



Current Issues in Immunizations:  
Preparing Your Clinics and Patients for  
Fall and Winter Respiratory Illness  
Season

Monday, August 26, 2024  
12:00 – 1:00 PM ET



## Current Issues in Immunizations: Preparing Your Clinics and Patients for Fall and Winter Respiratory Illness Season



James Appleby, BPharm, MPH, ScD (Hon)  
Chief Executive Officer  
Gerontological Society of America

# Current Issues in Immunizations: Preparing Your Clinics and Patients for Fall and Winter Respiratory Illness Season



- Collaborating with the multidisciplinary stakeholder community.
- Conducting informative summits and producing meaningful publications, and webinars.
- Advocating for policies that increase access to vaccines.
- Training champions to increase vaccination rates.

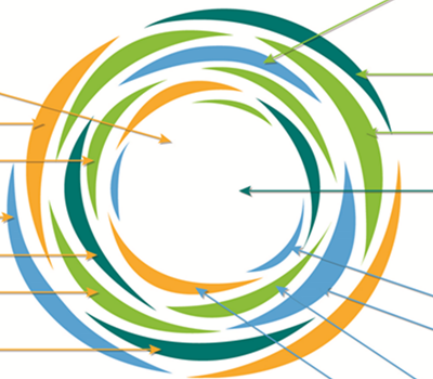
**Our current aim is to** change the dialogue about vaccines from the narrow focus of an individual health benefit offering protection against a single target condition to a **broad, far-reaching value to the individual and society.**



## GSA Concentric Value of Vaccination as We Age

### Health Benefits

- Primary prevention of infectious disease
- Increased life expectancy
- Prevention of secondary illness
- Avoidance of exacerbations of pre-existing conditions
- Decreased risk of hospitalization
- Prevention of antimicrobial resistance
- Functional (ADLs) and psychological wellness associated with physical wellness



### Economic Benefits

- Cost savings for individuals, families and societies (reduced incidence of disease & secondary implications, treatment, and healthcare costs)
- Productivity gains (avoidance of missed time from work, school, family caregiving)
- Minimize impact on family

### VACCINE TARGET

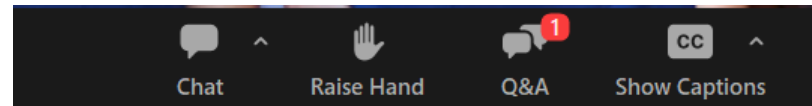
### Societal Benefits

- Health equity
- Herd immunity and eradication of infectious disease
- Protect "vaccinated yet vulnerable" and those who cannot receive vaccination
- Prevention of antimicrobial resistance

Before we get started...



- This program is being audio-recorded. The recording will appear at CDC at .... And on GSA/Enrich at <https://gsaenrich.geron.org/vaccine-preventable-illnesses>
- Continuing education is available for a variety of professionals. CDC will elaborate on the process to secure CE.
- Resources: <https://www.cdc.gov/respiratory-viruses/tools-resources/health-care-providers.html>
- Questions may be submitted through the **Q&A button**. Some questions will be answered by the presenters. Other questions will be answered privately. We will try to answer as many questions as we can.



# Current Issues in Immunizations: Preparing Your Clinics and Patients for Fall and Winter Respiratory Illness Season



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Current Issues in Immunizations:  
Preparing Your Clinics and Patients for  
Fall and Winter Respiratory Illness  
Season

Thank you for attending!



# Prepare Your Clinics and Older Adults Patients for Fall and Winter Respiratory Virus Season

## *Current Issues in Immunizations*

August 26, 2024

### **Pragna Patel, MD, MPH**

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National Center for Immunization and Respiratory Diseases

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# Continuing Education Information

**CE is available at:**

**<https://www.train.org/cdctrain/welcome>**

Instructions will be provided  
at the end of the webinar



# Learning Objectives

1. **Describe** an emerging immunization issue
2. **List** a recent immunization recommendation made by the Advisory Committee on Immunization Practices
3. **Locate** current immunization resources to increase knowledge of team's role in program implementation for improved team performance





# Disclosure Statements

In compliance with continuing education requirements, all presenters must disclose any financial or other associations with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters as well as any use of unlabeled product(s) or product(s) under investigational use.

CDC, our planners, content experts, and their spouses/partners wish to disclose they have no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters.

- Presentations will not include any discussion of the unlabeled use of a product or a product under investigational use.
- The use of product trade names in the following presentations is for identification purposes only.
- CDC does not accept any commercial support.

# Who should get 2024–2025 COVID-19, 2024–2025 flu, and RSV immunizations?

	2024–2025 <b>COVID-19</b> <sup>1</sup>	2024–2025 <b>Influenza</b> <sup>2</sup>	<b>RSV</b> <sup>3</sup>
 <b>Infants &amp; Children</b>	<b>6 months – 17 years</b> Some children 6 months through 4 years <u>may need</u> multiple doses	<b>6 months – 17 years</b> Some children 6 months through 8 years <u>may need</u> multiple doses	<b>All infants &lt;8 months* and children 8 through 19 months with risk factors should get nirsevimab</b> Typically, October through March, *if mom not vaccinated with maternal RSV vaccine OR <b>32–36 weeks gestation should get RSV vaccine (Pfizer, Abrysvo only)</b> Typically, September–January
 <b>Pregnant People</b>	<b>All</b>	<b>All</b>	See pregnant people
 <b>Adults 18–59</b>	<b>All</b>	<b>All</b>	See pregnant people
 <b>Adults 60+</b>	<b>All</b>	<b>All</b> Higher dose or adjuvanted flu vaccine for 65+, if available	<b>All adults 75+ and adults 60 through 74 years with risk factors should get one lifetime dose of RSV vaccine</b>

