integrating pneumococcal vaccination into routine clinical practice:

- Assessment on admission
- Reminders from electronic health record
- Facility vaccine tracking
- Coordinate with other vaccination programs

RSV Vaccination

- CDC recommends a single dose of RSV vaccine for adults 75 and older, and for adults ages 60-74 who are at higher risk of severe RSV disease
- Single dose vaccine
- Availability of vaccines

Planning for Vaccine clinics

- Vaccine availability
 - Working with pharmacy partners to obtain vaccines
- Necessary supplies for the clinic
- Keeping competencies up to date

Vaccine Administration and Safety

- Vaccine storage and handling, including temperature requirements
- Proper vaccine administration techniques, such as injection site selection and needle length
- The importance of documenting vaccine doses and adverse events reporting
- Managing common side effects and adverse events

Strategies for promoting vaccination among health care workers and residents

- Use of visual aids
- Highlight vaccine benefits
- Share personal experiences
- Use of peer ambassadors

Addressing Vaccine Hesitancy

Effective communication strategies to address vaccine hesitancy among residents and colleagues:

- Active listening
- Empathy and respect
- Answer questions
- Provide accurate information
- Discuss risks in perspective

Addressing Vaccine Hesitancy

Approaches to counter common vaccine myths:

- Provide evidence-based information
- Address myths directly
- Use trusted sources
- Cultural competency
- Listen and empathize

Infection Prevention

Infection Prevention Measures

- Implementing rigorous hygiene protocols (handwashing, PPE use)
- Managing mask usage and respiratory hygiene among residents and staff
- Environmental controls: ventilation, air purification, and regular disinfection

Visitor and Staff Management

- Screening and monitoring protocols for visitors and staff
- Policies on visitor restrictions during peak virus season
- Training staff on updated infection control practices

Outbreak Management

Managing Outbreaks

Early detection and isolation

- Testing of residents and staff
 - Testing schedule
- Transmission-based precautions
- Cohorting residents

Managing Outbreaks

Cohorting Residents During a COVID-19 Outbreak

Long-term care facilities (LTCFs) should have a well-defined plan in place for categorizing individuals into smaller groups or cohorts based on their COVID-19 test results.

This approach can help prevent the spread of the virus within the facility and ensure infected individuals receive appropriate care and treatment.

The plan should take into account factors such as confirmed illness, level of risk posed to others, and availability of resources and staff to manage each cohort effectively.

Positive Test Result:

Place resident in a private room if possible.

When Cohorting:

Place residents with same organism together.

- ▶ Take into consideration multidrug-resistant organism (MDRO) colonization or presence of other communicable disease when cohorting.

When Cohorting Is Not Possible:

Consult with public health authorities for guidance on other management options.

Resident & Symptoms	"Resident A" has no respiratory symptoms and is not in isolation	"Resident A" has respiratory symptoms	"Resident A" is positive for COVID-19	"Resident A" is positive for influenza	"Resident A" is positive for COVID-19 and influenza
"Resident B" has no respiratory symptoms and is not in isolation	 Cohort	 Do Not Cohort	 Do Not Cohort	 Do Not Cohort	 Do Not Cohort
"Resident B" has respiratory symptoms	 Do Not Cohort	 Do Not Cohort	 Do Not Cohort	 Do Not Cohort	 Do Not Cohort
"Resident B" is positive for COVID-19	 Do Not Cohort	 Do Not Cohort	 Cohort	 Do Not Cohort	 Do Not Cohort
"Resident B" is positive for influenza	 Do Not Cohort	 Do Not Cohort	 Do Not Cohort	 Cohort	 Do Not Cohort
"Resident B" is positive for COVID-19 and influenza	 Do Not Cohort	 Do Not Cohort	 Do Not Cohort	 Do Not Cohort	 Cohort

SOURCES:
<https://textlapic.org/loc/healthcare-associated-pathogens-and-diseases/coronavirus-disease-2019-covid-19>
<https://www.ahrq.gov/hai/quality/tools/cauti-llc/modules/resources/guides/infection-prevent.html>
<https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm>
<https://www.health.pa.gov/topics/Documents/Programs/HAIP-AS/COVID-19%20LTC%20Toolkit.pdf>

Source: PA DGH COVID-19 Toolkit

Cohorting Residents During a COVID-19 Outbreak

<https://www.qualityinsights.org/qin/resources#cohorting-residents-during-a-covid19--outbreak>

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff with signs or symptoms must be tested regardless of vaccination status.	Residents with signs or symptoms must be tested regardless of vaccination status.
Newly identified COVID-19-positive staff or resident in a facility that can identify close contacts	Test all staff – regardless of vaccination status – that had a high-risk exposure with a COVID-19 positive individual.	Test all residents – regardless of vaccination status – that had close contact with a COVID-19 positive individual.
Newly identified COVID-19 positive staff or resident that is unable to identify close contacts	Test all staff – regardless of vaccination status – facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g. unit, floor, or other specific area(s) of the facility).	Test all residents – regardless of vaccination status – facility-wide or at a group level (e.g. unit, floor, or other specific area(s) of the facility).
Routine testing	Not generally recommended.	Not generally recommended.

Managing Outbreaks

Coordinating with healthcare providers:

- Coordination with local health departments
- Communication with medical staff
- Communication with frontline staff

Managing Outbreaks

Communication strategies:

- Keeping residents and family members informed about:
 - Outbreak status
 - Prevention measures
 - Visitation recommendations

Questions?

Resources and Continuing Education

- CDC COVID-19 Vaccine Page: <https://www.cdc.gov/covid/vaccines/stay-up-to-date.html>
- CDC Influenza Vaccine Page: <https://www.cdc.gov/vaccines/vpd/flu/hcp/index.html>
- CDC Pneumococcal Vaccination Page: <https://www.cdc.gov/vaccines/vpd/pneumo/hcp/index.html>
- CDC RSV Vaccination for Adults 60 years and older: <https://www.cdc.gov/vaccines/vpd/rsv/hcp/older-adults.html#vax-rec>
- Immunize.org: <https://www.immunize.org/>
- Quality Insights Vaccination Page: <https://www.qualityinsights.org/qin-qio-vaccinations>
- You Call The Shots Web Based Training Course: <https://www.cdc.gov/vaccines/ed/youcalltheshots.html>

Contact

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