<sup>1</sup> Immunocompromised may need to get additional dose(s) of COVID-19 vaccine regardless of age

<sup>2</sup> Solid organ transplant recipients on immunosuppressives may get higher-dose flu vaccine, if available

<sup>3</sup> All infants should be protected by either maternal RSV vaccine or Nirsevimab. Both are not needed for most infants

# Adults aged 60-74 years at higher risk for RSV should get the RSV vaccine



**Chronic cardiovascular disease**



**Severe obesity**  
(body mass index  $\geq 40$  kg/m<sup>2</sup>)



**Diabetes mellitus**  
complicated by chronic kidney disease, neuropathy, retinopathy or other end-organ damage



**Chronic lung or respiratory disease**



**End stage renal disease/dialysis dependence**



**Chronic hematologic conditions**



**Chronic liver disease**



**Neurological or neuromuscular conditions** causing impaired airway clearance or respiratory muscle weakness



**Residence in a nursing home**



**Moderate or severe immunocompromise**



Other factors that a provider determines would increase risk of severe disease due to viral respiratory infection (e.g., frailty)

# Timing and administration of COVID-19, influenza, and RSV immunizations

	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
<b>COVID-19</b>	Administer as soon as available		However, can be given any time of the year to people eligible for vaccination									
<b>Flu</b>		Ideally administer early fall <sup>1</sup>										
<b>Older adult RSV vaccine</b>	Ideally administer late summer/early fall											
<b>Maternal RSV vaccine</b>		Administer September through January in most of the continental U.S. <sup>2</sup>										
<b>OR</b>			Ideally administer October through March in most of the continental U.S. <sup>2</sup>									
<b>Infant RSV immunization, nirsevimab</b>			Ideally administer October through March in most of the continental U.S. <sup>2</sup>									

<sup>1</sup> Children who need 2 doses should receive their first dose as soon as possible (including during July and August). One dose of flu vaccine can be considered for pregnant people in their third trimester during July and August.

<sup>2</sup> In jurisdictions with RSV seasonality that differs from most of the continental United States, including Alaska, southern Florida, Guam, Hawaii, Puerto Rico, U.S.-affiliated Pacific Islands, and U.S. Virgin Islands, providers should follow state, local, or territorial guidance. However, nirsevimab may be administered outside of routine seasonal administration (ie., October through March) based on local RSV activity and other special circumstances.

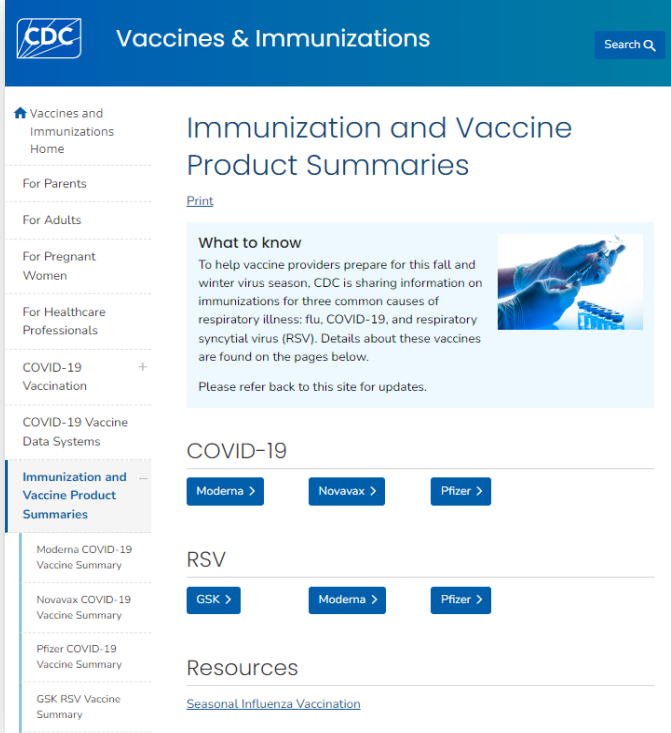
# Prepare your clinics: Order immunizations for respiratory virus season now

**Ordering and offering immunizations in your clinics is one of the most powerful ways to improve vaccine confidence and increase immunization rates**

- Convenience is a top reason for patient acceptance
- Reduces missed opportunities for immunization

**NEW tool to make ordering immunizations easier!**

- Provides estimated launch dates
- Links to pre-ordering and early reservation programs
- Details on product type (single or multidose vial, pre-filled syringe)
- Return policies for unused products



The screenshot shows the CDC Vaccines & Immunizations website. The header includes the CDC logo, the title "Vaccines & Immunizations", and a search bar. The main content area is titled "Immunization and Vaccine Product Summaries" and includes a "Print" link. A "What to know" section features an image of a hand holding a syringe and text explaining that CDC is sharing information on immunizations for three common causes of respiratory illness: flu, COVID-19, and RSV. Below this, there are sections for COVID-19 and RSV, each with buttons for Moderna, Novavax, and Pfizer. A "Resources" section includes a link for "Seasonal Influenza Vaccination". A left sidebar contains navigation links for "Vaccines and Immunizations Home", "For Parents", "For Adults", "For Pregnant Women", "For Healthcare Professionals", "COVID-19 Vaccination", "COVID-19 Vaccine Data Systems", "Immunization and Vaccine Product Summaries", "Moderna COVID-19 Vaccine Summary", "Novavax COVID-19 Vaccine Summary", "Pfizer COVID-19 Vaccine Summary", and "GSK RSV Vaccine Summary".



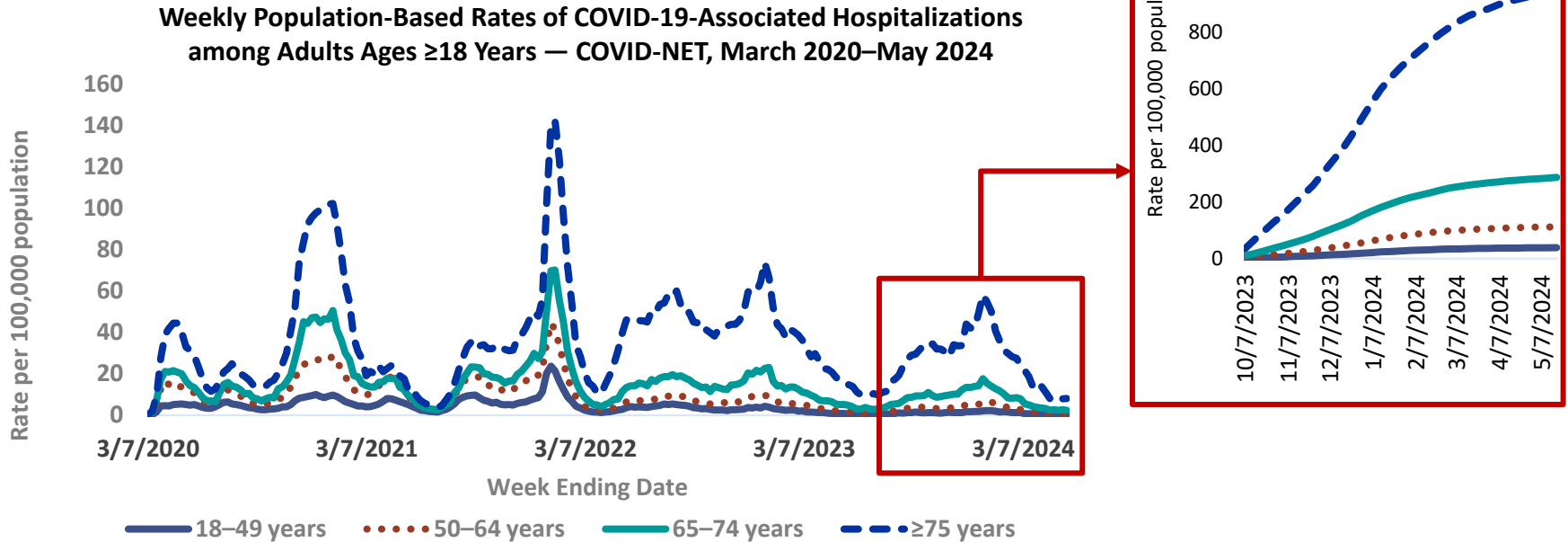
**YOU** are your patients' *most trusted*  
source of information on vaccines



**Evidence**

# Why vaccinate against COVID-19?

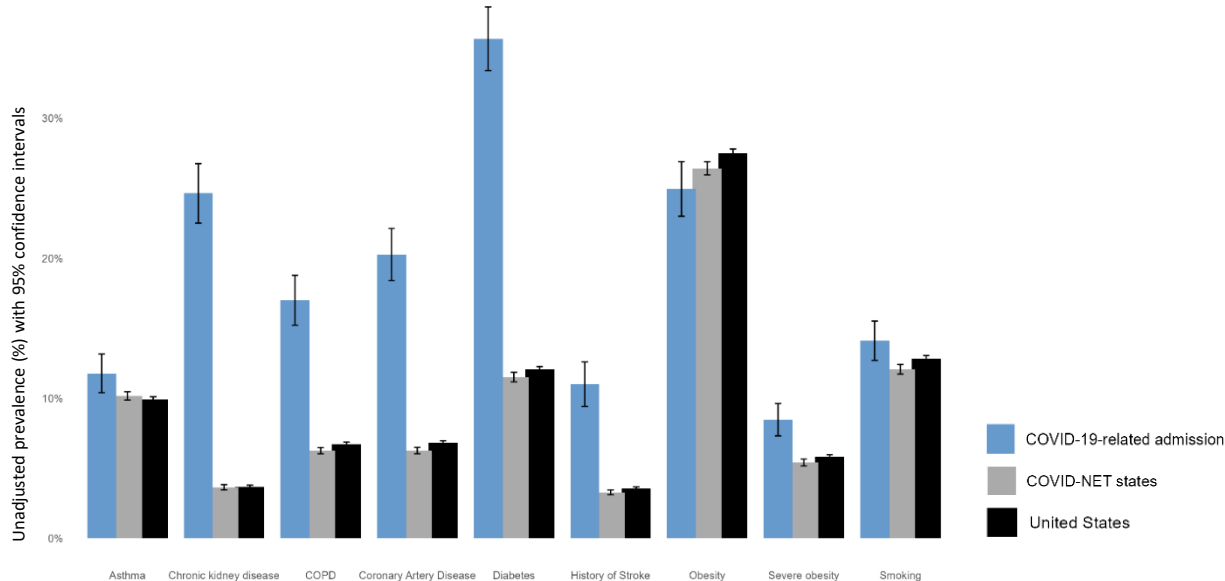
Adults 75+ at highest risk of being hospitalized for COVID-19 compared with any other age group



# Why vaccinate against COVID-19?

Chronic conditions like diabetes and heart disease were commonly seen in patients hospitalized with COVID-19

Prevalence of chronic conditions among hospitalized adults in COVID-NET, adults in COVID-NET states, and adults in the United States aged ≥18 years, 2022



Clinical Tip

You have [medical condition], which means you're more likely to get really sick from COVID-19. I strongly recommend this vaccine for you.

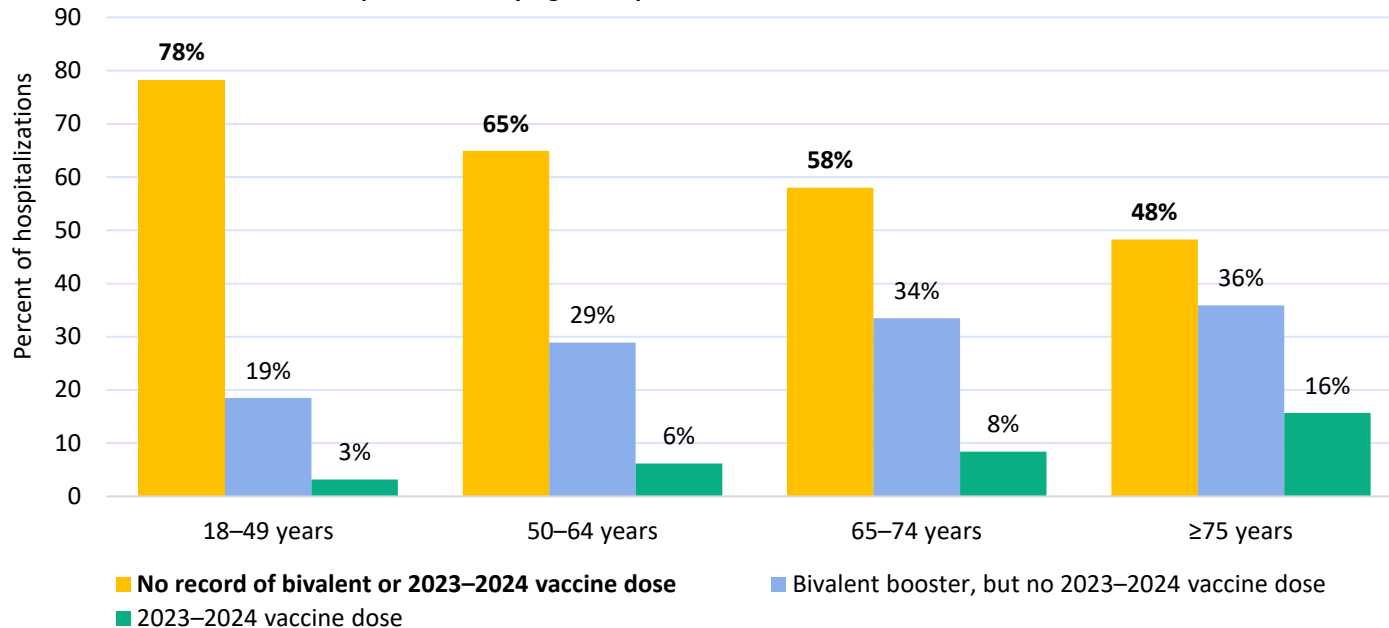
# Why vaccinate against COVID-19?

More than half of adults hospitalized with COVID-19 did not receive a COVID-19 vaccine within the year before they were hospitalized



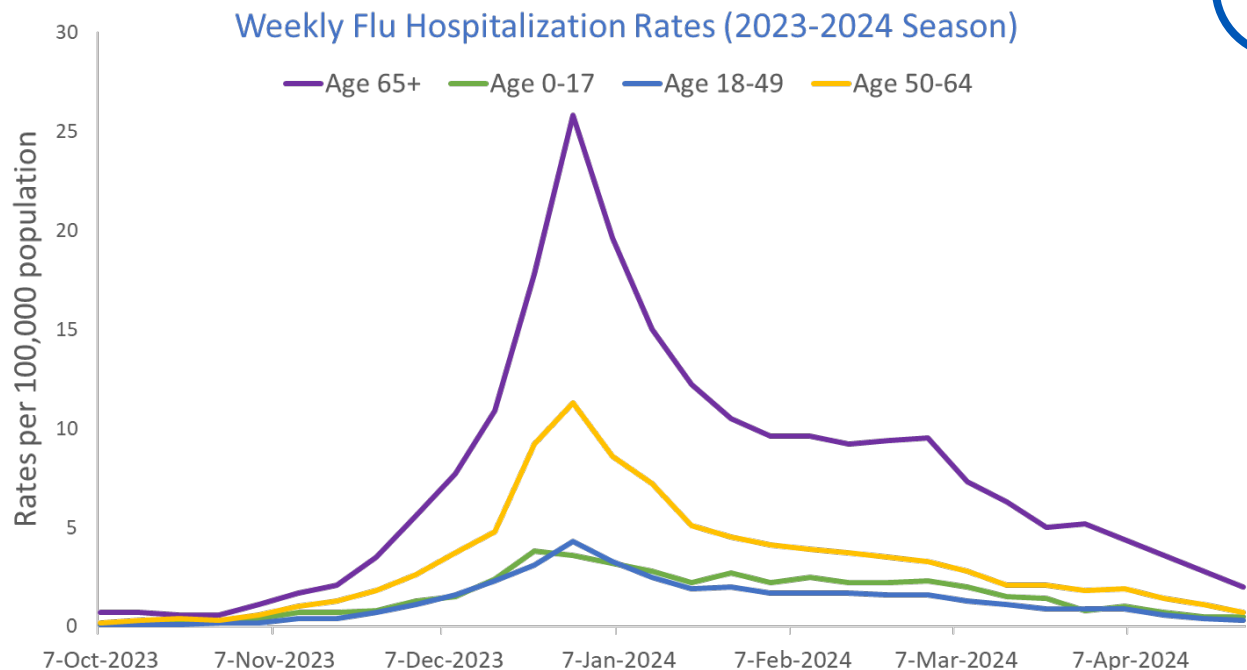
Your age makes you more likely to get really sick from COVID-19. The COVID-19 vaccine cuts your risk of being hospitalized in half.

Vaccination Status among Adults Ages  $\geq 18$  Years with COVID-19 associated Hospitalization, by Age Group— COVID-NET, October 2023–March 2024



# Why vaccinate against influenza?

Influenza hospitalization rates highest in adults 65 years and older



Clinical  
Tip

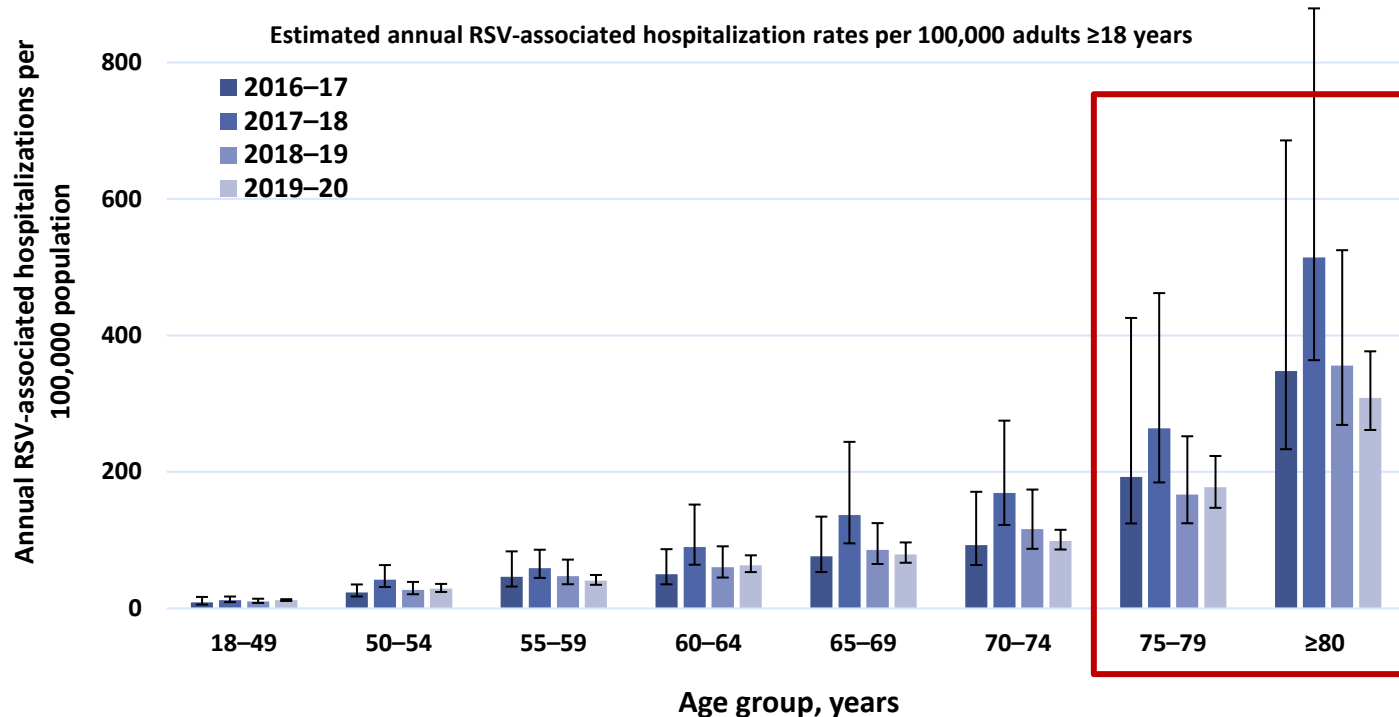
Your age makes it more likely that you could get very sick from the flu, I strongly recommend the flu vaccine for you.

# Why vaccinate older adults against RSV?

RSV hospitalization increases with age, steep rise in adults 75+

Key Patient  
Counseling  
Points

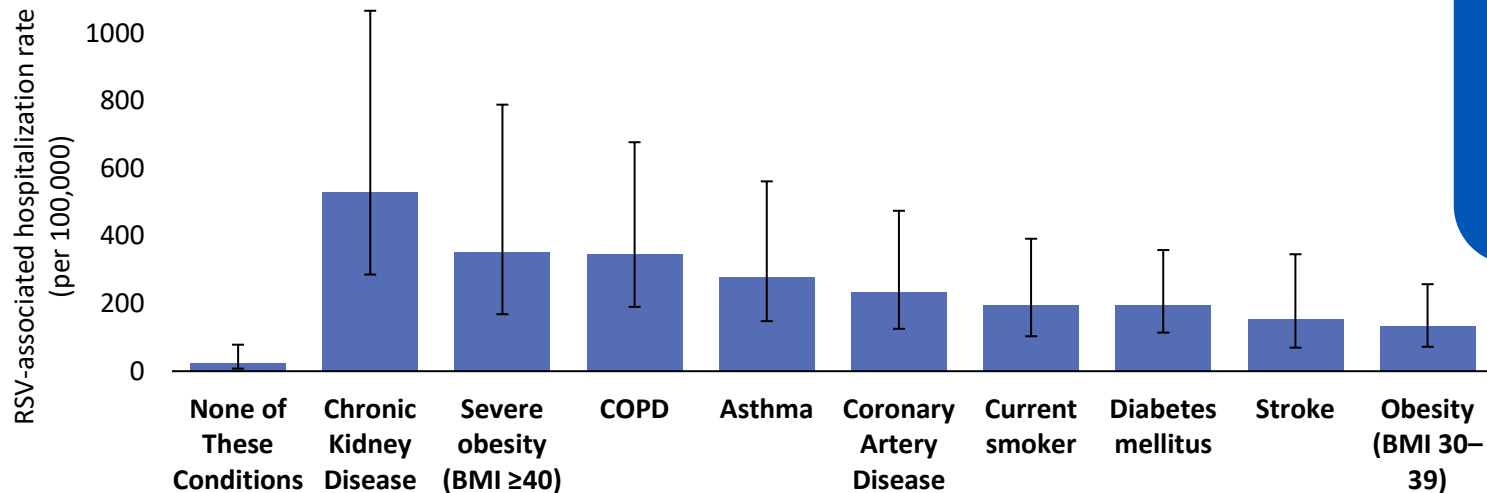
Your age makes you more likely to get really sick from RSV. **The RSV vaccine cuts your risk of being hospitalized by more than half.**



# Why vaccinate older adults against RSV?

Adults with common conditions like heart and lung disease are at higher risk of being hospitalized than adults without those conditions

RSV-associated hospitalization rates among community-dwelling adults aged 60–74 years, 2017–2018 season



Clinical  
Tip

RSV vaccines are >70% effective in preventing hospitalizations. **You have \_\_\_\_, that puts you at higher risk of getting very sick with RSV. I strongly recommend you get your RSV vaccine today.**

# Why vaccinate long-term care residents?

Long-term care residents have high risk of hospitalization from COVID-19, flu, and RSV

- COVID-19 hospitalization are 8 times higher for nursing home residents
- 17% of hospitalized patients with RSV were long-term care residents
- Adults ages 65 years and older have the highest rates of hospitalization during most flu seasons

## NEW Tools

### Easy Billing Guide

<https://www.cms.gov/files/document/billing-medicare-respiratory-vaccines.pdf>

### Long-term care toolkit

<https://www.cdc.gov/respiratory-viruses/hcp/long-term-care-tools-resources/index.html>



# Older adults also need to be protected against other diseases like shingles and pneumococcal disease

## Shingles

- In the U.S., ~1 million people have shingles every year and about 1 in 3 people will have shingles in their lifetime
- Shingles complications increase with age
- **All adults 50+ should get 2 doses of the shingles vaccine**

<https://www.cdc.gov/vaccines/vpd/shingles/hcp/shingrix/recommendations.html>

## Pneumococcal Disease

- Pneumococcus is a leading bacterial cause of pneumonia in adults
  - More than 100,000 U.S. adults hospitalized every year
  - In one study, more than one-third of adults aged ≥65 years died within a year of being hospitalized for community-acquired pneumonia
- Adults with certain medical conditions (e.g. chronic heart, lung, and renal disease) at higher risk
- **Adults 65+ and those with risk factors should get pneumococcal conjugated vaccine (e.g., 15-valent, 20-valent, or 21-valent)**

<https://www2a.cdc.gov/vaccines/m/pneumo/pneumo.html>

# Treatment with antivirals cuts risk of hospitalization from COVID-19 and flu by half for people at increased risk

Includes pregnant people, people with weakened immune systems or other medical conditions like heart and lung disease

## COVID-19

### Ritonavir-boosted nirmatrelvir (Paxlovid)

- For people  $\geq 12$  years of age
- No liver function or creatinine testing needed
- Review drug-drug interactions and adjust dosing/stop other meds as needed

### Remdesivir

- For people  $\geq 28$  days of age
- Liver function and prothrombin testing needed
- Requires IV administration

**Alternate if above not available: molnupiravir**

[Types of COVID-19 Treatment](#)  
[COVID-19 Treatment Clinical Care for Outpatients | COVID | CDC](#)

## Influenza

**Oseltamivir (oral): for all ages**

**Baloxavir (oral):  $\geq 5$  years (healthy) and  $\geq 12$  years of age (high-risk)**

NOT recommended for pregnant or postpartum persons

**Zanamivir (inhaled):  $\geq 7$  years of age**

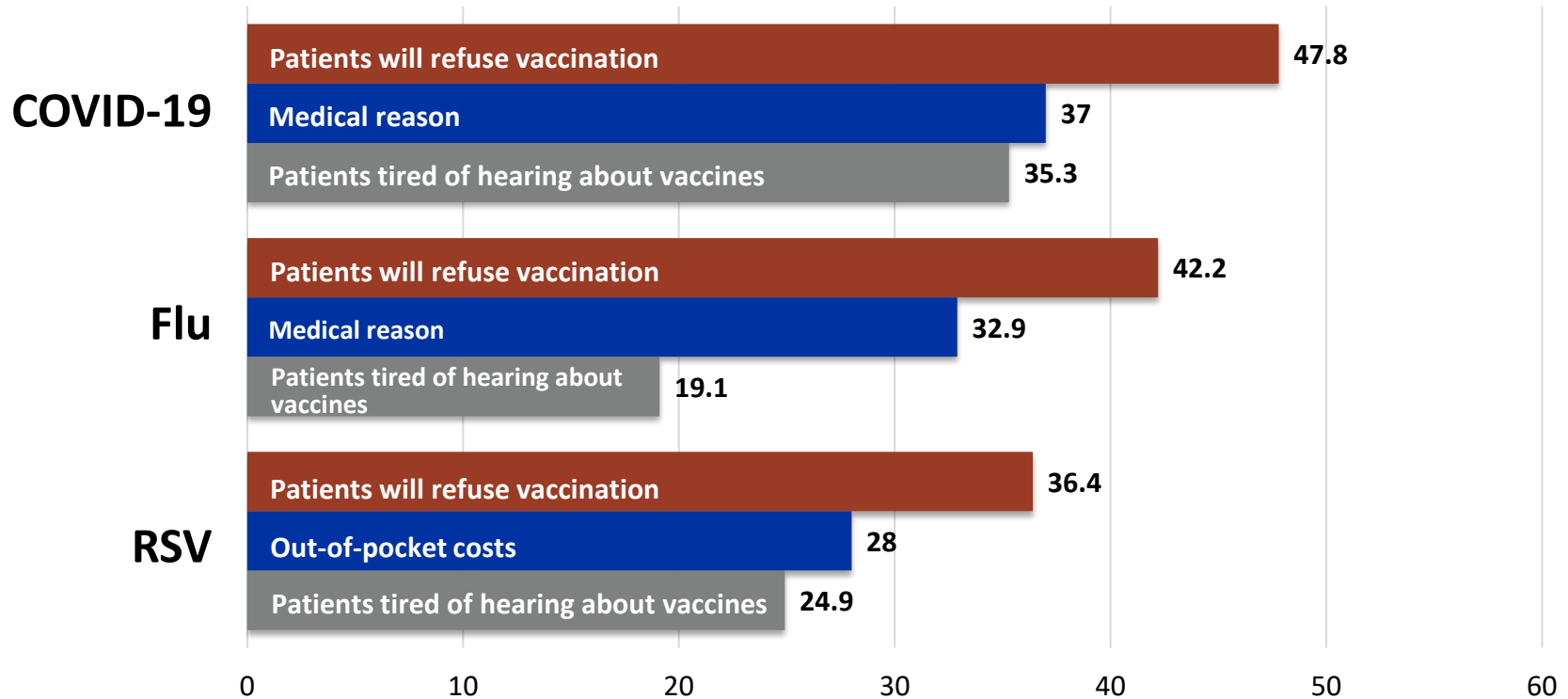
Contraindicated in people with underlying airway disease

**Peramivir (intravenous):  $\geq 6$  months of age**

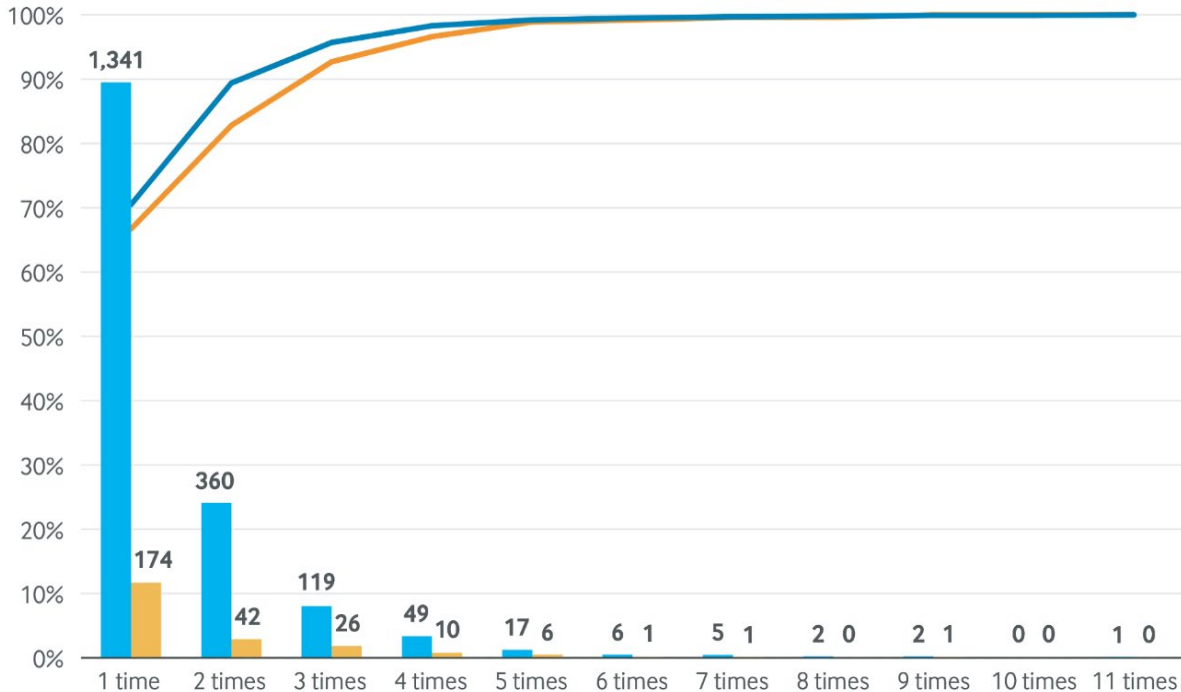
[Influenza Antiviral Medications: Summary for Clinicians | CDC](#)

# Offering and Administering Vaccines This Season

# Why do up to 50% of healthcare providers not, or only sometimes, recommend COVID-19, flu, or RSV vaccinations to their adult patients?



# Some patients need to be offered COVID-19 vaccination multiple times



BAA = Black/African American.

While most patients accepted the vaccine after declining it once, a smaller portion were offered COVID-19 vaccinations **2 to 11 times** before deciding to be vaccinated

- Number of Patients
- Number of BAA Patients
- Cumulative percent
- Cumulative BAA percent

# Why Immunize:

Best defense against viruses that can cause serious illness

Viruses cause many hospitalizations each respiratory season.

- **Thousands of people are hospitalized** for COVID-19, flu and RSV

While some people at higher risk, cannot predict who will get severely ill.

- **Adults 65+ are 4–9 times more likely to be hospitalized** for COVID-19, flu and RSV than those under age 65

Immunizations are our best defense.

- COVID-19 & flu **vaccines cut risk of hospitalization in half** in all ages
- RSV vaccines **>70% effective** in preventing **older adult RSV hospitalizations**

# Talking with Patients and Families about Vaccines

A strong provider recommendation increases patient confidence

## Be specific.

State which vaccines your patient needs to receive.



*“You need the COVID-19, flu, and RSV shots today.”*

## Be clear.

If patients express concerns, then share your strong vaccine recommendation.



*“This office has given thousands of doses of vaccines, and we have never seen a serious reaction.”*

## Be attentive.

Seek to understand patients' concerns and provide requested information.



*“Your COPD puts you at high risk for hospitalization with any of these 3 diseases. Let’s make sure you are protected..”*

## Try again.

If a patient declines vaccines once, it does not guarantee they always will. Continue the conversation next time.



*“I respect your decision, and because I care about your overall health, maybe we could talk about the vaccines at a future time.”*

# *Can I give these vaccines at the same time?*

## **YES! It's recommended**

- COVID-19, Flu, and RSV vaccines may be co-administered (given at the same visit) with each other and with other routine immunizations, like shingles and pneumococcal vaccines
  - Especially important for patients with risk factors or if there might not be an opportunity to vaccinate the patient in the near future
- Patients may experience more side effects, like fever and fatigue, however, side effects are usually mild/moderate and last 1-2 days
- If the patient prefers to receive these vaccines during different visits, **there is no minimum wait period between these vaccines**



# What else can I do to increase vaccine coverage in my clinic?

## Use these tools and tips

- **Reminder/recalls:** Send when immunization are available
- **Clinical decision support tools:** Standing orders, Order Sets, “Care Gaps” to make administration easier
- **Continue to recommend immunizations to unvaccinated patients,** even if they decline the first time
- **Close the care loop with pharmacies:** Get to know your pharmacy-immunizing partners & how you can collaborate to protect more people in your community

### Include on prescription or After-Visit-Summary if sending a patient to a pharmacy for RSV immunization:

- Risk factors
- Pregnancy status (including gestational age)
- “Pfizer Abrysvo” if pregnant

## “Care Gaps” Feature on Electronic Health Records

The screenshot displays a patient's EHR record. On the left, patient demographics include: Male, 69 y.o., 1/5/1955; Pronouns: he/him/his; MRN: 9000101; Status: Scheduled; Code: Prior (no ACP docs). Allergies are listed as Penicillins. The 'CARE GAPS' section shows four overdue items: Pneumococcal Vaccine 65yr+, SARS-CoV-2 (COVID-19) Vacc..., Influenza Immunization (1 - 2...), and RSV Immunization, 60-74yr w... The 'PROBLEM LIST' includes Depression, Systolic CHF, chronic (HCC), Essential Hypertension, Hypercholesterolemia, and COPD (chronic obstructive pulmonary disease) (HCC). The 'Medication Management' section lists several outpatient medications: atenolol (TENORMIN) 100 mg tablet, citalopram (CELEXA) 20 mg tablet, furosemide (LASIX) 20 mg tablet, lisinopril (PRINIVIL/ZESTRIL) 20 mg tablet, and simvastatin (ZOCOR) 40 mg tablet. The 'Care Gaps' section is expanded to show details for overdue items: Pneumococcal Vaccine 65yr+ (1 - PCV20) last completed Oct 17, 2015; SARS-CoV-2 (COVID-19) Vaccine (1 - 2024-2025 season) never done; Influenza Immunization (1 - 2024-2025 season) last completed Aug 26, 2023; and RSV Immunization, 60-74yr with high risk (Once) last completed Aug 8, 2024. Upcoming items include LDL Cholesterol (Yearly) last completed Apr 15, 2024; Tetanus Immunization (Every 10 Years) last completed Aug 24, 2022; and Colorectal Cancer Screening (Screening Colonoscopy - Required) (Every 10 Years) last completed Oct 25, 2023.

# *Will COVID, flu and RSV immunizations be covered by health insurance?*

## **Medicaid:**

- ACIP- recommended vaccines are covered without cost-sharing (\$0 copay)
- CMS issued an updated [Vaccine Toolkit](#) for State Medicaid, CHIP & Basic Health Program in February 2024, and includes coverage information

## **Private Insurance:**

- Most required to cover COVID-19, flu, and RSV vaccines without charging a copayment or coinsurance when given by an in-network provider

## **Medicare:**

- Flu and COVID-19 vaccines covered in Part B
- Adults RSV vaccine covered in Part D
- ACIP-recommended vaccines are covered without cost-sharing (\$0 copay) in Parts B and D
- Remind patients who get vaccines through Medicare Advantage or Part D to get vaccinated at an in-network provider or pharmacy

# Healthcare Provider Call to Action



**Order and offer vaccines in your clinic**



**Recommend flu, COVID-19 and RSV vaccines to eligible patients at each visit**



**Offer early treatment for COVID-19 and flu to patients at risk**



# Communications Campaign

The *Risk Less. Do More.* Public Education Campaign is a national integrated effort to increase awareness of, confidence in, and uptake of vaccines that reduce severe illness from influenza (flu), COVID-19, and RSV in at-risk populations. Additionally, the campaign will: →

**RISK LESS.**  
**DO MORE.**  
Get this season's vaccines

**Deliver research-based messages** through paid, earned, and owned media including TV, radio, print, social, digital, and out-of-home platforms.

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**Partner with national, state, and local organizations** to ensure that all audiences have access to information that can help them avoid illness and protect themselves, their families, and their communities from highly contagious respiratory viruses.

# Campaign Audience

## Primary Audiences

- Older adults (65+)
- Long-term care facility (LTCF) residents, including adults 65+ and adults with disabilities
- Health navigators (people who influence primary audiences and help them make healthcare decisions)

## Secondary Audiences

- Pregnant people
- Adults 18+ (special focus on Black, Latino, and rural audiences)
- Healthcare providers



**RISK LESS.**  
**DO MORE.**  
Get this season's vaccines

Thank you!

For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

**RISK LESS.**  
**DO MORE.**  
**Get this season's vaccines**

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



# Continuing Education Information

CE is available at <https://www.train.org/cdctrain/welcome>

Search course number: WC4847

CE credit expires: September 30, 2024

The course access code is [RVS-Adults](#)



**Please make note of this code— Course access code will NOT be given outside of this course presentation**

# Q & A